

Integrated Performance Report M05 – August 2013

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**An Associated University Hospital of
Brighton and Sussex Medical School**

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Performance Aug 2013

Summary:

- The Trust has revised its performance report to align with the Trust Development Authority Measures and standards. This is reflective of the Monitor risk assessment framework which assesses Foundation Trusts in relation to the Continuity of Services and Governance conditions of Provider licences.
- Care Quality Commission
 - The Trust is not currently subject of any CQC warning notices or intervention action
- Access Metrics
 - ED Performance against the 4 hour target was maintained in August for the 4th month in a row despite challenging levels of activity.
 - 18 weeks delivery remains in excess of expected standards with full speciality compliance for the second consecutive month and the lowest level of incomplete pathways over 18 weeks since RTT was implemented
 - Cancer access targets continued to show under-performance in both the Breast Symptomatic pathway and the 62 Day referral from screening pathway. Breast symptomatic under-performance was primarily driven by patient deferrals.
- Outcome Metrics
 - Patient safety indicators continued to show expected levels of performance
 - The latest HSMR data and SHMI data both show overall trust mortality is lower than expected.
 - The Trust had one MRSA bloodstream infection in August which was deemed un-avoidable. C-Diff is equal to the YTD trajectory of 12 cases
 - Maternity indicators continue to show positive performance although emergency C-Section rates are being reviewed

Performance Aug 2013

- Quality Governance Metrics
 - The Friends and Family Test score for August 2013 for Inpatients is +59. For the Emergency Department patients the score is +45. The Trust is adopting a new methodology for collecting F&F responses but will continue with the Your Care Matters Programme which provides insightful data that can help drive change
 - The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. It is recognised that the level of agency temporary staff is higher than desired and significant recruitment is underway and yielding results.
- Finance
 - At Month 5 the Trust remains favourable to plan with a £0.2m surplus. The Trust is forecasting a £0.3m surplus. Savings continue to be above the TDA plan.
 - The Trust is still in discussions with the TDA regarding resolution of non recurrent income/cash support and this remains a significant risk to the financial position.

Action: The Board are asked to note and accept this report

Notes:

Legal: What are the legal considerations & implications linked to this item? Please name relevant Act

Patient safety: Legal actions from unintentional harm to patients would normally be covered by negligence, an area of English tort (civil) law, providing the remedy of compensation. Case law is extensive. Criminal action could be pursued if investigation judged intentional harm and remedies will vary according to severity.

Staff safety: The Health and Safety at Work Act etc 1974 may apply in respect of employee health and safety or non clinical risk to patients (usually reported under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995)

Regulation: What aspect of regulation applies and what are the outcome implications? This applies to any regulatory body.

The Care Quality Commission (CQC) regulates patient safety and quality of care and the CQC register and therefore license care services under the Health and Social Care Act 2009 and associated regulations. The health and safety executive regulates compliance with health and safety law. A raft of other regulators deal with safety of medicines, medical devices and other aspects.

Access Metrics

| Indicator Description | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Trigger Text | Trigger Points | |
|---|--------|--------|--------|--------|--------|--------|--------|------------------|----------------|------|
| Emergency Department | | | | | | | | | | |
| ED 95% in 4 hours | 95.4% | 95.0% | 88.7% | 96.8% | 99.1% | 98.5% | 95.4% | > Target is Good | 95% | 94% |
| Patients Waiting in ED for over 12 hours following DTA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | < Target is Good | 0 | 1 |
| Ambulance Turnaround - Number Over 30 mins | | | | | | 57 | 48 | For Information | | |
| Ambulance Turnaround - Number Over 60 mins | | | | | | 0 | 2 | For Information | | |
| 18 Weeks RTT | | | | | | | | | | |
| RTT Admitted - 90% in 18 weeks | 91.2% | 90.6% | 91.3% | 91.8% | 94.0% | 95.9% | 97.0% | > Target is Good | 90% | 85% |
| RTT Non Admitted - 95% in 18 weeks | 96.8% | 96.7% | 97.4% | 96.8% | 97.0% | 97.6% | 97.4% | > Target is Good | 95% | 90% |
| RTT Incomplete Pathways - % under 18 weeks | 95.0% | 95.6% | 95.2% | 97.2% | 96.8% | 96.6% | 97.8% | > Target is Good | 92% | 87% |
| RTT Patients over 52 weeks on incomplete pathways | | | 0 | 0 | 0 | 0 | 0 | < Target is Good | 0 | 1 |
| Percentage of patients waiting 6 weeks or more for diagnostic | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% | 0.9% | 0.9% | < Target is Good | 1% | 5% |
| % of operations cancelled on the day not treated within 28 days | | | | 0% | 0% | 0% | 0% | < Target is Good | 0% | 3.5% |
| Cancer Access | | | | | | | | | | |
| Cancer - TWR | 96.2% | 95.8% | 94.1% | 93.1% | 95.2% | 94.0% | 93.0% | > Target is Good | 93% | 88% |
| Cancer - TWR Breast Symptomatic | 98.7% | 97.0% | 94.0% | 87.5% | 94.0% | 89.0% | 84.9% | > Target is Good | 93% | 88% |
| Cancer - 31 Day Second or Subsequent Treatment (SURGERY) | 95.0% | 100.0% | 96.3% | 94.1% | 100.0% | 94.0% | 94.4% | > Target is Good | 94% | 89% |
| Cancer - 31 Day Second or Subsequent Treatment (DRUG) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | > Target is Good | 98% | 93% |
| Cancer - 31 Day Diagnosis to Treatment | 99.0% | 98.8% | 97.4% | 97.8% | 97.4% | 99.0% | 97.8% | > Target is Good | 96% | 91% |
| Cancer - 62 Day Referral to Treatment from Screening | 87.5% | 84.6% | 80.0% | 100.0% | 100.0% | 83.0% | 88.9% | > Target is Good | 90% | 85% |
| Cancer - 62 Day Urgent Referral | 86.3% | 91.6% | 86.2% | 86.0% | 85.8% | 86.0% | 86.1% | > Target is Good | 85% | 80% |

Emergency Department

- Performance against the 4 hour target was maintained in August for the 4th month in a row despite challenging levels of activity.
- Despite the challenging month and reduction in performance compared to the previous two months, the Trust continued to demonstrate sustainable delivery of the 4hr target.
- Looking forward to the winter, the Trust and its local health partners are progressing the system plan to establish over 50 community beds to reduce the number of medically fit for discharge patients in the hospital. Internal process improvements are also underway, including significant investments in 7 day services.

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Access Metrics

- These initiatives will allow improved flow through the hospital and the Trust expects to sustain delivery of the 4 hour target throughout the winter.
- Despite a reduction in the number of ambulance handovers over 30 minutes, as a result of the challenging conditions in August, there were two handovers over 60 minutes. 12 hour trolley waits continued to be sustained at zero in month.

RTT and Diagnostics

- **18 weeks delivery remains in excess of expected standards reflecting the significant work within the Trust.**
- Following the delivery of full speciality compliance in July this was sustained in August with the number of patients waiting over 18 weeks being at its lowest level.
- One of the key reasons for breaches (see Appendix 1 for breach reasons) is capacity for first outpatient appointment or Theatres. The Trust is experiencing a significant increase in referrals compared to previous years and in excess of that commissioned. The Trust is putting in place ad-hoc capacity and is working to put in place substantive capacity where required.
- There were no patients waiting over 52 weeks and no breaches of the 28 day guarantee in month
- Diagnostics continued to perform with less than 1% of patients waiting over 6 weeks.

Cancer Access

- **Cancer access targets continued to show under-performance in both the Breast Symptomatic pathway and the 62 referral from screening pathway**
- Failure against the breast symptomatic (Cancer not suspected) standard for August was due to another month of high patient deferrals. All patients were offered appointments within the 14 day deadline but have chosen to either cancel or defer their appointments. This issue is continuing into September with this target expected to be under the 93% threshold for the quarter.

Access Metrics

- Although the Two week wait target was achieved, there was a deterioration in performance compared to prior month. As seen in previous years, and on the breast symptomatic pathway, there was a significant number of patient deferrals.
- The trust is undertaking a review of both the Breast Symptomatic pathway and the Trust's access policy.
- 62 Day Screening performance was not achieved in August 2013 with two patients breaching. One breach was due to a complex Breast pathway and one due to inconclusive tests (complex) for a colorectal patient. Sussex Breast screening patients are now being offered the choice of referral to SaSH, although uptake rates are not as high as expected. Volumes of treatments for this target will continuously remain low with single breaches impacting the performance.

Outcome Metrics

| Indicator Description | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Trigger Text | Trigger Points |
|---|--------|--------|--------|--------|--------|--------|--------|------------------|-----------------|
| Patient Safety | | | | | | | | | |
| No of Never Events in month | 0 | 1 | 0 | 0 | 0 | 1 | 0 | < Target is Good | 0 1 |
| No of medication errors causing Severe Harm or Death | 0 | 1 | 0 | 0 | 0 | 0 | 0 | < Target is Good | 0 1 |
| Safety Thermometer - % of patients with harm free care (all harm) | 93.6% | 92.8% | 92.2% | 95.4% | 90.3% | 94.0% | 91.4% | > Target is Good | 92% 87% |
| Safety Thermometer - % of patients with harm free care (new harm) | 95.9% | 95.0% | 94.6% | 97.3% | 95.6% | 96.8% | 95.7% | | 92% 87% |
| Percentage of patients who have a VTE risk assessment | 93% | 94% | 96% | 96% | 95% | 95% | 96% | > Target is Good | 95% 90% |
| WHO Checklist Usage - % Compliance | 98% | 100% | 96% | 100% | 100% | 100% | 99% | | For Information |
| Serious Incidents - No per 1000 Bed Days | 0.40 | 0.41 | 0.18 | 0.18 | 0.33 | 0.37 | 0.25 | < Target is Good | 1.23 1.35 |
| Number of overdue CAS and NPSA alerts | | | | | | | 29 | < Target is Good | 0 1 |
| Mortality and Readmissions | | | | | | | | | |
| HSMR (56 Monitored diagnoses - 12 Months) | 90.7 | 91.4 | 90.2 | 90.2 | 90.2 | | | < Target is Good | 100 105 |
| SHMI | | | 94.5 | 94.5 | 94.5 | | | < Target is Good | 100 105 |
| Emergency readmissions within 30 days | | | 9.30% | 8.90% | 8.80% | 8.60% | 9.40% | < Target is Good | 10.9% 10.9% |
| Infection Control | | | | | | | | | |
| MRSA (incidences in month) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | For Information |
| CDiff Incidences (incidences YTD) | 2 | 1 | 3 | 2 | 1 | 4 | 2 | < Target is Good | on plan 1 stdev |
| MSSA | 2 | 2 | 4 | 2 | 2 | 0 | 0 | | For Information |
| E-Coli | 17 | 20 | 25 | 20 | 19 | 36 | 27 | | For Information |
| Maternity | | | | | | | | | |
| C Section Rate - Emergency | 19.2% | 18.5% | 15.9% | 12.7% | 18.5% | 18.5% | 20.6% | | For Information |
| C Section Rate - Elective | 8.4% | 6.4% | 7.6% | 6.2% | 6.8% | 7.5% | 6.1% | | For Information |
| Maternal Deaths | 0 | 0 | 0 | 0 | 0 | 0 | 0 | < Target is Good | 0 1 |
| Admissions of full term babies to neo-natal care | 1.0% | 4.9% | 5.2% | 6.9% | 6.9% | 6.0% | 5.8% | | For Information |

- Final methodology of emergency readmission indicator to be agreed using SUS data

Patient Safety

- Patient safety indicators continued to show expected levels of performance.**
- There were no never events or medication errors causing severe harm or death in August.
- The Trust did not achieve the TDA standard of 92% for harm free care (Trust performance of 91.4%) However, when New Harm while under the care of the Trust is measured, the Trust achieved performance of 95.7%
- VTE performance and Serious incidents per 1000 bed days continued to deliver the expected standards

Outcome Metrics

- There were 29 overdue CAS alerts . Upon investigation it was discovered this was not an issue for the Trust to manage, the alerts were incorrectly issued and should have gone to contractors. The contractors are aware of the alert. The Trust will close these alerts on the system.

Mortality and Readmissions

- **The latest HSMR data and SHMI data both show overall trust mortality is lower than expected.**
- While 30 day readmission rates rose to 9.4% in August, this remains below the TDA benchmark. Measurement methodology is also to be reviewed in order to ensure re-admissions to other providers following SaSH care are reflected.

Infection Control

- **The Trust had one MRSA bloodstream infection in August which was deemed un-avoidable. C-Diff is equal to the YTD trajectory of 12 cases**
- There was one MRSA bloodstream infection in August . The RCA found that all clinical measures that could have been taken to prevent the infection were in place in the care of the patient.
- There were two C-Diff incidences in August taking the YTD total to twelve. While this is on plan for the trajectory (also 12 YTD) there have been further incidences in September that, following review at Infection Control Task force, are expected to lead to amendments to the trusts anti-biotic prescribing policy.

Maternity

- **Maternity indicators continue to show positive performance**
- There has been a sustained reduction in the elective C-Section rate since the introduction of the Birth Choices clinic. We now have a well embedded midwifery led pathway during the antenatal period for women who have had one previous C-Section
- The emergency rate is higher than national average and we continue to review each emergency to ensure Consultant review or involvement in the decision making process. The team will present a report to the executive team in October to provide assurance in relation to the emergency C-section rate.

Quality Governance Metrics

| Indicator Description | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-12 | Trigger Text | Trigger Points |
|--|------------------------------|--------|--------|--------|--------|--------|--------|------------------|-----------------|
| Patient Voice | | | | | | | | | |
| Inpatients Friends & Family (Net Promoter Score) | 49 | 50 | 50 | 51 | 54 | 64 | 59 | | For Information |
| Emergency department Friends & Family (Net Promoter Score) | | | 47 | 64 | 50 | 43 | 45 | | For Information |
| Mixed Sex Breaches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | < Target is Good | 0 |
| Complaints (rate per 10,000 occupied bed days) | 31 | 31 | 29 | 30 | 22 | 35 | 22 | | For Information |
| Workforce | | | | | | | | | |
| Nurse to bed ratio | Calculation to be determined | | | | | | | | For Information |
| % Nurses who are registered nurses | Calculation to be determined | | | | | | | | For Information |
| Proportion temporary staff (clinical and non clinical) | Calculation to be determined | | | | | | | | For Information |
| Overall Sickness Rate | 4.6% | 4.0% | 3.9% | 3.6% | 3.6% | 3.48% | 3.32% | < Target is Good | 5.2% |
| %age of staff who have had appraisal in last 12 months | 76.2% | 93.7% | 89.9% | 87.1% | 86.2% | 90.0% | 91.6% | | For Information |
| Staff Turnover rate | 15.0% | 15.5% | 15.7% | 15.1% | 15.5% | 15.1% | 15.1% | | For Information |

- The Trust continues to collect data on patient experience using the national friends and family questions.
- The National Friends and Family Test results are calculated using an underlying “Net Promoter Score” ‘which takes the proportion of patients who are ‘Extremely Likely’ to recommend minus those who are unlikely or neutral, to give a score from -100 to +100. The Friends and Family Test score for August 2013 for Inpatients is +59. For the Emergency Department patients the score is +45.
- As reported last month, the Trust continues to be below expectations and following a review of our data collection process is now aligning to common national practice. The F&F question was previously asked as part of the extensive Your Care Matters patient feedback programme which collects valuable patient data post discharge / attendance. Common practice is to ask the F&F question as part of the discharge process and as a single question. To ensure fair comparisons, the Trust is adopting this process but will continue to collect data through the Your Care Matters programme as this is able to provide insight to drive actions and is well aligned to the National in-patient survey.
- Complaints per 10,000 occupied bed days fell in August and the Trust continues to try to resolve complaints as quickly as possible and ensure learning from individual experiences drive changes that impact all patients.

Quality Governance Metrics

Workforce

- TDA indicators in relation to nursing staff and temporary staff will be reported in later months once methodology has been confirmed.
- The Trust continues to monitor ward nursing (numbers and skill mix) on a daily basis and is assured that adequate staffing is in place. It is recognised that the level of agency temporary staff is higher than desired, largely driven by ward vacancies. The trust has made significant progress in recruitment with a large number of vacancies filled or with staff appointed and due to start in the coming months.
- Sickness absence has fallen for the eighth consecutive month and is on a downward trend compared with last years rates. The top 3 reasons for absence remains unchanged for from the previous 3 months (Surgery, Anxiety/stress/depression/other psychiatric illnesses followed by Gastrointestinal problems).
- Staff Turnover is unchanged at 15.1% with work continuing on our programme of continuous recruitment to our nursing vacancies.

Finance

| Indicator Description | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-12 | Trigger Text | Trigger Points |
|--|--------|--------|--------|--------|--------|--------|--------|------------------|------------------|
| Overall Financial Position | | | | | | | | | |
| - Outturn £m Surplus / (Deficit) - Plan | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | For Information |
| - Outturn £m Surplus / (Deficit) - Forecast | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.3 | > Target is Good | On Plan Off Plan |
| - YTD £m Surplus / (Deficit) - Plan | | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | For Information |
| - YTD £m Surplus / (Deficit) - Actual | | | 0.0 | 0.0 | 0.1 | 0.2 | 0.2 | > Target is Good | On Plan Off Plan |
| - Outturn UNDERLYING £m Surplus / (Deficit) - Plan | | | (3.5) | (3.5) | (3.5) | (3.5) | (3.5) | | For Information |
| - Outturn UNDERLYING £m Surplus / (Deficit) - Actual | | | (3.5) | (3.5) | (3.5) | (3.5) | (3.5) | > Target is Good | On Plan Off Plan |
| - YTD Savings £m Fav / (Adverse) - Actual | | | 0.3 | 0.7 | 1.1 | 1.8 | 2.9 | | On Plan Off Plan |
| - OT Risk £m Surplus / (Deficit) - Assessment | | | (5.5) | (6.5) | (6.5) | (6.5) | (6.5) | > Target is Good | On Plan Off Plan |
| - Outturn Cash position £m Fav / (Adv) - Forecast | | | 2.6 | 2.6 | 2.6 | 2.6 | 2.6 | > Target is Good | On Plan Off Plan |
| - YTD Cash position £m Fav / (Adv) - Actual | | | 4.6 | 2.2 | 3.4 | 3.7 | 2.9 | > Target is Good | On Plan Off Plan |
| - YTD Liquid ratio - days | | | (9.0) | (9.0) | (9.0) | (10.0) | (13.0) | | On Plan Off Plan |
| - YTD BPPC (overall) value % | | | 84% | 87% | 89% | 88% | 87% | | On Plan Off Plan |
| - YTD BPPC (overall) volume % | | | 93% | 90% | 90% | 90% | 90% | | On Plan Off Plan |
| - Outturn Capital spend Fav / (Adv) - forecast | | | 17.3 | 17.3 | 17.3 | 17.3 | 17.3 | > Target is Good | On Plan Off Plan |

- At Month 5 the Trust remains favourable to plan with a £0.2m surplus. The Trust is forecasting a £0.3m surplus. Savings continue to be above the TDA plan.
- The Trust is still in discussions with the TDA regarding resolution of non recurrent income/cash support and this remains a significant risk to the financial position. The latest correspondence from the TDA gives a deadline of 30th September for further information from the Trust and the Board is considering the Trust's response.
- The financial position remains stable at month 5 (recovering early overspending). However, contract income is slightly adverse to the Trust plan.
- The Trust's current income and activity position, and indeed year end forecast, shows significant over performance against CCG plans. While the Trust is reconciling activity and income with CCGs and agreeing over performance payments, this is having a significant impact on the cash position, requiring cash advance from Sussex CCGs. With the discussions over the non-recurrent funding still going on, the Trust will be securing temporary borrowing while these issues are worked through.
- The cash balance has dropped again from last month (now £2.8m), but remains on plan.

Appendix 1 – RTT Breach Reasons

| Admitted Pathways | Specialties | | | | | | | | | | | | | | | | | | | Total |
|--|-------------|------------------------|-------------|-----|------------------|------------------|-----------------|--------------------|-------------|-----------|--------------|---------------|--------------|-------|-----------------|--------------|------------------|-----------------------|---------|-------|
| | Cardiology | Cardiothoracic Surgery | Dermatology | ENT | Gastroenterology | General Medicine | General Surgery | Geriatric Medicine | Gynaecology | Neurology | Neurosurgery | Ophthalmology | Oral Surgery | Other | Plastic Surgery | Rheumatology | Thoracic Surgery | Trauma & Orthopaedics | Urology | |
| Patient Choice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 3 | |
| Patient non-cooperation (e.g. DNAs) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Patient chooses to wait longer than reasonable (as defined in local access policy) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 3 | |
| Not in the patients best clinical interest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Capacity | 1 | 0 | 1 | 8 | 0 | 0 | 7 | 0 | 2 | 0 | 0 | 8 | 1 | 7 | 0 | 0 | 8 | 3 | 46 | |
| Insufficient capacity | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Capacity - First appointment | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 2 | 11 | |
| Capacity - follow up | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 7 | |
| Capacity - preassessment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Capacity – Theatre | 0 | 0 | 0 | 5 | 0 | 0 | 6 | 0 | 0 | 0 | 7 | 1 | 5 | 0 | 0 | 0 | 3 | 1 | 28 | |
| Hospital cancellation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Hospital cancellation of Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Hospital cancellation - no theatre | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Hospital cancellation - no beds | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Hospital cancellation - staff absence | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Diagnostic delay | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| Insufficient diagnostic capacity to deliver local standards for diagnostic tests | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| Reporting delay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Medically not fit | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Medically not fit at pre-assessment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Not fit while awaiting admission | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Process delay | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| Paper process delay | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| Incorrect patient demographics | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Referral vetting delay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Postal delay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Late transfer from another provider | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| Total | 1 | 0 | 2 | 8 | 0 | 0 | 8 | 0 | 2 | 0 | 10 | 1 | 8 | 0 | 0 | 0 | 9 | 3 | 52 | |

Appendix 1 – RTT Breach Reasons

| Non Admitted Pathways | Specialist Services | | | | | | | | | | | | | | | | | | |
|--|---------------------|------------------------|-------------|-----|------------------|------------------|------------------|-------------------|-------------|-----------|--------------|---------------|--------------|-------|-----------------|--------------|-------------------|-----------------------|---------|
| | Cardiology | Cardiothoracic Surgery | Dermatology | ENT | Gastroenterology | General Medicine | General Medicine | Geriatric Surgery | Gynaecology | Neurology | Neurosurgery | Ophthalmology | Oral Surgery | Other | Plastic Surgery | Rheumatology | Thoracic Medicine | Trauma & Orthopaedics | Urology |
| Patient Choice | 0 | 0 | 2 | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 10 |
| Patient non-cooperation (e.g. DNAs) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Patient chooses to wait longer than reasonable (as defined in local access policy) | 0 | 0 | 2 | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 10 |
| Not in the patients best clinical interest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Capacity | 3 | 0 | 2 | 10 | 1 | 0 | 2 | 0 | 0 | 0 | 13 | 0 | 7 | 0 | 0 | 1 | 7 | 3 | 49 |
| Insufficient capacity | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Capacity – Theatre | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| Capacity - First appointment | 3 | 0 | 2 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 11 | 0 | 4 | 0 | 0 | 1 | 2 | 3 | 30 |
| Capacity - follow up | 0 | 0 | 0 | 7 | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 4 | 0 | 16 | |
| Hospital cancellation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 3 | |
| Hospital cancellation of Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 3 | |
| Hospital cancellation - no theatre | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Hospital cancellation - no beds | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Hospital cancellation - staff absence | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Diagnostic delay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | |
| Insufficient diagnostic capacity to deliver local standards for diagnostic tests | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Reporting delay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | |
| Medically not fit | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Medically not fit at pre-assessment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Not fit while awaiting admission | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Process delay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Paper process delay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Incorrect patient demographics | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Referral vetting delay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Postal delay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Late transfer from another provider | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Other | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 10 | |
| Total | 3 | 0 | 4 | 12 | 1 | 0 | 10 | 0 | 1 | 3 | 0 | 13 | 0 | 7 | 0 | 4 | 11 | 4 | 73 |