

Trust Performance Report

June 2017



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

Performance

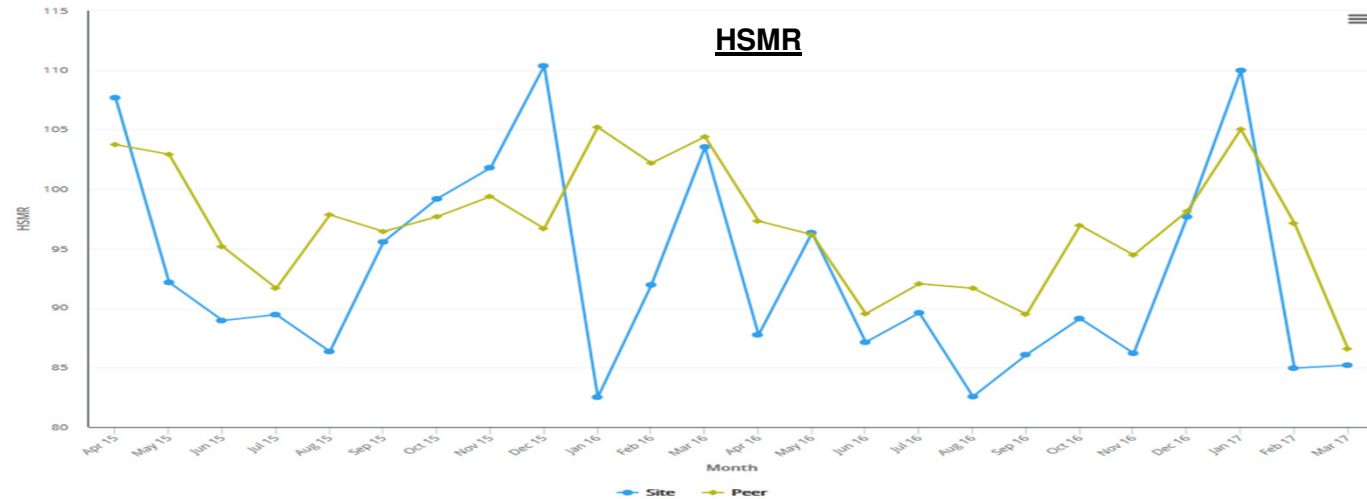


Proud To **Care**
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Mortality

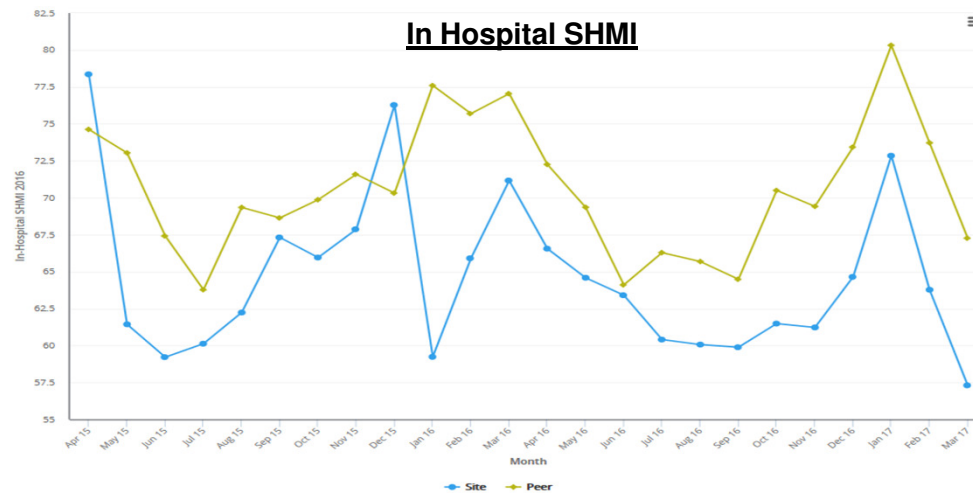
HSMR

Trust HSMR performance against the HES peer. The HSMR has been consistently below the HES peer since January 2016. There was a spike over the winter period (January) which has reduced down in February 2017 and sustained into March.



— Trust
— Peer

In Hospital SHMI



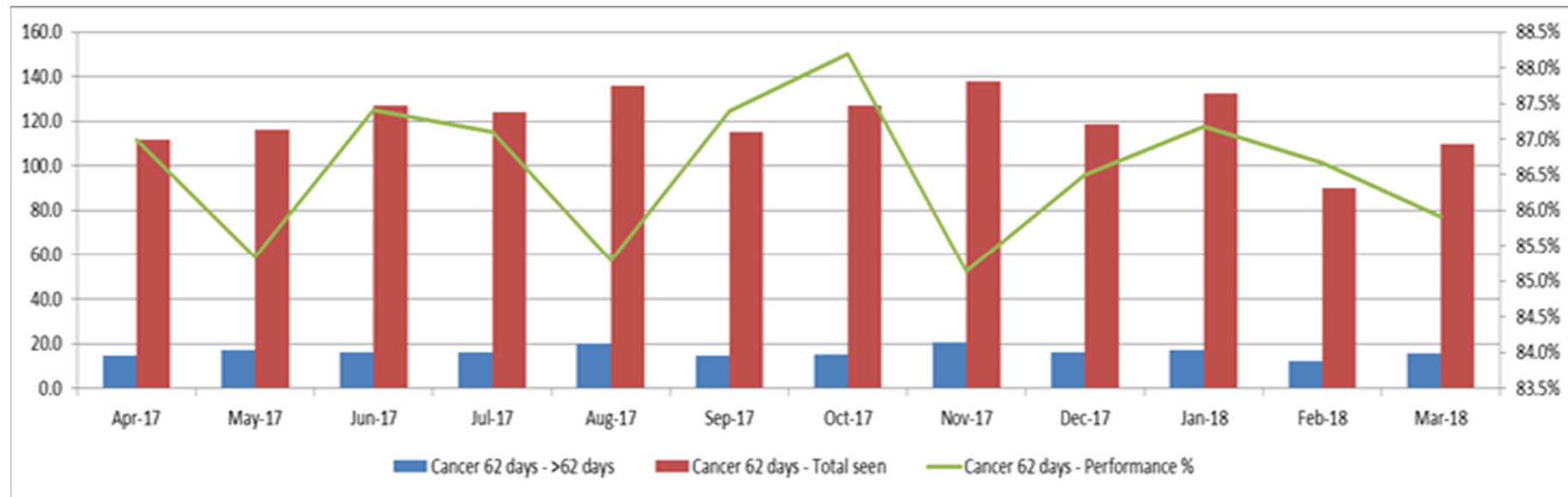
In Hospital SHMI**

Since December 2015 the In Hospital SHMI has been consistently below the HES Peer.

**Please note this data covers only in Hospital deaths₃

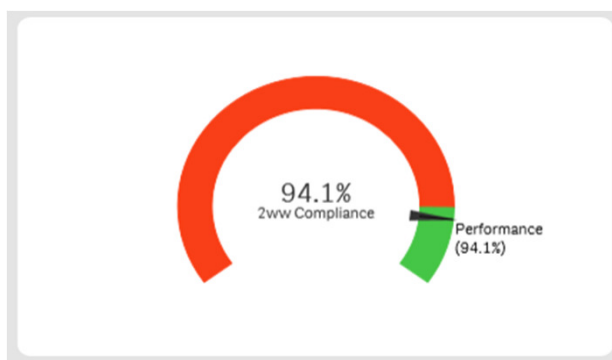
Cancer 2017/2018 Trajectory

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Cancer 62 days - >62 days	14.5	17.0	16.0	16.0	20.0	14.5	15.0	20.5	16.0	17.0	12.0	15.5
Cancer 62 days - Total seen	111.5	116.0	127.0	124.0	136.0	115.0	127.0	138.0	118.5	132.5	90.0	110.0
Cancer 62 days - Performance %	87.0%	85.3%	87.4%	87.1%	85.3%	87.4%	88.2%	85.1%	86.5%	87.2%	86.7%	85.9%

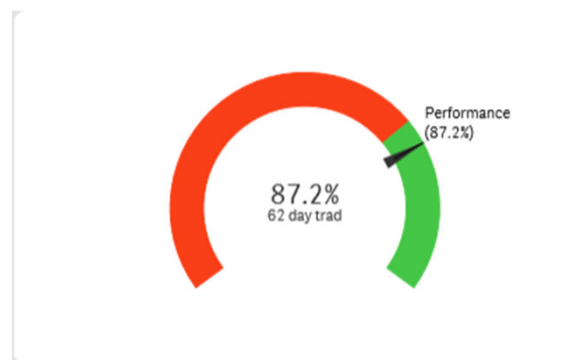


Cancer Target April 2017 Performance

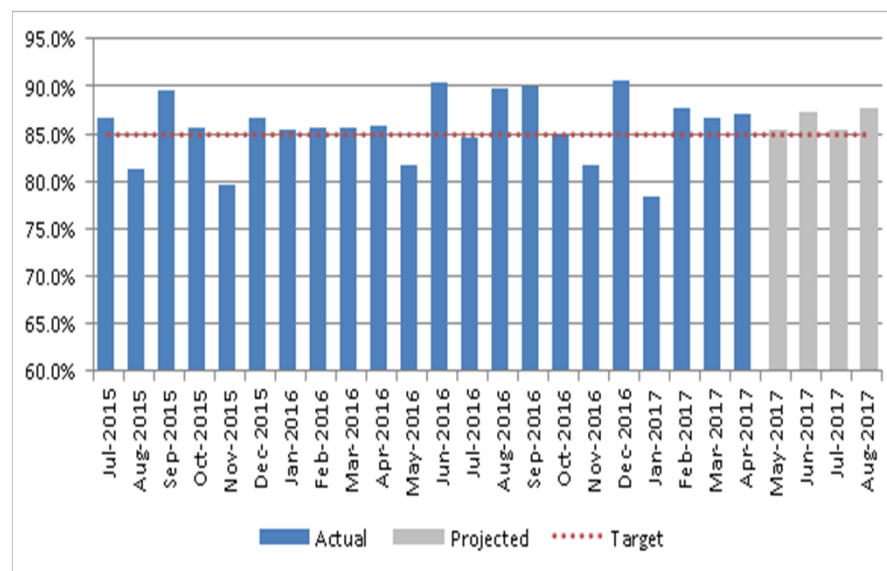
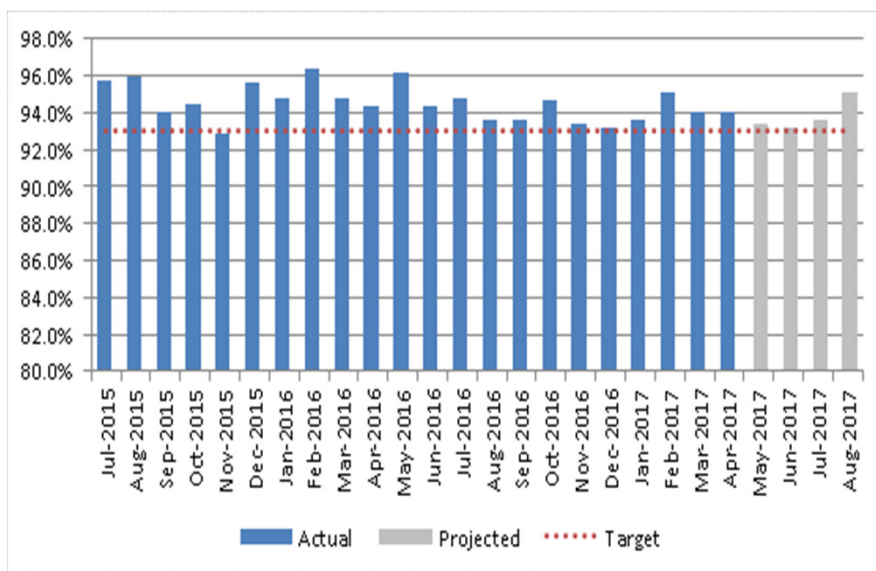
2 Week Wait



62 Day Performance



The 2ww cancer Target and the 62 day target have both achieved in April and are projected to continue to achieve



Cancer Performance (Site Specific Performance)

										SaTH YTD
Measure	Monthly Target %	October	November	December	January	February	March	April	National Average	
62 days urgent ref to treatment	85	85.04%	81.70%	90.64%	78.33%	87.70%	86.61%	87.17%	82.00%	85.09%
Brain	85	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Breast	85	100% 0/12	95.00% 1/20	100% 0/11	90.90% 1½/16½	100% 0/21	100% 0/21	100% 0/15	94.60%	98.40%
Colorectal	85	72.70% 3/11	62.50% 6/16	85.70% 2/14	87.50% 2/16	100% 0/8½	90.50% 2/21	80.00% 2/10	72.60%	80.80%
Gynaecology	85	89.50% 1/9½	66.70% 4/12	90.00% ½/5	60.00% 2/5	90.90% ½/5½	80.00% 1½/7½	100% 0/4	82.10%	77.80%
Haematology	85	71.40% 2/7	60.00% 2/5	80.00% 1/5	63.60% 4/11	100% 0/2	75.00% 2/8	50.00% 2/4	77.50%	68.60%
Head & Neck	85	75.00% 2/8	87.50% 1/8	100% 0/6	50.00% 2/4	66.70% 2/6	100% 0/4	100% 0/3	67.40%	78.60%
Lung	85	70.00% 3/10	66.70% 3½/10½	80.00% 1½/7½	60.70% 5½/14	61.90% 4/10½	36.80% 6/9½	68.80% 2.5/8	75.50%	67.70%
Skin	85	100% 0/25½	94.70% 1/19	93.10% 2/29	95.70% 1/23	94.40% 1/18	100% 0/19½	96.30% 1/27	96.30%	97.20%
Upper GI	85	83.30% 1/6	68.80% 5/16	85.70% 1/7	37.50% 7½/11	33.33% 3/4½	72.00% 3½/12½	71.40% 2/7	76.10%	71.20%
Urology	85	83.30% 6/36	95.40% 1½/32½	96.40% 1/28	92.60% 2/27	95.90% 1/24½	91.70% 2/24	86.60% 4.5/33.5	77.30%	89.50%

The 62 day urgent referral to treatment target was achieved at year end.

Actions for performance improvement

- MDT Lead will chair weekly PTL meetings with support from cancer performance team for the four challenged specialties
- Pathway & milestone review for all stages of the 62 day pathway.
- Breach reports to be reviewed at operational business meetings.

Cancer 104 + Days

104+ Day Breaches –

The following patients received their first definitive treatment for cancer after 104 days (the target for referral to treatment being 62 days):-

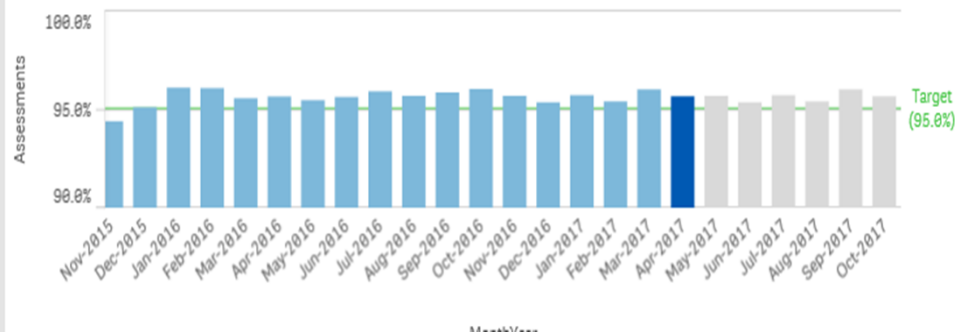
- 1 x Haematology (118 days) – Complex pathway - initial referral to Head & Neck. Treatment planned in H&N. Diagnosis resulted in patient needing referral to Haematology and further treatment planning. Referred to Haematology after day 62.
- 1 x Lung (104 days) - Complex diagnostic pathway / medical delay. Initial referral to Upper GI. Treatment delayed as patient suffering from sciatica.
- **All of the above will be reviewed by the cancer performance team and the cancer board and action taken to reduce the number of 104 + waits.**

VTE Performance April 2017

% of Patients assessed for VTE

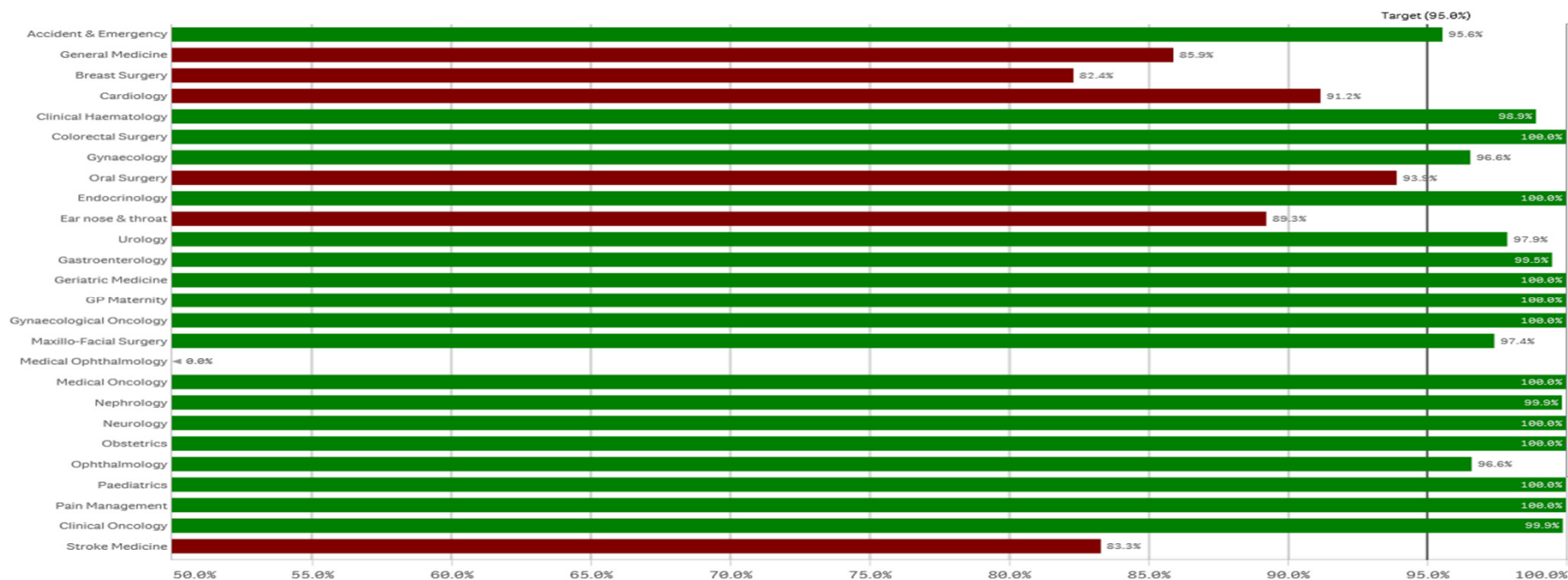
VTE Assessed
95.6% ✓ -0.4%
 Previous Month Difference

% of Patients assessed for VTE - Monthly Trend



The VTE target for April was achieved at 95.6%. It is projected that the VTE target will continue to be met.

% of Patients assessed for VTE by Specialty



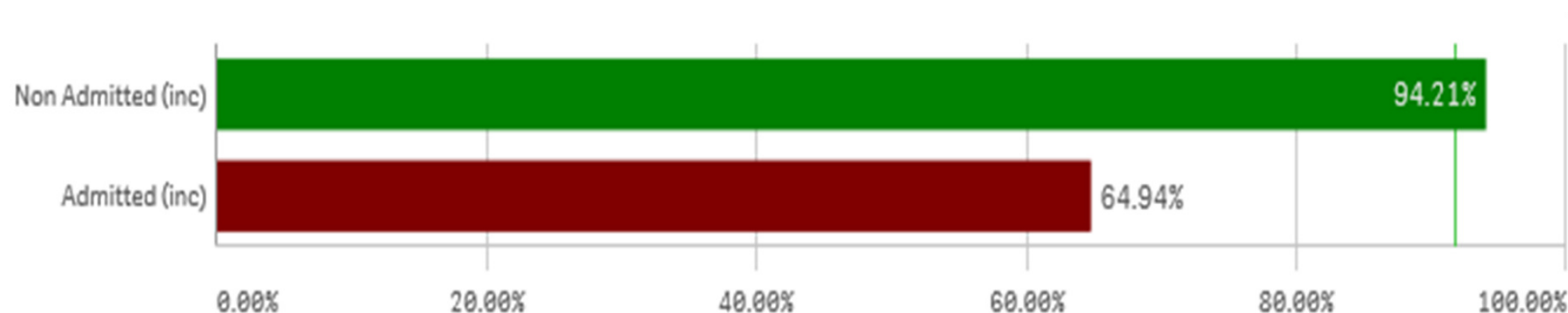
May 2017 RTT Performance

Open Clocks

% of patients currently waiting to be treated who have waited less than 18 weeks for treatment

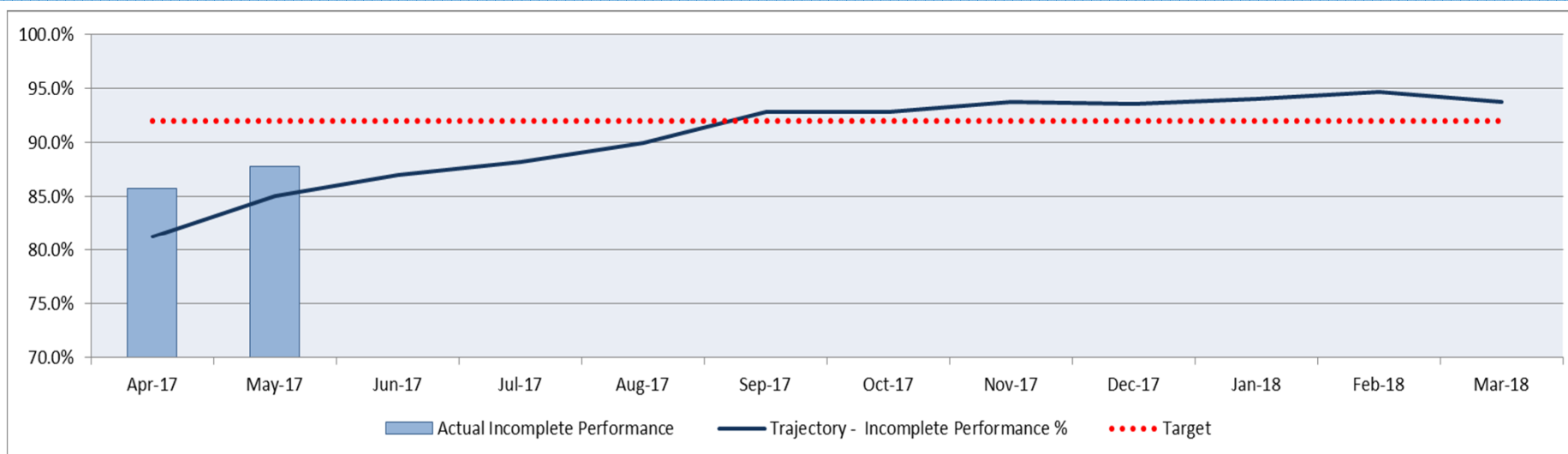
Incomplete

87.80%



Mays RTT performance was 87.80% against the submitted operational Plan target of 85%. The admitted performance was 64.94% and the non admitted performance was 94.21%.

RTT 2017/2018 RTT Trajectory

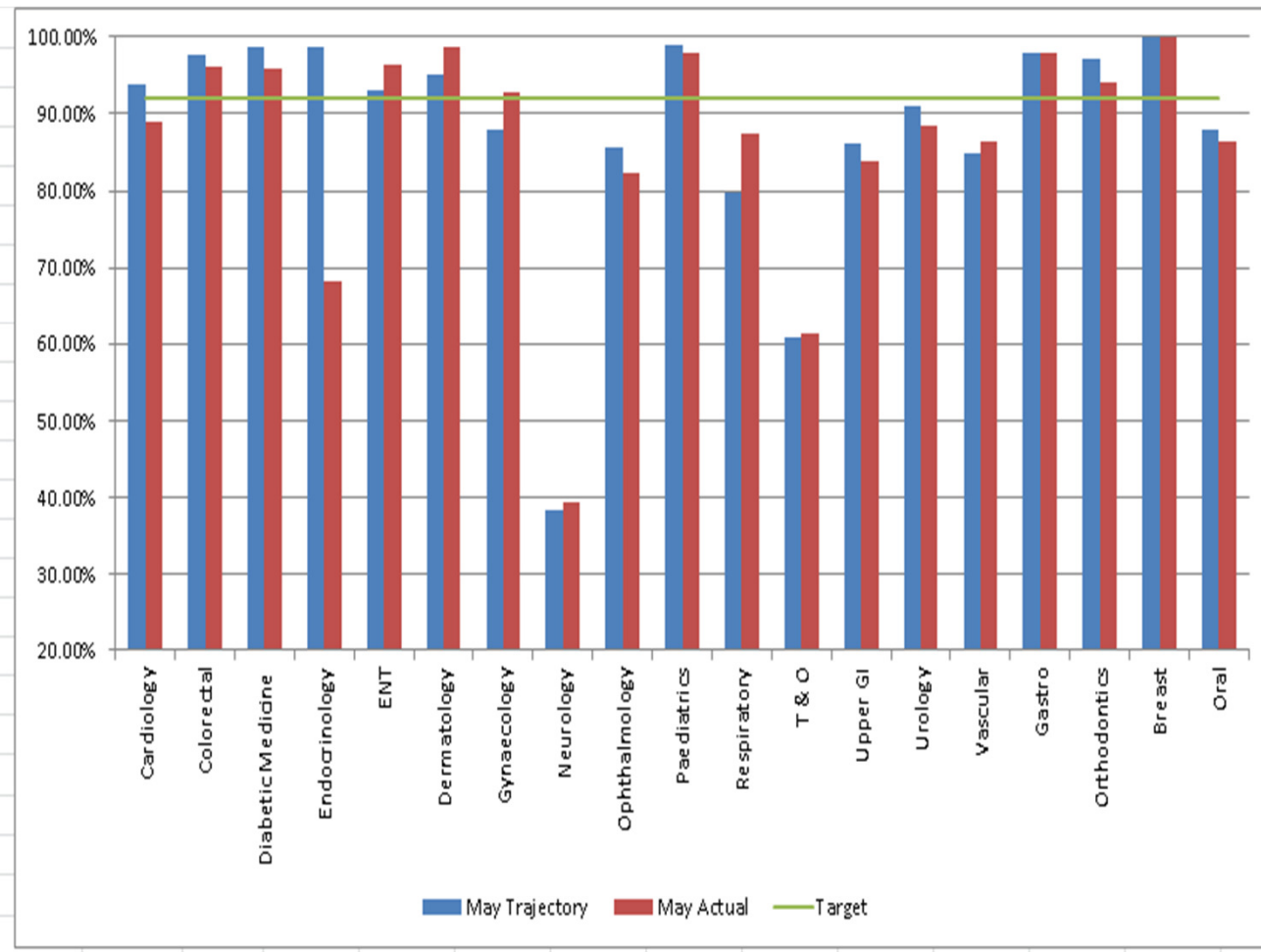


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Referral to treatment Incompletes Trajectory - >18 weeks	3,042	2,431	2,080	1,862	1,654	1,201	1,159	1,017	1,044	973	865	1,012
Referral to treatment Incompletes Trajectory - Total patients	16,224	16,220	16,000	15,800	16,400	16,600	16,000	16,150	16,100	16,300	16,200	16,150
Trajectory - Incomplete Performance %	81.3%	85.0%	87.0%	88.2%	89.9%	92.8%	92.8%	93.7%	93.5%	94.0%	94.7%	93.7%
Referral to treatment Incompletes Actual - >18 weeks	2297	1974										
Referral to treatment Incompletes Actual - Total patients	16107	16178										
Actual Incomplete Performance	85.7%	87.8%										

The table and graph above show the trajectory of performance for 2017/18 along with the projected list size and 18 week breaches per month.

Speciality Performance Against Trajectory Combined

Specialty	May Trajectory	May Actual	Variance
Cardiology	93.79%	88.94%	-4.85%
Colorectal	97.69%	96.17%	-1.52%
Diabetic Medicine	98.75%	95.83%	-2.92%
Endocrinology	98.57%	68.16%	-30.41%
ENT	93.12%	96.46%	3.34%
Dermatology	95.04%	98.74%	3.70%
Gynaecology	87.99%	92.91%	4.92%
Neurology	38.32%	39.47%	1.15%
Ophthalmology	85.57%	82.26%	-3.31%
Paediatrics	98.99%	97.99%	-1.00%
Respiratory	79.78%	87.31%	7.53%
T & O	60.96%	61.34%	0.38%
Upper GI	86.18%	83.75%	-2.43%
Urology	90.89%	88.49%	-2.40%
Vascular	84.76%	86.38%	1.62%
Gastro	97.91%	98.03%	0.12%
Orthodontics	97.22%	94.03%	-3.19%
Breast	100.00%	100.00%	0.00%
Oral	87.94%	86.38%	-1.56%
Total Incompletes	16220	16178	-42
<18	13789	14204	415
BACKLOG	2431	1974	-457
Total Performance	85.01%	87.80%	2.79%



The above table and graph shows performance by speciality against trajectory and the variance from plan for the combined performance

RTT June 2017 Projected performance

Admitted Incomplete Pathways

Cohort	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
Reporting Specialty			
Cardiology	85	19	77.65
Cardiothoracic Surgery	3	1	66.67
Dermatology	3		100.00
Ear, Nose & Throat (ENT)	213	41	80.75
Gastroenterology	16	3	81.25
General Medicine	3		100.00
General Surgery	704	196	72.16
Geriatric Medicine	1		100.00
Gynaecology	251	50	80.08
Neurology			
Neurosurgery			
Ophthalmology	724	346	52.21
Oral Surgery	126	57	54.76
Other	236	76	67.80
Plastic Surgery			
Thoracic Medicine	6		100.00
Trauma & Orthopaedics	631	269	57.37
Urology	389	123	68.38
	3,391	1,181	65.17

Non Admitted Incomplete Pathways

	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
	801	117	85.39
	14		100.00
	591	5	99.15
	1599	41	97.44
	884	20	97.74
	453	45	90.07
	1619	20	98.76
	120	7	94.17
	1023	37	96.38
	173	119	31.21
	1717	178	89.63
	708	38	94.63
	884	45	94.91
	454	75	83.48
	205	10	95.12
	883	38	95.70
	12,128	795	93.44

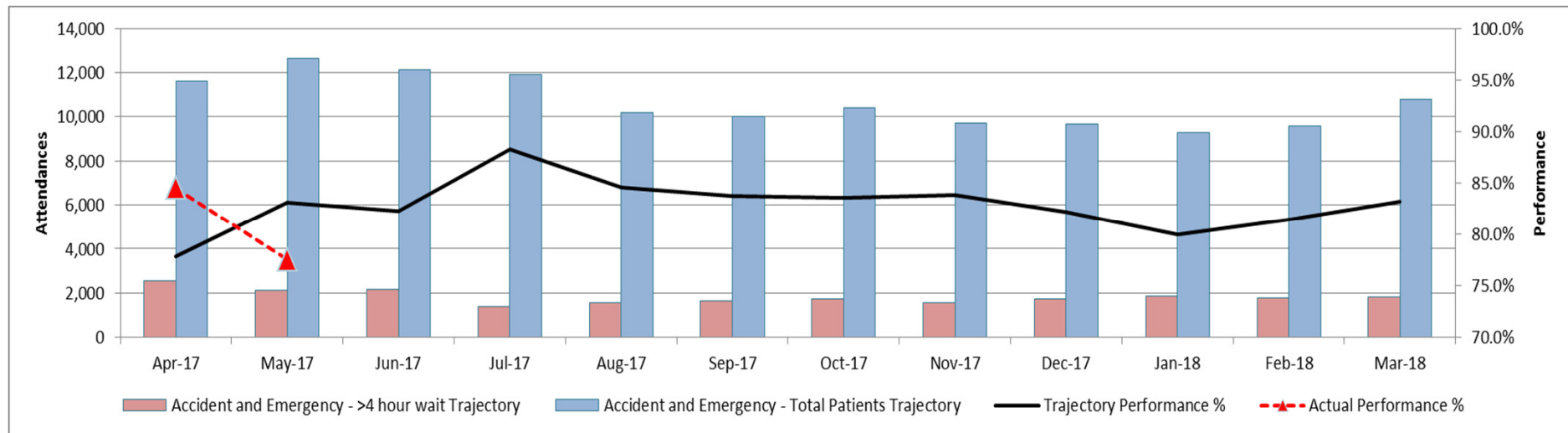
Combined

	Open Clocks		Performance %
	Total Open Clocks	18+ Wks	
	886	136	84.65
	17	1	94.12
	594	5	99.16
	1812	82	95.47
	900	23	97.44
	456	45	90.13
	2323	216	90.70
	121	7	94.21
	1274	87	93.17
	173	119	31.21
	2441	524	78.53
	834	95	88.61
	1120	121	89.20
	460	75	83.70
	836	279	66.63
	1272	161	87.34
	15,519	1,976	87.27

Junes predicted combined incomplete performance is currently at 87.27%, with overall performance being driven by the admitted performance. The figures above are subject to month end validation the variation however is only ever +or – 1%. The projected Admitted incomplete performance for the end of May is 65.17% with all main speciality's failing the Admitted incomplete target. The projected non Admitted performance is 93.44%

On this projection the RTT will achieve the operational plan target of 87% for June

A&E 2017-2018 Trust 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
Accident and Emergency - >4 hour wait Trajectory	2,570	2,141	2,153	1,402	1,569	1,627	1,712	1,563	1,725	1,863	1,776	1,818
Accident and Emergency - Total Patients Trajectory	11,602	12,654	12,126	11,919	10,201	10,012	10,400	9,692	9,667	9,289	9,583	10,810
Trajectory Performance %	77.8%	83.1%	82.2%	88.2%	84.6%	83.7%	83.5%	83.9%	82.2%	79.9%	81.5%	83.2%
Accident and Emergency - >4 Hour Wait Actual	1786	2721										
Accident and Emergency - Total Patients Actual	11520	12106										
Actual Performance %	84.5%	77.5%										

The table and graph above show the A&E trajectory of performance for 2017/18 along with the projected attendances and breaches by month based on the Trusts internal trajectory. Mays actual; performance was 77.5% against a target of 83.1%

Is the Problem Admitted or Non Admitted?

TRUST		2016/17			2017/18			VARIANCE		
		Attendances	Breaches	Performance	Attendances	Breaches	Performance	Attendances	Breaches	Performance
Overall	April	11602	1852	84.04%	11521	1786	84.50%	-81	-66	0.46%
	May	12654	1922	84.81%	12106	2721	77.52%	-548	799	-7.29%
Admitted	April	2108	1114	47.15%	2236	959	57.11%	128	-155	9.96%
	May	2298	1093	52.44%	2339	1529	34.63%	41	436	-17.81%
Non Admitted	April	7629	738	90.33%	7706	827	89.27%	77	89	-1.06%
	May	8344	829	90.06%	8393	1192	85.80%	49	363	-4.27%
RSH		2016/17			2017/18			VARIANCE		
		Attendances	Breaches	Performance	Attendances	Breaches	Performance	Attendances	Breaches	Performance
Overall	April	4802	1043	78.28%	4960	843	83.00%	158	-200	4.72%
	May	5367	876	83.68%	5258	1354	74.25%	-109	478	-9.43%
Admitted	April	1092	720	34.07%	1133	537	52.60%	41	-183	18.54%
	May	1179	601	49.02%	1154	834	27.73%	-25	233	-21.29%
Non Admitted	April	3710	323	91.29%	3827	306	92.00%	117	-17	0.71%
	May	4188	275	93.43%	4104	520	87.33%	-84	245	-6.10%
PRH		2016/17			2017/18			VARIANCE		
		Attendances	Breaches	Performance	Attendances	Breaches	Performance	Attendances	Breaches	Performance
Overall	April	6800	809	88.10%	6560	943	85.63%	-240	134	-2.48%
	May	7287	1046	85.65%	6848	1368	80.02%	-439	322	-5.62%
Admitted	April	1016	394	61.22%	1103	422	61.74%	87	28	0.52%
	May	1119	492	56.03%	1185	696	41.27%	66	204	-14.77%
Non Admitted	April	5784	415	92.83%	5457	521	90.45%	-327	106	-2.37%
	May	6168	554	91.02%	5663	672	88.13%	-505	118	-2.88%

As can be seen in the month of May the Trust experienced a substantial deterioration in the admitted performance.

May 2016 vs May 2017 Weekly A&E Performance

RSH

TOTAL ATTENDANCES VS BREACHES									Variance		
2016					2017						
Week	<4 Hours	>4Hours	Total Attendances	Performance	<4 Hours	>4Hours	Total Attendances	Performance	Attendance	Breaches	Performance
19	1116	159	1275	87.53%	906	348	1254	72.25%	-21	189	-15.28%
20	983	270	1253	78.45%	882	283	1165	75.71%	-88	13	-2.74%
21	917	197	1114	82.32%	886	247	1133	78.20%	19	50	-4.12%
22	978	154	1132	86.40%	868	371	1239	70.06%	107	217	-16.34%
TOTAL ADMITTED PATIENTS PERFORMANCE											
2016					2017						
Week	<4 Hours	>4Hours	Total Attendances	Performance	<4 Hours	>4Hours	Total Attendances	Performance	Attendance	Breaches	Performance
19	150	106	256	58.59%	52	201	253	20.55%	-3	95	-38.04%
20	98	190	288	34.03%	85	173	258	32.95%	-30	-17	-1.08%
21	107	136	243	44.03%	94	162	256	36.72%	13	26	-7.31%
22	157	104	261	60.15%	61	227	288	21.18%	27	123	-38.97%
NON - ADMITTED PERFORMANCE											
2016					2017						
Week	<4 Hours	>4 Hours	Total Attendances	Performance	<4 Hours	>4 Hours	Total Attendances	Performance	Attendance	Breaches	Performance
19	966	53	1019	94.80%	854	147	1001	85.31%	-18	94	-9.48%
20	885	80	965	91.71%	797	110	907	87.87%	-58	30	-3.84%
21	810	61	871	93.00%	792	85	877	90.31%	6	24	-2.69%
22	821	50	871	94.26%	807	144	951	84.86%	80	94	-9.40%

The above tables shows the weekly breakdown of performance, between May 2016 and May 2017 for the RSH site. At the RSH site in the month of May the deterioration in performance occurred predominantly in weeks 19 and 22.

May 2016 vs May 2017 Weekly A&E Performance

PRH

TOTAL ATTENDANCES VS BREACHES										Variance		
2016					2017							
Week	<4 Hours	>4Hours	Total Attendances	Performance	<4 Hours	>4Hours	Total Attendances	Performance		Attendance	Breaches	Performance
19	959	263	1222	78.48%	898	296	1194	75.21%		-28	33	-3.27%
20	1029	245	1274	80.77%	897	321	1218	73.65%		-56	76	-7.12%
21	911	201	1112	81.92%	930	340	1270	73.23%		158	139	-8.70%
22	910	240	1150	79.13%	918	320	1238	74.15%		88	80	-4.98%
TOTAL ADMITTED PATIENTS PERFORMANCE												
2016					2017							
Week	<4 Hours	>4Hours	Total Attendances	Performance	<4 Hours	>4Hours	Total Attendances	Performance		Attendance	Breaches	Performance
19	147	132	279	52.69%	89	165	254	35.04%		-25	33	-17.65%
20	134	126	260	51.54%	113	163	276	40.94%		42	37	-10.60%
21	133	113	246	54.07%	113	175	288	39.24%		34	62	-14.83%
22	150	78	228	65.79%	109	153	262	41.60%		0	75	-24.19%
NON - ADMITTED PERFORMANCE												
2016					2017							
Week	<4 Hours	>4 Hours	Total Attendances	Performance	<4 Hours	>4 Hours	Total Attendances	Performance		Attendance	Breaches	Performance
19	812	131	943	86.11%	809	131	940	86.06%		-3	0	-0.04%
20	895	119	1014	88.26%	784	158	942	83.23%		-72	39	-5.04%
21	778	88	866	89.84%	817	165	982	83.20%		116	77	-6.64%
22	760	162	922	82.43%	809	167	976	82.89%		54	5	0.46%

The above tables shows the weekly breakdown of performance between May 2016 and May 2017 for the PRH site. At PRH a significant deterioration in admitted performance occurred uniformly throughout the month of May.

May 2016 vs May 2017 Daily Performance

1st April - 4th June											
RSH Admitted Performance by Day 2016/17				RSH Admitted Performance by Day 2017/18				Variance with Previous Year			
Day of Week	Attendance	Breaches	Performance	Day of Week	Attendance	Breaches	Performance	Day of Week	Attendance	Breaches	Performance
Mon	193	122	36.79%	Mon	183	133	27.32%	Mon	-10	11	-9.47%
Tue	186	114	38.71%	Tue	180	138	23.33%	Tue	-6	24	-15.38%
Wed	185	126	31.89%	Wed	166	119	28.31%	Wed	-19	-7	-3.58%
Thu	206	127	38.35%	Thu	193	148	23.32%	Thu	-13	21	-15.03%
Fri	178	97	45.51%	Fri	184	136	26.09%	Fri	6	39	-19.42%
Sat	190	67	64.74%	Sat	211	155	26.54%	Sat	21	88	-38.20%
Sun	212	65	69.34%	Sun	185	111	40.00%	Sun	-27	46	-29.34%
Grand Total	1350	718	46.81%	Grand Total	1302	940	27.80%	Grand Total	-48	222	-19.01%

PRH Admitted Performance by Day 2016/17				PRH Admitted Performance by Day 2017/18				Variance with Previous Year			
Day of Week	Attendance	Breaches	Performance	Day of Week	Attendance	Breaches	Performance	Day of Week	Attendance	Breaches	Performance
Mon	198	91	54.04%	Mon	199	118	40.70%	Mon	1	27	-13.34%
Tue	181	92	49.17%	Tue	205	136	33.66%	Tue	24	44	-15.51%
Wed	195	84	56.92%	Wed	208	130	37.50%	Wed	13	46	-19.42%
Thu	173	81	53.18%	Thu	205	115	43.90%	Thu	32	34	-9.28%
Fri	182	64	64.84%	Fri	194	84	56.70%	Fri	12	20	-8.13%
Sat	170	69	59.41%	Sat	168	90	46.43%	Sat	-2	21	-12.98%
Sun	162	65	59.88%	Sun	149	71	52.35%	Sun	-13	6	-7.53%
Grand Total	1261	546	56.70%	Grand Total	1328	744	43.98%	Grand Total	67	198	-12.73%

An examination of admitted performance revealed a 'sharp' decline in the RSH performance over the weekend period. At the PRH site the deterioration in admitted performance occurred more evenly.

May 2016 vs May 2017 Weekend Performance

RSH Admitted Attendances 2016/17					RSH Admitted Attendances 2017/18					Variance		
Date	Day of Week	Attendances	Breaches	Performance	Date	Day of Week	Attendances	Breaches	Performance	Attendance	Breaches	Performance
07/05/16	Saturday	32	3	90.63%	06/05/17	Saturday	45	37	17.78%	13	34	-72.85%
08/05/16	Sunday	36	7	80.56%	07/05/17	Sunday	32	26	18.75%	-4	19	-61.81%
14/05/16	Saturday	34	17	50.00%	13/05/17	Saturday	37	21	43.24%	3	4	-6.76%
15/05/16	Sunday	46	24	47.83%	14/05/17	Sunday	34	7	79.41%	-12	-17	31.59%
21/05/16	Saturday	30	8	73.33%	20/05/17	Saturday	42	29	30.95%	12	21	-42.38%
22/05/16	Sunday	39	17	56.41%	21/05/17	Sunday	40	24	40.00%	1	7	-16.41%
28/05/16	Saturday	47	7	85.11%	27/05/17	Saturday	51	43	15.69%	4	36	-69.42%
29/05/16	Sunday	50	11	78.00%	28/05/17	Sunday	42	29	30.95%	-8	18	-47.05%

PRH Admitted Attendances 2016/17					PRH Admitted Attendances 2017/18					Variance		
Date	Day of Week	Attendances	Breaches	Performance	Date	Day of Week	Attendances	Breaches	Performance	Attendance	Breaches	Performance
07/05/16	Saturday	35	20	42.86%	06/05/17	Saturday	30	22	26.67%	-5	2	-16.19%
08/05/16	Sunday	33	5	84.85%	07/05/17	Sunday	26	10	61.54%	-7	5	-23.31%
14/05/16	Saturday	40	13	67.50%	13/05/17	Saturday	36	22	38.89%	-4	9	-28.61%
15/05/16	Sunday	29	13	55.17%	14/05/17	Sunday	31	16	48.39%	2	3	-6.79%
21/05/16	Saturday	37	18	51.35%	20/05/17	Saturday	43	28	34.88%	6	10	-16.47%
22/05/16	Sunday	41	27	34.15%	21/05/17	Sunday	39	22	43.59%	-2	-5	9.44%
28/05/16	Saturday	24	3	87.50%	27/05/17	Saturday	25	11	56.00%	1	8	-31.50%
29/05/16	Sunday	31	13	58.06%	28/05/17	Sunday	21	9	57.14%	-10	-4	-0.92%

The weekends showed a particular variation which is shown in the tables above, the RSH site has seen the greatest variation. The weekend performance change at RSH occurred within the 1st and 4th weeks in May.

Potential Causes of the Problem

Month			2016	2017	Change
April	Nursing	Off Framework Tier 5 Nurses WTE	22.7	34.5	11.8
May	Nursing	Off Framework Tier 5 Nurses	12.7	44.1	31.4
April	Doctors	WTE Doctors	104.6	126.3	21.64
May	Doctors	WTE Doctors	106.6	130.6	24
April	MFFD	No.Patients	434	370	-64
		Lost Beddays	2338	1752	-586
May	MFFD	No.Patients	373	430	57
		Lost Beddays	2093	1971	-122
April	Escalation Beds	Unscheduled Care	28	50	22
		Scheduled Care	0	5	5
May	Escalation Beds	Unscheduled Care	6	22	16
		Scheduled Care	0	14	14
April	Activity	Elective Inpatients	491	397	-94
		Emergency Inpatient	3995	4022	27
May	Activity	Elective Inpatients	493	485	-8
		Emergency Inpatient	4127	4282	155

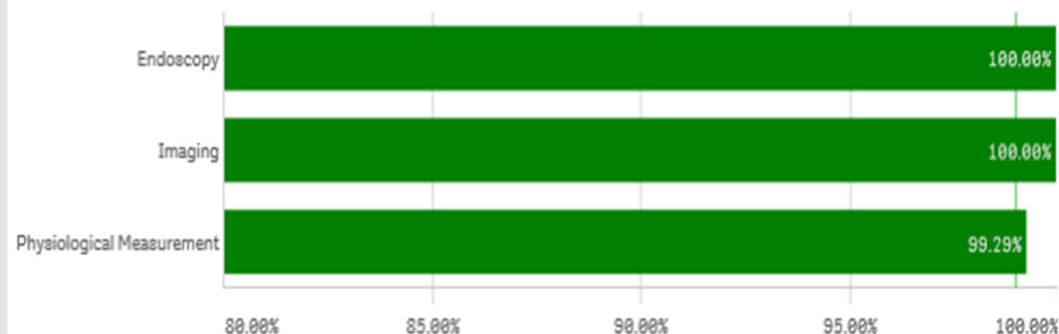
During the month of May the Trust increased its clinical workforce. The volume of escalation beds has also increased. Over the same period the MFFD lost bed days has reduced with Emergency activity increasing by 155 out of a total volume of 4282 admissions.

Diagnostic Waiting Times – May 2017

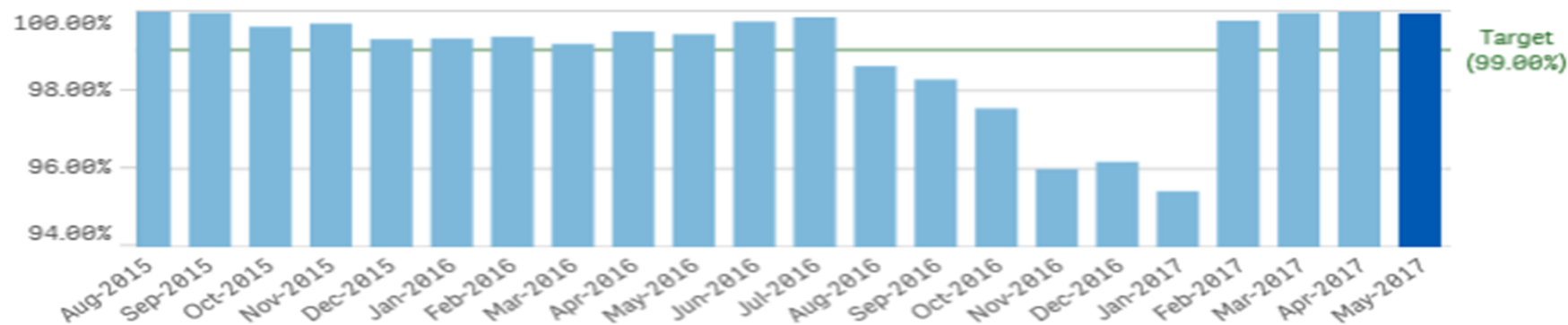
% of patients awaiting a diagnostic test, who have waited less than 6 weeks compared to 99% target

% waited under 6 weeks
99.99% ✓ **0.05%**
 Previous Month Difference

% of patients awaiting a diagnostic test by Group, who have waited less than 6 weeks compared to 99% target



% of patients awaiting a diagnostic test, who have waited less than 6 weeks - monthly trend



The Diagnostic wait times have been achieved for May following the extra capacity provided by the mobile units the diagnostic target is projected to continue to achieve

Operational Actions

Cancer

- Specialty MDT PTLs for lung, upper GI and colorectal tumour to be in place July 2017
- Specialty PTLs to be chaired by MDT lead and Performance manager.
- Action plans for non delivering tumour sites in place from July 2017
- Reduction in 104 day breaches by 50% by October 2017.
- Root cause analysis (RCA) and system in place for review and action of all 104 + day breaches
- RCA findings and learning to be presented to Q&S committee

RTT 92% achievement by 1/10/2017

- Reconfiguration of beds (post winter) from May 2017
- Capacity review by Meridian Consultancy by September 2017
- Weekly PTLs reviews with each Care Group reinstated, monitoring individual patients, and booking profiles
- Ring fence day surgery beds on both sites.
- Continue insourcing 'Your World' for endoscopy
- Business case for endoscopy operationalised following approval at sustainability committee

Operational Actions continued

Diagnostics

- Continue insourcing 'Your World' for endoscopy
- Business case for endoscopy operationalised following approval at sustainability committee
- Patient Tracking list (PTL) in place from July 2017 and weekly validation to be in place
- Backlog of reporting for diagnostics to be outsourced from 24.6.17
- PTL meeting to be in place from July 2017

Risks to delivery

- Failure to realign and protect elective beds by October 2017
- Lack of visibility of a diagnostic PTL
- Backlog of diagnostic reporting impacting on RTT and cancer performance standards
- Outsourcing capacity does not meet demand

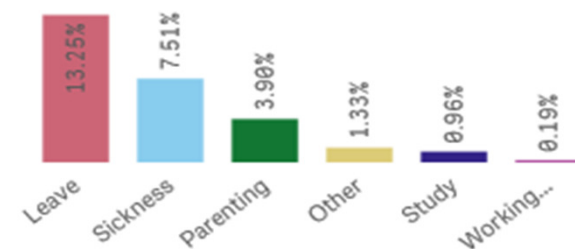
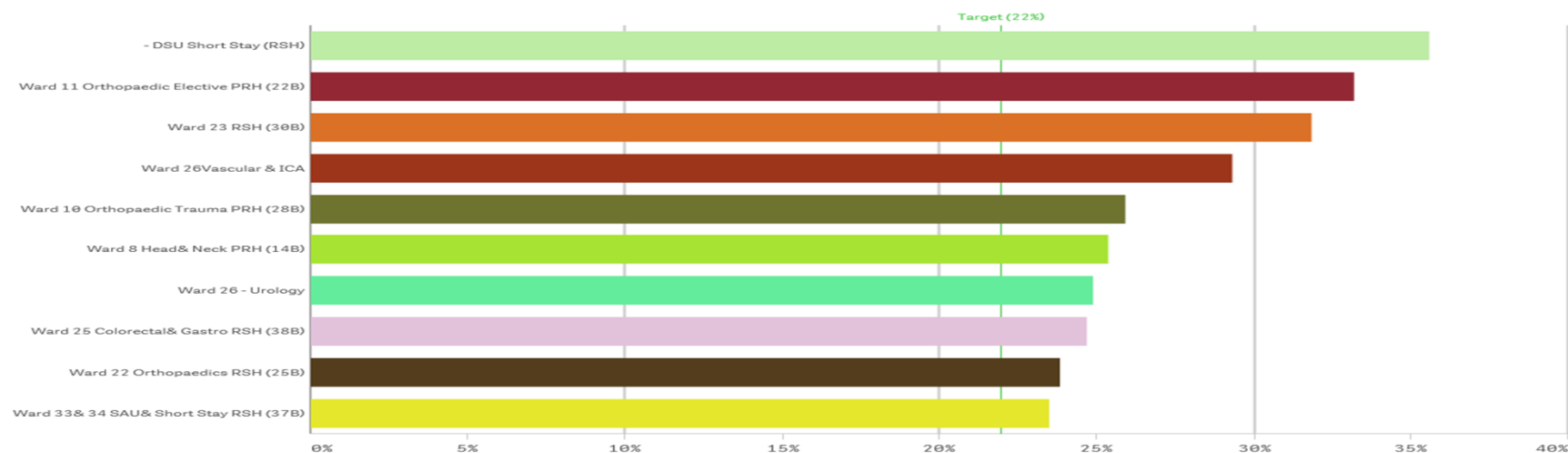
Workforce



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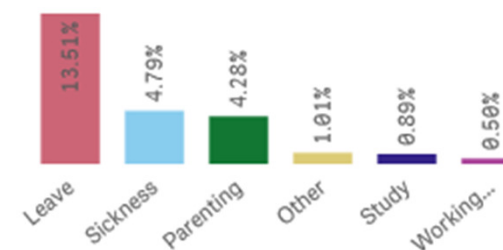
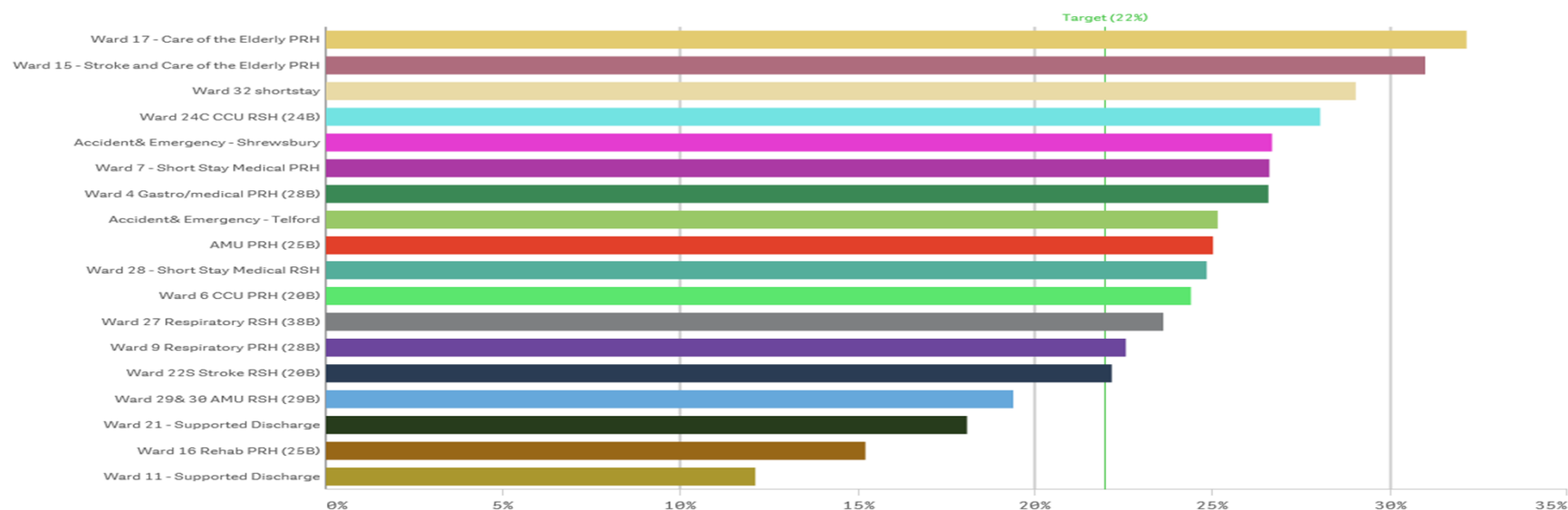
Nursing Unavailability 2017- 2018

Scheduled Care

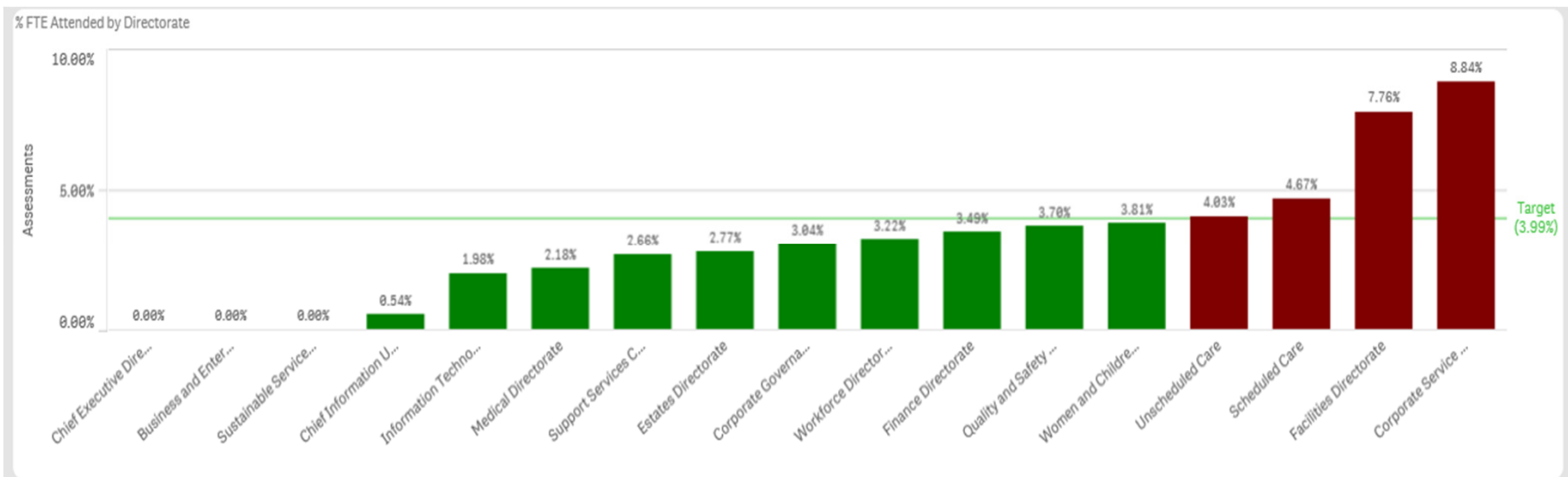
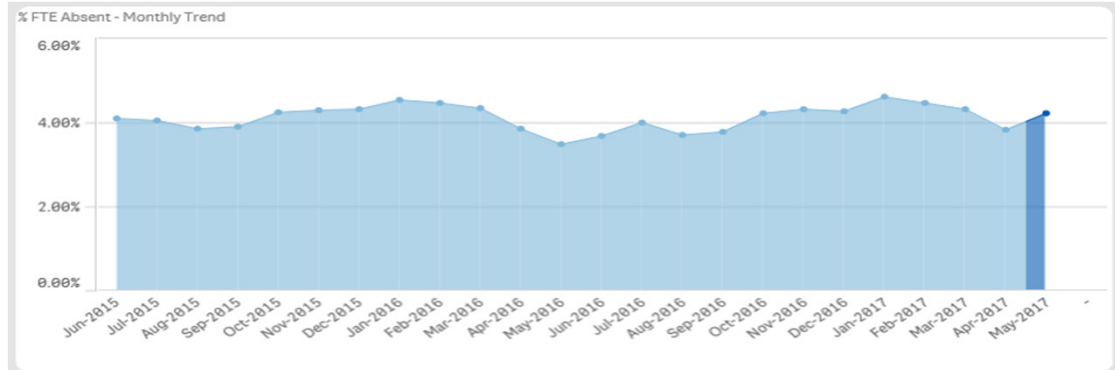
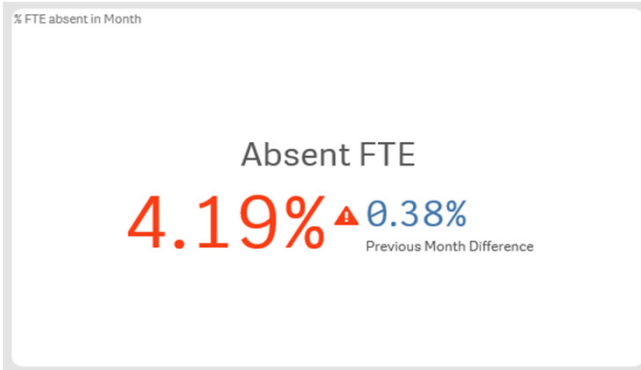


Nursing Unavailability 2017-2018

Unscheduled Care

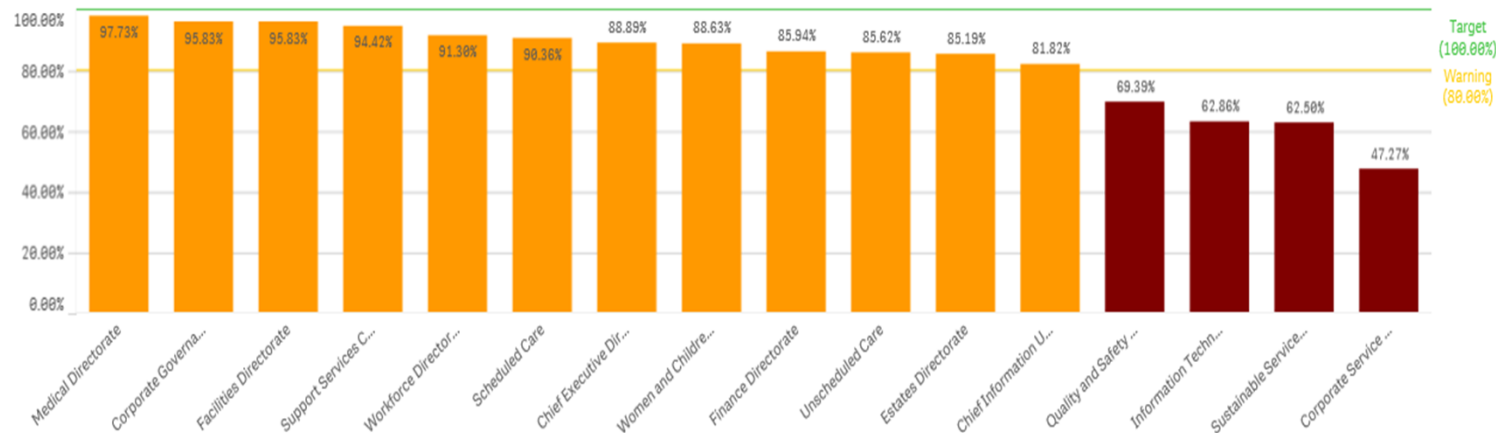


Workforce – Sickness 2017-2018



Workforce – Training and Appraisals May 2017

% Appraisals Completed within Timescales split by Care Group

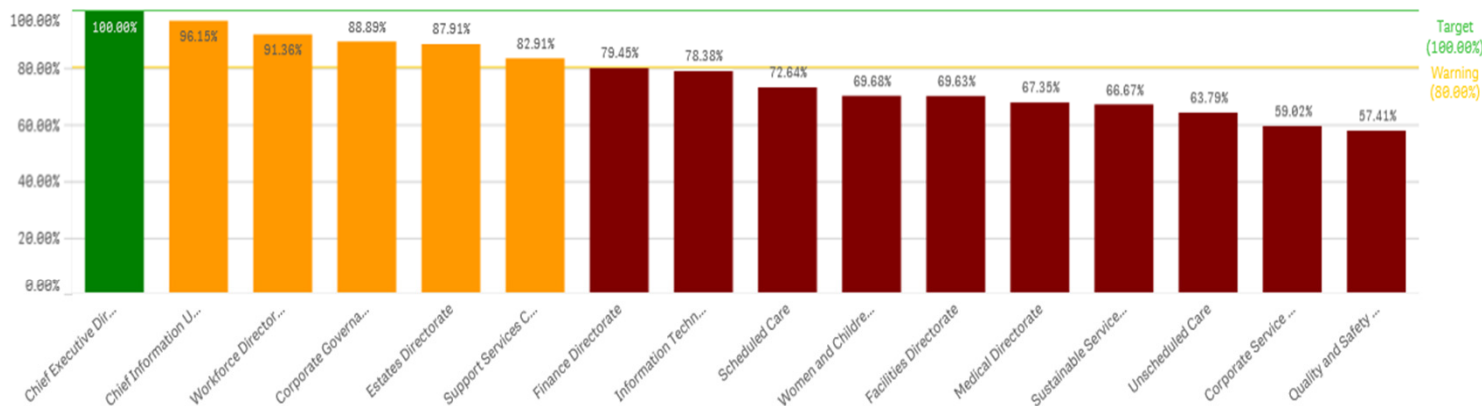


Appraisals in Timescales

89.12%[▲]
Previous Month Difference

% Appraisals Completed within Timescales for Month

% SSU Compliance split by Care Group



SSU Compliance

72.48%[▲]
Previous Month Difference

% SSU Compliance for Month

Staff Turn Over May 2017 – exc. Junior Doctors

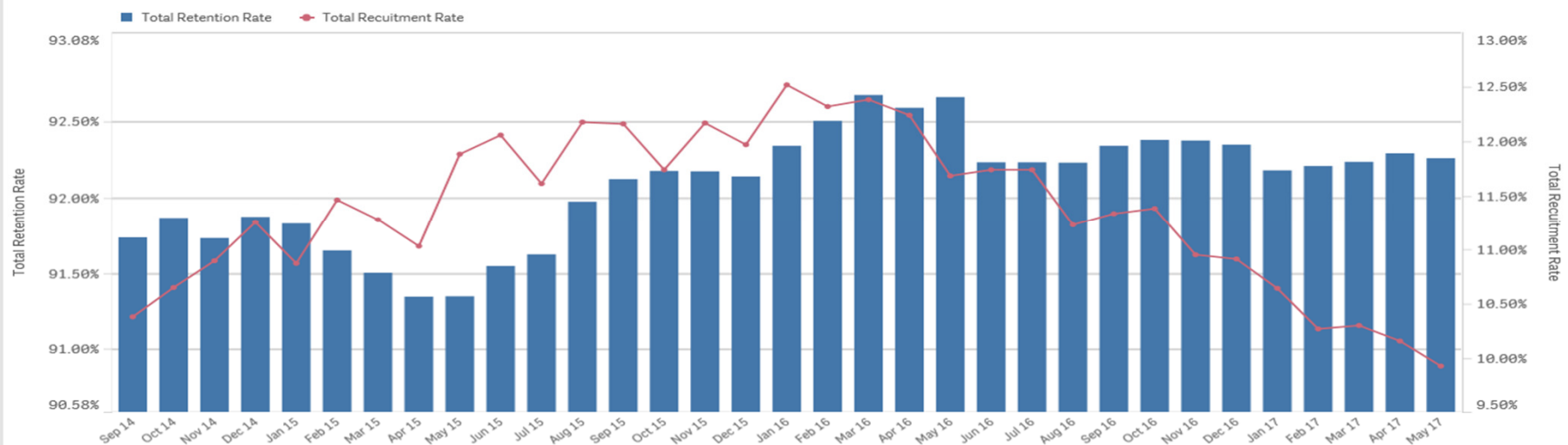
Recruitment Rate

9.91%

Retention Rate

92.26%

Retention Overlaid with Recruitment



Staff Turn Over – exc. Junior Doctors

Scheduled Care

Recruitment Rate
10.23%

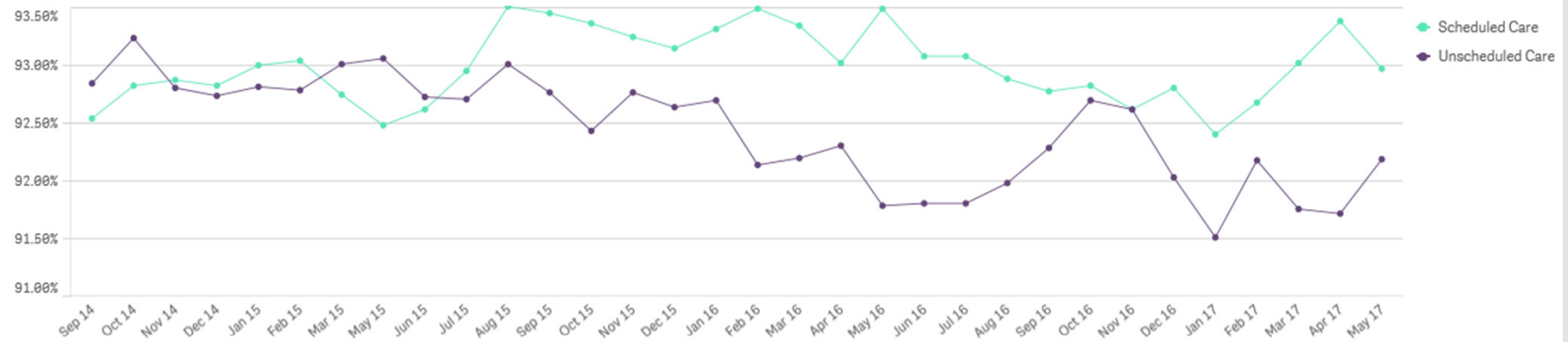
Retention Rate
92.96%

Unscheduled Care

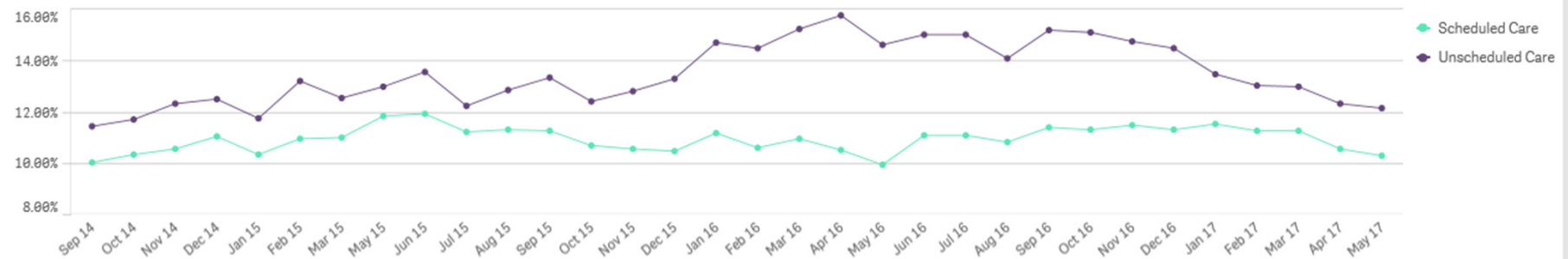
Recruitment Rate
14.98%

Retention Rate
96.25%

Retention Rate by Care Group



Recruitment Rate by Care Group



Quality and Safety



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Quality and Safety

Section one: Our Key Quality Measures

Measure	Year end 16/17	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	April 17	May 17	Year to date 2017/18	Monthly Target 2017/18	Annual Target 2017/18
Infection Prevention and Control																
Clostridium Difficile infections reported	21	3	0	1	3	2	2	2	0	1	3	4	3	7	2	25
MRSA Bacteraemia Infections	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
MSSA Bacteraemia Infections	9	1	0	0	1	1	1	0	0	2	1	0	1	1	None	None
E. Coli Bacteraemia Infections	31	3	2	7	0	6	7	1	0	3	1	1	1	2	None	None
MRSA Screening (elective) (%)	95.2	95.1	95.1	95.2	95.1	95.8	91.2	94.8	95.0	95.8	95.5	95.4	95.9	95.65	95%	95%
MRSA Screening (non elective) (%)	94.4	93.1	93.4	95.1	93.9	94.2	94.7	94.7	95.0	94.2	95.2	96.3	95.0	95.6	95%	95%
In Service Pressure Ulcer Incidence																
Grade 2 Avoidable	30	1	4	3	1	6	2	2	4	0	2	0	1	1	0	0
Grade 2 Unavoidable	110	11	12	14	7	9	13	9	4	9	7	3	9	3	None	None
Grade 3 Avoidable	9	1	1	1	0	3	2	1	0	0	0	0	0	0	0	0
Grade 3 Unavoidable	9	0	0	1	0	1	0	0	1	4	1	0	1	0	None	None
Grade 4 Avoidable	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Grade 4 Unavoidable	2	0	0	0	0	0	0	0	0	1	1	0	0	0	None	None
Patient Falls																
Falls reported as serious incidents	5	1	1	0	0	0	1	1	0	0	0	0	0	0	None	None
All Serious Incidents Reported																
Number of Serious Incidents	63	10	4	5	5	7	6	2	4	3	1	3	5	8	None	None
Never Events																

Quality and Safety cont...

Measure	Year end 16/17	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	April 17	May 17	Year to date 2017/18	Monthly Target 2017/18	Annual Target 2017/18
Never Events	5	0	0	1	1	0	3	0	0	0	0	0	0	0	0	0
NHS Safety Thermometer Point Prevalence Trust Level Data																
Harm Free Care (%)	94.17%	93.0	96.0	93.66	93.56	94.9	96.33	93.54	95.49	92.54	93.93	94.31	94.81	94.56	95%	95%
No New Harms (%)	97.94%	96.0	99.0	98.25	97.81	98.58	99.27	98.16	98.62	96.77	97.16	98.47	98.18	98.33	None	None
Safer Surgery																
WHO Safe Surgery Checklist (%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%
Venous Thromboembolism (VTE) Risk Assessment																
VTE Assessment		95.5	95.8	95.55	95.74	96.01	95.64	95.31	95.66	95.34	95.96				95%	95%
Mixed Sex Accommodation (MSA)																
MSA including ITU discharge delays > 12hrs	361	43	27	25	32	31	39	27	33	30	26	17	62	79	None	None
Patient, Family and Carer Experience																
Complaints (No)	424	32	31	41	24	37	41	31	47	45	49	44	56	100	None	None
Friends and Family Response Rate (%)	23.8%	15.3	21.6	30.7	26.5	20	23.5	20.7	20.0	22.0	23.8	32.2	22.5	27.35	None	None
Friends and Family Test Score (%)	96.6%	98.1	96.5	95.8	96.2	95.8	96.0	96.5	96.6	96.7	96.6	97.1	96.7	96.9	75%	75%
Real Time Experience Metrics																
Nursing Performance Score (%)		96.0	96.0	96.0		87.9	90.2	93.2	89.7	90.6	90.4	92.6	92.0	92.3	90%	90%
Patient Experience Score (%)		81.0	87.0	88.0		89.1%	88.7%	91%	89.2	89.7	90.2	90.2	90.2	90.2	90%	90%

Finance

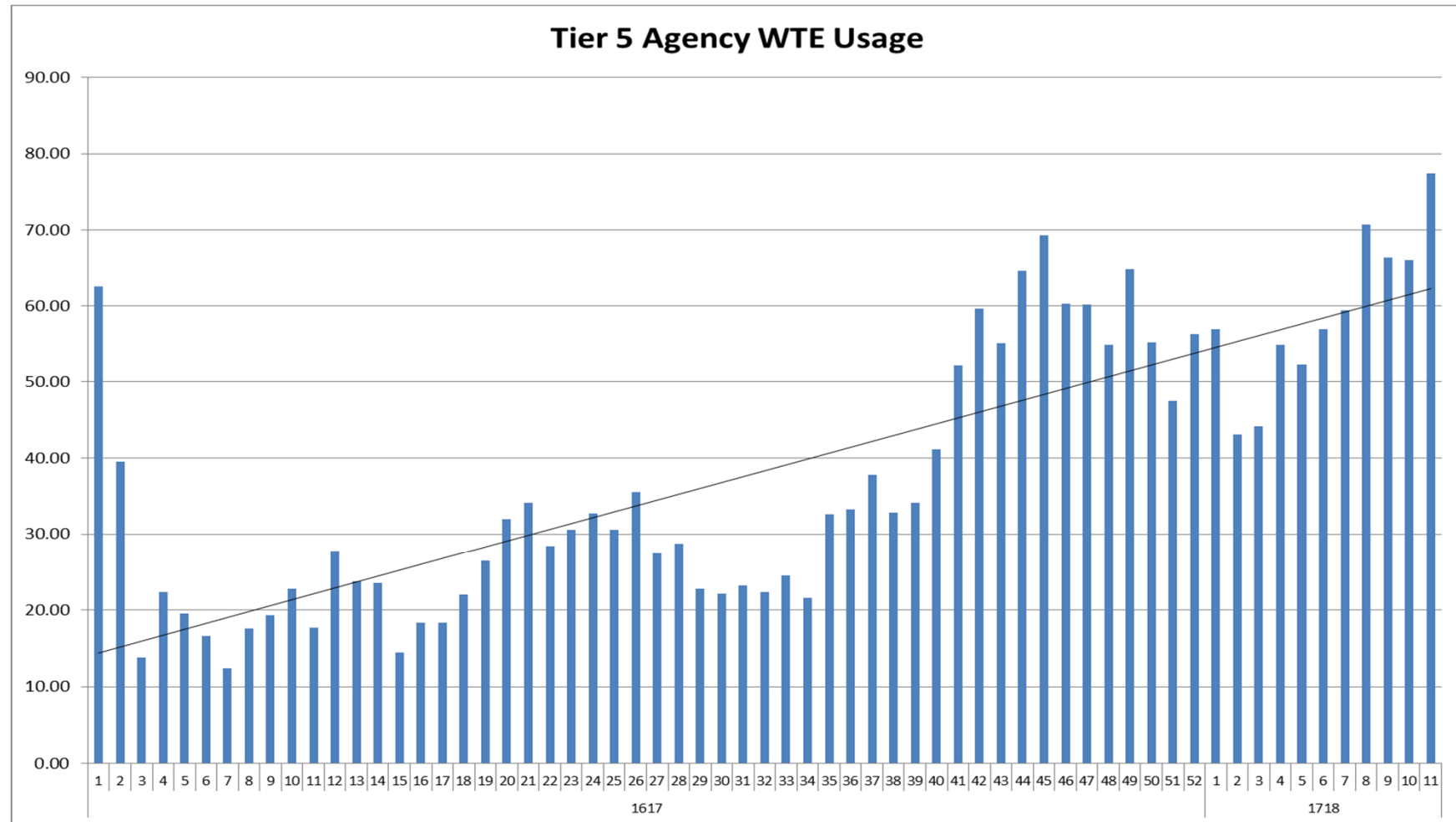


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The position at Month 2

		Financial Plan	YTD Plan	YTD Actual	Variance
		£000s	£000s	£000s	£000s
Income		357,695	57,084	56,945	(139)
Pay		(241,070)	(39,635)	(40,326)	(691)
Non-pay and Reserves		(108,172)	(17,732)	(18,249)	(517)
Total expenditure		(349,242)	(57,367)	(58,575)	(1,208)
EBITDA		8,453	(283)	(1,630)	(1,347)
Finance Costs		(14,516)	(2,425)	(2,345)	80
Surplus/(deficit) before CIP Requirement		(6,063)	(2,708)	(3,975)	(1,268)
CIP Delivery Requirement			0		0
Surplus/(deficit) after CIP Requirement		(6,063)	(2,708)	(3,975)	(1,268)
Re-phasing of CIP			0		0
Phased spend adjustment			802	1,267	465
Plan as described in NHSI Financial Template		(6,063)	(1,906)	(2,708)	(803)

Tier 5 Agency WTE Usage



Delivery of the Agency Ceiling

	Agency Ceiling Year to Date	Agency Expenditure Year to Date	Year to Date Under /(over)	Annual Agency % of Agency Ceiling Cap spent YTD
	£000	£000	£000	%
Agency Expenditure	2,080	2,835	(755)	27%

Total agency spend for the first two months of the year amounted to £2.835m , £755k above the Agency Ceiling Level set by NHSI. In these two months we have spent 27% of the total agency ceiling value of £10.559m.

CIP Delivery

Scheme	Savings Target In Year	M2 Plan £000	M2 Actual	YTD Variance	Identified IEP CIP PYE	Forecast Variance	RAG
Procurement	1600	158	158	0	1600	0	G
Outpatient Theatre Review	1200	0	0	0	600	-600	G
Corporate Services	500	83	28	-55	477	-23	G
W&C's tier 1/2/3	201	31	31	0	167	-34	AG
Unavailability Improvement	650	0	16	16	16	-634	R
Bed Realignment	1000	0	0	0	0	-1000	RA
Bank Rate Review	220	0	0	0	0	-220	R
SCG tier 1/2/3	413	68	20	-48	20	-393	RA
USCG tier 1/2/3	580	96	0	-96	0	-580	R
Agency Cap Savings	1050	112	2	-110	0	-1050	RA
Cease all HCA Agency	90	2	0	-2	0	-90	R
Carter Support Services	375	42	35	-7	315	-60	A
Total	7879	592	290	-302	3195	-4684	

Forecast Outturn

Given the overspend that exists to date, the expected position at the end of the 2017/18 financial year is a £13.880 million deficit, assuming the current trends continue and no corrective action is taken. This takes us to £7.800 million above the agreed control total with NHSI.

			April	May	June	July	August	September	October	November	December	January	February	March	Total
Income			26727	30218	28860	29999	27934	30577	32143	30826	29105	30312	29392	30774	356866
Pay			-19810	-20516	-20430	-20422	-20392	-20607	-20539	-20618	-20785	-20790	-20623	-20669	-246201
Non Pay			-8588	-9661	-9016	-9014	-8801	-9307	-9577	-9264	-9114	-9324	-9335	-9473	-110474
Total Expenditure			-28398	-30177	-29447	-29436	-29193	-29914	-30116	-29882	-29900	-30114	-29958	-30142	-356675
EBITDA			-1671	41	-587	563	-1259	663	2027	944	-794	197	-566	632	190
Finance Costs			-1151	-1194	-1173	-1173	-1173	-1173	-1173	-1173	-1173	-1173	-1173	-1173	-14070
Surplus / (deficit)			-2822	-1153	-1759	-610	-2432	-509	855	-229	-1967	-975	-1738	-541	-13880
Cumulative			-2822	-3975	-5734	-6344	-8775	-9285	-8430	-8659	-10626	-11601	-13339	-13880	

Forecast Outturn – Reasons for Overspend

The table below highlights the reasons as to why the Trust is now forecasting a deficit of £13.880 million.

	£000's
CIP underachievement	4,700
Tier 5 agency usage	2,400
Escalation	100
Income Shortfall	600
Total	7,800