EXECUTIVE SUMMARY

REPORT TO THE TRUST BOARD

Subject:	Integrated Performance Report
Supporting Directors:	Kirsten Major, Director of Strategy & Operations; Neil Priestley, Director of Finance; Hilary Chapman, Chief Nurse; Mark Gwilliam, Director of Human Resources & OD; David Throssell, Medical Director.
Author(s):	Paul Buckley, Deputy Director of Strategy & Planning; Balbir Bhogal, Director of Information and Performance; Annette Peck, Head of Information.
Status (see footnote):	A

PURPOSE OF THE REPORT

To provide the Board with a detailed assessment of the performance against the agreed indicators and describe the specific actions that are under way to deliver the required standards.

RECOMMENDATIONS

The Board is asked to:

a) Receive the Integrated Performance Report for September performance
b) Be assured that where performance standards are not currently met, detailed analysis and actions are in place to ensure an improvement is made.

IMPLICATIONS

	STH Strategic Aims	Tick as appropriate
1	Deliver the best clinical outcomes	✓
2	Provide patient centred services	✓
3	Employ caring and cared for staff	✓
4	Spend public money wisely	✓
5	Deliver excellent research, education & innovation	✓

APPROVAL PROCESS

Meeting	Trust Executive Group	Finance, Performance & Workforce Committee	Board of Directors
Approved Y/N	Y	Y	
Date	9 November 2015	9 November 2015	18 November 2015

A = Approval; A* = Approval & Requiring Board Approval; D = Debate; N = Note.

Sheffield Teaching Hospitals NHS
NHS Foundation Trust





INTEGRATED **PERFORMANCE** REPORT


BOARD OF DIRECTORS
18 NOVEMBER 2015

Contents

Executive Summary

Deliver The Best Clinical Outcomes

- There have been 0 cases of Trust assigned MRSA bacteraemia recorded for the month of September. The year to date total remains nil.
- There were 5 Trust attributable cases of MSSA bacteraemia recorded in September; this is worse than the monthly trajectory that the Trust has set itself. The year to date performance is 27 cases of MSSA against an internal threshold of 21 cases. Further information is available in the exception report section.
- The Trust recorded 4 cases of C.diff for September. This is better than the monthly target of 7.25 cases. The year to date performance is 27 cases of C.diff against an internal threshold of 39 cases and a Monitor threshold of 44. This is the lowest number of cases that the Trust has ever recorded after 6 months.
- Safer staffing – overall, the actual fill rate for day shifts for Registered Nurses was 90.8% and for other care staff against the planned levels was 99.3%. At night these fill rates were 89.5% for registered nurses and 108.6% for other care staff. On a number of individual wards the fill rate fell below 85% and the reasons for this are outlined in a paper discussed at the Healthcare Governance Committee. The main reasons for this continue to be vacant posts and sickness and parenting leave above the planned level. The fill rates for Registered Nurses at night in particular continue to be carefully monitored. The Trust, in partnership with NHS Professionals, is returning to Spain during October to try to recruit more nurses.
- Work is ongoing across the Trust in preparation for the onsite inspection by the CQC which will commence on the 7 December. Separate to this inspection, a CQC Safeguarding and Looked after Children Review had been undertaken across the Sheffield Health and Social Care community week commencing 26 October 2015.
- The Trust was notified of concerns reported to CQC regarding staffing and patient flow in the Accident and Emergency department. This is being investigated and a response will be produced.
- Four new SUIs had been reported during the period 16 September to 15 October 2015. Seven are currently being investigated and no incidents were closed.
- The Yorkshire and Humber Emergency Preparedness, Resilience and Response Assurance 2015/16 report showed that following a Self-Assessment against 55 Core Standards, the Trust was fully compliant with 47. Where the Trust had been assessed as amber, an improvement plan had been completed to demonstrate that the plans and work programme were in place to appropriate address all the Core Standards. There were no standards assessed as red.
- Orthopaedic Pressure Ulcers – a report from the National Hip Fracture Database (NHFD) on pressure ulcers in hip fracture patients highlighted that 5.5% of patients admitted to STHFT following a hip fracture between January and December 2014 acquired a pressure ulcer. In 2013 this was 10%. Data from January to August 2015 shows the current rate as 2.8%. The reduction in pressure ulcer incidence had resulted from a number of initiatives which were outlined in the report. Further work was planned to continue to reduce pressure ulcer harm to hip fracture patients

Employ Caring & Cared For Staff

- Sickness absence in September 2015 was 4.51% against a target of 4%. The year to date figure as at end of September was 4.32% compared with 4.03% for the same period the preceding year. An update to the action plan has been recently shared with TEG. All directorates which are above the Trust target of 4% have developed their own action plans which are continuously reviewed, a review of long term and intermittent sickness absences have been undertaken to determine whether the Trust's attendance policy is being adhered to. A report regarding the introduction of psychological support to staff through the Trust's own Department of Psychological Services has been received by TEG. Key attention is being placed on those members of staff on long term sickness in addition to sickness now being included in the CE summits being held in relation to appraisal rates and mandatory training. The new Business Partners will be supporting this process. Discussions are taking place across the Working Together programme to explore what opportunities an absence management system could provide.
- The number of appraisals which have been carried out in the preceding 12 month period remains fairly static with the rate at the end of September 2015 standing at 86.2%. The Trust has therefore reached the target for quarter 1 but has failed to reach the quarter 2 target of 90%. Focus is therefore on achieving the target by November 2015.
- There continues to be steady progress in compliance levels for mandatory training with the figure of 81% as at the end of September 2015 which means that the quarter 2 target of 90% has not been met. Focus is therefore on achieving the target by November 2015. Monthly summits chaired by the Chief Executive continue to take place with regard to both appraisals and mandatory training. Notifications to line managers and individual members of staff flagging expiry dates will commence this month.
- Bank and agency controls have been put in place with standard operating procedures developed and all agency workers assignments being reviewed.
- Flu - the Trust is currently offering flu vaccinations to all front line staff. The uptake as at the end of October was 32% compared with an uptake of 40% at the same period last year.

Executive Summary

Spend Public Money Wisely

- The Month 6 position shows a £4,457.5k (1.0%) deficit against plan. This represents a deterioration of just £59.1k on the month 5 position.
- There is a significant year to-date activity under-performance of £7.7m, which is a deterioration of £2.5m in September. The under-performance is largely in respect of elective activity, out-patients, critical care and a larger than expected deduction for emergency readmissions within 30 days. Some income is missing from this position due to data issues following the implementation of the new Lorenzo PAS towards the end of September.
- There was a pay overspend of £2.0m (0.7%) in the first 6 months of the year, largely due to medical staffing pressures (£3.5m overspend). The position has stabilised in recent months and there is a particular focus on reducing bank and agency staffing costs.
- There was a £2.6m under delivery against efficiency plans at Month 6.
- Overall, Clinical Directorates reported positions over £10m worse than their plans.
- With regard to Patient Service contracts, the CCG and NHS England contracts are signed but the contract with Sheffield City Council is not agreed given that the council has now requested further savings from the Sexual Health Service. Discussions are on-going.
- The key risks for the year remain contract challenges, performance penalties, delivery of the Local Quality Incentive Schemes, delivery of activity/efficiency/financial plans, service/cost pressures and consequences of the T3 Electronic Patient Record project.
- There are no issues of concern at this stage in respect of the working capital position, balance sheet or capital programme. However, there are concerns over the growing level of overdue debts in respect of a number of local Foundation Trusts where there are financial difficulties. The Trust continues to seek payment plans and has now raised the issue with Monitor, given that the FTs are seeking funding support.
- The position at the end of Month 6 remains a concern, although a relatively positive. Action is still required to improve the delivery of activity, efficiency and financial plans and to mitigate risks and maximise contingencies. Quickly resolving data issues following the Lorenzo implementation is critical.

Provide Patient Centred Services

- Complaints – 95.4% of complaints were responded to within 25 working days. This is the third consecutive month where the trust has achieved the response time target, which has resulted in achieving the target for the quarter (July 2015 to September 2015) with 92%.
- FFT response rates inpatient – the response rate in September was 34% which is above the internal target of 30%.
- FFT response rates A&E– the response rate in September was 21% which is above the internal target of 20%.
- The Trust transferred from Patient Centre to Lorenzo on 27th September. The performance information generated for this paper is from a combination of both systems and is taken from a contract monitoring report run on 20th October.
- There are a number of outstanding issues relating to the move over to Lorenzo that are still being worked thorough. Whilst the report the reflects the activity captured on Trust systems, data are being back loaded and therefore in some cases the data represented may not be the complete data set
- New outpatient activity was 2.1% below target in September and is 2.2% below target for the year to date.
- Follow up activity was 8.6% below target in September and is 3.7% below for the year to date
- The level of elective inpatient activity was 8.1% below target in September and is 2.2% below for the year to date.
- Non elective activity was 0.2% below target in September and is 0.5% above for the year to date.
- Accident and Emergency activity was 0.5% below target in September and is 0.3% above for the year to date.
- The data on patients whose discharge from hospital was delayed for non-clinical reasons is currently unavailable. It is anticipated that this report will be generated from Lorenzo in the near future.
- The number of patients on incomplete pathways fell from 44,593 at the end of August to 43,807 at the end of September. 93.4% of these had a waiting time of less than 18 weeks.
- In September 94.47% of A&E attendances were seen within 4 hours and the performance for quarter 2 is 94.43%.
- The percentage of referrals received through the e-Referrals service was 25.2% in September compared to 25.1% in August and 24.9% in July. The new referral process for the MSK service went live at the beginning of September and all referrals to this service have to be made through Choose & Book.
- For quarter 2 all the cancer targets were met apart from the 62 day referral to treatment target which was 81.0% against the target of 85%. Following

Deliver Excellent Research, Education & Innovation

- The position is the same as was reported last month as it is only updated on a quarterly basis. Work is underway with the Research Department to develop monthly indicators.

Trust Performance Overview

Indicator	Measure	Standard	Target Type	Current Data Month	Month Actual	YTD	Trend	Data Quality
CQC Compliance	Number of high risk indicators	Actual (increase or decrease)	National	August				
CQC Compliance	Priority banding for inspection	Category 5 or 6 by CQC	National	August				
Monitor Compliance	Continuity of Services Risk Rating	Category 3 or 4	National	Q1 15/16				
Monitor Governance Rating	Compliance with Monitor defined targets	Green/Amber or better	National	Q1 15/16				
Deliver The Best Clinical Outcomes								
Hospital Mortality	HSMR	As expected or lower	Local	Aug 14-July 15				
Hospital Mortality	SHMI	As expected or lower	Local	Jan14 - Dec14				
MRSA bacteraemia	Actual numbers	Zero cases	Local	September				
MSSA bacteraemia	Actual numbers	Max 3.5 case a month	Local	September				
C Diff	Actual numbers	7.25 cases or less per month	National	September				
Serious Untoward Incidents	Number of serious untoward incidents (SUI)	Number	Local	September	2	18		
Serious Untoward Incidents	Approved SUI Report submitted within timescales	No overdue reports	Local	September				
Incidents	Increase in incident reporting levels	Monthly increases in reporting	Local	September				
Incidents	Incidents not approved after 35 days	Zero	Local	September				
Average Length of Stay (by discharges)	Average LOS Elective	4.09 days (Dr Foster)	Local	Aug 14 to Jul 15				
	Average LOS Non Elective	5.32 days (Dr Foster)	Local	Aug 14 to Jul 15				
Staff Friends & Family	Recommend as a place to be treated	National Average	Local	Q1 15/16				
Patient Falls	Number of patient falls	331 (5% reduction from 14/15)	Local	September				
Never Events	Number of never events	Zero	National	September				
Employ Caring & Cared for Staff								
Sickness Absence	All days lost as a percentage of those available	4.00%	Local	September				
Appraisals	Completed appraisals in last year	90%	Local	September				
Mandatory Training	Overall percentage of completed mandatory training	90%	Local	September				
Safer Staffing	Percentage of planned shifts worked by Registered Nurses/midwives during the day	85% of planned hours or greater worked	Local	September				
	Percentage of planned shifts worked by Registered Nurses/midwives during the night	85% of planned hours or greater worked	Local	September				
	Percentage of planned shifts worked by Clinical Support Workers during the day	85% of planned hours or greater worked	Local	September				
	Percentage of planned shifts worked by Clinical Support Workers during the night	85% of planned hours or greater worked	Local	September				
Staff Friends & Family	Recommend as a place to work	National Average	Local	Q1 15/16				
Agency spend	Agency and bank spend as a percentage of total pay budget	8%	Local	September				
Spend Public Money Wisely								
I & E	Variance from plan	On plan	Local	September				
Contract performance	Variance from plan	On plan	Local	September				
Efficiency	Variance from plan	On plan	Local	September				
Cash	Actual	Above profile	Local	September				
Capital expenditure	Variance from plan	On plan	Local	Q2 15/16				

Trust Performance Overview

Indicator	Measure	Standard	Target Type	Current Data Month	Month Actual	YTD	Trend	Data Quality
Provide Patient Centred Services								
A&E 4-hour wait	Patients seen within 4 hours	95%	National	September				
>12 hr Trolley waits in A&E	No. of patients waiting > 12 hours	Zero	National	September				
Ambulance turnaround	Time taken for ambulance handover of patient	100% within 15 minutes	National	August				
Ambulance turnaround	Time taken for ambulance handover of patient	0% in excess of 30 minutes	National	August				
18 week waits referral to treatment time	Percentage of admitted patients treated within 18 weeks	90%	National	September				
	Percentage of non-admitted patients treated within 18 weeks	95%	National	September				
	Percentage of patients on incomplete pathways waiting less than 18 weeks	92%	National	September				
52 week waits	Actual numbers	Zero	National	September				
6 week diagnostic waiting	Percentage of patients seen within 6 weeks	99%	National	September				
Cancelled Operations	Number of operations cancelled on the day for non clinical reasons	75 per month	Local	September				
	Number of patients cancelled on the day and not readmitted within 28 days	Zero	Local	September				
Cancelled Outpatient appointments	Percentage of out-patient appointments cancelled by hospital	6.1% (Nat aver 13/14)	Local	September				
	Percentage of out-patient appointments cancelled by patient	6.0%(Nat aver 13/14)	Local	September				
DNA rate	Percentage of new out-patient appointments where patients DNA	7.0% (Nat aver 13/14)	Local	September				
	Percentage of follow-up out-patient appointments where patients DNA	7.0% (Nat aver 13/14)	Local	September				
Cancer Waits	Patient seen within 2 weeks	93%	National	Q3 to date				
	Breast symptomatic seen within 2 weeks	93%	National	Q3 to date				
	62 days from referral to treatment (GP referral)	85%	National	Q3 to date				
	31 day first treatment	96%	National	Q3 to date				
	31 day subsequent treatment (Surgery)	94%	National	Q3 to date				
	31 day subsequent treatment (Radiotherapy)	94%	National	Q3 to date				
	31 day subsequent treatment (Drugs)	98%	National	Q3 to date				
Choose & Book Utilisation	Percentage appointments booked through C&B	50%	Local	September				
Ethnic Origin data collection	% valid ethnic group	85%	National	September				
Elective Inpatient activity	Variance from contract schedules	On plan	Local	September				
Non elective inpatient activity	Variance from contract schedules	On plan	Local	September				
New outpatient attendances	Variance from contract schedules	On plan	Local	September				
Follow up op attendances	Variance from contract schedules	On plan	Local	September				
A&E attendances	Variance from contract schedules	On plan	Local	September				
Complaints	Percentage of complaints answered within 25 working days	85% answered within 25 days	Local	September				
FFT Response Rates	Increased response rates for inpatient areas	30%	National	September				
FFT Response Rates	Increased response rates for A&E	20%	National	September				
Community care –information completeness	RTT information completeness	50%	National	Q1 15/16				
	Referral information completeness	50%	National	Q1 15/16				
	Activity information completeness	50%	National	Q1 15/16				
Day surgery rates	BADS - day surgery rates	88%	Local	September				
Mixed Sex Accommodation	Number of breaches of Mixed Sex Accommodation standard	Zero	National	September				

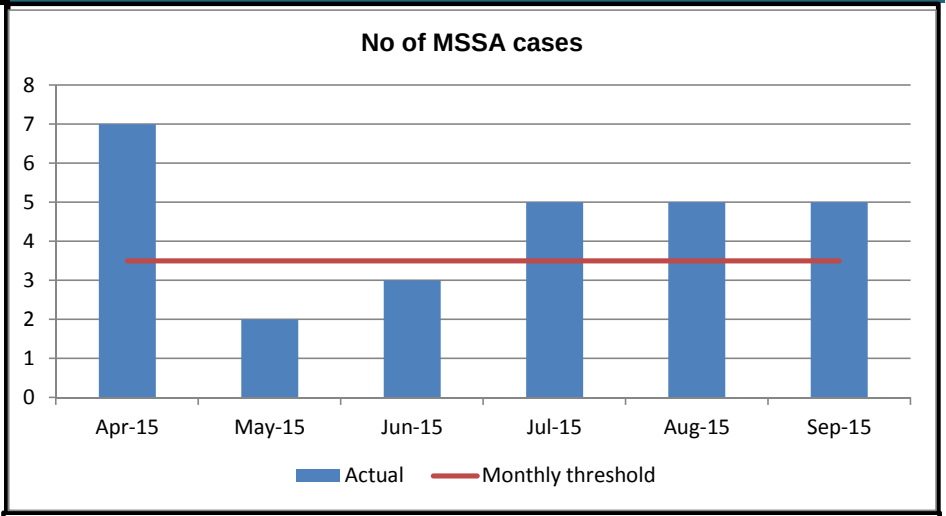
Trust Performance Overview

Indicator	Measure	Standard	Target Type	Current Data Month	Month Actual	YTD	Trend	Data Quality
Deliver Excellent Research, Education & Innovation								
Recruitment to trials	Total number of patient accruals to portfolio studies	7977	Regional -Y&H	Q1 15/16				
	70 Day Benchmark for recruitment of first patient to a clinical trial	80%	National	Q1 15/16				
Annually Reported Indicators								
Safety Thermometer	Harm free	95% harm free	National	2014				
Quality recommendation	% staff who would recommend STH to a friend / relative for treatment	67%	National	2014				
Work recommendation	% staff who would recommend STH as a place to work	61%	National	2014				
Staff Engagement	Staff engagement score	3.69 weighted	National	2014				

Trust Performance Report by Exception

Deliver The Best Clinical Outcomes

MSSA Bacteraemia - Actual numbers



Key Issues

During September 2015, the Trust did not meet its monthly target for MSSA, recording 5 cases against a target of 3.5. This is the same as the position in August.

Key Actions

This issue was discussed at the October meeting of the Infection Control Operational Group(ICOG). The cases for the year so far have been reviewed, there have been no clusters of cases identified in a clinical area or on a clinical pathway. The causes of the MSSA Bacteraemia are also varied including those related to chest infections, soft tissue infections as well as the traditional intravenous lines. ICOG will keep this under close review and monitor the patterns carefully

Timescale

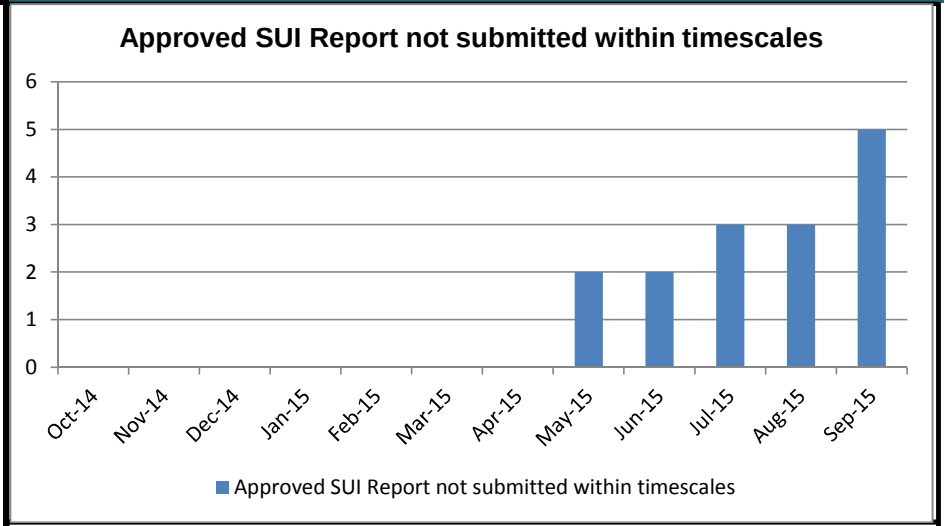
November

Lead

Hilary Chapman, Chief Nurse

Deliver The Best Clinical Outcomes

Serious Untoward Incidents - Approved SUI Report submitted within timescales



Key Issues

Five reports were identified as overdue at the end of September, two within Cardiac Services, two within MSK and one Respiratory Medicine

Key Actions

Support is being given to Cardiac Services by the Associate Medical Director. The incidents within MSK are being reinvestigated as the investigation reports were identified as being incomplete. The investigation within Respiratory Medicine was complex and involved other directorates; the report was completed and submitted in October

Timescale

It is expected that all the outstanding reports will be resolved by November

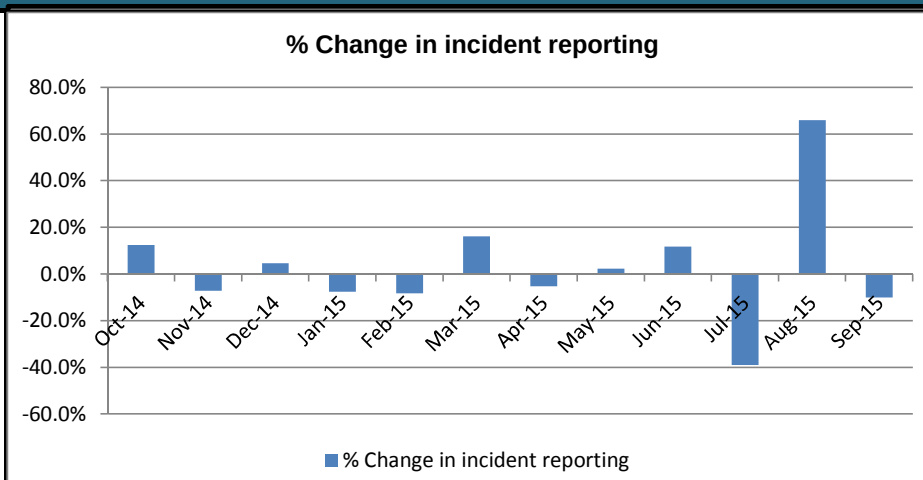
Lead

David Throssell, Medical Director

Trust Performance Report by Exception

Deliver The Best Clinical Outcomes

Increase in incident reporting levels



Key Issues

Incident reporting has levelled out over the last year following a significant increase throughout 2014.

Key Actions

All patient safety and health and safety training continues to promote incident reporting and positive risk management. A further Duty of Candour awareness week is planned for November and an accompanying leaflet also gives advice to staff about the importance of incident reporting.

Timescale

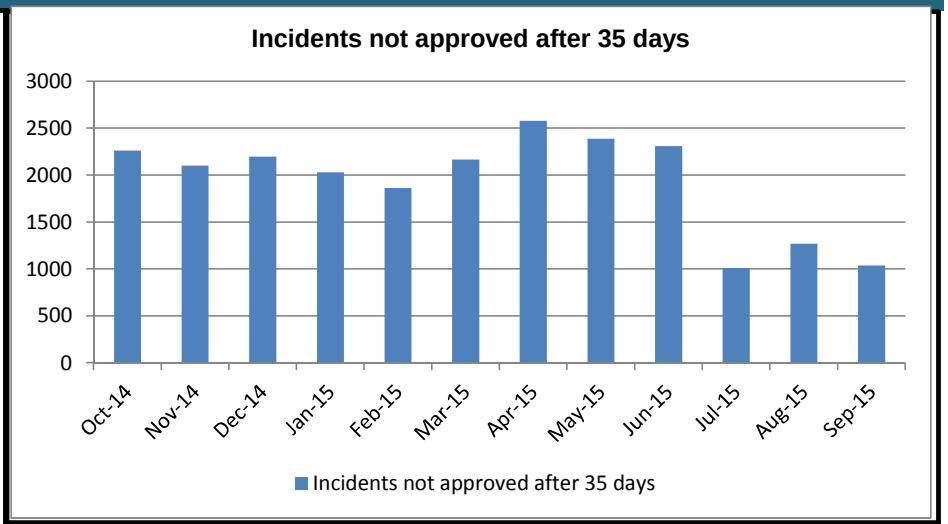
December

Lead

David Throssell, Medical Director

Deliver The Best Clinical Outcomes

Incidents - Incidents not approved after 35 days



Key Issues

Progress continues to be made by departments and directorates to reduce the numbers of incidents not approved within the 35 day target

Key Actions

Monthly monitoring of individual directorate and department positions is undertaken at Safety & Risk Management Board. Following the September meeting a summit took place with directorates to identify alternative ways of speeding up the process with many areas increasing the access of middle grade staff therefore increasing capacity

Timescale

December

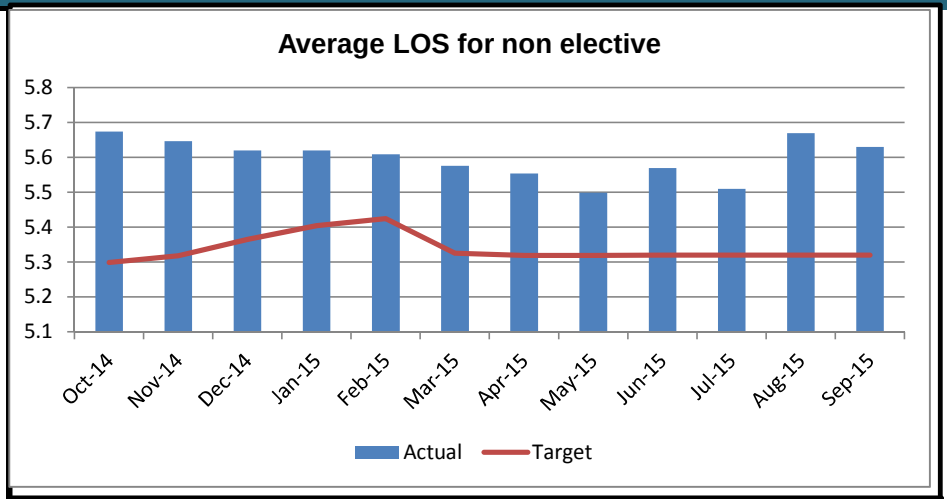
Lead

David Throssell, Medical Director

Trust Performance Report by Exception

Deliver The Best Clinical Outcomes

Average LOS Non Elective



Key Issues

The Dr. Foster based target for non elective LoS is 5.32 days and is based on the period June14 to May 2015. The Trust position continues to be worse than the Dr Foster benchmark. The annual benchmarking exercise by specialty was completed end of October and has been circulated to directorates.

Key Actions

Significant programmes of improvement are underway in priority non-elective areas with the greatest variance against Dr. Foster, including in Community and Acute Care Group, Emergency Care Group and Orthopaedics. A number of specific actions have been taken in M6 including, the implementation of the consultant of the day model in Gastroenterology and the decision to move forward with reconfigured assessment units, with the aim of developing the Medical Assessment Centre by 23rd November. This aims to prevent admissions, reduce crowding in A&E and increase ambulatory working. A series of principles have been agreed by the Emergency Care Pathway Review and agreed by CMB. At present around 15 wards are working on improving ward processes including Board Round development using these principles.

Timescale

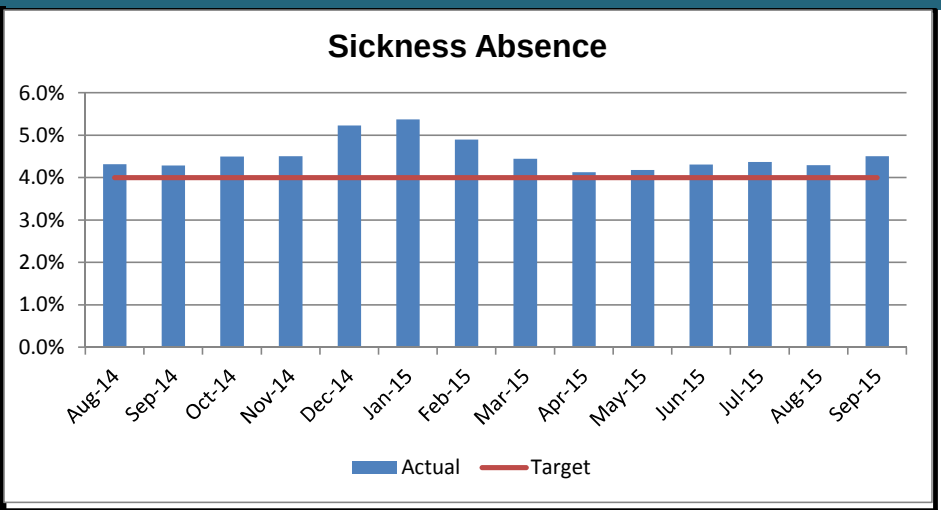
January

Lead

David Throssell, Medical Director

Employ Caring & Cared for Staff

Sickness Absence



Key Issues

The monthly sickness absence figure for September 2015 is 4.51% with a year to date figure also of 4.32%. Within this, the rate for long term sickness (over 28 days) is 2.75% and that for short term sickness is 1.57%. 20 directorates continue to be above the target of 4%. In 2014/15, to the end of September, the overall rate was 4.03%. In terms of staff numbers, at the end of September there were a total of 2642 cases of which 520 were long term.

Key Actions

An update to the action plan has been recently shared with TEG. All directorates which are above the Trust target of 4% have developed their own action plans which are continuously reviewed. A review of long term and intermittent sickness absences have been undertaken to determine whether the Trust's attendance policy is being adhered to. A report regarding the introduction of psychological support to staff through the Trust's own Department of Psychological Services has been received by TEG.

Timescale

November - to track progress on action plans

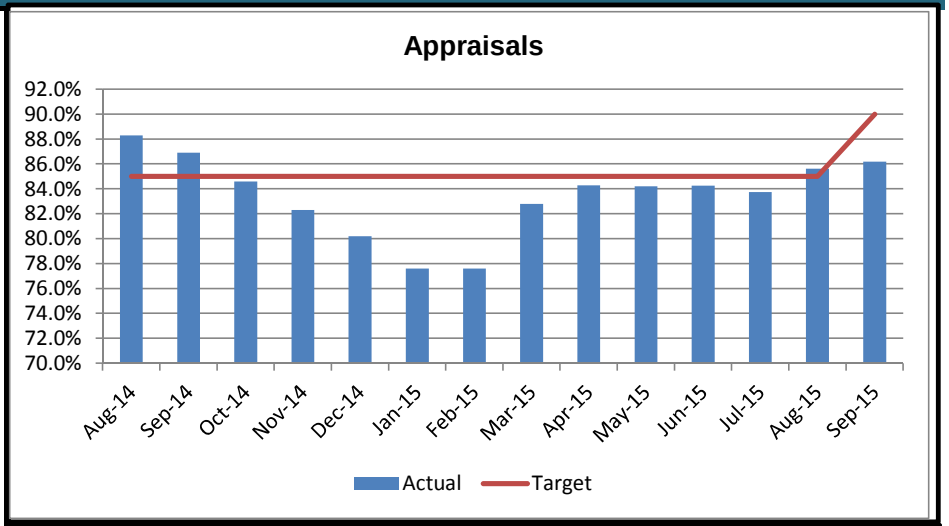
Lead

Mark Gwilliam, Director of Human Resources & OD

Trust Performance Report by Exception

Employ Caring & Cared for Staff

Appraisals - Completed appraisals in last year



Key Issues

The cumulative position for completed appraisals during the past twelve months at the end of September 2015 is 86.2%, which means the Trust has now achieved the Q1 target but has missed the Quarter 2 target of 90%; the focus is therefore to achieve the target by end November. The target was reset to 85% to be achieved by the end of quarter 1 2015/16, followed by 90% by the end of quarter 2 and thereafter on an ongoing basis with a stretch target of 95%.

Key Actions

Monthly summits continue to be held with members of the Operational Board and their representatives led the Chief Executive. As a number of directorates are struggling to achieve the target a targeted approach continues to be undertaken with those directorates to explore how they might improve compliance rates

Timescale

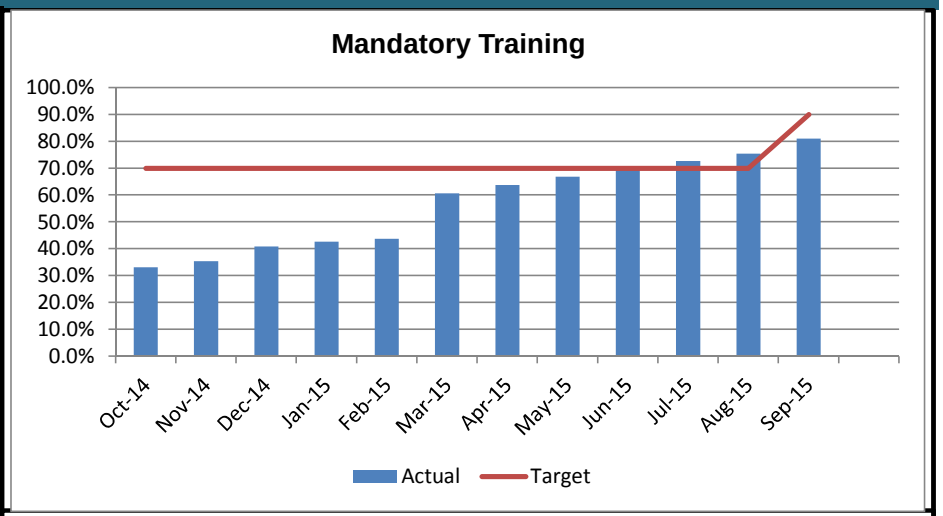
November

Lead

Mark Gwilliam, Director of Human Resources & OD

Employ Caring & Cared for Staff

Mandatory Training



Key Issues

There continues to be a steady increase in compliance with the rate at the end of September 2015 being 81%. Whilst the Trust met the quarter 1 target of 70% we have missed the quarter 2 target of 90%. Directorates are required to meet the target by the end of November which will be a challenge.

Key Actions

Monthly Chief Executive led summits continue to be held with members of the Operational Board and their representatives resulting in steady progress being made towards the target. Central mandatory training sessions have been arranged in order to make the training more readily available. In addition, topic rolling programmes are being trialled. Clinical areas continue to make use of their clinical educators in delivering this training locally. The deep dive topic covers this in more detail.

Timescale

November

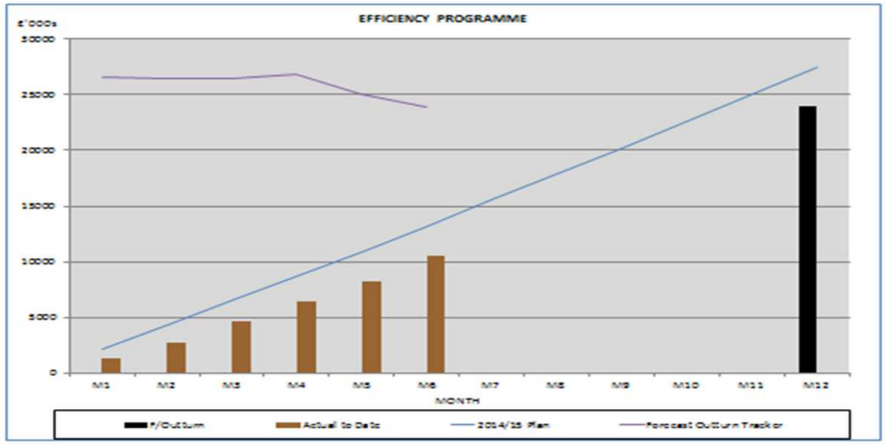
Lead

Mark Gwilliam, Director of Human Resources & OD

Trust Performance Report by Exception

Spend Public Money Wisely

Efficiency - Variance from plan



Key Issues

Directorates have underperformed significantly at M6, with a deficit position of £4.46m or 20% behind plan. This has improved from M5 which showed a 25% deficit against plan.

Key Actions

The fortnightly CEO PMO promotes a more joined up approach across clinical directorates and the four work streams. Service Improvement receive several requests a week for continuous improvement or project support to pieces of work which should hold opportunity for improved efficiency and quality. Collaboration with external partners continues to harness good ideas from external organisations. "Efficiency drop in sessions" were held to connect corporate and clinical directorates and share ideas for efficiency schemes. For 16/17 the information pack has been circulated and workshops are now running to help directorates plan for 16/17 and get schemes started in year, including on Cancellation and DNA rates, the Contact Centre and Realising Benefits from T3. Workshops on Increasing Ambulatory Working, Workforce and Improving Planning and Delivery are planned in the coming weeks. Cut 1 will be reviewed and a "stock-take" session with TEG, work stream leads and ODs in December to look at how we can collectively improve our planning and delivery on P&E.

Timescale

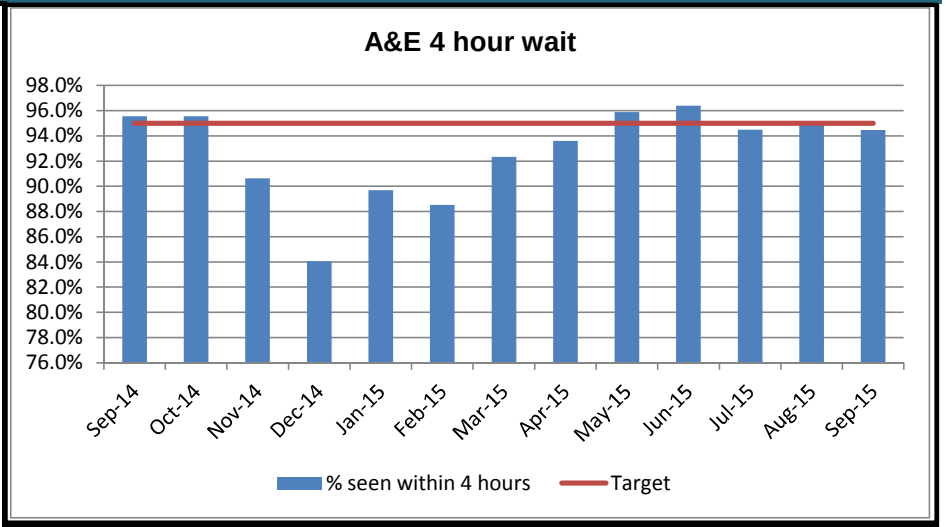
Ongoing

Lead

Neil Priestley, Director of Finance

Provide Patient Centred Services

A & E 4 hour wait - Patients seen within 4 hours



Key Issues

The September position reflects actual performance up to the 25 September and an estimate of performance for the last 5 days of the month. Lorenzo go live presented significant challenges and these have continued into the start of October.

Key Actions

Bronze Command has been established and is systematically logging and tackling issues across all elements of Lorenzo deployment, including reporting. Additional training is taking place and CSC are addressing some technical issues that are hindering real time data entry. A number of actions are being taken to improve processes in A&E, CDU and admitting wards.

Timescale

November

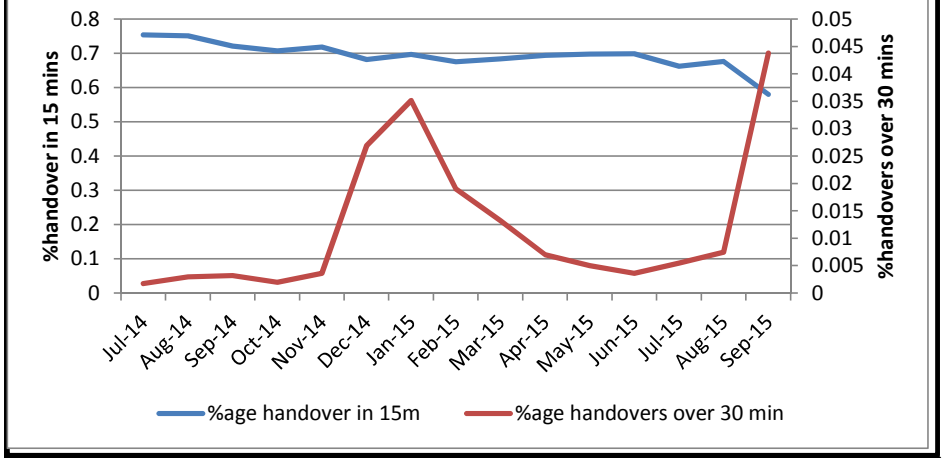
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

Ambulance Turnaround - Time taken for ambulance handover of patient - 15 minutes & 30 minutes



Key Issues

The percentage of 999 arrivals that are clinically handed over within 15 minutes of arriving in the Emergency Department has decreased this month to 53.67%. The number of clinical handovers which take more than 30 minutes has also increased from August which finished on 0.76% to September 4.38%. The delay in clinical handover times, in excess of 30 minutes can be linked to crowding and implementation of system changes in the Emergency Department and inability to create trolley space for new arrivals.

Key Actions

Continued audit and challenge of C3 data for all clinical handovers in excess of 30 minutes to ensure data is robust. Wider work on flow both within the Emergency Department and on the admitting units will link into creating capacity for prompt handover at point of arrival. A re-focus on the clinical handover times, a review of lags in registering patients and monitoring from the Emergency Medicine Directorate group is ongoing together with regular attendance at YAS joint forum meetings.

Timescale

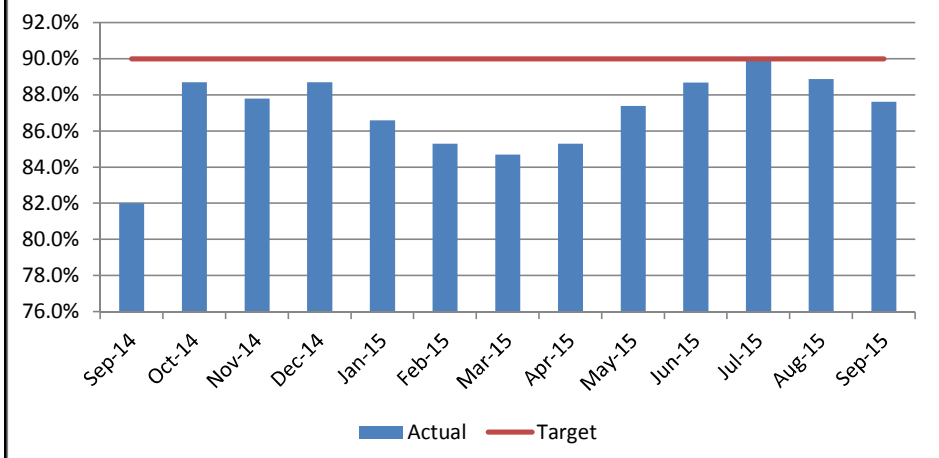
December

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

18 weeks RTT - Percentage of admitted pathways closed within 18 weeks



Key Issues

The target for admitted pathways was not met in September with 87.6% being closed within 18 weeks compared to the target of 90%. The specialities that did not meet the target were: Orthopaedics & Spinal Surgery, Cardiology, Cardiothoracic Surgery, Vitreoretinal Surgery, Dermatology, General Surgery & its sub specialities, Plastic Surgery & Urology.

Key Actions

Recovery plans are in place such that all the directorates will achieve the target by March 2016, with Orthopaedics achieving by December, Plastic Surgery & Urology by January 2016, Cardiology by February and General Surgery by March 2016. Plans for Gastroenterology are still being finalised.

Timescale

March 2016

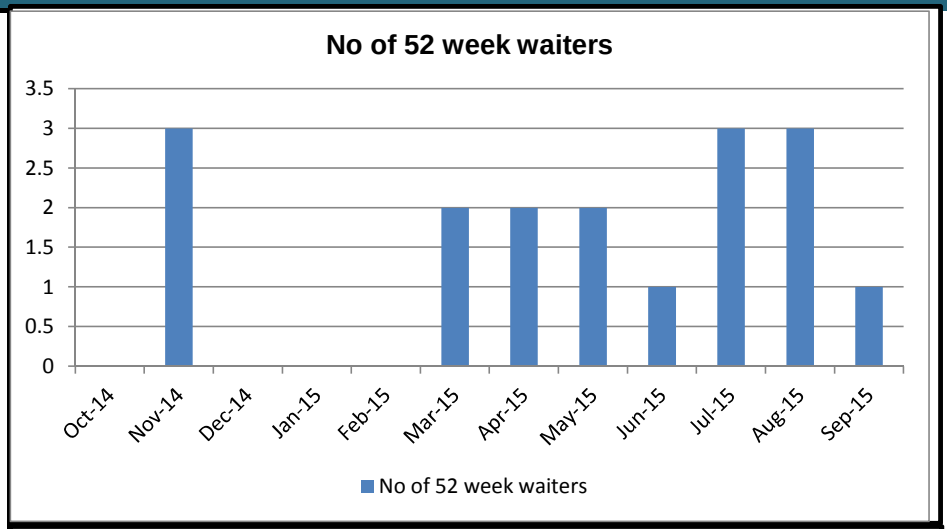
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

52 week waiters - actual numbers



Key Issues

There was one patient in Upper GI surgery waiting over 52 weeks for treatment at the end of September. This long waiting patient has also been reported in previous months. They have asked to defer their treatment on more than one occasion.

Key Actions

A treatment plan was agreed with the patient and they were admitted on 4 November 2015.

Timescale

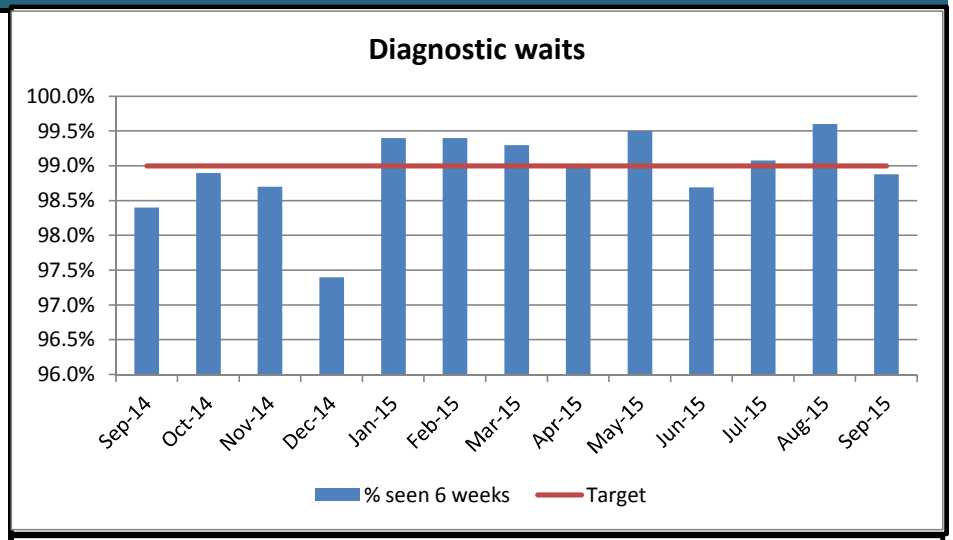
November

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

6 week diagnostic wait - Percentage of tests done within 6 weeks



Key Issues

The target that 99% of patients receive their diagnostic test within 6 weeks was not met in September. There is a long standing issue in Urodynamics and plans are in place to resolve this.

Key Actions

There has been a dip in performance in a number of areas and this is under investigation with the Operational Directors.

Timescale

December

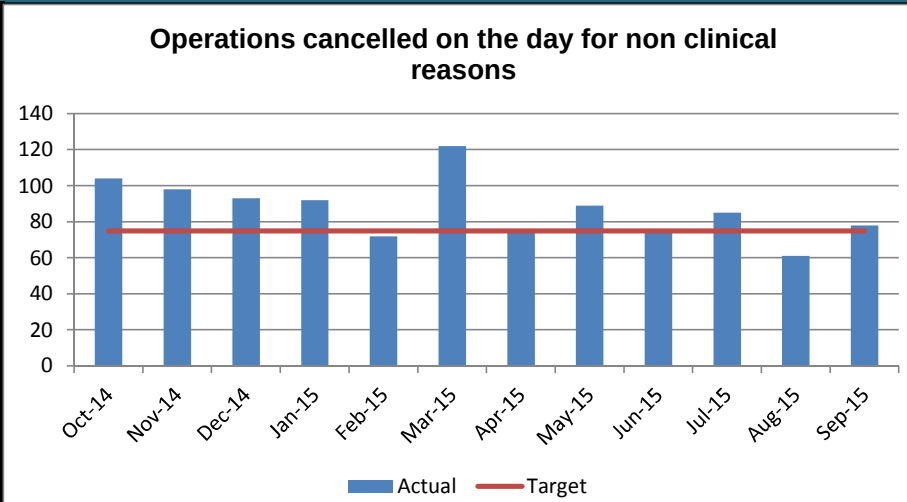
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

Cancelled Operations - Operations cancelled on the day for non clinical reasons



Key Issues

There were 78 operations cancelled on the day for non clinical reasons compared to 61 in August, In July, and 86 in September 2014. This is 0.66% of planned procedures. There was an average of 90 cancellations per month last year. Of the 78 cancellations, 17 were due to lack of theatre time or a more urgent case taking precedence, 13 due to lack of beds or equipment, 8 due to lack of staff and 40 due to administrative error or 'other reason'

Key Actions

A task and finish group will be convened in December to develop an action plan to ensure data quality and put in place resilient processes to minimise these cancellations. This has been delayed due to issues with reporting from Lorenzo.

Timescale

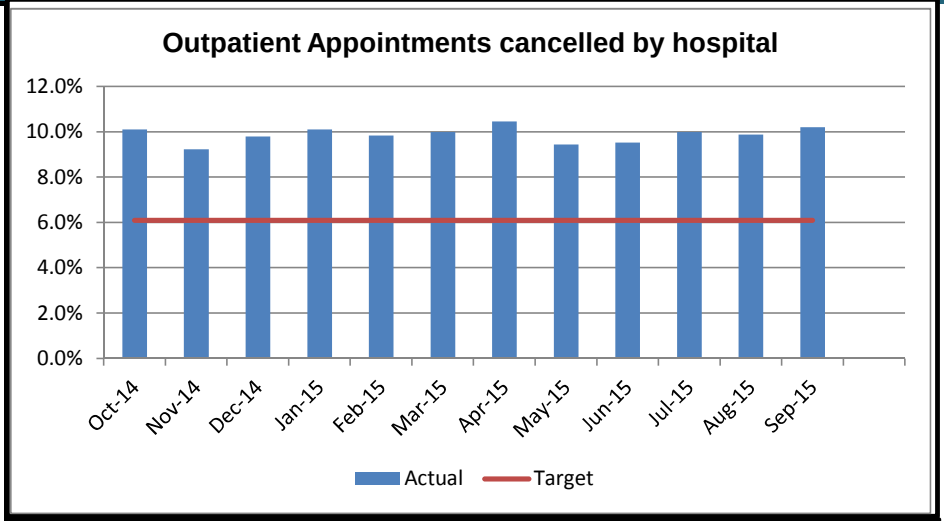
December

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

Cancelled Outpatient Appointments - Cancellations by the hospital



Key Issues

The October Board Report provided some insight into outpatient appointments cancelled by the hospital. The position in September is similar to that in previous months.

Key Actions

A number of directorates are setting up contact centres from January to improve the booking processes. A task and finish group will be convened in December to develop an action plan for all areas. This has been delayed due to issues with reporting from Lorenzo.

Timescale

December

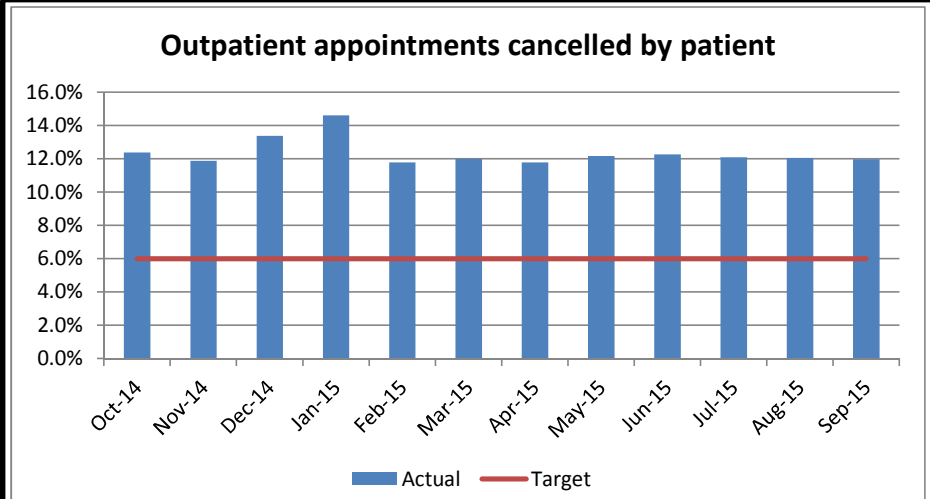
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

Cancelled Outpatient Appointments - Percentage of outpatient appointments cancelled by patient



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Timescale

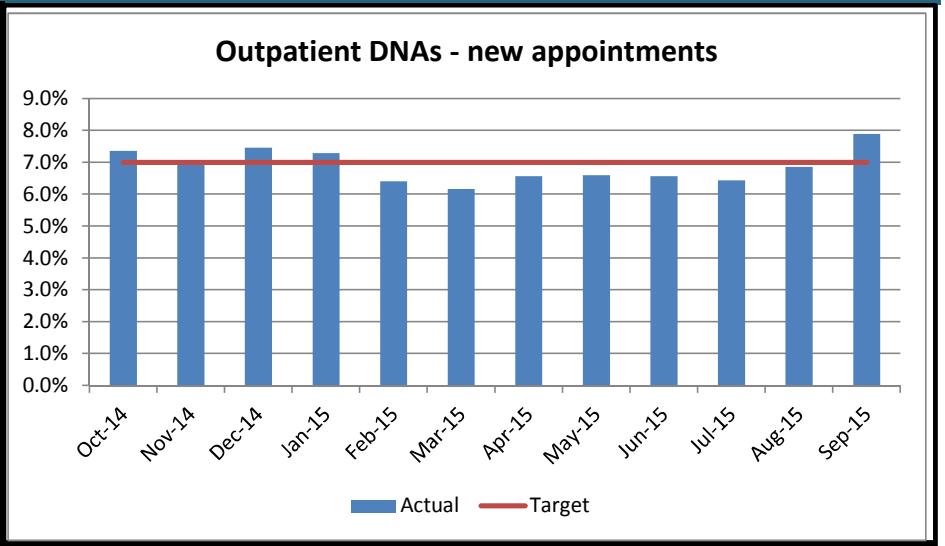
December

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

DNAs - Percentage of new out-patient appointments where patients DNA



Key Issues

The percentage of new outpatient appointments where the patient did not attend was above the target for the first time since January 2015.

Key Actions

A more detailed analysis will be undertaken at speciality level to assess if the DNAs are related to the Trust's administrative processes or particular patient pathways. In light of the latest guidance from DOH on discharging patients who DNA back to their GP for re-referral if appropriate the Trust's Access Policy will be reviewed.

Timescale

February

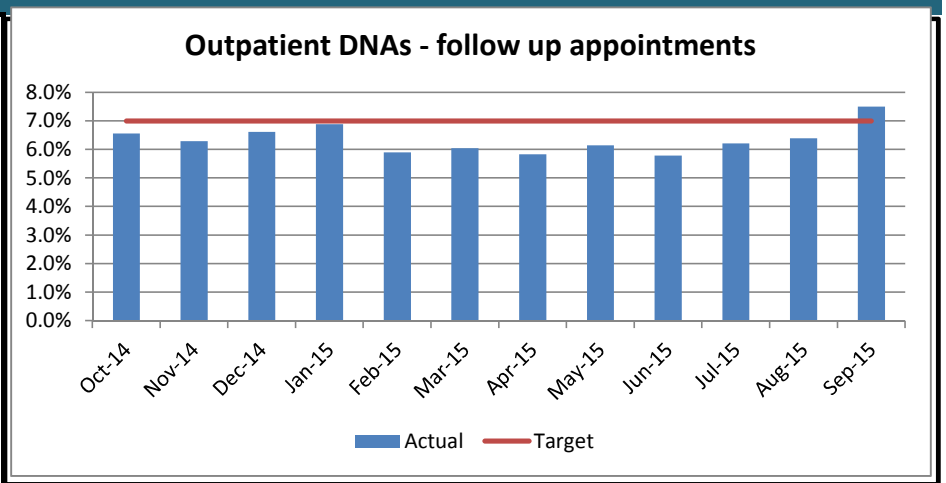
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

DNAs - Percentage of follow-up out-patient appointments where patients DNA



Key Issues

The percentage of follow up outpatient appointments where the patient did not attend was above the target for the first time in the last 12 months.

Key Actions

A more detailed analysis will be undertaken at speciality level to assess if the DNAs are related to the Trust's administrative processes or particular patient pathways. In light of the latest guidance from DOH on discharging patients who DNA back to their GP for re-referral if appropriate the Trust's Access Policy will be reviewed.

Timescale

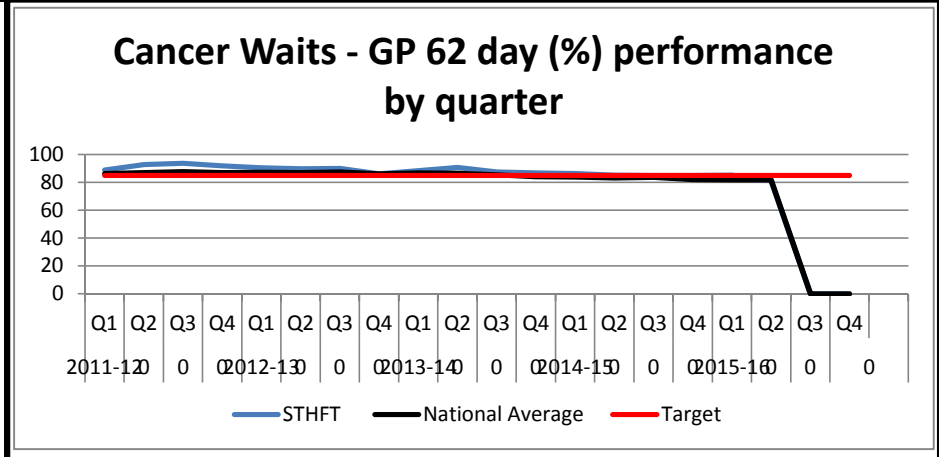
February

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

Cancer Waits - 62 day referral to treatment



Key Issues

The performance for Q2 2015/16 as reported by Open Exeter is 81.2% and consists of 466 closed pathways of which 88.5 are breaches. The final position after the agreed reallocation of breaches is **82.6%.** The The cancer sites that are currently below the threshold are Head & Neck, Lower GI, Lung, Sarcoma, Upper GI, other & Urology. The main reasons for the breaches are attributed to Inter Provider Transfers (IPT) received late (day 39 onwards) and Health care provider initiated delay to diagnostic tests. The Trust performance for non-shared pathways in Q2 to date is 88.7%.

Key Actions

All STHFT teams have been asked to offer a first 2 Week Wait appointment by day 7 in the pathways. A 'Management of On Day Cancellation of Operations' policy is operational across the Trust. Teams have been asked to commence contingency planning for the festive season in Q3/4 2015/16 and submit plans by the end of November. The Trust is working with a South Yorkshire Cancer Waiting Times Task & Finish Group with the purpose of improving patient pathways and IPT. The Director of Strategy & Operations is working with the South Yorkshire Cancer Strategy Group regarding GP 62 day reallocations. The Chief Executive is in communication with the National Clinical Director for Cancer for NHS England and Medical Director, NHS Trust Development Authority regarding the appropriateness of current CWT policy. The Chief Executive is also holding teleconferences with secondary care Trusts regarding the development of a reallocation policy that incentivises all providers to improve the timeliness of care.

Timescale

Ongoing

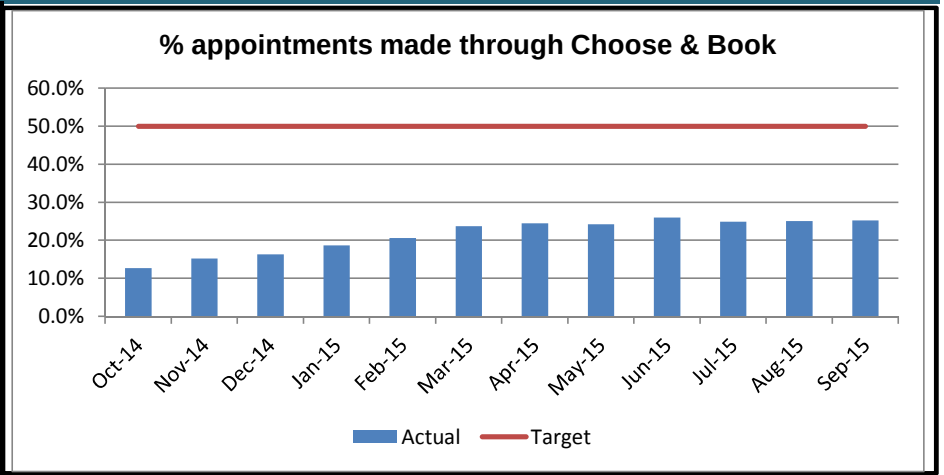
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

Choose & Book Utilisation - Percentage appointments booked through C&B



Key Issues

The percentage of appointments made through Choose & Book (C&B) fell slightly from 26% in June to 24.9% in July and remained steady at 25.07% in August. It has risen to 25.3% in August. There were significant 'teething problems 'with the introduction of the new e-Referrals service (C&B replacement) that made it difficult for GPs to use the system. Some of these issues are not yet resolved.

Key Actions

The Trust continues to work with the CCG and primary care to improve usage of the system. The new arrangements for the MSK service requires GPs to make all appointments for that service through the e-Referrals service and that should improve the usage of the system. The Trust is developing plans to start to positively discourage GPs from sending paper referrals.

Timescale

January

Lead

Kirsten Major, Director of Strategy & Operations

Provide Patient Centred Services

Elective Inpatients - Variance from contract schedules

Key Issues

There were 11,748 spells in September, which is below the target of 12,778. It is higher to that reported in the previous month of 10,704. At 534 spells per working day this is the lowest number of spells per working day since December 2014. It is also lower than the performance in September 2014 of 12,169 spells, 553 per working day.

In September, all the care groups were below target apart from Specialised Cancer, Medicine and Rehabilitation. Emergency Care is the only care group above target for the year to date. There are ongoing 18 week pressures in orthopaedics, general surgery, urology and cardiothoracic, which is being addressed with Operations Directors.

Key Actions

The implementation of Lorenzo at the end of September resulted in a backlog of activity that is still being input into the system. Once this is finalised the position will improve slightly. Directorates will be asked to revisit their plans and provide assurance that they will meet the target levels by year end.

Timescale

December

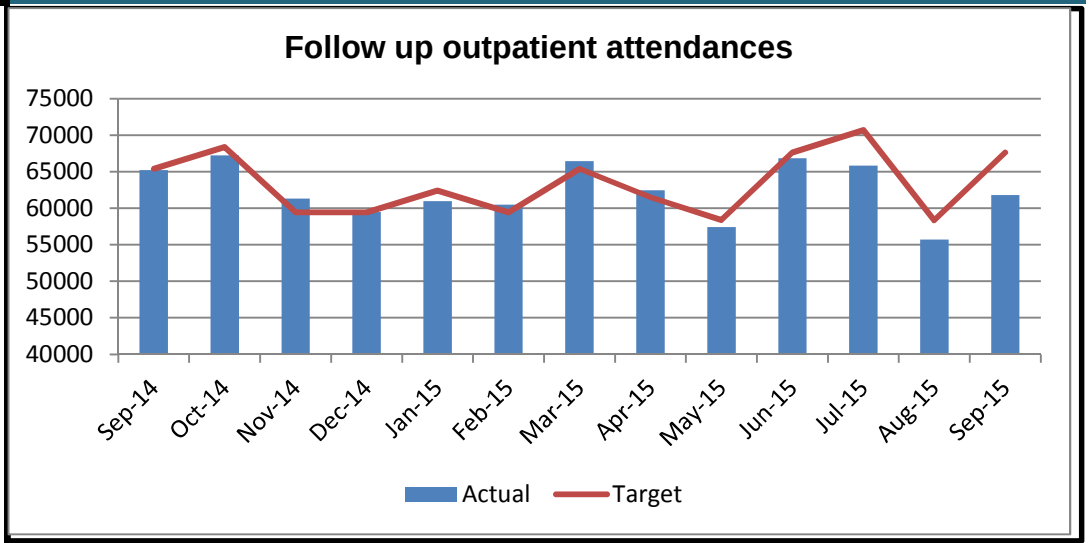
Lead

Kirsten Major, Director of Strategy & Operations

Trust Performance Report by Exception

Provide Patient Centred Services

Follow up attendances - Variance from contract schedules



Key Issues

There were 61,796 follow up attendances in September, which is lower than the target of 67,620, but higher than the 55,725 reported in August. In September 2014 there were 64,606 follow up attendances. All the care groups were below target in September apart from OSCCA. For the year to date, LEGION, OSCCA, Head & Neck and SYRS are all above target.

Key Actions

Follow up attendances have been below target for four of the six months so far this year and were below target for five months last financial year. The number of 'overdue follow ups' that might occur as a result of this remains a concern. Operations Directors are being asked to ensure that appropriate processes are in place recover the position .

Timescale

January

Lead

Kirsten Major, Director of Strategy & Operations

Directorate Dashboard

Indicator	Measure	Diab & Endo	Emerg Med	Gastro	Pharm	Resp Med	Integ Comm Care	GSM	Prim Care & Int/Serv	Rehab & Pall Care	Oral & Dental	ENT	Neuro	Ophthal
MRSA bacteraemia	Actual numbers													
MSSA bacteraemia	Actual numbers													
C Diff	Actual numbers													
Serious Untoward Incidents	Approved SUI Report submitted within timescales													
Serious Untoward Incidents	Number of Serious Untoward Incidents	0	0	0	0	0	0	0	0	0	0	0	0	0
Incidents ⊙	Increase in incident reporting levels (increase or decrease from previous month)													
Incidents ⊙	Incidents not approved after 35 days													
Average Length of Stay (by discharges) ⌖	Average LOS Elective													
	Average LOS Non Elective													
Patient Falls	Number of patient falls													
Never Events	Number of never events													
Sickness Absence	All days lost as a percentage of those available													
Appraisals ⌖	Completed appraisal in last year													
Mandatory Training ⌖	Overall percentage of completed mandatory training													
Agency spend	Agency and bank spend as a percentage of total pay budget													
I & E	Variance from plan													
Contract performance	Variance from plan													
Productivity & Efficiency	Variance from plan													
18 week waits referral to treatment time ⊙	Percentage of admitted patients treated within 18 weeks (90%)													
	Percentage of non-admitted patients treated within 18 weeks (95%)													
	Percentage of patients on incomplete pathways waiting less than 18 weeks (92%)													
52 week waits	Actual numbers													
6 week diagnostic waiting ⊙	Percentage of patients seen within 6 weeks													
Cancelled Operations	Number of operations cancelled on the day for non clinical reasons													
	Number of patients cancelled on the day and not readmitted within 28 days													
Cancelled Outpatient appointments	Percentage of out-patient appointments cancelled by hospital													
	Percentage of out-patient appointments cancelled by patient													
DNA rate	Percentage of new out-patient appointments where patients DNA													
	Percentage of follow-up out-patient appointments where patients DNA													
Cancer Waits ⌖	Patient seen within 2 weeks (93% compliance)													
	Breast symptomatic seen within 2 weeks (93% compliance)													
	62 days from referral to treatment (85% compliance)													
	31 day first treatment (96% compliance)													
Choose & Book Utilisation	Percentage appointments booked through C&B													
Ethnic Origin data collection	% valid ethnic group (85%)													
Elective Inpatient activity	Variance from contract schedules													
Non elective inpatient activity	Variance from contract schedules													
New outpatient attendances	Variance from contract schedules													
Follow up op attendances	Variance from contract schedules													
Complaints	Percentage of complaints answered within 25 working days													
FFT Response Rates	Increased response rates for inpatient areas													
FFT Response Rates	Increased response rates for A&E													
Day surgery rates	BADS - day surgery rates													
Mixed Sex Accommodation	Number of breaches of Mixed Sex Accommodation standard													

Performance is YTD unless specified:

⊙ Last complete month

⌖ Rolling 12 months

⌖ Current quarter to date

Directorates in Special Measures

Directorate Dashboard

Indicator	Measure	Lab Med	MIMP	OGN	MSK	OSSCA	Cardiac	Renal	Vasc	Comm Dis & Spec Med	Spec Rehab	Spec Cancer	Gen Surg	Plastic Surg	Urology
MRSA bacteraemia	Actual numbers														
MSSA bacteraemia	Actual numbers														
C Diff	Actual numbers														
Serious Untoward Incidents	Approved SUI Report submitted within timescales														
Serious Untoward Incidents	Number of Serious Untoward Incidents	0	0	1	0	0	0	0	0	0	0	0	1	0	0
Incidents ⊙	Increase in incident reporting levels (increase or decrease from previous month)														
Incidents ⊙	Incidents not approved after 35 days														
Average Length of Stay (by discharges) ⌖	Average LOS Elective														
	Average LOS Non Elective														
Patient Falls	Number of patient falls														
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Performance is YTD unless specified:

⊙ Last complete month

⌖ Rolling 12 months

⌗ Current quarter to date

Directorates in Special Measures

Deep Dive Topic - Mandatory Training

Background

In June 2014, the Trust implemented a Personal Achievement and Learning Management System (PALMS) to enable accurate and consistent reporting of its position for mandatory training. At the end of December 2014, the overall Trust compliance rate for mandatory training was recorded on PALMS at 40.9%. It had not been possible to monitor compliance on the previous Learning Management module of ESR. At that time, the Trust had 24 mandatory training topics, comprising 14 core subjects and 10 job-specific subjects. All topics had an annual refresher training requirement. In September 2014, Skills for Health published a UK Core Skills Training Framework (CSF) Subject Guide. This identified the 10 topics which Trusts should consider to be core mandatory training topics. These are:

1. Equality, Diversity & Human Rights
2. Health, Safety & Welfare
3. Conflict Resolution
4. Fire Safety
5. Infection Prevention & Control
6. Moving and Handling
7. Safeguarding Adults
8. Safeguarding Children
9. Information Governance
10. Resuscitation

CSF also recommended refresher training requirements for each topic, moving a number of topics to 3-yearly rather than annual refresher training.
A proposal was approved by Trust Executive Group on 11 February 2015 to reconfigure the Trust's mandatory training programme in line with the CSF, reducing the core mandatory training topics to the 10 above, and re-categorising other previously mandated topics within the Trust as job-specific essential training. The implementation date for these changes was 1 April 2015.

Implementation

The main strands of implementation were:

- Communication and engagement
- Simplifying the language and applying a consistent approach
- Technical and functionality review of PALMS
- Streamlining the training content
- Provision of additional training delivery
- Revision of policy and procedures
- Operationalising the changes, both within the organisation and in PALMS

Deep Dive Topic - Mandatory Training

i. Communication and Engagement

Meetings were held with Topic Specialists, Clinical Educators and Mandatory Training Leads across the Trust to explain the new process and the rationale behind it and to engage them in review of the CSF recommendations and design of new Training Needs Analyses for each topic.
Operational Managers, particularly Operations Directors and Nurse Directors were informed of the changes via the monthly summit meetings for Appraisals and Mandatory Training, chaired by the Chief Executive.
Individual meetings were organised by senior Learning & Development (L&D) staff with senior managers in each Care Group to identify the issues within their directorates which were contributing to low reporting of compliance rates and/or preventing directorates from making the progress required. Running alongside these, other members of the L&D team met with directorate-based Mandatory Training Leads to identify the 'audience' for each level of the 10 topics, i.e. which staff groups in which area required which level of training for each of the topics.

The common themes identified from these meetings were:

- Issues with the data on PALMS
- Issues with the data on the Electronic Staff Record (ESR) system, which feeds PALMS
- Lack of understanding of what training was required by which staff
- Poor record keeping
- Delays in recording completion of training
- Inadequate training provision
- Training Needs Analyses which were complex and not easy to understand
- Lack of directorate expertise in using PALMS, with some areas continuing to use other systems for recording the training, thus not showing on PALMS
- Variable training content and frequency
- Inability of directorates to release staff for training due to operational pressures
- Out of date policy and lack of clarity regarding responsibilities for ensuring mandatory training delivery, provision and recording

These issues were worked through on a Care Group basis to identify solutions, and this work is ongoing.

i. Language & Consistency

The previous Training Needs Analyses (TNA) for certain topics were complicated, with up to 8 different levels of training for each topic, required by different staff groups, and with some levels being split further to indicate different training, though at the same level, for different staff groups. This impacted on training provision, which had to be differentiated accordingly.
Some of the terminology used was difficult to understand or unclear, which led to different interpretation by different people.
Six of the 10 CSF topics have a single level of training required; three have 2 levels, and two have3 levels. This was a significant change to the previous arrangements.
The senior L&D team led the work with individual Topic Specialists to revise each Training Needs Analysis; applying a 'plain English' approach to the terminology; ensuring the audience descriptions used could be identified within PALMS; reducing the number of levels of training necessary for each topic and the frequency of refresher training to that recommended in the CSF; ensuring the training required was covered in the reduced levels; obtaining agreement for higher level training to be classified as job-specific essential training; and ensuring consistency across TNA's.

Deep Dive Topic - Mandatory Training

i. **PALMS & ESR**

The Electronic Staff Record (ESR) system is used within the Trust to record the employment record for all staff. ESR is the feeder system to PALMS. If staff records are not accurate and up to date on ESR they will not be accurate and up to date on PALMS. This means that the mandatory training profile applied by PALMS to those staff with inaccurate records may be wrong. This proved to be a significant issue within the Trust, where staff movement is routine and regular. The directorates now understand the importance of ensuring staff changes are recorded accurately and promptly on ESR, and the impact on the PALMS mandatory training record if this does not happen.
At the same time, work was being undertaken by the L&D Technical staff on the PALMS system and with the PALMS suppliers to report and resolve issues raised by directorate-based operational staff using PALMS. Enhancements to the system, requested by the users, were progressed resolutely with the suppliers, as were fixes to the 2 or 3 'bugs' which hit PALMS during this period. This was a difficult period, with PALMS consequently being held up as the reason for inaccurate reporting of mandatory training even when this was not the case. Human error, insufficient system training, PALMS system issues and behaviours, delayed/missed recording of training and communication were factors in issues perceived to be caused by PALMS. The situation has improved considerably as these factors have been unpicked and solutions identified. This work is ongoing.

i. Training Content & Delivery

As with the TNA's, review of the training content showed that for some topics, it was unnecessarily complex, particularly for level 1. There was a lot of repetition in some of the material and some of the terminology used had not been adapted to ensure it was understandable by the wide range of staff to whom it was being delivered. The L&D team worked with Topic Specialists to review the training material, to simplify some of the terminology used, to reduce duplication and repetition, to convert some of the text into video, graphical and pictorial presentation, and to ensure that the training content was suitable for use by directorate-based educators and trainers to give some consistency across the Trust. This work is ongoing with further refinement and improvement of some training material.
The concept of 'central mandatory training days' was introduced. These were felt necessary to provide additional training options to accommodate the number of staff required to complete their mandatory training. The work described above to streamline the presentations enabled these to become half day sessions, making it more realistic for release of staff to attend.
These central sessions have continued to be held to supplement the directorate training undertaken at local level. They comprise training in 9 of the 10 mandatory topics to level 1. It is not possible to include Conflict Resolution level 1 training, as this requires a half-day session in its own right, in order to comply with NHS Protect requirements. The central sessions have played a significant part in improvement of mandatory training compliance, with some 1800 staff having attended year to date.
The training presentations used in delivery of these sessions has been made available to directorate educators and trainers.
In addition, and in response to requests from directorates, additional level 2 and level 3 training sessions have been provided in certain topics, some specifically aimed at medical staff.
Recently, a 'carousel' day was piloted, which covered certain topics at level 1, back to back throughout the day, and allowed staff to drop in to one or more sessions rather than having to complete a number of topics at the same time. Whilst this was well received in principle, only 38 people attended over the full day, taking up the time of 2 trainers. If these sessions are to be repeated, then more notice would need to be given and a minimum pre-booking level agreed.
The Trust has insufficient resource to maintain, update and increase the e-learning options on PALMS. There is little true e-learning available and this has been supplemented on an interim basis by some on line learning. E-learning is the preferred training method of many staff and this needs to be moved forward proactively.

i. Policy & Procedures

The Trust Policy for Induction and Mandatory Training was produced in 2012. The changes to the mandatory training programme rendered this to be not only out of date but requiring significant revision to reflect the changed arrangements. The same approach was taken in terms of trying to simplify and streamline the document for ease of understanding, and also separating out the operational procedures as appendices to make them more easily accessible for operational staff to reference. The revised policy is now approved and issued throughout the Trust.

Deep Dive Topic - Mandatory Training

i. **Operational Changes**

As each directorate has gained a better understanding of the issues in their area and the operational changes required, there has been a continued and sustained improvement in mandatory training compliance. Progress is monitored by monthly directorate reports, which are scrutinised at the monthly summit meeting. Where good practice has been identified, this has been shared across Care Groups.
Arrangements for mandatory training for medical staff have been clarified and communicated to all Clinical Directors and Consultant Medical staff. This includes a mandatory training profile for all medical staff, with CD's and Consultants expected to ensure that their doctors in training are aware of and are released to undertake their mandatory training requirements.
An automated email reminder to staff and their managers has been reintroduced in November 2015. This reminds the member of staff when they are 2 months away from their refresher training in any topic. This is followed up by a second reminder to the member of staff and their manager at one month away from refresher training.

Results

The mandatory compliance rate on PALMS for the end of March 2015 was 60.7%. This had increased to 83.2% at the end of October 2015. The Trust target is 90% by 30 November 2015.
Compliance rates have risen month on month during this period, as shown on the attached report, which shows directorate performance at 31 October 2015, and, across the top, indicates the overall monthly compliance result since March 2015 (60.7%) to October (83.2%).
The compliance rates by topic and by staff group is also attached.
There were a number of staff showing at 0% compliance for mandatory training, i.e. they had undertaken no mandatory training in any topic in the required period. There has been a concerted effort to communicate with these staff and their managers, with a reduction from 2116 showing as 0% compliance in March to 239 in October. Each of these 239 has now been communicated with on behalf of the Chief Executive to ensure that they understand the importance of and need for complying with their mandatory training requirements.
The main issue in achieving the overall 90% target compliance rate continues to be inability to release clinical staff for training due to operational pressures.

Outstanding Issues

Mandatory Training

- Consistency, capacity and quality of directorate-based mandatory training
- Capacity of some Topic Specialists to deliver training to higher levels required
- Insufficient and some outdated e-learning options due to lack of e-learning development resource to complete this work
- Ongoing refinement to training content, audiences etc.
- Delays in input of ESR staff changes and/or recording of mandatory training completion on PALMS

PALMS/ESR

- Further PALMS enhancements for operational usability
- Further PALMS training to increase the number of expert users across all directorates
- Ensuring data quality, accuracy and timeliness

Future Work – Timescale 31 March 2016

Mandatory and Statutory Training - Course Compliance - 31 October 2015

Quarter Three Target = 90%

Trust - Course Compliance Rate by Month

Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15					
60.7%	63.7%	66.9%	70.5%	72.7%	75.4%	81.0%	83.2%					

Directorate - Course Compliance Rate

Directorate	Compliance Rate % 31 October 2015	Direction Compared to 30 September 2015	Compliant Courses as at 31 October 2015	Total Courses as at 31 October 2015	Compliance Outstanding as at 31 October 2015
Integrated Stroke & Geriatric Medicine	58.8%	↑	2585	4400	1815
Emergency	70.4%	↑	2766	3928	1162
Integrated Community Care	72.4%	↑	3867	5344	1477
Obstetrics, Gynaecology & Neonatology	73.4%	↑	5368	7309	1941
Operating Services, Critical Care & Anaesthesia	77.0%	↑	6952	9026	2074
Therapeutic & Palliative Care	77.2%	↑	2138	2769	631
Respiratory Medicine	78.3%	↑	2017	2576	559
Gastroenterology	79.1%	↑	1597	2020	423
Diabetes & Endocrinology	81.4%	↑	1318	1619	301
Cardiothoracic Services	81.9%	↑	4556	5565	1009
Charles Clifford Dental Services	82.1%	↑	2707	3297	590
Specialised Rehabilitation	82.6%	↓	1152	1395	243
Communicable Diseases & Specialised Medicine	83.1%	↑	3533	4254	721
Primary Care & Interface Services	83.9%	↑	4452	5306	854
Musculoskeletal Services	84.0%	↑	4437	5282	845
Neurosciences	84.9%	↑	4229	4982	753
Vascular Services	85.8%	↑	707	824	117
General Surgery	86.2%	↑	3055	3543	488
Ear, Nose & Throat	86.5%	↑	837	968	131
Plastic Surgery	86.5%	↑	828	957	129
Chief Nurse	87.0%	↑	611	702	91
Medical Director	88.0%	↑	1512	1719	207
Urology	88.3%	↑	1041	1179	138
Pharmacy	88.4%	↑	2181	2466	285
Specialist Cancer Services	89.1%	↑	3207	3599	392
Strategy & Operations	89.2%	→	1195	1339	144
Renal Services	89.5%	↑	2404	2685	281
Human Resources	90.0%	↑	1885	2095	210
Hotel Services	90.6%	↑	11622	12832	1210
Chief Executive	90.6%	↓	211	233	22
Ophthalmology	91.4%	↑	1448	1584	136
Estates	91.5%	↑	1017	1112	95
Medical Imaging & Medical Physics	92.4%	↓	4629	5009	380
Laboratory Medicine	95.0%	↑	4096	4311	215
Finance	95.8%	↓	2018	2106	88
Information Technology	96.6%	↑	2200	2277	77
Total	**83.2%**	↑	**100378**	**120612**	**20234**

COMPLIANCE RATE >= QUARTER THREE TARGET (90%)

COMPLIANCE RATE < QUARTER THREE TARGET (90%)