5HSRUW WR	7UXVW %3RXEOLF	$JHQGD LWHP	6)7
'DWH RI 0HHWLQJ	$XJXVW QG		

5HSRUW 7LWOH	7UXVW &RUSRUDWH 6WUDWHJ\ 3URJUHVV 8SGD...
6WDWXV	,QIRUPD' 'LVFXV\ $VVXUDQ $SSURYDO

5HFRPPHQGDWLRQ

7RUHYLHZ DQG FRPPHQW RQ WKH UHSRUW VHWWLQJ RXW GHOL... LQGLFDWRUV

([HFXWLYH 6XPPDU

7KHDWWDFKHG UHSRUW VHWV RXW

1. 7KHNH\ KHDGOLQH VWUDWHJ\ LQGLFDWRUV GHVFULEH... VWUDWHJ\ DQG ZKLFK IRUP WKH EDVLV IR3UW%KH7UXV... QRWH GXH WR D WLPLQJ LVVXH VRPH RI WKH FDUH L... DYDLODEO\$XXQWHOZLOO HQGHDYRXU WR WDEOH DQ X... PHHWLQJ

 $UHSRUW VKRZLQJ KLJK OHYHO SURJUHVV IRU HDFK... WKH 7UXVW F...RSRUDWH DV D VWUDWHJ\ ZLOO...RQ SXUSRGDWN... ZKLFK KDV EHHQ UHHQHFURQVHG ZLWK WKH %RDUG $VVXUDQ...

Strategy Indicator report - up to June 2018

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	2017-18					
	Baseline	YTD	Q1	Q2	Q3	Q4
Average length of stay - Elective	2.72	3.06	3.06			
Average length of stay - Non-elective (Medicine)	9.55	8.26	8.26			
Income & Expenditure - Revised deficit	-11.0	-9.0	-3.1	-2.1	-1.9	-1.9
Cost Improvement Programme	£5.9m (69%)	£1.5m (83%)	£1.5m (83%)			

	2017-18					
	Baseline	YTD	Q1	Q2	Q3	Q4
Total patients discharged from AMU within 24 hours	50% (target)	30%	30%			
Total patients discharged from AMU within 48 hours	65% (target)	42%	42%			
Percentage of discharges to patient's place of residence	95.2%	94.1%	94.1%			
RTT - Total patient tracking list	17039	17846	17846			
RTT - Total patients seen within 18 weeks	15713	16472	16472			
RTT compliance - delivery of 92% Incomplete pathways	92.2%	92.3%	92.3%			

Metric Name	2017-18			2018 Specialist		
	Baseline	YTD	Q1	Q2	Q3	Q4
Average days to admission to Spinal Unit from referring hospital	19	18	18			
Total Spinal patients waiting for return appointments (target 25)	100	0	0			
Average length of stay in Spinal Unit	77.0	51.2	51.2			
RTT compliance - delivery of 92% incomplete pathways	92.2%	92.1%	92.1%			
Stroke Door to Needle time (mins)*	71.0	78.5	78.5			

	2017-18					
	Baseline	YTD	Q1	Q2	Q3	Q4
Total number of NIHR research study participants recruited	60	123	123			
Complexity weighted recruitment	304	835.5	835.5			
15% of workforce trained (638 staff)						
25 QI coaches and 9 trainers recruited and trained						
Number of QI projects completed						

Metric Name	2017-18			2018-19		
	Baseline	YTD	Q1	Q2	Q3	Q4
Small for gestational age (SGA) babies identified	48.10%	50.80%	50.80%			
Total fractures resulting in fracture or major harm - reduce by 10%	17	2	2			
MRSA - total reported cases	0	1	1			
Clostridium Difficile - total reported cases	8	0	0			
E-coli bacteraemia - total reported cases	19	2	2			
Reductions in antimicrobial per 1000 admissions						
Monitoring of antimicrobial prescriptions <72 hours with feedback and education to clinical teams	97.0%					
Percentage of patients on personalised care plan						
Palliative care patients seen by palliative care or end of life nurses						
Screening of patients for sepsis admitted via emergency routes	93.5%					
Total Serious incidents	25	5	5			

Caring

Metric Name	2017-18			2018-19		
	Baseline	YTD	Q1	Q2	Q3	Q4
Staff turnover	9.6%	9.7%	9.7%			
Staff absence	3.6%	3.1%	3.1%			
In month vacancy	7.4%	7.8%	7.8%			
Appraisal rate	82.7%	78.7%	78.7%			
Mandatory training rate	86%	85.5%	85.5%			

People

Area	Objective	Domain	Detail	Lead	Update Q1	Update Q2	Update Q3	Update Q4
Local	Frail Elderly	Acute Frailty Unit	Implement MSAM score on AMU	AH	Working hard to push and pull pts across appropriate pathways and MSAM work will commence over the coming weeks. Geriatricians are attending and this will strengthen with fourth consultant starting in October.			
Local	Frail Elderly	Acute Frailty Unit	Attend post-take ward rounds	AH				
Local	Frail Elderly	Staffing	Business case(s) approved	AH	Geriatrician starts in October			
Local	Frail Elderly	Staffing	Recruit x2 elderly medicine consultants	AH	As a result of the OPAL and ESD business case approval recruitment is under way. Improvements will be made when apptd.			
Local	Frail Elderly	Documentation	Use of SAM score on ED	AH	Work needed in ED to improve this. Not worked as well as first anticpated, needs more development and engagement across ED, AMU and AFU.			
Local	Frail Elderly	Data systems	CDC forms on Lorenzo	AH	Can be on Lorenzo but needs developing based on areas that require this.			
Local	Frail Elderly	Data systems	CGA proforma available to wider staff	AH	Not being widely used. OPAL looking at opportunities to develop.			
Local	Frail Elderly	Data systems	ED checklist in place	AH	Complete			
Local	Emergency Care	Four hour safety board round	Implement 4 hourly board rounds between 08.00-23.59	AH	In place.			
Local	Emergency Care	Four hour safety board round	Introduce electronic recording of SAM scoring	AH	Electronic recording of the SAM score can happen but doesn't. Can be added to whiteboard but system is not user friendly. A user friendly way needs to be devised.			
Local	Emergency Care	ED navigator post	Business case approved	AH	Business case approved - has been appointed to and anticipate it to be back up and running by the Autumn.			
Local	Emergency Care	ED navigator post	Robust data sources for reporting developed	AH	Robust data sources for reporting developed - Discussions continuing regarding infrastructure work. Improvement of out of hours and navigating space - discussions underway.			
Local	Emergency Care	Review pathways from ED to specialties	ED / rheumatology pathway set up	AH	ED / rheumatology pathway set up - up and running. Have real time evidence of this pathway working for patients which ensured they avoided being in ED for a length of time - out in under 4 hours.			
Local	Emergency Care	Review pathways from ED to specialties	Gynae pathways identified	AH	Gynae pathways identified - pathway requires further development.			
Local	Emergency Care	Development of short stay surgical unit	Direct streaming from ED for surgical pathways	AH	Surgery signed up, audit required to evaluate.			
Local	Emergency Care	Implement SAM scoring in ED and AMU	SAM score identified in ED and AMU	AH	This is occuring but work is needed to improve. Can be added to e-whiteboards but uses system outside EPR which is not user friendly or efficient.			
Local	Emergency Care	Implement SAM scoring in ED and AMU	Electronic recording of SAM score	AH	Able to be done but not a user friendly system.			
Local	Delayed Discharges	Clinical pathways	All clinical pathways in place and reviewed	AH	Pathways reviewed, but fundamental issue around capacity			
Local	Delayed Discharges	Clinical pathways	Outcome measures in place	AH	Signed off by EDLDB on 19/7/18			
Local	Delayed Discharges	Capacity	Ensure additional 9 beds through the BCF are maximised	AH	Beds are being fully utilised			
Specialist	Spinal Unit	Leadership	Appoint new clinical leader	CB	Complete			
Specialist	Spinal Unit	Leadership	Review roles and responsibilities of senior clinical and admin staff	CB	Undertaken			
Specialist	Spinal Unit	Workforce	Further develop the general medical skills of senior medical staff	CB	Ongoing			
Specialist	Spinal Unit	WorkforceWor Tc -n sr(e)13.n s5.36scn/TT0 1 T06 Tw 6.12 0 .039 Td(F)12.5201 Tm(S)1237ee(p t)6(he)12(g)4(e)12(ne)12(ra)12(le)12(l)-2(oP kp-2(s)-2(o)2(r fs)-8(c)-4(aBT/P)-4(a)12(ludl)-2(y)6(u)12(ra)12(lu)-1(e)12()-2(o)2(r m-2(bi))-4(ari)-2(p)TJ2(9)1(be)12(ds)3(t)6(ha(e)12(ni-2(					

Area

Area	Objective	Domain	Detail	Lead	Update Q1	Update Q2	Update Q3	Update Q4	
Caring	CQC	Post Inspection	Post inspection review of report with each core service	LW	To follow				
Caring	CQC	Post Inspection	Agreed improvement plan	LW	To follow				
Caring	Safety	Reduced patient harm	Implementation of the GAP/GROW programme	LW	Done - monitoring outcomse				
Caring	Safety	Reduced patient harm	Involvement in national maternity collaborative	LW	Start Jan 19				
Caring	Safety	Reduced patient harm	Implementation of falls reduction strategy	LW	Underway - with early promise in terms of outcome				
Caring	Safety	Reduced patient harm	Improving compliance with sepsis 6 interventions	LW	Underway -				
Caring	Safety	Reduced patient harm	Human factors training across theatres	LW	Programme with Oxford completed				
Caring	Safety	Reduced patient harm	3 year report on sign up to safety improvements / reductions in harm being written in summer '18	LW	Work underway	To be completed			
Caring	Infection	Low levels of HAIs	Implementation of the IPC work plan	LW	See infection control report				
Caring	Infection	Low levels of HAIs	Involvement in system wide work on gram negative reductions	LW	CCG leading this work as community based. SFT contributing to pathway in secondary care.				
Caring	Infection	Low levels of HAIs	Reporting gram negative sepsis via PHE	LW	One of best performers nationally on reducting of gram -ve (e-coli)				
Caring	Infection	Anti-microbial stewardship	Programme of review of all antimicrobial policies	LW	Continuous - reviewing to comply with CQUIN guidance				
Caring									

Area	Objective	Domain	Detail	Lead	Update Q1	Update Q2	Update Q3	Update Q4	
Resources	Digital Strategy	Strategy Development	First draft developed with wide engagement	LA	First draft received				
Resources	Digital Strategy	Strategy Development	Consultation on draft with subsequent amendments	LA	Over next couple of months				
Resources	Digital Strategy	Strategy Development	Final version to Board with indicative 5 year financial plan. Workplan for the department	LA	To follow				
Resources	Digital Strategy	Governance	Programme Board established with clinical engagement	LA	To follow				
Resources	Digital Strategy	Governance	Clinical Reference Group in place	LA	Requires clinical information officer to be in place				
Resources	Digital Strategy	Governance	Programme of business cases established	LA	To be developed as part of the digital strategy implementation				
Resources	Digital Strategy	EPR Development	Nursing documentation	LA	Will be developing business case to look at options for electronic recording				
Resources	Digital Strategy	EPR Development	Electronic correspondence	LA	System suppliers have not produced a system to enable information to be transferred directly to GP systems. Risk highlighted to commissioners				
Resources	Digital Strategy	EPR Development	Windip replacement	LA	Due to be rolled out in Q3				
Resources	Digital Strategy	EPR Development	POET rollout, incl scanning	LA	New devices with scanning facility launched in July - positive development. NEWS2 being programmed and will be live in Q2				
Resources	Digital Strategy	Infrastructure	Infrastructure refresh	LA	Underway, slightly behind plan (amber). Will complete early Q3				
Resources	Digital Strategy	Infrastructure	Dashboards	LA	Rollout begins inQ2				
Resources	Digital Strategy	Infrastructure	Website	LA	Not progressed - need to review priority in light of digital strategy				
Resources	Digital Strategy	Infrastructure	NHSMail	LA	Starts in November, complete early in Q4				
Resources	Digital Strategy	Infrastructure	HSCN	LA	Contract awarded - good progress across a STP wide initiative				
Resources	Digital Strategy	Infrastructure							