

Report to:	Public Board of Directors	Agenda item:	13
Date of Meeting:	26 February 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 January four Single Oversight Framework (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 (DM01).

4hr standard performance in January saw improved performance compared to December but remains below trajectory. Overall, emergency presentations to the hospital (both Emergency Department and direct admissions) continue to be high and above the mean in month. Flu and norovirus continued to have an impact on flow coupled with high demand, staffing challenges and ongoing high numbers of delayed transfers of care out of hospital. A number of winter planning interventions have helped to mitigate risk and improve the quality of emergency care pathways.

DM01 performance and access to diagnostic tests continues to be a key focus. A more detailed recovery plan by modality is included in this month's report to set trajectories for improvement and actions to delivery these. Further information is provided in slides 31 -34.

Cancer 62 day performance improved in month but still remains below national standard. Two week wait performance fell below target in January after two months of positive performance however Breast 2 week Breast Symptomatic has achieved for the fourth consecutive month.

RTT Performance saw a slight decrease in month but remains above trajectory and above the National Performance by 2.4%. There has been further improvements in Gastroenterology achieving over 92% for the second consecutive month. Increased surgical trauma activity and high acuity in ITU 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 16 to 20).

DTOC and Extended LOS remain a focus for health and social care partners and impact directly on the acute bed capacity for emergency patients. System leadership calls are continuing to provide support and challenge in patient pathways delays for community or social care provision. This has resulted in improved visibility and collaboration on areas such as infection prevention and winter capacity.

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 67.3%, both the 95% national standard and the improvement trajectory target. This is an improvement on last month's performance.

Diagnostic tests – 6 week wait – January performance is reported as 13.67% (against 1% standard). The significant DM01 failure in Echocardiography, CT and MRI explains the variation and a revised trajectory for improvement has been set.

Cancer 62-day urgent referral to treatment for all cancers was 80.0%, below the 85% standard and the NHSI Improvement trajectory but there has been a circa 5% improvement from last month.

RTT incomplete pathways in 18 weeks at 86.8% below the 92% national standard but remains above the improvement trajectory target. The RUH reported 4 52 week incomplete pathways in January showing improvement from last month.

DTOC performance of 5.0% beds occupied with delayed patients, significantly above the 3.5% national standard. There has further progress this month showing a reducing trend over the last three months.

In Month response and focus

4hr Performance – lead actions to improvement in month (detail and progress on delivery of actions is detailed on page 11 of the report).

1. Direct admissions for Medicine - still periods that there are no direct admissions due to poor flow out of MAU into ward beds, plus an impact from infection. Direct admissions continue to run through Area B
2. ED Escalation – Work continues to develop these further to respond to patient flow into both the Emergency Department and the rest of the hospital.
3. RAT – Capital works commenced for ED includes development of a dedicated RAT area in ED Majors which is due to be completed end February / beginning of March.
4. UTC/ ED Minors – Work continues with regards to full integration and competency sign-off, led by Head of Nursing for Medicine.
5. Trauma Assessment Unit (TAU) - opened on 20th January 2020 with pathways for GP expected T&O patients as well as some walk in patients from ED.

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. An update report and action plan is being presented at February Management Board.

RTT incomplete pathways – lead actions to improvement in month (detailed on page 20 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 continues.
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 - lead actions to improvement in month (detailed on page 27 of the report)

1. Delivery of local anaesthetic transperineal prostate biopsy - streamline the pathway, removing the requirement for pre-operative assessment and creating the opportunity for procedures to be performed outside of theatres.
2. 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.
3. 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.

Diagnostic tests (6-week wait)- lead actions to improvement in month (detailed on page 30 of the report)

1. Breast Ultrasound – recruitment for vacancy completed with a start date of June 2020. Locum Radiologist recruited and starting 10th February 2020 delivering additional 8 sessions per week. Substantive Radiologist Consultant returning from maternity leave in March will also support additional capacity.
2. 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.
3. Weekly 6 week diagnostic action group – trajectory agreed for all key modalities and ongoing daily and weekly review of the DM01 position and trajectory.

DTOC/LLOS lead actions to improvement in month (detailed on page 15 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. Complex Home First Trials for Delirium and ED to continue in February and March.

2.	Recommendations (Note, Approve, Discuss)
<p>The Board are asked to note January performance and discuss the output from key actions.</p> <p>The Board are asked to consider and note the agreed actions to improve performance for each key indicator in January.</p>	

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)
Managed and overseen via the Divisional Management Structure.	

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 – January 2020



NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Dec	Jan	Triggers Concerns
Four hour maximum wait in A&E (All Types)	66.3%	67.4%	
C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	1	4	
RTT - Incomplete Pathways in 18 weeks	87.0%	86.8%	
31 day diagnosis to first treatment for all cancers	98.2%	97.2%	
31 day second or subsequent treatment - surgery	100.0%	100.0%	
31 day second or subsequent treatment - drug treatments	98.1%	100.0%	
31 day second or subsequent cancer treatment - radiotherapy treatments	100.0%	100.0%	
2 week GP referral to 1st outpatient	93.2%	91.2%	
2 week GP referral to 1st outpatient - breast symptoms	100.0%	98.0%	
28 day referral to informed of diagnosis of all cancers	83.1%	76.3%	
62 day referral to treatment from screening	100.0%	92.9%	
62 day urgent referral to treatment of all cancers	75.3%	80.0%	
Diagnostic tests maximum wait of 6 weeks	11.18%	13.67%	

This report provides a summary of performance for the month of January 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 January 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 (DM01).

4 Hour Maximum Wait in ED - Performance Overview

Successes	Priorities
<ul style="list-style-type: none"> Improvement in overall 4hr performance during January ED Minors 4hr performance continues to be above 90% Improvement in Time to Initial Assessment target for Majors and Minors and Time to Treatment target in Majors ED / UTC capital works programme complete with teams now physically integrated Weekend clinically led huddles with on-call teams ongoing ED usage of the Discharge Hub continues to have positive impact ED Rapid Assessment and Treatment Model maintained and hours increased to 16:00, resource dependent ED Majors capital works for creation of Rapid Assessment and Treatment (RAT) area commenced Use of Parry Flu cohort ward to support infection control Pulteney ward transfer to OPU for winter period combined with further decrease in medical outliers; zero on some days in January 	<ul style="list-style-type: none"> Focus on self presenting MAU direct admissions going straight to MAU or Ambulatory Care Weekly Winter Clinical Cabinet to drive clinical practice change Optimisation of GIM Medical Take Model ED Minors and UTC integration – clinical model review with HR Consultation being launched in March 2020 Clinical pathways development for ED Minors & UTC Patient Flow System scorecards and actions from ‘Patient Flow Week’ to be completed to embed Patient Flow System Further refinement of pathways for the Trauma Assessment Unit CQC preparation Mitigations in response to change in Junior Doctor contract impacting on weekend rota Plans for management of COVID-19 swabbing
Opportunities	Risks & Threats
<ul style="list-style-type: none"> ED Minors and UTC integration – clinical model development Recruitment of UTC / ED Minors Practitioners Learning from regional events and work with ECIST Further increase in the number of early discharges through maximising use of the Discharge Hub Impact of the new GIM rota with on-site physician 08:00 – 20:00 at weekends Continued focus on MAU direct admissions Continued use of Pulteney ward transfer to OPU Recruitment of substantive ED Consultant 	<ul style="list-style-type: none"> Change in Junior Doctor contract which will lead to gaps in the weekend rota – mitigation being developed Reduction in numbers of direct admissions to MAU and SAU due to flow out of assessment units and capacity available System Winter Planning to mitigate anticipated performance pressures in Q4, as capacity gap identified from System Demand and Capacity Planning. Ongoing high numbers of DTOCs and LLOS – system actions not sufficient to mitigating rise Increase in the number aged 80+ ED attendances Infection control – Flu, Norovirus and COVID-19 swabbing

DTOC & Extended LOS - Performance Overview

Successes

- Continued weekly Clinical Cabinet scrutiny of the DPTL and LOS data and the Medical Divisional Driver for reduction in LLOS is showing internal changes in practice
- Complex Home First Delirium trial/Front Door trial is proving successful, with increased awareness and referrals to Home First as the appropriate pathway of choice for most patients.
- RUH internal Discharge Task and Finish group continues to focus on improvement in 7+ and 14+ LOS,
- Continued support for the RUH Discharge Hub, testing opportunity to convert to all discharges bar exception going via the Hub

Priorities

- Improved sight of all day to day and CCG defined delays, to support mapping of a wider HF trial for complex patients
- Continue to work with BIU to track progress against the Taunton LOS workshop challenge – ‘A Maximum of 4% of discharges from an acute should be to a new placement.’
- Winter plans for Front Door Therapies, OPU patient Flow and Complex HF including ED continuation for February and March.
- Development of the Complex Home First business case for BSW commissioners for winter 2020
- Relaunch the HF communications supporting the National Where Best Next campaign.

Opportunities

- LLOS – DPTL Process, the team are now following national guidance and prepping how extended LLOS can be considered an adverse event with appropriate risk stratification and datix alerting as a system.
- Team attending the NHSI Triumvirate Clinical Leaders LLOS National programme (February 2020)
- RUH are hosting a system wide Complex HF System review and commissioning meeting on 6th March 2020
- IDS & HF team to work with BIU to further refine the millennium data feed into SHREWD in order to complete a BSW Capacity requirements per Discharge pathway model for winter 2020.

Risks & Threats

- The system is continuing to miss the HF trajectory set by the AEDB, the 1-2 day wait has, in some community patches, stretched into weeks, creating a significant deconditioning risk to patients.
- Lack of system buy in to Social care admissions – request for system partners to resource a Social Worker trial in ED, equipped with community resources to enable admission avoidance for social issues remains under discussion.



Incomplete Standard: Performance Overview

Successes	Priorities
<ul style="list-style-type: none"> • RTT Performance above National Performance by 2.4% • RTT Performance better than trajectory by 1.4% • Routine elective activity maintained over Winter • Gastroenterology performance achieving > 92% for 2nd month • RTT performance improvements noted in Oral Surgery & Neurology • Total incomplete pathways > 40 weeks reduced in 3 specialties • APO transfers for longest waiting patients continue for T&O, General Surgery & Gynaecology – 49 patients treated at the end of January. • Cardiology typing backlog reduced to 10 days • Cardiology review of all patients > 30 weeks complete 	<ul style="list-style-type: none"> • Demand management of out of areas referrals and additional capacity in Neurology • WLI theatre and outpatient sessions • Actions to address total Incomplete Pathways increased by 0.7% from December and remains 15% above the March 2019 level (4.8% of total related to reporting changes) • Continue to maximise use of APO for longest waiting patients • Telederm pilot to be made mandatory for all 2ww referrals. • Re-advertise substantive Dermatology Consultant post
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Extended pilot for Teledermatology with BANES and Wiltshire • Text reminder service commences in April 2020 supporting reduced DNAs • Theatre Scheduling App pilot commencing in Gynaecology and General Surgery on 2nd March 2020 • Demand management work with B&NES GP supporting alternative Gynaecology pathways progressing 	<ul style="list-style-type: none"> • Trauma activity impacting on elective theatre lists in T&O • Non-elective pressures impacting on Paediatric elective care • Critical Care acuity impacting on Elective patients requiring HDU/Critical Care support • Reduced Surgical bed base over winter – supporting non-elective pressures • Dermatology – reduced capacity due to unfilled medical workforce gaps and job planning impacting January 2020 • MRI reduced capacity impacting on elective patients in T&O and Cardiology

Cancer Performance Overview

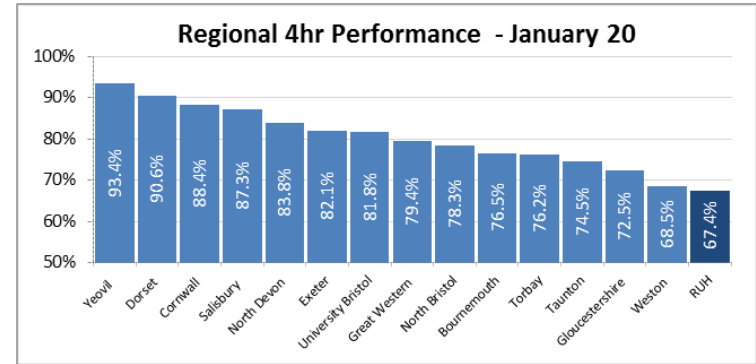
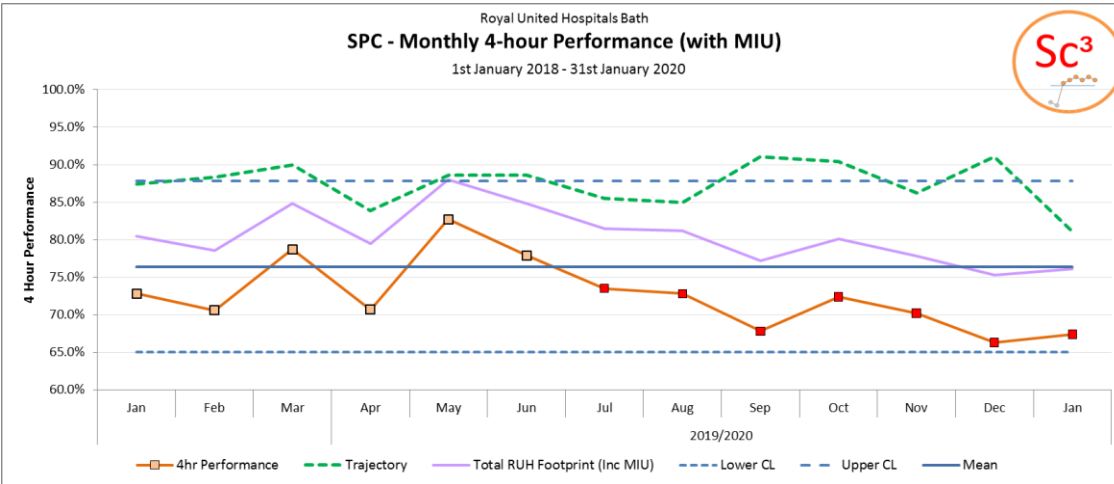
Successes	Priorities
<ul style="list-style-type: none"> • Improvement in performance for 62 day cancer standard and reduction in total number of breaches in month. • Further reduction in the number of patients on open pathways, including those over 104 days, most notably within Colorectal which is being delivered following commencement of the Navigator role. • Commencement of the Rapid Diagnostic Services pilots by January 2020; delivering rapid access to diagnostics and specialist clinical advice for patients with worrying but vague symptoms. • Temporary utilisation of external capacity for prostate MRI scans, reducing current waiting time. 	<ul style="list-style-type: none"> • Review current and predicted overall cancer demand on Radiology. • Continued focus on improvements of the 62 day pathway in Colorectal and Urology. This has been identified as a driver measure for Surgery Division Improving Together priorities for 2020/21. • Increase 28 Day Faster Diagnosis Standard data completeness. • Completion of the Cancer Services review and long term plan, with focus on primary action to support an improvement in waiting times to see an Oncologist and commence chemotherapy. • Expansion of tele-dermatology to cover all Skin 2ww referrals, with expectation this will reduce outpatient demand on Dermatology. • Review Straight to Test Colorectal cancer pathway to reduce 2ww pathway delays and breaches.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Cancer Services Management team to review avoidable 62 day breaches and collate and disseminate learning across the Trust – review to be completed by March 2020. • Delivery of timeframes for national early diagnostic prostate cancer pathway; swifter access to MRI and local anaesthetic transperineal biopsy. • Plastic Surgery locum commencing in February 2020 to support Skin cancer service. 	<ul style="list-style-type: none"> • Waiting times for Radiology investigations, specifically CT and MRI. • Capacity within Oncology (outpatient, chemotherapy and radiotherapy) which reduces the opportunity to meet the 62 day target given the long diagnostic pathways in a number of specialties. • Reduction in Dermatology 2ww and minor operation capacity due to vacancies, sickness and junior staff changeover – potential impact on two week wait, 31 day and 62 day cancer targets.

Diagnostics - Performance Overview

Successes	Priorities
<ul style="list-style-type: none"> • Sleep Studies – no breaches in month following implementation of action plan in September/October. • Dexa Scan had no breaches for January. • Five modalities have recorded an improvement in performance and overall less breaches than previous month: Audiology, Cardiology, Endoscopy, Neurophysiology and Urology • Echocardiography RAS now built and roll-out process in place. • Cardiology Echocardiography – Recovery package agreed by Specialty and Division. Additional weekend and evening activity in place from end of January and discussion ongoing about outsourcing activity. • Endoscopy additional weekend lists approved and in place from the end of February delivering extra activity to support DM01 recovery as well as in list productivity implemented from February. 	<ul style="list-style-type: none"> • Cardiology Echocardiography – discussions ongoing about outsourcing activity to Circle Bath. • Non Obstetric Ultrasound – Breast Ultrasound decline in performance due to staffing issues. Recruitment process now completed and anticipated recovery from February. • MRI and CT demand continues to exceed capacity and additional measures in place to mitigate breaches and demand management with the clinical cabinet • Endoscopy – additional weekend lists remains a priority to support performance, will be in place from end of February. • Business intelligence support to understand demand increases and top contributors – can this be used to manage demand. • DM01 trajectory to be revised in month to accommodate recovery actions and increase in demand for diagnostics.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Outsourcing Echocardiography to Circle Bath • Additional CT lists evenings and weekends – staff in place for January and February. • Additional endoscopy lists and increase of in-list productivity. • Elective funding application completed for additional MRI and CT mobile scanning • CRIS report training has been funded for 8 staff members to support capacity and demand work for all Radiology modalities • Additional funding available from NHSI and Cancer Alliance to support recovery actions for Diagnostic Modalities. 	<ul style="list-style-type: none"> • Increase in DM01 demand is impacting performance especially in CT and MRI in January. Clinical Cabinet supporting review, including focus on oncology planned patient demand. <ul style="list-style-type: none"> ▪ CT – Demand continues to exceed capacity after third CT scanner installed. Overall growth on demand continues to affect performance. • Impact of 2WW referrals in overall capacity for some modalities – BIU supporting analysis to support better forecast and understanding of this factor.

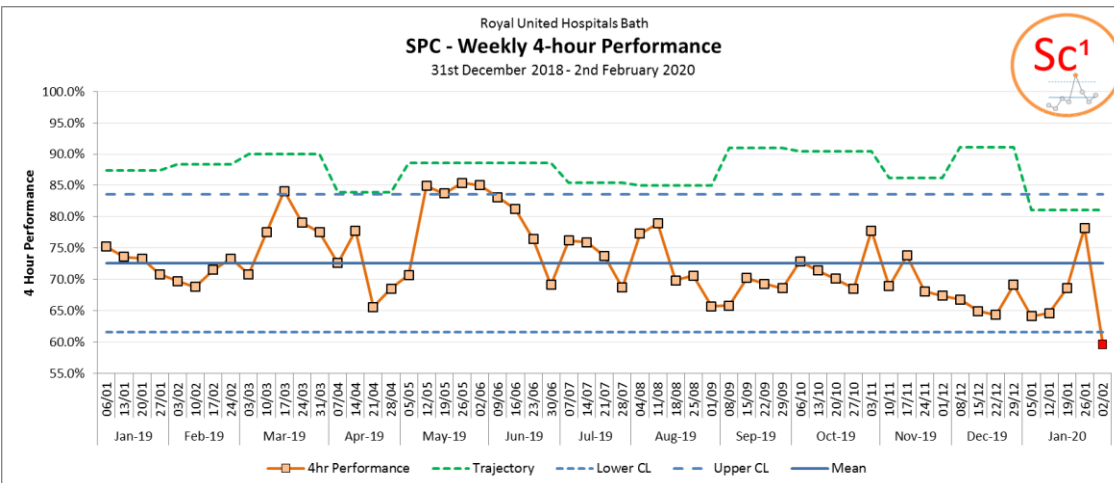


4 Hour Maximum Wait in ED – Improvement Trajectory (1)



Key contributors to performance below trajectory:

- Weekly performance was below trajectory for January however overall performance improved compared to the previous month
- ED attendances (type 1 and 3) dropped in January however continue to be above the Mean
- Overall emergency presentations (Emergency Department and direct admissions) continue to be high and above the Mean in January
- Ambulance conveyed patients continues to remain high with an increase in delays in ambulance handovers
- Flow out of the Emergency Department challenged with low numbers of discharges early in the day
- Patients diagnosed with confirmed Flu and Norovirus
- Ongoing high numbers of DToCs in January
- Increase in the numbers of Extended LOS patients
- Patient Flow System stabilising
- 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





4 Hour Maximum Wait in ED (2)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	January 20	Quarter 4	Full Year 2019/20
All Types	67.4%	67.4%	72.1%
RUH Footprint (Including MIU)	76.1%	76.1%	80.2%

Table 2: Emergency Department National Quality Indicators:

Title	Month	Quarter	Year
	Jan-20	4	2019/20
Unplanned Re-attendance Rate	0.2%	0.2%	0.3%
Total Time in ED - 95th Percentile	709.3	709.3	634.0
Left Without Being Seen	3.5%	3.5%	3.5%
Initial Assessment Time (Majors)	75.2%	75.2%	67.3%
Initial Assessment Time (Minors)	54.0%	54.0%	55.7%
Time to Treatment 60 Mins	38.9%	38.9%	40.2%
ED Attendances (Type 1)	6,429	6,429	65,401
ED 4 Hour Breaches (Type 1)	2,385	2,385	21,016
ED 4 Hour Performance (Type 1)	62.9%	62.9%	67.9%
Ambulance Handovers within 30mins (SWAS)	90.9%	90.9%	94.7%
ED Friends and Family Test	94	94	94

Table 1:

During January the “all types” performance increased to 67.4%, below the 95% standard and improvement trajectory, with a total of 2,403 breaches in the month. Improvement in performance from December (66.3%).

Table 2:

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

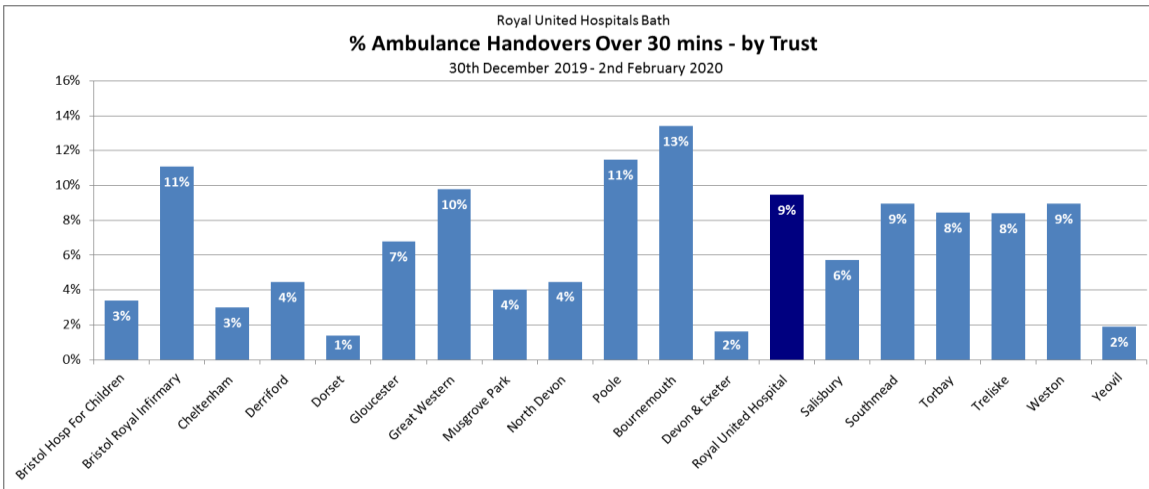
Increase in performance for Initial Assessment Time in Majors (December 73.1%) and Minors (December 49.9%). There are ongoing staffing gaps in UTC & Minors affecting performance against this indicator.

Increase in performance for Time to Treatment within 60mins compared to previous month (33.1%).

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



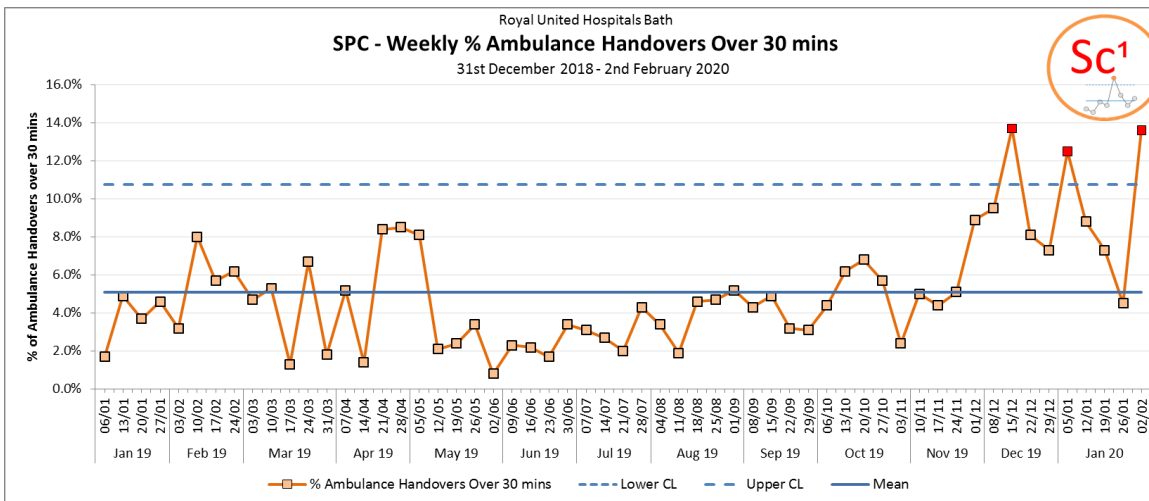
SWASFT Ambulance Handovers over 30 minutes (3)



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

The SPC graph demonstrates some ongoing delays in ambulance handover times during January with an average of 9% of patients exceeding the 30 minute ambulance handover target. However, the overall number of patients conveyed by ambulance remains extremely high in January.

Escalation triggers and RAG status' for ED, MAU/MSS, Cardiology and Paediatrics continue to be reviewed site meetings. ACE OPU RAG status is now also live. 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. Recent agreement with SWAST that patients that have not been handed over will be the responsibility of SWAST crews to monitor and records observations and escalate where necessary.

On-site HALO (Hospital Ambulance Liaison Officer) in place Thursday to Tuesday 15:00 – 23:00, which has been commissioned by the CCGs, however there have been some shifts where they have not been available.



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

Lead Actions Update:

- 1. Direct admissions for Medicine** – increased to 206 in January (see table below). However, there are still periods that there are no direct admissions due to poor flow out of MAU into ward beds, plus an impact from infection. Direct admissions continue to run through Area B.
- 2. ED Escalation** – Escalation triggers and RAG status' for ED, MAU/MSS, Cardiology and Paediatrics continue to be reviewed in the daily site meetings. ACE OPU RAG and triggers are now also live. 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 which is due to be completed end February / beginning of March.
- 4. UTC / ED Minors** – integrated Time to Initial Assessment in UTC and ED Minors ongoing. Work continues with regards to full integration and competency sign-off, led by Head of Nursing for Medicine.
- 5. Trauma Assessment Unit (TAU)** – opened on 20th January 2020 with pathways for GP expected T&O patients as well as some walk in patients from ED.

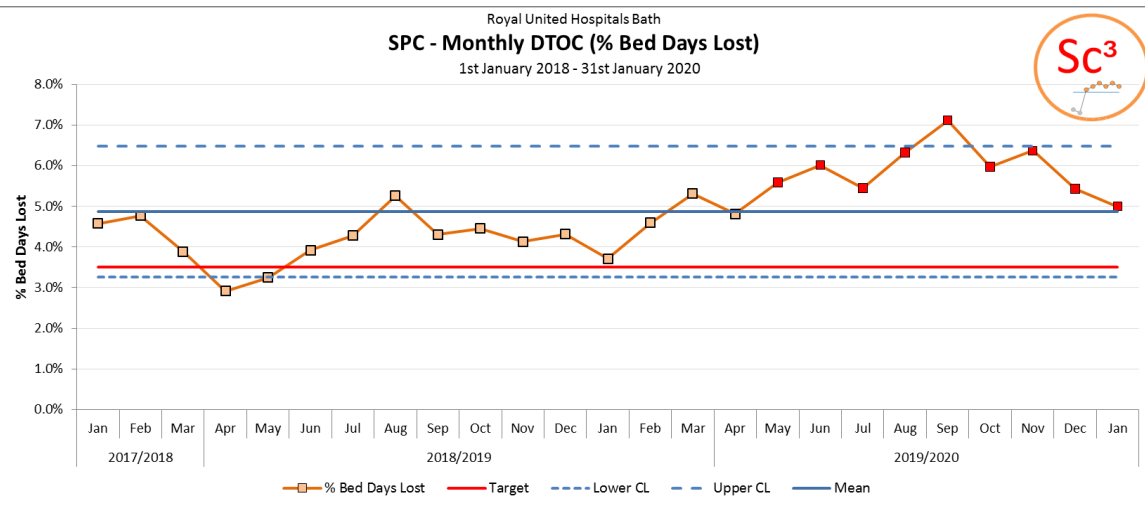
- Winter Schemes in place – KPIs for each scheme being reviewed.
- Fortnightly Unscheduled Care Programme Board in place.
- Discharge Hub continues to be in place 7 days per week with specific focus on early discharges.
- Direct admissions in MAU continue to be a high priority for the Trust. New SOP in place, however work continues to try and take the self presenting GP expected patients to Ambulatory Care waiting room.
- 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 commenced, due to be complete end of February / beginning of March.
- Trauma Assessment Unit open accepting GP expected T&O patients as well as patients from the Emergency Department.
- Ongoing focus with the Patient Flow System to ensure processes are robust. A performance scorecard in development to ward level. A successful 'Patient Flow Week' in January 2020 providing an action plan of work that needs to be undertaken.
- Agreement with BEMS for UTC GPs to review CAS cards of walk-in patients in order to consult with suitable patients to increase the numbers of patients seen. GPs will also be given access to First Net.
- 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. A HR Consultation is due to be launched in March which will affect all UTC and ED Minors Practitioners.
- Clinical pathway review commenced for UTC and ED Minors patients.

Medical Direct Admission Activity:

2019/2020										
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
175	356	377	239	236	180	245	175	123	206	



Delayed Transfers of Care (1)

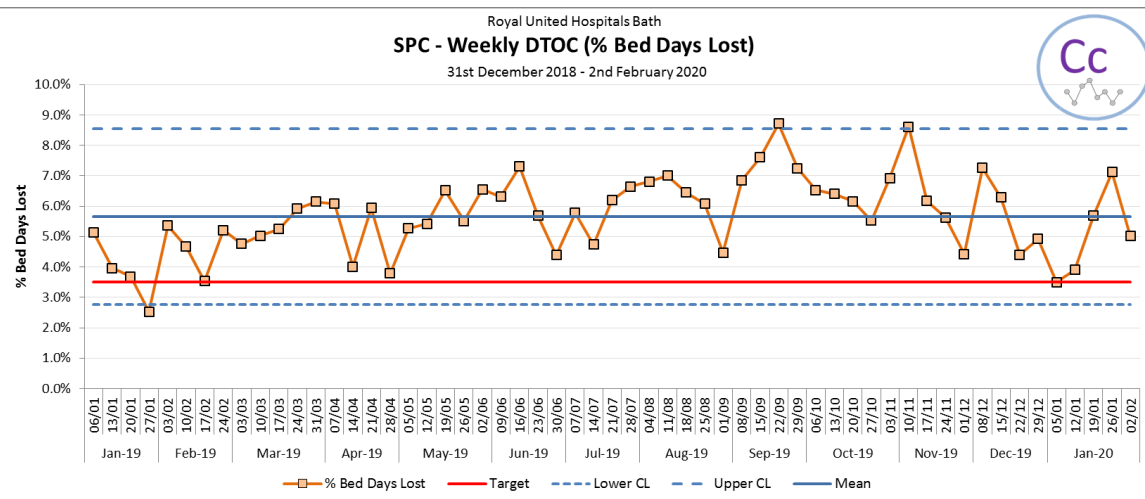


The top graph shows the monthly DTOC bed days with **SC3** triggered as 9 consecutive points have been above the mean line. The bottom graph highlights the weekly position with common cause variation.

45 patients were reported in the month end snapshot, and 912 delayed days (5.0%). DToC have continued to decrease despite this remaining above the national target set (3.5%) and triggering SC3.

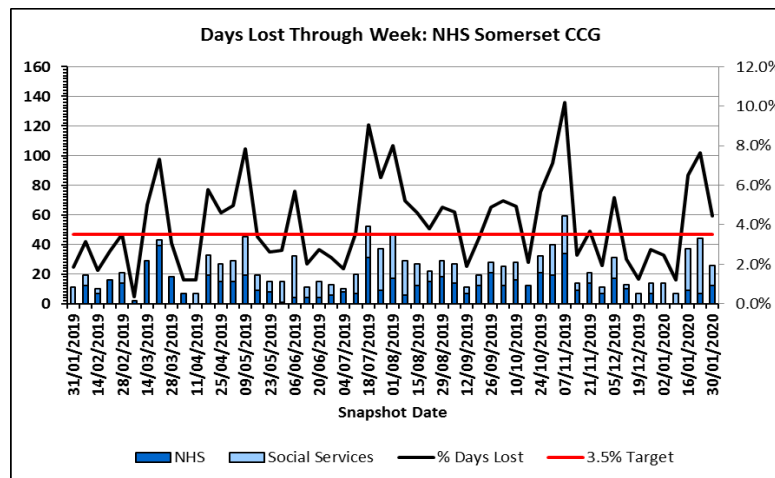
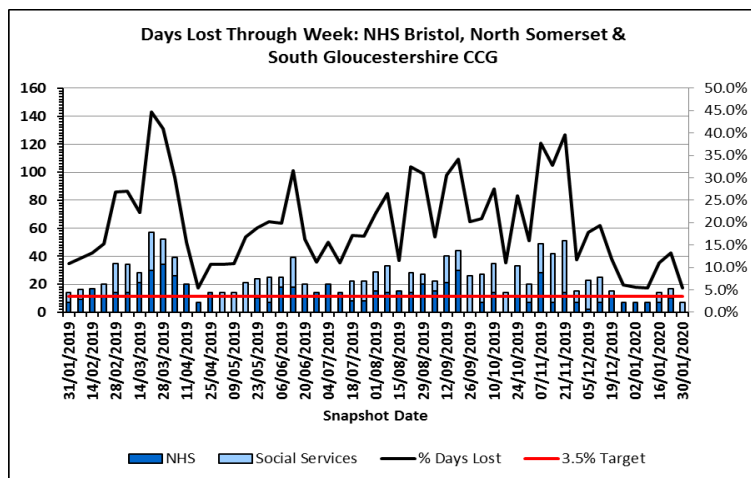
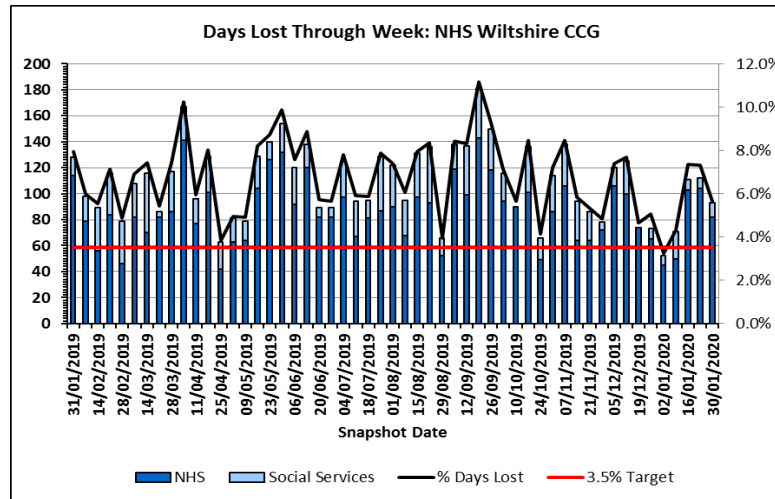
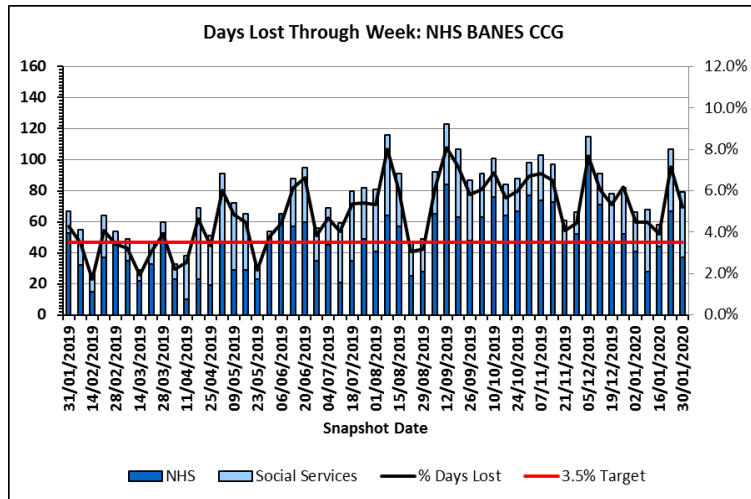
The overall challenges in DToC performance are discussed within Sitrep, and practically within MDT's, and with patients and partners in the DPTL (21+) weekly. Process delays externally remain linked to lack of trusted assessor, ICT bed delays or lack of community capacity.

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





Delayed Transfers of Care by CCG (2)

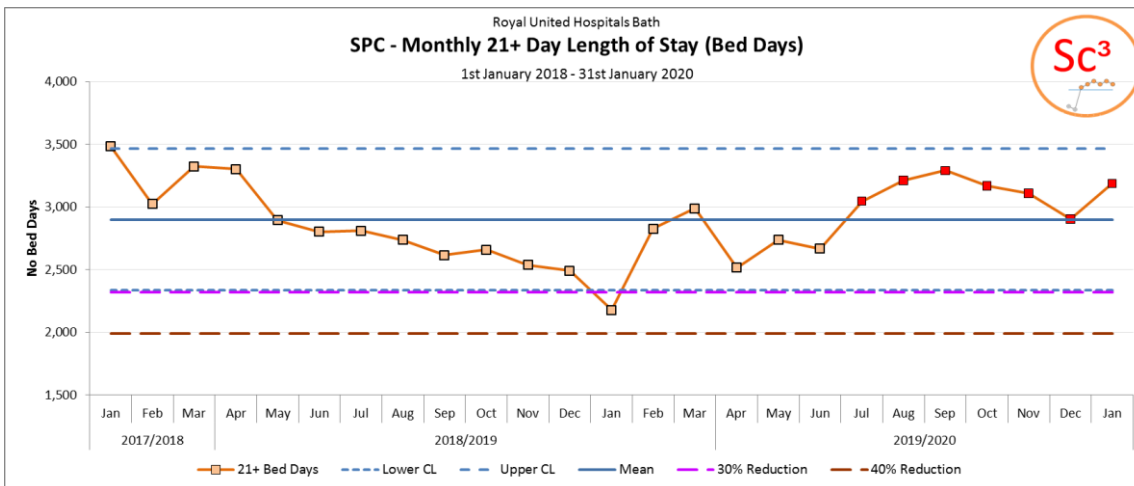


Throughout January System escalation has been ongoing on silver and gold calls with specific CCG asks, which have been variable in needs.

Delays to Stroke beds has remained a strong theme for January, and the ICT pathway 2 beds into Wiltshire have remained challenging.

Pathway 1 Home First patients have appeared on the DToC for Banes and Wilts, due predominately to the community teams inability to transfer care to social care and in turn limiting the pull of new referrals from the acute.

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 system 30% NHSI target remains at 73, to reach by the end of March 2020.

The SPC chart has triggered **Sc3** as 7 consecutive points have been above the mean line. January performance has worsened despite an increased focus from the community, noting the Christmas effect, and progress made from internal initiatives in October and November 2019.

Renewed focus has included; IDS setting a trajectory for the required weekly reduction in order to achieve the 30% target by end of March, broken down by CCG and ward and Super Discharge week will deliver a 10% DPTL Deep Dive, and inform a System wide March DPTL programme.

The Medical Division are supporting an Internal Challenge with an Improving Together Driver for reduction in 21+ LLOS. Through both the Clinical Cabinet and the Clinical leads, all Internal delays are now highlighted in real time and feedback weekly. Initial progress is promising with an increased rate of resolution achieved for those individual delays.



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

Lead Actions Update:

1. **Weekly Discharge PTL (DPTL).** Weekly ward level reviews of all LLOS in an established routine. Going forward Matrons and specialty managers will be asked to support their bed bases with these and note their ward progress. The system trajectory will be shared against the March 2019 target on a weekly basis against internal and external delays. IDS is continuing the **Daily review of the DPTL** patients in the daily huddles and is referenced on the silver calls for any additional actions for identified system delays.
2. **Discharge Facilitators PDSA,** has been completed and this piece of work has moved to the Heads of Nursing to support the further development of ward Discharge Facilitators.
3. **Medical Division support** to increase the LLOS Challenge and actions for all internal delays.
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.
5. **Complex Home First Trials for Delirium and ED** to continue in February and March, collecting patient stories and data.

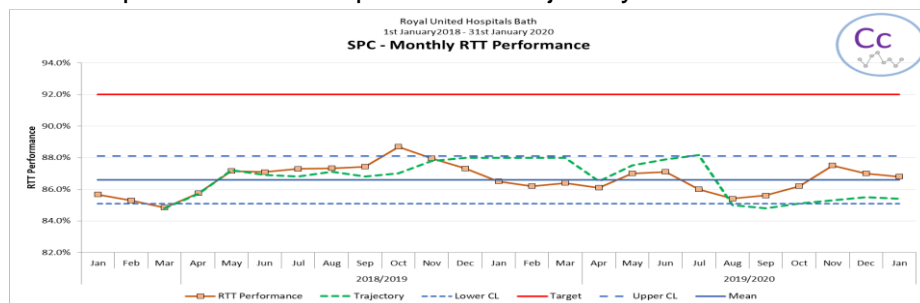
Planned Actions:

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. **RUH** - Ongoing Internal delays review – for immediate resolution and Clinical Leads to receive and be held accountable to weekly Specialty LLOS performance
3. **System** – Home First System wide event planned for end of March to feedback all trial data, including delays and plan with commissioners the next steps to increase HF capacity across the system for 2020
4. **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. Impact on delays has been noted on Silver escalation calls
5. **Patient Flow System** - The Home First and IDS team leads are part of the RUH internal Discharge Task and Finish group, 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:



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Planned Performance	87.5%	88.0%	88.3%	88.5%	88.7%	88.6%	88.7%	88.2%	87.8%	88.1%	88.5%	88.4%
Revised Trajectory Performance	86.1%	87.0%	87.1%	86.0%	85.0%	84.8%	85.1%	85.3%	85.5%	85.4%	85.9%	86.0%
Variance	-1.40%	-1.00%	-1.20%	-2.50%	-3.71%	-3.83%	-3.62%	-2.90%	-2.30%	-2.68%	-2.64%	-2.35%
Actual Performance	86.1%	87.0%	87.1%	86.0%	85.4%	85.6%	86.2%	87.5%	87.0%	86.8%		
Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

	Open Pathways			
	Total Waiters	> 18 Weeks	Performance	
100 - General Surgery	2139	386	82.0%	↓
101 - Urology	1360	108	92.1%	↓
110 - T&O	1808	387	78.6%	↓
120 - ENT	2073	490	76.4%	↓
130 - Ophthalmology	2087	130	93.8%	↑
140 - Oral Surgery	1756	242	86.2%	↑
300 - Acute Medicine	115	1	99.1%	↑
301 - Gastroenterology	2211	162	92.7%	↑
320 - Cardiology	2060	395	80.8%	↓
330 - Dermatology	1234	306	75.2%	↓
340 - Respiratory Medicine	402	0	100.0%	↑
400 - Neurology	771	115	85.1%	↑
410 - Rheumatology	801	15	98.1%	↑
430 - Geriatric Medicine	141	4	97.2%	↑
502 - Gynaecology	1975	214	89.2%	↓
X01 - Other	3354	262	92.2%	↓
Total	24287	3217	86.8%	↓

Performance against the incomplete standard of 92% was 86.8% in January, a decrease of 0.2% on December, although 1.4% above the trajectory. This compares with a National Incomplete RTT average performance of 84.4% (National average last reported in November 2019)

8 specialties did not achieve the constitutional standard in November. General Surgery, T&O, ENT, Oral Surgery, Gynaecology, Cardiology, Dermatology, and Neurology, although improvements were noted in Oral Surgery and Neurology. Gastroenterology achieved above 92% for the second consecutive month.

The over 18 week backlog for admitted patients increased in month to 1,613 (from 1,559 in December). The largest growth noted in Oral Surgery and Urology.

Outpatients

Significant increases in referrals continue to be noted compared with the same 3 month period the previous year for Cardiology 40.9% (415) and Oral Surgery 33.8% (309) impacting on waiting times and RTT performance.

Electives

38 Elective operations were cancelled on the day of surgery for non-clinical reasons; 10 operations were cancelled due to lack of beds, 7 patients were cancelled due to ITU capacity and 11 due to lists overruns

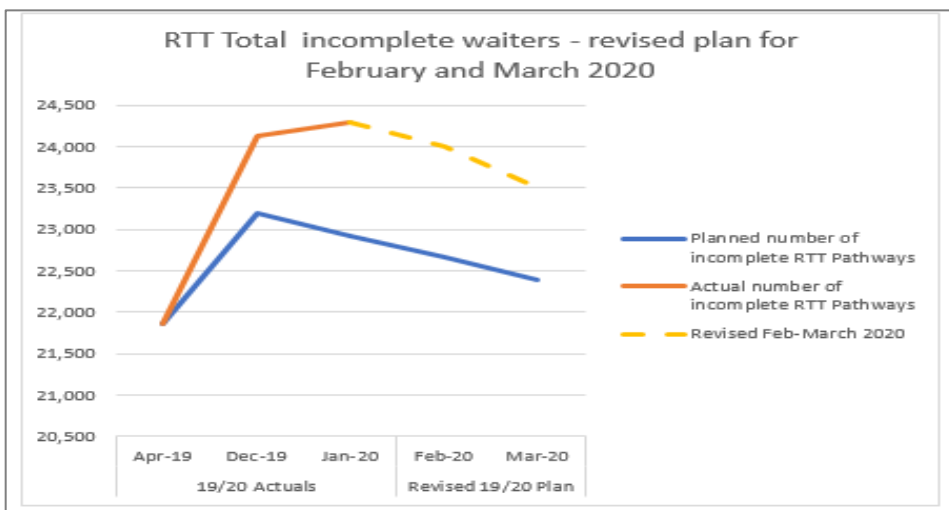
During January 2020, 272 patients were discharged through Chairport, equating to 56.5% of day case activity.



Incomplete Standard: Trajectory incomplete pathways (2)

Total Incomplete Pathways increased by 0.7% from December and remains 15% above the March 2019 level. The position is expected to improve at year end to 11% above March 19, noting that almost half of the growth is related to reporting changes affecting ENT and Cardiology (4.8% of total). A revised trajectory is shown below:

	Mar-19	19/20 Actuals			Revised 19/20 Plan	
		Apr-19	Dec-19	Jan-20	Feb-20	Mar-20
Planned number of incomplete RTT Pathways	21,200	21,862	23,192	22,926	22,660	22,394
Actual number of incomplete RTT Pathways	21,200	21,862	24,126	24,287	24,000	23,500
% Variance on March 2019		3%	14%	15%	13%	11%
% Variance on plan		0%	4%	6%	6%	5%



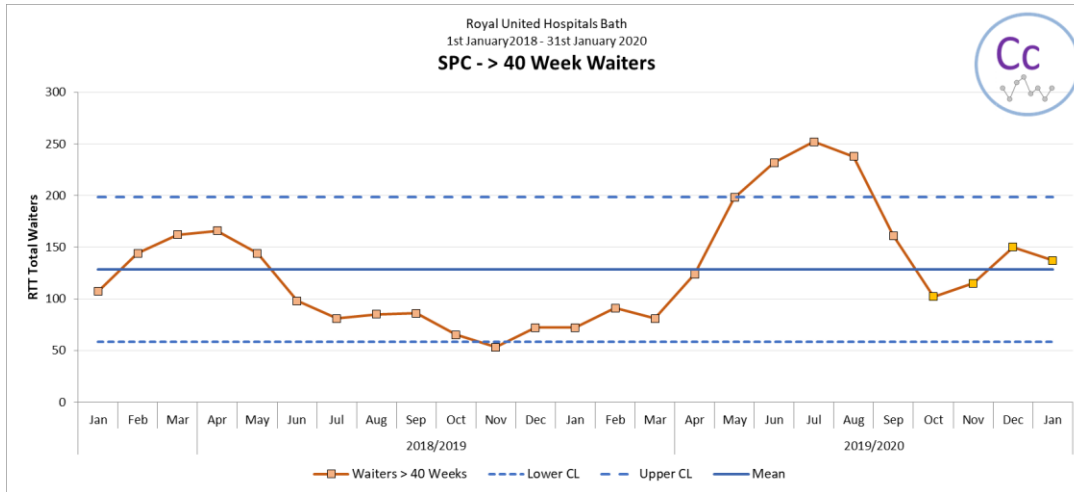
The Specialties with growth are detailed below:

Specialty	Total incomplete waiters March 2019	Total incomplete waiters Jan 2020	YTD variance from March 19	Position in month	Technical/reporting changes YTD
X01 - Other	2018	3354	1336	?	
320 - Cardiology	1256	2060	804	↑	765
502 - Gynaecology	1243	1975	732	↑	
101 - Urology	866	1360	494	↑	
120 - ENT	1789	2073	284	↓	324
130 - Ophthalmology	1823	2087	264	↑	
330 - Dermatology	1014	1234	220	↓	
400 - Neurology	627	771	144	↓	
110 - Trauma & Orthopaedics	1690	1808	118	↓	

To note the growth in 'Other' from March 19 is due to the technical reporting changes made in November, removing Breast Surgery from General Surgery, adding to 'Other'.



18 Weeks – Incomplete Pathways >40 weeks (3)



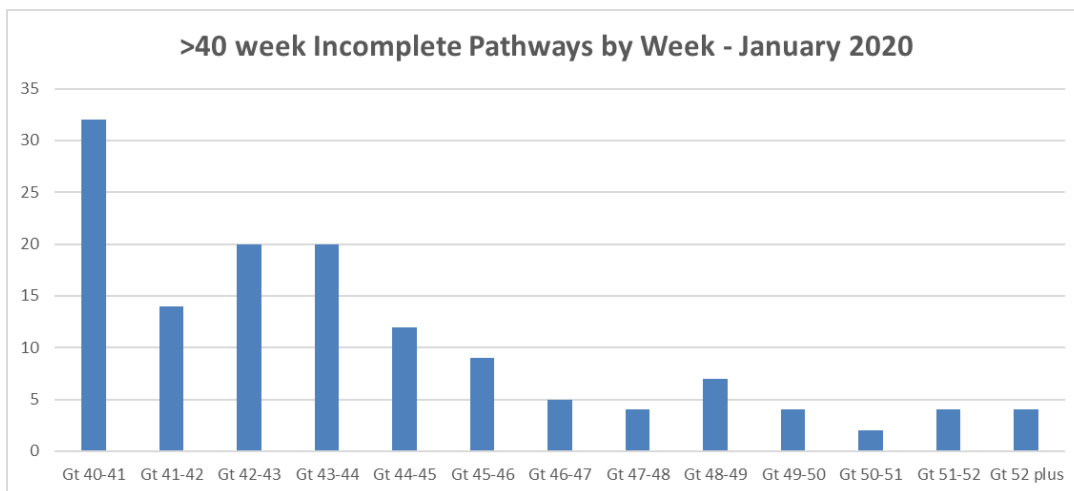
Overall incomplete pathways over 40 weeks have decreased in month by 13 patients.

Top specialties showing improvement noted in:

- Cardiology (9)
- Dermatology (9)
- Gastro (4)

Growth in waiters increased in ENT by 3 patients, Gynaecology 2, T&O 2 patients

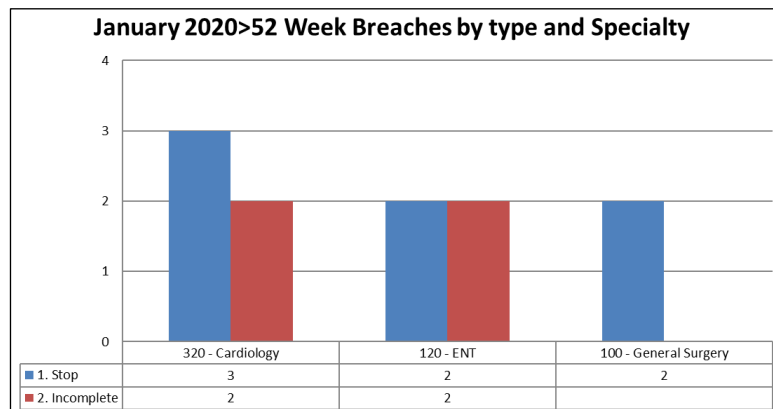
Weekly reporting to NHSI of patients waiting > 40 weeks is in place



Incomplete pathways >40 weeks growth from October 19 to January 20					
	Oct-19	Nov-19	Dec-19	Jan-20	Growth
General Surgery	16	14	28	26	-2
Urology	0	0	0	1	1
Trauma & Orthopaedics	7	4	14	16	2
ENT	11	17	25	28	3
Ophthalmology	2	3	2	2	0
Oral Surgery	9	10	8	5	-3
Gastroenterology	22	26	12	8	-4
Cardiology	21	24	38	29	-9
Dermatology	13	17	21	12	-9
Thoracic Medicine	0	0	0	0	0
Neurology	0	0	0	0	0
Rheumatology	0	0	0	0	0
Geriatric Medicine	0	0	0	1	1
Gynaecology	1	0	2	4	2
Other	0	0	0	5	5
Total	102	115	150	137	-13



52 Week Breaches – Reporting (4)



The table above provides detail of Incomplete pathway 52 week breaches reported in January:

RTT Stops are Admitted and Non-Admitted patients whose pathway stopped during the reported month. The Trust has reported 7 >52 week breach stops in January.

Admitted Stops:

- 1 x General Surgery
- 1 x ENT

Non-Admitted Stops:

- 1 x General Surgery
- 1 x ENT
- 3 x Cardiology

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.

	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	0	4	4
Feb-20	0	6	6			
Mar-20	0	6	6			

The Trust reported 4 >52 week Incomplete patient pathways for January for which the Trust will share a financial penalty with Commissioners for each month the patient remains incomplete.

Reported breaches:

- 2 x ENT
- 2 x 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

- Achieved 92.7% performance in January
- Plans in place for all patients over 40 and 44 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 – 49 patients treated
- Additional validation of > 40 weeks continues in all specialties to ensure plans are in place to avoid 52 week breaches

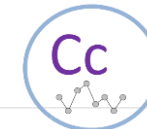
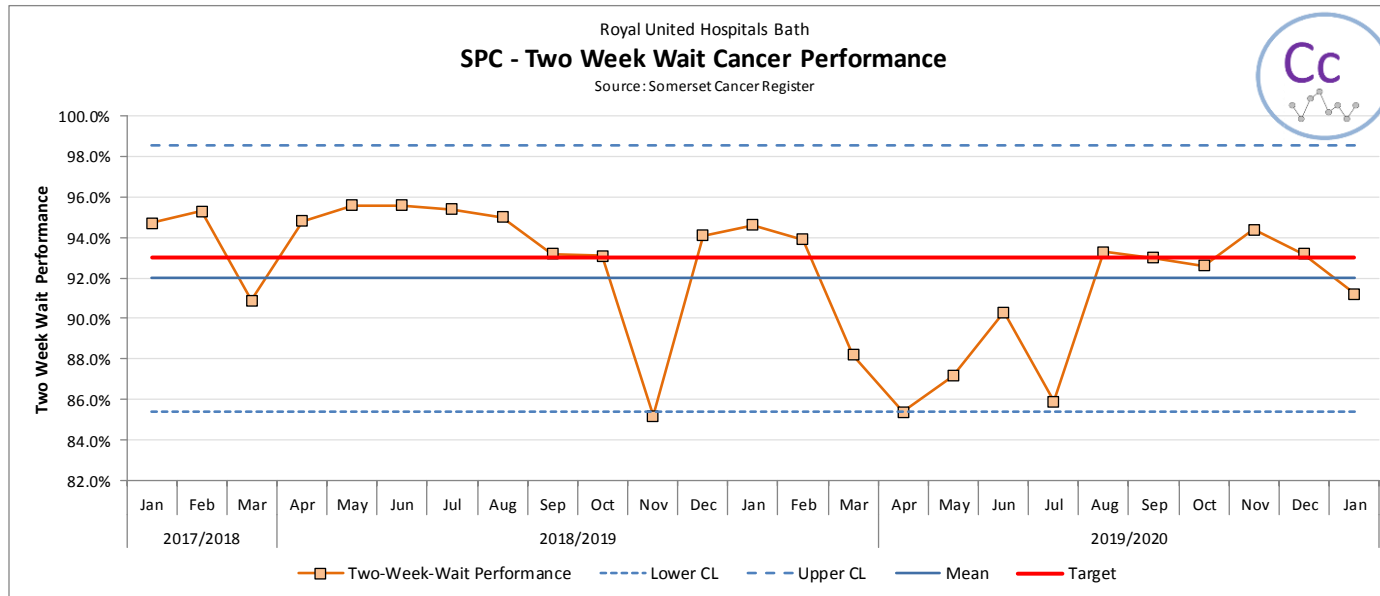
3. Reporting

Weekly reporting to NHSI includes patients >40 weeks and breaching 52 weeks. 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 continues to the end of March
 - NHSE/STP support
 - Additional diagnostic activity for CT, MR and Cardiac echo commenced in January for 760+ procedures
 - NHSI 60 hours validation support accepted
- 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
- Specialty level A3 review for RTT top contributors for General Surgery, T&O, Cardiology and Dermatology has commenced.
- Weekly RTT Driver meetings scheduled for top contributors

Cancer Access – Two Week Wait (1)



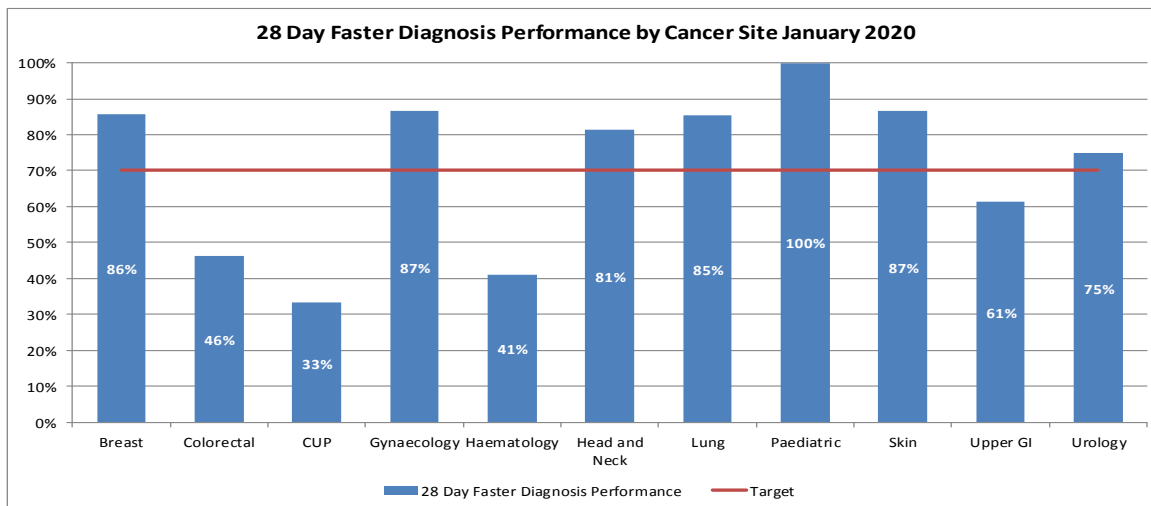
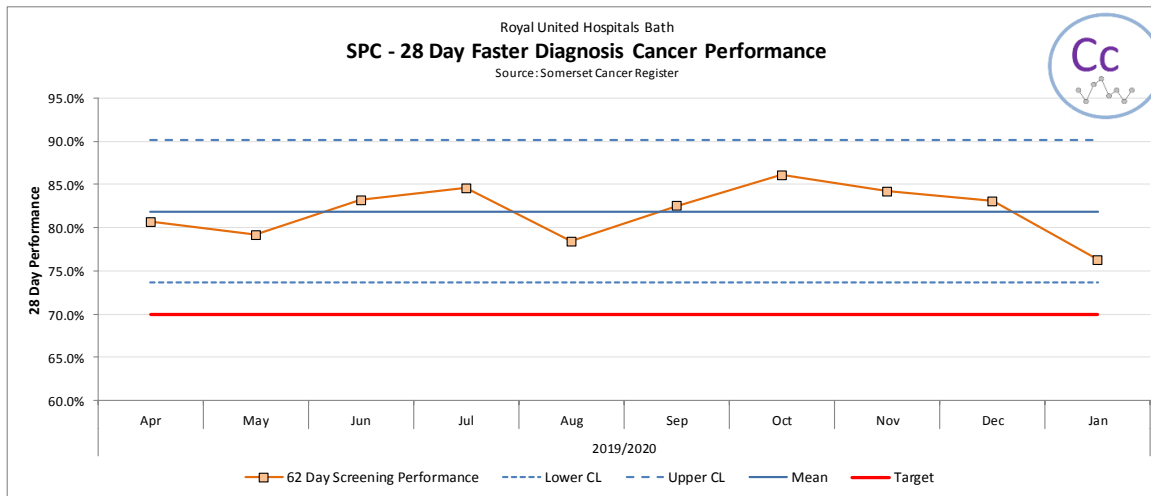
In January the Trust failed to meet the 93% target with performance at 91.2%.

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

The 93% standard was not achieved in Colorectal (44 breaches), Upper GI (18 breaches), Urology (12 breaches), and Skin (27 breaches).

Of the total 129 breaches, 89 were due to patient choice to cancel or delay their appointment. Of the 44 hospital breaches, 26 were within Colorectal due to moving to the Straight to Test diagnostic pathway. This pathway change is however more efficient and reduces the overall pathway length for any patient diagnosed with cancer, resulting in swifter access to treatment. Further work is ongoing to reduce the number of 2ww breaches sustained in this pathway.

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. A 70% target has now been set nationally and 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.

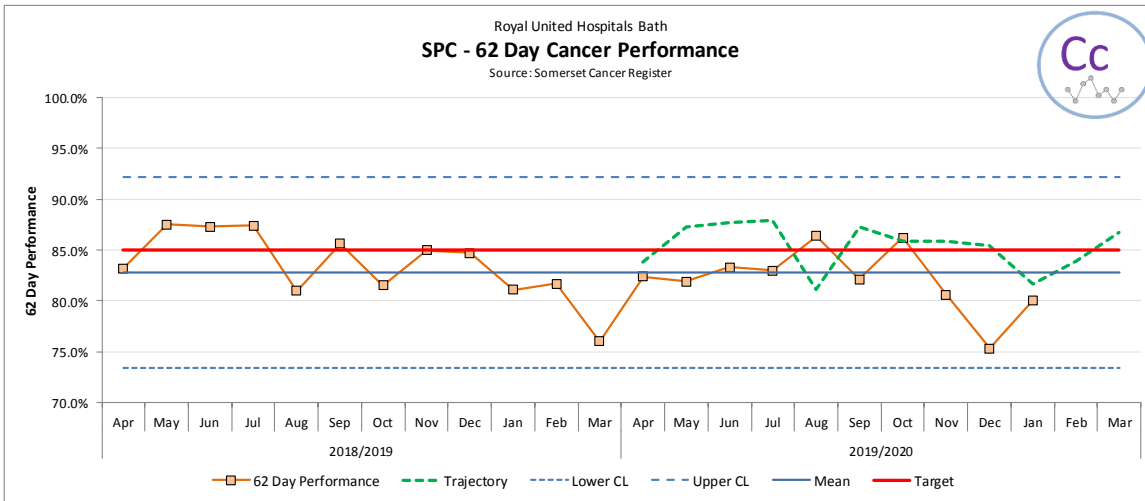
The standard puts a focus on the crucial time after symptoms are first identified. For those diagnosed with cancer, treatment can begin as soon as possible. For those where cancer is ruled out they can have their minds put at rest more quickly.

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 (4)

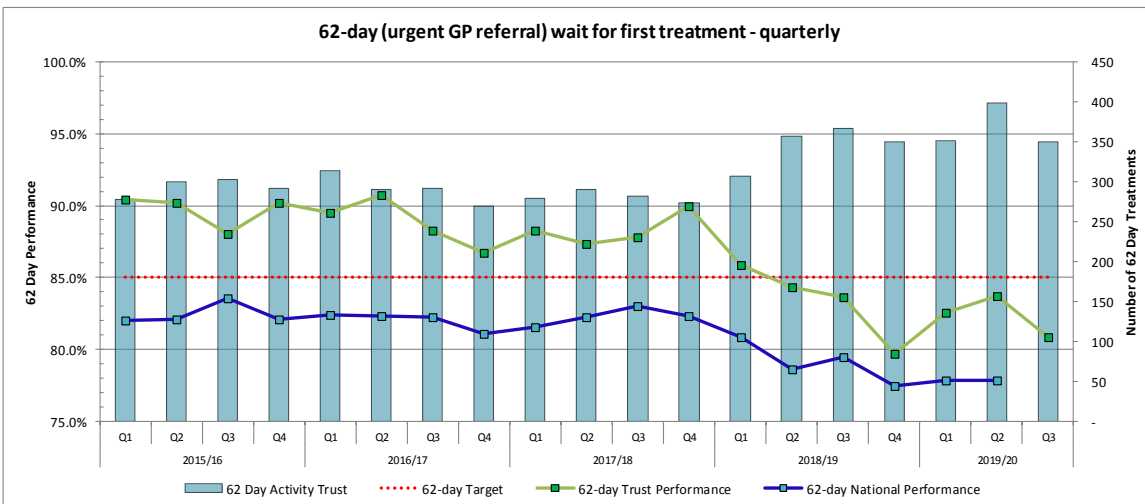


Trust performance in January was 80.0%, which failed to meet the 85% standard. Performance in month was also below the NHSI agreed trajectory. In month the Trust reported 25.5 breaches.

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 80.9%, although an improvement in performance is noted since Q4 2018/19.

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





62 Day performance by Tumour Site (5)

Cancer Site	Indicator Description	2018/19			2019/20									
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Breast	Activity	26	17	14	30.5	26.5	15	21	32	23	22	15	20	17
	Breaches	1	1	0	0	3	2	0	1	1	1	1	1	0
	Performance	96.2%	94.1%	100.0%	100.0%	88.7%	86.7%	100.0%	96.9%	95.7%	95.5%	93.3%	95.0%	100.0%
	Referral Conversion %	7.9%	3.3%	6.6%	5.8%	3.3%	5.3%	7.3%	7.9%	5.3%	5.0%	4.1%	5.7%	
Colorectal	Activity	15	14.5	16	9	13.5	12	20	10.5	17	15	8.5	15	9
	Breaches	6	4.5	8	4	6.5	4	5.5	4.5	6	2	4.5	8	5
	Performance	60.0%	69.0%	50.0%	55.6%	51.9%	66.7%	72.5%	57.1%	64.7%	86.7%	47.1%	46.7%	44.4%
	Referral Conversion %	6.4%	5.2%	4.1%	6.9%	5.6%	5.8%	4.8%	4.8%	7.1%	5.6%	3.9%	5.1%	
CUP	Activity	0.5	0	0.5	0	0	0.5	3.5	0	1	1	0.5	2	
	Breaches	0.5	0	0.5	0	0	0	1.5	0	0	0	1	0	
	Performance	0.0%	100.0%	0.0%	100.0%	100.0%	100.0%	57.1%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%
	Referral Conversion %	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	60.0%	0.0%	0.0%	33.3%	60.0%	100.0%	
Gynaecology	Activity	5.5	8	8	9	4	4	10	9.5	12	8	6	6	10
	Breaches	0	1	0	1	1	0	1	0	2	2	0	3	2
	Performance	100.0%	87.5%	100.0%	88.9%	75.0%	100.0%	90.0%	100.0%	83.3%	75.0%	100.0%	50.0%	80.0%
	Referral Conversion %	7.0%	7.1%	5.3%	3.4%	3.0%	8.2%	7.7%	9.8%	7.6%	4.3%	6.1%	3.8%	
Haematology	Activity	10	7	8	11.5	5	7	9.5	6	11	5	9	8	11
	Breaches	1	3	4	3	1	2	1	2	4	1	0	2	1
	Performance	90.0%	57.1%	50.0%	73.9%	80.0%	71.4%	89.5%	66.7%	63.6%	80.0%	100.0%	75.0%	90.9%
	Referral Conversion %	63.2%	53.3%	57.9%	58.3%	60.0%	62.5%	50.0%	55.6%	64.3%	62.5%	38.9%		
Head and Neck	Activity	4.5	3.5	6	5	4	2	6	7	6.5	4	5	8	3
	Breaches	3	2	2	1	0	0	3	2	3.5	1	3	6	1
	Performance	33.3%	42.9%	66.7%	80.0%	100.0%	100.0%	50.0%	71.4%	46.2%	75.0%	40.0%	25.0%	66.7%
	Referral Conversion %	3.8%	4.3%	2.6%	5.2%	4.8%	2.8%	7.7%	4.8%	3.9%	5.5%	4.5%	3.7%	
Lung	Activity	6.5	5.5	6.5	8.5	4	9.5	8	2.5	9.5	6	5.5	6	10.5
	Breaches	1	1	3.5	1.5	1.5	1	1	1	1	2.5	0.5	0	4
	Performance	84.6%	81.8%	46.2%	82.4%	62.5%	89.5%	87.5%	60.0%	89.5%	58.3%	90.9%	100.0%	61.9%
	Referral Conversion %	21.4%	21.1%	21.4%	25.0%	32.1%	25.0%	19.0%	35.1%	13.8%	21.4%	25.6%	27.7%	
Skin	Activity	26	13	28.5	18	26.5	22.5	33.5	20.5	19.5	25	33.5	21	31
	Breaches	1.5	1	5.5	0	0.5	1	1.5	0	2	0	2.5	2	2.5
	Performance	94.2%	92.3%	80.7%	100.0%	98.1%	95.6%	95.5%	100.0%	89.7%	100.0%	92.5%	90.5%	91.9%
	Referral Conversion %	7.7%	6.3%	9.4%	5.9%	10.6%	6.3%	6.7%	5.3%	7.0%	7.8%	6.9%	6.4%	
Upper GI	Activity	7	8.5	7	4	7.5	11	9.5	6	6.5	6.5	8.5	4.5	6
	Breaches	4	1	0	1	0.5	3	4	1	2	2	4	2.5	1.5
	Performance	42.9%	88.2%	100.0%	75.0%	93.3%	72.7%	57.9%	83.3%	69.2%	69.2%	52.9%	44.4%	75.0%
	Referral Conversion %	5.5%	6.9%	5.8%	11.5%	9.7%	11.1%	3.4%	8.7%	7.8%	8.8%	4.5%	8.0%	
Urology	Activity	27.5	24	28.5	29.5	28	24	31.5	23.5	22.5	30.5	24	22.5	28
	Breaches	6.5	4	6	10.5	7.5	5	7.5	4.5	1.5	5.5	6	3	8.5
	Performance	76.4%	83.3%	78.9%	64.4%	73.2%	79.2%	76.2%	80.9%	93.3%	82.0%	75.0%	86.7%	69.6%
	Referral Conversion %	20.0%	13.6%	17.9%	16.7%	21.8%	19.5%	21.3%	19.0%	23.2%	16.0%	19.5%	21.2%	

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

Performance improved in month but not sufficiently to achieve the 85% target. Performance was impacted most significantly by breaches within Colorectal (5 breaches), Urology (7.5), and Lung (4).

One shared breach within Skin is accounted for within RUH activity but is to be wholly assigned to NBT under the national breach allocation regulations. Two further shared breach allocations are under review (one with UHB and one with NBT). If all agreed as not RUH breaches this improves RUH performance to 81.1%.

Of the total 25 RUH breaches recorded, 4 patients waited 104 days or more for treatment:

- Colorectal 2
- Haematology 1
- Lung 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.



62 Day performance regional comparison

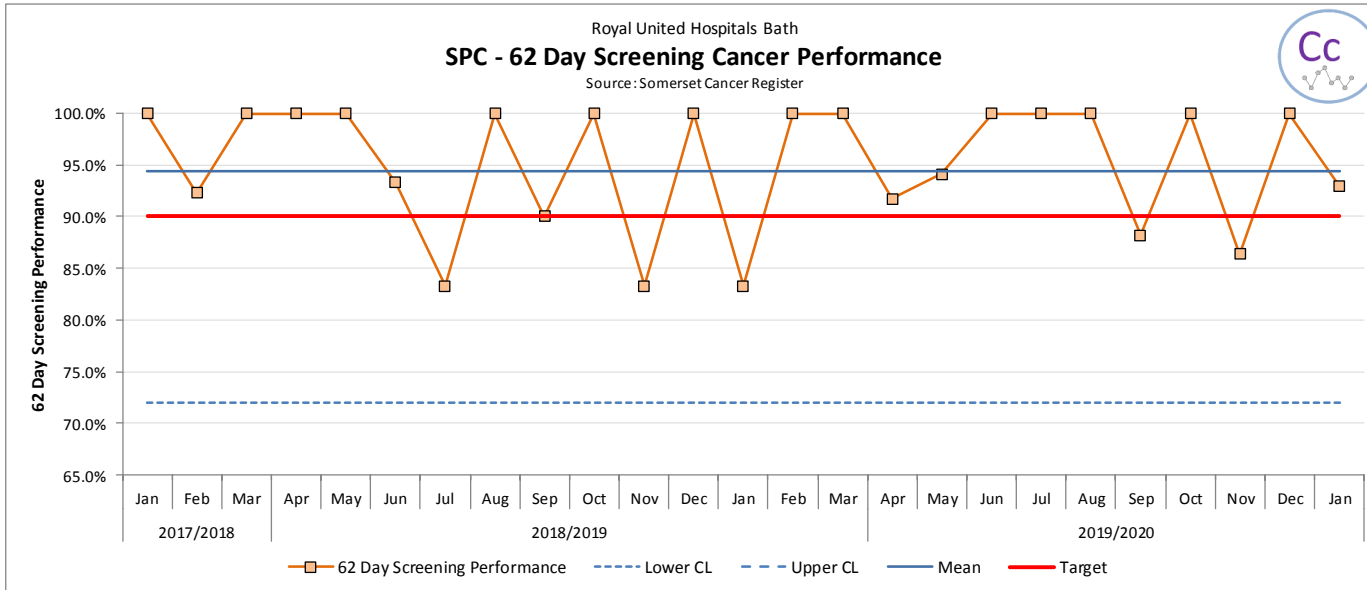
Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
RUH	82.50%	82.59%	82.23%	82.09%	86.64%	81.50%	86.70%	80.97%	75.34%
Dorset	84.75%	80.15%	81.10%	71.83%	74.79%	74.11%	78.46%	70.73%	88.76%
Exeter	69.31%	71.60%	67.21%	70.95%	72.06%	70.14%	73.73%	73.31%	76.90%
Gloucestershire	85.81%	70.71%	66.48%	71.60%	74.09%	71.06%	72.68%	63.85%	73.88%
GWH	88.68%	82.35%	90.23%	83.26%	85.98%	85.54%	85.29%	85.00%	87.04%
NBT	84.40%	78.95%	76.99%	74.10%	88.84%	72.58%	68.64%	71.62%	75.53%
Plymouth	72.58%	73.22%	73.20%	73.41%	76.24%	71.35%	68.50%	73.04%	69.73%
Poole	84.52%	88.64%	76.47%	78.16%	85.21%	84.15%	79.29%	81.21%	68.50%
Salisbury	89.23%	82.35%	70.19%	82.14%	80.47%	86.30%	82.83%	86.58%	82.14%
South Devon	79.92%	86.55%	78.80%	84.02%	78.16%	78.88%	73.13%	78.81%	85.87%
Taunton	80.00%	75.45%	68.05%	74.36%	77.85%	81.87%	79.03%	76.38%	78.87%
UHB	86.84%	86.05%	84.06%	86.84%	85.78%	83.61%	87.63%	86.97%	83.88%
Weston	85.11%	53.23%	60.56%	73.17%	50.00%	57.38%	56.25%	78.57%	60.00%
Yeovil	84.26%	79.55%	86.73%	85.59%	94.12%	93.10%	79.12%	88.39%	89.15%
England	79.40%	77.45%	76.66%	77.56%	78.51%	76.89%	75.56%	77.37%	77.99%

Whilst not consistently meeting the 85% standard, the Board is asked to note the performance of the RUH in comparison with other local and regional providers.

The RUH remains one of the stronger performers against the 62 Day GP Referral to Treatment standard in the region as shown in this table.

Average performance in 2019/20 puts the RUH in the top third of Trust in the South West.

Cancer Access – 62 Day Screening (6)



In January the Trust achieved the 90% target, with performance at 92.9%.



62 Day Cancer Performance - In Month Response and Focus (7)

Lead Actions Update:

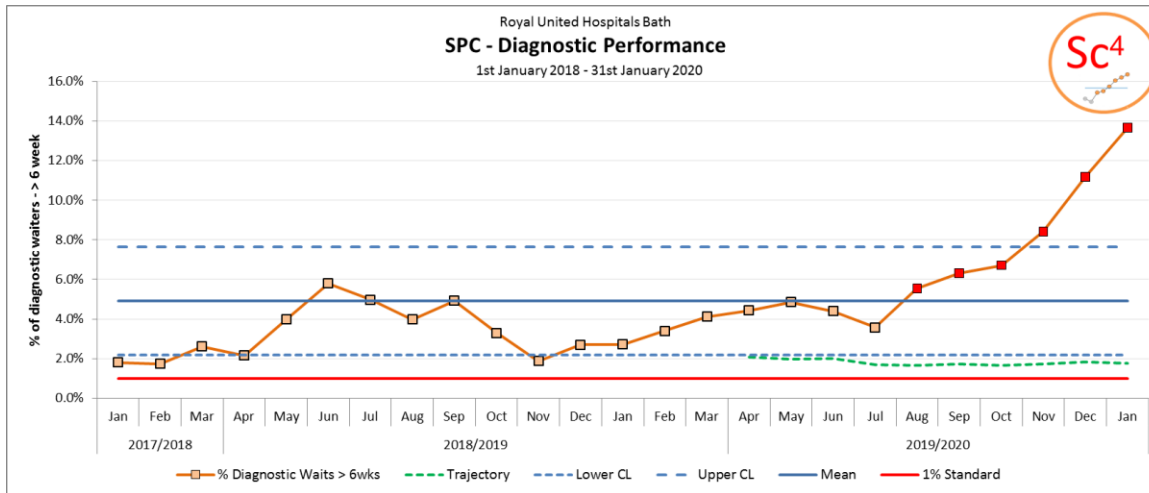
1. **Delivery of local anaesthetic transperineal prostate biopsy** which will streamline the pathway, removing the requirement for pre-operative assessment and creating the opportunity for procedures to be performed outside of theatres.
2. **Development of a long term plan and new operating model in Oncology**, allowing for more robust capacity and demand planning which will deliver more timely treatment for those patients receiving oncological treatment – completion of review February 2020.
3. **Recording of 28 Day Faster Diagnosis Standard** data for all relevant patients. Further improvement noted in month in data completeness of clock stops. 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.

Planned Actions:

- Implementation of prostate cancer early diagnosis updated pathway, delivering a rapid straight to imaging pathway for the appropriate patients.
- Undertake thorough review of all cancer demand on Radiology, including planned scans for patients undergoing and post treatment, to support appropriate management and use of available Radiology capacity.
- Detailed retrospective review and collation of data and outcomes from all 62 day breach RCAs, ensuring appropriate actions are being delivered which will address performance issues.



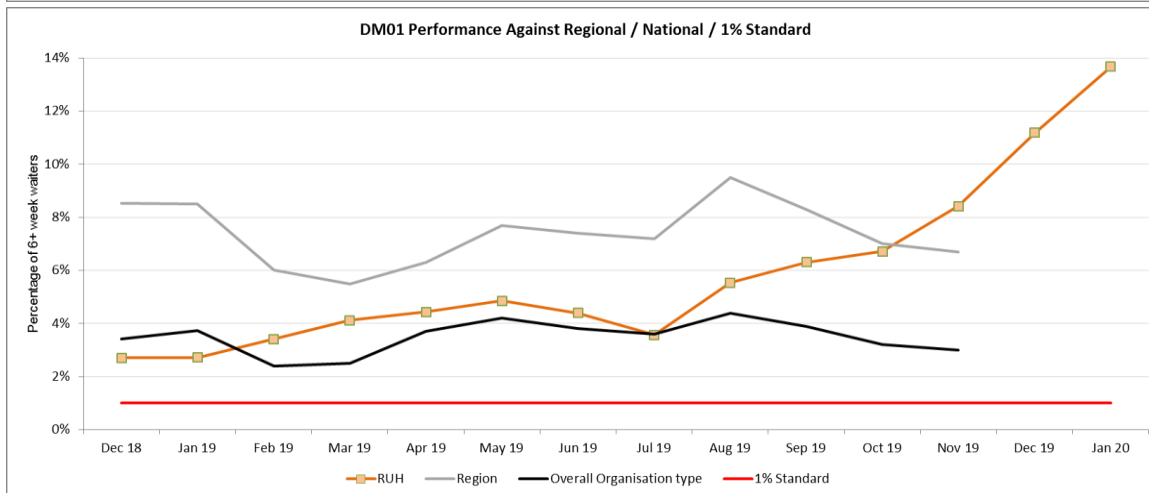
Diagnosics (1)



January performance is reported as 13.67% 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 DM01 failure in CT and MRI explains the variation from the previously agreed trajectory, driven by a increase in demand for these modalities. However, Echocardiography, Endoscopy Diagnostics and Non-Obstetric Ultrasound breaches in January have also adversely contributed to the overall position in month.



Successes in month with an overall reduction in total breaches across most modalities. Sleep studies and Dexa Scans registered no breaches.

The SPC rule **SC4** has been triggered with six months ascending performance in a row. 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 is significantly below 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 from January.*
- *New Echocardiography recovery plan approved in Specialty.*
- *Mobile CT scanner on site to support capital replacement programme.*
- *Third MR online from 10.02.2020 (replacement works completed).*
- *Recruitment to Breast (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 approved and starting at end of February. View to provide a consistent delivery of additional activity for 3-6 months.*

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	530
Computed Tomography	190
Non-obstetric Ultrasound	147
Audiology - Audiology Assessments	5
Cardiology - Echocardiography	284
Neurophysiology - Peripheral Neurophysiology	7
Urodynamics - Pressures & Flows	1
Colonoscopy	76
Flexi Sigmoidoscopy	20
Cystoscopy	3
Gastroscopy	43
Total (without NONC)	1306

Weekly DM01 group in place managed by the Medical Division to support recovery and service improvements. January saw an improvement in performance in most modalities. However there was a substantial decline in performance in CT and MRI driven by an increase in demand. This has impacted on the overall performance for the month.

Echocardiography (284) – Improvement in performance from previous month with 49 less breaches than in December. RUH staff payments agreed and additional lists scheduled in February. New recovery package approved in Specialty and Division with a view to recover position in the next 4 months through insourcing and outsourcing.

Magnetic Resonance Imaging (530) – Demand for MRI scanning continues to increase – additional 285 referrals from previous month. 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 (147) – Demand continued to be high for Non-Obstetric Ultrasound in January. Breaches have occurred in month predominately due to Radiologist capacity (Breast Ultrasound) – General Radiology and Rheumatology breaches continue to reduce in line with recovery plan. Recruitment to substantive Consultant vacancies completed and additional mitigating actions in place where possible with available agency staff. WLI's being done where possible.

CT - Computed Tomography (190) – Overall growth in CT demand continues – additional 69 referrals from previous month. Additional activity done in month in line with recovery plan but insufficient to offset increase in demand. Additional mobile CT Scanner remains on site and WLI lists being done whenever possible to mitigate breaches.



Diagnostics - In Month Response and Focus (3)

Lead Actions Update:

Please see additional slides for MRI, CT and Echocardiography.

- Breast Ultrasound** – Recruitment for vacancy completed with a start date of June 2020. Locum Radiologist recruited and starting 10th February 2020 delivering additional 8 sessions per week. Substantive Radiologist Consultant returning from maternity leave in March will also support additional capacity. All options including agency and radiographer roles continue to be 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.
- Endoscopy – Colonoscopy, Gastroscopy, Flexi-Sigmoidoscopy** – Improvement in performance overall from previous month. Backlog remains from 2019 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. New pay scheme approved that will deliver a minimum of 2 additional endoscopy lists per weekend from end of February and additional in-list productivity implemented from February. This will ensure a sustained recovery of DM01 position.
- 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 DM01 position and trajectory. DM01 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.



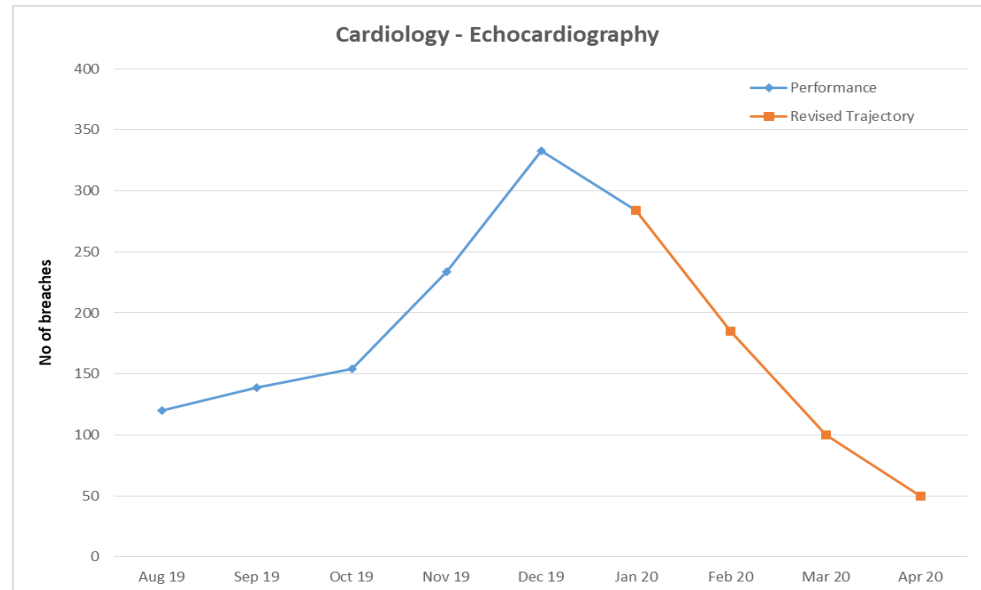
Diagnostics - In Month Response and Focus – Echocardiography (4)

Lead Actions Update:

1. **Improvement** in overall diagnostic performance in January 2020 following recovery plan actions.
2. **Cardiology Consultant locum** in place providing additional support.
3. **Weekend and evening** activity set up and in place from end of January 2020 delivering additional capacity (following agreed recovery package). Head of Radiology supporting review of processes.
4. **Outsourcing TOE's** - outsourcing opportunity with Circle Bath with a view to start transferring activity by April 2020.
5. **Referral Assessment Service (RAS)** for Cardiology 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** agreed 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).





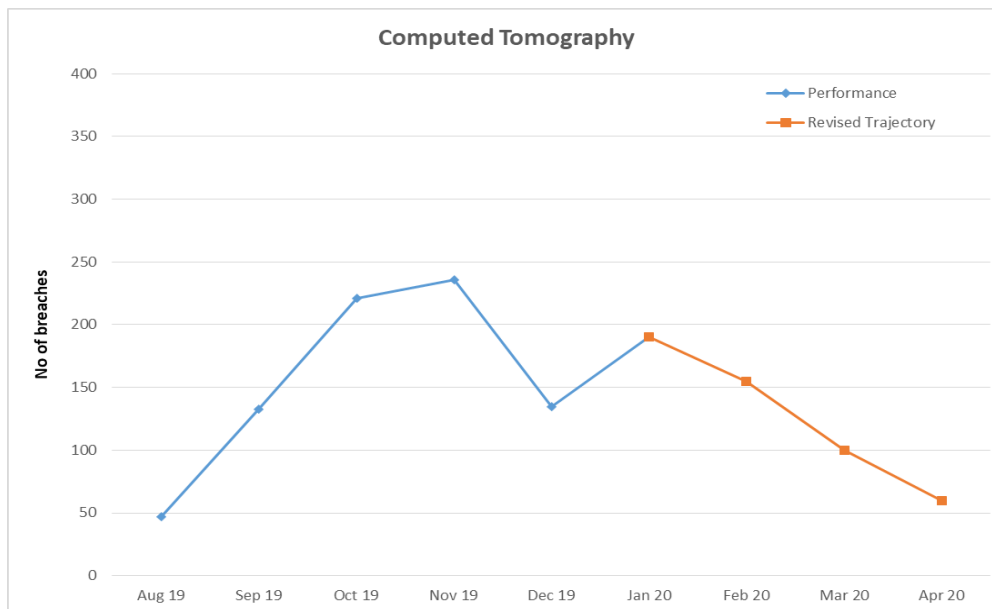
Diagnostics - In Month Response and Focus – CT (5)

Lead Actions Update:

1. Recovery trajectory was offset by increase in demand for CT radiography (additional 69 referrals in January). Decrease in performance driven by impact of increased demand.
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:

- Additional activity done in month in line with recovery plan but insufficient to offset increase in demand
- 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 June 2020.

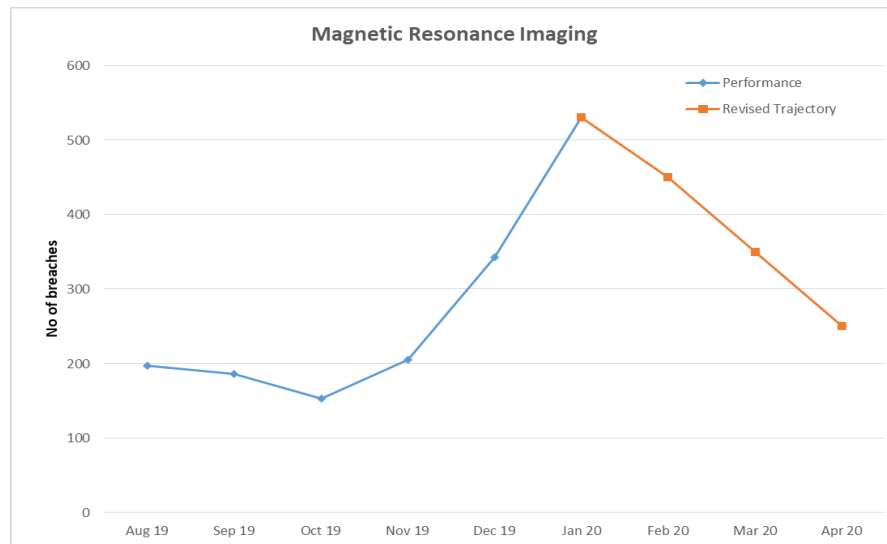




Diagnostics - In Month Response and Focus – MRI (6)

Lead Actions Update:

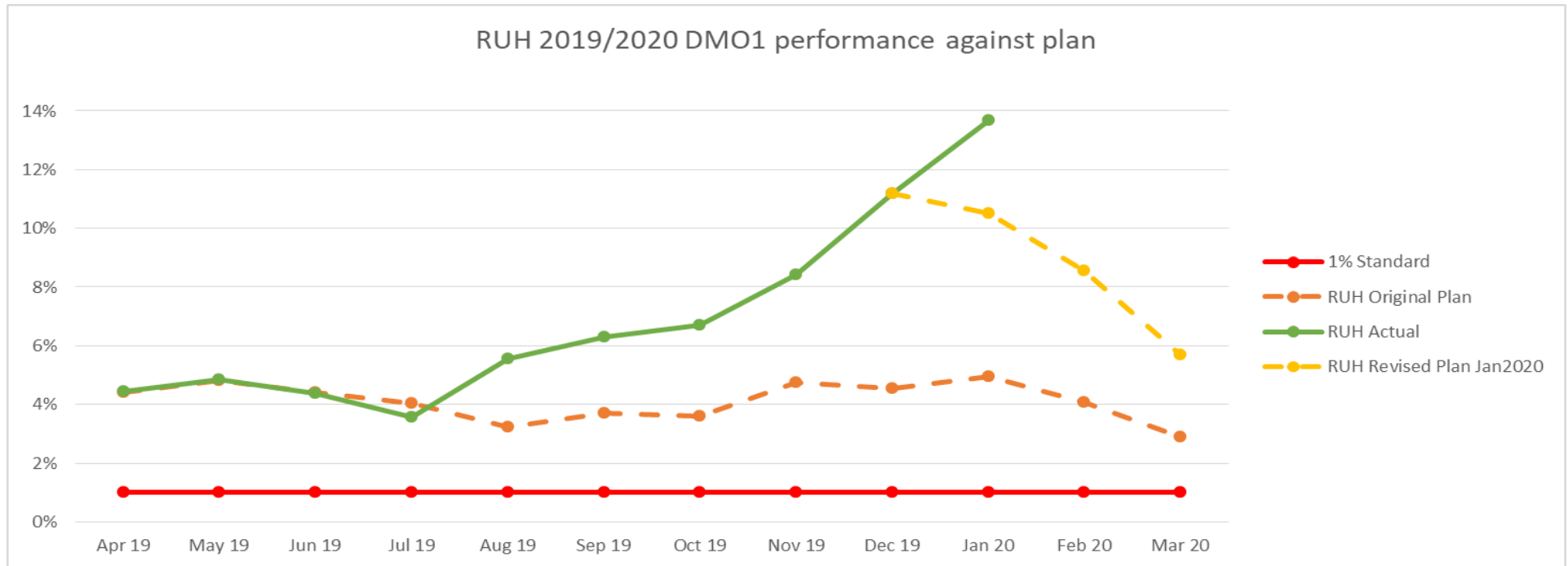
1. Substantial increase in demand for MRI is driving performance in January - additional 285 referrals from previous month.
2. Replacement programme impacting upon capacity available due to ongoing increase in demand. Outsourcing, additional RUH weekend and evening sessions and additional mobile sessions in place.
3. 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.
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:

- 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 %).
- The department continues to work with alternative providers to identify additional capacity when possible. Outsourcing activity to Shepton Mallet and Bath Clinic utilising all available capacity.
- Extend normal working hours beyond 20:00 and at weekends to support recovery. Dependent upon staff availability as also supporting CT recovery

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



Revised Trajectory Update (January 2020):

- January performance being driven mostly by increase in demand in MRI and CT (additional 354 referrals). Most other modalities recorded an improvement in overall performance. Impact of increased demand (not forecasted) for MRI and CT explains deviation from revised trajectory. DM01 position will see an overall improvement in February.
- 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.
- DM01 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 January there were **18 red indicators of the 72 measures reported, 7 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.



Caring

SOF

9. Number of written complaints made to the NHS Trust

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

35. % Discharges by Midday (Excluding Maternity)

38. Delayed Transfers of Care

Safe

SOF

51. CAS Alerts not responded to within the deadline

SOF

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

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

58. Bed occupancy (Adult)

Well Led

SOF

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

66. Vacancy Rate

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)



Caring

X 9. Number of written complaints made to the NHS Trust

The number of written complaints in January increased to 37, Trust performance will be detailed in the Quality Report.

Effective

X 10. Dementia case finding (1 month lag)

The Dementia Case Finding of patients aged >75 in December was 80.6% with 661 patients admitted and 533 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 percentage of Dementia Assessments in December fell to 87.5% with 14 out of 16 patients being assessed.

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

Although cancellations to avoid a Theatre list overrun still currently count for the highest numbers of Theatres cancellations, January 2020 saw bed pressures featuring heavily, with the second most common reason that month being ward beds unavailable, whilst the third most common reason was ICU/HDU beds unavailable.



Responsive

X 29. Diagnostic tests maximum wait of 6 weeks (DM01)

There were 1,306 over 6 week waiters in January, equating to 13.7% against the $\leq 1.0\%$ indicator, rated red. Performance in January failed to meet the constitutional target. See Diagnostics slides above.

X 30. RTT over 52 week waiters

There were seven patients who breached the 52 week standard for treatment in January

- 3 x Cardiology – due to administrative process error
- 2 x General Surgery – one due to administrative process error and one due to and complexity of the patient's needs
- 2 x ENT – due to administrative process error

Please see RTT slides above.

X 35. % Discharges by Midday (Excluding Maternity)

In January patients discharged by midday increased to 15.9% but remains below the target of 33%. Ongoing focus on maximising the use of the Discharge Hub to support early discharges from ward areas. Optimisation of the Patient Flow System is being progressed via a Task & Finish Group to support identification of discharges the day before to support morning discharge or transfer to the Hub.

The Trusts range of ward level performance in January: **Cheselden (60%), Helena (9.1%)**

X 38. Delayed Transfer of Care (Days)

There were 912 delayed days in January which was 5.0% of the Trust's occupied bed days. See Delayed Transfers of Care slides above.



Safe

X 51. CAS Alerts not responded to within the deadline

One overdue CAS Alert – delay in action plan completion – closed 09/01/2020 (deadline 06/01/2020).

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

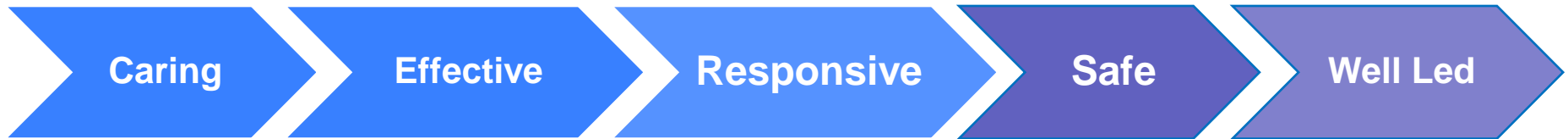
Performance continues to be monitored and actions agreed at the Trust's Quality Board.

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

One case reported in January (William Budd)

X 58. Bed Occupancy (Adult)

In January, the average adult bed occupancy = 97.4%, peaking at 99.7%. This is in comparison to 94.7% in December 2019.



Well Led

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

In January the FFT Response Rate for ED increased to 4.8% from 3.8% in December and below the agreed target.

X 66. Vacancy Rate

The Vacancy Rate for January stands at 5.21% (See Well Led Slides)

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

The Trust Agency spend as a percentage of the overall pay bill has again increased and now stands at 4.21% (See Well Led Slides)

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

The Nurse Agency Spend as a proportion of the overall pay bill was 7.54% - more than 2.5 times the target of 3% (See Well Led Slides)

X 69. % of Staff with annual appraisal

Appraisal compliance now stands at 79.89% below the target of 90% (See Well Led Slides)

X 70. Information Governance Training compliance (Trust)

In January the Trust Information Governance Training compliance increased to 84.6% (See Well Led Slides)

Indicator	Trust Performance Over Last 12 Months												Q4 Target
	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	
Budgeted Staff in Post (WTE)	4710.30	4710.30	4850.38	4849.78	4849.78	4852.78	4853.78	4854.78	4853.34	4853.34	4853.34	4853.34	
Contracted Staff in Post (WTE)	4488.70	4490.40	4467.95	4480.40	4480.90	4495.88	4549.13	4569.59	4591.37	4610.34	4615.20	4600.72	
Vacancy Rate (%)	4.70	4.67	7.88	7.62	7.61	7.35	6.28	5.87	5.40	5.01	4.91	5.21	4.00
Bank - Admin & Clerical (WTE)	29.70	33.51	30.35	35.03	34.62	38.94	38.27	37.05	40.53	36.71	33.96	1 Month Lag	
Bank - Ancillary Staff (WTE)	19.10	22.05	20.22	23.96	20.65	23.29	20.56	20.09	24.74	20.13	23.54	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	150.50	164.35	164.36	166.01	166.31	175.07	161.58	151.37	157.40	156.93	141.74	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)	48.80	40.60	30.61	44.24	45.75	47.80	58.19	43.57	51.43	55.72	69.99	56.77	
Agency Spend (% of total pay bill)	1.85	1.88	2.18	2.92	2.30	3.96	2.97	2.63	3.95	3.28	3.19	4.21	2.50
Nurse Agency Spend (% of total Reg Nurse pay bill)	5.32	3.78	4.83	5.88	4.03	8.86	5.59	5.29	9.20	6.07	7.59	7.54	3.00
Rolling 12 Month Turnover (%)	12.36	12.18	12.12	11.96	11.85	11.48	11.88	11.71	11.97	11.46	11.46	11.33	11.00
In Month Turnover (%)	0.71	1.11	0.82	0.85	0.94	0.73	1.18	0.84	0.73	0.74	0.98	0.82	0.92
Rolling 12 Month Sickness Absence (%)	3.92	3.93	3.95	3.99	4.02	4.05	4.04	4.00	4.01	3.99	4.04	4.10	3.85
In Month Sickness Absence (%)	4.23	4.77	4.29	3.93	3.79	3.91	3.76	3.61	3.75	4.20	4.51	4.44	4.13
Staff with Annual Appraisal (%)	84.68	84.61	83.41	82.18	82.73	80.91	81.06	80.27	78.64	81.10	81.01	79.89	90.00
Information Governance Training compliance (%)	91.20	91.90	91.60	90.70	90.00	88.20	85.60	84.80	83.10	81.80	82.90	84.60	95.00
Mandatory Training (%)	87.00	87.00	87.20	87.60	87.60	87.50	86.80	86.80	86.60	86.30	86.50	87.20	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).



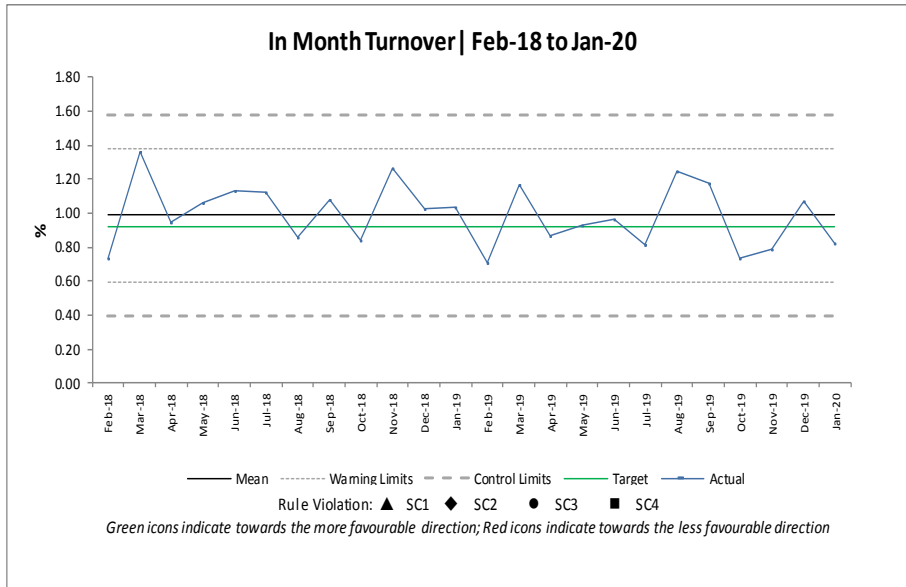
Shift of at least 6 data points all above or all below the mean, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).



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).

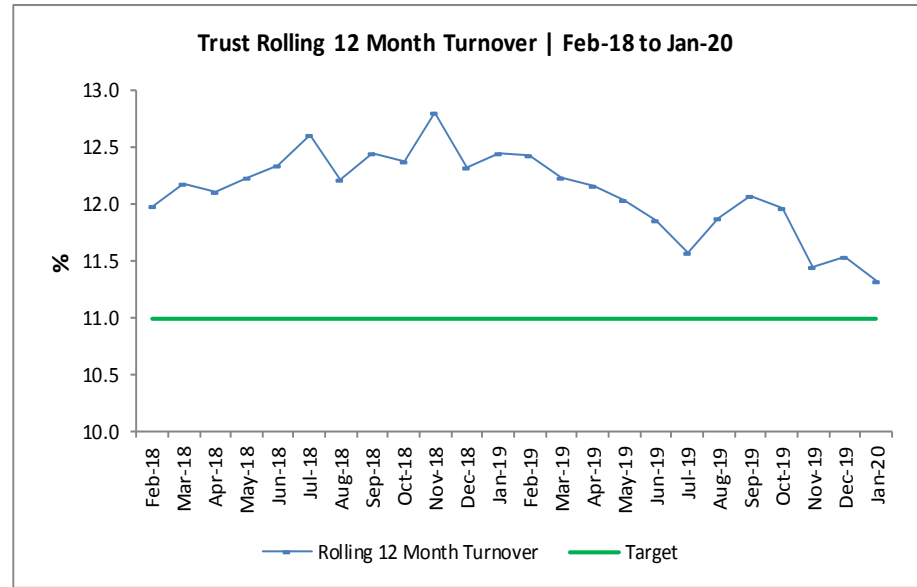
Where data points trigger multiple rules, the order of precedence for Special Cause Variation that has been used is Rule 4, Rule 3, Rule 2 then Rule 1.

In Month Turnover (%)



Target	Actual	Latest Data Point
0.92	0.82	Cc

12 Month Rolling Turnover (%)

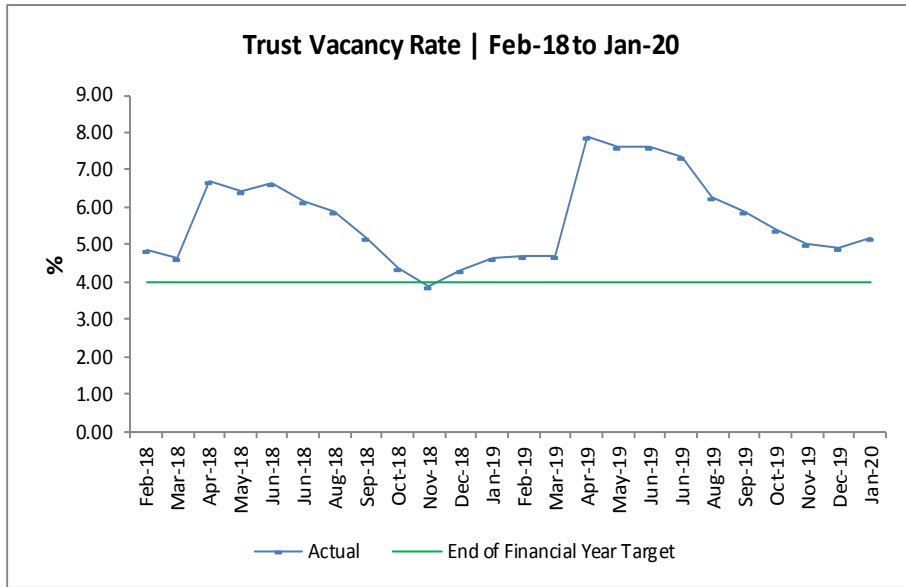


Target	Actual
11.00	11.33

Commentary on Performance

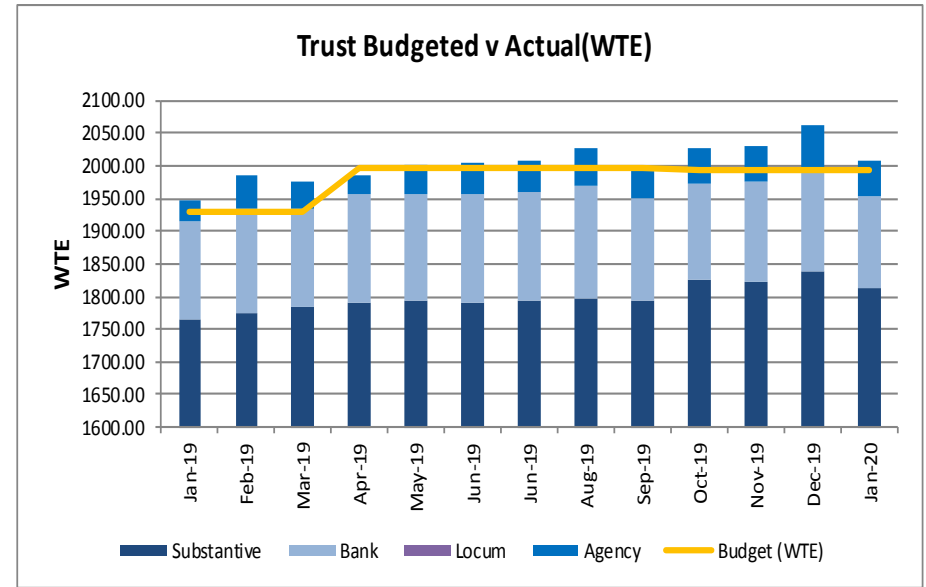
- In month Turnover currently stands at 0.82%, below that target of 0.92%. Whilst late leaver notifications may cause this figure to rise slightly, it is highly likely that this will remain within the expected parameters and not be cause for concern.
- At the overall Trust level, 12 month rolling turnover has marginally fallen to 11.33%. Although this is above the 11% target, this is the lowest it has been over the past 2 years. It is possible that the figure may rise again in February, due to this month having been favourable last year.
- In Month Band 5 Nurse Turnover was 0.9%, with the rolling 12 Month Turnover figure being 13.4%.

Vacancy Rate (%)



Target	Actual
4.00	5.21

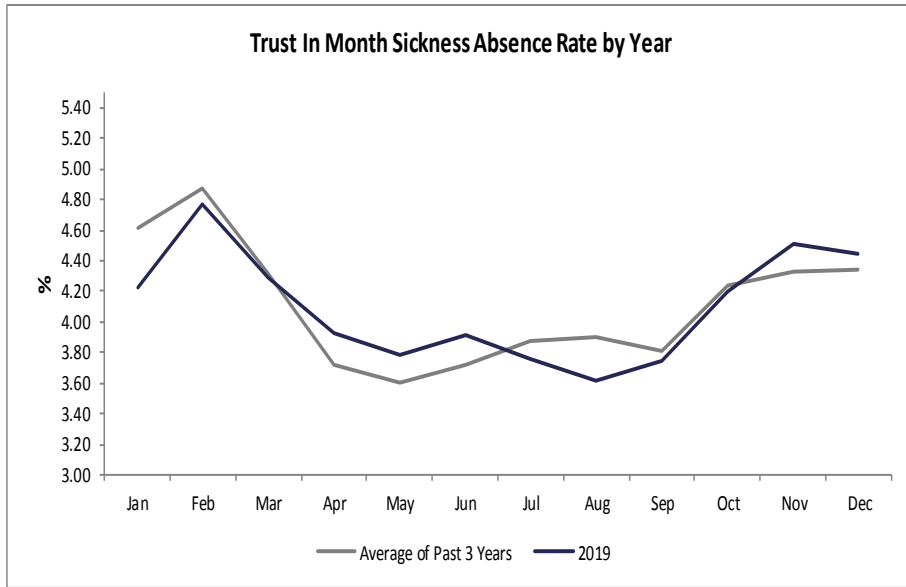
Budgeted v Contracted WTE



Commentary on Performance

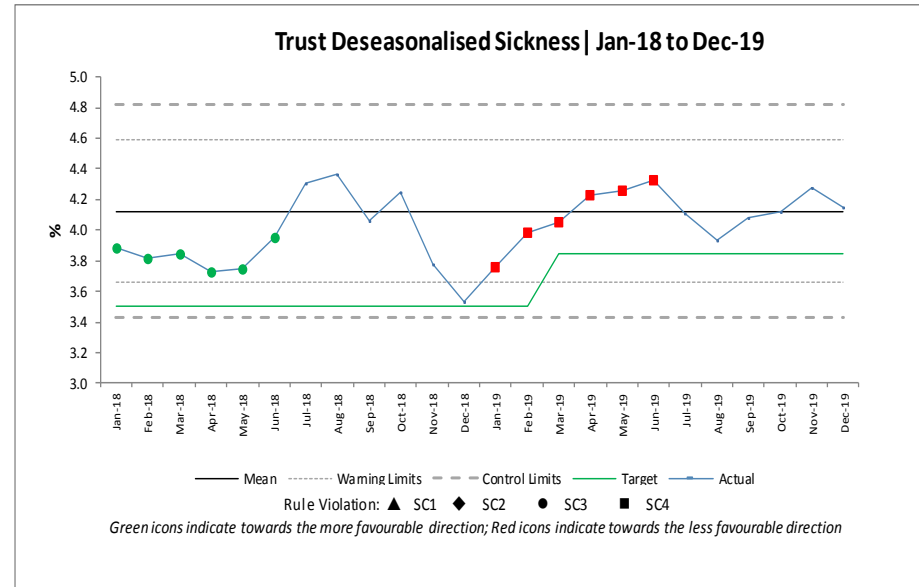
- The Vacancy Rate for January stands at 5.21%. This is above the rate reported last month; however a system-error in December gave the impression of vacancy being lower than it actually was. This has now been corrected. This therefore needs to be taken into account when interpreting the figures.
- The Band 5 Nurse vacancy rate based on January's Unit 4 data is 16.7%. However, it should be noted that the errors with contracted WTE particularly affected this staff group.

In Month Sickness Absence (%)



Seasonally Adjusted Target	Actual
4.13	4.44

Deseasonalised In Month Sickness Absence (%)

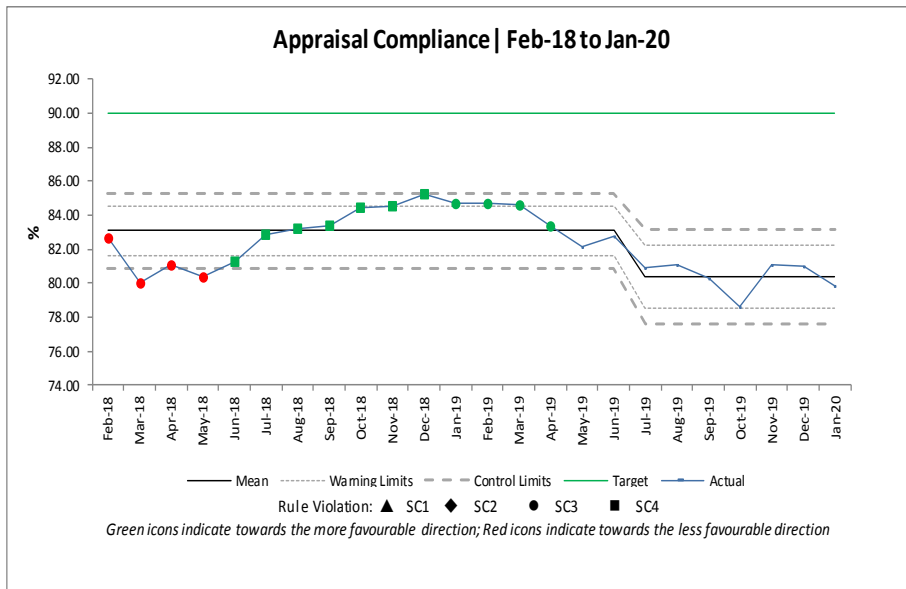


Target	Actual Deseasonalised	Latest Data Point
3.85	4.15	4.15

Commentary on Performance

- The sickness absence rate for December 2019 was 4.44%. Although this is above the average for December calculated over the past 3 years, a highly favourable sickness rate in 2018 (3.79%) skews this figure and distorts the picture. Indeed, December 2019 was actually an improvement on 2016 (4.69%) and 2017 (4.55%). At the overall Trust level, 12 month rolling turnover has marginally fallen to 11.33%. Although this is above the 11% target, this is the lowest it has been over the past 2 years. It is possible that the figure may rise again in February, due to this month having been favourable last year.
- As a deseasonalised figure, December's sickness absence was 4.15%. Although around the mean average for the wider period and therefore comfortably within the process limits, it exceeds the 3.85% target like all other months so far this Financial Year. This target will therefore not be achieved by the end of the Financial Year with the likelihood being that the Trust will end the year having an overall rolling 12 month sickness rate between 4.0% and 4.2%.

Appraisal Compliance (%)



Appraisals In and Out of Date

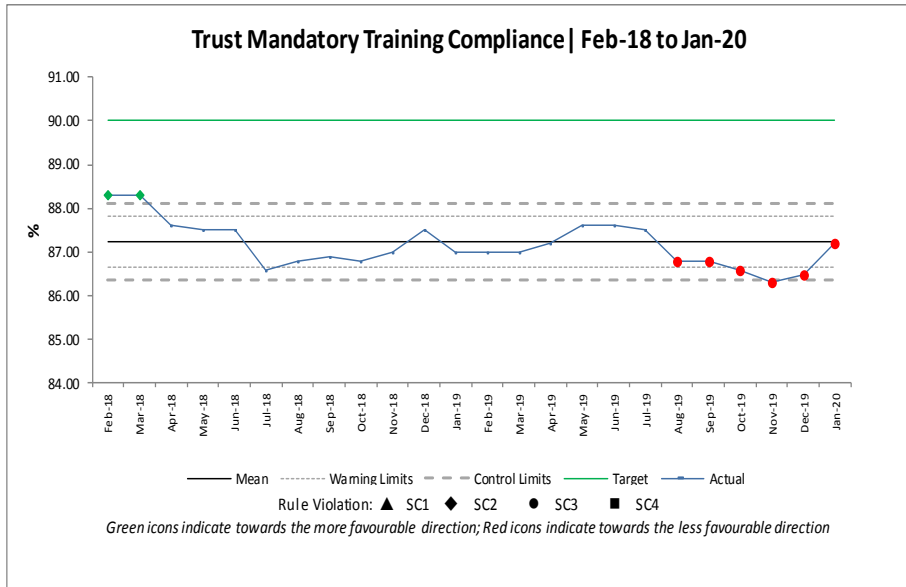
	In Date	Out of Date	% Compliant
Trust	3588	903	79.89
AfC Staff	3332	841	79.85
M&D Staff	256	62	80.50
Consultants	197	39	83.47

Target	Actual	Latest Data Point
90.00	79.89	

Commentary on Performance

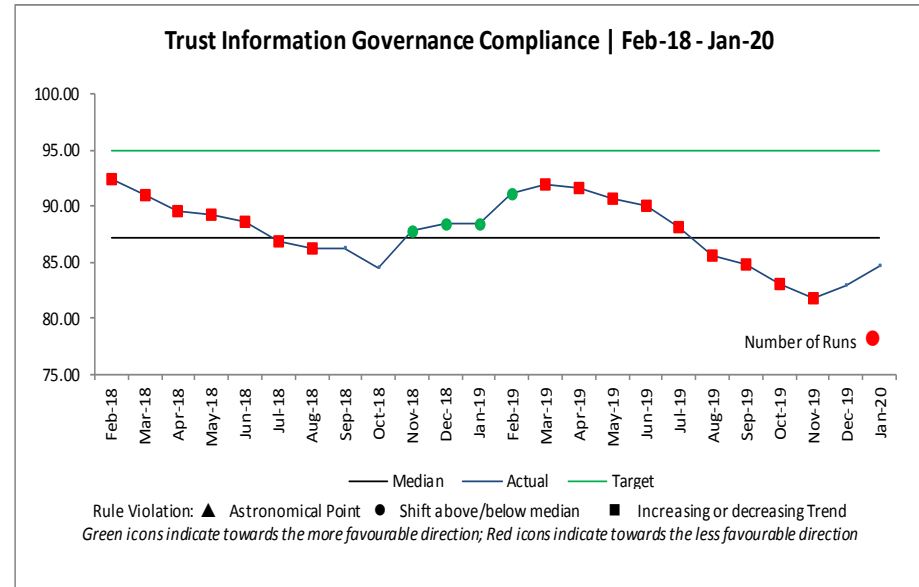
- Appraisal compliance now stands at 79.89%. Following last month's re-base of the SPC chart, this figure does not breach any SPC rules based on the current process limits. However, it should be recognised that this simply reflects that performance is stable; rather than performance is at the desired level. Indeed, current compliance is over ten percentage points below the Trust's 90% target and would have been rated red had RAG ratings continued to be used
- Several Divisions have a compliance below 80% and none of the main Divisions have a compliance rate over 82.5%, indicating that the issue is widespread as opposed to confined to a particular area.

Mandatory Training (%)



Target	Actual	Latest Data Point
90.00	87.20	SC ³

Information Governance (%)

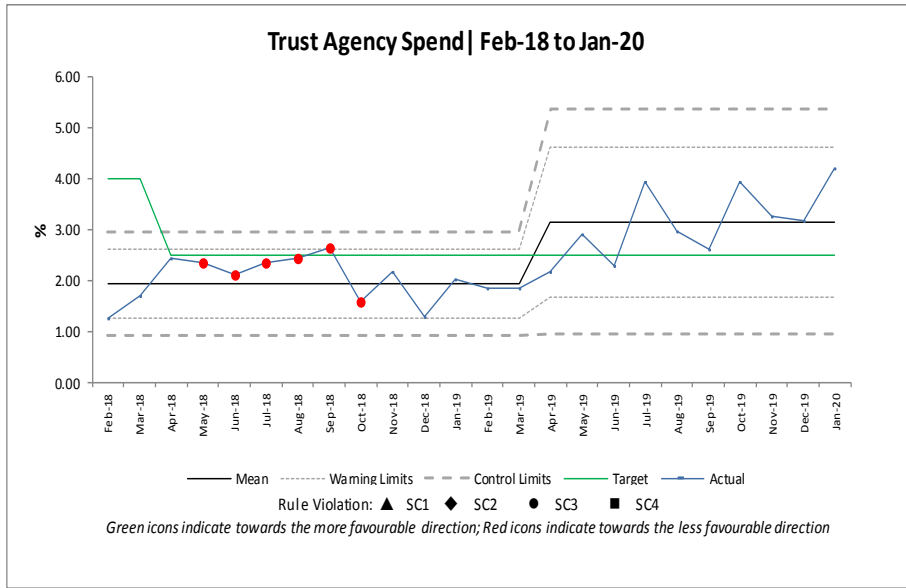


Target	Actual
95.00	84.60

Commentary on Performance

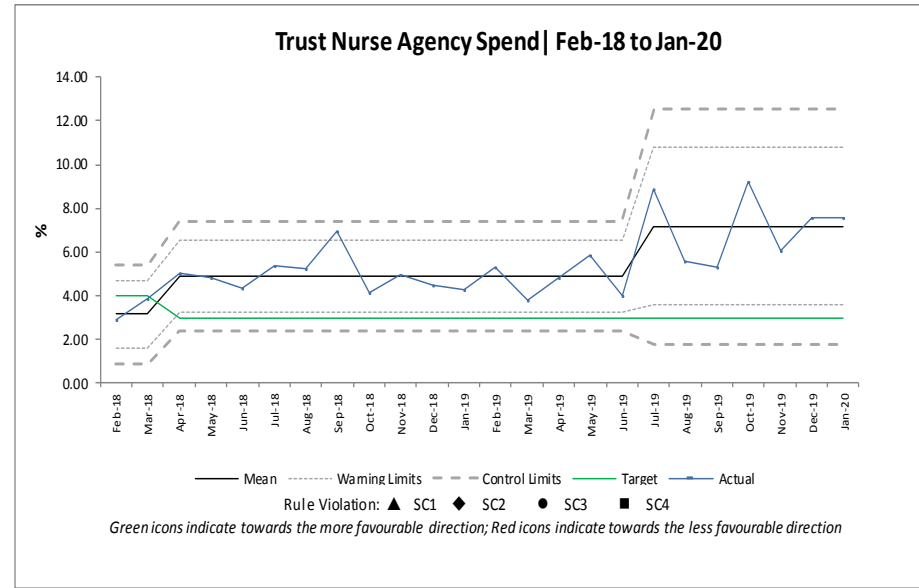
- Although Mandatory Training compliance improved to 87.20, the SPC rule for 6 points one side of the mean has been breached -demonstrating that performance dropped over a sustained period. The chart has not, however, been re-based with the latest month indicating a potential return to previous performance levels. Rather, this will continue to be monitored.
- Despite IG Training compliance again improving this month to 84.60%, the Trust continues to fall short of its 95% target by more than 10 percentage points.

Agency Spend as Proportion of Total Pay Bill (%)



Target	Actual	Latest Data Point
2.50	4.21	

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



Target	Actual	Latest Data Point
3.00	7.54	

Commentary on Performance

- Trust Agency spend as a percentage of the overall pay bill has again increased and now stands at 4.21%. Since January 2016, this percentage has not been higher and has never previously exceeded 4%. Whilst this point remains within the revised control limits that were set following last month's re-base; sustaining this current level of performance will mean that the Trust will frequently exceed its 2.50% target.
- Nurse Agency Spend as a proportion of the overall pay bill was 7.54% - more than 2.5 times the target of 3%. Reflecting that this would have been the seventh point in succession above the mean, the chart has been re-based with effect from July to reflect that there has been a sustained deterioration in performance. As a consequence, the latest point does not now breach any SPC rules. However, the lack of any SPC indicator should not be interpreted as an indication that the process is performing acceptably.

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold	2018/19	2019/20				2019/20		Triggers Concerns
		Performing	Q4	Q1	Q2	Q3	Dec	Jan		
SOF	Four hour maximum wait in A&E (All Types)	95%	74.2%	77.1%	71.4%	69.6%	66.3%	67.4%		
	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	4	n/a	11	7	10	1	4		
SOF	RTT - Incomplete Pathways in 18 weeks	92%	86.4%	86.7%	85.7%	86.9%	87.0%	86.8%		
	31 day diagnosis to first treatment for all cancers	96%	97.4%	97.1%	97.8%	97.2%	98.2%	97.2%		
	31 day second or subsequent treatment - surgery	94%	95.8%	96.8%	97.6%	98.8%	100.0%	100.0%		
	31 day second or subsequent treatment - drug treatments	98%	100.0%	100.0%	100.0%	98.9%	98.1%	100.0%		
	31 day second or subsequent cancer treatment - radiotherapy treatments	94%	100.0%	99.0%	99.5%	100.0%	100.0%	100.0%		
	2 week GP referral to 1st outpatient	93%	92.1%	87.5%	90.6%	93.4%	93.2%	91.2%		
	2 week GP referral to 1st outpatient - breast symptoms	93%	93.0%	88.5%	88.9%	98.9%	100.0%	98.0%		
	28 day referral to informed of diagnosis of all cancers	70%	n/a	81.0%	81.7%	84.5%	83.1%	76.3%		
SOF	62 day referral to treatment from screening	90%	95.7%	95.2%	94.1%	92.5%	100.0%	92.9%		
SOF	62 day urgent referral to treatment of all cancers	85%	79.7%	82.5%	83.7%	80.9%	75.3%	80.0%		
SOF	Diagnostic tests maximum wait of 6 weeks	1%	3.42%	4.55%	5.16%	8.79%	11.18%	13.67%		

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

Finance and Use of Resources - January 2020

	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 - January 2020

CARING				Threshold		2018/19	2019/20			2019/20					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q4	Q1	Q2	Q3	Aug	Sep	Oct	Nov	Dec	Jan
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=80	<80	96	95	96	93	97	96	93	94	91	94
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=78	<78	97	97	97	97	97	97	97	97	96	97
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	100	100	100	100	100	100	100	100	100	97
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	98	97	97	96	97	96	96	96	98	97
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	5.7	5.7	6.8	4.4	6.7	5.6
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	1	0	15	22	3	5	4	11	7	18
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	0	0	5	2	2	1	1	0	1	1
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	50	71	86	68	26	20	29	25	14	37

EFFECTIVE					Q4	Q1	Q2	Q3	Aug	Sep	Oct	Nov	Dec	Jan	
10	DON	SOF	Dementia case finding	>=90%	<90%	84.4%	85.6%	80.6%	81.4%	81.7%	81.4%	82.4%	81.1%	80.6%	Lag (1)
11	DON	SOF	Dementia Assessment	>=90%	<90%	92.9%	96.1%	90.4%	94.4%	92.7%	79.2%	93.1%	100.0%	87.5%	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	105.9	106.8	Lag (3)	107.8	106.8	105.5	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	0.9923	0.9915	1.0125	Lag (5)	1.0147	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%	7.8%	7.5%	6.8%	7.5%	7.1%	7.4%
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 (4)	88.0%	83.0%	Lag (4)	Lag (4)	Lag (4)	Lag (4)
17	COO	NT	Higher risk TIA treated within 24 hours	>=60%	<=55%	81.1%	81.3%	80.9%	78.6%	81.8%	69.2%	92.3%	66.7%	66.7%	Lag (1)
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	78.5%	61.8%	60.1%	72.5%	72.3%	67.6%	73.2%	72.7%	71.7%	76.3%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	74.1%	70.0%	Lag (10)	Lag (10)	Lag (10)	Lag (10)	Lag (10)	Lag (10)	Lag (10)	Lag (10)
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)	0.7% (23)	1.0% (32)	1.1% (37)	1.2% (37)	1.0% (30)	1.1% (38)
21	COO	LC	Theatre utilisation (elective)	>=90%	<=85%	98.6%	98.4%	94.9%	98.0%	92.4%	97.7%	97.9%	101.3%	94.8%	98.3%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	4.74	0.16	-0.10	-4.05	-0.71	1.07	-0.83	-1.79	-1.43	-2.81
23	DOF	L	Total Income	>100%	<95%	88.29	85.60	87.89	88.15	28.09	29.68	30.81	28.32	29.02	30.08
24	DOF	L	Total Pay Expenditure	>100%	<95%	53.11	-55.56	-56.65	-56.51	-18.70	-19.58	-18.93	-18.83	-18.75	-19.07
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	27.56	-28.01	-27.40	-30.10	-9.60	-8.02	-9.90	-9.80	-10.40	-10.47
26	DOF	L	CIP Plan	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	4.82	2.23	2.63	2.81	1.00	0.82	0.85	1.05	0.91	1.13

RESPONSIVE					Q4	Q1	Q2	Q3	Aug	Sep	Oct	Nov	Dec	Jan	
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	86.4%	86.8%	86.7%	84.4%	86.9%	85.7%	86.1%	84.0%	82.9%	83.2%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	3.42%	4.55%	5.16%	8.79%	5.54%	6.28%	6.71%	8.42%	11.18%	13.67%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	15	15	37	17	15	15	8	9	0	7
31	COO	NT	Urgent Operations cancelled for the second time	0	>0	0	1	1	4	1	0	1	3	0	0
32	COO	NT	Cancelled operations not rebooked within 28 days - Surgical	0	>0	0	0	1	0	0	0	0	0	0	0
33	COO	NR	Time to Initial Assessment - 95th Percentile	TBC	TBC	137.0	127.5	181.8	174.8	175.0	217.9	144.0	146.7	285.3	158.0
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%	14.5%	15.1%	14.4%	15.3%	14.6%	15.9%
36	COO	L	GP Direct Admits to SAU	>=168	<168	885	877	897	815	328	264	322	233	260	226
37	COO	L	GP Direct Admits to MAU	>=84	<84	441	908	655	543	236	180	245	175	123	206
38	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	4.5%	5.5%	6.3%	5.9%	6.3%	7.1%	6.0%	6.4%	5.4%	5.0%
39	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.2	4.1	4.5	4.2	4.6	4.6	4.3	4.1	4.1	4.3
40	COO	LC	Number of medical outliers - median	<=25	>=30	47	81	21	28	14	29	29	24	31	8
41	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	92.3%	93.1%	91.9%	92.9%	94.0%	90.8%	92.9%	92.4%	93.5%	92.2%
42	COO	NR	% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	96.7%	98.7%	97.9%	98.8%	100.0%	93.6%	98.3%	98.1%	100.0%	97.6%

SAFE					Q4	Q1	Q2	Q3	Aug	Sep	Oct	Nov	Dec	Jan	
43	DON	SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)	TBC	TBC	n/a	6	3	6	0	2	1	4	1	3
44	DON	SOF	Clostridium Difficile Community Onset, Healthcare Associated (counted)	TBC	TBC	n/a	5	4	4	1	1	1	3	0	1
45	DON	SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated	TBC	TBC	n/a	17	15	14	5	4	4	4	6	Lag (1)
46	DON	SOF	E.coli bacteraemia cases Community Onset, Healthcare Associated	TBC	TBC	n/a	11	14	3	7	2	1	0	2	Lag (1)
47	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	1	0	1	0	0	0	1	0	0
48	DON	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	13	6	7	11	1	3	4	4	3	Lag (1)
49	DON	SOF	Never events	0	>0	2	1	1	0	1	0	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	0	1	1	1	1	1
52	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	93.1%	91.5%	90.2%	87.4%	90.8%	89.5%	88.4%	88.3%	85.4%	Lag (1)
53	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	12	6	8	8	4	2	2	3	3	0
54	DON	NT	Number of hospital acquired pressure ulcers (grade 3 & 4)	0	>0	0	3	5	3	1	2	2	0	1	1
55	DON	NT	Number of hospital acquired pressure ulcers (grade 2)	<=2	>2	1	6	5	8	0	2	2	2	4	1
56	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	32	39	43	39	38	45	41	40	37	43
57	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	18	19	15	28	4	8	9	13	6	7
58	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	95.4%	93.5%	94.8%	95.6%	94.1%	95.9%	95.4%	96.7%	94.7%	97.4%
59	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	13.6%	15.6%	16.2%	14.2%	17.8%	14.8%	13.2%	14.0%	15.5%	15.0%
60	HRD	NR	Midwife to birth ratio	<1:29	>1:35	1:28	1:30	1:31	1:31	1:29	1:33	1:33	1:30	1:30	1:27

WELL LED					Q4	Q1	Q2	Q3	Aug	Sep	Oct	Nov	Dec	Jan	
61	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	4.8%	15.7%	12.8%	7.2%	13.6%	9.5%	11.6%	6.2%	3.8%	4.8%
62	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	42.9%	43.8%	38.9%	30.8%	38.9%	35.3%	35.6%	31.4%	25.2%	30.2%
63	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	21.8%	15.4%	11.5%	10.1%	13.0%	9.9%	8.6%	10.7%	11.2%	31.5%
64	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	12.3%	12.0%	11.7%	11.6%	11.9%	11.7%	12.0%	11.5%	11.5%	11.3%
65	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	4.3%	4.0%	3.8%	4.2%	3.8%	3.6%	3.7%	4.2%	4.5%	4.4%
66	HRD	LC	Vacancy Rate	<=4%	>5%	4.7%	7.7%	6.5%	5.1%	6.3%	5.9%	5.4%	5.0%	4.9%	5.2%
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%	3.0%	2.6%	3.9%	3.3%	3.2%	4.2%
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%	5.6%	5.3%	9.2%	6.1%	7.6%	7.5%
69	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	84.7%	82.8%	80.7%	80.3%	81.1%	80.3%	78.6%	81.1%	81.0%	79.9%
70	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	90.5%	90.8%	86.2%	82.6%	85.6%	84.8%	83.1%	81.8%	82.9%	84.6%
71	DOF	NT	Information Governance Breaches	TBC	TBC	40	40	47	49	16	15	14	19	16	18
72	HRD	LC	Mandatory training	>=90%	<80%	87.0%	87.5%	87.0%	86.5%	86.8%	86.8%	86.6%	86.3%	86.5%	87.2%

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

Well Led Seasonal Targets

	Q1	Q2	Q3	Q4	19/20
Sickness (%)	3.49%	3.53%	4.04%	4.34%	3.85%
Vacancy Rate (%)	7.18%	6.12%	5.06%	4.00%	4.00%
Appraisal Rate					

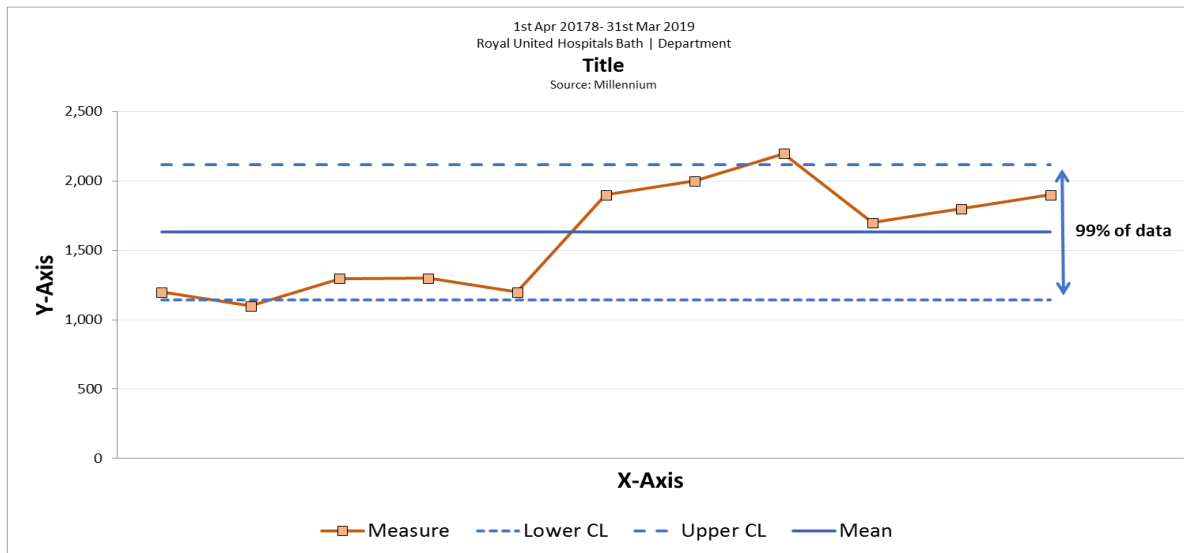
Appendix 2 -Statistical Process Control (SPCs)

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

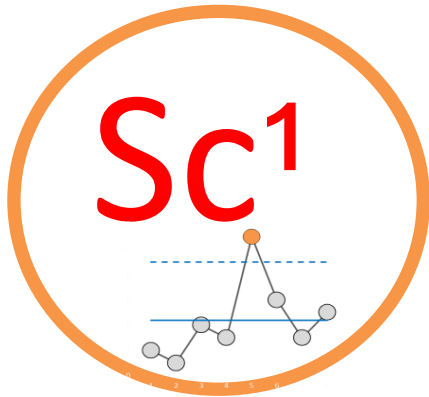
Target – Red

Trajectory – Green

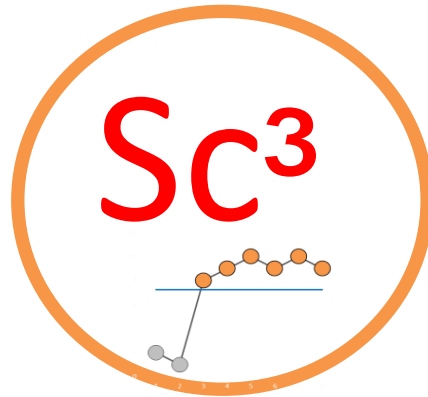
Appendix 2 - Statistical Process Control (SPCs)

Special-Cause Variation

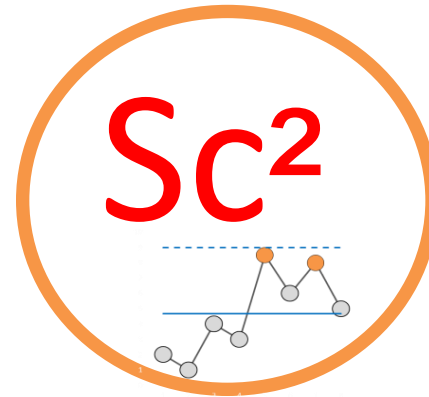
Point is red or green depending whether it is positive or negative variation.



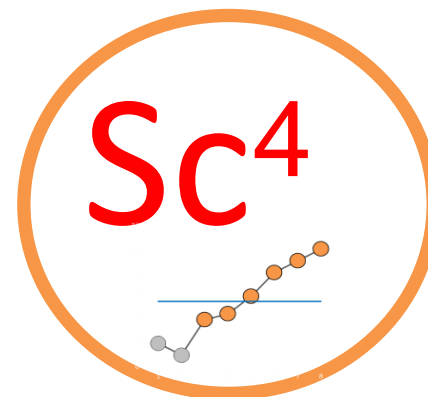
A single data point outside the confidence limit.



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

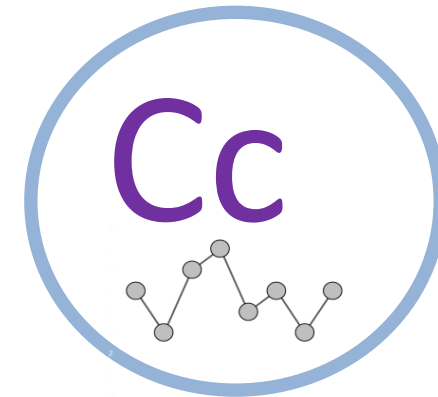


Two of three data points close to a confidence limit.



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

Common-Cause Variation



No rule triggered