Table 5: NHS Constitution Access to Services Metrics

NHS
Bath and North East Somerset
Clinical Commissioning Group

Short Description	Target	Performance In period		Year to date		Trend	To improve	Providers YTD RUH	UHB	NBT	Sirona	Supporting Narrative
i. The percentage of admitted pathways within 18 weeks for admitted patients whose clocks stopped during the period on an adjusted basis	90%	94%	G ⇩ Dec	94%	G		⇧	90%	93%	92%	-	Admitted pathways have performed above target in all months except July 2013. In July 2013 the RUH undertook an exercise to clear their backlog and dropped to 78% bringing the BaNES figure down to 89.7% in July, just below target.
ii. The percentage of non-admitted pathways within 18 weeks for non-admitted patients whose clocks stopped during the period	95%	97%	G ⇧ Dec	96%	G		⇧	96%	92%	95%	99%	Non-admitted pathways have been above target for BaNES every month in 2013/14 to date. UHB have struggled to meet the target and have been amber or red in all but 1 month. At the beginning of the year, UHB took over services including the Head and Neck waiting lists from NBT. This already included long waiters and UHB have a recovery plan in place to improve performance.
iii. The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period	92%	94%	G ⇩ Dec	94%	G		⇧	94%	91%	92%	99%	Incomplete pathways have been above target for BaNES every month in 2013/14 to date. UHB has been mostly amber. (See comments above.)
Diagnostic test waiting times - under 6 week waits	99.0%	99.7%	G ⇩ Dec	99.3%	G		⇩	99.6%	98.4%	98.3%	94.7%	Diagnostic performance is very good this year. This indicator was amber in June but otherwise has been green. Waiting lists are on a downwards trend and in Dec are at the lowest level this year (2,882). The number of people waiting for more than 6 weeks at the month end has been below 10 for the last 3 months , better than the earlier months this year and all of 2012/13.
A&E Department - % of A&E attendances under 4 hours (RUH)	95%	94%	A ⇩ Dec	94%	A		⇧	94%	94%	92%	95%	This is the RUH results as combined provider scores are not available for A&E attendances. For the RUH the year to date Amber reflects poor performance in April. Though performance has not hit target ever month, it is better than 2012/13 particularly for the winter period. NBT has struggled with this indicator for the last few months and UHB had their poorest performance in December.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (SWAST)	75%	66%	R ⇩ Dec	70%	R		⇧					The Ambulance Indicators have all got worse across the year, missing the targets in many months. SWASFT are targetted on total Trust results not by locality. SWASFT are working with commissioners on a red recovery plan for their North Area. The CCG are working to improve the results for the BaNES area.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (SWAST)	75%	69%	R ⇩ Dec	72%	A		⇧					
Ambulance clinical quality - Category A 19 minute transportation time (SWAST)	95%	94%	A ⇩ Dec	95%	A		⇧					
Mixed Sex Accommodation (MSA) Breaches (RUH)	0	5	R ⇧ Dec	11	R		⇩					This shows the RUH results only. The RUH have had 1 incident in September and 2 in December. These were all in the MAU when the Emergency Department was very busy. Actions have been put in place to improve the patient management in MAU but occasionally patient safety has been put first.
Cancelled Operations - not rebooked within 28 days (RUH)	1.0%	0.0%	G ⇔ Dec	21.5%	R		⇩					This indicator is reported quarterly for the RUH. Quarter 1 results were poor but Quarter 2 and 3 are both on target at 0%. The 1% target is locally set.
Mental Health Measure – Care Programme Approach (CPA) 7 day follow up on discharge	95%	97%	G ⇩ Dec	97%	G		⇔					This indicator has been above target all year.

Table 6: NHS Constitution Access to Cancer Services Metrics

Short Description	Target	Performance In period			Year to date		Trend	To improve	Supporting Narrative
All Cancer 2 week waits	93.0%	95.1%	G	⇑ Dec	96.0%	G		⇑	This indicator has performed above target in all months of 2013/14 to date.
Two week wait for breasts symptoms (where cancer was not initially suspected)	93.0%	93.5%	G	⇓ Dec	98.2%	G		⇑	This indicator has performed above target in all months of 2013/14 to date
Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (measured from 'date of decision to treat')	96.0%	94.6%	A	⇓ Dec	98.2%	G		⇑	This indicator has performed below target in December 2013 only. In December their were 3 breaches out of 56 patients, 1 each at NBT, RUH and UHB.
31-day standard for subsequent cancer treatments-surgery	94.0%	93.3%	A	⇓ Dec	98.8%	G		⇑	This indicator has performed below target in December 2013 only. In December their was 1 breach (at UHB) out of 15 patients.
31-day standard for subsequent cancer treatments-anti cancer drug regimens	98.0%	100.0%	G	⇔ Dec	99.4%	G		⇑	This indicator has performed below target in June 2013 only at 95%.
31-day standard for subsequent cancer treatments-radiotherapy	94.0%	100.0%	G	⇔ Dec	99.2%	G		⇑	This indicator has performed above target in all months of 2013/14 to date
All cancer two month urgent referral to first treatment wait	85.0%	95.7%	G	⇑ Dec	91.6%	G		⇑	This indicator performed below target in May (81%) and November (84.8%) 2013.
62-day wait for first treatment following referral from an NHS cancer screening service	90.0%	100.0%	G	⇑ Dec	91.6%	G		⇑	This is the worst performing indicator with 2 amber months (June and Sept) and 2 red months (Oct and Nov). The numbers of patients on this pathway is usually small. In November 3 patients out of 10 breached - 70%. All breaches were at UHB.
62-Day wait for first treatment for cancer following a consultants decision to upgrade the patient's priority	90.0%	100.0%	G	⇔ Dec	97.8%	G		⇑	This indicator has performed above target in all months of 2013/14 to date

The Cancer waiting time standards are performing well in 2013/14. There are targets that are not hit on a monthly basis. The small numbers of patients on these pathways with individual circumstances and choice make it difficult to hit every target every month but we will continue to work with providers to improve results where possible.

Table 7: National Quality and Safety Standards

Short Description	Target	Performance In period		Year to date		Trend	To improve	Provider split YTD RUH	RNHRD	Sirona	Supporting Narrative
Incidence of newly acquired category 2,3 and 4 pressure ulcers (RUH)		3	⇧ Dec	30			⇩	30		-	This is the monthly snap shot from the NHS Safety Thermometer. The Median for the RUH for July 2012- Dec 2013 stands at 0.6%, which is lower than the national median of 1.0% prevalence of patients with newly acquired pressure ulcers.
Number of Never Events	0	0 G	⇔ Dec	0	G		⇩				There have been no never events with the providers where we are lead commissioner.
Friends and family test response rate (RUH)	15.0%	21.4% G	⇩ Dec	23.1%	G		⇧	23.1%			The RUH have met the combined response rate target in all months except April. In December this was with 44.9% for inpatient and 10.69% for A&E. UHB has been hitting this target since September 2013. NBT results are still mixed as the roll out continues.
Percentage of all adult inpatients who have had a VTE risk assessment (RUH)	95%	96% G	⇧ Nov	95%	G		⇧				The RUH are meeting their VTE risk assessment trajectory, currently achieving 95.6% for Q3 . There is a 1 month data lag.
WHO Surgical Safety Checklist completed for 100% of procedures (RUH)	100.0%	99.8% G	⇩ Nov	99.9%	G		⇧				The RUH met their target for Q2, and are currently achieving 99.8% in Q3. There is a 1 month data lag.
Fracture Neck of Femur - % in theatre within 36 hours (RUH)	80.0%	75.4% A	⇩ Dec	80.3%	G		⇧				The RUH just missed the target for Q3 with 79.1% but year to date are meeting the target.
Healthcare acquired infection (HCAI) measure (MRSA) (All CCG patients)	0	0 G	⇔ Dec	3	R		⇩	0		0	There have been 3 instances of MRSA this year. All have been investigated and reviewed.
Healthcare acquired infection (HCAI) measure (c. difficile) (All CCG patients)	4	4 G	⇧ Dec	43	R		⇩	28		4	The BaNES HCAI collaborative are taking actions to reduce c.difficile infections, including focussing on appropriate anti-microbial prescribing. The CCG year end target of 46 cases is expected to be missed.
Healthcare acquired infection (HCAI) measure (c. difficile) Adjusted after consulation with CCG (RUH) (Post 72 hour)	2	1 G	⇩ Dec	22 plus 6	A		⇩				22 denotes the number of hospital acquired c.difficile counted towards the RUH annual trajectory of 29. The good performance in December brings the RUH almost back in line to meet the full year target.