

## Index

Click on the headings below or select the appropriate tab  
Click on the any BSUH logo to return to this index

### Scorecards:

[National Standards](#)

[All measures](#)

### Dashboards:

[A&E](#)

[Cancelled elective operations](#)

[Cancer access](#)

[Consultant-led Referral To Treatment \(RTT\)](#)

[Diagnostic waiting times](#)

[Delayed Transfers of Care](#)

[Friends & Family](#)

[Infection Control: Clostridium Difficile \(C. Difficile\) and Methicillin-resistant Staphylococcus Aureus \(MRSA\)](#)

[Mortality: Crude rate, Hospital Standardised Mortality Ratio \(HSMR\) and Summary Hospital-level Mortality Indicator \(SHMI\)](#)

[Activity: A&E, Daycase and Elective Ordinary Spells and Outpatient New Attendances](#)

# BSUH Trust National Standards Scorecard 2015/16 - Month 4, July 2015 - Draft One

Indicator Number	Indicator	Indicator Source	Data Level	Responsible Director	Standard / Threshold	15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Q1 15/16	Q2 15/16	Change from last reported period	YTD Chart	On Target	Of Concern	Comments
<b>Patient Access - Waiting Times</b>																	
1	18w RTT - Number of over 52 week waiters at month end	TDA	T	Chief Operating Officer	0	0	0	0	1	L	1	L	▲		0%	>=1	
2	18w RTT - Percentage of Admitted RTT Pathways completed within 18 weeks	TDA & CQC	T	Chief Operating Officer	90%	72.0%	71.5%	72.2%	72.3%	L	72.0%	L	▲		≥90%	<90%	
3	18w RTT - Percentage of Non-Admitted RTT Pathways completed within 18 weeks	TDA & CQC	T	Chief Operating Officer	95%	89.1%	88.9%	90.8%	87.9%	L	89.1%	L	▼		≥95%	<95%	
4	18w RTT - Percentage of Incomplete Pathways waiting less than 18 weeks	TDA & CQC	T	Chief Operating Officer	92%	87.2%	87.0%	87.2%	87.2%	L	87.2%	L	▲		≥92%	<92%	
5	Diagnostic Tests waiting longer than 6 weeks - Percentage of all waiters	TDA & CQC	T	Chief Operating Officer	1%	4.3%	1.6%	2.2%	4.3%	L	4.3%	L	▲		<1%	>=1%	
<b>Patient Access - Emergency Care</b>																	
6	A&E - A&E Attendance to Emergency Admission (via A&E) Ratio	Local	T	Chief Operating Officer	23%	25.1%	28.3%	23.8%	24.1%	24.0%	25.6%	24.0%	▼		≤23%	>23%	
9	A&E - Percentage of patients who spent 4 hours or less in A&E	TDA & CQC	T	Chief Operating Officer	95%	80.1%	79.0%	80.5%	80.9%	83.3%	80.1%	83.3%	▲		≥95%	<95%	
10	A&E - Number of Patients who have waited >12 hours in A&E from Decision to Admit	TDA & CQC	T	Chief Operating Officer	0	43	23	13	4	3	40	3	▼		0%	100%	
<b>Patient Access - Cancer</b>																	
13	Cancer: 2 week wait referral to date first seen	TDA & CQC	T	Chief Operating Officer	93%	94.0%	92.3%	96%	94%	L	94.0%	L	▼		≥93%	<93%	
14	Cancer: 2 week wait referral to date first seen - Breast Symptomatic	TDA & CQC	T	Chief Operating Officer	93%	98.5%	99.4%	97%	99%	L	98.5%	L	▲		≥93%	<93%	
15	Cancer: 31 day wait from diagnosis to first treatment	TDA & CQC	T	Chief Operating Officer	96%	96.7%	96.7%	96%	97%	L	96.7%	L	▲		96%	<96%	
16	Cancer: 62 day wait for first treatment from urgent GP referral	TDA & CQC	T	Chief Operating Officer	85%	73.6%	78.6%	67%	75%	L	73.6%	L	▲		85%	<85%	
17	Cancer: 31 day wait for second or subsequent treatment - surgery	TDA & CQC	T	Chief Operating Officer	94%	93.5%	85.7%	93%	100%	L	93.5%	L	▲		94%	<94%	
18	Cancer: 31 day wait for second or subsequent treatment - Chemotherapy	TDA & CQC	T	Chief Operating Officer	98%	100.0%	100.0%	100%	100%	L	100.0%	L	—		98%	<98%	
19	Cancer: 31 day wait for second or subsequent treatment - Radiotherapy	TDA & CQC	T	Chief Operating Officer	94%	94.2%	91.4%	95.4%	95.6%	L	94.2%	L	▲		94%	<94%	
20	Cancer: 62 day wait for first treatment from referral from a nhs cancer screening service	TDA & CQC	T	Chief Operating Officer	90%	85.6%	79.5%	86.7%	90.7%	L	85.6%	L	▲		90%	<90%	
21	Cancer: 62 day wait for first treatment from referral following a Consultants Decision to Upgrade	TDA & CQC	T	Chief Operating Officer	90%	100.0%	N/A	100.0%	N/A	L	100.0%	L	▼		90%	<90%	N/A indicates there were no cases that month
<b>Operational Efficiency</b>																	
45	Proportion of Operations Cancelled On The Day not re-booked within 28 days	TDA & CQC	T	Chief Operating Officer	5%	12.3%	4.3%	17.6%	20.0%	L	12.3%	L	▲		<5.0%	>5.0%	YTD 13 cancellations not rebooked within 28 days (5 of which in June)
<b>Patient Experience</b>																	
69	Number of Single Sex accommodation breaches	TDA	T	Chief Nurse	0	0	0	0	0	0	0	0	—		0	>0	

# BSUH Trust Board Full Performance Scorecard 2015/16 - Month 4, July 2015 - Draft One

Indicator Number	Indicator	Indicator Source	Data Level	Responsible Director	Standard / Threshold	15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Q1 15/16	Q2 15/16	Change from last reported period	YTD Chart	On Target	Of Concern	Comments
<b>Patient Access - Waiting Times</b>																	
1	18w RTT - Number of over 52 week waiters at month end	TDA	T	Chief Operating Officer	0	0	0	0	1	L	1	L	▲		0%	>=1	Breach in Jun-15, T&O
2	18w RTT - Percentage of Admitted RTT Pathways completed within 18 weeks	TDA & CQC	T	Chief Operating Officer	90%	72.0%	71.5%	72.2%	72.3%	L	72.0%	L	▲		≥90%	<90%	
3	18w RTT - Percentage of Non-Admitted RTT Pathways completed within 18 weeks	TDA & CQC	T	Chief Operating Officer	95%	89.1%	88.9%	90.8%	87.9%	L	89.1%	L	▼		≥95%	<95%	
4	18w RTT - Percentage of Incomplete Pathways waiting less than 18 weeks	TDA & CQC	T	Chief Operating Officer	92%	87.2%	87.0%	87.2%	87.2%	L	87.2%	L	▲		≥92%	<92%	
5	Diagnostic Tests waiting longer than 6 weeks - Percentage of all waiters	TDA & CQC	T	Chief Operating Officer	1%	4.3%	1.6%	2.2%	4.3%	L	4.3%	L	▲		<1%	>=1%	
<b>Patient Access - Emergency Care</b>																	
6	A&E - A&E Attendance to Emergency Admission (via A&E) Ratio	Local	T	Chief Operating Officer	23%	25.1%	28.3%	23.8%	24.1%	24.0%	25.6%	24.0%	▼		≤23%	>23%	
7	A&E - Ambulance Handover Delays of over 30 mins and less than 60 mins - Number	NCB	T	Chief Operating Officer	0	2,680	705	612	680	683	1,997	683	▲		tbc	tbc	
8	A&E - Ambulance Handover Delays of over 60 mins - Number	NCB	T	Chief Operating Officer	0	429	120	117	113	79	350	79	▼		tbc	tbc	
9	A&E - Percentage of patients who spent 4 hours or less in A&E	TDA & CQC	T	Chief Operating Officer	95%	80.1%	79.0%	80.5%	80.9%	83.3%	80.1%	83.3%	▲		≥95%	<95%	
10	A&E - Number of Patients who have waited >12 hours in A&E from Decision to Admit	TDA & CQC	T	Chief Operating Officer	0	43	23	13	4	3	40	3	▼		0%	100%	
11	A&E 7 day Reattendance Rate	Local	T	Chief Operating Officer	5%		7.04%	8.15%	7.58%	7.32%			▼		0%	0%	
12	No of Ambulance Conveyances to ED	Local	T	Chief Operating Officer	TBC	16,360	3,947	4,070	4,081	4,262	12,098	4,262	▲		n/a	n/a	
<b>Patient Access - Cancer</b>																	
13	Cancer: 2 week wait referral to date first seen	TDA & CQC	T	Chief Operating Officer	93%	94.0%	92.3%	96%	94%	L	94.0%	L	▼		≥93%	<93%	
14	Cancer: 2 week wait referral to date first seen - Breast Symptomatic	TDA & CQC	T	Chief Operating Officer	93%	98.5%	99.4%	97%	99%	L	98.5%	L	▲		≥93%	<93%	
15	Cancer: 31 day wait from diagnosis to first treatment	TDA & CQC	T	Chief Operating Officer	96%	96.7%	96.7%	96%	97%	L	96.7%	L	▲		96%	<96%	
16	Cancer: 62 day wait for first treatment from urgent GP referral	TDA & CQC	T	Chief Operating Officer	85%	73.6%	78.6%	67%	75%	L	73.6%	L	▲		85%	<85%	
17	Cancer: 31 day wait for second or subsequent treatment - surgery	TDA & CQC	T	Chief Operating Officer	94%	93.5%	85.7%	93%	100%	L	93.5%	L	▲		94%	<94%	
18	Cancer: 31 day wait for second or subsequent treatment - Chemotherapy	TDA & CQC	T	Chief Operating Officer	98%	100.0%	100.0%	100%	100%	L	100.0%	L	—		98%	<98%	
19	Cancer: 31 day wait for second or subsequent treatment - Radiotherapy	TDA & CQC	T	Chief Operating Officer	94%	94.2%	91.4%	95.4%	95.6%	L	94.2%	L	▲		94%	<94%	
20	Cancer: 62 day wait for first treatment from referral from a nhs cancer screening service	TDA & CQC	T	Chief Operating Officer	90%	85.6%	79.5%	86.7%	90.7%	L	85.6%	L	▲		90%	<90%	
21	Cancer: 62 day wait for first treatment from referral following a Consultants Decision to Upgrade	TDA & CQC	T	Chief Operating Officer	90%	100.0%	N/A	100.0%	N/A	L	100.0%	L	▼		90%	<90%	N/A indicates there were no cases that month
<b>Clinical Quality- Infection Prevention and Control</b>																	
22	Number of cases of MRSA bloodstream infections	TDA & CQC	T	Medical Director Chief Nurse	0	1	0	0	0	1	0	1	▲		0%	100%	
23	Number of C. Difficile infections	TDA & CQC	T	Medical Director Chief Nurse	46	21	3	5	9	4	17	4	▼		<3.83per month	>3.83 per month	
<b>Clinical Quality- Mortality</b>																	
24	Crude mortality rate (non-elective ordinary admissions only)	TDA	T	Medical Director Chief Nurse	TBC	3.4%	4.4%	3.9%	2.5%	2.9%	3.6%	2.9%	▲				
25	Hospital Standardised Mortality Ratio (HSMR) - all week (12 month rolling total)	TDA & CQC	T	Medical Director Chief Nurse	100	L	L	L	L	L	L	L	—		≤100	>100	Latest position 81.03 reported Mar-15
26	Hospital Standardised Mortality Ratio (HSMR) - weekends (12 month rolling total)	CQC Surveillance Indicators	T	Medical Director Chief Nurse	100	L	L	L	L	L	L	L	—		≤100	>100	Latest position 61.63 reported Mar-15
27	Summary Hospital Mortality Indicator (SHMI) 12 month rolling total	TDA & CQC	T	Medical Director Chief Nurse	100	L	L	L	L	L	L	L	—		≤100	>100	Latest position 97.9 reported Feb-15
<b>Clinical Quality- Maternity</b>																	
28	Emergency Caesarean Section rate	CQC Surveillance Indicators	T	Medical Director Chief Nurse	13%	12.8%	12.4%	14.2%	11.7%	L	12.8%	L	▼		≤13%	>13%	

Indicator Number	Indicator	Indicator Source	Data Level	Responsible Director	Standard / Threshold	15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Q1 15/16	Q2 15/16	Change from last reported period	YTD Chart	On Target	Of Concern	Comments
<b>Clinical Quality- Patient Safety</b>																	
29	"Never Events" reported in month	TDA & CQC	T	Medical Director Chief Nurse	0	1	0	0	1	L	1	L	▲		0	>0	
30	Duty of Candour - Conversation within 10 days - Percentage Compliance	CQC	T	Medical Director Chief Nurse	TBC	57	40	75	56	L	57	L	▼				
31	Duty of Candour - Report within 45 days - Percentage Compliance	Local	T	Medical Director Chief Nurse	TBC	9.1%	10.0%	0.0%	L	L	9.1%	L	▼				
32	Emergency Readmissions within 30 days of discharge from hospital - Percentage	TDA	T	Chief Operating Officer	10.50%	L	L	L	L	L	L	L	▬		12%	>11.8%	Latest position 12.4% reported Feb-15
33	Emergency Readmissions within 30 days of discharge from hospital - Number	TDA	T	Chief Operating Officer	N/A	L	L	L	L	L	L	L	▬				Latest position 610 reported Feb-15
34	Incidence of hospital-acquired category 3 or 4 pressure ulcers	TDA	T	Medical Director Chief Nurse	0	1	1	0	0	L	1	L	▬				
35	Number of falls resulting in severe injury or death (Moderate, Severe and Catastrophic)	TDA	T	Medical Director Chief Nurse	0	3	2	0	1	L	3	L	▲		0	>0	
36	Number of Medication error causing serious harm (Severe / Catastrophic)	TDA & CQC	T	Medical Director Chief Nurse	0	0	0	0	0	L	0	L	▬		0%	>=1	
37	Number of CAS alerts breaching deadline for implementation	TDA	T	Medical Director Chief Nurse	0	0	0	0	0	L	0	L	▬				
38	Percentage of completed VTE Risk Assessments	TDA & CQC	T	Medical Director Chief Nurse	95%	84.2%	83.6%	83.8%	85.1%	L	84.2%	L	▲		≥95%	<95%	Latest position 95.0% reported Mar-15
39	Percentage of Harm Free Care - Safety Thermometer	TDA	T	Medical Director Chief Nurse	TBC	94.2%	95.6%	92.4%	94.7%	L	94.2%	L	▲				
40	Number of Serious Incidents reported each month.	TDA	T	Medical Director Chief Nurse	TBC	16	10	1	5	L	16	L	▲				
41	Percentage of reported safety incidents that are harmful	Local	T	Medical Director Chief Nurse	TBC	0.15%	0.14%	0.14%	0.16%	L	0.15%	L	▲				
42	Percentage of emergency admission Fractured Neck of Femur patients receiving surgery within 48 hours	Local	T	Chief Operating Officer	TBC	L	L	L	L	L	L	L					Latest position 91.7% reported Mar-15
<b>Operational Efficiency</b>																	
43	Percentage of patients whose operation was cancelled at the last minute	TDA & CQC	T	Chief Operating Officer	1%	0.7%	0.9%	0.7%	0.5%	L	0.7%	L	▼		≤1%	>1%	
44	Number of Urgent Operations being cancelled for the second time	TDA & CQC	T	Chief Operating Officer	0	0	0	0	0	L	0	L	▬		0%	100%	
45	Proportion of Operations Cancelled On The Day not re-booked within 28 days	TDA & CQC	T	Chief Operating Officer	5%	12.3%	4.3%	17.6%	20.0%	L	12.3%	L	▲		<5.0%	>5.0%	YTD 13 cancellations not rebooked within 28 days (5 of which in June)
46	Percentage DNA rate for outpatient all attendances	Local	T	Chief Operating Officer	TBC	7.7%	7.6%	7.8%	7.6%	7.6%	7.7%	7.6%	▲				
47	Theatre Utilisation (Percentage sessions utilised)	Local	T		85%	83.6%	84.6%	82.4%	83.8%	L	83.6%	L	▲				
<b>Operational Efficiency - Stroke and Revascularisation</b>																	
48	Stroke: Percentage of Pts who spend > 90% of time on stroke unit	TDA & CQC	T	Chief Operating Officer	80%	87.1%	91.4%	81.6%	85.7%	L	87.1%	L	▲		≥80%	<80%	
49	Stroke: Percentage admitted directly to stroke unit	TDA & CQC	T	Chief Operating Officer	90%	67.7%	70.7%	71.1%	57.1%	L	67.7%	L	▼		≥90%	<90%	Patients which exceed the 4 hour A&E standard are not considered to be direct admissions.
50	Stroke: Percentage scanned in less than 1 hrs of hospital arrival	TDA & CQC	T	Chief Operating Officer	50%	58.6%	61.2%	56.7%	55.0%	L	58.6%	L	▼		≥50%	<50%	
51	Stroke: Percentage of Patients scanned within 24 hours	TDA & CQC	T	Chief Operating Officer	100%	97.0%	98.0%	93.3%	100.0%	L	97.0%	L	▲		100%	<100%	
52	Stroke: Percentage of high risk TIA cases treated in 24 hours	TDA & CQC	T	Chief Operating Officer	60%	88.5%	85.7%	88.2%	91.3%	L	88.5%	L	▲		≥60%	<60%	
53	Stroke: Percentage of low risk TIA patients seen in 7 days	TDA & CQC	T	Chief Operating Officer	100%	98.6%	100.0%	96.4%	100.0%	L	98.6%	L	▲		100%	<100%	

Indicator Number	Indicator	Indicator Source	Data Level	Responsible Director	Standard / Threshold	15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Q1 15/16	Q2 15/16	Change from last reported period	YTD Chart	On Target	Of Concern	Comments
<b>Length of Stay / Demand</b>																	
54	A&E Atts (Percentage variance to internal plan)	Local	T	Chief Operating Officer	+/- 2%	-3% (-1192)	-6% (-845)	-1% (-92)	-2% (-255)	L	-3% (-1192)	L					
55	NEL Spells (Percentage variance to internal plan)	Local	T	Chief Operating Officer	+/- 2%	-4% (-421)	-3% (-125)	-9% (-317)	1% (21)	L	-4% (-421)	L					
56	EL spells (Percentage variance to internal plan)	Local	T	Chief Operating Officer	+/- 2%	-10% (-391)	-11% (-143)	-10% (-137)	-8% (-111)	L	-10% (-391)	L					
57	DC Spells (Percentage variance to internal Plan)	Local	T	Chief Operating Officer	+/- 2%	-8% (-1132)	-11% (-522)	-7% (-334)	-6% (-276)	L	-8% (-1132)	L					
58	OP New Atts (Percentage variance to internal plan)	Local	T	Chief Operating Officer	+/- 2%	-3% (-986)	-5% (-646)	-8% (-899)	5% (559)	L	-3% (-986)	L					
59	Percentage of occupied beds (General & Acute)	CQC Surveillance Indicators	T	Chief Operating Officer	90%	88.5%	89.3%	89.7%	86.9%	88.2%	88.7%	88.2%	▲				
60	Percentage of occupied Adult Critical Care beds	CQC Surveillance Indicators	T	Chief Operating Officer	90%	102.5%	116.7%	103.2%	92.9%	96.8%	104.2%	96.8%	▲				
61	Percentage of occupied paediatrics/neonatal beds	CQC Surveillance Indicators	T	Chief Operating Officer	90%	69.7%	74.8%	68.0%	64.5%	71.4%	69.1%	71.4%	▲				
62	Percentage of occupied Acute Medicine beds	Local	T	Chief Operating Officer	90%	92.5%	93.7%	93.1%	90.6%	L	92.5%	L	▼				
63	Average Admission Length of Stay - Non-Electives	Local	T	Chief Operating Officer	TBC	5.2	5.6	5.0	5.3	4.9	5.3	4.9	▼				
64	Number of GP OP Referrals	Local	T	Chief Operating Officer	n/a	39,247	13,155	12,431	13,661	L	39,247	L	▲				
65	Number of two-week wait GP Referrals	Local	T	Chief Operating Officer	n/a	7,124	1,705	1,612	1,822	1,985	5,139	1,985	▲				
66	Outpatient New to Follow-up Ratio (all)	Local	T	Chief Operating Officer	1.92	2.34	2.39	2.27	2.31	2.38	2.28	2.28	▲		<1.92	>1.92	
67	Delayed Transfers of Care (DToC)	TDA	T	Chief Operating Officer	3.50%	4.4%	3.7%	4.0%	4.9%	4.9%	3.7%	4.9%	▲		<3.5%	>=3.5%	
68	Medically Fit For Discharge (MFFD) - number of occupied bed days	Local	T	Chief Operating Officer	TBC	4,860	928	1,256	1,237	1,439	3,421	1,439	▲				
<b>Patient Experience</b>																	
69	Number of Single Sex accommodation breaches	TDA	T	Chief Nurse	0	0	0	0	0	0	0	0	—		0	>0	
70	Total number of complaints received	TDA	T	Chief Nurse	n/a	303	77	68	65	93	210	93	▲				
71	Number of complaints where clinical care is cited as a factor	TDA	T	Chief Nurse	0	97	25	11	16	45	52	45	▲				
72	Patient Satisfaction (friends and family) - In-patients - percentage who would recommend	TDA	T	Chief Nurse	95.6%	93.8%	92.5%	94.2%	94.3%	94.2%	93.8%	94.2%	▼				
73	Patient Satisfaction (friends and family) - In-patients - percentage who would NOT recommend	T	T	Chief Nurse	1.5%	1.6%	1.9%	1.7%	1.4%	1.8%	1.6%	1.8%	▲				
74	Patient Satisfaction (friends and family) - A&E - percentage who would recommend	TDA	T	Chief Nurse	88.4%	87.4%	84.4%	80.3%	88.6%	87.9%	87.4%	87.9%	▼				
75	Patient Satisfaction (friends and family) - A&E - percentage who would NOT recommend	T	T	Chief Nurse	5.8%	6.5%	8.2%	9.2%	6.0%	6.8%	6.5%	6.8%	▲				
76	Patient Satisfaction (friends and family) - Maternity - percentage who would recommend	TDA	T	Chief Nurse	95.7%	98.6%	99.7%	98.9%	98.2%	97.0%	98.9%	97.0%	▼				
77	Patient Satisfaction (friends and family) - Maternity - percentage who would NOT recommend	T	T	Chief Nurse	1.4%	0.3%	0.0%	0.3%	0.3%	0.5%	0.2%	0.5%	▲				
78	Patient Satisfaction (friends and family) - Outpatient - percentage who would recommend	T	T	Chief Nurse	TBC	91.0%	94.0%	88.9%	90.2%	91.5%	90.8%	91.5%	▲				
79	Patient Satisfaction (friends and family) - Outpatient - percentage who would NOT recommend	T	T	Chief Nurse	TBC	3.8%	1.7%	5.8%	3.6%	4.2%	3.6%	4.2%	▲				
80	Patient Satisfaction (friends and family) - response rate - In-patients	TDA	T	Chief Nurse	30%	10.6%	9.2%	10.4%	12.1%	13.7%	11.4%	13.7%	▲		≥30%	<30%	
81	Patient Satisfaction (friends and family) - response rate - A&E	TDA	T	Chief Nurse	20%	13.5%	3.8%	2.7%	28.0%	20.5%	11.1%	20.5%	▼		≥20%	<20%	

Indicator Number	Indicator	Indicator Source	Data Level	Responsible Director	Standard / Threshold	15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Q1 15/16	Q2 15/16	Change from last reported period	YTD Chart	On Target	Of Concern	Comments
<b>Workforce - Training &amp; Safety</b>																	
82	Overall safe staffing fill rate	TDA	T		TBC	95.5%	94.2%	95.9%	96.4%	L	95.5%	L	▲				
83	Percentage Nurse Registered Nurses	TDA	T	HR Director	77.0%		71.8%	72.1%	72.3%	72.7%			▲		≥77%	<77%	
84	Percentage of Staff Appraised	TDA	T	HR Director	75%		53.1%	56.4%	59.7%	62.0%			▲		≥75%	<75%	
85	Percentage Vacancy rate	TDA	T	HR Director	8%		7.8%	7.9%	8.1%	8.0%			▼		≤8%	>8%	
86	Percentage compliance with statutory training	CQC	T	HR Director	75%	50.3%	50.3%	50.3%	50.3%	L	50.3%	L	▬		≥75%	<75%	
<b>Workforce</b>																	
87	Sickness/Absence Rate	TDA	T	HR Director	3.4%		4.0%	3.9%	4.0%	L			▲		≤3.4%	>3.4%	
88	Proportion temporary staff - clinical and non-clinical	TDA	T	HR Director	12.3%		11.9%	11.3%	11.2%	11.4%			▲		≤12.3%	>12.3%	
89	Staff Turnover	TDA	T	HR Director	11.5%		12.3%	13.0%	13.0%	12.9%			▼		≤11.5%	>11.5%	

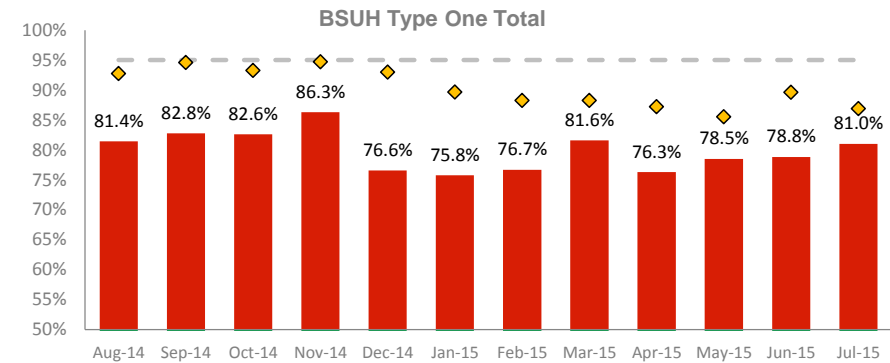
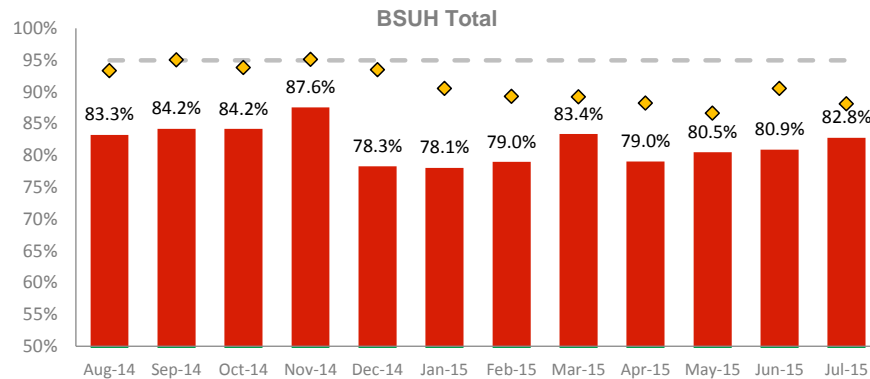
# BSUH Trust Performance Dashboard 2014/15 - July 2015

## A&E Performance

Percentage waiting 4 hours or less from arrival to admission, transfer or discharge

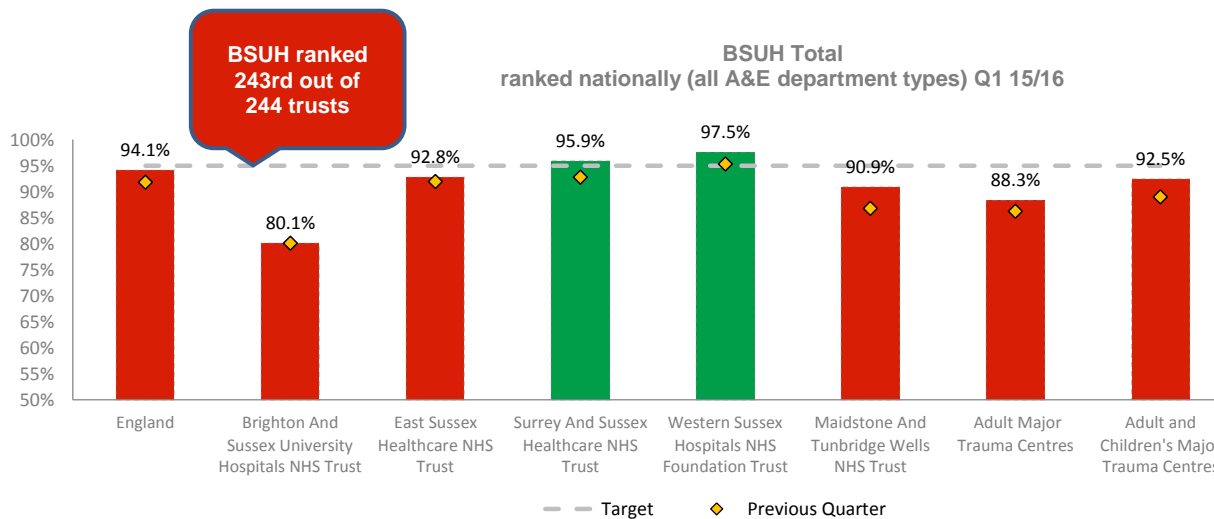
Owner(s): Chief Operating Officer

Adversely impacted by poor performance: Patient experience, external assurance ratings e.g. CQC and TDA, contract fines and trust reputation



On Target or Above (Green bar) Below Target (Red bar) Target (Dashed line) Previous Year (Yellow diamond)

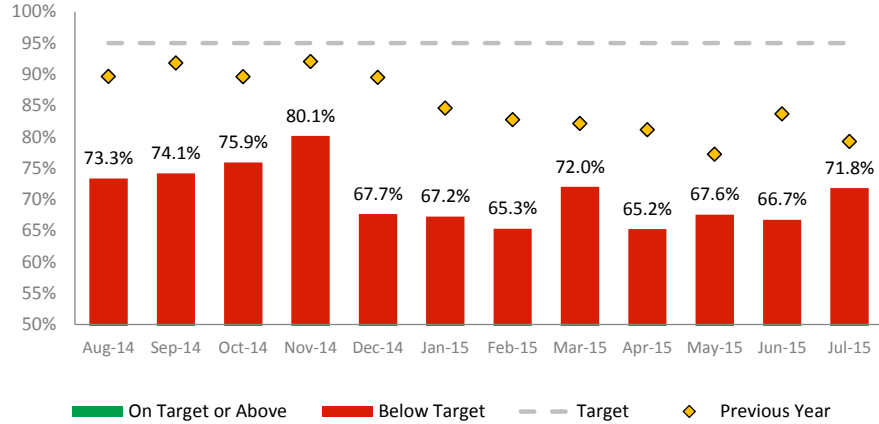
On Target or Above (Green bar) Below Target (Red bar) Target (Dashed line) Previous Year (Yellow diamond)



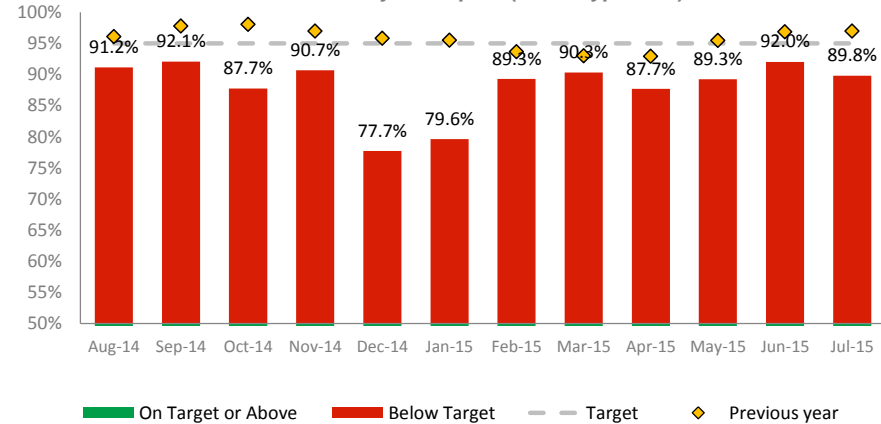
**A&E Department Type definitions:**

- Type One A&E department - Major A&E
- Type Two A&E department - Single Specialty
- Type Three A&E department - Other A&E / Minor Injury Unit / Walk In Centre

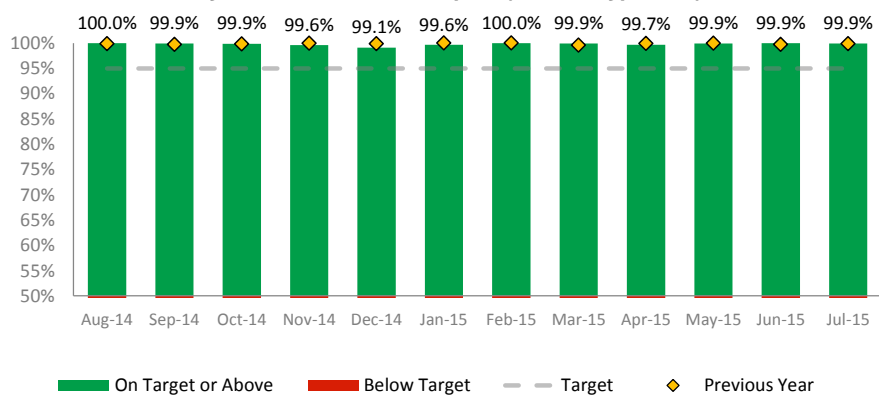
Royal Sussex County Hospital (RSCH - Type One)



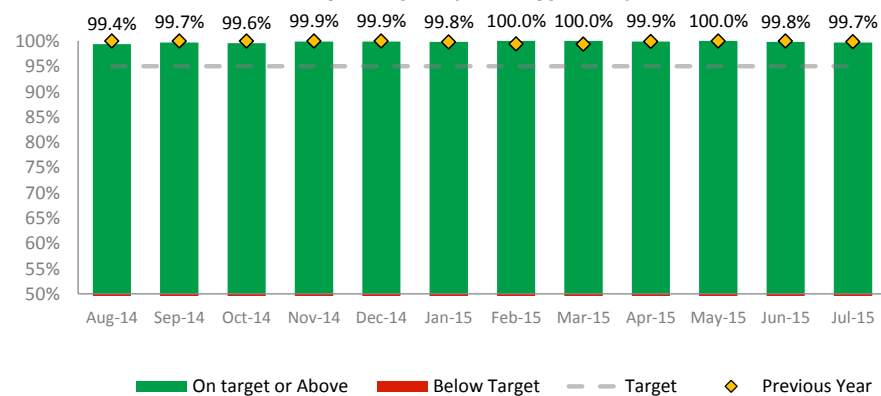
Princess Royal Hospital (PRH - Type One)



Royal Alex Children's Hospital (RACH - Type One)

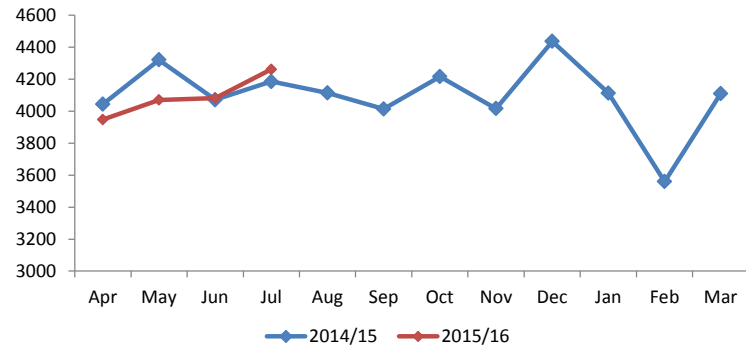


Sussex Eye Hospital (SEH - Type Two)

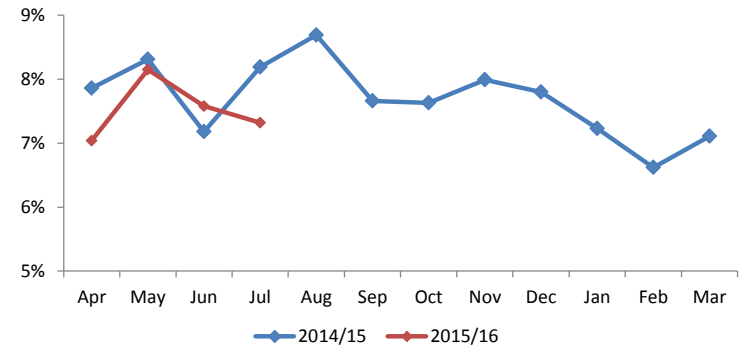




Number of Ambulance Conveyances to A&E



A&E 7 day Reattendance Rate



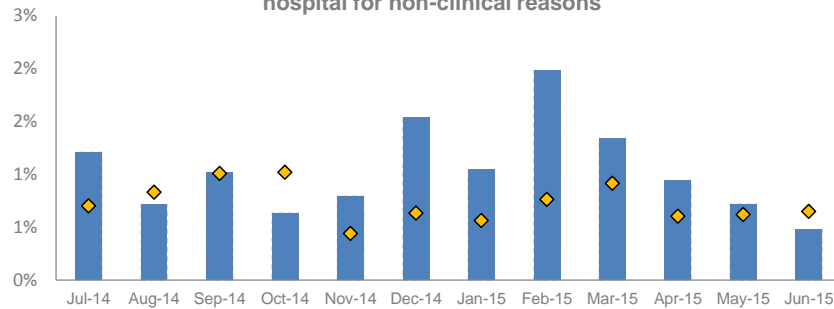
# BSUH Trust Performance Dashboard 2014/15 - July 2015

## Cancelled Elective Operations

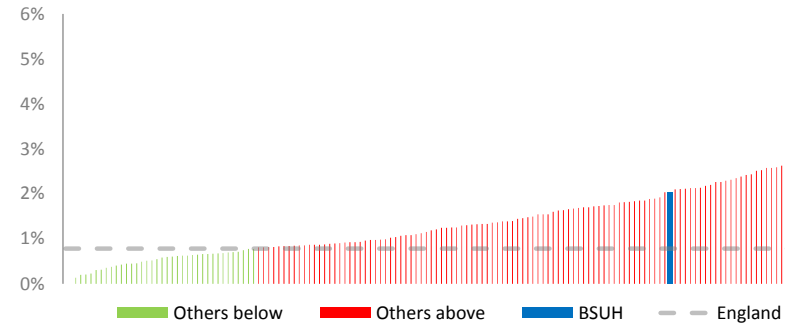
Owner(s): Chief Operating Officer

Adversely impacted by poor performance: Patient experience, external assurance ratings e.g. CQC and TDA, contract fines and trust reputation

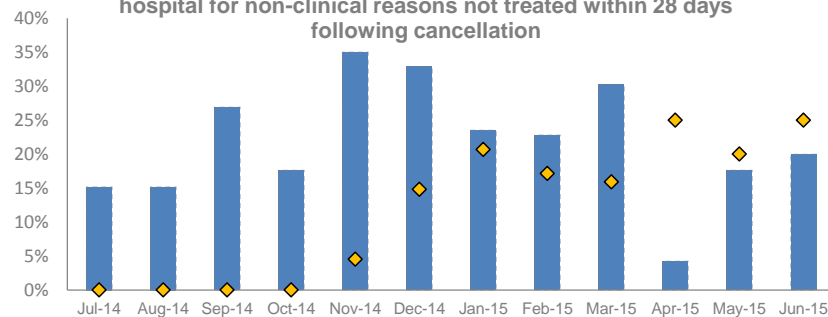
Percentage of elective operations cancelled on the day by the hospital for non-clinical reasons



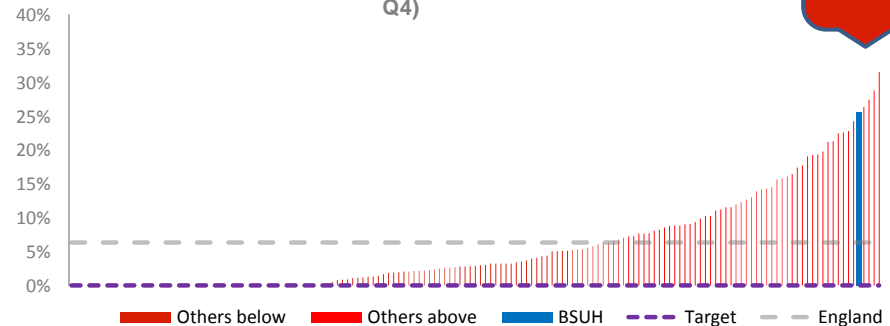
Elective operations cancelled on the day by the hospital for non-clinical reasons as a percentage of elective activity, ranked nationally benchmarked against England (14-15 Q4)



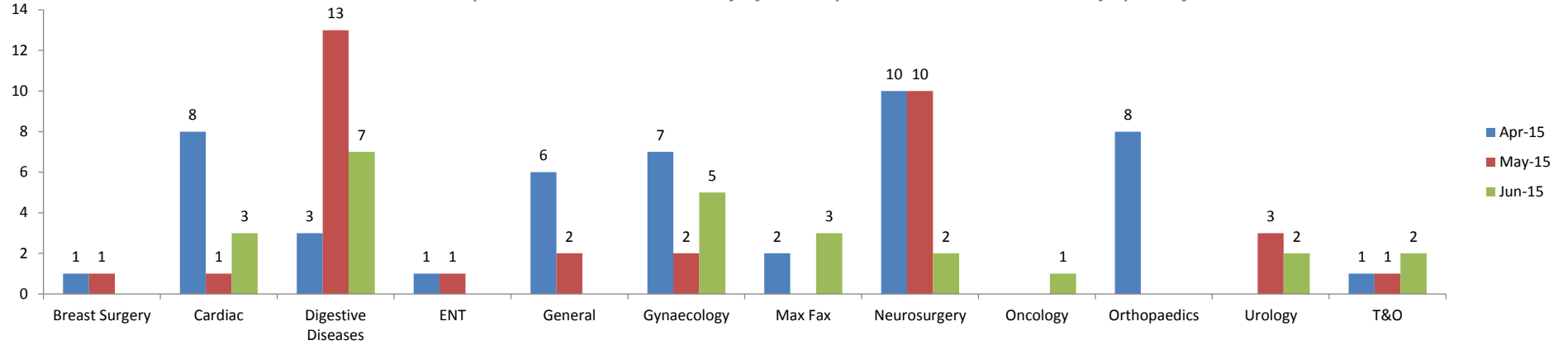
Percentage of elective operations cancelled on the day by the hospital for non-clinical reasons not treated within 28 days following cancellation



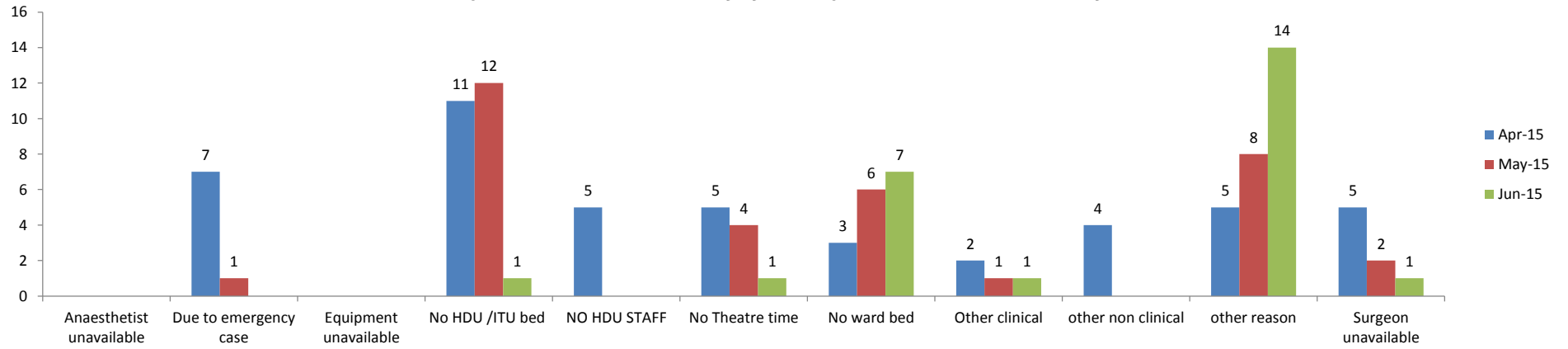
Percentage of elective operations cancelled on the day by the hospital for non-clinical reasons not treated within 28 days following cancellation, ranked nationally benchmarked against England (14-15 Q4)



Number of elective operations cancelled on the day by the hospital for non-clinical reasons by specialty



Number of elective operations cancelled on the day by the hospital for non-clinical reasons by reason



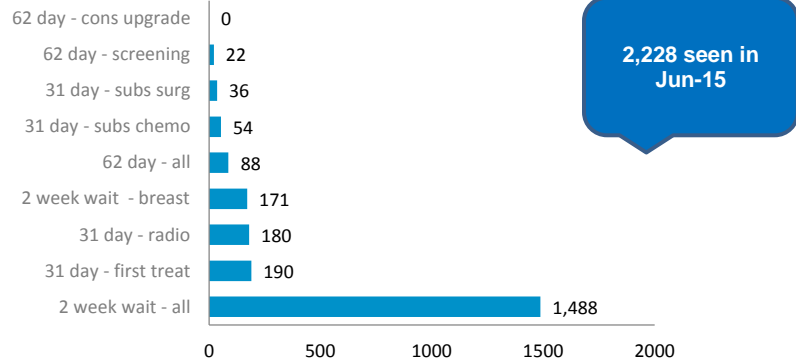
# BSUH Trust Performance Dashboard 2014/15 - July 2015

## Cancer access

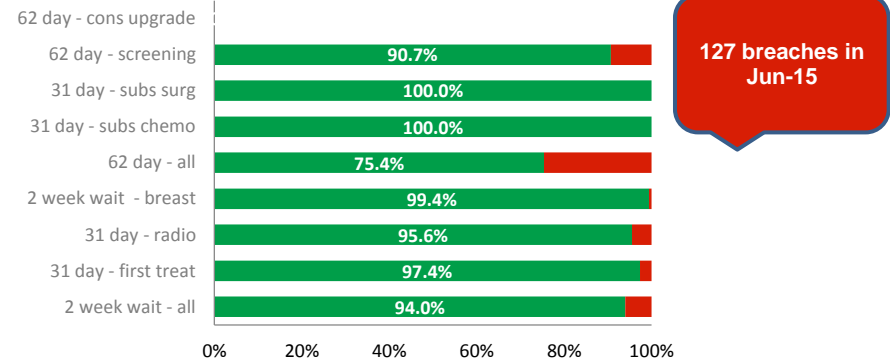
Owner(s): Chief Operating Officer

Adversely impacted by poor performance: Patient experience, external assurance ratings e.g. CQC and TDA, contract fines and trust reputation

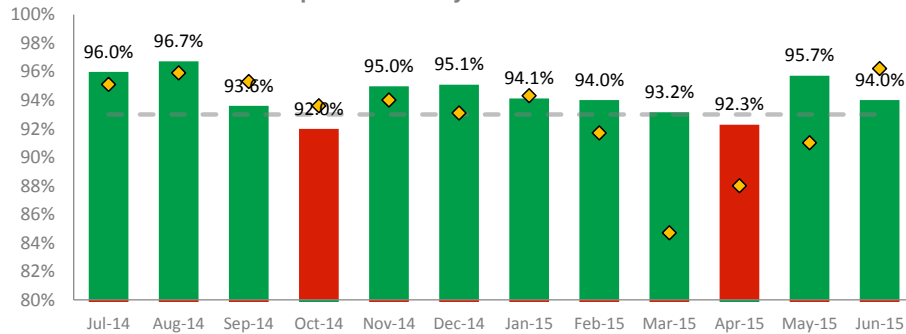
Total Seen (Jun-15)



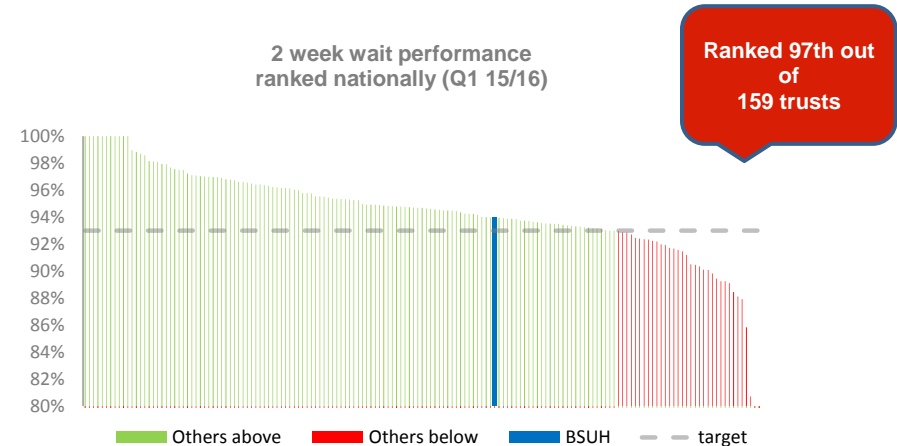
Percentage within standard (Jun-15)

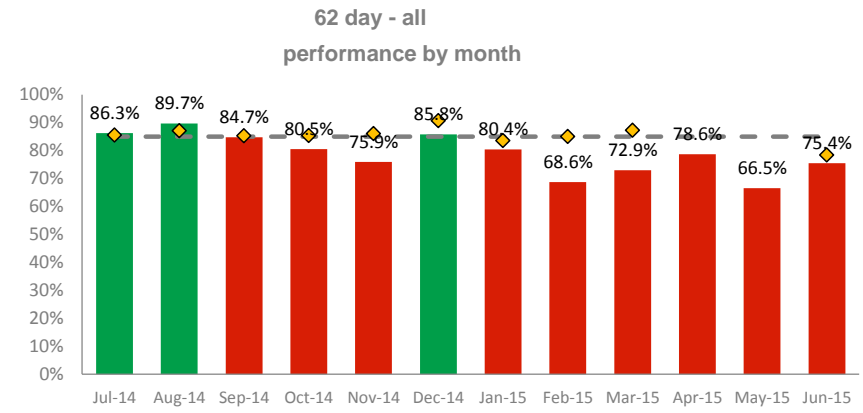
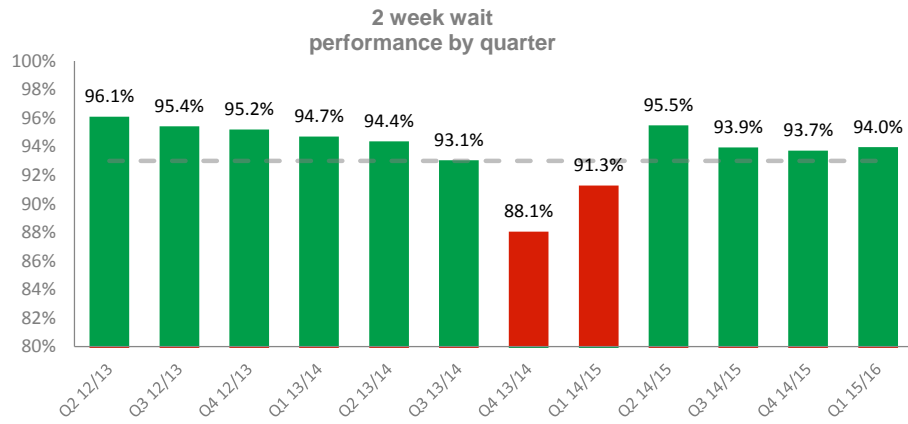


2 week wait performance by month



2 week wait performance ranked nationally (Q1 15/16)



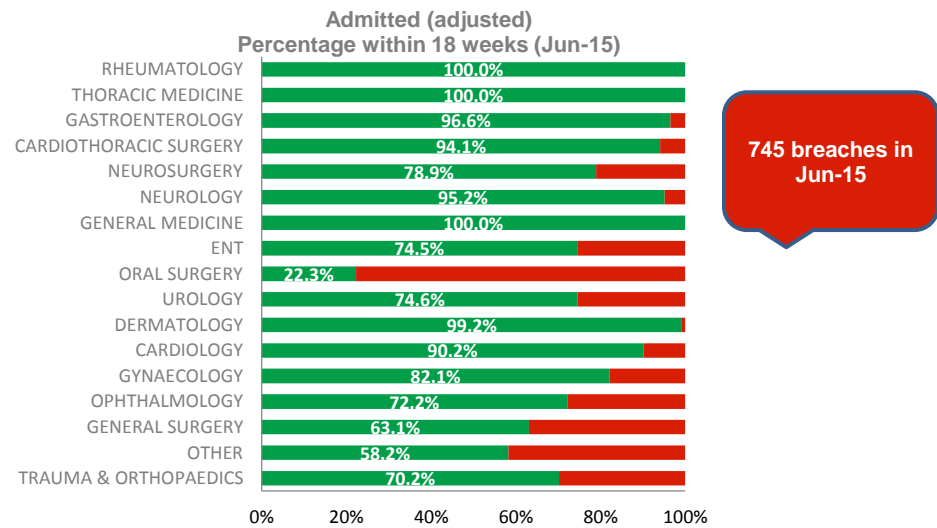
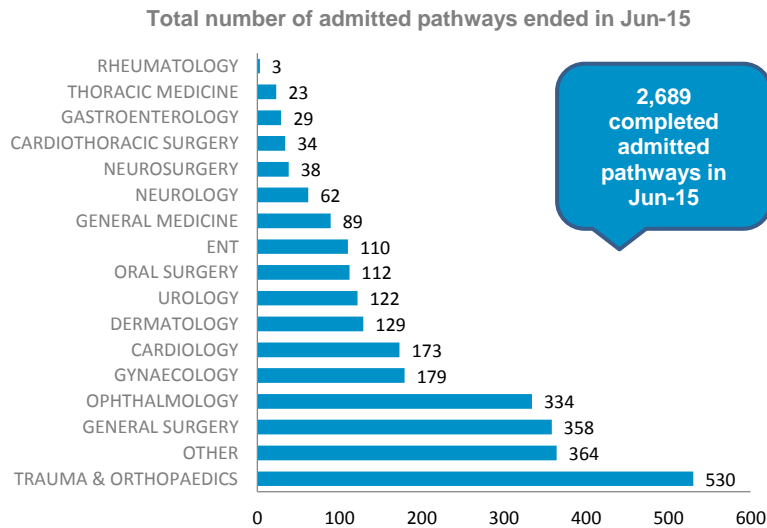
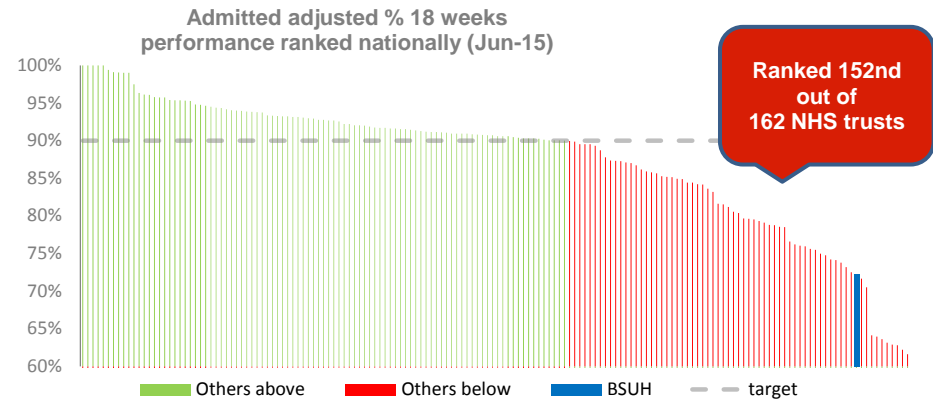
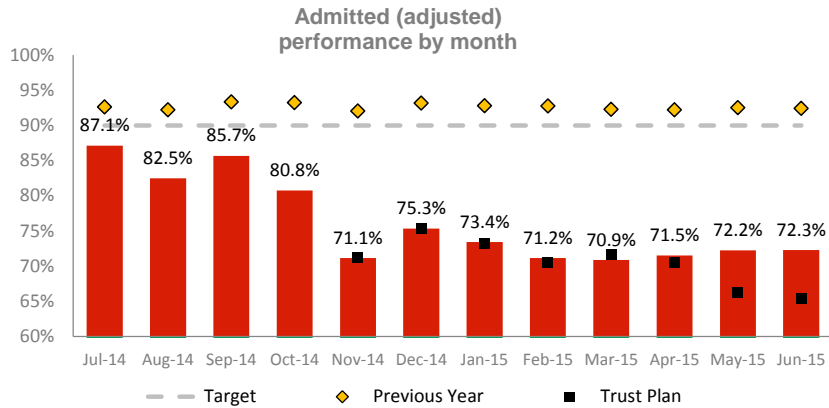


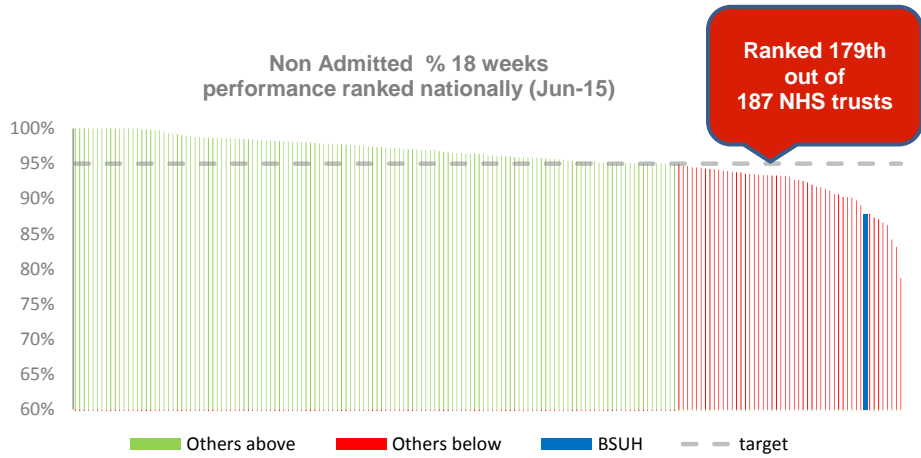
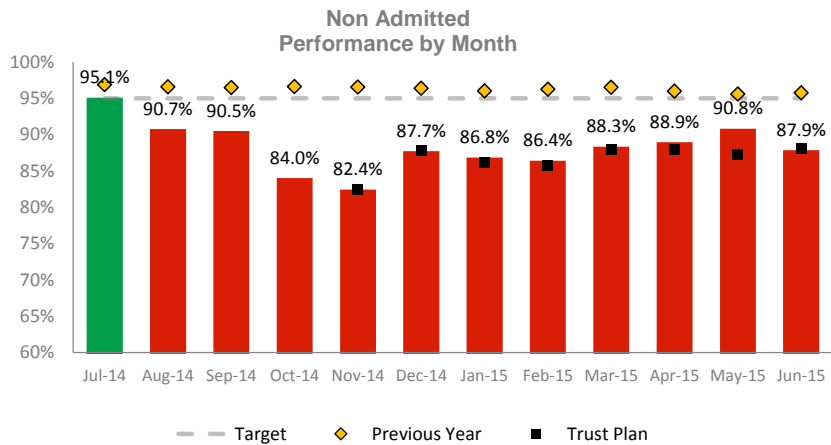
# BSUH Trust Performance Dashboard 2014/15 - July 2015

## Consultant-led Referral To Treatment (RTT)

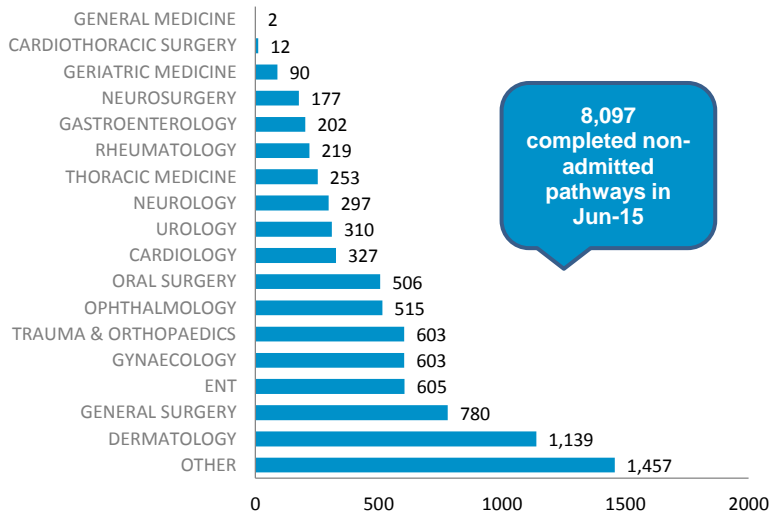
Owner(s): Chief Operating Officer

Adversely impacted by poor performance: Patient experience, external assurance ratings e.g. CQC and TDA, contract fines and trust reputation

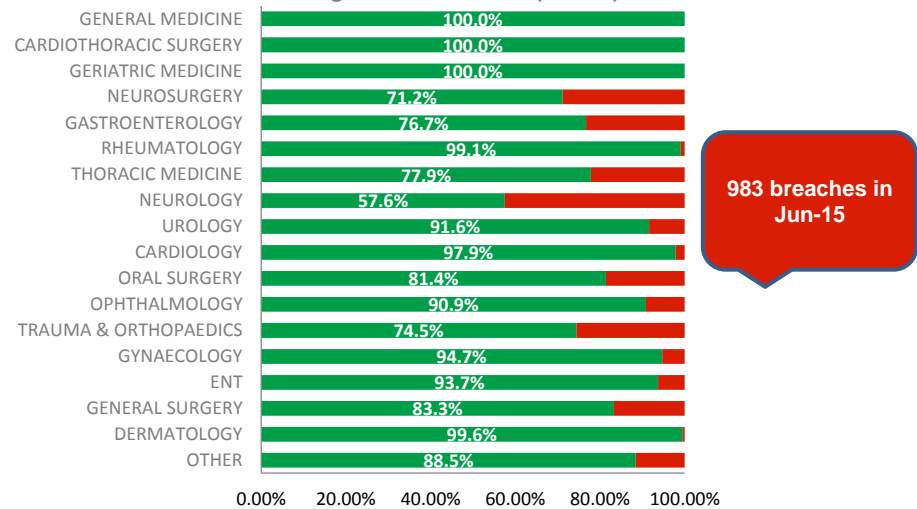


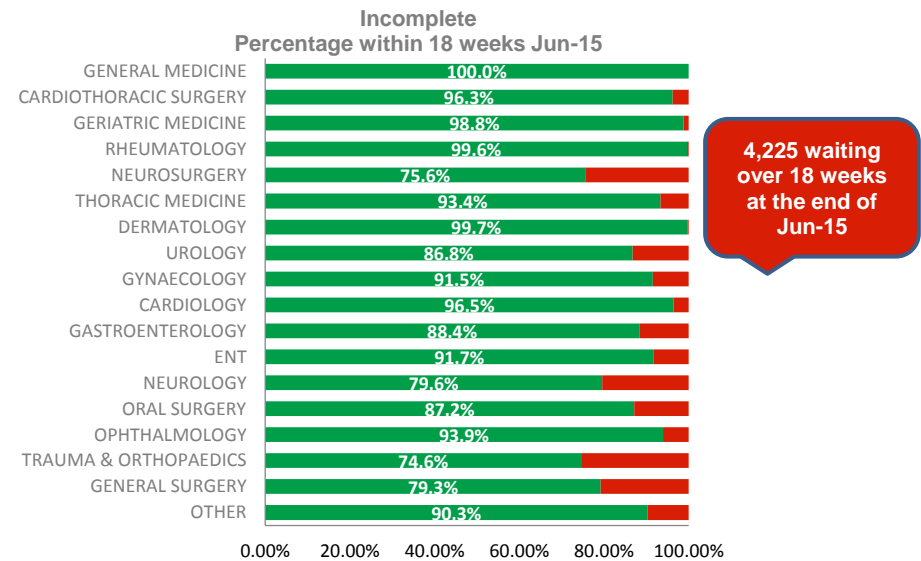
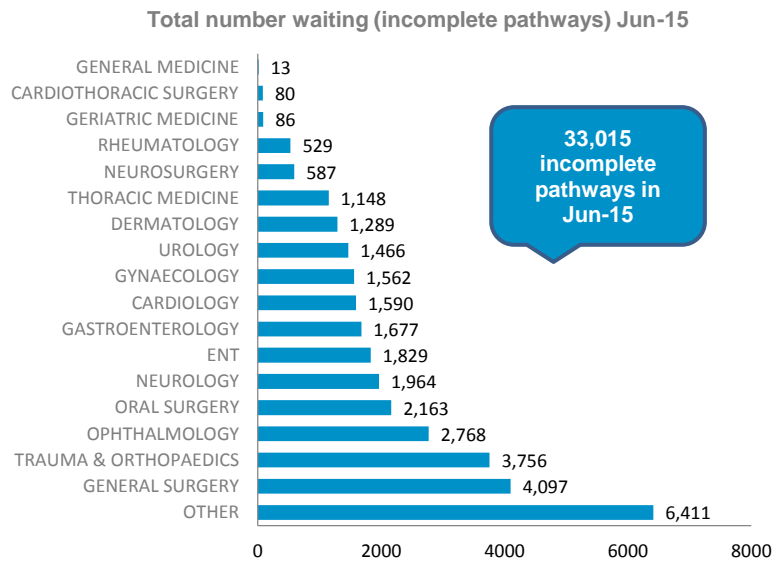
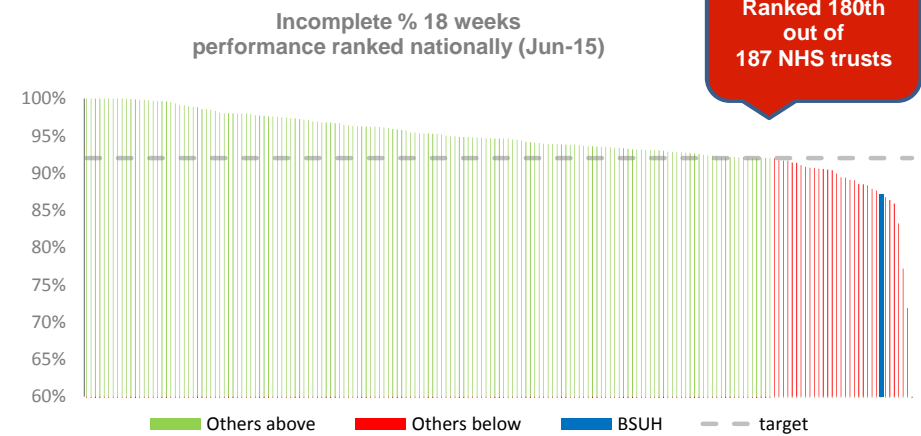
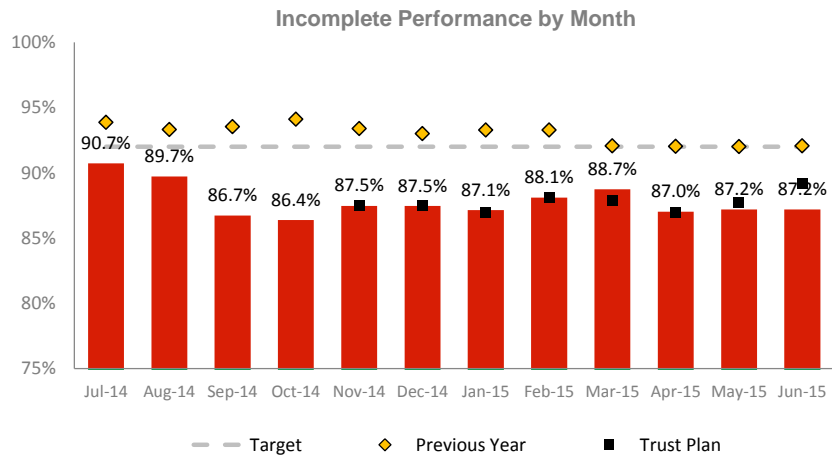


### Completed Non-admitted pathways (Jun-15)



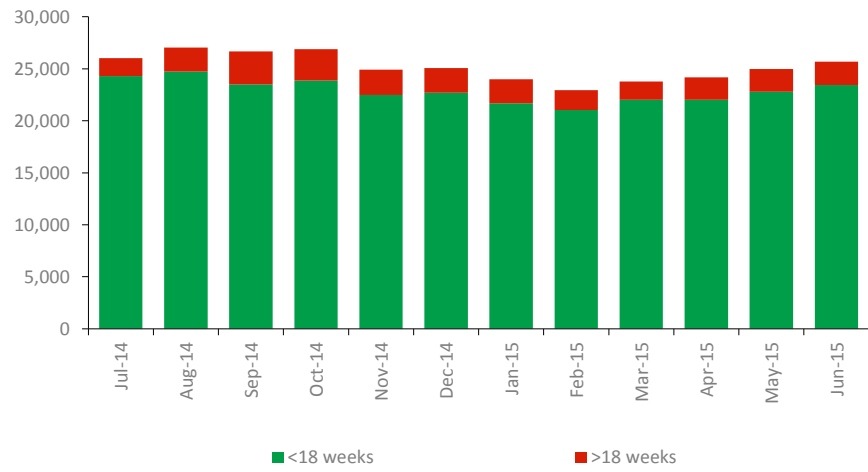
### Non Admitted Percentage within 18 weeks (Jun-15)



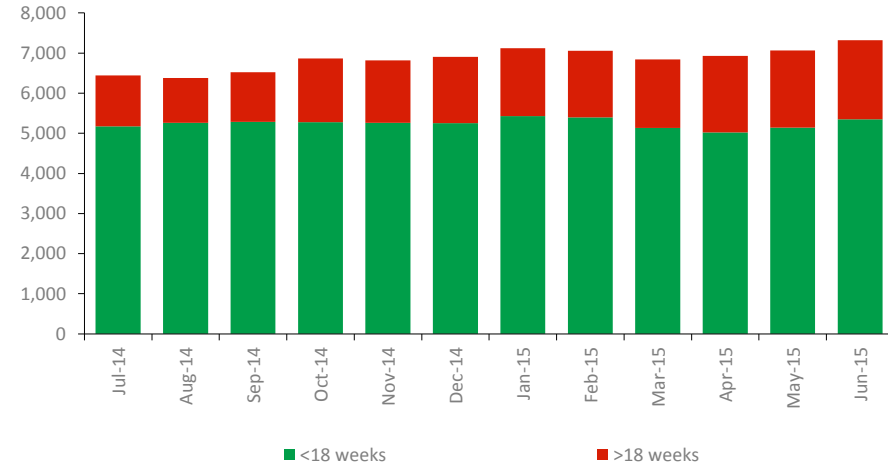




Non Admitted Incomplete (outpatient RTT waiting list)



Admitted Incomplete (inpatient RTT waiting list)



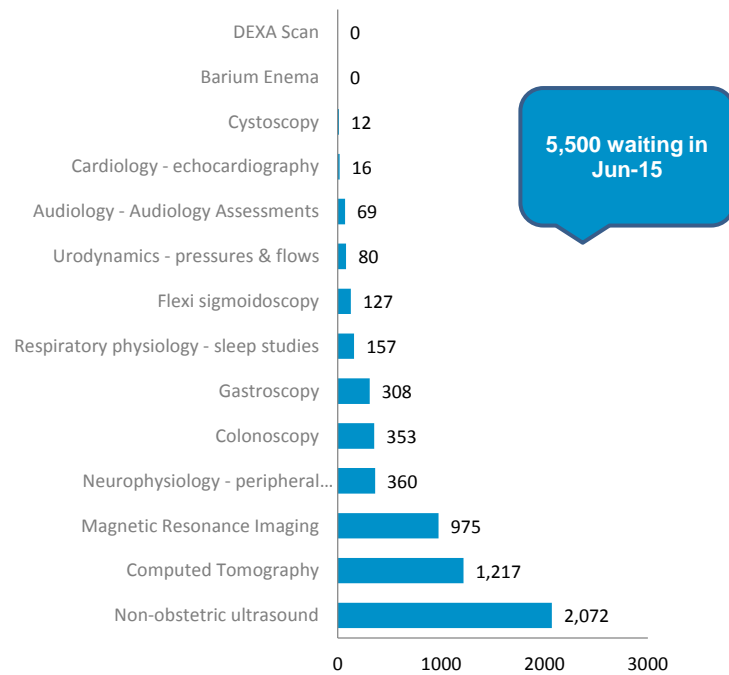
# BSUH Trust Performance Dashboard 2014/15 - July 2015

## Diagnostic Waiting Times and Activity

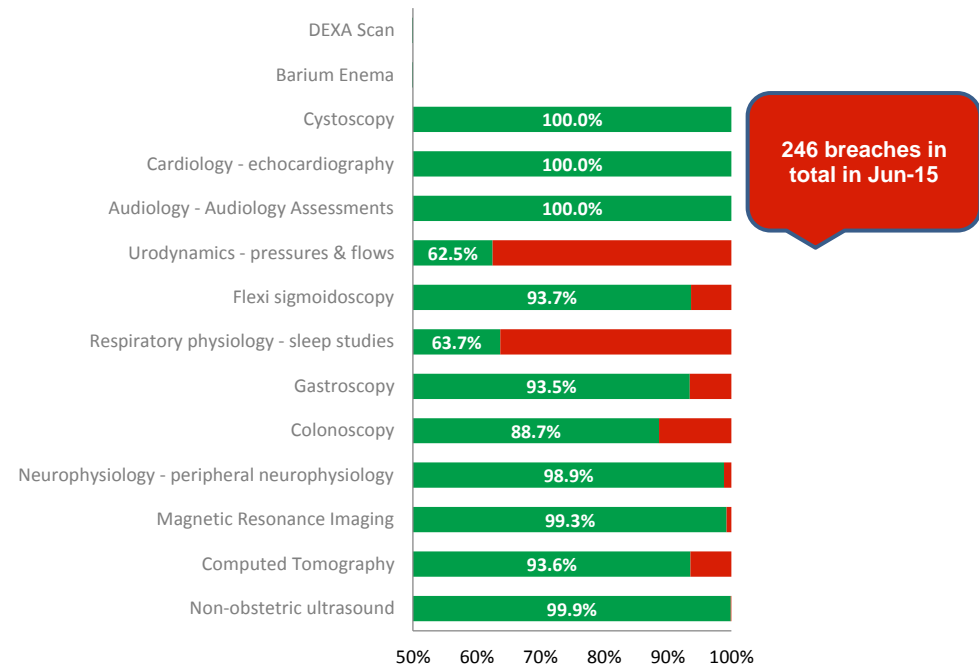
Owner(s): Chief Operating Officer

Adversely impacted by poor performance: Patient experience, external assurance ratings e.g. CQC and TDA, contract fines and trust reputation

Total Waiting (Jun-15)

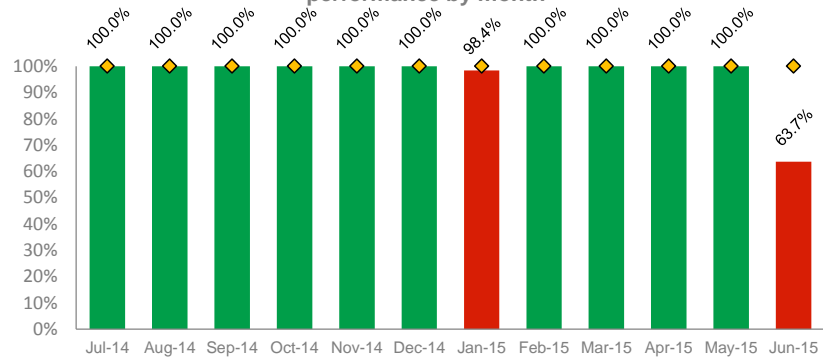


Percentage waiting within 6 weeks (Jun-15)



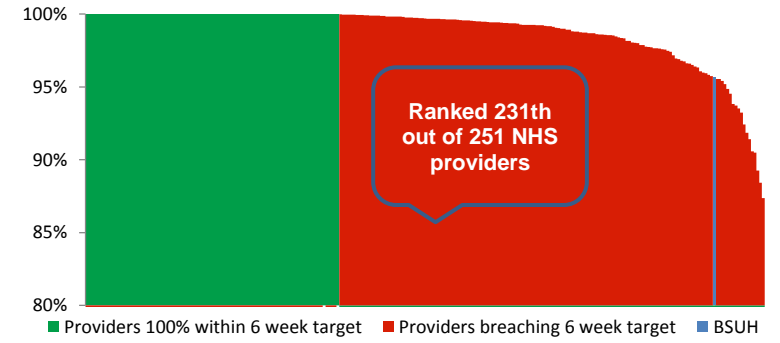
Respiratory physiology - sleep studies

performance by month



57 breaches in Jun-15

Percentage seen within six week target by provider - all diagnostics (Jun-15)



# BSUH Trust Performance Dashboard 2014/15 - July 2015

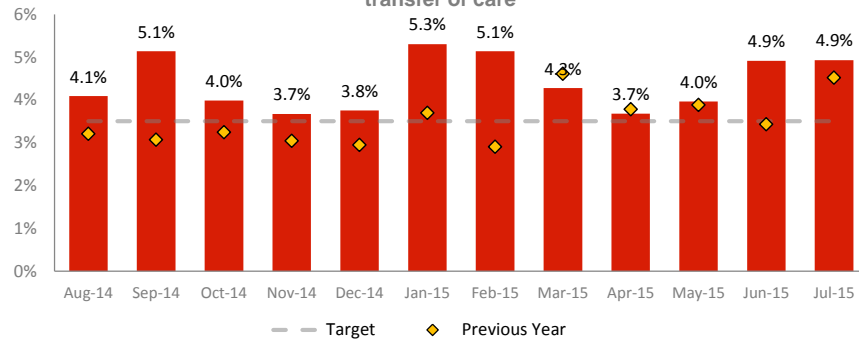


## Delayed Transfers of Care (DToC)

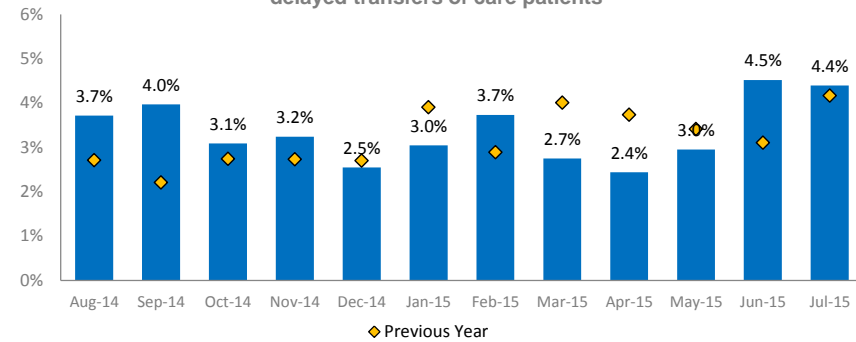
Owner(s): Chief Operating Officer

Adversely impacted by poor performance: Patient experience, external assurance ratings e.g. CQC and TDA, contract fines and trust reputation

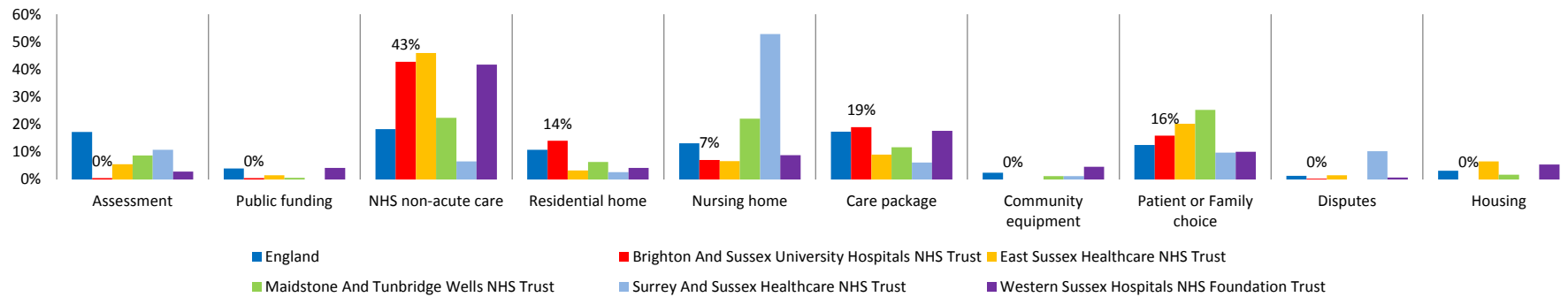
Percentage of occupied beddays which are unavailable due to delayed transfer of care



Weekly snapshot average of percentage of bed occupancy by acute delayed transfers of care patients



Number of Delayed Days, Acute and Non-Acute, by reason for delay (Jun 2015)



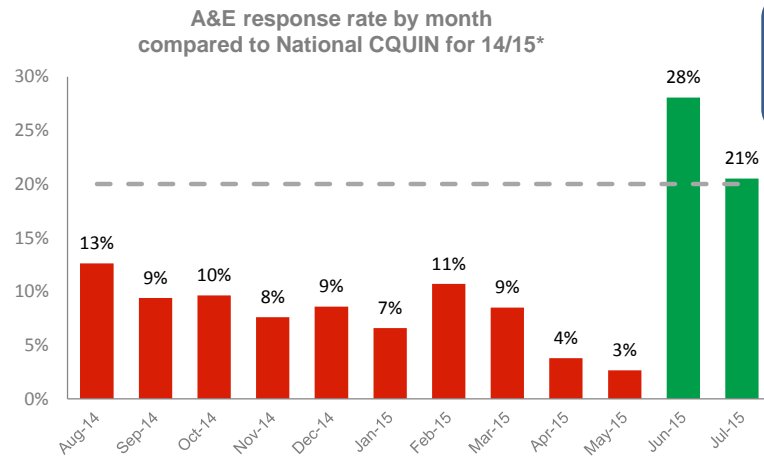
<b>Reasons for delayed transfer of care</b>	<b>Reason description</b>
Assessment	Patients whose transfer is delayed due to them awaiting completion of an assessment of their future care needs and an identification of an appropriate care setting. This can include any assessment by health and/or social care professionals of a patient's future care needs.
Public funding	Patients whose assessment is complete but transfer has been delayed due to awaiting Social Services funding (e.g. for residential or home care), or NHS funding (e.g. for nursing care or continuing healthcare).
NHS non-acute care	Patients whose assessment is complete but transfer is delayed due to awaiting further NHS care, i.e. any non-acute (including community and mental health) care, including intermediate care. Also continuing health care fully funded by the NHS in the independent sector. It also includes where a decision has been made to defer a decision on continuing health care eligibility, and to provide NHS-funded care (in a care home, the patient's own home or other settings) until an eligibility decision is made but the transfer into this care is delayed.
Residential home	Patients whose assessment is complete but transfer is delayed due to awaiting Residential home placement, because of lack of availability of a suitable place to meet their assessed care needs.
Nursing home	Patients whose assessment is complete but transfer is delayed due to awaiting Nursing home placement, because of lack of availability of a suitable place to meet their assessed care needs.
Care package	Patients whose assessment is complete but transfer is delayed due to awaiting a package of care in their own home. NHS input to a home care package might include the services of a district nurse or CPN, an occupational therapist or physiotherapist.
Community equipment	Patients whose assessment is complete but transfer is delayed due to awaiting the supply of items of community equipment or adaptations.
Patient or Family choice	Patients whose assessment is complete and who have been made a reasonable offer of services, but who have refused that offer. Also include delays incurred by patients who are funding their own care e.g. when insisting on placement in a home with no foreseeable vacancies.
Disputes	Used only to record disputes between statutory agencies, either concerning responsibility for the patient's onward care, or concerning an aspect of the discharge decision, e.g. readiness for discharge or appropriateness of the care package.
Housing (patients not covered by NHS and Community Care Act)	Some patients delayed for housing reasons may not be eligible for community care services and therefore are not the responsibility of social services. Examples could be asylum seekers or single homeless people.

# BSUH Trust Performance Dashboard 2014/15 - July 2015

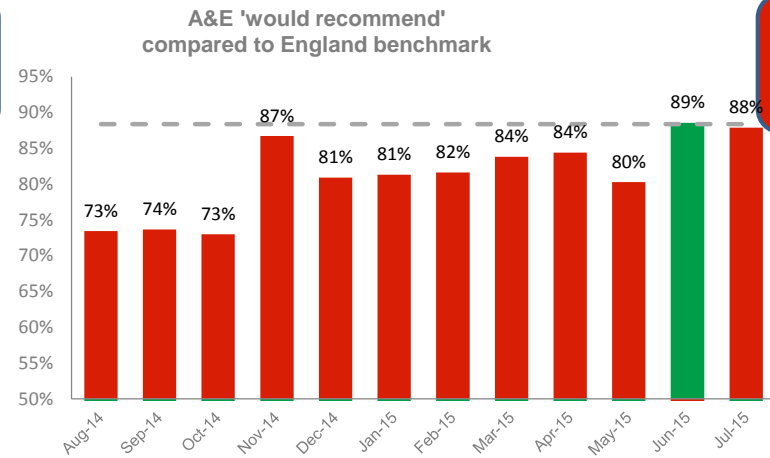
## Friends and Family Test (FFT)

Owner(s): Chief Operating Officer

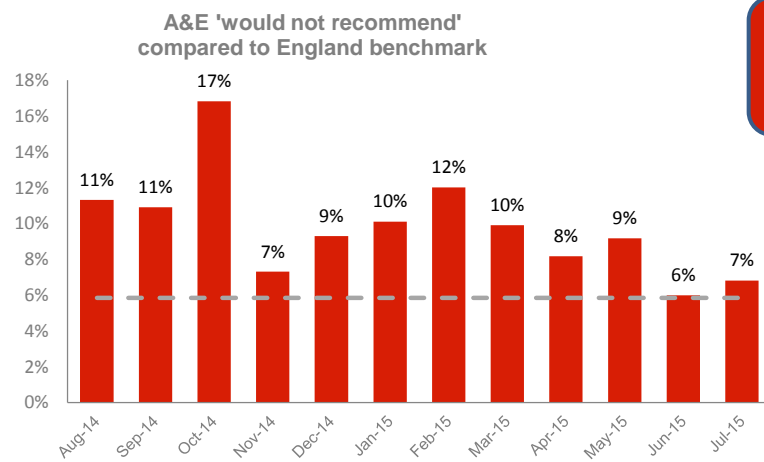
Adversely impacted by poor performance: Patient experience, external assurance ratings e.g. CQC and TDA, contract fines and trust reputation



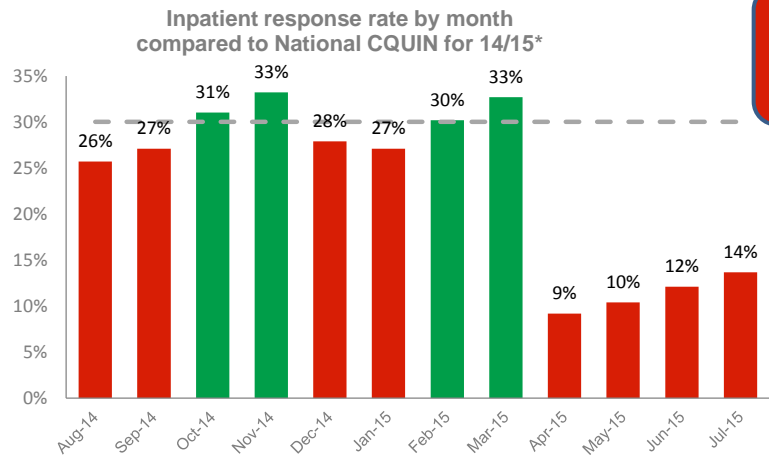
**Ranked 6th out of 140 trusts in Jun-15**



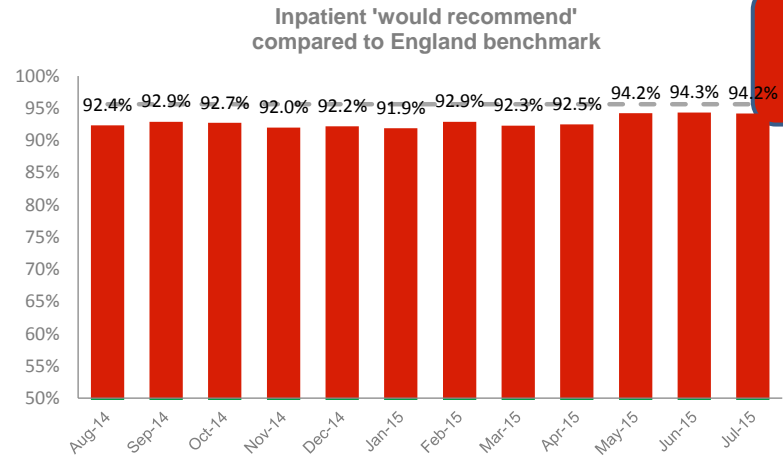
**Ranked 80th out of 140 trusts in Jun-15**



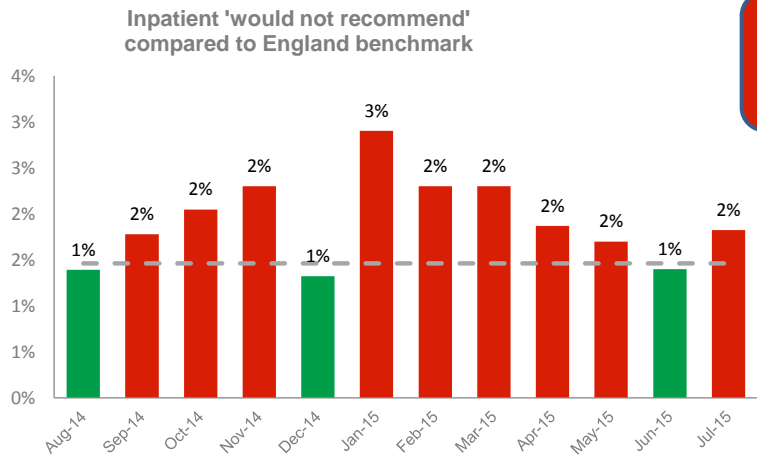
**Ranked 83rd out of 140 trusts in May-15**



**Ranked 164th out of 170 trusts in Jun-15**

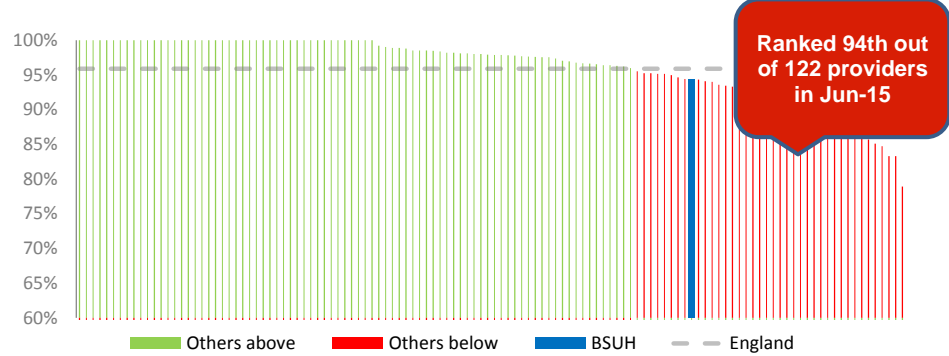


**Ranked 142th out of 170 trusts in Jun-15**

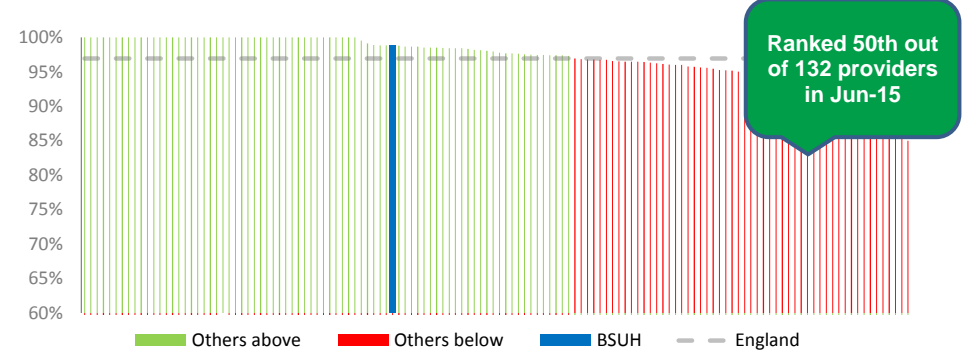


**Ranked 123rd out of 170 trusts in Jun-15**

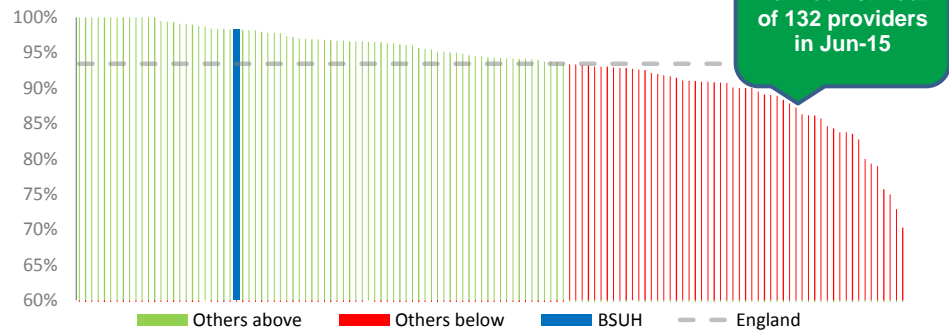
**Maternity One - Antenatal Care - 'would recommend' trust performance ranked against England benchmark (Jun-15)**



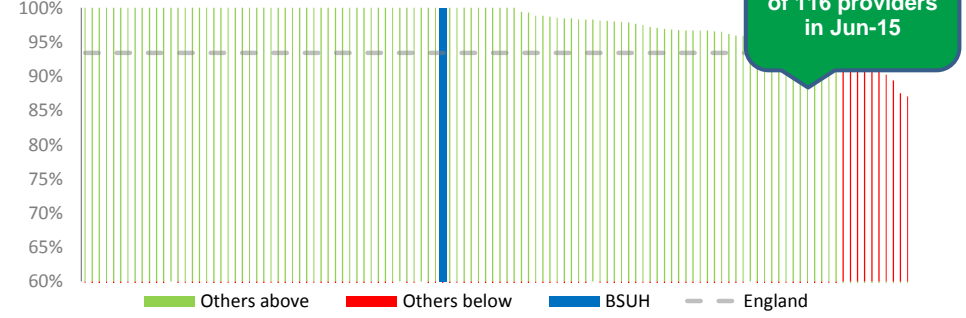
**Maternity Two - Birth- 'would recommend' trust performance ranked against England benchmark (Jun-15)**



**Maternity Three - Postnatal Ward - 'would recommend' trust performance ranked against England benchmark (Jun-15)**



**Maternity Four - Postnatal Community Provision - 'would recommend' trust performance ranked against England benchmark (Jun-15)**





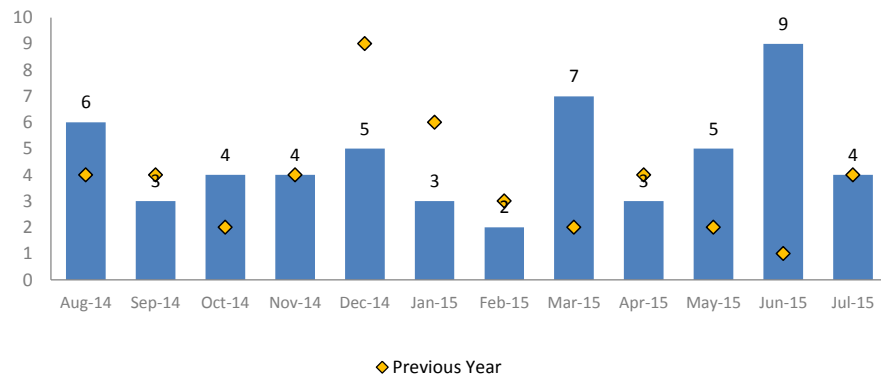
# BSUH Trust Performance Dashboard 2014/15 - July 2015

Infection Control: Clostridium Difficile (C. Difficile) and Methicillin-resistant Staphylococcus Aureus (MRSA)

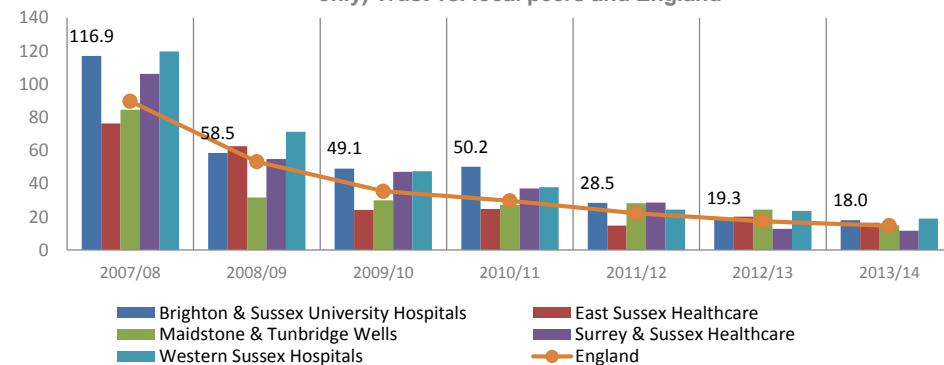
Owner(s): Chief Operating Officer

Adversely impacted by poor performance: Patient experience, external assurance ratings e.g. CQC and TDA, contract fines and trust reputation

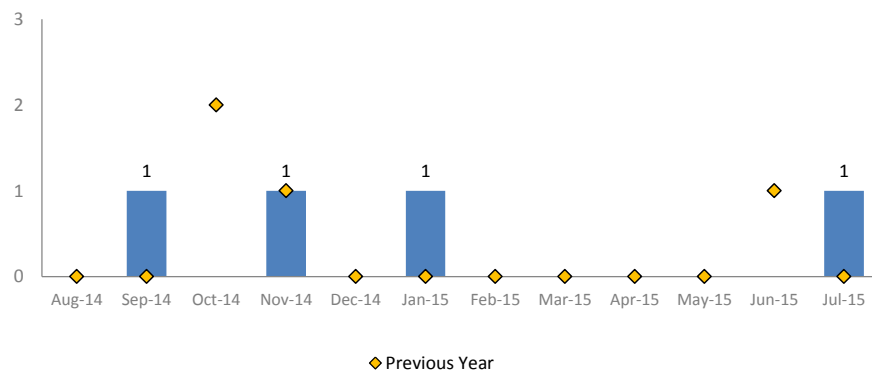
Number of C. Difficile infections



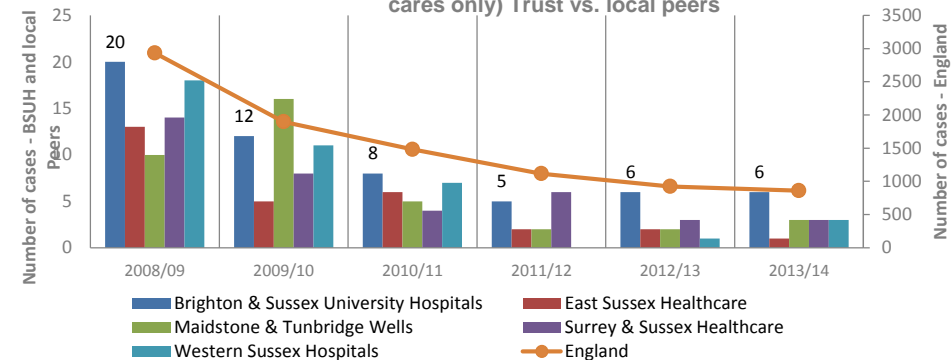
C. difficile infection rate per 100,000 bed days (Trust apportioned cases only) Trust vs. local peers and England



Number of cases of MRSA bloodstream infections



Number of cases of MRSA bloodstream infections (Trust apportioned cases only) Trust vs. local peers



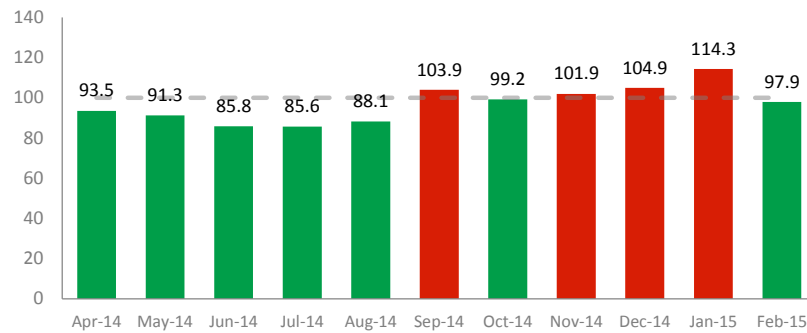
# BSUH Trust Performance Dashboard 2014/15 - July 2015

Hospital Standardised Mortality Ratio (HSMR), Summary Hospital-level Mortality Indicator (SHMI) and Crude Rate

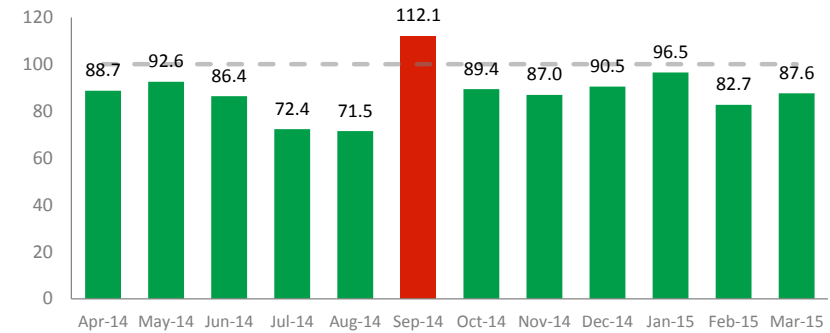
Owner(s): Chief Operating Officer

Adversely impacted by poor performance: Clinical outcomes, external assurance ratings e.g. CQC and TDA and trust reputation

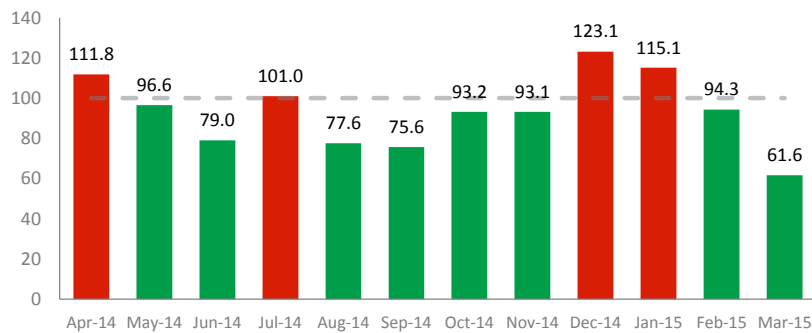
SHMI



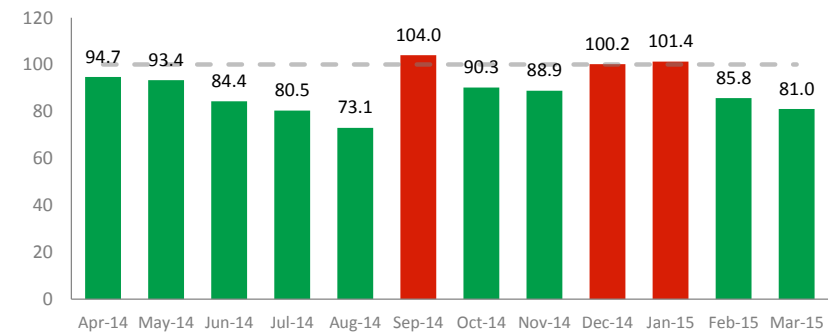
HSMR - week days (Monday to Friday)

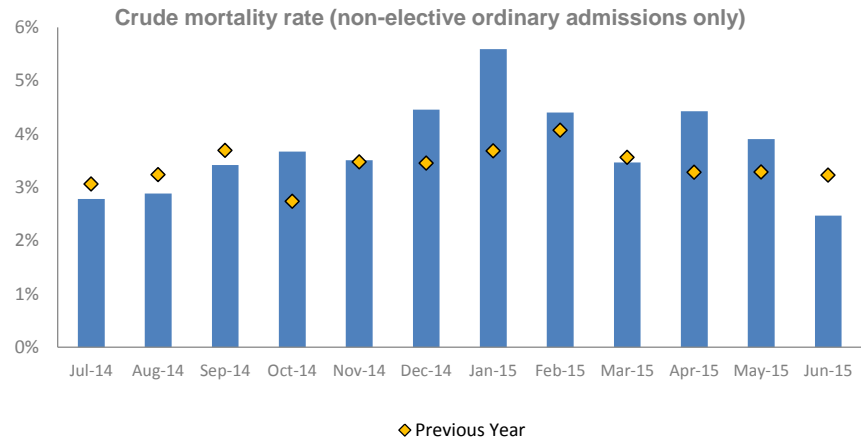


HSMR - weekends (Saturday to Sunday)



HSMR - all days (Monday to Sunday)



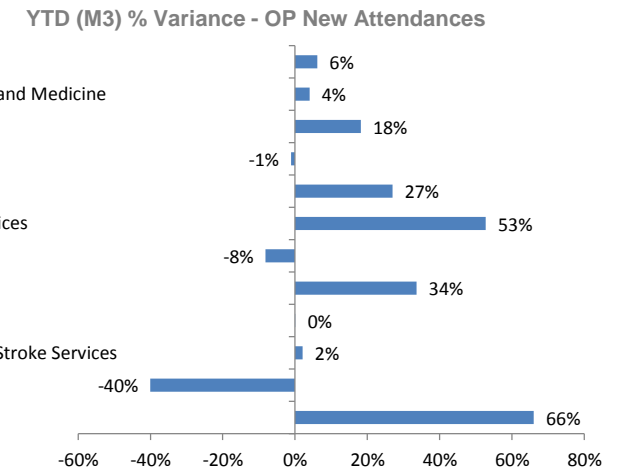
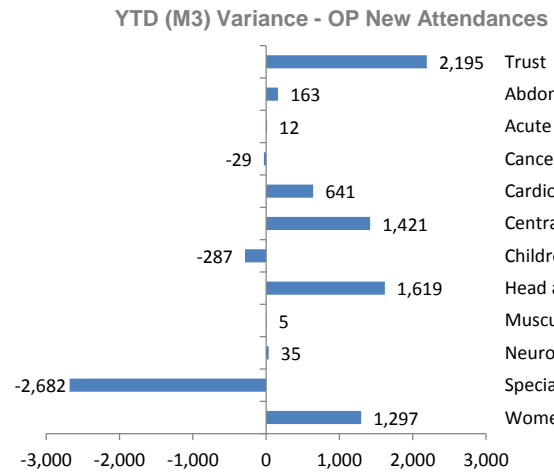
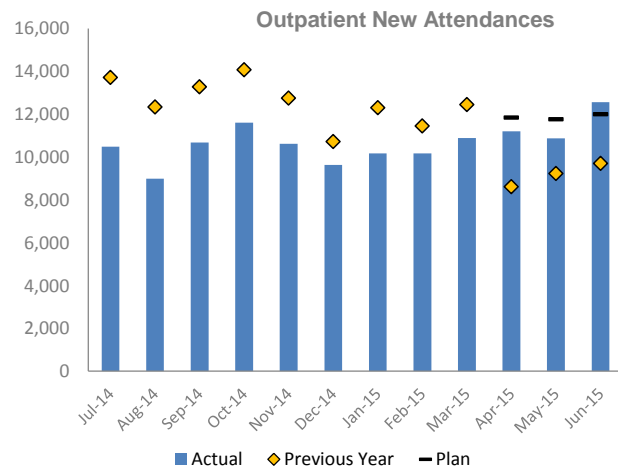
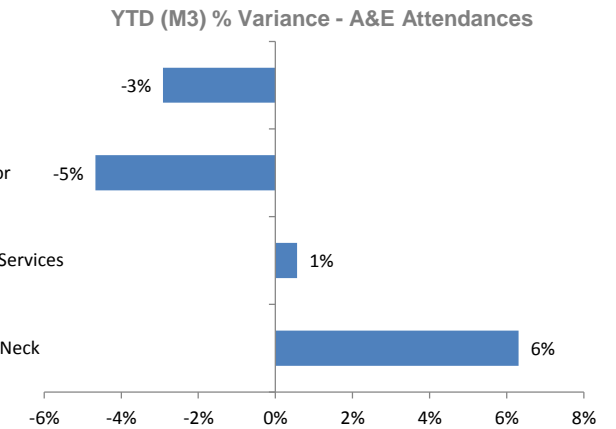
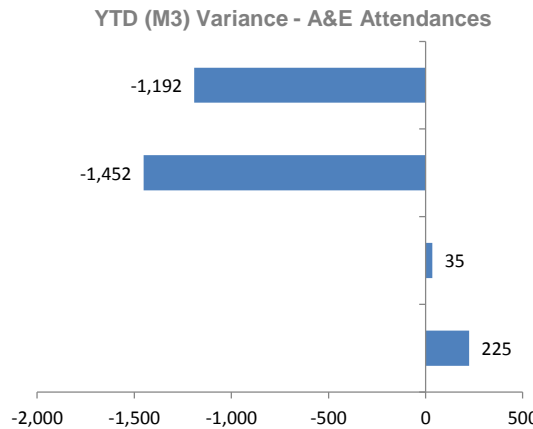
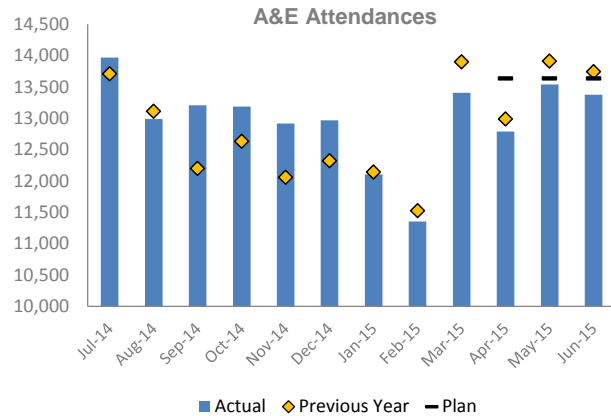


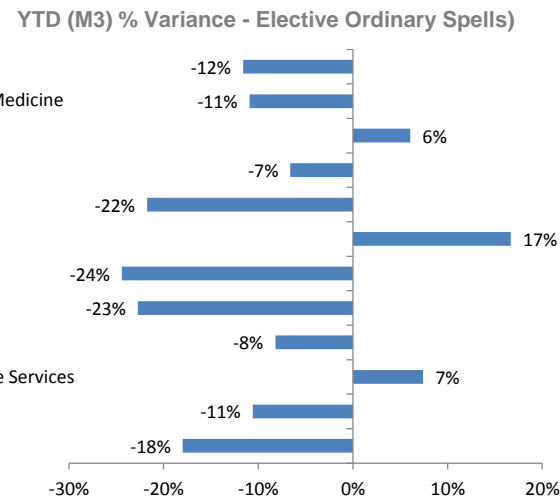
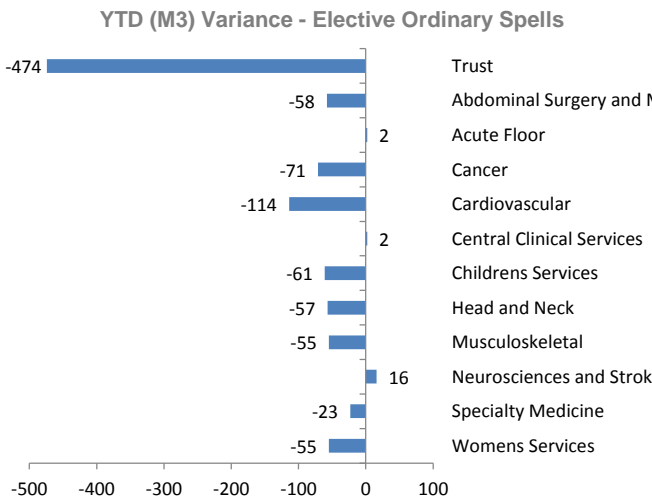
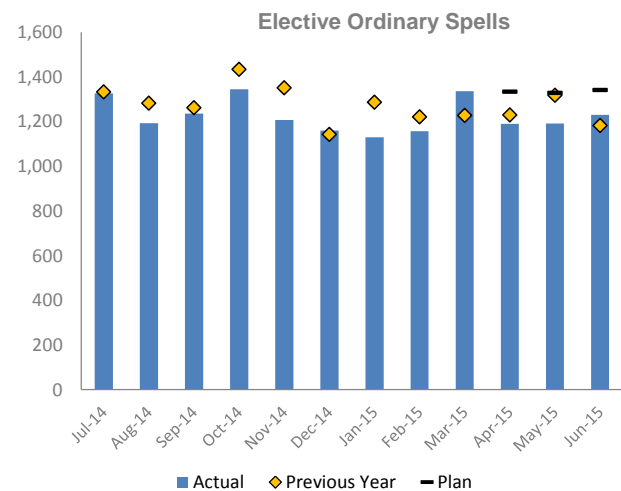
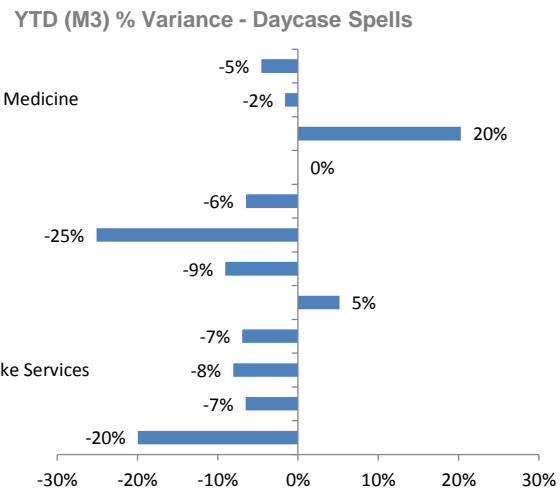
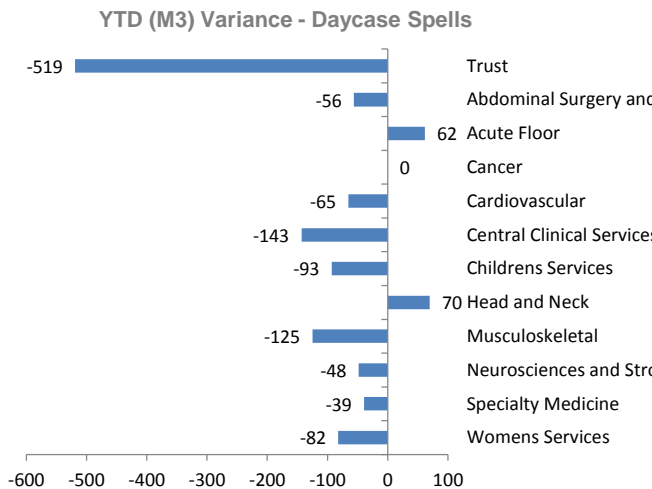
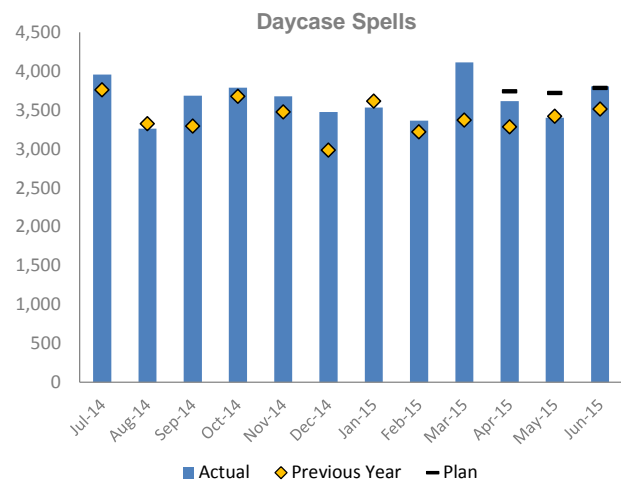
# BSUH Trust Performance Dashboard 2014/15 - July 2015

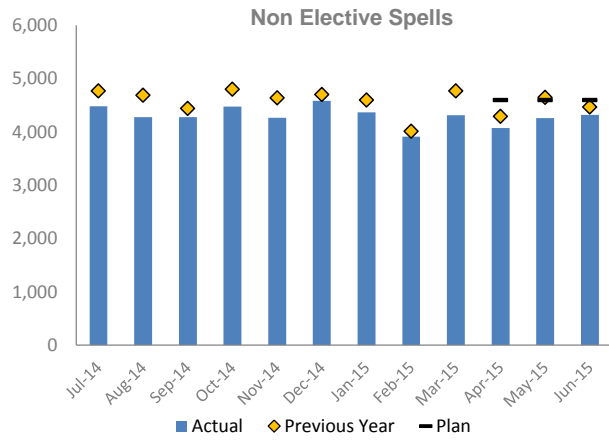
## Hospital activity versus internal activity plan

Owner(s): Chief Operating Officer

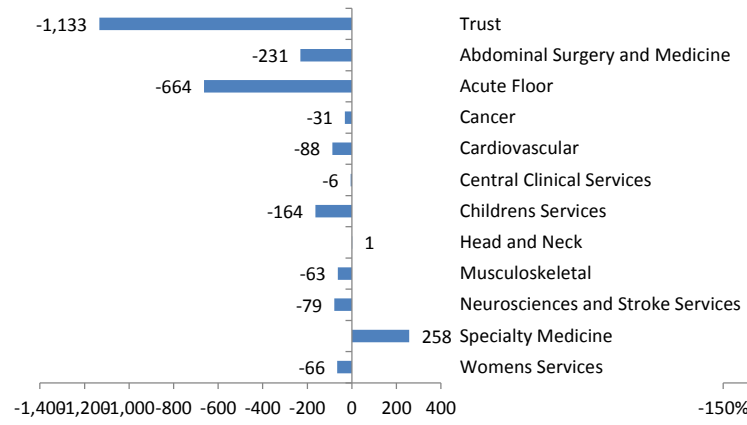
Adversely impacted by poor performance: Trust income, patient experience and trust reputation







### YTD (M3) Variance - Non Elective Spells



### YTD (M3) %Variance - Non Elective Spells

