

Royal United Hospitals Bath

NHS Foundation Trust



Operational Performance Report – February 2017

NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Performing	Jan 2017	Feb 2017	Triggers Concerns
Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	73.7%	79.6%	
C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	4	4	
Improvement Trajectory : RTT - Incomplete Pathways in 18 weeks	90%	90.0%	89.6%	
31 day diagnosis to first treatment for all cancers	96%	98.9%	100.0%	
31 day second or subsequent treatment - surgery	94%	97.5%	100.0%	
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%	92.2%	95.8%	
2 week GP referral to 1st outpatient - breast symptoms	93%	86.1%	93.1%	
62 day referral to treatment from screening	90%	100.0%	83.3%	
62 day urgent referral to treatment of all cancers	85%	81.6%	85.6%	
Diagnostic tests maximum wait of 6 weeks	1%	1.32%	1.16%	

This report provides a summary of performance for the month of February 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 February two operational metrics triggered concerns, 4 hour performance and Diagnostic waits (DMO1). C Diff quality indicator, variance from plan, also triggers concerns in February.



4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	Feb-17	Q4	Fy-2016/17
All Types	79.6%	76.5%	83.5%

Table 2: Emergency Department Quality Indicators:

Indicator	Title	Month	Quarter	Year
		February-17	4	2016/2017
2)	Unplanned Re-attendance Rate	0.7%	0.6%	0.7%
3.ii)	Total Time in ED - 95th Percentile	658.2	743.0	571.0
4)	Left Without Being Seen	0.7%	0.6%	0.9%
6.ii)	Time to Initial Assessment - 95th Percentile	14.0	13.0	12.0
7.i)	Time to Treatment - Median	48.0	47.0	51.0
	ED Attendances (Type 1)	5272	11090	65571
	ED 4 Hour Breaches (Type 1)	1229	2992	12438
	ED 4 Hour Performance (Type 1)	76.7%	73.0%	81.0%
	Ambulance Handovers within 30 minutes	99.3%	99.7%	99.8%
	Friends and Family Test ED	97	98	97

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

Table 1:

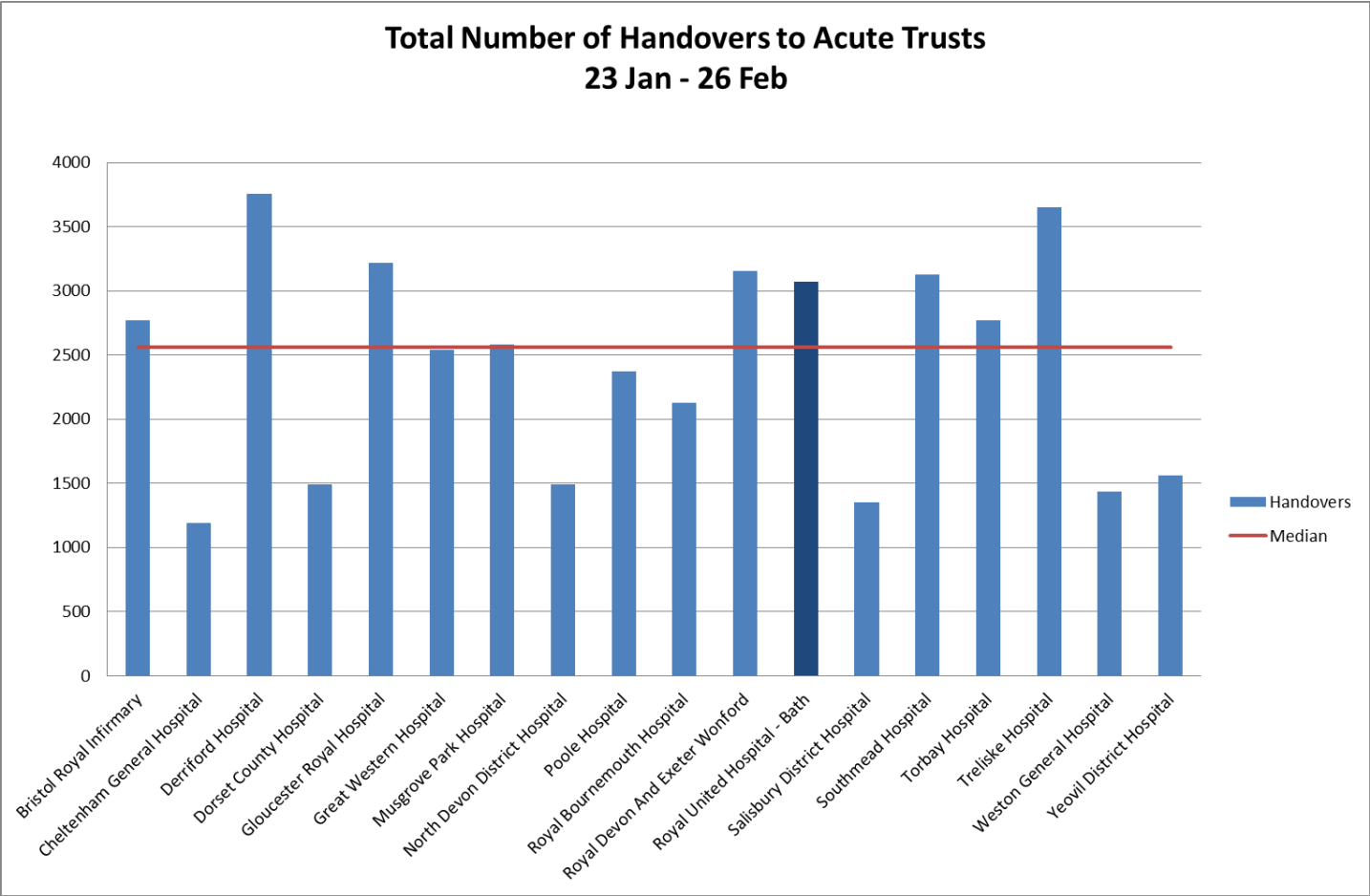
During February “all types” performance was 79.6%, red rated with a total of 1240 breaches in month.

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)

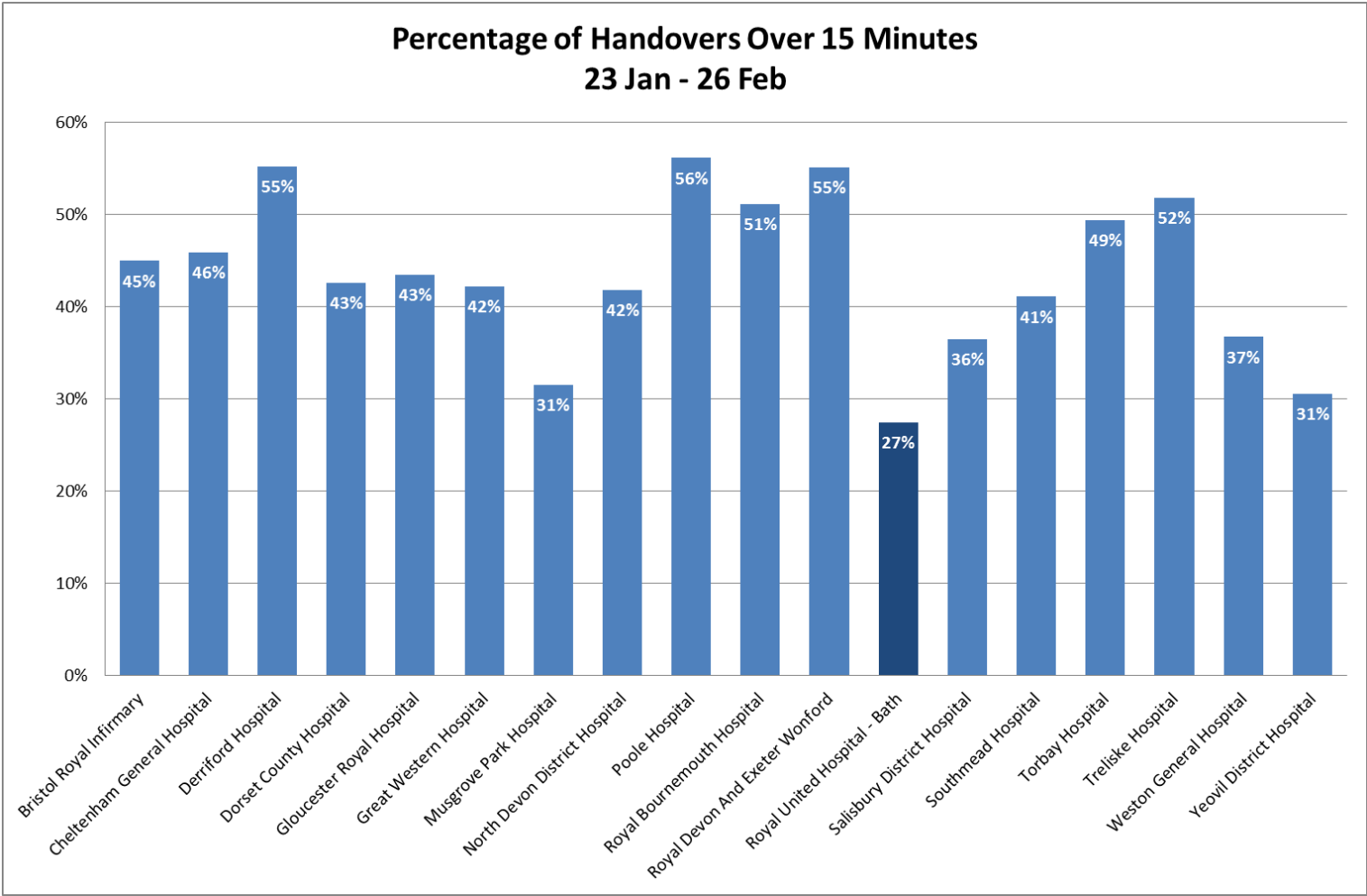


Comparison of the total number of ambulance handovers across all Trusts supported by SWAS.

The RUH had 3070 ambulance handover’s in the five week period (509 over the median)

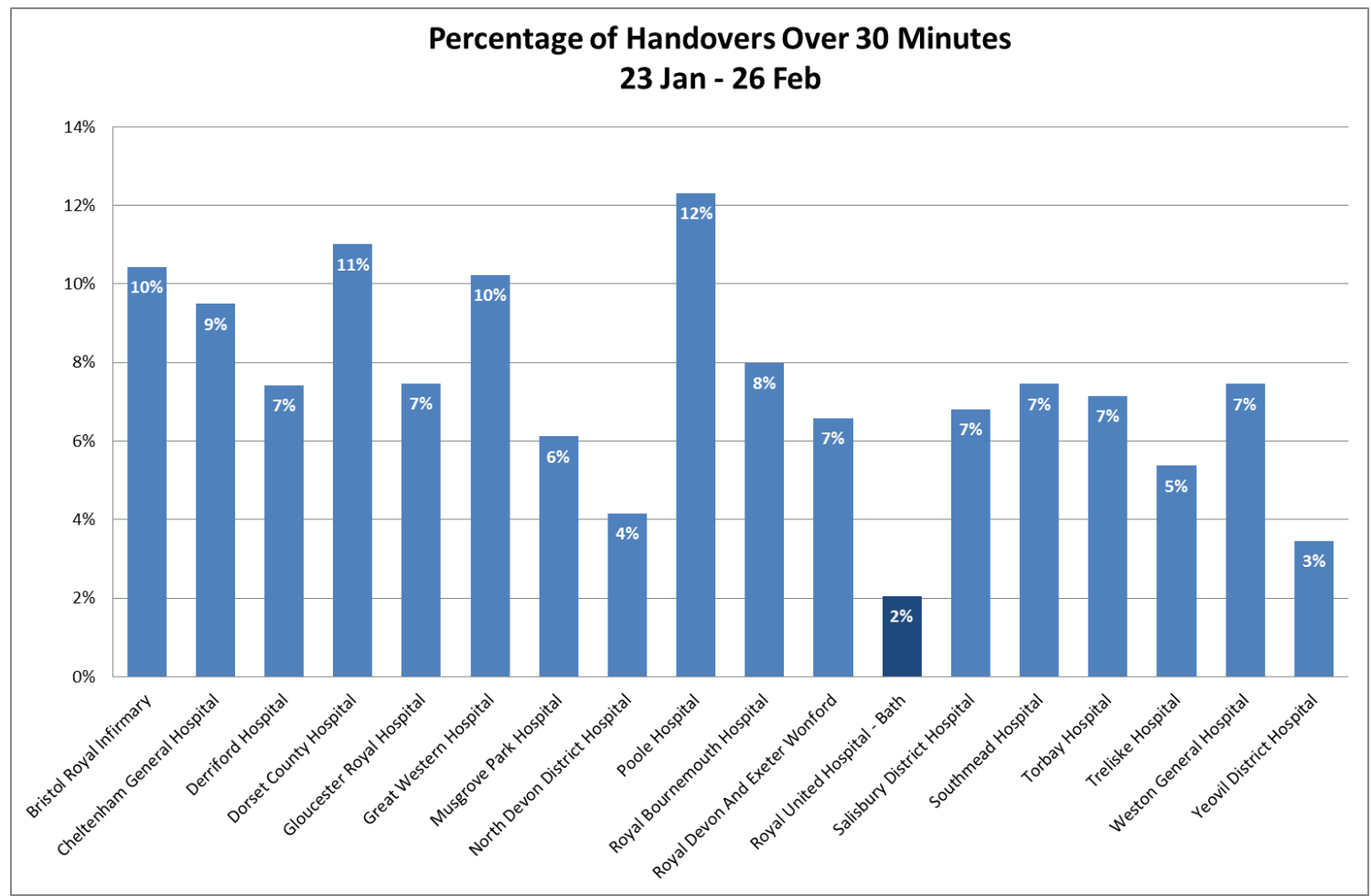
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

SWAS Ambulance Handovers to ED over 15 minutes (3)



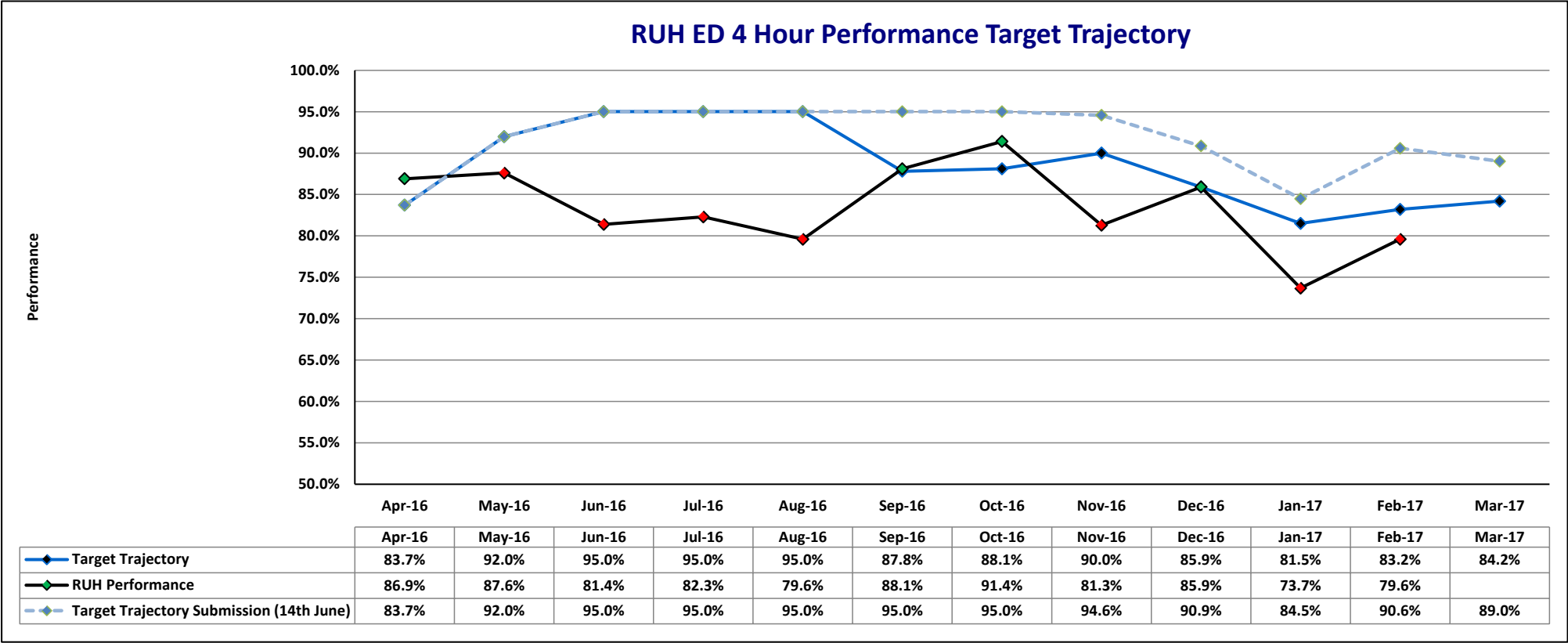
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

SWAS Ambulance Handovers to ED over 30 minutes (4)

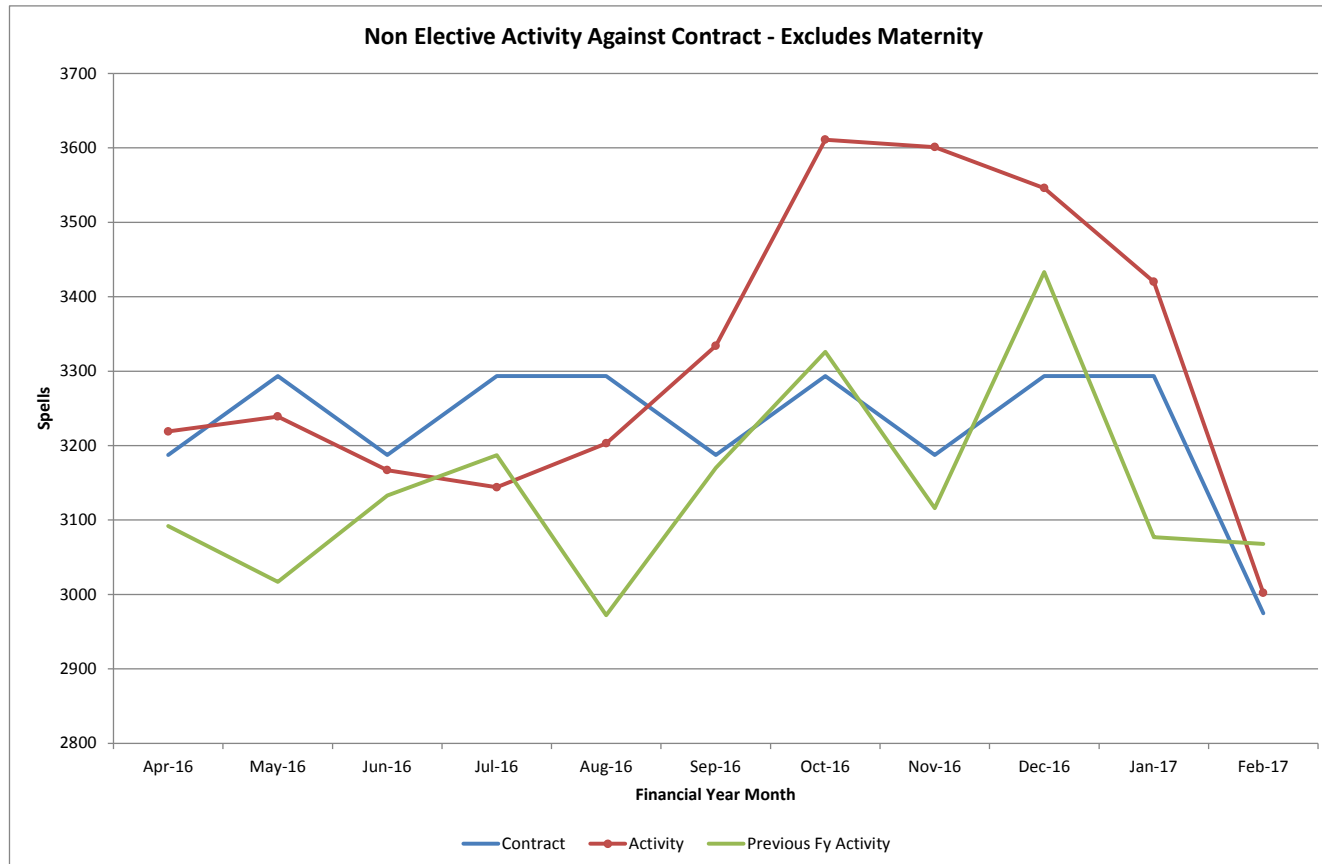


Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

4 Hour Maximum Wait in ED – Improvement Trajectory (5)



Activity Levels (1)



In February 2017 the non elective activity was 2.2% below February 2016 (excluding Maternity). This reduction was seen across all CCG's apart from Wiltshire which saw a 10.6% increase from previous years. Emergency department (ED) attendances were 5.9% below February 2016.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 39 with an average of 27.
- Medical Outliers peaked at 71 with a median of 37.

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

- The max number of beds closed due to infection was 83 and the average per day closed due to infection was 46.

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	Feb-17	YTD
Trust Total	Plan	3187	3294	3187	3294	3294	3187	3294	3187	3294	3294	2975	35485
	Activity	3219	3239	3167	3144	3203	3334	3611	3601	3546	3420	3002	36486
	Previous Fy Activity	3092	3017	3133	3187	2972	3170	3326	3116	3433	3077	3068	34591
	Variance vs Contract	1.0%	-1.7%	-0.6%	-4.5%	-2.7%	4.6%	9.6%	13.0%	7.7%	3.8%	0.9%	2.8%
	Variance vs Previous Fy	4.1%	7.4%	1.1%	-1.3%	7.8%	5.2%	8.6%	15.6%	3.3%	11.1%	-2.2%	5.5%
NHS BATH AND NORTH EAST SOMERSET CCG	Plan	1154	1192	1154	1192	1192	1154	1192	1154	1192	1192	1077	12843
	Activity	1147	1158	1120	1118	1119	1193	1274	1289	1296	1231	1095	13040
	Previous Fy Activity	1113	1131	1180	1155	1064	1170	1210	1180	1265	1135	1189	12792
	Variance vs Contract	-0.6%	-2.9%	-2.9%	-6.2%	-6.1%	3.4%	6.9%	11.7%	8.7%	3.3%	1.7%	1.5%
	Variance vs Previous Fy	3.1%	2.4%	-5.1%	-3.2%	5.2%	2.0%	5.3%	9.2%	2.5%	8.5%	-7.9%	1.9%
NHS SOMERSET CCG	Plan	455	470	455	470	470	455	470	455	470	470	424	5063
	Activity	452	441	450	443	459	433	548	524	512	428	428	5118
	Previous Fy Activity	451	435	437	467	406	459	453	423	523	464	431	4949
	Variance vs Contract	-0.6%	-6.2%	-1.0%	-5.7%	-2.3%	-4.8%	16.6%	15.2%	9.0%	-8.9%	0.8%	1.1%
	Variance vs Previous Fy	0.2%	1.4%	3.0%	-5.1%	13.1%	-5.7%	21.0%	23.9%	-2.1%	-7.8%	-0.7%	3.4%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan	127	132	127	132	132	127	132	127	132	132	119	1417
	Activity	118	111	102	112	119	110	131	113	119	145	108	1288
	Previous Fy Activity	120	116	127	137	118	109	139	147	138	115	115	1381
	Variance vs Contract	-7.3%	-15.6%	-19.9%	-14.8%	-9.5%	-13.6%	-0.4%	-11.2%	-9.5%	10.3%	-9.1%	-9.1%
	Variance vs Previous Fy	-1.7%	-4.3%	-19.7%	-18.2%	0.8%	0.9%	-5.8%	-23.1%	-13.8%	26.1%	-6.1%	-6.7%
NHS WILTSHIRE CCG	Plan	1157	1196	1157	1196	1196	1157	1196	1157	1196	1196	1080	12885
	Activity	1186	1212	1194	1195	1212	1285	1361	1374	1329	1325	1231	13904
	Previous Fy Activity	1150	1070	1118	1127	1110	1180	1226	1100	1220	1106	1113	12520
	Variance vs Contract	2.5%	1.3%	3.2%	-0.1%	1.3%	11.0%	13.8%	18.7%	11.1%	10.8%	14.0%	7.9%
	Variance vs Previous Fy	3.1%	13.3%	6.8%	6.0%	9.2%	8.9%	11.0%	24.9%	8.9%	19.8%	10.6%	11.1%



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	2	0	0
January 2017	4	0	1	0
February 2017	4	0	1	2

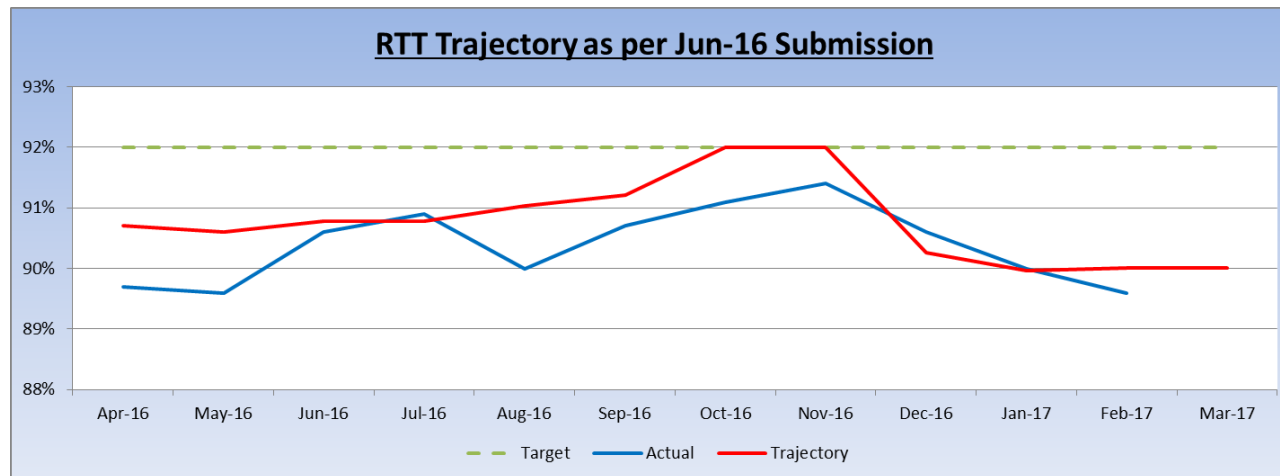
In February there were 4 cases of C difficile.

The target for 2016-2017 year to date is 20 cases of C difficile. The best case performance for year to date will be 24 cases of C difficile and the worst case will be 30 cases of C difficile.

The year target of 22 is therefore unachievable. There are 6 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 below the trajectory in February (89.6% against projected 90.0%). 7 specialties didn't achieve the target in February. These were General Surgery, Urology, T&O, ENT, Oral Surgery, Gastroenterology, Cardiology

The over 18 week backlog for admitted patients increased in month, with 1824 waiters at month end (9.7% increase)

Surgical capacity was significantly impacted by the use of surgical areas for escalation purposes. The change in use of the Orthopaedic ring fenced ward (Phillip Yeoman) ward stopped elective Orthopaedic activity until 14th February.

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	2567	374	85.4%
101 - Urology	1144	139	87.8%
110 - T&O	1819	365	79.9%
120 - ENT	1500	159	89.4%
130 - Ophthalmology	2334	119	94.9%
140 - Oral Surgery	2024	229	88.7%
300 - Acute Medicine	31	0	100.0%
301 - Gastroenterology	2305	304	86.8%
320 - Cardiology	1878	238	87.3%
330 - Dermatology	850	60	92.9%
340 - Respiratory Medicine	370	5	98.6%
400 - Neurology	586	37	93.7%
410 - Rheumatology	985	14	98.6%
430 - Geriatric Medicine	155	4	97.4%
502 - Gynaecology	1040	46	95.6%
X01 - Other	1933	138	92.9%
Total	21521	2231	89.6%

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

In February Cardiology reported one 52 week breach.

Actions taken in Month:

- The surgical day case chairs were launched on 27th February
- Speciality's with CCG agreed improvement trajectories where achieved for General Surgery, Dermatology, Cardiology and Gastroenterology. The trajectory for ENT was not achieved.
- T&O improvement trajectory progressed, working with CCGs to agree an achievable and affordable plan. This work is on-going.
- Urology and Oral Surgery failed in month due to the impact of non-elective pressures and resulting planned cancellations, recovery is being managed by the RTT Steering Group.
- Gastroenterology Improvement trajectory implementation commenced.
- New substantive colorectal consultant, start date March 2017.
- A Dermatology short term locum consultant commencing 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	Feb-17
100 - General Surgery	19	19	15	15	24	31	40	38	56	56	71	69	83	61	54	56	64	86	104
101 - Urology	3	1	2	3	7	17	4	7	9	8	4	8	8	5	4	3	4	13	21
110 - Trauma & Orthopaedic	13	11	21	21	18	20	17	25	32	32	34	21	29	35	21	19	32	47	62
120 - ENT	6	6	11	15	18	22	30	37	35	28	21	20	14	5	7	5	7	7	15
130 - Ophthalmology	5	6	9	6	7	7	12	10	6	7	7	12	6	5	3	1	7	14	23
140 - Oral Surgery	20	19	13	12	13	18	20	13	16	10	7	7	7	6	4	4	10	18	24
300 - Acute Medicine	0	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	48
320 - Cardiology	6	7	12	9	21	21	23	28	26	35	37	51	58	50	30	30	33	33	34
330 - Dermatology	1	2	2	3	5	10	4	1	3	4	3	1	12	3	3	1	0	3	4
340 - Respiratory Medicine	0	0	0	0	1	1	0	1	1	0	0	2	0	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	1
410 - Rheumatology		4	2	2	0	2	2	1	2	4	5	1	5	4	3	1	0	1	0
430 - Geriatric Medicine	0		0	0	0	0	0	0	0	0	0	0	1	3	1	2	0	0	0
502 - Gynaecology	0	3	0	2	4	2	2	9	11	9	10	6	7	7	2	1	9	5	2
X01 - Other	10	16	10	3	5	13	9	15	23	81	43	19	10	17	21	22	26	40	29
Open Pathways > 30 Weeks	89	102	109	123	162	199	191	210	241	292	249	226	253	207	157	156	218	326	367

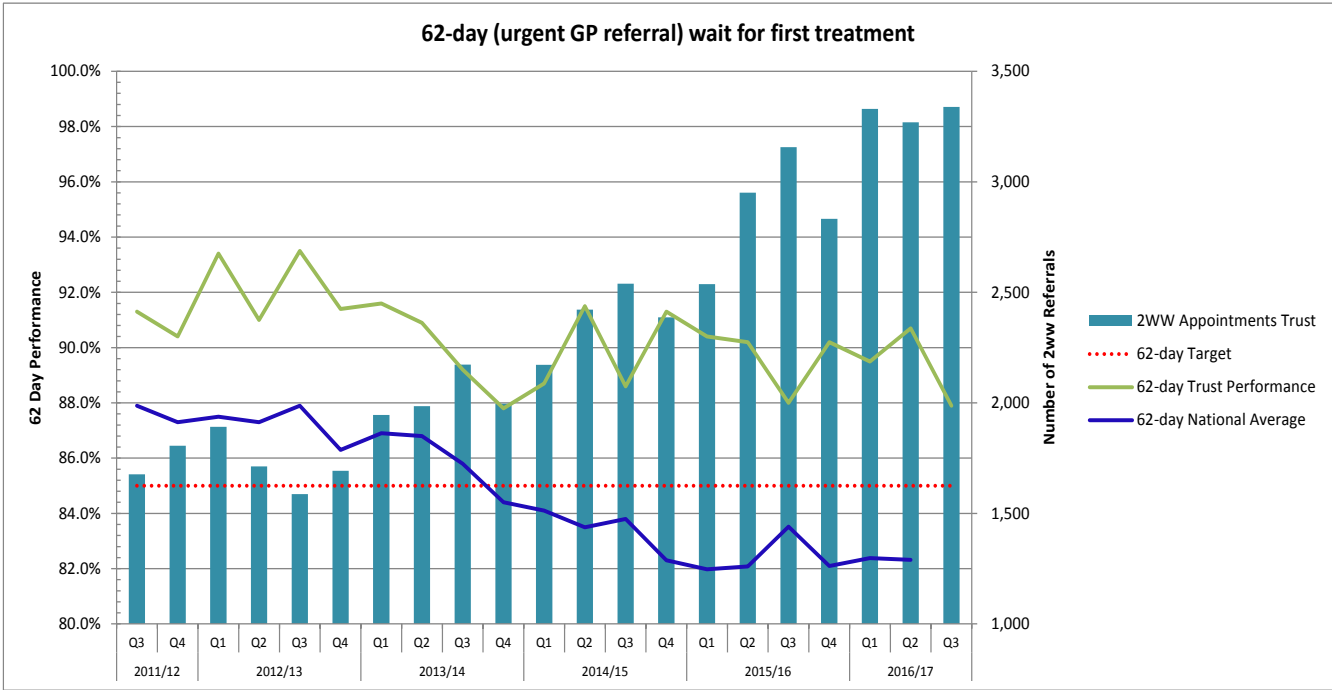
Cancer Access 62 days (1)

			Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
62 Day	Cancer Network	RUH	89.80%	87.20%	87.80%	93.10%	87.80%	94.40%	90.90%	85.10%	87.50%	81.50%	85.60%
		UHB	84.70%	70.70%	70.80%	72.90%	84.60%	80.50%	79.50%	85.20%	85.10%	84.70%	Not yet available
		NBT	83.80%	83.60%	85.70%	84.50%	87.10%	81.30%	78.90%	89.00%	90.20%	89.10%	Not yet available
		Taunton	82.90%	76.40%	81.00%	85.10%	85.30%	79.70%	80.40%	86.00%	82.50%	75.00%	Not yet available
		Yeovil	84.30%	76.80%	87.40%	90.40%	44.40%	80.20%	79.80%	90.00%	92.50%	89.00%	Not yet available
		Gloucester	78.60%	77.60%	81.40%	74.00%	79.00%	77.10%	73.10%	79.40%	72.20%	63.20%	Not yet available
		Weston	88.70%	81.30%	70.00%	75.50%	75.40%	72.60%	76.60%	75.70%	86.70%	73.30%	Not yet available
	Other Local Trusts	GWH	88.10%	86.90%	85.80%	85.70%	89.00%	85.60%	91.40%	85.70%	86.20%	85.40%	Not yet available
		Salisbury	84.60%	89.60%	91.60%	92.80%	94.40%	81.40%	85.30%	94.60%	81.00%	75.00%	Not yet available
	National	England	82.80%	81.40%	82.70%	82.20%	82.40%	81.43%	81.10%	82.30%	83.00%	79.70%	Not yet available

February performance was 85.6%, against the 85% target, with 10.5 breaches recorded in February, (monthly average breaches YTD is 10.7).

Activity in February like January was also low at only 73 treatments recorded.

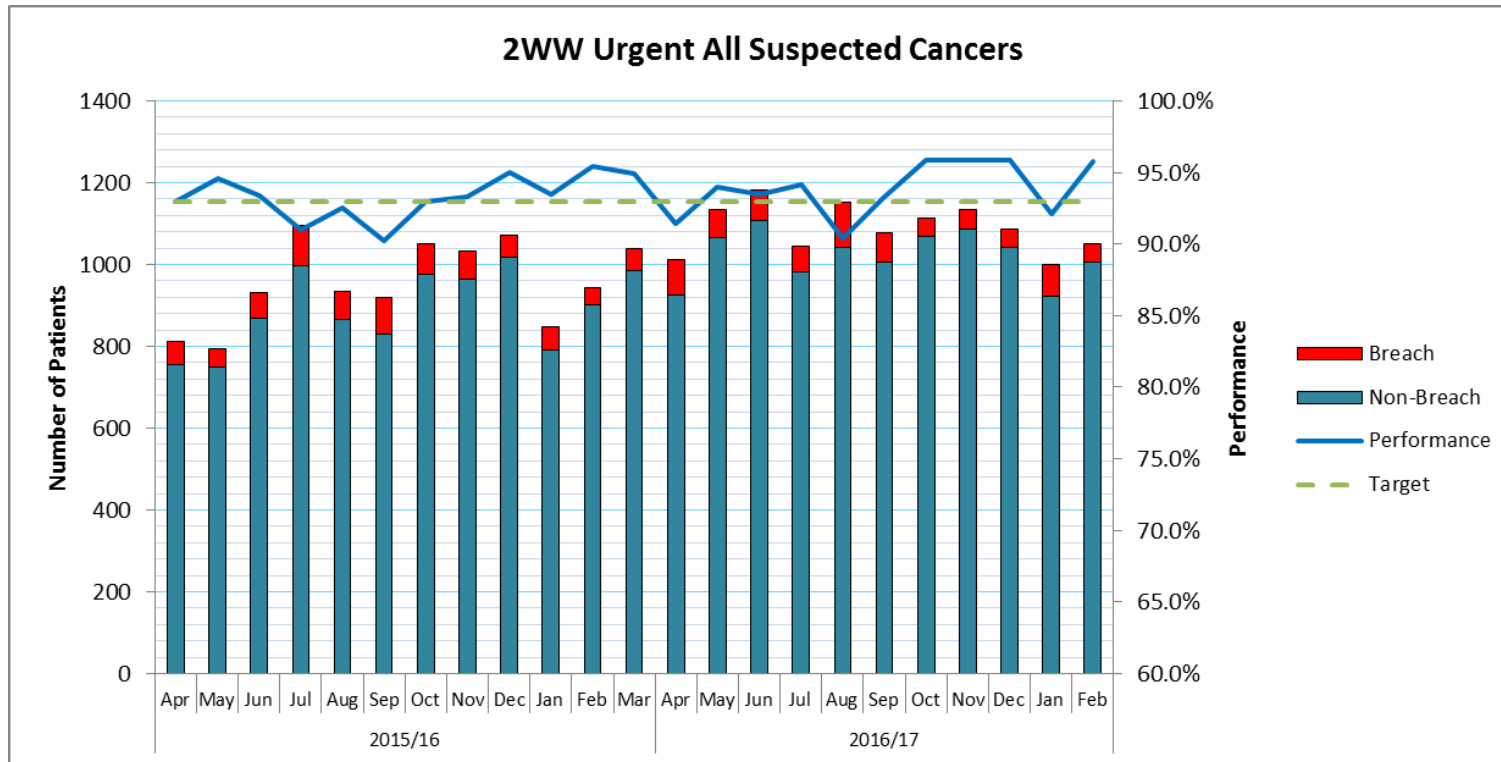
Q3 - 62 Day (urgent GP referral) wait for first treatment (2)



The RUH continues to perform significantly above the national average for the 62 day target.

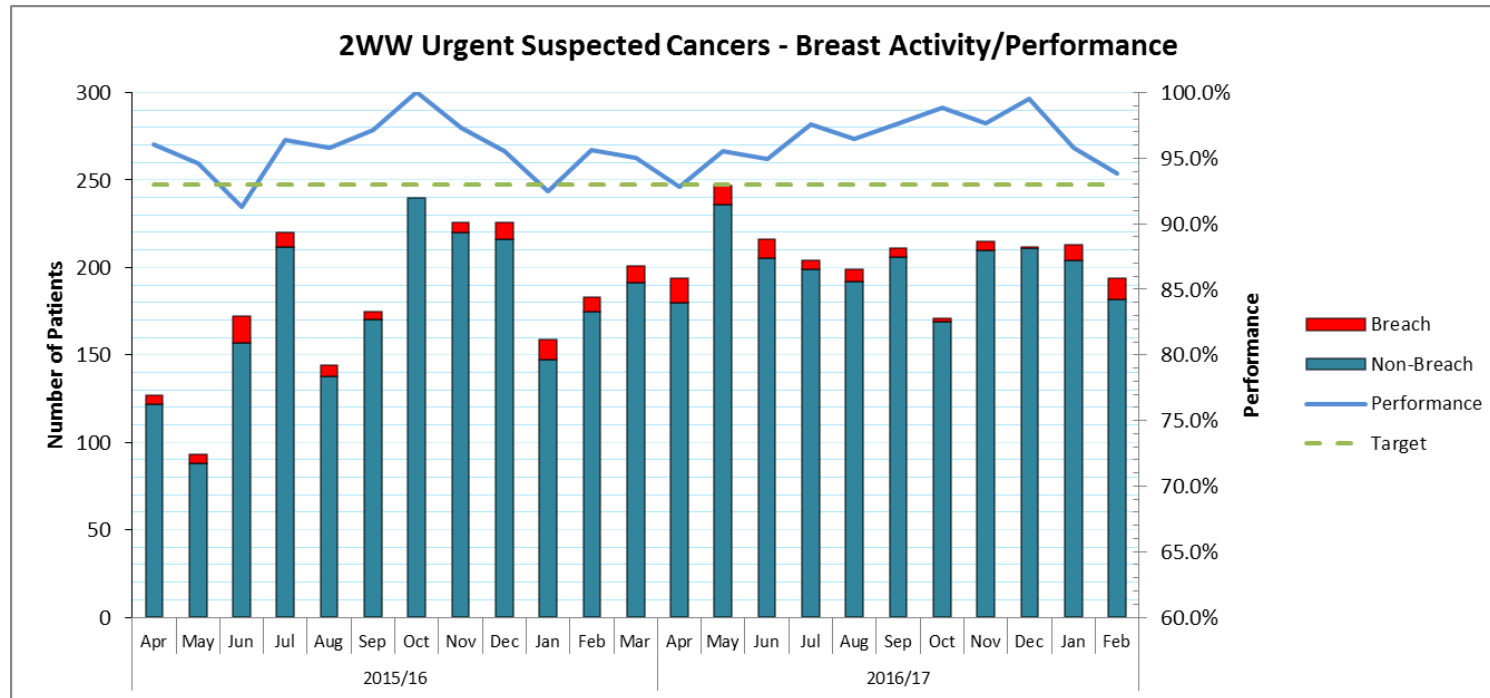
Performance has been maintained despite an average increase in 2ww referrals over the past 3 financial years of 17.5%.

Cancer Access – 2 WW (3)



The 2ww suspected cancer target passed in February at 95.8%.

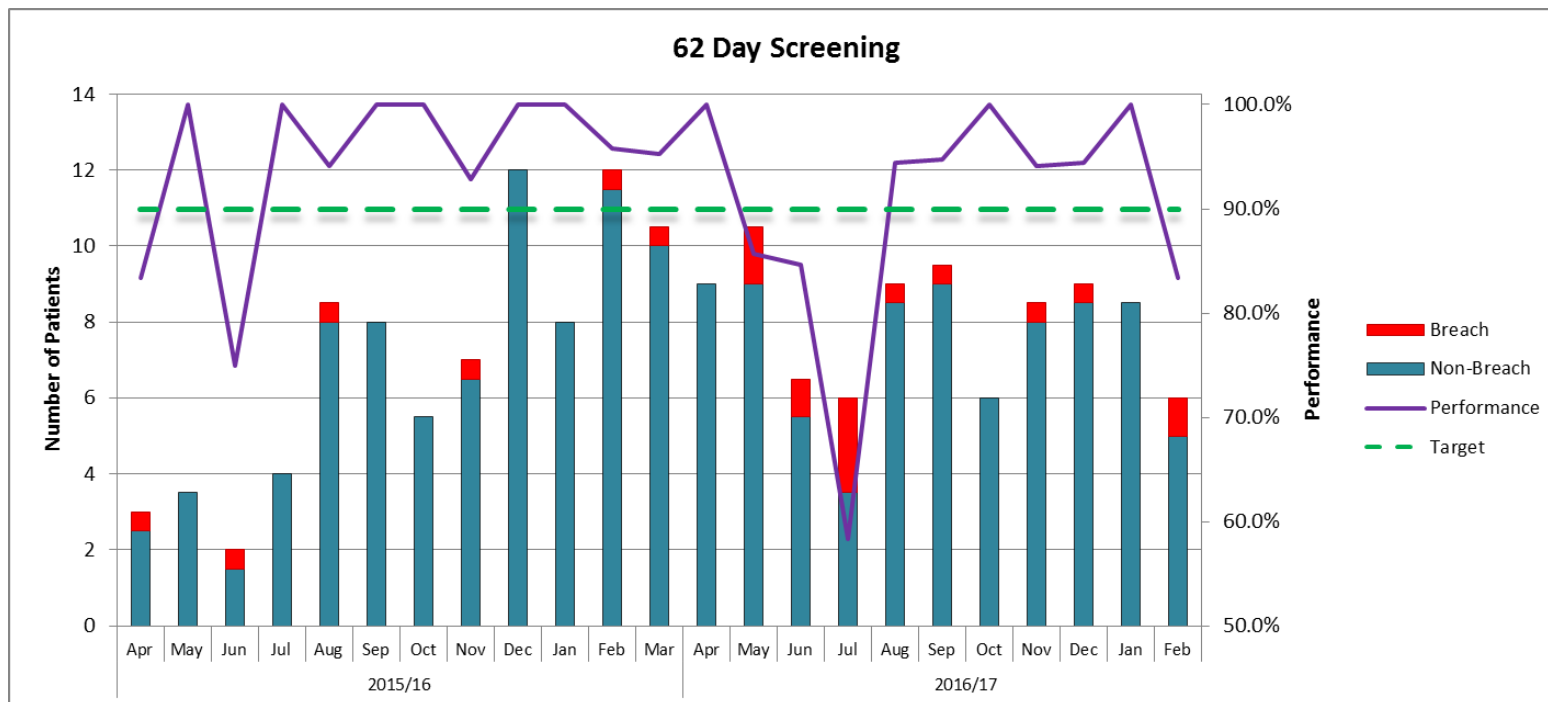
Cancer Access – 2 WW Breast Suspected Cancer (4)



The performance in February for Breast 2 WW suspected cancer was 93.1% 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

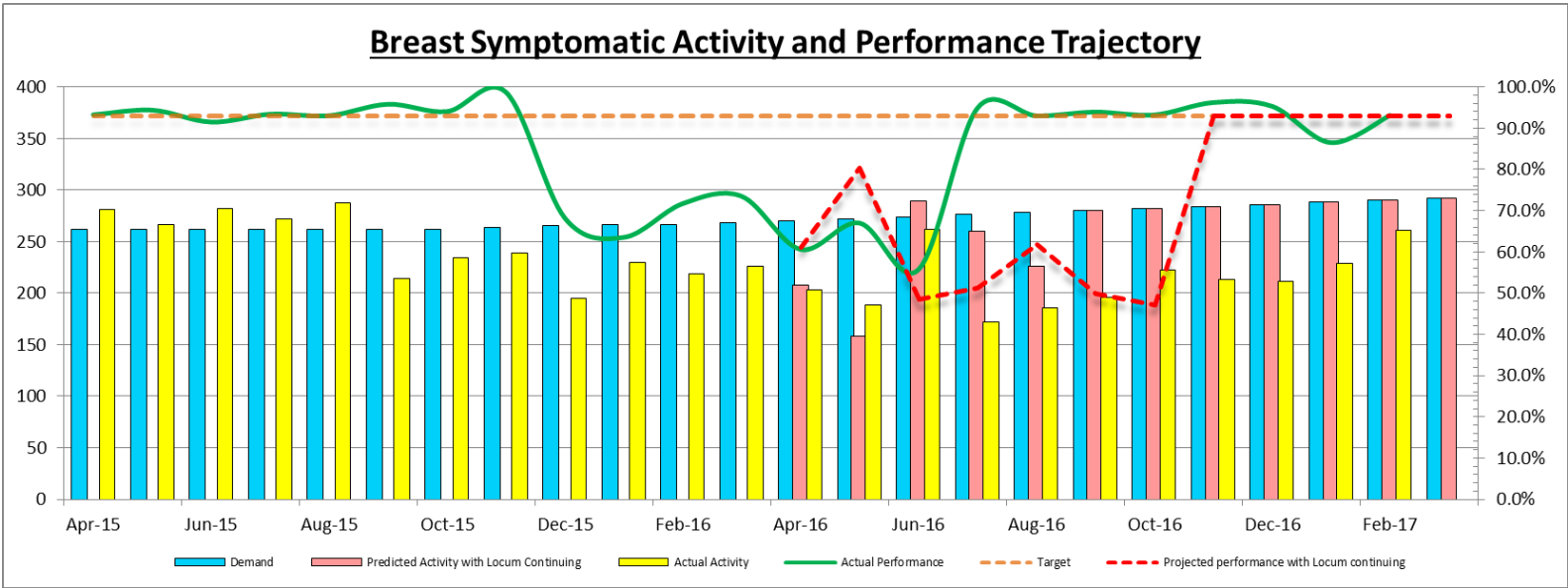
Cancer Access – 62 Day Screening (5)



In February, the Trust failed to hit the 90% target. The performance of 83.3% represented 1 breach out of the 6 patients (referred via NHS cancer screening service) that were treated.

An RCA for the breach will be completed.

Cancer Access – Breast Symptomatic (6)

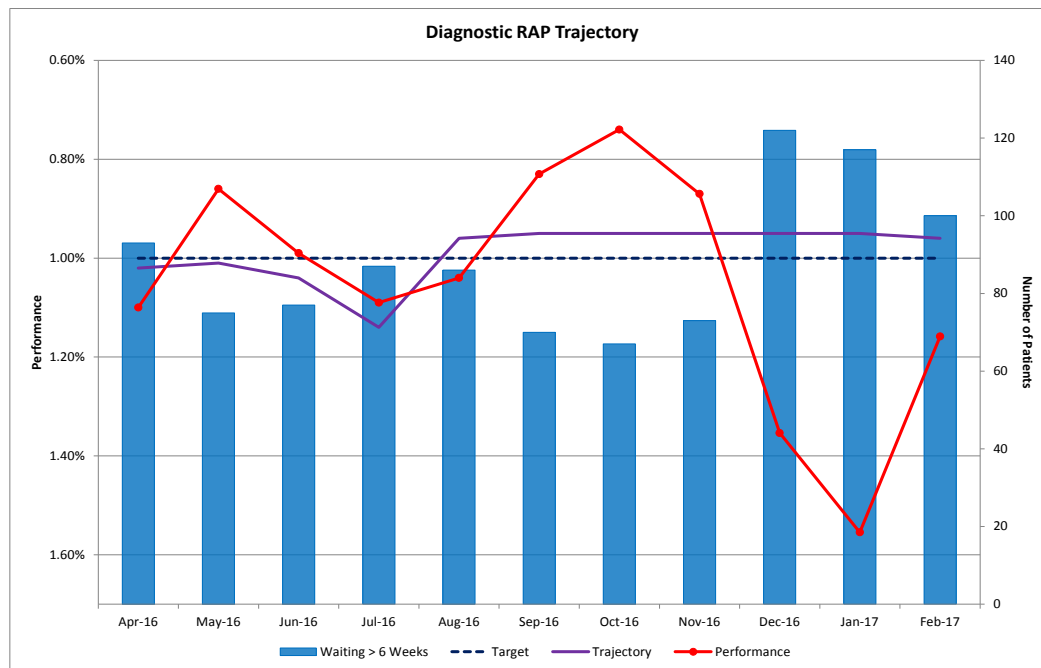


In February, performance of 93.1% was delivered, recovering from a failure in January 2017.

Performance remains at risk due to staffing issues.

The remedial action plan was closed with CCGs in November 2016.

Diagnostics



Diagnostic tests – maximum wait of 6 weeks

February performance is reported as 1.16% against the $\leq 1.0\%$ indicator, rated red. Performance in February failed to meet the target and the improvement trajectory. This target has triggered an operational performance concern with NHSI.

The majority of breaches are within Magnetic Resonance Imaging and Echocardiography, with a total of 90 breaches reported equating to 90% of the breaches in month.

MRI breaches are due to repatriation of BRI Cardiac MRI activity, due to service restrictions. An outsourcing contract is now in-place to support recovery.

Capacity for echocardiography was maintained in month however high demand continues to impact performance. **In February the Trust has become aware of the inaccurate reporting of specialist Echocardiography tests against DM01. A detailed performance exception report will be available for the next board meeting.**

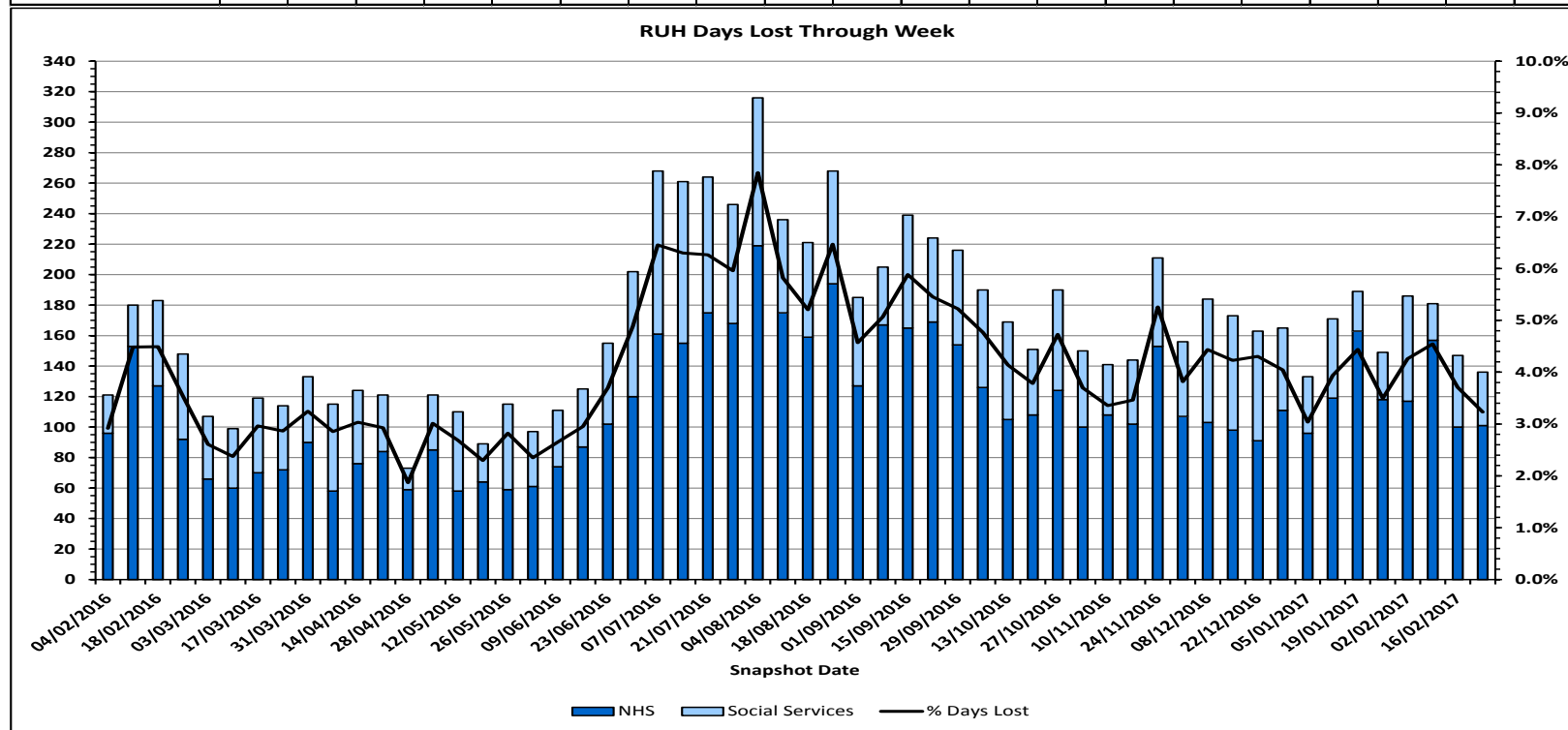
An Operational Improvement Lead will continue to support Cardiology and the Medical Divisional Team to recover DMO1 performance and actions being taken will be included in next months report.

DMO1 Performance is being monitored at the RTT Steering Group and via weekly performance reports.

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	64
Audiology - Audiology Assessments	2
Cardiology - Echocardiography	26
Cystoscopy	7
Gastroscopy	1
Total	100

Delayed Transfers of Care

DTC	CCG																			
	NHS BATH AND NORTH EAST SOMERSET CCG			NHS SOMERSET CCG			NHS WILTSHIRE CCG			NHS SOUTH GLOUCESTERSHIRE CCG				NHS BRISTOL CCG			All CCGs			
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Both	Total	NHS	SS	Total	NHS	SS	Both	Total
Number of Patients	11	7	18	3	5	8	24	4	28	3	0	0	3	0	1	1	41	17	0	58
Number of Delayed Days	109	71	180	59	47	106	302	41	343	5	15	14	34	0	1	1	475	175	14	664

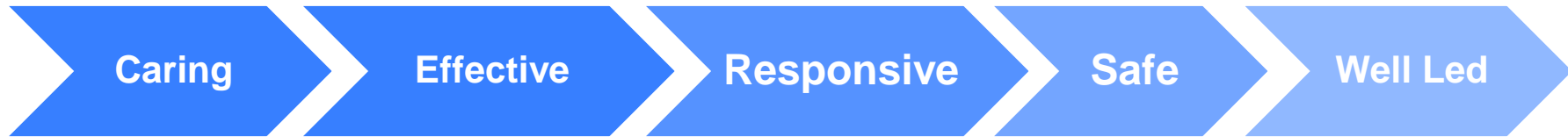


The DTC position by CCG is detailed in the table on the left, which shows 58 patients reported at the February month end snapshot and 664 delayed days reported for the month of February.

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

Key National and Local Indicators

In the month of February there were **12 red** indicators of the 66 measures reported, 1 of which was DMO1 performance which is a Single Oversight Framework (SOF) indicator, key points and actions are outlined as follows.



Effective

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

Responsive

SOF

- X** 26. Diagnostic tests maximum wait of 6 weeks (DMO1)
- 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** 34. Delayed Transfers of Care – (Days)
- X** 36. Number of medical outliers - median

Safe

- X** 47. Number of patients with falls resulting in serious harm (moderate, major)
- X** 49. Hospital acquired pressure ulcers (grade 2)

Well Led

- X** 55. FFT Response Rate for ED



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

In the month of February there were 42 surgical patients cancelled for non-clinical reasons on the day of surgery, equating to 1.5% of elective cases. The majority of cancellations were within Urology (16), General Surgery (9) and Obs & Gynae (7). The main reason was ward bed availability (31) due to operational pressures in month.

Planned elective activity was reduced in month due to escalation pressures for emergency medical and surgical patients.



X 26. Diagnostic tests maximum wait of 6 weeks (SOF)

There were 100 over 6 week waiters in February, equating to 1.16% performance against the $\leq 1.0\%$ indicator, rated red. Performance in February failed to meet the constitutional target and the improvement trajectory. See slide 20 above.

X 27. RTT over 52 week waiters

A cardiology patient was recorded as waiting more than 52 weeks for treatment in February. The primary reason for the breach was that the patient had not been identified as a long waiter within the RTT reports as they were incorrectly excluded following their diagnostic test. Delays between diagnostics tests and the incorrect following of internal administrative failsafe procedures were also contributing factors. Recommendations have been made to address all elements that contributed to this breach. No harm has been noted following clinical review and the patient has now received treatment. A full RCA has been completed and shared with commissioners. A letter of apology will be sent to the patient.

X 29. Cancelled operations not rebooked within 28 days

There was one gynaecology patient who waited more than 28 days to be rebooked in February after being cancelled on the day due to ICU/HDU bed availability. The patient has been rebooked for April.

X 31. % Discharges by Midday (Excluding Maternity)

16.0% of patients were discharged by midday in February with performance increasing from 15.2% in January, but staying below the target of 33%.



X 32. GP Direct Admits to SAU

There were 86 direct admits to SAU in February with performance increasing from 63 in January, but staying below the target of 168. Capacity was impacted by non-elective pressures and also infection outbreaks in month. Protection of front door ambulatory care capacity remains a high priority for the Trust.

X 33. GP Direct Admits to MAU

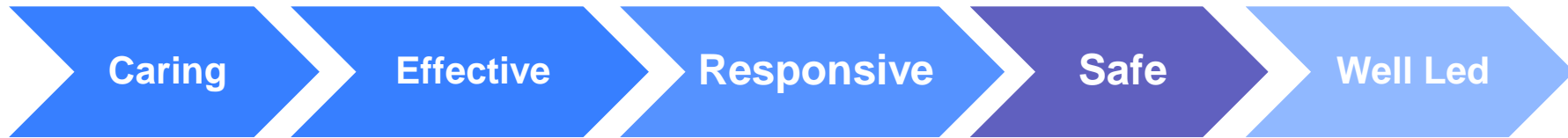
There were 61 direct admits to MAU in February with performance increasing from 47 in January, but staying below the target of 84. Performance is being monitored daily and improvements continue to be sustained.

X 34. Delayed Transfers of Care – (Days)

There were 664 delayed days in February, which was 3.9% of the Trust's occupied bed days. There were 58 patients delayed in the month end snapshot.

X 36. Number of medical outliers - median

In February, Medical Outliers peaked at 71 with a median of 37. This performance was significantly affected by ward area closures due to infection.



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

There were 2 major and 2 moderate falls in February. The major falls were on Pulteney and Robin Smith wards, which both resulted in fractured hips. The moderate falls on Charlotte, resulting in a fractured wrist treated conservatively, and Cardiac, resulting in a subarachnoid haemorrhage, which was treated conservatively and the patients discharge proceeded as planned.

X 49. Hospital acquired pressure ulcers (grade 2)

There were 4 avoidable category 2 pressure ulcers validated by the Tissue Viability team in February:

- Two of the pressure ulcers occurred on Robin Smith ward. One patient developed a sacral pressure ulcer where they were deemed to be independently mobile but high risk, therefore all interventions were either late or put in place after the pressure ulcer developed. The other patient developed pressure damage on the buttock who had limited repositioning but again their plan of care was not put in to place until the pressure ulcer had developed.
- One of the pressure ulcers occurred on Medical Short Stay ward on a patient's sacrum where they was sat in the chair for long periods of time and the repositioning was not recorded.
- One of the pressure ulcers occurred on SAU on the heel of a patient who had an ankle pump but where the heel was not offloaded for 24 hours prior to the development of the pressure ulcer.



X 55. FFT Response Rate for ED (includes MAU/SAU)

The FFT response rate for ED in February was 12.6%, which is the lowest since May 2016. Performance was discussed at the Governance meeting. The department is planning to use medical students and volunteers to assist in data collection.

Well Led – Workforce

1. Summary & Exception Reports

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

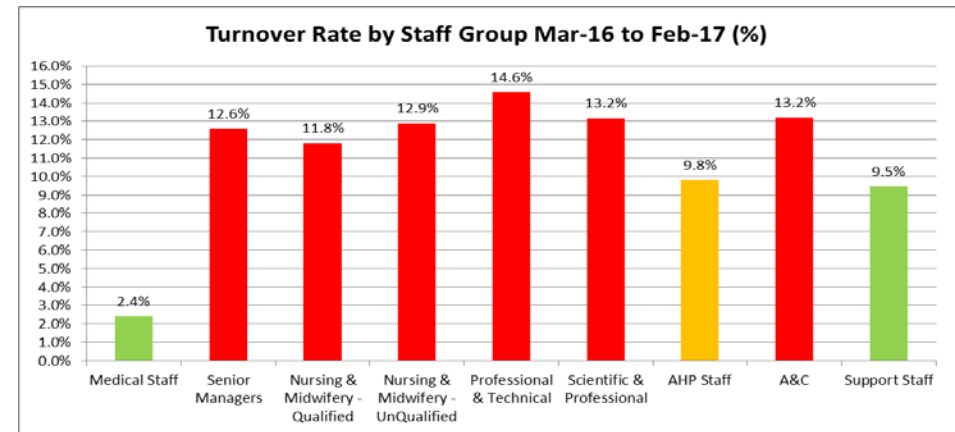
Workforce	Jan-17						Feb-17						Q4 Trust Target
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	
Turnover (rolling 12 months %)	11.4	15.6	8.4	10.3	11.7	13.3	11.6	16.3	8.6	10.6	11.7	13.2	10.00%
Sickness Absence (%)	4.7	3.7	8.1	4.8	4.3	3.9	4.8	3.6	7.4	4.9	4.6	3.9	3.87%
Vacancy Rate (%)	4.2	7.0	8.2	2.9	6.3	-0.1	3.7	6.5	7.5	2.4	6.1	-0.5	4.00%
Agency Staff (agency spend as a % of total pay bill)	2.7	4.3	0.7	1.8	3.6	2.7	1.8	3.6	0.4	1.6	2.5	0.6	4.00%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	3.6	8.2	0.0	2.4	7.3	0.2	3.5	1.2	0.0	3.6	6.3	0.0	4.00%
Staff with Annual Appraisal (%)	84.7	79.0	83.5	87.0	84.8	84.1	82.8	77.2	87.7	83.5	81.8	83.7	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 (%)	89.2	92.2	94.0	89.8	90.0	87.2	87.3	89.5	93.1	87.9	87.5	88.5	95.00%
Mandatory Training (%)	87.3	88.7	87.2	88.8	89.0	88.5	87.8	89.0	87.2	89.2	89.8	89.3	90.00%

Trends:

- Workforce indicators have slightly deteriorated this month, with the exception of Vacancy, Agency Spend and Mandatory Training.
- The Vacancy rate has improved this month, showing as green at 3.7% 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 February, including reasons for the exception and actions to mitigate:

- Turnover has increased this month, currently at 11.6% overall against a KPI target for Q4 of 10%, with hot spot areas in Corporate (16.3%) and Women and Children's (13.2%), and is particularly high for Professional and Technical Staff (14.6%), Scientific & Professional (13.2%) and Admin & Clerical (13.2%).
- 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.
- Medicine has seen a large reduction in turnover over the last six months, down from 12.2% to 10.6%.
- Surgery Turnover has remained steady at 11.7%, we are continuing to manage , sickness and performance management cases proactively which has resulted in individuals resigning from the Trust. There are a number of small teams who have had single leavers which has had a significant impact on individual teams KPIs, which in turn has been reflected in inflated percentage and on the Divisional KPIs.
- During March a further bullying and harassment seminar is being delivered by the Corporate HR team in partnership with Andrea Peters the Corporate Freedom to Speak Guardian to the IT team.

Well Led – Overview

Measure	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Q4 Target
Budgeted Staff in Post (WTE)	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	4,511.6	
Contracted Staff in Post (WTE)	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	4,343.7	
Vacancy Rate (%)	4.5%	4.4%	6.7%	6.4%	6.1%	5.9%	5.5%	4.8%	4.7%	4.4%	4.1%	4.2%	3.7%	4.0%
Bank - Admin & Clerical (WTE)	30.7	29.6	21.2	23.9	27.8	32.8	30.1	32.3	29.6	34.2	26.6	32.8	1 Month Lag	
Bank - Ancillary Staff (WTE)	23.1	22.6	22.1	23.1	26.7	30.0	26.9	28.1	31.4	27.2	28.1	28.1	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	134.6	135.6	131.5	134.8	138.6	147.6	147.8	146.0	143.5	143.5	125.2	143.6	1 Month Lag	
Agency - Admin & Clerical (WTE)	4.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.5	0.0	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)	8.5	27.3	29.2	32.2	26.6	30.2	27.6	26.8	33.6	27.9	26.0	27.1	24.8	
Overtime (WTE)	78.1	77.6	76.5	68.4	78.4	80.4	74.2	70.1	83.1	87.1	66.0	66.3	1 Month Lag	
Sickness Absence Rate (%)	4.7%	4.9%	4.6%	4.0%	3.8%	3.9%	3.9%	3.9%	3.9%	4.3%	4.8%	4.7%	4.8%	3.9%
Appraisal (%)	85.9%	85.4%	83.8%	84.9%	85.7%	84.7%	85.2%	85.7%	85.3%	84.6%	84.3%	84.7%	82.8%	90.0%
Consultant Appraisal (%)	88.6%	90.9%	90.0%	90.1%	90.0%	87.3%	80.7%	85.6%	91.7%	94.0%	92.2%	94.0%	95.8%	90.0%
Rolling Average Turnover - all reasons (%)	16.5%	16.9%	17.0%	16.9%	17.1%	17.0%	16.5%	16.9%	16.7%	16.4%	16.4%	16.5%	16.2%	
Rolling Average Turnover - with exclusions (%)	12.2%	12.5%	12.5%	12.4%	12.5%	12.5%	12.1%	12.4%	12.3%	11.9%	11.7%	11.4%	11.6%	10.0%