Target met

- - Target

5458 incomplete pathways at month end

RTT (all services)

Target not met

against plan

12%

1

Mar Apr May Jun

Month end change on last month

In month

48663

Aug Sep

Jul

0

Target

95%

Referrals

FYTD

78632

Incomplete pathways

97%

In month

8002

100%

•

92%

against plan

change on last month

M

4%

Patient contacts

FYTD

Complete pathways

In month

97%

FYTD

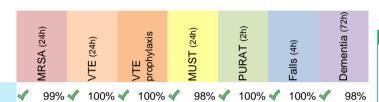
437572

Comments

Year on year comparisons for contacts should be treated with caution due to changes in systems during this period. LD contact information not yet available. Wheelchair data is not comparable pre and post migration to S1.

Sustained improvement

Wheelchair service performance improvement reflects improvement in data quality following move to SystmOne. Two areas of concern - Children's continence and CTPLD.

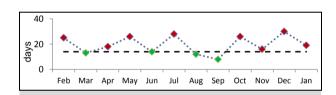


Inpatient assessments

Target met

Activity

All services



Change on last month

•	Target not met
	− Target

			•		
0	Average LoS (Ailesbury, Cedar and Longleat)	33.0	<i>→</i>	4.5	30.3
0	Average LoS (Mulberry)	61.5	\nearrow	27.9	40.9
0	Step up average LoS	26.0	S	-16.0	27.3
•	Step up average LoS (excluding delayed days)	19.0	1	-11.0	19.7

In month

Discharged home Discharged by midday Discharged at weekend

Excludes deaths and hospital transfers

Target	In month	FYTD
75%	74%	80%
50%	42%	42%
15%	13%	14%

Delayed Transfers of Care



A: Assessment ■ C: Non acute NHS care ■ D1: Residential home ■ D2: Nursing home ■ E: Care package

F: Equipment G: Choice

last Thursday in month 26% of occupied beds (Target <20%)



Strong performance

Overall targets achieved this month.

Inconsistent

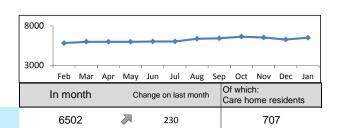
LoS measures continue to be heavily skewed by DToC position - See DToC concerns below.

System challenge

See comments on inpatient sheet. Transport IR1s being collated into report to share with commissioners

Action ongoing

Actions ongoing to address system issues linked to agreement of Rehabiltation Support Workers proposal.



Individuals supported by Community Teams





90 day reablement

End of life

Community Team patients at home 90 days after hospital discharge

patients dying in place of choice

Dying in place of choice

End of life patients dying

Target	In month	FYTD
75%	91%	92%
	21	154
	23	168



CHC & FNC reviews*

Str

	In month (Target 90%)			FYTD		
	6 week	6 month	12 month	6 week	6 month	12 month
oke reviews*	30%	65%	28%	52%	49%	47%
Completed Due	3 10	20 31	5 18	68 130	131 265	95 201

^{*} Target is to complete stroke reviews before 28 days after due date and for this reason is reported one month in arrears

	In month	Target	Change on last month	FYTD
Minor Injuries Unit 4hr stay	99.8%	>=95%	7	99.5%
Attendances (breaches)	2593 (5)			32225 (149)
Left without being seen	3.9%	<1.9%	S	5.9%
Transfers to acute	3.1%	<4.7%	\(\)	3.8%
Unplanned reattendances	8.2%	TBC	\(\)	8.2%

Dip in last quarter of 2015 due to migration to new clinical record system.

Action ongoing

Financial year to date figure now below target. Inconsistent use of the 'intermediate care' category on SystmOne may be contributing to reduced performance in recent months, it is not expected that this relates to genuine reduced performance for our patients. Data quality action ongoing.

Strong performance

Continued excellent support for end of life patients in the community. Improvement in numbers being recorded. A number of patients are dying without preferences updated which is reducing the number of patients that can be reported on, but this is also improving.

Inconsistent

A Quality Assurance Lead is now in place and will work alongside FNC assessors to review and improve systems and processes. Closer working relationships with CHC nurse assessors at CCG have now been arranged to support training with the aim of improving current performance.

Action ongoing

Processes around stroke reviews are being reviewed in depth as part of, and separate to, the ESD project. The 7 6-week stroke reviews overdue have all now been completed.

Strong performance

Performance on 4 hour stay and patient feedback remains strong. Data challenges remain around patients left without being seen and transfers to acute. Significant operational pressures are not reflected in the data

P Data quality concern