

Report to:	Public Board of Directors	Agenda item:	14
Date of Meeting:	25 July 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 2 Appendix 2: WH&C Performance Dashboard Summary – Month 2 (May 2018) Appendix 3: 6 Week (DMO1) Performance Improvement Briefing

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 June 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 June 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 been agreed with CCGs and A&E Delivery Board. 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 85.8% below both the 95% national standard and the improvement trajectory target (87%). This was a reduction in performance from April. • RTT incomplete pathways in 18 weeks at 87.1% below the 92% national standard but delivering the improvement trajectory target. The RUH reported five RTT 52 week breaches, treated in month. • Diagnostic tests – 6 week wait 5.97% failing the national standard of 1%. This was a decline in performance from May, with significant numbers of breaches within Radiology. • Cancer performance in June was strong with all targets passing the national standards. • C-Difficile infection 72 hours post admission, 0 cases in June. <p>The Wiltshire Health and Care performance summary for month 2 is attached for information.</p>

3.	Legal / Regulatory Implications
None in month.	

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

5.	Resources Implications (Financial / staffing)

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

7.	References to previous reports
Standing agenda item.	

8.	Freedom of Information
Public	

Royal United Hospitals Bath



NHS Foundation Trust

Operational Performance Report – June 2018



NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Target	Performance Indicator	18/19		Triggers Concerns
		May	June	
SOF	Four hour maximum wait in A&E (All Types from April 2014 onwards)	87.3%	85.8%	
	C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	0	0	
SOF	RTT - Incomplete Pathways in 18 weeks	87.2%	87.1%	
	31 day diagnosis to first treatment for all cancers	100.0%	97.6%	
	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	95.7%	95.3%	
	2 week GP referral to 1st outpatient - breast symptoms	95.1%	93.9%	
SOF	62 day referral to treatment from screening	100.0%	100.0%	
SOF	62 day urgent referral to treatment of all cancers	87.3%	87.9%	
SOF	Diagnostic tests maximum wait of 6 weeks	3.98%	5.79%	

This report provides a summary of performance for the month of June 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 June three SOF operational metrics triggered concerns: 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. 4 hour improvement trajectory for 2018/19 has been agreed with CCGs.



4 Hour Maximum Wait in ED (1)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	June 18	Qtr 1	Full Year 2018/19
All Types	85.8%	84.6%	84.6%
RUH Footprint (Including MIU)	90.1%	89.3%	89.3%

Table 2: Emergency Department Quality Indicators:

Title	Month	Quarter	Year
	June-18	1	2018/2019
Unplanned Re-attendance Rate	0.3%	0.4%	0.4%
Total Time in ED - 95th Percentile	444.0	494.0	494.0
Left Without Being Seen	2.3%	2.3%	2.3%
Time to Initial Assessment - 95th Percentile			
Time to Treatment - Median	66.0	64.0	64.0
ED Attendances (Type 1)	6364	18869	18869
ED 4 Hour Breaches (Type 1)	1038	3348	3348
ED 4 Hour Performance (Type 1)	83.7%	82.3%	82.3%
Ambulance Handovers within 30 minutes	100.0%	100.0%	100.0%
ED Friends and Family Test	96	97	97

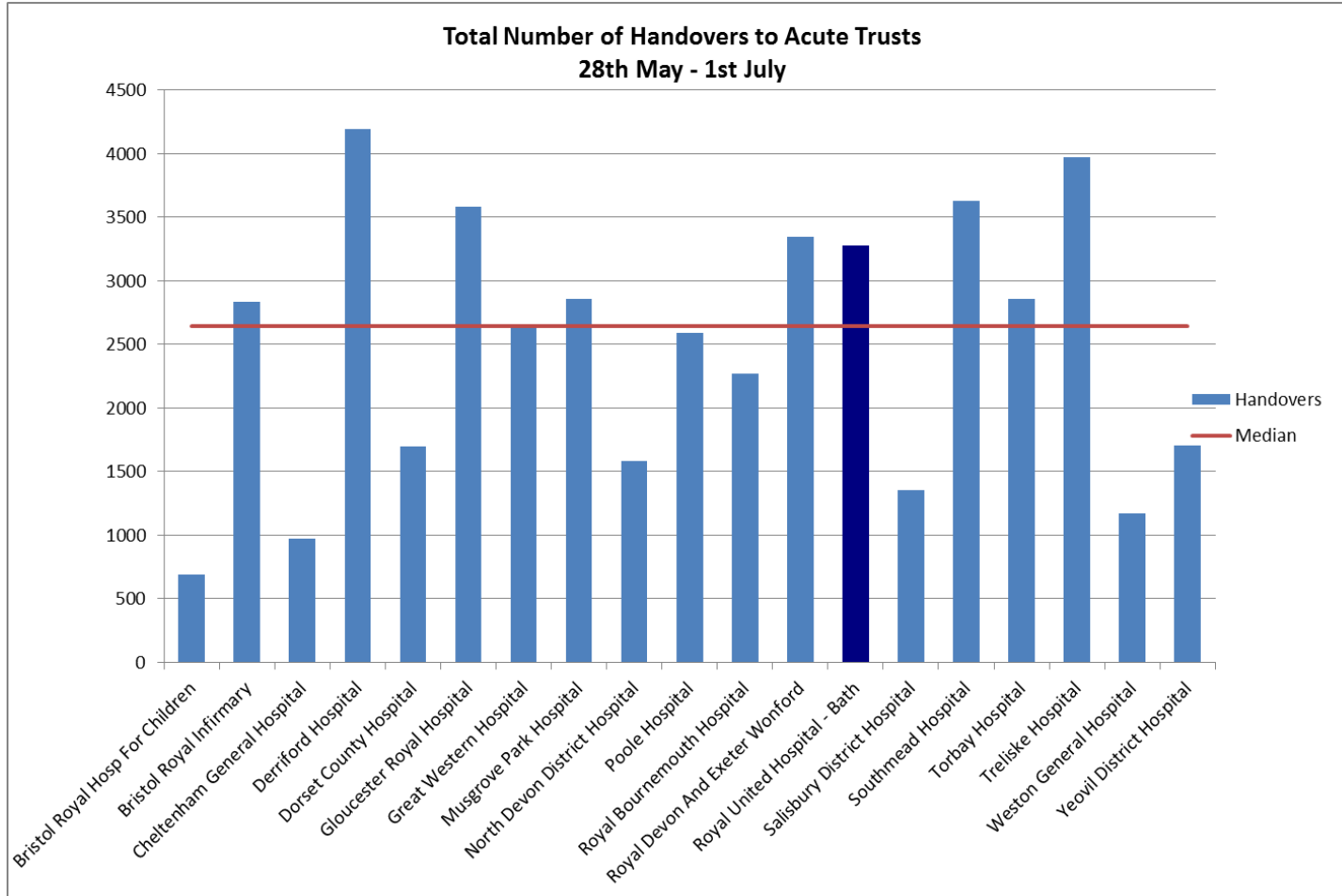
Table 1:

- During June the “all types” performance was 85.8%, below the 95% standard with a total of 1040 breaches in the month.
- RUH 4 hour footprint performance, including MIU activity, has now been added to table 1.

Table 2:

- Reporting against ED Clinical Quality indicators has been reviewed in May. Data entry concerns have been raised which affect the accuracy of time to assessment, First Net system improvements have been implemented in June. Data quality is being monitored and the Trust will not report performance against this indicator until this work is completed. Time to treatment remains within the national standard.
- 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 SWASFT.

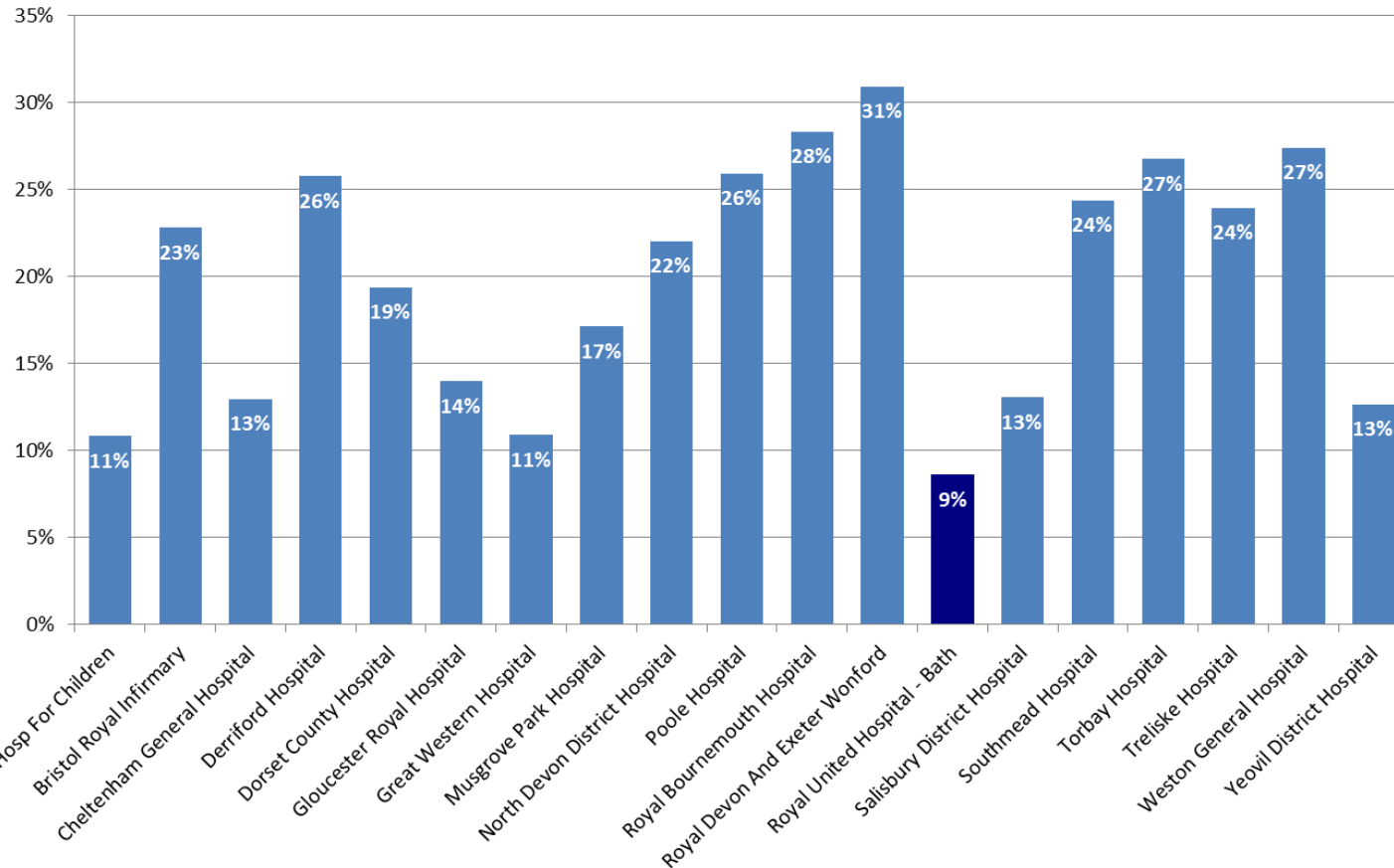
The RUH had 3,263 ambulance handover's in the five week period (687 over the median)

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



SWAS Ambulance Handovers to ED over 15 minutes (3)

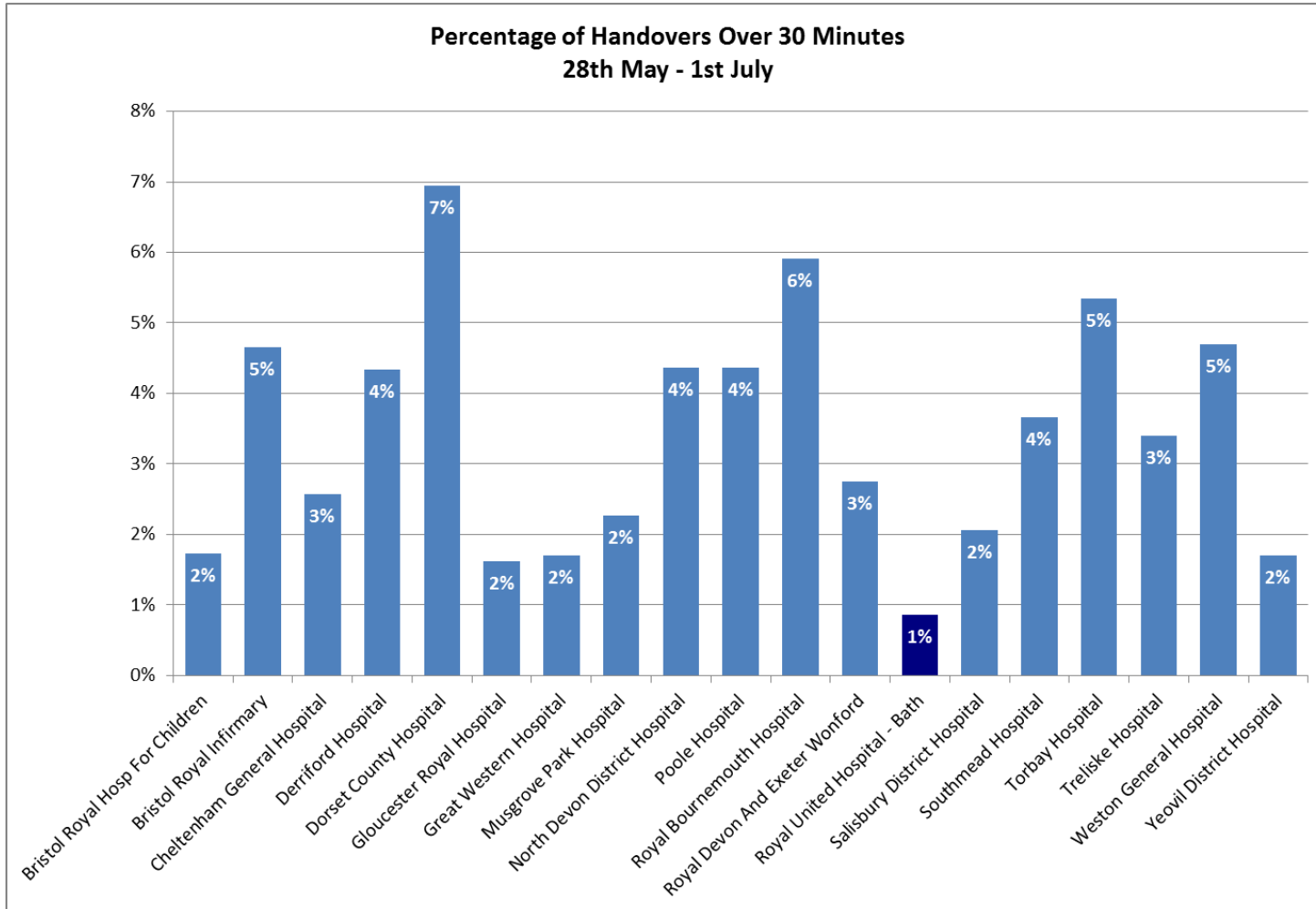
Percentage of Handovers Over 15 Minutes
28th May - 1st July



SWASFT are unable to accept data challenges for 15 minute handover breaches from Trusts, due to analyst capacity.

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

SWAS Ambulance Handovers to ED over 30 minutes (4)



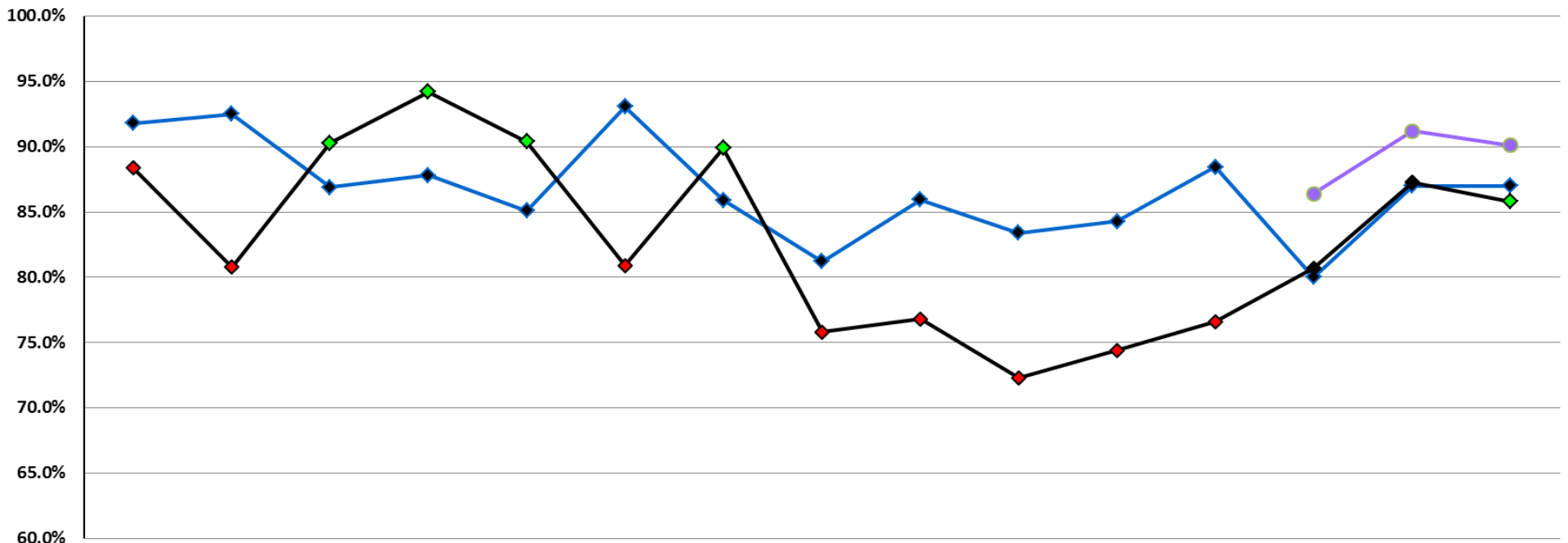
RUH provide SWASFT will data challenges on reported 30 minute breaches.

This process accounts for the small difference between RUH and SWASFT reporting on 30 minute ambulance handovers.

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

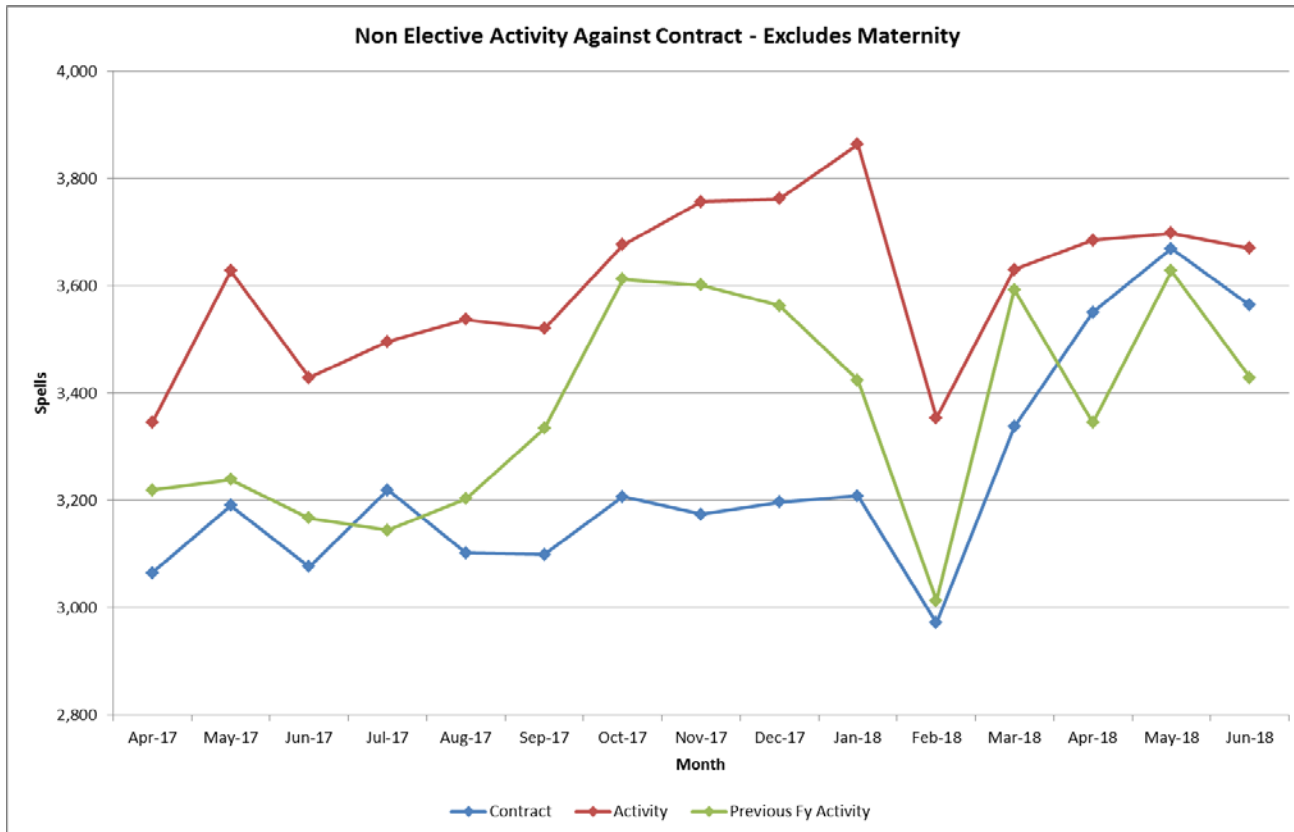
4 Hour Maximum Wait in ED – Improvement Trajectory (5)

RUH ED 4 Hour Performance Target Trajectory



	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	May-18	Jun-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%	80.0%	87.0%	87.0%
RUH All Types Performance	88.4%	80.8%	90.3%	94.2%	90.4%	80.9%	89.9%	75.8%	76.8%	72.3%	74.4%	76.6%	80.7%	87.3%	85.8%
RUH Footprint (Including MIU)													86.4%	91.2%	90.1%

Activity Levels (1)



In June 2018 the non elective activity was 7.0% above June 2017 (excluding Maternity). Emergency department (ED) attendances were 7.3% above June 2017.

Bed Pressures as a result of activity:

- Total Escalation Beds peaked at 13 with an average of 2.
- Medical Outliers peaked at 42 with a median of 22.

In June the Trust capacity was impacted by bed closures for bariatric patients and infection.

- The max number of beds closed was 33 and the average per day closed was 9



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	2017 YTD	Apr-18	May-18	Jun-18	YTD
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	3,550	3,670	3,564	10,784
	Activity	3,345	3,628	3,429	3,496	3,537	3,520	3,676	3,757	3,762	3,864	3,354	3,630	42,998	3,685	3,698	3,670	11,053
	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	3,345	3,628	3,429	10,402
	Variance vs Contract	9.2%	13.7%	11.5%	8.6%	14.0%	13.6%	14.6%	18.4%	17.7%	20.4%	12.9%	8.8%	13.6%	3.8%	0.8%	3.0%	2.5%
	Variance vs Previous Fy	3.9%	12.0%	8.3%	11.2%	10.4%	5.6%	1.8%	4.3%	5.6%	12.9%	11.3%	1.0%	7.2%	10.2%	1.9%	7.0%	6.3%
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	1,346	1,392	1,351	4,088
	Activity	1,269	1,415	1,299	1,327	1,308	1,302	1,394	1,405	1,414	1,469	1,206	1,337	16,145	1,341	1,411	1,396	4,148
	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	1,415	1,299	3,983
	Variance vs Contract	18.2%	26.7%	20.5%	17.8%	20.1%	20.0%	24.2%	26.7%	26.3%	30.8%	16.2%	14.8%	21.9%	-0.3%	1.4%	3.3%	1.5%
	Variance vs Previous Fy	10.6%	22.2%	16.0%	18.7%	16.9%	9.1%	9.3%	9.0%	8.3%	19.1%	12.9%	-1.3%	12.3%	5.7%	-0.3%	7.5%	4.1%
NHS SOMERSET CCG	Plan	431	448	432	452	436	435	450	446	449	451	417	469	5,317	495	512	497	1,504
	Activity	473	491	479	477	489	509	495	537	504	574	508	524	6,060	527	525	492	1,544
	Previous Fy Activity	452	440	451	443	459	433	548	523	514	428	412	509	5,612	473	491	479	1,443
	Variance vs Contract	9.9%	9.5%	10.8%	5.5%	12.2%	16.9%	9.9%	20.4%	12.2%	27.3%	21.7%	11.8%	14.0%	6.4%	2.6%	-1.0%	2.6%
	Variance vs Previous Fy	4.6%	11.6%	6.2%	7.7%	6.5%	17.6%	-9.7%	2.7%	-1.9%	34.1%	23.3%	2.9%	8.0%	11.4%	6.9%	2.7%	7.0%
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	Plan	139	144	139	146	141	140	145	143	145	145	134	150	1,712	172	178	173	522
	Activity	155	173	160	170	182	163	187	181	173	168	142	164	2,018	177	196	176	549
	Previous Fy Activity	152	147	118	127	149	131	151	146	145	169	132	174	1,741	155	173	160	488
	Variance vs Contract	11.6%	19.7%	14.8%	16.7%	29.0%	16.2%	28.9%	26.4%	19.5%	15.7%	6.0%	9.2%	17.9%	2.9%	10.3%	1.9%	5.1%
	Variance vs Previous Fy	2.0%	17.7%	35.6%	33.9%	22.1%	24.4%	23.8%	24.0%	19.3%	-0.6%	7.6%	-5.7%	15.9%	14.2%	13.3%	10.0%	12.5%
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	1,363	1,408	1,368	4,139
	Activity	1,257	1,361	1,303	1,313	1,362	1,358	1,431	1,436	1,480	1,498	1,339	1,510	16,648	1,441	1,385	1,469	4,295
	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	1,361	1,303	3,921
	Variance vs Contract	6.2%	10.4%	9.6%	5.5%	13.8%	13.3%	15.4%	16.8%	19.8%	20.8%	16.4%	16.8%	13.8%	5.7%	-1.7%	7.4%	3.8%
	Variance vs Previous Fy	6.0%	12.3%	9.1%	9.9%	12.4%	5.7%	5.1%	4.5%	10.9%	12.8%	12.6%	9.6%	9.2%	14.6%	1.8%	12.7%	9.5%
OTHER CCGs	Plan	238	248	239	251	241	241	250	248	249	250	232	261	2,948	175	180	175	530
	Activity	191	188	188	209	196	188	169	198	191	155	159	95	2,127	199	181	99	479
	Previous Fy Activity	282	282	284	261	264	292	276	269	264	266	212	177	3,129	191	188	188	567
	Variance vs Contract	-19.9%	-24.3%	-21.5%	-16.7%	-18.6%	-22.1%	-32.3%	-20.1%	-23.3%	-38.0%	-31.5%	-63.6%	-27.8%	14.0%	0.5%	-43.5%	-9.6%
	Variance vs Previous Fy	-32.3%	-33.3%	-33.8%	-19.9%	-25.8%	-35.6%	-38.8%	-26.4%	-27.7%	-41.7%	-25.0%	-46.3%	-32.0%	4.2%	-3.7%	-47.3%	-15.5%



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	May-18	Jun-18	YTD
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	7,359	7,173	21,692
	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	7,337	7,394	6,950	21,681
	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	6,951	6,754	20,122
	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%	2.4%	0.5%	-3.1%	-0.1%
	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%	14.3%	6.4%	2.9%	7.7%
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	2,610	2,544	7,694
	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	2,600	2,743	2,634	7,978
	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	2,624	2,553	7,462
	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%	2.4%	5.1%	3.5%	3.7%
	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%	13.8%	4.5%	3.2%	6.9%
NHS SOMERSET CCG	Plan £'000	830	861	832	864	850	835	863	844	862	863	789	879	10,171	954	981	956	2,892
	Income £'000	881	875	852	833	1,003	998	870	1,255	1,004	1,090	893	985	11,539	1,021	1,006	960	2,986
	Previous Fy Income £'000	776	769	862	655	831	729	721	811	841	841	725	893	9,453	881	875	852	2,609
	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%	7.0%	2.5%	0.4%	3.3%
	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%	15.9%	14.9%	12.6%	14.5%
NHS BRISTOL, NORTH SOMERSET, SOUTH GLOUCESTERSHIRE CCG	Plan £'000	281	291	281	291	288	282	291	284	291	291	265	295	3,429	321	330	321	972
	Income £'000	327	310	304	323	342	255	312	347	277	378	294	340	3,809	370	355	331	1,055
	Previous Fy Income £'000	274	276	222	220	222	208	237	222	236	306	242	292	2,959	327	310	304	941
	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%	15.2%	7.8%	2.9%	8.6%
	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%	13.1%	14.6%	8.7%	12.2%
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	2,872	2,800	8,469
	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	2,906	2,761	2,775	8,442
	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	2,746	2,606	7,828
	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%	3.9%	-3.9%	-0.9%	-0.3%
	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%	17.3%	0.6%	6.5%	7.8%
Other CCG'S	Plan £'000	715	744	718	749	727	722	747	736	745	747	688	771	8,807	550	565	551	1,666
	Income £'000	448	396	439	503	346	414	395	461	428	434	360	178	4,802	440	529	251	1,220
	Previous Fy Income £'000	575	557	611	580	529	578	529	622	505	556	418	615	6,676	448	396	439	1,282
	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%	-20.0%	-6.4%	-54.4%	-26.8%
	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%	-1.7%	33.6%	-42.8%	-4.9%



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
2017/18	31	12	1	0

April 18	5	0	2	1
May 18	0	0	0	0
Jun-18	0	0	0	0

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.

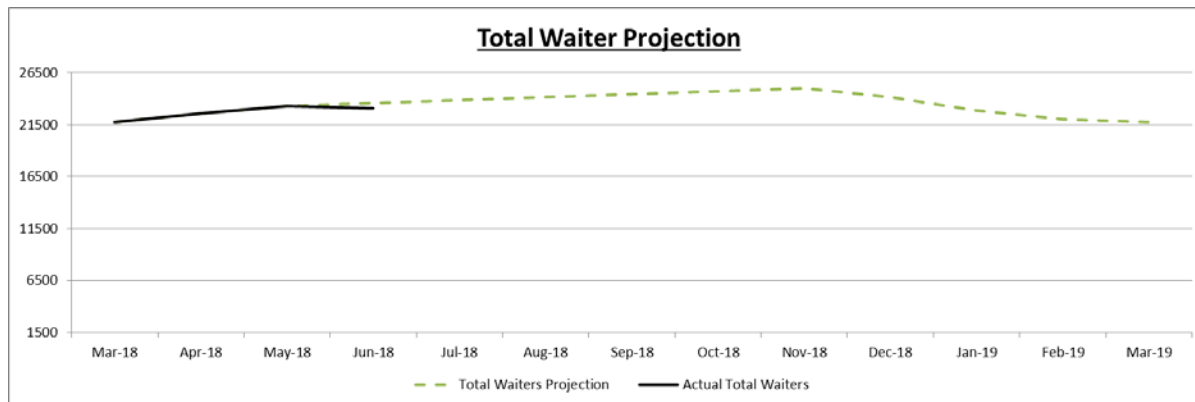
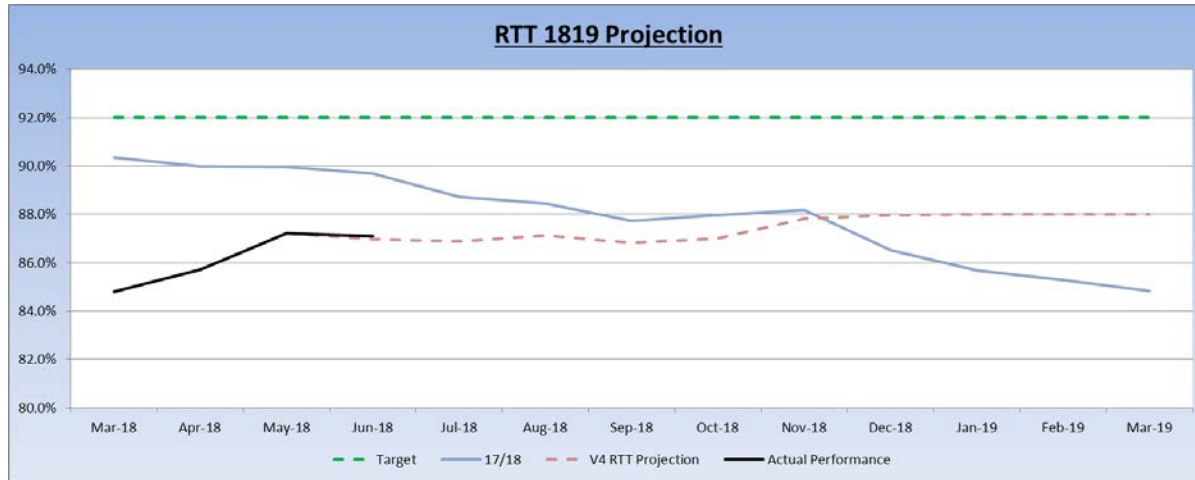
2018/19 - the RUH tolerance is 21 post 3 day C Diff cases.

- In June there were zero cases of C-Difficile
- 2 cases awaiting appeal response (April)
- 1 case await RCA (April)



Incomplete Standard: Trajectory (1)

RTT Incomplete Standard Improvement Trajectory:



- Performance against the incomplete standard of 92% was 87.1% in June, maintaining performance from May and achieving the improvement trajectory target. This compares with a National Incomplete RTT average performance of 87.1% (National average last reported in April 2018)
- 6 specialties did not achieve the constitutional standard in June. These were General Surgery, Urology, ENT, Ophthalmology, Oral Surgery and T&O.
- Of the failing specialties, General Surgery and ENT saw a decline in performance in June
- The over 18 week backlog for admitted patients reduced in month to 1,267 (5.3% decrease)
- The Trust did not cancel any patients in advance due to a lack of beds throughout June – as the previous month
- Performance against the projection for the total number of patients waiting for elective surgery and outpatients has been included
- The Trust has reported five 52 week breaches who stopped in the month of June. In 2018/19 the Trust has reported 15 52 week breaches in total



18 Weeks Incomplete Standard (2)

RTT Incomplete Open Pathway Performance by Specialty:

	Incomplete Pathways		
	Total Waiters	> 18 Weeks	Performance
100 - General Surgery	2548	390	84.7%
101 - Urology	923	127	86.2%
110 - T&O	1723	260	84.9%
120 - ENT	2059	351	83.0%
130 - Ophthalmology	2530	573	77.4%
140 - Oral Surgery	2452	632	74.2%
300 - Acute Medicine	174	8	95.4%
301 - Gastroenterology	2001	143	92.9%
320 - Cardiology	1965	157	92.0%
330 - Dermatology	997	27	97.3%
340 - Respiratory Medicine	465	11	97.6%
400 - Neurology	605	38	93.7%
410 - Rheumatology	1100	27	97.5%
430 - Geriatric Medicine	160	2	98.8%
502 - Gynaecology	1269	75	94.1%
X01 - Other	2083	155	92.6%
Total	23054	2976	87.1%

- In June, 304 patients were discharged through Chair port equating to 26% of all possible elective surgical patients
- 20 patients were cancelled on the day for non-clinical reasons, with no patient cancelled on the day due to a lack of beds
- In month performance improvements noted in, Urology, T&O, Ophthalmology, Oral Surgery, Neurology and Geriatric Medicine.

Actions taken in Month:

- The Trust continues to work with NHS England to provide an RTT recovery plan for GA dental procedures.
- 10 patients were treated through APO in June
- WLI outpatient clinics were provided across some specialties including ENT, Ophthalmology and Urology
- Improvement plans are in-place across the surgical specialities



18 Weeks – Incomplete Pathways >30 weeks (3)

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
100 - General Surgery	69	46	51	53	66	76	86	118	124	122	120	103	103
101 - Urology	16	23	22	25	23	15	15	33	46	46	30	26	17
110 - Trauma & Orthopaedic	73	57	49	43	30	36	32	44	42	52	41	40	34
120 - ENT	15	16	14	20	29	36	51	47	65	73	75	75	87
130 - Ophthalmology	13	13	15	23	25	25	76	127	184	187	134	140	156
140 - Oral Surgery	40	57	58	81	107	128	163	192	200	220	217	236	190
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	20	15	6	3	5	6	11	16	3	6	10	7	12
320 - Cardiology	36	38	31	37	8	4	6	4	6	6	6	9	11
330 - Dermatology	0	5	15	25	19	17	21	5	3	0	0	0	0
340 - Respiratory Medicine	0	0	0	0	1	0	1	0	0	0	0	0	0
400 - Neurology	0	0	0	0	0	0	0	0	0	0	0	1	1
410 - Rheumatology	3	3	4	1	0	3	2	3	5	9	3	1	2
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	3	1	1	1	3	1	0	1	1	3	2	6	5
X01 - Other	8	7	4	4	9	5	9	14	14	22	26	25	33
Open Pathways > 30 Weeks	296	281	270	316	325	352	473	604	693	746	664	669	651

- Incomplete pathways over 30 weeks have reduced in most specialties with the exception of Ophthalmology and Oral Surgery. Both specialties continue to have long waits for outpatients but recovery plans are in place for both areas



Cancer Access 62 days all cancers (1)

			Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
62 Day	Cancer Network	RUH	86.30%	86.70%	87.70%	86.80%	86.30%	87.20%	93.00%	87.60%	89.30%	82.20%	88.40%	87.90%
		UHB	74.70%	85.24%	80.50%	84.14%	88.40%	83.08%	77.99%	81.30%	87.30%	84.08%	Not yet available	Not yet available
		NBT	90.20%	87.30%	85.46%	86.42%	87.00%	87.04%	76.89%	83.30%	87.30%	84.50%	Not yet available	Not yet available
		Taunton	84.80%	84.18%	74.67%	73.65%	66.10%	84.46%	73.79%	76.10%	78.60%	75.50%	Not yet available	Not yet available
		Yeovil	84.30%	80.22%	42.86%	71.13%	77.40%	86.67%	87.27%	82.60%	90.12%	82.11%	Not yet available	Not yet available
		Gloucester	74.80%	80.13%	69.80%	71.62%	76.50%	73.36%	69.91%	79.10%	78.70%	80.49%	Not yet available	Not yet available
		Weston	77.00%	75.36%	63.80%	69.23%	57.10%	66.67%	77.78%	78.70%	65.50%	80.00%	Not yet available	Not yet available
	Other Local Trusts	GWH	76.00%	79.37%	74.60%	85.81%	84.56%	85.43%	83.59%	87.90%	90.00%	80.79%	Not yet available	Not yet available
		Salisbury	86.10%	89.08%	93.10%	84.26%	81.08%	82.76%	76.58%	77.70%	92.00%	87.83%	Not yet available	Not yet available
	National	England	81.40%	82.63%	82.03%	82.34%	82.48%	84.16%	81.15%	81.00%	84.70%	82.30%	Not yet available	Not yet available

- June performance was 87.9%, against the 85% target.
- Activity levels for June were at 99.5 cases with 12 breaches.



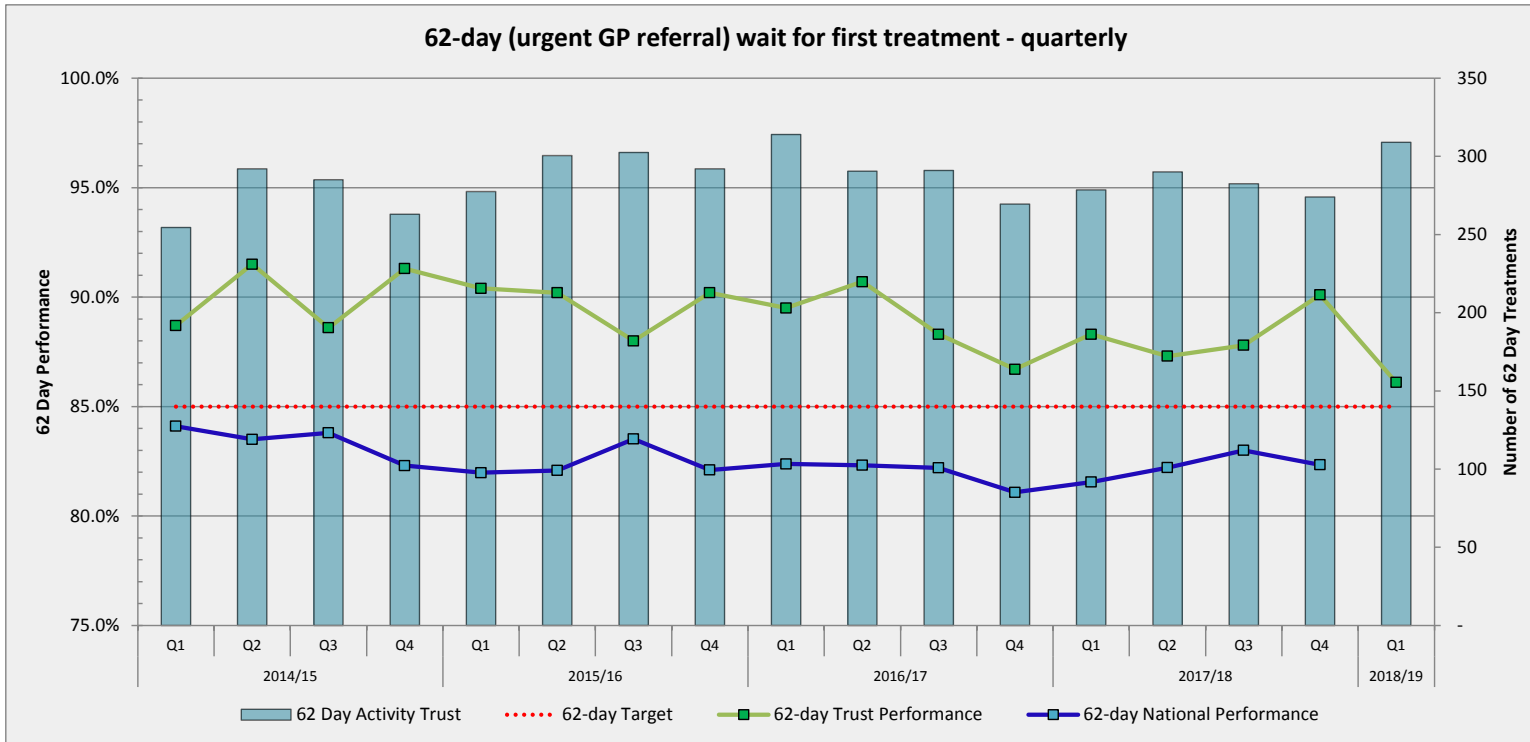
62 Day performance by Tumour Site (2)

Cancer Site	Indicator Description	2017/18										2018/19		
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Breast	Activity	20	20	23	14	24.5	18.5	11	16	6	24.5	26	14	15
	Breaches	0	0	1	2.5	1.5	0	0	0	0	0	1	0	0
	Performance	100.0%	100.0%	95.7%	82.1%	93.9%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	100.0%	100.0%
	Referral Conversion %	6.3%	12.6%	7.7%	13.2%	8.1%	2.8%	9.8%	5.8%	8.8%	9.3%	6.5%	5.8%	6.7%
Colorectal	Activity	9	10	8.5	10	8.5	7	11	8.5	4.5	15	11.5	8	9.5
	Breaches	3	4	3.5	2	2.5	1	3	1.5	1.5	3	5.5	0	2.5
	Performance	66.7%	60.0%	58.8%	80.0%	70.6%	85.7%	72.7%	82.4%	66.7%	80.0%	52.2%	100.0%	73.7%
	Referral Conversion %	6.4%	6.7%	5.1%	6.1%	3.2%	5.2%	8.3%	6.0%	6.3%	4.7%	5.4%	2.5%	0.8%
Gynaecology	Activity	6	5	5	4	10	6	6	5	7	7.5	5	2.5	5
	Breaches	1	1	0	1	2	0	0	0	1	0	0	0	0
	Performance	83.3%	80.0%	100.0%	75.0%	80.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%
	Referral Conversion %	6.0%	6.9%	7.8%	7.2%	3.1%	8.4%	7.1%	5.3%	8.0%	6.7%	2.1%	3.9%	4.0%
Haematology	Activity	4	4	5	7	5.5	4	8	7	4	7	6	6	4
	Breaches	0	0	1	0	1	0	1	0	1	0	0	0	1
	Performance	100.0%	100.0%	80.0%	100.0%	81.8%	100.0%	87.5%	100.0%	75.0%	100.0%	100.0%	100.0%	75.0%
	Referral Conversion %	33.3%	38.5%	60.0%	70.0%	37.5%	61.1%	60.0%	33.3%	33.3%	66.7%	50.0%	54.5%	11.1%
Head and Neck	Activity	7	6	2	1.5	2	4.5	6.5	6	2.5	4	7	3	2
	Breaches	3	0	1	0.5	1	0.5	0.5	2.5	0.5	2	2.5	2	0
	Performance	57.1%	100.0%	50.0%	66.7%	50.0%	88.9%	92.3%	58.3%	80.0%	50.0%	64.3%	33.3%	100.0%
	Referral Conversion %	4.8%	4.2%	2.6%	7.4%	5.4%	6.7%	7.1%	7.2%	6.2%	7.2%	0.0%	5.0%	0.9%
Lung	Activity	4.5	10	9	9.5	5	6.5	7	10	8.5	6.5	7.5	3	4.5
	Breaches	0	2.5	1.5	0.5	0	0	0.5	0	0.5	1.5	3.5	1	1
	Performance	100.0%	75.0%	83.3%	94.7%	100.0%	100.0%	92.9%	100.0%	94.1%	76.9%	53.3%	66.7%	77.8%
	Referral Conversion %	18.8%	31.0%	20.0%	38.2%	16.7%	43.5%	36.4%	32.0%	42.9%	31.3%	15.2%	26.5%	13.0%
Skin	Activity	18	16.5	27	21	23	24.5	16	38.5	10.5	17.5	24.5	23	28.5
	Breaches	1.5	2.5	4	1.5	1	3	2	3	1.5	0.5	0	1	2
	Performance	91.7%	84.8%	85.2%	92.9%	95.7%	87.8%	87.5%	92.2%	85.7%	97.1%	100.0%	95.7%	93.0%
	Referral Conversion %	8.8%	5.1%	8.3%	10.5%	8.9%	8.6%	9.5%	11.9%	8.5%	10.8%	9.9%	5.7%	1.3%
Upper GI	Activity	10.5	5	8	5	10	9	4	3.5	3	7.5	3	6.5	4.5
	Breaches	2.5	1	1	0	3.5	1	1.5	0	0	1.5	2	3	0
	Performance	76.2%	80.0%	87.5%	100.0%	65.0%	88.9%	62.5%	100.0%	100.0%	80.0%	33.3%	53.8%	100.0%
	Referral Conversion %	9.8%	8.8%	9.7%	11.4%	11.1%	5.6%	6.5%	5.6%	6.1%	6.7%	6.9%	8.8%	4.1%
Urology	Activity	21	18	20	16.5	9	20.5	12	22	19	13.5	16.5	35	24.5
	Breaches	5	2	1	1.5	0	5	1	2	2	0.5	3.5	6	5.5
	Performance	76.2%	88.9%	95.0%	90.9%	100.0%	75.6%	91.7%	90.9%	89.5%	96.3%	78.8%	82.9%	77.6%
	Referral Conversion %	14.0%	20.4%	12.5%	11.7%	14.7%	15.1%	14.3%	15.8%	19.8%	16.6%	13.7%	16.7%	6.3%

- 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 looking at streamlining the diagnostic pathway as part of the Cancer Transformation Fund Early Diagnosis work streams and more intensive cancer PTL management
- Performance in Head & Neck is also challenged with many patients having complex pathways, often requiring transfer between Trusts.

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.

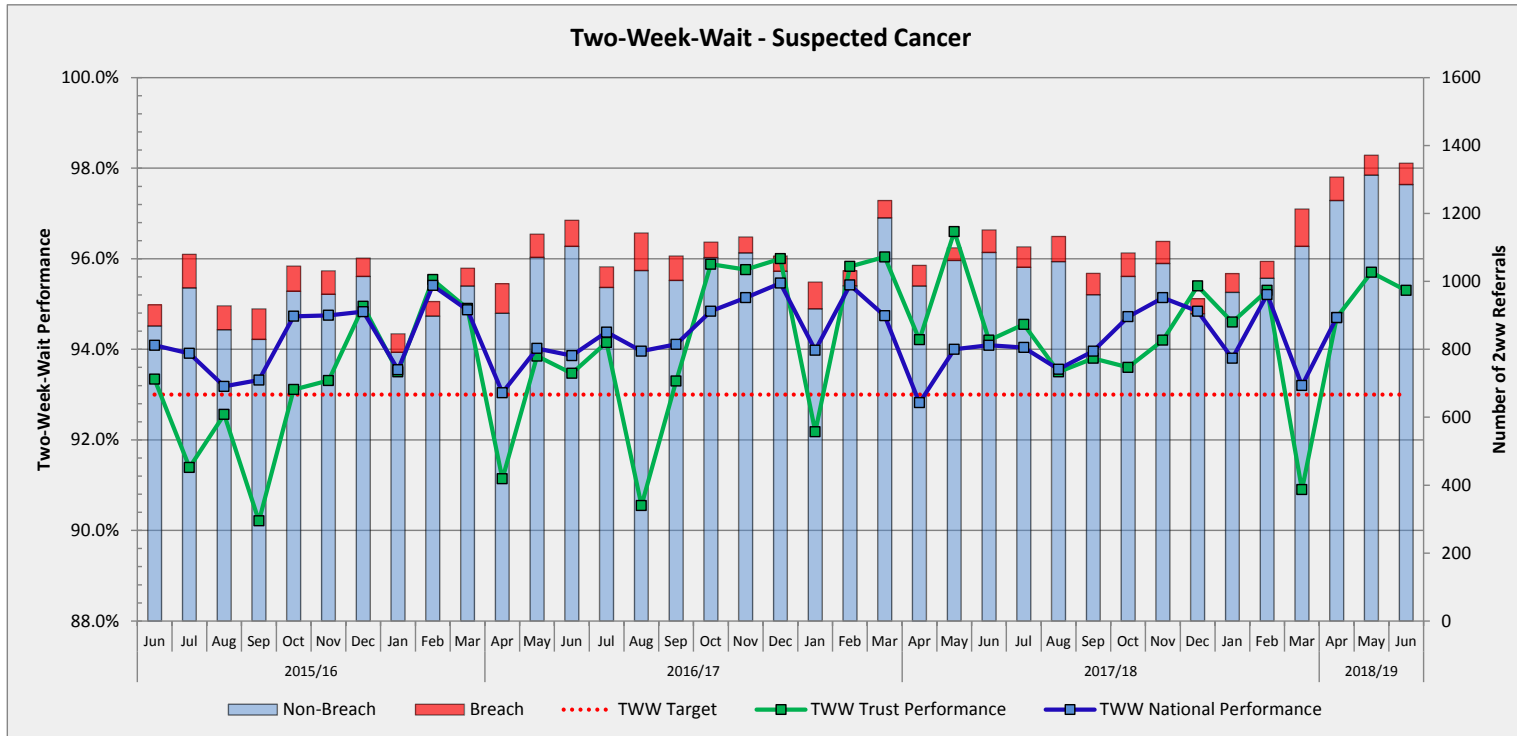
Q3 - 62 Day (urgent GP referral) wait for first treatment (3)



Trust performance passed the quarterly target in Q1 2018/19. The RUH continues to perform above the national average for the 62 day target, quarterly.

Weekly PTL meetings in key tumour sites and at divisional level are supporting target delivery.

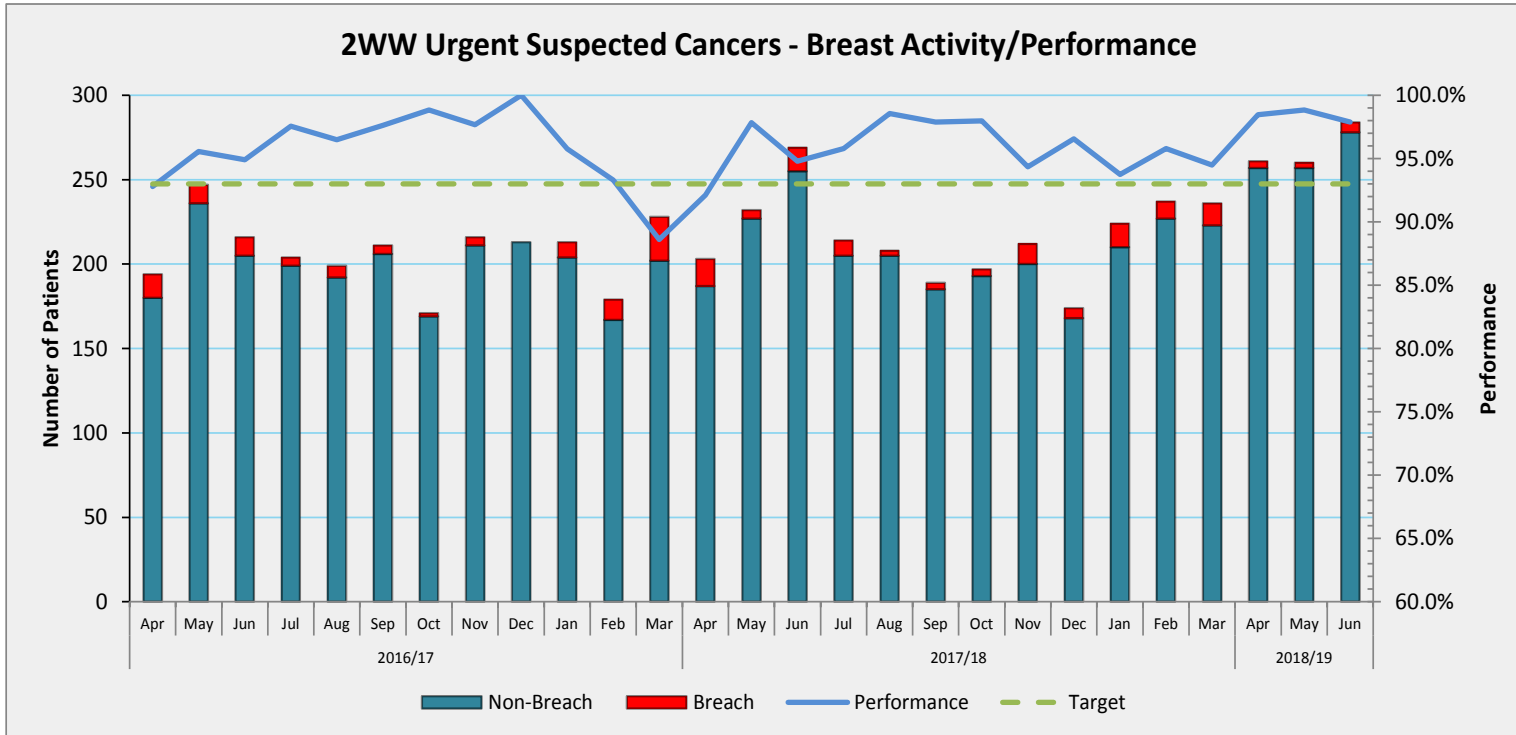
Cancer Access – 2 WW (4)



The 2ww suspected cancer target passed in June at 95.3%.
Activity was high at 1,348 appointments in month.

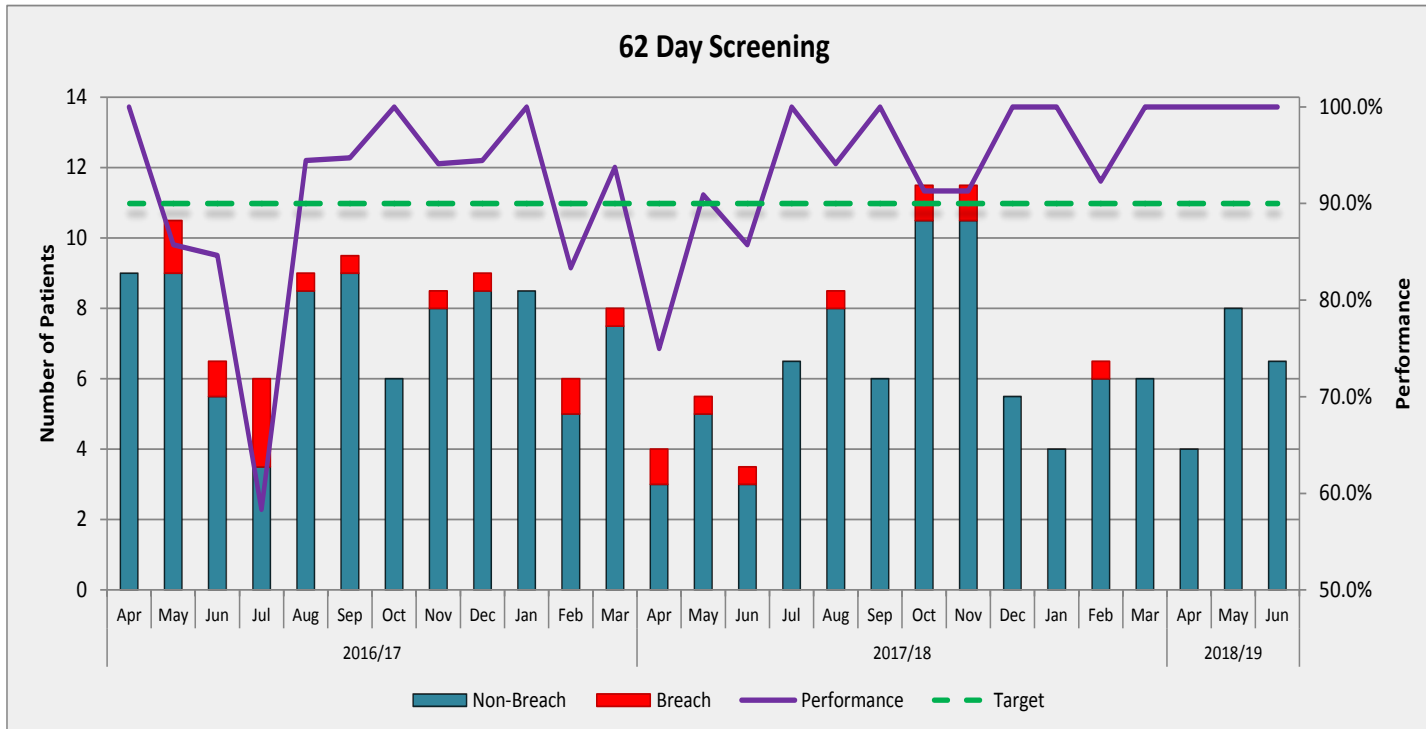
Please note: the graph has been updated to show the national 2ww performance (blue line) alongside the Trust's performance and activity split by non-breaches and breaches.

Cancer Access – 2 WW Breast Suspected Cancer (5)



The performance in June for Breast 2WW suspected cancer was 97.9%, above the 93% overall 2WW target.

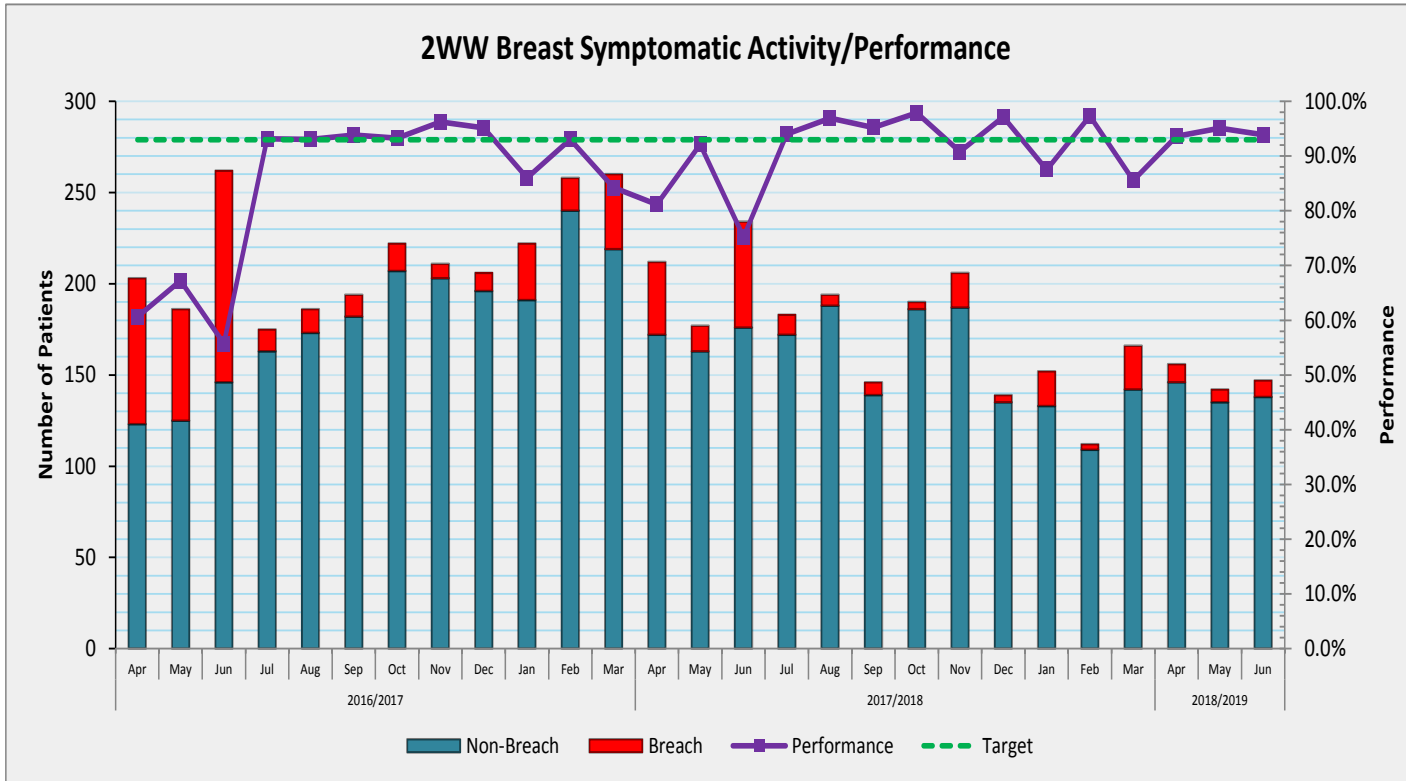
Cancer Access – 62 Day Screening (6)



In June, the Trust passed the 90% target, with performance at 100%.

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 June with performance at 93.9% against 93% target.

As performance has been delivered for the last three months, CCGs have been asked to remove the RAP.

Clinical triage of all referrals remains in place.

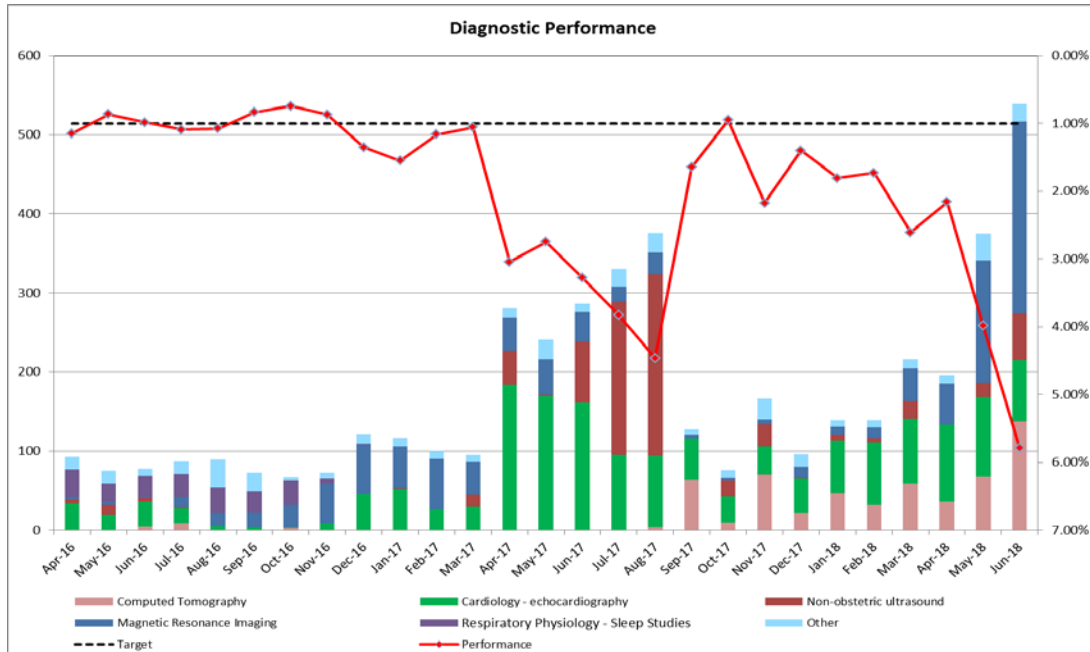
Additional Clinical Assistant capacity has been extended until the end of July 2018.

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.

A long term capacity plan is being drafted.



Diagnostics (1)



Diagnostic tests – maximum wait of 6 weeks.

June performance is reported as 5.79% against the $\leq 1.0\%$ indicator.

- MRI performance in June was impacted by machine breakdown leading to patient cancellations. Up to 50 patients cancelled per list. Due to capacity pressure appointments could not be rebooked within 6 weeks. The air handling unit failure resulted in cancellations last month, this further increased pressure on capacity in June. An external engineering review of the air handling units has been commissioned by Estates and Facilities within the Radiology Unit, to support improved reliability this is pending completion by August. MRI mobile van failure in June, losing two days of activity. 100 outsourced referrals were returned to Radiology due to reduced capacity at private providers. All these issues resulted in very poor performance in month.

- CT performance affected in month by machine down time. CT 3 is currently being commissioned and CT 1 will be replaced in the autumn which will increase reliability. Options to mitigate capacity are under review.

- The Cardiology department released consultants time to enable them to undertake additional specialist echo diagnostics. The focus has continued to be on the stress echo (DSE) which resulted in an overall echo breach reduction to 78 (from 100 in May). Plain echo breaches also occurred in month. It is anticipated that the cardiology diagnostic action plan will continue to deliver reductions in the level of echo breaches.

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	243
Computed Tomography	137
Non-obstetric Ultrasound	59
Barium Enema	0
DEXA Scan	0
Audiology - Audiology Assessments	9
Cardiology - Echocardiography	78
Colonoscopy	1
Flexi Sigmoidoscopy	1
Cystoscopy	5
Gastroscopy	6
Total (without NONC)	539

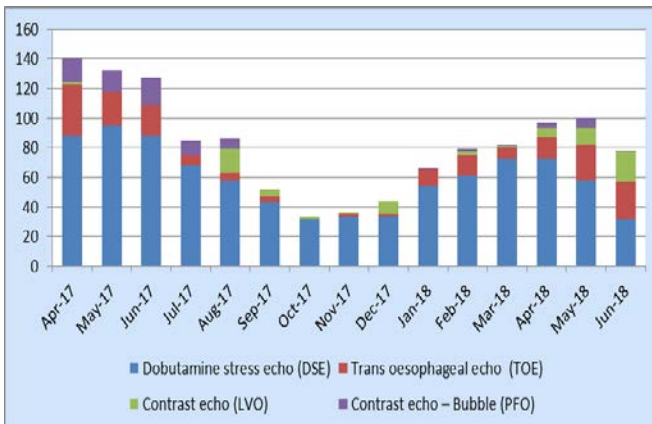


Diagnostics (2)

Key Recovery Plan Actions

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

Echo Type	
Cardiology DSE	32
Cardiology Bubble	1
Cardiology TOE / TEE	25
Plain Echo	20
TOTAL	78



Specialist Echo (58)

The actions put in place to increase capacity have helped to reduce the DSE diagnostic breaches from 58 at the end of May to 32 at the end of June. The anticipated trajectory is that this backlog will be cleared by the end of September. The TOE/TEE specialist diagnostic echo test breaches have maintained at 25 as capacity for this modality is also utilised for inpatient requests. Additional staff are also in training to be able to undertake TOE. As the DSE breach numbers fall further there will be opportunity to focus more on outpatient TOE/TEE echo tests.

Plain Echo (20)

The plain echo breaches in month are due to a combination of echo machine capacity being used for specialist echo diagnostics and reduced number of weekend session due to staff capacity.

Magnetic Resonance Imaging (243)

Cardiac referrals continue to increase with the cessation of certain “other” tests such as Myoview examinations previously undertaken in cardiology and nuclear medicine. In month pressures have been significant on MRI capacity as covered on slide 22.

Ultrasound (59)

Breaches due to part month cessation of consultant evening lists until BIP contract signed off in mid June. Contract now agreed with the re-instatement of evening lists booked in July.

Computed Tomography (137):

Request process issues following the Big 3 go-live continue and a risk has now been raised by the Medical Division. Action to resolve this issue continues. 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 Chiller failure continues to be problematic causing 50 patient cancellation for every day down.

Audiology (9)

Breaches continue to be a focus for the Surgical Division, staffing in the department has improved but breaches continue to occur.

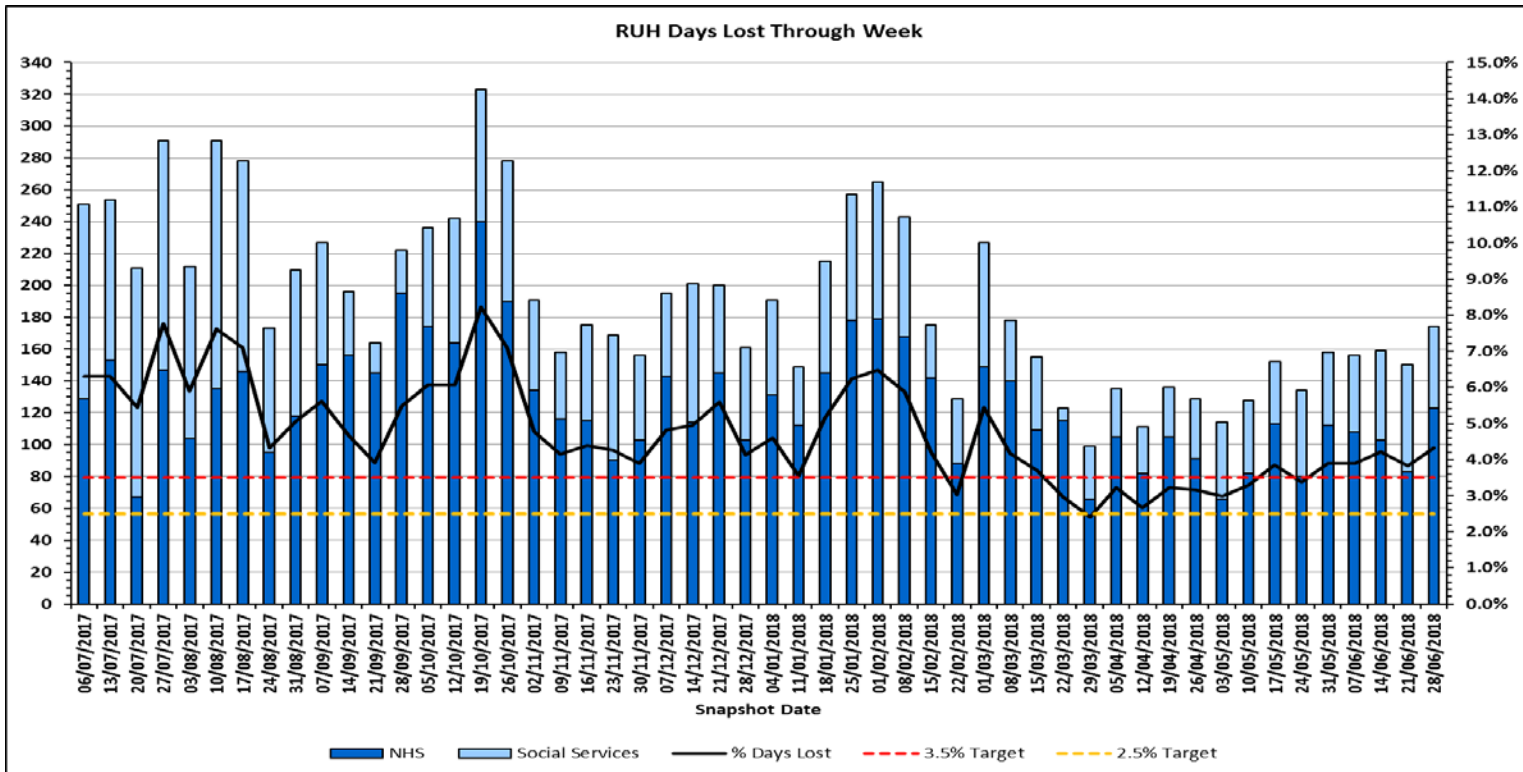
The Medical Divisional Manager in June has established a weekly DMO1 action group to update the RAP and ensure actions are in-place to deliver improved performance.



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 Commissioning CCGs				All CCGs			
	NHS	SS	Both	Total	NHS	SS	Both	Total	NHS	SS	Both	Total	NHS	SS	Both	Total	NHS	SS	Both	Total	NHS	SS	Both	Total
Number of Patients	2	5	0	7	5	0	0	5	12	4	0	16	0	0	0	0	1	1	0	2	20	10	0	30
Number of Delayed Days	102	89	0	191	70	33	0	103	250	103	0	353	0	0	0	0	21	13	0	34	443	238	0	681

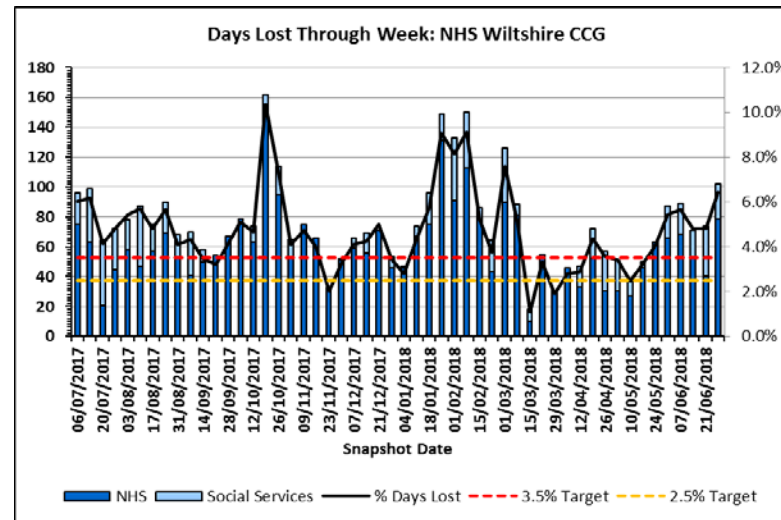
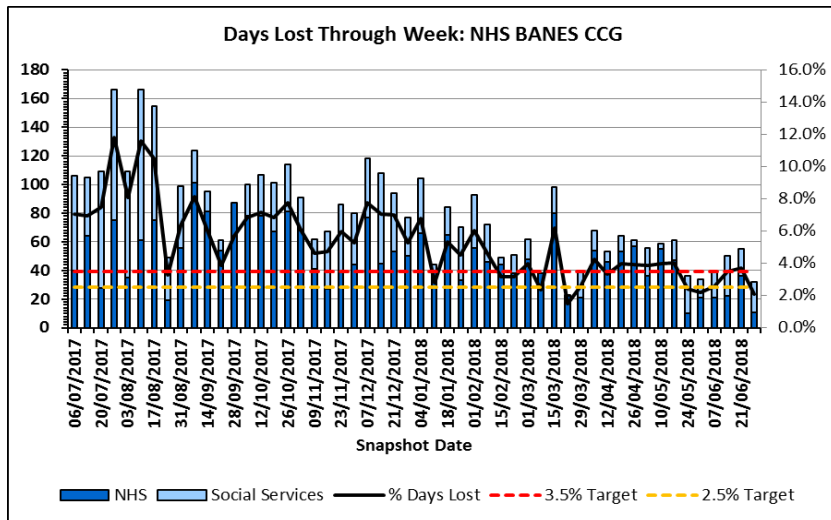
- The DTOC position by CCG is detailed in the table. 30 patients reported at the June month end snapshot and 681 delayed days (3.9%). This is above the national target set (3.5%).



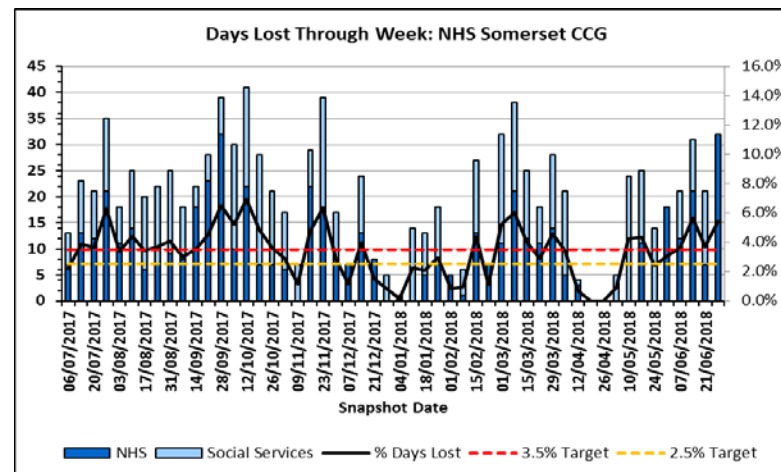
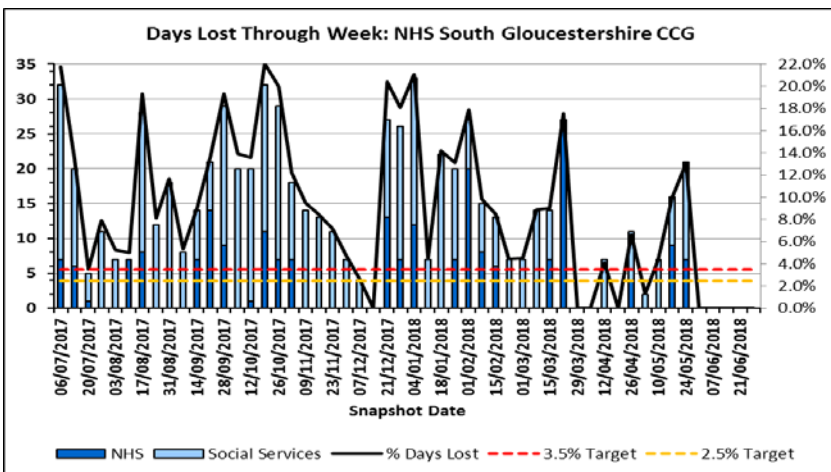
- The graph outlines the delayed days by week since June 2017.
- The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay).
- The DTOC position has been escalated to system partners, with a the most significant increase in delays seen in Wiltshire.



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.
- Actions to improve the Wiltshire CCG position on DTOCs and (+21 day LOS patients) have been a focus in June and this will continue in July.



Key National and Local Indicators

In the month of **June** there were 11 red indicators of the 70 measures reported, **5 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.



Effective

SOF X 15. Readmissions

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 37. Delayed Transfers of Care

Safe

SOF X 49 CAS Alerts
 X 51 Number of patients with falls resulting in serious harm
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 62 Turnover – rolling 12 months
 X 64 Vacancy Rate



X 15. Readmissions – Total

There were 536 readmissions (15.1%) in June (1.5% increase from May). The Medical Division increased from 16.6% to 18.4%, the Surgical Division increased from 11.8% to 13.2% and Women and Children's Division increased from 3.8% to 4.5%. The Clinical Outcomes Group continues reviews readmissions data and seeks to identify any particular diagnostic category or procedure group which is flagging as a concern. Specialties that have reviewed emergency readmissions include Urology, Trauma & Orthopaedics, Acute Medicine and Endocrine. The Trusts ambulatory care model will results in patients on ambulatory care pathways included in this data, with patients recorded as admissions.



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

There were 539 over 6 week waiters in June, equating to 5.79% against the $\leq 1.0\%$ indicator, rated red. Performance in June failed to meet the constitutional target. See slide 21 and 22 above.

X 30. RTT over 52 week waiters

There were 5 patients who have breached the 52 week standard for treatment in June, all . 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.

- Two in General Surgery - one due to lack of capacity and one administrative error
- Three in Ophthalmology – all to lack capacity as complex joint procedures with ENT

Robust PTL management remains in place and all possible actions are taken to prevent breaches.

X 34. % Discharges by Midday (Excluding Maternity)

In June 14.8% 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 37 Delayed Transfer of Care (Days)

There were 685 delayed days in June, which was 3.9% of the Trust's occupied bed days. There were 20 patients delayed in the month end snapshot. The IDS team are completing daily reviews of the +21 day super stranded patients and monthly expert panels have been established to increase system wide challenge to reduce delays.



X 49 CAS Alerts

There were 6 CAS alerts due for closure in June. Due to reduced capacity within the risk department the alerts were not closed within the expected timeframe on the alert web site. However, the issue was addressed through out June and Trust staff were contacted to provide updates on the progress of alert actions. The issue of outstanding alerts is not expected to continue into July.

- EFA/2017/002 Anti-Barricade Devices: Head of Risk and Assurance has requested further assurance before closing. Remains open pending update from security.
- The following alerts were made a priority for closure by end of July.
- MDA-2018-011 Bone cement by Biomet . Closed 03/07/2018
- EFN-2018-014 Reyrolle-LMT-Circuit Breaker. Closed 01/07/2018
- MDA-2018-012 BD Vacutainer Lithium Heparin Tubes . Closed 01/07/2018
- EFN-2018-10 Long & Crawford - RMU - T3GF3. Closed 01/07/2018
- EFN-2018-015 Reyrolle - ROKSSX 2 - Ring Main Unit. Closed 01/07/2018

X 51. Number of patients with falls resulting in serious harm (moderate, major)

In June there were three patients with falls resulting in serious harm. RCAs are being completed and considered at the Trust Falls group. All RCAs will also be reviewed at Operational Governance Committee.

- 1 Major (Cardiac)
- 2 Moderate (1 Midford and 1 Helena, although the Helena fall is pending SI review before confirmation)

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

In June the Emergency Caesarean Births as a % of labours reduced from 17.3% to 16.4%. The Women & Children’s Division will continue to monitor performance closely.



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

In June the FFT Response Rate for ED reduced to 6.8% from 8.0% in May and remains below the agreed target. The departments will focus on regaining performance across front door areas.

X 62. Turnover - Rolling 12 months

Trust Turnover rate 12.2% reported as red in June. Please see Well Led Slides below.

X 64. Vacancy Rate

Trust vacancy rate at 6.8% reported as red in June. Please see Well Led Slides below.

Well Led – Workforce

1. Summary & Exception Reports

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

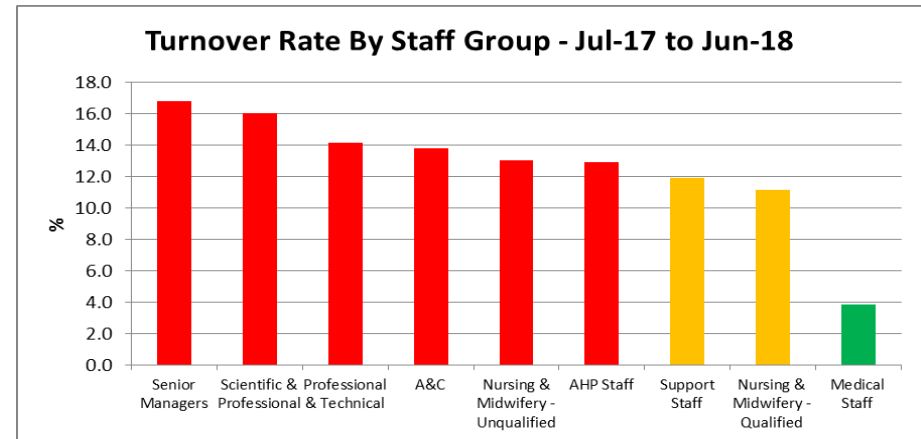
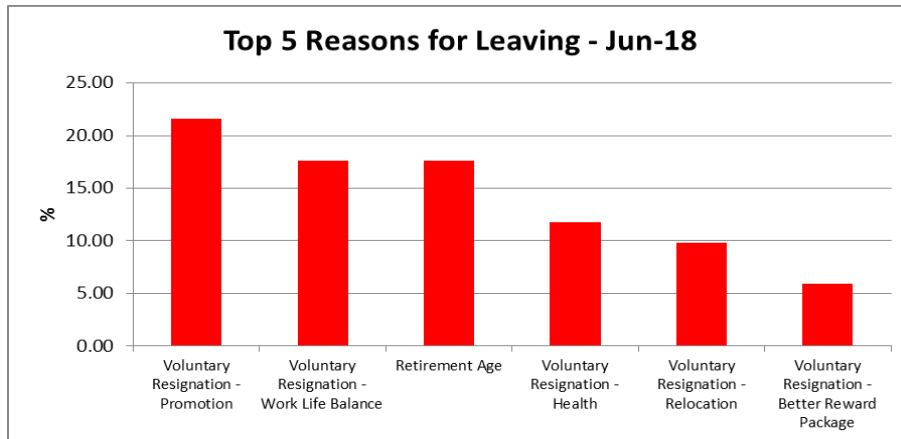
Workforce	May-18						Jun-18						Q1
	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust	Corporate	Facilities	Medicine	Surgery	Women & Childrens	Trust Target
Turnover (rolling 12 months %)	12.2	13.6	12.7	13.2	11.1	10.4	12.2	14.5	12.2	12.6	11.4	11.5	11.0%
Sickness Absence (%)	3.5	2.8	5.3	3.7	3.5	2.2	3.3	2.7	4.1	3.3	3.8	2.6	3.2%
Vacancy Rate (%)	6.5	7.3	11.7	5.5	6.5	4.8	6.8	7.9	10.6	6.5	6.4	5.5	4.8%
Agency Staff (agency spend as a % of total pay bill)	2.4	3.8	1.4	2.7	2.3	1.1	2.1	2.3	1.0	3.0	1.4	1.6	2.5%
Nurse Agency Staff (Reg Nurse agency spend as a % of total Reg Nurse pay bill)	4.9	7.0	-	6.9	4.1	1.2	4.4	3.1	-	6.6	3.4	1.4	3.0%
Staff with Annual Appraisal (%)	80.4	77.4	70.8	81.5	84.0	81.8	81.3	80.5	76.4	80.3	84.5	82.5	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 (%)	89.3	91.2	92.4	90.3	91.1	92.4	88.6	88.0	91.5	89.2	91.7	90.2	95.0%
Mandatory Training (%)	87.5	89.6	87.0	88.3	89.8	89.3	87.5	89.8	86.8	88.3	90.0	88.6	90.0%

Trends:

- Overall Turnover has remained stable at 12.2% this month and continues the wider trend of a gradual increase in Turnover percentage at the Trust over the past year.
- Sickness Absence has continued to decline, with the percentage for all Divisions marginally less than that at this point last year.
- The overall percentage of staff who have had an appraisal in the last 12 months has improved slightly this month (up 0.9% to 81.3%), but is down on last June's figure of 84.5%. Though improving to 76.4% this month, Facilities are the only Division who have a higher percentage than at this stage last year, but are still only just inside the 10% tolerance level for the Quarter 1 target of 86%. Other Divisions range from 1.2% to 5.8% down on last year.

Well Led – Turnover

2. Turnover

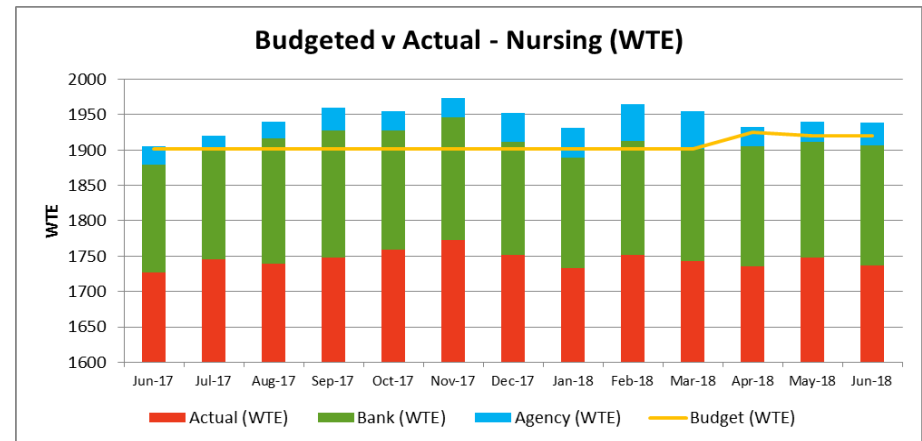
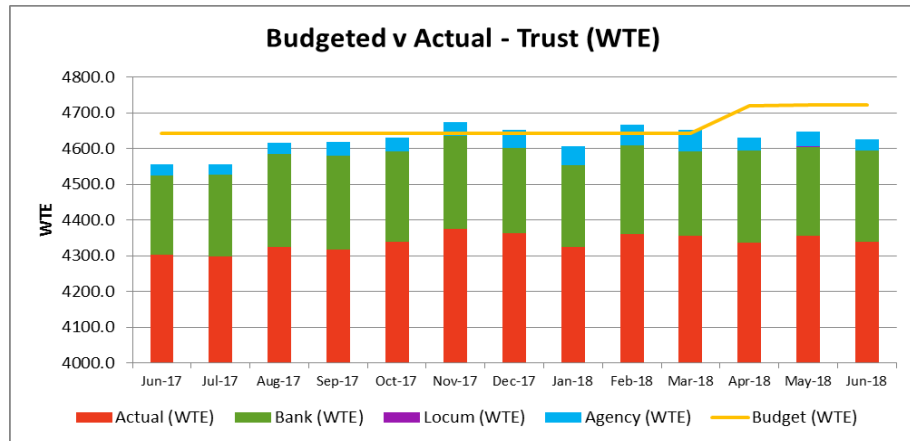


Performance in June, including reasons for the exception and actions to mitigate:

- As in May, Corporate Turnover has again risen after an earlier period of stability and now is 14.5%. This is a new high for the last 12 months, exceeding the previous peak of 13.9% in January.
- Although Turnover percentage for Women and Children's has been increasing since the low of 9.4% in January, a far steeper rise has been witnessed over the past two months with increases of 0.7% and 1.1% in May and June respectively.
- The steady increase in Turnover percentage for Medicine over the past year has stalled this month, dropping down 0.6% to 12.6%. However, this is 1.7% up on the 10.9% figure reported in June 2017.
- Despite this month's figure of 12.2% being up 0.7% on last June's Turnover figure for Facilities, there has been a downward trend in Turnover for the division since February where it peaked at 13.9%.
- The trend seen since December for Surgery's Turnover to remain relatively stable has continued this month, with the fluctuations across this period within a 0.5% range.

Well Led – Vacancy Rate

3. Vacancy



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

- The Resourcing team are working on a total of 420.55 wte vacancies, of which 202.34 wte are Registered Nurses/Midwives vacancies. A total of 206.26 wte new starters are in the pipeline with start dates from 1 July 2018 onwards, of which 85.16 wte are Registered Nurses/Midwives.
- The Nursing Recruitment open day held on the 26 June attracted 21 attendees, 9 candidates were interviewed on the day and 8 were made offers. Interviews are being arranged for candidates who were unable to attend the interview on the day.
- There are 242 nursing candidates in the international nurses recruitment pipeline, 9 of these are progressing to the final stages of the process, 74 are undertaking their English languages tests, whilst the remaining 159 are at the early stages. It is anticipated that the first intake of nurses will join the Trust in August or September this year.

Well Led – Nurse Agency Spend

4. Nurse Agency Staff

Performance in June, 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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Q1 Target
Budgeted Staff in Post (WTE)	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	4,721.8	4,721.8	
Contracted Staff in Post (WTE)	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	4,416.3	4,398.7	
Vacancy Rate (%)	5.7%	5.2%	5.2%	4.9%	4.8%	4.6%	5.3%	4.9%	4.6%	6.7%	6.5%	6.8%	4.0%
Bank - Admin & Clerical (WTE)	34.3	35.0	36.9	41.4	36.9	31.4	38.3	33.9	36.3	32.2	35.0	1 Month Lag	
Bank - Ancillary Staff (WTE)	33.7	33.0	30.9	31.0	26.0	26.9	29.9	28.7	30.0	33.3	31.9	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	176.4	179.6	168.5	173.6	160.0	156.7	161.2	158.4	169.3	163.5	169.7	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	1.0	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)	21.3	23.8	33.1	27.8	27.6	40.4	41.6	51.7	52.9	27.5	28.8	31.9	
Overtime (WTE)	90.8	92.1	98.2	101.4	99.0	78.9	95.4	86.6	99.6	89.7	92.3	1 Month Lag	
Sickness Absence Rate (%)	3.7%	3.8%	3.8%	3.8%	4.1%	4.2%	4.6%	4.4%	4.6%	4.1%	3.5%	3.3%	3.9%
Appraisal (%)	86.0%	86.5%	84.5%	84.3%	83.6%	84.5%	82.6%	82.6%	80.1%	81.1%	80.4%	81.3%	90.0%
Consultant Appraisal (%)	84.7%	85.5%	86.1%	79.2%	81.2%	88.1%	88.5%	87.2%	86.5%	87.0%	89.5%	86.2%	90.0%
M&D Appraisal (%)	81.5%	82.3%	81.6%	77.3%	79.7%	85.3%	84.6%	83.7%	82.5%	83.5%	83.9%	82.2%	90.0%
AfC Appraisal (%)	86.4%	86.8%	84.7%	84.9%	83.9%	84.5%	82.4%	82.6%	79.9%	76.8%	80.1%	81.2%	90.0%
Rolling Average Turnover - all reasons (%)	16.4%	16.6%	16.4%	16.5%	16.5%	16.7%	16.4%	16.6%	16.9%	16.9%	17.1%	17.0%	
Rolling Average Turnover - with exclusions (%)	11.4%	11.7%	11.4%	11.3%	11.4%	11.9%	12.0%	11.9%	12.0%	12.0%	12.2%	12.2%	11.0%

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold	2017/18			18/19	18/19		Triggers Concerns
			Performing	Q2	Q3	Q4	Q1	May	
SOF	Four hour maximum wait in A&E (All Types from April 2014 onwards)	95%	88.6%	80.9%	74.5%	84.6%	87.3%	85.8%	
	C Diff >= 72 hours post admission trust attributable (tolerance 17/18 = 22, 18/19 = 21)	2	7	6 *	3	5 **	0	0	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	88.3%	87.6%	85.3%	86.7%	87.2%	87.1%	
	31 day diagnosis to first treatment for all cancers	96%	98.8%	99.3%	99.2%	99.0%	100.0%	97.6%	
	31 day second or subsequent treatment - surgery	94%	98.7%	100.0%	100.0%	99.0%	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%	93.9%	94.4%	93.5%	95.3%	95.7%	95.3%	
	2 week GP referral to 1st outpatient - breast symptoms	93%	95.4%	94.9%	89.3%	94.2%	95.1%	93.9%	
SOF	62 day referral to treatment from screening	90%	97.7%	93.0%	96.7%	100.0%	100.0%	100.0%	
SOF	62 day urgent referral to treatment of all cancers	85%	87.4%	87.8%	90.0%	86.1%	87.3%	87.9%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	3.36%	1.50%	2.06%	3.99%	3.98%	5.79%	

* October 2017 - 1 awaiting appeal response, ** April 2018 - 2 awaiting appeal response, 1 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

	YTD Plan	YTD Actual	YTD Variance	M12 Plan	M12 Forecast	M12 Variance
Capital Service Cover Metric	1.882	1.840	-0.043	3.134	3.134	0.000
Capital Service Cover Rating	2	2		1	1	
Liquidity Metric	16.570	19.691	3.121	9.675	9.675	0.000
Liquidity Rating	1	1		1	1	
I&E Margin Metric	1.2%	1.2%	0.0%	3.8%	3.8%	0.0%
I&E Margin Rating	1	1		1	1	
Variance from Control Metric		0.0%	0.0%		0.0%	0.0%
Variance from Control Rating		1			1	
Agency Metric	-1.1%	-4.2%	-3.1%	-73.7%	-73.7%	0.0%
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		No trigger			No trigger	
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4		0			0	

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

CARING				Threshold		2017/18				2018/19					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q2	Q3	Q4	Q1	Jan	Feb	Mar	Apr	May	Jun
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	97	97	96	97	93	97	98	98	97	96
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	96	97	97	97	97	97	98	97	97	98
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	99	98	99	99	99	100	98	98	100	100
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	97	96	97	96	97	97	98	97	96	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	6.6	7.0	5.8	5.9	6.0	4.6	6.7	5.4	6.2	6.0
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	2	1	2	4	1	0	1	2	2	0
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	51	35	39	67	9	18	12	22	20	25

EFFECTIVE					Q2	Q3	Q4	Q1	Jan	Feb	Mar	Apr	May	Jun	
10		SOF	Dementia case finding	>=90%	<90%	85.0%	81.6%	82.3%	84.4%	82.8%	81.1%	82.9%	85.0%	83.9%	Lag (1)
11		SOF	Dementia Assessment	>=90%	<90%	96.7%	95.6%	95.8%	92.3%	95.7%	95.0%	97.0%	92.9%	91.9%	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	112.0	108.1	100.7	Lag (3)	106.5	104.9	100.7	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	1.0118	Lag (8)	Lag (8)	Lag (8)	Lag (8)	Lag (8)	Lag (8)	Lag (8)	Lag (8)	Lag (8)
15	MD	SOF	Readmissions - Total	<=10.5%	>12.5%	14.4%	14.1%	14.6%	14.3%	15.4%	13.8%	14.5%	14.4%	13.6%	15.1%
16	COO	LC	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	89.3%	84.0%	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)
17	COO	LC	Higher risk TIA treated within 24 hours	>=60%	<=55%	87.7%	86.4%	69.4%	88.9%	83.3%	76.9%	45.5%	100.0%	84.6%	85.7%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	74.8%	77.3%	79.6%	57.3%	81.3%	73.8%	85.4%	47.9%	47.1%	79.5%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	65.0%	62.2%	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)	Lag (7)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	1.3%(116)	0.9%(85)	0.9%(85)		1.0%(30)	0.8%(22)	1.1%(33)	1.6%(49)	0.6%(18)	0.6%(20)
21	COO	LC	Theatre utilisation (elective)	>=85%	<=80%	96.6%	95.2%	83.8%	100.6%	79.5%	87.5%	84.4%	95.6%	99.4%	106.9%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	3.82	0.76	1.90	0.03	0.40	0.75	0.75	0.73	0.35	-1.05
23	DOF	L	Total Income	>100%	<95%	77.17	81.61	83.51	83.06	27.69	26.00	29.82	26.48	28.26	28.33
24	DOF	L	Total Pay Expenditure	>100%	<95%	49.46	50.44	51.01	51.69	16.83	16.90	17.28	17.25	17.21	17.22
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	27.09	25.80	29.46	26.69	9.39	9.02	11.05	8.77	9.33	8.59
26	DOF	L	CIP Identified	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	2.30	2.37	2.19	1.95	0.71	0.85	0.63	0.52	1.08	0.88

RESPONSIVE					Q2	Q3	Q4	Q1	Jan	Feb	Mar	Apr	May	Jun	
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	83.7%	85.8%	87.0%	88.4%	86.6%	86.3%	88.0%	88.0%	89.2%	88.1%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	3.36%	1.50%	2.06%	3.99%	1.81%	1.73%	2.61%	2.16%	3.98%	5.79%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	9	3	24	17	6	6	12	8	4	5
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	0	1	13	0	9	4	0	0	0	0
33	COO	NT	12 Hour Trolley Waits	0	>0	0	0	1	0	0	1	0	0	0	0
34	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	16.7%	15.4%	14.5%	14.3%	14.4%	14.4%	14.6%	13.6%	14.4%	14.8%
35	COO	L	GP Direct Admits to SAU	>=168	<168	583	489	355	592	97	113	145	134	208	250
36	COO	L	GP Direct Admits to MAU	>=84	<84	353	286	40	273	5	19	16	27	125	121
37	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	5.7%	5.2%	4.4%	3.4%	4.6%	4.8%	3.9%	2.9%	3.2%	3.9%
38	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.9	4.5	5.2	4.7	5.0	5.3	5.3	4.9	4.8	4.4
39	COO	LC	Number of medical outliers - median	<=25	>=30	25	34	54	30	63	50	48	45	24	22
40	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	92.4%	92.4%	90.5%	92.5%	90.1%	91.1%	90.4%	92.7%	91.9%	92.8%
41			% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	97.5%	97.4%	96.4%	98.9%	97.1%	95.8%	95.9%	100.0%	97.8%	98.4%

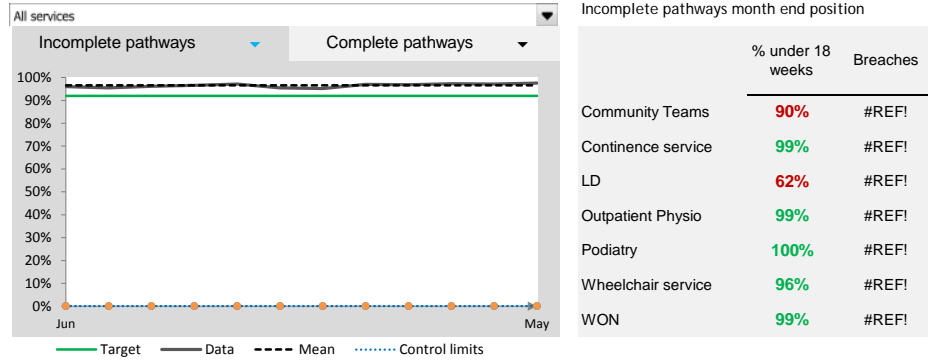
SAFE					Q2	Q3	Q4	Q1	Jan	Feb	Mar	Apr	May	Jun	
42		SOF	C Diff variance from plan	TBC	TBC	1	0	-3	-1	-1	0	-2	3	-2	-2
43		SOF	C Diff infection rate	<=10.9	>10.9	12.6	10.8	5.3	9.0	5.1	11.3	0.0	26.3	0.0	0.0
44		SOF	E.coli bacteraemias attributable to Trust	TBC	TBC	18	8	13	11	5	3	5	8	3	Lag (1)
45	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	1	0	0	2	0	0	0	0	2	0
46		SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	7	6	4	8	1	1	2	1	7	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	1	0	2	0	0	0	2	0	0
49	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	1	0	0	14	0	0	0	1	7	6
50	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	79.5%	87.7%	92.5%	92.9%	91.8%	92.8%	93.0%	93.4%	91.8%	Lag (1)
51	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	5	8	10	5	6	2	2	1	1	3
52	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)	0	>0	0	0	1	0	1	0	0	0	0	0
53	DON	NT	Number of avoidable hospital acquired pressure ulcers (grade 2)	<=2	>2	6	4	4	2	1	2	1	1	1	0
54	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	36	35	33	30	35	35	28	35	27	28
55	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	7	19	14	12	8	4	2	2	7	3
56	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	93.1%	93.1%	97.1%	94.7%	97.1%	96.9%	97.2%	97.3%	93.2%	93.5%
57	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=15.2%	>=16.2%	13.2%	16.6%	16.2%	16.9%	16.0%	14.5%	18.0%	17.0%	17.3%	16.4%
58	HRD	NR	Midwife to birth ratio	<'1:29.5	>'1:35	1:31	1:31	1:29		1:30	1:27	1:30	1:28	1:33	1:30

WELL LED					Q2	Q3	Q4	Q1	Jan	Feb	Mar	Apr	May	Jun	
59	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	17.0%	9.2%	8.4%	7.5%	8.5%	9.5%	7.2%	6.8%	8.0%	6.8%
60	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	42.2%	34.8%	35.2%	35.0%	33.2%	37.8%	34.7%	32.9%	36.8%	34.8%
61	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	13.4%	21.5%	16.7%	18.8%	21.9%	14.2%	13.9%	15.3%	21.8%	25.7%
62	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	11.5%	11.5%	12.0%	12.1%	12.0%	11.9%	12.0%	12.0%	12.2%	12.2%
63	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	3.8%	4.1%	4.5%	3.6%	4.6%	4.4%	4.6%	4.1%	3.5%	3.3%
64	HRD	LC	Vacancy Rate	<=4%	>5%	5.4%	4.8%	4.9%	6.7%	5.3%	4.9%	4.6%	6.7%	6.5%	6.8%
65	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	1.4%	2.0%	1.5%	2.3%	1.5%	1.3%	1.7%	2.4%	2.4%	2.1%
66	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	2.7%	3.2%	2.9%	4.8%	1.9%	2.9%	3.8%	5.0%	4.9%	4.4%
67	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	85.8%	84.1%	81.7%	80.9%	82.6%	82.6%	80.1%	81.1%	80.4%	81.3%
68	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	86.2%	86.5%	91.7%	89.2%	91.6%	92.4%	91.0%	89.6%	89.3%	88.6%
69	DOF		Information Governance Breaches	TBC	TBC	39	34	47	45	18	10	19	20	17	8
70	HRD	LC	Mandatory training	>=90%	<80%	87.7%	87.4%	88.3%	87.5%	88.2%	88.3%	88.3%	87.6%	87.5%	87.5%

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

Well Led Seasonal Targets					
	Q1	Q2	Q3	Q4	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%
Agency nursing staff	3.00%				

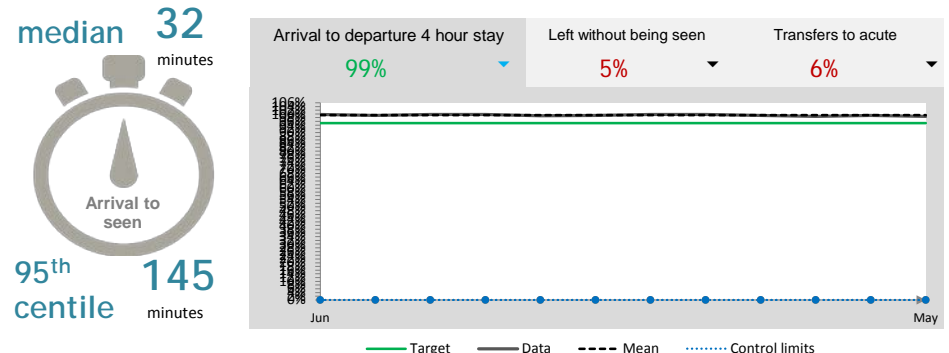
RTT



In Control **On target** **Action** Action needed

LD service remains an area of concern - previously flagged to commissioners. Community Teams flagging as not in control with declining performance - likely to include some data quality errors - system design work ongoing to lessen likelihood of this in future.

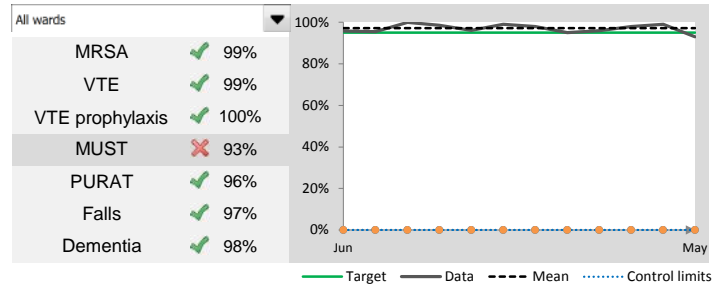
MIU



In Control **On target** **Action** Action needed

Performance on 4 hour stay and patient feedback remains strong. Data challenges remain around left without being seen and transfers to acute - action to put MIU on SystmOne to address this; project ongoing. Significant operational pressures are not reflected in the data.

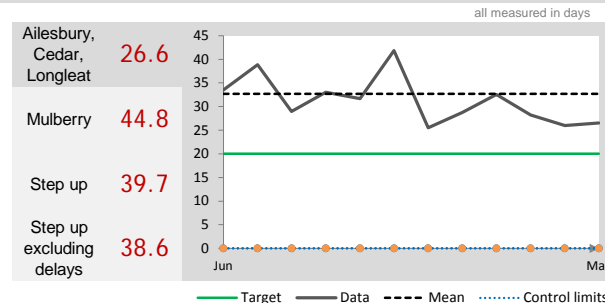
Inpatient assessments



In Control **On target** **Action** Action needed

MUST missed target in May. System still in control and on track to deliver targets.

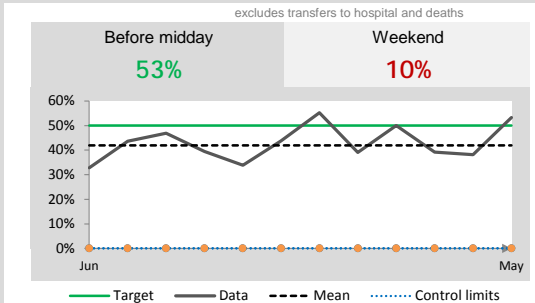
Mean Inpatient Length of Stay



In control **On target** **Action** Action needed

Progress on DToCs has not yet translated into significant LoS reduction. Action ongoing - focus to incorporate stranded patients.

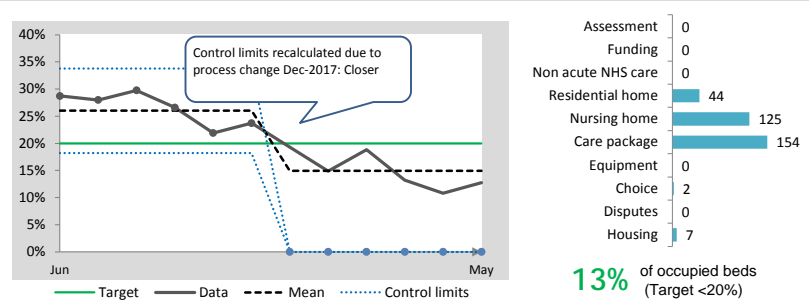
Discharge timings



In control **On target** **Action** Action needed

Continuing challenge - Care homes reluctant to take in morning and at weekends. May data met the target.

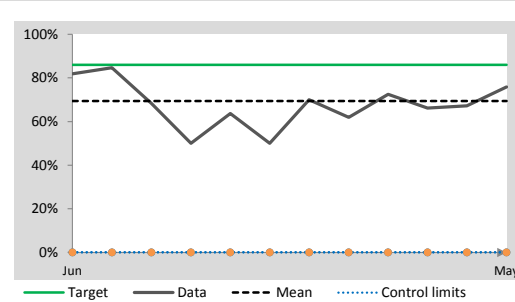
Delayed Transfers of Care - bed days lost



In Control **On target** **Action** Action needed

Process changes in December 2017 have had a significant impact on the number of days lost to delays each month. Care package delays continue to be the biggest cause of lost days each month.

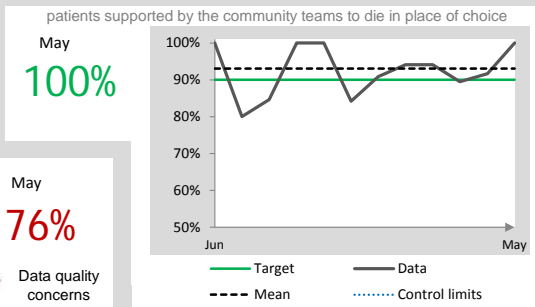
Community teams 90 day reablement



In Control **On target** **Action** Action needed

Significant data quality concerns affecting both cohort and performance. Action: System project underway to address cohort concerns and to allow transparent performance review.

End of life support



In control **On target** **Action** Action needed

Excellent performance continues.

Report to:	Public Board of Directors	Agenda item:	Appendix to item 14
Date of Meeting:	25 July 2018		

Title of Report:	6 Week Diagnostic (DMO1) Performance Improvement Briefing
Status:	For discussion
Board Sponsor:	Francesca Thompson, Chief Operating Officer
Author:	Sarah Hudson, Divisional Manager Medicine
Appendices	

1. Executive Summary of the Report
<p>The RUH reports information regarding waiting times for diagnostic tests to the Department of Health on a monthly DM01 return. This report is also used internally to monitor performance each month.</p> <p>Since July 2017 there has been a remedial action plan in place, requiring monthly reporting to the commissioners through both the external RTT and Contract Review meetings. The action plan was required as the Trust had forecast failure of the standard following an internal investigation where it was identified that four types of specialist Echocardiography (Echo's) were not being accurately reported as part of the DMO1 return for the Trust. The unify returns completed by the Trust now accurately record all reportable activity against this standard.</p> <p>Improvement and compliance with the standard was achieved from October 2017, however performance has deteriorated over the last 8 months, with significant failures in May and June 2018. The standard for diagnostic tests is a maximum wait of 6 weeks. June performance is reported as 5.79% against the $\leq 1.0\%$ indicator. The main drivers for this adverse performance position are MRI, CT and Dobutamine Stress Echo (DSE).</p> <p>The purpose of this paper is to provide an overview and briefing of the current issues. The timeline for recovery of performance is being assessed and will be presented to Management Board in August 2018 a part of the trust performance report.</p>

2. Recommendations (Note, Approve, Discuss)
Board of Directors is asked to note the key Remedial Action Plan actions which will be shared with commissioners, NHS England and NHS Improvement teams.

3. Legal / Regulatory Implications
None
4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
<p>There is a potential risk that the delay to diagnostic could lead to patient harm should the need for additional treatment be identified. (Risk 1481)</p> <p>There is an ongoing risk to DMO1 performance while the backlog is being addressed. It is likely that this will be an issue until at least the end of Q3 2018/9.</p>

Author : Sarah Hudson, Divisional Manager Medicine Document Approved by: Francesca Thompson, Chief Operating Officer Agenda Item: Appendix to item 14	Date: 12 July 2018 Version: v1 Page 1 of 9
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5.	Resources Implications (Financial / staffing)
<p>Additional costs will be incurred as a result of increased PA for clinical work, investment in additional staff to address the backlog, agency usage and options to outsource to private providers.</p> <p>The full impact has not been assessed at this time.</p>	
6.	Equality and Diversity
N/A	
7.	References to previous reports
<p>Issue and impact on performance as well as quality of care has been raised with commissioners, NHSE and NHSI. The Remedial Action Plan will be shared with these bodies until performance has been recovered and sustained for 3 consecutive months.</p>	
8.	Freedom of Information
Private	

6 Week Diagnostic (DMO1) Performance Improvement Briefing

1. Background

The RUH reports information regarding waiting times for diagnostic tests to the Department of Health on a monthly “DM01” return. This report is also used internally to monitor performance and captures patients who are still waiting more than 6 weeks for a diagnostic test at each month end.

A wide range of diagnostic tests contribute to the overall DMO1 performance target, the majority of which are consistently completed within the 6 week target period. Table 1 below summaries the total number of patients receiving a diagnostics within target and those outside of 6 weeks.

Table 1: DMO1 Performance Overview August 2017 – June 2018

DMO1 Waits	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total Waiters	8423	7714	7984	7640	6851	7692	8051	8288	9077	9446	9317
Over 6 Weeks	376	127	76	166	96	139	139	216	196	375	539
% over 6 weeks	4.46%	1.65%	0.95%	2.17%	1.40%	1.81%	1.73%	2.61%	2.16%	3.97%	5.79%

A specific number of tests are currently regularly in breach of the target, contributing the most to adverse performance, which include MRI and CT and Dobutamine Stress Echo (DSE).

2. Radiology Capacity Overview

Over the last 3 years there has continued to be an increase in demand for all modalities of radiology diagnostics, in particular complex CT and MRI now the technology to provide cardiac CT and MRI imaging is in place supported by Cardiac specialist Radiologists. Chart 1 shows the radiology activity measured by examination numbers per modality 2015/16 to 2017/18.

Chart 1: radiology activity by modality 2015/16 to 2017/18

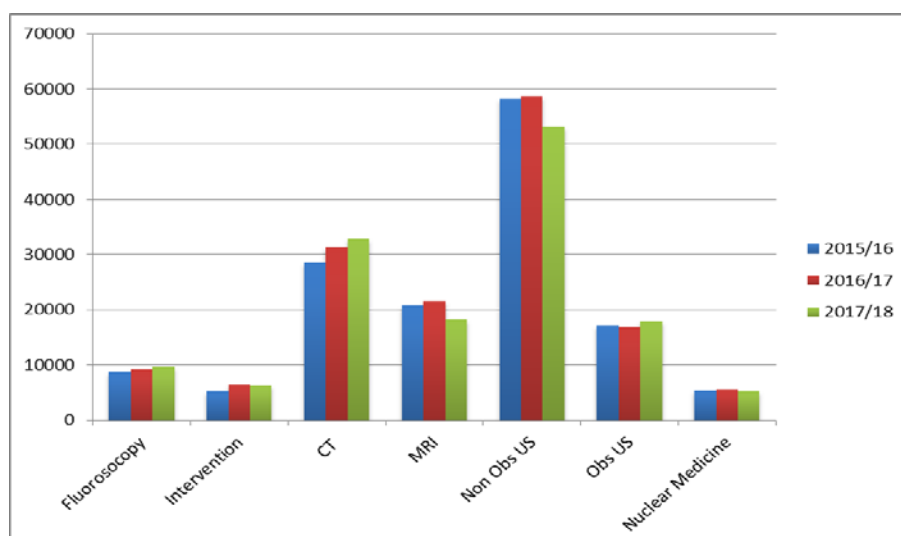
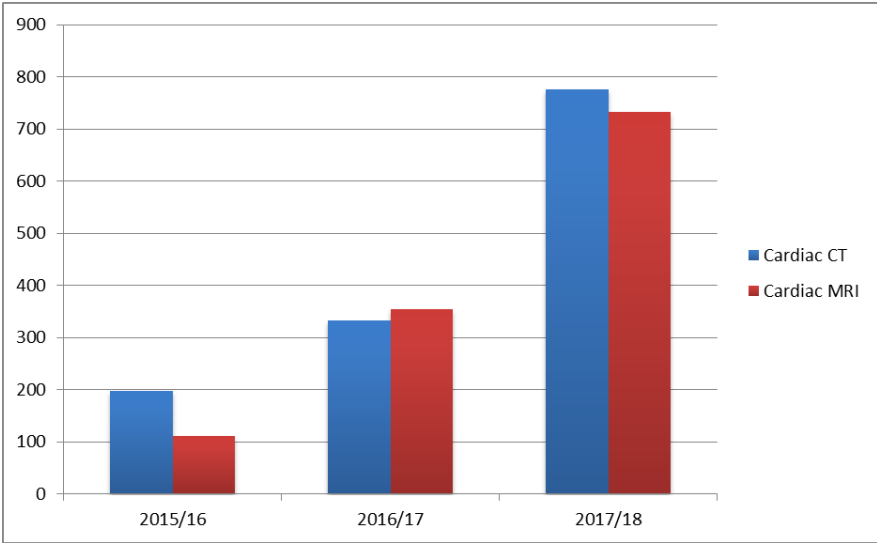


Chart 2 below clearly demonstrates the significant increase in demand for cardiac CT and MRI from 2015/16 to 2017/18.

Chart 2: Cardiac CT and MRI activity 2015/16 to 2017/18



The predicted growth in demand for Cardiac CT and MRI activity is significant and in order to manage this expected demand, alternative capacity has to be considered including outsourcing.

Table 2: Cardiac CT and MRI forecast growth in demand

	Nov 14 - Nov 15	Nov 15 - Nov 16	Nov 16 - Nov 17	Nov17- Nov 18 (Predicted)	Nov 18- Nov 19 (Predicted)	Nov 19 - Nov 20 (Predicted)
Cardiac MRI	69	352	770	924	1016	1118
Cardiac CT	147	149	386	772	965	1062

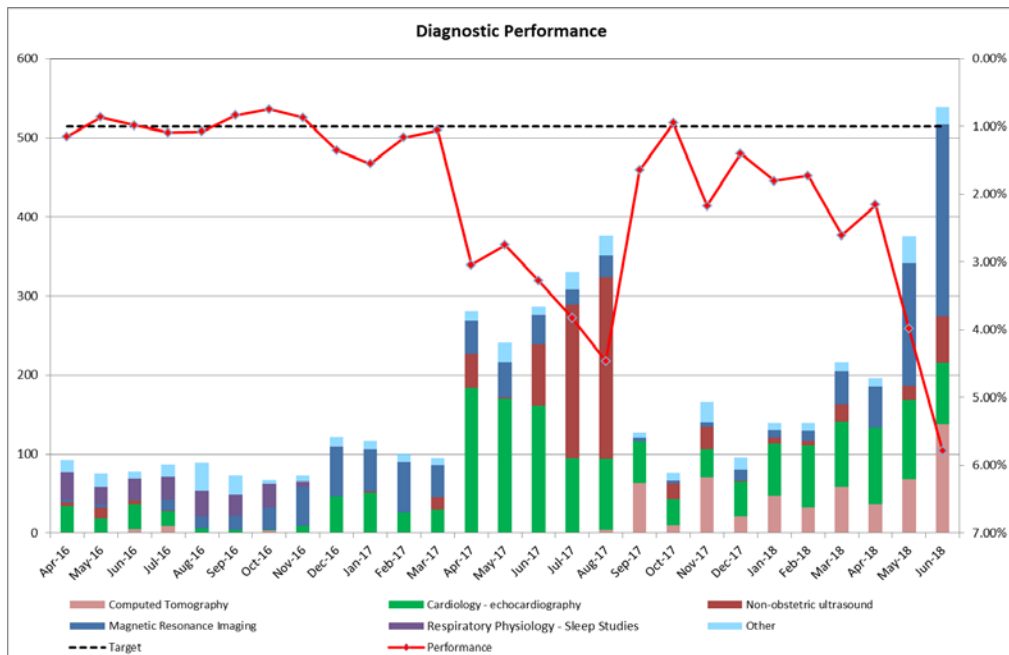
3. Current Performance Overview

The standard for diagnostic tests is a maximum wait of 6 weeks. June performance is reported as 5.79% against the <=1.0% indicator. Table 3 below provides an overview of the number of reported breaches in month and chart 3 performance year to date.

Table 3: DMO1 performance by modality June 2018

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	243
Computed Tomography	137
Non-obstetric Ultrasound	59
Barium Enema	0
DEXA Scan	0
Audiology - Audiology Assessments	9
Cardiology - Echocardiography	78
Colonoscopy	1
Flexi Sigmoidoscopy	1
Cystoscopy	5
Gastroscopy	6
Total (without NONC)	539

Chart 3: 2018/19 performance overview



Factors affecting June performance;

- MRI performance in June was impacted by machine breakdown leading to patient cancellations. Up to 50 patients cancelled per list. Due to capacity pressure appointments could not be rebooked within 6 weeks. The air handling unit failure resulted in cancellations last month, this further increased pressure on capacity in June. An external engineering review of the air handling units has been commissioned by Estates and Facilities within the Radiology Unit, to support improved reliability this is pending completion by August. MRI mobile van failure in June, losing two days of activity. 100 outsourced referrals were returned to Radiology due to reduced capacity at private providers. All these issues resulted in very poor performance in month.
- CT performance affected in month by machine down time. CT 3 is currently being commissioned and CT 1 will be replaced in the autumn which will increase reliability. Options to mitigate capacity are under review.
- The Cardiology department released consultant's time to enable them to undertake additional specialist echo diagnostics. The focus has continued to be on the stress echo (DSE) which resulted in an overall echo breach reduction to 78 (from 100 in May). Plain echo breaches also occurred in month. It is anticipated that the cardiology diagnostic action plan will continue to deliver reductions in the level of echo breaches.
- Specialist Echo. The actions put in place to increase capacity have helped to reduce the DSE diagnostic breaches from 58 at the end of May to 32 at the end of June. The anticipated trajectory is that this backlog will be cleared by the end of September. The TOE/TEE specialist diagnostic echo test breaches have maintained at 25 as capacity for this modality is also utilised for inpatient requests. Additional staff is also in training to be able to undertake TOE. As the DSE breach

numbers fall further there will be opportunity to focus more on outpatient TOE/TEE echo tests.

- Plain Echo breaches in month are due to a combination of echo machine capacity being used for specialist echo diagnostics and reduced number of weekend session due to staff capacity.
- Magnetic Resonance Imaging. Cardiac referrals continue to increase with the cessation of certain “other” tests such as Myoview examinations previously undertaken in cardiology and nuclear medicine. In month pressures have been significant on MRI capacity as covered on slide 22.
- Ultrasound. Breaches due to part month cessation of consultant evening lists until BIP contract signed off in mid-June. Contract now agreed with the re-instatement of evening lists booked in July.
- Computed Tomography. Request process issues following the Big 3 go-live continue and a risk has now been raised by the Medical Division. Action to resolve this issue continues. Revised DMO1 monitoring processes 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 Chiller failure continues to be problematic causing 50 patient cancellation for every day down.
- Audiology. Breaches continue to be a focus for the Surgical Division, staffing in the department has improved but breaches continue to occur.

The Medical Divisional Manager in June has established a weekly DMO1 action group to update the RAP and ensure actions are in-place to deliver improved performance.

4. Risk Assessment

Two risk assessments have been completed at divisional level to capture the associated impact on patients and performance and remain in place with associated action plans. A review of radiology risks is under review to determine if an additional record is required linked to the planned increase this financial year in both CT and MRI capacity in year with additional scanners being installed, balanced with a reduction in capacity when existing scanners are replaced, which longer term will provide a more robust and reliable service.

ID	Assessment	Description	Rating
1481	Delayed access to specialist diagnostic tests in Cardiology	A high number of patients are currently waiting for specialised diagnostic tests including Transoesophageal Echo (TOE) and Dobutamine Stress Echo (DSE). These tests require appropriate specialists for whom capacity is limited which means	9

Author : Sarah Hudson, Divisional Manager Medicine Document Approved by: Francesca Thompson, Chief Operating Officer Agenda Item: Appendix to item 14	Date: 12 July 2018 Version: v1 Page 6 of 9
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		there will be a significant delay in access. While many patients will already have commenced treatment and these tests can be considered "belt and braces", it is possible that appropriate diagnosis of serious conditions could be delayed which may result in harm. This position has not previously been highlighted due to poor practice in monitoring and oversight which is being described in a separate risk to DMO1 performance (ID: 1484).	
1484	Failure to meet the national DMO1 diagnostic target at Trust level	A previously unidentified backlog of patients has been reported who are overdue specialist cardiology echo. These patients were not recorded on Millennium and were therefore excluded from data submissions in line with national reporting requirements. The nature of the diagnostic required means that it will take a number of months to recover performance at Trust level.	15

It is a priority for the clinical teams to review patients awaiting specialist echo to establish whether the test is still required and to expedite access to diagnostic for any patients who are considered to be clinically urgent.

The majority of patients will have already commenced treatment, having had a plain Echo, and therefore the impact on patient outcome and RTT risk are considered small but will be validated.

5. Remedial Action Plan

Clinical commissioners have formally requested a review and refresh of the remedial action plan, which will remain in place until 3 months of sustained delivery of this measure against the target has been achieved.

This is a detailed action plan which will capture all diagnostics which are considered to be generating a significant contribution to the breach numbers. The areas of focus may therefore vary over time. To note in order to mitigate the current issues with CT, MRI and DSE capacity all other diagnostics must work to deliver in target to support and mitigate overall trust position. A weekly DMO1 action group has been established to provide focus, oversight and scrutiny. BIU and RTT validation teams have been requested to support this action group which will be chaired by the Divisional Manager for Medicine.

At this time, the key themes are as follows;

Diagnostic	Underlying issues	Remedial actions	Backlog breaches expected to be cleared by:
Cardiac MRI and CT	Closure of access to Bristol cardiac MRI in August 2016	<ul style="list-style-type: none"> • Increase internal clinical capacity through training and recruitment to key posts • Outsourcing to alternative providers • Productivity gains through efficiency • Waiting list initiatives • Clinical triage and demand management 	October 2018
General CT and MRI	Private scanning capacity Mobile van capacity on site limited	<ul style="list-style-type: none"> • Private providers to outsource general activity • Shepton Mallet capacity – expression of interest submitted • Internal demand management opportunities including senior decision maker requesting only • Frailty scoring application 	October 2018
Plain Cardiac Echo	Capacity issue due to national shortage of trained staff and high increases in demand	<ul style="list-style-type: none"> • Clinical triage and demand management • Utilisation of community resources to release capacity • Over-recruitment against establishment skill mix as opportunity arises • Agency staff • Data quality and admin process review 	August 2018
Specialist echo: <ul style="list-style-type: none"> • DSE • TOE • PFO • LVO 	Failure to recognise backlog in line with target Capacity constraints of clinical teams	<ul style="list-style-type: none"> • Millennium to be updated to capture relevant information • Transfer of patients onto robust monitoring systems which can be overseen and monitored by BIU in line with standard reporting requirements • Development of physiologists to extend role and release consultant capacity • Job plan review to increase clinical time available and 	October 2018

Diagnostic	Underlying issues	Remedial actions	Backlog breaches expected to be cleared by:
		training of consultants <ul style="list-style-type: none"> • Admin and booking processes to be reviewed and brought in line with standards required • Agency staff and WLI to support additional clinical work • Maximise APO as appropriate 	
Ultrasound	BIP Contract arrangements	<ul style="list-style-type: none"> • Alternative arrangement in place to support evening ultrasound lists (WLI) 	July 2018

A full recovery plan and recovery trajectory is being developed and the remedial action plan being reviewed in line with this work, delivery will be overseen by a weekly action group.

6. Summary

Historically, the Trust has been able to carry approximately 80 breaches each month and based on the usual denominator, achieve the <1% target due to the high volume of diagnostics performed.

The information known at this time would suggest that performance can be recovered no later than December 2018 (full trajectory required to confirm this position). However, this is dependent upon sustained delivery of other diagnostic tests which all influence the outcome measure.

The Medical Division will bring the up-date recovery plan (RAP), improvement trajectory to management board in August 2018.