

## Board of Directors

<b>Date:</b>	29 May 2019	<b>Attachment Number:</b>	9(ii)																
<b>Title of Report:</b>	<b>Executive Performance Report April 2019</b>																		
<b>Purpose of the report and the key issues for consideration/decision:</b>	<p>The Executive Performance Report shows the position to 30 April 2019 for three key areas;</p> <ul style="list-style-type: none"> <li>NHS Improvement Single Oversight Framework requirements for Service Performance as part of the Foundation Trusts Governance declaration</li> <li>CCG Contract Performance and Quality Schedule indicators</li> <li>CQUINS</li> </ul>																		
<b>Prepared by:</b>	Stuart Shaw, Director of Strategy, Planning and Partnerships																		
<b>Presented by:</b>	Andrew Copley, Director of Finance																		
<b>Strategic Objective(s) supported by this paper:</b>	<table border="1"> <tr> <td><b>Financial Sustainability</b></td> <td>Y</td> <td><b>Empower &amp; Engage Staff</b></td> <td></td> </tr> <tr> <td><b>Quality of Care</b></td> <td>Y</td> <td></td> <td></td> </tr> </table>			<b>Financial Sustainability</b>	Y	<b>Empower &amp; Engage Staff</b>		<b>Quality of Care</b>	Y										
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<b>Quality of Care</b>	Y																		
<b>Is this on the Trust's risk register:</b>	<table border="1"> <tr> <td><b>No</b></td> <td></td> <td><b>Yes</b></td> <td>Y</td> <td><b>If Yes, Score</b></td> <td>16</td> </tr> </table>			<b>No</b>		<b>Yes</b>	Y	<b>If Yes, Score</b>	16										
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<b>Which CQC Standards apply to this report:</b>	Safe, Caring, Effective, Responsive, Well Led																		
<b>Have all implications related to this report been considered: (please X)</b>	<table border="1"> <tr> <td><b>Finance Revenue &amp; Capital</b></td> <td></td> <td><b>Equality &amp; Diversity</b></td> <td></td> </tr> <tr> <td><b>National Policy/Legislation</b></td> <td>Y</td> <td><b>Patient Experience</b></td> <td>Y</td> </tr> <tr> <td><b>Human Resources</b></td> <td></td> <td><b>Terms of Authorisation</b></td> <td>Y</td> </tr> <tr> <td><b>Governance &amp; Risk Management (BAF)</b></td> <td>Y</td> <td><b>Other:</b></td> <td></td> </tr> </table>			<b>Finance Revenue &amp; Capital</b>		<b>Equality &amp; Diversity</b>		<b>National Policy/Legislation</b>	Y	<b>Patient Experience</b>	Y	<b>Human Resources</b>		<b>Terms of Authorisation</b>	Y	<b>Governance &amp; Risk Management (BAF)</b>	Y	<b>Other:</b>	
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<b>Action Required: (please X)</b>	<table border="1"> <tr> <td><b>Approve</b></td> <td></td> <td><b>Discuss</b></td> <td>Y</td> <td><b>Receive for information</b></td> <td>Y</td> <td><b>Decision</b></td> <td></td> </tr> </table>			<b>Approve</b>		<b>Discuss</b>	Y	<b>Receive for information</b>	Y	<b>Decision</b>									
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<b>Previously Considered By:</b>	<table border="1"> <tr> <td><b>Finance, Performance and Digital Board Sub-Committee</b></td> <td><b>Date:</b></td> <td>21 May 2019</td> </tr> </table>			<b>Finance, Performance and Digital Board Sub-Committee</b>	<b>Date:</b>	21 May 2019													
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<b>Recommendations:</b>	The Trust Board of Directors is asked to receive the April 2019 Performance Report and note the areas where targeted actions are planned to maintain and/or improve performance.																		

# Board of Directors Executive Performance Report

## 1. Context / Background

In this report, performance is shown against the required threshold or trajectory for each indicator assessed as part of a particular framework. Traffic light ratings are applied to show the level of risk using the following criteria;

Green	Performance achieving the required threshold/trajectory
Amber	Performance not achieving the required threshold/trajectory but within acceptable tolerances allowed
Red	Performance not achieving the required threshold/trajectory

For areas showing adverse performance, a brief description of the issues underlying this and any corrective action being taken are also highlighted.

## 2. Executive Summary

The key headlines regarding our regulatory and contractual performance as at April are;

- For the NHS Improvement Single Oversight Framework, we are currently placed in Segment 2 (on a scale where 1 is highest and 4 is lowest). This due to the A&E 4 hour, Diagnostics 6 week and Cancer 2 week waiting time standards being below the national threshold in April.
- It should be noted that we continue to experience high operational demand and the Board have previously acknowledged the hard work of staff across the Trust in dealing with the considerable urgent care pressures over the previous couple of years. For April, we have seen a 7.0% increase in A&E attendances compared to the same period in 2018/2019.
- The number of attendances in April 2019 was 388 higher than in April 2018 and when coupled with an increased level of Non-Elective activity (6% increase in 2018/2019 over and above 2017/2018) and medical acuity, this has led to significant urgent care pressures both within the A&E Department and bed base on the Wards. Significant pressures are continuing into May (as at 15th May our performance was 89.7% for the month to date) below both the national standard and Annual Plan trajectory. At the current rate, based on the previous 12 months we are averaging 5830 attendances per month compared to 5484 per month from the year before. An Exception Report was attached to the Board Report in April outlining further detail and corrective action being taken.
- The Diagnostics 6 week waiting time standard continues to be affected mainly by Echocardiography where there are currently some service pressures and also in MRI and Ultrasound. We currently have challenges for Cardiac Echocardiography through both an increase in demand and loss of specialist workforce that we are struggling to replace in the short term. We have looked to outsource some of this work (NHS and Independent Sector) but no capacity is currently available within the timescales required. The Operational Leads produced an Action Plan with a number of key elements to help return performance back to the national standard by May 2019 and agreed this with NHS Improvement. However, given the continued pressures experienced we are having to extend this to August 2019. Further details are included in this report.

- Unfortunately we did not achieve the Cancer 2 Week standards in April but all other Cancer standards were achieved or within de minimis limits. An Exception Report was attached to the Performance Report in April outlining further detail and corrective action being taken.
- Pleasingly all other Single Oversight Framework national standards were achieved or were within de minimis limits. The current position however remains tight in May.
- As set out in our Annual Plan, we are continuing to declare risks going forward on the Clostridium difficile and A&E 4 hour standards for 2019/2020 due to the low threshold and continuing pressures noted in this report. Further details are included in Section 3 regarding the updated reporting around Clostridium difficile in 2019/2020.
- There is still a potential risk of a formal Governance trigger by NHS Improvement, as a result of the A&E 4 hour standard not being achieved for twelve of the last thirteen quarters and the pressures around Diagnostics and Cancer. In addressing our current urgent care pressures we continue to implement a variety of actions to ensure this position does not become normalised. Despite the increased demand we continue to progress work both internally and with partners in the Health and Care system. These include task and finish groups commissioned by A&E Delivery Board that shall commence during May and will report back by August with recommendations around four programme areas (Frailty, Mental Health, Working Age Adults, Respiratory) together with an Airedale focussed improvement programme that will commence focussed on front door, in hospital and out of hospital care. In addition the Trust is working with the NHS Improvement Academy who shall report back during May with suggested next steps. This is being co-ordinated in conjunction with work ongoing on the system wide progress towards the 9 point Urgent and Emergency care plan, the oversight for which is provided by the A&E Delivery Board.
- The Board shall be aware of an increasing focus being applied by both NHS Improvement and NHS England on the total waiting list size. In the 2019/2020 Planning Guidance, a key objective was for there to be no increase in the total waiting list size by March 2020 from that in March 2019. Pleasingly, we managed to deliver a small reduction in this target for 2018/2019 which was well received, however the total number of patients waiting has increased in April from 7551 to 8095 and is 536 above trajectory. There is an indication that some elective work was impacted in April, mainly affected by the Easter holidays and also increased Non-Elective work.
- In line with the national requirements for Improving and Sustaining cancer performance, this report now includes details of our 62 day cancer standard position by individual site and other required national indicators.
- The Report now also includes an initial indication of May performance as at 15<sup>th</sup> May to help provide a forward view using the most up to date detail. Board members are asked to be aware that this detail is live and subject to change when the actual May detail is reported next month.
- Regrettably there were 2 Never Events in April for a misplaced naso or oro-gastric tube and wrong site surgery. The reviews are currently taking place and shall be reported on when complete.
- Regrettably during some considerable operational demand periods in month we also had a Mixed Sex Accommodation breach. Further details are included in the report.

The above headlines are supplemented in Section 3 of this report with further detail.

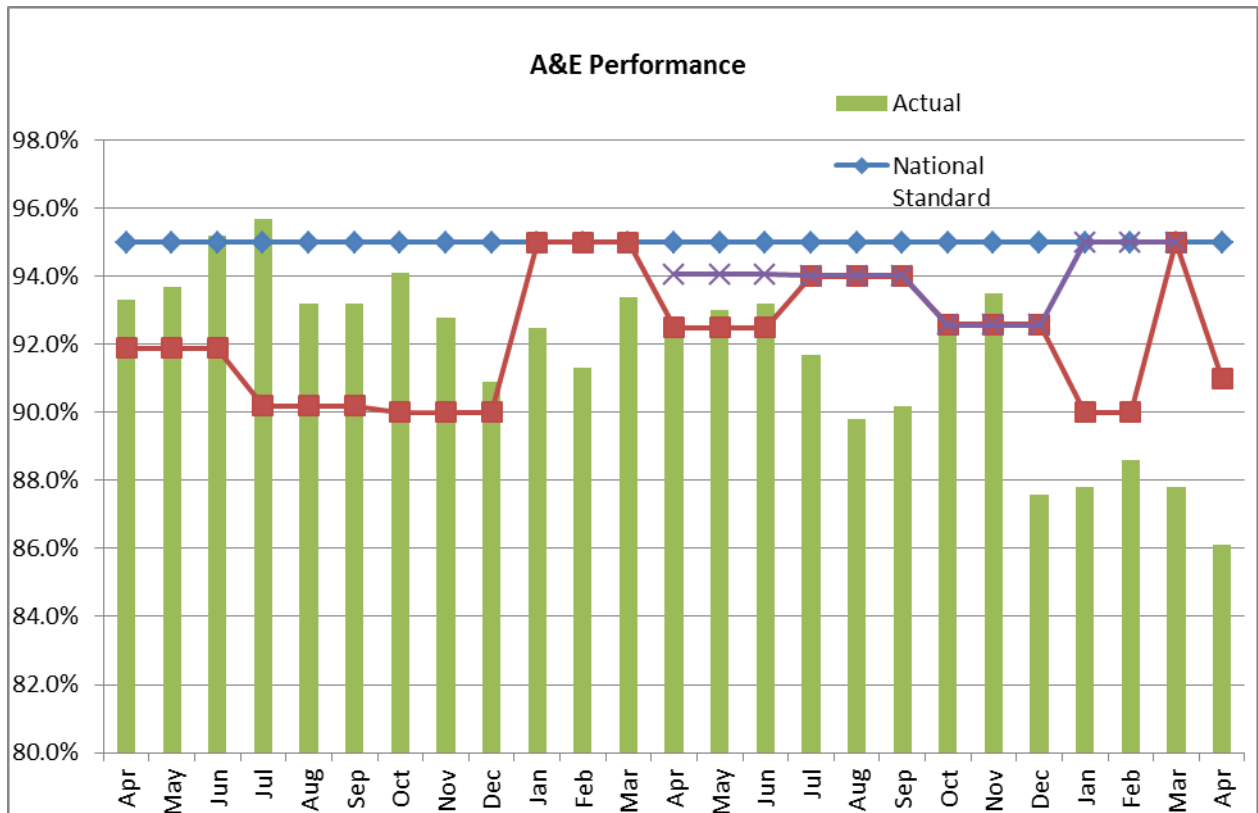
### 3. Report Headings

#### NHS Improvement Single Oversight Framework

Key messages to April 2019 include;

#### A&E

- Following continued pressures for urgent care in the health system, unfortunately the A&E 4 hour national standard was not achieved at 86.1% for April. It should be noted that the high operational demand reported previously has continued and is currently 7.0% higher for April 2019 than the corresponding period the previous year. This equates to nearly 400 additional attendances seen in 2019/2020 above the same period in 2018/2019.
- This demand has placed additional workload on our medical, nursing and therapy teams, leading to an increased number of patients experiencing a delay in first assessments. It has also proved challenging to source additional skilled Emergency Department doctors or nurses at short notice given the market conditions.
- This standard continues to be a declared risk with NHS Improvement and there are still risks going forward, given our increased demand and capacity pressures in the Emergency Department team and levels of medical acuity (as at 15th May our performance was 89.7% for the month to date) below both the national standard and Annual Plan trajectory. The system wide Winter Plan was agreed at the A&E Delivery Board and commenced on 1<sup>st</sup> November.
- A summary of the position for this standard is shown in the following graph;



It is well recognised that nationally the Emergency Care Standard continues to be a challenge for the vast majority of acute providers in England.

### **Current position**

The main reasons for breaches continue to be delayed first assessment and bed holds. This was mainly affected by;

- Insufficient capacity (Doctor, ANP, and ENP) to meet demand, particularly during the evenings as increased activity began.
- Lack of downstream capacity for admitted patients. From the analysis of the activity, acuity of presentation and beds occupied, winter started earlier than planned in mid-November. This clearly impacted on the ability to meet demand with the early opening of escalation beds impacting on nursing, medical and supporting workforce.
- Patients with a length of stay over both 7 and 21 days, still account for on average 68 beds at any one time following demand pressures. Whilst a proportion of these patients need care in hospital still, the remainder are medically fit for discharge.
- Implementation of the SAFER bundle, which is an evidenced based tool for managing patient flow. This is strongly dependent on a stable and sustained nursing workforce across Inpatient wards. Nurse staffing pressures are making consistent delivery challenging.
- Pressures within the domiciliary care market, to facilitate the safe and timely discharge of patients requiring on-going out of hospital care.
- Alongside the unanticipated growth, there has been a shift of activity from day time hours (9-5) to early evening/night.

### **Going forward;**

Work is progressing on the transformation of clinical pathways across the front end and we recognise there is still work to do in respect of reducing the number of patients who wait longer than 4 hours because of a delayed first assessment. We have already put in place a more robust minor injuries stream to reduce delayed assessments.

### **Further actions being taken to further support improvement include;**

Silver command continues in daily operation when required via our OPEL process. During May however we have managed to close a large proportion of the additional capacity we had opened to support winter.

Continue to work in collaboration with colleagues from Adult Social Care and the CCG regarding the provision of domiciliary care.

NHS Improvement Academy are working with our A&E department and shall report back during May with suggested next steps.

Task and finish groups commissioned by the A&E Delivery Board commence during May and will report back by August with recommendations on four programme areas (Frailty, Mental Health, Working Age Adults, Respiratory)

An Airedale focussed improvement programme will commence focussed on:

### **Front door**

- Improvements in time to initial assessment and time to first treatment
- Increased ambulatory care at weekends
- Review of frailty
- Trial of additional non-clinical coordination support to department to support flow
- ED@home

### **In hospital**

- Review of consultant delivered ward rounds in Medicine
- SAFER and Red to Green days
- Frailty offer for Inpatients

### **Out of hospital**

- Get me home meetings
- Discharge to assess and step down
- Frailty outside of hospital

In addition, Right Care shall relaunch a new program of work which incorporates managing acute and emergency at the front end, improving flow and discharge and partnership working with the system to manage increasing demand.

The above areas are supporting improvement, however, there is significant further work required to ensure resilience in this area across the whole health and care system going forward.

### **Referral to Treatment**

- Pleasingly, the Referral to Treatment standard was achieved for April at 92.6%. There continue to be pressures at specialty level in General Surgery and at the current time these are continuing in May. There were also pressures in April for ENT, Cardiology and Neurology. We have significant pressures in Neurology due to an increase in demand and whilst we are mitigating this in the short term through some additional Locum capacity, it requires a system wide response. Because of the activity volumes for some specialties, it can have a disproportionate effect on the aggregate percentage. Specific focus is being placed on utilisation levels and seeking additional capacity in support of continued delivery of the standard.
- It should be noted we managed to achieve the standard again in Orthopaedics for the fourth consecutive month following focussed and additional work completed over a number of months. In addition, Urology achieved for a second consecutive month with a rate of 94.5% having been a specialty pressure for some considerable period. Focussed work on pathway development has contributed to this and we hope shall support a sustained improvement going forward.
- The Board shall be aware of an increasing focus being applied by both NHS Improvement and NHS England on the total waiting list size. In the 2019/2020 Planning Guidance, a key objective was for there to be no increase in the total waiting list size by March 2020 from that in March 2019. Pleasingly, we managed to deliver a small reduction in this target for 2018/2019 which was well received, however the total number of patients waiting has increased in April from 7551 to

8095 and is 536 above trajectory. There is an indication that some elective work was impacted in April, mainly affected by the Easter holidays and also increased Non-Elective work.

- A further aspect being reviewed nationally are the numbers of long waiting patients, specifically the national standard regarding no patients waiting over 52 weeks. In addition, NHS Improvement have indicated Boards should be sighted on the number of patients currently waiting 40 weeks and over. To date the Foundation Trust has had low numbers for both of these indicators.
- As at March, out of a total of 8095 patients on an RTT pathway, 9 are currently waiting over 40 weeks. All patients are reviewed weekly through an established RTT meeting, to ensure all have appropriate access planned.

### **Clostridium Difficile**

- The total number of Clostridium difficile infections for the year to date is 1. This is set against the national target of 10 applied in the Single Oversight Framework. In line with national guidance, individual cases can now be reviewed with Commissioners and if determined by the CCG that the infection was unavoidable, an adjustment can be made so that this does not count against the Foundation Trusts annual target. **The year to date total is 0 cases against an annual threshold of 10** with one case still to review.
- Achievement of the Clostridium difficile threshold for 2019/2020 remains at risk as declared to NHS Improvement in the Annual Plan submission. Further development of the reporting around this standard means that for 2019/2020 Acute provider objectives shall be set using two categories:
  - Hospital onset healthcare associated: cases that are detected in the hospital three or more days after admission
  - Community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an Inpatient in the Trust reporting the case in the previous four weeks.
- The Clostridium difficile case objective for the Foundation Trust in 2019/2020 is 10. Our 2018/2019 level against these updated criteria was 10.
- The risk declared is based on the low centrally set target for 2019/2020 which, despite having reduced the number of infections from 235 to 0 (with one case still to review) over the previous ten years, the Board of Directors feel is challenging to keep within in the current year.

### **Cancer**

- Following pressures noted previously, pleasingly the 62 day cancer standard was achieved in April at 86.8%. The Cancer 62 day screening standard was also achieved.
- Overall the 62 day standard continues to be tight going forward, with an indication of pressures in May, and so is being very closely monitored. As previously noted, we have requested and already received some support from the NHS Improvement Intensive Support Team. Due to the ongoing pressures with 62 day cancer performance, the Chief Operating Officer has implemented additional performance management meetings with the relevant specialties that take place every fortnight and also initiated a Cancer Recovery Plan.

- Unfortunately we did not achieve the Cancer 2 Week standards in April but all other Cancer standards were achieved. A separate Exception Report was attached to the Performance Report in April outlining further detail and corrective action being taken.
- There is continued national priority focus being placed on Improving and Sustaining cancer performance, particularly around the 62 day standard. Nationally, weekly reporting of this standard has now been implemented and Trusts are being required to progress work on a number of key priorities such as leadership, policies, pathways, reporting, patient tracking and capacity and demand analysis.
- One requirement is for Boards to have greater visibility of cancer site performance and so these are included as part of the Performance Report. At site level, there were pressures for Gynaecology and Lung in April. Focus shall be placed on these through Integrated Performance Reviews.

### **Diagnostics 6 Week Standard**

- Unfortunately the Diagnostics 6 week waiting time standard continues to be affected mainly by Echocardiography where there are currently some service pressures and also MRI and Ultrasound. We have seen a recent improvement but still have challenges for Cardiac Echocardiography through both an increase in demand and loss of specialist workforce that we are struggling to replace in the short term. We have looked to outsource some of this work (NHS and Independent Sector) but no capacity is currently available within the timescales required. The Operational Leads produced an Action Plan with a number of key elements to help return performance back to the national standard by May 2019 and agreed this with NHS Improvement. However, given the continued pressures experienced we are having to extend this to August 2019.

### **The actions being taken include;**

- Part-time locum Radiologist secured (due to start in June) to support MSK and other MSK posts also being explored
- Currently reviewing options for temporary and substantive workforce changes
- Recovery of diagnostic standard is not anticipated until August 2019. Improvement is expected to be seen in June (96%) and July (97%) with achievement of standard by August 2019

### **Governance**

- As set out in the Single Oversight Framework, the areas where the Foundation Trust could be subject to a formal concern being triggered (and potential red rated Governance override) are where national standards are not achieved for more than two consecutive months.
- The Board need to be aware there is still a potential risk of a formal Governance trigger by NHS Improvement as a result of the A&E 4 hour standard not being achieved for twelve of the last thirteen quarters and the pressures around Diagnostics and Cancer.
- Discussions are taking place with our relationship team at NHS Improvement regarding this and whether further regulatory requirements are likely. This shall include gaining an understanding on the requirements going forward regarding A&E. In addition, renewed focus is being placed on the above through the existing assurance processes to ensure we are maximising all possibilities for correcting the current situation.



## NHS Improvement Single Oversight Framework

The Single Oversight Framework assesses an organisation in five areas; Quality of care, Finance and use of resources, Operational performance, Strategic change and Leadership and improvement capability. This is linked to a segmentation process, putting Providers into one of four categories used to define the level of autonomy or support offered and applied to organisations. The Segments are as per the attached table;

**Table 2: Segment description**

Segment	Description
1	<b>Providers with maximum autonomy</b> – no potential support needs identified across our five themes – lowest level of oversight and expectation that provider will support providers in other segments
2	<b>Providers offered targeted support</b> – potential support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not needed
3	<b>Providers receiving mandated support for significant concerns</b> – the provider is in actual/suspected breach of the licence (or equivalent for NHS trusts)
4	<b>Special measures</b> – the provider is in actual/suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean that they are in special measures

NHS Improvement have recently communicated to the Foundation Trust to inform us that our current position in the Single Oversight Framework is Segment 2.

Segment 2 is where a Provider is offered targeted support in one or more of the five themes, but they are not in breach of their licence and/or formal action is not needed. This could be support either suggested or offered by the regulator to help improve the situation for particular areas. The Foundation Trust has historically utilised such offers of support and shall continue to actively seek and engage help for any areas identified in this framework.

As predicted, the few areas which are leading to us being categorised in Segment 2;

- Safe element of Care Quality Commission Inspection as Requires Improvement
- Well Led element of Care Quality Commission Inspection as Requires Improvement
- Performance Standards regarding A&E (and in year regarding Cancer and Diagnostics)
- Never Events
- Finance Control Total challenges

NHS Improvement review this monthly through a cross-organisation meeting with Care Quality Commission, NHS England and the local CCG's to review each Trusts performance.

As per the quarterly returns, NHS Improvement shall contact Foundation Trusts regarding their segmentation category as these are assessed and they shall also be published on their website.

The Performance Reports going forward shall reflect any updates in how the Foundation Trust is assessed.

NHS Improvement have also recently completed a consultation on updates to the Framework. The main update relating to the Governance element is the introduction of the national Dementia screening, assessment and referral standard that was previously a CQUINS.

## Forward Assessment

Given the current position for a number of the Service Performance standards measured in the Single Oversight Framework, whilst assessed as being in Segment 2, the forecast for 2019/2020 shows a potential risk of a Governance trigger being raised;

Standard	2018/2019 Quarter 1	2018/2019 Quarter 2	2018/2019 Quarter 3	2018/2019 Quarter 4	2019/2020 Quarter 1 (See Note)
<b>Clostridium Difficile</b> Annual target 6 (de minimis 12)	0 avoidable cases year to date	0 avoidable cases year to date	0 avoidable cases year to date	0 avoidable cases year to date	<b>Medium Risk</b> 0 avoidable cases year to date Annual threshold of 10
<b>RTT</b> (Incomplete Standard) 92% threshold	April 92.7% May 92.6% June 92.5%	July 92.4% August 92.1% September 92.0%	October 92.6% November 93.0% December 93.1%	January 93.2% February 93.2% March 92.4%	<b>Medium Risk</b> April 92.6% Potential to complete additional activity to mitigate subject to availability of capacity, however affordability issue for Commissioners
<b>A&amp;E</b> (4 hour standard) 95% threshold	April 92.4% May 93.0% June 93.2%	July 91.7% August 89.8% September 90.2%	October 92.7% November 93.5% December 87.6%	January 87.8% February 88.6% March 87.8%	<b>High Risk</b> April 86.1% Discharge and flow pressures and high attendances. Additional beds opened and staffing capacity pressures impact on standard.
<b>Cancer</b> (62 Day Standard) 85% threshold	April 87.7% May 86.1% June 81.6%	July 84.4% August 84.2% September 88.9%	October 85.7% November 87.0% December 89.0%	January 82.2% February 87.5% March 91.8%	<b>Medium/High Risk</b> April 86.8% Ongoing pressures mean standard is tight.
<b>Diagnostics</b> (6 Week Standard 99% threshold)	April 93.3% May 89.9% June 94.6%	July 97.8% August 96.9% September 99.0%	October 99.8% November 99.4% December 97.0%	January 96.9% February 97.4% March 96.0%	<b>High Risk</b> April 94.7% Small tolerance for an individual month. Current capacity pressures in Cardiology Echocardiography and Ultrasound.
<b>Overall</b>	<b>Amber Segment 2</b>	<b>Amber Segment 2</b>	<b>Amber Segment 2</b>	<b>Amber Segment 2</b>	<b>Currently Amber Segment 2</b> <b>Potential for NHSI Governance trigger</b>

**Note: Level of risk shown above is based on the most up to date forecast for future monthly and quarterly returns**

#### **4. CCG Contract Performance and Quality Schedule**

This section shows the performance indicators that the Foundation Trust is being monitored on through the Performance and Quality Schedule in the CCG Contract. The indicators with a potential financial penalty are highlighted by a yellow block on the left hand side.

Where the indicator number is highlighted in Green, these are part of the approach in the NHS Standard National Contract that whilst monitored through the contract, these standards shall not be subject to a potential financial penalty. Where we are operating in a fixed income contract with some CCG's these shall not be applicable

#### **18 Weeks (Specialty Level Performance)**

The 2018/2019 Standard National Contract requires all Provider Trusts to deliver the 18 Weeks Standards at individual specialty level, each month. During the contract negotiations, discussions were held regarding additional activity requirements that would be needed to support specialty level performance.

If we are required to deliver the standard at specialty level every month, this would require a significant amount of additional activity to be completed, particularly around General Surgery, Urology, and Orthopaedics, the impact of which could be a significant cost to the CCG's.

#### **Stroke**

Following recent discussions at Board, the Chief Operating Officer and Deputy Medical Director (Integrated Care) brought an update on Stroke to the Board, following which agreed key performance indicators shall be included and reported through the Performance Reports (e.g. the Integrated Governance Dashboards) going forward.

#### **A&E/Ambulance Handover**

Pleasingly there were no breaches of the 30 or 60 minute standards in Quarters 1, 2 or October and November (following review). The Quarter 4 reports are due very soon.

Patient Service Managers and Clinical Leads from A&E are continuing to work with Ambulance Providers, both Yorkshire Ambulance Service and North West Ambulance Service, to improve handover delays. To date this has prioritised further data collection to support operational monitoring, developing processes for Paramedics and Emergency Department staff to work together on handover and implementing a process to validate every breach over 30 minutes.

Following the work mentioned, the proportion of patients being seen within 15 minutes has continued to increase (93.2% for Quarter 2 compared to 72.7% for Quarter 1 in 2015/2016) and is now amongst approximately the top third of rates within the region. In addition, the average handover time has seen improvement from approximately 12 minutes in 2015/2016 Quarter 1 to approximately 8 minutes. (NB: For 2016/2017 onwards this shows detail with challenges taken out).

#### **Never Events**

Regrettably there were 2 Never Events in April for a misplaced naso or oro-gastric tube and wrong site surgery. The reviews are currently taking place and shall be reported on when complete.

### **Mixed Sex Accommodation**

Regrettably during some considerable operational demand periods in month we also had a Mixed Sex Accommodation breach. This involved a patient declared fit to move to a ward but who was unable to move until the following day due to ongoing bed pressures. A review is taking place and shall be reported on when complete.

### **5. CQUINS**

CQUINS are worth 1.25% of out turn value (approximately £1.5m) and are paid for delivery of specific objectives and indicators agreed as part of the CCG contract.

The CQUINS indicators for 2019/2020 have further updated those introduced in 2018/2019 and cover the following areas;

- Urinary Tract Infections
- Antibiotic Prophylaxis for Elective Colorectal Surgery
- Alcohol and Tobacco – Screening, Tobacco Brief Advice and Alcohol Brief Advice
- Same Day Emergency Care - Pulmonary Embolus, Tachycardia with Atrial Fibrillation and Community Acquired Pneumonia

Focus for these is being taken forward by the relevant leads and is reviewed monthly through the Integrated Performance Review meetings.

### **6. Cancer**

Over the past few years, the Foundation Trust has generally delivered the defined national cancer standards as set out in the Single Oversight Framework and Standard National Contract.

As highlighted, we are currently aware of an increasing possibility of further developments around these standards and so are actively starting to focus on a number of areas including;

- Reducing the waiting time for a first Outpatient appointment from 14 days to 7 days;
- Improving awareness and early diagnosis to help increase treatment options and reduce the negative impact for patients;
- Focus on further reducing diagnostic waiting times;
- Ensuring Inter Provider Transfers (IPT's) take place within 38 days, from October 2016 this is part of the reportable national dataset.
- Aiming to provide 95% of patients with a definitive cancer diagnosis within 28 days, as outlined in the Achieving World Class Cancer Outcomes Strategy. This is to be implemented by 2020.

The approach being taken in support of this work includes;

- Focussing on pathway redesign;
- Improving outpatient and diagnostic capacity;
- Improving the recording of the stage of cancer as a key marker of a quality service;
- Progressing a strategic approach to prioritise early diagnosis and reduce urgent admissions via Emergency Departments;
- Reviewing the nationally published cancer patient experience survey responses and defining areas for further improvement

## **7. Waiting Lists/Waiting Times**

Attached to the report is a summary of the current number of patients and length of waiting time by specialty that shall be monitored each month going forward.

This shows the waiting list for the Outpatient and Inpatient/Day Case stages of treatment, it does not include Diagnostics or Outpatient follow up activity.

Our Outpatient waiting lists are increasing in some areas with specialty pressures noted across Surgical (Orthopaedics), Medical (Cardiology) and Women's and Children's (Gynaecology and Paediatrics) specialties.

For Inpatient/Day Cases, the main increases on waiting list size are around General Surgery and Orthopaedics.

There are also some waiting time pressures highlighted in the attached report, although these are measured and commented on in further detail in the Integrated Governance Dashboards.

Whilst these three stages of treatment do not represent the total Incomplete Pathways indicator currently being reviewed by NHS Improvement and NHS England, the additional activity we are currently liaising on with our partners around this would also potentially help further improve both the total size and length of wait for these service areas.

## **4. Conclusions**

These are highlighted in Section 2.

## **5. Recommendations**

The Trust Board of Directors is asked to receive the April 2019 Performance Report and note the areas where targeted actions are planned to maintain and/or improve performance.

# **Executive Performance Report**

## **April 2019**

Position as at 30th April 2019

Airedale NHS Foundation Trust  
Executive Performance Report

NHS Improvement Single Oversight Framework - Service Performance

April 2019



Infection Prevention													(Position as at 30th April)	
MRSA - Annual (NHS England Set Target)													Weighting	Monitoring
Trajectory (Year to date)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory (Year to date)	0	0	0	0	0	0	0	0	0	0	0	0		
Actual (Year to date)	0													
Rating	Green												N/A	Annual

NHS Improvement Risk Assessment Framework; MRSA standard not part of quarterly submission from 1st October 2013.

Clostridium Difficile - Annual (NHS Improvement Profile)													Weighting	Monitoring
Trajectory (Year to date)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory (Year to date)														
Actual (Year to date)*	0													
Rating	Green												1.0	Monthly

\*Actual number of cases year to date as at 17th May is 1 with one case still to review.

RTT 18 Weeks Incomplete (Target 92% < 18 Weeks)													(Position as at 30th April)	
Incomplete Monthly													Weighting	Monitoring
Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%		
Actual	92.6%													
Rating	Green												1.0	Monthly

A&E Total Time In Department (95% Less than 4 Hours)													(Position as at 30th April)	
Monthly													Weighting	Monitoring
Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
Actual (Month to date)	86.1%													
Rating	Red												1.0	Monthly

Diagnostics 6 Week Waits (Target 99% < 6 Weeks)													(Position as at 30th April)	
Monthly													Weighting	Monitoring
Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%		
Actual	94.7%													
Rating	Red												1.0	Monthly

Cognitive Screening (Target 90% for all elements)													(Position as at 30th April)	
Screening													Weighting	Monitoring
Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Actual	93.5%													
Rating	Green												1.0	Monthly
Assessment													Weighting	Monitoring
Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Actual	100.0%													
Rating	Green												1.0	Monthly
Referral													Weighting	Monitoring
Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
Actual	100.0%													
Rating	Green												1.0	Monthly

Cancer 62 Day Standard													(Position as at 30th April)	
62 Day Standard													Weighting	Monitoring
Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%		
Actual	86.8%													
Rating	Green												1.0	Monthly
62 Day Screening Standard													Weighting	Monitoring
Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory	90%													
Actual	100.0%													
Rating	Green												1.0	Monthly

NHS Improvement Single Oversight Framework - Service Performance

April 2019



Cancer Standards		(Position as at 30th April 2019)												Weighting	Monitoring	
Quarterly (Quarter To Date Position Shown)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Trajectory	94%														1.0	Quarterly (Not achieving any individual part leads to quarterly penalty points being applied).
31 day to subsequent treatment (surgery)	100.0%															
Rating	Green															
Trajectory	98%															
31 day to subsequent treatment (drugs)	100.0%															
Rating	Green															
Trajectory	85%													1.0		
62 day referral to treatment	86.8%															
Rating	Green															
Trajectory	90%															
62 day referral to treatment (Screening)	100.0%															
Rating	Green															

Cancer Standards		(Position as at 30th April 2019)												Weighting	Monitoring
Quarterly (Quarter To Date Position Shown)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory	93%													1.0	Quarterly (Not achieving any part leads to Quarterly penalty points being applied).
14 day referral to app (excl NFT breast)	89.4%														
Rating	Red														
Trajectory	93%														
14 day referral to app (symptomatic breast)	82.7%														
Rating	Red														
Trajectory	96%													1.0	Quarterly
31 day diagnosis to treat	100.0%														
Rating	Green														

Data completeness: Community Services		(Position as at 30th April 2019)												Weighting	Monitoring
Quarterly (Quarter To Date Position Shown)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Trajectory	50%													1.0	Quarterly
Referral to treatment information	100.0%														
Rating	Green														
Trajectory	50%														
Referral information	97.0%														
Rating	Green														
Trajectory	50%														
Treatment activity information	99.9%														
Rating	Green														

Service Performance Rating		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual		Segment 2											
Potential Governance Trigger		Red											
Governance Rating													

**Triggers of potential support need regarding operational performance:**

- failure to meet any operational performance standard for at least two consecutive months
- other factors (eg a significant deterioration in a single month or multiple potential support needs across standards and/or other themes) indicate we need to get involved before two months have elapsed
- any other material concerns about a providers' operational performance arising from intelligence gathered by or provided to NHS Improvement

**Notes:**  
Rounding principle not to be utilised for any standard (i.e. for a target of 98% then performance must be 98.0% or above in order to achieve the standard).



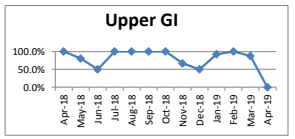
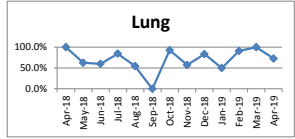
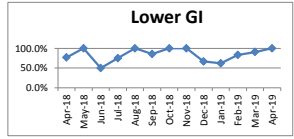
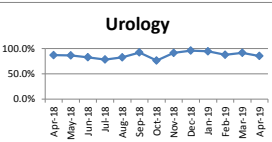
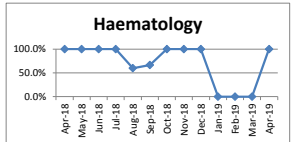
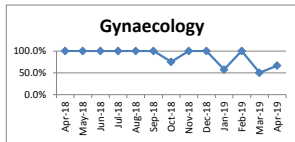
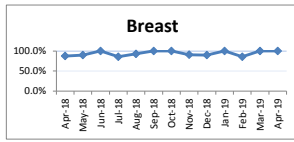




**Cancer 62 Day Target Summary**  
**62 Day Performance by Cancer Site**

	Apr-18			May-18			Jun-18			Jul-18			Aug-18			Sep-18		
	Total	Total Met Target	Performance	Total	Total Met Target	Performance	Total	Total Met Target	Performance	Total	Total Met Target	Performance	Total	Total Met Target	Performance	Total	Total Met Target	Performance
Breast	8	7	87.5%	10	9	90.0%	10	10	100.0%	7	6	85.7%	14	13	92.9%	7	7	100.0%
Gynaecology	1.5	1.5	100.0%	1.5	1.5	100.0%	1.5	1.5	100.0%	3	3	100.0%	2	2	100.0%	1	1	100.0%
Haematology	3	3	100.0%	2	2	100.0%	0	0	-	2	2	100.0%	2.5	1.5	60.0%	3	2	66.7%
Head & Neck/Thyroid	0	0	-	0.5	0.5	100.0%	0	0	-	0	0	-	0	0	-	0	0	-
Lower GI	6.5	5	76.9%	1.5	1.5	100.0%	2	1	50.0%	8	6	75.0%	4	4	100.0%	7	6	85.7%
Lung	0.0	0	-	4.0	2.5	62.5%	5.0	3	60.0%	6.5	5.5	84.6%	5.5	3	54.5%	1.0	0	0.0%
Other	0	0	-	0	0	-	0	0	-	1	1	100.0%	0	0	-	0.5	0.5	100.0%
Sarcoma	0.5	0.5	100.0%	0.5	0.5	100.0%	0	0	-	0.5	0.5	-	0	0	-	0	0	-
Skin	0	0	-	0	0	-	0	0	-	0	0	-	0.5	0.5	100.0%	0	0	-
Upper GI	2	2	100.0%	5	4	80.0%	2	1	50.0%	4	4	100.0%	3	3	100.0%	4.5	4.5	100.0%
Urology	19	16.5	86.8%	25.5	22	86.3%	23	19	82.6%	16	12.5	78.1%	17	14	82.4%	13.0	12.0	92.3%
<b>Total</b>	<b>40.5</b>	<b>35.5</b>	<b>87.7%</b>	<b>50.5</b>	<b>43.5</b>	<b>86.1%</b>	<b>43.5</b>	<b>35.5</b>	<b>81.6%</b>	<b>48.0</b>	<b>40.5</b>	<b>84.4%</b>	<b>48.5</b>	<b>41.0</b>	<b>84.5%</b>	<b>37.0</b>	<b>33.0</b>	<b>89.2%</b>

	Oct-18			Nov-18			Dec-18			Jan-19			Feb-19			Mar-19			Apr-19		
	Total	Total Met Target	Performance	Total	Total Met Target	Performance	Total	Total Met Target	Performance	Total	Total Met Target	Performance	Total	Total Met Target	Performance	Total	Total Met Target	Performance	Total	Total Met Target	Performance
Breast	3	3	100.0%	5.5	5	90.9%	10	9	90.0%	9	9	100.0%	7	6	85.7%	12	12	100.0%	6.5	6.5	100.0%
Gynaecology	2	1.5	75.0%	3.5	3.5	100.0%	3.5	3.5	100.0%	3.5	2	57.1%	3.5	3.5	100.0%	1	0.5	50.0%	1.5	1	66.7%
Haematology	3	3	100.0%	1	1	100.0%	2	2	100.0%	0	0	-	0	0	-	0.5	0	0.0%	1	1	100.0%
Head & Neck/Thyroid	0	0	-	0.5	0.5	100.0%	0	0	-	0.5	0.5	100.0%	0	0	-	1	1	100.0%	0	0	-
Lower GI	2.5	2.5	100.0%	3	3	100.0%	2	2	66.7%	10.5	6.5	61.9%	6	5	83.3%	5.5	5	90.9%	4.5	4.5	100.0%
Lung	7.0	6.5	92.9%	3.5	2	57.1%	3.0	2.5	83.3%	6.0	3	50.0%	5.5	5	90.9%	1.0	1	100.0%	5.5	4	72.7%
Other	0	0	-	0	0	-	0	0	-	0	0	-	1	1	100.0%	0	0	-	1	1	100.0%
Sarcoma	0	0	-	0	0	-	0	0	-	0	0	-	0	0	-	0	0	-	0.5	0	0.0%
Skin	0	0	-	0	0	-	0.5	0.5	100.0%	0	0	-	0	0	-	0.5	0	-	0	0	-
Upper GI	3.5	3.5	100.0%	4.5	3	66.7%	2	1	50.0%	6.5	6	92.3%	1	1	100.0%	4	3.5	87.5%	0	0	-
Urology	21.0	16.0	76.2%	17.0	15.5	91.2%	12.5	12.0	96.0%	17.5	16.5	94.3%	20.0	17.5	87.5%	17.5	16.0	91.4%	13.5	11.5	85.2%
<b>Total</b>	<b>42.0</b>	<b>36.0</b>	<b>85.7%</b>	<b>38.5</b>	<b>33.5</b>	<b>87.0%</b>	<b>36.5</b>	<b>32.5</b>	<b>89.0%</b>	<b>53.5</b>	<b>43.5</b>	<b>81.3%</b>	<b>44.0</b>	<b>39.0</b>	<b>88.6%</b>	<b>43.0</b>	<b>39.0</b>	<b>90.7%</b>	<b>34.0</b>	<b>29.5</b>	<b>86.8%</b>



Airedale NHS Foundation Trust

Inpatient / Daycase Waiting List as at 09/05/2019

	Weeks Waiting			
	0-6	6-13	13+	Total
Breast surgery	16	6	4	26
Cardiology	29	8		38
ENT	11	11	1	23
General surgery	164	67	23	244
Gynaecology	126	85	13	204
Ophthalmology	196	82	7	245
Oral surgery	114	16	4	134
Paediatric trauma and orthopaedics	2	2	4	6
Trauma and orthopaedics	169	106	28	303
Urology	147	85	18	220
<b>Grand Total</b>	<b>954</b>	<b>407</b>	<b>108</b>	<b>1448</b>

	Previous Total Waiting List												Trend
	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	
28	32	35	44	51	47	50	44	46	43	40	44		
31	39	24	27	29	37	38	49	39	41	56	58		
29	37	44	42	29	39	32	37	33	37	33	35		
218	208	213	198	252	245	218	206	225	201	215	182		
220	200	198	187	176	159	144	142	149	149	155	170		
242	247	229	247	217	181	177	159	173	129	122	128		
126	128	127	109	151	236	306	299	267	213	180	137		
4	5	6	3	4	5	3	6	5	9	12	10		
277	299	309	303	290	316	325	314	325	330	303	346		
220	230	229	238	254	251	276	269	274	285	290	315		
<b>3199</b>	<b>3416</b>	<b>3414</b>	<b>3400</b>	<b>3493</b>	<b>3496</b>	<b>3559</b>	<b>3505</b>	<b>3516</b>	<b>3468</b>	<b>3386</b>	<b>3405</b>		

Outpatient Waiting List - GP/Dentist/C&B/GPwSI Referrals as a 09/05/2019

	Weeks Waiting			
	0-6	6-13	13+	Grand Total
Breast surgery	103	1		104
Cardiology	141	77	15	233
Clinical haematology	24	16		40
Colposcopy	7			7
Community paediatrics	6	6		13
Diabetic medicine	2	3	1	6
Endocrinology	43	2		45
ENT	186	99	45	330
Gastroenterology	79	14	6	99
General medicine	21	5	3	29
General surgery	248	22	4	274
Geriatric medicine	19	20		21
Gynaecology	226	25		251
Maxillofacial surgery	2	4		6
Medical oncology	0	1		1
Midwife episode	4	11	11	26
Neurology	3	3		6
Nephrology	4	3		7
Neurology	108	117	108	333
Ophthalmology	276	125	5	406
Optomety	16	3		19
Oral surgery	59	11		70
Orthodontics	5	6		11
Paediatric cardiology	0	0		0
Paediatric surgery	1	1		2
Paediatric trauma and orthopaedics	0	0		0
Paediatrics	155	108	13	276
Physiotherapy	3	3		6
Plastic surgery	31	12		43
Rehabilitation	7	5	12	12
Respiratory medicine	90	61	11	162
Rheumatology	83	19	4	106
Trauma and orthopaedics	160	32	4	196
Urology	116	24	3	143
Vascular surgery	8	1		9
<b>Grand Total</b>	<b>2219</b>	<b>818</b>	<b>233</b>	<b>3270</b>

Outpatient Waiting List - 'Other' Referrals as at 09/05/2019

	Previous Total Waiting List												Trend
	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	
95	113	87	53	90	70	49	44	56	78	81	83		
196	180	160	170	174	208	223	197	179	193	212	166		
0	47	44	62	62	68	59	59	54	60	72	59		
0	9	6	7	7	8	6	3	8	1	3	9		
14	14	13	2	4	4	7	10	11	13	14	15		
7	8	3	3	3	2	1	1	1	1	3	20		
49	47	39	60	53	42	56	72	61	62	54	76		
333	403	432	426	449	429	436	434	490	511	451	449		
98	76	63	69	80	95	86	77	100	86	69	83		
0	21	21	18	10	10	14	13	12	13	8	2		
279	287	232	220	222	258	255	237	198	205	191	198		
18	20	15	12	8	12	16	17	20	18	16	22		
221	201	194	242	270	232	226	227	217	266	259	264		
15	11	4	9	9	5	22	39	36	18	27	31		
0	1	1	1	1	1	1	2	3	2	2	2		
3	3	34	24	14	1	26	25	20	2	29	3		
1	1	1	1	1	1	1	1	1	1	1	1		
10	13	9	14	14	17	9	32	10	12	9	15		
332	341	353	339	330	274	257	260	260	222	183	173		
460	417	405	375	444	466	368	357	391	414	380	355		
16	5	7	5	4	4	4	4	4	4	4	4		
111	84	146	150	176	133	129	173	237	313	329	223		
6	12	13	13	16	15	27	20	25	18	26	16		
0	0	0	0	0	1	1	1	1	1	2	2		
0	1	1	1	1	1	1	1	1	1	1	1		
0	0	0	8	14	14	7	3	5	17	18	1		
232	210	181	178	190	193	224	278	316	249	243	261		
7	5	3	9	0	6	0	4				12		
35	40	41	47	44	34	33	27	33	38	41	41		
14	12	8	4	4	7	4	11	5	4	5	5		
174	177	133	123	80	106	131	132	112	71	110	106		
94	156	164	230	212	186	184	190	154	162	160	180		
158	171	135	133	134	111	137	195	163	165	152	144		
138	138	145	143	163	173	186	169	168	178	214	201		
8	8	7	14	28	19	12	5	6	15	13	21		
<b>3134</b>	<b>3232</b>	<b>3096</b>	<b>3163</b>	<b>3312</b>	<b>3195</b>	<b>3223</b>	<b>3303</b>	<b>3371</b>	<b>3397</b>	<b>3398</b>	<b>3245</b>		

Outpatient Waiting List - 'Other' Referrals as at 09/05/2019

	Weeks Waiting			
	0-6	6-13	13+	Grand Total
Accidents and emergency	114			114
Breast surgery	5		1	6
Cardiology	28	14	9	51
Cataract	1			1
Clinical haematology	15	6	1	22
Colorectal surgery	0			0
Colposcopy	11			11
Community paediatrics	13	13	2	28
Diabetic medicine	3	3		6
ENT	76	39	9	124
Fracture	15	2		15
Gastroenterology	41	30	27	98
General medicine	2	4		6
General surgery	23	14	2	39
Geriatric medicine	2	1		3
Gynaecology	24	8	1	33
Maxillofacial surgery	1	3		4
Medical oncology	0			0
Midwife episode	0			0
Nephrology	8	7		15
Neurology	28	20	34	82
Ophthalmology	16	8	1	25
Optometry	5	2		7
Oral surgery	2	1		3
Orthodontics	4	1		5
Paediatric cardiology	8	3	1	12
Paediatric gastroenterology	2	2		4
Paediatric surgery	7	2		9
Paediatric trauma and orthopaedics	0	0		0
Paediatrics	38	33	2	73
Physiotherapy	1	1		2
Plastic surgery	3	3		6
Rehabilitation	5	5	3	13
Respiratory medicine	62	33	9	104
Rheumatology	4	1		5
Stroke Medicine	9	2		11
Trauma and orthopaedics	13	1	14	28
Urology	10	1		11
Vascular surgery	12	1		13
<b>Grand Total</b>	<b>478</b>	<b>218</b>	<b>77</b>	<b>773</b>

	Previous Total Waiting List												Trend
	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	
40	4	22	10	9	11	16	12	20	4	15	15	12	
46	46	59	53	68	57	70	50	48	41	41	50	48	
0	0	0	0	0	1	1	1	1	25	31	20		
22	19	19	26	34	35	32	37	31	1	31	20		
0	1	1	0	1	1	1	2	1	1	1	1		
4	3	4	10	5	11	6	5	6	3	4	4		
25	25	17	13	16	19	49	46	55	60	60	66		
2	2	2	1	1	2	1	2	1	1	1	7		
140	150	132	117	103	105	133	144	149	131	138	14		
0	2	25	32	8	22	1	26	16	19	16	29		
41	30	27	25	33	42	57	55	60	63	49	49		
2	4	0	1	3	2	2	5	2	1	4	4		
39	42	38	42	29	32	42	22	18	18	23	35		
2	2	2	4	1	2	6	5	5	5	2	3		
27	19	28	53	61	36	34	34	39	45	45	41		
3	2	2	0	2	4	4	4	1	3	4	4		
6	9	13	12	12	16	12	9	14	12	11	8		
0	1	0	0	0	0	1	1	1	1	1	2		
8	8	7	10	10	7	6	7	5	4	6	4		
70	64	62	64	52	51	50	61	47	57	43	43		
40	50	36	30	26	24	23	37	48	32	27	34		
0	1	1	1	1	1	1	1	1	1	1	1		
2	4	2	2	1	5	2	2	2	3	5	4		
2	4	5	6	5	9	2	3	2	2	4	5		
10	9	11	10	11	8	10	6	7	10	5	10		
2	2	4	2	0	1	1	9	1	2	1	4		
6	7	8	8	9	4	13	5	6	8	7	6		
0	0	0	0	7	3	7	2	8	4	6	3		
68	100	69	64	66	82	85	93	82	85	91	91		
1	1	1	2	1	1	1	1	6					
4	7	1	2	3	1	2	8	2	3	3	5		
7	8	5	9	11	13	7	7	9	9	9	13		
72	72	59	76	63	62	54	60	59	28	39	35		
5	8	13	19	14	20	17	14	19	17	20	12		
9	5	5	8	7	6	6	10	10	5	5	1		
18	27	12	28	26	22	27	23	28	31	46	34		
12	12	16	12	17	16	23	27	32	29	30	30		
9	1												