Report to:	Public Board of Directors	Agenda item:	12
Date of Meeting:	30 October 2019		

Title of Report:	**Operational Performance Report**
Status:	**Action/Discussion**
Board Sponsor:	**Rebecca Carlton, Chief Operating Officer**
Author:	**Clare O'Farrell, Deputy Chief Operating Officer**
Appendices	**Appendix 1: Integrated Balanced Scorecard September** **Appendix 2: Wiltshire Health & Care Quality and performance Up-date and dashboard July 2019** **Appendix 3: Draft Improving Together Executive Scorecard**

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.

In September four SOF operational performance metrics triggered concern; 4-hours Emergency Care performance, RTT Incomplete Pathways, Diagnostic tests – 6 weeks wait and 62 day referral to treatment for all cancer referrals and from screening.

Whilst the RUH performance in Cancer, RTT and Diagnostic standards is comparable or better than regional peers the 4hr emergency care standard continues to be below the required level of performance.

Delivery of the 4-hour standard has continued to be below the trajectory, with a very challenging performance in September. Patients with a long length of stay, and waiting for support to leave hospital reached Feb 2019 levels and continued to increase in September. DTOCs were also higher in September than at any period during Q4 2019.

Cancer 62 day performance was delivered in Urology (Prostate Tumour site) for the first time in over a year. This reflects the improvement efforts delivered within the speciality, supported by Radiology and the Divisional Teams.

The RTT slides detail the 52-week breaches risk within Gastroenterology and the work to improve this position, these slides also detail the greater than 40 week waiting position. The reduction in patients waiting at 40 and 52 weeks below trajectory.

This report details the continuing challenges in diagnostic tests and the impact of the recovery plan in key modalities in delivering the 6 weeks performance standard.

Board are asked to note the addition of the draft Improving Together Trust Scorecard (Appendix 3), in addition to the current Integrated Balanced Scorecard. With the Improving Together Programme the plan is to migrate to the use of the new score card in performance reporting from November 2019 and over the next five months performance reporting will be developed in-line with the Trusts new Performance Management Framework, approved at Management Board in September with a

further review in October. A new Trust Scorecard Design group has now been established and this group will support the continued development of the Trust and Divisional level scorecards.

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 67.8% below both the 95% national standard and the improvement trajectory target. This is deterioration on last month's performance.

RTT incomplete pathways in 18 weeks at 85.6% below the 92% national standard but above the improvement trajectory target. The RUH reported 11 52 week incomplete pathways in September, 5 in Gastroenterology, 3 in Dermatology, 2 General Surgery and 1 in Cardiology.

Cancer 62-day urgent referral to treatment for all cancers 83%, below the 85% standard and the NHSI Improvement trajectory. A total of 22 breaches in month.

Diagnostic tests – 6 week wait 6.3% (555 breaches). MRI breaches in month due to Cardiology demand and MRI replacement programme. Specific challenges in Echo continue.

DTOC performance of 7.1% beds occupied with delayed patients, significantly above the 3.5% national standard. This is a deteriorating position and of increasing concern. Weekly LLOS reviews continue and a focus on internal reasons for delay has increased. Patients however continue to have long delays awaiting transfer to a care home, particularly within Wiltshire. This level of delay continues to be greater than that seen in February 2019.

In Month response and focus

4hr Performance – *Performance governance via the new Urgent & Emergency Care Programme Board internally and the AEDB system wide*
3 lead actions to improvement in month (detail and progress on delivery of actions is detailed in the report).

Whilst we have maintained focus on the three lead actions the plans to revise the RUH approach to Emergency Care have now been refined and will launch in October. This includes refreshed leadership roles, executive sponsorship of interventions and increased clinical leadership in key areas.

1. Sustain direct admissions for Medicine, in month performance reduced. Additional Trust protection of capacity agreed in PDSA 3 is on-going.
2. ED Escalation new triggers being tested, to work alongside OPEL escalation. Capital works agreed for ED, including development of a dedicated RATing area.
3. Rapid Assessment & Triage (RATing) in ED recommenced in September

Patient Flow System work continues to optimise the use of the system with focus remaining on the inpatient wards and development of a system performance report to

support optimisation.

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 in the report)

1. Gastroenterology a focus securing additional capacity to reduce and remove the 52 week breach risk and reduction in wait to first appointment delivered.
2. Backlog management continues across surgical specialities.
3. >40 week and 52 week monitoring to NHSI commenced

Cancer 62-day urgent referral to treatment for all cancers - *Performance Governance via Weekly Cancer Performance Meeting (Previously the RTT Steering Group) and RTT Delivery Group system wide.*
3 lead actions to improvement in month (detailed in report)

1. Colorectal Straight to Test pathway staring to deliver improvements.
2. Further work (Phase 2) of the timed pathway work for Colorectal and Upper GI commenced.
3. Prostate (Urology) pathway performance improvement celebrated in month, reflecting the impact of ongoing improvement work.

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 in the report)

1. Cardiology recovery plans including a second locum in place. Weekend agency staff could not be secured in month.
2. MRI replacement programme mitigations to be implemented
3. Breast radiologist recruitment relaunched and other outsourcing options explored but have not been successful.

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 in the report)

1. Weekly Discharge PTL reviews at ward level continue with a focus on internal delays
2. Local Government Authority DTOC Peer Review Completed in September 2019, awaiting full report with system recommendations.
3. RUH Discharge Policy up-date completed

2.	Recommendations (Note, Approve, Discuss)

The Board are asked to note September 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 October.

3.	Legal / Regulatory Implications
None in month.	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)		
	Risk identified in report	Risk ID	Risk title
	4-hour performance	634, 475	4 hour target
	18 week RTT at specialty level	436	18 week target
	DMO1 performance	1481	DMO1 target

5.	Resources Implications (Financial / staffing)

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

7.	References to previous reports
Standing agenda item.	

8.	Freedom of Information
Public	

Royal United Hospitals Bath NHS
NHS Foundation Trust

Operational Performance Report – September 2019

NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	2019/20 Aug	2019/20 Sep	Triggers Concerns
Four hour maximum wait in A&E (All Types)	**72.8%**	**67.8%**	
C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	**1**	**3**	
RTT - Incomplete Pathways in 18 weeks	**85.4%**	**85.6%**	
31 day diagnosis to first treatment for all cancers	**97.7%**	**96.7%**	
31 day second or subsequent treatment - surgery	**95.2%**	**94.7%**	
31 day second or subsequent treatment - drug treatments	**100.0%**	**100.0%**	
31 day second or subsequent cancer treatment - radiotherapy treatments	**98.5%**	**100.0%**	
2 week GP referral to 1st outpatient	**93.2%**	**93.4%**	
2 week GP referral to 1st outpatient - breast symptoms	**84.2%**	**89.5%**	
62 day referral to treatment from screening	**100.0%**	**88.2%**	
62 day urgent referral to treatment of all cancers	**86.3%**	**83.0%**	
Diagnostic tests maximum wait of 6 weeks	**5.54%**	**6.28%**	

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

Board should note that against the NHSI Single Oversight Framework (SOF) that the RUH have been rated 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 September four SOF operational metrics triggered concerns: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways, 62 day referral to treatment for screening and all cancers and Six week diagnostic waits (DMO1).

In month C Diff performance improvement was sustained, see Quality Report.

Performance Overview

Successes

- Internal Trust Escalation changes complete and implementation commenced
- RTT incomplete improvement in performance in month
- 52 Week incomplete breaches performance continues above trajectory – supported by significant improvement in Gastroenterology 52 week breaches
- Gastroenterology improvement plan delivering reduction in total waiting list size
- Achievement of 2ww standard for second month in a row – reducing potential future threat to 62 day performance due to patient choice 2ww breaches.
- Urology achieved Cancer 62 day standard in month, a significant achievement.
- Reduction in backlog of longer-waiting cancer 62 week Colorectal and Haematology cancer patients in month.
- Straight to Test pathway for all appropriate Colorectal patients commenced, continuing to be reviewed
- ED Rapid Assessment and Treatment Model maintained.
- Executive sponsored Urgent & Emergency Care PDSAs supporting sustainable change commenced and gaining traction

Priorities

- October Management Board to review and agree 2019/20 Winter Schemes
- Complete Winter Plan for November BOD approval, supports the overarching strategy to improve emergency care
- Weekend Ambulatory Care PDSA to be completed at end of October
- DTOC Peer Review next steps to be led by BSW Complex Discharge Strategy Group with Local Authority leadership for this group going forward
- Tele-dermatology new IT platform in October to support RTT and Cancer pathways.
- ED/UTC Capital works to support Emergency care flow improvements and support winter schemes starts 5th October (12 week programme)
- ED PDSA on two hourly daily huddles in October
- Programme Director for Emergency Access to start in October
- Sustain Cardiology RTT improvement plan delivery
- System (BSW) Winter Risk Summit to be held in October
- Implement Cardiology RAS in October to support DMO1 recovery plan.
- Winter Clinical Cabinet driving clinical practice change – in addition greater clinical challenge on LLOS weekly.

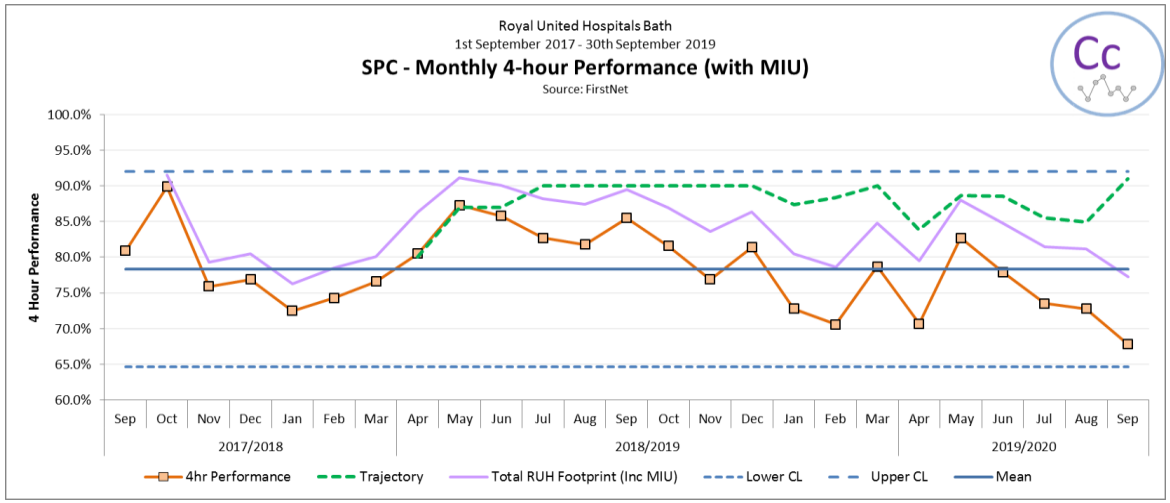
Opportunities

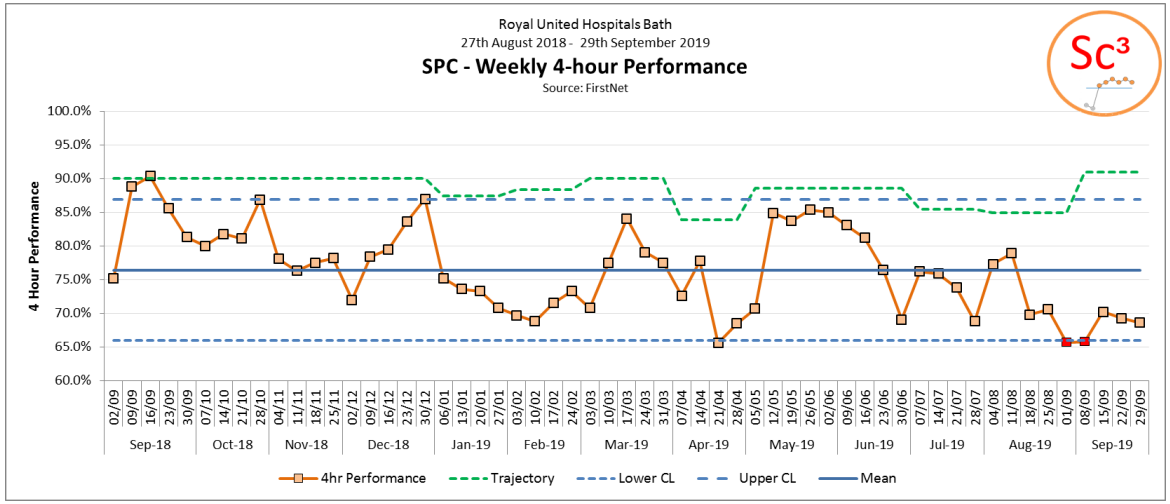
- System Winter Risk Summit on 25th October 2019
- Learning from regional workshops
- System discharge event on hold pending DTOC Peer Review report. Local Government Authority DTOC Peer Review report pending following the review completed in September.
- Cancer alliance funding allocation proposal – revised bids submitted in September – await confirmation of funding.
- Colorectal Cancer Navigator Role (Cancer alliance funding) to commence in November
- KPMG Oncology long term service review (aligned to new Cancer Centre development) nearing completion, supporting delivery of new operating model.
- Patient Flow System Performance reports weekly from November 2019

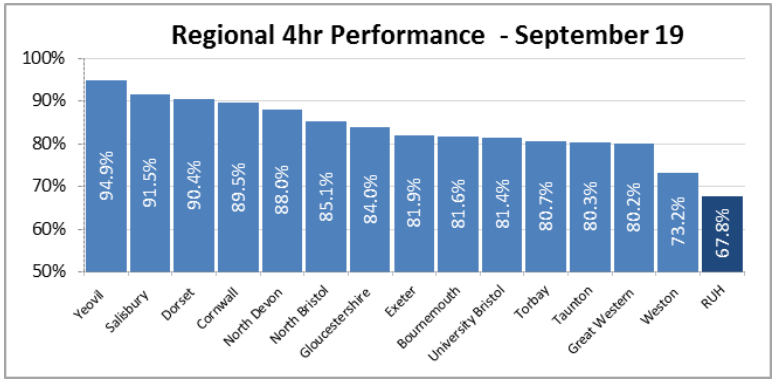
Risks & Threats

- System Winter Planning to mitigate anticipated performance pressures in Q4, capacity gap identified from System Demand and Capacity Planning. Non-elective growth assumptions included within this work.
- Activity growth across a number of specialities
- Chemotherapy / Oncologist staffing capacity impacting on cancer 62 day pathway, a number of posts are currently out to advert.
- Extended waiting times in Radiology due to machine replacement.
- Consultant Breast Radiologist vacancies continues as a risk for cancer and DMO1
- BIU capacity to support development of cancer pathway management and patient flow performance reporting, supporting significant work on Improving Together
- Growth in DTOCs and LLOS continue to be seen and system actions are not mitigating this continuing growth

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







Key contributors to performance below trajectory:

- Weekly performance was below trajectory for September
- September saw increase in ED attendances Type 1 & 3 with a spike in activity at the end of the month
- Overall emergency presentations (Emergency Department and direct admissions) increased compared to previous month and remained above the annual mean
- Flow out of the Emergency Department challenged with low numbers of discharges early in the day
- High numbers of Super Stranded patients and DToCs
- Decrease in Direct Admissions to MAU and SAU compared to previous month, increasing the overall number of patients in the Emergency Department
- Patient flow system stabilising
- High numbers of non-admitted breaches
- High number of breaches in ED Minors
- Patients diagnosed with confirmed Flu

Actions to support delivery of improved performance can be seen on page 7.

4 Hour Maximum Wait in ED (2)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	September 19	Quarter 2	Full Year 2019/20
All Types	67.8%	71.4%	74.2%
RUH Footprint (Including MIU)	77.2%	80.0%	82.0%

Table 2: Emergency Department National Quality Indicators:

Title	Month	Quarter	Year
	Sep-19	2	2019/20
Unplanned Re-attendance Rate	0.2%	0.1%	0.3%
Total Time in ED - 95th Percentile	677.0	635.7	611.1
Left Without Being Seen	4.8%	3.7%	3.4%
Initial Assessment Time (Majors)	58.7%	60.4%	62.9%
Initial Assessment Time (Minors)	46.2%	52.2%	56.5%
Time to Treatment 60 Mins	32.8%	39.4%	42.1%
ED Attendances (Type 1)	6,640	19,887	38,867
ED 4 Hour Breaches (Type 1)	2,390	6,470	11,572
ED 4 Hour Performance (Type 1)	64.0%	67.5%	70.2%
Ambulance Handovers within 30mins (SWAS)	95.7%	96.3%	96.2%
ED Friends and Family Test	96	96	95

Table 1:

During September the “all types” performance dropped to 67.8% below the 95% standard and improvement trajectory, with a total of 2,414 breaches in the month. Decrease in performance from August (72.8%).

Table 2:

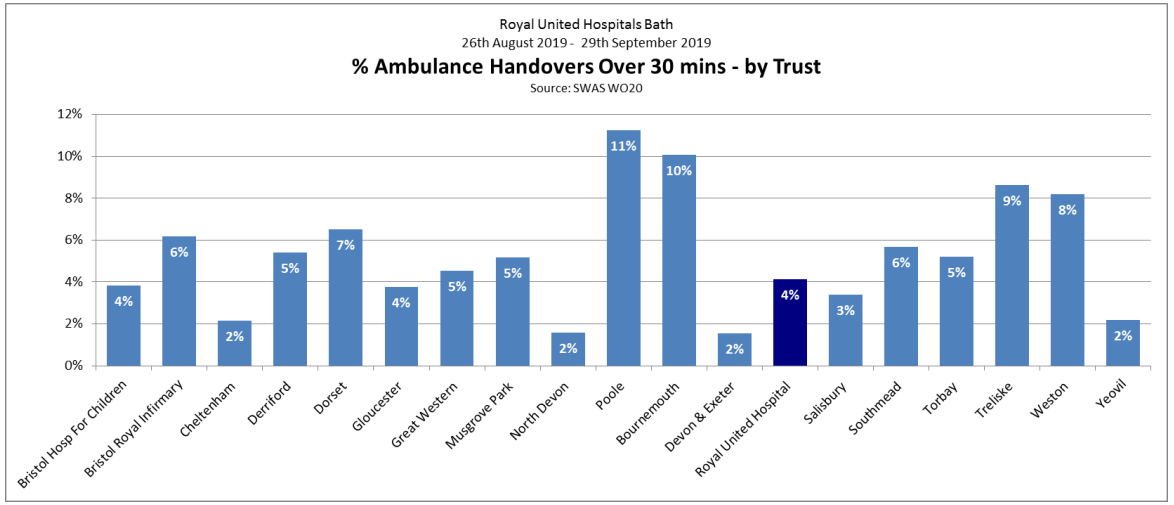
Initial Assessment Time (within 15 minutes of arrival) is split out for Majors and Minors patients.

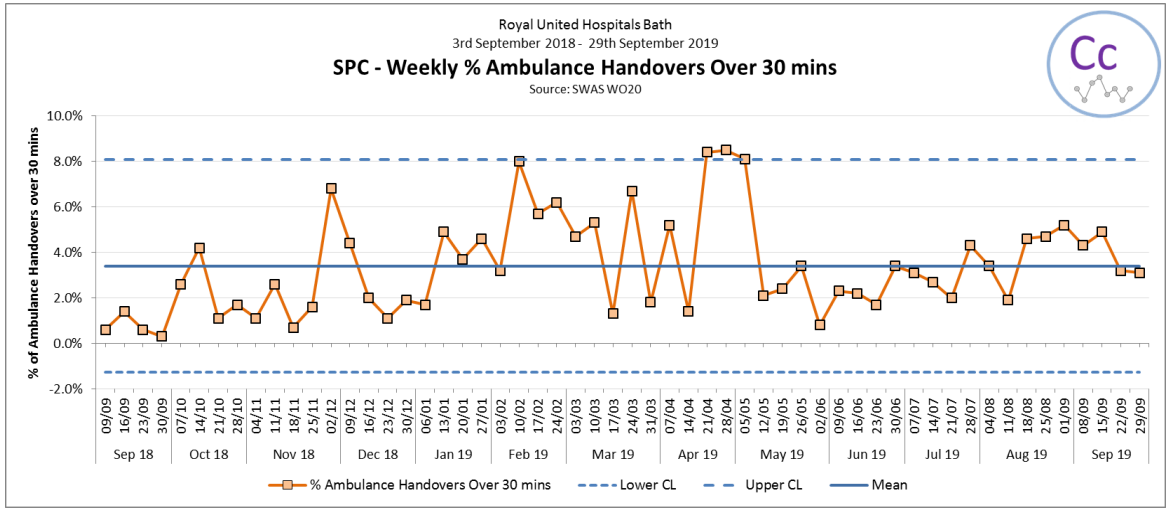
Decrease in performance for Initial Assessment Time - Majors & Minors (60.6% & 55.2% respectively) – significant drop seen in Minors.

Decrease in performance for Time to Treatment within 60mins compared to previous month (45.8%).

The Trust is using SWASFT data to report on ambulance handover delays, see page 8 for further detailed analysis.

SWASFT Ambulance Handovers over 30 minutes (3)





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

The SPC graph demonstrates a slightly improved position towards the end of September with less patients exceeding the 30 minute ambulance handover target, with the average performance at 4% of Ambulance handovers being >30 mins (equal to previous month).

Overall, the RUH continues to hold performance for Ambulance handovers when comparing to other Trusts across the South West with 13 Trusts having worse or equal performance in September.

Work is ongoing across the Emergency Department as well as other front door teams to develop an escalation framework to respond to patient flow into both the Emergency Department and the rest of the hospital. This piece of work is expected to also have a positive impact on Ambulance handover times. The escalation framework is planned to go live at the end of October with refreshed ED triggers.

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

Lead Actions Update:

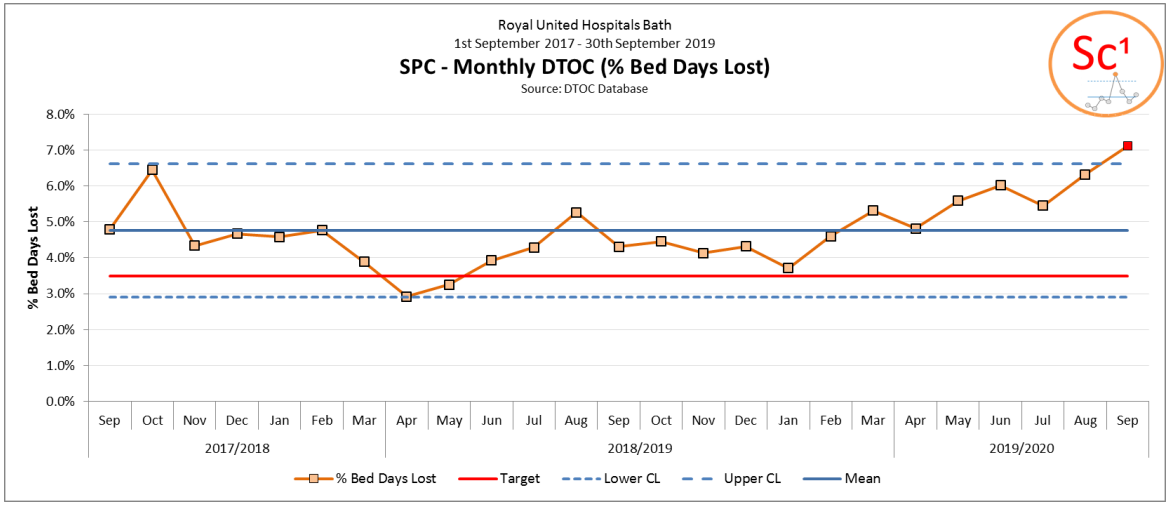
1. **Direct admissions for Medicine** 180 in September which is a decrease from the previous months' performance (see table below). Direct admissions are continuing to run from Area C. This remains a Trust-wide priority with Director level approval to use any of these 10 spaces for patients referred by ED in-place and monitored daily. Direct admissions flow is an area of focused review by the acute medicine team.
2. **ED Escalation** – work continues to test clear and consistent escalation responses to the ED escalation triggers, with the plan for these to be implemented at the end of October 2019. Divisions also reviewing their escalation triggers and pathways out of ED / admission avoidance. RAG ratings for specific areas in the Trust e.g. Cath Lab, Radiology being developed to support with focussed actions.
3. **RAT** – Consultant-led RAT process in Emergency Department commenced 9th September 10:00 – 14:00 Monday to Friday – impact seen on Time to Treatment during this 4hr period. Winter scheme proposal drafted to increase hours of RAT. Capital works agreed for ED includes development of a dedicated RAT area in ED Majors, works in ED and UTC have commenced in October 2019.
4. **UTC / ED Minors** – integrated Time to Initial Assessment in UTC and ED Minors ongoing. Work continues with regards to full integration and competency sign-off, led by Head of Nursing for Medicine.

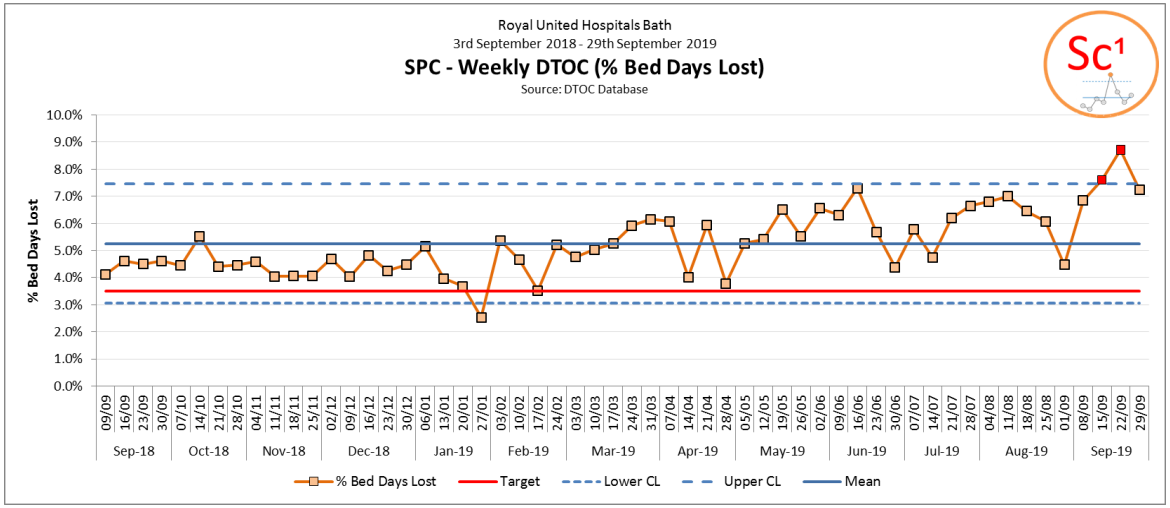
Medical Direct Admission Activity:

2018/2019												2019/2020					
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
27	125	121	46	38	55	121	257	212	157	51	233	175	356	377	239	236	180

- Winter Plan fortnightly meeting chaired by COO commenced due to cease at the end of October. Continuation of weekly Clinical Cabinet chaired by Divisional Chair for Medicine. Winter scheme proposals completed and 2019/20 schemes to be agreed at Management Board in October. Implementation to start in November 2019.
- Programme Director for Emergency Access role to commence in October for six months with new Urgent & Emergency Care Programme Board being established.
- OPEL actions are being reviewed as part of Winter Planning to ensure actions are effective and relevant to the issue.
- Linked with the escalation work, a PDSA commenced in October undertaking huddles in the Emergency Department identifying delays and actions in real-time which will improve the pathway for patients as well as improve our breach validation performance process.
- Capital programme of works established with weekly meetings ongoing to oversee the estates works in ED and UTC which will include a dedicated RAT area, additional consulting rooms in ED Minors to fully integrate the UTC and ED Minors teams as well as the establishment of an Assessment Area in the current UTC footprint.
- Ongoing focus with the Patient Flow System to ensure processes are robust. A performance score card in development to ward level, final version to be completed in November 2019.
- Medical Ambulatory Care undertaking pilot during October with regards to opening over a weekend (either Saturday or Sunday in first instance). Extending this pilot is also a proposed Winter Scheme.

Delayed Transfers of Care (1)





56 patients were reported in the month end snapshot, and 1,271 delayed days (7.1%). This is significantly above the national target set (3.5%)

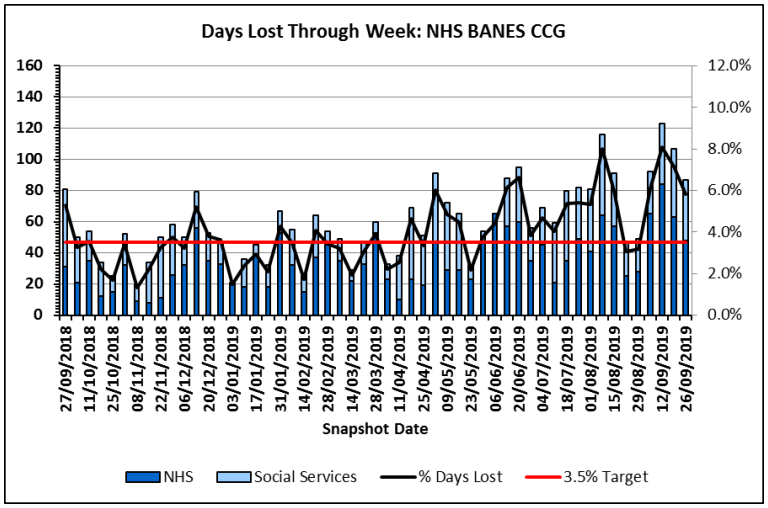
The deterioration in performance continues to be escalated and challenged with partners. Wiltshire CCG delays continue at a high level. Wiltshire are progressing with internal changes e.g. changing care capacity brokerage services. Financial challenges within the local authority are also impacting on access to care capacity out of hospital.

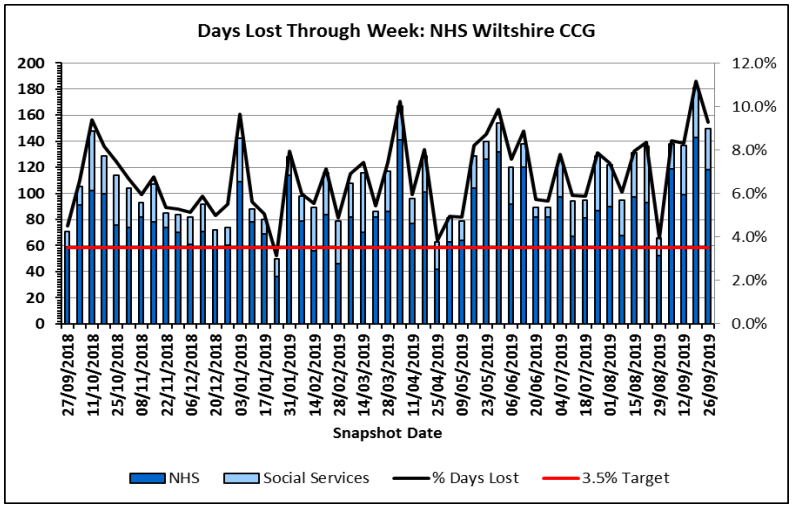
The Complex Discharge Group, have put a November system discharge workshop on hold pending receipt of the LGA DTOC Peer Review Report, following the review completed in September 2019. A number of immediate and longer term recommendations are expected. Work has commenced on some immediate actions e.g. review of local authority panel processes.

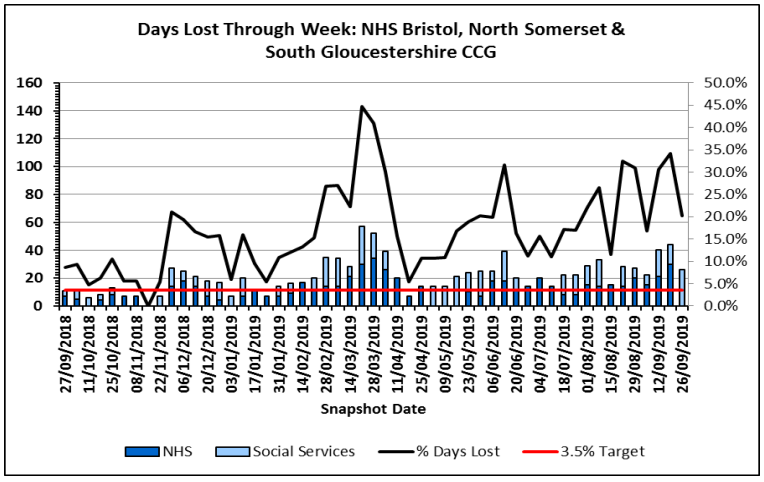
The top graph shows the monthly DTOC bed days, the SPC rule **SC1** triggered with September performance above the upper confidence limit.

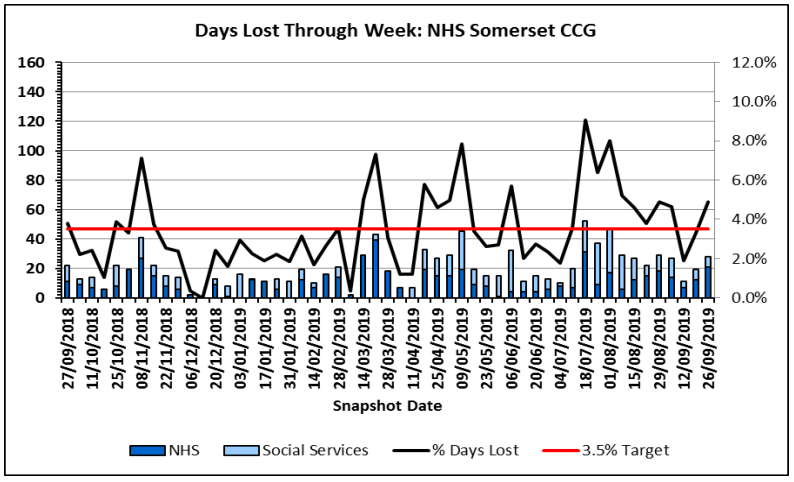
The bottom graph highlights the weekly position with two weeks in the month above the upper confidence limit and **SC1** triggered.

Delayed Transfers of Care by CCG (2)







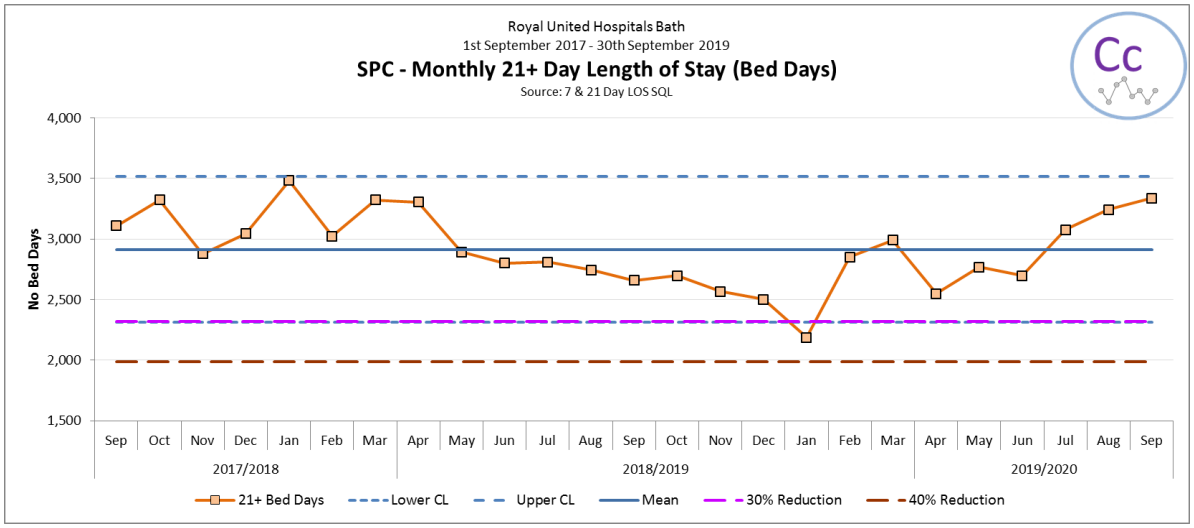


RUH focus to reduce delays is being led through the Integrated Discharge Service (IDS) work programme, supported by the Deputy COO. System working is being focused through the Complex Discharge Group chaired by BSNES CCG.

Escalation has been on-going.

Winter plans for Wiltshire Council have also been shared and the introduction of pathway 3 assessment beds (circa 10 beds for the RUH) is a seen as a positive step. Work to implement these plans is ongoing with dates to be confirmed when this additional capacity will come on-line.

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



A 40% reduction target has been set in the NHS Long Term plan, which would require the RUH to reduce +21 day patients to an average =< 65 patients. (Baseline 2017/18 of 109 patients).

The SPC graph shows the monthly Total +21 day RUH performance, with monitoring from September 2017.

The SPC chart shows performance has deteriorated further in September, reflecting the poor DTOC position.

The Integrated Discharge Service (IDS) review all +21 day patients daily.

Weekly ward LLOS reviews are completed by a review team that includes OPU consultant, senior therapist, operational management and senior social services support. This process is identifying internal and external reasons for delays. In September delays for patients waiting for a package of care at home decreased and the largest number of external delays were due to patients waiting for new Care Home placement. The RUH Winter Clinical Cabinet will now commence reviewing the DPTL results on a weekly basis, brining internal delays a greater focus of attention. Board are asked to note that when internal delays are resolved patients do still require external support for discharge.

In September the Trust +7 day LOS position has started to recover, with performance improvements seen in three consecutive weeks.

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

Lead Actions Update:

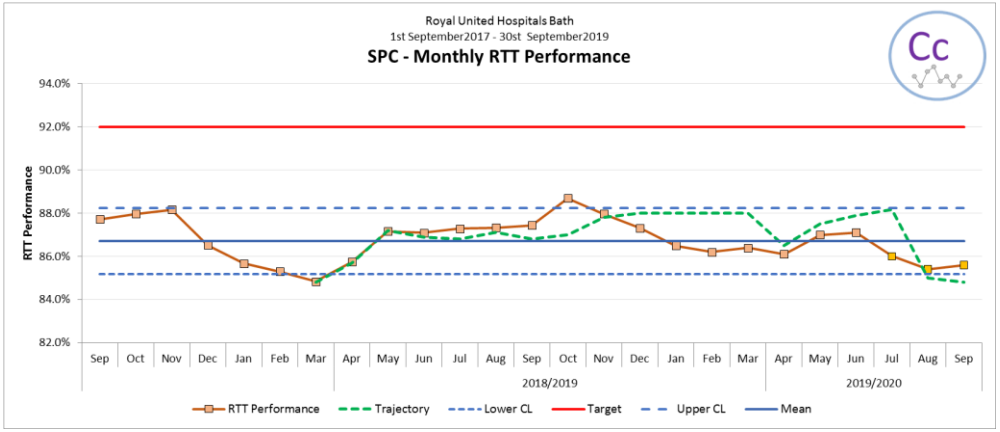
1. **Weekly Discharge PTL (DPTL)**. Weekly ward level reviews of all LLOS patients continue. These are requiring increased focus with the increase on patients in the RUH over 21 days LOS. Weekly outcome reports continue to be completed and improved, shared internally and externally. Internally the Winter Clinical Cabinet, chaired by the Head of Medicine will start to review the DPTL internal delays. This is in addition to the Consultant Review completed at DPTL with ward medical teams. All partner organisations are invited to attend in order to understand the process, effect immediate action to progress discharge plans and validate coding.
2. **Local Government Authority DTOC Peer Review completed in September.** The systems Complex Discharge Group is focused on agreeing actions as a result of the reviews recommendations, the final review report is pending.
3. **RUH Discharge Policy review completed.** The policy to now pending final review by the Director of Nursing and Chief Operating Officer in October 2019.

Planned Actions:

- RUH will be represented at the Regional workshop on LLOS on the 5th November. The Trust will ensure all recommendations to address LLOS are in-place form this workshop.
- For October National and Regional DPTL reporting is anticipated to be available. This will help identify opportunities to learn from other systems approaches.
- RUH in October are leading an up-date of the systems LLOS action plan requested by NHSI, deadline end of October.
- Complex Discharge Strategy Group continue to work through the issues around delirium and how this is impacting on LLOS and what actions can be taken to deliver system wide improvements. (Home First Delirium pathway with BANES CCG – x3 PDSA patients supported in September)
- System Discharge Workshop planned for November 2019 has been put on hold, following the DTOC peer review in September partners want to rethink the events focus and ensure messages are consistent with the peer reviews recommendations. Following receipt of the report is anticipated that addition LGA support will be available to support system improvement.
- BANES Trusted assessor review completed and shared with Wiltshire and Somerset CCGs. Wiltshire have agreed a plan to implement Trusted assessors commencing in Salisbury Foundation Trust, plans for the RUH are yet to be confirmed and this delay has been raised at Wiltshire partnership meetings.
- Patient Flow System, benefits have yet to be fully realised on discharge pathway reporting. This is part of the Trusts work to introduce patient Flow Performance reporting in November 2019.

18 Weeks Incomplete Standard – Performance (1)

RTT Incomplete Standard Improvement Trajectory:



	Open Pathways			
	Total Waiter	18 Weeks	Performance	
100 - General Surgery	2662	332	87.5%	↑
101 - Urology	851	84	90.1%	↓
110 - T&O	2044	416	79.6%	↓
120 - ENT	2196	514	76.6%	↓
130 - Ophthalmology	1987	92	95.4%	↑
140 - Oral Surgery	2317	528	77.2%	↑
300 - Acute Medicine	119	0	100.0%	↑
301 - Gastroenterology	2324	495	78.7%	↑
320 - Cardiology	1968	317	83.9%	↓
330 - Dermatology	1379	346	74.9%	↓
340 - Respiratory Medicine	340	1	99.7%	↑
400 - Neurology	828	54	93.5%	↓
410 - Rheumatology	1190	44	96.3%	↓
430 - Geriatric Medicine	153	7	95.4%	↓
502 - Gynaecology	1648	131	92.1%	↑
X01 - Other	1984	91	95.4%	↑
Total	**23990**	**3452**	85.6%	↑

Performance against the incomplete standard of 92% was 85.6% in September, an increase of 0.2% on August, and 0.8% above the trajectory. This compares with a National Incomplete RTT average performance of 86.3% (National average last reported in June 2019)

7 specialties did not achieve the constitutional standard in September. General Surgery, Urology, T&O, ENT, Oral Surgery, Gastroenterology, Cardiology and Dermatology; although with improvements noted in General Surgery, Oral Surgery and Gastroenterology

The over 18 week backlog for admitted patients increased in month to 1,494 (from 1,396 in August)

Outpatients

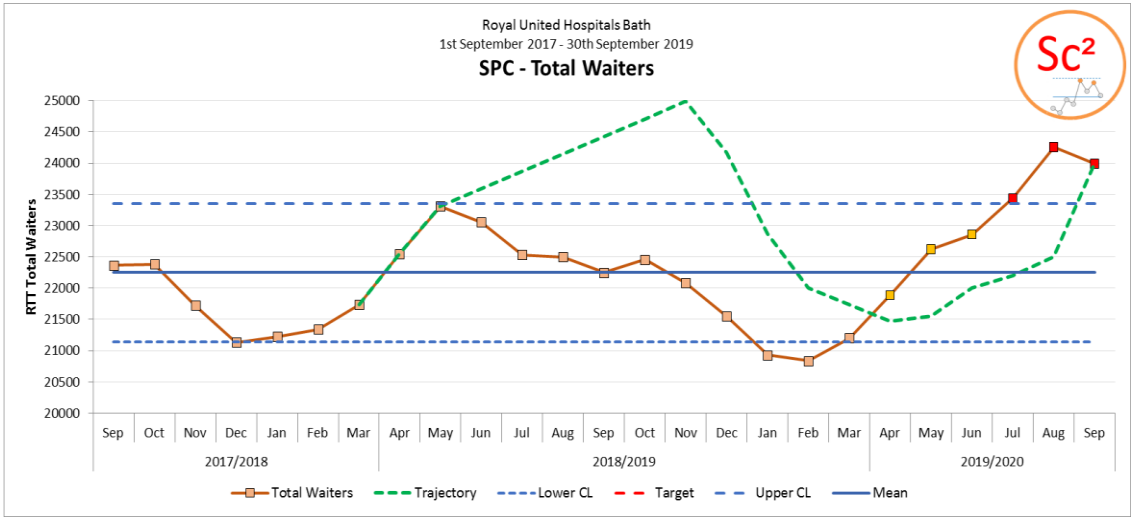
A significant increase in referrals was noted compared with the same 3 month period the previous year for Cardiology 35.3%, ENT 22.5%, Neurology 22.9%, Oral Surgery 28.3% impacting on both waiting times and RTT performance. Increases in Gastroenterology (5.9%) and Dermatology (8.5%) are noted as lower than in previous months.

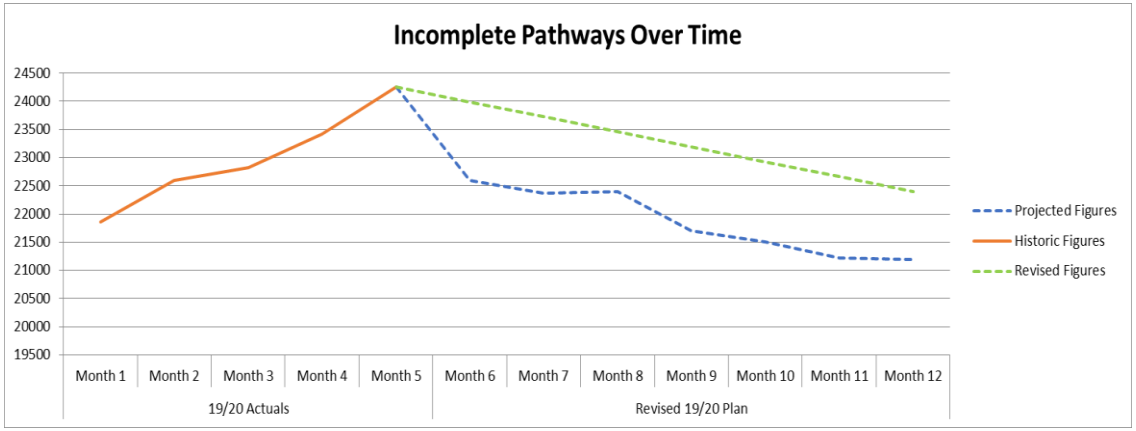
Electives

32 Elective patients were cancelled on the day of surgery for non-clinical reasons, with 16 cancelled to avoid a list overrun. This was an increase of 9 patients from August.

During September 2019, 266 patients were discharged through Chairport, equating to 57.5% of potential cases

Incomplete Standard: Trajectory incomplete pathways (2)





Total Incomplete Pathways decreased by 1.1% from August, however remains 13% above the March 2019 level, this position is adverse to the planned trajectory. The key growth is illustrated below:

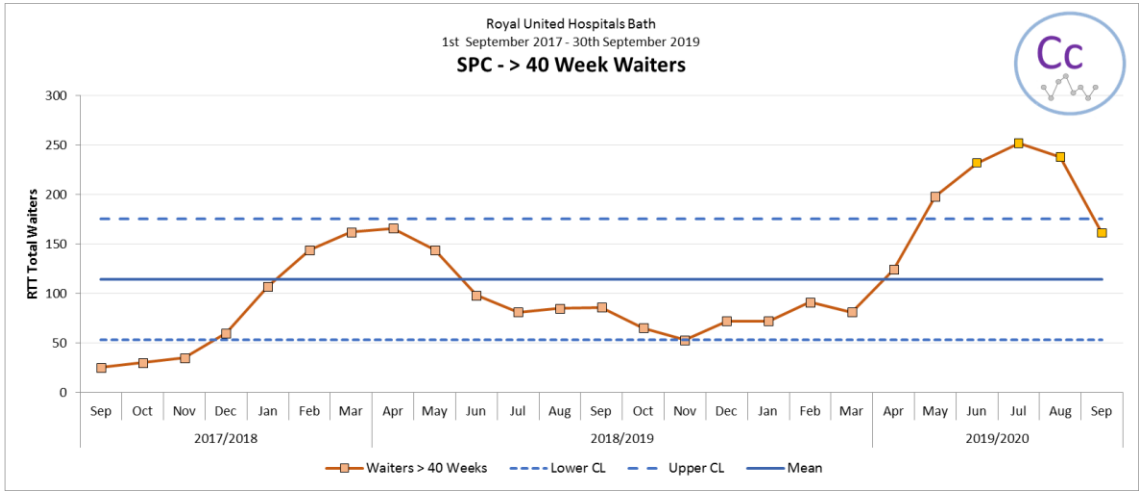
Specialty	September 2019 difference from March 2019	Difference in Month
Cardiology	712	69
ENT	407	-106
Gynae	405	28
Dermatology	365	54
T&O	354	-40
Rheumatology	314	-30

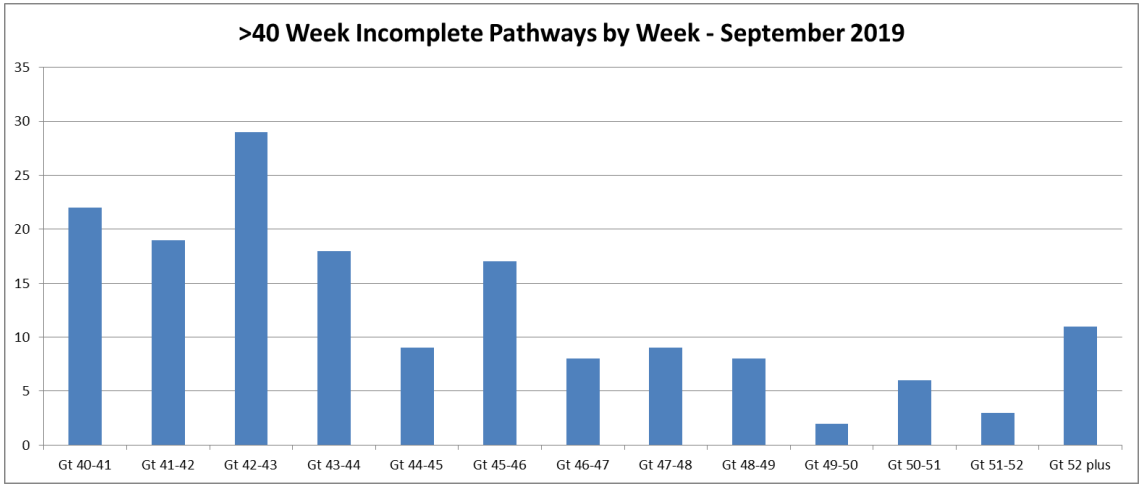
ENT, T&O and Rheumatology have showed an improved position in month, with Gastroenterology reducing significantly by 146 patients.

Total Incomplete Pathways have been reviewed with the top contributing specialties, predicting a trajectory detailed below, showing a 5.6% variance at year end.

	Revised 19/20 Plan						
	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Projected Number of incomplete RTT Pathways Total	22,600	22,364	22,400	21,700	21,500	21,222	21,199
Revised Number of incomplete RTT Pathways Total	23,990	23,724	23,458	23,192	22,926	22,660	22,394
% variance to March 2019	6.2%	6.1%	4.7%	6.9%	6.6%	6.8%	5.6%

18 Weeks – Incomplete Pathways >40 weeks (3)



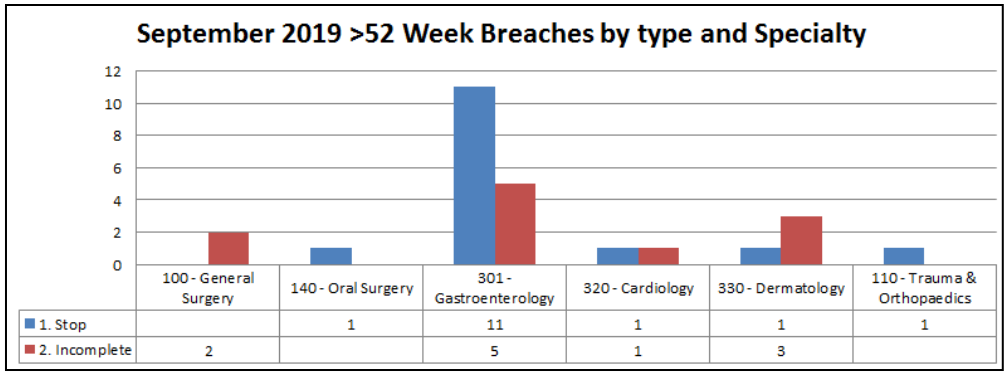


Overall incomplete pathways over 40 weeks have decreased in month by 77 patients.

Specialties with the largest reduction in patients waiting in September noted in :
- Gastroenterology 52
- Dermatology 19
- ENT 4

Incomplete pathways >40 weeks growth from July to September 2019					
	Jun-19	Jul-19	Aug-19	Sep-19	Growth
General Surgery	15	18	28	26	-2
Urology	1	1	2	0	-2
Trauma & Orthopaedics	10	12	19	16	-3
ENT	2	7	20	16	-4
Ophthalmology	4	3	0	4	4
Oral Surgery	6	7	8	10	2
Gastroenterology	**143**	**153**	**84**	**32**	**-52**
Cardiology	10	16	15	14	-1
Dermatology	33	34	60	41	-19
Thoracic Medicine	0	0	0	0	0
Neurology	0	0	0	0	0
Rheumatology	1	0	1	0	-1
Geriatric Medicine	0	0	0	0	0
Gynaecology	0	0	0	1	1
Other	6	1	1	1	0
Total	231	252	238	161	-77

52 Week Breaches – Reporting (4)



The table above provides detail of Stops and Incomplete pathway breaches reported in September:

1. RTT Stops are Admitted and Non-Admitted patients whose pathway stopped during the reported month. The Trust has reported fifteen >52 week breach stops in September:

11 Gastroenterology, this was predicted following the previous months incomplete breaches reported. 1 Oral Surgery, 1 Cardiology, 1 Dermatology and 1 T&O

52 week stops are reported separately and do not incur a financial penalty.

2. Incomplete pathways - describe patients who have not yet had a stop, i.e. been discharged or completed definitive treatment.

52 week incomplete pathways prediction					
	Expected			Actual	
	Gastro	Other	Total	Gastro	Other
Jul-19	20	6	26	15	4
Aug-19	15	6	21	10	2
Sep-19	13	6	19	5	6
Oct-19	11	6	17		

The Trust reported 11 >52 week Incomplete patient pathways for September for which the Trust will incur a financial penalty for each month the patient remains incomplete.

The main risk of 52 week incomplete pathway breaches remains within Gastroenterology and Dermatology where routine patients are waiting > 40 weeks for first appointment. Improvements are however being delivered in gastroenterology.

Reported breaches:
5 Gastroenterology**,** 3 Dermatology, 2 General Surgery and 1 Cardiology

3. Patient safety
Patients waiting >40 weeks have a clinical harm review completed by the consultant team, in addition RCA's are completed for all patients waiting >52 weeks. The RCAs inform learning and future actions. Clinical harm reviews completed year to date have not identified patient harm.

18 Weeks - In Month Response and Focus (5)

Lead Actions Update:

1. Gastroenterology

- A 2nd locum consultant continues within the Specialty successfully reducing the wait to first appointment from 40+ to 36 weeks.
- Discussions are progressing well with Providers and Commissioners to support additional capacity for surveillance colonoscopy.
- Review of Gastroenterology > 40 week incomplete pathways risk of 52 week breaches is ongoing but reducing.

2. Backlog management

- WLI outpatients – focused on increasing ENT, Urology, OMFS and Cardiology capacity
- WLI theatres – focused on T&O – supporting non-elective and elective capacity
- Review of Total Incomplete pathways growth and actions agreed
- Commissioner support for long waiting patients treatment at APO

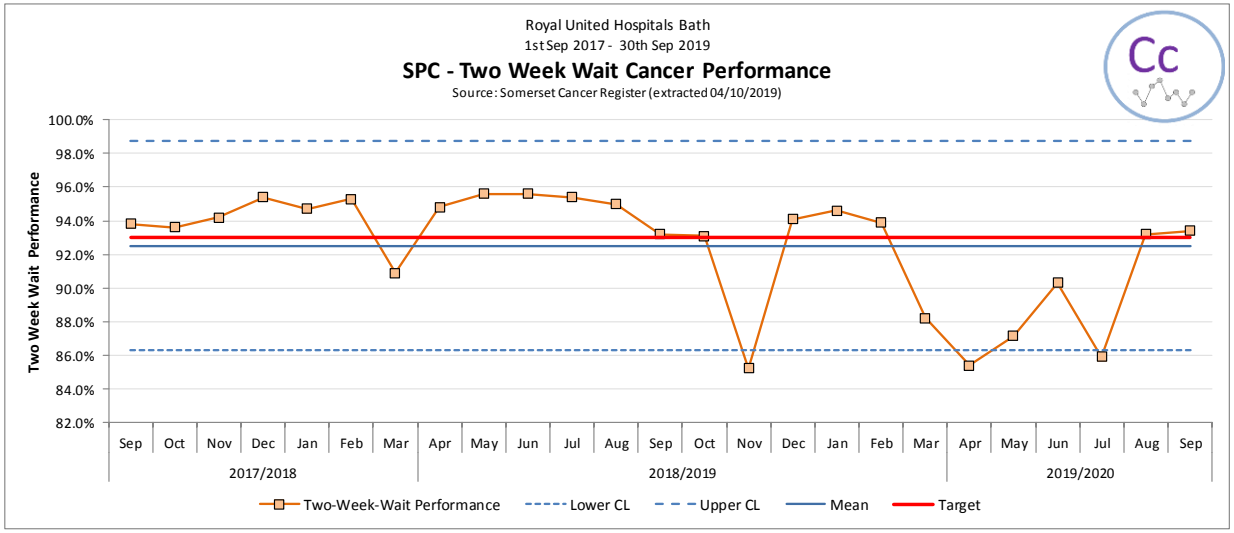
3. > 40 weeks and 52 week monitoring

- Commenced weekly situation reports provided to NHSI.

Planned Actions:

- Specialty led focus on reducing Total Incomplete pathway growth in top contributing specialties of: Cardiology, Gynaecology, ENT and Rheumatology.
- Activity/performance review at specialty level to identify potential opportunity to improve Trust RTT being included in Business planning for 2020/21
- The Trust has shared the revised trajectory for both RTT performance and 52 week breaches with the Commissioners and NHSI.
- Dermatology – the Tele dermatology pilot will transfer to a new platform in November 2019. Job plan review is in progress that expects to introduce a streamlined pathway supporting a “one stop” super clinic model.
- Cardiology continue improvement actions to reduce clinic letter delays from 7 weeks to 4 weeks which impacts on validation and the overall RTT position. In September Consultant WLIs took place across one week where a further 100 outpatients were reviewed, a repeat of the exercise is planned for a week in October. A substantive consultant has returned from long term sick leave and will support outpatient activity during a phased return.

Cancer Access – Two Week Wait (1)



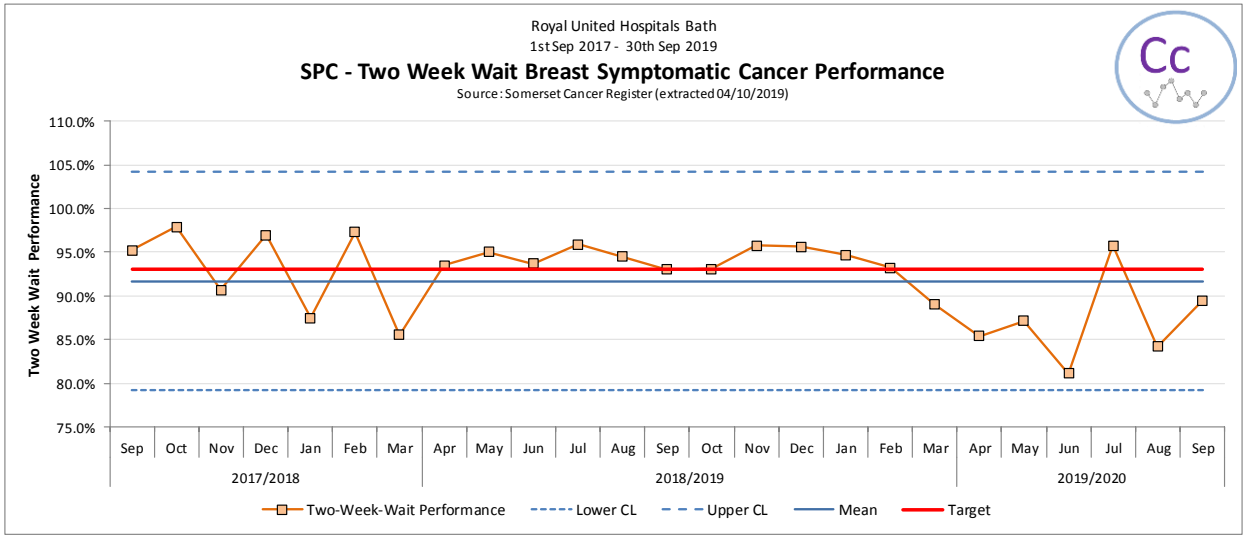
In September the Trust met the 93% target with performance at 93.4%.

There was no special-cause variation rule triggered, meaning that it is expected common-cause variation

Most breaches in month were due to patient choice, a common issue over the summer holiday period, although a number were sustained in Breast due to staff sickness.

The 93% standard was not achieved in Breast, Paediatrics, Upper GI or Lung in month. Having not achieved in August, Gynaecology and Skin both achieved in September.

Cancer Access – Two Week Wait Breast Symptomatic (2)

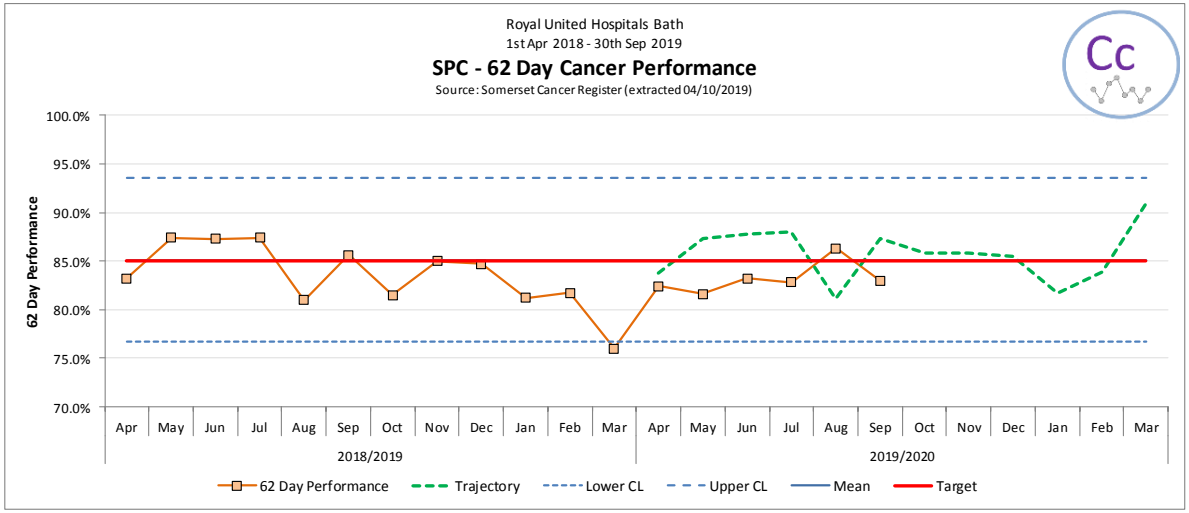


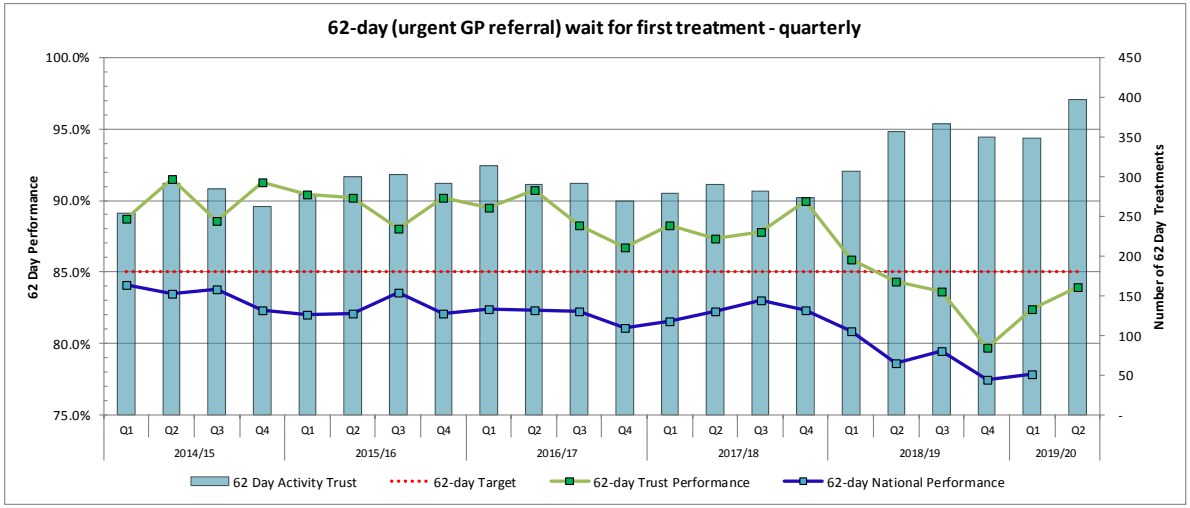
In September the Trust failed to meet the 93% target with performance at 89.5%.

There was no special-cause variation rule triggered, meaning that it is expected common-cause variation

The 2 breaches in month were due to staff sickness resulting in a capacity reduction which could not be mitigated.

Q1 - 62 Day (urgent GP referral) wait for first treatment (2)





Trust performance in September was 83.0%, below the 85% standard. Performance in month was also below the NHSI agreed trajectory. In month the Trust reported 22 breaches.

There was no special-cause variation rule triggered, meaning that it is expected common-cause variation.

Under the national breach allocation guidance one shared breach is to be wholly assigned to University Bristol NHS Trust which will improve performance to 83.8%.

Q2 Trust performance is currently below the required 85% target, although a significant improvement is noted since Q4 2018/19.

Weekly tumour site specific PTL meetings continue and feed into the weekly Trust cancer performance meeting. Board are asked to note that cancer performance remains challenging.

62 Day performance by Tumour Site (3)

Cancer Site	Indicator Description	2018/19							2019/20					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Breast	Activity	18	22.5	33	11	26	17	14	30.5	26.5	15	21	32	23
	Breaches	0	0	0	0	1	1	0	0	3	2	0	1	1
	Performance	100.0%	100.0%	100.0%	100.0%	96.2%	94.1%	100.0%	100.0%	88.7%	86.7%	100.0%	96.9%	95.7%
	Referral Conversion %	8.7%	9.3%	6.7%	6.0%	7.9%	3.3%	6.6%	5.8%	3.3%	5.3%	7.4%	7.8%	
Colorectal	Activity	9.5	12	15	12	15	14.5	16	9	13.5	12	20	9.5	15
	Breaches	4.5	6	5	5	6	4.5	8	4	6.5	4	5.5	4.5	6
	Performance	52.6%	50.0%	66.7%	58.3%	60.0%	69.0%	50.0%	55.6%	51.9%	66.7%	72.5%	52.6%	60.0%
	Referral Conversion %	6.3%	5.0%	6.4%	5.1%	6.5%	5.2%	4.1%	7.2%	5.3%	5.8%	4.5%	3.0%	
CUP	Activity	0	1	1	0	0.5	0	0.5	0	0	0.5	3.5	0	2
	Breaches	0	0	0	0	0.5	0	0.5	0	0	0	1.5	0	0
	Performance	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	100.0%	57.1%	100.0%	100.0%
	Referral Conversion %	66.7%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	50.0%	0.0%	
Gynaecology	Activity	8	10	8	11	5.5	8	8	9	4	4	10	9.5	10
	Breaches	0	0	4	2	0	1	0	1	1	0	1	0	2
	Performance	100.0%	100.0%	50.0%	81.8%	100.0%	87.5%	100.0%	88.9%	75.0%	100.0%	90.0%	100.0%	80.0%
	Referral Conversion %	12.0%	4.5%	3.8%	7.6%	7.0%	7.1%	5.3%	3.4%	3.0%	8.9%	7.7%	8.2%	
Haematology	Activity	6.5	6	3.5	4	10	7	8	11.5	5	7	9.5	6	11
	Breaches	0	1	0	0	1	3	4	3	1	2	1	2	4
	Performance	100.0%	83.3%	100.0%	100.0%	90.0%	57.1%	50.0%	73.9%	80.0%	71.4%	89.5%	66.7%	63.6%
	Referral Conversion %	50.0%	25.0%	47.4%	64.3%	63.2%	53.3%	57.9%	25.0%	58.3%	60.0%	68.8%	50.0%	
Head and Neck	Activity	5	4	3	3	4.5	3.5	6	5	4	2	6	7	6.5
	Breaches	2	2	1	2	3	2	2	1	0	0	3	2	3.5
	Performance	60.0%	50.0%	66.7%	33.3%	33.3%	42.9%	66.7%	80.0%	100.0%	100.0%	50.0%	71.4%	46.2%
	Referral Conversion %	2.4%	4.9%	5.0%	2.6%	3.8%	4.3%	2.6%	5.2%	5.6%	2.8%	7.8%	3.2%	
Lung	Activity	8.5	8	6	5	6.5	5.5	6.5	8.5	4	9.5	8	2.5	9
	Breaches	1	0.5	0	0	1	1	3.5	1.5	1.5	1	1	1	1
	Performance	88.2%	93.8%	100.0%	100.0%	84.6%	81.8%	46.2%	82.4%	62.5%	89.5%	87.5%	60.0%	88.9%
	Referral Conversion %	19.5%	23.7%	21.6%	31.3%	21.4%	18.9%	23.3%	25.0%	32.1%	25.0%	19.0%	29.7%	
Skin	Activity	34	27.5	30.5	21.5	26	13	28.5	18	26.5	22.5	33.5	19.5	23.5
	Breaches	1	1.5	0	1.5	1.5	1	5.5	0	0.5	1	1.5	0	2
	Performance	97.1%	94.5%	100.0%	93.0%	94.2%	92.3%	80.7%	100.0%	98.1%	95.6%	95.5%	100.0%	91.5%
	Referral Conversion %	11.8%	9.4%	9.4%	11.1%	7.7%	6.3%	9.4%	5.9%	10.6%	6.3%	6.4%	4.1%	
Upper GI	Activity	5.5	9	7.5	4.5	7	8.5	7	4	7.5	11	9.5	6	5
	Breaches	1.5	2	2	0	4	1	0	1	0.5	3	4	1	1
	Performance	72.7%	77.8%	73.3%	100.0%	42.9%	88.2%	100.0%	75.0%	93.3%	72.7%	57.9%	83.3%	80.0%
	Referral Conversion %	6.4%	10.2%	8.7%	5.4%	5.5%	6.9%	5.8%	11.5%	9.7%	12.1%	2.5%	6.9%	
Urology	Activity	26.5	28.5	28	29	28.5	24	28.5	29.5	26	23	30.5	24.5	24.5
	Breaches	7.5	11	8	5	6.5	4	6	10.5	7.5	5	7.5	4.5	1.5
	Performance	71.7%	61.4%	71.4%	82.8%	77.2%	83.3%	78.9%	64.4%	71.2%	78.3%	75.4%	81.6%	93.9%
	Referral Conversion %	19.6%	15.1%	21.0%	17.9%	20.0%	13.5%	17.9%	16.7%	19.8%	18.7%	20.7%	16.4%	

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.

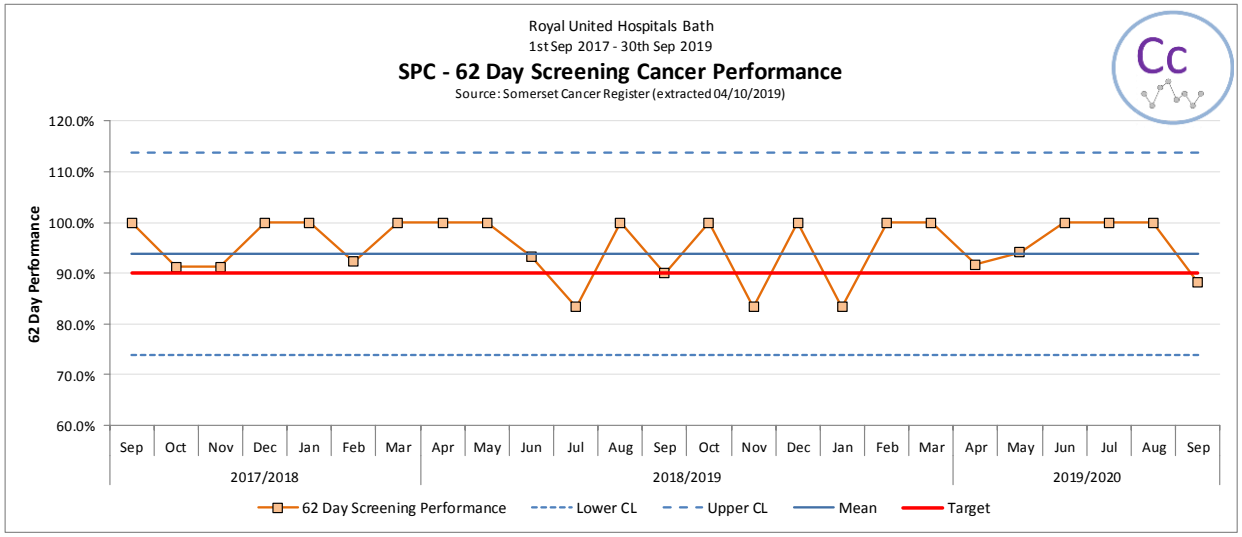
The Board is asked to note improvement in Urology, having achieved 85% standard for the first time in over a year.

In month performance has been impacted by work to treat patients who had already breached 62 day in previous months specifically in Colorectal and Haematology, reducing their backlogs. Those accounted for 10 breaches in total in month. 3 breaches were also sustained in Head & Neck for clinically complex patients, and 3 in Gynaecology impacted by patient initiated delays. 2 breaches were also sustained in Skin, all of which contributed to the overall Trust position in month below the 85% standard.

Of the total 20 breaches, 5 patients waited 104 days or more for treatment:

- Colorectal 3
- Head & Neck 1
- Gynae (screening) 1

Cancer Access – 62 Day Screening (5)



In September the Trust did not achieve the 90% target, with performance at 88.2% having recorded 1 breach in month due to the patient delaying their initial appointment.

There was no special-cause variation rule triggered, meaning that it is expected common-cause variation.

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

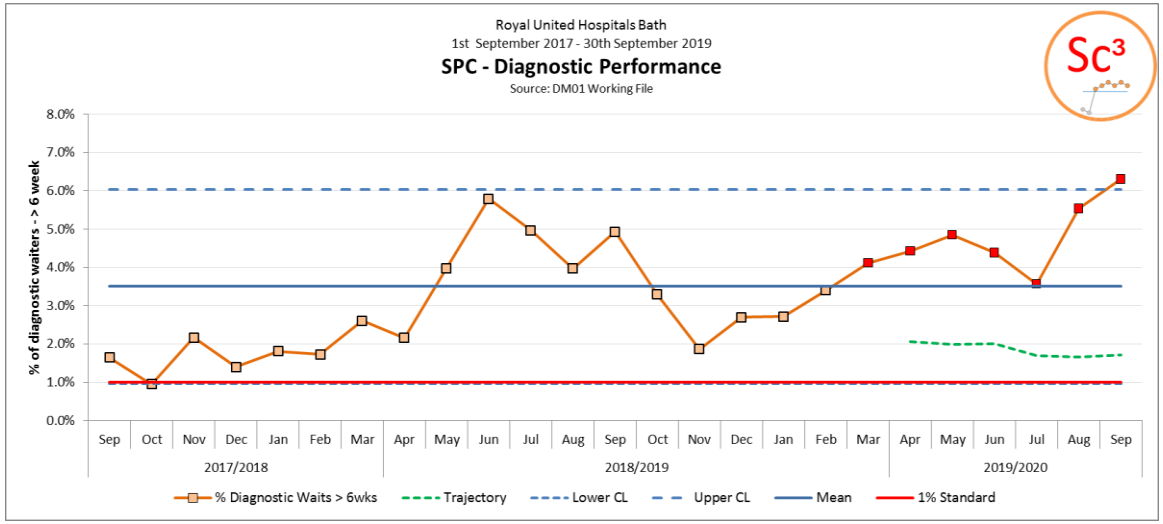
Lead Actions Update:

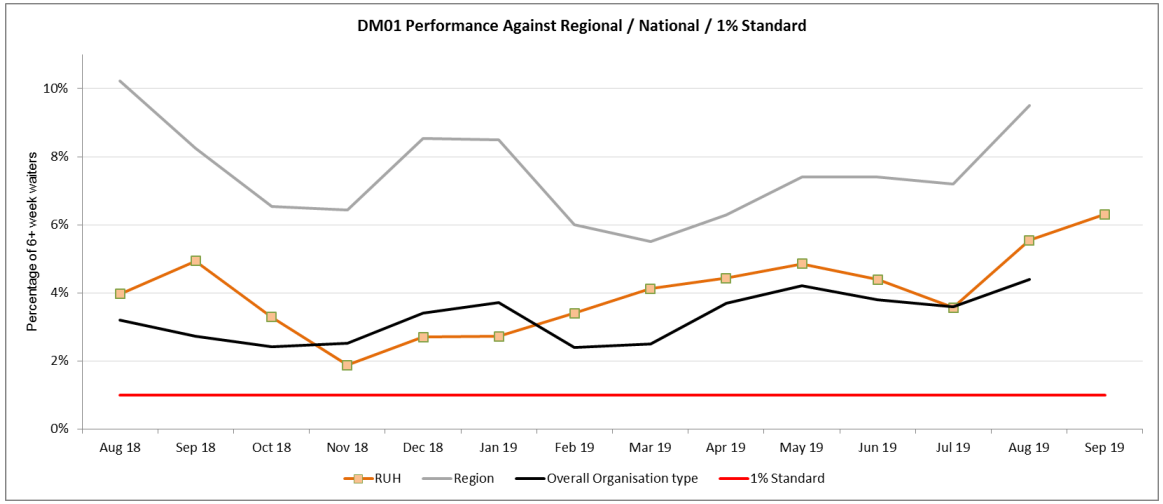
1. **Colorectal Straight to Test Pathway.** Nurse Practitioner commenced in post in July 2019. Role undergoing training to enable capability to deliver independent outpatient assessment of patients in clinic. Colorectal Pathway Navigator role recruited to using new Cancer Alliance funding, to commence in November with a focus on streamlining administrative functions in the early diagnosis pathway.
2. **Phase 2 Timed Pathways.** Further work undertaken and meetings held with the clinical teams within Colorectal and Upper GI to progress work on their revised timed pathways. Enhanced reporting from BIU is still required and capacity to support is challenged.
3. **Prostate Pathway.** Achievement of the 62 day standard in month, having maintained the reduction in backlog of longer waiting patients. Delivery of the new prostate biopsy technique later in 2019/20 will further reduce delays in the pathway.

Planned Actions:

- Trust-wide cancer PTL review being undertaken, utilising staff employed through Cancer Alliance funding to implement best practice process across all tumour sites and support delivery of the 28 Day Faster Diagnosis and 62 Day Standards. Initial report due in November 2019.
- Cancer Alliance Funding revised bids submitted for the available funding which is expected to be released in early Q3 2019/20. Recruitment is planned for roles in Lung and Cancer Services to support further developments in the early diagnosis pathways.
- Development of a long term plan and new operating model in Oncology, allowing for more robust capacity and demand planning which will deliver more timely treatment for those patients receiving oncological treatment.

Diagnostics (1)





September performance is reported as 6.3% against the <=1.0% indicator.

The South West Region have identified some key areas for performance improvements including diagnostic 6 week waits, improvement plans completed and submitted.

The significant DMO1 failure in Cardiology and MRI explains the variation from the agreed trajectory. However there has also been breaches of the sleep study pathway, CT and breast ultrasound also adversely contributing to the position in month.

Successes in month with no gastroenterology breaches of the standard.

The SPC rule **SC3** has been triggered with seven months performance above the mean. This indicates special-cause variation has occurred within the system.

The second graph shows the percentage of 6+ week waiters for the RUH and Region against the 1% national standard. Performance continues below the Regional average.

Diagnostics (2)

Key Recovery Plan Actions

- *Agency and RUH echo-cardiographers have been booked to work at the weekends to support recovery of plain echo*
- *MRI complex capacity a risk whilst the replacement programme is underway, option to have a second mobile MRI van on site*
- *Recruitment to Breast Radiologist and or Radiographer (including interim agency) to mange the breast ultrasound demand. Business case approved*
- *Sleep studies, additional equipment purchased to support weekend and evening backlog reduction by September 2019*

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	186
Computed Tomography	133
Non-obstetric Ultrasound	50
Audiology - Audiology Assessments	1
Cardiology - Echocardiography	139
Respiratory physiology - Sleep Studies	27
Colonoscopy	13
Flexi Sigmoidoscopy	4
Gastroscopy	2
Total (without NONC)	**555**

Weekly DMO1 group in place managed by the Medical Division to support recovery and service improvements.

Echocardiography (139) – Second highest contributor to the DMO1. Backlog has stabilised. Weekend agency approved however no fill in month. Reviewing options for RUH staff payments. Internal requests for echo under review by the Cardiology Clinical Lead to support consultant only referrals to support 6 week capacity in place which has reduced inpatient demand, capacity being used for outpatients (under weekly review as inpatients may be referred for outpatient echo).

Non-Obstetric Ultrasound (50) - Breaches have occurred in month predominately due to Radiologist capacity. Recruitment to substantive Consultant vacancies remains a priority to be mitigated where possible with available agency staff. Additional actions required to be identified to mitigate increasing risk.

CT (133) –Overall growth in CT demand continues and higher activity levels have been reflected in the 2019/20 improvement trajectory. CT replacement programme has reduced CT capacity from mid September, alternative capacity options are in place including an additional mobile unit on site at the weekend from mid October 2019 for three months.

MRI (186) - Breaches in month due to MRI replacement programme risk due to reduction in capacity; second MRI van on RUH site as outsourcing alone does not support the complexity of scanning required for the patient cohort.

Sleep Studies (27) – change in administrative processes did not allow the sleep referrals to be visible to the team, this has been rectified and will not reoccur. Plans in place to address backlog continue with trajectory to no breaches by end of October, additional equipment in place and overtime agreed.

Diagnostics - In Month Response and Focus (3)

Lead Actions Update:

1. **Cardiology** - Cardiology Consultant locum in place. Weekend and evening agency staff have not been secured due to national and local shortages. Action to review RUH staffing options including enhancements for echo staff at the weekend, paper to be submitted to TCNC.
2. **MRI** - Replacement programme will impact upon capacity available due to ongoing increase in demand. Options include outsourcing and second MRI on site to accommodate complex imaging.
3. **Breast** – Recruitment to vacancies ongoing. All options including agency and radiographer roles are being considered to support mitigation where possible. Demand management and outsourcing has been considered, all other breast units in a similar challenged position regarding Radiologist capacity.

Planned Actions:

- Confirmation of CT and MRI replacement programme mitigation plan; additional capacity in alternative locations in place, business case approved by Capital Programme Management Group for additional mobile capacity on site. Trajectory. Mitigation plans to cover CT during replacement programme not sufficient due to increase in demand.
- Cardiology to implement a Referral Assessment Service (RAS), notice to GPs of plan to implement by end of October 2019. This will reduce referrals into the echo service and ensure that the current capacity is effectively managed. Inpatient service now only accepting referrals from Consultants, immediate reduction seen, will monitor impact on outpatient echo service.
- Sleep study recovery trajectory in place with additional sessions planned, will recover by end of October 2019
- Gastroenterology capacity increased with clinical fellows and substantive replacement consultant from 30th September 2019 will support ongoing recovery.

Key National and Local Indicators

In the month of September there were **13 red indicators of the 72 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 10. Dementia case finding **(lag 1 month)**
18. Hip fractures operated on within 36 hours

Responsive

SOF 29. Diagnostic tests maximum wait of 6 weeks (DMO1)
30. RTT over 52 week waiters
35. % Discharges by Midday (Excluding Maternity)
38. Delayed Transfers of Care

Safe

SOF 51. CAS Alerts not responded to within the deadline
SOF 52. Venous thromboembolism % risk assessed **(lag 1 month)**
54. Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)

Well Led

61. FFT Response Rate for ED (includes MAU/SAU)
63. FFT Response Rate for Maternity (Labour Ward)
68. % agency nursing staff (% of agency nursing spend of total nursing pay bill)
70. Information Governance Training compliance (Trust)

Effective

X 10. Dementia case finding (1 month lag)

The Dementia Case Finding of patients aged >75 in August was 81.7% with 662 patients admitted and 541 case finding questions. The Trust continues to promote all Dementia friendly strategies and raising awareness with medical staff to complete case finding questions with all patients >75. Performance against this standard is overseen by the Quality Board.

X 18. Hip fractures operated on within 36 hours

37 were eligible for theatre and of these 25 (67.6%) went in less than 36 hours. Further detail on the individual cases was not available at the time of writing this report.

Performance against this standard is monitored via the Surgical Division performance review meetings and also at Quality Board.

Caring | Effective | Responsive | Safe | Well Led

Responsive

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

There were 555 over 6 week waiters in September, equating to 6.3% against the <=1.0% indicator, rated red. Performance in September failed to meet the constitutional target. See slides 19 to 21 above.

X 30. RTT over 52 week waiters

There were fifteen patients who breached the 52 week standard for treatment in September

- 11 x Gastroenterology and 1 x Dermatology – due to lack of capacity
- 1 x Cardiology, 1 x Trauma & Orthopaedics, 1 x Oral Surgery – due to administrative process error

All patients have been treated and no harm identified.
Please see slides 11 and 12. Performance is monitored at the RTT Delivery Group, this includes tracking actions agreed following completion of RCAs. All patients who breach 52 weeks received a letter of apology detailing the RCA findings.

X 35. % Discharges by Midday (Excluding Maternity)

In September patients discharged by midday increased to 15.1% but remains below the target of 33%. Improvement work will now be lead by the new Urgent & Emergency Care Programme Board. The Patient Flow System go-live in June 2019 has not delivered a significant improvement, management Board continue to review progress with the optimisation of the Patient Flow System and the planned introduction of Patient Flow Performance Reports. Winter Planning has been focused on schemes that can support improvement in this performance metric.
The Trusts range of ward level performance in September: **Cheselden (38%), William Budd (6%)**

X 38 Delayed Transfer of Care (Days)

There were 1,271 delayed days in September, which was 7.1% of the Trust's occupied bed days. See slides 22 to 25 above.

Safe

X 51. CAS Alerts not responded to within the deadline

One CAS alert. Awaiting response from alert lead. Action plan developed with amendments required before final submission. CAS Alert Lead is meeting with the Director of Nursing and Midwifery regarding anti-ligature curtain rail system.

X 52. Venous thromboembolism % risk assessed (1 month lag)

Performance continues to be monitored and actions agreed at the Trusts Quality Board.

X 54. Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)

Two category 3 case reported in September (Waterhouse and Pierce Wards).

Well Led

X 61. FFT Response Rate for ED (includes MAU/SAU)

In September the FFT Response Rate for ED fell to 9.5% from 13.6% in August and below the agreed target.

X 63. FFT Response Rate for Maternity (Labour Ward)

In September the FFT Response Rate for Maternity fell to 9.9% from 13.0% in August and below the agreed target.

X 68. % agency nursing staff (% of agency nursing spend of total nursing pay bill)

Registered Nurse agency spend as a % of total Registered Nurse pay bill reduced to 5.3% in September from 5.6% in August. (See Well Led Slides)

X 70. Information Governance Training compliance (Trust)

In September the Trust Information Governance Training compliance fell to 84.8%.

Summary

Indicator	Trust Performance Over Last 12 Months												Q2 Target
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	
Budgeted Staff in Post (WTE)	4696.50	4710.90	4710.90	4710.30	4710.30	4710.30	4850.38	4849.78	4849.78	4852.78	4853.78	4854.78	
Contracted Staff in Post (WTE)	4491.70	4529.30	4506.70	4493.00	4488.70	4490.40	4467.95	4480.40	4480.90	4495.88	4549.13	4569.59	
Vacancy Rate (%)	4.36	3.85	4.33	4.61	4.70	4.67	7.88	7.62	7.61	7.35	6.28	5.87	6.12
Bank - Admin & Clerical (WTE)	38.50	33.10	29.90	34.50	29.70	33.51	30.35	35.03	34.62	38.94	38.27	1 Month Lag	
Bank - Ancillary Staff (WTE)	17.60	16.20	17.40	21.00	19.10	22.05	20.22	23.96	20.65	23.29	20.56	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	153.40	167.50	150.40	160.20	150.50	164.35	164.36	166.01	166.31	175.07	161.58	1 Month Lag	
Agency - Admin & Clerical (WTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Agency - Ancillary Staff (WTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Agency - Nursing & Midwifery (WTE)	40.10	45.30	30.00	33.20	48.80	40.60	30.61	44.24	45.75	47.80	58.19	43.57	
Agency Spend (% of total pay bill)	1.61	2.18	1.31	2.03	1.85	1.88	2.18	2.92	2.30	3.96	2.97	2.63	2.50
Nurse Agency Spend (% of total Reg Nurse pay bill)	4.12	4.97	4.49	4.29	5.32	3.78	4.83	5.88	4.03	8.86	5.59	5.29	3.00
Rolling 12 Month Turnover (%)	12.29	12.68	12.28	12.41	12.36	12.18	12.12	11.96	11.85	11.48	11.88	11.71	11.40
In Month Turnover (%)	0.84	1.27	1.03	1.04	0.71	1.11	0.82	0.85	0.94	0.73	1.18	0.84	0.92
Rolling 12 Month Sickness Absence (%)	3.99	4.01	3.99	3.93	3.92	3.93	3.95	3.99	4.02	4.05	4.04	4.00	3.85
In Month Sickness Absence (%)	3.73	4.33	3.98	3.79	4.23	4.77	4.29	3.93	3.79	3.91	3.76	3.61	3.53
Staff with Annual Appraisal (%)	84.40	84.55	85.25	84.70	84.68	84.61	83.41	82.18	82.73	80.91	81.06	80.27	87.31
Information Governance Training compliance (%)	84.50	87.80	88.50	88.40	91.20	91.90	91.60	90.70	90.00	88.20	85.60	84.80	95.00
Mandatory Training (%)	86.80	87.00	87.50	87.00	87.00	87.00	87.20	87.60	87.60	87.50	86.80	86.80	90.00

Common Cause Variation

Latest data point does not trigger any rule and process capable of meeting target.

Latest data point does not trigger any rule but either process is incapable of meeting target or process should be monitored over next few months as future trigger possible.

Special Cause Variation

A single data point outside control limits with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

Two (or three) data point out of three below the control limits but above the warning limit, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

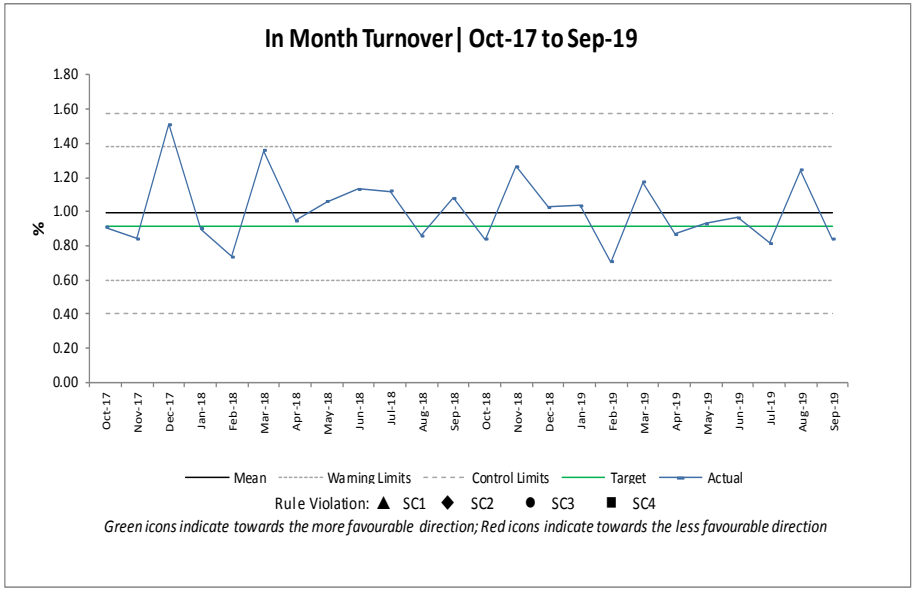
Shift of at least 6 data points all above or all below the mean, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

Run of at least 6 data points either all increasing or all decreasing, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

Where data points trigger multiple rules, the order of precedence for Special Cause Variation that has been used is Rule 4, Rule 3, Rule 2 then Rule 1.

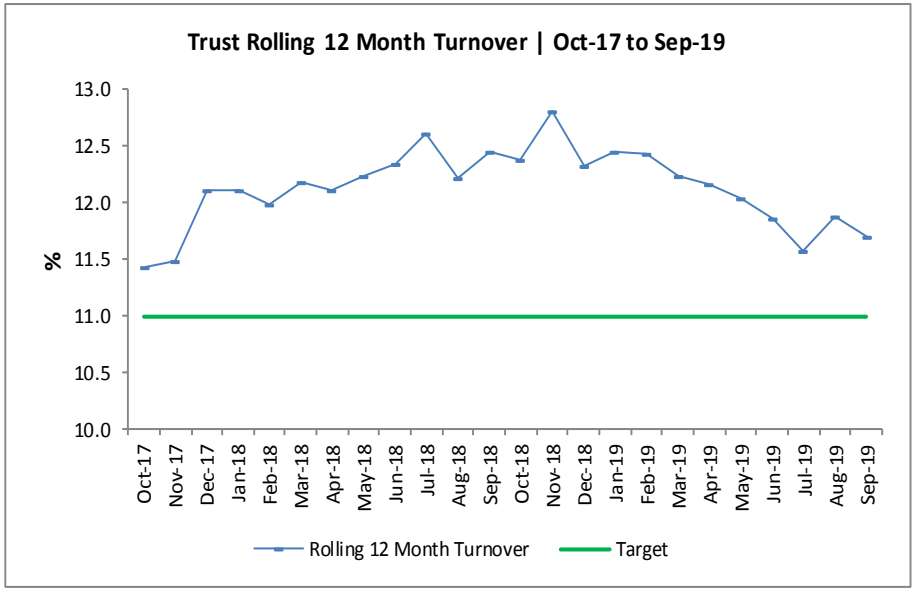
Well Led | Workforce | Turnover Rate

In Month Turnover (%)



Target	Actual	Latest Data Point
0.92	0.84	Cc

12 Month Rolling Turnover (%)



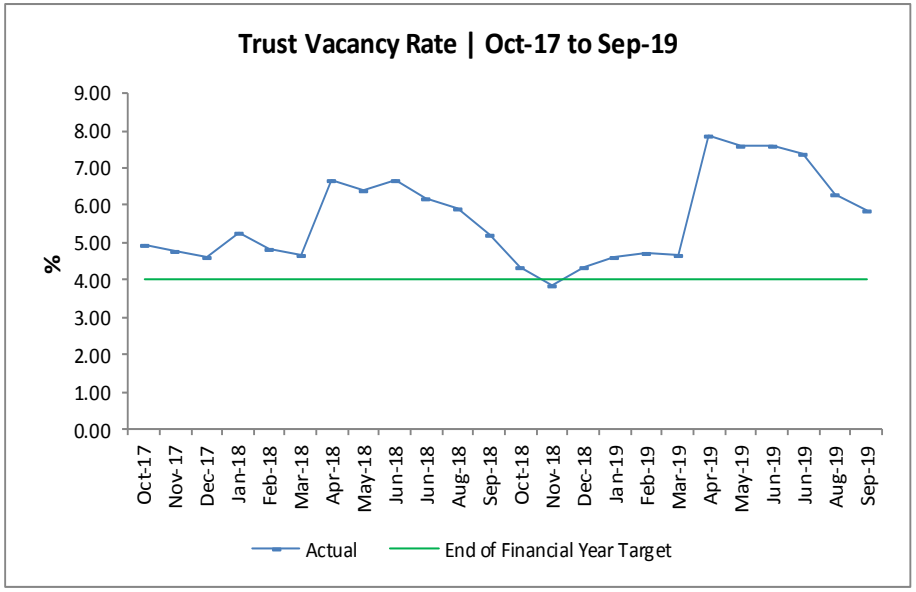
Target	Actual
11.40	11.71

Commentary on Performance

- As it stands, In Month Turnover in September was 0.84%. This is within expected parameters and is favourable against the 0.92% target, although late leaver notifications may cause this figure to rise slightly. It also marks a return to a similar level of turnover witnessed in the first four months of the financial year, suggesting that the higher turnover observed in August was not indicative of an emerging issue or concern but part of natural variation.
- The Rolling 12 Month Turnover figure for September is currently 11.71%. This is a marginal improvement on last month and is the result of September 2019 having experienced lower turnover than September 2018.
- Band 5 Nurse Turnover over a 12 month rolling period improved on last month and stands at 13.7%. There were 7 Band 5 Nurse leavers (5.09 WTE), of which 6 had over a year's service.

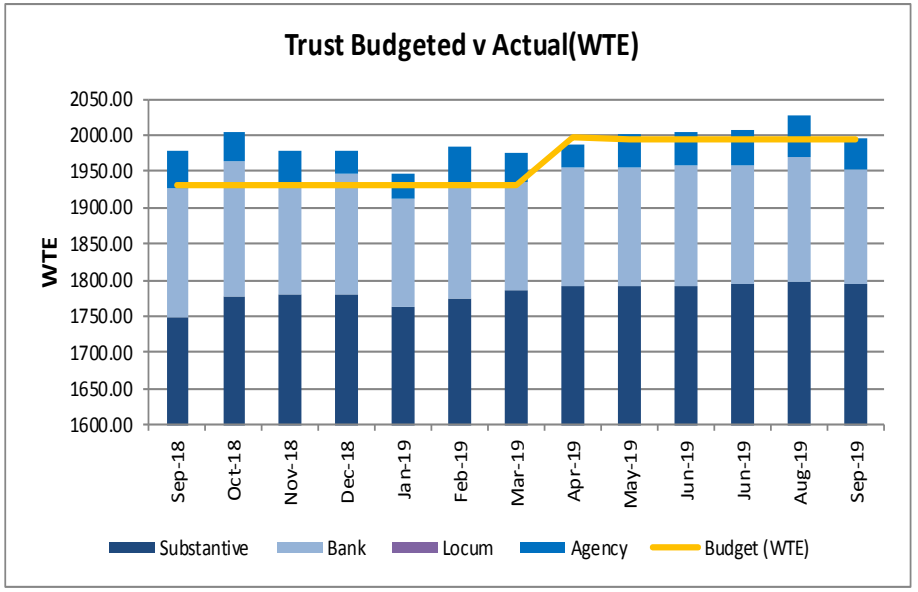
Well Led | Workforce | Vacancy Rate

Vacancy Rate (%)



Target	Actual
6.12	5.87

Budgeted v Contracted WTE

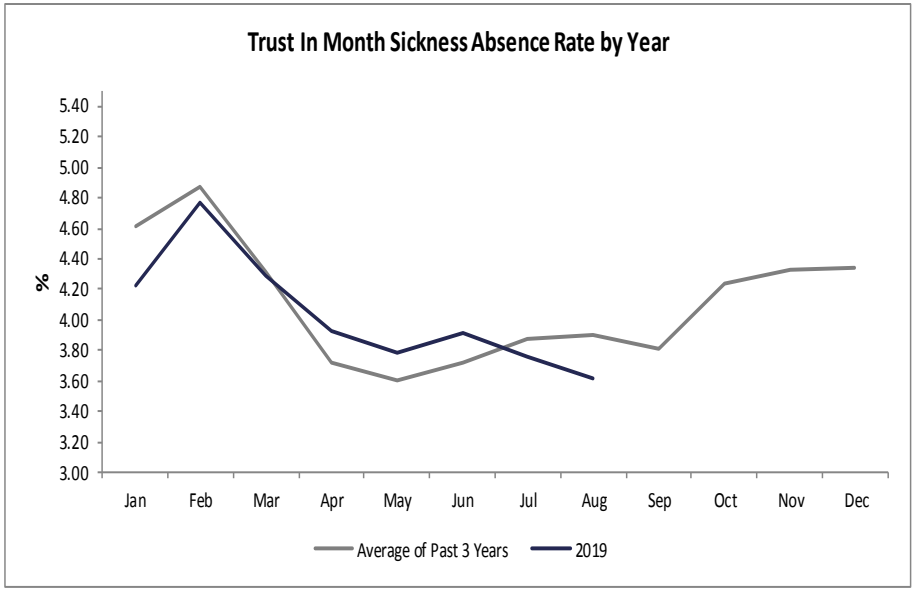


Commentary on Performance

- Vacancy Rate continues to fall and now stands at 5.87%. This is now ahead of the target figure required if a 4.00% vacancy rate is to be achieved at the end of March 2020; however, performance will need to be sustained over the second half of the year to ensure that this target is achieved or bettered.
- Band 5 Nurse Vacancy is now 16.57% - equivalent to 123.7 WTE.

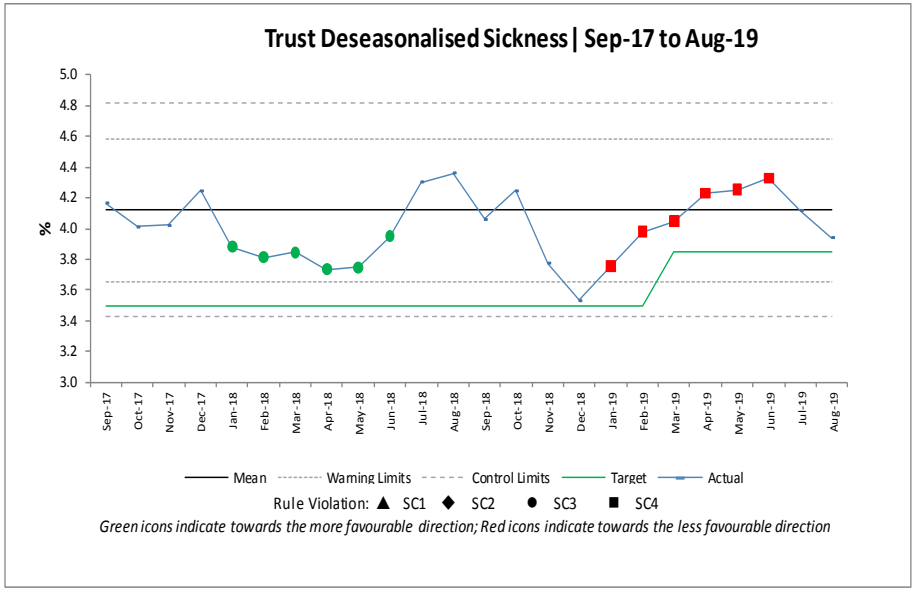
Well Led | Workforce | Sickness Absence Rate

In Month Sickness Absence (%)



Seasonally Adjusted Target	Actual
3.53	3.61

Deseasonalised In Month Sickness Absence (%)



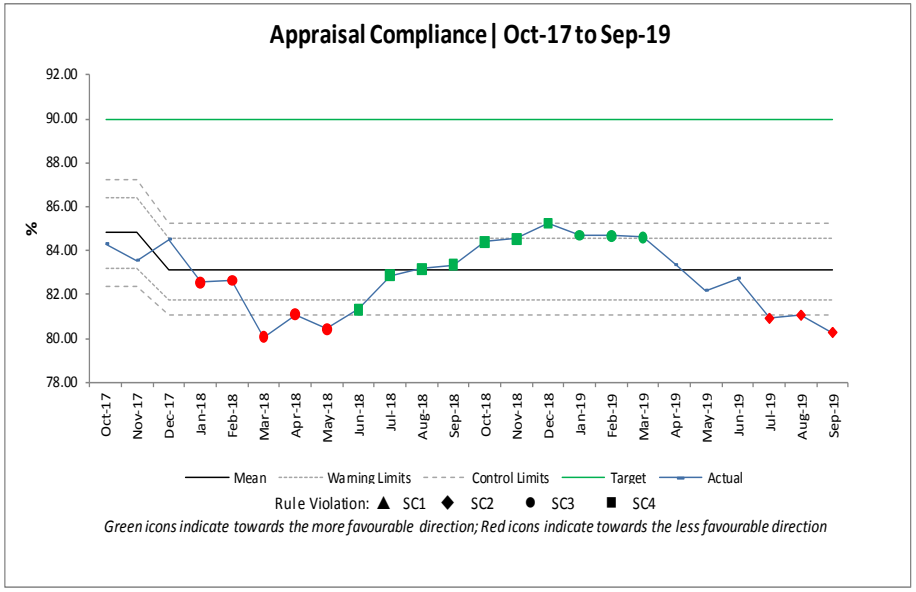
Target	Actual Deseasonalised	Latest Data Point
3.85	3.94	Cc !

Commentary on Performance

- The actual In Month Sickness Absence Rate in August was 3.61%. Like July, this is lower than the average of the figures for the same month over the past three years.
- Converted to a deseasonalised figure, the absence rate stands at 3.94%. Although this is below the mean for the wider period and is the lowest deseasonalised figure since January 2019, this remains above the target of 3.85%.
- The 12 month rolling sickness rate stands at 4.00%. Although this figure remains fairly consistent and predictable month on month, there is no evidence of the improvement that is necessary for the Trust to hit its 3.85%.

Well Led | Workforce | Appraisal Compliance

Appraisal Compliance (%)



Target	Actual	Latest Data Point
87.31	80.27	Sc²

Appraisals In and Out of Date

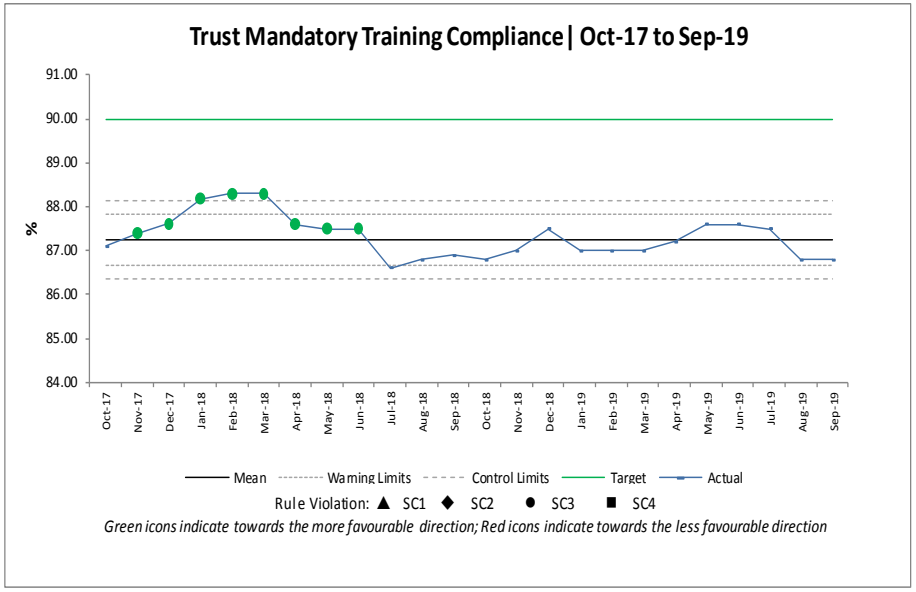
	In Date	Out of Date	% Compliant
Trust	3576	879	80.27
AfC Staff	3331	801	80.61
M&D Staff	245	78	75.85
Consultants	199	41	82.92

Commentary on Performance

- Overall Appraisal Compliance for September was 80.27%. Aside from March 2018, this is the lowest compliance over the past three years.
- The Trust is now almost ten percentage points below its target and under the previous RAG reporting methodology would be on the verge of hitting red.
- For certain departments in the Trust, managers are now responsible for inputting appraisal details through Manager Self-Service. Whilst a lack of process embeddedness may have potentially contributed to the lower compliance rate, the fact that compliance was declining and has been unstable for some time should not be overlooked.

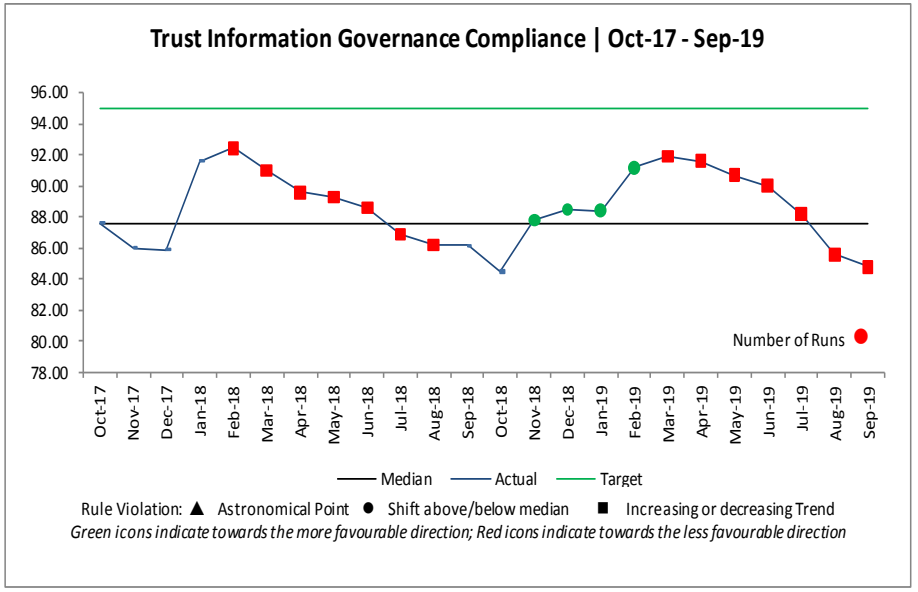
Well Led | Workforce | Training Compliance

Mandatory Training (%)



Target	Actual	Latest Data Point
90.00	86.80	Cc !

Information Governance (%)



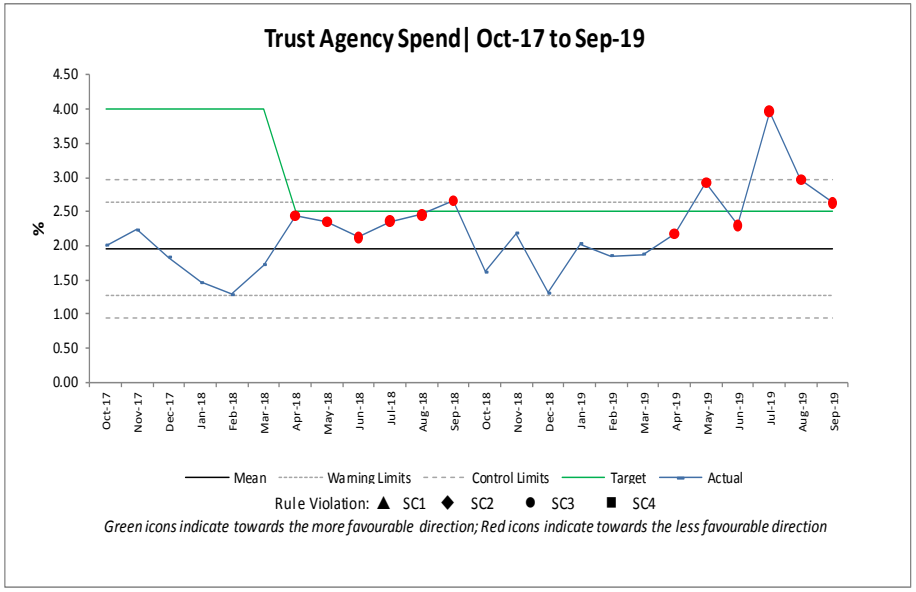
Target	Actual
95.00	84.80

Commentary on Performance

- IG Training compliance has fallen for the sixth month in succession and now stands at 84.8%. This is more than 10% below the target of 95.0% compliance and would be flagged as red if the previous RAG rating approach was being used. Significant improvement is therefore required if the Trust is to hit its target by the end of the Financial Year.
- Mandatory Training compliance remains static at 86.8%. Whilst compliance is in control and predictable, there is no evidence to suggest that the 90.0% target will be hit in the foreseeable future.

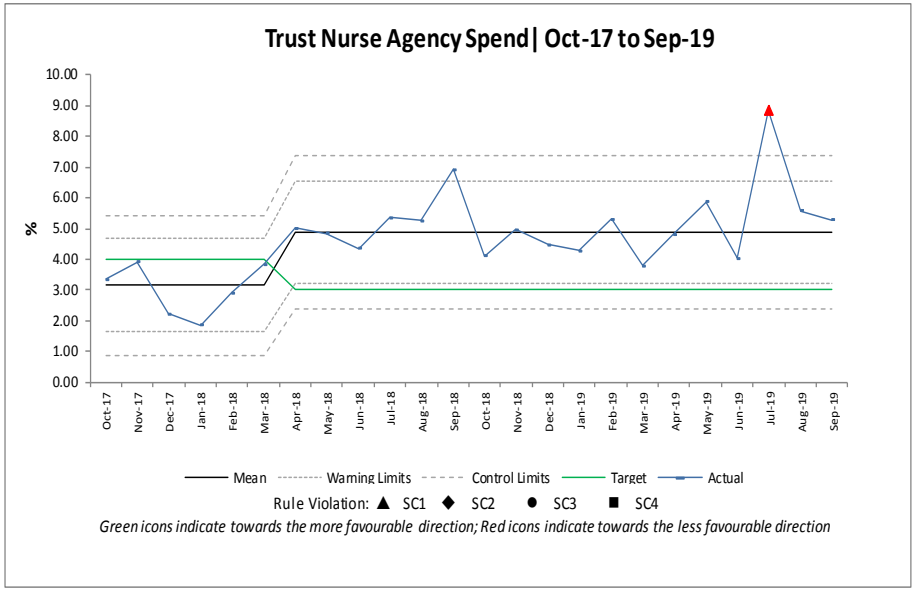
Well Led | Workforce | Agency Spend

Agency Spend as Proportion of Total Pay Bill (%)



Target	Actual	Latest Data Point
2.50	2.63	Sc3

Nurse Agency Spend as Proportion of Total Registered Nursing Pay Bill (%)



Target	Actual	Latest Data Point
3.00	5.29	Cc !

Commentary on Performance

- Agency Spend as a proportion of the overall pay bill has consistently been above the historic average in the first half of the 2019/20 Financial Year, resulting in an SPC rule being breached for having 6 points above the mean. However, at 2.63%, September's spend was only 0.13 percentage points above the 2.50% target.
- At 5.29%, September's Nurse Agency spend as a percentage of the total nursing pay bill remains within the control limits, although the figure is above the historic average and exceeds the target of 3.00% considerably.

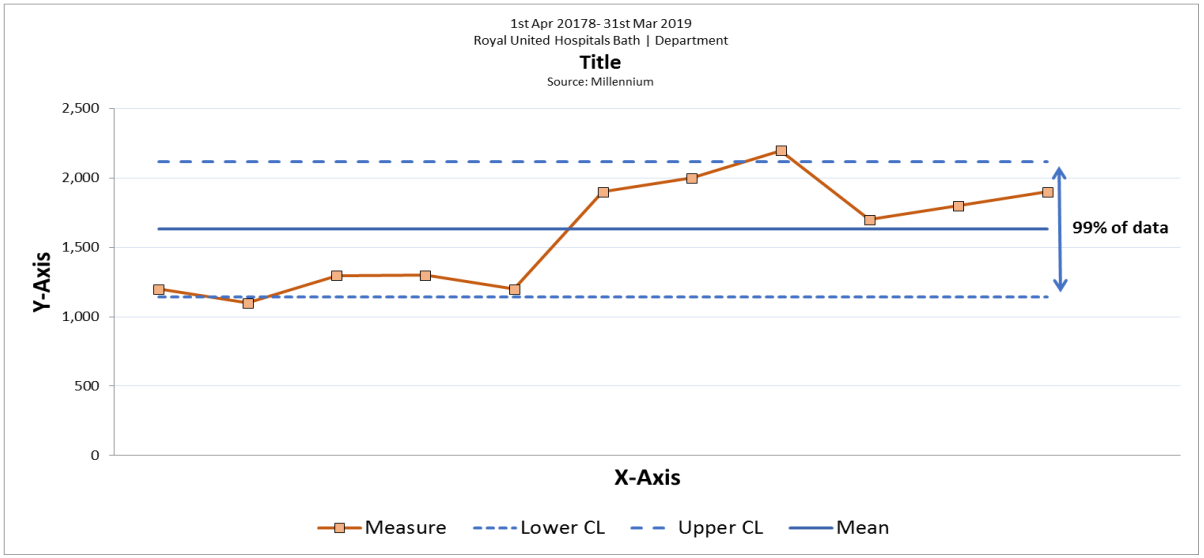
Appendix 2 -Statistical Process Control (SPCs)

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.

Anatomy of an SPC

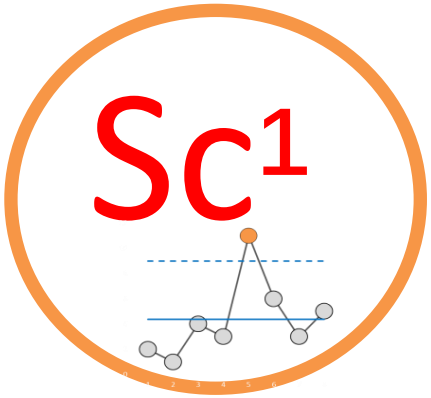
Measure – Orange
Mean Average – Blue
Upper and Lower Confidence Limits – Blue dotted-lines

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

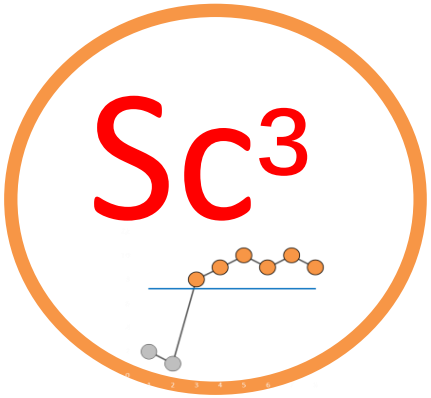
Appendix 2 - Statistical Process Control (SPCs)

Special-Cause Variation

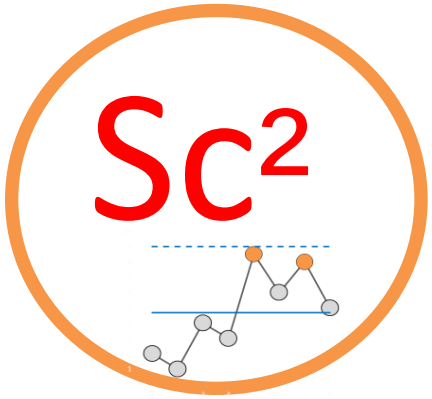
Point is red or green depending whether it is positive or negative variation.



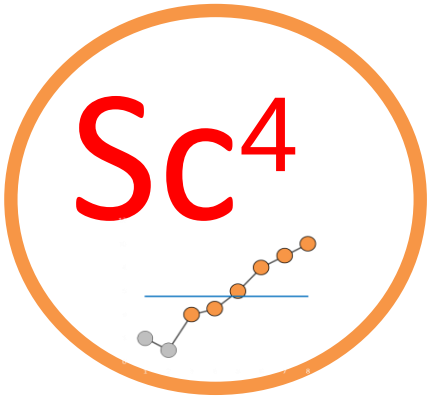
A single data point outside the confidence limit.



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

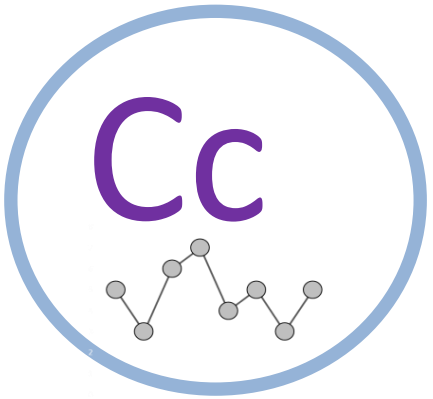


Two of three data points close to a confidence limit.



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

Common-Cause Variation



No rule triggered

Integrated Balanced Scorecard - September 2019

Royal United Hospitals Bath NHS
NHS Foundation Trust

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold	2018/19		2019/20		2019/20		Triggers Concerns
		Performing	Q3	Q4	Q1	Q2	Aug	Sep	
SOF	**Four hour maximum wait in A&E (All Types)**	**95%**	**80.0%**	**74.2%**	**77.1%**	**71.4%**	**72.8%**	**67.8%**	
	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	4	**n/a**	**n/a**	15	**7**	**1**	**3**	
SOF	**RTT - Incomplete Pathways in 18 weeks**	**92%**	**88.0%**	**86.4%**	**86.7%**	**85.7%**	**85.4%**	**85.6%**	
	31 day diagnosis to first treatment for all cancers	96%	**98.5%**	**97.4%**	**97.1%**	**97.7%**	**97.7%**	**96.7%**	
	31 day second or subsequent treatment - surgery	94%	**97.0%**	**95.8%**	**95.7%**	**96.2%**	**95.2%**	**94.7%**	
	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%**	**99.3%**	**98.5%**	**100.0%**	
	2 week GP referral to 1st outpatient	93%	**90.5%**	**92.1%**	**87.6%**	**90.7%**	**93.2%**	**93.4%**	
	2 week GP referral to 1st outpatient - breast symptoms	93%	**94.6%**	**93.0%**	**88.5%**	**88.9%**	**84.2%**	**89.5%**	
SOF	**62 day referral to treatment from screening**	**90%**	**95.0%**	**95.7%**	**95.2%**	**94.1%**	**100.0%**	**88.2%**	
SOF	**62 day urgent referral to treatment of all cancers**	**85%**	**83.6%**	**79.7%**	**82.4%**	**83.9%**	**86.3%**	**83.0%**	
SOF	**Diagnostic tests maximum wait of 6 weeks**	**1%**	**2.63%**	**3.42%**	**4.55%**	**5.16%**	**5.54%**	**6.28%**	

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

Finance and Use of Resources - September 2019

	YTD Plan	YTD Actual	YTD Variance
Capital Service Cover Metric			
Capital Service Cover Rating	2	2	
Liquidity Metric			
Liquidity Rating	1	1	
I&E Margin Metric			
I&E Margin Rating	1	1	
Variance from Control Metric			
Variance from Control Rating		1	
Agency Metric			
Agency Rating	1	2	
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 - September 2019

Royal United Hospitals Bath NHS
NHS Foundation Trust

CARING				Threshold		2018/19		2019/20		2019/20					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q3	Q4	Q1	Q2	Apr	May	Jun	Jul	Aug	Sep
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	97	96	95	96	92	95	96	95	97	96
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	97	97	97	97	96	96	98	97	97
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	100	100	100	100	100	100	100	100	100	100
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	97	98	97	97	97	98	98	98	97	96
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10	6.9	6.6	7.2	6.3	7.2	6.9	7.5	7.5	5.7	5.7
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	0	1	0	15	0	0	0	7	3	5
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	0	0	0	4	0	0	0	2	2	0
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	31	50	71	86	15	30	26	40	26	20

EFFECTIVE						Q3	Q4	Q1	Q2	Apr	May	Jun	Jul	Aug	Sep
10	DON	SOF	Dementia case finding	>=90%	<90%	86.6%	84.4%	85.6%	80.2%	87.8%	85.3%	83.6%	78.8%	81.7%	Lag (1)
11	DON	SOF	Dementia Assesment	>=90%	<90%	96.1%	92.9%	96.1%	94.9%	92.0%	95.5%	100.0%	100.0%	92.7%	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 l	<=Expected	>Expected	104.8	99.4	97.8	Lag (4)	99.5	96.0	Lag (4)	Lag (4)	Lag (4)	Lag (4)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	1.0119	0.9923	0.9885	Lag (5)	0.9885	Lag (5)	Lag (5)	Lag (5)	Lag (5)	Lag (5)
15	MD	L	Readmissions - Total	<=10.5%	>12.5%	7.5%	7.6%	7.7%	7.8%	7.6%	8.3%	7.3%	7.9%	7.8%	7.7%
16	COO	NT	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	87.0%	93.0%	91.7%	Lag (3)	90.0%	89.0%	96.0%	Lag (3)	Lag (3)	Lag (3)
17	COO	NT	Higher risk TIA treated within 24 hours	>=60%	<=55%	72.9%	81.1%	81.3%	80.9%	84.6%	77.8%	80.0%	91.7%	81.8%	69.2%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	65.1%	78.5%	61.8%	60.1%	64.3%	54.1%	70.0%	44.4%	72.3%	67.6%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	79.3%	74.1%	70.0%	Lag (5)	70.0%	Lag (5)	Lag (5)	Lag (5)	Lag (5)	Lag (5)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	0.7% (69)	1.0% (87)	0.7% (66)	0.9% (82)	0.8% (23)	0.6% (18)	0.8% (25)	0.8% (27)	0.7% (23)	1.0% (32)
21	COO	LC	Theatre utilisation (elective)	>=90%	<=85%	94.9%	98.6%	98.4%	94.9%	98.8%	99.2%	97.2%	94.6%	92.4%	97.7%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	-3.31	4.74	0.16	-0.10	0.05	0.46	-0.34	-0.47	-0.71	1.07
23	DOF	L	Total Income	>100%	<95%	92.95	88.29	85.60	87.89	28.09	29.69	27.83	30.12	28.09	29.68
24	DOF	L	Total Pay Expenditure	>100%	<95%	53.23	53.11	-55.56	-56.65	-18.88	-18.38	-18.30	-18.37	-18.70	-19.58
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	26.57	27.56	-28.01	-27.40	-8.86	-9.78	-9.38	-9.79	-9.60	-8.02
26	DOF	L	CIP Plan	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	4.79	4.82	2.23	2.63	0.50	0.81	0.92	0.82	1.00	0.82

RESPONSIVE						Q3	Q4	Q1	Q2	Apr	May	Jun	Jul	Aug	Sep
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	86.4%	86.4%	86.8%	87.1%	85.7%	88.5%	86.3%	87.6%	87.0%	86.6%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	2.63%	3.42%	4.55%	5.16%	4.43%	4.85%	4.39%	3.57%	5.54%	6.28%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	5	15	14	37	4	1	9	7	15	15
31	COO	NT	Urgent Operations cancelled for the second time	0	>0	0	0	1	1	0	0	1	0	1	0
32	COO	NT	Cancelled operations not rebooked within 28 days - Surgical	0	>0	0	0	0	1	0	0	0	1	0	0
33	COO	NR	Time to Initial Assessment - 95th Percentile	TBC	TBC	70.0	137.0	127.5	181.8	162.5	86.3	128.8	151.0	175.0	217.9
34	COO	NT	12 Hour Trolley Waits	0	>0	1	0	3	0	3	0	0	0	0	0
35	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	14.7%	15.0%	14.4%	14.7%	13.3%	14.8%	15.1%	14.6%	14.5%	15.1%
36	COO	L	GP Direct Admits to SAU	>=168	<168	796	885	877	897	295	258	324	305	328	264
37	COO	L	GP Direct Admits to MAU	>=84	<84	590	441	908	655	175	356	377	239	236	180
38	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	4.3%	4.5%	5.5%	6.3%	4.8%	5.6%	6.0%	5.5%	6.3%	7.1%
39	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.2	4.2	4.1	4.5	4.2	4.3	3.9	4.2	4.6	4.7
40	COO	LC	Number of medical outliers - median	<=25	>=30	33	47	81	21	40	21	20	19	14	29
41	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	93.2%	92.3%	93.1%	91.7%	94.0%	94.1%	91.2%	91.2%	93.7%	90.1%
42	COO	NR	% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	98.2%	96.7%	99.4%	97.9%	100.0%	98.3%	100.0%	100.0%	100.0%	93.6%

SAFE						Q3	Q4	Q1	Q2	Apr	May	Jun	Jul	Aug	Sep
43	DON	SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)	TBC	TBC	n/a	n/a	9	3	0	4	5	1	0	2
44	DON	SOF	Clostridium Difficile Community Onset, Healthcare Associated (counted)	TBC	TBC	n/a	n/a	6	4	1	1	4	2	1	1
45	DON	SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated	TBC	TBC	n/a	n/a	17	11	8	5	4	6	5	Lag (1)
46	DON	SOF	E.coli bacteraemia cases Community Onset, Healthcare Associated	TBC	TBC	n/a	n/a	11	12	3	3	5	5	7	Lag (1)
47	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	0	1	0	0	1	0	0	0	0
48	DON	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	12	13	6	4	3	2	1	3	1	Lag (1)
49	DON	SOF	Never events	0	>0	1	2	1	1	1	0	0	0	1	0
50	DON	L	Medication Errors Causing Serious Harm	0	>0	0	0	0	0	0	0	0	0	0	0
51	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	3	2	6	2	0	3	3	1	0	1
52	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	92.3%	93.1%	91.5%	90.6%	93.3%	91.6%	89.8%	90.3%	90.8%	Lag (1)
53	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	4	12	6	8	1	2	3	2	4	2
54	DON	NT	Number of hospital acquired pressure ulcers (grade 3 & 4)	0	>0	1	0	3	5	1	0	2	2	1	2
55	DON	NT	Number of hospital acquired pressure ulcers (grade 2)	<=2	>2	2	1	6	5	0	3	3	3	0	2
56	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	34	32	39	43	38	39	40	47	38	45
57	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	15	18	19	15	4	6	9	3	4	8
58	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	94.4%	95.4%	93.5%	94.8%	95.0%	93.0%	92.5%	94.4%	94.1%	95.9%
59	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	14.0%	13.6%	15.6%	16.0%	16.3%	14.5%	16.0%	15.9%	17.5%	14.7%
60	HRD	NR	Midwife to birth ratio	<'1:29	>'1:35	1:30	1:28	1:30	1:31	1:29	1:29	1:31	1:30	1:29	1:33

WELL LED						Q3	Q4	Q1	Q2	Apr	May	Jun	Jul	Aug	Sep
61	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	3.4%	4.8%	15.7%	12.8%	8.7%	22.3%	16.9%	15.4%	13.6%	9.5%
62	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	35.7%	42.9%	43.8%	38.9%	40.7%	46.9%	43.6%	42.4%	38.9%	35.3%
63	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	22.1%	21.8%	15.4%	11.5%	14.1%	19.3%	13.1%	11.7%	13.0%	9.9%
64	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	12.4%	12.3%	12.0%	11.7%	12.1%	12.0%	11.8%	11.5%	11.9%	11.7%
65	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	4.0%	4.3%	4.0%	3.8%	4.3%	3.9%	3.8%	3.9%	3.8%	3.6%
66	HRD	LC	Vacancy Rate	<=4%	>5%	4.2%	4.7%	7.7%	6.5%	7.9%	7.6%	7.6%	7.4%	6.3%	5.9%
67	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	1.7%	1.9%	2.5%	3.2%	2.2%	2.9%	2.3%	4.0%	3.0%	2.6%
68	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	4.5%	4.5%	4.9%	6.6%	4.8%	5.9%	4.0%	8.9%	5.6%	5.3%
69	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	84.7%	84.7%	82.8%	80.7%	83.4%	82.2%	82.7%	80.9%	81.1%	80.3%
70	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	86.9%	90.5%	90.8%	86.2%	91.6%	90.7%	90.0%	88.2%	85.6%	84.8%
71	DOF	NT	Information Governance Breaches	TBC	TBC	51	40	39	49	11	14	14	15	19	15
72	HRD	LC	Mandatory training	>=90%	<80%	87.1%	87.0%	87.5%	87.0%	87.2%	87.6%	87.6%	87.5%	86.8%	86.8%

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

Well Led Seasonal Targets

	Q1	Q2	Q3	Q4	19/20
Sickness (%)	3.49%	3.53%	4.04%	4.34%	**3.85%**
Vacancy Rate (%)	7.18%	6.12%	5.06%	4.00%	**4.00%**
Appraisal Rate (%)	86.0%	87.3%	88.7%	90.0%	**90.0%**
12 Mth Turnover (%)	11.7%	11.4%	11.1%	11.0%	**11.0%**

Appendix 2 Wiltshire Health & Care Quality and Performance Up-date

Wiltshire Health & Care Combined Quality and Performance Dashboard August 2019

1.	Executive Summary of the Report

To provide the Board with an overview of Wiltshire Heath & Care (WHC) monthly performance and summarise actions taken to support recovery of any performance issues.

Please note the combined Quality and Performance Dashboard for August 2019, attached with this appendix.

In the national NHSI Single Oversight Framework (November 2017) (SOF) the following standards apply to all NHS providers:

Measures:

- Written complaints (Quarterly)
- Staff Friends and Family test (Quarterly)
- Occurrence of Never Events (Monthly)
- Patient Safety Alerts not completed by deadline (Monthly)
- Staff sickness (Monthly)
- Staff turnover (Monthly)
- Proportion of temporary staff (Monthly)

Measures specifically for community providers, such as Wiltshire Health & Care:

- Community scores for Friends and Family Test - % positive (Monthly)

The RUH is a member of Wiltshire Health & Care board, representation on the board is provided by the Chief Operating Officer.

This report details August performance position against the SOF targets and current operational indicators reported on in the combined Quality and Performance dashboard August 2019.

1. Written Complaints: Eight written complaints received in August. Across the last 12 months the complaint themes are detailed in the dashboard, with complaints relating to clinical care and attitude and behaviour of staff as the two most common themes.

2. Staff FFT test: No up-date provided in July. FFT patients recommending score in August at 96%.

3. Occurrence of Never Events: No never events reported in August 2019 and 0 reported in the previous 12 months.

4. Patient Safety Alerts: No up-date provided in July.

5. Workforce Indicators: The current position shows a vacancy of **14.46**% or **151.90wte**, this is against a target of 8%. Budget reports are now available monthly via Unit 4 to enable departments to effectively monitor the vacancy position. Staff appraisal rate has dropped in August to 69.44%, against a target of 85%.

The Safer Staffing Programme, overseen by the managing Director, is the focal point for action.

5.1Turnover levels 1.2% August 2019 rated as green for 2 months.
5.2 Staff Sickness is at 4.8% against a target of 3.5%, rated as red.
5.3 Proportion of Temporary staff: Agency usage remains high (Agency spend 14.5%), with August being the 9th consecutive month reporting an increase in number of agency shifts used.

Quality/performance Alert: Statutory Notifications delay in reporting.
Regulatory requirement to make statutory notifications to CQC are not currently being fulfilled consistently. These are issues relating to WHC fulfilling the regulatory requirement to notify CQC of specific incidents. As of August 96 statutory notifications to CQC have not been completed.

Monthly oversight at the Quality and Planning Group and DATIX system changes continue to be a priority. For assurance- All WH&C staff have the ability to 'log' incidents and to review incident data. Quarterly meetings with CQC continue.

2.	Recommendations (Note, Approve, Discuss)
The Board are asked to note August WHC Quality and Performance up-date.	

3.	Legal / Regulatory Implications
None in month.	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
WHC went live with the DATIX incident reporting system on the 1st April. Issues with the system continue and WHC Risk and Complaints manager is working closely with the RLDATIX to resolve.	

5.	Resources Implications (Financial / staffing)
The Financial Forecast is currently being developed and will be included in the M6 finance report with best case, most likely and worst case scenarios. Wiltshire Health and Care reports an adverse year to date variance of (£142k) (M5, August) against a planned surplus of £264k, and an in-month deficit of (£99k) against a planned surplus of £78k.	

6.	Equality and Diversity
WHC ensure all services are delivered in-line with WHC Equality and Diversity Policy.	

7.	References to previous reports
RUH Operational Performance Reports standing agenda item.	

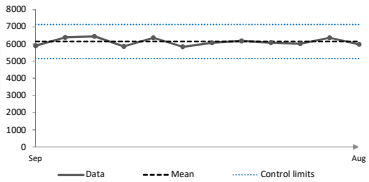
8.	Freedom of Information
Public	

Wiltshire Health and Care August 2019

Menu

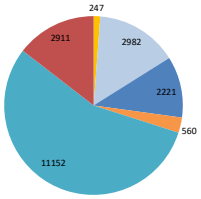
Community services activity

Individuals supported by community teams 5978



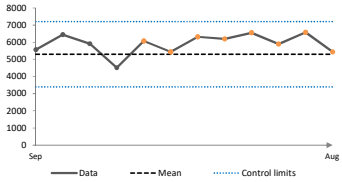
Normal variation
On target
N/A

Type of service offered



Count of unique NHS numbers, Aug-19

Specialist service referrals 5436

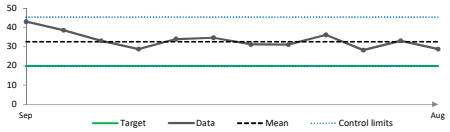


Notable variation
On target
N/A

Performance against contract

Inpatient ward Length of Stay 28.8 days

Ailesbury, Cedar, Chestnut and Longleat wards



Normal variation
On target

Stranded 28
Super-stranded 46

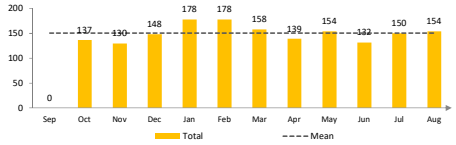
Home First 154 care starts in month

Aug-19

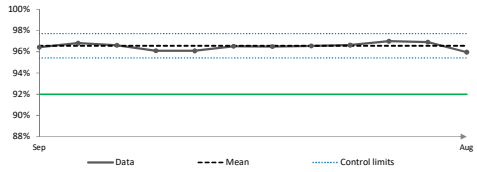
GWH	16
RUH	62
SFT	38
WHC comm. ward	13
Other sources	25
Total	**154**

SPC
Not yet available

SPC analysis will be applied when we have collected 12 months worth of data

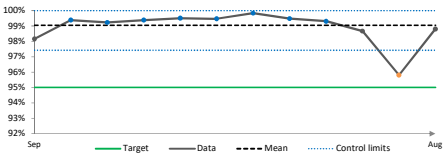


RTT incomplete pathways 96% waiting under 18 weeks



Normal variation
On target

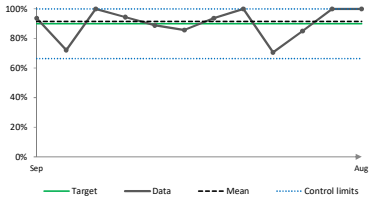
MIU arrival to departure 99% emergency attendees under 4 hours



Normal variation
On target

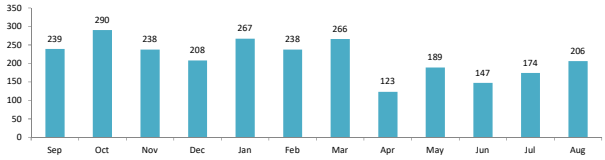
Quality and person centred outcomes

End of life 100% died in preferred place



Normal variation
On target

Incidents | SIRIs | Compliments | Complaints

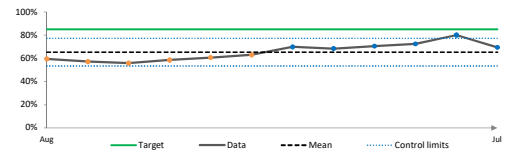


SPC not yet available
Aug-19
206

Organisational indicators

	Vacancy rate	Sickness absence	Monthly Turnover	Mandatory training	Appraisals	Bank spend	Agency spend
	14.5%	4.8%	1.2%	82.8%	69.4%	3.3%	14.5%

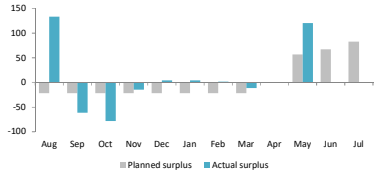
- Whole organisation
- Community Teams - Wilts wide
- Community Teams - North
- Community Teams - South
- Community Teams - West



Notable variation
On target

Income and expenditure

£000s - Surplus/Deficit

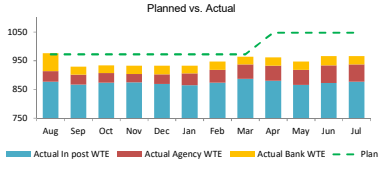


Cost Improvement Plan

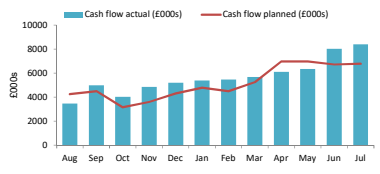
WH&C 2019/20 Savings	YTD cumulative Plan £000s	YTD cumulative Actual £000s	YTD cumulative Variance £000s	Annual Plan £000s	Annual Forecast £000s
Income	19031.578	18942.864	88.7	57044.657	57044.657
Pay	12895.856	12672.737	223.1	38578.282	38578.282
Non-Pay	5929.3114	6127.5774	-198.3	18466.375	18466.375
Total income	**37856.745**	**37743.178**	**113.56745**	**114089.31**	**114089.31**

Pay - WTE

Planned vs. Actual



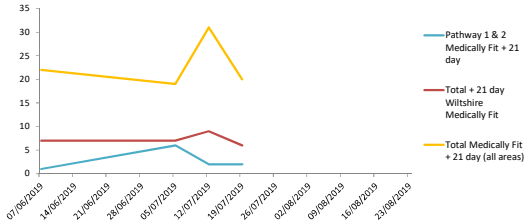
Cash flow



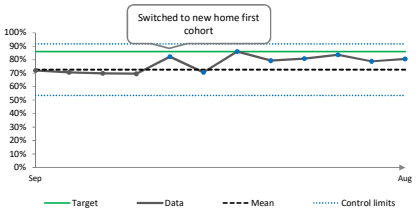
System Impact

Super stranded patients in acute hospital

- GWH
- RUH
- SFT



91 day reablement 81% at home this month



Notable variation
On target

Integrated Balanced Scorecard - September 2019

Royal United Hospitals Bath NHS
NHS Foundation Trust

Strategic Goal		Performance Indicator	Description	Target Performing	Target Under Performing	Baseline	2018/2019 Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/2020 Apr	May	Jun	Jul	Aug	Sep	Trend
True North	Patient	In patient survey score for receiving and acting on patient feedback																		
	QI	HSMR		>=Expected	<= Expected	98.84	104.78	105.06	105.68	104.84	104.78	104.02	98.84	96.02	96.02					
	QI	Zero Avoidable Harm	Moderate-Major Incidents Datix			30	36	26	23	29	26	29	36	23	20	36	33	32	38	
	Staff	Overall Staff Engagement Score (staff survey)																		
	System	4 hr performance within 4 hours		>=95%	<95%	80.5%	85.5%	81.6%	76.9%	81.4%	72.8%	70.6%	78.7%	70.7%	82.7%	77.9%	73.5%	72.8%	67.8%	
	System	RTT incomplete less than 18 weeks		>=92%	<92%	87.1%	87.4%	88.7%	88.0%	87.3%	86.5%	86.2%	86.4%	86.1%	87.0%	87.1%	86.0%	85.4%	85.6%	
	Sustainability	Carbon footprint reduction																		
	Sustainability	Delivery of financial control total		<=0	>0	-1,108	210	173	430	-3212	1676	-654	-1108	-52	-455	342	353	1095	513	
Breakthrough Objectives	QI	Serious Incidents	Incidents on Datix labelled Serious Incident Y			6	7	4	4	6	6	7	7	7	4	7	5	8	6	
	Staff	To achieve improvements in staff recommendation of the organisation as a place to work or receive treatment - national staff survey result																		
	System	Improve flow and ensure no unnecessary hospital stays/delays to improve delivery of access standards and patient outcome (DTOC)	Max DTOC's reported in Month			39	36	41	41	38	36	45	52	46	50	53	52	55	63	
	Sustainability	All budgets to be managed to ensure services delivered safely within allocated resources.				49%	57.9%	60.0%	63.0%	58.7%	58.5%	57.9%	58.8%	36.7%	46.2%	40.5%	51.1%	52.9%	49.3%	
Driver Measures	Patient	Number of Improvement Tickets Implemented												11			32		31	
	Patient	Number of improvement tickets initiated by patients that have led to improvements in patient/family experience															0			
	Patient	Improvement in the response questions from national surveys																		
	Staff	New starters retained past 1 year	Proportion of starters 1 year ago still in post			81.4%								83.8%	89.5%	82.0%	81.8%	73.0%		
	Staff	Effective team working - my team has a "we are in it together" approach																		
	Staff	Effective team working - my team works effectively with other teams across the Trust																		
	QI	Awareness of harm events by increased datix reporting	Minor Incidents			136	141	134	147	113	160	127	148	136	142	123	168	128	152	
	QI	Serious incidents closed on Datix within 60 days	Final RCA's submitted to CCG within 60 days													40.0%	50.0%	20.0%		
	QI	Number of falls resulting in significant harm (Moderate or Major)		<=1	>=3	2.3		1	2	3	5	4	4	1	2	4	2	5	2	
	System	reduce 21 day + LOS				83.18	85.00	85.45	85.17	80.26	69.74	101.68	95.68	82.03	86.52	87.70	97.29	102.71	109.30	
	System	reduce waste days/non value adding days for patients																		
	System	% of patients accessing MAU/SAU/Ambulatory Care direct				23.6%	22.2%	25.4%	28.5%	25.8%	25.3%	23.5%	27.9%	25.7%	31.3%	31.9%	28.1%	28.7%	25.6%	
	Sustainability	Delivery of required QIPP												-313583	-20336	72481	-47473	141275	-24902	
	Sustainability	Reduction in agency expenditure												17.50%	32.47%	18.24%	119.44%	34.81%	7.07%	
Other Measures	SOF	62 Day Referral to Treatment from screening		>=90%	<90%	94.3%	90.0%	100.0%	83.3%	100.0%	83.3%	100.0%	100.0%	91.7%	94.1%	100.0%	100.0%	100.0%	88.2%	
	SOF	62 day urgent referral to treatment of all cancers		>=85%	<85%	83.3%	85.7%	81.5%	85.0%	84.7%	81.2%	81.7%	76.0%	82.4%	81.6%	83.2%	83.0%	86.4%	82.7%	
	SOF	Diagnostic tests maximum wait of 6 weeks		<=1%	>1%	3.7%	4.9%	3.3%	1.9%	2.7%	2.7%	3.4%	4.1%	4.4%	4.8%	4.6%	3.6%	5.5%	6.3%	
	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)		>=80%	<80%	96.5%	95.3%	96.0%	97.2%	97.3%	97.0%	95.3%	95.3%	92.2%	94.8%	96.1%	95.3%	96.7%	95.9%	
	SOF	Friends and Family Test % Recommending Inpatients		>=78%	<78%	97.0%	96.8%	95.9%	98.1%	97.2%	97.9%	96.4%	97.2%	96.9%	96.3%	96.4%	97.8%	97.2%	97.4%	
	SOF	Friends and Family Test % Recommending Maternity		>=80%	<=75%	99.3%	99.1%	100.0%	100.0%	97.7%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	NR	Friends and Family Test % Recommending Outpatients		>=70%	<=65%	97.1%	96.4%	97.1%	97.0%	97.8%	97.9%	97.4%	98.0%	97.0%	97.6%	97.7%	98.0%	96.9%	95.7%	
	NR	Friends and Family Test Response Rate ED - (includes MAU/SAU)		>=15%	<=10%	4.8%	3.1%	3.5%	3.3%	3.4%	4.9%	4.4%	5.0%	8.7%	22.3%	16.9%	15.4%	13.6%	9.5%	
	NR	Friends and Family Test Response Rate Inpatients		>=30%	<25%	38.3%	40.5%	37.2%	34.8%	35.1%	34.5%	42.0%	52.0%	40.7%	46.9%	43.6%	42.4%	38.9%	35.3%	
	NR	Friends and Family Test Response Rate Maternity		>=22%	<=17%	21.2%	28.6%	30.0%	23.6%	12.1%	12.0%	31.9%	22.5%	14.1%	19.3%	13.1%	11.7%	13.0%	9.9%	
	NR	Friends and Family Test Response Rate Outpatients				2.3%	2.5%	2.7%	2.4%	2.0%	2.3%	2.3%	1.9%	2.4%	2.2%	2.7%	2.4%	2.2%	2.1%	
	SOF	Mixed Sex Accommodation Breaches		<=0	>=1	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
	SOF	Number of written complaints made to the trust		<30	>=35	20.5	21	14	13	8	11	18	29	21	32	26	40	24	20	
	SOF	Dementia case finding		>=90%	<90%	85.7%	84.4%	86.4%	86.8%	86.8%	84.3%	81.4%	87.5%	87.8%	85.3%	83.6%	78.8%	81.7%		
	SOF	Dementia Assesment		>=90%	<90%	94.3%	95.5%	90.9%	96.7%	100.0%	95.7%	90.9%	93.1%	92.0%	95.5%	100.0%	100.0%	92.7%		
	SOF	Dementia Referrals		>=90%	<90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)		TBC	TBC	1.9	3	4	3	5	1	5	1	0	4	5	1	0	2	
		Clostridium Difficile Community Onset, Healthcare Associated (counted)		TBC	TBC		0	0	0	0	0	0	0	1	1	3	2	1	1	
	SOF	SHMI		<=Expected	> Expected	0.99	0.9934			1.0119	1.0195	1.0108	0.99	0.9885						
	SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated		TBC	TBC		0	0	0	0	0	0	0	8	5	4	4	5	3	
	SOF	MRSA Bacteraemias >= 48 hours post admission		0	>=1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias		TBC	TBC	3.7	0	5	4	3	5	8	0	3	2	1	3	1	3	
	SOF	Never events		0	>=1	0.2								1				1		
	SOF	CAS Alerts not responded to within the deadline		0	>=1	2.8	1	3	0	0	0	2	0	0	3	3	1		1	
	SOF	Venous thromboembolism % risk assessed		>=95%	<95%	92.8%	93.13%	92.07%	92.87%	91.81%	93.18%	93.09%	92.92%	93.30%	91.55%	89.78%	90.33%	90.82%		
	SOF	Patient safety incidents - rate per 1000 bed days		TBC	TBC		37	40	39	37	37	39	39	44	40	41	48	39	46	
	SOF	Emergency Caesarean Births as a percentage of total labours		<=13.1%	>=19.6%	14.8%	13.8%	14.8%	11.5%	15.6%	12.5%	17.2%	11.3%	16.3%	14.5%	16.0%	15.9%	17.5%	14.7%	
	SOF	Sickness Rate		<=3.5%	>4.5%	3.9%	3.6%	4.3%	4.0%	3.8%	4.2%	4.7%	4.3%	3.9%	3.7%	3.9%	3.7%	3.6%		
	SOF	% of Agency staff (agency spend as a percentage of total pay bill)		<=2.5%	>3.5%	2,1%	2.8%	1.7%	1.9%	1.4%	1.7%	1.8%	2.3%	2.1%	2.8%	2.3%	3.9%	3.2%	2.5%	
	NT	Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)		0	>0	0.2	1	1	0	0	0	0	0	0	0	2	2	1	2	
	NT	Number of avoidable hospital acquired pressure ulcers (grade 2)		<=2	>2	0.7	1	0	1	1	1	0	0	0	3	3	3	0	2	