

Report to:	Public Board of Directors	Agenda item:	9
Date of Meeting:	28 March 2018		

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 11 Appendix 2: WH&C Performance Dashboard Summary – Month 10 (January 2018)

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 February performance.</p> <p>Board should note that the RUH have been rated as segment 3 overall against the NHSI Single Oversight Framework (SOF). For 4 Hour performance the Trust has been rated as category 4.</p> <p>In February three SOF operational performance metrics triggered concern; 4 Hours, RTT Incomplete Pathways, and Diagnostic tests – 6 week wait.</p> <p>4 hour performance remains below the national standard of 95% and below improvement trajectory. This remains the significant performance challenge for the Trust.</p> <p>Board are asked to note:</p> <ul style="list-style-type: none"> • 4 hour performance at 74.4% below both the 95% national standard and the improvement target. • RTT incomplete pathways in 18 weeks at 85.3% below the Trusts Improvement Trajectory and the 92% national standard. The RUH reported six 52 week breaches in February 2018. • Diagnostic tests – 6 week wait 1.73% failing the national standard of 1%. • C-Difficile infection 72 hours post admission, 2 cases February achieving the Trust monthly target. • Sustained cancer performance in February, delivering all cancer targets including Breast Symptomatic. <p>The Wiltshire Health and Care performance summary for month 10 is attached for information.</p> <p>Board are asked to note that the planned review of the Trusts Performance</p>

Author : Clare O'Farrell, Deputy Chief Operating Officer	Date: 13 March 2018
Document Approved by: Francesca Thompson, Chief Operating Officer	Version: 1
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Management Framework (PMF) has been deferred to March 2019, this will allow time to reflect any changes required with the Trusts planned organisational development programme.

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

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Royal United Hospitals Bath



NHS Foundation Trust

Operational Performance Report – February 2018



NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Jan 2018	Feb 2018	Triggers Concerns
Four hour maximum wait in A&E (All Types from April 2014 onwards)	72.3%	74.4%	
C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	1	2 **	
RTT - Incomplete Pathways in 18 weeks	85.7%	85.3%	
31 day diagnosis to first treatment for all cancers	99.0%	98.5%	
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	94.6%	95.4%	
2 week GP referral to 1st outpatient - breast symptoms	87.5%	97.5%	
62 day referral to treatment from screening	100.0%	90.9%	
62 day urgent referral to treatment of all cancers	92.4%	87.6%	
Diagnostic tests maximum wait of 6 weeks	1.81%	1.73%	

** February - 2 under review

This report provides a summary of performance for the month of February including the key issues and risks to delivery along with the actions in place to sustain and improve performance in future months.

Board should note that against the NHSI Single Oversight Framework that the RUH have been rated 3 overall. The Trust has been placed into category 4 for 4 hour performance.

Performance concerns are triggered if an indicator is below national target.

In February three SOF operational metrics triggered concerns, with performance failures in two consecutive months: 4 hour wait in A&E, 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% and failed the improvement trajectory, this remains the Trusts most significant performance issue.



4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	Feb 18	Qtr 4	Full Year 2017/18
All Types	74.4%	73.3%	83.2%

Table 2: Emergency Department Quality Indicators:

Title	Month	Quarter	Year
	Feb-18	4	2017/2018
Unplanned Re-attendance Rate	0.4%	0.3%	0.5%
Total Time in ED - 95th Percentile	713.9	710.0	533.0
Left Without Being Seen	1.5%	1.5%	1.3%
Time to Initial Assessment - 95th Percentile	133.0	140.1	
Time to Treatment - Median	56	51	56
ED Attendances (Type 1)	5485	11223	65717
ED 4 Hour Breaches (Type 1)	1636	3487	12725
ED 4 Hour Performance (Type 1)	70.2%	68.9%	80.6%
Ambulance Handovers within 30 minutes	100.0%	100.0%	100.0%
ED Friends and Family Test	97	95	97

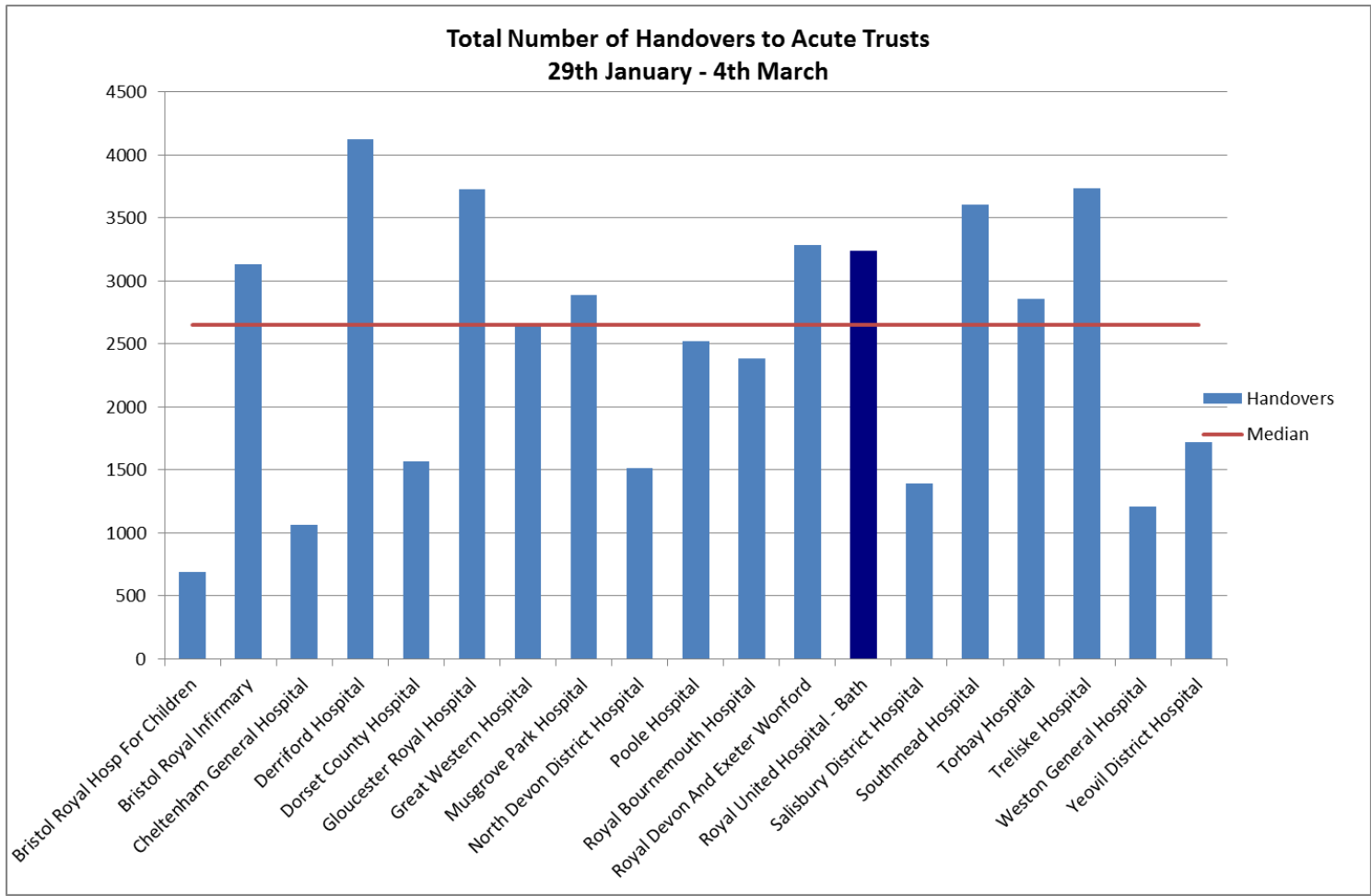
Table 1:

- During February the “all types” performance was 74.4%, below the 95% standard with a total of 1,639 breaches in the month. Improvement trajectory target was 84.3%.

Table 2:

- Due to the Big 3 Go Live in November 2017, the Trust has not been able to fully report against the ED Clinical Quality indicators. Reporting is now in-place. Data quality issues for Time to Initial Assessment have been identified and reporting has been up-dated from the 26th February and performance is anticipated to improve in March 2018.
- 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)



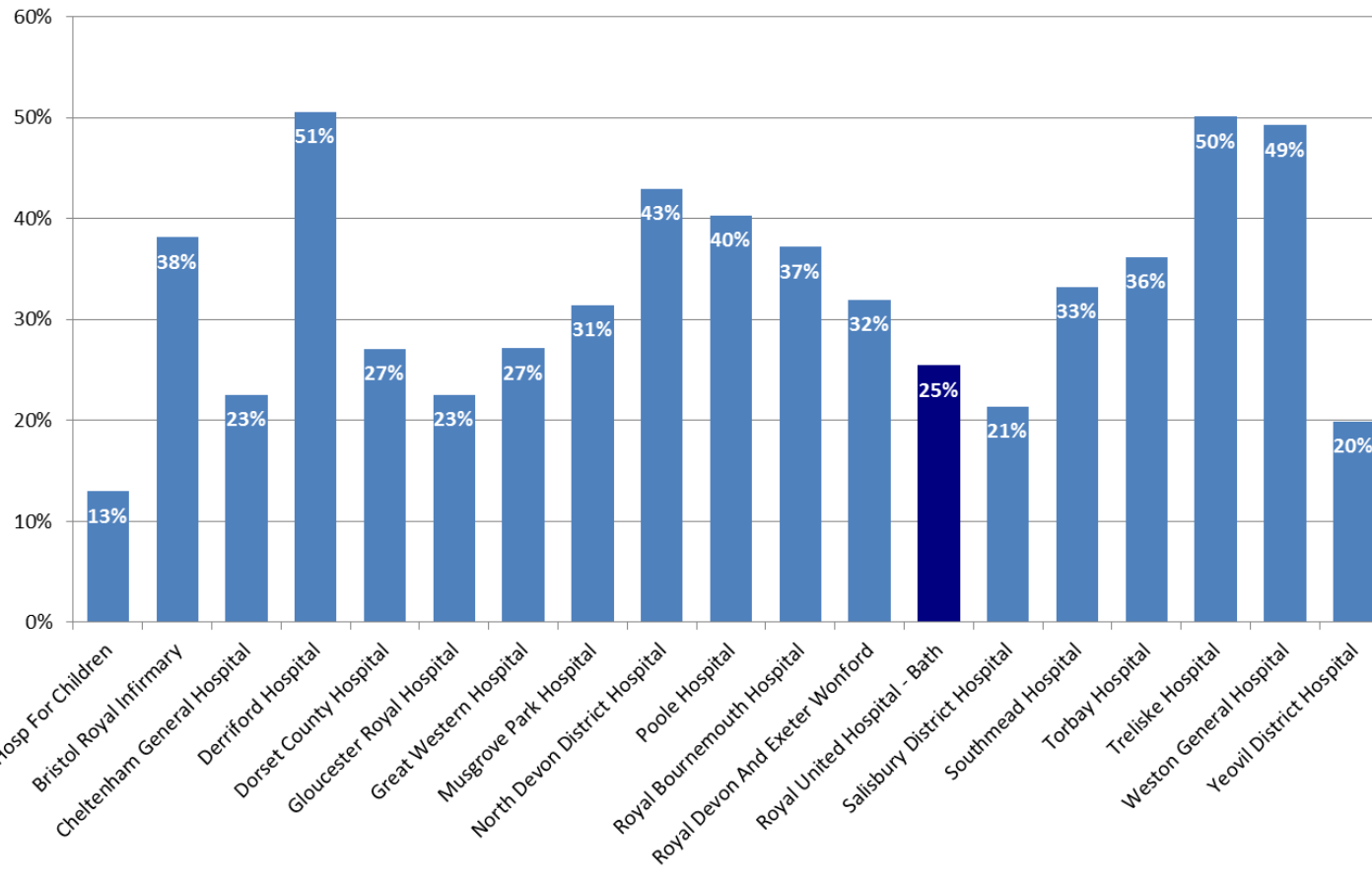
Comparison of the total number of ambulance handovers across all Trusts supported by SWAS.

The RUH had 3,241 ambulance handover's in the five week period (591 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
29th January - 4th March



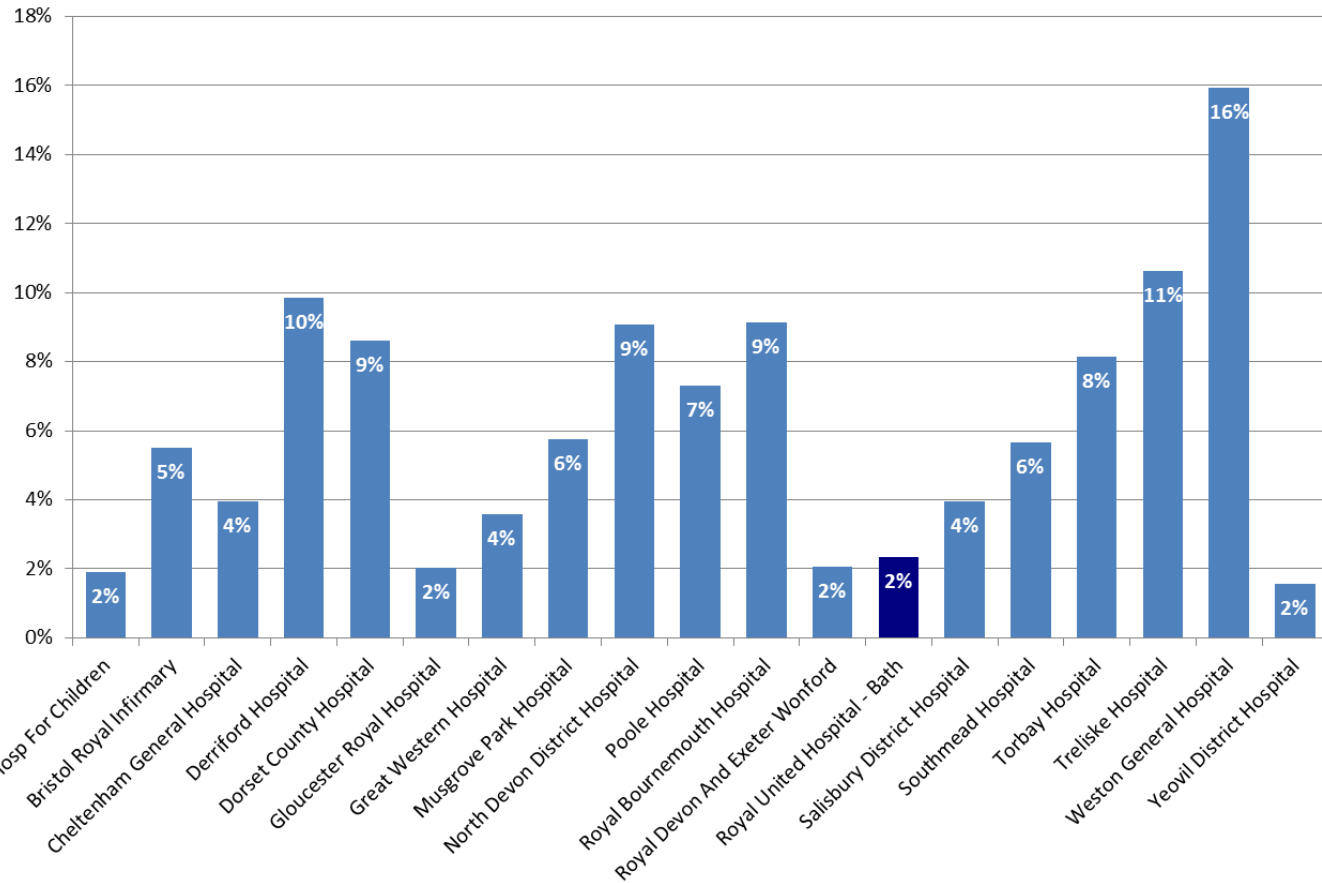
Performance is below previous months, reflecting the additional pressure experienced during February

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

SWAS Ambulance Handovers to ED over 30 minutes (4)

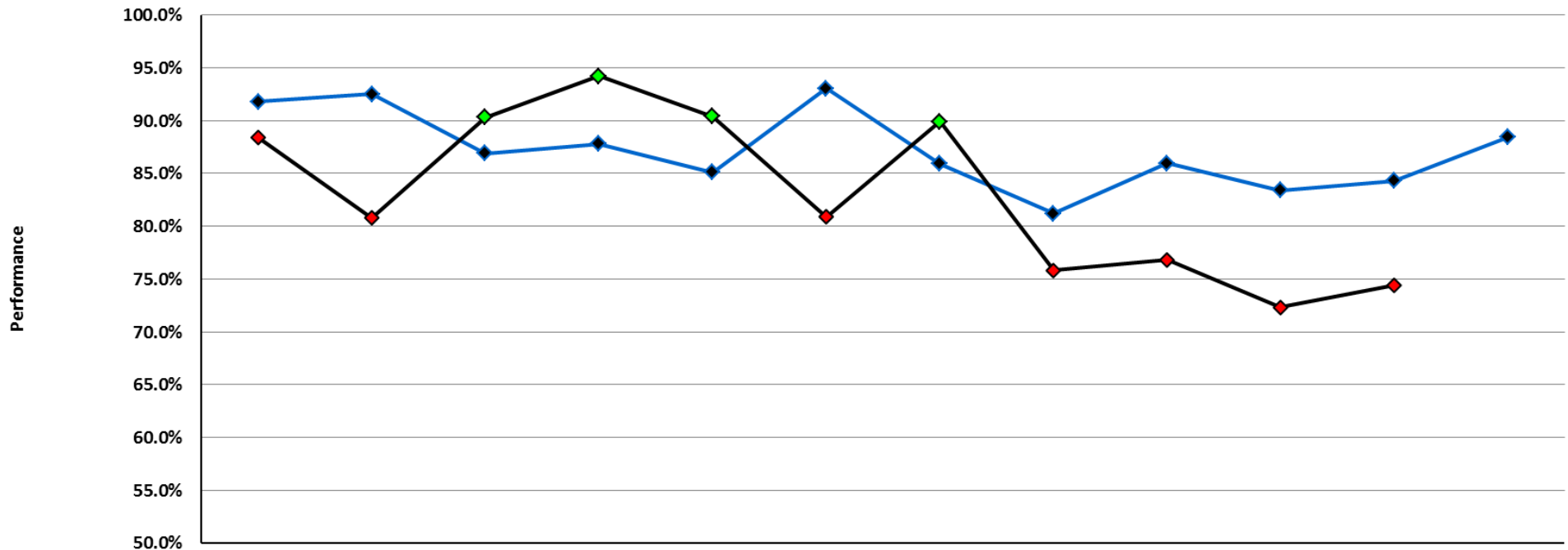
Percentage of Handovers Over 30 Minutes
29th January - 4th March

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



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

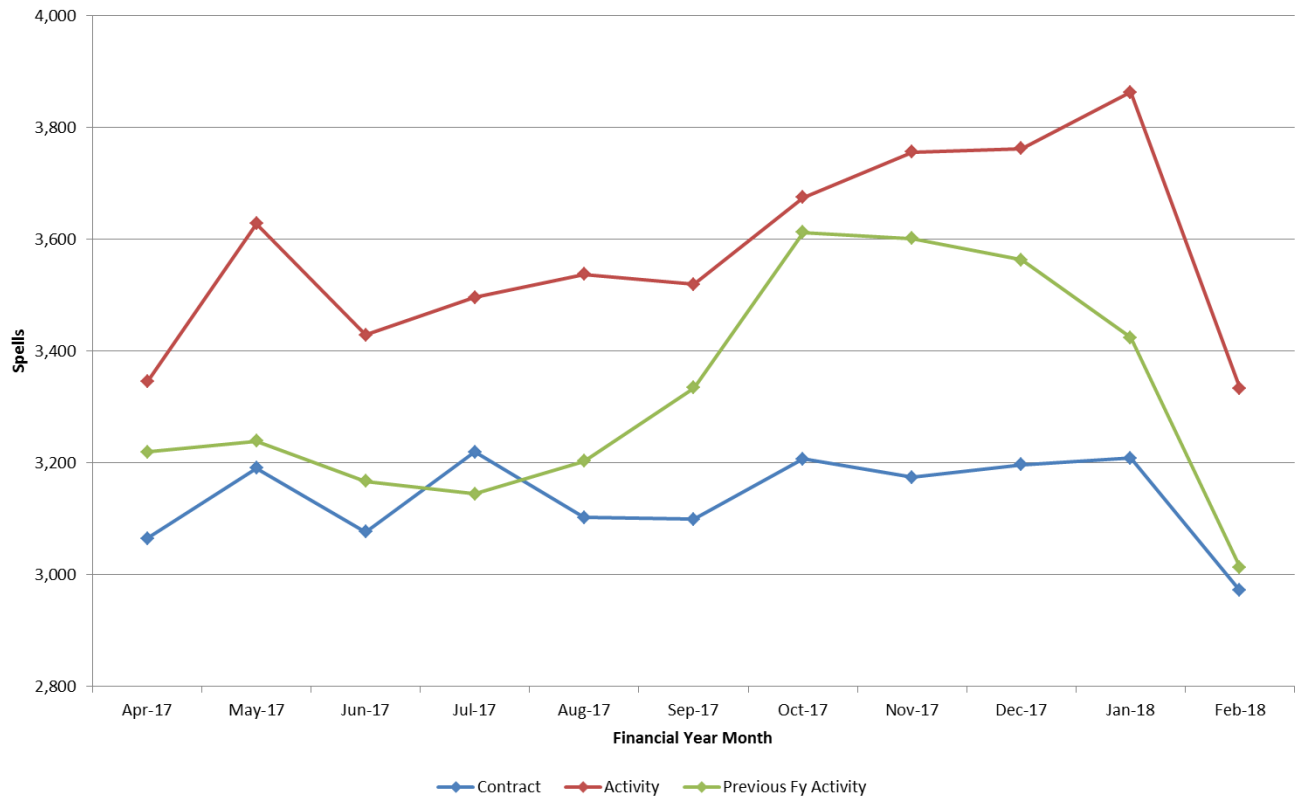
RUH ED 4 Hour Performance Target Trajectory



	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%	85.9%	81.2%	86.0%	83.4%	84.3%	88.4%
◆ RUH Performance	88.4%	80.8%	90.3%	94.2%	90.4%	80.9%	89.9%	75.8%	76.8%	72.3%	74.4%	

Activity Levels (1)

Non Elective Activity Against Contract - Excludes Maternity



In February 2018 the non elective activity was 10.6% above February 2017 (excluding Maternity). Emergency department (ED) attendances were 2.8% above February 2017.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 42 with an average of 30.
- Medical Outliers peaked at 60 with a median of 50.

In February the Trust capacity was impacted by bed closures for infection, predominately Flu.

- The max number of beds closed was 101 and the average per day closed was 62.

The Trust fully implemented a Flu cohort ward in February 2018, with direct admit capacity for positive Flu patients.



Activity Levels – Non Elective (2)

Non Elective (Excluding Maternity)		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
Trust Total	Plan	3,064	3,190	3,077	3,219	3,102	3,099	3,206	3,174	3,197	3,208	2,972	34,510
	Activity	3,345	3,628	3,429	3,496	3,537	3,519	3,675	3,756	3,762	3,863	3,333	39,343
	Previous Fy Activity	3,219	3,239	3,167	3,144	3,203	3,334	3,612	3,601	3,563	3,424	3,013	36,519
	Variance vs Contract	9.2%	13.7%	11.5%	8.6%	14.0%	13.5%	14.6%	18.3%	17.7%	20.4%	12.2%	14.0%
	Variance vs Previous Fy	3.9%	12.0%	8.3%	11.2%	10.4%	5.5%	1.7%	4.3%	5.6%	12.8%	10.6%	7.7%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan	1,074	1,117	1,078	1,127	1,089	1,085	1,122	1,109	1,119	1,123	1,038	12,081
	Activity	1,269	1,415	1,299	1,327	1,308	1,301	1,394	1,404	1,414	1,471	1,229	14,831
	Previous Fy Activity	1,147	1,158	1,120	1,118	1,119	1,193	1,275	1,289	1,306	1,233	1,068	13,026
	Variance vs Contract	18.2%	26.7%	20.5%	17.8%	20.1%	19.9%	24.2%	26.6%	26.3%	31.0%	18.4%	22.8%
	Variance vs Previous Fy	10.6%	22.2%	16.0%	18.7%	16.9%	9.1%	9.3%	8.9%	8.3%	19.3%	15.1%	13.9%
NHS SOMERSET CCG	Plan	431	448	432	452	436	435	450	446	449	451	417	4,848
	Activity	473	491	479	477	489	509	495	537	504	575	513	5,542
	Previous Fy Activity	452	440	451	443	459	433	548	523	514	428	412	5,103
	Variance vs Contract	9.9%	9.5%	10.8%	5.5%	12.2%	16.9%	9.9%	20.4%	12.2%	27.6%	22.9%	14.3%
	Variance vs Previous Fy	4.6%	11.6%	6.2%	7.7%	6.5%	17.6%	-9.7%	2.7%	-1.9%	34.3%	24.5%	8.6%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan	112	117	112	117	114	113	117	115	117	117	108	1,260
	Activity	119	150	134	147	151	137	161	151	136	146	128	1,560
	Previous Fy Activity	118	111	102	112	119	110	130	113	119	145	103	1,282
	Variance vs Contract	6.2%	28.7%	19.2%	25.2%	32.7%	21.1%	37.6%	30.7%	16.5%	24.7%	18.4%	23.8%
	Variance vs Previous Fy	0.8%	35.1%	31.4%	31.3%	26.9%	24.5%	23.8%	33.6%	14.3%	0.7%	24.3%	21.7%
NHS WILTSHIRE CCG	Plan	1,184	1,233	1,189	1,245	1,197	1,198	1,240	1,229	1,236	1,240	1,151	13,341
	Activity	1,257	1,361	1,303	1,313	1,362	1,358	1,431	1,436	1,479	1,502	1,354	15,156
	Previous Fy Activity	1,186	1,212	1,194	1,195	1,212	1,285	1,362	1,374	1,334	1,328	1,189	13,871
	Variance vs Contract	6.2%	10.4%	9.6%	5.5%	13.8%	13.3%	15.4%	16.8%	19.7%	21.1%	17.7%	13.6%
	Variance vs Previous Fy	6.0%	12.3%	9.1%	9.9%	12.4%	5.7%	5.1%	4.5%	10.9%	13.1%	13.9%	9.3%



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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
Trust Total	Plan £'000	6,454	6,693	6,466	6,721	6,607	6,488	6,708	6,561	6,699	6,710	6,132	72,239
	Income £'000	6,432	6,950	6,770	7,090	6,816	6,795	6,832	8,641	7,609	8,078	6,508	78,521
	Previous Fy Income £'000	5,948	5,956	6,220	5,818	6,043	6,003	6,045	6,542	6,334	5,920	5,542	66,371
	Variance vs Contract	-0.3%	3.9%	4.7%	5.5%	3.2%	4.7%	1.9%	31.7%	13.6%	20.4%	6.1%	8.7%
	Variance vs Previous Fy	8.1%	16.7%	8.8%	21.9%	12.8%	13.2%	13.0%	32.1%	20.1%	36.5%	17.4%	18.3%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan £'000	2,199	2,280	2,203	2,288	2,254	2,210	2,284	2,231	2,282	2,285	2,085	24,601
	Income £'000	2,291	2,625	2,559	2,528	2,485	2,492	2,509	3,181	2,824	3,006	2,373	28,873
	Previous Fy Income £'000	2,116	2,159	2,174	2,090	2,102	2,274	2,139	2,112	2,317	2,277	2,289	24,049
	Variance vs Contract	4.2%	15.1%	16.2%	10.5%	10.2%	12.8%	9.8%	42.5%	23.8%	31.6%	13.8%	17.4%
	Variance vs Previous Fy	8.3%	21.6%	17.7%	21.0%	18.2%	9.6%	17.3%	50.6%	21.8%	32.1%	3.7%	20.1%
NHS SOMERSET CCG	Plan £'000	839	870	840	873	859	843	872	852	871	872	797	9,388
	Income £'000	883	877	854	835	1,005	1,000	872	1,258	1,006	1,087	947	10,626
	Previous Fy Income £'000	776	769	862	655	831	893	729	721	841	841	811	8,728
	Variance vs Contract	5.3%	0.9%	1.7%	-4.4%	17.0%	18.6%	0.1%	47.6%	15.6%	24.7%	18.8%	13.2%
	Variance vs Previous Fy	13.8%	14.2%	-0.9%	27.6%	21.0%	12.0%	19.7%	74.6%	19.7%	29.3%	16.7%	21.8%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan £'000	229	237	229	238	235	229	237	231	237	237	216	2,555
	Income £'000	260	271	267	282	294	221	288	282	239	334	297	3,033
	Previous Fy Income £'000	220	189	206	196	175	253	179	211	262	206	187	2,283
	Variance vs Contract	13.6%	14.3%	16.5%	18.7%	25.1%	-3.7%	21.3%	22.1%	0.7%	40.7%	37.4%	18.7%
	Variance vs Previous Fy	18.3%	43.6%	29.7%	43.6%	67.7%	-12.5%	61.0%	33.6%	-8.7%	62.2%	58.7%	32.9%
NHS WILTSHIRE CCG	Plan £'000	2,406	2,495	2,410	2,505	2,464	2,418	2,500	2,444	2,497	2,501	2,284	26,924
	Income £'000	2,482	2,742	2,613	2,901	2,637	2,632	2,743	3,393	3,072	3,184	2,671	31,070
	Previous Fy Income £'000	2,206	2,194	2,350	2,274	2,360	2,340	2,349	2,447	1,899	2,476	2,598	25,493
	Variance vs Contract	3.2%	9.9%	8.4%	15.8%	7.0%	8.9%	9.7%	38.8%	23.1%	27.3%	17.0%	15.4%
	Variance vs Previous Fy	12.5%	25.0%	11.2%	27.6%	11.7%	12.5%	16.8%	38.6%	61.8%	28.6%	2.8%	21.9%



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 RCA's
April 17	2	1	0	0
May 17	3	2	0	0
June 17	1	0	0	0
July 17	4	1	0	0
Aug 17	2	1	0	0
Sept 17	5	2	0	0
Oct 17	5	2	0	0
Nov 17	2	0	1	0
Dec 17	2	0	1	0
Jan 18	1	0	0	0
Feb 18	2	0	0	2
Y-T-D	29	9	2	2

2017/18, the RUH tolerance is 22 post 3 day C Diff cases.

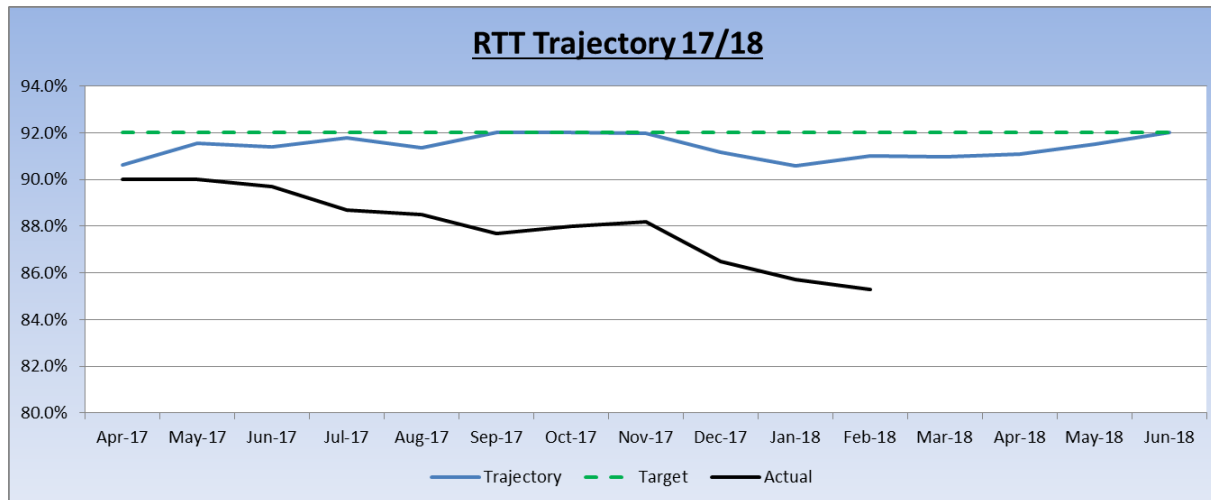
- In February there were 2 cases of C-Difficile.
- 2 cases in February have outstanding RCAs.
- 2 cases are awaiting appeal response (November / December)

Year to date the best case scenario is 16 RUH Trust attributed C Diff cases which would be within tolerance, the worst case scenario is 20 which would also be within tolerance.



Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:



- Performance against the incomplete standard of 92% was 85.3% in February. This compares with a National Incomplete RTT performance of 87.8% (last reported in December 2017).
- 7 specialties did not achieve the constitutional standard in January These were General Surgery, Urology, ENT, Ophthalmology, Oral Surgery, T&O, and Neurology
- The over 18 week backlog for admitted patients reduced in month to 1,431 (7.7% decrease).
- Neurology (-3.1%) Oral Surgery (-3.0%) Urology (-3.0%) and Ophthalmology (-1.6%) saw the biggest performance decline in month, due to long waits in outpatients.
- T&O increased by 1.9% as a result of regaining the ring fenced Philip Yeoman beds at the beginning of the month.
- The Trust cancelled 102 patients in advance throughout February – allowing the Trust to focus on urgent and cancer treatments as well as supporting non-elective pressures.



18 Weeks Incomplete Standard (2)

RTT Incomplete Open Pathway Performance by Specialty:

	Open Pathways		
	Total Waiters	> 18 Weeks	Performance
100 - General Surgery	2481	406	83.6%
101 - Urology	1054	206	80.5%
110 - T&O	1636	264	83.9%
120 - ENT	1825	314	82.8%
130 - Ophthalmology	2972	750	74.8%
140 - Oral Surgery	2491	740	70.3%
300 - Acute Medicine	130	2	98.5%
301 - Gastroenterology	1667	108	93.5%
320 - Cardiology	1394	97	93.0%
330 - Dermatology	589	16	97.3%
340 - Respiratory Medicine	424	6	98.6%
400 - Neurology	695	63	90.9%
410 - Rheumatology	886	24	97.3%
430 - Geriatric Medicine	133	5	96.2%
502 - Gynaecology	1219	54	95.6%
X01 - Other	1748	87	95.0%
Total	21344	3142	85.3%

- In February 294 patients were discharged through Chairport equating to 30.9% of patients.
- There were 22 same day theatre cancellations for non-clinical reasons, of which 8 were due to a lack of beds. The 22 cancellations compare with 42 seen in February 2017.
- In month performance improvements noted in T&O, Gastroenterology, Cardiology and Dermatology
- 6 patients waited more than 52 weeks for their treatment in ENT, Oral Surgery, Urology, General Surgery, General Surgery/Endocrinology and Cardiology. These were a mixture of administrative errors and capacity breaches.

Actions taken in Month:-

- Commissioner redirected support for Ophthalmology is proving successful with 90 cataract patients being transferred through alternative providers (APO) at the beginning of the pathway.
- An Ophthalmology improvement plan has been developed and will be reviewed at Surgical Divisions Executive Performance Review meeting in March.
- Dental referral rejection continued in month ensuring all referrals meet the NHS England referral criteria. Private and independent sector providers have not been able to provide support with GA dental procedures.
- 8 patients were transferred and treated through APO in February.



18 Weeks – Incomplete Pathways >30 weeks (3)

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
100 - General Surgery	104	84	79	76	69	46	51	53	66	76	86	118	124
101 - Urology	21	18	22	20	16	23	22	25	23	15	15	33	46
110 - Trauma & Orthopaedic	62	53	48	60	73	57	49	43	30	36	32	44	42
120 - ENT	15	20	18	25	15	16	14	20	29	36	51	47	65
130 - Ophthalmology	23	16	10	12	13	13	15	23	25	25	76	127	184
140 - Oral Surgery	24	13	12	36	40	57	58	81	107	128	163	192	200
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	48	37	29	28	20	15	6	3	5	6	11	16	3
320 - Cardiology	34	25	27	32	36	38	31	37	8	4	6	4	6
330 - Dermatology	4	2	0	1	0	5	15	25	19	17	21	5	3
340 - Respiratory Medicine	0	0	0	0	0	0	0	0	1	0	1	0	0
400 - Neurology	1	1	0	1	0	0	0	0	0	0	0	0	0
410 - Rheumatology	0	1	1	2	3	3	4	1	0	3	2	3	5
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	2	3	2	7	3	1	1	1	3	1	0	1	1
X01 - Other	29	19	16	13	8	7	4	4	9	5	9	14	14
Open Pathways > 30 Weeks	367	292	264	313	296	281	270	316	325	352	473	604	693

- Outpatient activity continued below plan at Divisional level - however General Surgery, ENT, Orthodontics, Orthoptics and Paediatric T&O performed well in month.
- Long waits to first appointments remain across the specialties of Ophthalmology and Oral surgery. Recovery plans are in development for both services - and through contract setting, activity levels will be agreed to address this.
- Outpatient utilisation has continued to perform well at > 85% in month with the exception of Ophthalmology.



Cancer Access 62 days all cancers (1)

			Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
62 Day	Cancer Network	RUH	90.30%	88.20%	85.40%	81.00%	86.30%	86.70%	87.70%	86.80%	86.30%	87.20%	93.00%	87.60%
		UHB	81.20%	76.80%	77.98%	81.70%	74.70%	85.24%	80.50%	84.14%	88.40%	83.08%	Not yet available	Not yet available
		NBT	89.60%	87.80%	80.76%	86.00%	90.20%	87.30%	85.46%	86.42%	87.00%	87.04%	Not yet available	Not yet available
		Taunton	83.20%	82.40%	74.05%	76.50%	84.80%	84.18%	74.67%	73.65%	66.10%	84.46%	Not yet available	Not yet available
		Yeovil	93.40%	84.95%	88.39%	92.30%	84.30%	80.22%	42.86%	71.13%	77.40%	86.67%	Not yet available	Not yet available
		Gloucester	71.10%	78.46%	75.94%	71.20%	74.80%	80.13%	69.80%	71.62%	76.50%	73.36%	Not yet available	Not yet available
		Weston	83.60%	78.43%	70.15%	66.70%	77.00%	75.36%	63.80%	69.23%	57.10%	66.67%	Not yet available	Not yet available
	Other Local Trusts	GWH	88.50%	77.17%	79.07%	81.30%	76.00%	79.37%	74.60%	85.81%	84.56%	85.43%	Not yet available	Not yet available
		Salisbury	85.44%	81.55%	83.21%	89.30%	86.10%	89.08%	93.10%	84.26%	81.08%	82.76%	Not yet available	Not yet available
	National	England	83.03%	82.91%	81.03%	80.50%	81.40%	82.63%	82.03%	82.34%	82.48%	84.16%	Not yet available	Not yet available

- February performance was 87.6%, against the 85% target.
- Activity levels were low for February at 68.5 cases with 8.5 breaches.



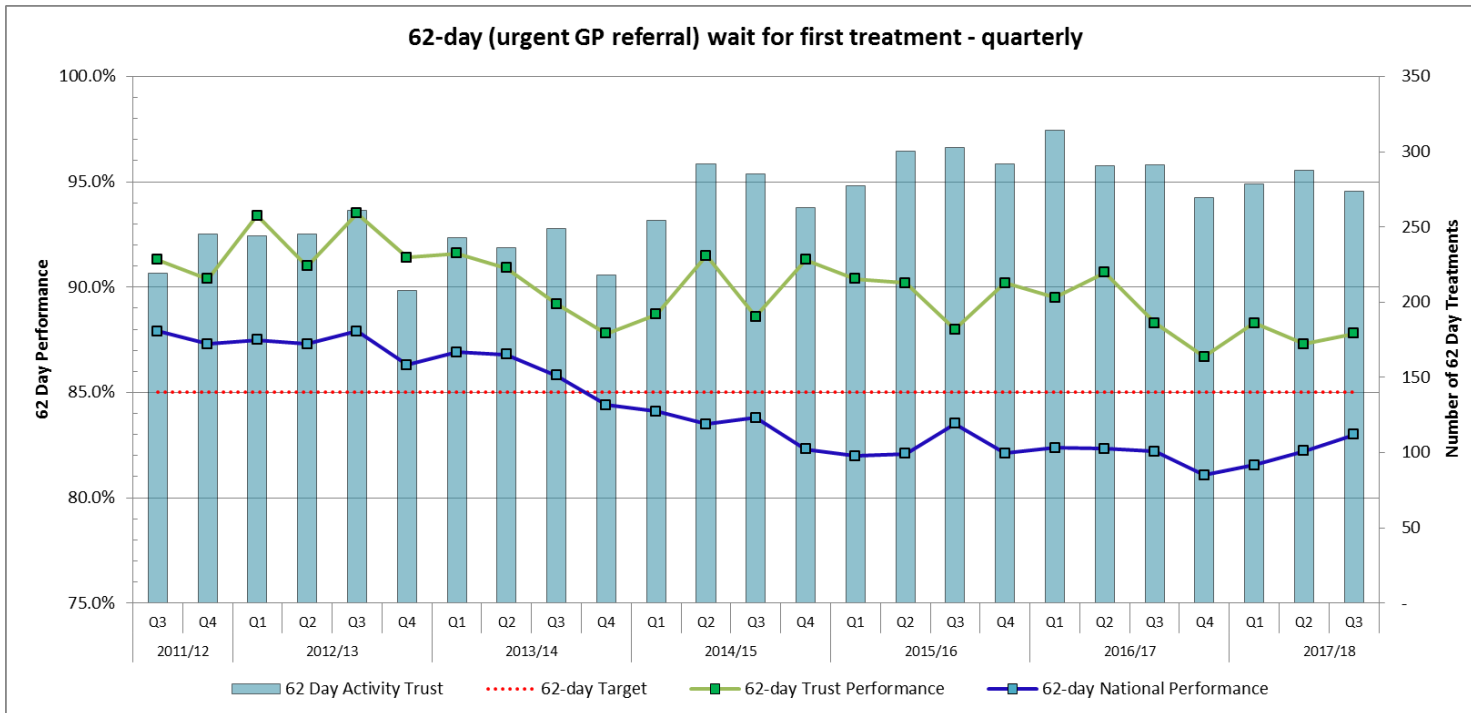
62 Day performance by Tumour Site (2)

Cancer Site	Indicator Description	2017/18											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Breast	Activity	23	14	20	20	23	14	24.5	17.5	11	16	5	
	Breaches	1	0	0	0	1	2.5	1.5	0	0	0	1	
	Performance	95.7%	100.0%	100.0%	100.0%	95.7%	82.1%	93.9%	100.0%	100.0%	100.0%	80.0%	
	Referral Conversion %	10.8%	6.9%	6.7%	12.6%	8.1%	13.2%	9.1%	3.3%	9.2%	5.4%		
Colorectal	Activity	12	5	9	11	8.5	10	8.5	8	11	7.5	3.5	
	Breaches	1	1	3	4	3.5	2	2.5	1	3	0.5	1.5	
	Performance	91.7%	80.0%	66.7%	63.6%	58.8%	80.0%	70.6%	87.5%	72.7%	93.3%	57.1%	
	Referral Conversion %	6.4%	3.7%	6.4%	6.3%	5.2%	5.5%	3.2%	4.7%	7.6%	1.8%		
Gynaecology	Activity	2	6	6	5	5	4	10	6	6	6	6	
	Breaches	0	0	1	1	0	1	2	0	0	0	1	
	Performance	100.0%	100.0%	83.3%	80.0%	100.0%	75.0%	80.0%	100.0%	100.0%	100.0%	83.3%	
	Referral Conversion %	5.2%	8.1%	4.5%	6.9%	7.8%	7.2%	3.1%	8.3%	7.1%	5.3%		
Haematology	Activity	5	3	4	4	5	7	5.5	4	7	6	3	
	Breaches	0	0	0	0	1	0	1	0	1	0	0	
	Performance	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	81.8%	100.0%	85.7%	100.0%	100.0%	
	Referral Conversion %	45.5%	57.1%	33.3%	38.5%	60.0%	70.0%	25.0%	61.1%	60.0%	0.0%		
Head and Neck	Activity	4	3	7	6	2	1.5	2	4.5	6.5	6	2.5	
	Breaches	1.5	0	3	0	1	0.5	1	0.5	0.5	2.5	0.5	
	Performance	62.5%	100.0%	57.1%	100.0%	50.0%	66.7%	50.0%	88.9%	92.3%	58.3%	80.0%	
	Referral Conversion %	6.7%	6.7%	3.8%	3.1%	1.3%	7.4%	5.4%	6.7%	7.1%	5.7%		
Lung	Activity	6.5	8	4.5	10	9	9.5	5	6.5	7	10	6.5	
	Breaches	1.5	0	0	2.5	1.5	0.5	0	0	0.5	0	0.5	
	Performance	76.9%	100.0%	100.0%	75.0%	83.3%	94.7%	100.0%	100.0%	92.9%	100.0%	92.3%	
	Referral Conversion %	17.9%	33.3%	18.8%	27.6%	20.0%	38.2%	16.7%	43.5%	24.2%	24.0%		
Skin	Activity	16	29	18	16.5	27	21	23	23.5	16	38.5	19	
	Breaches	2	4	1.5	2.5	4	1.5	1	3	2	3	1	
	Performance	87.5%	86.2%	91.7%	84.8%	85.2%	92.9%	95.7%	87.2%	87.5%	92.2%	94.7%	
	Referral Conversion %	11.2%	9.3%	9.2%	5.5%	8.3%	10.9%	8.9%	8.6%	9.5%	13.1%		
Upper GI	Activity	2	2	10.5	5	8	4	9	9.5	4	3.5	3	
	Breaches	0	0	2.5	1	1	0	3.5	1.5	1.5	0	0	
	Performance	100.0%	100.0%	76.2%	80.0%	87.5%	100.0%	61.1%	84.2%	62.5%	100.0%	100.0%	
	Referral Conversion %	3.8%	3.2%	9.8%	8.8%	8.6%	11.4%	10.0%	5.6%	5.4%	2.2%		
Urology	Activity	16.5	19.5	21	18	20	16.5	9	20.5	12	22	20	
	Breaches	3.5	1	5	2	1	1.5	0	5	1	2	3	
	Performance	78.8%	94.9%	76.2%	88.9%	95.0%	90.9%	100.0%	75.6%	91.7%	90.9%	85.0%	
	Referral Conversion %	18.7%	16.4%	14.0%	20.4%	11.7%	11.7%	13.8%	15.9%	14.3%	15.8%		

- As part of an increased level of governance against the 62 Day cancer standard (85%), Board are asked to note performance by tumour site.
- For the RUH, as per the national picture, performance is challenged predominantly in Colorectal. Performance in Head & Neck is also challenged with many patients having complex pathways, often requiring transfer between Trusts. Urology (Prostate) also has breaches although performance against the 85% target is usually maintained.
- Divisional teams have now delivered the 62 day cancer improvement plans supported by national 2017/18 funding. Divisional teams have reviewed initiatives as part of 2018/19 business planning.

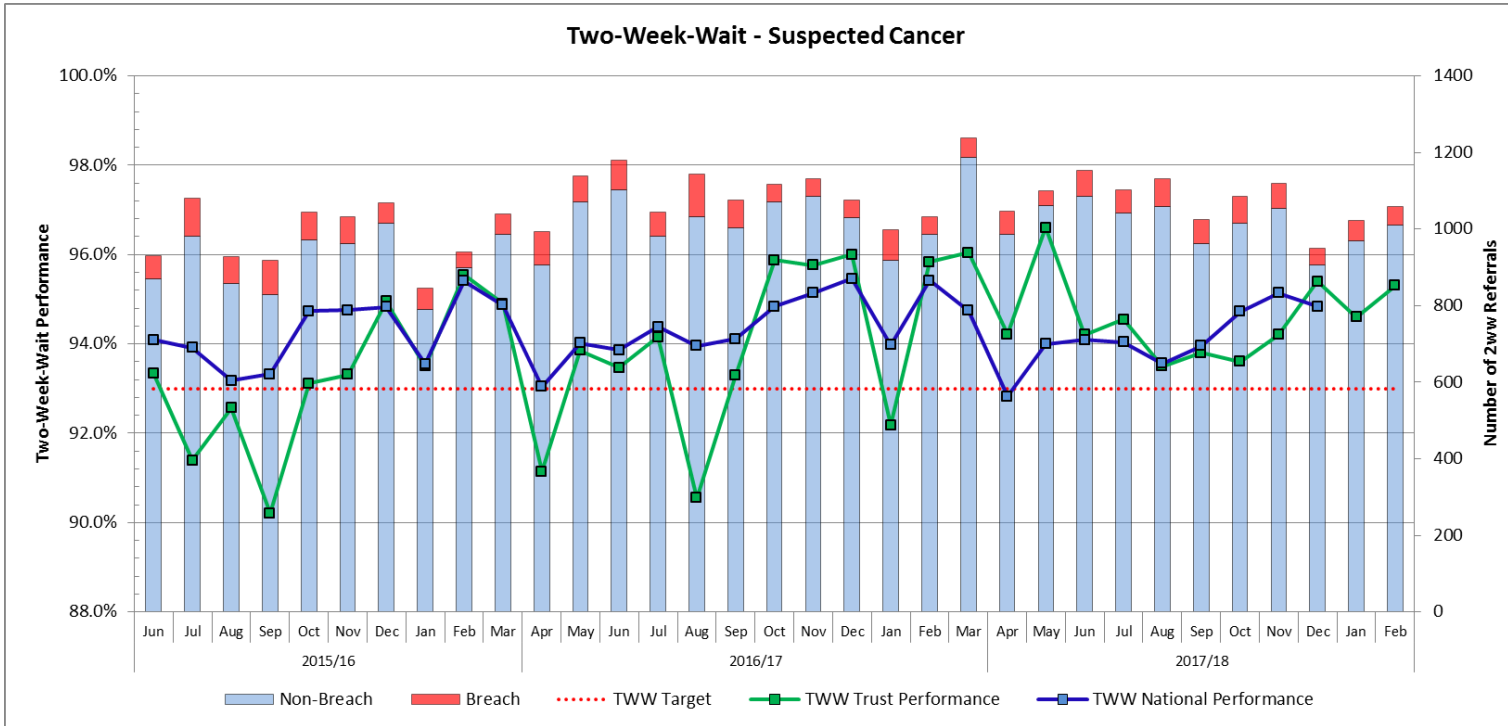
Note about the 'Referral Conversion' – these figures show the percentage of 2 week-wait patients that are eventually treated. It is based on the 'first seen date' of the 2ww referral, not the treatment date and is therefore out-of-sync with the 62 day activity figures (which are based on treatment date).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

Q3 - 62 Day (urgent GP referral) wait for first treatment (3)



- The RUH continues to perform above the national average for the 62 day target.
- Weekly PTL meetings in key tumour sites and at divisional level are supporting target delivery.

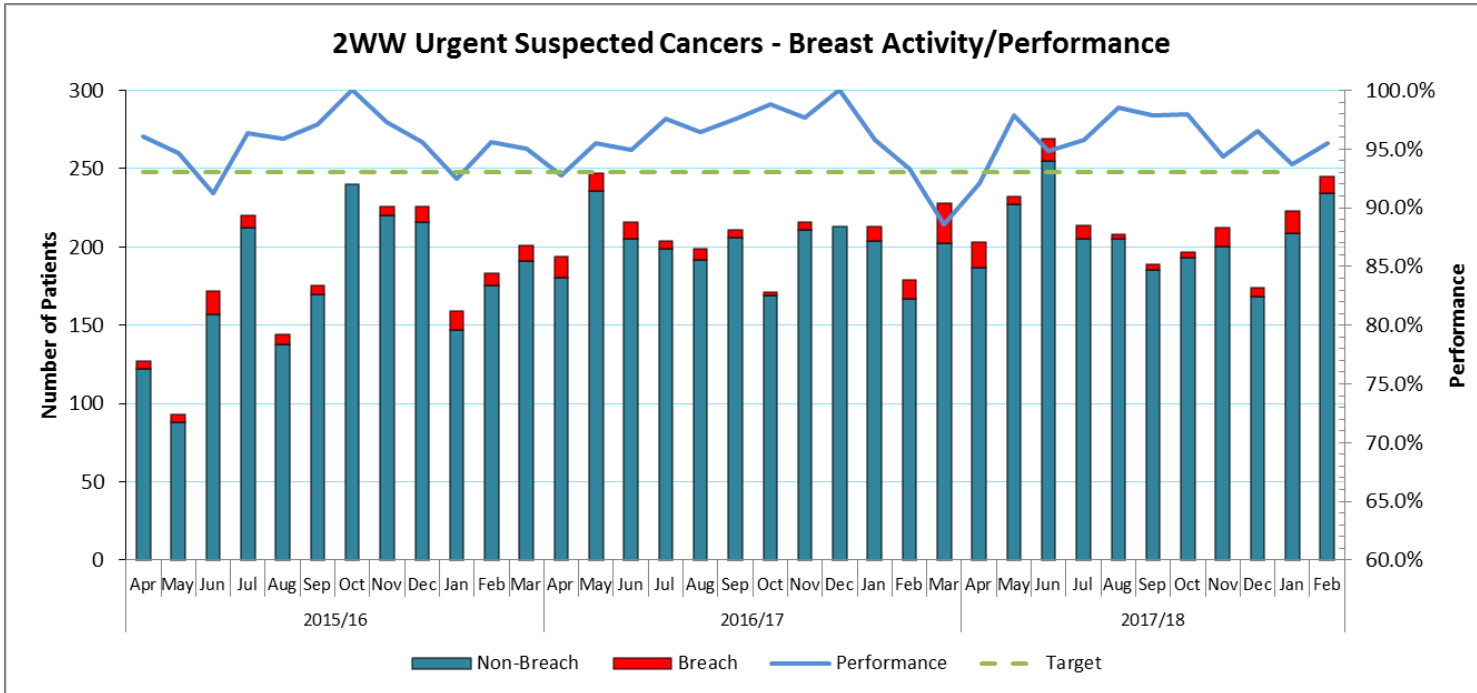
Cancer Access – 2 WW (4)



- The 2ww suspected cancer target passed in February at 95.4%.

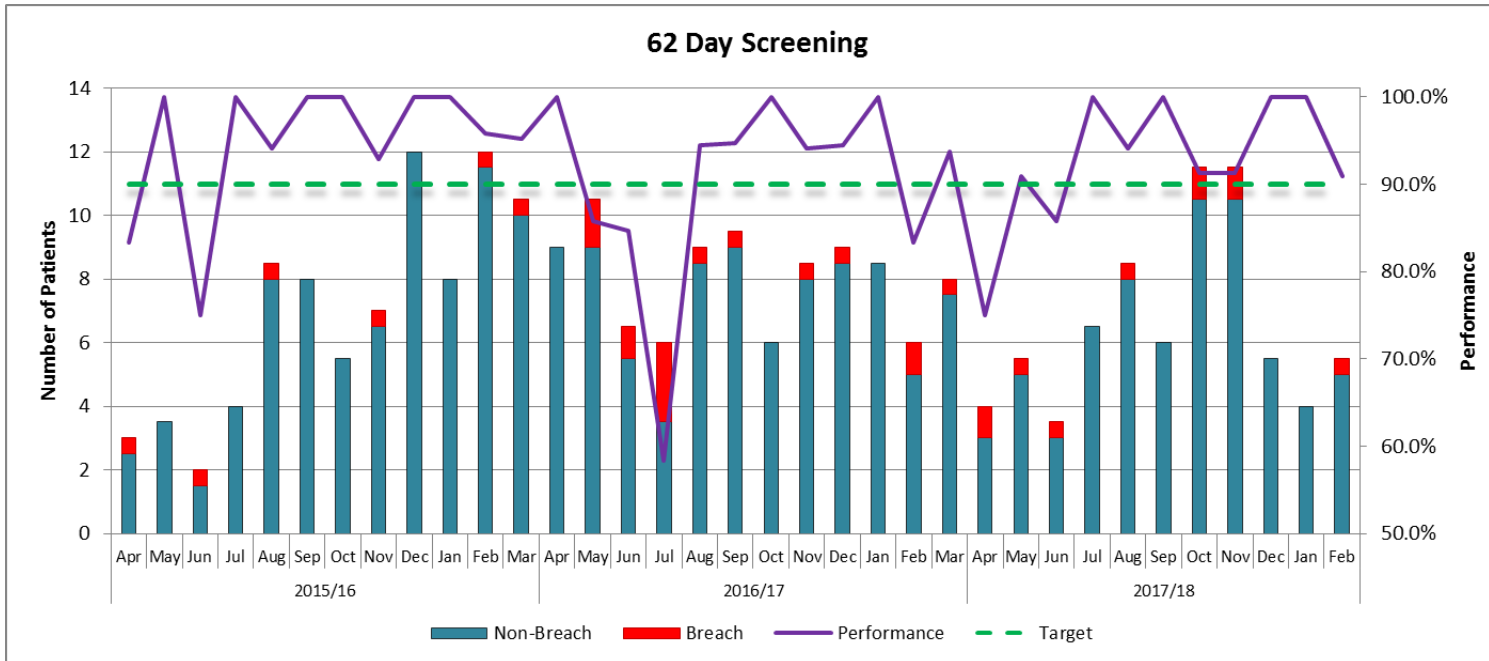
Please note: the graph has been updated to show the national 2ww performance (blue line) alongside the Trust's performance and activity split by non-breaches and breaches.

Cancer Access – 2 WW Breast Suspected Cancer (5)



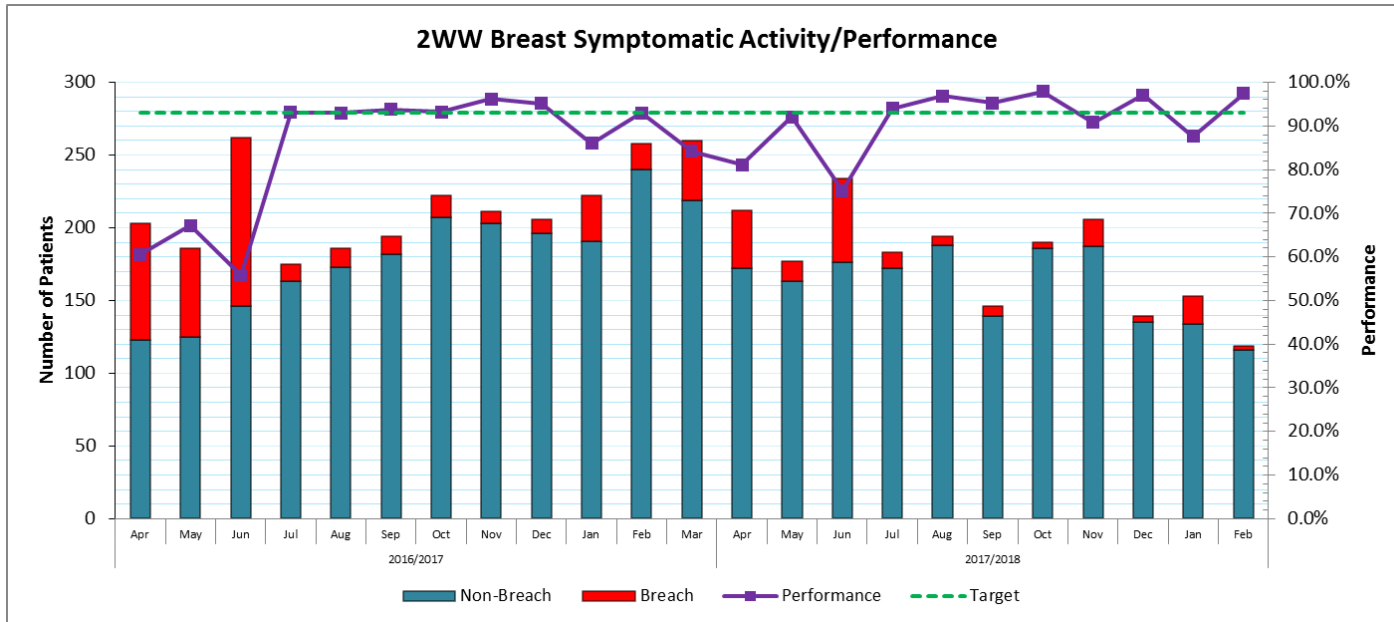
- The performance in February for Breast 2WW suspected cancer was 95.9%, above the 93% overall 2WW target.

Cancer Access – 62 Day Screening (6)



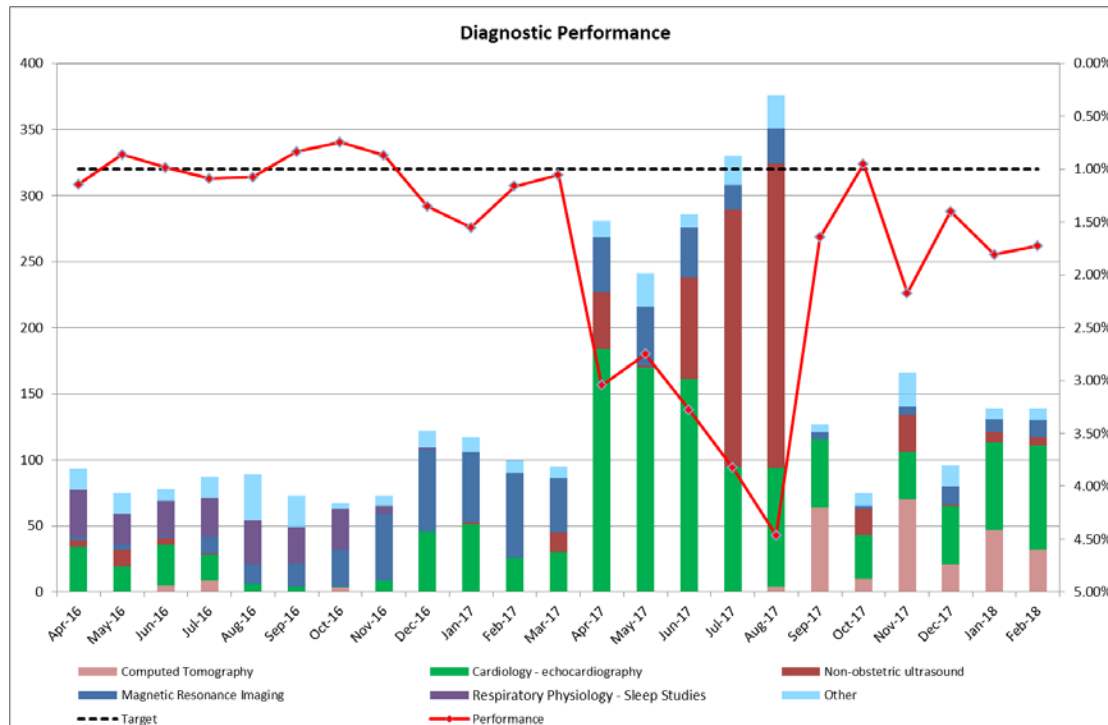
- In February, the Trust passed the 90% target, with performance at 90.9%.
- The Cancer Services Manager continues to work within the cancer network to minimise breaches. The additional Cancer MDT co-ordinators have supported improved pathway tracking for screening patients. These posts finish at the end of March 2018.
- Discussions are progressing nationally to include the 62 Day Screening target within the breach reallocation policy parameters.

Cancer Access – Breast Symptomatic (7)



- The symptomatic target passed in February with performance at 97.5% against 93% target.
- GP referrals for first appointments are now directly bookable through e-RS, reducing risk of 14-day breaches. Initial challenges with this switch are thought to have contributed to the lower than average referrals in February.
- Clinical triage of all referrals remains in place.
- Additional Clinical Assistant capacity has been extended until June 2018.
- Long term staff challenges remain, with the breast imaging service still partially dependent on locum capacity.

Diagnosics (1)



Diagnostic tests – maximum wait of 6 weeks.

February performance is reported as 1.73% against the <=1.0% indicator.

- Specialist echocardiography is the major contributor to adverse performance in February 2018. In month capacity was impacted by short term absence.
- CT and MRI breaches were also predominantly cardiac investigations.

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	13
Computed Tomography	32
Non-obstetric Ultrasound	6
Audiology - Audiology Assessments	3
Cardiology - Echocardiography	79
Cystoscopy	6
Total (without NONC)	139

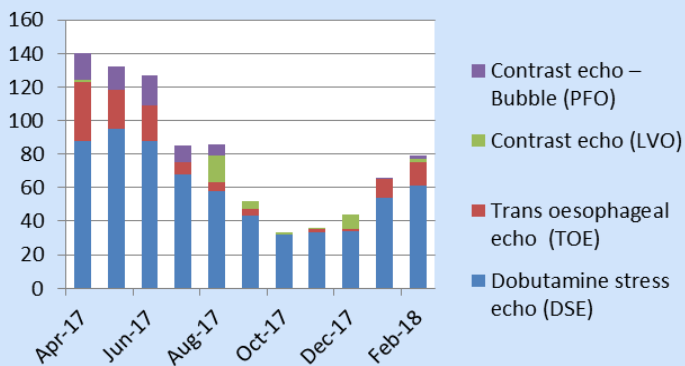


Diagnosics (2)

Key Recovery Plan Actions

Ongoing reduction in both specialist and plain echo, further work required to increase DSE capacity

Echo Type	
Cardiology DSE	61
Cardiology Bubble	2
Cardiology TOE / TEE	14
Plain Echo	2
TOTAL	79



Specialist Echo (79):

Progress has slowed against the plan to reduce the backlog of specialist echo, with delays increased in month due to consultant sickness. The Medical Division have been asked to review the action plan and update the improvement trajectory which will be discussed in an extraordinary Medical Division Executive cardiology Performance Review

Computed Tomography (32):

Request process issues following the Big 3 go-live are still ongoing and are being addressed by Cerner. Revised DMO1 monitoring process are in place to support CT booking and administrative processes. CT scanning outsourced in month to manage demand.

Magnetic Resonance Imaging (13)

Cardiac MRI scans breached. Cardiac enabled CT scanner now operational allowing the transfer of some cardiac MRI activity. Administration processes reviewed in month to ensure all opportunities to transfer to CT and outsource considered to manage activity.

Audiology (3):

Remedial action plan in place. The department has recruited to clinician vacancies. Breach numbers are reducing.

Non-obstetric Ultrasound (6):

In month 3 non-obstetric ultrasound breaches occurred in the breast service and are a direct consequence of the capacity constraints. A range of actions are underway to mitigate the impact but the challenges remain in the short term. 3 ultrasound breaches occurred due to booking and rebooking admin errors which has been addressed.



Delayed Transfers of Care (1)

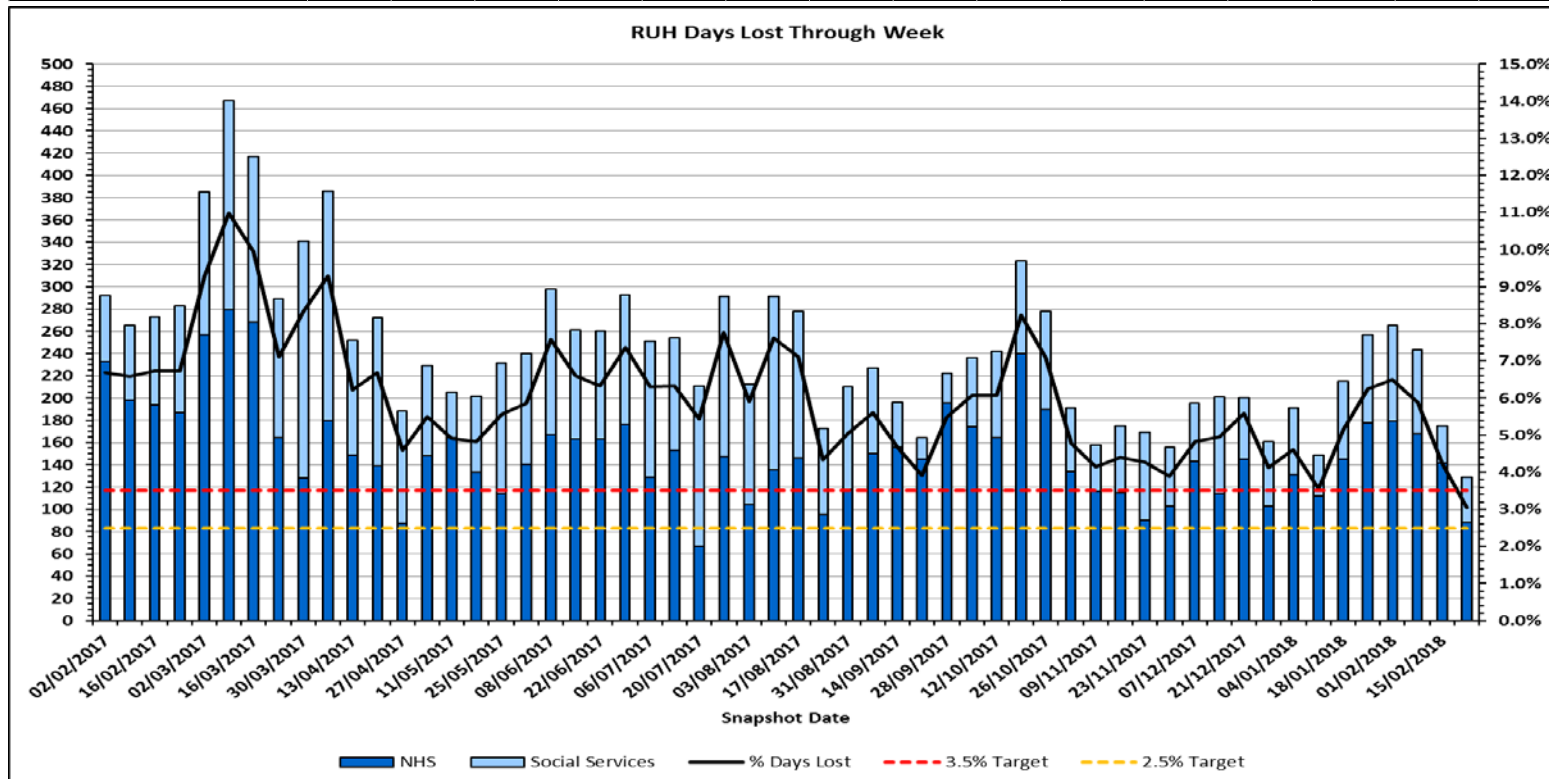
DTC	CCG's														
	NHS BATH AND NORTH EAST SOMERSET CCG			NHS SOMERSET CCG			NHS WILTSHIRE CCG			NHS SOUTH GLOUCESTERSHIRE CCG			All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total
Number of Patients	6	4	10	1	0	1	8	4	12	0	1	1	15	9	24
Number of Delayed Days	184	81	265	26	19	45	326	107	433	34	28	62	577	235	812

- The DTC position by CCG is detailed in the table, 24 patients reported at the February month end snapshot and 812 delayed days (4.8%).

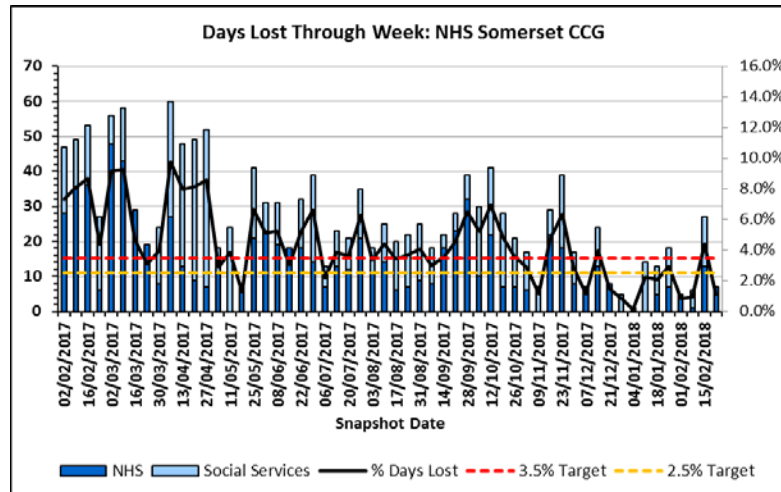
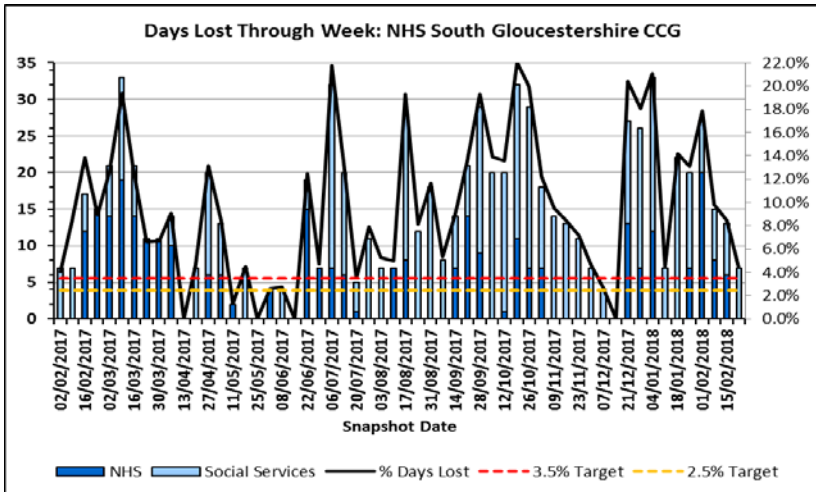
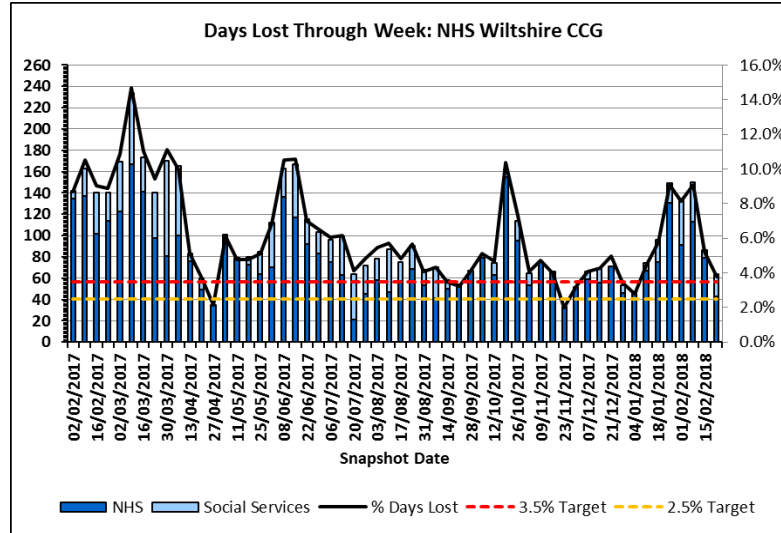
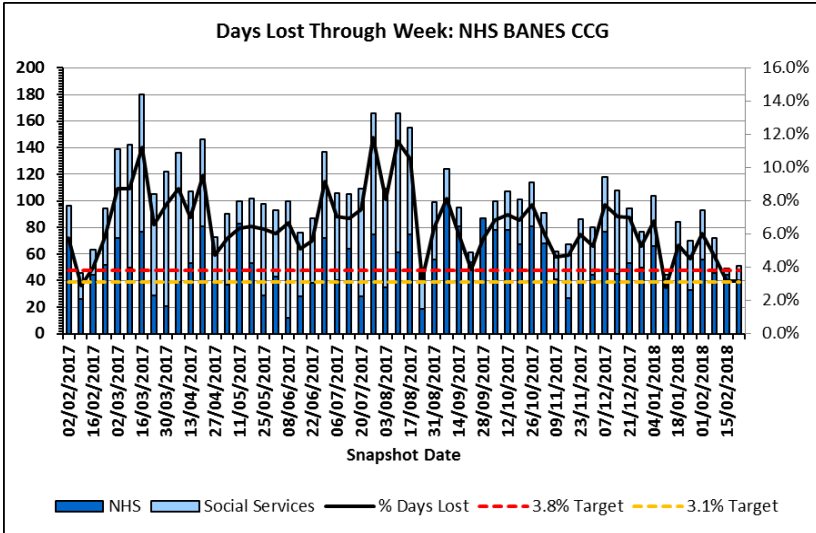
- The graph outlines the delayed days by week since February 2017.

- Board should note that the Trusts Flu position, in January and February, has affected the number of reported DTCs. Bed closures for Flu are noted on page 8.

- The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay).



Delayed Transfers of Care by CCG (2)



- RUH focus to reduce delays is being led through the Integrated Discharge Service (IDS) work programme, which continues to review discharge pathways 2 and 3.
- The IDS have now been tasked by the A&E Delivery Board to complete a self assessment of the progress made against the eight high impact changes for reducing DTOCs (NHSE guidance for SRGs)

Key National and Local Indicators

In the month of February there were 13 red indicators of the 70 measures reported, **3 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.



Effective

SOF X 15. Readmissions

Responsive

SOF

- X 29. Diagnostic tests maximum wait of 6 weeks (DMO1)
- X 30. RTT over 52 week waiters
- X 32. Cancelled operations not rebooked within 28 days
- X 33. 12 Hour Trolley Wait
- X 34. % Discharges by Midday (Excluding Maternity)
- X 35. GP Direct Admits to SAU
- X 36. GP Direct Admits to MAU
- X 37. Delayed Transfers of Care – (Days)
- X 39. Number of medical outliers - median

Safe

SOF X 43. C Diff infection rate

Well Led

- X 59. FFT Response Rate for ED (includes MAU/SAU)
- X 61. FFT Response Rate for Maternity



X 15. Readmissions – Total

There were 443 readmissions (13.8%) in February (1.1% reduction from January). The Medical Division reduced from 18.2% to 16.8%, the Surgical Division reduced from 13.8% to 11.5% and Women and Children's Division increased from 3.3% to 4.1%. The Clinical Outcomes Group regularly reviews readmissions data and seeks to identify any particular diagnostic category or procedure group which is flagging a concern. A more comprehensive review is then commissioned if required. In addition readmissions are discussed through divisional clinical governance meetings and any issues identified are investigated.



X 29. Diagnostic tests maximum wait of 6 weeks (DMO1)

There were 139 over 6 week waiters in February, equating to 1.7% performance against the $\leq 1.0\%$ indicator, rated red. Performance in February failed to meet the constitutional target. See slide 21 and 22 above.

X 30. RTT over 52 week waiters

There have been 6 patients who have breached the 52 week standard for treatment in February. All patients have been seen and treated or discharged from care. Full investigations and clinical harm reviews are being completed and a letter of apology from the Chief Executive will be sent to each patient. 5 out of the 6 breaches were attributable to administrative error (general surgery, endocrinology, urology, oral surgery and cardiology) The 6th breach was due to consultant capacity and a temporary service closure as a result (agreed with commissioners).



X 32. Cancelled operations not rebooked within 28 days – Surgical

There were four patients who were not rebooked within 28 days. All patients have been booked for surgery in March. The patients had been cancelled in January 2018 and could not be rebooked in February as the Trust escalated to Internal Significant Incident and remained in heightened escalation for a prolonged period. The elective booking team have been focused to ensure that the target is maintained.

X 33. 12 Hour Trolley Wait

A patient arrived in ED at 15:52 on 20.02.18 and a consultant review took place at 17:45 with a decision to admit. A flu swab was undertaken whilst in ED which proved positive for flu A and the patient therefore required a side room. Unfortunately, due to the patient's dementia there were no clinically suitable side rooms available within 12 hours of the decision to admit. A clinically appropriate side room was available at 09:20 on 21.02.18 with the patient moving out of the ED at 09:25. The patient's overall length of stay in the ED was 17hours 35mins with a breach time of 3hours 40mins from the senior decision making time to admit.

The patient's GP had previously organised a community hospital bed for delirium and referred to the RUH for medical review prior to admission. Due to the positive flu swab, the community hospital bed was no longer available. The breach has been reported to NHSI and BANES CCG as per NHSI guidance.

X 34. % Discharges by Midday (Excluding Maternity)

In February 14.5% of patients were discharged by midday remaining below the target of 33%. Improvement work is being led by the Urgent Care Collaborative Board. Board are asked to note the 4 hour performance paper which outlines the development of the Home Hub as a Winter funded scheme

X 35. GP Direct Admits to SAU

There were 113 GP direct admits to SAU in February with performance increasing from 97 in January but staying below the target of 168.

X 36. GP Direct Admits to MAU

There were 19 GP direct admits to MAU in February with performance increasing from 5 in January but remaining well below the target of 84.



X 37. Delayed Transfers of Care – (Days)

There were 812 delayed days in February, which was 4.8% of the Trust's occupied bed days. There were 24 patients delayed in the month end snapshot. The Trusts Integrated Discharge Service (IDS) programme, working with system partners, is now completing a self assessment of the progress made against the eight high impact changes for reducing DTOCs (NHSE guidance for), this will be presented to March A&E Delivery Board. The IDS team are completing daily reviews of the +21 day super stranded patients.

X 39. Number of medical outliers - median

In February Medical Outliers peaked at 60 with a median of 50, this reflected the increased non-elective pressures seen in-month and the Trusts infection control position resulting in closed beds.



X 43. C Diff infection rate

This indicator has triggered due to the reduced number of occupied bed days in February, which is the denominator for this target. No concerns raised and the Trust performance is within tolerance for the month.



X 59. FFT Response Rate for ED (includes MAU/SAU)

In February the FFT Response Rate for ED increased to 9.5% from 8.5% in January but remains below the agreed target. The departments will focus on regaining performance across front door areas.

X 61. FFT Response Rate for Maternity

In February the FFT Response Rate for Maternity fell to 14.2%. This continues to be a focus for the W&C Division, national work is ongoing to review the touch-points for FFT reporting across maternity services.

Well Led – Workforce

1. Summary & Exception Reports

The following dashboard shows key workforce information for the months of January 2018 and February 2018 against key performance indicators (KPIs).

Workforce	Jan-18						Feb-18						Q4
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust Target
Turnover (rolling 12 months %)	12.0	13.9	13.9	12.7	11.1	9.4	11.9	12.7	13.9	12.7	11.0	9.5	11.0%
Sickness Absence (%)	4.6	3.7	7.4	4.4	4.3	4.6	4.4	2.6	6.2	4.7	4.2	4.0	3.9%
Vacancy Rate (%)	5.3	2.7	11.3	5.5	6.0	1.4	4.9	3.2	12.6	5.5	4.2	0.7	4.0%
Agency Staff (agency spend as a % of total pay bill)	1.5	2.5	0.8	1.4	2.0	0.1	1.3	3.0	0.3	2.1	0.5	-0.2	4.0%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	1.9	13.2	-	1.3	2.6	-0.1	2.9	13.0	-	4.0	2.5	0.0	4.0%
Staff with Annual Appraisal (%)	82.6	83.9	76.6	83.6	82.3	84.0	82.6	80.9	81.8	83.5	81.8	84.5	90.0%
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 (%)	91.6	96.5	95.1	92.8	93.5	95.5	92.4	95.9	95.2	94.1	93.6	94.8	95.0%
Mandatory Training (%)	88.2	89.3	88.2	89.5	90.0	89.2	88.3	90.2	84.9	89.8	90.2	89.6	90.0%

Trends:

- Workforce indicators have improved this month, with Vacancy Rate showing as an area of improvement, now amber against the Q4 target of 4%. Surgery has shown the most improvement, reducing its vacancy from 6% to 4.2%.
- Turnover , monitored using a rolling twelve month profile, decreased slightly to 11.9% against a Q4 target of 11%.
- Appraisal is based on a Trust wide trajectory for improvement, and the target KPI in Q4 is 90%. All Divisions are reminded about the importance of a timely appraisal at their monthly performance meetings.
- Where performance is below the expected standard for the period, the areas of concern are discussed and action plans agreed in the Divisional monthly performance review.

Well Led – Overview

Measure	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Q4 Target
Budgeted Staff in Post (WTE)	4,520.9	4,641.5	4,642.5	4,642.2	4,642.2	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	
Contracted Staff in Post (WTE)	4,359.6	4,365.7	4,369.4	4,372.6	4,375.9	4,401.2	4,400.4	4,413.8	4,421.3	4,429.4	4,398.0	4,417.3	
Vacancy Rate (%)	3.6%	5.9%	5.9%	5.8%	5.7%	5.2%	5.2%	4.9%	4.8%	4.6%	5.3%	4.9%	4.0%
Bank - Admin & Clerical (WTE)	36.4	26.2	31.7	32.2	34.3	35.0	36.9	41.4	36.9	31.4	38.3	1 Month Lag	
Bank - Ancillary Staff (WTE)	31.5	26.5	26.3	29.2	33.7	33.0	30.9	31.0	26.0	26.9	29.9	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	151.4	151.7	152.1	153.5	176.4	179.6	168.5	173.6	160.0	156.7	161.2	1 Month Lag	
Agency - Admin & Clerical (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 - 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)	35.3	28.2	29.9	25.9	21.3	23.8	33.1	27.8	27.6	40.4	41.6	51.7	
Overtime (WTE)	81.5	76.3	82.5	90.5	90.8	92.1	98.2	101.4	99.0	78.9	95.4	1 Month Lag	
Sickness Absence Rate (%)	5.1%	4.3%	3.7%	3.7%	3.7%	3.8%	3.8%	3.8%	4.1%	4.2%	4.6%	4.4%	3.9%
Appraisal (%)	84.8%	84.3%	85.2%	84.5%	86.0%	86.5%	84.5%	84.3%	83.6%	84.5%	82.6%	82.6%	90.0%
Consultant Appraisal (%)	88.9%	86.8%	89.1%	87.8%	84.7%	85.5%	86.1%	79.2%	81.2%	88.1%	88.5%	87.2%	90.0%
Rolling Average Turnover - all reasons (%)	15.9%	16.1%	16.2%	16.2%	16.4%	16.6%	16.4%	16.5%	16.5%	16.7%	16.4%	16.6%	
Rolling Average Turnover - with exclusions (%)	11.5%	11.5%	11.6%	11.5%	11.4%	11.7%	11.4%	11.3%	11.4%	11.9%	12.0%	11.9%	11.0%

* Feb-18 M&D Appraisal (%) - 83.66%

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold		2016/17	2017/18			2017/18		Triggers Concerns
		Performing	Weighting	Q4	Q1	Q2	Q3	Jan 2018	Feb 2018	
SOF	Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	1.0	77.9%	86.4%	88.6%	80.9%	72.3%	74.4%	
	C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	1.0	7	3	7	7 *	1	2 **	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	1.0	90.0%	89.9%	88.3%	87.6%	85.7%	85.3%	
	31 day diagnosis to first treatment for all cancers	96%	1.0	99.2%	98.6%	98.7%	99.3%	99.0%	98.5%	
	31 day second or subsequent treatment - surgery	94%	1.0	97.8%	100.0%	98.7%	100.0%	100.0%	100.0%	
	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	94.8%	95.0%	93.9%	94.4%	94.6%	95.4%	
	2 week GP referral to 1st outpatient - breast symptoms	93%		87.9%	82.0%	95.4%	94.9%	87.5%	97.5%	
SOF	62 day referral to treatment from screening	90%	1.0	93.3%	84.6%	97.7%	93.0%	100.0%	90.9%	
SOF	62 day urgent referral to treatment of all cancers	85%		87.0%	88.3%	87.4%	87.8%	92.4%	87.6%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	1.0	1.20%	3.02%	3.36%	1.50%	1.81%	1.73%	

* November: 1 awaiting appeal response, * December: 1 awaiting appeal response, ** February 2 under review

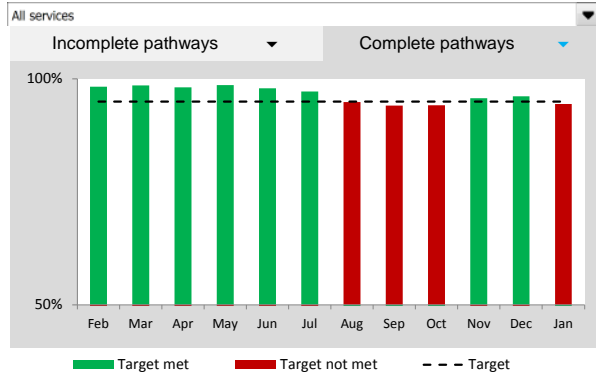
Triggers Concerns	
Performance Indicators	Concerns are triggered by the failure to meet the target for two consecutive months.

Finance and Use of Resources - February 2018

	YTD Plan	YTD Actual	YTD Variance	M12 Plan	M12 Forecast	M12 Variance
Capital Service Cover Metric	1.803	1.135	-0.668	1.204	0.629	-0.575
Capital Service Cover Rating	2	4		4	4	
Liquidity Metric	15.445	30.193	14.748	7.725	16.568	8.843
Liquidity Rating	1	1		1	1	
I&E Margin Metric	4.0%	3.9%	-0.1%	3.9%	3.8%	-0.1%
I&E Margin Rating	1	1		1	1	
Variance from Control Metric		0.1%	0.1%		-0.1%	-0.1%
Variance from Control Rating		1			2	
Agency Metric	-75.6%	-35.7%	39.9%	-75.6%	-31.7%	43.9%
Agency Rating	1	1		1	1	
Rounded Score	1	2		1	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

RTT

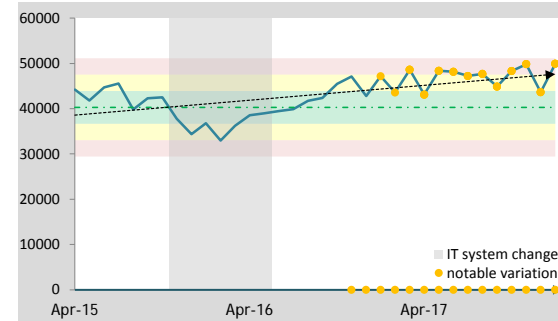


Incomplete pathways month end position

Service	% under 18 weeks	Breaches
Community Teams	90%	100
Continence - Adult	100%	1
LD	82%	10
Outpatient Physio	98%	57
Podiatry	100%	2
Wheelchair service	89%	18
WON	97%	14

LD service remains an area of concern - previously flagged to commissioners. There are 2 LD breaches over 52 weeks - these are Psychology referrals and are receiving care by other members of the team so are not being treated as breaches by the CCG.

Activity



Service	Change
Referrals	↑ 14%
Contacts	↑ 9%
Bed Based Intermediate Care	↑ 88%
Diabetes	↑ 58%
Speech and Language Therapy	↑ 26%
MIU	↓ -11%
Dietetics	↓ -10%
Fracture Clinic	↓ -8%

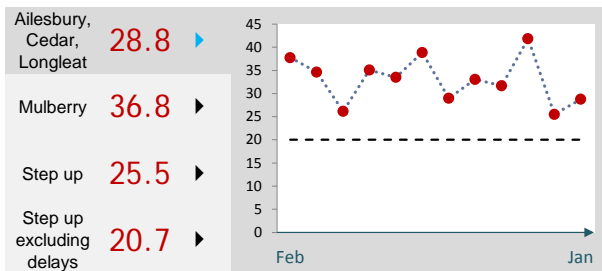
LD and Wheelchair services data excluded in this view of overall activity as not comparable pre and post system migration. Old Wheelchair service system recorded each work request as a separate referral. See explanatory notes for notable variation guidance. No longer reporting Inpatient therapy contacts as agreed with commissioners.

Inpatient assessments

MRSA	97%
VTE	100%
VTE prophylaxis	100%
MUST	95%
PURAT	100%
Falls	99%
Dementia	93%

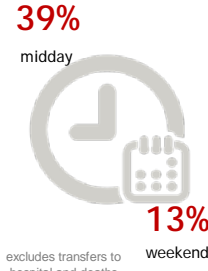
Overall targets met

Mean Inpatient Length of Stay



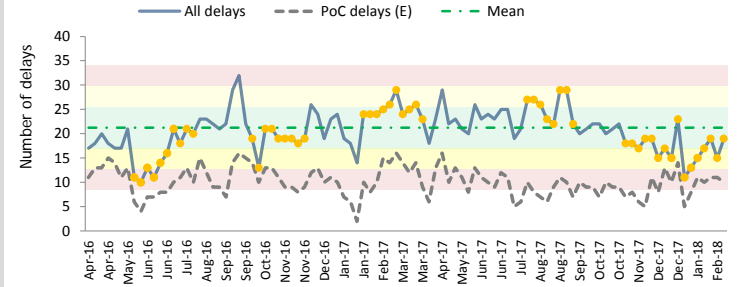
LoS heavily influenced by delayed days which routinely account for more than 20% of our ward capacity. For more detail around our LoS see the inpatient data sheet.

Discharge timings



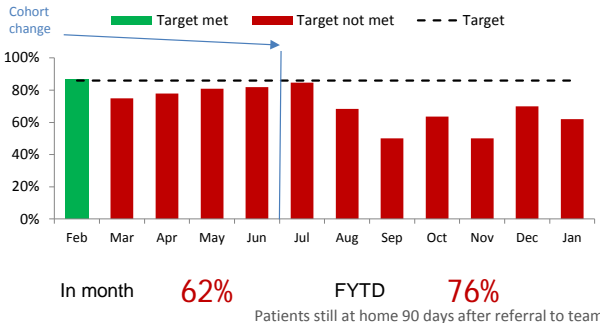
Care providers including homes are reluctant to take patients at weekends.

Delayed Transfers of Care



Following DToC counting workshop we may see increase in POC (E) delays that would previously have counted as Housing delays. See explanatory notes Activity for notable variation guide.

Community teams 90 day reablement



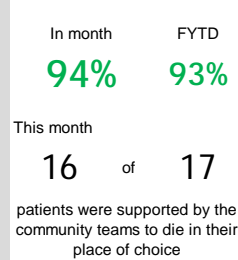
In month 62% FYTD 76%

Patients still at home 90 days after referral to team

Data quality concerns

It is an ongoing challenge to identify the correct cohort for this data - now looking at Home First patients. Very low numbers since cohort change - slow to increase

End of life support



Strong performance year to date

Funding reviews*

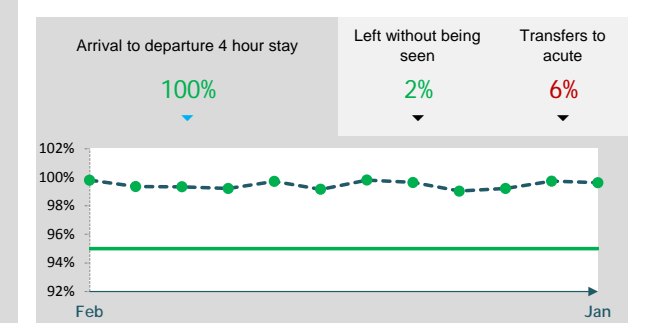
Review Type	In month	FYTD
CHC 3 month	Completed 3, Due 4 (75%)	
CHC Annual	Completed 39, Due 49 (80%)	
FNC	Completed 690, Due 1151 (60%)	

No list received from CCG re CHC/FNC reviews due

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. LWBS improvement seen in January.