

Report to:	Public Board of Directors	Agenda item:	11
Date of Meeting:	27 September 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 5 Appendix 2: WH&C Performance Dashboard Summary – Month 4 (July 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)

The Board are asked to discuss August performance.

Board should note that the RUH have been rated 2 overall against the NHSI Single Oversight Framework (SOF).

In August two SOF operational performance metrics trigger concern; RTT Incomplete Pathways and diagnostics maximum 6 week wait. 4 hour performance remains below the national standard of 95%.

Board are asked to note:

- RTT incomplete pathways in 18 weeks at 88.5% below the Trusts Improvement Trajectory and the 92% national standard.
- Diagnostic tests – 6 week wait 4.18% failing the national standard of 1%.
- 4 hour performance at 90.4% above the Trust's Improvement Trajectory, but below the 95% national standard.
- Delayed Transfers of Care, August month end snapshot of 40 patients and 1041 delayed days (5.9 %) below the national standard of 3.5%.

Sustained cancer performance in August, delivering all cancer targets in month.

The Wiltshire Health and Care performance summary for month 4 is attached for information.

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 – August 2017

NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	July 2017	August 2017	Triggers Concerns
Four hour maximum wait in A&E (All Types from April 2014 onwards)	94.2%	90.4%	
C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	4**	2	
RTT - Incomplete Pathways in 18 weeks	88.7%	88.5%	
31 day diagnosis to first treatment for all cancers	96.2%	98.8%	
31 day second or subsequent treatment - surgery	100.0%	96.2%	
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	94.6%	93.5%	
2 week GP referral to 1st outpatient - breast symptoms	94.1%	97.1%	
62 day referral to treatment from screening	100.0%	100.0%	
62 day urgent referral to treatment of all cancers	86.3%	88.3%	
Diagnostic tests maximum wait of 6 weeks	3.83%	4.18%	

** July: 1 under review.

This report provides a summary of performance for the month of August 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 August two SOF operational metrics triggered concerns: 18 weeks RTT Incomplete Pathways and Six week diagnostic waits (DMO1).

Board should be noted that 4 hour was below the national standard of 95% but performance exceeded the STF trajectory.



4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	Aug 17	Qtr 2	Full Year 2017/18
All Types	90.4%	92.3%	88.7%

Table 2: Emergency Department Quality Indicators:

Indicator	Title	Month	Quarter	Year
		August-17	2	2017/2018
2)	Unplanned Re-attendance Rate	0.6%	0.6%	0.7%
3.ii)	Total Time in ED - 95th Percentile	375.0	343.0	409.3
4)	Left Without Being Seen	0.6%	0.8%	1.0%
6.ii)	Time to Initial Assessment - 95th Percentile	13.0	13.0	13.0
7.i)	Time to Treatment - Median	49.0	51.0	55.0
	ED Attendances (Type 1)	6046	12130	30558
	ED 4 Hour Breaches (Type 1)	653	1061	3944
	ED 4 Hour Performance (Type 1)	89.2%	91.3%	87.1%
	Ambulance Handovers within 30 minutes	99.9%	99.9%	99.9%
	ED Friends and Family Test	99	98	98

Table 1:

During August “all types” performance was 90.4%, below the 95% standard with a total of 658 breaches in the month.

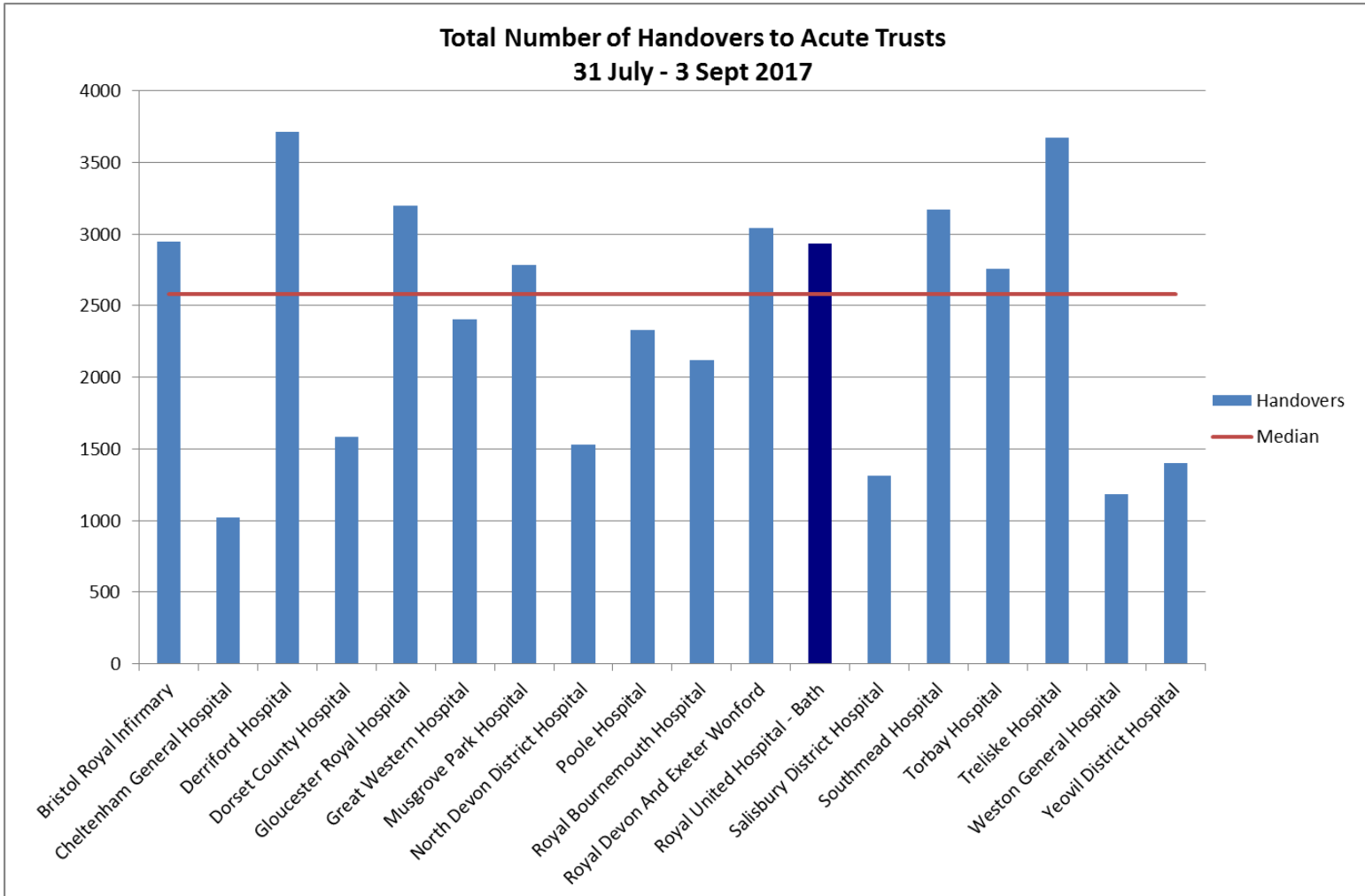
Table 2:

Performance across the ED quality indicators

The total time in ED remains below the national standard, reflecting the pressure on flow out of ED.

Ambulance Handovers: Sustained 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.

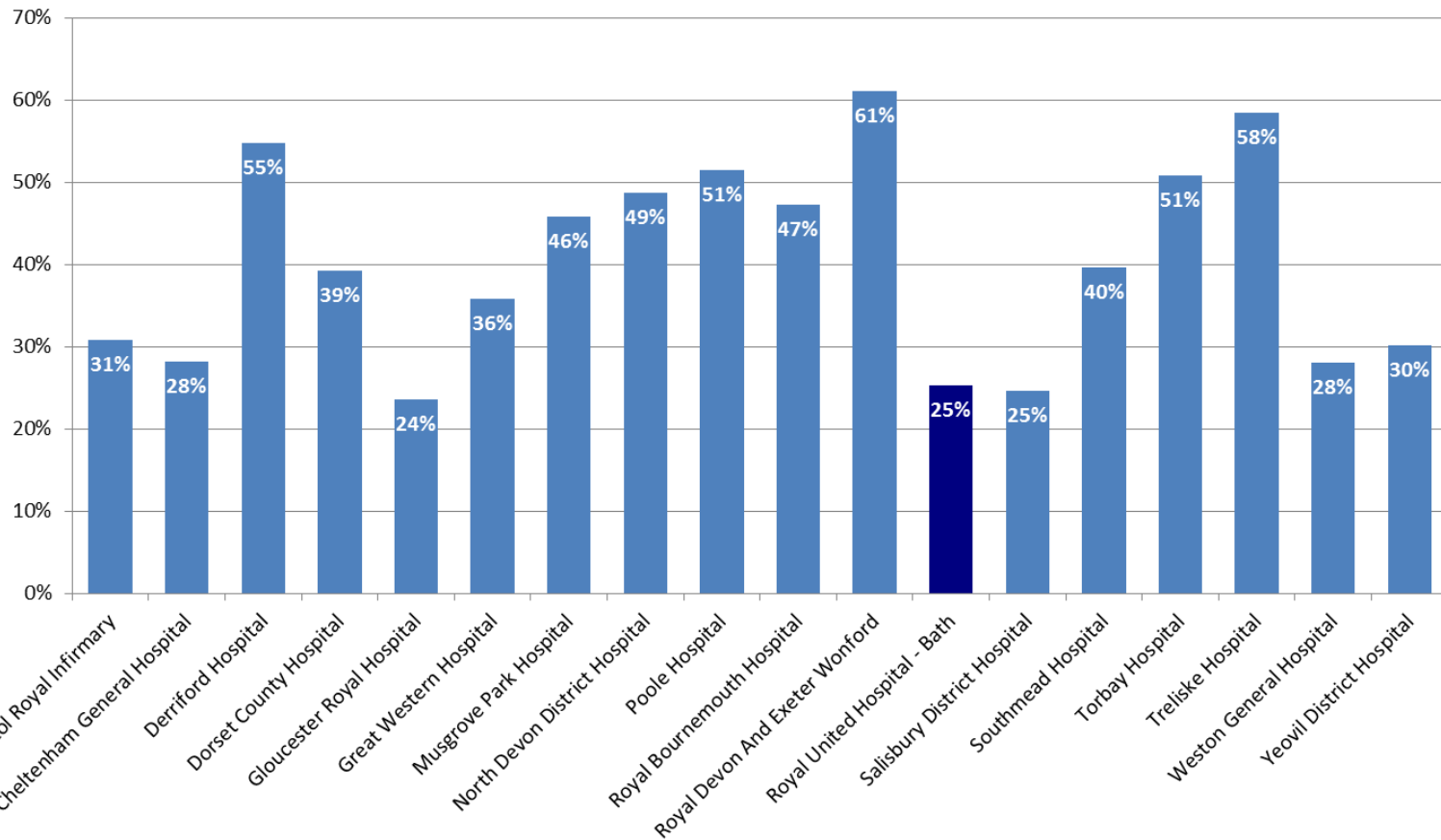
The RUH had 2931 ambulance handover's in the five week period (351 over the median)

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



SWAS Ambulance Handovers to ED over 15 minutes (3)

**Percentage of Handovers Over 15 Minutes
31 July - 3 Sept 2017**

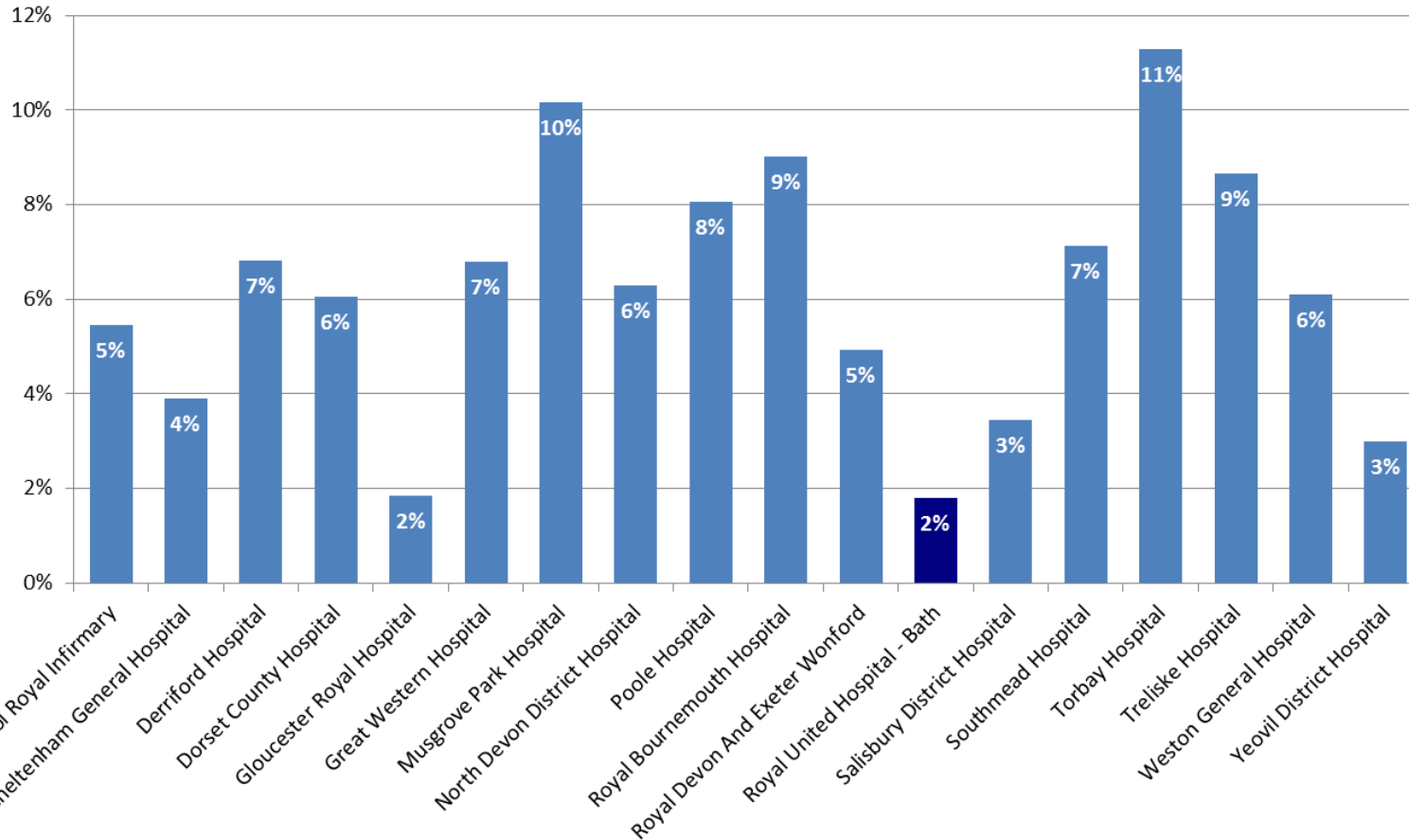


Data source: W020 –
Hospital & Late Handover
Trend Analysis (SWAS)

SWAS Ambulance Handovers to ED over 30 minutes (4)

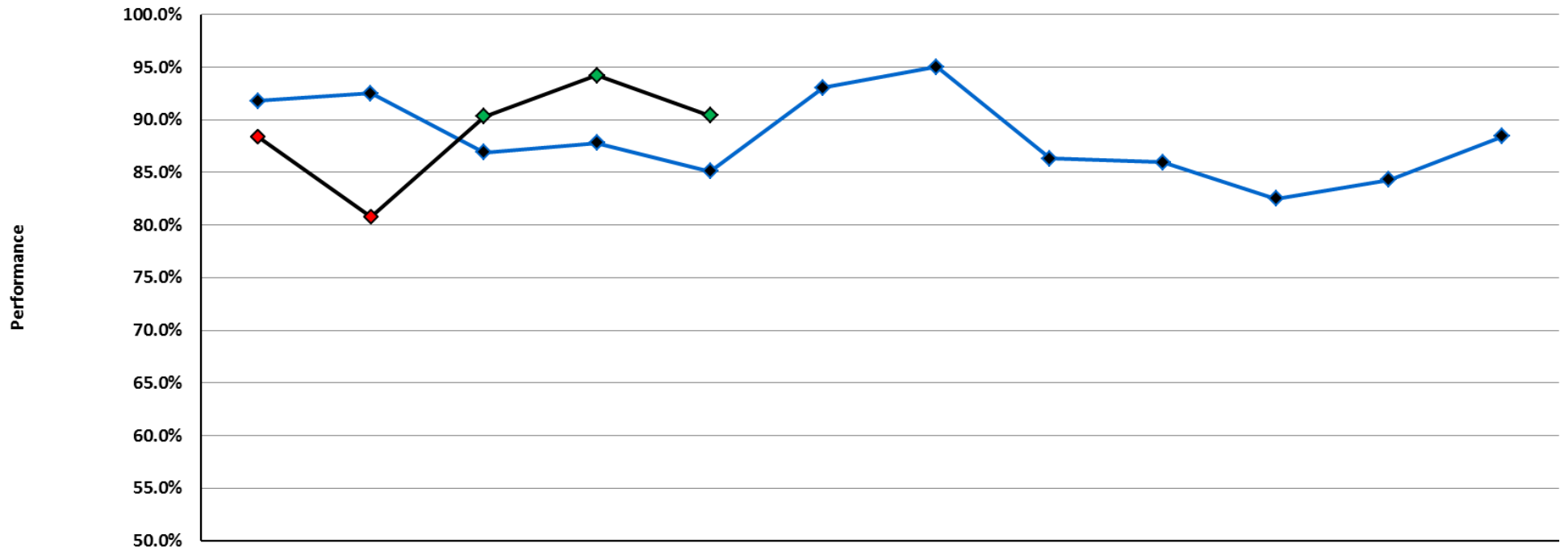
Percentage of Handovers Over 30 Minutes
31 July - 3 Sept 2017

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



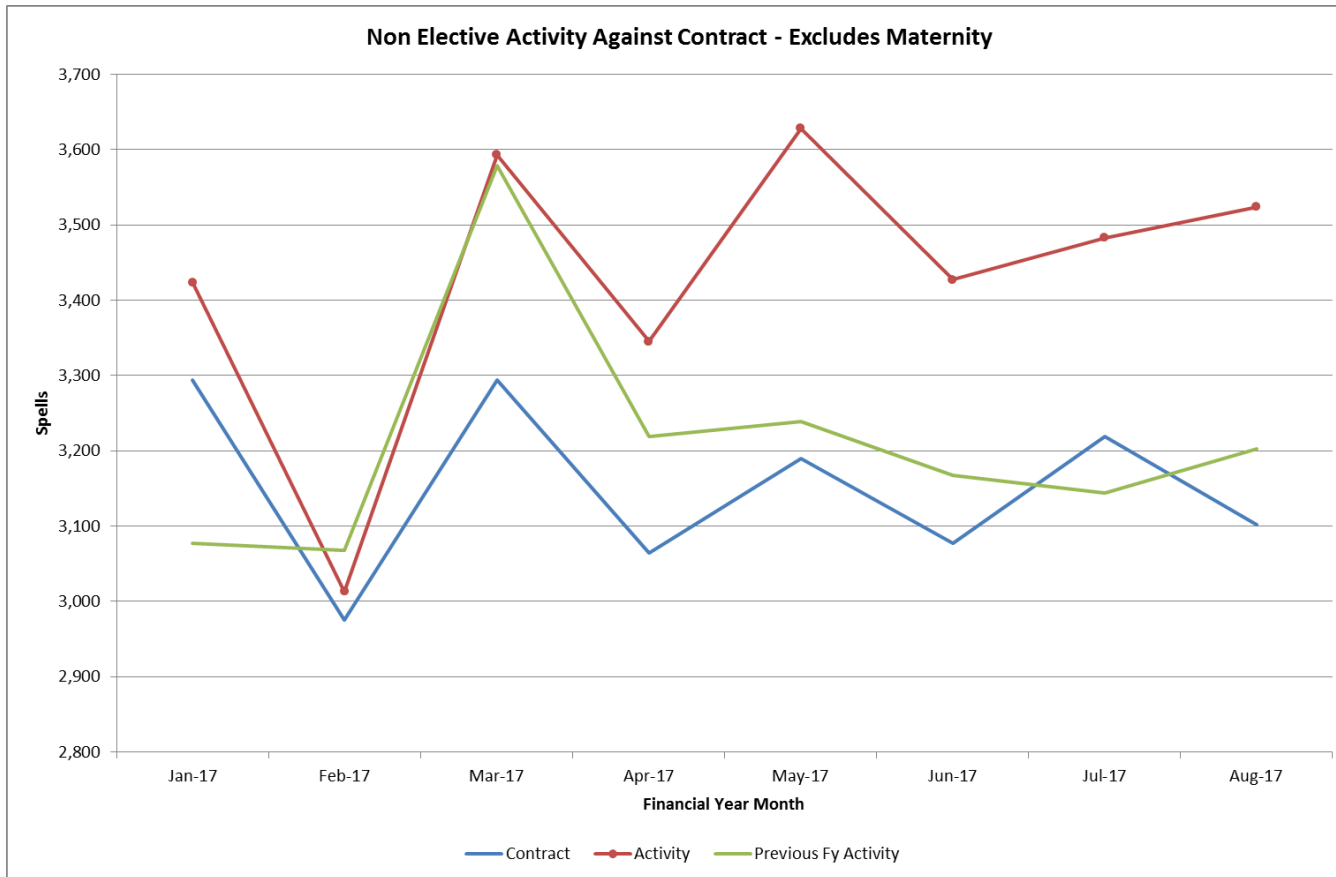
4 Hour Maximum Wait in ED – Improvement Trajectory (5)

RUH ED 4 Hour Performance Target Trajectory



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
◆ Target Trajectory	91.8%	92.5%	86.9%	87.8%	85.1%	93.1%	95.0%	86.3%	86.0%	82.5%	84.3%	88.4%
◆ RUH Performance	88.4%	80.8%	90.3%	94.2%	90.4%							

Activity Levels (1)



In August 2017 the non elective activity was 10.0% above August 2016 (excluding Maternity). Emergency department (ED) attendances were 0.2% below August 2016.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 21 with an average of 12.
- Medical Outliers peaked at 32 with a median of 20.

In August the Trust capacity was impacted by bed closures for works, care of bariatric patients & D&V. This was an improved position from July.

- The max number of beds closed was 18 and the average per day closed was 5.

Activity Levels – Non Elective (2)

Non Elective (Excluding Maternity)		Apr-17	May-17	Jun-17	Jul-17	Aug-17	YTD
Trust Total	Plan	3,064	3,190	3,077	3,219	3,102	15,653
	Activity	3,345	3,628	3,427	3,483	3,524	17,407
	Previous Fy Activity	3,219	3,239	3,167	3,144	3,203	15,972
	Variance vs Contract	9.2%	13.7%	11.4%	8.2%	13.6%	11.2%
	Variance vs Previous Fy	3.9%	12.0%	8.2%	10.8%	10.0%	9.0%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan	1,074	1,117	1,078	1,127	1,089	5,484
	Activity	1,269	1,415	1,299	1,322	1,317	6,622
	Previous Fy Activity	1,147	1,158	1,120	1,118	1,119	5,662
	Variance vs Contract	18.2%	26.7%	20.5%	17.3%	21.0%	20.8%
	Variance vs Previous Fy	10.6%	22.2%	16.0%	18.2%	17.7%	17.0%
NHS SOMERSET CCG	Plan	431	448	432	452	436	2,199
	Activity	473	491	478	474	490	2,406
	Previous Fy Activity	452	440	451	443	459	2,245
	Variance vs Contract	9.9%	9.5%	10.6%	4.8%	12.4%	9.4%
	Variance vs Previous Fy	4.6%	11.6%	6.0%	7.0%	6.8%	7.2%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan	112	117	112	117	114	572
	Activity	119	150	134	148	151	702
	Previous Fy Activity	118	111	102	112	119	562
	Variance vs Contract	6.2%	28.7%	19.2%	26.0%	32.7%	22.7%
	Variance vs Previous Fy	0.8%	35.1%	31.4%	32.1%	26.9%	24.9%
NHS WILTSHIRE CCG	Plan	1,184	1,233	1,189	1,245	1,197	6,048
	Activity	1,257	1,361	1,302	1,309	1,375	6,604
	Previous Fy Activity	1,186	1,212	1,194	1,195	1,212	5,999
	Variance vs Contract	6.2%	10.4%	9.5%	5.1%	14.9%	9.2%
	Variance vs Previous Fy	6.0%	12.3%	9.0%	9.5%	13.4%	10.1%

Income Levels – Non Elective (3)

Non Elective Income (Excluding Maternity, XBDs, Readmissions, Critical Care and NICU)		Apr-17	May-17	Jun-17	Jul-17	Aug-17	YTD
Trust Total	Plan £'000	6,454	6,693	6,466	6,721	6,607	32,941
	Income £'000	6,477	6,987	6,847	7,094	6,621	34,026
	Previous Fy Income £'000	5,948	5,956	6,220	5,818	6,043	29,985
	Variance vs Contract	0.3%	4.4%	5.9%	5.6%	0.2%	3.3%
	Variance vs Previous Fy	8.9%	17.3%	10.1%	21.9%	9.6%	13.5%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan £'000	2,199	2,280	2,203	2,288	2,254	11,224
	Income £'000	2,306	2,611	2,573	2,472	2,431	12,393
	Previous Fy Income £'000	2,116	2,159	2,174	2,090	2,102	10,641
	Variance vs Contract	4.8%	14.5%	16.8%	8.0%	7.8%	10.4%
	Variance vs Previous Fy	9.0%	20.9%	18.4%	18.3%	15.7%	16.5%
NHS SOMERSET CCG	Plan £'000	830	861	832	864	850	4,237
	Income £'000	890	883	867	844	957	4,441
	Previous Fy Income £'000	776	769	862	655	831	3,892
	Variance vs Contract	7.2%	2.5%	4.2%	-2.4%	12.6%	4.8%
	Variance vs Previous Fy	14.6%	14.8%	0.5%	28.9%	15.2%	14.1%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan £'000	229	237	229	238	235	1,167
	Income £'000	267	268	271	285	309	1,400
	Previous Fy Income £'000	220	188	206	196	175	985
	Variance vs Contract	16.8%	13.2%	18.3%	20.1%	31.5%	20.0%
	Variance vs Previous Fy	21.6%	42.2%	31.8%	45.3%	76.2%	42.1%
NHS WILTSHIRE CCG	Plan £'000	2,406	2,495	2,410	2,505	2,464	12,280
	Income £'000	2,476	2,754	2,599	2,901	2,643	13,373
	Previous Fy Income £'000	2,206	2,194	2,350	2,274	2,360	11,384
	Variance vs Contract	2.9%	10.4%	7.8%	15.8%	7.2%	8.9%
	Variance vs Previous Fy	12.3%	25.5%	10.6%	27.6%	12.0%	17.5%



C – Difficile Infection > 72 hours post

C Diff Performance by Month:

Month	Actual number of cases	Number of successful appeals	Number awaiting appeal response	Number of outstanding RCAs
Apr-2017	2	0	1	0
May-2017	3	2	0	0
Jun-2017	1	0	0	0
Jul-2017	4	0	1	0
Aug-2017	2	0	0	0

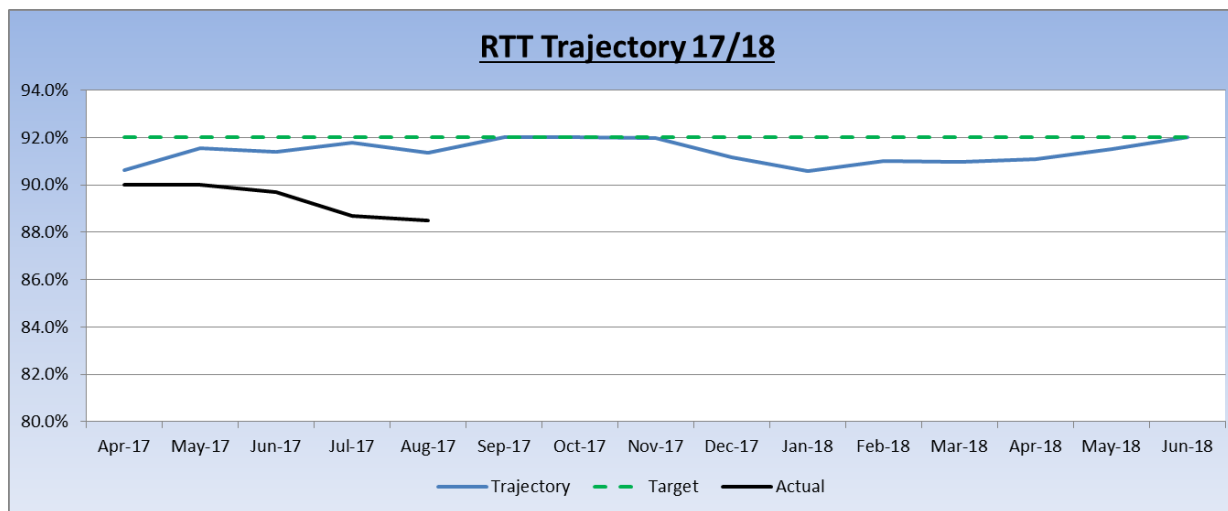
In August there were 2 cases of C difficile.

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 August 88.5% against projected 91.4%.

In June National Incomplete RTT performance was 90.3%.

Eight specialties didn't achieve the constitutional standard in August. These were General Surgery, Urology, T&O, ENT, Ophthalmology, Oral Surgery, Cardiology and Dermatology.

Following completion of deep dive reviews updated improvement trajectories will be agreed with the Commissioners.

The over 18 week backlog for admitted patients reduced in month to 1640 (12% 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.

An RTT position paper will be provided to September Management Board.



18 Weeks Incomplete Standard (2)

RTT Incomplete Open Pathway Performance by Specialty:

	Open Pathways			Trajectory Target	
	Total Waiters	> 18 Weeks	Performance		
100 - General Surgery	2470	284	88.5%	92.0% 77.5%	
101 - Urology	1124	130	88.4%		
110 - T&O	1745	312	82.1%		
120 - ENT	2148	286	86.7%		
130 - Ophthalmology	2826	355	87.4%		
140 - Oral Surgery	2506	446	82.2%		
300 - Acute Medicine	45	0	100.0%		
301 - Gastroenterology	2088	133	93.6%		
320 - Cardiology	1579	326	79.4%		
330 - Dermatology	1204	131	89.1%		
340 - Respiratory Medicine	364	5	98.6%		
400 - Neurology	638	25	96.1%		
410 - Rheumatology	1009	23	97.7%		
430 - Geriatric Medicine	152	2	98.7%		
502 - Gynaecology	1065	56	94.7%		
X01 - Other	1743	108	93.8%		
Total	22706	2622	88.5%		91.4%

In August 247 patients were discharged via the day case chairs compared with 248 in July

In August a total of 29 cancellations occurred for non-clinical reasons, of which 51.8% were due to lack of beds. Sustained reduction in cancellations compared to prior year is noted.

In month achievement against specialty level trajectories agreed with CCGs is noted in Gastroenterology and Cardiology.

Actions taken in Month:

- Improvement Team RTT support commenced in Surgical Division
- Revised Surgical Division PTL meeting
- Specialty deep dives commenced in ENT, Oral Surgery, T&O and General Surgery.
- Continued progress against Cardiology Improvement plan
- Medical Division reviewing Dermatology position
- Commissioner support and APO under discussion in support of the Winter plan.



18 Weeks – Incomplete Pathways >30 weeks (3)

	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
100 - General Surgery	83	61	54	56	64	86	104	84	79	76	69	46	51
101 - Urology	8	5	4	3	4	13	21	18	22	20	16	23	22
110 - Trauma & Orthopaedics	29	35	21	19	32	47	62	53	48	60	73	57	49
120 - ENT	14	5	7	5	7	7	15	20	18	25	15	16	14
130 - Ophthalmology	6	5	3	1	7	14	23	16	10	12	13	13	15
140 - Oral Surgery	7	6	4	4	10	18	24	13	12	36	40	57	58
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	13	6	4	11	24	58	48	37	29	28	20	15	6
320 - Cardiology	58	50	30	30	33	33	34	25	27	32	36	38	31
330 - Dermatology	12	3	3	1	0	3	4	2	0	1	0	5	15
340 - Respiratory Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
400 - Neurology	0	0	0	0	1	1	1	1	0	1	0	0	0
410 - Rheumatology	5	4	3	1	0	1	0	1	1	2	3	3	4
430 - Geriatric Medicine	1	3	1	2	0	0	0	0	0	0	0	0	0
502 - Gynaecology	7	7	2	1	9	5	2	3	2	7	3	1	1
X01 - Other	10	17	21	22	26	40	29	19	16	13	8	7	4
Open Pathways > 30 Weeks	253	207	157	156	218	326	367	292	264	313	296	281	270



Cancer Access 62 days all cancers (1)

			Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
62 Day	Cancer Network	RUH	87.80%	94.40%	90.90%	85.10%	87.50%	81.50%	85.60%	90.30%	88.20%	85.40%	84.24%	86.40%	88.30%
		UHB	84.60%	80.50%	79.50%	85.20%	85.10%	84.70%	79.03%	81.20%	76.80%	77.98%	81.65%	Not yet available	Not yet available
		NBT	87.10%	81.30%	78.90%	89.00%	90.20%	89.10%	87.86%	89.60%	87.80%	80.76%	86.02%	Not yet available	Not yet available
		Taunton	85.30%	79.70%	80.40%	86.00%	82.50%	75.00%	25.00%	83.20%	82.40%	74.05%	76.51%	Not yet available	Not yet available
		Yeovil	44.40%	80.20%	79.80%	90.00%	92.50%	89.00%	91.75%	93.40%	84.95%	88.39%	92.31%	Not yet available	Not yet available
		Gloucester	79.00%	77.10%	73.10%	79.40%	72.20%	63.20%	70.79%	71.10%	78.46%	75.94%	71.19%	Not yet available	Not yet available
		Weston	75.40%	72.60%	76.60%	75.70%	86.70%	73.30%	71.43%	83.60%	78.43%	70.15%	66.67%	Not yet available	Not yet available
	Other Local Trusts	GWH	89.00%	85.60%	91.40%	85.70%	86.20%	85.40%	84.27%	88.50%	77.17%	79.07%	81.29%	Not yet available	Not yet available
		Salisbury	94.40%	81.40%	85.30%	94.60%	81.00%	75.00%	83.95%	85.44%	81.55%	83.21%	89.34%	Not yet available	Not yet available
	National	England	82.40%	81.43%	81.10%	82.30%	83.00%	79.70%	79.82%	83.03%	82.91%	81.03%	80.55%	Not yet available	Not yet available

August performance was 88.3%, against the 85% target. With activity at 106.5 and only 12.5 breaches.

From August the Trust will move to monthly calls with NHSI regarding 62 day cancer performance.

The RUH have completed a bid for national 62 day cancer improvement funding, a response is pending which has been escalated to NHSI.



62 Day performance by Tumour Site (2)

Cancer Site	Indicator Description	2016/17						2017/18						
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Breast	Activity	18	23	17.5	17	24	16	21	14.5	23	14	20	20	18
	Breaches	2	1	2	2	2	0	1	0	1	0	0	0	1
	Performance	88.9%	95.7%	88.6%	88.2%	91.7%	100.0%	95.2%	100.0%	95.7%	100.0%	100.0%	100.0%	94.4%
	Referral Conversion %	10.1%	5.8%	11.1%	8.8%	5.6%	10.8%	10.1%	8.3%	10.3%	6.5%	6.7%	10.7%	
Colorectal	Activity	11	6	6	9	7	6	11	10	12	4	9	8	5
	Breaches	3	1	1	2	4	2	3	2	1	1	3	4	2
	Performance	72.7%	83.3%	83.3%	77.8%	42.9%	66.7%	72.7%	80.0%	91.7%	75.0%	66.7%	50.0%	60.0%
	Referral Conversion %	2.8%	5.8%	4.6%	2.6%	4.8%	5.5%	8.0%	3.5%	6.3%	3.7%	4.9%	4.6%	
Gynaecology	Activity	11	7	5	7	5	4	2	8	2	6	6	5	5
	Breaches	1	0	0	1	0.5	0	1	0	0	0	1	1	0
	Performance	90.9%	100.0%	100.0%	85.7%	90.0%	100.0%	50.0%	100.0%	100.0%	100.0%	83.3%	80.0%	100.0%
	Referral Conversion %	11.2%	7.1%	4.7%	2.8%	4.3%	3.9%	4.7%	7.6%	5.2%	8.1%	4.5%	6.9%	
Haematology	Activity	5.5	5		3	4	0.5	5	7	5	3	5	3	4
	Breaches	0	0		0	0	0	0	0	0	0	0	0	1
	Performance	100.0%	100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%
	Referral Conversion %	33.3%	16.7%	20.0%	60.0%	11.1%	57.1%	53.8%	21.1%	50.0%	57.1%	33.3%	28.6%	
Head and Neck	Activity	3.5	6	4	5	4	1	3	2.5	4	2	7	6	2
	Breaches	1	0	1	0	0	1	0	0	1.5	0	3	0	0.5
	Performance	71.4%	100.0%	75.0%	100.0%	100.0%	0.0%	100.0%	100.0%	62.5%	100.0%	57.1%	100.0%	75.0%
	Referral Conversion %	7.1%	2.9%	8.3%	1.6%	2.0%	4.2%	5.6%	2.5%	6.7%	6.7%	3.8%	3.1%	
Lung	Activity	10	4	9	8	12	7	6.5	8	6.5	8	4.5	6.5	6.5
	Breaches	1	0	0	1	3	0	3.5	2	1.5	0	0	1.5	1
	Performance	90.0%	100.0%	100.0%	87.5%	75.0%	100.0%	46.2%	75.0%	76.9%	100.0%	100.0%	76.9%	84.6%
	Referral Conversion %	24.1%	40.7%	29.0%	31.6%	21.1%	20.7%	27.3%	15.2%	17.9%	33.3%	15.6%	24.1%	
Other	Activity		1		1		1		2	0	1	1	0	0
	Breaches		0		0		0		0	0	0	0	0	0
	Performance	-	100.0%	-	100.0%	-	100.0%	-	100.0%	n/a	100.0%	100.0%	n/a	n/a
	Referral Conversion %	50.0%	0.0%	0.0%	50.0%	100.0%	0.0%		100.0%	50.0%	0.0%		0.0%	
Skin	Activity	21.5	16	25.5	17.5	23	19	16.5	26	16	29	18	18	39
	Breaches	2	2	3	2	1.5	2	0	1.5	2	4	1.5	2.5	5
	Performance	90.7%	87.5%	88.2%	88.6%	93.5%	89.5%	100.0%	94.2%	87.5%	86.2%	91.7%	86.1%	87.2%
	Referral Conversion %	7.5%	9.9%	10.2%	8.9%	8.6%	8.5%	7.9%	11.2%	9.3%	8.8%	9.5%		
Upper GI	Activity	5	3.5	9.5	7	6	4.5	3.5	5.5	2	2	10.5	3	6
	Breaches	0	1.5	2.5	3	0	1.5	0.5	1.5	0	0	2.5	1	1
	Performance	100.0%	57.1%	73.7%	57.1%	100.0%	66.7%	85.7%	72.7%	100.0%	100.0%	76.2%	66.7%	83.3%
	Referral Conversion %	8.1%	6.1%	5.0%	9.3%	6.5%	5.3%	2.1%	5.2%	3.8%	3.2%	9.8%	7.5%	
Urology	Activity	21	12	16	20	18.5	16	13	27.5	16.5	19.5	21	18	21
	Breaches	3	1	0	1	1.5	6	2.5	4	3.5	1	5	2	1
	Performance	85.7%	91.7%	100.0%	95.0%	91.9%	62.5%	80.8%	85.5%	78.8%	94.9%	76.2%	88.9%	95.2%
	Referral Conversion %	13.1%	10.4%	16.5%	17.8%	12.9%	18.4%	15.2%	18.5%	18.7%	16.4%	13.1%	19.5%	
All	Activity	106.5	83.5	92.5	94.5	103.5	75	82.5	112	87	88.5	102	87.5	106.5
	Breaches	13	6.5	9.5	12	12.5	12.5	11.5	11	10.5	6	16	12	12.5
	Performance	87.8%	92.2%	89.7%	87.3%	87.9%	83.3%	86.1%	90.2%	87.9%	93.2%	84.3%	86.3%	88.3%
	Referral Conversion %	7.9%	6.9%	8.0%	8.0%	6.3%	7.9%	7.5%	6.8%	8.6%	7.8%	6.8%	8.5%	

Note about the 'Referral Conversion' – these figures show the percentage of 2 week-wait patients that are eventually treated. It is based on the 'first seen date' of the 2ww referral, not the treatment date and is therefore out-of-sync with the 62 day activity figures (which are based on treatment date). We cannot show last month's rate as patients seen in recent months have not yet had the 'chance' to be treated.

As part of an increased level of governance against the 62 Day cancer standard (85%), Board are asked to note performance by tumour site.

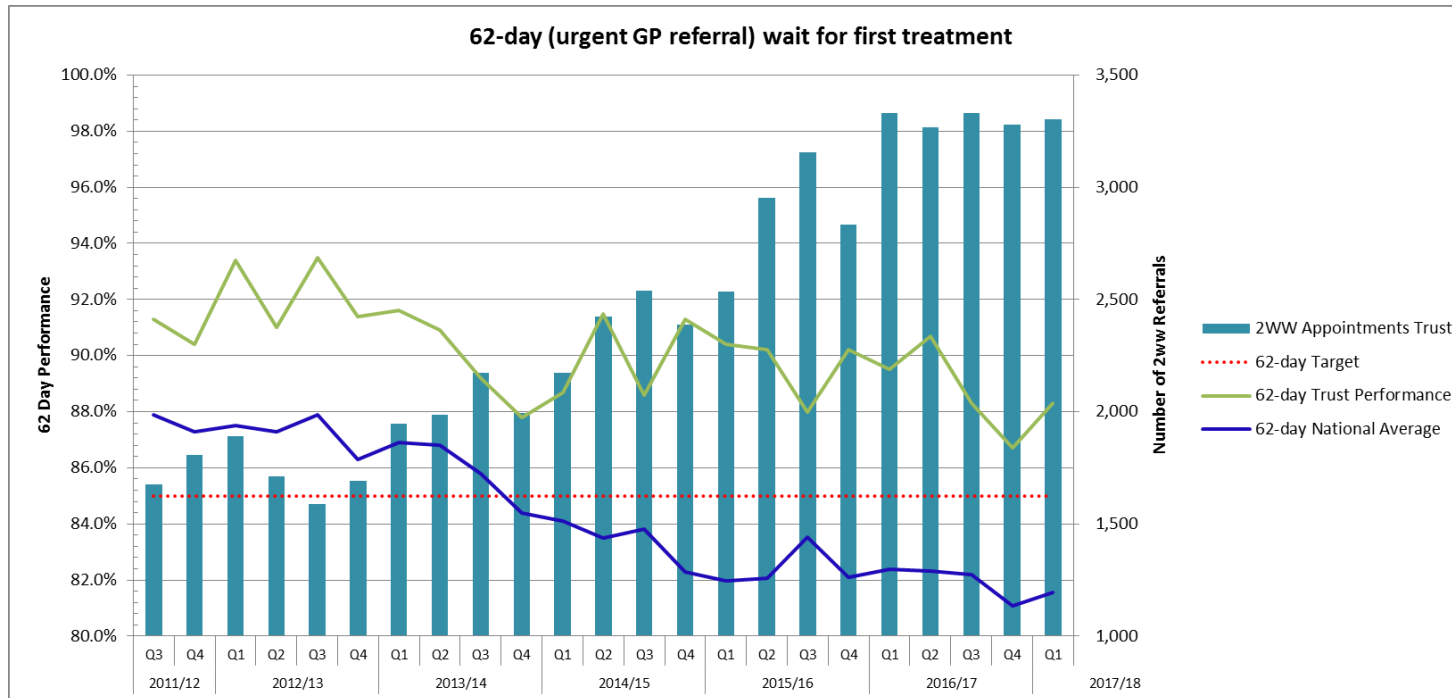
The RUH, as per the national picture, performance is challenged in the following tumour sites:

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

Actions that have been completed:

- Strengthening weekly 62 day reporting
- Increasing speciality manager focus on the 62 day target at PTL meetings

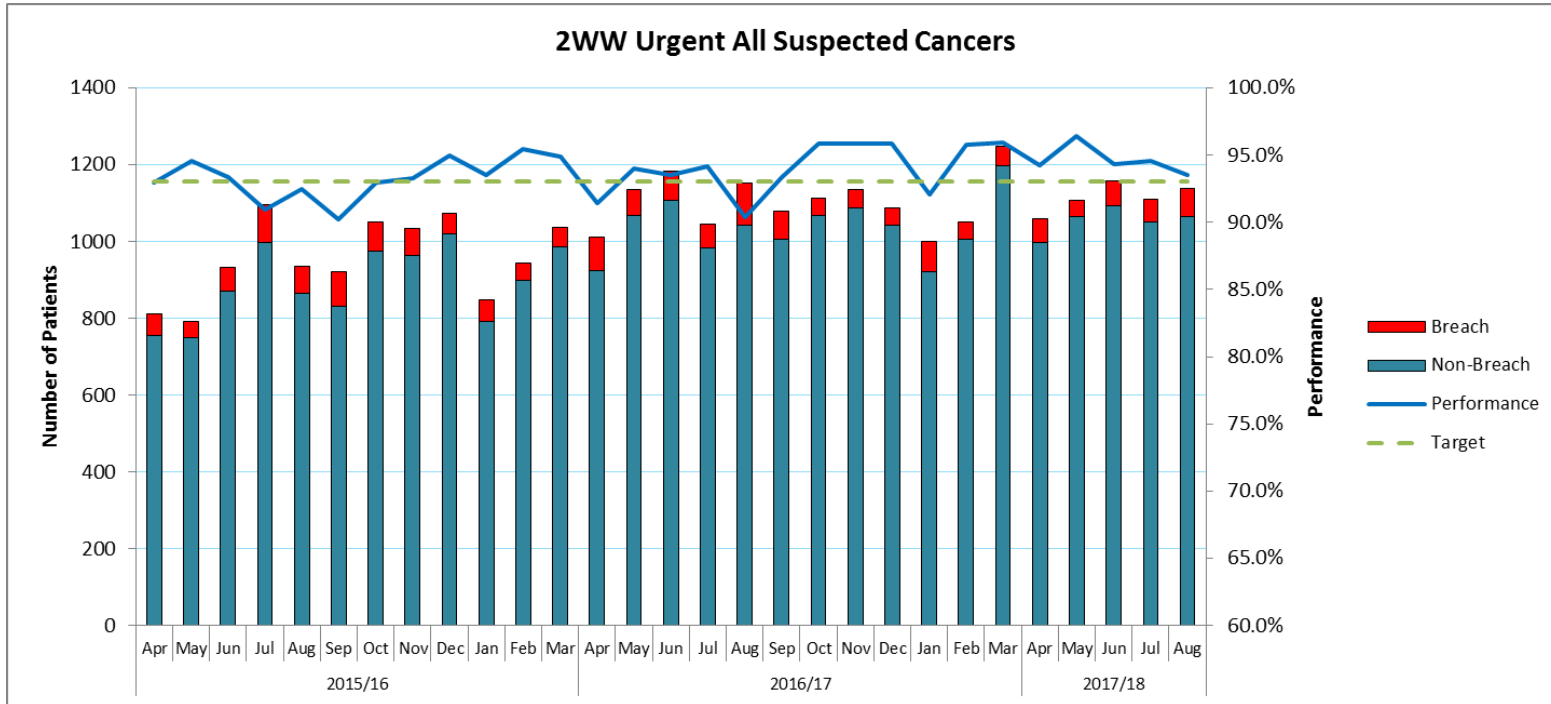
Q1 - 62 Day (urgent GP referral) wait for first treatment (3)



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

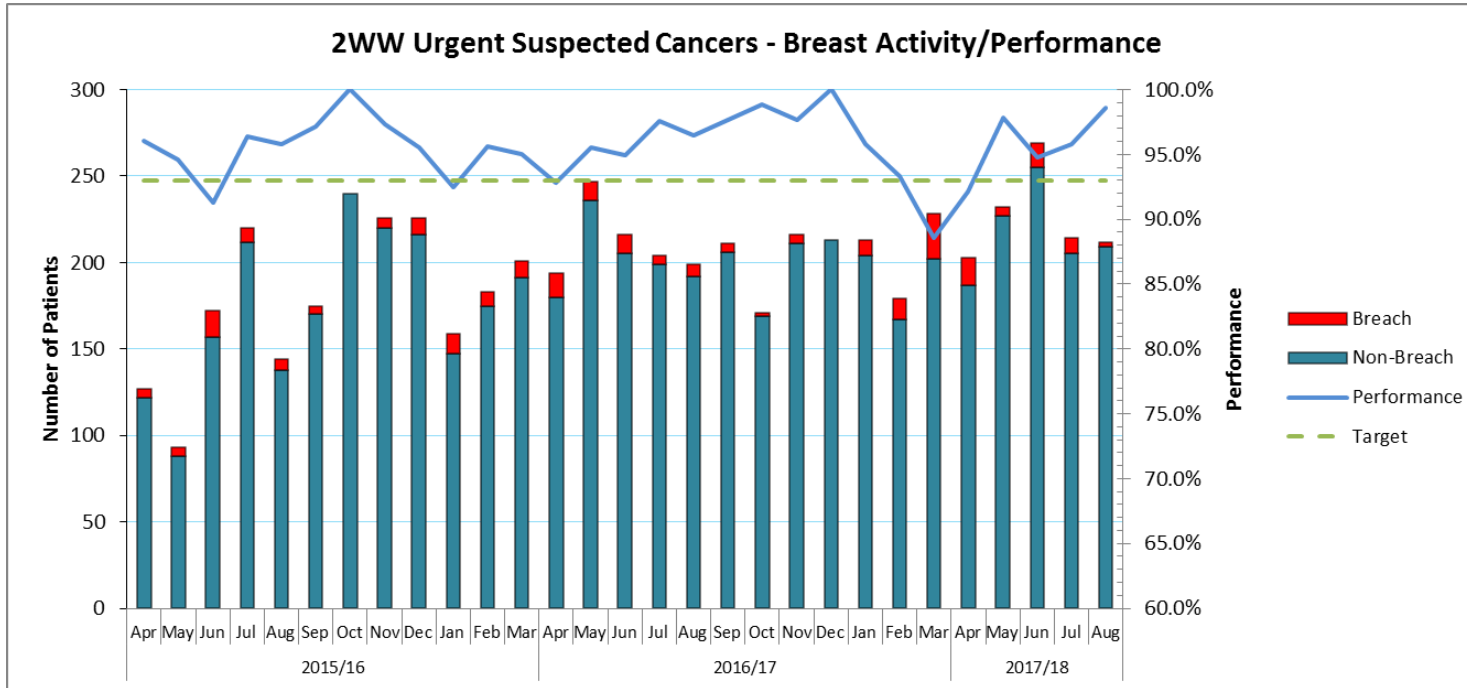
The decline in performance in the last 2 quarters was due to a number of breaches within Urology and Colorectal.

Cancer Access – 2 WW (4)



The 2ww suspected cancer target passed in August at 93.5%.

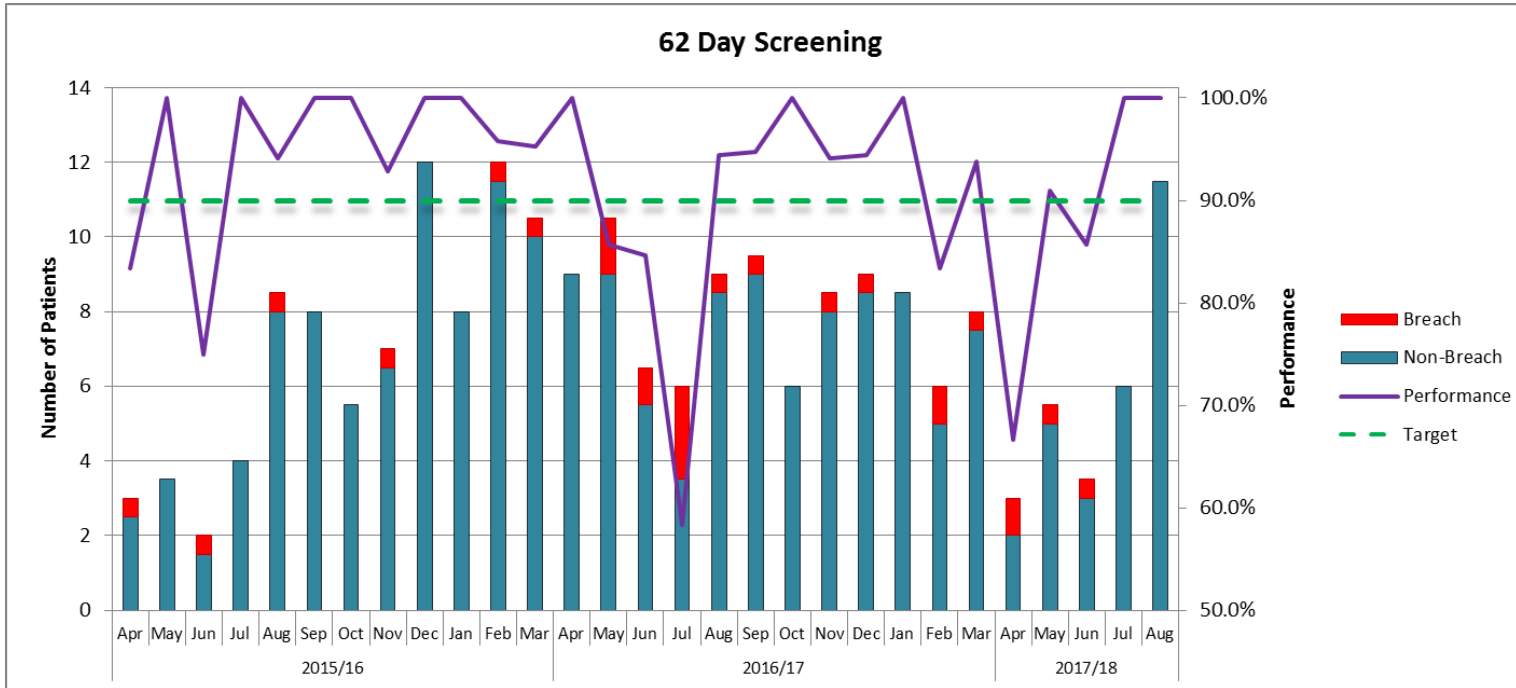
Cancer Access – 2 WW Breast Suspected Cancer (5)



The performance in August for Breast 2 WW suspected cancer was 98.6%, above the 93% overall 2ww target.

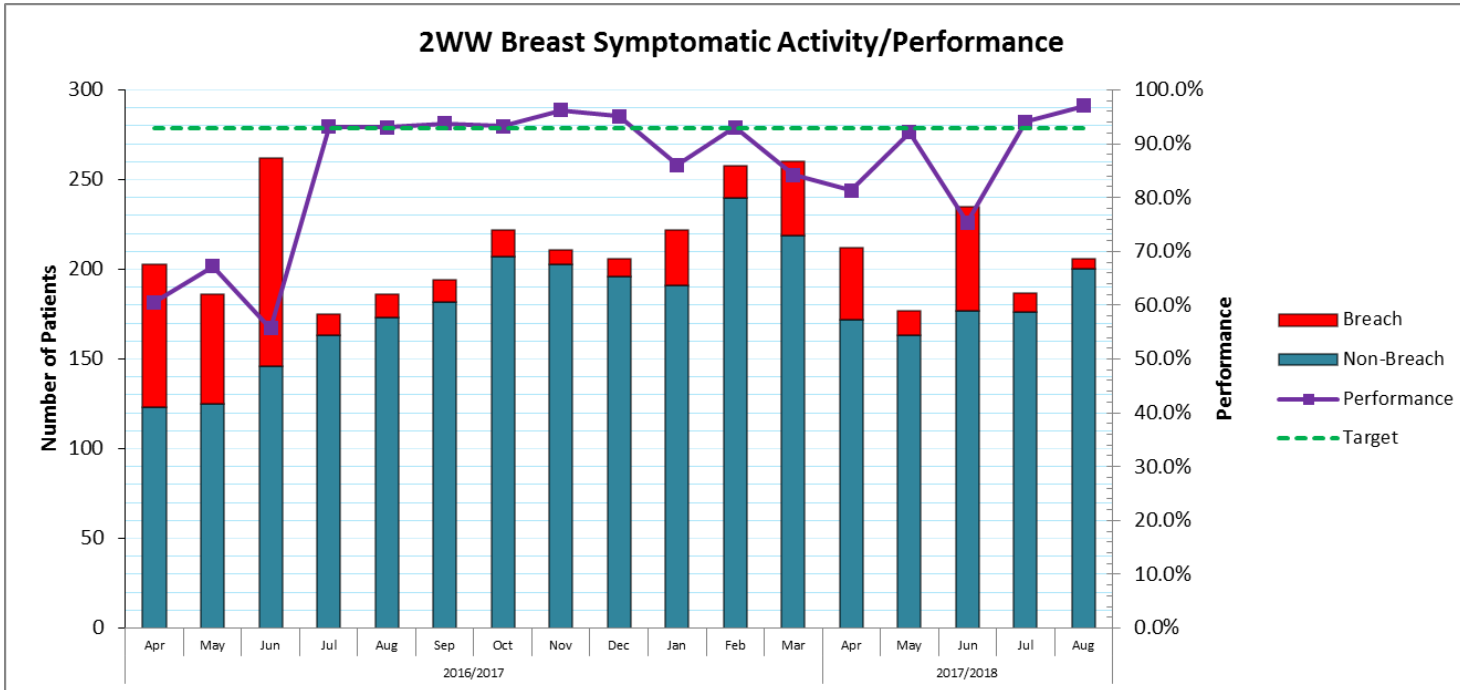
All referrals are triaged according to clinical suspicion of cancer. All those referred as urgent suspected cancer, plus those upgraded at triage to same category are managed against the 2 WW suspected cancer target, not the 2 WW breast symptomatic target.

Cancer Access – 62 Day Screening (6)



In August, the Trust passed the 90% target, with performance at 100%.
The Cancer Services manager continues to work within the cancer network to minimise breaches.

Cancer Access – Breast Symptomatic (7)



In August, performance of 97.1% was delivered, passing the target of 93%. This was due to securing additional locum Breast Radiologists sessions.

Additional Clinical Assistant capacity has also been secured until January 2018.

The long term staff challenges remain, with the service dependent on locum capacity.

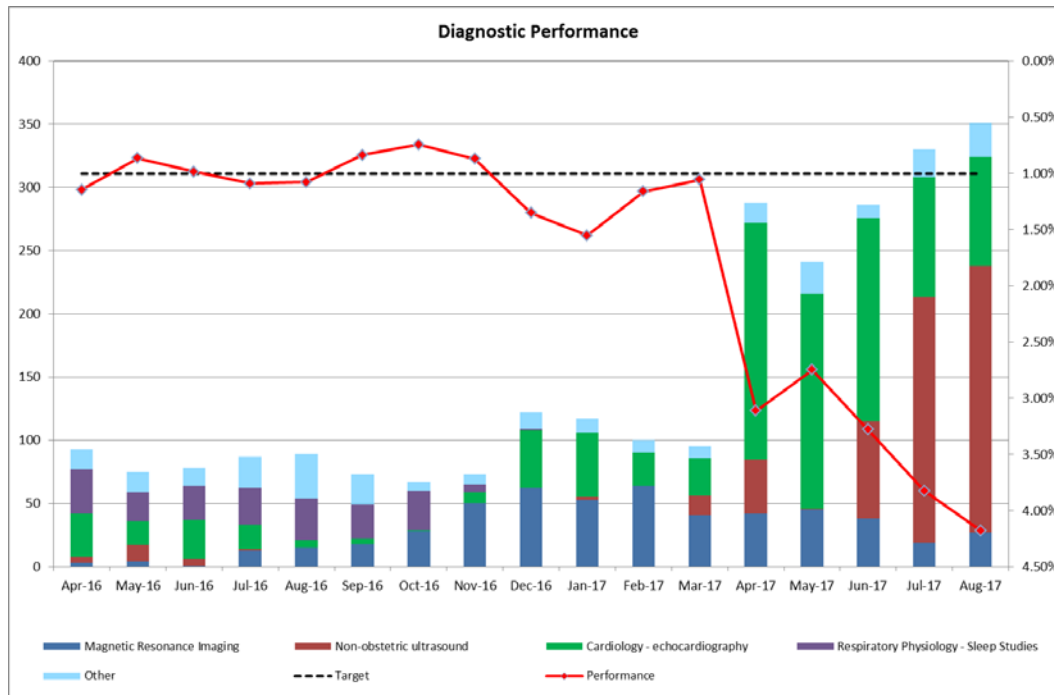
The RUH has agreed a recovery trajectory with commissioners

Triage of referrals remains in place.

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



Diagnosics (1)



Diagnostic tests – maximum wait of 6 weeks. August performance is reported as 4.18% against the $\leq 1.0\%$ indicator, rated red. The Trusts improvement target for August was 2.0%, the trajectory was set and agreed with CCGs in June 2017 and before performance on non-obstetric ultrasound deteriorated. The improvement trajectory is under review with the CCGs.

From April 2017 specialist Echocardiography have been included within DMO1 reporting.

86 breaches occurred in Cardiology echocardiography improved performance from last month.

A DMO1 task and finish group was established in June, led by the Deputy COO to ensure no further diagnostic tests are omitted from Trust reporting. The group have also been reviewing DMO1 performance management across the Divisions. Actions already taken:

- Improved focus on diagnostic waits at weekly PTL meetings
- Radiology planning meeting established supported by updated Radiology PTL reporting

In August the majority of breaches are within Non-obstetric ultrasound, with a total of 211 breaches reported equating to 6% of the breaches in month. This pressure has continued from July significantly affecting the overall Trust performance. A referral review is underway and proposed demand management protocol is to be shared with lead GPs.

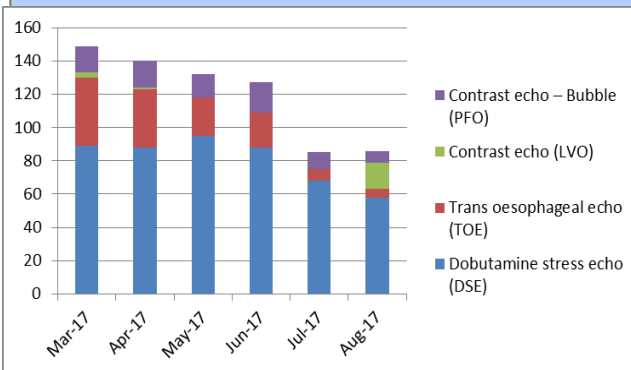
Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	27
Computed Tomography	2
Non-obstetric ultrasound	211
Audiology - Audiology Assessments	17
Cardiology - echocardiography	86
Neurophysiology - peripheral neurophysiology	5
Cystoscopy	2
Gastroscopy	1
Total	351

Diagnostics (2)

Key Recovery Plan Actions Delivered in August:

- Ongoing reduction in both specialist and plain echo
- Cardiology locum in post

<u>Echo Type</u>	
Cardiology DSE	58
Cardiology Bubble	7
Cardiology TOE / TEE	5
Plain Echo	16
	86



Specialist Echo (70):

The overall number of specialist echo breaches reduced further in August

Plain Echo(16):

Annual leave has impacted on capacity in August but a further reduction is expected in September.

Non-obstetric Ultrasound (211):

A review is underway to capture any changes in referral patterns or trends. A demand management protocol has been drafted and will be shared with lead GPs in September.

Radiology have reported that additional capacity is available in September, although this may not be sustained going forward, this is anticipated to improve performance and remove the backlog of requests.

Audiology (17):

Audiology diagnostics continue to be affected by sickness absence within the team.

Cystoscopy and Gastroscopy (3):

Equipment failure led to breaches in month.

Neurophysiology (5)

Capacity was affected by annual leave in August



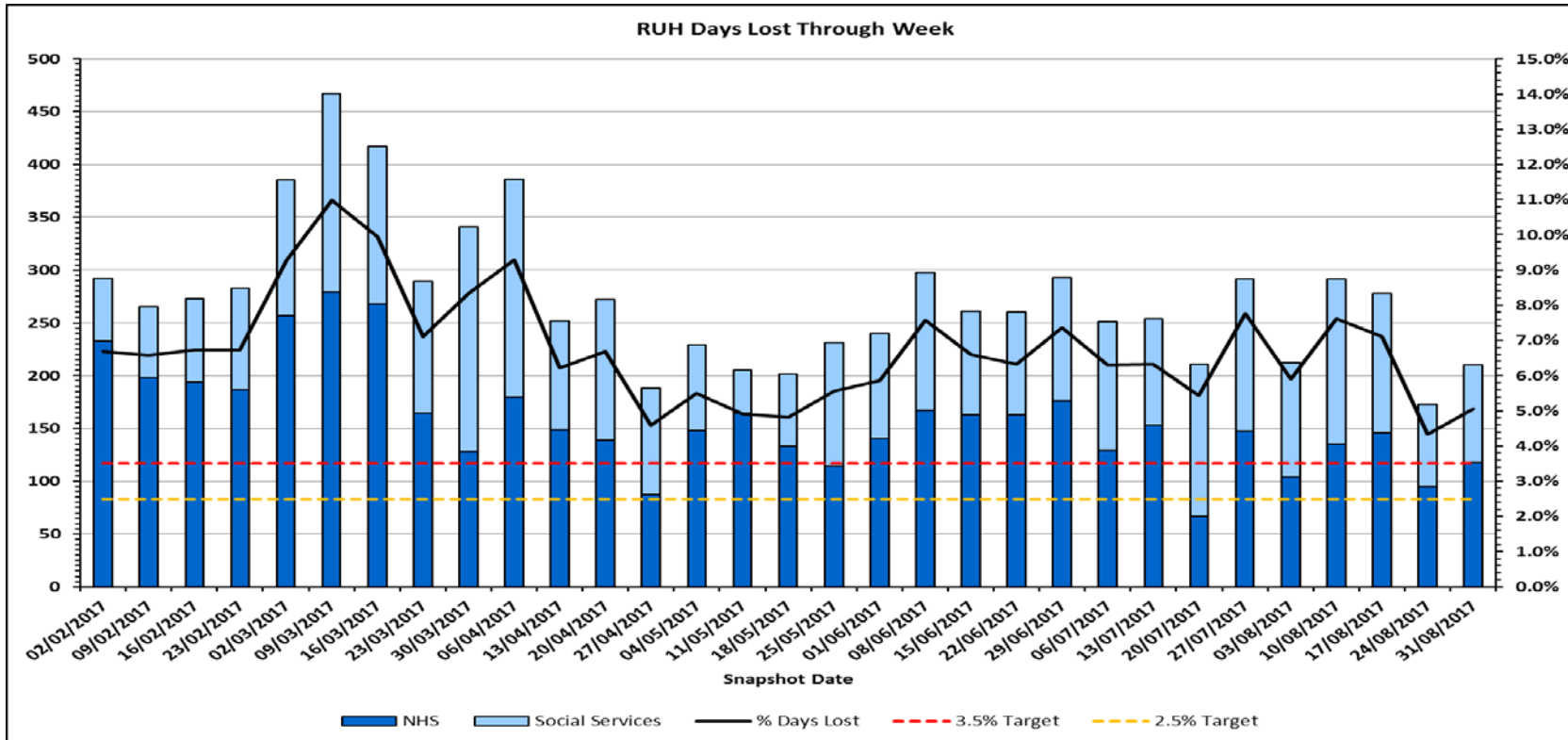
Delayed Transfers of Care (1)

DTCO	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	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total
Number of Patients	9	7	16	3	4	7	11	3	14	0	3	3	0	0	0	23	17	40
Number of Delayed Days	206	318	524	43	55	98	251	108	359	15	44	59	1	0	1	516	525	1041

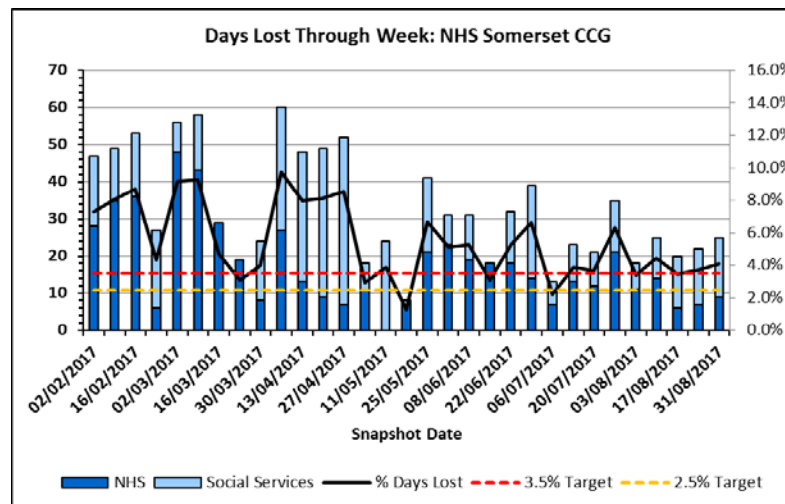
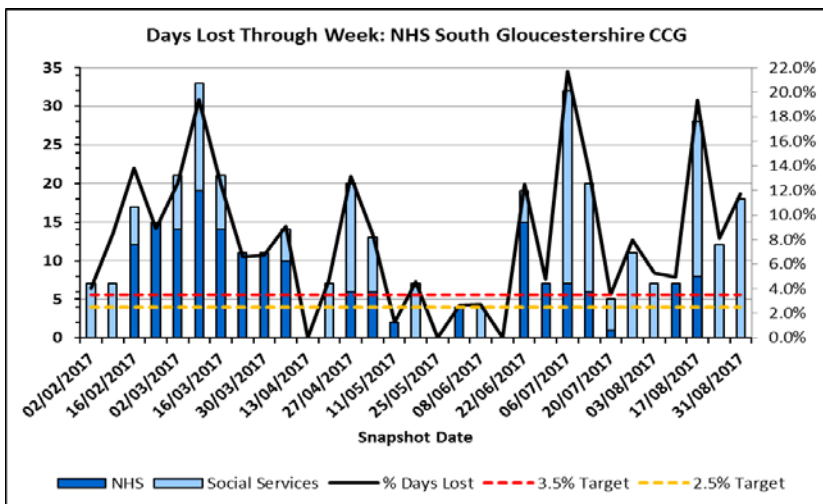
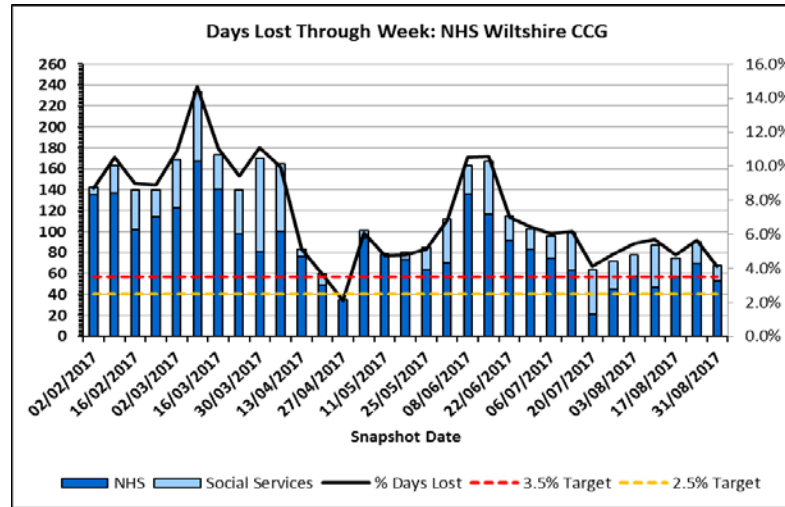
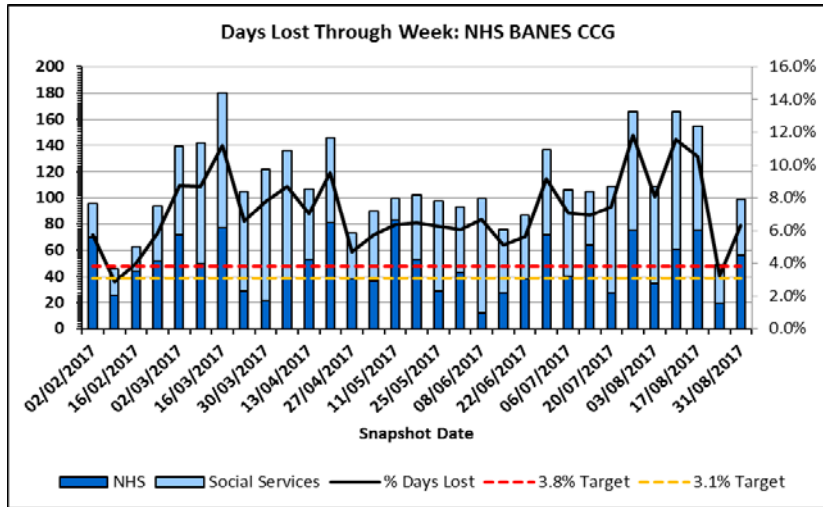
The DTCO position by CCG is detailed in the table on the left, which shows 40 patients reported at the August month end snapshot and 1,041 delayed days (5.9%).

The graph outlines the delayed days by week since February 2017.

In July an increase in delays for patients in BANES CCG have been seen, the CCG have escalated concerns to Virgin Care. Actions were taken by Virgin care before the August bank holiday and improvement seen in this period.



Delayed Transfers of Care by CCG (2)



Board should note the significant challenge CCGs have to deliver the national DTOC targets from the current position.

In August NHSE wrote to CCGs about responsibilities for CHC processes. In respect of the standard – ‘in more than 80% of cases with a positive NHS CHC checklist, the NHS CHC eligibility decision is made by the CCG within 28 days from receipt, **BANES and Wiltshire** are on the list of CCGs where less than 50% of CHC decisions are made in 28 days, and are thus required by NHSE to audit the ‘reasons for lengthy delays’. The Trust has requested feedback from a mandated audit due 11th September 2017.

Key National and Local Indicators

In the month of August there were 10 red indicators of the 66 measures reported, **5 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.



Effective

SOF X 13. Readmissions

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

SOF X 45. CAS Alerts not responded to within the deadline
SOF X 46. Venous thromboembolism % risk assessed
 X 47. Number of patients with falls resulting in serious harm (moderate, major)
 X 49. Hospital acquired pressure ulcers (grade 2)

Well Led

SOF X 57. FFT Response Rate for Maternity (Labour Ward)



X 13. Readmissions – Total

There were 504 readmissions (14.9%) in August (1.6% increase from July). The Medical Division increased from 15.3% to 17.7%, the Surgical Division increased from 13.0% to 13.7% and Women and Children's Division reduced from 4.8% to 3.2%. Readmissions are discussed through divisional clinical governance meetings and any issues identified and investigated when appropriate.



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

There were 351 over 6 week waiters in August, equating to 4.18% performance against the $\leq 1.0\%$ indicator, rated red. Performance in August failed to meet the constitutional target. See slide 21 and 22 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 was one patient waiting 55 weeks (General Surgery). The patient had originally been seen in the private sector and then referred to the RUH for a first appointment. The patient waited 23 weeks for first appointment and then was checked out incorrectly which caused the 18 week clock to stop. The patient was then added to the wait list for surgery at week zero and identified during validation 30 weeks later. The patient has since decided not to have surgery and has been referred back to his GP.

Validation has now been moved forward to week 20 in the RTT pathway, this will commence in September 2017.

X 32. % Discharges by Midday (Excluding Maternity)

17.1% of patients were discharged by midday in August with performance increasing from 16.4% in July and 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 1,047 delayed days in August, which was 5.9% of the Trust's occupied bed days. There were 40 patients delayed in the month end snapshot. The Trusts Discharge Board and Integrated Discharge Service (IDS) programme, working with system partners, focusing on actions to improve discharge pathways for complex patients on discharge pathways 2 and 3.



X 45. CAS Alerts not responded to within the deadline

Resources to support safer care for full-term babies. Deadline: 23/08/17. Closed: 01/09/17

Reason for the delay has been investigated and found to have resulted from a communication error, learning taken from this has been shared with the staff involved.

X 46. Venous thromboembolism % risk assessed

Reporting has been affected by a change in data collection methodology, from a monthly sample via the safety thermometer, to routine collection, work to review the data collection process is on-going supported by the Heads of Division. Quality Board continue to review performance.

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

In August there were 5 patients with falls resulting in serious harm. 2 Moderate in ACE, 1 Moderate in Parry Ward, 1 Moderate Midford Ward & 1 Moderate in Children's Unit. The Divisional teams are reviewing these cases currently to identify any learning as part of the Trust wide work to reduce falls.

X 49. Hospital acquired pressure ulcers (grade 2)

There have been three avoidable category 2 pressure ulcers validated for two patients. Two on Phillip Yeoman, bilateral heel ulcers on a man whose offloading and repositioning was inadequate and one on Combe ward, left heel ulcer where the heel was not off loaded consistently but there were some compliance issues due to dementia. All have been investigated and action plans put in place, monitored by the divisions and the Tissue Viability Steering group.



X 57. FFT Response Rate for Maternity (Labour Ward)

In August the FFT Response Rate for Maternity fell to 9.2%. A busy month has been exacerbated by annual leave over the period therefore staffing has been challenging. In addition, the ward have not had the support of our Norland Nannies over the summer period who provide additional support in terms of promoting FFT on the unit. The Maternity Matron has sent out a reminder to all areas of the service to remind them of the importance of promoting FFT and anticipate performance to improve throughout September 2017.

Well Led – Workforce

1. Summary & Exception Reports

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

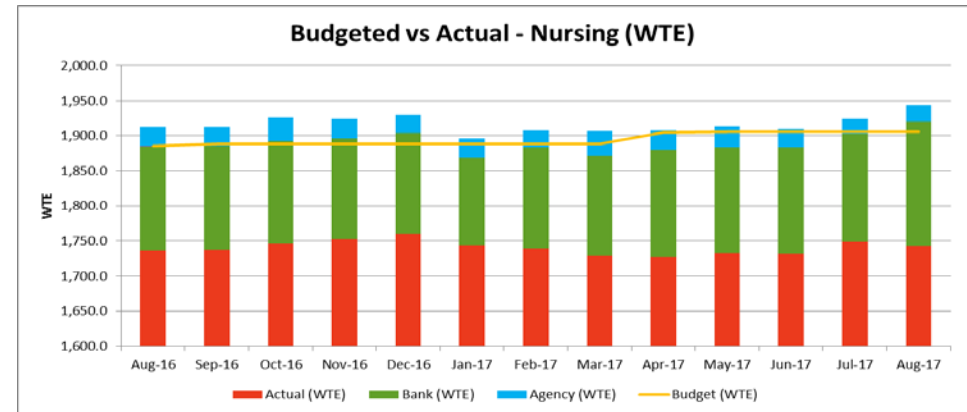
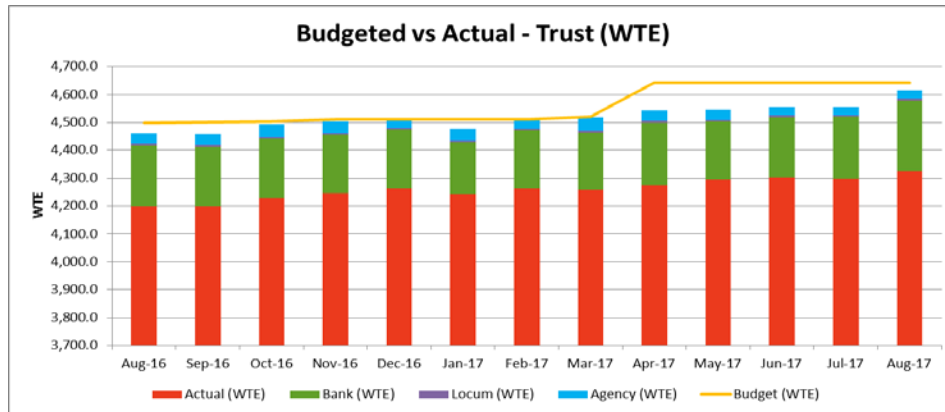
Workforce	Jul-17						Aug-17						Q2
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust Target
Turnover (rolling 12 months %)	11.4	12.5	11.9	11.2	11.5	11.1	11.7	12.4	12.6	11.6	11.8	11.1	11.3%
Sickness Absence (%)	3.7	2.4	4.9	3.5	4.1	3.3	3.8	2.8	5.6	3.8	3.8	3.8	3.1%
Vacancy Rate (%)	5.7	5.7	10.1	5.7	5.6	4.0	5.2	5.0	10.9	5.3	4.7	3.2	4.0%
Agency Staff (agency spend as a % of total pay bill)	1.3	1.6	0.4	0.8	2.6	0.1	1.5	1.1	1.0	0.8	3.2	0.0	4.0%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	2.9	5.2	-	2.9	4.9	0.3	2.6	-1.6	-	3.0	4.9	0.1	4.0%
Staff with Annual Appraisal (%)	86.0	83.4	88.0	85.4	87.8	86.4	86.5	85.1	85.7	85.2	88.8	87.8	87.4%
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 (%)	85.3	88.9	84.9	87.2	84.1	90.1	86.2	88.7	89.2	89.2	84.6	91.3	95.0%
Mandatory Training (%)	87.7	89.8	87.4	88.7	89.8	88.9	87.7	89.2	88.5	89.4	89.3	89.0	89.2%

Trends:

- Workforce indicators have remained relatively static this month; but turnover has increased slightly.
- The vacancy rate has again improved this month, sustained by improved vacancy rates within Corporate (5.0%) and Surgery (4.7%).
- Appraisal is based on a Trust wide trajectory for improvement, and the target KPI in Q2 is 87.4%. 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 – Vacancy Rate

2. Vacancy Rate



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

- The Resourcing team are working on a total of 342.24 WTE vacancies, of which 142.54 are Registered Nurses/Midwives vacancies. A total of 186.07 WTE new starters are in the pipeline with start dates from 06/09/2017 onwards, of which 72.63 are Registered Nurses/Midwives.
- A general Nursing Recruitment open day took place on Thursday 14th September.
- An Oncology nursing day is planned for 30th September.
- Our careers pages on the RUH web site have been updated to include Staff Benefits and Living in Bath, with various links about living in Bath and the surrounding areas.
- Pharmacy skill mix has been changed to allow structured training which in turn will lead to the growth of our own staff base.

Well Led – Overview

Measure	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Q2 Target
Budgeted Staff in Post (WTE)	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	4,642.2	4,642.5	
Contracted Staff in Post (WTE)	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	4,375.9	4,401.2	
Vacancy Rate (%)	4.8%	4.7%	4.4%	4.1%	4.2%	3.7%	3.6%	5.9%	5.9%	5.8%	5.7%	5.2%	4.0%
Bank - Admin & Clerical (WTE)	32.3	29.6	34.2	26.6	32.8	30.8	36.4	26.2	31.7	32.2	34.3	1 Month Lag	
Bank - Ancillary Staff (WTE)	28.1	31.4	27.2	28.1	28.1	27.2	31.5	26.5	26.3	29.2	33.7	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	146.0	143.5	143.5	125.2	143.6	141.5	151.4	151.7	152.1	153.5	176.4	1 Month Lag	
Agency - Admin & Clerical (WTE)	1.0	1.5	0.0	0.0	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)	26.8	33.6	27.9	26.0	27.1	24.8	35.3	28.2	29.9	25.9	21.3	23.8	
Overtime (WTE)	70.1	83.1	87.1	66.0	66.3	68.2	81.5	76.3	82.5	90.5	90.8	1 Month Lag	
Sickness Absence Rate (%)	3.9%	3.9%	4.3%	4.8%	4.7%	4.8%	5.1%	4.3%	3.7%	3.7%	3.7%	3.8%	3.1%
Appraisal (%)	85.7%	85.3%	84.6%	84.3%	84.7%	82.8%	84.8%	84.3%	85.2%	84.5%	86.0%	86.5%	87.4%
Consultant Appraisal (%)	85.6%	91.7%	94.0%	92.2%	94.0%	95.8%	88.9%	86.8%	89.1%	87.8%	84.7%	85.5%	87.4%
Rolling Average Turnover - all reasons (%)	16.9%	16.7%	16.4%	16.4%	16.5%	16.2%	15.9%	16.1%	16.2%	16.2%	16.4%	16.6%	
Rolling Average Turnover - with exclusions (%)	12.4%	12.3%	11.9%	11.7%	11.4%	11.6%	11.5%	11.5%	11.6%	11.5%	11.4%	11.7%	11.3%

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold		2016/17			2017/18	2017/18		Triggers Concerns
		Performing	Weighting	Q2	Q3	Q4	Q1	July 2017	August 2017	
SOF	Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	1.0	83.3%	86.3%	77.9%	86.4%	94.2%	90.4%	
	C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	1.0	8	6	7	4*	4**	2	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	1.0	90.5%	91.1%	90.0%	89.9%	88.7%	88.5%	
	31 day diagnosis to first treatment for all cancers	96%	1.0	100.0%	99.5%	99.2%	98.3%	96.2%	98.8%	
	31 day second or subsequent treatment - surgery	94%	1.0	100.0%	98.9%	97.8%	98.9%	100.0%	96.2%	
	31 day second or subsequent treatment - drug treatments	98%		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%	
	2 week GP referral to 1st outpatient	93%	1.0	92.7%	95.9%	94.8%	95.1%	94.6%	93.5%	
	2 week GP referral to 1st outpatient - breast symptoms	93%		93.3%	94.8%	87.9%	82.1%	94.1%	97.1%	
SOF	62 day referral to treatment from screening	90%	1.0	85.7%	95.9%	93.3%	83.3%	100.0%	100.0%	
SOF	62 day urgent referral to treatment of all cancers	85%		90.7%	88.3%	87.0%	88.3%	86.3%	88.3%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	1.0	0.96%	0.97%	1.20%	3.03%	3.83%	4.18%	

* Q1: 1 under review, Q2: 1 under review

** Apr: 1 under review, July: 1 under review.

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

Finance and Use of Resources

	YTD Plan	YTD Actual	YTD Variance	M12 Plan	M12 Forecast	M12 Variance
Capital Service Cover Metric	1.350	0.740	-0.611	1.204	1.204	0.000
Capital Service Cover Rating	3	4		4	4	
Liquidity Metric	11.601	19.205	7.604	7.725	10.330	2.605
Liquidity Rating	1	1		1	1	
I&E Margin Metric	-0.8%	-1.1%	-0.3%	3.9%	3.9%	0.0%
I&E Margin Rating	3	4		1	1	
Variance from Control Metric		-0.3%	-0.3%	0.0%	0.0%	0.0%
Variance from Control Rating		2		1	1	
Agency Metric	-75.5%	-34.5%	41.0%	-75.6%	-75.6%	0.0%
Agency Rating	1	1		1	1	
Rounded Score	2	2		2	2	
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here		Trigger			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			3	

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

Integrated Balanced Scorecard - August 2017

CARING				Threshold	
ID	Lead	Local	Performance Indicator	Performing	Under-performing
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75
4	DON	NR	Friends and Family Test % Recommending 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			2017/18	Current Month
Q2	Q3	Q4	Q1	Aug 2017
97	97	97	97	99
96	98	97	97	97
99	100	100	99	100
96	98	97	97	97
0.0%	0.0%	0.0%	0.0%	0.0%
6	6	5	5	7
12	9	11	13	9
3	1	0	1	0
15	16	21	20	15

EFFECTIVE					
ID	Lead	Local	Performance Indicator	Performing	Under-performing
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)	<=1.00	>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			2017/18	Current Month
107.0	109.6	109.2	108.2	Lag(4)
114.7	116.9	119.0	118.7	Lag(4)
0.9903	1.0089	Lag (8)	Lag (8)	Lag (8)
13.1%	13.2%	13.1%	13.7%	14.9%
74.4%	80.2%	76.6%	Lag(3)	Lag(3)
89.3%	83.6%	85.0%	91.8%	90.6%
69.2%	72.8%	78.5%	60.6%	83.0%
77.1%	70.0%	69.1%	55.3%	Lag(4)
2.5%(77)	2.2%(67)	2.3%(65)	1.6%(48)	0.9%(29)
86.6%	95.4%	91.9%	98.3%	94.5%
-4.80	-1.92	-13.00	-0.10	0.34
29.80	27.80	33.81	27.12	25.01
15.80	15.30	16.30	16.76	16.59
8.00	9.10	10.06	9.13	8.82
2.40	0.99	1.56	0.70	3.15

RESPONSIVE					
ID	Lead	Local	Performance Indicator	Performing	Under-performing
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			2017/18	Current Month
83.1%	83.2%	83.5%	84.7%	84.0%
0.96%	0.97%	1.20%	3.03%	4.18%
1	1	2	4	1
0	0	0	0	0
1	0	1	0	0
0	0	0	0	0
15.3%	15.8%	15.6%	16.6%	17.1%
109	218	91	157	206
48	44	67	63	100
5.7%	4.0%	6.3%	6.2%	5.9%
5.4	4.8	5.4	5.0	4.7
28	31	42	24	20
91.3%	92.3%	93.6%	91.1%	91.1%
51	56	61	57	50

SAFE					
ID	Lead	Local	Performance Indicator	Performing	Under-performing
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			2017/18	Current Month
2	0	1	-2	0
14.0	10.6	12.2	7.1	10.9
1	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	1	0	0	1
98.7%	96.7%	97.4%	79.8%	80.6%
3	2	3	4	5
0	1	0	0	0
2	3	3	0	3
35	40	37	38	37
6	3	3	5	5
94.7%	94.1%	96.5%	93.8%	91.3%
10.5%	17.3%	12.4%	15.5%	13.3%
1:32:0	1:30:0	1:29:0	1:29:0	1:32:0

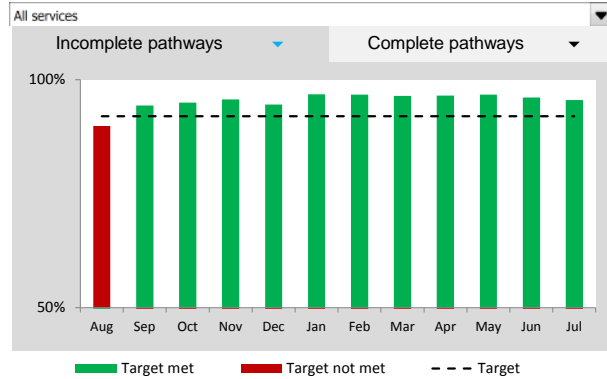
WELL LED					
ID	Lead	Local	Performance Indicator	Performing	Under-performing
55	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=20%	<=15%
56	DON	NT	FFT Response Rate for Inpatients	>=40%	<35%
57	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%
58	HRD	SOF	Turnover - Rolling 12 months	<=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			2017/18	Current Month
20.5%	18.1%	13.1%	18.6%	15.7%
35.6%	34.5%	37.6%	44.1%	40.7%
22.4%	14.0%	19.6%	19.9%	9.2%
12.3%	12.0%	11.5%	11.5%	11.7%
3.9%	4.3%	4.8%	3.9%	3.8%
5.4%	4.4%	3.8%	5.9%	5.2%
2.5%	2.2%	2.3%	1.9%	1.5%
3.7%	3.1%	3.5%	3.3%	2.6%
85.2%	84.7%	84.1%	84.7%	86.5%
86.4%	86.6%	87.9%	85.6%	86.2%
11	13	10	17	16
86.6%	87.3%	87.8%	87.6%	87.7%

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

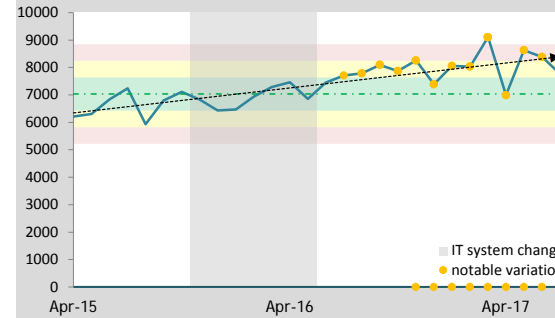


Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	92%	74
Continence - Adult	95%	10
LD	76%	13
Outpatient Physio	98%	64
Podiatry	100%	1
Wheelchair service	99%	1
WON	93%	42

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

Activity



Referrals ↑ 15% Contacts ↑ 7%

Notable movers

Neurology Specialists	↑ 54%
Community Teams	↑ 29%
Bed Based Intermediate Care	↑ 25%
Fracture Clinic	↓ -9%
Inpatient Therapy	↓ -5%
Diabetes	↓ -5%

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.

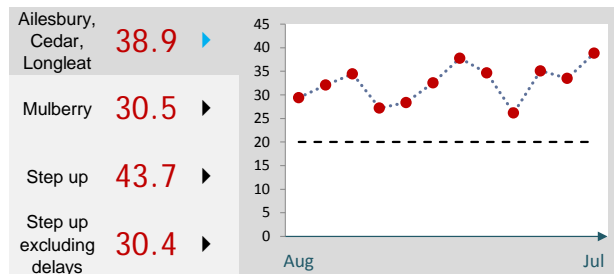
Inpatient assessments

All wards

MRSA	✓	98%
VTE	✓	100%
VTE prophylaxis	✓	98%
MUST	✓	96%
PURAT	✓	97%
Falls	✓	97%
Dementia	✓	100%

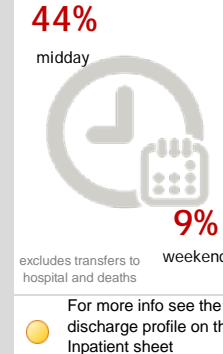
Strong performance overall

Mean Inpatient Length of Stay



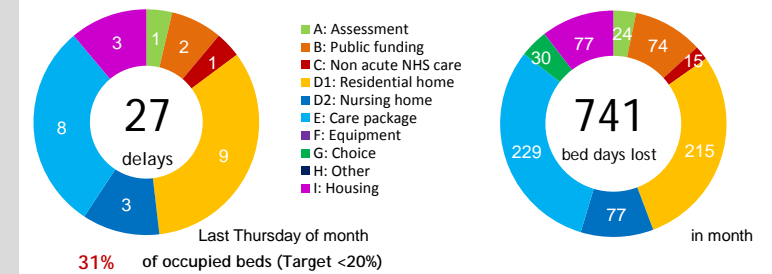
LoS heavily influenced by delayed days which routinely account for more than 20% of our ward capacity

Discharge timings



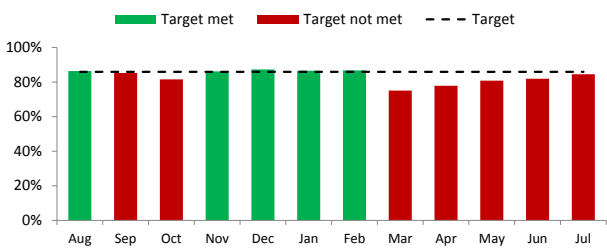
For more info see the discharge profile on the Inpatient sheet

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

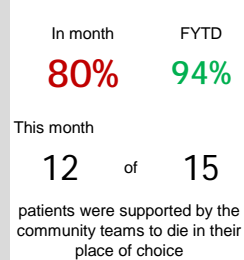


In month 85% FYTD 80% Patients still at home 90 days after referral to team

Data quality concerns

Cohort has been adjusted to Home First. Very small numbers of patients referred in April that form July's follow up data - 11 out of 13 at home. Expect numbers to increase in coming months.

End of life support



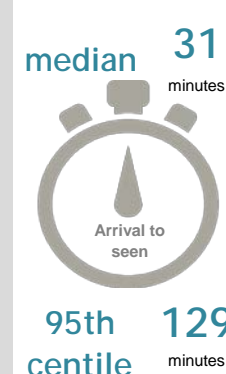
Unusual in month dip in performance. Strong performance year to date

Funding reviews*

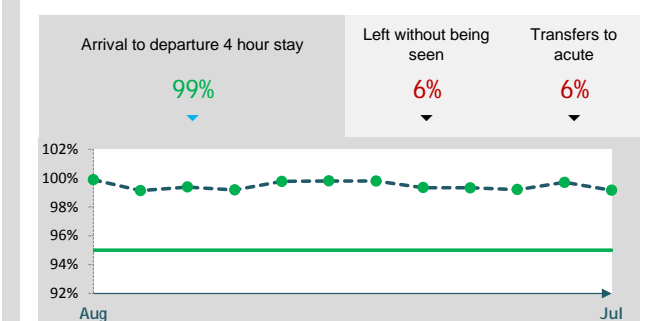
	In month	FYTD
CHC 3 month	Completed 1, Due 1	100%
CHC Annual	Completed 13, Due 14	93%
FNC	Completed 48, Due 93	52%

Unplanned staff leave affecting FNC performance this month.

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.