

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>9</b>
<b>Date of Meeting:</b>	<b>22 February 2017</b>		

<b>Title of Report:</b>	<b>Operational Performance Report</b>
<b>Status:</b>	<b>Standing Item</b>
<b>Board Sponsor:</b>	<b>Francesca Thompson, Chief Operating Officer</b>
<b>Author:</b>	<b>Clare O'Farrell, Deputy Chief Operating Officer</b>
<b>Appendices</b>	<b>Appendix 1: Integrated Balanced Scorecard Month 10</b> <b>Appendix 2: WH&amp;C performance summary Month 9</b>

<b>1. Purpose of Report (Including link to objectives)</b>
To provide the Board with an overview of the Trust's monthly performance and to agree the key actions that are required.

<b>2. Summary of Key Issues for Discussion</b>
<p>The Board are asked to discuss January performance.</p> <p>Board should note that the RUH have been rated 2 overall against the NHSI Single Oversight Framework.</p> <p>In January two operational performance metrics trigger concerns, 4 hour performance and diagnostics maximum of 6 weeks wait. C Diff quality indicator, variance to plan, also triggered concerns in January.</p> <p>Board are asked to note:</p> <ul style="list-style-type: none"> <li>RTT - Incomplete pathways 90.6% rated red, however performance meeting the improvement trajectory so not triggering NHSI concerns. Board should note the reduction in performance from December 2016.</li> </ul> <p>The Wiltshire Health and Care performance summary for month 9 is attached for information.</p>

<b>3. Recommendations (Note, Approve, Discuss etc)</b>
Management Board are asked to note the report.

<b>4. Standards for Better Health (which apply)</b>

<b>5. Legal / Regulatory Implications (NHSLA / ALE etc)</b>
None.

<b>6. Risk (Threats or opportunities link to risk on register etc)</b>									
<table border="1"> <thead> <tr> <th>Risk identified in report</th> <th>Risk ID</th> <th>Risk title</th> </tr> </thead> <tbody> <tr> <td>4-hour performance</td> <td>634, 475</td> <td>4 hour target</td> </tr> <tr> <td>18 week RTT at specialty level</td> <td>436</td> <td>18 week target</td> </tr> </tbody> </table>	Risk identified in report	Risk ID	Risk title	4-hour performance	634, 475	4 hour target	18 week RTT at specialty level	436	18 week target
Risk identified in report	Risk ID	Risk title							
4-hour performance	634, 475	4 hour target							
18 week RTT at specialty level	436	18 week target							

<b>7. Resources Implications (Financial / staffing)</b>

<b>8. Equality and Diversity</b>
All services are delivered in line with the Trust's Equality and Diversity Policy.

<b>9. Communication</b>
None identified in month.

<b>10. References to previous reports</b>
Standing agenda item.

<b>11. Freedom of Information</b>
Public

Royal United Hospitals Bath



NHS Foundation Trust

# Performance Report – January 2017



# NHSI Single Oversight Framework

## NHSI Single Oversight Framework:

Performance Indicator	Performing	Dec 2016	Jan 2017	Triggers Concerns
Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	85.9%	73.7%	
C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	4	4	
<b>Improvement Trajectory: RTT - Incomplete Pathways in 18 weeks</b>	<b>90%</b>	<b>90.6%</b>	<b>90.0%</b>	
31 day diagnosis to first treatment for all cancers	96%	100.0%	99.3%	
31 day second or subsequent treatment - surgery	94%	100.0%	97.0%	
31 day second or subsequent treatment - drug treatments	98%	100.0%	100.0%	
31 day second or subsequent cancer treatment - radiotherapy treatments	94%	100.0%	100.0%	
2 week GP referral to 1st outpatient	93%	96.0%	92.1%	
2 week GP referral to 1st outpatient - breast symptoms	93%	95.1%	86.5%	
<b>62 day referral to treatment from screening</b>	<b>90%</b>	<b>94.4%</b>	<b>100.0%</b>	
<b>62 day urgent referral to treatment of all cancers</b>	<b>85%</b>	<b>87.5%</b>	<b>81.5%</b>	
Diagnostic tests maximum wait of 6 weeks	1%	1.35%	1.55%	

This report provides a summary of performance for the month of January including the key issues and risks to delivery along with the actions in place to sustain and improve performance in future months.

Board should note that against the NHSI Single Oversight Framework that the RUH have been rated 2 overall. **The Trust has been placed into segment 3 for 4 hour and RTT performance.**

Performance concerns are triggered if an indicator is below national target or STF trajectory for two consecutive months.

In January two operational performance metrics triggered concerns, 4 hour performance, RTT Incomplete pathways and DMO1. C Diff quality indicator, variance from plan, also triggers concerns in January.



## 4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	Jan-17	Q4	Fy-2016/17
All Types	73.7%	73.7%	83.9%
Type 1	69.7%	69.7%	81.4%

Table 2: Emergency Department Quality Indicators:

Indicator	Title	Month	Quarter	Year
		January-17	4	2016/2017
2)	Unplanned Re-attendance Rate	0.6%	0.6%	0.7%
3.ii)	Total Time in ED - 95th Percentile	777.0	777.0	562.0
4)	Left Without Being Seen	0.5%	0.5%	1.0%
6.ii)	Time to Initial Assessment - 95th Percentile	12.0	12.0	12.0
7.i)	Time to Treatment - Median	46.0	46.0	51.0
	ED Attendances (Type 1)	5818	5818	60299
	ED 4 Hour Breaches (Type 1)	1763	1763	11209
	ED 4 Hour Performance (Type 1)	69.7%	69.7%	81.4%
	Ambulance Handovers within 30 minutes	100.0%	100.0%	99.8%
	Friends and Family Test ED	98	98	97

Please see separate 4 Hour Performance Exception Report detailing progress made against the 4 hour Improvement Action Plan.

Table 1:

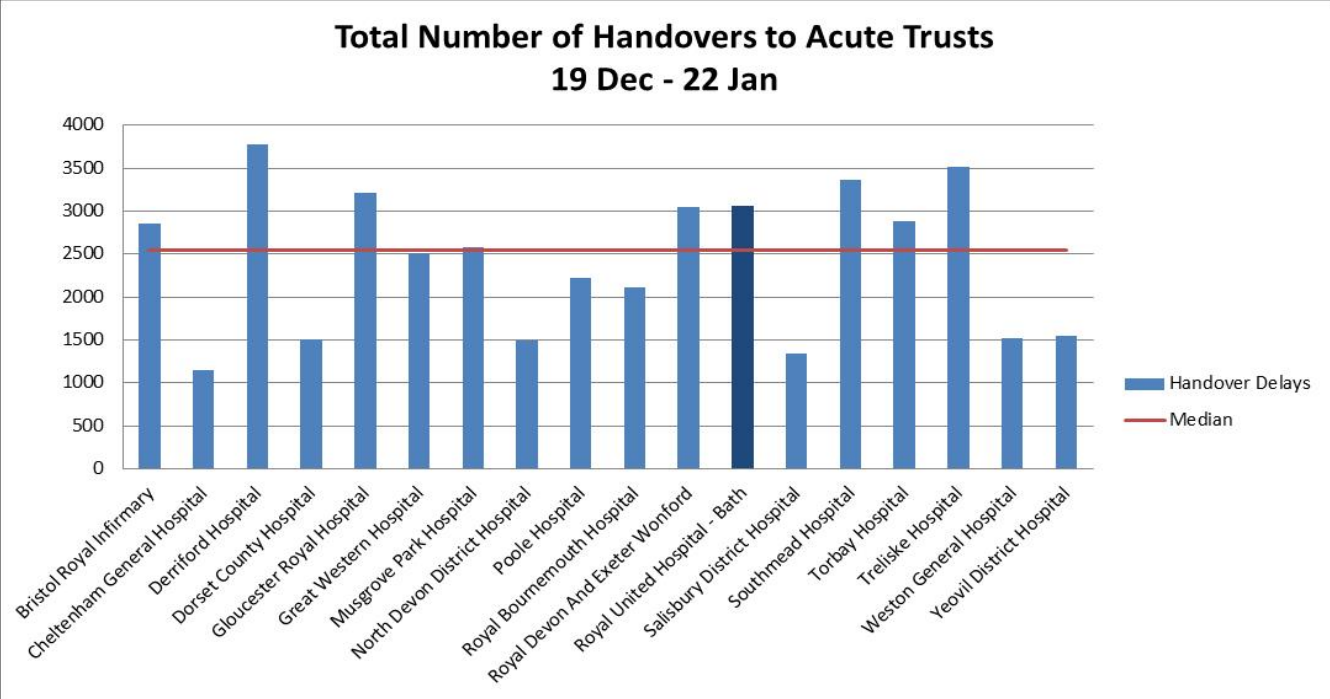
During January “all types” performance was 73.7%, red rated with a total of 1777 breaches in month.

Table 2:

Performance across the ED quality indicators

**Ambulance Handovers:** The sustained exceptional performance for Ambulance handovers within 30 minutes. The graphs on page 4 and 5 detail ambulance handover activity and performance across the 18 Trusts supported by South Western Ambulance Service (SWAS).

# SWAS Total Ambulance Handovers to ED (2)

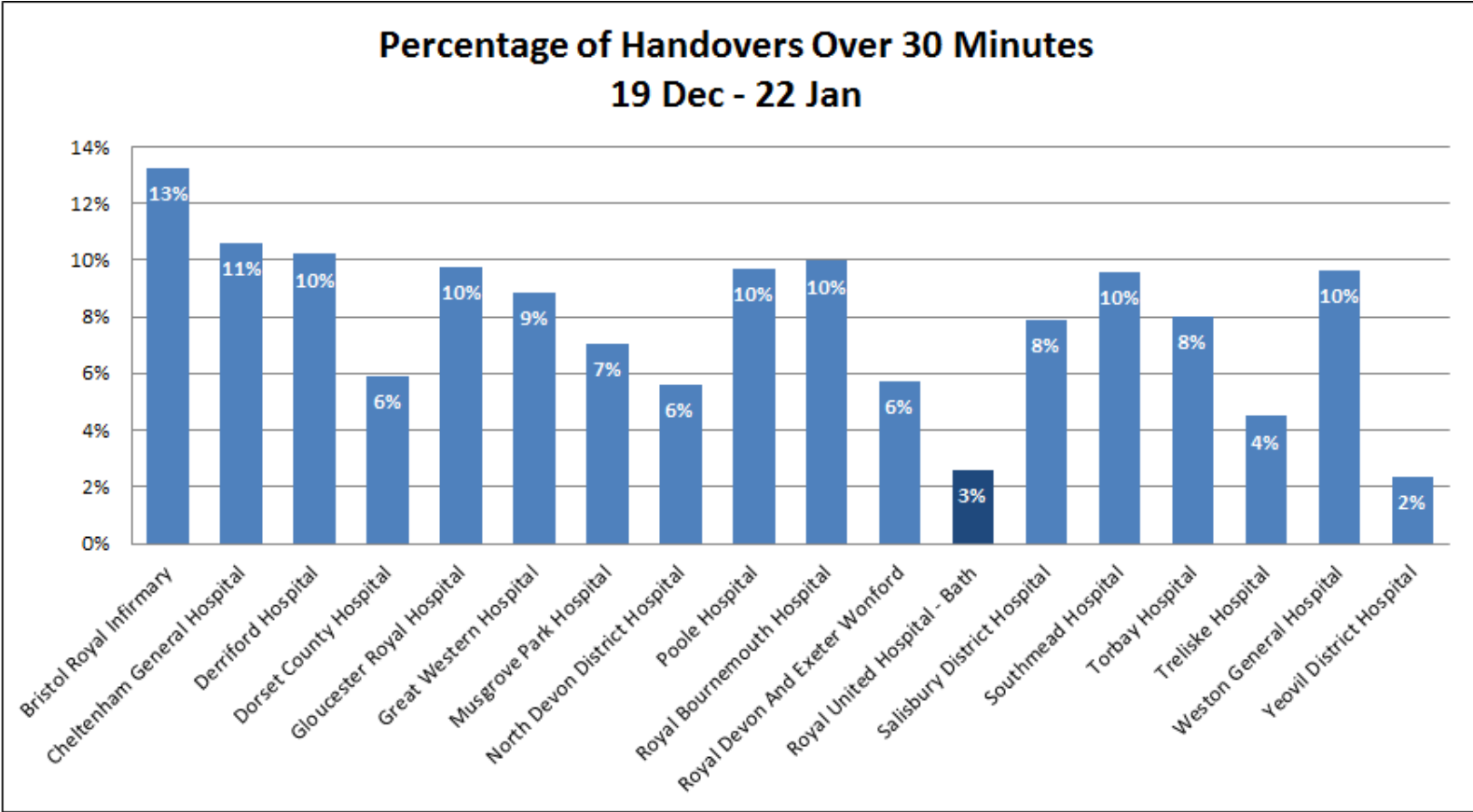


Comparison of the total number of ambulance handovers across all Trusts supported by SWAS.

The RUH had 3061 ambulance handover's in the five week period (516 over the median)

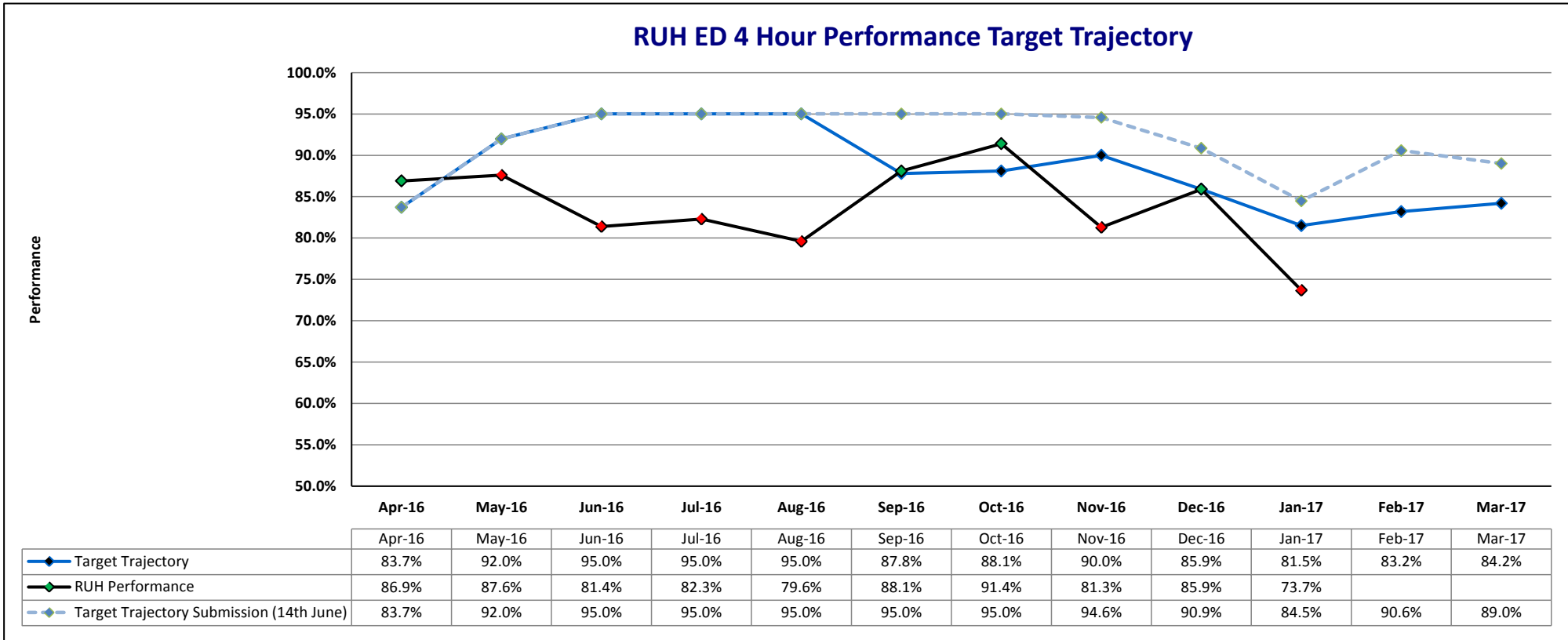
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

# SWAS Ambulance Handovers to ED within 30 minutes (3)



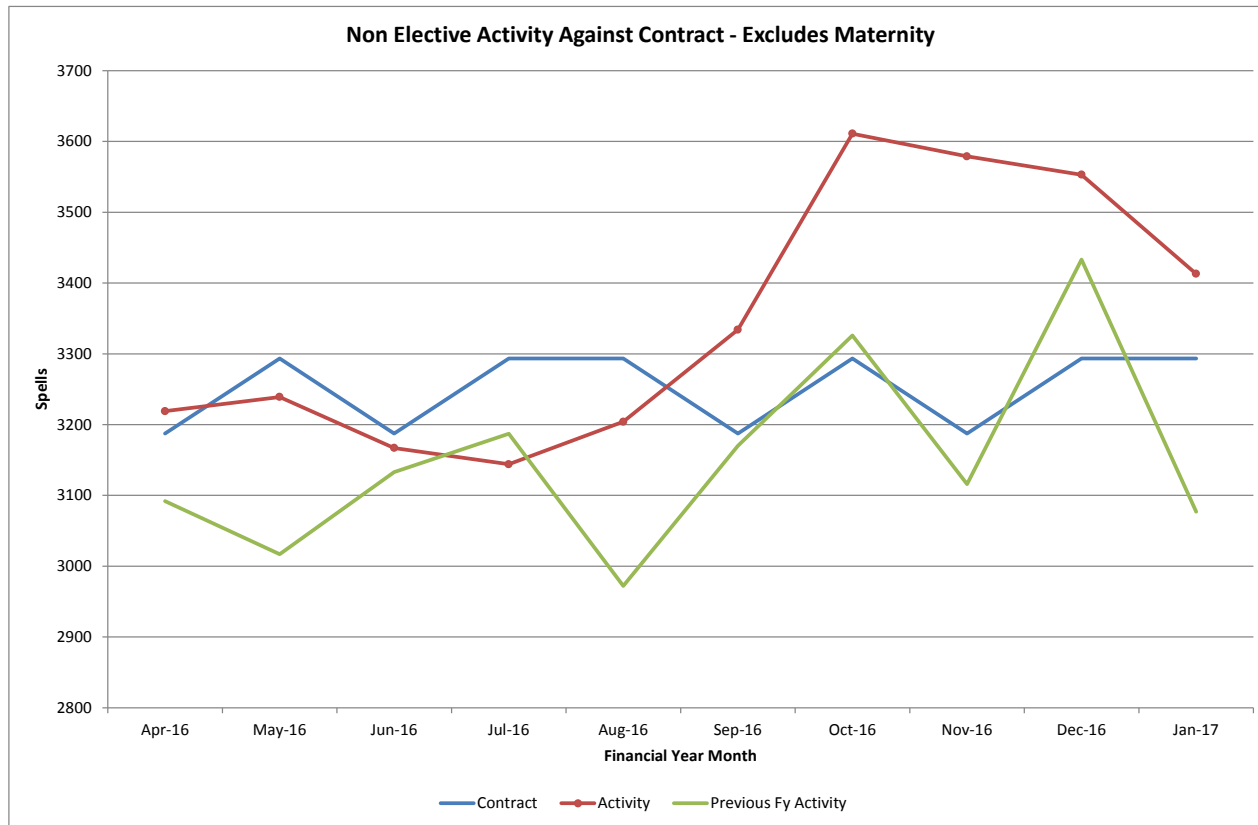
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

# 4 Hour Maximum Wait in ED – Improvement Trajectory (4)





# Activity Levels (1)



In January 2017 the non elective activity was 10.9% above January 2016 (excluding Maternity). Emergency department (ED) attendances were 0.3% above January 2016.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 46 with an average of 33.
- Medical Outliers peaked at 73 with a median of 54.

In January the Trust capacity was impacted by bed closures due to Flu and D&V.

- The max number of beds closed due to infection was 68 and the average per day closed due to infection was 23.



## Activity Levels – Non Elective (2)

Non Elective (Excluding Maternity)		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	YTD
Trust Total	Plan	3187	3294	3187	3294	3294	3187	3294	3187	3294	3294	32510
	Activity	3219	3239	3167	3144	3204	3334	3611	3579	3553	3413	33463
	Previous Fy Activity	3092	3017	3133	3187	2972	3170	3326	3116	3433	3077	31523
	Variance vs Contract	1.0%	-1.7%	-0.6%	-4.5%	-2.7%	4.6%	9.6%	12.3%	7.9%	3.6%	2.9%
	Variance vs Previous Fy	4.1%	7.4%	1.1%	-1.3%	7.8%	5.2%	8.6%	14.9%	3.5%	10.9%	6.2%
NHS BATH AND NORTH EAST SOMERSET CCG	Plan	1154	1192	1154	1192	1192	1154	1192	1154	1192	1192	11767
	Activity	1147	1158	1120	1118	1119	1193	1274	1284	1305	1276	11994
	Previous Fy Activity	1113	1131	1180	1155	1064	1170	1210	1180	1265	1135	11603
	Variance vs Contract	-0.6%	-2.9%	-2.9%	-6.2%	-6.1%	3.4%	6.9%	11.3%	9.5%	7.0%	1.9%
	Variance vs Previous Fy	3.1%	2.4%	-5.1%	-3.2%	5.2%	2.0%	5.3%	8.8%	3.2%	12.4%	3.4%
NHS SOMERSET CCG	Plan	455	470	455	470	470	455	470	455	470	470	4639
	Activity	452	441	450	443	459	433	548	522	513	444	4705
	Previous Fy Activity	451	435	437	467	406	459	453	423	523	464	4518
	Variance vs Contract	-0.6%	-6.2%	-1.0%	-5.7%	-2.3%	-4.8%	16.6%	14.8%	9.2%	-5.5%	1.4%
	Variance vs Previous Fy	0.2%	1.4%	3.0%	-5.1%	13.1%	-5.7%	21.0%	23.4%	-1.9%	-4.3%	4.1%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan	127	132	127	132	132	127	132	127	132	132	1298
	Activity	118	111	102	112	119	110	131	110	119	149	1181
	Previous Fy Activity	120	116	127	137	118	109	139	147	138	115	1266
	Variance vs Contract	-7.3%	-15.6%	-19.9%	-14.8%	-9.5%	-13.6%	-0.4%	-13.6%	-9.5%	13.3%	-9.0%
	Variance vs Previous Fy	-1.7%	-4.3%	-19.7%	-18.2%	0.8%	0.9%	-5.8%	-25.2%	-13.8%	29.6%	-6.7%
NHS WILTSHIRE CCG	Plan	1157	1196	1157	1196	1196	1157	1196	1157	1196	1196	11805
	Activity	1186	1212	1194	1195	1212	1285	1361	1362	1332	1381	12720
	Previous Fy Activity	1150	1070	1118	1127	1110	1180	1226	1100	1220	1106	11407
	Variance vs Contract	2.5%	1.3%	3.2%	-0.1%	1.3%	11.0%	13.8%	17.7%	11.4%	15.5%	7.8%
	Variance vs Previous Fy	3.1%	13.3%	6.8%	6.0%	9.2%	8.9%	11.0%	23.8%	9.2%	24.9%	11.5%



## C – Difficile Infection > 72 hours post

C Diff Performance by Month:

Month	Actual number of cases	Number of successful appeals	Number awaiting appeal response	Number of outstanding RCAs
April 2016	2	1	0	0
May 2016	1	0	0	0
June 2016	7	3	0	0
July 2016	3	1	0	0
August 2016	4	1	0	0
September 2016	4	0	1	0
October 2016	3	1	0	0
November 2016	3	0	1	0
December 2016	4	0	2	0
<b>January 2017</b>	4	0	0	1

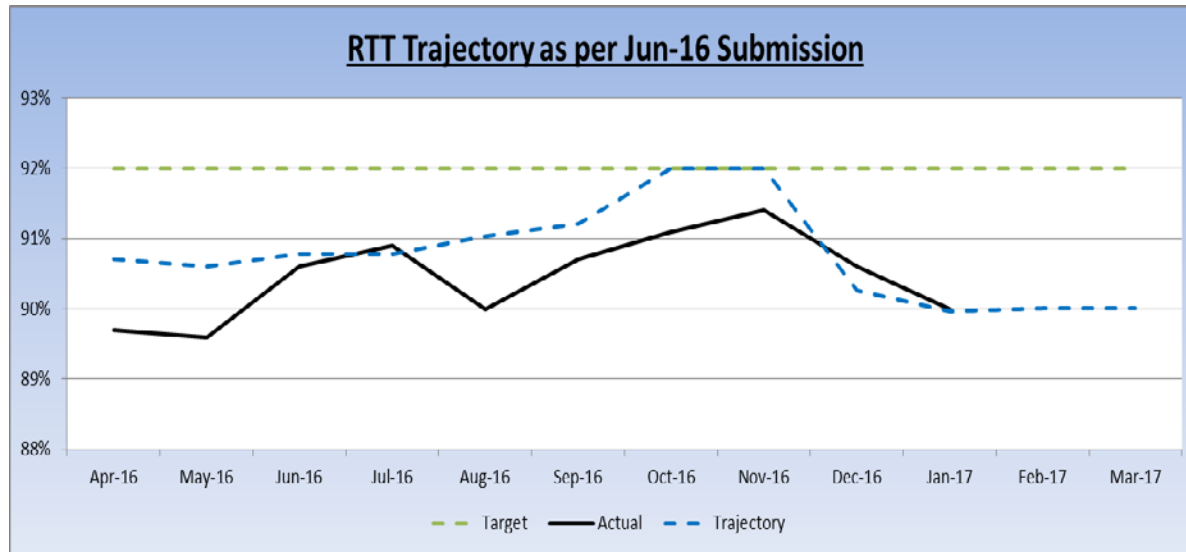
In January there were 4 cases of C difficile.

The target for 2016-2017 year to date is 18 cases of C difficile. The best case performance for year to date will be 23 cases of C difficile and the worst case will be 28 cases of C difficile.

The year target of 22 is therefore unachievable. There are 5 cases that are awaiting a decision to confirm if they are Trust attributable.

# Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:



Performance against the incomplete standard was on the trajectory in January (90.0% against projected 90.0%). 8 specialties didn't achieve the target in December. These were General Surgery, Urology, T&O, ENT, Oral Surgery, Gastroenterology, Cardiology, Dermatology

The over 18 week backlog for admitted patients increased in month, with 1655 waiters at month end (16.6% increase)

In January surgical capacity was significantly impacted by the use of the Orthopaedic/Surgical (Phillip Yeoman) elective ward for escalation capacity due to significant non-elective emergency pressures. The change in use of the ward stopped elective Orthopaedic activity in month. The Trusts in-ability to recover the ward was impacted by a flu outbreak closing beds across the Trust. In January, the max number of beds closed due to infection was 68 and the average per day closed due to infection was 23. (*Midnight snap shot*)

The RTT Improvement trajectory includes a whole system plan to address both capacity and demand issues, working jointly with CCGs.



## 18 Weeks Incomplete Standard (2)

RTT Incomplete Open Pathway Performance by Specialty:

	Open Pathways		
	Total Waiters	> 18 Weeks	Performance
100 - General Surgery	2568	367	85.7%
101 - Urology	1100	120	89.1%
110 - T&O	1931	330	82.9%
120 - ENT	1473	140	90.5%
130 - Ophthalmology	2217	83	96.3%
140 - Oral Surgery	1991	224	88.7%
300 - Acute Medicine	45	0	100.0%
301 - Gastroenterology	2442	328	86.6%
320 - Cardiology	1815	224	87.7%
330 - Dermatology	937	82	91.2%
340 - Respiratory Medicine	410	11	97.3%
400 - Neurology	591	30	94.9%
410 - Rheumatology	974	14	98.6%
430 - Geriatric Medicine	141	3	97.9%
502 - Gynaecology	1030	48	95.3%
X01 - Other	2022	156	92.3%
Total	21687	2160	90.0%

During January Trust level performance was rated red for the RTT indicator – incomplete pathways.

**In January General Surgery reported one 52 week breach.**

Actions taken in Month:

- Speciality level improvement trajectories achieved for General Surgery, ENT, Dermatology and Cardiology
- T&O improvement trajectory progressed, working with CCGs to agree an achievable and affordable plan. This work is on-going.
- Gastroenterology Improvement trajectory developed and actions to reduce demand agreed with CCGs and being developed and implemented.
- Waiting list initiative and sub contract to other providers ceased in December.
- Appointment of new substantive colorectal consultant, start date for March 2017.
- A Dermatology short term locum consultant appointed to commence in January 2017. In addition a 6 month locum consultant candidate has been appointed to start in April 2017.



## 18 Weeks – Incomplete Pathways >30 weeks (3)

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
100 - General Surgery	19	19	15	15	24	31	40	38	56	56	71	69	83	61	54	56	64	86
101 - Urology	3	1	2	3	7	17	4	7	9	8	4	8	8	5	4	3	4	13
110 - Trauma & Orthopaedics	13	11	21	21	18	20	17	25	32	32	34	21	29	35	21	19	32	47
120 - ENT	6	6	11	15	18	22	30	37	35	28	21	20	14	5	7	5	7	7
130 - Ophthalmology	5	6	9	6	7	7	12	10	6	7	7	12	6	5	3	1	7	14
140 - Oral Surgery	20	19	13	12	13	18	20	13	16	10	7	7	7	6	4	4	10	18
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	6	8	12	31	39	35	28	24	21	18	7	8	13	6	4	11	24	58
320 - Cardiology	6	7	12	9	21	21	23	28	26	35	37	51	58	50	30	30	33	33
330 - Dermatology	1	2	2	3	5	10	4	1	3	4	3	1	12	3	3	1	0	3
340 - Respiratory Medicine	0	0	0	0	1	1	0	1	1	0	0	2	0	0	0	0	0	0
400 - Neurology	0		0	1	0	0	0	1	0	0	0	1	0	0	0	0	1	1
410 - Rheumatology		4	2	2	0	2	2	1	2	4	5	1	5	4	3	1	0	1
430 - Geriatric Medicine	0		0	0	0	0	0	0	0	0	0	0	1	3	1	2	0	0
502 - Gynaecology	0	3	0	2	4	2	2	9	11	9	10	6	7	7	2	1	9	5
X01 - Other	10	16	10	3	5	13	9	15	23	81	43	19	10	17	21	22	26	40
Open Pathways > 30 Weeks	89	102	109	123	162	199	191	210	241	292	249	226	253	207	157	156	218	326



## Cancer Access 62 days (1)

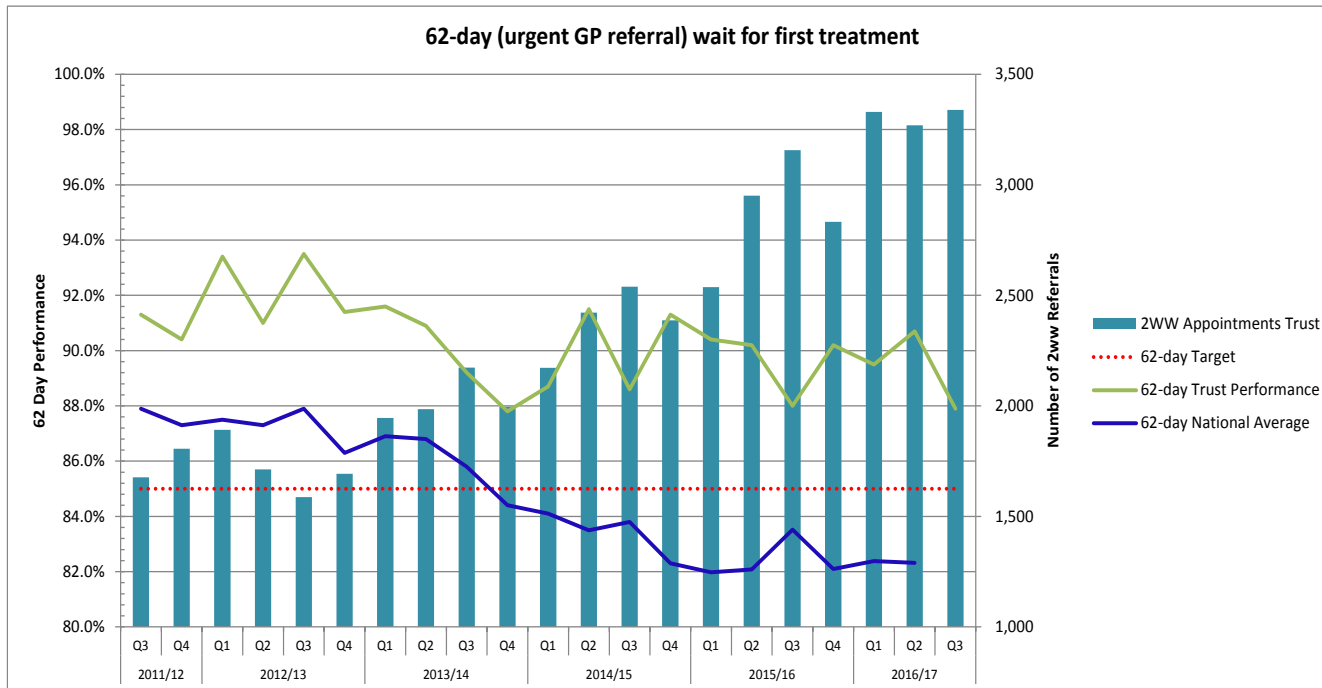
			Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
62 Day	Cancer Network	RUH	86.70%	89.00%	88.80%	91.50%	89.80%	87.20%	87.80%	93.10%	87.80%	94.40%	90.90%	85.10%	87.50%	81.50%
		UHB	86.80%	83.30%	74.50%	84.70%	84.70%	70.70%	70.80%	72.90%	84.60%	80.50%	79.50%	85.20%	Not yet available	Not yet available
		NBT	86.40%	71.90%	77.40%	85.90%	83.80%	83.60%	85.70%	84.50%	87.10%	81.30%	78.90%	89.00%	Not yet available	Not yet available
		Taunton	92.70%	85.40%	90.00%	83.20%	82.90%	76.40%	81.00%	85.10%	85.30%	79.70%	80.40%	86.00%	Not yet available	Not yet available
		Yeovil	83.10%	50.00%	82.80%	83.20%	84.30%	76.80%	87.40%	90.40%	44.40%	80.20%	79.80%	90.00%	Not yet available	Not yet available
		Gloucester	79.40%	77.60%	75.40%	76.90%	78.60%	77.60%	81.40%	74.00%	79.00%	77.10%	73.10%	79.40%	Not yet available	Not yet available
		Weston	95.60%	68.00%	54.10%	84.10%	88.70%	81.30%	70.00%	75.50%	75.40%	72.60%	76.60%	75.70%	Not yet available	Not yet available
	Other Local Trusts	GWH	88.70%	89.60%	87.30%	88.80%	88.10%	86.90%	85.80%	85.70%	89.00%	85.60%	91.40%	85.70%	Not yet available	Not yet available
		Salisbury	95.60%	85.60%	85.60%	87.60%	84.60%	89.60%	91.60%	92.80%	94.40%	81.40%	85.30%	94.60%	Not yet available	Not yet available
	National	England	85.10%	81%	81%	84%	82.80%	81.40%	82.70%	82.20%	82.40%	81.43%	81.10%	82.30%	Not yet available	Not yet available

January performance was 81.5% failing the 95% target. 11.5 breaches were recorded in January (monthly average YTD is 10.4). This breach number would have achieved the 85% target in every other month during 2016/17.

Failure was due to a 31% reduction in the overall number of cancers being diagnosed and receiving first treatment in January. The reduction is spread across most tumour sites and treatment types, but with the biggest impact being from less confirmed cancer surgical procedures taking place for patients on the 62 day pathway (38% reduction). Specialties have provided assurance that elective booking practices have not changed and elective cancellations due to bed pressures in January have been checked and have not impacted 62 day performance.

The tumour sites contributing the largest number of breaches were Urology and Skin. RCAs are being completed for all breaches and these will be shared with the relevant specialty via the RTT Steering Group. Enhanced monitoring of breaches and activity has been put in place and will be reported through the weekly Medicine and Surgery PTL meetings.

# Q3 - 62 Day (urgent GP referral) wait for first treatment (2)

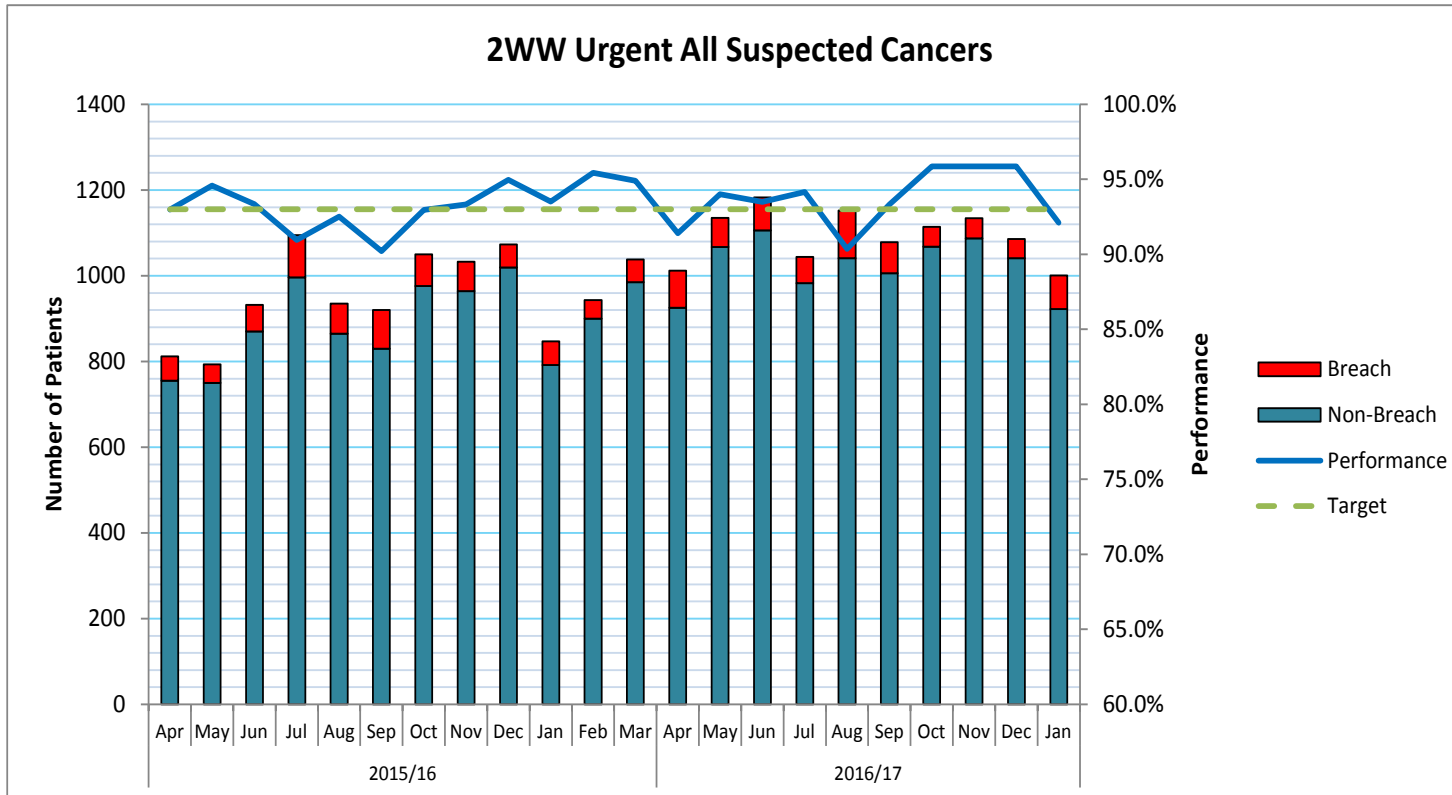


The RUH continues to perform significantly above the national average for the 62 day target and consistently above the 85% national standard.

Performance has been maintained despite an average increase in 2ww referrals over the past 3 financial years of 17.5%.



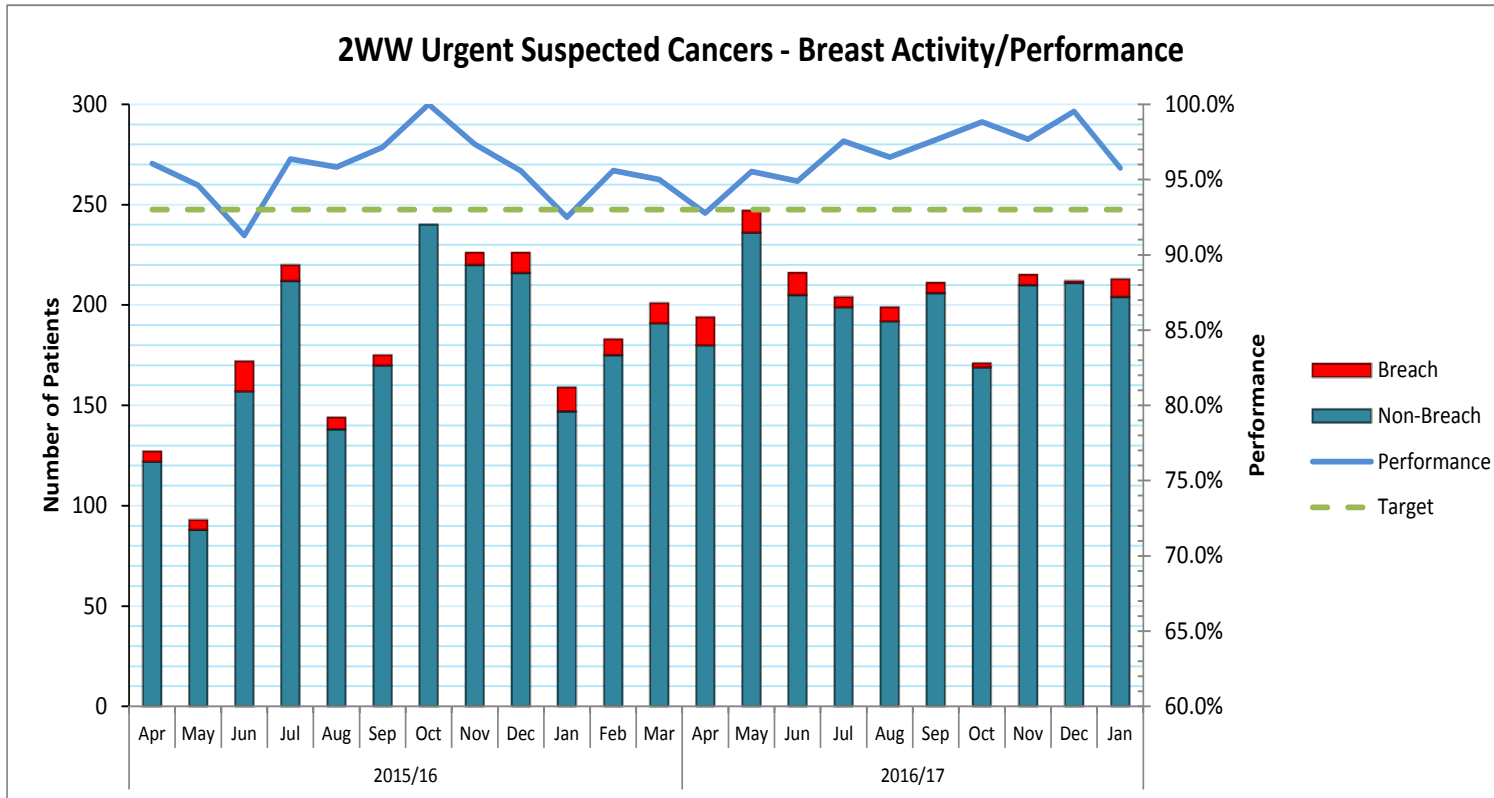
# Cancer Access – 2 WW (3)



The 2ww suspected cancer target failed in January at 92.1%. Activity was 9.3% lower than the monthly average for 2016/17. The primary reason for failure was a significant number of breaches in Upper GI (35 of total Trust breaches of 79) for patients having endoscopy as their first appointment. A more robust escalation process for capacity issues within endoscopy is now in place.

Additional performance triggers are being put in place to monitor breaches and activity at tumour site level with escalation through weekly Medicine and Surgery PTL meetings and to the RTT Steering Group. Performance in February is expected to be recovered.

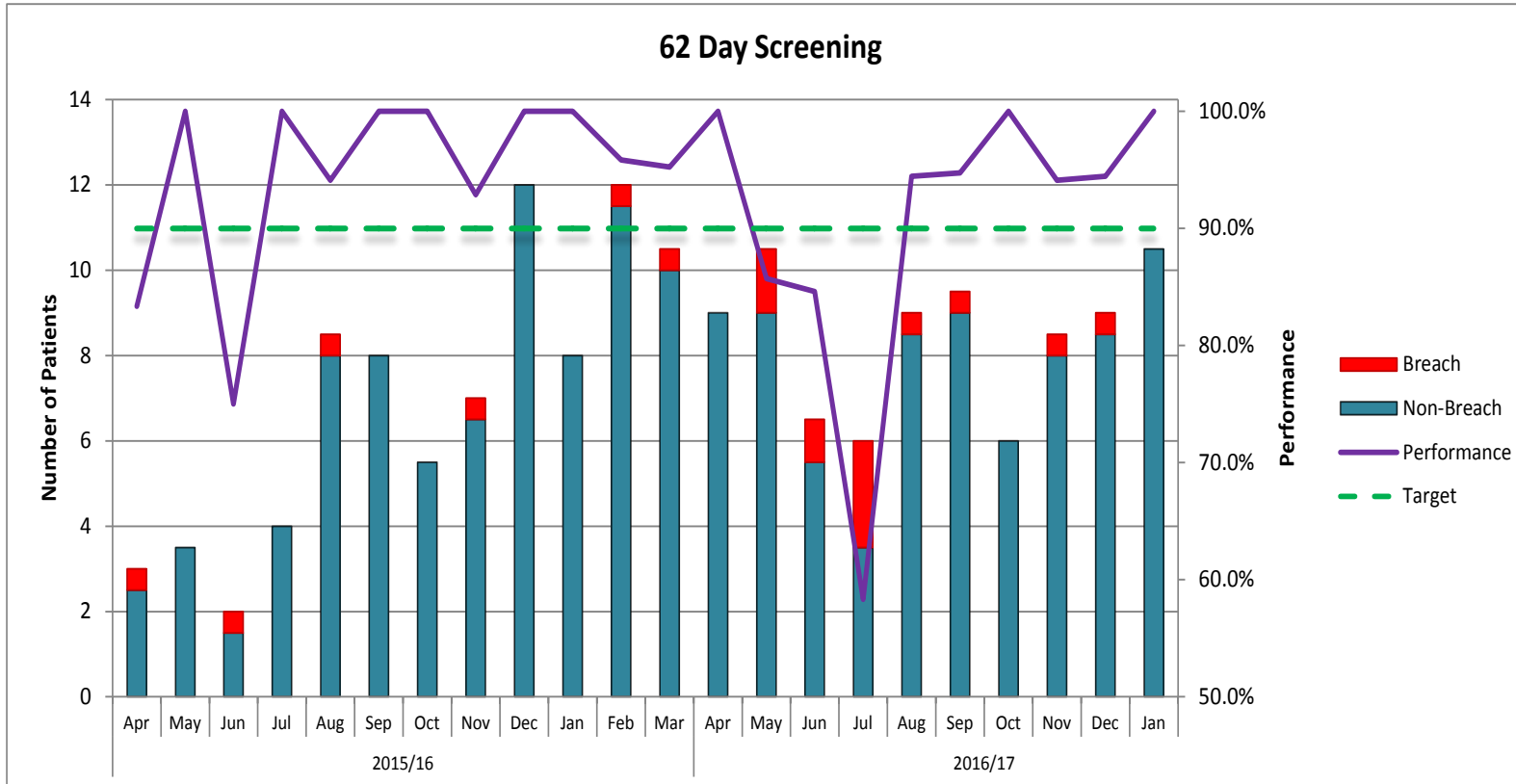
# Cancer Access – 2 WW Breast Suspected Cancer (4)



The performance in January for Breast 2 WW suspected cancer was 95.8%, above the 93% overall 2ww target.

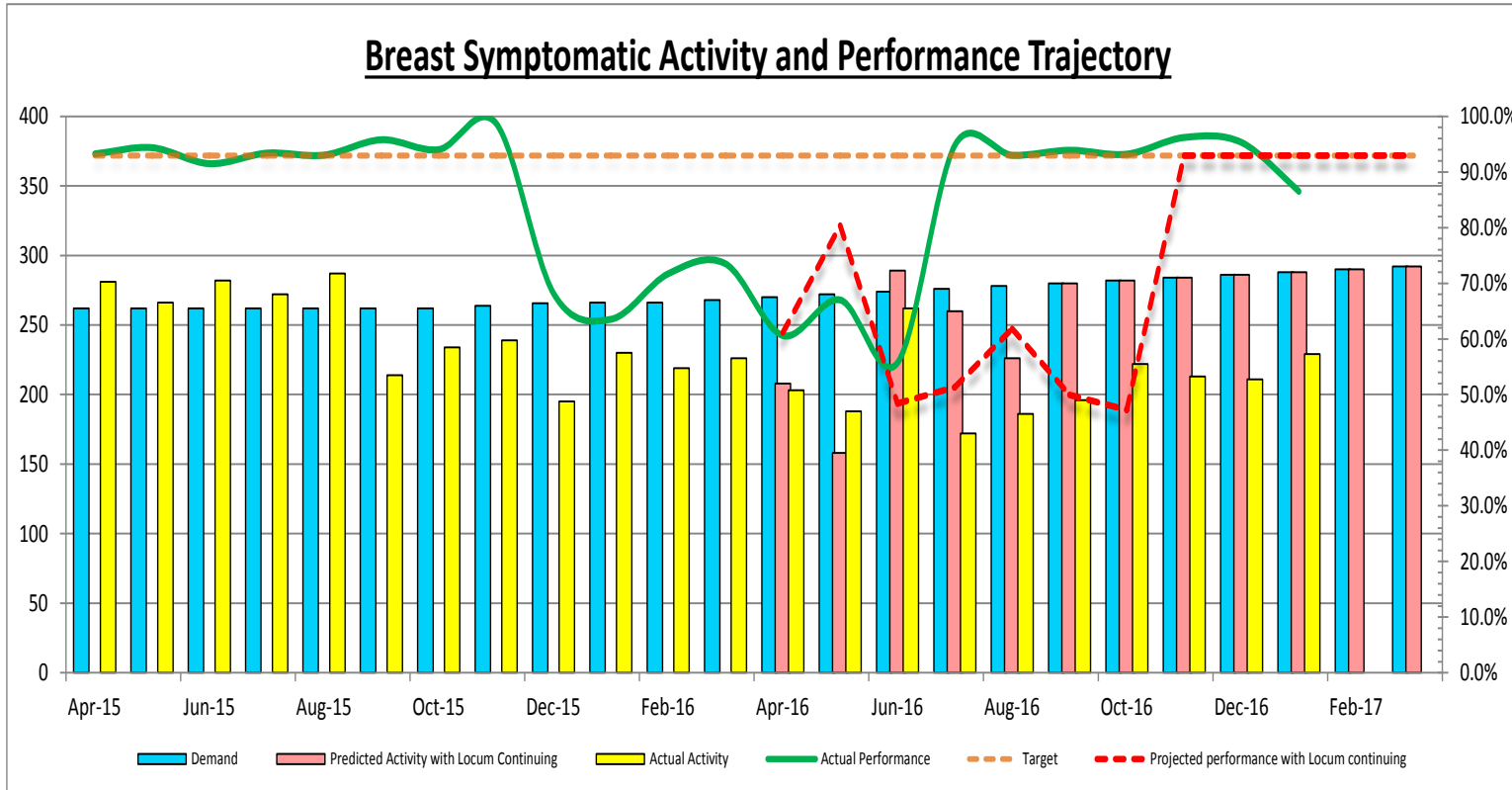
All referrals are triaged according to clinical suspicion of cancer. All those referred as urgent suspected cancer, plus those upgraded at triage to same category are offered an appointment within 2 weeks of referral and are managed against the 2 WW suspected cancer target, not the 2 WW breast symptomatic

# Cancer Access – 62 Day Screening (5)



In January, performance of 100.0% was delivered for cancer 62 day access target for NHS cancer screening service referral.

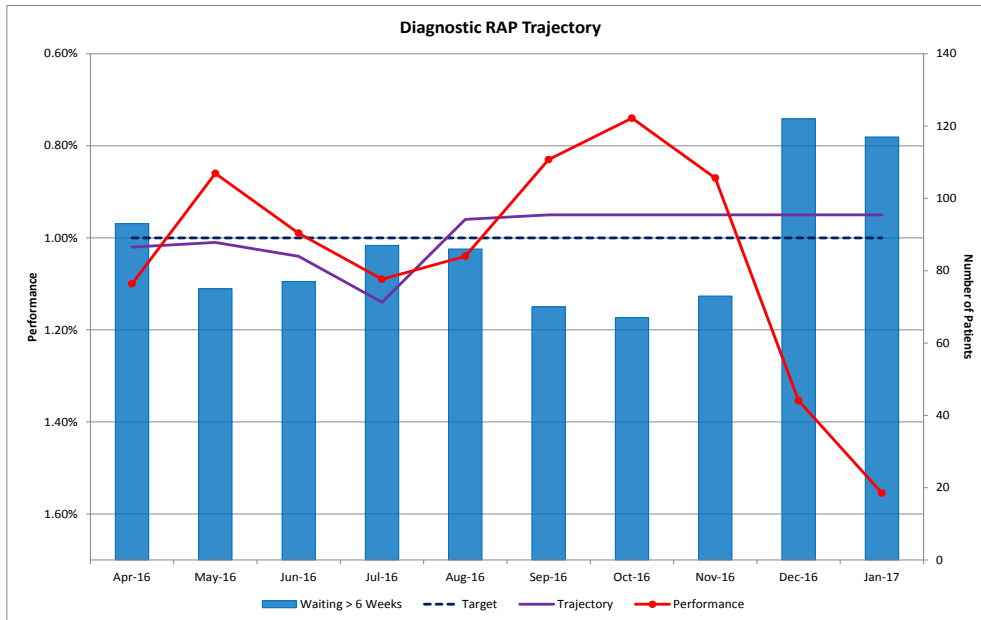
# Cancer Access – Breast Symptomatic (6)



In January, performance of 86.5% was delivered, failing the performance trajectory of 93%. The remedial action plan was closed with CCGs in November 2016.

This is due to the failure to permanently appoint to the consultant radiologist post and the loss of the locum consultant. The Surgical Division are currently reviewing the service provision and performance will continue to be at risk.

# Diagnosics



Diagnostic tests – maximum wait of 6 weeks

January performance is reported as 1.55% against the  $\leq 1.0\%$  indicator, rated red. Performance in January failed to meet the constitutional target and the improvement trajectory. Performance is being monitored at the RTT Steering Group and via weekly performance reports.

The majority of breaches are within Magnetic Resonance Imaging and Echocardiography, with a total of 104 breaches reported equating to 89% of the breaches in month. MRI breaches are due to repatriation of BRI Cardiac MRI activity, due to service restrictions. The RUH contracts team in January have agreed an outsourcing contract and activity has commenced. The Medical Division are working with the cardiology team to manage referrals.

Capacity for echocardiography was maintained in month however the backlog of activity from December, due to high demand, continues to impact performance. The Divisional team are developing a Cardiology diagnostic recovery plan and an Operational Improvement Lead will support Cardiology on DMO1 performance.

This target has triggered an operational performance concern with NHSI.

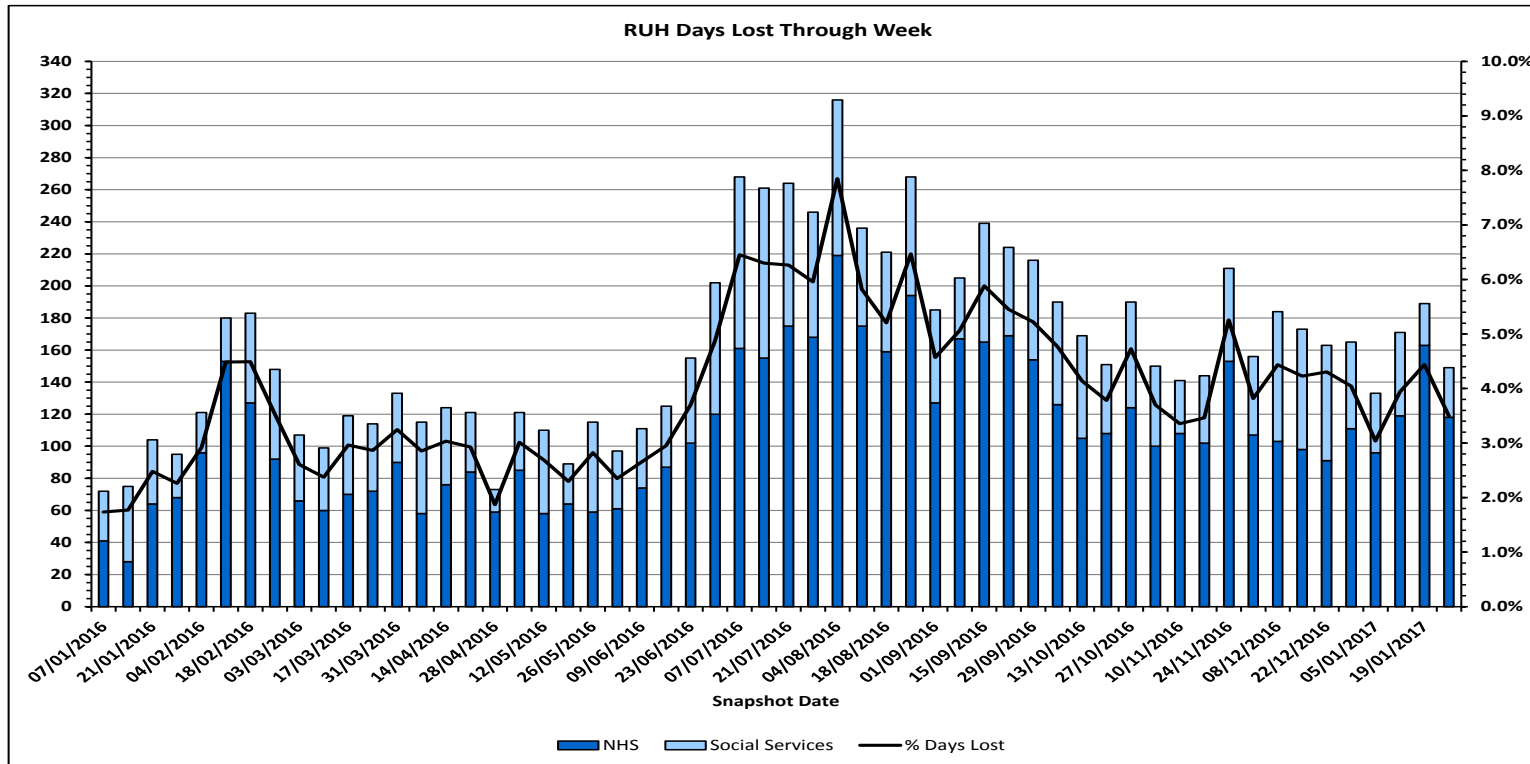
Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
<b>Magnetic Resonance Imaging</b>	53
<b>Non-obstetric ultrasound</b>	2
<b>Audiology - Audiology Assessments</b>	3
<b>Cardiology - Echocardiography</b>	51
<b>Colonoscopy</b>	1
<b>Cystoscopy</b>	3
<b>Gastroscopy</b>	4
<b>Total</b>	<b>117</b>



# Delayed Transfers of Care

DTC	CCG														
	NHS BATH AND NORTH EAST SOMERSET CCG			NHS SOMERSET CCG			NHS WILTSHIRE CCG			NHS SOUTH GLOUCESTERSHIRE CCG			All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total
Number of Patients	15	8	23	4	1	5	19	3	22	2	1	3	40	13	53
Number of Delayed Days	140	107	247	13	26	39	332	12	344	11	1	12	496	146	642

The DTC position by CCG is detailed in the table on the left, which shows 53 patients reported at the January month end snapshot and 642 delayed days reported for the month of January.



The graph outlines the delayed days by week since January 2016. This issue continues to be escalated through the AEDB and NHSI performance meetings.

# Key National and Local Indicators

In the month of January there were **17 red** indicators of the 66 measures reported, 3 of which are Single Oversight Framework (SOF) indicators, key points and actions are outlined as follows.



## Effective

- SOF
- X 12. Readmissions – Total
  - X 17. % Cancelled Operations – non-clinical (Surgical)

## Responsive

- SOF
- X 26. Diagnostic tests maximum wait of 6 weeks
  - X 27. RTT over 52 week waiters
  - X 29. Cancelled operations not rebooked with 28 days
  - X 31. % Discharges by Midday (Excluding Maternity)
  - X 32. GP Direct Admits to SAU
  - X 33. GP Direct Admits to MAU
  - X 36. Number of medical outliers - median

## Safe

- X 47. Number of patients with falls resulting in serious harm (moderate, major)
- X 48. Hospital acquired pressure ulcers (grade 3 & 4)
- X 49. Hospital acquired pressure ulcers (grade 2)
- X 52. Bed occupancy (Adult)

## Well Led

- SOF
- X 55. FFT Response Rate for ED
  - X 56. FFT Response Rate for Inpatients
  - X 57. FFT Response Rate for Maternity
  - X 59. Sickness Rate



### **X 12. Readmissions – Total**

There were 444 readmissions in January, with performance continuing above target. The Medical Division decreased from 17.3% to 16.7%, the Surgical Division increased from 11.4% to 12.3% and Women and Children's Division decreased from 3.9% to 3.3%.

### **X 17. % Cancelled Operations – non-clinical (surgical)**

In the month of January there were 55 surgical patients cancelled for non-clinical reasons, equating to 2.0% of elective cases. The majority of cancellations were within T&O (16), due to the loss of elective bed capacity on Phillip Yeoman Ward Obs & Gynae (14) and Urology (13). Elective cancellations have been due to significant non-elective bed pressures and the impact of beds lost due to infection outbreak.

The main reason was ward bed availability (46) due to operational pressures in month. Performance in month was impacted by the closure of multiple wards due to influenza.





**X 26. Diagnostic tests maximum wait of 6 weeks**

There were 117 over 6 week waiters in January, equating to 1.55% performance against the  $\leq 1.0\%$  indicator, rated red. Performance in January failed to meet the constitutional target and the improvement trajectory.

**X 27. RTT over 52 week waiters**

A patient waited more than 52 weeks for their surgery (159 weeks in total at time of admission for surgery) due to the patient not being correctly added to the waiting list. The patient's long waiting time was identified in November 2016 but, owing to personal commitments, the patient was not available for surgery until January 2017. The Cerner Millennium system has been updated to now issue a warning whenever an order for surgery is placed against a discharged encounter. Further changes are being developed which will prevent orders for surgery being placed on discharged encounters, but these require extensive testing before launching. A letter of apology has been sent to the patient.

**X 29. Cancelled operations not rebooked within 28 days**

There was one patient who waited more than 28 days to be rebooked in January after being cancelled on the day for a non-clinical reason. This was a gynaecology patient who required a HDU bed. A HDU bed was unavailable within the 28 days as cancer patients were given a higher priority.



**X 31. % Discharges by Midday (Excluding Maternity)**

15.2% of patients were discharged by midday in January with performance decreasing from 16.4% in December, and staying below the target of 33%.

**X 32. GP Direct Admits to SAU**

There were 63 direct admits to SAU in January with performance decreasing from 188 in December and dropping below the target of 168. This was due to the non-elective emergency pressures and the impact of bed closures due to infection.

**X 33. GP Direct Admits to MAU**

There were 47 direct admits to MAU in January with performance decreasing from 51 in December and staying below the target of 84. This was due to the non-elective emergency pressures and the impact of bed closures due to infection.

**X 36. Number of medical outliers - median**

In January, Medical Outliers peaked at 73 with a median of 54. This increase was due to the non-elective emergency pressures and the impact of bed closures due to infection.



**X 47. Number of patients with falls resulting in serious harm (moderate, major)**

There were 3 falls resulting in moderate harm and 1 fall resulting in a major harm in January. The 3 falls resulting in moderate harms occurred on ASU, Parry and Violet Prince. The fall on ASU resulted in a fracture to the left greater trochanter (hip) and wrist both of which were managed conservatively. The fall on Parry resulted in a sub arachnoid haemorrhage, managed conservatively, and the fall on Violet Prince resulted in a fractured pubic rami, managed conservatively. The major fall was on Haygarth ward and resulted in a fracture to the hip.

**X 48. Hospital acquired pressure ulcers (grade 3 & 4)**

There was one avoidable category 4 pressure ulcer validated by the Tissue Viability team in January.

**X 49. Hospital acquired pressure ulcers (grade 2)**

There were 4 avoidable category 2 pressure ulcers validated by the Tissue Viability team in January. All were in the Medical Division. The 2 pressure ulcers on Haygarth were found to be avoidable following investigation meetings. The other 2 pressure ulcers, on Combe and Cardiac wards, are yet to be investigated.

**X 52. Bed Occupancy (Adult)**

The Adult bed occupancy in January was 97.3%, failing the target of 93%.



### **X 55. FFT Response Rate for ED**

The Medical Division will be reviewing performance with ED, however non-elective emergency pressures during January are acknowledged to have impacted on FFT collection.

### **X 56. FFT Response Rate for Inpatients**

The trust wide FFT group has been extended to include Senior Sister representatives from all divisions. FFT figures are shared weekly with the Senior Sisters and the Matrons. Wards showing a decrease in response rates are reviewed by the Matron team. A number of wards showed a decrease in January.

### **X 57. FFT Response Rate for Maternity**

The Divisional team are reviewing actions to improve the response rate. The labour ward RTT response rate was achieved in month, following a failure in December and reflect actions being taken by the Division.

### **X 59. Sickness Rate**

The Trust Sickness Rate was 4.7% in January. Further information is included in the following Well Led slides.

# Well Led – Workforce

## 1. Summary & Exception Reports

The following dashboard shows key workforce information for the months of December 2016 and January 2017 against key performance indicators (KPIs). Where overall Trust performance has triggered a red KPI in January, an exception report has been provided:

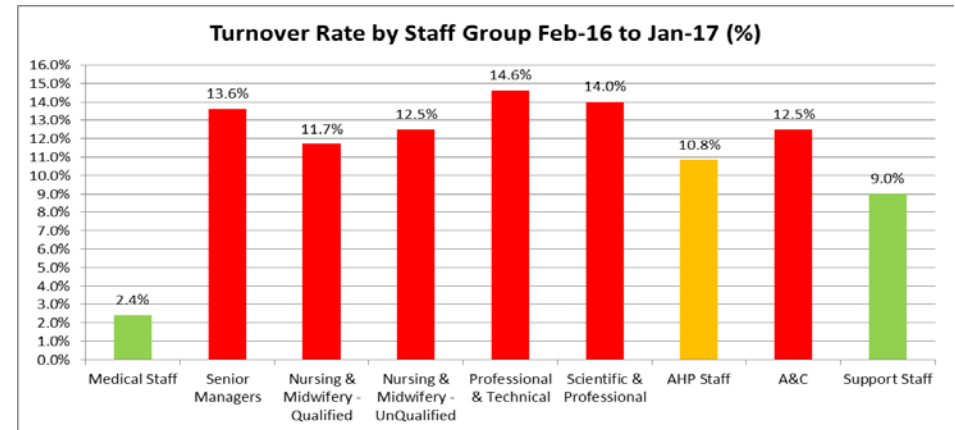
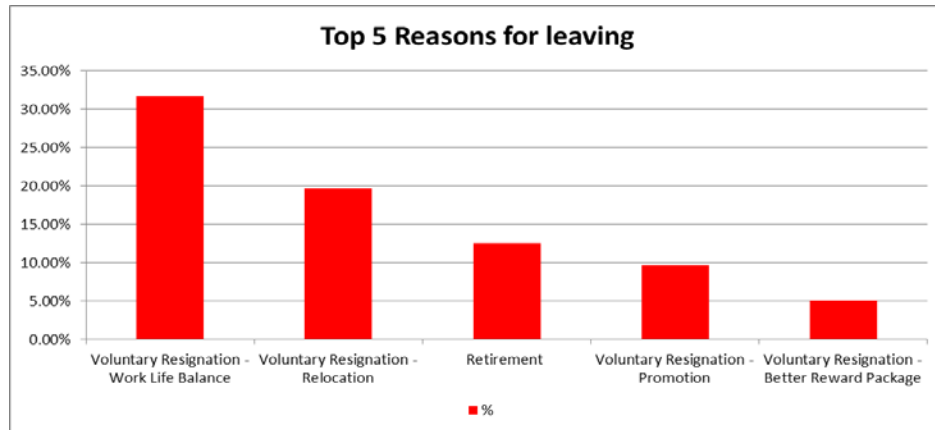
Workforce	Dec-16						Jan-17						Q4 Trust Target
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	
Turnover (rolling 12 months %)	11.7	15.6	7.6	10.9	12.3	13.1	11.4	15.6	8.4	10.3	11.7	13.3	10.00%
Sickness Absence (%)	4.8	4.4	7.8	5.0	3.9	4.6	4.7	3.7	8.1	4.8	4.3	3.9	3.87%
Vacancy Rate (%)	4.1	7.1	9.0	3.2	5.7	-1.3	4.2	7.0	8.2	2.9	6.3	-0.1	4.00%
Agency Staff (agency spend as a % of total pay bill)	2.1	2.9	0.4	2.2	2.1	1.8	2.7	4.3	0.7	1.8	3.6	2.7	4.00%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	2.8	2.4	0.0	2.4	5.6	0.1	3.6	8.2	0.0	2.4	7.3	0.2	4.00%
Staff with Annual Appraisal (%)	84.3	80.9	81.3	86.3	82.5	87.4	84.7	79.0	83.5	87.0	84.8	84.1	90.00%
Evidence of a General Medical Council Concern	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00%
Evidence of a Nursing and Midwifery Council Concern	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00%
Information Governance Training compliance (%)	90.0	92.3	93.3	89.9	92.1	86.8	89.2	92.2	94.0	89.8	90.0	87.2	95.00%
Mandatory Training (%)	87.6	89.6	87.5	88.7	89.7	88.9	87.3	88.7	87.2	88.8	89.0	88.5	90.00%

### Trends:

- Most workforce indicators have remained relatively static this month, with Turnover decreased at 11.4% against a Q4 target of 10.00% and sickness now amber at 4.7% against a Q4 target of 3.87%.
- The vacancy rate has slightly increased this month, showing as amber at 4.2% against the Q4 target of 4.00%.
- Appraisal is based on a Trust wide trajectory for improvement, and the target KPI in Q4 is 90%. All Divisions are reminded about the importance of a timely appraisal at their monthly performance meetings.
- Where performance is below the expected standard for the period, the areas of concern are discussed and action plans agreed in the monthly performance review.

# Well Led – Turnover

## 2. Turnover



### Performance in January, including reasons for the exception and actions to mitigate:

- Turnover has decreased again this month, currently at 11.4% overall against a KPI target for Q4 of 10%, with hot spot areas in Corporate (15.6%) and Women and Children’s (13.3%), and is particularly high for Professional and Technical Staff (14.6%), Scientific & Professional (14.0%) and Senior Managers (13.6%).
- Examination of the top five reasons for leaving indicate the majority of staff resign due to work/life balance issues , relocation, retirement, promotion and a better reward package.
- It is expected Pharmacy’s recent move into their new building should lead to improved working conditions and a reduction of turnover.
- The staff survey results are due to be reported during Feb/March 2017. The Trust will be working to create an overarching action plan aimed at addressing the concerns of staff. In addition each division will be analysing their own staff survey data to address any specific concerns at a directorate and divisional level.

# Well Led – Overview

Measure	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Q4 Target
Budgeted Staff in Post (WTE)	4,421.1	4,421.1	4,421.1	4,495.1	4,495.1	4,499.2	4,499.2	4,499.2	4,501.6	4,504.4	4,511.6	4,511.6	4,511.6	
Contracted Staff in Post (WTE)	4,204.9	4,220.8	4,225.7	4,195.6	4,205.8	4,223.4	4,232.1	4,252.8	4,283.6	4,291.2	4,312.6	4,326.6	4,321.6	
Vacancy Rate (%)	4.9%	4.5%	4.4%	6.7%	6.4%	6.1%	5.9%	5.5%	4.8%	4.7%	4.4%	4.1%	4.2%	4.0%
Bank - Admin & Clerical (WTE)	27.4	30.7	29.6	21.2	23.9	27.8	32.8	30.1	32.3	29.6	34.2	26.6	1 Month Lag	
Bank - Ancillary Staff (WTE)	22.1	23.1	22.6	22.1	23.1	26.7	30.0	26.9	28.1	31.4	27.2	28.1	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	136.2	134.6	135.6	131.5	134.8	138.6	147.6	147.8	146.0	143.5	143.5	125.2	1 Month Lag	
Agency - Admin & Clerical (WTE)	2.4	4.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.5	0.0	0.0	0.0	
Agency - Ancillary Staff (WTE)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Agency - Nursing & Midwifery (WTE)	26.9	8.5	27.3	29.2	32.2	26.6	30.2	27.6	26.8	33.6	27.9	26.0	27.1	
Overtime (WTE)	80.8	78.1	77.6	76.5	68.4	78.4	80.4	74.2	70.1	83.1	87.1	66.0	1 Month Lag	
Sickness Absence Rate (%)	4.7%	4.7%	4.9%	4.6%	4.0%	3.8%	3.9%	3.9%	3.9%	3.9%	4.3%	4.8%	4.7%	3.9%
Appraisal (%)	83.3%	85.9%	85.4%	83.8%	84.9%	85.7%	84.7%	85.2%	85.7%	85.3%	84.6%	84.3%	84.7%	90.0%
Consultant Appraisal (%)	86.3%	88.6%	90.9%	90.0%	90.1%	90.0%	87.3%	80.7%	85.6%	91.7%	94.0%	92.2%	94.0%	90.0%
Rolling Average Turnover - all reasons (%)	16.6%	16.5%	16.9%	17.0%	16.9%	17.1%	17.0%	16.5%	16.9%	16.7%	16.4%	16.4%	16.5%	
Rolling Average Turnover - with exclusions (%)	12.3%	12.2%	12.5%	12.5%	12.4%	12.5%	12.5%	12.1%	12.4%	12.3%	11.9%	11.7%	11.4%	10.0%

**NHSI Single Oversight Framework**

**Operational Pressures**

Target	Performance Indicator	Threshold		2015/16	2016/17			2016/17			Triggers Concerns
		Performing	Weighting	Q4	Q1	Q2	Q3	Dec 2016	Jan 2017	Q4	
SOF	Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	1.0	80.3%	85.3%	83.3%	86.3%	85.9%	73.7%	73.7%	
	C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	1.0	3	6	9*	9*	4**	4**	4*	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	1.0	90.1%	89.9%	90.5%	91.1%	90.6%	90.0%	90.0%	
	31 day diagnosis to first treatment for all cancers	96%	1.0	99.8%	99.4%	100.0%	99.4%	100.0%	99.3%	99.3%	
	31 day second or subsequent treatment - surgery	94%	1.0	98.8%	100.0%	100.0%	98.9%	100.0%	97.0%	97.0%	
	31 day second or subsequent treatment - drug treatments	98%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	31 day second or subsequent cancer treatment - radiotherapy treatments	94%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	2 week GP referral to 1st outpatient	93%	1.0	94.6%	93.0%	92.7%	95.9%	96.0%	92.1%	92.1%	
	2 week GP referral to 1st outpatient - breast symptoms	93%		69.6%	60.5%	93.3%	94.8%	95.1%	86.5%	86.5%	
SOF	62 day referral to treatment from screening	90%	1.0	96.4%	90.4%	85.7%	95.8%	94.4%	100.0%	100.0%	
SOF	62 day urgent referral to treatment of all cancers	85%		89.6%	89.5%	90.7%	87.9%	87.5%	81.5%	81.5%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	1.0	1.03%	1.00%	0.96%	0.97%	1.35%	1.55%	1.55%	

\* Q2: 1 under review. Q3: 3 under review. Q4: 1 under review.

\*\* Dec: 2 under review. Jan: 1 under review.

Triggers Concerns	
Performance Indicators with an STF Trajectory	Concerns are triggered by the distance from the STF trajectory and the failure to meet the trajectory for two consecutive months.
Performance Indicators without an STF Trajectory	Concerns are triggered by the failure to meet the target for two consecutive months.

**Finance and Use of Resources**

	Plan YTD ending 31-Jan-17	Actual YTD ending 31-Jan-17	Variance YTD ending 31-Jan-17	Plan Year ending 31-Mar-17	Adjusted Forecast Year ending 31-Mar-17	Forecast Variance Year ending 31-Mar-17
Capital service metric	3.212	2.381	(0.831)	3.150	4.216	1.067
Capital service rating	1	2		1	1	
Liquidity metric	11.069	8.238	(2.831)	11.035	11.035	-
Liquidity rating	1	1		1	1	
I&E Margin metric	3.14%	2.34%	(0.80%)	3.00%	5.56%	2.60%
I&E Margin rating	1	1		1	1	
I&E Variance from plan metric		(0.80%)			2.56%	
I&E Variance from plan rating		2			1	
Agency metric	10.09%	(10.86%)	(20.96%)	17.90%	17.90%	0.00%
Agency rating	2	1		2	2	
Rounded score		1			1	
Use Of Resources Rating before overrides		1			1	
4 Rating Trigger for Use Of Resources Rating		NO TRIGGER			NO TRIGGER	
Use Of Resources Rating after 4 rating override		1			1	

1	No evident concerns
2	Emerging or minor concern potentially requiring scrutiny
3	Material risk
4	Significant risk



CARING				Threshold		2015/16	2016/17			Current Month
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q4	Q1	Q2	Q3	Jan 2017
1	DON	SOF	Friends and Family Test ED - (includes MAU/SAU)	>=+80	<-80	96	97	97	97	98
2	DON	SOF	Friends and Family Test Inpatients	>=+78	<-78	97	97	96	98	96
3	DON	SOF	Friends and Family Test Maternity	>=80	<=75	90	98	99	100	100
4	DON	NR	Friends and Family Test Outpatients	>=70	<=65	76	96	96	98	97
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%	0.0%	0.0%	0.0%	0.0%	0.0%
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10	6	6	6	6	6
7	COO	LC	Number of discharged patients that have had more than three ward moves	<=25	>=28	14	14	12	9	11
8	COO	LC	Number of discharged patients with dementia having more than three ward moves	<=3	>=4	0	2	2	1	0
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	22	19	15	16	19

EFFECTIVE				2015/16	2016/17			Current Month		
10	MD	SOF	HSMR 12 month rolling total Benchmark (rag rating based on the lower confidence level being below 100)	<=100	>100	103.9	107.0	107.7	Lag(6)	Lag(6)
11	MD	SOF	HSMR weekends-relative risk of dying weekend admission(rag rating based on the lower confidence level being below 100)	<=100	>100	103.9	114.7	116.8	Lag(6)	Lag(6)
12	MD	SOF	Readmissions - Total	<=10.5%	>12.5%	11.8%	12.7%	12.6%	12.1%	13.4%
13	COO	LC	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	85.6%	78.4%	74.4%	Lag(6)	Lag(6)
14	COO	LC	Higher risk TIA treated within 24 hours	>=60%	<=55%	92.9%	79.5%	89.3%	83.6%	87.5%
15	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	78.2%	76.5%	69.2%	72.8%	80.0%
16	DON	NT	Sepsis - % of antibiotics given within 1 hour	>=59%	<59%	65.7%	75.0%	77.1%	76.4%	Lag(1)
17	COO	NR	% Cancelled Operations - non-clinical (number of cancelled patients) - Surgical	<=1%	>1%	2.5%(69)	2.2%(65)	2.5%(77)	2.2%(67)	2.0%(55)
18	COO	LC	Theatre utilisation (elective)	>=85%	<=80%	81.4%	82.1%	86.6%	95.4%	84.2%
19	DOF	L	(Under)/Overspent	Under Plan	Over Plan		1.56	-4.80		
20	DOF	L	Total Income	>100%	<95%		27.30	29.80		
21	DOF	L	Total Pay Expenditure	>100%	<95%		15.70	15.80		
22	DOF	L	Total Non Pay Expenditure	>100%	<95%		8.80	8.00		
23	DOF	SOF	CIP Identified	>100%	<85% planned					
24	DOF	SOF	CIP Delivered	>100%	<85% planned		0.70	2.4		

RESPONSIVE				2015/16	2016/17			Current Month		
25	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	81.4%	82.8%	83.1%	83.2%	84.5%
26	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	1.03%	1.00%	0.96%	0.97%	1.55%
27	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	2	2	1	1	1
28	COO	NT	Urgent Operations cancelled for the second time	0	>0	0	0	0	0	0
29	COO	NT	Cancelled operations not rebooked within 28 days (number of patients not rebooked) - Surgical	0	>0	0	0	1	0	1
30	COO	NT	12 Hour Trolley Waits	0	>0	0	0	0	0	0
31	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%		14.0%	15.3%	15.8%	15.2%
32	COO	L	GP Direct Admits to SAU	>=168	<168		112	109	218	63
33	COO	L	GP Direct Admits to MAU	>=84	<84		48	48	44	47
34	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	2.8%	2.9%	5.7%	4.0%	3.3%
35	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	5.3	5.2	5.4	4.9	5.4
36	COO	LC	Number of medical outliers - median	<=25	>=30	38	32	28	31	54
37	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	91.3%	91.3%	91.3%	92.3%	93.6%
38			Mothers referred to smoking cessation service	TBC	TBC		54	51	56	61

SAFE				2015/16	2016/17			Current Month		
39		SOF	C Diff variance from plan	TBC	TBC		0	3	3	2
40		SOF	C Diff infection rate	TBC	TBC		10.6	15.7	15.9	19.9
41	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	0	1	0	0
42	DON	SOF	Never events	0	>0	0	0	0	0	0
43	DON	L	Medication Errors Causing Serious Harm	0	>0	0	0	0	0	0
44	DON	NR	Percentage of harm free care (NHS Safety Thermometer)	>=92%	<92%	95.1%	94.3%	94.4%	95.3%	94.7%
45	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	0	2	0	1	0
46	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	98.1%	98.5%	98.7%	96.7%	97.1%
47	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	2	3	3	2	4
48	DON	NT	Hospital acquired pressure ulcers (grade 3& 4)	0	>0	0	0	0	0	1
49	DON	NT	Hospital acquired pressure ulcers (grade 2)	<=2	>2	3	4	2	3	4
50	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	39	36	35	40	39
51	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC		2	6	3	3
52	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	94.7%	94.2%	94.7%	94.1%	97.3%
53	DON	SOF	Emergency c-sections as a percentage of total labours	<=15.2%	>=16.2%	13.6%	12.3%	10.5%	17.3%	12.4%
54	HRD	NR	Midwife to birth ratio	<'1:29.5	>'1:35	1:31:0	1:31:0	1:32:0	1:30:0	1:28:0

WELL LED				2015/16	2016/17			Current Month		
55	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=20%	<=15%	9.7%	12.0%	20.5%	18.1%	14.4%
56	DON	NT	FFT Response Rate for Inpatients	>=40%	<35%	29.5%	32.2%	35.6%	34.5%	34.1%
57	DON	NT	FFT Response Rate for Maternity ( Labour Ward)	>=22%	<=17%	19.9%	21.8%	22.4%	14.0%	13.3%
58	HRD	SOF	Turnover - Rolling 12 months	<=11.88%	>12.88%	12.3%	12.5%	12.3%	12.0%	11.4%
59	HRD	SOF	Sickness Rate	<=3.26%	>4.26%	4.8%	4.1%	3.9%	4.3%	4.7%
60	HRD	LC	Vacancy Rate	<=4.75%	>5.75%	4.6%	6.4%	5.4%	4.4%	4.2%
61	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=4.0%	>5.0%	1.4%	1.9%	2.5%	2.2%	2.7%
62	HRD	LC	% agency nursing staff (agency nursing spend as a % of total nursing pay bill)	TBC	TBC			3.7%	3.1%	3.6%
63	HRD	LC	% of Staff with annual appraisal	>=86.3%	<76.3%	84.9%	84.8%	85.2%	84.7%	84.7%
64	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	87.5%	88.6%	86.4%	86.6%	89.2%
65	DOF		Information Governance Breaches	TBC	TBC		1300.0%	11	12	11
66	HRD	LC	Mandatory training	>=87.8%	<77.8%	86.3%	86.8%	86.6%	87.3%	87.3%

Note: Performance indicators recorded in numerics are displayed as a quarterly average to provide comparison with in month position.

LC	Local target - within the contract
L	Local target - not in the contract
NR	National return
NT	National target
SOF	Single Oversight Framework