

MAIN BOARD – MAY 2017

Redwood Education Centre

Report Title
Performance Management Framework
Sponsor and Author(s)
Natasha Swinscoe, Chief Operating Officer
Executive Summary
<p><u>Purpose</u> This report summarises the key highlights and exceptions in Trust performance up until the end of March 2017 for the financial year 2016/17.</p> <p><u>Key issues to note</u></p> <ul style="list-style-type: none"> For March the Trust did not meet any of the four national waiting trajectories for A&E 4 hour wait, 62 day cancer standard, 18 week referral to treatment (RTT) standard or 6 week diagnostic wait. The Trust did meet the 2 week wait standard for the second consecutive month. A&E 4 hour performance was 77.86% in March. The Trust's NHSE end of March target to contribute to the Region wide delivery of 90% was 79.4%. Performance against the 15 minute time to triage standard continues to improve. Trust wide the performance against the 15 minute triage standard in March was 80.2% with GRH achieving 82.8% and CGH achieving 75.6%. Further work is in hand to achieve the 95% standard for triage. Performance against compliance with the Patient Safety Check List remains low and this is a cause for concern; again this is a focus for improvement. The Trust met the 2 week wait cancer target in March achieving an unvalidated 94.5% against the target of 93%. Unvalidated 31 days performance has also improved in March with the Trust achieving 96.8% against the target of 96%. Unvalidated 62 days performance shows a marginal increase in March (71.0% unvalidated) but a deteriorating position for Quarter 4 (66.3% unvalidated) which is in keeping with the clearance of the backlog of long waiting patients. . In respect of RTT, concerns regarding data quality following the migration to TrakCare, resulted in a decision to cease RTT reporting until the quality of data can be assured. The Intensive Support Team visited the Trust on 27th March to review the approach and progress the trust is taking to resolve this issue and were in agreement with the work programme and timeline for commencing reporting. Provisional date for recommencing reporting is June 2017 (for May's performance) however this is now looking unlikely due to pace at which validation is being completed. The Trust did not meet the diagnostics target in March, mainly driven by underperformance in echo-cardiology with 178 breaches. However, with the impact of echo, underlying performance was 98.5% so below the 99% standard with endoscopy being the other key contributing test. The Medicine Division have developed a recovery programme for both diagnostic tests but this is dependent on additional locum staff and waiting list initiative sessions alongside recruitment of key trained staff. An insource solution (GLANSO) is also aimed to be utilised to address the issues in endoscopy subject to satisfactory contractual discussions. The Trust reported four 52 week breaches in March and all patients now have dates for treatment or have been treated.. The inability to report SAFER measures due to TrakCare impacts does not constitute a risk due to the agreement with commissioners to move to a block contract. A wide range of additional indicators related to flow are reported to the Emergency Care Board.

Conclusions

Significant focus from all operational teams continues in order to improve performance against the national standards. Clinical oversight of patients awaiting care continues to ensure that no patients come to harm due to delays in their treatment.

Implications and Future Action Required

Delivery of agreed action plans remains critical to restore performance back to the minimum expected standards.

Recommendations

The Trust Board is requested to receive the Integrated Performance Framework Report as assurance that the executive team and Divisions fully understand the current levels of poor performance and have action plans to improve this position.

Impact Upon Strategic Objectives

Current performance jeopardises delivery of the Trust's strategic objective to improve the quality of care for our patients

Impact Upon Corporate Risks

Continued poor performance in delivery of the four national waiting time standards ensures the Trust remains under scrutiny by local commissioners and regulators

Regulatory and/or Legal Implications

The Trust remains under regulatory intervention for the A&E 4-hour standard.

Equality & Patient Impact

Failure to meet national access standards impacts on the quality of care experienced by patients. There is no evidence this impacts differentially on particular groups of patients.

Resource Implications

Finance		Information Management & Technology	
Human Resources	X	Buildings	
No change.			

Action/Decision Required

For Decision		For Assurance	✓	For Approval		For Information	
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Date the paper was presented to previous Committees

Quality & Performance Committee	Finance Committee	Audit Committee	Remuneration & Nomination Committee	Trust Leadership Team	Other (specify)


PERFORMANCE MANAGEMENT FRAMEWORK


2016/17

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ASSESSMENT AGAINST THE NHS IMPROVEMENT RISK ASSESSMENT FRAMEWORK

	Target	2014/15				2015/16				2016/17															NHSI Weighting
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
18 WEEKS																									
Incomplete pathways - % waited under 18 weeks	92%	92.2%	92.0%	92.3%	92.1%	92.3%	92.1%	92.2%	92.0%	92.0%	90.7%	*	92.1%	92.0%	92.0%	90.9%	90.9%	90.2%	89.9%	87.0%	*	*	*	*	
ED																									
% patients spending 4 hours or less in ED	95%	93.3%	94.3%	89.5%	82.7%	93.4%	89.7%	85.6%	78.5%	86.7%	88.5%	82.3%	85.4%	87.4%	87.1%	86.3%	90.9%	88.9%	86.38%	86.62%	73.86%	74.69%	77.00%	77.86%	1.0
CANCER																									
Max wait 62 days from urgent GP referral to 1st treatment (excl.rare cancers) %	85%	88.1%	86.1%	78.4%	77.1%	73.9%	75.6%	79.5%	76.7%	79.0%	76.9%	76.9%	78.2%	77.4%	81.2%	73.6%	79.0%	76.8%	72.9%	72.9%	72.0%	62.7%	70.0%	71.0%	1.0
Max wait 62 days from national screening programme to 1st treatment %	90%	91.4%	97.1%	92.4%	91.3%	97.3%	94.0%	95.6%	94.9%	90.6%	96.0%	96.0%	91.7%	84.6%	95.0%	100%	89.9%	100%	86%	97.0%	100.0%	82.8%	92.3%	97.0%	
Max wait 31 days decision to treat to subsequent treatment : surgery %	94%	99.0%	100%	100%	98.8%	100%	100%	99.5%	99.5%	99.1%	100.0%	90.7%	98.1%	100%	100%	98.1%	100%	100%	100%	89.4%	83.7%	84.2%	97.7%	88.6%	
Max wait 31 days decision to treat to subsequent treatment : drugs %	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0.0
Max wait 31 days decision to treat to subsequent treatment : Radiotherapy %	94%	100%	98.6%	99.8%	100%	100%	100%	100%	100%	100%	98%	99.5%	100%	100%	100%	100%	100%	100%	98.3%	100%	100%	95.0%	98.4%	100%	100%
Max wait 31 days decision to treat to treatment %	96%	99.6%	99.8%	99.5%	100%	99.5%	99.7%	100%	99.8%	99.1%	99.2%	94.9%	98.6%	99.6%	99.0%	99.2%	99.7%	98.8%	98.8%	93.8%	94.1%	90.1%	93.6%	96.8%	1.0
Max 2 week wait for patients urgently referred by GP %	93%	90.5%	94.1%	94.3%	93.0%	91.5%	90.3%	92.4%	88.7%	84.9%	88.2%	91.7%	77.7%	86.5%	90.3%	89.9%	86.2%	88.6%	89.0%	93.5%	92.6%	85.1%	94.7%	94.5%	0.0
Max 2 week wait for patients referred with non cancer breast symptoms %	93%	66.1%	93.6%	96.6%	94.9%	95.2%	91.8%	93.4%	95.3%	93.1%	93.7%	92.0%	94.6%	94.3%	90.5%	91.2%	93.4%	96.4%	95.7%	92.5%	88.3%	89.4%	95.0%	97.1%	
INFECTION CONTROL																									
Number of Clostridium Difficile (C-Diff) infections - post 48 hours	37/yr	9	6	8	13	8	10	10	13	10	10	7	5	3	2	5	1	4	1	4	2	7	0	8	0.0

 In month position, therefore figure not validated

 * Due to the implementation of a new EPR system we are currently unable to report on this data

PERFORMANCE MONITORING AGAINST THE SUSTAINABILITY AND TRANSFORMATION PLAN

2016/17

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	
ED																	
% patients spending 4 hours or less in ED	Trajectory	80.00%	85.00%	85.00%	83.50%	87.00%	87.00%	91.90%	88.50%	89.10%	91.20%	85.70%	88.70%	85.10%	80.10%	89.60%	85.19%
	Actual	85.38%	87.41%	87.06%	86.90%	86.00%	90.66%	88.94%	88.48%	86.04%	86.62%	73.86%	82.30%	74.69%	77.00%	77.86%	76.56%
% patients spending 4 hours or less in ED (incl. Primary Care ED cases)	Trajectory	80.00%	85.00%	85.00%	83.50%	87.00%	87.00%	91.90%	88.50%	89.10%	91.20%	85.70%	88.70%	85.10%	80.10%	89.60%	85.19%
	Actual	85.70%	87.73%	87.36%	86.96%	86.34%	90.85%	89.28%	88.78%	86.38%	87.07%	74.57%	82.81%	75.40%	77.60%	78.35%	77.13%
18 WEEKS																	
Incomplete pathways - % waited under 18 weeks	Trajectory	92.02%	92.00%	92.01%		92.04%	92.04%	92.00%		92.00%	92.04%	92.01%		92.00%	92.00%	92.00%	
	Actual	92.10%	92.01%	92.00%	92.04%	90.90%	90.90%	90.20%	90.60%	89.90%	86.96%	*	*	*	*	*	*
DIAGNOSTICS																	
15 key Diagnostic tests : % waiting over 6 weeks at month end	Trajectory	2.71%	2.16%	1.46%		0.99%	0.99%	0.99%		0.99%	0.94%	0.99%		0.98%	0.99%	0.99%	
	Actual	5.06%	1.34%	1.40%	1.40%	0.49%	0.49%	1.40%	1.14%	1.85%	0.90%	*	*	1.18%	1.79%	4.59%	2.54%
CANCER																	
Cancer: Max wait 62 days from urgent GP referral to 1st treatment (exl.rare cancers) % RAG rated against the STP Trajectory	Trajectory	77.17%	80.37%	82.64%		82.91%	93.70%	85.31%		85.03%	85.19%	85.03%		85.00%	85.07%	85.62%	
	Actual	78.2%	77.4%	81.1%	79.0%	73.1%	79.0%	76.8%	76.9%	72.9%	79.2%	72.0%	76.9%	62.7%	70.0%	71.0%	66.3%
Cancer: Max wait 62 days from urgent GP referral to 1st treatment (exl.rare cancers) % RAG rated against the internal recovery trajectory	Trajectory					78.26%	73.46%	80.92%		72.21%	74.77%	76.77%		84.98%	85.30%	85.76%	
	Actual	78.2%	77.4%	81.1%	79.0%	73.1%	79.0%	76.8%	71.3%	72.9%	79.2%	72.0%	76.9%	62.7%	70.0%	71.0%	66.3%

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TRUST PERFORMANCE & EXCEPTIONS (as at end March 2017)

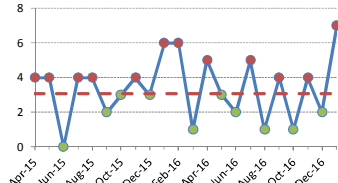
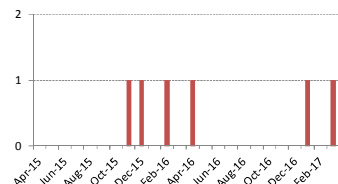
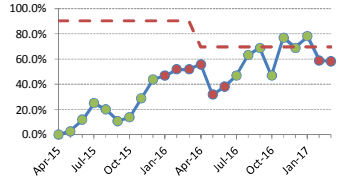
SAFETY

MEASURE	LAST 12 MTHS	ACTUAL					FORECAST										Standard	Target Set By	How often	Data Month	
		2015/16 2016/17					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	FoT					
		Q4	Q1	Q2	Q3	Q4															
INFECTION																					
Number of Clostridium Difficile (C-Diff) infections - post 48 hours		13	10	10	7	15	7	0	8	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	37 cases/year	NHSI	M	Mar
Number of Methicillin-Resistant Staphylococcus Aureus (MRSA) infections - post 48 hours		1	1	0	0	2	1	0	1	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	0	GCCG	M	Mar
MORTALITY																					
Crude Mortality rates %		1.4%	1.2%	1.1%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	<2%	Trust	M	Nov
Summary Hospital-Level Mortality Indicator		113.2	112.4	115.6	arrears	arrears	arrears	arrears	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≤1.1%	Trust	Q	Sep
HSMR (Analysis-relative risk-basket HSMR basket of 56-mortality in hospital) (rolling 12 months)		106.8	108.0	111.8	115.2	arrears	arrears	arrears	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Confidence interval	Dr Foster	M	Dec
SMR (rolling 12 months)		110.2	112.3	118.2	119.8	arrears	arrears	arrears	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Confidence interval	Dr Foster	M	Dec
SAFETY																					
Number of Never Events		0	0	1	1	0	0	0	0	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	0	GCCG	M	Mar
% women seen by midwife by 12 weeks		89.6%	87.2%	92.3%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	>90%	GCCG	M	Nov
CQUINS																					
Acute Kidney Infection (AKI)		50%	42%	60%	64%	65%	78%	59%	58%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	>70% by Q4	National	M	Mar
Sepsis Screening 2a		92%	96%	97%	97%	96%	94%	98%	96%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	>90% of eligibles	National	M	Mar
Sepsis Antibiotic Administration 2b		49%	55%	45%	64%	arrears	arrears	arrears	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	>90% of eligibles	National	M	Dec
Dementia - Seek/Assess		86.3%	88.1%	88.3%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Q1>86%; Q2>87%; Q3>88%; Q4>90%	National	M	Nov
Dementia - Investigate		100%	100%	100%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Q1>86%; Q2>87%; Q3>88%; Q4>90%	National	M	Nov
Dementia - Refer		100%	100%	100%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Q1>86%; Q2>87%; Q3>88%; Q4>90%	National	M	Nov
ED																					
% patients triaged in ED in 15 minutes		53.7%	75.3%	78.6%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 99%	Trust	M	Nov
% patients assessed by doctor in ED in 60 minutes		43.3%	47.1%	46.0%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 90%	Trust	M	Nov

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SAFETY

MEASURE	QUARTERLY PROGRESS						OWNER
<p>Number of Clostridium Difficile cases - post 48 hours admissions Standard is ≤37 per year</p>	Q1	Q2	Q3	Q4	NOW	FOT	Director of Nursing and Midwifery
<p>Number of MRSA cases - post 48 hours attributable to GHNHSFT Standard is 0</p>	Q1	Q2	Q3	Q4	NOW	FOT	Director of Nursing and Midwifery
<p>Acute Kidney Infection (AKI) Standard is > 70% by Q4</p>	Q1	Q2	Q3	Q4	NOW	FOT	Director of Nursing and Midwifery
	<p>Commentary on what is driving the performance & what actions are being taken When the C Diff cases are reviewed it is expected that we will be below trajectory as at least 7 are unavoidable.</p>						
	<p>Commentary on what is driving the performance & what actions are being taken Two of the three MRSA cases in 2016/17 were contaminants and patients were not affected. The third case, however, was a bacteraemia and the root cause analysis has identified a plan of action which is being implemented and overseen by the Divisional Nursing Director.</p>						
	<p>Commentary on what is driving the performance & what actions are being taken Factors that have contributed to our underperformance are: trainees not always filling in the AKI flag on the patient's discharge summary; there are few doctors and increasing demands at work on wards; there are not enough ward pharmacists on both sites; since TrakCare commenced in December 2016 a number of discharge summaries have not been released to primary care despite being completed by trainees as not authorised on wards.</p> <p>We are constantly reinforcing by targeting trainees during their scheduled fortnightly teaching sessions at both sites. Ward pharmacists on week days do remind trainees on respective wards on patients flagged as AKI on biochemistry day before. As number is huge, they can only look at AKI stage 2 and 3. Bulk of AKI flags on daily basis is mild AKI stage 1 and if the trainees do not pick it up then we do not have any other form of reminder to them.</p> <p>Once next phase of digitalisation starts, some of the human factors contributing to non-compliance can be addressed. In an ideal world we would like to see TrakCare biochemistry speak with discharge summary and digital drug chart. Covering in induction and regular education reinforces but may not resolve the issue. Trainees on both sites are being stretched and we have to look at smarter ways of working to improve patient safety along with how we correspond with colleagues in primary care.</p>						

TRUST PERFORMANCE & EXCEPTIONS (as at end March 2017)

RESPONSIVE

MEASURE	LAST 12 MTHS	ACTUAL									FORECAST						FoT	Target Standard	How Set By	Data often	Month
		2015/16		2016/17			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep						
		Q4	Q1	Q2	Q3	Q4															
ED																					
% patients spending 4 hours or less in ED		78.5%	86.9%	88.5%	82.4%	76.6%	74.7%	77.0%	77.9%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 95%	NHSI	M	Mar
Number of ambulance handovers delayed over 30 minutes		428	517	541	474	352	201	104	47	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	< previous year	GCCG	M	Mar
Number of ambulance handovers delayed over 60 minutes		33	3	1	14	8	7	1	0	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	< previous year	GCCG	M	Mar
18 WEEKS																					
Incomplete pathways - % waited under 18 weeks		92.0%	92.0%	90.7%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 92%	NHSI	M	Nov
15 key Diagnostic tests : % waiting over 6 weeks at month end		4.0%	2.6%	0.8%	*	*	1.18%	1.79%	4.59%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	<1% waiting at month end	GCCG	M	Feb
Planned/surveillance endoscopy patients - nos. waiting at month end with and without dates		225	441	405	*	681	*	*	681	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	< 1% waiting at month end	GCCG	M	Mar
CANCER																					
Max 2 week wait for patients urgently referred by GP %		88.7%	84.9%	88.2%	91.7%	90.1%	85.1%	94.7%	94.5%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 93%	NHSI	M	Feb
Max 2 week wait for patients referred with non cancer breast symptoms %		95.3%	93.1%	93.7%	92.0%	92.2%	89.4%	95.0%	97.1%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 93%	NHSI	M	Feb
Max wait 31 days decision to treat to treatment %		99.8%	99.1%	99.2%	94.9%	91.9%	90.1%	93.6%	96.8%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 96%	NHSI	M	Feb
Max wait 31 days decision to treat to subsequent treatment : surgery %		99.5%	99.4%	99.4%	90.7%	90.0%	84.2%	97.7%	88.6%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 94%	NHSI	M	Feb
Max wait 31 days decision to treat to subsequent treatment : drugs %		100%	100%	100%	100%	100%	100%	100%	100%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 98%	NHSI	M	Feb
Max wait 31 days decision to treat to subsequent treatment : Radiotherapy %		100%	100%	99.5%	98.6%	99.2%	98.4%	100%	98.3%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 94%	NHSI	M	Feb
Max wait 62 days from urgent GP referral to 1st treatment (exl.rare cancers) %		76.7%	79.0%	76.9%	75.4%	66.3%	62.7%	70.0%	71.0%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 85%	NHSI	M	Feb
Max wait 62 days from national screening programme to 1st treatment %		94.9%	90.6%	96.0%	92.2%	85.7%	82.8%	92.3%	97.0%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 90%	NHSI	M	Feb
Max wait 62 days from consultant upgrade to 1st treatment %		100%	100%	71.4%	50.0%	100%	100.0%	-	100%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 90%	NHSI	M	Feb

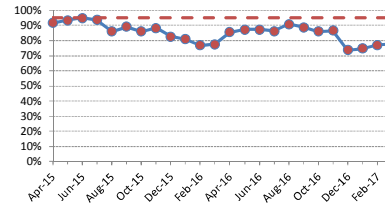
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RESPONSIVE

MEASURE

% patients spending 4 hours or less in ED
Standard is $\geq 95\%$



QUARTERLY PROGRESS



OWNER

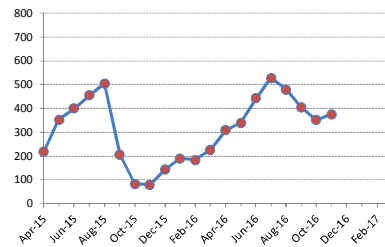
Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

Please refer to Emergency Pathway Report. Recovery plan in place to improve performance in line with the agreed trajectory.

	Performance	Breaches by Reason						
		Total Attendances	Total Breaches	Awaiting Assessment	Awaiting Bed	Undergoing Treatment	ED Capacity	Other
CGH	88.53%	4124	473	82	184	71	50	86
GRH	71.89%	7379	2074	566	853	179	238	238
Total	77.86%	11503	2547	648	1037	250	288	324
%				25.44%	40.71%	9.82%	11.31%	12.72%

Planned/surveillance endoscopy patients - nos. waiting at month end with and without dates
Standard is < 1% waiting at month end



Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

The current Planned Surveillance backlog position of 681 may change following concerns raised by the Endoscopy Waiting List Manager that there seems to have been a significant number of patients who have dropped off this PTL pre and post Trak; this is particularly low given that end of November position was 750 and we have not removed hundreds of patients due to clinical validation, nor have we implemented plans yet to either treat this cohort of patients through either insourcing or outsourcing options. Pre-Trak our conversion was 100 patients per month additions to the backlog.

In March 2017 members of the Executive Team and Medical Division held a teleconference with JAG representatives to discuss the current performance position. It was acknowledged that the Planned Surveillance backlog remains a challenge to clear (made further evident by the demand versus capacity gap that IMAS modelling has demonstrated). The clearance plan is therefore to investigate both insourcing (Glanso Model) and outsourcing (Emersons Green Treatment Centre).

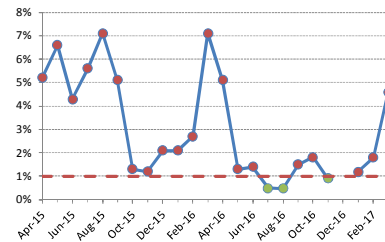
The specialty team have met with both Glanso and Emersons Green representatives to confirm the operational implementation of backlog recovery both in terms of cost, casemix that can be treated and timeline for setting up lists. The organisation has given agreement to proceed with implementation of the Glanso insourcing model and the service is already working with Glanso representatives to implement next steps in terms of the relevant contracts and governance arrangements for lists to commence in May 2017. Endoscopy lists have been identified and staffing rotas are next to be confirmed.

A combination of different performance pressures (see Diagnostic 6+ weeks waiters exception report for further details) has led to no Planned Surveillance backlog clearance in March and April; the service will push forward with insourcing/outsourcing options for this cohort to be treated in May as a priority ahead of the planned JAG on-site visit on 9th June 2017. In addition the service is looking to urgently recruit an additional short term locum to provide additional Diagnostic capacity as well as working closely with the Surgical Division to monitor 2ww conversion and any additional capacity that can be provided to treat these patients.

RESPONSIVE

MEASURE

15 key Diagnostic tests : % waiting over 6 weeks at month end
Standard is < 1%



QUARTERLY PROGRESS

Q1 Q2 Q3 Q4 NOW FOT



OWNER

Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

There were 290 patients waiting 6+ weeks at the end of March 2017, of which:

178 cardiology breaches - capacity issues due to 3 locum physiologists leaving in January and the Trust not being able to attract new locums. WLIs continue to take place but the backlog is building. Outsourcing and locum support from neighbouring hospitals has been sought and recruitment for substantive is underway.

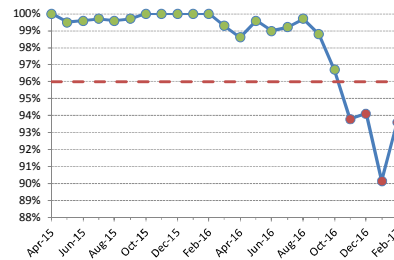
45 colonoscopy breaches and 22 gastroscopy breaches -

There have been challenges since Trakcare go-live that have contributed to patients being identified late in their pathway that need a diagnostic procedure. Backlogs from December, January and February were cleared in March but there has been a knock on effect in terms of patients from March having to be breach booked into April. All Endoscopy capacity has been used to prioritise urgent and 2ww patients who are in most clinical need of treatment in the first instance. There has been an identified increase in colorectal 2ww outpatient referrals that has impacted the Colorectal service through the number of WLI clinics that have had to be arranged in March and April to accommodate this influx of work; there has not been a correlated decrease in routine referrals for the service. The impact has been increased conversion of 2ww outpatients requiring a diagnostic procedure as part of their cancer diagnosis which has further challenged available capacity in April.

42 audiology breaches and 3 neurophysiology breaches (unvalidated)

Max 31 days decision to treat to treatment

Standard is ≥96%



Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

There were 17 breaches in February, giving a performance of 94.1% (against a target of 96%). All of these breaches were due to elective capacity, mainly in urology (14 of the 17) although 5 of the breaches has an element of patient choice.

Actions are included in the wider Cancer Waiting Times recovery plan, but specifically in Urology:

- Additional consultant capacity is now in place and will start to have an impact
- The service is moving to generic pre-assessment – this has been delayed but should be implemented in April
- The Urology admissions team is now in post and having a positive impact
- The pooling of theatre lists has begun and is ongoing

Target
85%

Brain / CNS
Breast
Gynaecological
Haematological*
Head & Neck
Lower GI
Lung
Other
Sarcomas
Skin
Upper GI
Urological**

* Excludes acute leukaemia

** Excludes Testicular

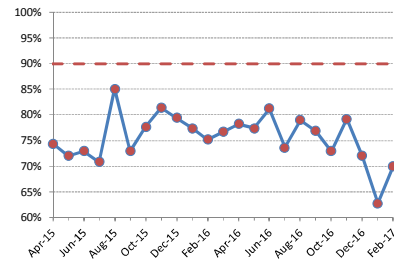
January 2017			February 2017			March 2017			Q4 2016/17
Latest Position	Breaches	Treatments	Latest Position	Breaches	Treatments	Latest Position	Breaches	Treatments	
64.8%	54	152	70.0%	45	150	70.1%	43	144	68.2%
100.0%	0	1	100.0%	0	1		0	0	100.0%
100.0%	0	24.5	100.0%	0	23	100.0%	0	23	100.0%
64.7%	3	8.5	62.5%	3	8	67.8%	4.5	14	65.5%
54.5%	5	11	43.7%	4.5	8	66.6%	2	6	54.0%
66.6%	0.5	1.5	60.0%	3	7.5	50.0%	5	10	55.2%
64.2%	7.5	21	77.7%	3	13.5	62.7%	8	21.5	66.9%
76.0%	3	12.5	67.6%	5.5	17	82.1%	2.5	14	74.7%
33.3%	2	3	0.0%	1	1	50.0%	2	4	37.5%
	0	0	50.0%	1	2		0	0	50.0%
94.7%	1	19	95.8%	1	24	100.0%	0	10	96.2%
68.0%	4	12.5	89.6%	1.5	14.5	81.2%	1.5	8	80.0%
26.6%	27.5	37.5	29.5%	21.5	30.5	47.7%	17.5	33.5	34.4%

RESPONSIVE

MEASURE

Max wait 62 days from urgent GP referral to 1st treatment (excl.rare cancers) %

Standard is ≥90%



QUARTERLY PROGRESS

Q1 Q2 Q3 Q4 NOW FOT

OWNER

Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

February's validated position is 70.0%, against a standard of 85% and against a trajectory of 79.5%. There were 10.5 more treatments than projected (150 as opposed to 139.5) and 16.5 more breaches than projected (45 as opposed to 28.5). Many of these breaches were the result of backlog clearance, particularly in Urology.

The Trust had developed an action plan and a trajectory to recover the 62 day performance by 31st January 2017. This plan has been revised in light of the Trakcare operational issues and delays in implementing multi-assessment and diagnostic clinics in Urology. The trajectory now shows recovery from July 2017. This plan has been shared with Gloucestershire CCG, NHS England and NHS Improvement and it has been approved. All Trakcare operational issues are being addressed, but remain a risk to recovery as well as the delivery of the full urology recovery to plan to timescale. 2ww capacity, particularly in Endoscopy, is also a risk to recovery as demand exceeds capacity.

Target
93%

Brain / CNS
Breast
Gynaecological
Haematological*
Head & Neck
Lower GI
Lung
Skin
Testicular
Upper GI
Urological**

* Excludes acute leukaemia

** Excludes Testicular

January 2017			February 2017			March 2017			Q4 2016/17
Latest Position	Breaches	Date First Seen	Latest Position	Breaches	Date First Seen	Latest Position	Breaches	Date First Seen	
86.9%	224	1712	94.6%	83	1539	94.4%	104	1890	92.0%
76.4%	4	17	94.7%	1	19	100.0%	0	18	90.7%
93.6%	18	285	97.3%	7	263	93.6%	21	329	94.7%
95.0%	5	101	96.1%	5	130	94.7%	7	133	95.3%
90.0%	1	10	90.0%	1	10	81.2%	3	16	86.1%
98.6%	2	150	96.2%	6	159	96.9%	7	230	97.2%
82.3%	61	346	94.9%	13	256	95.5%	16	359	90.6%
97.9%	1	48	92.3%	4	52	100.0%	0	73	97.1%
89.0%	30	274	99.5%	1	231	98.9%	3	292	95.7%
83.3%	4	24	92.8%	1	14	100.0%	0	15	90.5%
81.6%	34	185	87.3%	24	190	82.3%	40	226	83.6%
76.4%	64	272	90.6%	20	215	96.4%	7	199	86.7%

TRUST PERFORMANCE & EXCEPTIONS (as at end March 2017)

EFFECTIVE

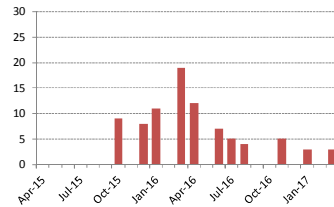
MEASURE	LAST 12 MTHS	ACTUAL					FORECAST										Standard	Target Set By	How often	Data Month			
		2015/16		2016/17			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	FoT							
		Q4	Q1	Q2	Q3	Q4																	
CLINICAL OPERATION																							
% stroke patients spending 90% of time on stroke ward		86.0%	85.1%	90.0%	88.6%	arrears	83.6%	87.3%	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	> 80%	GCCG	M	Feb	
% of eligible patients with VTE risk assessment		93.7%	93.6%	93.7%	*	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	> 95%	GCCG	M	Nov
Emergency re-admissions within 30 days - following an elective or emergency spell		6.4%	6.7%	6.5%	*	arrears	*	*	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Q1<6%; Q2<5.8%; Q3<5.6%; Q4<5.4%	Trust	M	Oct
Number of Breaches of Mixed sex accommodation		30	19	9	5	6	3	0	3	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	0	GCCG	M	Mar
Number of delayed discharges at month end (DTOCs)		10	16	36	36	37	31	44	37	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	<14	Trust	M	Mar
No. of medically fit patients - over/day		60	69	73	73	75	75	84	68	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≤ 40	Trust	M	Mar
Bed days occupied by medically fit patients		1,791	2,086	2,252	2,376	2,239	2,330	2,342	2,044	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	None	Trust	M	Mar
Patient Discharge Summaries sent to GP within 24 hours		85.6%	85.7%	88.3%	*	arrears	*	*	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥85%	GCCG	M	Nov
BUSINESS OPERATION																							
Elective Patients cancelled on day of surgery for a non medical reason		2.0%	1.6%	1.6%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≤ 0.8%	Trust	M	Nov
Patients cancelled and not rebooked in 28 days		27	35	10	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	0	GCCG	M	Nov
GP referrals year to date - within 2.5% of previous year		3.7%	7.9%	5.1%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	range +2.5% to -2.5%	Trust	M	Nov
Elective spells year to date - within 2.5% of plan		7.3%	4.9%	1.6%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	range ≥-1% to plan range	Trust	M	Nov
Emergency Spells year to date - within 2.5% of plan		7.1%	7.7%	3.8%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≤2.5% over plan	Trust	M	Nov
LOS for general and acute non elective spells		6.0	5.9	5.8	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Q1 /Q2 <5.4days, Q3 /Q4 <5.8days	Trust	M	Nov
LOS for general and acute elective IP spells		3.6	3.3	3.7	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≤ 3.4 days	Trust	M	Nov
OP attendance & procedures year to date - within 2.5% of plan			0.5%	-1.5%	*	*	*	*	*	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	range +2.5% to -2.5%	Trust	M	Nov
Records submitted nationally with valid GP code (%)		99.9%	99.9%	100%	100%	arrears	100%	100%	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 99%	Trust	M	Feb
Records submitted nationally with valid NHS number (%)		99.8%	99.8%	99.8%	99.8%	arrears	99.8%	99.8%	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	≥ 99%	Trust	M	Feb

* Due to the implementation of a new EPR system we are currently unable to report on this data

● In month position, therefore figure not validated.

EFFECTIVE MEASURE

Number of breaches of mixed sex accommodation
Standard is 0



QUARTERLY PROGRESS

Q1 Q2 Q3 Q4 NOW FOT



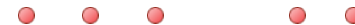
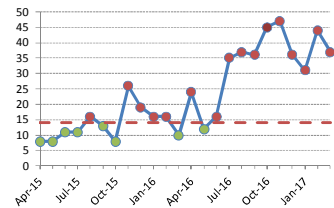
OWNER

Director of Nursing and Midwifery

Commentary on what is driving the performance & what actions are being taken

In March there was one mixed sex accommodation breach at GRH Gallery Wing and there were two breaches at GRH Department of Critical Care. These were all due to capacity issues at GRH in March 2017.

Number of delayed discharges at month end (DTCs)
Standard is <14



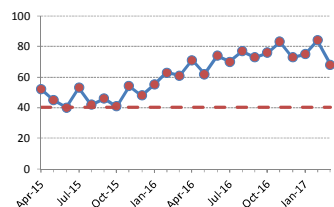
Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

Please refer to Emergency Care Report.

There were 2,302 beddays lost due to Delayed Transfers of Care in March 2017. Following the high numbers in February the March and April numbers are much improved and continue to come down each day.

No. of medically fit patients - over/day
Standard is <40



Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

Please refer to Emergency Care Report.

The main issue driving the medically fit is access to domiciliary care. Alternative options are being explored with the CCG primarily around pathway 1 for Discharge to Assess. In addition the new medically fit ward is operational now which will be a pull model for the community services.

There were 2,044 beddays lost due to medically fit patients in March 2017, showing improvement from February 2017.

TRUST PERFORMANCE & EXCEPTIONS (as at end March 2017)

WELL LED

MEASURE	LAST 12 MTHS					ACTUAL			FORECAST												Standard	Target Set By	How often	Data Month
	2015/16		2016/17			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	FoT									
	Q4	Q1	Q2	Q3	Q4																			
FINANCIAL HEALTH																								
NHSI Financial Risk Rating (YTD)		3	2	1	1	arrears	1	1	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Level 3	NHSI	M	Feb			
Achieve planned Income & Expenditure position at year end		-£1.6m	£18.2m	-£23.8	-£18.0	arrears	-£18.0	-£18.0	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Achieved or better at year end	NHSI	M	Feb			
Total PayBill Spend (£K)		£78.7m	£82.1m	£83.1m	£83.3m	arrears	£26.99m	£27.24m	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Target + 0.5%	Trust	M	Feb			
Total worked WTE		7,153	7,121	7,299	7,200	arrears	7,238	7,239	arrears	TBC	TBC	TBC	TBC	TBC	TBC	TBC	●	Target + 0.5%	Trust	M	Feb			
WORKFORCE HEALTH																								
Annual sickness absence rate (%)		3.8%	3.8%	3.8%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	●	green < 3.6% red >4%	Trust	M	Feb			
Turnover rate (FTE)		11.7%	11.6%	11.5%	11.7%	11.7%	11.8%	12.0%	11.5%	11.8%	12.0%	11.5%	11.8%	12.0%	11.5%	11.8%	●	7.5-9.5%	Trust	M	Feb			
Staff who have annual appraisal (%)		83%	83%	80%	80%	82%	80%	82%	82%	80%	82%	82%	80%	82%	82%	80%	●	green >89% red < 80%	Trust	M	Mar			
Staff having well structured appraisals in last 12 months (staff survey, on a 5 point scale)		38%	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	●	> 3.8	Trust	A	Mar			
Staff who completed mandatory training (%)		91%	92%	92%	90%	89%	89%	89%	90%	89%	89%	90%	89%	89%	90%	89%	●	> 90%	Trust	M	Mar			
Staff Engagement indicator (measured by the annual staff survey on a 5 point scale)		3.69	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	●	> 3.8	Trust	A	Mar			
Improve communication between senior managers & staff (staff survey) (%)		34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	●	> 38%	Trust	A	Mar			

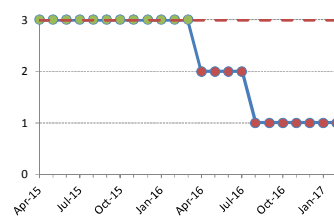
* Due to the implementation of a new EPR system we are currently unable to report on this data

● In month position, therefore figure not validated.

WELL LED

MEASURE

NHSI Financial Risk Rating
Standard is Level 3



QUARTERLY PROGRESS

Q1 Q2 Q3 Q4 NOW FOT



OWNER

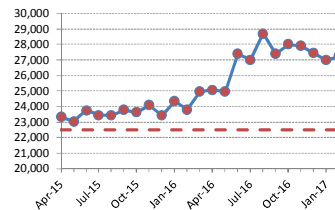
Director of Finance

Commentary on what is driving the performance & what actions are being taken

Please refer to the Trust Finance report for a full explanation of the drivers of the Trust financial performance.

March data not yet available.

Total PayBill spend £K
Standard is Target + 0.5%



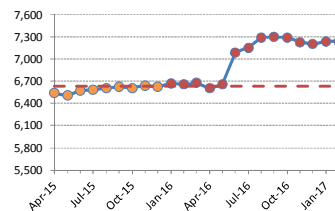
Director of Finance

Commentary on what is driving the performance & what actions are being taken

The Trust total PayBill for February is £27.24m. This is in line with average.

March data not yet available.

Total worked WTE
Standard is Target + 0.5%



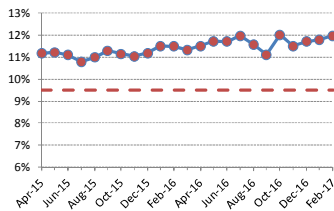
Chief Operating Officer

Commentary on what is driving the performance & what actions are being taken

The Worked WTEs reflects the Trust Total which includes Hosted GP Services and Shared Services. This is consistent with reporting within the NHS Improvement plan and total reported pay bill in table above.

March data not yet available.

Turnover rate (FTE)
Standard is Target 7.5% - 9.5%



Director of Human Resources

Commentary on what is driving the performance & what actions are being taken

The Turnover rate for all Staff Groups has, with the exception of HCAs and A&C staff, at least steadied and in some cases reduced. Medicine Division HCA turnover is over 20% annually. A&C turnover has suffered from a higher than usual number of retirements in the last 12 months. The HR & Workforce teams continue to monitor leavers to ensure that staff reason for leaving are understood, and where possible, addressed. In addition, efforts are being made to enhance our employment offering to improve retention levels, particularly through focusing on flexibility and career development.