

Report to:	Public Board of Directors	Agenda item:	12
Date of Meeting:	25 April 2018		

Title of Report:	Operational Performance Report
Status:	Standing Item
Board Sponsor:	Francesca Thompson, Chief Operating Officer
Author:	Clare O'Farrell, Deputy Chief Operating Officer
Appendices	Appendix 1: Integrated Balanced Scorecard Month 12 Appendix 2: WH&C Performance Dashboard Summary – Month 11 (February 2018)

1.	Executive Summary of the Report
To provide the Board with an overview of the Trust's monthly performance and to agree the key actions that are required.	

2.	Recommendations (Note, Approve, Discuss)
<p>The Board are asked to discuss March performance.</p> <p>Board should note that the RUH have been rated as segment 3 overall against the NHSI Single Oversight Framework (SOF). For 4 Hour performance the Trust has been rated as category 4.</p> <p>In March three SOF operational performance metrics triggered concern; 4 Hours, RTT Incomplete Pathways, and Diagnostic tests – 6 week wait.</p> <p>Board are asked to note that a number of performance areas were impacted in March as a consequence of the severe weather.</p> <p>4 hour performance remains below the national standard of 95% and below improvement trajectory. This remains the significant performance challenge for the Trust.</p> <p>Board are asked to note:</p> <ul style="list-style-type: none"> • 4 hour performance at 76.6% below both the 95% national standard and the improvement target. This was improved performance from February. • RTT incomplete pathways in 18 weeks at 84.8% below the 92% national standard. The RUH reported thirteen 52 week breaches in February 2018. • Diagnostic tests – 6 week wait 2.61% failing the national standard of 1%. • Cancer performance in March was below the Trusts normal standard, three cancer targets including Breast Symptomatic failed. This included failure of one SOF cancer targets, 62 day treatment from screening, with one patient breached. Both 2 week wait targets failed as a direct consequence of a number of patient cancellations due to snow. • C-Difficile infection 72 hours post admission, 1 case in March achieving the Trust monthly target. <p>The Wiltshire Health and Care performance summary for month 11 is attached for information.</p>	

3.	Legal / Regulatory Implications
None in month.	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)		
	Risk identified in report	Risk ID	Risk title
	4-hour performance	634, 475	4 hour target
	18 week RTT at specialty level	436	18 week target
	DMO1 performance	1481	DMO1 target

5.	Resources Implications (Financial / staffing)

6.	Equality and Diversity
All services are delivered in line with the Trust's Equality and Diversity Policy.	

7.	References to previous reports
Standing agenda item.	

8.	Freedom of Information
Public	

Royal United Hospitals Bath



NHS Foundation Trust

Operational Performance Report – March 2018

NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Feb 2018	Mar 2018	Triggers Concerns
Four hour maximum wait in A&E (All Types from April 2014 onwards)	74.3%	76.6%	
C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	1 **	
RTT - Incomplete Pathways in 18 weeks	85.3%	84.8%	
31 day diagnosis to first treatment for all cancers	98.7%	100.0%	
31 day second or subsequent treatment - surgery	100.0%	100.0%	
31 day second or subsequent treatment - drug treatments	100.0%	100.0%	
31 day second or subsequent cancer treatment - radiotherapy treatments	100.0%	100.0%	
2 week GP referral to 1st outpatient	95.4%	91.1%	
2 week GP referral to 1st outpatient - breast symptoms	97.3%	86.7%	
62 day referral to treatment from screening	92.3%	88.9%	
62 day urgent referral to treatment of all cancers	85.5%	89.3%	
Diagnostic tests maximum wait of 6 weeks	1.73%	2.61%	

* 2 awaiting appeal response (October & November), ** March - 1 awaiting appeal response

This report provides a summary of performance for the month of March including the key issues and risks to delivery along with the actions in place to sustain and improve performance in future months.

Board should note that against the NHSI Single Oversight Framework (SOF) that the RUH have been rated 3 overall. The Trust has been placed into category 4 for 4 hour performance.

Performance concerns are triggered if an indicator is below national target.

In March three SOF operational metrics triggered concerns, with performance failures in two consecutive months: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways and Six week diagnostic waits (DMO1).

Board should be noted that 4 hour was below the national standard of 95% and failed the improvement trajectory, this remains the Trusts most significant performance issue. Improved performance has been delivered from January.



4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	March 18	Qtr 4	Full Year 2017/18
All Types	76.6%	74.4%	82.7%

Table 2: Emergency Department Quality Indicators:

Title	Month	Quarter	Year
	Mar-18	4	2017/2018
Unplanned Re-attendance Rate	0.3%	0.3%	0.5%
Total Time in ED - 95th Percentile	705.1	710.0	554.0
Left Without Being Seen	1.9%	1.7%	1.3%
Time to Initial Assessment - 95th Percentile	91.0	132.0	
Time to Treatment - Median	56	52	56
ED Attendances (Type 1)	6039	17266	71767
ED 4 Hour Breaches (Type 1)	1631	5122	14366
ED 4 Hour Performance (Type 1)	73.0%	70.3%	80.0%
Ambulance Handovers within 30 minutes	100.0%	100.0%	100.0%
ED Friends and Family Test	98	96	97

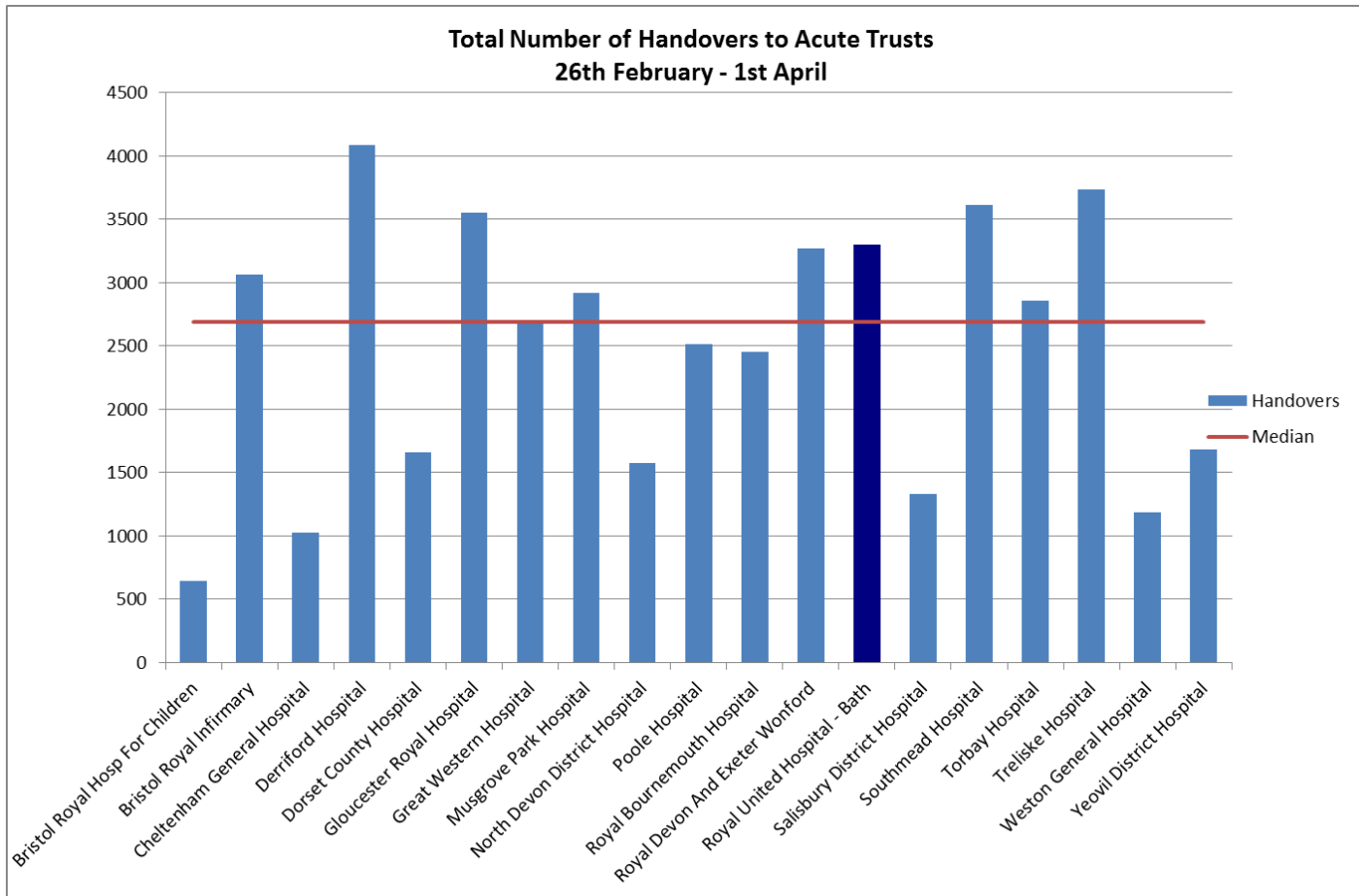
Table 1:

- During March the “all types” performance was 76.6%, below the 95% standard with a total of 1,633 breaches in the month. Improvement trajectory target was 88.4%.

Table 2:

- Reporting against all ED Clinical Quality indicators is now in-place. Time to treatment remains within the national standard.
- Ambulance Handovers: Sustained performance for Ambulance handovers within 30 minutes. The graphs on page 4 and 5 detail ambulance handover activity and performance across the 18 Trusts supported by South Western Ambulance Service Trust (SWAST).

SWAS Total Ambulance Handovers to ED (2)

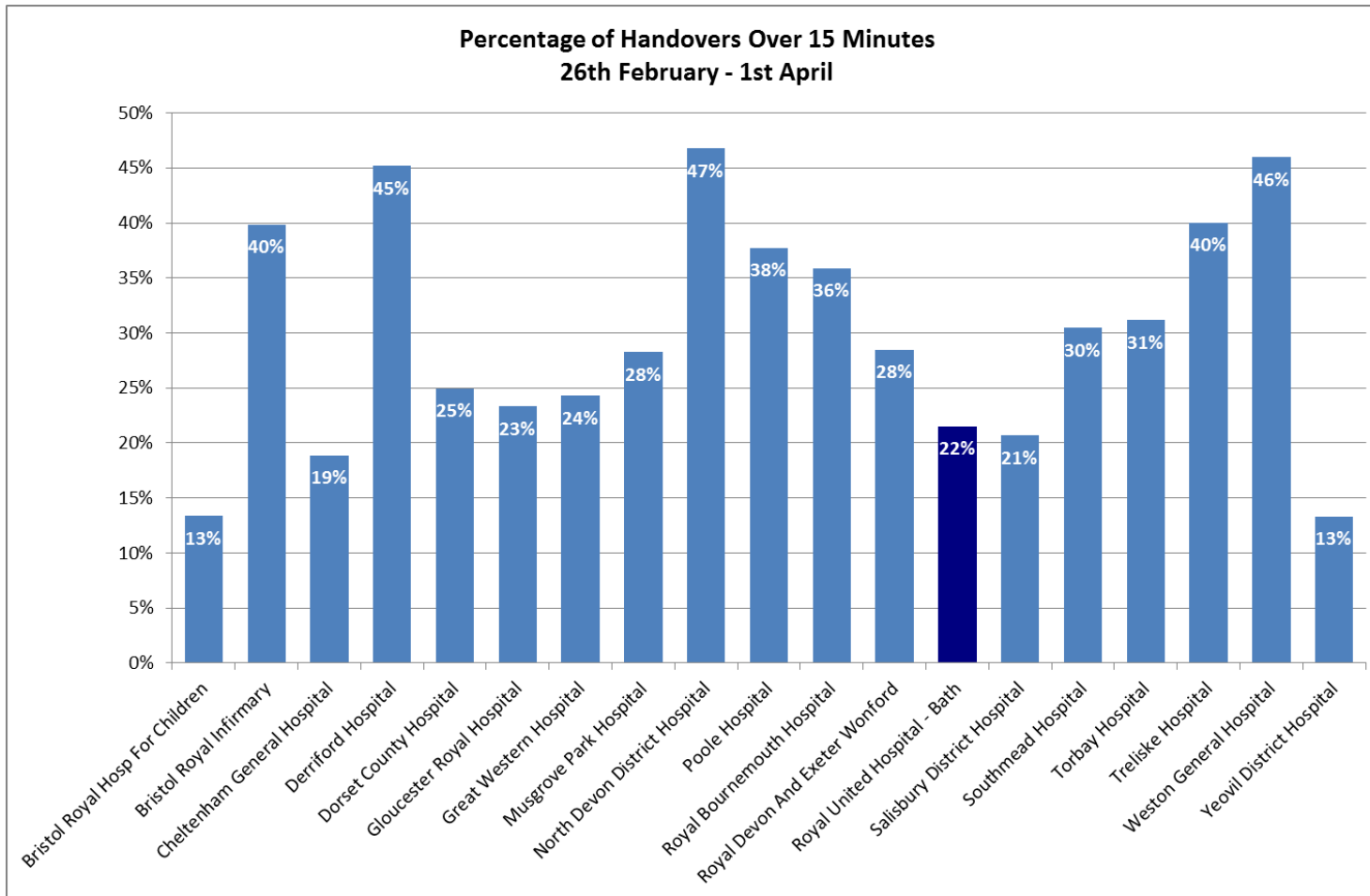


Comparison of the total number of ambulance handovers across all Trusts supported by SWAST.

The RUH had 3,303 ambulance handover's in the five week period (617 over the median)

Data source: W020 – Hospital & Late Handover Trend Analysis (SWAST)

SWAS Ambulance Handovers to ED over 15 minutes (3)

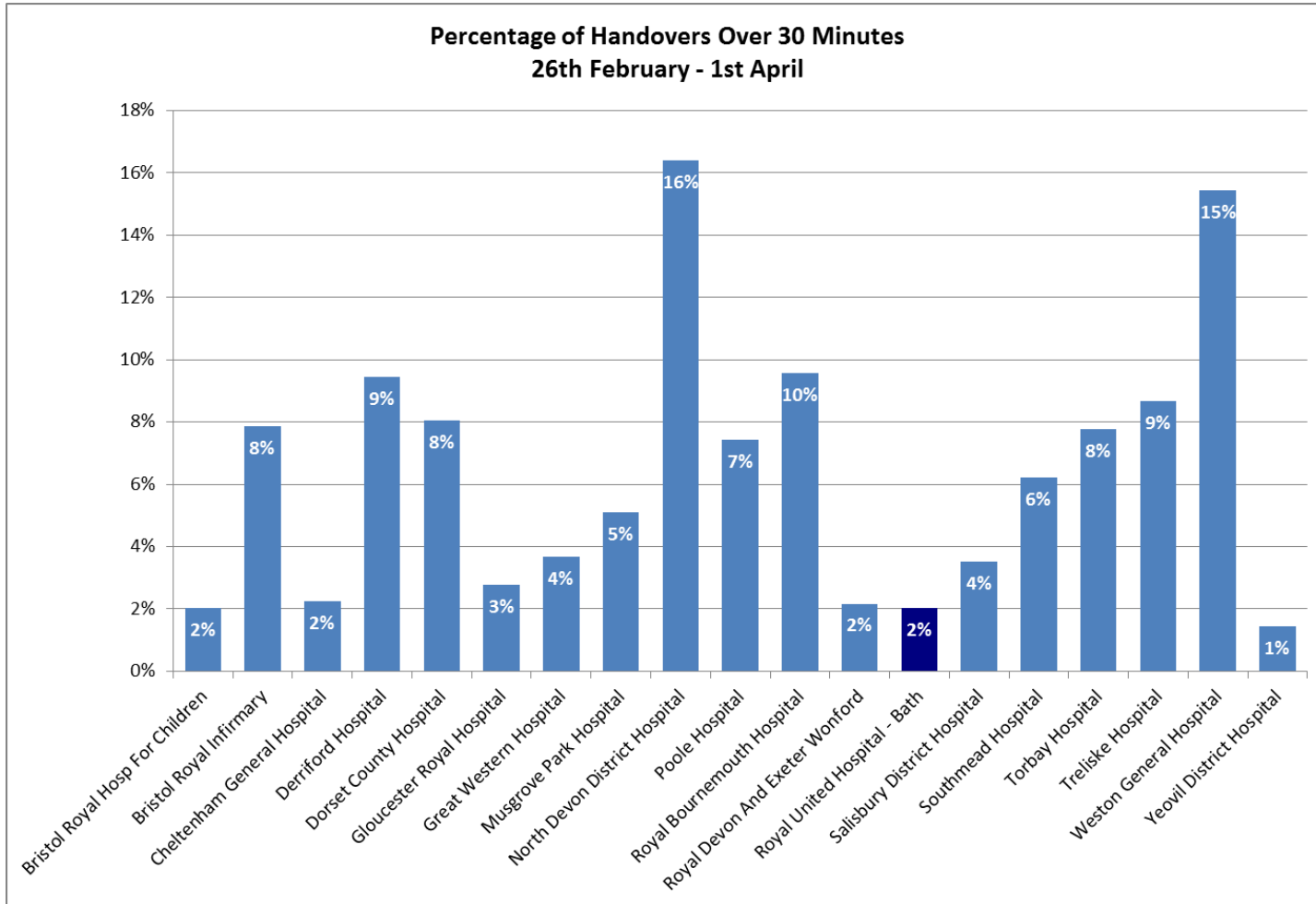


Performance is below previous months, reflecting the additional pressure experienced during March.

Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

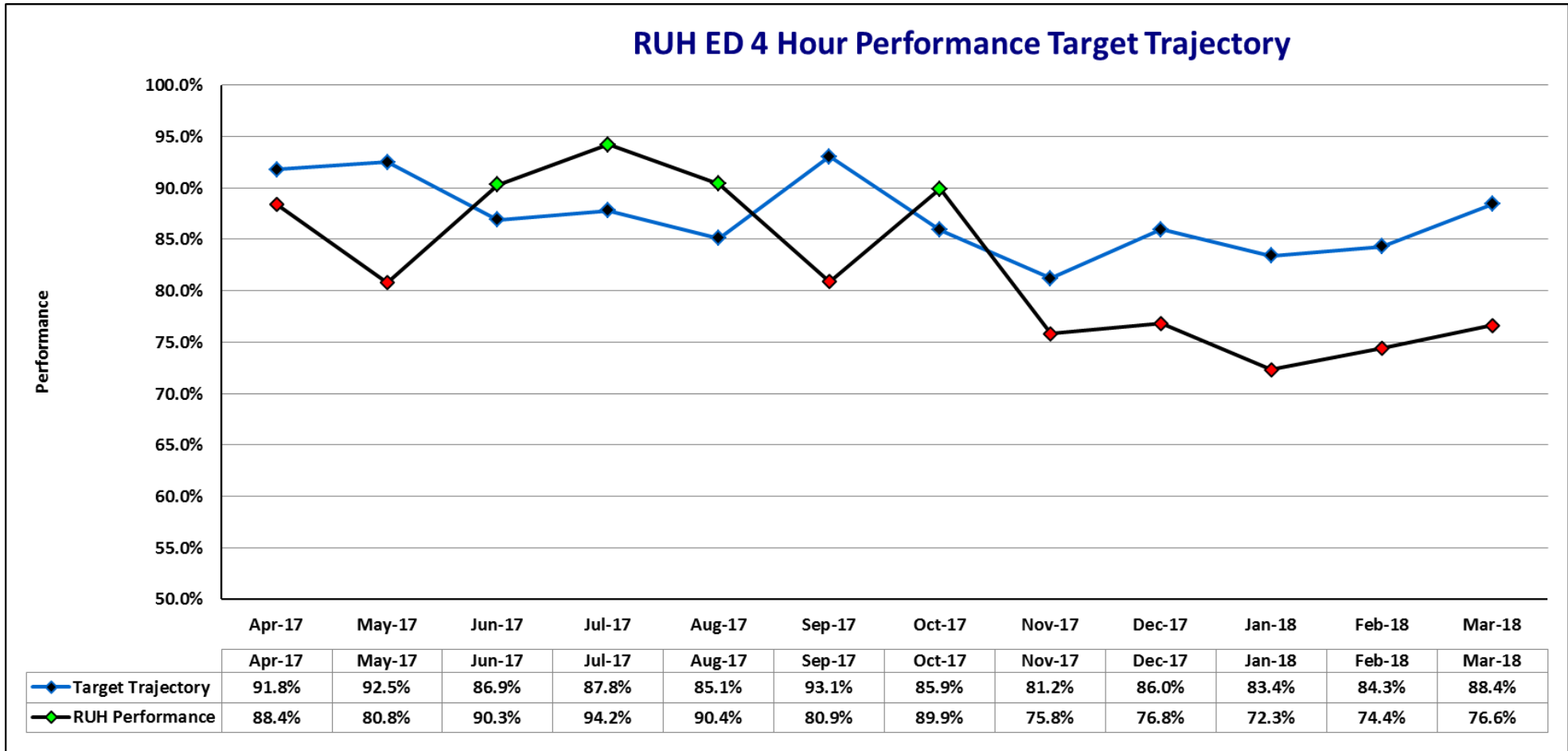


SWAS Ambulance Handovers to ED over 30 minutes (4)



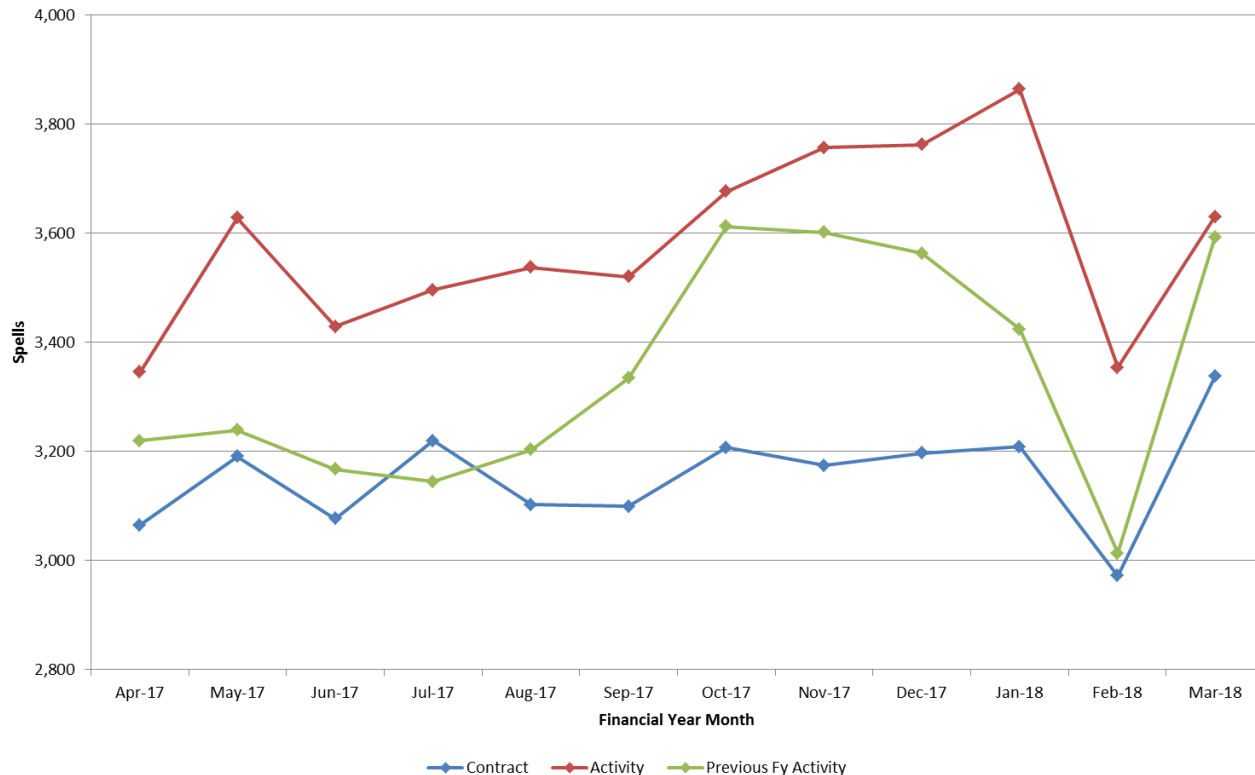
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

4 Hour Maximum Wait in ED – Improvement Trajectory (5)



Activity Levels (1)

Non Elective Activity Against Contract - Excludes Maternity



In March 2018 the non elective activity was 1.0% above March 2017 (excluding Maternity). Emergency department (ED) attendances were 4.1% below March 2017.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 53 with an average of 23.
- Medical Outliers peaked at 71 with a median of 48.

In March the Trust capacity was impacted by bed closures for infection, predominately Flu and Norovirus.

- The max number of beds closed was 82 and the average per day closed was 47.

The Trust has been able to close the Flu cohort ward in March 2018, with a reduction in Flu cases seen across the Trust.



Activity Levels – Non Elective (2)

Non Elective (Excluding Maternity)		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Trust Total	Plan	3,064	3,190	3,077	3,219	3,102	3,099	3,206	3,174	3,197	3,208	2,972	3,337	37,847
	Activity	3,344	3,629	3,429	3,496	3,537	3,520	3,676	3,756	3,762	3,864	3,355	3,637	43,005
	Previous Fy Activity	3,219	3,239	3,167	3,144	3,203	3,334	3,612	3,601	3,563	3,424	3,013	3,593	40,112
	Variance vs Contract	9.1%	13.7%	11.5%	8.6%	14.0%	13.6%	14.6%	18.3%	17.7%	20.4%	12.9%	9.0%	13.6%
	Variance vs Previous Fy	3.9%	12.0%	8.3%	11.2%	10.4%	5.6%	1.8%	4.3%	5.6%	12.9%	11.4%	1.2%	7.2%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan	1,074	1,117	1,078	1,127	1,089	1,085	1,122	1,109	1,119	1,123	1,038	1,165	13,246
	Activity	1,269	1,416	1,299	1,327	1,308	1,302	1,394	1,405	1,414	1,469	1,205	1,329	16,137
	Previous Fy Activity	1,147	1,158	1,120	1,118	1,119	1,193	1,275	1,289	1,306	1,233	1,068	1,355	14,381
	Variance vs Contract	18.2%	26.7%	20.5%	17.8%	20.1%	20.0%	24.2%	26.7%	26.3%	30.8%	16.1%	14.1%	21.8%
	Variance vs Previous Fy	10.6%	22.3%	16.0%	18.7%	16.9%	9.1%	9.3%	9.0%	8.3%	19.1%	12.8%	-1.9%	12.2%
NHS SOMERSET CCG	Plan	431	448	432	452	436	435	450	446	449	451	417	469	5,317
	Activity	473	491	479	477	489	509	495	537	504	574	507	524	6,059
	Previous Fy Activity	452	440	451	443	459	433	548	523	514	428	412	509	5,612
	Variance vs Contract	9.9%	9.5%	10.8%	5.5%	12.2%	16.9%	9.9%	20.4%	12.2%	27.3%	21.4%	11.8%	13.9%
	Variance vs Previous Fy	4.6%	11.6%	6.2%	7.7%	6.5%	17.6%	-9.7%	2.7%	-1.9%	34.1%	23.1%	2.9%	8.0%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan	112	117	112	117	114	113	117	115	117	117	108	121	1,381
	Activity	119	150	134	147	151	137	162	151	136	145	128	142	1,702
	Previous Fy Activity	118	111	102	112	119	110	130	113	119	145	103	148	1,430
	Variance vs Contract	6.2%	28.7%	19.2%	25.2%	32.7%	21.1%	38.4%	30.7%	16.5%	23.8%	18.4%	17.2%	23.3%
	Variance vs Previous Fy	0.8%	35.1%	31.4%	31.3%	26.9%	24.5%	24.6%	33.6%	14.3%	0.0%	24.3%	-4.1%	19.0%
NHS WILTSHIRE CCG	Plan	1,184	1,233	1,189	1,245	1,197	1,198	1,240	1,229	1,236	1,240	1,151	1,293	14,635
	Activity	1,257	1,361	1,303	1,313	1,362	1,358	1,431	1,435	1,480	1,498	1,338	1,505	16,641
	Previous Fy Activity	1,186	1,212	1,194	1,195	1,212	1,285	1,362	1,374	1,334	1,328	1,189	1,378	15,249
	Variance vs Contract	6.2%	10.4%	9.6%	5.5%	13.8%	13.3%	15.4%	16.8%	19.8%	20.8%	16.3%	16.4%	13.7%
	Variance vs Previous Fy	6.0%	12.3%	9.1%	9.9%	12.4%	5.7%	5.1%	4.4%	10.9%	12.8%	12.5%	9.2%	9.1%
OTHER CCGs	Plan	264	275	265	278	267	268	277	275	276	277	257	289	3,268
	Activity	226	211	214	232	227	214	194	228	228	178	177	137	2,466
	Previous Fy Activity	316	318	300	276	294	313	297	302	290	290	241	203	3,440
	Variance vs Contract	-14.5%	-23.4%	-19.4%	-16.6%	-15.0%	-20.0%	-29.9%	-16.9%	-17.4%	-35.7%	-31.1%	-52.6%	-24.5%
	Variance vs Previous Fy	-28.5%	-33.6%	-28.7%	-15.9%	-22.8%	-31.6%	-34.7%	-24.5%	-21.4%	-38.6%	-26.6%	-32.5%	-28.3%

Board are asked to note a change in the table.

The Other CCGs figures are noted as distorting the Trust total, which is far less than the BANES, Wiltshire, Somerset CCG percentage.

Slide 10 will be amended to reflect this change in May reports.



Income Levels – Non Elective (3)

Non Elective Income (Excluding Maternity, XBDs, Readmissions, Critical Care and NICU)		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD
Trust Total	Plan £'000	6,432	6,669	6,444	6,697	6,584	6,466	6,685	6,538	6,676	6,687	6,111	6,811	78,800
	Income £'000	6,398	6,921	6,726	7,036	6,816	6,757	6,790	8,594	7,552	8,153	6,537	7,413	85,692
	Previous Fy Income £'000	5,948	5,956	6,220	5,818	6,043	6,003	6,045	6,542	6,334	5,920	5,542	6,414	72,786
	Variance vs Contract	-0.5%	3.8%	4.4%	5.1%	3.5%	4.5%	1.6%	31.4%	13.1%	21.9%	7.0%	8.8%	8.7%
	Variance vs Previous Fy	7.6%	16.2%	8.1%	20.9%	12.8%	12.6%	12.3%	31.4%	19.2%	37.7%	18.0%	15.6%	17.7%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan £'000	2,199	2,280	2,203	2,288	2,254	2,210	2,284	2,231	2,282	2,285	2,085	2,322	26,924
	Income £'000	2,286	2,624	2,553	2,522	2,529	2,487	2,502	3,177	2,819	3,035	2,307	3,040	31,880
	Previous Fy Income £'000	2,116	2,159	2,174	2,090	2,102	2,274	2,139	2,112	2,317	2,277	2,289	1,935	25,984
	Variance vs Contract	3.9%	15.1%	15.9%	10.2%	12.2%	12.5%	9.5%	42.4%	23.6%	32.8%	10.6%	30.9%	18.4%
	Variance vs Previous Fy	8.0%	21.5%	17.4%	20.7%	20.3%	9.3%	17.0%	50.4%	21.7%	33.3%	0.8%	57.1%	22.7%
NHS SOMERSET CCG	Plan £'000	830	861	832	864	850	835	863	844	862	863	789	879	10,171
	Income £'000	881	875	852	833	1,003	998	870	1,255	1,004	1,090	893	985	11,539
	Previous Fy Income £'000	776	769	862	655	831	893	729	721	841	841	811	725	9,453
	Variance vs Contract	6.1%	1.7%	2.5%	-3.7%	17.9%	19.6%	0.9%	48.8%	16.5%	26.3%	13.3%	12.1%	13.5%
	Variance vs Previous Fy	13.5%	13.9%	-1.2%	27.2%	20.7%	11.8%	19.4%	74.2%	19.4%	29.6%	10.1%	35.8%	22.1%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan £'000	229	237	229	238	235	229	237	231	237	237	216	240	2,795
	Income £'000	259	270	266	281	293	221	287	282	239	329	267	303	3,298
	Previous Fy Income £'000	220	188	206	196	175	253	179	211	262	206	187	194	2,477
	Variance vs Contract	13.4%	14.0%	16.2%	18.4%	24.8%	-3.9%	21.0%	21.8%	1.0%	38.8%	23.6%	26.2%	18.0%
	Variance vs Previous Fy	18.0%	43.3%	29.4%	43.3%	67.3%	-12.7%	60.6%	33.2%	-8.5%	60.0%	42.7%	56.2%	33.2%
NHS WILTSHIRE CCG	Plan £'000	2,406	2,495	2,410	2,505	2,464	2,418	2,500	2,444	2,497	2,501	2,284	2,545	29,469
	Income £'000	2,476	2,746	2,606	2,895	2,631	2,626	2,735	3,385	3,043	3,235	2,705	2,885	33,966
	Previous Fy Income £'000	2,206	2,194	2,350	2,274	2,360	2,340	2,349	2,447	1,899	2,476	2,598	2,222	27,715
	Variance vs Contract	2.9%	10.1%	8.1%	15.6%	6.7%	8.6%	9.4%	38.5%	21.9%	29.3%	18.4%	13.4%	15.3%
	Variance vs Previous Fy	12.2%	25.1%	10.9%	27.3%	11.5%	12.2%	16.4%	38.3%	60.2%	30.6%	4.1%	29.9%	22.6%



C – Difficile Infection > 72 hours post

C-Diff Performance by Month:

Month	Actual Number of Cases	Number of Successful Appeals	Number Awaiting Appeal Response	Number of Outstanding RCA's
April 17	2	1	0	0
May 17	3	2	0	0
June 17	1	0	0	0
July 17	4	1	0	0
Aug 17	2	1	0	0
Sept 17	5	2	0	0
Oct 17	6	2	1	0
Nov 17	2	0	1	0
Dec 17	2	1	0	0
Jan 18	1	0	0	0
Feb 18	2	0	0	0
Mar 18	1	0	1	0
Y-T-D	31	10	3	0

2017/18, the RUH tolerance is 22 post 3 day C Diff cases.

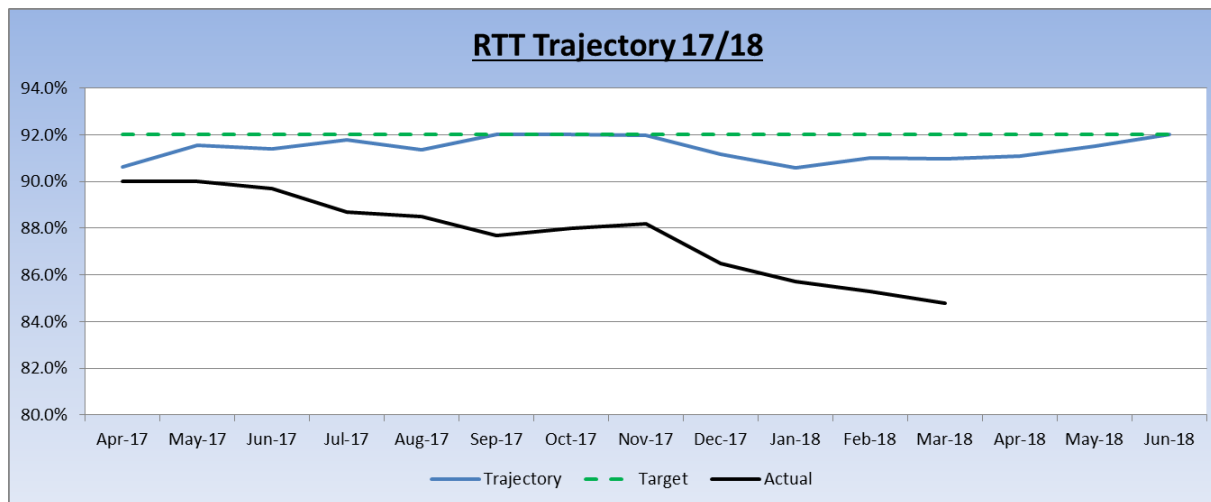
- In March there was 1 case of C-Difficile.
- 3 cases are awaiting appeal response (October, November & March)

Year to date the best case scenario is 18 RUH Trust attributed C Diff cases which would be within tolerance, the worst case scenario is 21 which would also be within tolerance.



Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:



- Performance against the incomplete standard of 92% was 84.8% in March. This compares with a National Incomplete RTT performance of 88.2% (last reported in January 2018).
- 7 specialties did not achieve the constitutional standard in March. These were General Surgery, Urology, ENT, Ophthalmology, Oral Surgery, T&O, and Cardiology
- The over 18 week backlog for admitted patients increased in month to 1,516 (5.9% increase). This is increasing the Trusts risk of patients breaching the 52 week standard for Treatment. The Surgical Division have been asked to review the Trusts RTT risk register entry and consider if an additional risk should be raised regarding 52 week breaches.
- T&O (-3.8%) Cardiology (-2.1%) Other (-2.4%) saw the biggest performance decline in month
- The Trust cancelled 106 patients in advance due to a lack of beds throughout March – allowing the Trust to focus on urgent and cancer treatments as well as supporting non-elective pressures.



18 Weeks Incomplete Standard (2)

RTT Incomplete Open Pathway Performance by Specialty:

	Open Pathways		
	Total Waiters	> 18 Weeks	Performance
100 - General Surgery	2521	401	84.1%
101 - Urology	1076	214	80.1%
110 - T&O	1623	323	80.1%
120 - ENT	1971	327	83.4%
130 - Ophthalmology	2680	692	74.2%
140 - Oral Surgery	2498	764	69.4%
300 - Acute Medicine	140	3	97.9%
301 - Gastroenterology	1719	114	93.4%
320 - Cardiology	1522	138	90.9%
330 - Dermatology	706	7	99.0%
340 - Respiratory Medicine	458	11	97.6%
400 - Neurology	697	55	92.1%
410 - Rheumatology	947	30	96.8%
430 - Geriatric Medicine	138	3	97.8%
502 - Gynaecology	1242	80	93.6%
X01 - Other	1793	132	92.6%
Total	21731	3294	84.8%

- In March, 275 patients were discharged through Chairport equating to 27.9% of patients.
- There were 33 same day theatre cancellations for non-clinical reasons. The increase is partly due to the cancellations of patients as a result of the snow at the beginning of the month.
- In month performance improvements noted in General Surgery, ENT, Dermatology, Neurology, Geriatric Medicine
- 13 patients waited more than 52 weeks for their treatment in General Surgery, Urology, T&O, ENT, Oral Surgery and Cardiology. These were a mixture of administrative errors and capacity breaches.

Actions taken in Month:-

- An Ophthalmology improvement plan is in place which has been shared with Commissioners who continue to support redirection of routine referrals to other providers.
- The Trust continue to work with NHS England to provide support with GA dental procedures.
- 9 patients were treated through APO in March 18.
- 79 cataract patients were transferred to Circle.



18 Weeks – Incomplete Pathways >30 weeks (3)

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
100 - General Surgery	84	79	76	69	46	51	53	66	76	86	118	124	122
101 - Urology	18	22	20	16	23	22	25	23	15	15	33	46	46
110 - Trauma & Orthopaedic	53	48	60	73	57	49	43	30	36	32	44	42	52
120 - ENT	20	18	25	15	16	14	20	29	36	51	47	65	73
130 - Ophthalmology	16	10	12	13	13	15	23	25	25	76	127	184	187
140 - Oral Surgery	13	12	36	40	57	58	81	107	128	163	192	200	220
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	37	29	28	20	15	6	3	5	6	11	16	3	6
320 - Cardiology	25	27	32	36	38	31	37	8	4	6	4	6	6
330 - Dermatology	2	0	1	0	5	15	25	19	17	21	5	3	0
340 - Respiratory Medicine	0	0	0	0	0	0	0	1	0	1	0	0	0
400 - Neurology	1	0	1	0	0	0	0	0	0	0	0	0	0
410 - Rheumatology	1	1	2	3	3	4	1	0	3	2	3	5	9
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	3	2	7	3	1	1	1	3	1	0	1	1	3
X01 - Other	19	16	13	8	7	4	4	9	5	9	14	14	22
Open Pathways > 30 Weeks	292	264	313	296	281	270	316	325	352	473	604	693	746

- Long waits to first appointments remain across Ophthalmology and Oral surgery. Recovery plans are now in place for both services.
- Outpatient utilisation has continued to perform well at > 85%.



Cancer Access 62 days all cancers (1)

			Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
62 Day	Cancer Network	RUH	88.20%	85.40%	81.00%	86.30%	86.70%	87.70%	86.80%	86.30%	87.20%	93.00%	87.60%	89.30%
		UHB	76.80%	77.98%	81.70%	74.70%	85.24%	80.50%	84.14%	88.40%	83.08%	77.99%	Not yet available	Not yet available
		NBT	87.80%	80.76%	86.00%	90.20%	87.30%	85.46%	86.42%	87.00%	87.04%	76.89%	Not yet available	Not yet available
		Taunton	82.40%	74.05%	76.50%	84.80%	84.18%	74.67%	73.65%	66.10%	84.46%	73.79%	Not yet available	Not yet available
		Yeovil	84.95%	88.39%	92.30%	84.30%	80.22%	42.86%	71.13%	77.40%	86.67%	87.27%	Not yet available	Not yet available
		Gloucester	78.46%	75.94%	71.20%	74.80%	80.13%	69.80%	71.62%	76.50%	73.36%	69.91%	Not yet available	Not yet available
		Weston	78.43%	70.15%	66.70%	77.00%	75.36%	63.80%	69.23%	57.10%	66.67%	77.78%	Not yet available	Not yet available
	Other Local Trusts	GWH	77.17%	79.07%	81.30%	76.00%	79.37%	74.60%	85.81%	84.56%	85.43%	83.59%	Not yet available	Not yet available
		Salisbury	81.55%	83.21%	89.30%	86.10%	89.08%	93.10%	84.26%	81.08%	82.76%	76.58%	Not yet available	Not yet available
	National	England	82.91%	81.03%	80.50%	81.40%	82.63%	82.03%	82.34%	82.48%	84.16%	81.15%	Not yet available	Not yet available

- March performance was 89.3%, against the 85% target.
- Activity levels for March were at 89 cases with 9.5 breaches



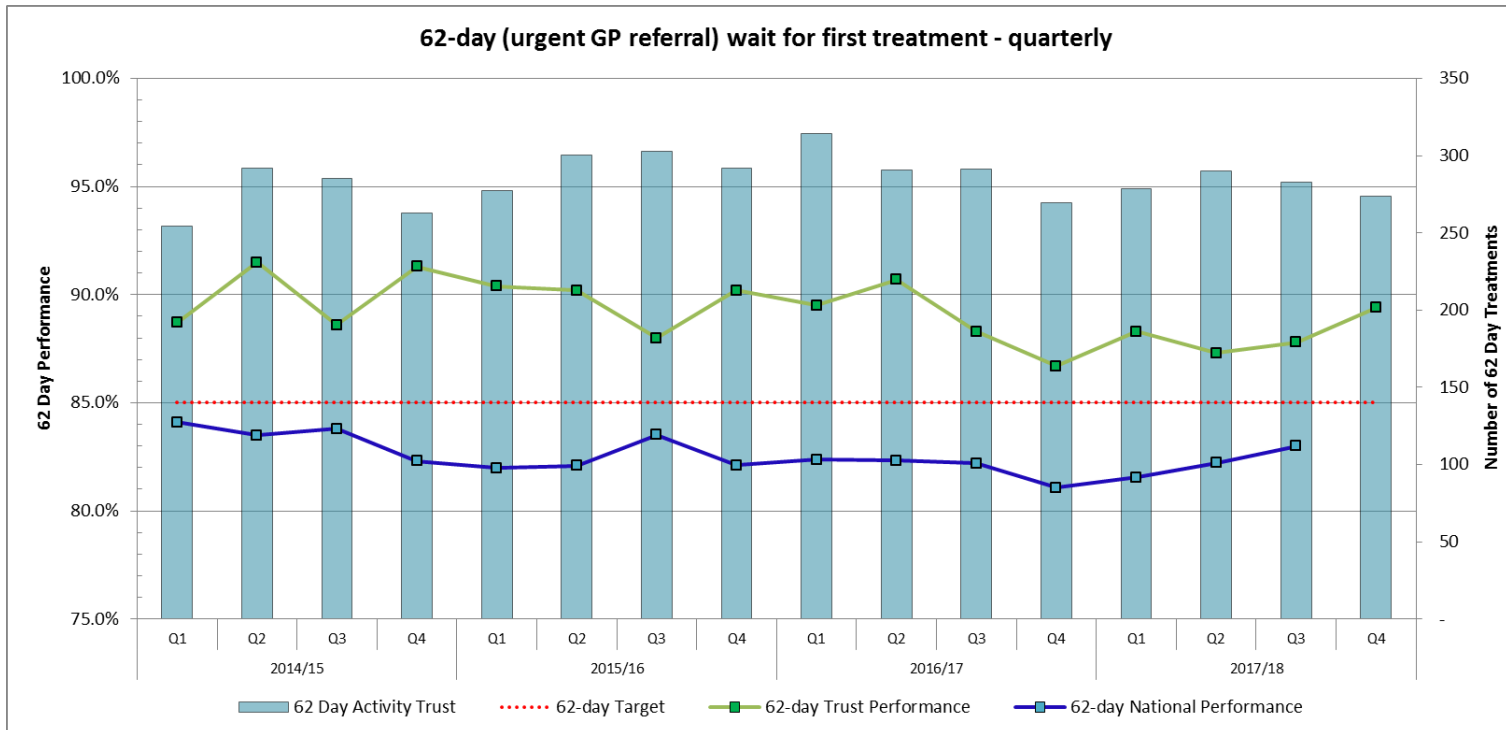
62 Day performance by Tumour Site (2)

Cancer Site	Indicator Description	2017/18											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Breast	Activity	23	14	20	20	23	14	24.5	17.5	11	16	6	23
	Breaches	1	0	0	0	1	2.5	1.5	0	0	0	0	0
	Performance	95.7%	100.0%	100.0%	100.0%	95.7%	82.1%	93.9%	100.0%	100.0%	100.0%	100.0%	100.0%
	Referral Conversion %	10.8%	6.9%	6.7%	12.6%	8.1%	13.2%	9.1%	3.3%	9.2%	5.4%	8.0%	
Colorectal	Activity	12	5	9	11	8.5	10	8.5	8	11	7.5	3.5	11
	Breaches	1	1	3	4	3.5	2	2.5	1	3	0.5	1.5	3
	Performance	91.7%	80.0%	66.7%	63.6%	58.8%	80.0%	70.6%	87.5%	72.7%	93.3%	57.1%	72.7%
	Referral Conversion %	6.4%	3.7%	6.4%	6.3%	5.2%	5.5%	3.2%	5.2%	7.6%	4.2%	3.2%	
Gynaecology	Activity	2	6	6	5	5	4	10	6	6	6	7	6.5
	Breaches	0	0	1	1	0	1	2	0	0	0	1	0
	Performance	100.0%	100.0%	83.3%	80.0%	100.0%	75.0%	80.0%	100.0%	100.0%	100.0%	85.7%	100.0%
	Referral Conversion %	5.2%	8.1%	4.5%	6.9%	7.8%	7.2%	3.1%	8.3%	7.1%	5.3%	7.0%	
Haematology	Activity	5	3	4	4	5	7	5.5	4	7	6	4	5
	Breaches	0	0	0	0	1	0	1	0	1	0	1	0
	Performance	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	81.8%	100.0%	85.7%	100.0%	75.0%	100.0%
	Referral Conversion %	45.5%	57.1%	33.3%	38.5%	60.0%	70.0%	25.0%	61.1%	60.0%	33.3%	33.3%	
Head and Neck	Activity	4	3	7	6	2	1.5	2	4.5	6.5	6	2.5	3
	Breaches	1.5	0	3	0	1	0.5	1	0.5	0.5	2.5	0.5	2
	Performance	62.5%	100.0%	57.1%	100.0%	50.0%	66.7%	50.0%	88.9%	92.3%	58.3%	80.0%	33.3%
	Referral Conversion %	6.7%	6.7%	3.8%	3.1%	1.3%	7.4%	5.4%	6.7%	7.1%	5.7%	2.5%	
Lung	Activity	6.5	8	4.5	10	9	9.5	5	6.5	7	10	8.5	6
	Breaches	1.5	0	0	2.5	1.5	0.5	0	0	0.5	0	0.5	1
	Performance	76.9%	100.0%	100.0%	75.0%	83.3%	94.7%	100.0%	100.0%	92.9%	100.0%	94.1%	83.3%
	Referral Conversion %	17.9%	33.3%	18.8%	27.6%	20.0%	38.2%	16.7%	43.5%	33.3%	32.0%	23.8%	
Skin	Activity	16	29	18	16.5	27	21	23	23.5	16	38.5	10.5	13
	Breaches	2	4	1.5	2.5	4	1.5	1	3	2	3	1.5	0.5
	Performance	87.5%	86.2%	91.7%	84.8%	85.2%	92.9%	95.7%	87.2%	87.5%	92.2%	85.7%	96.2%
	Referral Conversion %	11.2%	9.3%	9.2%	5.5%	8.3%	10.9%	8.9%	8.6%	10.0%	12.3%	5.0%	
Upper GI	Activity	2	2	10.5	5	8	4	9	9.5	4	3.5	3.5	8.5
	Breaches	0	0	2.5	1	1	0	3.5	1.5	1.5	0	0	2.5
	Performance	100.0%	100.0%	76.2%	80.0%	87.5%	100.0%	61.1%	84.2%	62.5%	100.0%	100.0%	70.6%
	Referral Conversion %	3.8%	3.2%	9.8%	8.8%	8.6%	11.4%	10.0%	5.6%	6.5%	4.5%	4.8%	
Urology	Activity	16.5	19.5	21	18	20	16.5	9	20.5	12	22	20	12.5
	Breaches	3.5	1	5	2	1	1.5	0	5	1	2	3	0.5
	Performance	78.8%	94.9%	76.2%	88.9%	95.0%	90.9%	100.0%	75.6%	91.7%	90.9%	85.0%	96.0%
	Referral Conversion %	18.7%	16.4%	14.0%	20.4%	11.7%	11.7%	13.8%	15.9%	14.3%	15.8%	12.7%	

- As part of an increased level of governance against the 62 Day cancer standard (85%), Board are asked to note performance by tumour site.
- For the RUH, as per the national picture, performance is challenged predominantly in Colorectal. Performance in Head & Neck is also challenged with many patients having complex pathways, often requiring transfer between Trusts.

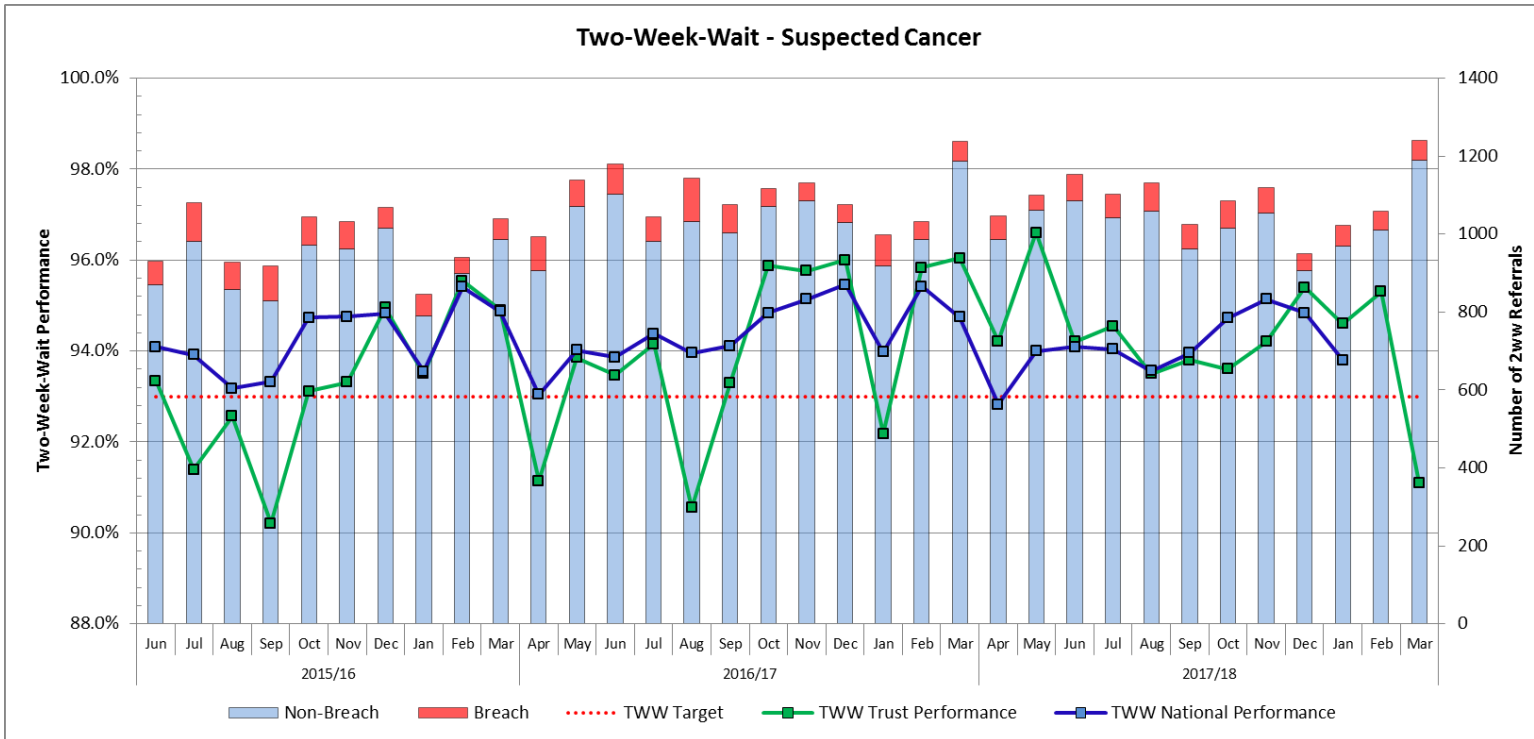
Note about the 'Referral Conversion' - these figures show the percentage of 2 week-wait patients that are eventually treated. It is based on the 'first seen date' of the 2ww referral, not the treatment date and is therefore out-of-sync with the 62 day activity figures (which are based on treatment date). We cannot show the last month's rate as patients seen in recent months have not yet had the 'chance' to be treated. Recent months are subject to change as patients get treated.

Q3 - 62 Day (urgent GP referral) wait for first treatment (3)



- The RUH continues to perform above the national average for the 62 day target.
- Weekly PTL meetings in key tumour sites and at divisional level are supporting target delivery.

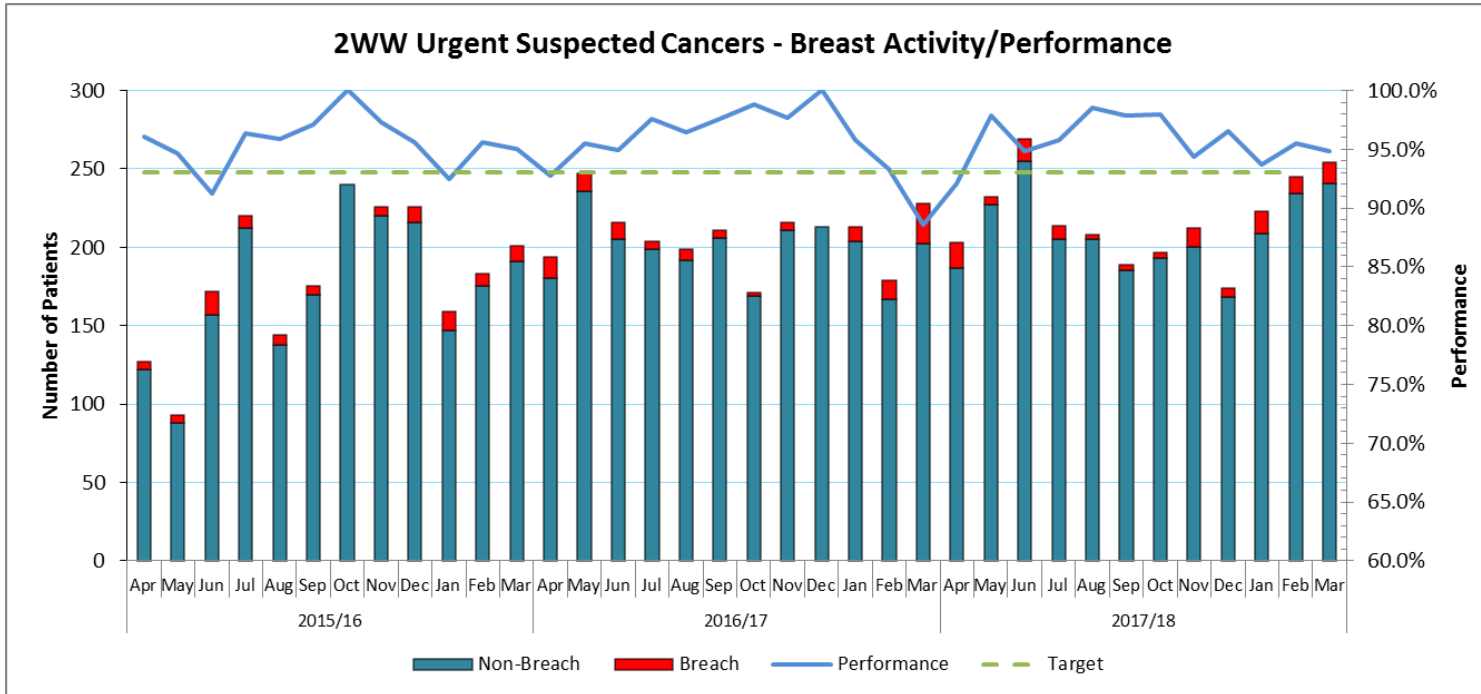
Cancer Access – 2 WW (4)



- The 2ww suspected cancer target failed in March at 91.1%. **Performance impacted by a significant number of patient cancellations due to the snow at the start of March.** Board should note that all cancer clinics were held but many patients elected not to travel.
- Divisional teams are now working to provide the additional clinic capacity required to regain performance.

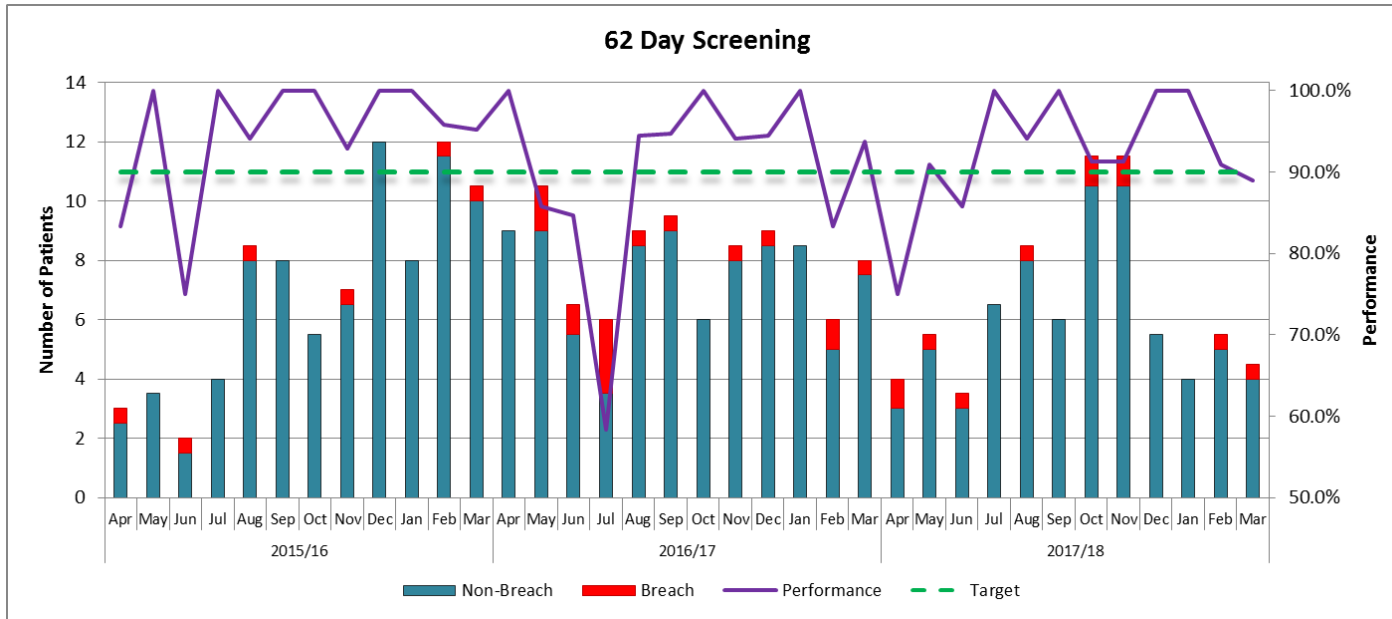
Please note: the graph has been updated to show the national 2ww performance (blue line) alongside the Trust's performance and activity split by non-breaches and breaches.

Cancer Access – 2 WW Breast Suspected Cancer (5)



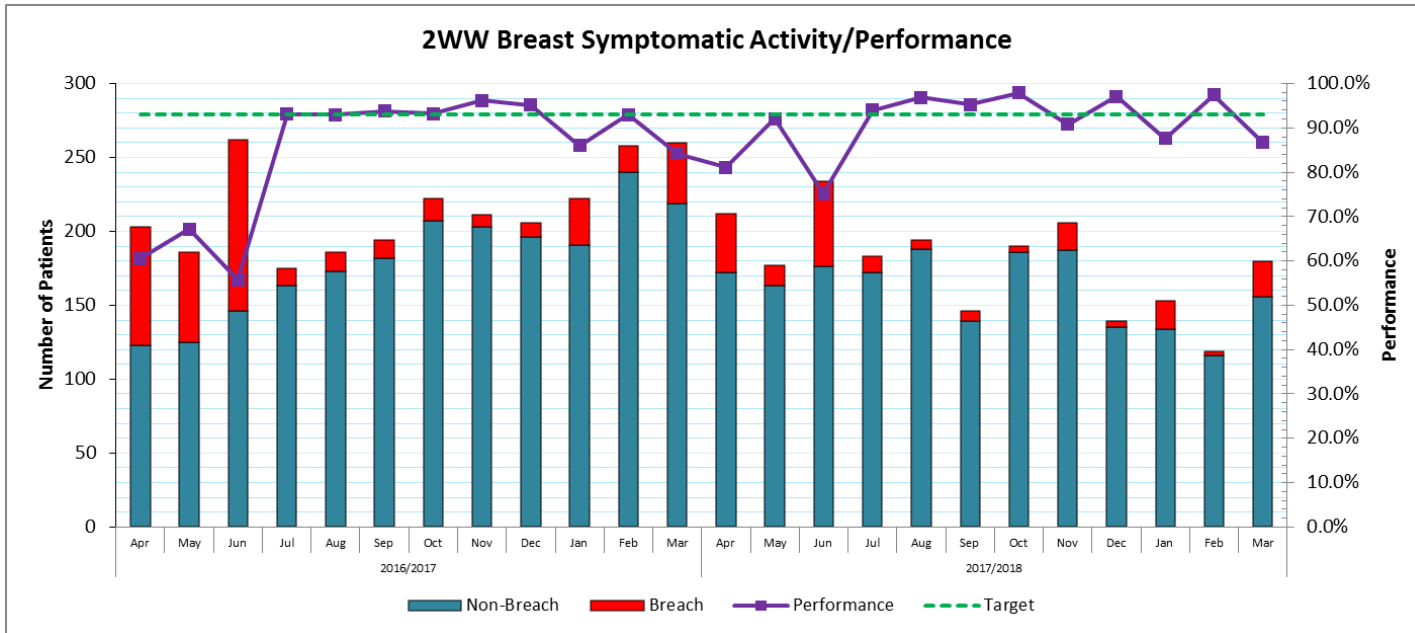
- The performance in March for Breast 2WW suspected cancer was 94.9%, above the 93% overall 2WW target.

Cancer Access – 62 Day Screening (6)



- In March, the Trust failed the 90% target, with performance at 88.9%.
- One patient breached the target and the breach was shared with GWH Trust as the host for the Wiltshire Breast Screening Service. The patient cancelled several appointments at GWH and had therefore breached the target before referral to the RUH.
- The Cancer Services Manager continues to work within the cancer network to minimise breaches. National funding for the additional Cancer MDT co-ordinators to support improved pathway tracking has now lapsed, a business case is to be drafted for permanent additional posts.
- Agreement has been reached nationally for the 62 Day Screening target to fall within the breach reallocation policy from July 2018 onwards.

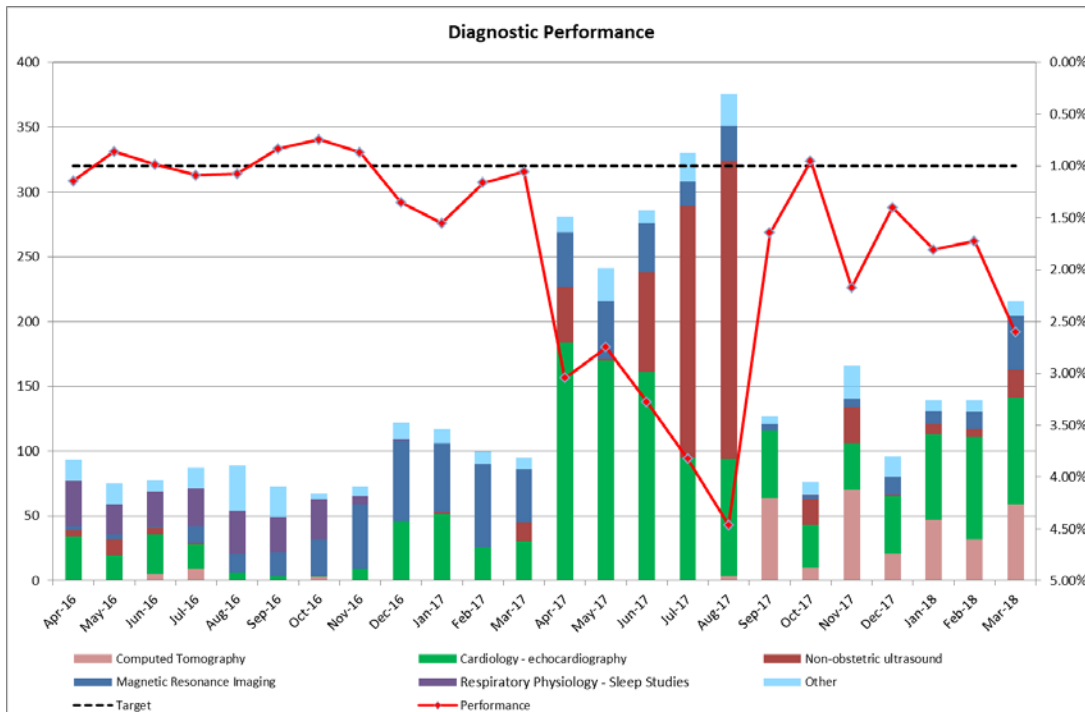
Cancer Access – Breast Symptomatic (7)



- The symptomatic target failed in March with performance at 86.7% against 93% target.
- **Failure was due primarily to patient appointment cancellations due to the snow.**
- Clinical triage of all referrals remains in place.
- Additional Clinical Assistant capacity has been extended until June 2018.
- Long term staff challenges remain, however a locum consultant radiologist is currently in place until September at which point a permanent breast/general radiologist starts at the Trust which will make the service much more robust.



Diagnosics (1)



Diagnostic tests – maximum wait of 6 weeks.

March performance is reported as 2.61% against the $\leq 1.0\%$ indicator.

- **Performance was impacted by high patient cancellations due to snow at the start of March across all diagnostic areas.**
- Specialist echocardiography continues to be the major contributor to adverse performance in March 2018. There has been a steady rise in diagnostic requests across all the modalities, from the cardiology department. This rise is also reflected in the diagnostics carried out by radiology. Cardiology department are aiming to release the consultants who undertake these specialist echo diagnostics from some of their duties to enable them to create additional capacity in April.
- CT and MRI breaches in March were predominantly cardiac investigations compounded by patients unable to attend due to snow.

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	41
Computed Tomography	59
Non-obstetric Ultrasound	22
Audiology - Audiology Assessments	7
Cardiology - Echocardiography	82
Urodynamics - Pressures & Flows	1
Cystoscopy	4
Total (without NONC)	216

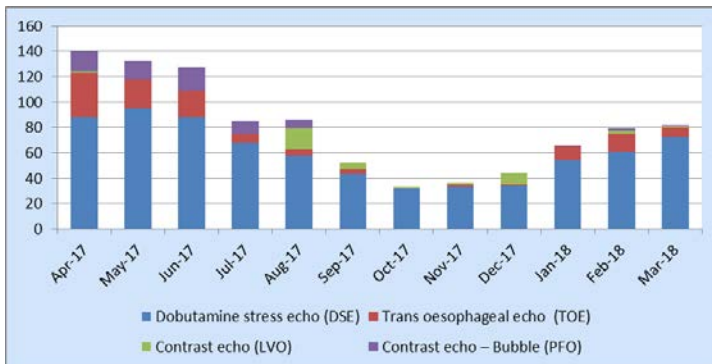


Diagnostics (2)

Key Recovery Plan Actions

Ongoing reduction in both specialist and plain echo, further work required to increase DSE capacity

Echo Type	
Cardiology DSE	72
Cardiology Bubble	1
Cardiology TOE / TEE	8
Plain Echo	1
TOTAL	82



Specialist Echo (81):

The two cardiologists that carry out the specialist echo diagnostics will have their ward duties and clinics covered to release them to undertake more diagnostic procedures in April. They will be assisted by the cardiac physiologist who is on his final stages of his training to carry out the DSE diagnostic as an enhanced practitioner.

Computed Tomography (59):

Request process issues following the Big 3 go-live are ongoing and raised with Cerner. Revised DMO1 monitoring process are in place to support CT booking and administrative processes. CT scanning outsourced in month to manage demand. Alternative arrangement to outsource “other” scans are being investigated to free up cardiac capacity on RUH scanners.

Magnetic Resonance Imaging (41)

Cardiac MRI scans breached. Cardiac enabled CT scanner now operational allowing the transfer of some cardiac MRI activity. Administration processes reviewed in month to ensure all opportunities to transfer to CT and outsource considered to manage activity.

Audiology (7):

Remedial action plan in place. The department has recruited to clinician vacancies. Breach numbers are reducing.

Non-obstetric Ultrasound (22):

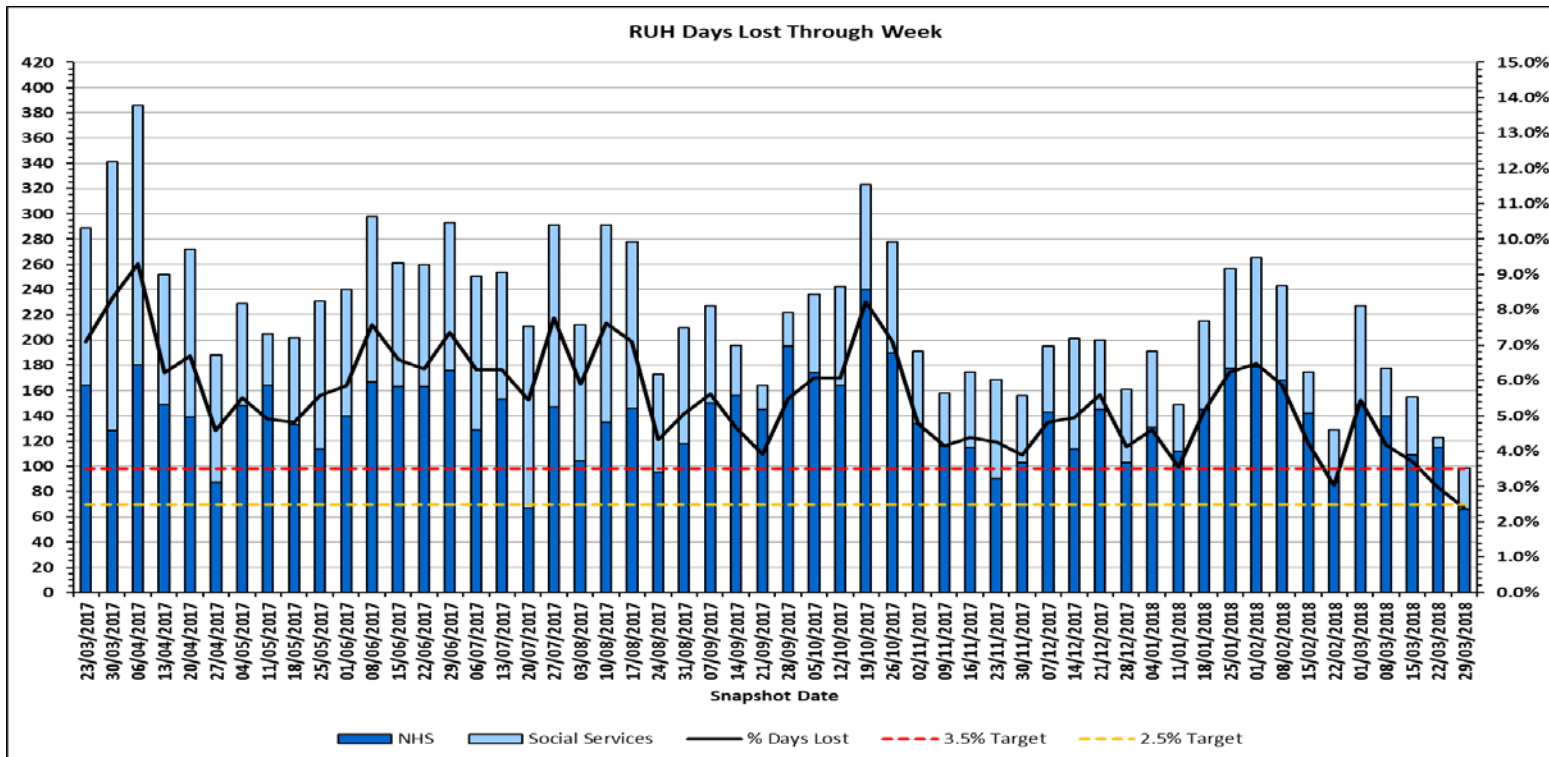
In month 3 non-obstetric ultrasound breaches occurred in the breast service and are a direct consequence of the capacity constraints. A range of actions are underway to mitigate the impact but the challenges remain in the short term. 3 ultrasound breaches occurred due to booking and rebooking admin errors which has been addressed through staff training.



Delayed Transfers of Care (1)

DTOC	CCG's																	
	NHS BATH AND NORTH EAST			NHS SOMERSET CCG			NHS WILTSHIRE CCG			NHS SOUTH GLOUCESTERSHIRE			Non Commissioning			All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total
Number of Patients	5	4	9	2	2	4	7	0	7	0	0	0	0	0	0	14	6	20
Number of Delayed Days	201	42	243	61	64	125	254	51	305	34	28	62	0	0	0	550	185	735

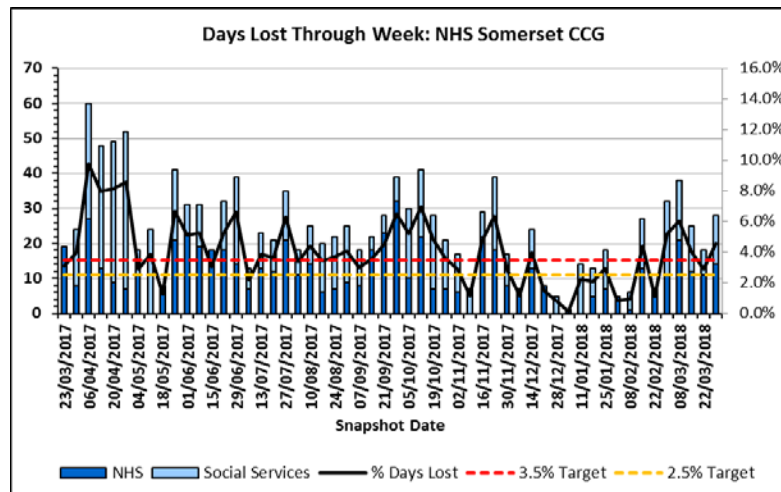
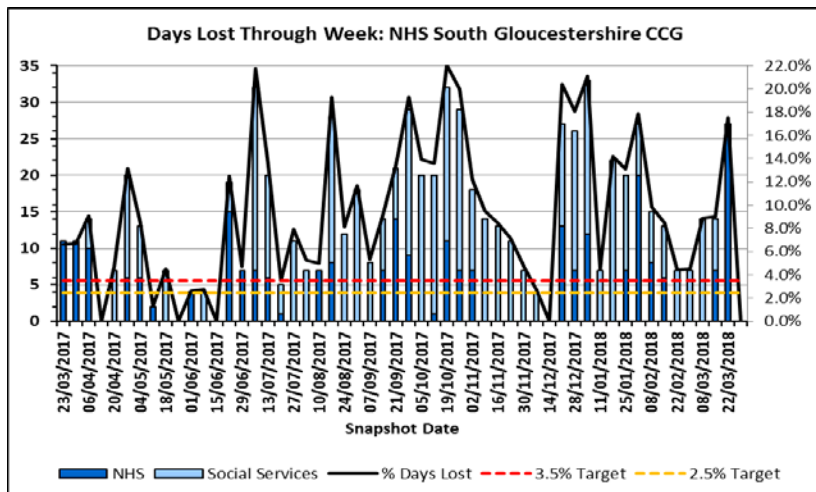
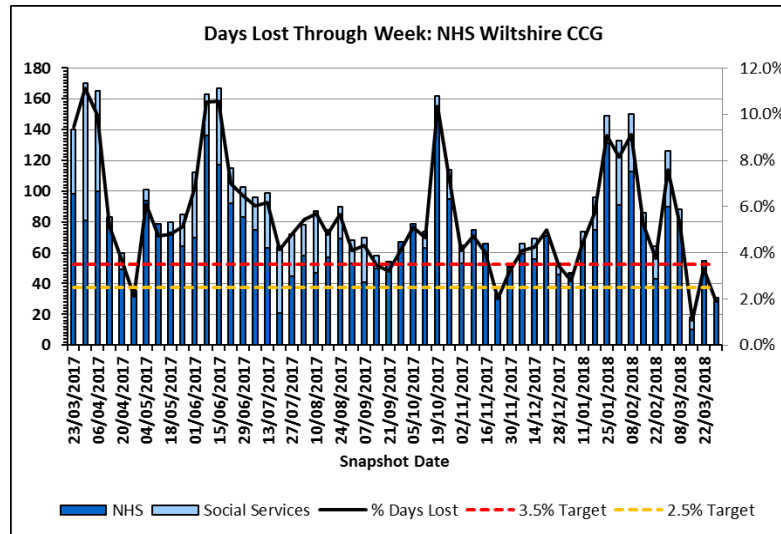
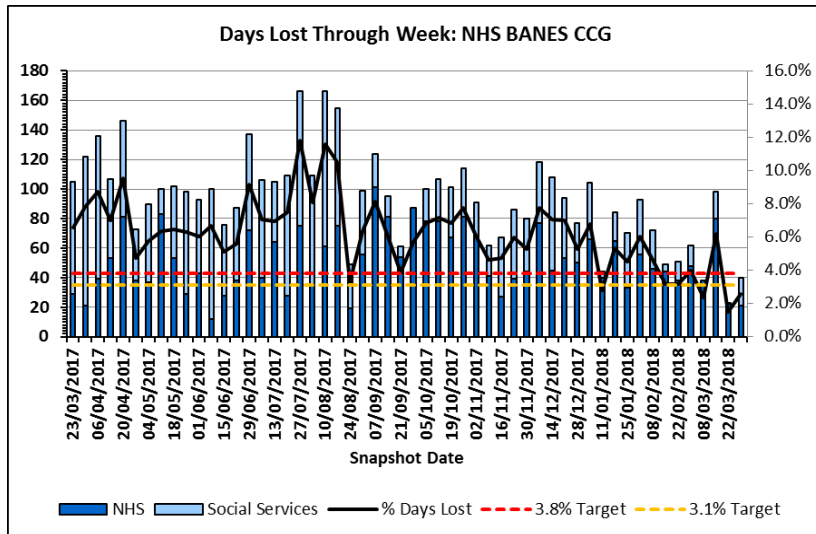
- The DTOC position by CCG is detailed in the table, 20 patients reported at the March month end snapshot and 735 delayed days (3.9%). This is an improving position.



- The graph outlines the delayed days by week since March 2017.
- The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay). The impact of this work is being seen with a reduced number of DTOC patients.



Delayed Transfers of Care by CCG (2)



- RUH focus to reduce delays is being led through the Integrated Discharge Service (IDS) work programme, which continues to review discharge pathways 2 and 3.
- The IDS have now been tasked by the A&E Delivery Board to complete a self assessment against the eight high impact changes for managing transfers of care. This will be completed in April and will be used to set the IDS, and wider system, priorities for 2018/19.

Key National and Local Indicators

In the month of March there were 15 red indicators of the 70 measures reported, **3 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.



Effective

SOF

- X** 15. Readmissions
- X** 17. Higher risk TIA treated within 24 hours
- X** 20. % Cancelled Operations - non-clinical (number of cancelled patients) - Surgical

Responsive

SOF

- X** 29. Diagnostic tests maximum wait of 6 weeks (DMO1)
- X** 30. RTT over 52 week waiters
- X** 34. % Discharges by Midday (Excluding Maternity)
- X** 35. GP Direct Admits to SAU
- X** 36. GP Direct Admits to MAU
- X** 37. Delayed Transfers of Care – (Days)
- X** 39. Number of medical outliers - median

Safe

SOF

- X** 56. Bed occupancy (Adult)
- X** 57. Emergency Caesarean Births as a percentage of total labours

Well Led

- X** 59. FFT Response Rate for ED (includes MAU/SAU)
- X** 60. FFT Response Rate for Inpatients
- X** 61. FFT Response Rate for Maternity



X 15. Readmissions – Total

There were 510 readmissions (14.5%) in March (0.7% increase from February). The Medical Division increased from 16.8% to 18.0%, the Surgical Division reduced from 11.5% to 11.0% and Women and Children's Division increased from 4.1% to 4.3%. The Clinical Outcomes Group regularly reviews readmissions data and seeks to identify any particular diagnostic category or procedure group which is flagging a concern.

X 17. Higher risk TIA treated within 24 hours

The high risk TIA performance was 45.5% with 6 patients not seen in under 24 hours. The reasons for not seeing these 6 patients included; **Appointment delayed due to snow and bad weather**, patient unavailable to attend, unable to arrange carer support and transport. Only 2 missed appointments were due to lack of RUH capacity.

X 20. % Cancelled Operations – non-clinical (surgical)

In the month of March there were 33 surgical patients cancelled for non-clinical reasons on the day of surgery, equating to 1.1% of elective cases.

- **4 patients were cancelled by the hospital due to the snow on the 1st March.**
- 6 patients were cancelled due to Anaesthetist sickness on the 15th March

Without the cancellations caused by the snow, the Trust would have seen a same-day cancellation rate of less than 1.0%.



X 29. Diagnostic tests maximum wait of 6 weeks (DMO1)

There were 216 over 6 week waiters in March, equating to 2.6% performance against the $\leq 1.0\%$ indicator, rated red. Performance in March failed to meet the constitutional target. See slide 21 and 22 above.

X 30. RTT over 52 week waiters

There were 13 patients who have breached the 52 week standard for treatment in March. 4 of these breaches were due to lack of RUH capacity to under take routine surgery.

- Five General Surgery/Colorectal 52 week breaches of which 2 were capacity and 3 were admin errors.
- Two ENT patients who breached 52 weeks – these were both admin error breaches.
- Two OMFS breaches – one capacity and one admin error.
- Two Cardiology breaches – both admin errors.
- One Urology breach – due to capacity.
- One T&O breach – referral from OIS arrived on 29th January 2018 i.e. 49 weeks.

The Trust is now at greater risk of increased 52 week breaches due to the reduced elective capacity for elective routine surgery during Q4. Robust PTL management is in place and the Trust is focused on completing RTT training across administrative teams and all speciality managers will also be required to complete this training.

X 34. % Discharges by Midday (Excluding Maternity)

In March 14.7% of patients were discharged by midday remaining below the target of 33%. Improvement work is being led by the Urgent Care Collaborative Board. Board are asked to note the 4 hour performance paper.



X 35. GP Direct Admits to SAU

There were 145 GP direct admits to SAU in March with performance increasing from 113 in February but staying below the target of 168. Improvement work is being led by the Urgent Care Collaborative Board. Board are asked to note the 4 hour performance paper.

X 36. GP Direct Admits to MAU

There were 16 GP direct admits to MAU in March with performance reducing from 19 in February and remaining well below the target of 84. Improvement work is being led by the Urgent Care Collaborative Board. Board are asked to note the 4 hour performance paper.

X 37. Delayed Transfers of Care – (Days)

There were 735 delayed days in March, which was 3.9% of the Trust's occupied bed days. There were 20 patients delayed in the month end snapshot. The IDS team are completing daily reviews of the +21 day super stranded patients and this focus is currently delivering a reduction in DTOC numbers.

X 39. Number of medical outliers - median

In March Medical Outliers peaked at 71 with a median of 48, this reflected the increased non-elective pressures seen in-month and the Trusts infection control position resulting in closed beds, particularly at the start of the month.



X 56. Bed occupancy (Adult)

In March the average adult bed occupancy = 97.2%, peaking at 99.7%. This is in comparison to 95.5% in March 2017. This again reflects the non-emergency pressures seen during March.

X 57. Emergency Caesarean Births as a percentage of total labours

In March the Emergency Caesarean Births as a % of labours increased to 18.0%. The Women & Children's Division will monitor this increase, as it is out of line with expected variation – this percentage has peaked before and reduced the following month and this will be closely monitored by the Divisional Team.



X 59. FFT Response Rate for ED (includes MAU/SAU)

In March the FFT Response Rate for ED fell to 7.2% from 9.5% in February and remains below the agreed target. The departments will focus on regaining performance across front door areas.

X 60. FFT Response Rate for Inpatients

In March the FFT Response Rate for Inpatients fell to 34.7% from 37.8% in February and is below the agreed target. The response rate has fallen this month as a result of some wards having a very low response rate compared to the previous month. Matrons are provided with twice monthly updates for their areas. The Patient Experience team volunteers continue to support ward areas in the collection of FFT cards.

X 61. FFT Response Rate for Maternity

In March the FFT Response Rate for Maternity fell to 13.9%. This continues to be a focus for the W&C Division, national work is ongoing to review the touch-points for FFT reporting across maternity services. The Divisional Team have re-established a task and finish group. All of the responsible band 7s have been asked to attend, or send a representative to the first meeting to be held on the 19th April.

Well Led – Workforce

1. Summary & Exception Reports

The following dashboard shows key workforce information for the months of February 2018 and March 2018 against key performance indicators (KPIs).

Workforce	Feb-18						Mar-18						Q4
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust Target
Turnover (rolling 12 months %)	11.9	12.7	13.9	12.7	11.0	9.5	12.0	12.7	13.4	13.1	10.9	9.7	11.0%
Sickness Absence (%)	4.4	2.6	6.2	4.7	4.2	4.0	4.6	2.6	6.7	4.5	5.0	4.3	3.9%
Vacancy Rate (%)	4.9	3.2	12.6	5.5	4.2	0.7	4.6	2.8	10.8	5.6	4.2	0.7	4.0%
Agency Staff (agency spend as a % of total pay bill)	1.3	3.0	0.3	2.1	0.5	-0.2	1.7	6.0	0.3	1.8	1.3	0.1	4.0%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	2.9	13.0	-	4.0	2.5	0.0	3.8	24.6	-	4.1	2.8	0.2	4.0%
Staff with Annual Appraisal (%)	82.6	80.9	81.8	83.5	81.8	84.5	80.1	75.2	77.1	81.7	69.8	79.6	90.0%
Evidence of a General Medical Council Concern	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Evidence of a Nursing and Midwifery Council Concern	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Information Governance Training compliance (%)	92.4	95.9	95.2	94.1	93.6	94.8	91.0	93.6	92.3	93.4	93.0	91.3	95.0%
Mandatory Training (%)	88.3	90.2	84.9	89.8	90.2	89.6	88.3	89.7	83.3	90.3	90.8	89.4	90.0%

Trends:

- Workforce indicators have marginally deteriorated this month, with Sickness Absence increasing overall to 4.6%.
- Turnover has marginally increased this month; although it remains amber status as percentage is just inside 1% of the Trust's target.
- Appraisal is based on a Trust wide trajectory for improvement, and the target KPI in Q4 is 90%. The current appraisal rate of 80.1% is just inside the 10% threshold permitted.
- Please note: Agency figures are draft figures based on the information currently available.

Well Led – Overview

Measure	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Q4 Target
Budgeted Staff in Post (WTE)	4,641.5	4,642.5	4,642.2	4,642.2	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	
Contracted Staff in Post (WTE)	4,365.7	4,369.4	4,372.6	4,375.9	4,401.2	4,400.4	4,413.8	4,421.3	4,429.4	4,398.0	4,417.3	4,426.6	
Vacancy Rate (%)	5.9%	5.9%	5.8%	5.7%	5.2%	5.2%	4.9%	4.8%	4.6%	5.3%	4.9%	4.6%	4.0%
Bank - Admin & Clerical (WTE)	26.2	31.7	32.2	34.3	35.0	36.9	41.4	36.9	31.4	38.3	33.9	1 Month Lag	
Bank - Ancillary Staff (WTE)	26.5	26.3	29.2	33.7	33.0	30.9	31.0	26.0	26.9	29.9	28.7	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	151.7	152.1	153.5	176.4	179.6	168.5	173.6	160.0	156.7	161.2	158.4	1 Month Lag	
Agency - Admin & Clerical (WTE)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Agency - Ancillary Staff (WTE)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Agency - Nursing & Midwifery (WTE)	28.2	29.9	25.9	21.3	23.8	33.1	27.8	27.6	40.4	41.6	51.7	52.9	
Overtime (WTE)	76.3	82.5	90.5	90.8	92.1	98.2	101.4	99.0	78.9	95.4	86.6	1 Month Lag	
Sickness Absence Rate (%)	4.3%	3.7%	3.7%	3.7%	3.8%	3.8%	3.8%	4.1%	4.2%	4.6%	4.4%	4.6%	3.9%
Appraisal (%)	84.3%	85.2%	84.5%	86.0%	86.5%	84.5%	84.3%	83.6%	84.5%	82.6%	82.6%	80.1%	90.0%
Consultant Appraisal (%)	86.8%	89.1%	87.8%	84.7%	85.5%	86.1%	79.2%	81.2%	88.1%	88.5%	87.2%	86.5%	90.0%
Rolling Average Turnover - all reasons (%)	16.1%	16.2%	16.2%	16.4%	16.6%	16.4%	16.5%	16.5%	16.7%	16.4%	16.6%	16.9%	
Rolling Average Turnover - with exclusions (%)	11.5%	11.6%	11.5%	11.4%	11.7%	11.4%	11.3%	11.4%	11.9%	12.0%	11.9%	12.0%	11.0%

* Mar-18 M&D Appraisal (%) - 82.52 %

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold		2017/18				2017/18		Triggers Concerns
		Performing	Weighting	Q1	Q2	Q3	Q4	Feb 2018	Mar 2018	
SOF	Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	1.0	86.4%	88.6%	80.9%	74.4%	74.3%	76.6%	
	C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	1.0	3	7	7 *	4 **	2	1 **	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	1.0	89.9%	88.3%	87.6%	85.3%	85.3%	84.8%	
	31 day diagnosis to first treatment for all cancers	96%	1.0	98.6%	98.7%	99.3%	99.2%	98.7%	100.0%	
	31 day second or subsequent treatment - surgery	94%	1.0	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	
	31 day second or subsequent treatment - drug treatments	98%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	31 day second or subsequent cancer treatment - radiotherapy treatments	94%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	2 week GP referral to 1st outpatient	93%	1.0	95.0%	93.9%	94.4%	93.6%	95.4%	91.1%	
	2 week GP referral to 1st outpatient - breast symptoms	93%		82.0%	95.4%	94.9%	89.7%	97.3%	86.7%	
SOF	62 day referral to treatment from screening	90%	1.0	84.6%	97.7%	93.0%	93.3%	92.3%	88.9%	
SOF	62 day urgent referral to treatment of all cancers	85%		88.3%	87.4%	87.8%	89.4%	85.5%	89.3%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	1.0	3.02%	3.36%	1.50%	2.06%	1.73%	2.61%	

* 2 awaiting appeal response (October & November), ** March - 1 awaiting appeal response

Triggers Concerns	
Performance Indicators	Concerns are triggered by the failure to meet the target for two consecutive months.

Finance and Use of Resources - March 2018

	YTD Plan	YTD Actual	YTD Variance	M12 Plan	M12 Forecast	M12 Variance
Capital Service Cover Metric	1.204	0.648	-0.556	1.204	0.648	-0.556
Capital Service Cover Rating	4	4		4	4	
Liquidity Metric	7.725	15.714	7.990	7.725	15.714	7.990
Liquidity Rating	1	1		1	1	
I&E Margin Metric	3.9%	3.8%	-0.1%	3.9%	3.8%	-0.1%
I&E Margin Rating	1	1		1	1	
Variance from Control Metric		-0.1%	-0.1%		-0.1%	-0.1%
Variance from Control Rating		2			2	
Agency Metric	-75.6%	-36.1%	39.5%	-75.6%	-36.1%	39.5%
Agency Rating	1	1		1	1	
Rounded Score	1	1		1	1	
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here		Trigger			Trigger	
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4		3			3	

1	No evident concerns
2	Emerging or minor concern potentially requiring scrutiny
3	Material risk
4	Significant risk

Integrated Balanced Scorecard - March 2018

CARING				Threshold		2017/18				2017/18					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q1	Q2	Q3	Q4	Oct	Nov	Dec	Jan	Feb	Mar
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	97	97	97	96	98	95	98	93	97	98
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	96	97	97	97	98	96	97	97	98
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	99	99	98	99	100	94	100	99	100	98
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	97	97	96	97	96	95	96	97	97	98
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10	5.3	6.6	7.0	5.8	6.4	7.0	7.5	6.0	4.6	6.7
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	39	28	40	55	7	15	18	16	21	18
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	1	2	2	5	1	0	1	1	4	0
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	60	51	35	39	16	13	6	9	18	12

EFFECTIVE					Q1	Q2	Q3	Q4	Oct	Nov	Dec	Jan	Feb	Mar	
10		SOF	Dementia case finding	>=90%	<90%	86.6%	85.0%	81.6%	82.0%	86.1%	80.0%	79.8%	82.8%	81.1%	Lag (1)
11		SOF	Dementia Assessment	>=90%	<90%	96.5%	96.7%	95.6%	95.3%	93.1%	97.2%	96.0%	95.7%	95.0%	Lag (1)
12		SOF	Dementia Referrals	>=90%	<90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Lag (1)
13	MD	SOF	HSMR 12 month rolling total Benchmark (rag rating based on the lower confidence)	<=100	>100	109.2	105.7	105.5	Lag (3)	107.5	106.1	105.5	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=1.00	>1.03	1.0305	1.0118	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)
15	MD	SOF	Readmissions - Total	<=10.5%	>12.5%	13.7%	14.4%	14.1%	14.6%	13.3%	14.2%	15.0%	15.4%	13.8%	14.5%
16	COO	LC	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	84.0%	89.3%	84.0%	Lag (4)	86.0%	82.0%	Lag (4)	Lag (4)	Lag (4)	Lag (4)
17	COO	LC	Higher risk TIA treated within 24 hours	>=60%	<=55%	91.8%	87.7%	86.4%	69.4%	87.5%	100.0%	77.3%	83.3%	76.9%	45.5%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	60.6%	74.8%	77.3%	79.6%	91.2%	70.2%	74.5%	81.3%	73.8%	85.4%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=59%	<59%	55.4%	65.0%	62.2%	Lag (5)	62.2%	Lag (5)	Lag (5)	Lag (5)	Lag (5)	Lag (5)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	1.6%(144)	1.3%(116)	0.9%(85)	0.9%(85)	0.7%(23)	1.0%(33)	1.1%(29)	1.0%(30)	0.8%(22)	1.1%(33)
21	COO	LC	Theatre utilisation (elective)	>=85%	<=80%	98.3%	96.6%	95.2%	83.8%	96.5%	97.8%	91.2%	79.5%	87.5%	84.4%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	0.07	3.82	0.76	1.90	0.07	0.87	-0.18	0.40	0.75	0.75
23	DOF	L	Total Income	>100%	<95%	77.05	77.17	81.61	83.51	27.11	27.61	26.89	27.69	26.00	29.82
24	DOF	L	Total Pay Expenditure	>100%	<95%	49.60	49.46	50.44	51.01	16.68	17.04	16.72	16.83	16.90	17.28
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	25.67	27.09	25.80	29.46	8.10	9.24	8.46	9.39	9.02	11.05
26	DOF	L	CIP Identified	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	1.52	2.30	2.37	2.19	0.83	0.78	0.76	0.71	0.85	0.63

RESPONSIVE					Q1	Q2	Q3	Q4	Oct	Nov	Dec	Jan	Feb	Mar	
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	84.7%	83.7%	85.8%	87.0%	84.9%	85.8%	86.6%	86.6%	86.3%	88.0%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	3.02%	3.36%	1.50%	2.06%	0.95%	2.17%	1.40%	1.81%	1.73%	2.61%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	4	9	3	25	0	2	1	6	6	13
31	COO	NT	Urgent Operations cancelled for the second time	0	>0	0	0	0	0	0	0	0	0	0	0
32	COO	NT	Cancelled operations not rebooked within 28 days - Surgical	0	>0	1	0	1	13	1	0	0	9	4	0
33	COO	NT	12 Hour Trolley Waits	0	>0	0	0	0	1	0	0	0	0	1	0
34	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	16.6%	16.7%	15.4%	14.5%	16.1%	15.0%	15.0%	14.4%	14.4%	14.7%
35	COO	L	GP Direct Admits to SAU	>=168	<168	470	583	479	355	231	121	127	97	113	145
36	COO	L	GP Direct Admits to MAU	>=84	<84	190	353	282	40	214	17	51	5	19	16
37	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	6.2%	5.7%	5.2%	4.4%	6.5%	4.3%	4.7%	4.6%	4.8%	3.9%
38	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	5.0	4.9	4.5	5.2	4.4	4.5	4.7	5.0	5.3	5.3
39	COO	LC	Number of medical outliers - median	<=25	>=30	24	25	34	54	28	32	41	63	50	48
40	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	91.1%	92.4%	92.4%	90.5%	91.6%	91.9%	93.2%	90.1%	91.1%	90.4%
41			Mothers referred to smoking cessation service	TBC	TBC	172	153	149	161	54	57	38	68	46	47

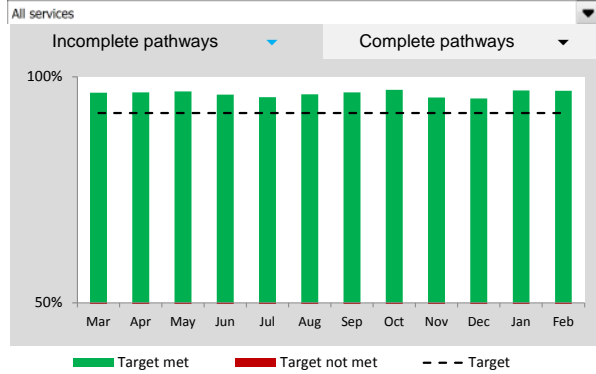
SAFE					Q1	Q2	Q3	Q4	Oct	Nov	Dec	Jan	Feb	Mar	
42		SOF	C Diff variance from plan	TBC	TBC	-3	1	1	-2	2	0	-1	-1	0	-1
43		SOF	C Diff infection rate	<=10.9	>10.9	5.3	12.6	12.6	7.0	21.3	10.8	5.4	5.1	11.3	5.1
44		SOF	E.coli bacteraemias attributable to Trust	TBC	TBC	14	18	8	8	2	4	2	5	3	Lag (1)
45	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	1	0	0	0	0	0	0	0	0
46		SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	2	7	6	2	4	1	1	1	1	Lag (1)
47	DON	SOF	Never events	0	>0	0	0	0	0	0	0	0	0	0	0
48	DON	L	Medication Errors Causing Serious Harm	0	>0	0	0	1	0	1	2	0	0	0	0
49	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	1	1	0	0	0	0	0	0	0	0
50	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	79.8%	79.5%	87.7%	92.3%	81.1%	90.4%	91.8%	91.8%	92.8%	Lag (1)
51	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	11	5	8	10	2	4	2	6	2	2
52	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)	0	>0	0	0	0	1	0	0	0	1	0	0
53	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 2)	<=2	>2	1	6	2	4	0	1	1	1	2	1
54	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	38	36	35	33	32	36	38	35	35	28
55	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	15	7	19	14	5	10	4	8	4	2
56	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	93.8%	93.1%	93.1%	97.1%	92.8%	94.3%	92.2%	97.1%	96.9%	97.2%
57	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=15.2%	>=16.2%	15.5%	13.2%	16.6%	16.2%	15.2%	15.7%	18.9%	16.0%	14.5%	18.0%
58	HRD	NR	Midwife to birth ratio	<1:29.5	>1:35	1:29	1:31	1:31	1:29	1:34	1:30	1:28	1:30	1:27	1:30

WELL LED					Q1	Q2	Q3	Q4	Oct	Nov	Dec	Jan	Feb	Mar	
59	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=20%	<=15%	18.6%	17.0%	9.2%	8.4%	13.2%	4.7%	11.2%	8.5%	9.5%	7.2%
60	DON	NT	FFT Response Rate for Inpatients	>=40%	<35%	44.1%	42.2%	34.8%	35.2%	40.9%	40.4%	25.3%	33.2%	37.8%	34.7%
61	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	19.9%	13.4%	21.5%	16.7%	7.7%	27.1%	32.0%	21.9%	14.2%	13.9%
62	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	11.5%	11.5%	11.5%	12.0%	11.3%	11.4%	11.9%	12.0%	11.9%	12.0%
63	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	3.9%	3.8%	4.1%	4.5%	3.8%	4.1%	4.2%	4.6%	4.4%	4.6%
64	HRD	LC	Vacancy Rate	<=4%	>5%	5.9%	5.4%	4.8%	4.9%	4.9%	4.8%	4.6%	5.3%	4.9%	4.6%
65	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=4.0%	>5.0%	1.9%	1.4%	2.0%	1.5%	2.0%	2.2%	1.8%	1.5%	1.3%	1.7%
66	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	TBC	TBC	3.3%	2.7%	3.2%	2.9%	3.4%	3.9%	2.2%	1.9%	2.9%	3.8%
67	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	84.7%	85.8%	84.1%	81.7%	84.3%	83.6%	84.5%	82.6%	82.6%	80.1%
68	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	85.6%	86.2%	86.5%	91.7%	87.6%	86.0%	85.9%	91.6%	92.4%	91.0%
69	DOF		Information Governance Breaches	TBC	TBC	43	39	35	46	9	18	8	18	10	18
70	HRD	LC	Mandatory training	>=90%	<80%	87.6%	87.7%	87.4%	88.3%	87.1%	87.4%	87.6%	88.2%	88.3%	88.3%

LC	Local target - within the contract
L	Local target - not in the contract
NR	National return
NT	National target
SOF	Single Oversight Framework

Well Led Seasonal Targets					
	Q1	Q2	Q3	Q4	17/18
Turnover Rate (%)	11.38%	11.25%	11.13%	11.00%	11.00%
Sickness (%)	3.31%	3.12%	3.50%	3.85%	3.50%
Appraisal Rate (%)	86.10%	87.40%	88.70%	90.00%	90.00%
Mandatory Training (%)	88.80%	89.20%	89.60%	90.00%	90.00%

RTT

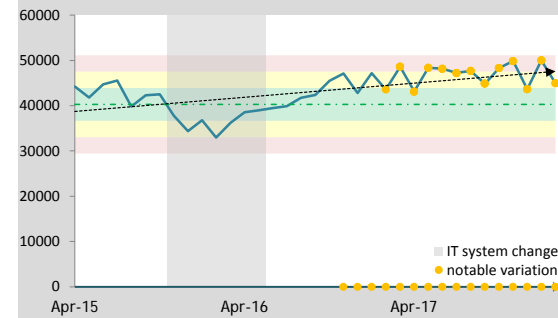


Incomplete pathways month end position

Service	% under 18 weeks	Breaches
Community Teams	89%	107
Continence - Adult	99%	2
LD	76%	12
Outpatient Physio	99%	53
Podiatry	100%	3
Wheelchair service	93%	14
WON	96%	18

LD service remains an area of concern - previously flagged to commissioners. There are 2 LD breaches over 52 weeks - these are Psychology referrals and are receiving care by other members of the team so are not being treated as breaches by the CCG.

Activity



Service	Change
Referrals	↑ 13%
Contacts	↑ 8%
Bed Based Intermediate Care	↑ 90%
Diabetes	↑ 56%
Speech and Language Therapy	↑ 25%
MIU	↓ -12%
Fracture Clinic	↓ -9%
Dietetics	↓ -9%

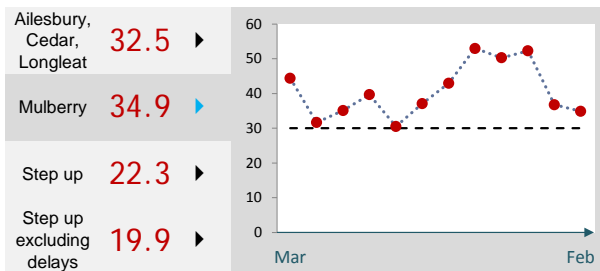
LD and Wheelchair services data excluded in this view of overall activity as not comparable pre and post system migration. Old Wheelchair service system recorded each work request as a separate referral. See explanatory notes for notable variation guidance. No longer reporting Inpatient therapy contacts as agreed with commissioners.

Inpatient assessments

Assessment	Percentage
MRSA	98%
VTE	99%
VTE prophylaxis	100%
MUST	96%
PURAT	95%
Falls	98%
Dementia	97%

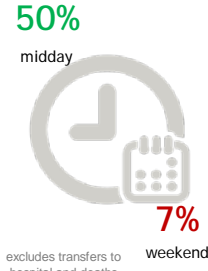
Overall targets met

Mean Inpatient Length of Stay



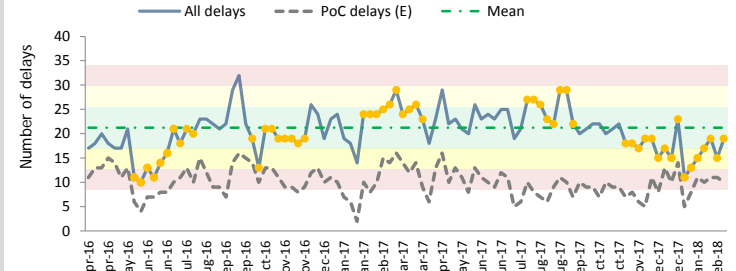
LoS heavily influenced by delayed days which routinely account for more than 20% of our ward capacity. For more detail around our LoS see the inpatient data sheet.

Discharge timings



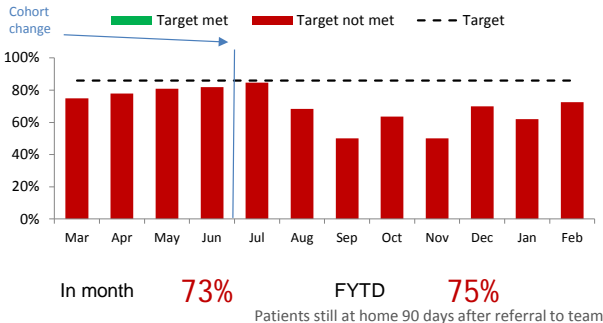
Care providers including homes are reluctant to take patients at weekends.

Delayed Transfers of Care



Following DToC counting workshop we may see increase in POC (E) delays that would previously have counted as Housing delays. See explanatory notes Activity for notable variation guide.

Community teams 90 day reablement



Data quality concerns

It is an ongoing challenge to identify the correct cohort for this data - now looking at Home First patients. Very low numbers since cohort change - slow to increase

End of life support

In month	FYTD
94%	93%
16 of 17	

patients were supported by the community teams to die in their place of choice

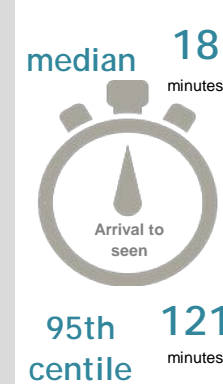
Strong performance year to date

Funding reviews*

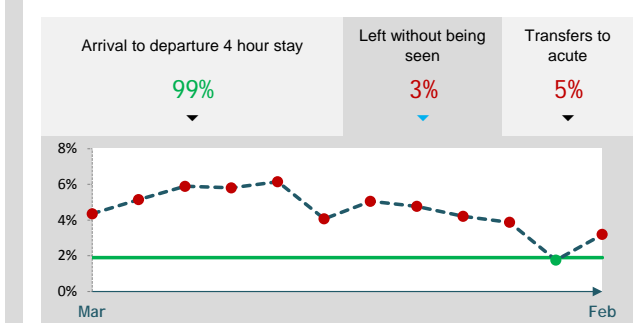
In month	FYTD
CHC 3 month	
Completed	0
Due	0
CHC Annual	
Completed	9
Due	9
FNC	
Completed	0
Due	0

No list received from CCG re CHC/FNC reviews due

MIU waiting times



MIU performance



Performance on 4 hour stay and patient feedback remains strong. Data challenges remain around patients left without being seen and transfers to acute. Significant operational pressures are not reflected in the data. LWBS improvement seen in January.