

Report to:	Public Board of Directors	Agenda item:	10
Date of Meeting:	29 January 2020		

Title of Report:	Operational Performance Report
Status:	Action/Discussion
Board Sponsor:	Rebecca Carlton, Chief Operating Officer
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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; to describe key lines of enquiry and agree the key actions that are required for the month ahead. In December four SOF operational metrics triggered concerns: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways, 62 Day cancer standard (GP referral) and Six week diagnostic waits (DMO1).

4hr standard performance saw the full impact of winter challenges which were felt in month with increased infection (flu and norovirus), high demand, staffing challenges and delays for patients needing to access inpatient care. This deterioration in performance mirrored that of the wider health region. Winter planning interventions were introduced as planned and helped to mitigate risk and improve the quality of emergency care pathways.

DMO1 performance and access to diagnostic tests is an area of performance that needs significant improvement. A 5 year plan will be shared at February Board however the SPORT table in this document will focus on DMO1. Further detail on in month actions can be found in slide 4.

Cancer 62 day performance deteriorated in month however Breast recovered 2 week wait performance in month, achieving the 93% standard for the first time since August. Urology achieved the 62 day standard in month and there was a reduction in the number of patients on open pathways over 104 days, primarily within Colorectal.

RTT Performance sits above National Performance by 2.3% and better than trajectory by 1.5%. There has been improved Gastroenterology performance achieving 92.3%. Increased surgical trauma activity has had some impact on elective operating. The RTT slides detail the 52-week breach performance and the work to improve this position, these slides also detail the greater than 40 week waiting position (see slides 12 to 16).

DTOC and stranded patients remain a focus for health and social care partners and impact directly on the acute bed capacity for emergency patients. System leadership calls are taking place three times a week at Gold level to support and challenge delays in patient pathways that extend into community or social care provision. This has resulted in improved visibility and collaboration on areas such as infection prevention and winter capacity and resources.

The 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 was at 66.3%, below both the 95% national standard and the improvement trajectory target. This is a deterioration on last month's performance and mirrors a regional/national dip in performance during the winter season.

Diagnostic tests – 6 week wait -December performance is reported as 11.18% (against 1% standard). The significant DMO1 failure in Echocardiography, CT and MRI explains the variation from the previously agreed trajectory. Further detail in slide 20)

Cancer 62-day urgent referral to treatment for all cancers 76.4%, below the 85% standard and the NHSI Improvement trajectory. Performance declined in month, most significantly impacted by breaches within Colorectal (10), Head & Neck (6.5), Gynaecology (3), Upper GI (3.5) and Haematology (3). A total of 32 breaches in month.

RTT incomplete pathways in 18 weeks at 87% below the 92% national standard but 1.5% above the improvement trajectory target. The RUH reported 7 52 week incomplete pathways in December, 4 in ENT, 2 in Cardiology and 1 in General Surgery.

DTOC performance of 5.4% beds occupied with delayed patients, significantly above the 3.5% national standard. There has been progress in December with reduced overall patient numbers and delay days, giving an improved 1.0 % performance on November.

In Month response and focus

4hr Performance – *Performance governance via the new Urgent & Emergency Care Programme Board internally and the A&E Delivery Board system wide*
3 lead actions to improvement in month (detail and progress on delivery of actions is detailed on page 8 of the report).

1. Direct admissions for Medicine - 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.
2. ED Escalation – Escalation triggers and RAG status' for ED, MAU/MSS, Cardiology and Paediatrics are now live in the site office and are discussed at the daily site meetings.
3. RAT – Consultant-led assessment process in Emergency Department in place. Capital works commenced for ED includes development of a dedicated RAT area in ED Majors.

Patient Flow System has not optimised bed management and a Task and Finish Group will review and revise the implementation steps to date to provide some assurance on progress. This will feature in the February report and the risk register has been amended to reflect concerns.

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 16 of the report)

1. Gastroenterology

Plans are in place for all patients over 40 weeks

2. Backlog management

WLI outpatients – focused on increasing ENT, Gynae, Cardiology and echo.
APO support for longest waiting patients' treatment continued with local independent providers for T&O, General Surgery and Gynae.

3. Reporting

Weekly reporting to NHSI in place for >40 weeks, 52 week breaches and total incomplete pathway growth monitoring continues.

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 19 of the report)

1. Reduction of avoidable long-waiting patients on pathway. Thorough validation of current longer-waiting patients and enhanced focus across all specialties on reducing the number of patients waiting 104 days or more on the pathway,

2. Recording of 28 Day Faster Diagnosis Standard data for all relevant patients. BIU reporting is being further developed and improved to support more robust management of these pathways and recording of clock stops.

3. 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.

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 22 of the report)

Weekly 6 week diagnostic action group focused on all actions and recovery. Trajectory to be reviewed to include increased demand and additional recovery actions. Ongoing daily and weekly review of the DMO1 position and trajectory. DMO1 performance continues to be monitored and liaising with the RTT and BIU teams to improve processes, reports/data and earlier forecasting in month to allow for action and mitigation measures to be put in place earlier and impact positively in performance.

1. Breast – Recruitment of one of the vacancies completed with a 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.

2. Non-obstetric ultrasound – Additional evening ultrasound lists in place in

Radiology. Recruitment to substantive Consultant vacancies remains a priority to be mitigated where possible with available agency staff.

3. Endoscopy - Gastroenterology capacity increased with clinical fellows and substantive replacement consultant. Locum in place delivering additional Outpatient activity. Increase of in-list productivity and additional Endoscopy WLI lists organised.

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 11 of the report)

1. Weekly Discharge PTL reviews at ward level continue with a focus on internal delays through the Clinical Cabinet
2. Proactive engagement with system partners on silver calls and the introduction of a weekend IDS huddle
3. RUH Choice policy to be amended/benchmarked against best practice examples

2. Recommendations (Note, Approve, Discuss)

The Board are asked to note December 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 January.

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 – December 2019



NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Nov	Dec	Triggers Concerns
Four hour maximum wait in A&E (All Types)	70.2%	66.3%	
C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	7	1	
RTT - Incomplete Pathways in 18 weeks	87.5%	87.0%	
31 day diagnosis to first treatment for all cancers	96.8%	98.3%	
31 day second or subsequent treatment - surgery	96.7%	100.0%	
31 day second or subsequent treatment - drug treatments	100.0%	100.0%	
31 day second or subsequent cancer treatment - radiotherapy treatment	100.0%	100.0%	
2 week GP referral to 1st outpatient	94.4%	93.0%	
2 week GP referral to 1st outpatient - breast symptoms	100.0%	100.0%	
28 day referral to informed of diagnosis of all cancers	80.3%	76.6%	
62 day referral to treatment from screening	86.4%	100.0%	
62 day urgent referral to treatment of all cancers	80.3%	76.6%	
Diagnostic tests maximum wait of 6 weeks	8.42%	11.18%	

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

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



Incomplete Standard: Performance Overview

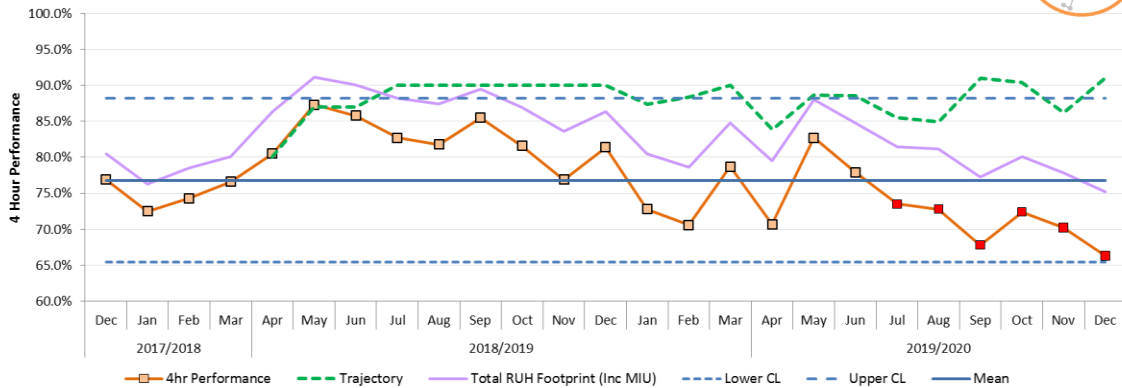
Successes	Priorities
<ul style="list-style-type: none"> • RTT Performance above National Performance by 2.3% • RTT Performance better than trajectory by 1.5% • Improved Gastroenterology performance achieving 92.3% • RTT performance improvements noted in ENT and Dermatology • Total incomplete pathways > 40 weeks reduced in 3 specialties • 52 week Incomplete Pathway breaches better than trajectory • APO transfers for longest waiting patients continue for T&O, General Surgery & Gynaecology with 10 patients treated in December • Cardiology locum commenced 	<ul style="list-style-type: none"> • Demand management and additional capacity in Neurology • WLI theatre sessions • WLI outpatient sessions • Incomplete pathways above March 19 position by 13% in month (4.8% related to reporting changes) • STP/NHSI support with Incomplete pathway validation • Maximise use of APO for long waiting patients
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Extended pilot for Teledermatology with BANES and Wiltshire • Review of Diagnostics in Cardiology • Text reminder service commences in April 2020 supporting reduced DNAs • Introduction of Theatre Scheduling App to improve sign off of theatre lists and prevent list overruns going live with Gynae and General Surgery on 2nd March 2020. • Demand management work ongoing following increase in Gynae referrals. 	<ul style="list-style-type: none"> • Trauma activity impacting on elective theatre lists in T&O • Non-elective activity impacting on Cardiology elective capacity • Non-elective pressures impacting on Paediatric elective care • Non-elective pressures impacting on Electives requiring Critical Care • Reduced Surgical bed base over winter – supporting non-elective pressures • Dermatology – reduced capacity due to unfilled medical workforce gaps and job planning – commencing in January 2020 • Obstetric demand impacting on elective Gynae capacity

Diagnostics - Performance Overview

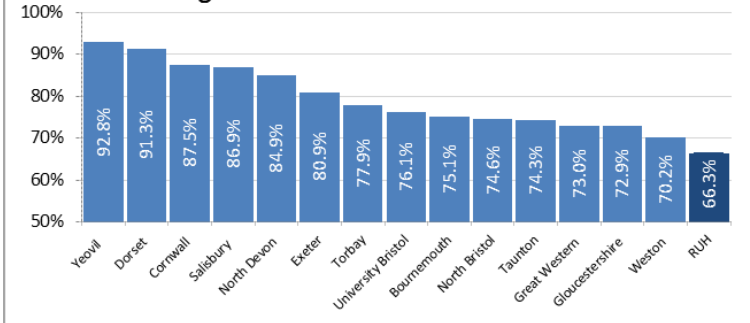
Successes	Priorities
<ul style="list-style-type: none"> • Sleep Studies – continue to register no breaches in month following implementation of action plan in September/October. • CT – overall reduction in total number of breaches in December when compared to previous month (101 less breaches) – additional activity delivered in December with improved position. Slight reduction in demand supported improvement performance. • Echocardiography RAS now built and pending GP feedback for full implementation. This will support vetting process and support a better understanding of demand for the service. 	<ul style="list-style-type: none"> • MRI – planning for third scanning coming on line in February to enable evening sessions until 22:00 hours. • Endoscopy – additional weekend lists and improvement of in-list productivity to be a priority in order to support a reduction of backlog and overall improvement in performance. • Business intelligence support required to understand demand increases and top contributors – can this be used to manage demand. • DM01 trajectory to be revised to accommodate recovery actions and increase in demand for diagnostics. 1 -5 year trajectory will be set. • STP funding to support circa 800 additional diagnostic activity until end of financial year.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Pursue outsourcing Echocardiography to Circle Bath. • Additional CT lists evenings and weekends continue – staff in place for January weekends and evenings to 22:00 hours. • Additional endoscopy lists and increase of in-list productivity. Discussion to deliver consistent additional weekend lists to reduce backlog. • CRIS report training has been funded for 8 staff members to support capacity and demand work for all Radiology modalities 	<ul style="list-style-type: none"> • Overall increase in DM01 demand is impacting performance. Despite additional activity being delivered in November when compared to October, increased demand continue to offset this and performance continues to be affected by growth in referrals. • Endoscopy procedures – additional OP activity being delivered by locum will impact on demand for endoscopy. Unplanned increase in GP referrals also affecting demand for suspected cancer diagnostics which will impact on urgent diagnostics capacity. • CT & MRI demand continues to exceed capacity after third CT scanner installed. Overall growth on demand continues to affect performance.

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

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



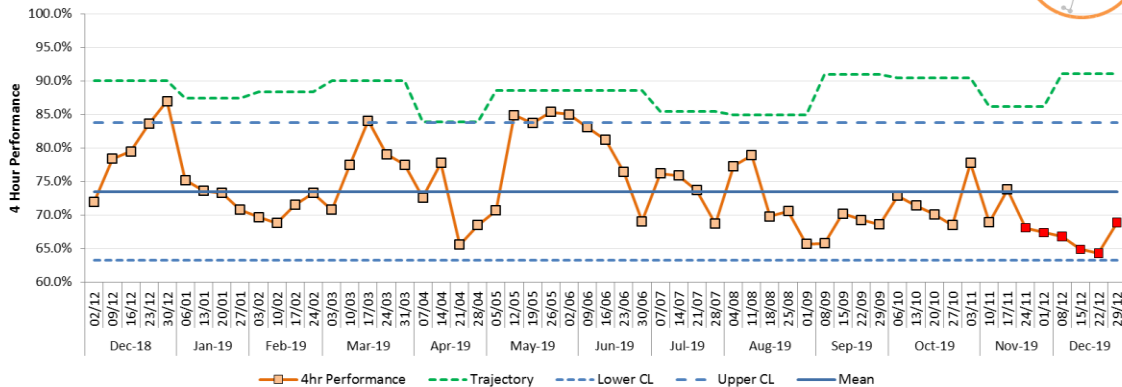
Regional 4hr Performance - December 19



Key contributors to performance below trajectory:

- Weekly performance was below trajectory for December
- ED attendances (type 1 and 3) continue to be above the Mean in December
- Overall emergency presentations (Emergency Department and direct admissions) continue to be high and above the Mean
- Ambulance conveyed patients continues to remain high with some delays in ambulance handovers seen
- Flow out of the Emergency Department challenged with low numbers of discharges early in the day
- Increase in the number of DToCs
- Ongoing high numbers of Super Stranded patients although overall number decreased compared to previous month
- Reduction in the numbers of direct admits to MAU & SAU
- Some gaps in shifts within ED Minors and UTC due to high level of vacancies
- Patients diagnosed with confirmed Flu and Norovirus

Royal United Hospitals Bath
26th November 2018 - 29th December 2019
SPC - Weekly 4-hour Performance
Source: FirstNet



Actions to support delivery of improved performance can be seen on page 3.



4 Hour Maximum Wait in ED (2)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	December 19	Quarter 3	Full Year 2019/20
All Types	66.3%	69.6%	72.6%
RUH Footprint (Including MIU)	75.2%	77.7%	80.6%

Table 2: Emergency Department National Quality Indicators:

Title	Month	Quarter	Year
	Dec-19	3	2019/20
Unplanned Re-attendance Rate	0.3%	0.3%	0.3%
Total Time in ED - 95th Percentile	695.0	640.0	623.9
Left Without Being Seen	3.9%	3.7%	3.5%
Initial Assessment Time (Majors)	73.1%	71.0%	66.4%
Initial Assessment Time (Minors)	49.9%	53.7%	55.9%
Time to Treatment 60 Mins	33.1%	36.8%	40.3%
ED Attendances (Type 1)	6,606	20,082	58,951
ED 4 Hour Breaches (Type 1)	2,607	7,056	18,630
ED 4 Hour Performance (Type 1)	60.5%	64.9%	68.4%
Ambulance Handovers within 30mins (SWAS)	90.3%	93.1%	95.2%
ED Friends and Family Test	91	93	94

Table 1:

During December the “all types” performance reduced to 66.3% below the 95% standard and improvement trajectory, with a total of 2,624 breaches in the month. Reduction in performance from November (70.2%).

Table 2:

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

Slight drop in performance for Initial Assessment Time in Majors (November 74.4%) and Minors (November 53.6%). The performance decrease in Minors is due to staffing gaps.

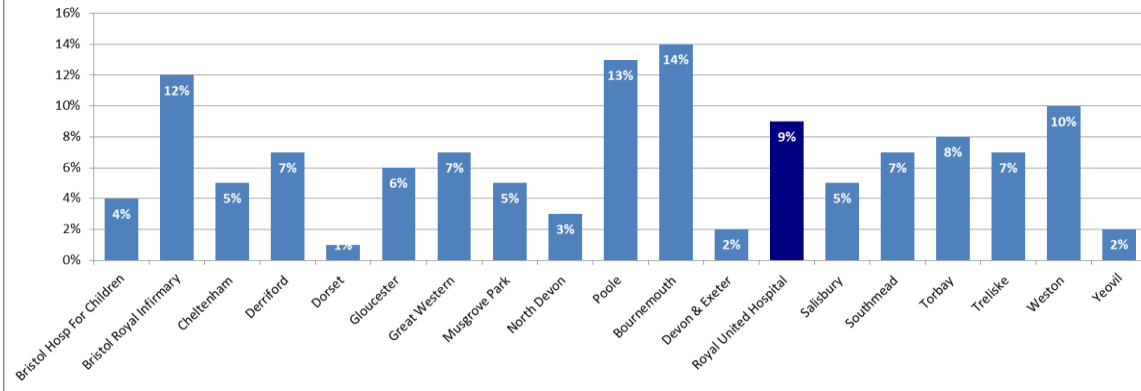
Decline in performance for Time to Treatment within 60mins compared to previous month (39.9%) which is related to high occupancy within the Emergency Department.

The Trust is using SWASFT data to report on ambulance handover delays, see page 6 for further detailed analysis.



SWASFT Ambulance Handovers over 30 minutes (3)

Royal United Hospitals Bath
25th November 2019 - 29th December 2019
% Ambulance Handovers Over 30 mins - by Trust
Source: SWAS W020



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

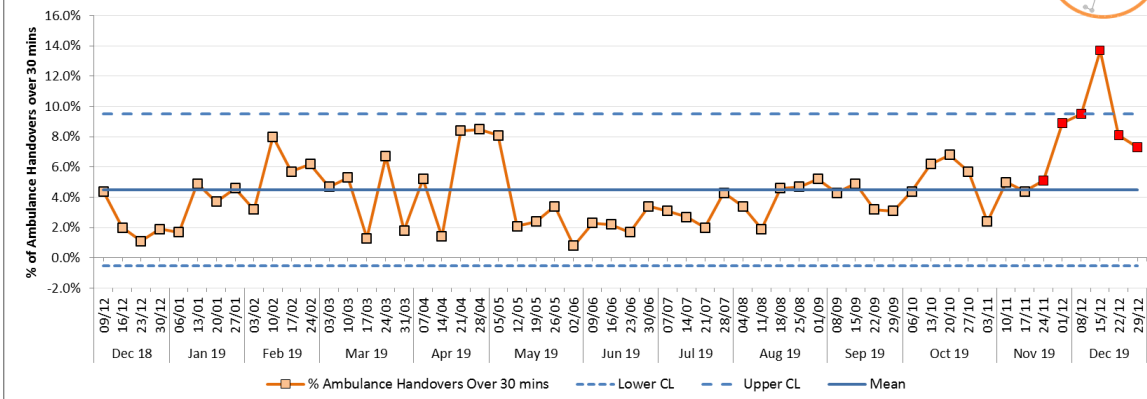
The SPC graph demonstrates a decreased position during December with more patients exceeding the 30 minute ambulance handover target, with the average performance at 9% of Ambulance handovers being >30 mins. However, the overall number of patients conveyed by ambulance remains extremely high in December.

Escalation triggers and RAG status' for ED, MAU/MSS, Cardiology and Paediatrics 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.

Regular operational meetings taking place between ED and SWAST to retain good working relationships, discuss high attending patients, as well as the clinical management of the patients in the ED corridor.

On-site HALO (Hospital Ambulance Liaison Officer) in place Thursday to Tuesday 15:00 – 23:00, which has been commissioned by the CCGs.

Royal United Hospitals Bath
3rd December 2018 - 29th December 2019
SPC - Weekly % Ambulance Handovers Over 30 mins
Source: SWAS W020





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

Lead Actions Update:

- 1. Direct admissions for Medicine** 123 in December which is a decrease from the previous months' performance (see table below). The decrease is predominantly related to poor flow out of MAU into ward beds, plus an impact from infection. Direct admissions moved to Area B on Christmas Day. 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, Cardiology and Paediatrics 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 commenced 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. Capital works complete and staff groups now physically integrated. Work continues with regards to full integration and competency sign-off, led by Head of Nursing for Medicine.
- 5. Navigator role PDSA** - Flow Co-ordinator role being undertaken on late shifts by individuals within the ED establishment.

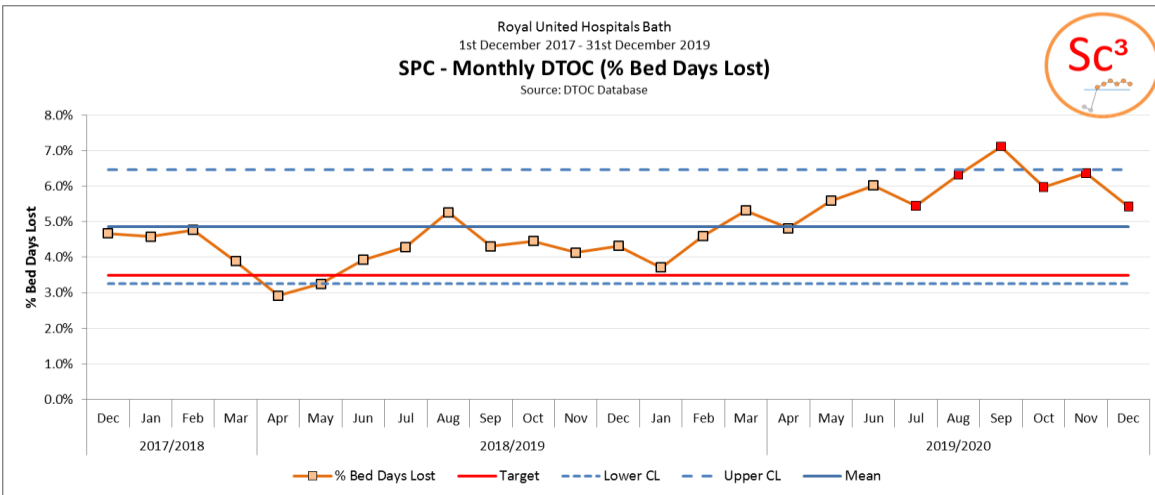
- Winter Schemes in place.
- Urgent & Emergency Care Programme Board established in place.
- Direct admissions in MAU moved back to Area B on Christmas Day with new SOP in place along with self presenting GP expected patients to go to the Ambulatory Care waiting room. This continues to be a high focus across the Medicine Division.
- Work commenced for escalation triggers and RAG status' for ACE OPU and Radiology and will be finalised and included in Site Meetings from January.
- New GIM rota to commence on 2nd January providing on-site physician at weekends 08:00 – 20:00.
- Capital programme of works ongoing with weekly meetings in place to oversee the estates works in ED. Work on a dedicated RAT area due to commence in January 2020. Trauma Assessment Unit in the previous UTC footprint due to open on 20th January.
- Ongoing focus with the Patient Flow System to ensure processes are robust. A performance scorecard in development to ward level, awaiting sign off required by Heads of Nursing. A 'Patient Flow Week' planned for w/c 20th January 2020.
- Discussions with BEMS regarding increasing the numbers of patients seen by the UTC GPs.
- UTC / ED Minors integration project continuing with reviews of the clinical model underway including a standard process for initial assessment. A3 methodology and process commenced.

Medical Direct Admission Activity:

2019/2020									
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
175	356	377	239	236	180	245	175	123	



Delayed Transfers of Care (1)

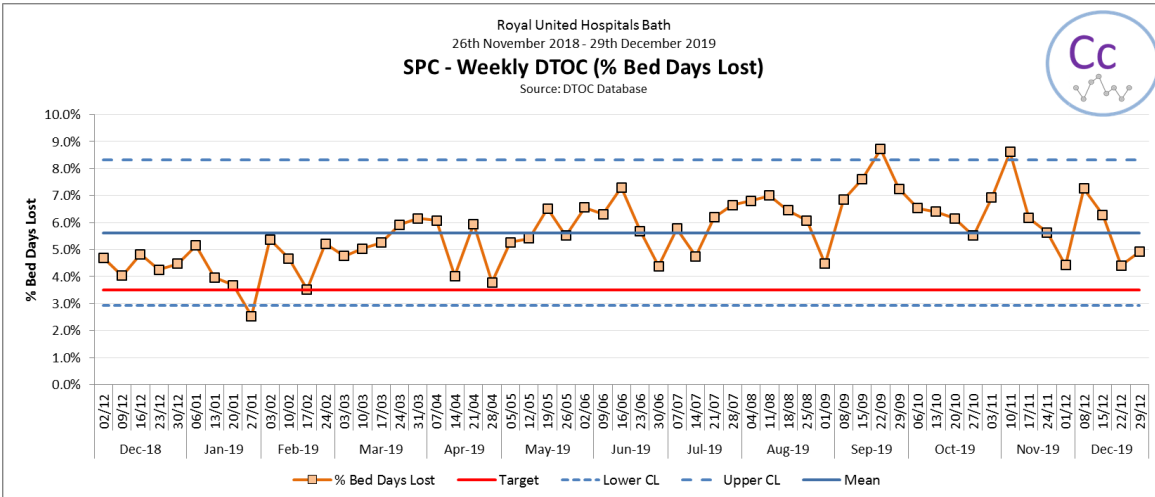


The top graph shows the monthly DTOC bed days with **SC3** triggered as **8** consecutive points have been above the mean line. The bottom graph highlights the weekly position with common cause variation.

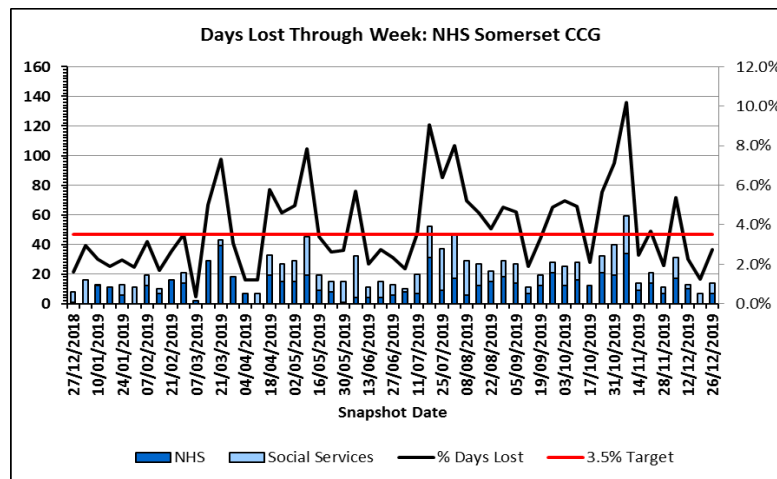
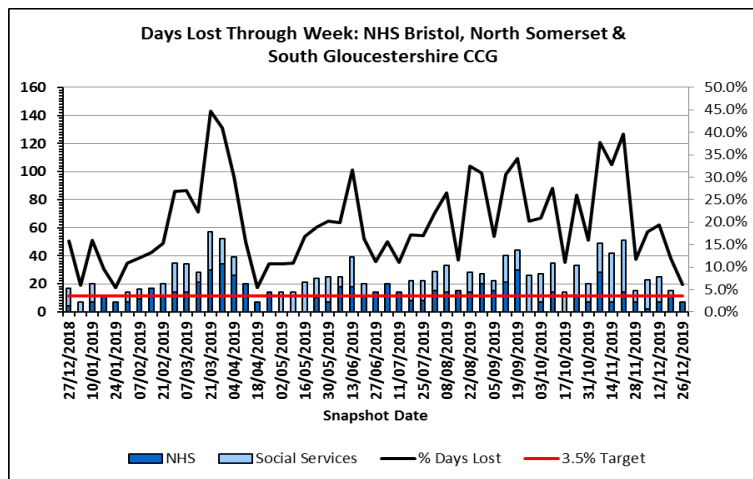
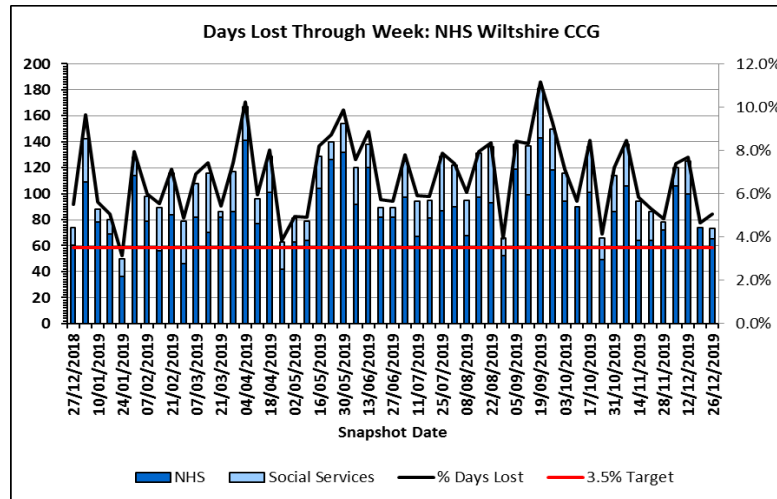
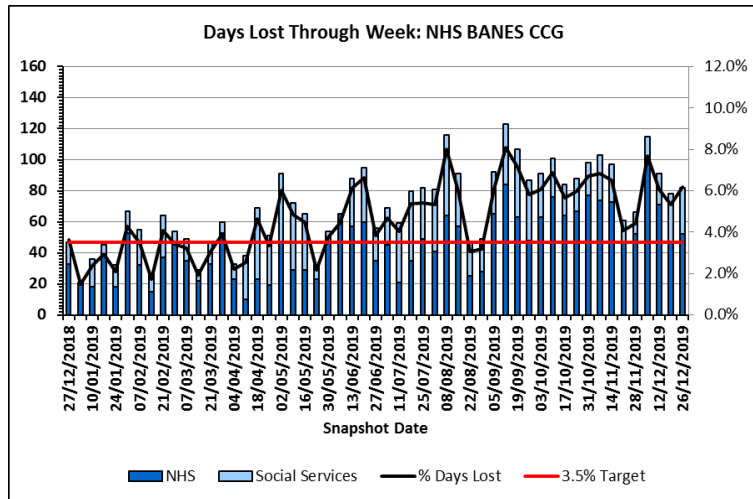
33 patients were reported in the month end snapshot, and 969 delayed days (5.4%). Despite this remaining significantly above the national target set (3.5%) and triggering SC3. There has been progress in December with reduced overall patient numbers and delay days, giving an improved 1.0 % performance on November.

The overall challenges in DToC performance are discussed within Sitrep, and practically within MDT's, with patients and partners in the DPTL (21+) weekly process, with system providers and ward teams looking to deliver solutions as quickly as possible. It is thought these real time discussions are having impact.

We are still pending receipt of the final LGA DTOC Peer Review Report, we have received a summary, a number of immediate and longer term recommendations are expected.



Delayed Transfers of Care by CCG (2)



Noting the 1% system improvement in DToC s' BNSSG performance continues to improve and Overall performance in December saw some of the lowest numbers of DToC s in any one day for the last 6/12.

System escalation has been on-going on silver and gold calls with specific CCG asks, which have been variable in needs Community Hospital placements, in particular stroke beds have been a theme in December.



DTOC & Extended LOS - In Month Response and Focus (3)

Lead Actions Update:

1. **Weekly Discharge PTL (DPTL).** Weekly ward level reviews of all LLOS is in an established routine, in December the Matrons reviewed their areas and cont. challenging across wards.
2. **Discharge Facilitators PDSA,** IDS continue to support to the ward Discharge Facilitators, in Dec completing PDSA's of new ways of working to increase efficiencies and timeliness of discharges.
3. **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 continued Divisional support for internal delays. We are continuing to encourage system providers but attendance is variable.
4. **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 remains pending.

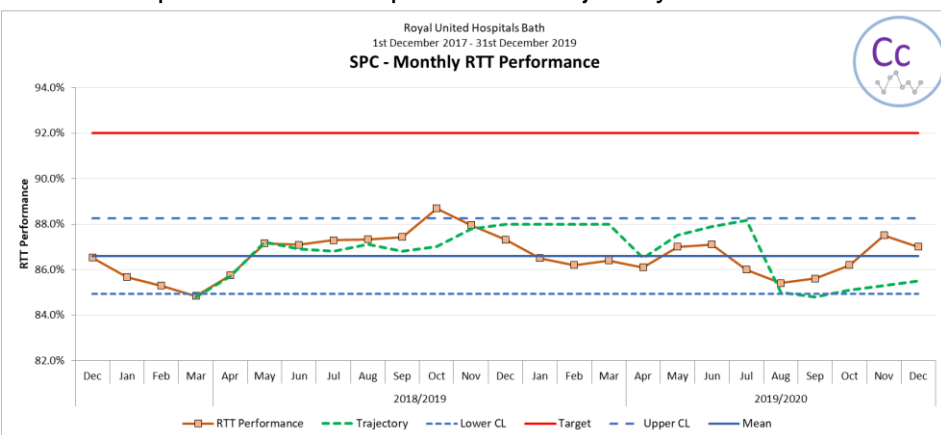
Planned Actions:

1. **RUH** - A BIU additional report for the required review of the 4% discharges into new care placements recommendation, discussions at Sitrep have started with system providers aware.
2. **System** – The Home First group continue to work through the issues around the Home First Delirium pathway with BANES CCG patient PDSAs. The meetings have reviewed the Front door processes for HF ahead of the January trial
3. **Trusted assessment** - BANES Trusted assessor review completed, 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 again in December created some delays in the system - noted on Silver escalation calls.
4. **Patient Flow System** - The Home First and IDS team leads are part of the RUH internal Discharge Task and Finish group led by Chief Nursing Information Officer, which includes using the Patient Flow system data to optimise timeliness of patient movements and ultimately improve early discharges.



18 Weeks Incomplete Standard – Performance (1)

RTT Incomplete Standard Improvement Trajectory:



	Open Pathways			
	Total Waiters	> 18 Weeks	Performance	
100 - General Surgery	2123	347	83.7%	↓
101 - Urology	1295	91	93.0%	↓
110 - T&O	1863	398	78.6%	↓
120 - ENT	2172	445	79.5%	↑
130 - Ophthalmology	1978	149	92.5%	↓
140 - Oral Surgery	1832	279	84.8%	↓
300 - Acute Medicine	129	6	95.3%	↓
301 - Gastroenterology	2194	169	92.3%	↑
320 - Cardiology	2005	352	82.4%	↓
330 - Dermatology	1257	305	75.7%	↑
340 - Respiratory Medicine	406	5	98.8%	↓
400 - Neurology	824	132	84.0%	↓
410 - Rheumatology	789	16	98.0%	↑
430 - Geriatric Medicine	135	8	94.1%	↓
502 - Gynaecology	1932	207	89.3%	↓
X01 - Other	3192	217	93.2%	↓
Total	24126	3126	87.0%	↓

Performance against the incomplete standard of 92% was 87.0% in December, a decrease of 0.5% on November, although 1.5% above the trajectory. This compares with a National Incomplete RTT average performance of 84.7% (National average last reported in October 2019)

8 specialties did not achieve the constitutional standard in November. General Surgery, T&O, ENT, Oral Surgery, Gynaecology, Cardiology, Dermatology, and Neurology, although with improvements noted in ENT and Dermatology. Gastroenterology achieved 92.3% for the first time since November 2018.

The over 18 week backlog for admitted patients increased in month to 1,559 (from 1,499 in November)

Outpatients

Significant increases in referrals continue to be noted compared with the same 3 month period the previous year for Cardiology 40.7% (417), Neurology 22.5% (96), Gastroenterology 14.3% (149), Oral Surgery 22.5% (219) impacting on both waiting times and RTT performance. Increases in Ophthalmology continue with 14.3% (194) noted but performance has been maintained.

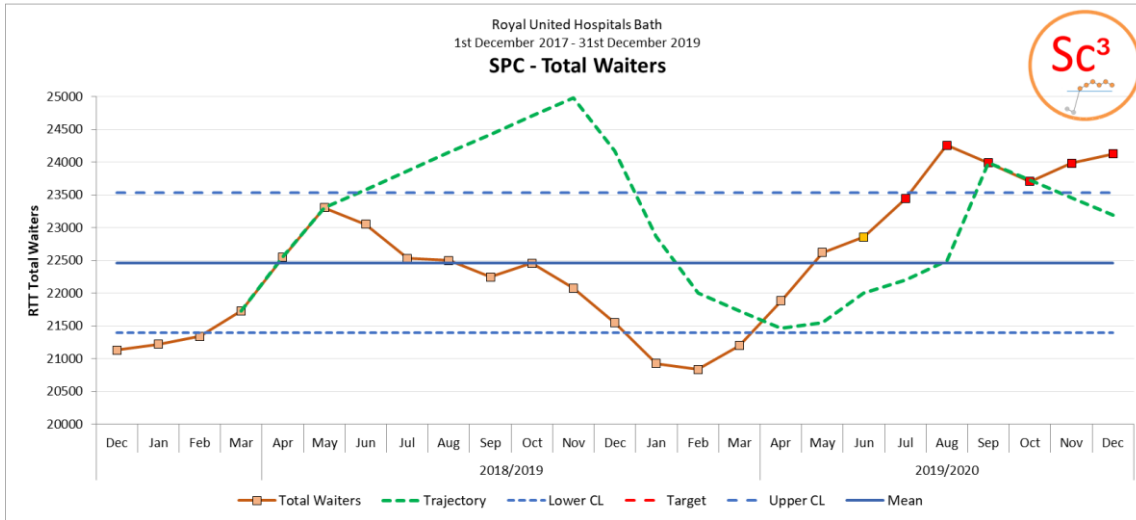
Electives

30 Elective patients were cancelled on the day of surgery for non-clinical reasons. 14 patients were cancelled due to lack of beds, supporting non-elective pressures on both adult and paediatric wards.

During December 2019, 278 patients were discharged through Chairport, equating to 57% of potential cases



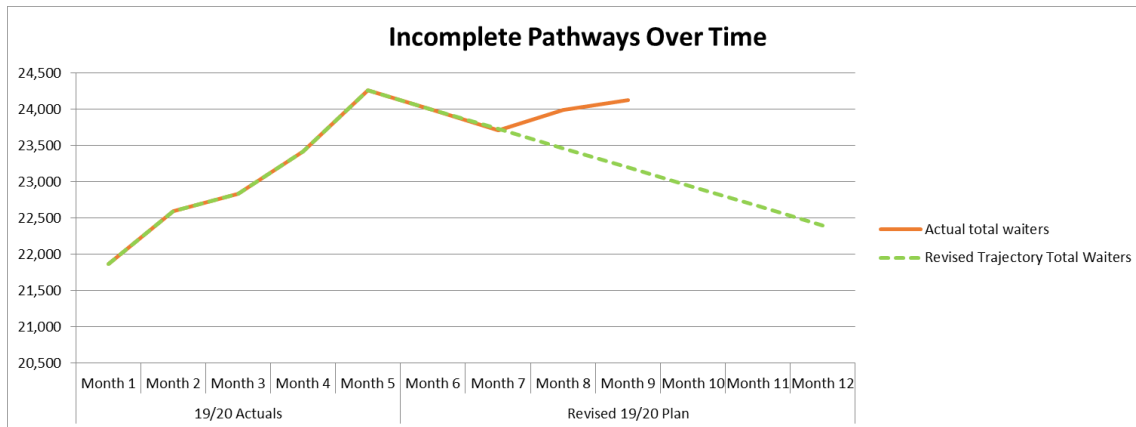
Incomplete Standard: Trajectory incomplete pathways (2)



Total Incomplete Pathways increased by 0.6% from November and remains 14% above the March 2019 level. The position is expected to improve at year end to 6% above March 19, noting that 4.8% of that growth is related to reporting changes affecting ENT and Cardiology.

The key growth in month is illustrated below:

Specialty	YTD variance from March 19	Variance in month (Nov-Oct)
X01 - Other	1174	103
320 - Cardiology	749	-12
502 - Gynaecology	689	27
101 - Urology	429	189
120 - ENT	383	83
330 - Dermatology	243	-9
400 - Neurology	197	29
110 - Trauma & Orthopaedics	173	-41
130 - Ophthalmology	155	-11

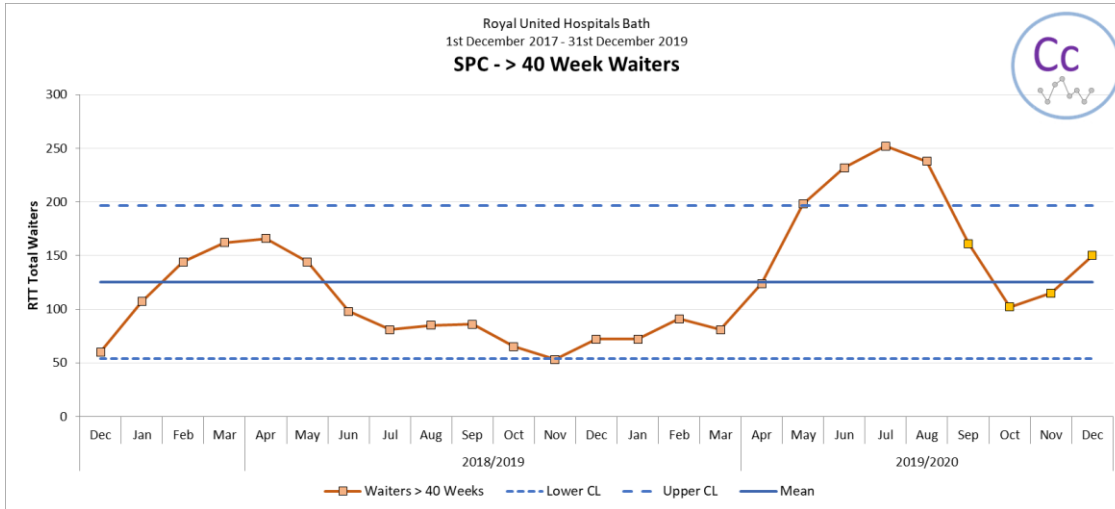


T&O, Cardiology, Ophthalmology and Dermatology show an improved position in month. The biggest growth has been noted in Urology, Other, ENT and Neurology.

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	23,985	24,126			
% Variance on March 2019 (actual)	13%	12%	13%	14%			



18 Weeks – Incomplete Pathways >40 weeks (3)

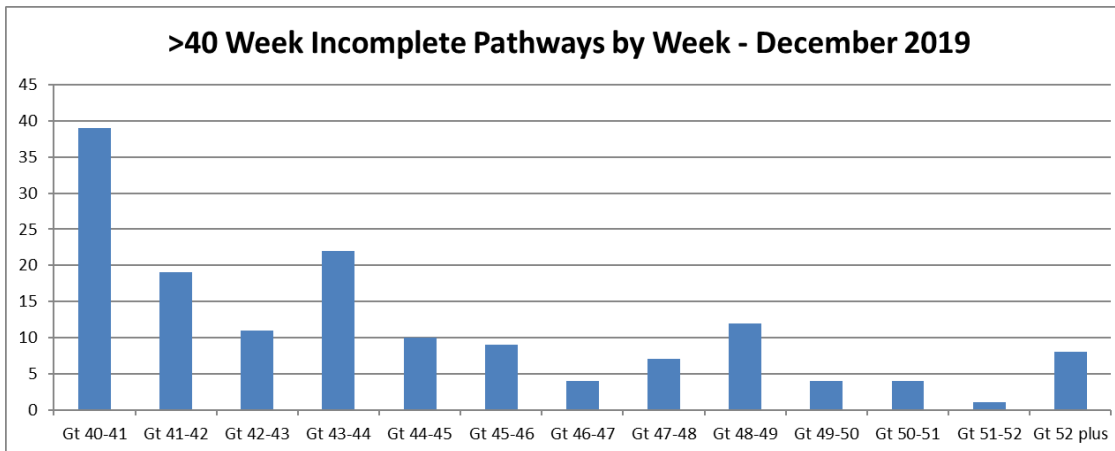


Overall incomplete pathways over 40 weeks have increased in month by 35 patients.

Top specialties showing improvement noted in:

- Gastro (14)
- Oral Surgery (2)
- Ophthalmology (1)

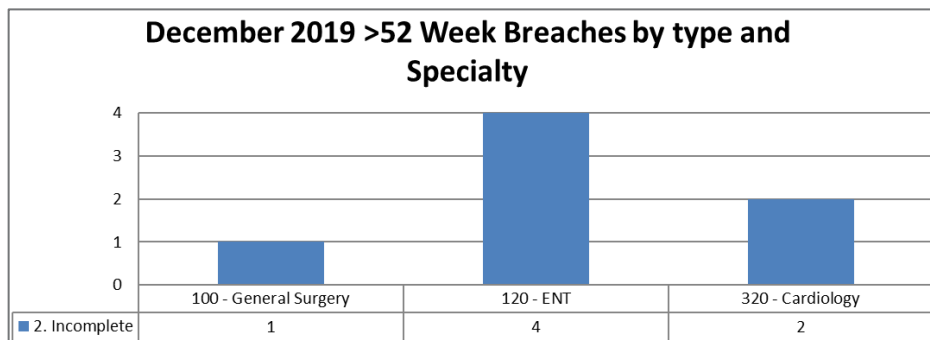
Growth in waiters increased in General Surgery by 14 patients, Cardiology by 14 patients, T&O by 10 patients, and ENT by 8 patients.



Incomplete pathways >40 weeks growth from September to December 2019					
	Sep-19	Oct-19	Nov-19	Dec-19	Growth
General Surgery	26	16	14	28	14
Urology	0	0	0	0	0
Trauma & Orthopaedics	16	7	4	14	10
ENT	16	11	17	25	8
Ophthalmology	4	2	3	2	-1
Oral Surgery	10	9	10	8	-2
Gastroenterology	32	22	26	12	-14
Cardiology	14	21	24	38	14
Dermatology	41	13	17	21	4
Thoracic Medicine	0	0	0	0	0
Neurology	0	0	0	0	0
Rheumatology	0	0	0	0	0
Geriatric Medicine	0	0	0	0	0
Gynaecology	1	1	0	2	2
Other	1	0	0	0	0
Total	161	102	115	150	35



52 Week Breaches – Reporting (4)



The table above provides detail of Incomplete pathway breaches reported in December:

1. RTT Stops are Admitted and Non-Admitted patients whose pathway stopped during the reported month. The Trust has reported 0 >52 week breach stops in December.

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	0	2	2
Dec-19	7	6	13	0	7	7
Jan-20	4	6	10			

The Trust reported 7 >52 week Incomplete patient pathways for December for which the Trust will share a financial penalty with Commissioners for each month the patient remains incomplete.

The main risk of 52 week incomplete pathway breaches remains within Dermatology where routine patients are waiting > 40 weeks for first appointment. Improvements continue to be delivered in Gastroenterology reducing the risk of further breaches.

Reported breaches:

4 ENT (2 x Capacity due to complexity & UHB and 2 x process), 2 Cardiology (process), 1 General Surgery (process)

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

- Achieved 92.3% performance in December
- Plans in place for all patients over 40 weeks

2. Backlog management

- WLI outpatients – focused on increasing ENT, Gynae, Cardiology and echo. Cardiology locum commenced in December.
- Reduced wait for first appointment from 17 to 14 weeks in Cardiology
- WLI theatres provided in T&O and Gynae
- APO support for longest waiting patients treatment continued with local independent providers for T&O, General Surgery and Gynae

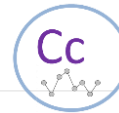
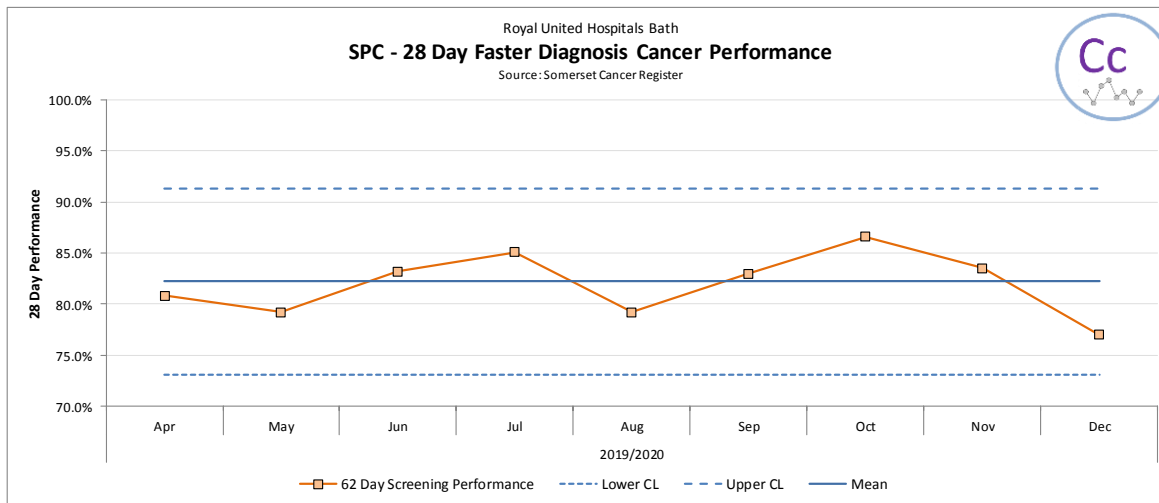
3. Reporting

Weekly reporting to NHSI in place for >40 weeks, 52 week breaches and total incomplete pathway growth monitoring continues.

Planned Actions:

- Specialty led focus on reducing Total Incomplete pathway growth in top contributing specialties of: Cardiology, Gynaecology, ENT and Rheumatology.
 - Cardiology – focus on complex diagnostic pathways
 - Gynaecology and ENT - WLI outpatient clinics and additional theatre sessions continue into January
 - APO for longest waiting patients, T&O, General Surgery and Gynae
 - NHSE/STP support
 - Additional validation support for Incomplete pathways over 40 weeks
 - Additional diagnostic activity for CT, MR and Cardiac echo
- Dermatology – the Tele dermatology pilot has commenced transfer to the new platform, with BANES and Wilshire GP pilot sites. Additional validation of >40 week wait patients is planned
- Commence A3 review for RTT top contributing specialties in General Surgery, T&O, Cardiology and Dermatology

Cancer Access – 28 Day Faster Diagnosis (1)



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:

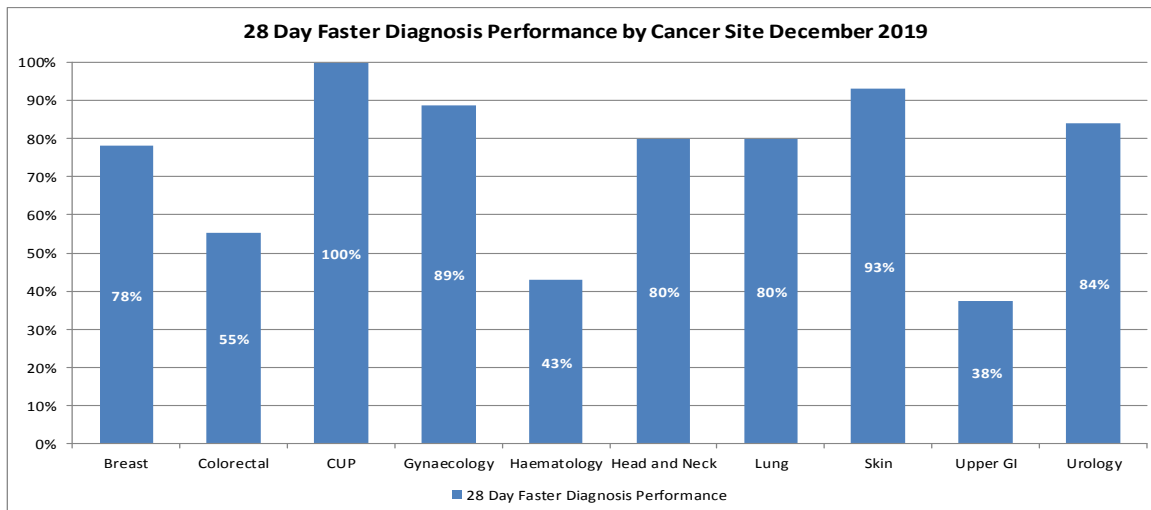
- When the patient is informed of a diagnosis of cancer.
- When the patient is informed that cancer has been ruled out.
- When the patient is referred for a treatment before a clinical diagnosis of cancer can be made.

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.

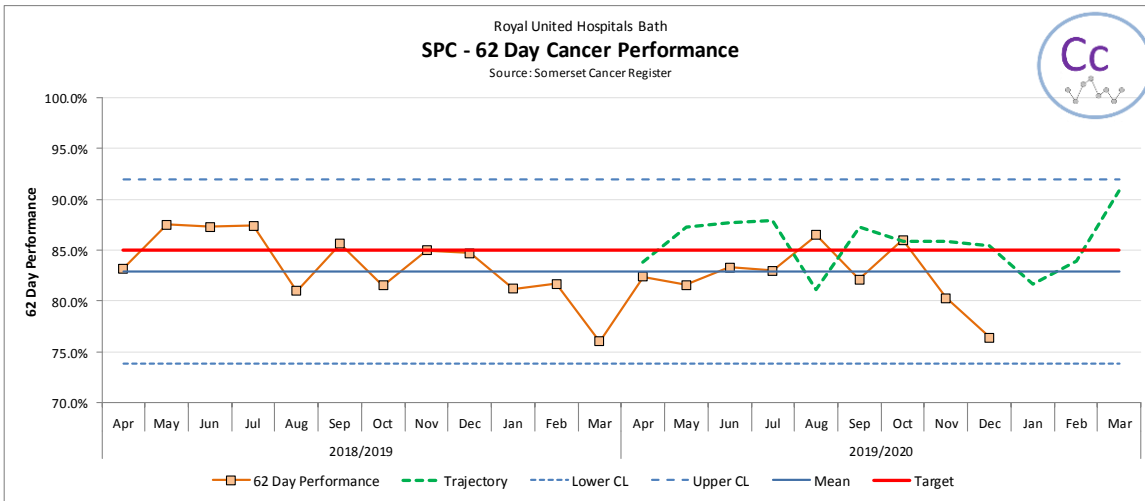
Performance is most challenged with Colorectal, Upper GI and Haematology.

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 delivery of the new standard.



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

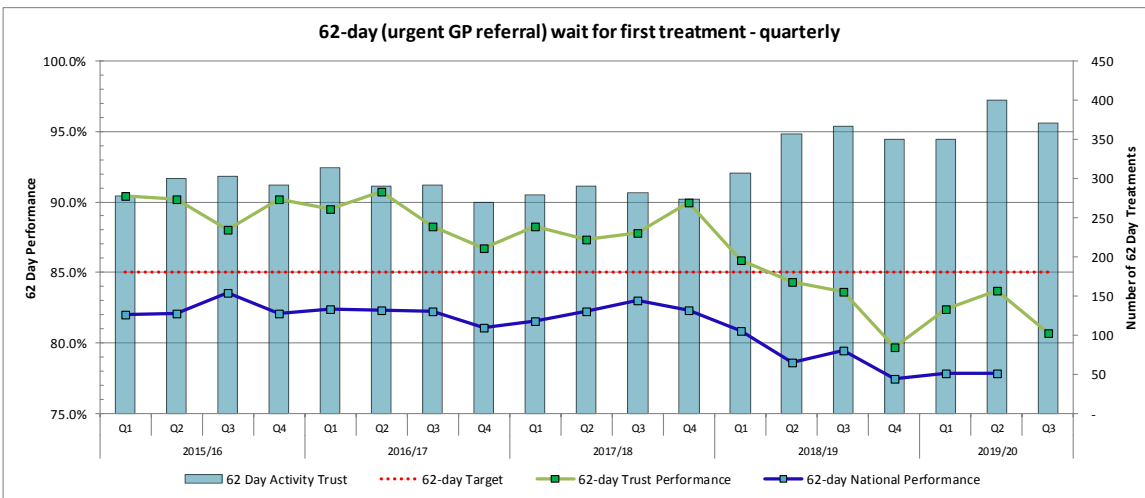


Trust performance in December was 76.4%, which failed to meet the 85% standard. Performance in month was also below the NHSI agreed trajectory. In month the Trust reported 32 breaches.

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

Q3 Trust performance was below the required 85% target at 82.4%, although an improvement in performance is noted since Q4 2018/19.

Weekly tumour site specific PTL meetings continue and feed into the weekly Trust cancer performance meeting.





62 Day Cancer Performance - In Month Response and Focus (3)

Lead Actions Update:

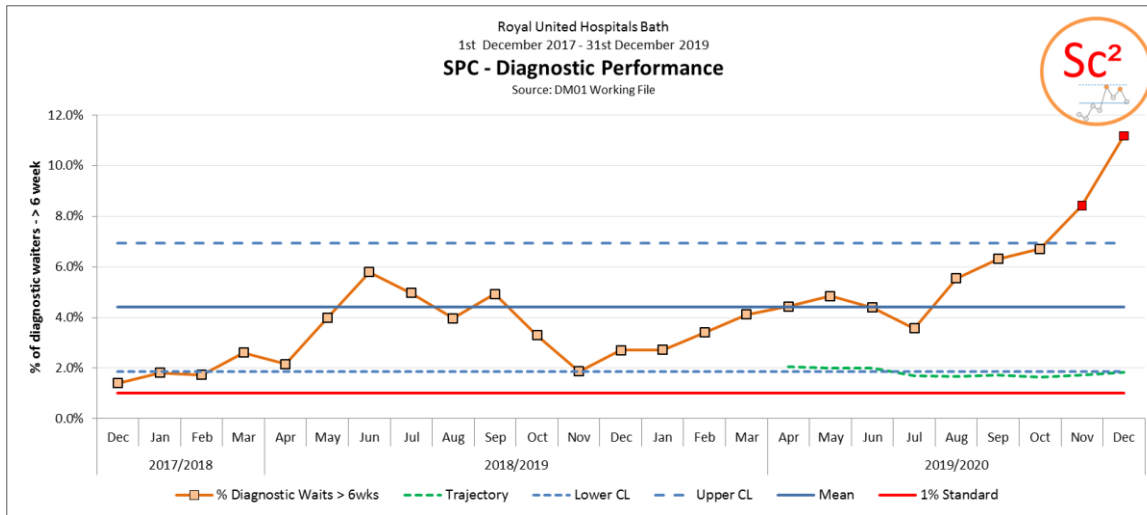
- 1. Reduction of avoidable long-waiting patients on pathway.**
Thorough validation of current longer-waiting patients and enhanced focus across all specialties on reducing the number of patients waiting 104 days or more on the pathway, in line with NHSE recommendations. A significant reduction in the number of patients over 104 days has been seen in month.
- 2. Recording of 28 Day Faster Diagnosis Standard** data for all relevant patients. Increase in number of patients who have had clock stops recorded in month. Additional post recruited to using Cancer Alliance funding to support the data capture. BIU reporting is being further developed and improved to support more robust management of these pathways and recording of clock stops.
- 3. 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.

Planned Actions:

- Implementation of Rapid Diagnostic Services pilot for patients with worrying, but vague symptoms. Creating pathways for patients to access certain diagnostic services and specialist advice to streamline the pathway for this cohort of patients. Clinical engagement event held in December with service commencing from January 2020.
- Delivery of local anaesthetic transperineal prostate biopsy which will streamline the pathway, removing the requirement for pre-operative assessment and creating the opportunity for procedures to be performed outside of theatres.
- Short-term increase in CT capacity to reduce the waiting times for scanning across all relevant tumour sites which have increased whilst the CT scanner was being replaced.



Diagnostics (1)



December performance is reported as 11.18% against the $\leq 1.0\%$ indicator.

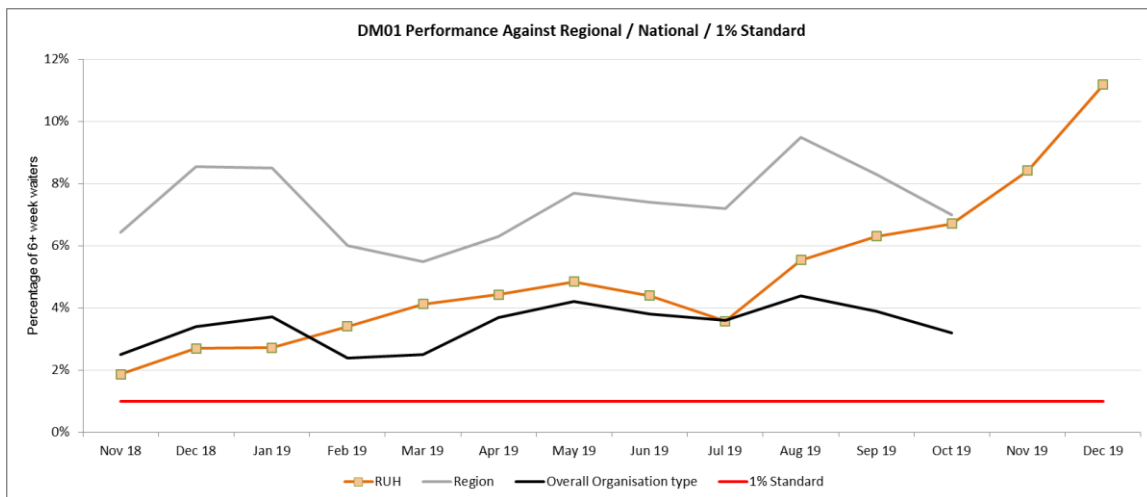
The South West Region have identified some key areas for performance improvements including diagnostic 6 week waits, improvement plans completed and submitted.

The significant DMO1 failure in Echocardiography, CT and MRI explains the variation from the previously agreed trajectory. However, Endoscopy Diagnostics and Non-Obstetric Ultrasound breaches in December have also adversely contributed to the overall position in month.

Successes in month with an overall reduction in CT breaches and Sleep Studies continue to perform with no 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 just below the Regional average.





Diagnostics (2)

Key Recovery Plan Actions

- *RUH echo-cardiographers new rate negotiated to support recovery plan out of hours support recovery of plain echo – additional lists now booked in January.*
- *New Echocardiography recovery plan being discussed in Specialty.*
- *Mobile CT scanner on site to support capital replacement programme.*
- *Recruitment to Breast Radiologist and or Radiographer (including interim agency) to manage the breast ultrasound demand. Business case approved and recruitment completed. Consultant to start in February 2020.*
- *Additional weekend Endoscopy lists being organised and out to staff. View to provide a consistent delivery of additional activity in the 3 first months of 2020.*

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	342
Computed Tomography	134
Non-obstetric Ultrasound	99
DEXA Scan	2
Audiology - Audiology Assessments	11
Cardiology - Echocardiography	333
Neurophysiology - Peripheral Neurophysiology	14
Urodynamics - Pressures & Flows	2
Colonoscopy	66
Flexi Sigmoidoscopy	33
Cystoscopy	1
Gastroscopy	58
Total (without NONC)	1095

Weekly DMO1 group in place managed by the Medical Division to support recovery and service improvements. December saw demand remaining high in all areas and a reduction in capacity due to fewer working days in December (bank holidays). These factors combined resulted in an worsening overall performance in most areas.

Echocardiography (333) – Demand was slightly lower than previous month with a total of 950 referrals (992 in previous month), however this remains at higher levels than previous trajectory. Overall, less diagnostics performed in December due to less working days. Weekend agency approved however sessions not filled in month. RUH staff payments agreed and additional lists scheduled in January. New recovery package discussed in Specialty and Division with a view to recover position in the next 4 months.

Magnetic Resonance Imaging (342) – Demand for MRI scanning continues to increase – additional 50 referrals from previous month. Slightly less diagnostics delivered in month due to less working days in December – all recovery actions remain in place. Alternative provider MRI capacity confirmed including additional mobile scanning capacity, as well as additional RUH weekend and evening sessions and additional mobile sessions. The MRI replacement programme ongoing with an expectation to be back at maximum capacity in February 2020 and recover overall position by June 2020.

Non-obstetric ultrasound (99) – Demand continued to be high for Non-Obstetric Ultrasound in December. Breaches have occurred in month predominately due to Radiologist capacity and fewer working days. Recruitment to substantive Consultant vacancies remains a priority to be mitigated where possible with available agency staff. WLI's being done where possible.

Endoscopy – Colonoscopy, Gastroscopy, Flexi-Sigmoidoscopy (157) – Breaches in December due to reduction of working days (Bank Holidays) and increase in percentage of colonoscopies done (longer procedures, use additional theatre time and impacts on number of diagnostics delivered per session). Backlog remains from October following planned increase in outpatient activity (locum) and unplanned increase in 2WW referrals that impacted on urgent capacity. Impact of additional outpatient activity and conversion to endoscopy continues to be monitored and mitigation measures in place including in-list productivity optimisation and additional WLI's when possible. Discussion to deliver consistent additional weekend activity for 3 months to remove backlog.



Diagnostics - In Month Response and Focus (3)

Lead Actions Update:

Please see additional slides for MRI, CT and Echocardiography.

1. **Breast** – Recruitment of one of the vacancies completed with a 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.
2. **Non-obstetric ultrasound** – Additional evening ultrasound lists in place in Radiology . Recruitment to substantive Consultant vacancies remains a priority to be mitigated where possible with available agency staff. WLI's being done where possible.
3. **Endoscopy** - Gastroenterology capacity increased with clinical fellows and substantive replacement consultant. Locum in place delivering additional Outpatient activity. Increase of in-list productivity and additional Endoscopy WLI lists organised and offered to staff to mitigate additional demand for the service - discussion to deliver consistent additional weekend activity for 3 months to remove backlog.
4. **Weekly 6 week diagnostic action group** focused on all actions and recovery. Trajectory to be reviewed to include increased demand and additional recovery actions. Ongoing daily and weekly review of the DMO1 position and trajectory. DMO1 performance continues to be monitored and liaising with the RTT and BIU teams to improve processes, reports/data and earlier forecasting in month to allow for action and mitigation measures to be put in place earlier and impact positively in performance.



Diagnosics - In Month Response and Focus (Echocardiography) 4

Lead Actions Update:

1. **Cardiology Consultant locum** in place. Weekend and evening agency staff requested but have not been fully filled due to national and local shortages. New out of hours rates approved and additional lists booked in January to support performance. Head of Radiology supporting review of processes.
2. **Outsourcing** TOE's continues to be discussed with external provider.
3. Cardiology to implement a **Referral Assessment Service (RAS)** – now built. 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.

Planned Actions:

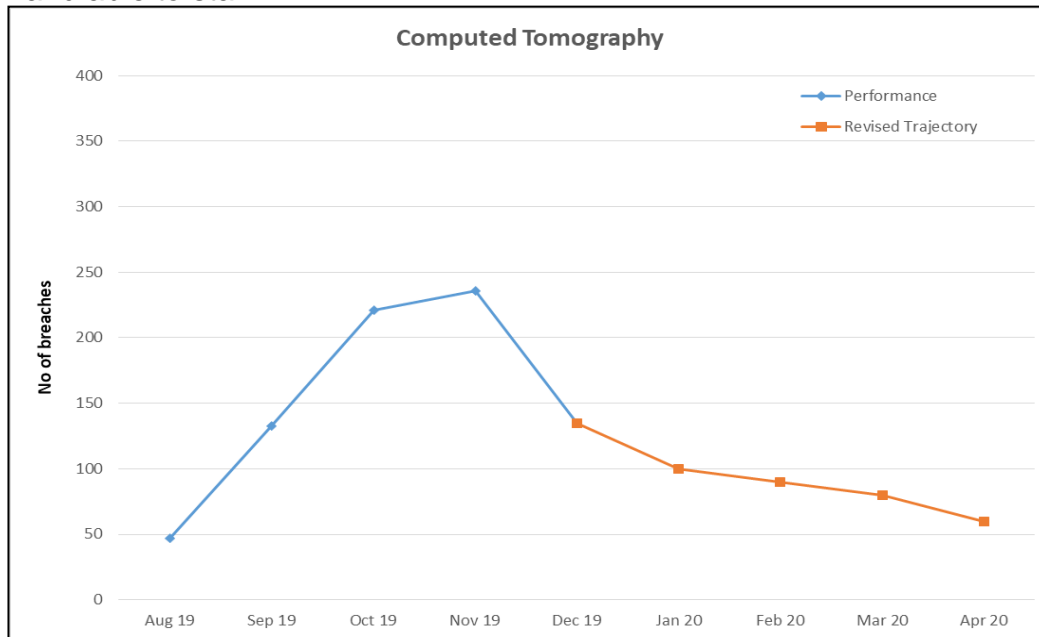
- **RAS** now fully built and pending GP feedback to be fully rolled out in January and support triage and booking.
- **New recovery package** being discussed in Specialty and Division with a view to recover position in the next 4 months (based on a mixed approach of additional activity and outsourcing to enhance recovery rate and support consistent delivery of target).



Diagnostics - In Month Response and Focus (CT) 5

Lead Actions Update:

1. Additional CT scanner to support replacement programme in place since 12th October 2019. Additional capacity continues to be offset by increase in demand for CT radiography.
2. Additional mobile unit remains on site at the weekends to support activity and WLI lists booked to mitigate breaches. CT radiographers signed up to do additional lists over the weekends and evenings that will further support improvement.
3. Use of PET-CT scanner for additional capacity at weekend as required and able to staff



Planned Actions:

- Overall reduction in total number of breaches in December when compared to previous month. Additional activity and slight reduction in demand in month supported improved position.
- Additional mobile unit to remain on site at the weekends to support activity and WLI lists to continue to being done to mitigate breaches.
- Monitoring of demand continues and reporting continues to be developed alongside BIU to allow for earlier action when needed.
- Revised trajectory to include increase in demand and actions in place to support recovery – expectation of achieving targets by April 2020.



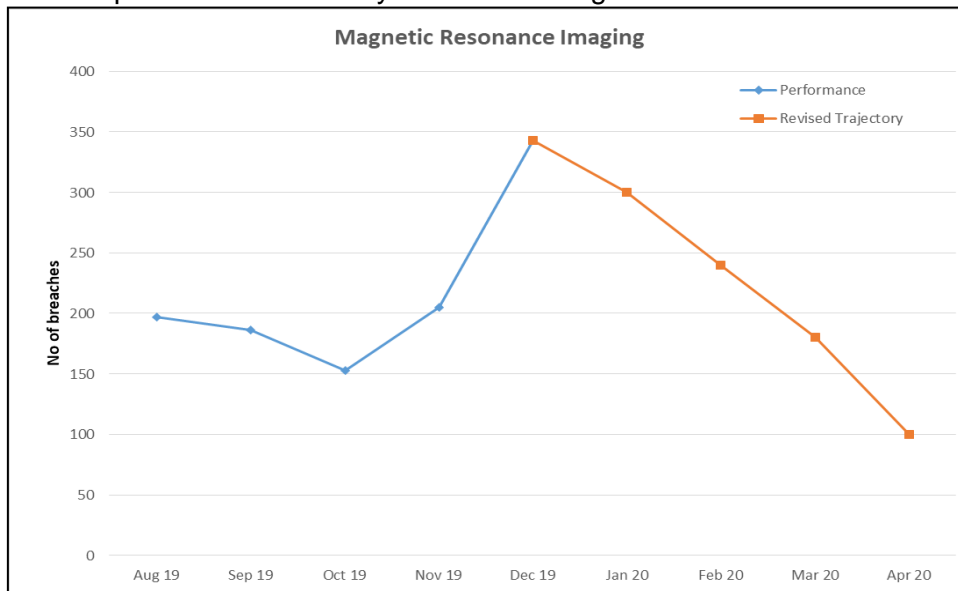
Diagnostics - In Month Response and Focus (MRI) 6

Lead Actions Update:

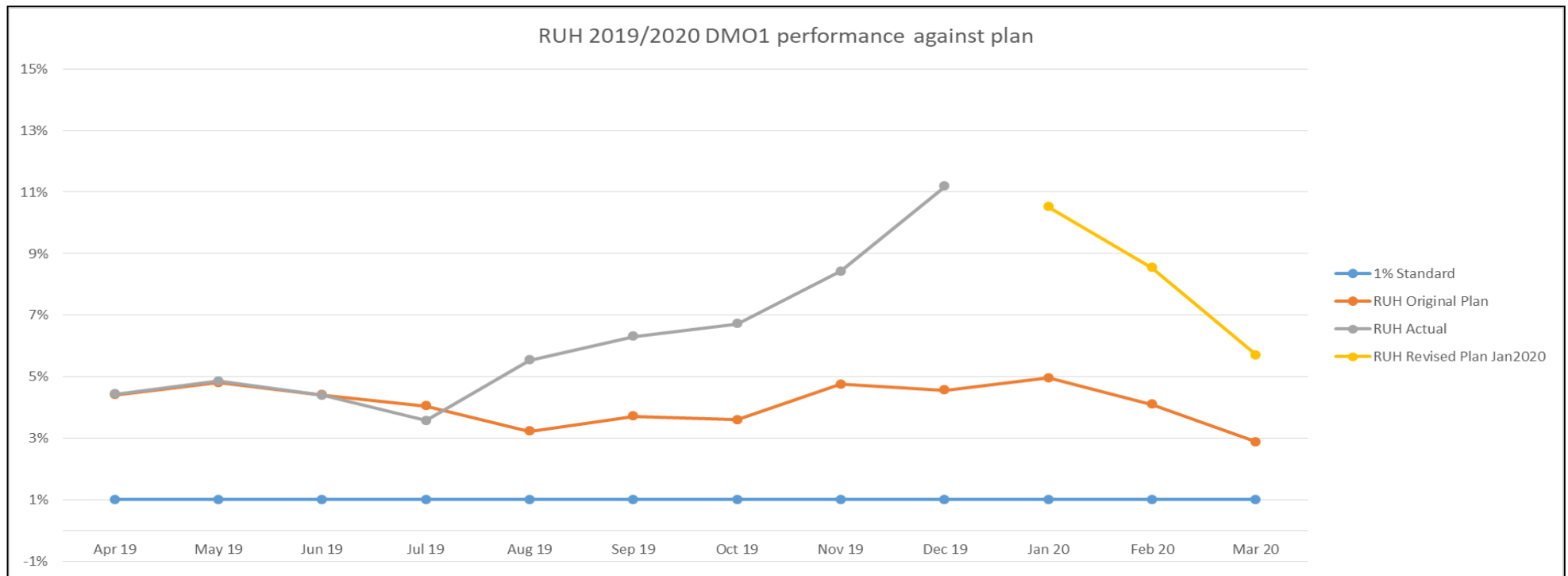
1. Replacement programme impacting upon capacity available due to ongoing increase in demand. Outsourcing, additional RUH weekend and evening sessions and additional mobile sessions in place.
2. The 2 MRI scanners are running extended days and weekends plus the mobile MRI van operating Mon-Fri extended days. Additional, 2 weekend days/month are planned for the MRI van.
3. The department continues to work with alternative providers to identify additional capacity when possible.
4. Workforce vacancies of qualified staff remains an issue operationally.
5. Internal demand management of CT and MRI continues – clinical lead to review process and seniority of referrers – agreed with HOD.

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.
- Breaches in month were Cardiac, examination under general anaesthetic and impact of replacement programme. Alternative provider MRI capacity confirmed including additional mobile scanning capacity are reflected in revised trajectory, however there is a limit to the investigation type that are accepted to be outsourced due to complexity and the equipment available.
- The MRI replacement programme is as follows with an expectation to be back at maximum capacity in February 2020.
 - MRI 2 (including new RF cage) 17/06/19 to 31/10/19 – in place
 - MRI 1 - 07/10/19 to 10/01/20 – on track to deliver
- Once MRI 1 scanner comes back on line on 10th Feb, it will be running 9am-5pm with a half hr lunch break providing 37.5hrs/week of additional MRI scan time (increase of approx. 17 %).



Diagnostics - In Month Response and Focus (Revised Trajectory) 7



Revised Trajectory (January 2020):

- Increase in overall demand across all modalities (not previously predicted) updated on projection.
- Radiology Replacement programme impact updated, in addition to the increase in demand during programme which has exceeded mitigation capacity.
- Additional recovery actions included in forecast across all modalities.
- DMO1 weekly performance meetings have been revised from January onwards in line with Improving Together.
- Focus has been on recovering position in year, plan to report February 2020 revision of demand and forecast for next 1-5 years.

Key National and Local Indicators

In the month of December there were **14 red indicators of the 72 measures reported, 4 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**)

Responsive

SOF

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

35. % Discharges by Midday (Excluding Maternity)

38. Delayed Transfers of Care

40. Number of medical outliers – median

Safe

SOF

51. CAS Alerts not responded to within the deadline

SOF

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

53. Number of patients with falls resulting in serious harm (moderate, major)

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

55. Number of hospital acquired pressure ulcers (grade 2)

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 November was 81.1% with 650 patients admitted and 527 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.

Responsive

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

There were 1,095 over 6 week waiters in December, equating to 11.2% against the $\leq 1.0\%$ indicator, rated red. Performance in December failed to meet the constitutional target. See Diagnostics slides above.

X 35. % Discharges by Midday (Excluding Maternity)

In December patients discharged by midday reduced to 14.6% and remains below the target of 33%. Improvement work and winter schemes will now be led by the new Unscheduled Care Programme Board. The Patient Flow System go-live in June 2019 has not delivered the anticipated benefits. Optimisation of the Patient Flow System is being progressed via a Task & Finish Group.

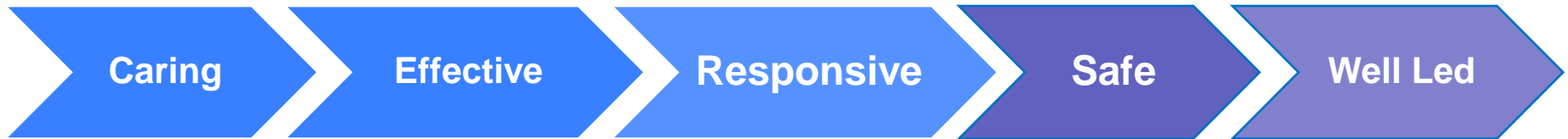
The Trusts range of ward level performance in December: **Cheselden (60%), Haygarth (8.6%)**

X 38. Delayed Transfer of Care (Days)

There were 969 delayed days in December which was 5.4% of the Trust's occupied bed days. See Delayed Transfers of Care slides above.

X 40. Number of Medical Outliers - median

In December Medical Outliers peaked at 45 with a median of 31.



Safe

X 51. CAS Alerts not responded to within the deadline

One overdue CAS Alert – Closed 11 days late on 12/12/2019. Stock had to be checked so action plan could be updated. Delay in Risk Team receiving signed paper copy of FSN before alert could be closed on CAS website..

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

Performance continues to be monitored and actions agreed at the Trust's Quality Board.

X 53. Number of patients with falls resulting in serious harm (moderate, major)

In December there were three patients with falls resulting in serious harm.

- 2 Major (SSU & MAU), 1 Moderate (Pierce)

RCAs are being completed and considered at the Trust Falls group. All RCAs will also be reviewed at Operational Governance Committee (OGC).

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

One case reported in December, (Parry)

X 55. Number of hospital acquired pressure ulcers (grade 2)

Four cases reported in December, (1 Waterhouse, 3 Respiratory)



Well Led

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

In December the FFT Response Rate for ED fell to 3.4% from 6.2% in November and below the agreed target.

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

In December the FFT Response Rate for Maternity increased to 12.1% from 10.7% in November but 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 increased to 7.6% in December from 6.1% in November.
(See Well Led Slides)

X 70. Information Governance Training compliance (Trust)

In December the Trust Information Governance Training compliance increased to 82.9% (See Well Led Slides)

Indicator	Trust Performance Over Last 12 Months												Q3 Target
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Budgeted Staff in Post (WTE)	4710.30	4710.30	4710.30	4850.38	4849.78	4849.78	4852.78	4853.78	4854.78	4853.34	4853.34	4853.34	
Contracted Staff in Post (WTE)	4493.00	4488.70	4490.40	4467.95	4480.40	4480.90	4495.88	4549.13	4569.59	4591.37	4610.34	4615.20	
Vacancy Rate (%)	4.61	4.70	4.67	7.88	7.62	7.61	7.35	6.28	5.87	5.40	5.01	4.91	5.06
Bank - Admin & Clerical (WTE)	34.50	29.70	33.51	30.35	35.03	34.62	38.94	38.27	37.05	40.53	36.71	1 Month Lag	
Bank - Ancillary Staff (WTE)	21.00	19.10	22.05	20.22	23.96	20.65	23.29	20.56	20.09	24.74	20.13	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	160.20	150.50	164.35	164.36	166.01	166.31	175.07	161.58	151.37	157.40	156.93	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)	33.20	48.80	40.60	30.61	44.24	45.75	47.80	58.19	43.57	51.43	55.72	69.99	
Agency Spend (% of total pay bill)	2.03	1.85	1.88	2.18	2.92	2.30	3.96	2.97	2.63	3.95	3.28	3.19	2.50
Nurse Agency Spend (% of total Reg Nurse pay bill)	4.29	5.32	3.78	4.83	5.88	4.03	8.86	5.59	5.29	9.20	6.07	7.59	3.00
Rolling 12 Month Turnover (%)	12.41	12.36	12.18	12.12	11.96	11.85	11.48	11.88	11.71	11.97	11.46	11.46	11.10
In Month Turnover (%)	1.04	0.71	1.11	0.82	0.85	0.94	0.73	1.18	0.84	0.73	0.74	0.98	0.92
Rolling 12 Month Sickness Absence (%)	3.93	3.92	3.93	3.95	3.99	4.02	4.05	4.04	4.00	4.01	3.99	4.04	3.85
In Month Sickness Absence (%)	3.79	4.23	4.77	4.29	3.93	3.79	3.91	3.76	3.61	3.75	4.20	4.51	4.06
Staff with Annual Appraisal (%)	84.70	84.68	84.61	83.41	82.18	82.73	80.91	81.06	80.27	78.64	81.10	81.01	88.65
Information Governance Training compliance (%)	88.40	91.20	91.90	91.60	90.70	90.00	88.20	85.60	84.80	83.10	81.80	82.90	95.00
Mandatory Training (%)	87.00	87.00	87.00	87.20	87.60	87.60	87.50	86.80	86.80	86.60	86.30	86.50	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).



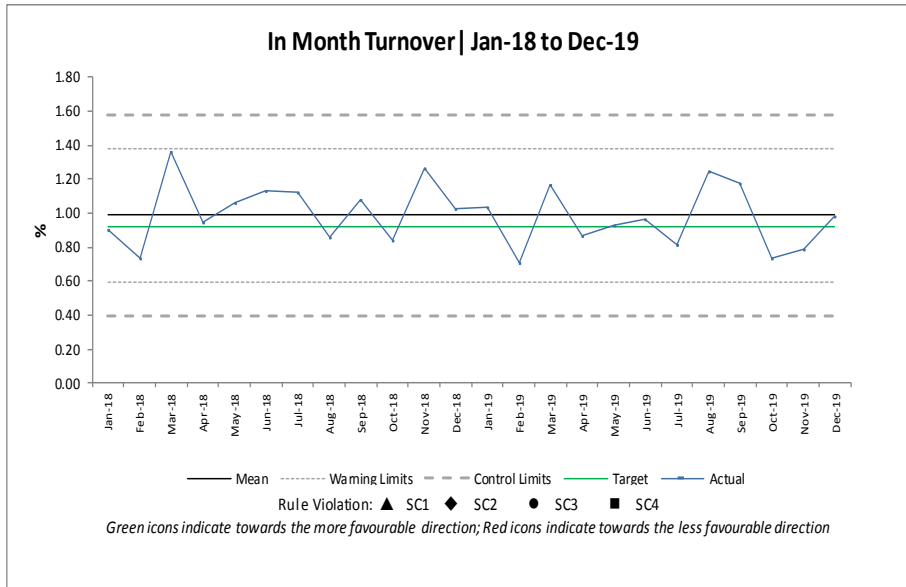
Shift of at least 6 data points all above or all below the mean, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).



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).

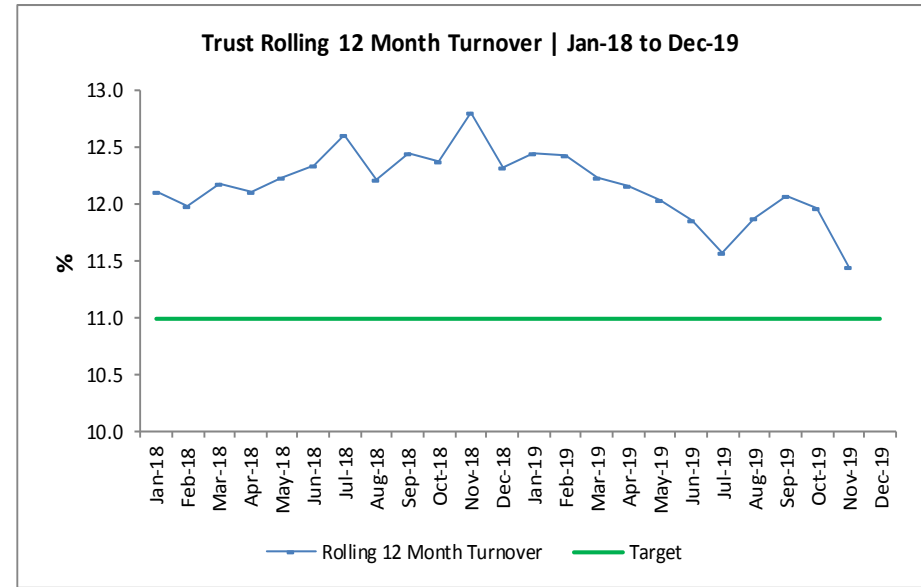
Where data points trigger multiple rules, the order of precedence for Special Cause Variation that has been used is Rule 4, Rule 3, Rule 2 then Rule 1.

In Month Turnover (%)



Target	Actual	Latest Data Point
0.92	0.98	Cc

12 Month Rolling Turnover (%)

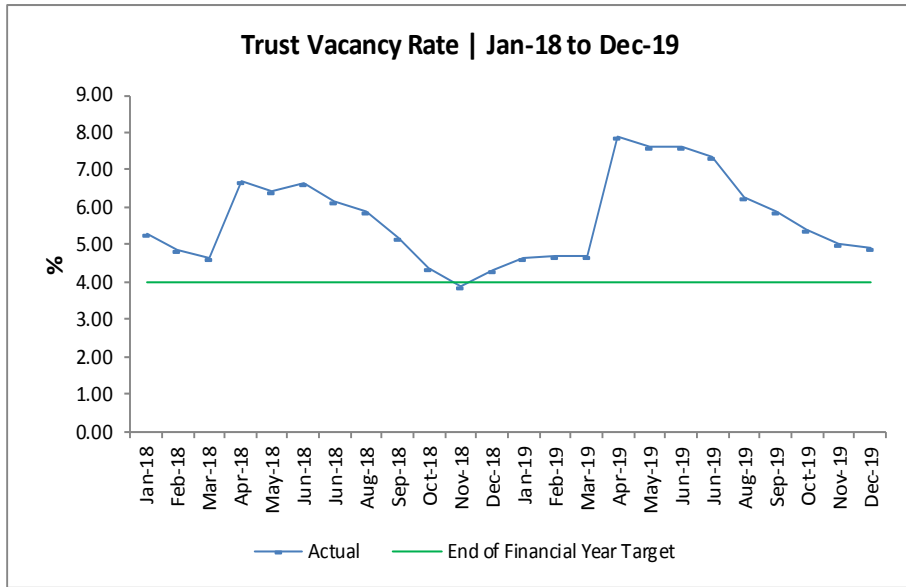


Target	Actual
11.10	11.46

Commentary on Performance

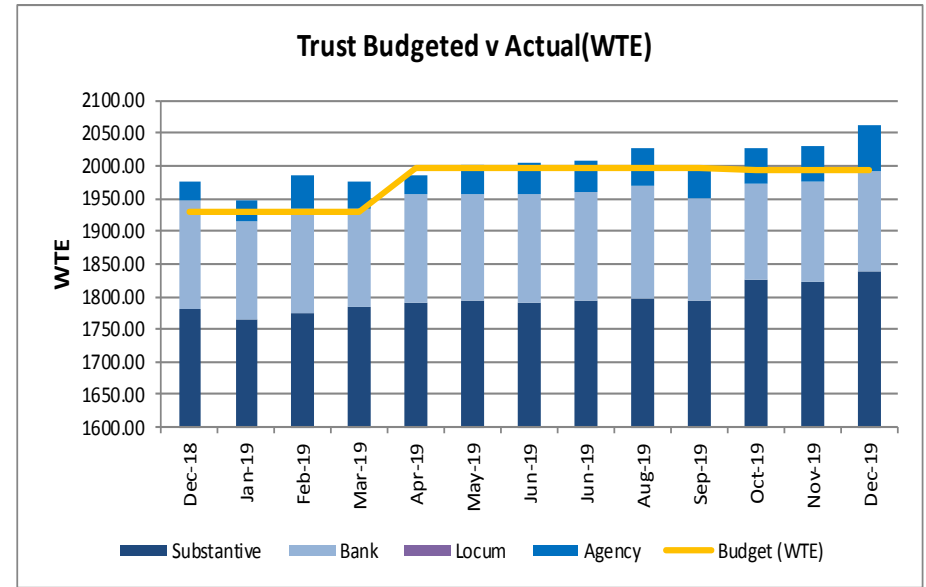
- In Month Turnover in December currently stands at 0.98%. Whilst marginally higher than the previous two months, this figure is within expected parameters and is unremarkable. Although late leaver notifications may increase the figures slightly, this is unlikely to trigger any SPC rules and be of concern.
- With December 2019 having currently witnessed a similar level of turnover as December 2018, the overall Rolling 12 Month Turnover figure remains relatively static at 11.46%.
- Band 5 nurse In Month Turnover was the highest it has been in 6 months at 1.54%. However, a higher turnover rate for this staff group in December is not atypical and this figure alone should not be a source of concern. Compared to December 2018 (1.60%), December 2019 is broadly on par; whilst it falls well below the exception level witnessed in December 2017 (2.47%). The similarity between this year's and last year's figures also means that there has been no significant change in the Rolling 12 Month Turnover figure for this group.

Vacancy Rate (%)



Target	Actual
5.06	4.91

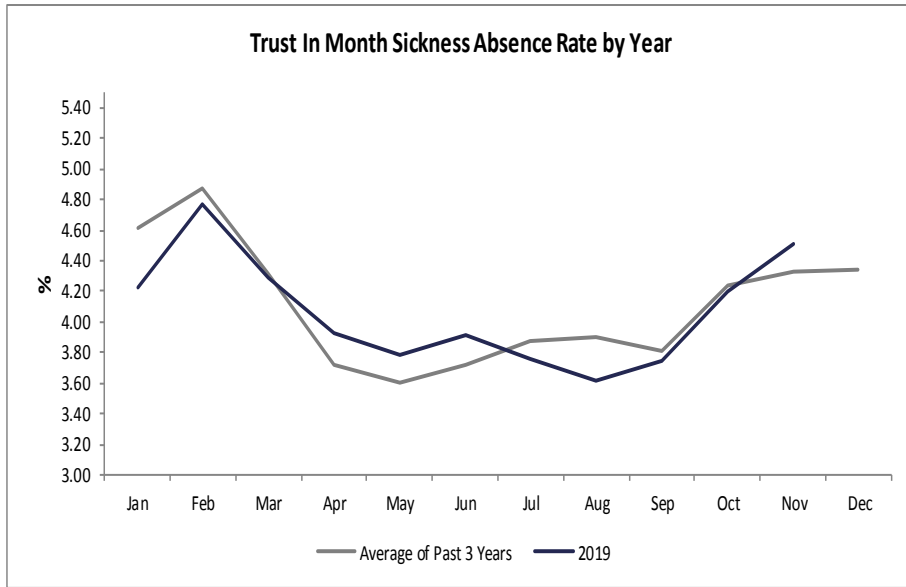
Budgeted v Contracted WTE



Commentary on Performance

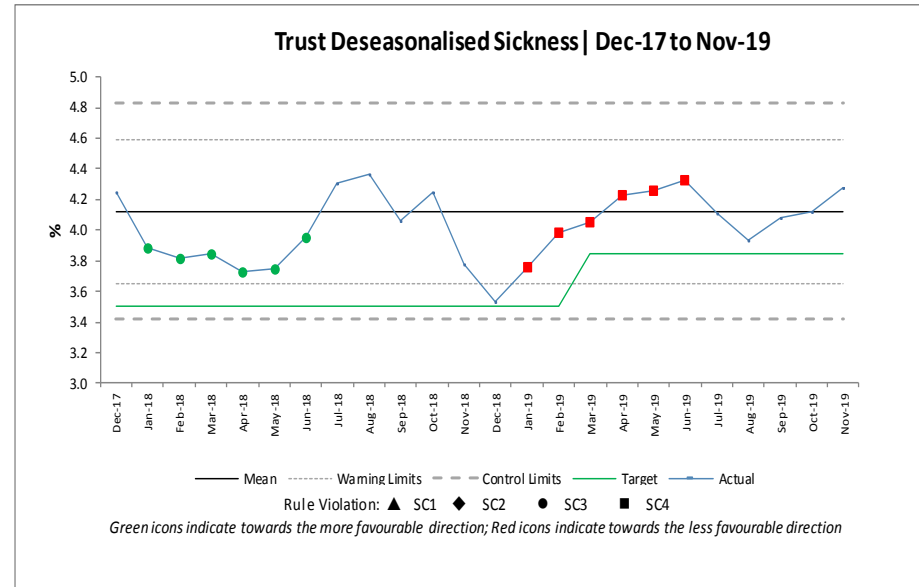
- The overall Trust vacancy rate again fell and now stands at 4.91%. This is ahead of the target position set for the end of Q3 (5.06%), placing the Trust on course to realise the ambition of a 4.00% vacancy rate at the end of the Financial Year.
- Band 5 vacancy rate has fallen to 14.04% - equivalent to 103.3 WTE vacancies.

In Month Sickness Absence (%)



Seasonally Adjusted Target	Actual
4.06	4.51

Deseasonalised In Month Sickness Absence (%)

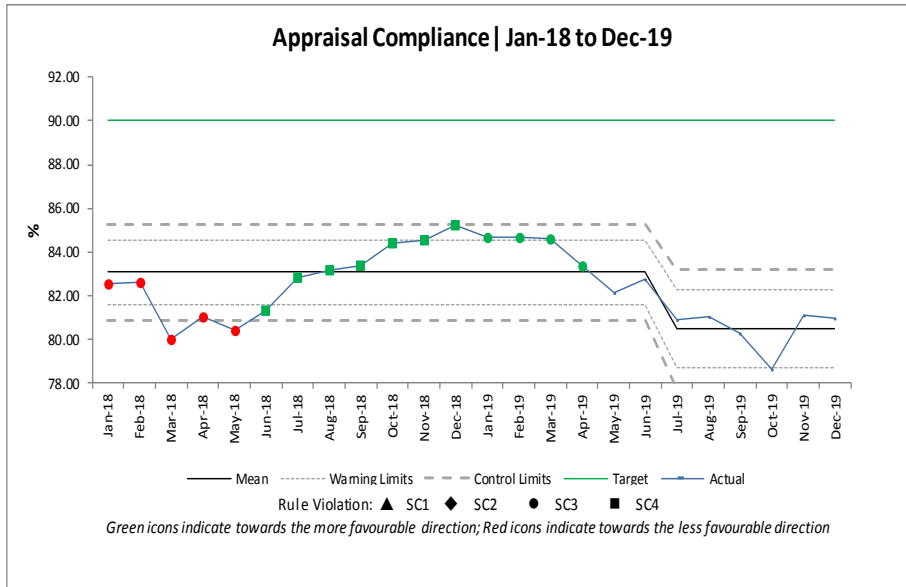


Target	Actual Deseasonalised	Latest Data Point
3.85	4.28	4.28

Commentary on Performance

- The sickness absence rate typically rises from October to November and this year follows suit, with the absence rate rising from 4.20% to 4.51%. Although 4.51% is above the average for the past three Novembers, this average is influenced by an atypically low absence rate witnessed last November. When the figures for November in 2016 and 2017 are just considered, this year's rate is approximately the average of the two.
- The deseasonalised figure of 4.28 is above average, but falls comfortably within the current parameters so does not indicate significant deterioration.
- Rolling 12 month sickness continues to hover around 4.00% as it has done for the past 6 months. Achieving the Trust's target of 3.85% by the end of the year does not therefore appear realistic.

Appraisal Compliance (%)



Target	Actual	Latest Data Point
88.65	81.01	Cc !

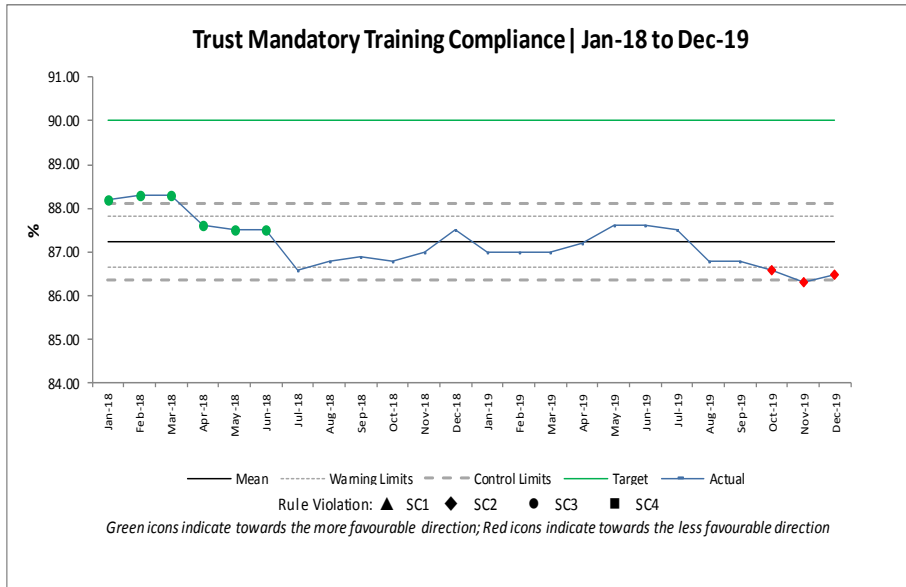
Appraisals In and Out of Date

	In Date	Out of Date	% Compliant
Trust	3634	852	81.01
AfC Staff	3362	806	80.66
M&D Staff	272	46	85.53
Consultants	212	25	89.45

Commentary on Performance

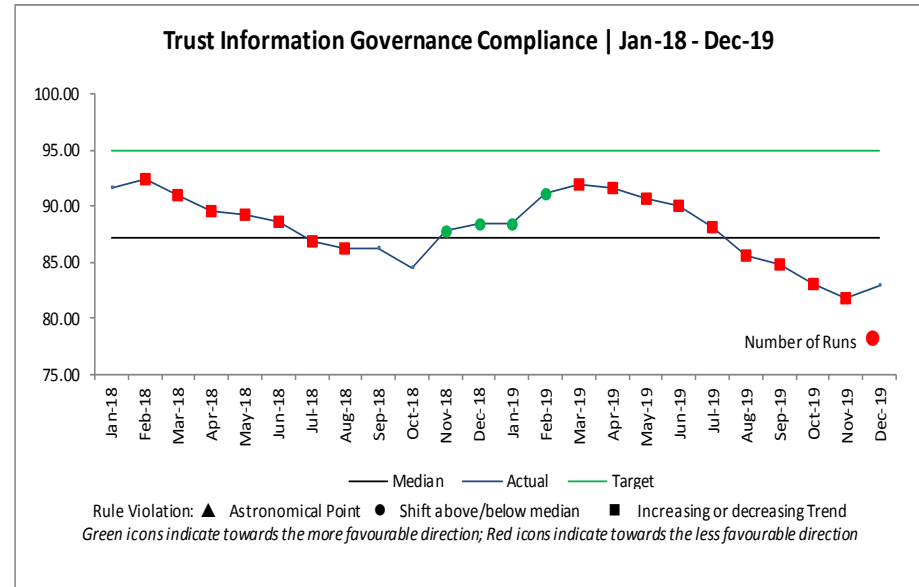
- The SPC Chart for appraisal compliance has been re-based from July as a result of performance having been sustained around or below the previous Lower Warning Limit for the past 6 months. No SPC rules are now breached as a result of this change; however, the absence of a warning indicator should not be interpreted as the process operating satisfactorily. Rather, it reflects the process operating predictably at a new, poorer standard (approximately 9.5 percentage points below the Trust's target) that should not be accepted as the norm.
- Overall compliance in December was 81.01% and therefore at a similar level to November. At a Divisional level, however, there has been greater change - most notably within Facilities Division who have again fallen below 80% compliance.

Mandatory Training (%)



Target	Actual	Latest Data Point
90.00	86.50	SC ²

Information Governance (%)

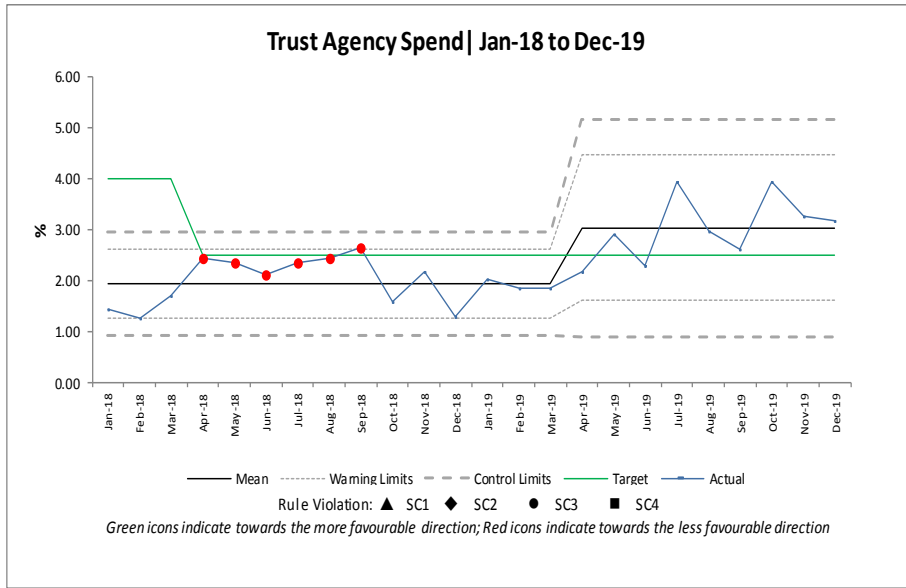


Target	Actual
95.00	82.90

Commentary on Performance

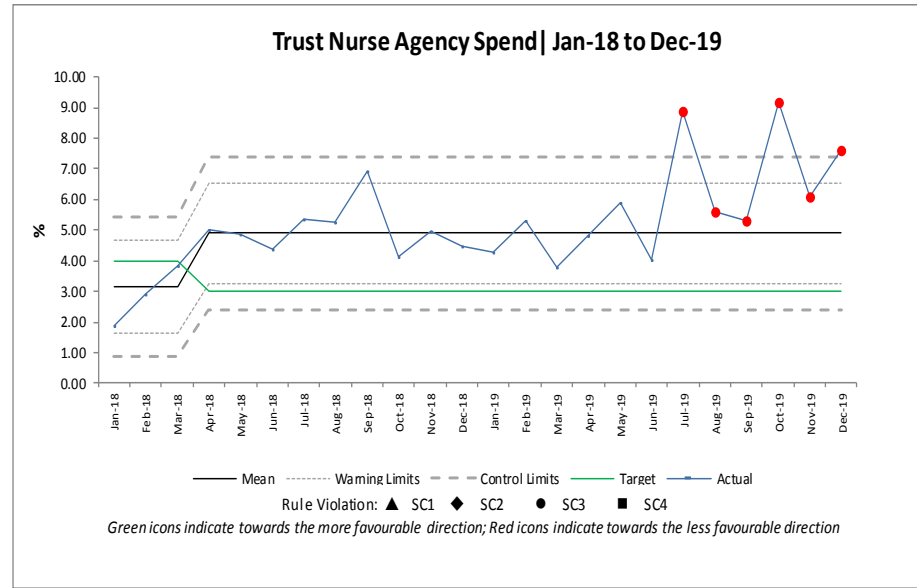
- Although Mandatory Training compliance has marginally improved compared to last month and now stands at 86.50%, it still triggers the SPC rule for at least two out of three successive points below the Lower Control Limit.
- IG Training compliance has improved marginally to 82.90%, bringing to an end the downward trend. However, this is still over ten percentage points below the Trust's target of 90% that is to be achieved by the end of the Financial Year.

Agency Spend as Proportion of Total Pay Bill (%)



Target	Actual	Latest Data Point
2.50	3.19	Cc !

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



Target	Actual	Latest Data Point
3.00	7.59	Sc³

Commentary on Performance

- The Trust Agency Spend SPC chart had been re-based following a run of successive points above the mean, indicating a change in the associated processes that has resulted in a deterioration in performance. As a result of this re-base the latest point does not trigger an SPC rule. However, it is apparent that the new mean is running above the Trust’s target of 2.5% and therefore improvement will be required if this target is to be consistently achieved in future months.
- Nurse agency spend as a proportion of the total registered nursing pay bill rose to 7.59%. This breaches various SPC rules, both as a point in isolation and when combined with preceding months. With a run of successive points above the mean, the chart will be monitored in coming months to determine if a re-base is required. It is nonetheless clear that even without a re-base the likelihood of hitting the 3% target is slim.

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold	2018/19	2019/20				2019/20		Triggers Concerns
		Performing	Q4	Q1	Q2	Q3	Nov	Dec		
SOF	Four hour maximum wait in A&E (All Types)	95%	74.2%	77.1%	71.4%	69.6%	70.2%	66.3%		
	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	4	n/a	11	7	10	7	1		
SOF	RTT - Incomplete Pathways in 18 weeks	92%	86.4%	86.7%	85.7%	86.9%	87.5%	87.0%		
	31 day diagnosis to first treatment for all cancers	96%	97.4%	97.1%	97.8%	97.4%	96.8%	98.3%		
	31 day second or subsequent treatment - surgery	94%	95.8%	96.8%	97.6%	98.7%	96.7%	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%	99.5%	100.0%	100.0%	100.0%		
	2 week GP referral to 1st outpatient	93%	92.1%	87.5%	90.6%	93.3%	94.4%	93.0%		
	2 week GP referral to 1st outpatient - breast symptoms	93%	93.0%	88.5%	88.9%	98.9%	100.0%	100.0%		
	28 day referral to informed of diagnosis of all cancers		-	81.0%	82.3%	80.8%	80.3%	76.6%		
SOF	62 day referral to treatment from screening	90%	95.7%	95.2%	94.1%	92.5%	86.4%	100.0%		
SOF	62 day urgent referral to treatment of all cancers	85%	79.7%	82.4%	83.7%	80.8%	80.3%	76.6%		
SOF	Diagnostic tests maximum wait of 6 weeks	1%	3.42%	4.55%	5.16%	8.79%	8.42%	11.18%		

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

Finance and Use of Resources - December 2019

	YTD Plan	YTD Actual	YTD Variance
Capital Service Cover Metric			
Capital Service Cover Rating	1	2	
Liquidity Metric			
Liquidity Rating	1	1	
I&E Margin Metric			
I&E Margin Rating	1	2	
Variance from Control Metric			
Variance from Control Rating		4	
Agency Metric			
Agency Rating	1	3	
Rounded Score	1	3	
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here		Trigger	
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4		0	

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

Integrated Balanced Scorecard - December 2019

CARING				Threshold		2018/19				2019/20					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	96	95	96	93	95	97	96	93	94	91
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	97	97	97	98	97	97	97	97	96
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	98	97	97	96	98	97	96	96	96	98
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10	6.6	7.2	6.3	6.0	7.5	5.7	5.7	6.8	4.4	6.7
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	1	0	15	22	7	3	5	4	11	7
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	0	0	5	1	2	2	1	1	0	0
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	50	71	86	68	40	26	20	29	25	14

EFFECTIVE					Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec	
10	DON	SOF	Dementia case finding	>=90%	<90%	84.4%	85.6%	80.6%	81.7%	78.8%	81.7%	81.4%	82.4%	81.1%	Lag (1)
11	DON	SOF	Dementia Assessment	>=90%	<90%	92.9%	96.1%	90.4%	96.4%	100.0%	92.7%	79.2%	93.1%	100.0%	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	101.8	105.7	102.3	Lag (3)	106.3	106.7	102.3	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	0.9923	0.9915	1.0102	Lag (5)	1.0102	Lag (5)	Lag (5)	Lag (5)	Lag (5)	Lag (5)
15	MD	L	Readmissions - Total	<=10.5%	>12.5%	7.6%	7.7%	7.7%	7.2%	7.9%	7.8%	7.5%	6.8%	7.5%	7.3%
16	COO	NT	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	93.0%	91.7%	86.3%	Lag (3)	88.0%	88.0%	83.0%	Lag (3)	Lag (3)	Lag (3)
17	COO	NT	Higher risk TIA treated within 24 hours	>=60%	<=55%	81.1%	81.3%	80.9%	80.0%	91.7%	81.8%	69.2%	92.3%	66.7%	Lag (1)
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	78.5%	61.8%	60.1%	73.2%	44.4%	72.3%	67.6%	73.2%	72.7%	73.3%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	74.1%	70.0%	Lag (9)	Lag (9)	Lag (9)	Lag (9)	Lag (9)	Lag (9)	Lag (9)	Lag (9)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	1.0% (87)	0.7% (66)	0.9% (82)	1.1% (104)	0.8% (27)	0.7% (23)	1.0% (32)	1.1% (37)	1.2% (37)	1.0% (30)
21	COO	LC	Theatre utilisation (elective)	>=90%	<=85%	98.6%	98.4%	94.9%	98.0%	94.6%	92.4%	97.7%	97.9%	101.3%	94.8%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	4.74	0.16	-0.10	-4.05	-0.47	-0.71	1.07	-0.83	-1.79	-1.43
23	DOF	L	Total Income	>100%	<95%	88.29	85.60	87.89	88.15	30.12	28.09	29.68	30.81	28.32	29.02
24	DOF	L	Total Pay Expenditure	>100%	<95%	53.11	-55.56	-56.65	-56.51	-18.37	-18.70	-19.58	-18.93	-18.83	-18.75
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	27.56	-28.01	-27.40	-30.10	-9.79	-9.60	-8.02	-9.90	-9.80	-10.40
26	DOF	L	CIP Plan	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	4.82	2.23	2.63	2.81	0.82	1.00	0.82	0.85	1.05	0.91

RESPONSIVE					Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec	
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	86.4%	86.8%	86.7%	84.6%	87.6%	86.9%	85.7%	86.1%	84.2%	83.4%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	3.42%	4.55%	5.16%	8.79%	3.57%	5.54%	6.28%	6.71%	8.42%	11.18%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	15	15	37	17	7	15	15	8	9	0
31	COO	NT	Urgent Operations cancelled for the second time	0	>0	0	1	1	4	0	1	0	1	3	0
32	COO	NT	Cancelled operations not rebooked within 28 days - Surgical	0	>0	0	0	1	0	1	0	0	0	0	0
33	COO	NR	Time to Initial Assessment - 95th Percentile	TBC	TBC	137.0	127.5	181.8	174.8	151.0	175.0	217.9	144.0	146.7	285.3
34	COO	NT	12 Hour Trolley Waits	0	>0	0	3	0	0	0	0	0	0	0	0
35	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	15.0%	14.4%	14.7%	14.8%	14.6%	14.5%	15.1%	14.4%	15.3%	14.6%
36	COO	L	GP Direct Admits to SAU	>=168	<168	885	877	897	815	305	328	264	322	233	260
37	COO	L	GP Direct Admits to MAU	>=84	<84	441	908	655	543	239	236	180	245	175	123
38	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	4.5%	5.5%	6.3%	5.9%	5.5%	6.3%	7.1%	6.0%	6.4%	5.4%
39	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.2	4.1	4.5	4.2	4.2	4.6	4.6	4.3	4.1	4.1
40	COO	LC	Number of medical outliers - median	<=25	>=30	47	81	21	28	19	14	29	29	24	31
41	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	92.3%	93.0%	91.9%	93.0%	91.0%	94.0%	90.8%	93.1%	92.4%	93.4%
42	COO	NR	% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	96.7%	98.8%	97.9%	98.6%	100.0%	100.0%	93.6%	98.3%	98.1%	100.0%

SAFE					Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec	
43	DON	SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)	TBC	TBC	n/a	6	3	6	1	0	2	1	4	1
44	DON	SOF	Clostridium Difficile Community Onset, Healthcare Associated (counted)	TBC	TBC	n/a	5	4	4	2	1	1	1	3	0
45	DON	SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated	TBC	TBC	n/a	17	15	8	6	5	4	4	4	Lag (1)
46	DON	SOF	E.coli bacteraemia cases Community Onset, Healthcare Associated	TBC	TBC	n/a	11	14	1	5	7	2	1	0	Lag (1)
47	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	1	0	1	0	0	0	0	1	0
48	DON	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	13	6	7	8	3	1	3	4	4	Lag (1)
49	DON	SOF	Never events	0	>0	2	1	1	0	0	1	0	0	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	2	6	2	3	1	0	1	1	1	1
52	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	93.1%	91.5%	90.2%	88.3%	90.3%	90.8%	89.5%	88.4%	88.3%	Lag (1)
53	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	12	6	8	8	2	4	2	2	3	3
54	DON	NT	Number of hospital acquired pressure ulcers (grade 3 & 4)	0	>0	0	3	5	4	2	1	2	3	0	1
55	DON	NT	Number of hospital acquired pressure ulcers (grade 2)	<=2	>2	1	6	5	7	3	0	2	1	2	4
56	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	32	39	43	39	47	38	45	41	40	37
57	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	18	19	15	28	3	4	8	9	13	6
58	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	95.4%	93.5%	94.8%	95.6%	94.4%	94.1%	95.9%	95.4%	96.7%	94.7%
59	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	13.6%	15.6%	16.2%	14.2%	15.9%	17.8%	14.8%	13.2%	14.0%	15.5%
60	HRD	NR	Midwife to birth ratio	<1:29	>1:35	1:28	1:30	1:31	1:31	1:30	1:29	1:33	1:33	1:30	1:30

WELL LED					Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec	
61	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	4.8%	15.7%	12.8%	7.2%	15.4%	13.6%	9.5%	11.6%	6.2%	3.8%
62	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	42.9%	43.8%	38.9%	30.8%	42.4%	38.9%	35.3%	35.6%	31.4%	25.2%
63	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	21.8%	15.4%	11.5%	10.1%	11.7%	13.0%	9.9%	8.6%	10.7%	11.2%
64	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	12.3%	12.0%	11.7%	11.6%	11.5%	11.9%	11.7%	12.0%	11.5%	11.5%
65	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	4.3%	4.0%	3.8%	4.2%	3.9%	3.8%	3.6%	3.7%	4.2%	4.5%
66	HRD	LC	Vacancy Rate	<=4%	>5%	4.7%	7.7%	6.5%	5.1%	7.4%	6.3%	5.9%	5.4%	5.0%	4.9%
67	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	1.9%	2.5%	3.2%	3.5%	4.0%	3.0%	2.6%	3.9%	3.3%	3.2%
68	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	4.5%	4.9%	6.6%	7.6%	8.9%	5.6%	5.3%	9.2%	6.1%	7.6%
69	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	84.7%	82.8%	80.7%	80.3%	80.9%	81.1%	80.3%	78.6%	81.1%	81.0%
70	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	90.5%	90.8%	86.2%	82.6%	88.2%	85.6%	84.8%	83.1%	81.8%	82.9%
71	DOF	NT	Information Governance Breaches	TBC	TBC	40	39	47	47	16	16	15	14	19	14
72	HRD	LC	Mandatory training	>=90%	<80%	87.0%	87.5%	87.0%	86.5%	87.5%	86.8%	86.8%	86.6%	86.3%	86.5%

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

Well Led Seasonal Targets

	Q1	Q2	Q3	Q4	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%

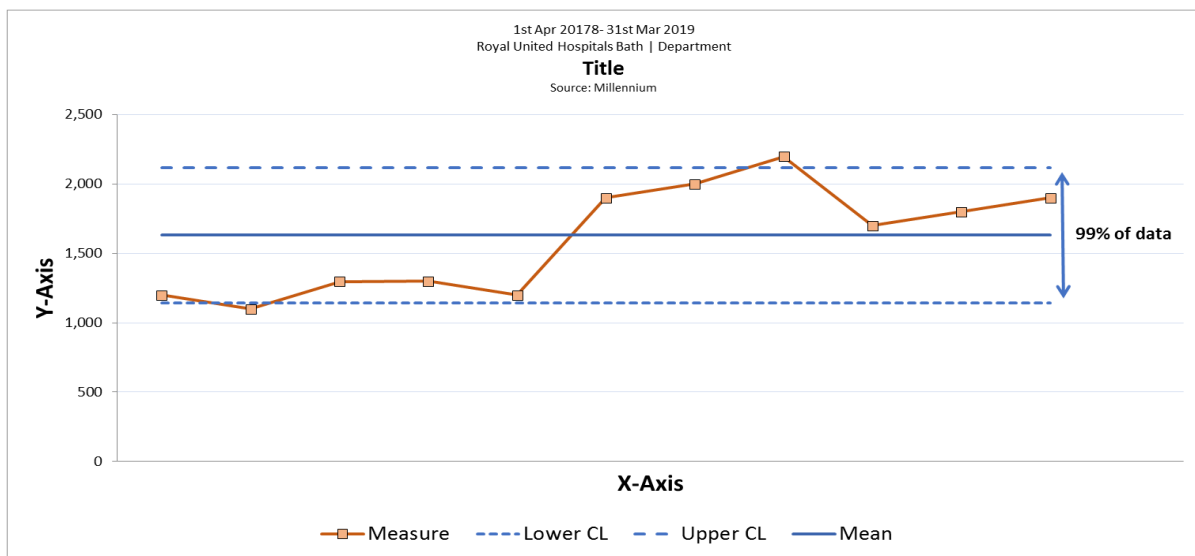
Appendix 2 -Statistical Process Control (SPCs)

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

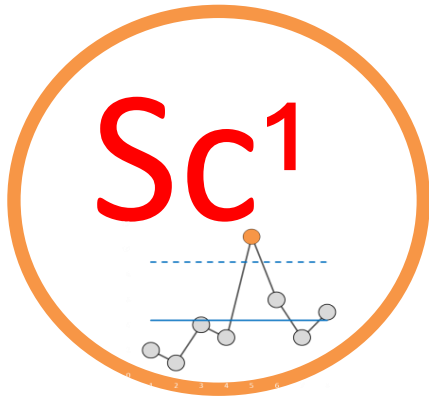
Target – Red

Trajectory – Green

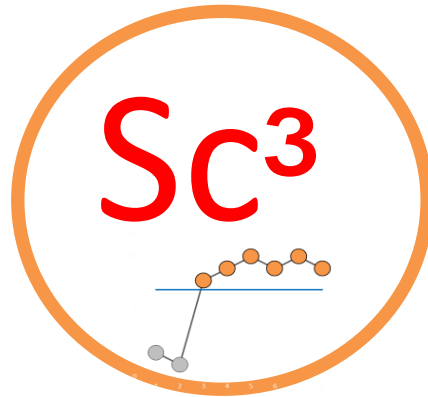
Appendix 2 - Statistical Process Control (SPCs)

Special-Cause Variation

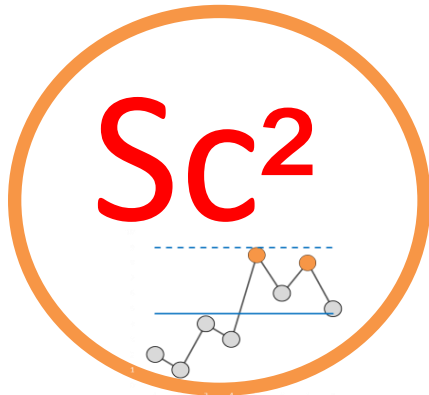
Point is red or green depending whether it is positive or negative variation.



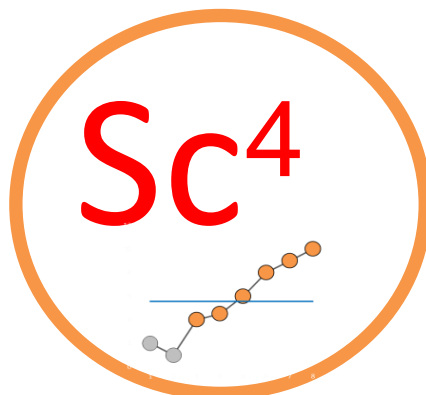
A single data point outside the confidence limit.



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

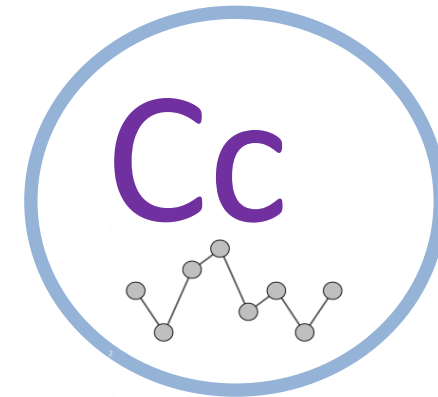


Two of three data points close to a confidence limit.



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

Common-Cause Variation



No rule triggered