

Trust Board
25th June 2009

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| Report of | Alison Dailly, Director of Informatics |
| Paper prepared by | Informatics |
| Subject/Title | Integrated Performance Report |
| Background papers | n/app |
| Purpose of Paper | To ensure that the Trust Board remains up to date with the Trust's performance in light of national requirements and local changes. |
| Action/Decision required | To note any issues arising |
| Link to: ➤ NHS strategies and policy | Annual Health Check, national targets, Standards for Better Health etc |
| Link to: ➤ Trust's Strategic Direction ➤ Corporate objectives | This report highlights areas of good and bad performance to ensure that good performance is learnt from and poor performance is addressed |
| Resource impact | n/app |
| Consideration of legal issues | n/app |
| Acronyms and abbreviations | n/app |

THE LEEDS TEACHING HOSPITALS NHS TRUST

PERFORMANCE FOCUS - 25th June 2009

PERFORMANCE REPORT

Period - May 2009

SECTION A: TRUST PERFORMANCE

1. ANNUAL HEALTH CHECK TARGETS SUMMARY

A summary of the Trust's performance for May 2009 is illustrated below.

Targets Summary

- The Trust is currently achieving on the following targets:
 - GUM national waiting time standard (48 hours).
 - Ethnic group recording for inpatients.
 - Delayed transfers of care.
 - Outpatient waiting times (13 weeks).
 - Revascularisation.
 - Rapid Access Chest Pain Clinic waiting times (RACPC) (14 days).
 - MRSA (local target of no more than 72 cases).
 - C-Difficile (local target of no more than 584 cases).
 - 18 weeks referral to treatment & Direct Access Audiology target.
 - 14 day cancer standard - urgent GP referral to first outpatient appointment.
 - 62 day cancer standard - referral to treatment from screening.
 - 62 day cancer standard - referral to treatment from hospital specialists.

- Indicators the Trust is underachieving are:
 - Inpatient waiting times (26 weeks).
 - Cancelled operations - the number of operations cancelled at the last minute on the day of or after admission, for non clinical reasons, as well as those patients who are not subsequently treated within the 28 day target.
 - Maternity - breastfeeding initiation and smoking at time of delivery.
 - 31 day cancer standard - diagnosis to treatment for all cancers (first treatments).
 - 62 day cancer standard - urgent referral to treatment of all cancers.

- Areas in which the Trust is failing the targets are:
 - A&E (4 hours).
 - 31 day cancer standard - second or subsequent treatments (surgery and drug).

- Targets in which figures are not yet available are:
 - Reperfusion - Indicator 2: Primary Angioplasty.
 - Participation in heart disease audit.
 - Engagement in clinical audits.
 - Stroke care.
 - Maternity Hospital Episode Statistics data quality.
 - Experience of patients (Inpatient Survey 2008).
 - NHS Staff satisfaction.

1.1 Annual Health Check Targets 2009/10 - May

| Existing Commitment Indicators - May | | | | | | | | | |
|--|-------------------------|--------------|------------------|------------------|---------------------------|--------------|------------|--------------|-------|
| | 2008/09 Result | | 2008/09 Forecast | Potential points | May 2009 | | YTD Result | | Trend |
| | % | No. Breaches | | | % | No. Breaches | % | No. Breaches | |
| GUM 48 hour wait | 99.8% | 53 | Achieve | 3 | 100% | 0 | 100% | 0 | ↔ |
| Ethnic group data quality | Apr-Dec 08 85.4% | | Achieve | 3 | 93.9% | 1254 | 93.5% | 2565 | ↑ |
| Reperfusion-Indicator 1: Thrombolysis (The Trust has previously been excluded from part of this indicator). | n/app | n/app | n/app | n/app | n/app | n/app | n/app | n/app | |
| Reperfusion-Indicator 2: Primary Angioplasty - door/call to balloon times | Both fields over target | | Achieve | 3 | To be reported next month | | | | |
| Delayed transfers of care. <i>(Not published in 2007/08 AHC due to national data issues).</i> | 1.3% | - | Achieve | 3 | 1.09% | - | 1.00% | - | ↑ |
| 4 hour Emergency Care | 98.1% | 4449 | Achieve | 3 | 97.1% | 492 | 96.5% | 1173 | ↑ |
| Inpatient 26 week wait | 0.43% | 306 | Fail | 0 | 0.04% | 2 | 0.04% | 4 | ↓ |
| Outpatient 13 week wait | 0.21% | 194 | Fail | 0 | 0.00% | 0 | 0.01% | 1 | ↑ |
| Revascularisation 3 month wait | 0.08% | 3 | Achieve | 3 | 0.00% | 0 | 0.00% | 0 | ↔ |
| Rapid Access Chest Pain Clinics (RACPC) 2 week wait | 100% | 0 | Achieve | 3 | 100% | 0 | 100% | 0 | ↔ |
| Cancelled operations | 1.51% | 1373 | Fail | 0 | 1.35% | 101 | 1.46% | 220 | ↑ |
| Cancelled operations not admitted within 28 days | 18.3% | 251 | Fail | | 4.95% | 5 | 7.27% | 16 | ↑ |
| Total points | | | | 21 | | | | | |

Key:

- ↑ Improved position compared to previous month
- ↓ Worsening position compared to previous month
- ↔ Little change in position compared to previous month

Scoring Methodology used 2008/09

Number of targets that apply: 10

Maximum points available: 30

| | | | |
|-------------------|--------------------|--------------------|----------------|
| Fully Met >=28 | Almost Met >=24 | Partly Met >=21 | Not Met <21 |
|-------------------|--------------------|--------------------|----------------|

National Priority Indicators - May

| | 2008/09 Result | | 2008/09 Forecast | Potential points | May 2009 | | YTD Result | | Trend |
|---|----------------------------|--------------|------------------|------------------|----------|--------------|------------|--------------|-------|
| | % | No. Breaches | | | % | No. Breaches | % | No. Breaches | |
| Maternity: Breastfeeding initiation | 68.7% | - | Underachieve | 2 | 75.3% | - | 73.9% | - | ↑ |
| <i>Data Completeness (Breastfeeding)</i> | 97.1% | - | | | 99.7% | - | 99.3% | - | ↑ |
| Maternity: Smoking at time of delivery | 14.1% | - | | | 20.5% | - | 20.4% | - | ↓ |
| <i>Data Completeness (Smoking)</i> | 95.9% | - | | | 97.9% | - | 97.8% | - | ↑ |
| Participation in heart disease audits. | | | Achieve | 3 | TBC | | | | |
| Engagement in clinical audits. | | | Underachieve | 2 | TBC | | | | |
| Stroke care. | | | Underachieve | 2 | TBC | | | | |
| Maternity Hospital Episode Statistics: data quality indicator. | HES data collection | | | 0-3 | TBC | | | | |
| MRSA Bacteraemia - Leeds THT (target <72 cases in 09/10) | - | 121 | Fail | 0 | - | 3 | - | 8 | ↑ |
| MRSA Bacteraemia - Leeds Health Economy (target <102 cases in 09/10) | | | | | - | 3 | - | 11 | ↑ |
| Clostridium Difficile - Leeds THT (target <584 cases in 09/10) | - | 898 | Fail | 0 | - | 31 | - | 62 | ↔ |
| 18 week RTT - Admitted | 91.5%* | - | Achieve | 3 | 92.30% | - | 91.1% | - | ↑ |
| <i>Data Completeness (Admitted)</i> | 102.0% | - | | | - | - | - | - | - |
| 18 week RTT - Non-admitted | 96.5%* | - | Achieve | 3 | 97.67% | - | 96.9% | - | ↑ |
| <i>Data Completeness (Non-admitted)</i> | 95.5% | - | | | - | - | - | - | - |
| 18 week RTT - Direct Access Audiology | 99.0% | - | Achieve | | 98.88% | - | 98.88% | - | ↓ |
| <i>Data Completeness (Direct Access Audiology)</i> | Awaiting confirmation | | | | - | - | - | - | - |
| 14 day cancer, GP referral to 1st outpatient* | 95.2% | 111 | | | 96.5% | 29 | 95.2% | 84 | ↑ |
| 31 day cancer, diagnosis to treatment for all cancers (first treatments)* | 96.4% | 39 | | | 96.0% | 12 | 95.8% | 29 | ↑ |
| 31 day cancer, second or subsequent treatments (surgery & drug)* | | | | | 90.5% | 18 | 92.3% | 39 | ↓ |
| 62 day cancer, urgent referral to treatment of all cancers* | 77.3% | 81.5 | | | 87.1% | 13.5 | 84.8% | 35 | ↑ |
| 62 day cancer, referral to treatment from screening* | | | | | 93.2% | 1.5 | 95.3% | 2 | ↓ |
| 62 day cancer, referral to treatment from hospital specialists* | | | | | 100.0% | 0.0 | 100.0% | 0 | ↔ |
| Experience of patients (Inpatient survey). | | | | 0-3 | TBC | | | | |
| NHS staff satisfaction. | | | Underachieve | 2 | TBC | | | | |
| | Best Case Scenario | | | 28 | | | | | |
| | Worst Case Scenario | | | 19 | | | | | |

* Subject to decisions on revised cancer waits Operational Standards. Data is provisional and may reflect amendments to previously reported figures.

Key:

- ↑ Improved position compared to previous month
- ↓ Worsening position compared to previous month
- ↔ Little change in position compared to previous month

Scoring Methodology used 2008/09

Number of targets that apply: 13
Maximum points available: 39

| | | | |
|-------------------|--------------|--------------|-------------|
| Excellent >=37 | Good >=33 | Fair >=29 | Weak <29 |
|-------------------|--------------|--------------|-------------|

2. ANNUAL HEALTH CHECK TARGETS COMMENTARY

Existing Commitment Indicators

2.1 GUM (Achieve)

Guaranteed access to a genito-urinary medicine clinic within 48 hours of contacting the service remains a key element within the broader strategy of improving sexual health. In May all patients who contacted the Trust's GUM service were offered an appointment to be seen within 48 hours. The year-to-date figure shows that 100% of patients met the target.

2.2 Ethnicity data quality (Achieve)

The target is that 85% of Finished Consultant Episodes (FCEs) should have a valid ethnic code. Trust performance in May showed that 93.9% had a valid ethnic code recorded (year-to-date 93.5%).

2.3 Delayed transfers (Achieve)

This indicator measures the impact of community-based care in facilitating timely discharge from hospital and the mechanisms in place within the hospital to aid timely discharge. The data is based on a weekly snapshot of patients waiting, which is reported to the Department of Health as part of the 'SitReps' monitoring. As this indicator was not published for the 2007/08 Annual Health Check, the only available threshold is from 2006/07: this states there must be no more than 3.5% of acute patients whose transfer is delayed. Based on this threshold the Trust achieved the target in May, as 1.09% of transfers were delayed (20 patients); the year to date position is 1%.

2.4 13 week outpatients (Achieve)

The national standard is that no patient should wait longer than 13 weeks for an outpatient appointment. With no breaches in May and only 1 year-to-date, the Trust is achieving this target.

2.5 Revascularisation (Achieve)

The National Service Framework for Coronary Heart Disease recommends timely revascularisation to restore blood flow through blocked coronary arteries. The target is to deliver a maximum wait of 13 weeks for revascularisation. The year-to-date position shows no breaches of the 13 week standard and therefore the Trust is currently achieving this target.

2.6 RACPC (Achieve)

The national target is that all patients referred by their GP to a rapid access chest pain clinic should be seen within two weeks. No patients breached this target in May, continuing the Trust's trend of achieving 100% compliance for each month over the last 5 years.

2.7 26 week inpatients (Underachieve)

The national standard is that no patient should wait longer than 26 weeks for inpatient treatment. Performance has improved with 2 breaches reported in May. The year-to-date position is 4 breaches, all within the speciality of Neurosurgery. This represents 0.04% of elective activity. The Trust is currently underachieving the target as there should be no more than 0.03% of patients breaching the maximum 26 week wait. The Neurosurgical position is greatly improved from the 174 breaches reported for 2008/09. It

is expected further improvement will continue in 2009/10 with the opening of additional capacity in Ward 45 later this summer.

2.8 Cancelled operations **(Underachieve)**

This target comprises two indicators: the number of last minute cancellations for non-clinical reasons and the number of breaches of the 28 day standard. In May 2009, 101 patients had their operations cancelled at the last minute for non-clinical reasons; this is down from April's figure of 119. The year-to-date position shows that 1.46% of elective operations were cancelled. This means that the Trust is currently underachieving this indicator as the target is to have no more than 0.8% of elective operations cancelled at the last minute. This has somewhat improved from the 2008/09 position of 1.51%.

Of the 101 cancellations in May, 5 patients were not then treated within the 28 day target. This is lower than the 11 breaches reported in April and the 22 reported in March. The year-to-date position shows the Trust is underachieving this element of the target as 7.3% of patients breached the 28 day standard; the target is that there should be no more than 5% of breaches. This represents a significant improvement on the 18.3% reported for 2008/09.

2.9 4 hour emergency care standard **(Fail)**

The target requires that trusts ensure that at least 98% of patients spend four hours or less in any type of A&E from arrival to admission, transfer or discharge. In May, 97.1% of patients were admitted, discharged or transferred within 4 hours of arrival at A&E. The year-to-date figure for 2009/10 shows that only 96.5% of patients met the standard, meaning the Trust is currently failing the target.

National Priority Indicators

2.10 MRSA **(Achieve)**

The 2004 national Public Service Agreement set out the target of halving the number of MRSA bacteraemias in NHS acute and specialist trusts in England by March 2008. The Trust was expected to achieve a 60% reduction on the 204 cases reported in 2003/04. The Trust has not yet achieved such a reduction. For 2009/10 the agreed trajectory of MRSA cases for the Leeds Health Economy is 102, whilst the trajectory for the Trust is 72. To meet the Trust trajectory figure, there should be no more than 6 MRSA cases per month. Three cases were reported for the Trust in May, with no cases attributed to the community. The year-to-date position shows a total of 8 cases for the Trust and 11 cases for the wider Health Economy.

2.11 C.Difficile **(Achieve)**

The national target is to reduce the incidence of Clostridium Difficile by 30% by 2010/11 compared to the 2007/08 baseline figure of 906. There should be no more than 584 cases reported for the Trust throughout 2009/10. The Trust reported 31 cases in May, below the monthly trajectory of 51. This brings the total number of cases for 2009/10 to 62.

2.12 18 weeks RTT **(Achieve)**

The national standard is for trusts to achieve a maximum waiting time of 18 weeks from referral to start of treatment for 90% of admitted patients and 95% of non-admitted patients. Trust performance in May was 92.30% for admitted patients (with breach-

sharing) and 97.67% for non-admitted patients (with breach-sharing). The third part of the indicator relates to direct access audiology; the expected target is that 95% of patients are seen within 18 weeks. In May 98.88% were seen within the target.

In the new NHS Performance Management Framework (see section below), there are two further indicators on compliance against the 18 week RTT standards. These are for the specialty of Trauma and Orthopaedics (T&O) as a specific entity and for all other specialties as a group. Appendix 1 shows the Trust's estimated position based on this new methodology for the year-to-May position. The additional RTT targets show that T&O failed on both the admitted and non-admitted targets (2 specialty level breaches) whilst there were 12 specialty level breaches across the other specialties (6 specialties did not comply with the 90% admitted standard and 6 did not comply with the 95% non-admitted standard).

2.13 **Smoking during pregnancy and breastfeeding initiation (Underachieve)**

This target monitors the proportion of women who initiate breastfeeding as well as the proportion of women who are known to smoke at time of delivery. The Trust figures for May show that 75.3% of mothers initiated breastfeeding compared to a national average of 70.3% (2007/08). The proportion of women known to be smokers at time of delivery was 20% in May, higher than the 14% reported last year. The national average for smoking at time of delivery is 14.8% (2007/08).

2.14 **Cancer waiting times**

Performance on the new cancer targets is reported this month. While the Care Quality Commission has not released any definitions or national targets for 2009/10, the new Performance Management Framework provides thresholds for pass and fail for all the cancer standards (see Appendix 1). Based on these thresholds, the year-to-date position shows that the Trust achieved: the 14 day GP referral to 1st outpatient target; the 62 day referral to treatment from screening; and the 62 day referral to treatment from hospital specialists. The Trust underachieved the 31 day target for first treatments and the 62 day referral to treatment of all cancers target. The Trust failed the 31 day cancer subsequent treatment (surgery & drugs) target. (It should be noted that the year-to-date position includes the formal report to the national database and provisional data for May which may subsequently change).

Performance Management Framework

The Department of Health's new Performance Management Framework is intended to create a single definition of success against which NHS organisations will be judged. Although this will run alongside the Care Quality Commission's annual assessment for 2009/10, the long term plan for the Annual Health Check is not yet clear.

One of the main objectives of the new framework is to ensure that persistent poor performance is tackled in a timely fashion to prevent performance from further deterioration. An organisation's overall performance category will be determined by the lowest score across the domains of Finance, Operational Standards and Targets, Quality and Safety. User Experience will only be used as a moderator of overall performance until more frequent data is available.

Performance, which will be assessed on a quarterly basis, is categorised as follows:

- Performing
- Performance under review
- Underperforming

In addition to these three categories, the Framework can also identify 'challenged organisations'. These are organisations that may require more intensive support to affect recovery. Three consecutive quarters rated as *Underperforming* will trigger a discussion between the Department and the SHA about the circumstances facing the organisation. The NHS Chief Executive will make the decision as to whether an organisation is then classed as *Challenged*.

There are certain features that *Challenged* organisations are likely to exhibit, which include:

- local attempts to improve performance being consistently unsuccessful
- serious concerns about quality and safety of patient care
- serious concerns about the Board or governance more broadly
- wider health economy issues, for example over capacity.

Challenged organisations will be subject to more intensive intervention at Board level, on behalf of the department, and led by the SHA. An independent review of the Board and wider governance will be commissioned immediately. In the event that serious failings are revealed, decisive action will be taken, for example, the imposition of temporary appointments, suspension or removal of members of the Board.

Although the full guidance has not been published, work has been undertaken to understand Trust performance against this new regime (Appendix 1). For the 2008/09 year the Trust was placed in the *Underperforming* category. This is based on underperformance on 6 indicators in the new Performance Framework; cancelled operations, MRSA, C. Difficile, 62 day cancer waits and inpatient and outpatient waits. Further detail will be included in the full board report in July. As at May, the overall scoring mechanism is in the *Under Review* category.

SECTION B: HUMAN RESOURCES

| Human Resources | | | | | | |
|-----------------|--------------|---------------------|--------------------|----------------|-------------------|------------------|
| | Sickness | Short Term Sickness | Long Term Sickness | Turnover (WTE) | Agency Spend (£) | Vacancy Rate (%) |
| April 09 | 4.23% | 2.15% | 2.08% | 0.64% | £1,858,389 | 6.82% |
| May 09 | 4.25% | 2.07% | 2.18% | 0.84% | £1,727,184 | 6.85% |
| <i>Variance</i> | <i>0.02%</i> | <i>-0.08%</i> | <i>0.10%</i> | <i>0.20%</i> | <i>-£131,205</i> | <i>0.04%</i> |

Sickness has increased marginally but remains 0.25% under the Trust target of 4.50%. The Short Term sickness position improved, which is encouraging, but was overtaken by a slightly larger increase in the Long Term rate.

Turnover has increased over the April position. A more detailed examination of turnover will be included in a quarterly workforce report.

Agency Spend, (defined as a combination of 'NHSP Nurse' spend, 'all other Agency' spend and 'Overtime' spend), has reduced by £131,205, from April to May.

The marginal increase in Vacancy Rate between April and May is a factor of relative reductions in both Staff in Post (SIP) and Funded Establishments (FE); (with SIP reducing by 0.11%, i.e., 14.77 FTE, and FE reducing by 0.07%, i.e., by 10.19 FTE), producing a net increase in the % of posts being held as vacant.

It should be noted that whilst the term “vacancy” is used a post coming through the above process may still be occupied at the time it is held and, given the period of notice required, may continue to be occupied in the future. The “vacancy” may not, therefore, reduce the staff in post situation for up to 3 months i.e. the maximum notice period. It is also the case that offers that were made prior to this process will result in staff coming into post during this period.

It should also be noted that when calculating Vacancy Rate, the staffing figures used are of contracted staffing levels, which compare the SIP on 30 April against those in post on 31 May. It should be noted that this is not the same calculation as used in financial papers, which measure the cost of staff in month and are, therefore, based on the average staffing levels during the month and on the payments made for those staff, including overtime payments. For example;

- those staff on unpaid maternity leave and sick leave will be included in the HR measure as they remain employed by the Trust but would not be included in the finance figure as no payment is being made to these staff; and,
- in a similar way a full time employee who starts midway through the month will be 0.5 in the finance numbers but 1.00 in the HR figures.

RECOMMENDATION

The Board are asked to note the Trust's position in relation to national performance targets and the latest position on key Human Resources indicators

ALISON DAILLY
Director of Informatics
June 2009

Acute Trusts
Operational Standards & Targets - Indicators, weighting and scoring

Draft LTHT Baseline Assessment

| Performance Indicator | Thresholds | | Weighting for PF | 08/09 FY Performance | Weighted Score (08/09 FY) | Year to May-09 Performance | Weighted Score (YT May-09) | Notes (May-09) |
|--|------------|-----------|------------------|----------------------|---------------------------|----------------------------|----------------------------|---|
| | Achieve | Fail | | | | | | |
| A&E waits | 98% | 97% | 1 | 98.10% | 3 | 96.50% | 0 | |
| Cancelled ops - breaches of 28 days readmission guarantee as % of cancelled ops | 5.0% | 15.0% | 1 | 18.28% | 0 | 7.27% | 2 | |
| MRSA | 0 | >1SD | 1 | 121 | 0 | 11 | 2 | Fail threshold methodology unclear but assumes underachieve as below trajectory |
| C Diff | 0% | >1SD | 1 | 898 | 0 | 62 | 2 | Fail threshold methodology unclear but assumes underachieve as below trajectory |
| 18 weeks RTT - admitted | 90% | 85% | 1 | 91.50% | 3 | 91.10% | 3 | Aggregate of Apr & May performance (excluding breach shares) |
| 18 weeks RTT - non-admitted | 95% | 90% | 1 | 96.50% | 3 | 96.90% | 3 | Aggregate of Apr & May performance (excluding breach shares) |
| Achievement of standards in all specialties | see below | see below | 0.5 | 15 | 0 | 12 | 0 | Aggregate of Apr & May performance (excluding breach shares) |
| Achievement of standards in Orthopaedics | see below | see below | 0.5 | 1 | 1 | 2 | 0 | Aggregate of Apr & May performance (excluding breach shares) |
| 2 week GP referral to 1st outpatient * | 93% | 90% | 1 | 95.20% | 3 | 95.20% | 3 | |
| 31 day second or subsequent treatment (surgery & drug) * | 97% | 94% | 0.50 | 96.40% | 2 | 92.30% | 0 | |
| 31 day diagnosis to treatment for all cancers * | 97% | 94% | 0.50 | | | 95.80% | 1 | |
| 62 day referral to treatment from screening * | 85% | 80% | 0.33 | | | 95.30% | 1 | |
| 62 day referral to treatment from hospital specialist * | 85% | 80% | 0.33 | 77.30% | 0 | 100.00% | 1 | |
| 62 days urgent referral to treatment of all cancers * | 85% | 80% | 0.33 | | | 84.80% | 0.67 | |
| 3 month revasc as % of adms for revasc | 0.1% | 0.2% | 1 | 0.08% | 3 | 0 | 3 | |
| 2 week RACP | 98% | 95% | 1 | 100% | 3 | 100% | 3 | |
| 48 hours GUM access | 98% | 95% | 1 | 99.80% | 3 | 100% | 3 | |
| Delayed transfers per 10,000 admissions (total delayed transfers in the period (ie the sum of all of the weeks) divided by the total admissions in the period) | 3.5% | 5.0% | 1 | 1.30% | 3 | 1.00% | 3 | |
| Stroke | 80% | 50% | 1 | n/a | 2 | n/a | 2 | Forecast |
| OP breaches as % of first OP attendances | 0.03% | 0.15% | 0.5 | 0.21% | 0 | 0.01% | 1.5 | |
| IP breaches as % of elective adms | 0.03% | 0.15% | 0.5 | 0.43% | 0 | 0.04% | 1.5 | |
| Sum of weights | | | 16 | | 29 | | 35.7 | |
| | | | | | 1.81 | | 2.23 | |
| | | | | | Underperforming | | Under Review | |

| Scoring values | Fail: | 0 |
|----------------|---------------|---|
| | Underachieve: | 2 |
| | Achieve: | 3 |

| Overall performance score threshold | Underperforming if less than | 2.1 |
|-------------------------------------|-------------------------------------|-------------|
| | Performance under review if between | 2.1 and 2.4 |

| | | Q1 | Q2 | Q3 | Q4 |
|---|---------|----|----|----|----|
| Achievement of standards in all specialties (including DAA but excluding Orthopaedics) - no of specialties that can fail each quarter | Achieve | <5 | <3 | <2 | 0 |
| | Fail | >9 | >4 | >2 | 0 |
| Achievement of standards in Orthopaedics- no of specialties that can fail each quarter | Achieve | 0 | 0 | 0 | 0 |
| | Fail | >1 | 0 | 0 | 0 |

* Subject to decisions on revised cancer waits Operational Standards