Report to:	Public Board of Directors	Agenda item:	13
Date of Meeting:	31 October 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 6, including Sepsis data Appendix 2: WH&C Performance Dashboard Summary – Month 5 (July 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)

The Board are asked to discuss September performance.

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.

In September four SOF operational performance metrics triggered concern; 4 Hours, RTT Incomplete Pathways, Diagnostic tests – 6 weeks wait and C Diff.

4 hour performance remains below both the national standard of 95% and improvement trajectory for 2018/19. This remains the significant performance challenge for the Trust.

Board are asked to note:

- 4 hour performance at 85.5% below both the 95% national standard and the improvement trajectory target (90%).
- RTT incomplete pathways in 18 weeks at 87.4% below the 92% national standard but delivering the improvement trajectory target. The RUH reported four RTT 52 week breaches, treated in month.
- Diagnostic tests – 6 week wait 4.93% failing the national standard of 1%. This is a reduction in performance from August; numbers of breaches remain high within Radiology for CT. All other diagnostic areas improved performance in September.
- C-Difficile infection 72 hours post admission, 3 cases in September. Year to date the Trust remains within the tolerance level.
- DTOC performance in September of 4.3% beds occupied with delayed patients, above the 3.5% national standard.

- Cancer performance in September for 62 day urgent referral to treatment of all cancers improved from August to 85.9%, achieving the 85% national standard, pressure continues to be seen in the prostate cancer pathway in Urology.

The Wiltshire Health and Care performance summary for month 5 is attached for information.

Following the Trusts Well Led review the Trust Integrated Score Card and Operational Performance report have been reviewed.

All score card indicator targets have been reviewed, with a recommendation made for any changes to the relevant Executive Director. All SOF indicators remain as per national guidance. Any agreed changes have been made on the score card for September reporting.

In addition all score card red indicators, including any with a lag in reporting will be now being included in the Operational Performance report. A request for a review of performance will be made via the Operational Performance Report to the relevant Trust board or group e.g. Quality Board and Clinical Outcomes Group, if actions to recover performance are not clear or when RCAs are pending.

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

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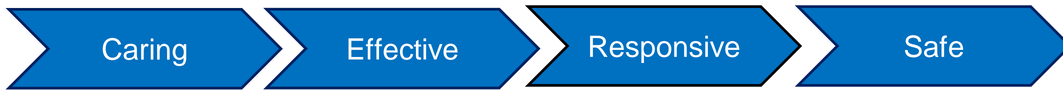
Operational Performance Report – September 2018



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NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Target	Performance Indicator	Aug	Sep	Triggers Concerns
SOF	**Four hour maximum wait in A&E (All Types)**	81.8%	85.5%	
	C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	3 *	3 **	
SOF	**RTT - Incomplete Pathways in 18 weeks**	87.3%	87.4%	
	31 day diagnosis to first treatment for all cancers	99.4%	96.1%	
	31 day second or subsequent treatment - surgery	100.0%	96.2%	
	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	94.9%	93.4%	
	2 week GP referral to 1st outpatient - breast symptoms	94.1%	93.0%	
SOF	**62 day referral to treatment from screening**	100.0%	90.0%	
SOF	**62 day urgent referral to treatment of all cancers**	80.5%	85.9%	
SOF	**Diagnostic tests maximum wait of 6 weeks**	3.97%	4.93%	

* August = 1 outstanding RCA, ** September = 3 outstanding RCA

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

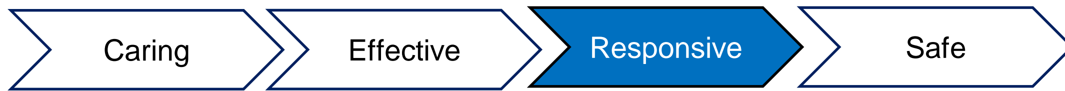
Board should note that against the NHSI Single Oversight Framework (SOF) that the RUH have been rated 3 overall. The Trust has been placed into category 4 for 4 hour performance.

Performance concerns are triggered if an indicator is below national target for two or more consecutive months.

In September 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.

For C Diff it is important to note that year to date the Trust remains within the tolerance level.

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



4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	September 18	Quarter 2	Full Year 2018/19
All Types	85.5%	83.4%	84.0%
RUH Footprint (Including MIU)	89.5%	88.4%	88.8%

Table 2: Emergency Department Quality Indicators:

Indicator	Title	Month	Quarter	Year
		Sep-18	2	2018/2019
2)	Unplanned Re-attendance Rate	0.5%	0.5%	0.4%
3.ii)	Total Time in ED - 95th Percentile	461.0	503.0	499.0
4)	Left Without Being Seen	2.3%	2.6%	2.4%
6.ii)	Time to Initial Assessment - 95th Percentile			
7.i)	Time to Treatment - Median	60.0	63.0	64.0
	ED Attendances (Type 1)	6,327	19,154	38,030
	ED 4 Hour Breaches (Type 1)	1,043	3,672	7,022
	ED 4 Hour Performance (Type 1)	83.5%	80.8%	81.5%
	Ambulance Handovers within 30 minutes	100.0%	100.0%	100.0%
	ED Friends and Family Test	95	96	97

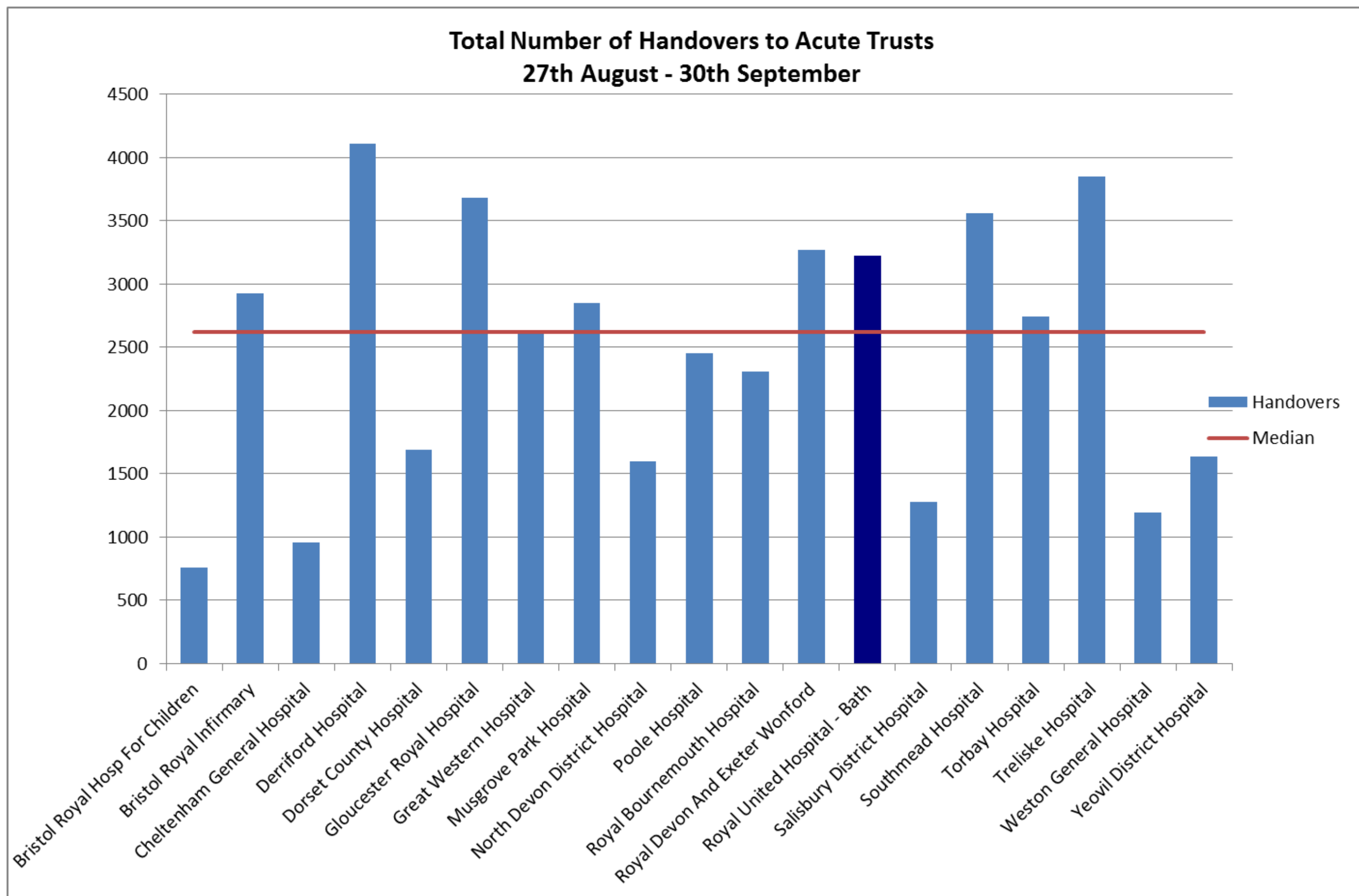
Table 1:

- During September the “all types” performance was 85.5%, below the 95% standard with a total of 1,049 breaches in the month.
- RUH 4 hour footprint performance, including MIU activity, has now been added to table 1. Performance in September 89.5%.

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 Executive Lead 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 3,223 ambulance handover's in the five week period (605 over the median)

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

SWAS Ambulance Handovers to ED over 15 minutes (3)

Percentage of Handovers Over 15 Minutes
27th August - 30th September

Y-axis: 0% – 45%

Hospital	Percentage
Bristol Royal Hosp For Children	15%
Bristol Royal Infirmary	33%
Cheltenham General Hospital	13%
Derriford Hospital	33%
Dorset County Hospital	18%
Gloucester Royal Hospital	18%
Great Western Hospital	12%
Musgrove Park Hospital	20%
North Devon District Hospital	28%
Poole Hospital	26%
Royal Bournemouth Hospital	39%
Royal Devon And Exeter Wonford	29%
Royal United Hospital - Bath	11%
Salisbury District Hospital	20%
Southmead Hospital	37%
Torbay Hospital	28%
Treliske Hospital	23%
Weston General Hospital	34%
Yeovil District Hospital	15%

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

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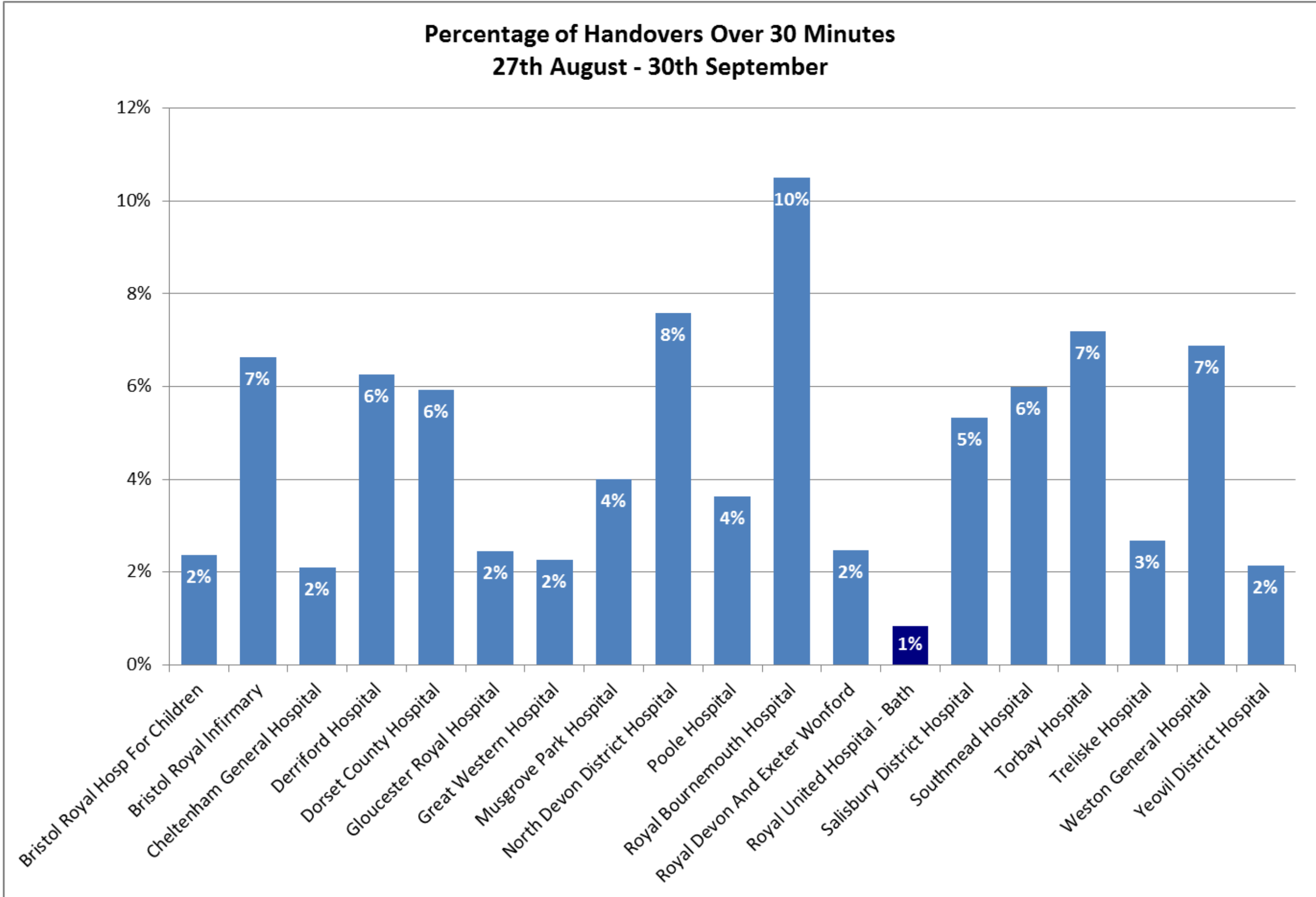
SWAS Ambulance Handovers to ED over 30 minutes (4)

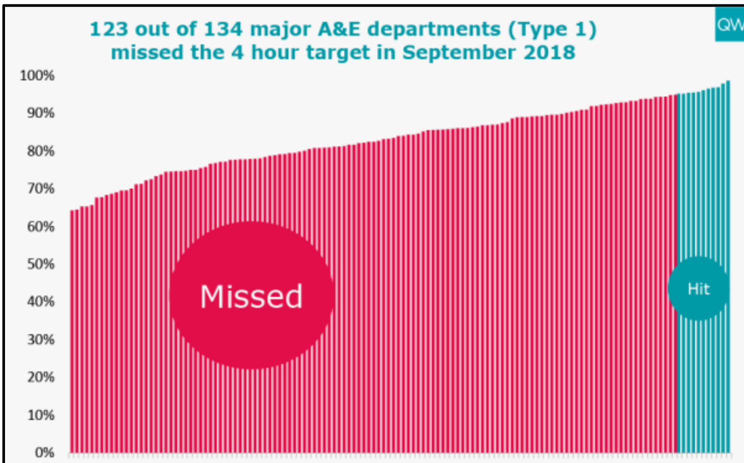


RUH provide SWASFT with data challenges on reported 30 minute breaches.

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)



The graph above provides NHS England 4hr performance in September 2018. RUH performance at 85.5% below the national 95% standard.

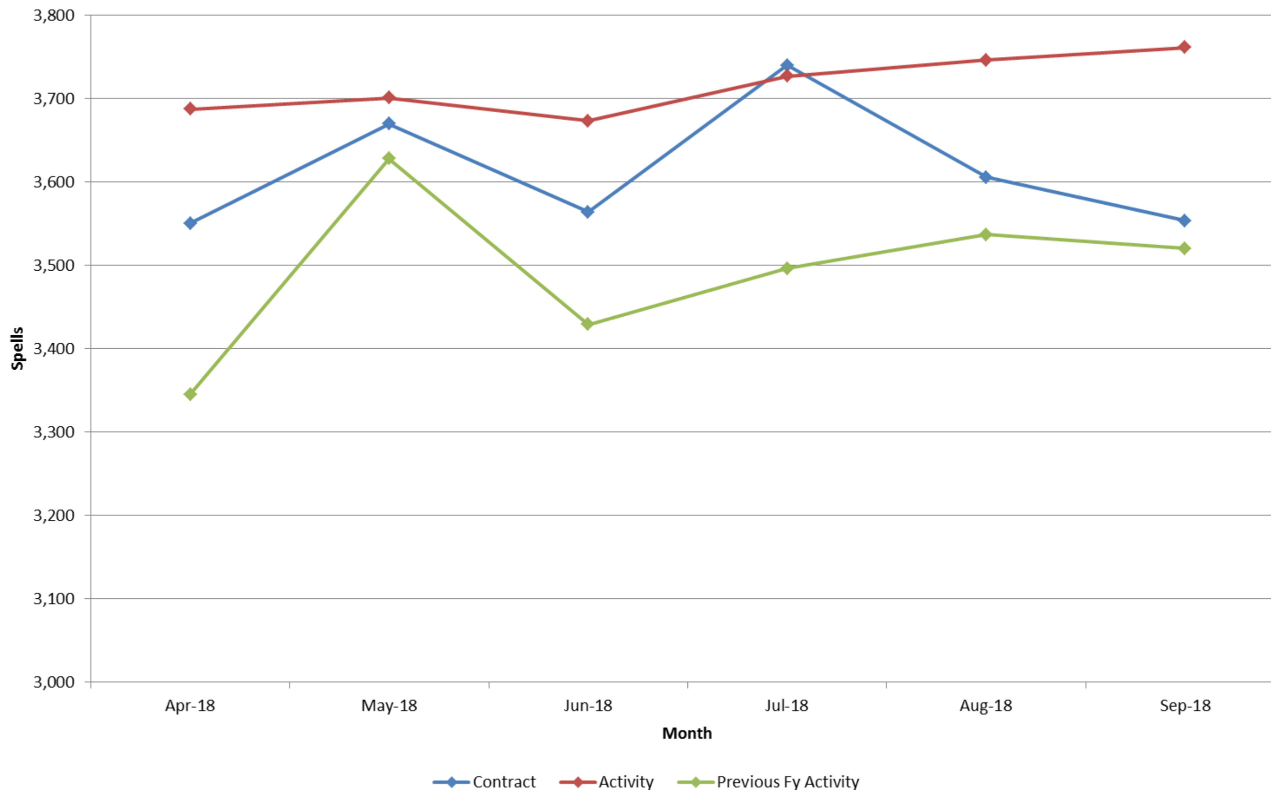
Performance remains below the improvement trajectory of 90% for RUH all types performance.

TT = Target Trajectory	
P1 = RUH All Types Performance	
P2 = RUH Footprint (including MIU)	

RUH ED 4 Hour Performance Target Trajectory

	Apr-17	May-17	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	Aug-18	Sep-18
TT	91.8%	92.5%	86.9%	87.8%	85.1%	93.1%	85.9%	81.2%	86.0%	83.4%	84.3%	88.4%	80.0%	87.0%	87.0%	90.0%	90.0%	90.0%
P1	88.4%	80.8%	90.3%	94.2%	90.4%	80.9%	89.9%	75.8%	76.8%	72.3%	74.4%	76.6%	80.6%	87.3%	85.8%	82.8%	81.8%	85.5%
P2													86.4%	91.2%	90.1%	88.2%	87.4%	89.5%

Activity Levels (1)



In September 2018 the non elective activity was 6.8% above September 2017 (excluding Maternity). Emergency department (ED) attendances were 3.9% above September 2017.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 13 with an average of 2.
- Medical Outliers peaked at 52 with a median of 30.

In September the Trust capacity was impacted by bed closures for infection, care of bariatric patients and essential works.

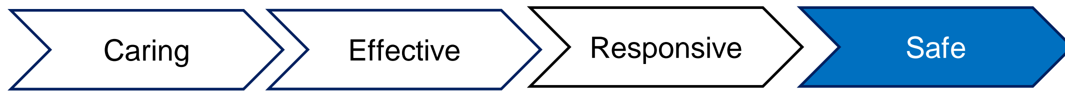
- The max number of beds closed was 31 and the average per day closed was 11

Activity Levels – Non Elective (2)

Non Elective (Excluding Maternity)		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD
Trust Total	Plan	3,550	3,670	3,564	3,740	3,605	3,553	21,682
	Activity	3,687	3,701	3,673	3,727	3,746	3,761	22,295
	Previous Fy Activity	3,345	3,628	3,429	3,496	3,537	3,520	20,955
	Variance vs Contract	3.9%	0.9%	3.1%	-0.3%	3.9%	5.8%	2.8%
	Variance vs Previous Fy	10.2%	2.0%	7.1%	6.6%	5.9%	6.8%	6.4%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan	1,346	1,392	1,351	1,418	1,365	1,348	8,220
	Activity	1,340	1,399	1,383	1,305	1,311	1,362	8,100
	Previous Fy Activity	1,269	1,415	1,299	1,327	1,308	1,302	7,920
	Variance vs Contract	-0.4%	0.5%	2.4%	-8.0%	-4.0%	1.1%	-1.5%
	Variance vs Previous Fy	5.6%	-1.1%	6.5%	-1.7%	0.2%	4.6%	2.3%
NHS SOMERSET CCG	Plan	495	512	497	521	503	496	3,024
	Activity	528	521	482	508	536	510	3,085
	Previous Fy Activity	473	491	479	477	489	509	2,918
	Variance vs Contract	6.6%	1.8%	-3.0%	-2.6%	6.5%	2.9%	2.0%
	Variance vs Previous Fy	11.6%	6.1%	0.6%	6.5%	9.6%	0.2%	5.7%
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	Plan	172	178	173	181	175	172	1,051
	Activity	177	193	171	184	183	180	1,088
	Previous Fy Activity	155	173	160	170	182	163	1,003
	Variance vs Contract	2.9%	8.6%	-1.0%	1.5%	4.7%	4.7%	3.6%
	Variance vs Previous Fy	14.2%	11.6%	6.9%	8.2%	0.5%	10.4%	8.5%
NHS WILTSHIRE CCG	Plan	1,363	1,408	1,368	1,434	1,385	1,364	8,322
	Activity	1,442	1,376	1,450	1,525	1,479	1,517	8,789
	Previous Fy Activity	1,257	1,361	1,303	1,313	1,362	1,358	7,954
	Variance vs Contract	5.8%	-2.3%	6.0%	6.3%	6.8%	11.3%	5.6%
	Variance vs Previous Fy	14.7%	1.1%	11.3%	16.1%	8.6%	11.7%	10.5%
OTHER CCGs	Plan	175	180	175	184	177	174	1,066
	Activity	200	212	187	205	237	192	1,233
	Previous Fy Activity	191	188	188	209	196	188	1,160
	Variance vs Contract	14.5%	17.7%	6.7%	11.3%	33.7%	10.2%	15.7%
	Variance vs Previous Fy	4.7%	12.8%	-0.5%	-1.9%	20.9%	2.1%	6.3%

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	Sep-18	YTD
Trust Total	Plan £"000	7,161	7,359	7,173	7,476	7,364	7,105	43,637
	Income £"000	7,461	7,570	6,858	7,345	7,269	7,184	43,688
	Previous Fy Income £"000	6,417	6,951	6,754	7,076	6,850	6,780	40,828
	Variance vs Contract	4.2%	2.9%	-4.4%	-1.7%	-1.3%	1.1%	0.1%
	Variance vs Previous Fy	16.2%	8.9%	1.5%	3.8%	6.1%	6.0%	7.0%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan £"000	2,629	2,700	2,634	2,743	2,699	2,610	16,014
	Income £"000	2,718	2,896	2,625	2,669	2,607	2,638	16,153
	Previous Fy Income £"000	2,286	2,624	2,553	2,522	2,529	2,487	15,000
	Variance vs Contract	3.4%	7.3%	-0.3%	-2.7%	-3.4%	1.1%	0.9%
	Variance vs Previous Fy	18.9%	10.4%	2.8%	5.8%	3.1%	6.1%	7.7%
NHS SOMERSET CCG	Plan £"000	954	981	956	996	982	948	5,817
	Income £"000	1,016	1,021	895	945	998	964	5,839
	Previous Fy Income £"000	881	875	852	833	1,003	998	5,442
	Variance vs Contract	6.4%	4.0%	-6.4%	-5.1%	1.7%	1.8%	0.4%
	Variance vs Previous Fy	15.3%	16.6%	5.0%	13.5%	-0.4%	-3.3%	7.3%
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	Plan £"000	321	330	321	335	330	318	1,955
	Income £"000	372	355	257	392	347	389	2,111
	Previous Fy Income £"000	327	310	304	323	342	255	1,861
	Variance vs Contract	15.8%	7.6%	-19.9%	17.0%	5.1%	22.2%	8.0%
	Variance vs Previous Fy	13.7%	14.4%	-15.4%	21.2%	1.5%	52.5%	13.4%
NHS WILTSHIRE CCG	Plan £"000	2,796	2,872	2,800	2,918	2,877	2,773	17,037
	Income £"000	2,922	2,762	2,653	2,904	2,828	2,827	16,895
	Previous Fy Income £"000	2,476	2,746	2,606	2,895	2,631	2,626	15,979
	Variance vs Contract	16.2%	-3.9%	-5.3%	-0.5%	-1.7%	1.9%	-0.8%
	Variance vs Previous Fy	18.0%	0.6%	1.8%	0.3%	7.5%	7.6%	5.7%
OTHER CCGs	Plan £"000	460	476	461	484	476	457	2,814
	Income £"000	433	537	427	436	489	367	2,689
	Previous Fy Income £"000	448	396	439	503	346	414	2,545
	Variance vs Contract	-6.0%	12.9%	-7.5%	-10.0%	2.9%	-19.6%	-4.5%
	Variance vs Previous Fy	-3.4%	35.7%	-2.7%	-13.2%	41.5%	-11.5%	5.6%



C – Difficile Infection > 72 hours post

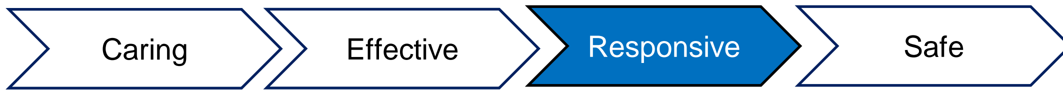
C-Diff Performance by Month:

Month	Actual Number of Cases	Number of Successful Appeals	Number Awaiting Appeal Response	Number of Outstanding RCA's
April 18	5	3	0	0
May 18	0	0	0	0
Jun-18	0	0	0	0
Jul-18	2	0	0	0
Aug-18	3	0	0	1
Sep-18	**3**	**0**	**0**	**3**

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

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

Year to date the best case scenario is 6 RUH Trust attributed C Diff cases, the worst case scenario is 10, both scenarios would be within the tolerance.



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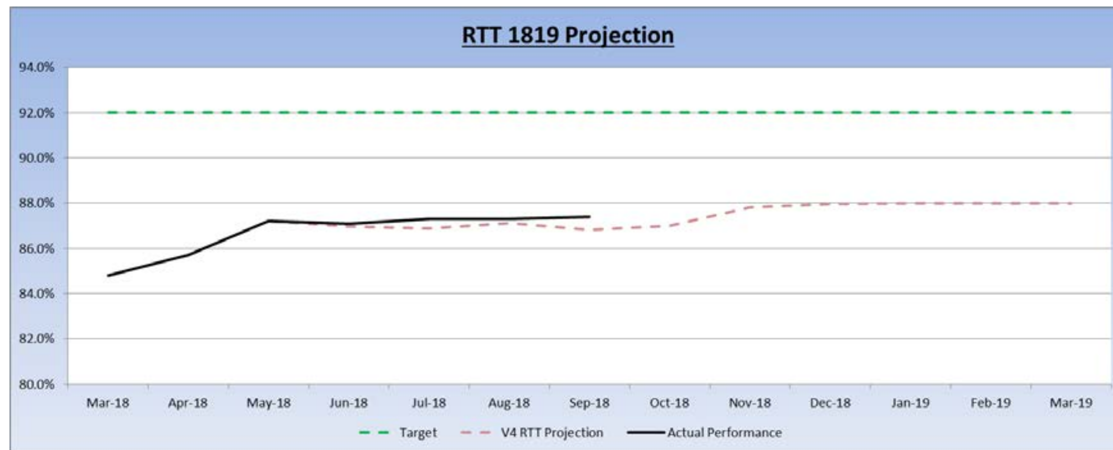
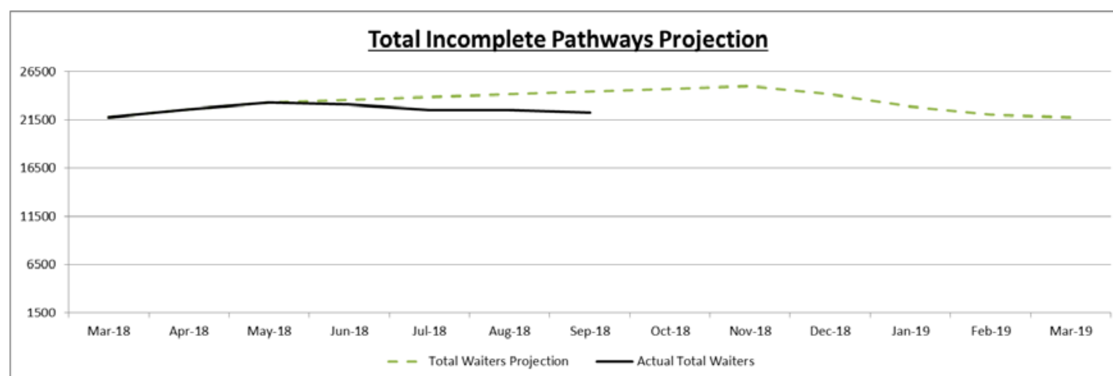
Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:





- Performance against the incomplete standard of 92% was 87.4% in September, an improvement of 0.1% on August and achieving the improvement trajectory target. This compares with a National Incomplete RTT average performance of 87.8% (National average last reported in July 2018)
- 6 specialties did not achieve the constitutional standard in August. These were General Surgery, ENT, Ophthalmology, Oral Surgery T&O and Cardiology.
- Urology met the 92% standard for the first time since November 2016
- Of the failing specialties, T&O, ENT, Oral Surgery and Cardiology saw a decline in performance in September, Dermatology achieved 92% but is at risk of failing to deliver the target in September due to staffing capacity and high levels of cancer referrals.
- The over 18 week backlog for admitted patients reduced in month to 1,033 (8.0% decrease)
- The Trust cancelled only 2 patients due to a lack of beds throughout September.
- Total Incomplete Pathways reduced by 1.1% from August, which is 2.4% above the March 18 level and **exceeding** the trajectory.
- The Trust has reported four 52 week breaches who stopped in the month of September. Year to date in 2018/19 the Trust has reported twenty eight 52 week breaches

18 Weeks Incomplete Standard (2)

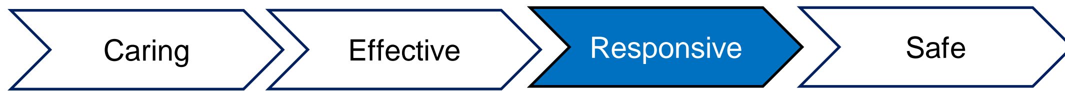
RTT Incomplete Open Pathway Performance by Specialty:

	Incomplete Pathways		
	Total Waiters	> 18 Weeks	Performance
100 - General Surgery	2375	312	86.9%
101 - Urology	938	75	92.0%
110 - T&O	1795	290	83.8%
120 - ENT	1622	433	73.3%
130 - Ophthalmology	2406	392	83.7%
140 - Oral Surgery	2355	564	76.1%
300 - Acute Medicine	92	2	97.8%
301 - Gastroenterology	2070	161	92.2%
320 - Cardiology	1730	174	89.9%
330 - Dermatology	1156	91	92.1%
340 - Respiratory Medicine	451	7	98.4%
400 - Neurology	598	22	96.3%
410 - Rheumatology	1125	38	96.6%
430 - Geriatric Medicine	139	3	97.8%
502 - Gynaecology	1347	96	92.9%
X01 - Other	2051	136	93.4%
Total	**22250**	**2796**	87.4%

- During September 2018, 265 patients were discharged through Chair port equating to 24.1% of all suitable elective surgical patients
- 27 patients were cancelled on the day for non-clinical reasons, with the highest number (12) cancelled due a list overruns.
- In month performance improvements noted in General Surgery, Urology and Ophthalmology

Actions taken in Month:

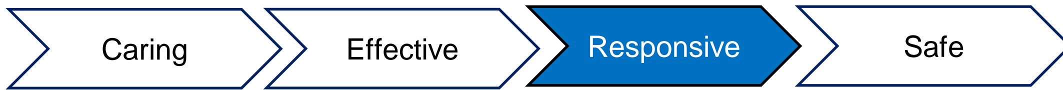
- WLI outpatient clinics continued to be provided across the specialties of ENT, Oral Surgery and Urology
- WLI elective lists in ENT, T&O, General Surgery and Urology were undertaken
- Winter planning is underway to agree an elective plan for Q4
- Dermatology have advertised for a Locum Consultant



18 Weeks – Incomplete Pathways >30 weeks (3)

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
100 - General Surgery	53	66	76	86	118	124	122	120	103	103	85	89	84
101 - Urology	25	23	15	15	33	46	46	30	26	17	14	11	12
110 - Trauma & Orthopaedics	43	30	36	32	44	42	52	41	40	34	36	37	33
120 - ENT	20	29	36	51	47	65	73	75	75	87	57	53	53
130 - Ophthalmology	23	25	25	76	127	184	187	134	140	156	97	96	70
140 - Oral Surgery	81	107	128	163	192	200	220	217	236	190	122	81	74
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	3	5	6	11	16	3	6	10	7	12	13	14	12
320 - Cardiology	37	8	4	6	4	6	6	6	9	11	10	13	20
330 - Dermatology	25	19	17	21	5	3	0	0	0	0	0	0	0
340 - Respiratory Medicine	0	1	0	1	0	0	0	0	0	0	0	0	0
400 - Neurology	0	0	0	0	0	0	0	0	1	1	2	0	3
410 - Rheumatology	1	0	3	2	3	5	9	3	1	2	2	2	2
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	1	3	1	0	1	1	3	2	6	5	2	5	8
X01 - Other	4	9	5	9	14	14	22	26	25	33	20	16	11
Open Pathways > 30 Weeks	316	325	352	473	604	693	746	664	669	651	460	417	382

- Overall incomplete pathways over 30 weeks have reduced in month by 8.4%.
- >30 week patient numbers have increased in Urology, Cardiology, Neurology, and Gynaecology.
- Long waits for outpatients is impacting on this position.



Cancer Access 62 days all cancers (1)

			Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
62 Day	Cancer Network	RUH	86.80%	86.30%	87.20%	93.00%	87.60%	89.30%	82.20%	88.40%	87.90%	87.10%	80.60%	85.90%
		UHB	84.14%	88.40%	83.08%	77.99%	81.30%	87.30%	84.08%	82.41%	85.96%	85.66%	Not yet available	Not yet available
		NBT	86.42%	87.00%	87.04%	76.89%	83.30%	87.30%	84.50%	81.88%	85.12%	78.95%	Not yet available	Not yet available
		Taunton	73.65%	66.10%	84.46%	73.79%	76.10%	78.60%	75.50%	74.33%	73.77%	79.74%	Not yet available	Not yet available
		Yeovil	71.13%	77.40%	86.67%	87.27%	82.60%	90.12%	82.11%	72.34%	82.20%	79.67%	Not yet available	Not yet available
		Gloucester	71.62%	76.50%	73.36%	69.91%	79.10%	78.70%	80.49%	79.88%	67.11%	75.13%	Not yet available	Not yet available
		Weston	69.23%	57.10%	66.67%	77.78%	78.70%	65.50%	80.00%	82.54%	70.37%	65.28%	Not yet available	Not yet available
	Other Local Trusts	GWH	85.81%	84.56%	85.43%	83.59%	87.90%	90.00%	80.79%	86.98%	93.57%	80.00%	Not yet available	Not yet available
		Salisbury	84.26%	81.08%	82.76%	76.58%	77.70%	92.00%	87.83%	88.03%	79.73%	80.92%	Not yet available	Not yet available
	National	England	82.34%	82.48%	84.16%	81.15%	81.00%	84.70%	82.30%	81.10%	79.24%	78.19%	Not yet available	Not yet available

- September performance was 85.9%, against the 85% target.
- September Activity levels were high at 117 cases with 16.5 breaches reported.
- Urology pathway still remains the Trusts most significant challenge, due to delays in the diagnostic pathway. In September 7 out of the 16.5 breaches are for prostate cancer patients.

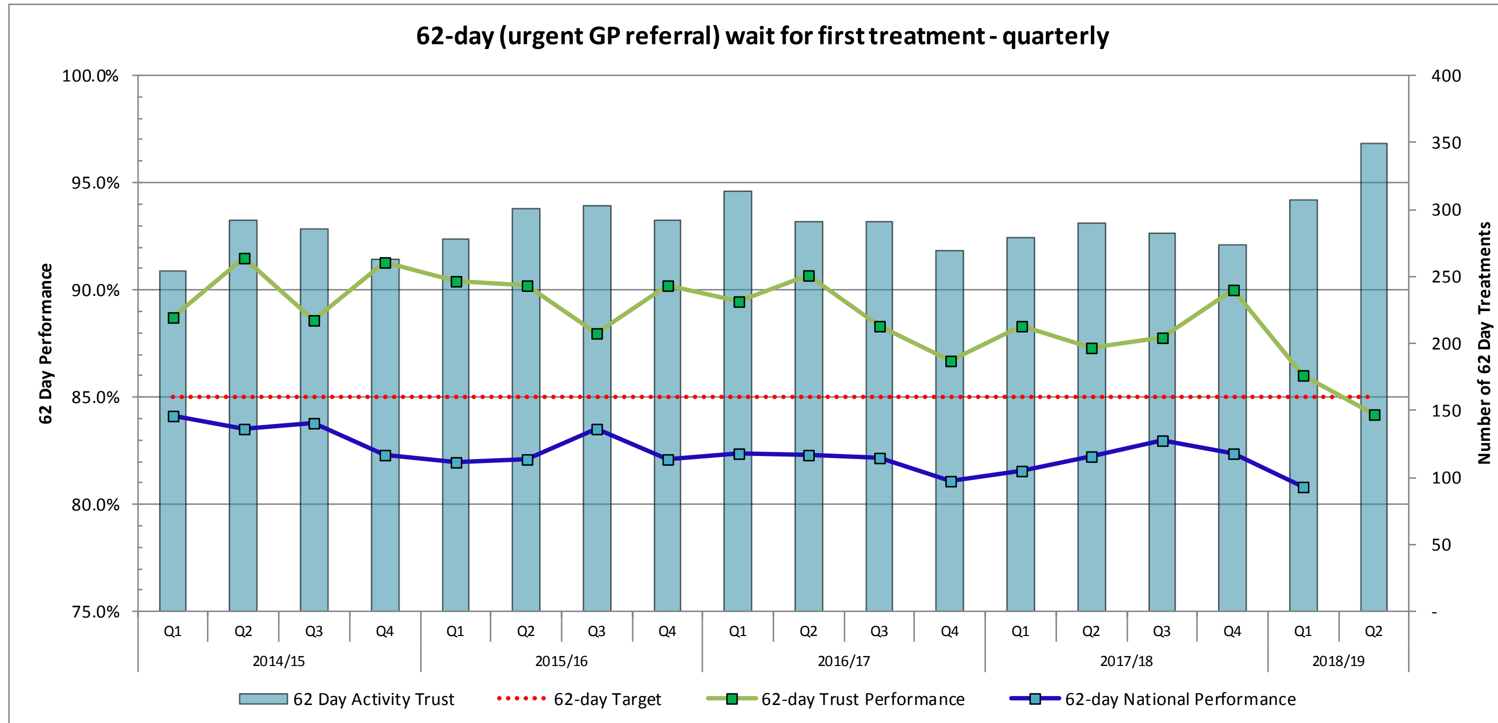
62 Day performance by Tumour Site (2)

Cancer Site	Indicator Description	2017/18							2018/19					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Breast	Activity	14	24.5	18.5	11	16	6	24.5	26	14	16	18	21	17.5
	Breaches	2.5	1.5	0	0	0	0	0	1	0	0	0	0	1
	Performance	82.1%	93.9%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	100.0%	100.0%	100.0%	100.0%	94.3%
	Referral Conversion %	13.2%	8.1%	2.8%	9.8%	5.8%	8.8%	9.3%	6.9%	6.1%	7.5%	7.2%	6.7%	
Colorectal	Activity	10	8.5	7	11	8.5	4.5	15	11.5	8	9.5	6	8	6
	Breaches	2	2.5	1	3	1.5	1.5	3	5.5	0	2.5	2	2	3
	Performance	80.0%	70.6%	85.7%	72.7%	82.4%	66.7%	80.0%	52.2%	100.0%	73.7%	66.7%	75.0%	50.0%
	Referral Conversion %	6.1%	3.2%	5.2%	8.3%	6.0%	6.3%	4.7%	6.4%	2.9%	3.4%	2.8%	1.7%	
Gynaecology	Activity	4	10	6	6	5	7	7.5	5	2.5	5	3	6	9
	Breaches	1	2	0	0	0	1	0	0	0	0	0	2	1
	Performance	75.0%	80.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	88.9%
	Referral Conversion %	7.2%	3.1%	8.4%	7.1%	5.3%	8.0%	6.7%	2.1%	3.9%	4.9%	4.5%	7.5%	
Haematology	Activity	7	5.5	4	8	7	4	7	6	7.5	5	6.5	5	6.5
	Breaches	0	1	0	1	0	1	0	0	0	1	2	0	0
	Performance	100.0%	81.8%	100.0%	87.5%	100.0%	75.0%	100.0%	100.0%	100.0%	80.0%	69.2%	100.0%	100.0%
	Referral Conversion %	70.0%	37.5%	61.1%	60.0%	33.3%	33.3%	66.7%	50.0%	72.7%	38.5%	66.7%	83.3%	
Head and Neck	Activity	1.5	2	4.5	6.5	6	2.5	4	7	3	2	2.5	2.5	4
	Breaches	0.5	1	0.5	0.5	2.5	0.5	2	2.5	2	0	1.5	1.5	1
	Performance	66.7%	50.0%	88.9%	92.3%	58.3%	80.0%	50.0%	64.3%	33.3%	100.0%	40.0%	40.0%	75.0%
	Referral Conversion %	7.4%	5.4%	6.7%	7.1%	7.2%	6.2%	7.2%	0.0%	3.9%	1.8%	3.9%	2.2%	
Lung	Activity	9.5	5	6.5	7	10	8.5	6.5	7.5	3	5	12	7.5	8
	Breaches	0.5	0	0	0.5	0	0.5	1.5	3.5	1	1	1	1	1
	Performance	94.7%	100.0%	100.0%	92.9%	100.0%	94.1%	76.9%	53.3%	66.7%	80.0%	91.7%	86.7%	87.5%
	Referral Conversion %	38.2%	16.7%	43.5%	36.4%	32.0%	42.9%	31.3%	18.2%	26.5%	33.3%	37.5%	20.0%	
Skin	Activity	21	23	24.5	16	38.5	10.5	17.5	24.5	23	18.5	25.5	27.5	35
	Breaches	1.5	1	3	2	3	1.5	0.5	0	1	2	2.5	0.5	1.5
	Performance	92.9%	95.7%	87.8%	87.5%	92.2%	85.7%	97.1%	100.0%	95.7%	89.2%	90.2%	98.2%	95.7%
	Referral Conversion %	10.5%	8.9%	8.6%	9.5%	11.9%	8.5%	10.8%	9.9%	8.2%	5.3%	7.9%	11.8%	
Upper GI	Activity	5	10	9	4	3.5	3	7.5	3	8	6.5	11.5	13	5
	Breaches	0	3.5	1	1.5	0	0	1.5	2	3.5	0.5	2.5	4	1
	Performance	100.0%	65.0%	88.9%	62.5%	100.0%	100.0%	80.0%	33.3%	56.3%	92.3%	78.3%	69.2%	80.0%
	Referral Conversion %	11.4%	11.1%	5.6%	6.5%	5.6%	6.1%	6.7%	6.9%	8.0%	12.9%	7.1%	5.7%	
Urology	Activity	16.5	9	20.5	12	22	19	13.5	16.5	35	24.5	17	35	26
	Breaches	1.5	0	5	1	2	2	0.5	3.5	6	4.5	2	14	7
	Performance	90.9%	100.0%	75.6%	91.7%	90.9%	89.5%	96.3%	78.8%	82.9%	81.6%	88.2%	60.0%	73.1%
	Referral Conversion %	11.7%	14.7%	15.1%	14.3%	15.8%	19.8%	16.6%	16.6%	18.3%	13.2%	15.3%	15.6%	

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.

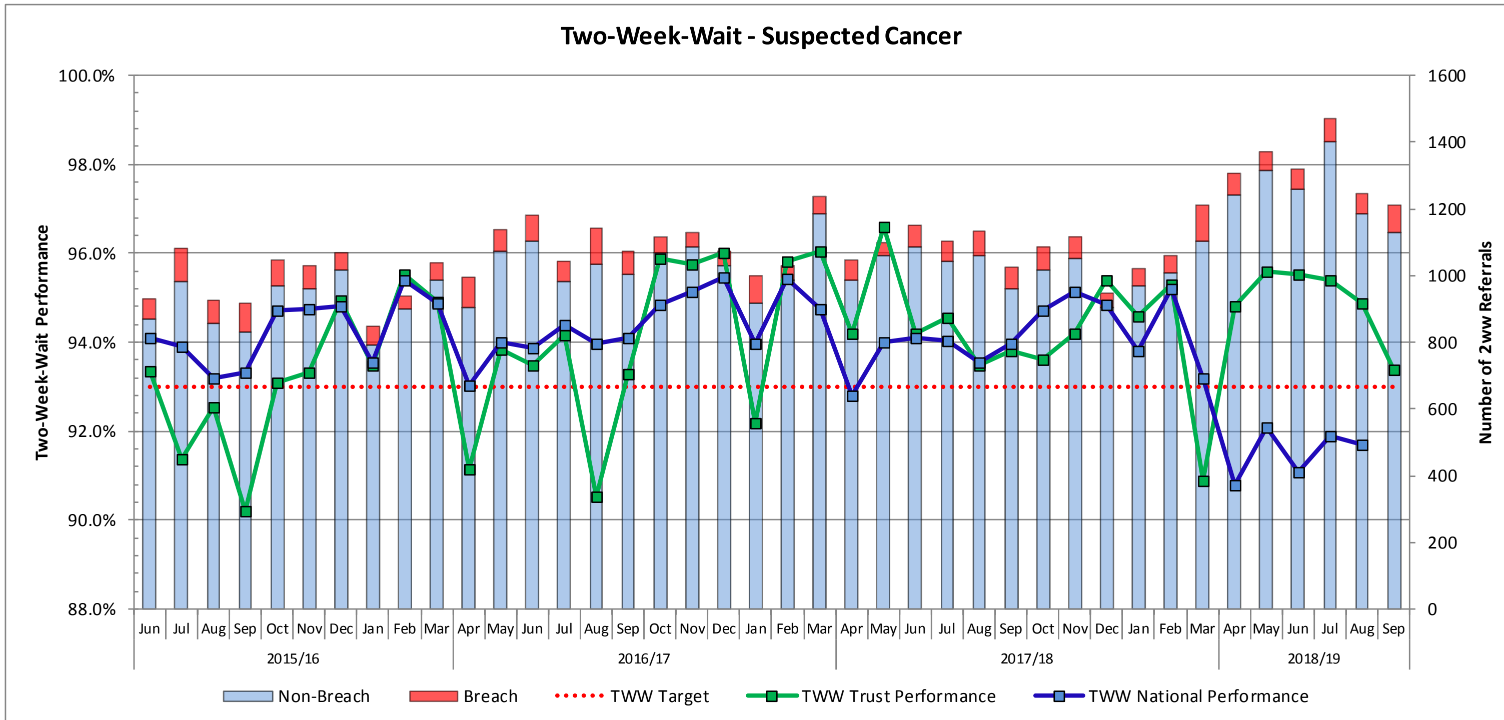
- The Board is asked to note performance by tumour site.
- For the RUH, as per the national picture, performance is challenged predominantly in **Prostate**, **Colorectal, Upper GI and Lung**. Head & Neck is also challenged for the RUH.
- Prostate is the most challenged tumour site. There are several 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.

Q2 - 62 Day (urgent GP referral) wait for first treatment (3)



- Trust performance for Q2 has failed the 85% target due to the underperformance in August. Noting that performance has recovered in September.
- Weekly tumour site specific PTL meetings are established with divisional PTLs also in place.
- Focus on performance delivery each month is required to ensure delivery of quarterly targets.

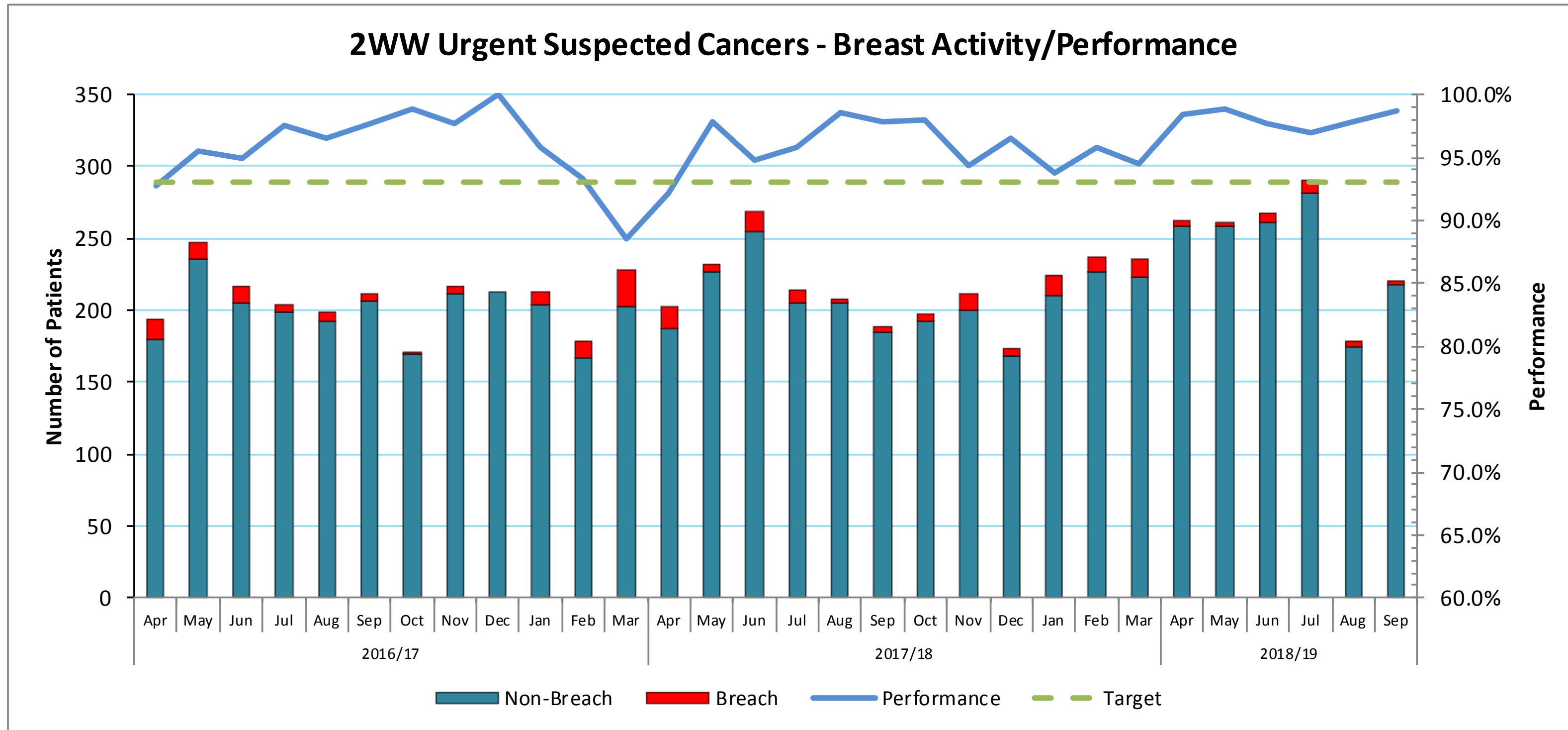
Cancer Access – 2 WW (4)



- The 2ww suspected cancer target passed in September at 93.4%.

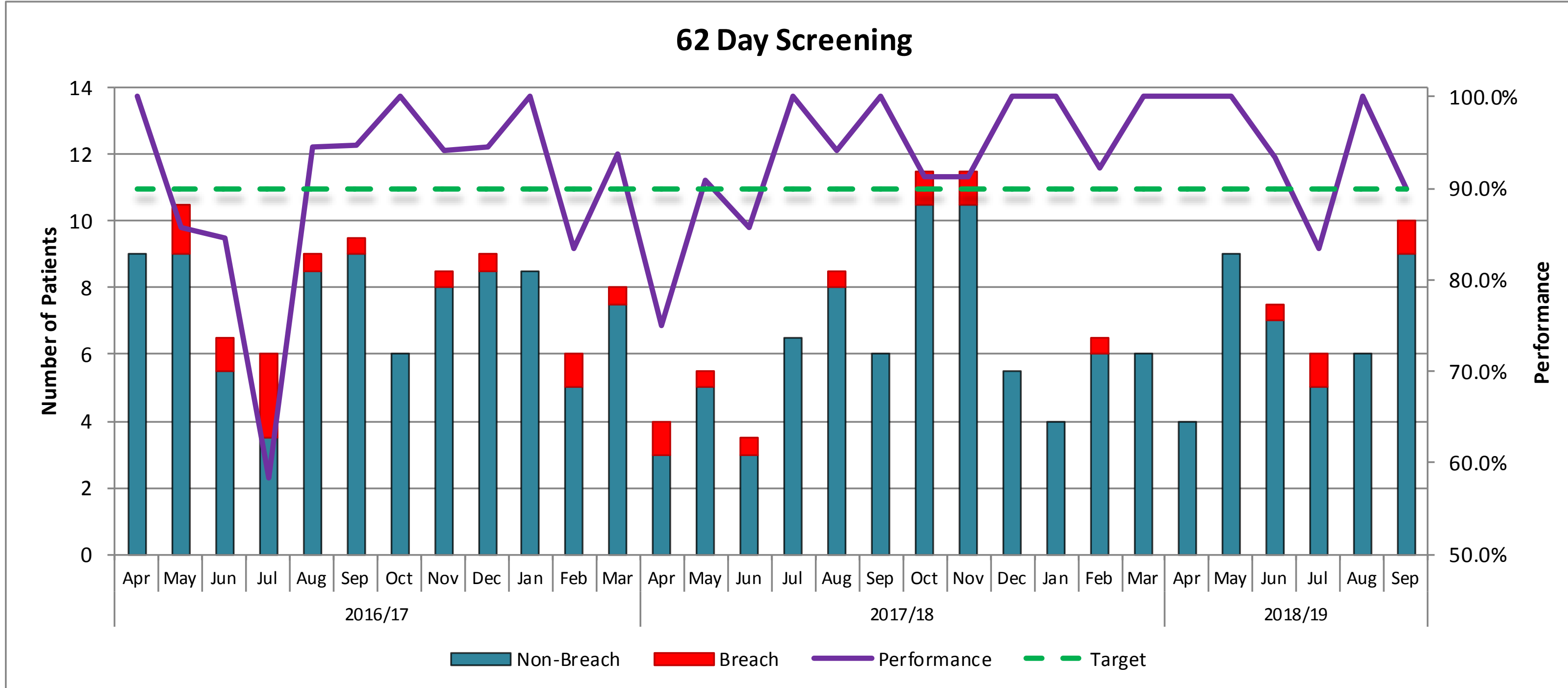
Please note: the graph has been updated to show the national 2ww performance (blue line) alongside the Trust’s performance and activity split by non-breaches and breaches.

Cancer Access – 2 WW Breast Suspected Cancer (5)



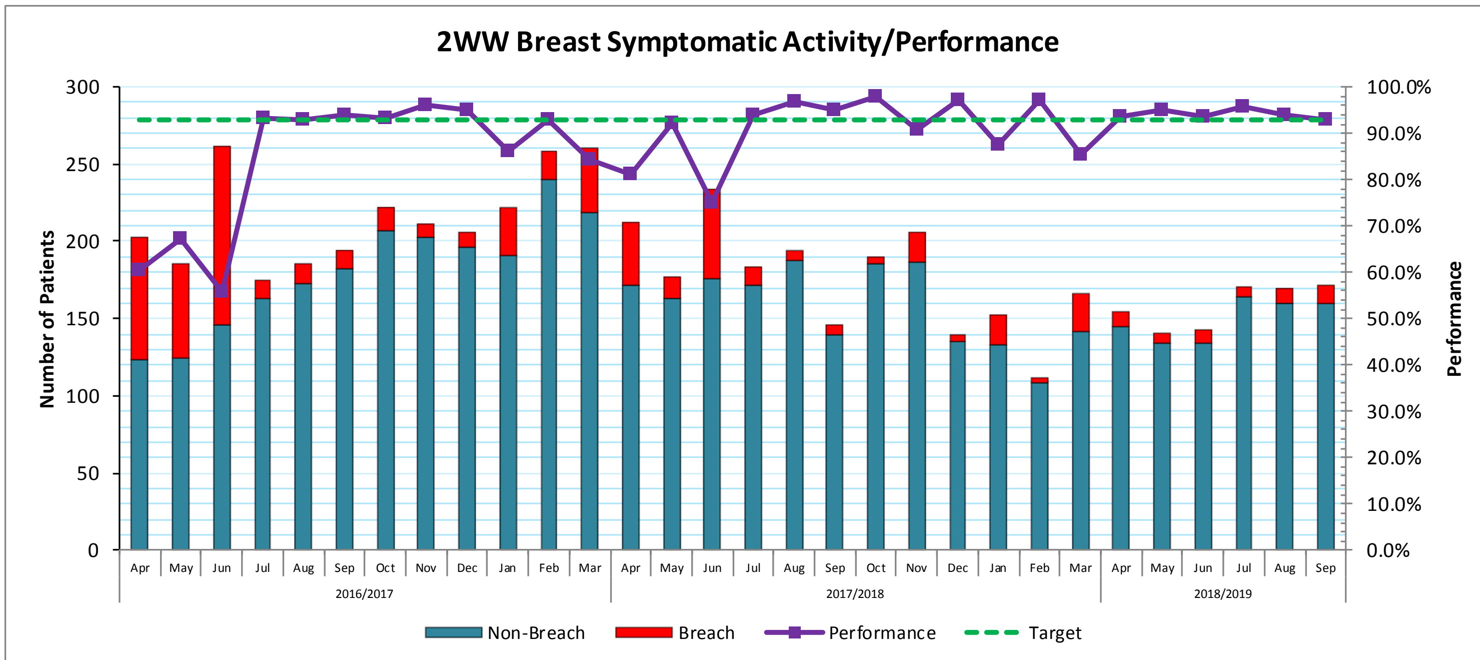
- The performance in September for Breast 2WW suspected cancer was 98.7%, above the 93% overall 2WW target.

Cancer Access – 62 Day Screening (6)

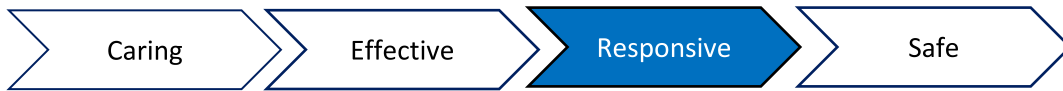


- In September the Trust achieved the 90% target.
- Activity has increased back up to normal levels of 10 patients for this month.

Cancer Access – Breast Symptomatic (7)



- The symptomatic target passed in September with performance at 93.0% 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.



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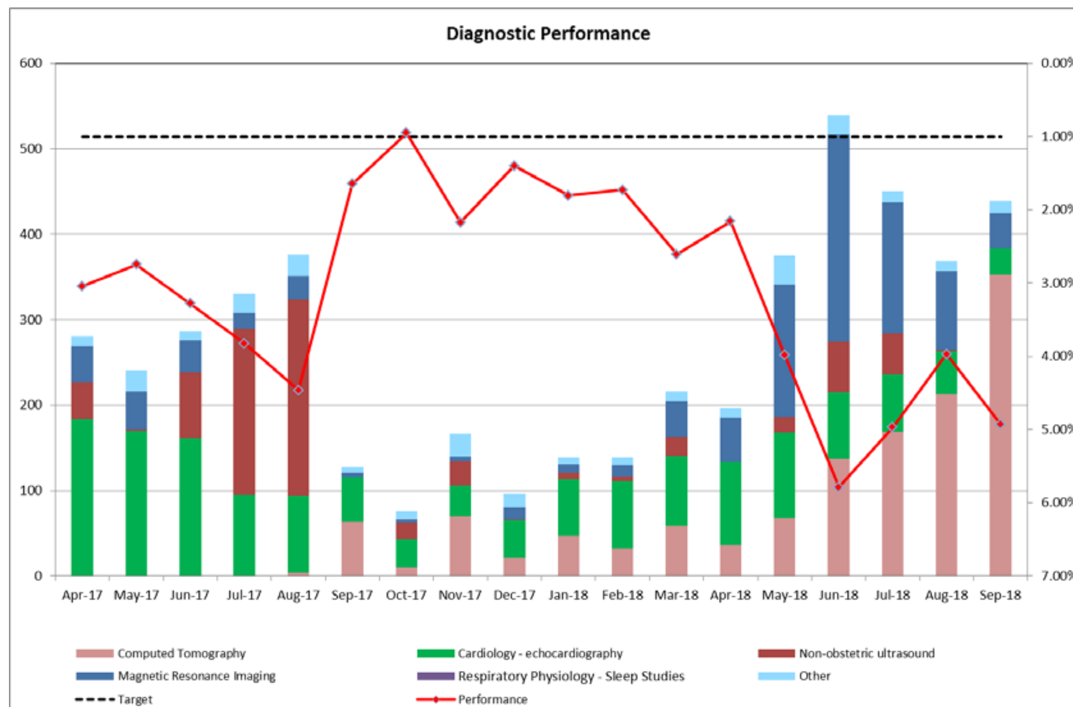
Diagnostics (1)



Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	42
Computed Tomography	353
Audiology - Audiology Assessments	14
Cardiology - Echocardiography	30
Total (without NONC)	**439**

September performance is reported as **4.93%** against the <=1.0% indicator, this is a deterioration in performance from August at 3.97%.

The three areas of concern are:

- **CT - (353)** Insufficient capacity to meet the demand and recover from August breaches. Continued growth in demand noted. CT 3 is currently being commissioned and CT 1 will be replaced in the autumn which will increase reliability. Options to mitigate capacity are ongoing with contracts agreed with other providers. Confirmation of exact additional capacity remains challenging and is being confirmed on a month by month basis. Recovery from this position remains challenging, without greater assurance of external capacity. All internal actions are being explored.

All other diagnostic areas delivered improved performance from August:

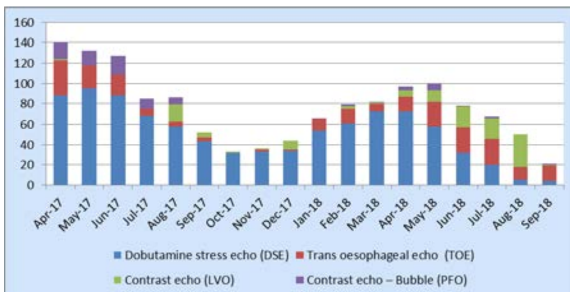
- **MRI - (42)** Improved performance in September due to third MRI capacity and mobile capacity, August backlog cleared. Review of internal demand is underway but the department continue to prioritise clinically urgent and inpatient requests. Alternative provider MRI capacity has been confirmed going forward and reflected in improvement trajectory and remain on plan to meet trajectory.
- **Echocardiography - (30)** 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 30 (from 78 in June, 67 in July and 50 in August). Plain echo and TOE breaches occurred in month.

Diagnostics (2)

Key Recovery Plan Actions

Ongoing reductions seen.

Echo Type	
Cardiology DSE	4
Cardiology Bubble	1
Cardiology TOE / TEE	15
Plain Echo	10
TOTAL	**30**



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

Areas of additional focus include;

Specialist Echo (20- DSE, Bubble, TOE/ TEE)

The actions put in place to increase capacity have helped to reduce the DSE diagnostic breaches (4). The focus will continue until breaches are eliminated. Additional staff in training to be able to undertake TOE. As the DSE breach numbers fall further there will be opportunity to focus more on outpatient TOE/TEE echo tests. Plan remains on track to deliver.

Plain Echo (10)

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.

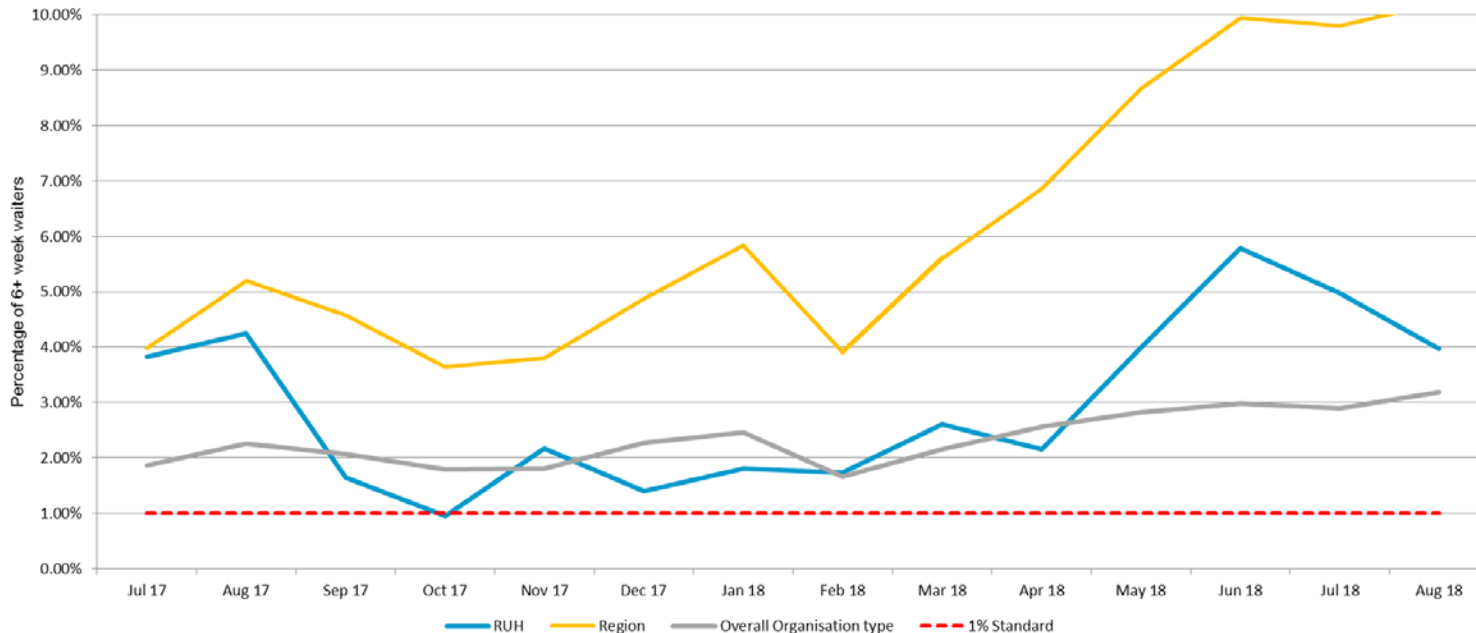
Ultrasound (0)

Evening lists in place and fully booked. No breaches of the standard significant improvement in month and over the last 3 months.

Audiology (14)

Breaches continue to be a focus for the Surgical Division, main issue is now increased referrals for balance testing, this will be raised with commissioners.

Diagnostics (3)

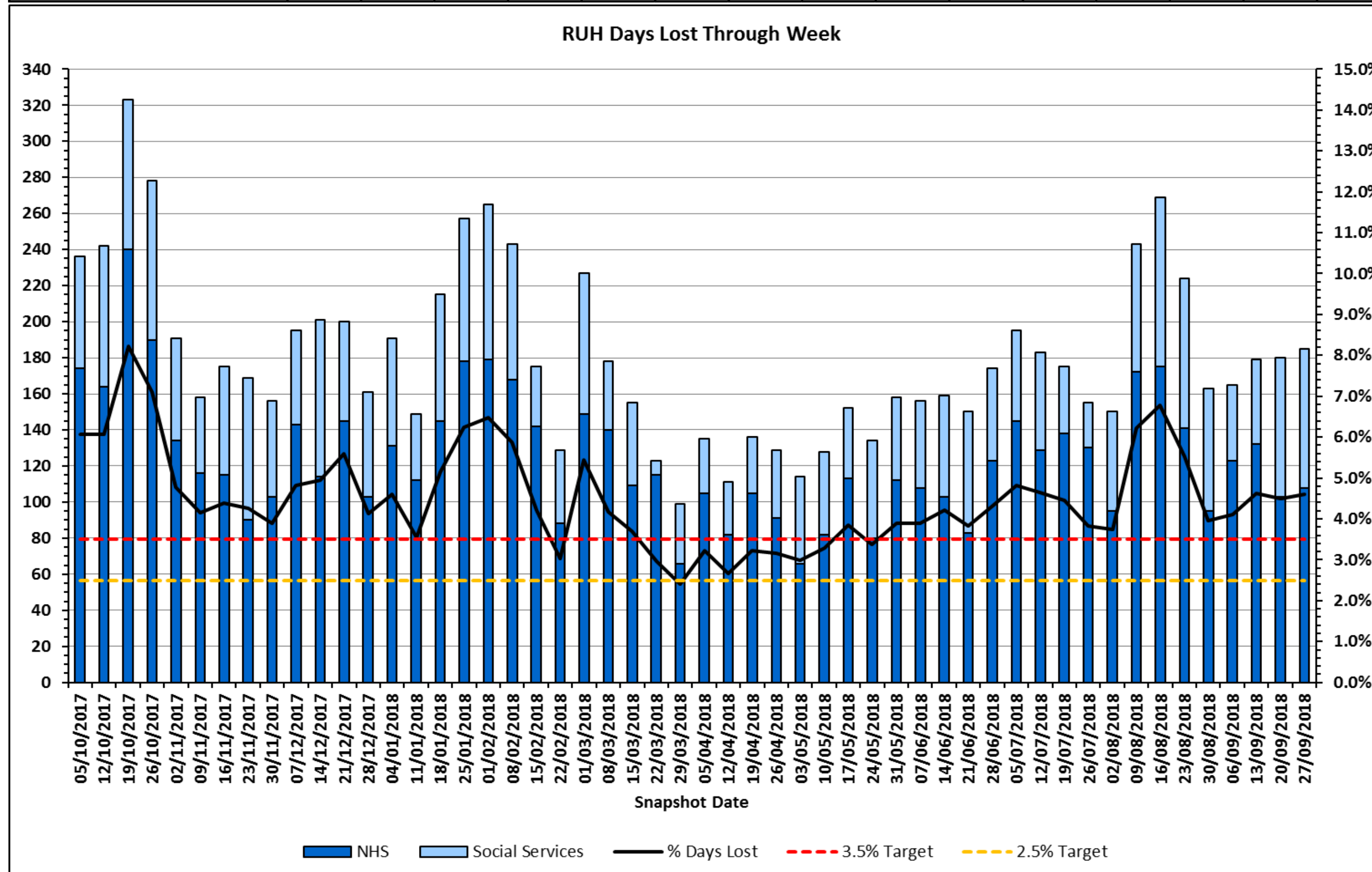


- This slide shows the percentage of 6+ week waiters for the RUH and Region against the 1% national standard up to August 2018.

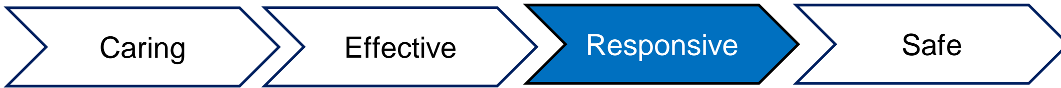
	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
Provider Position (No. 6+ Weeks)	330	357	127	76	166	96	139	139	216	196	375	539	450	369
Provider Position (Total Waiting List)	8,623	8,404	7,714	7,984	7,640	6,851	7,691	8,051	8,288	9,077	9,424	9,316	9,052	9,300
RUH	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%	3.97%
Region	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%	10.22%
Overall Organisation type	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%	3.19%

Delayed Transfers of Care (1)

DTOC	NHS BATH AND NORTH EAST			NHS SOMERSET CCG			NHS WILTSHIRE CCG			BRISTOL, NORTH SOMERSET & S.			All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total
Number of Patients	5	8	13	2	2	4	14	2	16	1	1	2	22	13	35
Number of Delayed Days	102	110	212	43	85	128	318	39	357	34	27	61	497	261	758



- The DTOC position by CCG is detailed in the table. 35 patients reported at the September month end snapshot and 758 delayed days (4.3%). This is above the national target set (3.5%).
- The graph outlines the delayed days by week since September 2017.
- The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay).



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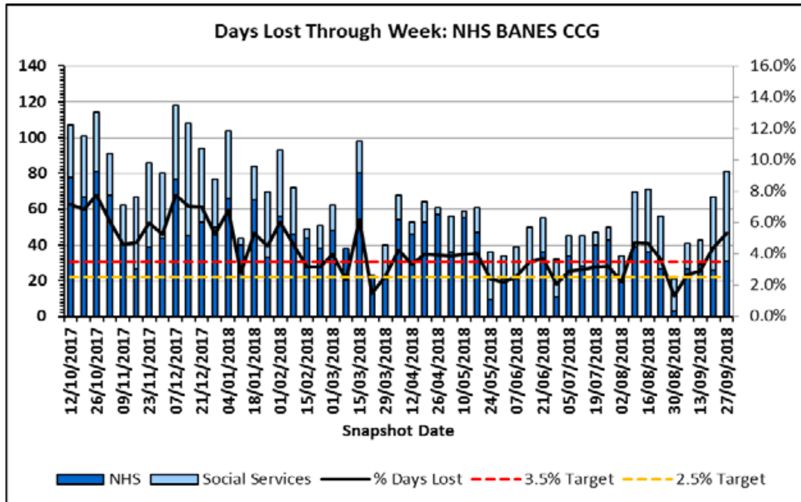
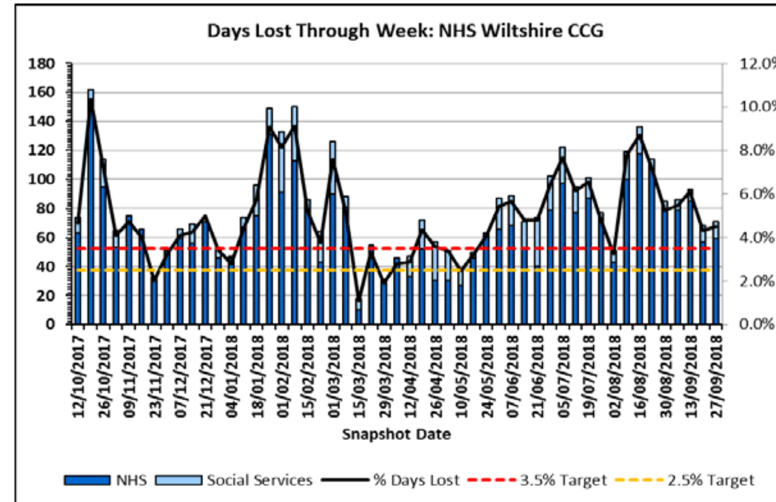
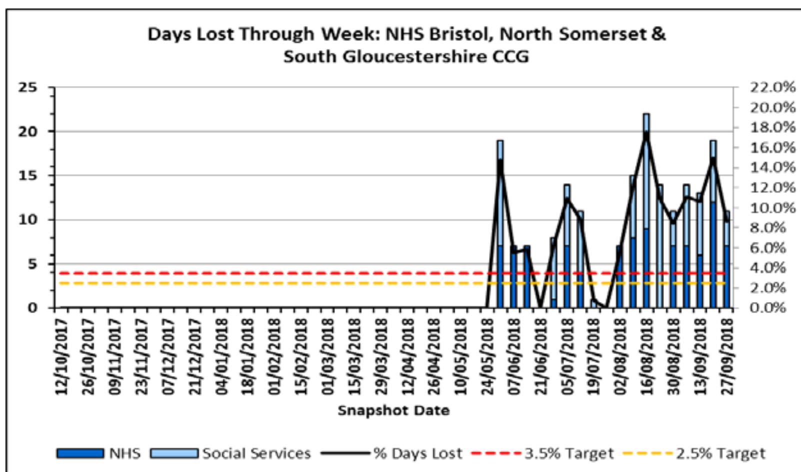
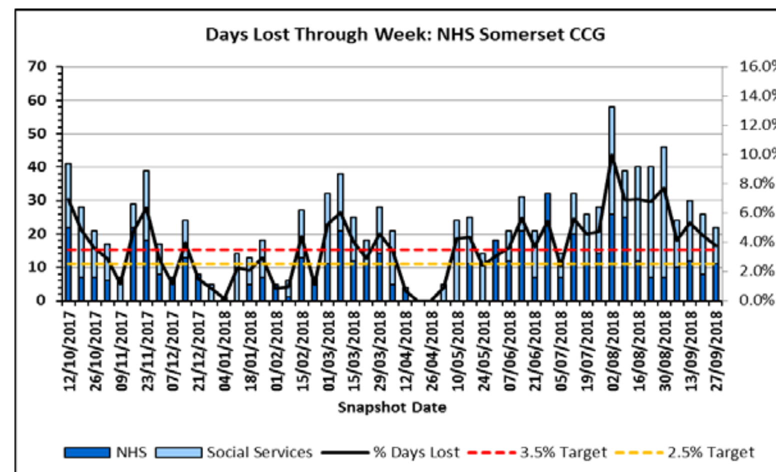
Delayed Transfers of Care by CCG (2)

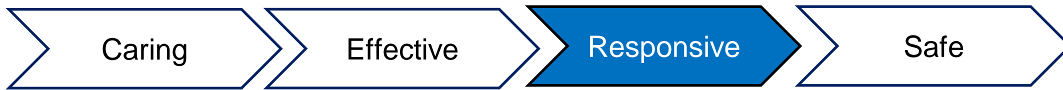








- RUH focus to reduce delays is being led through the Integrated Discharge Service (IDS) work programme
- BANES performance deteriorated in September.
- Actions taken have improved the Wiltshire position but further work is required to reduce the high volume of days delayed.
- Somerset performance has seen improvement in month.
- South Glous patients are small in volume but days delayed remain high.



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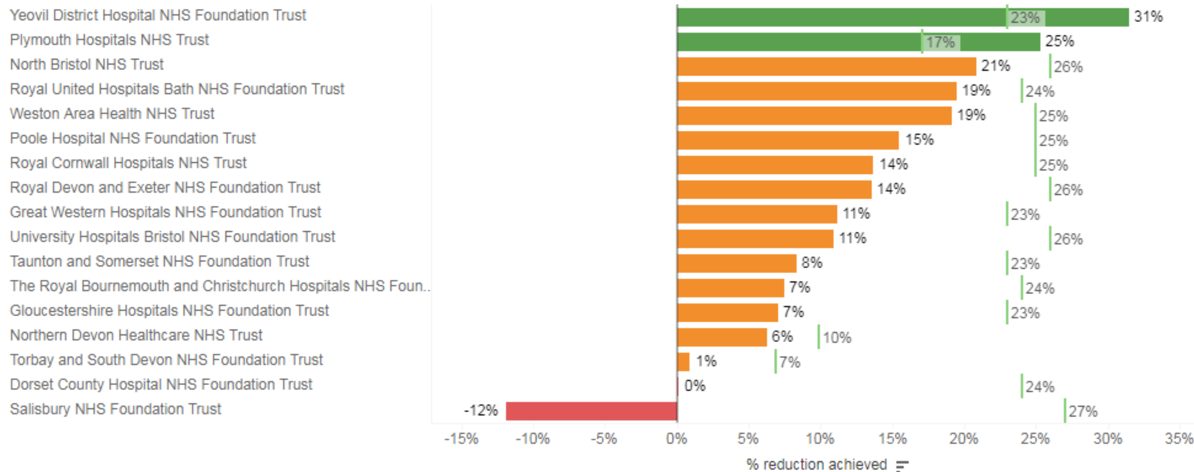
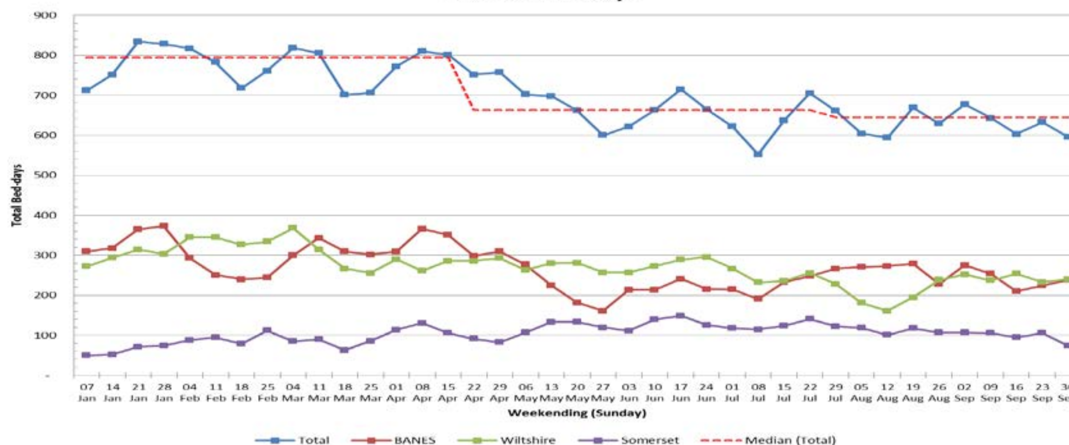
Reducing Extended Length of Stay (+21 day) (3)





- 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.
- The RUH systems target has been set at 24% improvement by December 2018 from 2017/18 baseline. Progress is reviewed at each A&EDB.
- A further 5% improvement is required by December 2018. Year to date monthly improvement has averaged 3.8%. Additional actions will be planned for November 2018 to support delivery and system support requested.
- The graph shows the weekly RUH performance, with monitoring from January 2017.
- The Integrated Discharge Service (IDS) review all +21 day patients daily and actions agreed. System partners have escalation processes in-place to resolve individual patient delays. Senior attendance at weekly DTOC sitrep meetings is also mandated to support escalation.
- From August 2018 the RUH holds twice monthly ‘face to face' expert panel reviews of all +21 day patients, with system partners. This is focused on system actions to prevent reoccurring +21 day LOS. Issues identified include Capacity for Home care providers and Neurology Rehabilitation pathways

Key National and Local Indicators

In the month of **September** there were **16 red indicators of the 70 measures reported, 7 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.

Effective

SOF X 10. Dementia case finding **(lag 1 month)**
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 X 43 C Diff Infection Rate
SOF X 47 Never Events
SOF X 49 CAS Alerts
X 50 Venous thromboembolism % risk assessed **(lag 1 month)**
X 52 Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)

Well Led

X 59. FFT Response Rate for ED (includes MAU/SAU)
SOF X 62 Turnover – rolling 12 months
X 66 % agency nursing staff (% of agency nursing spend of total nursing pay bill)

X 10. Dementia case finding (1 month lag)

The Dementia Case Finding of patients aged >75 in August was 86.2% with 625 patients admitted and 539 case finding questions.

Quality Board will be asked to review performance and confirm actions being taken to improve performance.

X 15. Readmissions – Total

There were 547 readmissions (15.1%) in September (0.7% reduction from August). The Medical Division reduced from 19.0% to 18.8%, the Surgical Division reduced from 13.2% to 13.0% and Women and Children's Division reduced from 4.7% to 3.1%.

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.

Following the CQC report , the Trust is currently reviewing readmission reporting as the indicator on the Trust score card is for non-elective readmissions following non-elective admission only. The Clinical Outcomes Group will be asked to assess if total Trust readmissions would be more appropriate Trust scorecard measure, noting that this indicator is not a national SOF standard.

X 18. Hip fractures operated on within 36 hours

46 patients were eligible to be entered onto the NHFD of these 28 (60.9%) were operated on in less than 36 hours.

Failure to meet the 70% target was as a result of:

- 8 due to no available capacity
- 2 required a specialist hip surgeon, unavailable within 36 hours due to weekend availablity
- 7 required pre-operative medical stabilisation before going to theatre
- 1 Not for surgery/treatment due to metastasis (palliative care)

September saw a high number of trauma patients admitted within a 24/48hr period resulting in 8 patients having to wait for their operation. 2 patients had to wait for a specialist hip surgeon as they were admitted on a Friday, whilst general hip fractures receive an operation on a weekend those requiring a hip replacement do not. The department has ensured that a hip surgeon is available on a Monday to reduce the time a patient needs to wait if admitted on a weekend.

Of the 46 patients eligible to be entered in the NHFD, only 38 were medically fit to undergo an operation with 36hrs and the percentage of these patients who received an operation within this time was 74%

The Surgical Division have developed an improvement plan to increase focus on delivering an improved experience for our patients.

Please see the graph on page 31, detailing Trust performance up to June 2018.

X 18. Hip fractures operated on within 36 hours

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

There were 439 over 6 week waiters in September, equating to 4.93% against the <=1.0% indicator, rated red. Performance in September failed to meet the constitutional target. See slides 22 to 24 above.

X 30. RTT over 52 week waiters

There were 4 patients who have breached the 52 week standard for treatment in September.

- 2 ENT (administration errors)
- 1 Oral Surgery (admin errors within the diagnostic element of the pathway together with diagnostic capacity issues)
- 1 General Surgery (administration error)

Work continues to ensure training is given to all staff involved when errors are identified. All specialty managers have also received training to enable them to support staff. Performance is monitored and actions confirmed to support performance at the RTT Delivery Group, this includes actions agreed following completion of RCAs. All patients received a letter of apology detailing the RCA findings.

X 34. % Discharges by Midday (Excluding Maternity)

In September patients discharged by midday increased to 15.1% 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, detailing actions taken in month.

X 36. GP Direct Admits to MAU

There were 55 GP direct admits to MAU in September with performance increasing from 38 in August but 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, detailing actions taken in month.

X 37 Delayed Transfer of Care (Days)

There were 758 delayed days in September, which was 4.3% of the Trust's occupied bed days. See slides 25 to 27 above.

X 43. C Diff infection rate

In September there were 3 cases of C-Difficile. All the cases are awaiting RCAs to be completed. Quality Board will review all actions to support delivery.

X 47 Never Events

In September a trauma patient had a chest drain inserted in the wrong side. The patient recovered well and drains were removed. Following completion RCA this will be reported to Quality Board and any learning identified

X 49 CAS Alerts

In September there was one CAS Alert not responded to within the deadline while further assurance was sought to ensure compliance with national standards

The Quality Board reviewed the CAS alert process at the October 2018 meeting. They will continue to review performance.

X 50. Venous thromboembolism % risk assessed (1 month lag)

Feedback on performance on VTE has been requested from Quality Board as performance remains below the required standard.

X 52. Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)

Three cases reported in September, Quality Board will review all detailed investigations and agree actions. Note Quality Report.

- Pulteney ward have been caring for a patient with Incontinence Associated Dermatitis which has deteriorated to a category 3 pressure ulcer following periods of difficulty repositioning.
- Midford ward had transferred a patient to St Martins who on admission a category 3 pressure ulcer was discovered which was previously thought to be Incontinence Associated Dermatitis. The patient was then readmitted to the RUH and a category 3 pressure ulcer was validated and an investigation commenced.
- The Medical Device Related Pressure Ulcer was found on readmission to the RUH where a cast had been insitu for 3 months without being changed in a high risk patient. This is under investigation and may be deemed unavoidable following more detail.

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

In September the FFT Response Rate for ED increased to 3.1% from 2.3% in August but remains below the agreed target. The Divisional teams continue to review ways to improve performance.

X 62. Turnover - Rolling 12 months

Trust Turnover rate increased to 12.4% against a target of 11.0% and reported as red in September. 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 increased to 6.9% in September from 5.3% in August. Reported as red in September, against a target of 3.0%. Please see Well Led Slides below.

Royal United Hospitals Bath
NHS Foundation Trust

Well Led – Workforce

1. Summary & Exception Reports

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

Workforce	Aug-18						Sep-18						Q2
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust Target
Turnover (rolling 12 months %)	12.1	13.6	11.7	12.6	11.2	12.2	12.4	15.3	11.0	12.9	11.8	12.2	11.0%
Sickness Absence (%)	3.9	2.6	4.2	4.2	4.5	3.0	4.0	2.4	4.6	4.3	4.5	3.2	3.3%
Vacancy Rate (%)	5.9	5.9	8.9	5.1	6.2	5.5	5.2	5.4	8.1	5.6	4.4	3.5	4.5%
Agency Staff (agency spend as a % of total pay bill)	2.5	4.8	0.2	3.3	1.7	1.1	2.7	4.3	0.5	3.6	2.2	0.8	2.5%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	5.3	7.1	-	8.3	3.7	0.5	6.9	11.9	-	9.8	6.3	0.4	3.0%
Staff with Annual Appraisal (%)	83.2	81.8	89.8	82.0	84.7	80.6	83.3	80.4	90.0	83.2	85.1	79.1	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 (%)	86.2	87.1	89.9	87.3	86.8	90.8	86.2	88.4	84.4	87.8	88.5	90.7	95.0%
Mandatory Training (%)	86.8	89.4	87.6	87.9	88.6	89.1	86.9	90.1	86.2	88.1	88.8	88.7	90.0%

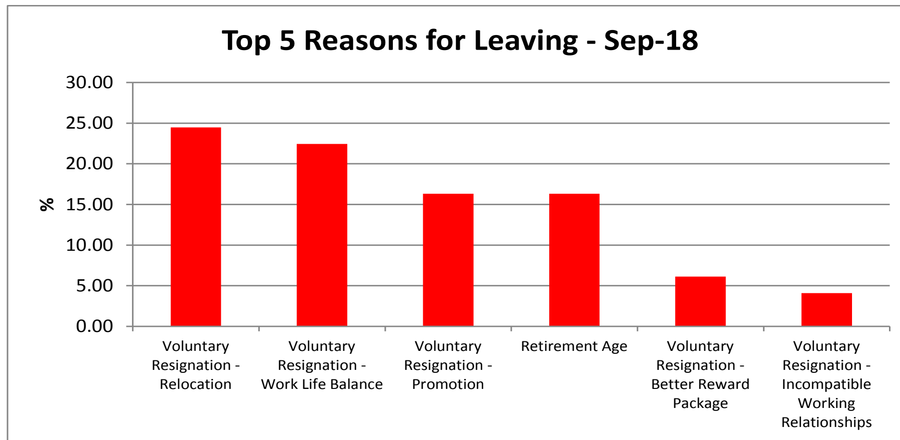
Trends:

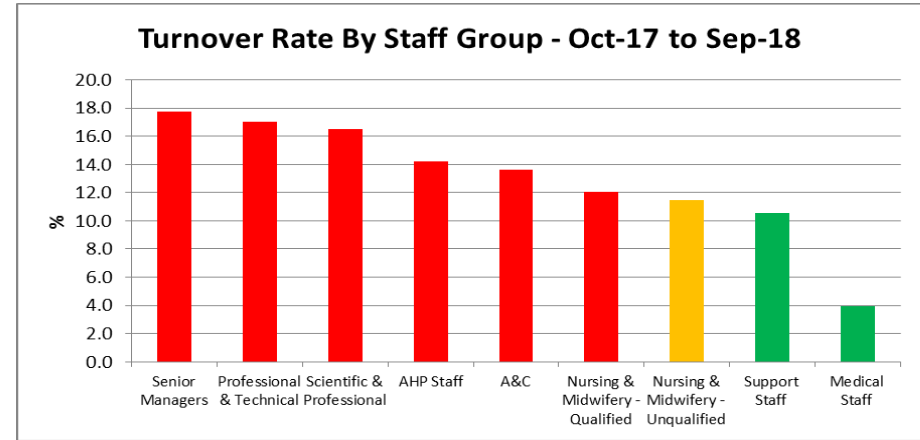
- Overall Turnover has marginally increased by 0.3% this month compared to last month.
- Sickness Absence continues to remain amber for the overall Trust at 4%.
- Vacancy Rate has fallen this month to 5.2% and is now amber. This is due to contracted WTE increasing by 51.2 WTE and a change in budgets within Medicine.
- Appraisal Compliance, Information Governance training and Mandatory training remains static this month.

Healthcare you can Trust

Well Led – Turnover

2. Turnover





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

- Overall Trust Turnover has increased to 12.4%, Corporate seeing the biggest increase. Facilities has seen a decrease of 0.7% and is now green against the Q2 Trust target of 11%.
- Voluntary resignation based on the grounds of relocation, work-life balance, promotion and reaching retirement age remains the main reasons given for staff leaving.
- Within Pharmacy the rolling year Turnover has remained high, with some staff leaving for posts out in the community with better terms and conditions, including no weekend or on-call commitments.
- Divisions are promoting staff survey and “you did…we are doing poster” to highlight what the Trust has done to improve working conditions for staff.

Well Led – Nurse Agency Spend

3. Nurse Agency Spend

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

- Overall Nurse Agency Spend has increased this month by 1.6%.
- Surgery saw the greatest increase in agency spend, particularly in Theatres.
- Medicine Nursing Agency spend increased by £27,000 in September.
- Nurse Agency Spend within Women and Children's Division for Quarter 2 was lower than that of Quarter 1. This was the only Division to have achieved this.

Well Led – Overview

Measure	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-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	4,719.3	4,719.3	4,719.3	4,709.0	4,709.0	4,725.2	
Contracted Staff in Post (WTE)	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	4,481.4	
Vacancy Rate (%)	4.9%	4.8%	4.6%	5.3%	4.9%	4.6%	6.7%	6.4%	6.7%	6.2%	5.9%	5.2%	4.5%
Bank - Admin & Clerical (WTE)	41.4	36.9	31.4	38.3	33.9	36.3	32.2	35.0	37.4	37.7	39.1	1 Month Lag	
Bank - Ancillary Staff (WTE)	31.0	26.0	26.9	29.9	28.7	30.0	33.3	31.9	31.1	31.5	32.6	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	173.6	160.0	156.7	161.2	158.4	169.3	163.5	169.7	173.8	182.1	180.0	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)	27.8	27.6	40.4	41.6	51.7	52.9	27.5	28.8	31.9	14.4	46.6	52.0	
Overtime (WTE)	101.4	99.0	78.9	95.4	86.6	99.6	89.7	92.3	102.2	103.0	92.1	1 Month Lag	
Sickness Absence Rate (%)	3.8%	4.1%	4.2%	4.6%	4.4%	4.6%	4.1%	3.5%	3.3%	3.6%	3.9%	4.0%	3.3%
Appraisal (%)	84.3%	83.6%	84.5%	82.6%	82.6%	80.1%	81.1%	80.4%	81.3%	82.9%	83.2%	83.3%	88.0%
Consultant Appraisal (%)	79.2%	81.2%	88.1%	88.5%	87.2%	86.5%	87.0%	89.5%	86.2%	90.4%	85.9%	88.5%	88.0%
M&D Appraisal (%)	77.3%	79.7%	85.3%	84.6%	83.7%	82.5%	83.5%	83.9%	82.2%	88.0%	79.6%	83.1%	88.0%
AfC Appraisal (%)	84.9%	83.9%	84.5%	82.4%	82.6%	79.9%	76.8%	80.1%	81.2%	82.5%	83.5%	83.4%	88.0%
Rolling Average Turnover - all reasons (%)	16.5%	16.5%	16.7%	16.4%	16.6%	16.9%	16.9%	17.1%	17.0%	19.6%	16.5%	16.9%	
Rolling Average Turnover - with exclusions (%)	11.3%	11.4%	11.9%	12.0%	11.9%	12.0%	12.0%	12.2%	12.2%	12.5%	12.1%	12.4%	11.0%

Integrated Balanced Scorecard - September 2018

Royal United Hospitals Bath NHS
NHS Foundation Trust

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold Performing	2017/18 Q3	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Aug	2018/19 Sep	Triggers Concerns
SOF	**Four hour maximum wait in A&E (All Types)**	**95%**	80.9%	74.5%	84.6%	83.4%	81.8%	85.5%	
	C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	2	6	3	2	8 **	3 *	3 **	
SOF	**RTT - Incomplete Pathways in 18 weeks**	**92%**	87.6%	85.3%	86.7%	87.3%	87.3%	87.4%	
	31 day diagnosis to first treatment for all cancers	96%	99.3%	99.2%	99.4%	98.2%	99.4%	96.1%	
	31 day second or subsequent treatment - surgery	94%	100.0%	100.0%	98.1%	98.8%	100.0%	96.2%	
	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%	94.4%	93.5%	95.3%	94.6%	94.9%	93.4%	
	2 week GP referral to 1st outpatient - breast symptoms	93%	94.9%	89.3%	94.1%	94.3%	94.1%	93.0%	
SOF	**62 day referral to treatment from screening**	**90%**	93.0%	96.7%	97.6%	90.9%	100.0%	90.0%	
SOF	**62 day urgent referral to treatment of all cancers**	**85%**	87.8%	90.0%	86.0%	84.2%	80.5%	85.9%	
SOF	**Diagnostic tests maximum wait of 6 weeks**	**1%**	1.50%	2.06%	3.99%	4.62%	3.97%	4.93%	

* August 1 outstanding RCA, ** September 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	2.471	1.272	-1.199	3.134	3.014	-0.120
Capital Service Cover Rating	2	3		1	1	
Liquidity Metric	10.638	9.796	-0.841	9.675	9.574	-0.101
Liquidity Rating	1	1		1	1	
I&E Margin Metric	2.2%	-1.0%	-3.2%	3.8%	3.4%	-0.4%
I&E Margin Rating	1	3		1	1	
Variance from Control Metric		-3.2%	-3.2%		-0.4%	-0.4%
Variance from Control Rating		4			2	
Agency Metric	-17.3%	1.0%	18.2%	-20.2%	-20.2%	0.0%
Agency Rating	1	2		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		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		3			0	

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

Integrated Balanced Scorecard - September 2018

Royal United Hospitals Bath NHS
NHS Foundation Trust

CARING				Threshold		2017/18		2018/19		2018/19					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q3	Q4	Q1	Q2	Apr	May	Jun	Jul	Aug	Sep
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	97	96	97	96	98	97	96	97	97	95
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	97	97	97	97	97	98	96	97	97
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	98	99	99	98	98	100	100	97	98	99
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	96	97	96	97	97	96	96	97	98	96
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	7.0	5.8	5.9	6.6	5.4	6.2	6.0	5.9	6.5	7.4
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	1	2	4	2	2	2	0	0	2	0
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	0	0	1	0	1	0	0	0	0	0
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	35	39	67	67	22	20	25	27	21	19

EFFECTIVE						Q3	Q4	Q1	Q2	Apr	May	Jun	Jul	Aug	Sep
10		SOF	Dementia case finding	>=90%	<90%	81.6%	82.3%	86.2%	86.1%	85.0%	83.9%	90.0%	85.9%	86.2%	Lag (1)
11		SOF	Dementia Assesment	>=90%	<90%	95.6%	95.8%	92.5%	96.6%	92.9%	91.9%	92.9%	93.9%	100.0%	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 l	<=Expected	>Expected	108.0	106.2	104.6	Lag (3)	106.3	106.1	104.6	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	0.9888	0.9844	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%	14.1%	14.6%	14.3%	15.9%	14.4%	13.6%	15.1%	16.7%	15.8%	15.1%
16	COO	LC	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	88.0%	85.7%	89.7%	Lag (3)	88.0%	96.0%	85.0%	Lag (3)	Lag (3)	Lag (3)
17	COO	LC	Higher risk TIA treated within 24 hours	>=60%	<=55%	86.4%	69.4%	88.9%	90.9%	100.0%	84.6%	85.7%	83.3%	94.4%	92.9%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	77.3%	79.6%	57.3%	59.1%	47.9%	47.1%	79.5%	62.5%	53.5%	60.9%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	62.2%		71.2%	68.3%	68.4%	60.0%	85.0%	63.6%	73.7%	Lag (1)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	0.9% (85)	0.9% (85)	0.9% (87)	1.0% (96)	1.6% (49)	0.6% (18)	0.6% (20)	1.0% (35)	1.0% (34)	0.9% (27)
21	COO	LC	Theatre utilisation (elective)	>=85%	<=80%	95.2%	83.8%	99.0%	95.0%	95.6%	99.4%	101.9%	95.8%	90.2%	99.1%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	0.76	1.90	0.03	5.20	0.73	0.35	-1.05	1.78	2.47	0.96
23	DOF	L	Total Income	>100%	<95%	81.61	83.51	83.06	82.74	26.48	28.26	28.33	27.49	28.07	27.19
24	DOF	L	Total Pay Expenditure	>100%	<95%	50.44	51.01	51.69	53.94	17.25	17.21	17.22	17.37	18.73	17.84
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	25.80	29.46	26.69	27.49	8.77	9.33	8.59	9.05	9.52	8.93
26	DOF	L	CIP Identified	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	2.37	2.19	1.95	2.37	0.52	0.56	0.88	0.72	0.84	0.81

RESPONSIVE						Q3	Q4	Q1	Q2	Apr	May	Jun	Jul	Aug	Sep
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	85.8%	87.0%	88.7%	88.4%	88.9%	89.4%	87.9%	87.0%	89.5%	88.7%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	1.50%	2.06%	3.99%	4.62%	2.16%	3.98%	5.79%	4.97%	3.97%	4.93%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	3	24	16	12	7	4	5	5	3	4
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	13	0	0	0	0	0	0	0	0
33	COO	NT	12 Hour Trolley Waits	0	>0	0	1	0	0	0	0	0	0	0	0
34	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	15.4%	14.5%	14.3%	14.3%	13.7%	14.4%	14.7%	14.2%	13.8%	15.1%
35	COO	L	GP Direct Admits to SAU	>=168	<168	489	355	591	744	134	208	249	225	235	284
36	COO	L	GP Direct Admits to MAU	>=84	<84	286	40	273	139	27	125	121	46	38	55
37	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	5.2%	4.4%	3.4%	4.6%	2.9%	3.2%	3.9%	4.3%	5.3%	4.3%
38	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.5	5.2	4.7	4.5	4.9	4.8	4.5	4.6	4.5	4.4
39	COO	LC	Number of medical outliers - median	<=25	>=30	34	54	27	27	45	24	22	28	26	27
40	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	92.4%	90.5%	92.8%	92.4%	92.7%	91.9%	92.8%	92.5%	91.3%	92.8%
41			% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	97.4%	96.4%	98.9%	98.7%	100.0%	97.8%	98.4%	97.7%	98.1%	100.0%

SAFE						Q3	Q4	Q1	Q2	Apr	May	Jun	Jul	Aug	Sep
42		SOF	C Diff variance from plan	TBC	TBC	0	-3	-4	2	0	-2	-2	0	1	1
43		SOF	C Diff infection rate	<=10.9	>10.9	10.8	5.3	3.6	14.2	10.5	0.0	0.0	10.5	16.0	16.3
44		SOF	E.coli bacteraemias attributable to Trust	TBC	TBC	8	13	17	16	8	3	6	12	4	Lag (1)
45	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	0	2	0	0	2	0	0	0	0
46		SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	6	4	10	9	1	7	2	6	3	Lag (1)
47	DON	SOF	Never events	0	>0	0	0	0	1	0	0	0	0	0	1
48	DON	L	Medication Errors Causing Serious Harm	0	>0	1	0	2	0	2	0	0	0	0	0
49	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	0	0	14	14	1	7	6	1	12	1
50	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	87.7%	92.5%	92.9%	92.7%	93.4%	91.8%	93.5%	92.6%	92.8%	Lag (1)
51	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	8	10	5	4	1	1	3	1	3	0
52	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)	0	>0	0	1	0	3	0	0	0	0	0	3
53	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 2)	<=2	>2	4	4	2	5	1	1	0	2	2	1
54	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	35	33	30	26	35	27	28	17	33	28
55	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	19	14	12	8	2	7	3	2	5	1
56	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	93.1%	97.1%	94.7%	95.2%	97.3%	93.2%	93.7%	94.9%	95.5%	95.2%
57	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	16.6%	16.2%	17.2%	14.3%	17.0%	17.3%	16.4%	12.5%	16.9%	13.3%
58	HRD	NR	Midwife to birth ratio	<'1:29	>'1:35	1:31	1:29	1:30	1:31	1:28	1:33	1:30	1:30	1:31	1:31

WELL LED						Q3	Q4	Q1	Q2	Apr	May	Jun	Jul	Aug	Sep
59	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	9.2%	8.4%	7.5%	3.5%	6.8%	8.0%	6.8%	5.0%	2.3%	3.1%
60	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	34.8%	35.2%	35.0%	39.5%	32.9%	36.8%	34.8%	35.6%	42.7%	40.5%
61	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	21.5%	16.7%	18.8%	19.9%	15.3%	21.8%	25.7%	17.6%	13.6%	28.6%
62	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	11.5%	12.0%	12.2%	12.4%	12.0%	12.2%	12.2%	12.5%	12.1%	12.4%
63	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	4.1%	4.5%	3.6%	3.8%	4.1%	3.5%	3.3%	3.6%	3.9%	4.0%
64	HRD	LC	Vacancy Rate	<=4%	>5%	4.8%	4.9%	6.6%	5.8%	6.7%	6.4%	6.7%	6.2%	5.9%	5.2%
65	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	2.0%	1.5%	2.3%	2.5%	2.4%	2.4%	2.1%	2.4%	2.5%	2.7%
66	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	3.2%	2.9%	4.7%	5.8%	5.0%	4.9%	4.4%	5.4%	5.3%	6.9%
67	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	84.1%	81.7%	80.9%	83.1%	81.1%	80.4%	81.3%	82.9%	83.2%	83.3%
68	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	86.5%	91.7%	89.2%	86.4%	89.6%	89.3%	88.6%	86.9%	86.2%	86.2%
69	DOF		Information Governance Breaches	TBC	TBC	34	47	47	69	20	17	10	29	24	16
70	HRD	LC	Mandatory training	>=90%	<80%	87.4%	88.3%	87.5%	86.8%	87.6%	87.5%	87.5%	86.6%	86.8%	86.9%

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

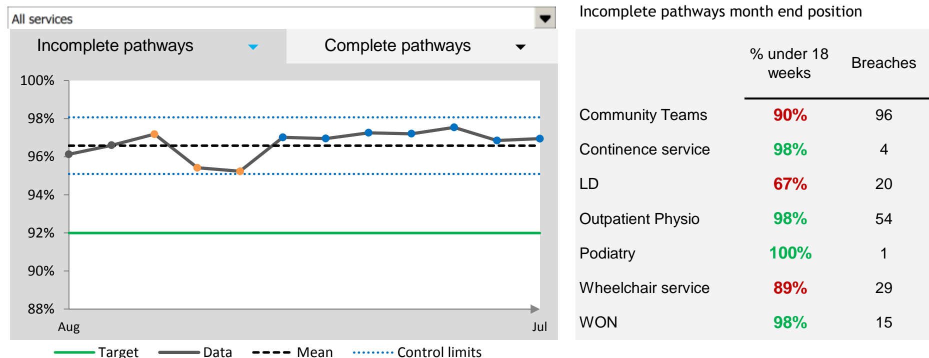
Well Led Seasonal Targets

	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%

Wiltshire HEALTH AND CARE

Performance Dashboard July 2018

RTT

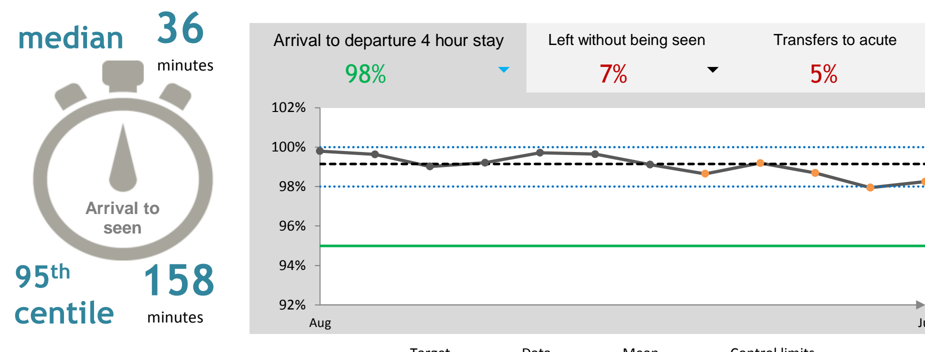


Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	90%	96
Continence service	98%	4
LD	67%	20
Outpatient Physio	98%	54
Podiatry	100%	1
Wheelchair service	89%	29
WON	98%	15

In Control	On target	Action	
✗	✓	Action needed	Overall system flagging as out of control in positive direction - sustained performance above mean - due largely to performance in WON and Outpatient physio. 13 of the LD breaches are not otherwise known to the team, 7 of these are psychology referrals. Community Teams and Orthotics show declining performance. Known data quality issues in CTs being addressed through system change.

MIU

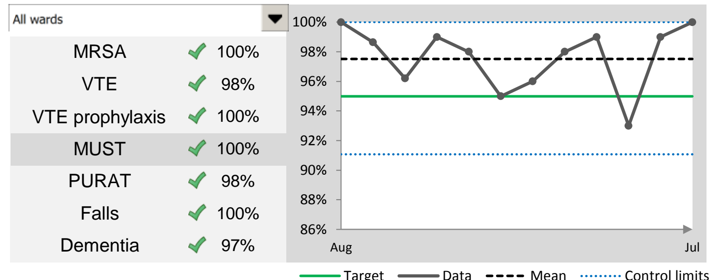


In Control	On target	Action	
✗	✓	Action needed	4 hour performance still well above target but continues to show out of control declining performance. See also MIU activity which shows significant increase in attendances.

Inpatient assessments

All wards

MRSA	✓	100%
VTE	✓	98%
VTE prophylaxis	✓	100%
MUST	✓	100%
PURAT	✓	98%
Falls	✓	100%
Dementia	✓	97%

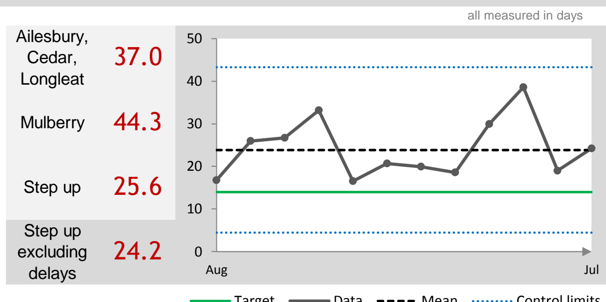


In Control	On target	Action	
✓	✓	No action needed	System in control and on track to deliver targets. Longleat ward: PURAT & VTE 2 separate patients both missed by 30 minutes. Patients were admitted at handover time. No harm or delay in treatment caused.

Mean Inpatient Length of Stay

all measured in days

Ailesbury, Cedar, Longleat	37.0
Mulberry	44.3
Step up	25.6
Step up excluding delays	24.2

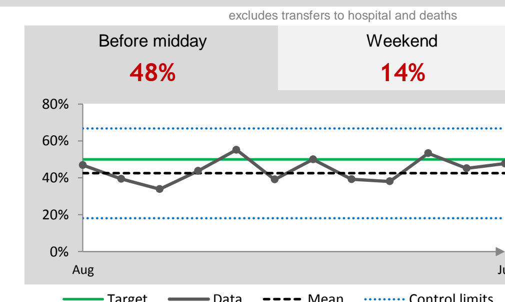


In control	On target	Action	
✓	✗	Action needed	Progress on DToCs has not yet translated into significant LoS reduction. Action ongoing - focus to incorporate stranded patients.

Discharge timings

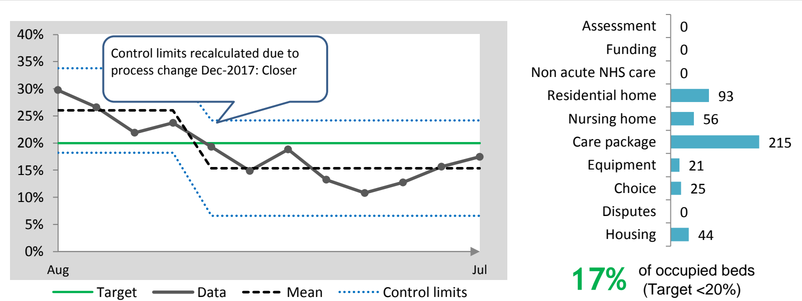
excludes transfers to hospital and deaths

Before midday	Weekend
48%	14%



In control	On target	Action	
✓	✗	Action needed	Continuing challenge -Care homes reluctant to take in morning and at weekends.

Delayed Transfers of Care - bed days lost

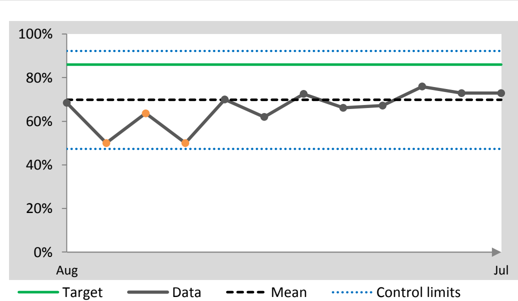


Reason	Bed days
Assessment	0
Funding	0
Non acute NHS care	0
Residential home	93
Nursing home	56
Care package	215
Equipment	21
Choice	25
Disputes	0
Housing	44

17% of occupied beds (Target <20%)

In Control	On target	Action	
✓	✓	No action needed	Process changes in December 2017 had a significant impact on the number of days lost to delays each month. Recent months show an increase in delayed days although system currently showing as in control.

Community teams 90 day reablement



July

73%

Data quality concerns

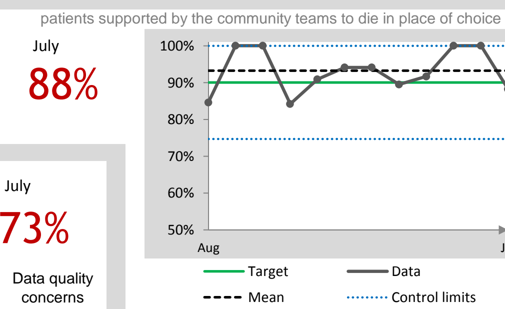
In Control	On target	Action	
✓	✗	Action needed	Significant data quality concerns affecting both cohort and performance. Action: System project underway to address cohort concerns and to allow transparent performance review.

End of life support

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

July

88%



In control	On target	Action	
✓	✓	No action needed	Excellent performance continues.

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.

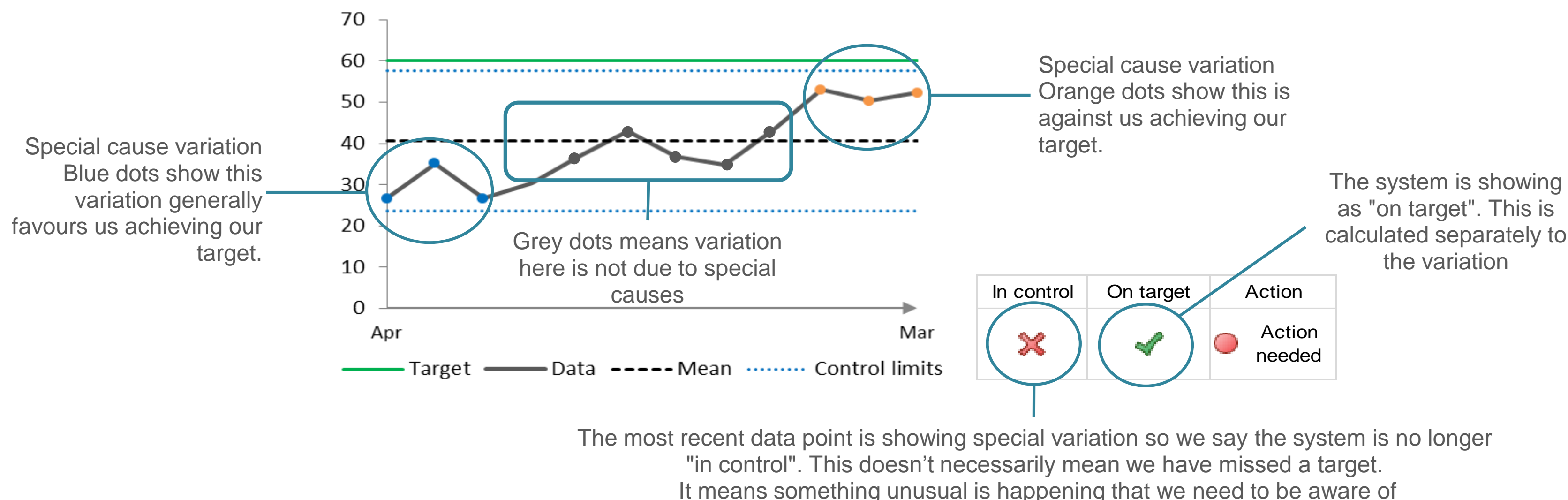
What is SPC?

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.