

Trust Board

Agenda Item	8.	Date: 26.07.17																																													
Title of Report	Performance report M3																																														
Purpose of the report and the key issues for consideration/decision	The Board are asked to receive and note the M3 performance report. This has been discussed at F&I Committee.																																														
Prepared by: Name & Title	BI																																														
Presented by:	Mary Fleming – Director of Operations and Performance Pauline Law – Director of Nursing																																														
Action Required (please X)	Approve		Adopt		Receive for information x																																										
Strategic/Corporate Objective(s) supported by this paper	BAF objectives: To meet all national access targets and to deliver safe, high quality, effective, evidence-based patient care																																														
Is this on the Trust's risk register?	No	On the BAF	Yes		If Yes, Score																																										
Which Standards apply to this report?	<table border="1"> <tr> <td>CQC</td> <td>x</td> </tr> <tr> <td>NHSLA</td> <td>x</td> </tr> <tr> <td>BAF Objectives</td> <td>x</td> </tr> <tr> <td>WWL Wheel</td> <td>x</td> </tr> </table>					CQC	x	NHSLA	x	BAF Objectives	x	WWL Wheel	x																																		
CQC	x																																														
NHSLA	x																																														
BAF Objectives	x																																														
WWL Wheel	x																																														
Have all implications related to this report been considered?	<table border="1"> <thead> <tr> <th></th> <th>Yes/No/NA</th> <th>Any Action Required</th> <th></th> <th>Yes/No/NA</th> <th>Any Action Required</th> </tr> </thead> <tbody> <tr> <td>Finance Revenue & Capital</td> <td>Na</td> <td>Na</td> <td>Equality & Diversity</td> <td>Na</td> <td>Na</td> </tr> <tr> <td>National Policy/Legislation</td> <td>Y</td> <td></td> <td>Patient Experience</td> <td>Y</td> <td></td> </tr> <tr> <td>NHS Contract</td> <td>Y</td> <td></td> <td>Governance & Risk Management</td> <td>Y</td> <td></td> </tr> <tr> <td>Human Resources</td> <td>Y</td> <td></td> <td>Terms of Authorisation</td> <td>Y</td> <td></td> </tr> <tr> <td>Consultation / Communication</td> <td>Na</td> <td>Na</td> <td>Human Rights</td> <td>Na</td> <td>Na</td> </tr> <tr> <td>Other:</td> <td>Na</td> <td>Na</td> <td>Carbon Reduction</td> <td>Na</td> <td>Na</td> </tr> </tbody> </table> <p>If action required please state:</p>						Yes/No/NA	Any Action Required		Yes/No/NA	Any Action Required	Finance Revenue & Capital	Na	Na	Equality & Diversity	Na	Na	National Policy/Legislation	Y		Patient Experience	Y		NHS Contract	Y		Governance & Risk Management	Y		Human Resources	Y		Terms of Authorisation	Y		Consultation / Communication	Na	Na	Human Rights	Na	Na	Other:	Na	Na	Carbon Reduction	Na	Na
	Yes/No/NA	Any Action Required		Yes/No/NA	Any Action Required																																										
Finance Revenue & Capital	Na	Na	Equality & Diversity	Na	Na																																										
National Policy/Legislation	Y		Patient Experience	Y																																											
NHS Contract	Y		Governance & Risk Management	Y																																											
Human Resources	Y		Terms of Authorisation	Y																																											
Consultation / Communication	Na	Na	Human Rights	Na	Na																																										
Other:	Na	Na	Carbon Reduction	Na	Na																																										

Previous Meetings

Please insert the date the paper was presented next to the relevant group

ECC	Audit Committee	Quality & Safety Committee	Finance & Investment Committee	Management Board	IM&T Strategy Committee	HR Committee	NED	Other
Na	Na	Na	18.07.17	Na	Na	Na	Na	Na



Board Performance Report

June 2017

Your hospitals, your health, our priority

About the Trust

Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) is a major acute Trust serving the people of the Borough of Wigan a population of over 300,000.

The Trust employs approximately 5,000 members of staff, all of whom play their part in delivering high quality, safe and effective patient care from the following facilities:

Royal Albert Edward Infirmary – our main district general hospital site, located in central Wigan, that hosts our Accident and Emergency Department

Wrightington Hospital – a specialist centre of orthopaedic excellence

Leigh Infirmary – an outpatient, diagnostic and treatment centre

Thomas Linacre Centre – a dedicated outpatient centre in central Wigan

WWL Eye Unit – a specialist ophthalmology unit based at Boston House in central Wigan

About the Report

This report is designed to provide a clear insight into the Quality & Performance of the Trusts services.

We hope you find the report intuitive however please feel free to send any queries to BI.Performance.Report@wwl.nhs.uk who will be more than happy to help.

Key Contacts

Chief Executive
Deputy Chief Executive & Director of Finance
Director of Operations & Performance
Director of Nursing
Director of Strategy & Planning
Director of Workforce
Medical Director

Andrew Foster
Rob Forster
Mary Fleming
Pauline Law
Richard Mundon
Alison Balson
Sanjay Arya

Change Log

ID	Version No.	Change	Change Date	Requested By	Authorised By
24	2.0	Consistent calculation of Serious Harms total	18/07/2017	Mary Fleming	Andrew Foster
23	2.0	Removal of Number of IP Discharges from Productivity Part 1	12/07/2017	Mary Fleming	BI
22	2.0	Addition of NWS Conveyances from Care Homes to Access A&E page	07/07/2017	Mary Fleming	BI
21	2.0	Addition of NWS Handovers > 15 mins to Access A&E page	07/07/2017	Mary Fleming	BI
20	2.0	Addition of NWS Average Handover Time to Access A&E page	07/07/2017	Mary Fleming	BI
19	2.0	Addition of A&E Attendances resulting in Admission % Aged 75+ to Access A&E page	07/07/2017	Mary Fleming	BI
18	2.0	Addition of A&E Attendances % Aged 75+ to Access A&E page	07/07/2017	Mary Fleming	BI
17	2.0	Addition of A&E Attendances resulting in Admission to Access A&E page	07/07/2017	Mary Fleming	BI
16	2.0	Addition of A&E Attendances Out Of Area to Access A&E page	07/07/2017	Mary Fleming	BI
15	2.0	Re-ordering of Harm Free page into two pages to reflect Harm Free and Infections	07/07/2017	Mary Fleming	BI

Report Considerations

Provisional Positions (based on information still being validated)

Access - Diagnostic Metrics

Other

Executive Summary (June 2017)

Objective	Page(s)	No Target	Green Metrics	Amber Metrics	Red Metrics	Total Metrics
1.1 : Harm Free	4	4	3	0	4	11
1.2 : Harm Free - Infections	5	3	7	0	2	12
2 : Mortality	6	5	1	2	3	11
3.1 : Access - Part 1	7	1	4	0	4	9
3.2 : Access - Part 2	8	1	7	0	2	10
3.3 : Access - Cancer	9	1	7	0	0	8
3.4 : Access - Tumour Pathways	10	0	6	0	3	9
3.5 : Access - A&E	11	9	0	0	1	10
4.1 : Productivity - Part 1	12	5	1	0	3	9
4.2 : Productivity - Part 2	13	0	0	1	3	4
5.1 : Midwifery - Part 1	14	0	6	0	5	11
5.2 : Midwifery - Part 2	15	1	7	0	2	10
6.1 : Patient Experience - Part 1	16	2	7	1	0	10
6.2 : Patient Experience - Part 2	17	0	4	0	1	5
7 : Workforce	18	3	1	1	3	8
NHSI	19	1	8	0	1	10
Total		36	69	5	37	147

Highlights

Latest HSMR was low. WWL remains under trajectory for Cdif. The Trust has had no MRSA or any grade 3/4 pressure ulcers. The Trust continues its strong performance against cancer, 18 weeks and diagnostic national targets. The number of patients having their hospital appointment cancelled has fallen for the 3rd consecutive month. The combined performance of A&E and Walk in Centre activity has resulted in achievement of the percentage of Sustainability and Transformational funding associated with A&E 4 hour performance. Patient experience surveys show improvements in most questions.

Lowlights

June had higher than average number of deaths in hospital. We have received a Prevent Future Death Notification and work continues to understand the mortality data. Number of moderate falls have increased this month. Attendances to A&E and subsequent admissions increased in June, bed occupancy remains high, length of stay has increased and A&E performance has deteriorated.

* Summary based on latest available data ~ RAG based on whether actual is achieving target

1.1 : Harm Free

Metric Title	Target	Latest			Trend	Previous		YTD		Latest 13 Months			
		Actual	Period	RAG		Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
Harms: Total	**	77	Jun-17		↑	67	May-17	212		67		111	Jun-16 to Jun-17
Serious Harms: Total	*	4	Jun-17		↑	3	May-17	10		3		11	Jun-16 to Jun-17
Serious Harms: Number of Never Events	<=0	0	Jun-17	●	→	0	May-17	0	●	0		0	Jun-16 to Jun-17
Serious Harms: Number of Serious Falls	<=0	1	Jun-17	●	↑	0	May-17	1	●	0		1	Jun-16 to Jun-17
Serious Harms: Grade 3-4 Pressure Ulcers	**	0	Jun-17	●	→	0	May-17	0	●	0		2	Jun-16 to Jun-17
Number of Serious Incidents	<=0	2	Jun-17	●	↓	3	May-17	8	●	0		5	Jun-16 to Jun-17
Mod/Low Harms: Hospital Acquired Pressure Ulcer Grade 2	**	2	Jun-17		↑	0	May-17	3		0		5	Jun-16 to Jun-17
Mod/Low Harms: Number of Moderate Falls	<=0	5	Jun-17	●	↑	1	May-17	8	●	0		5	Jun-16 to Jun-17
Mod/Low Harms: Safety Thermometer	>=95.0%	99.53%	Jun-17	●	↑	96.56%	May-17	98.56%	●	96.56%		99.73%	Jun-16 to Jun-17
Mod/Low Harms: Settled Clinical Litigation Cases	*	0	Jun-17		↓	6	May-17	7		0		8	Jun-16 to Jun-17
Mod/Low Harms: VTE Assessments (% of Admissions)	>=90.0%	85.81%	Jun-17	●	↑	83.24%	May-17	83.78%	●	76.34%		95.16%	Jun-16 to Jun-17

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed – based on assumption

During June 2017 there were two incidents which met external reporting criteria. The Safety Thermometer, a point prevalence survey undertaken one day a month, identified that out of 430 patients surveyed, 99.5% had not suffered harm in hospital. 1 serious fall and 5 falls resulting in moderate harm were reported in June 2017. There was an improvement in relation to compliance with undertaking VTE assessments within 24 hours of admission. Achieving a reduction in serious and moderate falls, and achieving over 90% compliance with VTE assessments are priorities for 2017-18, published in the Trusts Quality Account.

1.2 : Harm Free - Infections

Metric Title	Target	Latest			Trend	Previous		YTD		Latest 13 Months			
		Actual	Period	RAG		Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
Infections: Total	**	5	Jun-17		↓	7	May-17	16		3		11	Jun-16 to Jun-17
Serious Harms: Infections: Clostridium Difficile (CDT)	<=1	1	Jun-17	●	→	1	May-17	3	●	0		4	Jun-16 to Jun-17
Serious Harms: Infections: Clostridium Difficile Lapses in Care	<=0	0	Jun-17	●	→	0	May-17	0	●	0		2	Jun-16 to Jun-17
Serious Harms: Infections: MRSA	<=0	0	Jun-17	●	→	0	May-17	1	●	0		1	Jun-16 to Jun-17
Serious Harms: Infections: MRSA - Avoidable Cases	<=0	0	Jun-17		→	0	May-17	0		0		0	May-17 to Jun-17
Serious Harms: Infections: MSSA	<=0	1	Jun-17	●	↑	0	May-17	1	●	0		4	Jun-16 to Jun-17
Serious Harms: Infections: E-coli	<=0	1	Jun-17	●	↓	2	May-17	4	●	0		7	Jun-16 to Jun-17
Serious Harms: Infections: Central Line	<=0	0	Jun-17	●	→	0	May-17	0	●	0		1	Jun-16 to Jun-17
Serious Harms: Infections: Ventilator Acquired Pneumonia	<=0	0	Jun-17	●	→	0	May-17	0	●	0		0	Jun-16 to Jun-17
Infections: Catheter Associated Urinary Tract	<=0	0	Jun-17	●	↓	1	May-17	2	●	0		1	Jun-16 to Jun-17
Infections: Klebsiella	**	2	Jun-17		→	2	May-17	4		0		2	Apr-17 to Jun-17
Infections: Pseudomonas	**	0	Jun-17	●	↓	1	May-17	1		0		1	Apr-17 to Jun-17

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed - based on assumption

One episode of C.difficile infection bringing year to date total to 3 cases. There are 0 lapses in care. This is a significant improvement over the situation at the same point last year and remains on target to achieve the annual reduction target.

2 : Mortality

Metric Title	Latest				Trend	Previous		YTD		Latest 13 Months			
	Target	Actual	Period	RAG		Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
Number of Hospital Deaths	**	114	Jun-17		↑	91	May-17	328		83		155	Jun-16 to Jun-17
Hospital Crude Death Rate	**	1.68%	Jun-17		↑	1.37%	May-17	1.68%		1.22%		2.42%	Jun-16 to Jun-17
PFD Coroner Notifications	*	1	Jun-17		↑	0	May-17	1		0		1	Jun-16 to Jun-17
Deaths after Readmission	**	32	Jun-17		↑	18	May-17	91		18		44	Jun-16 to Jun-17
SHMI over rolling 12 months	<=90	117.5	Dec-16	●	↑	114.2	Sep-16	N/A		110.9		115.6	Dec-15 to Sep-16
HSMR (Latest Month)	<=90	98.9	Mar-17	●	↓	115.3	Feb-17	0.0		93.6		130.0	Jun-16 to Feb-17
HSMR (Latest YTD)	*	112.8	Mar-17			-	-	0.0		-		-	to
HSMR Non Palliative Care	<=90	100.5	Mar-17	●	↓	112.7	Feb-17	0.0		98.5		133.3	Jun-16 to Feb-17
HSMR Palliative Care	<=90	94.2	Mar-17	●	↓	123.3	Feb-17	0.0		80.7		130.6	Jun-16 to Feb-17
HSMR Weekday	<=90	107.9	Mar-17	●	↓	109.4	Feb-17	0.0		96.8		136.1	Jun-16 to Feb-17
HSMR Weekend	<=90	78.5	Mar-17	●	↓	131.0	Feb-17	0.0		74.8		137.6	Jun-16 to Feb-17

Commentary (Page Owner : Medical Director)

*Threshold not confirmed
**Threshold not confirmed – based on assumption

The HSMR published in June 2017 (for March 2017) was 98.9 which is low. HSMR for the preceding 9 months was above average. The latest SHMI data available (rolling 12 months from Jan 2016 to Dec 2016) remains high at 117.5. In June there were 114 deaths in hospital, 14 higher than average. The recently established Mortality Group continues work to understand the mortality data with support from NHS Improvement, AQUA and Public Health. The Trust received a PFD notification in June 2017 from HM Coroner related to communication with a specialist service at another Trust. The Trust's response is being presented to the July 2017 Trust Board.

3.1 : Access - Part 1

Metric Title	Target	Latest				Trend	Previous		YTD		Latest 13 Months			
		Actual	Period	RAG	Actual		Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period	
Access: 18 Weeks Referral To Treatment Incomplete Pathway	>=92.0%	95.58%	Jun-17	●	↓	95.79%	May-17	95.68%	●	95.07%		96.28%	Jun-16 to Jun-17	
Access: Referral to Treatment over 52 weeks wait	<=0	0	Jun-17	●	→	0	May-17	0	●	0		0	Jun-16 to Jun-17	
Outpatients: Backlog of Follow Ups	**	9,434	Jun-17		↓	9,713	May-17	N/A		8,992		9,759	Nov-16 to Jun-17	
Stroke - High Risk TIA Patients Treated within 24 Hrs	>=60.0%	82.61%	Jun-17	●	↓	88.89%	May-17	83.33%	●	50.00%		94.44%	Jun-16 to Jun-17	
Stroke - Stroke Patients spending 90% of their Hospital Stay on a Stoke unit	>=80.0%	82.76%	Jun-17	●	↑	80.00%	May-17	81.48%	●	75.76%		91.67%	Jun-16 to Jun-17	
Diagnostics: Endoscopy - Colonoscopy	>=99.0%	96.90%	Jun-17	●	↑	95.20%	May-17	95.67%	●	91.55%		99.68%	Jun-16 to Jun-17	
Diagnostics: Endoscopy - Cystoscopy	>=99.0%	97.96%	Jun-17	●	↑	96.05%	May-17	96.96%	●	91.78%		100.00%	Jun-16 to Jun-17	
Diagnostics: Endoscopy - Flexi sigmoidoscopy	>=99.0%	97.14%	Jun-17	●	↑	93.59%	May-17	96.43%	●	86.90%		100.00%	Jun-16 to Jun-17	
Diagnostics: Endoscopy - Gastroscopy	>=99.0%	94.80%	Jun-17	●	↓	95.14%	May-17	95.07%	●	94.80%		99.15%	Jun-16 to Jun-17	

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed - based on assumption

All clinical divisions continue to perform well against the national referral-to-treatment targets for incomplete pathways. No patients waited beyond 52 weeks for treatment. Both stroke and TIA indicators have achieved in June. Follow up backlogs in outpatients continue to be maintained or reduced in line with agreed trajectories. Hospital appointment cancellations have fallen for the 3rd consecutive month - and by 1.25% since April 2017. The total for the quarter is 6.8%. Cancellations with less than 6 weeks notice have fallen to below 5% for the first time since December 2016.

3.2 : Access - Part 2

Metric Title	Target	Latest				Trend	Previous		YTD		Latest 13 Months			
		Actual	Period	RAG	Actual		Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period	
Diagnostics: Imaging - Barium Enema	>=99.0%	0.00%	Jun-17				0.00%	May-17	100.00%	●	100.00%		100.00%	Jun-16 to Apr-17
Diagnostics: Imaging - Computed Tomography	>=99.0%	100.00%	Jun-17	●	→		100.00%	May-17	100.00%	●	99.87%		100.00%	Jun-16 to Jun-17
Diagnostics: Imaging - DEXA Scan	>=99.0%	100.00%	Jun-17	●	→		100.00%	May-17	100.00%	●	100.00%		100.00%	Jun-16 to Jun-17
Diagnostics: Imaging - Magnetic Resonance Imaging	>=99.0%	100.00%	Jun-17	●	→		100.00%	May-17	100.00%	●	99.88%		100.00%	Jun-16 to Jun-17
Diagnostics: Imaging - Non-obstetric ultrasound	>=99.0%	99.72%	Jun-17	●	↑		99.66%	May-17	99.77%	●	98.78%		100.00%	Jun-16 to Jun-17
Diagnostics: Physiological Measurement - Audiology - Audiology Assessments	>=99.0%	100.00%	Jun-17	●	→		100.00%	May-17	100.00%	●	99.12%		100.00%	Jun-16 to Jun-17
Diagnostics: Physiological Measurement - Cardiology - echocardiography	>=99.0%	100.00%	Jun-17	●	→		100.00%	May-17	99.34%	●	97.81%		100.00%	Jun-16 to Jun-17
Diagnostics: Physiological Measurement - Neurophysiology - peripheral neurophysiology	>=99.0%	97.83%	Jun-17	●	↓		100.00%	May-17	97.56%	●	90.41%		100.00%	Jun-16 to Jun-17
Diagnostics: Physiological Measurement - Urodynamics - pressures & flows	>=99.0%	92.86%	Jun-17	●	↓		98.21%	May-17	97.48%	●	92.86%		100.00%	Jun-16 to Jun-17
Diagnostics: Patients waiting over 6 weeks	>=99.0%	99.24%	Jun-17	●	↑		99.05%	May-17	99.11%	●	99.03%		99.52%	Jun-16 to Jun-17

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed - based on assumption

Radiology performed particularly well with a low number of patients breaching. Surgery continues to see the majority of patients in time. Please note that the diagnostic testing compliances are an indicative position.

3.3 : Access - Cancer

Metric Title	Latest					Previous		YTD		Latest 13 Months			
	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	>=93.0%	96.49%	Jun-17	●	↓	97.02%	May-17	97.01%	●	96.49%		99.19%	Jun-16 to Jun-17
Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	>=93.0%	95.17%	Jun-17	●	↓	96.40%	May-17	95.53%	●	95.09%		99.26%	Jun-16 to Jun-17
All Cancers: 31 day wait for diagnosis to first treatment	>=96.0%	98.10%	Jun-17	●	↓	99.03%	May-17	98.70%	●	98.10%		100.00%	Jun-16 to Jun-17
All Cancers: 31 day wait for second or subsequent treatment: anti cancer drug treatments	>=98.0%	100.00%	Jun-17	●	→	100.00%	May-17	100.00%	●	91.67%		100.00%	Jun-16 to Jun-17
All Cancers: 31 day wait for second or subsequent treatment: surgery	>=94.0%	100.00%	Jun-17	●	→	100.00%	May-17	100.00%	●	100.00%		100.00%	Jun-16 to Jun-17
All Cancers: 62 Day Cancer Standard Treated - Pre Allocation	**	91.58%	Jun-17		↓	92.31%	May-17	92.81%		91.58%		100.00%	Jun-16 to Jun-17
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment	>=85.0%	87.88%	Jun-17	●	↓	90.91%	May-17	90.12%	●	81.55%		98.15%	Jun-16 to Jun-17
All Cancers: 62 day wait for first treatment from consultant screening service referral	>=90.0%	100.00%	Jun-17	●	→	100.00%	May-17	100.00%	●	100.00%		100.00%	Jun-16 to Jun-17

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed – based on assumption

All 14, 31 and 62-day Cancer Waiting times targets have been achieved for June 2017. WWL's cancer performance against the national trajectory remains strong in comparison to Greater Manchester where several trusts are struggling to achieve the national access standards. For tumour specific commentary, please see the next page..

3.4 : Access - Tumour Pathways

Metric Title	Target	Latest				Previous		YTD		Latest 13 Months			
		Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
Cancer - Breast 62 Day Wait	>=85.0%	100.00%	May-17	●	→	100.00%	Apr-17	100.00%	●	100.00%		100.00%	Jun-16 to May-17
Cancer - Colorectal 62 Day Wait	>=85.0%	89.47%	May-17	●	↓	100.00%	Apr-17	91.67%	●	60.00%		100.00%	Jun-16 to May-17
Cancer - Gynaecology 62 Day Wait	>=85.0%	100.00%	May-17	●	→	100.00%	Apr-17	100.00%	●	55.56%		100.00%	Jun-16 to May-17
Cancer - Haematology 62 Day Wait	>=85.0%	33.33%	May-17	●	↓	66.67%	Apr-17	50.00%	●	33.33%		100.00%	Jun-16 to May-17
Cancer - Head & Neck 62 Day Wait	>=85.0%	100.00%	May-17	●	↑	50.00%	Apr-17	66.67%	●	33.33%		100.00%	Jun-16 to May-17
Cancer - Lung 62 Day Wait	>=85.0%	80.00%	May-17	●	↓	100.00%	Apr-17	84.62%	●	60.00%		100.00%	Jun-16 to May-17
Cancer - Skin 62 Day Wait	>=85.0%	100.00%	May-17	●	→	100.00%	Apr-17	100.00%	●	100.00%		100.00%	Jun-16 to May-17
Cancer - Upper GI 62 Day Wait	>=85.0%	60.00%	May-17	●	↓	71.43%	Apr-17	64.71%	●	40.00%		100.00%	Jun-16 to May-17
Cancer - Urology 62 Day Wait	>=85.0%	100.00%	May-17	●	→	100.00%	Apr-17	100.00%	●	82.35%		100.00%	Jun-16 to May-17

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed – based on assumption

We continue to improve our Tumour specific performance with 6 tumour sites exceeding the National 62-day year-to-date target compared with only 2 tumour sites achieving nationally. We have had 6 accountable breaches of the 62-day standard in May. These have been reviewed to establish areas for concern and where improvements can be made. The oesophageal pathway has been particularly challenging with 3 trusts involved in the diagnostics and treatment. The pathway usually involves many investigations which we need to improve waiting times to ensure quicker transfer time to the tertiary centres.

3.5 : Access - A&E

Metric Title	Target	Latest			Trend	Previous		YTD		Latest 13 Months			
		Actual	Period	RAG		Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
4 Hour A&E Breach Performance %	>=95.0%	85.72%	Jun-17	●	↓	90.70%	May-17	89.63%	●	76.61%		93.86%	Jun-16 to Jun-17
Number of A&E Attendances	*	7,737	Jun-17		↑	7,701	May-17	22,688		6,604		8,080	Jun-16 to Jun-17
Average Daily A&E Attendances	*	257.9	Jun-17		↑	248.4	May-17	249.3		221.0		260.6	Jun-16 to Jun-17
A&E Attendances: % Aged 75+	*	13.93%	Jun-17		↓	14.06%	May-17	14.18%		13.69%		16.37%	Jun-16 to Jun-17
A&E Attendances: Out of Area	*	877	Jun-17		↓	886	May-17	2,623		787		1,026	Jun-16 to Jun-17
NWAS: Average Handover Time	*	10.70	May-17		↓	11.07	Apr-17	N/A		10.55		11.73	Jun-16 to May-17
NWAS: Handovers > 15 minutes	*	412	May-17		↓	459	Apr-17	871		412		585	Jun-16 to May-17
NWAS: Conveyances from Care Homes	*	292	May-17		↑	278	Apr-17	570		276		394	Jun-16 to May-17
A&E Attendances: Result in Admissions	*	2,088	Jun-17		↓	2,229	May-17	6,410		1,761		2,229	Jun-16 to Jun-17
A&E Attendances: % Result in Admissions - Aged 75+	*	30.03%	Jun-17		↓	30.10%	May-17	30.64%		29.98%		34.34%	Jun-16 to Jun-17

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed - based on assumption

The Trust's 4hr performance in June was 85.72% and 89.6% for the Quarter, which was an improvement on March 17's position, therefore triggering the Sustainability and Transformation funding relating to A&E performance. The Trust maintains its position of 2nd overall in GM. The 95% target was hit on 5 days. The Red to Green Bed Day program was launched in the second week of June and has resulted in a reduction of length of stay in medicine by significantly reducing the number of patients with a length of stay of over 7 days.

4.1 : Productivity - Part 1

Metric Title	Latest					Previous		YTD		Latest 13 Months			
	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
Hospital Cancelled OP Appointments %	<=5.0%	6.23%	Jun-17	●	↓	6.78%	May-17	6.80%	●	5.97%		7.46%	Jun-16 to Jun-17
Hospital Cancelled OP Appointments < 6 weeks	<=0.0%	4.91%	Jun-17	●	↓	5.30%	May-17	5.29%	●	4.57%		5.71%	Jun-16 to Jun-17
Cancelled Operations %	<=0.8%	1.47%	Jun-17	●	↑	1.39%	May-17	1.43%	●	1.17%		2.65%	Jun-16 to Jun-17
Cancelled Operations: 2nd Urgent Hospital	<=0	0	Jun-17	●	→	0	May-17	0	●	0		0	Jun-16 to Jun-17
Average Spell LOS (Elective)	*	3.1	Jun-17		↓	3.7	May-17	3.3		3.0		3.7	Jun-16 to Jun-17
Average Spell LOS (Non Elective)	*	4.4	Jun-17		↑	4.3	May-17	4.2		4.0		5.0	Jun-16 to Jun-17
Delayed Transfers of Care	**	49	Jun-17		↑	33	May-17	118		33		64	Feb-17 to Jun-17
Delayed Transfer of Care Days	**	171	Jun-17		↓	182	May-17	540		171		219	Feb-17 to Jun-17
Number of Weekend Discharges	*	902	Jun-17		↑	867	May-17	2,819		780		1,071	Jun-16 to Jun-17

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed – based on assumption

Hospital appointment cancellations have fallen for the 3rd consecutive month. Cancellations with less than 6 weeks notice have fallen to below 5% for the first time since December 2016. The number of cancelled operations for non-clinical reasons increased in June compared to May. This was mainly due to running out of theatre time and inappropriate listing of patients for Leigh. There were 6 cancellations due to unforeseen nurse sickness. All non-clinical cancellations are reviewed and actions are identified within the Division to avoid recurrence. WWL remains the top performing trust in GM for the lowest number of Delayed Transfers of Care.

4.2 : Productivity - Part 2

Metric Title	Target	Latest				Trend	Previous		YTD		Latest 13 Months			
		Actual	Period	RAG	Actual		Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period	
Theatre Effectiveness % - Total	>=70.0%	64.00%	Jun-17	●	↓	66.00%	May-17	N/A		63.00%		67.00%	Jun-16 to Jun-17	
Theatre Effectiveness % - RAEI	>=70.0%	61.00%	Jun-17	●	↑	59.00%	May-17	N/A		52.00%		65.00%	Jun-16 to Jun-17	
Theatre Effectiveness % - Wrightington	>=70.0%	67.00%	Jun-17	●	↓	71.00%	May-17	N/A		67.00%		74.00%	Jun-16 to Jun-17	
Theatre Effectiveness % - Leigh	>=70.0%	49.00%	Jun-17	●	↓	52.00%	May-17	N/A		44.00%		55.00%	Jun-16 to Jun-17	

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed – based on assumption

Theatre effectiveness at Wrightington decreased to 67% during June, primarily due to an increase in cancellations on the day of surgery - there were 66 cancellations compared to an average of around 40. The biggest cause of cancellation was patients not attending (13). Surgery saw a slight increase in cancelled operations in June at 7% vs 6% in May. This was heavily effected by 6 paediatric cancellations due to on the day nurse sickness. Theatre effectiveness at Leigh decreased in June at 49% vs 52% in May. A long term piece of work to improve Leigh Theatre Effectiveness is under way.

5.1 : Midwifery - Part 1

Metric Title	Target	Latest			Trend	Previous		YTD		Latest 13 Months			
		Actual	Period	RAG		Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
Maternity: Midwife / Birth Ratio	<=1.30	1.28	Jun-17	●	↑	1.27	May-17	N/A		1.00		1.28	Jun-16 to Jun-17
Maternity: Skills drills/2 day Mandatory Training Attendance	>=48.0%	39.00%	Jun-17	●	↑	34.00%	May-17	N/A		0.00%		96.00%	Jun-16 to Jun-17
Maternity: Total monthly bookings	>=240	222	May-17	●	↓	246	Mar-17	222	●	0		280	Jun-16 to Jun-17
Maternity: Booked by 12.6 Weeks	>=90.0%	96.21%	May-17	●	↑	91.12%	Apr-17	N/A		87.89%		97.15%	Jun-16 to May-17
Maternity: Induction of Labour	<=30.0%	29.46%	Jun-17	●	↓	33.75%	May-17	N/A		24.23%		40.50%	Jun-16 to Jun-17
Maternity: Normal Deliveries	>=60.0%	60.08%	Jun-17	●	↑	59.02%	May-17	N/A		58.43%		69.26%	Jun-16 to Jun-17
Maternity: Water Births	>=8	15	Jun-17	●	↑	12	May-17	34	●	7		17	Jun-16 to Jun-17
Maternity: Instrumental Deliveries	<=10.0%	10.85%	Jun-17	●	↑	10.25%	May-17	N/A		5.95%		14.73%	Jun-16 to Jun-17
Maternity: Elective Caesarean Sections	<=15.0%	11.62%	Jun-17	●	↑	11.47%	May-17	N/A		6.64%		15.25%	Jun-16 to Jun-17
Maternity: Emergency / Non Elective Caesarean Sections	<=17.0%	17.45%	Jun-17	●	↓	19.26%	May-17	N/A		12.72%		20.16%	Jun-16 to Jun-17
Maternity: Total Caesarean Sections	<=27.0%	29.07%	Jun-17	●	↓	30.73%	May-17	N/A		22.80%		32.05%	Jun-16 to Jun-17

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed – based on assumption

Total births have increased by 14 with an increase in normal births and a reduction in both emergency and total caesarean section rates compared to last month. Induction of labour rate has reduced to below 30% for the first time in 2017 but remains high due to the reduced fetal movement/fetal growth pathways thresholds. A regional review of the reduced fetal movement pathway is currently in progress.

5.2 : Midwifery - Part 2

Metric Title	Latest					Previous		YTD		Latest 13 Months			
	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
Maternity: Total Births	>=240	258	Jun-17	●	↑	244	May-17	711	●	204		262	Jun-16 to Jun-17
Maternity: Episiotomy with normal birth	<=6.0%	5.19%	Jun-17	●	↑	3.47%	May-17	N/A		2.11%		6.08%	Jun-16 to Jun-17
Maternity: 3rd/4th degree tears	<=3.0%	0.78%	Jun-17	●	↓	2.46%	May-17	N/A		0.40%		2.46%	Jun-16 to Jun-17
Maternity: Initiation of breastfeeding	>=53.0%	51.55%	Jun-17	●	↑	51.00%	May-17	N/A		48.79%		58.01%	Jun-16 to Jun-17
Maternity: Average post-natal length of stay	<=1.5	1.8	Jun-17	●	→	1.8	May-17	N/A		1.5		2.4	Jun-16 to Jun-17
Maternity: Still Births (>24 weeks)	<=1	1	Jun-17	●	→	1	May-17	2	●	0		4	Jun-16 to Jun-17
Maternal Readmissions within 30 Days	<=5	1	Jun-17	●	↑	0	May-17	1	●	0		3	Jun-16 to Jun-17
Maternal admissions to ICU	<=2	0	Jun-17	●	→	0	May-17	1	●	0		1	Jun-16 to Jun-17
Maternity Complaints	<=2	2	Jun-17	●	↑	0	May-17	5	●	0		3	Jun-16 to Jun-17
Maternity: New Claims	*	1	Jun-17		↑	0	May-17	1		0		1	Dec-16 to Jun-17

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed – based on assumption

An increase in observations/investigations required for babies that are small for gestational age or preterm has increased length of stay. A decrease in 3rd/4th degree tears has been accompanied by an increase in the episiotomy rate. A review of episiotomies in normal births continues. Skills drills training in June was 3% below the monthly target. A slight increase in women birthing in the pool or using water for analgesia in labour has been noted and promoted in order to encourage normality.

6.1 : Patient Experience - Part 1

Metric Title	Target	Latest				Trend	Previous		YTD		Latest 13 Months			
		Actual	Period	RAG	Actual		Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period	
Number of Complaints Upheld by Ombudsman	*	0	Jun-17		→	0	May-17	0		0		2	Dec-16 to Jun-17	
Percentage of Complaints Responded to on Time	*	75.00%	Jun-17		↓	75.68%	May-17	75.38%		71.00%		92.00%	Dec-16 to Jun-17	
RTPS: Did you find someone to talk to about your worries and fears?	>=90.0%	96.43%	Jun-17	●	↑	91.91%	May-17	92.19%	●	88.70%		97.22%	Jun-16 to Jun-17	
RTPS: Do you know which Doctor/Consultant is treating or looking after you?	>=90.0%	89.88%	Jun-17	●	↑	88.97%	May-17	86.49%	●	79.80%		90.37%	Jun-16 to Jun-17	
RTPS: Do you think the hospital staff did everything they could to help control your pain?	>=90.0%	95.24%	Jun-17	●	↓	96.32%	May-17	95.02%	●	93.33%		98.40%	Jun-16 to Jun-17	
RTPS: During your stay have you been treated with compassion by the hospital staff?	>=90.0%	99.40%	Jun-17	●	↑	99.26%	May-17	98.22%	●	96.00%		100.00%	Jun-16 to Jun-17	
RTPS: Has there been healthy food on the hospital menu?	>=90.0%	96.43%	Jun-17	●	↑	89.71%	May-17	92.54%	●	87.10%		97.73%	Jun-16 to Jun-17	
RTPS: Have staff treating and examining you introduced themselves?	>=90.0%	96.43%	Jun-17	●	↑	95.59%	May-17	96.09%	●	88.64%		99.26%	Jun-16 to Jun-17	
RTPS: Have you always had access to a call bell when you needed it?	>=90.0%	99.40%	Jun-17	●	↑	94.85%	May-17	96.10%	●	93.50%		100.00%	Jun-16 to Jun-17	
RTPS: Have you been given enough privacy when being examined treated or discussing your care?	>=90.0%	99.40%	Jun-17	●	↑	99.26%	May-17	99.64%	●	96.97%		100.00%	Jun-16 to Jun-17	

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed – based on assumption

In relation to the Real Time Patient Feedback, nearly all the questions demonstrated an improvement during June; the discharge question had a notable 16.14% improvement. Themes emerging from the follow up questions where discharge had yet to be discussed with patients, relates to patients waiting treatment/tests/scans or waiting for transfer to other hospitals. In relation to knowing which consultant is treating you, patients said that they sometimes struggle to remember names. Patient comments regarding the pain question is that there is a long delay in getting pain relief once it has been asked for.

6.2 : Patient Experience - Part 2

Metric Title	Latest					Previous		YTD		Latest 13 Months			
	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
RTPS: Have you been given the care you felt you required when you needed it most?	>=90.0%	98.21%	Jun-17	●	↑	95.59%	May-17	96.09%	●	93.46%		98.21%	Jun-16 to Jun-17
RTPS: Have you been involved as much as you wanted to be about your discharge home?	>=90.0%	72.02%	Jun-17	●	↑	55.88%	May-17	65.15%	●	54.25%		73.79%	Jun-16 to Jun-17
RTPS: Have you been involved as much as you wanted to be in decisions about your care and treatment?	>=90.0%	94.64%	Jun-17	●	↑	91.18%	May-17	93.24%	●	84.24%		95.17%	Jun-16 to Jun-17
RTPS: Have you been offered a choice of food during your stay?	>=90.0%	97.62%	Jun-17	●	↑	96.32%	May-17	97.51%	●	94.01%		99.30%	Jun-16 to Jun-17
RTPS: If your family or someone else close to you wanted to talk to a doctor did they have enough opportunity to do...	>=90.0%	95.24%	Jun-17	●	↑	91.91%	May-17	93.60%	●	88.82%		95.56%	Jun-16 to Jun-17

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed – based on assumption

During June 2017, there were 28 complaints due a response; 21 of the 28 complaint responses were sent within the timescales agreed with the complainant at the start of the complaints process (75%). One final report was issued by the Parliamentary Health Service Ombudsman (PHSO) and the complaint was not upheld.

7 : Workforce

Metric Title	Latest					Previous		YTD		Latest 13 Months			
	Target	Actual	Period	RAG	Trend	Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
Total Pay vs. Budget	<=0	366	Jun-17	●	↓	417	May-17	1,464	●	-25		858	Jun-16 to Jun-17
Temporary Staff Spend	<=0	1,189	Jun-17	●	↓	1,231	May-17	4,798	●	998		2,378	Jun-16 to Jun-17
Clinical & Non Clinical Overall Vacancy Rate	<=4.5%	7.24%	Jun-17	●	↑	5.84%	May-17	6.38%	●	2.51%		7.24%	Jun-16 to Jun-17
Sickness absence - Total	<=3.8%	4.11%	Jun-17	●	↑	3.78%	Apr-17	3.95%		3.76%		4.69%	Jun-16 to Jun-17
Quarterly Engagement Score	>=4	-	Jun-17	●	→	-	May-17	-		-		-	Jun-16 to Jun-17
Appraisals over rolling 12 months	*	89.12%	Jun-17		↑	87.10%	May-17	N/A		83.80%		91.80%	Jun-16 to Jun-17
Job Plan Compliance over rolling 12 months	*	18.11%	Jun-17		↓	19.20%	May-17	N/A		13.33%		20.59%	Jun-16 to Jun-17
Mandatory Training over rolling 12 months	*	95.87%	Jun-17		↓	95.90%	May-17	N/A		93.90%		96.70%	Jun-16 to Jun-17

Commentary (Page Owner : Director of Workforce)

*Threshold not confirmed
**Threshold not confirmed – based on assumption

The rolling 12-month absence rate for the period Jun 16 - May 17 has increased marginally to 4.18% (compared to 4.17% for period May 16 - Apr 17). The in-month sickness for May 17 has also increased to 4.11% compared to 3.78% in Apr 17). The vacancy rate for Jun 17 was 7.24% (compared to 5.84% reported in May 17). Temp spend in June 17 has decreased to £1,189k compared to £1,231k in May 17 (a decrease of £42k). The highest temp spend in Jun 17 was Add Sessions at £330k (an increase of £70k compared to £260k in May 17). However, this increase has been offset by a £73k decrease in Agency (£325k in Jun 17 compared to £398k in May 17).

NHSI Metrics

Metric Title	Target	Latest			Trend	Previous		YTD		Latest 13 Months			
		Actual	Period	RAG		Actual	Period	Actual	RAG	Min.	Sparkline Chart	Max.	Sparkline Period
4 Hour A&E Breach Performance %	>=95.0%	85.72%	Jun-17	●	↓	90.70%	May-17	89.63%	●	76.61%		93.86%	Jun-16 to Jun-17
Access: 18 Weeks Referral To Treatment Incomplete Pathway	>=92.0%	95.58%	Jun-17	●	↓	95.79%	May-17	95.68%	●	95.07%		96.28%	Jun-16 to Jun-17
All Cancers: 62 Day Cancer Standard Treated - Pre Allocation	**	91.58%	Jun-17		↓	92.31%	May-17	92.81%		91.58%		100.00%	Jun-16 to Jun-17
All Cancers: 62 day wait for first treatment from consultant screening service referral	>=90.0%	100.00%	Jun-17	●		100.00%	May-17	100.00%	●	100.00%		100.00%	Jun-16 to Jun-17
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment	>=85.0%	87.88%	Jun-17	●	↓	90.91%	May-17	90.12%	●	81.55%		98.15%	Jun-16 to Jun-17
Diagnostics: Patients waiting over 6 weeks	>=99.0%	99.24%	Jun-17	●	↑	99.05%	May-17	99.11%	●	99.03%		99.52%	Jun-16 to Jun-17
Serious Harms: Infections: Clostridium Difficile (CDT)	<=1	1	Jun-17	●		1	May-17	3	●	0		4	Jun-16 to Jun-17
Serious Harms: Infections: Clostridium Difficile Lapses in Care	<=0	0	Jun-17	●		0	May-17	0	●	0		2	Jun-16 to Jun-17
Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	>=93.0%	96.49%	Jun-17	●	↓	97.02%	May-17	97.01%	●	96.49%		99.19%	Jun-16 to Jun-17
Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	>=93.0%	95.17%	Jun-17	●	↓	96.40%	May-17	95.53%	●	95.09%		99.26%	Jun-16 to Jun-17

*Threshold not confirmed
**Threshold not confirmed - based on assumption