

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>14</b>
<b>Date of Meeting:</b>	<b>30 January 2019</b>		

<b>Title of Report:</b>	<b>Operational Performance Report</b>
<b>Status:</b>	<b>For action/discussion</b>
<b>Board Sponsor:</b>	<b>Francesca Thompson, Chief Operating Officer</b>
<b>Author:</b>	<b>Clare O'Farrell, Deputy Chief Operating Officer</b>
<b>Appendices</b>	<b>Appendix 1: Integrated Balanced Scorecard Month 8 Appendix 2: WH&amp;C Performance Dashboard Summary – Month 8 (November 2018) <i>Not yet available from WH&amp;C.</i></b>

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

<b>2.</b>	<b>Recommendations (Note, Approve, Discuss)</b>
<p>The Board are asked to discuss December performance.</p> <p>Board should note that the RUH have been rated as segment 3 overall against the NHSI Single Oversight Framework (SOF). For 4 Hour performance the Trust has been rated as category 4.</p> <p>In December four SOF operational performance metrics triggered concern; 4 Hours, RTT Incomplete Pathways, Diagnostic tests – 6 weeks wait and C Diff.</p> <p>4 hour performance remains below both the national standard of 95% and improvement trajectory for 2018/19. This remains the significant performance challenge for the Trust.</p> <p>Board are asked to note:</p> <ul style="list-style-type: none"> <li>• 4 hour performance at 81.4% below both the 95% national standard and the improvement trajectory target (90%).</li> <li>• RTT incomplete pathways in 18 weeks at 87.3% below the 92% national standard and for the first month in 2018/19 below the improvement trajectory target (88%). The RUH reported one RTT 52 week breach, treated in month.</li> <li>• Diagnostic tests – 6 week wait 2.70% failing the national standard of 1%. Performance is below improvement trajectory of 2%. Radiology CT continues as the most significant breach area but in-month pressure in Gastroenterology has resulted in endoscopy breaches.</li> <li>• C-Difficile infection 72 hours post admission, 5 cases. Year to date the best case scenario remains within the Trust tolerance; the worst case scenario would be outside of the Trusts tolerance. Completion of RCAs is required to confirm the position.</li> <li>• DTOC performance of 4.3% beds occupied with delayed patients, above the 3.5% national standard.</li> </ul>	

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Document Approved by: Francesca Thompson, Chief Operating Officer	Version: 1
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- Cancer performance returned to passing all cancer indicators at Trust level. 62 Day Cancer performance for GP referral remains challenging and tumour site improvement plans are now in-place for Urology and Colorectal as recommended from the national High Impact Actions for Cancer standards. Progress against these will be monitored through performance meetings with the Surgical Division.

The Wiltshire Health and Care performance summary for month 8 (November) is pending.

Board should note that following review by the Clinical Outcomes Group the score card metric for re-admissions has been amended from December 2018 to total readmissions from only non-elective readmissions. This is in line with CQC monitoring and has also been noted at Quality Board.

### **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

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# Operational Performance Report – December 2018

# NHSI Single Oversight Framework

## NHSI Single Oversight Framework:

Performance Indicator	Nov	Dec	Triggers Concerns
<b>Four hour maximum wait in A&amp;E (All Types)</b>	<b>76.9%</b>	<b>81.4%</b>	
C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	<b>3 *</b>	<b>5 **</b>	
<b>RTT - Incomplete Pathways in 18 weeks</b>	<b>88.0%</b>	<b>87.3%</b>	
31 day diagnosis to first treatment for all cancers	<b>98.0%</b>	<b>97.3%</b>	
31 day second or subsequent treatment - surgery	<b>100.0%</b>	<b>100.0%</b>	
31 day second or subsequent treatment - drug treatments	<b>100.0%</b>	<b>100.0%</b>	
31 day second or subsequent cancer treatment - radiotherapy treatments	<b>100.0%</b>	<b>100.0%</b>	
2 week GP referral to 1st outpatient	<b>85.2%</b>	<b>94.0%</b>	
2 week GP referral to 1st outpatient - breast symptoms	<b>95.8%</b>	<b>95.9%</b>	
<b>62 day referral to treatment from screening</b>	<b>83.3%</b>	<b>100.0%</b>	
<b>62 day urgent referral to treatment of all cancers</b>	<b>85.3%</b>	<b>85.1%</b>	
<b>Diagnostic tests maximum wait of 6 weeks</b>	<b>1.87%</b>	<b>2.70%</b>	

\* November - 2 outstanding RCA, \*\* December - 5 outstanding RCA

This report provides a summary of performance for the month of December 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 December four SOF operational and quality 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	December 18	Quarter 3	Full Year 2018/19
All Types	81.4%	80.0%	82.7%
RUH Footprint (Including MIU)	86.4%	85.7%	87.8%

Table 2: Emergency Department Quality Indicators:

Title	Month	Quarter	Year
	Dec-18	3	2018/2019
Unplanned Re-attendance Rate	0.3%	0.4%	0.4%
Total Time in ED - 95th Percentile	556.6	584.0	529.0
Left Without Being Seen	1.8%	1.9%	2.2%
Time to Initial Assessment - 95th Percentile	51.0	70.0	88.0
Time to Treatment - Median	59.0	62.0	63.0
ED Attendances (Type 1)	6,073	18,372	56,411
ED 4 Hour Breaches (Type 1)	1,337	4,298	11,323
ED 4 Hour Performance (Type 1)	78.0%	76.6%	79.9%
Ambulance Handovers within 30 minutes	100%	100%	100%
ED Friends and Family Test	97	97	97

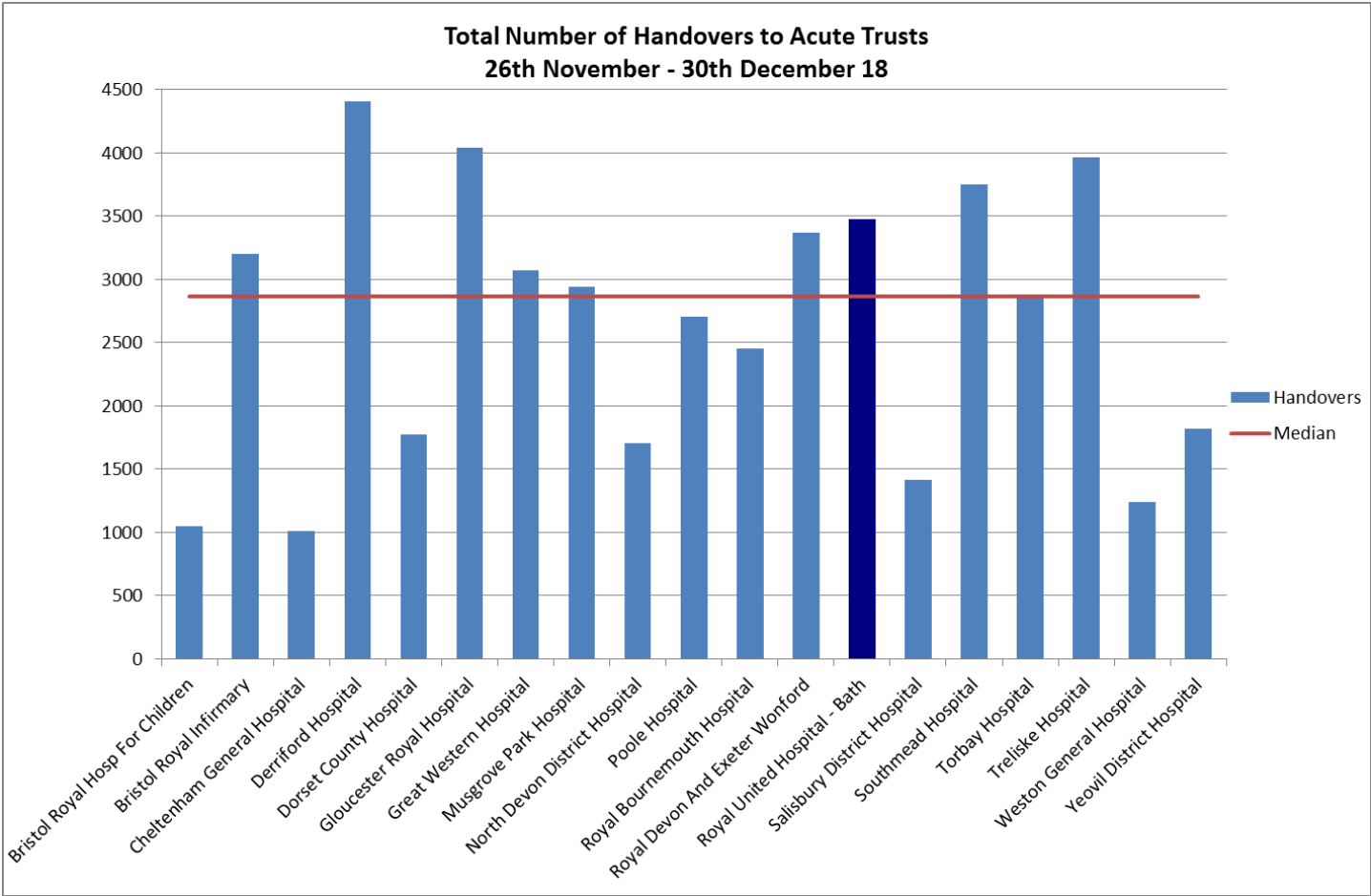
Table 1:

- During December the “all types” performance was 81.4%, below the 95% standard with a total of 1,340 breaches in the month.

Table 2:

- Time to initial assessment for ambulance borne patients within 15 minutes. Over 90% of ambulance borne patients have now had an assessment time recorded. The Medicine Division have tasked the ED ‘Big Room’ with improving performance for this quality indicator. From December 2018 a new role has been created within ED, Senior Nurse - Majors who will be focused on delivering improvements in time to assessment and ensuring robust real time escalation. More detail on the actions being taken will be incorporated into the 4hr paper.
- Ambulance Handovers: 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). RUH performance continues to be good.

# SWAS Total Ambulance Handovers to ED (2)

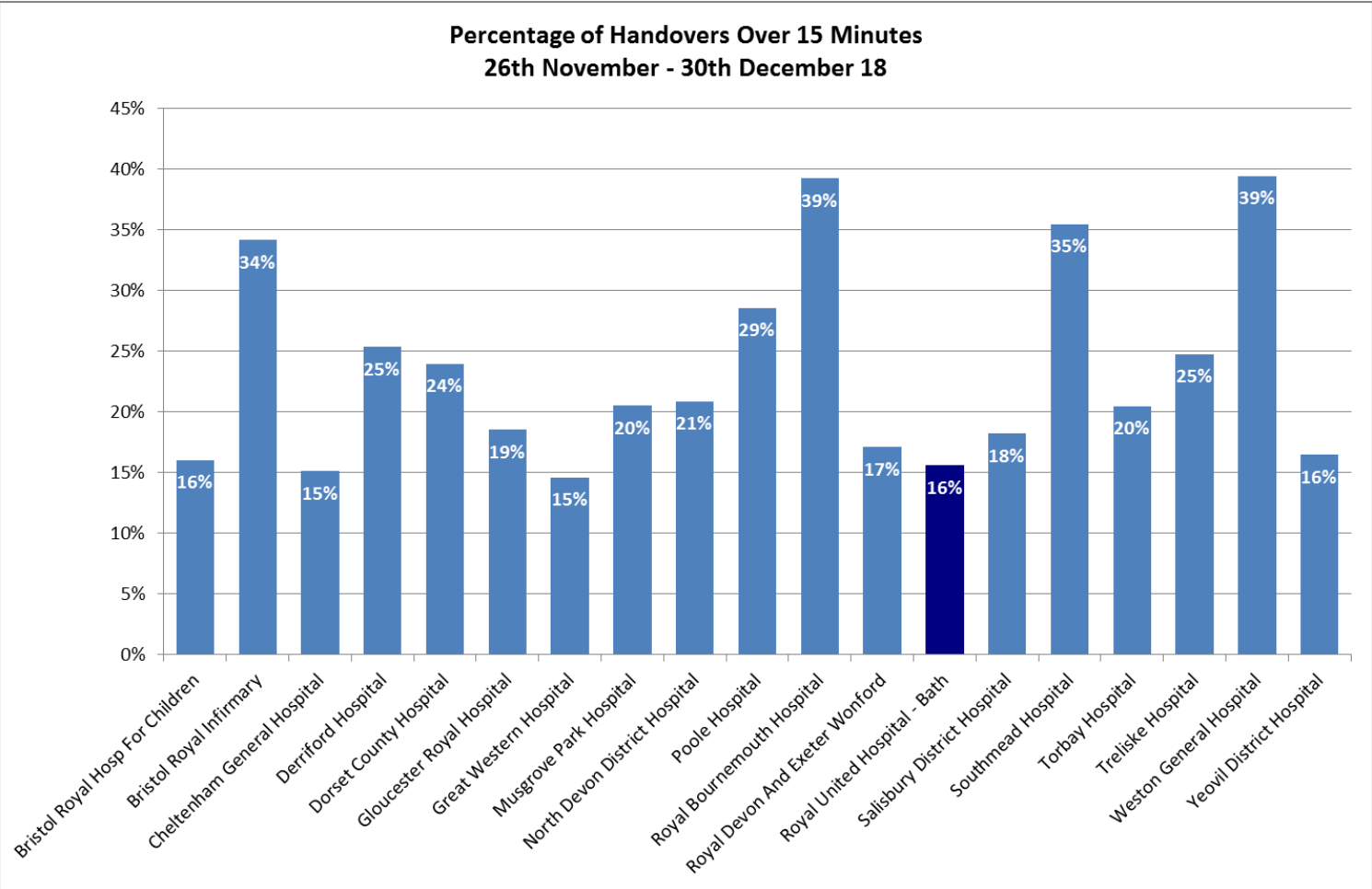


Comparison of the total number of ambulance handovers across all Trusts supported by SWASFT.

The RUH had 3,477 ambulance handover’s in the five week period (612 over the median)

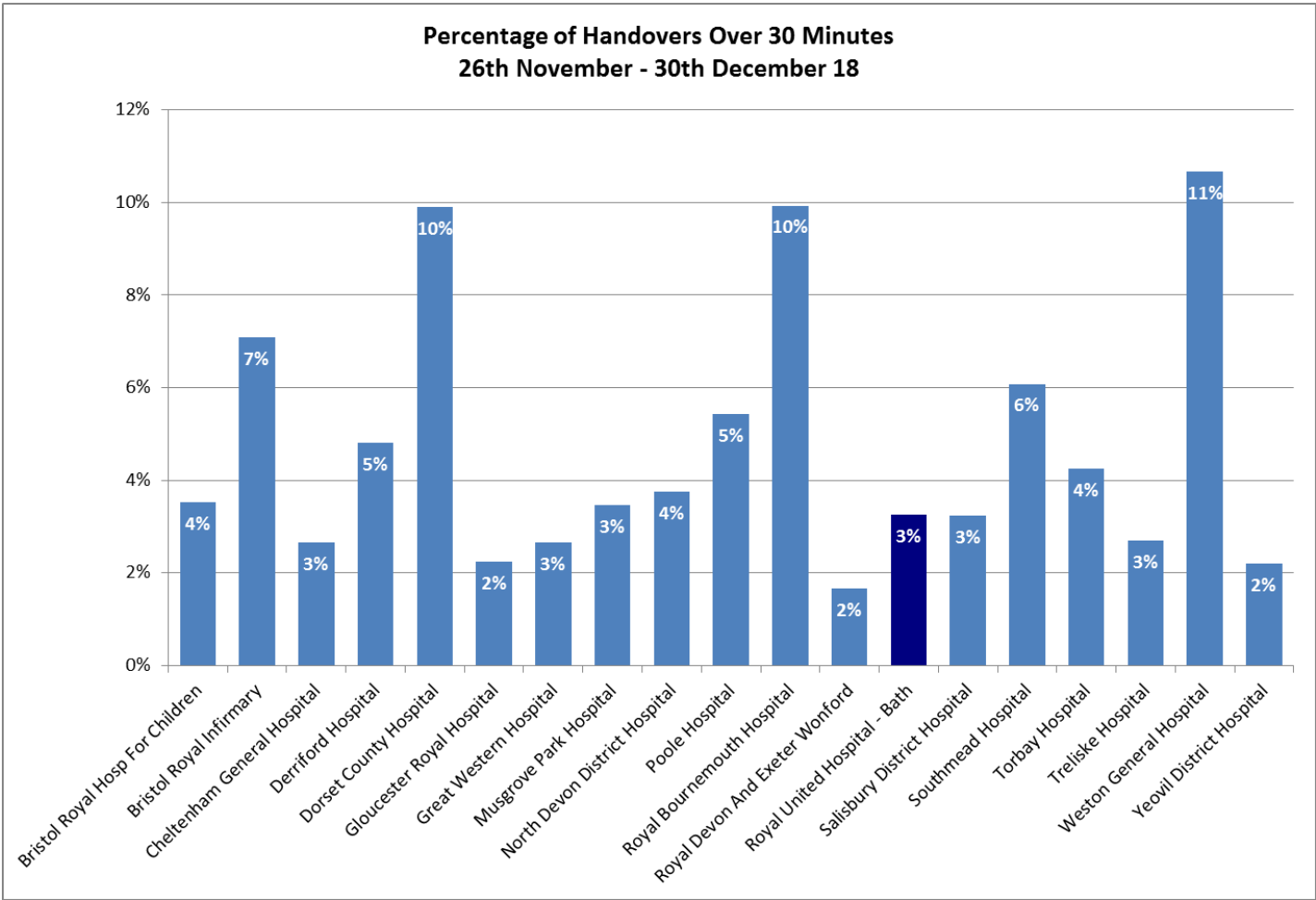
Data source: W020 – Hospital & Late Handover Trend Analysis (SWASFT)

SWAS Ambulance Handovers to ED over 15 minutes (3)



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

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



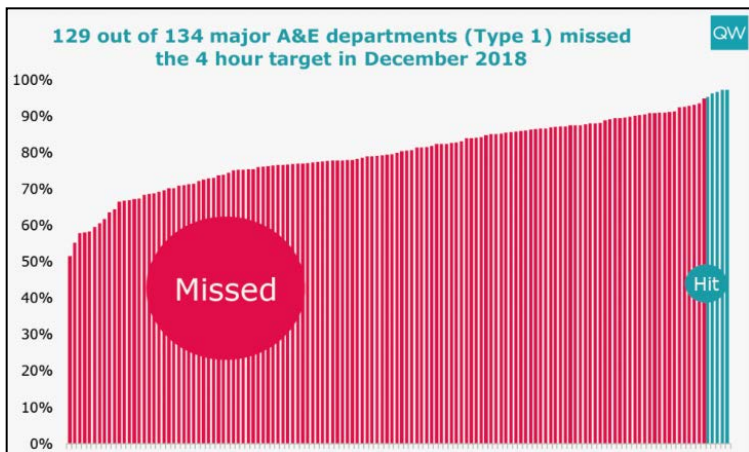
RUH provide SWASFT with data challenges on reported 30 minute breaches.

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)



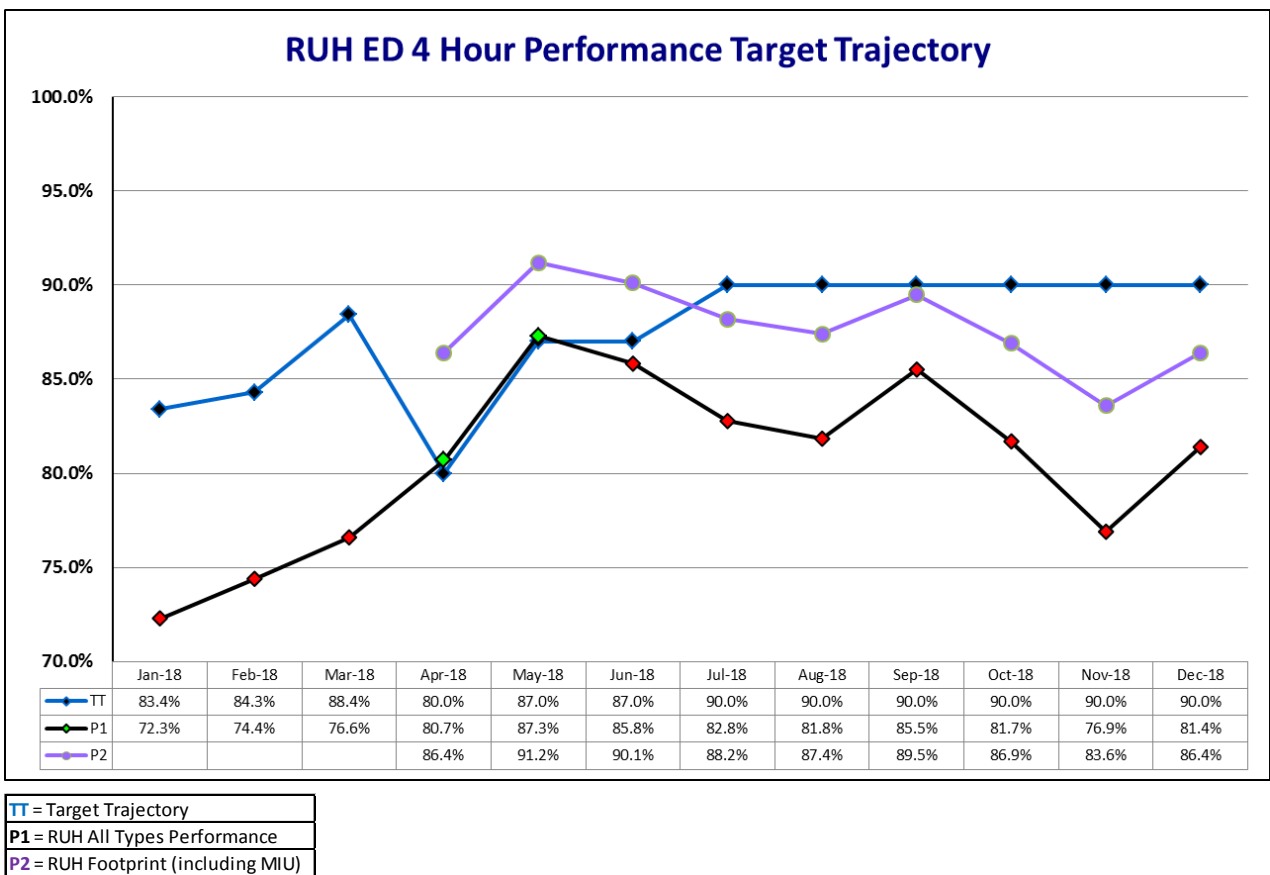
# 4 Hour Maximum Wait in ED – Improvement Trajectory (5)



The graph above provides NHS England 4hr performance in December 2018

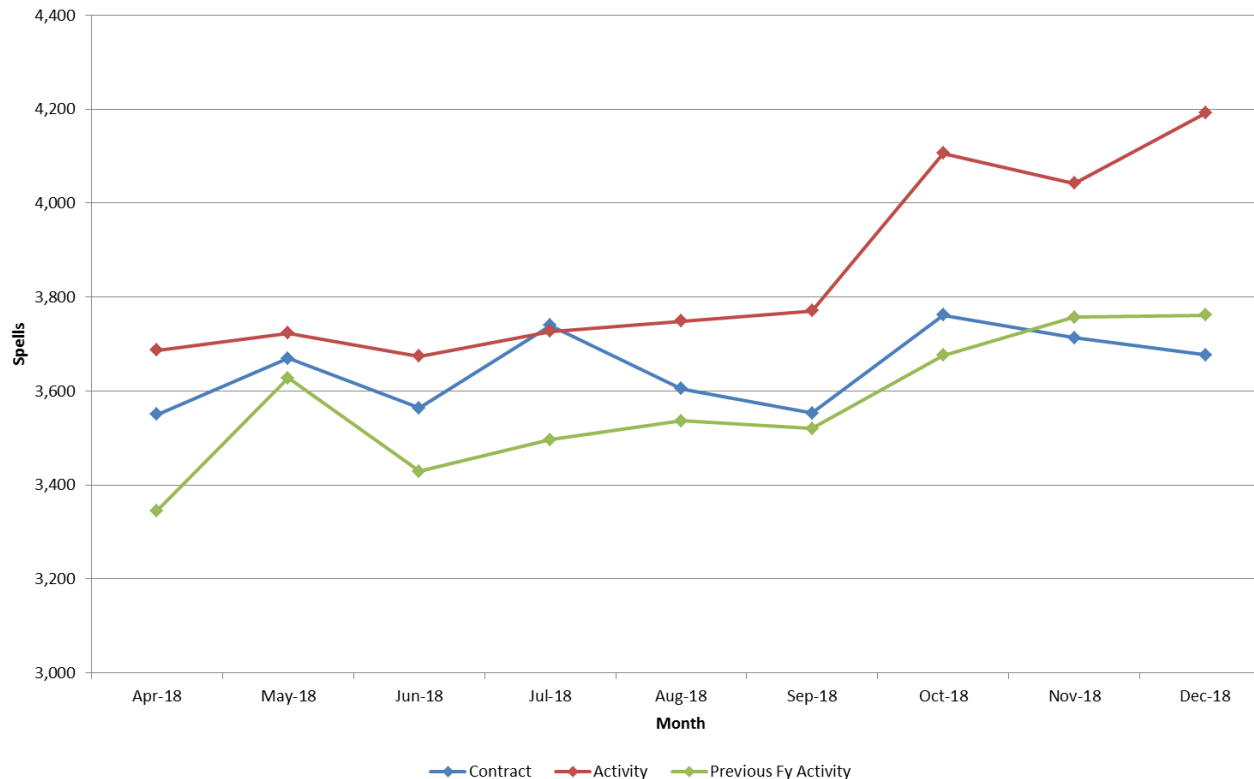
Performance remains below the improvement trajectory of 90% for RUH all types performance.

The Trust delivered improved performance for 4hrs over the Christmas period compared to 2017/18. This is detailed in the 4hr performance paper.



# Activity Levels (1)

Non Elective Activity Against Contract - Excludes Maternity



In December 2018 the non elective activity was 11.4% above December 2017 (excluding Maternity). Emergency department (ED) attendances were 5.2% above December 2017.

Bed Pressures as a result of activity:

- Total Escalation Beds open peaked at 28 with an average of 5.
- Medical Outliers peaked at 56 with a median of 36.

In December the Trust capacity was impacted by bed closures for essential works and infection.

- The max number of beds closed was 60 and the average per day closed was 22

Board should note that William Budd ward was fully opened during December 2018, following completion of essential works after a business continuity incident.

## Activity Levels – Non Elective (2)

Non Elective (Excluding Maternity)		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	YTD
Trust Total	Plan	3,550	3,670	3,564	3,740	3,605	3,553	3,761	3,713	3,677	32,834
	Activity	3,687	3,723	3,674	3,727	3,749	3,771	4,106	4,042	4,192	34,671
	Previous Fy Activity	3,345	3,628	3,429	3,496	3,537	3,520	3,676	3,757	3,762	32,150
	Variance vs Contract	3.9%	1.5%	3.1%	-0.3%	4.0%	6.1%	9.2%	8.9%	14.0%	5.6%
	Variance vs Previous Fy	10.2%	2.6%	7.1%	6.6%	6.0%	7.1%	11.7%	7.6%	11.4%	7.8%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan	1,346	1,392	1,351	1,418	1,365	1,348	1,426	1,409	1,395	12,449
	Activity	1,340	1,399	1,384	1,305	1,309	1,354	1,512	1,489	1,554	12,646
	Previous Fy Activity	1,269	1,415	1,299	1,327	1,308	1,302	1,394	1,405	1,414	12,133
	Variance vs Contract	-0.4%	0.5%	2.4%	-8.0%	-4.1%	0.5%	6.0%	5.7%	11.4%	1.6%
	Variance vs Previous Fy	5.6%	-1.1%	6.5%	-1.7%	0.1%	4.0%	8.5%	6.0%	9.9%	4.2%
NHS SOMERSET CCG	Plan	495	512	497	521	503	496	524	517	513	4,579
	Activity	528	521	482	508	537	504	554	569	546	4,749
	Previous Fy Activity	473	491	479	477	489	509	495	537	504	4,454
	Variance vs Contract	6.6%	1.8%	-3.0%	-2.6%	6.7%	1.7%	5.7%	10.0%	6.4%	3.7%
	Variance vs Previous Fy	11.6%	6.1%	0.6%	6.5%	9.8%	-1.0%	11.9%	6.0%	8.3%	6.6%
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	Plan	172	178	173	181	175	172	182	180	178	1,591
	Activity	177	193	171	184	185	179	188	202	192	1,671
	Previous Fy Activity	155	173	160	170	182	163	187	181	173	1,544
	Variance vs Contract	2.9%	8.6%	-1.0%	1.5%	5.8%	4.1%	3.0%	12.2%	7.8%	5.0%
	Variance vs Previous Fy	14.2%	11.6%	6.9%	8.2%	1.6%	9.8%	0.5%	11.6%	11.0%	8.2%
NHS WILTSHIRE CCG	Plan	1,363	1,408	1,368	1,434	1,385	1,364	1,443	1,423	1,411	12,599
	Activity	1,442	1,375	1,450	1,525	1,479	1,507	1,643	1,590	1,734	13,745
	Previous Fy Activity	1,257	1,361	1,303	1,313	1,362	1,358	1,431	1,436	1,480	12,301
	Variance vs Contract	5.8%	-2.4%	6.0%	6.3%	6.8%	10.5%	13.9%	11.7%	22.9%	9.1%
	Variance vs Previous Fy	14.7%	1.0%	11.3%	16.1%	8.6%	11.0%	14.8%	10.7%	17.2%	11.7%
OTHER CCGs	Plan	175	180	175	184	177	174	186	184	180	1,616
	Activity	200	235	187	205	239	227	209	192	166	1,860
	Previous Fy Activity	191	188	188	209	196	188	169	198	191	1,718
	Variance vs Contract	14.5%	30.5%	6.7%	11.3%	34.8%	30.3%	12.4%	4.6%	-8.0%	15.1%
	Variance vs Previous Fy	4.7%	25.0%	-0.5%	-1.9%	21.9%	20.7%	23.7%	-3.0%	-13.1%	8.3%

## 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	Oct-18	Nov-18	Dec-18	YTD
Trust Total	Plan £'000	7,161	7,359	7,173	7,476	7,364	7,105	7,553	7,356	7,365	65,911
	Income £'000	7,577	7,675	6,978	7,451	7,396	7,272	7,918	7,619	8,258	68,145
	Previous Fy Income £'000	6,417	6,951	6,754	7,076	6,850	6,780	6,815	8,624	7,571	63,838
	Variance vs Contract	5.8%	4.3%	-2.7%	-0.3%	0.4%	2.4%	4.8%	3.6%	12.1%	3.4%
	Variance vs Previous Fy	18.1%	10.4%	3.3%	5.3%	8.0%	7.3%	16.2%	-11.7%	9.1%	6.7%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan £'000	2,629	2,700	2,634	2,743	2,699	2,610	2,770	2,702	2,702	24,189
	Income £'000	2,697	2,867	2,607	2,653	2,587	2,581	2,918	2,802	3,082	24,794
	Previous Fy Income £'000	2,286	2,624	2,553	2,522	2,529	2,487	2,502	3,177	2,819	23,498
	Variance vs Contract	2.6%	6.2%	-1.0%	-3.3%	-4.2%	-1.1%	5.3%	3.7%	14.1%	2.5%
	Variance vs Previous Fy	18.0%	9.3%	2.1%	5.2%	2.3%	3.8%	16.6%	-11.8%	9.3%	5.5%
NHS SOMERSET CCG	Plan £'000	954	981	956	996	982	948	1,006	979	982	8,784
	Income £'000	1,024	1,027	902	946	1,004	922	1,004	1,004	1,043	8,877
	Previous Fy Income £'000	881	875	852	833	1,003	998	870	1,255	1,004	8,571
	Variance vs Contract	7.3%	4.7%	-5.6%	-5.0%	2.3%	-2.7%	-0.2%	2.6%	6.2%	1.1%
	Variance vs Previous Fy	16.2%	17.4%	5.8%	13.6%	0.2%	-7.6%	15.3%	-20.0%	3.9%	3.6%
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	Plan £'000	321	330	321	335	330	318	338	329	330	2,953
	Income £'000	373	357	260	392	351	388	398	354	410	3,283
	Previous Fy Income £'000	327	310	304	323	342	255	312	347	277	2,797
	Variance vs Contract	16.1%	8.4%	-19.0%	17.1%	6.1%	22.0%	17.6%	7.6%	24.2%	11.2%
	Variance vs Previous Fy	14.1%	15.2%	-14.4%	21.3%	2.5%	52.3%	27.4%	2.2%	47.8%	17.4%
NHS WILTSHIRE CCG	Plan £'000	2,796	2,872	2,800	2,918	2,877	2,773	2,949	2,870	2,875	25,731
	Income £'000	3,049	2,877	2,778	3,024	2,958	2,931	3,165	3,065	3,368	27,214
	Previous Fy Income £'000	2,476	2,746	2,606	2,895	2,631	2,626	2,735	3,385	3,043	25,142
	Variance vs Contract	18.1%	0.2%	-0.8%	3.6%	2.8%	5.7%	7.3%	6.8%	17.2%	5.8%
	Variance vs Previous Fy	23.1%	4.8%	6.6%	4.5%	12.5%	11.6%	15.7%	-9.4%	10.7%	8.2%
OTHER CCGs	Plan £'000	460	476	461	484	476	457	490	475	476	4,255
	Income £'000	434	546	432	437	495	449	434	394	356	3,977
	Previous Fy Income £'000	448	396	439	503	346	414	395	461	428	3,830
	Variance vs Contract	-5.6%	14.7%	-6.4%	-9.9%	4.1%	-1.6%	-11.3%	-17.1%	-25.3%	-6.5%
	Variance vs Previous Fy	-3.0%	37.9%	-1.6%	-13.1%	43.1%	8.4%	9.9%	-14.6%	-16.9%	3.8%



## 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	1	0	0
Oct-18	4	1	0	0
Nov-18	3	0	0	2
<b>Dec-18</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>5</b>
<b>Y-T-D</b>	<b>25</b>	<b>5</b>	<b>0</b>	<b>7</b>

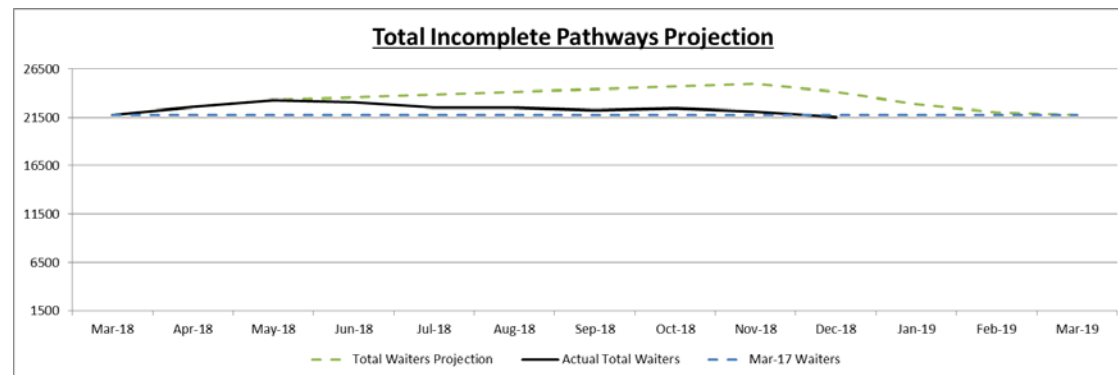
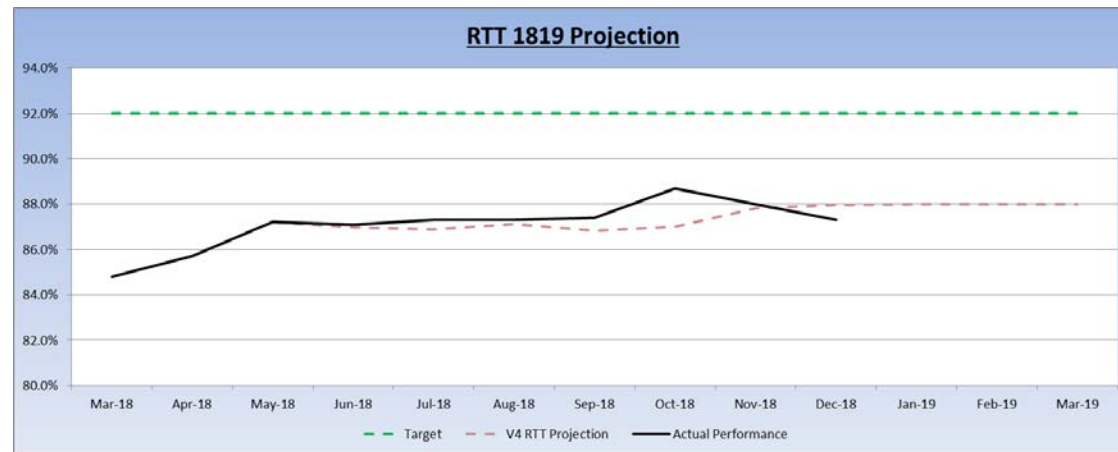
For 2018/19 the RUH tolerance is 21 post 3 day C Diff cases.

- In December there were 5 cases of C-Difficile
- 7 cases await RCA (2 November, 5 December)
- There have been a total of 5 successful appeals.

Year to date the best case scenario is 13 RUH Trust attributed C Diff cases, which would be within Trust tolerance the worst case scenario is 20 which would be outside Trust tolerance.

## Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:



- Performance against the incomplete standard of 92% was 87.3% in December, a decline of 0.7% on November, and 0.7% below the improvement trajectory target. This compares with a National Incomplete RTT average performance of 87.1% (National average last reported in October 2018)
- 8 specialties did not achieve the constitutional standard in December. These were General Surgery, ENT, Ophthalmology, Oral Surgery, T&O, Gastroenterology, Cardiology and Dermatology.
- Of the failing specialties, General Surgery, Gastroenterology, Cardiology and Dermatology saw a decline in performance from November
- The over 18 week backlog for admitted patients grew in month to 857 (4.4% increase from November)
- Total Incomplete Pathways reduced by 2.4% from November, and is now 0.8% below the March 2018 level and better than the Trusts planned trajectory. This compares to a national position reported in October of 8.8% above March 18, this is the most recent available national data
- The Trust has reported one 52 week breach stop for December.

## 18 Weeks Incomplete Standard (2)

	Open Pathways			
	Total Wait	> 18 Weeks	Performance	
100 - General Surgery	2240	239	89.3%	↓
101 - Urology	859	60	93.0%	↓
110 - T&O	1695	242	85.7%	↑
120 - ENT	1675	240	85.7%	↑
130 - Ophthalmology	2047	260	87.3%	↑
140 - Oral Surgery	2538	651	74.3%	↑
300 - Acute Medicine	70	0	100.0%	↑
301 - Gastroenterology	2230	247	88.9%	↓
320 - Cardiology	1359	158	88.4%	↓
330 - Dermatology	1332	348	73.9%	↓
340 - Respiratory Medicine	410	5	98.8%	↑
400 - Neurology	591	19	96.8%	↓
410 - Rheumatology	876	27	96.9%	↓
430 - Geriatric Medicine	147	3	98.0%	↑
502 - Gynaecology	1309	101	92.3%	↑
X01 - Other	2170	134	93.8%	↓
<b>Total</b>	<b>21548</b>	<b>2734</b>	<b>87.3%</b>	↓

- During December 2018, 229 patients were discharged through Chairport, equating to 57.3% of all day case patients. (\*\*see note below)
- 28 patients were cancelled on the day of surgery for non-clinical reasons, with the highest numbers cancelled due to list overruns (6) and surgeon unavailability (6) and not bed availability.
- In month performance improvements noted in T&O, ENT, Ophthalmology and Oral Surgery.

### Actions taken in Month:

- WLI outpatient clinics continued to be provided across the specialties of ENT, and Urology
- WLI elective lists were provided by General Surgery, T&O, Urology and will continue until the end of March 2019
- Winter planning has been completed with an agreement to provide RUH T&O theatre lists within the independent sector during Q4
- Oral surgery referrals have continued to increase. Additional junior medical staff are now in-post and improvement in performance is expected to continue through quarter 4.
- Dermatology saw a further decline of 7.7% in month. A recovery plan is being enacted which includes recruitment of a Locum Consultant, who has commenced in January 2019. Dermatology continue to prioritise cancer 2ww referrals.
- Gastroenterology 2ww referrals continue to be prioritised which is now impacting on RTT performance. Additional lists (WLI) are being undertaken and an NHS consultant locum has been advertised.
- Cardiology have agreed a Q4 recovery plan to increase the volume of outpatients and elective activity. Additional weekend echocardiography lists have also been put in-place from December.

\*\* Previously, the potential number of Chair port patients through theatres included Ophthalmic, Gynae, Obstetric and Paediatric patients. It also included some patients originally listed as day cases, but staying in the hospital overnight. These patients have now been excluded.



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

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
100 - General Surgery	86	118	124	122	120	103	103	85	89	84	70	61	55
101 - Urology	15	33	46	46	30	26	17	14	11	12	11	8	7
110 - Trauma & Orthopaedics	32	44	42	52	41	40	34	36	37	33	28	23	29
120 - ENT	51	47	65	73	75	75	87	57	53	53	54	57	68
130 - Ophthalmology	76	127	184	187	134	140	156	97	96	70	46	32	43
140 - Oral Surgery	163	192	200	220	217	236	190	122	81	74	92	81	104
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	11	16	3	6	10	7	12	13	14	12	16	14	18
320 - Cardiology	6	4	6	6	6	9	11	10	13	20	10	11	15
330 - Dermatology	21	5	3	0	0	0	0	0	0	0	15	39	72
340 - Respiratory Medicine	1	0	0	0	0	0	0	0	0	0	0	1	0
400 - Neurology	0	0	0	0	0	1	1	2	0	3	0	0	0
410 - Rheumatology	2	3	5	9	3	1	2	2	2	2	0	1	2
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	0	1	1	3	2	6	5	2	5	8	4	7	6
X01 - Other	9	14	14	22	26	25	33	20	16	11	13	12	15
Open Pathways > 30 Weeks	473	604	693	746	664	669	651	460	417	382	359	347	434

- Overall incomplete pathways over 30 weeks have increased in month.
- >30 week patient numbers have increased in all specialties other than General Surgery, Urology and Gynaecology.
- Long waits for outpatients is contributing to the position as specialties prioritise suspected cancer referrals, before routine referrals.





## Cancer Access 62 days all cancers (1)

			Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
62 Day	Cancer Network	RUH	93.00%	87.60%	89.30%	82.20%	88.40%	87.90%	87.10%	80.60%	85.90%	82.20%	85.99%	85.07%
		UHB	77.99%	81.30%	87.30%	84.08%	82.41%	85.96%	85.66%	88.93%	87.43%	85.47%	87.92%	Not yet available
		NBT	76.89%	83.30%	87.30%	84.50%	81.88%	85.12%	78.95%	83.01%	81.30%	79.32%	83.58%	Not yet available
		Taunton	73.79%	76.10%	78.60%	75.50%	74.33%	73.77%	79.74%	73.78%	74.67%	78.37%	83.16%	Not yet available
		Yeovil	87.27%	82.60%	90.12%	82.11%	72.34%	82.20%	79.67%	75.21%	73.96%	85.16%	90.83%	Not yet available
		Gloucester	69.91%	79.10%	78.70%	80.49%	79.88%	67.11%	75.13%	76.58%	69.04%	68.03%	78.37%	Not yet available
		Weston	77.78%	78.70%	65.50%	80.00%	82.54%	70.37%	65.28%	74.63%	63.33%	73.53%	60.00%	Not yet available
	Other Local Trusts	GWH	83.59%	87.90%	90.00%	80.79%	86.98%	93.57%	80.00%	84.21%	82.22%	91.26%	92.40%	Not yet available
		Salisbury	76.58%	77.70%	92.00%	87.83%	88.03%	79.73%	80.92%	84.27%	87.77%	46.67%	74.70%	Not yet available
	National	England	81.15%	81.00%	84.70%	82.30%	81.10%	79.24%	78.19%	79.36%	78.25%	78.36%	79.19%	Not yet available

- December 62 day performance 85.0% against the 85% target.
- November activity levels at 100 cases with 15 breaches reported.
- The prostate pathway within Urology remains the Trust's most significant challenge, largely due to delays in the diagnostic phase of the pathway. This reflects the national picture.

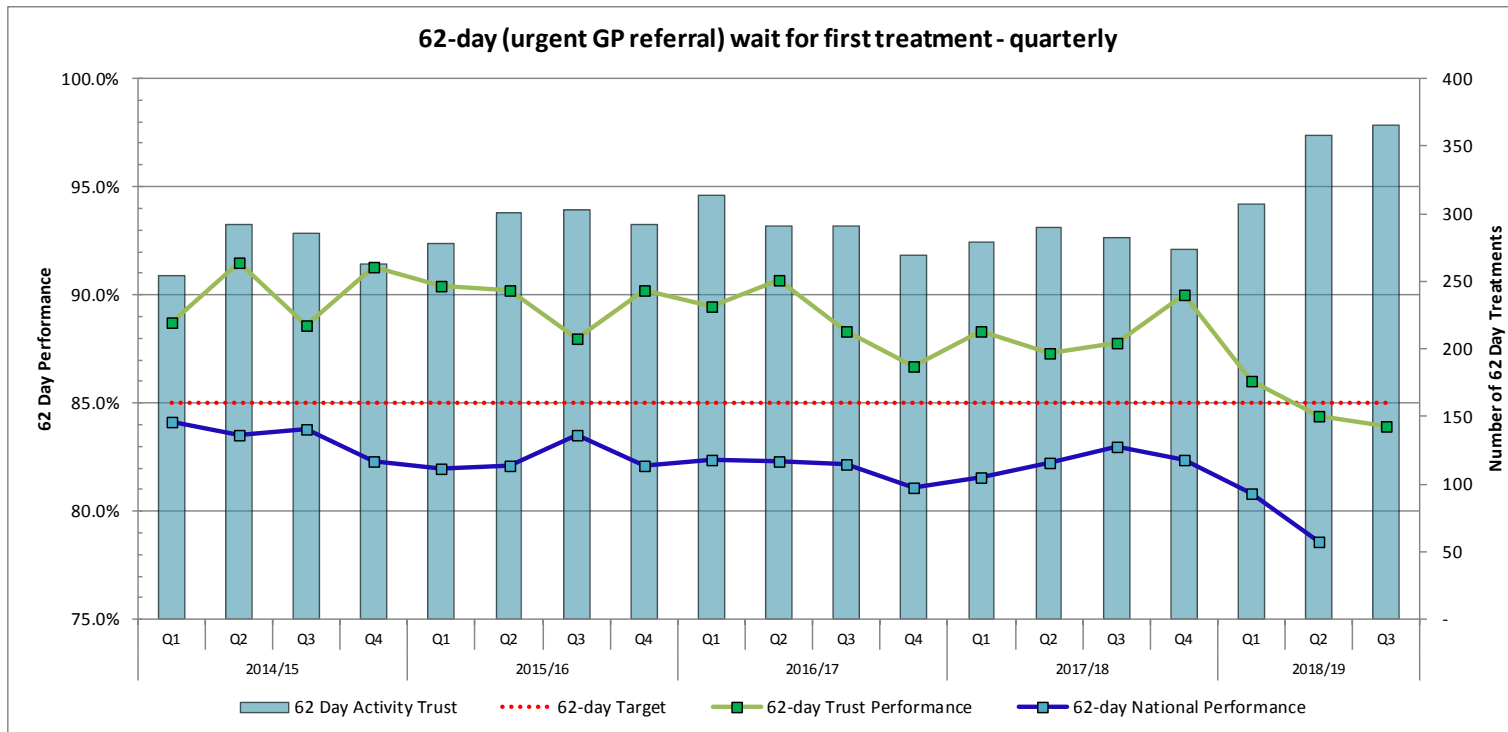
# 62 Day performance by Tumour Site (2)

Cancer Site	Indicator Description	2017/18				2018/19								
		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Breast	Activity	11	16	6	24.5	26	14	16	18	21	18	22.5	33	11
	Breaches	0	0	0	0	1	0	0	0	0	0	0	0	0
	Performance	100.0%	100.0%	100.0%	100.0%	96.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Referral Conversion %	9.8%	5.8%	8.8%	9.3%	6.9%	6.1%	7.5%	7.2%	9.4%	8.7%	9.9%	6.4%	
Colorectal	Activity	11	8.5	4.5	15	11.5	8	9.5	6	8	9.5	12	14	13
	Breaches	3	1.5	1.5	3	5.5	0	2.5	2	2	4.5	6	5	5
	Performance	72.7%	82.4%	66.7%	80.0%	52.2%	100.0%	73.7%	66.7%	75.0%	52.6%	50.0%	64.3%	61.5%
	Referral Conversion %	8.3%	6.0%	6.3%	4.7%	6.4%	2.9%	3.8%	3.7%	5.0%	6.3%	4.2%	4.6%	
Gynaecology	Activity	6	5	7	7.5	5	2.5	5	3	6	8	10	8	11
	Breaches	0	0	1	0	0	0	0	0	2	0	0	4	2
	Performance	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	50.0%	81.8%
	Referral Conversion %	7.1%	5.3%	8.0%	6.7%	2.1%	3.9%	4.9%	3.3%	11.4%	13.2%	4.5%	2.7%	
Haematology	Activity	8	7	4	7	6	8.5	5	6.5	5	6.5	6	3.5	4
	Breaches	1	0	1	0	0	0	1	2	0	0	1	0	0
	Performance	87.5%	100.0%	75.0%	100.0%	100.0%	100.0%	80.0%	69.2%	100.0%	100.0%	83.3%	100.0%	100.0%
	Referral Conversion %	60.0%	33.3%	33.3%	66.7%	46.2%	64.3%	38.5%	66.7%	83.3%	62.5%	25.0%	31.6%	
Head and Neck	Activity	6.5	6	2.5	4	7	3	2	2.5	2.5	5	4	3	3
	Breaches	0.5	2.5	0.5	2	2.5	2	0	1.5	1.5	2	2	1	2
	Performance	92.3%	58.3%	80.0%	50.0%	64.3%	33.3%	100.0%	40.0%	40.0%	60.0%	50.0%	66.7%	33.3%
	Referral Conversion %	7.1%	7.2%	6.2%	7.2%	0.0%	3.9%	1.8%	3.9%	4.3%	2.4%	4.9%	2.5%	
Lung	Activity	7	10	8.5	6.5	7.5	3	5	12	7.5	8.5	7.5	6	5
	Breaches	0.5	0	0.5	1.5	3.5	1	1	1	1	1	0.5	0	0
	Performance	92.9%	100.0%	94.1%	76.9%	53.3%	66.7%	80.0%	91.7%	86.7%	88.2%	93.3%	100.0%	100.0%
	Referral Conversion %	36.4%	32.0%	42.9%	31.3%	18.2%	26.5%	34.8%	37.5%	20.7%	17.1%	23.7%	10.5%	
Skin	Activity	16	38.5	10.5	17.5	24.5	23	18.5	26.5	30.5	34	27.5	31	21
	Breaches	2	3	1.5	0.5	0	1	2	2.5	0.5	1	1.5	0	1
	Performance	87.5%	92.2%	85.7%	97.1%	100.0%	95.7%	89.2%	90.6%	98.4%	97.1%	94.5%	100.0%	95.2%
	Referral Conversion %	9.5%	11.9%	8.5%	10.8%	9.9%	8.2%	5.3%	7.7%	10.7%	12.5%	9.4%	10.2%	
Upper GI	Activity	4	3.5	3	7.5	3	8	6.5	11.5	13	5.5	9	7.5	3.5
	Breaches	1.5	0	0	1.5	2	3.5	0.5	2.5	4	1.5	2	2	0
	Performance	62.5%	100.0%	100.0%	80.0%	33.3%	56.3%	92.3%	78.3%	69.2%	72.7%	77.8%	73.3%	100.0%
	Referral Conversion %	6.5%	5.6%	6.1%	6.7%	6.9%	8.9%	12.9%	8.2%	8.7%	6.4%	8.3%	2.9%	
Urology	Activity	12	22	19	13.5	16.5	35	23.5	17	35	26.5	28.5	28	29
	Breaches	1	2	2	0.5	3.5	6	4.5	2	14	7.5	11	8	5
	Performance	91.7%	90.9%	89.5%	96.3%	78.8%	82.9%	80.9%	88.2%	60.0%	71.7%	61.4%	71.4%	82.8%
	Referral Conversion %	14.3%	15.8%	19.8%	16.6%	16.6%	18.3%	13.9%	18.0%	20.3%	19.6%	15.1%	14.7%	

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.

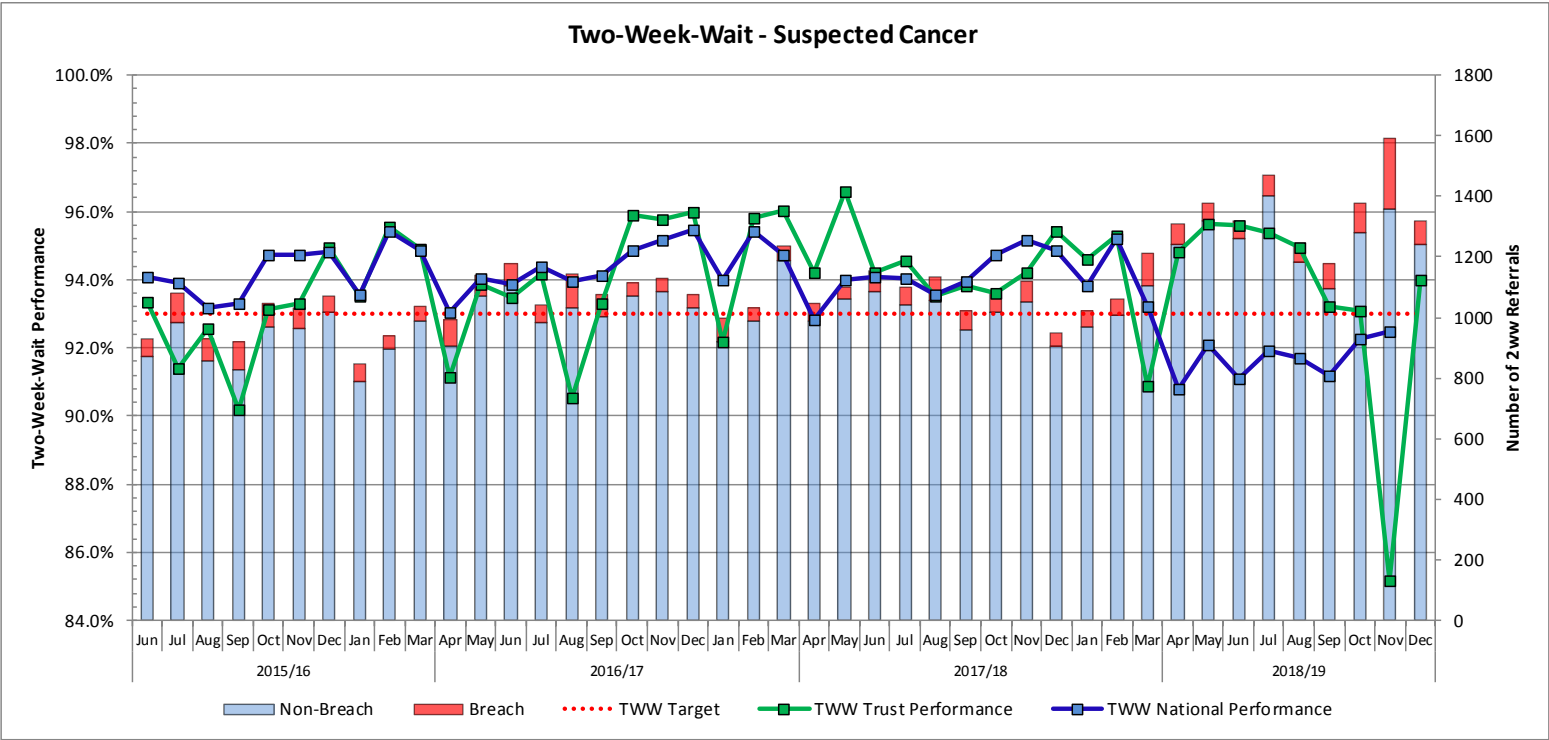
- The Board is asked to note performance by tumour site.
- For the RUH, performance is challenged predominantly in Urology, Colorectal, Head & Neck and Upper GI.
- Gynaecology have also recorded several breaches recently, largely due to patient-specific issues.
- A Prostate 62 Day Recovery Plan is now in-place, monitored via performance meetings.
- A Colorectal 62 Day Recovery Plan has also been agreed and will be monitored via performance meetings.
- Work is ongoing to deliver the Early Diagnosis timed pathways, supported with Cancer Transformation Funding and National Support Funding specifically within Prostate, Colorectal and Lung.
- For Head & Neck and Upper GI those pathways have significant elements of the pathway at UHB so discussions are ongoing to align improvement plans across Trusts.

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



- The 85% target was not achieved for Quarter 3 due to the non-achievement within October. Quarterly 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 any 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.

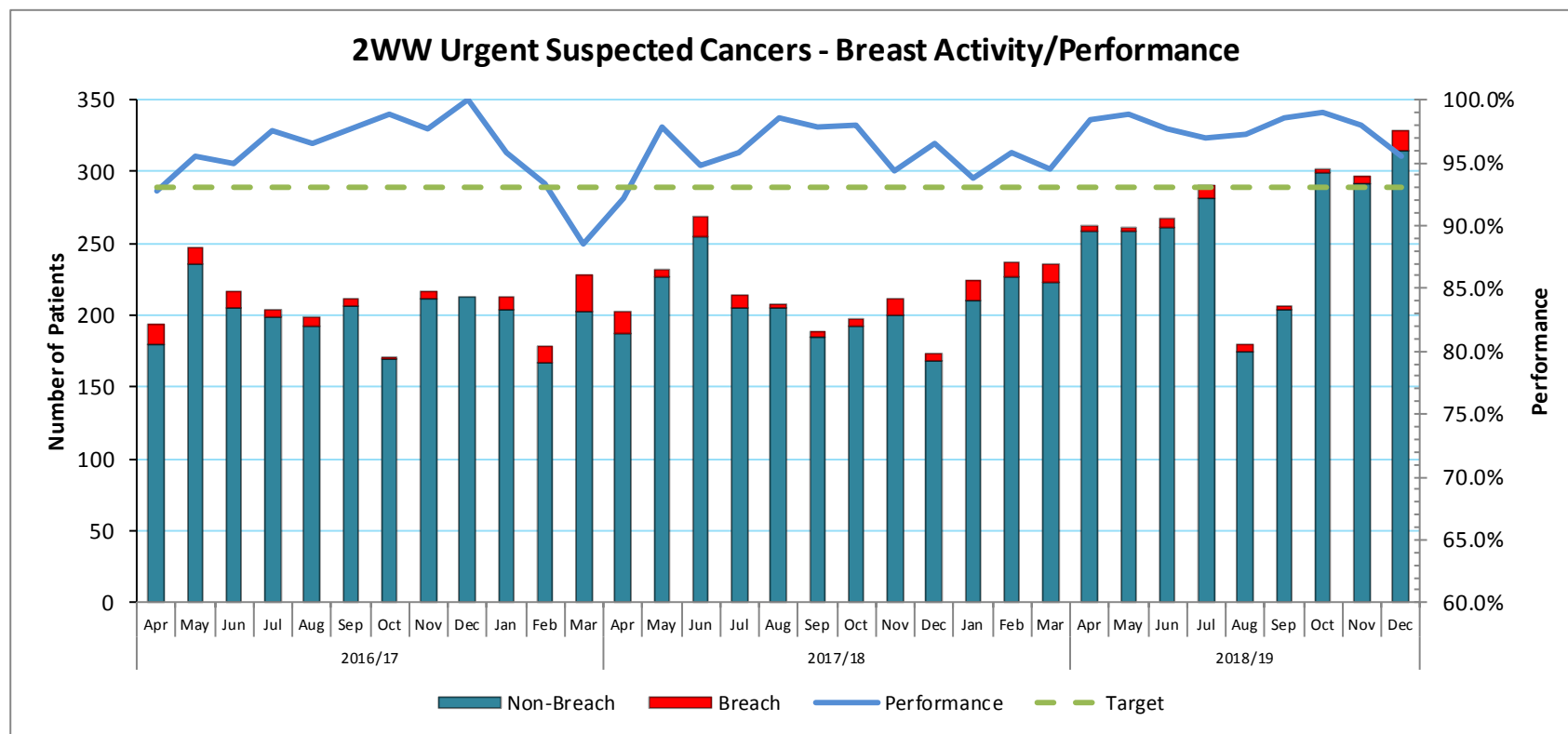
# Cancer Access – 2 WW (4)



- The 2ww suspected cancer target passed in December at 94.0%.
- Performance significantly improved from November, specifically within Gynaecology (94.3%) and Skin (92.4%), both of whom suffered large numbers of breaches due to demand and capacity challenges the previous month.
- Activity remained high in December, although slightly lower than most recent months due to a number of patients delaying appointments until the new year. This element of patient choice does put January 2ww performance at increased risk.

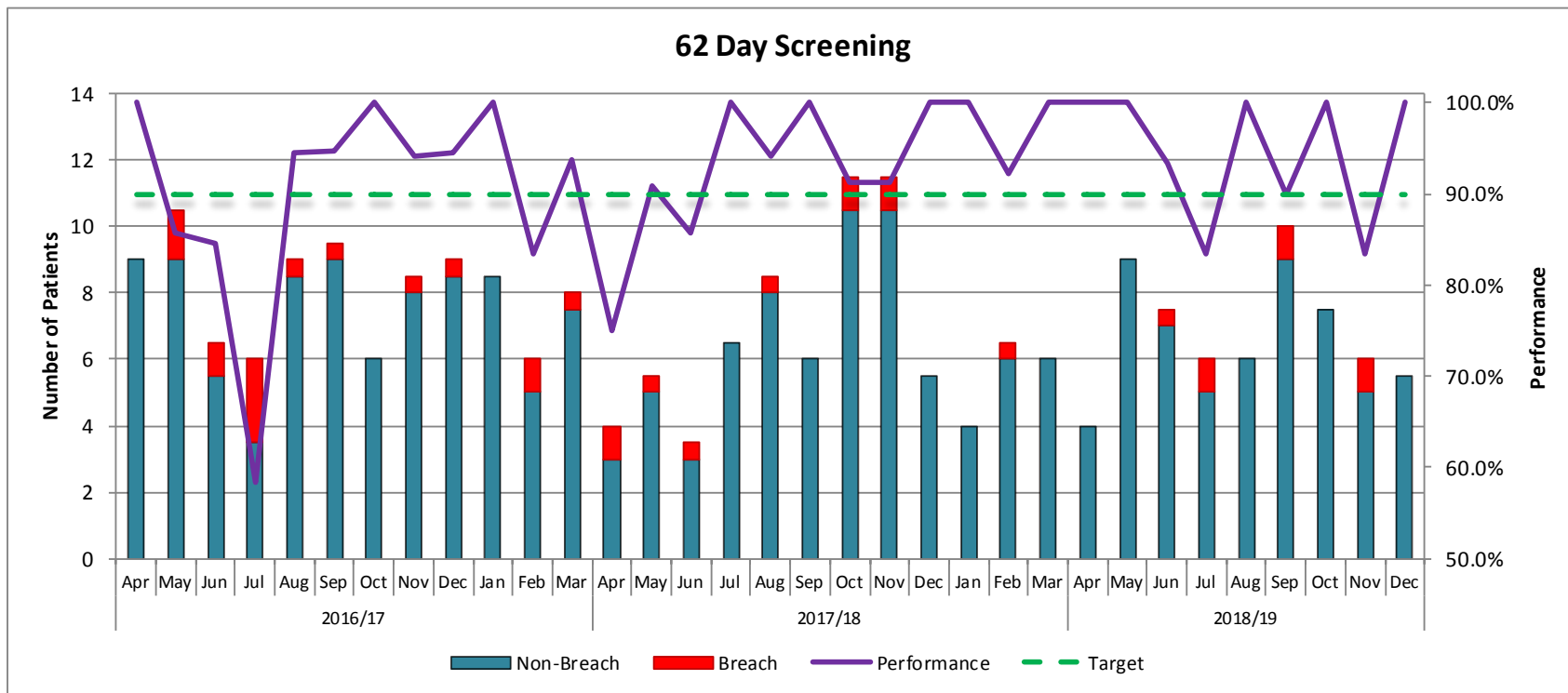
Please note: the graph has been updated to show the national 2ww performance (blue line) alongside the Trust’s performance and activity split by non-breaches and breaches.

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



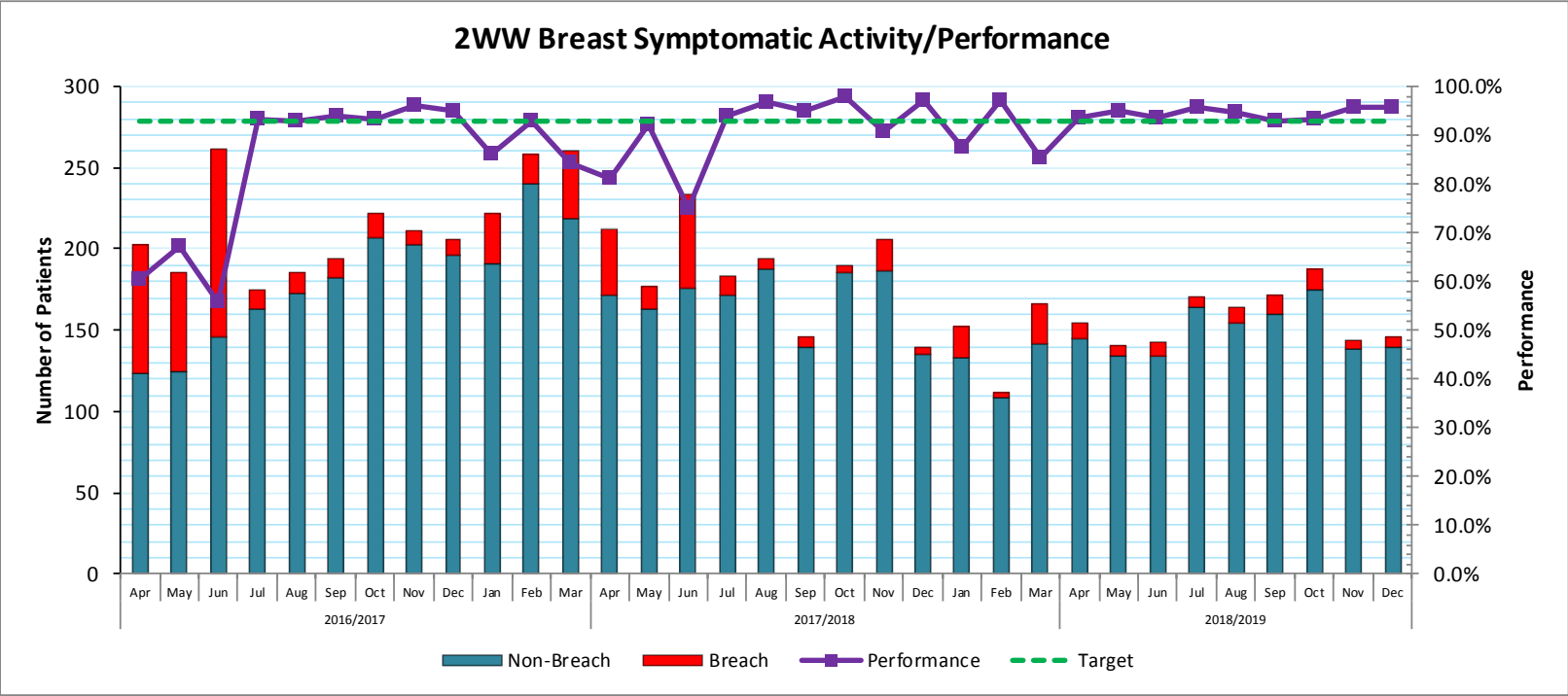
- The performance in December for Breast 2WW suspected cancer was 95.4%, achieving the 93% target.

# Cancer Access – 62 Day Screening (6)



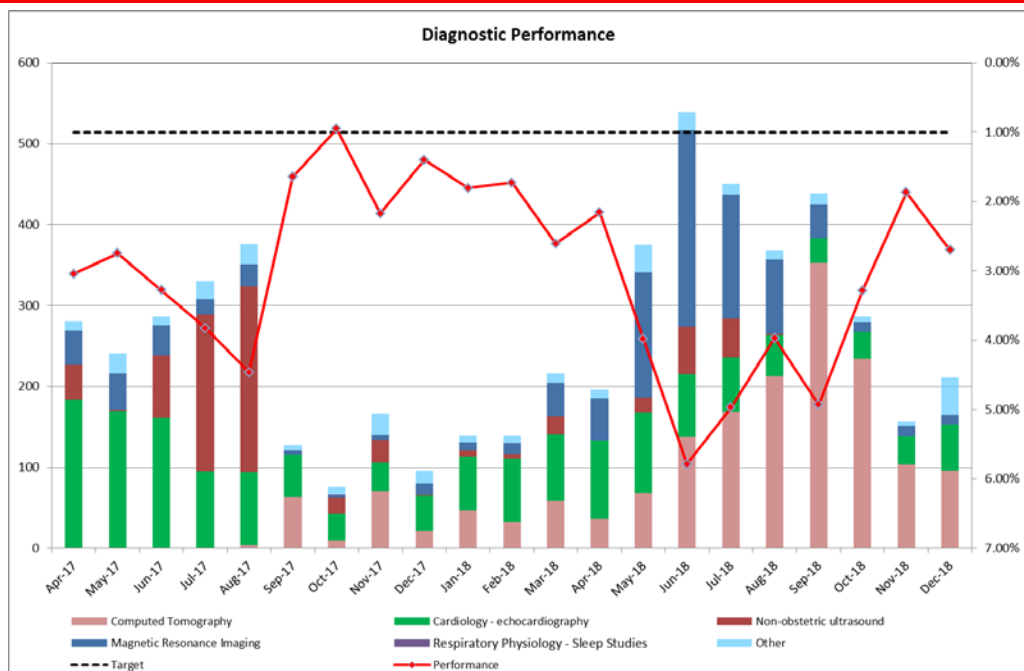
- In December the Trust passed the 90% target with performance at 100%.

Cancer Access – Breast Symptomatic (7)



- The symptomatic target passed in December with performance at 95.9% against 93% target.

## Diagnostics (1)



Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	12
Computed Tomography	96
Audiology - Audiology Assessments	2
Cardiology - Echocardiography	57
Colonoscopy	24
Flexi Sigmoidoscopy	8
Cystoscopy	2
Gastroscopy	10
<b>Total (without NONC)</b>	<b>211</b>

December performance is reported as 2.7% against the  $\leq 1.0\%$  indicator.

- **CT (96)** - Improvement noted in month, however there is insufficient capacity to meet the demand for all planned, suspected cancer, clinically urgent and inpatients. Overall growth in CT demand continues. Capacity continues to be utilised with private providers. This activity has been reflected in the improvement trajectory for Q4. A weekly PTL to support CT and MRI booking is now being developed in support of the 62 day cancer performance and in preparation for shadow monitoring of the 28 day faster diagnosis standard.

### All other diagnostic areas:

- **MRI (12)** - Sustained performance in month due to third MRI capacity and mobile capacity, November backlog now cleared. Review of internal demand continues including impact of GA lists, department continue to prioritise clinically urgent and inpatient requests. Alternative provider MRI capacity has been confirmed going forward and reflected in improvement trajectory.
- **Echocardiography (57)** - The focus has continued to be on the stress echo (DSE). Plain echo and TOE breaches occurred in month. Main issues in month, unable to secure weekend bank capacity and unexpected reduction in specialist capacity due to medical staff unplanned absence.
- **Colonoscopy, flexi-sigmoidoscopy & Gastroscopy (42)** - Breaches of the standard due to capacity and focus on 2ww and the 62 day standard. Agreement to secure a short term locum in place, aim for this to be in place for February 2019





## Diagnostics (2)

### Key Recovery Plan Actions

<b>Echo Type</b>	
Cardiology DSE	25
Cardiology Bubble	4
Cardiology TOE / TEE	23
Plain Echo	5
<b>TOTAL</b>	<b>57</b>

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 (52 - DSE, Bubble, TOE/ TEE)

The actions put in place to increase capacity have helped to manage the DSE diagnostic demand. The focus will continue until breaches are eliminated. Additional staff now trained to be able to undertake TOE from January 2019. Main issues in month, unable to secure weekend bank capacity and unexpected reduction in specialist capacity due to medical staff unplanned absence. An additional plan being developed to address staff shortfall expected over the next 3 months, the improvement trajectory will be amended once in place,

### Plain Echo (5)

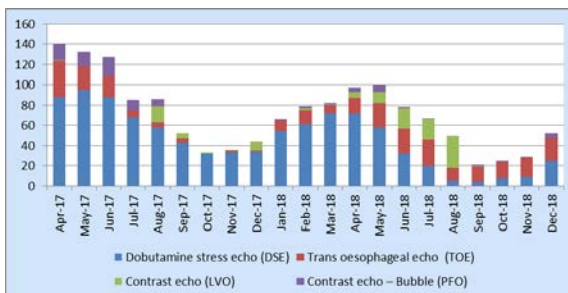
Breaches in month are due to echo machine capacity being used for specialist echo diagnostics.

### Ultrasound (0)

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

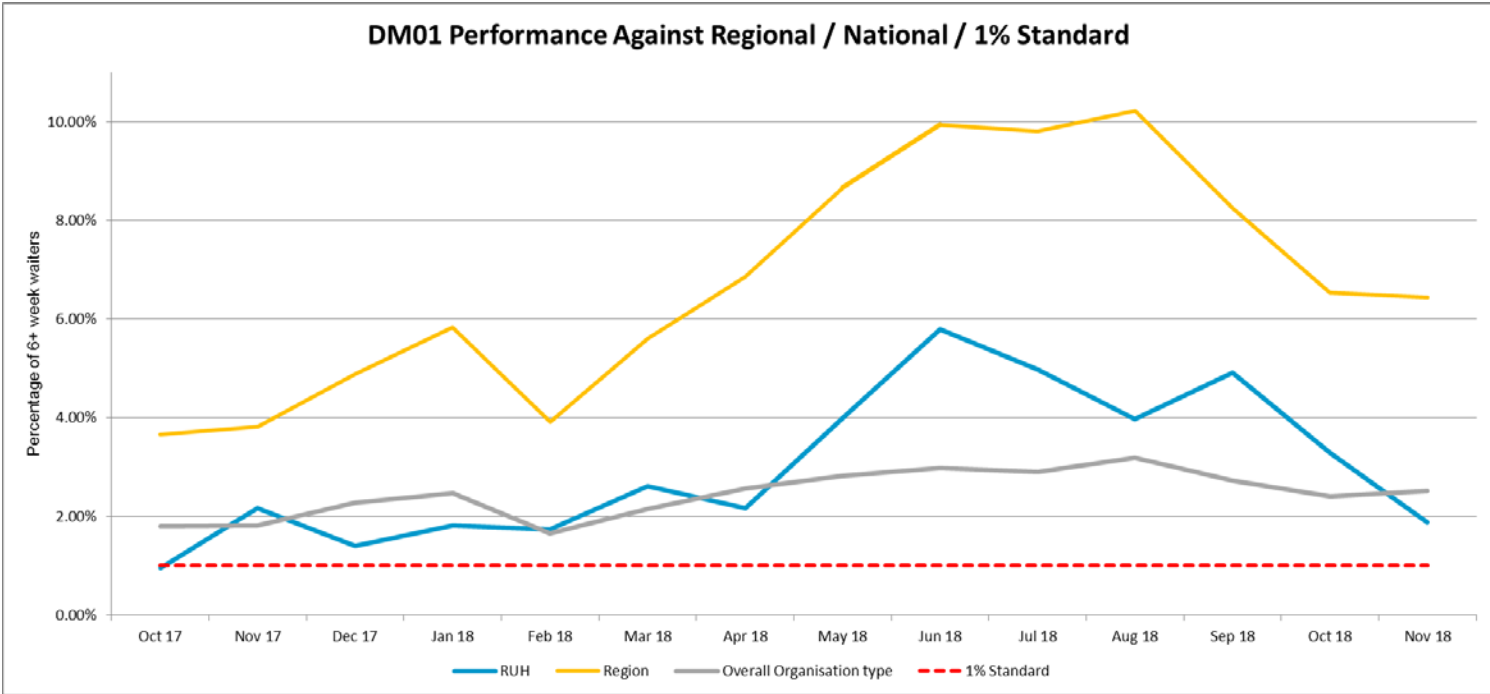
### Audiology (2)

Breaches continue to be a focus for the Surgical Division. Performance sustained in month with only 2 breaches.



# Diagnostics (3)

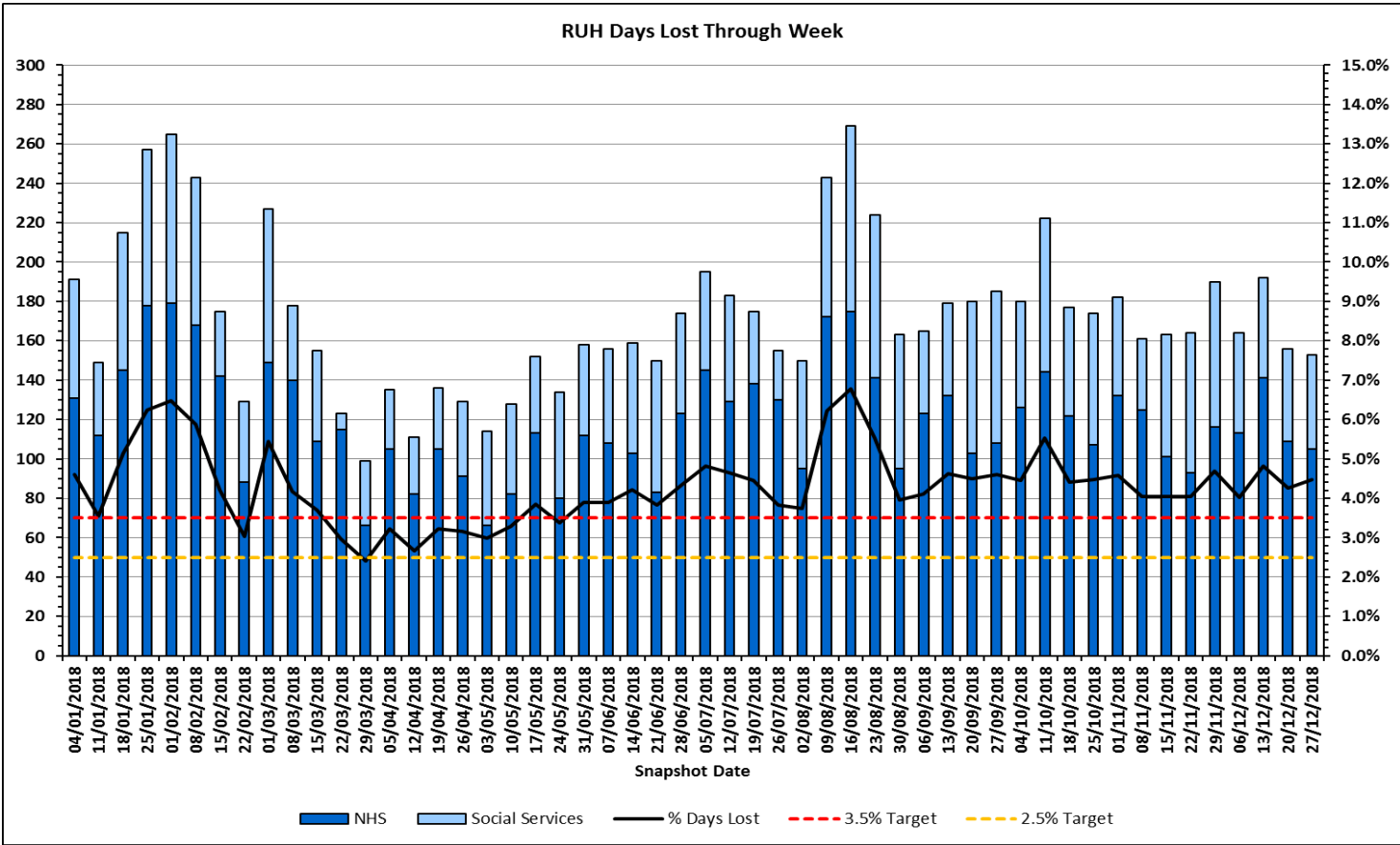
- This slide shows the percentage of 6+ week waiters for the RUH and Region against the 1% national standard up to November 2018.



	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	Nov 18
Provider Position (No. 6+ Weeks)	76	166	96	139	139	216	196	375	539	450	369	438	285	156
Provider Position (Total Waiting List)	7,984	7,640	6,851	7,691	8,051	8,288	9,077	9,424	9,316	9,052	9,300	8,918	8,670	8,338
RUH	0.95%	2.17%	1.40%	1.81%	1.73%	2.61%	2.16%	3.98%	5.79%	4.97%	3.97%	4.91%	3.29%	1.87%
Region	3.65%	3.81%	4.88%	5.83%	3.91%	5.61%	6.85%	8.66%	9.94%	9.80%	10.22%	8.24%	6.53%	6.44%
Overall Organisation type	1.80%	1.81%	2.27%	2.46%	1.66%	2.15%	2.57%	2.82%	2.98%	2.90%	3.19%	2.73%	2.41%	2.51%

# Delayed Transfers of Care (1)

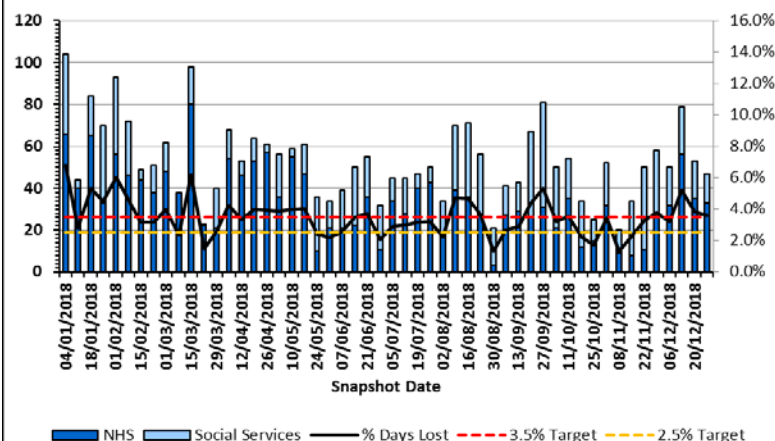
DTOC	CCG's																	
	NHS BATH AND NORTH EAST			NHS SOMERSET CCG			NHS WILTSHIRE CCG			BRISTOL, NORTH SOMERSET & S.			Non Commissioning			All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total
Number of Patients	6	2	8	1	1	2	10	2	12	1	2	3	1	0	1	19	7	26
Number of Delayed Days	162	91	253	16	14	30	281	76	357	53	44	97	5	10	15	517	235	752



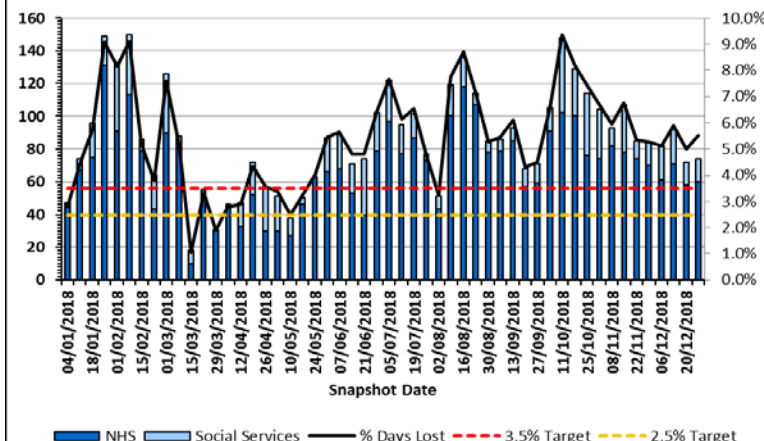
- The DTOC position by CCG is detailed in the table. 26 patients reported at the December month end snapshot and 752 delayed days (4.3%). This is above the national target set (3.5%).
- The graph outlines the delayed days by week since January 2018.
- The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay).

## Delayed Transfers of Care by CCG (2)

Days Lost Through Week: NHS BANES CCG

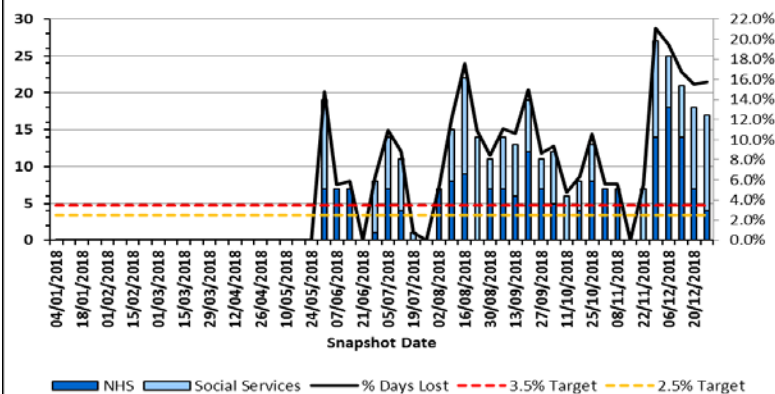


Days Lost Through Week: NHS Wiltshire CCG

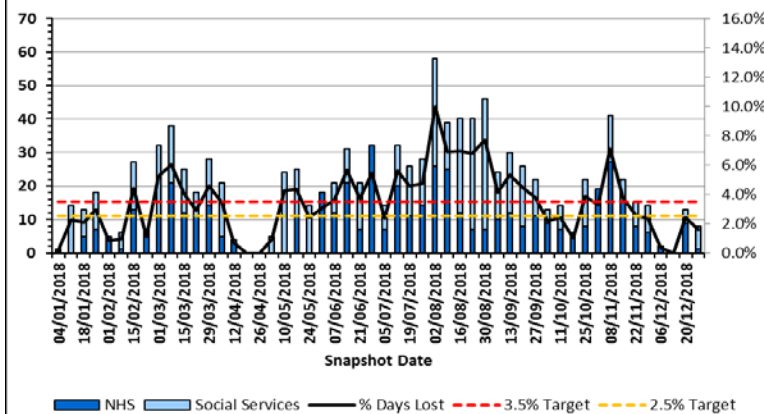


- RUH focus to reduce delays is being led through the Integrated Discharge Service (IDS) work programme
- Actions taken have improved the Wiltshire position in December but board should note that performance has deteriorated in early January 2019. This remains a focus for system improvement.

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



Days Lost Through Week: NHS Somerset CCG



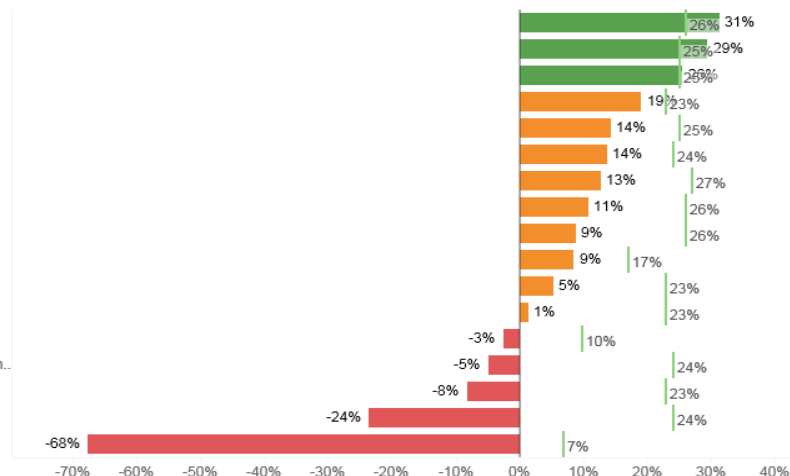


## Reducing Extended Length of Stay (+21 day) (3)

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

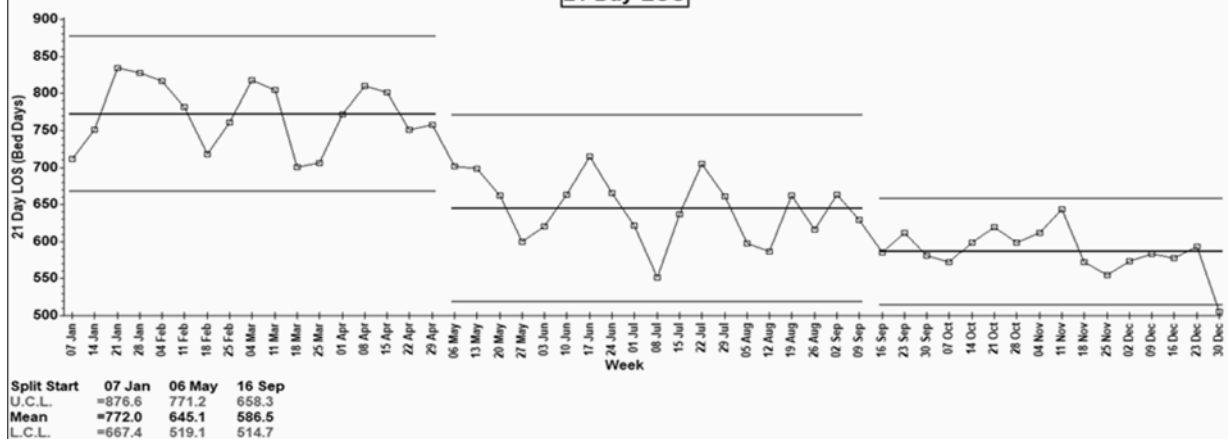
All figures on this page are based on the primary metric (3 month rolling average)

Royal Devon and Exeter NHS Foundation Trust  
Weston Area Health NHS Trust  
Royal Cornwall Hospitals NHS Trust  
Yeovil District Hospital NHS Foundation Trust  
Poole Hospital NHS Foundation Trust  
Royal United Hospitals Bath NHS Foundation Trust  
Salisbury NHS Foundation Trust  
University Hospitals Bristol NHS Foundation Trust  
North Bristol NHS Trust  
Plymouth Hospitals NHS Trust  
Great Western Hospitals NHS Foundation Trust  
Taunton and Somerset NHS Foundation Trust  
Northern Devon Healthcare NHS Trust  
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust  
Gloucestershire Hospitals NHS Foundation Trust  
Dorset County Hospital NHS Foundation Trust  
Torbay and South Devon NHS Foundation Trust



- The table provides the regional (NHS South) position on progress made by each Trust against the national ambitions set.
- The RUH systems target has been set at 24% improvement by December 2018 from 2017/18 baseline. The 3 month rolling average has deteriorated to 14% improvement from October 21% improvement. Board are asked to note the SPC chart demonstrating that performance has been regained in December and further improvement seen at the start of January 2019.
- Wiltshire CCG position deteriorated significantly in November, however improvement has been seen in December.
- The SPC graph shows the weekly Total +21 day RUH performance, with monitoring from January 2017. This shows continuing improvement in performance.
- The Integrated Discharge Service (IDS) review all +21 day patients daily. Escalation processes are in-place to system partners as required. Twice monthly 'face to face' expert panel reviews of all +21 day patients, with system partners continue.

### 21 Day LOS



# Key National and Local Indicators

In the month of **December** there were **14 red indicators of the 71 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**)

**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**  
**SOF**  
**SOF**  
**SOF**

- X** 43 C Diff variance from plan
- X** 44 C Diff Infection Rate
- X** 48 Never events
- X** 51 Venous thromboembolism % risk assessed (**lag 1 month**)

**Well Led**

**SOF**

- X** 60. FFT Response Rate for ED (includes MAU/SAU)
- X** 62. FFT Response Rate for Maternity (Labour Ward)
- X** 63 Turnover – rolling 12 months
- X** 67 % 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 November was 86.8% with 645 patients admitted and 560 case finding questions.

Quality Board are currently reviewing performance and an up-date on actions being taken has been requested for February 2019 operational performance report.





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

There were 211 over 6 week waiters in December, equating to 2.7% against the  $\leq 1.0\%$  indicator, rated red. Performance in December 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 December.

- 1 ENT (administration error in the patient's pathway)

Performance is monitored 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. The Trust continues to focus to eliminate 52 week breaches, administrative errors continue to be reviewed but no new themes have been identified. Training for administrative and clinical staff on RTT outcome recording is on-going.

**X 35. % Discharges by Midday (Excluding Maternity)**

In December patients discharged by midday increased to 15.1% but 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. Work on this standard is also being taken forward as part of the Trusts Improving Together programme.

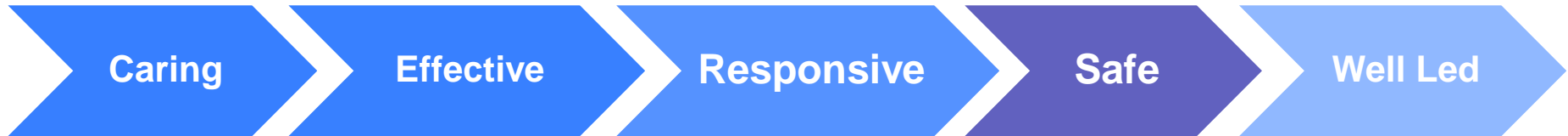
**X 38 Delayed Transfer of Care (Days)**

There were 752 delayed days in December, which was 4.3% of the Trust's occupied bed days. See slides 25 to 27 above.

**X 40 Number of medical outliers – median**

In December Medical Outliers peaked at 56 with a median of 36. In month bed closures due to infection control and business continuity (William Budd) resulted in an increase in medical outliers.





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

In December there were 5 cases of C-Difficile with all 5 cases awaiting completion of RCAs. Quality Board continue to review all actions to support delivery and these are led by the Trusts Infection Control Team. See Quality Report.

**X 48 Never Events**

One Never Event was reported in December involving a wrong site anaesthetic block. The error was identified before the surgery commenced and the patient was treated appropriately. A full investigation is being completed.

**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. An up-date on the actions being taken across the Trust has also been requested from the Clinical Divisions. This has been chased for February reporting.



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

In December the FFT Response Rate for ED increased to 3.4% from 3.3% in November but remains below the agreed target. The Divisional team continue to review ways to improve performance. December reporting for FFT dipped in 2017.

**X 62. FFT Response Rate for Maternity (Labour Ward)**

In December the FFT Response Rate for Maternity fell to 12.1% from 23.6% in November and is below the agreed target. December reporting for FFT dipped in 2017.

**X 63. Turnover - Rolling 12 months**

Trust Turnover rate reduced to 12.3% against a target of 11.0% and reported as red in December. See Well Led slides.

**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 4.5% in December from 5.0% in November. Reported as red in December against a target of 3.0%. See Well Led slides.

# Well Led – Workforce

## 1. Summary & Exception Reports

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

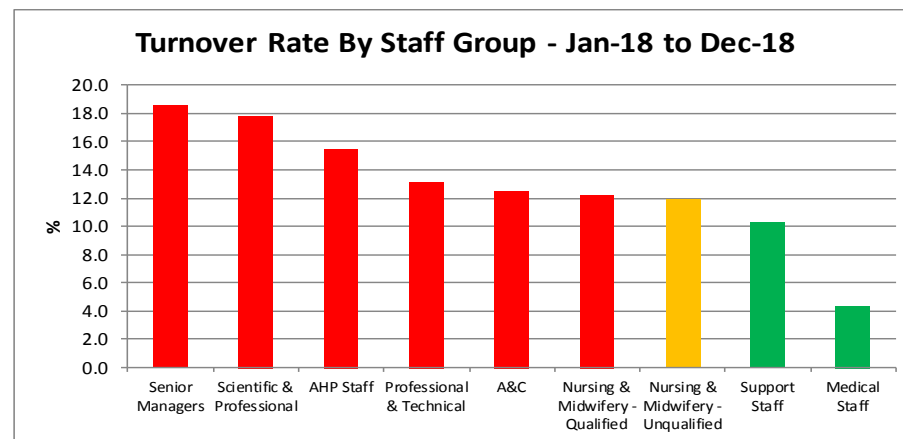
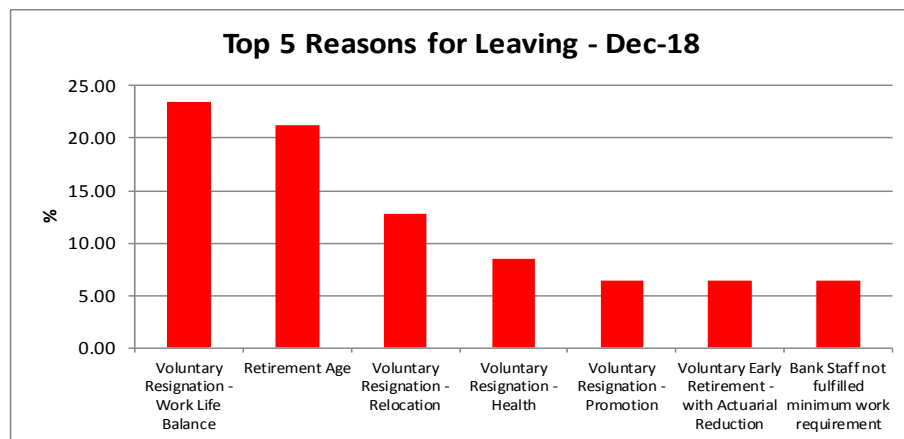
Workforce	Nov-18						Dec-18						Q3
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust Target
Turnover (rolling 12 months %)	12.7	14.2	11.8	13.3	11.8	13.0	12.3	13.8	11.5	12.9	11.0	13.3	11.0%
Sickness Absence (%)	4.3	3.2	6.0	4.4	4.4	4.0	4.0	3.1	4.6	3.9	4.6	3.8	3.7%
Vacancy Rate (%)	3.9	4.4	7.7	3.5	3.5	3.0	4.3	5.2	8.3	3.7	4.2	3.8	4.3%
Agency Staff (agency spend as a % of total pay bill)	2.2	3.2	0.2	2.9	1.8	1.0	1.3	2.6	0.4	2.1	0.9	-0.7	2.5%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	5.0	5.1	-	7.7	4.7	0.3	4.5	11.1	-	6.3	4.0	0.1	3.0%
Staff with Annual Appraisal (%)	84.5	85.0	86.2	83.8	83.6	87.2	85.3	84.5	85.4	85.5	84.6	87.6	90.0%
Evidence of a General Medical Council Concern	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Evidence of a Nursing and Midwifery Council Concern	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Information Governance Training compliance (%)	87.8	92.8	87.0	89.2	89.7	92.7	88.5	93.5	87.8	88.7	90.7	94.6	95.0%
Mandatory Training (%)	87.0	91.3	88.7	87.8	89.7	90.2	87.5	91.6	89.0	88.7	90.0	91.4	90.0%

### Trends:

- Rolling 12 month Trust Turnover has fallen to 12.3% as a result of a lower In Month Turnover being witnessed in December 2018 when compared to December 2017.
- A marginal improvement in the Sickness Absence rate can be observed, with just over 600 fewer WTE days lost this month compared to last.
- Appraisal and Training compliance marginally improved across all Divisions.
- Vacancy and Agency figures are provisional, based on the latest data available. As it stands, Vacancy rate is only marginally above the Trust's quarterly target; whilst Nurse Agency has improved on last month but still exceeds the Trust's 3% target.

# Well Led – Turnover

## 2. Turnover



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

- With December 2017 having had In Month Turnover of 1.51% and December 2018 having had 0.99%, the rolling 12 month Turnover figure has improved this month but continues to be at red status.
- At 0.99%, the Trust's In Month Turnover in December 2018 was close to that averaged by the Trust since January 2016. It also continues a period of relative consistency in which all In Month Turnover figures have been within a range of 0.5% of each other since April 2018.
- Leavers WTE currently totals 39.36, which is marginally below average. This figure may change in January if any late leaver notifications are processed.
- As it stands, Qualified Nurses accounted for 43.5% of December 2018's Turnover. This is the second December in succession where high turnover was witnessed within this staff group (17.12 WTE - December 2018; 19.14 WTE - December 2017). Indeed, December 2017 and December 2018 rank 1st and 2nd in the period December 2017 to December 2018 for In Month Qualified Nurse Turnover based on Leavers WTE.
- The Retention Strategy is currently being reviewed and developed by senior staff.

## Well Led – Nurse Agency Spend

### 3. Nurse Agency Spend

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

- The Nurse Agency figures are provisional and based on the latest data available
- As it stands, Nurse Agency fell by approximately £27,000 from last month to £214,389. This equated to 4.49% of the Total Registered Nursing Pay Bill.
- The current figures indicate that Nurse Agency spend in December was marginally the lowest this Financial Year, bettering the previous low witness in October. However, as a percentage of the Total Registered Nursing Pay Bill this month was bettered by October as a result of December having a lower overall pay bill and therefore a smaller denominator.
- Quarter 3 also stands to be better than Quarters 1 and 2 in terms of having less Nurse Agency spend.
- Staff from agencies, including premium agencies, continue to have to be used to ensure acceptable ward staffing levels to negate nurse vacancies

# Well Led – Overview

Measure	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Q3 Target
Budgeted Staff in Post (WTE)	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	4,696.5	4,710.9	4,710.9	
Contracted Staff in Post (WTE)	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	4,491.7	4,529.3	4,506.7	
Vacancy Rate (%)	5.3%	4.9%	4.6%	6.7%	6.4%	6.7%	6.2%	5.9%	5.2%	4.4%	3.9%	4.3%	4.3%
Bank - Admin & Clerical (WTE)	38.3	33.9	36.3	32.2	35.0	37.4	37.7	39.1	33.7	38.5	33.1	1 Month Lag	
Bank - Ancillary Staff (WTE)	29.9	28.7	30.0	33.3	31.9	31.1	31.5	32.6	19.2	17.6	16.2	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	161.2	158.4	169.3	163.5	169.7	173.8	182.1	180.0	188.2	153.4	167.5	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)	41.6	51.7	52.9	27.5	28.8	31.9	14.4	46.6	52.0	40.1	45.3	30.0	
Overtime (WTE)	95.4	86.6	99.6	89.7	92.3	102.2	103.0	92.1	98.3	103.4	89.4	1 Month Lag	
Sickness Absence Rate (%)	4.6%	4.4%	4.6%	4.1%	3.5%	3.3%	3.6%	3.9%	4.0%	3.7%	4.3%	4.0%	3.7%
Appraisal (%)	82.6%	82.6%	80.1%	81.1%	80.4%	81.3%	82.9%	83.2%	83.3%	84.4%	84.5%	85.3%	90.0%
Consultant Appraisal (%)	88.5%	87.2%	86.5%	87.0%	89.5%	86.2%	90.4%	85.9%	88.5%	88.4%	87.7%	84.4%	90.0%
M&D Appraisal (%)	84.6%	83.7%	82.5%	83.5%	83.9%	82.2%	88.0%	79.6%	83.1%	83.9%	87.0%	83.9%	90.0%
AfC Appraisal (%)	82.4%	82.6%	79.9%	76.8%	80.1%	81.2%	82.5%	83.5%	83.4%	84.4%	84.3%	85.4%	90.0%
Rolling Average Turnover - all reasons (%)	16.4%	16.6%	16.9%	16.9%	17.1%	17.0%	19.6%	16.5%	16.9%	16.8%	17.3%	16.8%	
Rolling Average Turnover - with exclusions (%)	12.0%	11.9%	12.0%	12.0%	12.2%	12.2%	12.5%	12.1%	12.4%	12.3%	12.7%	12.3%	11.0%

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold	2017/18	2018/19					Triggers Concerns
		Performing	Q4	Q1	Q2	Q3	Nov	Dec	
SOF	Four hour maximum wait in A&E (All Types)	95%	74.5%	84.6%	83.4%	80.0%	76.9%	81.4%	
	C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	2	3	2	7	11 *	3 *	5 **	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	85.3%	86.7%	87.3%	88.0%	88.0%	87.3%	
	31 day diagnosis to first treatment for all cancers	96%	99.2%	99.4%	98.5%	98.2%	98.0%	97.3%	
	31 day second or subsequent treatment - surgery	94%	100.0%	98.2%	98.8%	98.4%	100.0%	100.0%	
	31 day second or subsequent treatment - drug treatments	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	31 day second or subsequent cancer treatment - radiotherapy treatments	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	2 week GP referral to 1st outpatient	93%	93.5%	95.4%	94.6%	90.4%	85.2%	94.0%	
	2 week GP referral to 1st outpatient - breast symptoms	93%	89.3%	94.1%	94.5%	94.8%	95.8%	95.9%	
SOF	62 day referral to treatment from screening	90%	96.7%	97.6%	90.9%	94.7%	83.3%	100.0%	
SOF	62 day urgent referral to treatment of all cancers	85%	90.0%	86.0%	84.4%	83.9%	85.3%	85.1%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	2.06%	3.99%	4.62%	2.63%	1.87%	2.70%	

\* November - 2 outstanding RCA, \*\* December - 5 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 (Month 9)

	YTD Plan	YTD Actual	YTD Variance
Capital Service Cover Metric	2.516	1.881	-0.635
Capital Service Cover Rating	1	2	
Liquidity Metric	14.771	19.441	4.669
Liquidity Rating	1	1	
I&E Margin Metric	2.4%	0.8%	-1.6%
I&E Margin Rating	1	2	
Variance from Control Metric		0.0%	0.0%
Variance from Control Rating		1	
Agency Metric	-8.6%	-5.5%	-3.1%
Agency Rating	1	1	
Rounded Score	1	2	
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here		No trigger	
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4		0	

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



Integrated Balanced Scorecard - December 2018



CARING				Threshold		2017/18	2018/19				2018/19					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q4	Q1	Q2	Q3		Jul	Aug	Sep	Oct	Nov	Dec
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	96	97	96	97		97	97	95	96	97	97
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	97	97	97		96	97	97	96	98	97
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	99	99	98	100		97	98	99	100	100	98
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	97	96	97	97		97	98	96	97	97	98
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10	5.8	5.9	6.5	6.9		5.9	6.5	7.4	5.9	6.1	8.6
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	2	4	2	0		0	2	0	0	0	0
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	0	1	0	0		0	0	0	0	0	0
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	39	67	67	31		27	21	19	14	11	6

EFFECTIVE						Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
10	DON	SOF	Dementia case finding	>=90%	<90%	82.3%	86.2%	85.5%	86.6%	85.9%	86.2%	84.4%	86.4%	86.8%	Lag (1)
11	DON	SOF	Dementia Assesment	>=90%	<90%	95.8%	92.5%	96.3%	94.2%	93.9%	100.0%	95.5%	90.9%	96.7%	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 interval)	<=Expected	>Expected	105.7	106.4	101.9	Lag (3)	106.1	104.0	101.9	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	0.9844	0.9973	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)
15	MD	L	Readmissions - Total	<=10.5%	>12.5%	6.6%	6.4%	7.1%	7.5%	7.2%	7.2%	7.0%	7.5%	7.0%	8.0%
16	COO	NT	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	85.7%	89.7%	78.7%	Lag (3)	78.0%	78.0%	80.0%	Lag (3)	Lag (3)	Lag (3)
17	COO	NT	Higher risk TIA treated within 24 hours	>=60%	<=55%	69.4%	88.9%	90.9%	72.9%	83.3%	94.4%	92.9%	68.4%	87.5%	61.5%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	79.6%	57.3%	59.1%	65.1%	62.5%	53.5%	60.9%	52.0%	68.0%	75.5%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%		71.2%	69.5%	78.9%	63.6%	73.7%	72.2%	78.9%	Lag (2)	Lag (2)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	0.9% (85)	0.9% (87)	1.0% (96)	0.7% (69)	1.0% (35)	1.0% (34)	0.9% (27)	0.6% (21)	0.6% (20)	1.0% (28)
21	COO	LC	Theatre utilisation (elective)	>=90%	<=85%	83.8%	99.0%	95.0%	94.9%	95.8%	90.2%	99.1%	97.4%	98.8%	88.5%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	1.90	0.03	5.20	-3.31	1.78	2.47	0.96	0.99	1.60	-5.90
23	DOF	L	Total Income	>100%	<95%	83.51	83.06	82.74	92.95	27.49	28.07	27.19	29.76	28.47	34.72
24	DOF	L	Total Pay Expenditure	>100%	<95%	51.01	51.69	53.94	53.23	17.37	18.73	17.84	17.82	17.80	17.61
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	29.46	26.69	27.49	26.57	9.05	9.52	8.93	9.02	8.75	8.81
26	DOF	L	CIP Plan	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	2.19	1.95	2.37	4.79	0.72	0.84	0.81	1.38	1.43	1.98

RESPONSIVE						Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	87.0%	88.8%	89.0%	86.4%	87.4%	89.8%	89.8%	89.4%	84.4%	85.5%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	2.06%	3.99%	4.62%	2.63%	4.97%	3.97%	4.93%	3.29%	1.87%	2.70%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	24	16	12	5	5	3	4	1	3	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	13	0	0	0	0	0	0	0	0	0
33	COO	NR	Time to Initial Assessment - 95th Percentile	TBC	TBC	132.0	101.2	88.0	70.0	100.8	74.0	84.0	82.5	71.0	51.0
34	COO	NT	12 Hour Trolley Waits	0	>0	1	0	0	1	0	0	0	0	1	0
35	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	14.5%	14.5%	14.3%	14.6%	14.2%	13.8%	15.0%	15.1%	13.8%	15.1%
36	COO	L	GP Direct Admits to SAU	>=168	<168	355	591	744	796	225	235	284	272	253	271
37	COO	L	GP Direct Admits to MAU	>=84	<84	40	273	139	592	46	38	55	121	257	214
38	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	4.4%	3.4%	4.6%	4.3%	4.3%	5.3%	4.3%	4.5%	4.1%	4.3%
39	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	5.2	4.7	4.5	4.2	4.6	4.4	4.4	4.1	4.4	4.0
40	COO	LC	Number of medical outliers - median	<=25	>=30	54	27	27	33	28	26	27	33	30	36
41	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	90.5%	92.8%	92.4%	93.2%	92.5%	91.3%	93.5%	92.8%	95.2%	91.2%
42	COO	NR	% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	96.4%	98.9%	98.7%	98.2%	97.7%	98.1%	100.0%	97.2%	100.0%	98.0%

SAFE					Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec	
43	DON	SOF	C Diff variance from plan	0	0	-3	-4	1	5	0	1	0	1	1	3
44	DON	SOF	C Diff infection rate	<=10.9	>10.9	5.3	3.6	12.4	19.8	10.5	16.0	10.8	15.8	16.3	27.6
45	DON	SOF	E.coli bacteraemias attributable to Trust	TBC	TBC	13	17	22	8	12	4	6	4	4	Lag (1)
46	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	2	0	0	0	0	0	0	0	0
47	DON	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	4	10	9	9	6	3	0	5	4	Lag (1)
48	DON	SOF	Never events	0	>0	0	0	1	1	0	0	1	0	0	1
49	DON	L	Medication Errors Causing Serious Harm	0	>0	0	2	1	0	0	1	0	0	0	0
50	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	0	14	14	3	1	12	1	3	0	0
51	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	92.5%	92.9%	92.8%	92.5%	92.6%	92.8%	93.1%	92.1%	92.9%	Lag (1)
52	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	10	5	4	4	1	3	0	1	2	1
53	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)	0	>0	1	0	3	1	0	0	3	1	0	0
54	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 2)	<=2	>2	4	2	5	0	2	2	1	0	0	0
55	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	33	30	26	34	17	33	28	27	35	39
56	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	14	12	8	15	2	5	1	5	4	6
57	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	97.1%	94.7%	95.2%	94.4%	94.9%	95.5%	95.2%	95.8%	96.8%	90.7%
58	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	16.2%	17.2%	14.3%	14.0%	12.5%	16.9%	13.3%	14.8%	11.6%	15.3%
59	HRD	NR	Midwife to birth ratio	<'1:29	>'1:35	1:29	1:30	1:31	1:30	1:30	1:31	1:31	1:32	1:27	1:30

WELL LED						Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
60	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	8.4%	7.5%	3.5%	3.4%	5.0%	2.3%	3.1%	3.5%	3.3%	3.4%
61	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	35.2%	35.0%	39.5%	35.7%	35.6%	42.7%	40.5%	37.2%	34.8%	35.1%
62	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	16.7%	18.8%	19.9%	22.1%	17.6%	13.6%	28.6%	30.0%	23.6%	12.1%
63	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	12.0%	12.2%	12.4%	12.4%	12.5%	12.1%	12.4%	12.3%	12.7%	12.3%
64	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	4.5%	3.6%	3.8%	4.0%	3.6%	3.9%	4.0%	3.7%	4.3%	4.0%
65	HRD	LC	Vacancy Rate	<=4%	>5%	4.9%	6.6%	5.8%	4.2%	6.2%	5.9%	5.2%	4.4%	3.9%	4.3%
66	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	1.5%	2.3%	2.5%	1.7%	2.4%	2.5%	2.7%	1.6%	2.2%	1.3%
67	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	2.9%	4.7%	5.8%	4.5%	5.4%	5.3%	6.9%	4.1%	5.0%	4.5%
68	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	81.7%	80.9%	83.1%	84.7%	82.9%	83.2%	83.3%	84.4%	84.5%	85.3%
69	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	91.7%	89.2%	86.4%	86.9%	86.9%	86.2%	86.2%	84.5%	87.8%	88.5%
70	DOF	NT	Information Governance Breaches	TBC	TBC	47	45	61	54	29	22	10	21	20	13
71	HRD	LC	Mandatory training	>=90%	<80%	88.3%	87.5%	86.8%	87.1%	86.6%	86.8%	86.9%	86.8%	87.0%	87.5%

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%