Report to:	Private Board of Directors	Agenda item:	11
Date of Meeting:	24 April 2019		

Title of Report:	**Operational Performance Report**
Status:	**Standing Item**
Board Sponsor:	**Rebecca Carlton, Chief Operating Officer**
Author:	**Clare O'Farrell, Deputy Chief Operating Officer**
Appendices	**Appendix 1: Integrated Balanced Scorecard Month 12** **Appendix 2: WH&C Performance Dashboard Summary – Month 10 (January 2019).**

1. Executive Summary of the Report

To provide the Board with an overview of the Trust's monthly performance and response to actions and to describe key lines of enquiry agree the key actions that are required for the month ahead. *The Wiltshire Health and Care performance summary for month 10 (January) is attached.*

In March four SOF operational performance metrics triggered concern; 4-hours Emergency Care performance, RTT Incomplete Pathways, Diagnostic tests – 6 weeks wait and 62-day urgent referral to treatment of all cancers.

For 4-hour performance a 2019/20 revised trajectory has been submitted and is included for approval (page 10).

Board should note that the RUH have been rated as **segment 2 overall** against the NHSI Single Oversight Framework (SOF). For 4-hour performance the Trust has been rated as **category 4.**

Performance Headlines

4-hour performance at 78.7% below both the 95% national standard and the improvement trajectory target (90%).

RTT incomplete pathways in 18 weeks at 86.4% below the 92% national standard and below the improvement trajectory target. The RUH reported 4 RTT 52 week breaches, treated in month.

Cancer 62-day urgent referral to treatment for all cancers 75.3% in month, below the 85% standard. Validation is on-going however although this is anticipated to improve the position the standard will not be achieved. A total of 29.5 breaches in month.

Diagnostic tests – 6 week wait 4.12% (323 breaches) failing the national standard of 1%. Performance is below improvement trajectory (2.5%).

DTOC performance of 5.3% beds occupied with delayed patients, above the 3.5% national standard and a deterioration in performance.

In Month response and focus
4hr Performance – *Performance governance via the UCCB internally and the AEDB system wide* 3 lead actions to improvement in month (detailed on page 8 of the report) 1. Increase direct admissions for Medicine 2. Emergency department daily huddles and 'triage month' commenced 3. Urgent Treatment Centre Improvement work commenced **RTT incomplete pathways –** *Performance governance via the RTT Steering Group internally and RTT Delivery Group system wide* 3 lead actions to improvement in month (detailed on page 12 of the report) 1. Restart of T&O elective work from 1st April 2. WLI Outpatient clinics in ENT, General Surgery, Urology and additional locum capacity in Gastroenterology, Dermatology and Ophthalmology 3. WLI elective lists in ENT, General Surgery and Gastroenterology **Cancer 62-day urgent referral to treatment for all cancers -** *Performance governance via a new Weekly Cancer Performance Meeting (Previously the RTT Steering Group) and RTT Delivery Group system wide.* 3 lead actions to improvement in month (detailed on page 16 of the report) 1. New weekly cancer performance meeting commenced on 12th April 2. Urology pathway performance meeting held and actions agreed 3. Tumour site PTL meetings more action focused and attended by Cancer Services Manager **Diagnostic tests (6-week wait)**- *Performance governance via the DMO1 weekly group and RTT Delivery Group system wide* 3 lead actions to improvement in month (detailed on page 19 of the report) 1. Gastroenterology locum to start on 23rd April 2. Cardiology registrar locum to start in April for 6 weeks 3. Cardiology consultant capacity to improve in April **DTOC/LLOS** *Performance governance via the Integrated Discharge Service internally and Complex Discharge Strategy Group system wide & AEDB* 3 lead actions to improvement in month (detailed on page 23 of the report) 1. Discharge PTL to be completed twice monthly from April 2. Focus on South Gloucestershire delays 3. AEDB system wide long length of stay action plan to be completed by 18th April *NOTE: Performance management is supported by the Trusts Performance Management Framework (PMF) which is due to be up-dated in 2019/20 as part of the Improving Together Programme.*

2.	Recommendations (Note, Approve, Discuss)

The Board are asked to note March performance and discuss the output from key actions.

The Board are asked to consider and note the agreed actions to improve performance for each key indicator in April.

The Board are asked to note that the proposed 2019/20 performance trajectory for 4-hour Emergency Care standard is included for approval (page 10).

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
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Operational Performance Report – March 2019

Statistical Process Charts (SPCs)

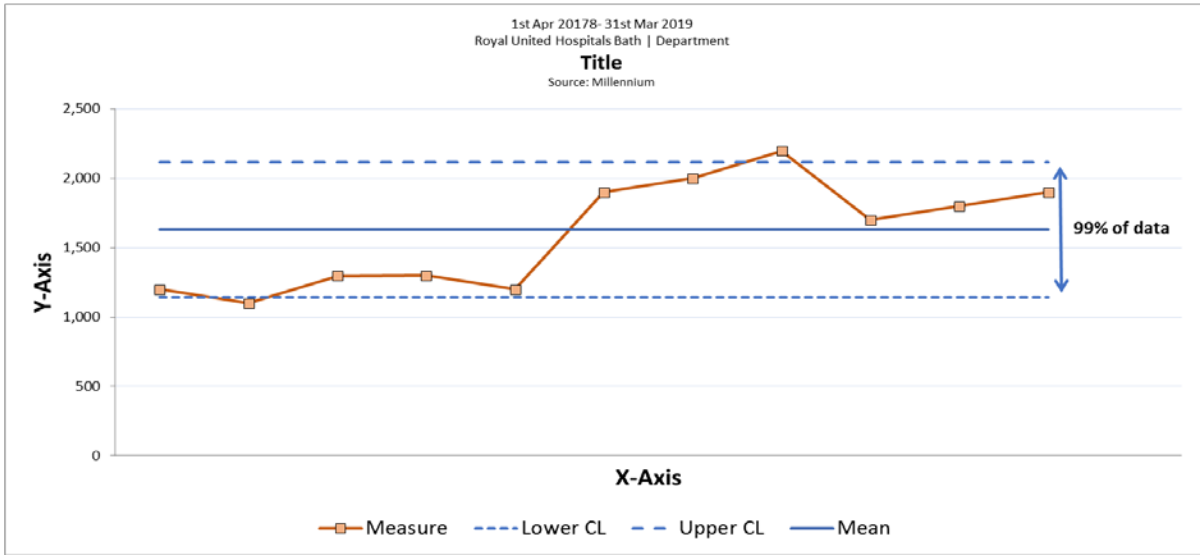
an Introduction

Statistical process charts measure change in a process over time.

The SPC consists of data points, plotted in chronological order along an X-axis with a **mean average** line and an **upper & lower confidence limit**.

The main purpose of an SPC is to identify **special-cause variation** and differentiate it from **common-cause variation**. Common-cause variation can be described as 'noise' and is expected but unpredictable. For example, if you are flipping a coin you may get two heads in a row after landing head then tail several times, this would not be surprising and would not indicate that the coin or flipping process has changed. If you were then to get 6 tails in a row there would be a large chance that the coin has been tampered with! This is special-cause variation, it is unlikely to have occurred due to chance and indicates something within the process has changed. This would be something you could investigate and potentially control.

There are **4 rules** that help us do this, see next page.



The SPCs are set to report weekly figures where the Trust already validates and submits weekly. Some measures will be reported monthly.

<u>Anatomy of an SPC</u>

Measure – Orange
Mean Average – Blue
Upper and Lower Confidence Limits – Blue dotted-lines

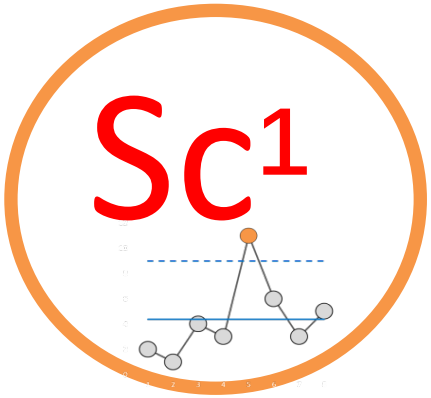
Additional Lines
Regional performance – Grey
National Performance – Black
Target – Red
Trajectory – Green

Statistical Process Charts (SPCs)

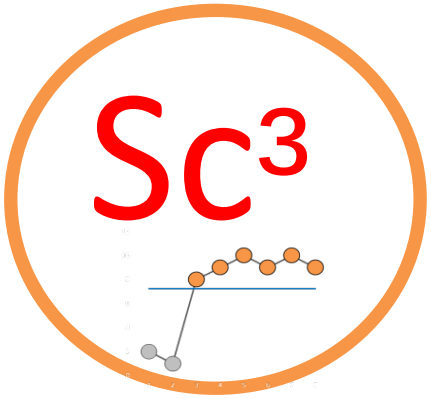
Rules

Special-Cause Variation

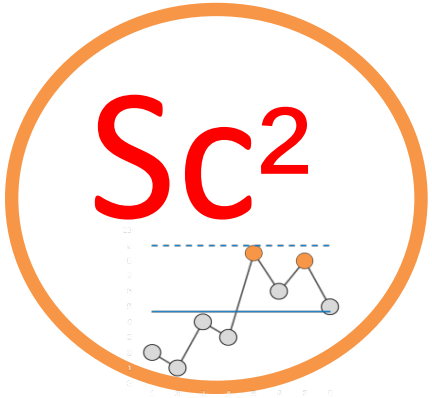
Point is red or green depending whether it is positive or negative variation.



A single data point outside the confidence limit.



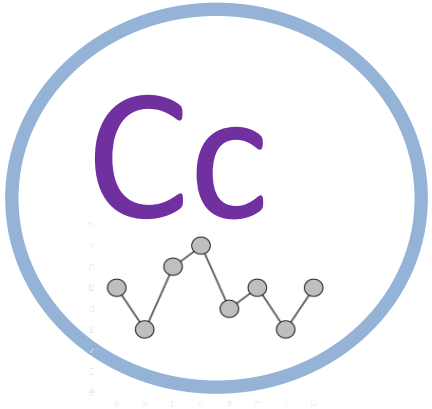
Shift of points in a row (minimum 6) above/below the mean line.



Two of three data points close to a confidence limit.

Run of points in a row (minimum 6) in ascending/descending order.

Common-Cause Variation



No rule triggered

NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Feb	Mar	Triggers Concerns
Four hour maximum wait in A&E (All Types)	70.6%	78.7%	
C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	5 *	1 **	
RTT - Incomplete Pathways in 18 weeks	86.2%	86.4%	
31 day diagnosis to first treatment for all cancers	98.2%	97.1%	
31 day second or subsequent treatment - surgery	100.0%	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	93.8%	88.2%	
2 week GP referral to 1st outpatient - breast symptoms	93.2%	89.5%	
62 day referral to treatment from screening	100.0%	100.0%	
62 day urgent referral to treatment of all cancers	82.9%	75.3%	
Diagnostic tests maximum wait of 6 weeks	3.40%	4.12%	

* February - 3 awaiting appeal response, ** March - 1 awaiting appeal response

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

Board should note that against the NHSI Single Oversight Framework (SOF) that the RUH have been rated 2 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 March four SOF operational metrics triggered concerns: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways, 62 Day cancer standard (GP referral) and Six week diagnostic waits (DMO1).

Delivery of the 4 hour access standard remains the Trusts most significant performance issue. The Trust remains a poor performer when benchmarked across Trusts within the region.

Cancer 62 performance continues to be below the national standard and in month the non-SOF indicator of cancer 2 week wait performance deteriorated. Regaining performance in cancer is a key priority.

Performance Overview

Successes

- ED 4 hour performance improved to 78.7%. In month performance over 75% weekly and in one week 84% performance delivered.
- Medical direct admission re-established
- Operational planning to successful re-open T&O elective ward from 1st April 2019
- Improvement seen in RTT incomplete pathways
- Delivery of RTT standard for incompletes in Urology and Ophthalmology in month
- Improved performance for diagnostic waits in radiology (CT, MRI, US)
- Improving Together management training planned to commence across the Medicine Division in early April
- +21 day system improvement plan developed and implementation started e.g. Discharge PTL, weekly performance improvement seen

Priorities

- Cancer 62 Day cancer performance work to regain performance across all tumour sites
- Diagnostic 6 week waits regain performance in Cardiology focusing on echocardiography capacity
- Maintain Radiology 6 week diagnostic performance
- Plans to mitigate Medical work force capacity gaps (RTT and Cancer) - Locum consultant capacity in cardiology, gastroenterology, dermatology essential
- Tele dermatology pilot planning to commence in May 2019
- Increase T&O RTT performance with elective capacity regained
- ED focus to improve recording of time to assessment for ambulance conveyed patients
- UTC clinical model review commenced
- Improve the uptake of straight to test in GI cancers
- Ensure QIPP plans are mobilised from April

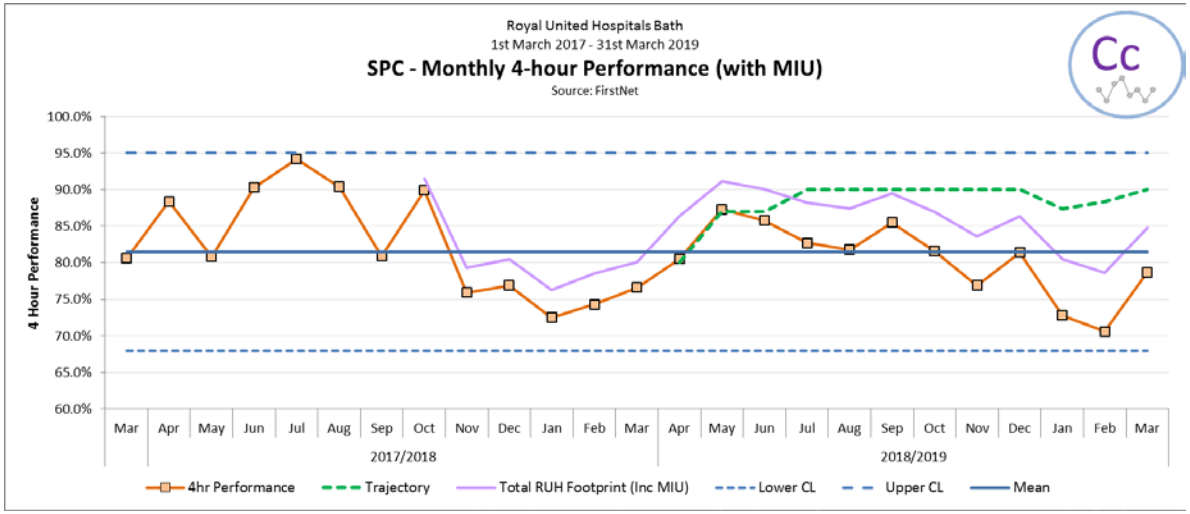
Opportunities

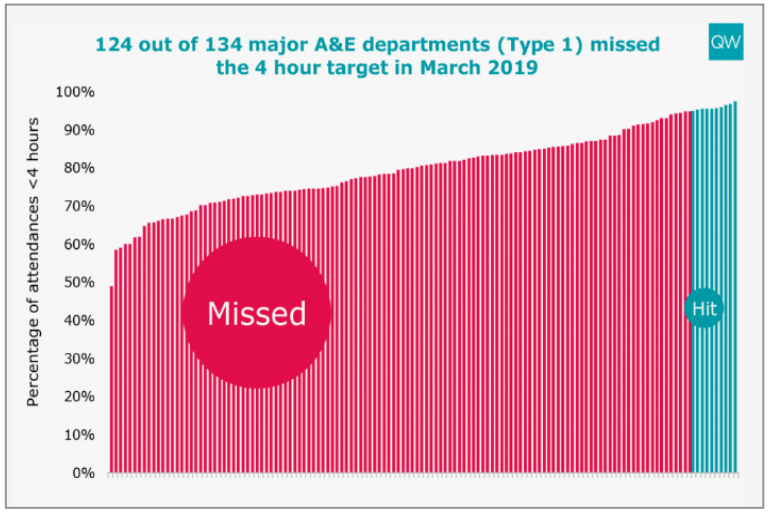
- Go live of Patient Flow electronic bed management system to improve operational flow across the Trust , go live in June 2019
- Implementation of system wide flow reporting using SHREWD working to implement in June/July 2019
- Reducing pathway times across cancer tumour sites e.g. Urology commenced. New weekly cancer 62 day performance meeting established in April
- AEDB focus on pre-hospital pathways Clinical Cabinet to be established to focus on pathways which avoid ED
- Cancer alliance funding allocations, Divisional teams preparing RUH bids
- Winter debrief sessions being planned RUH and System wide
- Wave 3 Improving Together to commence in June – all front door areas completed or under taking training

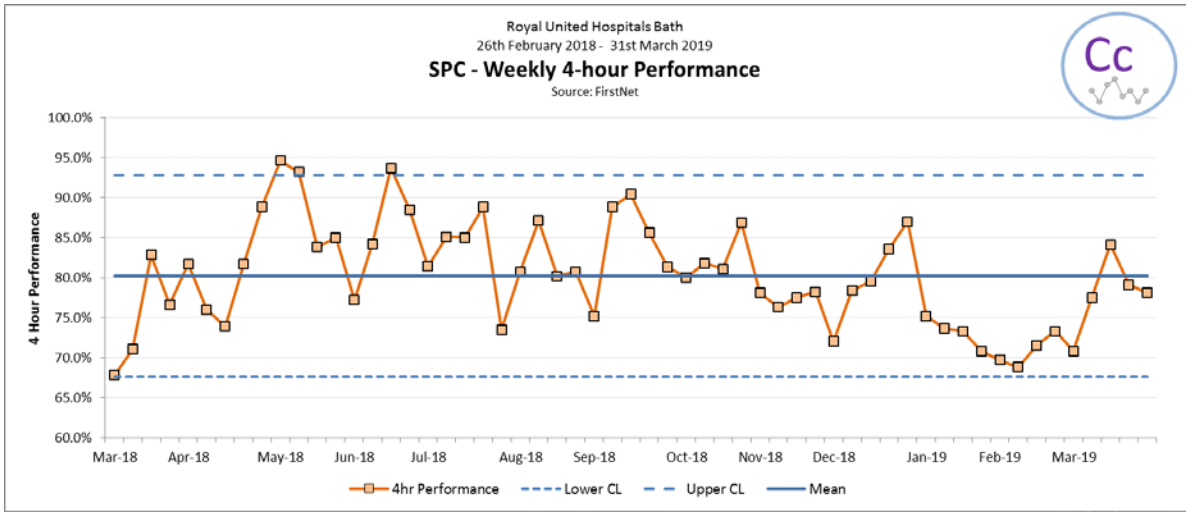
Risks & Threats

- Ambulance activity continues to exceed 2019/20 weekly average, significant pressure on ED
- Activity growth across a number of specialities, in particular Gastroenterology, affecting cancer, RTT and diagnostic performance
- Working to improve the operational use of ED system FirstNet – up-dates completed to allow patient Flow go-live
- Winter bed availability for pathway 3, continuing to manage delays to placements in Wiltshire, high DTOC numbers seen in Wiltshire
- Weekend and overnight ED model, reflecting in lower performance
- Late cancer referrals to tertiary referrals resulting in shared cancer 62 day breaches
- Infection control impacts still being seen Flu and D&V

4 Hour Maximum Wait in ED – Improvement Trajectory (1)







The graph above provides NHS England 4hr performance in March 2019. Performance has improved in month.

Key contributors to recovery:

- Reduction in ambulance activity in the first two weeks in March
- Improved infection control position
- Significant increase in Medicine Direct Admission delivered

The Trust has agreed a 2019/2020 trajectory which is pending NHSI review.

Actions to support delivery of improved performance can be seen on page 8.

4 Hour Maximum Wait in ED (2)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	March 19	Quarter 4	Full Year 2018/19
All Types	78.7%	74.2%	80.5%
RUH Footprint (Including MIU)	84.8%	81.4%	86.3%

Table 2: Emergency Department National Quality Indicators:

Title	Month	Quarter	Year
	Mar-19	4	2018/2019
Unplanned Re-attendance Rate	0.4%	0.3%	0.4%
Total Time in ED - 95th Percentile	562.8	664.0	565.0
Left Without Being Seen	2.8%	2.6%	2.3%
Time to Initial Assessment - 95th Percentile			
Time to Treatment - Median	79.0	71.0	65.0
ED Attendances (Type 1)	6,577	18,663	75,086
ED 4 Hour Breaches (Type 1)	1,644	5,670	17,019
ED 4 Hour Performance (Type 1)	75.0%	69.6%	77.3%
Ambulance Handovers within 30 minutes			
ED Friends and Family Test	95	96	96

Table 1:

During March the “all types” performance was 78.7%, below the 95% standard with a total of 1,648 breaches in the month.

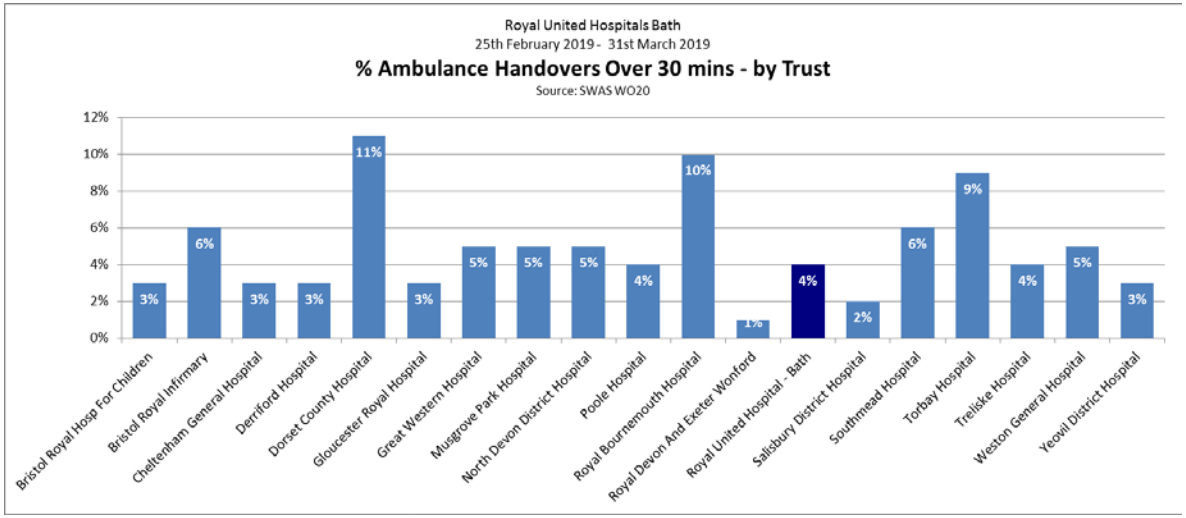
Table 2:

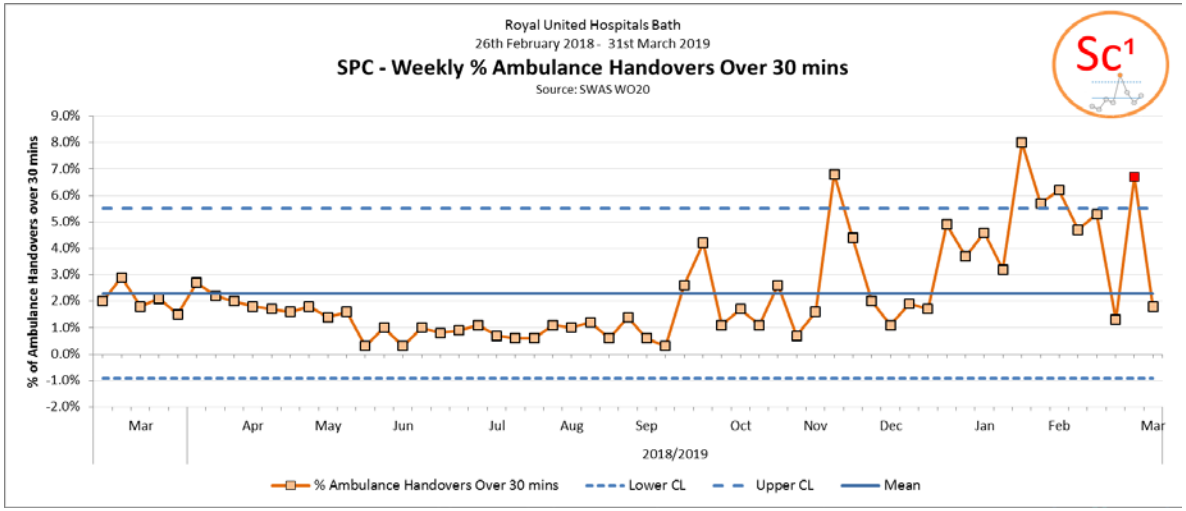
Time to initial assessment is for ambulance borne patients to be completed within 15 minutes of arrival.

The 95th percentile is no longer accurate due to a change in how we identify the assessment time in ED. Reporting options are currently being reviewed by ED but this work is not yet complete. The actions being taken are included on page 8.

The Trust is using SWASFT data to report on ambulance handover delays, see page 7.

SWASFT Ambulance Handovers over 30 minutes (3)





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

The SPC rule **SC1** has been triggered for the week ending the 24th March with performance at 6.7%, above the 5.5% upper confidence-limit. This indicates special-cause variation has occurred within the system in month.

Ambulance activity in this week exceeded the weekly 2019/20 average.

Ambulance handover First Net reporting continues to be an area of focus for ED and is linked to accurate time to triage reporting.

SPC graph below demonstrates the deterioration in performance with the implementation of the ED Corridor Standard Operating Policy (SOP) from October 2018. The Trust has started to work with SWASFT to identify actions that can support improved performance, however recognising that ED overcrowding is unacceptable. Regular meetings with SWASFT are now in-place. The ED Clinical Lead has agreed a 'red release' to ensure ambulance required to meet a red call is released when the ED Corridor SOP is in-place.

4 Hour Maximum Wait in ED - In Month Response and Focus (4)

3 Lead Actions Update:

1. **Direct admissions for Medicine** there were 211 direct admissions to MAU Area B, which is a significant improvement compared to February (see table below). During the month, Area B was used for non-elective bedded capacity as well as closed due to infection control issues. Protecting this capacity remains a Trust-wide priority. From 1st April 2019, MAU have been taking direct admission until 12:00 midnight (previously ceasing at 19:00).
2. **Emergency Department** daily huddles commenced in April whereby specific KPIs for the previous day are reviewed and planning for 'today' takes place. Issues can be identified quickly and new ways of working implemented. 'Triage Month' commencing from 15th April with a focus on prompt data recording to improve performance against ED Majors Time to Triage KPI
3. **UTC** A third 'Hello Nurse' PDSA (full weekend) has taken place with a full week PDSA planned. A rota is being drafted to look at how the UTC and ED Minors practitioners can be integrated to ensure the triage / streaming process is as efficient as possible for all patients.

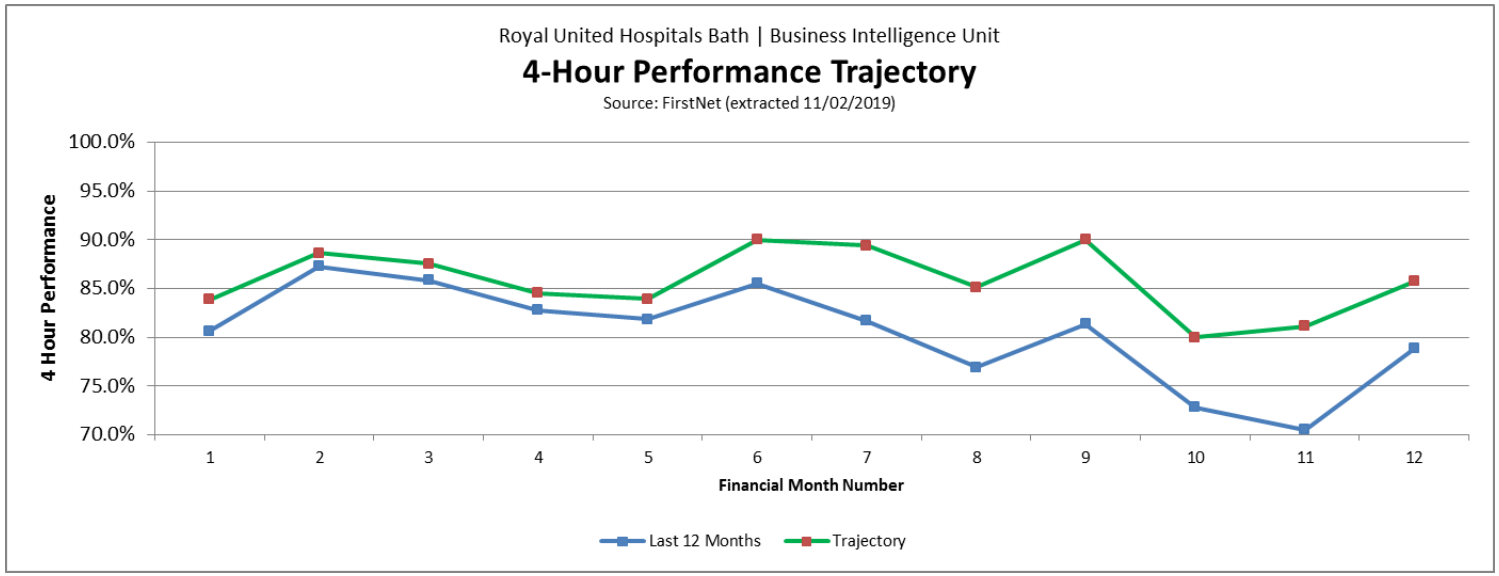
Medical Direct Admissions by month:

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Direct Admits	27	125	121	46	38	55	121	257	212	157	49	211

Planned Actions:

- Direct Admissions for Medicine: During May 2019, patients from MAU Areas B and C will be decanted to SAU to allow flooring works to take place. During this period, a PDSA will take place with direct admissions through MAU Area C. This provides an increase in capacity from 9 spaces to 18.
- Patient Flow System. Future State Validation meetings in place w/c 15th April. Project Board meetings are continuing and training schedule agreed with staff booking into sessions. The new system will allow for real time patient movement mapping and should support real-time breach recording to support for accurate validation.
- UTC Clinical Model is currently under review to ensure that the pathway is as efficient as possible and that UTC and ED Minors runs as integrated as possible. A 'Design Team' has been established.
- Early Discharges (10 by 10) there is a target of 10 beds to be created on MAU by 10:00am. The new Deputy Director of Nursing is currently working with the Head of Nursing in Medicine and the Matrons to review this process. Combe Ward have been piloting an initiative 'day room to doorstop', which supports Home First patients and creates early bed spaces on the OPU wards.
- AEDB to establish a clinical cabinet, to review emergency care pathways following the ECIST 6A Audit. To commence in May 2019. This starts the pre-hospital work seen as a system priority for 2019/2020.

4 Hour Maximum Wait in ED – 2019/2020 Trajectory



RUH 4-Hour Projection	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	83.9%	88.6%	87.6%	84.5%	83.9%	90.0%	89.4%	85.1%	90.0%	80.0%	81.2%	85.7%

The Trust has proposed the following 4hr trajectory for 2019/20, which has been agreed with commissioners and submitted to NHSI.

The trajectory has been developed based on delivery of the following:

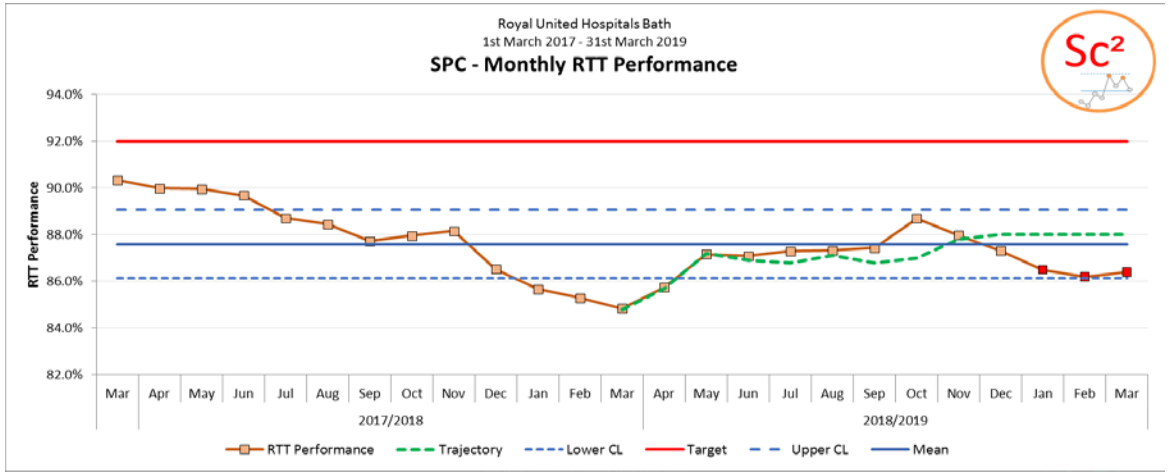
- Medical Direct Admissions increased
- Impact from new medical take model
- No un-planned bed closures (Decant ward available)
- T&O Ambulatory care extended

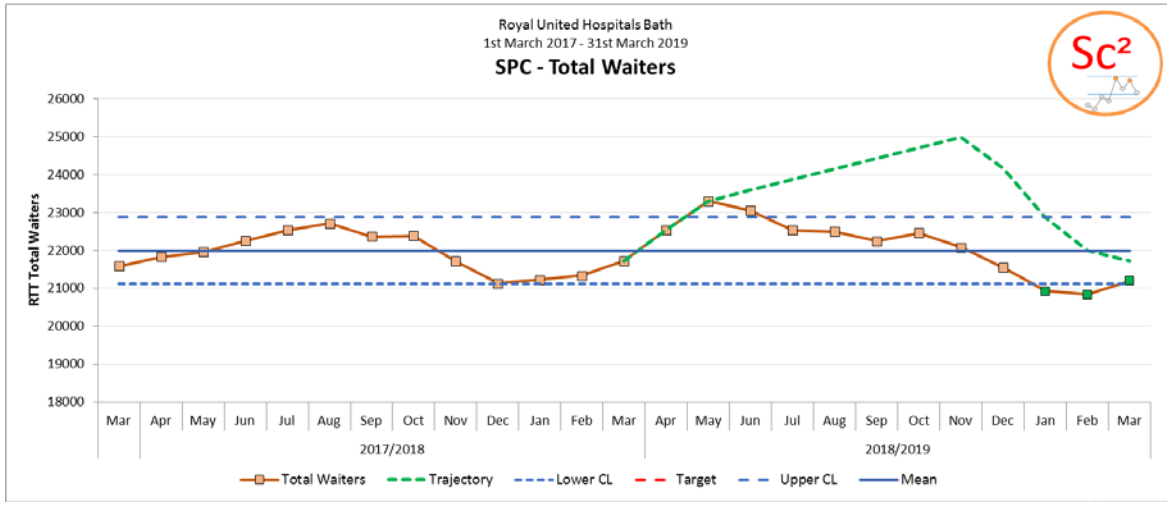
System actions to support

- DTOC at 3.5%
- +21 Day reduction to 40% (baseline 2017/18)

Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:





Performance against the incomplete standard of 92% was 86.4% in March, an increase of 0.2% on February, but 1.6% below the improvement trajectory target. This compares with a National Incomplete RTT average performance of 86.7% (National average last reported in January 2019)

7 specialties did not achieve the constitutional standard in March. General Surgery, T&O, ENT, Oral Surgery, Gastroenterology, Cardiology and Dermatology.

Ophthalmology achieved the target for the first time since June 2017

Of the failing specialties, General Surgery, T&O, ENT, Gastroenterology and Cardiology saw a decline in performance from February

The over 18 week backlog for admitted patients grew in month to 1,135 (8.7% increase from February)

Total Incomplete Pathways grew by 1.8% from February, and is now 2.4% below the March 2018 level although performance is above the Trusts planned trajectory. The year end position was therefore achieved and is significantly better that the national total waiters position of 8.3% above March 2018 (National average last reported in January 2019)

The Trust has reported four 52 week breach stops in March

18 Weeks Incomplete Standard (2)

	Open Pathways			
	Total Wait	> 18 Weeks	Performance	
100 - General Surgery	2532	261	89.7%	↓
101 - Urology	866	50	94.2%	↑
110 - T&O	1690	336	80.1%	↓
120 - ENT	1789	398	77.8%	↓
130 - Ophthalmology	1823	101	94.5%	↑
140 - Oral Surgery	2389	670	72.0%	↑
300 - Acute Medicine	71	0	100.0%	→
301 - Gastroenterology	2425	451	81.4%	↓
320 - Cardiology	1256	205	83.7%	↓
330 - Dermatology	1014	200	80.3%	↑
340 - Respiratory Medicine	440	3	99.3%	↑
400 - Neurology	627	24	96.2%	↓
410 - Rheumatology	876	20	97.7%	↑
430 - Geriatric Medicine	145	2	98.6%	↑
502 - Gynaecology	1243	64	94.9%	↑
X01 - Other	2018	97	95.2%	↑
Total	**21204**	**2882**	86.4%	↑

** 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.

During March 2019, 342 patients were discharged through Chairport, equating to 62.4% of potential cases

20 Elective patients were cancelled on the day of surgery for non-clinical reasons, with the majority (45%) cancelled to avoid list overruns. Cancellations due to a lack of beds remain minimal.

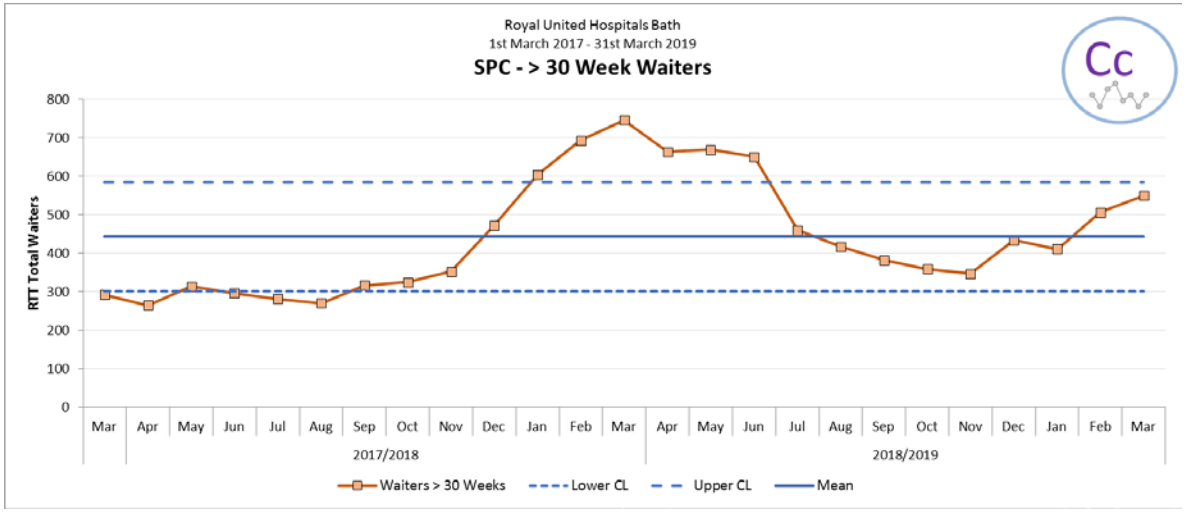
Cardiology performance continues to be impacted due to an unplanned reduction in specialist consultant capacity in month

ENT referrals continue to increase impacting on performance.

Dermatology saw some improvement in performance. A short term locum has provided continues to provide additional activity.

In month performance improvements noted in Ophthalmology, Oral Surgery, Gynaecology and Dermatology

18 Weeks – Incomplete Pathways >30 weeks (3)



Overall incomplete pathways over 30 weeks have increased in month. Increases noted in General Surgery, T&O, Gastroenterology and Dermatology.

>30 week patient numbers have decreased in Urology. ENT, Oral Surgery and Gynaecology

Long waits for outpatient appointments is contributing to the position as specialties prioritise suspected cancer referrals (2 ww)

Preparing for new RTT guidance – working with Commissioners to re-offer of choice to patients waiting greater than 26 weeks

18 Weeks - In Month Response and Focus (4)

3 Lead Actions Update:

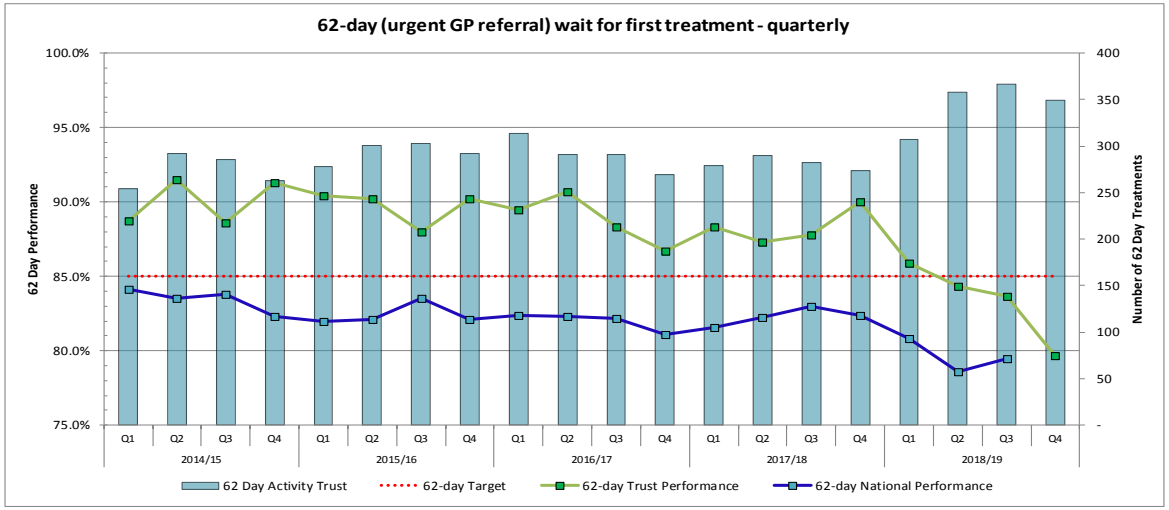
1. **Restart of T&O elective work from 1st April** – Elective ward re-opening for major joint procedures
2. Remedial actions including WLI outpatient clinics in the specialties of ENT, General Surgery and Urology. Locums in place in Gastroenterology, Dermatology and Ophthalmology
3. WLI elective lists in ENT, General Surgery, Gastroenterology and Urology

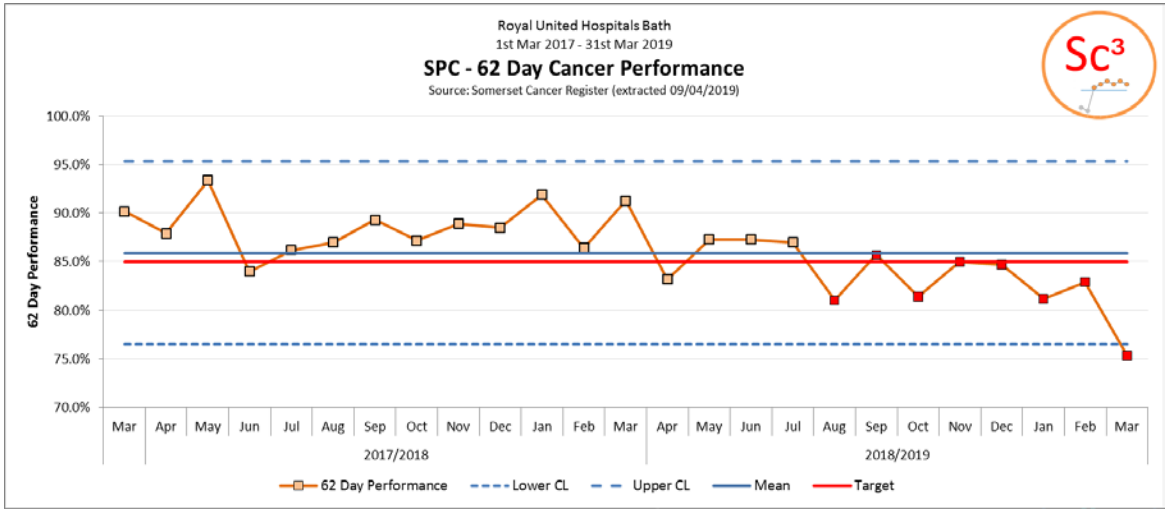
Planned Actions:

- **Gastroenterology** - locum consultant will commence in April. Substantive consultant post anticipated start date of August/September. On-going work is in place to reduce DNAs and ensure all appointments are fully utilised. Routine referral form is under review as part of STP work programme, Improved performance is expected from May 2019.
- **Dermatology** –Tele dermatology pilot is set to commence in May which is expected to reduce face to face contacts, if this is effective improved performance is expected from June 2019. Short term locums are in place.
- **Cardiology** – a locum is in place which will support activity to offset Consultant gaps. Improved outpatient waits by three weeks for both routine and urgent referrals. Administrative processes are under review to further improve outpatient efficiency. April performance is expected to hold performance at march position, no further decline.
- **OMFS**- additional clinic and theatre capacity is being provided to reduce the wait for routine procedures

The Trust is working to deliver the April trajectory of 86.5% an improvement of 0.1% on the March position.

Q4 - 62 Day (urgent GP referral) wait for first treatment (1)





Trust performance in March declined to 75.3% against the 85% target. Performance has continued has been variable during 2018/19 however March failure is the third consecutive month that performance has been below the required standard.

Quarterly Trust performance will remain challenged whilst performance is below the required 85% target specifically within the Prostate and Colorectal pathways.

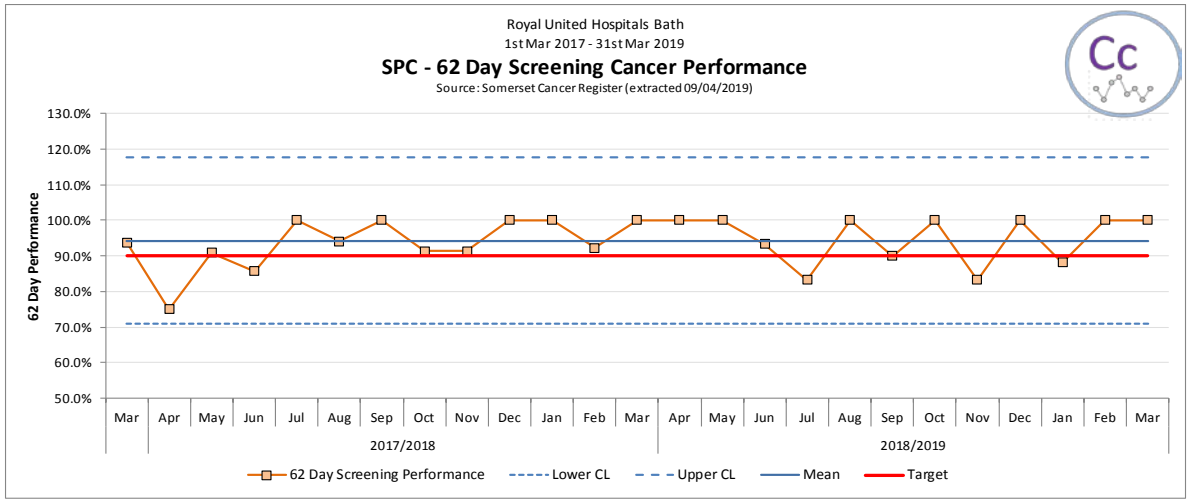
Weekly tumour site specific PTL meetings continue, with divisional PTLs also in place to monitor pathways at patient-level.

The Cancer Services Manager is attending every cancer PTL meeting.

The SPC rules **SC1 and SC3** have been triggered in March, with performance at 75.3%, below the 76.5% lower confidence-limit. This indicates special-cause variation has occurred within the system.

This is the current performance and before national reporting deadline in May, validation will be on-going to increase % performance. This need to be completed before special-cause variation is confirmed.

Cancer Access – 62 Day Screening (2)



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

62 Day performance by Tumour Site (3)

Cancer Site	Indicator Description	2017/18	2018/19											
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Breast	Activity	24.5	26	14	16	18	21	18.5	22.5	33	11	26	17	14
	Breaches	0	1	0	0	0	0	0	0	0	0	1	1	0
	Performance	**100.0%**	**96.2%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**96.2%**	**94.1%**	**100.0%**
	Referral Conversion %	**9.3%**	**6.9%**	**6.1%**	**7.5%**	**7.2%**	**9.4%**	**8.7%**	**9.9%**	**7.0%**	**5.7%**	**8.3%**	**3.3%**	
Colorectal	Activity	15	11.5	8	9.5	6	8	9.5	12	14	12	15	13.5	13
	Breaches	3	5.5	0	2.5	2	2	4.5	6	5	5	6	3.5	8
	Performance	**80.0%**	**52.2%**	**100.0%**	**73.7%**	**66.7%**	**75.0%**	**52.6%**	**50.0%**	**64.3%**	**58.3%**	**60.0%**	**74.1%**	**38.5%**
	Referral Conversion %	**4.7%**	**6.4%**	**2.9%**	**3.8%**	**3.7%**	**5.4%**	**6.3%**	**4.6%**	**5.7%**	**5.1%**	**6.0%**	**2.4%**	
Gynaecology	Activity	7.5	5	2.5	5	3	6	8	10	8	11	5.5	8	8
	Breaches	0	0	0	0	0	2	0	0	4	2	0	1	0
	Performance	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**66.7%**	**100.0%**	**100.0%**	**50.0%**	**81.8%**	**100.0%**	**87.5%**	**100.0%**
	Referral Conversion %	**6.7%**	**2.1%**	**3.9%**	**4.9%**	**3.3%**	**11.4%**	**13.0%**	**4.5%**	**3.8%**	**7.7%**	**7.0%**	**7.1%**	
Haematology	Activity	7	6	8.5	5	6.5	5	6.5	6	3.5	4	10	7	8
	Breaches	0	0	0	1	2	0	0	1	0	0	1	3	4
	Performance	**100.0%**	**100.0%**	**100.0%**	**80.0%**	**69.2%**	**100.0%**	**100.0%**	**83.3%**	**100.0%**	**100.0%**	**90.0%**	**57.1%**	**50.0%**
	Referral Conversion %	**66.7%**	**46.2%**	**64.3%**	**38.5%**	**66.7%**	**83.3%**	**57.1%**	**25.0%**	**47.4%**	**69.2%**	**63.2%**	**26.7%**	
Head and Neck	Activity	4	7	3	2	2.5	2.5	5	4	3	3	4.5	3.5	6
	Breaches	2	2.5	2	0	1.5	1.5	2	2	1	2	3	2	2
	Performance	**50.0%**	**64.3%**	**33.3%**	**100.0%**	**40.0%**	**40.0%**	**60.0%**	**50.0%**	**66.7%**	**33.3%**	**33.3%**	**42.9%**	**66.7%**
	Referral Conversion %	**7.2%**	**0.0%**	**3.9%**	**1.8%**	**3.9%**	**4.3%**	**2.4%**	**4.9%**	**5.0%**	**2.6%**	**3.8%**	**1.7%**	
Lung	Activity	6.5	7.5	3	5	12	7.5	8.5	7.5	6	5	6.5	6.5	6.5
	Breaches	1.5	3.5	1	1	1	1	1	0.5	0	0	1	1	3.5
	Performance	**76.9%**	**53.3%**	**66.7%**	**80.0%**	**91.7%**	**86.7%**	**88.2%**	**93.3%**	**100.0%**	**100.0%**	**84.6%**	**84.6%**	**46.2%**
	Referral Conversion %	**31.3%**	**18.2%**	**26.5%**	**34.8%**	**37.5%**	**20.7%**	**17.1%**	**23.7%**	**18.9%**	**28.1%**	**21.4%**	**11.1%**	
Skin	Activity	17.5	24.5	23	18.5	26.5	29.5	34	27.5	31	21.5	26	13	30
	Breaches	0.5	0	1	2	2.5	0.5	1	1.5	0	1.5	1.5	1	5.5
	Performance	**97.1%**	**100.0%**	**95.7%**	**89.2%**	**90.6%**	**98.3%**	**97.1%**	**94.5%**	**100.0%**	**93.0%**	**94.2%**	**92.3%**	**81.7%**
	Referral Conversion %	**10.8%**	**9.9%**	**8.2%**	**5.3%**	**7.5%**	**11.1%**	**12.9%**	**9.7%**	**9.4%**	**11.1%**	**8.0%**	**6.8%**	
Upper GI	Activity	7.5	3	8	7	11.5	13	5.5	9	7.5	4.5	7	8	6.5
	Breaches	1.5	2	3.5	1	2.5	4	1.5	2	2	0	4	0.5	0.5
	Performance	**80.0%**	**33.3%**	**56.3%**	**85.7%**	**78.3%**	**69.2%**	**72.7%**	**77.8%**	**73.3%**	**100.0%**	**42.9%**	**93.8%**	**92.3%**
	Referral Conversion %	**6.7%**	**7.8%**	**8.9%**	**12.9%**	**8.2%**	**8.7%**	**6.4%**	**10.2%**	**8.7%**	**5.3%**	**4.4%**	**5.0%**	
Urology	Activity	13.5	16.5	35	23.5	17	35	26.5	28.5	28	29	28.5	24	27.5
	Breaches	0.5	3.5	6	4.5	2	14	7.5	11	8	5	6.5	4	6
	Performance	**96.3%**	**78.8%**	**82.9%**	**80.9%**	**88.2%**	**60.0%**	**71.7%**	**61.4%**	**71.4%**	**82.8%**	**77.2%**	**83.3%**	**78.2%**
	Referral Conversion %	**16.6%**	**16.6%**	**18.3%**	**13.9%**	**17.3%**	**20.9%**	**19.6%**	**15.1%**	**19.7%**	**17.9%**	**16.3%**	**8.5%**	

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

In month most tumour sites reported 62 day breaches, with significant numbers in

- Colorectal (8)
- Urology (6)
- Skin (5.5)
- Haematology (4)
- Lung (3.5)
- Head & Neck (2)
- Upper GI (0.5)

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

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.

62 Day Cancer Performance - In Month Response and Focus (4)

3 Lead Actions Update:

1. **A review of cancer performance monitoring and governance** has been completed and on the 4th April a weekly cancer performance meeting has been agreed, chaired by the Deputy Chief Operating Officer. First meeting held 12th April 2019.

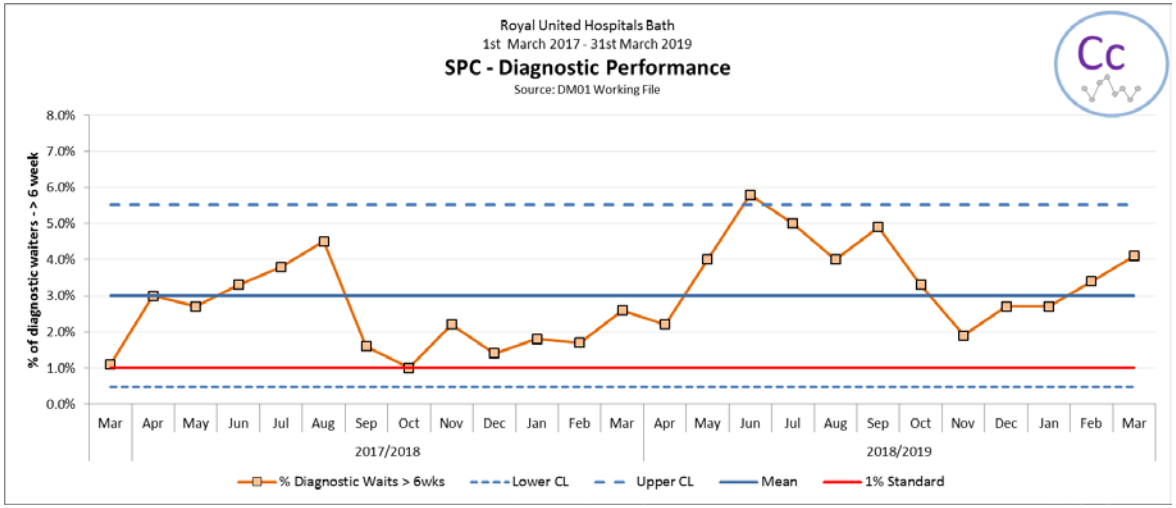
2. **Urology pathway** performance meeting held on 5th April and chaired by the Divisional manager to review the current position and status of the prostate action plan. Following this meeting a number of additional actions have been agreed and will be urgently progressed.

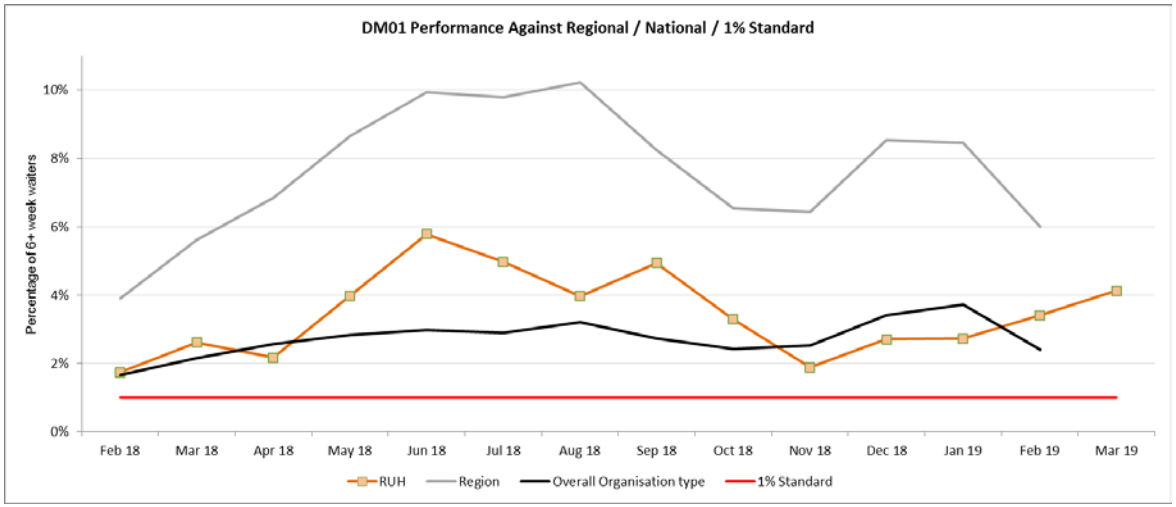
3. **Tumour site PTLs** have now been reviewed by the Cancer Services Manager and a clearer action focused meeting standard set. All actions identified with a lead and delivery date for completion. In addition the Divisional teams have ensured senior operational team attendance or support is in-place.

Planned Actions:

- Prostate and Colorectal 62 Day Recovery Plans in-place, monitored via performance meetings. Urology action is currently being up-dated.
- Recruited to 1WTE MDT co-ordinator vacancy. To commence in post in June 2019. This will enable dedicated MDT co-ordinators for colorectal and gynaecology .
- Additional National Support Funding has also been secured to increase the Cancer Services team to support with PTL management. Job description has been completed and working to have in-post by June 2019.
- Creation of a cancer specific operational policy (as an appendix to the current Trust elective access policy)
- Implementation of revised timed pathways for all tumour sites, with enhanced BIU reporting. Work on this has commenced to complete phase 1 of the work by July 2019.
- Cancer alliance funding allocation, Trust is working to complete initial proposals by the end of April 2019. Confirmation of when funding will be available has yet to be agreed by the cancer alliance.
- Refresher training for MDT co-ordinators (using training developed by UHB Bristol) to be completed by July 2019 for all staff. Training to be phased.

Diagnostics (1)





March performance is reported as 4.27% against the <=1.0% indicator

This second graph shows the percentage of 6+ week waiters for the RUH and Region against the 1% national standard up to February 2019.

Diagnostics (2)

Key Recovery Plan Actions

Echo Type	
Cardiology DSE	26
Cardiology Bubble	5
Cardiology TOE / TEE	27
Plain Echo	140
TOTAL	**198**

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	8
Computed Tomography	13
Non-obstetric Ultrasound	2
Audiology - Audiology Assessments	2
Cardiology - Echocardiography	200
Neurophysiology - Peripheral Neurophysiology	10
Colonoscopy	29
Flexi Sigmoidoscopy	12
Cystoscopy	1
Gastroscopy	46
Total (without NONC)	**323**

A weekly PTL to support CT and MRI booking is being developed in support of the 62 day cancer performance and in preparation for shadow monitoring of the 28 day faster diagnosis standard. The group is also responsible for managing the RAP and ensuring any operational issues are escalated quickly. Divisional engagement and focus is excellent

Echocardiography (200) - The focus has continued to be on the stress echo (DSE), plain echo and TOE capacity. Plain echo breaches in month, unable to secure weekend bank capacity, reduction in consultant capacity.

Colonoscopy, flexi-sigmoidoscopy & Gastroscopy (87) – Significant deterioration in month. Capacity compromised due to the focus on 2ww and the 62 day performance due to continued increase in demand. Data shared with commissioners of the last 6 months growth in demand.

CT (13) - Significant improvement noted in month. Overall growth in CT demand continues and higher activity levels have been reflected in the 2019/20 improvement trajectory.

MRI (8) - Performance sustained from February. Breaches in month all Cardiac MRI. Alternative provider MRI capacity has been confirmed going forward and reflected in improvement trajectory going forward.

Neurophysiology (10) Due to machine failure and now procuring a new machine and so breaches are anticipated in April.

Diagnostics - In Month Response and Focus (3)

3 Lead Actions Update:

1. **Gastroenterology** a Locum has been secured and will commence in post on 23rd April. Cancer activity will continue to be prioritised.

2. **Cardiology** registrar locum commenced in post in April for 6 weeks in March/April, which will release other clinicians to undertake echo activity. Physiologists have reduced non-clinical activity.

3. **Cardiology** Consultant capacity will improve with the return of one consultant

Planned Actions:

- The Medical Divisional Manager chairs a weekly 6 week diagnostic action group. The aims of the group are to review performance by diagnostic area weekly and ensure all actions are taken to support delivery.

- Plain echo activity continues to be challenge, current review of options to increase capacity. Weekend additional lists have stopped as staff no longer able to support.

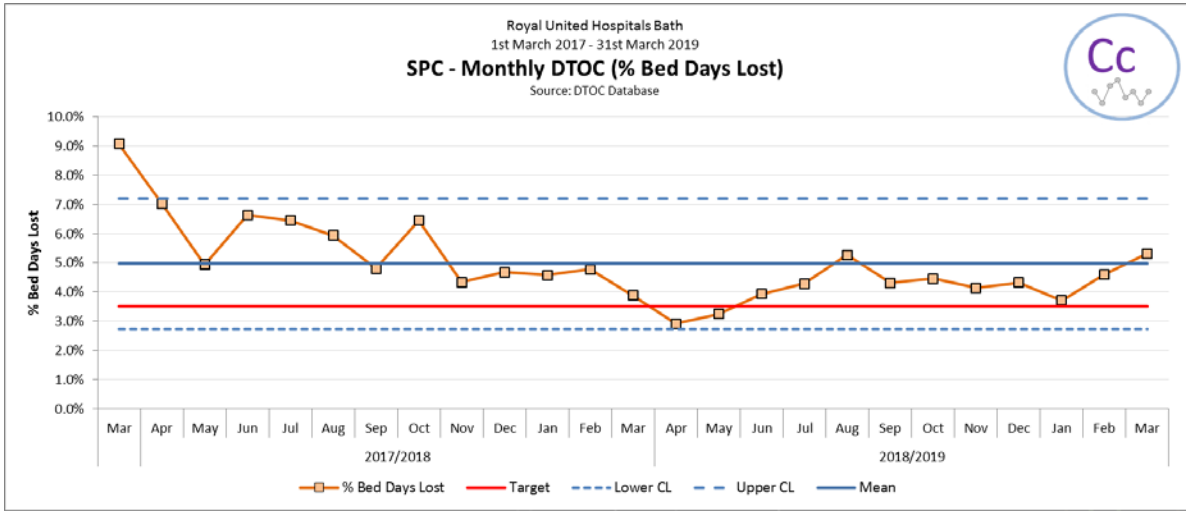
- Cardiology to implement a Referral Assessment Service (RAS) this is intended to reduce referrals into the echo service and ensure that the current capacity is effectively managed.

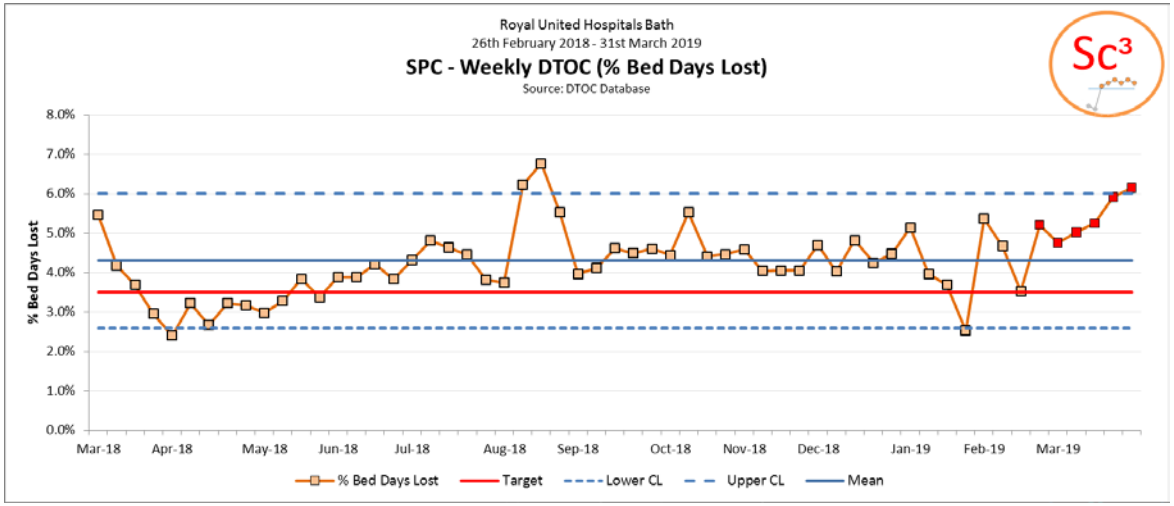
- Cardiology continue to explore all consultant locum options and a possible candidate has been identified who if available would start in May.

- Radiology continue to develop a PTL process, which has supported recovery across Radiology diagnostics. Capacity for GA investigations remains an area for further work.

- Neurophysiology equipment replacement has commenced.

Delayed Transfers of Care (1)





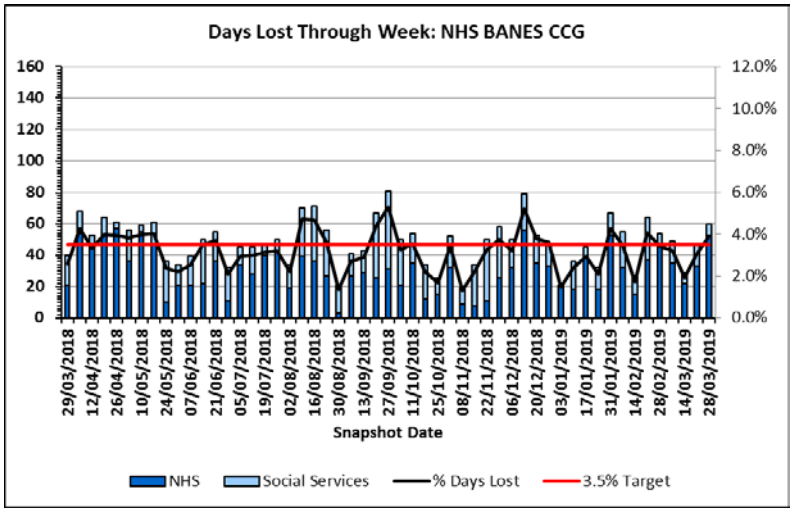
51 patients were reported in the month end snapshot, and 976 delayed days (5.3%). This is above the national target set (3.5%)

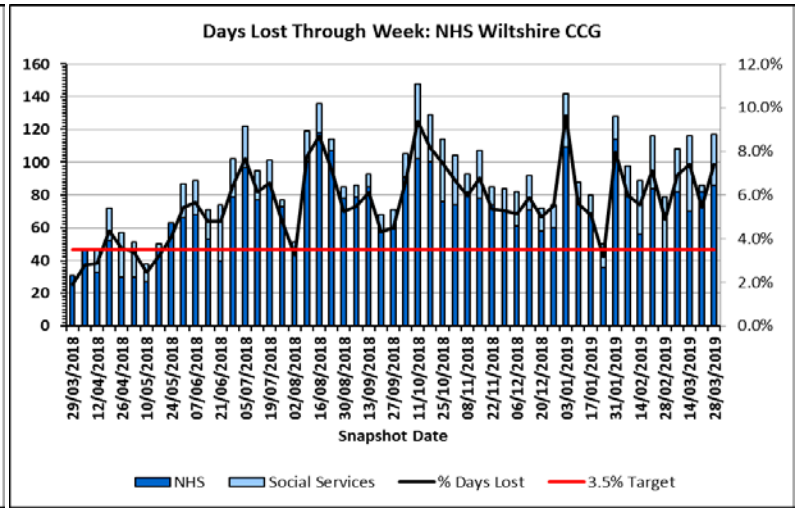
The Trusts has seen a deterioration in performance for both DTOC during Q4. This has had a significant impact on the bed days lost due to DTOC and performance continued to deteriorate in March. This performance has been escalated to system partners.

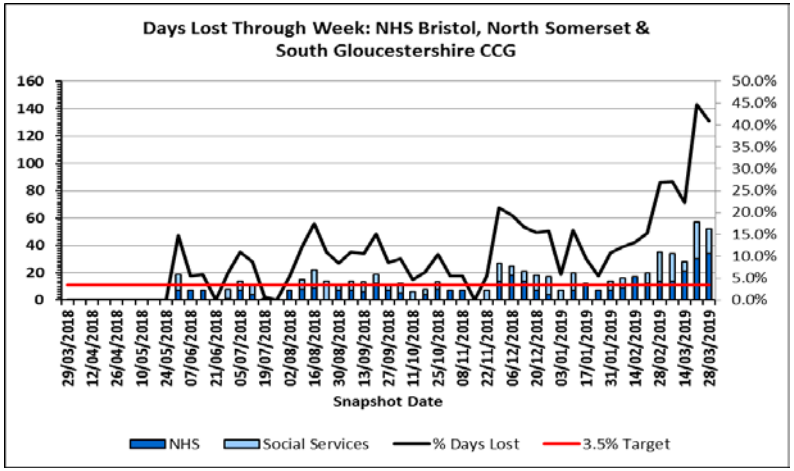
The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay) which has been shown to support a reduction in DTOC.

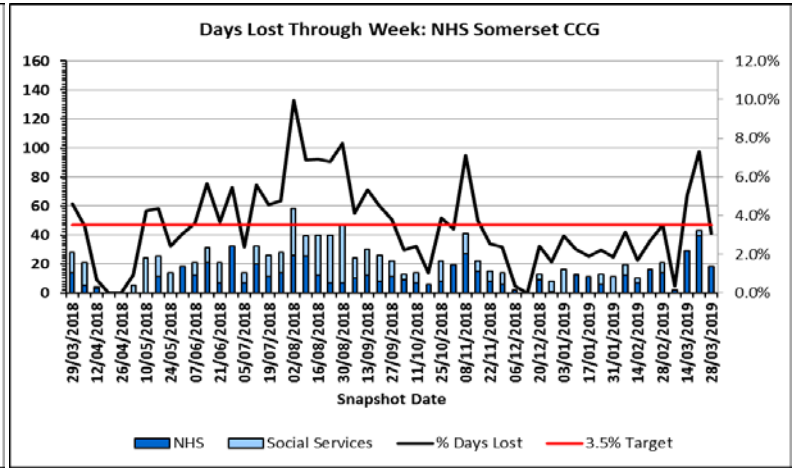
The top SPC graph shows the monthly DTOC bed days lost and the bottom graph highlights the weekly position. The SPC rule **SC3** has been triggered in the weekly graph with six weeks performance above the mean line.

Delayed Transfers of Care by CCG (2)









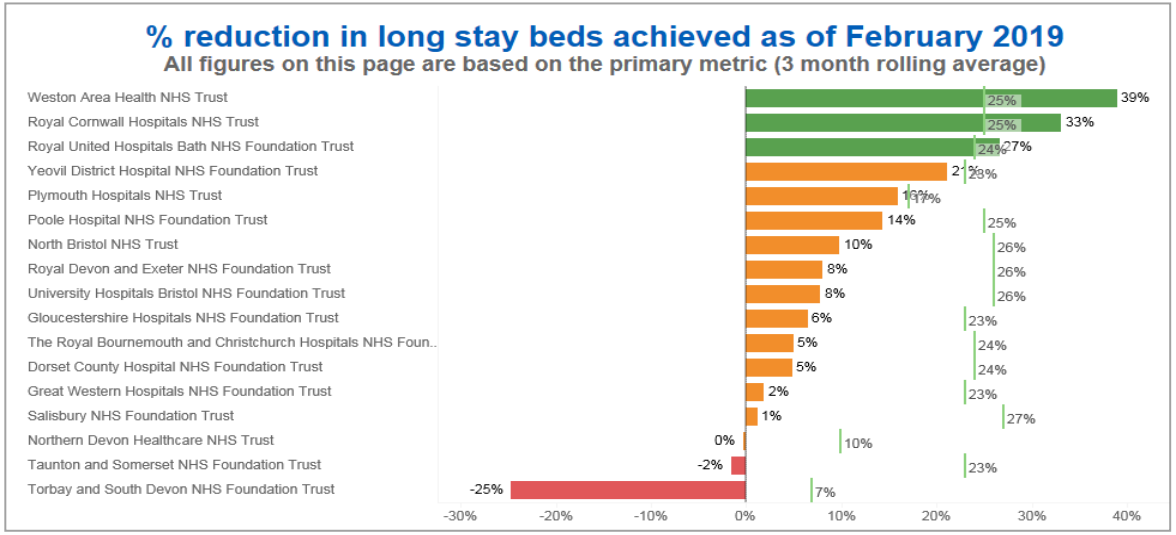
RUH focus to reduce delays is being led through the Integrated Discharge Service (IDS) work programme, supported by the Deputy COO

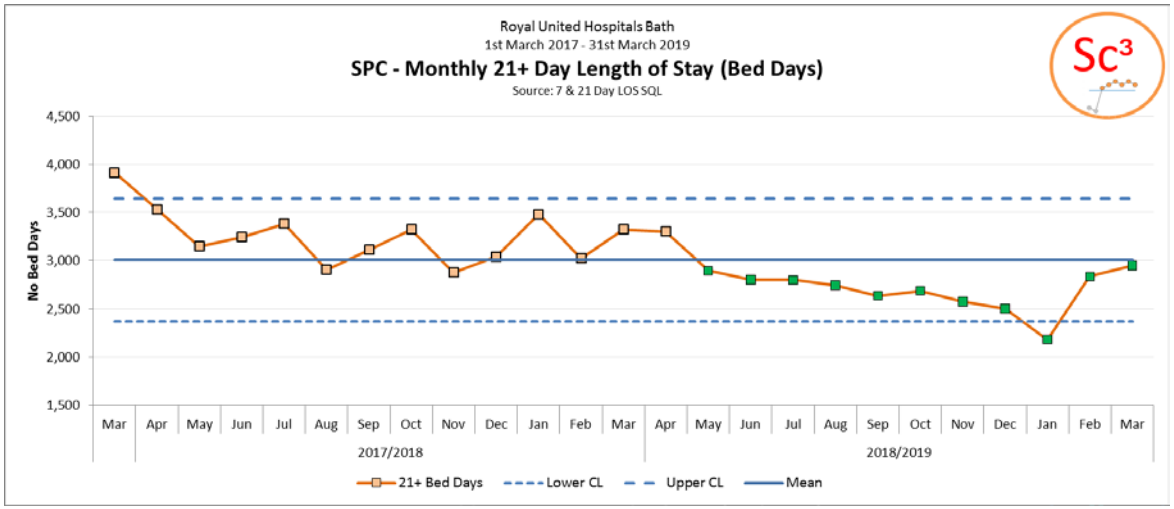
The poor position for Wiltshire CCG has been escalated and urgent actions taken including a detailed review of all DTOC and +21 day patients.

Improvements in pathway 0 and 1 +21 day delays have been seen in month. Pathway 2 and 3 continue to see high volume of delays

Delays in BNSSG have been escalated in month and a new weekly review teleconference call established.

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.

The RUH systems target has been set at 24% improvement by December 2018 from 2017/18 baseline. The 3 month rolling average has increased to 24%, improvement from January 22%, and delivering the national target.

Performance across all CCG areas has deteriorated in-month.

The Integrated Discharge Service (IDS) review all +21 day patients daily. Escalation processes are in-place and additional action to review all +21 day patients has been taken. Twice monthly 'face to face' expert panel reviews of all +21 day patients, with system partners continue.

The SPC graph shows the monthly Total +21 day RUH performance, with monitoring from March 2017. The SPC rule **SC3** has been triggered with eleven months performance below the mean line. This improved performance has not been sustained in February and March and a review of the drivers contributing to this decline has started. The Trusts is working with ECIST to analyse the causes of the deterioration in performance during Q4.

DTOC & Extended LOS - In Month Response and Focus (4)

3 Lead Actions Update:

1. **From April 2019 +21 Day Discharge PTL** to be completed twice monthly at IDS expert panel meetings. This process provides codes for all discharge delay reasons. Results are then shared with CCGs and all community partners.

2. **South Gloucestershire** patient delays have been escalated to BNSSG CCG and Sirona. Weekly reviews with the IDS commenced and daily +21 day reporting put in-place.

3. **AEDB - System wide long length of stay (LLOS) action plan** to be agreed by the 18th April 2019. To deliver 40% reduction in 2019/20 LLOS patients from the 2017/18 baseline.

Planned Actions:

- Complex Discharge Group to be reviewed and partners have agreed that this will provide system wide governance of the LLOS action plan in 2019/20 reporting to AEDB.
- National LLOS reduction targets to be published in April 2019.
- Wiltshire focus on reducing delays (DTOC) to be repeated. Focus on reducing pathway 3 delays is planned by Wiltshire Council. Using the results from D PTL to focus partners actions on specific delay themes.
- Complete a review of the reasons for the increase in +21 day patients seen in February 2019. This will be included within the system winter review.
- RUH Discharge Policy review being completed by IDS Lead.
- Patient Flow System go-live, benefits will included improved reporting of discharge pathways (pathways 0, 1, 2 and 3).
- System wide implementation of SHREWD, this will support system wide patient flow reporting, which will include discharge

Key National and Local Indicators

In the month of **March** there were **10 red indicators of the 71 measures reported, 4 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)**

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 51 Venous thromboembolism % risk assessed **(lag 1 month)**
- X 52 Number of patients with falls resulting in serious harm (moderate, major)

Well Led

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

SOF
- X 63 Turnover – rolling 12 months

X 10. Dementia case finding (1 month lag)

The Dementia Case Finding of patients aged >75 in February was 81.4% with 634 patients admitted and 516 case finding questions. Quality Board have recently reviewed performance. The Trust continues to promote all Dementia friendly strategies and raising awareness with medical staff to complete case finding questions with all patients >75.

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

There were 323 over 6 week waiters in March, equating to 4.12% against the <=1.0% indicator, rated red. Performance in March failed to meet the constitutional target. See slides 17 to 19 above.

X 30. RTT over 52 week waiters

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

- 2 General Surgery (administration error)
- 1 ENT (administration error)
- 1 Cardiology (administration error)

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. The Trust is also working with the Clinical Outcomes and Quality Assurance Group (CO&QA) and a detailed review of 52 week breaches is planned.

X 35. % Discharges by Midday (Excluding Maternity)

In March patients discharged by midday fell to 14.7% and remains below the target of 33%. Improvement work is being led by the Urgent Care Collaborative Board and the Medical Division remain focused on delivering early discharges (10 by 10am). Work on this standard is also being taken forward as part of the Trusts Improving Together programme.

- The Trusts range of ward level performance in March: **Chesleden (50.0%), William Budd (8.5%)**

X 38 Delayed Transfer of Care (Days)

There were 976 delayed days in March, which was 5.3% of the Trust's occupied bed days. See slides 20 to 23 above.

X 40 Number of medical outliers – median

In March Medical Outliers peaked at 53 with a median of 40. The Trusts winter plan for the release of surgical elective ward to non-elective activity remained in-place in month. Performance is monitored at each clinical site meeting (3x daily) and an escalation process is in-place for any patients requiring moves for clinical reasons.

X 51. Venous thromboembolism % risk assessed (1 month lag)
Performance continues to be monitored and actions agreed at the Trusts Quality Board.

X 52. Number of patients with falls resulting in serious harm (moderate, major)
In March there were three patients with falls resulting in serious harm. RCAs are being completed and considered at the Trust Falls group. All RCAs will also be reviewed at Operational Governance Committee (OGC).

- 3 Moderate (1 ASU, 1 ACE and 1 Charlotte)
- We have requested a STEIS downgrade from the CCG for the ASU fall

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

In March the FFT Response Rate for ED increased to 5.0% from 4.4% in February but remains below the agreed target.

The Divisional team continue to review ways to improve performance. Medical Assessment Unit has seen significant improvement in performance in month (24.6%), this has been achieved with a focus by the unit manager supported by the Matron. The ED and MAU Matron are working together to share good practice.

X 63. Turnover - Rolling 12 months

Trust Turnover rate reduced to 12.2% against a target of 11.0% and reported as red in March. See Well Led slides.

Well Led – Workforce

1. Summary & Exception Reports

The following dashboard shows key workforce information for the months of February 2019 and March 2019 against key performance indicators (KPIs).

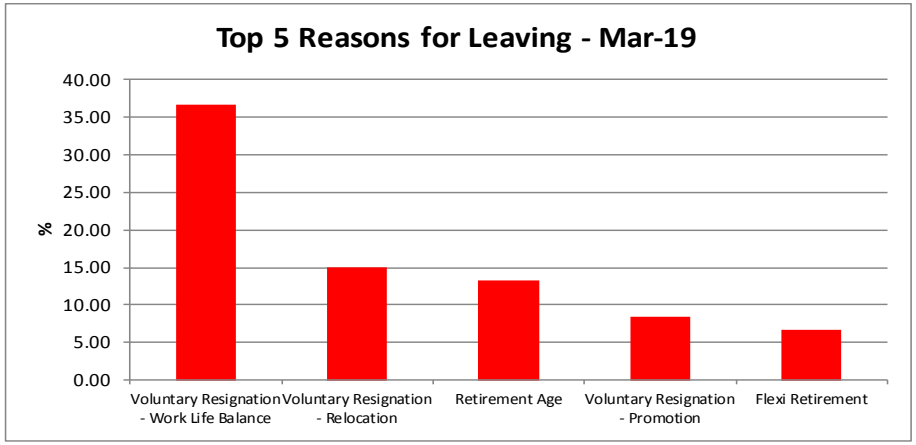
	Feb-19						Mar-19						Q4
Workforce	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust Target
Turnover (rolling 12 months %)	12.4	14.2	11.3	12.1	11.9	14.0	12.2	13.6	10.9	11.5	12.4	14.2	11.0%
Sickness Absence (%)	4.2	3.1	6.1	4.3	4.5	3.4	4.8	3.4	7.5	4.8	4.8	4.3	3.9%
Vacancy Rate (%)	4.7	6.1	10.1	3.9	4.0	3.9	4.7	7.4	9.4	3.8	4.9	2.1	4.0%
Agency Staff (agency spend as a % of total pay bill)	1.9	0.0	0.5	2.9	1.8	0.7	1.9	0.8	0.6	2.5	1.8	1.4	2.5%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	5.3	4.6	-	8.3	4.8	0.5	3.8	-0.2	-	6.1	3.3	1.2	3.0%
Staff with Annual Appraisal (%)	84.7	85.6	85.2	84.5	84.0	86.8	84.6	83.3	82.8	84.3	86.3	86.9	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 (%)	91.2	96.2	87.1	92.3	92.7	97.1	91.9	95.3	93.6	92.8	94.4	95.8	95.0%
Mandatory Training (%)	87.0	90.5	84.9	88.5	89.6	91.0	87.0	90.0	88.3	88.7	90.0	89.7	90.0%

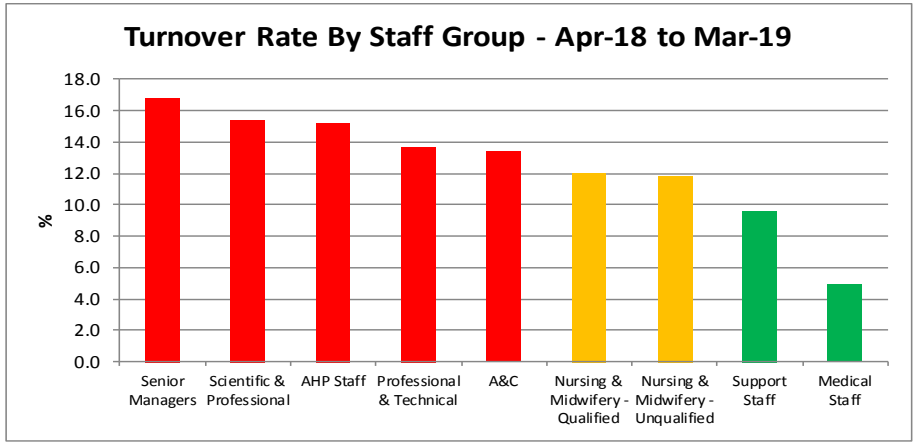
Trends:

- 12 Month Turnover marginally reduced this month to 12.2%, but continues to remain red against the 11% target.
- Sickness Absence, which is reported with a one month lag, rose on the previous month and now stands at 4.8%. It should be noted, however, that a slight rise was expected based on historical trend.
- Vacancy Rate remains static when compared to last month and at 4.66% is comparable to March 2018 (4.65%), prior to when the budget was amended.
- Appraisal Compliance remained relatively static, as did Information Governance and Mandatory Training compliance. All are, however, 3 percentage points away from their respective target.
- Nurse Agency Spend fell below 4% for the first time in the financial year, but was still above the 3% target.

Well Led – Turnover

2. Turnover





Performance in March

- In Month Turnover in March 2019 was 1.1% and is not exceptional (within 1 standard deviation of the mean). Similarly, the fact that in Month Turnover rose 0.41 percentage points from February to March should not be of a concern based on historical trend.
- 12 Month Rolling Turnover has also fallen to 12.2%. This remains red against the 11% target.
- March 2019's In Month Turnover Figure is based on 58 leavers (equivalent of 44.4 WTE). Although this number of leavers places March 2019 in the upper quartile when comparing months over the last four years, it is not an outlier.
- Of the 58 leavers, 12 were Band 5 Nurses (8.96 WTE) and although this figure is not unprecedented, it evidences the on-going need for work on retention.

Well Led – Overview

Measure	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q4 Target
Budgeted Staff in Post (WTE)	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	4,710.3	4,710.3	4,710.3	
Contracted Staff in Post (WTE)	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	4,493.0	4,488.7	4,490.4	
Vacancy Rate (%)	6.7%	6.4%	6.7%	6.2%	5.9%	5.2%	4.4%	3.9%	4.3%	4.6%	4.7%	4.7%	4.0%
Bank - Admin & Clerical (WTE)	32.2	35.0	37.4	37.7	39.1	33.7	38.5	33.1	29.9	34.5	29.7	1 Month Lag	
Bank - Ancillary Staff (WTE)	33.3	31.9	31.1	31.5	32.6	19.2	17.6	16.2	17.4	21.0	19.1	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	163.5	169.7	173.8	182.1	180.0	188.2	153.4	167.5	150.4	160.2	150.5	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)	27.5	28.8	31.9	14.4	46.6	52.0	40.1	45.3	30.0	33.2	48.8	40.6	
Overtime (WTE)	89.7	92.3	102.2	103.0	92.1	98.3	103.4	89.4	75.5	84.1	87.0	1 Month Lag	
Sickness Absence Rate (%)	4.1%	3.5%	3.3%	3.6%	3.9%	4.0%	3.7%	4.3%	4.0%	3.8%	4.2%	4.8%	3.9%
Appraisal (%)	81.1%	80.4%	81.3%	82.9%	83.2%	83.3%	84.4%	84.5%	85.3%	84.7%	84.7%	84.6%	90.0%
Consultant Appraisal (%)	87.0%	89.5%	86.2%	90.4%	85.9%	88.5%	88.4%	87.7%	84.4%	88.8%	88.7%	89.9%	90.0%
M&D Appraisal (%)	83.5%	83.9%	82.2%	88.0%	79.6%	83.1%	83.9%	87.0%	83.9%	87.5%	86.0%	86.5%	90.0%
AfC Appraisal (%)	76.8%	80.1%	81.2%	82.5%	83.5%	83.4%	84.4%	84.3%	85.4%	84.5%	84.6%	84.5%	90.0%
Rolling Average Turnover - all reasons (%)	16.9%	17.1%	17.0%	19.6%	16.5%	16.9%	16.8%	17.3%	16.8%	17.1%	17.0%	16.7%	
Rolling Average Turnover - with exclusions (%)	12.0%	12.2%	12.2%	12.5%	12.1%	12.4%	12.3%	12.7%	12.3%	12.4%	12.4%	12.2%	11.0%

Integrated Balanced Scorecard - March 2019

Royal United Hospitals Bath NHS
NHS Foundation Trust

NHSI Single Oversight Framework

Operational Pressures

		Threshold	2018/19						Triggers Concerns
Target	Performance Indicator	Performing	Q1	Q2	Q3	Q4	Feb	Mar	
SOF	**Four hour maximum wait in A&E (All Types)**	**95%**	84.5%	83.3%	80.0%	74.2%	70.6%	78.7%	
	C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	2	2	7	11	7 *	5 *	1 **	
SOF	**RTT - Incomplete Pathways in 18 weeks**	**92%**	86.7%	87.3%	88.0%	86.4%	86.2%	86.4%	
	31 day diagnosis to first treatment for all cancers	96%	99.6%	98.5%	98.5%	97.4%	98.2%	97.1%	
	31 day second or subsequent treatment - surgery	94%	98.2%	98.8%	97.0%	95.8%	100.0%	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%	95.4%	94.6%	90.5%	92.1%	93.8%	88.2%	
	2 week GP referral to 1st outpatient - breast symptoms	93%	94.1%	94.5%	94.6%	93.0%	93.2%	89.5%	
SOF	**62 day referral to treatment from screening**	**90%**	97.6%	90.9%	95.0%	95.7%	100.0%	100.0%	
SOF	**62 day urgent referral to treatment of all cancers**	**85%**	85.9%	84.3%	83.6%	79.7%	82.9%	75.3%	
SOF	**Diagnostic tests maximum wait of 6 weeks**	**1%**	3.99%	4.62%	2.63%	3.42%	3.40%	4.12%	

* February - 3 awaiting appeal response, ** March - 1 awaiting appeal response

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

Finance and Use of Resources (Month 12)

	YTD Plan	YTD Actual	YTD Variance
Capital Service Cover Metric	3.134	2.799	-0.335
Capital Service Cover Rating	1	1	
Liquidity Metric	6.610	6.057	-0.553
Liquidity Rating	1	1	
I&E Margin Metric	3.8%	3.0%	-0.8%
I&E Margin Rating	1	1	
Variance from Control Metric		-0.8%	-0.8%
Variance from Control Rating		2	
Agency Metric	-38.4%	-4.1%	34.4%
Agency Rating	1	1	
Rounded Score	1	1	
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 - March 2019

Royal United Hospitals Bath NHS
NHS Foundation Trust

CARING				Threshold		2018/19				2018/19					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q1	Q2	Q3	Q4	Oct	Nov	Dec	Jan	Feb	Mar
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	97	96	97	96	96	97	97	97	95	95
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	97	97	97	96	98	97	98	96	97
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	99	98	100	100	100	100	98	100	99	100
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	96	97	97	98	97	97	98	98	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	5.9	6.5	6.9	6.6	5.9	6.1	8.6	7.6	6.6	5.6
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	4	2	0	1	0	0	0	1	0	0
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	1	0	0	0	0	0	0	0	0	0
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	67	67	31	50	14	11	6	10	15	25

EFFECTIVE						Q1	Q2	Q3	Q4	Oct	Nov	Dec	Jan	Feb	Mar
10	DON	SOF	Dementia case finding	>=90%	<90%	86.2%	85.5%	86.6%	83.0%	86.4%	86.8%	86.8%	84.3%	81.4%	Lag (1)
11	DON	SOF	Dementia Assesment	>=90%	<90%	92.5%	96.3%	96.1%	92.9%	90.9%	96.7%	100.0%	95.7%	90.9%	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	106.2	103.6	100.9	Lag (3)	103.4	103.3	100.9	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	0.9973	0.9934	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%	6.4%	7.1%	7.5%	7.6%	7.5%	7.0%	8.0%	7.1%	8.0%	7.7%
16	COO	NT	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	89.7%	78.7%	87.0%	Lag (3)	77.0%	93.0%	91.0%	Lag (3)	Lag (3)	Lag (3)
17	COO	NT	Higher risk TIA treated within 24 hours	>=60%	<=55%	88.9%	90.9%	72.9%	81.1%	68.4%	87.5%	61.5%	70.0%	90.0%	82.4%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	57.3%	59.1%	65.1%	78.5%	52.0%	68.0%	75.5%	86.8%	76.1%	73.0%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	71.2%	69.5%	79.3%	Lag (2)	80.0%	78.9%	78.9%	78.9%	Lag (2)	Lag (2)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	0.9% (87)	1.0% (96)	0.7% (69)	1.0% (87)	0.6% (21)	0.6% (20)	1.0% (28)	0.5% (17)	1.8% (50)	0.7% (20)
21	COO	LC	Theatre utilisation (elective)	>=90%	<=85%	99.0%	95.0%	94.9%	98.6%	97.4%	98.8%	88.5%	100.5%	95.0%	100.2%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	0.03	5.20	-3.31	4.74	0.99	1.60	-5.90	2.98	0.75	1.01
23	DOF	L	Total Income	>100%	<95%	83.06	82.74	92.95	88.29	29.76	28.47	34.72	27.13	26.75	34.42
24	DOF	L	Total Pay Expenditure	>100%	<95%	51.69	53.94	53.23	53.11	17.82	17.80	17.61	17.78	17.61	17.72
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	26.69	27.49	26.57	27.56	9.02	8.75	8.81	9.01	8.23	10.32
26	DOF	L	CIP Plan	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	1.95	2.37	4.79	4.82	1.38	1.43	1.98	0.91	1.76	2.15

RESPONSIVE						Q1	Q2	Q3	Q4	Oct	Nov	Dec	Jan	Feb	Mar
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	88.8%	89.0%	86.4%	86.4%	89.4%	84.4%	85.5%	84.3%	87.0%	88.0%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	3.99%	4.62%	2.63%	3.42%	3.29%	1.87%	2.70%	2.72%	3.40%	4.12%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	16	12	5	15	1	3	1	7	4	4
31	COO	NT	Urgent Operations cancelled for the second time	0	>0	0	0	0	0	0	0	0	0	0	0
32	COO	NT	Cancelled operations not rebooked within 28 days - Surgical	0	>0	0	0	0	0	0	0	0	0	0	0
33	COO	NR	Time to Initial Assessment - 95th Percentile	TBC	TBC	101.2	88.0	70.0	137.0	82.5	71.0	51.0	99.3	172.2	131.0
34	COO	NT	12 Hour Trolley Waits	0	>0	0	0	1	0	0	1	0	0	0	0
35	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	14.3%	14.3%	14.7%	15.0%	15.1%	13.8%	15.2%	14.9%	15.6%	14.7%
36	COO	L	GP Direct Admits to SAU	>=168	<168	591	744	796	885	272	253	271	309	267	309
37	COO	L	GP Direct Admits to MAU	>=84	<84	273	139	590	437	121	257	212	157	51	229
38	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	3.4%	4.6%	4.3%	4.5%	4.5%	4.1%	4.3%	3.7%	4.6%	5.3%
39	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.7	4.5	4.2	4.2	4.1	4.4	4.0	4.0	4.3	4.2
40	COO	LC	Number of medical outliers - median	<=25	>=30	27	27	33	47	33	30	36	50	52	40
41	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	93.0%	92.8%	93.2%	92.3%	93.0%	95.2%	91.5%	92.8%	91.4%	92.6%
42	COO	NR	% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	99.4%	98.7%	98.2%	96.7%	97.2%	100.0%	98.0%	98.4%	94.1%	97.0%

SAFE						Q1	Q2	Q3	Q4	Oct	Nov	Dec	Jan	Feb	Mar
43	DON	SOF	C Diff variance from plan	0	0	-4	1	5	1	1	1	3	-1	3	-1
44	DON	SOF	C Diff infection rate	<=10.9	>10.9	3.6	12.4	19.8	12.6	15.8	16.3	27.6	5.3	28.3	5.2
45	DON	SOF	E.coli bacteraemias attributable to Trust	TBC	TBC	17	22	10	8	4	4	2	4	4	Lag (1)
46	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	2	0	0	0	0	0	0	0	0	0
47	DON	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	10	9	12	11	5	4	3	5	6	Lag (1)
48	DON	SOF	Never events	0	>0	0	1	1	2	0	0	1	0	2	0
49	DON	L	Medication Errors Causing Serious Harm	0	>0	2	1	0	0	0	0	0	0	0	0
50	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	14	14	3	2	3	0	0	0	2	0
51	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	92.9%	92.8%	92.3%	93.1%	92.1%	92.9%	91.8%	93.2%	93.1%	Lag (1)
52	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	5	4	4	12	1	2	1	5	4	3
53	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)	0	>0	0	2	1	0	1	0	0	0	0	0
54	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 2)	<=2	>2	2	3	2	1	0	1	1	1	0	0
55	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	30	26	34	32	27	35	39	33	30	34
56	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	12	8	15	18	5	4	6	4	8	6
57	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	94.7%	95.2%	94.4%	95.4%	95.8%	96.8%	90.7%	94.8%	96.4%	94.9%
58	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	17.2%	14.4%	14.0%	13.6%	14.8%	11.6%	15.6%	12.5%	17.2%	11.0%
59	HRD	NR	Midwife to birth ratio	<'1:29	>'1:35	1:30	1:31	1:30	1:28	1:32	1:27	1:30	1:29	1:27	1:29

WELL LED						Q1	Q2	Q3	Q4	Oct	Nov	Dec	Jan	Feb	Mar
60	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	7.5%	3.5%	3.4%	4.8%	3.5%	3.3%	3.4%	4.9%	4.4%	5.0%
61	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	35.0%	39.5%	35.7%	42.9%	37.2%	34.8%	35.1%	34.5%	42.0%	52.0%
62	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	18.8%	19.9%	22.1%	21.8%	30.0%	23.6%	12.1%	12.0%	31.9%	22.5%
63	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	12.2%	12.4%	12.4%	12.3%	12.3%	12.7%	12.3%	12.4%	12.4%	12.2%
64	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	3.6%	3.8%	4.0%	4.3%	3.7%	4.3%	4.0%	3.8%	4.2%	4.8%
65	HRD	LC	Vacancy Rate	<=4%	>5%	6.6%	5.8%	4.2%	4.7%	4.4%	3.9%	4.3%	4.6%	4.7%	4.7%
66	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	2.3%	2.5%	1.7%	1.9%	1.6%	2.2%	1.3%	2.0%	1.9%	1.9%
67	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	4.7%	5.8%	4.5%	4.5%	4.1%	5.0%	4.5%	4.3%	5.3%	3.8%
68	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	80.9%	83.1%	84.7%	84.7%	84.4%	84.5%	85.3%	84.7%	84.7%	84.6%
69	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	89.2%	86.4%	86.9%	90.5%	84.5%	87.8%	88.5%	88.4%	91.2%	91.9%
70	DOF	NT	Information Governance Breaches	TBC	TBC	45	61	51	40	21	19	11	16	7	17
71	HRD	LC	Mandatory training	>=90%	<80%	87.5%	86.8%	87.1%	87.0%	86.8%	87.0%	87.5%	87.0%	87.0%	87.0%

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%

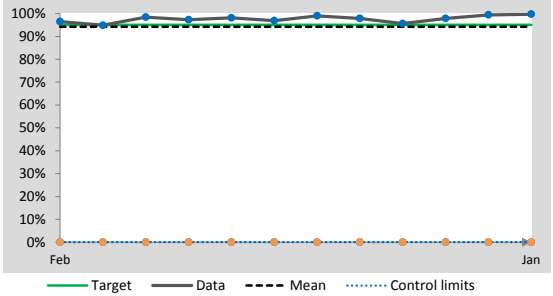
Wiltshire HEALTH AND CARE

Performance Dashboard January 2019

RTT

WON

Incomplete pathways | Complete pathways



Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	88%	#REF!
Continence service	98%	#REF!
LD	71%	#REF!
Outpatient Physio	100%	#REF!
Podiatry	100%	#REF!
Wheelchair service	91%	#REF!
WON	99%	#REF!

Notable variation	On target	Action	
	✗	Action needed	15 of the LD breaches are for AWP psychology, with 6 others awaiting other parts of the service. Orthotics show declining performance - capacity pressures at Chippenham. Some data quality issues in the incomplete Diabetes data being addressed.

MIU

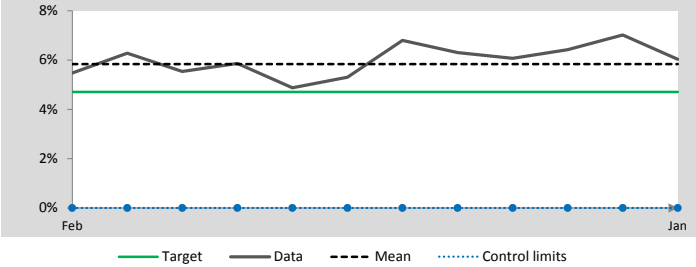
median 14 minutes

Arrival to seen

95th centile 111 minutes

Data quality concerns

Arrival to departure 4 hour stay	Left without being seen	Transfers to acute
100%	3%	6%

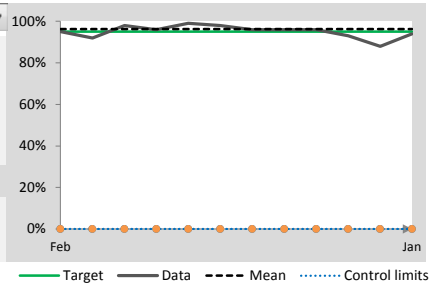


Notable variation	On target	Action	
	✗	Action needed	4 hour performance still well above target.

Inpatient assessments

All wards

MRSA	✗ 92%
VTE	✓ 100%
VTE prophylaxis	✓ 100%
MUST	✓ 95%
PURAT	✗ 94%
Falls	✓ 95%
Dementia	✓ 90%

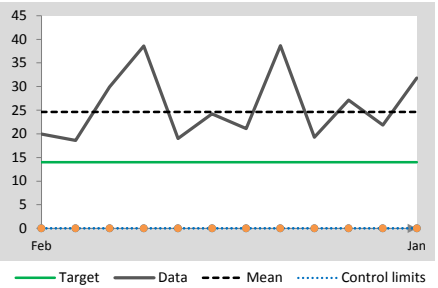


Notable variation	On target	Action	
	✓	Action needed	Awaiting confirmation of January assessment data.

Mean Inpatient Length of Stay

all measured in days

Ailesbury, Cedar, Longleat	33.7
Mulberry	26.5
Step up	31.8
Step up excluding delays	31.8

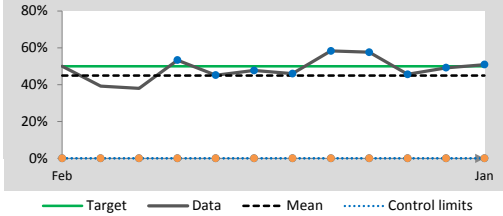


Notable variation	On target	Action	
	✗	Action needed	Action ongoing.

Discharge timings

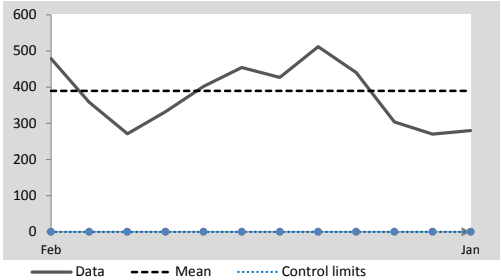
excludes transfers to hospital and deaths

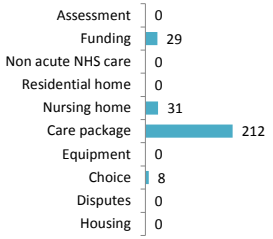
Before midday	Weekend
51%	9%



Notable variation	On target	Action	
	✗	Action needed	Continuing challenge. Significant improvement in before midday discharge performance.

Delayed Transfers of Care - bed days lost

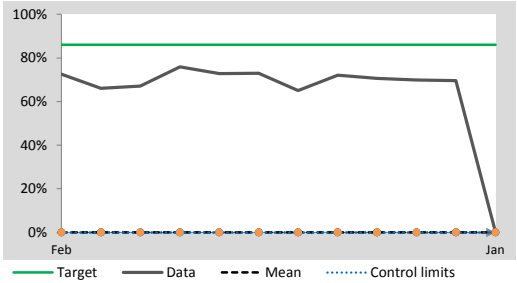




11% of occupied beds (Target <20%)

Notable variation	On target	Action	
	✓	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 on target.

Community teams 90 day reablement



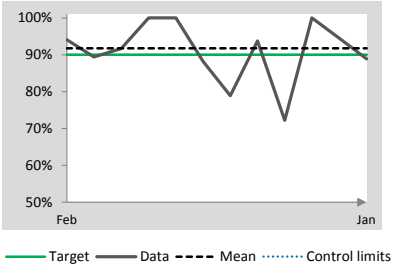
Data quality concerns

Notable variation	On target	Action	
			Awaiting confirmation of January reablement data

End of life support

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

January 89%



Notable variation	On target	Action	
	✓	Action needed	Initial information only for Jan - awaiting confirmation