

TRUST BOARD
25th July 2013

TITLE	<p>Performance Report</p> <p>The Trust met all of the performance targets associated with the Monitor Compliance Framework in quarter 1, including the four hour standard for waiting times in Accident and Emergency (A&E). Whilst the Trust is pleased with delivery of the 4 hour standard, it is recognised that sustained delivery remains a risk and is therefore progressing with a further programme of work to improve resilience, maintain capacity and flow and deliver a good patient experience in anticipation of further increases in demand in winter 2013/14.</p>
EXECUTIVE SUMMARY	<p>The other key points to note are:</p> <ol style="list-style-type: none"> 1. The backlog of patients waiting for elective day case treatment in Pain Management was cleared during June and the 90% performance standard for admitted patient care will be delivered in this speciality from July onwards. 2. As forecast, the 90% standard for admitted patient care was not delivered in Urology during the month of June. From a Compliance Framework perspective this did not have a performance implication because the 90% target was achieved for the Trust as a whole. 3. In addition to Urology, there is a risk that the 18 week target for admitted patient care will not be delivered in General Surgery and Ophthalmology in July whilst the Trust reinstates the practice of chronological booking for all patients. 4. The backlog of patients that have waited in excess of 18 weeks for treatment is steadily decreasing.
BOARD ASSURANCE (Risk) / IMPLICATIONS	<p>Compliance is reflected in the Board Assurance Framework. BAF Risk 1.1 National targets and priorities.</p>
LINK TO STRATEGIC OBJECTIVE	<p>SO1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience. SO3: To deliver the Trust's clinical strategy of joined up healthcare.</p>
STAKEHOLDER / PATIENT IMPACT AND VIEWS	<p>Patient expectations in terms of access are reflected in NHS performance targets.</p>
EQUALITY AND DIVERSITY ISSUES	<p>None identified</p>
LEGAL ISSUES	<p>The failure to meet the four hour standard for waiting times in A&E creates a potential regulatory issue for the Trust.</p>
The Trust Board is asked to:	<p>Discuss and gain assurance from the report and approve the trajectory to March 2014.</p>
Submitted by:	<p>Valerie Bartlett, Deputy Chief Executive</p>
Date:	<p>18th July 2013</p>
Decision:	<p>For Approval</p>

PERFORMANCE REPORT

1 INTRODUCTION

The purpose of this paper is to summarise key performance issues and the actions in place to address them.

The Trust met all of the performance targets associated with the Monitor Compliance Framework in quarter 1, including the four hour standard for waiting times in Accident and Emergency (A&E).

2 REFERRAL TO TREATMENT TIMES (RTT)

Figure 1 shows performance against the 18 week targets by speciality for June. The Trust met the 18 week waiting time standards for non-admitted patient care and incomplete pathways at speciality level and for admitted patient care for all specialities other than Pain Management and Urology, as forecast, in quarter 1. The target for admitted patient care was not achieved in June in Urology and it was missed each month in Pain Management.

From a Compliance Framework perspective failure to meet the 18 week standard for Pain Management and Urology does not have a performance implication because the 90% target was achieved each month for the Trust as a whole. However, failure to achieve at speciality level will incur a financial penalty under the terms of the contract with North-West Surrey CCG.

Speciality	Admitted patient care (target 90%)	Non-admitted patient care (target 95%)	Incomplete pathways (target 92%)
General Surgery	90.71%	98.06%	96.53%
Urology	83.72%	95.36%	97.83%
Trauma & Orthopaedics	93.98%	96.75%	98.66%
Ear, Nose & Throat (ENT)	93.33%	97.07%	97.12%
Ophthalmology	91.45%	99.02%	98.02%
Oral Surgery	90.48%	98.20%	98.14%
General Medicine	100.00%	99.75%	99.33%
Gastroenterology	100.00%	98.29%	100.00%
Cardiology	100.00%	98.01%	97.03%
Dermatology	N/A	98.75%	99.70%
Neurology	N/A	95.10%	97.83%
Rheumatology	N/A	100.00%	100.00%
Geriatric Medicine	N/A	98.17%	99.17%
Gynaecology	98.99%	99.78%	99.90%
Other	78.21%	100.00%	99.94%
Total	91.56%	98.45%	98.35%

Figure 1: RTT performance for May

All of the patients in the backlog waiting for elective day case treatment in Pain Management were accommodated during June and performance is expected to meet the 90% target on a consistent basis from July. Work continues to clear the backlog of patients in Urology and this speciality is not forecast to achieve the 90% target for admitted patient care in July.

In addition, there is a risk that the 18 week target for admitted patient care will not be delivered in General Surgery and Ophthalmology in July because the Trust has reinstated the practice of

booking all patients in chronological order and there are a number of patients that have already waited in excess of 18 weeks in these specialities that require treatment this month.

The longest waits for treatment in June were 49 weeks for admitted patient care in Pain Management and 36 weeks for non-admitted patient care in Orthopaedics.

At the end of the month there were 6 patients that had been on the waiting list in excess of 30 weeks and were still waiting for treatment, a significant improvement on the 35 still on the list at the end of May. All of these patients have a plan to complete their treatment during July. Figure 2 provides a high-level breach analysis for these cases.

Speciality	Number >30 week waits	Primary breach reasons	Action taken
Cardiology	1	• Delay with reporting outcome of diagnostic test	• Arrangements for management of waiting list strengthened
General Surgery	3	• Lack of theatre capacity	• Chronological booking implemented
Neurology	1	• Complex pathway	
Pain Management	1	Part of cohort transferred from the planned to the active waiting list as described to Trust Board in April 2013. This patient chose to postpone treatment until July 2013.	

Figure 2

Work continues to address any capacity issues that cause waiting times to increase and to ensure that all patients requiring surgery are booked in chronological order.

Appendix 1 of this report includes a more detailed analysis of 18 week performance. The indicators do not highlight any areas for concern and demonstrate that the number of patients waiting in excess of 18 weeks is steadily decreasing.

3 4 HOUR STANDARD FOR WAITING TIMES IN A&E

The Trust met the four hour standard for waiting times in A&E during June, and for the quarter as a whole, for the purpose of the Monitor Compliance Framework.

Figures 3 and 4 show a breakdown of performance by month and performance against the trajectory submitted to Monitor in March 2013. These demonstrate that there was a significant improvement in performance in June 2013 as compared with the previous two months.

Period	SITREP Position (SPH, EPU & GUM)	MONITOR Position (SPH, EPU, GUM & ASH)
Quarter 1	93.61%	95.63%
Quarter 2	95.80%	97.10%
Quarter 3	93.97%	95.88%
Quarter 4	89.29%	92.47%
2012/13 Total	93.18%	95.29%
April	90.82%	93.56%

May	92.65%	94.73%
June	97.25%	98.07%
Quarter 1	93.54%	95.43%
July to date*	96.77%	97.31%

Figure 3 (*As at 15/07/2013)

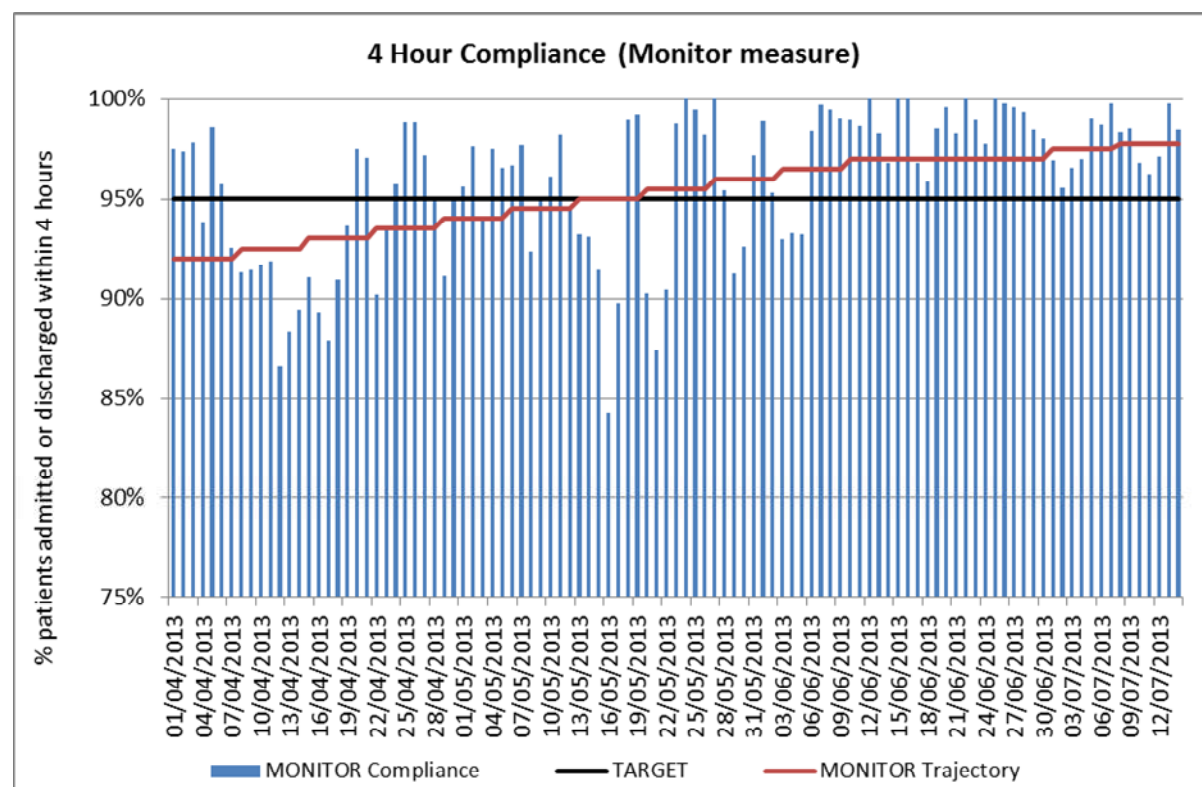


Figure 4

The key drivers of performance improvement in June were:

- Continued focus on the delivery of the 4 hour recovery plan within the Trust.
- Arrival of the substantive Associate Director of Operations for Medicine, thus establishing a complete and stable senior operational management team.
- Final appointments to the acute medical team, creating a fully-established rota of substantive consultant staff to support the Medical Assessment Unit and Medical Short Stay Unit.

To facilitate delivery of the 4 hour standard in quarter 2 the performance management measures put into place in quarter 1, led by the Chief Executive and Deputy Chief Executive, will continue. In addition, the Trust has set itself a new performance trajectory that is intended as both a stretch target and to set the pace to ensure performance across the financial year as a whole remains above 95%, which the Trust Board is asked to approve. A copy of the trajectory is included in Appendix 2 of this report.

Planning for winter 2013/14

Whilst 4 hour performance improved during quarter 1 it remains a risk. Of particular concern is the ability of the system as it is currently configured to stand up to the pressure of winter 2013/14 whilst maintaining capacity, flow, patient experience and performance standards throughout. There is, therefore, a need to continue to make progress with the medium and longer term actions to ensure future sustainability described to Trust Board in June 2013. An update on key actions is shown in Figure 5.

Action	Progress to date
Development of the winter plan	<ul style="list-style-type: none"> Winter planning group convened and meeting fortnightly.
Expansion of Paediatric A&E	<ul style="list-style-type: none"> Temporary build approved by TEC – building work to be completed by November 2013. 2 paediatric A and E consultant posts out to advert with interviews scheduled for 5th August 2013.
Capacity Allocation Programme	<ul style="list-style-type: none"> Business case for revision to speciality bed base in Medicine approved by TEC – due for completion August 2014. Confirmation from ECIST that existing MAU / MSSU bed model is appropriate.
Emergency Ambulatory Care Unit	<ul style="list-style-type: none"> Detailed planning underway. Unit to open October 2013.
Frailty Unit	<ul style="list-style-type: none"> Detailed planning underway. Unit to open October 2013. Discussion commenced with partner organisations to ensure pathway is integrated across the whole system.

Figure 5

Feedback from ECIST

To complement work to improve internal winter resilience, the Trust has sought further feedback from the Emergency Care Intensive Support Team (ECIST). An assurance visit to check that the Trust is making the right progress on the emergency care pathway, and to help our clinical teams identify any further improvements they could make, took place on 2 July 2013. The key messages from the visit were:

- A recognition of the very significant progress that the Trust has made in the last year. ECIST described the Trust as “indefinably different”, with a stable team, strong leadership, a strong sense of team, open to ideas and to constructive criticism.
- The model the Trust has implemented is the right model and the Trust needs to continue to embed it.

- The Trust's plans to focus on the frailty pathway are the right plans, but the frailty unit and additional geriatricians need to be part of the acute physician team and not separate from it.
- For winter 2013/14 the Trust should focus on developing ambulatory care, developing a dedicated unit which will further reduce emergency admissions.
- The Trust could secure further gains from a greater focus on the discharge process, for example by implementing the patient flow bundle developed by ECIST and implementing Executive Director led length of stay reviews.

ECIST have also helpfully been commissioned to undertake a pathway review in the local community services currently provided by Virgincare, and this work is already identifying a number of areas where there is scope for better joint working between the two organisations. The Trust has given a strong indication of its willingness to take part in further improving the interface between acute and community services, and believes this will bring further benefit to the unplanned care pathway and four hour performance.

In terms of the Trust, ECIST remain in supportive/developmental mode but have no plans to undertake any further performance related visits

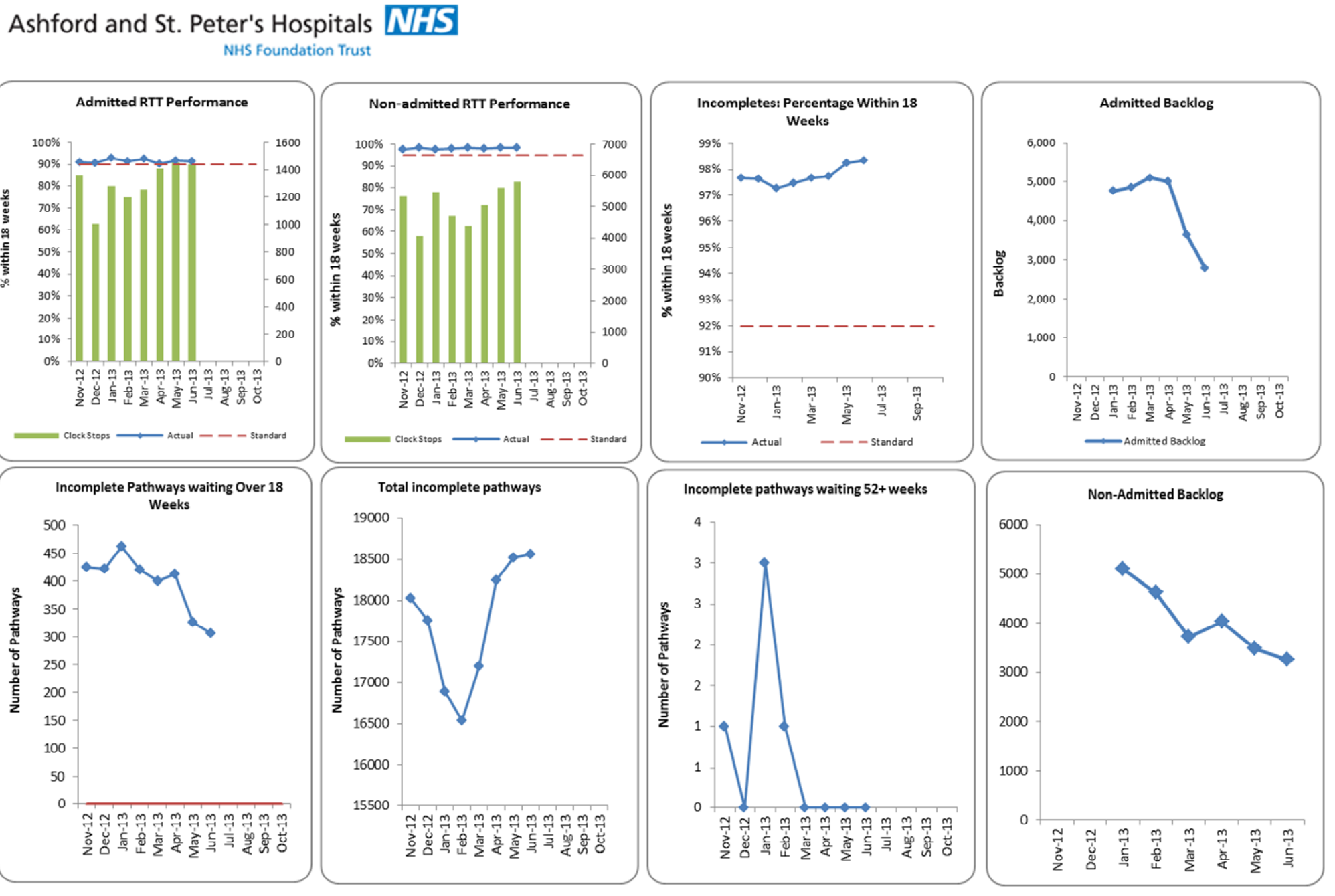
4 CONCLUSION

Whilst the Trust is pleased with delivery of the 4 hour standard for quarter 1, it is recognised that sustained delivery remains a risk and has therefore initiated a further programme of work to improve resilience, maintain capacity and flow and deliver a good patient experience in anticipation of further increases in demand in winter 2013/14. The Trust is expecting to maintain performance against the 4 hour standard at over 95% for each month during quarter 2.

5 ACTION REQUIRED

The Trust Board is asked to discuss and note delivery of all of the performance targets associated with the Monitor Compliance Framework in quarter 1 and to approve the forecast trajectory for 4 hour performance for the remainder of 2013/14 (appendix 2)

Appendix 1: RTT dashboard



Appendix 2: 4 hour performance trajectory

	Q1 (actual)	Q2	Q3	Q4
MONITOR POSITION (St. Peter's Hospital and Ashford Minor Injuries Unit)	95.4%	97.8%	96.1%	95.0%

Week Ending	Trajectory	Standard
07/07/2013	97.5%	95%
14/07/2013	97.7%	95%
21/07/2013	97.9%	95%
28/07/2013	98.0%	95%
04/08/2013	98.0%	95%
11/08/2013	98.0%	95%
18/08/2013	98.0%	95%
25/08/2013	98.0%	95%
01/09/2013	98.0%	95%
08/09/2013	97.7%	95%
15/09/2013	97.5%	95%
22/09/2013	97.5%	95%
29/09/2013	97.3%	95%
06/10/2013	97.0%	95%
13/10/2013	97.0%	95%
20/10/2013	96.8%	95%
27/10/2013	96.6%	95%
03/11/2013	95.0%	95%
10/11/2013	96.3%	95%
17/11/2013	96.0%	95%
24/11/2013	95.8%	95%
01/12/2013	95.6%	95%
08/12/2013	95.4%	95%
15/12/2013	95.2%	95%
22/12/2013	95.0%	95%
29/12/2013	97.0%	95%
05/01/2014	95.0%	95%
12/01/2014	95.0%	95%
19/01/2014	95.0%	95%
26/01/2014	95.0%	95%
02/02/2014	95.0%	95%
09/02/2014	95.0%	95%
16/02/2014	95.0%	95%
23/02/2014	95.0%	95%
02/03/2014	95.0%	95%
09/03/2014	95.0%	95%
16/03/2014	95.0%	95%
23/03/2014	95.0%	95%
30/03/2014	95.0%	95%

Monitor Compliance Framework - Governance Indicators Financial Risk Ratings as at June 2013

Safety:		13/14 Threshold	Weighting	Monitoring Period	13/14 YTD Plan	Q1	Q2	Q3	Q4	YTD
Clostridium Difficile - meeting the Clostridium Difficile objective		20	1.0	Quarterly	5	1				1
MRSA - meeting the MRSA objective		1	1.0	Quarterly	0	0				0
Quality:		Threshold	Weighting	Monitoring Period	13/14 Plan	Q1	Q2	Q3	Q4	YTD
All Cancers: 31 day wait for second or subsequent treatment (surgery)		Surgery anti-cancer drug treatments 94% 98%	1.0	Quarterly	94% 98%	100% 100%				100% 100%
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment		urgent GP referral NHS Cancer Screening Service 85% 90%	1.0	Quarterly	85% 90%	90.2% 100%				90.2% 100%
All Cancers: 31 day wait from diagnosis to first treatment			0.5	Quarterly	96%	100.0%				100.0%
Cancer: 2 week wait from referral to date first seen		all urgent referrals (cancer suspected) symptomatic breast patients 93% 93%	0.5	Quarterly	93% 93%	97.3% 97.9%				97.3% 97.9%
A&E (maximum wait time of 4 hours from arrival to admission/ transfer/ discharge)			1.0	Quarterly	95%	95.43%				95.43%
Patient Experience:		Threshold	Weighting	Monitoring Period	13/14 Plan	Q1	Q2	Q3	Q4	YTD
Referral to treatment waiting times - admitted		90%	1.0	Quarterly	90%	91.08%				91.08%
Referral to treatment waiting times - non admitted		95%	1.0	Quarterly	95%	98.39%				98.39%
Referral to treatment waiting times - Incomplete pathways		92%	1.0	Quarterly	92%	98.11%				98.11%
Governance:			Weighting	Monitoring Period	13/14 Plan	Q1	Q2	Q3	Q4	Yr End
Failure to comply with requirements regarding access to healthcare for people with a learning disability			0.5	Quarterly	No	No				
Risk of, or actual, failure to deliver mandatory services			4.0	Quarterly	No	No				
CQC compliance action outstanding (as at 31st Mar 2013)			Monitor Discretion	Quarterly	No	No				
CQC enforcement action within last 12 months (up to 31st Mar 2013)			Monitor Discretion	Quarterly	No	No				
CQC enforcement notice currently in effect (as at 31st Mar 2013)			4.0	Quarterly	No	No				
Minor CQC concerns or impacts regarding the safety of healthcare provision (as at 31st Mar 2013)			Monitor Discretion	Quarterly	No	No				
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 31st Mar 2013)			Monitor Discretion	Quarterly	No	No				
Major CQC concerns or impacts regarding the safety of healthcare provision (as at 31st Mar 2013)			2.0	Quarterly	No	No				
Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements			2.0	Quarterly	No	No				
Trust unable to declare ongoing compliance with minimum standards of CQC registration			Monitor Discretion	Quarterly	No	No				
Has the Trust has been inspected by CQC (in the quarter ending 31st Mar 2013)			Monitor Discretion	Quarterly	No	No				
If so, did the CQC inspection find non compliance with 1 or more essential standards			Monitor Discretion	Quarterly	No	No				
Indicative Governance risk rating						G				
Financial Risk Score		12/13 Scores	Weighting	Monitoring Period	Current Score	Q1	Q2	Q3	Q4	Yr End Forecast
1. Underlying Performance - EBITDA Margin (%)		3	25%	Annual	6.87%	3				3
2. Achievement of Plan - EBITDA achieved		4	10%	Annual	90.22%	4				5
3. Financial Efficiency - Net Return after Financing		4	20%	Annual	2.08%	4				4
4. Financial Efficiency - I&E Margin		3	20%	Annual	1.41%	3				3
5. Liquidity - Liquidity Ratio*		3	25%	Annual	24.83	3				3
Weighted Average Rating		3.3				3.3				3.4
Overall Rating		3	100			3				3

Notes:
Monitor Compliance Framework produced monthly, where the reporting month is not a quarterly submission date, performance will be for the quarter to date.
The Financial Risk Ratings table shows the Monitor FRR at the quarter end period calculated in accordance to the Monitor guidance. For the individual ratings, the RAG is: 3,4,5 = Green and 1&2 = Red.
The Financial Risk Rating Sensitivity Matrix is also included which shows the headroom against those individual ratings. This illustrates the movement before a change in rating score would be triggered.
Governance Ratings
MRSA has a threshold of 1 in Q1 and then 0 for the remaining quarters and remains green for Q1 and Q2. However the Monitor de Minimis allows 6 before regulatory action.

Financial Risk Rating Sensitivity Matrix						
	Weighting	5	4	3	2	1
1	25%	11%	9%	5%	1%	<1%
2	10%	100%	85%	70%	50%	<50%
3	20%	3%	2%	-0.5%	-5%	<-5%
4	20%	3%	2%	1%	-2%	<-2%
5	25%	60	25	15	10	<10

Trust Operational Performance Report - June 2013		2012/13												2013/14			YTD 13/14	13/14 Plan	Var	Trend						
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun										
Cancer indicators and																										
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	2.0%	■ ■ ■ ■
	Surgery	100%	95.7%	100%	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	6.0%
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral	100%	100%	100%	100%	89%	100%	0%	100%	100%	100%	83%	100%	100%	-	-	100%	90%	10.0%	■						
	Urgent GP Referral To Treatment	85.1%	92.6%	92.8%	92.1%	91.5%	90.7%	97.0%	92.5%	92.5%	87.5%	88.4%	90.8%	87.9%	89.0%	93.8%	90.2%	85%	5.2%	■ ■ ■ ■						
31-Day Wait For First Treatment	All Cancers	97.5%	100.0%	100.0%	100%	100%	100%	100%	100%	98%	98%	99%	100.0%	100.0%	100%	100%	100.0%	96%	4.0%	■ ■ ■ ■						
Two week wait from referral to date first seen	All Cancers	95.5%	96.0%	95.2%	98.2%	98.0%	98.0%	97.6%	97.8%	98.7%	96.3%	98.8%	98.7%	96.4%	98.3%	97.1%	97.3%	93%	4.3%	■ ■ ■ ■						
	For symptomatic breast patients	96.1%	97.6%	93.0%	98.1%	95.8%	96.8%	98.9%	97.7%	96.1%	97.5%	97.3%	98.7%	96.4%	98.0%	99.0%	97.9%	93%	4.9%	■ ■ ■ ■						
Referral to Treatment wait																										
Referral to treatment waiting times - admitted		94.62%	95.10%	94.56%	95.35%	94.70%	94.11%	93.46%	92.83%	93.17%	92.97%	91.49%	92.39%	90.08%	91.60%	91.56%	91.08%	90.00%	1.1%	■ ■ ■ ■						
Referral to treatment waiting times - Non-admitted		97.87%	98.05%	97.46%	98.14%	98.50%	98.32%	97.63%	97.39%	98.12%	97.49%	97.95%	98.26%	98.15%	98.55%	98.39%	98.39%	95.00%	3.4%	■ ■ ■ ■						
Referral to treatment waiting times - Incomplete		98.11%	98.61%	97.96%	99.04%	98.58%	98.27%	97.39%	97.49%	97.48%	97.06%	97.25%	97.48%	97.74%	98.24%	98.35%	98.11%	92.00%	6.1%	■ ■ ■ ■						
A&E Clinical Quality																										
Total time in A&E (95%) - Monitor Position		93.1%	96.8%	96.9%	98.5%	96.5%	96.2%	96.7%	95.0%	95.9%	93.3%	92.0%	92.1%	93.6%	94.8%	98.1%	95.7%	>95%	0.7%	■ ■ ■ ■						
Total time in A&E (95%) - Unify & Contract Monitoring Position		89.8%	95.3%	95.4%	97.8%	94.9%	94.6%	95.2%	92.7%	94.0%	90.5%	88.6%	88.7%	90.8%	92.7%	97.3%	90.8%	>95%	-4.2%	■ ■ ■ ■						
Time to initial assessment (95th percentile)		00:07	00:07	00:41	00:39	00:55	00:14	00:13	00:14	00:13	00:11	00:52	00:51	00:29	00:30	00:26	-	< 15 min	-	■ ■ ■ ■						
Time to treatment decision (Median)		00:42	00:48	00:53	00:48	00:55	00:59	00:54	00:59	00:57	00:57	00:56	01:03	0:59	00:49	00:47	-	< 60 min	-	■ ■ ■ ■						
Unplanned reattendance rate		2.9%	2.0%	5.5%	5.3%	5.0%	4.8%	4.7%	4.5%	4.7%	4.6%	5.7%	4.3%	4.2%	4.7%	5.5%	-	1% - 5%	-	■ ■ ■ ■						
Quality & Safety																										
C.Diff (hospital acquired)		3	3	0	1	2	0	1	0	1	0	2	2	1	0	0	1	13	-92%	■						
MRSA Bacteraemia (hospital acquired)		1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	-100%	■						
Friends and Family Test	Inpatients (Test Score)										66.7	60.8	67.2	68.8	72.1	74.5	72.1	70	2.9%	■ ■ ■ ■						
	Inpatient (Response Rate)										11.18%	21.04%	32.68%	35.89%	40.39%	45.23%	40.60%	15%	170.6%	■ ■ ■ ■						
	A&E (Test Score)										-	71.4	52.3	63.1	51.1	45.3	48.0	70	-31.4%	■ ■ ■ ■						
	A&E (Response Rate)										-	0.37%	2.48%	3.17%	4.73%	22.46%	10.13%	15%	-32.5%	■ ■ ■ ■						
Breach of Same Sex Accommodation		0	0	0	0	0	0	0	2	0	0	2	0	1	0	0	1	0	0	■						
VTE Risk Assessment		90.9%	90.1%	90.3%	91.3%	91.3%	91.1%	94.2%	93.7%	93.1%	95.5%	95.5%	96.1%	95.1%	95.40%	90.14%	95.09%	95.0%	0.09%	■ ■ ■ ■						
Stroke Pts - 90% time on Stroke Unit		86.11%	89.74%	84.91%	90.70%	80.00%	81.40%	75.68%	83.78%	84.85%	77.14%	71.43%	80.70%	82.93%	66.67%	75.51%	76.07%	85.00%	-8.93%	■ ■ ■ ■						
Maternity 12 weeks (Quarterly)		92.1%	90.5%	91.0%	92.8%	89.1%	89.3%	90.26%	93.24%	91.33%	89.95%	90.43%	91.00%	90.6%	94.0%	-	92.3%	80.0%	12.3%	■ ■ ■ ■						
Smoking During Pregnancy		10.1%	8.9%	6.8%	5.7%	8.2%	5.4%	5.6%	7.8%	8.07%	7.85%	5.46%	9.7%	8.28%	8.06%	5.59%	7.3%	8.2%	-0.9%	■ ■ ■ ■						
Breastfeeding Initiation		84.2%	82.1%	85.5%	85.1%	84.5%	83.8%	85.6%	82.3%	86.67%	84.80%	86.01%	85.76%	85.7%	82.0%	86.6%	84.8%	80.0%	4.8%	■ ■ ■ ■						
Activity																										
Acute Bed Capacity		559	555	559	548	537	542	548	543	543	553	553	553	530	530	8,183	530	-	-	■ ■ ■ ■						
Avg. Length of Stay - Elective (Acute)		2.8	3.0	2.8	3.1	2.7	3.4	2.7	2.9	3.1	2.5	2.9	2.7	2.9	2.7	3.3	2.9	2.95	-0.05	■ ■ ■ ■						
Avg. Length of Stay - Emergency (Acute)		5.8	5.0	4.6	4.9	5.0	4.6	5.0	5.0	4.7	5.1	5.2	5.2	5.4	4.9	5.0	5.1	4.80	0.30	■ ■ ■ ■						
Daycase Rate		81.2%	79.6%	79.5%	80.8%	80.2%	81.6%	81.3%	81.1%	83.1%	84.8%	83.0%	82.2%	84.5%	83.9%	82.4%	84.2%	84.0%	-4.0	■ ■ ■ ■						
Delayed Transfers of Care – Acute & MH		3.2%	2.7%	2.2%	2.1%	2.7%	3.5%	2.3%	2.9%	2.1%	2.4%	2.5%	2.4%	1.4%	1.7%	1.5%	1.5%	3.5%	-4.8	■ ■ ■ ■						
GP Written Referrals to Hospital		7,697	8,876	7,447	8,409	7,663	7,054	8,232	7,402	5,992	7,554	6,950	6,827	8,380	8,312	16,692	16,692	-	-	■ ■ ■ ■						
Other Referrals For a First Outpatient Appointment		4,683	5,591	4,897	5,264	5,127	4,995	6,006	5,212	4,291	5,355	4,538	4,580	5,108	5,143	10,251	10,251	-	-	■ ■ ■ ■						
All Outpatient Attendances		26,890	33,657	27,158	30,537	29,352	28,024	34,020	32,521	25,408	32,637	27,307	26,762	27,747	28,407	26,533	82,687	82,556	0.2%	■ ■ ■ ■						
Elective Spells		2,742	3,130	2,670	3,033	2,774	2,736	3,075	2,995	2,464	2,899	2,856	2,884	3,023	3,141	3,090	9,254	8,528	8.5%	■ ■ ■ ■						
Non-elective (inc maternity & transfers)		3044	3,377	3,389	3,442	3,381	3,292	3,416	3,269	3,392	3,447	2,985	3,407	3,127	3,227	3,330	9,683	9,812	-1.3%	■ ■ ■ ■						
A&E Attendances		7,557	8,302	8,035	8,004	7,575	7,573	7,391	7,797	7,581	7,383	6,995	8,025	7,773	7,868	7,659	23,300	22,980	1.4%	■ ■ ■ ■						
Old Better Care Better Value (not transferred to Operating Framework)																										
BADs Procedures		80.4%	79.8%	80.3%	82.0%	80.9%	81.8%	79.5%	79.2%	82.6%	83.1%	80.6%	83.8%	80.4%	79.8%	80.3%	80.2%	85.0%	-4.8%	■ ■ ■ ■						
Inpatients Admitted before day of Operation		7.7%	5.7%	6.8%	7.4%	5.6%	5.3%	7.5%	6.3%	7.3%	7.2%	5.7%	4.9%	5.3%	7.1%	7.0%	6.5%	10.0%	-3.5%	■ ■ ■ ■						