

Report to:	Public Board of Directors	Agenda item:	14
Date of Meeting:	30 May 2018		

Title of Report:	Operational Performance Report
Status:	Action/Discussion
Board Sponsor:	Francesca Thompson, Chief Operating Officer
Author:	Clare O'Farrell, Deputy Chief Operating Officer
Appendices	Appendix 1: Integrated Balanced Scorecard Month 1 Appendix 2: WH&C Performance Dashboard Summary – Month 12 (March 2018)

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)
<p>The Board are asked to discuss April performance.</p> <p>Board should note that the RUH have been rated as segment 3 overall against the NHSI Single Oversight Framework (SOF). For 4 Hour performance the Trust has been rated as category 4.</p> <p>In April three SOF operational performance metrics triggered concern; 4 Hours, RTT Incomplete Pathways, and Diagnostic tests – 6 week wait.</p> <p>4 hour performance remains below the national standard of 95% and an improvement trajectory for 2018/19 has yet to be agreed. Board are asked to note that from April 2018 the Trust will also report monthly 4 hour performance against the RUH footprint, including MIU activity. This remains the significant performance challenge for the Trust.</p> <p>Board are asked to note:</p> <ul style="list-style-type: none"> • 4 hour performance at 80.7% below both the 95% national standard. This was improved performance from March. • RTT incomplete pathways in 18 weeks at 85.7% below the 92% national standard. The RUH reported eight RTT 52 week breaches in month. • Diagnostic tests – 6 week wait 2.16% failing the national standard of 1%. • Cancer performance in April improved, however the SOF cancer target, 62 day referral to treatment of all cancers failed with performance at 82.2% against the 85% target. The Trust has not triggered any cancer target performance concerns as performance has not failed the SOF national standards for two consecutive months. • C-Difficile infection 72 hours post admission, 5 cases in April which is outside the Trust tolerance. 4 cases are pending an RCA. <p>Board are asked to note that in April the Quality Board will be reviewing a number of score card indicator targets to ensure that these are appropriately set for 2018/19.</p>	

Author : Clare O'Farrell, Deputy Chief Operating Officer	Date: 14 May 2018
Document Approved by: Francesca Thompson, Chief Operating Officer	Version: 1
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The Wiltshire Health and Care performance summary for month 12 is attached for information.

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

Operational Performance Report – April 2018

NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Mar 2018	Apr 2018	Triggers Concerns
Four hour maximum wait in A&E (All Types from April 2014 onwards)	76.6%	80.7%	
C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	0	5 **	
RTT - Incomplete Pathways in 18 weeks	84.8%	85.7%	
31 day diagnosis to first treatment for all cancers	100.0%	99.3%	
31 day second or subsequent treatment - surgery	100.0%	95.8%	
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	90.9%	94.8%	
2 week GP referral to 1st outpatient - breast symptoms	85.5%	93.7%	
62 day referral to treatment from screening	100.0%	100.0%	
62 day urgent referral to treatment of all cancers	91.0%	82.2%	
Diagnostic tests maximum wait of 6 weeks	2.61%	2.21%	

* October 2017 - 1 awaiting appeal response, ** April 2018 - 4 under review

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

Board should note that against the NHSI Single Oversight Framework (SOF) that the RUH have been rated 3 overall. The Trust has been placed into category 4 for 4 hour performance.

Performance concerns are triggered if an indicator is below national target for two or more consecutive months.

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

Delivery of the 4 hour access standard remains the Trusts most significant performance issue. Improved performance has been delivered from January 2018. 4 hour improvement trajectory for 2018/19 has been drafted but has not yet been confirmed.



4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	April 18	Qtr 1	Full Year 2018/19
All Types	80.7%	80.7%	80.7%
RUH Footprint (Including MIU)	86.4%		

Table 2: Emergency Department Quality Indicators:

Title	Month	Quarter	Year
	April-18	1	2018/2019
Unplanned Re-attendance Rate	0.4%	0.4%	0.4%
Total Time in ED - 95th Percentile	575.7	575.7	575.7
Left Without Being Seen	2.2%	2.2%	2.2%
Time to Initial Assessment - 95th Percentile	119.0	119.0	119.0
Time to Treatment - Median	63.0	63.0	63.0
ED Attendances (Type 1)	6174	6174	6174
ED 4 Hour Breaches (Type 1)	1375	1375	1375
ED 4 Hour Performance (Type 1)	77.7%	77.7%	77.7%
Ambulance Handovers within 30 minutes	100.0%	100.0%	100.0%
ED Friends and Family Test	98	98	98

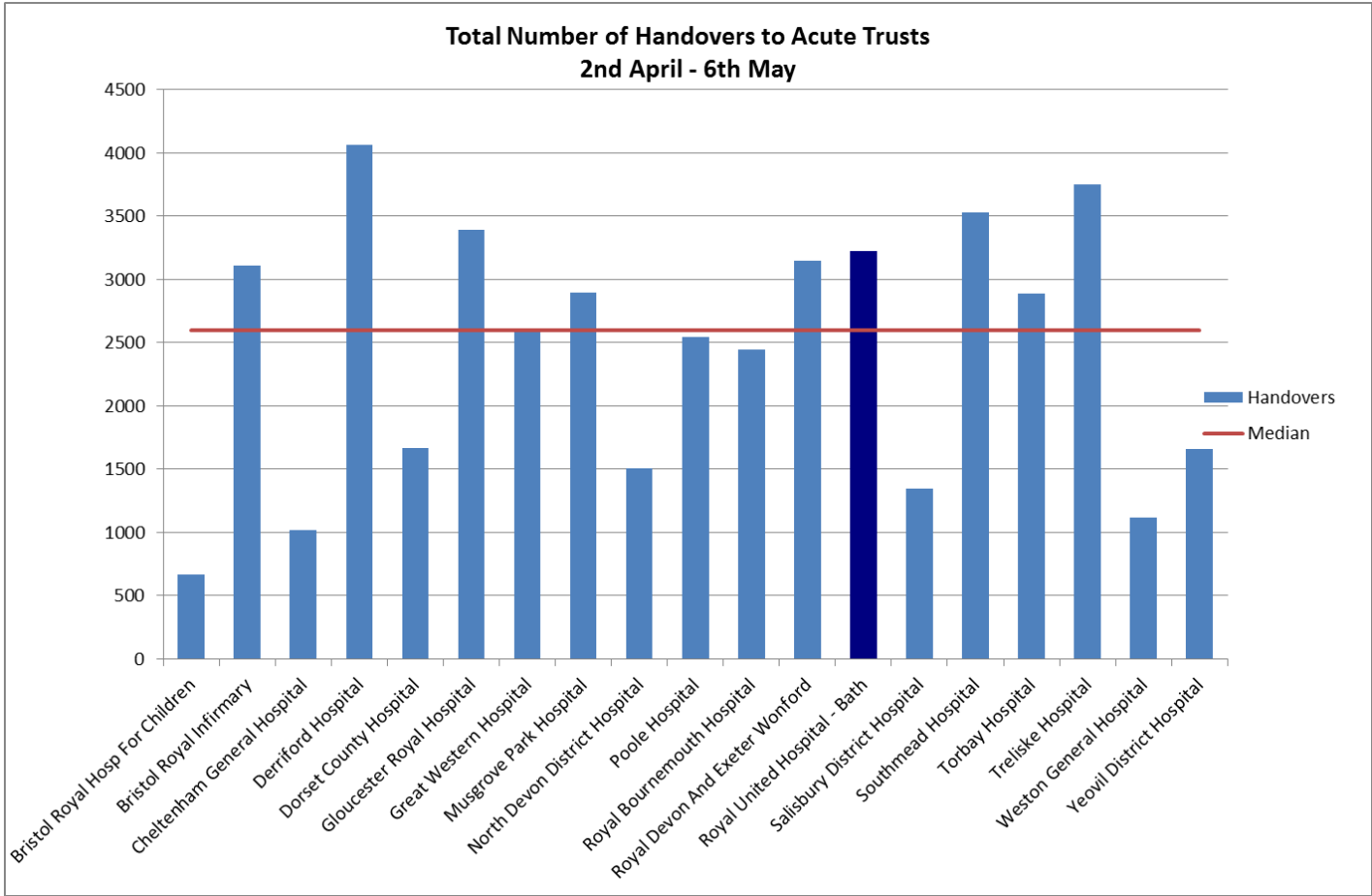
Table 1:

- During April the “all types” performance was 80.7%, below the 95% standard with a total of 1,381 breaches in the month.
- RUH 4 hour footprint performance, including MIU activity, has now been added to table 1.

Table 2:

- Reporting against all ED Clinical Quality indicators is now in-place.
- 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 Trust (SWAST).

SWAS Total Ambulance Handovers to ED (2)

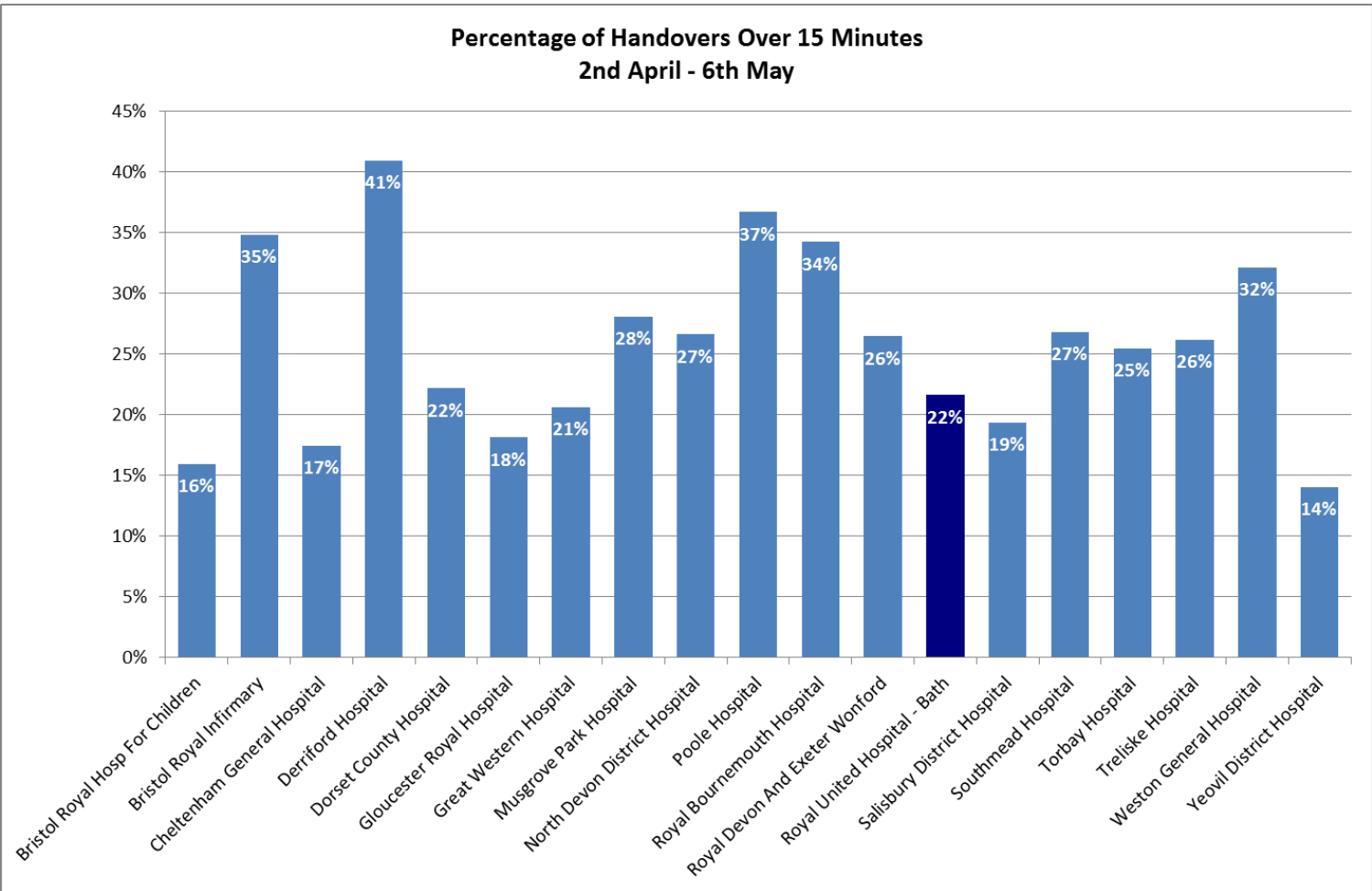


Comparison of the total number of ambulance handovers across all Trusts supported by SWAST.

The RUH had 3,226 ambulance handover’s in the five week period (624 over the median)

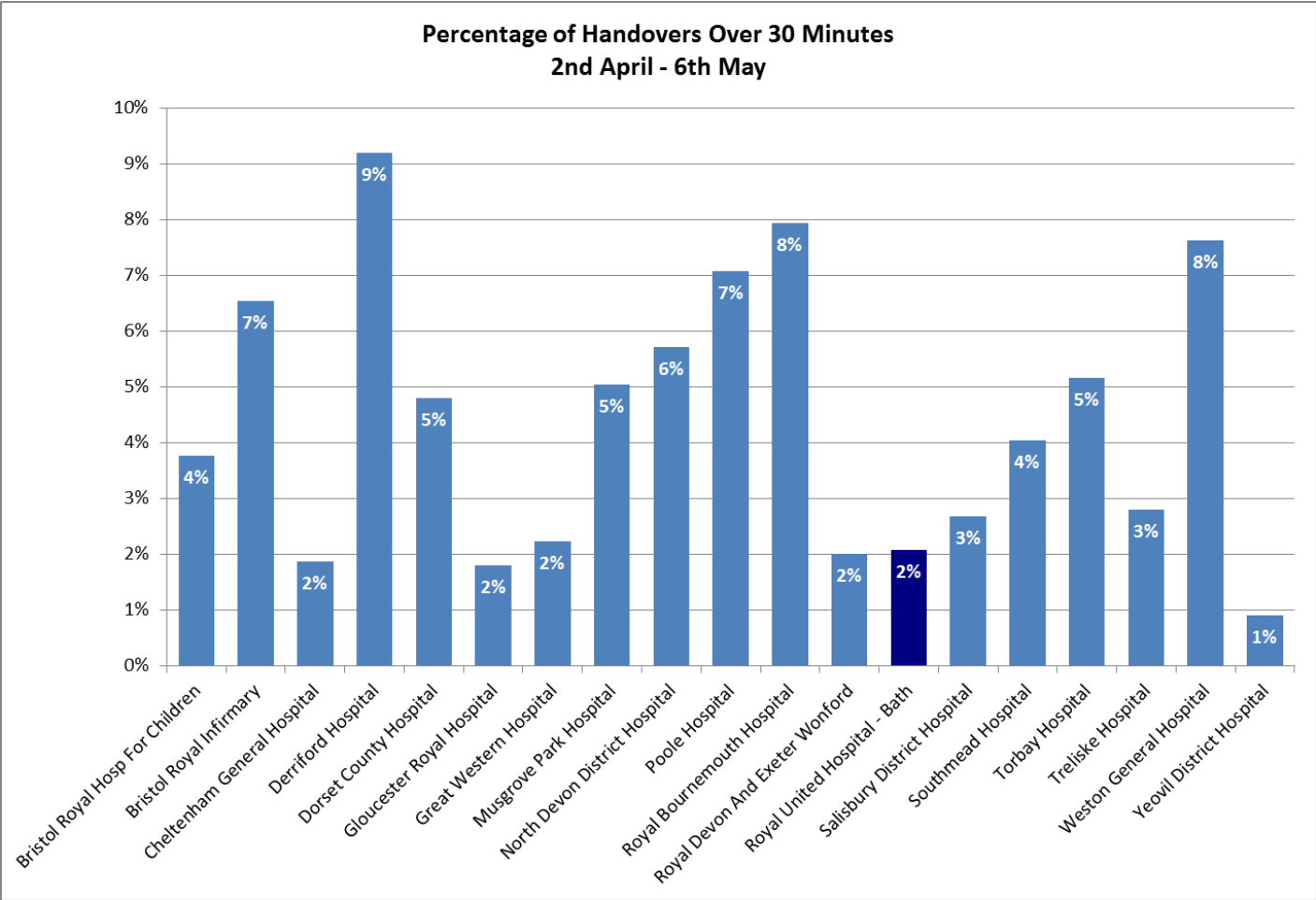
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAST)

SWAS Ambulance Handovers to ED over 15 minutes (3)



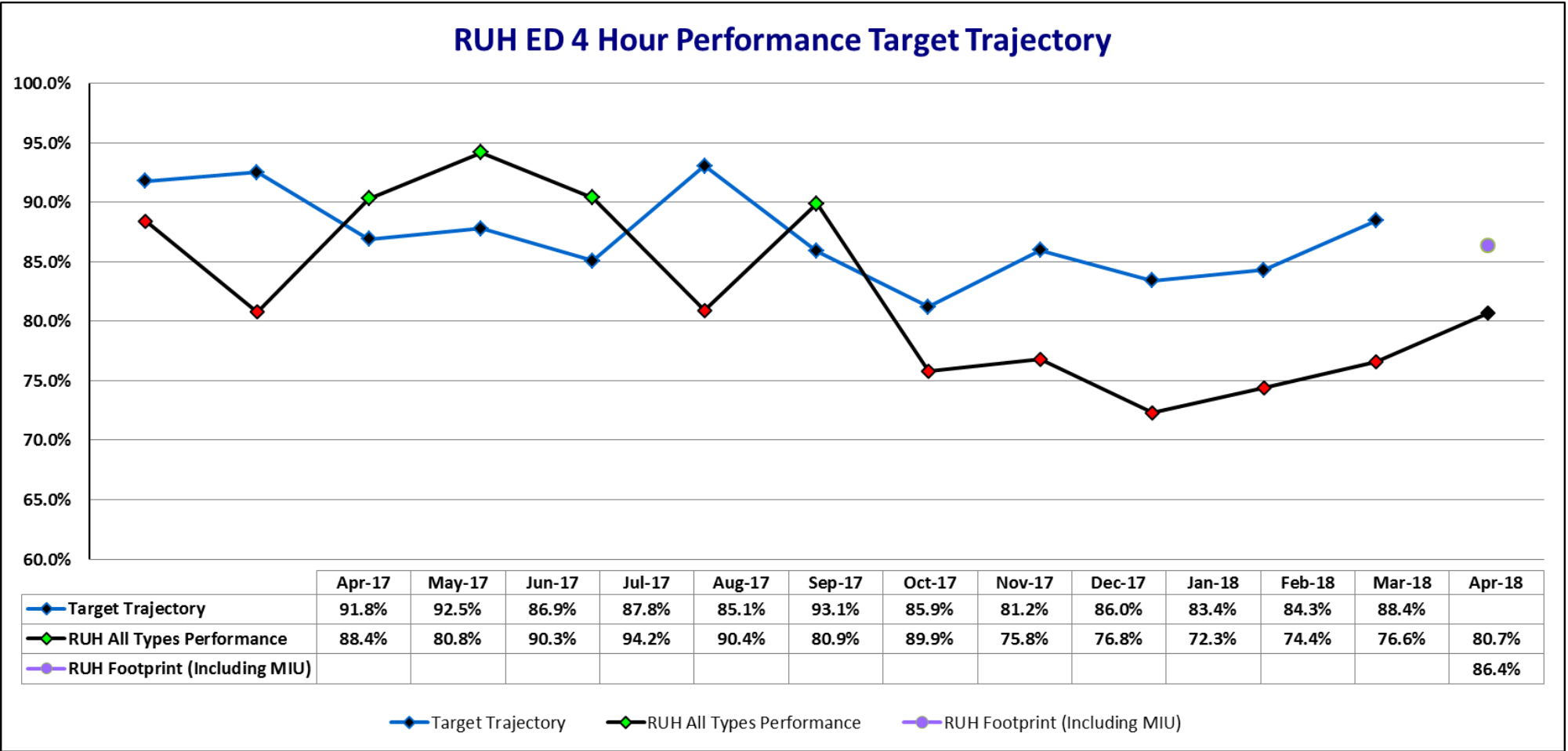
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

SWAS Ambulance Handovers to ED over 30 minutes (4)



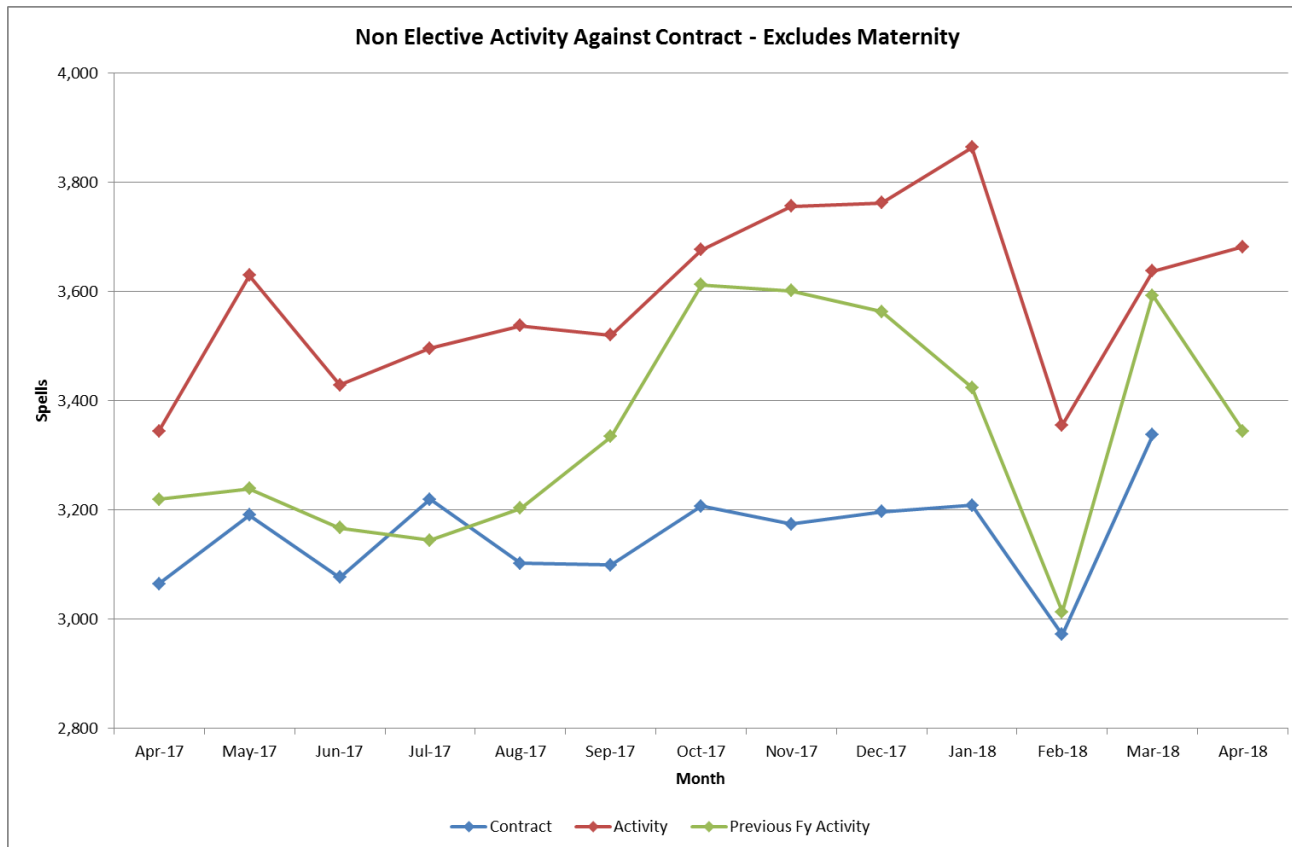
Data source: W020 – Hospital & Late Handover Trend Analysis (SWAS)

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



The Trusts 4 hour performance trajectory for 2018/19 to be agreed.

Activity Levels (1)



In April 2018 the non elective activity was 10.1% above April 2017 (excluding Maternity). Emergency department (ED) attendances were 0.9% above April 2017.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 29 with an average of 19.
- Medical Outliers peaked at 76 with a median of 45.

In April the Trust capacity was impacted by bed closures for infection, predominately Flu and Norovirus.

- The max number of beds closed was 100 and the average per day closed was 34.

The Trust has been able to close the Flu cohort ward in April 2018, with a reduction in Flu cases seen across the Trust.

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	Jan-18	Feb-18	Mar-18	YTD	Apr-18
Trust Total	Plan	3,064	3,190	3,077	3,219	3,102	3,099	3,206	3,174	3,197	3,208	2,972	3,337	37,847	-
	Activity	3,344	3,629	3,429	3,496	3,537	3,520	3,676	3,756	3,762	3,864	3,355	3,637	43,005	3,682
	Previous Fy Activity	3,219	3,239	3,167	3,144	3,203	3,334	3,612	3,601	3,563	3,424	3,013	3,593	40,112	3,344
	Variance vs Contract	9.1%	13.7%	11.5%	8.6%	14.0%	13.6%	14.6%	18.3%	17.7%	20.4%	12.9%	9.0%	13.6%	-
	Variance vs Previous Fy	3.9%	12.0%	8.3%	11.2%	10.4%	5.6%	1.8%	4.3%	5.6%	12.9%	11.4%	1.2%	7.2%	10.1%
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	1,123	1,038	1,165	13,246	-
	Activity	1,269	1,416	1,299	1,327	1,308	1,302	1,394	1,405	1,414	1,469	1,205	1,329	16,137	1,351
	Previous Fy Activity	1,147	1,158	1,120	1,118	1,119	1,193	1,275	1,289	1,306	1,233	1,068	1,355	14,381	1,269
	Variance vs Contract	18.2%	26.7%	20.5%	17.8%	20.1%	20.0%	24.2%	26.7%	26.3%	30.8%	16.1%	14.1%	21.8%	-
	Variance vs Previous Fy	10.6%	22.3%	16.0%	18.7%	16.9%	9.1%	9.3%	9.0%	8.3%	19.1%	12.8%	-1.9%	12.2%	6.5%
NHS SOMERSET CCG	Plan	431	448	432	452	436	435	450	446	449	451	417	469	5,317	-
	Activity	473	491	479	477	489	509	495	537	504	574	507	524	6,059	535
	Previous Fy Activity	452	440	451	443	459	433	548	523	514	428	412	509	5,612	473
	Variance vs Contract	9.9%	9.5%	10.8%	5.5%	12.2%	16.9%	9.9%	20.4%	12.2%	27.3%	21.4%	11.8%	13.9%	-
	Variance vs Previous Fy	4.6%	11.6%	6.2%	7.7%	6.5%	17.6%	-9.7%	2.7%	-1.9%	34.1%	23.1%	2.9%	8.0%	13.1%
NHS SOUTH GLOUCESTERSHIRE CCG	Plan	112	117	112	117	114	113	117	115	117	117	108	121	1,381	-
	Activity	119	150	134	147	151	137	162	151	136	145	128	142	1,702	152
	Previous Fy Activity	118	111	102	112	119	110	130	113	119	145	103	148	1,430	119
	Variance vs Contract	6.2%	28.7%	19.2%	25.2%	32.7%	21.1%	38.4%	30.7%	16.5%	23.8%	18.4%	17.2%	23.3%	-
	Variance vs Previous Fy	0.8%	35.1%	31.4%	31.3%	26.9%	24.5%	24.6%	33.6%	14.3%	0.0%	24.3%	-4.1%	19.0%	27.7%
NHS WILTSHIRE CCG	Plan	1,184	1,233	1,189	1,245	1,197	1,198	1,240	1,229	1,236	1,240	1,151	1,293	14,635	-
	Activity	1,257	1,361	1,303	1,313	1,362	1,358	1,431	1,435	1,480	1,498	1,338	1,505	16,641	1,455
	Previous Fy Activity	1,186	1,212	1,194	1,195	1,212	1,285	1,362	1,374	1,334	1,328	1,189	1,378	15,249	1,257
	Variance vs Contract	6.2%	10.4%	9.6%	5.5%	13.8%	13.3%	15.4%	16.8%	19.8%	20.8%	16.3%	16.4%	13.7%	-
	Variance vs Previous Fy	6.0%	12.3%	9.1%	9.9%	12.4%	5.7%	5.1%	4.4%	10.9%	12.8%	12.5%	9.2%	9.1%	15.8%
OTHER CCGs	Plan	264	275	265	278	267	268	277	275	276	277	257	289	3,268	-
	Activity	226	211	214	232	227	214	194	228	228	178	177	137	2,466	189
	Previous Fy Activity	316	318	300	276	294	313	297	302	290	290	241	203	3,440	226
	Variance vs Contract	-14.5%	-23.4%	-19.4%	-16.6%	-15.0%	-20.0%	-29.9%	-16.9%	-17.4%	-35.7%	-31.1%	-52.6%	-24.5%	-
	Variance vs Previous Fy	-28.5%	-33.6%	-28.7%	-15.9%	-22.8%	-31.6%	-34.7%	-24.5%	-21.4%	-38.6%	-26.6%	-32.5%	-28.3%	-16.4%

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	Jan-18	Feb-18	Mar-18	2017 YTD	Apr-18
Trust Total	Plan £'000	6,432	6,669	6,444	6,697	6,584	6,466	6,685	6,538	6,676	6,687	6,111	6,811	78,800	7,161
	Income £'000	6,417	6,951	6,754	7,076	6,850	6,780	6,815	8,624	7,571	8,172	6,558	7,428	85,996	6,894
	Previous Fy Income £'000	5,948	5,956	6,220	5,818	6,043	6,003	6,045	6,542	6,334	5,920	5,542	6,414	72,786	6,417
	Variance vs Contract	-0.2%	4.2%	4.8%	5.6%	4.0%	4.9%	1.9%	31.9%	13.4%	22.2%	7.3%	9.0%	9.1%	-3.7%
	Variance vs Previous Fy	7.9%	16.7%	8.6%	21.6%	13.4%	12.9%	12.7%	31.8%	19.5%	38.0%	18.3%	15.8%	18.1%	7.4%
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	2,285	2,085	2,322	26,924	2,540
	Income £'000	2,286	2,624	2,553	2,522	2,529	2,487	2,502	3,177	2,819	3,035	2,307	3,040	31,880	2,558
	Previous Fy Income £'000	2,116	2,159	2,174	2,090	2,102	2,139	2,112	2,289	2,277	2,317	1,935	2,274	25,984	2,286
	Variance vs Contract	3.9%	15.1%	15.9%	10.2%	12.2%	12.5%	9.5%	42.4%	23.6%	32.8%	10.6%	30.9%	18.4%	0.7%
	Variance vs Previous Fy	8.0%	21.5%	17.4%	20.7%	20.3%	16.2%	18.5%	38.8%	23.8%	31.0%	19.2%	33.7%	22.7%	11.9%
NHS SOMERSET CCG	Plan £'000	830	861	832	864	850	835	863	844	862	863	789	879	10,171	954
	Income £'000	881	875	852	833	1,003	998	870	1,255	1,004	1,090	893	985	11,539	946
	Previous Fy Income £'000	776	769	862	655	831	729	721	811	841	841	725	893	9,453	881
	Variance vs Contract	6.1%	1.7%	2.5%	-3.7%	17.9%	19.6%	0.9%	48.8%	16.5%	26.3%	13.3%	12.1%	13.5%	-0.9%
	Variance vs Previous Fy	13.5%	13.9%	-1.2%	27.2%	20.7%	36.9%	20.7%	54.7%	19.4%	29.6%	23.2%	10.3%	22.1%	7.4%
NHS BRISTOL, NORTH SOMERSET, SOUTH GLOUCESTERSHIRE CCG	Plan £'000	281	291	281	291	288	282	291	284	291	291	265	295	3,429	321
	Income £'000	327	310	304	323	342	255	312	347	277	378	294	340	3,809	373
	Previous Fy Income £'000	274	276	222	220	222	208	237	222	236	306	242	292	2,959	327
	Variance vs Contract	16.4%	6.7%	8.3%	10.9%	18.8%	-9.5%	7.3%	22.2%	-4.6%	29.9%	10.8%	15.4%	11.1%	16.2%
	Variance vs Previous Fy	19.1%	12.1%	36.8%	46.7%	54.5%	22.5%	31.8%	56.0%	17.7%	23.4%	21.3%	16.4%	28.8%	14.1%
NHS WILTSHIRE CCG	Plan £'000	2,406	2,495	2,410	2,505	2,464	2,418	2,500	2,444	2,497	2,501	2,284	2,545	29,469	2,796
	Income £'000	2,476	2,746	2,606	2,895	2,631	2,626	2,735	3,385	3,043	3,235	2,705	2,885	33,966	2,769
	Previous Fy Income £'000	2,206	2,194	2,350	2,274	2,360	2,349	2,447	2,598	2,476	1,899	2,222	2,340	27,715	2,476
	Variance vs Contract	2.9%	10.1%	8.1%	15.6%	6.7%	8.6%	9.4%	38.5%	21.9%	29.3%	18.4%	13.4%	15.3%	-1.0%
	Variance vs Previous Fy	12.2%	25.1%	10.9%	27.3%	11.5%	11.8%	11.8%	30.3%	22.9%	70.3%	21.8%	23.3%	22.6%	11.8%
Other CCG'S	Plan £'000	715	744	718	749	727	722	747	736	745	747	688	771	8,807	550
	Income £'000	448	396	439	503	346	414	395	461	428	434	360	178	4,802	247
	Previous Fy Income £'000	575	557	611	580	529	578	529	622	505	556	418	615	6,676	448
	Variance vs Contract	-37.4%	-46.8%	-38.9%	-32.9%	-52.4%	-42.6%	-47.0%	-37.3%	-42.5%	-41.9%	-47.7%	-76.9%	-45.5%	-55.0%
	Variance vs Previous Fy	-22.1%	-29.0%	-28.2%	-13.4%	-34.6%	-28.3%	-25.2%	-25.8%	-15.2%	-22.0%	-14.0%	-71.1%	-28.1%	-44.7%



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	1	0
Nov 17	2	1	0	0
Dec 17	2	1	0	0
Jan 18	1	0	0	0
Feb 18	2	0	0	0
Mar 18	1	1	0	0
17/18 Y-T-D	31	12	1	0
April 18	5	0	0	4

2017/18 - the RUH tolerance was 22 post 3 day C Diff cases.

- 1 case is awaiting appeal response (October)

Year to date the best case scenario is 18 RUH Trust attributed C Diff cases which would be within tolerance, the worst case scenario is 19 which would also be within tolerance.

2018/19 - the RUH tolerance is 21 post 3 day C Diff cases.

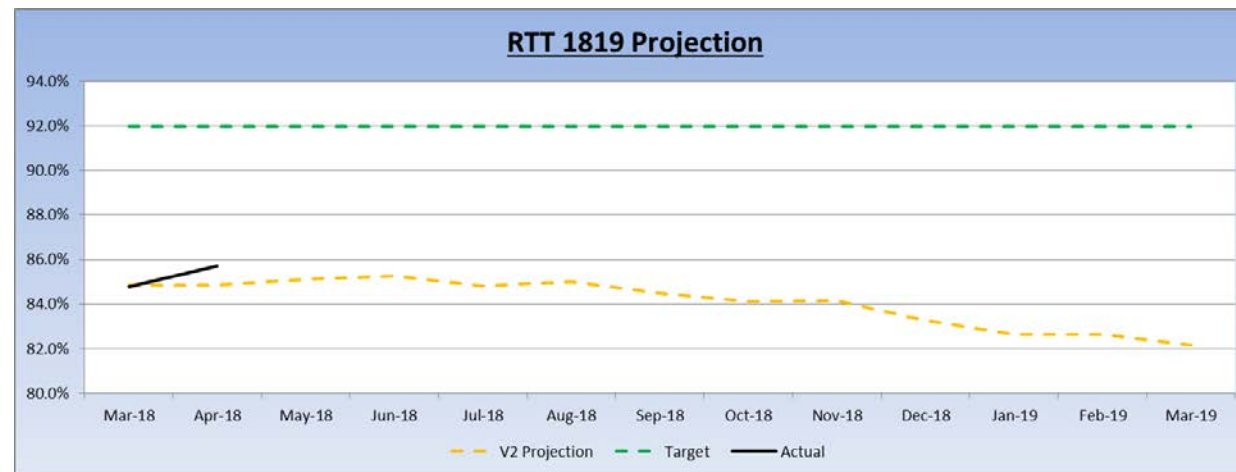
- In April there were 5 cases of C-Difficile
- 4 cases await RCA

This performance is outside of the Trusts tolerance and rated red in month.



Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:



- Performance against the incomplete standard of 92% was 85.7% in April. This compares with a National Incomplete RTT average performance of 87.9% (National average last reported in February 2018)
- The RTT trajectory has been agreed with CCGs.
- 8 specialties did not achieve the constitutional standard in April. These were General Surgery, Urology, ENT, Ophthalmology, Oral Surgery, T&O, Neurology and Cardiology
- Cardiology (-0.2%) and Neurology (-0.2%) saw the biggest performance decline in month of the failing specialties
- The over 18 week backlog for admitted patients reduced in month to 1,398 (7.8% decrease)
- The Trust cancelled 32 patients in advance due to a lack of beds throughout April – compared to 106 in March

18 Weeks Incomplete Standard (2)

RTT Incomplete Open Pathway Performance by Specialty:

	Incomplete Pathways		
	Total Waiters	> 18 Weeks	Performance
100 - General Surgery	2566	405	84.2%
101 - Urology	1026	185	82.0%
110 - T&O	1704	331	80.6%
120 - ENT	2171	343	84.2%
130 - Ophthalmology	2572	603	76.6%
140 - Oral Surgery	2602	764	70.6%
300 - Acute Medicine	163	5	96.9%
301 - Gastroenterology	1831	91	95.0%
320 - Cardiology	1677	156	90.7%
330 - Dermatology	787	6	99.2%
340 - Respiratory Medicine	469	5	98.9%
400 - Neurology	654	58	91.1%
410 - Rheumatology	983	25	97.5%
430 - Geriatric Medicine	138	4	97.1%
502 - Gynaecology	1245	78	93.7%
X01 - Other	1959	155	92.1%
Total	22547	3214	85.7%

- In April, 264 patients were discharged through Chair port equating to 25.8% of all possible elective patients.
- There were 49 same day theatre cancellations for non-clinical reasons. 21 patients were cancelled on the day due to a lack of beds, compared to 12 last month (although elective cancellations were pre-planned due to the use of Phillip Yeoman Ward)
- In month performance improvements noted in General Surgery, Urology, T&O, ENT, Ophthalmology, Oral Surgery, Gastroenterology, Dermatology, Respiratory, Rheumatology and Gynaecology

Actions taken in Month:-

- The Trust continues to work with NHS England to provide an RTT recovery plan for GA dental procedures. An executive meeting has now been requested to agree a way forward.
- 12 patients were treated through APO in April 18.
- Support from Wiltshire RSS continues to re-offer choice to Ophthalmology
- Revised waiting list initiative payments for theatre and outpatient clinics agreed at Management Board and are being planned from May 2018



18 Weeks – Incomplete Pathways >30 weeks (3)

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
100 - General Surgery	79	76	69	46	51	53	66	76	86	118	124	122	120
101 - Urology	22	20	16	23	22	25	23	15	15	33	46	46	30
110 - Trauma & Orthopaedic	48	60	73	57	49	43	30	36	32	44	42	52	41
120 - ENT	18	25	15	16	14	20	29	36	51	47	65	73	75
130 - Ophthalmology	10	12	13	13	15	23	25	25	76	127	184	187	134
140 - Oral Surgery	12	36	40	57	58	81	107	128	163	192	200	220	217
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	29	28	20	15	6	3	5	6	11	16	3	6	10
320 - Cardiology	27	32	36	38	31	37	8	4	6	4	6	6	6
330 - Dermatology	0	1	0	5	15	25	19	17	21	5	3	0	0
340 - Respiratory Medicine	0	0	0	0	0	0	1	0	1	0	0	0	0
400 - Neurology	0	1	0	0	0	0	0	0	0	0	0	0	0
410 - Rheumatology	1	2	3	3	4	1	0	3	2	3	5	9	3
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	2	7	3	1	1	1	3	1	0	1	1	3	2
X01 - Other	16	13	8	7	4	4	9	5	9	14	14	22	26
Open Pathways > 30 Weeks	264	313	296	281	270	316	325	352	473	604	693	746	664

- Long waits to first appointments remain across Ophthalmology and Oral surgery. Recovery plans are now in place for both services.
- Outpatient utilisation has continued to perform well at > 85%.
- A review of outpatients provided in the community is underway – which will identify opportunities for improved efficiency.



RTT 52 Week Breaches

52 Week Breach Benchmarking Information: Position report at February 2018

Provider Org Name	Total
NORTH BRISTOL NHS TRUST	82
TAUNTON AND SOMERSET NHS FOUNDATION TRUST	62
UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	30
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	24
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	12
SALISBURY NHS FOUNDATION TRUST	0
DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	0
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	0
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	0
POOLE HOSPITAL NHS FOUNDATION TRUST	0
Grand Total	210

- 52 week breaches increased over winter as a result of the NHSI request for Trusts to reduce routine elective operations
- The Trust has reported eight 52 week breaches that stopped in the month of April, these were a mixture of administrative/human error and also a result of reduced capacity
- The table shows the benchmarking of local Trust performance against 52 week breaches as at February 18.

Cancer Access 62 days all cancers (1)

			May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
62 Day	Cancer Network	RUH	85.40%	81.00%	86.30%	86.70%	87.70%	86.80%	86.30%	87.20%	93.00%	87.60%	89.30%	82.20%
		UHB	77.98%	81.70%	74.70%	85.24%	80.50%	84.14%	88.40%	83.08%	77.99%	81.30%	87.30%	Not yet available
		NBT	80.76%	86.00%	90.20%	87.30%	85.46%	86.42%	87.00%	87.04%	76.89%	83.30%	87.30%	Not yet available
		Taunton	74.05%	76.50%	84.80%	84.18%	74.67%	73.65%	66.10%	84.46%	73.79%	76.10%	78.60%	Not yet available
		Yeovil	88.39%	92.30%	84.30%	80.22%	42.86%	71.13%	77.40%	86.67%	87.27%	82.60%	90.12%	Not yet available
		Gloucester	75.94%	71.20%	74.80%	80.13%	69.80%	71.62%	76.50%	73.36%	69.91%	79.10%	78.70%	Not yet available
		Weston	70.15%	66.70%	77.00%	75.36%	63.80%	69.23%	57.10%	66.67%	77.78%	78.70%	65.50%	Not yet available
	Other Local Trusts	GWH	79.07%	81.30%	76.00%	79.37%	74.60%	85.81%	84.56%	85.43%	83.59%	87.90%	90.00%	Not yet available
		Salisbury	83.21%	89.30%	86.10%	89.08%	93.10%	84.26%	81.08%	82.76%	76.58%	77.70%	92.00%	Not yet available
	National	England	81.03%	80.50%	81.40%	82.63%	82.03%	82.34%	82.48%	84.16%	81.15%	81.00%	84.70%	Not yet available

- April performance was 82.2%, against the 85% target.
- Activity levels for April were at 104 cases with 18.5 breaches.
- Performance was due to a number of longer waiting and very complex patients being treated within month, several of which required care across two Trusts.
- One shared breach was successfully reallocated to UHB in accordance with the breach allocation policy, putting actual performance at 82.6%. Current national reporting mechanisms have not yet been updated to allow for breach reallocation. Performance will be reported to CCGs through the RTT Performance and Delivery Group.

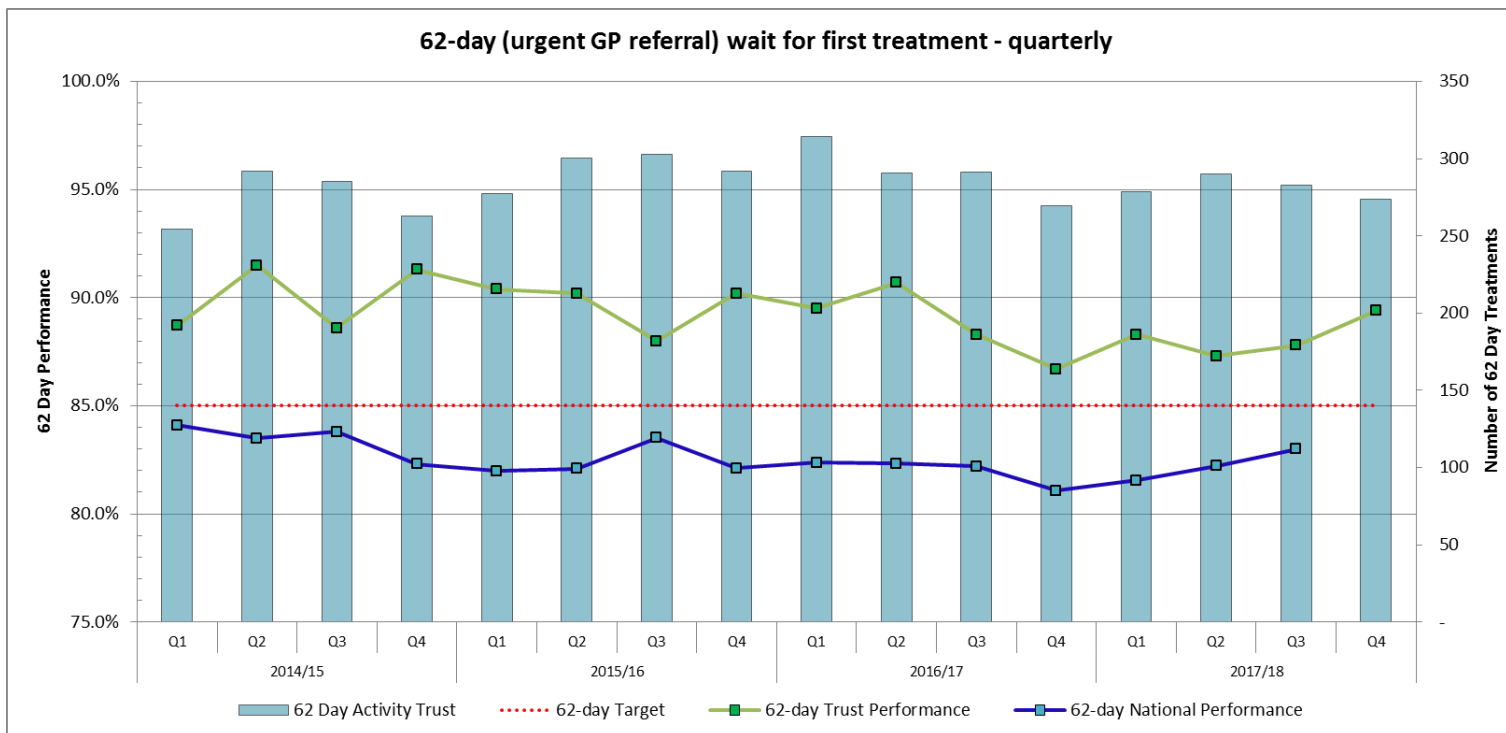
62 Day performance by Tumour Site (2)

Cancer Site	Indicator Description	2017/18												2018/19
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Breast	Activity	14	20	20	23	14	24.5	17.5	11	16	6	24.5	26	
	Breaches	0	0	0	1	2.5	1.5	0	0	0	0	0	1	
	Performance	100.0%	100.0%	100.0%	95.7%	82.1%	93.9%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	
	Referral Conversion %	6.9%	6.7%	12.6%	8.1%	13.2%	9.1%	3.3%	9.2%	5.4%	8.0%	9.7%		
Colorectal	Activity	5	9	11	8.5	10	8.5	8	11	8.5	4.5	14	11	
	Breaches	1	3	4	3.5	2	2.5	1	3	1.5	1.5	3	5	
	Performance	80.0%	66.7%	63.6%	58.8%	80.0%	70.6%	87.5%	72.7%	82.4%	66.7%	78.6%	54.5%	
	Referral Conversion %	3.7%	6.4%	6.3%	5.2%	5.5%	3.2%	5.2%	7.6%	5.4%	6.3%	2.6%		
Gynaecology	Activity	6	6	5	5	4	10	6	6	6	7	6.5	4	
	Breaches	0	1	1	0	1	2	0	0	0	1	0	0	
	Performance	100.0%	83.3%	80.0%	100.0%	75.0%	80.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	
	Referral Conversion %	8.1%	4.5%	6.9%	7.8%	7.2%	3.1%	8.3%	7.1%	5.3%	7.0%	4.2%		
Haematology	Activity	3	4	4	5	7	5.5	4	7	7	4	6	4	
	Breaches	0	0	0	1	0	1	0	1	0	1	0	0	
	Performance	100.0%	100.0%	100.0%	80.0%	100.0%	81.8%	100.0%	85.7%	100.0%	75.0%	100.0%	100.0%	
	Referral Conversion %	57.1%	33.3%	38.5%	60.0%	70.0%	25.0%	61.1%	60.0%	33.3%	33.3%	38.5%		
Head and Neck	Activity	3	7	6	2	1.5	2	4.5	6.5	6	2.5	4	7	
	Breaches	0	3	0	1	0.5	1	0.5	0.5	2.5	0.5	2	2.5	
	Performance	100.0%	57.1%	100.0%	50.0%	66.7%	50.0%	88.9%	92.3%	58.3%	80.0%	50.0%	64.3%	
	Referral Conversion %	6.7%	3.8%	3.1%	1.3%	7.4%	5.4%	6.7%	7.1%	7.1%	6.2%	6.2%		
Lung	Activity	8	4.5	10	9	9.5	5	6.5	7	10	8.5	6.5	7.5	
	Breaches	0	0	2.5	1.5	0.5	0	0	0.5	0	0.5	1.5	3.5	
	Performance	100.0%	100.0%	75.0%	83.3%	94.7%	100.0%	100.0%	92.9%	100.0%	94.1%	76.9%	53.3%	
	Referral Conversion %	33.3%	18.8%	27.6%	20.0%	38.2%	16.7%	43.5%	36.4%	32.0%	42.9%	15.6%		
Skin	Activity	29	18	16.5	27	21	23	23.5	16	39.5	9.5	16.5	22	
	Breaches	4	1.5	2.5	4	1.5	1	3	2	3	1.5	0.5	0	
	Performance	86.2%	91.7%	84.8%	85.2%	92.9%	95.7%	87.2%	87.5%	92.4%	84.2%	97.0%	100.0%	
	Referral Conversion %	9.3%	9.2%	5.5%	8.3%	10.9%	8.9%	8.6%	10.0%	12.3%	6.5%	9.6%		
Upper GI	Activity	2	10.5	5	8	4	9	9.5	4	3.5	3.5	7.5	3	
	Breaches	0	2.5	1	1	0	3.5	1.5	1.5	0	0.5	1.5	2	
	Performance	100.0%	76.2%	80.0%	87.5%	100.0%	61.1%	84.2%	62.5%	100.0%	85.7%	80.0%	33.3%	
	Referral Conversion %	3.2%	9.8%	8.8%	8.6%	11.4%	10.0%	5.6%	6.5%	4.5%	6.1%	2.5%		
Urology	Activity	19.5	21	18	20	16.5	9	20.5	12	22	20	13.5	16.5	
	Breaches	1	5	2	1	1.5	0	5	1	2	3	0.5	3.5	
	Performance	94.9%	76.2%	88.9%	95.0%	90.9%	100.0%	75.6%	91.7%	90.9%	85.0%	96.3%	78.8%	
	Referral Conversion %	16.4%	14.0%	20.4%	11.7%	11.7%	13.8%	15.9%	14.3%	15.8%	15.9%	9.0%		

- 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 predominantly in Colorectal and Upper GI. Additional work is ongoing in these areas looking at streamlining the diagnostic pathway, and more intensive PTL management. Performance in Head & Neck is also challenged with many patients having complex pathways, often requiring transfer between Trusts.
- Further work is also underway on implementing quicker diagnostic pathways within Lung and Prostate, as part of the Cancer Transformation Fund Early Diagnosis work streams.

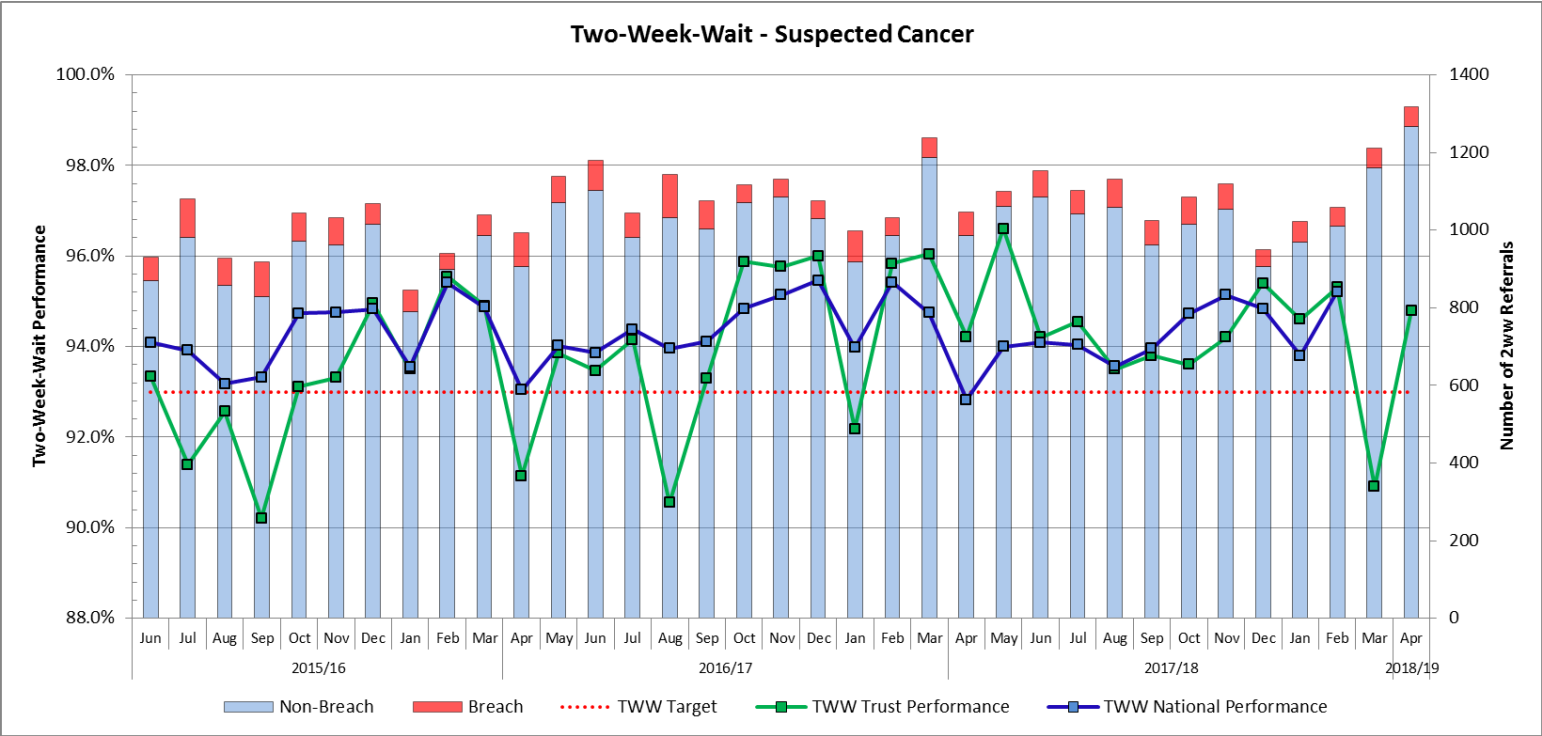
Note about the 'Referral Conversion' – these figures show the percentage of 2 week-wait patients that are eventually treated. It is based on the 'first seen date' of the 2ww referral, not the treatment date and is therefore out-of-sync with the 62 day activity figures (which are based on treatment date). We cannot show the last month's rate as patients seen in recent months have not yet had the 'chance' to be treated. Recent months are subject to change as patients get treated.

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, quarterly. The failure of the target in April is not anticipated to impact on the quarterly performance.
- All efforts are focused on recovering performance in month and for the quarter.
- Weekly PTL meetings in key tumour sites and at divisional level are supporting target delivery.

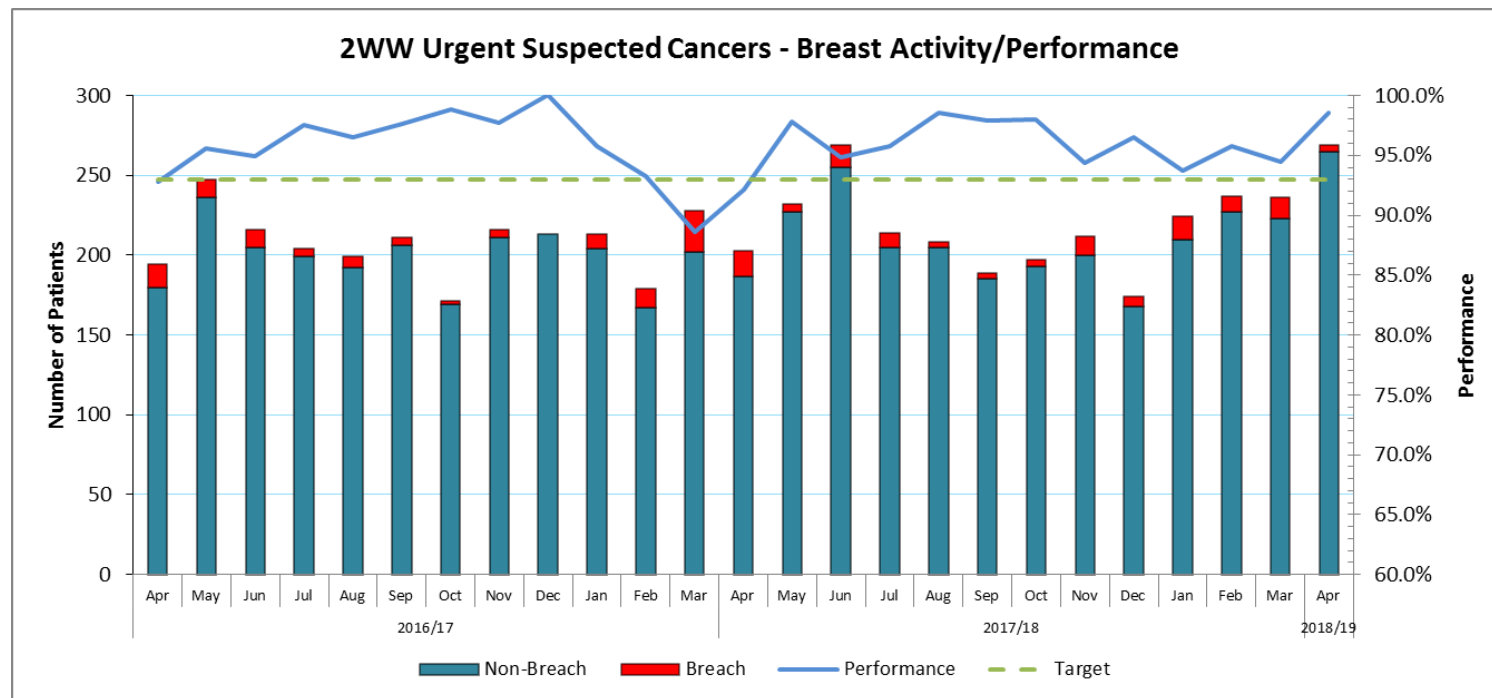
Cancer Access – 2 WW (4)



- The 2ww suspected cancer target passed in April at 94.8%.
- Activity was very high at 1,311 appointments in month.

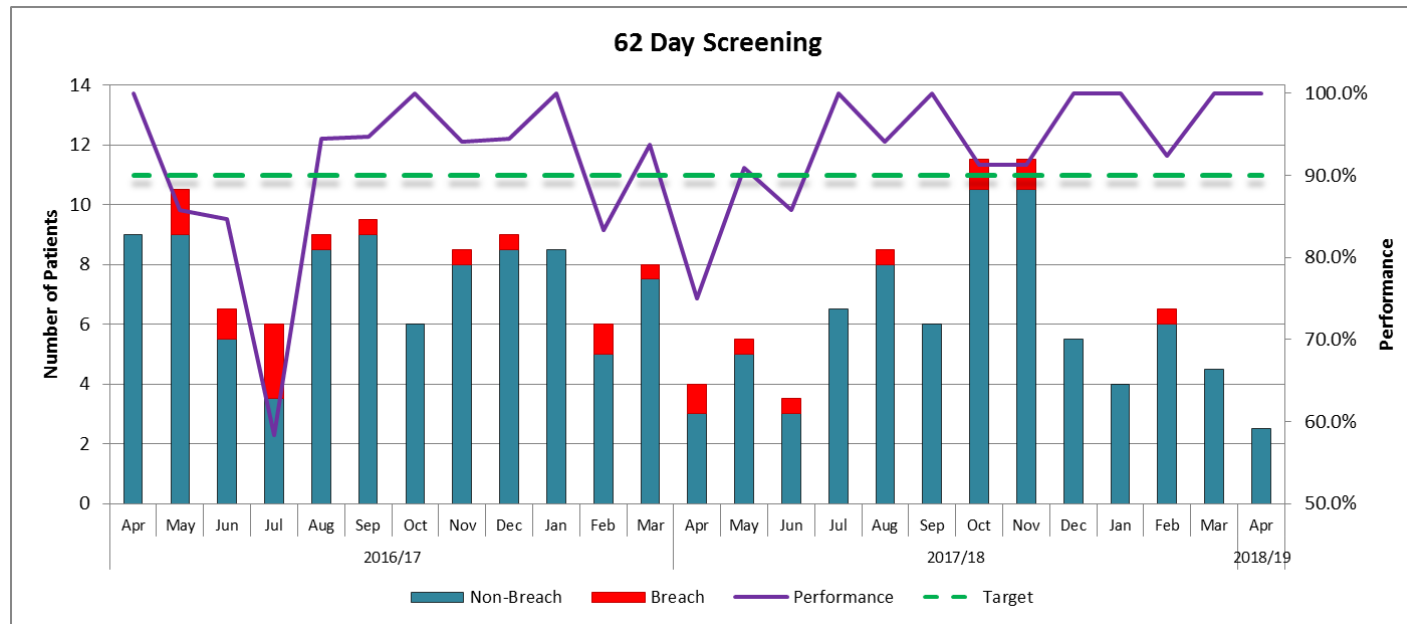
Please note: the graph has been updated to show the national 2ww performance (blue line) alongside the Trust’s performance and activity split by non-breaches and breaches.

Cancer Access – 2 WW Breast Suspected Cancer (5)



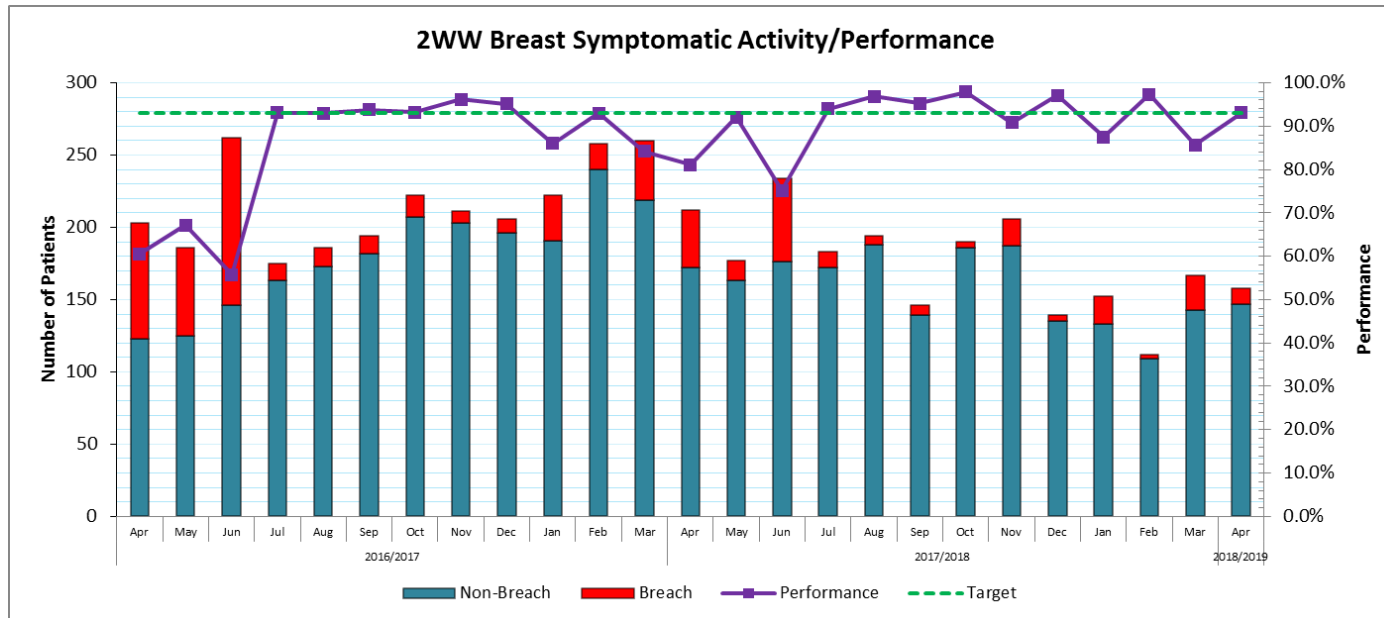
- The performance in April for Breast 2WW suspected cancer was 98.5%, above the 93% overall 2WW target.

Cancer Access – 62 Day Screening (6)



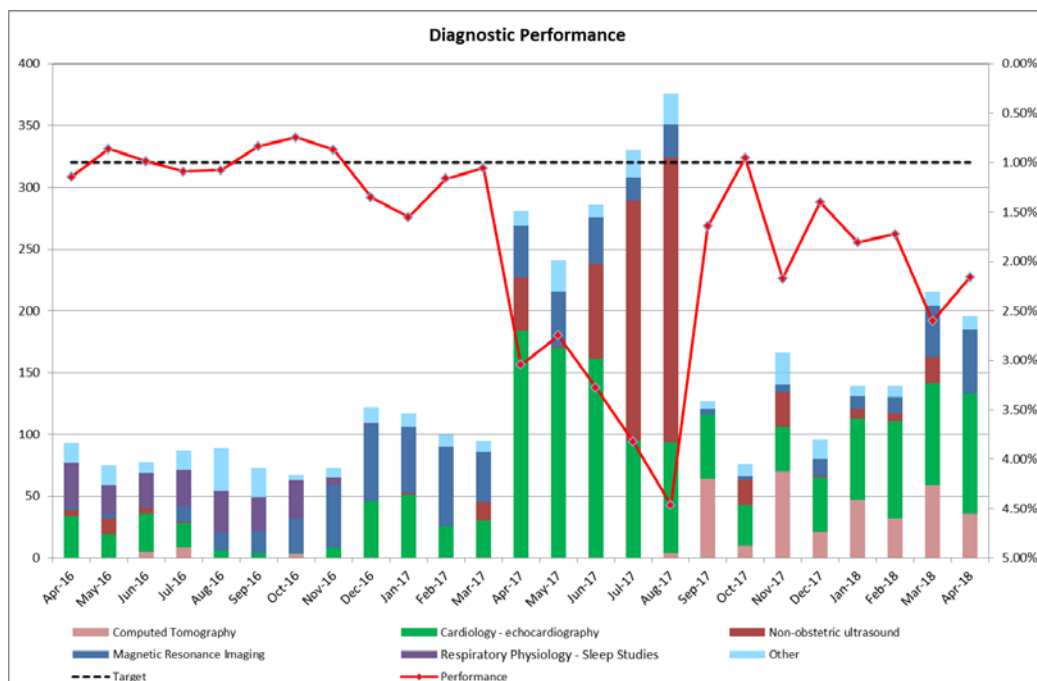
- In April, the Trust passed the 90% target, with performance at 100%.
- Performance in March also improved to 100% with validation of the half breach previously recorded for the month following additional information provided by the screening service provider, GWH.
- The Cancer Services Manager continues to work within the cancer network to minimise breaches. National funding for the additional Cancer MDT co-ordinators to support improved pathway tracking has now lapsed, a business case is to be drafted for permanent additional posts.
- Agreement has been reached nationally for the 62 Day Screening target to fall within the breach reallocation policy from July 2018 onwards.

Cancer Access – Breast Symptomatic (7)



- The symptomatic target passed in April with performance at 93.7% against 93% target.
- Board should note that from April 2018 the management of the Breast Unit has transferred to Women's and Children Division.
- Clinical triage of all referrals remains in place.
- Additional Clinical Assistant capacity has been extended until June 2018.
- Long term staff challenges remain, however a locum consultant radiologist is currently in place until September at which point a permanent breast/general radiologist starts at the Trust which will make the service much more robust.

Diagnostics (1)



Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	52
Computed Tomography	36
Audiology - Audiology Assessments	10
Cardiology - Echocardiography	97
Cystoscopy	1
Total (without NONC)	196

Diagnostic tests – maximum wait of 6 weeks.

April performance is reported as 2.2% against the $\leq 1.0\%$ indicator.

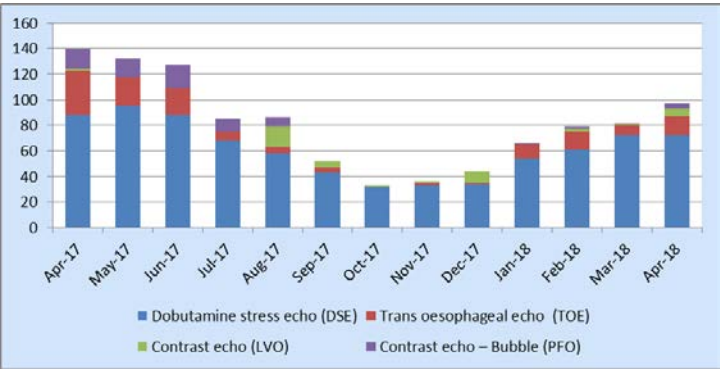
- CT & MRI performance in April was impacted by high patient cancellations due to significant numbers of equipment chiller failures on both the CT and MRI scanners. This issue has been brought to the attention of facilities due to the age of the chiller, between 12 and 20 years old. Chiller failure is resulting in scanner shut down.
- Specialist echocardiography continues to be the major contributor to adverse performance in April. Cardiology department has released consultants from other duties to enable them to undertake additional specialist echo diagnostic sessions in April. The focus has been on stress echo (DSE) which has held DSE breach numbers at 72 – the same as the previous month. There was an increase in the TOE diagnostic breaches partly due to short term leave of one of the consultants.
- CT and MRI breaches in April were predominantly cardiac investigations compounded by cancellations due to the high number of equipment failures in month. Outsourcing to Newport continued in month but could not mitigate the shortfall in capacity.

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	72
Cardiology Bubble	4
Cardiology TOE / TEE	15
Plain Echo	6
TOTAL	97



Specialist Echo (91):

The actions to put in place to increase have helped to stabilise the DSE diagnostic breaches. However the overall position for the specialist diagnostics has deteriorated due to the increase in TOE breaches. There were 6 plain echo breaches for patients due to be seen at Shepton Mallet Hospital. Negotiations are underway with a private provider to agree an SLA to perform some of the DSE diagnostics in addition to the actions to increase the in-house to further increase capacity.

Magnetic Resonance Imaging (52)

Predominantly cardiac MRI scans breached. Cardiac enabled CT scanner is now operational allowing the transfer of some cardiac MRI activity. Administration processes reviewed in month to ensure all opportunities to transfer to CT and outsource are being considered to manage activity. Cardiac referrals continue to increase with the cessation of certain “other” tests such as Myoview examinations.

Computed Tomography (36):

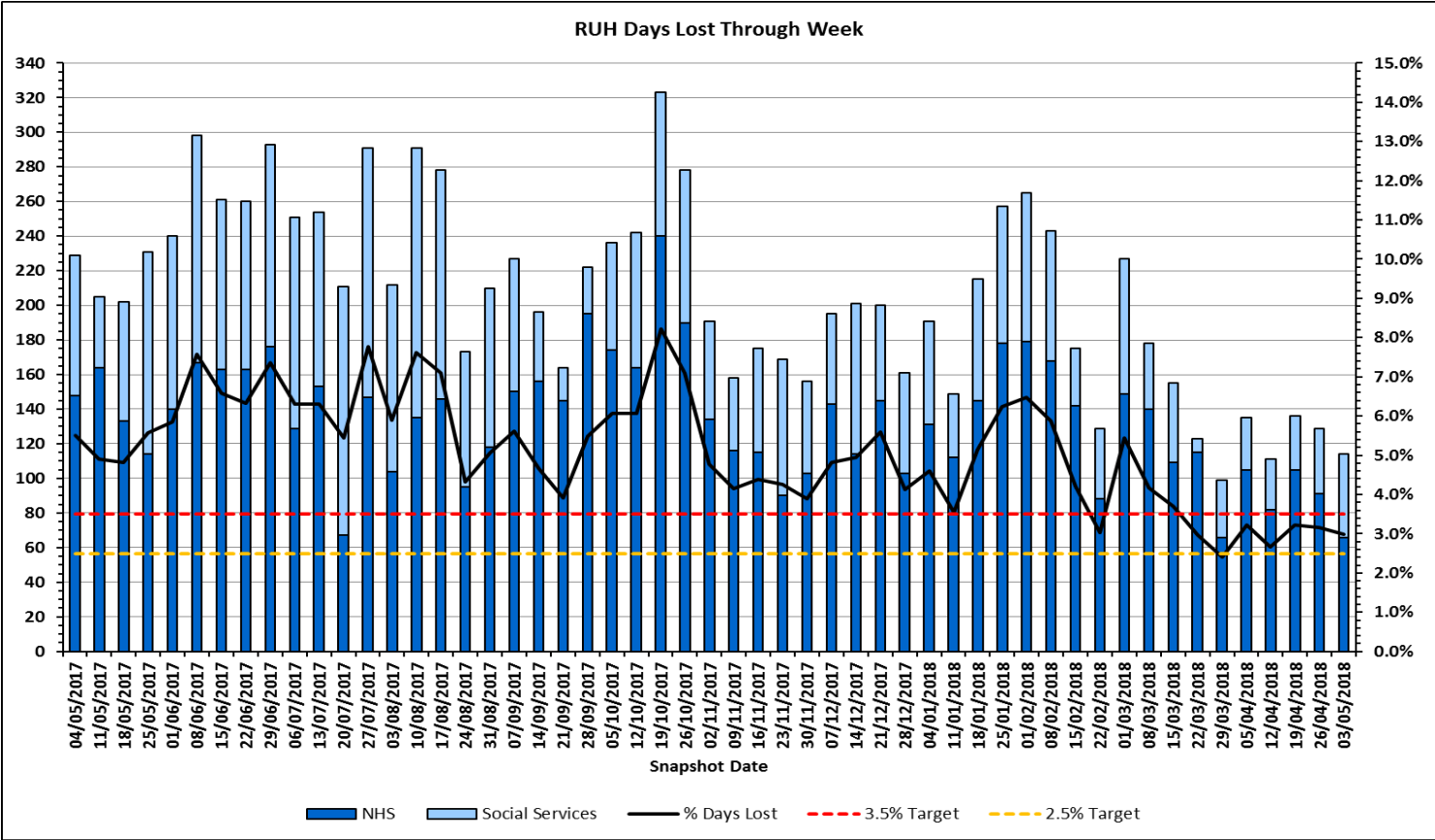
Request process issues following the Big 3 go-live continue and have been escalated to Cerner and in house within the Trust IT department however there continue to be missing requests. The Medical Division have now raised a Trust risk relating to this unresolved issue. Revised DMO1 monitoring process are in place to support CT booking and administrative processes. CT scanning outsourced in month to manage demand. Alternative arrangement to outsource “other” scans are being investigated to free up cardiac capacity on RUH scanners.

Audiology (10):

Remedial action plan is in place. The department has recruited to clinician vacancies and breach numbers are reducing but have not yet been eliminated.

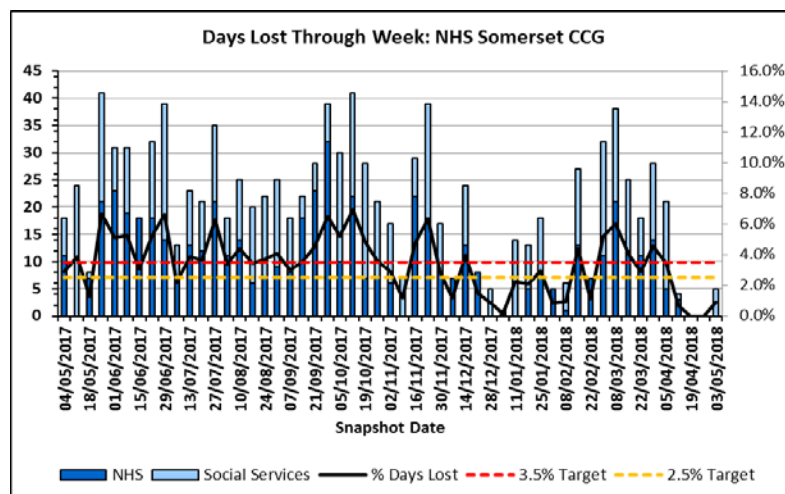
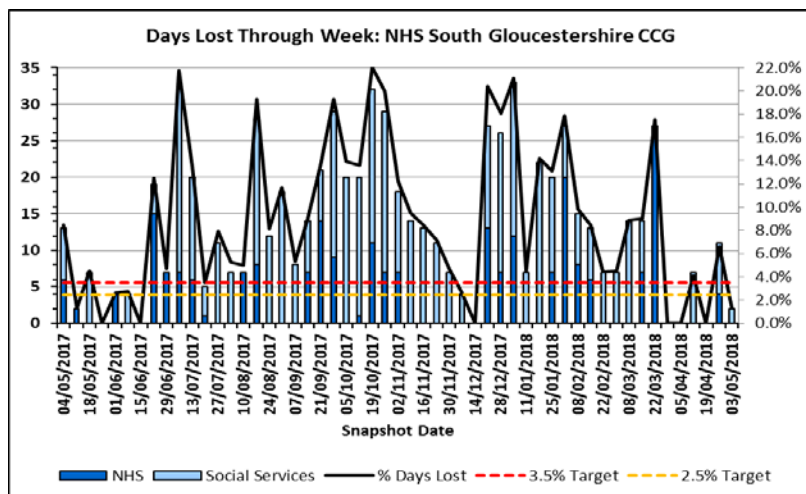
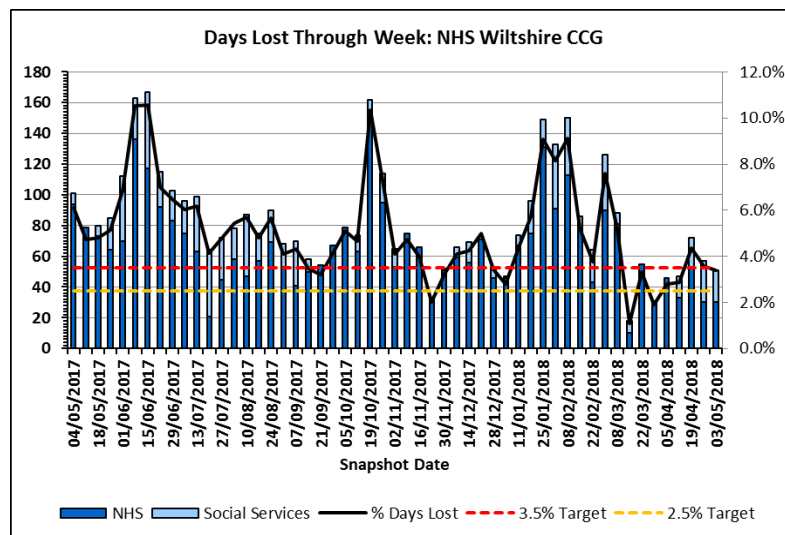
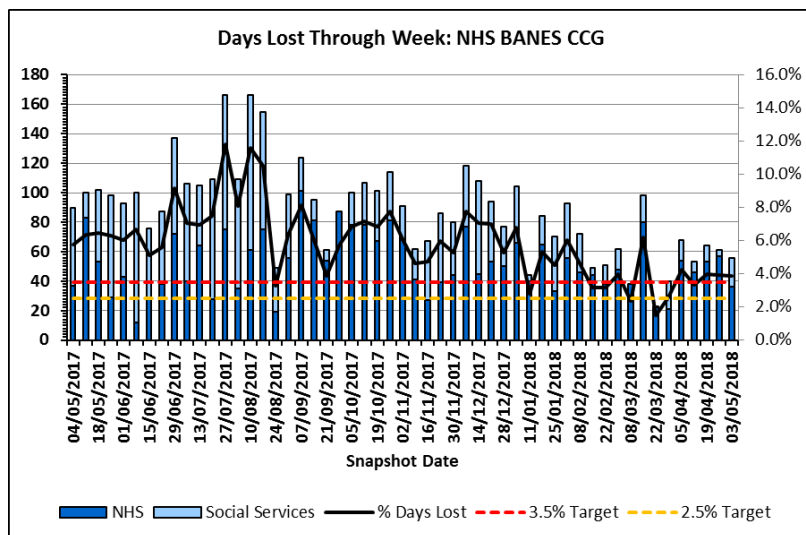
Delayed Transfers of Care (1)

	NHS BATH AND NORTH EAST			NHS SOMERSET CCG			NHS WILTSHIRE CCG			NHS SOUTH GLOUCESTERSHIRE			All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total
Number of Patients	9	1	10	0	0	0	7	5	12	1	1	2	17	7	24
Number of Delayed Days	205	46	251	16	25	41	168	57	225	4	12	16	393	140	533



- The DTOC position by CCG is detailed in the table. 24 patients reported at the April month end snapshot and 533 delayed days (2.9%). This is an improving position and in month above the national target set.
- The graph outlines the delayed days by week since May 2017.
- The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay). The impact of this work is being seen with a reduced number of DTOC patients.

Delayed Transfers of Care by CCG (2)



- 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.
- A self assessment against the eight high impact changes within the High Impact Change Model: Managing Transfers of Care (March 2018) has been completed. This has identified three areas of red performance, which will be taken forward as IDS, and wider system, priorities for 2018/19. The system did not self assess any of the models eight areas as Green.

Key National and Local Indicators

In the month of April there were 19 red indicators of the 70 measures reported, **6 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.



Effective SOF

- X 15. Readmissions
- X 18. Hip fractures operated on within 36 hours
- 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
- X 34. % Discharges by Midday (Excluding Maternity)
- X 35. GP Direct Admits to SAU
- X 36. GP Direct Admits to MAU
- X 39. Number of medical outliers - median

Safe SOF

- X 43. C Diff infection rate
- X 48. Medication Errors Causing Serious Harm

SOF

- X 49. CAS Alerts not responded to within the deadline
- X 56. Bed occupancy (Adult)

SOF

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

Well Led

SOF

- X 59. FFT Response Rate for ED (includes MAU/SAU)
- X 60. FFT Response Rate for Inpatients
- X 61. FFT Response Rate for Maternity
- X 62. Turnover – Rolling 12 months
- X 64. Vacancy Rate



X 15. Readmissions – Total

There were 509 readmissions (14.4%) in April (0.1% reduction from March). The Medical Division reduced from 18.0% to 17.2%, the Surgical Division increased from 11.0% to 13.7% and Women and Children's Division reduced from 4.3% to 3.7%. The Clinical Outcomes Group regularly reviews readmissions data and seeks to identify any particular diagnostic category or procedure group which is flagging as a concern.

X 18. Hip fractures operated on within 36 hours

49 patients were eligible to be entered onto the NHFD. Of these 48 were eligible for theatre and 23 (47.9%) went in less than 36 hours. Failure to meet the 70% target was as a result of:

- 18 due to reduced capacity
- 5 patients requiring further medical intervention before surgery
- 1 patient eating before surgery
- 1 required a specialist surgeon which could not be arranged within 36 hours

The trauma take was exceptionally high throughout April and the department received 77% of April's hip patients over a 2 week period

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

In the month of April there were 49 surgical patients cancelled for non-clinical reasons on the day of surgery, equating to 1.6% of elective cases.

- 4 OMFS patients were cancelled because no appropriate surgeon was booked.
- 5 Ophthalmology patients were cancelled due to a sick surgeon

21 patients were cancelled on the day of surgery due to a lack of beds, compared to 12 last month. The Surgical Division continue to review cancelled operations to improve performance.



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

There were 196 over 6 week waiters in April, equating to 2.2% performance against the $\leq 1.0\%$ indicator, rated red. Performance in April failed to meet the constitutional target. See slide 21 and 22 above.

X 30. RTT over 52 week waiters

There were 8 patients who have breached the 52 week standard for treatment in April. A letter of apology will be sent to all patients following the completion of RCAs. The RTT Steering Group is monitoring delivery of all the actions identified in 52 week breach RCAs.

- Three General Surgery – two due to lack of capacity and one administrative error
- Two ENT – one due to lack of capacity and one administrative error
- Two Oral Surgery – one due to a lack of capacity and one administrative error
- One Endocrinology – administrative error

The Trust is now at greater risk of increased 52 week breaches due to the reduced elective capacity for elective routine surgery during Q4, this can be seen in April with 4 breaches due to lack of capacity. Robust PTL management remains in place. The Trust is also focused on completing RTT training across administrative teams and all speciality managers will also be required to complete this additional RTT training.

X 34. % Discharges by Midday (Excluding Maternity)

In April 13.7% of patients were discharged by midday remaining below the target of 33%. Improvement work is being led by the Urgent Care Collaborative Board. Board are asked to note the 4 hour performance paper.



X 35. GP Direct Admits to SAU

There were 134 GP direct admits to SAU in April with performance reducing from 145 in March and staying below the target of 168. Improvement work is being led by the Urgent Care Collaborative Board, with actions planned in May that have seen performance improve e.g. Super Discharge Week and SAU pilot of surgery only admissions.

X 36. GP Direct Admits to MAU

There were 27 GP direct admits to MAU in April with performance increasing from 16 in March and remaining well below the target of 84. Improvement work is being led by the Urgent Care Collaborative Board, with actions planned in May that have seen performance improve e.g. Super Discharge Week and SAU pilot of surgery only admissions.

X 39. Number of medical outliers - median

In April Medical Outliers peaked at 76 with a median of 45, this reflected the increased non-elective pressures seen in-month and the Trusts infection control position resulting in closed beds, particularly at the start of the month.



X 43. C Diff infection rate

In April there were 5 cases of C-Difficile, 4 cases are awaiting RCAs to be completed.

X 48. Medication Errors Causing Serious Harm

There were two incidents of Medication Errors Causing Serious Harm in April

- One patient was admitted to the Cardiology ward and their anticoagulant was changed. The discharge letter stated that a new medication had been started but did not specify that the old medication had been stopped, as it should have been. The patient continued to take both medications. The patient has subsequently died but it is not yet clear to what extent death was caused or contributed to by the medication error. An investigation is underway.
- The INR clinic faxed a patient's Residential home stating that the patient was to receive 6mg of warfarin Mon-Fri and 5mg Sat-Sun. This was an error; the correct dose was 2mg per day. The patient was re-admitted with suspected internal bleeding. An investigation is underway.

X 49. CAS Alerts not responded to within the deadline

AlterG Anti Gravity Treadmill. Deadline 12/04/2018. Closed 17/04/2018. Staff annual leave resulted in a delay in confirming that the RUH does not use this device.

X 56. Bed occupancy (Adult)

In April the average adult bed occupancy = 97.3%, peaking at 99.5%. This is in comparison to 94.2% in March 2017. This again reflects the non-emergency pressures seen during April.

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

In April the Emergency Caesarean Births as a % of labours fell to 17.0% from 18.0% in March. The Women & Children's Division will continue to monitor, as March in particular was out of line with expected variation – this percentage has dropped as expected but will continue to be closely monitored by the Divisional Team.



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

In April the FFT Response Rate for ED fell to 6.8% from 7.2% in March and remains below the agreed target. The departments will focus on regaining performance across front door areas.

X 60. FFT Response Rate for Inpatients

In April the FFT Response Rate for Inpatients fell to 32.9% from 34.7% in March and remains below the agreed target. Divisional teams will continue to work with the Quality Improvement Centre to improve FFT response rates.

X 61. FFT Response Rate for Maternity

In April the FFT Response Rate for Maternity has risen to 15.3% from 13.9% in March. This continues to be a focus for the W&C Division, national work is ongoing to review the touch-points for FFT reporting across maternity services. The Divisional Team have re-established a task and finish group and all of the responsible band 7s are attending, or send a representative. Some new initiatives are being taken forward and the team are also discussing how staff can approach families for their feedback.

X 62. Turnover - Rolling 12 months

Trust Turnover rate 12.03% reported as red in April. Please see Well Led Slides below.

X 64. Vacancy Rate

Trust vacancy rate at 6.7% reported as red in April. Please see Well Led Slides below.

Well Led – Workforce

1. Summary & Exception Reports

The following dashboard shows key workforce information for the months of March 2018 and April 2018 against key performance indicators (KPIs).

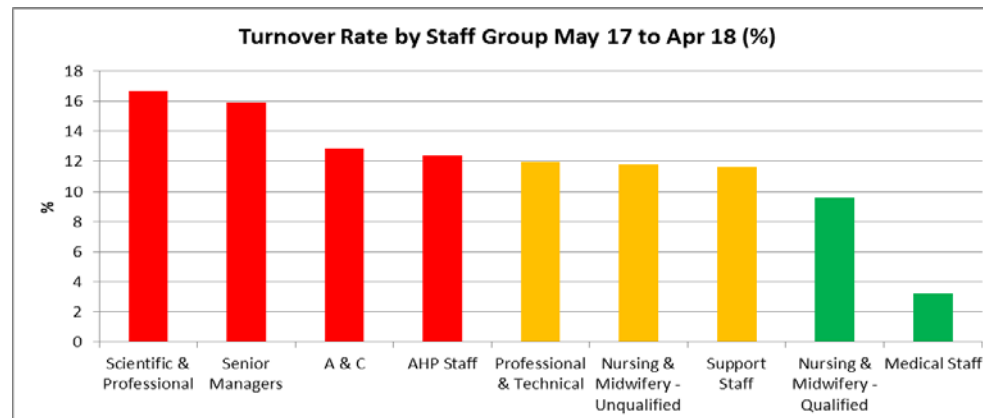
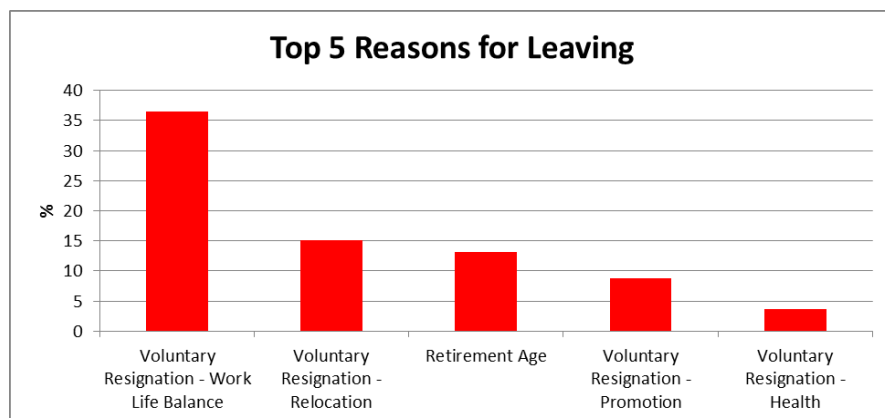
Workforce	Mar-18						Apr-18						Q1
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	
Turnover (rolling 12 months %)	12.0	12.7	13.4	13.1	10.9	9.7	12.0	12.8	12.9	13.0	11.3	9.7	11.0%
Sickness Absence (%)	4.6	2.6	6.7	4.5	5.0	4.3	4.1	2.7	6.9	4.1	4.5	2.7	3.2%
Vacancy Rate (%)	4.6	2.8	10.8	5.6	4.2	0.7	6.7	7.9	12.7	6.5	5.4	4.6	4.8%
Agency Staff (agency spend as a % of total pay bill)	1.7	6.0	0.3	1.8	1.3	0.1	2.4	5.0	3.0	2.4	2.1	1.5	2.5%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	3.8	24.6	-	4.1	2.8	0.2	5.0	15.4	-	6.4	4.4	1.4	3.0%
Staff with Annual Appraisal (%)	80.1	75.2	77.1	81.7	69.8	79.6	81.1	77.2	82.3	80.2	82.6	82.9	86.0%
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 (%)	91.0	93.6	92.3	93.4	93.0	91.3	89.6	91.6	91.6	91.4	92.3	90.5	95.0%
Mandatory Training (%)	88.3	89.7	83.3	90.3	90.8	89.4	87.6	89.5	88.1	89.0	89.5	88.8	90.0%

Trends:

- Despite rolling 12 month Turnover percentage having only increased by less than 0.05%, Turnover now shows as red having exceeded the 1% tolerance of the Q1 target of 11%.
- Although the Trust's overall sickness absence has decreased this month from 4.6 to 4.1%, this is only just inside the 1% tolerance for the new Q1 target of 3.2%. Unlike the other divisions, Facilities' percentage has actually increased slightly and for the sixth consecutive month exceeds 6% - well above their new 2018/19 Divisional target of 4.3%.
- An increase in budgeted WTE has partially contributed to the Trust's vacancy rate rising by 2.1% to 6.7%.

Well Led – Turnover

2. Turnover

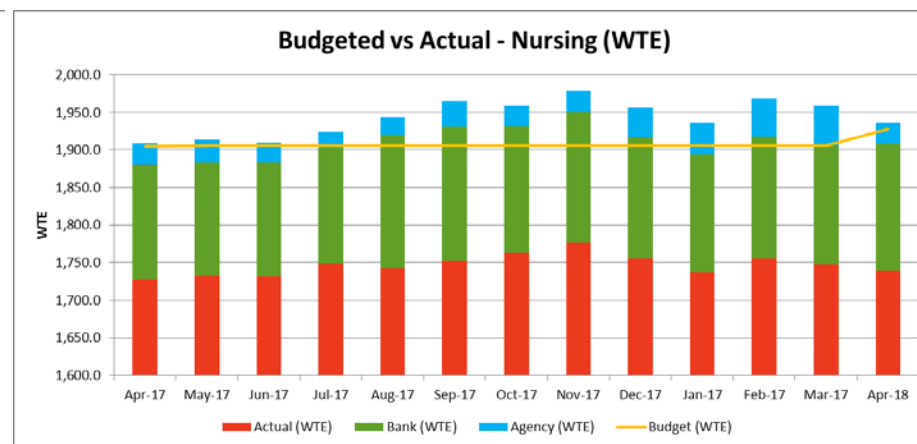
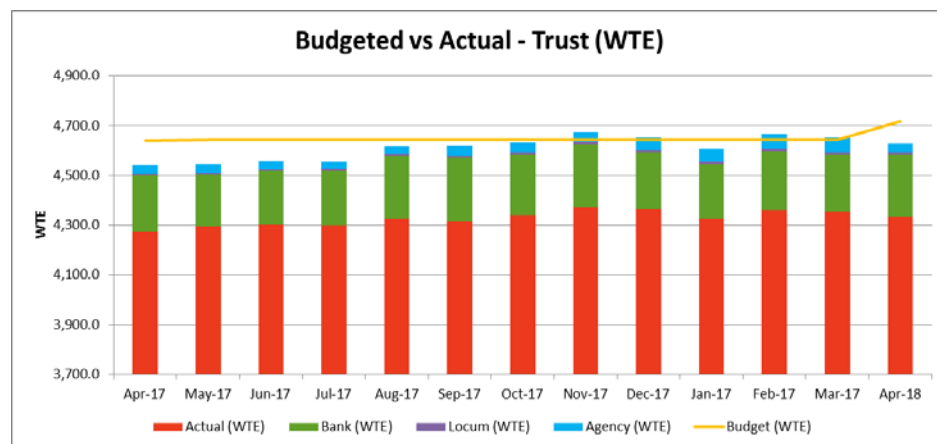


Performance in April, including reasons for the exception and actions to mitigate:

- Turnover has increased slightly this month to 12.03% against a KPI target of 11%. Scientific & Professional staff (16.7%) and Senior Managers (15.9%) are particularly high hotspots, with Admin and Clerical and Allied Health Professional Staff also exceeding the 1% tolerance level.
- Work life balance continues to be the most common reason stated for leaving.
- HR Business Partners are developing staff survey action plans for their respective divisions and specialities, which will attempt to address some of the causes of turnover.

Well Led – Vacancy Rate

3. Vacancy Rate



Performance in April, including reasons for the exception and actions to mitigate:

- The vacancy rate has increased by approximately 100 WTE this month from 4.6% to 6.7%. This can partially be explained by the new overall budgeted workforce set at the start of the new financial year, which has increased by 75.24 WTE from 4642.45 WTE to 4717.69 WTE.
- The Resourcing team are working on a total of 455.79 wte vacancies, of which 187.02 wte are Registered Nurses/Midwives vacancies. A total of 224.61 wte new starters are in the pipeline with start dates from 1/5/18 onwards, of which 79.22 are Registered Nurses/Midwives.
- A jobs fairs organised by Jobcentre Plus in Bath was attended in early May which provided an opportunity to profile the Trust as an employer and promote our vacancies.
- There are 224 nursing candidates in the pipeline, 33 of these have their English language test booked or are awaiting results, with 1 at the first stage of the NMC process. We are expecting additional candidates to be added to the pipeline from the recent interviews conducted in Dubai.

Well Led – Vacancy Rate

4. Nurse Agency Staff

Performance in April, including reasons for the exception:

- An increase in the number of Agency hours booked.
- Bookings of high cost non-framework agency hours increased this month.
- Registered Nursing vacancies have increased, particularly in the Medical Division.

Well Led – Overview

Measure	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Q1 Target
Budgeted Staff in Post (WTE)	4,642.5	4,642.2	4,642.2	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,642.5	4,717.7	
Contracted Staff in Post (WTE)	4,369.4	4,372.6	4,375.9	4,401.2	4,400.4	4,413.8	4,421.3	4,429.4	4,398.0	4,417.3	4,426.6	4,402.1	
Vacancy Rate (%)	5.9%	5.8%	5.7%	5.2%	5.2%	4.9%	4.8%	4.6%	5.3%	4.9%	4.6%	6.7%	4.0%
Bank - Admin & Clerical (WTE)	31.7	32.2	34.3	35.0	36.9	41.4	36.9	31.4	38.3	33.9	36.3	1 Month Lag	
Bank - Ancillary Staff (WTE)	26.3	29.2	33.7	33.0	30.9	31.0	26.0	26.9	29.9	28.7	30.0	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	152.1	153.5	176.4	179.6	168.5	173.6	160.0	156.7	161.2	158.4	169.3	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	1.0	
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)	29.9	25.9	21.3	23.8	33.1	27.8	27.6	40.4	41.6	51.7	52.9	27.5	
Overtime (WTE)	82.5	90.5	90.8	92.1	98.2	101.4	99.0	78.9	95.4	86.6	99.6	1 Month Lag	
Sickness Absence Rate (%)	3.7%	3.7%	3.7%	3.8%	3.8%	3.8%	4.1%	4.2%	4.6%	4.4%	4.6%	4.1%	3.9%
Appraisal (%)	85.2%	84.5%	86.0%	86.5%	84.5%	84.3%	83.6%	84.5%	82.6%	82.6%	80.1%	81.1%	90.0%
Consultant Appraisal (%)	89.1%	87.8%	84.7%	85.5%	86.1%	79.2%	81.2%	88.1%	88.5%	87.2%	86.5%	87.0%	90.0%
M&D Appraisal (%)	85.2%	84.8%	81.5%	82.3%	81.6%	77.3%	79.7%	85.3%	84.6%	83.7%	82.5%	83.5%	90.0%
AfC Appraisal (%)	85.2%	84.5%	86.4%	86.8%	84.7%	84.9%	83.9%	84.5%	82.4%	82.6%	79.9%	12.0%	90.0%
Rolling Average Turnover - all reasons (%)	16.2%	16.2%	16.4%	16.6%	16.4%	16.5%	16.5%	16.7%	16.4%	16.6%	16.9%	16.9%	
Rolling Average Turnover - with exclusions (%)	11.6%	11.5%	11.4%	11.7%	11.4%	11.3%	11.4%	11.9%	12.0%	11.9%	12.0%	12.0%	11.0%

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold		2017/18				17/18	18/19	Triggers Concerns
		Performing	Weighting	Q1	Q2	Q3	Q4	Mar 2018	Apr 2018	
SOF	Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	1.0	86.4%	88.6%	80.9%	74.5%	76.6%	80.7%	
	C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	2	1.0	3	7	6 *	3	0	5 **	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	1.0	89.9%	88.3%	87.6%	85.3%	84.8%	85.7%	
	31 day diagnosis to first treatment for all cancers	96%	1.0	98.6%	98.8%	99.3%	99.2%	100.0%	99.3%	
	31 day second or subsequent treatment - surgery	94%	1.0	100.0%	98.7%	100.0%	100.0%	100.0%	95.8%	
	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	95.0%	93.9%	94.4%	93.5%	90.9%	94.8%	
	2 week GP referral to 1st outpatient - breast symptoms	93%		82.0%	95.4%	94.9%	89.3%	85.5%	93.7%	
SOF	62 day referral to treatment from screening	90%	1.0	84.6%	97.7%	93.0%	96.7%	100.0%	100.0%	
SOF	62 day urgent referral to treatment of all cancers	85%		88.3%	87.4%	87.8%	90.0%	91.0%	82.2%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	1.0	3.02%	3.36%	1.50%	2.06%	2.61%	2.21%	

* October 2017 - 1 awaiting appeal response, ** April 2018 - 4 under review

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

Finance and Use of Resources - March 2018 (No NHSI Return in April)

	YTD Plan	YTD Actual	YTD Variance	M12 Plan	M12 Forecast	M12 Variance
Capital Service Cover Metric	1.204	0.648	-0.556	1.204	0.648	-0.556
Capital Service Cover Rating	4	4		4	4	
Liquidity Metric	7.725	15.714	7.990	7.725	15.714	7.990
Liquidity Rating	1	1		1	1	
I&E Margin Metric	3.9%	3.8%	-0.1%	3.9%	3.8%	-0.1%
I&E Margin Rating	1	1		1	1	
Variance from Control Metric		-0.1%	-0.1%		-0.1%	-0.1%
Variance from Control Rating		2			2	
Agency Metric	-75.6%	-36.1%	39.5%	-75.6%	-36.1%	39.5%
Agency Rating	1	1		1	1	
Rounded Score	1	1		1	1	
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 - April 2018



CARING				Threshold		2017/18				2017/18					2018/19
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q1	Q2	Q3	Q4	Nov	Dec	Jan	Feb	Mar	Apr
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	97	97	97	96	95	98	93	97	98	98
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	96	97	97	98	96	97	97	98	97
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	99	99	98	99	94	100	99	100	98	98
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	97	97	96	97	95	96	97	97	98	97
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10	5.3	6.6	7.0	5.8	7.0	7.5	6.0	4.6	6.7	5.4
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	2	2	1	2	0	1	1	0	1	2
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	0	0	0	0	0	0	0	0	0	0
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	60	51	35	39	13	6	9	18	12	22

EFFECTIVE					Q1	Q2	Q3	Q4	Nov	Dec	Jan	Feb	Mar	Apr	
10		SOF	Dementia case finding	>=90%	<90%	86.6%	85.0%	81.6%	82.3%	80.0%	79.8%	82.8%	81.1%	82.9%	Lag (1)
11		SOF	Dementia Assesment	>=90%	<90%	96.5%	96.7%	95.6%	95.8%	97.2%	96.0%	95.7%	95.0%	97.0%	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	<=Expected	>Expected	113.7	111.8	107.2	104.8	107.4	107.2	104.8	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	1.0305	1.0118	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)
15	MD	SOF	Readmissions - Total	<=10.5%	>12.5%	13.7%	14.4%	14.1%	14.6%	14.2%	15.0%	15.4%	13.8%	14.5%	14.4%
16	COO	LC	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	84.0%	89.3%	84.0%	Lag (5)	82.0%	Lag (5)	Lag (5)	Lag (5)	Lag (5)	Lag (5)
17	COO	LC	Higher risk TIA treated within 24 hours	>=60%	<=55%	91.8%	87.7%	86.4%	69.4%	100.0%	77.3%	83.3%	76.9%	45.5%	100.0%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	60.6%	74.8%	77.3%	79.6%	70.2%	74.5%	81.3%	73.8%	85.4%	47.9%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	55.4%	65.0%	62.2%	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	1.6%(144)	1.3%(116)	0.9%(85)	0.9%(85)	1.0% (33)	1.1% (29)	1.0% (30)	0.8% (22)	1.1% (33)	1.6% (49)
21	COO	LC	Theatre utilisation (elective)	>=85%	<=80%	98.3%	96.6%	95.2%	83.8%	97.8%	91.2%	79.5%	87.5%	84.4%	95.6%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	0.07	3.82	0.76	1.90	0.87	-0.18	0.40	0.75	0.75	0.73
23	DOF	L	Total Income	>100%	<95%	77.05	77.17	81.61	83.51	27.61	26.89	27.69	26.00	29.82	26.48
24	DOF	L	Total Pay Expenditure	>100%	<95%	49.60	49.46	50.44	51.01	17.04	16.72	16.83	16.90	17.28	17.25
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	25.67	27.09	25.80	29.46	9.24	8.46	9.39	9.02	11.05	8.77
26	DOF	L	CIP Identified	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	1.52	2.30	2.37	2.19	0.78	0.76	0.71	0.85	0.63	0.44

RESPONSIVE						Q1	Q2	Q3	Q4	Nov	Dec	Jan	Feb	Mar	Apr
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	84.7%	83.7%	85.8%	87.0%	85.8%	86.6%	86.6%	86.3%	88.0%	88.0%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	3.02%	3.36%	1.50%	2.06%	2.17%	1.40%	1.81%	1.73%	2.61%	2.21%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	4	9	3	24	2	1	6	6	12	8
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	1	0	1	13	0	0	9	4	0	0
33	COO	NT	12 Hour Trolley Waits	0	>0	0	0	0	1	0	0	0	1	0	0
34	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	16.6%	16.7%	15.4%	14.5%	15.0%	15.0%	14.4%	14.4%	14.6%	13.7%
35	COO	L	GP Direct Admits to SAU	>=168	<168	470	583	489	355	131	127	97	113	145	134
36	COO	L	GP Direct Admits to MAU	>=84	<84	190	353	286	40	21	51	5	19	16	27
37	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	6.2%	5.7%	5.2%	4.4%	4.3%	4.7%	4.6%	4.8%	3.9%	2.9%
38	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	5.0	4.9	4.5	5.2	4.5	4.7	5.0	5.3	5.3	4.9
39	COO	LC	Number of medical outliers - median	<=25	>=30	24	25	34	54	32	41	63	50	48	45
40	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	91.1%	92.4%	92.4%	90.5%	91.9%	93.2%	90.1%	91.1%	90.4%	92.5%
41			% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	98.3%	97.5%	97.4%	96.4%	98.3%	92.7%	97.1%	95.8%	95.9%	100.0%

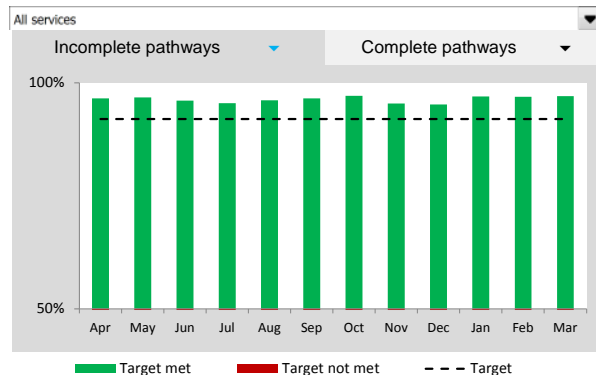
SAFE					Q1	Q2	Q3	Q4	Nov	Dec	Jan	Feb	Mar	Apr	
42		SOF	C Diff variance from plan	TBC	TBC	-3	1	0	-3	-1	-1	-1	0	-2	3
43		SOF	C Diff infection rate	<=10.9	>10.9	5.3	12.6	10.8	5.3	5.4	5.4	5.1	11.3	0.0	26.3
44		SOF	E.coli bacteraemias attributable to Trust	TBC	TBC	14	18	8	13	4	2	5	3	5	Lag (1)
45	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	1	0	0	0	0	0	0	0	0
46		SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	2	7	6	4	1	1	1	1	2	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	1	0	2	0	0	0	0	2
49	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	1	1	0	0	0	0	0	0	0	1
50	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	79.8%	79.5%	87.7%	92.5%	90.4%	91.8%	91.8%	92.8%	93.0%	Lag (1)
51	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	11	5	8	10	4	2	6	2	2	1
52	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)	0	>0	0	0	0	1	0	0	1	0	0	0
53	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 2)	<=2	>2	1	6	4	4	2	1	1	2	1	1
54	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	38	36	35	33	36	38	35	35	28	35
55	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	15	7	19	14	10	4	8	4	2	2
56	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	93.8%	93.1%	93.1%	97.1%	94.3%	92.2%	97.1%	96.9%	97.2%	97.3%
57	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=15.2%	>=16.2%	15.5%	13.2%	16.6%	16.2%	15.7%	18.9%	16.0%	14.5%	18.0%	17.0%
58	HRD	NR	Midwife to birth ratio	<1:29.5	>1:35	1:29	1:31	1:31	1:29	1:30	1:28	1:30	1:27	1:30	1:28

WELL LED						Q1	Q2	Q3	Q4	Nov	Dec	Jan	Feb	Mar	Apr
59	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=20%	<=15%	18.6%	17.0%	9.2%	8.4%	4.7%	11.2%	8.5%	9.5%	7.2%	6.8%
60	DON	NT	FFT Response Rate for Inpatients	>=40%	<35%	44.1%	42.2%	34.8%	35.2%	40.4%	25.3%	33.2%	37.8%	34.7%	32.9%
61	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	19.9%	13.4%	21.5%	16.7%	27.1%	32.0%	21.9%	14.2%	13.9%	15.3%
62	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	11.5%	11.5%	11.5%	12.0%	11.4%	11.9%	12.0%	11.9%	12.0%	12.0%
63	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	3.9%	3.8%	4.1%	4.5%	4.1%	4.2%	4.6%	4.4%	4.6%	4.1%
64	HRD	LC	Vacancy Rate	<=4%	>5%	5.9%	5.4%	4.8%	4.9%	4.8%	4.6%	5.3%	4.9%	4.6%	6.7%
65	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	1.9%	1.4%	2.0%	1.5%	2.2%	1.8%	1.5%	1.3%	1.7%	2.4%
66	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	TBC	TBC	3.3%	2.7%	3.2%	2.9%	3.9%	2.2%	1.9%	2.9%	3.8%	5.0%
67	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	84.7%	85.8%	84.1%	81.7%	83.6%	84.5%	82.6%	82.6%	80.1%	81.1%
68	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	85.6%	86.2%	86.5%	91.7%	86.0%	85.9%	91.6%	92.4%	91.0%	89.6%
69	DOF		Information Governance Breaches	TBC	TBC	43	39	35	47	18	8	18	10	19	20
70	HRD	LC	Mandatory training	>=90%	<80%	87.6%	87.7%	87.4%	88.3%	87.4%	87.6%	88.2%	88.3%	88.3%	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

Well Led Seasonal Targets					
Q1	Q2	Q3	Q4	18/19	
Sickness (%)	3.20%	3.26%	3.67%	3.87%	3.50%
Vacancy Rate (%)	4.75%	4.50%	4.25%	4.00%	4.00%
Appraisal Rate (%)	86.00%	88.00%	90.00%	90.00%	90.00%

RTT

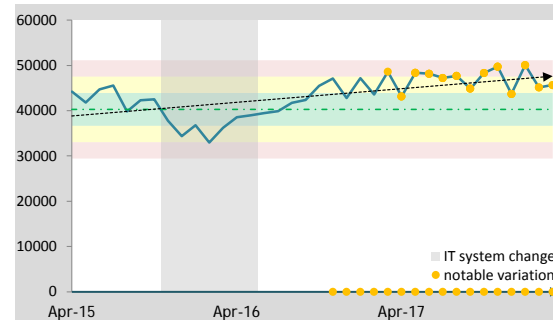


Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	89%	114
Continence - Adult	100%	1
LD	75%	13
Outpatient Physio	99%	44
Podiatry	99%	7
Wheelchair service	91%	20
WON	98%	10

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 ↑ 13% Contacts ↑ 8%

Bed Based Intermediate Care	↑ 92%
Diabetes	↑ 52%
Speech and Language Therapy	↑ 24%
MIU	↓ -11%
Fracture Clinic	↓ -9%
Dietetics	↓ -7%

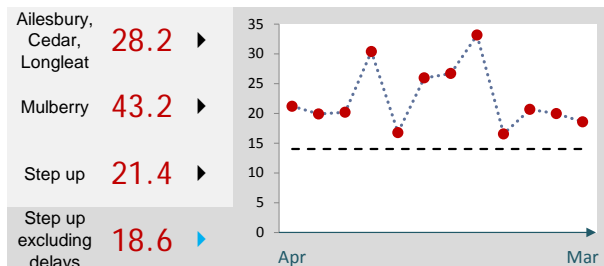
LD and Wheelchair services data excluded in this view of overall activity as not comparable pre and post system migration. Old Wheelchair service system recorded each work request as a separate referral. See explanatory notes for notable variation guidance. No longer reporting Inpatient therapy contacts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

Inpatient assessments

MRSA	✓ 99%
VTE	✓ 100%
VTE prophylaxis	✓ 100%
MUST	✓ 98%
PURAT	✗ 92%
Falls	✓ 95%
Dementia	✓ 100%

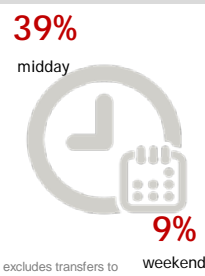
PURAT - Unusually low performance. Some missed the target time by a small margin. All were completed. Performance will be monitored.

Mean Inpatient Length of Stay



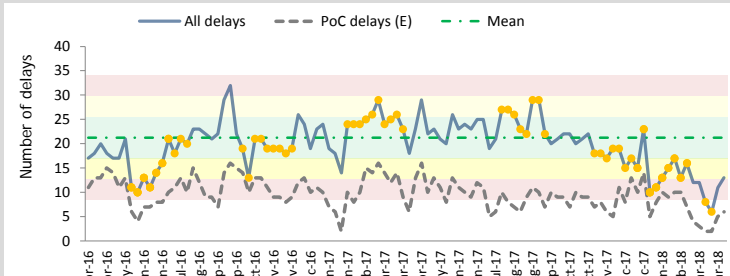
Improvement in our DToc position is not yet evident in the length of stay data. For more detail around our LoS see the inpatient data sheet.

Discharge timings



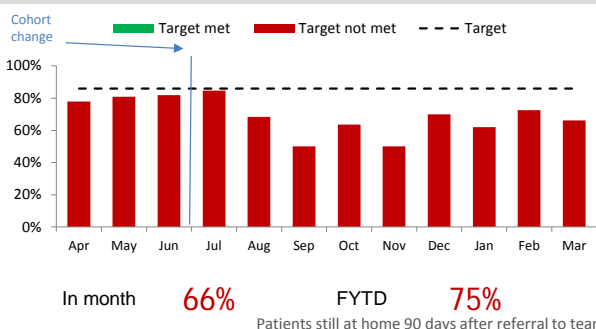
Care providers including homes are reluctant to take patients at weekends.

Delayed Transfers of Care



Recent improvement in DToc position. See explanatory notes Activity for notable variation guide.

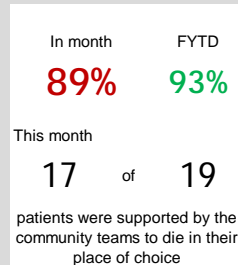
Community teams 90 day reablement



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 - slow to increase, System change is needed to support this in future.

End of life support

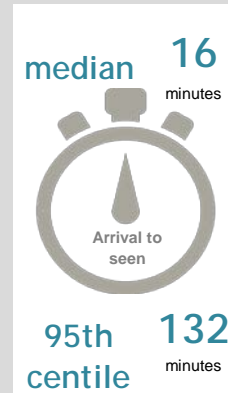


Strong performance year to date

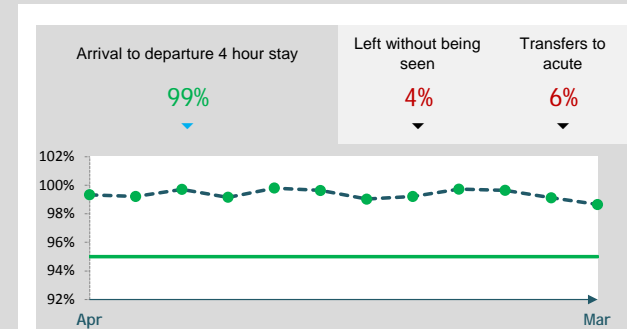
Funding reviews*

In month	FYTD
CHC 3 month	
Completed 0	N/A
Due 0	
CHC Annual	
Completed 6	86%
Due 7	
FNC	
Completed 0	N/A
Due 0	
No list received from CCG re CHC/FNC reviews due	

MIU waiting times



MIU performance



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.