

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>14</b>
<b>Date of Meeting:</b>	<b>26 September 2018</b>		

<b>Title of Report:</b>	<b>Operational Performance Report</b>
<b>Status:</b>	<b>Standing Item</b>
<b>Board Sponsor:</b>	<b>Francesca Thompson, Chief Operating Officer</b>
<b>Author:</b>	<b>Clare O'Farrell, Deputy Chief Operating Officer</b>
<b>Appendices</b>	<b>Appendix 1: Integrated Balanced Scorecard Month 5</b> <b>Appendix 2: WH&amp;C Performance Dashboard Summary – Month 4 (June 2018)</b> <b>Appendix 3: RUH Self-Assessment of Cancer High Impact Changes.</b>

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

<b>2.</b>	<b>Recommendations (Note, Approve, Discuss)</b>
<p>The Board are asked to discuss August 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 August four SOF operational performance metrics triggered concern; 4 Hours, RTT Incomplete Pathways, Diagnostic tests – 6 weeks wait and C Diff.</p> <p>4 hour performance remains below the national standard of 95% and an improvement trajectory for 2018/19 has been agreed with CCGs and A&amp;E Delivery Board. This remains the significant performance challenge for the Trust.</p> <p>Board are asked to note:</p> <ul style="list-style-type: none"> <li>• 4 hour performance at 81.8% below both the 95% national standard and the improvement trajectory target (90%).</li> <li>• RTT incomplete pathways in 18 weeks at 87.3% below the 92% national standard but delivering the improvement trajectory target. The RUH reported three RTT 52 week breaches, treated in month.</li> <li>• Diagnostic tests – 6 week wait 3.97% failing the national standard of 1%. This was improved performance from July; numbers of breaches remain high within Radiology.</li> <li>• C-Difficile infection 72 hours post admission, 3 cases in August. Year to date the Trust remains within the tolerance level.</li> <li>• Cancer performance in August, 62 day urgent referral to treatment of all cancers at 80.6%, below the 85% national standard, pressure seen in the prostate cancer pathway in Urology.</li> <li>• DTOC performance deteriorated further in August with 5.3% of beds occupied with delayed patients, above the 3.5% national standard.</li> </ul>	

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Document Approved by: Francesca Thompson, Chief Operating Officer	Version: 1
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The Wiltshire Health and Care performance summary for month 4 is attached for information.

For information appendix 3 details the Trusts Self-Assessment against NHSI high impact changes to support the delivery of cancer access standards.

**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

# Operational Performance Report – August 2018

# NHSI Single Oversight Framework

## NHSI Single Oversight Framework:

Target	Performance Indicator	July	Aug	Triggers Concerns
<b>SOF</b>	<b>Four hour maximum wait in A&amp;E (All Types from April 2014 onwards)</b>	<b>82.8%</b>	<b>81.8%</b>	
	C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	<b>2</b>	<b>3 **</b>	
<b>SOF</b>	<b>RTT - Incomplete Pathways in 18 weeks</b>	<b>87.3%</b>	<b>87.3%</b>	
	31 day diagnosis to first treatment for all cancers	<b>98.9%</b>	<b>98.8%</b>	
	31 day second or subsequent treatment - surgery	<b>100.0%</b>	<b>100.0%</b>	
	31 day second or subsequent treatment - drug treatments	<b>100.0%</b>	<b>100.0%</b>	
	31 day second or subsequent cancer treatment - radiotherapy treatments	<b>100.0%</b>	<b>100.0%</b>	
	2 week GP referral to 1st outpatient	<b>95.3%</b>	<b>94.9%</b>	
	2 week GP referral to 1st outpatient - breast symptoms	<b>95.9%</b>	<b>94.2%</b>	
<b>SOF</b>	<b>62 day referral to treatment from screening</b>	<b>80.0%</b>	<b>100.0%</b>	
<b>SOF</b>	<b>62 day urgent referral to treatment of all cancers</b>	<b>86.7%</b>	<b>80.6%</b>	
<b>SOF</b>	<b>Diagnostic tests maximum wait of 6 weeks</b>	<b>4.97%</b>	<b>3.97%</b>	

This report provides a summary of performance for the month of August 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 for two or more consecutive months.

In August four SOF operational metrics triggered concerns: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways, Six week diagnostic waits (DMO1) and C Diff Trust post three day cases. Year to date the Trust remains within the tolerance level.

Delivery of the 4 hour access standard remains the Trusts most significant performance issue.

\*\* August 2018 - 3 outstanding RCA



## 4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	August 18	Quarter 2	Full Year 2018/19
All Types	81.8%	82.3%	83.7%
RUH Footprint (Including MIU)	87.4%	87.8%	88.7%

Table 2: Emergency Department Quality Indicators:

Title	Month	Quarter	Year
	Aug-18	2	2018/2019
Unplanned Re-attendance Rate	0.4%	0.4%	0.4%
Total Time in ED - 95th Percentile	507.0	528.0	507.0
Left Without Being Seen	2.5%	2.7%	2.4%
Time to Initial Assessment - 95th Percentile			
Time to Treatment - Median	60.0	65.0	64.0
ED Attendances (Type 1)	6,240	12,826	31,696
ED 4 Hour Breaches (Type 1)	1,290	2,630	5,978
ED 4 Hour Performance (Type 1)	79.3%	79.5%	81.1%
Ambulance Handovers within 30 minutes	100.0%	100.0%	100.0%
ED Friends and Family Test	97	97	97

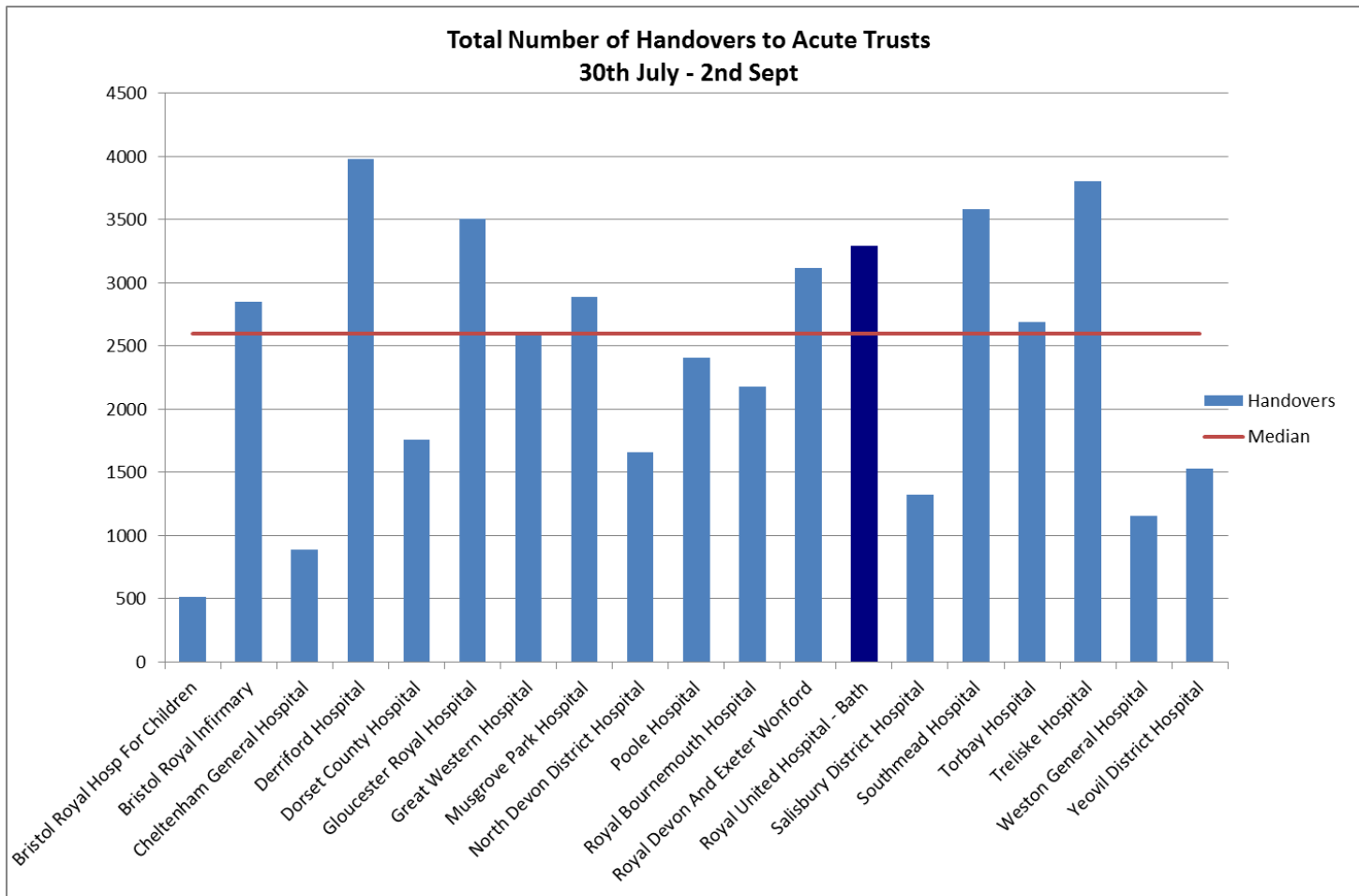
Table 1:

- During August the “all types” performance was 81.8%, below the 95% standard with a total of 1,296 breaches in the month.
- RUH 4 hour footprint performance, including MIU activity, has now been added to table 1. Performance in August 87.4%.

Table 2:

- Time to initial assessment continues to not be available to report - First Net system improvements have not yet enabled Trust reporting. Improvement work is being led by the First Net Task & Finish Group.
- 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)

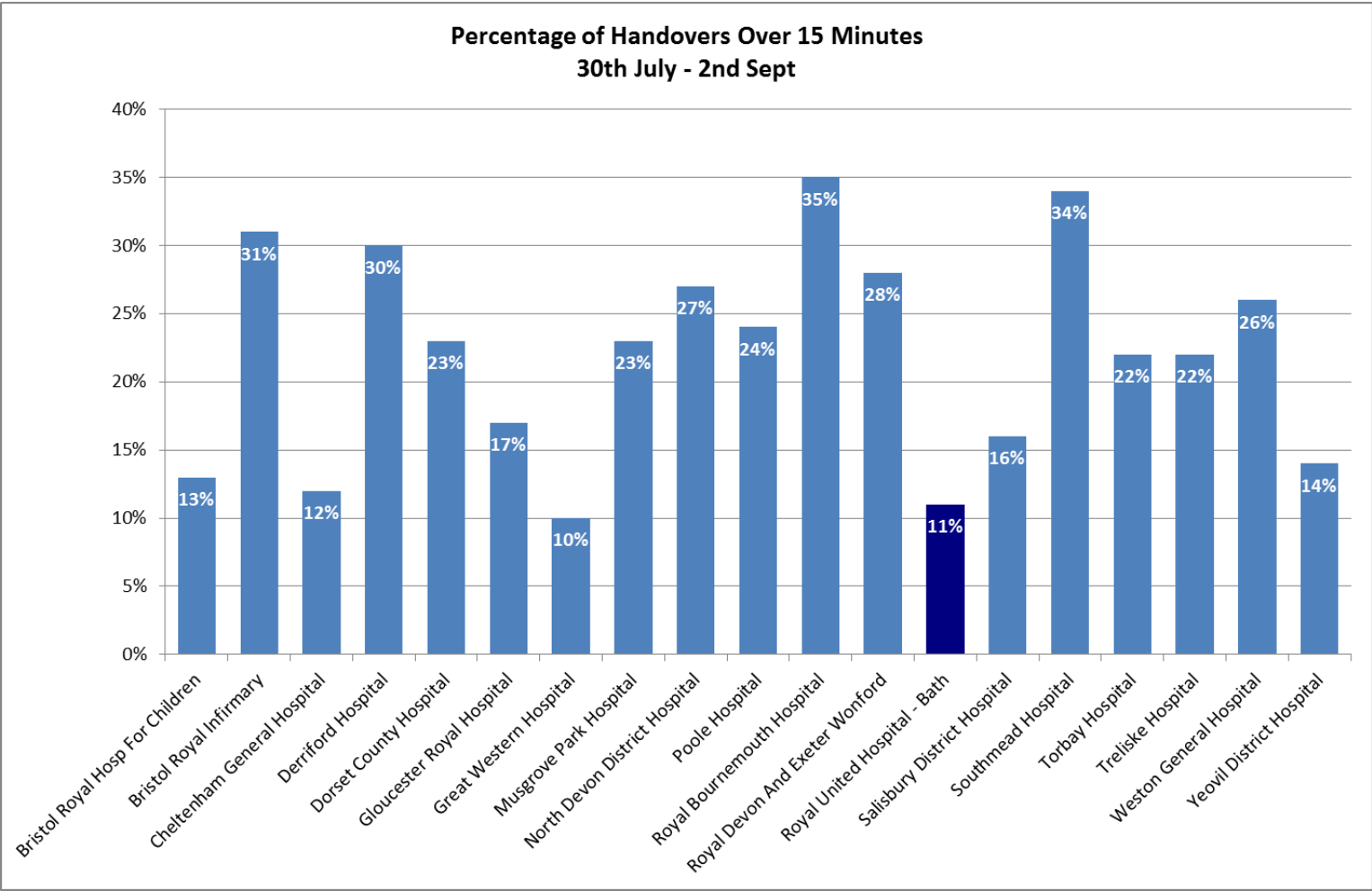


Comparison of the total number of ambulance handovers across all Trusts supported by SWASFT.

The RUH had 3,293 ambulance handover's in the five week period (697 over the median)

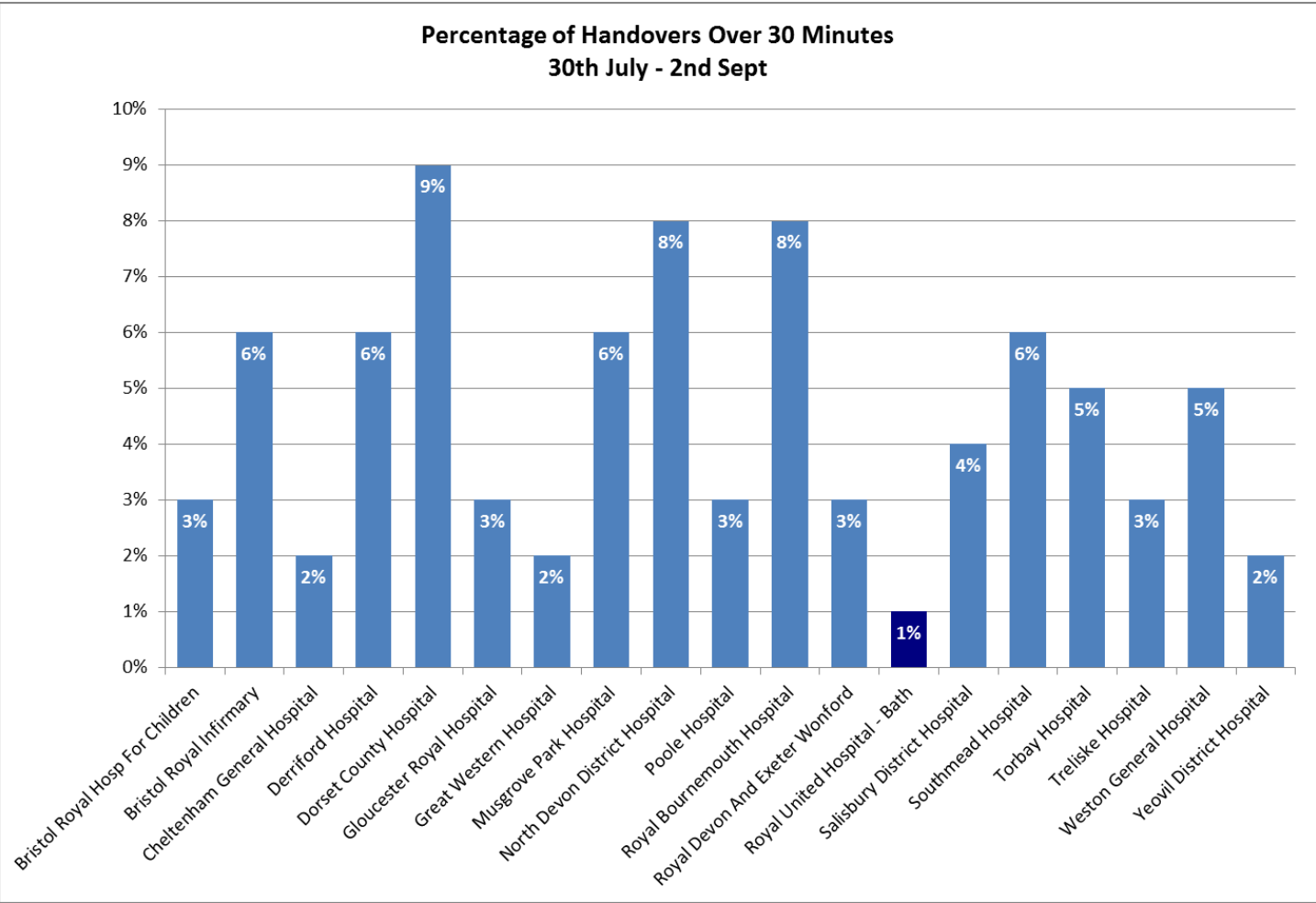
Data source: W020 – Hospital & Late Handover Trend Analysis (SWASFT)

# SWAS Ambulance Handovers to ED over 15 minutes (3)



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

# SWAS Ambulance Handovers to ED over 30 minutes (4)



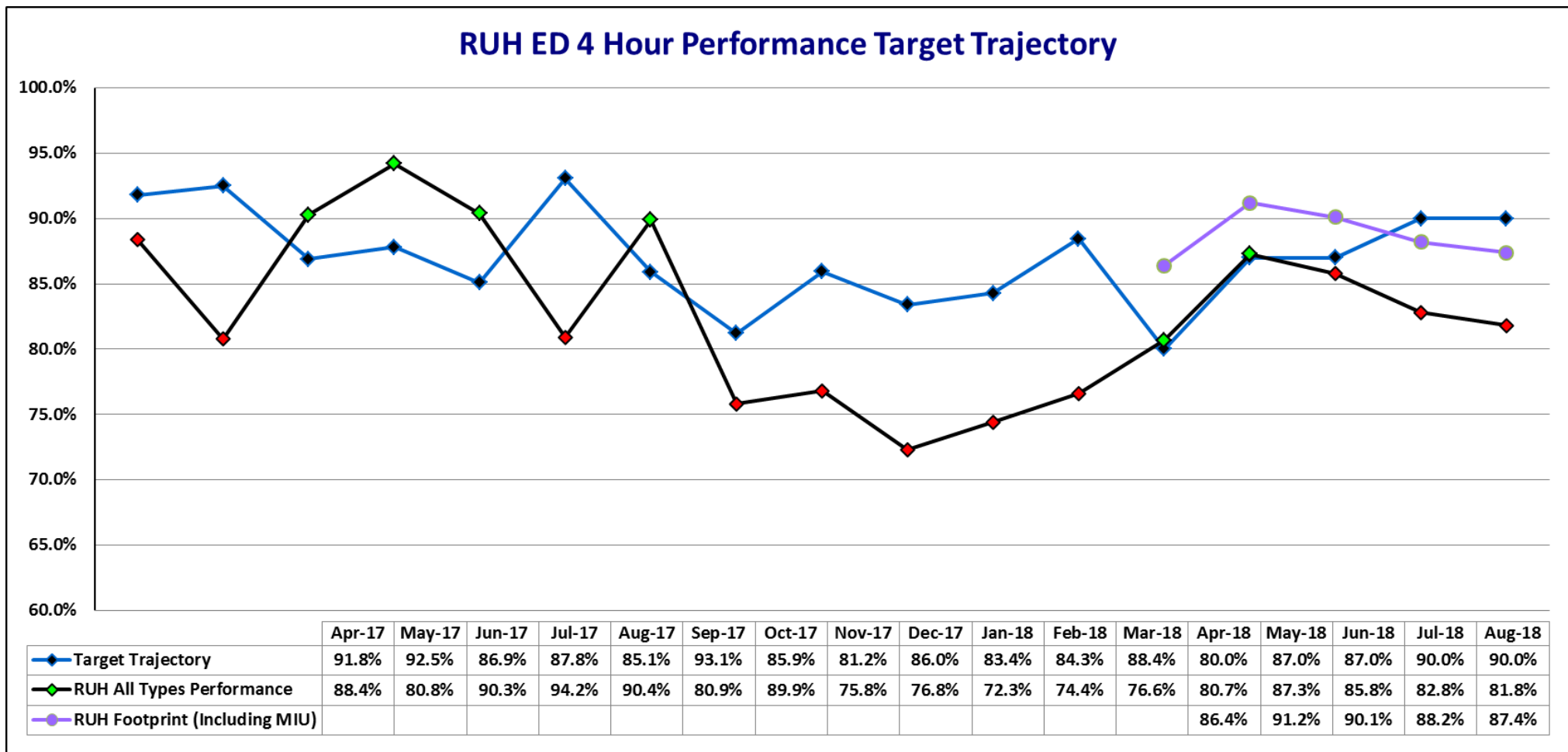
RUH provide SWASFT with data challenges on reported 30 minute breaches.

This process accounts for the small difference between RUH and SWASFT reporting on 30 minute ambulance handovers.

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

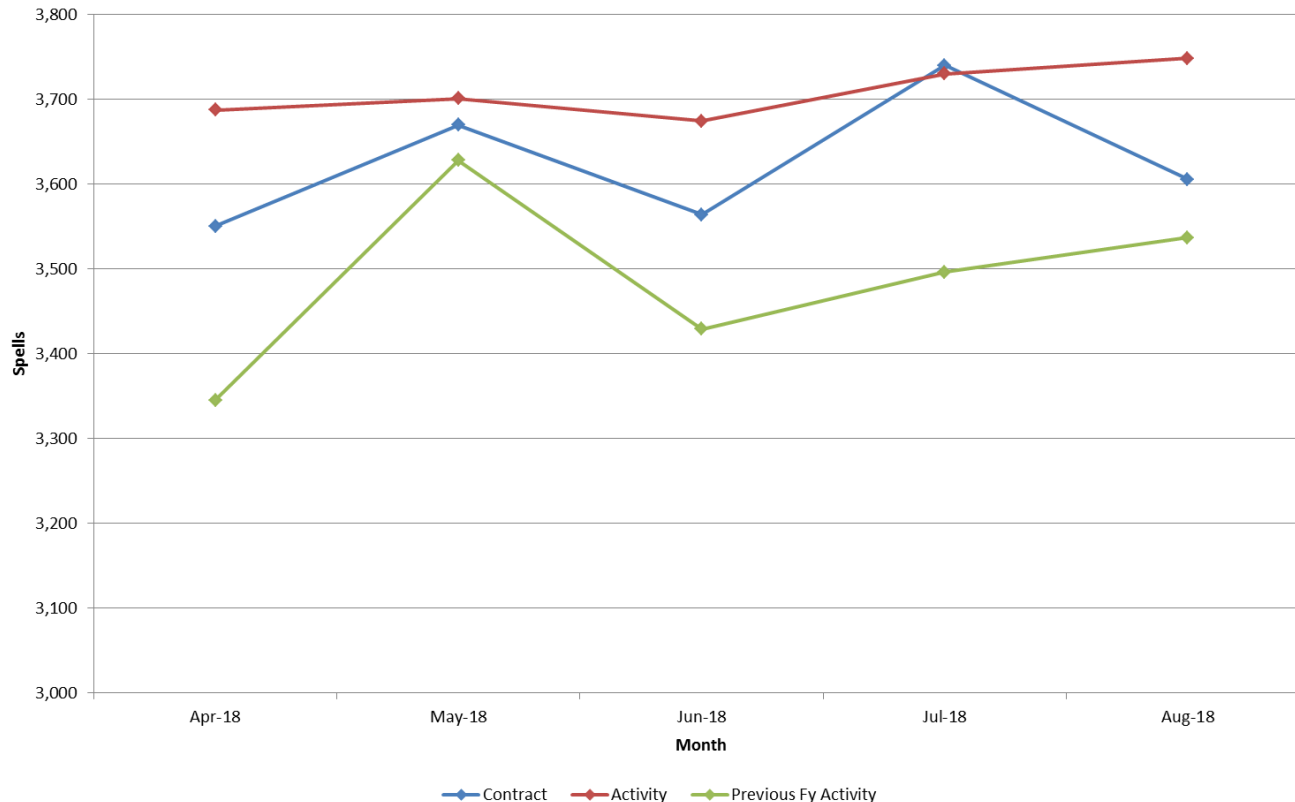


# 4 Hour Maximum Wait in ED – Improvement Trajectory (5)



# Activity Levels (1)

Non Elective Activity Against Contract - Excludes Maternity



In August 2018 the non elective activity was 6.0% above August 2017 (excluding Maternity). Emergency department (ED) attendances were 1.2% above August 2017.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 8 with an average of 2.
- Medical Outliers peaked at 46 with a median of 26.

In August the Trust capacity was impacted by bed closures for infection, bariatric patients and works.

- The max number of beds closed was 46 and the average per day closed was 16

## Activity Levels – Non Elective (2)

Non Elective (Excluding Maternity)		Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD
Trust Total	Plan	3,550	3,670	3,564	3,740	3,605	18,129
	Activity	3,687	3,701	3,674	3,730	3,748	18,540
	Previous Fy Activity	3,345	3,628	3,429	3,496	3,537	17,435
	Variance vs Contract	3.9%	0.9%	3.1%	-0.3%	4.0%	2.3%
	Variance vs Previous Fy	10.2%	2.0%	7.1%	6.7%	6.0%	6.3%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan	1,346	1,392	1,351	1,418	1,365	6,872
	Activity	1,340	1,400	1,384	1,306	1,325	6,755
	Previous Fy Activity	1,269	1,415	1,299	1,327	1,308	6,618
	Variance vs Contract	-0.4%	0.6%	2.4%	-7.9%	-2.9%	-1.7%
	Variance vs Previous Fy	5.6%	-1.1%	6.5%	-1.6%	1.3%	2.1%
NHS SOMERSET CCG	Plan	495	512	497	521	503	2,529
	Activity	528	521	482	508	537	2,576
	Previous Fy Activity	473	491	479	477	489	2,409
	Variance vs Contract	6.6%	1.8%	-3.0%	-2.6%	6.7%	1.9%
	Variance vs Previous Fy	11.6%	6.1%	0.6%	6.5%	9.8%	6.9%
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	Plan	172	178	173	181	175	879
	Activity	177	193	171	184	183	908
	Previous Fy Activity	155	173	160	170	182	840
	Variance vs Contract	2.9%	8.6%	-1.0%	1.5%	4.7%	3.4%
	Variance vs Previous Fy	14.2%	11.6%	6.9%	8.2%	0.5%	8.1%
NHS WILTSHIRE CCG	Plan	1,363	1,408	1,368	1,434	1,385	6,958
	Activity	1,442	1,375	1,450	1,526	1,494	7,287
	Previous Fy Activity	1,257	1,361	1,303	1,313	1,362	6,596
	Variance vs Contract	5.8%	-2.4%	6.0%	6.4%	7.9%	4.7%
	Variance vs Previous Fy	14.7%	1.0%	11.3%	16.2%	9.7%	10.5%
OTHER CCGs	Plan	175	180	175	184	177	892
	Activity	200	212	187	206	209	1,014
	Previous Fy Activity	191	188	188	209	196	972
	Variance vs Contract	14.5%	17.7%	6.7%	11.8%	17.9%	13.7%
	Variance vs Previous Fy	4.7%	12.8%	-0.5%	-1.4%	6.6%	4.3%

# Income Levels – Non Elective (3)

Non Elective Income (Excluding Maternity, XBDs, Readmissions, Critical Care and NICU)		Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD
Trust Total	Plan £'000	7,161	7,359	7,173	7,476	7,364	36,533
	Income £'000	7,341	7,450	6,732	7,194	6,817	35,534
	Previous Fy Income £'000	6,417	6,951	6,754	7,076	6,850	34,048
	Variance vs Contract	2.5%	1.2%	-6.1%	-3.8%	-7.4%	-2.7%
	Variance vs Previous Fy	14.4%	7.2%	-0.3%	1.7%	-0.5%	4.4%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan £'000	2,629	2,700	2,634	2,743	2,699	13,405
	Income £'000	2,595	2,781	2,506	2,528	2,419	12,828
	Previous Fy Income £'000	2,286	2,624	2,553	2,522	2,529	12,513
	Variance vs Contract	-1.3%	3.0%	-4.8%	-7.8%	-10.4%	-4.3%
	Variance vs Previous Fy	13.5%	6.0%	-1.8%	0.2%	-4.4%	2.5%
NHS SOMERSET CCG	Plan £'000	954	981	956	996	982	4,869
	Income £'000	1,019	1,021	893	948	963	4,844
	Previous Fy Income £'000	881	875	852	833	1,003	4,444
	Variance vs Contract	6.7%	4.0%	-6.5%	-4.8%	-1.9%	-0.5%
	Variance vs Previous Fy	15.6%	16.6%	4.8%	13.8%	-3.9%	9.0%
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	Plan £'000	321	330	321	335	330	1,637
	Income £'000	372	355	257	391	349	1,723
	Previous Fy Income £'000	327	310	304	323	342	1,606
	Variance vs Contract	15.8%	7.6%	-19.9%	16.7%	5.6%	5.3%
	Variance vs Previous Fy	13.7%	14.4%	-15.4%	20.9%	2.0%	7.3%
NHS WILTSHIRE CCG	Plan £'000	2,796	2,872	2,800	2,918	2,877	14,264
	Income £'000	2,923	2,757	2,647	2,892	2,713	13,932
	Previous Fy Income £'000	2,476	2,746	2,606	2,895	2,631	13,353
	Variance vs Contract	14.4%	-4.0%	-5.5%	-0.9%	-5.7%	-2.3%
	Variance vs Previous Fy	18.1%	0.4%	1.6%	-0.1%	3.1%	4.3%
OTHER CCGs	Plan £'000	460	476	461	484	476	2,358
	Income £'000	432	537	428	436	373	2,207
	Previous Fy Income £'000	448	396	439	503	346	2,131
	Variance vs Contract	-6.1%	12.9%	-7.2%	-10.0%	-21.7%	-6.4%
	Variance vs Previous Fy	-3.5%	35.7%	-2.4%	-13.3%	7.7%	3.5%



## 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 18	5	2	1	0
May 18	0	0	0	0
Jun-18	0	0	0	0
Jul-18	2	0	0	0
<b>Aug-18</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>

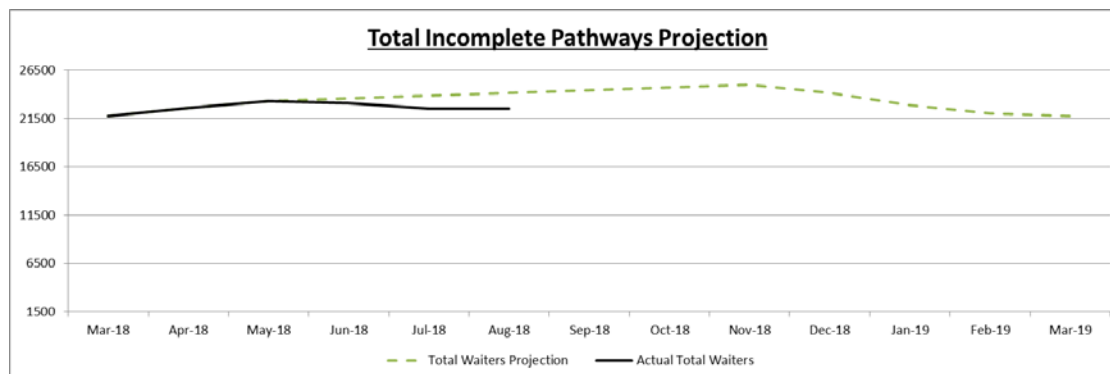
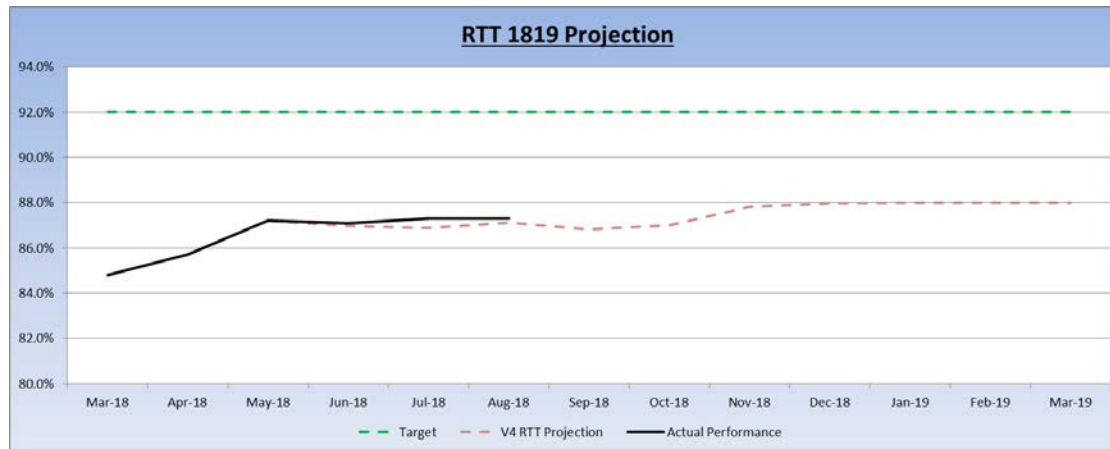
For 2018/19 the RUH tolerance is 21 post 3 day C Diff cases.

- In August there were 3 cases of C-Difficile
- 1 case awaiting appeal response (April)
- 3 cases await RCA (August)

Year to date the best case scenario is 4 RUH Trust attributed C Diff cases, the worst case scenario is 8, both scenarios would be within the tolerance.

## Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:



- Performance against the incomplete standard of 92% was 87.3% in August, the same as July and achieving the improvement trajectory target. This compares with a National Incomplete RTT average performance of 87.8% (National average last reported in June 2018)
- 7 specialties did not achieve the constitutional standard in August. These were General Surgery, Urology, ENT, Ophthalmology, Oral Surgery T&O and Cardiology.
- Of the failing specialties, ENT and Cardiology saw a decline in performance in August
- The over 18 week backlog for admitted patients reduced in month to 1,123 (1.4% decrease)
- The Trust cancelled 2 patients due to a lack of beds throughout August.
- Performance against the total incomplete pathways shows a reduction in number from the March 2018 position.
- The Trust has reported three 52 week breaches who stopped in the month of August. Year to date in 2018/19 the Trust has reported twenty four 52 week breaches

## 18 Weeks Incomplete Standard (2)

RTT Incomplete Open Pathway Performance by Specialty:

	Incomplete Pathways		
	Total Waiters	> 18 Weeks	Performance
100 - General Surgery	2384	313	86.9%
101 - Urology	875	94	89.3%
110 - T&O	1820	286	84.3%
120 - ENT	1636	430	73.7%
130 - Ophthalmology	2418	505	79.1%
140 - Oral Surgery	2307	485	79.0%
300 - Acute Medicine	124	3	97.6%
301 - Gastroenterology	2109	166	92.1%
320 - Cardiology	1887	175	90.7%
330 - Dermatology	1010	53	94.8%
340 - Respiratory Medicine	444	8	98.2%
400 - Neurology	663	41	93.8%
410 - Rheumatology	1077	24	97.8%
430 - Geriatric Medicine	170	5	97.1%
502 - Gynaecology	1416	110	92.2%
X01 - Other	2159	155	92.8%
<b>Total</b>	<b>22499</b>	<b>2853</b>	<b>87.3%</b>

- During August 2018, 292 patients were discharged through Chair port equating to 25.5% of all suitable elective surgical patients
  - 34 patients were cancelled on the day for non-clinical reasons, with 14 patients cancelled on the day to avoid a list overruns.
  - 37 theatre sessions were lost in August due to lack of theatre and anaesthesia staff
  - In month performance improvements noted in General Surgery, Urology, T&O, Ophthalmology, Oral Surgery, and Rheumatology,
- Actions taken in Month:**
- WLI outpatient clinics continued to be provided across the specialties of ENT, Oral Surgery and Urology. WLI elective lists in ENT, T&O and Urology
  - 5 patients were treated at an APO in August.



## 18 Weeks – Incomplete Pathways >30 weeks (3)

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
100 - General Surgery	51	53	66	76	86	118	124	122	120	103	103	85	89
101 - Urology	22	25	23	15	15	33	46	46	30	26	17	14	11
110 - Trauma & Orthopaedics	49	43	30	36	32	44	42	52	41	40	34	36	37
120 - ENT	14	20	29	36	51	47	65	73	75	75	87	57	53
130 - Ophthalmology	15	23	25	25	76	127	184	187	134	140	156	97	96
140 - Oral Surgery	58	81	107	128	163	192	200	220	217	236	190	122	81
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	6	3	5	6	11	16	3	6	10	7	12	13	14
320 - Cardiology	31	37	8	4	6	4	6	6	6	9	11	10	13
330 - Dermatology	15	25	19	17	21	5	3	0	0	0	0	0	0
340 - Respiratory Medicine	0	0	1	0	1	0	0	0	0	0	0	0	0
400 - Neurology	0	0	0	0	0	0	0	0	0	1	1	2	0
410 - Rheumatology	4	1	0	3	2	3	5	9	3	1	2	2	2
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	1	1	3	1	0	1	1	3	2	6	5	2	5
X01 - Other	4	4	9	5	9	14	14	22	26	25	33	20	16
Open Pathways > 30 Weeks	270	316	325	352	473	604	693	746	664	669	651	460	417

- Overall incomplete pathways over 30 weeks have reduced in month by 9.3%.
- Numbers have increased in General Surgery, T&O, Gastroenterology, and Cardiology



## Cancer Access 62 days all cancers (1)

			Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
62 Day	Cancer Network	RUH	87.70%	86.80%	86.30%	87.20%	93.00%	87.60%	89.30%	82.20%	88.40%	87.90%	87.10%	80.60%
		UHB	80.50%	84.14%	88.40%	83.08%	77.99%	81.30%	87.30%	84.08%	82.41%	85.96%	Not yet available	Not yet available
		NBT	85.46%	86.42%	87.00%	87.04%	76.89%	83.30%	87.30%	84.50%	81.88%	85.12%	Not yet available	Not yet available
		Taunton	74.67%	73.65%	66.10%	84.46%	73.79%	76.10%	78.60%	75.50%	74.33%	73.77%	Not yet available	Not yet available
		Yeovil	42.86%	71.13%	77.40%	86.67%	87.27%	82.60%	90.12%	82.11%	72.34%	82.20%	Not yet available	Not yet available
		Gloucester	69.80%	71.62%	76.50%	73.36%	69.91%	79.10%	78.70%	80.49%	79.88%	67.11%	Not yet available	Not yet available
		Weston	63.80%	69.23%	57.10%	66.67%	77.78%	78.70%	65.50%	80.00%	82.54%	70.37%	Not yet available	Not yet available
	Other Local Trusts	GWH	74.60%	85.81%	84.56%	85.43%	83.59%	87.90%	90.00%	80.79%	86.98%	93.57%	Not yet available	Not yet available
		Salisbury	93.10%	84.26%	81.08%	82.76%	76.58%	77.70%	92.00%	87.83%	88.03%	79.73%	Not yet available	Not yet available
	National	England	82.03%	82.34%	82.48%	84.16%	81.15%	81.00%	84.70%	82.30%	81.10%	79.24%	Not yet available	Not yet available

- August performance was 80.6%, against the 85% target.
- Activity levels for August were very high at 123.5 cases with 24 breaches reported.
- Prostate is the most challenged tumour site accounting for half of the breaches for August.
- 2 shared breaches (4 patients) have been identified under the breach reallocation guidelines to be reallocated fully to the treating Providers – cases currently being reviewed by those Providers. If agreed performance would improve to 81.9% remaining below the national standard.

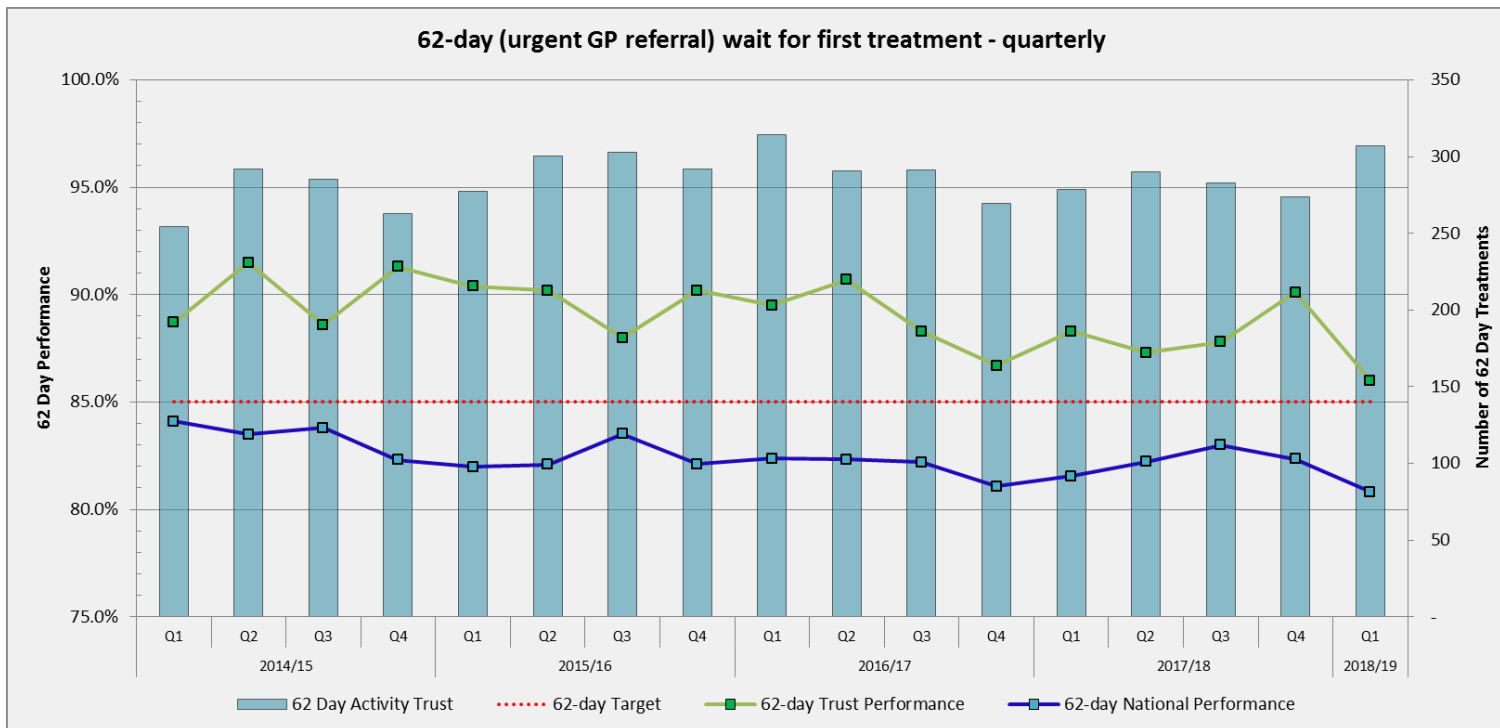
## 62 Day performance by Tumour Site (2)

Cancer Site	Indicator Description	2017/18								2018/19				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Breast	Activity	23	14	24.5	18.5	11	16	6	24.5	26	14	16	18	21
	Breaches	1	2.5	1.5	0	0	0	0	0	1	0	0	0	0
	Performance	95.7%	82.1%	93.9%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	100.0%	100.0%	100.0%	100.0%
	Referral Conversion %	7.7%	13.2%	8.1%	2.8%	9.8%	5.8%	8.8%	9.3%	6.9%	6.5%	7.5%	7.6%	
Colorectal	Activity	8.5	10	8.5	7	11	8.5	4.5	15	11.5	8	9.5	6	8
	Breaches	3.5	2	2.5	1	3	1.5	1.5	3	5.5	0	2.5	2	2
	Performance	58.8%	80.0%	70.6%	85.7%	72.7%	82.4%	66.7%	80.0%	52.2%	100.0%	73.7%	66.7%	75.0%
	Referral Conversion %	5.1%	6.1%	3.2%	5.2%	8.3%	6.0%	6.3%	4.7%	6.4%	2.9%	3.8%	2.3%	
Gynaecology	Activity	5	4	10	6	6	5	7	7.5	5	2.5	5	3	6
	Breaches	0	1	2	0	0	0	1	0	0	0	0	0	2
	Performance	100.0%	75.0%	80.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%
	Referral Conversion %	7.8%	7.2%	3.1%	8.4%	7.1%	5.3%	8.0%	6.7%	2.1%	3.9%	5.0%	5.6%	
Haematology	Activity	5	7	5.5	4	8	7	4	7	6	6.5	5	5	3
	Breaches	1	0	1	0	1	0	1	0	0	0	1	2	0
	Performance	80.0%	100.0%	81.8%	100.0%	87.5%	100.0%	75.0%	100.0%	100.0%	100.0%	80.0%	60.0%	100.0%
	Referral Conversion %	60.0%	70.0%	37.5%	61.1%	60.0%	33.3%	33.3%	66.7%	50.0%	72.7%	38.5%	41.7%	
Head and Neck	Activity	2	1.5	2	4.5	6.5	6	2.5	4	7	3	2	2.5	2.5
	Breaches	1	0.5	1	0.5	0.5	2.5	0.5	2	2.5	2	0	1.5	1.5
	Performance	50.0%	66.7%	50.0%	88.9%	92.3%	58.3%	80.0%	50.0%	64.3%	33.3%	100.0%	40.0%	40.0%
	Referral Conversion %	2.6%	7.4%	5.4%	6.7%	7.1%	7.2%	6.2%	7.2%	0.0%	4.9%	1.8%	2.4%	
Lung	Activity	9	9.5	5	6.5	7	10	8.5	6.5	7.5	3	5	12	7
	Breaches	1.5	0.5	0	0	0.5	0	0.5	1.5	3.5	1	1	1	1
	Performance	83.3%	94.7%	100.0%	100.0%	92.9%	100.0%	94.1%	76.9%	53.3%	66.7%	80.0%	91.7%	85.7%
	Referral Conversion %	20.0%	38.2%	16.7%	43.5%	36.4%	32.0%	42.9%	31.3%	18.2%	29.4%	33.3%	33.3%	
Skin	Activity	27	21	23	24.5	16	38.5	10.5	17.5	24.5	23	18.5	25.5	29.5
	Breaches	4	1.5	1	3	2	3	1.5	0.5	0	1	2	2.5	1.5
	Performance	85.2%	92.9%	95.7%	87.8%	87.5%	92.2%	85.7%	97.1%	100.0%	95.7%	89.2%	90.2%	94.9%
	Referral Conversion %	8.3%	10.5%	8.9%	8.6%	9.5%	11.9%	8.5%	10.8%	9.9%	7.9%	5.7%	6.6%	
Upper GI	Activity	8	5	10	9	4	3.5	3	7.5	3	8	6.5	11.5	9.5
	Breaches	1	0	3.5	1	1.5	0	0	1.5	2	3.5	0.5	2.5	2
	Performance	87.5%	100.0%	65.0%	88.9%	62.5%	100.0%	100.0%	80.0%	33.3%	56.3%	92.3%	78.3%	78.9%
	Referral Conversion %	9.7%	11.4%	11.1%	5.6%	6.5%	5.6%	6.1%	6.7%	7.8%	8.1%	11.7%	7.1%	
Urology	Activity	20	16.5	9	20.5	12	22	19	13.5	16.5	35	25.5	17	35
	Breaches	1	1.5	0	5	1	2	2	0.5	3.5	6	4.5	2	14
	Performance	95.0%	90.9%	100.0%	75.6%	91.7%	90.9%	89.5%	96.3%	78.8%	82.9%	82.4%	88.2%	60.0%
	Referral Conversion %	12.5%	11.7%	14.7%	15.1%	14.3%	15.8%	19.8%	16.6%	16.5%	19.4%	12.5%	14.0%	

- The Board is asked to note performance by tumour site.
- For the RUH, as per the national picture, performance is challenged predominantly in Prostate, Colorectal, Upper GI and Lung. Head & Neck is also challenged for the RUH.
- Prostate is the most challenged tumour site accounting for half of the breaches for August. There are several pressure points within the pathway with Radiology scan and reporting delays being a significant issue.
- For Prostate, Colorectal and Lung improvement plans are in development, to be completed by November.
- These plans will capture the Early Diagnosis pathway work being undertaken through the Cancer Transformation programme.
- For Upper GI and Head & Neck those pathways have significant elements of the pathway performance at UHB so discussions are ongoing to align improvement plans.

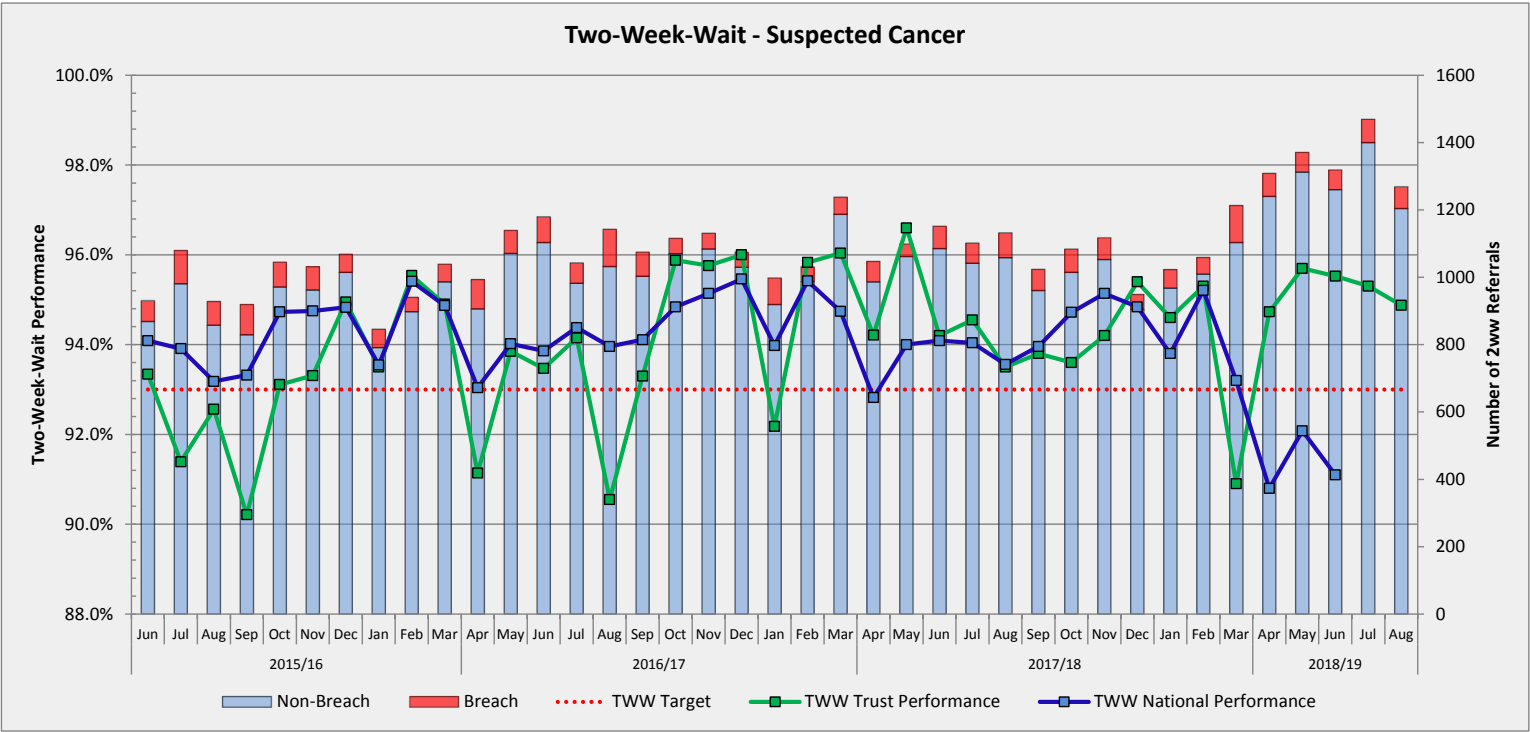
Note about the 'Referral Conversion' – these figures show the percentage of 2 week-wait patients that are eventually treated. It is based on the 'first seen date' of the 2ww referral, not the treatment date and is therefore out-of-sync with the 62 day activity figures (which are based on treatment date). 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.

# Q1 - 62 Day (urgent GP referral) wait for first treatment (3)



- Trust performance in Q2 is now at risk due to the underperformance in August.
- Weekly tumour site specific PTL meetings are established with divisional PTLs also in place to support target recovery.

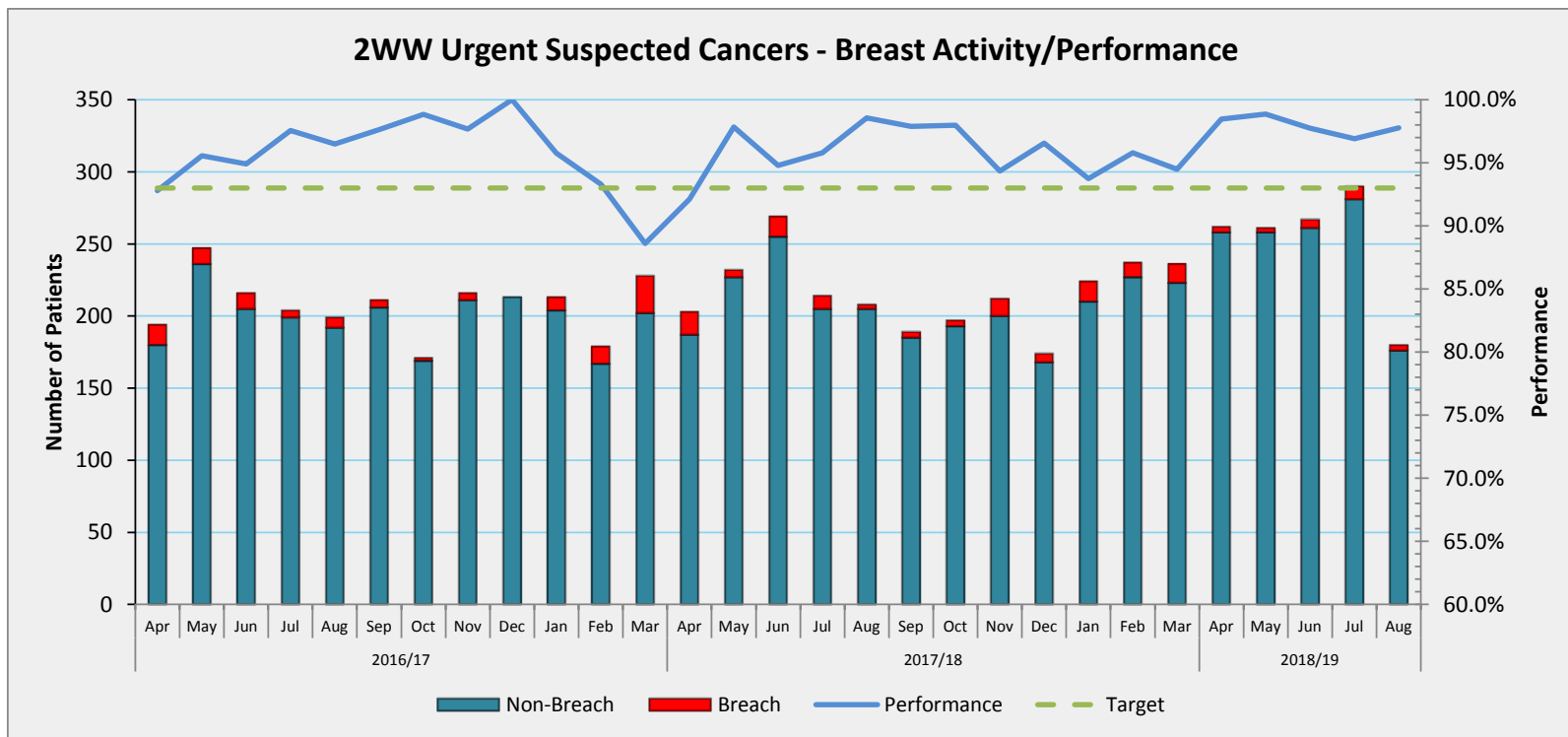
# Cancer Access – 2 WW (4)



- The 2ww suspected cancer target passed in August at 94.9%.
- Activity returned to more normal levels for 2018/19, following a very busy month in July.

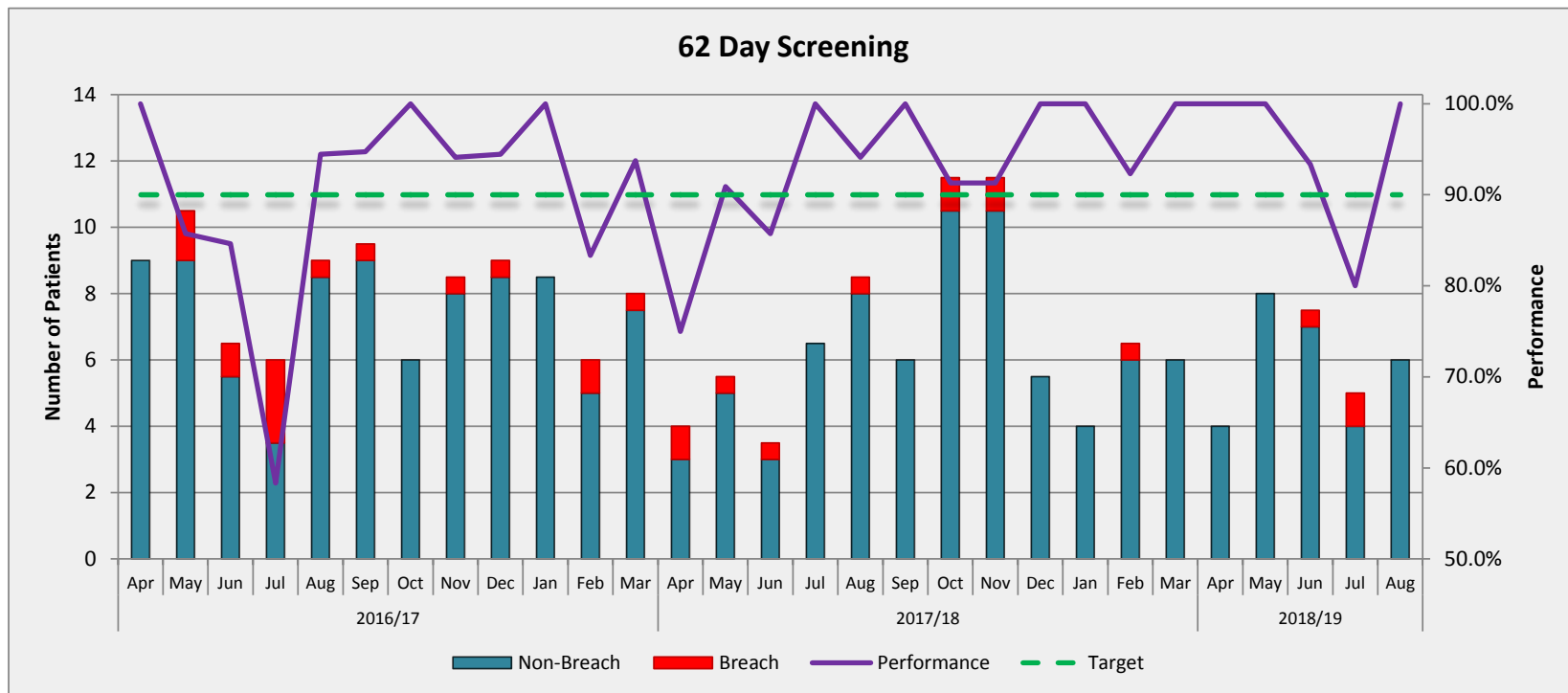
Please note: the graph has been updated to show the national 2ww performance (blue line) alongside the Trust’s performance and activity split by non-breaches and breaches.

# Cancer Access – 2 WW Breast Suspected Cancer (5)



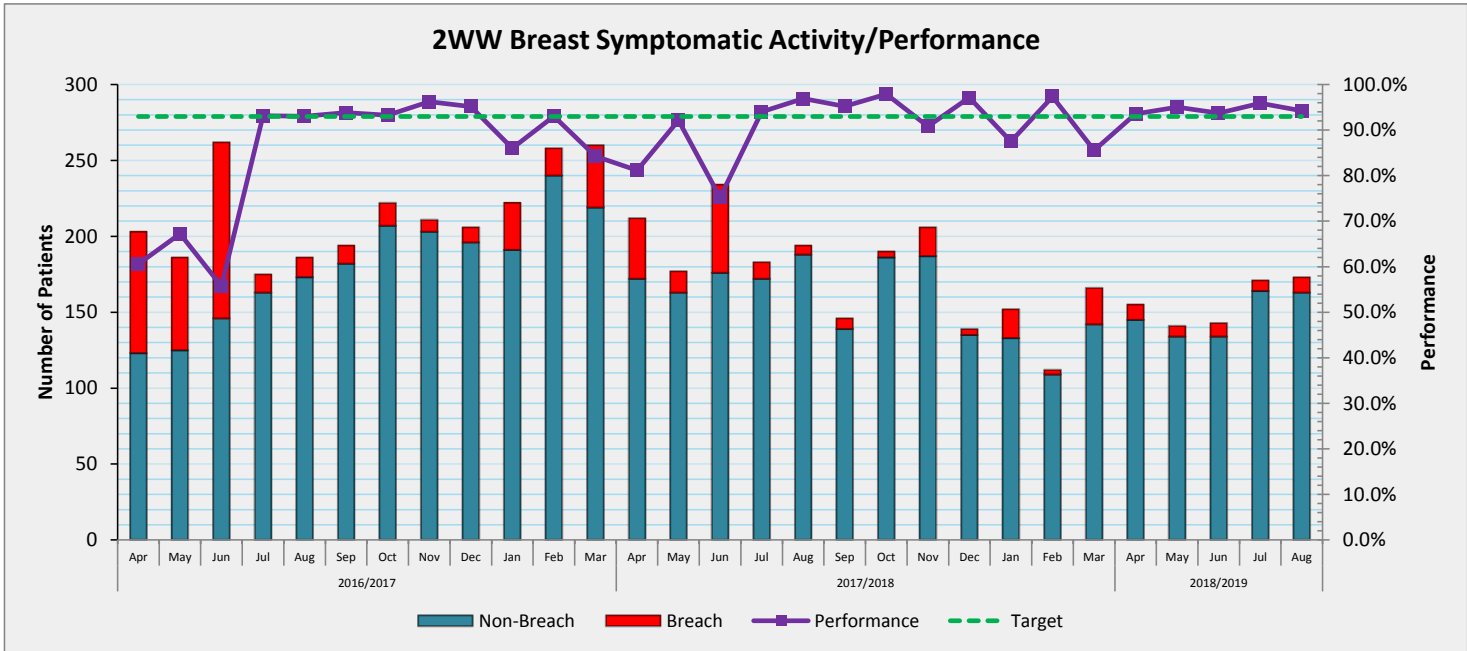
- The performance in August for Breast 2WW suspected cancer was 97.8%, above the 93% overall 2WW target.

# Cancer Access – 62 Day Screening (6)



- In August the Trust achieved the 90% target.
- Activity remained low at 6 patients for this month.

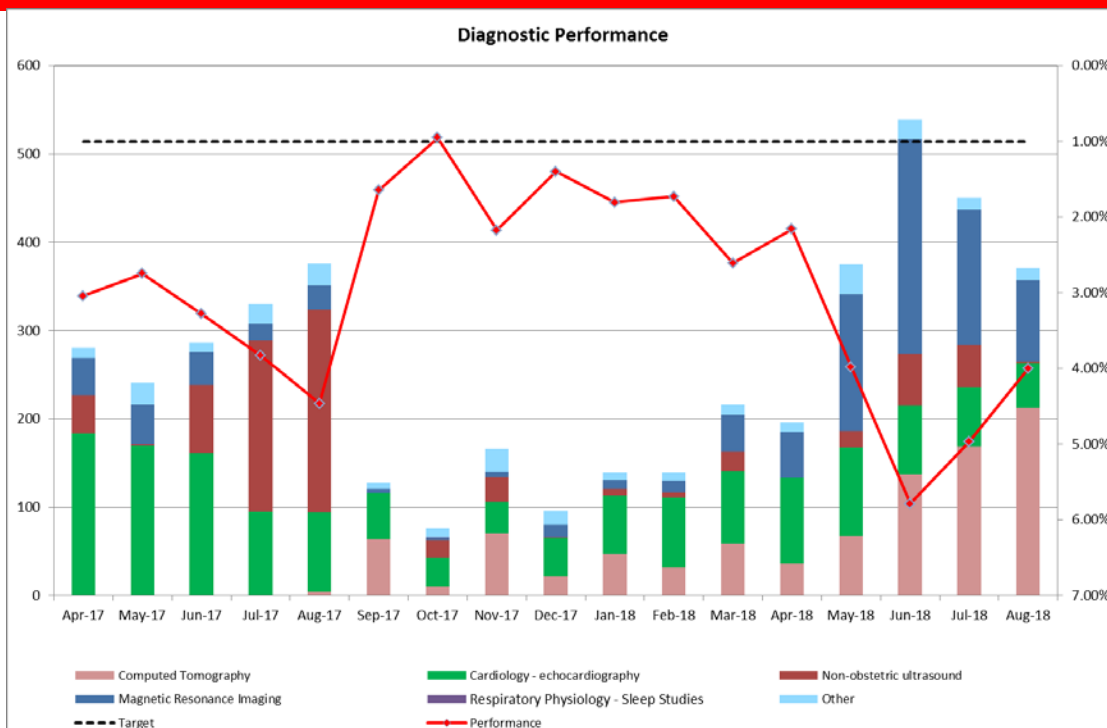
# Cancer Access – Breast Symptomatic (7)



- The symptomatic target passed in August with performance at 94.2% against 93% target.
- 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.



## Diagnostics (1)



August performance is reported as **3.97%** against the  $\leq 1.0\%$  indicator.

The three areas of concern are:

- **MRI** - performance in August was impacted by high demand for endocarditis, cardiac, examination under general anaesthetic. The July backlog continues to be cleared. Review of internal demand is underway but the department continue to prioritise cardiology, prostate and inpatient requests. Alternative provider MRI capacity has been confirmed going forward and reflected in improvement trajectory.
- **CT** - Insufficient capacity to meet the demand and also recover from July breaches. Continued growth in demand. CT 3 is currently being commissioned and CT 1 will be replaced in the autumn which will increase reliability. Options to mitigate capacity are under review, contracts agreed with Circle Bath and Bath Clinic. Bristol Nuffield capacity agreed, 11 hour per week from September 2018 to December 2018 and this capacity has been reflected in the improvement trajectory.
- **Echocardiography** - The Cardiology department released consultant's time to enable them to undertake additional specialist echo diagnostics. The focus has continued to be on the stress echo (DSE) which resulted in an overall echo breach reduction to 50 (from 78 in June and 67 in July). Plain echo breaches occurred in month. It is anticipated that the cardiology diagnostic action plan will continue to deliver reductions in the level of echo breaches.

Diagnostic Test – Maximum Wait of 6 Weeks	>6 Weeks
MRI	92
CT	213
Non Obstetric Ultrasound	2
Barium Enema	0
DEXA	0
Audiology	3
Cardiology Echocardiography	50
Colonoscopy	0
Flexi Sigmoidoscopy	0
Cystoscopy	0
Gastroscopy	2
Neurophysiology	5
Urodynamic Studies	1
<b>Total</b>	<b>368</b>





## Diagnostics (2)

### Key Recovery Plan Actions

Ongoing reductions seen.

Echo Type	
Cardiology DSE	5
Cardiology Bubble	0
Cardiology TOE / TEE	13
Plain Echo	32
<b>TOTAL</b>	<b>50</b>

### Specialist Echo (18)

The actions to increase capacity have reduced the DSE diagnostic breaches. The anticipated trajectory is that the backlog will be cleared by the end of September. Additional staff in training to be able to undertake TOE. As the DSE breach's are removed there the focus will move to outpatient TOE/TEE.

### Plain Echo (32)

Breaches in month are due to a combination of echo machine capacity being used for specialist echo diagnostics and reduced number of weekend session due to staff capacity.

### Ultrasound (2)

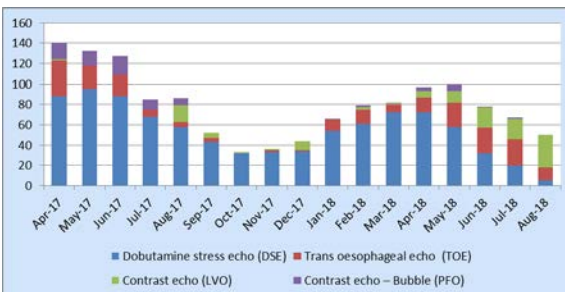
Evening lists in place and fully booked as predicted. 2 breaches of the standard a significant improvement in month.

### Computed Tomography (213)

Request process issues following the Big 3 go-live continue and action is on-going to improve this. Revised DMO1 monitoring processes 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.

### Audiology (3)

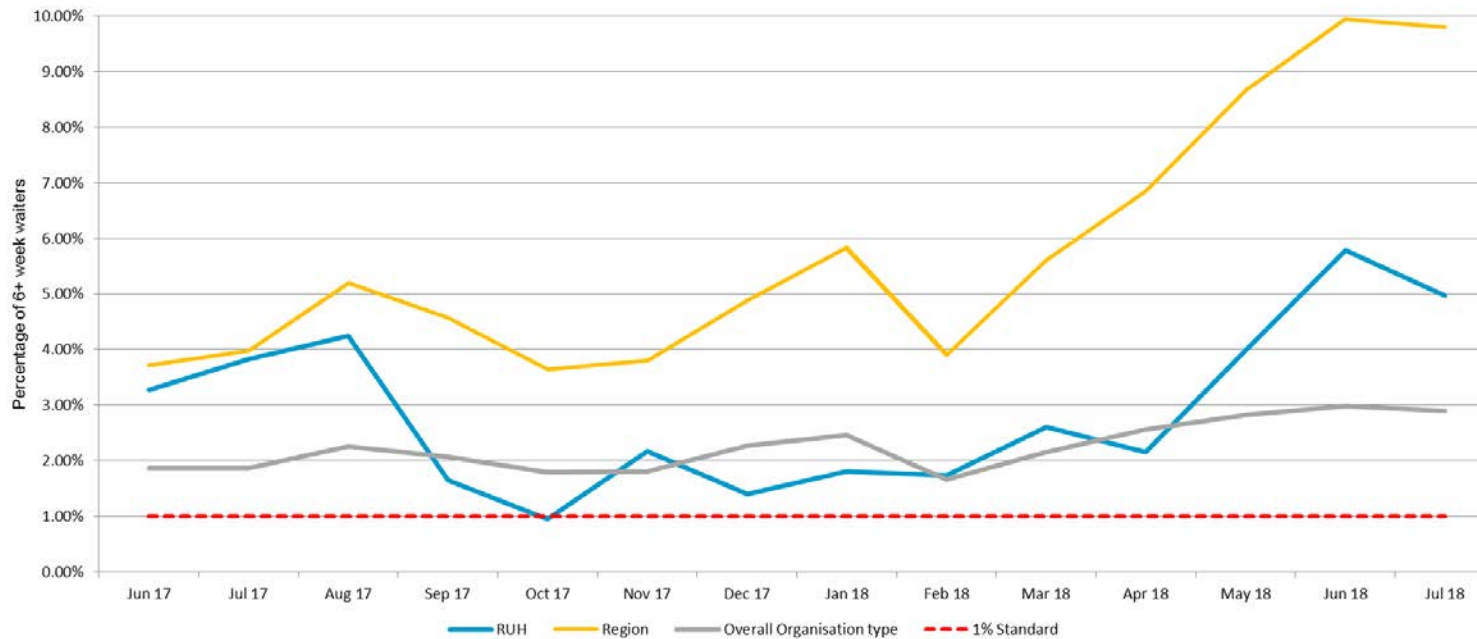
Breaches continue to be a focus for the Surgical Division, staffing in the department has improved but breaches numbers continue to reduce (12 in July).



The Medical Divisional Manager chairs a weekly 6 week diagnostic action group. The aims of the group are to review performance, agree a trajectory for compliance and actions to support delivery. The group is also responsible for managing the RAP and ensuring any operational issues are escalated quickly.

## Diagnostics (3)

**DM01 Performance Against Regional / National / 1% Standard**

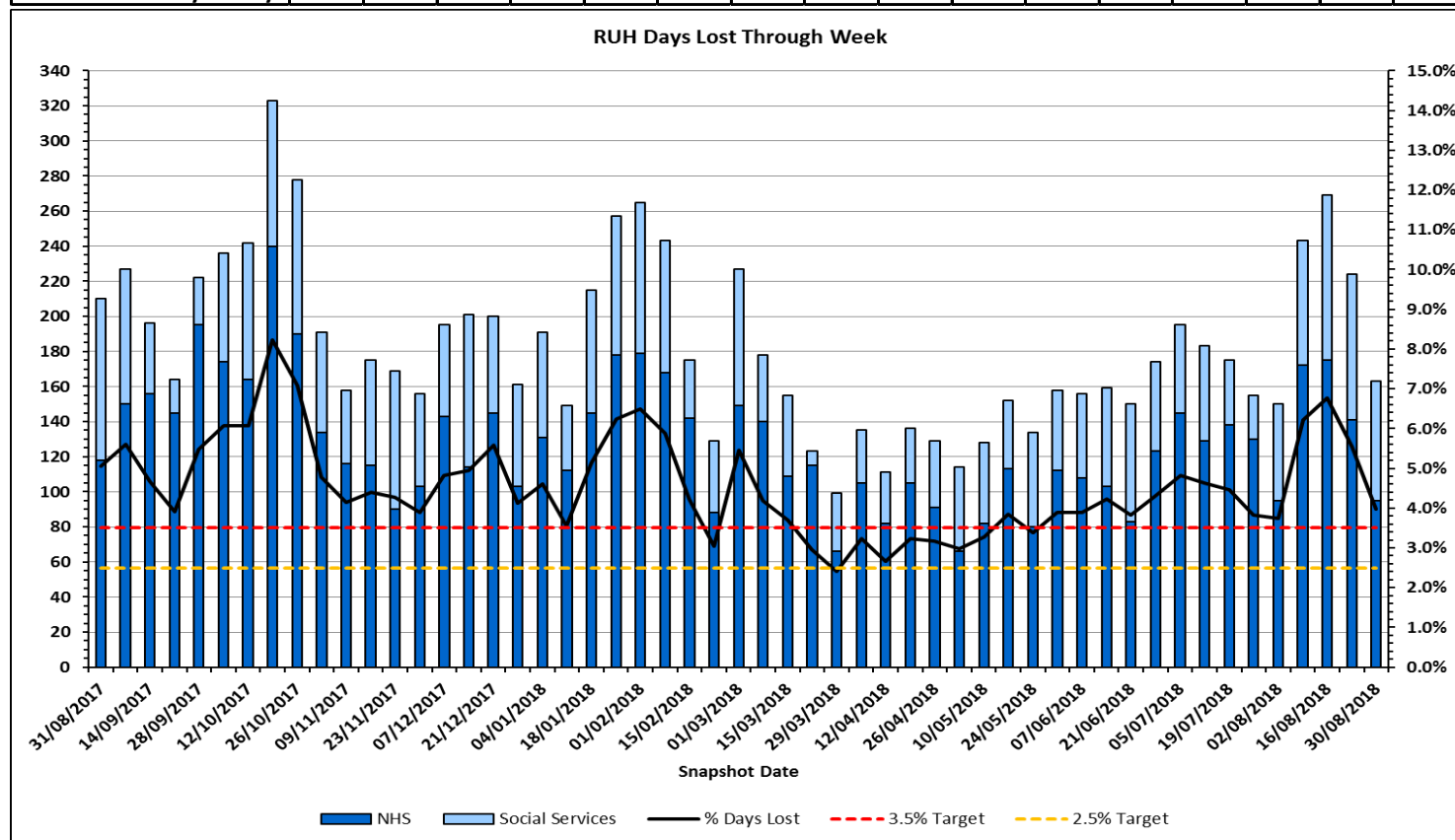


- This slide shows the percentage of 6+ week waiters for the RUH and Region against the 1% national standard up to July 2018.

	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18
Provider Position (No. 6+ Weeks)	286	330	357	127	76	166	96	139	139	216	196	375	539	450
Provider Position (Total Waiting List)	8,722	8,623	8,404	7,714	7,984	7,640	6,851	7,691	8,051	8,288	9,077	9,424	9,316	9,052
RUH	3.28%	3.83%	4.25%	1.65%	0.95%	2.17%	1.40%	1.81%	1.73%	2.61%	2.16%	3.98%	5.79%	4.97%
Region	3.71%	3.98%	5.20%	4.57%	3.65%	3.81%	4.88%	5.83%	3.91%	5.61%	6.85%	8.66%	9.94%	9.80%
Overall Organisation type	1.87%	1.86%	2.26%	2.07%	1.80%	1.81%	2.27%	2.46%	1.66%	2.15%	2.57%	2.82%	2.98%	2.90%

# Delayed Transfers of Care (1)

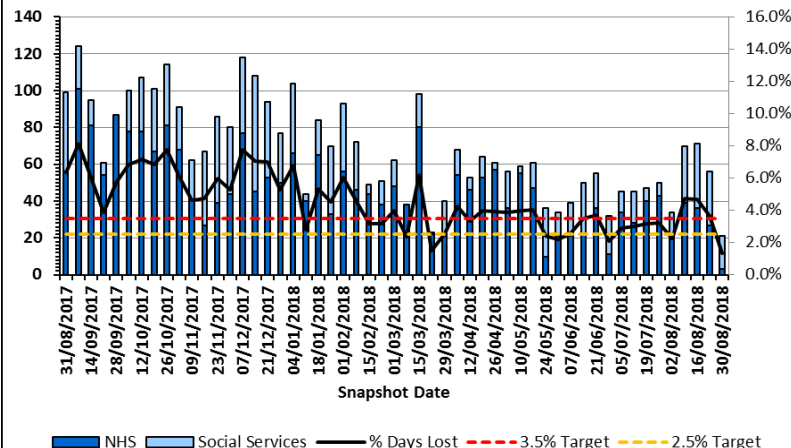
DTOC	CCG's															
	NHS BATH AND NORTH EAST			NHS SOMERSET CCG			NHS WILTSHIRE CCG			BRISTOL, NORTH SOMERSET & S. GLOS				All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Both	Total	NHS	SS	Total
Number of Patients	2	4	6	1	6	7	13	1	14	1	1	0	2	17	12	29
Number of Delayed Days	126	117	243	74	121	195	400	54	454	26	36	0	62	626	328	954



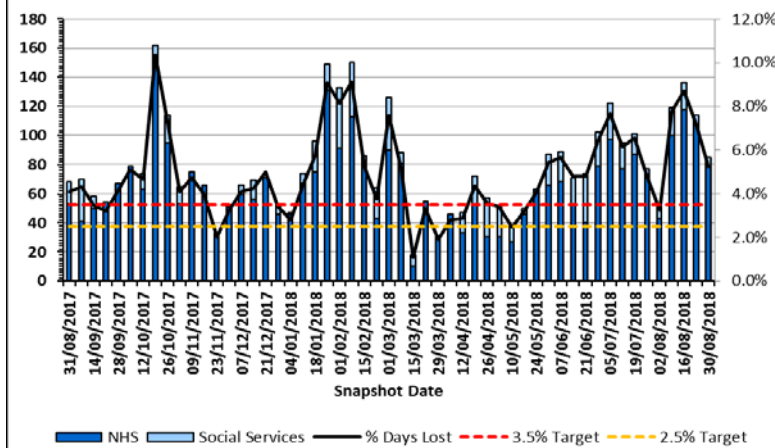
- The DTOC position by CCG is detailed in the table. 29 patients reported at the August month end snapshot and 954 delayed days (5.3%). This is above the national target set (3.5%).
- The graph outlines the delayed days by week since August 2017.
- The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay).

# Delayed Transfers of Care by CCG (2)

Days Lost Through Week: NHS BANES CCG

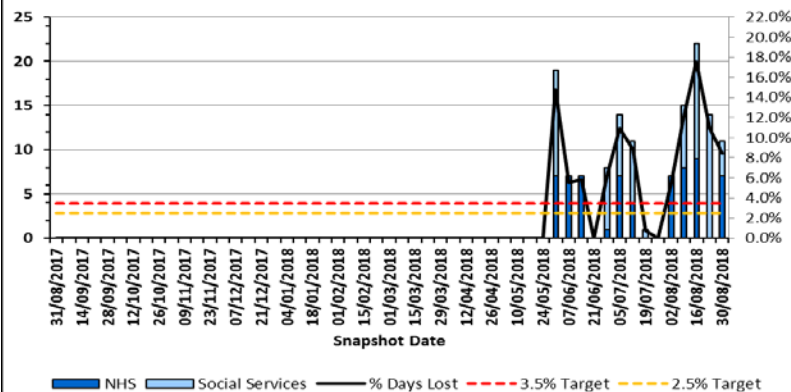


Days Lost Through Week: NHS Wiltshire CCG

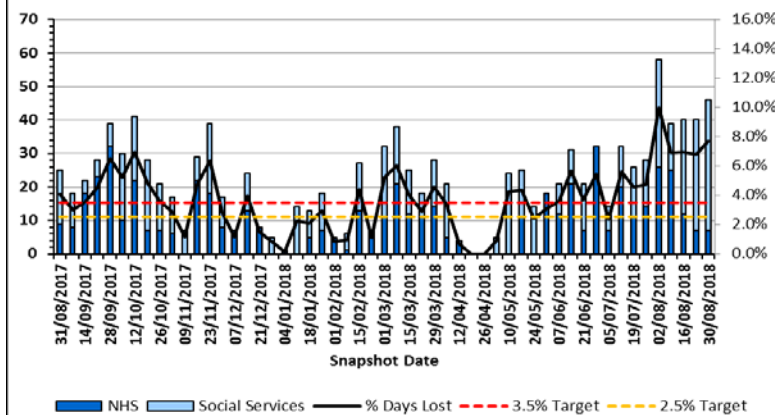


- RUH focus to reduce delays is being led through the Integrated Discharge Service (IDS) work programme, which continues to review discharge pathways 2 and 3.
- BANES performance improved in August.
- Actions taken have improved the Wiltshire position but further work is required to reduce the high volume of days delayed.
- Somerset performance remains of concern with no improvement seen in month.

Days Lost Through Week: NHS Bristol, North Somerset &amp; South Gloucestershire CCG



Days Lost Through Week: NHS Somerset CCG

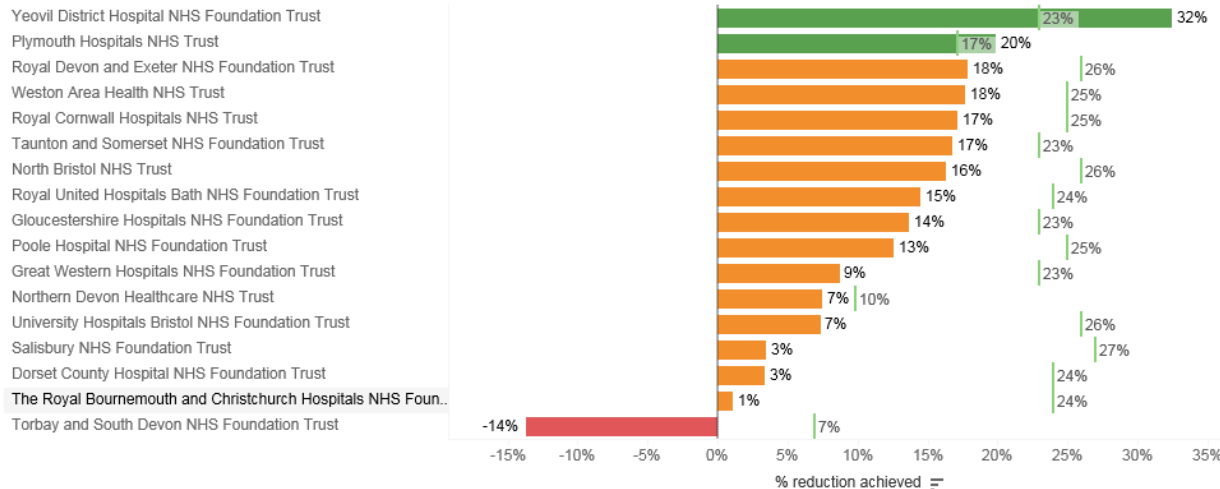




## Reducing Extended Length of Stay (+21 day) (3)

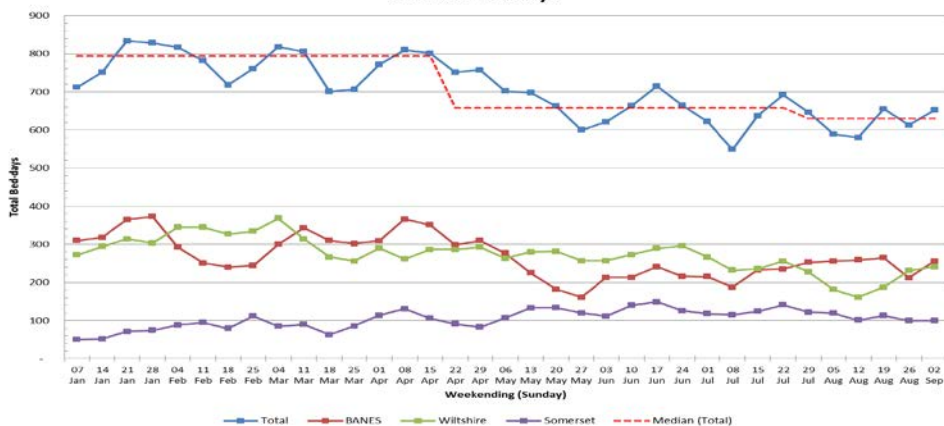
### % reduction in long stay beds achieved as of July 2018

All figures on this page are based on the primary metric (3 month rolling average)



- The table provides the regional (NHS South) position on progress made by each Trust against the national ambitions set. Variance is based on the rolling 3-month average against the ambition.
- Board should note that each Trust has a different ambition. The RUH systems target has been set at 24% improvement by December 2018 from 2017/18 baseline.
- As of July the RUH has reduced the beds occupied by +21 day LOS patients by 15%, a further 9% improvement is required by December 2018.
- The graph shows the weekly RUH monitoring, in-place from January 2017. The RUH has aligned +21 day LOS reporting with national reporting
- The Urgent Care Collaborative Board and A&E Delivery Board will continue to review progress and actions.
- From August 2018 the RUH is now holding twice monthly expert panel reviews of all +21 day patients, with community partners. ECIP have also supported panels.

### 21+ LOS Beddays



# Key National and Local Indicators

In the month of **August** there were 15 red indicators of the 70 measures reported, **5 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.



## Effective

### **SOF**

- X** 15. Readmissions
- X** 18. Hip fractures operated on within 36 hours

## 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** 36 GP Direct Admits to MAU
- X** 37 Delayed Transfers of Care

## Safe

### **SOF**

### **SOF**

- X** 43 C Diff Infection Rate
- X** 49 CAS Alerts
- X** 51 Number of patients with falls resulting in serious harm (moderate, major)

## Well Led

### **SOF**

- X** 59. FFT Response Rate for ED (includes MAU/SAU)
- X** 61. FFT Response Rate for Maternity (Labour Ward)
- X** 62 Turnover – rolling 12 months
- X** 64 Vacancy Rate
- X** 66 % agency nursing staff (% of agency nursing spend of total nursing pay bill)





### **X 15. Readmissions – Total**

There were 573 readmissions (15.8%) in August (0.9% reduction from July). The Medical Division reduced from 21.0% to 19.0%, the Surgical Division increased from 12.8% to 13.2% and Women and Children's Division reduced from 5.4% to 4.7%. The Clinical Outcomes Group continues reviews readmissions data and seeks to identify any particular diagnostic category or procedure group which is flagging as a concern. This includes a review of the trends on readmission by Division. The Trusts ambulatory care model will results in patients on ambulatory care pathways included in this data, with patients recorded as admissions.

### **X 18. Hip fractures operated on within 36 hours**

43 patients were eligible for theatre and of these 23 (53.5%) went in less than 36 hours.

Reasons for patients treatment delay:

- 11 due to capacity (High Trauma demand seen in August)
- 1 required a specialist hip surgeon
- 1 cancelled as no space in recovery – Hospital in Opel 4
- 4 required pre-operative medical stabilisation before going to theatre, unable to treat in 36 hours
- 1 Not for surgery/treatment due to metastasis (palliative care)
- 2 required further investigations before going to theatre

August saw a higher than usual number of patients missing the 36hr target due to capacity, this was in part due to a high number of hip fractures presenting within a 24/48hr period on 3 separate occasions and a high number of paediatric cases who took clinical priority



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

There were 368 over 6 week waiters in August, equating to 3.97% against the  $\leq 1.0\%$  indicator, rated red. Performance in August failed to meet the constitutional target. See slides 22 to 24 above.

**X 30. RTT over 52 week waiters**

There were 3 patients who have breached the 52 week standard for treatment in August.

- 1 Oral Surgery (administration error)
- 1 General Surgery (administration error)
- 1 Urology (administration error)

RCAs are in progress and letters of apology will be sent to the patients when completed. Progress against actions agreed in 52 week RCAs is tracked by the RTT Steering Group chaired by the Divisional Manager for Surgery. Focus continues on RTT training for administrative and clinical staff.

**X 34. % Discharges by Midday (Excluding Maternity)**

In August patients discharged by midday fell to 13.8% and remains 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 36. GP Direct Admits to MAU**

There were 38 GP direct admits to MAU in August with performance reducing from 46 in July and staying below the target of 84. The Medical Division have actions in progress to improve performance, again Board are asked to note the 4 hour performance paper.

**X 37 Delayed Transfer of Care (Days)**

There were 954 delayed days in August, which was 5.3% of the Trust's occupied bed days. There were 29 patients delayed in the month end snapshot. The IDS team are completing daily reviews of the +21 day super stranded patients and twice monthly expert panels have been established to increase system wide challenge to reduce delays.





**X 43. C Diff infection rate**

In August there were 3 cases of C-Difficile. All the cases are awaiting RCAs to be completed.

**X 49 CAS Alerts**

In August there were 12 CAS Alerts not responded to within the deadline

- 3 Alerts were received for August.
- 7 Alerts were closed in August of which 6 were overdue.
- A further 6 Alerts are due for closure but have been delayed due to administrative reasons and will be addressed in September.
- A further 2 alerts are due for closure in September.

The Quality Board will be requested to review the CAS alert process and identify any areas for improvements.

**X 51. Number of patients with falls resulting in serious harm (moderate, major)**

In August there were three patients with falls resulting in serious harm. RCAs are being completed and considered at the Trust Falls group. All RCAs will also be reviewed at Operational Governance Committee.

- 1 Major (CCU)
- 2 Moderate (1 Haygarth and 1 Helena)



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

In August the FFT Response Rate for ED reduced to 2.3% from 5.0% in July and remains below the agreed target. The Divisional teams continue to review ways to improve performance.

**X 61. FFT Response Rate for Maternity (Labour Ward)**

In August the FFT Response Rate for Maternity reduced to 13.6% from 17.6% in July and was below the agreed target.

It has been found that if the mandatory fields on the FFT cards are incomplete they are not counted. Currently the staff have not been checking the cards and quite often the families are asked to post them in the box directly. As a result, we have sent out the list of mandatory fields to the band 7s and leadership team to share with staff and families completing the cards. The importance of completing the cards is also being highlighted at the BBC band 7 meeting as well as a reminder in the newsletter.

**X 62. Turnover - Rolling 12 months**

Trust Turnover rate reduced to 12.1% against a target of 11.0% and reported as red in August. Please see Well Led Slides below.

**X 64. Vacancy Rate**

Trust vacancy rate reduced to 5.9% against a target of 4.5% and reported as red in August. Please see Well Led Slides below.

**X 66. % agency nursing staff (% of agency nursing spend of total nursing pay bill)**

Registered Nurse agency spend as a % of total Registered Nurse pay bill reduced to 5.3% in August from 5.4% in July. Reported as red in August, against a target of 3.0%. Please see Well Led Slides below.

# Well Led – Workforce

## 1. Summary & Exception Reports

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

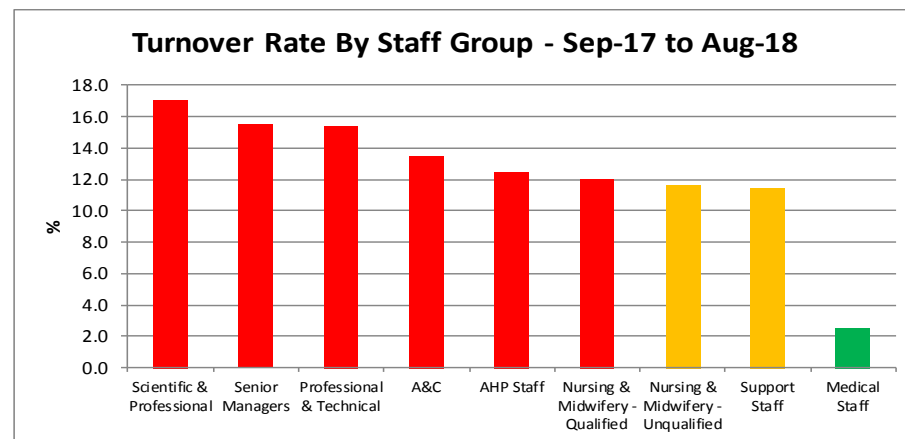
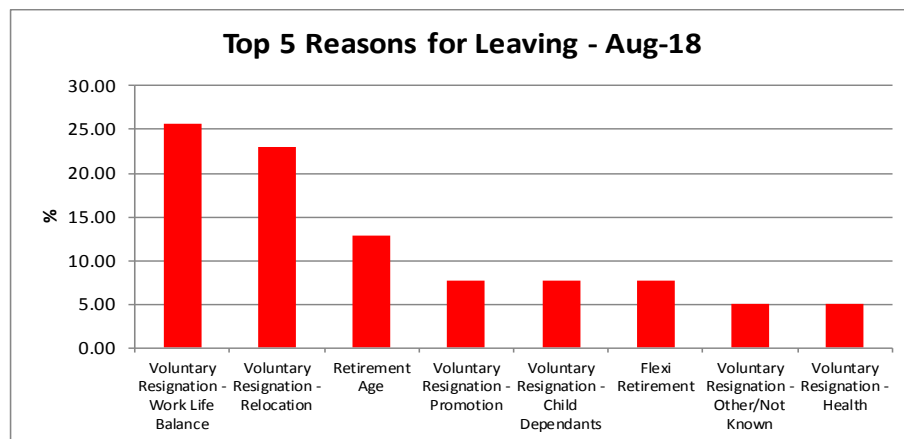
Workforce	Jul-18						Aug-18						Q2 Trust Target
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	
Turnover (rolling 12 months %)	12.5	14.5	12.5	12.9	11.5	12.4	12.1	13.6	11.7	12.6	11.2	12.2	11.0%
Sickness Absence (%)	3.6	2.8	4.0	3.8	4.1	2.3	3.9	2.6	4.2	4.2	4.5	3.0	3.3%
Vacancy Rate (%)	6.2	6.0	10.7	5.8	5.3	5.9	5.9	5.9	8.9	5.1	6.2	5.5	4.5%
Agency Staff (agency spend as a % of total pay bill)	2.4	4.1	0.1	3.4	1.6	0.7	2.5	4.8	0.2	3.3	1.7	1.1	2.5%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	5.4	16.5	-	7.5	3.8	0.2	5.3	7.1	-	8.3	3.7	0.5	3.0%
Staff with Annual Appraisal (%)	82.9	82.1	79.5	81.9	85.6	83.8	83.2	81.8	89.8	82.0	84.7	80.6	88.0%
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 (%)	86.9	86.2	85.7	87.1	89.8	90.5	86.2	87.1	89.9	87.3	86.8	90.8	95.0%
Mandatory Training (%)	86.6	89.2	86.1	86.8	88.5	88.7	86.8	89.4	87.6	87.9	88.6	89.1	90.0%

### Trends:

- Although Turnover figures have fallen slightly on those reported last month, at 12.1% overall Trust Turnover remains red and is marginally up on last August's figure of 11.7%.
- Sickness Absence has risen this month by 0.36% (an additional 662.9 FTE days absent compared to last month) and, for the first time in 2018, is up on the equivalent month in 2017.
- The Overall Trust's Vacancy Rate continues to remain red as it has done since the new budgets were set in April 2018.
- Appraisal Compliance has increased this month to 83.2%, which is in part due to a considerable increase in compliance within the Facilities Division.
- Please note that the Nurse Agency Rate figures stated are provisional and based on the most recently available data.

# Well Led – Turnover

## 2. Turnover

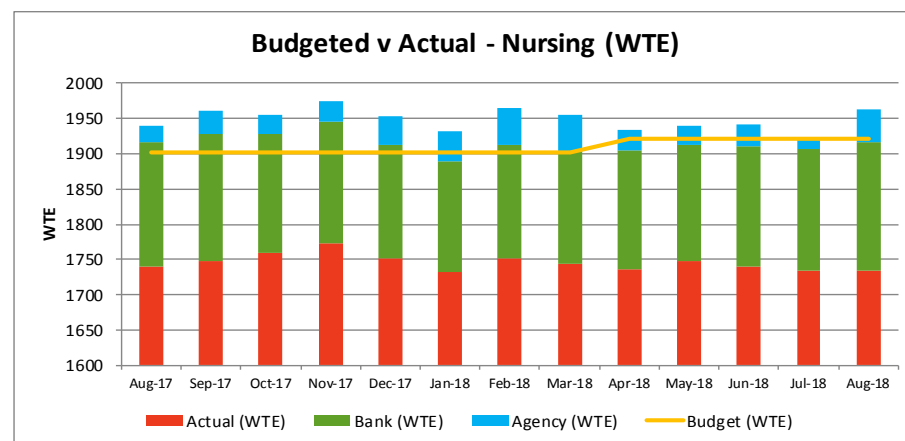
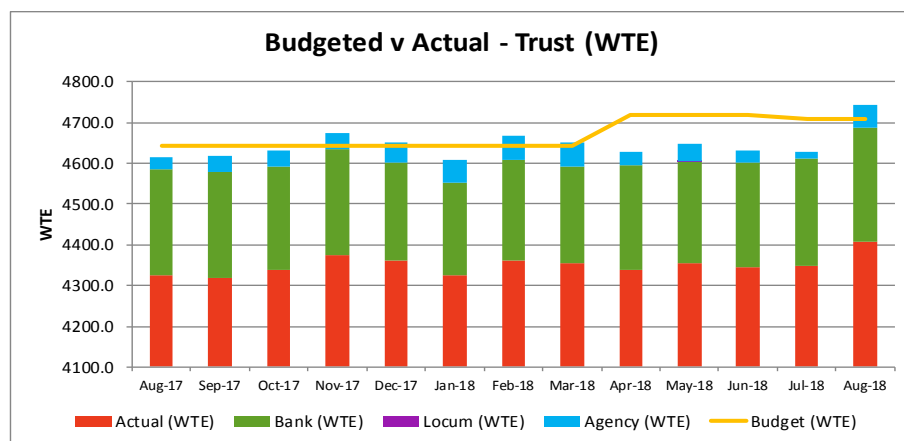


### Performance in August, including reasons for the exception and actions to mitigate:

- When analysed over a 2 year period, August 2018 was the second lowest month in terms of turnover. Combined with the fact that August 2017 was one of highest months for turnover in the same period, there has been a considerable reduction of 0.51% in the rolling 12 month turnover rate when compared to last month.
- The Trust's overall figure, however, continues to remain red against its target; with the high turnover experienced in December 2017 and March 2018 being key contributing factors to this.
- Further reductions in the rolling 12 month Turnover rate over the next 3 months may be difficult to achieve, with September to November 2017 having witnessed lower than average turnover for the period.
- HR Business Partners have developed action plans to act on the findings of the 2017 staff survey and subsequent events with staff in order to improve staff experience and the findings of follow up investigatory work into Turnover are now available and are to be addressed.

# Well Led – Vacancy Rate

## 3. Vacancy



### Performance in August, including reasons for the exception and actions to mitigate:

- The Resourcing team are working on a total of 447.14 wte vacancies, of which 176.94 wte are Registered Nurses/Midwives vacancies. A total of 323.89 wte new starters are in the pipeline with start dates from 1<sup>st</sup> September onwards, of which 106.98 are Registered Nurses/Midwives.
- A Trust-wide Nursing Recruitment open day is planned for the 25<sup>th</sup> September.
- An open day to attract Nurses wishing to return to an acute care environment and work on our OPU has been planned for 2<sup>nd</sup> October.
- Our second overseas nurse recruited from the Philippines is due to start with the Trust on 24<sup>th</sup> September. A further 10 candidates are at the final stages of the process and we anticipate that these will start in October and November.
- HR Business Partners are promoting the importance of starting the recruitment process as early as possible after receipt of a resignation and are providing support to managers with recruitment advertising.

## Well Led – Nurse Agency Spend

### 4. Nurse Agency Spend

#### Performance in August, including reasons for the exception and actions to mitigate:

- Based on the provisional figures provided, overall Nurse Agency Spend has reduced 0.1% from last month; however at 5.3% this provisional figure remains rated at red.
- Nurse Agency Spend now stands to have been red for 3 of the first 5 months of 2018/19 and has not met the 4% target at all this year. This contrasts with 17/18, where Nurse Agency Spend did not exceed 4% once.
- The greatest increase witnessed this month was in the Medical Division, where Nurse Agency Spend as a percentage of the total Registered Nurse pay bill now stands at 8.25%. This contrasts to the 5.8% witnessed in April and reflects the upward trend in the division over the 2018/19 financial year to date. With the Medical Division's provisional Nurse Agency Costs in August exceeding £210,000; spend has increased in this area by over £75,000 since April.
- Despite a minor increase compared to last month, Nurse Agency Spend within Women and Children's Division continues to be down on that witnessed in Quarter 1; whilst a general downward trend is also observable in the Surgery Division this financial year.
- Registered Nursing vacancies continue to be one of the factors driving the increase in Nurse Agency Spend.

# Well Led – Overview

Measure	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Q2 Target
Budgeted Staff in Post (WTE)	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,719.3	4,719.3	4,719.3	4,709.0	4,709.0	
Contracted Staff in Post (WTE)	4,400.4	4,413.8	4,421.3	4,429.4	4,398.0	4,417.3	4,426.6	4,403.5	4,416.2	4,404.4	4,418.9	4,430.2	
Vacancy Rate (%)	5.2%	4.9%	4.8%	4.6%	5.3%	4.9%	4.6%	6.7%	6.4%	6.7%	6.2%	5.9%	4.5%
Bank - Admin & Clerical (WTE)	36.9	41.4	36.9	31.4	38.3	33.9	36.3	32.2	35.0	37.4	37.7	1 Month Lag	
Bank - Ancillary Staff (WTE)	30.9	31.0	26.0	26.9	29.9	28.7	30.0	33.3	31.9	31.1	31.5	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	168.5	173.6	160.0	156.7	161.2	158.4	169.3	163.5	169.7	173.8	182.1	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)	33.1	27.8	27.6	40.4	41.6	51.7	52.9	27.5	28.8	31.9	14.4	46.6	
Overtime (WTE)	98.2	101.4	99.0	78.9	95.4	86.6	99.6	89.7	92.3	102.2	103.0	1 Month Lag	
Sickness Absence Rate (%)	3.8%	3.8%	4.1%	4.2%	4.6%	4.4%	4.6%	4.1%	3.5%	3.3%	3.6%	3.9%	3.3%
Appraisal (%)	84.5%	84.3%	83.6%	84.5%	82.6%	82.6%	80.1%	81.1%	80.4%	81.3%	82.9%	83.2%	88.0%
Consultant Appraisal (%)	86.1%	79.2%	81.2%	88.1%	88.5%	87.2%	86.5%	87.0%	89.5%	86.2%	90.4%	85.9%	88.0%
M&D Appraisal (%)	81.6%	77.3%	79.7%	85.3%	84.6%	83.7%	82.5%	83.5%	83.9%	82.2%	88.0%	79.6%	88.0%
AfC Appraisal (%)	84.7%	84.9%	83.9%	84.5%	82.4%	82.6%	79.9%	76.8%	80.1%	81.2%	82.5%	83.5%	88.0%
Rolling Average Turnover - all reasons (%)	16.4%	16.5%	16.5%	16.7%	16.4%	16.6%	16.9%	16.9%	17.1%	17.0%	19.6%	16.5%	
Rolling Average Turnover - with exclusions (%)	11.4%	11.3%	11.4%	11.9%	12.0%	11.9%	12.0%	12.0%	12.2%	12.2%	12.5%	12.1%	11.0%

NHSI Single Oversight Framework

Operational Pressures

		Threshold	2017/18				18/19	18/19		Triggers Concerns
Target	Performance Indicator	Performing	Q2	Q3	Q4	Q1	July	Aug		
SOF	Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	88.6%	80.9%	74.5%	84.6%	82.8%	81.8%		
	C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	2	7	6	3	3 *	2	3 **		
SOF	RTT - Incomplete Pathways in 18 weeks	92%	88.3%	87.6%	85.3%	86.7%	87.3%	87.3%		
	31 day diagnosis to first treatment for all cancers	96%	98.8%	99.3%	99.2%	99.4%	98.9%	98.8%		
	31 day second or subsequent treatment - surgery	94%	98.7%	100.0%	100.0%	98.1%	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%	93.9%	94.4%	93.5%	95.3%	95.3%	94.9%		
	2 week GP referral to 1st outpatient - breast symptoms	93%	95.4%	94.9%	89.3%	94.1%	95.9%	94.2%		
SOF	62 day referral to treatment from screening	90%	97.7%	93.0%	96.7%	97.4%	80.0%	100.0%		
SOF	62 day urgent referral to treatment of all cancers	85%	87.4%	87.8%	90.0%	86.0%	86.7%	80.6%		
SOF	Diagnostic tests maximum wait of 6 weeks	1%	3.36%	1.50%	2.06%	3.99%	4.97%	3.97%		

\* April 2018 - 1 awaiting appeal response, \*\* August 2018 - 3 outstanding RCA

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

Finance and Use of Resources

	YTD Plan	YTD Actual	YTD Variance	M12 Plan	M12 Forecast	M12 Variance
Capital Service Cover Metric	2.800	1.517	-1.283	3.134	3.134	0.000
Capital Service Cover Rating	1	3		1	1	
Liquidity Metric	13.120	13.556	0.436	9.675	9.675	0.000
Liquidity Rating	1	1		1	1	
I&E Margin Metric	2.6%	-0.6%	-3.2%	3.8%	3.8%	0.0%
I&E Margin Rating	1	3		1	1	
Variance from Control Metric		-3.2%	-3.2%		0.0%	0.0%
Variance from Control Rating		4			2	
Agency Metric	-13.9%	-2.0%	-3.1%	-73.7%	-73.7%	0.0%
Agency Rating	1	1		1	1	
Rounded Score	1	3		1	1	
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here		No trigger			No 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		0			0	

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



Integrated Balanced Scorecard - August 2018



CARING				Threshold		2017/18			2018/19	2017/18	2018/19				
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q2	Q3	Q4	Q1	Mar	Apr	May	Jun	Jul	Aug
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	97	97	96	97	98	98	97	96	97	97
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	96	97	97	97	98	97	97	98	96	97
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	99	98	99	99	98	98	100	100	97	98
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	97	96	97	96	98	97	96	96	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	6.6	7.0	5.8	5.9	6.7	5.4	6.2	6.0	5.9	6.5
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	2	1	2	4	1	2	2	0	0	2
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	0	0	0	1	0	1	0	0	0	0
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	51	35	39	67	12	22	20	25	27	21

EFFECTIVE					Q2	Q3	Q4	Q1	Mar	Apr	May	Jun	Jul	Aug	
10		SOF	Dementia case finding	>=90%	<90%	85.0%	81.6%	82.3%	86.2%	82.9%	85.0%	83.9%	90.0%	85.9%	Lag (1)
11		SOF	Dementia Assesment	>=90%	<90%	96.7%	95.6%	95.8%	92.5%	97.0%	92.9%	91.9%	92.9%	93.9%	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	<=Expected	>Expected	110.4	108.0	106.0	Lag (3)	106.0	106.4	105.7	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	1.0118	0.9888	Lag (8)	Lag (8)	Lag (8)	Lag (8)	Lag (8)	Lag (8)	Lag (8)	Lag (8)
15	MD	SOF	Readmissions - Total	<=10.5%	>12.5%	14.4%	14.1%	14.6%	14.3%	14.5%	14.4%	13.6%	15.1%	16.7%	15.8%
16	COO	LC	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	89.3%	88.0%	85.7%	89.7%	83.0%	88.0%	96.0%	85.0%	Lag (2)	Lag (2)
17	COO	LC	Higher risk TIA treated within 24 hours	>=60%	<=55%	87.7%	86.4%	69.4%	88.9%	45.5%	100.0%	84.6%	85.7%	83.3%	94.4%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	74.8%	77.3%	79.6%	57.3%	85.4%	47.9%	47.1%	79.5%	62.5%	53.5%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	65.0%	62.2%	Lag (9)	Lag (9)	Lag (9)	Lag (9)	Lag (9)	Lag (9)	Lag (9)	Lag (5)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	1.3%(116)	0.9%(85)	0.9%(85)	0.9%(87)	1.1% (33)	1.6% (49)	0.6% (18)	0.6% (20)	1.0% (35)	1.0% (34)
21	COO	LC	Theatre utilisation (elective)	>=85%	<=80%	96.6%	95.2%	83.8%	99.0%	84.4%	95.6%	99.4%	101.9%	95.8%	90.2%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	3.82	0.76	1.90	0.03	0.75	0.73	0.35	-1.05	1.78	2.47
23	DOF	L	Total Income	>100%	<95%	77.17	81.61	83.51	83.06	29.82	26.48	28.26	28.33	27.49	28.07
24	DOF	L	Total Pay Expenditure	>100%	<95%	49.46	50.44	51.01	51.69	17.28	17.25	17.21	17.22	17.37	18.73
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	27.09	25.80	29.46	26.69	11.05	8.77	9.33	8.59	9.05	9.52
26	DOF	L	CIP Identified	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	2.30	2.37	2.19	1.95	0.63	0.52	0.56	0.88	0.72	0.84

RESPONSIVE						Q2	Q3	Q4	Q1	Mar	Apr	May	Jun	Jul	Aug
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	83.7%	85.8%	87.0%	88.4%	88.0%	88.0%	89.2%	88.1%	87.1%	89.2%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	3.36%	1.50%	2.06%	3.99%	2.61%	2.16%	3.98%	5.79%	4.97%	3.97%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	9	3	24	17	12	8	4	5	5	3
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	0	1	13	0	0	0	0	0	0	0
33	COO	NT	12 Hour Trolley Waits	0	>0	0	0	1	0	0	0	0	0	0	0
34	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	16.7%	15.4%	14.5%	14.3%	14.6%	13.7%	14.4%	14.7%	14.3%	13.8%
35	COO	L	GP Direct Admits to SAU	>=168	<168	583	489	355	591	145	134	208	249	225	235
36	COO	L	GP Direct Admits to MAU	>=84	<84	353	286	40	273	16	27	125	121	46	38
37	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	5.7%	5.2%	4.4%	3.4%	3.9%	2.9%	3.2%	3.9%	4.3%	5.3%
38	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.9	4.5	5.2	4.7	5.3	4.9	4.8	4.5	4.6	4.5
39	COO	LC	Number of medical outliers - median	<=25	>=30	25	34	54	27	48	45	24	22	28	26
40	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	92.4%	92.4%	90.5%	92.5%	90.4%	92.7%	91.9%	92.8%	92.5%	91.3%
41			% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	97.5%	97.4%	96.4%	98.9%	95.9%	100.0%	97.8%	98.4%	97.7%	98.1%

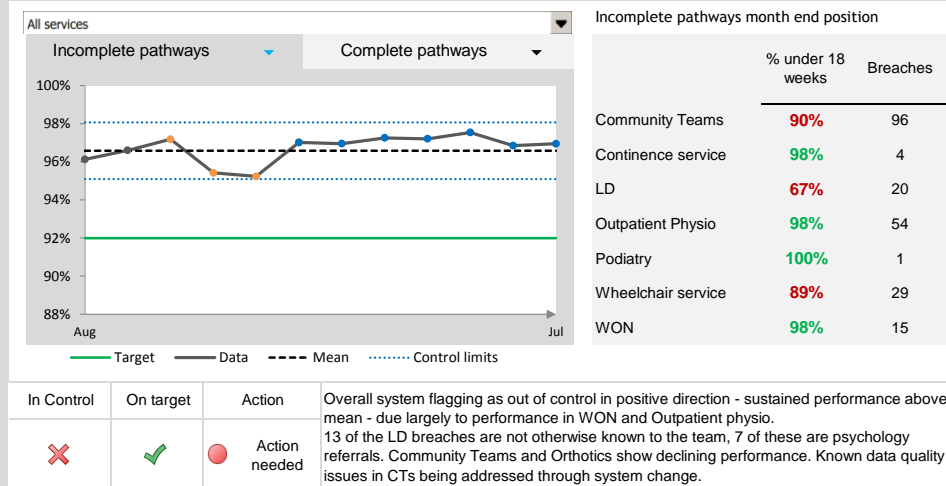
SAFE					Q2	Q3	Q4	Q1	Mar	Apr	May	Jun	Jul	Aug	
42		SOF	C Diff variance from plan	TBC	TBC	1	0	-3	-3	-2	1	-2	-2	0	1
43		SOF	C Diff infection rate	<=10.9	>10.9	12.6	10.8	5.3	5.4	0.0	15.8	0.0	0.0	10.5	15.9
44		SOF	E.coli bacteraemias attributable to Trust	TBC	TBC	18	8	13	17	5	8	3	6	12	Lag (1)
45	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	1	0	0	2	0	0	2	0	0	0
46		SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	7	6	4	10	2	1	7	2	6	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	1	0	2	0	2	0	0	0	0
49	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	1	0	0	14	0	1	7	6	1	12
50	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	79.5%	87.7%	92.5%	92.9%	93.0%	93.4%	91.8%	93.5%	92.6%	Lag (1)
51	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	5	8	10	5	2	1	1	3	1	3
52	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)	0	>0	0	0	1	0	0	0	0	0	0	0
53	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 2)	<=2	>2	6	4	4	2	1	1	1	0	2	2
54	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	36	35	33	30	28	35	27	28	17	33
55	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	7	19	14	12	2	2	7	3	2	5
56	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	93.1%	93.1%	97.1%	94.7%	97.2%	97.3%	93.2%	93.7%	94.9%	95.5%
57	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	13.2%	16.6%	16.2%	16.9%	18.0%	17.0%	17.3%	16.4%	12.5%	16.9%
58	HRD	NR	Midwife to birth ratio	<'1:29	>'1:35	1:31	1:31	1:29	1:30	1:30	1:28	1:33	1:30	1:30	1:31

WELL LED						Q2	Q3	Q4	Q1	Mar	Apr	May	Jun	Jul	Aug
59	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	17.0%	9.2%	8.4%	7.5%	7.2%	6.8%	8.0%	6.8%	5.0%	2.3%
60	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	42.2%	34.8%	35.2%	35.0%	34.7%	32.9%	36.8%	34.8%	35.6%	42.7%
61	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	13.4%	21.5%	16.7%	18.8%	13.9%	15.3%	21.8%	25.7%	17.6%	13.6%
62	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	11.5%	11.5%	12.0%	12.2%	12.0%	12.0%	12.2%	12.2%	12.5%	12.1%
63	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	3.8%	4.1%	4.5%	3.6%	4.6%	4.1%	3.5%	3.3%	3.6%	3.9%
64	HRD	LC	Vacancy Rate	<=4%	>5%	5.4%	4.8%	4.9%	6.6%	4.6%	6.7%	6.4%	6.7%	6.2%	5.9%
65	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	1.4%	2.0%	1.5%	2.3%	1.7%	2.4%	2.4%	2.1%	2.4%	2.5%
66	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	2.7%	3.2%	2.9%	4.7%	3.8%	5.0%	4.9%	4.4%	5.4%	5.3%
67	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	85.8%	84.1%	81.7%	80.9%	80.1%	81.1%	80.4%	81.3%	82.9%	83.2%
68	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	86.2%	86.5%	91.7%	89.2%	91.0%	89.6%	89.3%	88.6%	86.9%	86.2%
69	DOF		Information Governance Breaches	TBC	TBC	39	34	47	47	19	20	17	10	29	22
70	HRD	LC	Mandatory training	>=90%	<80%	87.7%	87.4%	88.3%	87.5%	88.3%	87.6%	87.5%	87.5%	86.6%	86.8%

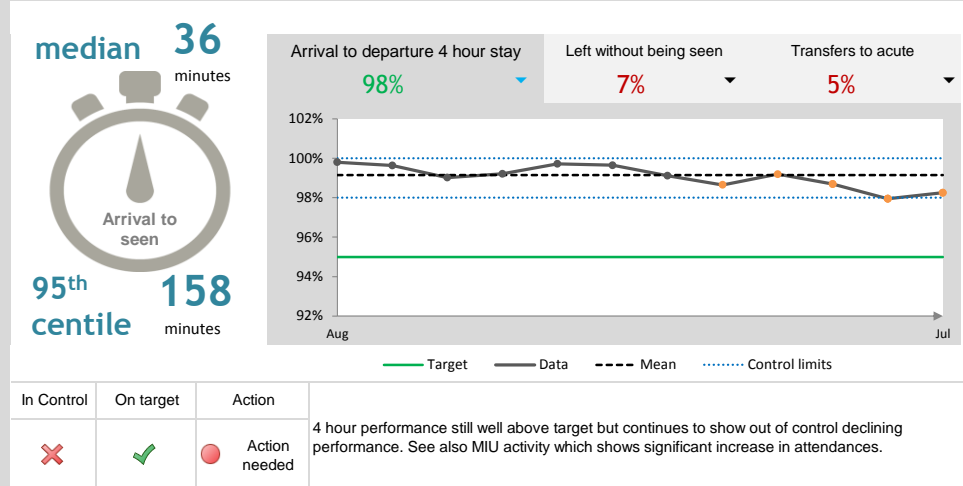
LC	Local target - within the contract
L	Local target - not in the contract
NR	National return
NT	National target
SOF	Single Oversight Framework

Well Led Seasonal Targets					
	Q1	Q2	Q3	Q4	18/19
Sickness (%)	3.20%	3.26%	3.67%	3.87%	3.50%
Vacancy Rate (%)	4.75%	4.50%	4.25%	4.00%	4.00%
Appraisal Rate (%)	86.0%	88.0%	90.0%	90.0%	90.0%
Agency nursing staff	3.00%	3.00%	3.00%	3.00%	3.00%

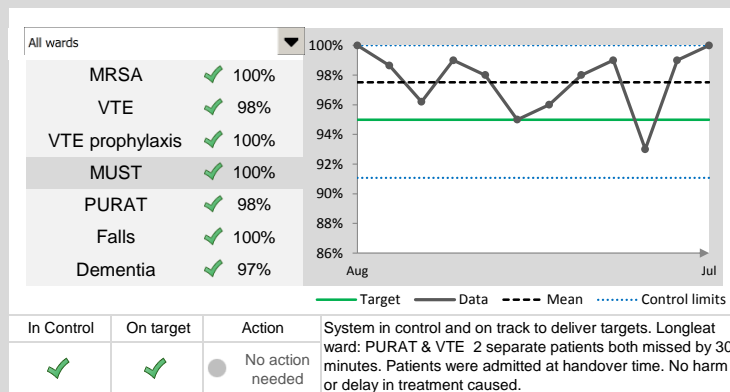
RTT



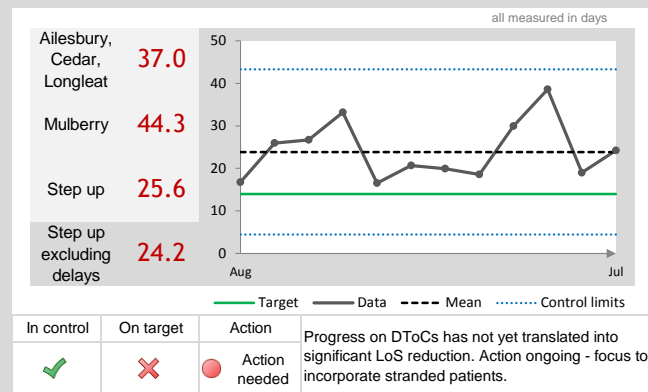
MIU



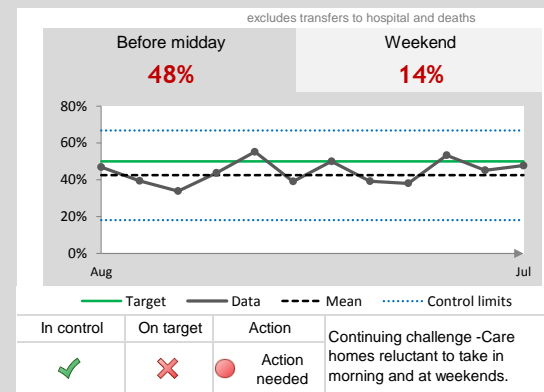
Inpatient assessments



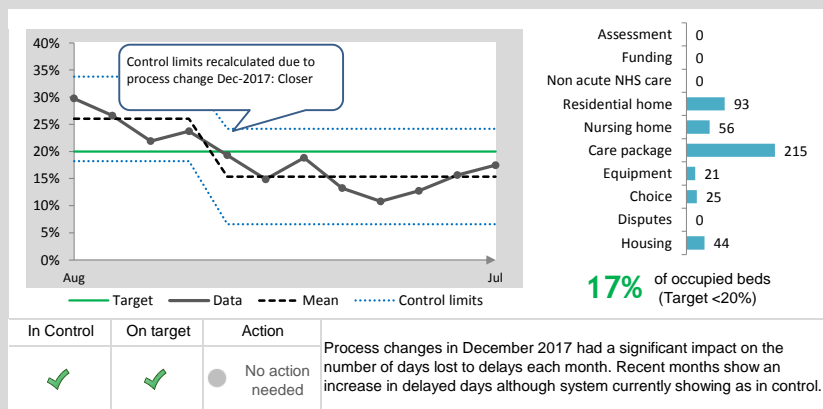
Mean Inpatient Length of Stay



Discharge timings



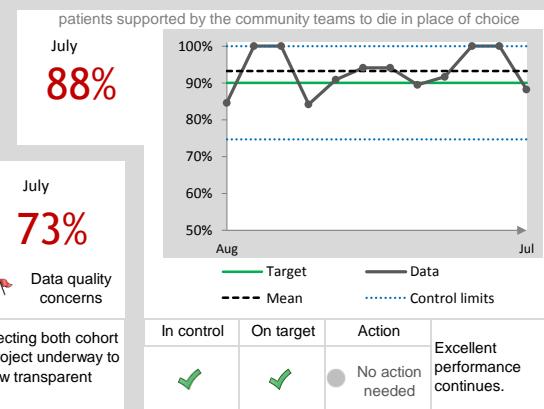
Delayed Transfers of Care - bed days lost



Community teams 90 day reablement



End of life support



## Explanatory notes for our summary measures

### RTT

RTT is the Referral to Treatment waiting times period for patients accessing our services.

Complete pathways are waiting periods that have ended in the month. Our target is to see at least 95% of patients within 18 weeks of their referral.

Incomplete pathways are waiting periods that are still ongoing at the end of the month. Our target is to have at least 92% of patients waiting under 18 weeks.

### Activity

We have two Minor Injury Units - one in Chippenham and one in Trowbridge.

We measure the time between each patient's arrival at the Minor Injury Unit and the time they depart. We report the percentage of patients that have an arrival to departure time of under 4 hours against a target of 95%.

We report the number of patients leaving the unit without being seen as a percentage of all attendances. We have a target of no more than 1.9% for this.

We report the number of patients transferring to an acute hospital as a percentage of all attendances. We have a target of no more than 4.7% for this.

The median (middle) wait in minutes from arrival at the Minor Injury Unit to the time of being seen.

The 95th centile shows the maximum time that 95% of attendees had to wait.

Both measures for the current reporting month only.

### Inpatient assessments

We aim to complete a number of assessments for our inpatients within a certain time from admission.

Our targets are as follows:

**MRSA:** 95% of inpatients to be assessed within 24 hours

**VTE:** 95% of inpatients to be assessed for Venous Thromboembolism risk within 24 hours of admission, and to receive prophylactic treatment where appropriate.

**MUST:** Malnutrition Universal Screening Tool to be completed within 24 hours of admission.

**PURAT:** 95% of inpatients to be risk assessed for Pressure Ulcers within 2 hours of admission.

**Falls:** 95% of inpatients to be assessed for falls risk within 4 hours of admission.

We report all the above as a % of inpatient admissions in the month.

**Dementia:** 90% of inpatients to be receive dementia screening within 72 hours of admission. We report this as a % of inpatients discharged in the month.

### Mean inpatient length of stay

The average length of stay (in days) for those patients being discharged in the month.

We have 4 community wards. Our three rehabilitation wards Ailesbury (Savernake hospital), Cedar (Chippenham) and Longleat (Warminster) have an average length of stay target of 20 days.

Our specialist stroke ward, Mulberry (Chippenham hospital), has an average length of stay target of 30 days.

Ailesbury and Longleat ward also admit 'step-up' patients - these are patients referred from their GP, A&E or ambulance service rather than on discharge from another hospital. We have a target average length of stay of 14 days for these patients. We also report the average length of stay for these patients adjusted to exclude any days for which the patients was a delayed discharge.

### Discharge Timings

Here we report the percentage of patients discharged from our inpatient wards before midday against a target of 50%, and the percentage of weekend discharges against a target of 15%.

We only include 'onward' discharges in this data - we exclude deaths and those being transferred back to acute hospitals.

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### Delayed Transfers of Care

A delayed transfer of care occurs when an inpatient is ready to leave hospital but is still occupying an inpatient bed. We report the reason for the delay as categorised by NHS England.

In line with national requirements, we report the number of bed days lost in the month to these delayed patients.

The breakdown of days lost to delays by reason is for the most recent month only

### Community teams 90 day reablement

This measure looks at the residence of a patient 90 days after referral in to our community teams for short term support following a discharge from hospital. It helps quantify the effectiveness of the Community teams in supporting patients to stay in their homes.

We currently have a target of 86% for this measure.

### End of Life support

We report the percentage of end of life patients supported in the community that have died in their place of choice.

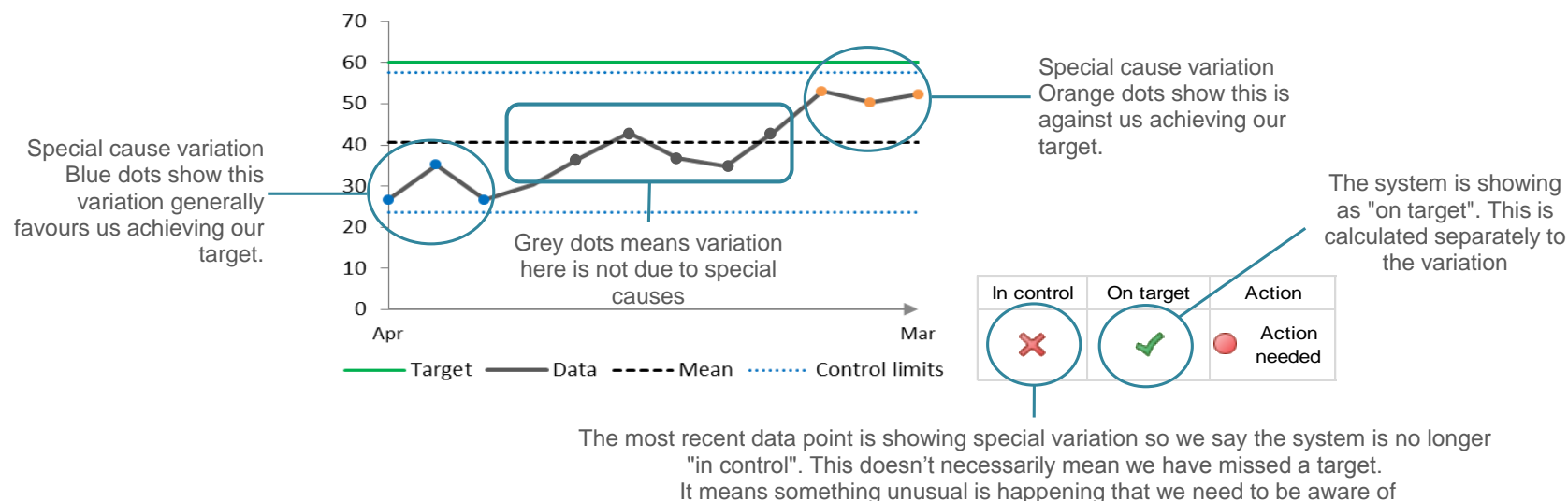
## What is SPC?

Statistical process control (SPC) is an established method of measuring the variation in a process. NHS Improvement endorses SPC as a way of giving a more informed view of performance data.

All processes are likely to have natural variation, but SPC distinguishes between variation due to common causes and variation due to special causes. We shouldn't spend time focussing on common variation – it is just one of those things – but if we know when special variation is happening we know to focus our resource on understanding it and working out what we need to do about it.

## So what does it look like?

Our data is plotted on a chart against time as usual. You will see some extra lines on the chart marking control limits and also our 'mean' (average) value. Special variation will be marked by dots on our data line. Orange if the variation is pulling us away from our target, blue if the variation is with our target. Like this:



## So being 'in control' is a good thing?

No not always. Ideally a process is in control and on target. But if the process is in control and not on target then it is essentially stuck. Something significant needs to happen to make a positive impact. In these cases SPC offers a powerful tool to monitor the effectiveness of any change.

## Appendix 3:

### Self-Assessment of Cancer High Impact Changes: June 2018

High Priority Action	RUH Response	Comments
1. Does the Trust Board have a named Executive Director responsible for delivering the national cancer waiting time standards?	Yes	Francesca Thompson.
2. Does the Board receive 62 day cancer wait performance reports for each individual cancer tumour pathway, not an all pathway average?	Yes	The RUH Board report includes monthly 62 day performance at tumour-site level since July 2017.
3. Does the Trust have a cancer operational policy in place and approved by the Trust Board?	Yes	The RUH Elective Access Policy is in place. Furthermore, the Cancer Operational Guide has been developed to strengthen the PTL process and has been ratified by the Cancer Strategy Board on behalf of the Board of Directors.
4. Does the Trust maintain and publish a timed pathway, agreed with the local commissioners and any other Providers involved in the pathway, taking advice from the Cancer Alliance for the following cancer sites: lung, colorectal, prostate and breast?	Yes	Yes, in line with the national Cancer Transformation Early Fund Diagnosis work streams.
5. Does the Trust maintain a valid cancer specific PTL and carry out a weekly review for all cancer tumour pathways to track patients and review data for accuracy and performance?	Yes	Cancer Specific PTL meetings for Colorectal, Upper GI, Urology, Skin and Lung.  All PTL meetings review cancer patients on RTT pathways.
6. Root cause breach analysis carried out for each pathway not meeting current standards, reviewing the last ten patient breaches and near misses (defined as patients who came within 48hours of breaching)?	Yes	Completed by the relevant specialty manager for all 62 day breaches. Any 62 day breach themes are shared at the RTT & Cancer Steering Group monthly by the Cancer Services Manager. The breach analysis and themes are shared with CCGs via contract review meetings – Quality and RTT.

7. Is capacity and demand analysis for key elements of the pathway not meeting the standard (1st outpatient appointment; treatment by modality) carried out?	Yes	<p>Routine capacity and demand reviews are undertaken for the management of GP Cancer two week wait referrals. In addition radiology, radiotherapy and chemotherapy have undergone capacity reviews as part of proactive business planning to manage increases in demand.</p> <p>Through the Cancer Transformation Fund Early Diagnosis projects further capacity analysis work in Radiology and Endoscopy will be undertaken in 2018/19.</p>
8. Is an Improvement Plan prepared for each pathway not meeting the standard, based on breach analysis, and capacity and demand modelling, describing a timetabled recovery trajectory for the relevant pathway to achieve the national standard?	Yes	<p>Improvement plans are in development for Colorectal, Lung and Prostate tumour sites, aligned with the work being progressed through the Cancer Transformation Fund Early Diagnosis projects. These will be completed by November 2018.</p> <p>For the two remaining tumour sites currently not achieving the 62 day GP target; Head &amp; Neck and Upper GI; both have significant elements of their pathways provided at the regional centre and as such improvement plans are being developed through the Cancer Alliance.</p>
9. Is the national guidance on reporting methodology being consistently applied?	Yes	<p>Peer review completed in 2017/18 confirming that the Trust methodology is consistent with national guidance.</p> <p>Cancer reporting is included with the Trusts internal audit programme as part of the Trusts data quality assurance framework.</p>
10. Has a clinical review of excessive waits been undertaken? (to support the elimination of >104 day breaches)	Yes	<p>Clinical harm, reviews are undertaken for all 104 day breaches with learning disseminated accordingly. Clinical Harm reviews are discussed at Speciality and Divisional Clinical Governance Meetings as appropriate.</p> <p>Oversight is provided by the RTT &amp; Cancer Steering Group and the Cancer Strategy Board.</p>