Report to:	Public Board of Directors	Agenda item:	10
Date of Meeting:	31 January 2018		

Title of Report:	Operational Performance Report
Status:	Standing Item
Board Sponsor:	Francesca Thompson, Chief Operating Officer
Author:	Clare O'Farrell, Deputy Chief Operating Officer
Appendices	Appendix 1: Integrated Balanced Scorecard Month 9 Appendix 2: WH&C Performance Dashboard Summary – Month 8 (November 2017) Appendix 3: BIU Data Quality Assurance Framework

1. Executive Summary of the Report

To provide the Board with an overview of the Trust's monthly performance and to agree the key actions that are required.

2. Recommendations (Note, Approve, Discuss)

The Board are asked to discuss December performance.

Board should note that the RUH have been rated 2 overall against the NHSI Single Oversight Framework (SOF).

Board are asked to note that the Trusts score card has been up-dated this reflects national changes to the Single Oversight Framework (SOF) published in November 2017 and a request from Quality Board. This has been approved by the Chief Operating Officer.

The changes made to the score card include:

- Quarterly Performance – visibility of the last four complete quarters
- Monthly Performance – now revised to show the last six months

There are the following changes to the metrics reported:

<u>Additions:</u>

- Dementia patients
  - who have a diagnosis of dementia or delirium or to whom case finding is applied;
  - who, if identified as potentially having dementia or delirium, are appropriately assessed; and,
  - where the outcome was positive or inconclusive, are referred on to
- Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemia

<u>Removed:</u>

- HSMR weekends-relative risk of dying weekend admission

In December three SOF operational performance metrics triggered concern; RTT Incomplete Pathways, 4 Hours and Diagnostic tests – 6 week wait.

4 hour performance remains below the national standard of 95% and below improvement trajectory. This remains the significant performance challenge for the Trust.

Board are asked to note:

- RTT incomplete pathways in 18 weeks at 86.5% below the Trusts Improvement Trajectory and the 92% national standard.
- 4 hour performance at 76.9% below both the 95% national standard and the improvement target.
- Diagnostic tests – 6 week wait 1.4% failing the national standard of 1%. An improved position from November.
- Delayed Transfers of Care, December month end snapshot of 31 patients and 829 delayed days (4.7%) above the national standard of 3.5%.

- C-Difficile infection 72 hours post admission, 2 cases in December achieving the Trust monthly target.
- Sustained cancer performance in December, delivering all cancer targets including Breast Symptomatic.

The Wiltshire Health and Care performance summary for month 8 is attached for information.

An up-dated BIU Data Quality Assurance Framework has also been attached for information. Board are asked to note that the rating in a number of the cancer measures have been downgraded as the audits are out of date, this is being reviewed by the Head of BIU. E coli measure has been added, which also has a low rating as it has not yet been formally audited. It is due to be audited for the quality accounts in March.

3.	**Legal / Regulatory Implications**
None in month.	

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

5.	**Resources Implications (Financial / staffing)**

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

7.	**References to previous reports**
Standing agenda item.	

8.	**Freedom of Information**
Public	

Royal United Hospitals Bath NHS
NHS Foundation Trust

Operational Performance Report – December 2017

NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Nov 2017	Dec 2017	Triggers Concerns
Four hour maximum wait in A&E (All Types from April 2014 onwards)	75.8%	76.9%	
C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	2 **	
RTT - Incomplete Pathways in 18 weeks	88.2%	86.5%	
31 day diagnosis to first treatment for all cancers	98.9%	99.3%	
31 day second or subsequent treatment - surgery	100.0%	100.0%	
31 day second or subsequent treatment - drug treatments	100.0%	100.0%	
31 day second or subsequent cancer treatment - radiotherapy treatments	100.0%	100.0%	
2 week GP referral to 1st outpatient	94.2%	95.4%	
2 week GP referral to 1st outpatient - breast symptoms	90.8%	97.1%	
62 day referral to treatment from screening	91.3%	100.0%	
62 day urgent referral to treatment of all cancers	88.6%	87.2%	
Diagnostic tests maximum wait of 6 weeks	2.17%	1.40%	

** December: 2 under review

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

Board should note that against the NHSI Single Oversight Framework that the RUH have been rated 2 overall. The Trust has been placed into segment 3 for 4 hour.

Performance concerns are triggered if an indicator is below national target.

In December three SOF operational metrics triggered concerns, with performance failures in two consecutive months: 4 hour, 18 weeks RTT Incomplete Pathways and Six week diagnostic waits (DMO1).

Board should be noted that 4 hour was below the national standard of 95% and failed the improvement trajectory, this remains the Trusts most significant performance issue.

4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	Dec 17	Qtr 3	Full Year 2017/18
All Types	76.9%	80.9%	85.3%

Table 2: Emergency Department Quality Indicators:

Title	Month	Quarter	Year
	Dec-17	3	2017/2018
Unplanned Re-attendance Rate			
Total Time in ED - 95th Percentile			
Left Without Being Seen			
Time to Initial Assessment - 95th Percentile			
Time to Treatment - Median	55	58	57
ED Attendances (Type 1)	5761	17927	54491
ED 4 Hour Breaches (Type 1)	1592	3984	9230
ED 4 Hour Performance (Type 1)	72.4%	77.8%	83.1%
Ambulance Handovers within 30 minutes	100.0%	100.0%	100.0%
ED Friends and Family Test	98	97	97

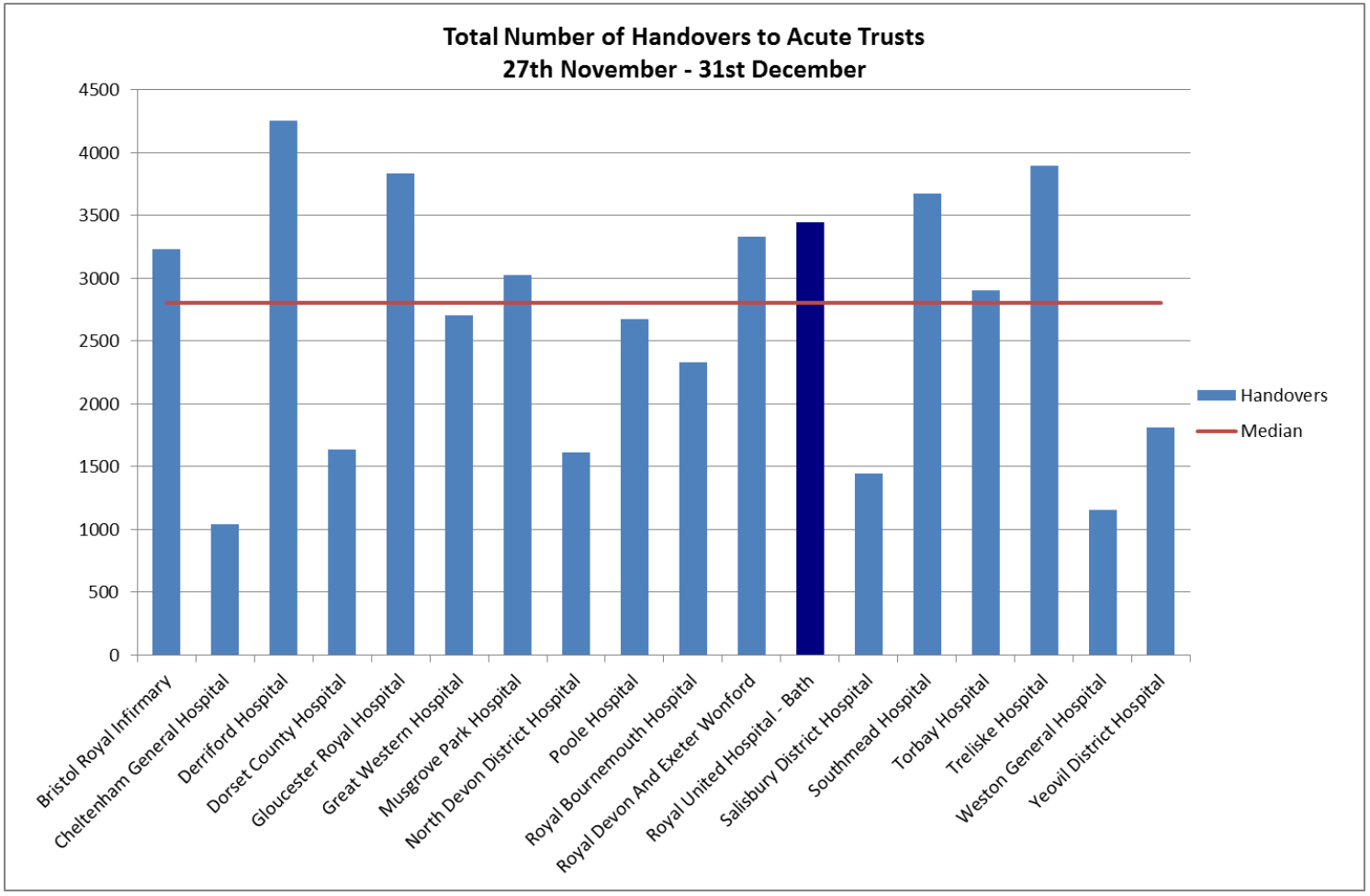
Table 1:

- During December the “all types” performance was 76.9%, below the 95% standard with a total of 1,602 breaches in the month. Improvement trajectory target was 86.0%.

Table 2:

- Due to the Big 3 Go Live on 7th November, the ED Clinical Quality indicators continue to be reviewed. Time to treatment is now included. Reporting against the remaining four quality indicators is currently being tested with the intention of having these available for January performance reporting.
- Ambulance Handovers: Sustained performance for Ambulance handovers within 30 minutes. The graphs on page 4 and 5 detail ambulance handover activity and performance across the 18 Trusts supported by South Western Ambulance Service (SWAS).

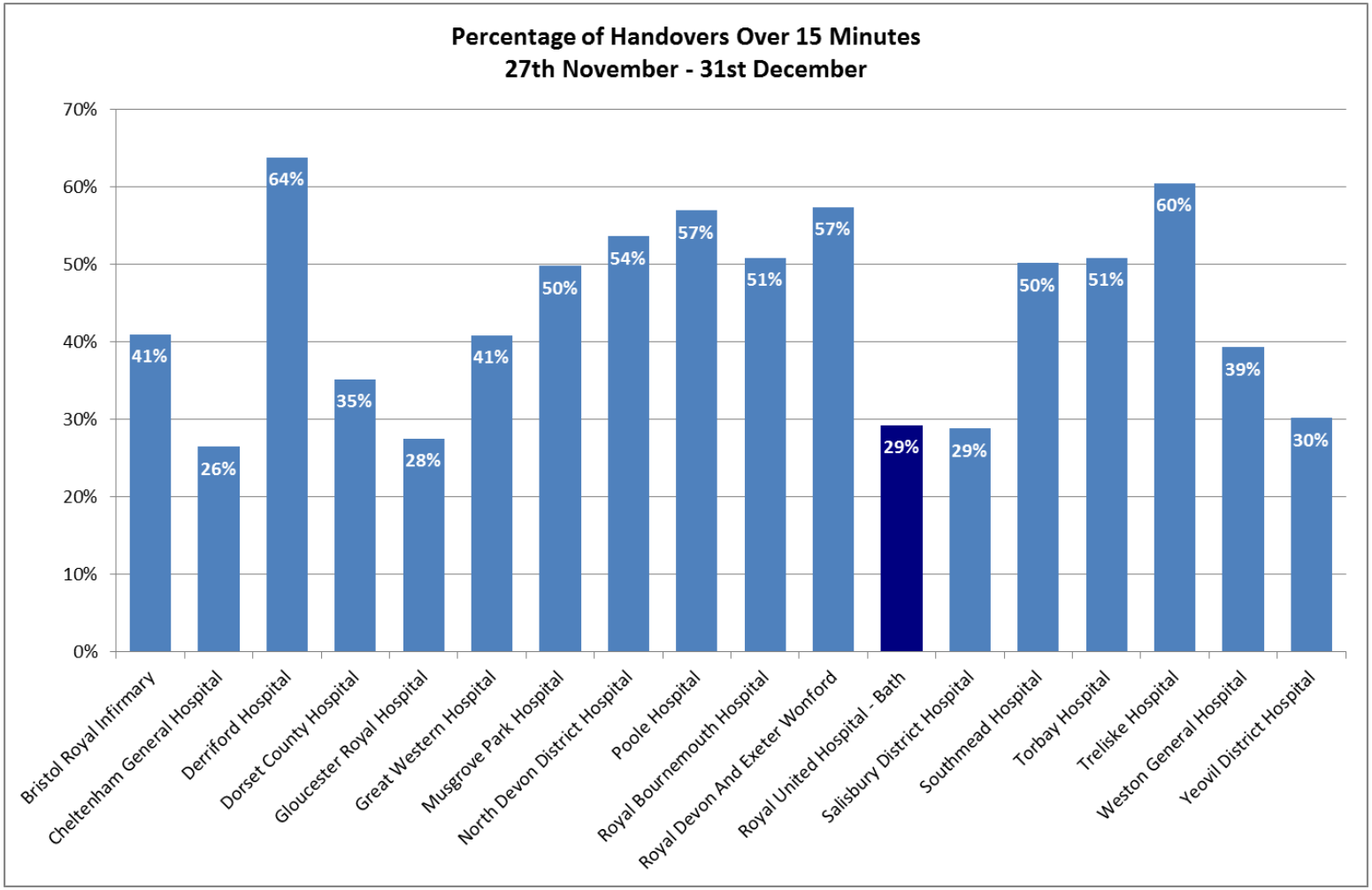
SWAS Total Ambulance Handovers to ED (2)



- Comparison of the total number of ambulance handovers across all Trusts supported by SWAS.
- The RUH had 3,448 ambulance handover's in the five week period (645 over the median)
- During the last week in December the RUH ambulance arrivals were 730. This is the highest number of ambulances seen in the last five years, a further increase on the November 2017 reported activity.

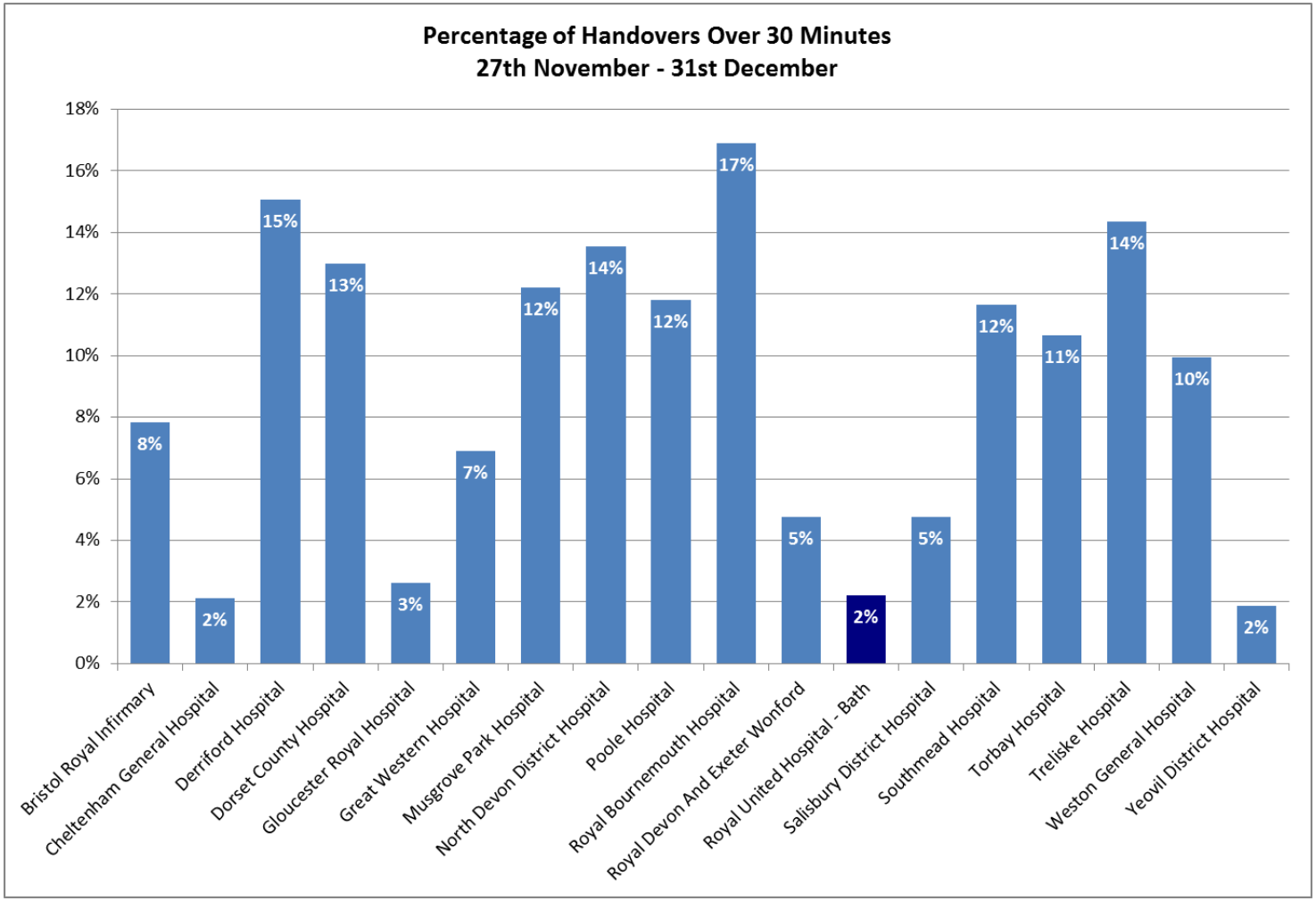
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

SWAS Ambulance Handovers to ED over 15 minutes (3)



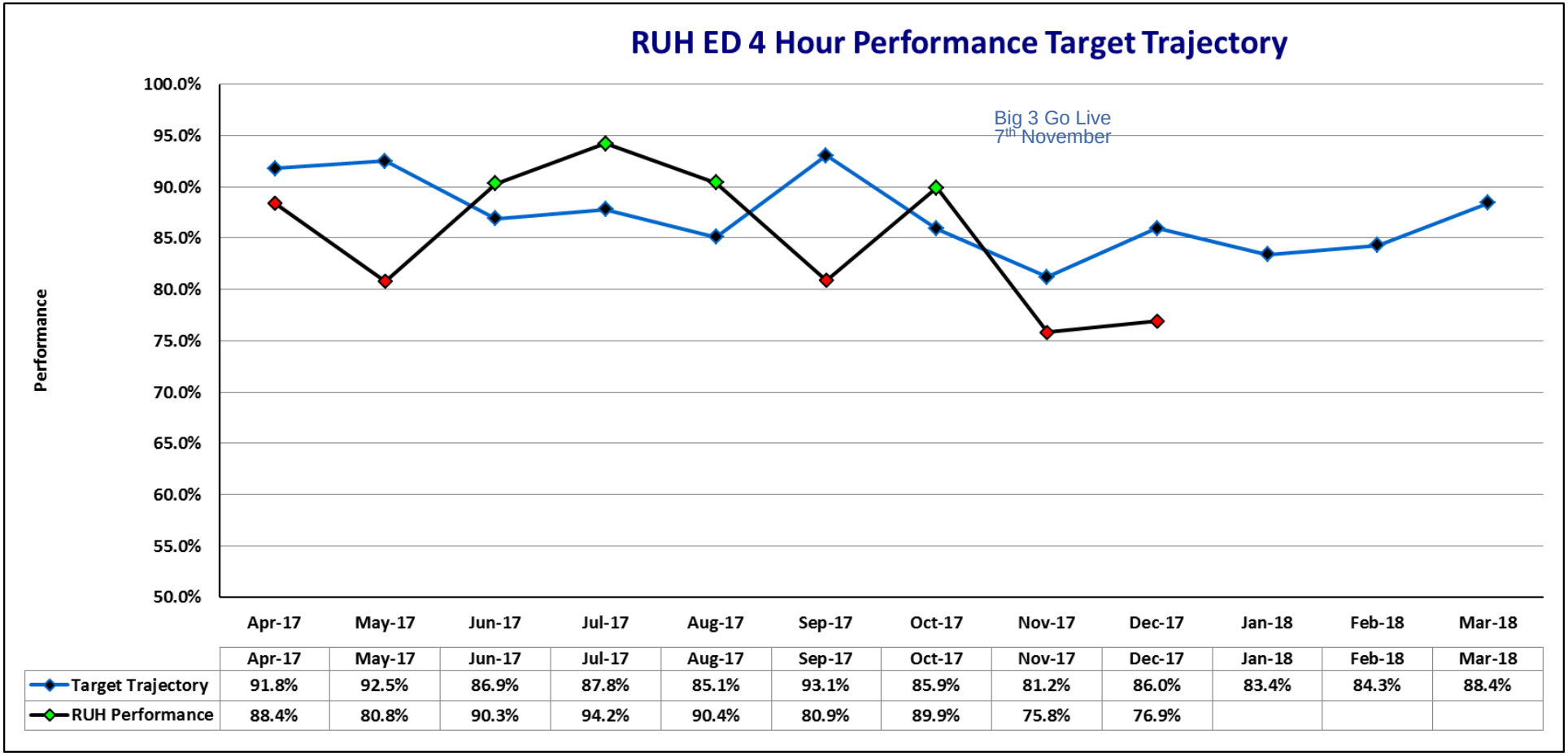
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

SWAS Ambulance Handovers to ED over 30 minutes (4)



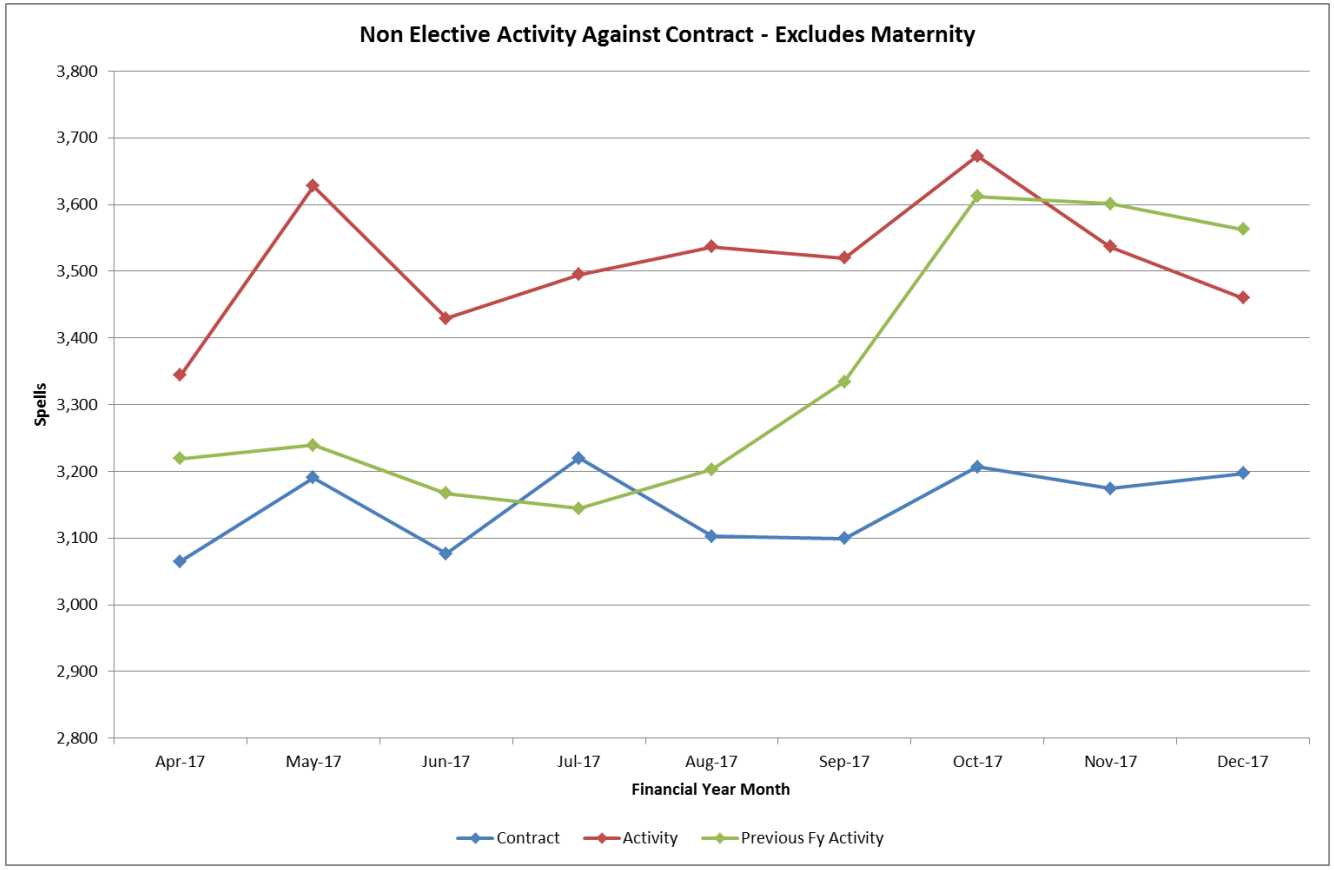
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

4 Hour Maximum Wait in ED – Improvement Trajectory (5)



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Target Trajectory	91.8%	92.5%	86.9%	87.8%	85.1%	93.1%	85.9%	81.2%	86.0%	83.4%	84.3%	88.4%
RUH Performance	88.4%	80.8%	90.3%	94.2%	90.4%	80.9%	89.9%	75.8%	76.9%			

Activity Levels (1)



In December 2017 the non elective activity was 2.9% below December 2016 (excluding Maternity). Emergency department (ED) attendances were 6.9% below December 2016.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 29 with an average of 18.
- Medical Outliers peaked at 64 with a median of 41.

In December the Trust capacity was impacted by bed closures for works, care of bariatric patients and infection. This was a worsening position from November.

- The max number of beds closed was 68 and the average per day closed was 27.

Activity Levels – Non Elective (2)

Non Elective (Excluding Maternity)		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD
Trust Total	Plan	3,064	3,190	3,077	3,219	3,102	3,099	3,206	3,174	3,197	28,330
	Activity	3,344	3,628	3,429	3,495	3,537	3,520	3,673	3,537	3,460	31,623
	Previous Fy Activity	3,219	3,239	3,167	3,144	3,203	3,334	3,612	3,601	3,563	30,082
	Variance vs Contract	9.1%	13.7%	11.5%	8.6%	14.0%	13.6%	14.6%	11.4%	8.2%	11.6%
	Variance vs Previous Fy	3.9%	12.0%	8.3%	11.2%	10.4%	5.6%	1.7%	-1.8%	-2.9%	5.1%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan	1,074	1,117	1,078	1,127	1,089	1,085	1,122	1,109	1,119	9,920
	Activity	1,269	1,415	1,299	1,326	1,309	1,302	1,394	1,347	1,299	11,960
	Previous Fy Activity	1,147	1,158	1,120	1,118	1,119	1,193	1,275	1,289	1,306	10,725
	Variance vs Contract	18.2%	26.7%	20.5%	17.7%	20.2%	20.0%	24.2%	21.4%	16.0%	20.6%
	Variance vs Previous Fy	10.6%	22.2%	16.0%	18.6%	17.0%	9.1%	9.3%	4.5%	-0.5%	11.5%
NHS SOMERSET CCG	Plan	431	448	432	452	436	435	450	446	449	3,980
	Activity	473	491	479	477	489	509	494	505	485	4,402
	Previous Fy Activity	452	440	451	443	459	433	548	523	514	4,263
	Variance vs Contract	9.9%	9.5%	10.8%	5.5%	12.2%	16.9%	9.7%	13.2%	8.0%	10.6%
	Variance vs Previous Fy	4.6%	11.6%	6.2%	7.7%	6.5%	17.6%	-9.9%	-3.4%	-5.6%	3.3%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan	112	117	112	117	114	113	117	115	117	1,035
	Activity	119	150	134	147	151	137	161	139	120	1,258
	Previous Fy Activity	118	111	102	112	119	110	130	113	119	1,034
	Variance vs Contract	6.2%	28.7%	19.2%	25.2%	32.7%	21.1%	37.6%	20.4%	2.8%	21.6%
	Variance vs Previous Fy	0.8%	35.1%	31.4%	31.3%	26.9%	24.5%	23.8%	23.0%	0.8%	21.7%
NHS WILTSHIRE CCG	Plan	1,184	1,233	1,189	1,245	1,197	1,198	1,240	1,229	1,236	10,950
	Activity	1,257	1,361	1,303	1,313	1,361	1,358	1,430	1,346	1,407	12,136
	Previous Fy Activity	1,186	1,212	1,194	1,195	1,212	1,285	1,362	1,374	1,334	11,354
	Variance vs Contract	6.2%	10.4%	9.6%	5.5%	13.7%	13.3%	15.4%	9.5%	13.9%	10.8%
	Variance vs Previous Fy	6.0%	12.3%	9.1%	9.9%	12.3%	5.7%	5.0%	-2.0%	5.5%	6.9%

Income Levels – Non Elective (3)

Non Elective Income (Excluding Maternity, XBDs, Readmissions, Critical Care and NICU)		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD
Trust Total	Plan £"000	6,454	6,693	6,466	6,721	6,607	6,488	6,708	6,561	6,699	59,397
	Income £"000	6,464	6,963	6,786	7,102	6,838	6,829	6,827	8,362	7,022	63,193
	Previous Fy Income £"000	5,948	5,956	6,220	5,818	6,043	6,003	6,045	6,542	6,334	54,910
	Variance vs Contract	0.2%	4.0%	4.9%	5.7%	3.5%	5.3%	1.8%	27.5%	4.8%	6.4%
	Variance vs Previous Fy	8.7%	16.9%	9.1%	22.1%	13.2%	13.8%	12.9%	27.8%	10.9%	15.1%
NHS BATH AND NORTH EASTSOMERSET CCG	Plan £"000	2,199	2,280	2,203	2,288	2,254	2,210	2,284	2,231	2,282	20,231
	Income £"000	2,304	2,622	2,553	2,524	2,486	2,499	2,498	3,123	2,657	23,267
	Previous Fy Income £"000	2,116	2,159	2,174	2,090	2,102	2,274	2,139	2,112	2,317	19,483
	Variance vs Contract	4.8%	15.0%	15.9%	10.3%	10.3%	13.1%	9.3%	39.9%	16.5%	15.0%
	Variance vs Previous Fy	8.9%	21.4%	17.4%	20.8%	18.3%	9.9%	16.8%	47.9%	14.7%	19.4%
NHS SOMERSET CCG	Plan £"000	839	870	840	873	859	843	872	852	871	7,719
	Income £"000	892	886	862	843	1,013	1,008	871	1,239	989	8,603
	Previous Fy Income £"000	776	769	862	655	831	893	729	721	841	7,076
	Variance vs Contract	6.4%	1.9%	2.6%	-3.4%	17.9%	19.5%	0.0%	45.3%	13.6%	11.5%
	Variance vs Previous Fy	14.9%	15.3%	0.0%	28.8%	22.0%	12.9%	19.5%	71.9%	17.6%	21.7%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan £"000	229	237	229	238	235	229	237	231	237	2,102
	Income £"000	267	271	272	283	297	221	288	279	236	2,413
	Previous Fy Income £"000	220	189	206	196	175	253	179	211	262	1,890
	Variance vs Contract	16.6%	14.3%	18.7%	19.3%	26.3%	-3.7%	21.3%	20.5%	-0.3%	14.8%
	Variance vs Previous Fy	21.4%	43.6%	32.2%	44.4%	69.3%	-12.5%	61.0%	31.8%	-9.6%	27.7%
NHS WILTSHIRE CCG	Plan £"000	2,406	2,495	2,410	2,505	2,464	2,418	2,500	2,444	2,497	22,139
	Income £"000	2,495	2,746	2,621	2,901	2,637	2,639	2,743	3,224	2,856	24,863
	Previous Fy Income £"000	2,206	2,194	2,350	2,274	2,360	2,340	2,349	2,447	1,899	20,419
	Variance vs Contract	3.7%	10.1%	8.7%	15.8%	7.0%	9.1%	9.7%	31.9%	14.4%	12.3%
	Variance vs Previous Fy	13.1%	25.2%	11.5%	27.6%	11.8%	12.8%	16.8%	31.8%	50.4%	21.8%

C – Difficile Infection > 72 hours post

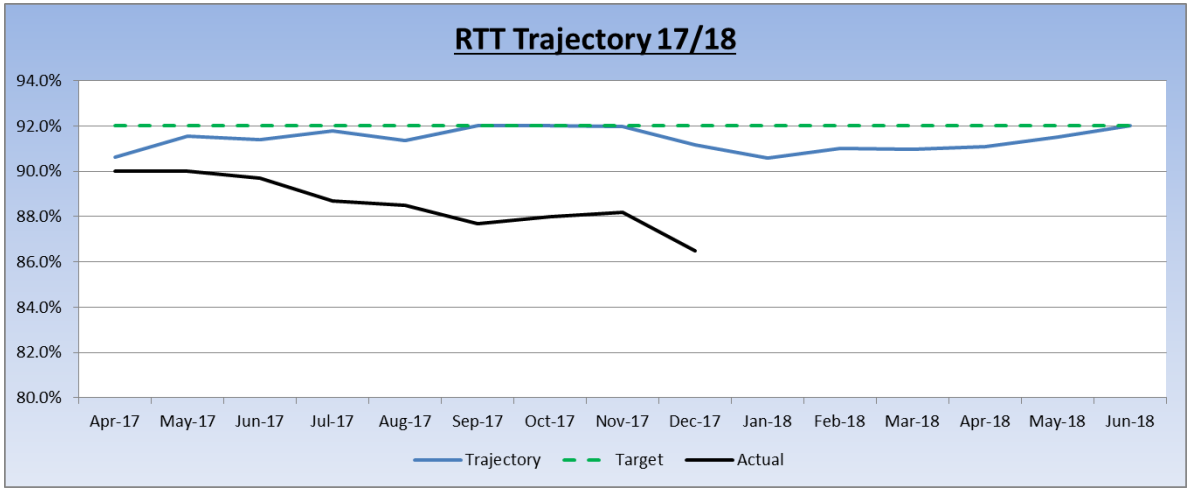
C-Diff Performance by Month:

Month	Actual Number of Cases	Number of Successful Appeals	Number Awaiting Appeal Response	Number of Outstanding RCA's
April 17	2	1	0	0
May 17	3	2	0	0
June 17	1	0	0	0
July 17	4	1	0	0
Aug 17	2	1	0	0
Sept 17	5	2	0	0
Oct 17	6	2	0	0
Nov 17	2	0	0	0
Dec 17	**2**	**0**	**0**	**2**
Y-T-D	**27**	**9**	**0**	**2**

- 2017/18, the RUH tolerance is 22 post 3 day C Diff cases.
- In December there were 2 cases of C-Difficile.
- 2 cases have RCA's outstanding.
- Year to date the best case scenario is 16 RUH Trust attributed C Diff cases which would be within tolerance, the worst case scenario is 18 which would be outside the tolerance.

Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:



- Performance against the incomplete standard of 92% was 86.5% in December. This compares with a November National Incomplete RTT performance of 89.5%.
- Eight specialties didn't achieve the constitutional standard in November. These were General Surgery, Urology, ENT, Ophthalmology, Oral Surgery, T&O, Cardiology and Dermatology.
- The over 18 week backlog for admitted patients increased in month to 1,523 (6.4% increase).
- Whole system specialty reviews are in progress with T&O complete and shared with the commissioners. Work continues within the other specialties to complete this.
- The RUH continues to work with CCGs and the whole system to address both capacity and demand issues. A revised whole system action plan has been agreed, this is focusing on maintaining a safe backlog over winter.

18 Weeks Incomplete Standard (2)

RTT Incomplete Open Pathway Performance by Specialty:

	Open Pathways			
	Total Waiters	> 18 Weeks	Performance	Trajectory Target
100 - General Surgery	2297	332	85.5%	
101 - Urology	1052	158	85.0%	
110 - T&O	1601	243	84.8%	
120 - ENT	1819	328	82.0%	
130 - Ophthalmology	2899	606	79.1%	
140 - Oral Surgery	2628	650	75.3%	
300 - Acute Medicine	79	2	97.5%	
301 - Gastroenterology	1794	99	94.5%	
320 - Cardiology	1402	127	90.9%	
330 - Dermatology	717	84	88.3%	
340 - Respiratory Medicine	410	14	96.6%	
400 - Neurology	763	53	93.1%	
410 - Rheumatology	850	18	97.9%	
430 - Geriatric Medicine	133	9	93.2%	
502 - Gynaecology	971	28	97.1%	
X01 - Other	1716	97	94.3%	
Total	**21131**	**2848**	86.5%	**91.2%**

- In December 233 patients were discharged via the day case chairs, equating to 24.7% of elective and trauma patients.
- 29 theatre cancellations occurred for non-clinical reasons, of which 11 (38%) were due to a lack of beds. The 29 cancellations remains below the average number year to date
- In month performance improvements noted in T&O, and Dermatology

Actions taken in Month:

- Fixed term APO support for Urology cystoscopy supporting decontamination pressures remains in-place.
- Commissioner redirect support for ENT commenced, with limited uptake from patients so far.
- Dental referral rejection commenced from 11th December 2017 working within NHS England referral criteria.
- NHS England have requested 50 GA dental patients be transferred to private sector providers, contracts for this work are being progressed.
- Limited APO for General Surgery has been agreed in support of the elective winter plan.

18 Weeks – Incomplete Pathways >30 weeks (3)

	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
100 - General Surgery	64	86	104	84	79	76	69	46	51	53	66	76	86
101 - Urology	4	13	21	18	22	20	16	23	22	25	23	15	15
110 - Trauma & Orthopaedic	32	47	62	53	48	60	73	57	49	43	30	36	32
120 - ENT	7	7	15	20	18	25	15	16	14	20	29	36	51
130 - Ophthalmology	7	14	23	16	10	12	13	13	15	23	25	25	76
140 - Oral Surgery	10	18	24	13	12	36	40	57	58	81	107	128	163
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	24	58	48	37	29	28	20	15	6	3	5	6	11
320 - Cardiology	33	33	34	25	27	32	36	38	31	37	8	4	6
330 - Dermatology	0	3	4	2	0	1	0	5	15	25	19	17	21
340 - Respiratory Medicine	0	0	0	0	0	0	0	0	0	0	1	0	1
400 - Neurology	1	1	1	1	0	1	0	0	0	0	0	0	0
410 - Rheumatology	0	1	0	1	1	2	3	3	4	1	0	3	2
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	9	5	2	3	2	7	3	1	1	1	3	1	0
X01 - Other	26	40	29	19	16	13	8	7	4	4	9	5	9
Open Pathways > 30 Weeks	218	326	367	292	264	313	296	281	270	316	325	352	473

Cancer Access 62 days all cancers (1)

			Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
62 Day	Cancer Network	RUH	81.50%	85.60%	90.30%	88.20%	85.40%	81.00%	86.30%	86.70%	87.70%	86.80%	86.30%	87.20%
		UHB	84.70%	79.03%	81.20%	76.80%	77.98%	81.70%	74.70%	85.24%	80.50%	84.14%	Not yet available	Not yet available
		NBT	89.10%	87.86%	89.60%	87.80%	80.76%	86.00%	90.20%	87.30%	85.46%	86.42%	Not yet available	Not yet available
		Taunton	75.00%	25.00%	83.20%	82.40%	74.05%	76.50%	84.80%	84.18%	74.67%	73.65%	Not yet available	Not yet available
		Yeovil	89.00%	91.75%	93.40%	84.95%	88.39%	92.30%	84.30%	80.22%	42.86%	71.13%	Not yet available	Not yet available
		Gloucester	63.20%	70.79%	71.10%	78.46%	75.94%	71.20%	74.80%	80.13%	69.80%	71.62%	Not yet available	Not yet available
		Weston	73.30%	71.43%	83.60%	78.43%	70.15%	66.70%	77.00%	75.36%	63.80%	69.23%	Not yet available	Not yet available
	Other Local Trusts	GWH	85.40%	84.27%	88.50%	77.17%	79.07%	81.30%	76.00%	79.37%	74.60%	85.81%	Not yet available	Not yet available
		Salisbury	75.00%	83.95%	85.44%	81.55%	83.21%	89.30%	86.10%	89.08%	93.10%	84.26%	Not yet available	Not yet available
	National	England	79.70%	79.82%	83.03%	82.91%	81.03%	80.50%	81.40%	82.63%	82.03%	82.34%	Not yet available	Not yet available

- December performance was 87.2%, against the 85% target.
- Activity levels were low at 74.5, performance was maintained with only 9.5 breaches.

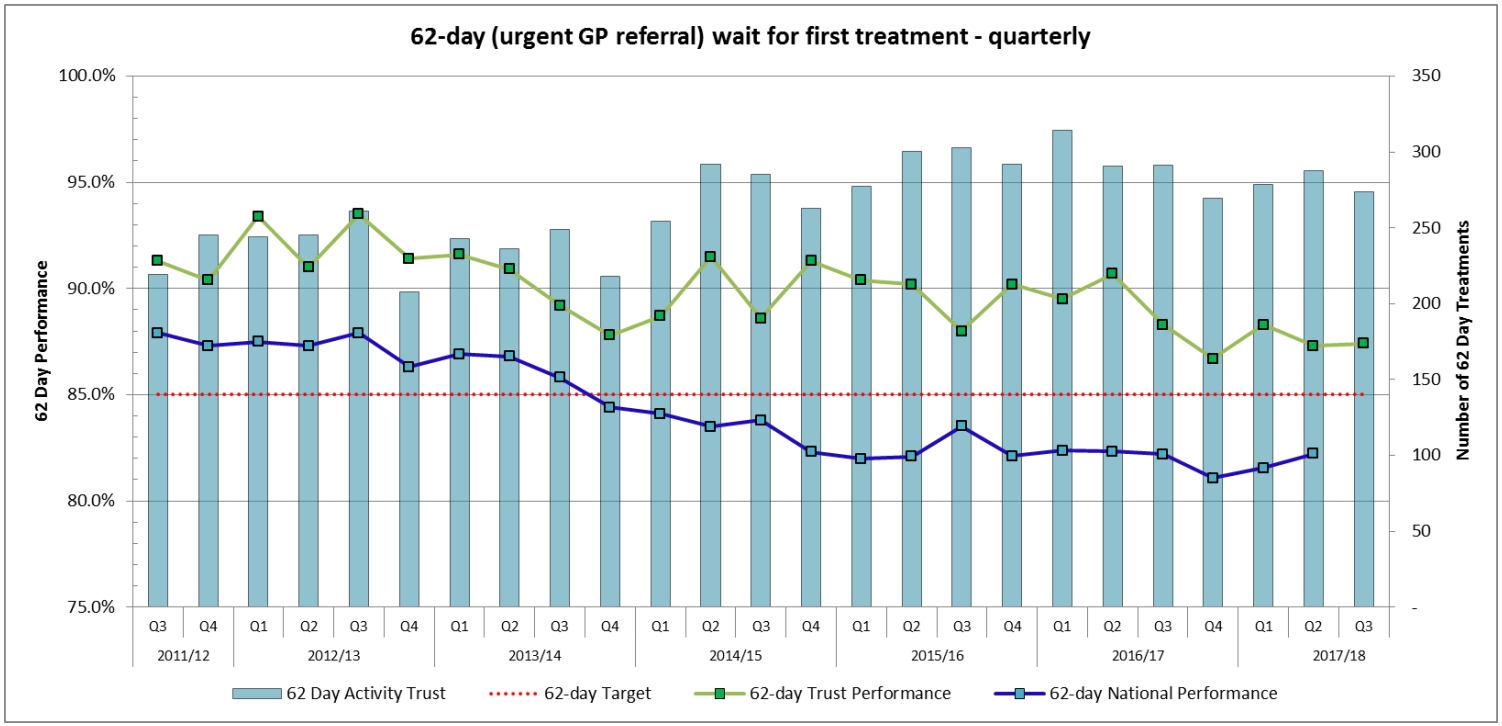
62 Day performance by Tumour Site (2)

Cancer Site	Indicator Description	2016/17					2017/18								
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Breast	Activity	17	24	16	21	14.5	23	14	20	20	23	13	25.5	17	11
	Breaches	2	2	0	1	0	1	0	0	0	1	2.5	1.5	0	0
	Performance	88.2%	91.7%	100.0%	95.2%	100.0%	95.7%	100.0%	100.0%	100.0%	95.7%	80.8%	94.1%	100.0%	100.0%
	Referral Conversion %	8.8%	5.6%	10.8%	10.1%	8.3%	10.8%	6.9%	6.7%	12.6%	8.1%	13.2%	8.6%		
Colorectal	Activity	9	7	6	11	10	12	5	9	11	8.5	10	8.5	8	11
	Breaches	2	4	2	3	2	1	1	3	4	3.5	2	2.5	1	3
	Performance	77.8%	42.9%	66.7%	72.7%	80.0%	91.7%	80.0%	66.7%	63.6%	58.8%	80.0%	70.6%	87.5%	72.7%
	Referral Conversion %	2.6%	4.8%	5.5%	8.0%	3.5%	6.4%	3.7%	6.4%	6.3%	5.2%	5.5%	3.2%		
Gynaecology	Activity	7	5	4	2	8	2	6	6	5	5	4	10	5	6
	Breaches	1	0.5	0	1	0	0	0	1	1	0	1	2	0	0
	Performance	85.7%	90.0%	100.0%	50.0%	100.0%	100.0%	100.0%	83.3%	80.0%	100.0%	75.0%	80.0%	100.0%	100.0%
	Referral Conversion %	2.8%	4.3%	3.9%	4.7%	7.6%	5.2%	8.1%	4.5%	6.9%	7.8%	7.2%	3.1%		
Haematology	Activity	3	4	0.5	5	7	5	3	4	4	5	7	5.5	5	4
	Breaches	0	0	0	0	0	0	0	0	0	1	0	1	0	1
	Performance	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	81.8%	100.0%	75.0%
	Referral Conversion %	60.0%	11.1%	57.1%	53.8%	21.1%	45.5%	57.1%	33.3%	38.5%	60.0%	70.0%	25.0%		
Head and Neck	Activity	5	4	1	3	2.5	4	3	7	6	2	1.5	2	4.5	6.5
	Breaches	0	0	1	0	0	1.5	0	3	0	1	0.5	1	0.5	0.5
	Performance	100.0%	100.0%	0.0%	100.0%	100.0%	62.5%	100.0%	57.1%	100.0%	50.0%	66.7%	50.0%	88.9%	92.3%
	Referral Conversion %	1.6%	2.0%	4.2%	5.6%	2.5%	6.7%	6.7%	3.8%	3.1%	1.3%	7.4%	5.5%		
Lung	Activity	8	12	7	6.5	8	6.5	8	4.5	10	9	9.5	5	5.5	3
	Breaches	1	3	0	3.5	2	1.5	0	0	2.5	1.5	0.5	0	0	0
	Performance	87.5%	75.0%	100.0%	46.2%	75.0%	76.9%	100.0%	100.0%	75.0%	83.3%	94.7%	100.0%	100.0%	100.0%
	Referral Conversion %	31.6%	21.1%	20.7%	27.3%	15.2%	17.9%	33.3%	18.8%	27.6%	20.7%	38.2%	13.3%		
Other	Activity	1		1		2	0	1	1	0	0	0	1	2	1
	Breaches	0		0		0	0	0	0	0	0	0	1	0	0
	Performance	100.0%	-	100.0%	-	100.0%	n/a	100.0%	100.0%	n/a	n/a	n/a	0.0%	100.0%	100.0%
	Referral Conversion %	50.0%	100.0%	0.0%		100.0%	50.0%	0.0%		0.0%	33.3%	0.0%	50.0%		
Skin	Activity	17.5	23	19	16.5	26	16	29	18	16.5	27	21	23	23.5	15.5
	Breaches	2	1.5	2	0	1.5	2	4	1.5	2.5	4	1.5	1	3	3
	Performance	88.6%	93.5%	89.5%	100.0%	94.2%	87.5%	86.2%	91.7%	84.8%	85.2%	92.9%	95.7%	87.2%	80.6%
	Referral Conversion %	8.9%	8.6%	9.6%	8.5%	7.9%	11.2%	9.3%	9.2%	5.5%	8.3%	11.3%	8.9%		
Upper GI	Activity	7	6	4.5	3.5	5.5	2	2	10.5	5	8	4	9	9.5	3.5
	Breaches	3	0	1.5	0.5	1.5	0	0	2.5	1	1	0	3.5	1	1
	Performance	57.1%	100.0%	66.7%	85.7%	72.7%	100.0%	100.0%	76.2%	80.0%	87.5%	100.0%	61.1%	89.5%	71.4%
	Referral Conversion %	9.3%	6.5%	5.3%	2.1%	5.2%	3.8%	3.2%	9.8%	8.8%	8.6%	11.4%	10.0%		
Urology	Activity	20	18.5	16	13	27.5	16.5	19.5	21	18	20	16.5	9	20	13
	Breaches	1	1.5	6	2.5	4	3.5	1	5	2	1	1.5	0	4.5	1
	Performance	95.0%	91.9%	62.5%	80.8%	85.5%	78.8%	94.9%	76.2%	88.9%	95.0%	90.9%	100.0%	77.5%	92.3%
	Referral Conversion %	17.8%	12.9%	18.4%	15.2%	18.5%	18.7%	16.4%	14.0%	20.4%	11.7%	11.7%	12.9%		
All	Activity	94.5	103.5	75	82.5	112	87	90.5	101	95.5	107.5	86.5	98.5	100	74.5
	Breaches	12	12.5	12.5	11.5	11	10.5	6	16	13	14	9.5	13.5	10	9.5
	Performance	87.3%	87.9%	83.3%	86.1%	90.2%	87.9%	93.4%	84.2%	86.4%	87.0%	89.0%	86.3%	90.0%	87.2%
	Referral Conversion %	8.0%	6.3%	7.9%	7.5%	6.8%	8.6%	7.9%	7.1%	8.5%	7.2%	10.1%	6.9%		

- As part of an increased level of governance against the 62 Day cancer standard (85%), Board are asked to note performance by tumour site.
- For the RUH, as per the national picture, performance is challenged in predominantly Colorectal, Upper GI and Skin. Urology (Prostate) also has breaches although performance against the 85% target is usually maintained.
- Divisional teams continue to focus on delivery of 62 day cancer improvement plans supported by national funding. A number of plans have been mobilised, including additional Cancer Multidisciplinary Team co-ordinators who have improved cancer PTL management across the Trust supporting a reduction in breaches, particularly 63-76 day breaches and 104+ day waiting patients.

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 2 month's rate as patients seen in recent months have not yet had the 'chance' to be treated.

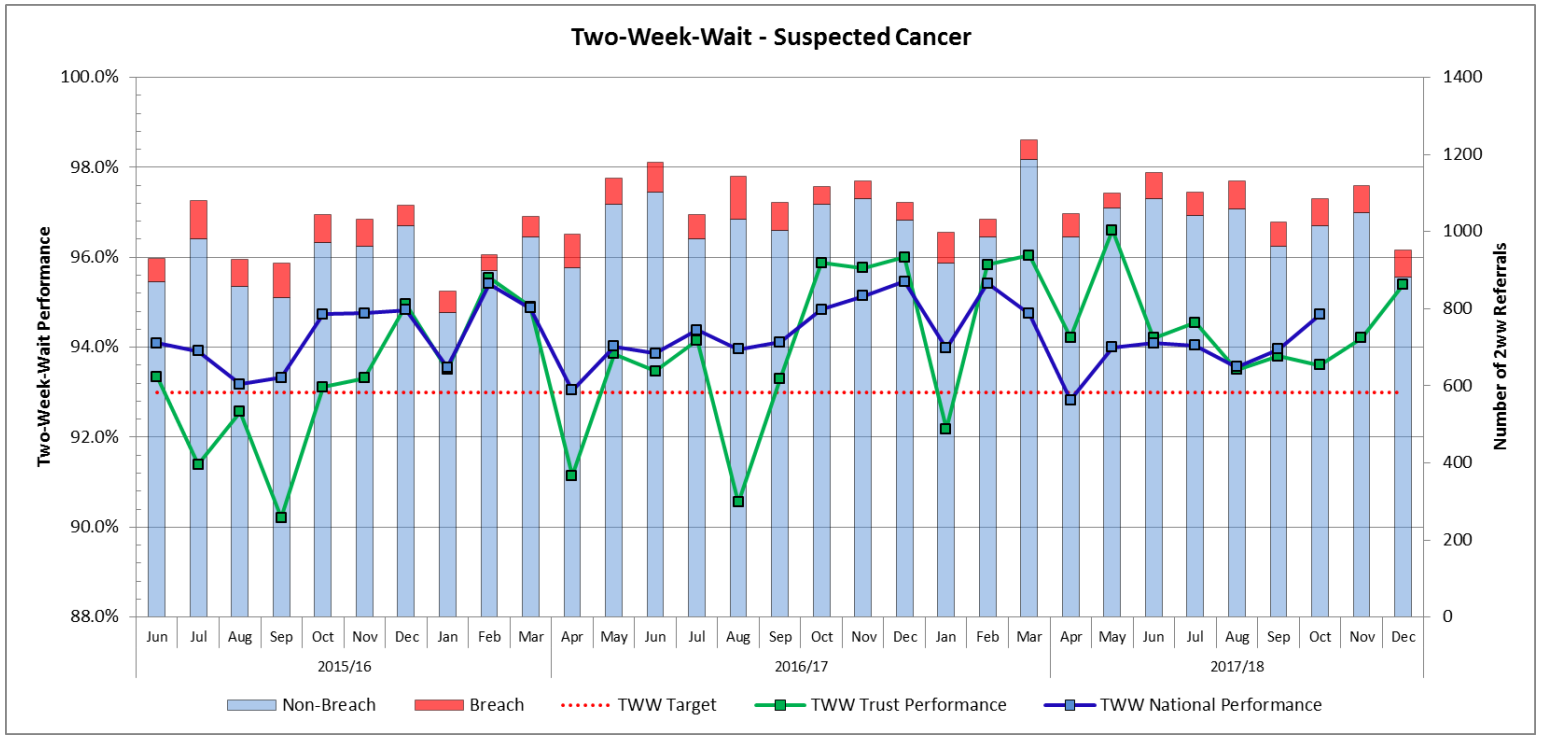
Q3 - 62 Day (urgent GP referral) wait for first treatment (3)



- The RUH continues to perform above the national average for the 62 day target.
- Weekly PTL meetings in key tumour sites and at divisional level are supporting target delivery, and learning is identified through RCAs which are completed for all 62 day breaches.

Please note: the graph has been changed, the bars now represent the number of 62 day treatments, not the number of two-week-wait referrals.

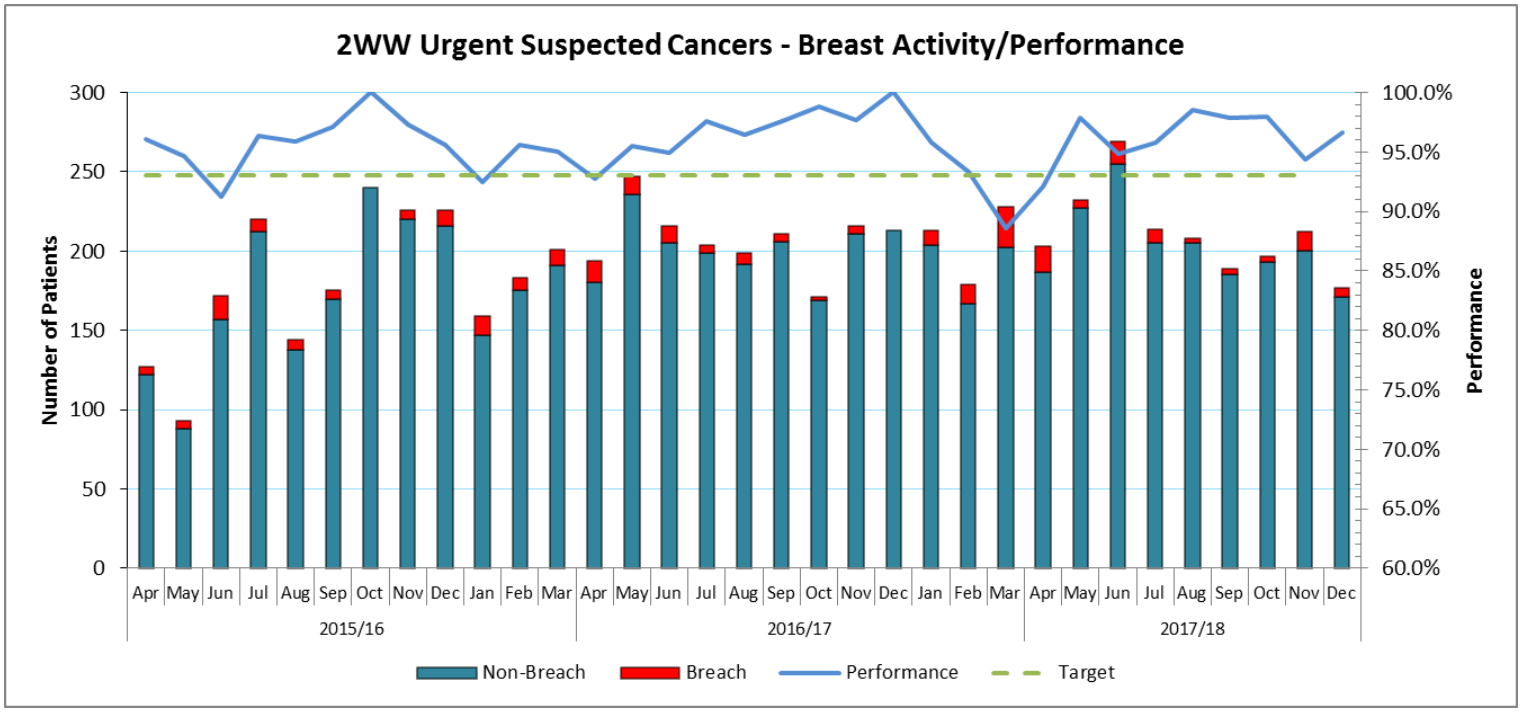
Cancer Access – 2 WW (4)



- The 2ww suspected cancer target passed in December at 95.4%.
- Activity and performance are predicted to decline in January due to historic lower patient referral rates and patient choice breaches increasing due to patients electing to defer appointments until after the festive period. All efforts are being made to maintain performance.

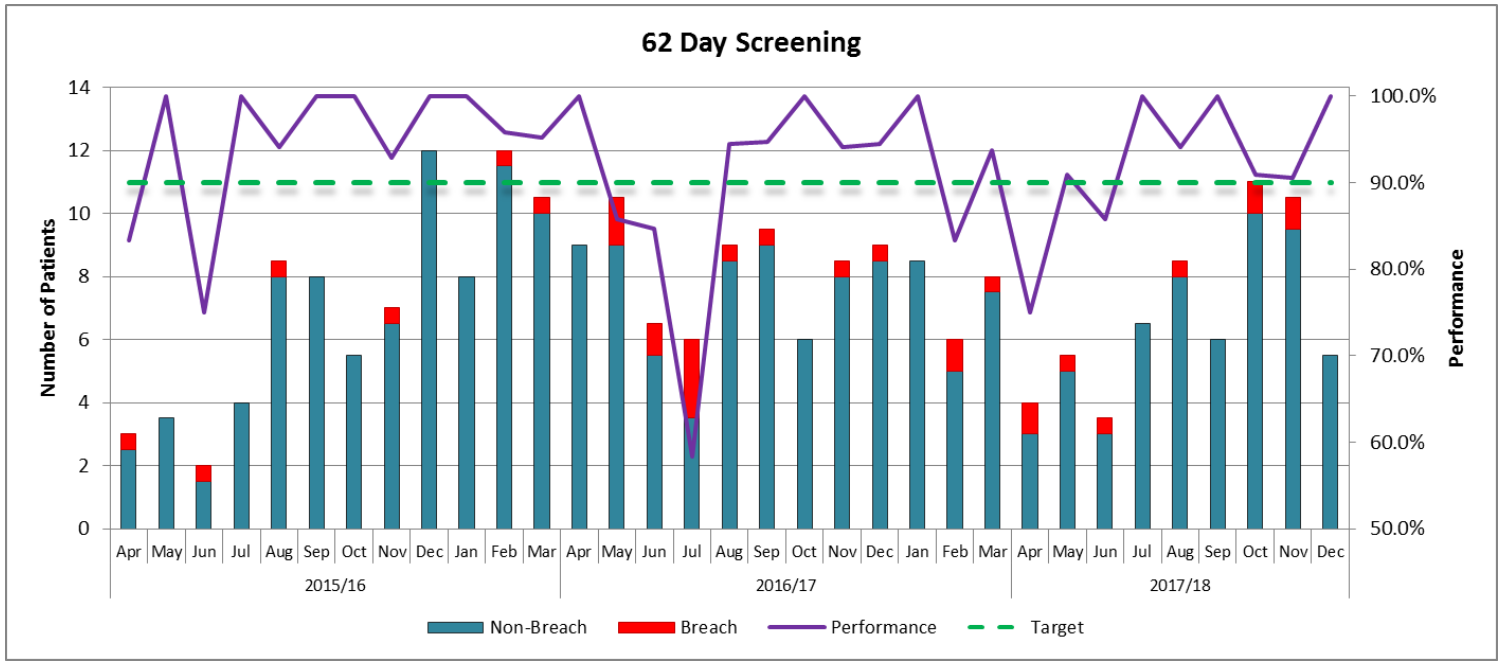
Please note: the graph has been updated to show the national 2ww performance (blue line) alongside the Trust's performance and activity split by non-breaches and breaches.

Cancer Access – 2 WW Breast Suspected Cancer (5)



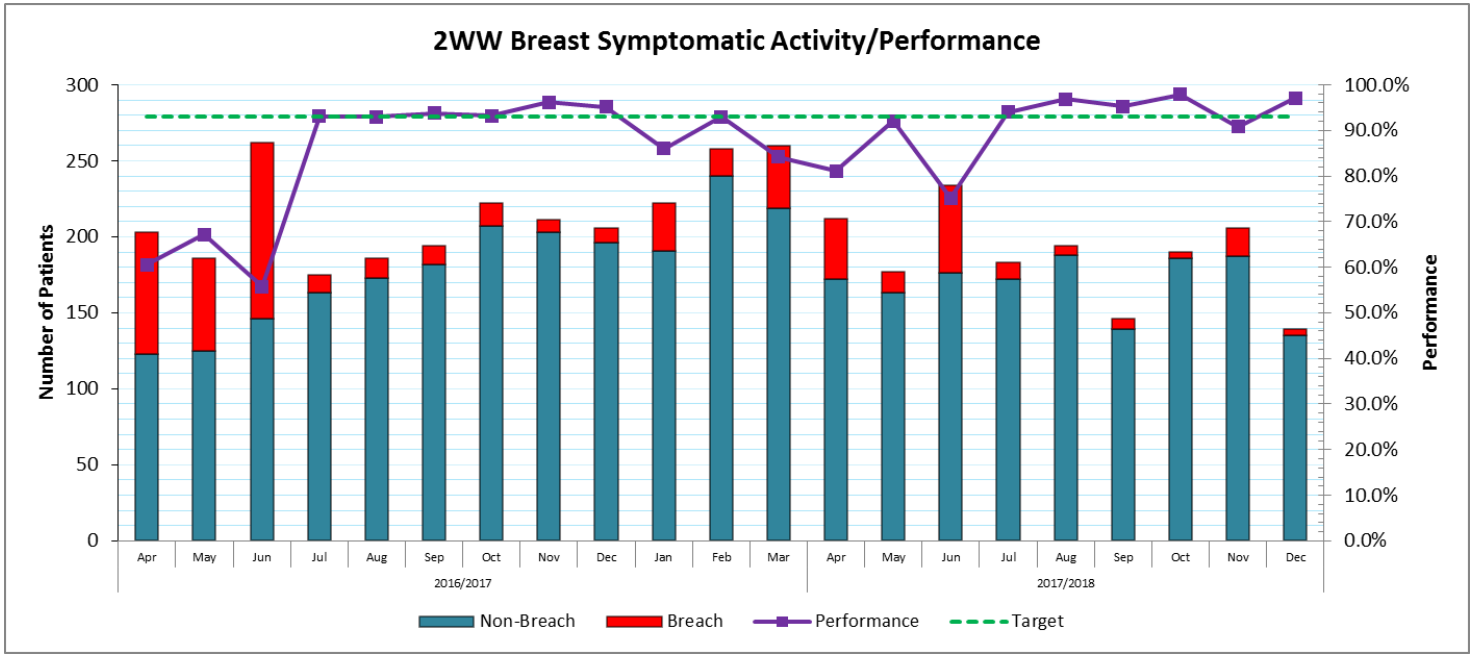
- The performance in December for Breast 2WW suspected cancer was 96.6%, above the 93% overall 2WW target.

Cancer Access – 62 Day Screening (6)



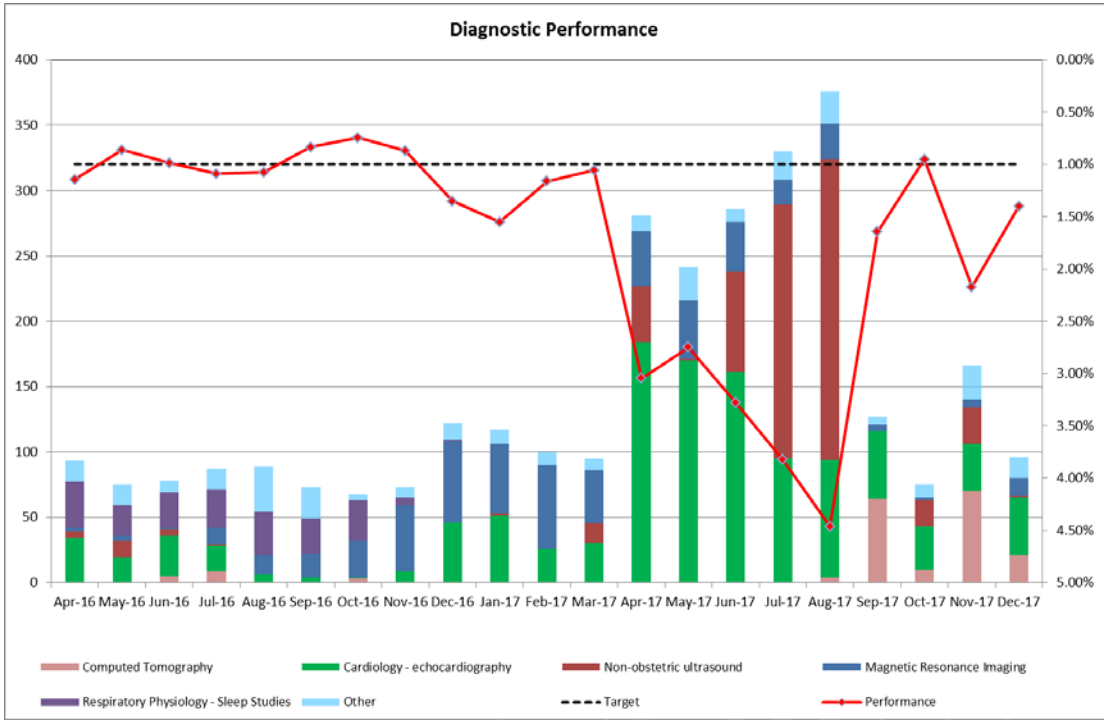
- In December, the Trust passed the 90% target, with performance at 100%.
- The Cancer Services manager continues to work within the cancer network to minimise breaches.

Cancer Access – Breast Symptomatic (7)



- The symptomatic target passed in December, performance at 97.1% against 93% target.
- Clinical triage of all referrals remains in place.
- Additional Clinical Assistant capacity has been secured until March 2018.
- The long term staff challenges remain, with the service dependent on locum capacity.
- The recent round of recruitment to appoint to the substantive consultant breast radiologist post has been unsuccessful and workforce planning continues to identify alternative clinical models, which remains challenging.

Diagnostics (1)



Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	14
Computed Tomography	21
Non-obstetric Ultrasound	1
Audiology - Audiology Assessments	8
Cardiology - Echocardiography	44
Neurophysiology - Peripheral Neurophysiology	5
Urodynamics - Pressures & Flows	2
Cystoscopy	1
Total (without NONC)	**96**

Diagnostic tests – maximum wait of 6 weeks.

December performance is reported as 1.4% against the <=1.0% indicator.

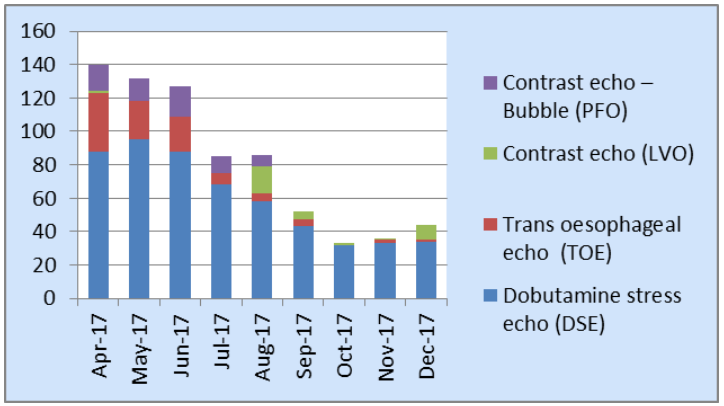
- Specialist echocardiography is the predominant contributor to adverse performance in December (44 breaches) a remedial action plan is in place, however further work is required to increase DSE capacity.
- CT capacity reduced by 1.5 days (estimated 70 appointments) in December due to equipment failure and only emergency and in-patient scans performed on Christmas day.
- The majority of MRI breaches were Cardiac MRI (12). Cardiac enabled CT scanner is now operational enabling the transfer of some cardiac MRI activity. Administration processes reviewed in month to ensure all opportunities to transfer to CT and or outsource are considered to manage activity.
- One non-obstetric ultrasound breach occurred in breast which is due to the ongoing capacity constraints in that service.
- Audiology performance is due to a variety of factors and a specific action plan has been added to the DMO1 Remedial Action Plan. A reduction in breach numbers from November (22) is noted.

Diagnostics (2)

Key Recovery Plan Actions

Ongoing reduction in both specialist and plain echo, further work required to increase DSE capacity

Echo Type	
Cardiology DSE	34
Cardiology Bubble	0
Cardiology TOE / TEE	1
Plain Echo	9
TOTAL	**44**



Specialist Echo (35):

Progress continues to reduce the backlog of specialist echo in line with trajectory.

Plain Echo (9):

The breaches occurred as a result of an administrative error, going forward the lead physiologist is to report on the diagnostic wait position. This will focus on producing a forward look.

Computed Tomography (21):

Approximately 70 appointment slots lost due to equipment failure in CT and only emergency and in-patient scans performed on Christmas day. Capacity could not be rescheduled in month which has placed additional pressure on performance for January. Big 3 go-live created significant disruption to radiology services due to a printing issue which impacted on booking procedures and oversight of demand. Some issues are still ongoing and are being addressed by CERNER.

Magnetic Resonance Imaging (14)

Two proctograms (requiring specialist input) and 12 Cardiac MRI scans breached. Cardiac enabled CT scanner now operational enabling the transfer of some cardiac MRI activity. Administration processes reviewed in month to ensure all opportunities to transfer to CT and or outsource are considered to manage activity

Audiology (8):

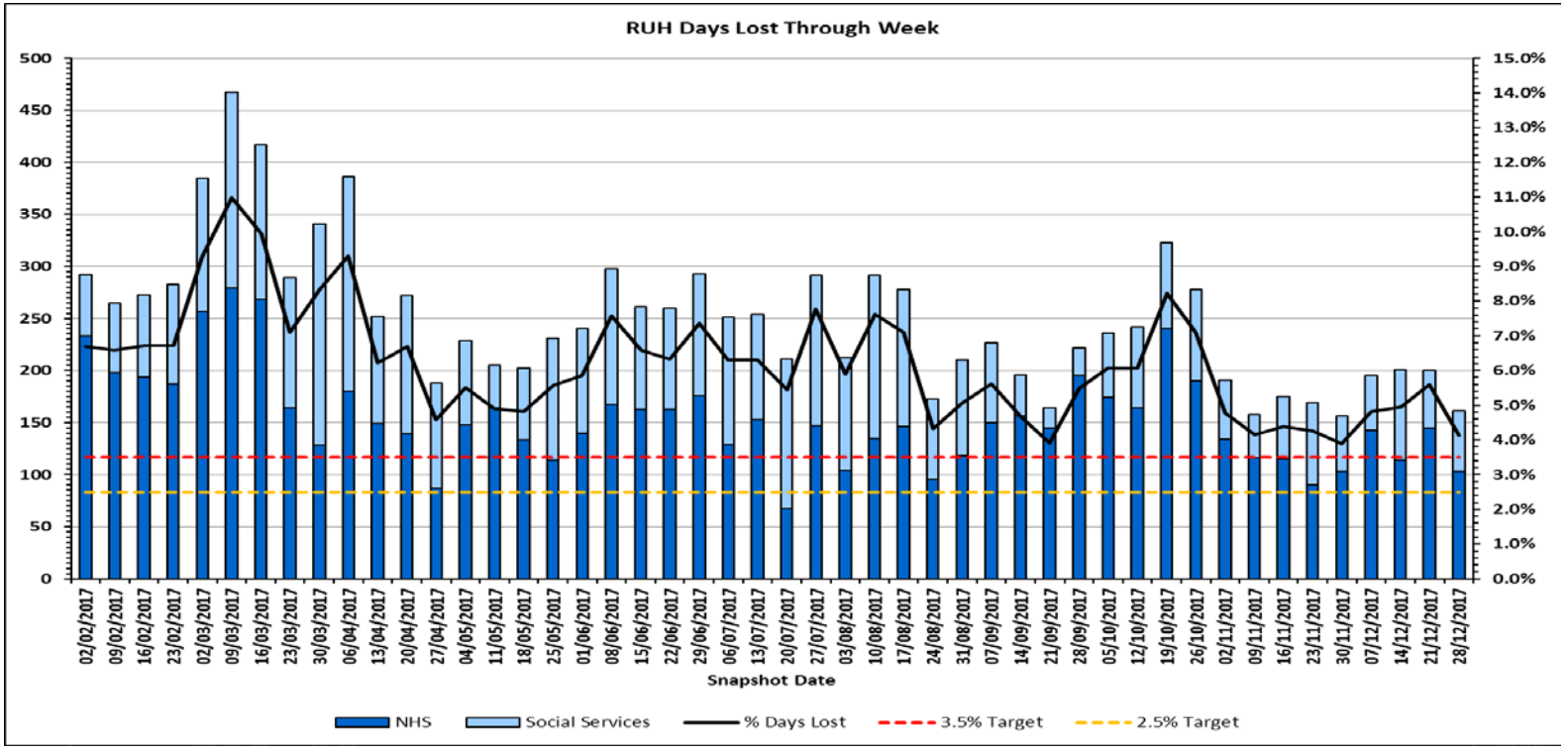
Remedial action plan in place. The department also continues with unfilled clinician vacancies however, one candidate in process of appointment from December interviews.

Non-obstetric Ultrasound (1):

In month 1 non-obstetric ultrasound breach occurred in the breast service and are a direct consequence of the capacity constraints. A range of actions are underway to mitigate the impact but the challenges remain in the short term.

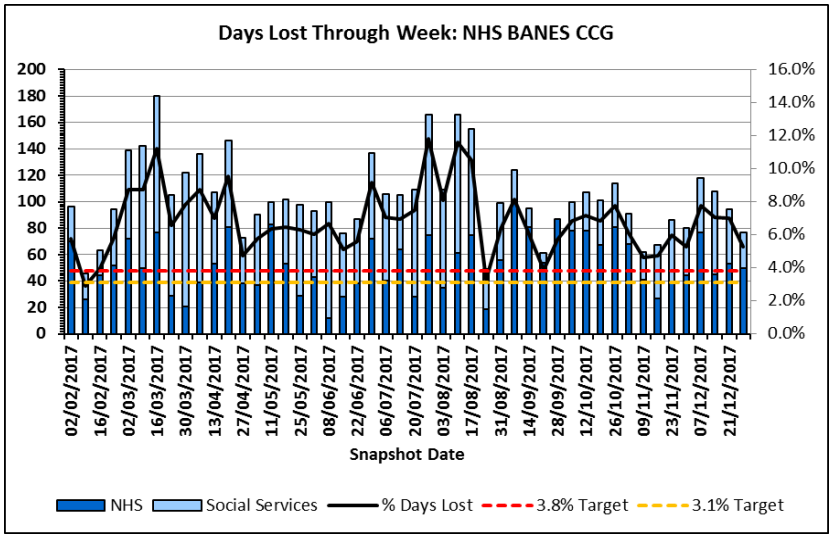
Delayed Transfers of Care (1)

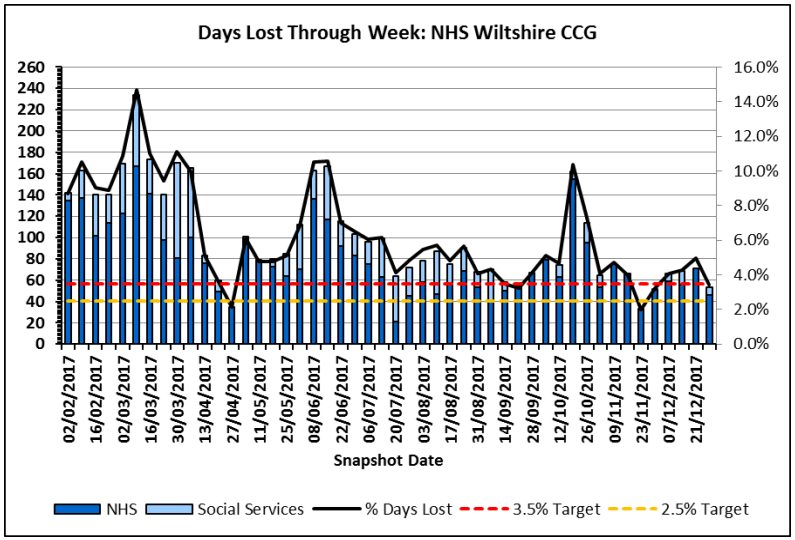
DTOC	CCG's															
	NHS BATH AND NORTH EAST SOMERSET CCG			NHS SOMERSET CCG			NHS WILTSHIRE CCG			NHS SOUTH GLOUCESTERSHIRE CCG			Non Commi	All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	Both	NHS	SS	Total
Number of Patients	8	4	12	0	1	1	13	1	14	1	3	4	0	22	9	31
Number of Delayed Days	243	191	434	34	21	55	263	24	287	17	36	53	0	557	272	829

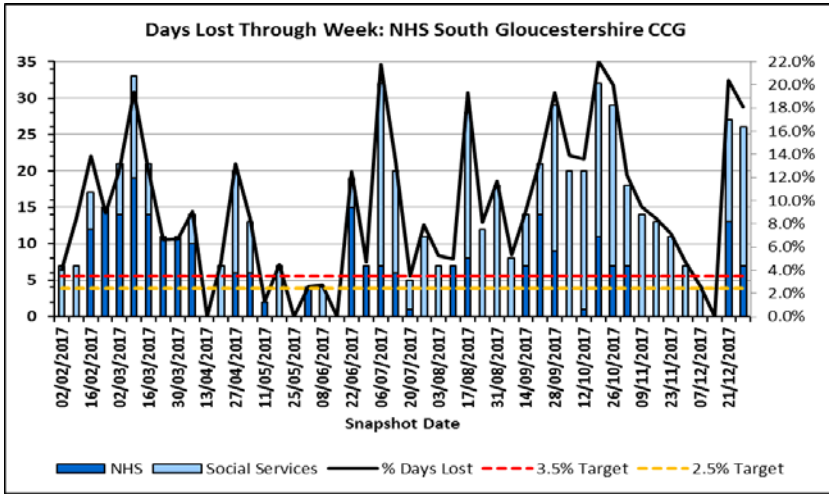


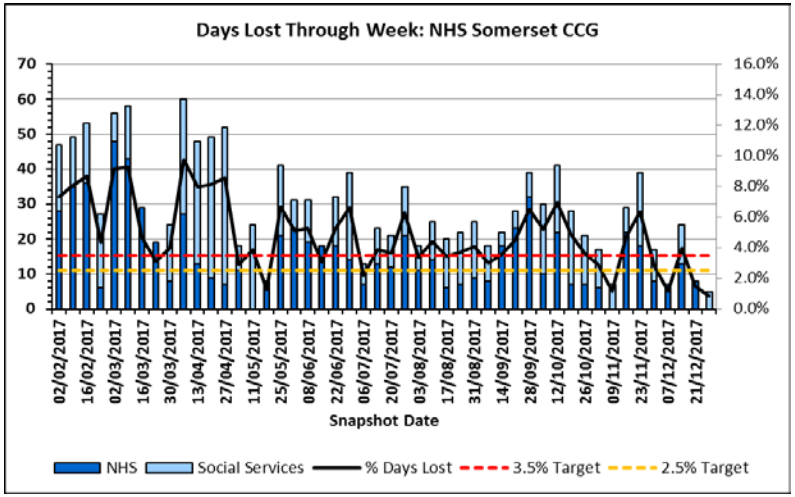
- The DTOC position by CCG is detailed in the table, 31 patients reported at the December month end snapshot and 829 delayed days (4.7%).
- The graph outlines the delayed days by week since February 2017.
- Continuing healthcare audits were mandated for BANES and Wiltshire CCGs. Results for Wiltshire identified delays to achieving the 28 day assessment timescale are impacted by social care capacity to support the CHC process, the CCG are working with LA partners to address this. The CHC team has also experienced a level of staff sickness . The CCG have now recruited to nurse assessors to the vacant posts and anticipate that this will reduce delays.

Delayed Transfers of Care by CCG (2)









- Board should note the challenge CCGs have to deliver the national DTOC targets.
- Significant work is on-going to improve the DTOC position and some improvements have been seen.
- RUH focus to reduce delays is being led through the Integrated Discharge Service (IDS) work programme, which continues to review discharge pathways 2 and 3.

Key National and Local Indicators

In the month of December there were 12 red indicators of the 70 measures reported, **3 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.

Caring | Effective | Responsive | Safe | Well Led

Effective

SOF

X 15. Readmissions
X 20. % Cancelled Operations - non-clinical (number of cancelled patients) - Surgical

Responsive

SOF

X 29. Diagnostic tests maximum wait of 6 weeks (DMO1)
X 30. RTT over 52 week waiters (cumulative quarter)
X 34. % Discharges by Midday (Excluding Maternity)
X 35. GP Direct Admits to SAU
X 36. GP Direct Admits to MAU
X 37. Delayed Transfers of Care – (Days)
X 39. Number of medical outliers - median

Safe

SOF

X 57. Emergency Caesarean Births as a percentage of total labours

Well Led

X 59. FFT Response Rate for ED (includes MAU/SAU)
X 60. FFT Response Rate for Inpatients

X 15. Readmissions – Total

There were 499 readmissions (15.0%) in December (0.8% increase from November). The Medical Division increased from 18.0% to 19.1%, the Surgical Division reduced from 13.6% to 13.0% and Women and Children's Division reduced from 4.3% to 3.2%. Readmissions are discussed through divisional clinical governance meetings and any issues identified are investigated.

X 20. % Cancelled Operations – non-clinical (surgical)

In the month of December there were 29 surgical patients cancelled for non-clinical reasons on the day of surgery, equating to 1.1% of elective cases.

- The majority of cancellations were within Ophthalmology (7), Urology (6), Trauma and Orthopaedic (6), Obstetrics and Gynaecology (6).
- The main reason was ward bed availability (10) due to operational pressures in the month, list Overrun (7) and surgeon unavailable (5).

The theatre transformation programme has now commenced and is being led by the Surgical Division.

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

There were 96 over 6 week waiters in December, equating to 1.4% performance against the <=1.0% indicator, rated red. Performance in December failed to meet the constitutional target. See slide 21 and 22 above.

X **30. RTT over 52 week waiters (cumulative quarter)**

A General Surgery patient waited 59 weeks for their treatment due to an administration error when the patient was "checked out" from their first appointment which excluded the pathway from reporting. When the patient was added to the waiting list the pathway was still excluded and remained so until the patient was admitted on 19/12/17. The pathway was validated as an admitted stop and the error identified. An RCA will be completed and an written apology sent to the patient.

X **34. % Discharges by Midday (Excluding Maternity)**

14.9% of patients were discharged by midday in December remaining below the target of 33%. Improvement work is being led by the Urgent Care Collaborative Board.

Caring | Effective | Responsive | Safe | Well Led

X **35. GP Direct Admits to SAU**

There were 127 GP direct admits to SAU in December with performance increasing slightly from 121 in November but staying below the target of 168.

X **36. GP Direct Admits to MAU**

There were 51 GP direct admits to MAU in December with performance increasing from 18 in November but below the target of 84.

X **37. Delayed Transfers of Care – (Days)**

There were 829 delayed days in December, which was 4.7% of the Trust's occupied bed days. There were 31 patients delayed in the month end snapshot, this is a similar position to November. The Trusts Integrated Discharge Service (IDS) programme, working with system partners, focusing on actions to improve discharge pathways for complex patients on discharge pathways 2 and 3. Home First project also continues and good progress has been made. See slides 24 and 25.

X **39. Number of medical outliers - median**

In December Medical Outliers peaked at 64 with a median of 41, this reflected the increased non-elective pressures seen in-month.

X 57. Emergency Caesarean Births as a percentage of total labours

In December the Emergency Caesarean Births as a % of labours increased to 18.9%. The Women & Children's Division will monitor this increase, as it is out of line with expected variation – this % has peaked before and reduced the following month so may be a one off spike in performance.

X 59. FFT Response Rate for ED (includes MAU/SAU)

In December the FFT Response Rate for ED increased to 11.2% from 4.7% in November but remains below the agreed target. The departments will focus on regaining performance across front door areas.

X 60. FFT Response Rate for Inpatients

The response rate for the inpatient wards in December is disappointingly low at 25.3% falling from 40.4% in November. However there is wide variation across the wards. Many ward areas achieved extremely high response rates, notably Helena (84%); Phillip Yeoman (60%); Cheselden (58%) and Cardiac (40%). However, there were also a number of inpatient wards that scored less than 20% - Children's ward (9%); ACE (10%); Acute Stroke (15%); Medical Short Stay (16%) and Surgical Short Stay (17%). With the exception of Medical Short Stay and Children's ward, the wards that scored less than 20% in December did achieve close to a 40% response rate in November.

This has been brought to the attention of the Heads of Nursing for the Divisions and will be a focus for those wards in January.

Well Led – Workforce

1. Summary & Exception Reports

The following dashboard shows key workforce information for the months of November 2017 and December 2017 against key performance indicators (KPIs).

Workforce	Nov-17						Dec-17						Q3
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust Target
Turnover (rolling 12 months %)	11.4	12.4	13.6	11.6	10.3	10.7	11.9	13.4	12.6	12.3	11.3	9.9	11.1%
Sickness Absence (%)	4.1	2.9	5.8	4.0	4.2	3.9	4.2	3.2	6.4	4.4	4.1	4.0	3.5%
Vacancy Rate (%)	4.8	5.7	9.2	5.2	4.2	1.6	4.6	3.8	10.4	5.1	4.2	1.2	4.0%
Agency Staff (agency spend as a % of total pay bill)	2.2	3.0	0.3	1.8	3.7	0.5	1.8	2.4	0.4	2.0	2.4	0.1	4.0%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	3.9	2.4	-	3.8	8.0	0.1	2.2	1.7	-	4.8	0.3	0.0	4.0%
Staff with Annual Appraisal (%)	83.6	84.7	80.0	84.5	84.1	83.2	84.5	82.9	87.3	85.7	84.8	81.6	88.7%
Evidence of a General Medical Council Concern	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Evidence of a Nursing and Midwifery Council Concern	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Information Governance Training compliance (%)	86.0	92.2	87.6	87.9	85.0	91.0	85.9	90.9	88.5	86.8	86.6	90.4	95.0%
Mandatory Training (%)	87.4	86.5	86.3	89.3	89.6	88.8	87.6	86.9	86.6	89.4	89.9	88.7	89.6%

Trends:

- There have been no significant changes to Workforce Indicators, with only minor increase in Trust overall Sickness Absence.
- Vacancy Rate continues to decrease and now currently stands at 4.6% against a Q3 target of 4.0%.
- Rolling 12 month Turnover has increased to 11.9%, the highest rolling Turnover figure for this financial year to date.
- Appraisal is based on a Trust wide trajectory for improvement, and the target KPI in Q3 is 88.7%. All Divisions are reminded about the importance of a timely appraisal at their monthly performance meetings.
- Where performance is below the expected standard for the period, the areas of concern are discussed and action plans agreed in the Divisional monthly performance review.

Well Led – Overview

Measure	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Q3 Target
Budgeted Staff in Post (WTE)	4,511.6	4,511.6	4,520.9	4,641.5	4,642.5	4,642.2	4,642.2	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	
Contracted Staff in Post (WTE)	4,321.6	4,343.7	4,359.6	4,365.7	4,369.4	4,372.6	4,375.9	4,401.2	4,400.4	4,413.8	4,421.3	4,429.4	
Vacancy Rate (%)	4.2%	3.7%	3.6%	5.9%	5.9%	5.8%	5.7%	5.2%	5.2%	4.9%	4.8%	4.6%	4.0%
Bank - Admin & Clerical (WTE)	32.8	30.8	36.4	26.2	31.7	32.2	34.3	35.0	36.9	41.4	36.9	1 Month Lag	
Bank - Ancillary Staff (WTE)	28.1	27.2	31.5	26.5	26.3	29.2	33.7	33.0	30.9	31.0	26.0	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	143.6	141.5	151.4	151.7	152.1	153.5	176.4	179.6	168.5	173.6	160.0	1 Month Lag	
Agency - Admin & Clerical (WTE)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Agency - Ancillary Staff (WTE)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Agency - Nursing & Midwifery (WTE)	27.1	24.8	35.3	28.2	29.9	25.9	21.3	23.8	33.1	27.8	27.6	40.4	
Overtime (WTE)	66.3	68.2	81.5	76.3	82.5	90.5	90.8	92.1	98.2	101.4	99.0	1 Month Lag	
Sickness Absence Rate (%)	4.7%	4.8%	5.1%	4.3%	3.7%	3.7%	3.7%	3.8%	3.8%	3.8%	4.1%	4.2%	3.5%
Appraisal (%)	84.7%	82.8%	84.8%	84.3%	85.2%	84.5%	86.0%	86.5%	84.5%	84.3%	83.6%	84.5%	88.7%
Consultant Appraisal (%)	94.0%	95.8%	88.9%	86.8%	89.1%	87.8%	84.7%	85.5%	86.1%	79.2%	81.2%	88.1%	88.7%
Rolling Average Turnover - all reasons (%)	16.5%	16.2%	15.9%	16.1%	16.2%	16.2%	16.4%	16.6%	16.4%	16.5%	16.5%	16.7%	
Rolling Average Turnover - with exclusions (%)	11.4%	11.6%	11.5%	11.5%	11.6%	11.5%	11.4%	11.7%	11.4%	11.3%	11.4%	11.9%	11.1%

*Dec-17 M&D Appraisal (%) - 85.3%

Integrated Balanced Scorecard - December 2017

Royal United Hospitals Bath NHS
NHS Foundation Trust

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold		2016/17	2017/18			2017/18		Triggers Concerns
		Performing	Weighting	Q4	Q1	Q2	Q3	Nov 2017	Dec 2017	
SOF	**Four hour maximum wait in A&E (All Types from April 2014 onwards)**	**95%**	**1.0**	**77.9%**	**86.4%**	**88.6%**	**80.9%**	**75.8%**	**76.9%**	
	C Diff >= 72 hours post admission (target for year = 22) - trust attributable**	2	1.0	7	3	7	8 **	2	2 **	
SOF	**RTT - Incomplete Pathways in 18 weeks**	**92%**	**1.0**	**90.0%**	**89.9%**	**88.3%**	**87.6%**	**88.2%**	**86.5%**	
	31 day diagnosis to first treatment for all cancers	96%	1.0	99.2%	98.6%	98.7%	99.2%	98.9%	99.3%	
	31 day second or subsequent treatment - surgery	94%	1.0	97.8%	100.0%	98.7%	100.0%	100.0%	100.0%	
	31 day second or subsequent treatment - drug treatments	98%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	31 day second or subsequent cancer treatment - radiotherapy treatments	94%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	2 week GP referral to 1st outpatient	93%	1.0	94.8%	95.0%	94.0%	94.4%	94.2%	95.4%	
	2 week GP referral to 1st outpatient - breast symptoms	93%		87.9%	82.0%	95.4%	94.9%	90.8%	97.1%	
SOF	**62 day referral to treatment from screening**	**90%**	**1.0**	**93.3%**	**84.6%**	**97.6%**	**93.0%**	**91.3%**	**100.0%**	
SOF	**62 day urgent referral to treatment of all cancers**	**85%**		**87.0%**	**88.3%**	**87.3%**	**87.4%**	**88.6%**	**87.2%**	
SOF	**Diagnostic tests maximum wait of 6 weeks**	**1%**	**1.0**	**1.20%**	**3.02%**	**3.36%**	**1.50%**	**2.17%**	**1.40%**	

** December: 2 under review

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

Awaiting update from Finance - Finance and Use of Resources - November 2017

	YTD Plan	YTD Actual	YTD Variance	M12 Plan	M12 Forecast	M12 Variance
Capital Service Cover Metric	1.691	0.894	-0.797	1.204	0.734	-0.470
Capital Service Cover Rating	3	4		4	4	
Liquidity Metric	26.298	35.650	9.352	7.725	6.619	-1.106
Liquidity Rating	1	1		1	1	
I&E Margin Metric	6.0%	6.0%	0.0%	3.9%	3.9%	-0.1%
I&E Margin Rating	1	1		1	1	
Variance from Control Metric		-0.5%	-0.5%		-0.1%	-0.1%
Variance from Control Rating		2			2	
Agency Metric	-75.5%	-35.3%	40.2%	-75.6%	-35.3%	40.3%
Agency Rating	1	1		1	1	
Rounded Score	1	2		1	2	
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here		Trigger			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		3			3	

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

Integrated Balanced Scorecard - December 2017

Royal United Hospitals Bath NHS
NHS Foundation Trust

CARING				Threshold		2016/17	2017/18			2017/18					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	97	97	97	97	97	99	96	98	95	98
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	97	96	97	95	97	98	97	98	96
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	100	99	99	98	99	100	100	100	94	100
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	97	97	97	96	97	97	97	96	95	96
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10	5.1	5.3	6.6	7.0	6.3	6.9	6.5	6.4	7.0	7.5
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	33	39	28	41	9	8	11	7	15	19
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	1	3	2	2	1	1	0	1	0	1
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	63	60	51	35	17	15	19	16	13	6

EFFECTIVE						Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
10		SOF	Dementia case finding	>=90%	<90%	85.5%	86.6%	85.0%	82.7%	88.2%	84.2%	83.0%	86.1%	80.0%	Lag (1)
11		SOF	Dementia Assesment	>=90%	<90%	94.1%	96.5%	96.7%	95.4%	96.4%	96.4%	97.5%	93.1%	97.2%	Lag (1)
12		SOF	Dementia Referrals	>=90%	<90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Lag (1)
13	MD	SOF	HSMR 12 month rolling total Benchmark (rag rating based on the lower confidence l	<=100	>100	109.2	109.2	105.7	Lag (3)	106.6	105.5	105.7	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=1.00	>1.03	1.0181	1.0305	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)
15	MD	SOF	Readmissions - Total	<=10.5%	>12.5%	13.1%	13.7%	14.4%	14.1%	13.8%	14.9%	14.6%	13.3%	14.2%	15.0%
16	COO	LC	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	76.6%	84.0%	83.0%	Lag (5)	83.0%	Lag (5)	Lag (5)	Lag (5)	Lag (5)	Lag (5)
17	COO	LC	Higher risk TIA treated within 24 hours	>=60%	<=55%	85.0%	91.8%	87.7%	86.4%	85.7%	90.6%	81.8%	87.5%	100.0%	77.3%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	78.5%	60.6%	74.8%	77.3%	70.5%	83.0%	69.4%	91.2%	70.2%	74.5%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=59%	<59%	69.1%	52.4%	79.4%	Lag (5)	79.4%	Lag (5)	Lag (5)	Lag (5)	Lag (5)	Lag (5)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	2.3%(196)	1.6%(144)	1.3%(116)	0.9%(85)	0.9% (29)	0.9% (29)	2.0% (58)	0.7% (23)	1.0% (33)	1.1% (29)
21	COO	LC	Theatre utilisation (elective)	>=85%	<=80%	91.9%	98.3%	96.6%	95.2%	98.9%	94.5%	96.3%	96.5%	97.8%	91.2%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	-13.00	0.00	0.41	0.38	0.03	0.34	0.04	0.05	0.56	-0.23
23	DOF	L	Total Income	>100%	<95%	33.81	77.05	77.17	80.87	26.59	25.01	25.57	27.11	27.61	26.15
24	DOF	L	Total Pay Expenditure	>100%	<95%	16.30	49.60	49.46	50.44	16.22	16.59	16.65	16.68	17.04	16.72
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	10.06	25.67	27.09	25.80	9.04	8.82	9.23	8.10	9.24	8.46
26	DOF	L	CIP Identified	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	1.56	1.52	2.30	2.37	0.95	0.67	0.68	0.83	0.78	0.76

RESPONSIVE						Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	83.5%	84.7%	83.7%	85.8%	84.3%	84.0%	82.9%	84.9%	85.8%	86.6%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	1.20%	3.02%	3.36%	1.50%	3.83%	4.46%	1.65%	0.95%	2.17%	1.40%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	2	4	9	3	4	1	4	0	2	1
31	COO	NT	Urgent Operations cancelled for the second time	0	>0	0	0	0	0	0	0	0	0	0	0
32	COO	NT	Cancelled operations not rebooked within 28 days - Surgical	0	>0	2	1	0	1	0	0	0	1	0	0
33	COO	NT	12 Hour Trolley Waits	0	>0	0	0	0	0	0	0	0	0	0	0
34	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	15.6%	16.6%	16.7%	15.3%	16.5%	17.2%	16.5%	16.1%	14.9%	14.9%
35	COO	L	GP Direct Admits to SAU	>=168	<168	273	470	582	489	219	205	158	231	131	127
36	COO	L	GP Direct Admits to MAU	>=84	<84	201	190	353	287	199	100	54	214	22	51
37	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	6.3%	6.2%	5.7%	5.2%	6.4%	5.9%	4.8%	6.5%	4.3%	4.7%
38	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	5.4	5.0	4.9	4.7	5.1	4.7	4.8	4.5	4.5	5.1
39	COO	LC	Number of medical outliers - median	<=25	>=30	42	24	25	34	18	20	36	28	32	41
40	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	93.6%	91.1%	92.4%	92.4%	92.9%	92.0%	94.3%	91.6%	91.9%	93.2%
41			Mothers referred to smoking cessation service	TBC	TBC	177	174	155	152	61	52	42	55	58	39

SAFE						Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
42		SOF	C Diff variance from plan	TBC	TBC	1	-3	1	2	1	-1	1	2	0	0
43		SOF	C Diff infection rate	<=10.9	>10.9	12.2	5.3	12.6	14.3	16.3	5.5	16.0	21.3	10.8	10.8
44		SOF	E.coli bacteraemias attributable to Trust	TBC	TBC	15	14	18	4	8	5	5	2	2	Lag (1)
45	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	0	1	0	1	0	0	0	0	0
46		SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	8	2	7	5	0	5	2	4	1	Lag (1)
47	DON	SOF	Never events	0	>0	0	0	0	0	0	0	0	0	0	0
48	DON	L	Medication Errors Causing Serious Harm	0	>0	0	0	0	1	0	0	0	1	2	0
49	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	0	1	1	0	0	1	0	0	0	0
50	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	97.4%	79.8%	79.5%	81.1%	79.4%	80.0%	79.1%	81.1%	Lag (2)	Lag (2)
51	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	10	11	5	8	0	5	0	2	4	2
52	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)	0	>0	1	0	0	0	0	0	0	0	0	0
53	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 2)	<=2	>2	10	1	6	2	2	3	1	0	1	1
54	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	37	38	36	35	41	37	30	32	36	38
55	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	10	15	7	19	2	5	0	5	10	4
56	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	96.5%	93.8%	93.1%	93.1%	92.1%	91.3%	95.8%	92.8%	94.3%	92.2%
57	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=15.2%	>=16.2%	12.4%	15.5%	13.2%	16.6%	12.1%	13.3%	13.9%	15.2%	15.7%	18.9%
58	HRD	NR	Midwife to birth ratio	<'1:29.5	>'1:35	1:29	1:29	1:31	1:31	1:30	1:32	1:32	1:34	1:30	1:28

WELL LED						Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
59	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=20%	<=15%	13.1%	18.6%	17.0%	9.2%	18.8%	15.7%	16.3%	13.2%	4.7%	11.2%
60	DON	NT	FFT Response Rate for Inpatients	>=40%	<35%	37.6%	44.1%	42.2%	34.8%	45.9%	40.7%	39.9%	40.9%	40.4%	25.3%
61	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	19.6%	19.9%	13.4%	21.5%	17.9%	9.2%	13.2%	7.7%	27.1%	32.0%
62	HRD	SOF	Turnover - Rolling 12 months	<=11.88%	>12.88%	11.5%	11.5%	11.5%	11.5%	11.4%	11.7%	11.4%	11.3%	11.4%	11.9%
63	HRD	SOF	Sickness Rate	<=3.26%	>4.26%	4.8%	3.9%	3.8%	4.0%	3.7%	3.8%	3.8%	3.8%	4.1%	4.2%
64	HRD	LC	Vacancy Rate	<=4.75%	>5.75%	3.8%	5.9%	5.4%	4.8%	5.7%	5.2%	5.2%	4.9%	4.8%	4.6%
65	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=4.0%	>5.0%	2.3%	1.9%	1.4%	2.0%	1.3%	1.5%	1.4%	2.0%	2.2%	1.8%
66	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	TBC	TBC	3.5%	3.3%	2.7%	3.2%	2.9%	2.6%	2.7%	3.4%	3.9%	2.2%
67	HRD	LC	% of Staff with annual appraisal	>=86.3%	<76.3%	84.1%	84.7%	85.8%	84.1%	86.4%	86.5%	84.5%	84.3%	83.6%	84.5%
68	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	87.9%	85.6%	86.2%	86.5%	85.3%	86.2%	87.2%	87.6%	86.0%	85.9%
69	DOF		Information Governance Breaches	TBC	TBC	29	43	38	32	8	16	14	9	16	7
70	HRD	LC	Mandatory training	>=87.8%	<77.8%	87.8%	87.6%	87.7%	87.4%	87.7%	87.7%	87.8%	87.1%	87.4%	87.6%

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

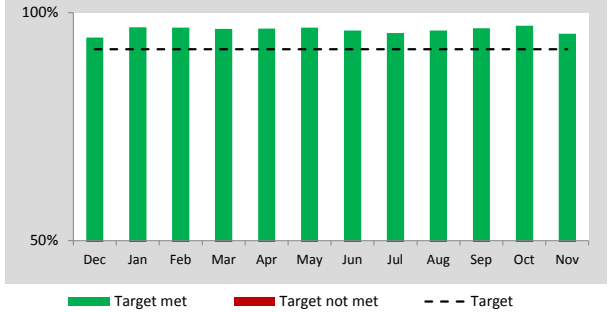
Performance Dashboard November 2017

Wiltshire HEALTH AND CARE

RTT

All services

Incomplete pathways | Complete pathways

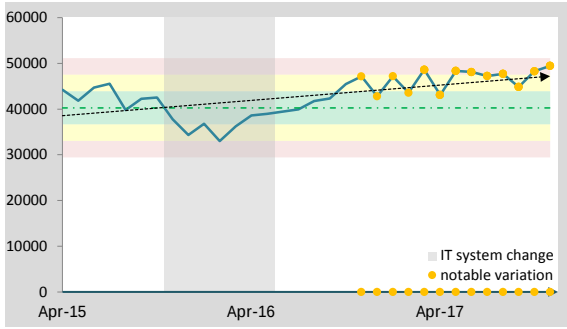


Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	90%	81
Continence - Adult	98%	4
LD	81%	10
Outpatient Physio	96%	178
Podiatry	100%	2
Wheelchair service	90%	16
WON	95%	28

LD service remains an area of concern - previously flagged to commissioners. There are 2 LD breaches over 52 weeks - these are Psychology referrals and are receiving care by other members of the team so are not being treated as breaches by the CCG.

Activity



Referrals 15% Contacts 9%

Notable movers

Bed Based Intermediate Care	91%
Diabetes	60%
Speech and Language Therapy	31%
Dietetics	-11%
MIU	-11%
Fracture Clinic	-7%

LD and Wheelchair services data excluded in this view of overall activity as not comparable pre and post system migration. Old Wheelchair service system recorded each work request as a separate referral. See explanatory notes for notable variation guidance. No longer reporting Inpatient therapy contacts as agreed with commissioners.

Inpatient assessments

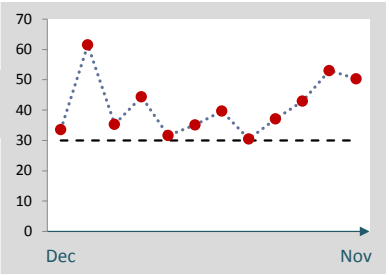
All wards

MRSA	97%
VTE	100%
VTE prophylaxis	100%
MUST	99%
PURAT	100%
Falls	97%
Dementia	97%

Overall targets met

Mean Inpatient Length of Stay

Ailesbury, Cedar, Longleat	41.9
Mulberry	50.3
Step up	48.5
Step up excluding delays	33.2



LoS heavily influenced by delayed days which routinely account for more than 20% of our ward capacity. For more detail around our LoS see the inpatient data sheet.

Discharge timings

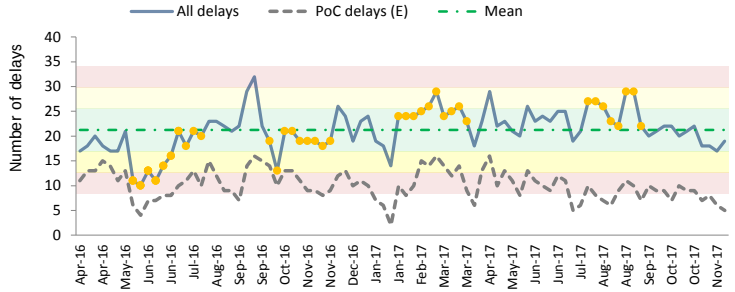
44% midday

5% weekend

excludes transfers to hospital and deaths

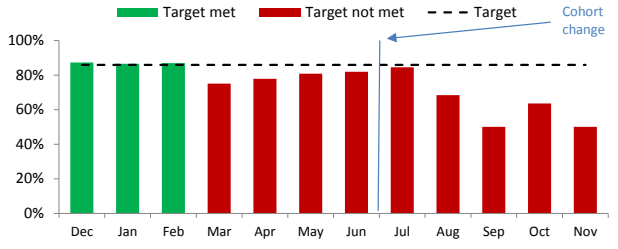
Care providers including homes are reluctant to take patients at weekends.

Delayed Transfers of Care



Following DToC counting workshop we may see increase in POC (E) delays that would previously have counted as Housing delays. See explanatory notes Activity for notable variation guide.

Community teams 90 day reablement



In month 50% FYTD 77%

Patients still at home 90 days after referral to team

Data quality concerns

It is an ongoing challenge to identify the correct cohort for this data - now looking at Home First patients. Very low numbers since cohort change - numbers are now increasing however performance is not.

End of life support

In month	FYTD
84%	93%

This month 16 of 19 patients were supported by the community teams to die in their place of choice

Strong performance year to date

Funding reviews*

	In month	FYTD
CHC 3 month		
Completed	0	N/A
Due	0	
CHC Annual		
Completed	0	N/A
Due	0	
FNC		
Completed	138	72%
Due	193	

CHC reporting not yet available

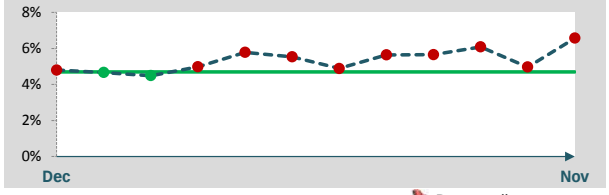
MIU waiting times

median **19** minutes

95th centile **141** minutes

MIU performance

Arrival to departure 4 hour stay	Left without being seen	Transfers to acute
99%	4%	7%



Data quality concerns

Performance on 4 hour stay and patient feedback remains strong. Data challenges remain around patients left without being seen and transfers to acute. Significant operational pressures are not reflected in the data.

Appendix 3: Data Quality Assurance Framework – January 2018 update

Target Type: Single Oversight Framework – Access and Outcomes Measures **Reported via:** Trust Integrated Balanced Scorecard. This is reported to the following: Quality Board (internal) Management Board (internal) Trust Board (internal) Board of Directors (internal) Single Oversight Framework (external)								
Measure	**Methodology**		**Monitoring period/ notes**	**Source/process**	**Assessment**			
	Numerator	**Denominator**			**Type**	**Outcome**	**Confidence rating**	**Last assessment date**
A&E Four Hour waiting target	Total number of attendances waiting longer than four hours from arrival to admission /transfer /discharge. All Types (this includes type 3 streaming to UCC)	Total number of attendances to the Emergency Department – All Types (this includes type 3 to UCC)	Quarterly	Source: Patient First Process: Daily validation of breach patients conducted by clinical teams. This is then checked to ensure that updates post validation have worked correctly.	3	3	9 (High)	Internal Audit Programme 09/2015 Quality Accounts Audit 05/16 Quality Account Audit 05/17
RTT – Open pathways performance	Total patients waiting over 18 weeks from point of referral at month end	Total number of patients waiting on an incomplete RTT pathway at month end	Quarterly Failure of a single month represents a quarterly failure	Source: Millennium Process: Validation team validate pathways throughout the month from 12 weeks onwards, with input from specialties.	3	3	9 (High)	Internal Audit Programme 08/14 Quality Accounts Audit 05/16 Quality Account Audit 05/17
Cases of Trust apportioned Clostridium difficile	Total cases of clostridium difficile post 72 hours		Quarterly (cumulative)	Source: Infection Control Process: The Infection Prevention and Control Team receive notification of C difficile infections which are subsequently reviewed and validated by the team.	3	2	6 (Medium)	Internal Audit 11/16
Cases of E.coli	Total cases of E.		Monthly	Source: Infection Control	1	1	1 (Low)	This will be

	Coli attributable to the Trust		(cumulative)	Process: collated figures are cross-checked against monthly lab reports to ensure all cases have been counted. This is a new measure added to the SOF in 2017.				formally audited for the first time for the Quality Accounts in March 2018.
Cancer access: Two week wait from GP referral to first Outpatient	Total patients waiting over two weeks from receipt of referral to first appointment	Total patients measured from receipt of referral to first appointment	Quarterly	Sources: Millennium, Cancer Register, ARIA. The Trust also reviews information from other Trusts and screening services. Process: Daily validation of patient pathways conducted by Cancer Services team. Specialty managers/ outpatient booking staff also provide breach reasons for two week wait. Final monthly validation takes place when data is uploaded to Open Exeter to make sure data from each Trust is consistent.	3	3	9 (High)	Internal Audit Programme 01/14 Quality Accounts Audit 05/15 Quality Account Audit 05/17
Cancer access: Two week wait from GP referral to first Outpatient – breast symptoms	As above for breast symptoms	As above for breast symptoms	Quarterly		2	2	4 (Medium)	Internal Audit Programme 01/14
Cancer access: 31 day diagnosis to first treatment for all cancers	Total patients waiting over 31 days from date of decision to treat to first definitive treatment	Total patients measured from date of decision to treat to first definitive treatment	Quarterly		3	3	9 (High))	Internal Audit Programme 01/14 Quality Accounts Audit 05/16
Cancer access: 31 day second or subsequent treatment - surgery	Total patients waiting over 31 days from cancer treatment period start date to treatment start date for surgery, drug treatments or radiotherapy	Total patients measured from cancer treatment period start date to treatment start date for surgery, drug treatments or radiotherapy	Quarterly		2	2	4 (Medium)	Internal Audit Programme 01/14
Cancer access: 31 day second or subsequent treatment – drug treatments					2	2	4 (Medium)	Internal Audit Programme 01/14
Cancer access: 31 day second or					2	2	4 (Medium)	Internal Audit Programme

subsequent treatment – Radiotherapy treatments								01/14
Cancer access: 62 day urgent referral to treatment of all cancers	Total patients waiting over 62 days for first treatment, measured from receipt of referral to treatment start date	Total patients waiting for first treatment, measured from receipt of referral to treatment start date	Quarterly		2	3	6 (High)	Internal Audit Programme 01/14 Quality Accounts Audit 05/15
Cancer access: 62 day referral to treatment from screening	As above from date of screening referral	As above from date of screening referral			2	2	4 (Medium)	Internal Audit Programme 01/14
DM01 – Diagnostic Waiting Times	Total patients waiting over 6 weeks from referral for diagnostic test at month end	Total patients waiting for diagnostic test at month end	Monthly	Source: Millennium, CRIS and Departmental systems. Process: Validation and Radiology teams validate breaches with input from specialties	3	3	9 (High)	Internal Audit Programme 11/16

Appendix 1 – Assessment and Confidence Rating Definitions

Assessment Type

Tier	Description
Tier 1	Internal assurance – Measure has been reviewed against our internal assessment processes (Appendix 1) within the last 24 months
Tier 2	External assurance – Measure has been subject to audit by an external organisation (e.g. part of the internal audit programme), but not within the last 24 months Or Internal assurance – Measure has been subject to internal assessment processes (Appendix 1) within the last 12 months
Tier 3	External assurance – Measure has been subject to independent audit by an external organisation (e.g. part of the internal audit programme) within the last 24 months

Assessment Outcome*

Tier	Description
Level 1	No assurance provided Or Limited assurance provided with any priority 1 recommendations still outstanding Or Limited assurance provided with all/most priority 2 recommendations still outstanding
Level 2	Limited assurance provided with no priority 1 or 2 recommendations outstanding Or Adequate assurance provided with all/most priority 2 recommendations still outstanding
Level 3	Adequate assurance provided with no priority 2 recommendations still outstanding Or High assurance provided

*Assurance levels based on KPMG assurance framework as the majority of audits will be conducted as part of the internal audit programme. Audits not rated using this classification should use the definitions set out in Appendix 2.

Confidence level

Confidence level (Type x Outcome)	
1-3	Low (Bronze)
4-6	Medium (Silver)
7-9	High (Gold)

Appendix 2 – Assessment Outcome definitions

Assurance level

Assurance Level	Classification
High	No or priority three only recommendations (see below) Any weaknesses identified relate only to issues of good practice which could improve the efficiency and effectiveness of the system or process
Adequate	One or more priority two recommendations There are weaknesses requiring improvement but these are not vital to the achievement of strategic aims and objectives – however, if not

	addressed the weaknesses could increase the likelihood of strategic risks occurring
Limited	One or more priority one recommendations, or a high number of priority two recommendations that taken cumulatively suggest a weak control environment The weakness or weaknesses identified have a fundamental impact preventing achievement of strategic aims and/or objectives; or result in an unacceptable exposure to reputation or other strategic risks
No	One or more priority one recommendation and fundamental design or operational weaknesses in the area under review The weakness or weaknesses identified have a fundamental and immediate impact preventing achievement of strategic aims and/or objectives; or result in an unacceptable exposure to reputational or other strategic risk

Recommendations

Priority	Description
Red – priority 1	A significant weakness in the system or processes which is putting the Trust at serious risk of not achieving its strategic aims and objectives. In particular: significant adverse impact on reputation; non-compliance with key statutory requirements; or substantially raising the likelihood that any of your strategic risks will occur. Any recommendations in this category would require immediate attention.
Amber – priority 2	A potentially significant or medium level weakness in the system or process which could put the organisation at risk of not achieving its strategic aims and objectives. In particular, having the potential for adverse impact on Trust reputation or for raising the likelihood of strategic risks occurring
Green – priority 3	Recommendations which could improve the efficiency and/or effectiveness of the system or process but which are not vital to achieving strategic aims and objectives. These are generally issues of good practice that the auditors consider would achieve better outcomes.