Report to:	**Public Board of Directors**	**Agenda item:**	**11**
Date of Meeting:	**28 November 2018**		

Title of Report:	**Operational Performance Report**
Status:	**For action/discussion**
Board Sponsor:	**Francesca Thompson, Chief Operating Officer**
Author:	**Clare O'Farrell, Deputy Chief Operating Officer**
Appendices	**Appendix 1: Integrated Balanced Scorecard Month 6** **Appendix 2: WH&C Performance Dashboard Summary – Month 5 (August 2018)** **Appendix 3: Urology 62 Day Recovery Plan**

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 October 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 October 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 81.7% below both the 95% national standard and the improvement trajectory target (90%).
- RTT incomplete pathways in 18 weeks at 88.7% below the 92% national standard but delivering the improvement trajectory target. The RUH reported one RTT 52 week breach, treated in month.
- Diagnostic tests – 6 week wait 3.29% failing the national standard of 1%. This is an improvement in performance from September; Radiology CT continue as the most significant breach area, although improvement has been seen.
- C-Difficile infection 72 hours post admission, 4 cases in October. Year to date the best case scenario remains within the Trust tolerance; the worst case would be outside of the Trusts tolerance.
- 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.

- DTOC performance in October of 4.5% beds occupied with delayed patients, above the 3.5% national standard.

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

Please note that the following Integrated Balanced Score Card metrics have been up-dated, following the Trusts Well Led Review:

- Theatre utilisation (elective) targets changed to >= 90% - green, <= 85% red to align with Trust theatre report metrics
- Time to initial assessment in A&E – 95th percentile. Added to scorecard, target's to be agreed.
- C-Diff variance to plan – target changed to 0 variance from TBC

3.	**Legal / Regulatory Implications**
None in month.	

4.	**Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)**

Risk identified in report	Risk ID	Risk title
4-hour performance	634, 475	4 hour target
18 week RTT at specialty level	436	18 week target
DMO1 performance	1481	DMO1 target

5.	**Resources Implications (Financial / staffing)**

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

7.	**References to previous reports**
Standing agenda item.	

8.	**Freedom of Information**
Public	

Royal United Hospitals Bath NHS
NHS Foundation Trust

Operational Performance Report – October 2018

NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Target	Performance Indicator	Sep	Oct	Triggers Concerns
SOF	**Four hour maximum wait in A&E (All Types)**	**85.5%**	**81.7%**	
	C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	**3 ***	**4 ****	
SOF	**RTT - Incomplete Pathways in 18 weeks**	**87.4%**	**88.7%**	
	31 day diagnosis to first treatment for all cancers	**96.9%**	**98.9%**	
	31 day second or subsequent treatment - surgery	**96.2%**	**95.8%**	
	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	**93.0%**	**93.0%**	
	2 week GP referral to 1st outpatient - breast symptoms	**93.0%**	**93.7%**	
SOF	**62 day referral to treatment from screening**	**90.0%**	**100.0%**	
SOF	**62 day urgent referral to treatment of all cancers**	**85.9%**	**80.0%**	
SOF	**Diagnostic tests maximum wait of 6 weeks**	**4.93%**	**3.29%**	

* September - 1 appeal pending & 1 outstanding RCA ** October - 2 outstanding RCA

This report provides a summary of performance for the month of October 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 October 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 year to date the Trust best case position would remain 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	October 18	Quarter 3	Full Year 2018/19
All Types	81.7%	81.7%	83.7%
RUH Footprint (Including MIU)	86.9%	86.9%	88.6%

Table 2: Emergency Department Quality Indicators:

Title	Month	Quarter	Year
	Oct-18	3	2018/2019
Unplanned Re-attendance Rate	0.4%	0.4%	0.4%
Total Time in ED - 95th Percentile	524.0	524.0	502.2
Left Without Being Seen	1.9%	1.9%	2.3%
Time to Initial Assessment - 95th Percentile	82.5	82.5	95.0
Time to Treatment - Median	61.0	61.0	63.0
ED Attendances (Type 1)	6,440	6,440	44,473
ED 4 Hour Breaches (Type 1)	1,363	1,363	8,387
ED 4 Hour Performance (Type 1)	78.8%	78.8%	81.1%
Ambulance Handovers within 30 minutes	100%	100%	100%
ED Friends and Family Test	96	96	97

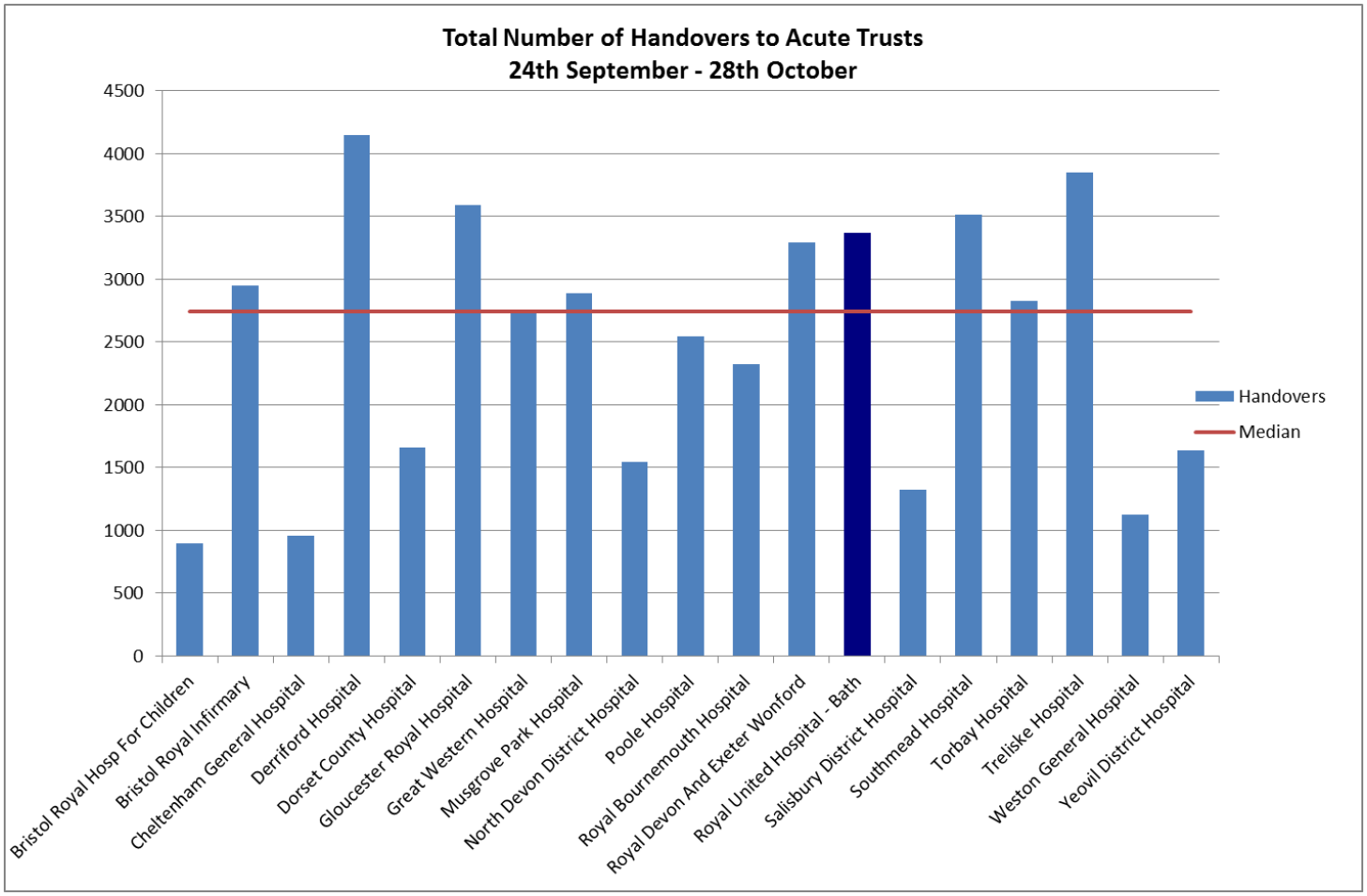
Table 1:

- During October the “all types” performance was 81.7%, below the 95% standard with a total of 1,365 breaches in the month.
- RUH 4 hour footprint performance, including MIU activity, has now been added to table 1. Performance in October 86.9%.

Table 2:

- Time to initial assessment continues to be an area requiring data capture improvement in First Net. System improvements have been made to enable reporting, although data accuracy and completeness continues to be checked. Improvement work is being driven by the Executive Led 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)

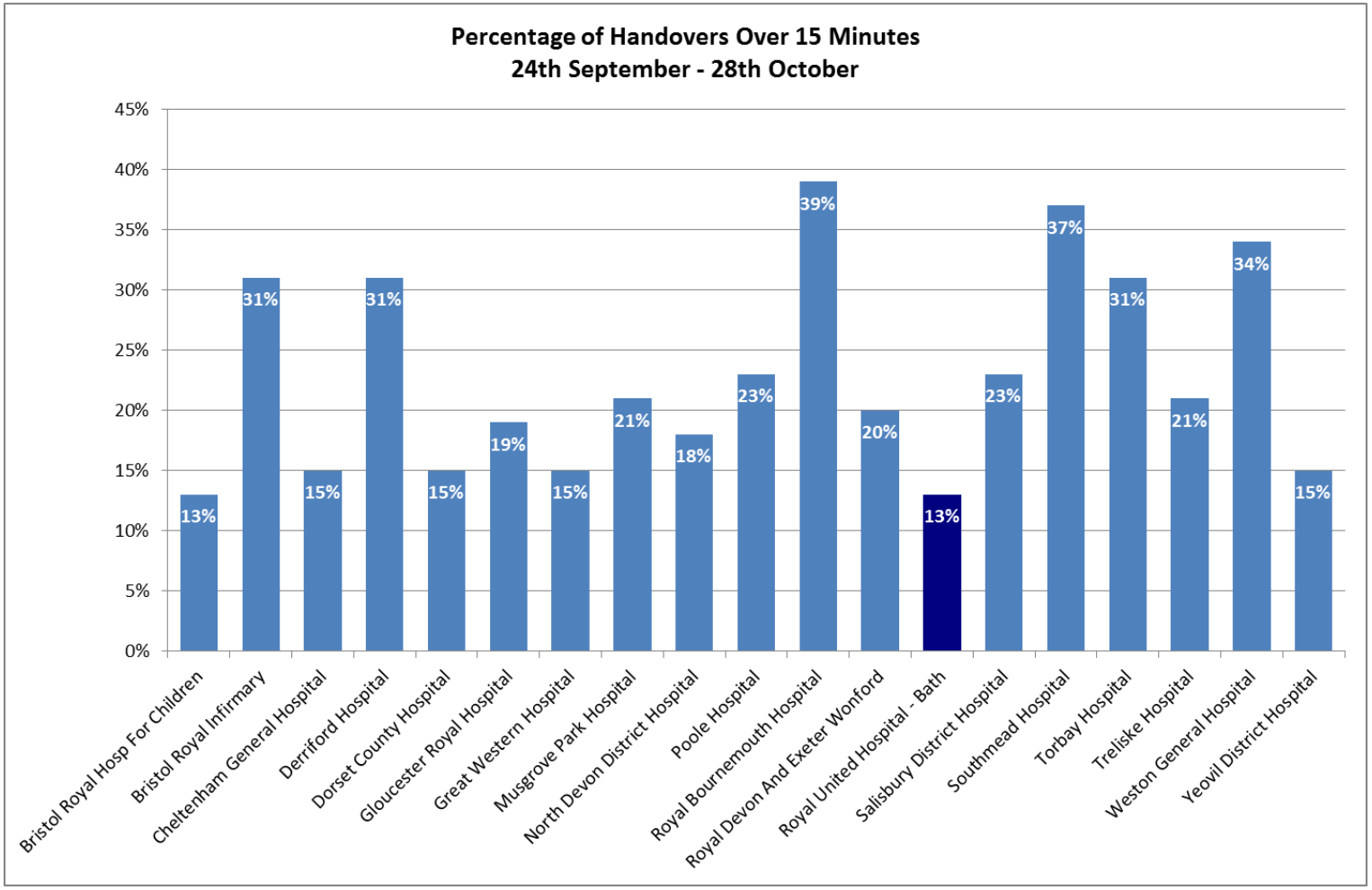


Comparison of the total number of ambulance handovers across all Trusts supported by SWASFT.

The RUH had 3,369 ambulance handover's in the five week period (628 over the median)

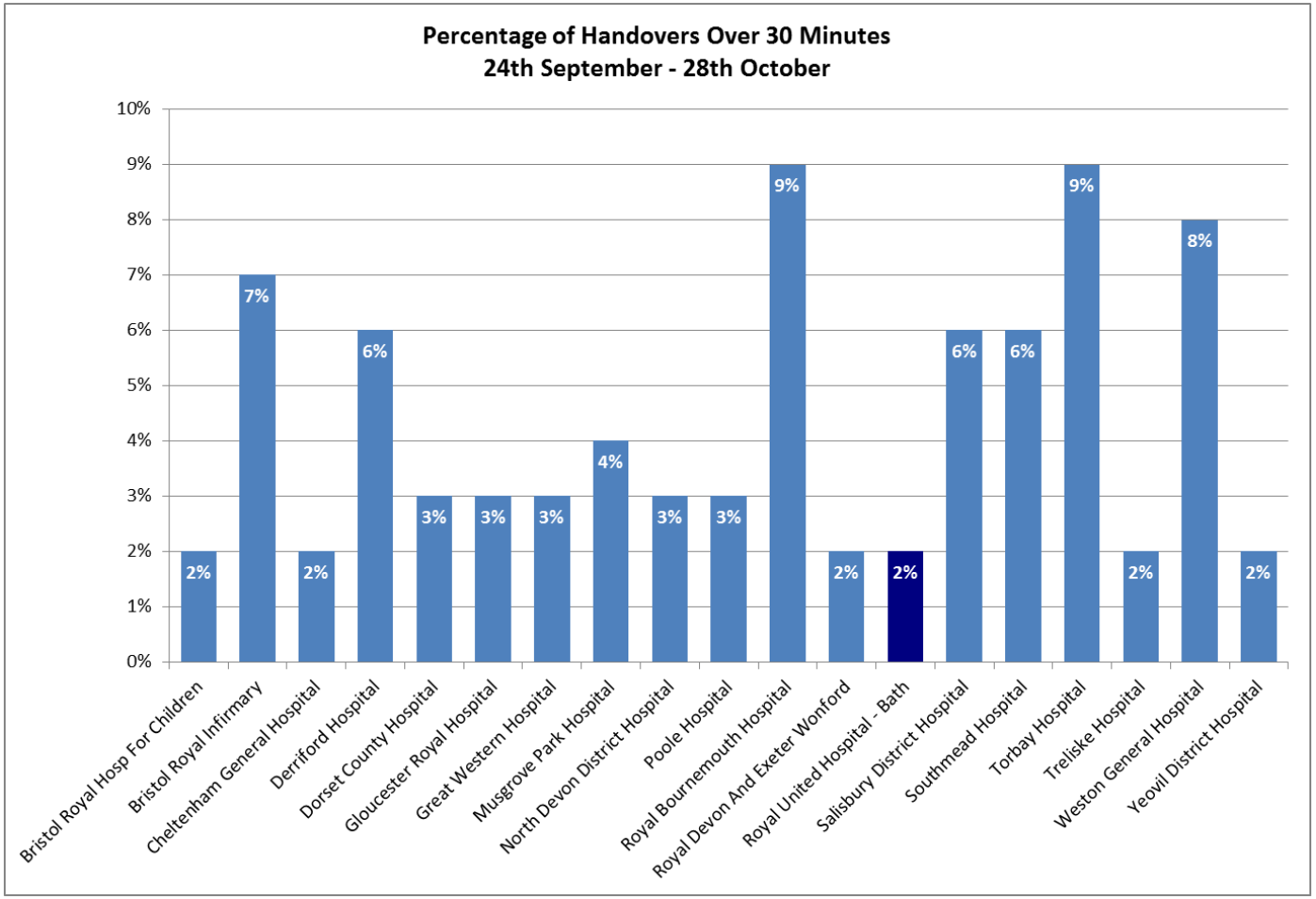
Data source: W020 – Hospital & Late Handover Trend Analysis (SWASFT)

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)

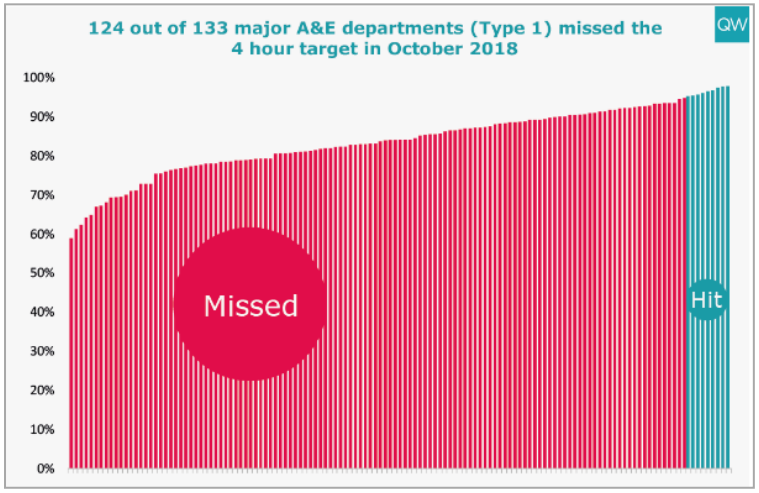


RUH provide SWASFT with data challenges on reported 30 minute breaches.

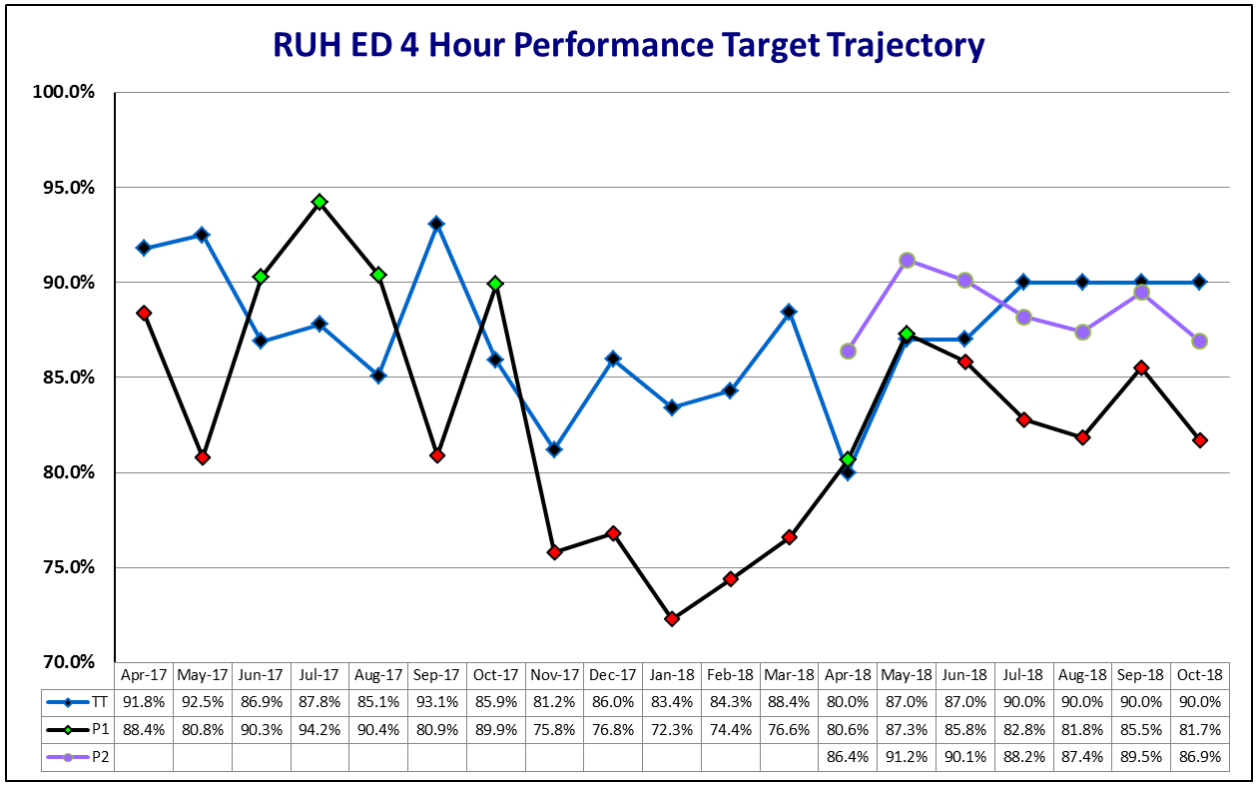
This process accounts for the small difference between RUH and SWASFT reporting on 30 minute ambulance handovers.

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

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



The graph above provides NHS England 4hr performance in October 2018. RUH performance at 81.7% below the national 95% standard.



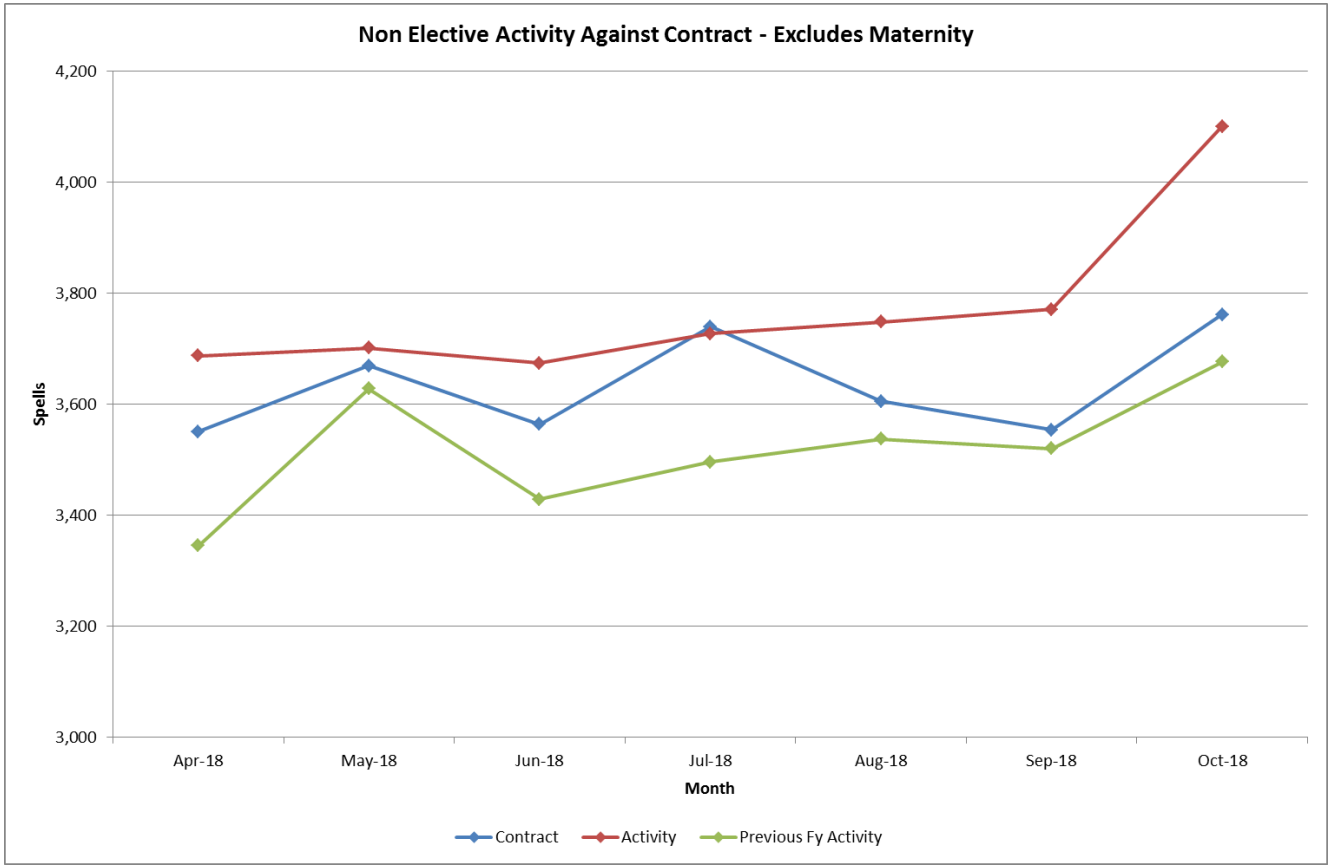
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
TT	91.8%	92.5%	86.9%	87.8%	85.1%	93.1%	85.9%	81.2%	86.0%	83.4%	84.3%	88.4%	80.0%	87.0%	87.0%	90.0%	90.0%	90.0%	90.0%
P1	88.4%	80.8%	90.3%	94.2%	90.4%	80.9%	89.9%	75.8%	76.8%	72.3%	74.4%	76.6%	80.6%	87.3%	85.8%	82.8%	81.8%	85.5%	81.7%
P2													86.4%	91.2%	90.1%	88.2%	87.4%	89.5%	86.9%

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

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

In October William Budd ward (22 beds) had to be closed for a business continuity incident, see slide 8.

Activity Levels (1)



In October 2018 the non elective activity was 11.8% above October 2017 (excluding Maternity). Emergency department (ED) attendances were 3.9% above October 2017.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 13 with an average of 8.
- Medical Outliers peaked at 51 with a median of 33.

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

- The max number of beds closed was 108 and the average per day closed was 35

Board are asked to note that in October William Budd ward (22 beds) had to be closed due a business continuity incident resulting from water leaking from the roof. This incident is on-going and will impact the Trust during November. Once works completed and following appropriate quality checks the ward will re-open in early December.

Activity Levels – Non Elective (2)

Non Elective (Excluding Maternity)		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD
Trust Total	Plan	3,550	3,670	3,564	3,740	3,605	3,553	3,761	25,444
	Activity	3,687	3,701	3,674	3,727	3,748	3,771	4,100	26,408
	Previous Fy Activity	3,345	3,628	3,429	3,496	3,537	3,520	3,676	24,631
	Variance vs Contract	3.9%	0.9%	3.1%	-0.3%	4.0%	6.1%	9.0%	3.8%
	Variance vs Previous Fy	10.2%	2.0%	7.1%	6.6%	6.0%	7.1%	11.5%	7.2%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan	1,346	1,392	1,351	1,418	1,365	1,348	1,426	9,646
	Activity	1,340	1,399	1,384	1,305	1,312	1,354	1,536	9,630
	Previous Fy Activity	1,269	1,415	1,299	1,327	1,308	1,302	1,394	9,314
	Variance vs Contract	-0.4%	0.5%	2.4%	-8.0%	-3.9%	0.5%	7.7%	-0.2%
	Variance vs Previous Fy	5.6%	-1.1%	6.5%	-1.7%	0.3%	4.0%	10.2%	3.4%
NHS SOMERSET CCG	Plan	495	512	497	521	503	496	524	3,549
	Activity	528	521	482	508	537	504	560	3,640
	Previous Fy Activity	473	491	479	477	489	509	495	3,413
	Variance vs Contract	6.6%	1.8%	-3.0%	-2.6%	6.7%	1.7%	6.8%	2.6%
	Variance vs Previous Fy	11.6%	6.1%	0.6%	6.5%	9.8%	-1.0%	13.1%	6.7%
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	Plan	172	178	173	181	175	172	182	1,233
	Activity	177	193	171	184	183	179	190	1,277
	Previous Fy Activity	155	173	160	170	182	163	187	1,190
	Variance vs Contract	2.9%	8.6%	-1.0%	1.5%	4.7%	4.1%	4.1%	3.6%
	Variance vs Previous Fy	14.2%	11.6%	6.9%	8.2%	0.5%	9.8%	1.6%	7.3%
NHS WILTSHIRE CCG	Plan	1,363	1,408	1,368	1,434	1,385	1,364	1,443	9,765
	Activity	1,442	1,375	1,450	1,525	1,479	1,508	1,654	10,433
	Previous Fy Activity	1,257	1,361	1,303	1,313	1,362	1,358	1,431	9,385
	Variance vs Contract	5.8%	-2.4%	6.0%	6.3%	6.8%	10.6%	14.6%	6.8%
	Variance vs Previous Fy	14.7%	1.0%	11.3%	16.1%	8.6%	11.0%	15.6%	11.2%
OTHER CCGs	Plan	175	180	175	184	177	174	186	1,252
	Activity	200	213	187	205	237	226	160	1,428
	Previous Fy Activity	191	188	188	209	196	188	169	1,329
	Variance vs Contract	14.5%	18.3%	6.7%	11.3%	33.7%	29.7%	-13.9%	14.1%
	Variance vs Previous Fy	4.7%	13.3%	-0.5%	-1.9%	20.9%	20.2%	-5.3%	7.4%

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	Oct-18	YTD
Trust Total	Plan £"000	7,161	7,359	7,173	7,476	7,364	7,105	7,553	51,190
	Income £"000	7,478	7,579	6,865	7,368	7,307	7,191	7,527	51,316
	Previous Fy Income £"000	6,417	6,951	6,754	7,076	6,850	6,780	6,815	47,642
	Variance vs Contract	4.4%	3.0%	-4.3%	-1.4%	-0.8%	1.2%	-0.3%	0.2%
	Variance vs Previous Fy	16.5%	9.0%	1.6%	4.1%	6.7%	6.1%	10.5%	7.7%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan £"000	2,629	2,700	2,634	2,743	2,699	2,610	2,770	18,784
	Income £"000	2,726	2,905	2,632	2,679	2,619	2,617	2,866	19,044
	Previous Fy Income £"000	2,286	2,624	2,553	2,522	2,529	2,487	2,502	17,502
	Variance vs Contract	3.7%	7.6%	0.0%	-2.3%	-3.0%	0.3%	3.4%	1.4%
	Variance vs Previous Fy	19.2%	10.7%	3.1%	6.2%	3.6%	5.3%	14.5%	8.8%
NHS SOMERSET CCG	Plan £"000	954	981	956	996	982	948	1,006	6,822
	Income £"000	1,019	1,022	896	947	1,005	923	982	6,794
	Previous Fy Income £"000	881	875	852	833	1,003	998	870	6,312
	Variance vs Contract	6.7%	4.1%	-6.3%	-4.9%	2.4%	-2.6%	-2.3%	-0.4%
	Variance vs Previous Fy	15.6%	16.7%	5.1%	13.7%	0.2%	-7.5%	12.9%	7.6%
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	Plan £"000	321	330	321	335	330	318	338	2,294
	Income £"000	372	355	258	392	348	387	404	2,515
	Previous Fy Income £"000	327	310	304	323	342	255	312	2,174
	Variance vs Contract	15.9%	7.7%	-19.9%	17.1%	5.2%	21.6%	19.3%	9.7%
	Variance vs Previous Fy	13.8%	14.5%	-15.3%	21.3%	1.6%	51.8%	29.3%	15.7%
NHS WILTSHIRE CCG	Plan £"000	2,796	2,872	2,800	2,918	2,877	2,773	2,949	19,986
	Income £"000	2,930	2,757	2,653	2,915	2,847	2,813	2,964	19,879
	Previous Fy Income £"000	2,476	2,746	2,606	2,895	2,631	2,626	2,735	18,714
	Variance vs Contract	16.5%	-4.0%	-5.3%	-0.1%	-1.0%	1.5%	0.5%	-0.5%
	Variance vs Previous Fy	18.3%	0.4%	1.8%	0.7%	8.2%	7.1%	8.4%	6.2%
OTHER CCGs	Plan £"000	460	476	461	484	476	457	490	3,304
	Income £"000	431	541	426	435	489	451	312	3,084
	Previous Fy Income £"000	448	396	439	503	346	414	395	2,941
	Variance vs Contract	-6.3%	13.6%	-7.7%	-10.2%	2.7%	-1.3%	-36.3%	-6.7%
	Variance vs Previous Fy	-3.7%	36.5%	-2.9%	-13.4%	41.2%	8.7%	-21.1%	4.9%

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	0
Sep-18	3	0	1	1
Oct-18	**4**	**0**	**0**	**2**

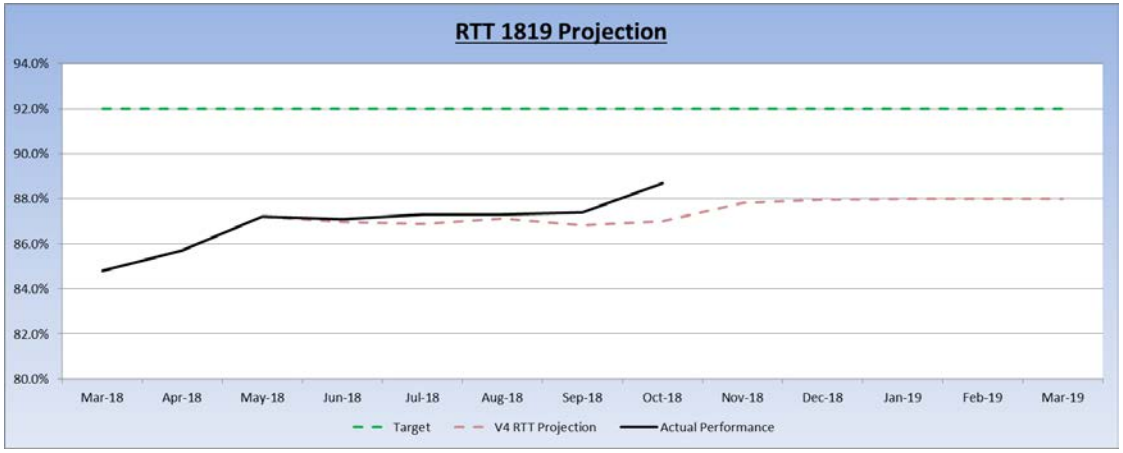
For 2018/19 the RUH tolerance is 21 post 3 day C Diff cases.

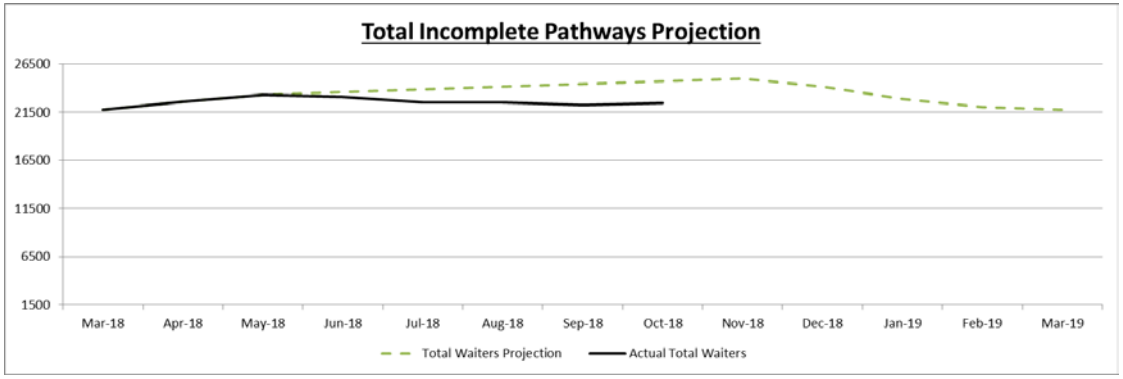
- In October there were 4 cases of C-Difficile
- 1 case awaiting appeal response (September)
- 1 case awaiting RCA (September)
- 2 cases await RCA (October)

Year to date the best case scenario is 10 RUH Trust attributed C Diff cases, the worst case scenario is 14.

Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:





- Performance against the incomplete standard of 92% was 88.7% in October, an improvement of 1.3% on September and achieving the improvement trajectory target. This compares with a National Incomplete RTT average performance of 87.2% (National average last reported in August 2018)
- 6 specialties did not achieve the constitutional standard in October. These were General Surgery, ENT, Ophthalmology, Oral Surgery T&O and Dermatology.
- Of the failing specialties, Oral Surgery and Dermatology saw a decline in performance in October, Dermatology missed the 92% target for the first time since December 2017 due to staffing capacity and high levels of cancer referrals.
- The over 18 week backlog for admitted patients reduced in month to 923 (10.6% decrease)
- 5 patients were cancelled due to non-elective and infection control pressures throughout October.
- Total Incomplete Pathways increased by 0.1% from September, which is 3.3% above the March 2018 level but better than the Trusts planned trajectory.
- The Trust has reported one 52 week breach for October.

18 Weeks Incomplete Standard (2)

RTT Incomplete Open Pathway Performance by Specialty:

	Incomplete Pathways		
	Total Waiters	> 18 Weeks	Performance
100 - General Surgery	2356	275	88.3%
101 - Urology	917	66	92.8%
110 - T&O	1786	257	85.6%
120 - ENT	1676	272	83.8%
130 - Ophthalmology	2117	312	85.3%
140 - Oral Surgery	2522	652	74.1%
300 - Acute Medicine	89	2	97.8%
301 - Gastroenterology	2101	156	92.6%
320 - Cardiology	1814	138	92.4%
330 - Dermatology	1367	121	91.1%
340 - Respiratory Medicine	368	4	98.9%
400 - Neurology	581	18	96.9%
410 - Rheumatology	1059	34	96.8%
430 - Geriatric Medicine	172	0	100.0%
502 - Gynaecology	1411	105	92.6%
X01 - Other	2120	127	94.0%
Total	**22456**	**2539**	88.7%

- During October 2018, 326 patients were discharged through Chairport equating to 27.3% of all suitable elective surgical patients
- 21 patients were cancelled on the day of surgery for non-clinical reasons, with the highest number (12) cancelled due to list overruns.
- In month performance improvements noted in General Surgery, T&O, ENT, Ophthalmology and Cardiology

Actions taken in Month:

- WLI outpatient clinics continued to be provided across the specialties of ENT, Oral Surgery and Urology
- WLI elective lists were provided by General Surgery.
- Winter planning is underway with an agreement to provide RUH T&O theatre lists within the independent sector during Q4
- Dermatology recovery plan is in development which includes recruitment of a Locum Consultant, to date no suitable candidates have been identified.

18 Weeks – Incomplete Pathways >30 weeks (3)

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
100 - General Surgery	66	76	86	118	124	122	120	103	103	85	89	84	70
101 - Urology	23	15	15	33	46	46	30	26	17	14	11	12	11
110 - Trauma & Orthopaedic	30	36	32	44	42	52	41	40	34	36	37	33	28
120 - ENT	29	36	51	47	65	73	75	75	87	57	53	53	54
130 - Ophthalmology	25	25	76	127	184	187	134	140	156	97	96	70	46
140 - Oral Surgery	107	128	163	192	200	220	217	236	190	122	81	74	92
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	5	6	11	16	3	6	10	7	12	13	14	12	16
320 - Cardiology	8	4	6	4	6	6	6	9	11	10	13	20	10
330 - Dermatology	19	17	21	5	3	0	0	0	0	0	0	0	15
340 - Respiratory Medicine	1	0	1	0	0	0	0	0	0	0	0	0	0
400 - Neurology	0	0	0	0	0	0	0	1	1	2	0	3	0
410 - Rheumatology	0	3	2	3	5	9	3	1	2	2	2	2	0
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	3	1	0	1	1	3	2	6	5	2	5	8	4
X01 - Other	9	5	9	14	14	22	26	25	33	20	16	11	13
Open Pathways > 30 Weeks	325	352	473	604	693	746	664	669	651	460	417	382	359

- Overall incomplete pathways over 30 weeks have reduced in month by 6.0%.
- >30 week patient numbers have increased in ENT, Oral Surgery, Gastroenterology, and Dermatology.
- Long waits for outpatients is impacting on this position and this is seen in all specialities where patient numbers have increased.

Cancer Access 62 days all cancers (1)

			Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
62 Day	Cancer Network	RUH	86.30%	87.20%	93.00%	87.60%	89.30%	82.20%	88.40%	87.90%	87.10%	80.60%	85.90%	80.00%
		UHB	88.40%	83.08%	77.99%	81.30%	87.30%	84.08%	82.41%	85.96%	85.66%	88.93%	87.43%	Not yet available
		NBT	87.00%	87.04%	76.89%	83.30%	87.30%	84.50%	81.88%	85.12%	78.95%	83.01%	81.30%	Not yet available
		Taunton	66.10%	84.46%	73.79%	76.10%	78.60%	75.50%	74.33%	73.77%	79.74%	73.78%	74.67%	Not yet available
		Yeovil	77.40%	86.67%	87.27%	82.60%	90.12%	82.11%	72.34%	82.20%	79.67%	75.21%	73.96%	Not yet available
		Gloucester	76.50%	73.36%	69.91%	79.10%	78.70%	80.49%	79.88%	67.11%	75.13%	76.58%	69.04%	Not yet available
		Weston	57.10%	66.67%	77.78%	78.70%	65.50%	80.00%	82.54%	70.37%	65.28%	74.63%	63.33%	Not yet available
	Other Local Trusts	GWH	84.56%	85.43%	83.59%	87.90%	90.00%	80.79%	86.98%	93.57%	80.00%	84.21%	82.22%	Not yet available
		Salisbury	81.08%	82.76%	76.58%	77.70%	92.00%	87.83%	88.03%	79.73%	80.92%	84.27%	87.77%	Not yet available
	National	England	82.48%	84.16%	81.15%	81.00%	84.70%	82.30%	81.10%	79.24%	78.19%	79.36%	78.25%	Not yet available

- October 62 day target was not met with performance being 80.0% against the 85% target.
- October Activity levels were high at 115 cases with 23 breaches reported.
- The prostate pathway within Urology remains the Trust's most significant challenge, largely due to delays in the diagnostic phase. In October 11 (7 Prostate) out of the 23 breaches are for Urology cancer patients. This reflects a National picture of a specialty under serious operational demand pressure
- As part of the Trusts work on the High Impact Changes for Cancer, please find the first cancer site recovery plan for Prostate attached to this report in appendix 3.

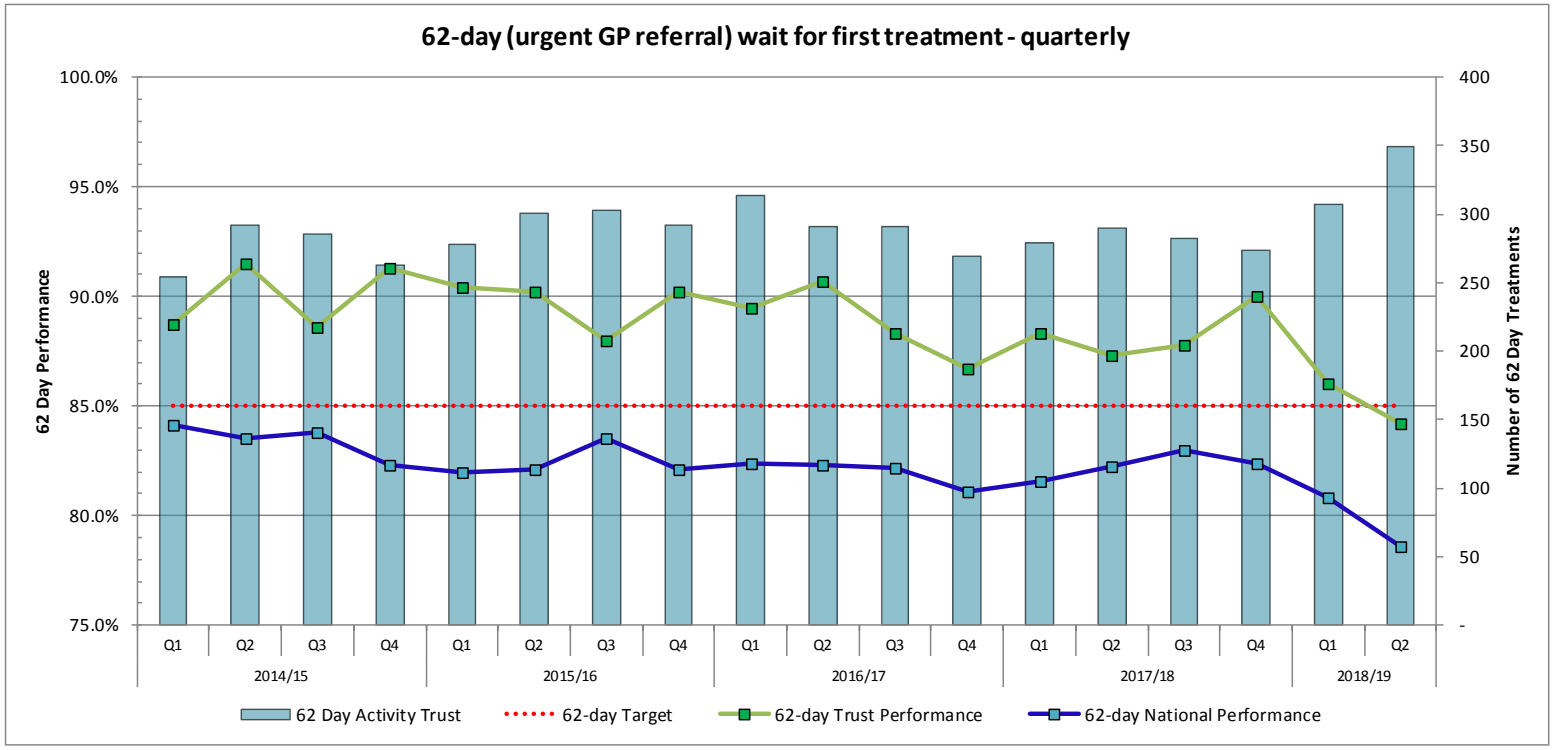
62 Day performance by Tumour Site (2)

Cancer Site	Indicator Description	2017/18						2018/19						
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Breast	Activity	24.5	18.5	11	16	6	24.5	26	14	16	18	21	18.5	22.5
	Breaches	1.5	0	0	0	0	0	1	0	0	0	0	0	0
	Performance	93.9%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Referral Conversion %	8.1%	2.8%	9.8%	5.8%	8.8%	9.3%	6.9%	6.1%	7.5%	7.2%	9.4%	9.2%	
Colorectal	Activity	8.5	7	11	8.5	4.5	15	11.5	8	9.5	6	8	9.5	11
	Breaches	2.5	1	3	1.5	1.5	3	5.5	0	2.5	2	2	4.5	6
	Performance	70.6%	85.7%	72.7%	82.4%	66.7%	80.0%	52.2%	100.0%	73.7%	66.7%	75.0%	52.6%	45.5%
	Referral Conversion %	3.2%	5.2%	8.3%	6.0%	6.3%	4.7%	6.4%	2.9%	3.8%	3.7%	5.0%	2.9%	
Gynaecology	Activity	10	6	6	5	7	7.5	5	2.5	5	3	6	9	8
	Breaches	2	0	0	0	1	0	0	0	0	0	2	1	0
	Performance	80.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	88.9%	100.0%
	Referral Conversion %	3.1%	8.4%	7.1%	5.3%	8.0%	6.7%	2.1%	3.9%	4.9%	4.5%	9.0%	5.5%	
Haematology	Activity	5.5	4	8	7	4	7	6	8.5	5	6.5	5	6.5	6
	Breaches	1	0	1	0	1	0	0	0	1	2	0	0	1
	Performance	81.8%	100.0%	87.5%	100.0%	75.0%	100.0%	100.0%	100.0%	80.0%	69.2%	100.0%	100.0%	83.3%
	Referral Conversion %	37.5%	61.1%	60.0%	33.3%	33.3%	66.7%	46.2%	64.3%	38.5%	66.7%	83.3%	57.1%	
Head and Neck	Activity	2	4.5	6.5	6	2.5	4	7	3	2	2.5	2.5	5	2
	Breaches	1	0.5	0.5	2.5	0.5	2	2.5	2	0	1.5	1.5	2	2
	Performance	50.0%	88.9%	92.3%	58.3%	80.0%	50.0%	64.3%	33.3%	100.0%	40.0%	40.0%	60.0%	0.0%
	Referral Conversion %	5.4%	6.7%	7.1%	7.2%	6.2%	7.2%	0.0%	3.9%	1.8%	3.9%	4.3%	1.6%	
Lung	Activity	5	6.5	7	10	8.5	6.5	7.5	3	5	12	7.5	8.5	7.5
	Breaches	0	0	0.5	0	0.5	1.5	3.5	1	1	1	1	1	0.5
	Performance	100.0%	100.0%	92.9%	100.0%	94.1%	76.9%	53.3%	66.7%	80.0%	91.7%	86.7%	88.2%	93.3%
	Referral Conversion %	16.7%	43.5%	36.4%	32.0%	42.9%	31.3%	18.2%	26.5%	33.3%	37.5%	20.7%	17.1%	
Skin	Activity	23	24.5	16	38.5	10.5	17.5	24.5	23	18.5	26.5	30.5	32	23
	Breaches	1	3	2	3	1.5	0.5	0	1	2	2.5	0.5	1	2
	Performance	95.7%	87.8%	87.5%	92.2%	85.7%	97.1%	100.0%	95.7%	89.2%	90.6%	98.4%	96.9%	91.3%
	Referral Conversion %	8.9%	8.6%	9.5%	11.9%	8.5%	10.8%	9.9%	8.2%	5.3%	7.7%	10.8%	12.1%	
Upper GI	Activity	10	9	4	3.5	3	7.5	3	8	6.5	11.5	13	5.5	7
	Breaches	3.5	1	1.5	0	0	1.5	2	3.5	0.5	2.5	4	1.5	1
	Performance	65.0%	88.9%	62.5%	100.0%	100.0%	80.0%	33.3%	56.3%	92.3%	78.3%	69.2%	72.7%	85.7%
	Referral Conversion %	11.1%	5.6%	6.5%	5.6%	6.1%	6.7%	6.9%	8.0%	12.9%	8.2%	8.6%	5.1%	
Urology	Activity	9	20.5	12	22	19	13.5	16.5	35	23.5	17	35	27.5	27
	Breaches	0	5	1	2	2	0.5	3.5	6	4.5	2	14	8.5	10.5
	Performance	100.0%	75.6%	91.7%	90.9%	89.5%	96.3%	78.8%	82.9%	80.9%	88.2%	60.0%	69.1%	61.1%
	Referral Conversion %	14.7%	15.1%	14.3%	15.8%	19.8%	16.6%	16.6%	18.3%	13.9%	18.0%	18.2%	13.9%	

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.

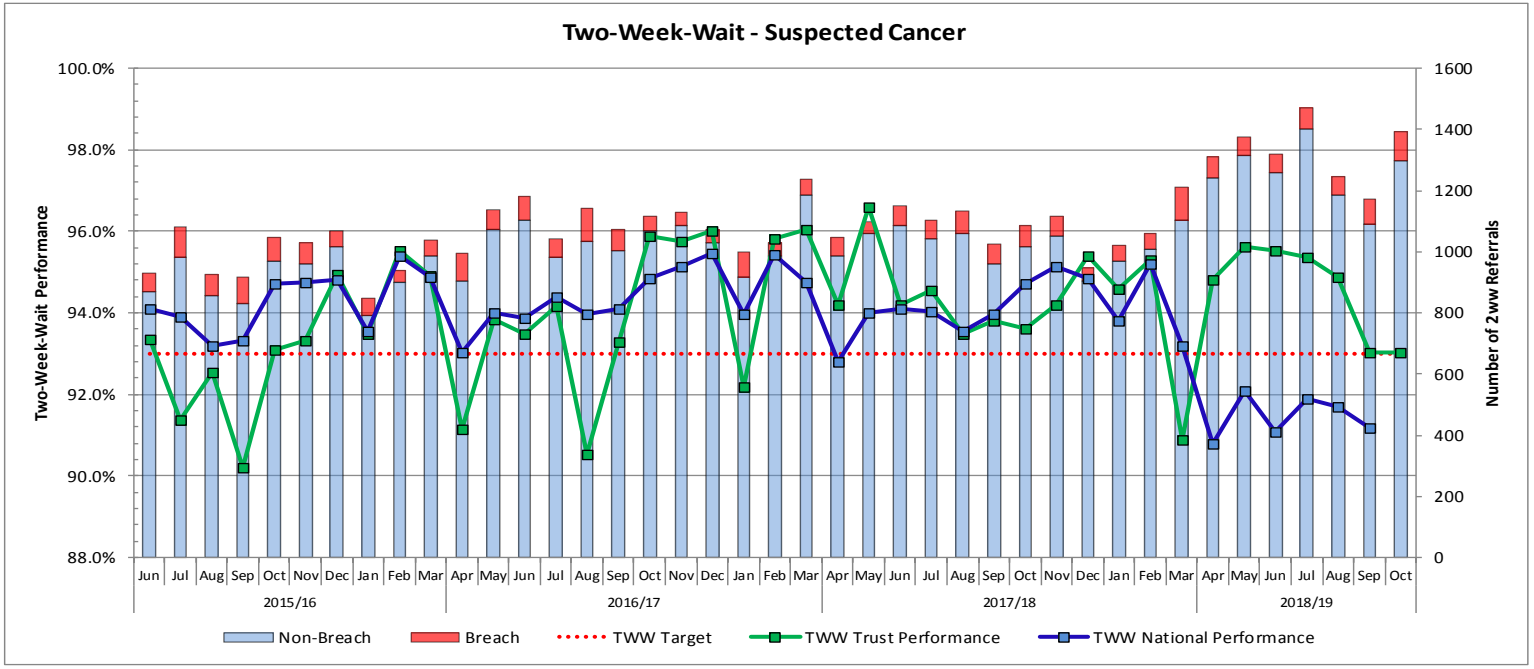
- The Board is asked to note performance by tumour site.
- For the RUH, performance is challenged predominantly in Urology, Colorectal, Head & Neck and Upper GI.
- **Prostate is the most challenged tumour site. There are several pressure points within the pathway with Radiology scan and reporting delays being a significant issue. A Prostate 62 Day Recovery Plan is included in appendix 3.**
- The Colorectal 62 Day Recovery Plan will be shared in December, along with the Lung improvement plans which is focused on delivery of the National Optimal Lung Cancer Pathway.
- These plans will capture the Early Diagnosis pathway work being undertaken through the Cancer Transformation programme.
- For Head & Neck and Upper GI 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 will remain challenged whilst performance is below the required 85% target specifically within the Prostate and Colorectal pathways.
- Weekly tumour site specific PTL meetings are established with divisional PTLs also in place.
- The Trust is working with NHSE, NHSI, the STP and the Cancer Alliance to submit bids for additional funding made available to support improved 62 day performance.
- The Trust has received confirmation of a successful bid for limited funding for the Prostate recovery plan in 2018/19.

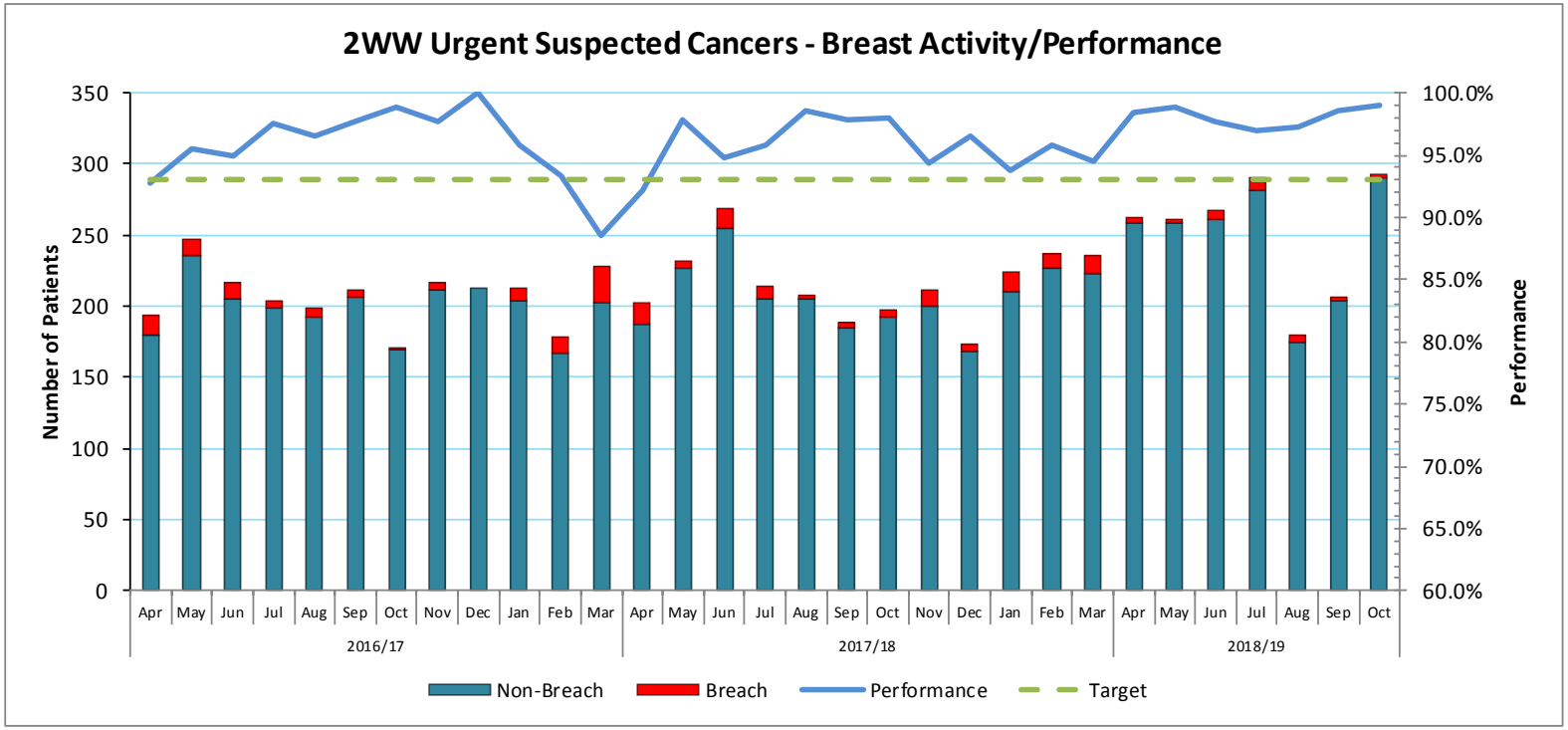
Cancer Access – 2 WW (4)



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.

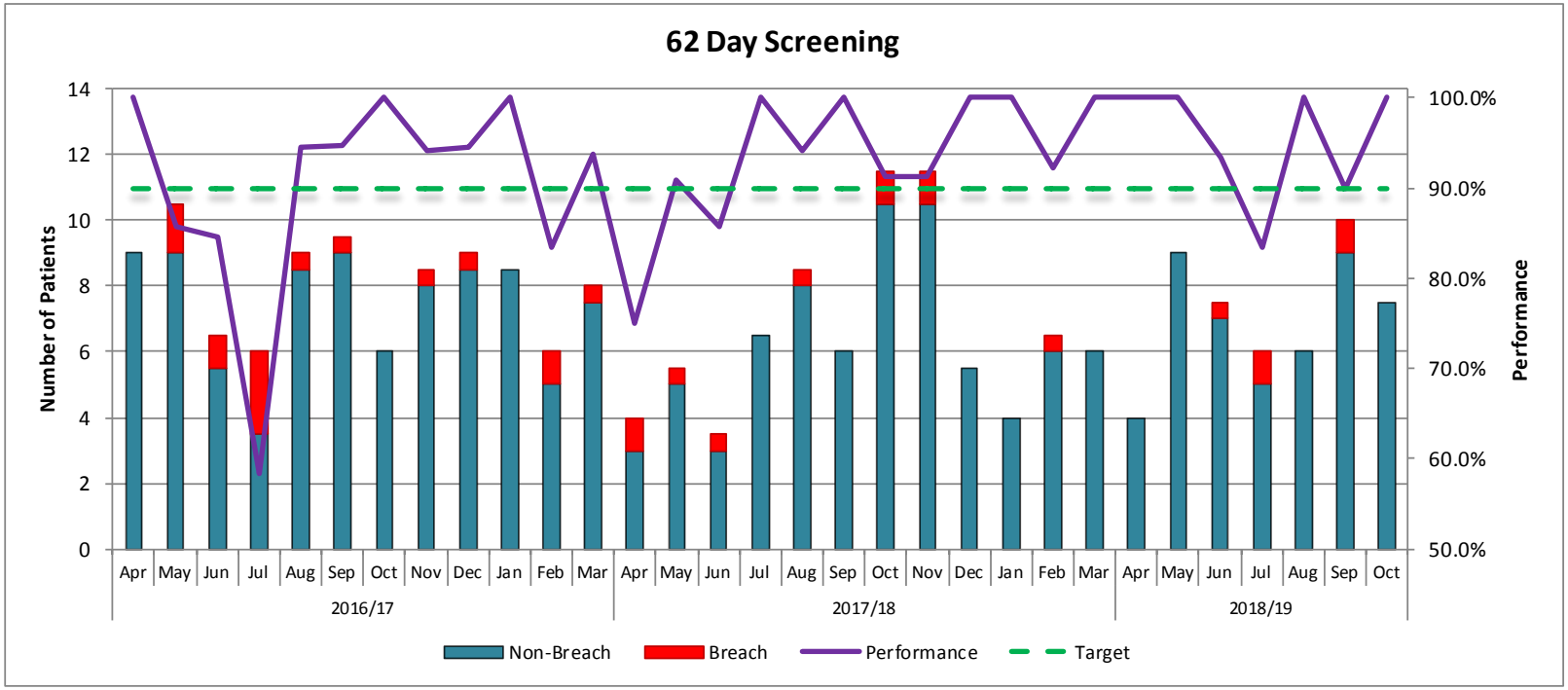
- The 2ww suspected cancer target passed in October at 93.0%.
- Performance was at risk due to a significant number of breaches within Gynaecology and Skin.
- Gynaecology has seen a significant spike in 2ww demand. Discussions are ongoing with commissioners to understand the source and plans are in place to provide short term additional capacity with a consultant returning from maternity leave in December.
- Skin referrals have increased alongside a reduction in capacity due to vacancies and sick leave.
- **The 93% target will not be achieved in November due to breaches in these tumour sites.**

Cancer Access – 2 WW Breast Suspected Cancer (5)



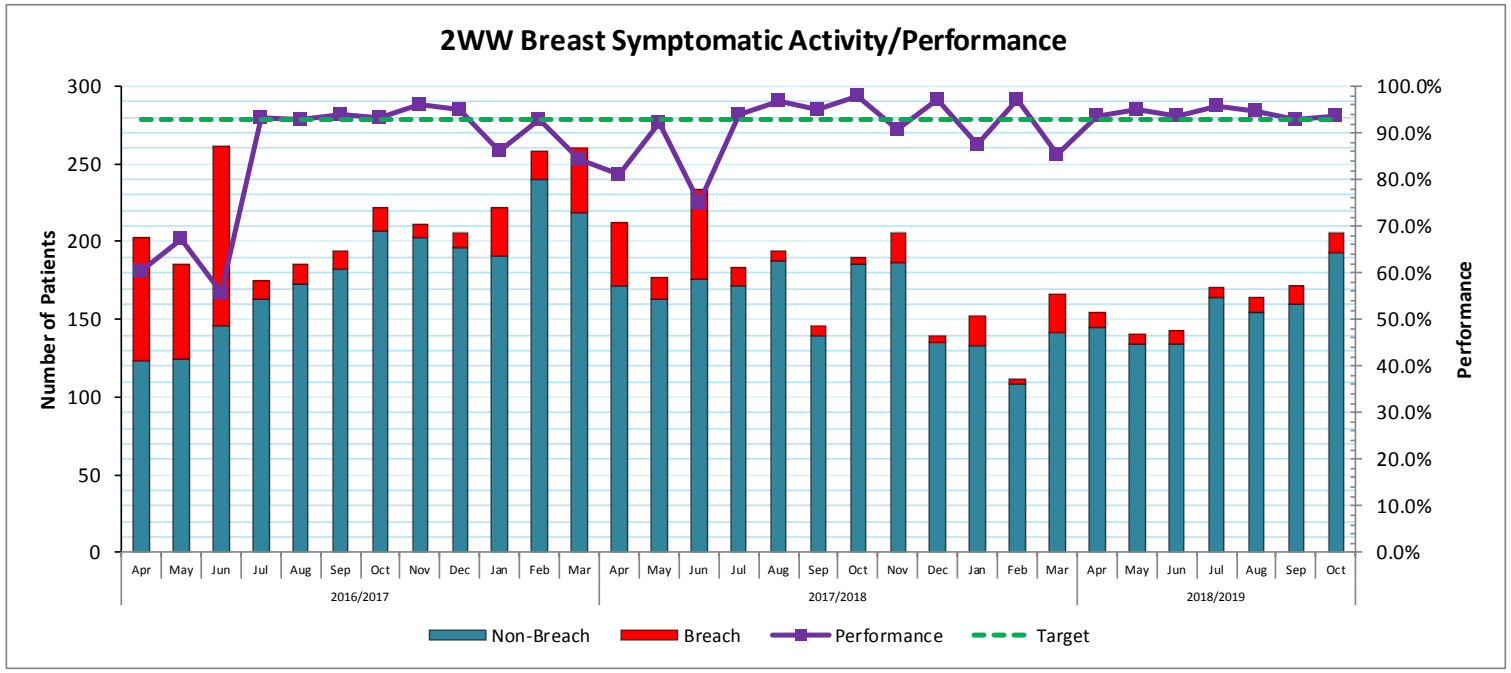
- The performance in October for Breast 2WW suspected cancer was 99.0%, achieving the 93% target.

Cancer Access – 62 Day Screening (6)



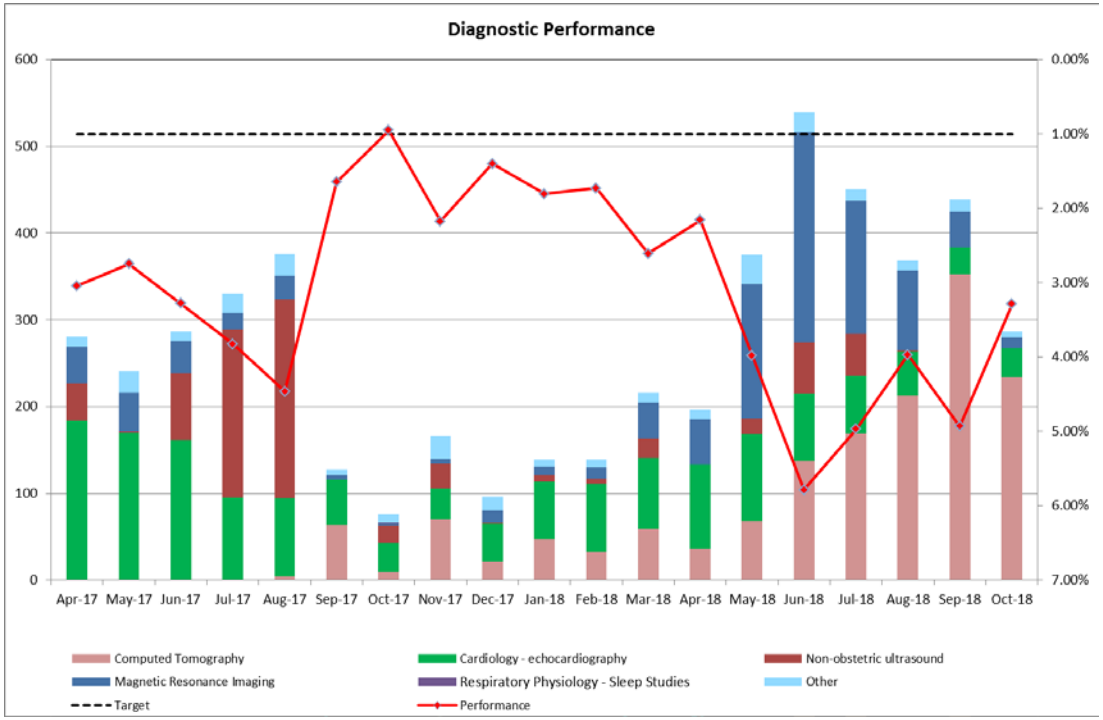
- In October the Trust achieved the 90% target.

Cancer Access – Breast Symptomatic (7)



- The symptomatic target passed in October with performance at 93.7% against 93% target.
- Long term staff challenges remain, however a permanent breast/general radiologist has started at the Trust which will make the service much more robust.

Diagnostics (1)



Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	13
Computed Tomography	234
Audiology - Audiology Assessments	6
Cardiology - Echocardiography	33
Total (without NONC)	**286**

October performance is reported as 3.29% against the <=1.0% indicator. an improvement of 1.64% on the September position.

The three areas of concern are:

- **CT** - **(254)** Improvement noted in month, however there is insufficient capacity to meet the demand and also recover from overall growth in demand continues. CT 3 is now operational, it will not be possible to access the full range of scans until February 2019 when the new electrical supply is available. The Radiology Department currently has radiographer vacancies which also impacts on capacity, alternative roles and other skill mixing in place. Options to mitigate capacity are ongoing with contracts agreed with other providers. Recovery from this position remains challenging, without greater assurance of external capacity. All internal actions are being explored.

All other diagnostic areas delivered improved or sustained performance in October:

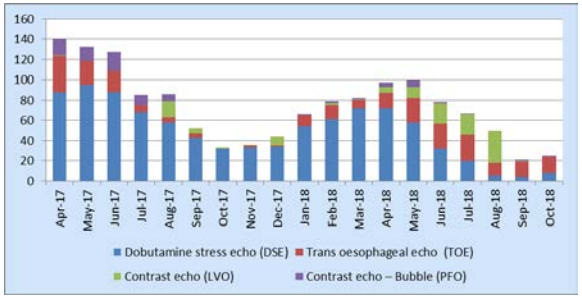
- **MRI** - **(13)** Improved performance in October due to third MRI capacity and mobile capacity, September backlog cleared. Review of internal demand is underway, department continue to prioritise clinically urgent and inpatient requests. Alternative provider MRI capacity has been confirmed going forward and reflected in improvement trajectory.
- **Echocardiography** - **(33)** 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 33. Plain echo and TOE breaches occurred in month. It is anticipated that the cardiology diagnostic action plan will continue to deliver reductions in the level of echo breaches.

Diagnostics (2)

Key Recovery Plan Actions

Ongoing reductions seen.

Echo Type	
Cardiology DSE	8
Cardiology Bubble	1
Cardiology TOE / TEE	16
Plain Echo	8
TOTAL	**33**



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. Divisional engagement and focus is excellent.

Areas of additional focus include;

Specialist Echo (25 - DSE, Bubble, TOE/ TEE)

The actions put in place to increase capacity have helped to reduce the DSE diagnostic breaches. The focus will continue until breaches are eliminated. Additional staff now trained 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 (8)

Breaches in month are due to echo machine capacity being used for specialist echo diagnostics.

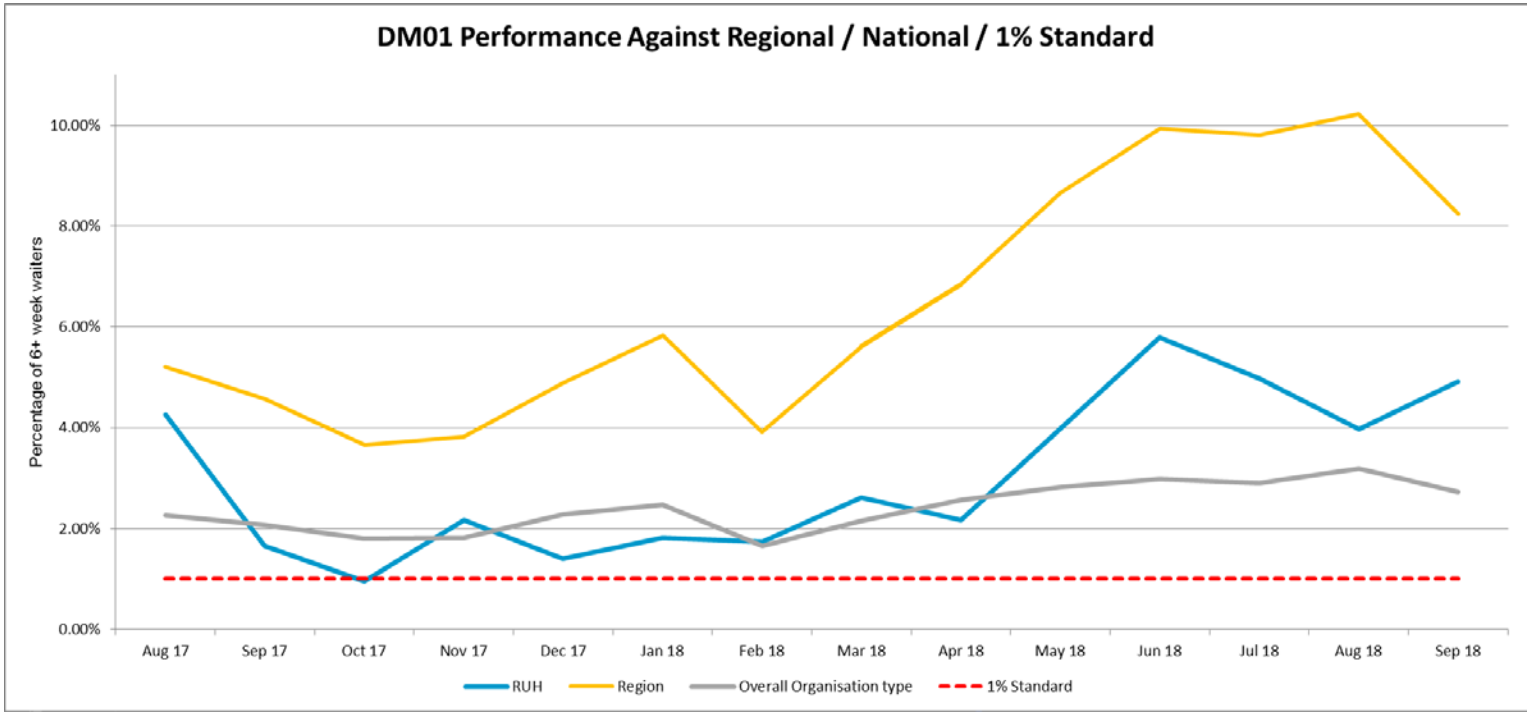
Ultrasound (0)

Evening lists in place and fully booked. No breaches of the standard significant improvement in month and over the last 4 months.

Audiology (6)

Breaches continue to be a focus for the Surgical Division, main issue is now increased referrals for balance testing which is being reviewed.

Diagnostics (3)

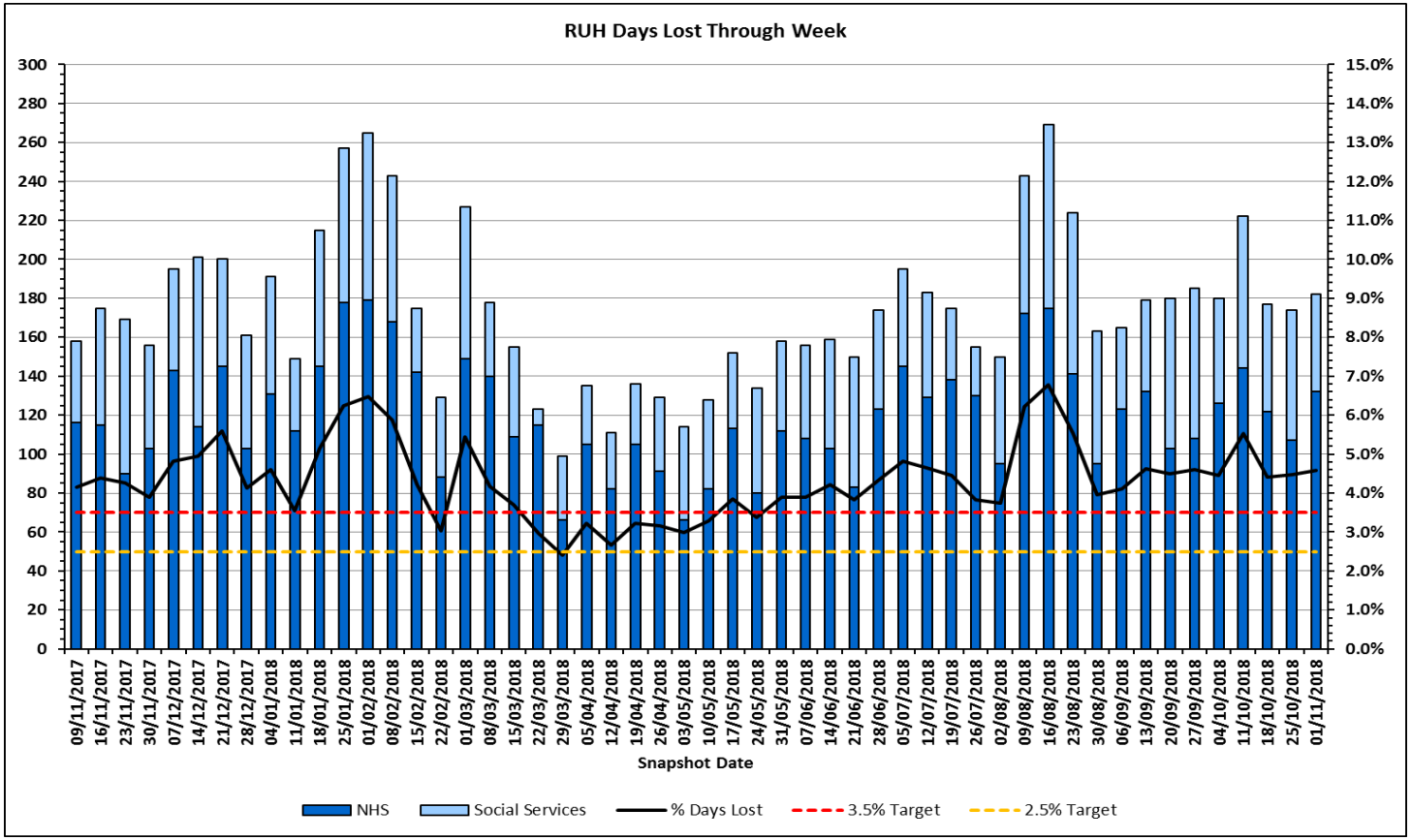


- This slide shows the percentage of 6+ week waiters for the RUH and Region against the 1% national standard up to September 2018.

	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
Provider Position (No. 6+ Weeks)	357	127	76	166	96	139	139	216	196	375	539	450	369	438
Provider Position (Total Waiting List)	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	8,918
RUH	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%	4.91%
Region	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%	8.24%
Overall Organisation type	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%	2.73%

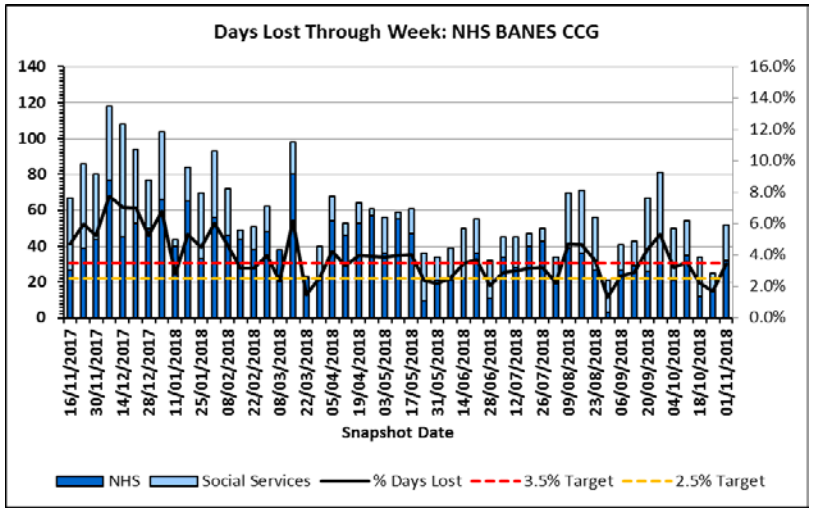
Delayed Transfers of Care (1)

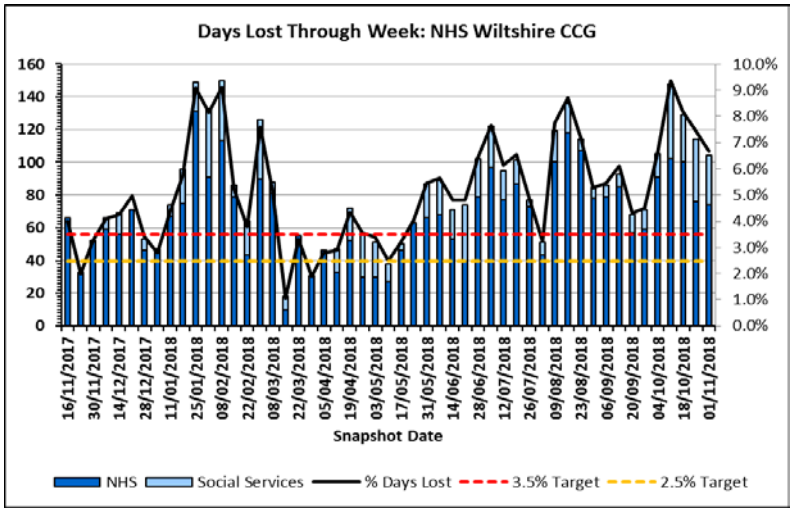
DTOC	NHS BATH AND NORTH EAST			NHS SOMERSET CCG			NHS WILTSHIRE CCG			BRISTOL, NORTH SOMERSET & S.			All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total
Number of Patients	6	2	8	2	2	4	12	7	19	3	1	4	23	12	35
Number of Delayed Days	94	101	195	33	28	61	383	131	514	20	22	42	530	282	812

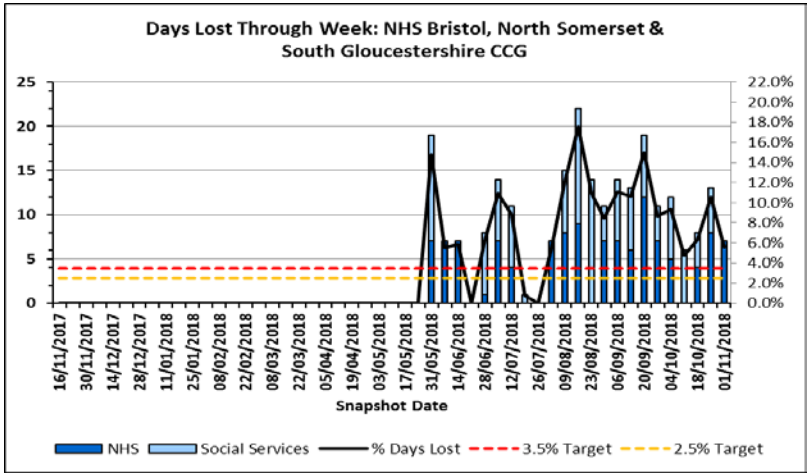


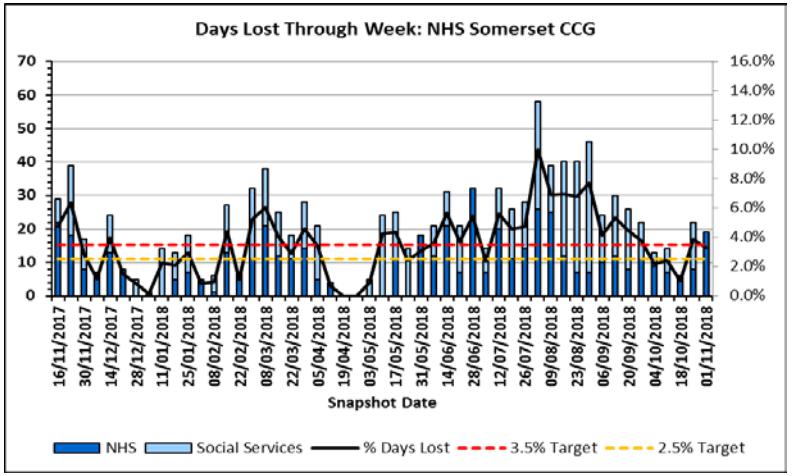
- The DTOC position by CCG is detailed in the table. 35 patients reported at the October month end snapshot and 812 delayed days (4.5%). This is above the national target set (3.5%).
- The graph outlines the delayed days by week since October 2017.
- The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay).

Delayed Transfers of Care by CCG (2)



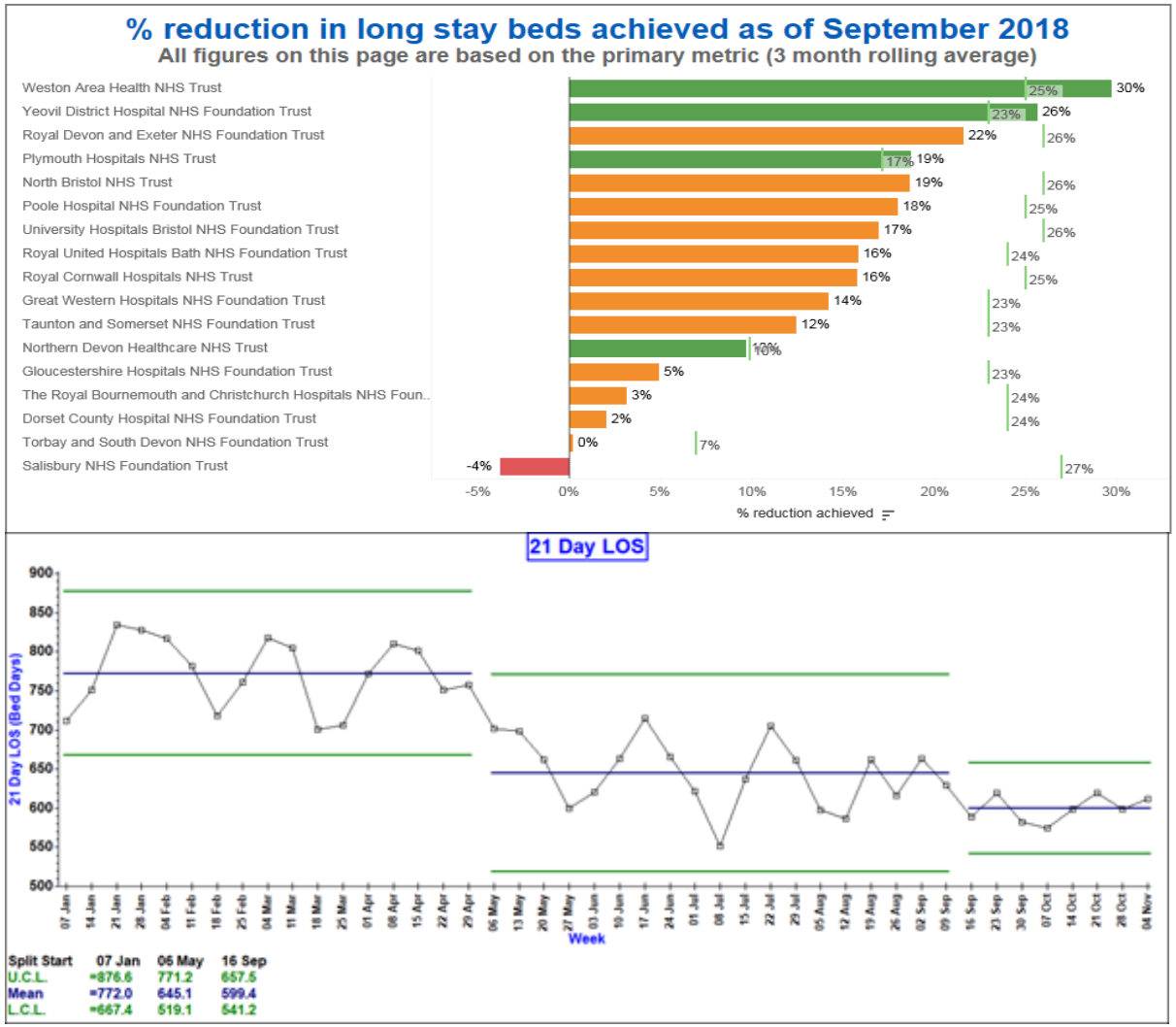






- RUH focus to reduce delays is being led through the Integrated Discharge Service (IDS) work programme
- Actions taken have improved the Wiltshire position but further work is required to reduce the high volume of days delayed.

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 8% improvement is now required by December 2018, with a deterioration in performance reported in September. Additional actions have been planned for November 2018, although the impact of this remains a concern given the October position.
- Wiltshire CCG position has deteriorated in October 2018 and this has been escalated.
- The graph shows the weekly Total +21 day 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.

Key National and Local Indicators

In the month of **October** there were **18 red indicators of the 71 measures reported, 7 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.

Caring | Effective | Responsive | Safe | Well Led

Effective

SOF	X 10. Dementia case finding **(lag 1 month)**
	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 35. % Discharges by Midday (Excluding Maternity)
	X 38 Delayed Transfers of Care
	X 40 Number of medical outliers - median

Safe

SOF	X 43 C Diff variance from plan
SOF	X 44 C Diff Infection Rate
SOF	X 50 CAS Alerts
SOF	X 51 Venous thromboembolism % risk assessed **(lag 1 month)**
	X 53 Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)

Well Led

	X 60. FFT Response Rate for ED (includes MAU/SAU)
SOF	X 63 Turnover – rolling 12 months
	X 65 Vacancy Rate
	X 67 % agency nursing staff (% of agency nursing spend of total nursing pay bill)
	X 69. Information Governance Training compliance (Trust)

Caring | Effective | Responsive | Safe | Well Led

X 10. Dementia case finding (1 month lag)

The Dementia Case Finding of patients aged >75 in September was 84.4% with 617 patients admitted and 521 case finding questions.

Quality Board have now been asked to review performance and confirm actions being taken to improve performance. Feedback has been requested for the next months board report.

X 15. Readmissions – Total

There were 641 readmissions (16.2%) in October (1.1% increase from September). The Medical Division increased from 18.8% to 21.3%, the Surgical Division remained at 13.0% and Women and Children's Division reduced from 3.1% to 2.0%.

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. This action is still pending.

X 18. Hip fractures operated on within 36 hours

50 patients were eligible to be entered onto the NHFD of these 26 (52%) were operated on in less than 36 hours.

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

- 11 due to capacity
- 4 required a specialist hip surgeon
- 5 required pre-operative medical stabilisation before going to theatre
- 4 Awaiting further orthopaedic assessment before going to theatre

October once again saw a high number of trauma patients admitted within a 24/48hr period, over 11 separate occasions 35 hip fractures were admitted along with 76 general trauma patients which resulted in patients waiting for surgery.

Of the 50 patients eligible to be entered in the NHFD, only 41 were medically fit to undergo an operation with 36hrs and the percentage of these patients who received an operation within this time was 64%.

Actions to support delivery of the 70% target are reviewed at the Trusts Quality Board, a more detailed up-date on actions being taken has been requested from the Surgical Division for next months performance report.

Caring | Effective | Responsive | Safe | Well Led

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

There were 286 over 6 week waiters in October, equating to 3.29% against the <=1.0% indicator, rated red. Performance in October failed to meet the constitutional target. See slides 22 to 24 above.

X 30. RTT over 52 week waiters

There was 1 patient who breached the 52 week standard for treatment in October.

- 1 Oral Surgery (admin error in the pathway)

Performance is monitored and actions confirmed to support performance at the RTT Delivery Group, this includes actions agreed following completion of RCAs. All patients who breach 52 weeks received a letter of apology detailing the RCA findings.

X 35. % Discharges by Midday (Excluding Maternity)

In October patients discharged by midday remained at 15% 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 38 Delayed Transfer of Care (Days)

There were 812 delayed days in October, which was 4.5% of the Trust's occupied bed days. See slides 25 to 27 above.

X 40 Number of medical outliers – median

In October Medical Outliers peaked at 51 with a median of 33. In month bed closures due to infection control and business continuity resulted in an increase in medical outliers.

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X 43. C Diff Variance from Plan & 44. C Diff infection rate

In October there were 4 cases of C-Difficile with 2 cases awaiting completion of RCAs. Quality Board will review all actions to support delivery.

X 50 CAS Alerts

There were three CAS alerts that were not closed on the due dates in October. This was due to those responsible for the alerts not completing the action plans with sufficient information to close the alerts. The Risk lead has been supporting the relevant persons and providing advice on completing the alert requirements. There are two alerts due for closure in November. Action plans have been sent to the relevant persons for completion

X 51. 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 53. Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)

There was one category 3 case reported in October on Pierce Ward a full RCA is being completed.

Quality Board will review all detailed investigations and agree actions. Note Quality Report.

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X 60. FFT Response Rate for ED (includes MAU/SAU)

In October the FFT Response Rate for ED increased to 3.5% from 3.1% in September but remains below the agreed target. The Divisional team continue to review ways to improve performance.

X 63. Turnover - Rolling 12 months

Trust Turnover rate reduced to 12.3% against a target of 11.0% and reported as red in October. Please see Well Led Slides below.

X 65. Vacancy Rate

Trust vacancy rate increased to 6.7% from 5.2% in September. Please see Well Led Slides below.

X 67. % 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 4.1% in October from 6.9% in September. Reported as red in October against a target of 3.0%. Please see Well Led Slides below.

X 69. Information Governance Training compliance (Trust)

In October the Trust Information Governance Training Compliance fell to 84.5%.

Integrated Balanced Scorecard - October 2018

Royal United Hospitals Bath NHS
NHS Foundation Trust

NHSI Single Oversight Framework

Operational Pressures

		Threshold	2017/18		2018/19				Triggers Concerns
Target	Performance Indicator	Performing	Q3	Q4	Q1	Q2	Sep	Oct	
SOF	**Four hour maximum wait in A&E (All Types)**	**95%**	80.9%	74.5%	84.6%	83.4%	85.5%	81.7%	
	C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	2	6	3	2	8 *	3 *	4 **	
SOF	**RTT - Incomplete Pathways in 18 weeks**	**92%**	87.6%	85.3%	86.7%	87.3%	87.4%	88.7%	
	31 day diagnosis to first treatment for all cancers	96%	99.3%	99.2%	99.4%	98.4%	96.9%	98.9%	
	31 day second or subsequent treatment - surgery	94%	100.0%	100.0%	98.1%	98.8%	96.2%	95.8%	
	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%	94.5%	93.0%	93.0%	
	2 week GP referral to 1st outpatient - breast symptoms	93%	94.9%	89.3%	94.1%	94.5%	93.0%	93.7%	
SOF	**62 day referral to treatment from screening**	**90%**	93.0%	96.7%	97.6%	90.9%	90.0%	100.0%	
SOF	**62 day urgent referral to treatment of all cancers**	**85%**	87.8%	90.0%	86.0%	84.4%	85.9%	80.0%	
SOF	**Diagnostic tests maximum wait of 6 weeks**	**1%**	1.50%	2.06%	3.99%	4.62%	4.93%	3.29%	

* September - 1 appeal pending & 1 outstanding RCA ** October - 2 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	3.054	1.718	-1.199	3.134	3.041	-0.120
Capital Service Cover Rating	1	3		1	1	
Liquidity Metric	10.537	9.909	-0.841	9.675	9.574	-0.101
Liquidity Rating	1	1		1	1	
I&E Margin Metric	3.3%	-0.1%	-3.2%	3.8%	3.5%	-0.4%
I&E Margin Rating	1	3		1	1	
Variance from Control Metric		-3.4%	-3.2%		-0.3%	-0.4%
Variance from Control Rating		4			2	
Agency Metric	-16.5%	-3.1%	18.2%	-20.2%	-20.2%	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		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 - October 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	May	Jun	Jul	Aug	Sep	Oct
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	97	96	97	96	97	96	97	97	95	96
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	97	97	97	97	98	96	97	97	96
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	98	99	99	98	100	100	97	98	99	100
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	96	97	96	97	96	96	97	98	96	97
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	6.5	6.2	6.0	5.9	6.5	7.4	5.9
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	1	2	4	2	2	0	0	2	0	0
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	0	0	1	0	0	0	0	0	0	0
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	35	39	67	67	20	25	27	21	19	14

EFFECTIVE						Q3	Q4	Q1	Q2	May	Jun	Jul	Aug	Sep	Oct
10	DON	SOF	Dementia case finding	>=90%	<90%	81.6%	82.3%	86.2%	85.5%	83.9%	90.0%	85.9%	86.2%	84.4%	Lag (1)
11	DON	SOF	Dementia Assesment	>=90%	<90%	95.6%	95.8%	92.5%	96.3%	91.9%	92.9%	93.9%	100.0%	95.5%	Lag (1)
12	DON	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	107.8	105.9	105.3	Lag (3)	106.3	105.3	103.6	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	L	Readmissions - Total	<=10.5%	>12.5%	14.1%	14.6%	14.3%	15.9%	13.6%	15.1%	16.7%	15.8%	15.1%	16.2%
16	COO	NT	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	88.0%	85.7%	89.7%	Lag (4)	96.0%	85.0%	Lag (4)	Lag (4)	Lag (4)	Lag (4)
17	COO	NT	Higher risk TIA treated within 24 hours	>=60%	<=55%	86.4%	69.4%	88.9%	90.9%	84.6%	85.7%	83.3%	94.4%	92.9%	68.4%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	77.3%	79.6%	57.3%	59.1%	47.1%	79.5%	62.5%	53.5%	60.9%	52.0%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	62.2%		71.2%	68.3%	60.0%	85.0%	63.6%	73.7%	72.2%	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)	0.6% (18)	0.6% (20)	1.0% (35)	1.0% (34)	0.9% (27)	0.6% (21)
21	COO	LC	Theatre utilisation (elective)	>=90%	<=85%	95.2%	83.8%	99.0%	95.0%	99.4%	101.9%	95.8%	90.2%	99.1%	97.4%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	0.76	1.90	0.03	5.20	0.35	-1.05	1.78	2.47	0.96	0.99
23	DOF	L	Total Income	>100%	<95%	81.61	83.51	83.06	82.74	28.26	28.33	27.49	28.07	27.19	29.76
24	DOF	L	Total Pay Expenditure	>100%	<95%	50.44	51.01	51.69	53.94	17.21	17.22	17.37	18.73	17.84	17.82
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	25.80	29.46	26.69	27.49	9.33	8.59	9.05	9.52	8.93	9.02
26	DOF	L	CIP Plan	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	2.37	2.19	1.95	2.37	0.56	0.88	0.72	0.84	0.81	0.88

RESPONSIVE						Q3	Q4	Q1	Q2	May	Jun	Jul	Aug	Sep	Oct
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	85.8%	87.0%	88.8%	89.0%	89.5%	88.0%	87.4%	89.8%	89.8%	89.4%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	1.50%	2.06%	3.99%	4.62%	3.98%	5.79%	4.97%	3.97%	4.93%	3.29%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	3	24	16	12	4	5	5	3	4	1
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	NR	Time to Initial Assessment - 95th Percentile	TBC	TBC	139.0	132.0	101.2	88.0	92.8	97.3	100.8	74.0	84.0	82.5
34	COO	NT	12 Hour Trolley Waits	0	>0	0	1	0	0	0	0	0	0	0	0
35	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	15.4%	14.5%	14.2%	14.3%	14.4%	14.7%	14.2%	13.8%	15.0%	15.0%
36	COO	L	GP Direct Admits to SAU	>=168	<168	489	355	591	744	208	249	225	235	284	272
37	COO	L	GP Direct Admits to MAU	>=84	<84	286	40	273	139	125	121	46	38	55	121
38	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	5.2%	4.4%	3.4%	4.6%	3.2%	3.9%	4.3%	5.3%	4.3%	4.5%
39	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.5	5.2	4.7	4.5	4.8	4.5	4.6	4.4	4.4	4.1
40	COO	LC	Number of medical outliers - median	<=25	>=30	34	54	27	27	24	22	28	26	27	33
41	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	92.4%	90.5%	92.8%	92.4%	91.9%	92.8%	92.5%	91.3%	92.8%	92.0%
42	COO	NR	% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	97.4%	96.4%	98.9%	98.7%	97.8%	98.4%	97.7%	98.1%	100.0%	97.2%

SAFE						Q3	Q4	Q1	Q2	May	Jun	Jul	Aug	Sep	Oct
43	DON	SOF	C Diff variance from plan	0	0	0	-3	-4	2	-2	-2	0	1	1	2
44	DON	SOF	C Diff infection rate	<=10.9	>10.9	10.8	5.3	3.6	14.2	0.0	0.0	10.5	16.0	16.3	21.0
45	DON	SOF	E.coli bacteraemias attributable to Trust	TBC	TBC	8	13	17	22	3	6	12	4	6	Lag (1)
46	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	0	2	0	2	0	0	0	0	0
47	DON	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	6	4	10	9	7	2	6	3	0	Lag (1)
48	DON	SOF	Never events	0	>0	0	0	0	1	0	0	0	0	1	0
49	DON	L	Medication Errors Causing Serious Harm	0	>0	1	0	2	0	0	0	0	0	0	0
50	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	0	0	14	14	7	6	1	12	1	3
51	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	87.7%	92.5%	92.9%	92.8%	91.8%	93.5%	92.6%	92.8%	93.1%	Lag (1)
52	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	8	10	5	4	1	3	1	3	0	1
53	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)	0	>0	0	1	0	3	0	0	0	0	3	1
54	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 2)	<=2	>2	4	4	2	5	1	0	2	2	1	0
55	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	35	33	30	26	27	28	17	33	28	27
56	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	19	14	12	8	7	3	2	5	1	5
57	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	93.1%	97.1%	94.7%	95.2%	93.2%	93.7%	94.9%	95.5%	95.2%	95.8%
58	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	16.6%	16.2%	17.2%	14.3%	17.3%	16.4%	12.5%	16.9%	13.3%	14.8%
59	HRD	NR	Midwife to birth ratio	<'1:29	>'1:35	1:31	1:29	1:30	1:31	1:33	1:30	1:30	1:31	1:31	1:32

WELL LED						Q3	Q4	Q1	Q2	May	Jun	Jul	Aug	Sep	Oct
60	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	9.2%	8.4%	7.5%	3.5%	8.0%	6.8%	5.0%	2.3%	3.1%	3.5%
61	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	34.8%	35.2%	35.0%	39.5%	36.8%	34.8%	35.6%	42.7%	40.5%	37.2%
62	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	21.5%	16.7%	18.8%	19.9%	21.8%	25.7%	17.6%	13.6%	28.6%	30.0%
63	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	11.5%	12.0%	12.2%	12.4%	12.2%	12.2%	12.5%	12.1%	12.4%	12.3%
64	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	4.1%	4.5%	3.6%	3.8%	3.5%	3.3%	3.6%	3.9%	4.0%	3.7%
65	HRD	LC	Vacancy Rate	<=4%	>5%	4.8%	4.9%	6.6%	5.8%	6.4%	6.7%	6.2%	5.9%	5.2%	6.7%
66	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%	2.1%	2.4%	2.5%	2.7%	1.6%
67	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	3.2%	2.9%	4.7%	5.8%	4.9%	4.4%	5.4%	5.3%	6.9%	4.1%
68	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	84.1%	81.7%	80.9%	83.1%	80.4%	81.3%	82.9%	83.2%	83.3%	84.4%
69	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	86.5%	91.7%	89.2%	86.4%	89.3%	88.6%	86.9%	86.2%	86.2%	84.5%
70	DOF	NT	Information Governance Breaches	TBC	TBC	34	47	45	62	17	9	29	22	11	18
71	HRD	LC	Mandatory training	>=90%	<80%	87.4%	88.3%	87.5%	86.8%	87.5%	87.5%	86.6%	86.8%	86.9%	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%

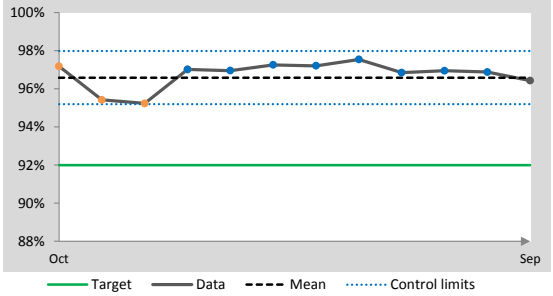
Wiltshire HEALTH AND CARE

Performance Dashboard September 2018

RTT

All services

Incomplete pathways | Complete pathways



Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	93%	93
Continence service	95%	15
LD	67%	20
Outpatient Physio	99%	32
Podiatry	100%	1
Wheelchair service	90%	29
WON	94%	42

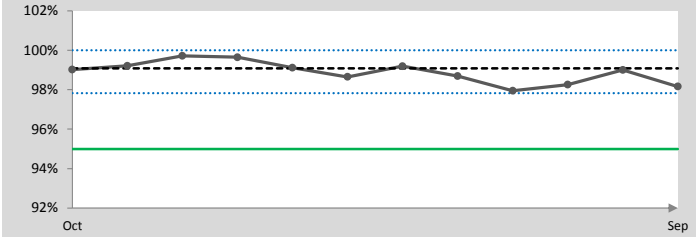
	On target	Action	
Normal variation	✓	No action needed	15 of the LD breaches are for AWP psychology, 7 CTPLD of which only 3 not otherwise known to team. Orthotics show declining performance - capacity pressures at Chippenham.

MIU

median 26 minutes

95th centile 159 minutes

Arrival to departure 4 hour stay 98% | Left without being seen 5% | Transfers to acute 6%

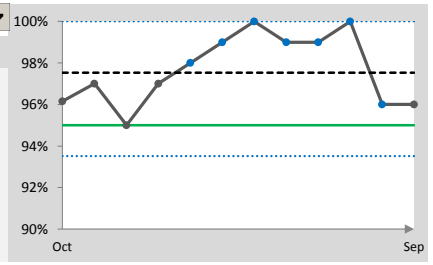


	On target	Action	
Normal variation	✓	No action needed	4 hour performance still well above target.

Inpatient assessments

All wards

MRSA	✓ 96%
VTE	✓ 100%
VTE prophylaxis	✓ 100%
MUST	✓ 98%
PURAT	✓ 96%
Falls	✓ 96%
Dementia	✓ 100%

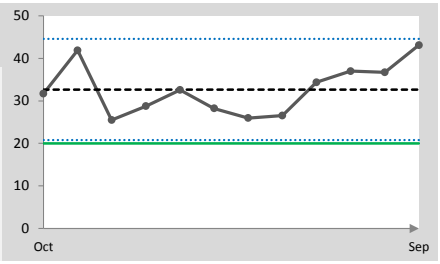


	On target	Action	
Normal variation	✓	No action needed	Systems in control and on track to deliver targets.

Mean Inpatient Length of Stay

all measured in days

Ailesbury, Cedar, Longleat	43.1
Mulberry	49.9
Step up	49.9
Step up excluding delays	38.7

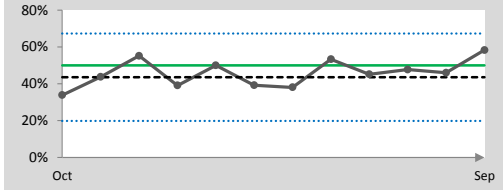


	On target	Action	
Normal variation	✗	Action needed	Action ongoing.

Discharge timings

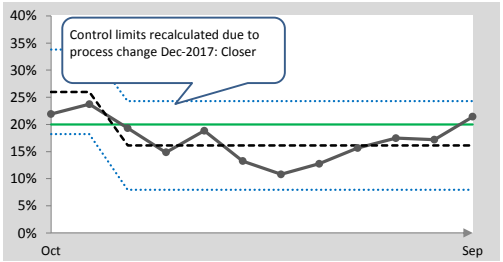
excludes transfers to hospital and deaths

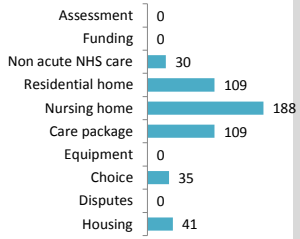
Before midday	Weekend
58%	3%



	On target	Action	
Normal variation	✗	Action needed	Continuing challenge as homes reluctant to accept morning and weekends. Unusally high performance in month for midday discharges

Delayed Transfers of Care - bed days lost

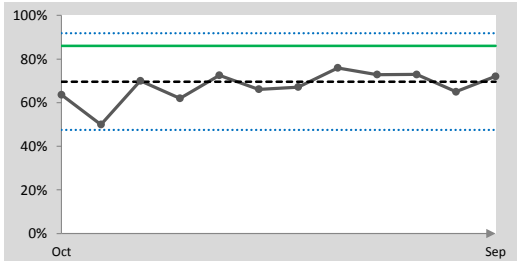




21% of occupied beds (Target <20%)

	On target	Action	
Normal variation	✓	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 and generally on target.

Community teams 90 day reablement



September 72%

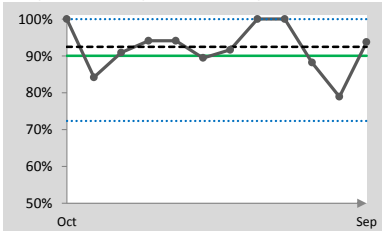
Data quality concerns

	On target	Action	
Normal variation	✗	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

September 94%



	On target	Action	
Normal variation	✓	No action needed	Continued excellent performance.

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.

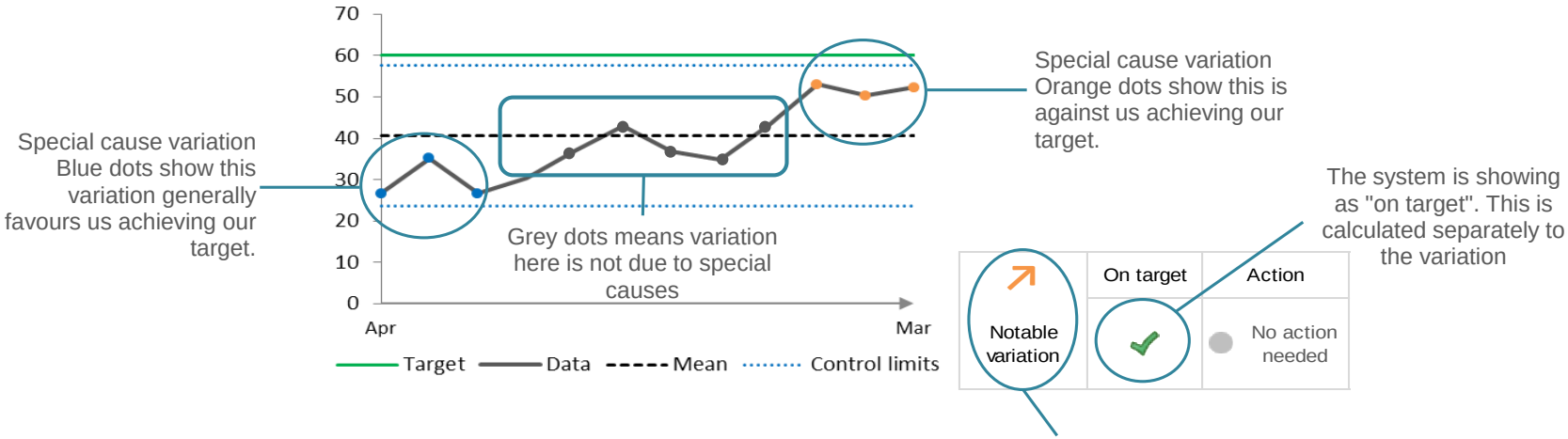
What is SPC?

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 is 'Normal variation' a good thing?

No not always. Ideally a process shows normal variation and is on target. But if the process is ows only normal variation and is 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.

Urology 62 Day Cancer Compliance Recovery Plan

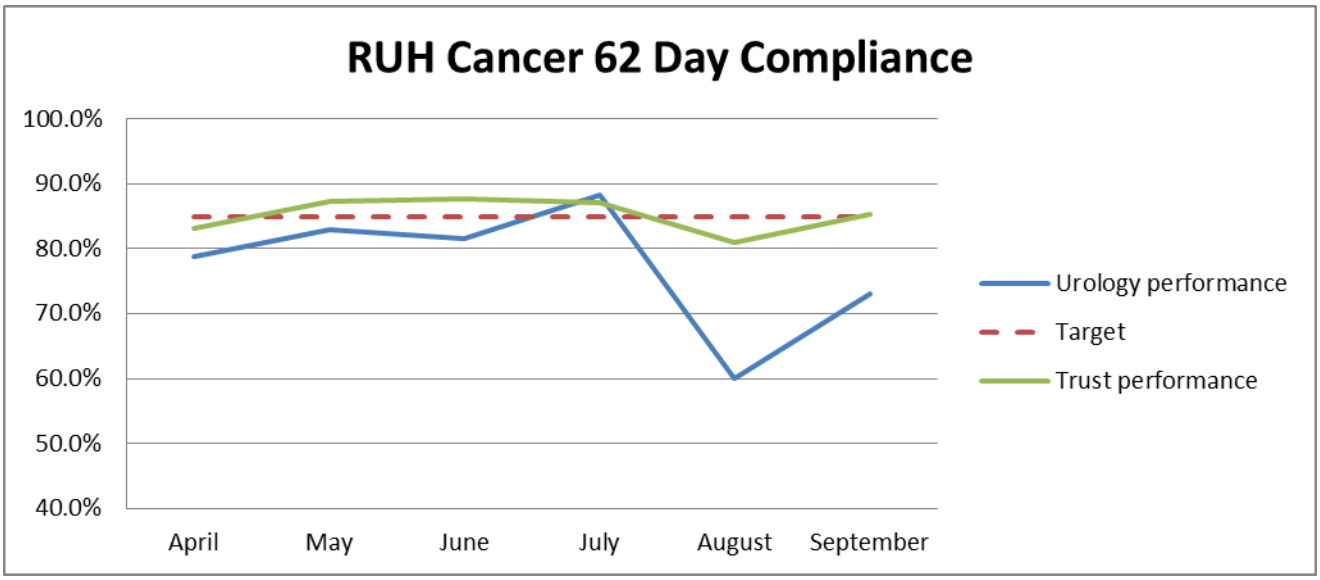
Overview

1. Introduction

The Royal United Hospitals NHS Foundation Trust Bath has not met the required 85% standard for the Urology 62 Day Cancer target for any month in 2018/19 with the exception of July 2018. A new national Prostate Cancer Pathway was introduced in 2017 which intended to improve the detection accuracy of clinically significant cancer. This has resulted in the pathway becoming more radiologically intensive. Radiology capacity within the RUH has not kept pace with demand following this change.

As mirrored nationally across all tumour sites, Urology has seen a significant increase in 2 week wait referrals. The Urology Department is working to balance the demands of 2ww referrals alongside routine RTT workload, against the background of medical workforce pressures.

2. Performance

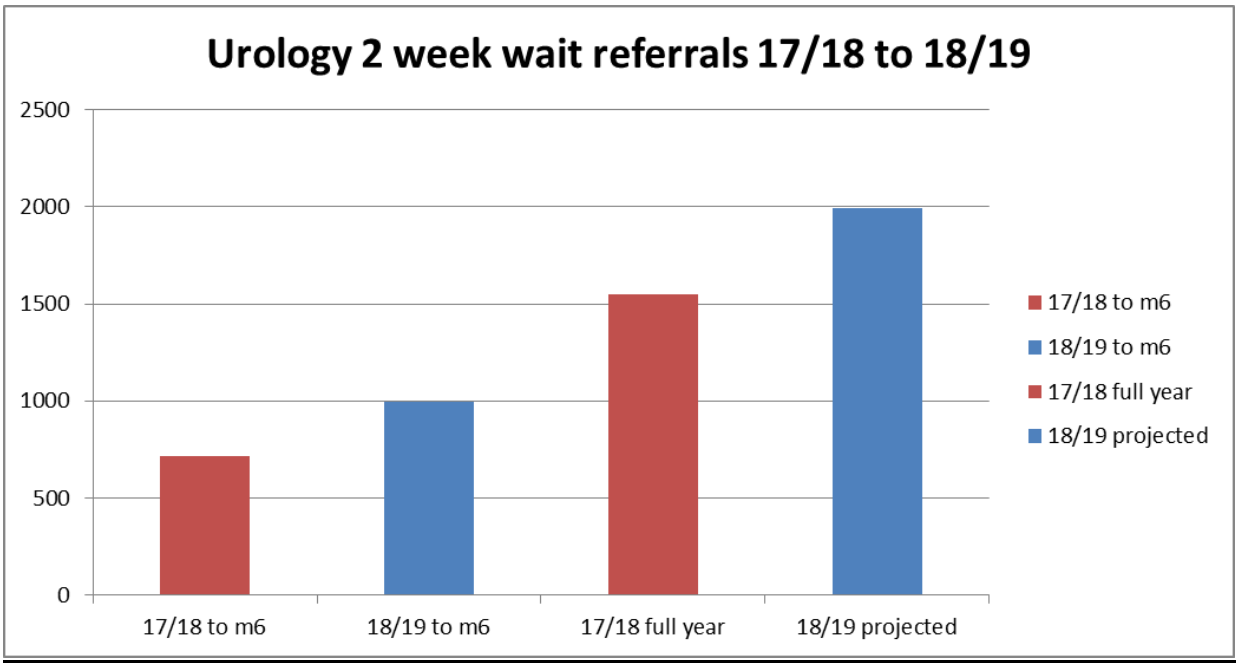


Trust performance against the 62 day target benchmarks well in comparison with neighbouring Trusts and the national position; however performance has become more challenging during 2018/19. Urology performance is integral to the overall Trust position, with Urology accounting for 20% of Trust 62 day activity, although in October 40% of Trust 62 day breaches were attributed to Urology. Prostate Cancer alone accounts for 65-70% of Urology 62 day activity.

3. Capacity pressures

<u>2ww</u>
Urology continues to see increased levels of 2ww referrals with corresponding increases in diagnoses

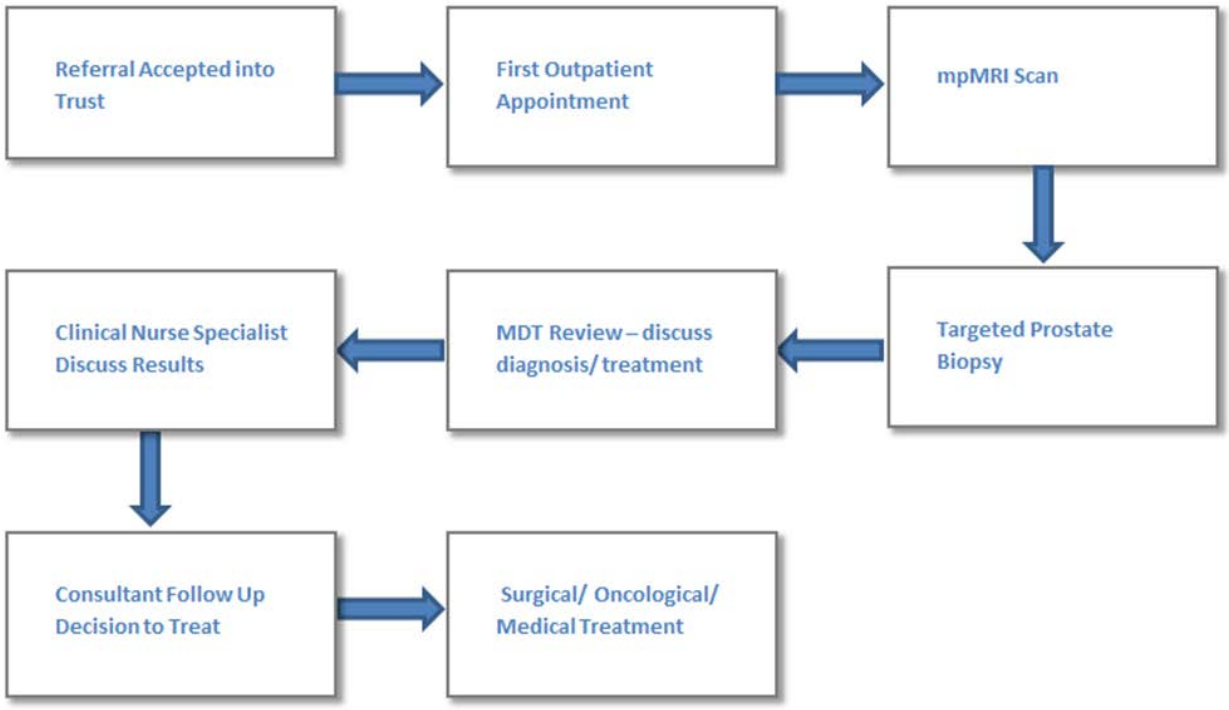
and treatments on the 62 day pathway. A 38.6% increase in 2 week wait GP referrals is noted in the first 6 months of 2018/19 in comparison with the same time period in 2017/18.



This increase is a result of national cancer awareness campaigns and the continued impact from the change in NICE guidance in 2015 that encouraged a lowering of GP referral thresholds.

<u>Change in diagnostic pathways</u>

The national Prostate Cancer pathway has also changed, as noted earlier. The new pathway is shown below:



The full NHS England guidance on implementation of the new pathway is available here:

The use of pre-biopsy multi-parametric Prostate MRI is designed to improve the detection accuracy in clinically significant cancers, as well as increasing the opportunity to rule out cancer without the need for a clinically invasive biopsy, thereby relieving pressure on Pathology departments for histology and improving the patient experience. Demand for Prostate MRI has exceeded capacity in Radiology however, with waits for CT scans in the latter stages of the diagnostic pathway also an issue. In the short term the Radiology department has agreed dedicated scanning and reporting sessions to support quicker diagnosis. From January 2019 the Radiology department will begin the replacement of two MRI scanners with mitigating actions to maintain a constant level of service throughout the period.

4. Specialty priorities

The Urology department have agreed a number of actions that improve the pathway including the priorities detailed below:

- Referral guidance for clinicians for Prostate MRI – clarity of the criteria for urgent/routine referrals.
- Timely and robust actions from radiology results.
- The introduction of a pathway tracker role to provide daily review of patients on the 62 day pathway from the point of receipt of referral.
- Implementation of a streamlined pathway for consent for Prostate biopsy.
- Improved targeted biopsy – The proportion of patients having a local anaesthetic (LA) transrectal prostate biopsy as opposed to a general anaesthetic (GA) transperineal biopsy is not high enough.

5. Action plan

See below.

6. Next steps

Review action outcomes in three months to inform improvement trajectory.

Ref	Action	RAG	Lead	Next steps	Delivery date
1	Increase One Stop Haematuria clinic capacity to reduce the time to first 2 week wait appointment	Green	Urology Clinical Lead Outpatient Sister	Slots made available on clinic templates	19/11/2018
2	Review 2 week wait referral increase – for consideration of clinic capacity within job planning – flexible sessions	Amber	Urology Clinical Lead Assistant Specialty Manager	Undertake 2 week wait and prostatectomy capacity and demand analysis Increase consultant-led/ senior clinician 2 week wait clinics as required	31/12/2018
3	Review conversion rate to prostatectomy – expected increased from new pathway implementation	Amber	Urology Cancer Clinical Lead Assistant Specialty Manager	Undertake prostatectomy capacity and demand analysis	Monitoring to commenced from 31/01/2019
4	Prostate MRI Capacity – 2 daily dedicated appointments and reporting within 72 hours	Amber	Urology Cancer Clinical Lead Radiology Cancer Lead	Establish regular BIU reporting to monitor performance	30/11/2018
5	MRI referral priority guidance	Amber	Urology Cancer Clinical Lead	Establish regular BIU reporting to monitor compliance	31/01/2019
6	Urology Cancer Pathway Coordination – patient level tracking throughout the diagnostic pathway	Amber	Cancer Services Manager	Recruitment to Cancer Pathway Improvement Coordinator using fixed-term National Support Funding – bid approved 09/11/2018	31/01/2019
7	Increase short-term 2 week wait,	Amber	Specialty Manager	Schedule additional activity – bid approved	31/12/2018

Ref	Action	RAG	Lead	Next steps	Delivery date
	MRI & Theatre capacity – through NHSI funding (Fry & Turnbull funds)		for Urology	09/11/2018	
8	Pre-consenting patients for prostate biopsy – reduce number of appointments within diagnostic pathway	Amber	Urology Cancer Clinical Lead Specialty Manager for Urology	Patient leaflet to be drafted Administrative process to be drafted	30/11/2018
9	Timely actioning of Radiology results – results to be sent to 'pool'	Amber	Urology Cancer Clinical Lead	Email 'pool' to be created Process for managing 'pool' and escalation of delays to be drafted and agreed	31/12/2018
10	Increase proportion of LA targeted prostate biopsy in appropriate patients	Amber	Urology Cancer Clinical Lead	Release Theatre capacity, this will require review job plans/ timetables Benefit from pathway standardisation by having clinicians use Local Anaesthetic TRUS biopsies wherever possible.	31/01/2019
11	Improved coordination with theatre booking staff – provisional theatre dates identified for patients	Amber	Urology Clinical Lead	Recruit Cancer Pathway Improvement Coordinator to implement administrative process	28/02/2019
12	Clinician (Urologist/CNS) attendance at weekly Urology Cancer PTL	Green	Assistant Specialty Manager	Complete – weekly PTL rescheduled	12/11/2018

Ref	Action	RAG	Lead	Next steps	Delivery date
13	Nurse requesting of radiological investigations	Red	Urology Clinical Lead	Awaiting sign-off on process and protocols by Radiology	31/01/2019

Key:

Green	Delivered
Amber	On target to be delivered within specified timeframe
Red	Not on target for delivery within specified timeframe