
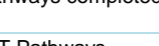

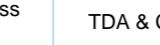



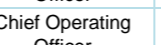
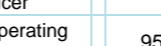
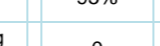


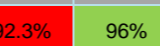
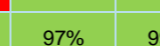
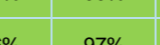
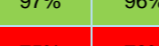


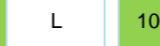

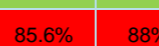




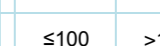
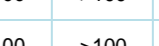



BSUH Trust Board Full Performance Scorecard 2015/16 - Month 5, August 2015 - Draft

Indicator Number	Indicator	Indicator Source	Data Level	Responsible Director	Standard / Threshold	15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Q1 15/16	Q2 15/16	Change from last reported period	YTD Chart	On Target	Of Concern	Comments
Patient Access - Waiting Times																		
1	18w RTT - Number of over 52 week waiters at month end	TDA	T	Chief Operating Officer	0	5	0	0	1	0	4	1	4	▲		0%	>=1	Aug-15 Breach - T&O, Spinal and Gen Surg
2	18w RTT - Percentage of Admitted RTT Pathways completed within 18 weeks	TDA & CQC	T	Chief Operating Officer	90%	72.3%	71.5%	72.2%	72.3%	73.2%	72.2%	72.0%	72.7%	▼		≥90%	<90%	
3	18w RTT - Percentage of Non-Admitted RTT Pathways completed within 18 weeks	TDA & CQC	T	Chief Operating Officer	95%	87.5%	88.9%	90.8%	87.9%	85.2%	84.8%	89.1%	85.0%	▼		≥95%	<95%	
4	18w RTT - Percentage of Incomplete Pathways waiting less than 18 weeks	TDA & CQC	T	Chief Operating Officer	92%	85.0%	87.0%	87.2%	87.2%	85.0%	83.4%	87.2%	85.0%	▼		≥92%	<92%	
5	Diagnostic Tests waiting longer than 6 weeks - Percentage of all waiters	TDA & CQC	T	Chief Operating Officer	1%	4.0%	1.6%	2.2%	4.3%	2.9%	4.0%	4.3%	4.0%	▲		<1%	>=1%	
Patient Access - Emergency Care																		
6	A&E - A&E Attendance to Emergency Admission (via A&E) Ratio	Local	T	Chief Operating Officer	23%	25.0%	28.3%	23.8%	24.1%	24.0%	24.5%	25.6%	24.2%	▲		≤23%	>23%	
7	A&E - Ambulance Handover Delays of over 30 mins and less than 60 mins - Number	NCB	T	Chief Operating Officer	0	3,519	705	612	680	683	839	1,997	1,522	▲		tbc	tbc	
8	A&E - Ambulance Handover Delays of over 60 mins - Number	NCB	T	Chief Operating Officer	0	476	120	117	113	79	47	350	126	▼		tbc	tbc	
9	A&E - Percentage of patients who spent 4 hours or less in A&E	TDA & CQC	T	Chief Operating Officer	95%	82.3%	79.0%	80.5%	80.9%	83.3%	86.5%	80.1%	85.1%	▲		≥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	53	23	13	4	3	10	40	7	▲		0%	100%	
11	A&E 7 day Reattendance Rate	Local	T	Chief Operating Officer	5%		7.04%	8.15%	7.58%	7.32%	8.47%			▲		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	L	12,098	4,262	▲		n/a	n/a	
Patient Access - Cancer																		
13	Cancer: 2 week wait referral to date first seen	TDA & CQC	T	Chief Operating Officer	93%	93.9%	92.3%	96%	94%	94%	L	94.0%	94%	▼		≥93%	<93%	
14	Cancer: 2 week wait referral to date first seen - Breast Symptomatic	TDA & CQC	T	Chief Operating Officer	93%	97.6%	99.4%	97%	99%	95%	L	98.5%	95%	▼		≥93%	<93%	
15	Cancer: 31 day wait from diagnosis to first treatment	TDA & CQC	T	Chief Operating Officer	96%	96.6%	96.7%	96%	97%	96%	L	96.7%	96%	▼		96%	<96%	
16	Cancer: 62 day wait for first treatment from urgent GP referral	TDA & CQC	T	Chief Operating Officer	85%	73.4%	78.6%	67%	75%	73%	L	73.6%	73%	▼		85%	<85%	
17	Cancer: 31 day wait for second or subsequent treatment - surgery	TDA & CQC	T	Chief Operating Officer	94%	94.4%	85.7%	93%	100%	97%	L	93.5%	97%	▼		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%	100%	L	100.0%	100%	—		98%	<98%	
19	Cancer: 31 day wait for second or subsequent treatment - Radiotherapy	TDA & CQC	T	Chief Operating Officer	94%	95.1%	91.4%	95.4%	95.6%	98.2%	L	94.2%	98%	▲		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%	86.1%	79.5%	86.7%	90.7%	87.5%	L	85.6%	88%	▼		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	N / A	L	100.0%	N / A	▼		90%	<90%	N/A indicates there were no cases that month
Clinical Quality- Infection Prevention and Control																		
22	Number of cases of MRSA bloodstream infections	TDA & CQC	T	Medical Director Chief Nurse	0	1	0	0	0	1	0	0	1	▼		0%	100%	
23	Number of C. Difficile infections	TDA & CQC	T	Medical Director Chief Nurse	46	22	3	5	9	4	1	17	5	▼		<3.83per month	>3.83 per month	
Clinical Quality- Mortality																		
24	Crude mortality rate (non-elective ordinary admissions only)	TDA	T	Medical Director Chief Nurse	TBC	3.3%	4.4%	3.9%	2.5%	2.9%	3.2%	3.6%	3.0%	▲				
25	Hospital Standardised Mortality Ratio (HSMR) - all week (12 month rolling total)	TDA & CQC	T	Medical Director Chief Nurse	100	77.89	98.11	110.82	77.89	L	L	77.89	L	▼		≤100	>100	
26	Hospital Standardised Mortality Ratio (HSMR) - weekends (12 month rolling total)	CQC Surveillance Indicators	T	Medical Director Chief Nurse	100	71.61	97.33	109.19	71.61	L	L	71.61	L	▼		≤100	>100	
27	Summary Hospital Mortality Indicator (SHMI) 12 month rolling total	TDA & CQC	T	Medical Director Chief Nurse	100	101.43	107.22	101.43	L	L	L	L	L	▼		≤100	>100	
Clinical Quality- Maternity																		
28	Emergency Caesarean Section rate	CQC Surveillance Indicators	T	Medical Director Chief Nurse	13%	12.1%	12.4%	14.2%	11.7%	11.5%	10.8%	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	Aug-15	Q1 15/16	Q2 15/16	Change from last reported period	YTD Chart	On Target	Of Concern	Comments
Clinical Quality- Patient Safety																		
29	"Never Events" reported in month	TDA & CQC	T	Medical Director Chief Nurse	0	3	0	0	1	0	2	1	L	▲		0	>0	see narrative
30	Duty of Candour - Conversation within 10 days - Percentage Compliance	CQC	T	Medical Director Chief Nurse	TBC	54	40	75	56	20	80	57	L	▲				
31	Duty of Candour - Report within 45 days - Percentage Compliance	Local	T	Medical Director Chief Nurse	TBC	L	10	17	18	33	100	0	L	▲				
32	Emergency Readmissions within 30 days of discharge from hospital - Percentage	TDA	T	Chief Operating Officer	10.50%	11.1%	11.3%	10.9%	L	L	L	11.1%	L	▼		12%	>11.8%	
33	Emergency Readmissions within 30 days of discharge from hospital - Number	TDA	T	Chief Operating Officer	N/A	1,161	575	586	L	L	L	1,161	L	▲				
34	Incidence of hospital-acquired category 3 or 4 pressure ulcers	TDA	T	Medical Director Chief Nurse	0	2	1	0	0	0	1	1	L	▲				
35	Number of falls resulting in severe injury or death (Moderate, Severe and Catastrophic)	TDA	T	Medical Director Chief Nurse	0	6	2	0	1	2	1	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	0	0	0	L	▬		0%	>=1	
37	Number of CAS alerts breaching deadline for implementation	TDA	T	Medical Director Chief Nurse	0	0	0	0	0	0	0	0	0	▬				
38	Percentage of completed VTE Risk Assessments	TDA & CQC	T	Medical Director Chief Nurse	95%	84.2%	83.6%	83.8%	85.1%	L	L	84.2%	L	▲		≥95%	<95%	
39	Percentage of Harm Free Care - Safety Thermometer	TDA	T	Medical Director Chief Nurse	TBC	94.3%	95.6%	92.4%	94.7%	93.9%	94.8%	94.2%	L	▲				
40	Number of Serious Incidents reported each month.	TDA	T	Medical Director Chief Nurse	TBC	25	10	1	5	4	5	16	L	▲				
41	Percentage of reported safety incidents that are harmful	Local	T	Medical Director Chief Nurse	TBC	0.14%	0.14%	0.14%	0.16%	0.14%	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	91.67%	93.18%	90.38%	L	L	L	91.67%	L					
Operational Efficiency																		
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%	0.7%	0.8%	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	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%	15.0%	4.3%	17.6%	20.0%	14.3%	23.1%	12.3%	L	▲		<5.0%	>5.0%	
46	Percentage DNA rate for outpatient all attendances	Local	T	Chief Operating Officer	TBC	7.7%	7.6%	7.8%	7.6%	7.6%	7.5%	7.7%	7.6%	▼				
47	Theatre Utilisation (Percentage sessions utilised)	Local	T		85%	83.6%	84.6%	82.4%	83.8%	82.8%	84.6%	83.6%	L	▲				
Operational Efficiency - Stroke and Revascularisation																		
48	Stroke: Percentage of Pts who spend > 90% of time on stroke unit	TDA & CQC	T	Chief Operating Officer	80%	91.5%	93.2%	92.9%	94.5%	84.3%	94.1%	93.6%	86.8%	▲		≥80%	<80%	
49	Stroke: Percentage admitted directly to stroke unit	TDA & CQC	T	Chief Operating Officer	90%	72.8%	69.5%	78.6%	72.7%	68.6%	82.4%	73.1%	72.1%	▲		≥90%	<90%	Patients who 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%	64.6%	60.8%	58.3%	66.0%	73.3%	62.5%	61.9%	70.5%	▼		≥50%	<50%	
51	Stroke: Percentage of Patients scanned within 24 hours	TDA & CQC	T	Chief Operating Officer	100%	96.4%	98.0%	94.4%	95.7%	97.8%	93.8%	96.3%	96.7%	▼		100%	<100%	
52	Stroke: Percentage of high risk TIA cases treated in 24 hours	TDA & CQC	T	Chief Operating Officer	60%	88.9%	84.2%	94.1%	91.3%	80.0%	100.0%	89.8%	87.1%	▲		≥60%	<60%	
53	Stroke: Percentage of low risk TIA patients seen in 7 days	TDA & CQC	T	Chief Operating Officer	100%	98.5%	100.0%	96.4%	100.0%	97.3%	100.0%	98.6%	98.5%	▲		100%	<100%	

Indicator Number	Indicator	Indicator Source	Data Level	Responsible Director	Standard / Threshold	15/16 YTD	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Q1 15/16	Q2 15/16	Change from last reported period	YTD Chart	On Target	Of Concern	Comments
Length of Stay / Demand																		
54	A&E Atts (Percentage variance to internal plan)	Local	T	Chief Operating Officer	+/- 2%	31% (12676)	-6% (-845)	-1% (-92)	-2% (-255)	2% (237)	L	31% (12676)	L					the 'Internal Plan' is not the commissioned pl
55	NEL Spells (Percentage variance to internal plan)	Local	T	Chief Operating Officer	+/- 2%	31% (3437)	-3% (-125)	-9% (-317)	1% (21)	1% (50)	L	31% (3437)	L					the 'Internal Plan' is not the commissioned pl
56	EL spells (Percentage variance to internal plan)	Local	T	Chief Operating Officer	+/- 2%	24% (941)	-11% (-143)	-10% (-137)	-8% (-111)	-1% (-16)	L	24% (941)	L					the 'Internal Plan' is not the commissioned pl
57	DC Spells (Percentage variance to internal Plan)	Local	T	Chief Operating Officer	+/- 2%	24% (3371)	-11% (-522)	-7% (-334)	-6% (-276)	-2% (-92)	L	24% (3371)	L					the 'Internal Plan' is not the commissioned pl
58	OP New Atts (Percentage variance to internal plan)	Local	T	Chief Operating Officer	+/- 2%	28% (10000)	-5% (-646)	-8% (-899)	5% (559)	-9% (-1090)	L	28% (10000)	L					the 'Internal Plan' is not the commissioned pl
59	Percentage of occupied beds (General & Acute)	CQC Surveillance Indicators	T	Chief Operating Officer	90%	88.8%	89.2%	89.7%	87.0%	89.0%	89.2%	88.7%	89.1%	▲				
60	Percentage of occupied Adult Critical Care beds	CQC Surveillance Indicators	T	Chief Operating Officer	90%	101.0%	116.7%	103.2%	94.6%	98.7%	90.8%	104.8%	94.8%	▼				
61	Percentage of occupied paediatrics/neonatal beds	CQC Surveillance Indicators	T	Chief Operating Officer	90%	72.2%	74.8%	68.0%	64.5%	73.3%	80.4%	69.1%	76.8%	▲				
62	Percentage of occupied Acute Medicine beds	Local	T	Chief Operating Officer	90%	94.0%	94.4%	93.8%	90.6%	94.0%	97.3%	93.4%	95.6%	▲				
63	Average Admission Length of Stay - Non-Electives	Local	T	Chief Operating Officer	TBC	5.2	5.6	5.0	5.3	4.9	4.9	5.3	5.0	▲				
64	Number of GP OP Referrals	Local	T	Chief Operating Officer	n/a	64,995	13,167	12,470	13,746	14,152	11,460	39,383	L	▼				
65	Number of two-week wait GP Referrals	Local	T	Chief Operating Officer	n/a	8,676	1,705	1,612	1,819	1,988	1,552	5,136	3,540	▼				
66	Outpatient New to Follow-up Ratio (all)	Local	T	Chief Operating Officer	1.92	2.33	2.38	2.27	2.31	2.35	2.30	2.32	2.34	▼		<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%	4.7%	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	6,356	928	1,256	1,237	1,439	1,496	3,421	2,935	▲				
Patient Experience																		
69	Number of Single Sex accommodation breaches	TDA	T	Chief Nurse	0	0	0	0	0	0	0	0	0	—		0	>0	
70	Total number of complaints received	TDA	T	Chief Nurse	n/a	377	77	68	65	93	74	210	167	▼				
71	Number of complaints where clinical care is cited as a factor	TDA	T	Chief Nurse	0	117	25	11	16	45	20	52	65	▼				
72	Patient Satisfaction (friends and family) - In-patients - percentage who would recommend	TDA	T	Chief Nurse	95.6%	93.5%	92.5%	94.2%	94.3%	94.2%	92.0%	93.8%	93.1%	▼				
73	Patient Satisfaction (friends and family) - In-patients - percentage who would NOT recommend		T	Chief Nurse	1.5%	1.9%	1.9%	1.7%	1.4%	1.8%	2.5%	1.6%	2.1%	▲				
74	Patient Satisfaction (friends and family) - A&E - percentage who would recommend	TDA	T	Chief Nurse	88.4%	87.8%	84.4%	80.3%	88.6%	87.9%	88.3%	87.4%	88.1%	▲				
75	Patient Satisfaction (friends and family) - A&E - percentage who would NOT recommend		T	Chief Nurse	5.8%	6.6%	8.2%	9.2%	6.0%	6.8%	6.5%	6.5%	6.7%	▼				
76	Patient Satisfaction (friends and family) - Maternity - percentage who would recommend	TDA	T	Chief Nurse	95.7%	98.7%	99.7%	98.9%	98.2%	97.0%	99.3%	98.9%	98.1%	▲				
77	Patient Satisfaction (friends and family) - Maternity - percentage who would NOT recommend		T	Chief Nurse	1.4%	0.2%	0.0%	0.3%	0.3%	0.5%	0.0%	0.2%	0.3%	▼				
78	Patient Satisfaction (friends and family) - Outpatient - percentage who would recommend		T	Chief Nurse	TBC	91.5%	94.0%	88.9%	90.2%	91.5%	93.6%	90.8%	92.4%	▲				
79	Patient Satisfaction (friends and family) - Outpatient - percentage who would NOT recommend		T	Chief Nurse	TBC	3.5%	1.7%	5.8%	3.6%	4.2%	2.1%	3.6%	3.3%	▼				
80	Patient Satisfaction (friends and family) - response rate - In-patients	TDA	T	Chief Nurse	30%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	—		≥30%	<30%	
81	Patient Satisfaction (friends and family) - response rate - A&E	TDA	T	Chief Nurse	20%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	—		≥20%	<20%	

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Workforce - Training & Safety																		
82	Overall safe staffing fill rate	TDA	T		TBC	95.2%	94.2%	95.9%	96.4%	94.6%	95.1%	95.5%	L	▲				
83	Percentage Nurse Registered Nurses	TDA	T	HR Director	77.0%		71.8%	72.1%	72.3%	72.7%	72.5%			▼		≥77%	<77%	
84	Percentage of Staff Appraised	TDA	T	HR Director	75%		53.1%	56.4%	59.7%	62.0%	64.6%			▲		≥75%	<75%	
85	Percentage Vacancy rate	TDA	T	HR Director	8%		7.8%	7.9%	8.1%	8.0%	8.5%			▲		≤8%	>8%	
86	Percentage compliance with statutory training	CQC	T	HR Director	75%	50.3%	50.3%	50.3%	50.3%	0.0%	0.0%	50.3%	L	▬		≥75%	<75%	
Workforce																		
87	Sickness/Absence Rate	TDA	T	HR Director	3.4%		4.0%	3.9%	4.0%	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%	11.5%			▲		≤12.3%	>12.3%	
89	Staff Turnover	TDA	T	HR Director	11.5%		12.3%	13.0%	13.0%	12.9%	13.0%			▲		≤11.5%	>11.5%	