

Trust Board

| Agenda Item | 8. | Date: 27 September 2017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------|------------------------------|-----------|-------------------------|-----|-----------|---------------------|---|----------------|---------------------|---------------------------|----|----|----------------------|----|----|-----------------------------|---|--|--------------------|---|--|--------------|---|--|------------------------------|---|--|-----------------|---|--|------------------------|---|--|------------------------------|----|----|--------------|----|----|--------|----|----|------------------|----|----|
| Title of Report | Performance report M5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of the report and the key issues for consideration/decision | The Board are asked to receive and note the M5 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 | 19.09.17 | Na | Na | Na | Na | Na |



Board Performance Report

August 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 |
|----|-------------|---|-------------|---------------|---------------|
| 41 | 2.0 | Removal of 'Diagnostics: Physiological Measurement - Urodynamics - Pressures... | 10/08/2017 | Mary Fleming | BI |
| 40 | 2.0 | Removal of 'Diagnostics: Physiological Measurement - Neurophysiology - Periphe... | 10/08/2017 | Mary Fleming | BI |
| 39 | 2.0 | Removal of 'Diagnostics: Physiological Measurement - Cardiology' from Access P... | 10/08/2017 | Mary Fleming | BI |
| 38 | 2.0 | Removal of 'Diagnostics: Physiological Measurement - Audiology' from Access Pa... | 10/08/2017 | Mary Fleming | BI |
| 37 | 2.0 | Removal of 'Diagnostics: Imaging - Non-Obstetric Ultrasound' from Access Part 2 | 10/08/2017 | Mary Fleming | BI |
| 36 | 2.0 | Removal of 'Diagnostics: Imaging - Magnetic Resonance Imaging' from Access Part 2 | 10/08/2017 | Mary Fleming | BI |
| 35 | 2.0 | Removal of 'Diagnostics: Imaging - DEXA Scan' from Access Part 2 | 10/08/2017 | Mary Fleming | BI |
| 34 | 2.0 | Removal of 'Diagnostics: Imaging - Computed Tomography' from Access Part 2 | 10/08/2017 | Mary Fleming | BI |
| 33 | 2.0 | Removal of 'Diagnostics: Imaging - Barium Enema' from Access Part 2 | 10/08/2017 | Mary Fleming | BI |
| 32 | 2.0 | Removal of 'Diagnostics: Endoscopy - Gastroscopy' from Access Part 1 | 10/08/2017 | Mary Fleming | BI |
| 31 | 2.0 | Removal of 'Diagnostics: Endoscopy - Flexi Sigmoidoscopy' from Access Part 1 | 10/08/2017 | Mary Fleming | BI |
| 30 | 2.0 | Removal of 'Diagnostics: Endoscopy - Cystoscopy' from Access Part 1 | 10/08/2017 | Mary Fleming | BI |
| 29 | 2.0 | Removal of 'Diagnostics: Endoscopy - Colonoscopy' from Access Part 1 | 10/08/2017 | Mary Fleming | BI |
| 28 | 2.0 | Removal of 'Temporary Staff Spend' from Workforce Page | 10/08/2017 | Alison Balson | BI |
| 27 | 2.0 | Addition of 'Friends and Family Test - Recommendation as a Place for Treatment... | 10/08/2017 | Alison Balson | BI |

Report Considerations

Provisional Positions (based on information still being validated)

Cancer

Other

Executive Summary (August 2017)

| Objective | Page(s) | No Target | Green Metrics | Amber Metrics | Red Metrics | Total Metrics |
|-----------------------------------|---------|-----------|---------------|---------------|-------------|---------------|
| 1.1 : Harm Free | 4 | 4 | 4 | 0 | 3 | 11 |
| 1.2 : Harm Free - Infections | 5 | 2 | 7 | 0 | 3 | 12 |
| 2 : Mortality | 6 | 4 | 2 | 2 | 1 | 9 |
| 3.1 : Access | 7 | 1 | 5 | 0 | 0 | 6 |
| 3.2 : Access - Cancer | 8 | 1 | 7 | 0 | 0 | 8 |
| 3.3 : Access - Tumour Pathways | 9 | 0 | 8 | 0 | 1 | 9 |
| 3.4 : Access - A&E | 10 | 6 | 0 | 0 | 1 | 7 |
| 4.1 : Productivity - Part 1 | 11 | 5 | 1 | 0 | 3 | 9 |
| 4.2 : Productivity - Part 2 | 12 | 0 | 0 | 0 | 4 | 4 |
| 5.1 : Midwifery - Part 1 | 13 | 0 | 6 | 0 | 5 | 11 |
| 5.2 : Midwifery - Part 2 | 14 | 1 | 5 | 0 | 4 | 10 |
| 6.1 : Patient Experience - Part 1 | 15 | 1 | 9 | 0 | 0 | 10 |
| 6.2 : Patient Experience - Part 2 | 16 | 0 | 3 | 1 | 1 | 5 |
| 7 : Workforce | 17 | 0 | 2 | 2 | 6 | 10 |
| NHSI | 18 | 1 | 7 | 0 | 2 | 10 |
| Total | | 26 | 66 | 5 | 34 | 131 |

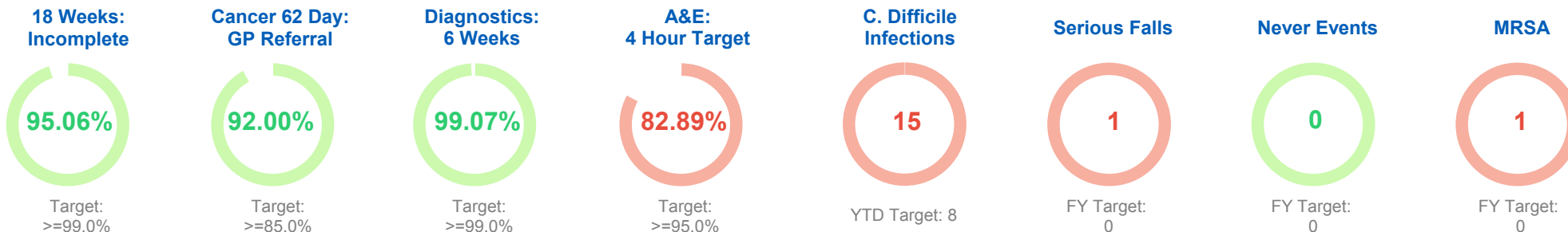
* Summary based on latest available data ~ RAG based on whether actual is achieving target

Highlights

The mortality rate (HSMR) reduced significantly when compared to the previous months. Cancer, 18 weeks and achievement of the stroke standards remains strong. Diagnostics has achieved after two consecutive month fails. On the Real Time Patient Experience survey results, there was a 100% response for "Have you been given enough privacy when being examined, treated or discussing your care?" There has been a significant increase in normal delivery rates within the month.

Lowlights

Theatre effectiveness remains below the expected standard across all the three sites, although the acute site has seen an improvement. The Trust continues to fail the A&E national minimum performance standard and is expected to fail the quarter. There have been 2 incidents escalated to StEIS within the month, further detail is provided on page 4 of the report.



1.1 : Harm Free

| Metric Title | Latest | | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|---|---------|--------|--------|-----|-------|----------|--------|--------|-----|------------------------------|------------|------------|------------------|
| | Target | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Harms: Total | ** | 69 | Aug-17 | | ↑ | 65 | Jul-17 | 345 | | | 65 | 111 | Aug-16 to Aug-17 |
| Serious Harms: Total | ** | 7 | Aug-17 | | ↓ | 8 | Jul-17 | 26 | | | 3 | 11 | Aug-16 to Aug-17 |
| Serious Harms: Number of Never Events | <=0 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 0 | ● | | 0 | 0 | Aug-16 to Aug-17 |
| Serious Harms: Number of Serious Falls | <=0 | 1 | Aug-17 | ● | ↑ | 0 | Jul-17 | 1 | ● | | 0 | 1 | Aug-16 to Aug-17 |
| Serious Harms: Grade 3-4 Pressure Ulcers | ** | 0 | Aug-17 | ● | → | 0 | Jul-17 | 0 | ● | | 0 | 2 | Aug-16 to Aug-17 |
| Number of Serious Incidents | <=0 | 2 | Aug-17 | ● | ↑ | 0 | Jul-17 | 10 | ● | | 0 | 5 | Aug-16 to Aug-17 |
| Mod/Low Harms: Hospital Acquired Pressure Ulcer Grade 2 | ** | 2 | Aug-17 | | ↓ | 6 | Jul-17 | 11 | | | 0 | 6 | Aug-16 to Aug-17 |
| Mod/Low Harms: Number of Moderate Falls | <=0 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 4 | ● | | 0 | 3 | Aug-16 to Aug-17 |
| Mod/Low Harms: Safety Thermometer | >=95.0% | 97.87% | Aug-17 | ● | ↓ | 97.91% | Jul-17 | 98.29% | ● | | 96.56% | 99.73% | Aug-16 to Aug-17 |
| Mod/Low Harms: Settled Clinical Litigation Cases | ** | 8 | Aug-17 | | ↑ | 3 | Jul-17 | 18 | | | 0 | 8 | Aug-16 to Aug-17 |
| Mod/Low Harms: VTE Assessments (% of Admissions) | >=90.0% | 84.61% | Aug-17 | ● | ↑ | 83.95% | Jul-17 | 83.99% | ● | | 76.34% | 89.04% | Aug-16 to Aug-17 |

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

During August 2017 the Trust reported two serious incidents to STEIS, one relating to a serious fall and one relating to the identification of some discharge letters that may not have been sent to the GP. Immediate actions have been taken to rectify this. The Safety Thermometer (a point of prevalence survey) was undertaken on Wednesday 16th August 2017. 423 patients were surveyed, of whom 98% had not suffered harm in hospital. 2.0% had suffered harm whilst in hospital. 4 patients had a VTE, 2 patients had a grade 2 pressure ulcer, 1 patient had a catheter associated urinary tract infection and 1 patient suffered harm following a fall.

1.2 : Harm Free - Infections

| Metric Title | Target | Latest | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|---|--------|--------|--------|-----|-------|----------|--------|--------|-----|------------------------------|------------|------------|------------------|
| | | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Infections/Bacteraemias: Total | ** | 9 | Aug-17 | | ↑ | 8 | Jul-17 | 36 | | | 3 | 11 | Aug-16 to Aug-17 |
| Serious Harms: Infections: Clostridium Difficile | <=2 | 5 | Aug-17 | ● | ↓ | 7 | Jul-17 | 15 | ● | | 0 | 7 | Aug-16 to Aug-17 |
| Serious Harms: Infections: Clostridium Difficile Lapses in Care | <=0 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 1 | ● | | 0 | 1 | Aug-16 to Aug-17 |
| Serious Harms: Infections: Central Line | <=0 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 0 | ● | | 0 | 1 | Aug-16 to Aug-17 |
| Serious Harms: Infections: Ventilator Acquired Pneumonia | <=0 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 0 | ● | | 0 | 0 | Aug-16 to Aug-17 |
| Infections: Catheter Associated Urinary Tract | <=0 | 1 | Aug-17 | ● | ↑ | 0 | Jul-17 | 3 | ● | | 0 | 1 | Aug-16 to Aug-17 |
| Serious Harms: Bacteraemias: MRSA | <=0 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 1 | ● | | 0 | 1 | Aug-16 to Aug-17 |
| Serious Harms: Bacteraemias: MRSA - Avoidable Cases | ** | 0 | Aug-17 | ● | → | 0 | Jul-17 | 0 | ● | | 0 | 0 | May-17 to Aug-17 |
| Serious Harms: Bacteraemias: MSSA | <=0 | 1 | Aug-17 | ● | → | 1 | Jul-17 | 3 | ● | | 0 | 4 | Aug-16 to Aug-17 |
| Serious Harms: Bacteraemias: E-coli | <=0 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 6 | ● | | 0 | 7 | Aug-16 to Aug-17 |
| Bacteraemias: Klebsiella | ** | 2 | Aug-17 | | ↑ | 0 | Jul-17 | 6 | | | 0 | 2 | Apr-17 to Aug-17 |
| Bacteraemias: Pseudomonas | ** | 0 | Aug-17 | ● | → | 0 | Jul-17 | 2 | | | 0 | 1 | Apr-17 to Aug-17 |

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

70% of the RAG rated indicators are green. There have been 5 cases of Clostridium difficile infection, this is a reduction from the number recorded in July. Root cause analysis investigations hasn't revealed any links between cases in time or place. Antibiotic prescribing has been appropriate.

2 : Mortality

| Metric Title | Latest | | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|-----------------------------|--------|--------|--------|-----|-------|----------|--------|--------|-----|------------------------------|------------|------------|------------------|
| | Target | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Hospital Crude Death Rate | ** | 1.52% | Aug-17 | | ↑ | 1.30% | Jul-17 | 1.56% | | | 1.30% | 2.42% | Aug-16 to Aug-17 |
| Number of Hospital Deaths | ** | 105 | Aug-17 | | ↑ | 88 | Jul-17 | 520 | | | 88 | 155 | Aug-16 to Aug-17 |
| PFD Coroner Notifications | ** | 0 | Aug-17 | ● | → | 0 | Jul-17 | 1 | | | 0 | 1 | Aug-16 to Aug-17 |
| Deaths after Readmission | ** | 23 | Aug-17 | | → | 23 | Jul-17 | 153 | | | 23 | 46 | Aug-16 to Aug-17 |
| SHMI over rolling 12 months | <=90 | 117.5 | Dec-16 | ● | ↑ | 114.2 | Sep-16 | N/A | | | 113.6 | 115.6 | Dec-15 to Sep-16 |
| HSMR (Latest Month) | <=90 | 94.0 | May-17 | ● | ↓ | 112.3 | Apr-17 | N/A | | | 94.0 | 130.0 | Aug-16 to May-17 |
| HSMR (Latest YTD) | * | 103.8 | May-17 | | ↓ | 112.8 | Mar-17 | N/A | | | 103.8 | 112.8 | Mar-17 to May-17 |
| HSMR Weekday | <=90 | 98.7 | May-17 | ● | ↓ | 112.1 | Apr-17 | N/A | | | 98.7 | 136.1 | Aug-16 to May-17 |
| HSMR Weekend | <=90 | 80.6 | May-17 | ● | ↓ | 115.3 | Apr-17 | N/A | | | 78.2 | 133.3 | Aug-16 to May-17 |

Commentary (Page Owner : Medical Director)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

HSMR of 94 for the month of May is a positive move in the right direction, being the lowest for many months. However, historically this does represent seasonal trends. It is worth noting that the number of deaths in August is higher than the average, particularly for a summer month when fewer deaths are expected. This reflects the changing pattern of deaths with less variation between summer and winter, with the dominant causes now linking to frailty. (HSMR = Hospital Standardised Mortality Ratio/ SHMI = Summary Hospital-Level Mortality Indicator).

3.1 : Access

| Metric Title | Latest | | | | | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|--|---------|--------|--------|-----|-------|----------|--------|--------|-----|------------------------------|------------|------------|------------------|
| | Target | Actual | Period | RAG | Trend | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Access: 18 Weeks Referral To Treatment Incomplete Pathway | >=92.0% | 95.06% | Aug-17 | ● | ↑ | 94.91% | Jul-17 | 95.33% | ● | | 94.91% | 96.28% | Aug-16 to Aug-17 |
| Access: Referral to Treatment over 52 weeks wait | <=0 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 0 | ● | | 0 | 0 | Aug-16 to Aug-17 |
| Outpatients: Backlog of Follow Ups | ** | 10,634 | Aug-17 | | ↑ | 10,018 | Jul-17 | N/A | | | 8,992 | 10,634 | Nov-16 to Aug-17 |
| Stroke - High Risk TIA Patients Treated within 24 Hrs | >=60.0% | 77.78% | Aug-17 | ● | ↓ | 87.50% | Jul-17 | 82.95% | ● | | 50.00% | 94.44% | Aug-16 to Aug-17 |
| Stroke - Stroke Patients spending 90% of their Hospital Stay on a Stoke unit | >=80.0% | 82.14% | Jul-17 | ● | ↓ | 85.37% | Jun-17 | 82.11% | ● | | 75.76% | 90.91% | Aug-16 to Jul-17 |
| Diagnostics: Patients waiting over 6 weeks | >=99.0% | 99.07% | Aug-17 | ● | ↑ | 98.74% | Jul-17 | 98.66% | ● | | 97.61% | 99.42% | Aug-16 to Aug-17 |

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

The Divisions remain compliant with the Incomplete national, reportable Referral-to-Treatment target. The Outpatients follow up backlogs continue to be an issue within Cardiology. A full review of the speciality is currently in progress. The follow up waiting list in Surgery has been influenced by the reduction in activity during the holiday period. As part of the Big 12 schemes, the Division has been challenged with reducing the total follow-up waiting list by 5%. The Trust achieved the 6-week diagnostic target overall during August which was in line with the trajectory having failed in both June and July.

3.2 : Access - Cancer

| Metric Title | Latest | | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|--|---------|---------|--------|-----|-------|----------|--------|---------|-----|------------------------------|------------|------------|------------------|
| | Target | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected) | >=93.0% | 96.15% | Aug-17 | ● | ↓ | 96.48% | Jul-17 | 96.74% | ● | | 96.15% | 99.19% | Aug-16 to Aug-17 |
| Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected) | >=93.0% | 96.32% | Aug-17 | ● | ↑ | 95.73% | Jul-17 | 95.72% | ● | | 95.09% | 99.26% | Aug-16 to Aug-17 |
| All Cancers: 31 day wait for diagnosis to first treatment | >=96.0% | 100.00% | Aug-17 | ● | ↑ | 99.07% | Jul-17 | 99.24% | ● | | 98.92% | 100.00% | Aug-16 to Aug-17 |
| All Cancers: 31 day wait for second or subsequent treatment: anti cancer drug treatments | >=98.0% | 100.00% | Aug-17 | ● | → | 100.00% | Jul-17 | 100.00% | ● | | 100.00% | 100.00% | Aug-16 to Aug-17 |
| All Cancers: 31 day wait for second or subsequent treatment: surgery | >=94.0% | 100.00% | Aug-17 | ● | → | 100.00% | Jul-17 | 100.00% | ● | | 100.00% | 100.00% | Aug-16 to Aug-17 |
| All Cancers: 62 Day Cancer Standard Treated - Pre Allocation | ** | 95.04% | Aug-17 | | ↑ | 94.62% | Jul-17 | 94.05% | | | 92.31% | 100.00% | Aug-16 to Aug-17 |
| All Cancers: 62 day wait for first treatment from urgent GP referral to treatment | >=85.0% | 92.00% | Aug-17 | ● | ↓ | 94.62% | Jul-17 | 91.95% | ● | | 81.55% | 98.15% | Aug-16 to Aug-17 |
| All Cancers: 62 day wait for first treatment from consultant screening service referral | >=90.0% | 100.00% | Aug-17 | ● | ↑ | 95.35% | Jul-17 | 98.78% | ● | | 95.35% | 100.00% | Aug-16 to Aug-17 |

Commentary (Page Owner : Director of Operations & Performance)

All 14, 31 and 62-day Cancer Waiting times targets have been achieved for July 2017.

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

3.3 : Access - Tumour Pathways

| Metric Title | Target | Latest | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|----------------------------------|---------|---------|--------|-----|-------|----------|--------|---------|-----|------------------------------|------------|------------|------------------|
| | | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Cancer - Breast 62 Day Wait | >=85.0% | 100.00% | Jul-17 | ● | → | 100.00% | Jun-17 | 100.00% | ● | | 100.00% | 100.00% | Aug-16 to Jul-17 |
| Cancer - Colorectal 62 Day Wait | >=85.0% | 100.00% | Jul-17 | ● | ↑ | 87.50% | Jun-17 | 92.31% | ● | | 60.00% | 100.00% | Aug-16 to Jul-17 |
| Cancer - Gynaecology 62 Day Wait | >=85.0% | 100.00% | Jul-17 | ● | → | 100.00% | Jun-17 | 100.00% | ● | | 55.56% | 100.00% | Aug-16 to Jul-17 |
| Cancer - Haematology 62 Day Wait | >=85.0% | 0.00% | Jul-17 | ● | ↓ | 100.00% | Jun-17 | 60.00% | ● | | 0.00% | 100.00% | Aug-16 to Jul-17 |
| Cancer - Head & Neck 62 Day Wait | >=85.0% | 100.00% | Jul-17 | ● | → | 100.00% | Jun-17 | 89.47% | ● | | 50.00% | 100.00% | Aug-16 to Jul-17 |
| Cancer - Lung 62 Day Wait | >=85.0% | 100.00% | Jul-17 | ● | → | 100.00% | Jun-17 | 93.55% | ● | | 60.00% | 100.00% | Aug-16 to Jul-17 |
| Cancer - Skin 62 Day Wait | >=85.0% | 100.00% | Jul-17 | ● | → | 100.00% | Jun-17 | 100.00% | ● | | 100.00% | 100.00% | Aug-16 to Jul-17 |
| Cancer - Upper GI 62 Day Wait | >=85.0% | 85.71% | Jul-17 | ● | ↑ | 55.56% | Jun-17 | 67.35% | ● | | 40.00% | 100.00% | Aug-16 to Jul-17 |
| Cancer - Urology 62 Day Wait | >=85.0% | 90.91% | Jul-17 | ● | ↓ | 100.00% | Jun-17 | 98.78% | ● | | 83.33% | 100.00% | Aug-16 to Jul-17 |

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

Tumour specific performance remains excellent with 8 of the 9 tumour sites exceeding the National 62-day standard of 85% with breast, gynaecology, head & neck, lung, skin and colorectal achieving 100%. We have had 2.5 accountable breaches of the 62-day standard in July. These have been reviewed to identify where improvements can be made. One breach was due to patient's choice and another was a complex case requiring investigation by multiple teams to reach a diagnosis and treatment plan. Lastly we had a shared breach with a tertiary centre, this was also a complex pathway involving 3 trusts.

3.4 : Access - A&E

| Metric Title | Latest | | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|--|---------|--------|--------|-----|-------|----------|--------|--------|-----|------------------------------|------------|------------|------------------|
| | Target | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| 4 Hour A&E Breach Performance % | >=95.0% | 82.89% | Aug-17 | ● | ↓ | 89.44% | Jul-17 | 88.30% | ● | | 76.61% | 92.66% | Aug-16 to Aug-17 |
| Number of A&E Attendances | ** | 7,212 | Aug-17 | | ↓ | 7,796 | Jul-17 | 37,696 | | | 6,604 | 7,896 | Aug-16 to Aug-17 |
| Average Daily A&E Attendances | ** | 232.6 | Aug-17 | | ↓ | 251.5 | Jul-17 | 246.4 | | | 221.0 | 257.9 | Aug-16 to Aug-17 |
| A&E Attendances: Out of Area | ** | 912 | Aug-17 | | ↓ | 962 | Jul-17 | 4,497 | | | 787 | 968 | Aug-16 to Aug-17 |
| NWAS: Conveyances from Care Homes | ** | 274 | Jul-17 | | ↑ | 254 | Jun-17 | 1,098 | | | 254 | 373 | Aug-16 to Jul-17 |
| A&E Attendances that result in an admission | * | 2,212 | Aug-17 | | ↑ | 2,207 | Jul-17 | 10,829 | | | 1,761 | 2,229 | Aug-16 to Aug-17 |
| A&E Attendances: % Result in Admissions - Aged 75+ | * | 29.97% | Aug-17 | | ↑ | 29.54% | Jul-17 | 30.28% | | | 29.54% | 34.34% | Aug-16 to Aug-17 |

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

The Trust's 4hr performance in August was 82.9%. This shows a drop in performance from July (89.4%) with the Trust experiencing high levels of breaches on a number of days. There were 14 days in the month where the number of breaches was 50 or above. The Trust only achieved 95% or above on 3 days in the month. The division is carrying out focused work on clinical flow and working with multi-agency partners to improve this position.

4.1 : Productivity - Part 1

| Metric Title | Latest | | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|--|--------|----------|--------|-----|-------|----------|--------|----------|-----|------------------------------|------------|------------|------------------|
| | Target | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Hospital Cancelled OP Appointments % | <=5.0% | 7.99% | Aug-17 | ● | ↑ | 6.21% | Jul-17 | 6.84% | ● | | 5.97% | 7.99% | Aug-16 to Aug-17 |
| Hospital Cancelled OP Appointments < 6 weeks | <=0.0% | 6.22% | Aug-17 | ● | ↑ | 4.88% | Jul-17 | 5.31% | ● | | 4.57% | 6.22% | Aug-16 to Aug-17 |
| Cancelled Operations % | <=0.8% | 2.02% | Aug-17 | ● | ↓ | 2.14% | Jul-17 | 1.71% | ● | | 1.17% | 2.65% | Aug-16 to Aug-17 |
| Cancelled Operations: 2nd Urgent Hospital | <=0 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 0 | ● | | 0 | 0 | Aug-16 to Aug-17 |
| Average Spell Length of Stay (Elective) | * | 3.4 Days | Aug-17 | | ↑ | 3.1 Days | Jul-17 | 3.3 Days | | | 3.0 Days | 3.7 Days | Aug-16 to Aug-17 |
| Average Spell Length of Stay (Non Elective) | * | 3.5 Days | Aug-17 | | ↑ | 3.2 Days | Jul-17 | 3.6 Days | | | 3.2 Days | 5.0 Days | Aug-16 to Aug-17 |
| Delayed Transfers of Care | ** | 29 | Aug-17 | | ↓ | 51 | Jul-17 | 198 | | | 29 | 64 | Feb-17 to Aug-17 |
| Delayed Transfer of Care Days | ** | 131 | Aug-17 | | ↓ | 253 | Jul-17 | 924 | | | 131 | 253 | Feb-17 to Aug-17 |
| Number of Weekend Discharges | * | 870 | Aug-17 | | ↓ | 1,056 | Jul-17 | 4,743 | | | 780 | 1,056 | Aug-16 to Aug-17 |

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

There has been an increase in the number of cancelled outpatient appointments in the month due to template changes, locum doctors cancelling bookings at short notice and uncertainty over Junior doctor availability during the changeover period. Cancelled operations reduced slightly in the month but was still above the target. Performance is expected to improve in September due to a new reminder initiative within Trauma and Orthopaedics. The Length of Stay increased in both Elective and Non Elective areas however there are a number of initiatives taking place in the coming months to improve this position.

4.2 : Productivity - Part 2

| Metric Title | Latest | | | | | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|--|---------|--------|--------|-----|-------|----------|--------|--------|-----|------------------------------|------------|------------|------------------|
| | Target | Actual | Period | RAG | Trend | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Theatre Effectiveness % - Total | >=70.0% | 60.83% | Aug-17 | ● | ↓ | 63.54% | Jul-17 | N/A | | | 60.83% | 67.00% | Aug-16 to Aug-17 |
| Theatre Effectiveness % - RAEI | >=70.0% | 58.57% | Aug-17 | ● | ↑ | 55.48% | Jul-17 | N/A | | | 52.00% | 65.00% | Aug-16 to Aug-17 |
| Theatre Effectiveness % - Wrightington | >=70.0% | 63.52% | Aug-17 | ● | ↓ | 69.13% | Jul-17 | N/A | | | 63.52% | 74.00% | Aug-16 to Aug-17 |
| Theatre Effectiveness % - Leigh | >=70.0% | 51.38% | Aug-17 | ● | ↓ | 53.05% | Jul-17 | N/A | | | 44.00% | 55.00% | Aug-16 to Aug-17 |

Commentary (Page Owner : Director of Operations & Performance)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

Theatre Effectiveness at RAEI increased significantly (+4%) in Aug to 59% with continued improvement in turnaround times and fewer early finishes. At Leigh, Theatre Effectiveness worsened (-2%) to 51%. Theatre effectiveness on the Wrightington site reduced due to an increase in cancellations.

5.1 : Midwifery - Part 1

| Metric Title | Latest | | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|--|---------|--------|--------|-----|-------|----------|--------|--------|-----|------------------------------|------------|------------|------------------|
| | Target | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Maternity: Midwife / Birth Ratio | <=1.30 | 1.29 | Aug-17 | ● | → | 1.29 | Jul-17 | N/A | | | 1.25 | 1.29 | Aug-16 to Aug-17 |
| Maternity: Skills drills/2 day Mandatory Training Attendance | >=64.0% | 45.11% | Aug-17 | ● | → | 45.11% | Jul-17 | N/A | | | 0.00% | 96.00% | Aug-16 to Aug-17 |
| Maternity: Total monthly bookings | >=240 | 269 | Jul-17 | ● | ↑ | 265 | Jun-17 | 756 | ● | | 0 | 280 | Aug-16 to Aug-17 |
| Maternity: Booked by 12.6 Weeks | >=90.0% | 93.30% | Jul-17 | ● | ↑ | 91.73% | Jun-17 | N/A | | | 87.89% | 97.15% | Aug-16 to Jul-17 |
| Maternity: Induction of Labour | <=30.0% | 33.97% | Aug-17 | ● | ↓ | 34.39% | Jul-17 | N/A | | | 24.23% | 40.50% | Aug-16 to Aug-17 |
| Maternity: Normal Deliveries | >=60.0% | 62.92% | Aug-17 | ● | ↑ | 56.67% | Jul-17 | N/A | | | 56.67% | 69.26% | Aug-16 to Aug-17 |
| Maternity: Water Births | >=8 | 5 | Aug-17 | ● | ↓ | 19 | Jul-17 | 58 | ● | | 5 | 19 | Aug-16 to Aug-17 |
| Maternity: Instrumental Deliveries | <=10.0% | 6.94% | Aug-17 | ● | ↓ | 12.59% | Jul-17 | N/A | | | 6.56% | 14.73% | Aug-16 to Aug-17 |
| Maternity: Elective Caesarean Sections | <=15.0% | 16.74% | Aug-17 | ● | ↑ | 11.11% | Jul-17 | N/A | | | 6.64% | 16.74% | Aug-16 to Aug-17 |
| Maternity: Emergency / Non Elective Caesarean Sections | <=17.0% | 13.39% | Aug-17 | ● | ↓ | 19.63% | Jul-17 | N/A | | | 12.72% | 19.90% | Aug-16 to Aug-17 |
| Maternity: Total Caesarean Sections | <=27.0% | 30.14% | Aug-17 | ● | ↓ | 30.74% | Jul-17 | N/A | | | 22.80% | 32.05% | Aug-16 to Aug-17 |

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

There has been a sustained increase in the number of bookings, however total births in August were reduced. The induction of labour rate remains consistently high due to the thresholds of the reduced fetal movements/fetal growth pathways; this is essential to reducing infant mortality. A regional review of the reduced fetal movement pathway is currently in progress. Women booked by 12.6 weeks' gestation continues to exceed the 90% target. The total number of caesarean sections has remained static, however there has been a reduction in emergency caesarean sections by 6.24%.

5.2 : Midwifery - Part 2

| Metric Title | Latest | | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|--|---------|--------|--------|-----|-------|----------|--------|--------|-----|------------------------------|------------|------------|------------------|
| | Target | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Maternity: Total Births | >=240 | 216 | Aug-17 | ● | ↓ | 270 | Jul-17 | 1,197 | ● | | 204 | 270 | Aug-16 to Aug-17 |
| Maternity: Episiotomy with normal birth | <=6.0% | 9.16% | Aug-17 | ● | ↑ | 5.23% | Jul-17 | N/A | | | 2.63% | 9.16% | Aug-16 to Aug-17 |
| Maternity: 3rd/4th degree tears | <=3.0% | 0.95% | Aug-17 | ● | ↓ | 1.49% | Jul-17 | N/A | | | 0.47% | 2.46% | Aug-16 to Aug-17 |
| Maternity: Initiation of breastfeeding | >=53.0% | 49.53% | Aug-17 | ● | ↓ | 53.70% | Jul-17 | N/A | | | 48.79% | 58.01% | Aug-16 to Aug-17 |
| Maternity: Average post-natal length of stay | <=1.5 | 1.6 | Aug-17 | ● | → | 1.6 | Jul-17 | N/A | | | 1.5 | 1.8 | Aug-16 to Aug-17 |
| Maternity: Still Births (>24 weeks) | <=1 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 2 | ● | | 0 | 4 | Aug-16 to Aug-17 |
| Maternal Readmissions within 30 Days | <=5 | 2 | Aug-17 | ● | → | 2 | Jul-17 | 5 | ● | | 0 | 3 | Aug-16 to Aug-17 |
| Maternal admissions to ICU | <=2 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 1 | ● | | 0 | 1 | Aug-16 to Aug-17 |
| Maternity Complaints | <=2 | 1 | Aug-17 | ● | → | 1 | Jul-17 | 7 | ● | | 0 | 3 | Aug-16 to Aug-17 |
| Maternity: New Claims | * | 0 | Aug-17 | | → | 0 | Jul-17 | 1 | | | 0 | 1 | Dec-16 to Aug-17 |

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

The normal birth rate has increase of 6.25% to 62.92% with an associated reduction in instrumental births. This increase is reflected in the increased episiotomy rate however individual cases are being reviewed to ensure there were valid indications for performing the procedure. The incidences of third and fourth degree tears have reduced this month. The average length of stay has remained within projected tolerances for two consecutive months.

6.1 : Patient Experience - Part 1

| Metric Title | Latest | | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|---|---------|--------|--------|-----|-------|----------|--------|--------|-----|------------------------------|------------|------------|------------------|
| | Target | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Number of Complaints Upheld by Ombudsman | ** | 0 | Aug-17 | ● | → | 0 | Jul-17 | 0 | ● | | 0 | 2 | Aug-16 to Aug-17 |
| Percentage of Complaints Responded to on Time | ** | 71.43% | Aug-17 | | ↑ | 48.48% | Jul-17 | 71.50% | | | 48.48% | 92.00% | Aug-16 to Aug-17 |
| RTPS: Did you find someone to talk to about your worries and fears? | >=90.0% | 92.86% | Aug-17 | ● | ↓ | 94.22% | Jul-17 | 93.70% | ● | | 88.70% | 97.22% | Aug-16 to Aug-17 |
| RTPS: Do you know which Doctor/Consultant is treating or looking after you? | >=90.0% | 90.71% | Aug-17 | ● | ↑ | 84.97% | Jul-17 | 87.66% | ● | | 79.80% | 90.71% | Aug-16 to Aug-17 |
| RTPS: Do you think the hospital staff did everything they could to help control your pain? | >=90.0% | 95.71% | Aug-17 | ● | ↓ | 96.53% | Jul-17 | 95.54% | ● | | 93.33% | 98.40% | Aug-16 to Aug-17 |
| RTPS: During your stay have you been treated with compassion by the hospital staff? | >=90.0% | 98.57% | Aug-17 | ● | ↑ | 97.11% | Jul-17 | 98.29% | ● | | 96.00% | 100.00% | Aug-16 to Aug-17 |
| RTPS: Has there been healthy food on the hospital menu? | >=90.0% | 92.86% | Aug-17 | ● | ↓ | 94.80% | Jul-17 | 93.96% | ● | | 87.10% | 97.73% | Aug-16 to Aug-17 |
| RTPS: Have staff treating and examining you introduced themselves? | >=90.0% | 93.57% | Aug-17 | ● | ↓ | 96.53% | Jul-17 | 95.80% | ● | | 88.64% | 99.26% | Aug-16 to Aug-17 |
| RTPS: Have you always had access to a call bell when you needed it? | >=90.0% | 96.43% | Aug-17 | ● | ↑ | 95.38% | Jul-17 | 96.72% | ● | | 93.50% | 100.00% | Aug-16 to Aug-17 |
| RTPS: Have you been given enough privacy when being examined treated or discussing your care? | >=90.0% | 97.14% | Aug-17 | ● | ↓ | 99.42% | Jul-17 | 99.08% | ● | | 96.97% | 100.00% | Aug-16 to Aug-17 |

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

After a number of months of significant improvement in responding to complaints within the timescales agreed with the complainant, the response rate in July 2017 was disappointingly low at 48%. The reasons for this are being explored. The Trust's Executive Scrutiny Committee is now reviewing all complaints where a second holding letter is due to be issued to the complainant.

6.2 : Patient Experience - Part 2

Latest

Previous

YTD

Sparkline - Latest 13 Months

| Metric Title | Target | Actual | Period | RAG | Trend | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
|--|---------|---------|--------|-----|-------|--------|--------|--------|-----|-------|------------|------------|------------------|
| RTPS: Have you been given the care you felt you required when you needed it most? | >=90.0% | 100.00% | Aug-17 | ● | ↑ | 97.11% | Jul-17 | 97.51% | ● | | 93.46% | 100.00% | Aug-16 to Aug-17 |
| RTPS: Have you been involved as much as you wanted to be about your discharge home? | >=90.0% | 57.86% | Aug-17 | ● | ↓ | 66.47% | Jul-17 | 65.62% | ● | | 54.25% | 73.79% | Aug-16 to Aug-17 |
| RTPS: Have you been involved as much as you wanted to be in decisions about your care and treatment? | >=90.0% | 89.29% | Aug-17 | ● | ↑ | 89.02% | Jul-17 | 91.86% | ● | | 84.24% | 95.17% | Aug-16 to Aug-17 |
| RTPS: Have you been offered a choice of food during your stay? | >=90.0% | 95.00% | Aug-17 | ● | ↓ | 95.38% | Jul-17 | 96.59% | ● | | 95.00% | 99.24% | Aug-16 to Aug-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% | 95.71% | Aug-17 | ● | ↑ | 93.06% | Jul-17 | 94.23% | ● | | 88.82% | 95.71% | Aug-16 to Aug-17 |

Commentary (Page Owner : Director of Nursing)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

The results for a number of questions in the Real Time Patient Survey deteriorated in July 2017 however, remained over the 95% target. Patients continue to report that they do not feel involved in decisions about their discharge home and do not know who the doctor or consultant treating them is.

7 : Workforce

| Metric Title | Latest | | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|---|-----------|-----------|--------|-----|-------|-----------|--------|-----------|-----|------------------------------|------------|------------|------------------|
| | Target | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| Agency vs NHSI Ceiling | <=£ 457 k | £ 2,285 k | Aug-17 | ● | ↑ | £ 436 k | Jul-17 | £ 3,801 k | ● | | £ 298 k | £ 2,285 k | Aug-16 to Aug-17 |
| Friends & Family Test - Recommendation as place to work | >=75.0% | 71.27% | Jun-17 | ● | → | 71.27% | May-17 | N/A | | | 70.83% | 75.99% | Oct-16 to Jun-17 |
| Friends & Family Test - Recommendation as place for treatment | >=80.0% | 81.34% | Jun-17 | ● | → | 81.34% | May-17 | N/A | | | 80.55% | 86.31% | Oct-16 to Jun-17 |
| Total Pay vs Budget | <=£ 0 k | £ 836 k | Aug-17 | ● | ↓ | £ 1,119 k | Jul-17 | £ 3,419 k | ● | | £ -25 k | £ 1,119 k | Aug-16 to Aug-17 |
| Clinical & Non Clinical Overall Vacancy Rate | <=4.5% | 7.06% | Aug-17 | ● | ↓ | 7.31% | Jul-17 | 6.70% | ● | | 2.51% | 7.31% | Aug-16 to Aug-17 |
| Sickness absence - Total | <=3.9% | 4.09% | Jul-17 | ● | ↓ | 4.13% | Jun-17 | 4.03% | | | 3.77% | 4.69% | Aug-16 to Jul-17 |
| Quarterly Engagement Score | >=4.00 | 3.95 | Aug-17 | ● | → | 3.95 | Jul-17 | N/A | | | 0.00 | 4.02 | Aug-16 to Aug-17 |
| Appraisals over rolling 12 months | >=90.0% | 89.16% | Aug-17 | ● | ↓ | 90.12% | Jul-17 | N/A | | | 83.80% | 91.80% | Aug-16 to Aug-17 |
| Job Plan Compliance over rolling 12 months | >=100.0 % | 13.85% | Aug-17 | ● | ↓ | 14.45% | Jul-17 | N/A | | | 13.85% | 20.59% | Aug-16 to Aug-17 |
| Mandatory Training over rolling 12 months | >=95.0% | 95.96% | Aug-17 | ● | ↑ | 95.17% | Jul-17 | N/A | | | 94.10% | 96.70% | Aug-16 to Aug-17 |

Commentary (Page Owner : Director of Workforce)

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption

Rolling 12-month sickness from Aug 16- to July 17 has increased slightly to 4.23%, however, the in-month sickness for July 17 has reduced to 4.09%. Temporary spend in Aug 17 has reduced to £1,309k from £1,373k in July 17 (a reduction of £64k). The results of the July 2017 Staff Engagement Quarterly Pulse Check highlights a moderate level of engagement within the Trust which has been sustained since the previous quarter.

NHSI Metrics

| MetricTitle | Target | Latest | | | Trend | Previous | | YTD | | Sparkline - Latest 13 Months | | | |
|--|---------|---------|--------|-----|-------|----------|--------|--------|-----|------------------------------|------------|------------|------------------|
| | | Actual | Period | RAG | | Actual | Period | Actual | RAG | Chart | Min. Value | Max. Value | Period |
| 4 Hour A&E Breach Performance % | >=95.0% | 82.89% | Aug-17 | ● | ↓ | 89.44% | Jul-17 | 88.30% | ● | | 76.61% | 92.66% | Aug-16 to Aug-17 |
| Access: 18 Weeks Referral To Treatment Incomplete Pathway | >=92.0% | 95.06% | Aug-17 | ● | ↑ | 94.91% | Jul-17 | 95.33% | ● | | 94.91% | 96.28% | Aug-16 to Aug-17 |
| Diagnostics: Patients waiting over 6 weeks | >=99.0% | 99.07% | Aug-17 | ● | ↑ | 98.74% | Jul-17 | 98.66% | ● | | 97.61% | 99.42% | Aug-16 to Aug-17 |
| Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected) | >=93.0% | 96.15% | Aug-17 | ● | ↓ | 96.48% | Jul-17 | 96.74% | ● | | 96.15% | 99.19% | Aug-16 to Aug-17 |
| Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected) | >=93.0% | 96.32% | Aug-17 | ● | ↑ | 95.73% | Jul-17 | 95.72% | ● | | 95.09% | 99.26% | Aug-16 to Aug-17 |
| All Cancers: 62 Day Cancer Standard Treated - Pre Allocation | ** | 95.04% | Aug-17 | | ↑ | 94.62% | Jul-17 | 94.05% | | | 92.31% | 100.00% | Aug-16 to Aug-17 |
| All Cancers: 62 day wait for first treatment from urgent GP referral to treatment | >=85.0% | 92.00% | Aug-17 | ● | ↓ | 94.62% | Jul-17 | 91.95% | ● | | 81.55% | 98.15% | Aug-16 to Aug-17 |
| All Cancers: 62 day wait for first treatment from consultant screening service referral | >=90.0% | 100.00% | Aug-17 | ● | ↑ | 95.35% | Jul-17 | 98.78% | ● | | 95.35% | 100.00% | Aug-16 to Aug-17 |
| Serious Harms: Infections: Clostridium Difficile | <=2 | 5 | Aug-17 | ● | ↓ | 7 | Jul-17 | 15 | ● | | 0 | 7 | Aug-16 to Aug-17 |
| Serious Harms: Infections: Clostridium Difficile Lapses in Care | <=0 | 0 | Aug-17 | ● | → | 0 | Jul-17 | 1 | ● | | 0 | 1 | Aug-16 to Aug-17 |

The Single Oversight Framework is currently under review and is expected to be finalised and implemented with effect from October 2017.

*Threshold not confirmed
**Threshold not confirmed ~ based on assumption