

Performance Indicator	CCG / Trust	Operational Standard	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	2014/15 YTD	2015/16 YTD	
<b>Infection Control</b>																													
MRSA bacteraemia (Assigned By CCG)	Thurrock CCG	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0						0	1	
MRSA bacteraemia (CCG Responsible)	Thurrock CCG	Zero	1	0	0	0	0	0	1	2	0	0	0	0	0	2	0	2	1	0	1						4	6	
MRSA bacteraemia	NELFT	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0	0	
	BTUH		0	0	0	0	0	0	2	2	1	0	0	3	0	1	0	2	0	0	1						8	4	
C.difficile (Cumulative)	Thurrock CCG	<= Trajectory on 2nd line (grey)	3	7	13	15	19	20	21	23	27	28	29	33	3	5	6	10	14	14	15	16					33	16	
	Thurrock CCG	<= Trajectory on 2nd line (grey)	3	6	9	11	12	13	14	15	16	18	20	22	3	6	9	11	13	15	17	19	21	24	27	29	22	19	
C.difficile (Cumulative)	BTUH	<= Trajectory on 2nd line (grey)	3	5	10	16	21	23	26	27	30	33	35	39	4	8	10	13	17	21	24	26					39	26	
	BTUH	<= Trajectory on 2nd line (grey)	3	6	9	10	11	12	13	14	15	16	17	18	4	7	10	12	14	16	18	20	22	25	28	31	18	20	
C.difficile	NELFT	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0	0	
<b>Safe Staffing (actual vs. plan %)</b>																													
Day Care Staff (%)	NELFT	Highlighted if:		93%	95%	95%	94%	87%	94%	99%	100%	103%	106%	102%	101%	106%	95%	94%	100%	103%	99%						97%		
Day Nurse Staff (%)		> 120%		95%	96%	93%	92%	87%	91%	92%	98%	105%	101%	87%	94%	96%	93%	91%	72%	80%	83%						94%		
Night Care Staff (%)		or		102%	100%	100%	100%	100%	99%	107%	113%	115%	115%	109%	103%	111%	107%	103%	103%	109%	113%						105%		
Night Nurse Staff (%)		< 90%		106%	100%	99%	99%	100%	99%	99%	99%	99%	99%	102%	99%	98%	102%	100%	100%	100%	99%	98%						100%	
<b>NELFT Occupancy for Inpatients</b>																													
Brentwood Community Hospital Rehab	NELFT		75%	87%	86%	81%	90%	92%	87%	97%	97%	95%	92%	90%	92%	85%	85%	96%	89%	89%									
Brentwood Community Hospital Stroke			84%	78%	96%	66%	60%	50%	49%	68%	86%	85%	86%	83%	85%	82%	83%	41%	84%	68%	79%								
Mayflower Community Hospital			73%	83%	85%	85%	89%	100%	90%	95%	98%	97%	90%	93%	94%	92%	86%	93%	91%	91%	91%								
Alistair Farquarson Centre			77%	88%	85%	78%	86%	88%	82%	97%	90%	94%	92%	87%	95%	88%	85%	88%	89%	89%	89%								
<b>Ambulance:</b>																													
Red 1 within 8 minutes (Monthly Cumulative)	Thu CCG	>= 75%		68.09%	68.83%	69.00%	66.93%	66.67%						67.42%		70.97%	77.19%	78.38%	77.67%	73.48%	73.72%	74.86%							
Red 2 within 8 minutes (Monthly Cumulative)		>= 75%		50.85%	53.16%	52.45%	51.93%	52.99%						52.87%		60.07%	62.01%	60.35%	58.95%	57.15%	56.42%	56.41%							
Cat A19 within 19 minutes (Monthly Cumulative)		>= 95%		94.07%	94.35%	94.47%	94.37%	94.65%						93.99%		96.27%	96.44%	96.28%	94.75%	94.80%	94.35%	94.32%							
Ambulance Diverts (Official)	BTUH	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0	0	
<b>A&amp;E</b>																													
Time to treatment in department (Median)		<= 60 mins	66	70	65	78	60	63	55	75	80	69	76	84	76	71	74	62	51	63	66								
Time spent in A&E (admitted) - 95th centile		<= 240 mins	457	458	452	511	600	484	536	559	705	678	650	735	537	357	378	535	450	759	533								
4-hour wait		>= 95%	96.42%	95.63%	95.82%	94.88%	93.46%	96.67%	95.37%	94.83%	90.17%	88.53%	88.93%	88.76%	93.84%	97.20%	96.05%	91.31%	95.39%	88.31%	87.31%	86.93%				93.33%	95.53%		
Long Trolley Waits (Over 12 hour DTA)	BTUH	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0		
<b>Referral to treatment waits: Percentage of patients waiting 18 weeks or less</b>																													
Incomplete Pathways	Thurrock CCG	>= 92%	87.5%	84.4%	85.5%	87.4%	92.7%	92.7%	92.0%	92.2%	91.0%	90.7%	90.6%	88.5%	92.3%	93.1%	92.3%	91.8%	91.9%	91.4%	91.3%						89.5%	92.0%	
Waiting >52 weeks (Incomplete)	Thurrock CCG	Zero Patients	1	6	1	2	1	1	0	0	0	0	0	0	2	1	1	0	0	1	0						12	5	
<b>Diagnostics</b>																													
Percentage patients waiting over 6 weeks	Thu CCG	<= 1%	0.3%	0.1%	0.8%	0.5%	0.1%	0.2%	0.2%	0.1%	0.1%	0.5%	0.2%	0.5%	0.5%	0.5%	0.1%	0.2%	0.6%	0.3%	0.5%								
	BTUH	<= 1%	0.0%	0.0%	0.8%	0.1%	0.0%	0.0%	0.1%	0.0%	0.3%	0.1%	0.1%	0.0%	0.1%	0.2%	0.0%	0.0%	0.5%	0.2%	0.4%								
<b>Cancer Waits</b>																													
2 Week	Thu CCG	>= 93%	93.9%	95.3%	97.4%	97.2%	96.6%	95.7%	95.9%	95.6%	97.3%	96.0%	96.8%	98.0%	93.7%	94.1%	92.6%	86.7%	87.1%	85.4%	89.4%					96.4%	89.7%		
2 Week Breast		>= 93%	98.1%	96.9%	93.5%	97.4%	96.7%	100.0%	96.2%	95.6%	94.9%	88.9%	88.9%	98.1%	97.4%	91.4%	87.3%	95.3%	96.4%	77.1%	92.5%						95.8%	90.9%	
31 Day	Thu CCG	>= 96%	98.2%	98.3%	96.4%	100.0%	98.2%	98%	100%	100%	100%	98%	100%	98%	95.0%	100.0%	98.3%	98.3%	100.0%	96.3%	95.8%					98.8%	97.7%		
31 Day Subsequent		>= 96%	95.6%	97.8%	95.8%	100.0%	100.0%	97.9%	95.9%	95.9%	95.0%	95.5%	95.3%	93.9%	95.7%	94.6%	100.0%	94.6%	97.3%	98.5%	98.0%						96.6%	97.0%	
62 Day	Thu CCG	>= 85%	69.0%	71.4%	61.5%	77.3%	65.6%	71.4%	76.0%	80.6%	80.0%	67.7%	61.5%	65.5%	64%	73%	57%	83%	89%	65%	58%					70.2%	69.5%		
62 Day Screening		>= 90%	100.0%	100.0%	87.5%	100.0%	100.0%	50.0%	100.0%	-	0.0%	100.0%	100.0%	50.0%	0%	50%	100%	0%	0%	100%	88%					90.0%	80.0%		
<b>Delivering Same Sex Accommodation</b>																													
Breaches	Thu CCG	Zero	1	1	0	5	2	0	0	0	2	1	0	4	1	0	0	0	0	1	2						16	4	
	NELFT	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0	0	
	BTUH	Zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0	0	

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<b>111 Service</b>																														
Percentage of abandoned calls	IC24	< 5%	0.31%	0.10%	0.09%	0.07%	0.07%	0.05%	0.16%	0.38%	0.00%	0.20%	0.32%	0.17%	0.3%	0.1%	0.0%	0.0%	0.0%	0.1%	0.3%	0.3%								
Percentage of calls answered within 60 seconds	IC24	> 95%	96.5%	98.2%	97.6%	98.6%	98.4%	98.9%	98.3%	94.4%	90.4%	94.2%	94.5%	96.7%	96.2%	97.3%	99.1%	99.1%	99.3%	97.7%	94.4%	96.0%								
<b>Improving Access to Psychological Therapies</b>																														
Access - Monthly	Thu CCG	>= 1.3%	0.7%	0.7%	2.1%	1.0%	1.0%	1.1%	1.3%	1.2%	0.9%	1.2%	1.0%	1.4%	0.97%	0.84%	1.30%	1.55%	0.91%	1.28%	1.29%									
Access - Cumulative		>= Trajectory on 2nd line (grey)	0.75%	1.45%	3.51%	4.47%	5.45%	6.53%	7.80%	8.98%	9.92%	11.07%	12.05%	13.41%	0.97%	1.81%	3.11%	4.66%	5.57%	6.85%	8.14%						13.41%	8.14%		
Access Target - Cumulative Plan			1.1%	2.4%	3.8%	5.2%	6.2%	7.2%	8.6%	10.1%	10.8%	12.1%	13.6%	15.0%	1.25%	2.50%	3.75%	5.01%	6.26%	7.51%	8.76%	10.01%	11.26%	12.52%	13.77%	15.02%	15.00%	8.76%		
Recovery Rate	Thu CCG	>= 50%	50.7%	52.6%	51.1%	50.5%	52.6%	51.1%	50.5%	50.4%	50.4%	53.2%	50.1%	52.1%	45.3%	44.2%	48.9%	45.1%	50.0%	37.6%	41.5%									
Seen within 6 weeks	Thu CCG	>= 75%													94.1%	96.7%	98.0%	98.9%	99.1%	100.0%	99.4%									
Seen within 18 weeks		>= 95%														100.0%	99.2%	99.3%	100.0%	100.0%	100.0%	100.0%								
<b>Dementia</b>																														
Register Size (Actual)	Thu CCG																													
% Achievement																														891
																														65%
<b>Cancelled Operations</b>																														
			Jun-13	Sep-13	Dec-13	Mar-14	Jun-14	Sep-14	Dec-14	Mar-15	Jun-15	Sep-15	Dec-15	Mar-16																
Cancelled Elec Ops for non clinical reasons	BTUH	Zero	114	93	82	77	75	94	82	87	83	125																		
Breaches: Cancelled Elec Ops not treated <=28d		Zero	33	7	10	8	2	3	1	1	0	0																		
<b>SHMI</b>																														
Value	BTUH		1.113	1.094	1.082	1.074	1.040	1.033	0.984	0.917																				
Banding (1 = Below, 2 = Within, 3 = Above, Threshold)	BTUH	2	2	2	2	2	2	2	2	2																				

**Infection Control**

Please see separate report from Infection Control Team for more detail around MRSA and CDIIF

**Safe Staffing**

Please see separate patient experience report for more information

**Ambulance**

Ambulance performance is detailed in separate EEAST report and is monitored through the operational locality meeting hosted by North East Essex CCG. Performance continues to be a concern.

**A&E**

Performance against the 4 hour target has dropped below the 95% standard.

Performance is below standard across our local providers.

The 95% standard will not be met for the remainder of this year.

A contract performance notice has been issued and action plan with recovery trajectory is being submitted to SRG.

Daily escalation calls across the system are on-going to manage demand between the trust and community providers.

The system wide winter communication plan is in place.

Current Actions include:

- Daily conference calls
- Command & Control Structure in place.
- Full Mobilisation of Specialty Teams
- Specialist teams in ED
- All process delays are being escalated to Silver and Gold command at the Trust
- Review of Elective TCIs on a daily basis.
- Full use of escalation areas.
- Specialist teams in ED
- Full use of escalation areas
- Review of predicted discharges in the next 24 – 72 hours by all stakeholders.
- Request for additional GPs in ED streaming.
- NELFT specialist nurses supporting ward round in specialist wards such as Respiratory and Diabetes.
  - o COPD – Undertaking daily board rounds on respiratory wards and AMU
  - o Heart Failure – COPD team are alerting heart failure team if there are any patients on AMU who need review.
  - o Diabetes – NELFT have spoken with BTUH diabetes team and diabetes consultants who are flagging issues as they arise including joint review of patients in order to facilitate early discharge

**Referral to treatment waits: Percentage of patients waiting 18 weeks or less**

BTUH have failed the incomplete standard in October for the first time since April 2015.

A contract performance notice has been issued and the CCG has met with the Trust as part of the formal contractual process.

**Background**

- The implementation of the Medway EPR platform in October 2013 created several significant challenges for the Trust in terms of data validation and data quality, compounded by gaps in staff training on RTT and issues with the Trust's data reporting infrastructure.
- In order to meet the incomplete standard, the Trust has had to complete a major validation exercise at the end of each month. This is an unsustainable position and the Trust has now raised data quality issues as a Trust-level incident, with Executive Team oversight.

**Agreed Actions**

A Trust task and finish group, reporting to the Senior Management Team, has been established to:

- Fully establish the extent of data quality issues, including system functionality and configuration, data infrastructure, gaps in knowledge and skills of staff, performance reporting and validation processes.
- Develop and deliver a recovery plan to resolve issues identified including ensuring that any risks to patient safety or service quality are appropriately investigated and managed.
- Identify and rectify outstanding system reporting issues (including issues to be raised with the EPR supplier and improvements to internal reporting infrastructure)
- Develop and apply robust, proactive assurance/validation techniques.

**Timescales**

The T&F group will meet regularly, with immediate actions (improvements to EPR configuration via a system upgrade, plans to develop and implement a staff training programme for RTT to be signed off) to be completed by end January 2016.

Until the above work is completed, the Trust is unable to provide assurance that it will meet the incomplete standard. Therefore, there is a risk to performance in November, December and January.

The Trust and CCG have agreed to undertake a joint investigation to better understand and resolve underlying data quality and validation issues that the Trust experiences with RTT data.

A further update report will be available at the end of January. The Trust and CCG will work closely to ensure appropriate oversight and assurance of the position, and the prioritisation, and subsequent investigation, of long waiting patients

**Cancer**

Cancer 2 week wait standard has breached in October but the trust have recovered the two week waits for November as planned.

Cancer 62 day wait is still on course for a February recovery. There is however a risk for the trust in terms of activity at other trusts as both MEHT and SHUFT are now predicting recovery for March which will obviously have an affect on BTUH recovery.

**IAPT**

The Access standard has picked up for September and October but cumulative is at 8.1% against a plan of 8.8% which is 129 patients short.

The CCG has successfully procured service provision from an alternative provider.

The plan is on track for the new IAPT provider service to be fully transition by the end of march ready for 2016/17.

**Dementia**

National delay with the information which is due to be released end of October.