

Report to:	Public Board of Directors	Agenda item:	9
Date of Meeting:	26 July 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 3 Appendix 2: WH&C Performance Dashboard Summary – Month 2 (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 June performance.</p> <p>Board should note that the RUH have been rated 2 overall against the NHSI Single Oversight Framework (SOF).</p> <p>In June four SOF operational performance metrics trigger concern; 4 hour performance, RTT Incomplete Pathways, and diagnostics maximum 6 week wait and 62 day referral to treatment for all cancers and from screening.</p> <p>Board are asked to note:</p> <ul style="list-style-type: none"> Improved 4 hour performance at 90.3% above the Trust's Improvement Trajectory, but below the 95% national standard. RTT incomplete pathways in 18 weeks at 89.7% below the Trusts Improvement Trajectory and the 92% national standard. Diagnostic tests – 6 week wait 3.28% failing the national standard of 1%. 62 day referral to treatment from screening at 85.7% below the 90% target, due to a ½ breach. 62 day referral to treatment of all cancers at 81% below the 85% target, due to 17 breaches. 2 Week GP Referral to first outpatient – breast symptomatic 75.6% below the national standard of 93%. Delayed Transfers of Care, June month end snapshot of 56 patients and 1165 delayed days (6.6 %). <p>The Wiltshire Health and Care performance summary for month 2 is attached for information.</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 – June 2017

NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	May 2017	June 2017	Triggers Concerns
Four hour maximum wait in A&E (All Types from April 2014 onwards)	80.8%	90.3%	
C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	1	1	
RTT - Incomplete Pathways in 18 weeks	90.0%	89.7%	
31 day diagnosis to first treatment for all cancers	98.1%	97.7%	
31 day second or subsequent treatment - surgery	100.0%	100.0%	
31 day second or subsequent treatment - drug treatments	100.0%	100.0%	
31 day second or subsequent cancer treatment - radiotherapy treatments	100.0%	100.0%	
2 week GP referral to 1st outpatient	96.6%	94.3%	
2 week GP referral to 1st outpatient - breast symptoms	92.1%	75.6%	
62 day referral to treatment from screening	90.9%	85.7%	
62 day urgent referral to treatment of all cancers	86.0%	81.0%	
Diagnostic tests maximum wait of 6 weeks	2.75%	3.28%	

This report provides a summary of performance for the month of June 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 June four SOF operational metrics triggered concerns: **4 hour performance – although the improvement trajectory was delivered in month**, 18 weeks RTT Incomplete Pathways, Six week diagnostic waits (DMO1) and 62 day referral to treatment of all cancers and from screening.

2 Week GP Referral to first outpatient breast symptomatic was below the national standard in June.



4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	Jun-17	Q1	Fy-2017/18
All Types	90.3%	86.4%	86.4%

Table 2: Emergency Department Quality Indicators:

Indicator	Title	Month	Quarter	Year
		June-17	1	2017/2018
2)	Unplanned Re-attendance Rate	0.6%	0.7%	0.7%
3.ii)	Total Time in ED - 95th Percentile	402.0	452.0	452.0
4)	Left Without Being Seen	1.1%	1.1%	1.1%
6.ii)	Time to Initial Assessment - 95th Percentile	13.0	13.1	13.1
7.i)	Time to Treatment - Median	54.0	58.0	58.0
	ED Attendances (Type 1)	5876	18429	18429
	ED 4 Hour Breaches (Type 1)	651	2883	2883
	ED 4 Hour Performance (Type 1)	88.9%	84.4%	84.4%
	Ambulance Handovers within 30 minutes	99.9%	99.9%	99.9%
	ED Friends and Family Test	98	97	97

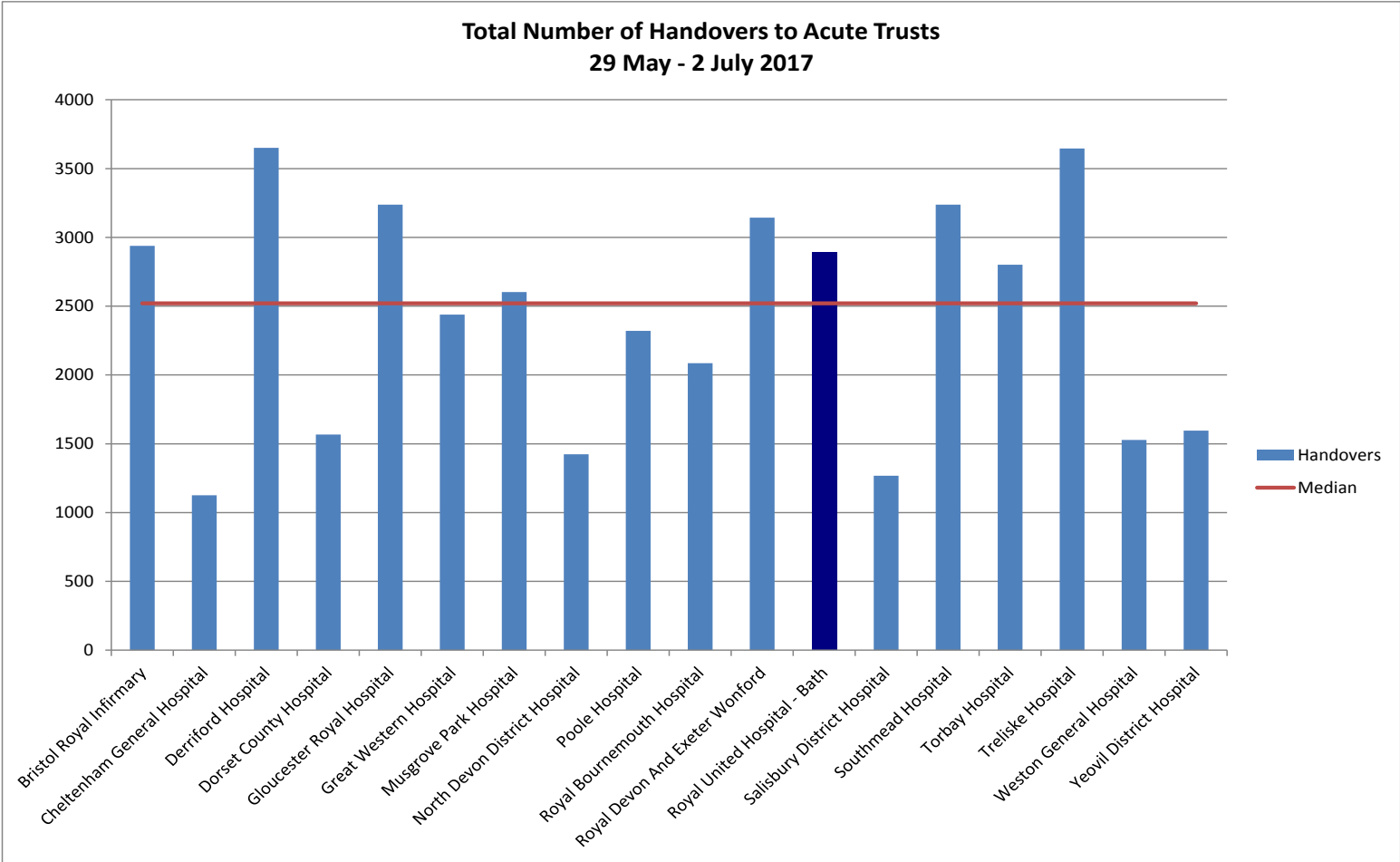
Table 1:

During June “all types” performance was 90.3%, below the 95% standard with a total of 664 breaches in month.

Table 2:

Performance across the ED quality indicators
Ambulance Handovers: 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)

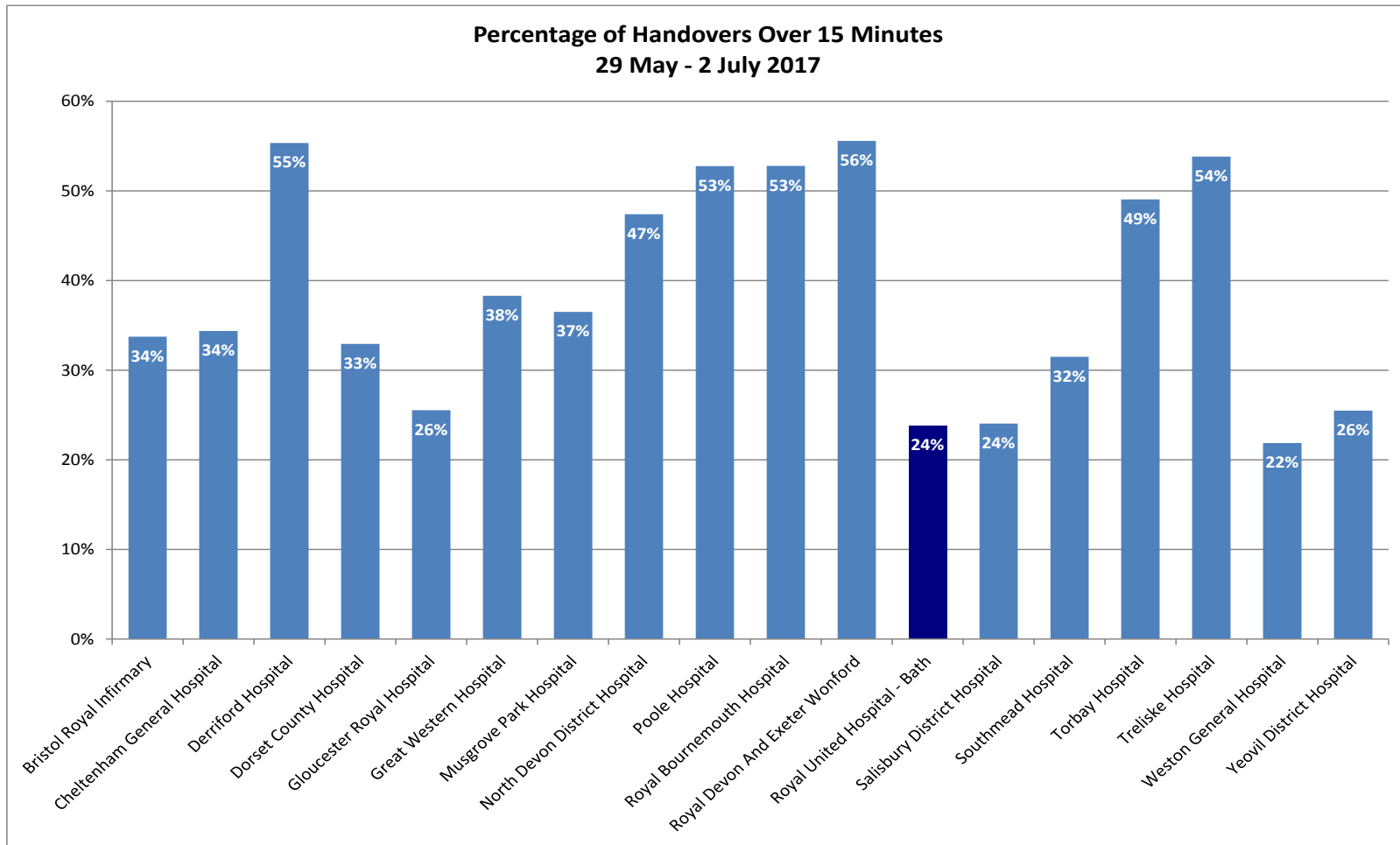


Comparison of the total number of ambulance handovers across all Trusts supported by SWAS.

The RUH had 2889 ambulance handover’s in the five week period (369 over the median)

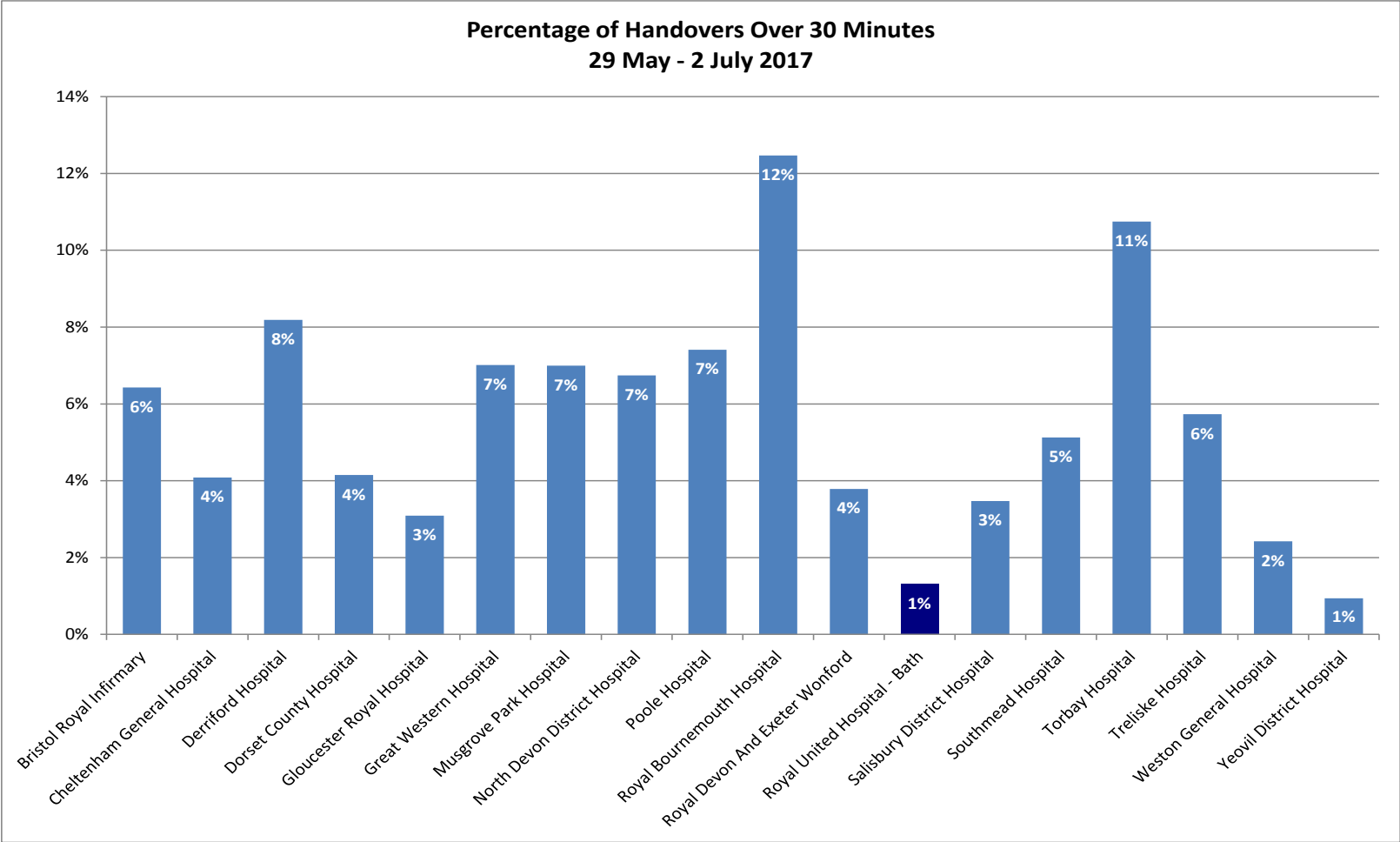
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

SWAS Ambulance Handovers to ED over 15 minutes (3)



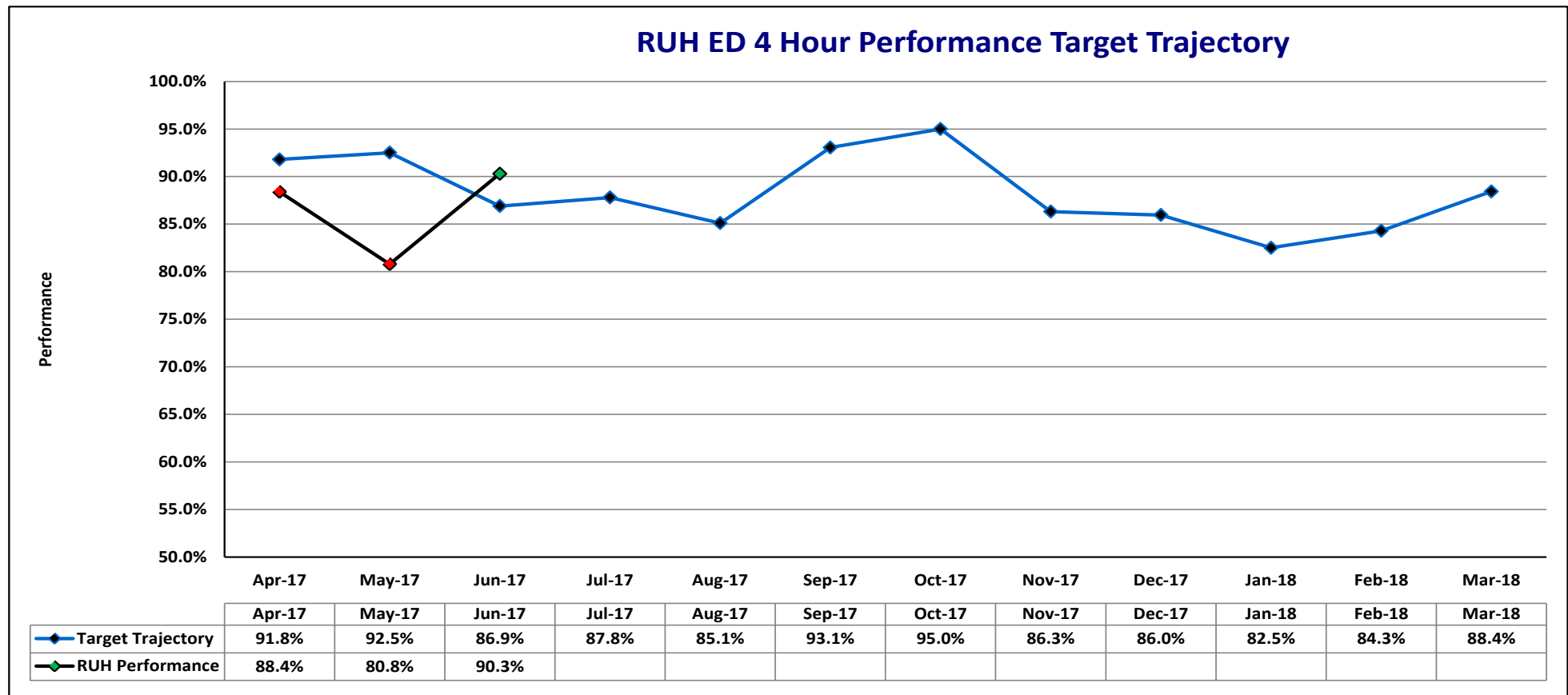
Data source: W020 –
Hospital & Late Handover
Trend Analysis (SWAS)

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)

Non Elective Activity Against Contract - Excludes Maternity



In June 2017 the non elective activity was 7.9% above June 2016 (excluding Maternity). Emergency department (ED) attendances were 3.4% below June 2016.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 22 with an average of 14.
- Medical Outliers peaked at 45 with a median of 18.

In June 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 May.

- The max number of beds closed was 57 and the average per day closed was 18.

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	May-17	Jun-17
Trust Total	Plan	3187	3294	3187	3294	3294	3187	3294	3187	3294	3294	2975	3294	3,064	3,190	3,077
	Activity	3219	3239	3167	3144	3203	3334	3612	3601	3563	3424	3013	3593	3343	3616	3417
	Previous Fy Activity	3092	3017	3133	3187	2972	3170	3326	3116	3433	3077	3068	3579	3219	3239	3167
	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%	9.1%	13.3%	11.1%
	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%	3.9%	11.6%	7.9%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan	1154	1192	1154	1192	1192	1154	1192	1154	1192	1192	1077	1192	1074	1117	1078
	Activity	1147	1158	1120	1118	1119	1193	1275	1289	1306	1233	1068	1355	1268	1411	1301
	Previous Fy Activity	1113	1131	1180	1155	1064	1170	1210	1180	1265	1135	1189	1347	1147	1158	1120
	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%	18.1%	26.3%	20.7%
	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%	21.8%	16.2%
NHS SOMERSET CCG	Plan	455	470	455	470	470	455	470	455	470	470	424	470	431	448	432
	Activity	452	440	451	443	459	433	548	523	514	428	412	509	472	488	476
	Previous Fy Activity	451	435	437	467	406	459	453	423	523	464	431	544	452	440	451
	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%	9.6%	8.9%	10.1%
	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%	4.4%	10.9%	5.5%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan	127	132	127	132	132	127	132	127	132	132	119	132	112	117	112
	Activity	118	111	102	112	119	110	130	113	119	145	103	148	119	149	134
	Previous Fy Activity	120	116	127	137	118	109	139	147	138	115	115	154	118	111	102
	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%	6.2%	27.9%	19.2%
	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%	0.8%	34.2%	31.4%
NHS WILTSHIRE CCG	Plan	1157	1196	1157	1196	1196	1157	1196	1157	1196	1196	1080	1196	1184	1233	1189
	Activity	1186	1212	1194	1195	1212	1285	1362	1374	1334	1328	1189	1378	1257	1358	1309
	Previous Fy Activity	1150	1070	1118	1127	1110	1180	1226	1100	1220	1106	1113	1273	1186	1212	1194
	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%	6.2%	10.1%	10.1%
	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%	6.0%	12.0%	9.6%



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	1	0	0
February 2017	4	1	0	1
March 2017	1	0	0	0
April 2017	2	0	1	0
May 2017	3	2	0	0
June 2017	1	0	0	1

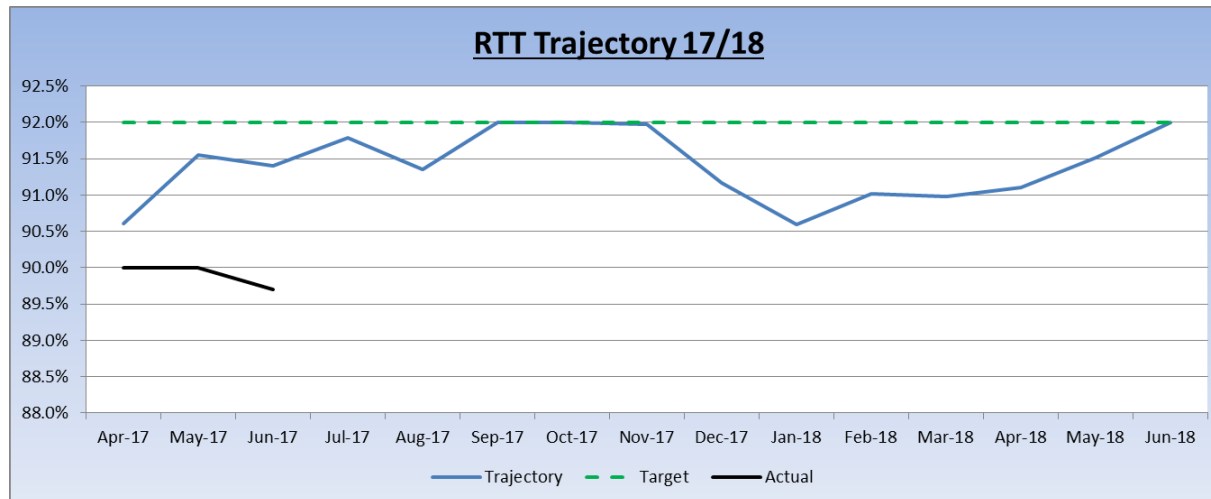
In June there was 1 case of C difficile.

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 June (89.7% against projected 91.4%). Six specialties didn't achieve the constitutional standard in June. These were General Surgery, Urology, T&O, ENT, Oral Surgery and Cardiology.

Cardiology, ENT and General Surgery also did not deliver their improvement trajectories.

The over 18 week backlog for admitted patients reduced in month to 1915 (4.8% reduction)

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 Delivery Group.

18 Weeks Incomplete Standard (2)

RTT Incomplete Open Pathway Performance by Specialty:

	Open Pathways			Trajectory Target
	Total Waiters	> 18 Weeks	Performance	
100 - General Surgery	2399	313	87.0%	92.1%
101 - Urology	1089	143	86.9%	
110 - T&O	1722	330	80.8%	
120 - ENT	1920	231	88.0%	
130 - Ophthalmology	2548	170	93.3%	86.6%
140 - Oral Surgery	2326	371	84.0%	
300 - Acute Medicine	50	1	98.0%	
301 - Gastroenterology	2076	100	95.2%	
320 - Cardiology	1677	347	79.3%	92.0%
330 - Dermatology	1072	54	95.0%	92.0%
340 - Respiratory Medicine	423	5	98.8%	91.4%
400 - Neurology	639	13	98.0%	
410 - Rheumatology	1173	23	98.0%	
430 - Geriatric Medicine	141	2	98.6%	
502 - Gynaecology	1073	53	95.1%	91.4%
X01 - Other	1925	135	93.0%	
Total	22253	2291	89.7%	91.4%

During June Trust level performance was rated red for the RTT indicator – incomplete pathways, with continued underperformance against the improvement trajectory.

Actions taken in Month:

- 262 patients were discharged via the day case chairs, a 11% increase from May (24% cumulative increase from April).
- A total of 56 cancellations occurred for non-clinical reasons, of which 43% were due to lack of beds. Sustained reduction in cancellations compared to prior year is noted.
- Sustained achievement against specialty level trajectories agreed with CCGs is noted in Dermatology and Gastroenterology. The trajectories for Cardiology, ENT, and General Surgery were not achieved, although in-month improvement is noted in General Surgery, with an 8% reduction in the admitted backlog delivered and sustained high levels of theatre utilisation. Delivery against these improvement trajectories is monitored by the RTT Steering Group.
- A demand and capacity modelling exercise is underway across surgical specialties to inform an RTT recovery plan and an improvement plan is in place for Cardiology.

18 Weeks – Incomplete Pathways >30 weeks (3)

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
100 - General Surgery	71	69	83	61	54	56	64	86	104	84	79	76	69
101 - Urology	4	8	8	5	4	3	4	13	21	18	22	20	16
110 - Trauma & Orthopaedics	34	21	29	35	21	19	32	47	62	53	48	60	73
120 - ENT	21	20	14	5	7	5	7	7	15	20	18	25	15
130 - Ophthalmology	7	12	6	5	3	1	7	14	23	16	10	12	13
140 - Oral Surgery	7	7	7	6	4	4	10	18	24	13	12	36	40
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	7	8	13	6	4	11	24	58	48	37	29	28	20
320 - Cardiology	37	51	58	50	30	30	33	33	34	25	27	32	36
330 - Dermatology	3	1	12	3	3	1	0	3	4	2	0	1	0
340 - Respiratory Medicine	0	2	0	0	0	0	0	0	0	0	0	0	0
400 - Neurology	0	1	0	0	0	0	1	1	1	1	0	1	0
410 - Rheumatology	5	1	5	4	3	1	0	1	0	1	1	2	3
430 - Geriatric Medicine	0	0	1	3	1	2	0	0	0	0	0	0	0
502 - Gynaecology	10	6	7	7	2	1	9	5	2	3	2	7	3
X01 - Other	43	19	10	17	21	22	26	40	29	19	16	13	8
Open Pathways > 30 Weeks	249	226	253	207	157	156	218	326	367	292	264	313	296



Cancer Access 62 days all cancers (1)

			Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
62 Day	Cancer Network	RUH	93.10%	87.80%	94.40%	90.90%	85.10%	87.50%	81.50%	85.60%	90.30%	88.20%	85.40%	81.00%
		UHB	72.90%	84.60%	80.50%	79.50%	85.20%	85.10%	84.70%	79.03%	81.20%	76.80%	Not yet available	Not yet available
		NBT	84.50%	87.10%	81.30%	78.90%	89.00%	90.20%	89.10%	87.86%	89.60%	87.80%	Not yet available	Not yet available
		Taunton	85.10%	85.30%	79.70%	80.40%	86.00%	82.50%	75.00%	25.00%	83.20%	82.40%	Not yet available	Not yet available
		Yeovil	90.40%	44.40%	80.20%	79.80%	90.00%	92.50%	89.00%	91.75%	93.40%	84.95%	Not yet available	Not yet available
		Gloucester	74.00%	79.00%	77.10%	73.10%	79.40%	72.20%	63.20%	70.79%	71.10%	78.46%	Not yet available	Not yet available
		Weston	75.50%	75.40%	72.60%	76.60%	75.70%	86.70%	73.30%	71.43%	83.60%	78.43%	Not yet available	Not yet available
	Other Local Trusts	GWH	85.70%	89.00%	85.60%	91.40%	85.70%	86.20%	85.40%	84.27%	88.50%	77.17%	Not yet available	Not yet available
		Salisbury	92.80%	94.40%	81.40%	85.30%	94.60%	81.00%	75.00%	83.95%	85.44%	81.55%	Not yet available	Not yet available
	National	England	82.20%	82.40%	81.43%	81.10%	82.30%	83.00%	79.70%	79.82%	83.03%	82.91%	Not yet available	Not yet available

June performance was 81%, against the 85% target.

From July Performance is being reviewed on a weekly conference call with NHSI, as part of a national focus to improve performance.

Performance is expected to recover in July 2017.

62 Day performance by Tumour Site (1a)

Cancer Site	Indicator Description	2016/17										2017/18		
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Breast	Activity	34	29	18	23	17.5	17	24	16	21	14.5	22	15	20
	Breaches	1	1	2	1	2	2	2	0	1	0	1	1	0
	Performance	97.1%	96.6%	88.9%	95.7%	88.6%	88.2%	91.7%	100.0%	95.2%	100.0%	95.5%	93.3%	100.0%
Colorectal	Activity	9	8	11	6	6	9	7	6	11	10	11	5	7
	Breaches	2	2	3	1	1	2	4	2	3	2	1	2	4
	Performance	77.8%	75.0%	72.7%	83.3%	83.3%	77.8%	42.9%	66.7%	72.7%	80.0%	90.9%	60.0%	42.9%
Gynaecology	Activity	6	7	11	7	5	7	5	4	2	8	2	6	5
	Breaches	0	0	1	0	0	1	0.5	0	1	0	0	0	1
	Performance	100.0%	100.0%	90.9%	100.0%	100.0%	85.7%	90.0%	100.0%	50.0%	100.0%	100.0%	100.0%	80.0%
Haematology	Activity	3	4	5.5	5		3	4	0.5	5	7	5	4	5
	Breaches	0	0	0	0		0	0	0	0	0	0	1	0
	Performance	100.0%	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%
Head and Neck	Activity	4	1.5	3.5	6	4	5	4	1	3	2.5	4	1	6.5
	Breaches	0.5	0	1	0	1	0	0	1	0	0	1.5	0	3
	Performance	87.5%	100.0%	71.4%	100.0%	75.0%	100.0%	100.0%	0.0%	100.0%	100.0%	62.5%	100.0%	53.8%
Lung	Activity	9.5	6	10	4	9	8	12	7	6.5	8	6.5	6	3
	Breaches	0.5	0	1	0	0	1	3	0	3.5	2	1.5	0	0
	Performance	94.7%	100.0%	90.0%	100.0%	100.0%	87.5%	75.0%	100.0%	46.2%	75.0%	76.9%	100.0%	100.0%
Other	Activity	1	2		1		1		1		2	0	1	0
	Breaches	0	0		0		0		0		0	0	0	0
	Performance	100.0%	100.0%	-	100.0%	-	100.0%	-	100.0%	-	100.0%	n/a	100.0%	n/a
Skin	Activity	18.5	23	21.5	16	25.5	17.5	23	19	16.5	26	16	26.5	13
	Breaches	2	2	2	2	3	2	1.5	2	0	1.5	2	4	2
	Performance	89.2%	91.3%	90.7%	87.5%	88.2%	88.6%	93.5%	89.5%	100.0%	94.2%	87.5%	84.9%	84.6%
Upper GI	Activity	4.5	4	5	3.5	9.5	7	6	4.5	3.5	5.5	2	2	8
	Breaches	1.5	1.5	0	1.5	2.5	3	0	1.5	0.5	1.5	0	0	0
	Performance	66.7%	62.5%	100.0%	57.1%	73.7%	57.1%	100.0%	66.7%	85.7%	72.7%	100.0%	100.0%	100.0%
Urology	Activity	26	17	21	12	16	20	18.5	16	13	27.5	16.5	19.5	22
	Breaches	8	1	3	1	0	1	1.5	6	2.5	4	3.5	4	7
	Performance	69.2%	94.1%	85.7%	91.7%	100.0%	95.0%	91.9%	62.5%	80.8%	85.5%	78.8%	79.5%	68.2%
All	Activity	115.5	101.5	106.5	83.5	92.5	94.5	103.5	75	82.5	112	85	86	89.5
	Breaches	15.5	7.5	13	6.5	9.5	12	12.5	12.5	11.5	11	10.5	12	17
	Performance	86.6%	92.6%	87.8%	92.2%	89.7%	87.3%	87.9%	83.3%	86.1%	90.2%	87.6%	86.0%	81.0%

As part of an increased level of governance against the 62 Day cancer standard, Board are asked to note performance by tumour site.

The RUH, as per the national picture, performance is challenged in the following tumour sites:

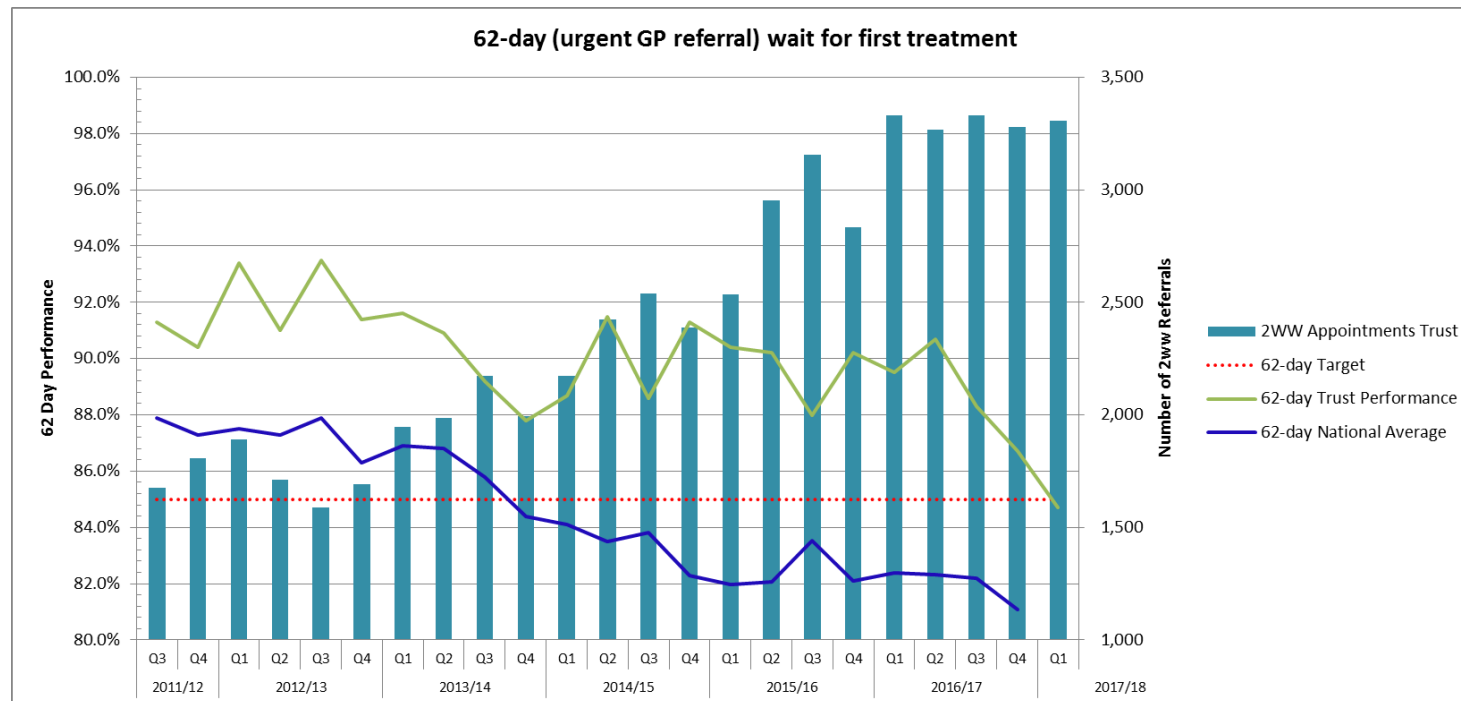
- Colorectal (Lower GI)
 - Urology (Prostate)
- And locally within Skin.

Improvement plans at these tumour sites are now in development.

Additional actions being taken:

- Strengthening weekly 62 day reporting
- Reviewing operational PTL processes
- Increasing speciality manager focus on the 62 day target

Q1 - 62 Day (urgent GP referral) wait for first treatment (2)



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

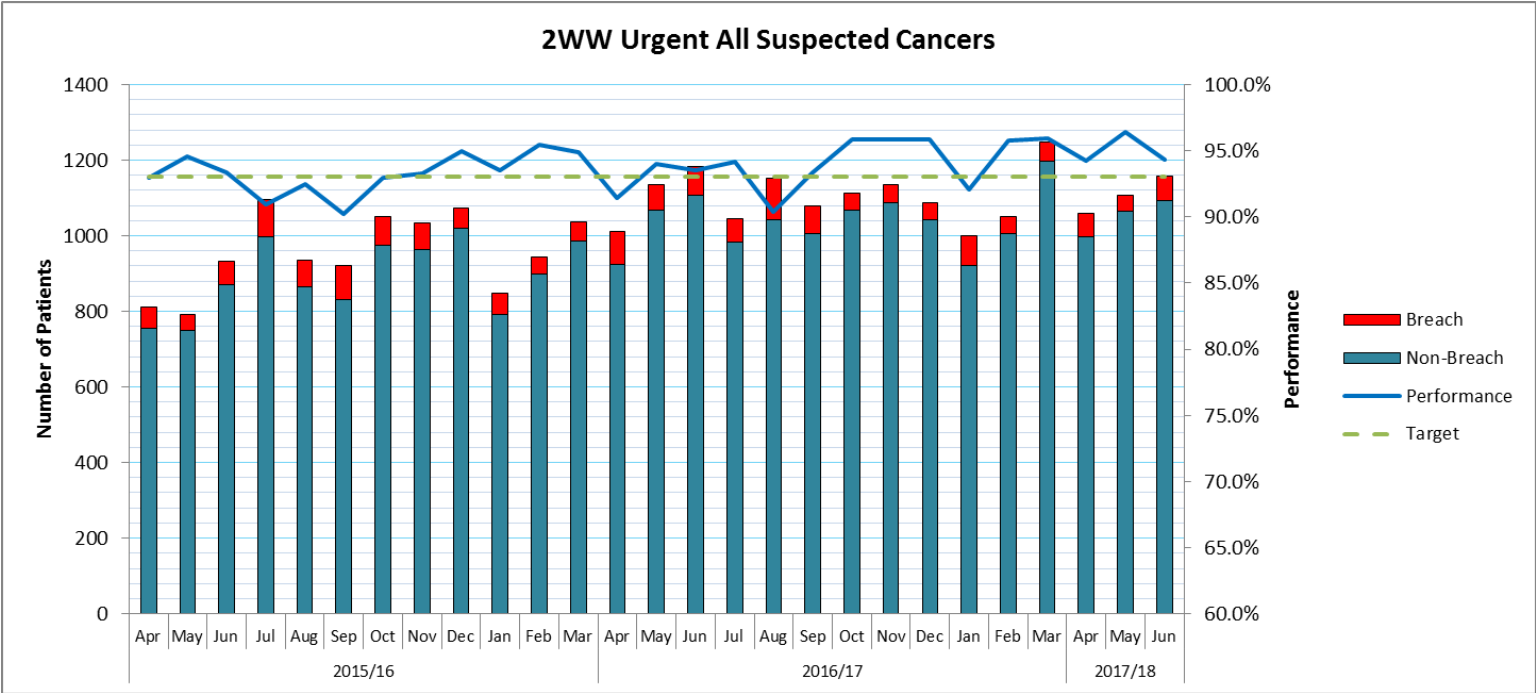
The decline in performance in June was due to a large number of breaches within Urology and Colorectal.

A number of patients with long, complex pathways received treatment within the month.

Performance is expected to recover in July with increased attention on cancer targets in divisional PTL meetings, and implementation of a more robust PTL process in each tumour site with particular focus on Urology, Colorectal, and Skin pathways.

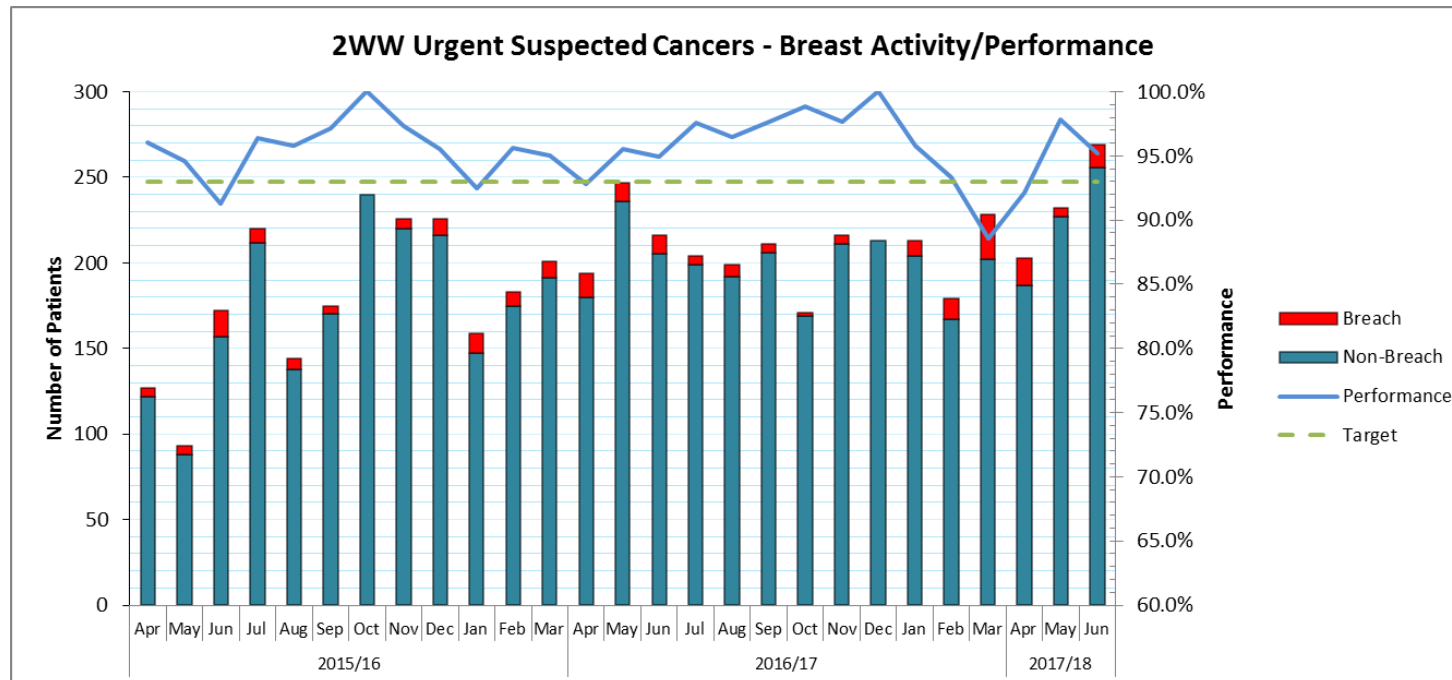
As per the national policy the RUH has successfully reallocated one shared breach to another Trust where the RUH met the waiting time requirements. Performance adjustments of this nature are reported separately to commissioners one month in arrears.

Cancer Access – 2 WW (4)



The 2ww suspected cancer target passed in June at **94.3%**.

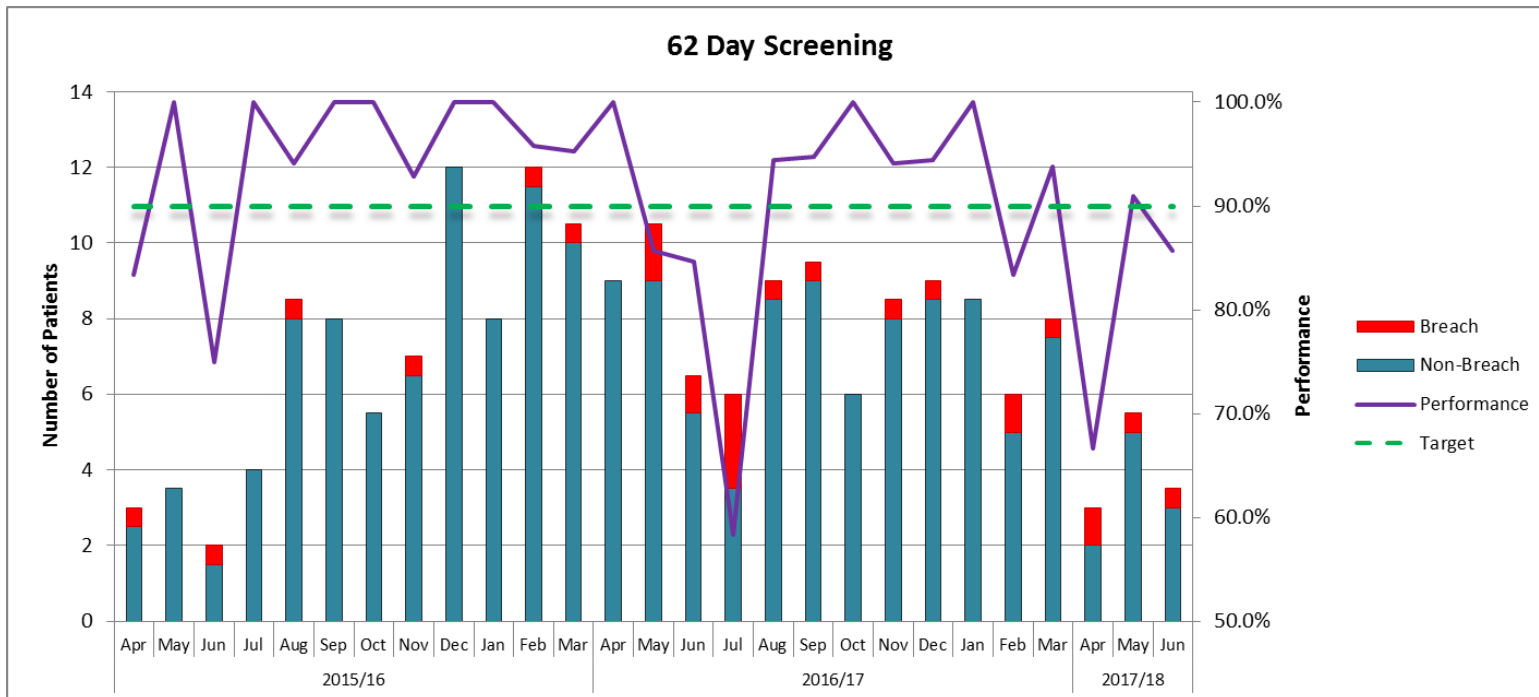
Cancer Access – 2 WW Breast Suspected Cancer (5)



The performance in June for Breast 2 WW suspected cancer was **95.2%**, 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 managed against the 2 WW suspected cancer target, not the 2 WW breast symptomatic target.

Cancer Access – 62 Day Screening (6)

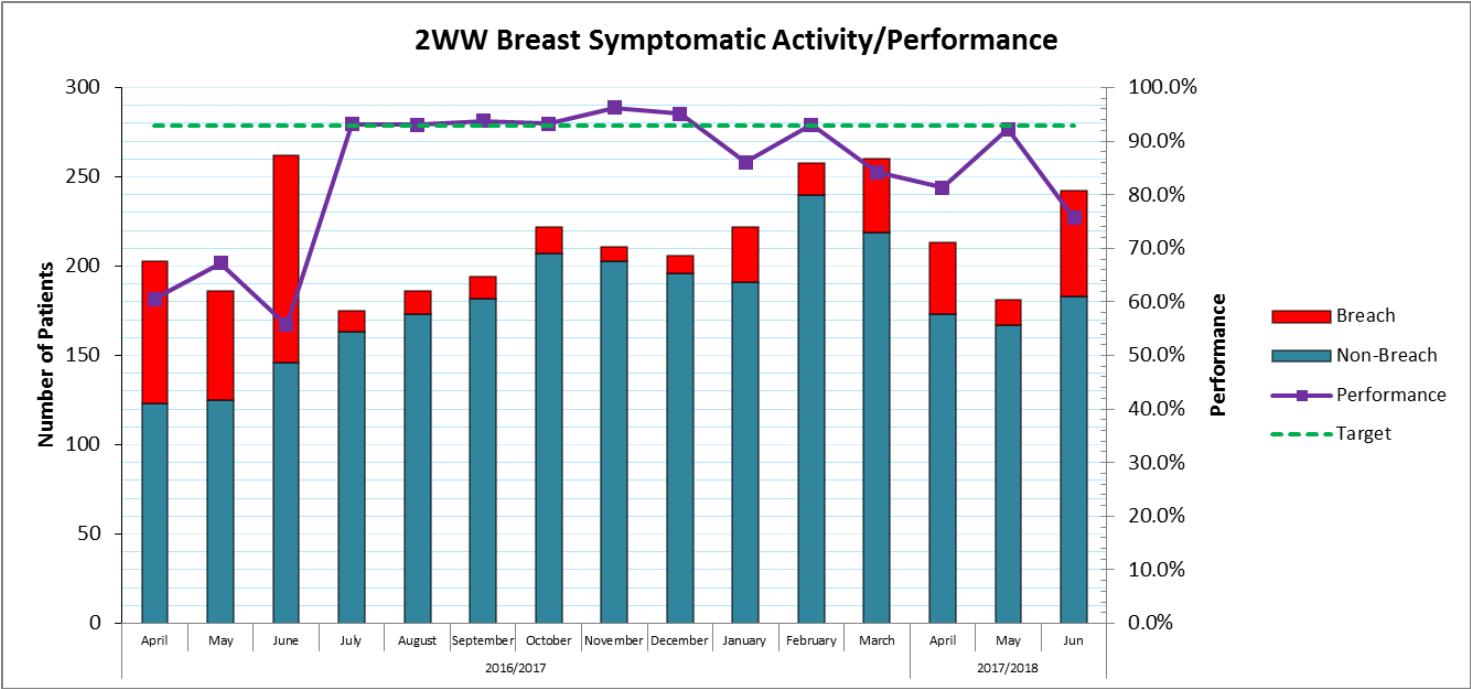


In June, the Trust failed the 90% target, with performance at **85.7%**. Low activity (only 3.5 patients referred via NHS cancer screening service) meant that the ½ breach caused failure.

½ breaches can occur if the patient is referred to, or treated at, another Trust.

The Cancer Services manager continues to work within the cancer network to minimise breaches.

Cancer Access – Breast Symptomatic (7)



In June, performance of **75.6%** was delivered.

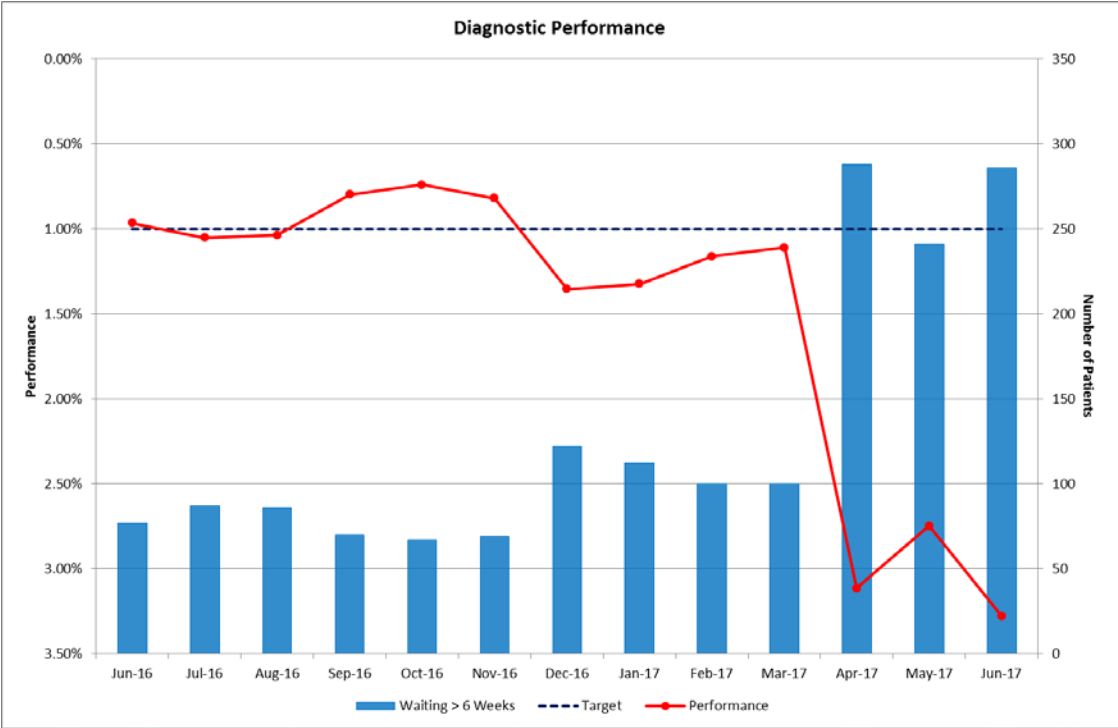
Performance remains at risk due to staffing issues.

The RUH has agreed a recovery trajectory with commissioners

Mitigations are in place to maintain service continuity, with locum cover and additional outpatient sessions provided by existing staff. Triage of referrals remain in place.

The recent round of recruitment to appoint to the consultant breast radiologist post has been unsuccessful and workforce planning continues to identify alternative clinical models to support sustained delivery.

Diagnostics (1)



Diagnostic tests – maximum wait of 6 weeks

From April specialist Echocardiography have been included with DMO1 reporting.

June performance is reported as 3.28% against the <=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 161 breaches reported equating to 56% of the breaches in month.

77 breaches occurred in non-obstetric ultrasound.

The cardiac MRI backlog continues to reduce and work continues with other providers

Performance continues to be monitored weekly by the Medical Division management team and progress is reviewed monthly at the RTT Steering Group.

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	38
Non-obstetric ultrasound	77
Audiology - Audiology Assessments	9
Cardiology - echocardiography	161
Cystoscopy	1
Total	286

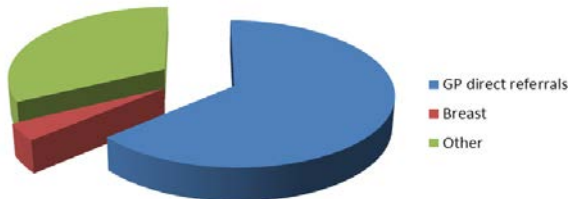


Diagnostics (2)

Key Recovery Plan Actions Delivered in June:

- Review of DEXA scan referrals and access to diagnostic (Zero breaches in June)
- Escalation of APO cancellations and rebooks to CCGs
- Additional locum approved for Cardiology

Echo Type	
Cardiology DSE	88
Cardiology Bubble	16
Cardiology TOE / TEE	21
Plain Echo	36
	161



Specialist Echo (127):

- The overall number of specialist echo breaches reduced by 5 in June from 132. Work continues with the specialty and APO to improve the position.

Audiology Breaches (9):

- Short-notice sickness absence impacted on capacity and subsequent breaches.

Non-obstetric Ultrasound(77):

- 3 breaches relate to breast ultrasound as consultant capacity continues to be stretched.
- 74 other ultrasound breaches occurred in month:
49 of 74 (66%) breaches were GP direct referrals

The remaining breaches were spread across a wide variety of specialties

A project has commenced to review referral patterns and guidance for GPs with the aim to reduce demand

- Robust processes are being implemented to ensure timely escalation of any demand and capacity mismatch

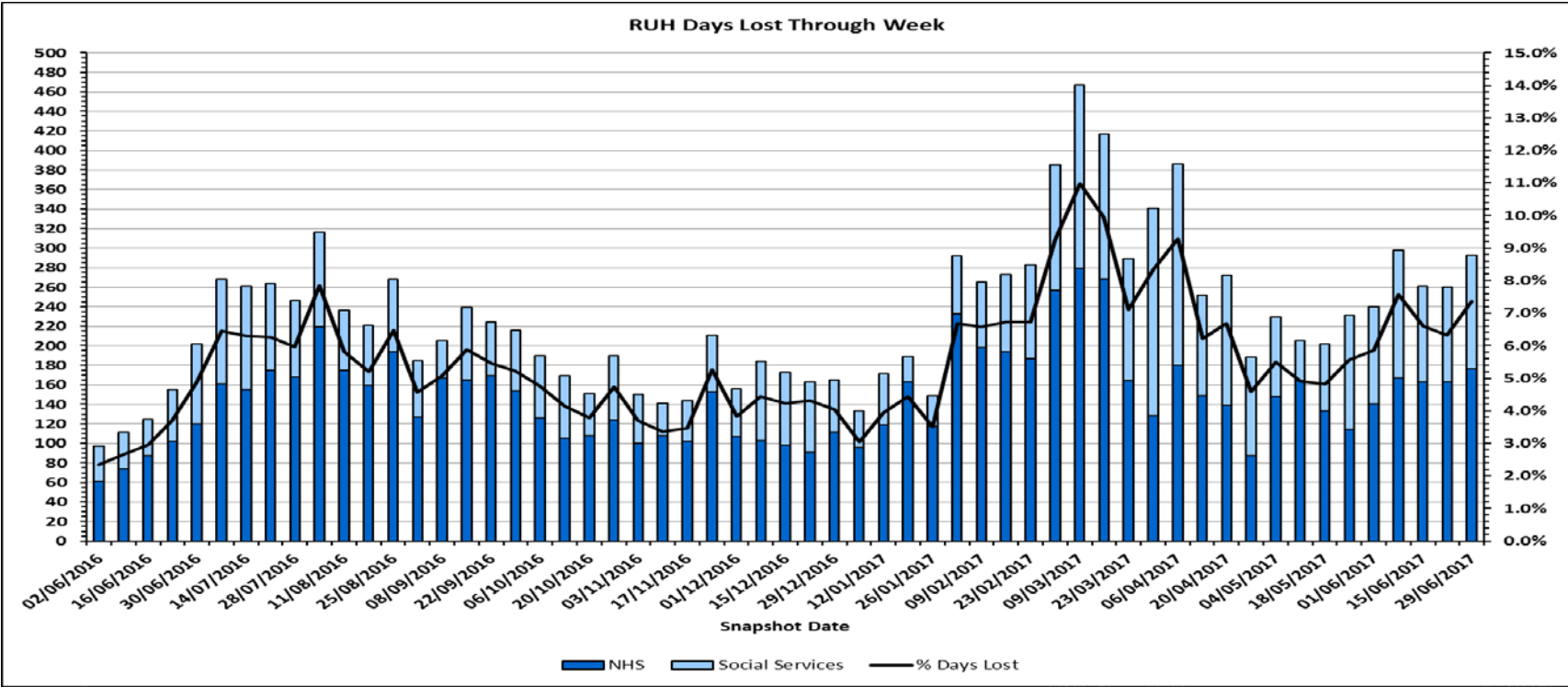
Delayed Transfers of Care

DTC	CCG																			
	NHS BATH AND NORTH EAST SOMERSET CCG			NHS SOMERSET CCG			NHS WILTSHIRE CCG				NHS SOUTH GLOUCESTERSHIRE CCG			Non Commissioning CCGs			All CCGs			
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Both	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Both	Total
Number of Patients	19	10	29	3	4	7	14	4	0	18	1	0	1	0	1	1	37	19	0	56
Number of Delayed Days	150	255	405	84	42	126	442	150	4	596	21	8	29	0	9	9	697	464	4	1165

The DTOC position by CCG is detailed in the table on the left, which shows 56 patients reported at the June month end snapshot and **1165 delayed days (6.6%)**.

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

This issue continues to be escalated through the AEDB and NHSI performance meetings. The Trust is seeking greater assurance on CCG plans to reduce delays to a target level of 3.5% delayed days.



Key National and Local Indicators

In the month of June there were 9 red indicators of the 66 measures reported, **2 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.



Effective SOF

- X 13. **Readmissions**
- X 18. % Cancelled Operations - non-clinical (number of cancelled patients) - Surgical

Responsive SOF

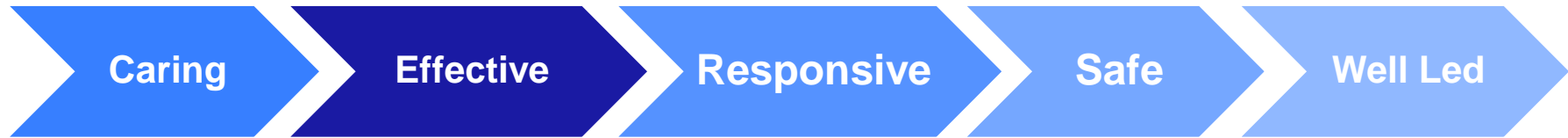
- X 27. **Diagnostic tests maximum wait of 6 weeks (DMO1)**
- X 28. RTT over 52 week waiters (cumulative quarter)
- X 32. % Discharges by Midday (Excluding Maternity)
- X 35. Delayed Transfers of Care – (Days)

Safe

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

Well Led

- X 60. Vacancy Rate
- X 64. Information Governance Training compliance (Trust)



X 13. Readmissions – Total

There were 469 readmissions (14.3%) in June (1.3% increase from May). The Medical Division increased from 16.7% to 17.8%, the Surgical Division increased from 8.8% to 10.2% and Women and Children's Division increased from 3.2% to 4.2%.

X 18. % Cancelled Operations – non-clinical (surgical)

In the month of June there were 56 surgical patients cancelled for non-clinical reasons on the day of surgery, equating to 1.8% of elective cases. The majority of cancellations were within Ophthalmology (16), General Surgery (11), Obstetrics and Gynaecology (9) and Trauma and Orthopaedic (8) and Urology (8). The main reason was ward bed availability (24) due to operational pressures in month.



X 27. Diagnostic tests maximum wait of 6 weeks (SOF)

There were 286 over 6 week waiters in June, equating to 3.28% performance against the $\leq 1.0\%$ indicator, rated red. Performance in June failed to meet the constitutional target. See slide 20 and 21 above. A DMO1 RAP has been developed being led by the Divisional Manager for Medicine.

X 28. RTT over 52 week waiters (cumulative quarter)

In the month there were two over 52 week waiters (T&O & Urology):-

Urology – a patient was recorded as waiting more than 52 weeks for treatment due to being checked out incorrectly as a diagnostic episode on the new appointment. This excluded the patient's pathway from being reported on the incomplete pathways list. A new pathway was started when the patient was listed for surgery which meant that the patient was not identified as a long waiter. This was identified through validation. The patient has now had their surgery and has not come to harm. A full RCA will be completed and a letter of apology sent to the patient once completed.

Trauma and Orthopaedic – a patient was recorded as waiting more than 52 weeks for treatment due to an administration error when the patient was incorrectly checked out from the first outpatient appointment as "treatment already given". This excluded the patient from reporting. When the patient was listed for surgery a new pathway was started which resulted in the patient not being identified as a long waiter and at risk of 52 week breach. This was identified through validation. The patient was treated on 30th June 2017. The RCA has been completed and the letter of apology has been drafted.



X 32. % Discharges by Midday (Excluding Maternity)

17.5% of patients were discharged by midday in June with performance increasing from 15.7% in May, but staying below the target of 33%. Improvement work is being led by the RUH Discharge Board as part of the Trusts urgent care improvement plan.

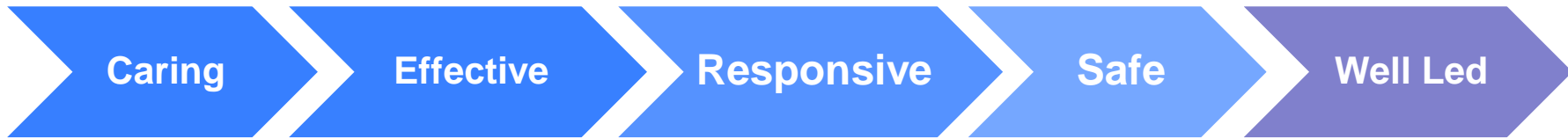
X 35. Delayed Transfers of Care – (Days)

There were 1,165 delayed days in June, which was 6.6% of the Trust's occupied bed days. There were 56 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 Discharge Board and Integrated Discharge Service (IDS) programme, working with system partners, are focusing on actions to improve discharge pathways for complex patients. This work has included the development and implementation of Home First (Discharge pathway 1) from March 2017.



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

In June there were 4 patients with falls resulting in serious harm. 1 Catastrophic in Medicine (Helena Ward), 1 Major in Medicine (Combe Ward), 1 Moderate in Medicine (Cheselden Ward), 1 Moderate in Women's and Children (Charlotte Ward). Reducing falls is a Trust patient safety priority in 2017/18 and the Trust wide falls Improvement programme was launched in June 19th 2017.



X 60. Vacancy Rate

The Trust Vacancy Rate remained at 5.8% in June. Further information is included in the following Well Led slides

X 64. Information Governance Training compliance (Trust)

The Trust Information Governance Training compliance fell to 84.4% in June. Further information is included in the following Well Led slides, highlighting a particular drop in performance in the Facilities Division.

Well Led – Workforce

1. Summary & Exception Reports

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

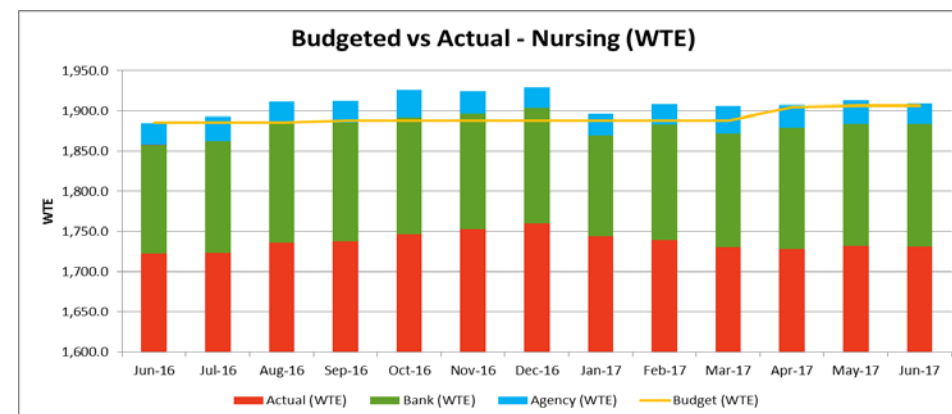
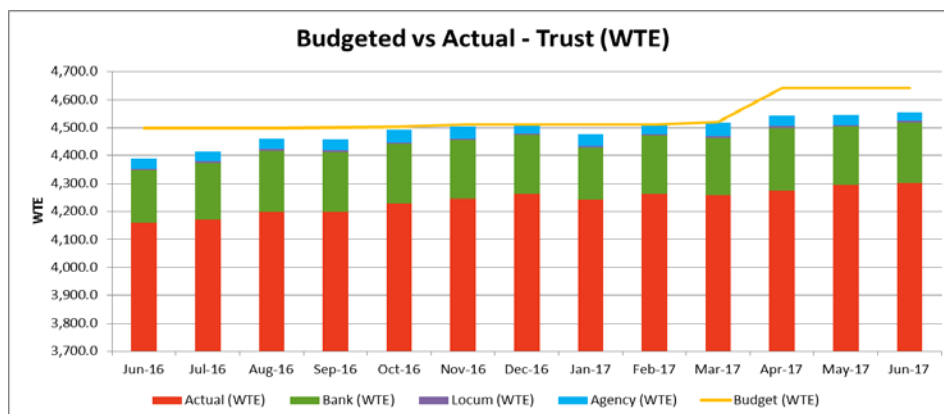
Workforce	May-17						Jun-17						Q1
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust Target
Turnover (rolling 12 months %)	11.6	13.7	10.7	10.9	12.2	11.8	11.5	12.5	11.5	10.9	12.1	11.1	11.4%
Sickness Absence (%)	3.7	2.5	6.0	3.7	4.3	2.7	3.7	3.0	5.2	3.6	3.9	3.2	3.3%
Vacancy Rate (%)	5.9	5.6	9.0	6.0	6.3	3.8	5.8	5.7	9.2	5.5	6.6	3.9	4.0%
Agency Staff (agency spend as a % of total pay bill)	2.0	2.2	0.4	1.7	3.1	0.7	1.7	2.2	1.1	1.1	2.9	0.7	4.0%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	3.5	2.2	-	3.3	6.4	0.3	2.8	4.9	-	2.0	6.0	0.3	4.0%
Staff with Annual Appraisal (%)	85.2	78.4	80.1	85.6	88.8	87.1	84.5	81.7	75.8	84.5	87.6	88.3	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 (%)	85.6	86.4	87.4	86.1	86.6	87.9	84.8	86.2	81.6	86.4	86.6	89.2	95.0%
Mandatory Training (%)	87.8	89.5	87.0	89.0	90.3	87.1	87.3	90.1	84.2	88.9	90.2	87.3	88.7%

Trends:

- Since May there are a number of areas that have triggered red.
- Appraisal compliance has improved in both Corporate and Women and Children's. Surgery and Women and Children's are achieving over the target of 86.1%, however an area of concern is Facilities which has dropped significantly from 80.1% last month to 75.8%. Action plans for improved appraisal rates are monitored within the divisions.
- Sickness absence across the Trust is 3.7% which remains higher than the target. Divisional plans are being undertaken to reduce sickness.

Well Led – Vacancy Rate

2. Vacancy Rate



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

- The Resourcing team are working on a total of 336.51 wte vacancies, of which 160.83 are Registered Nurses/Midwives vacancies. A total of 211.52 wte new starters are in the pipeline with start dates from 07/07/2017 onwards, of which 107.29 are Registered Nurses/Midwives.
- A recent Registered Nurse Recruitment open day has resulted in 3 offers for experienced Nurses with additional candidates in the pipeline.
- Our new careers website pages for HCA's are now live. These pages have been designed to provide more detailed information about the role of an HCA at the Trust along with further details about the care certificate and hints & tips about the application and interview process.

Well Led – Overview

Measure	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Q1 Target
Budgeted Staff in Post (WTE)	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	4,642.5	4,642.2	
Contracted Staff in Post (WTE)	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	4,369.4	4,372.6	
Vacancy Rate (%)	5.9%	5.5%	4.8%	4.7%	4.4%	4.1%	4.2%	3.7%	3.6%	5.9%	5.9%	5.8%	4.0%
Bank - Admin & Clerical (WTE)	32.8	30.1	32.3	29.6	34.2	26.6	32.8	30.8	36.4	26.2	31.7	1 Month Lag	
Bank - Ancillary Staff (WTE)	30.0	26.9	28.1	31.4	27.2	28.1	28.1	27.2	31.5	26.5	26.3	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	147.6	147.8	146.0	143.5	143.5	125.2	143.6	141.5	151.4	151.7	152.1	1 Month Lag	
Agency - Admin & Clerical (WTE)	0.0	0.0	1.0	1.5	0.0	0.0	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)	30.2	27.6	26.8	33.6	27.9	26.0	27.1	24.8	35.3	28.2	29.9	25.9	
Overtime (WTE)	80.4	74.2	70.1	83.1	87.1	66.0	66.3	68.2	81.5	76.3	82.5	1 Month Lag	
Sickness Absence Rate (%)	3.9%	3.9%	3.9%	3.9%	4.3%	4.8%	4.7%	4.8%	5.1%	4.3%	3.7%	3.7%	3.3%
Appraisal (%)	84.7%	85.2%	85.7%	85.3%	84.6%	84.3%	84.7%	82.8%	84.8%	84.3%	85.2%	84.5%	86.1%
Consultant Appraisal (%)	87.3%	80.7%	85.6%	91.7%	94.0%	92.2%	94.0%	95.8%	88.9%	86.8%	89.1%	87.8%	86.1%
Rolling Average Turnover - all reasons (%)	17.0%	16.5%	16.9%	16.7%	16.4%	16.4%	16.5%	16.2%	15.9%	16.1%	16.2%	16.2%	
Rolling Average Turnover - with exclusions (%)	12.5%	12.1%	12.4%	12.3%	11.9%	11.7%	11.4%	11.6%	11.5%	11.5%	11.6%	11.5%	11.4%

*Jun-17 M&D Appraisal (%) - 84.8%

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold		2016/17				2017/18			Triggers Concerns
		Performing	Weighting	Q1	Q2	Q3	Q4	May 2017	June 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%	80.8%	90.3%	86.4%	
	C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	1.0	6	8	6	7	1	1	4*	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	1.0	89.9%	90.5%	91.1%	90.0%	90.0%	89.7%	89.9%	
	31 day diagnosis to first treatment for all cancers	96%	1.0	99.4%	100.0%	99.5%	99.2%	98.1%	97.7%	98.1%	
	31 day second or subsequent treatment - surgery	94%	1.0	100.0%	100.0%	98.9%	97.8%	100.0%	100.0%	98.9%	
	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%	96.6%	94.3%	95.1%	
	2 week GP referral to 1st outpatient - breast symptoms	93%		60.5%	93.3%	94.8%	87.9%	92.1%	75.6%	82.1%	
SOF	62 day referral to treatment from screening	90%	1.0	90.4%	85.7%	95.9%	93.3%	90.9%	85.7%	83.3%	
SOF	62 day urgent referral to treatment of all cancers	85%		89.5%	90.7%	88.3%	87.0%	86.0%	81.0%	84.8%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	1.0	0.99%	0.96%	0.97%	1.20%	2.75%	3.28%	3.03%	

* Q1: 1 under review (April)

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

	YTD Plan	YTD Actual	YTD Variance	M12 Plan	M12 Forecast	M12 Variance
Capital Service Cover Metric	0.693	0.699	0.194	1.204	1.204	0.000
Capital Service Cover Rating	4	4		4	1	
Liquidity Metric	13.914	16.533	2.619	7.725	7.497	-0.228
Liquidity Rating	1	1		1	1	
I&E Margin Metric	-2.2%	-2.2%	0.0%	3.9%	3.9%	0.0%
I&E Margin Rating	4	4		1	1	
Variance from Control Metric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Variance from Control Rating	1	1		1	1	
Agency Metric	-75.5%	-25.0%	50.5%	-75.6%	-75.6%	0.0%
Agency Rating	1	1		1	1	
Rounded Score	2	2		2	1	
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here		Trigger			No trigger	
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4		3			1	

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

Integrated Balanced Scorecard - June 2017

CARING				Threshold	
ID	Lead	Local	Performance Indicator	Performing	Under-performing
1	DON	SOF	Friends and Family Test ED - (includes MAU/SAU)	>=+80	<80
2	DON	SOF	Friends and Family Test Inpatients	>=+78	<78
3	DON	SOF	Friends and Family Test Maternity	>=80	<=75
4	DON	NR	Friends and Family Test Outpatients	>=70	<=65
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10
7	COO	LC	Number of discharged patients that have had more than three ward moves	<=25	>=28
8	COO	LC	Number of discharged patients with dementia having more than three ward moves	<=3	>=4
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35

2016/17				Current Month
Q1	Q2	Q3	Q4	June 2017
97	97	97	97	98
97	96	98	97	98
98	99	100	100	97
96	96	98	97	98
0.0%	0.0%	0.0%	0.0%	0.0%
6	6	6	5	5
14	12	9	11	10
2	3	1	0	1
19	15	16	21	23

EFFECTIVE					
10	MD	SOF	HSMR 12 month rolling total Benchmark (rag rating based on the lower confidence level)	<=100	>100
11	MD	SOF	HSMR weekends-relative risk of dying weekend admission(rag rating based on the lower confidence level)	<=100	>100
12	MD	NT	SHMI (total)	<=1.0	>1.03
13	MD	SOF	Readmissions - Total	<=10.5%	>12.5%
14	COO	LC	Patients that have spent more than 90% of their stay on a stroke ward (Q3 Performance)	>=80%	<=60%
15	COO	LC	Higher risk TIA treated within 24 hours	>=60%	<=55%
16	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%
17	DON	NT	Sepsis - % of antibiotics given within 1 hour	>=59%	<59%
18	COO	NR	% Cancelled Operations - non-clinical (number of cancelled patients) - Surgical	<=1%	>1%
19	COO	LC	Theatre utilisation (elective)	>=85%	<=80%
20	DOF	L	(Under)/Overspent	Under Plan	Over Plan
21	DOF	L	Total Income	>100%	<95%
22	DOF	L	Total Pay Expenditure	>100%	<95%
23	DOF	L	Total Non Pay Expenditure	>100%	<95%
24	DOF	SOF	CIP Identified	>100%	<85% planned
25	DOF	SOF	CIP Delivered	>100%	<85% planned

2016/17				Current Month
107.0	109.6	108.6	Lag(6)	Lag(6)
114.7	116.9	117.0	Lag(6)	Lag(6)
0.9679	0.9903	Lag (9)	Lag (9)	Lag (9)
13.0%	13.1%	13.2%	13.1%	14.3%
78.4%	74.4%	80.2%	76.6%	Lag(3)
79.5%	89.3%	83.6%	85.0%	100.0%
76.5%	69.2%	72.8%	78.5%	73.2%
75.0%	77.1%	70.0%	69.1%	Lag(1)
2.2%(65)	2.5%(77)	2.2%(67)	2.3%(65)	1.8%(56)
82.1%	86.6%	95.4%	91.9%	98.7%
1.56	-4.80	-1.92	-13.00	-0.10
27.30	29.80	27.80	33.81	27.12
15.70	15.80	15.30	16.30	16.76
8.80	8.00	9.10	10.06	9.13
0.70	2.40	0.99	1.56	0.70

RESPONSIVE					
26	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%
27	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%
28	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0
29	COO	NT	Urgent Operations cancelled for the second time	0	>0
30	COO	NT	Cancelled operations not rebooked within 28 days (number of patients not rebooked) -	0	>0
31	COO	NT	12 Hour Trolley Waits	0	>0
32	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%
33	COO	L	GP Direct Admits to SAU	>=168	<168
34	COO	L	GP Direct Admits to MAU	>=84	<84
35	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%
36	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC
37	COO	LC	Number of medical outliers - median	<=25	>=30
38	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%
39			Mothers referred to smoking cessation service	TBC	TBC

2016/17				Current Month
82.8%	83.1%	83.2%	83.5%	85.7%
0.99%	0.96%	0.97%	1.20%	3.28%
3	1	1	2	2
0	0	0	0	0
0	1	0	1	0
0	0	0	0	0
14.0%	15.3%	15.8%	15.6%	17.5%
112	109	218	91	171
48	48	44	67	111
2.9%	5.7%	4.0%	6.3%	6.6%
5.2	5.4	4.8	5.4	4.8
32	28	31	42	18
91.3%	91.3%	92.3%	93.6%	91.3%
54	51	56	61	64

SAFE					
40		SOF	C Diff variance from plan	TBC	TBC
41		SOF	C Diff infection rate	TBC	TBC
42	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0
43	DON	SOF	Never events	0	>0
44	DON	L	Medication Errors Causing Serious Harm	0	>0
45	DON	SOF	CAS Alerts not responded to within the deadline	0	>0
46	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%
47	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3
48	DON	NT	Hospital acquired pressure ulcers (grade 3& 4)	0	>0
49	DON	NT	Hospital acquired pressure ulcers (grade 2)	<=2	>2
50	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC
51	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC
52	COO	NR	Bed occupancy (Adult)	<=93%	>=97%
53	DON	SOF	Emergency c-sections as a percentage of total labours	<=15.2%	>=16.2%
54	HRD	NR	Midwife to birth ratio	<1:29.5	>1:35

2016/17				Current Month
0	2	0	1	-1
10.6	14.0	10.6	12.2	5.6
0	1	0	0	0
0	0	0	0	0
0	0	0	0	0
2	0	1	0	0
98.5%	98.7%	96.7%	97.4%	Lag(3)
3	3	2	3	4
0	0	1	0	0
4	2	3	3	0
36	35	40	37	41
2	6	3	3	4
94.2%	94.7%	94.1%	96.5%	92.6%
12.3%	10.5%	17.3%	12.4%	13.2%
1:31:0	1:32:0	1:30:0	1:29:0	1:28:0

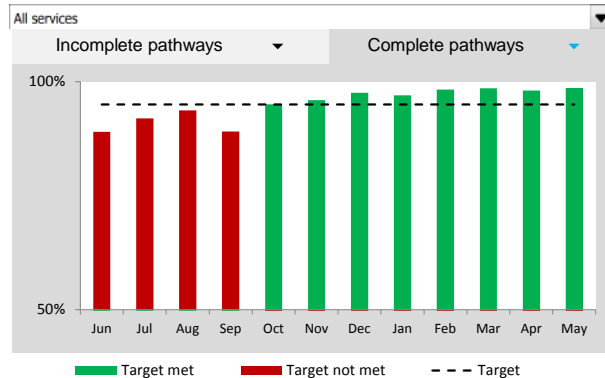
WELL LED					
55	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=20%	<=15%
56	DON	NT	FFT Response Rate for Inpatients	>=40%	<35%
57	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%
58	HRD	SOF	Turnover - Rolling 12 months	<=11.88%	>12.88%
59	HRD	SOF	Sickness Rate	<=3.26%	>4.26%
60	HRD	LC	Vacancy Rate	<=4.75%	>5.75%
61	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=4.0%	>5.0%
62	HRD	LC	% agency nursing staff (agency nursing spend as a % of total nursing pay bill)	TBC	TBC
63	HRD	LC	% of Staff with annual appraisal	>=86.3%	<76.3%
64	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%
65	DOF		Information Governance Breaches	TBC	TBC
66	HRD	LC	Mandatory training	>=87.8%	<77.8%

2016/17				Current Month
12.0%	20.5%	18.1%	13.1%	19.1%
32.2%	35.6%	34.5%	37.6%	45.4%
21.8%	22.4%	14.0%	19.6%	21.3%
12.5%	12.3%	12.0%	11.5%	11.5%
4.1%	3.9%	4.3%	4.8%	3.7%
6.4%	5.4%	4.4%	3.8%	5.8%
1.9%	2.5%	2.2%	2.3%	1.7%
	3.7%	3.1%	3.5%	2.8%
84.8%	85.2%	84.7%	84.1%	84.5%
88.6%	86.4%	86.6%	87.9%	84.8%
13	11	13	10	20
86.8%	86.6%	87.3%	87.8%	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

RTT

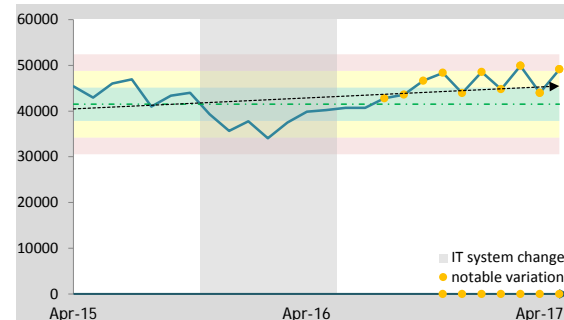


Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	93%	61
Continence - Adult	96%	10
LD	82%	12
Outpatient Physio	99%	17
Podiatry	100%	3
Wheelchair service	98%	3
WON	94%	38

Sustained improvement 2 areas of concern exist - Child continence services and LD service - both relate to issues previously flagged to commissioners.

Activity



Referrals ↑ 15% Contacts ↑ 6%

Bed Based Intermediate Care	↑ 98%
Diabetes	↑ 61%
Pulmonary rehabilitation	↑ 22%
Dietetics	↓ -17%
MIU	↓ -14%
Fracture Clinic	↓ -8%

LD and Wheelchair services data excluded in this view of overall activity as not comparable pre and post system migration. Trend logic has been adjusted from previous years' reports. See explanatory notes for notable variation guidance.

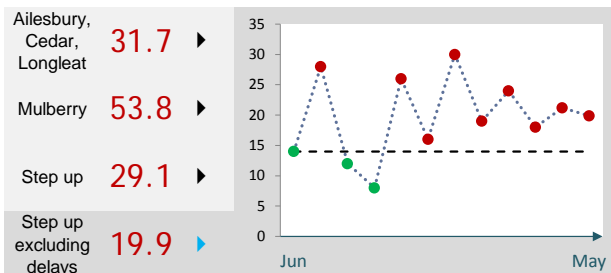
Inpatient assessments

All wards

MRSA	✓ 97%
VTE	✓ 100%
VTE prophylaxis	✓ 100%
MUST	✓ 96%
PURAT	✓ 97%
Falls	✓ 100%
Dementia	✓ 97%

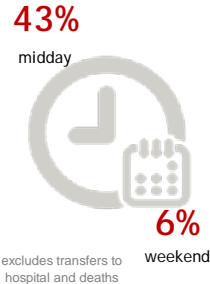
Overall performance remains strong.

Mean Inpatient Length of Stay



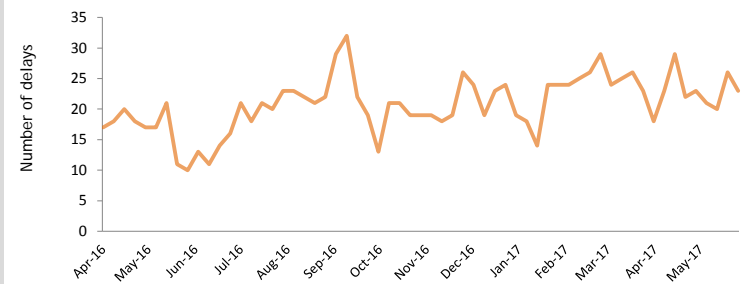
LoS heavily influenced by delayed days which routinely account for more than 20% of our ward capacity

Discharge timings



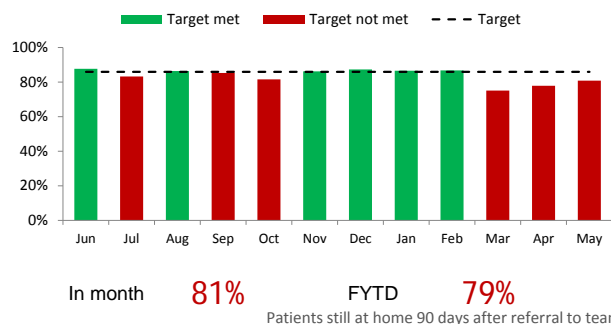
For more info see the discharge profile on the Inpatient sheet

Delayed Transfers of Care



Our part in addressing system issues is linked to the development of the Home First pathway

Community teams 90 day reablement



Data quality concerns

Significant data quality issues resulting in inclusion of patients with no reablement intention. Cohort will be adjusted to match home first pathway but it will take several months for this adjustment to show in data.

End of life support

In month 94% FYTD 97%

This month 16 of 17

patients were supported by the community teams to die in their place of choice

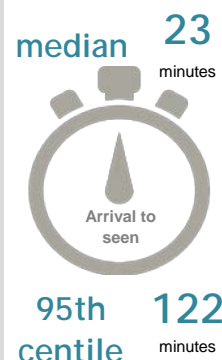
Continued excellent support for end of life patients

Funding reviews*

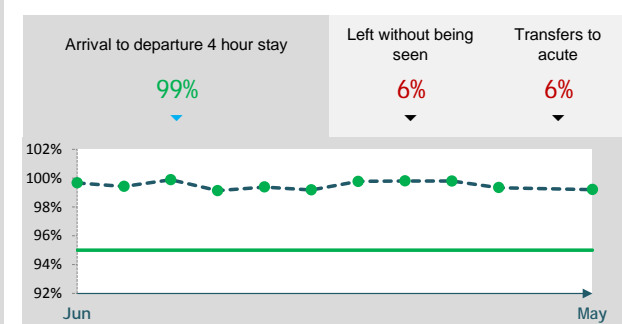
In month	FYTD
CHC 3 month	
Completed 0	N/A
Due 0	
CHC Annual	
Completed 8	73%
Due 11	
FNC	
Completed 84	79%
Due 107	

20 reviews in the South were delayed due to staff sickness

MIU waiting times



MIU 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.