

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](#)

[Full Performance Scorecard](#)

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](#)

[Plain English Indicator Guide](#)

BSUH Trust Board National Standards Scorecard 2015/16 - Month 1, April 2015 - Draft One

Indicator Number	Indicator	Indicator Source	Data Level	Responsible Director	Standard / Threshold	15/16 YTD	Jan-15	Feb-15	Mar-15	Apr-15	Q4 14/15	Q1 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	2	1	1	0	2	0	2	▲		0%	>=1	
2	18w RTT - Percentage of Admitted RTT Pathways completed within 18 weeks	TDA & CQC	T	Chief Operating Officer	90%	71.2%	73.4%	71.2%	70.9%	71.2%	71.8%	71.2%	▲		≥90%	<90%	
3	18w RTT - Percentage of Non-Admitted RTT Pathways completed within 18 weeks	TDA & CQC	T	Chief Operating Officer	95%	88.8%	86.8%	86.4%	88.3%	88.8%	87.2%	88.8%	▲		≥95%	<95%	
4	18w RTT - Percentage of Incomplete Pathways waiting less than 18 weeks	TDA & CQC	T	Chief Operating Officer	92%	87.0%	87.1%	88.1%	88.7%	87.0%	88.7%	87.0%	▼		≥92%	<92%	
5	Diagnostic Tests waiting longer than 6 weeks - Percentage of all waiters	TDA & CQC	T	Chief Operating Officer	1%	1.6%	2.9%	0.7%	0.9%	1.6%	0.9%	1.6%	▲		<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%	28.3%	33.4%	31.9%	31.1%	28.3%	32.2%	28.3%	▼		≤23%	>23%	
9	A&E - Number of Patients who have waited >12 hours in A&E from Decision to Admit	TDA & CQC	T	Chief Operating Officer	0	10	3	7	6	10	16	10	▲		0%	100%	
Patient Access - Cancer																	
13	Cancer: 2 week wait referral to date first seen	TDA & CQC	T	Chief Operating Officer	93%	L	94.10%	94.00%	93.20%	L	93.70%	L	▼		≥93%	<93%	
14	Cancer: 2 week wait referral to date first seen - Breast Symptomatic	TDA & CQC	T	Chief Operating Officer	93%	L	98.00%	99.30%	98.00%	L	98.40%	L	▼		≥93%	<93%	
15	Cancer: 31 day wait from diagnosis to first treatment	TDA & CQC	T	Chief Operating Officer	96%	L	96.20%	97.20%	98.50%	L	97.40%	L	▲		96%	<96%	
16	Cancer: 62 day wait for first treatment from urgent GP referral	TDA & CQC	T	Chief Operating Officer	85%	L	80.40%	67.10%	72.90%	L	73.70%	L	▲		85%	<85%	
17	Cancer: 31 day wait for second or subsequent treatment - surgery	TDA & CQC	T	Chief Operating Officer	94%	L	96.80%	100.00%	92.10%	L	95.80%	L	▼		94%	<94%	
18	Cancer: 31 day wait for second or subsequent treatment - Chemotherapy	TDA & CQC	T	Chief Operating Officer	98%	L	100.00%	100.00%	100.00%	L	99.50%	L	▬		98%	<98%	
19	Cancer: 31 day wait for second or subsequent treatment - Radiotherapy	TDA & CQC	T	Chief Operating Officer	94%	L	98.10%	98.80%	95.40%	L	97.40%	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%	L	90.70%	88.40%	74.50%	L	84.20%	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%	L	100.00%	100.00%	100.00%	L	100.00%	L	▬		90%	<90%	
Operational Efficiency																	
44	Proportion of Operations Cancelled On The Day not re-booked within 28 days	TDA & CQC	T	Chief Operating Officer	5%	4.3%	24.1%	23.9%	24.7%	4.3%	24.7%	4.3%	▼		<5.0%	>5.0%	
Patient Experience																	
67	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 1, April 2015 - Draft One

Indicator Number	Indicator	Indicator Source	Data Level	Responsible Director	Standard / Threshold	15/16 YTD	Jan-15	Feb-15	Mar-15	Apr-15	Q4 14/15	Q1 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	2	1	1	0	2	0	2	▲		0%	>=1	
2	18w RTT - Percentage of Admitted RTT Pathways completed within 18 weeks	TDA & CQC	T	Chief Operating Officer	90%	71.2%	73.4%	71.2%	70.9%	71.2%	71.8%	71.2%	▲		≥90%	<90%	
3	18w RTT - Percentage of Non-Admitted RTT Pathways completed within 18 weeks	TDA & CQC	T	Chief Operating Officer	95%	88.8%	86.8%	86.4%	88.3%	88.8%	87.2%	88.8%	▲		≥95%	<95%	
4	18w RTT - Percentage of Incomplete Pathways waiting less than 18 weeks	TDA & CQC	T	Chief Operating Officer	92%	87.0%	87.1%	88.1%	88.7%	87.0%	88.7%	87.0%	▼		≥92%	<92%	
5	Diagnostic Tests waiting longer than 6 weeks - Percentage of all waiters	TDA & CQC	T	Chief Operating Officer	1%	1.6%	2.9%	0.7%	0.9%	1.6%	0.9%	1.6%	▲		<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%	28.3%	33.4%	31.9%	31.1%	28.3%	32.2%	28.3%	▼		≤23%	>23%	
7	A&E - Ambulance Handover Delays of over 30 mins and less than 60 mins - Number	NCB	T	Chief Operating Officer	0	825	740	673	729	825	2,142	825	▲		tbc	tbc	
8	A&E - Ambulance Handover Delays of over 60 mins - Number	NCB	T	Chief Operating Officer	0	120	81	102	101	120	284	120	▲		tbc	tbc	
9	A&E - Percentage of patients who spent 4 hours or less in A&E	TDA & CQC	T	Chief Operating Officer	95%	79.5%	78.1%	79.0%	83.4%	79.0%	80.1%	79.5%	▼		≥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	10	3	7	6	10	16	10	▲		0%	100%	
11	A&E 7 day Reattendance Rate	Local	T	Chief Operating Officer	5%	6.38%	7.23%	6.62%	7.11%	6.38%	6.90%	6.38%	▼		0%	0%	
12	No of Ambulance Conveyances to ED	Local	T	Chief Operating Officer	TBC	3,947	4,113	3,560	4,110	3,947	11,783	3,947	▼		n/a	n/a	
Patient Access - Cancer																	
13	Cancer: 2 week wait referral to date first seen	TDA & CQC	T	Chief Operating Officer	93%	L	94.10%	94.00%	93.20%	L	93.70%	L	▼		≥93%	<93%	
14	Cancer: 2 week wait referral to date first seen - Breast Symptomatic	TDA & CQC	T	Chief Operating Officer	93%	L	98.00%	99.30%	98.00%	L	98.40%	L	▼		≥93%	<93%	
15	Cancer: 31 day wait from diagnosis to first treatment	TDA & CQC	T	Chief Operating Officer	96%	L	96.20%	97.20%	98.50%	L	97.40%	L	▲		96%	<96%	
16	Cancer: 62 day wait for first treatment from urgent GP referral	TDA & CQC	T	Chief Operating Officer	85%	L	80.40%	67.10%	72.90%	L	73.70%	L	▲		85%	<85%	
17	Cancer: 31 day wait for second or subsequent treatment - surgery	TDA & CQC	T	Chief Operating Officer	94%	L	96.80%	100.00%	92.10%	L	95.80%	L	▼		94%	<94%	
18	Cancer: 31 day wait for second or subsequent treatment - Chemotherapy	TDA & CQC	T	Chief Operating Officer	98%	L	100.00%	100.00%	100.00%	L	99.50%	L	—		98%	<98%	
19	Cancer: 31 day wait for second or subsequent treatment - Radiotherapy	TDA & CQC	T	Chief Operating Officer	94%	L	98.10%	98.80%	95.40%	L	97.40%	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%	L	90.70%	88.40%	74.50%	L	84.20%	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%	L	100.00%	100.00%	100.00%	L	100.00%	L	—		90%	<90%	
Clinical Quality- Infection Prevention and Control																	
22	Number of cases of MRSA bloodstream infections	TDA & CQC	T	Medical Director Chief Nurse	0	0	1	0	0	0	1	0	—		0%	100%	
23	Number of C. Difficile infections	TDA & CQC	T	Medical Director Chief Nurse	50	3	3	2	7	3	12	3	▼		<4.17 per month	>4.17 per month	
Clinical Quality- Mortality																	
24	Crude mortality rate (non-elective ordinary admissions only)	TDA	T		TBC	4%	6%	4%	3%	4%	4%	4%	▲				
25	Hospital Standardised Mortality Ratio (HSMR) - all week (12 month rolling total)	TDA & CQC	T	Medical Director Chief Nurse	100	L	95.92	83.18	L	L	L	L	▼		≤100	>100	
26	Hospital Standardised Mortality Ratio (HSMR) - weekends (12 month rolling total)	CQC Surveillance Indicators	T	Medical Director Chief Nurse	100	L	107.16	84.95	L	L	L	L	▼		≤100	>100	
27	Summary Hospital Mortality Indicator (SHMI) 12 month rolling total	TDA & CQC	T	Medical Director Chief Nurse	100	L	111.36	L	L	L	111.36	L	—		≤100	>100	
Clinical Quality- Maternity																	
28	Emergency Caesarean Section rate	CQC Surveillance Indicators	T	Medical Director Chief Nurse	13%	12.4%	13.4%	11.7%	13.4%	12.4%	12.9%	12.4%	▼		≤13%	>13%	
Clinical Quality- Patient Safety																	

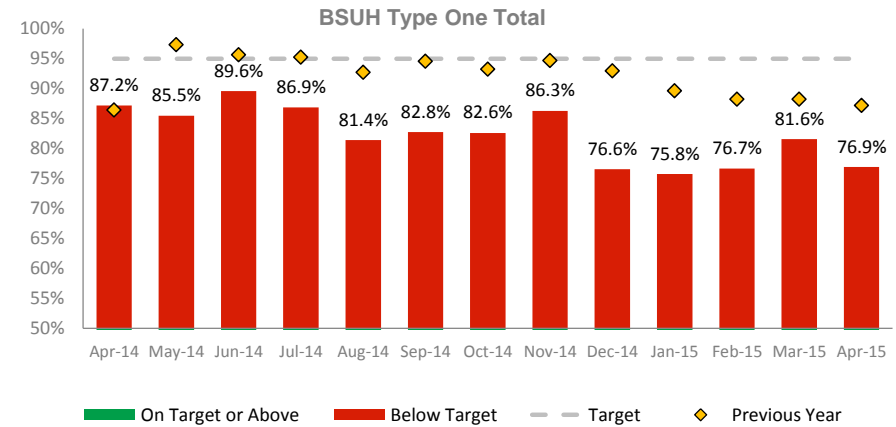
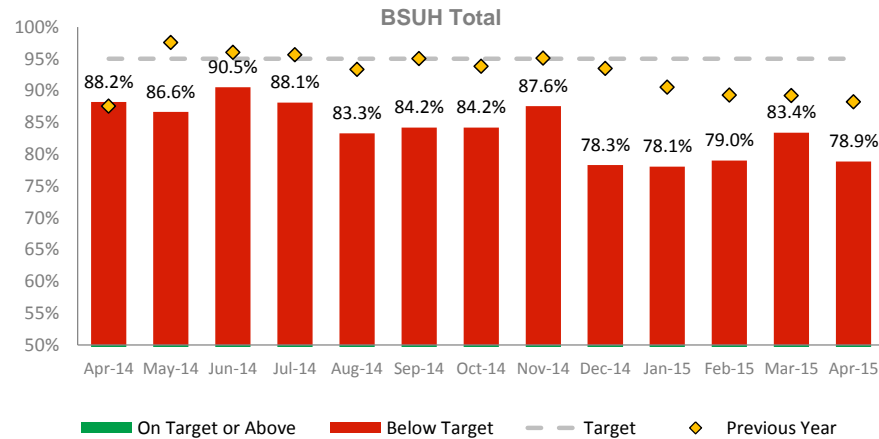
29	"Never Events" reported in month	TDA & CQC	T	Medical Director Chief Nurse	0	0	0	0	0	0	0	0	—		0	>0	
30	Duty of Candour - Conversation within 10 days - Percentage Compliance	CQC	T	Medical Director Chief Nurse	TBC	25.0%	66.7%	31.8%	46.7%	25.0%	41.5%	25.0%	▼				
31	Duty of Candour - Report within 45 days - Percentage Compliance	Local	T	Medical Director Chief Nurse	TBC	L	0.0%	9.1%	0.0%	L	6.3%	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%	
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	—				
34	Incidence of newly-acquired category 3 or 4 pressure ulcers	TDA	T	Medical Director Chief Nurse	0	1	0	0	2	1	2	1	▼				
35	Number of falls resulting in severe injury or death (Moderate, Severe and Catastrophic)	TDA	T	Medical Director Chief Nurse	0	3	3	3	0	3	6	3	▲		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	—		0%	>=1	
37	Open Central Alert System (CAS - Internal deadline) Alerts *	TDA	T	Medical Director Chief Nurse	TBC	10	13	14	11	10	11	10	▼				
38	Percentage of completed VTE Risk Assessments	TDA & CQC	T	Medical Director Chief Nurse	95%	L	96.5%	96.3%	95.0%	L	96.1%	L	▼		≥95%	<95%	
39	Percentage of Harm Free Care - Safety Thermometer	TDA	T	Medical Director Chief Nurse	TBC	95.6%	94.3%	94.6%	93.5%	95.6%	94.6%	95.6%	▲				
40	Number of Serious Incidents reported each month.	TDA	T	Medical Director Chief Nurse	TBC	29	6	6	7	10	23	10	▲				
41	Percentage of reported safety incidents that are harmful	Local	T	Medical Director Chief Nurse	TBC	0.42%	0.00%	0.16%	0.14%	0.42%	0.24%	0.42%	▲				
Operational Efficiency																	
42	Percentage of patients whose operation was cancelled at the last minute	TDA & CQC	T	Chief Operating Officer	1%	0.9%	1.0%	2.0%	1.3%	0.9%	1.4%	0.9%	▼		<=1%	>1%	
43	Number of Urgent Operations being cancelled for the second time	TDA & CQC	T	Chief Operating Officer	0	0	0	4	0	0	4	0	—		0%	100%	
44	Proportion of Operations Cancelled On The Day not re-booked within 28 days	TDA & CQC	T	Chief Operating Officer	5%	4.3%	24.1%	23.9%	24.7%	4.3%	24.7%	4.3%	▼		<5.0%	>5.0%	
45	Theatre Utilisation (Percentage sessions utilised)	Local	T		TBC	84.5%	83.6%	82.4%	83.0%	84.5%	83.0%	84.5%	▲				
Operational Efficiency - Stroke and Revascularisation																	
46	Stroke: Percentage of Pts who spend > 90% of time on stroke unit	TDA & CQC	T	Chief Operating Officer	80%	90.00%	83.82%	87.76%	86.79%	90.00%	85.88%	90.00%	▲		>=80%	<80%	
47	Stroke: Percentage admitted directly to stroke unit	TDA & CQC	T	Chief Operating Officer	90%	70.00%	55.88%	65.31%	71.70%	70.00%	63.53%	70.00%	▼		>=90%	<90%	
48	Stroke: Percentage scanned in less than 1 hrs of hospital arrival	TDA & CQC	T	Chief Operating Officer	50%	57.14%	69.64%	78.38%	85.29%	57.14%	76.38%	57.14%	▼		>=50%	<50%	
49	Stroke: Percentage of Patients scanned within 24 hours	TDA & CQC	T	Chief Operating Officer	100%	100.00%	96.43%	100.00%	100.00%	100.00%	98.44%	100.00%	—		100%	<100%	
50	Stroke: Percentage of high risk TIA cases treated in 24 hours	TDA & CQC	T	Chief Operating Officer	60%	85.71%	100.00%	93.33%	91.67%	85.71%	94.44%	85.71%	▼		>=60%	<60%	
51	Stroke: Percentage of low risk TIA patients seen in 7 days	TDA & CQC	T	Chief Operating Officer	100%	100.00%	100.00%	97.06%	100.00%	100.00%	98.85%	100.00%	—		100%	<100%	
Length of Stay / Demand																	
52	A&E Atts (Percentage variance to internal plan)	Local		Chief Operating Officer	TBC	-2% (-242)				-2% (-242)		-2% (-242)					Apr-15 figures are 'early look' (advanced provisional).
53	NEL Spells (Percentage variance to internal plan)	Local	T	Chief Operating Officer	TBC	-8% (-293)				-8% (-293)		-8% (-293)					Apr-15 figures are 'early look' (advanced provisional).
54	EL spells (Percentage variance to internal plan)	Local	T	Chief Operating Officer	TBC	-9% (-126)				-9% (-126)		-9% (-126)					Apr-15 figures are 'early look' (advanced provisional).
55	DC Spells (Percentage variance to internal Plan)	Local	T	Chief Operating Officer	TBC	-2% (-67)				-2% (-67)		-2% (-67)					Apr-15 figures are 'early look' (advanced provisional).
56	OP New Atts (Percentage variance to internal plan)	Local	T	Chief Operating Officer	TBC	-17% (-2071)				-17% (-2071)		-17% (-2071)					Apr-15 figures are 'early look' (advanced provisional).
57	Percentage of occupied beds (General & Acute)	CQC Surveillance Indicators	T	Chief Operating Officer	90%	88.7%	94.3%	91.4%	90.8%	L	92.2%	88.7%	▼				
58	Percentage of occupied Adult Critical Care beds	CQC Surveillance Indicators	T	Chief Operating Officer	90%	98.3%	100.3%	103.3%	91.0%	98.3%	98.0%	98.3%	▲				
59	Percentage of occupied paediatrics/neonatal beds	CQC Surveillance Indicators	T	Chief Operating Officer	90%	72.3%	73.3%	68.8%	63.3%	72.3%	68.4%	72.3%	▲				
60	Percentage of occupied Acute Medicine beds	Local	T	Chief Operating Officer	90%	91.9%	97.0%	93.7%	92.7%	L	94.5%	91.9%	▼				
61	Average Admission Length of Stay - Non-Electives	Local	T	Chief Operating Officer	TBC	5.5	5.46	5.83	5.29	5.5	5.53	5.50	▲				
62	Number of GP OP Referrals	Local	T	Chief Operating Officer	n/a	12,491	14,351	12,939	14,065	12,491	41,355	12,491	▼				
63	Number of two-week wait GP Referrals	Local	T	Chief Operating Officer	n/a	1,715	1,675	1,615	1,785	1,715	5,075	1,715	▼				
64	Outpatient New to Follow-up Ratio (all)	Local	T	Chief Operating Officer	1.92	2.39	2.33	2.25	2.27	2.39	2.28	2.39	▲		<1.92	>1.92	

65	Delayed Transfers of Care (DToC)	TDA	T	Chief Operating Officer	3.50%	3.8%	5.3%	5.1%	4.3%	3.8%	4.9%	3.8%	▼		<3.5%	>=3.5%	
66	Medically Fit For Discharge (MFFD) - number of occupied bed days	Local	T	Chief Operating Officer	TBC	928	1,437	1,279	1,042	928	3,758	928	▼				
Patient Experience																	
67	Number of Single Sex accommodation breaches	TDA	T	Chief Nurse	0	0	0	0	0	0	0	0	—		0	>0	
68	Number of complaints where clinical care is cited as a factor	TDA	T	Chief Nurse	0	L	42	28	23	L	93	L	▼				
69	Patient Satisfaction (friends and family) - In-patients - percentage who would recommend	TDA	T	Chief Nurse	tbc	92.5%	91.9%	92.9%	92.3%	92.5%	92.4%	92.5%	▲				
70	Patient Satisfaction (friends and family) - In-patients - percentage who would NOT recommend		T	Chief Nurse	tbc	1.9%	2.9%	2.3%	2.3%	1.9%	2.5%	1.9%	▼				
71	Patient Satisfaction (friends and family) - A&E - percentage who would recommend	TDA	T	Chief Nurse	tbc	L	81.3%	81.6%	83.8%	L	82.3%	0.0%	▲				
72	Patient Satisfaction (friends and family) - A&E - percentage who would NOT recommend		T	Chief Nurse	tbc	L	10.1%	12.0%	9.9%	L	10.8%	0.0%	▼				
73	Patient Satisfaction (friends and family) - Maternity - percentage who would recommend	TDA	T	Chief Nurse	tbc	99.7%	98.3%	97.8%	98.1%	99.7%	98.0%	99.7%	▲				
74	Patient Satisfaction (friends and family) - Maternity - percentage who would NOT recommend		T	Chief Nurse	tbc	L	0.3%	1.0%	0.6%	L	0.7%	0.0%	▼				
75	Patient Satisfaction (friends and family) - response rate - In-patients	TDA	T	Chief Nurse	30%	9.2%	27.1%	30.2%	32.7%	9.2%	30.1%	9.2%	▼		≥30%	<30%	
76	Patient Satisfaction (friends and family) - response rate - A&E	TDA	T	Chief Nurse	20%	L	6.6%	10.7%	8.5%	L	8.5%	L	▼		≥20%	<20%	
77	Patient Satisfaction (friends and family) - response rate - Maternity	TDA	T	Chief Nurse	15%	L	13.9%	27.9%	15.9%	L	18.8%	L	▼		≥15%	<15%	
Workforce - Training & Safety																	
78	Overall safe staffing fill rate	TDA	T		TBC	94.2%	93.4%	92.1%	94.2%	94.2%	93.2%	94.2%	▲				
79	Percentage Nurse Registered Nurses	TDA	T	HR Director	77.0%		71.7%	71.7%	71.8%	71.8%			—		≥77%	<77%	
80	Percentage of Staff Appraised	TDA	T	HR Director	75%		43.7%	45.3%	48.0%	48.0%			—		≥75%	<75%	
81	Percentage Vacancy rate	TDA	T	HR Director	8%		5.0%	4.7%	4.5%	4.5%			—		≤8%	>8%	
Workforce																	
82	Temporary costs and over time as Percentage of paybill		T		TBC	L	10.7%	11.6%	7.6%	L	10.0%	L	▼				
83	Sickness/Absence Rate	TDA	T	HR Director	3.4%		3.9%	3.9%	4.0%	L			▲		≤3.4%	>3.4%	
84	Proportion temporary staff - clinical and non-clinical	TDA	T	HR Director	12.3%		12.4%	12.0%	11.9%	11.9%			—		≤12.3%	>12.3%	
85	Staff Turnover	TDA	T	HR Director	11.5%		11.5%	12.1%	12.3%	12.3%			—		≤11.5%	>11.5%	

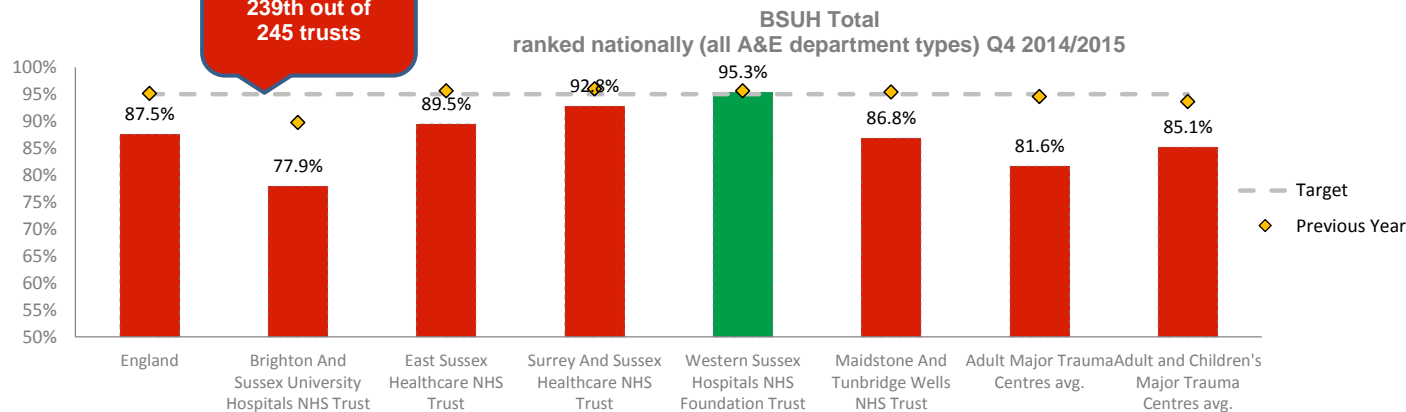
BSUH Trust Performance Dashboard 2014/15 - April 2015

A&E Performance

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

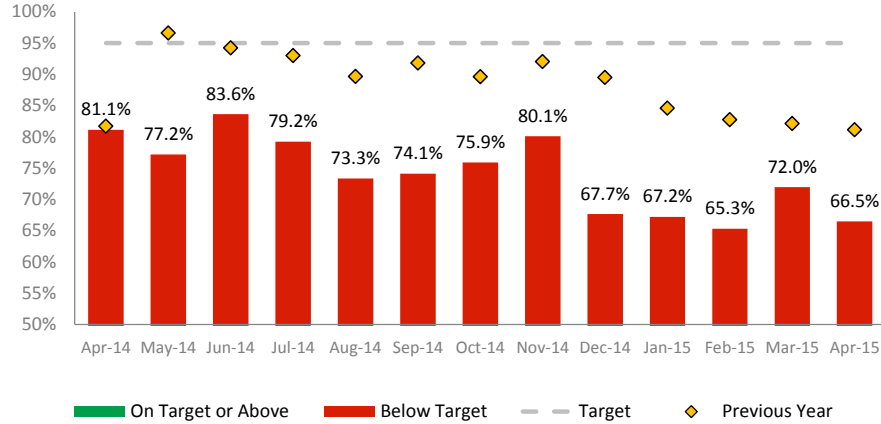


BSUH ranked 239th out of 245 trusts

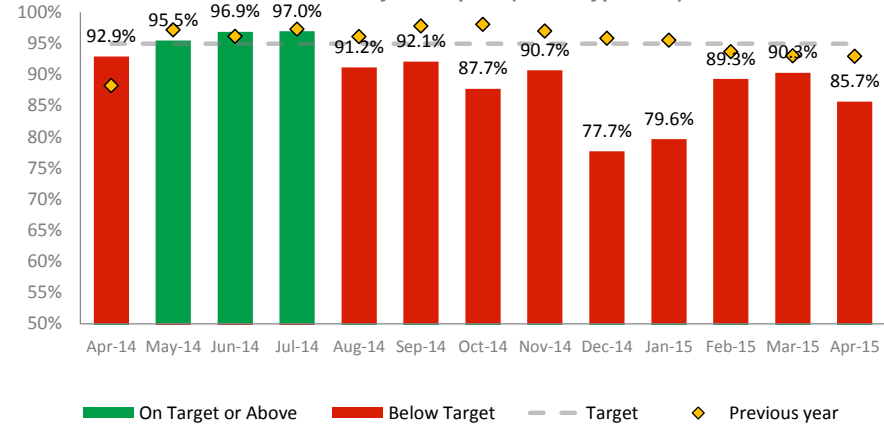


A&E Department Types:
 Type One A&E department - Major A&E
 Type Two A&E department - Single Specialty
 Type Three A&E department - Other A&E / Minor Injury Unit / Walk In Centre

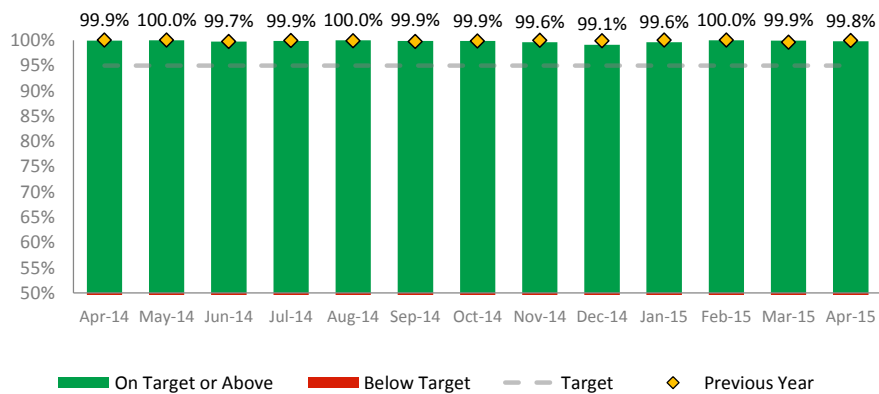
Royal Sussex County Hospital (RSCH - Type One)



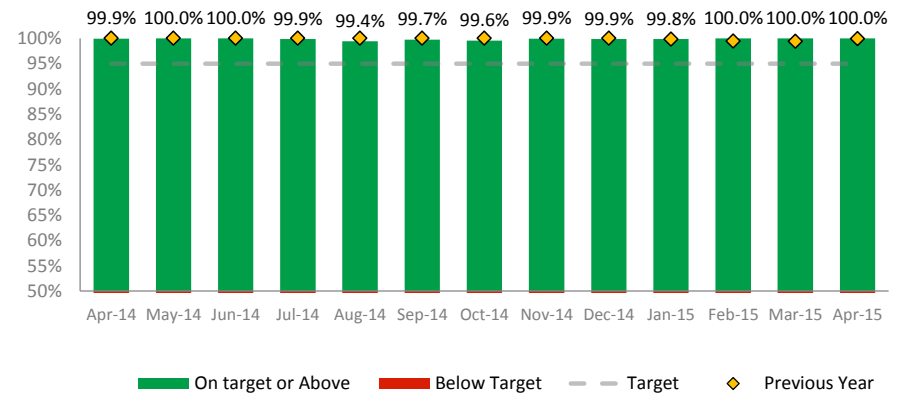
Princess Royal Hospital (PRH - Type One)



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

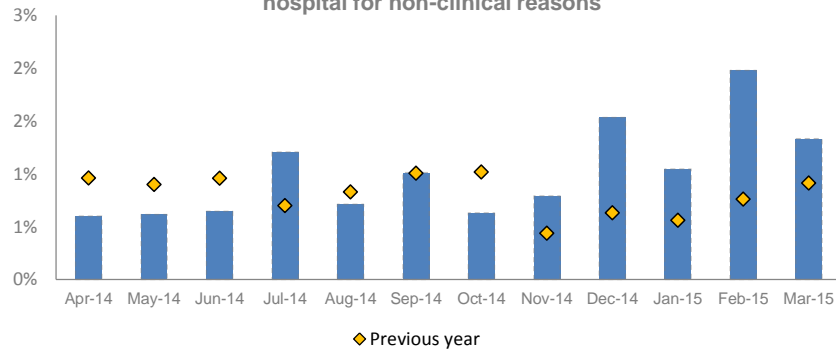


Sussex Eye Hospital (SEH - Type Two)

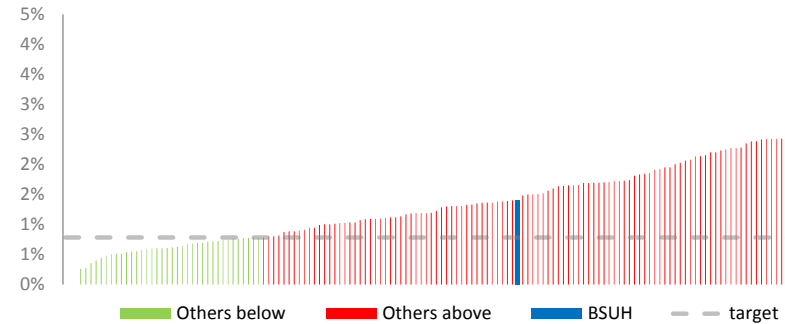


Cancelled Elective Operations

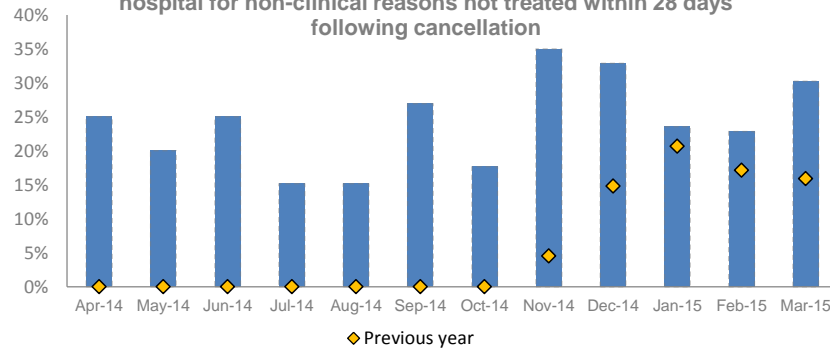
Percentage of elective operations cancelled on the day by the hospital for non-clinical reasons



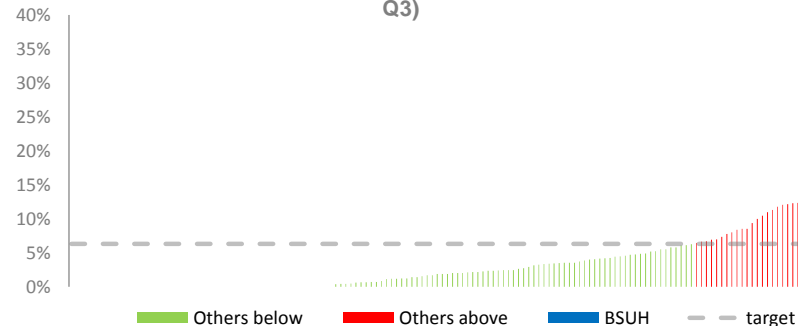
Elective operations cancelled on the day by the hospital for non-clinical reasons as a percentage of elective activity, ranked nationally benchmarked against England (14-15 Q3)



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



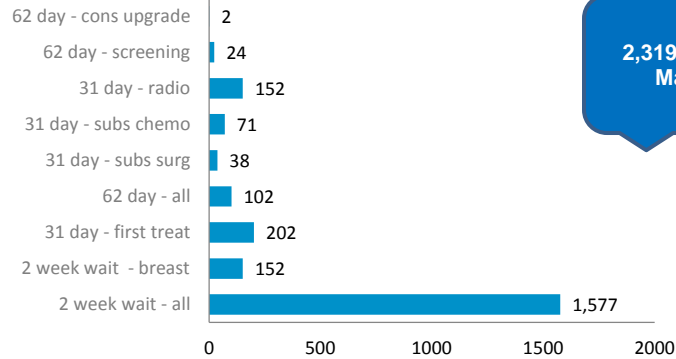
Percentage of elective operations cancelled on the day by the hospital for non-clinical reasons not treated within 28 days following cancellation, ranked nationally benchmarked against England (14-15 Q3)



BSUH Trust Performance Dashboard 2014/15 - April 2015

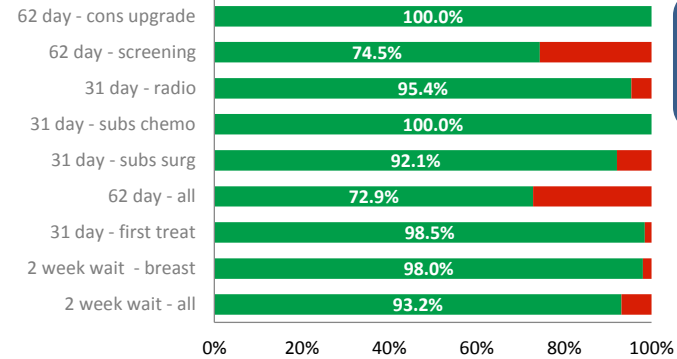
Cancer access

Total Seen (Mar-15)



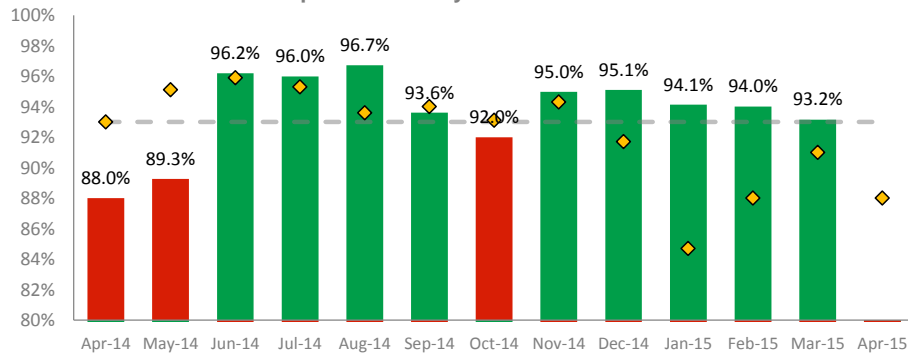
2,319 seen in Mar-15

Percentage within standard (Mar-15)

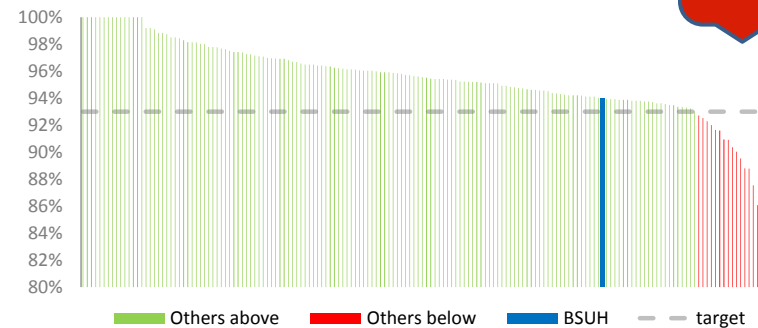


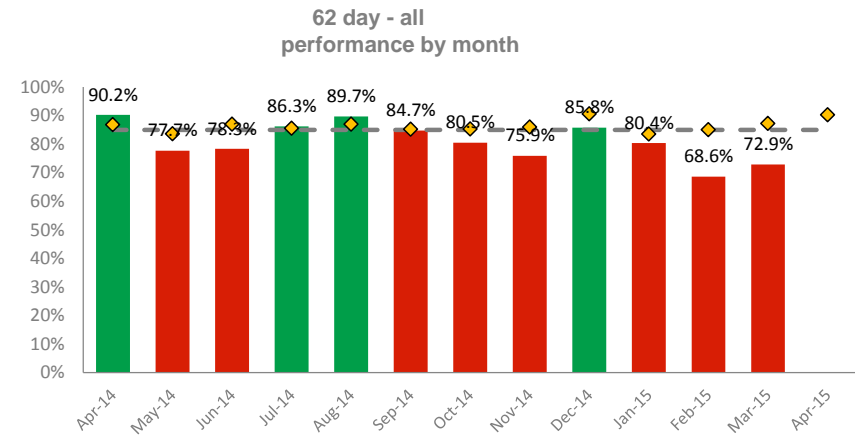
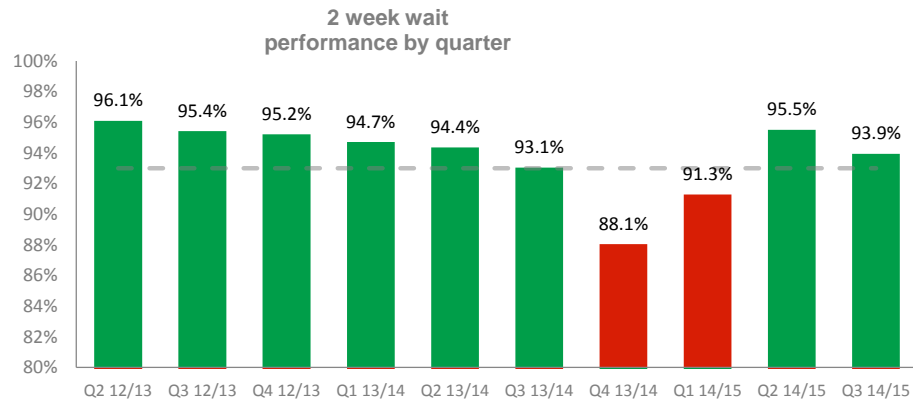
158 breaches in Mar-15

2 week wait performance by month



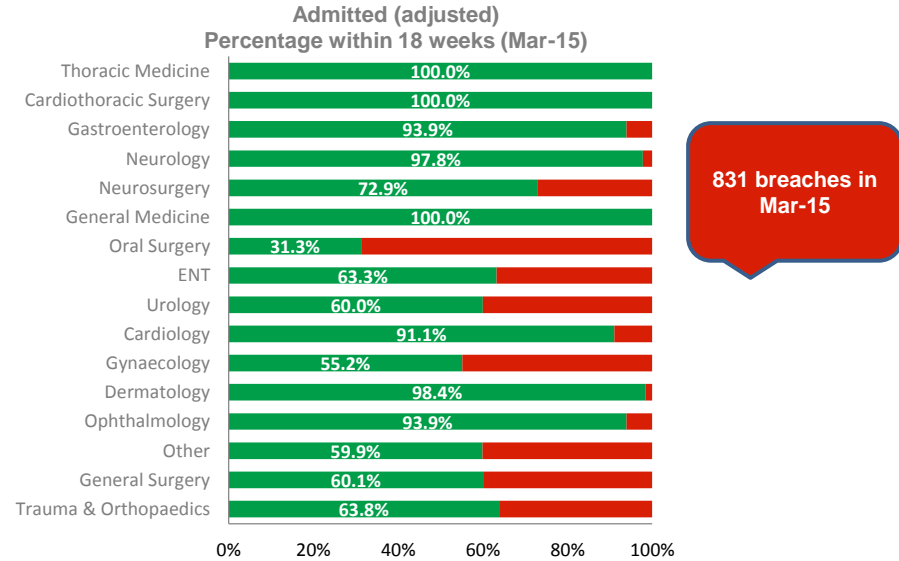
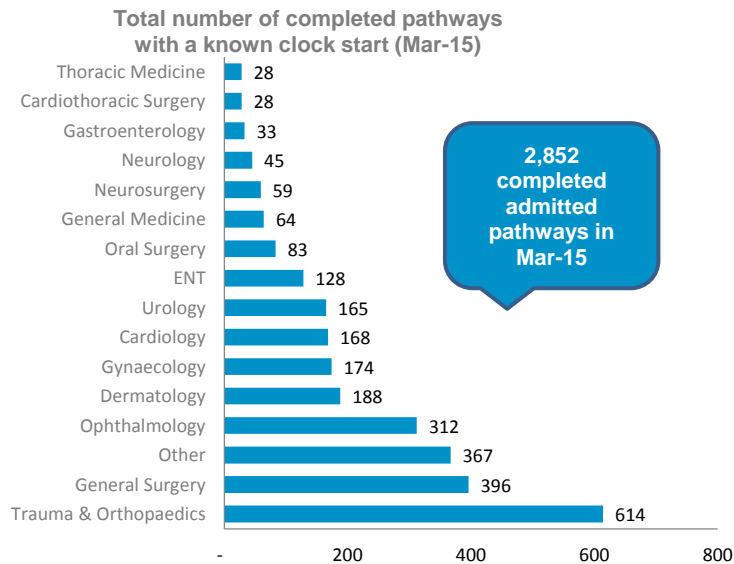
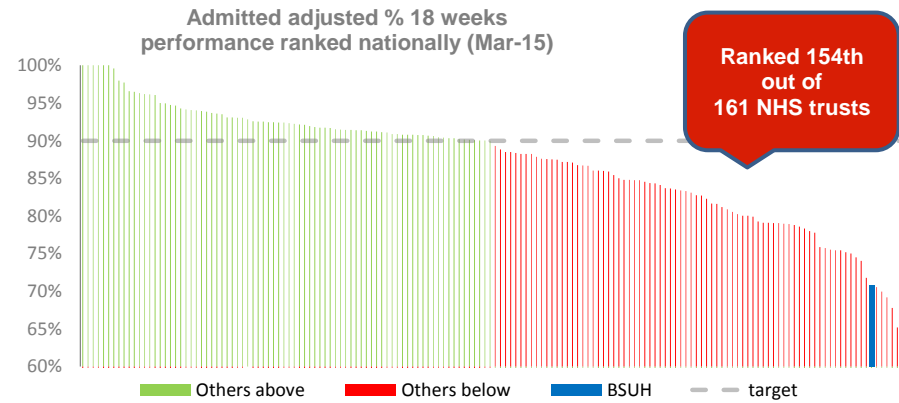
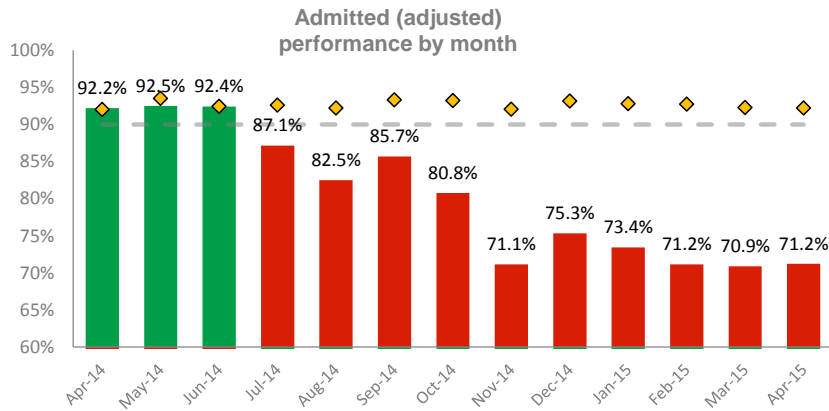
2 week wait performance ranked nationally (Q3 14/15)

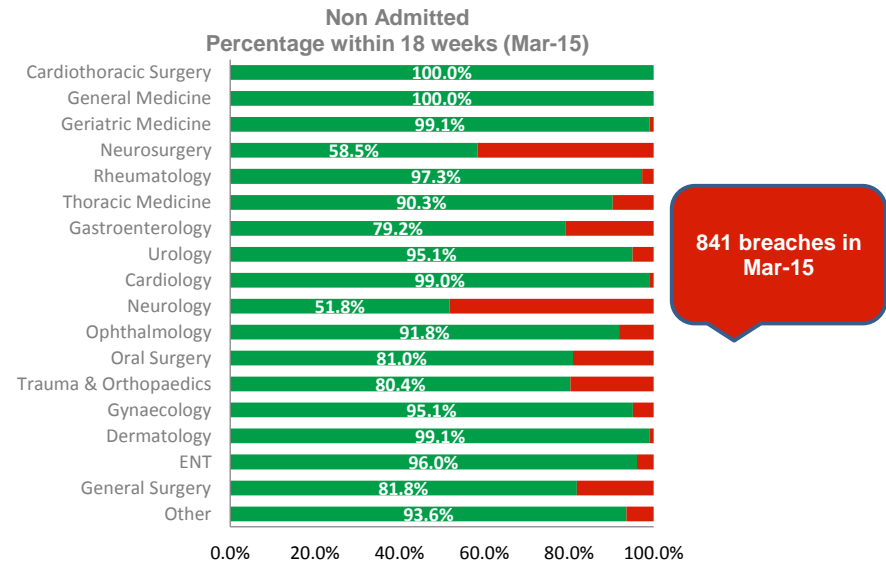
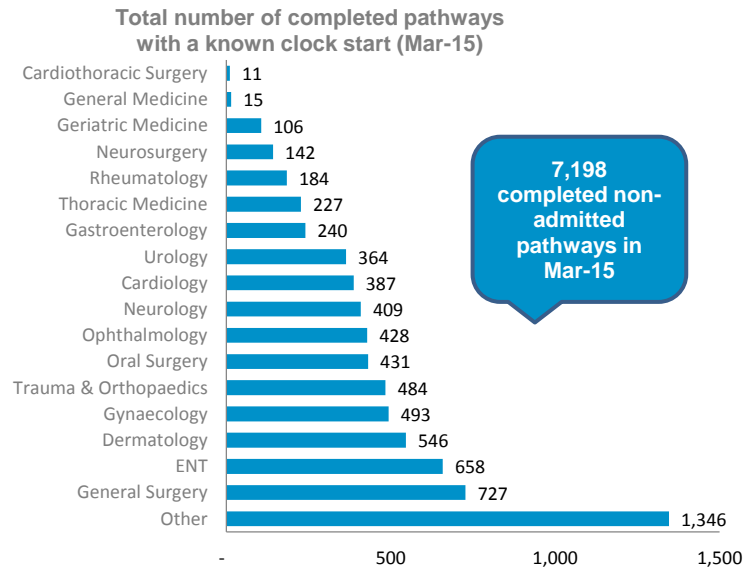
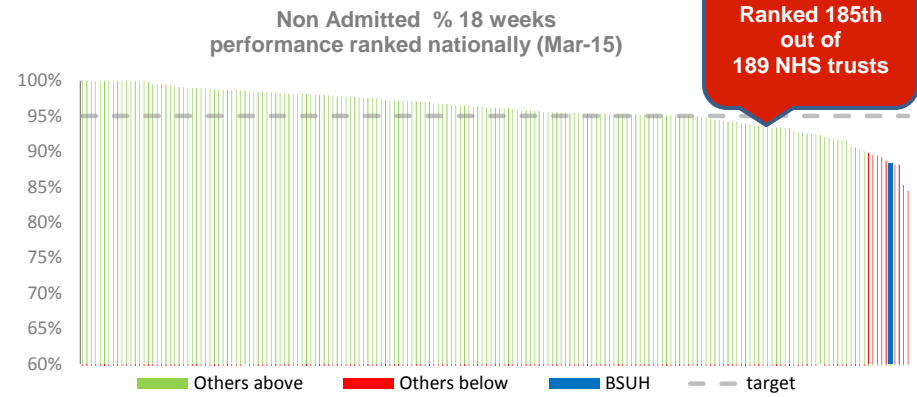
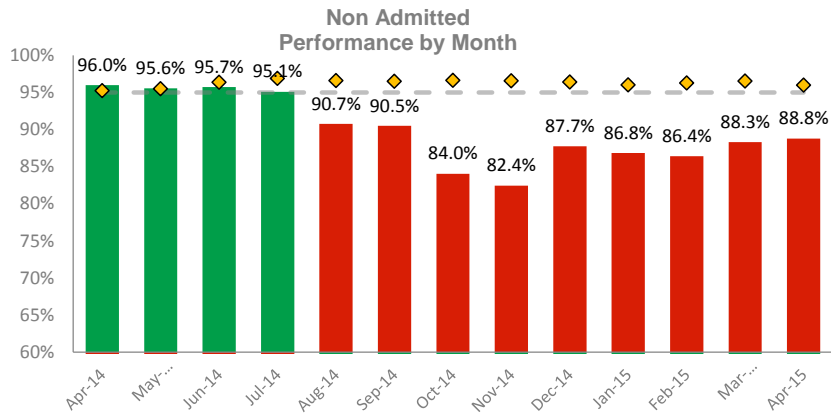


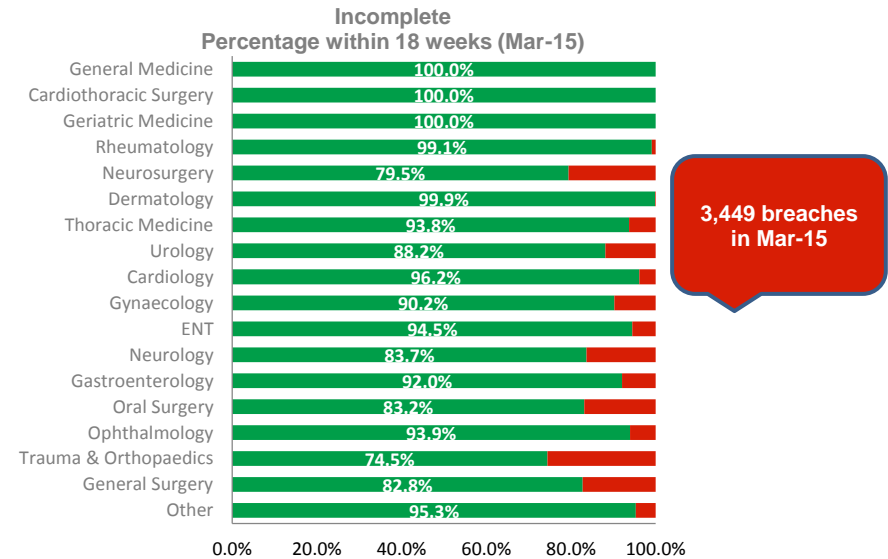
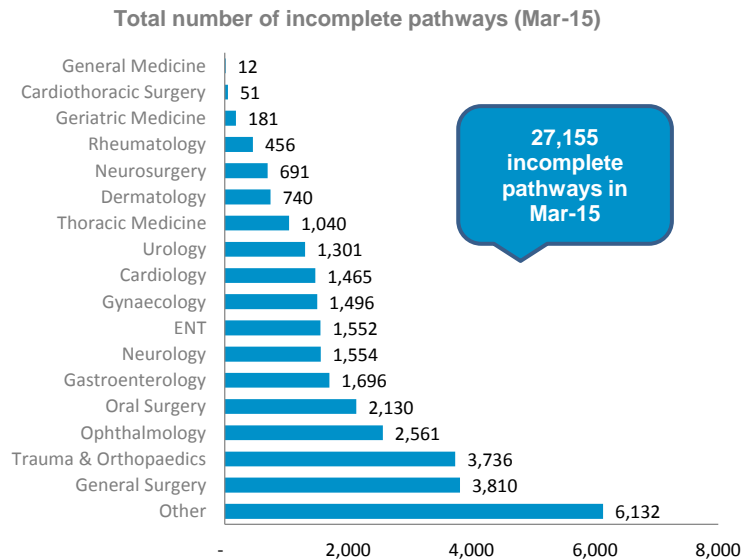
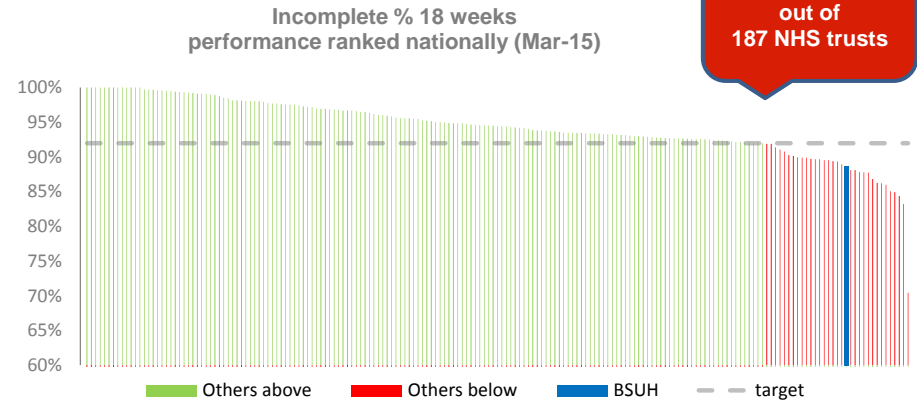
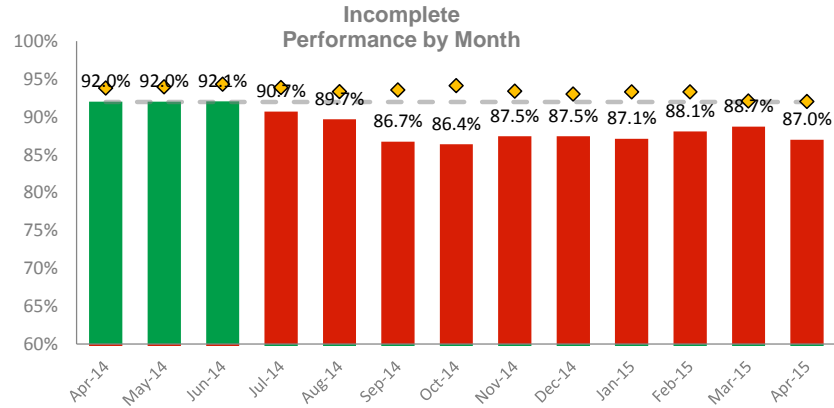


BSUH Trust Performance Dashboard 2014/15 - April 2015

Consultant-led Referral To Treatment (RTT)



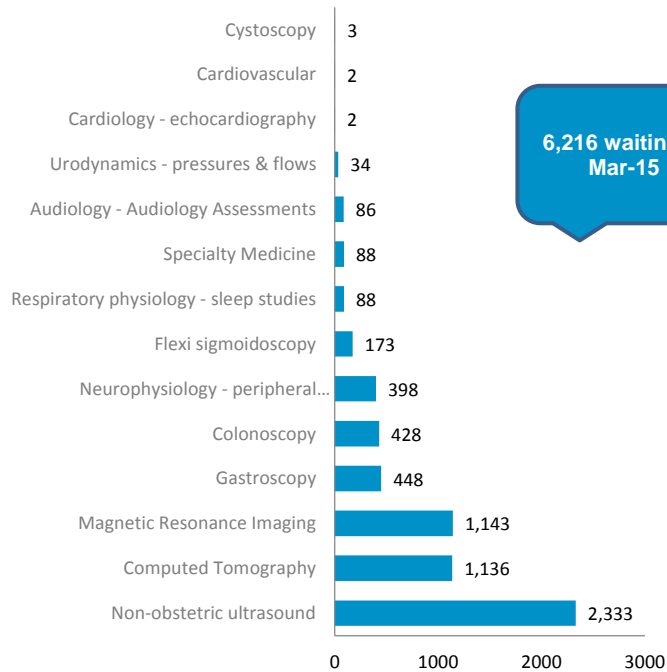




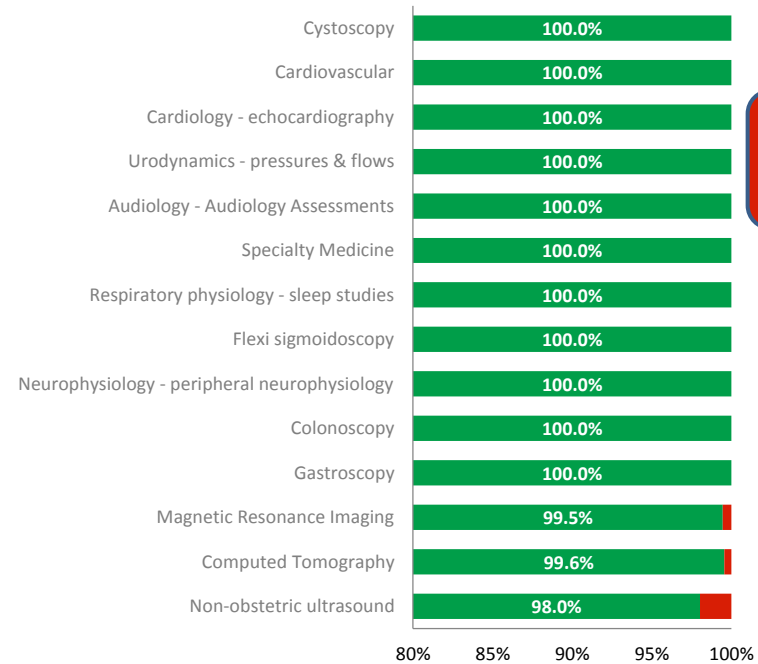
BSUH Trust Performance Dashboard 2014/15 - April 2015

Diagnostic Waiting Times and Activity

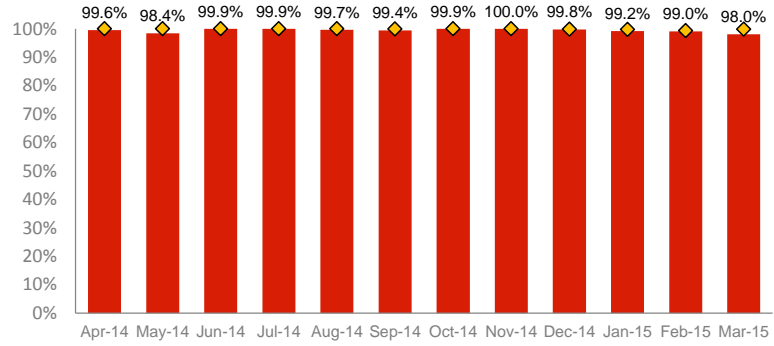
Total Waiting (Mar-15)



Percentage waiting within 6 weeks (Mar-15)

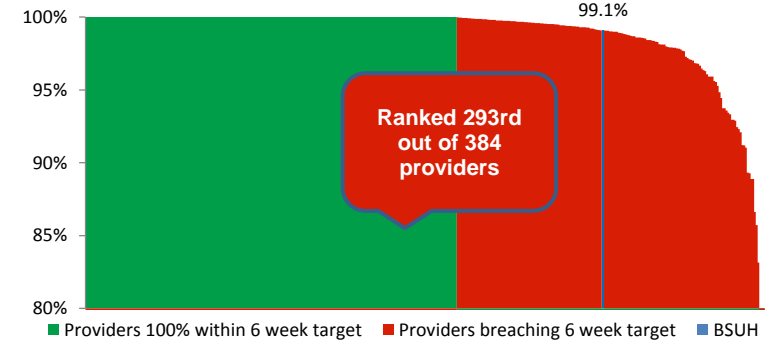


Non-obstetric ultrasound performance by month



46 breaches in Mar-15

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

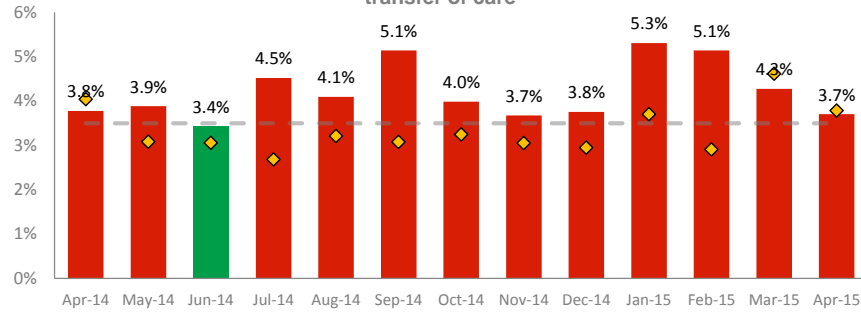


Ranked 293rd out of 384 providers

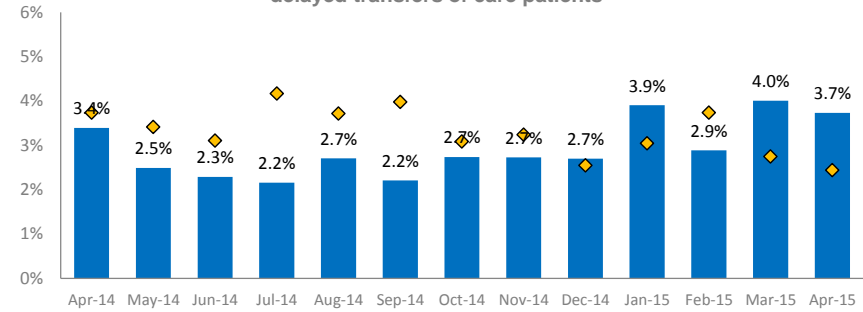
[Return to Index](#)

Delayed Transfers of Care (DToC)

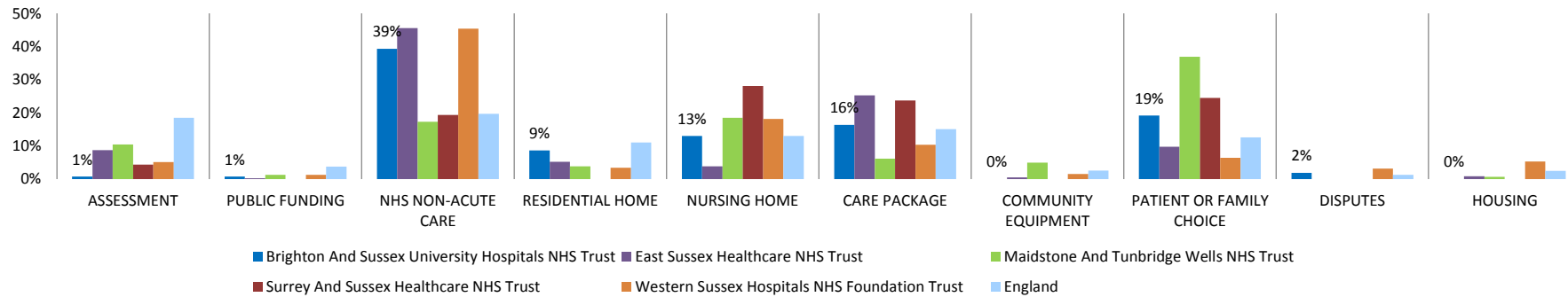
Percentage of occupied beddays which are unavailable due to delayed transfer of care



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 (March 2015)

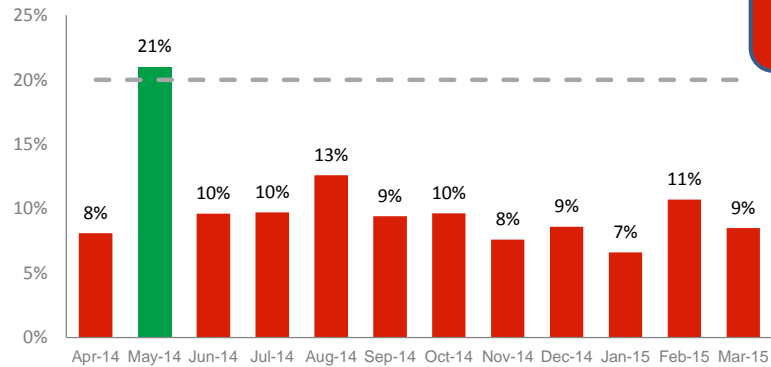


Reasons for delayed transfer of care	Reason description
Assessment	Patients whose transfer is delayed due to them awaiting completion of an assessment of their future care needs and an identification of an appropriate care setting. This can include any assessment by health and/or social care professionals 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. It would also include delays incurred by patients who will be funding their own care e.g. through 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 - April 2015

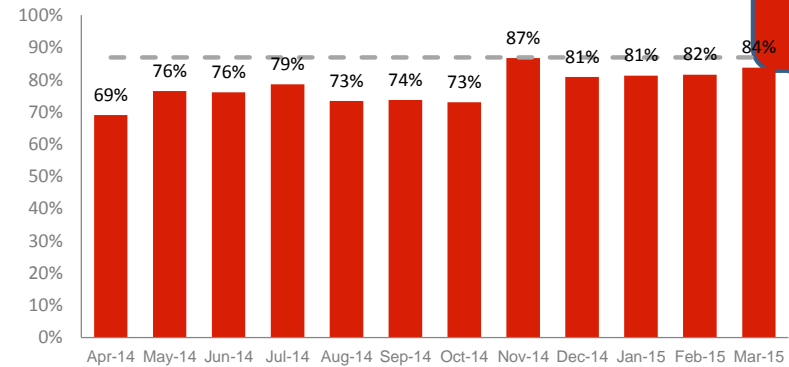
Friends and Family Test (FFT)

A&E response rate by month compared to National CQUIN for 14/15



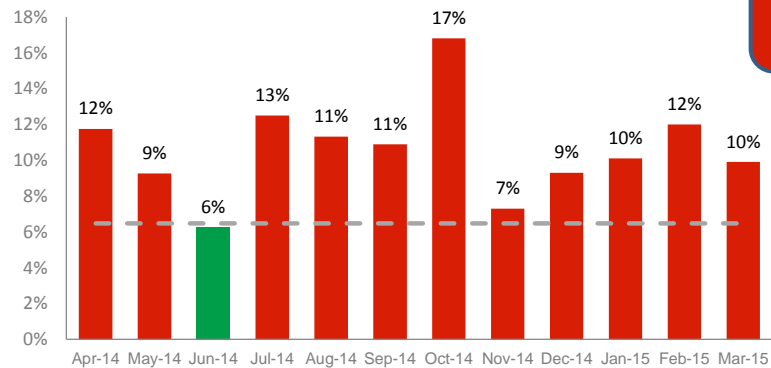
Ranked 130th out of 139 trusts in Mar-15

A&E 'would recommend' compared to England benchmark (Mar-15)



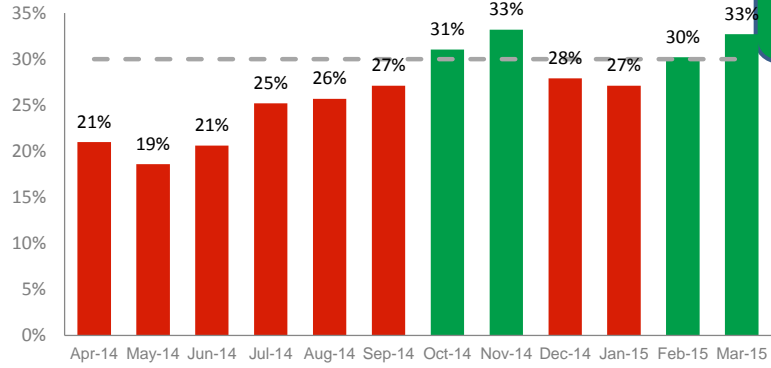
Ranked 99th out of 139 trusts in Mar-15

A&E 'would not recommend' compared to England benchmark (Mar-15)



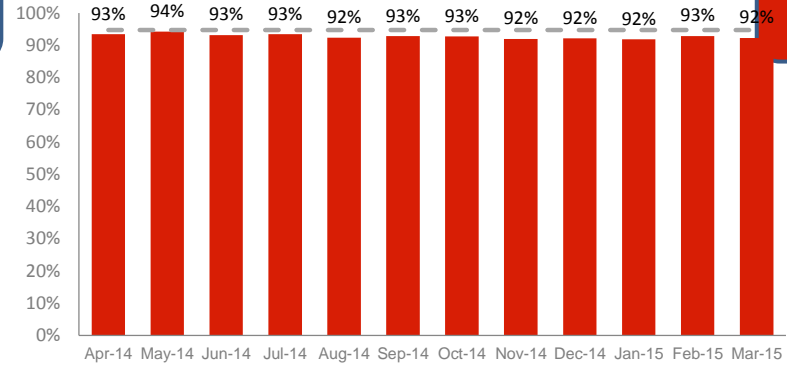
Ranked 114th out of 139 trusts in Mar-15

Inpatient response rate by month compared to National CQUIN for 14/15



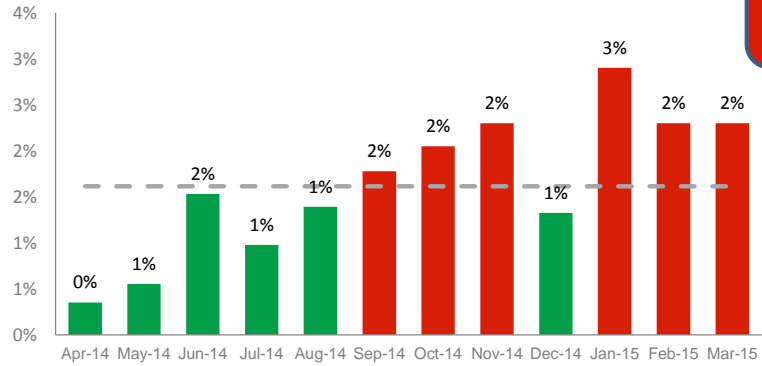
Ranked 149th out of 166 trusts in Mar-15

Inpatient 'would recommend' compared to England benchmark (Mar-15)



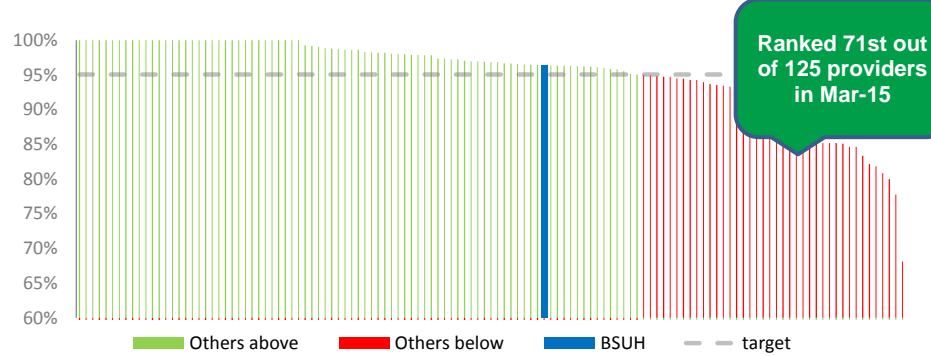
Ranked 140th out of 166 trusts in Mar-15

Inpatient 'would not recommend' compared to England benchmark (Mar-15)

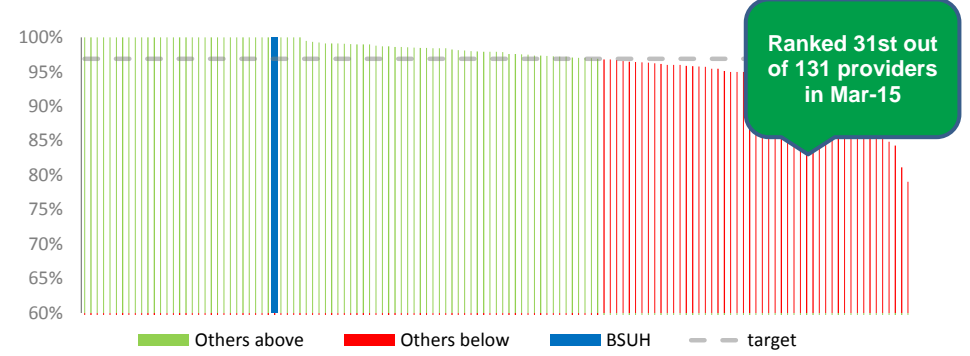


Ranked 141st out of 166 trusts in Mar-15

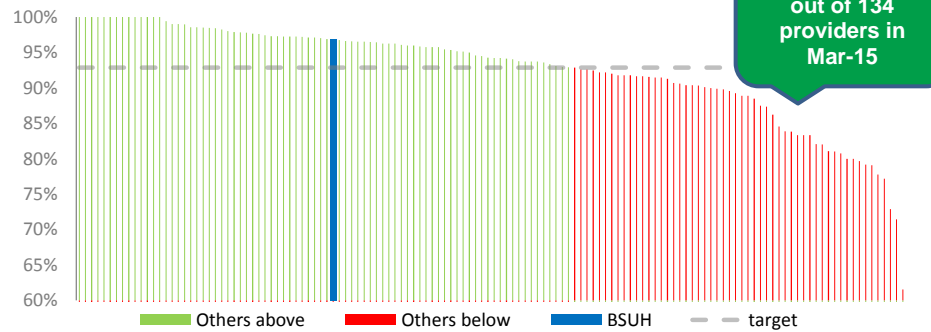
Maternity One - Antenatal Care - 'would recommend' trust performance ranked against England benchmark (Mar-15)



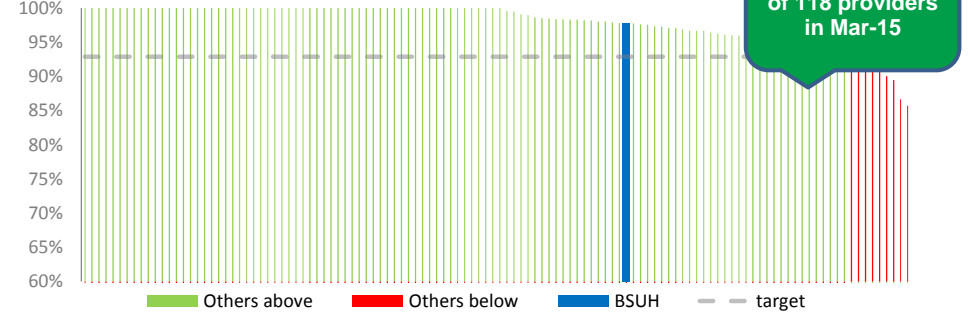
Maternity Two - Birth- 'would recommend' trust performance ranked against England benchmark (Mar-15)



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



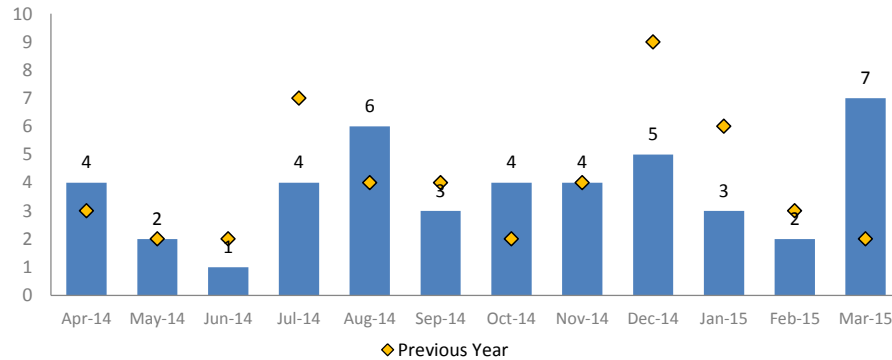
Maternity Four - Postnatal Community Provision - 'would recommend' trust performance ranked against England benchmark (Feb-15)



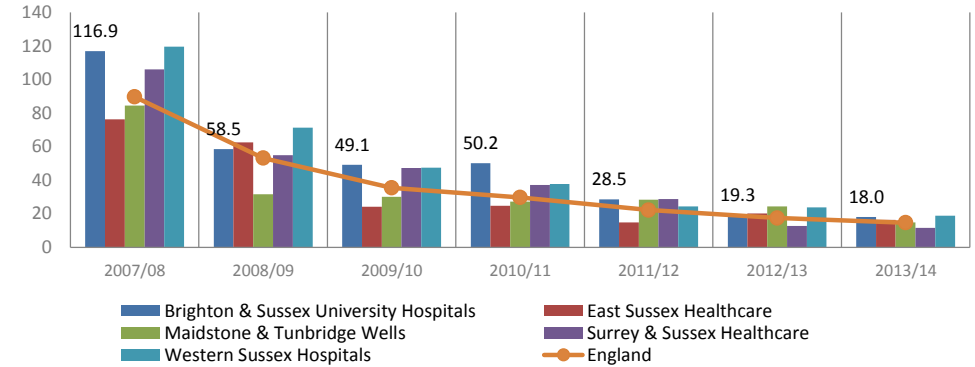
BSUH Trust Performance Dashboard 2014/15 - April 2015

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

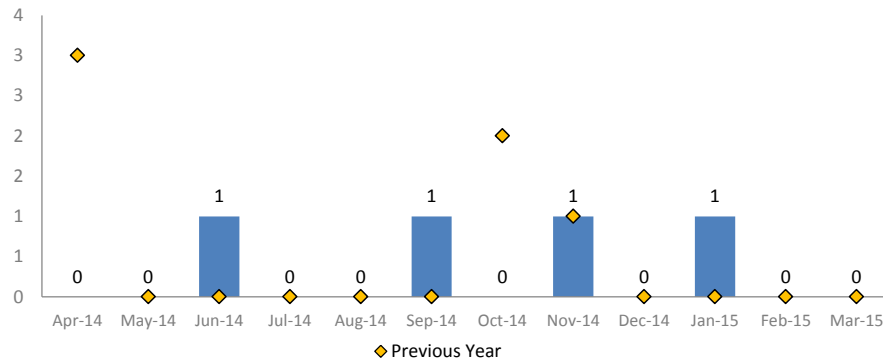
Number of C. Difficile infections



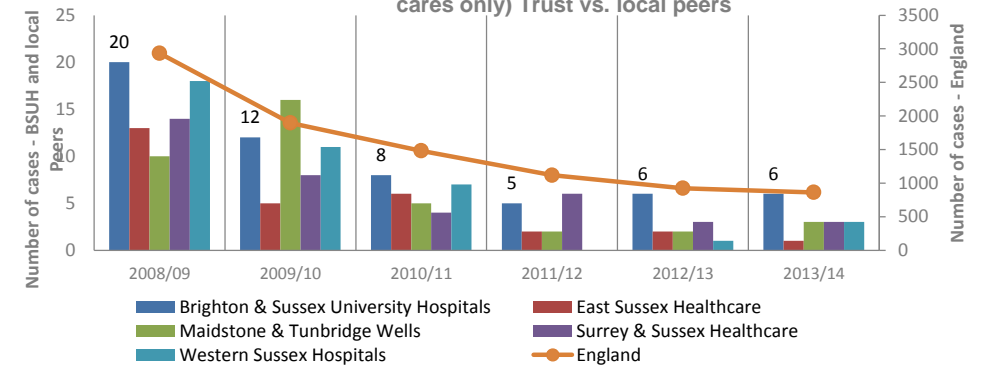
C. difficile infection rate per 100,000 bed days (Trust apportioned cases only) Trust vs. local peers and England



Number of cases of MRSA bloodstream infections



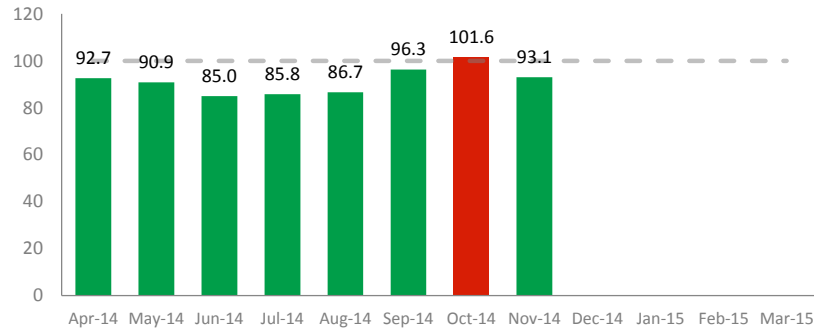
Number of cases of MRSA bloodstream infections (Trust apportioned cases only) Trust vs. local peers



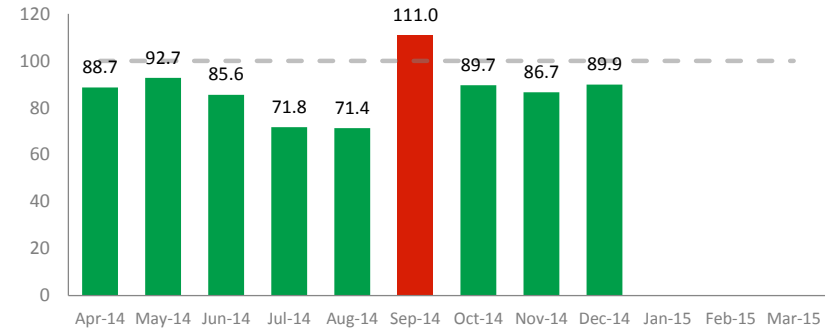
BSUH Trust Performance Dashboard 2014/15 - April 2015

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

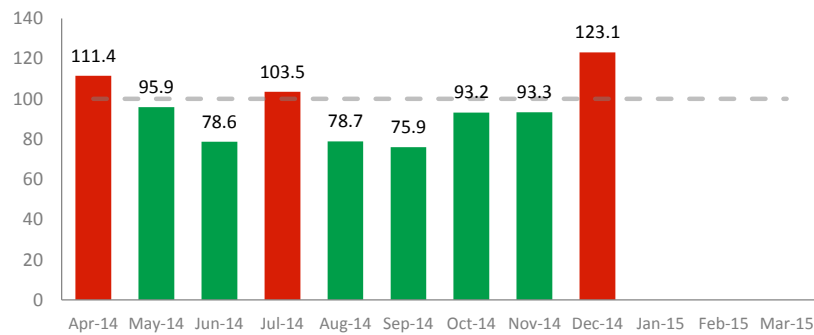
SHMI



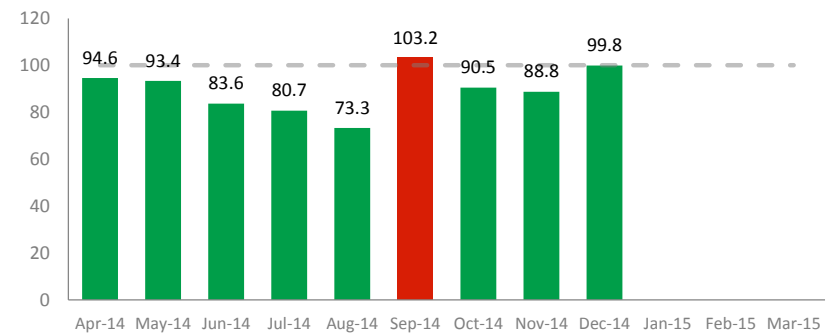
HSMR - week days (Monday to Friday)

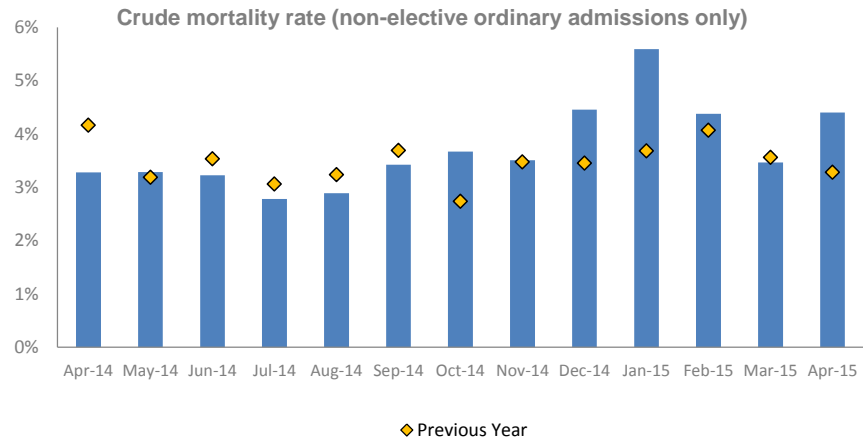


HSMR - weekends (Saturday to Sunday)



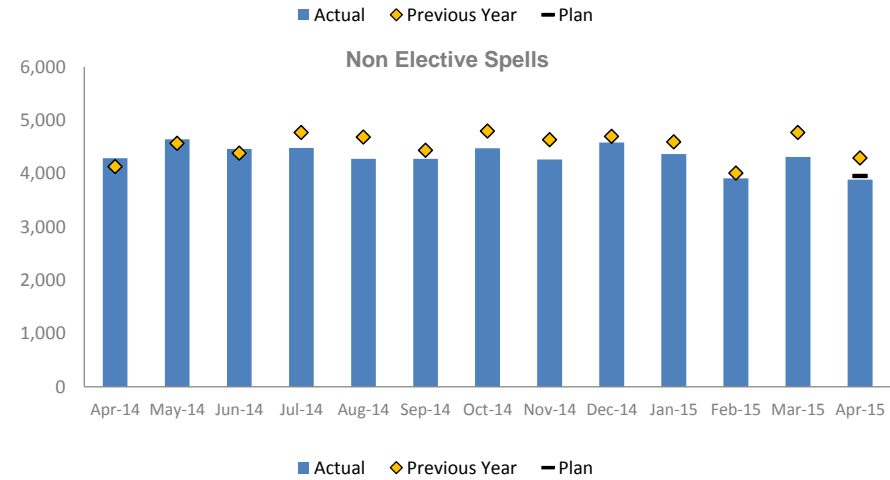
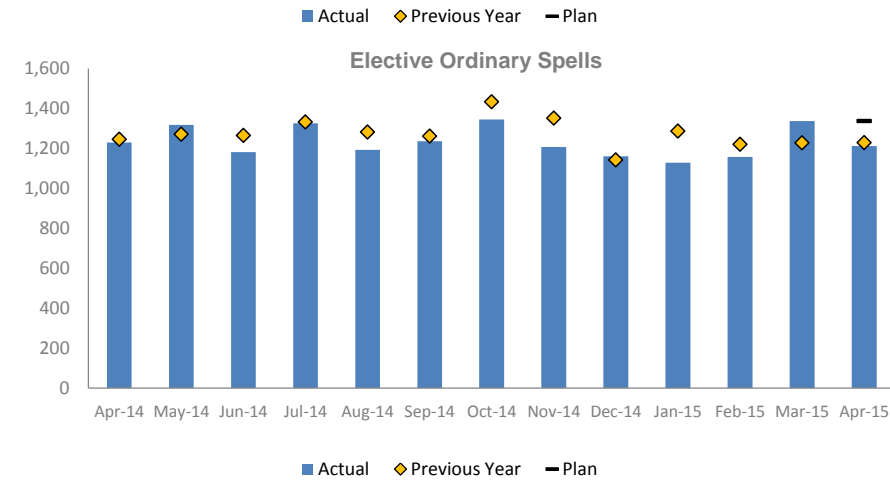
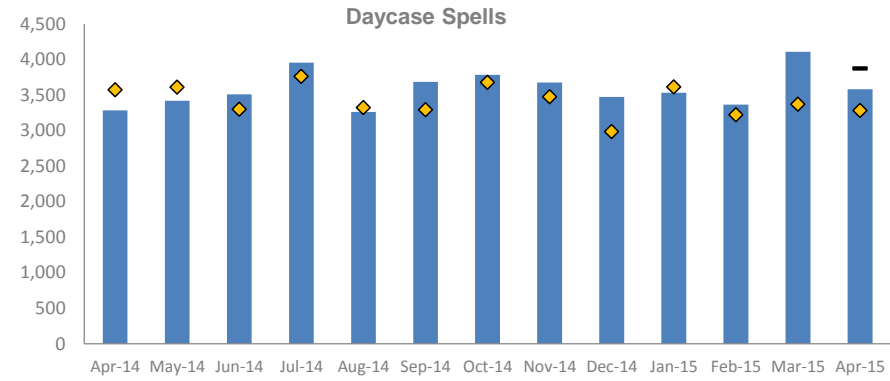
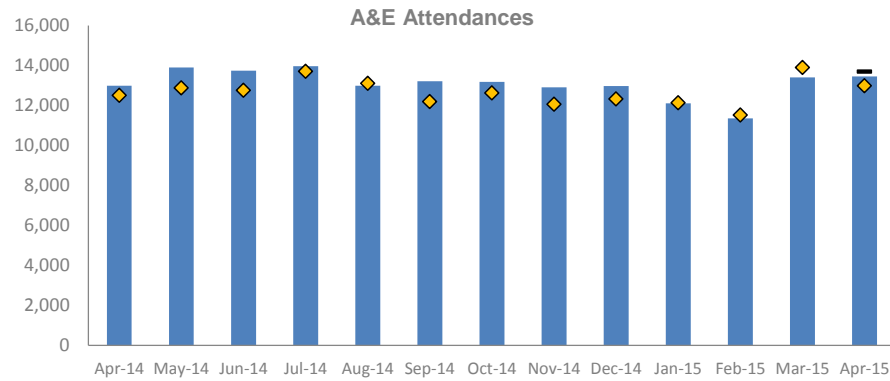
HSMR - all days (Monday to Sunday)



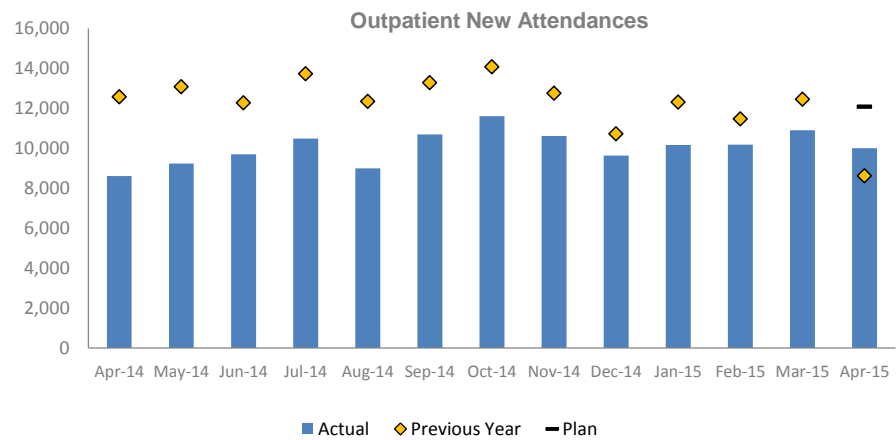


BSUH Trust Performance Dashboard 2014/15 - April 2015

Hospital activity versus internal activity plan



Note: Apr-15 figures are 'early look' advanced provisional and are therefore likely to change.



Note: Apr-15 figures are 'early look' advanced provisional and are therefore likely to change.

Plain English Indicator Guide

Indicator Number	Indicator	Plain English Indicator Description
Patient Access - Waiting Times		
1	18w RTT - Number of over 52 week waiters at month end	Number of patients on incomplete pathways (still on the waiting list and awaiting treatment) waiting over 52 weeks as at the end of a calendar month.
2	18w RTT - Percentage of Admitted RTT Pathways completed within 18 weeks	Percentage of admitted elective patients treated during a calendar month with a GP referral to consultant-led treatment pathway of 18 weeks or less, as set out in the NHS constitution. The organisation's performance is measured against a national target of 90% of patients.
3	18w RTT - Percentage of Non-Admitted RTT Pathways completed within 18 weeks	Percentage of non-admitted (e.g. outpatient) patients treated during a calendar month with a GP referral to consultant-led treatment pathway of 18 weeks or less, as set out in the NHS constitution. The organisation's performance is measured against a national target of 95% of patients.
4	18w RTT - Percentage of Incomplete Pathways waiting less than 18 weeks	Percentage of patients on incomplete pathways (still on the waiting list and awaiting treatment) waiting less than 18 weeks, against the total number of patients on an incomplete pathway as at the end of a calendar month. The organisation's performance is measured against a target of 92%.
5	Diagnostic Tests waiting longer than 6 weeks - Percentage of all waiters	Percentage of current diagnostic test waiting times from GP referral, which are longer than 6 weeks, as a proportion of the total number of diagnostic test waits as at the end of a calendar month.
Patient Access - Emergency Care		
6	A&E - A&E Attendance to Emergency Admission (via A&E) Ratio	Percentage of A&E attendances which end in emergency admission.
7	A&E - Ambulance Handover Delays of over 30 mins and less than 60 mins - Number	Number of Ambulance Handover to A&E staff subject to delays of over 30 mins and less than 60 mins. The start time of the handover is defined as the time of arrival of the ambulance at the A&E department. The end time of the handover is defined as the time of handover of the patient to the care of A&E staff.
8	A&E - Ambulance Handover Delays of over 60 mins - Number	Number of Ambulance Handover to A&E staff subject to delays of over 60 mins. The start time of the handover is defined as the time of arrival of the ambulance at the A&E department. The end time of the handover is defined as the time of handover of the patient to the care of A&E staff.
9	A&E - Percentage of patients who spent 4 hours or less in A&E	Percentage of A&E attendances where the patient spent four hours or less in A&E from arrival to transfer, admission or discharge.
10	A&E - Number of Patients who have waited >12 hours in A&E from Decision to Admit	Number of patients who have waited over 12 hours in A&E from decision to admit to admission.
11	A&E 7 day Reattendance Rate	Percentage of A&E attendances which occur within seven days of a previous attendance, as a proportion of all A&E attendances.
12	No of Ambulance Conveyances to ED	Number of emergencies brought to hospital by ambulance.
Patient Access - Cancer		
13	Cancer: 2 week wait referral to date first seen	Percentage of urgent GP referrals for suspected cancer, whose first outpatient attendance is within two weeks of referral.
14	Cancer: 2 week wait referral to date first seen - Breast Symptomatic	Percentage of GP symptomatic breast referrals where cancer is not suspected, whose first outpatient attendance is within two weeks of referral.
15	Cancer: 31 day wait from diagnosis to first treatment	Percentage receiving first definitive treatment for cancer within 31 days of decision to treat.
16	Cancer: 62 day wait for first treatment from urgent GP referral	Percentage receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer.
17	Cancer: 31 day wait for second or subsequent treatment - surgery	Percentage of all cancer patients receiving subsequent treatment (surgery) within 31 days from decision to treat or earliest clinically appropriate date (ECAD).
18	Cancer: 31 day wait for second or subsequent treatment - Chemotherapy	Percentage of all cancer patients receiving subsequent treatment (chemotherapy) within 31 days from decision to treat or earliest clinically appropriate date (ECAD).
19	Cancer: 31 day wait for second or subsequent treatment - Radiotherapy	Percentage of all cancer patients receiving subsequent treatment (radiotherapy) within 31 days from decision to treat or earliest clinically appropriate date (ECAD).
20	Cancer: 62 day wait for first treatment from referral from a nhs cancer screening service	Percentage receiving first definitive treatment for cancer within 62 days of a referral from a nhs cancer screening service.
21	Cancer: 62 day wait for first treatment from referral following a Consultants Decision to Upgrade	Percentage receiving first definitive treatment for cancer within 62 days of a Consultants Decision to Upgrade.

Clinical Quality- Infection Prevention and Control		
22	Number of cases of MRSA bloodstream infections	Number of hospital acquired Methicillin-resistant Staphylococcus Aureus (MRSA) bloodstream infections.
23	Number of C. Difficile infections	Number of hospital acquired Clostridium Difficile (C. Difficile) infections.
Clinical Quality- Mortality		
24	Crude mortality rate (non-elective ordinary admissions only)	Number of patient deaths following non-elective admission, as a percentage of all non-elective discharges.
25	Hospital Standardised Mortality Ratio (HSMR) - all week (12 month rolling total)	The hospital standardised mortality ratio (HSMR) compares the expected rate of death in a hospital with the actual rate of death for the whole week (Monday to Sunday). The baseline HSMR value is 100. A trust would only get a value of 100 if the rate of patient deaths was exactly the same as expected using the HSMR methodology. A value lower than 100 would indicate a level of deaths lower than expected.
26	Hospital Standardised Mortality Ratio (HSMR) - weekends (12 month rolling total)	The hospital standardised mortality ratio (HSMR) compares the expected rate of death in a hospital with the actual rate of death for weekend (Saturday to Sunday). The baseline HSMR value is 100. A trust would only get a value of 100 if the rate of patient deaths was exactly the same as expected using the HSMR methodology. A value lower than 100 would indicate a level of deaths lower than expected.
27	Summary Hospital Mortality Indicator (SHMI) 12 month rolling total	A trust's SHMI value is the ratio between the actual number of patients who die following treatment at the trust and up to 30 days after discharge, and the number that would be expected to die, on the basis of average England figures given the characteristics of the patients treated there. The baseline SHMI value is 100. A trust would only get a SHMI value of 100 if the number of patients who die following treatment there was exactly the same as the number expected using the SHMI methodology. A value lower than 100 would indicate a level of deaths lower than expected.
Clinical Quality- Maternity		
28	Emergency Caesarean Section rate	Percentage of Caesarean Section procedures which are an emergency, i.e. an unplanned decision.
Clinical Quality- Patient Safety		
29	"Never Events" reported in month	The number of Never Events reported in the month. Never Events are serious, largely preventable patient safety incidents (nationally defined) that should not occur if the available preventative measures have been implemented.
30	Duty of Candour - Conversation within 10 days - Percentage Compliance	The Duty of Candour is a statutory framework, covering avoidable incidents that result in moderate or severe harm, death or prolonged psychological harm. Once logged by the provider, initial notification of incident must be made verbally (face-to-face, where possible) to the patient or their family/carer unless declined or cannot be contacted in person within 10 days.
31	Duty of Candour - Report within 45 days - Percentage Compliance	The Duty of Candour is a statutory framework, covering avoidable incidents that result in moderate or severe harm, death or prolonged psychological harm. Providers should submit an incident investigation report and action plan within 45 days.
32	Emergency Readmissions within 30 days of discharge from hospital - Percentage	Percentage of emergency admissions by patients who had been discharged from hospital in the previous 30 days, as a proportion of all emergency admissions.
33	Emergency Readmissions within 30 days of discharge from hospital - Number	Number of emergency admissions by patients who had been discharged from hospital in the previous 30 days.
34	Incidence of newly-acquired category 3 or 4 pressure ulcers	Number of patients with newly-acquired category 3 or 4 pressure ulcers. A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure. Ulcers are categorised by severity, from category 1, least severe, to the most severe, category 4. Category 3 indicates full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Category 4 indicates full thickness tissue loss with exposed bone, tendon or muscle.
35	Number of falls resulting in severe injury or death (Moderate, Severe and Catastrophic)	Moderate harm is where the fall resulted in harm that was likely to require outpatient treatment, admission to hospital, surgery or a longer stay in hospital. Severe harm is where permanent harm, such as brain damage or disability, was likely to result from the fall. Catastrophic harm is where death was the direct result of the fall.
36	Number of Medication error causing serious harm (Severe / Catastrophic)	Number of reported patient safety incidents across NHS care settings that caused serious harm to the patient due to medication errors.
38	Percentage of completed VTE Risk Assessments	Percentage of adults admitted as inpatients who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool as a proportion of all adult inpatient admissions.
39	Percentage of Harm Free Care - Safety Thermometer	The safety thermometer is used to monitor 'harm free' care by tracking the presence or absence of harms in hospital such as, pressure ulcers, falls, urinary tract infections (UTIs) in patients with a catheter and new venous thromboembolisms (VTEs).
40	Number of Serious Incidents reported each month.	The number of Serious Incidents (SI's) reported as per the statutory defined process. Examples of SI's include: avoidable or unexplained deaths, child protection incidents, never events and data loss.
41	Percentage of reported safety incidents that are harmful	Safety incidents are submitted as part of a national reporting requirement and are incidents where any patient could have been harmed or has suffered any level of harm, for example: patient accidents or medication/treatment errors. This indicator measures the percentage that are actually harmful.
Operational Efficiency		
42	Percentage of patients whose operation was cancelled at the last minute	Percentage of last minute cancellations (cancelled on the planned day of surgery or admission) by the hospital for non clinical reasons, as a proportion of elective admissions.
43	Number of Urgent Operations being cancelled for the second time	Number of patients whose urgent operation is cancelled by the trust for non-clinical reasons on more than one occasion.
44	Proportion of Operations Cancelled On The Day not re-booked within 28 days	Percentage of last minute cancelled operations (cancelled on the planned day of surgery or admission) by the hospital for non clinical reasons, who are not subsequently treated within the maximum 28 day standard, as a proportion of all of last minute cancellations by the hospital for non clinical reasons.
45	Theatre Utilisation (Percentage sessions utilised)	Percentage of theatre sessions utilised (including overruns) as a proportion of available theatre capacity.
Operational Efficiency - Stroke and Revascularisation		

46	Stroke: Percentage of Pts who spend > 90% of time on stroke unit	Percentage of stroke patients who spent at least 90% of their admission in hospital in a dedicated stroke unit.
47	Stroke: Percentage admitted directly to stroke unit	Percentage of stroke patients admitted directly to a dedicated stroke unit.
48	Stroke: Percentage scanned in less than 1 hrs of hospital arrival	Percentage of stroke patients brain scanned within 1 hour of arrival at hospital.
49	Stroke: Percentage of Patients scanned within 24 hours	Percentage of stroke patients brain scanned within 24 hours of arrival at hospital.
50	Stroke: Percentage of high risk TIA cases treated in 24 hours	Percentage of Transient Ischaemic Attack (TIA) cases with a higher risk of stroke who are treated within 24 hours of attendance to a Neurology clinic or stroke unit.
51	Stroke: Percentage of low risk TIA patients seen in 7 days	Percentage of Transient Ischaemic Attack (TIA) cases with a low risk of stroke who are seen within seven days.
Length of Stay / Demand		
52	A&E Atts (Percentage variance to internal plan)	Percentage variance (and volume variance in brackets) of the actual number of A&E attendances versus the trust's internal business plan.
53	NEL Spells (Percentage variance to internal plan)	Percentage variance (and volume variance in brackets) of the actual number of non-elective spells versus the trust's internal business plan.
54	EL spells (Percentage variance to internal plan)	Percentage variance (and volume variance in brackets) of the actual number of elective spells versus the trust's internal business plan.
55	DC Spells (Percentage variance to internal Plan)	Percentage variance (and volume variance in brackets) of the actual number of daycase spells versus the trust's internal business plan.
56	OP New Atts (Percentage variance to internal plan)	Percentage variance (and volume variance in brackets) of the actual number of outpatient attendances versus the trust's internal business plan.
57	Percentage of occupied beds (General & Acute)	Percentage of general and acute beds occupied at the overnight snapshot.
58	Percentage of occupied Adult Critical Care beds	Percentage of adult critical care beds occupied at the overnight snapshot.
59	Percentage of occupied paediatrics/neonatal beds	Percentage of paediatrics and neonatal beds occupied at the overnight snapshot.
60	Percentage of occupied Acute Medicine beds	Percentage of acute medicine beds occupied at the overnight snapshot.
61	Average Admission Length of Stay - Non-Electives	Average length of stay (in days) for patients admitted as a non-elective.
62	Number of GP OP Referrals	Number of GP referrals to outpatient services.
63	Number of two-week wait GP Referrals	Number of urgent GP referrals for suspected cancer.
64	Outpatient New to Follow-up Ratio (all)	Ratio of outpatient attendances in a period, which are either new or follow-up.
70	Number of NEL Beddays above HRG Trimpoint (excess beddays)	The number of days beyond the expected length of stay, given the diagnoses/procedures undertaken as part of the non-elective stay.
71	Number of Patients triggering excess beddays	The number of patients whose stay exceeded the expected length of stay, given the diagnoses/procedures undertaken as part of their stay (as indicated by the HRG).
65	Delayed Transfers of Care (DToC)	Percentage of hospital beds occupied by a DToC patients (those whose discharge has been delayed, despite being medically ready).
66	Medically Fit For Discharge (MFFD) - number of occupied bed days	The number of occupied beddays used by patients whose discharge has been delayed, despite being medically ready for discharge.
Patient Experience		
67	Number of Single Sex accommodation breaches	Number of breaches of the patient dignity standard that men and women do not have to sleep in the same room or bay or share toilet and washing facilities and should not have to pass through areas used by the opposite sex to reach their own facilities.
68	Number of complaints where clinical care is cited as a factor	Number of complaints where clinical care is cited as a factor. Clinical care defined as anything which relates to the clinical experience of the patient.
69	Patient Satisfaction (friends and family) - In-patients - percentage who would recommend	Percentage of inpatients who responded to the Friends and Family satisfaction questionnaire, who indicated that they would recommend the NHS service they have received, to friends and family who need similar treatment or care, as a proportion of all inpatient responses.
70	Patient Satisfaction (friends and family) - In-patients - percentage who would NOT recommend	Percentage of inpatients who responded to the Friends and Family satisfaction questionnaire, who indicated that they would not recommend the NHS service they have received, to friends and family who need similar treatment or care, as a proportion of all inpatient responses.
71	Patient Satisfaction (friends and family) - A&E - percentage who would recommend	Percentage of A&E patients who responded to the Friends and Family satisfaction questionnaire, who indicated that they would recommend the NHS service they have received, to friends and family who need similar treatment or care, as a proportion of all A&E patient responses.
72	Patient Satisfaction (friends and family) - A&E - percentage who would NOT recommend	Percentage of A&E patients who responded to the Friends and Family satisfaction questionnaire, who indicated that they would not recommend the NHS service they have received, to friends and family who need similar treatment or care, as a proportion of all A&E patient responses.
73	Patient Satisfaction (friends and family) - Maternity - percentage who would recommend	Percentage of maternity patients who responded to the Friends and Family satisfaction questionnaire, who indicated that they would recommend the NHS service they have received, to friends and family who need similar treatment or care, as a proportion of all maternity patient responses.
74	Patient Satisfaction (friends and family) - Maternity- percentage who would NOT recommend	Percentage of maternity patients who responded to the Friends and Family satisfaction questionnaire, who indicated that they would not recommend the NHS service they have received, to friends and family who need similar treatment or care, as a proportion of all maternity patient responses.
75	Patient Satisfaction (friends and family) - response rate - In-patients	Percentage of inpatients who responded to the Friends and Family satisfaction questionnaire, as a proportion of all eligible inpatients.
76	Patient Satisfaction (friends and family) - response rate - A&E	Percentage of A&E patients who responded to the Friends and Family satisfaction questionnaire, as a proportion of all eligible A&E patients.
77	Patient Satisfaction (friends and family) - response rate - Maternity	Percentage of maternity patients who responded to the Friends and Family satisfaction questionnaire, as a proportion of all eligible maternity patients.
Workforce - Training & Safety		
78	Overall safe staffing fill rate	Percentage of registered nurse and unregistered nurse (care staff) hours (day and night) were provided during the period, as a proportion of the number of hours that were planned.
79	Percentage Nurse Registered Nurses	Percentage of nurses which are registered.

80	Percentage of Staff Appraised	Percentage of non medical staff who have received an appraisal within the last twelve months.
81	Percentage Vacancy rate	Percentage of the trust's total establishment (all jobs in the structure), which remain unfilled by substantive staff in post.
Workforce		
82	Temporary costs and over time as Percentage of paybill	Percentage of trust paybill which are overtime pay and temporary costs e.g. agency and bank (not doctors, nurses and therapists).
83	Sickness/Absence Rate	Percentage of whole time equivalent (WTE) days lost to sickness as a percentage of WTE days available to work over the last twelve months.
84	Proportion temporary staff - clinical and non-clinical	Percentage of trust staff who are non-clinical, as a proportion of all trust staff.
85	Staff Turnover	Percentage of trust staff which have left the trust within the past 12 months.