

Hinchingbrooke Healthcare NHS Trust  
Operational Performance Report  
Month 9 2015/16

2015/16 National & CCG Targets	2014-15 Actual Full Yr					2015/16 Target	Key Driver	Trend
	2014-15 Actual Full Yr	Current Month	2015/16 Financial Year	Latest available 12 months	2015/16 Target			
A&E - % of Patients who have waited less than 4 hours	92.7%	94.1%	94.6%	93.9%	95%	Contract data		
Conversion Rate (Admissions) from A and E (Symphony)	27.8%	30.0%	28.0%	28.2%				
Number of MRSA Bacteraemias	0	0	1	1	0	Contract data		
Clostridium difficile infection in the 2 and over age group	12	0	5	7	11	Contract data		
MRSA Screening Compliance - Elective	96.5%	95.5%	95.2%	95.8%		Governance Return		
MRSA Screening Compliance - Non Elective	90.0%	86.9%	87.1%	83.4%		Governance Return		
Cancer 2 week wait from urgent referral to first seen	98.1%	95.4%	97.4%	97.6%	93%	Contract data (Nov Final)		
2 week wait for Breast symptoms	96.5%	100.0%	95.2%	95.5%	93%	Contract data (Nov Final)		
Cancer 31 day wait for first treatment from diagnosis	98.7%	100.0%	99.8%	99.3%	96%	Contract data (Nov Final)		
Cancer 31 day wait for subsequent treatment - Anti cancer drugs	99.3%	100.0%	100.0%	99.6%	98%	Contract data (Nov Final)		
Cancer 31 day wait for subsequent treatment - Surgery	94.7%	100.0%	100.0%	95.6%	94%	Contract data (Nov Final)		
Cancer 62-day wait for first treatment from Standard urgent referral	89.4%	81.3%	84.8%	86.2%	85%	Contract data (Nov Final)		
Cancer 62-day wait for first treatment from Screening service urgent referral	86.5%	100.0%	93.3%	95.2%	90%	Contract data (Nov Final)		
Cancer 62-day wait for first treatment from Consultant Upgrade	100.0%	100.0%	100.0%	100.0%	50%	Contract data (Nov Final)		
Cancelled operations on or after the day of admission number	220	19	136	206	1% of elect adms	Contract data		
Cancelled operations on or after the day of admission number (patients cancelled for a 2nd time on the day)	2	0	1	3	no set target	No set target		
Patients not re-booked within 28 days	9	0	3	5	0%	Contract data		
% operations cancelled on or after the day of admission	0.86%	0.94%	0.72%	0.82%	1%	National Return (Unify)		
Same Sex Accommodation - Incidents	4	0	2	2	0	Contract data		
18 weeks from GP referral to hospital treatment - admitted patients (From October 2015 this is not adjusted)	94.7%	90.2%	90.2%	90.2%	90%	Contract data		
18 weeks from GP referral to hospital treatment - non-admitted patients	99.0%	98.5%	98.5%	98.5%	95%	Contract data		
18 weeks from GP referral - incomplete	97.5%	93.9%	93.9%	93.9%	92%	Contract data		
Orthotics Pledge2 - % Patients treated within 18 weeks	99.9%	100.0%	100.0%	100.0%		Governance Return		
Patients waiting for a diagnostic test < 6 wk *	97.47%	97.82%	98.79%	97.43%	99%	Contract data		
Slot issues/unavailability per successful DBS booking	7%	Not available	9%	7%	5%	Contract data		
VTE Compliance Summary	98.4%	97.1%	98.0%	98.1%	95%	National Return (Unify)		
Consultant to Consultant Referred Attendances	4.1%	6.2%	5.1%	4.9%				
Other referrals to Consultant Attendances	24509	1939	19263	25093				
Total Readmissions within 30 days	N/A	218	1719	2247				
Electronic Discharge Summary - A&E	N/A	100%	100%	N/A	95%	Contract data		
Electronic Discharge Summary - Inpatient	N/A	89%	94%	N/A	95%	Contract data		
Electronic Discharge Summary - Outpatient	N/A	95%	95%	N/A	90%	Contract data		
<b>PROMS (Data from HSCIC Website)</b>	GH	HR	KR	VV	Score			
Number Of Completed Questionnaires (Q1s received)	105	233	262	7	Rates adjusted down to 100%. Volume received exceeded no submitted to SUS	PROMS Dashboard		
HHCT Participation Rate	50.7%	100.0%	100.0%	8.6%		15/16 FY (to November 2015)		
National Participation Rate	54.4%	83.3%	92.5%	31.7%		Updated December 2015		

\* Target applies to only the monthly return

Key: Adverse to absolute target  
 Favourable to target

# Hinchingsbrooke Healthcare NHS Trust

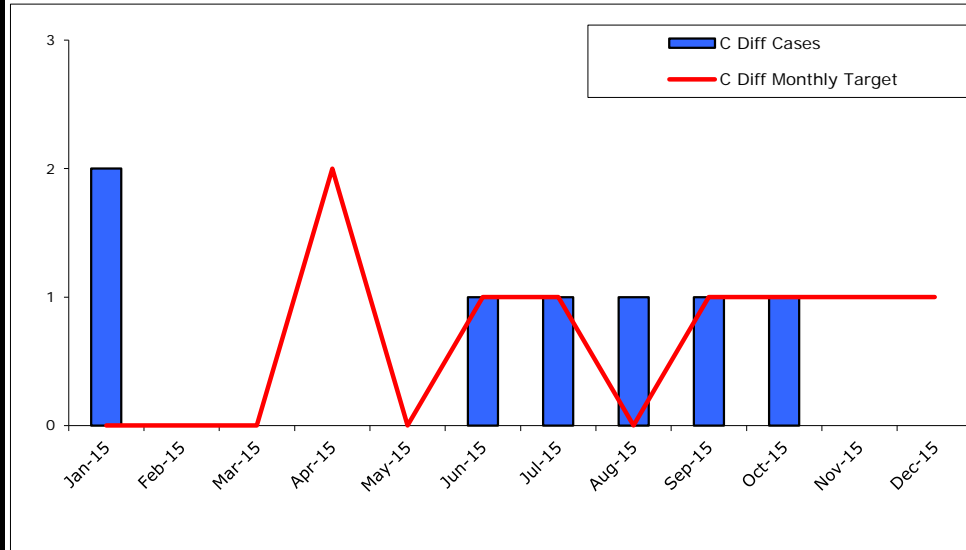
## Operational Performance Report

### Month 9 2015/16

**Strategic Priority: Improving patient care and safety**

**Performance indicator: *Clostridium difficile* cases**

**Current target: = 11 in 2015/16**



#### HHCT trend analysis

- 12 actual cases for FY 2014/15.
  - The monthly target trajectory for cases of *Clostridium difficile* is 2 in April, then 1 in June, July and September through to March 2016.
  - 1 case in October 2015, 5 YTD reportable, 4 YTD on trajectory.
- Please be aware that the October case was subsequently removed from the trajectory as after investigation there was no lapse in care.

#### Comparative analysis

#### Notes.

One case in June 2015. For CCG information the patient was aged 83 and was an emergency admission on 1st June, the CCG of the patient was Cambridgeshire (06H). Non PID PMI\_Link number is 146834.

One case in July 2015. For CCG information the patient was aged 76 and was an emergency admission on 19th June, the CCG of the patient was Cambridgeshire (06H). Non PID PMI\_Link number is 354596.

One case in August 2015. For CCG information the patient was aged 90 and was an emergency admission on 23rd August, the CCG of the patient was Cambridgeshire (06H). Non PID PMI\_Link number is 059064.

One case in September 2015. For CCG information the patient was aged 80 and was an emergency admission on 20th August, the CCG of the patient was Cambridgeshire (06H). Non PID PMI\_Link number is 680720.

One case in October 2015. For CCG information the patient was aged 79 and was an emergency admission on 7th October, the CCG of the patient was Cambridgeshire (06H). Non PID PMI\_Link number is 325378. Patient is reportable but removed from the trajectory.

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November 2015 (Final)

Cancer Site Target	2 Wk Wait	2 wk wait SBR	31 Day FDT	31 Day Subs (Surgery)	31 Day Subs (Anti Cancer)	31 Day Subs (Radiotherapy)	62 Day from Urgent Referral	62 Day from Consultant Upgrade	62 Day from Screening Referral	31 day referral to treatment
Brain / CNS	0		0	0	0		0	0		
Breast	12		0	0	0		0	0	0	
Colorectal	21		0	0	0		13	0	0	
Gynaecology	9		0	0	0		3.5	0	1	
Haematology (Acute Leukaemia for 31 day Ref to FDT)	0		0	0	0		4.5	0		0
Head and Neck	5		0	0	0		4	0		
Lung	1		0	0	0		4.5	0		
Other	0		0	0	0		0	0		
Paediatrics	0		0	0	0			0		0
Sarcoma	0		0	0	0		0	0		
Skin (Plastics)	5		1	0	0		4.5	0		
Upper GI	25		0	0	0		2	0		
Urology	14		0	0	0		9	0		
Testicular										0
Breast Symptomatic		32								
	<b>92</b>	<b>32</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>45</b>	<b>0</b>	<b>1</b>	<b>0</b>
	<b>171</b>									

Quarter 3 Percentages (when available)

97.0%	97.7%	99.1%	100.0%	100.0%
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82.2%	100.0%	100.0%
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Final Breaches in November 2015

Speciality	Target Breached	Whole or Shared	Day Seen	Breach Reason	Actions to be taken
Breast	14 day wait	Whole	35	Patient was booked for 09/10/15, but could not get out of work, so booked for 05/11/15 with patients agreement.	
Colorectal	14 day wait	Whole	27	Patient needed a bariatric ambulance which was unavailable.	
Colorectal	14 day wait	Whole	20	Patient choice.	
Colorectal	14 day wait	Whole	16	C&B pt changed from 12/11/15 to 19/11/15.	
Colorectal	14 day wait	Whole	16	Patient originally booked 04/11/15, but cancelled due to holiday. Re-booked 05/11/15	
Colorectal	14 day wait	Whole	16	Patient cancelled 03/11/2015 as could not attend.	
Colorectal	14 day wait	Whole	15	Capacity.	
Skin	14 day wait	Whole	24	Patient cancelled initial OPA.	
Skin	14 day wait	Whole	17	Patient cancelled 19/11 on the day due to illness.	
Upper GI	14 day wait	Whole	35	Patient offered one appt within target and then 3 others outside target due to capacity.	
Upper GI	14 day wait	Whole	30	No clinic capacity.	
Upper GI	14 day wait	Whole	28	No clinic capacity. Patient offered sooner dates outside of breach date but wanted 10/11/15.	
Upper GI	14 day wait	Whole	24	No clinic capacity.	
Upper GI	14 day wait	Whole	22	No clinic capacity.	
Upper GI	14 day wait	Whole	21	No clinic capacity.	
Upper GI	14 day wait	Whole	20	Patient cancelled 04/11 as the date was unsuitable.	
Upper GI	14 day wait	Whole	17	No clinic capacity.	
Urology	14 day wait	Whole	23	Patient was booked for 29/10/15, but could not make this due to work. Also could only make Thursdays and Fridays. Booked into the next suitable slot with patients agreement.	
Urology	14 day wait	Whole	21	Patient cancelled the original appointment and referred for 17/11/15.	
Urology	14 day wait	Whole	19	ASI patient as no capacity - extra clinic put on by after breach date.	
Urology	14 day wait	Whole	19	ASI patient as no capacity - extra clinic put on by after breach date.	
Urology	14 day wait	Whole	19	ASI patient as no capacity - extra clinic put on by after breach date.	

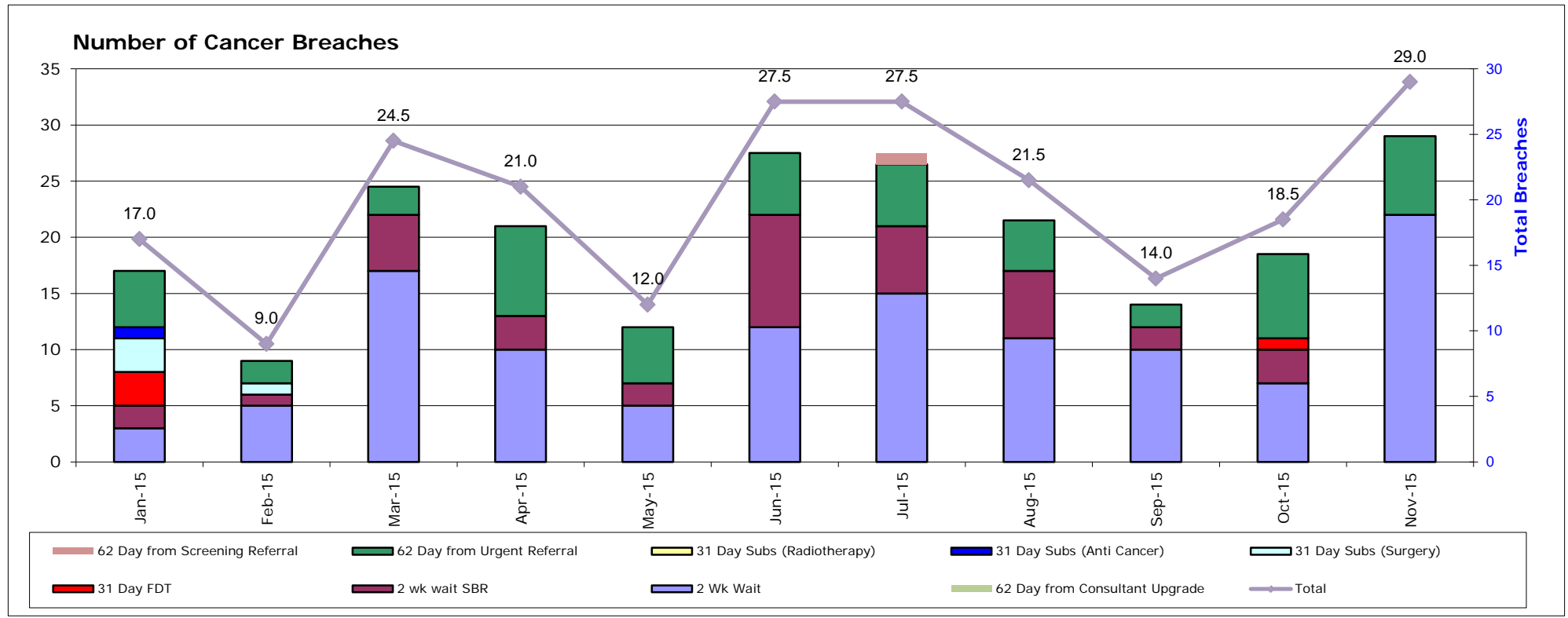
Speciality	Target Breached	Whole or Shared	Days in pathway	Breach Reason	Actions to be taken
<b>Whole Breaches</b>					
ENT	62 day target	Whole	64	The patient initially had non diagnostic cytology result and had to have a repeat biopsy which slowed down the pathway.	

<b>Shared Breaches</b>					
Speciality	Target Breached	Whole or Shared	Days in pathway	Breach Reason	Actions
Colorectal	62 day	Shared	74	21 dw for CT as original date given within 4 days was marked as a DNA but patient never received letter. Planned for tx on day 57 but due to discrepancy between CT & MRI and no specialist Radiologist in trust, further 7 dw for 2nd opinion from CLH.	
Gynaecology	62 day	Shared	72	No confirmed diagnosis, just clinical confirmation of pseudomyxoma peritonei. Patient referred to Basildon for surgery. Patient on holiday 4-11 Oct.	
Lung	62 day	Shared	83	Delay due to investigations as patient required rescan after 6 weeks at Papworth.	
Upper GI	62 day	Shared	92	To be confirmed by CLH.	
Upper GI	62 day	Shared	80	Patient was originally referred to Head and Neck with 4cm mass in right of neck. Following investigation the patient was referred to CLP MDT who requested OGD. Patient refused chemotherapy but accepted Radiotherapy.	
Urology	62 day	Shared	81	Many diagnostics needed.	
Urology	62 day	Shared	87	Patient needed repeat CT scan and then there was a 29 day delay for surgery at Addenbrookes.	

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**Priority Domain: Ensuring Clinical Excellence and Effectiveness**

**Performance indicator: Cancer Breaches**

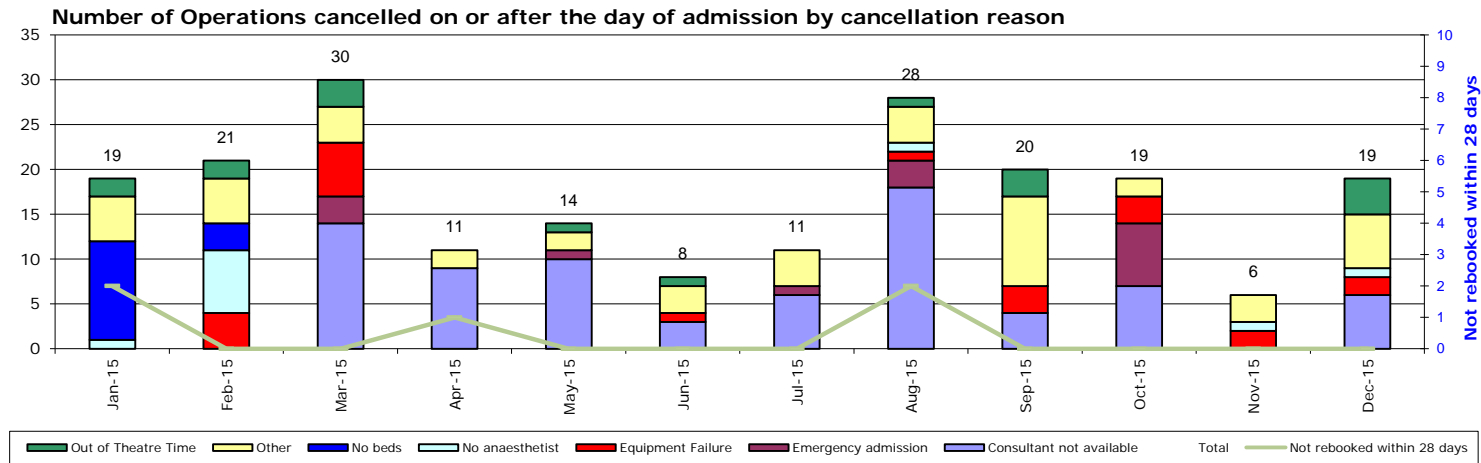


# Hinchingsbrooke Healthcare NHS Trust Operational Performance Report Month 9 2015/16

**Priority Domain: Ensuring Clinical Excellence and Effectiveness**

**Performance indicator: Cancelled Operations**

**Current target: (i) no patients not rebooked within 28 days of cancellation, and (ii) minimal operations cancelled on or after day of admission**



**Key performance issues:**

19 patients cancelled on the day in month and 136 to the end of December. There were no 28 day breaches in the month and 3 YTD.

The cancellations are broken down as follows, 6 no consultant, 4 out of theatre time, 1 no anaesthetist, 2 equipment failure and 6 for admin/other reasons.

Please note that the January 2016 CRM will include 3 December patients who were not rebooked within 28 days.

# Hinchingbrooke Healthcare NHS Trust

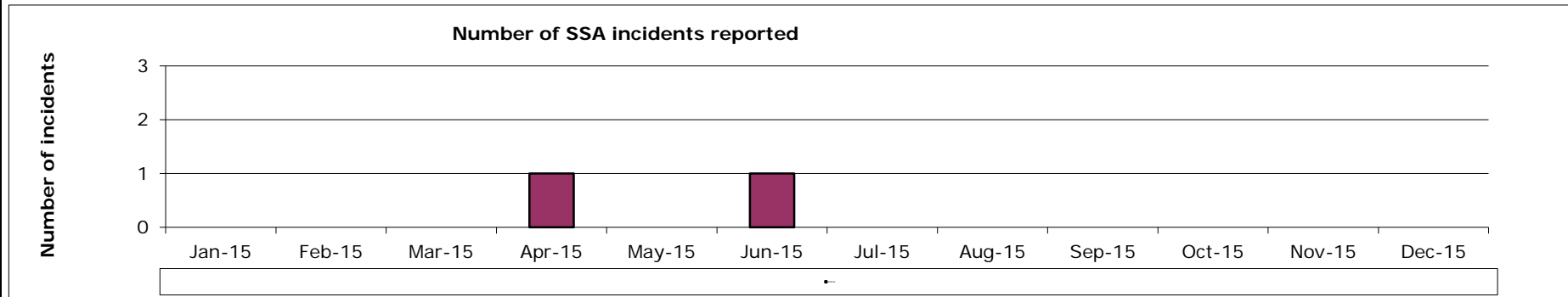
## Operational Performance Report

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**Strategic Priority: Improving patient experience**

**Performance indicator: Achieving single sex accommodation (SSA)**

**Current target: 100% compliance**



#### **HHCT trend analysis**

1 incident in April 2015 affecting 2 patients on CCC, RCA completed May.

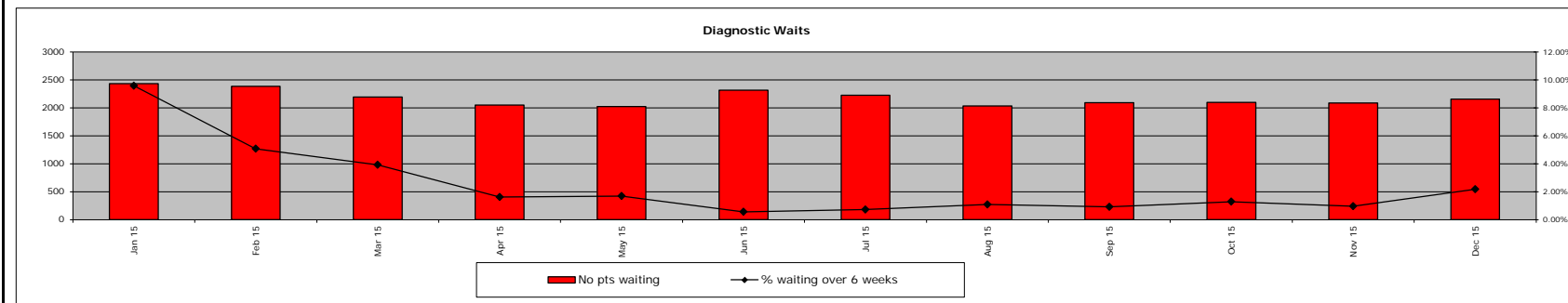
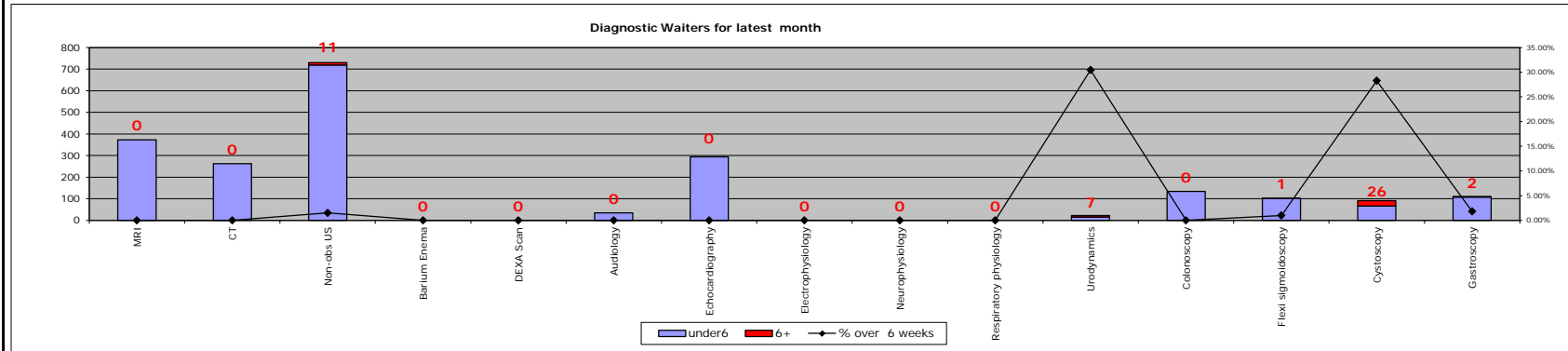
1 incident in June 2015 affecting 3 patients on CCC, RCA completed June. For commissioning all 3 patients attributed to Cambridshire CCG (06H).

#### **Actions in progress**

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Priority Domain: Ensuring Clinical Excellence and Effectiveness

Performance indicator: Diagnostic Waits (Patients still waiting at month end)  
Current target: < 6 weeks



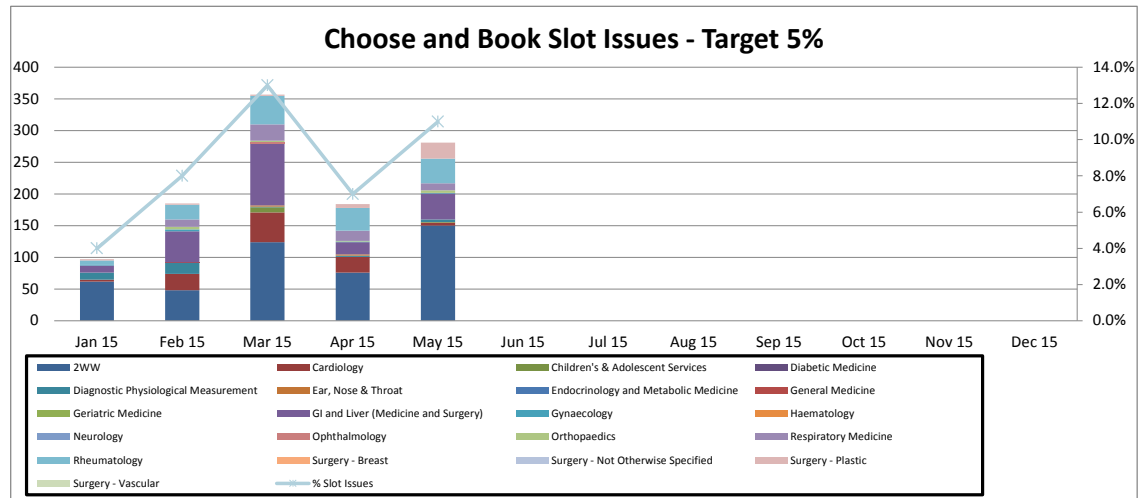
Key performance issues:  
Diagnostic recovery plan in place.



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**Priority Domain: Ensuring Clinical Excellence and Effectiveness**

**Performance indicator: Choose and Book - Slot Issues by Hinchingbrooke Division**



**Key performance issues:**

Due to migration of NHS Choose and Book website to E-Referral this has meant that ASI reports (weekly or monthly) are not currently available to any NHS trust. The issue has been raised with the National Help Desk (Case FB1-26996).

Update 14/08 from NHS E-Referral Service.

'We are working hard to make reports and extracts available in the NHS e-Referral Service as soon as possible but due to the need to focus on stability and performance of the system, we are not yet in a position to confirm the exact timeline for delivery. We are currently targeting the critical extracts (EBSX02, 03, 04, 05, 06 and 08) to be available from early September, with the remaining reports and extracts to be available on a rolling basis soon after this time. This will of course be subject to successful completion of development and testing'.

A further update will be issued around 1st September and organisations will be notified via the e-RS Bulletin: <http://www.hscic.gov.uk/referrals/bulletin> and via the HSCIC website: <http://www.hscic.gov.uk/referrals/reports>

Update 11/09 from NHS E-Referral Service.

'We are working hard to make reports and extracts available in the NHS e-Referral Service as soon as possible but due to the need to focus on stability and performance of the system, we are not yet in a position to confirm the exact timeline for delivery. We will prioritise the critical extracts (EBSX02, 03, 04, 05, 06 and 08) to be available first, with the remaining reports and extracts to be available on a rolling basis as soon possible after successful completion of development and testing.

Further updates will be issued via the e-RS Bulletin: <http://www.hscic.gov.uk/referrals/bulletin> and posted on the HSCIC website: <http://www.hscic.gov.uk/referrals/reports>.

We appreciate that some organisations are experiencing problems by not having access to this latest information and for this we apologise.'

Update 15/10 from NHS E-Referral Service.

We are now pleased to say that we are approaching the final stages of being able to make the critical extracts (EBSX02, 03, 04, 05, 06 and 08) available by the end of October. This will follow the successful release of R4.4 over the weekend of 16-18 October and the implementation of several data fixes which will then be tested and assured, both internally and externally. Assuming that the outcome of the testing and assurance process is positive, we expect to be able to make these extracts available to all around the end of the month. The remaining reports and extracts will then be developed and available on a rolling basis as soon possible after successful completion of development and testing.

Further updates will be issued via the e-RS Bulletin: <http://www.hscic.gov.uk/referrals/bulletin> and posted on the HSCIC website: <http://www.hscic.gov.uk/referrals/reports>.

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**Priority Domain: Ensuring Clinical Excellence and Effectiveness**

Performance indicator: 18 Week monitoring - Admitted patients

Current target: Admitted patients 90% Non-admitted patients 95% Incomplete 92%

December RTT		Admitted (not adjusted)			Non-admitted			Incomplete		
specode	spec_desc	<=18 weeks	>18 weeks	%<=18 weeks	<=18 weeks	>18 weeks	%<=18 weeks	<=18 weeks	>18 weeks	%<=18 weeks
100	General Surgery	113	15	88.28%	202	4	98.06%	751	56	93.06%
101	Urology	60	3	95.24%	117	4	96.69%	365	20	94.81%
110	Trauma & Orthopaedics	139	39	78.09%	141	5	96.58%	909	117	88.60%
120	Ear, Nose & Throat (ENT)	72	0	100.00%	212	1	99.53%	415	10	97.65%
130	Ophthalmology	208	16	92.86%	210	2	99.06%	680	32	95.51%
140	Oral Surgery	0	0		0	0		0	0	
150	Neurosurgery	0	0		0	0		0	0	
160	Plastic Surgery	50	3	94.34%	107	3	97.27%	321	16	95.25%
170	Cardiothoracic Surgery	0	0		0	0		0	0	
300	General Medicine	16	4	80.00%	32	0	100.00%	83	1	98.81%
301	Gastroenterology	13	0	100.00%	162	3	98.18%	351	20	94.61%
320	Cardiology	0	0		55	0	100.00%	251	12	95.44%
330	Dermatology	0	0		0	0		0	0	
340	Thoracic Medicine	0	0		39	0	100.00%	78	1	98.73%
400	Neurology	0	0		27	0	100.00%	169	5	97.13%
410	Rheumatology	0	0		51	1	98.08%	197	7	96.57%
430	Geriatric Medicine	0	0		0	0		0	0	
502	Gynaecology	63	0	100.00%	312	2	99.36%	331	9	97.35%
X01	Other	0	0		120	3	97.56%	128	21	85.91%
999	<b>Total</b>	<b>734</b>	<b>80</b>	<b>90.17%</b>	<b>1787</b>	<b>28</b>	<b>98.46%</b>	<b>5029</b>	<b>327</b>	<b>93.89%</b>

**Key performance issues:**

Please be aware that the reporting requirements for admitted pathways was changed in October 2015 by NHS England to now be admitted (not adjusted). A new template ( part 1a) was provided by Unify from October.

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**Priority Domain: Ensuring Clinical Excellence and Effectiveness**

**Performance indicator: 18 Week monitoring - Admitted patients**

December RTT (06H)		Admitted (not adjusted)			Non-admitted			Incomplete		
specode	spec_desc	<=18 weeks	>18 weeks	%<=18 weeks	<=18 weeks	>18 weeks	%<=18 weeks	<=18 weeks	>18 weeks	%<=18 weeks
100	General Surgery	103	14	88.03%	197	4	98.01%	719	53	93.13%
101	Urology	57	3	95.00%	112	4	96.55%	350	17	95.37%
110	Trauma & Orthopaedics	120	37	76.43%	131	5	96.32%	796	112	87.67%
120	Ear, Nose & Throat (ENT)	66	0	100.00%	199	0	100.00%	380	10	97.44%
130	Ophthalmology	202	16	92.66%	201	2	99.01%	649	30	95.58%
140	Oral Surgery	0	0		0	0		0	0	
150	Neurosurgery	0	0		0	0		0	0	
160	Plastic Surgery	49	3	94.23%	103	3	97.17%	312	14	95.71%
170	Cardiothoracic Surgery	0	0		0	0		0	0	
300	General Medicine	15	4	78.95%	32	0	100.00%	82	1	98.80%
301	Gastroenterology	12	0	100.00%	159	3	98.15%	339	17	95.22%
320	Cardiology	0	0		52	0	100.00%	247	12	95.37%
330	Dermatology	0	0		0	0		0	0	
340	Thoracic Medicine	0	0		38	0	100.00%	78	1	98.73%
400	Neurology	0	0		27	0	100.00%	163	5	97.02%
410	Rheumatology	0	0		47	1	97.92%	181	7	96.28%
430	Geriatric Medicine	0	0		0	0		0	0	
502	Gynaecology	59	0	100.00%	303	2	99.34%	326	9	97.31%
X01	Other	0	0		113	2	98.26%	120	18	86.96%
999	<b>Total</b>	<b>683</b>	<b>77</b>	<b>89.87%</b>	<b>1714</b>	<b>26</b>	<b>98.51%</b>	<b>4742</b>	<b>306</b>	<b>93.94%</b>

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PLEDGE2 ORTHOTICS

Month ending	Provider Code	Provider Name	Specialty/Service	Data Source	Patients with an unknown clock start	Gt 0-1 weeks	Gt 1-2	Gt 2-3	Gt 3-4	Gt 4-5	Gt 5-6	Gt 6-7	Gt 7-8	Gt 8-9	Gt 9-10	Gt 10-11	Gt 11-12	Gt 12-13	Gt 13-14	Gt 14-15	Gt 15-16	Gt 16-17	Gt 17-18	Gt 18+ weeks legitimate	Gt 18+ weeks Unnecessary	Total Waiting	Max Wait (weeks)	% 18 weeks plus
Dec-15	RQQ	Hinchingbrooke	Orthotics	IT System/Database	0	11	19	12	15	7	1	2	4	3	1	6	1	3	2	1	1	1	1	0	0	91	18	0.0%

Patients with unknown clock start date	Treated within 18 weeks	Treated over 18 weeks - legitimate	Treated over 18 weeks - unnecessary	% Patients treated within 18 weeks
0	91	0	0	100.0%

December Final