

Report to:	Public Board of Directors	Agenda item:	13
Date of Meeting:	27 November 2019		

Title of Report:	Operational Performance Report
Status:	Action/Discussion
Board Sponsor:	Rebecca Carlton, Chief Operating Officer
Author:	Rebecca Carlton, Chief Operating Officer
Appendices	Appendix 1: Integrated Balanced Scorecard Month 5 Appendix 2: Statistical Process Control (SPCs)

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 October four SOF operational performance metrics triggered concern; 4-hours Emergency Care performance, RTT Incomplete Pathways and Diagnostic tests – 6 weeks wait.

Cancer 62 day performance improved in month, particularly in Colorectal who recorded their best performance in over 12 months. The Trust position was most impacted however by breaches in Urology (5.5 breaches), Gynaecology (3 breaches) and Upper GI (3 breaches). Two-week wait performance was achieved with a significant increase in activity.

Delivery of the 4-hour standard has continued to be below the trajectory, albeit with improved performance in October. Patients with a long length of stay, and waiting for support to leave hospital continues to be significant challenge to the wider health system.

The RTT slides detail the 52-week breach risk within Gastroenterology and the work to improve this position, these slides also detail the greater than 40 week waiting position see slides 14 to 16.

This report details diagnostic tests – 6 weeks performance and actions taken to improve.

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 72.4% below both the 95% national standard and the improvement trajectory target. This is improvement on last month's performance.

RTT incomplete pathways in 18 weeks at 86.2% below the 92% national standard but above the improvement trajectory target. The RUH reported five 52 week incomplete pathways in October, 2 in Dermatology, 1 in Gastroenterology, 1 in General Surgery and 1 in Cardiology.

Cancer 62-day urgent referral to treatment for all cancers 83.5%, below the 85% standard and the NHSI Improvement trajectory. A total of 19 breaches in month.

Diagnostic tests – 6 week wait 6.7% (640 breaches). MRI breaches in month due to Cardiology demand and MRI replacement programme. Specific challenges in Echo continue.

DTOC performance of 6.0% 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 Unscheduled 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 on page 7 of the report).

1. Sustain direct admissions for Medicine, in month performance reduced. Additional Trust protection of capacity agreed in PDSA 3 is on-going. Direct admissions flow is an area of focused review by the acute medicine team.
2. ED Escalation new triggers being tested, to work alongside OPEL escalation. Capital works commenced in ED, including development of a dedicated RATING area to be completed by end of December 2019. MAU/MSS and Cardiology are now live in the site office and are discussed at the daily site meetings.
3. Rapid Assessment & Triage (RATING) process in Emergency Department in place 10:00 – 14:00 Monday to Friday – impact seen on Time to Treatment during this 4hr period. Where resourcing allows, RAT is continuing until 16:00. Capital works underway for ED includes development of a dedicated RAT area in ED Majors.

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 on page 12 of the report)

1. Gastroenterology focus on 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 breach monitoring weekly reporting 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 on page 24 of the report)

1. Colorectal Straight to Test pathway starting 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 on page 20 of 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 on page 25 of 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 October 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 November

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 Foundation Trust

Operational Performance Report – October 2019

NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Sep	Oct	Triggers Concerns
Four hour maximum wait in A&E (All Types)	67.8%	72.4%	
C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	3	3	
RTT - Incomplete Pathways in 18 weeks	85.6%	86.2%	
31 day diagnosis to first treatment for all cancers	96.9%	96.5%	
31 day second or subsequent treatment - surgery	95.2%	100.0%	
31 day second or subsequent treatment - drug treatments	100.0%	100.0%	
31 day second or subsequent cancer treatment - radiotherapy treatments	100.0%	100.0%	
2 week GP referral to 1st outpatient	93.1%	93.1%	
2 week GP referral to 1st outpatient - breast symptoms	89.5%	93.8%	
28 day referral to informed of diagnosis of all cancers	83.1%	83.9%	
62 day referral to treatment from screening	88.2%	100.0%	
62 day urgent referral to treatment of all cancers	81.9%	83.5%	
Diagnostic tests maximum wait of 6 weeks	6.28%	6.71%	

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

Board should note that against the NHSI Single Oversight Framework (SOF) that the RUH have been rated 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 October three SOF operational metrics triggered concerns: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways and Six week diagnostic waits (DMO1).

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

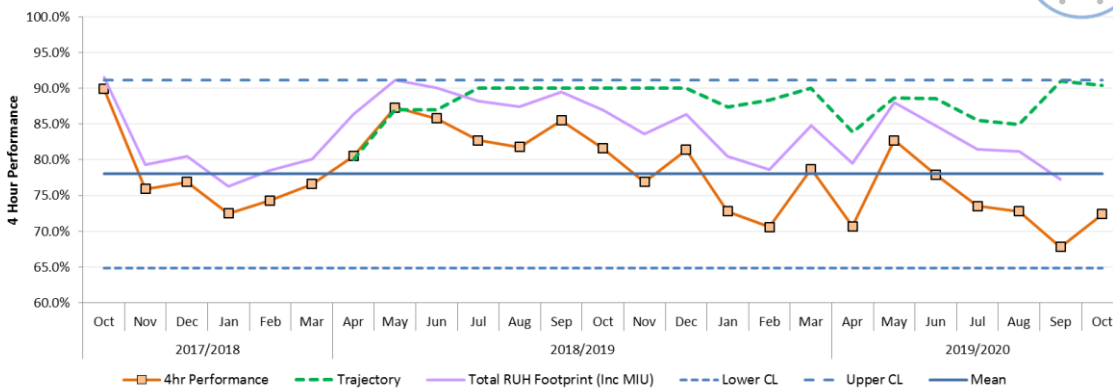


Performance Overview

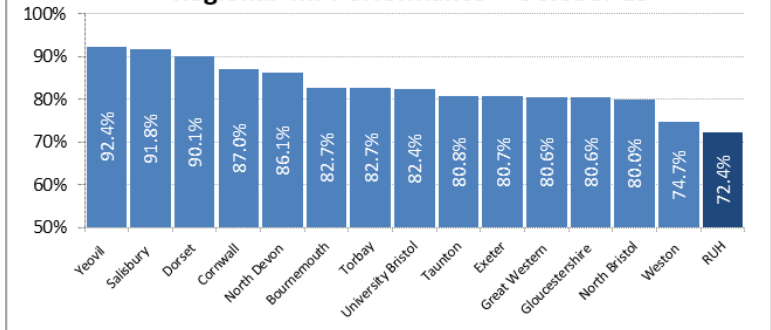
Successes	Priorities
<ul style="list-style-type: none"> • RTT incomplete improvement in performance in month above trajectory and national • 52 Week incomplete breaches performance continues above trajectory – supported by significant improvement in Gastroenterology 52 week breaches • Gastroenterology improvement plan delivering reduction in total waiting list size • Achievement of 2ww standard for third month in a row – reducing potential future threat to 62 day performance due to patient choice 2ww breaches. • Reduction in backlog of longer-waiting cancer 62 week Colorectal – colorectal performance best in last 12 months • Colorectal Cancer Navigator Role (Cancer alliance funding) commenced • Straight to Test pathway for all appropriate Colorectal patients in place and beginning to positively impact. Commissioners agreed local tariff from April 2020. • Confirmation of Cancer alliance funding allocation received. • ED Rapid Assessment and Treatment Model maintained. • Executive sponsored Urgent & Emergency Care PDSAs supporting sustainable change commenced and continues to gain traction • Discharge Hub has opened and supporting earlier discharge. • Programme Director for Emergency Access in place 	<ul style="list-style-type: none"> • Complete Winter Plan for November BOD approval, supports the overarching strategy to improve emergency care • 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 – roll out scheduled for November. • ED/UTC Capital works to support Emergency care flow improvements and support winter schemes (commenced 5th October -12 week programme) • ED PDSA on two hourly daily huddles in October • Sustain Cardiology RTT improvement plan delivery • Implement Cardiology RAS in October to support DMO1 recovery plan - roll out for November. • Winter Clinical Cabinet driving clinical practice change – in addition greater clinical challenge on LLOS weekly. • Continue to promote use of the Discharge Hub to support early discharge and flow from ED
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • System discharge event on hold pending DTOC Peer Review report. Local Government Authority DTOC Peer Review report pending following the review completed in September. • 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 	<ul style="list-style-type: none"> • 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)

Royal United Hospitals Bath
1st October 2017 - 31st October 2019
SPC - Monthly 4-hour Performance (with MIU)
Source: FirstNet



Regional 4hr Performance - October 19

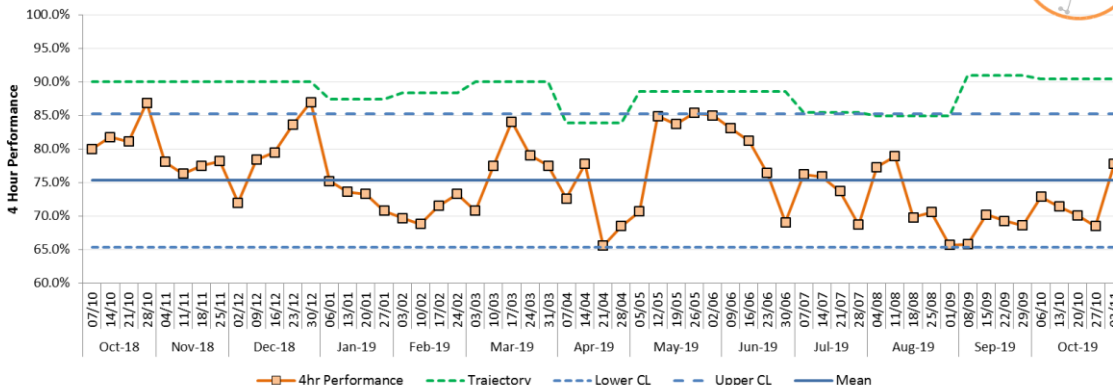


Key contributors to performance below trajectory:

- Weekly performance was below trajectory for October however there has been an improvement compared to the previous month
- October saw a further increase in ED attendances
- Overall emergency presentations (Emergency Department and direct admissions) increased significantly compared to previous month, with high numbers of patients going directly to MAU, SAU and Ambulatory Care
- Increase in the number of ambulance conveyed patients compared to the previous month
- Flow out of the Emergency Department challenged with low numbers of discharges early in the day
- Ongoing high numbers of Super Stranded patients and DTocS
- Patient flow system stabilising
- Patients diagnosed with confirmed Flu and Norovirus

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

Royal United Hospitals Bath
1st October 2018 - 3rd November 2019
SPC - Weekly 4-hour Performance
Source: FirstNet





4 Hour Maximum Wait in ED (2)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	October 19	Quarter 3	Full Year 2019/20
All Types	72.4%	72.4%	74.0%
RUH Footprint (Including MIU)	%	%	%

Table 2: Emergency Department National Quality Indicators:

Title	Month	Quarter	Year
	Oct-19	3	2019/20
Unplanned Re-attendance Rate	0.3%	0.3%	0.3%
Total Time in ED - 95th Percentile	587.0	587.0	606.0
Left Without Being Seen	3.8%	3.8%	3.5%
Initial Assessment Time (Majors)	65.0%	65.0%	64.0%
Initial Assessment Time (Minors)	57.3%	57.3%	57.1%
Time to Treatment 60 Mins	37.5%	37.5%	41.4%
ED Attendances (Type 1)	6,627	6,627	45,496
ED 4 Hour Breaches (Type 1)	2,118	2,118	13,692
ED 4 Hour Performance (Type 1)	68.0%	68.0%	69.9%
Ambulance Handovers within 30mins (SWAS)	94.7%	94.7%	96.0%
ED Friends and Family Test	93	93	95

Table 1:

During October the “all types” performance increased to 72.4% below the 95% standard and improvement trajectory, with a total of 2,132 breaches in the month. Increase in performance from September (67.8%).

Table 2:

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

Significant improvements in performance for Initial Assessment Time in Majors & Minors (September 58.7% & 46.2% respectively).

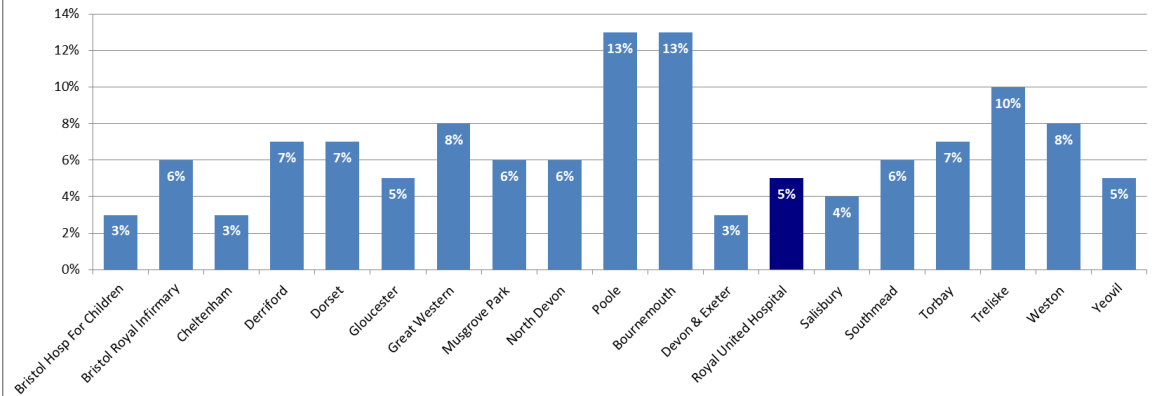
Improvement in performance for Time to Treatment within 60mins compared to previous month (32.8%).

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)

Royal United Hospitals Bath
30th September 2019 - 3rd November 2019
% Ambulance Handovers Over 30 mins - by Trust
Source: SWAS W020

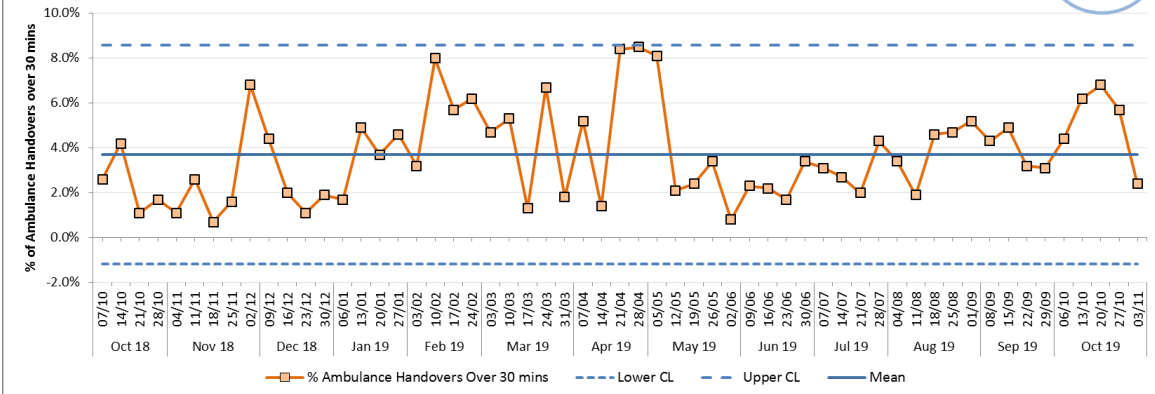


Data source: W020 – Hospital & Late Handover Trend Analysis (SWASFT)

The SPC graph demonstrates a decreased position during October with more patients exceeding the 30 minute ambulance handover target, with the average performance at 5% of Ambulance handovers being >30 mins. However, the overall number of patients conveyed by ambulance increased in October compared to the previous month.

Overall, the RUH continues to hold performance for Ambulance handovers when comparing to other Trusts across the South West with 14 Trusts having worse or equal performance in October.

Royal United Hospitals Bath
1st October 2018 - 3rd November 2019
SPC - Weekly % Ambulance Handovers Over 30 mins
Source: SWAS W020



Escalation triggers and RAG status' for ED, MAU/MSS and Cardiology are now live in the site office and are discussed at the daily site meetings. Work continues to develop these further 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.

During October a PDSA with having a 'Navigator' role in the Emergency Department was commenced with this having a positive impact on ambulance handovers allowing the Majors Co-ordinator to focus on patients arriving.



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

Lead Actions Update:

- 1. Direct admissions for Medicine** 241 in October which is a significant increase 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** – Escalation triggers and RAG status' for ED, MAU/MSS and Cardiology are now live in the site office and are discussed at the daily site meetings. Work continues to develop these further to respond to patient flow into both the Emergency Department and the rest of the hospital.
- 3. RAT** – Consultant-led RAT process in Emergency Department in place 10:00 – 14:00 Monday to Friday – impact seen on Time to Treatment during this 4hr period. Where resourcing allows, RAT is continuing until 16:00. Capital works underway for ED includes development of a dedicated RAT area in ED Majors.
- 4. UTC / ED Minors** – integrated Time to Initial Assessment in UTC and ED Minors ongoing. Improvement in performance seen in October. Work continues with regards to full integration and competency sign-off, led by Head of Nursing for Medicine. ED / UTC Improving Together front line team focussing on time to initial assessment and data accuracy and reasons for underperformance.
- 5. Navigator role PDSA** - commenced in October, based in ED supporting timely decision making and flow out of the department.

- Five Winter schemes reviewed and approved at Management Board in October. Implementation to start in November 2019.
- Programme Director for Emergency Access commenced in October for six months.
- New Urgent & Emergency Care Programme Board established in October.
- Navigator role PDSA ongoing with proposal being developed to have role in place throughout the winter. ED receptionist being identified on each late shift to undertake Flow Co-ordinator role in ED supporting the Majors Co-ordinator and Navigator.
- Capital programme of works established with weekly meetings ongoing to oversee the estates works in ED and UTC which includes 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. Some works to be finished in December 2019.
- Ongoing focus with the Patient Flow System to ensure processes are robust. A performance scorecard in development to ward level, final version to be completed in November 2019. Sign off required by Heads of Nursing.
- Weekend Medical Ambulatory Care pilot finished. Implementation throughout the Winter will require additional funding.
- UTC / ED Minors integration project continuing with reviews of the clinical model underway including a standard process for initial assessment.

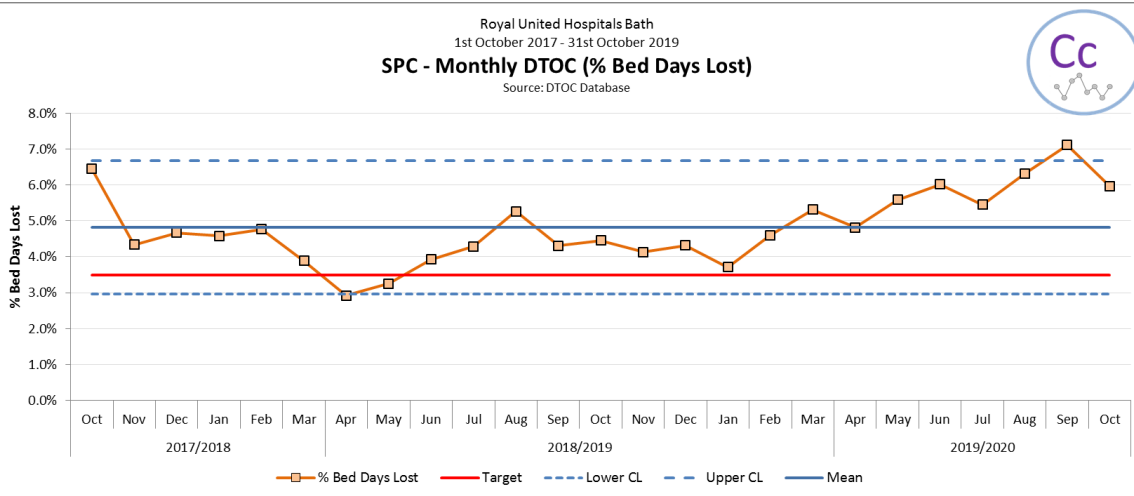
Medical Direct Admission Activity:

2019/2020						
Apr	May	Jun	Jul	Aug	Sep	Oct
175	356	377	239	236	180	241



Delayed Transfers of Care (1)

Royal United Hospitals Bath
1st October 2017 - 31st October 2019
SPC - Monthly DTOC (% Bed Days Lost)
Source: DTOC Database



50 patients were reported in the month end snapshot, and 1,089 delayed days (6.0%). This is significantly above the national target set (3.5%)

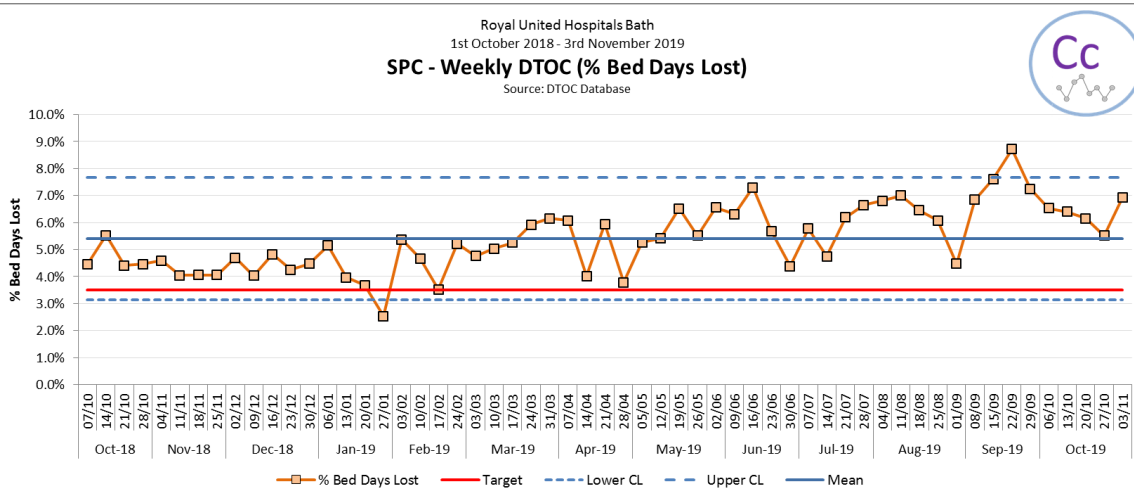
The overall challenges in DTOC performance continue to be escalated across the system both on silver calls and within the DPTL (21+) weekly process, partners are invited in and attendance indeed prompted for challenged areas

Areas of previous good performance such as Somerset and South Glos have decreased in Oct, following direct communication Somerset have responded with daily reviews of all 21+pts. South Glos patient numbers are higher than previously and note have some of the longest stays across the trust and communication can be challenging

Silver calls have referenced the community DTOC position and the backlog that continues to create within the acute. Requests for system wide EDDs for DTOCs have been helpful in the short term and we are pending receipt of the LGA DTOC Peer Review Report, we have received a summary, a number of immediate and longer term recommendations are expected

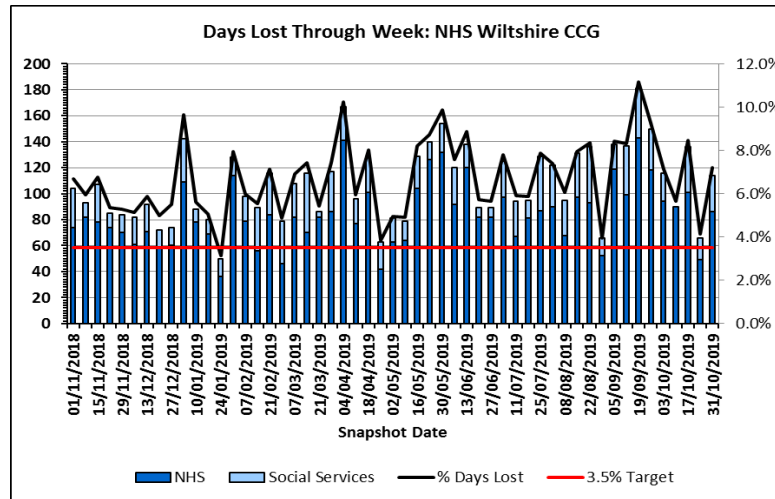
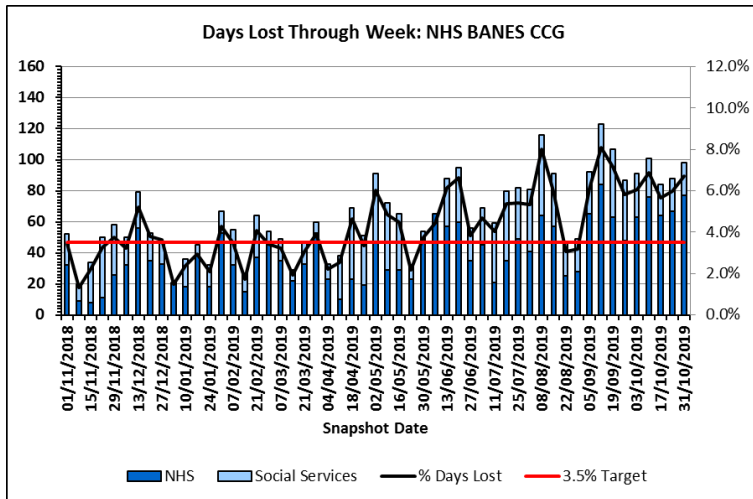
The top graph shows the monthly DTOC bed days, the bottom graph highlights the weekly position.

Royal United Hospitals Bath
1st October 2018 - 3rd November 2019
SPC - Weekly DTOC (% Bed Days Lost)
Source: DTOC Database





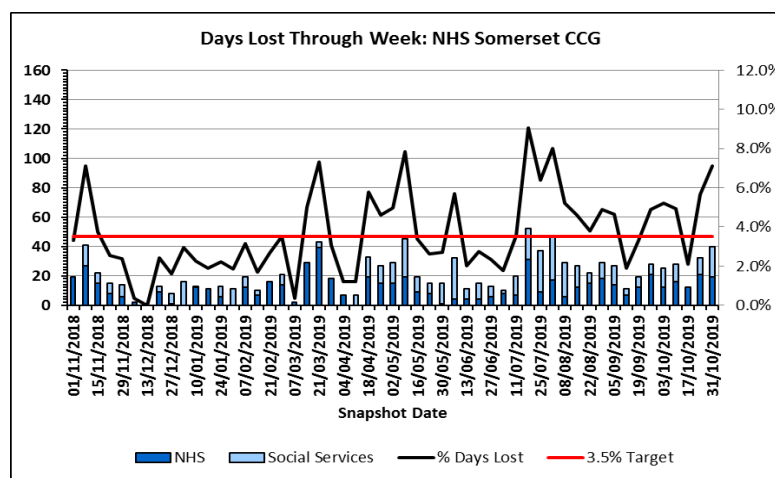
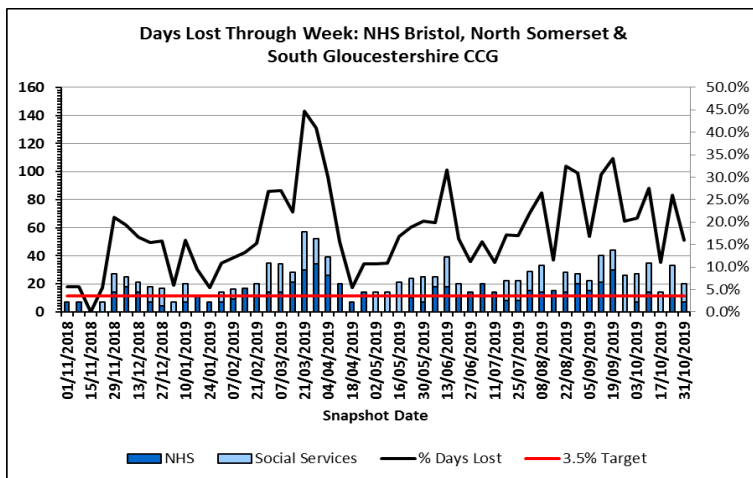
Delayed Transfers of Care by CCG (2)



System escalation has been on-going.

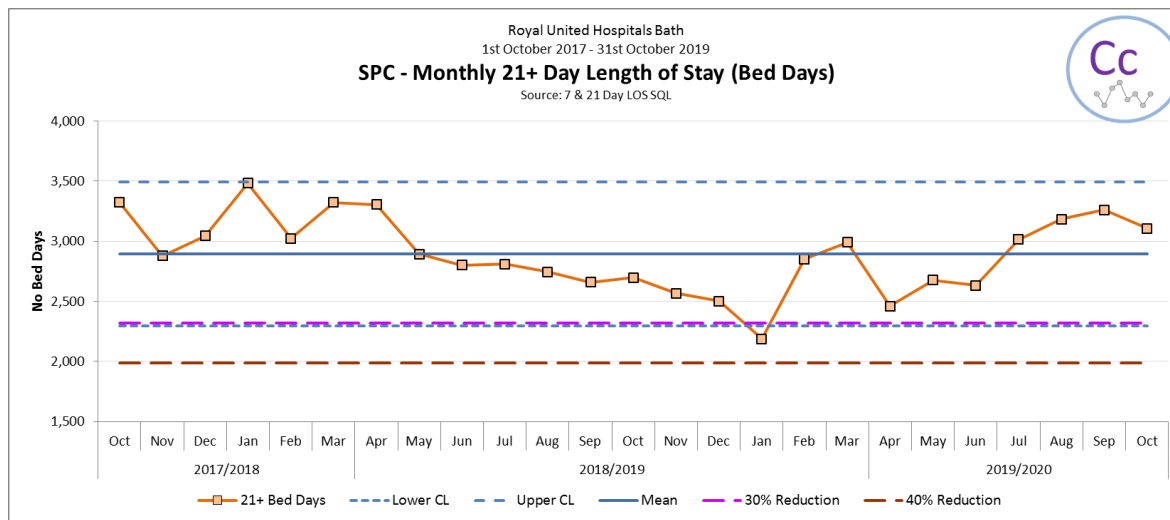
Wiltshire CCG delays continue at a high level, delays in social care limit their ability to pull into Home First referrals and delays with Care homes assessing for placement continue, despite challenge we do not have a Wiltshire trusted assessor model.

Banes HF delays have increased, linked to limited capacity in HF teams.



Winter plans for Wiltshire Council have also been shared and the introduction of pathway 3 assessment beds (circa 10 beds for the RUH) is seen as a positive step, date to be confirmed. Noted more senior in reach from WHC has been successful.

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 October 2017

The SPC chart shows a small improvement in performance in October and we continue to monitor the data quality

The Integrated Discharge Service (IDS) continue to review all +21 day patients daily, the IDS work programme continued with focus in October on the complex super length of stay patients, with added support from the RUH legal team, 6/7 challenging cases have been resolved in month.

In October the top internal and external delayed DPTL codes were:

1. F20 – awaiting care home
2. F18 – awaiting POC
3. NF7 – medically require acute hospital clinical intervention
4. NF2 – medically require hospital NEWS <5

Feedback from the Taunton workshop reflects the same codes regionally



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

Lead Actions Update:

1. **Weekly Discharge PTL (DPTL).** Weekly ward level reviews of all LLOS is in an established routine, notably all wards now expect this scrutiny on a weekly basis and are becoming more and more aware of all 21+ patients the actions and momentum for discharge
2. **Increased MDT engagement and Peer challenge** within the DPTL process remains a high resource intensive process, reviewing every patient in the RUH over 21 days LOS. The team has noted and welcomed the Divisional support with individual ward scrutiny and escalation to IDS
3. **Local Government Authority DTOC Peer Review completed in September.** The systems Complex Discharge Group is agreeing actions as a result of the reviews recommendations, the final review report is pending.

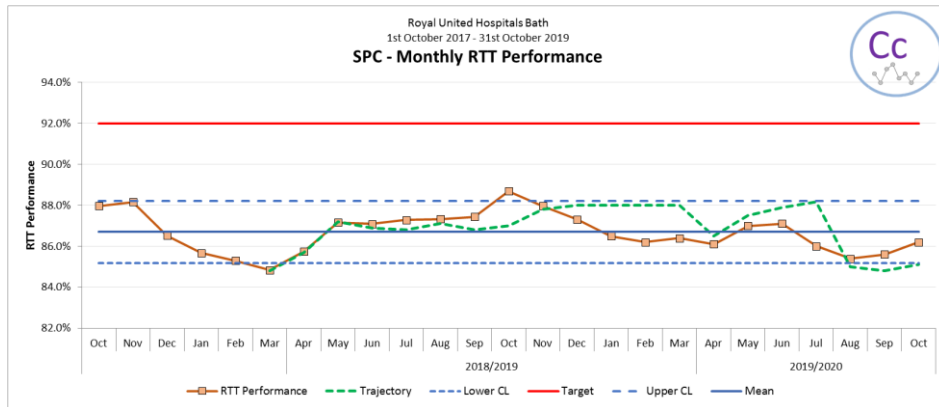
Planned Actions:

- RUH attended the Regional workshop on LLOS on the 5th November, actions:
 - noted the top 4 DPTL reasons for the SW region are mirrored, we will continue to cross reference to the SW data
 - noted the required review of the 4% discharges into new care placements recommendation
 - to participate in the NHSI/E LLOS Leads Programme in December
- 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 patient PDSAs continuing)
- 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 ongoing 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 Waiters	> 18 Weeks	Performance	
100 - General Surgery	2614	350	86.6%	↓
101 - Urology	1038	76	92.7%	↑
110 - T&O	1940	446	77.0%	↓
120 - ENT	2128	438	79.4%	↑
130 - Ophthalmology	2139	140	93.5%	↓
140 - Oral Surgery	1977	360	81.8%	↑
300 - Acute Medicine	136	3	97.8%	↓
301 - Gastroenterology	2326	314	86.5%	↑
320 - Cardiology	1932	381	80.3%	↓
330 - Dermatology	1320	337	74.5%	↓
340 - Respiratory Medicine	305	4	98.7%	↓
400 - Neurology	834	89	89.3%	↓
410 - Rheumatology	1110	39	96.5%	↑
430 - Geriatric Medicine	155	8	94.8%	↓
502 - Gynaecology	1710	165	90.4%	↓
X01 - Other	2042	126	93.8%	↓
Total	23706	3276	86.2%	↑

Performance against the incomplete standard of 92% was 86.2% in October, an increase of 0.6% on September, and 1.1% above the trajectory. This compares with a National Incomplete RTT average performance of 85.0% (National average last reported in August 2019)

10 specialties did not achieve the constitutional standard in October. General Surgery, T&O, ENT, Oral Surgery, Gastroenterology, Cardiology, Dermatology, Neurology, Paediatrics (included in Other) and Gynaecology; although with improvements noted in ENT, Oral Surgery and Gastroenterology

The over 18 week backlog for admitted patients increased in month to 1,533 (from 1,494 in September)

Outpatients

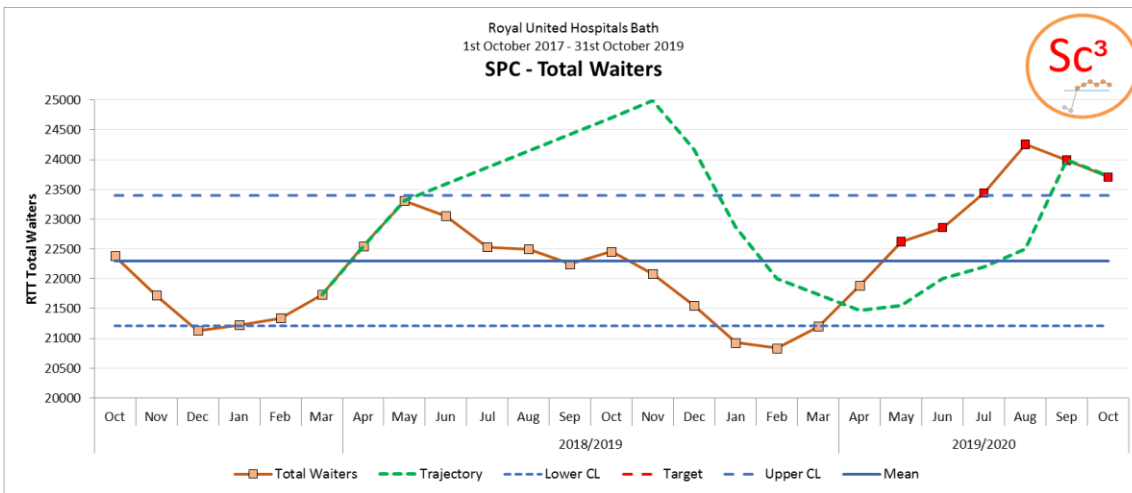
A significant increase in referrals was noted compared with the same 3 month period the previous year for Paediatric Cardiology 81.3% (13), Cardiology 41% (439), Neurology 29.5% (130), Gastroenterology 18.1% (189), Oral Surgery 17.7% (173) impacting on both waiting times and RTT performance. Increases in Ophthalmology 16% (217) and Pain Management 17.4% (38) have been noted but performance has been maintained.

Electives

37 Elective patients were cancelled on the day of surgery for non-clinical reasons, with 17 cancelled to avoid a list overrun.

During October 2019, 341 patients were discharged through Chairport, equating to 58.9% of potential cases

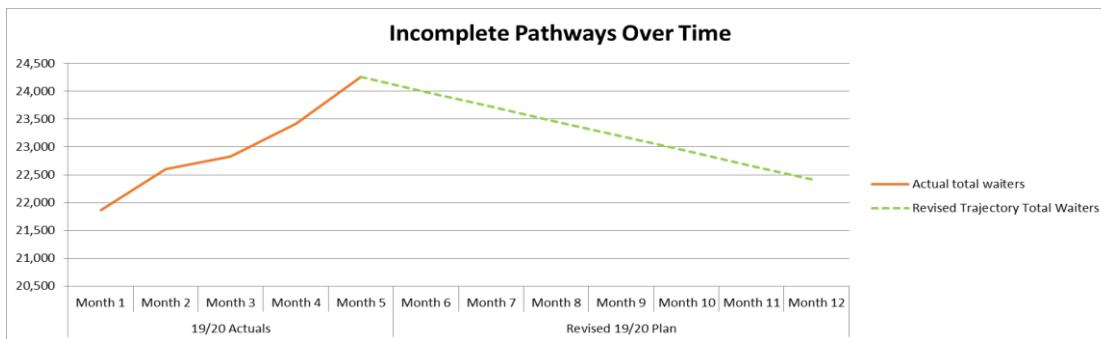
Incomplete Standard: Trajectory incomplete pathways (2)



Total Incomplete Pathways decreased by 1.2% from September however remains 12% 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

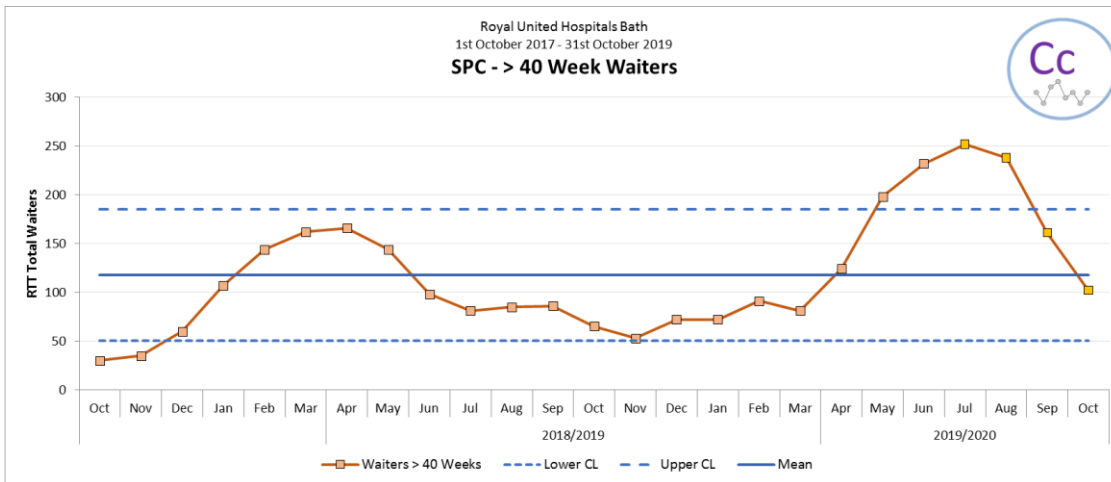
ENT, T&O and Rheumatology have showed an improved position in month, with ENT significantly reducing by 106 patients. Total Incomplete Pathways have been reviewed with the top contributing specialties, predicting a 5.6% negative variance at year end.



Revised Plan	Revised 19/20 Plan						
	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Trajectory Total Waiters	23,990	23,724	23,458	23,192	22,926	22,660	22,394
Actual Total Waiters	23,900	23,706					
% Variance on March 2019 (actual)	13%	12%					



18 Weeks – Incomplete Pathways >40 weeks (3)

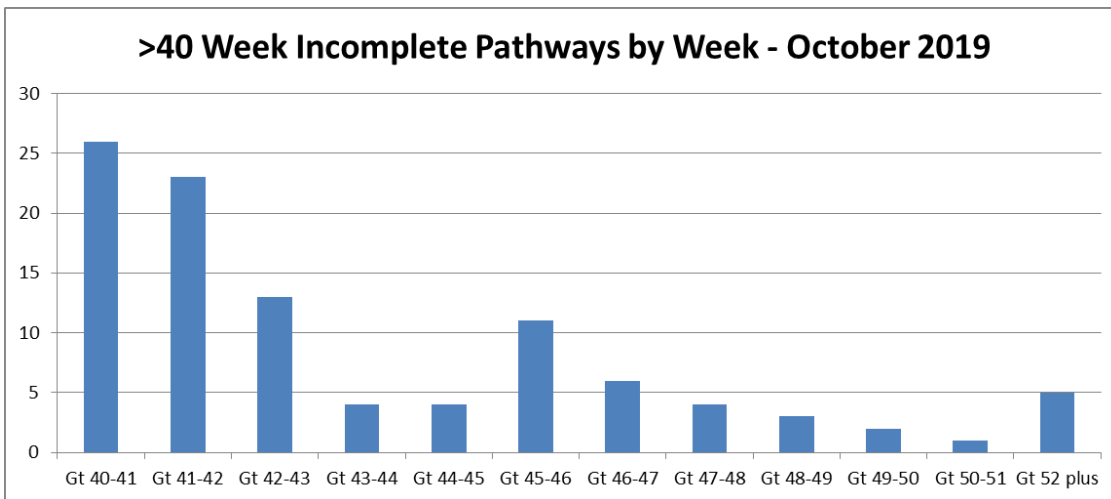


Overall incomplete pathways over 40 weeks have decreased in month by 59 patients.

Top specialties showing improvement noted in:

- Dermatology (28)
- Gastroenterology (10)
- General Surgery (10)

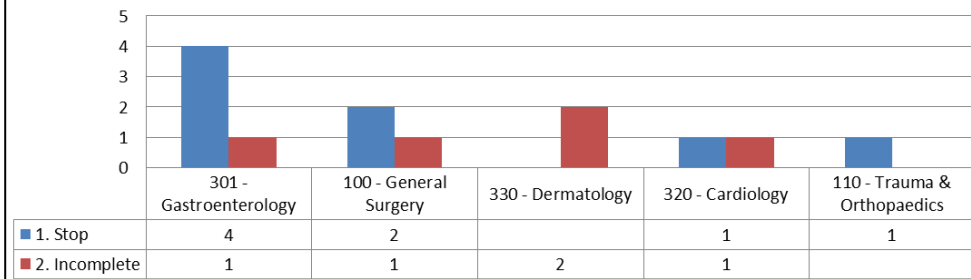
Growth in waiters increased in Cardiology by 7 patients



Incomplete pathways >40 weeks growth from July to October 2019					
	Jul-19	Aug-19	Sep-19	Oct-19	Growth
General Surgery	18	28	26	16	-10
Urology	1	2	0	0	0
Trauma & Orthopaedics	12	19	16	7	-9
ENT	7	20	16	11	-5
Ophthalmology	3	0	4	2	-2
Oral Surgery	7	8	10	9	-1
Gastroenterology	153	84	32	22	-10
Cardiology	16	15	14	21	7
Dermatology	34	60	41	13	-28
Thoracic Medicine	0	0	0	0	0
Neurology	0	0	0	0	0
Rheumatology	0	1	0	0	0
Geriatric Medicine	0	0	0	0	0
Gynaecology	0	0	1	1	0
Other	1	1	1	0	-1
Total	252	238	161	102	-59

52 Week Breaches – Reporting (4)

October 2019 >52 Week Breaches by type and Specialty



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

1. RTT Stops are Admitted and Non-Admitted patients whose pathway stopped during the reported month. The Trust has reported 8 >52 week breach stops in October:

4 Gastroenterology, this was predicted following the previous months incomplete breaches reported. 2 General Surgery, 1 Cardiology 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.

	Incomplete 52 week pathway prediction vs actual					
	Expected			Actual		
	Gastro	Other	Total	Gastro	Other	Total
Jul-19	20	6	26	15	4	19
Aug-19	15	6	21	10	2	12
Sep-19	13	6	19	5	6	11
Oct-19	11	6	17	1	4	5
Nov-19	10	6	16			
Dec-19	7	6	13			

The Trust reported 5 >52 week Incomplete patient pathways for October for which the Trust will share a financial penalty for each month the patient remains incomplete with Commissioners.

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:

2 Dermatology, 1 Gastroenterology, 1 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.
- New guidance related to surveillance colonoscopy was issued in September 19. This will reduce the number of patients requiring ongoing review. Once assessment of the waiting list is complete (end Nov 19) ongoing discussions with Commissioners will be progressed.

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
- Commissioner support for long waiting patients treatment agreed

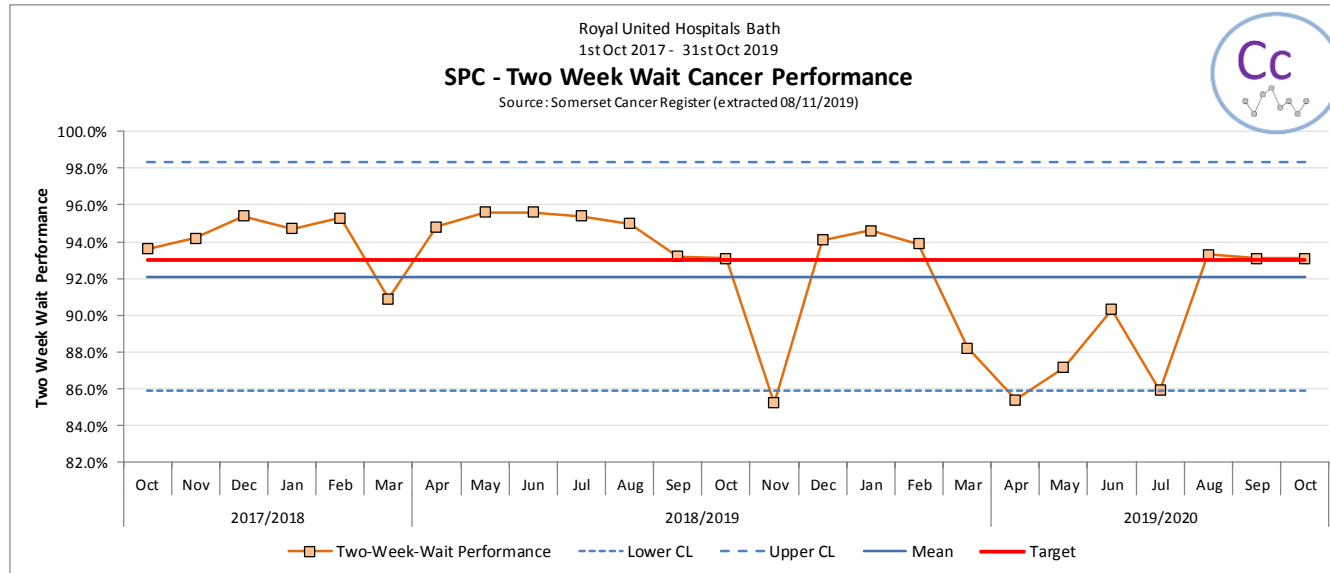
3. > 40 weeks and 52 week monitoring

- 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.
 - Cardiology – focus remains on incomplete pathways through complex diagnostic pathways
 - Gynaecology - WLI outpatient clinics and additional theatre sessions to be provided in November
 - ENT – continue to provide WLI outpatient clinics
 - Rheumatology – additional outpatient clinics to be provided in November
- 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 4 weeks to 3 weeks which impacts on validation and the overall RTT position.
- Commence RTT weekly Driver meetings led by Surgery Division – focusing on top contributors

Cancer Access – Two Week Wait (1)

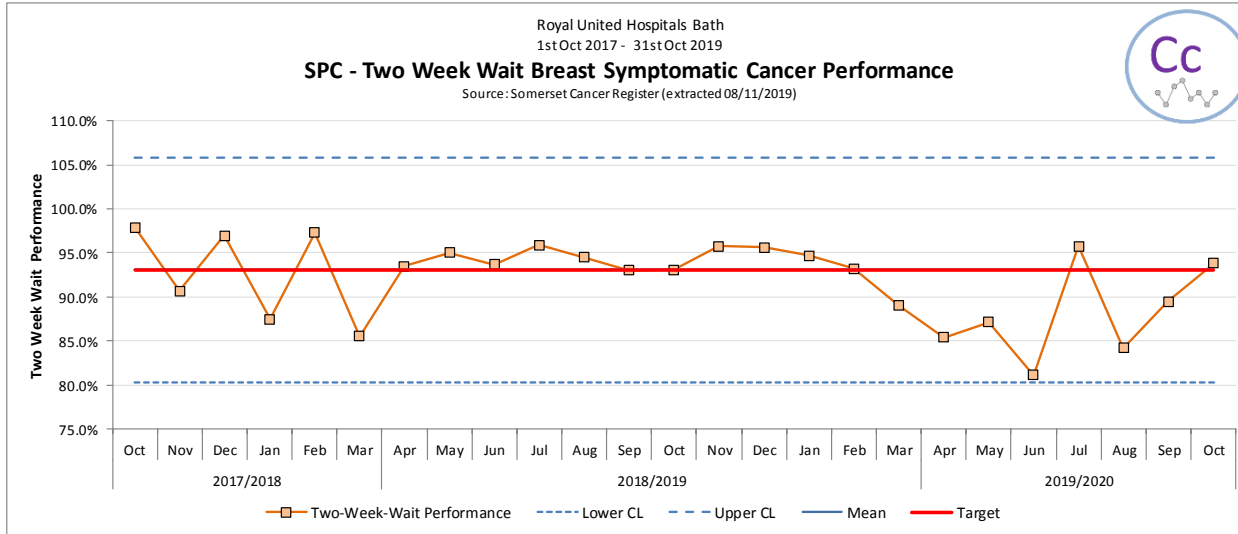


In October the Trust met the 93% target with performance at 93.1%.

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

The 93% standard was not achieved in Breast (52 breaches), Paediatrics (1 breach), and Cancer of Unknown Primary (1 breach). Breast remains the primary risk to Trust performance due to vacancies within the Breast Radiologist workforce. One locum has been appointed and a further post is currently advertised. The Breast team continue to robustly triage all 2ww referrals to ensure those most clinically urgent are prioritised and booked swiftly into the 2ww capacity.

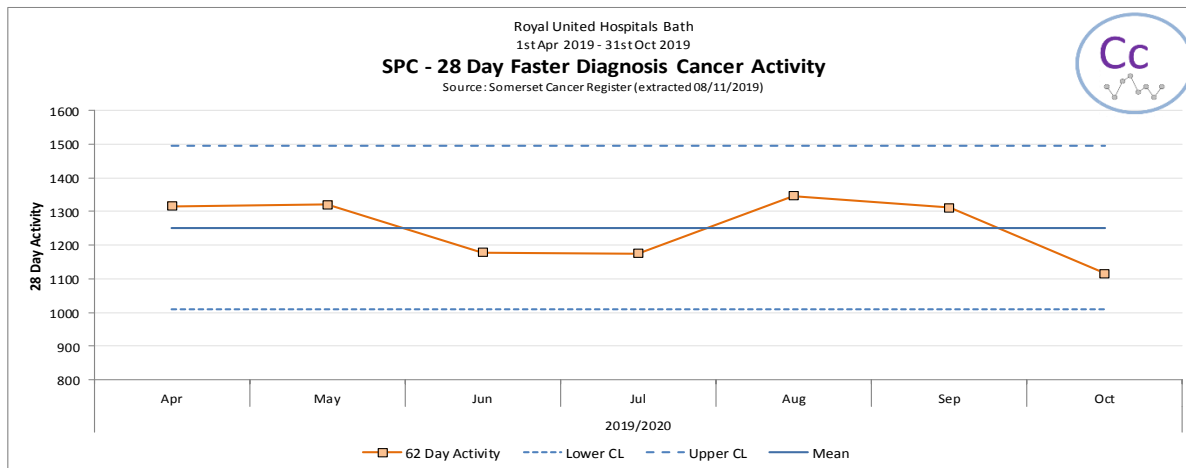
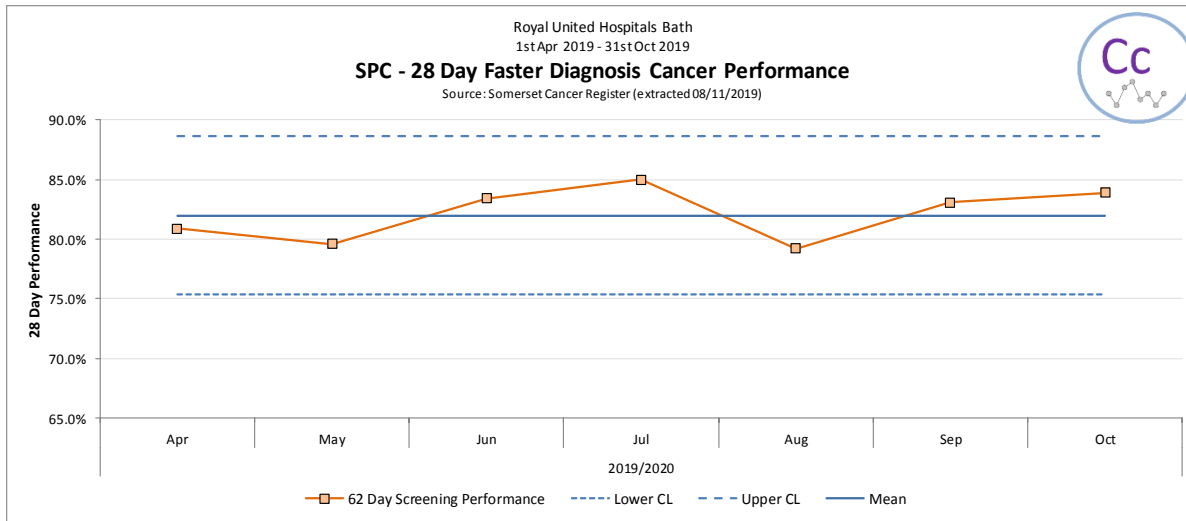
Cancer Access – Two Week Wait Breast Symptomatic (2)



In October the Trust met the 93% target with performance at 93.8%.

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

Cancer Access – 28 Day Faster Diagnosis (3)



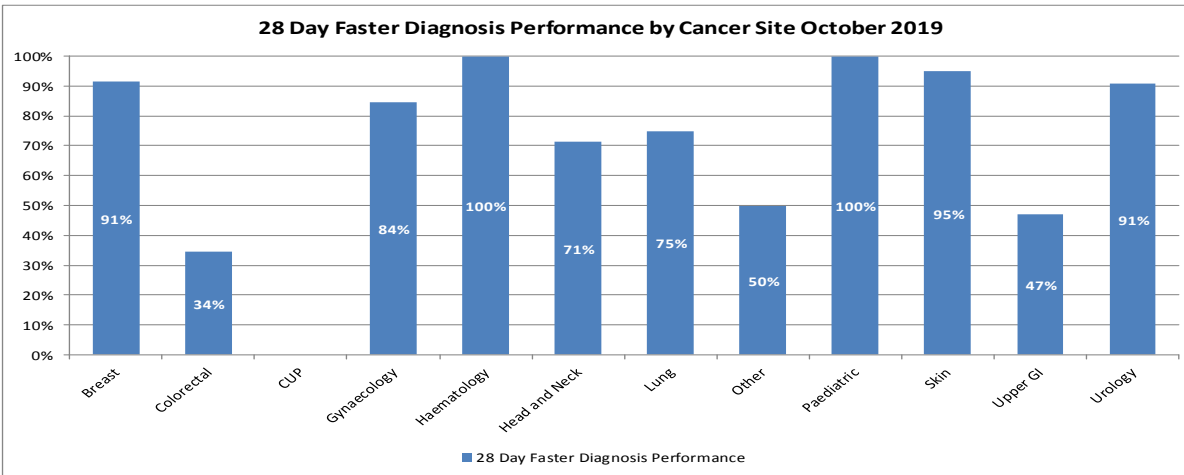
The 28 Day Faster Diagnosis Standard (FDS) is a new target, to become part of national cancer waiting times performance management from April 2020. The target is applicable for all patients referred under a 2ww suspected cancer, breast symptomatic or screening pathway. The standard is measured from the receipt of the referral and will only stop when one of the following happens:

- When the patient is informed of a diagnosis of cancer.
- When the patient is informed that cancer has been ruled out.
- When the patient is referred for a treatment before a clinical diagnosis of cancer can be made.

The standard puts a focus on the crucial time after symptoms are first identified. For those diagnosed with cancer, treatment can begin as soon as possible. For those where cancer is ruled out they can have their minds put at rest more quickly.

Cancer Access – 28 Day Faster Diagnosis (4)

28 Day Faster Diagnosis Performance by Cancer Site October 2019

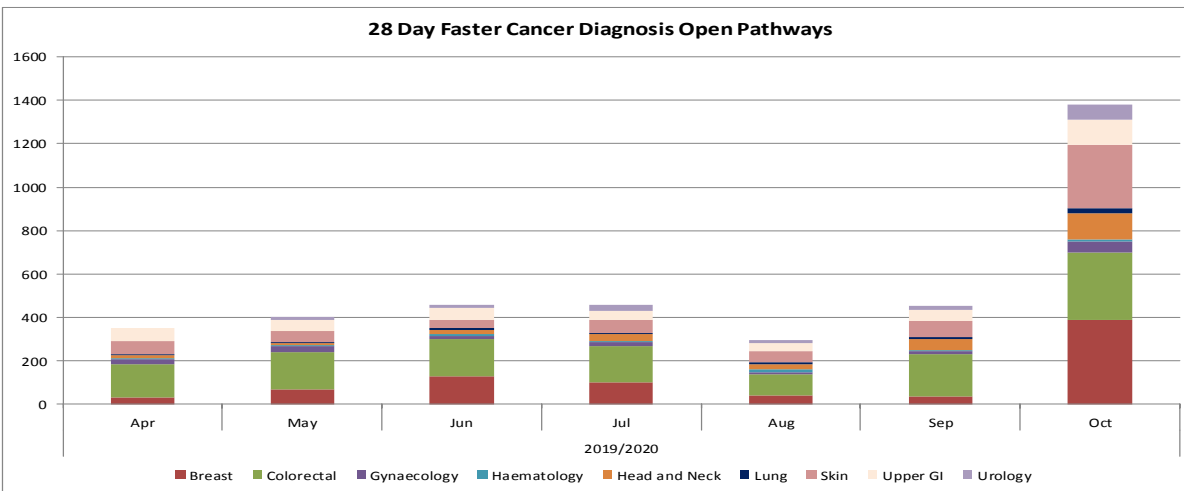


Performance is most challenged with Colorectal, Upper GI, Cancer of Unknown Primary, Lung and Head & Neck.

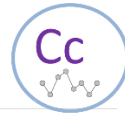
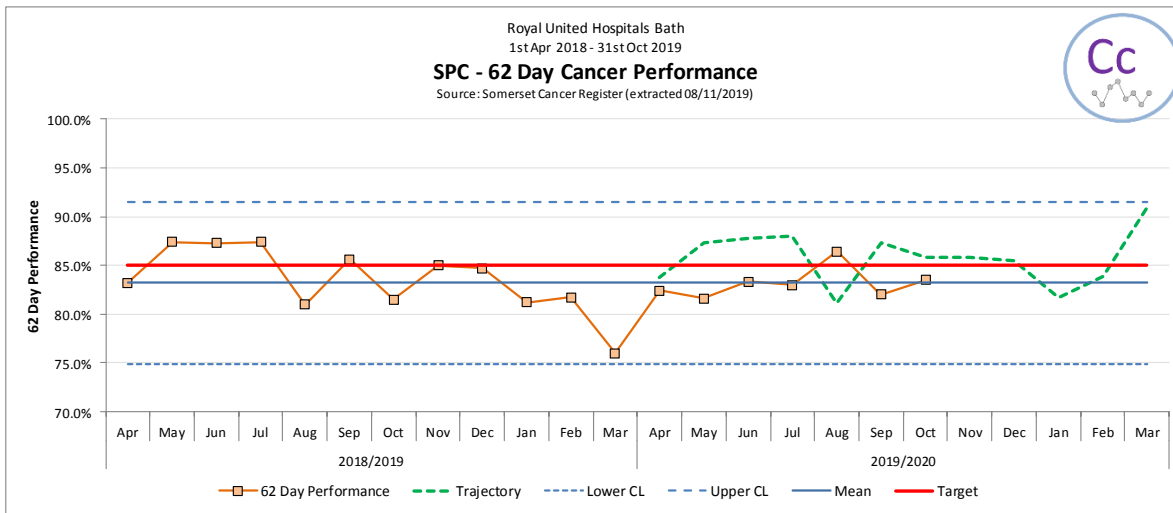
The initial focus is on ensuring a 28 Day FDS stop is recorded for all patients. Work is ongoing across all tumour sites to ensure practice is adapted meet the new standard. New staff have been recruited in Cancer Services to ensure the relevant data and pathway stops are captured and recorded which will reduce the number of patients on the active pathway going forward.

New national Early Diagnosis pathways are in place in Lung, Colorectal, Upper GI, and prostate to support deliver of the new standard.

28 Day Faster Cancer Diagnosis Open Pathways



Q1 - 62 Day (urgent GP referral) wait for first treatment (6)



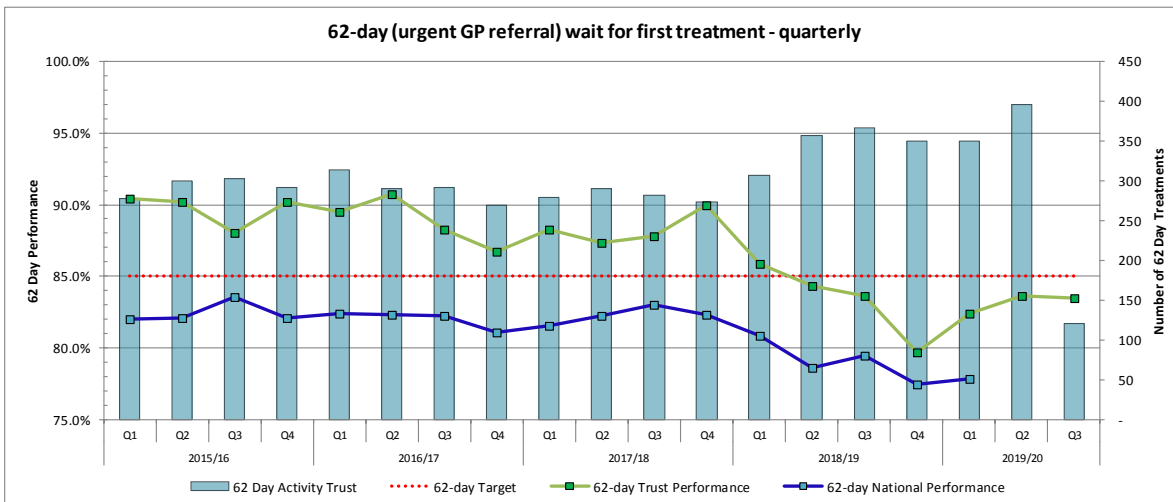
Trust performance in October was 83.5%, which failed to meet the 85% standard. Performance in month was also slightly below the NHSI agreed trajectory. In month the Trust reported 20 breaches.

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

Under the national breach allocation guidance two shared breaches are expected to be wholly attributed to University Hospitals Bristol NHS Trust which would improve performance to 84.2%.

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. The Board is asked to note that whilst cancer performance remains challenging, steady improvement is being maintained.





62 Day performance by Tumour Site (7)

Cancer Site	Indicator Description	2018/19						2019/20						
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Breast	Activity	22.5	33	11	26	17	14	30.5	26.5	15	21	32	23	22
	Breaches	0	0	0	1	1	0	0	3	2	0	1	1	1
	Performance	100.0%	100.0%	100.0%	96.2%	94.1%	100.0%	100.0%	88.7%	86.7%	100.0%	96.9%	95.7%	95.5%
	Referral Conversion %	9.3%	6.7%	6.0%	7.9%	3.3%	6.6%	5.8%	3.3%	5.3%	7.3%	7.9%	5.3%	
Colorectal	Activity	12	15	12	15	14.5	16	9	13.5	12	20	10.5	17	12
	Breaches	6	5	5	6	4.5	8	4	6.5	4	5.5	4.5	6	2
	Performance	50.0%	66.7%	58.3%	60.0%	69.0%	50.0%	55.6%	51.9%	66.7%	72.5%	57.1%	64.7%	83.3%
	Referral Conversion %	5.0%	6.4%	5.1%	6.4%	5.2%	4.1%	7.2%	5.7%	5.8%	4.8%	4.3%	7.1%	
CUP	Activity	1	1	0	0.5	0	0.5	0	0	0.5	3.5	0	1	1
	Breaches	0	0	0	0.5	0	0.5	0	0	0	1.5	0	0	0
	Performance	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	100.0%	57.1%	100.0%	100.0%	100.0%
	Referral Conversion %	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	50.0%	0.0%	0.0%	
Gynaecology	Activity	10	8	11	5.5	8	8	9	4	4	10	9.5	12	9
	Breaches	0	4	2	0	1	0	1	1	0	1	0	2	3
	Performance	100.0%	50.0%	81.8%	100.0%	87.5%	100.0%	88.9%	75.0%	100.0%	90.0%	100.0%	83.3%	66.7%
	Referral Conversion %	4.5%	3.8%	7.6%	7.0%	7.1%	5.3%	3.4%	3.0%	8.9%	7.7%	9.8%	7.6%	
Haematology	Activity	6	3.5	4	10	7	8	11.5	5	7	9.5	6	11	5
	Breaches	1	0	0	1	3	4	3	1	2	1	2	4	1
	Performance	83.3%	100.0%	100.0%	90.0%	57.1%	50.0%	73.9%	80.0%	71.4%	89.5%	66.7%	63.6%	80.0%
	Referral Conversion %	25.0%	47.4%	64.3%	63.2%	53.3%	57.9%	25.0%	58.3%	60.0%	62.5%	50.0%	55.6%	
Head and Neck	Activity	4	3	3	4.5	3.5	6	5	4	2	6	7	6.5	4
	Breaches	2	1	2	3	2	2	1	0	0	3	2	3.5	1
	Performance	50.0%	66.7%	33.3%	33.3%	42.9%	66.7%	80.0%	100.0%	100.0%	50.0%	71.4%	46.2%	75.0%
	Referral Conversion %	4.9%	5.0%	2.6%	3.8%	4.3%	2.6%	5.2%	4.8%	2.8%	7.8%	4.8%	3.9%	
Lung	Activity	8	6	5	6.5	5.5	6.5	8.5	4	9.5	8	2.5	9	4.5
	Breaches	0.5	0	0	1	1	3.5	1.5	1.5	1	1	1	1	2.5
	Performance	93.8%	100.0%	100.0%	84.6%	81.8%	46.2%	82.4%	62.5%	89.5%	87.5%	60.0%	88.9%	44.4%
	Referral Conversion %	23.7%	21.6%	31.3%	21.4%	18.9%	23.3%	25.0%	32.1%	25.0%	19.0%	36.1%	6.9%	
Skin	Activity	27.5	30.5	21.5	26	13	28.5	18	26.5	22.5	33.5	19.5	19.5	26
	Breaches	1.5	0	1.5	1.5	1	5.5	0	0.5	1	1.5	0	2	1
	Performance	94.5%	100.0%	93.0%	94.2%	92.3%	80.7%	100.0%	98.1%	95.6%	95.5%	100.0%	89.7%	96.2%
	Referral Conversion %	9.4%	9.4%	11.1%	7.7%	6.3%	9.4%	5.9%	10.6%	6.3%	6.7%	5.1%	6.2%	
Upper GI	Activity	9	7.5	4.5	7	8.5	7	4	7.5	11	9.5	6	6.5	6
	Breaches	2	2	0	4	1	0	1	0.5	3	4	1	2	3
	Performance	77.8%	73.3%	100.0%	42.9%	88.2%	100.0%	75.0%	93.3%	72.7%	57.9%	83.3%	69.2%	50.0%
	Referral Conversion %	10.2%	8.7%	5.4%	5.5%	6.9%	5.8%	11.5%	9.7%	12.1%	3.4%	8.9%	7.7%	
Urology	Activity	28.5	28	29	28.5	24	28.5	29.5	26	24	31.5	24.5	22.5	30.5
	Breaches	11	8	5	6.5	4	6	10.5	7.5	5	7.5	4.5	1.5	5.5
	Performance	61.4%	71.4%	82.8%	77.2%	83.3%	78.9%	64.4%	71.2%	79.2%	76.2%	81.6%	93.3%	82.0%
	Referral Conversion %	15.1%	21.0%	17.9%	20.0%	13.5%	17.9%	16.7%	19.8%	19.5%	21.3%	19.7%	21.7%	

The Board is asked to note performance by tumour site. The table shows adjusted performance following breach allocation.

Performance improved in month, particularly in Colorectal who recorded their best performance in over 12 months. The Trust position was most impacted however by breaches in Urology (5.5), Gynaecology (3) and Upper GI (3).

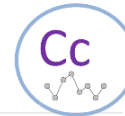
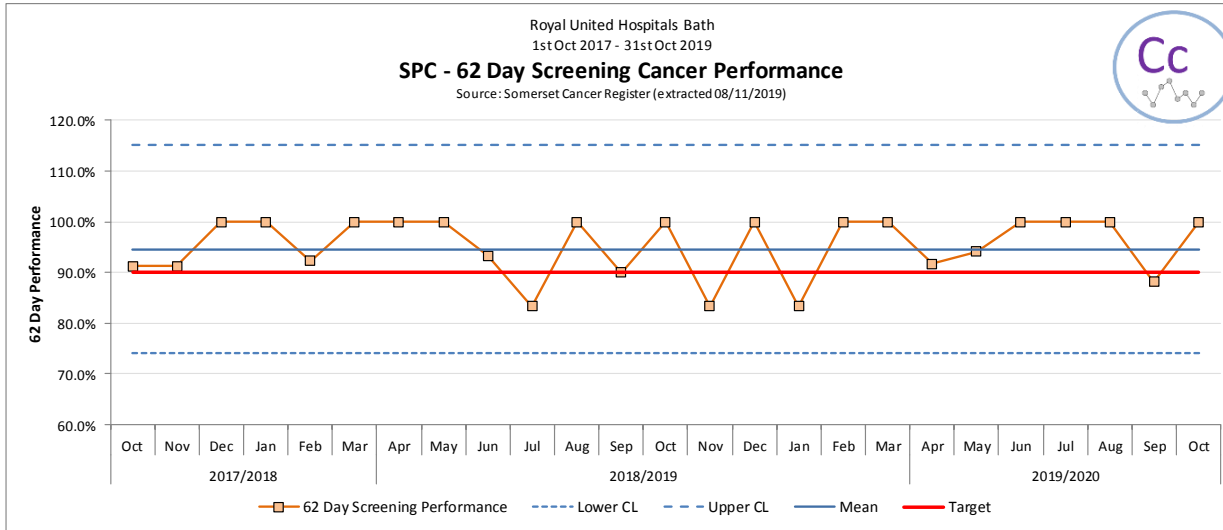
Of the total 19 breaches recorded following expected breach allocation adjustment, 3 patients waited 104 days or more for treatment:

- Gynaecology 1
- Upper GI 1
- Haematology 1

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.



Cancer Access – 62 Day Screening (8)



In October the Trust achieved the 90% target, with performance at 100.0%.

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

- .
- .



62 Day Cancer Performance - In Month Response and Focus (9)

Lead Actions Update:

- 1. Trust-wide cancer performance management process review.** Whole process review being undertaken, bringing in best practice from across the Trust and using regional/national recommendations to support delivery of the 28 Day Faster Diagnosis and 62 Day Standards.
- 2. Cancer Alliance funding bids approved.** Implementation of tumour site action plans and recruitment to relevant roles to deliver the early diagnosis pathways in Lung, Colorectal, Prostate and Upper GI.
- 3. Agreement of timed pathways across remaining tumour sites.** Remaining tumour sites working to finalise timed pathways. Enhanced reporting from BIU to be delivered following agreement of the pathway milestones.

Planned Actions:

- Recording of 28 Day Faster Diagnosis Standard data for all relevant patients. Reporting underway six months ahead of commencement of external performance management of the standard. Additional post recruited to using Cancer Alliance funding to support the data capture. Tumour site action plans to be developed to deliver the target.
- 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)

October performance is reported as 6.7% against the $\leq 1.0\%$ indicator.

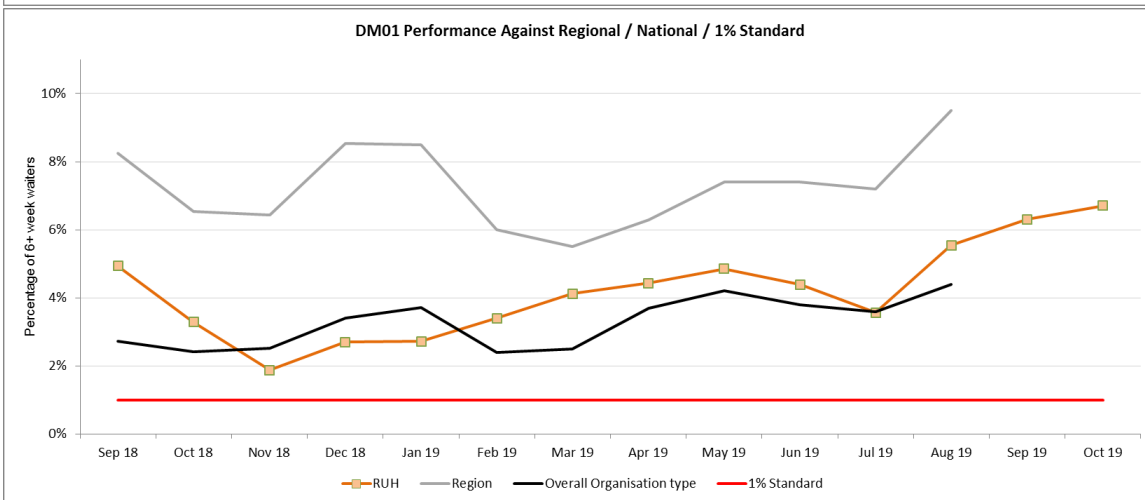
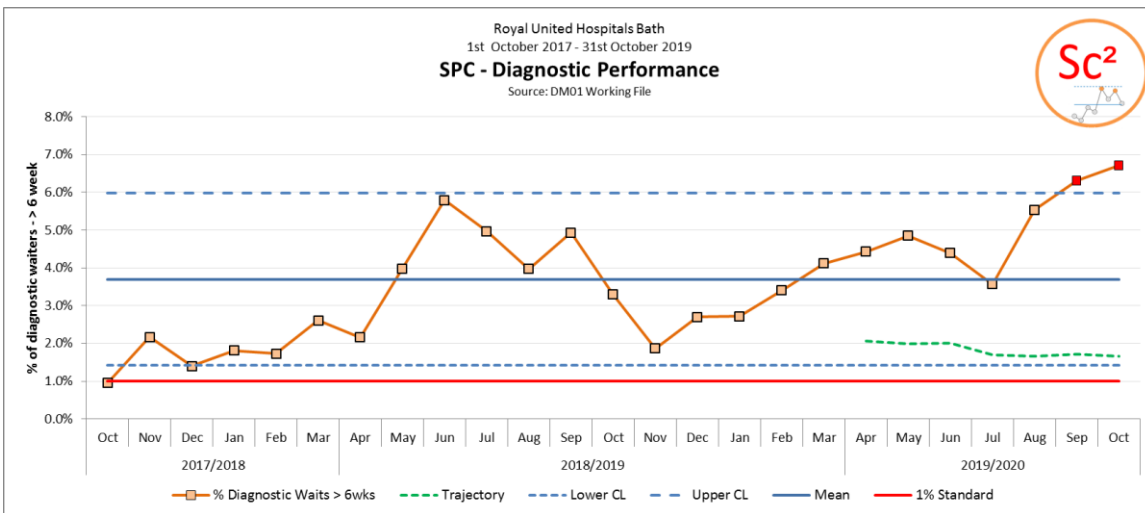
The South West Region have identified some key areas for performance improvements including diagnostic 6 week waits, improvement plans completed and submitted.

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

Successes in month with no Sleep Studies breaches following implementation of action plan.

The SPC rule **SC2** has been triggered with two months performance above the upper confidence limit. 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.





Diagnosics (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 manage 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	153
Computed Tomography	221
Non-obstetric Ultrasound	67
Audiology - Audiology Assessments	2
Cardiology - Echocardiography	153
Neurophysiology - Peripheral Neurophysiology	1
Colonoscopy	27
Flexi Sigmoidoscopy	6
Cystoscopy	2
Gastroscopy	8
Total (without NONC)	640

Weekly DMO1 group in place managed by the Medical Division to support recovery and service improvements. October saw an overall increase in demand and activity in most areas.

Echocardiography (153) – Backlog has stabilised, however demand has grown when compared to previous month. Weekend agency approved however not completely filled in month. RUH staff payments now agreed. 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 (67) – Overall growth in demand for Non-Obstetric Ultrasound in October. 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. WLI's being done where possible.

CT (221) – Overall growth in CT demand continues and higher activity levels have been reflected in the 2019/20 improvement trajectory. Third MR now installed and working but demand continues to exceed capacity. Additional mobile unit remains on site at the weekends to support activity and WLI lists being done to mitigate breaches.

Endoscopy – Colonoscopy, Gastroscopy, Flexi-Sigmoidoscopy (41) – Breaches in month due to planned increase in outpatient activity. Additional locum in place delivering additional clinics that reflects on an increased demand for the endoscopy. Impact of extra outpatient activity being monitored and mitigation measures to be put in place including additional WLI's and



Diagnostics - In Month Response and Focus (3)

Lead Actions Update:

- 1. Cardiology** - Cardiology Consultant locum in place. Weekend and evening agency staff requested but have not been secured due to national and local shortages. Action TCNC have approved enhancements for echo staff out of hours
- 2. MRI** - Replacement programme will impact upon capacity available due to ongoing increase in demand. Options additional lists and outsourcing
- 3. Breast** – Recruitment of one of the vacancies completed with a provisional start date of February 2020. Recruitment to other 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. Additional mobile unit remains on site at the weekends to support activity and WLI lists being done to mitigate breaches.
- Cardiology to implement a Referral Assessment Service (RAS), notice to GPs of plan to implement by December 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 continue to monitor impact on outpatient echo service.
- Gastroenterology capacity increased with clinical fellows and substantive replacement consultant from 30th September 2019 will support ongoing recovery. Additional WLI lists being considered to mitigate additional demand for the service.

Key National and Local Indicators

In the month of October there were **15 red indicators of the 72 measures reported, 6 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.



Effective

SOF

10. Dementia Case Finding (**lag 1 month**)

SOF

11. Dementia Assessment (**lag 1 month**)

20. % Cancelled Operations non-clinical (number of cancelled patients) Surgical

Responsive

SOF

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

30. RTT over 52 week waiters

31. Urgent Operations cancelled for the second time

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**)

Well Led

SOF

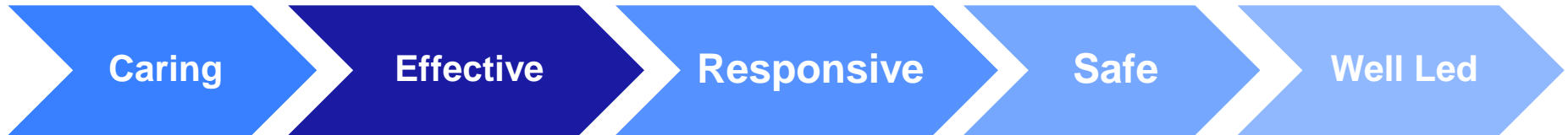
63. FFT Response Rate for Maternity (Labour Ward)

67. % of agency staff (agency spend as a percentage of total pay bill)

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

69. % of Staff with annual appraisal

70. Information Governance Training compliance (Trust)



Effective

X 10. Dementia case finding (1 month lag)

The Dementia Case Finding of patients aged >75 in September was 81.4% with 607 patients admitted and 494 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 11. Dementia Assessment (1 month lag)

The number of Dementia Patients that should have been assessed in September was 24 with 19 actually being assessed.

X 20. % Cancelled Operations non-clinical (number of cancelled patients) Surgical

37 elective patients were cancelled on the day for non-clinical reasons during October, equating to 1.1% of RUH elective activity. This is the largest number of such cancellations since February 2019. For October 2019, cancellations due to list overruns were at their joint highest and a lack of ITU beds the highest since April 2018.



Responsive

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

There were 640 over 6 week waiters in October, equating to 6.7% against the $\leq 1.0\%$ indicator, rated red. Performance in October failed to meet the constitutional target. See slides 19 to 21 above.

X 30. RTT over 52 week waiters

There were eight patients who breached the 52 week standard for treatment in October

- 4 x Gastroenterology, 1 x Trauma & Orthopaedics – due to lack of capacity
- 2 x General Surgery, 1 x Cardiology – due to administrative process error

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 31. Urgent Operations cancelled for the second time

One urgent patient was cancelled on two consecutive days on the 8th and 9th of October, due to a lack of ITU beds. ITU saw a dramatic period of pressure during this time.

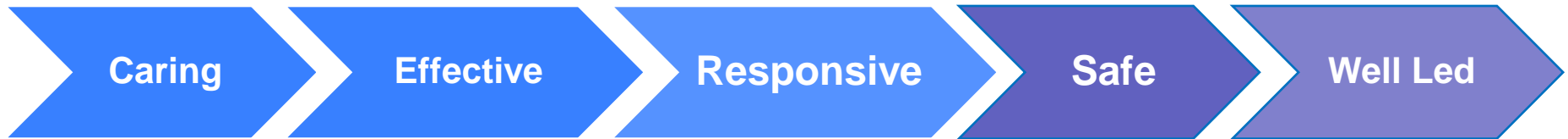
X 35. % Discharges by Midday (Excluding Maternity)

In October patients discharged by midday reduced to 14.5% but remains below the target of 33%. Improvement work will now be led 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 (47%), William Budd (7%)**

X 38 Delayed Transfer of Care (Days)

There were 1,089 delayed days in October, which was 6.0% 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 overdue CAS Alert – We were waiting field safety notice response form to be returned to manufacturer. This is now done and CAS alert has been closed as of 01/11/2019. **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.

Well Led

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

In October the FFT Response Rate for Maternity fell to 8.6% from 9.9% in September and below the agreed target.

X 67. % of agency staff (agency spend as a percentage of total pay bill)

Total agency spend in October equated to 3.95% of the total pay bill. (See Well Led Slides)

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 increased to 9.2% in October from 5.3% in October. (See Well Led Slides)

X 69. % of Staff with annual appraisal

Overall Trust Appraisal compliance for October was 78.64% below the 80% tolerance threshold (See Well Led Slides)

X 70. Information Governance Training compliance (Trust)

In October the Trust Information Governance Training compliance fell to 83.1% (See Well Led Slides)

Indicator	Trust Performance Over Last 12 Months												Q3 Target
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	
Budgeted Staff in Post (WTE)	4710.90	4710.90	4710.30	4710.30	4710.30	4850.38	4849.78	4849.78	4852.78	4853.78	4854.78	4853.34	
Contracted Staff in Post (WTE)	4529.30	4506.70	4493.00	4488.70	4490.40	4467.95	4480.40	4480.90	4495.88	4549.13	4569.59	4591.37	
Vacancy Rate (%)	3.85	4.33	4.61	4.70	4.67	7.88	7.62	7.61	7.35	6.28	5.87	5.40	5.06
Bank - Admin & Clerical (WTE)	33.10	29.90	34.50	29.70	33.51	30.35	35.03	34.62	38.94	38.27	37.05	1 Month Lag	
Bank - Ancillary Staff (WTE)	16.20	17.40	21.00	19.10	22.05	20.22	23.96	20.65	23.29	20.56	20.09	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	167.50	150.40	160.20	150.50	164.35	164.36	166.01	166.31	175.07	161.58	151.37	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)	45.30	30.00	33.20	48.80	40.60	30.61	44.24	45.75	47.80	58.19	43.57	51.43	
Agency Spend (% of total pay bill)	2.18	1.31	2.03	1.85	1.88	2.18	2.92	2.30	3.96	2.97	2.63	3.95	2.50
Nurse Agency Spend (% of total Reg Nurse pay bill)	4.97	4.49	4.29	5.32	3.78	4.83	5.88	4.03	8.86	5.59	5.29	9.20	3.00
Rolling 12 Month Turnover (%)	12.68	12.28	12.41	12.36	12.18	12.12	11.96	11.85	11.48	11.88	11.71	11.97	11.10
In Month Turnover (%)	1.27	1.03	1.04	0.71	1.11	0.82	0.85	0.94	0.73	1.18	0.84	0.73	0.92
Rolling 12 Month Sickness Absence (%)	4.01	3.99	3.93	3.92	3.93	3.95	3.99	4.02	4.05	4.04	4.00	4.01	3.85
In Month Sickness Absence (%)	4.33	3.98	3.79	4.23	4.77	4.29	3.93	3.79	3.91	3.76	3.61	3.75	3.54
Staff with Annual Appraisal (%)	84.55	85.25	84.70	84.68	84.61	83.41	82.18	82.73	80.91	81.06	80.27	78.64	88.65
Information Governance Training compliance (%)	87.80	88.50	88.40	91.20	91.90	91.60	90.70	90.00	88.20	85.60	84.80	83.10	95.00
Mandatory Training (%)	87.00	87.50	87.00	87.00	87.00	87.20	87.60	87.60	87.50	86.80	86.80	86.60	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).



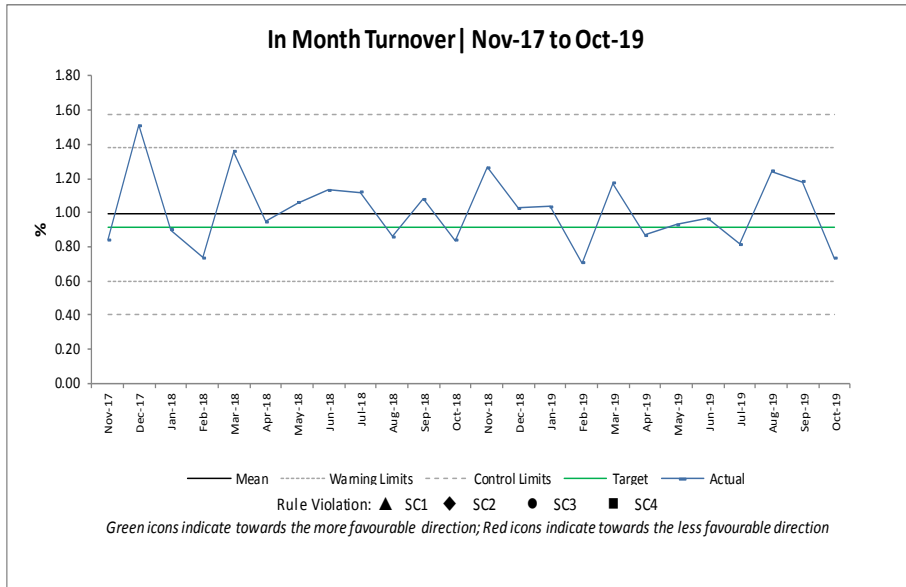
Shift of at least 6 data points all above or all below the mean, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).



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).

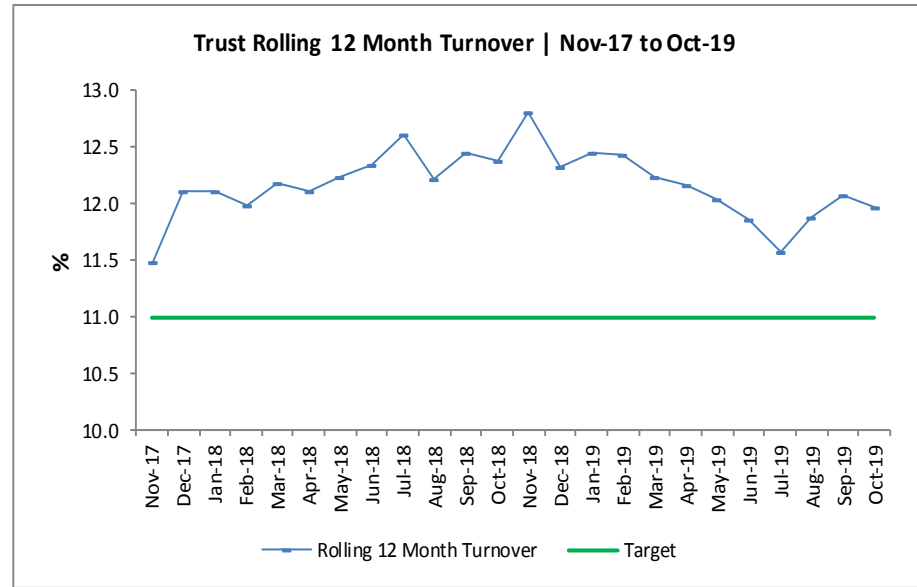
Where data points trigger multiple rules, the order of precedence for Special Cause Variation that has been used is Rule 4, Rule 3, Rule 2 then Rule 1.

In Month Turnover (%)



Target	Actual	Latest Data Point
0.92	0.73	Cc

12 Month Rolling Turnover (%)

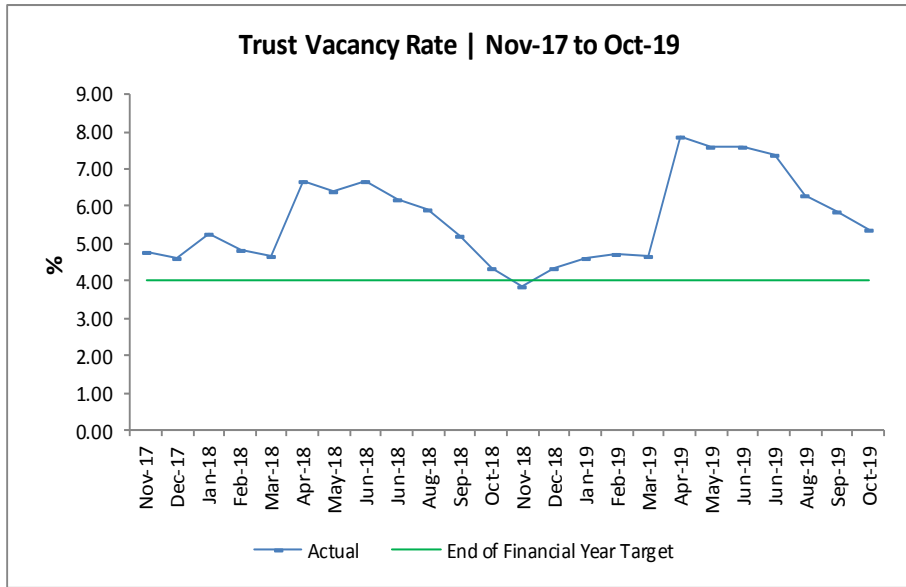


Target	Actual
11.10	11.97

Commentary on Performance

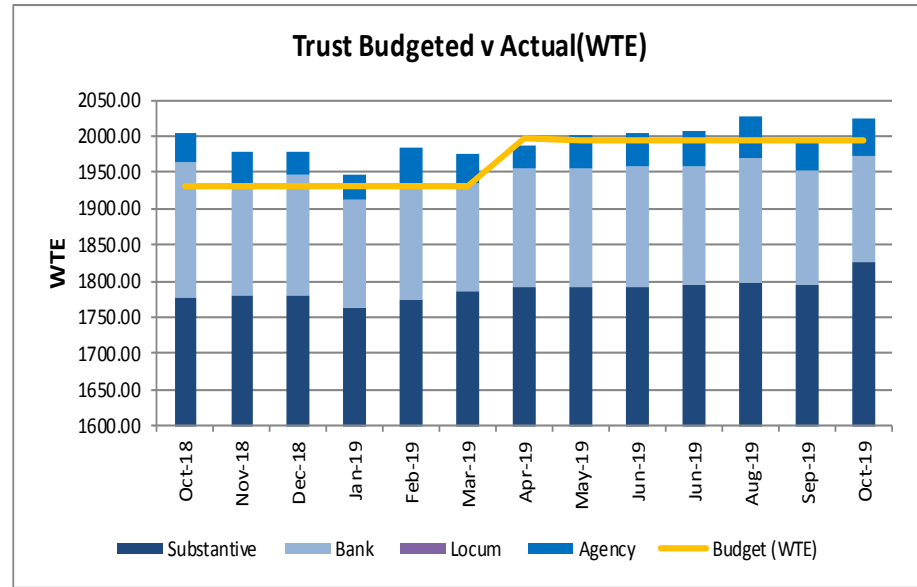
- As it stands, In Month Turnover in October was 0.73%. This is below the 0.92% target and is marginally favourable when compared to last October. However, late leaver notifications may cause this figure to rise slightly - as was the case in September, where late notifications lead to the figure rising to 1.18%.
- Rolling 12 Month Turnover is relatively static to last month (once late leaver notifications have been taken into account) and stands at 11.97%. A significant improvement in the figure this month was not anticipated due to a relatively good performance in October 2019; however, there is the potential for the figure to fall again next month as November 2018 witnessed a higher In Month Turnover rate of 1.27%.
- Band 5 Nurse turnover within October was 1.3%, with the 12 month rolling turnover for this staff group standing at 14.2%. For the first 7 months of 2019/20, 12 month rolling turnover has therefore remained predictable, within the range of 13.4% and 14.5%.

Vacancy Rate (%)



Target	Actual
5.06	5.40

Budgeted v Contracted WTE

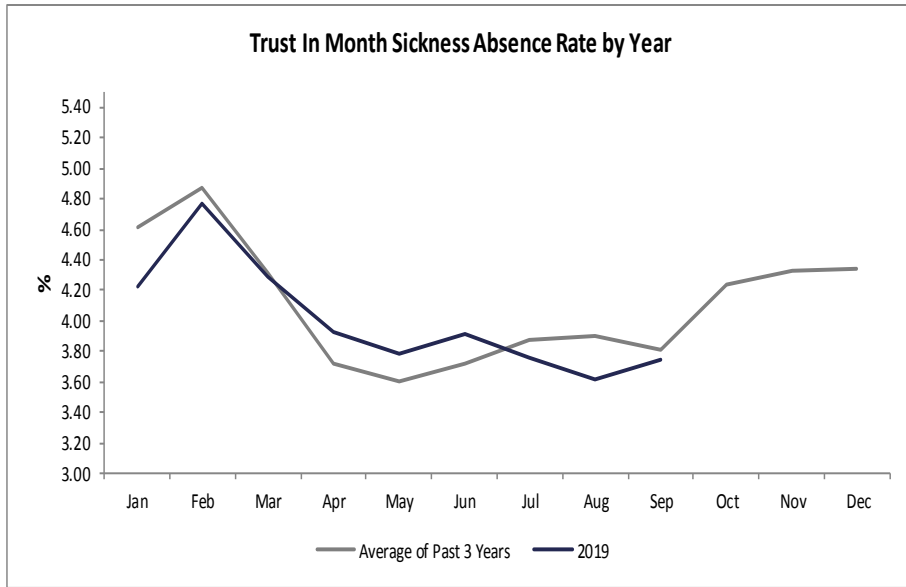


Commentary on Performance

- Vacancy Rate now stands at 5.40%. This is marginally ahead of the target figure required if a 4.00% vacancy rate is to be achieved at the end of March 2020 based on a linear reduction. Performance will, however, need to be sustained over the remainder of the year to ensure that this target is achieved.
- Band 5 Nurse Vacancy is now 15.64% - equivalent to 115.2 WTE.

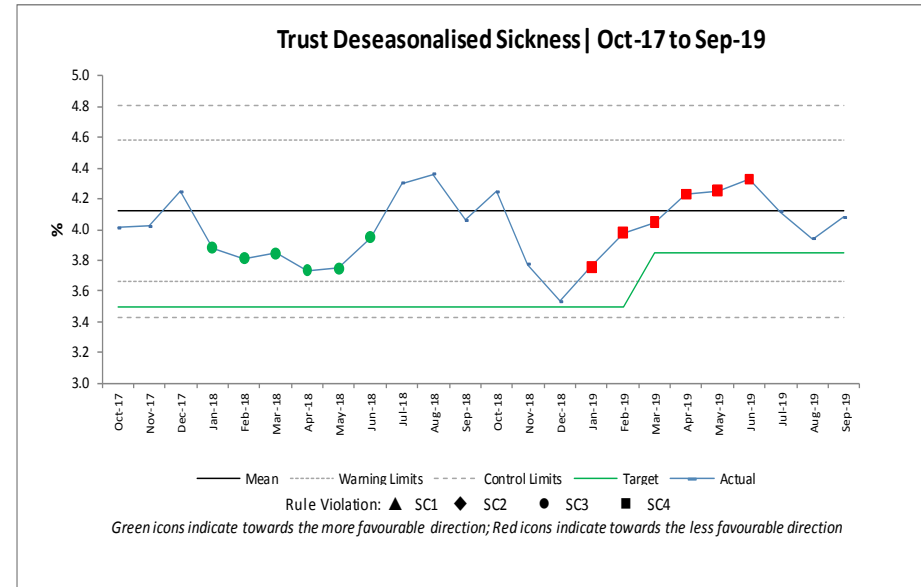
Well Led | Workforce | Sickness Absence Rate

In Month Sickness Absence (%)



Seasonally Adjusted Target	Actual
3.54	3.75

Deseasonalised In Month Sickness Absence (%)

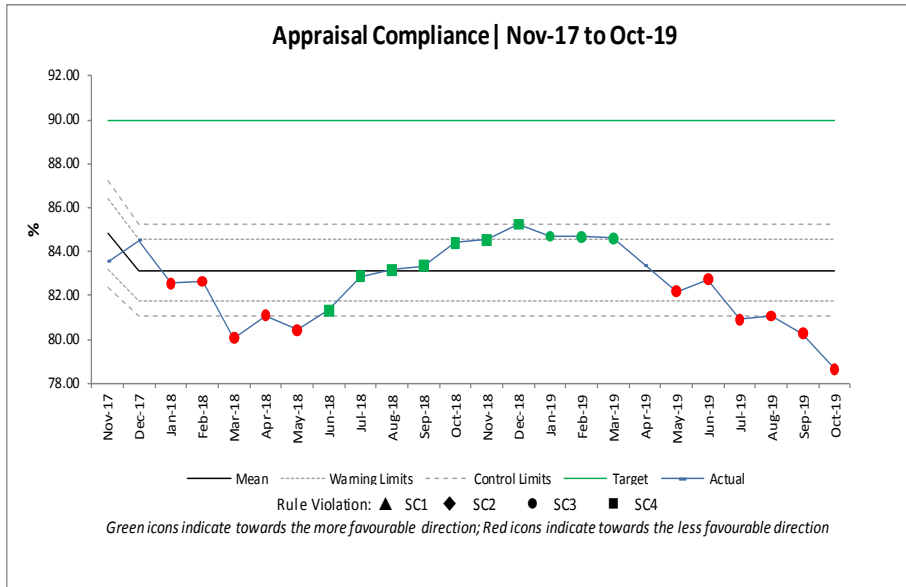


Target	Actual Deseasonalised	Latest Data Point
3.85	4.08	

Commentary on Performance

- The actual In Month Sickness Absence Rate in September was 3.75%. All three months in Quarter 2 therefore witnessed a lower sickness absence rate than the average calculated over the previous three years for the respective months .
- Converted to a deseasonalised figure, the absence rate stands at 4.08%. Although this is around the mean for the wider period, this figure remains above the target of 3.85% and with none of the figures for this year having so far met the target, it is highly unlikely that this will be met in March 2020.
- Anxiety/ Stress/ Depression/ Other Psychiatric Illnesses continues to underpin a significant proportion of sickness absence (23.41%, equivalent to 1180.3 WTE days lost). Over the past year this reason has consistently been cited for over a fifth of sickness absence cases each month.

Appraisal Compliance (%)



Appraisals In and Out of Date

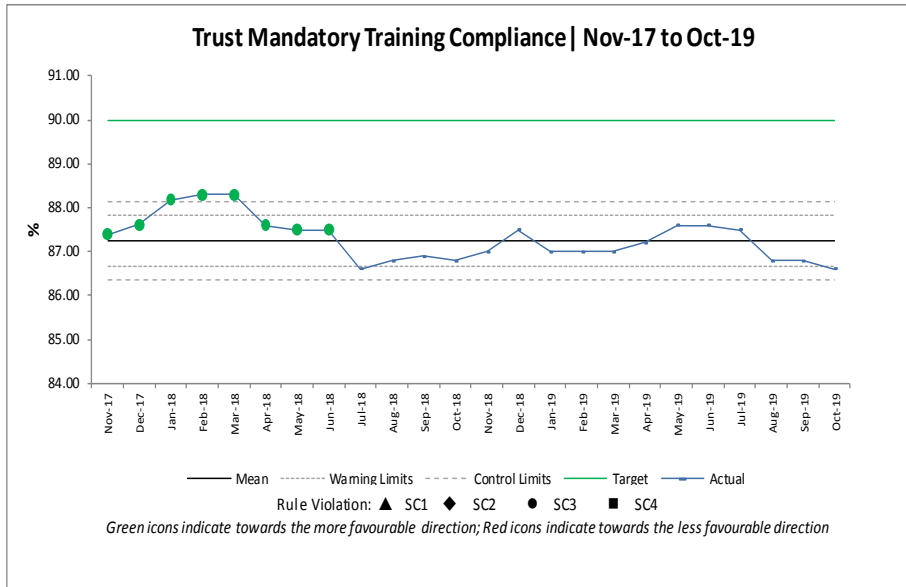
	In Date	Out of Date	% Compliant
Trust	3527	958	78.64
AfC Staff	3276	888	78.67
M&D Staff	251	70	78.19
Consultants	203	34	85.65

Target	Actual	Latest Data Point
88.65	78.64	Sc ³

Commentary on Performance

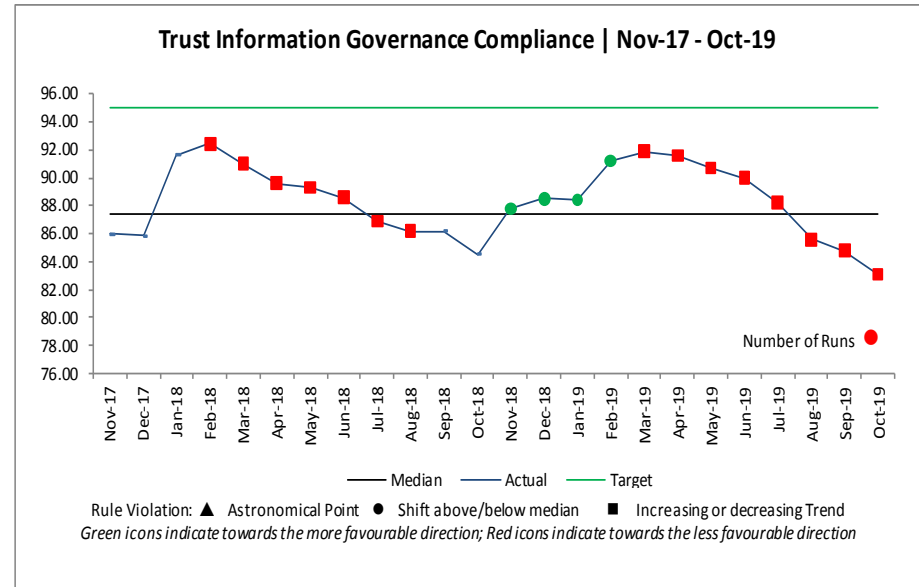
- Overall Trust Appraisal compliance for October was 78.64%. This is below the 80% tolerance threshold and would have been rated red under the previous RAG system and is over 1 percentage point below the previous low in the period since January 2016 (March 2018 - 80.05%).
- Only Facilities and Surgery Divisions exceeded 80% compliance in October, but both are below 82% compliance. This demonstrates that the issue of poor compliance is not confined to one particular Division.
- Since March 2019, the overall compliance rate has fallen by 6 percentage points. As this decline started prior to the introduction of Manager Self-Service and since there has been a mix of increased and decreased compliance in areas that have moved to self-service for inputting appraisal dates, the self-service project alone does not explain much of the compliance reduction and other causes therefore need to be investigated.

Mandatory Training (%)



Target	Actual	Latest Data Point
90.00	86.60	Cc

Information Governance (%)

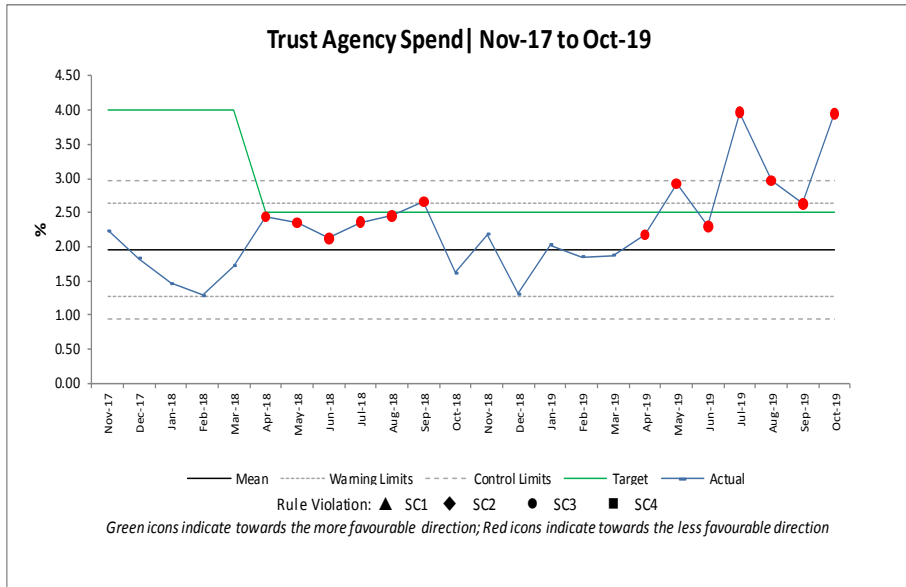


Target	Actual
95.00	83.10

Commentary on Performance

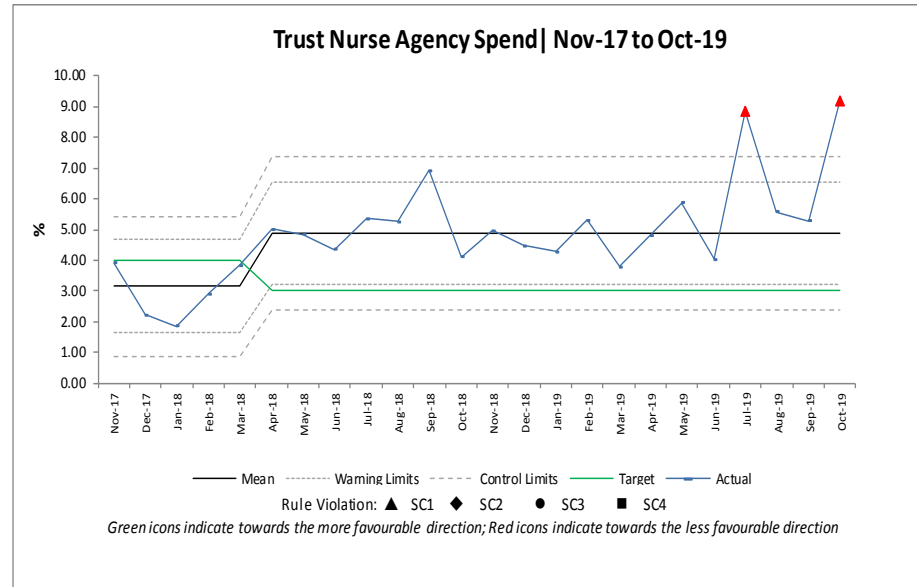
- IG Training compliance has fallen for the seventh month in succession and now stands at 83.1%. This is the lowest level of compliance since October 2016 and means that the Trust has to make an improvement of almost 12 percentage points between now and the end of March if it is to achieve its 95% target.
- Mandatory Training compliance has marginally fallen to 86.6%. This is below the Lower Warning Limit; however as this is currently a single point in isolation it does not yet trigger an SPC rule. This should, however be monitored as any further decline in performance would trigger an SPC rule and would mean compliance would fall further away from the aspirational target of 90%.

Agency Spend as Proportion of Total Pay Bill (%)



Target	Actual	Latest Data Point
2.50	3.95	Sc ³

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



Target	Actual	Latest Data Point
3.00	9.20	Sc ¹

Commentary on Performance

- Total agency spend in October equated to 3.95% of the total pay bill. Although comparable with performance in July, this exceeds normal parameters and triggers SPC rules for 1) being an extreme point in isolation; 2) for being the second month out of the last three to exceed the upper control limit and 3) for having more than 6 points above the mean. With agency spend has exceeded the wider historical average each month in the 2019/20 Financial Year to date, there is a case for re-basing the chart as there appears to have been a change affecting performance. Performance will be monitored over the next few months before deciding on whether to re-base.
- Nurse agency spend has again spiked, triggering the SPC rule for an extreme point and at 9.20%, is over 3 times above the Trust target.

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold	2018/19		2019/20		2019/20		Triggers Concerns
			Performing	Q3	Q4	Q1	Q2	Sep	
SOF	Four hour maximum wait in A&E (All Types)	95%	80.0%	74.2%	77.1%	71.4%	67.8%	72.4%	
	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	4	n/a	n/a	15	7	3	3	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	88.0%	86.4%	86.7%	85.7%	85.6%	86.2%	
	31 day diagnosis to first treatment for all cancers	96%	98.5%	97.4%	97.1%	97.7%	96.9%	96.5%	
	31 day second or subsequent treatment - surgery	94%	97.0%	95.8%	96.8%	97.5%	95.2%	100.0%	
	31 day second or subsequent treatment - drug treatments	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	31 day second or subsequent cancer treatment - radiotherapy treatments	94%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	
	2 week GP referral to 1st outpatient	93%	90.5%	92.1%	87.6%	90.6%	93.1%	93.1%	
	2 week GP referral to 1st outpatient - breast symptoms	93%	94.6%	93.0%	88.5%	88.9%	89.5%	93.8%	
	28 day referral to informed of diagnosis of all cancers		-	-	81.2%	82.3%	83.1%	83.9%	
SOF	62 day referral to treatment from screening	90%	95.0%	95.7%	95.2%	94.1%	88.2%	100.0%	
SOF	62 day urgent referral to treatment of all cancers	85%	83.6%	79.7%	82.4%	83.6%	81.9%	83.5%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	2.63%	3.42%	4.55%	5.16%	6.28%	6.71%	

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

Finance and Use of Resources - October 2019

	YTD Plan	YTD Actual	YTD Variance
Capital Service Cover Metric			
Capital Service Cover Rating	1	1	
Liquidity Metric			
Liquidity Rating	1	1	
I&E Margin Metric			
I&E Margin Rating	1	1	
Variance from Control Metric			
Variance from Control Rating		2	
Agency Metric			
Agency Rating	1	3	
Rounded Score	1	2	
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here		No trigger	
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4		0	

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

Integrated Balanced Scorecard - October 2019

CARING				Threshold		2018/19		2019/20		2019/20					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q3	Q4	Q1	Q2	May	Jun	Jul	Aug	Sep	Oct
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	97	96	95	96	95	96	95	97	96	93
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	97	97	97	96	96	98	97	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	98	98	98	97	96	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	6.9	7.5	7.5	5.7	5.7	6.8
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	0	1	0	15	0	0	7	3	5	4
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	0	0	0	5	0	0	2	2	1	0
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	31	50	71	86	30	26	40	26	20	29

EFFECTIVE				Threshold		2018/19		2019/20		2019/20					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q3	Q4	Q1	Q2	May	Jun	Jul	Aug	Sep	Oct
10	DON	SOF	Dementia case finding	>=90%	<90%	86.6%	84.4%	85.6%	80.6%	85.3%	83.6%	78.8%	81.7%	81.4%	Lag (1)
11	DON	SOF	Dementia Assessment	>=90%	<90%	96.1%	92.9%	96.1%	90.4%	95.5%	100.0%	100.0%	92.7%	79.2%	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)	<=Expected	>Expected	106.0	102.5	104.0	Lag (3)	101.3	104.0	102.0	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	1.0119	0.9923	0.9854	Lag (5)	0.9823	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%	7.7%	8.3%	7.3%	7.9%	7.8%	7.5%	6.9%
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 (4)	89.0%	96.0%	Lag (4)	Lag (4)	Lag (4)	Lag (4)
17	COO	NT	Higher risk TIA treated within 24 hours	>=60%	<=55%	72.9%	81.1%	81.3%	80.9%	77.8%	80.0%	91.7%	81.8%	69.2%	92.3%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	65.1%	78.5%	61.8%	60.1%	54.1%	70.0%	44.4%	72.3%	67.6%	73.2%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	79.3%	74.1%	70.0%	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)
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)	0.6% (18)	0.8% (25)	0.8% (27)	0.7% (23)	1.0% (32)	1.1% (37)
21	COO	LC	Theatre utilisation (elective)	>=90%	<=85%	94.9%	98.6%	98.4%	94.9%	99.2%	97.2%	94.6%	92.4%	97.7%	97.9%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	-3.31	4.74	0.16	-0.10	0.46	-0.34	-0.47	-0.71	1.07	-0.83
23	DOF	L	Total Income	>100%	<95%	92.95	88.29	85.60	87.89	29.69	27.83	30.12	28.09	29.68	30.81
24	DOF	L	Total Pay Expenditure	>100%	<95%	53.23	53.11	-55.56	-56.65	-18.38	-18.30	-18.37	-18.70	-19.58	-18.93
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	26.57	27.56	-28.01	-27.40	-9.78	-9.38	-9.79	-9.60	-8.02	-9.90
26	DOF	L	CIP Plan	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	4.79	4.82	2.23	2.63	0.81	0.92	0.82	1.00	0.82	0.85

RESPONSIVE				Threshold		2018/19		2019/20		2019/20					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q3	Q4	Q1	Q2	May	Jun	Jul	Aug	Sep	Oct
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	86.4%	86.4%	86.8%	86.8%	88.4%	86.3%	87.6%	86.9%	85.8%	86.6%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	2.63%	3.42%	4.55%	5.16%	4.85%	4.39%	3.57%	5.54%	6.28%	6.71%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	5	15	14	37	1	9	7	15	15	8
31	COO	NT	Urgent Operations cancelled for the second time	0	>0	0	0	1	1	0	1	0	1	0	1
32	COO	NT	Cancelled operations not rebooked within 28 days - Surgical	0	>0	0	0	0	1	0	0	1	0	0	0
33	COO	NR	Time to Initial Assessment - 95th Percentile	TBC	TBC	70.0	137.0	127.5	181.8	86.3	128.8	151.0	175.0	217.9	144.0
34	COO	NT	12 Hour Trolley Waits	0	>0	1	0	3	0	0	0	0	0	0	0
35	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	14.7%	15.0%	14.4%	14.7%	14.8%	15.1%	14.6%	14.5%	15.1%	14.5%
36	COO	L	GP Direct Admits to SAU	>=168	<168	796	885	877	897	258	324	305	328	264	322
37	COO	L	GP Direct Admits to MAU	>=84	<84	590	441	908	655	356	377	239	236	180	245
38	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	4.3%	4.5%	5.5%	6.3%	5.6%	6.0%	5.5%	6.3%	7.1%	6.0%
39	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.2	4.2	4.1	4.5	4.3	3.9	4.2	4.6	4.6	4.3
40	COO	LC	Number of medical outliers - median	<=25	>=30	33	47	81	21	21	20	19	14	29	29
41	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	93.2%	92.3%	93.1%	91.7%	94.1%	91.2%	91.2%	93.7%	90.1%	92.7%
42	COO	NR	% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	98.2%	96.7%	99.4%	97.9%	98.3%	100.0%	100.0%	100.0%	93.6%	98.3%

SAFE				Threshold		2018/19		2019/20		2019/20					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q3	Q4	Q1	Q2	May	Jun	Jul	Aug	Sep	Oct
43	DON	SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)	TBC	TBC	n/a	n/a	9	3	4	5	1	0	2	2
44	DON	SOF	Clostridium Difficile Community Onset, Healthcare Associated (counted)	TBC	TBC	n/a	n/a	6	4	1	4	2	1	1	1
45	DON	SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated	TBC	TBC	n/a	n/a	17	15	5	4	6	5	4	Lag (1)
46	DON	SOF	E.coli bacteraemia cases Community Onset, Healthcare Associated	TBC	TBC	n/a	n/a	11	14	3	5	5	7	2	Lag (1)
47	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	0	1	0	1	0	0	0	0	0
48	DON	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	12	13	6	7	2	1	3	1	3	Lag (1)
49	DON	SOF	Never events	0	>0	1	2	1	1	0	0	0	1	0	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	3	3	1	0	1	1
52	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	92.3%	93.1%	91.5%	90.2%	91.6%	89.8%	90.3%	90.8%	89.5%	Lag (1)
53	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	4	12	6	8	2	3	2	4	2	2
54	DON	NT	Number of hospital acquired pressure ulcers (grade 3 & 4)	0	>0	1	0	3	5	0	2	2	1	2	2
55	DON	NT	Number of hospital acquired pressure ulcers (grade 2)	<=2	>2	2	1	6	5	3	3	3	0	2	1
56	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	34	32	39	43	39	40	47	38	45	41
57	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	15	18	19	15	6	9	3	4	8	9
58	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	94.4%	95.4%	93.5%	94.8%	93.0%	92.5%	94.4%	94.1%	95.9%	95.4%
59	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	14.0%	13.6%	15.6%	16.0%	14.5%	16.0%	15.9%	17.5%	14.7%	13.2%
60	HRD	NR	Midwife to birth ratio	<1:29	>1:35	1:30	1:28	1:30	1:31	1:29	1:31	1:30	1:29	1:33	1:33

WELL LED				Threshold		2018/19		2019/20		2019/20					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q3	Q4	Q1	Q2	May	Jun	Jul	Aug	Sep	Oct
61	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	3.4%	4.8%	15.7%	12.8%	22.3%	16.9%	15.4%	13.6%	9.5%	11.6%
62	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	35.7%	42.9%	43.8%	38.9%	46.9%	43.6%	42.4%	38.9%	35.3%	35.6%
63	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	22.1%	21.8%	15.4%	11.5%	19.3%	13.1%	11.7%	13.0%	9.9%	8.6%
64	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	12.4%	12.3%	12.0%	11.7%	12.0%	11.9%	11.5%	11.9%	11.7%	12.0%
65	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	4.0%	4.3%	4.0%	3.8%	3.9%	3.8%	3.9%	3.8%	3.6%	3.8%
66	HRD	LC	Vacancy Rate	<=4%	>5%	4.2%	4.7%	7.7%	6.5%	7.6%	7.6%	7.4%	6.3%	5.9%	5.4%
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%	2.9%	2.3%	4.0%	3.0%	2.6%	4.0%
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%	5.9%	4.0%	8.9%	5.6%	5.3%	9.2%
69	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	84.7%	84.7%	82.8%	80.7%	82.2%	82.7%	80.9%	81.1%	80.3%	78.6%
70	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	86.9%	90.5%	90.8%	86.2%	90.7%	90.0%	88.2%	85.6%	84.8%	83.1%
71	DOF	NT	Information Governance Breaches	TBC	TBC	51	40	39	46	14	14	15	16	15	14
72	HRD	LC	Mandatory training	>=90%	<80%	87.1%	87.0%	87.5%	87.0%	87.6%	87.6%	87.5%	86.8%	86.8%	86.6%

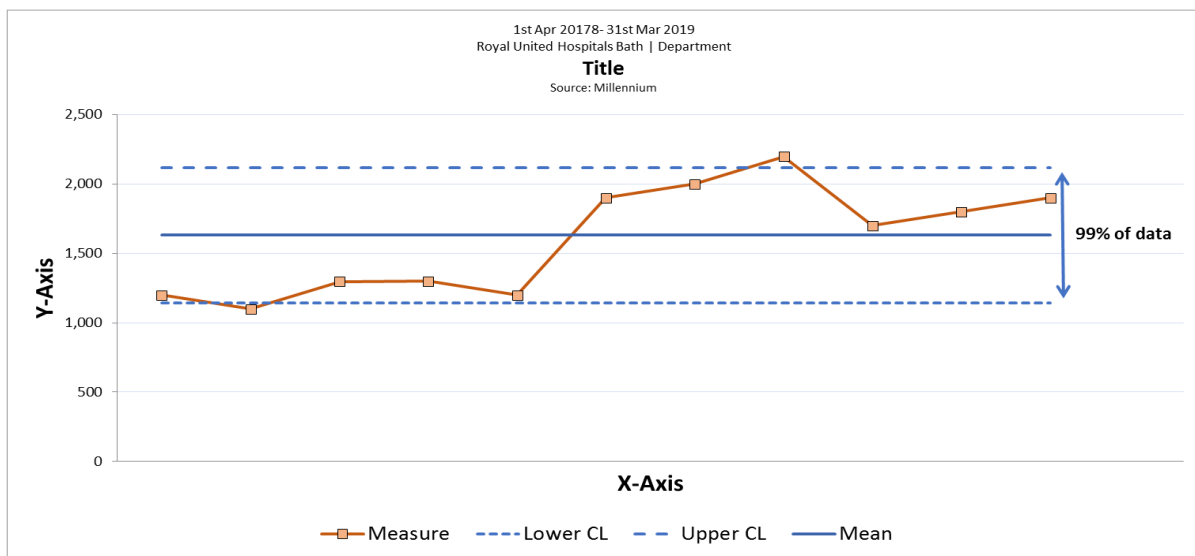
Appendix 2 -Statistical Process Control (SPCs)

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

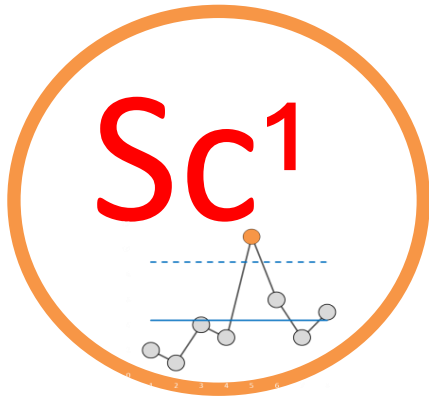
Target – Red

Trajectory – Green

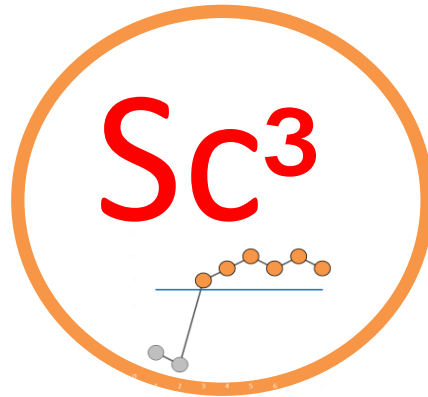
Appendix 2 - Statistical Process Control (SPCs)

Special-Cause Variation

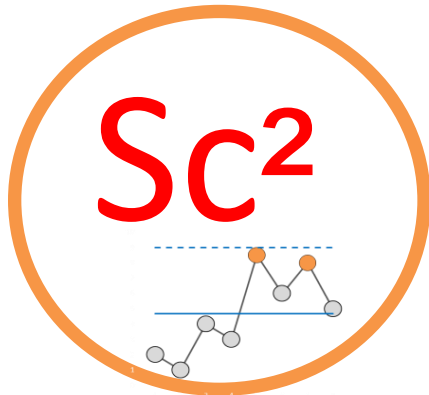
Point is red or green depending whether it is positive or negative variation.



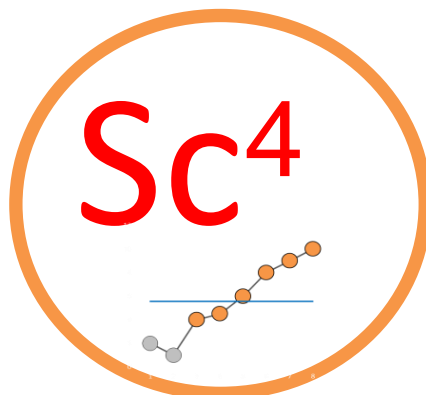
A single data point outside the confidence limit.



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

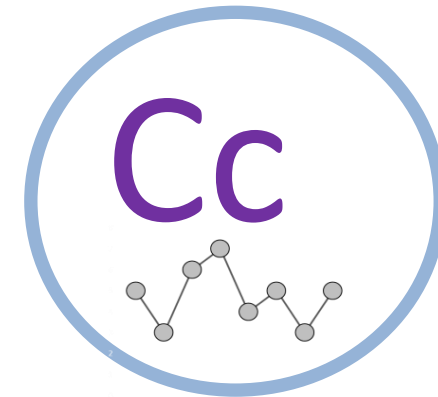


Two of three data points close to a confidence limit.



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

Common-Cause Variation



No rule triggered