

Report to:	Council of Governors	Agenda item:	5
Date of Meeting:	2 December 2021		

Title of Report:	Chief Executive's Update Report
Status:	For Information
Board Sponsor:	Cara Charles-Barks, Chief Executive
Author:	Ade Kadiri, Head of Corporate Governance
Appendices	None

1. Executive Summary of the Report
To purpose of the Chief Executive's report is to provide the Council of Governors with an overview of key developments within the Trust.

2. Recommendations (Note, Approve, Discuss)
The Council of Governors are asked to note the report.

3. Legal / Regulatory Implications
Not applicable

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
Strategic and environmental risks are considered by the Board of Directors on a regular basis and key items are reported through the Chief Executive's report.

5. Resources Implications (Financial / staffing)
Not applicable

6. Equality and Diversity
Not applicable

7. References to previous reports
The Chief Executive submits a report to each meeting of the Council of Governors.

8. Freedom of Information
Public

CHIEF EXECUTIVE'S REPORT

1. My first anniversary

September 2021 marked my first anniversary as Chief Executive of the RUH. On the face of it, joining the Trust in the middle of a pandemic would have been a daunting experience, but for me the last year has been a phenomenal experience. I have been immensely proud to see how our teams have responded to wave after wave of COVID-19, while also supporting each other to provide a consistently outstanding experience to all our patients.

There have of course been challenges – patients continue to wait far too long to be seen in our Emergency Department, and too many patients are also having to wait for many months for their planned operations. We also know that the constraints of our estate have made it more difficult to protect our patients from infection. However, as we enter the winter months once again, we do so knowing that all our teams, both within the RUH and across the wider BANES, Swindon and Wiltshire system, remain absolutely committed to do their best for all our patients. I am pleased that Simon Sethi, our Chief Operating Officer, will be able to join us today, and he will be able to share more specifically about how we are preparing for winter, and seeking to deal with some of our longer term challenges.

2. Operational Performance including Elective recovery

During September, our performance against the 4 hour Accident and Emergency target was at 71% with significant ambulance handover delays throughout the period. Flow through the hospital was compromised by the pressure on beds caused in part by our inability to discharge patients back into community even though they no longer had a clinical need to be here. We are working closely with our local authority partners across BANES and Wiltshire to address this problem. COVID-19 of course remains a significant cause of pressure, with many of our staff still having to self-isolate after they or their close contacts have tested positive. You would have been aware that in the last two months, the BANES area has had some of the highest rates of community infection in the country which of course has had a knock on effect on admissions here.

It is of course not all doom and gloom! On a more positive note we are beginning to resolve some of our longstanding staffing challenges in A&E, and have been able to appoint to most of the current vacancies, while also restructuring the team to make it more responsive to the heavy demand. We also ran a number of initiatives during the week of 7th of November, to focus on putting into practice some of the lessons that our teams have learnt about ways to help improve flow through the hospital in spite of the external pressures that I've already mentioned.

Although the pressures of our emergency activity have impacted our elective work, we continue to do all we can to deliver as much planned care as possible, achieving 95% of pre-COVID levels of day cases and follow ups in September. We continue to focus on reducing waiting times for our longest waiting patients, including by maximising capacity at Sulis Hospital for as many of our patients who can be safely treated there.

Our focus over winter months remains in three key areas: increasing and maintaining our staffing levels, improving levels of infection prevention and control and reducing ambulance handover delays.

Author: Adewale Kadiri, Head of Corporate Governance	Date: 2 December 2021
Document Approved by: Cara Charles-Barks, Chief Executive	Version: 1.0
Agenda Item: 5	Page 2 of 5

3. COVID-19 and Vaccination Update

As at 16 November we had 37 COVID-positive inpatients on admission here, a drop from the 57 at the start of the month. This is good news against the backdrop of the high community rates I spoke of earlier. The vaccine booster jab is now being administered at the Large Vaccination Centre at Bath racecourse for over 40s and above.

You would have noted the confirmation from the Health Secretary that frontline NHS staff in England must be fully vaccinated against COVID-19 by 31 March 2022. We will of course await the publication of detailed guidance as to how this will be enforced, but we start from a good base, with 86% of our staff already fully vaccinated, and we continue to have open conversations with many of those who still have concerns.

The annual staff flu vaccination programme has commenced and over 51% of staff have been vaccinated so far.

4. Finance

I highlighted in my previous reports the changes to the funding regime for provider trusts and how they are impacting both the Trust and BSW system. The 2021/22 financial year has been split into two halves with both the Trust and the system expected to achieve breakeven at the end of both halves. However as at the end of September, the Trust was in a £1.6m deficit position, although it is expected that the additional income generated through the fund set up to encourage providers to increase their elective delivery will enable the Trust and the system to achieve breakeven. The position for the second half of the year is less certain as the rules for claiming the elective recovery funding have been made harder, and the increase in COVID related activity in recent months has significantly increased our costs.

5. Veteran Aware Status and Armistice Fay service

In October, RUH celebrated becoming one of 75 Trusts across the UK to be awarded Veteran Aware accreditation for its commitment to improving the way the NHS cares for veterans and members of the armed forces community.

Veteran Aware status is granted by the Veterans Covenant Hospital Alliance (VCHA). To achieve it, Trusts make a series of pledges such as training staff in veteran-specific needs, supporting the armed forces as an employer and ensuring that members of the armed forces are never disadvantaged when receiving care.

We have always had strong links with armed forces across the South West along with a strong track record in the care and employment opportunities we can provide for ex-service personnel. This covenant represents our pledge to further improve the level of support that we aim to provide.

A service to mark Armistice Day, including a two minutes' silence, was held at the hospital on 11 November. The service, which took place in the garden of the hospital's Spiritual Care Centre, also included readings, the laying of a wreath and the Last Post. The service was led by Deputy Team Chaplain Philip Turner, alongside a small number of staff, including Libby Walters (I was away from the Trust at the time). Social distancing restrictions meant that most staff were asked to watch the service on a Facebook Live stream, rather than attending in person.

Author: Adewale Kadiri, Head of Corporate Governance	Date: 2 December 2021
Document Approved by: Cara Charles-Barks, Chief Executive	Version: 1.0
Agenda Item: 5	Page 3 of 5

6. New Garden Area for its Young Patients

In September, we completed a makeover of the Children’s Ward garden, creating an improved outdoor area for some of our youngest patients to play and relax in. The transformation was made possible by the 'Time is Precious' charity, which managed to raise £33,000 to pay for the improvements.

The new garden will help support recovery and provide a welcome opportunity for children to enjoy time away from the ward. It includes a basketball net, football goal, playhouse, play panels, slides, ride-ons and a wooden bus as well as a chill out hut, benches and picnic tables for those patients and their families who want to rest or have a snack.

7. Artistic environment award for the RNHRD and Brownsword Therapies Centre

The Royal National Hospital for Rheumatic Diseases (RNHRD) and Brownsword Therapies Centre was carefully designed inside and out to reflect the city's connection to thermal healing waters. The heritage and history of the RNHRD, and the building has now been recognised as the 'Best Collaborative Arts Project (Static)' at the prestigious Building Better Healthcare Awards 2020 – which were delayed until November due to the pandemic. The award is for an arts project that achieves a positive impact on patient and staff experience within a healthcare environment.

The centre includes art and artefacts from the Mineral Water Hospital (the Min), where the RNHRD relocated from in 2019, alongside modern specially-commissioned artwork including spectacular floor-to-ceiling glass panels by Christopher Tipping in the hydrotherapy area, colourful contemporary prints by local artists including Jason Dorley-Brown and Andy Goodman, and a six-metre geographical timeline on the outside of the building by Ross Bennett.

8. Black History Month and unveiling of a mural celebrating African Women in Healthcare

In October, the RUH celebrated Black History Month with the raising a flag at the front of the hospital. The flag, containing the Pan-African colours of red, yellow and green, represents the Trust’s recognition of the contributions of Black people to healthcare and beyond, and a pledge to continue to value diversity in the workforce and in the community. I was joined at the ceremony by many of our staff, including our tireless Inclusion Ambassadors Sherron Watson and Alvina Ware, and we raised the flag accompanied by music from local group Rainbow Steel Band.

Black History Month takes place annually throughout October and is intended to recognise the contribution and achievements of people with African or Caribbean heritage. It's also an opportunity for people to learn more about the effects of racism and how to challenge negative stereotypes. More than 13% of RUH staff are from a Black, Asian or ethnic minority background, and that proportion is represented at Board level too. However, as an organisation, we are ambitious to be even better, and we are working on initiatives that will support even more staff to achieve their full potential in their careers.

Author: Adewale Kadiri, Head of Corporate Governance Document Approved by: Cara Charles-Barks, Chief Executive	Date: 2 December 2021 Version: 1.0
Agenda Item: 5	Page 4 of 5

Other activities that took place during the month included staff-curated displays celebrating Black history and culture.

In November, we also unveiled a new piece of art in the main entrance, which celebrates the specific contribution of Black women to the NHS. This striking mural is a product of a three-year research project by the Young Historians Project - a non-profit organisation formed by young people of African and Caribbean descent.

RUH Transformation Project Manager Olugbemisola Kolade is featured in the mural with other important women from healthcare history:

- Princess Tsehai Selassie who lived at Bath's Fairfield House when her family was in exile from Ethiopia. She used her time in England to train as a children's nurse
- Bijou Bidwell from Sierra Leone who went on to be a prominent nurse and social justice campaigner after studying nursing at the Bristol Royal Infirmary (BRI)
- Hannah Jawara, from Gambia, who also studied nursing at the BRI before later co-founding a Gambian organisation promoting education for girls

9. Finally...

Claire Radley, our Director for People will sadly be leaving us. She has accepted the role of Director for People and Organisational Development at Gloucestershire Hospitals NHS Foundation Trust, in large because this is much closer to her home and would enable her to spend more time with her family. We will be very sad to see Claire leave as she has been an integral part of our executive team and has been instrumental in many of the innovative people focused policies and processes that we have been rolling out to much acclaim regionally and nationally.

Following a thorough and competitive selection process, I am pleased that we have offered the role to Alfredo Thompson, and he has accepted. Alfredo will be joining us in January 2022 from North Middlesex University Hospital NHS Trust where he is Workforce Programme Director.

Author: Adewale Kadiri, Head of Corporate Governance	Date: 2 December 2021
Document Approved by: Cara Charles-Barks, Chief Executive	Version: 1.0
Agenda Item: 5	Page 5 of 5

Operational Performance Report

October 2021 data

Strategic Framework 2021 - 24



NHS
Royal United
Hospitals Bath
NHS Foundation Trust

Closing the gap to our **True North**



Strategic Initiatives

Corporate Projects

Breakthrough Objectives



2021-22

2022-23

2023-24

True North

	Patients	Overall Patient Experience (FFT)
	Staff	Overall Staff Engagement Score
	Partners	4hr Performance
	Quality	Zero\ Avoidable Harm
	Sustainability	
	Environment	Carbon Footprint
	Finance	Breakeven Position

Strategic Initiatives

	Fundamentals of care
	Improving Together
	Shaping our future
	Our system
	Our people

Breakthrough Objectives

	Reviewed annually
	Staff 40% on NHS Q11a 'My organisation takes positive action on health & wellbeing' 2021 results
	Partners 0 waits over 60 min for ambulance handovers
	Quality Hospital acquired infections



True North Drivers

Overall Patient Experience

Overall Staff Engagement Score (quarterly via Go Engage)

4-hour performance

Zero Avoidable Harm

Carbon Footprint (% carbon footprint – Gas & Electricity)

Breakeven Position

Breakthrough Objectives

Achieve 40% Score on NHS Survey Q11a

Ambulance handovers (no waits over 60 mins)

Hospital Acquired Infections

Glossary of terms

Driver – A measure chosen to be actively worked on to “drive” improved performance. Driver measures are so called because they drive improvement to achieve the target.

Breakthrough Objective (BT) – Objectives that the whole organisation can align and focus their improvement efforts, they require a significant breakthrough in addressing a problem and constitute a major stretch for the organisation.

Medicine

Drivers

% patients that felt they were treated with compassion

Sickness absence linked to Stress, anxiety and depression (BT)

Delivery of recurrent Finance Improvement Programme

Emergency Medicine Admission Pathway: DTA to admission within 60 mins (BT)

Hospital Acquired Infections (BT)

Surgery

Drivers

% patients that felt they were listened to by staff

Sickness absence linked to Stress, anxiety and depression (BT)

Delivery of recurrent Finance Improvement Programme

Number of 52 week incomplete Waiters (Trust) (BT)

Hospital Acquired Infections (BT)

Family and Specialist Services

Drivers

Supporting attendance at work (BT)

Oncology nurse vacancy (BT)

Delivery of recurrent Finance Improvement Programme

% of RTT incomplete pathways under 18 weeks at month end of medical specialities (BT)

Deteriorating patients (BT)

Business rules are used to determine how performance of measures are discussed at Management Board and Performance Review Meetings

True North,
Breakthrough & Key
Standards

Measure		Suggested Rule	Expectation
Driver is green for current reporting period		Share success and move on	No action required
Driver is green for 6 reporting periods		Retire to tracker measure status	Standard structured verbal update, and retire measure to tracker status
Driver is red for current reporting period		Share top contributing reason, the amount this contributor impacts the measure, and summary of initial action being taken	Standard structured verbal update
Driver is red for 2+ reporting periods		Undertake detailed improvement / action planning and produce full structured countermeasure summary	Present full written countermeasure analysis and summary
More than 6 countermeasure summaries to present		Discuss with Exec before Meeting which countermeasure summaries should be prioritised for presentation	Present full written countermeasure summary against Exec expectations

Executive Summary

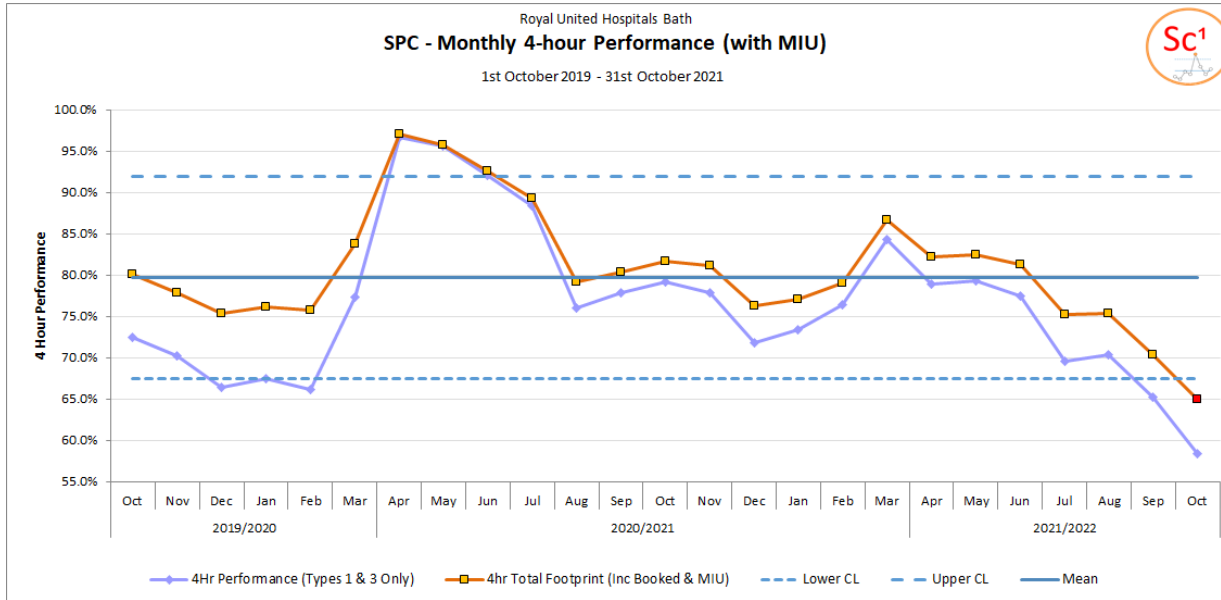
Strategic Goal	Performance Indicator	Target			2020/21						2021/22						Trend		
		Performing	Under Performing	Baseline	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		Oct	
True North	System	4 Hour Performance (Total RUH Footprint, including MIU & Booked)	>=95%	<95%		81.6%	81.1%	76.3%	77.0%	79.0%	86.6%	82.2%	82.5%	81.2%	75.2%	75.3%	70.4%	64.9%	
Breakthrough Objectives	System	Ambulance Handover Delays	0	>0		197	227	351	225	188	45	94	97	137	199	248	334	488	
Key Standards	System	RTT - Incomplete Pathways in 18 weeks	>=92%	<92%	87.1%	67.3%	69.2%	68.5%	67.1%	67.9%	68.1%	69.3%	70.8%	70.8%	70.0%	68.6%	67.1%	65.7%	
	System	62 day urgent referral to treatment of all cancers	>=85%	<85%	83.3%	81.3%	74.5%	75.0%	74.9%	74.5%	71.8%	76.5%	76.5%	68.6%	69.4%	54.8%	66.9%	56.4%	
	System	Diagnostic tests maximum wait of 6 weeks	<=1%	>1%	3.7%	38.6%	34.0%	37.3%	39.9%	32.4%	29.1%	31.5%	28.8%	31.3%	30.6%	31.9%	30.4%	30.5%	
Tracker Measures	System	Time from decision to admit in ED to admission	>=50%	<50%	-	35.6%	29.5%	25.4%	24.6%	22.9%	37.4%	41.2%	50.1%	43.6%	41.3%	34.2%	28.6%	23.6%	

Measures requiring focus and a countermeasure summary this month are;

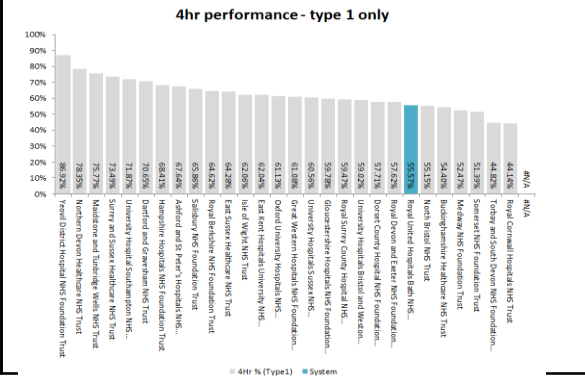
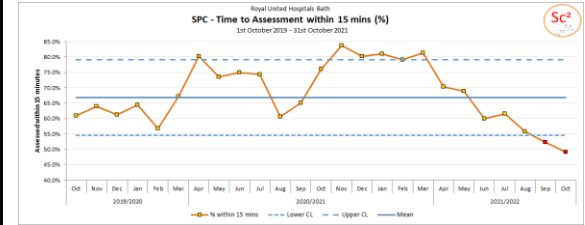
Measure	Executive Summary
4 Hours	The Bath local population experienced the highest rate of COVID within country and this led to significant challenges at the RUH, with over 60 inpatients and 400 members of staff off sick. These challenges led to significant operational pressures with flow and patients waiting for beds within ED. During October, the 4 hour performance was 64.9% for the whole Trust, with the RUH footprint being 58.4%.
Ambulance Handovers	Growth in COVID cases, as described above, caused significant additional flow out of ED challenges. This resulted in an average of 15 patients waiting for beds within ED and limiting capacity for ambulances to be able to offload. This led to 488 ambulance handovers being longer than an hour.
Referral to Treatment (RTT)	In October, the Trust delivered 65.7% RTT Performance which is a 1.4% reduction from September's position. This is still ahead of the national average of 62.8%. The top three specialties who are struggling are Oral Surgery (41.3%), Gastroenterology (52.2%) and Cardiology (57.8%). The trust has had to continue to use some of its elective capacity to support Non Elective Demand.
Cancer 62 Days	Performance was challenged with 56% of patients being treated within 62 days. Breaches have been sustained predominantly in Urology and Colorectal. Waiting times for diagnostic imaging, reporting and endoscopy remain the biggest contributory factors in breaches.
Diagnostics	In October 30.5% of the patients due a diagnostic test have been waiting for more than 6 weeks. This represents a 0.1% increase when compared to September 2021. The specific areas of low performance are CT, MRI, Echocardiography and non-obstetric Ultrasound. New endoscopy suite and CT scanner will be fully operational from November.
Discharge	target is to have no more than 50 patients waiting who don't have Criteria to Reside, currently the RUH has been up to 130 patients during October, of which 110 are linked to partner delays.
Elective Recovery	ERF H2 standard has changed from costed activity delivery to costed RTT stops. Target is 89% of 2019/20 admitted and non-admitted stops combined. RTT stop volumes below target, but provisional clock stops look to have achieved at 91%.

True North | 4 Hour Emergency Standard

Historic Performance



Supporting chart – time to assessment within 15m



Is standard being delivered?

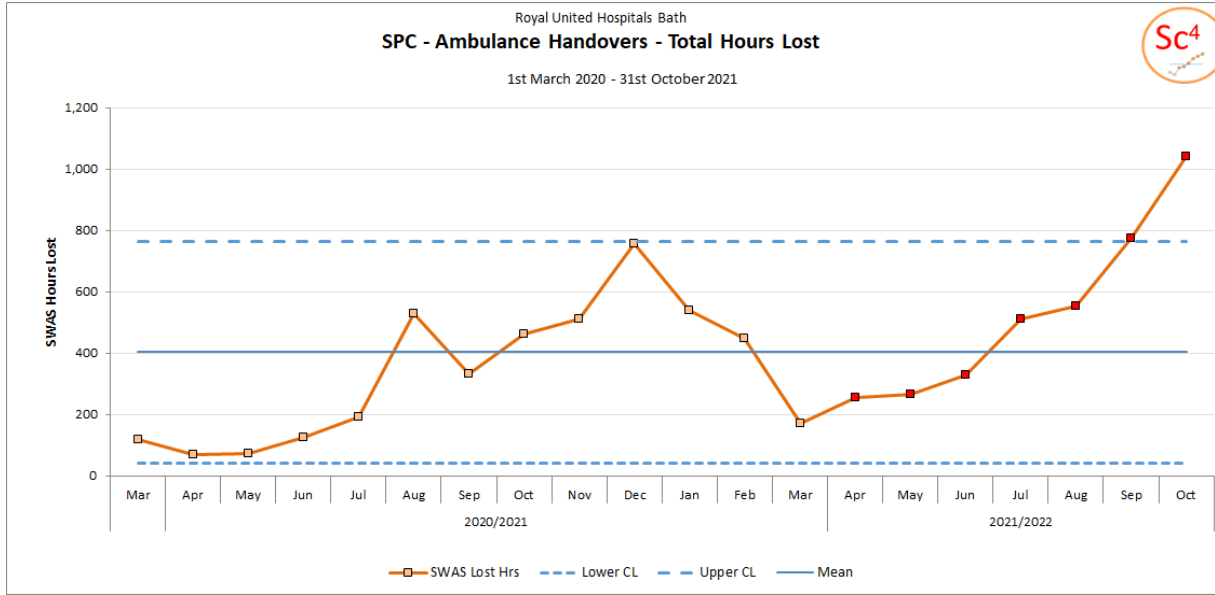
- RUH 4 hr performance during October was 64.9%, with the RUH footprint being 58.4%. This is a reduction since last month.

What is the top contributor for under/over-achievement?

- Trust peaked at 63 COVID inpatients in the second half of October, requiring converting an additional ward to support COVID inpatients, causing significant challenges to the organisations flow with reduced capacity for non-COVID inpatients.
- The Trust had up to 421 of members of staff off sick during October. This led to significant challenges in maintaining staffing within wards and the ability to open additional escalation capacity.
- The Non-Criteria to Reside position also deteriorated in Month with over 130 pts waiting for discharge. The challenge appears to be driven by lack of available Domiciliary Care workers within the Local Authority, with BaNES and Wiltshire being short of 3,100 care hours a week.

Countermeasure /Action (completed last month)	Owner
Reintroduced enhanced bank rates to support staffing fill rate	C Radley
Supporting the ED team in recruiting, over the last couple of months in filling 38 wte vacancies within ED	Furse, Lee
Countermeasure /Action (planned this month)	Owner
Preparing to return COVID ward into OPAU ward to support flow.	S Merritt
Preparing new Rota's to launch 5th overnight clinician	Furse, Jones
Launching Improving Flow Reset Week	S Sethi

Historic Performance – minutes lost to handover



Supporting chart – 60 minutes handover delays

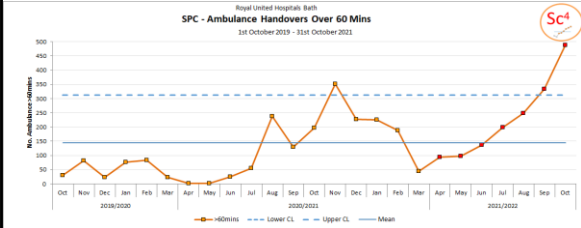
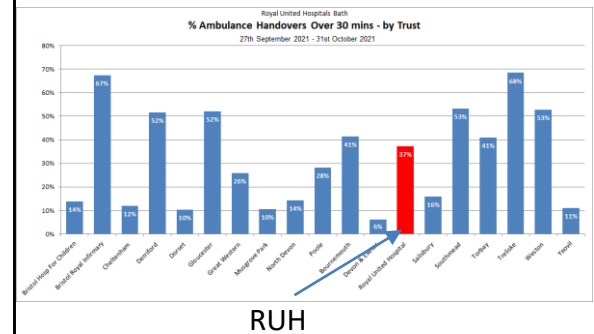


Chart 2 – regional ranking



Is standard being delivered?

- In October the number of over 60 minute delays has increased to 488 which is an increase of 154 since September. 35.5% of ambulances waited more than 15 minutes to handover patients.

What is the top contributor for under/over-achievement?

- The Trust had a very significant impact from the significant increase in COVID (as described above) and Non Criteria to Reside position which has limited flow. This has routinely led to around circa 15 patients waiting for beds within ED, impacting capacity for ambulances to offload into.
- Emerging analysis demonstrates that the peak period of ambulance off load issues are between 3pm and 7pm and on Sunday's. On going work to try provide more support for this period.

Countermeasure /Action (completed last month)

Signed off plans for expanded ambulance offload area (January) and RUH providing staff for (November)

Owner

Prosser

Countermeasure /Action (planned this month)

Preparing for Improved Patient Flow reset week during November

Owner

Sethi

Developing workshop with SWAST on areas where we can undertake collective action to improve outside of flow

Owner

Prosser

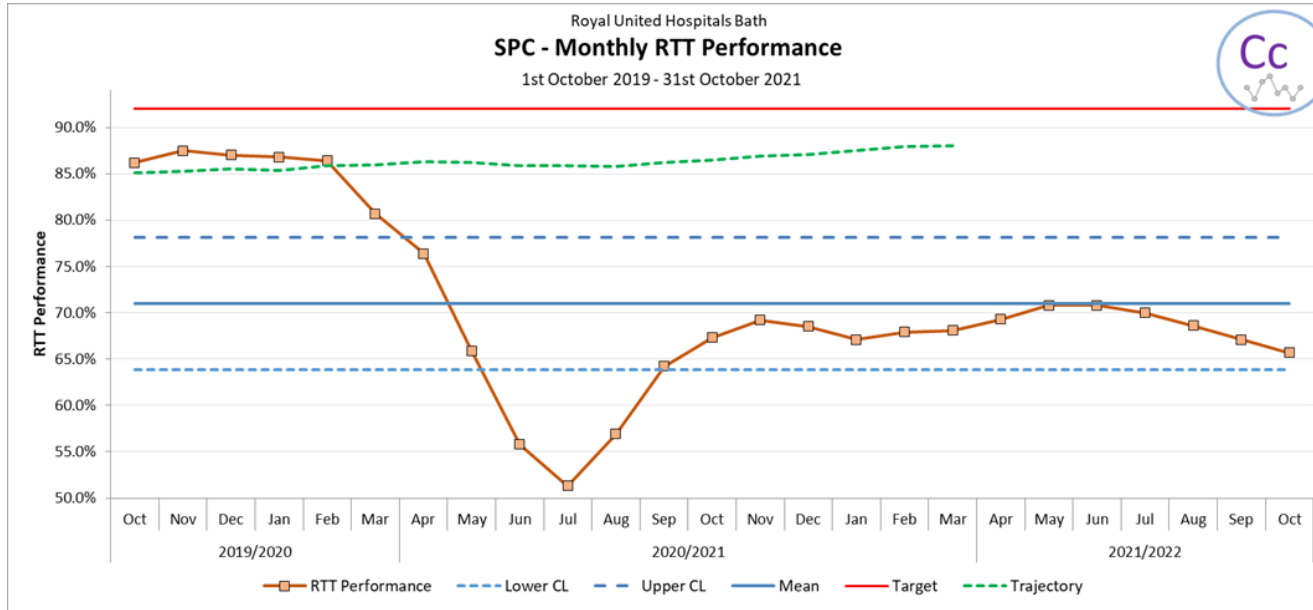
Finalising plans for new ambulance off load area

Owner

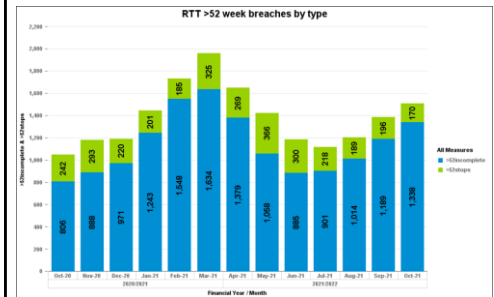
Prosser

Key Standard | Referral to Treatment

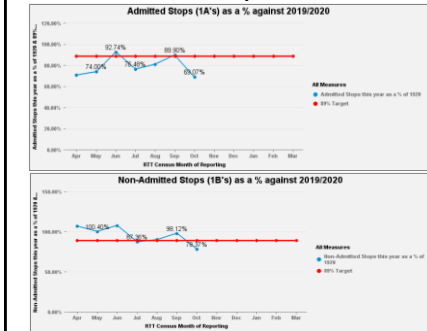
Historic Performance



52 week chart trend



% elective recovery



Is standard being delivered?

- In October the Trust delivered 65.7% RTT Performance which is a 1.4% reduction from September's position
- The National average RTT Performance is 62.8% (latest published data August 2021) GWH achieved 68.0%, and Salisbury 74.4 in August 2021

What is the top contributor to under/over-achievement?

- The top three contributors to under achievement are Oral Surgery (41.3%), Gastroenterology (52.2%) and Cardiology (57.8%)
- Medical division – Acute Med, Respiratory, Neurology, Rheumatology and Geriatric Med all achieved the standard in October
- Surgical Division – All surgical specialties continue to be impacted by challenges with theatre staffing, COVID isolation and sickness. The green elective orthopaedic ward has remained unavailable throughout October and Theatre 8 has been repurposed to support ITU.
- FaSS Division – Gynaecology and Paediatric services both noted drops in performance

Countermeasure /Action (completed last month)

Oral Surgery insourcing start date confirmed (6/11)

Owner

S Roberts

Countermeasure /Action (planned this month)

Identify resource to support outpatient "partial booking" for Oral Surgery, ENT, Urology and General Surgery patients

Owner

J Dando

Review options for outsourcing typing to release admin time for validation

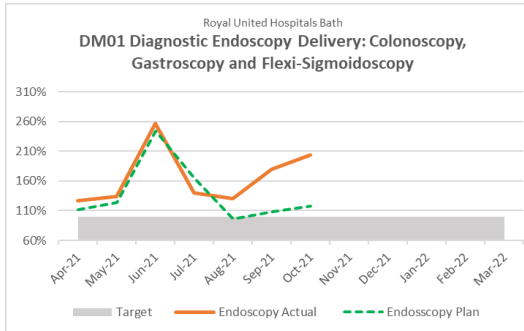
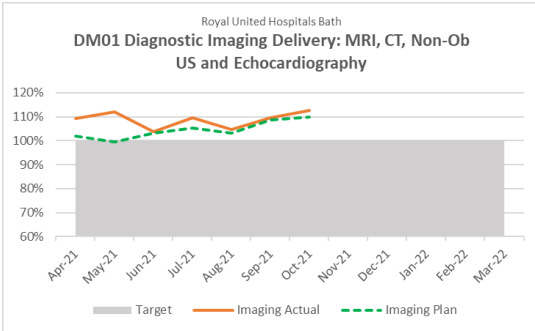
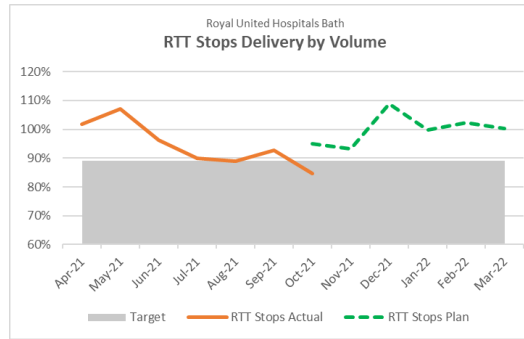
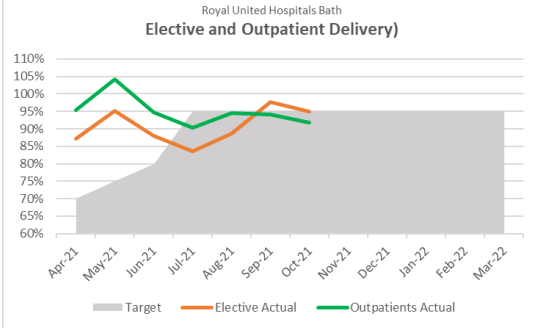
J Dando/S Roberts

Insourcing support for echoes to improve Cardiology performance

H Cox

Key Standard | Elective Recovery

Historic Performance



Gateway Criteria

		Clinical validation of elective waiting list in place. Diagnostic waiting list validation commenced.
		Development of BSU wide waiting list reporting against ethnicity and deprivation markers
		Virtual outpatients currently at 31% against target of 25%
		BSU Elective Recovery Board in place. Formal IG data sharing required for BSU wide waiting list
		Wellbeing Guardian appointed. Focus on Health & Well being as part of recovery plans

Financial position

Is standard being delivered?

- ERF H2 standard has changed from costed activity delivery to costed RTT stops. Target is 89% of 2019/20 admitted and non-admitted stops combined.
- Overall admitted activity volume high at 95% of 19/20
- Outpatient delivery lower in October down to 92%
- RTT stop volumes below target but provisional costed stops look to have achieved at 91%.
- Diagnostic imaging volumes continue to increase and deliver above 2019/20.

What is the top contributor for under/over-achievement?

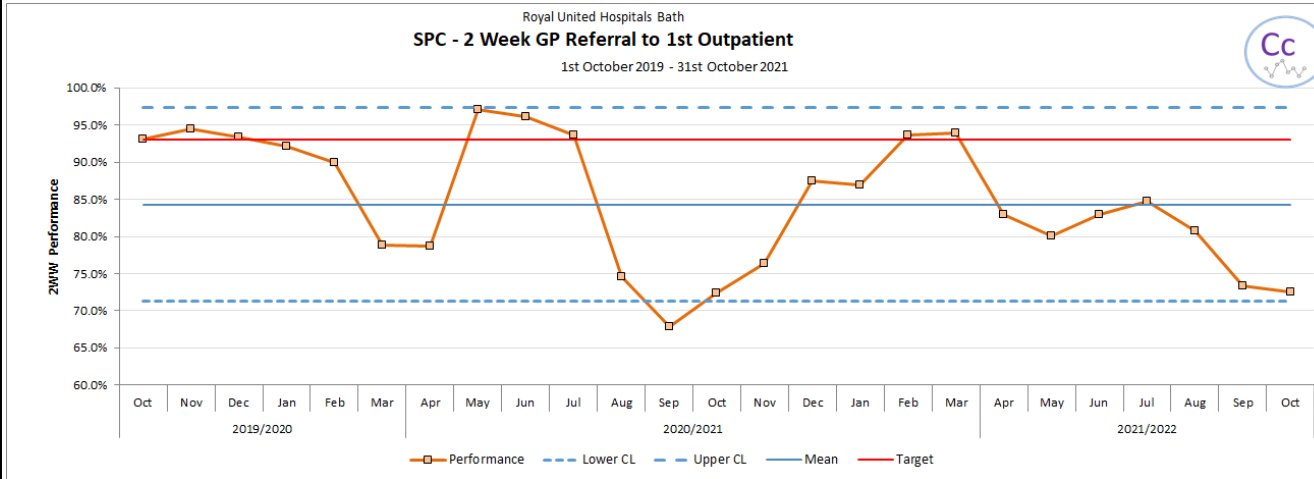
- Endoscopy insourcing has contributed large volumes to both endoscopy and day case volumes, and nets off surgery daycase deficit
- Inpatient Orthopaedic admissions very low due to ongoing use of Phillip Yeoman for non-elective patients
- Gynae, Breast and ENT inpatients have particularly delivered above 19/20, helping to net off 2/3 of the Orthopaedic under performance
- Outpatient RTT stops disproportionately low compared to activity delivery. Due to the volumes this has lowered ERF achievement

Countermeasure /Action (completed last month)	Owner
Insourcing started in OMFS on 6/11/21	S Roberts
Increased IPTs and list transfers to Sulis	S Roberts

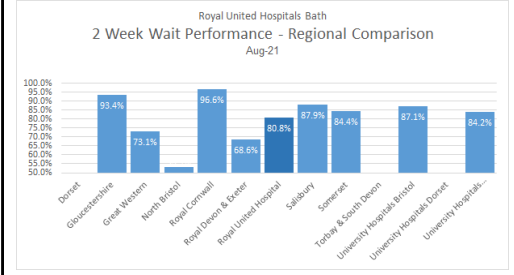
Countermeasure /Action (planned this month)	Owner
Insourcing ENT agreed, awaiting start date	S Roberts
Increased RTT validation including outsourcing of typing to ensure inhouse admin expertise available.	S Roberts/J Dando

Key Standard | Cancer (2 week wait)

Historic Performance



2week wait performance Regional Comparison – 2 months in arrears



Is standard being delivered?

- Performance of 73.1% was recorded in month; 468 breaches recorded.

What is the top contributor for under-achievement?

- Breast recorded the largest number of breaches, accounting for near half of all Trust breaches (225).
- Breast performance was driven by a significant rise in demand in September and October; an increase of 38% in both months compared with the previous 2021/22 monthly average.
- Breast demand was likely driven by recent celebrity cases of breast cancer and October was breast cancer awareness month.
- Skin contributed the next largest volume of breaches (79), followed by Upper GI (60) - both are a reduction on number of breaches recorded in September.
- Upper GI demand remained consistently high in recent months.

Countermeasure /Action (completed last month)

Colorectal – Straight to test pathway commenced N Lepak

Upper GI/Colorectal - Endoscopy increased through room 5 N Aguiar

Countermeasure /Action (planned this month)

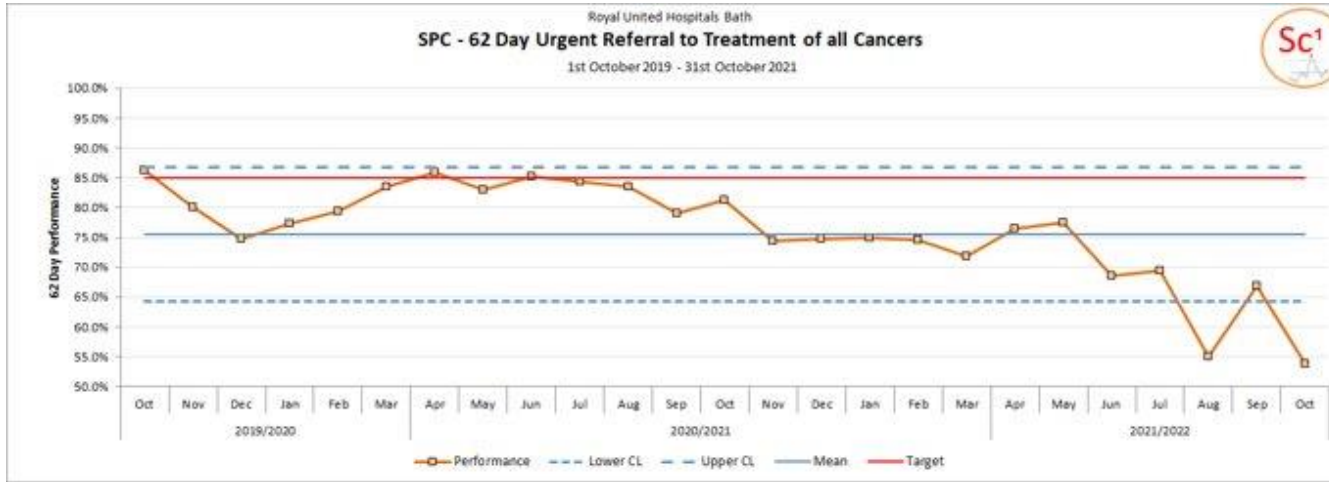
Breast – WLIs and planned recruitment of breast locum consultant J Prosser

Skin – Additional 2ww capacity agreed, including 'super week' in December. B Isaac

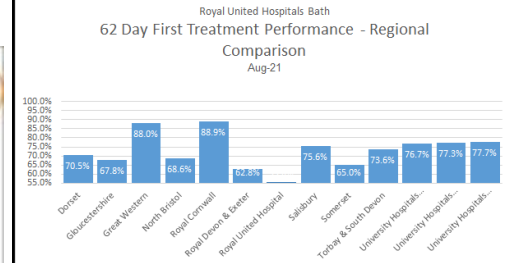
Upper GI – Patient isolation for endoscopy ceasing, more robust booking process being implemented N Aguiar

Key Standard | Cancer (62 days)

Historic Performance



62 Day Regional Comparison



Is standard being delivered?

- Performance of 56.0% recorded in month.

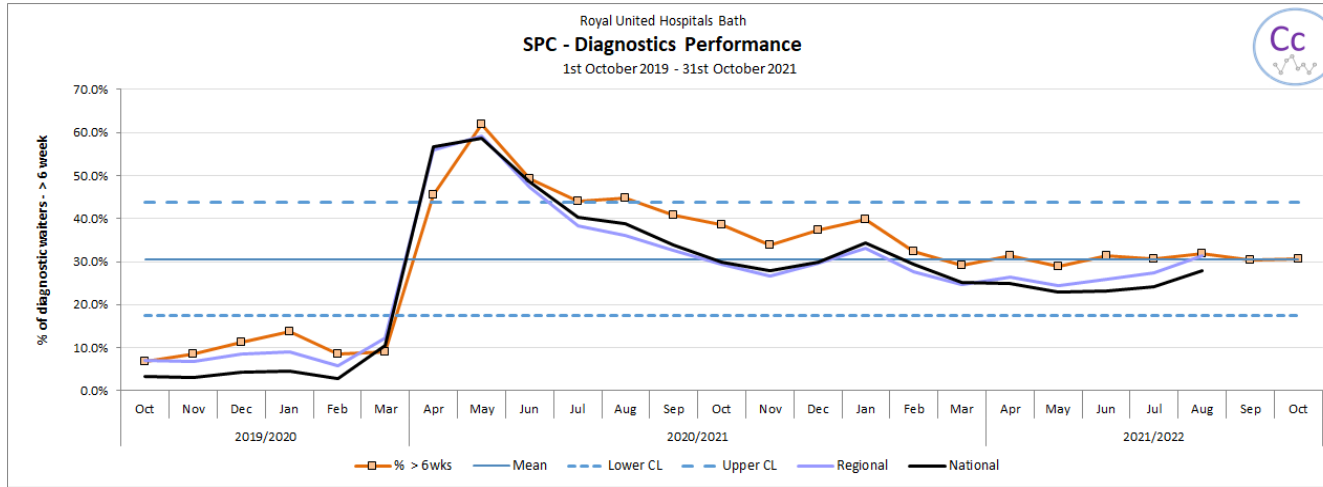
What is the top contributor for under-achievement?

- Urology contributed the largest number of breaches (24), the majority being prostate cancers.
- Waiting time for MRI scan and report was the sole or a significant contributory factor in most prostate breaches – most scans undertaken in August or September.
- Colorectal recorded the next largest number of breaches. Waiting times for CT/CTC and endoscopy remain the biggest contributory factor in breaches.
- Skin recorded the third largest number of breaches – 4.5 in month which is less than half that recorded in September.
- Head & Neck and Gynaecology both recorded 4 breaches.

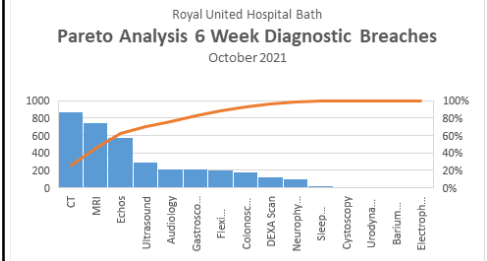
Countermeasure /Action (completed last month)	Owner
Urology – PSA telephone clinics commenced	J McFarlane
Colorectal – Straight to test pathway commenced	N Lepak
Countermeasure /Action (planned this month)	Owner
Urology – Prostate MRI scan and report capacity aligned to PSA clinics	N Aguiar
Urology – PSA telephone clinic capacity increased	J McFarlane
Colorectal – Additional CT lists agreed, new CTC radiographer being recruited	N Aguiar
Colorectal – Increase cancer endoscopy activity undertaken at weekend by insourcing company	N Aguiar

Key Standard | Diagnostics (6 weeks)

Historic Performance



Pareto of 6 week performance



% diagnostic recovery against pre COVID

Is standard being delivered?

October DMO1 performance was 30.5% (> 6 weeks). This represents a 0.1% increase when compared to September 2021.

What is the top contributor for under/over-achievement?

- Increased 2WW and clinically urgent diagnostic demand in line with ongoing recovery plans continue to impact on available capacity, particularly within CT and MRI.
- Absence and staffing issues (COVID related) across all staff groups impacting overall capacity.
- Audiology - increase in overall numbers on waiting list and therefore breaches due to moving from a paper to electronic process.

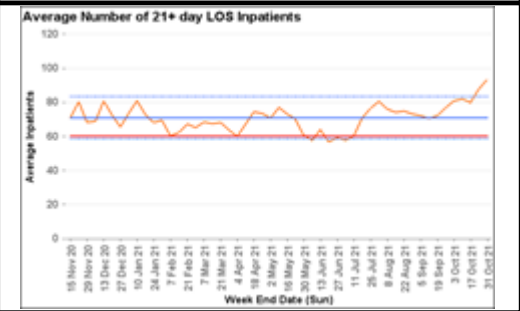
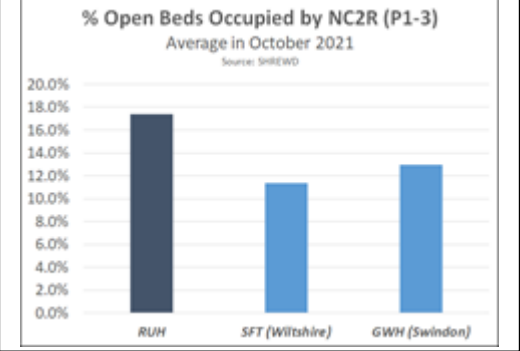
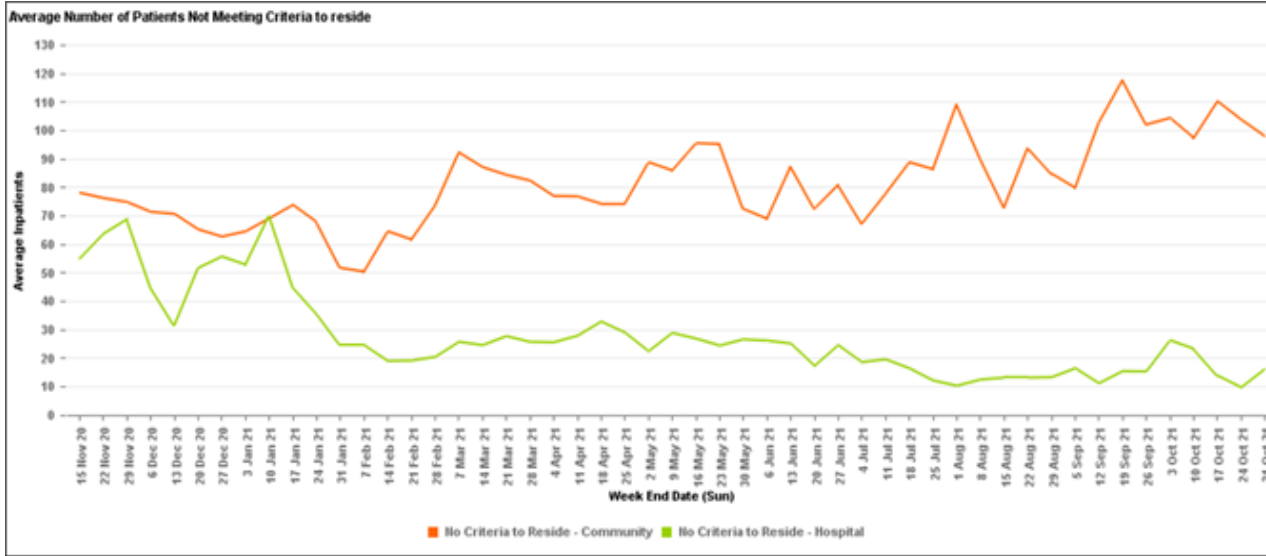
Top modality contributors:

CT, MRI, Echocardiography and non-obstetric Ultrasound are the top contributors for DMO1 performance.

Countermeasure /Action (completed last month)	Owner
Mobilisation of Endoscopy Room 5 – 100% utilisation from November	N Aguiar
Mobilisation of 4th CT scanner – 100% utilisation from November	N Aguiar / D Pressdee
Countermeasure /Action (planned this month)	Owner
Activity and recovery trajectories for DMO1 modalities	C Croxton / C Cooper
Full electronic process in place within Audiology and link with other providers regarding capacity available	S McFarlene
Meeting with Endoscopy insourcing company in order to agree extended criteria of the patients that they will scope	N Aguiar / J Saunders
Flexi-Sig clinic due to commence in November by G. Surgeons	N Lepak

Key Standard | Discharge (non-criteria to reside)

Historic Performance



Is standard being delivered?

RUH target is to have no more than 50 patients waiting who don't have Criteria to Reside, currently the RUH has been up to 130 patients during October. This continues to remain the highest proportion of occupied beds within BSW.

What is the top contributor for under/over-achievement?

- Wiltshire Health and Virgin Health both have significant number of patients waiting to step out of reablement services and into domiciliary care. Both BaNES and Wiltshire council are flagging that between them they are currently short of a combined 3,100 hours a week.
- This is driven by the private care sector being unable to recruit into these roles.
- COVID has continued to impact the number of care homes accepting new referrals, with BaNES alone having 8 care homes unable to accept referrals

Countermeasure /Action (completed last month)

Planned Therapies data collection, referral form and process in place on millennium

Owner

Hopkins

Continuation of daily system calls/challenges, patient specific and escalated as required - escalated to NHSE/I

Sargeant, Sethi, Prosser

Countermeasure /Action (planned this month)

Exploring launching, alongside BaNES council, a service replicating care agency to support additional care.

Owner

Prosser, Bird

Focus of work to reduce the average time between patient meeting NC2R and referral being sent

IDS team

Recruiting to winter scheme funding

White, Hopkins