

Report to:	Public Board of Directors	Agenda item:	11
Date of Meeting:	31 May 2017		

Title of Report:	Operational Performance Report
Status:	Standing Item
Board Sponsor:	Francesca Thompson, Chief Operating Officer
Author:	Clare O'Farrell, Deputy Chief Operating Officer
Appendices	Appendix 1: Integrated Balanced Scorecard Month 1 Appendix 2: WH&C Performance Summary Month 12 Appendix 3: Trust Data Quality Assurance Framework – May 2017

1. Executive Summary of the Report
To provide the Board with an overview of the Trust's monthly performance and to agree the key actions that are required.

2. Recommendations (Note, Approve, Discuss)
<p>The Board are asked to discuss April performance.</p> <p>Board should note that the RUH have been rated 2 overall against the NHSI Single Oversight Framework.</p> <p>In April three operational performance metrics trigger concerns, 4 hour performance, 2 Week GP Referral to first outpatient - breast symptomatic and diagnostics maximum 6 week wait.</p> <p>Board are asked to note:</p> <ul style="list-style-type: none"> • 4 hour performance at 88.4% below the Trusts Improvement Trajectory and the 95% national standard. • Diagnostic tests – 6 week wait 3.11% failing the national standard of 1%. • 2 Week GP Referral to first outpatient – breast symptomatic 81.3% below the national standard of 93%. • RTT incomplete pathways in 18 weeks at 90.0% below the Trusts Improvement Trajectory and the 92% national standard. • Delayed Transfers of Care. March month end snapshot of 63 patients and 1949 delayed days (10.3%). <p>The Wiltshire Health and Care performance summary for month 12 is attached for information.</p> <p>The Trusts current data quality assurance framework has been updated in May 2017 as is attached in appendix 3.</p>

3. Legal / Regulatory Implications
None in month.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)		
	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
	DMO1 performance	1481	DMO1 target

5.	Resources Implications (Financial / staffing)

6.	Equality and Diversity
All services are delivered in line with the Trust's Equality and Diversity Policy.	

7.	References to previous reports
Standing agenda item.	

8.	Freedom of Information
Public	



Royal United Hospitals Bath
NHS Foundation Trust

Operational Performance Report – April 2017



NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Performing	Mar 2017	Apr 2017	Triggers Concerns
Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	80.6%	88.4%	
C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	1	2	
Improvement Trajectory: RTT - Incomplete Pathways in 18 weeks	92%	90.3%	90.0%	
31 day diagnosis to first treatment for all cancers	96%	99.0%	99.2%	
31 day second or subsequent treatment - surgery	94%	95.8%	96.0%	
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%	96.1%	94.2%	
2 week GP referral to 1st outpatient - breast symptoms	93%	84.2%	81.3%	
62 day referral to treatment from screening	90%	93.3%	66.7%	
62 day urgent referral to treatment of all cancers	85%	90.2%	88.2%	
Diagnostic tests maximum wait of 6 weeks	1%	1.11%	3.11%	

This report provides a summary of performance for the month of April 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.

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

In April three operational metrics triggered concerns: 4 hour performance, 2 Week GP Referral to first outpatient breast symptomatic, Six week diagnostic waits (DMO1).



4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	Apr-17	Q1	Fy-2017/18
All Types	88.4%	88.4%	88.4%

Table 2: Emergency Department Quality Indicators:

Indicator	Title	Month	Quarter	Year
		April-17	1	2017/2018
2)	Unplanned Re-attendance Rate	0.7%	0.7%	0.7%
3.ii)	Total Time in ED - 95th Percentile	417.0	417.0	417.0
4)	Left Without Being Seen	0.6%	0.6%	0.6%
6.ii)	Time to Initial Assessment - 95th Percentile	13.0	13.0	13.0
7.i)	Time to Treatment - Median	59.0	59.0	59.0
	ED Attendances (Type 1)	6056	6056	6056
	ED 4 Hour Breaches (Type 1)	807	807	807
	ED 4 Hour Performance (Type 1)	86.7%	86.7%	86.7%
	Ambulance Handovers within 30 minutes	100.0%	100.0%	100.0%
	ED Friends and Family Test	97	97	97

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

Table 1:

During April “all types” performance was 88.4%, red rated with a total of 821 breaches in month.

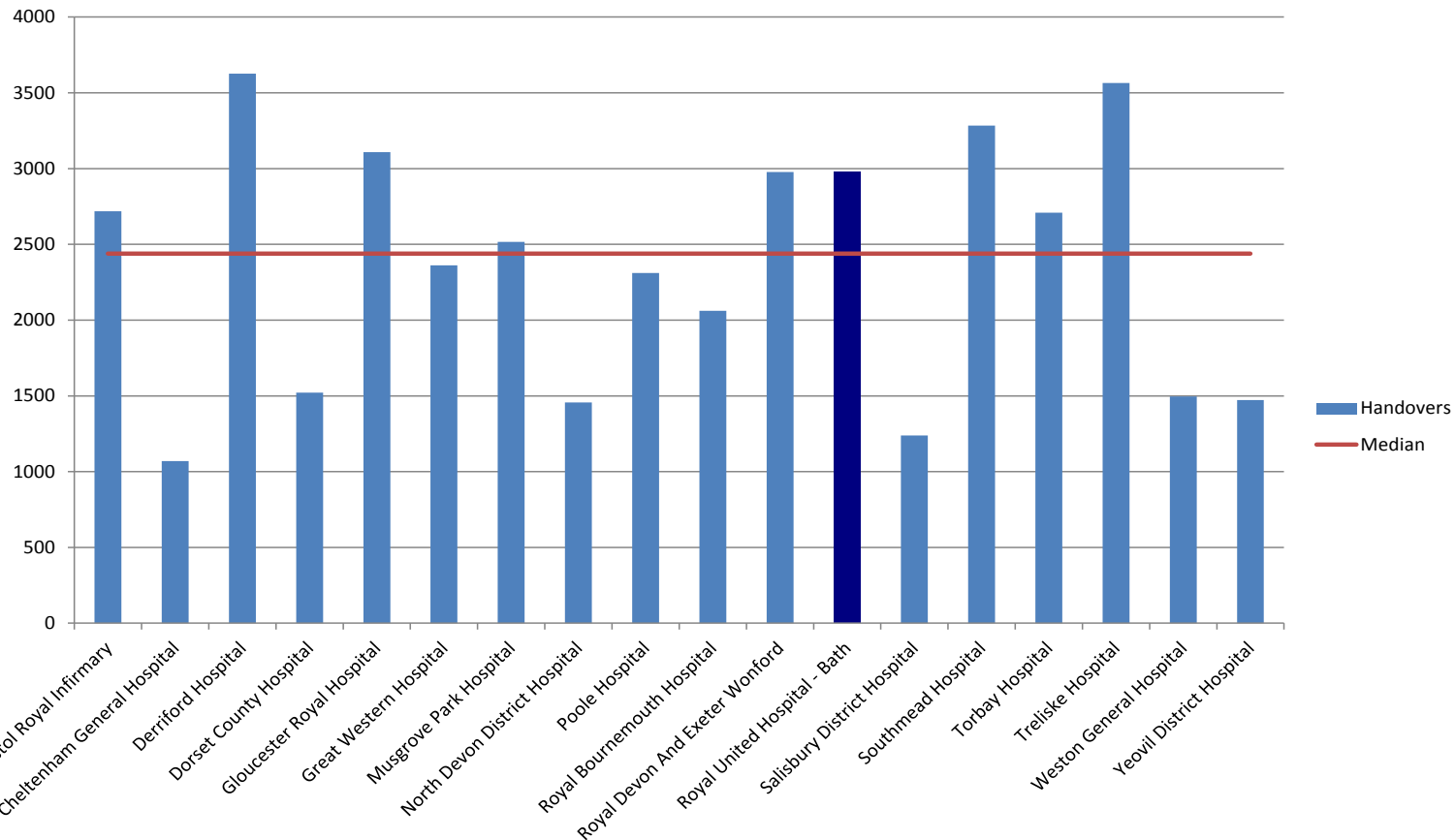
Table 2:

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)

**Total Number of Handovers to Acute Trusts
27 Mar - 30 Apr 2017**



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

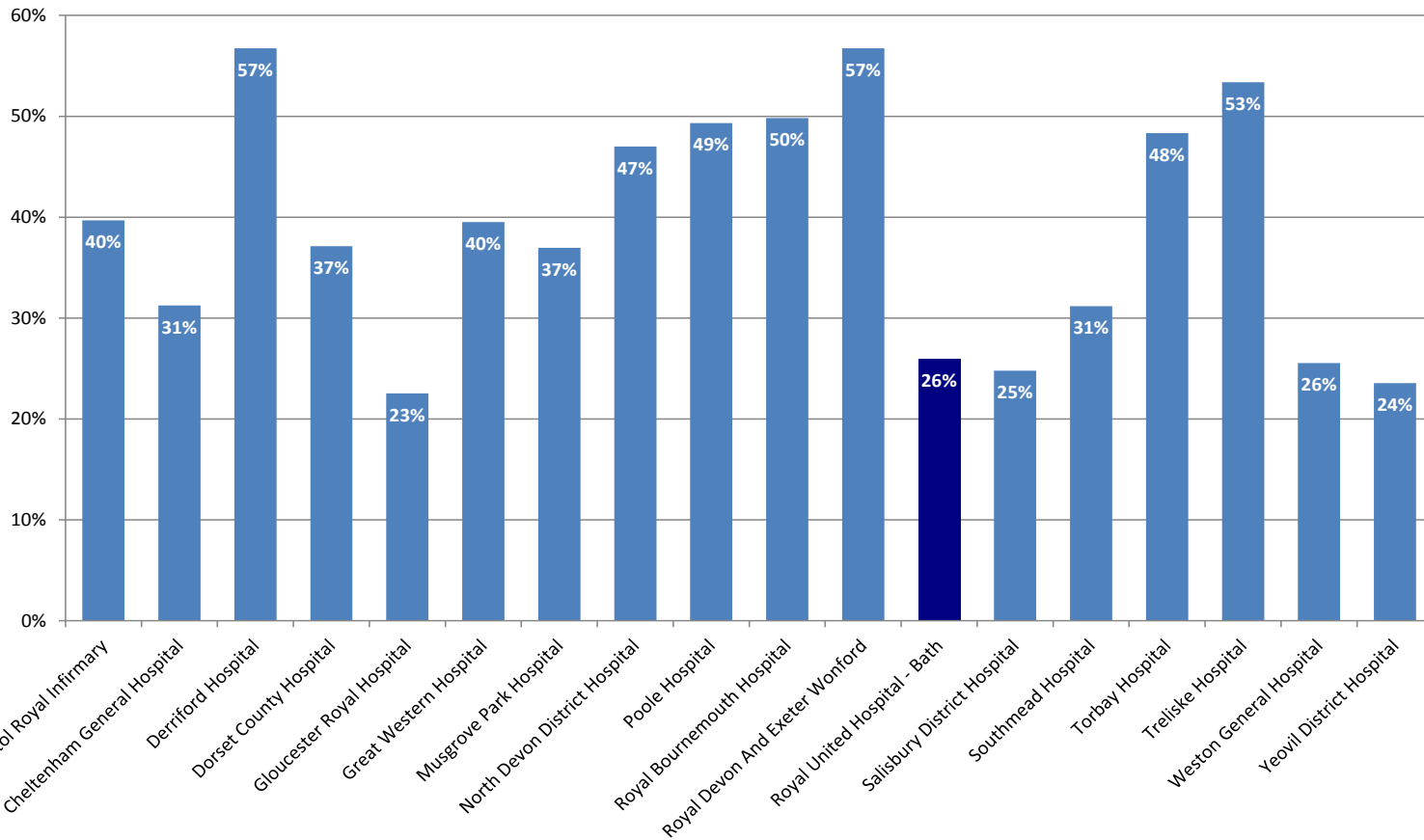
The RUH had 2975 ambulance handover's in the five week period (536.5 over the median)

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



SWAS Ambulance Handovers to ED over 15 minutes (3)

**Percentage of Handovers Over 15 Minutes
27 Mar - 30 Apr 2017**

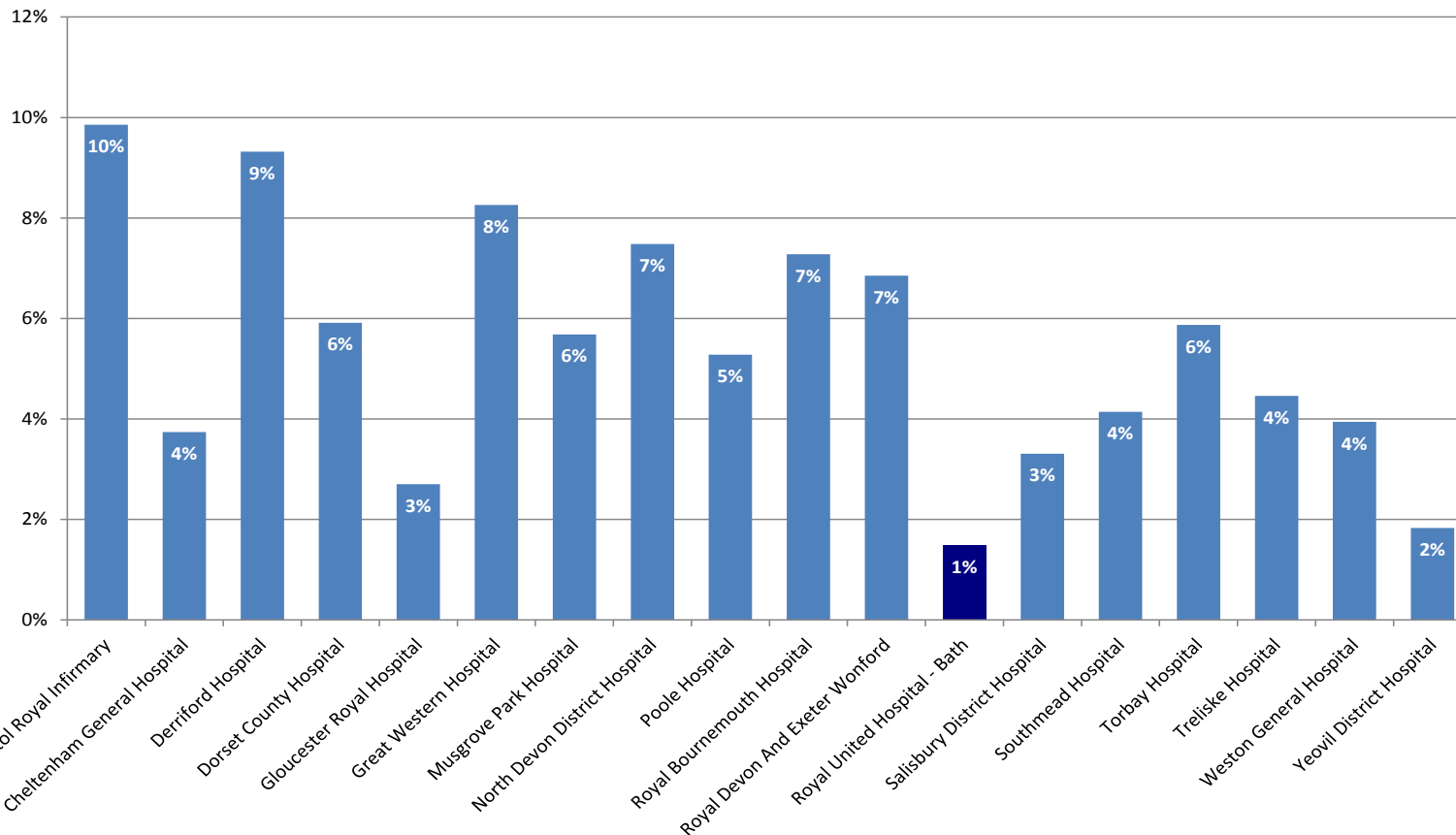


Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)



SWAS Ambulance Handovers to ED over 30 minutes (4)

**Percentage of Handovers Over 30 Minutes
27 Mar - 30 Apr 2017**

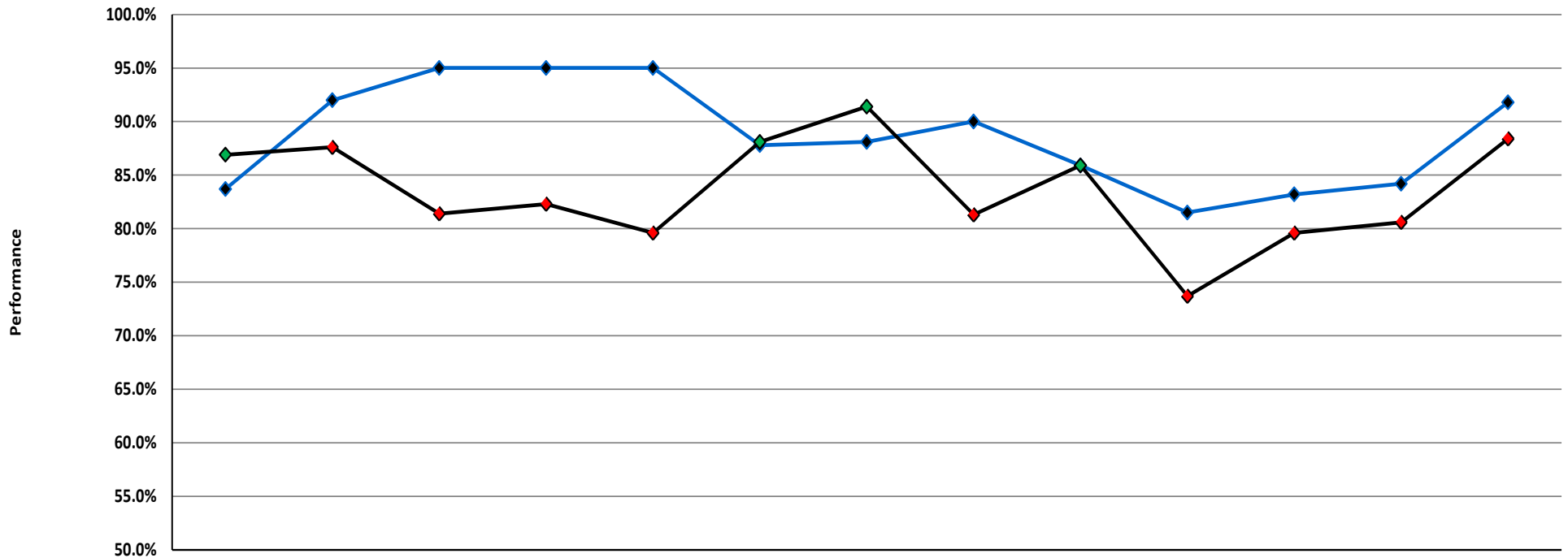


Data source: W020 –
Hospital & Late Handover
Trend Analysis (SWAS)



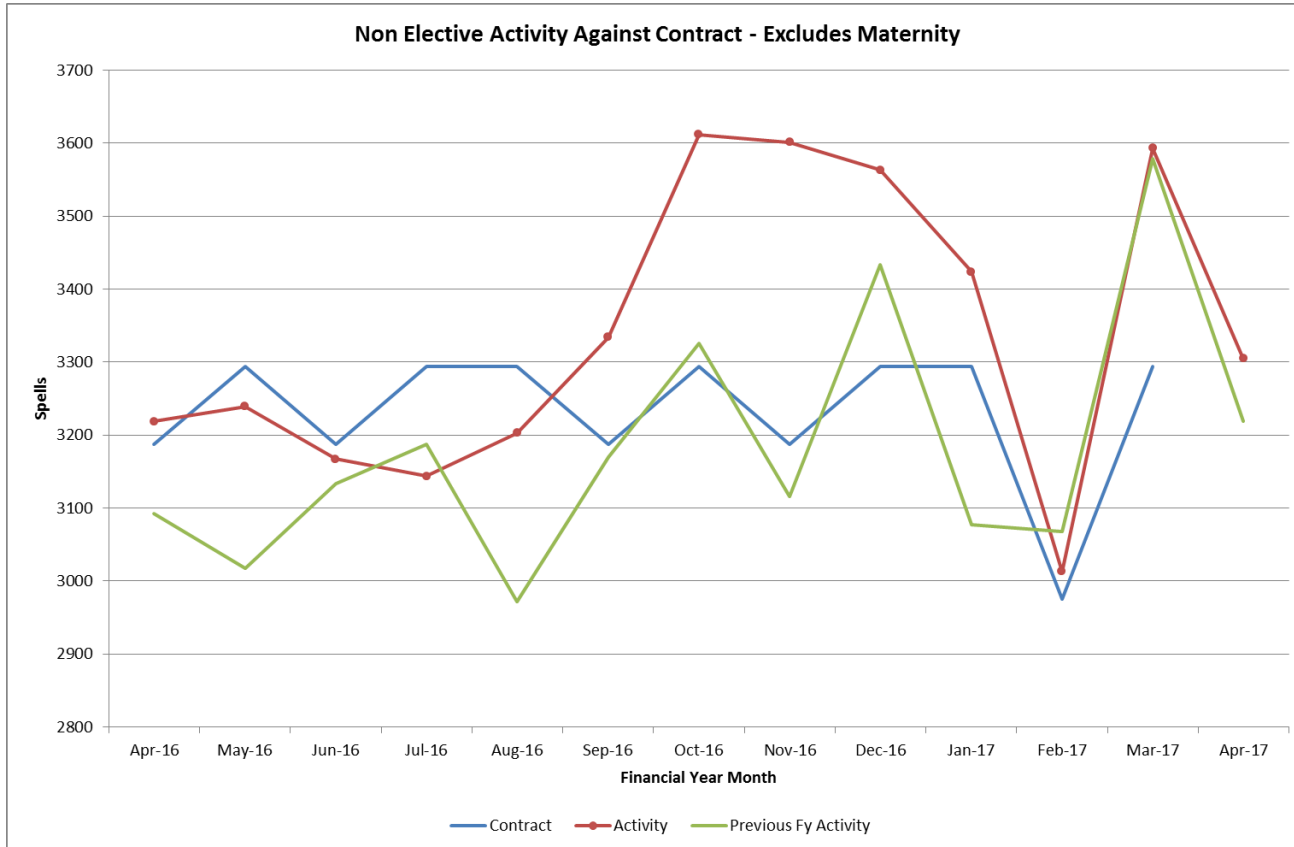
4 Hour Maximum Wait in ED – Improvement Trajectory (5)

RUH ED 4 Hour Performance Target Trajectory



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
◆ Target Trajectory	83.7%	92.0%	95.0%	95.0%	95.0%	87.8%	88.1%	90.0%	85.9%	81.5%	83.2%	84.2%	91.8%
◆ RUH Performance	86.9%	87.6%	81.4%	82.3%	79.6%	88.1%	91.4%	81.3%	85.9%	73.7%	79.6%	80.6%	88.4%

Activity Levels (1)



In April 2017 the non elective activity was 2.7% above April 2016 (excluding Maternity). Emergency department (ED) attendances were 5.3% above April 2016.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 31 with an average of 24.
- Medical Outliers peaked at 39 with a median of 28.

In April the Trust capacity continued to be impacted by bed closures for works, care of bariatric patients, flu & D&V. This was an improved position from March.

- The max number of beds closed was 34 and the average per day closed was 10.



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	Mar-17	Apr-17
Trust Total	Plan	3187	3294	3187	3294	3294	3187	3294	3187	3294	3294	2975	3294	
	Activity	3219	3239	3167	3144	3203	3334	3612	3601	3563	3424	3013	3593	3305
	Previous Fy Activity	3092	3017	3133	3187	2972	3170	3326	3116	3433	3077	3068	3579	3219
	Variance vs Contract	1.0%	-1.7%	-0.6%	-4.5%	-2.7%	4.6%	9.7%	13.0%	8.2%	4.0%	1.3%	9.1%	
	Variance vs Previous Fy	4.1%	7.4%	1.1%	-1.3%	7.8%	5.2%	8.6%	15.6%	3.8%	11.3%	-1.8%	0.4%	2.7%
NHS BATH AND NORTH EAST SOMERSET CCG	Plan	1154	1192	1154	1192	1192	1154	1192	1154	1192	1192	1077	1192	
	Activity	1147	1158	1120	1118	1119	1193	1275	1289	1306	1233	1068	1355	1268
	Previous Fy Activity	1113	1131	1180	1155	1064	1170	1210	1180	1265	1135	1189	1347	1147
	Variance vs Contract	-0.6%	-2.9%	-2.9%	-6.2%	-6.1%	3.4%	7.0%	11.7%	9.6%	3.4%	-0.8%	13.7%	
	Variance vs Previous Fy	3.1%	2.4%	-5.1%	-3.2%	5.2%	2.0%	5.4%	9.2%	3.2%	8.6%	-10.2%	0.6%	10.5%
NHS SOMERSET CCG	Plan	455	470	455	470	470	455	470	455	470	470	424	470	
	Activity	452	440	451	443	459	433	548	523	514	428	412	509	473
	Previous Fy Activity	451	435	437	467	406	459	453	423	523	464	431	544	452
	Variance vs Contract	-0.6%	-6.4%	-0.8%	-5.7%	-2.3%	-4.8%	16.6%	15.0%	9.4%	-8.9%	-2.9%	8.3%	
	Variance vs Previous Fy	0.2%	1.1%	3.2%	-5.1%	13.1%	-5.7%	21.0%	23.6%	-1.7%	-7.8%	-4.4%	-6.4%	4.6%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan	127	132	127	132	132	127	132	127	132	132	119	132	
	Activity	118	111	102	112	119	110	130	113	119	145	103	148	118
	Previous Fy Activity	120	116	127	137	118	109	139	147	138	115	115	154	118
	Variance vs Contract	-7.3%	-15.6%	-19.9%	-14.8%	-9.5%	-13.6%	-1.1%	-11.2%	-9.5%	10.3%	-13.3%	12.5%	
	Variance vs Previous Fy	-1.7%	-4.3%	-19.7%	-18.2%	0.8%	0.9%	-6.5%	-23.1%	-13.8%	26.1%	-10.4%	-3.9%	0.0%
NHS WILTSHIRE CCG	Plan	1157	1196	1157	1196	1196	1157	1196	1157	1196	1196	1080	1196	
	Activity	1186	1212	1194	1195	1212	1285	1362	1374	1334	1328	1189	1378	1270
	Previous Fy Activity	1150	1070	1118	1127	1110	1180	1226	1100	1220	1106	1113	1273	1186
	Variance vs Contract	2.5%	1.3%	3.2%	-0.1%	1.3%	11.0%	13.9%	18.7%	11.5%	11.0%	10.1%	15.2%	
	Variance vs Previous Fy	3.1%	13.3%	6.8%	6.0%	9.2%	8.9%	11.1%	24.9%	9.3%	20.1%	6.8%	8.2%	7.1%



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	1	0	0
October 2016	3	1	0	0
November 2016	3	1	0	0
December 2016	4	2	0	0
January 2017	4	0	1	0
February 2017	4	1	0	1
March 2017	1	0	0	0
April 2017	2	0	0	2

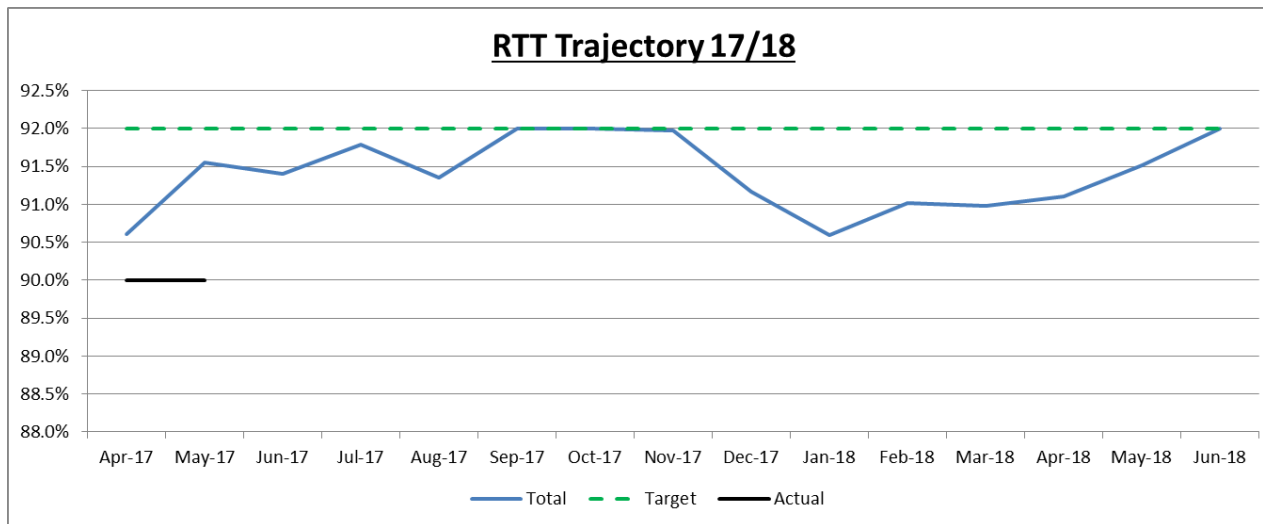
In April there were 2 cases of C difficile.

The target for 2017-2018 is 22 cases of C difficile.



Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:



Performance against the incomplete standard was below the trajectory in April (90.0% against projected 90.6%). 6 specialties didn't achieve the target in April. These were General Surgery, Urology, T&O, ENT, Oral Surgery and Cardiology.

Gastroenterology achieved for the first time since August-16

The over 18 week backlog for admitted patients increased in month, with 1931 waiters at month end (2.1% increase)

The RUH continues to work with CCGs and the whole system to address both capacity and demand issues. Actions are reviewed monthly at the RTT Performance Delivery Group.



18 Weeks Incomplete Standard (2)

RTT Incomplete Open Pathway Performance by Specialty:

	Open Pathways			
	Total Waiters	> 18 Weeks	Performance	Trajectory
100 - General Surgery	2214	332	85.0%	88.2%
101 - Urology	1166	127	89.1%	
110 - T&O	1675	366	78.1%	
120 - ENT	1863	176	90.6%	92.0%
130 - Ophthalmology	2338	139	94.1%	
140 - Oral Surgery	2229	283	87.3%	
300 - Acute Medicine	22	1	95.5%	
301 - Gastroenterology	2101	161	92.3%	86.6%
320 - Cardiology	1978	306	84.5%	90.2%
330 - Dermatology	910	61	93.3%	87.0%
340 - Respiratory Medicine	391	3	99.2%	
400 - Neurology	617	13	97.9%	
410 - Rheumatology	1133	17	98.5%	
430 - Geriatric Medicine	146	4	97.3%	
502 - Gynaecology	1056	57	94.6%	
X01 - Other	1988	139	93.0%	
Total	21827	2185	90.0%	90.6%

During April Trust level performance was rated red for the RTT indicator – incomplete pathways, with failure to deliver the improvement trajectory.

Actions taken in Month:

206 patients were discharged via the day case chairs, which resulted in the lowest day-case cancellation rate in the last 12 months

Theatre session utilisation recorded at the highest point in last 12 months

Specialities with CCG agreed improvement trajectories were achieved for Dermatology and Gastroenterology. The trajectories for ENT, Cardiology and General Surgery were not achieved. Delivery against these improvement trajectories is monitored by the RTT Steering Group.

T&O is showing signs of recovery since the temporary closure of the ring fenced ward in January and February. In April the over 18 week admitted backlog decreased by 13 patients, with 97% of available theatre sessions being utilised.

General Surgery delivered a second consecutive month of high levels of theatre session utilisation in April (106.7%), and delivered a further reduction in the over 18 week admitted backlog from 280 patients (March) to 243 patients (April).



18 Weeks – Incomplete Pathways >30 weeks (3)

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
100 - General Surgery	56	56	71	69	83	61	54	56	64	86	104	84	79
101 - Urology	9	8	4	8	8	5	4	3	4	13	21	18	22
110 - Trauma & Orthopaedic	32	32	34	21	29	35	21	19	32	47	62	53	48
120 - ENT	35	28	21	20	14	5	7	5	7	7	15	20	18
130 - Ophthalmology	6	7	7	12	6	5	3	1	7	14	23	16	10
140 - Oral Surgery	16	10	7	7	7	6	4	4	10	18	24	13	12
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	21	18	7	8	13	6	4	11	24	58	48	37	29
320 - Cardiology	26	35	37	51	58	50	30	30	33	33	34	25	27
330 - Dermatology	3	4	3	1	12	3	3	1	0	3	4	2	0
340 - Respiratory Medicine	1	0	0	2	0	0	0	0	0	0	0	0	0
400 - Neurology	0	0	0	1	0	0	0	0	1	1	1	1	0
410 - Rheumatology	2	4	5	1	5	4	3	1	0	1	0	1	1
430 - Geriatric Medicine	0	0	0	0	1	3	1	2	0	0	0	0	0
502 - Gynaecology	11	9	10	6	7	7	2	1	9	5	2	3	2
X01 - Other	23	81	43	19	10	17	21	22	26	40	29	19	16
Open Pathways > 30 Weeks	241	292	249	226	253	207	157	156	218	326	367	292	264



Cancer Access 62 days (1)

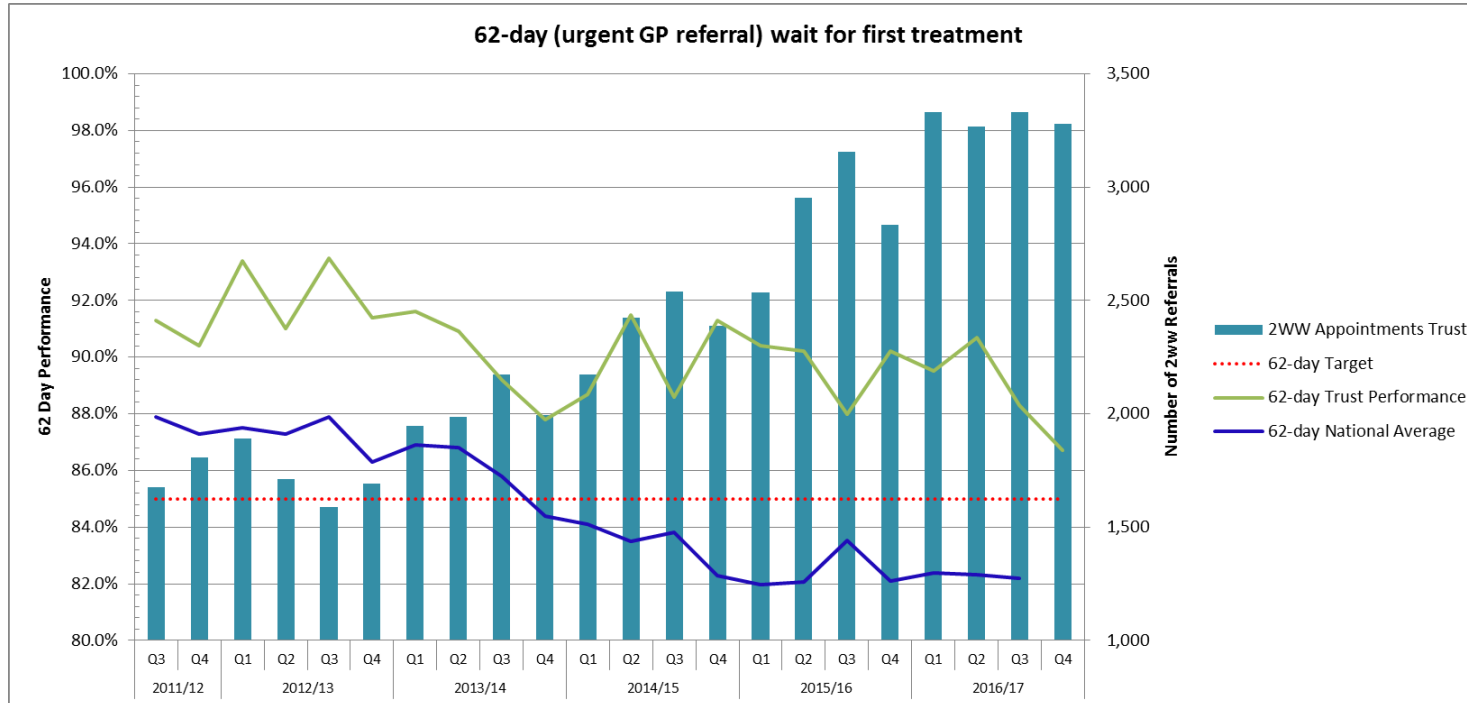
			May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
62 Day	Cancer Network	RUH	87.20%	87.80%	93.10%	87.80%	94.40%	90.90%	85.10%	87.50%	81.50%	85.60%	90.30%	88.20%
		UHB	70.70%	70.80%	72.90%	84.60%	80.50%	79.50%	85.20%	85.10%	84.70%	79.03%	Not yet available	Not yet available
		NBT	83.60%	85.70%	84.50%	87.10%	81.30%	78.90%	89.00%	90.20%	89.10%	87.86%	Not yet available	Not yet available
		Taunton	76.40%	81.00%	85.10%	85.30%	79.70%	80.40%	86.00%	82.50%	75.00%	25.00%	Not yet available	Not yet available
		Yeovil	76.80%	87.40%	90.40%	44.40%	80.20%	79.80%	90.00%	92.50%	89.00%	91.75%	Not yet available	Not yet available
		Gloucester	77.60%	81.40%	74.00%	79.00%	77.10%	73.10%	79.40%	72.20%	63.20%	70.79%	Not yet available	Not yet available
		Weston	81.30%	70.00%	75.50%	75.40%	72.60%	76.60%	75.70%	86.70%	73.30%	71.43%	Not yet available	Not yet available
	Other Local Trusts	GWH	86.90%	85.80%	85.70%	89.00%	85.60%	91.40%	85.70%	86.20%	85.40%	84.27%	Not yet available	Not yet available
		Salisbury	89.60%	91.60%	92.80%	94.40%	81.40%	85.30%	94.60%	81.00%	75.00%	83.95%	Not yet available	Not yet available
	National	England	81.40%	82.70%	82.20%	82.40%	81.43%	81.10%	82.30%	83.00%	79.70%	79.82%	Not yet available	Not yet available

April performance was 88.2%, against the 85% target, with 9 breaches recorded in April, (monthly average breaches YTD is 10.75).

Activity in April is lower than expected at 76.5, compared to the monthly average from last year of 97.



Q4 - 62 Day (urgent GP referral) wait for first treatment (2)

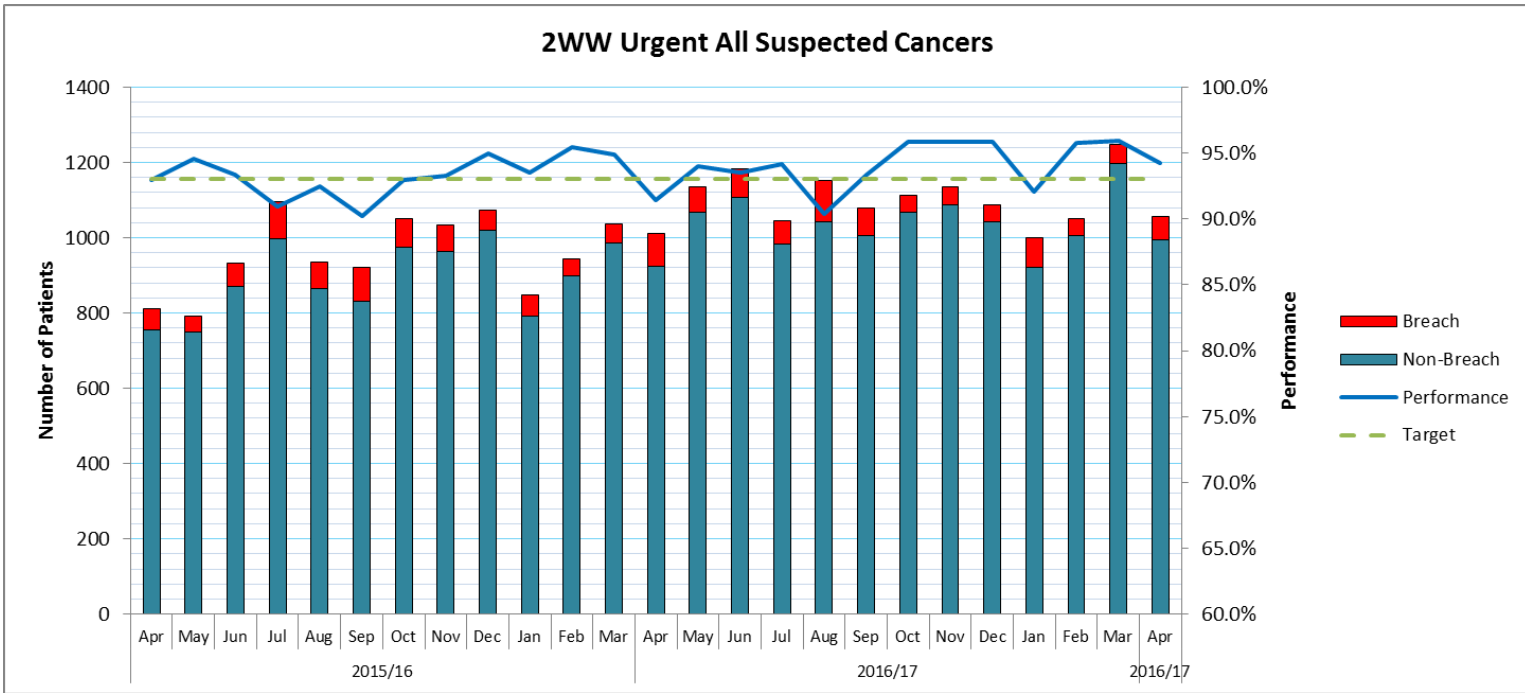


The RUH continues to perform significantly above the national average for the 62 day target.

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



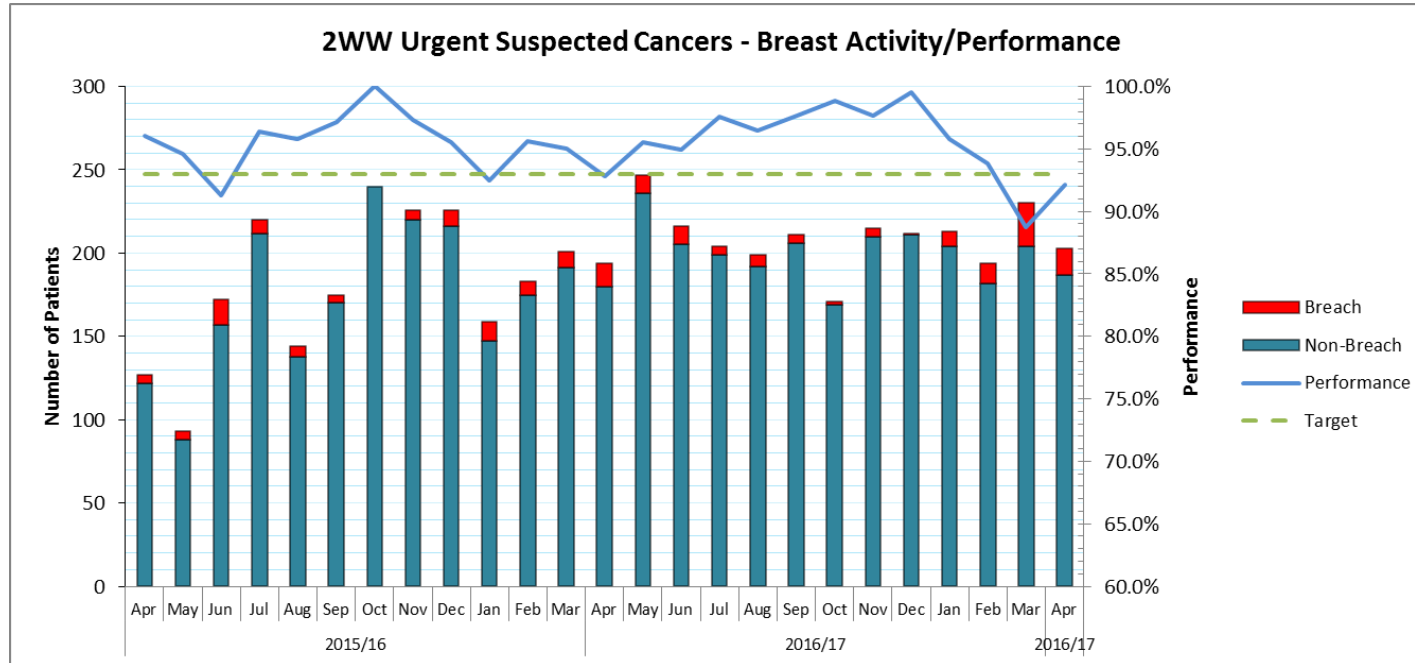
Cancer Access – 2 WW (3)



The 2ww suspected cancer target passed in April at 94.2%



Cancer Access – 2 WW Breast Suspected Cancer (4)



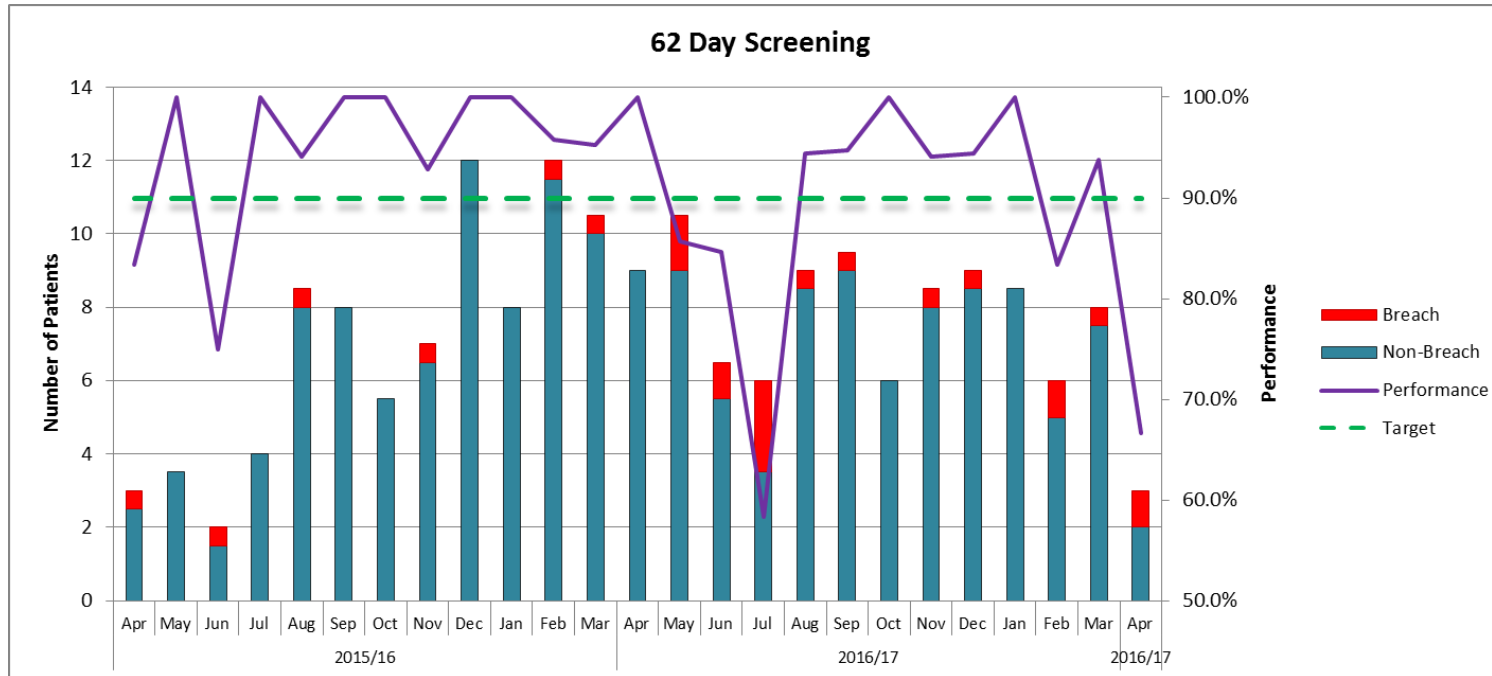
The performance in April for Breast 2 WW suspected cancer was 92.1%, below the 93% overall 2ww target.

2ww performance for suspected breast cancer has improved since March, with additional outpatient surgical clinics and locum consultant radiologist sessions secured in April and May. This focus will continue.

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 managed against the 2 WW suspected cancer target, not the 2 WW breast symptomatic target.



Cancer Access – 62 Day Screening (5)

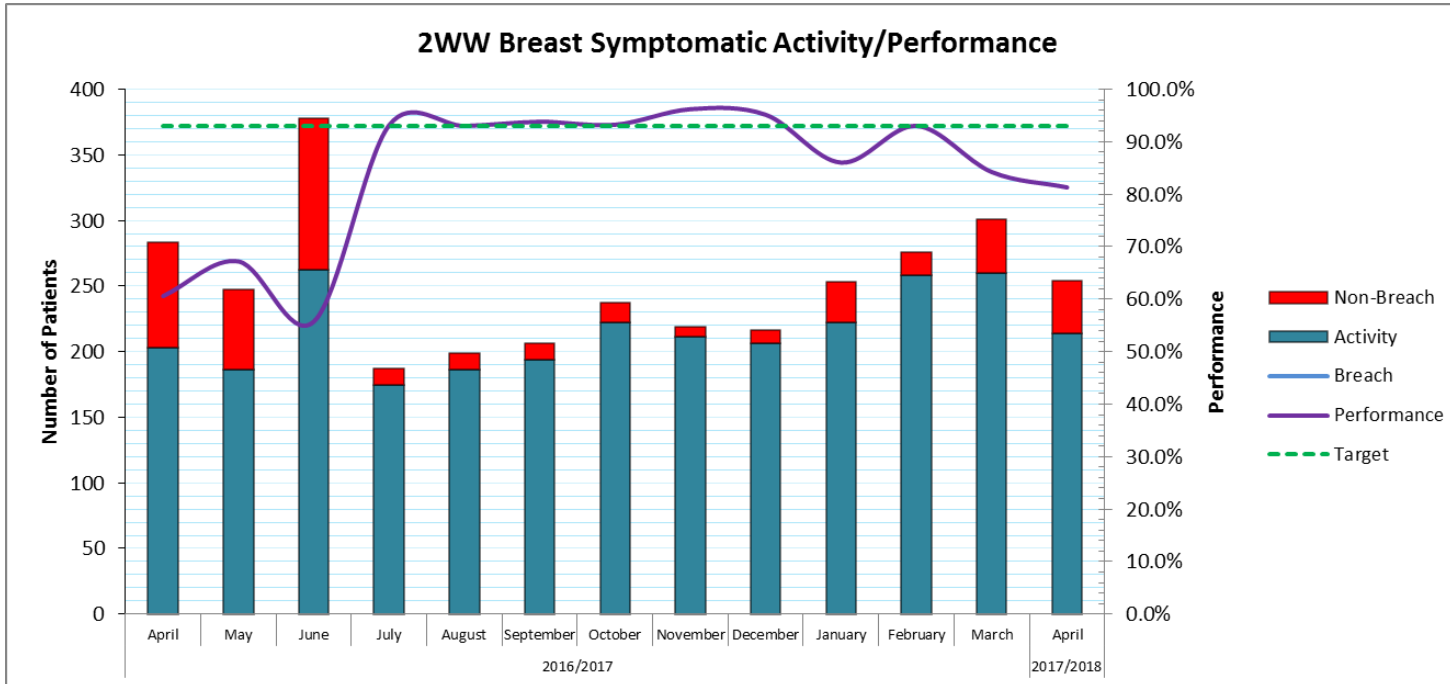


In April, the Trust failed the 90% target. The performance of 66.7% represented 1 breach out of the 3 patients (referred via NHS cancer screening service) that were treated.

An RCA for the breach will be completed.



Cancer Access – Breast Symptomatic (6)



In April, performance of 81.3% was delivered.

Performance remains at risk due to staffing issues.

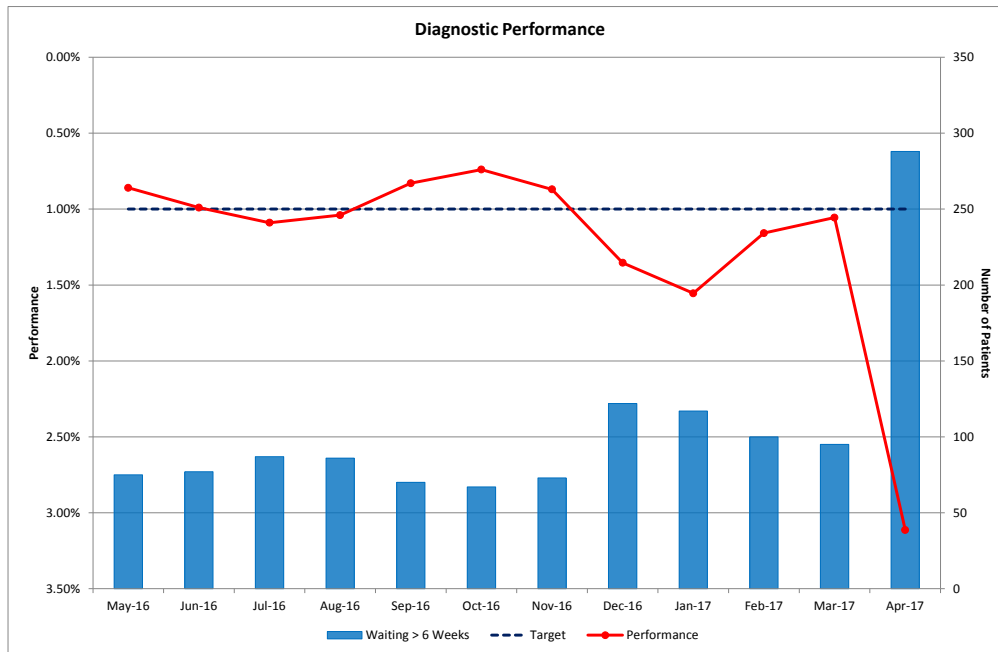
The RUH are working on a new improvement trajectory and action plan to agree with commissioners..

Actions already taken:

- 2 days per month of additional Consultant Breast radiologist from April 2017.
- Continuing to look for short term Consultant Breast Radiologist Locums.
- Triage of all referrals by senior staff
- Clinical outcomes closely monitored through the breast service clinical governance meeting.



Diagnosics (1)



Diagnostic tests – maximum wait of 6 weeks

From April specialist Echocardiography have been included with DMO1 reporting.

April performance is reported as 3.11% against the $\leq 1.0\%$ indicator, rated red. This performance has triggered an operational performance concern with NHSI.

The majority of breaches are within Echocardiography, with a total of 187 breaches reported equating to 64.9% of the breaches in month.

41 of the MRI breaches are for Cardiac MRI. An outsourcing contract is now in-place for this activity.

Operational Improvement Lead has completed the work requested in Cardiology and the Medical Division team are now leading the Trusts DMO1 recovery plan.

Performance is being monitored weekly by the Medical Divisional management team and progress is reviewed monthly at the RTT Steering Group.

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	42
Computed Tomography	4
Non-obstetric ultrasound	43
Audiology - Audiology Assessments	4
Cardiology - Echocardiography - standard	47
Cardiology - specialist	140
Cystoscopy	8
Total	288



Diagnosics (2)

Key Recovery Plan Actions Delivered in April:

- Further APO and Bristol capacity agreed for cardiac diagnostics
- **Clinical triage of specialist echo long waiters completed with no significant clinical concerns identified**
- Revised rota agreed with Cardiology to increase capacity (launch 8th May)
- Business case for Band 8a physiologist approved to increase DSE capacity (specialist echo)
- Deep dive review of Cardiology services commenced

Specialist Echo:

The majority of breaches are within Echocardiography, with a total of 187 breaches reported equating to 64.9% of the breaches in month.

A deep dive review of Cardiology has been instigated to include all aspects of elective, non-elective and diagnostic activity.

Non-obstetric Ultrasound:

Capacity for non-obstetric ultrasound has been significantly reduced due to long-term sickness absence of a breast specialist. Additional capacity has been released from the general radiologists but this is not sufficient to meet the ongoing demand. Further locum capacity is being sought.

Audiology Breaches:

3 patients were cancelled on the day due to staff sickness. 1 patient requested an appointment in a specific community clinic which could not be accommodated within the 6 week window.

Urology:

The cystoscopy breaches were day cases which could not be accommodated due to the need to fully utilise theatre capacity for major cancer surgery. Less urgent patients have been cancelled due to winter pressures leading to a backlog for this non-urgent cohort.



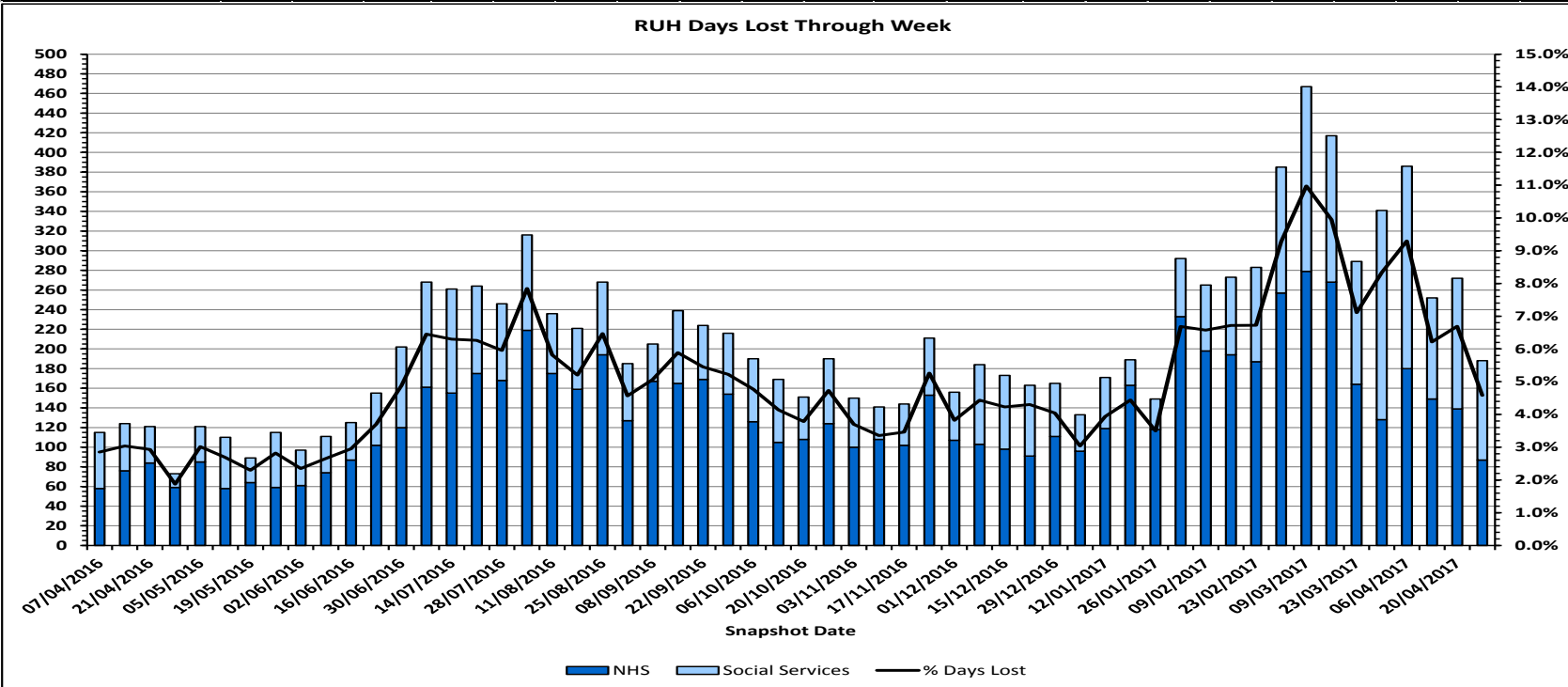
Delayed Transfers of Care

DTCO	CCG																				
	NHS BATH AND NORTH EAST SOMERSET CCG			NHS SOMERSET CCG			NHS WILTSHIRE CCG			NHS SOUTH GLOUCESTERSHIRE CCG			NHS BRISTOL CCG			Non Commissioning CCGs			All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total
Number of Patients	9	6	15	1	9	10	7	0	7	1	2	3	1	0	1	0	1	1	19	18	37
Number of Delayed Days	212	309	521	57	148	205	298	142	440	21	19	40	1	0	1	16	33	49	605	651	1256

The DTCO position by CCG is detailed in the table on the left, which shows 37 patients reported at the April month end snapshot and 1256 delayed days (7.0%).

The graph outlines the delayed days by week since April 2016.

This issue continues to be escalated through the AEDB and NHSI performance meetings.



Key National and Local Indicators

In the month of April there were 14 red indicators of the 65 measures reported, 5 of which were Single Oversight Framework (SOF) indicators, key points and actions are outlined as follows.



Effective

SOF

- X 12. Readmissions
- X 15. Hip fractures operated on within 36 hours

Responsive

SOF

- X 26. Diagnostic tests maximum wait of 6 weeks (DMO1)
- X 27. RTT over 52 week waiters (cumulative quarter)
- X 29. Cancelled operations not rebooked within 28 days (number of patients not rebooked) - Surgical
- 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)

Safe

SOF

- X 44. CAS Alerts not responded to within the deadline
- X 46. Number of patients with falls resulting in serious harm (moderate, major)

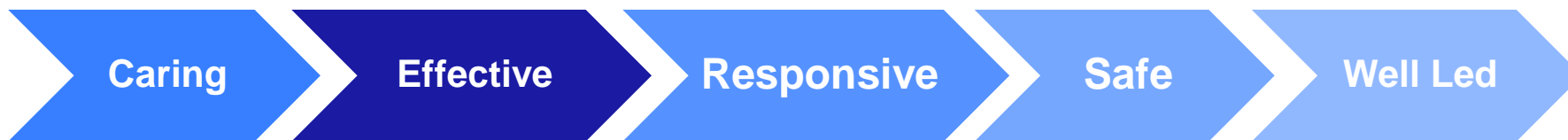
SOF

- X 52. Emergency c-sections as a percentage of total labours

Well Led

SOF

- X 58. Sickness Rate
- X 59. Vacancy Rate



X 12. Readmissions – Total

There were 421 readmissions in April (0.2% reduction from March). The Medical Division decreased from 16.3% to 16.2%, the Surgical Division reduced from 12.3% to 11.6% and Women and Children's Division increased from 3.8% to 3.9%.

X 15. Hip fractures operated on within 36 hours

66 patients went to theatre and of these 39 (59.1%) went in less than 36 hours. Failure to meet the 70% target was as a result of high activity over one weekend (16 patients). An extra list was instated on Bank Holiday Monday and elective surgery was cancelled on the Tuesday and Wednesday. One patient waited in excess of 100 hours for surgery however the patient was initially unfit for surgery and required a cardiology intervention before hip fracture surgery could be undertaken.



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

There were 288 over 6 week waiters in April, equating to 3.11% performance against the $\leq 1.0\%$ indicator, rated red. Performance in April failed to meet the constitutional target. See slide 20 and 21 above.

X 27. RTT over 52 week waiters (cumulative quarter)

A general surgery patient was recorded as waiting more than 52 weeks for treatment due to an administration error in the validation process. This led to the application of an incorrect “ad hoc stop” which stopped and discharged the pathway. A new pathway was started following this which meant that the patient was not identified as a long waiter. When the patient attended Pre-Assessment clinic in preparation for surgery they were deemed unfit and once again the pathway has stopped. A full RCA will be completed and a letter of apology sent to the patient.

X 29. Cancelled operations not rebooked within 28 days (number of patients not rebooked) - Surgical

In April there was 1 patient cancelled on the day of admission for a non-clinical reason that was not rebooked within 28 days. The Surgical team considered all options to transferred to another provider but were unable to offer a date within 28 days. The patient has a confirmed date for surgery at the end of May. We were unable to offer any dates in April, at the RUH, due to a high demand for capacity for patients requiring cancer surgery.

X 31. % Discharges by Midday (Excluding Maternity)

16.9% of patients were discharged by midday in April with performance slightly increasing from 16.0% in March but staying below the target of 33%.



X 32. GP Direct Admits to SAU

There were 160 GP direct admits to SAU in April with performance increasing from 124 in March, but staying just below the target of 168. Capacity was impacted by infection outbreaks in MAU in month and non-elective pressures. Protection of front door ambulatory care capacity remains a high priority for the Trust.

X 33. GP Direct Admits to MAU

There were 69 GP direct admits to MAU in April with performance decreasing from 93 in March and dropping below the target of 84. Capacity in MAU was impacted by infection outbreaks in month and non-elective pressures.

X 34. Delayed Transfers of Care – (Days)

There were 1256 delayed days in April, which was 7.0% of the Trust's occupied bed days. There were 37 patients delayed in the month end snapshot. The Trust is working with community partners to develop a more robust Home First discharge pathway. The Trusts Integrated Discharge Service (IDS) programme is focusing on actions to improve discharge pathways for complex patients.



X 44. CAS Alerts not responded to within the deadline (SOF)

Nasogastric tube misplacement: continuing risk of death and severe harm.

Following the receipt of a letter from NHSI regarding Prevention of future deaths: Nasogastric Tubes Patient Safety Alert, further assurance was sought from the Chair of the Nutrition and Hydration strategy group. Compliance has been confirmed and the alert has now been closed.

X 46. Number of patients with falls resulting in serious harm (moderate, major)

In April there were 5 patients with falls resulting in serious harm. 1 Major in Surgery (Pulteney Ward), 3 Moderate in Medicine (Chesleden, Combe, Midford Wards) and 1 Moderate in Women & Children (Charlotte Ward). Reducing falls is a Trust patient safety priority in 2017/18 and an organisation wide improvement spread event has been planned. This will be launched in June 2017.

X 52. Emergency c-sections as a percentage of total labours

In April the Emergency C Sections as a % of labours was 17.5%. The Women & Children's Division will monitor this increase, as it is out of line with normal – this % has peaked before and reduced the following month



X 58. Sickness Rate

The Trust Sickness Rate was 4.3% in April. Further information is included in the following Well Led slides.

X 59. Vacancy Rate

The Trust Vacancy Rate was 5.9% in April. 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 March 2017 and April 2017 against key performance indicators (KPIs). The KPIs for the Workforce are set as part of the contracting process. Where target levels have changed the RAG rating will be different between 2016-17 and 2017-18 e.g. turnover. Where overall Trust performance has triggered a red KPI in April, an exception report has been provided:

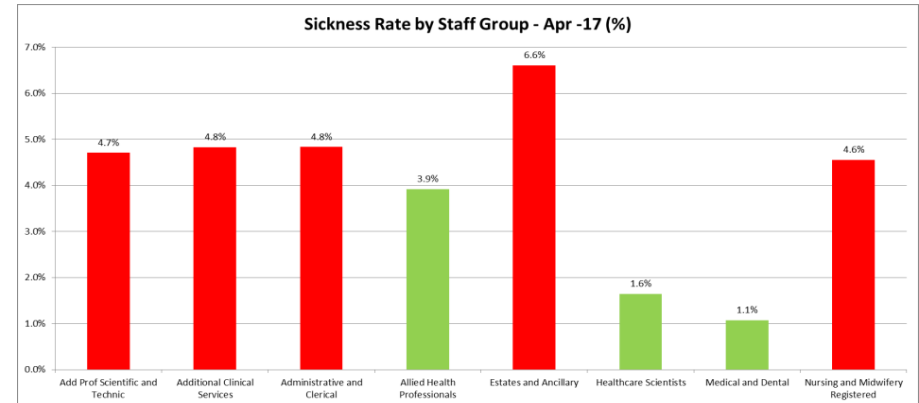
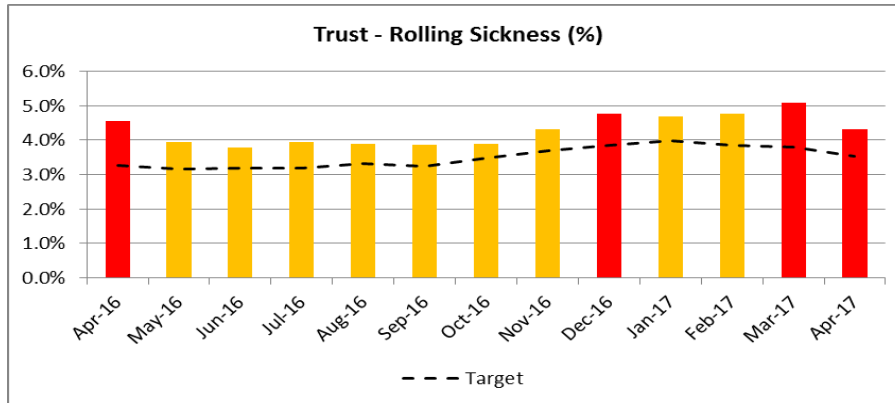
Workforce	Mar-17						Apr-17						Q1
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust Target
Turnover (rolling 12 months %)	11.5	16.2	9.4	10.2	11.9	12.4	11.5	15.7	10.0	10.5	11.7	11.9	11.4%
Sickness Absence (%)	5.1	4.2	7.3	5.5	4.4	4.2	4.3	3.2	6.7	4.6	4.2	3.0	3.3%
Vacancy Rate (%)	3.6	6.8	8.0	3.1	5.2	-2.2	5.9	6.7	8.3	6.0	6.5	3.6	4.0%
Agency Staff (agency spend as a % of total pay bill)	2.3	4.1	0.6	2.1	2.7	1.3	1.9	1.7	0.3	1.6	3.1	0.9	4.0%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	3.5	5.0	-	3.3	6.2	0.2	3.5	6.3	-	3.8	5.4	0.1	4.0%
Staff with Annual Appraisal (%)	84.8	76.9	92.0	84.0	86.1	84.8	84.3	76.0	84.2	85.1	86.8	84.1	86.1%
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	0.0%
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	0.0%
Information Governance Training compliance (%)	87.2	89.1	89.4	88.0	88.2	91.5	86.4	89.2	87.5	85.9	86.8	91.2	95.0%
Mandatory Training (%)	88.3	88.7	87.9	89.7	90.3	89.3	87.6	89.0	86.2	88.1	90.1	89.3	88.7%

Key Workforce Performance Indicators:

- Turnover is monitored using a rolling twelve month profile.
- Sickness is seasonally adjusted to allow for the expected increase in the winter months.
- Appraisal, Turnover and Mandatory Training are based on a Trust wide trajectory for improvement.
- 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 – Sickness

3. Sickness

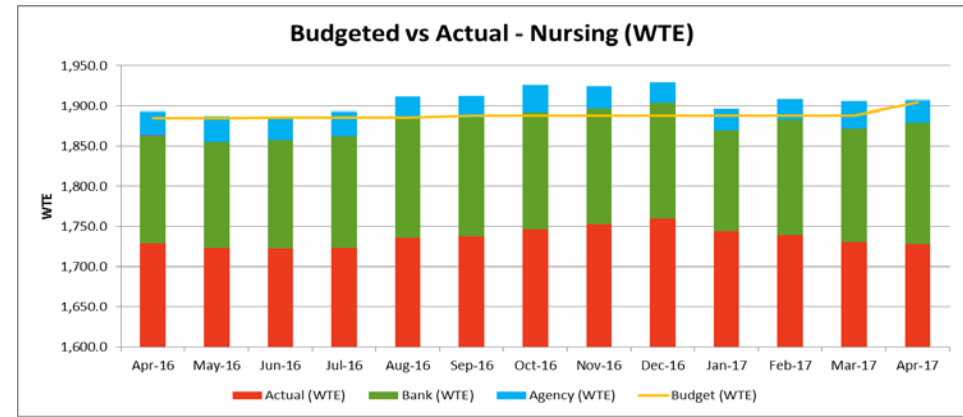
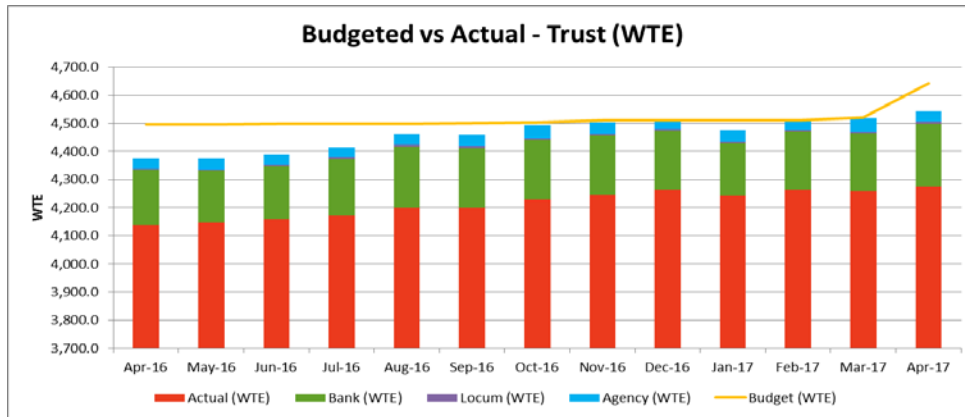


Performance in April, including reasons for the exception and actions to mitigate:

- The Trust's sickness level decreased in April 2017 - from 5.1% the month before - to 4.3%.
- Facilities staff have the highest level of sickness this month at 6.6%. There have been a number of long term sickness cases in Facilities and they are being robustly managed. Since August 2016, when there were 16 cases the division now has 7 – a reduction of 57%.
- Recent restructuring in Portering and Estates will result in robust management of sickness with HR support.
- Medicine have completed a review of areas of high sickness to ensure that all cases are being managed appropriately.
- Medical and Dental have the lowest levels of sickness recorded at 1.1% for April 2017.
- Mental Health Awareness training for Managers being scheduled for August 2017 (bands 3-6).

Well Led – Vacancy Rate

2. Vacancy Rate



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

- The vacancy rate has increased this month from 3.6% to 5.9%, following a reset of the overall budgeted workforce, which has increased from 4,520.9 wte to 4,641.5 wte (an additional 120.6 wte), as we begin the new financial year. Increases are primarily in Medicine (62.6 wte extra) and Women and Children’s (38.2 wte extra). This follows the development of services such as Dietetics, CASH and Speech and Language Therapy Services.
- Overseas nurse recruitment is being explored to improve the nursing establishment.
- Bi-Monthly nursing open days are taking place to attract local/national nurses, and to continue to promote the Trust.
- Nurse associate programme has commenced and there are 14 currently in post.
- Work is being undertaken with Divisional accountants to understand vacancy levels in comparison to posts advertised and offered.

Well Led – Overview

Measure	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Q1 Target
Budgeted Staff in Post (WTE)	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	4,520.9	4,641.5	
Contracted Staff in Post (WTE)	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	4,359.6	4,365.7	
Vacancy Rate (%)	6.4%	6.1%	5.9%	5.5%	4.8%	4.7%	4.4%	4.1%	4.2%	3.7%	3.6%	5.9%	4.0%
Bank - Admin & Clerical (WTE)	23.9	27.8	32.8	30.1	32.3	29.6	34.2	26.6	32.8	30.8	36.4	1 Month Lag	
Bank - Ancillary Staff (WTE)	23.1	26.7	30.0	26.9	28.1	31.4	27.2	28.1	28.1	27.2	31.5	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	134.8	138.6	147.6	147.8	146.0	143.5	143.5	125.2	143.6	141.5	151.4	1 Month Lag	
Agency - Admin & Clerical (WTE)	0.0	0.0	0.0	0.0	1.0	1.5	0.0	0.0	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	
Agency - Nursing & Midwifery (WTE)	32.2	26.6	30.2	27.6	26.8	33.6	27.9	26.0	27.1	24.8	35.3	28.2	
Overtime (WTE)	68.4	78.4	80.4	74.2	70.1	83.1	87.1	66.0	66.3	68.2	81.5	1 Month Lag	
Sickness Absence Rate (%)	4.0%	3.8%	3.9%	3.9%	3.9%	3.9%	4.3%	4.8%	4.7%	4.8%	5.1%	4.3%	3.3%
Appraisal (%)	84.9%	85.7%	84.7%	85.2%	85.7%	85.3%	84.6%	84.3%	84.7%	82.8%	84.8%	84.3%	86.1%
Consultant Appraisal (%)	90.1%	90.0%	87.3%	80.7%	85.6%	91.7%	94.0%	92.2%	94.0%	95.8%	88.9%	86.8%	86.1%
Rolling Average Turnover - all reasons (%)	16.9%	17.1%	17.0%	16.5%	16.9%	16.7%	16.4%	16.4%	16.5%	16.2%	15.9%	16.1%	
Rolling Average Turnover - with exclusions (%)	12.4%	12.5%	12.5%	12.1%	12.4%	12.3%	11.9%	11.7%	11.4%	11.6%	11.5%	11.5%	11.4%

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold		2016/17				2017/18			Triggers Concerns
		Performing	Weighting	Q1	Q2	Q3	Q4	Mar 2017	Apr 2017	Q1	
SOF	Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	1.0	85.3%	83.3%	86.3%	77.9%	80.6%	88.4%	88.4%	
	C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	1.0	6	8	6	8*	1	2**	2*	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	1.0	89.9%	90.5%	91.1%	90.0%	90.3%	90.0%	90.0%	
	31 day diagnosis to first treatment for all cancers	96%	1.0	99.4%	100.0%	99.5%	99.2%	99.0%	99.2%	99.2%	
	31 day second or subsequent treatment - surgery	94%	1.0	100.0%	100.0%	98.9%	97.8%	95.8%	96.0%	96.0%	
	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	93.0%	92.7%	95.9%	94.8%	96.1%	94.2%	94.2%	
	2 week GP referral to 1st outpatient - breast symptoms	93%		60.5%	93.3%	94.8%	87.9%	84.2%	81.3%	81.3%	
SOF	62 day referral to treatment from screening	90%	1.0	90.4%	85.7%	95.9%	93.3%	93.3%	66.7%	66.7%	
SOF	62 day urgent referral to treatment of all cancers	85%		89.5%	90.7%	88.3%	87.0%	90.2%	88.2%	88.2%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	1.0	0.99%	0.96%	0.97%	1.20%	1.11%	3.11%	3.11%	

* Q4: 2 under review. Q1: 2 under review

** Jan: 1 under review. Feb: 1 under review. Apr: 2 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.

To Be Updated - Finance and Use of Resources

	Plan YTD ending 28-Feb-17	Actual YTD ending 28-Feb-17	Variance YTD ending 28-Feb-17	Plan Year ending 31-Mar-17	Adjusted Forecast Year ending 31-Mar-17	Forecast Variance Year ending 31-Mar-17
Capital service metric	3.137	2.210	(0.928)	3.150	2.687	(0.463)
Capital service rating	1	2		1	1	
Liquidity metric	9.765	5.900	(3.865)	11.035	12.883	1.848
Liquidity rating	1	1		1	1	
I&E Margin metric	2.71%	1.73%	(0.98%)	3.12%	2.85%	(0.30%)
I&E Margin rating	1	1		1	1	
I&E Variance from plan metric		(0.98%)			(0.27%)	
I&E Variance from plan rating		2			2	
Agency metric	14.45%	(12.49%)	(26.94%)	17.90%	(20.66%)	(38.56%)
Agency rating	2	1		2	1	
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		2016/17				Current Month
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q1	Q2	Q3	Q4	Apr 2017	
1	DON	SOF	Friends and Family Test ED - (includes MAU/SAU)	>=+80	<80	97	97	97	97	97	
2	DON	SOF	Friends and Family Test Inpatients	>=+78	<78	97	96	98	97	97	
3	DON	SOF	Friends and Family Test Maternity	>=80	<=75	98	99	100	100	100	
4	DON	NR	Friends and Family Test Outpatients	>=70	<=65	96	96	98	97	98	
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	5	5	
7	COO	LC	Number of discharged patients that have had more than three ward moves	<=25	>=28	14	12	9	11	18	
8	COO	LC	Number of discharged patients with dementia having more than three ward moves	<=3	>=4	2	3	1	0	1	
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	19	15	16	21	8	

EFFECTIVE					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	107.0	109.6	108.3	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	114.7	116.9	113.0	Lag(6)	Lag(6)
12	MD	SOF	Readmissions - Total	<=10.5%	>12.5%	13.0%	13.1%	13.2%	13.1%	13.2%
13	COO	LC	Patients that have spent more than 90% of their stay on a stroke ward (Q3 Performance is August - November 2016 SSNAP data)	>=80%	<=60%	78.4%	74.4%	85.7%	-	Lag(3)
14	COO	LC	Higher risk TIA treated within 24 hours	>=60%	<=55%	79.5%	89.3%	83.6%	85.0%	88.9%
15	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	76.5%	69.2%	72.8%	78.5%	59.1%
16	DON	NT	Sepsis - % of antibiotics given within 1 hour	>=59%	<=59%	75.0%	77.1%	70.0%	69.1%	Lag(1)
17	COO	NR	% Cancelled Operations - non-clinical (number of cancelled patients) - Surgical	<=1%	>1%	2.2%(65)	2.5%(77)	2.2%(67)	2.3%(65)	1.0%(26)
18	COO	LC	Theatre utilisation (elective)	>=85%	<=80%	82.1%	86.6%	95.4%	91.9%	99.8%
19	DOF	L	(Under)/Overspent	Under Plan	Over Plan	1.56	-4.80	-1.92		
20	DOF	L	Total Income	>100%	<95%	27.30	29.80	27.80		
21	DOF	L	Total Pay Expenditure	>100%	<95%	15.70	15.80	15.30		
22	DOF	L	Total Non Pay Expenditure	>100%	<95%	8.80	8.00	9.10		
23	DOF	SOF	CIP Identified	>100%	<85% planned					
24	DOF	SOF	CIP Delivered	>100%	<85% planned	0.70	2.40	0.99		

RESPONSIVE					2016/17				Current Month	
25	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	82.8%	83.1%	83.2%	83.5%	84.1%
26	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	0.99%	0.96%	0.97%	1.20%	3.11%
27	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	3	1	1	2	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	1	0	1	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%	15.6%	16.9%
32	COO	L	GP Direct Admits to SAU	>=168	<168	112	109	218	91	160
33	COO	L	GP Direct Admits to MAU	>=84	<84	48	48	44	67	69
34	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	2.9%	5.7%	4.0%	6.3%	7.0%
35	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	5.2	5.4	4.8	5.4	5.4
36	COO	LC	Number of medical outliers - median	<=25	>=30	32	28	31	42	28
37	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	91.3%	91.3%	92.3%	93.6%	91.5%
38			Mothers referred to smoking cessation service	TBC	TBC	54	51	56	61	45

SAFE					2016/17				Current Month	
39		SOF	C Diff variance from plan	TBC	TBC	0	2	0	2	0
40		SOF	C Diff infection rate	TBC	TBC	10.6	14.0	10.6	14.0	10.8
41	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	1	0	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	SOF	CAS Alerts not responded to within the deadline	0	>0	2	0	1	0	1
45	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	98.5%	98.7%	96.7%	97.4%	Lag(3)
46	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	3	3	2	3	5
47	DON	NT	Hospital acquired pressure ulcers (grade 3& 4)	0	>0	0	0	1	0	0
48	DON	NT	Hospital acquired pressure ulcers (grade 2)	<=2	>2	4	2	3	3	0
49	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	36	35	40	37	35
50	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	2	6	3	3	8
51	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	94.2%	94.7%	94.1%	96.5%	94.0%
52	DON	SOF	Emergency c-sections as a percentage of total labours	<=15.2%	>=16.2%	12.3%	10.5%	17.3%	12.4%	17.5%
53	HRD	NR	Midwife to birth ratio	<1:29.5	>1:35	1:31:0	1:32:0	1:30:0	1:29:0	1:29:0

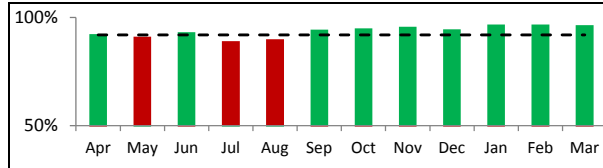
WELL LED					2016/17				Current Month	
54	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=20%	<=15%	12.0%	20.5%	18.1%	13.1%	16.0%
55	DON	NT	FFT Response Rate for Inpatients	>=40%	<35%	32.2%	35.6%	34.5%	37.6%	44.1%
56	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	21.8%	22.4%	14.0%	19.6%	18.9%
57	HRD	SOF	Turnover - Rolling 12 months	<=11.88%	>12.88%	12.5%	12.3%	12.0%	11.5%	11.5%
58	HRD	SOF	Sickness Rate	<=3.26%	>4.26%	4.1%	3.9%	4.3%	4.8%	4.3%
59	HRD	LC	Vacancy Rate	<=4.75%	>5.75%	6.4%	5.4%	4.4%	3.8%	5.9%
60	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=4.0%	>5.0%	1.9%	2.5%	2.2%	2.3%	1.9%
61	HRD	LC	% agency nursing staff (agency nursing spend as a % of total nursing pay bill)	TBC	TBC		3.7%	3.1%	3.5%	3.6%
62	HRD	LC	% of Staff with annual appraisal	>=86.3%	<76.3%	84.8%	85.2%	84.7%	84.1%	84.3%
63	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	88.6%	86.4%	86.6%	87.9%	86.4%
64	DOF		Information Governance Breaches	TBC	TBC	13	11	13	10	9
65	HRD	LC	Mandatory training	>=87.8%	<77.8%	86.8%	86.6%	87.3%	87.8%	87.6%

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

Activity	Referrals			Patient contacts		
	In month	FYTD	against plan	In month	FYTD	against plan
	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!

■ Target met
■ Target not met
 Target



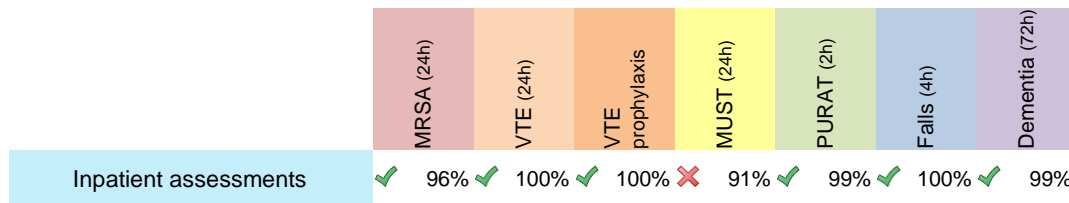
All services	Incomplete pathways			Complete pathways		
	Target	Month end	change on last month	Target	In month	change on last month
RTT (all services)	92%	96%	↘	95%	99%	↗

Information

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.

Strong performance

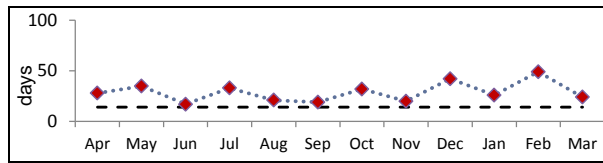
Two areas of concern - Children's continence and CTPLD, both relate to issues already flagged to commissioners. LD data not yet available due to reporting problems with Care First system.



Inconsistent

Drop in performance for MUST assessments is being investigated

◆ Target met
◆ Target not met
 Target



Inconsistent

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

	In month	Change on last month	FYTD
Average LoS (Ailesbury, Cedar and Longleat)	34.6	↘ -3.1	31.2
Average LoS (Mulberry)	44.4	↗ 9.1	41.3
Step up average LoS	24.0	↘ -25.0	28.8
Step up average LoS (excluding delayed days)	18.0	↘ -6.0	19.9

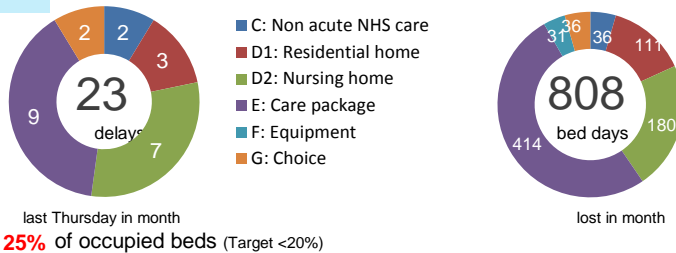
	Target	In month	FYTD
Discharged home	75%	82%	81%
Discharged by midday	50%	44%	43%
Discharged at weekend	15%	11%	14%

Excludes deaths and hospital transfers

System challenge

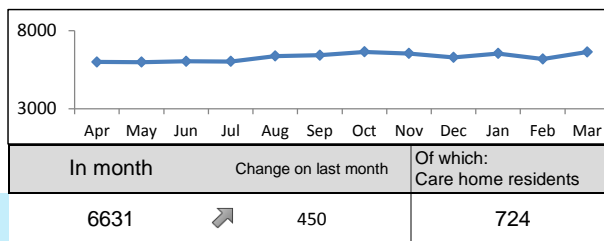
Transport IR1s being collated into report to share with commissioners.

Delayed Transfers of Care



Action ongoing

Actions ongoing to address system issues linked to development of Home First pathway.

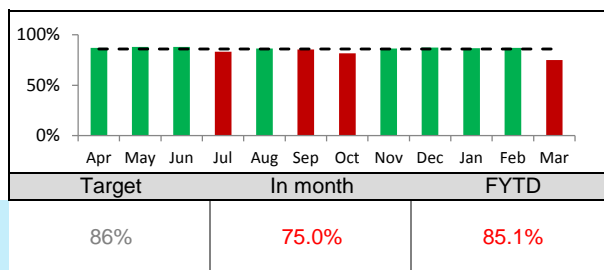


Individuals supported by Community Teams

Information

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

█ Target met
█ Target not met
 - - - Target



90 day reablement
Community Team patients at home 90 days after hospital discharge

Action ongoing

It is thought that inconsistent use of the 'intermediate care' category on SystemOne is contributing to reduced performance, it is not expected that this relates to genuine reduced performance for our patients. Given these ongoing data quality inconsistencies we will be realigning the cohort for this indicator to match our Home First pathway. Due to the nature of this indicator it will take 3 months before new cohort data is reportable.

End of life patients dying in place of choice

Target	In month	FYTD
75%	89%	92%

Strong performance

Continued excellent support for end of life patients in the community

CHC & FNC reviews*

In month (Target 90%)			FYTD		
CHC 3-month	CHC Annual	FNC	CHC 3-month	CHC Annual	FNC
N/A	100%	72%	90%	94%	74%

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.

Stroke reviews*

In month (Target 90%)			FYTD		
6 week	6 month	12 month	6 week	6 month	12 month
67%	29%	15%	52%	49%	42%

Action ongoing

The stroke review process is being reviewed and we are putting together an improvement trajectory based on this new process.

Minor Injuries Unit 4hr stay

	In month	Target	Change on last month	FYTD
Minor Injuries Unit 4hr stay	99.3%	>=95%	↘	99.5%
Attendances (breaches)	2895 (19)			37549 (173)
Left without being seen	#REF!	<1.9%	#REF!	#REF!
Transfers to acute	#REF!	<4.7%	#REF!	#REF!
Unplanned reattendances	#REF!	TBC	#REF!	#REF!

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.

Data quality concern