

Trust Board

| Agenda Item | 6b. | Date: 28.06.17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------|------------------------------|-----------|-------------------------|-----|-----------|---------------------|---|----------------|---------------------|---------------------------|----|----|----------------------|----|----|-----------------------------|---|--|--------------------|---|--|--------------|---|--|------------------------------|---|--|-----------------|---|--|------------------------|---|--|------------------------------|----|----|--------------|----|----|--------|----|----|------------------|----|----|
| Title of Report | Performance report M2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of the report and the key issues for consideration/decision | The Board are asked to receive and note the M2 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 | 20.06.17 | Na | Na | Na | Na | Na |



Board Performance Report

May 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 employees 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 |
|----|-------------|--|-------------|------------------|------------------|
| 6 | 2.0 | Removal of both CQC Judgements metrics - no longer part of NHSI framework | 13/06/2017 | Claire Alexander | BI |
| 5 | 2.0 | Removal of Finance page - reported separately to Board | 13/06/2017 | Mary Fleming | BI / Rob Forster |
| 4 | 2.0 | Removal of 'Infections: Total' metric - reported individually within report | 13/06/2017 | Mary Fleming | BI |
| 3 | 2.0 | Removal of 'Harms: Number of Serious' metric - reported individually within report | 13/06/2017 | Mary Fleming | BI |
| 2 | 2.0 | Removal of Board Assurance Framework page - reported separately to Board | 12/06/2017 | Claire Alexander | BI |
| 1 | 2.0 | Introduction of Trust Board Report V2.0 | 12/06/2017 | All | All Executives |

Report Considerations

Provisional Positions (based on information still being validated)

Other

Executive Summary (Reporting Month: May-17)

| Objective | Page(s) | No Target | Green Metrics | Amber Metrics | Red Metrics | Total Metrics |
|------------------------|---------|-----------|---------------|---------------|-------------|---------------|
| 1 : Harm Free | 4-5 | 6 | 9 | 0 | 6 | 21 |
| 2 : Mortality | 6 | 4 | 0 | 0 | 6 | 10 |
| 3 : Access | 7-8 | 3 | 11 | 0 | 5 | 19 |
| 4 : Access - Cancer | 9-10 | 1 | 13 | 0 | 3 | 17 |
| 5 : Access - A&E | 11 | 2 | 0 | 0 | 1 | 3 |
| 6 : Productivity | 12-13 | 6 | 3 | 1 | 4 | 14 |
| 7 : Midwifery | 14-15 | 1 | 12 | 0 | 8 | 21 |
| 8 : Patient Experience | 16-17 | 2 | 10 | 2 | 1 | 15 |
| 9 : Workforce | 18 | 3 | 1 | 2 | 2 | 8 |
| 10 : NHSI | 19-20 | 5 | 8 | 0 | 0 | 13 |
| Total | | 33 | 67 | 5 | 36 | 141 |

Highlights

No Grade 3 / 4 pressure ulcers, no serious falls and no MRSA reported in May. The majority of metrics in the Patient Real Time Survey are green. Number of hospital deaths in May are significantly lower than the previous month. Only 7 patients in total were cancelled due to the impact of the Cyber Attack, this is a testimony to the responsiveness of staff and resilience of business continuity plans within the Trust.

Lowlights

A&E failed to achieve 95% standard, however did achieve the revised trajectory of 90%. Mortality remains a concern, both the HSMR and SHMI year to date position are high. Three serious incidents met the criteria for external reporting to the Strategic Executive Information System (STEIS).

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

1 : Harm Free

Latest Period

Previous Period

Latest 13 Months

| Metric Title | Target | Actual | Period | RAG | Trend | Actual | Period | YTD Actual | RAG | Min. | Sparkline Chart | Max. | Sparkline Period |
|--|--------|--------|--------|-----|-------|--------|--------|------------|-----|------|-----------------|------|------------------|
| Harms: Total | ** | 67 | May-17 | | ↓ | 68 | Apr-17 | 135 | | 67 | | 111 | May-16 to May-17 |
| Harms: Grade 3-4 Pressure Ulcers | ** | 0 | May-17 | ● | → | 0 | Apr-17 | 0 | ● | 0 | | 2 | May-16 to May-17 |
| Harms: Number of Moderate Falls | <=0 | 1 | May-17 | ● | ↓ | 2 | Apr-17 | 3 | ● | 0 | | 3 | May-16 to May-17 |
| Harms: Number of Never Events | <=0 | 0 | May-17 | ● | → | 0 | Apr-17 | 0 | ● | 0 | | 1 | May-16 to May-17 |
| Harms: Number of Serious Falls | <=0 | 0 | May-17 | ● | → | 0 | Apr-17 | 0 | ● | 0 | | 1 | May-16 to May-17 |
| Harms: Number of Serious Incidents | <=0 | 3 | May-17 | ● | → | 3 | Apr-17 | 6 | ● | 0 | | 5 | May-16 to May-17 |
| Infections: Catheter Associated Urinary Tract | <=0 | 1 | May-17 | ● | → | 1 | Apr-17 | 2 | ● | 0 | | 1 | May-16 to May-17 |
| Infections: Central Line | <=0 | 0 | May-17 | ● | → | 0 | Apr-17 | 0 | ● | 0 | | 1 | May-16 to May-17 |
| Infections: Clostridium Difficile (CDT) | <=2 | 1 | May-17 | ● | → | 1 | Apr-17 | 2 | ● | 0 | | 4 | May-16 to May-17 |
| Infections: Clostridium Difficile Lapses in Care | <=0 | 0 | May-17 | ● | → | 0 | Apr-17 | 0 | ● | 0 | | 2 | May-16 to May-17 |
| Infections: E-coli | <=0 | 2 | May-17 | ● | ↑ | 1 | Apr-17 | 3 | ● | 0 | | 7 | May-16 to May-17 |

Commentary

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

During May 2017, there were three incidents which met the external reporting criteria to the Strategic Executive Information System (StEIS). Investigation teams are being established to look into these incidents and action plans will be developed thereafter. There were no breaches of StEIS incidents to the deadline date for submission to the Commissioners. Safety Thermometer (ST) was undertaken on 17/05/17. 407 patients were surveyed of whom 96.5% had not suffered harm in hospital. 3.5% had suffered harm in hospital representing the highest rate of harm recorded since WWL started to collect ST data. 14 patients had suffered harm; including a grade 2 hospital acquired pressure ulcer, 3 falls with low grade harm, 1 new UTI in a catheterised patient and 10 VTEs. It has been recommended to the ward manager and the Harm Free Care Board that further investigation is undertaken.

1 : Harm Free

Latest Period

Previous Period

Latest 13 Months



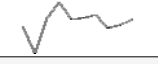
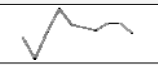
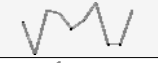


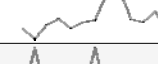

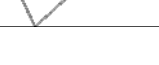
| Metric Title | Target | Actual | Period | RAG | Trend | Actual | Period | YTD Actual | RAG | Min. | Sparkline Chart | Max. | Sparkline Period |
|---|---------|--------|--------|-----|-------|--------|--------|------------|-----|--------|-----------------|--------|------------------|
| Infections: Klebsiella | ** | 2 | May-17 | | ↑ | 0 | Apr-17 | 2 | | 0 | | 2 | Apr-17 to May-17 |
| Infections: MRSA | <=0 | 0 | May-17 | ● | ↓ | 1 | Apr-17 | 1 | ● | 0 | | 1 | May-16 to May-17 |
| Infections: MRSA - Avoidable Cases | <=0 | 0 | May-17 | | → | 0 | - | 0 | | 0 | | 0 | May-17 to May-17 |
| Infections: MRSA - Unavoidable Cases | <=0 | 0 | May-17 | | → | 0 | - | 0 | | 0 | | 0 | May-17 to May-17 |
| Infections: MSSA | <=0 | 0 | May-17 | ● | → | 0 | Apr-17 | 0 | ● | 0 | | 4 | May-16 to May-17 |
| Infections: Pseudomonas | ** | 1 | May-17 | | ↑ | 0 | Apr-17 | 1 | | 0 | | 1 | Apr-17 to May-17 |
| Infections: Ventilator Acquired Pneumonia | <=0 | 0 | May-17 | ● | → | 0 | Apr-17 | 0 | ● | 0 | | 0 | May-16 to May-17 |
| Safety Thermometer | >=95.0% | 96.56% | May-17 | ● | ↓ | 99.51% | Apr-17 | 98.04% | ● | 96.56% | | 99.73% | May-16 to May-17 |
| Settled Clinical Litigation Cases | * | 6 | May-17 | | ↑ | 1 | Apr-17 | 7 | | 1 | | 8 | May-16 to May-17 |
| VTE Assessments (% of Admissions) | >=90.0% | 87.58% | May-17 | ● | ↑ | 76.94% | Apr-17 | 82.53% | ● | 76.34% | | 96.33% | May-16 to May-17 |

Commentary

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During May 2017, there were three incidents which met the external reporting criteria to the Strategic Executive Information System (StEIS). Investigation teams are being established to look into these incidents and action plans will be developed thereafter. There were no breaches of StEIS incidents to the deadline date for submission to the Commissioners. Safety Thermometer (ST) was undertaken on 17/05/17. 407 patients were surveyed of whom 96.5% had not suffered harm in hospital. 3.5% had suffered harm in hospital representing the highest rate of harm recorded since WWL started to collect ST data. 14 patients had suffered harm; including a grade 2 hospital acquired pressure ulcer, 3 falls with low grade harm, 1 new UTI in a catheterised patient and 10 VTEs. It has been recommended to the ward manager and the Harm Free Care Board that further investigation is undertaken.

2 : Mortality

| Metric Title | Target | Latest Period | | | | Trend | Previous Period | | | | Latest 13 Months | | | |
|-----------------------------|--------|---------------|--------|-----|---|-------|-----------------|--------|------------|-------|---|-----------------|------------------|------------------|
| | | Actual | Period | RAG | | | Actual | Period | YTD Actual | RAG | Min. | Sparkline Chart | Max. | Sparkline Period |
| Deaths after Readmission | ** | 18 | May-17 | | ↓ | 41 | Apr-17 | 59 | | 18 |  | 44 | May-16 to May-17 | |
| Hospital Crude Death Rate | ** | 1.38% | May-17 | | ↓ | 2.04% | Apr-17 | 1.69% | | 1.22% |  | 2.42% | May-16 to May-17 | |
| HSMR (Latest Month) | <=90 | 118.3 | Feb-17 | ● | ↑ | 113.9 | Jan-17 | 0.0 | | 94.0 |  | 130.0 | May-16 to Feb-17 | |
| HSMR (Latest YTD) | <=90 | 114.4 | Feb-17 | ● | | - | - | 0.0 | | - | | - | to | |
| HSMR Non Palliative Care | <=90 | 116.5 | Feb-17 | ● | ↓ | 122.8 | Jan-17 | 0.0 | | 98.0 |  | 133.0 | May-16 to Feb-17 | |
| HSMR Palliative Care | <=90 | 123.6 | Feb-17 | ● | ↑ | 90.6 | Jan-17 | 0.0 | | 81.0 |  | 131.0 | May-16 to Feb-17 | |
| HSMR Weekday | <=90 | 112.4 | Feb-17 | ● | ↓ | 119.6 | Jan-17 | 0.0 | | 97.0 |  | 136.0 | May-16 to Feb-17 | |
| HSMR Weekend | <=90 | 133.3 | Feb-17 | ● | ↑ | 97.2 | Jan-17 | 0.0 | | 70.0 |  | 138.0 | May-16 to Feb-17 | |
| Number of Hospital Deaths | ** | 91 | May-17 | | ↓ | 123 | Apr-17 | 214 | | 83 |  | 155 | May-16 to May-17 | |
| PFD Coroner Notifications | * | 0 | May-17 | | → | 0 | Apr-17 | 0 | | 0 |  | 1 | May-16 to May-17 | |
| SHMI over rolling 12 months | <=90 | 114.2 | Sep-16 | ● | ↑ | 110.9 | Jun-16 | N/A | | 111.0 |  | 115.6 | Dec-15 to Sep-16 | |

Commentary

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

Mortality remains a concern. Both HSMR and SHMI are high. Total deaths through from summer 16 to the end of winter 17 have been well above the numbers we have come to expect from the patterns of deaths in the last 10 years. Analysis of deaths has not shown any areas of specific concern, but the Trust has noted an increase in the number of older, frailer patients with higher co-morbidities being admitted. The month of May had a total of 91 deaths. That is a much lower total than recent months and within expected range.

3 : Access

| Metric Title | Target | Latest Period | | | Trend | Previous Period | | | Latest 13 Months | | | | |
|---|---------|---------------|--------|-----|-------|-----------------|--------|------------|------------------|---------|-----------------|---------|------------------|
| | | Actual | Period | RAG | | Actual | Period | YTD Actual | RAG | Min. | Sparkline Chart | Max. | Sparkline Period |
| Diagnostics: Patients waiting over 6 weeks | >=99.0% | 99.05% | May-17 | ● | ↑ | 99.03% | Apr-17 | 99.04% | ● | 99.03% | | 100.00% | May-16 to May-17 |
| Access: 18 Weeks Referral To Treatment Incomplete Pathway | >=92.0% | 95.79% | May-17 | ● | ↑ | 95.71% | Mar-17 | 95.79% | ● | 95.07% | | 96.28% | May-16 to May-17 |
| Access: Referral to Treatment over 52 weeks wait | <=0 | 0 | May-17 | ● | → | 0 | Mar-17 | 0 | ● | 0 | | 0 | May-16 to May-17 |
| Diagnostics: Endoscopy - Colonoscopy | >=99.0% | 95.20% | May-17 | ● | ↑ | 95.08% | Apr-17 | 95.13% | ● | 91.55% | | 99.68% | May-16 to May-17 |
| Diagnostics: Endoscopy - Cystoscopy | >=99.0% | 96.05% | May-17 | ● | ↓ | 96.90% | Apr-17 | 96.44% | ● | 91.78% | | 100.00% | May-16 to May-17 |
| Diagnostics: Endoscopy - Flexi sigmoidoscopy | >=99.0% | 93.59% | May-17 | ● | ↓ | 98.68% | Apr-17 | 96.10% | ● | 86.90% | | 100.00% | May-16 to May-17 |
| Diagnostics: Endoscopy - Gastroscopy | >=99.0% | 95.14% | May-17 | ● | ↓ | 95.29% | Apr-17 | 95.22% | ● | 95.14% | | 100.00% | May-16 to May-17 |
| Diagnostics: Imaging - Barium Enema | >=99.0% | 0.00% | May-17 | | | 100.00% | Apr-17 | 100.00% | ● | 100.00% | | 100.00% | May-16 to Apr-17 |
| Diagnostics: Imaging - Computed Tomography | >=99.0% | 100.00% | May-17 | ● | → | 100.00% | Apr-17 | 100.00% | ● | 99.87% | | 100.00% | May-16 to May-17 |
| Diagnostics: Imaging - DEXA Scan | >=99.0% | 100.00% | May-17 | ● | → | 100.00% | Apr-17 | 100.00% | ● | 100.00% | | 100.00% | May-16 to May-17 |
| Diagnostics: Imaging - Magnetic Resonance Imaging | >=99.0% | 100.00% | May-17 | ● | → | 100.00% | Apr-17 | 100.00% | ● | 99.88% | | 100.00% | May-16 to May-17 |

Commentary









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

Specialist Services: The 18Week Referral To Treatment standard was achieved for all specialities, performance for orthopaedics is improving each month as the backlog of patients is being addressed. Radiology achieved the 6-week diagnostic standard with only 6 breaches despite the significant impact of the cyber attack on the radiology systems.

Medicine: achieved both the 2ww cancer and 18 week RTT targets on aggregate. 6-week diagnostic performance has been assessed as compliant for the division. Both Stroke standards achieved in May.

Surgery: The Division continues to meet the 18 week and diagnostic targets for all specialties. The overall backlog for FU's has reduced with a further fall in Ophthalmology. The position in Paeds has deteriorated due to medical staff shortages.

3 : Access

| Metric Title | Target | Latest Period | | | Trend | Previous Period | | | YTD Actual | RAG | Latest 13 Months | | | |
|---|---------|---------------|--------|-----|-------|-----------------|--------|---------|------------|--------|---|---------|------------------|--|
| | | Actual | Period | RAG | | Actual | Period | Min. | | | Sparkline Chart | Max. | Sparkline Period | |
| Diagnostics: Imaging - Non-obstetric ultrasound | >=99.0% | 99.66% | May-17 | ● | ↓ | 99.94% | Apr-17 | 99.80% | ● | 98.78% |  | 100.00% | May-16 to May-17 | |
| Diagnostics: Physiological Measurement - Audiology - Audiology Assessments | >=99.0% | 100.00% | May-17 | ● | → | 100.00% | Apr-17 | 100.00% | ● | 96.52% |  | 100.00% | May-16 to May-17 | |
| Diagnostics: Physiological Measurement - Cardiology - echocardiography | >=99.0% | 100.00% | May-17 | ● | ↑ | 97.81% | Apr-17 | 98.89% | ● | 97.81% |  | 100.00% | May-16 to May-17 | |
| Diagnostics: Physiological Measurement - Neurophysiology - peripheral neurophysiology | >=99.0% | 100.00% | May-17 | ● | ↑ | 93.75% | Apr-17 | 97.40% | ● | 90.41% |  | 100.00% | May-16 to May-17 | |
| Diagnostics: Physiological Measurement - Urodynamics - pressures & flows | >=99.0% | 98.21% | May-17 | ● | ↓ | 100.00% | Apr-17 | 99.15% | ● | 97.92% |  | 100.00% | May-16 to May-17 | |
| Outpatient Follow Up Backlog | ** | 9,713 | May-17 | | ↓ | 9,717 | Apr-17 | N/A | | 8,992 |  | 9,759 | Nov-16 to May-17 | |
| Stroke - High Risk TIA Patients Treated within 24 Hrs | >=60.0% | 88.89% | May-17 | ● | ↑ | 78.57% | Apr-17 | 83.64% | ● | 50.00% |  | 100.00% | May-16 to May-17 | |
| Stroke - Stroke Patients spending 90% of their Hospital Stay on a Stoke unit | >=80.0% | 80.00% | May-17 | ● | ↑ | 79.31% | Mar-17 | 80.00% | ● | 75.76% |  | 91.67% | May-16 to May-17 | |

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Surgery: The Division continues to meet the 18 week and diagnostic targets for all specialties. The overall backlog for FU's has reduced with a further fall in Ophthalmology. The position in Paeds has deteriorated due to medical staff shortages.

4 : Access - Cancer

| Metric Title | Target | Latest Period | | | | Previous Period | | | | Latest 13 Months | | | |
|--|---------|---------------|--------|-----|-------|-----------------|--------|------------|-----|------------------|-----------------|---------|------------------|
| | | Actual | Period | RAG | Trend | Actual | Period | YTD Actual | RAG | Min. | Sparkline Chart | Max. | Sparkline Period |
| All Cancers: 31 day wait for diagnosis to first treatment | >=96.0% | 100.00% | May-17 | ● | ↑ | 99.00% | Apr-17 | 99.48% | ● | 98.92% | | 100.00% | May-16 to May-17 |
| All Cancers: 31 day wait for second or subsequent treatment: anti cancer drug treatments | >=98.0% | 100.00% | May-17 | ● | → | 100.00% | Apr-17 | 100.00% | ● | 91.67% | | 100.00% | May-16 to May-17 |
| All Cancers: 31 day wait for second or subsequent treatment: surgery | >=94.0% | 100.00% | May-17 | ● | → | 100.00% | Apr-17 | 100.00% | ● | 90.91% | | 100.00% | May-16 to May-17 |
| All Cancers: 62 Day Cancer Standard Treated - Pre Allocation | ** | 89.08% | May-17 | | ↓ | 94.50% | Apr-17 | 91.67% | | 89.08% | | 100.00% | May-16 to May-17 |
| All Cancers: 62 day wait for first treatment from consultant screening service referral | >=90.0% | 100.00% | May-17 | ● | → | 100.00% | Apr-17 | 100.00% | ● | 100.00% | | 100.00% | May-16 to May-17 |
| All Cancers: 62 day wait for first treatment from urgent GP referral to treatment | >=85.0% | 91.15% | May-17 | ● | ↑ | 89.90% | Apr-17 | 90.57% | ● | 81.55% | | 98.15% | May-16 to May-17 |
| Cancer - Breast 62 Day Wait | >=85.0% | 100.00% | Apr-17 | ● | → | 100.00% | Mar-17 | 100.00% | ● | 100.00% | | 100.00% | May-16 to Apr-17 |
| Cancer - Colorectal 62 Day Wait | >=85.0% | 100.00% | Apr-17 | ● | → | 100.00% | Mar-17 | 100.00% | ● | 60.00% | | 100.00% | May-16 to Apr-17 |
| Cancer - Gynaecology 62 Day Wait | >=85.0% | 100.00% | Apr-17 | ● | → | 100.00% | Mar-17 | 100.00% | ● | 0.00% | | 100.00% | May-16 to Apr-17 |
| Cancer - Haematology 62 Day Wait | >=85.0% | 66.67% | Apr-17 | ● | ↓ | 100.00% | Mar-17 | 66.67% | ● | 66.67% | | 100.00% | May-16 to Apr-17 |
| Cancer - Head & Neck 62 Day Wait | >=85.0% | 50.00% | Apr-17 | ● | ↓ | 100.00% | Mar-17 | 50.00% | ● | 33.33% | | 100.00% | May-16 to Apr-17 |

Commentary

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

All 14, 31 and 62-day Cancer Waiting times targets have been achieved for April 2017. Tumour specific performance remains strong with 6 tumour sites achieving 100% for the 62-day standard. We have had 5 accountable breaches of the 62-day standard in April. These have been reviewed to establish areas for concern and where improvements can be made. One breach was a complex case which was investigated by multiple teams to establish a diagnosis and has commenced treatment as an unknown primary. The other 4 had some delays in reporting of diagnostic tests and patient cancellations.

4 : Access - Cancer




| Metric Title | Target | Latest Period | | | Trend | Previous Period | | | YTD Actual | RAG | Latest 13 Months | | | |
|--|---------|---------------|--------|-----|-------|-----------------|--------|---------|------------|---------|------------------|---------|------------------|--|
| | | Actual | Period | RAG | | Actual | Period | Min. | | | Sparkline Chart | Max. | Sparkline Period | |
| Cancer - Lung 62 Day Wait | >=85.0% | 100.00% | Apr-17 | ● | → | 100.00% | Mar-17 | 100.00% | ● | 50.00% | | 100.00% | May-16 to Apr-17 | |
| Cancer - Skin 62 Day Wait | >=85.0% | 100.00% | Apr-17 | ● | → | 100.00% | Mar-17 | 100.00% | ● | 100.00% | | 100.00% | May-16 to Apr-17 | |
| Cancer - Upper GI 62 Day Wait | >=85.0% | 71.43% | Apr-17 | ● | ↓ | 100.00% | Mar-17 | 71.43% | ● | 40.00% | | 100.00% | May-16 to Apr-17 | |
| Cancer - Urology 62 Day Wait | >=85.0% | 100.00% | Apr-17 | ● | ↑ | 92.86% | Mar-17 | 100.00% | ● | 82.35% | | 100.00% | May-16 to Apr-17 | |
| Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected) | >=93.0% | 96.31% | May-17 | ● | ↓ | 97.59% | Apr-17 | 96.88% | ● | 96.31% | | 99.19% | May-16 to May-17 | |
| Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected) | >=93.0% | 96.46% | May-17 | ● | ↑ | 95.16% | Apr-17 | 95.78% | ● | 94.83% | | 99.26% | May-16 to May-17 | |

Commentary

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

All 14, 31 and 62-day Cancer Waiting times targets have been achieved for April 2017. Tumour specific performance remains strong with 6 tumour sites achieving 100% for the 62-day standard. We have had 5 accountable breaches of the 62-day standard in April. These have been reviewed to establish areas for concern and where improvements can be made. One breach was a complex case which was investigated by multiple teams to establish a diagnosis and has commenced treatment as an unknown primary. The other 4 had some delays in reporting of diagnostic tests and patient cancellations.

5 : Access - A&E

| Metric Title | Target | Latest Period | | | | Trend | Previous Period | | | | Latest 13 Months | | | |
|---------------------------------|---------|---------------|--------|-----|--------|--------|-----------------|------------|-----|--------|---|--------|------------------|--|
| | | Actual | Period | RAG | Actual | | Period | YTD Actual | RAG | Min. | Sparkline Chart | Max. | Sparkline Period | |
| 4 Hour A&E Breach Performance % | >=95.0% | 90.71% | May-17 | ● | ↓ | 92.66% | Apr-17 | 91.66% | ● | 76.61% |  | 93.86% | May-16 to May-17 | |
| Average Daily A&E Attendances | * | 248.6 | May-17 | | ↑ | 241.7 | Apr-17 | 245.2 | | 221.0 |  | 266.1 | May-16 to May-17 | |
| Number of A&E Attendances | * | 7,706 | May-17 | | ↑ | 7,250 | Apr-17 | 14,956 | | 6,604 |  | 8,249 | May-16 to May-17 | |

Commentary

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

A&E has delivered the 4-hour performance target trajectory for the second month in a row at 90.9%. This is despite the cyber attack and the increase in admissions seen in the month. The 95% national target was achieved on ten days in May and WWL is the second best performing Trust in GM for type 1 attendances. The GM challenge of "Return to the 90's" is being actioned and delivered in the A&E Improvement Meetings and supported by the onsite Integrated Discharge Team, with a particular focus on providing additional support at the beginning of the week where most pressure is felt.

6 : Productivity




| Metric Title | Target | Latest Period | | | Trend | Previous Period | | | YTD Actual | RAG | Latest 13 Months | | | |
|--|---------|---------------|--------|-----|-------|-----------------|--------|--------|------------|--------|------------------|-----------------|------------------|------------------|
| | | Actual | Period | RAG | | Actual | Period | RAG | | | Min. | Sparkline Chart | Max. | Sparkline Period |
| Average Spell LOS (Elective) | * | 3.7 | May-17 | | ↑ | 3.2 | Apr-17 | 3.4 | | 3.0 | | 3.7 | May-16 to May-17 | |
| Average Spell LOS (Non Elective) | * | 4.3 | May-17 | | ↑ | 4.0 | Apr-17 | 4.1 | | 4.0 | | 5.0 | May-16 to May-17 | |
| Cancelled Operations % | <=0.8% | 0.80% | May-17 | ● | ↓ | 1.20% | Apr-17 | 1.00% | ● | 0.80% | | 2.65% | May-16 to May-17 | |
| Cancelled Operations: 2nd Urgent Hospital | <=0 | 0 | May-17 | ● | → | 0 | Apr-17 | 0 | ● | 0 | | 0 | May-16 to May-17 | |
| Delayed Transfer of Care Days | ** | 182 | May-17 | | ↓ | 187 | Apr-17 | 369 | | 182 | | 219 | Feb-17 to May-17 | |
| Delayed Transfers of Care | ** | 33 | May-17 | | ↓ | 36 | Apr-17 | 69 | | 33 | | 64 | Feb-17 to May-17 | |
| Hospital Cancelled OP Appointments % | <=5.0% | 6.73% | May-17 | ● | ↓ | 7.17% | Apr-17 | 6.93% | ● | 5.97% | | 7.17% | May-16 to May-17 | |
| Hospital Cancelled OP Appointments < 6 weeks | <=0.0% | 5.21% | May-17 | ● | ↓ | 5.42% | Apr-17 | 5.31% | ● | 4.57% | | 5.42% | May-16 to May-17 | |
| Number of IP Discharges | * | 6,652 | May-17 | | ↑ | 6,111 | Apr-17 | 12,763 | | 6,111 | | 7,029 | May-16 to May-17 | |
| Number of Weekend Discharges | * | 867 | May-17 | | ↓ | 1,049 | Apr-17 | 1,916 | | 780 | | 1,071 | May-16 to May-17 | |
| Theatre Effectiveness % - Leigh | >=70.0% | 52.00% | May-17 | ● | ↑ | 48.00% | Apr-17 | N/A | | 44.00% | | 57.00% | May-16 to May-17 | |

Commentary

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

Wrightington exceeded the target for theatre effectiveness for the second consecutive month. Leigh effectiveness improved slightly while elective cases on the Wigan site were cancelled due to bed pressures. An exceptionally high volume of orthopaedic revision surgery undertaken in May increased the demand for inpatient beds and resulted in increased length of stay. Delayed transfers of care (DTOC) remain very low in comparison with Greater Manchester. The target for weekend discharges is 80% of the number of patients discharged through the week, May saw 83% of patients discharged at weekend.

6 : Productivity

| Metric Title | Target | Latest Period | | | Trend | Previous Period | | | YTD Actual | RAG | Latest 13 Months | | | |
|--|---------|---------------|--------|-----|-------|-----------------|--------|------|------------|--------|---|--------|------------------|--|
| | | Actual | Period | RAG | | Actual | Period | Min. | | | Sparkline Chart | Max. | Sparkline Period | |
| Theatre Effectiveness % - RAEI | >=70.0% | 59.00% | May-17 | ● | ↓ | 62.00% | Apr-17 | N/A | | 52.00% |  | 65.00% | May-16 to May-17 | |
| Theatre Effectiveness % - Total | >=70.0% | 66.00% | May-17 | ● | → | 66.00% | Apr-17 | N/A | | 63.00% |  | 67.00% | May-16 to May-17 | |
| Theatre Effectiveness % - Wrightington | >=70.0% | 71.00% | May-17 | ● | ↓ | 72.00% | Apr-17 | N/A | | 68.00% |  | 74.00% | May-16 to May-17 | |

Commentary

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

Wrightington exceeded the target for theatre effectiveness for the second consecutive month. Leigh effectiveness improved slightly while elective cases on the Wigan site were cancelled due to bed pressures. An exceptionally high volume of orthopaedic revision surgery undertaken in May increased the demand for inpatient beds and resulted in increased length of stay. Delayed transfers of care (DTC) remain very low in comparison with Greater Manchester. The target for weekend discharges is 80% of the number of patients discharged through the week, May saw 83% of patients discharged at weekend.

7 : Midwifery

| Metric Title | Target | Latest Period | | | Trend | Previous Period | | | YTD Actual | RAG | Latest 13 Months | | | |
|--|---------|---------------|--------|-----|-------|-----------------|--------|------|------------|--------|------------------|--------|------------------|--|
| | | Actual | Period | RAG | | Actual | Period | Min. | | | Sparkline Chart | Max. | Sparkline Period | |
| Maternal admissions to ICU | <=2 | 0 | May-17 | ● | ↓ | 1 | Apr-17 | 1 | ● | 0 | | 1 | May-16 to May-17 | |
| Maternal Readmissions within 30 Days | <=5 | 0 | May-17 | ● | → | 0 | Apr-17 | 0 | ● | 0 | | 3 | May-16 to May-17 | |
| Maternity Complaints | <=2 | 0 | May-17 | ● | ↓ | 3 | Apr-17 | 3 | ● | 0 | | 3 | May-16 to May-17 | |
| Maternity: 3rd/4th degree tears | <=3.0% | 2.46% | May-17 | ● | ↑ | 0.47% | Apr-17 | N/A | | 0.40% | | 2.46% | May-16 to May-17 | |
| Maternity: Average post-natal length of stay | <=1.5 | 1.6 | May-17 | ● | ↓ | 1.7 | Apr-17 | N/A | | 1.5 | | 2.4 | May-16 to May-17 | |
| Maternity: Booked by 12.6 Weeks | >=90.0% | 91.12% | Apr-17 | ● | ↓ | 97.15% | Mar-17 | N/A | | 87.89% | | 97.15% | May-16 to Apr-17 | |
| Maternity: Elective Caesarean Sections | <=15.0% | 11.47% | May-17 | ● | ↑ | 10.52% | Apr-17 | N/A | | 6.64% | | 15.25% | May-16 to May-17 | |
| Maternity: Emergency / Non Elective Caesarean Sections | <=17.0% | 19.26% | May-17 | ● | ↑ | 14.35% | Apr-17 | N/A | | 12.72% | | 20.16% | May-16 to May-17 | |
| Maternity: Episiotomy with normal birth | <=6.0% | 3.47% | May-17 | ● | ↓ | 4.25% | Apr-17 | N/A | | 2.11% | | 6.08% | May-16 to May-17 | |
| Maternity: Induction of Labour | <=30.0% | 33.75% | May-17 | ● | ↓ | 39.23% | Apr-17 | N/A | | 24.23% | | 40.50% | May-16 to May-17 | |
| Maternity: Initiation of breastfeeding | >=53.0% | 51.00% | May-17 | ● | ↓ | 52.00% | Apr-17 | N/A | | 48.79% | | 58.01% | May-16 to May-17 | |

Commentary

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

Induction Of Labour rate remains above National average due to revised thresholds of reduced fetal movements/fetal growth pathways, but reduced by 5.5%. This increase is in keeping with National trends. Increased births with a decrease in normal births, increase in waterbirth/use of water for analgesia with an increase in emergency Caesarean sections for clinical indications and overall section rate. Elective section rate maintained within parameters. Slight reduction in length of stay despite increase in instrumental and caesarean section births. No complaints received this month and no claims to date this year.

7 : Midwifery

| Metric Title | Target | Latest Period | | | Trend | Previous Period | | | YTD Actual | RAG | Latest 13 Months | | | |
|--|---------|---------------|--------|-----|-------|-----------------|--------|------|------------|--------|------------------|--------|------------------|--|
| | | Actual | Period | RAG | | Actual | Period | Min. | | | Sparkline Chart | Max. | Sparkline Period | |
| Maternity: Instrumental Deliveries | <=10.0% | 10.25% | May-17 | ● | ↑ | 7.60% | Apr-17 | N/A | | 5.95% | | 14.73% | May-16 to May-17 | |
| Maternity: Midwife / Birth Ratio | <=1.30 | 1.27 | May-17 | ● | ↑ | 1.26 | Apr-17 | N/A | | 1.00 | | 1.27 | May-16 to May-17 | |
| Maternity: New Claims | * | 0 | May-17 | | → | 0 | Apr-17 | 0 | | 0 | | 0 | Dec-16 to May-17 | |
| Maternity: Normal Deliveries | >=60.0% | 59.02% | May-17 | ● | ↓ | 67.46% | Apr-17 | N/A | | 58.43% | | 69.26% | May-16 to May-17 | |
| Maternity: Skills drills/2 day Mandatory Training Attendance | >=40.0% | 34.00% | May-17 | ● | ↑ | 8.00% | Apr-17 | N/A | | 0.00% | | 96.00% | May-16 to May-17 | |
| Maternity: Still Births (>24 weeks) | <=1 | 1 | May-17 | ● | ↑ | 0 | Apr-17 | 1 | ● | 0 | | 4 | May-16 to May-17 | |
| Maternity: Total Births | >=240 | 244 | May-17 | ● | ↑ | 209 | Apr-17 | 453 | ● | 204 | | 262 | May-16 to May-17 | |
| Maternity: Total Caesarean Sections | <=27.0% | 30.73% | May-17 | ● | ↑ | 24.88% | Apr-17 | N/A | | 22.80% | | 32.05% | May-16 to May-17 | |
| Maternity: Total monthly bookings | >=240 | 246 | Mar-17 | ● | ↓ | 254 | Feb-17 | 0 | ● | 0 | | 280 | May-16 to May-17 | |
| Maternity: Water Births | >=8 | 12 | May-17 | ● | ↑ | 7 | Apr-17 | 19 | ● | 7 | | 24 | May-16 to May-17 | |

Commentary

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

Induction Of Labour rate remains above National average due to revised thresholds of reduced fetal movements/fetal growth pathways, but reduced by 5.5%. This increase is in keeping with National trends. Increased births with a decrease in normal births, increase in waterbirth/use of water for analgesia with an increase in emergency Caesarean sections for clinical indications and overall section rate. Elective section rate maintained within parameters. Slight reduction in length of stay despite increase in instrumental and caesarean section births. No complaints received this month and no claims to date this year.

8 : Patient Experience

Latest Period

Previous Period

Latest 13 Months

| Metric Title | Target | Latest Period | | | Trend | Previous Period | | | YTD Actual | RAG | Latest 13 Months | | | |
|---|---------|---------------|--------|-----|-------|-----------------|--------|--------|------------|--------|------------------|---------|------------------|--|
| | | Actual | Period | RAG | | Actual | Period | Min. | | | Sparkline Chart | Max. | Sparkline Period | |
| Number of Complaints Upheld by Ombudsman | * | 0 | May-17 | | → | 0 | Apr-17 | 0 | | 0 | | 2 | Dec-16 to May-17 | |
| Percentage of Complaints Responded to on Time | * | 75.68% | May-17 | | ↑ | 75.00% | Apr-17 | 75.67% | | 71.00% | | 92.00% | Dec-16 to May-17 | |
| RTPS: Did you find someone to talk to about your worries and fears? | >=90.0% | 91.91% | May-17 | ● | ↓ | 92.41% | Apr-17 | 92.17% | ● | 88.70% | | 97.22% | May-16 to May-17 | |
| RTPS: Do you know which Doctor/Consultant is treating or looking after you? | >=90.0% | 88.97% | May-17 | ● | ↑ | 84.14% | Apr-17 | 86.48% | ● | 79.80% | | 91.82% | May-16 to May-17 | |
| RTPS: Do you think the hospital staff did everything they could to help control your pain? | >=90.0% | 96.32% | May-17 | ● | ↑ | 93.79% | Apr-17 | 95.02% | ● | 93.33% | | 98.40% | May-16 to May-17 | |
| RTPS: During your stay have you been treated with compassion by the hospital staff? | >=90.0% | 99.26% | May-17 | ● | ↑ | 97.24% | Apr-17 | 98.22% | ● | 96.00% | | 100.00% | May-16 to May-17 | |
| RTPS: Has there been healthy food on the hospital menu? | >=90.0% | 89.71% | May-17 | ● | ↓ | 95.17% | Apr-17 | 92.53% | ● | 87.10% | | 97.73% | May-16 to May-17 | |
| RTPS: Have staff treating and examining you introduced themselves? | >=90.0% | 95.59% | May-17 | ● | ↓ | 96.55% | Apr-17 | 96.09% | ● | 88.64% | | 99.26% | May-16 to May-17 | |
| RTPS: Have you always had access to a call bell when you needed it? | >=90.0% | 94.85% | May-17 | ● | ↓ | 97.24% | Apr-17 | 96.09% | ● | 93.50% | | 100.00% | May-16 to May-17 | |
| RTPS: Have you been given enough privacy when being examined treated or discussing your care? | >=90.0% | 99.26% | May-17 | ● | ↓ | 100.00% | Apr-17 | 99.64% | ● | 96.97% | | 100.00% | May-16 to May-17 | |
| RTPS: Have you been given the care you felt you required when you needed it most? | >=90.0% | 95.59% | May-17 | ● | ↓ | 96.55% | Apr-17 | 96.09% | ● | 93.46% | | 97.92% | May-16 to May-17 | |

Commentary

*Threshold not confirmed

**Threshold not confirmed - based on assumption

There were 37 complaints due a response (up from 24 due in April). 28 of the 37 complaint responses were sent within the timescales agreed with the complainant at the start of the process (76%). No final reports were issued by the Parliamentary Health Service Ombudsman. Comprehensive, open and transparent responses to complainants are incredibly important and improve patient experience and satisfaction. In relation to the Real Time Patient Survey results, the majority of responses have been positive. Internal audit (MIAA) are looking at the discharge question and how the survey is undertaken as well as the process of discharge. Discharge Always Events are also being developed.

8 : Patient Experience

| Metric Title | Target | Latest Period | | | | Previous Period | | | | Latest 13 Months | | | |
|--|---------|---------------|--------|-----|-------|-----------------|--------|------------|-----|------------------|-----------------|--------|------------------|
| | | Actual | Period | RAG | Trend | Actual | Period | YTD Actual | RAG | Min. | Sparkline Chart | Max. | Sparkline Period |
| RTPS: Have you been involved as much as you wanted to be about your discharge home? | >=90.0% | 55.88% | May-17 | ● | ↓ | 73.79% | Apr-17 | 65.12% | ● | 54.25% | | 73.79% | May-16 to May-17 |
| RTPS: Have you been involved as much as you wanted to be in decisions about your care and treatment? | >=90.0% | 91.18% | May-17 | ● | ↓ | 95.17% | Apr-17 | 93.24% | ● | 84.24% | | 95.60% | May-16 to May-17 |
| RTPS: Have you been offered a choice of food during your stay? | >=90.0% | 96.32% | May-17 | ● | ↓ | 98.62% | Apr-17 | 97.51% | ● | 94.01% | | 99.30% | May-16 to May-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% | 91.91% | May-17 | ● | ↓ | 95.17% | Apr-17 | 93.59% | ● | 88.82% | | 95.56% | May-16 to May-17 |

Commentary

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

There were 37 complaints due a response (up from 24 due in April). 28 of the 37 complaint responses were sent within the timescales agreed with the complainant at the start of the process (76%). No final reports were issued by the Parliamentary Health Service Ombudsman. Comprehensive, open and transparent responses to complainants are incredibly important and improve patient experience and satisfaction. In relation to the Real Time Patient Survey results, the majority of responses have been positive. Internal audit (MIAA) are looking at the discharge question and how the survey is undertaken as well as the process of discharge. Discharge Always Events are also being developed.

9 : Workforce

| Metric Title | Target | Latest Period | | | | Trend | Previous Period | | | | Latest 13 Months | | | |
|--|--------|---------------|--------|-----|--------|-------|-----------------|------------|-------|------|------------------|------|------------------|------------------|
| | | Actual | Period | RAG | Actual | | Period | YTD Actual | RAG | Min. | Sparkline Chart | Max. | Sparkline Period | |
| Appraisals over rolling 12 months | * | 87.10% | May-17 | | | | 91.40% | Apr-17 | N/A | | 83.80% | | 91.80% | Jun-16 to May-17 |
| Clinical & Non Clinical Overall Vacancy Rate | <=4.5% | 5.84% | May-17 | ● | ↓ | | 6.05% | Apr-17 | 5.94% | ● | 2.51% | | 6.05% | May-16 to May-17 |
| Job Plan Compliance over rolling 12 months | * | 19.20% | May-17 | | | | 19.40% | Apr-17 | N/A | | 13.33% | | 20.59% | Jun-16 to May-17 |
| Mandatory Training over rolling 12 months | * | 95.90% | May-17 | | | | 95.50% | Apr-17 | N/A | | 93.90% | | 96.70% | Jun-16 to May-17 |
| Quarterly Engagement Score | >=4 | - | May-17 | ● | | | - | - | - | | - | | - | May-16 to May-17 |
| Sickness absence - Total | <=3.8% | 3.78% | Apr-17 | ● | ↑ | | 3.77% | Mar-17 | 3.78% | | 3.76% | | 4.69% | May-16 to Apr-17 |
| Temporary Staff Spend | <=0 | 1,231 | May-17 | ● | ↓ | | 2,378 | Apr-17 | 3,609 | ● | 998 | | 2,378 | May-16 to May-17 |
| Total Pay vs. Budget | <=0 | 417 | May-17 | ● | ↓ | | 681 | Apr-17 | 1,098 | ● | -44 | | 858 | May-16 to May-17 |

Commentary

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

The rolling 12 month absence rate for the period May 16 - Apr 17 has decreased marginally to 4.17% . The in-month sickness for April 17 has shown a slight increase to 3.78%. The vacancy rate for May 17 was 5.84%. Temp spend in May 17 has increased to £1,231k compared to £1,147k in Apr 17 (an increase of £84k). The highest temp spend category was Agency at £398k, representing an increase of £41k compared to £357k reported in Apr 17).

The April 2017 Staff Engagement Quarterly Pulse Check highlights a sustained moderate level of engagement within the Trust, halting the declining trend seen since summer 2016. However, comparison to 12 months ago does still reflect significant decreases across the enablers and measures of engagement.

NHSI Metrics

| Metric Title | Target | Latest Period | | | Trend | Previous Period | | YTD Actual | RAG | Latest 13 Months | | | |
|--|---------|---------------|--------|-----|-------|-----------------|--------|------------|-----|------------------|-----------------|---------|------------------|
| | | Actual | Period | RAG | | Actual | Period | | | Min. | Sparkline Chart | Max. | Sparkline Period |
| 4 Hour A&E Breach Performance % | >=95.0% | 90.71% | May-17 | ● | ↓ | 92.66% | Apr-17 | 91.66% | ● | 76.61% | | 93.86% | May-16 to May-17 |
| Access: 18 Weeks Referral To Treatment Incomplete Pathway | >=92.0% | 95.79% | May-17 | ● | ↑ | 95.71% | Mar-17 | 95.79% | ● | 95.07% | | 96.28% | May-16 to May-17 |
| All Cancers: 31 day wait for diagnosis to first treatment | >=96.0% | 100.00% | May-17 | ● | ↑ | 99.00% | Apr-17 | 99.48% | ● | 98.92% | | 100.00% | May-16 to May-17 |
| All Cancers: 31 day wait for second or subsequent treatment: anti cancer drug treatments | >=98.0% | 100.00% | May-17 | ● | → | 100.00% | Apr-17 | 100.00% | ● | 91.67% | | 100.00% | May-16 to May-17 |
| All Cancers: 31 day wait for second or subsequent treatment: surgery | >=94.0% | 100.00% | May-17 | ● | → | 100.00% | Apr-17 | 100.00% | ● | 90.91% | | 100.00% | May-16 to May-17 |
| All Cancers: 62 Day Cancer Standard Treated - Pre Allocation | ** | 89.08% | May-17 | | ↓ | 94.50% | Apr-17 | 91.67% | | 89.08% | | 100.00% | May-16 to May-17 |
| All Cancers: 62 day wait for first treatment from consultant screening service referral | >=90.0% | 100.00% | May-17 | ● | → | 100.00% | Apr-17 | 100.00% | ● | 100.00% | | 100.00% | May-16 to May-17 |
| All Cancers: 62 day wait for first treatment from urgent GP referral to treatment | >=85.0% | 91.15% | May-17 | ● | ↑ | 89.90% | Apr-17 | 90.57% | ● | 81.55% | | 98.15% | May-16 to May-17 |
| Certification regarding learning disability | >=0 | 1 | May-17 | ● | → | 1 | Apr-17 | 2 | ● | 1 | | 1 | May-16 to May-17 |
| Infections: Clostridium Difficile (CDT) | <=2 | 1 | May-17 | ● | → | 1 | Apr-17 | 2 | ● | 0 | | 4 | May-16 to May-17 |
| Infections: Clostridium Difficile Lapses in Care | <=0 | 0 | May-17 | ● | → | 0 | Apr-17 | 0 | ● | 0 | | 2 | May-16 to May-17 |

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

NHSI Metrics

| Metric Title | Latest Period | | | | | Trend | Previous Period | | | | Latest 13 Months | | | |
|--|---------------|--------|--------|-----|--------|--------|-----------------|------------|-----|--------|------------------|--------|------------------|--|
| | Target | Actual | Period | RAG | Actual | | Period | YTD 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% | 96.31% | May-17 | ● | ↓ | 97.59% | Apr-17 | 96.88% | ● | 96.31% | | 99.19% | May-16 to May-17 | |
| Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected) | >=93.0% | 96.46% | May-17 | ● | ↑ | 95.16% | Apr-17 | 95.78% | ● | 94.83% | | 99.26% | May-16 to May-17 | |

*Threshold not confirmed

**Threshold not confirmed – based on assumption