

Quality and Performance Report

Author: John Adler, Chief Executive

PPPC/QOC Joint paper 3

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		
Trust Board Committee	24/09/19	Discussion and Assurance
Trust Board		

Executive Summary from CEO

Context

This report provides a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate. This complements the full Quality and Performance Report and the exception reports within that which are triggered automatically when identified thresholds are met. The exception reports contain the full detail of recovery actions and trajectories where applicable. Note that the definition of "Good" and "Bad" news is for headline reporting purposes only and the full Q&P report should be consulted when determining any action required in response.

Question

1. What is the Trust performance against the key quality and performance metrics.

Conclusion

Good News:

- **Mortality** – the latest published SHMI (period April 2018 to March 2019) has increased to 100, but remains within the expected range.
- **Diagnostic 6 week wait** – standard achieved for 12 consecutive months.
- **52+ weeks wait** – has been compliant for 14 consecutive months.

- **Delayed transfers of care** - remain within the tolerance.
- **12 hour trolley wait** - 0 breaches reported.
- **CAS alerts** - compliant.
- **C DIFF** – 6 cases reported this month.
- **Single Sex Accommodation Breaches** – 0 reported in August.
- **Pressure Ulcers** - 0 **Grade 4**, 0 **Grade 3** and 2 **Grade 2** reported during August.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average.
- **90% of Stay on a Stroke Unit** – threshold achieved with 88.0% reported in July.
- **TIA (high risk patients)** – threshold achieved with 72.4% reported in August.
- **Annual Appraisal** is at 91.9%.
- **Statutory and Mandatory Training** compliance is currently at 93%. A specific focus is being applied to Bank and Estates & Facilities staff with a compliance deadline of 31/10.

Bad News:

- **UHL ED 4 hour performance** – 69.7% for August, system performance (including LLR UCCs) was 79.4%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 10.1%.
- **Referral to treatment** – the number on the waiting list (now the primary performance measure) were above the NHSE/I trajectory and 18 week performance was below the NHS Constitution standard at 81.6%.
- **MRSA** – 1 case reported.
- **Cancer Two Week Wait** was 91.8% in July against a target of 93%.
- **2 Week Wait Cancer Symptomatic Breast** was 91.9% in July.
- **Cancer 31 day treatment** was 92.9% in July against a target of 96%.
- **Cancer 62 day treatment** was 76.6% in July against a target of 85%.
- **Fractured NOF** decreased to 47.4% in August, YTD is below target which is 72%.
- **Cancelled operations OTD** - 1.3% reported in August.
- **Patients not rebooked within 28 days following late cancellation of surgery** - 26.

Input Sought

I recommend that the Committee:

- Commends the positive achievements noted under Good News
- Note the areas of Bad News and consider by reference to the Q&P and topic-specific reports if the actions being taken are sufficient.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes / No / Not applicable]
Safely and timely discharge	[Yes / No / Not applicable]
Improved Cancer pathways	[Yes / No / Not applicable]
Streamlined emergency care	[Yes / No / Not applicable]
Better care pathways	[Yes / No / Not applicable]
Ward accreditation	[Yes / No / Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes / No / Not applicable]
Estate investment and reconfiguration	[Yes / No / Not applicable]
e-Hospital	[Yes / No / Not applicable]
More embedded research	[Yes / No / Not applicable]
Better corporate services	[Yes / No / Not applicable]
Quality strategy development	[Yes / No / Not applicable]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?
Not applicable as purely data reporting.
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required
Not applicable as purely data reporting. What to measure is determined nationally or through priorities.
- How did the outcome of the EIA influence your Patient and Public Involvement ?
N/A
- If an EIA was not carried out, what was the rationale for this decision?
As above.

4. Risk and Assurance

Risk Reference:

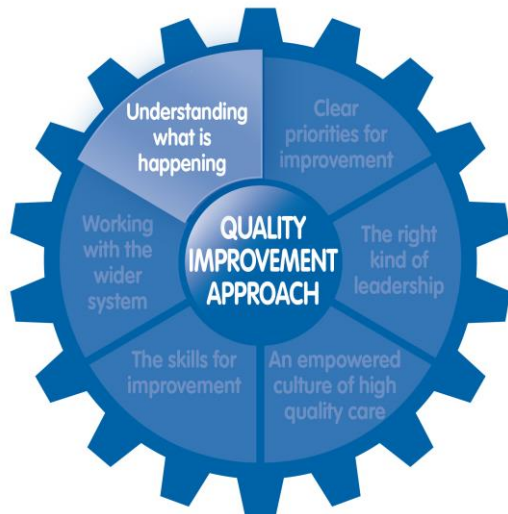
Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	X	Failure to deliver key performance standards for emergency, planned and cancer care.
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

- 5. Scheduled date for the **next paper** on this topic: 24th October 2019
- 6. Executive Summaries should not exceed **5 sides** My paper does comply



Quality and Performance Report

August 2019



One team shared values

Operational Delivery Unit



CONTENTS

Introduction	3
Statistical Process Control charts overview	4
Performance Overview	8
Ward Accreditation	17
Safe Surgery and Procedures	21
Safe and Timely Discharge	25
Improved Cancer Pathways	28
Streamlined Emergency Care	32
Better Care Pathways	34
People Strategy Implementation	42

REPORT TO: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE/QUALITY AND OUTCOMES COMMITTEE

DATE: 26th SEPTEMBER 2019

REPORT BY: ANDREW FURLONG, MEDICAL DIRECTOR

REBECCA BROWN, CHIEF OPERATING OFFICER

CAROLYN FOX, CHIEF NURSE

HAZEL WYTON, DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

SUBJECT: AUGUST 2019 QUALITY & PERFORMANCE SUMMARY REPORT

Introduction

The Quality and Performance (Q&P) report provides an overview of Key Performance Indicators (KPI's) mapped to the Becoming the Best priorities.

The KPI's include:-

- those monitored by NHSI/E via the NHS Single Oversight Framework, which sets out the approach to overseeing and supporting NHS trusts and NHS foundation trusts under the Single Oversight Framework
- UHL clinical/quality priorities
- KPI's monitored in the contract with Leicester, Leicestershire and Rutland commissioners.

As part of the refresh of the report all KPI's are presented in Statistical Process Control (SPC) charts instead of graphs or RAG rated dashboards, as recommended by the CQC. Presented in this format will allow the Board to ask the right questions and is a more effective approach to assurance.

Data Quality Assessment - The Data Quality Forum panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The forum provides scrutiny and challenge on the quality of data presented against the dimensions of accuracy, validity, reliability, timeliness, relevance and completeness.

Statistical Process Control (SPC) charts

SPC charts look like a traditional run chart but consist of:

- A line graph showing the data across a time series. The data can be in months, weeks, or days- but it is always best to ensure there are at least 15 data points in order to ensure the accurate identification of patterns, trends, anomalies and random variations.
- A horizontal line showing the Mean. This is used in determining if there is a statistically significant trend or pattern.
- Two horizontal lines either side of the Mean- called the upper and lower control limits. Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.
- A horizontal line showing the Target. In order for this target to be achievable, it should sit within the control limits. Any target set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.

Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

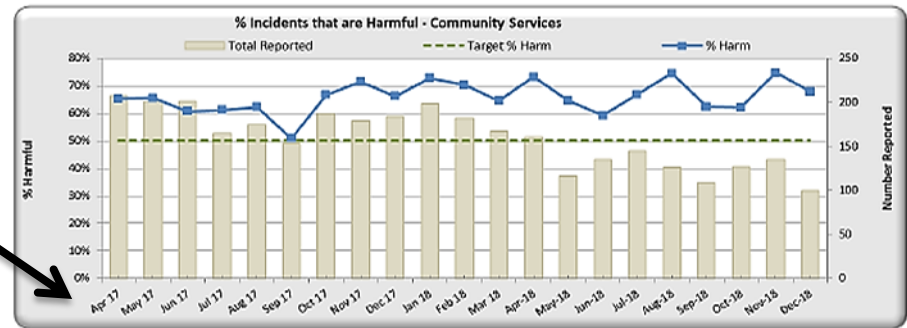
Within an SPC chart there are three different patterns to identify:

- Normal variation – (common cause) fluctuations in data points that sit between the upper and lower control limits
- Extreme values – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful of reasons outside the control of the process behind the extreme value
- A trend – may be identified where there are 7 consecutive points in either a pattern that could be; a downward trend, an upward trend, or a string of data points that are all above, or all below the mean. A trend would indicate that there has been a change in process resulting in a change in outcome

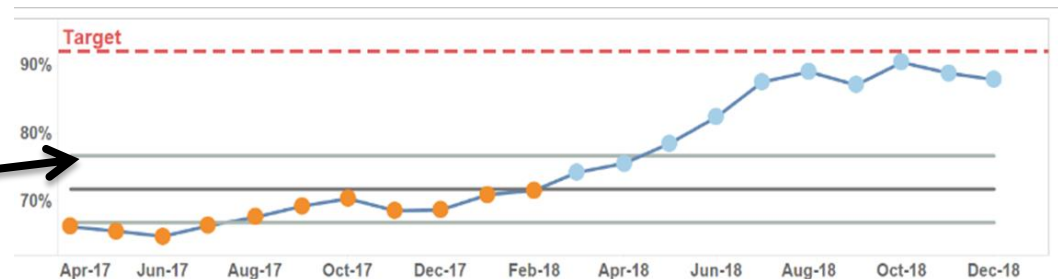


Key elements of a SPC dashboard

Appreciation of variance over time



Highlighting special cause and its nature



One team shared values



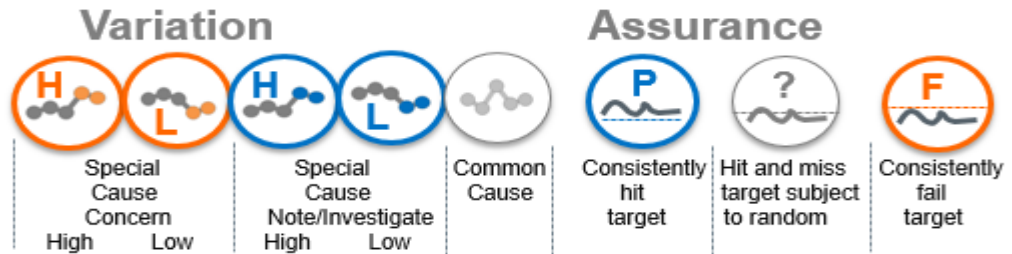
Key elements of a SPC dashboard

Narrative support that supports SPC theory

Summary icons and a top level summary view

Comment

This indicator records 85% in May 2018 and is demonstrating common cause variation.
















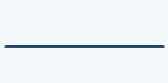








	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%			Shift change in August 2017 showing increase in sickness - staff survey review indicated.....

One team shared values



Performance Overview

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Ward Accreditation	Clostridium Difficile	108	8	14	6	40				Nov-17
	Clostridium Difficile Rate	New								
	MRSA Total	0	0	0	1	1				Nov-17
	E. Coli Bacteraemias Acute	TBC	7	10	11	47				Jun-18
	MSSA Acute	TBC	4	4	2	14				Nov-17
	All falls reported per 1000 bed stays	6.02	4.4	5.2		5.0				Jun-18
	Avoidable pressure ulcers G4	0	0	0	0	0				Aug-17
	Avoidable pressure ulcers G3	3	0	0	0	0				Aug-17
	Avoidable pressure ulcers G2	7	5	5	2	24				Aug-17

One team shared values



Performance Overview

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Ward Accreditation	Dementia assessment and referral - Percentage to whom case finding is applied	New								
	Dementia assessment and referral - Percentage with a diagnostic assessment	New								
	Dementia assessment and referral - Percentage of cases referred to specialist	New								

One team shared values



Performance Overview

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe Surgery and Procedures	Overdue CAS alerts	0	1	0	0	1				Nov-16
	Never events	0	1	0	0	1				May-17
	Mortality Published SHMI	99	100 <small>(Feb 18 to Jan 19)</small>	99 <small>(Mar 18 to Feb 19)</small>	100 <small>(Apr 18 to Mar 19)</small>	100 <small>(Apr 18 to Mar 19)</small>				Sep-16
	Mortality 12 months HSMR	72%	98	99	97	97				Sep-16
	No of #neck of femurs operated on 0-35hrs	99	81.9%	58.3%	47.4%	67.8%				Sep-16
	Staff Survey Recommend for treatment	TBC	74.0%			74.0%				Aug-17
	Emergency C-section rate	TBC	18.5%	20.2%	17.8%	19.0%				TBC

One team shared values



Performance Overview

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe and Timely Discharge	Emergency Readmissions within 30 Days	8.5%	8.9%	8.9%		9.0%				Jun-17
	Emergency Readmissions within 48 hours	TBC	1.1%	1.0%		1.1%				TBC
	Delayed Transfers of Care	3.5%	1.7%	1.8%	1.6%	1.6%				Oct-17
	Super Stranded Patients	135	151	160	169	169				TBC
	Inpatient Average LOS	TBC	3.7	3.6	3.6	3.5				TBC
	Emergency Average LOS	TBC	4.4	4.6	4.4	4.6				TBC

One team shared values















Performance Overview

Priority	KPI	Target	May-19	Jun-19	Jul-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Improved Cancer Pathways	2WW	93%	93.4%	91.0%	91.8%	92.98%				Jun-16
	2WW Breast	93%	93.1%	94.5%	91.9%	92.6%				Jun-16
	31 Day	96%	93.9%	93.9%	92.9%	93.8%				Jun-16
	31 Day Drugs	98%	98.6%	99.2%	100%	99.5%				Jun-16
	31 Day Sub Surgery	94%	87.6%	78.1%	86.7%	84.6%				Jun-16
	31 Day Radiotherapy	94%	99.0%	96.8%	97.0%	97.7%				Jun-16
	Cancer 62 Day	85%	74.8%	74.4%	76.6%	75.4%				Jun-16
	Cancer 62 Day Consultant Screening	90%	76.4%	78.9%	85.3%	85.5%				Jun-16

One team shared values



Performance Overview

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend variation	Data Quality Assessment
Streamlined Emergency Care	ED 4 hour waits UHL	95%	74.1%	72.0%	69.7%	73.0%				Aug-17
	ED 4 hour waits Acute Footprint	95%	81.5%	80.6%	79.4%	81.1%				Aug-17
	12 hour trolley waits in A&E	0	0	0	0	0				Mar-19
	Ambulance handover >60mins	0.0%	4.4%	10.2%	10.1%	6.8%				TBC

One team shared values



Performance Overview

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Better Care Pathways	RTT Incompletes	92%	83.5%	83.3%	81.6%	81.6%				Nov-16
	RTT Waiting 52+ Weeks	0	0	0	0	0				Nov-16
	Total Number of incompletes	64,404	64,721	65,600	65,903	65,903				TBC
	6 Week Diagnostic Test Waiting Times	1.0%	0.9%	0.9%	1.0%	1.0%				Mar-19
	Cancelled Patients not offered <28 Days	0	21	17	26	96				Jul-18
	% Operations Cancelled OTD	1.0%	1.0%	1.3%	1.3%	1.1%				Jul-18
	% of all adults VTE Risk Assessment on Admission	95.0%	98.3%	98.2%	97.8%	98.1%				Nov-16

One team shared values



Performance Overview

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Better Care Pathways	Single Sex Breaches	0	0	7	0	7				Dec-16
	Stroke - 90% Stay on a Stroke Unit	80%	87.8%	88.0%		87.3%				Apr-18
	Stroke TIA Clinic Within 24hrs	60%	61.4%	78.9%	72.4%	70.2%				Apr-18
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%				Jun-17
	A&E F&F Test % Positive	94%	96%	94%	94%	95%				Jun-17
	Maternity F&F Test % Positive	96%	91%	95%	96%	93%				Jun-17
	Outpatient F&F Test % Positive	94%	95%	95%	95%	95%				Jun-17
	Written complaints	TBC	191	231	234	1093				TBC

One team shared values



Performance Overview

Priority	KPI	Target	Jun-19	Jul-19	Aug-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
People Strategy Implementation	Staff Survey % Recommend as Place to Work	TBC	59.0%			59.0%				Sep-17
	Turnover Rate	10%	9.1%	8.9%	9.1%	9.1%				Nov-17
	Sickness Absence	3%	3.9%	3.9%		3.9%				Oct-16
	% of Staff with Annual Appraisal	95%	92.0%	91.8%	91.9%	91.9%				Dec-16
	Statutory and Mandatory Training	95%	92%	93%	93%	93%				Dec-16
	Nursing Vacancies	TBC	13.6%	13.6%		13.6%				Dec-17

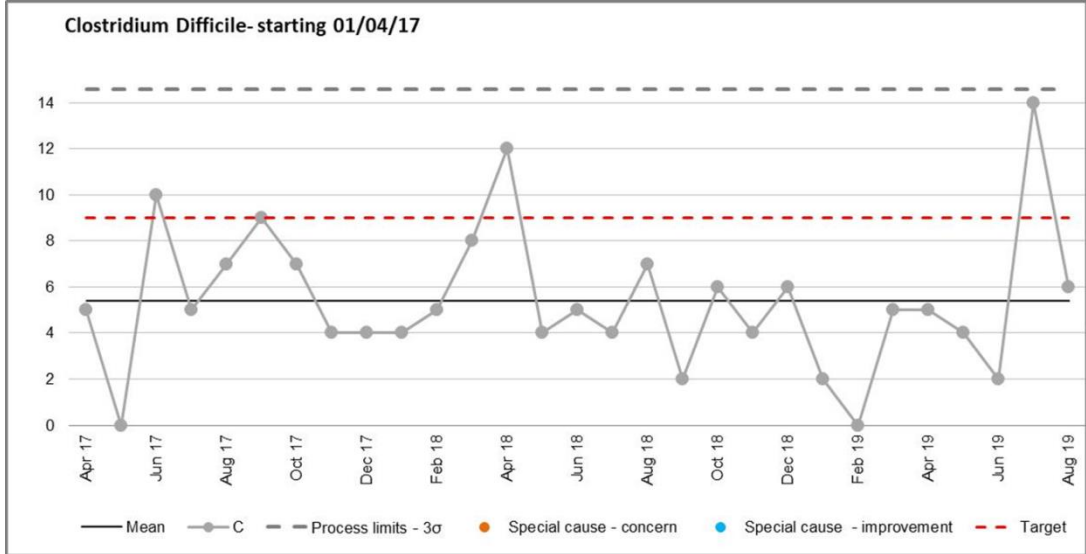
One team shared values



Metric	Aug 19	YTD	Target
--------	--------	-----	--------

Clostridium Difficile	6	40	108
-----------------------	----------	-----------	------------

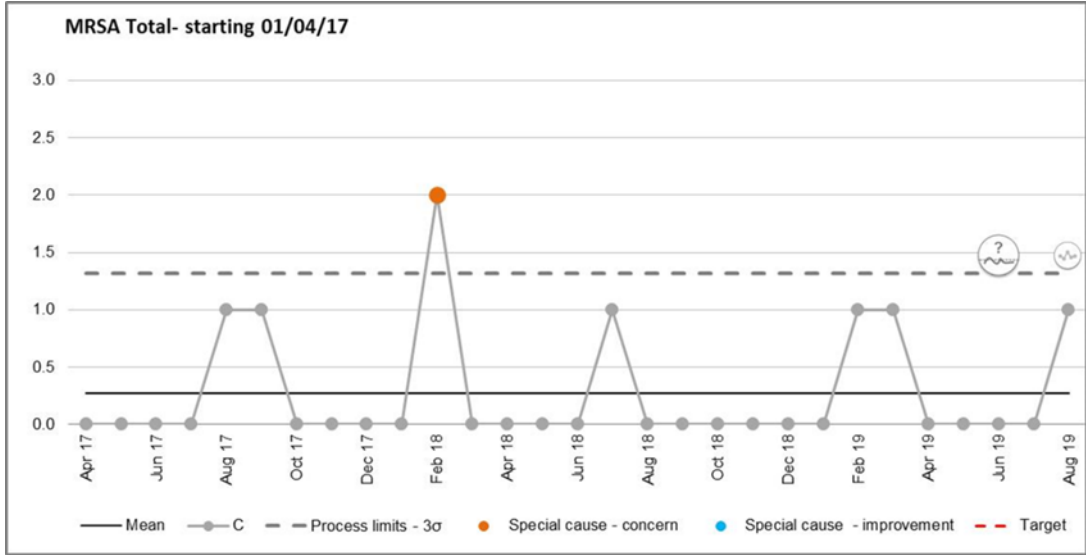
This metric is relatively stable. Likely to achieve target again next month.



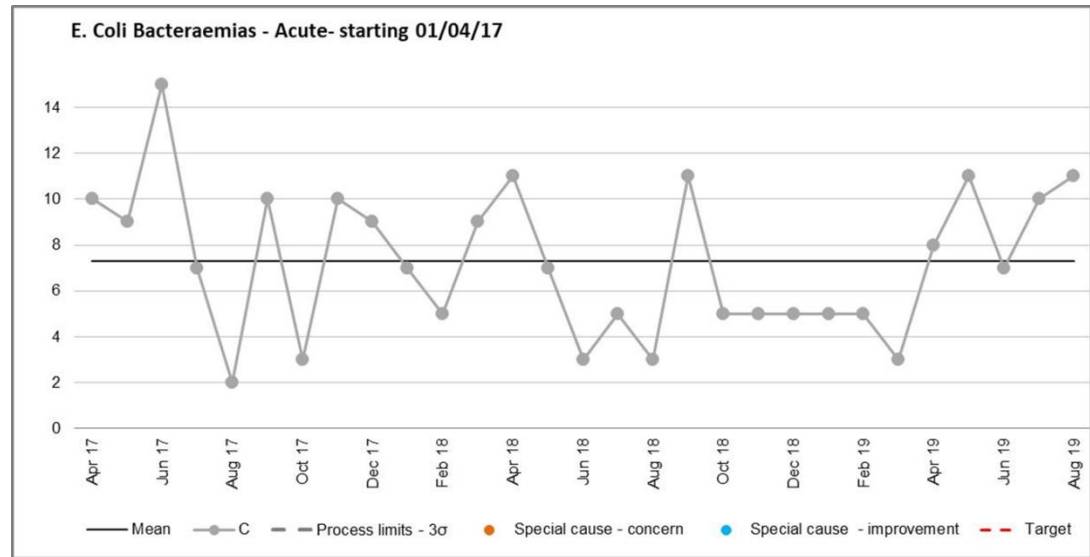
Metric	Aug 19	YTD	Target
--------	--------	-----	--------

MRSA Total	1	1	0
------------	----------	----------	----------

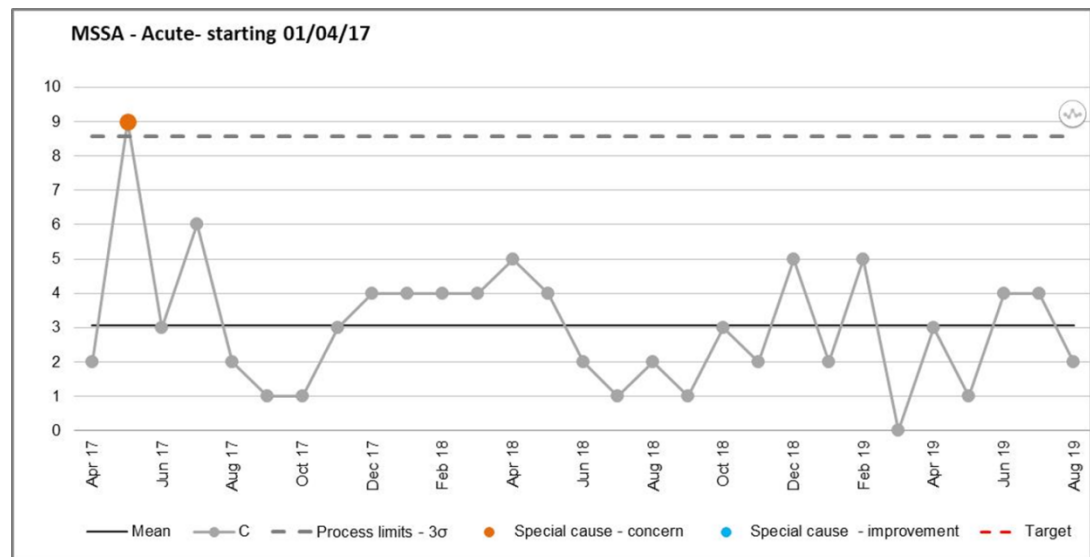
Monthly target likely to be achieve next month, however as full year target is zero and there has already been 1 YTD it is now impossible to achieve the full year target.



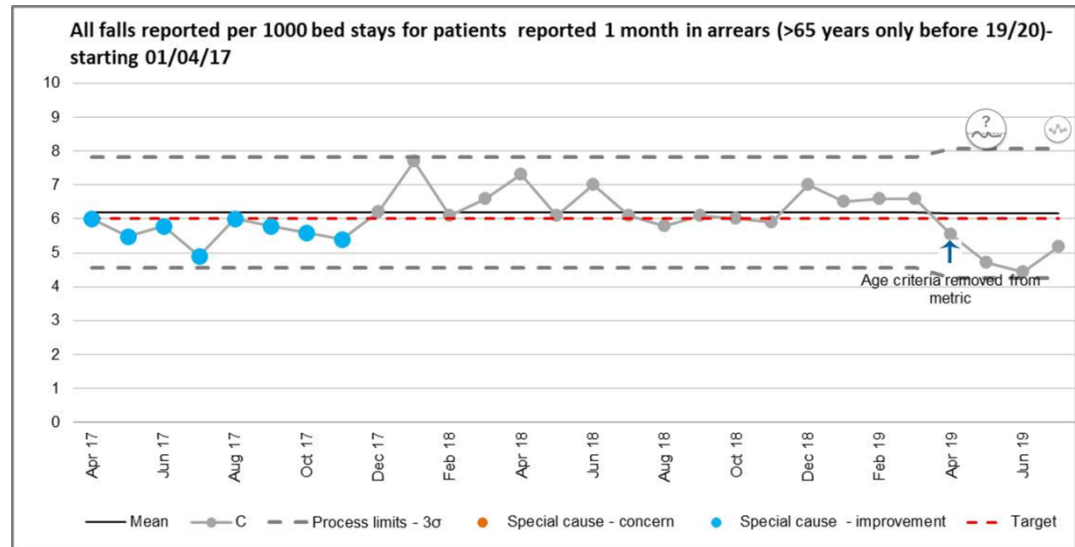
Metric	Aug 19	YTD	Target
E. Coli Bacteraemias - Acute	11	47	TBC
<p>This metric is relatively stable. Little cause for concern. Target yet to be confirmed.</p>			



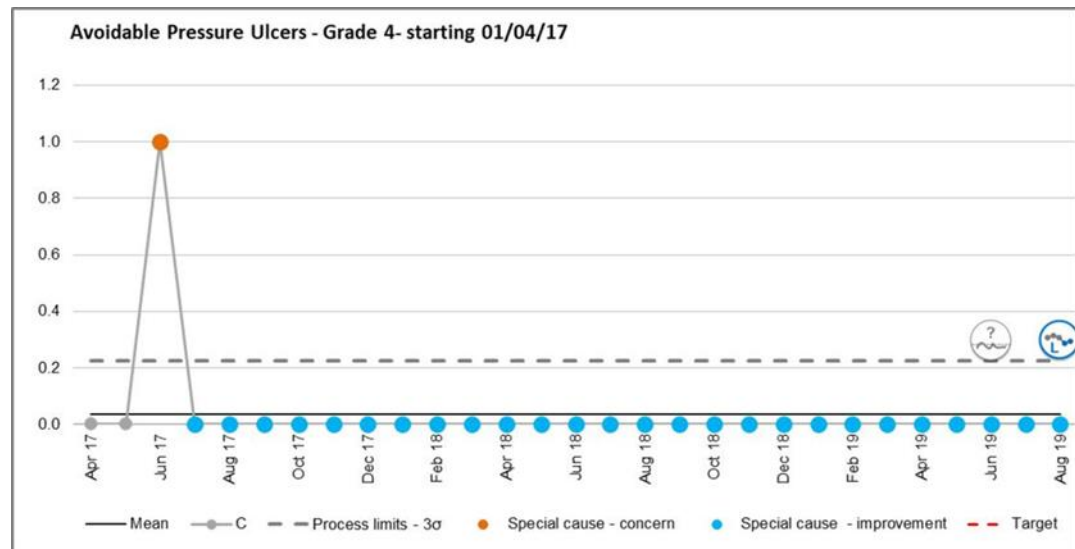
Metric	Aug 19	YTD	Target
MSSA - Acute	2	14	TBC
<p>This metric is relatively stable with little variation over the past 12 months. Target yet to be confirmed.</p>			



Metric	Jul 19	YTD	Target
All falls reported per 1000 bed stays for patients	5.2	5.0	6.02
Normal variation, may achieve the monthly target next month.			



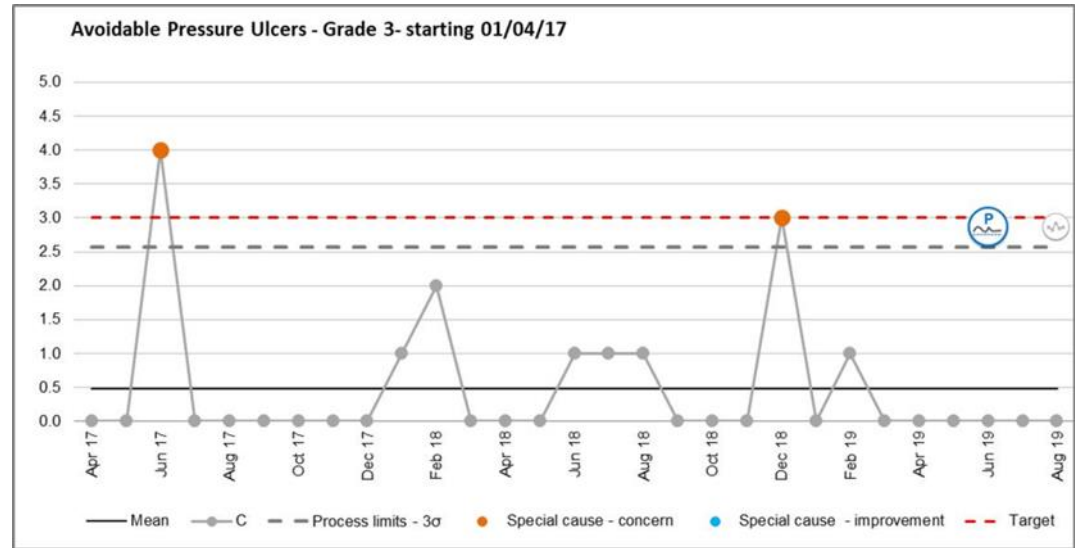
Metric	Aug 19	YTD	Target
Avoidable Pressure Ulcers - Grade 4	0	0	0
Very likely achieve target again next month as there have been no grade 4 pressure ulcers reported since June 17.			



Metric	Aug 19	YTD	Target
--------	--------	-----	--------

Avoidable Pressure Ulcers - Grade 3	0	0	3
-------------------------------------	----------	----------	----------

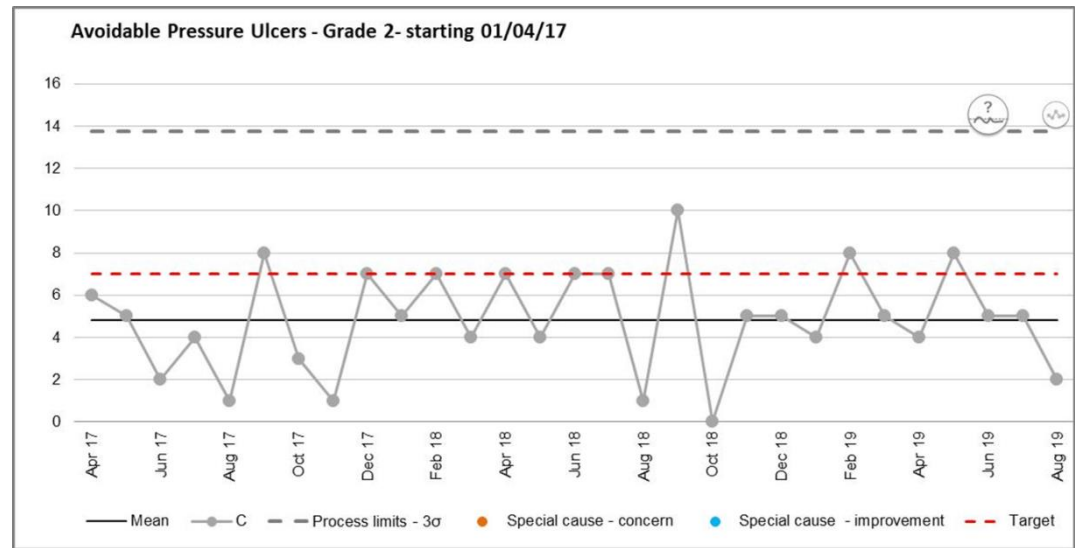
Barring the spike in December 18 this metric has remained reasonably stable, likely to continue to achieve target next month.



Metric	Aug 19	YTD	Target
--------	--------	-----	--------

Avoidable Pressure Ulcers - Grade 2	2	24	7
-------------------------------------	----------	-----------	----------

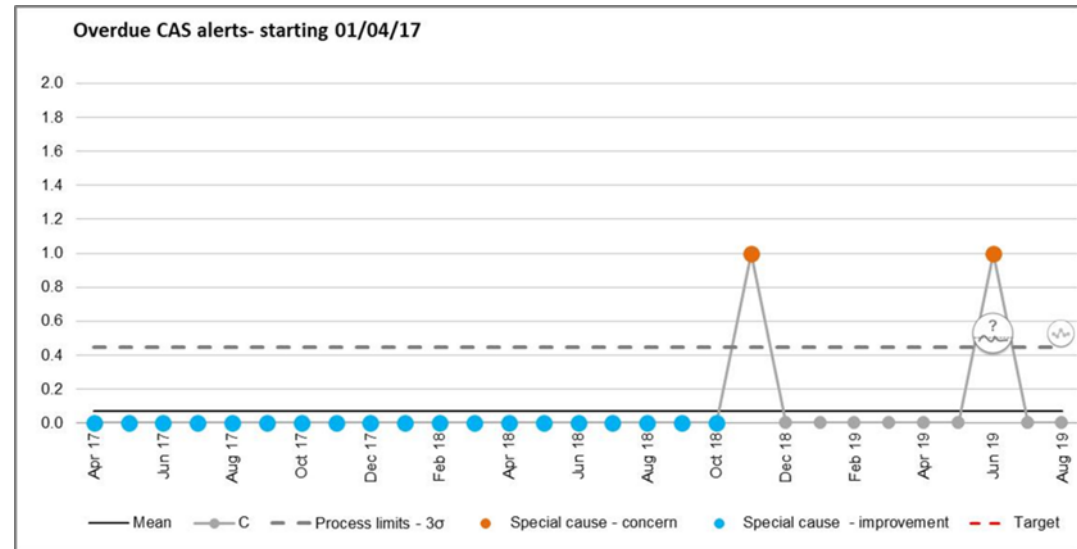
Normal variation observed. Potential to achieve target next month but not a certainty.



Metric	Aug 19	YTD	Target
--------	--------	-----	--------

Overdue CAS alerts	0	1	0
--------------------	---	---	---

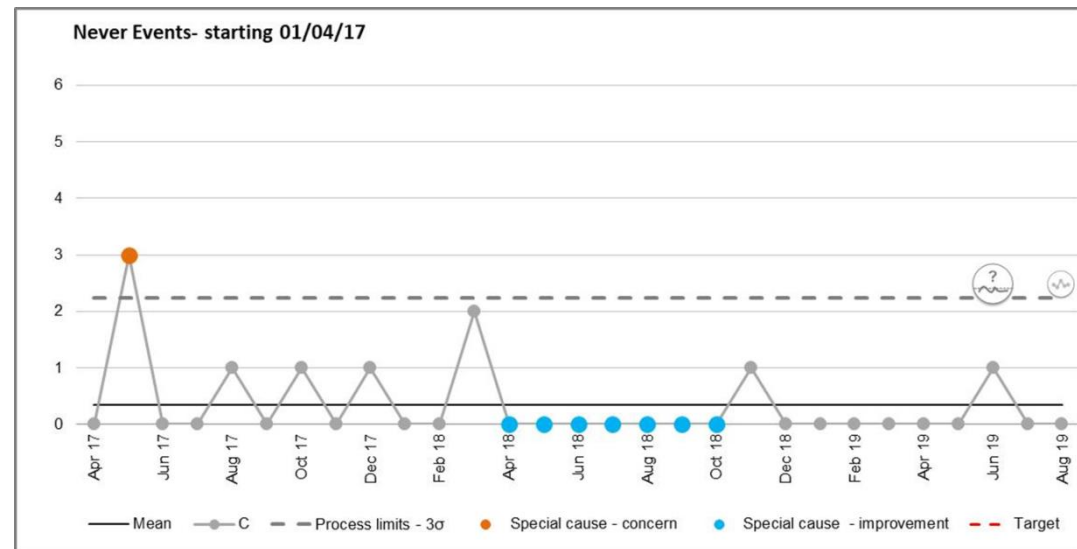
Likely to achieve the target next month based on historic trends. Full year target can no longer be achieved due to June 19 performance.



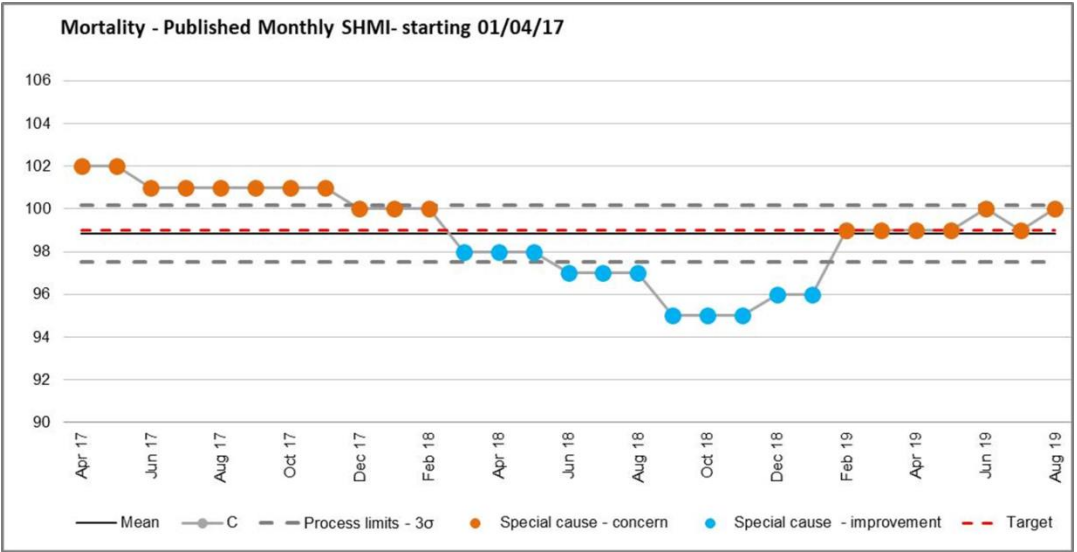
Metric	Aug 19	YTD	Target
--------	--------	-----	--------

Never Events	0	1	0
--------------	---	---	---

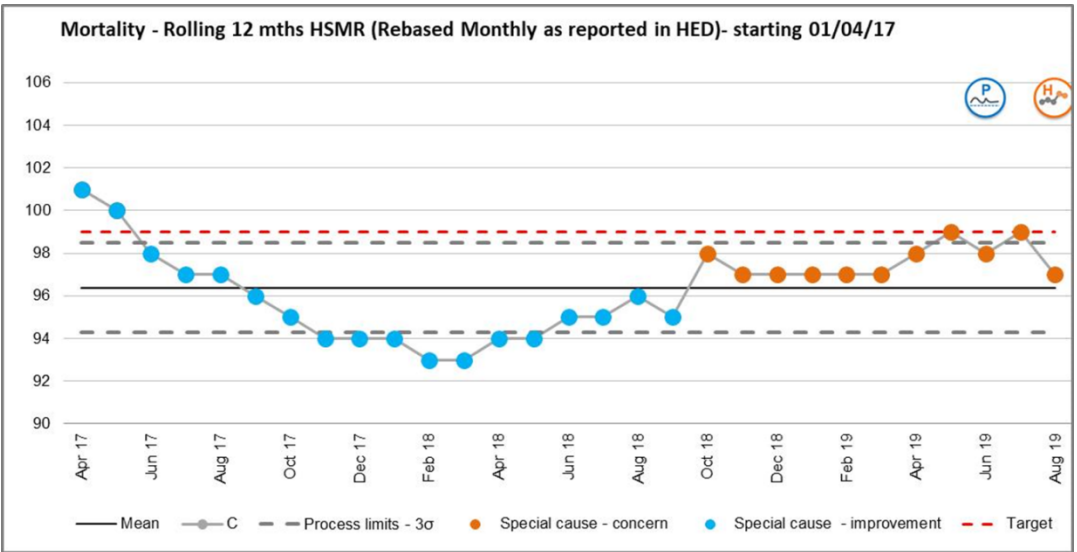
Likely to be 0 again next month based on historical data - 2 never events in the last 16 months.



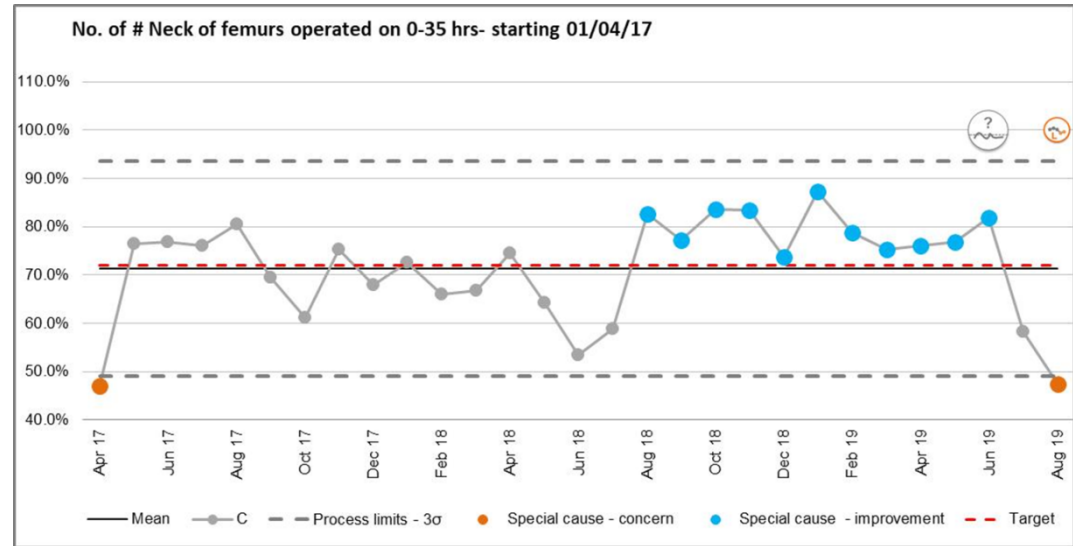
Metric	Aug 19	YTD	Target
Mortality – Published Monthly SHMI	100	100	99
Above the mean for the last 7 months, potential to achieve target next month.			



Metric	Aug 19	YTD	Target
Mortality - Rolling 12 mths HSMR (Rebased Monthly as reported in HED)	97	97	99
Above the mean for 11 months. Likely to achieve target again next month.			



Metric	Aug 19	YTD	Target
No. of # Neck of femurs operated on 0-35 hrs - Based on Admissions	47.4%	67.8%	72%
This metric has deteriorated significantly in the last 2 months. A process change may be required.			

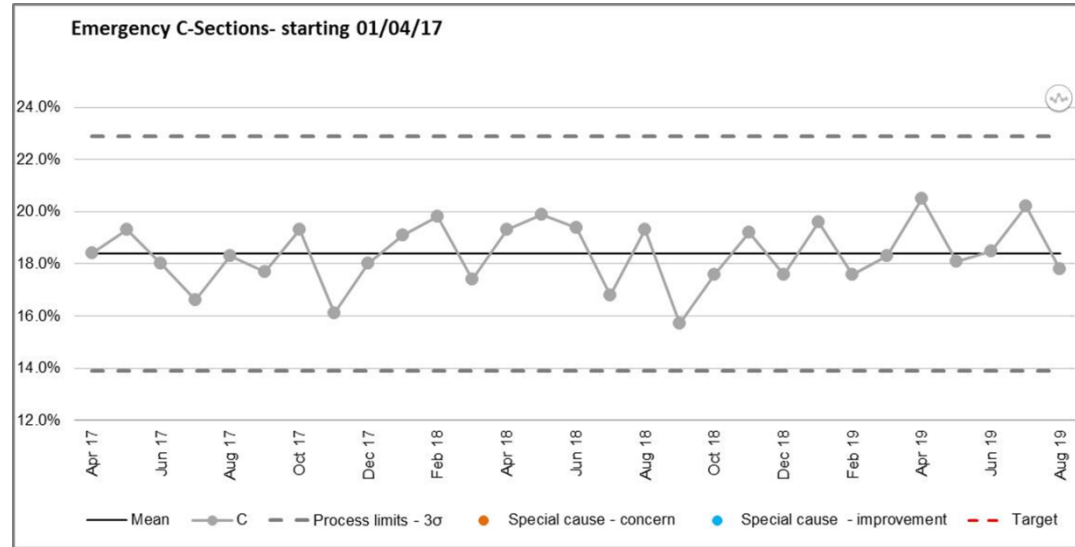


Metric	Q1 19/20	YTD	Target
% of staff who would recommend the trust as place to receive treatment	74%	74%	TBC
SPC chart to be viewed with caution as figures are reported quarterly not monthly.			



Safe Surgery and Procedures

Metric	Aug 19	YTD	Target
% Emergency C-Sections	17.8%	19.0%	N/A
This metric is not varying significantly from the mean.			

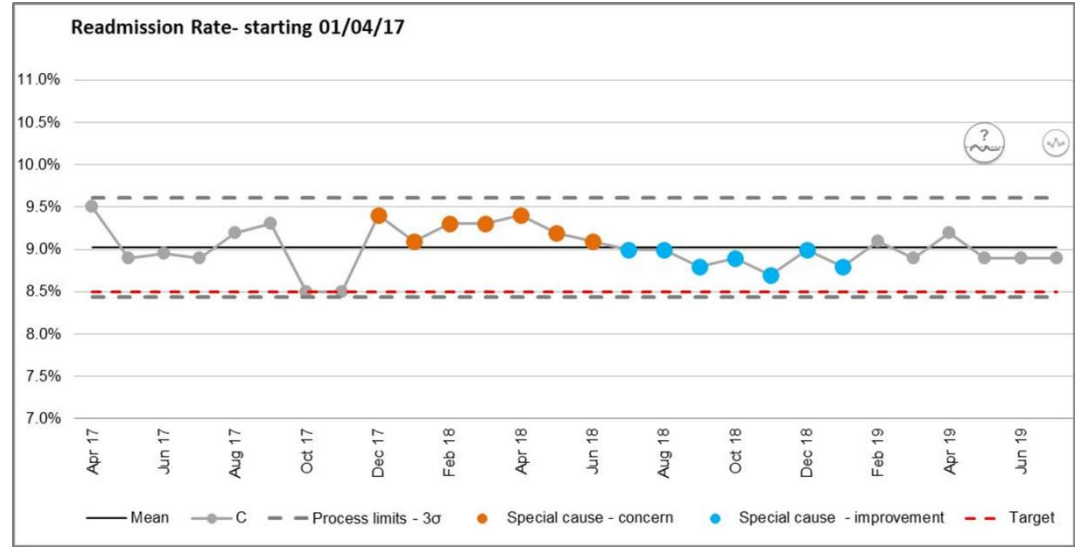


Safe and Timely Discharge

Metric	Jul 19	YTD	Target
--------	--------	-----	--------

Emergency readmissions within 30 days	8.9%	9.0%	8.5%
---------------------------------------	-------------	-------------	-------------

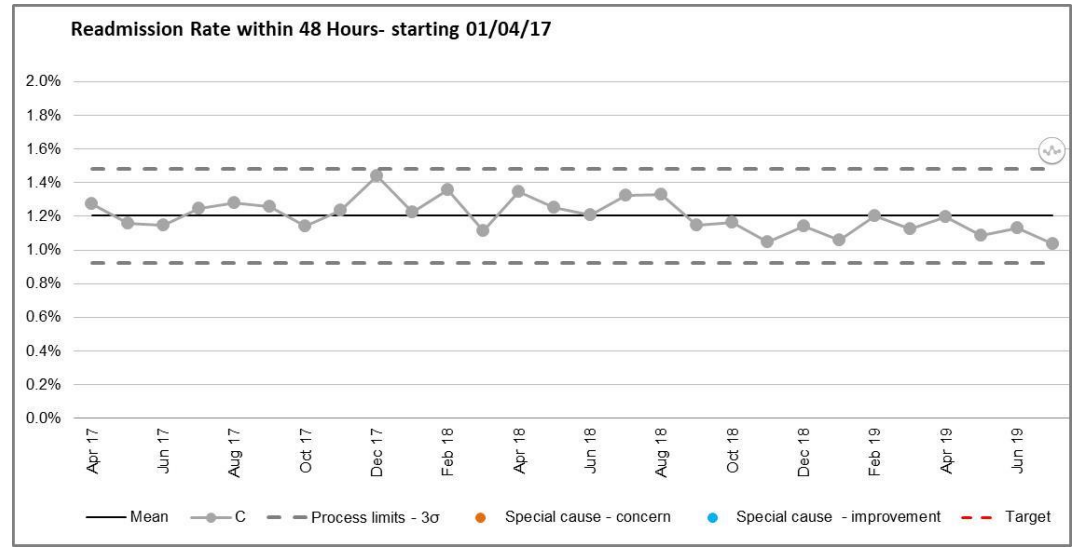
This metric is very stable but unlikely to achieve target next month.



Metric	Jul 19	YTD	Target
--------	--------	-----	--------

Emergency readmissions within 48 hrs	1.0%	1.0%	TBC
--------------------------------------	-------------	-------------	------------

No significant variation observed. Current month in line with previous months.

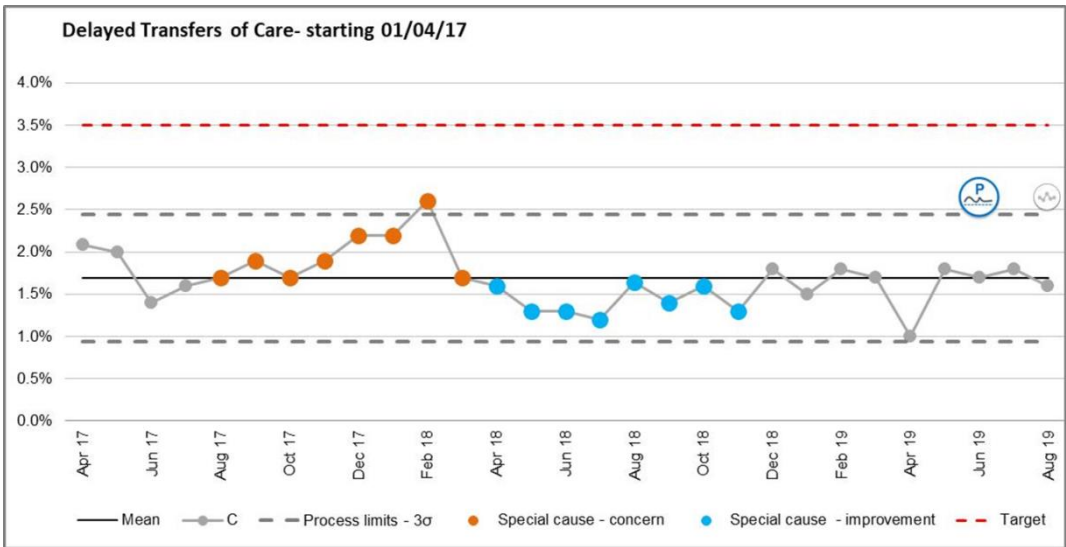


Safe and Timely Discharge

Metric	Aug 19	YTD	Target
--------	--------	-----	--------

Delayed transfers of care	1.6%	1.6%	3.5%
---------------------------	-------------	-------------	-------------

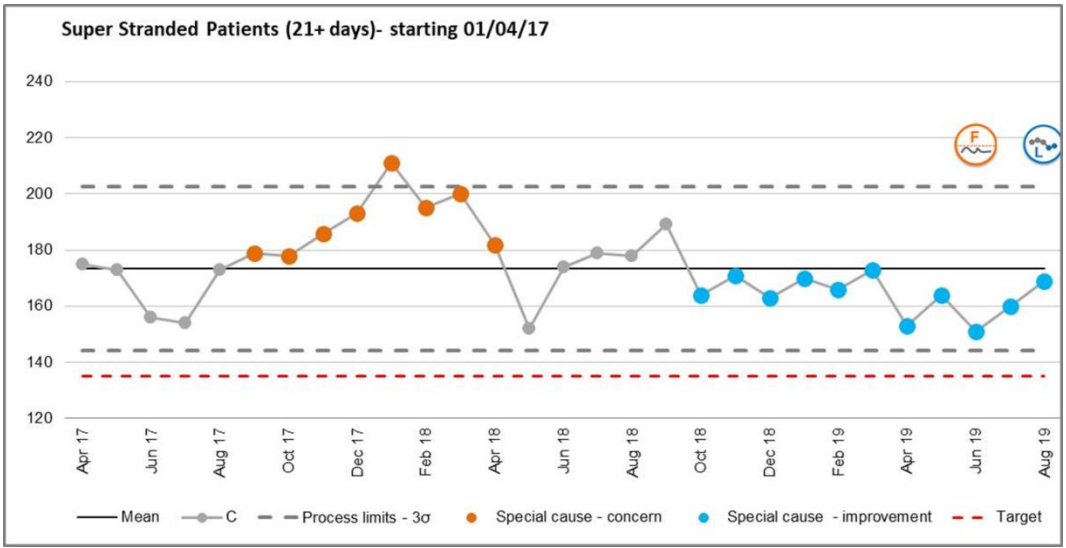
This metric has not changed significantly and is predicted to achieve target again next month.



Metric	Aug 19	YTD	Target
--------	--------	-----	--------

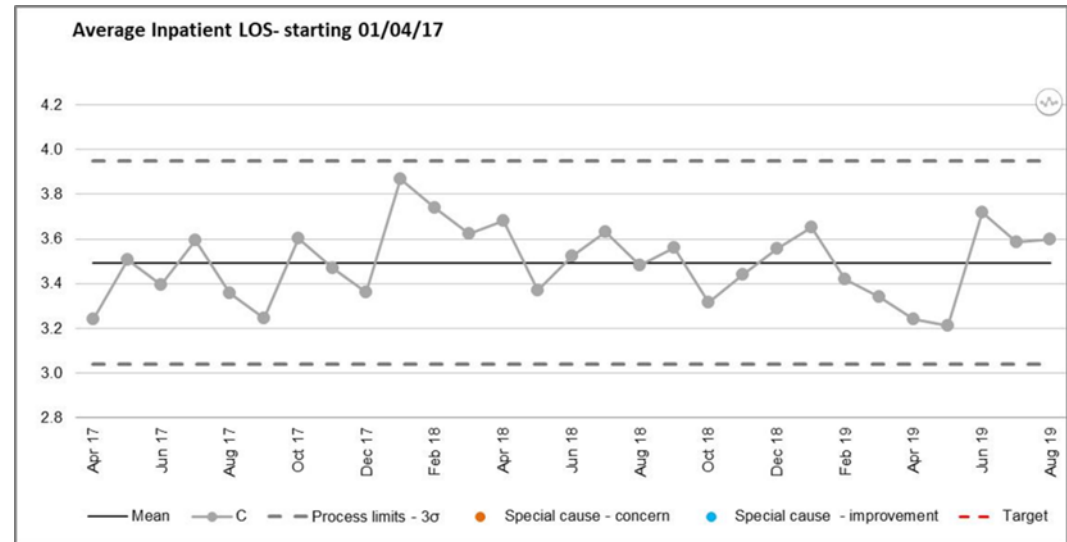
Super Stranded Patients	169	169	135
-------------------------	------------	------------	------------

This metric has shown improvement in the past 11 months but is unlikely to achieve target.

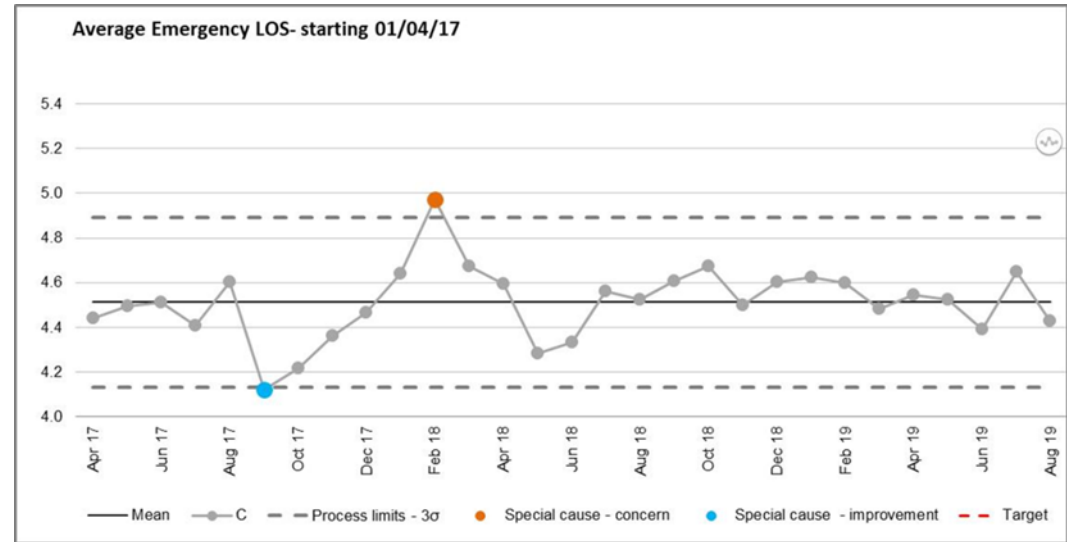


Safe and Timely Discharge

Metric	Aug 19	YTD	Target
Average Inpatient LOS	3.6	3.5	TBC
No significant variation of note, target yet to be confirmed.			



Metric	Aug 19	YTD	Target
Average Emergency LOS	4.4	4.6	TBC
This metric has been very stable since the cancellation of elective activity in Q4 17/18.			



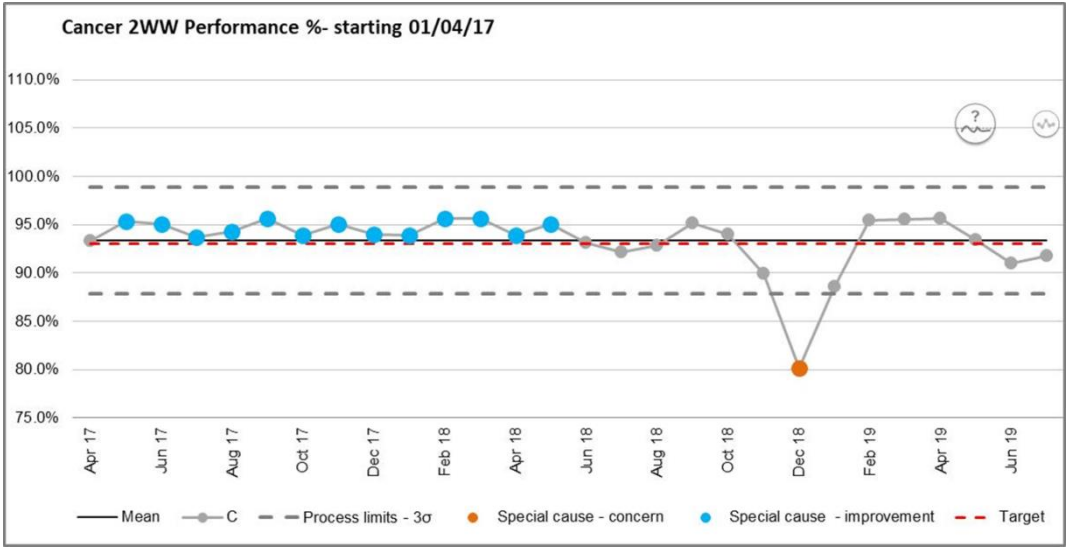
Improved Cancer Pathways

For more information please see the Cancer Recover Paper

Metric	Jul 19	YTD	Target
--------	--------	-----	--------

Cancer 2WW	91.8%	92.98%	93%
------------	--------------	---------------	------------

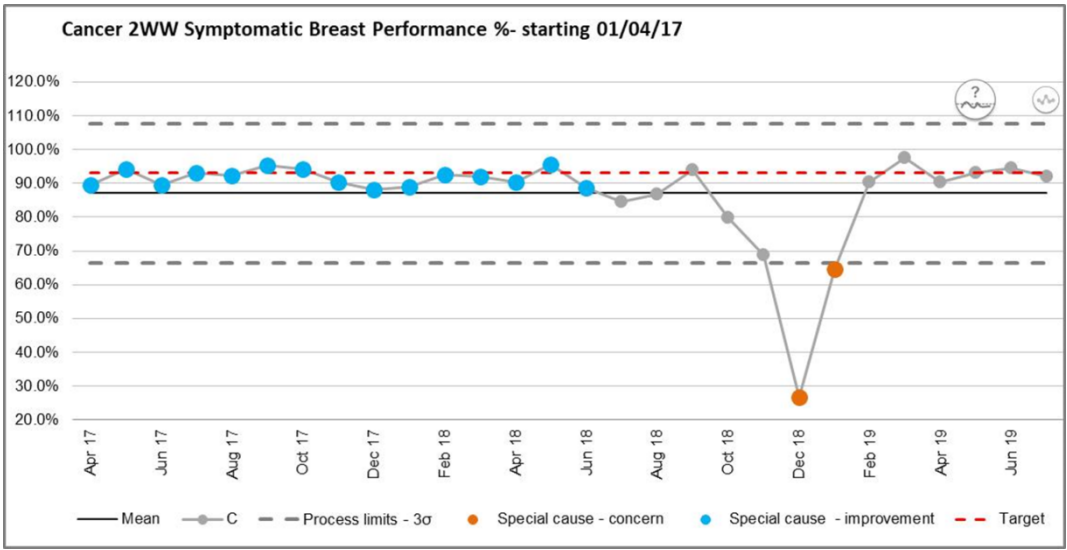
Since the dip in December 18, performance has returned to a more stable level. Based on YTD and historic trend likely to achieve YTD target. July performance influenced by head and Neck underperformance due to vacancies – actions in place to recover in September



Metric	Jul 19	YTD	Target
--------	--------	-----	--------

Cancer 2WW Breast	91.9%	92.6%	93%
-------------------	--------------	--------------	------------

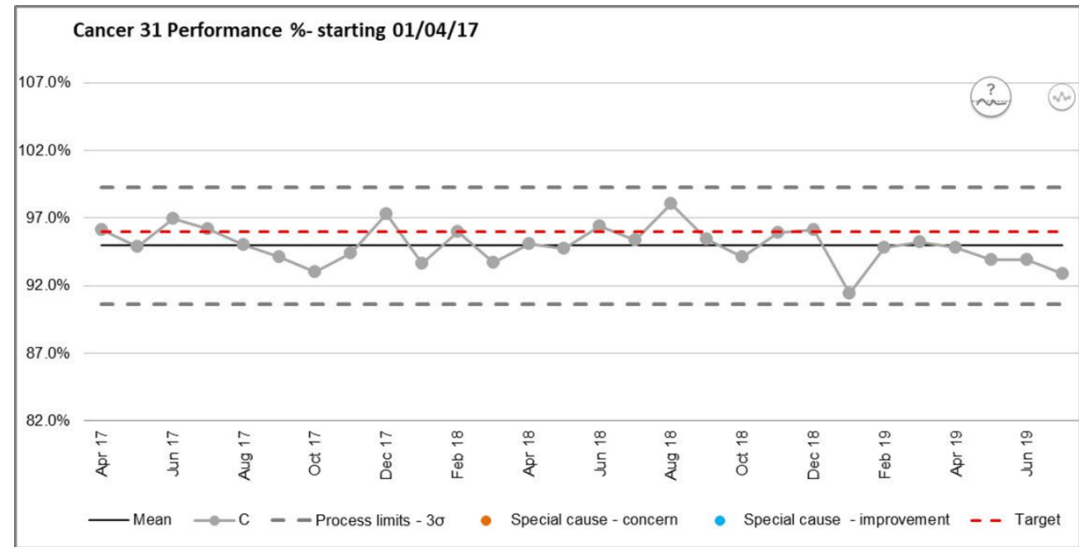
Since the significant observed dip in October 18, performance has returned to a more stable level. Based on YTD and historic trend may achieve YTD target. Underperformance in July is due to patient choice



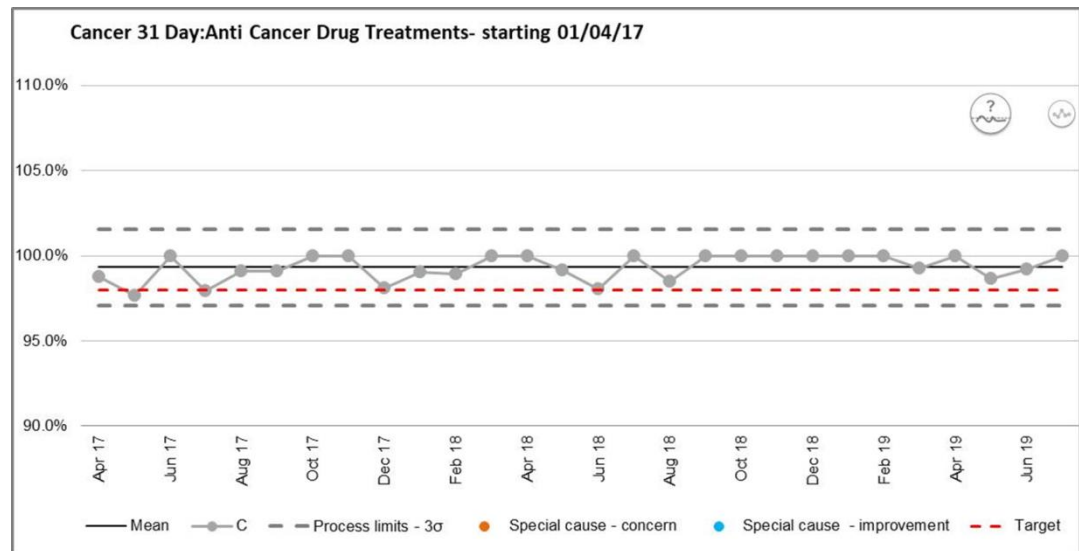
Improved Cancer Pathways

For more information please see the Cancer Recover Paper

Metric	Jul 19	YTD	Target
Cancer 31 Day	92.9%	93.8%	96%
<p>This metric is not changing significantly and may achieve target, however this has not been achieved for the past 7 months.</p> <p>Actions in the RAP continue to deliver a sustained position against the increased number of referrals</p>			



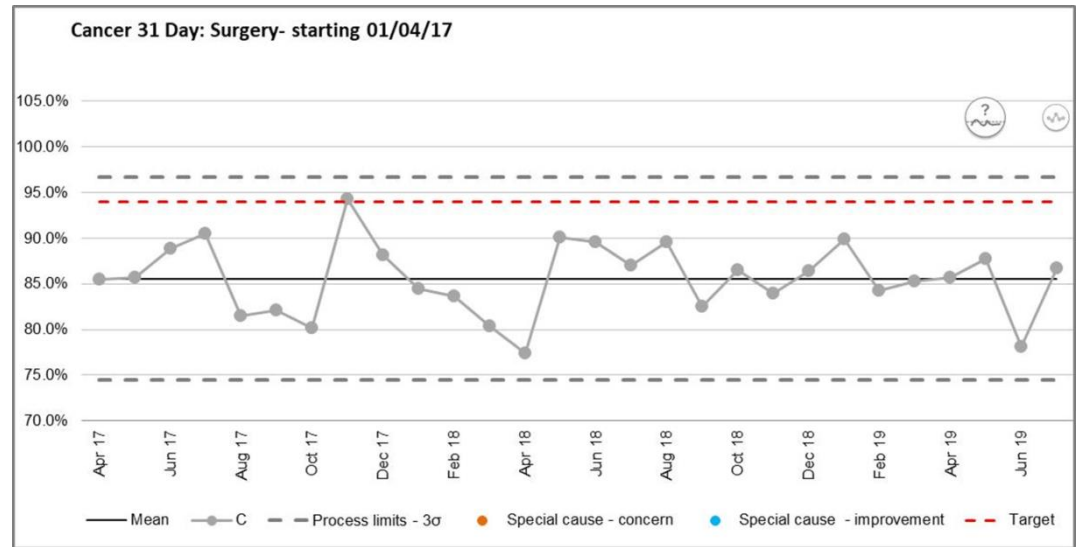
Metric	Jul 19	YTD	Target
Cancer 31 Day Drugs	100%	99.5%	98%
<p>Stable, very little variation. Likely to deliver target based on the last 12 months.</p>			



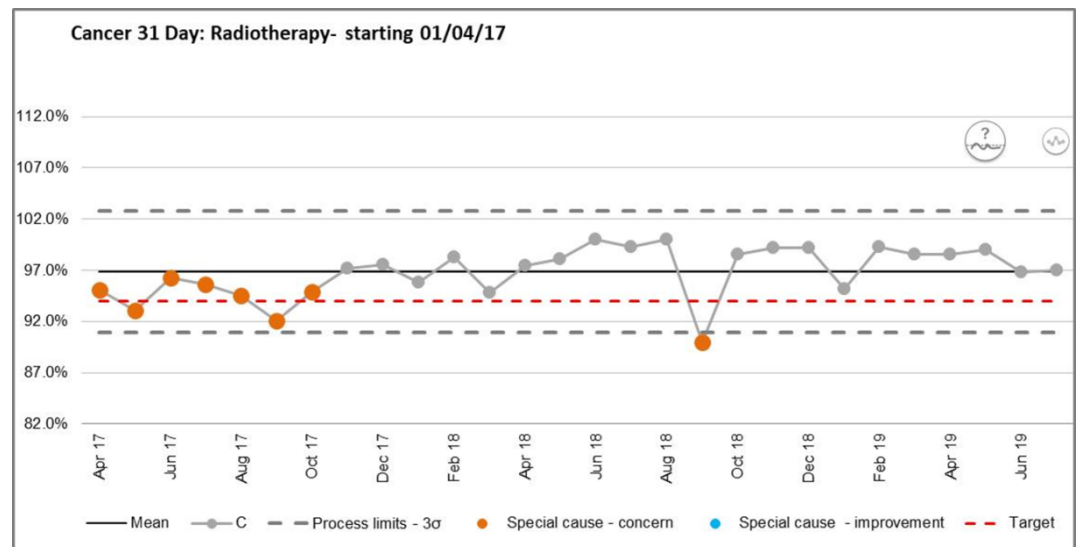
Improved Cancer Pathways

For more information please see the Cancer Recover Paper

Metric	Jul 19	YTD	Target
Cancer 31 Surgery	86.7%	84.6%	94%
<p>Some variation but not significant but unlikely to deliver target. Driven predominately by Urology prostate; actions in RAP for recovery Support from EMCA and NHSE to review Regional position and possibility of support.</p>			



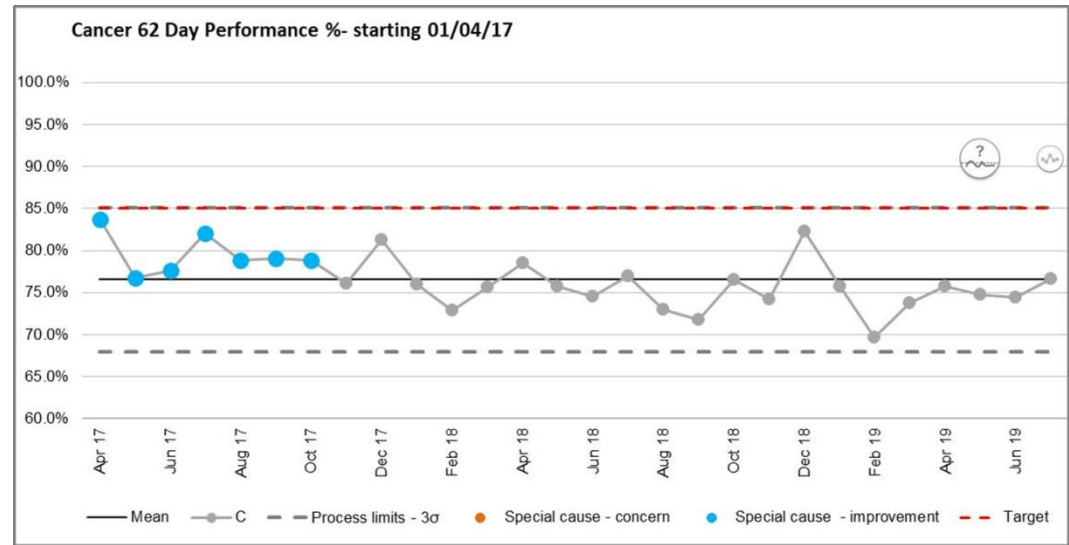
Metric	Jul 19	YTD	Target
Cancer 31 Day Radiotherapy	97.0%	97.7%	94%
<p>Stable, very little variation. Likely to deliver target based on the last 8 months.</p>			



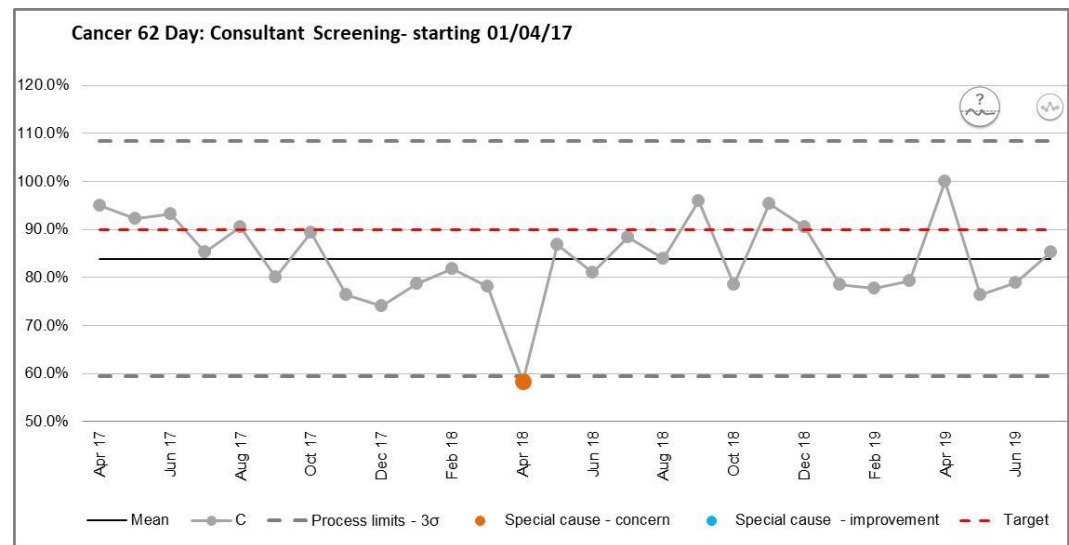
Improved Cancer Pathways

For more information please see the Cancer Recover Paper

Metric	Jul 19	YTD	Target
Cancer 62 Day	76.6%	75.4%	85%
<p>This metric is not changing significantly and unlikely to achieve target. The position has been maintained against a significant increase in referrals July has seen the best performance this year.</p>			



Metric	Jul 19	YTD	Target
Cancer 62 Day Consultant Screening	85.3%	85.5%	90%
<p>This metric is not changing significantly and may deliver the target next month. There has been an increased focus on screening since May which is supporting the current improvement.</p>			

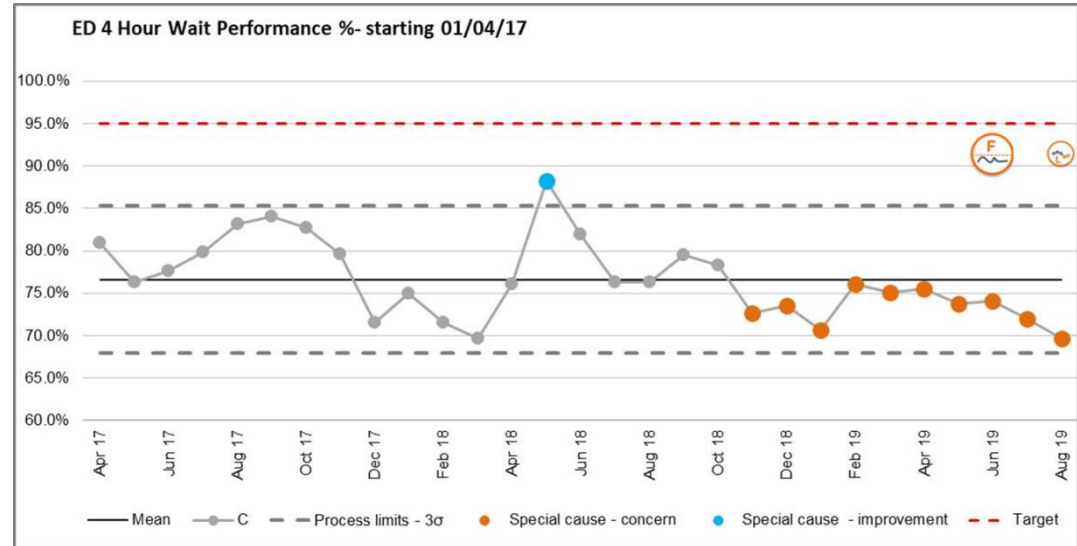


Streamlined Emergency Care

For more information please see the Urgent Care Report

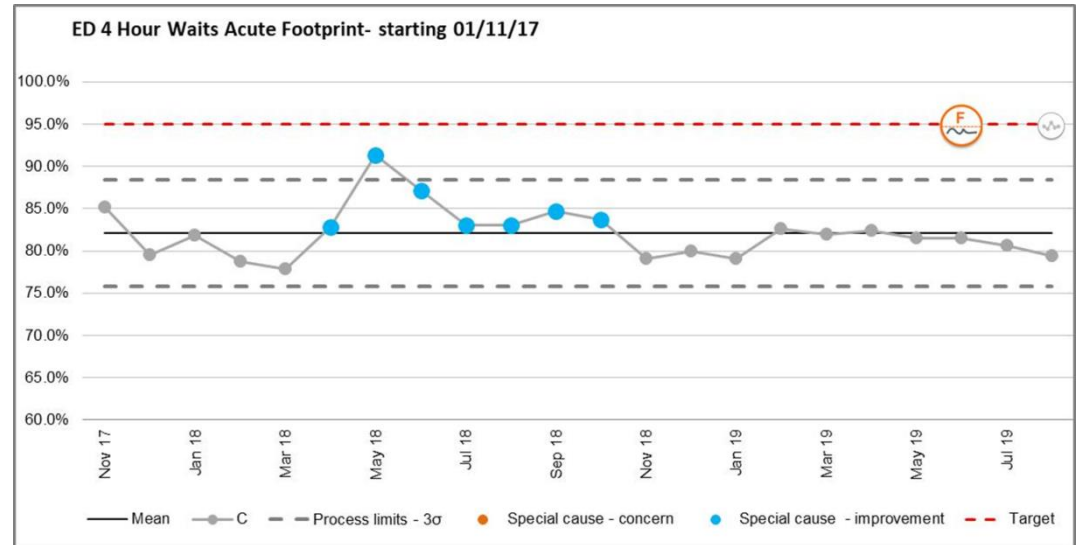
Metric	Aug 19	YTD	Target
ED 4 Hour Waits UHL	69.7%	73.0%	95%

Performance continues to deteriorate, the last 10 months have been below the mean. Continually failing target and will fail to achieve target next month.



Metric	Aug 19	YTD	Target
ED 4 Hour Waits Acute Footprint	79.4%	81.1%	95%

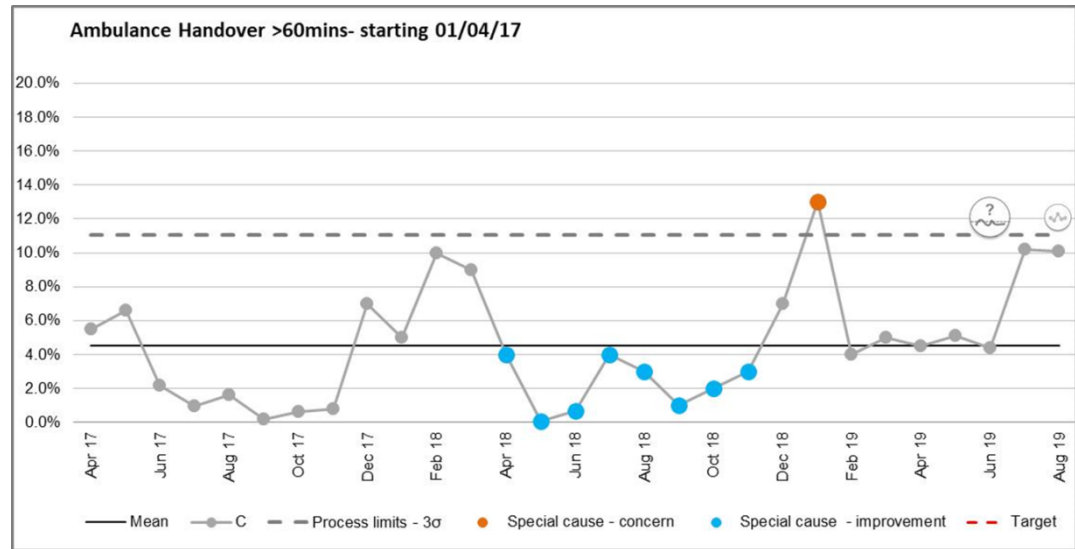
Continually failing target and will fail to achieve target next month. A downwards trend may be emerging.



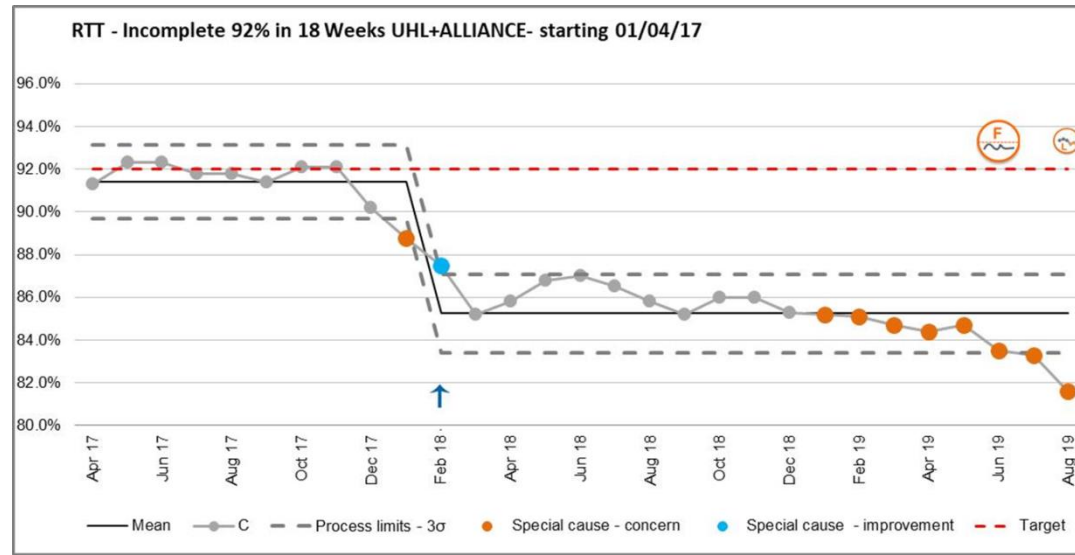
Streamlined Emergency Care

For more information please see the Urgent Care Report

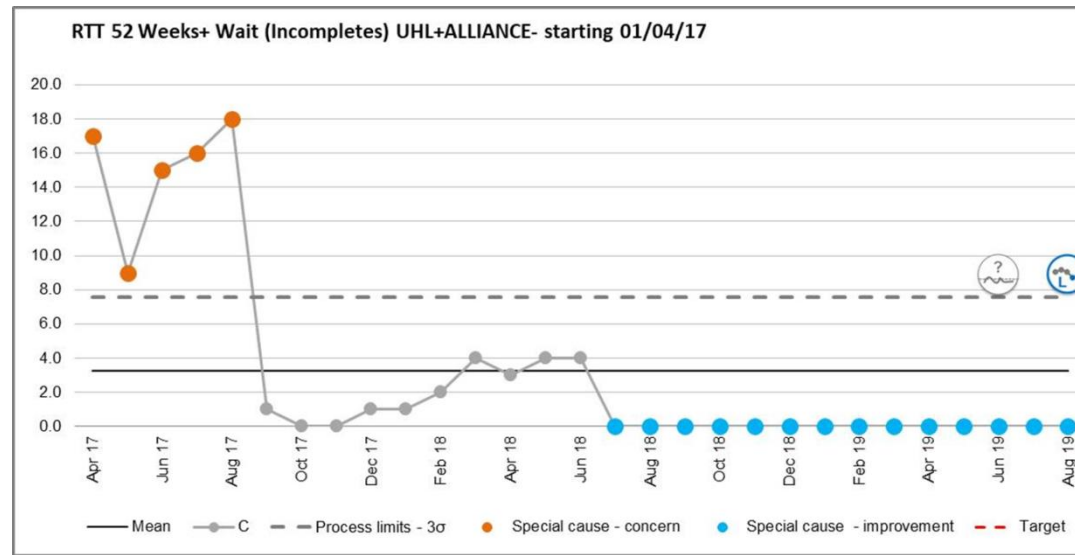
Metric	Aug 19	YTD	Target
Ambulance Handover >60 Mins	10.1%	6.8%	0%
<p>Relatively stable, however the last two months have almost fell out the control limits. Target will not be achieved next month.</p>			



Metric	Aug 19	YTD	Target
RTT Incompletes	81.6%	81.6%	92%
Performance has been consistently deteriorating for 8 months due to focus on waiting list target.			



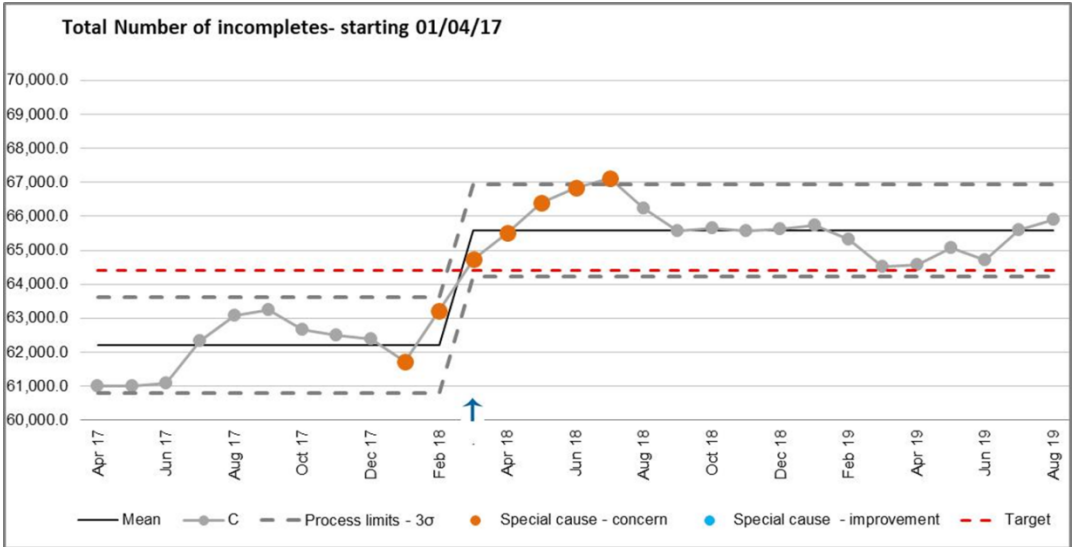
Metric	Aug 19	YTD	Target
RTT 52+ Weeks Wait	0	0	0
No 52+ week waits reported for 14 consecutive months.			



Metric	Aug 19	YTD	Target
--------	--------	-----	--------

Total Number of incompletes	65,903	65,903	64,404
-----------------------------	---------------	---------------	---------------

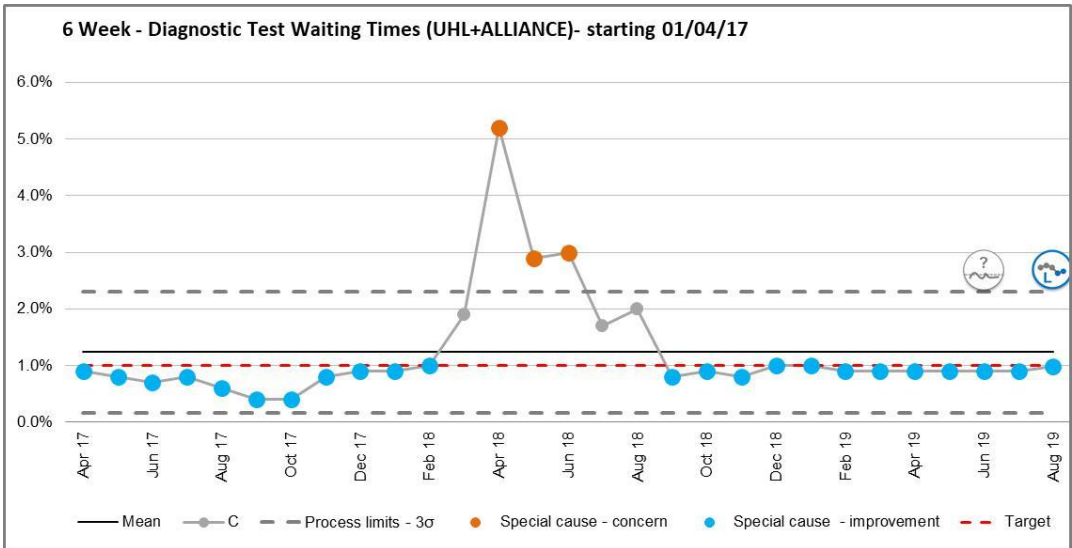
This metric has not changed significantly since a step change last year. Unlikely to achieve the target next month.



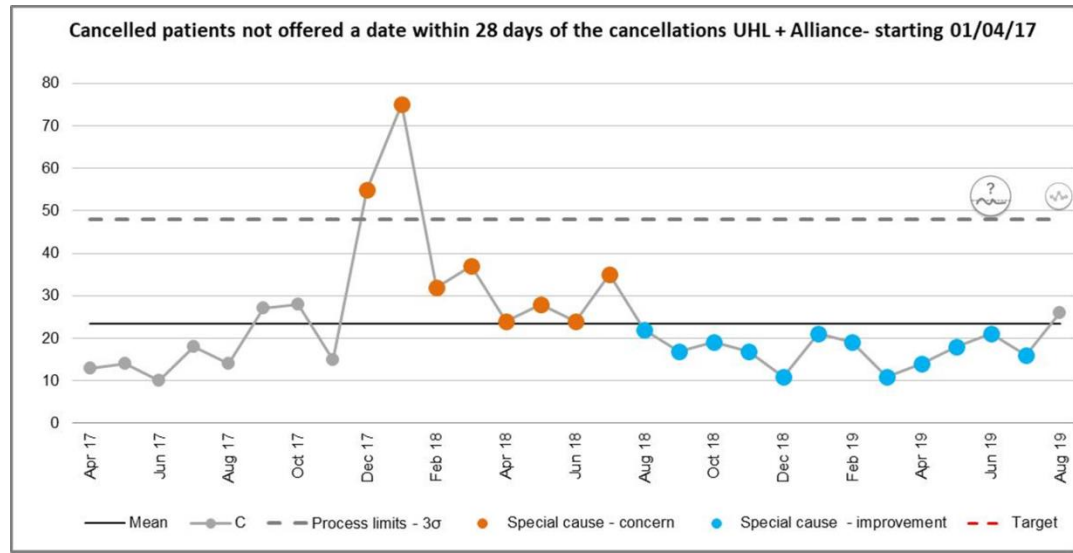
Metric	Aug 19	YTD	Target
--------	--------	-----	--------

6 Week Diagnostic Waits	0.98%	0.98%	1%
-------------------------	--------------	--------------	-----------

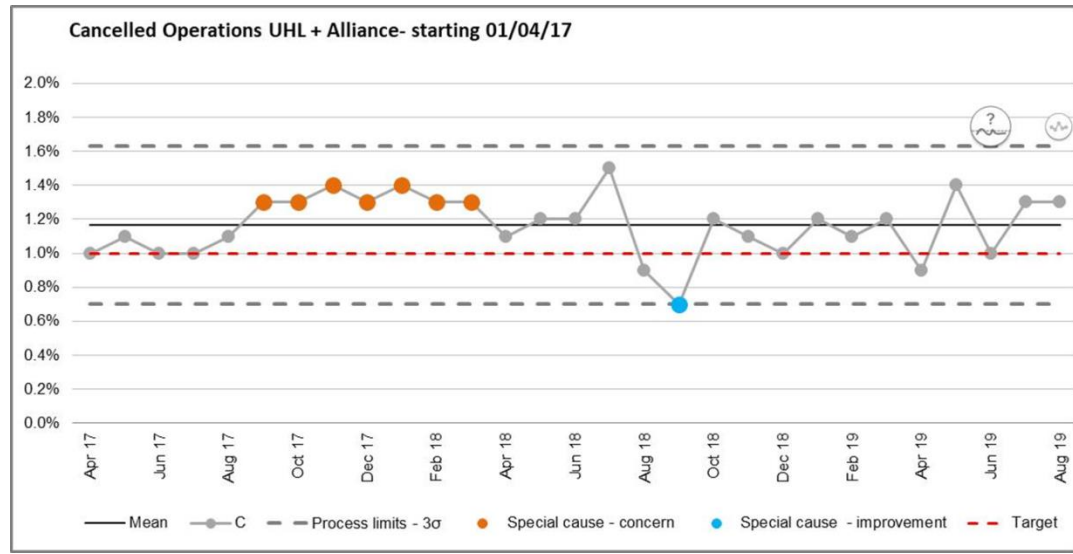
This metric has achieved target for 12 months and may achieve target again next month.



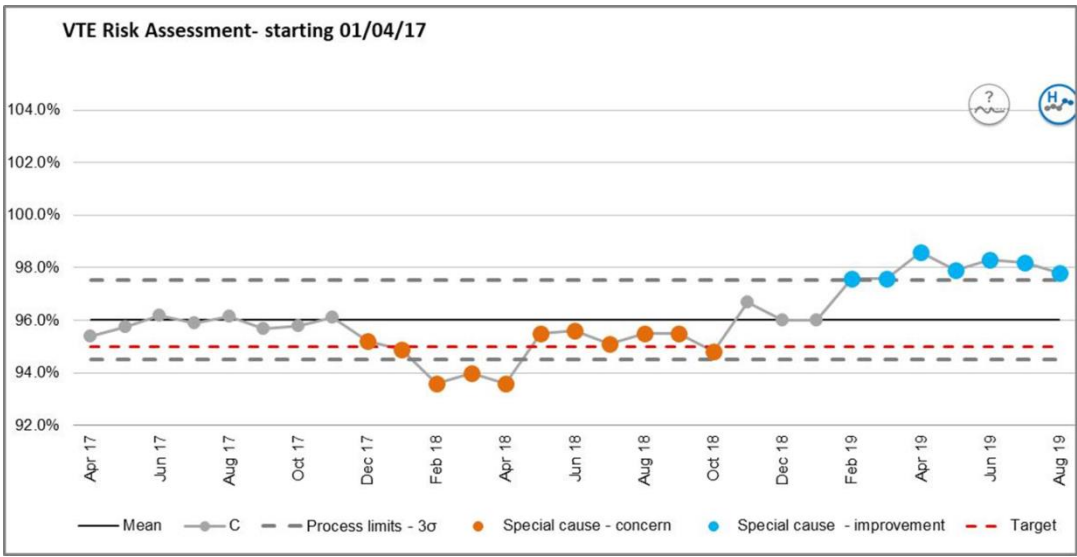
Metric	Aug 19	YTD	Target
Cancelled patients not offered a date within 28 days of the cancellations	26	95	0
<p>Relatively stable however a significant improvement can be seen since August 18. Unlikely to delivery monthly target.</p>			



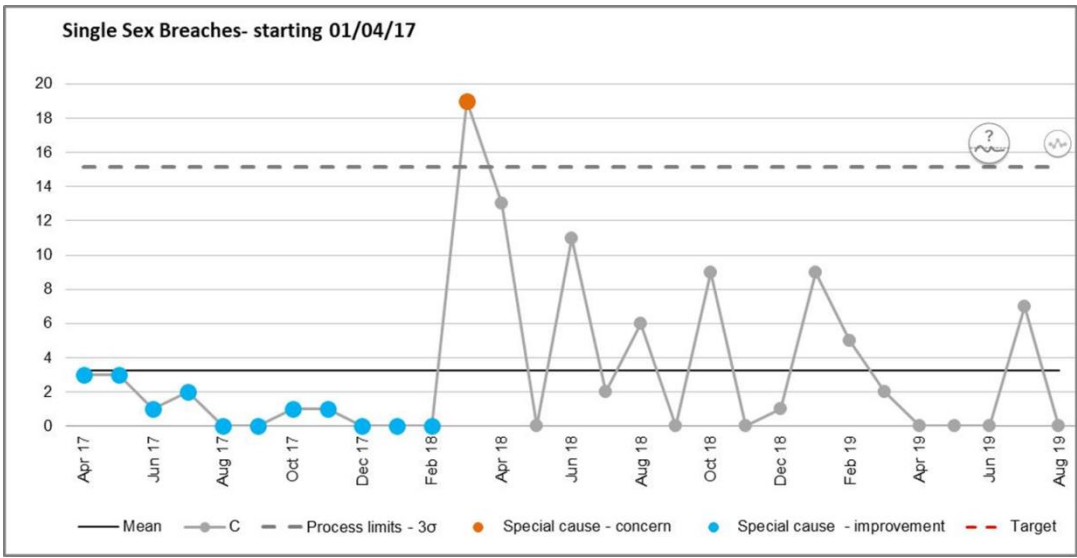
Metric	Aug 19	YTD	Target
% Operations cancelled on the day	1.3%	1.2%	1%
<p>No significant variation observed. Unlikely to achieve the target next month.</p>			



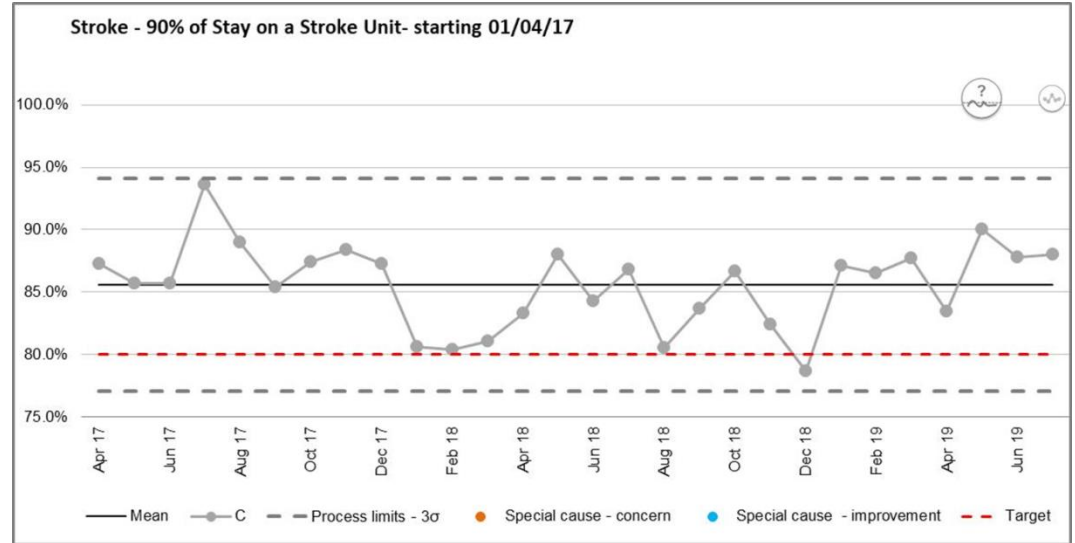
Metric	Aug 19	YTD	Target
VTE Risk Assessment	97.8%	98.1%	95%
<p>This metric has improved significantly in the last 7 months. Likely to achieve target again next month.</p>			



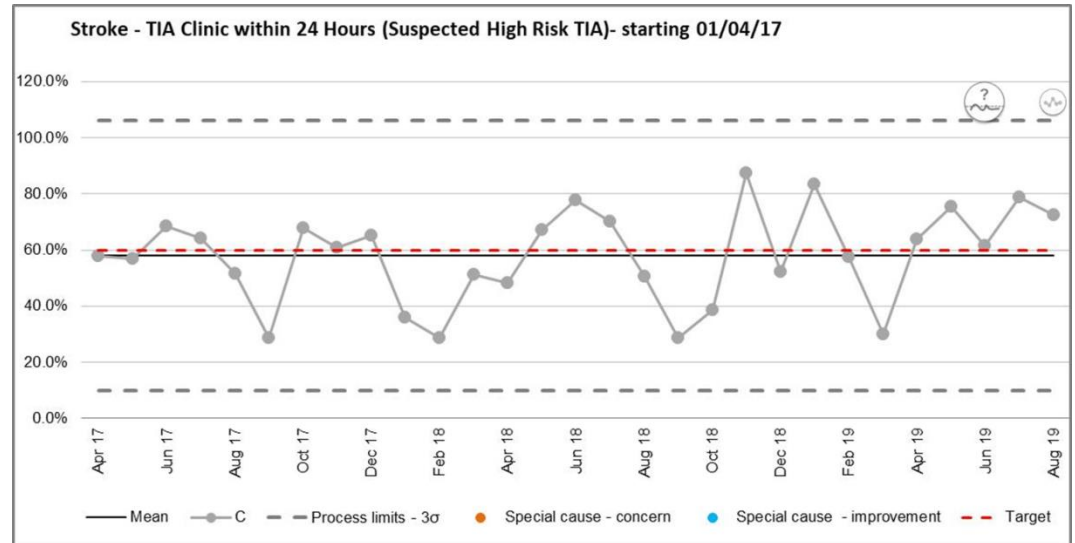
Metric	Aug 19	YTD	Target
Single Sex Breaches	0	7	0
<p>May achieve target based on the last 5 months, however full year target has already breached.</p>			



Metric	Aug 19	YTD	Target
Stroke - 90% of Stay on a Stroke Unit	88%	87.3%	80%
This metric is relatively stable and likely to achieve target.			



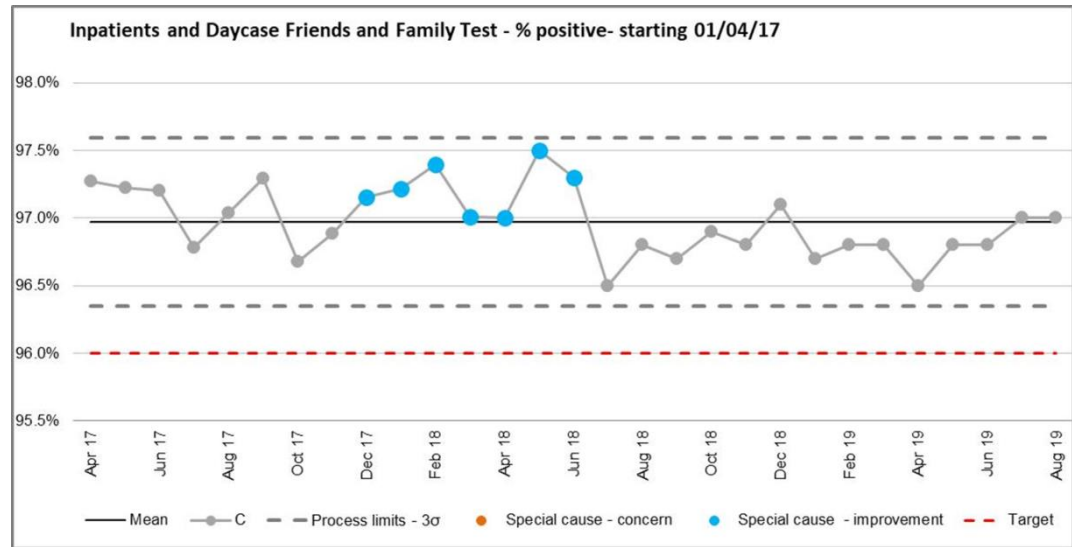
Metric	Aug 19	YTD	Target
TIA Clinic within 24 Hours (Suspected High Risk TIA)	72.4%	70.2%	60%
This metric is stable, however there is significant variation between monthly values. Target may be achieved next month based on the last 5 months.			



Metric	Aug 19	YTD	Target
--------	--------	-----	--------

Inpatient and Daycase F&F Test % Positive	97%	97%	96%
---	------------	------------	------------

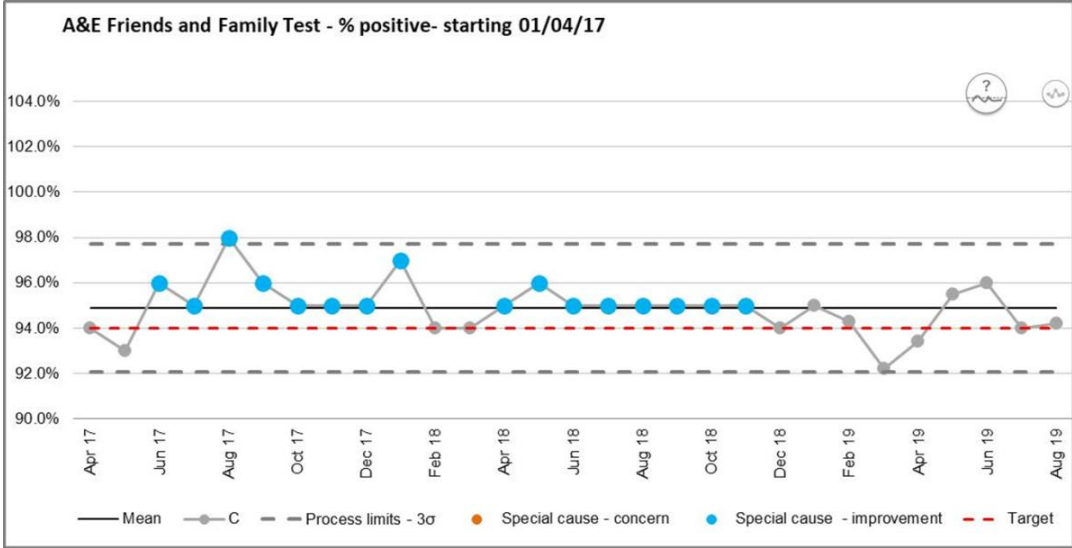
This metric is stable and very likely to achieve target next month.



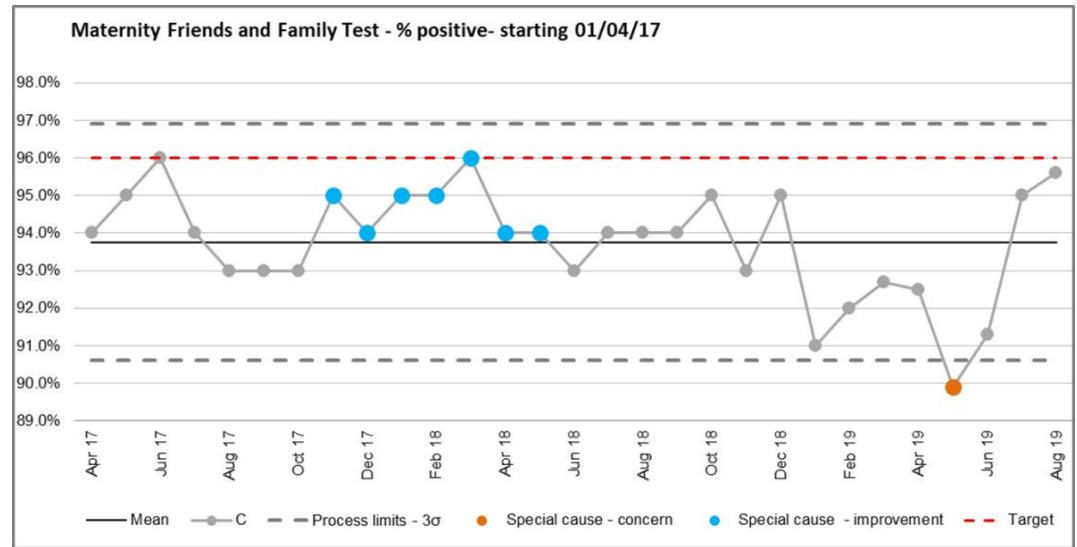
Metric	Aug 19	YTD	Target
--------	--------	-----	--------

A&E F&F Test % Positive	94%	95%	94%
-------------------------	------------	------------	------------

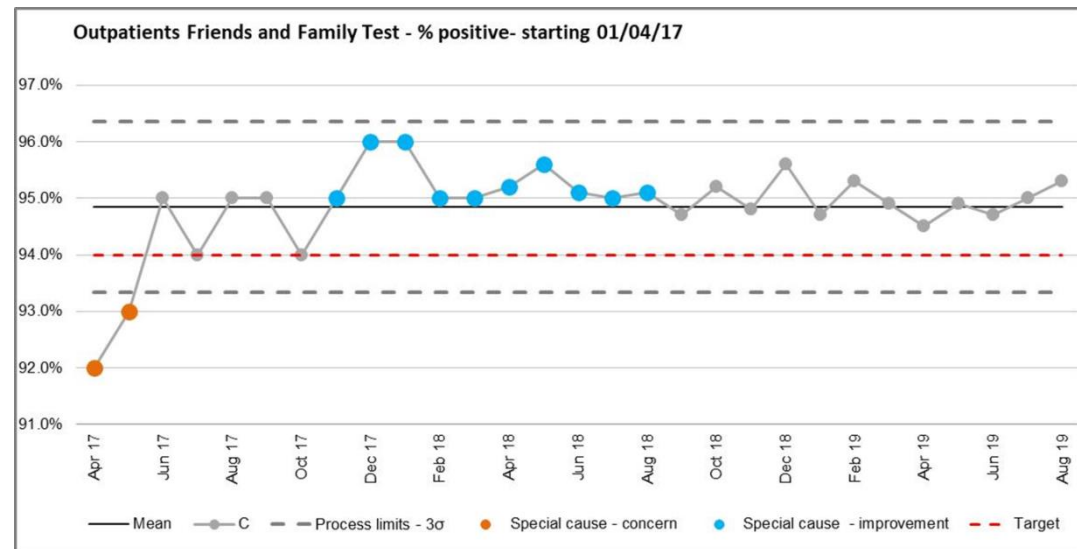
This metric is not changing significantly, the target may be achieved next month.



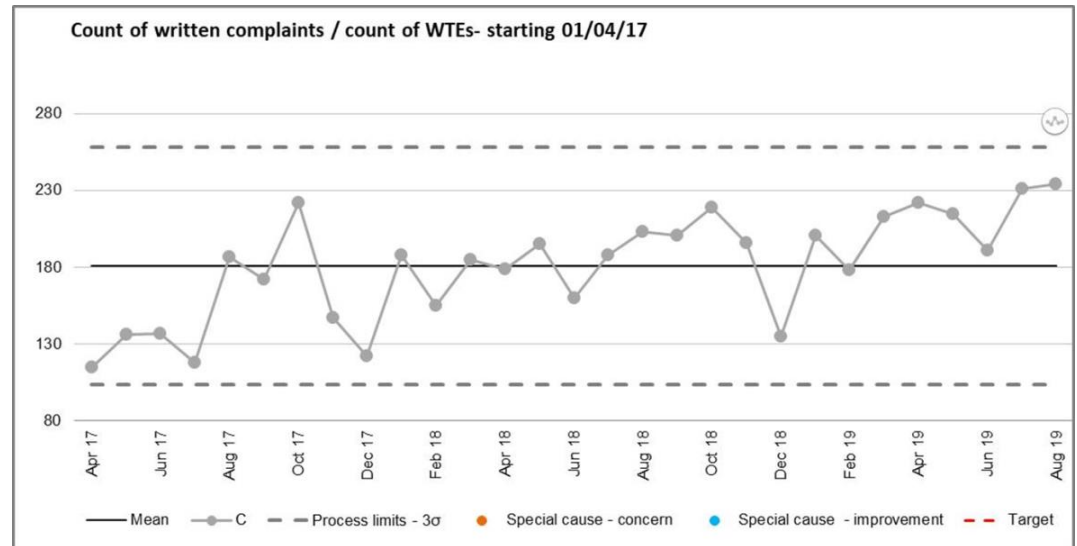
Metric	Aug 19	YTD	Target
Maternity F&F Test % Positive	96%	93%	96%
<p>This metric is relatively stable after a dip in performance in May. Unlikely to achieve target next month despite recent improvements.</p>			



Metric	Aug 19	YTD	Target
Outpatients Friends and Family Test - % positive	95%	95%	94%
<p>This metric is not changing significantly and is likely to achieve target next month.</p>			

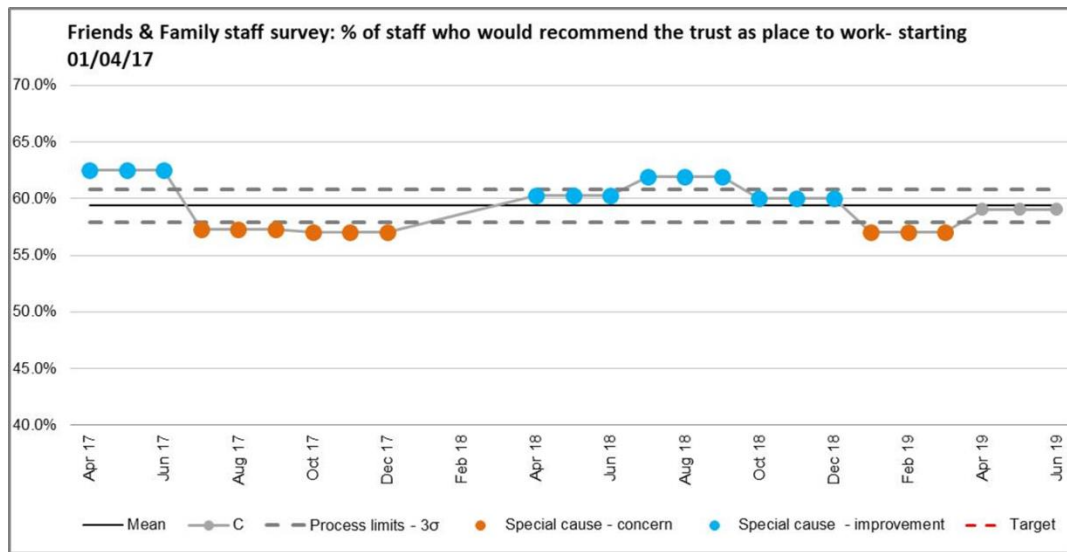


Metric	Aug 19	YTD	Target
Count of written complaints / count of WTEs	234	1093	TBC
<p>This metric is relatively stable although if September 19 figures are above the mean this will indicate a statistical significant deterioration.</p>			

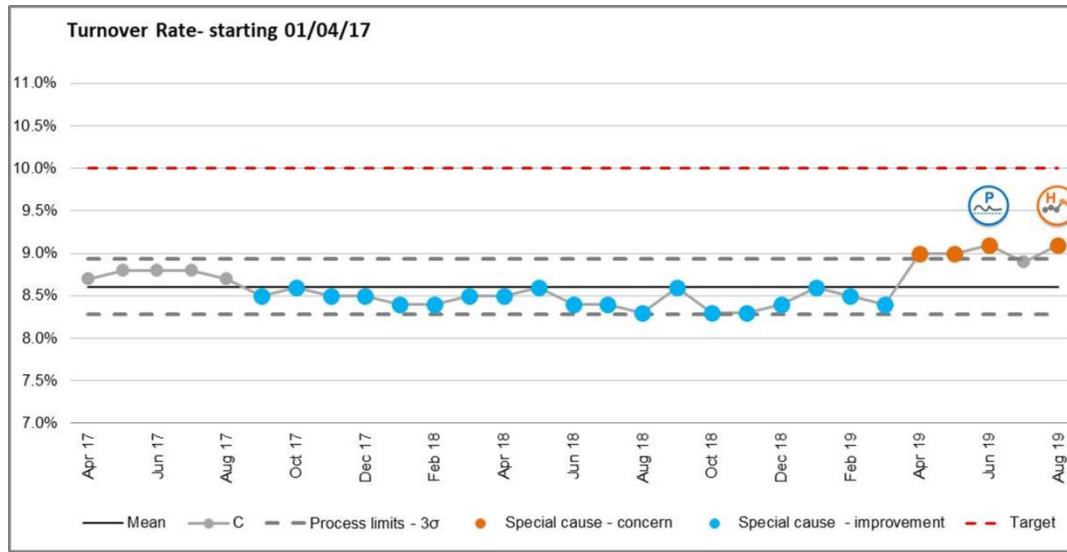


People Strategy Implementation

Metric	Q1 19/20	YTD	Target
Staff Survey % Recommend as Place to Work	59.0%	59.0%	Not within Lowest Decile
SPC chart to be viewed with caution as figures are reported quarterly not monthly.			

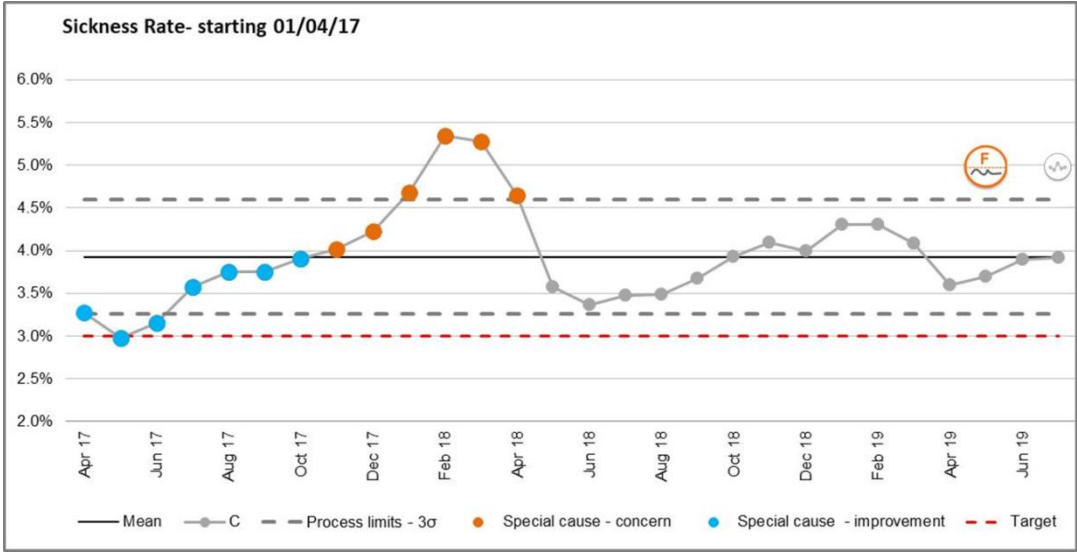


Metric	Aug 19	YTD	Target
Turnover Rate	9.1%	9.1%	10%
Cause for concern as turnover rate has increased outside of the upper control limit for 4 of the 5 most recent months. However still achieving the target.			

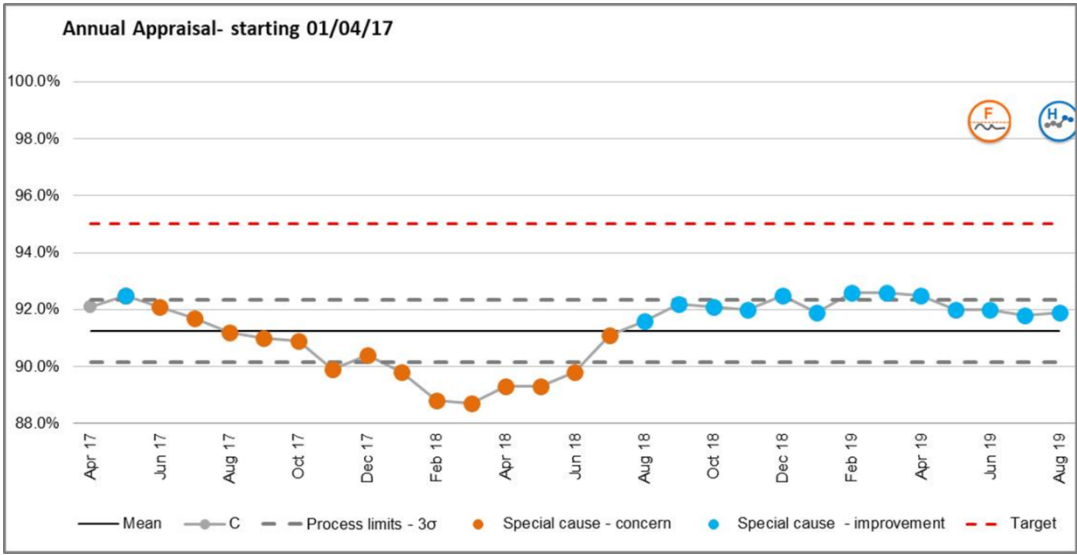


People Strategy Implementation

Metric	Jul 19	YTD	Target
Sickness absence	3.9%	3.9%	3%
Stable, very little variation. The target will most likely not be achieved next month.			

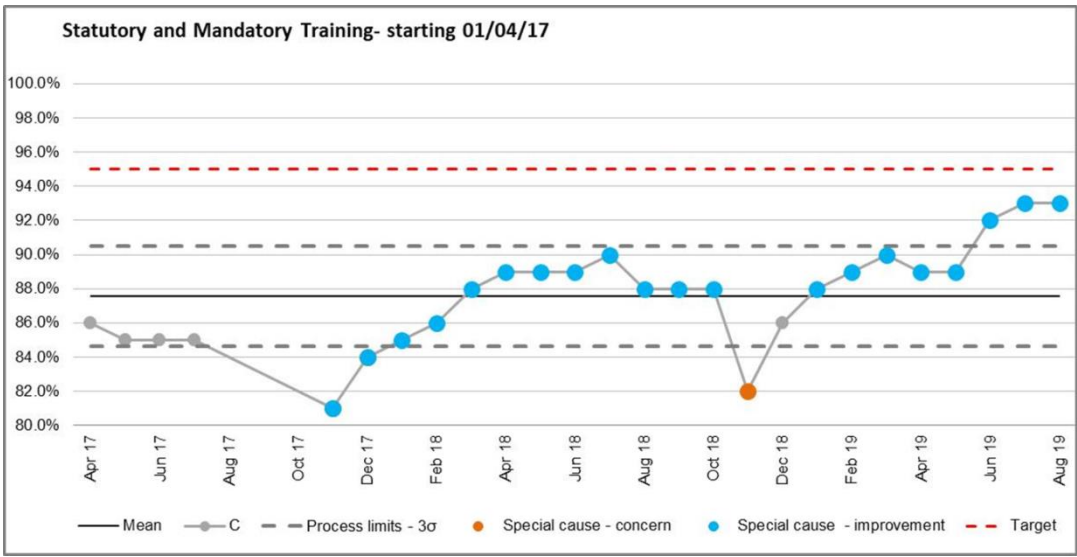


Metric	Aug 19	YTD	Target
% of Staff with Annual Appraisal	91.9%	91.9%	95%
Performance in the past 12 months is a consistent improvement compared to the 12 months prior. Very unlikely to achieve target.			



People Strategy Implementation

Metric	Aug 19	YTD	Target
Statutory and Mandatory Training	93%	93%	95%
An improvement in recent months, peaking in July and August for the observed period.			



Metric	Jul 19	YTD	Target
Nursing Vacancies	13.6%	13.6%	TBC
Performance has stabilised in recent months. Target to be confirmed.			

