Report to:	**Public Board of Directors**	**Agenda item:**	**14**
Date of Meeting:	**25 September 2019**		

Title of Report:	**Operational Performance Report**
Status:	**Action/Discussion**
Board Sponsor:	**Rebecca Carlton, Chief Operating Officer**
Author:	**Rebecca Carlton, Chief Operating Officer**
Appendices	**Appendix 1: Integrated Balanced Scorecard Month 4** **Appendix 2: Guide to Statistical Process Charts (SPCs)** **Appendix 3: Wiltshire Heath & Care Quality and performance Up-date and dashboard July 2019**

1. Executive Summary of the Report

To provide the Board with an overview of the Trust's monthly performance and response to actions and to describe key lines of enquiry agree the key actions that are required for the month ahead.

In August three SOF operational performance metrics triggered concern; 4-hours Emergency Care performance, RTT Incomplete Pathways, Diagnostic tests – 6 weeks wait.

For 62 day urgent referral to treatment of all cancers the Trust performance in August was 86.1%, achieving the 85% standard for the first time in 2019.

Delivery of the 4-hour standard has continued to be inconsistent and below the trajectory. Patients with a long length of stay and waiting for support to leave hospital, reached Feb 2019 levels and continues to increase in September. Patients waiting +21 day exceed the level of delays seen in February 2019 and DTOCs were also higher in August than at any period during Q4 2019. There is a noted weekly increase in the overall numbers.

In July the South West Region have identified key areas for Trusts to focus on improvements during August and September in the following areas:

- RTT, 52-week breach reduction and RTT incomplete performance
- 6 week diagnostic waits

Revised trajectories have been submitted in August to the CCGs, who have submitted BSW plans to NHSI/E.

The RTT slides detail the 52-week breaches within Gastroenterology occurring in month, and details on the greater than 40 week waiting position is included in slide 10 and the 52 week breach position on slide 11.

This report details the continuing challenges in diagnostic tests – 6 weeks performance with delivery in month of the improvement trajectory for echocardiography following a focussed improvement programme highlighted in previous Board reports.

Board should note that the RUH have been rated as **segment 2 overall** against the NHSI Single Oversight Framework (SOF). For 4-hour performance the Trust has been rated as **category 4.**

Performance Headlines

4-hour performance at 72.8% below both the 95% national standard and the improvement trajectory target. This is deterioration on last month's performance.

RTT incomplete pathways in 18 weeks at 85.4% below the 92% national standard and below the improvement trajectory target. The RUH reported 12 52 week incomplete pathways in August, 10 in Gastroenterology and 2 in Dermatology.

Cancer 62-day urgent referral to treatment for all cancers 86.1%, achieving the 85% standard for the first time in 2019. A total of 17.5 breaches in month. In August the Trust met the 93% target with performance at 93.4%.

Diagnostic tests – 6 week wait 5.54% (457 breaches).MRI breaches in month due to Cardiology demand. Specific challenge in Echo however the agreed actions and improvement trajectory for this modality has been delivered in month.

DTOC performance of 6.3% beds occupied with delayed patients, significantly above the 3.5% national standard. This is a deteriorating position. Weekly LLOS review has commenced and a progress up-dated will be included in Septembers report. This level of delay is greater than that seen in during February.

In Month response and focus

4hr Performance – *Performance governance via the UCCB internally and the AEDB system wide*
3 lead actions to improvement in month (detail and progress on delivery of actions is detailed on page 7 of the report).

1. Sustain direct admissions for Medicine, in month performance reduced. Additional Trust protection of capacity has been agreed in PDSA 3.
2. ED Escalation review and new triggers set, to work alongside OPEL escalation.
3. Urgent Treatment Centre and ED Minors new triage model has commenced.

Patient Flow System stabilised in August although work continues to optimise the use of the system with focus remaining on the inpatient wards. Board are asked to note that changes to First Net System in ED where also implemented in June 2019, work is also ongoing to optimise the First Net system changes.

RTT incomplete pathways – *Performance governance via the RTT Steering Group internally and RTT Delivery Group system wide*
2 lead actions to improvement in month (detailed on page 12 of the report)

1. Gastroenterology a focus on activity in month to secure additional capacity to reduce and remove the 52 week breach risk as quickly as possible.
2. Backlog management continues across surgical specialities. WLI outpatients focused on increasing Urology and ENT capacity. WLI Theatres are focused on T&O

to manage non elective theatre capacity.

Cancer 62-day urgent referral to treatment for all cancers - *Performance Governance via a new Weekly Cancer Performance Meeting (Previously the RTT Steering Group) and RTT Delivery Group system wide.*
3 lead actions to improvement in month (detailed on page 16 of the report)

1. Cancer specific operational policy completed and Divisional managers and CCG will review and provide feedback.
2. Confirmed plan for protected MRI Prostate weekly capacity. A reduction in the waiting time for Prostate MRIs is noted. Radiology to deliver the agreed protected capacity in month.
3. Colorectal Straight to Test Nurse Practitioner has commenced in post.

Diagnostic tests (6-week wait)- *Performance governance via the DMO1 weekly group and RTT Delivery Group system wide*
3 lead actions to improvement in month (detailed on page 20 of the report)

1. Cardiology recovery plans including a second locum and in month delivery seen against the improvement trajectory for echocardiography.
2. MRI replacement programme mitigations continue to be developed.
3. Breast radiologist recruitment relaunched

DTOC/LLOS *Performance governance via the Integrated Discharge Service internally and Complex Discharge Strategy Group system wide & AEDB*
3 lead actions to improvement in month (detailed on page 25 of the report)

1. Weekly Discharge PTL reviews at ward level continue
2. Complex Discharge Strategy Group completed complex case reviews in July
3. RUH Discharge Policy up-date completed

NOTE: Performance management is supported by the Trusts Performance Management Framework (PMF) which is due to be up-dated in 2019/20 as part of the Improving Together Programme. Work on this has now commenced as part of the Medical Division management training and an up-dated PMF is due to be reviewed and agreed by management Board in September 2019

2. Recommendations (Note, Approve, Discuss)

The Board are asked to note August performance and discuss the output from key actions.

The Board are asked to consider and note the agreed actions to improve performance for each key indicator in August.

3. Legal / Regulatory Implications

None in month.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

Risk identified in report	Risk ID	Risk title
4-hour performance	634, 475	4 hour target

	18 week RTT at specialty level	436	18 week target
	DMO1 performance	1481	DMO1 target

5.	Resources Implications (Financial / staffing)

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

7.	References to previous reports
Standing agenda item.	

8.	Freedom of Information
Public	

Royal United Hospitals Bath NHS
NHS Foundation Trust

Operational Performance Report – August 2019

NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Jul	Aug	Triggers Concerns
Four hour maximum wait in A&E (All Types)	73.5%	72.8%	
C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	3	1	
RTT - Incomplete Pathways in 18 weeks	86.0%	85.4%	
31 day diagnosis to first treatment for all cancers	98.5%	96.6%	
31 day second or subsequent treatment - surgery	97.4%	95.0%	
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	85.9%	93.4%	
2 week GP referral to 1st outpatient - breast symptoms	95.8%	84.2%	
62 day referral to treatment from screening	100.0%	100.0%	
62 day urgent referral to treatment of all cancers	83.0%	86.0%	
Diagnostic tests maximum wait of 6 weeks	3.57%	5.54%	

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

Board should note that against the NHSI Single Oversight Framework (SOF) that the RUH have been rated 2 overall. The Trust has been placed into category 4 for 4 hour performance.

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

In August three SOF operational metrics triggered concerns: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways and Six week diagnostic waits (DMO1).

In month C Diff performance continued to improve, see Quality Report.

Cancer 62 performance improved and was above the national standard as were other cancer indicators with the exception of 2WW for breast symptoms.

Performance Overview

Successes

- Cancer 62 Day cancer performance achieved at Trust-level for the first time since December 2018.
- Achievement of 2ww standard in month – reducing potential future threat to 62 day performance due to patient choice 2ww breaches.
- Improved RTT performance within Urology.
- Recruitment of Consultant Radiographers within Oncology to support consultant-led radiotherapy service within Breast and Prostate.
- Colorectal Straight to Test practitioner in post since the end of July, reducing the diagnostic pathway. Improving RTT and cancer performance. Over 60 patients have already been managed on this new pathway.
- 52 week Incomplete breaches better than trajectory
- RTT performance improvements in ENT, Oral Surgery and Gastroenterology
- Gastroenterology un-booked appointments >40 weeks reduced

Priorities

- New internal Trust escalation on track to be implemented in October 2019
- Agree Straight to Test pathway for all appropriate Colorectal patients.
- PTL process review underway – to implement best practice across all tumour sites.
- Reducing the number of patients waiting > 40 week, with a focus in Gastroenterology supporting RTT position
- Deliver improvements against 52 week breach trajectory
- Develop Winter Elective plan
- ED Rapid Assessment and Treatment model
- Weekend Medical Ambulatory Care model
- Planning for system discharge event in early November 2019
- Local Government Authority (LGA) DTOC peer review in September 2019
- Protected radiology capacity for Prostate cancer pathway agreed to start in August 2019 – to deliver further reduction in waiting times going forward.

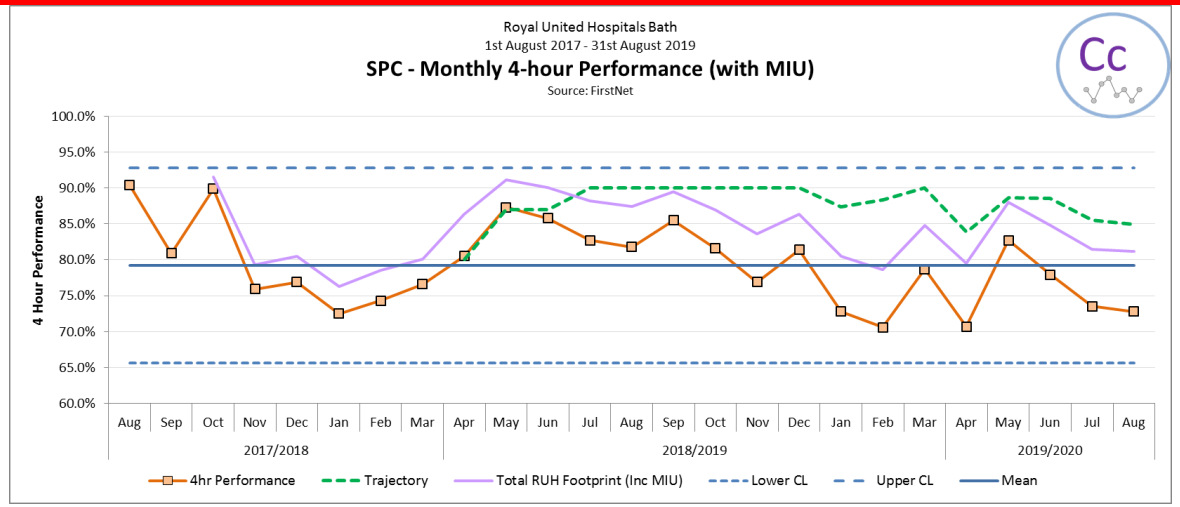
Opportunities

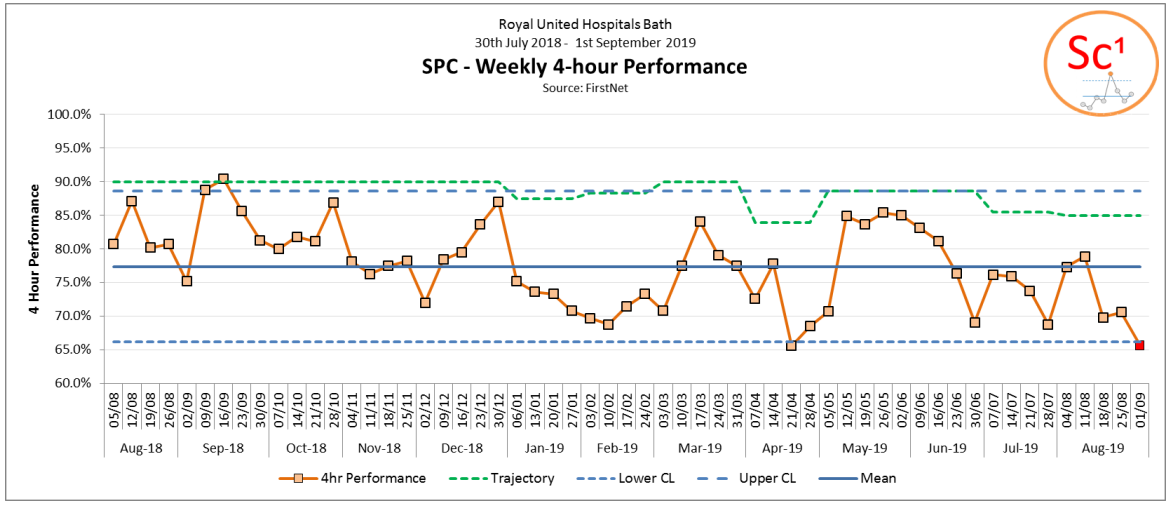
- Chemotherapy / Oncologist staffing capacity impacting on cancer 62 day pathway, a number of posts are currently out to advert.
- Cancer alliance funding allocation proposal – await outcome from bids submitted in August
- Haematology consultant capacity improved from August with Locum Consultants having started in post. Appointment waiting times to reduce.
- System wide working to reduce referral demand emergency and non-elective

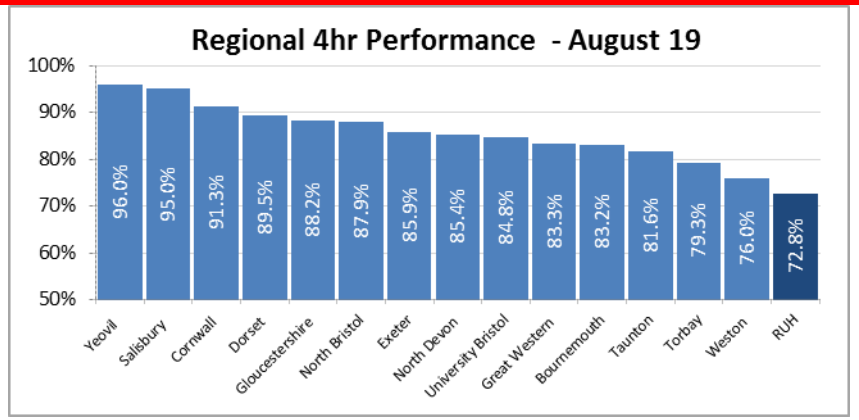
Risks & Threats

- Trust 4hr performance with emergency activity continuing to increase
- Activity growth across a number of specialities, Gastroenterology, Gynaecology, Breast affecting cancer, RTT and diagnostic performance
- Long length of stay and the increase seen over the summer months, capacity out of hospital resulting in long length of stay.
- Waiting times for Oncologist appointments and to commence chemotherapy.
- Extended waiting time for key Radiology diagnostics whilst machine replacement programme is ongoing.
- Growth in total waiting list size

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







Key contributors to performance below trajectory:

- Weekly performance was below trajectory for August
- August saw high number of ED attendances Type 1 & 3 with a spike towards the end of the month - overall number (7,422) above the annual mean
- Overall emergency presentations (Emergency Department and direct admissions) remained above the annual mean
- High number of breaches in ED Minors
- High numbers of surgical and orthopaedic admissions
- Flow out of the Emergency Department challenged with low numbers of discharges
- High numbers of Super Stranded patients and DToCs
- August Bank Holiday impact post bank holiday (debrief completed)
- Patient flow system stabilising
- Slight decrease in Direct Admissions to MAU and SAU compared to the previous month

Actions to support delivery of improved performance can be seen on page 7.

4 Hour Maximum Wait in ED (2)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	July 19	Quarter 2	Full Year 2019/20
All Types	72.8%	73.2%	75.5%
RUH Footprint (Including MIU)	81.2%	81.3%	83.0%

Table 2: Emergency Department National Quality Indicators:

Title	Month	Quarter	Year
	August-19	2	2019/20
Unplanned Re-attendance Rate	0.2%	0.1%	0.3%
Total Time in ED - 95th Percentile	643.6	616.0	596.0
Left Without Being Seen	2.9%	3.1%	3.2%
Initial Assessment Time (Majors)	60.6%	61.3%	63.7%
Initial Assessment Time (Minors)	55.2%	55.1%	58.5%
Time to Treatment 60 Mins	45.8%	42.7%	43.9%
ED Attendances (Type 1)	6,478	13,247	32,227
ED 4 Hour Breaches (Type 1)	2,011	4,080	9,182
ED 4 Hour Performance (Type 1)	69.0%	69.2%	71.5%
Ambulance Handovers within 30mins (SWAS)	96.7%	96.7%	96.3%
ED Friends and Family Test	97	96	95

Table 1:

During August the “all types” performance was 72.8%, below the 95% standard, and improvement trajectory, with a total of 2,017 breaches in the month. Decrease in performance from July (73.5%).

Table 2:

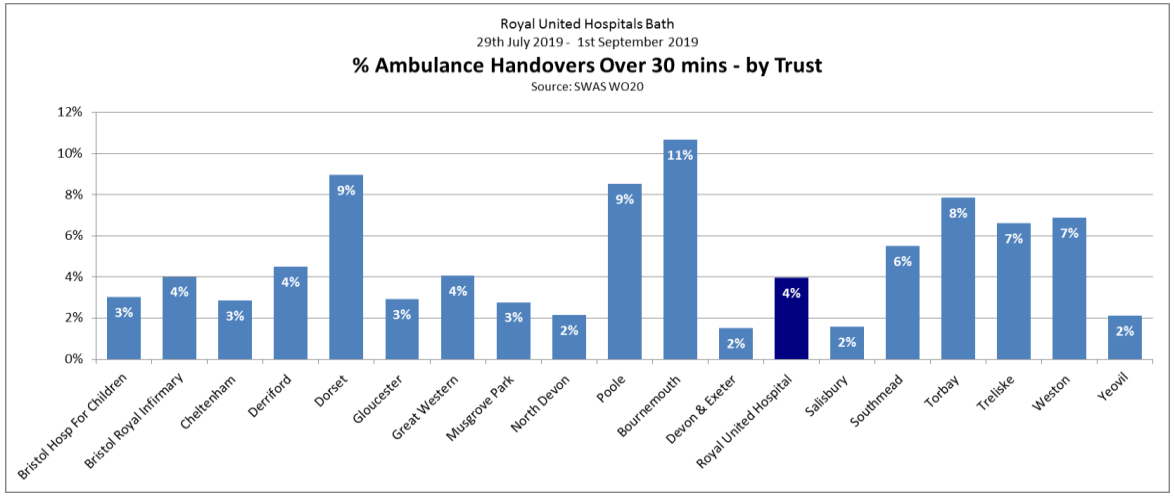
Initial Assessment Time (within 15 minutes of arrival) is now split out for Majors and Minors patients.

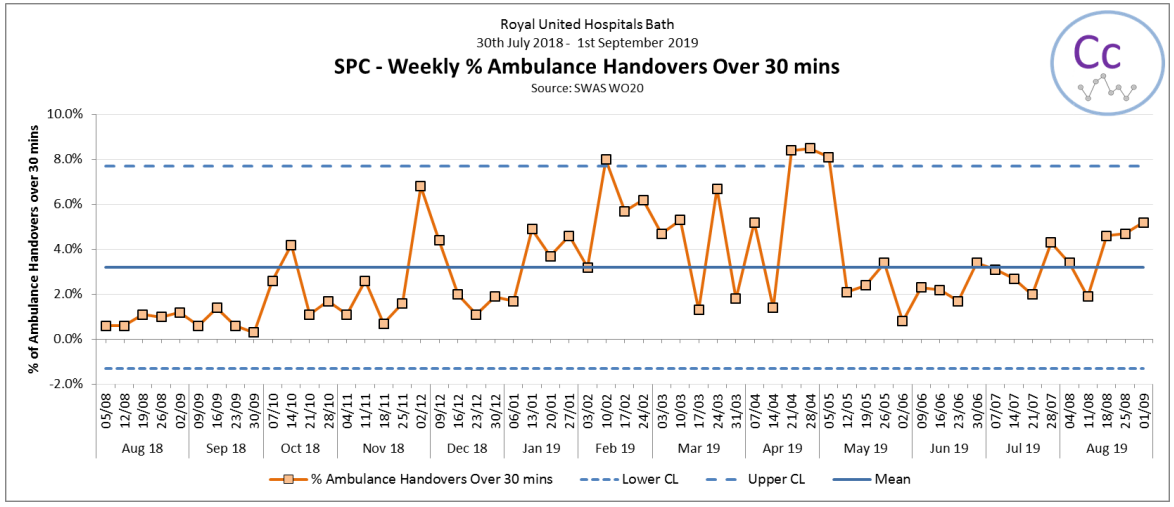
Improvement in Time to Treatment within 60mins compared to previous month.

The Trust is using SWASFT data to report on ambulance handover delays, see page 8 for further detailed analysis.

A number of the indicators within this table are Royal College of Emergency Medicine Quality Indicators and are now included in the daily Tri-Divisional 4 hour improvement dashboard.

SWASFT Ambulance Handovers over 30 minutes (3)





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

The SPC graph demonstrates a decrease in performance compared to the previous month with more patients exceeding the 30 minute ambulance handover target, with the average performance at 4% of Ambulance handovers being >30 mins.

Although there was decrease in performance, the RUH performed well for Ambulance handovers when comparing to other Trusts across the South West with 10 Trusts having worse or equal performance in August.

Work is ongoing across the Emergency Department as well as other front door teams to develop an escalation framework to respond to patient flow into both the Emergency Department and the rest of the hospital. This piece of work is expected to also have a positive impact on Ambulance handover times. The escalation framework is due to go live in October.

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

Lead Actions Update:

1. **Direct admissions for Medicine** 236 in August which is a slight decrease from the previous months' performance (see table below) however continues to be above the mean. Direct admissions are continuing to run from Area C. This remains a Trust-wide priority with Director level approval to use any of these 10 spaces for patients referred by ED.
2. **ED Escalation** – weekly meeting continues to develop clear and consistent escalation responses to the ED escalation triggers, with the plan for these to be implemented in October 2019. Divisions also reviewing their escalation triggers and pathways out of ED / admission avoidance.
3. **UTC / ED Minors** – new triage model in UTC and ED Minors commenced on 5th August providing an integrated/standard triage to assess all patients and then direct patients to the most appropriate clinician.

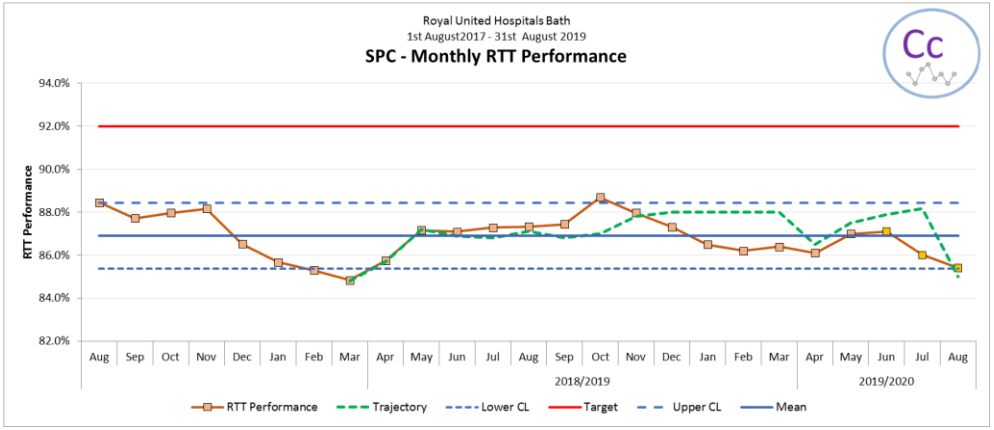
Medical Direct Admission Activity:

2018/2019												2019/2020				
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
27	125	121	46	38	55	121	257	212	157	51	233	175	356	377	239	236

- Winter Plan fortnightly meeting chaired by COO commenced in August as well as weekly Clinical Cabinet chaired by Divisional Chair for Medicine.
- All Matrons now fully trained on the Patient Flow System. Agreement for Matrons to focus on next day discharges (and Patient Flow System updates) with Site Team focussed on current days' position.
- Continue to focus on real time breach reporting. Communication around breach coding has been implemented as part of the handovers between the Band 7 ED Co-ordinators. Daily report introduced to identify un-coded breaches.
- Consultant-led RAT process in Emergency Department commenced 9th September 10:00 – 14:00 Monday to Friday. Feedback from team to be sought and impact reviewed. RAT proposal to increase hours and days undertaken to be reviewed along with additional resource required.
- Medical Ambulatory Care drafting proposal in September for pilot to be undertaken during October with regards to running over a weekend (either Saturday or Sunday in first instance).

18 Weeks Incomplete Standard – Performance (1)

RTT Incomplete Standard Improvement Trajectory:



	Open Pathways			
	Total Waiters	> 18 Weeks	Performance	
100 - General Surgery	2526	329	87.0%	↓
101 - Urology	938	75	92.0%	↓
110 - T&O	2084	404	80.6%	↓
120 - ENT	2302	514	77.7%	↑
130 - Ophthalmology	1886	95	95.0%	↓
140 - Oral Surgery	2308	552	76.1%	↑
300 - Acute Medicine	105	1	99.0%	↓
301 - Gastroenterology	2470	650	73.7%	↑
320 - Cardiology	1900	261	86.3%	↓
330 - Dermatology	1325	330	75.1%	↓
340 - Respiratory Medicine	570	5	99.1%	↑
400 - Neurology	811	31	96.2%	↓
410 - Rheumatology	1219	37	97.0%	↓
430 - Geriatric Medicine	155	4	97.4%	↑
502 - Gynaecology	1620	129	92.0%	↓
X01 - Other	2037	121	94.1%	↓
Total	**24256**	**3538**	85.4%	↓

Performance against the incomplete standard of 92% was 85.4% in August, a decline of 0.6% on July, but 0.4% above the revised trajectory target. This compares with a National Incomplete RTT average performance of 86.3% (National average last reported in June 2019)

7 specialties did not achieve the constitutional standard in August. General Surgery, T&O, ENT, Oral Surgery, Gastroenterology, Cardiology and Dermatology; with improvements noted in ENT, Oral Surgery, and Gastroenterology.

The over 18 week backlog for admitted patients increased in month to 1,396 (from 1,349 in July)

Outpatients

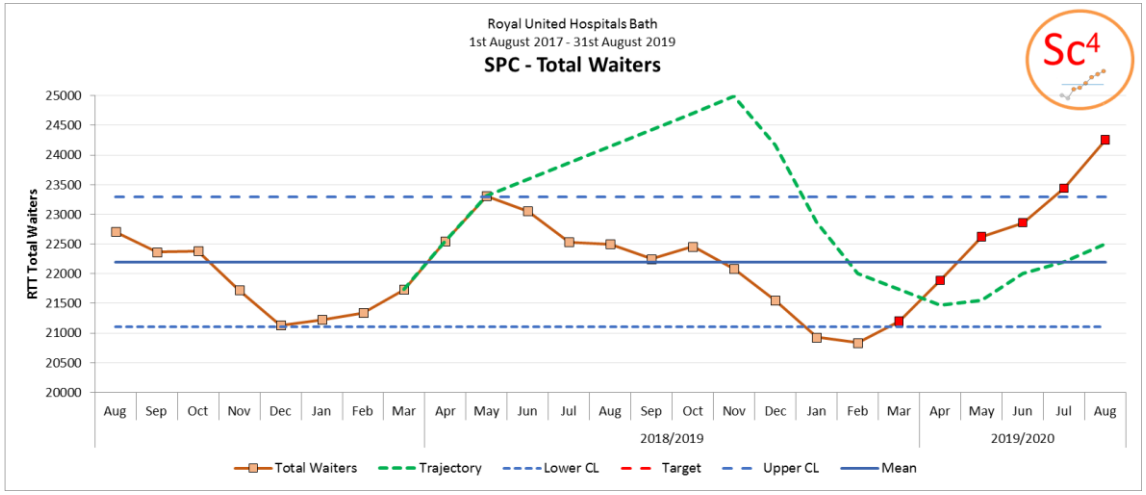
A significant increase in referrals was noted compared with the same 3 month period the previous year for Cardiology 38.6%, ENT 93.8%, Neurology 20.6%, Oral Surgery 41.7% impacting on both waiting times and RTT performance.

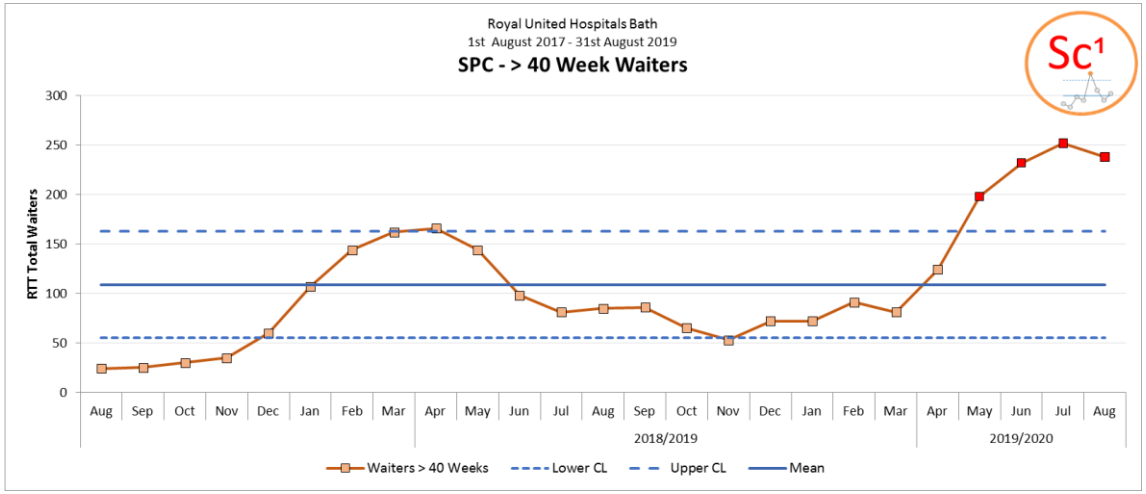
Electives

23 Elective patients were cancelled on the day of surgery for non-clinical reasons.

Non elective demand required elective capacity to be released to support T&O and General Surgery emergency operating lists as the gap in the clinical team in ESAC continues. During August 2019, 232 patients were discharged through Chairport, equating to 53.5% of potential cases

Incomplete Standard: Trajectory incomplete pathways (2)





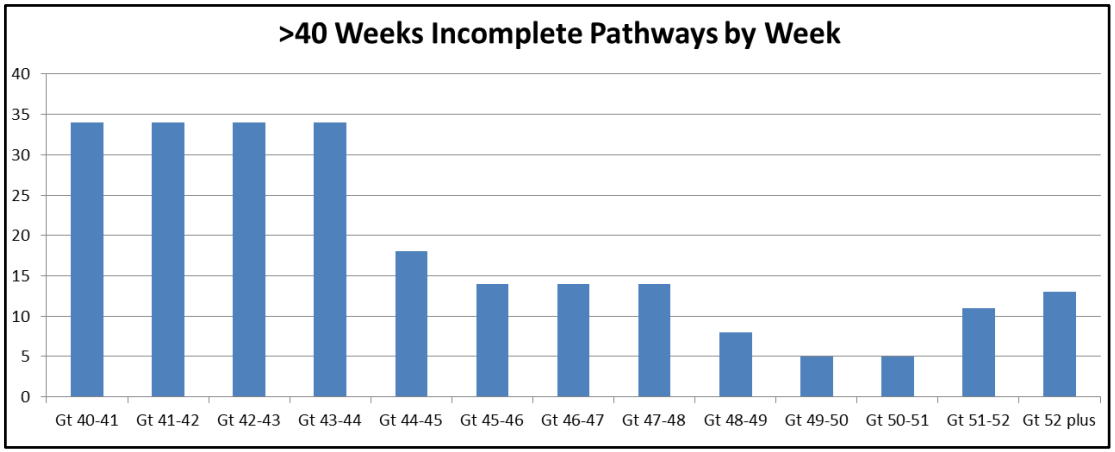
Total Incomplete Pathways grew by 3.5% from July, and is 14% above the March 2019 level, this position is adverse to the planned trajectory. The key growth is in the specialties of Cardiology, ENT and Orthopaedics.

The main risk of 52 week incomplete pathway breaches (patients untreated in month) is within Gastroenterology where routine patients are waiting > 40 weeks for first appointment. In August the Gastroenterology backlog reduced by 69 patients.

Incomplete pathway breaches continue to be reviewed, assessing the number of patients likely to trip over 52 weeks. The actual position for July and August and worst case for future months is detailed below, although this position is now being reviewed with a second Gastroenterology Locum Consultant having started in August.

52 week incomplete pathways prediction					
	Expected			Actual	
	Gastro	Other	Total	Gastro	Other
Jul-19	20	6	26	15	4
Aug-19	15	6	21	10	2
Sep-19	13	6	19		
Oct-19	11	6	17		

18 Weeks – Incomplete Pathways >40 weeks (3)



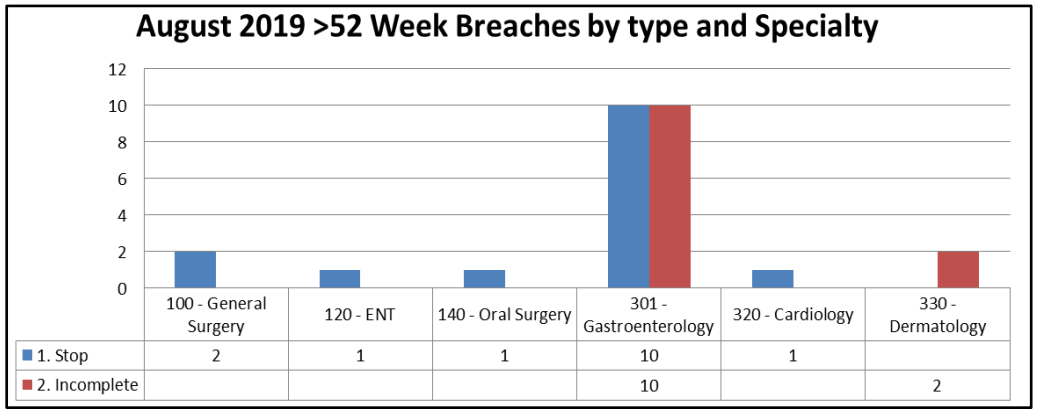
>40 weeks growth from July to August				
	Jun-19	Jul-19	Aug-19	Growth
General Surgery	15	18	28	10
Urology	1	1	2	1
Trauma & Orthopaedics	10	12	19	7
ENT	2	7	20	13
Ophthalmology	4	3	0	-3
Oral Surgery	6	7	8	1
Gastroenterology	**143**	**153**	**84**	**-69**
Cardiology	10	16	15	-1
Dermatology	33	34	60	26
Thoracic Medicine	0	0	0	0
Neurology	0	0	0	0
Rheumatology	1	0	1	1
Geriatric Medicine	0	0	0	0
Gynaecology	0	0	0	0
Other	6	1	1	0
Total	231	252	238	-14

Overall incomplete pathways over 40 weeks have decreased in month by 14 patients.

Gastroenterology have worked hard to reduce patient numbers over 40 weeks by -69 patients in August.

Areas which have noted the highest growth in over 40 weeks in August are Dermatology 26, ENT 13 and General Surgery 10 patients.

52 Week Breaches – Reporting (4)



	100 - General Surgery	120 - ENT	140 - Oral Surgery	301 - Gastroenterology	320 - Cardiology	330 - Dermatology
1. Stop	2	1	1	10	1	
2. Incomplete				10		2

The table above provides detail of Stops and Incomplete pathway breaches reported in August:

1. RTT Stops - For Admitted and Non-Admitted - patients whose pathway stopped during the reported month.

The Trust has reported fifteen >52 week breach stops in August: Stops – 10 Gastroenterology, this was expected from July incomplete breaches reported. General Surgery, 1 Oral Surgery, 1 ENT and 1 Cardiology

52 week stops are reported separately and do not incur a financial penalty.

2. Incomplete pathways

Incomplete pathways – are patients who have not yet had a stop, i.e. been discharged or completed definitive treatment.

The Trust reported 12 >52 week Incomplete patient pathways for August to the CCG and STP for which the Trust will incur a financial penalty for each month the patient remains incomplete

- Incomplete breaches - 10 Gastroenterology**,** 2 Dermatology.

It is expected that a proportion of the Gastroenterology breaches will be seen as Stops in September

3. Patient safety

Patients waiting >40 weeks have a clinical harm review completed by the consultant team, in addition RCA's are completed for all patients waiting >52 weeks. The RCAs inform learning and future actions and are shared with the Commissioners Quality group.

Clinical harm reviews completed year to date have not identified any patient harm.

18 Weeks - In Month Response and Focus (5)

Lead Actions Update:

1. Gastroenterology

- A 2nd locum consultant commenced in August 2019, the focus of the clinical team is to provide extra capacity to patients waiting greater than 40 weeks.
- Gastroenterology 40 week position has been escalated to CCGs and joint working group to review management options for patients in a community setting is in-place
- In-sourcing company discussions are progressing, with both Providers and Commissioners to support additional capacity for surveillance colonoscopy.
- Review of Gastroenterology > 40 week incomplete pathways risk of 52 week breaches is ongoing

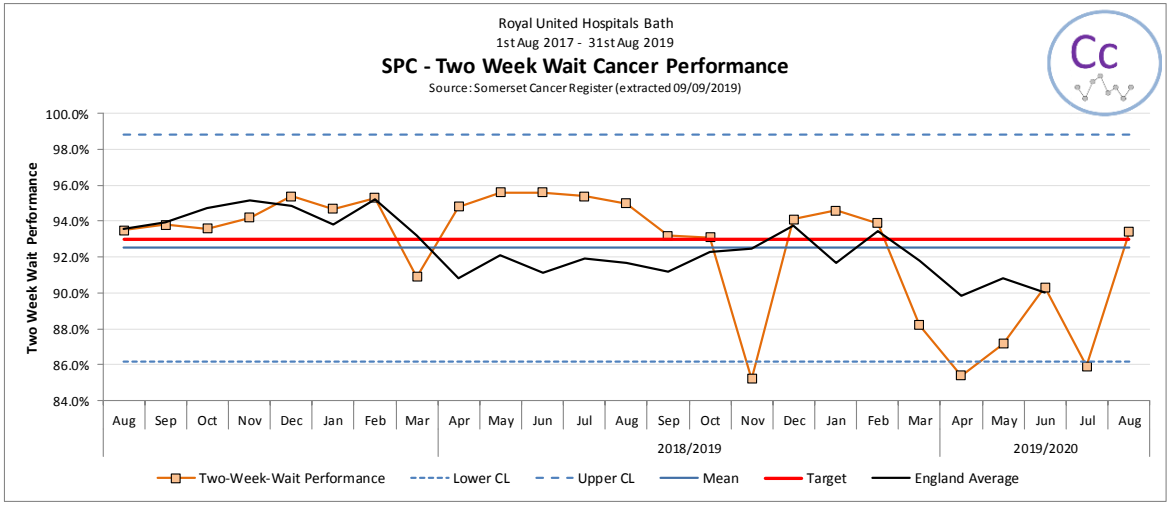
2. Backlog management

- WLI outpatients – focused on increasing ENT and Urology capacity
- WLI theatres – focused on T&O – managing non-elective V elective capacity

Planned Actions:

- Incomplete performance trajectory - activity/performance review at specialty level to identify potential opportunity to improve Trust RTT performance during 2019/20 supporting the wider STP position. Focus across the Surgical Specialities failing RTT standard in September and will form part of Business planning.
- The Trust has shared the revised trajectory for both RTT performance and 52 week breaches with the Commissioners and NHSI.
- Dermatology – the Tele dermatology pilot progressing well, including options for a longer term IT platform to manage the service longer term for all referrals not limited to suspected cancer. Plan to review job plans, consultant and nurse practitioners in September 2019 and to change the clinic processes to have a one stop super clinic model,
- Cardiology – focus on clinic letter delay which is impacting upon validation and the overall RTT position. In September Consultant WLIs took place across one week where circa 100 outpatients were reviewed, this planned for a further one week in October. A substantive consultant has returned from long term sick leave and will focus on outpatient activity during a phased return.

Cancer Access – Two Week Wait (1)



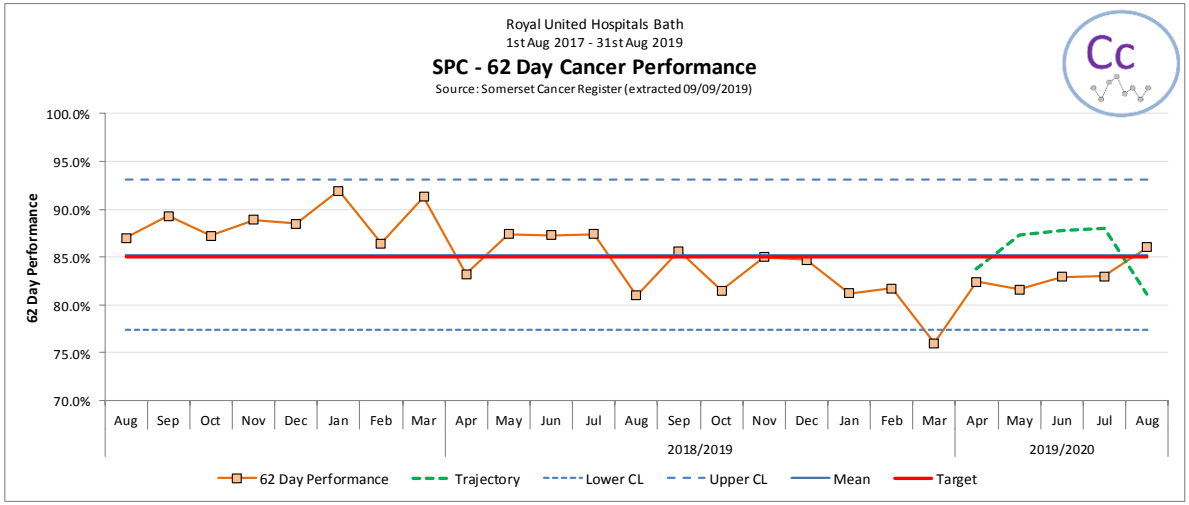
In August the Trust met the 93% target with performance at 93.4%.

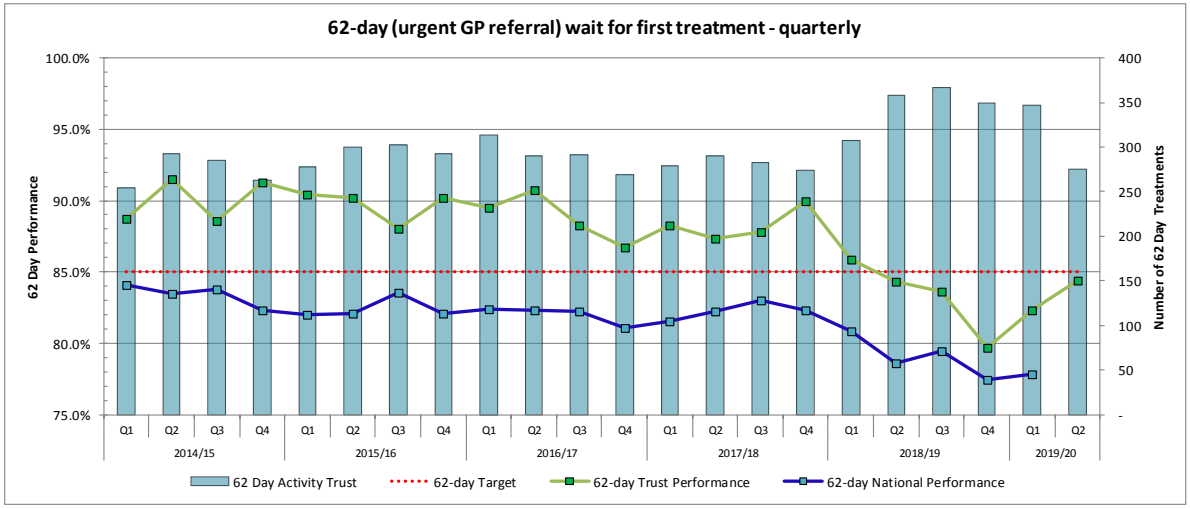
There was no special-cause variation rule triggered, meaning that it is expected common-cause variation

Almost all breaches in month were due to patient choice, a common issue over the summer holiday period.

Only within Gynaecology and Skin was the 93% national standard not achieved, although both tumour sites improved significant from the previous month.

Q1 - 62 Day (urgent GP referral) wait for first treatment (2)





Trust performance in August was 86.1%, achieving the 85% standard for the first time in 2019. Performance in month was also above the NHSI agreed trajectory. In month the Trust reported 17.5 breaches.

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

Under the national breach allocation guidance there were no breaches in August 2019 who were wholly assigned to the RUH or the other Provider involved in that patient's care and therefore the final Trust performance will not be affected in month.

Q2 Trust performance is currently below the required 85% target, although a significant improvement is noted since Q4 2018/19.

Weekly tumour site specific PTL meetings continue and feed into the weekly Trust cancer performance meeting. Board are asked to note that cancer performance remains challenging.

62 Day performance by Tumour Site (3)

Cancer Site	Indicator Description	2018/19								2019/20				
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Breast	Activity	21	18	22.5	33	11	26	17	14	30.5	26.5	15	22	31
	Breaches	0	0	0	0	0	1	1	0	0	3	2	0	1
	Performance	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	94.1%	100.0%	100.0%	88.7%	86.7%	100.0%	96.8%
	Referral Conversion %	8.3%	8.7%	9.3%	6.7%	6.0%	7.9%	3.3%	6.6%	5.8%	3.3%	5.6%	7.4%	
Colorectal	Activity	8	9.5	12	15	12	15	14.5	16	9	13.5	12	19	7
	Breaches	2	4.5	6	5	5	6	4.5	8	4	6.5	4	5.5	4
	Performance	75.0%	52.6%	50.0%	66.7%	58.3%	60.0%	69.0%	50.0%	55.6%	51.9%	66.7%	71.1%	42.9%
	Referral Conversion %	5.8%	6.3%	5.0%	6.4%	5.1%	6.5%	5.2%	4.1%	7.2%	4.7%	5.8%	4.1%	
CUP	Activity	3	0	1	1	0	0.5	0	0.5	0	0	0.5	3	0.5
	Breaches	0	0	0	0	0	0.5	0	0.5	0	0	0	1	0.5
	Performance	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	100.0%	66.7%	0.0%
	Referral Conversion %	50.0%	66.7%		50.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	66.7%	
Gynaecology	Activity	6	8	10	8	11	5.5	8	8	9	4	4	10	9.5
	Breaches	2	0	0	4	2	0	1	0	1	1	0	1	0
	Performance	66.7%	100.0%	100.0%	50.0%	81.8%	100.0%	87.5%	100.0%	88.9%	75.0%	100.0%	90.0%	100.0%
	Referral Conversion %	11.3%	12.0%	4.5%	3.8%	7.6%	7.0%	7.1%	5.3%	3.4%	3.0%	8.2%	7.0%	
Haematology	Activity	5	6.5	6	3.5	4	10	7	8	11.5	5	7	9.5	6
	Breaches	0	0	1	0	0	1	3	4	3	1	2	1	2
	Performance	100.0%	100.0%	83.3%	100.0%	100.0%	90.0%	57.1%	50.0%	73.9%	80.0%	71.4%	89.5%	66.7%
	Referral Conversion %	83.3%	50.0%	25.0%	47.4%	64.3%	63.2%	53.3%	57.9%	25.0%	58.3%	53.3%	62.5%	
Head and Neck	Activity	2.5	5	4	3	3	4.5	3.5	6	5	4	2	6	7
	Breaches	1.5	2	2	1	2	3	2	2	1	0	0	3	2
	Performance	40.0%	60.0%	50.0%	66.7%	33.3%	33.3%	42.9%	66.7%	80.0%	100.0%	100.0%	50.0%	71.4%
	Referral Conversion %	4.3%	2.4%	4.9%	5.0%	2.6%	3.8%	4.3%	2.6%	5.2%	4.8%	2.8%	7.0%	
Lung	Activity	7.5	8.5	8	6	5	6.5	5.5	6.5	8.5	4	9	8	3.5
	Breaches	1	1	0.5	0	0	1	1	3.5	1.5	1.5	1	1	1
	Performance	86.7%	88.2%	93.8%	100.0%	100.0%	84.6%	81.8%	46.2%	82.4%	62.5%	88.9%	87.5%	71.4%
	Referral Conversion %	20.7%	19.5%	23.7%	21.6%	31.3%	21.4%	18.9%	23.3%	25.0%	32.1%	22.2%	19.0%	
Skin	Activity	29.5	34	27.5	30.5	21.5	26	13	28.5	18	26.5	21.5	32.5	28
	Breaches	0.5	1	1.5	0	1.5	1.5	1	5.5	0	0.5	1	1.5	0.5
	Performance	98.3%	97.1%	94.5%	100.0%	93.0%	94.2%	92.3%	80.7%	100.0%	98.1%	95.3%	95.4%	98.2%
	Referral Conversion %	10.1%	11.8%	9.4%	9.4%	11.1%	7.7%	6.3%	9.4%	5.9%	10.6%	6.3%	6.7%	
Upper GI	Activity	13	5.5	9	7.5	4.5	7	8.5	7	4	7.5	11	9.5	6
	Breaches	4	1.5	2	2	0	4	1	0	1	0.5	3	4	2
	Performance	69.2%	72.7%	77.8%	73.3%	100.0%	42.9%	88.2%	100.0%	75.0%	93.3%	72.7%	57.9%	66.7%
	Referral Conversion %	10.5%	6.4%	10.2%	8.7%	5.4%	5.5%	6.9%	5.7%	11.5%	9.7%	11.9%	3.4%	
Urology	Activity	35	26.5	28.5	28	29	28.5	24	28.5	29.5	26	23	30.5	26.5
	Breaches	14	7.5	11	8	5	6.5	4	6	10.5	7.5	5	7.5	4.5
	Performance	60.0%	71.7%	61.4%	71.4%	82.8%	77.2%	83.3%	78.9%	64.4%	71.2%	78.3%	75.4%	83.0%
	Referral Conversion %	20.8%	19.6%	15.1%	21.0%	17.9%	20.0%	13.5%	17.9%	16.7%	19.8%	18.7%	18.7%	

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.

The Board is asked to note performance by tumour site.

In month Trust performance improved following a reduction in the number of breaches in 7 of the 10 tumour sites. Crucially breaches were lower in the historically most challenged tumours sites of Colorectal and Urology following continued focus on reducing the length of those diagnostic pathways.

Breaches were recorded in all tumour sites except for Gynaecology.

Of the total 17.5 breaches, 3.5 (4 patients) waited 104 days or more for treatment.

This is reduction from the 7 recorded in July:

- Colorectal 2
- Haematology 1
- Urology 0.5

62 Day Cancer Performance - In Month Response and Focus (4)

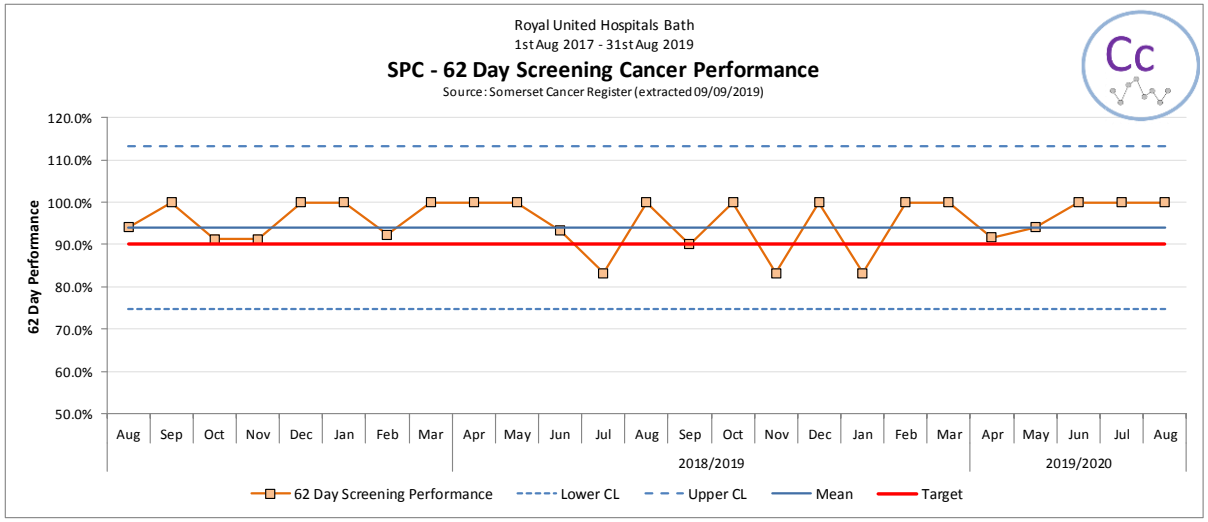
Lead Actions Update:

1. **Cancer specific operational policy in review.** Divisional Managers and CCGs will now review the draft and provide feedback. Discussion/Approval to be completed at the next Cancer performance meeting in September.
2. **Confirmed plan for protected MRI Prostate weekly capacity.** A reduction in the waiting time for Prostate MRIs is noted. Radiology to deliver the agreed protected capacity in month.
3. **Colorectal Straight to Test Pathway.** Nurse Practitioner commenced in post in July 2019 and has so far contacted over 60 patients. The post supported by Cancer Alliance funding is triaging and referring the most appropriate patients directly to diagnostics (Endoscopy/Radiology). A further Colorectal performance meeting was held on 29 August 2019.

Planned Actions:

- Trust-wide cancer PTL review being undertaken, utilising staff employed through Cancer Alliance funding to implement best practice process across all tumour sites and support delivery of the 28 Day Faster Diagnosis and 62 Day Standards.
- Implementation of revised timed pathways for all tumour sites, with enhanced BIU reporting. BIU capacity to support this work is currently challenged and will continue into September 2019. Phase 2 of this work will now be planned to include Gynaecology and Upper GI (noting that Upper GI is a complex pathway involving UHB).
- Implement projects and additional posts funded by the Cancer Alliance, pending approval of the proposals submitted in August 2019.

Cancer Access – 62 Day Screening (5)



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

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

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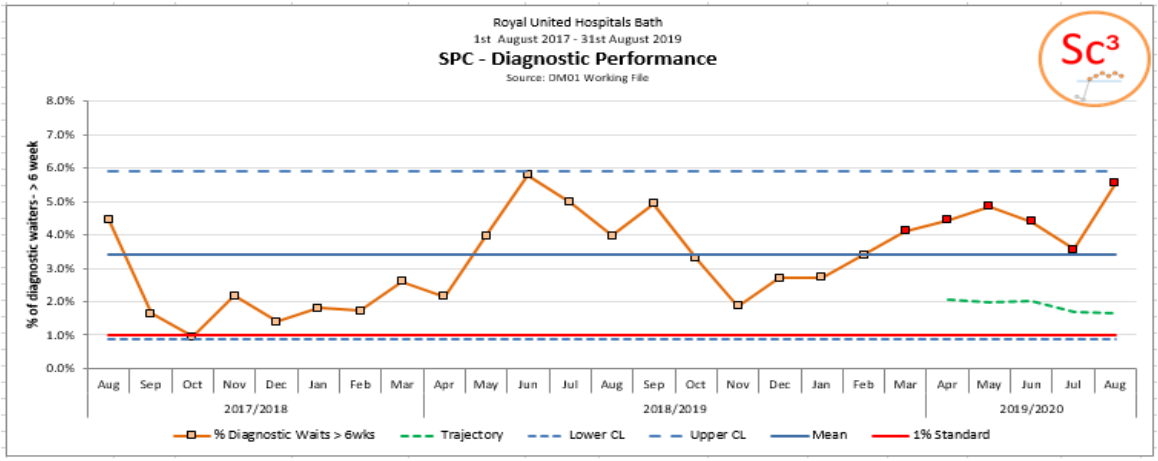
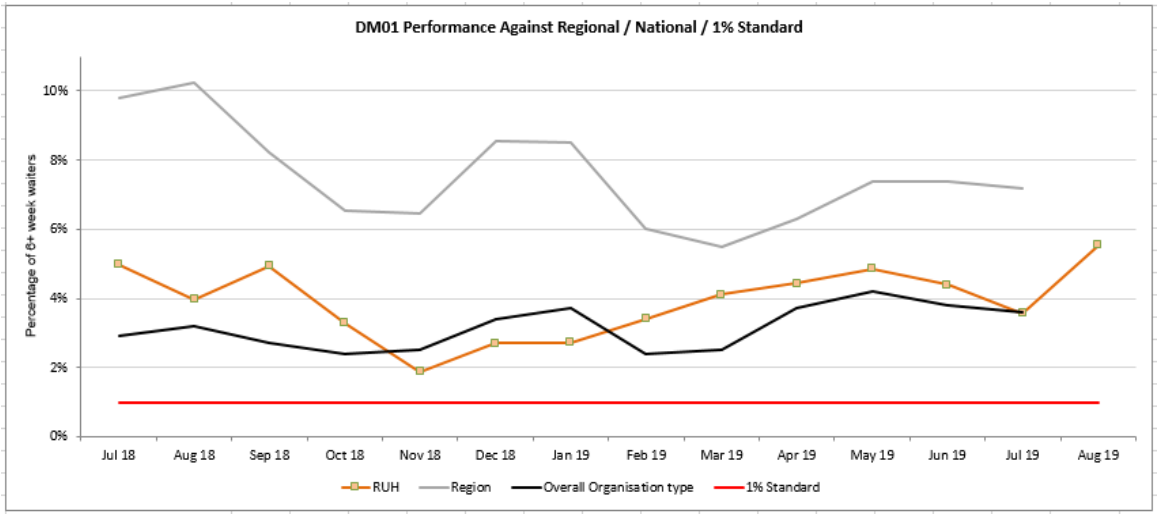
Diagnostics (1)





August performance is reported as 5.54% against the <=1.0% indicator.

The South West Region have identified some key areas for performance improvements including diagnostic 6 week waits, improvement plans completed and submitted.

The significant DMO1 failure in Cardiology and MRI explains the variation from the agreed trajectory. However there has also been breaches of the sleep study pathway, CT and breast ultrasound also adversely contributing to the position in month.

Successes in month with no gastroenterology breaches of the standard.

The SPC rule **SC3** has been triggered with six months performance above the mean. This indicates special-cause variation has occurred within the system.

The second graph shows the percentage of 6+ week waiters for the RUH and Region against the 1% national standard.

Diagnostics (2)

Key Recovery Plan Actions

- *Agency and RUH echo-cardiographers have been booked to work at the weekends to support recovery of plain echo*
- *MRI complex capacity a risk whilst the replacement programme is underway, option to have a second mobile MRI van on site*
- *Recruitment to Breast Radiologist and or Radiographer (including interim agency) to mange the breast ultrasound demand. Business case approved*
- *Sleep studies, additional equipment purchased to support weekend and evening backlog reduction by September 2019*

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	197
Computed Tomography	47
Non-obstetric Ultrasound	7
Audiology - Audiology Assessments	6
Cardiology - Echocardiography	120
Respiratory physiology - Sleep Studies	80
Total (without NONC)	**457**

Weekly DMO1 group in place managed by the Medical Division to support recovery and service improvements.

Echocardiography (120) – Second highest contributor to the DMO1 position due to recovery from unplanned staffing gaps. Backlog has stabilised and breach number reducing delivering recovery trajectory. The focus has continued to be on the stress echo (DSE), plain echo and TOE capacity. Weekend agency approved, however no staff have been identified. Alterative staffing options being considered including outsourcing. Internal requests for echo under review by the Cardiology Clinical Lead to support consultant only referrals to support 6 week capacity.

Non-Obstetric Ultrasound (7) - Breaches have occurred in month due to a combination of increases in demand and Radiologist capacity. Business case has been approved to recruit to a 10 PA Consultant Breast Radiologist and is currently back to advert as first recruitment round unsuccessful, further reduction in Consultant capacity due to resignation. Anticipated further capacity loss from September 2019 with no support at present from agency to undertake additional weekend lists. Additional actions required to be identified to mitigate increasing risk.

CT (47) –Overall growth in CT demand continues and higher activity levels have been reflected in the 2019/20 improvement trajectory. CT replacement programme will reduce CT capacity mid September, alternative capacity options are in place including further option of an additional mobile unit on site.

MRI (197) - Breaches in month due to Cardiac capacity, GA and MRI replacement programme risk due to reduction in capacity; proposal for a second MRI van on RUH site as outsourcing alone does not support the complexity of scanning required for the patient cohort.

Sleep Studies (80) – change in administrative processes did not allow the sleep referrals to be visible to the team, this has been rectified and will not reoccur. Plans in place to address backlog continue with trajectory to no breaches by end of October, additional equipment in place and overtime agreed.

Diagnostics - In Month Response and Focus (3)

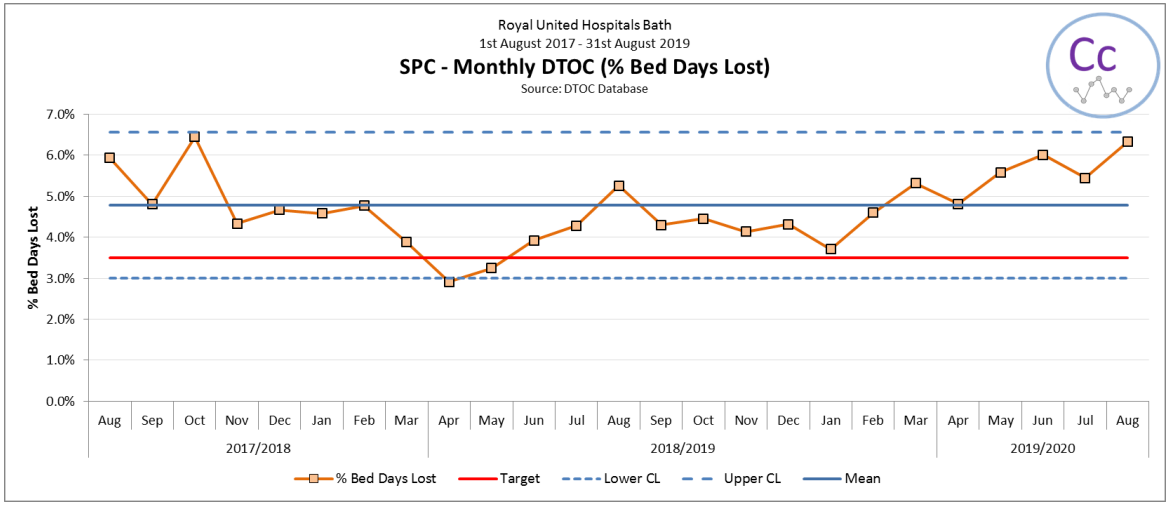
Lead Actions Update:

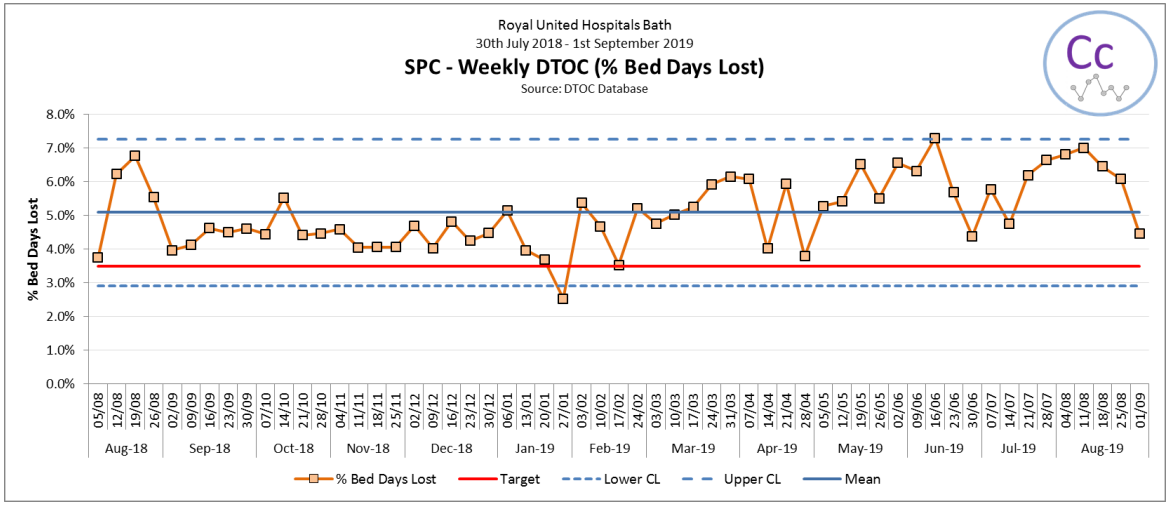
1. **Cardiology** - Cardiology Consultant locum in place to support complex echo capacity. Weekend and evening agency staff have not been secured in August and September due to national and local shortages. Action to review RUH staffing options including enhancements for echo staff at the weekend.
2. **MRI** - Replacement programme will impact upon capacity available due to ongoing increase in demand. Options include outsourcing and second MRI on site to accommodate complex imaging. Impact assessment and options to be presented to Capital Programme.
3. **Breast** - Business case has been approved to recruit to a 10 PA Consultant Breast Radiologist and is back out to advert as unsuccessful in recruitment. Resignation of substantive Radiologist which will impact from September 2019. All options including agency and radiographer roles are being considered. Demand management options also under consideration by the Breast team.

Planned Actions:

- Confirmation of CT and MRI replacement programme mitigation plan; additional capacity in alternative locations in place, business case to be submitted to Capital Programme Management Group Monday 16th September regarding additional to additional van capacity on site. Trajectory and impact reviewed and an ongoing monitoring is in place. Mitigation plans to cover CT during replacement programme not sufficient due to increase in demand.
- Substantive Consultant appointment to commence w/c 30/09/19, in addition to 3 WTE clinical fellows (in post from August) will provide from the end of September additional 50 patients per month.
- Cardiology to implement a Referral Assessment Service (RAS), notice to GPs w/c 16th September of plan to implement. This will reduce referrals into the echo service and ensure that the current capacity is effectively managed. In addition to supporting the validation process for planned echoes in line with revised NICE guidance.
- Sleep study recovery trajectory in place with additional sessions planned, will recover by end of October 2019

Delayed Transfers of Care (1)





34 patients were reported in the month end snapshot, and 1,151 delayed days (6.3%). This is significantly above the national target set (3.5%)

Performance continued to be closely monitored in August with weekly system escalation. Performance has been variable and ensuring consistency remains a challenge.

The Complex Discharge Strategy Group, are in the process of planning a system wide Discharge Workshop in early November to review the systems commitment to the 4 discharge pathways and discuss improvement ideas for pathway 3 – long term support; care at home/placement.

The top SPC graph shows the monthly DTOC bed days lost and the bottom graph highlights the weekly position.

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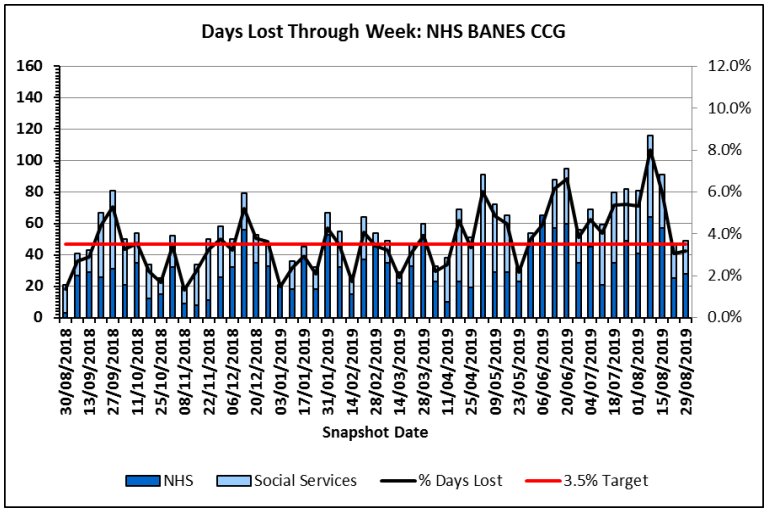
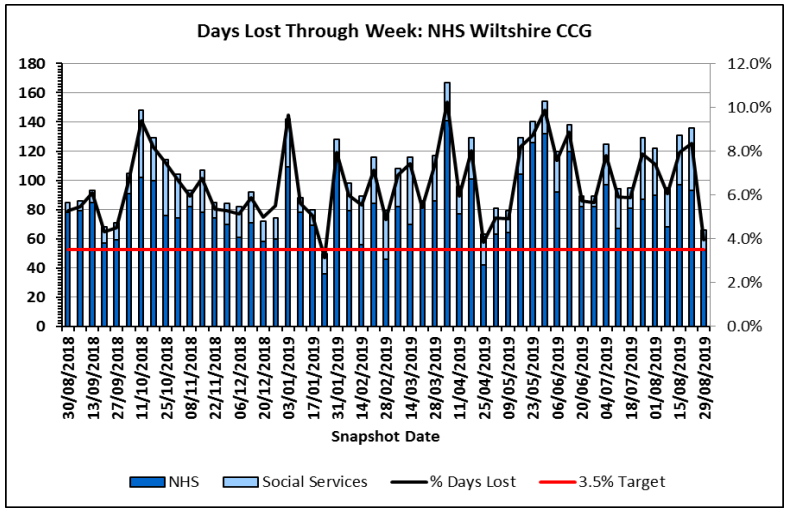
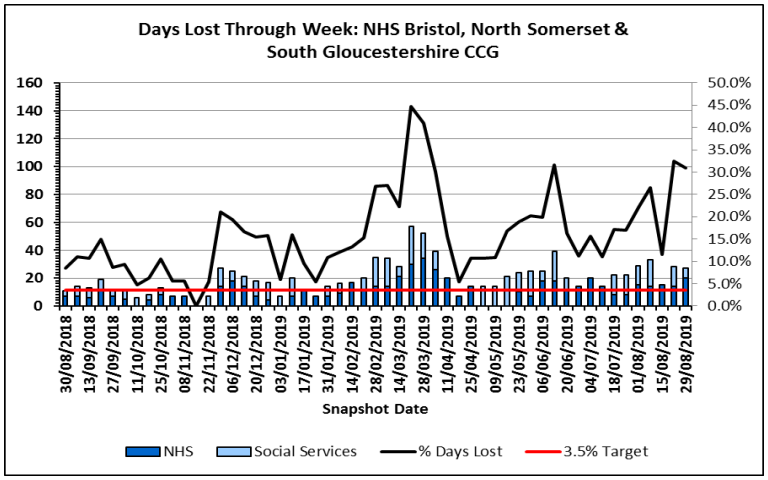
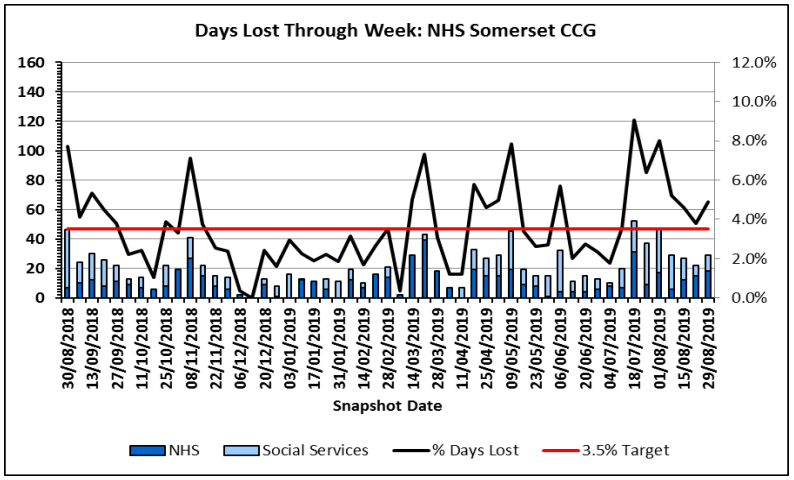
Delayed Transfers of Care by CCG (2)







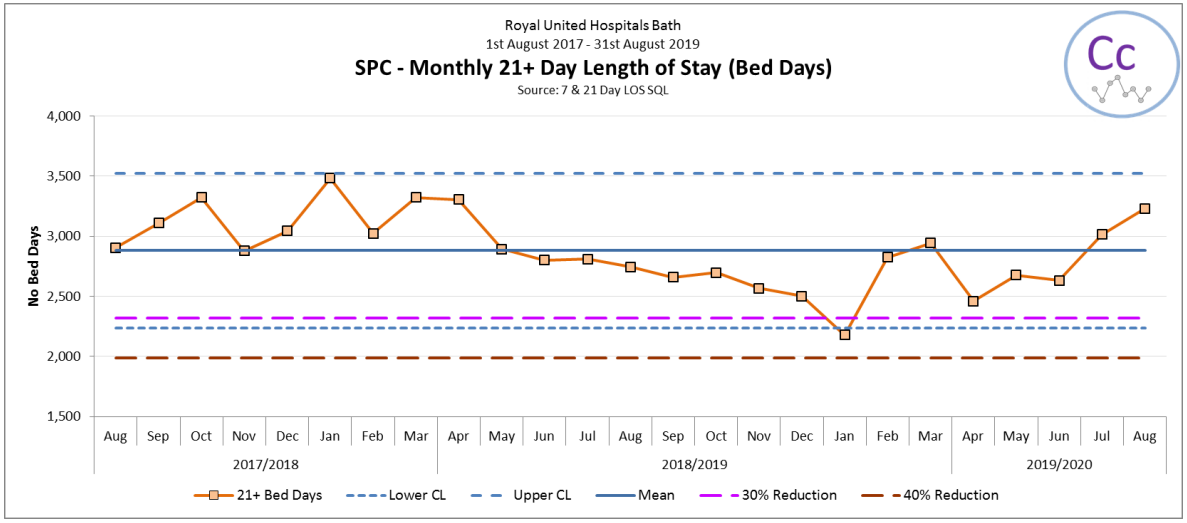


RUH focus to reduce delays is being led through the Integrated Discharge Service (IDS) work programme, supported by the Deputy COO

Escalation has been on-going. Significant system changes continue to contribute to the performance seen in Wiltshire but August did see improvement.

Progress to deliver system change will continue to be monitored with assurance that plans will be completed by October 2019.

Reducing Extended Length of Stay (+21 day) (3)



A 40% reduction target has been set in the NHS Long Term plan, which would require the RUH to reduce +21 day patients to an average =< 65 patients. (Baseline 2017/18 of 109 patients).

Daily patient level reporting was re-instated at the end of July following the suspension in July due to an issue with the reporting accuracy.

The SPC chart shows performance has deteriorated further in August. In August the Trust +7 day LOS position has also declined further. Home First (pathway 1) performance was also poor in August.

The Integrated Discharge Service (IDS) review all +21 day patients daily.

Weekly ward LLOS reviews are completed by a review team that includes consultant, senior therapist, operational management and senior social services support. This new process is identifying internal and external reasons for delays. In August delays for patients waiting for a package of care at home decreased and the largest number of external delays were due to patients waiting for new Care Homes..

The SPC graph shows the monthly Total +21 day RUH performance, with monitoring from August 2017.

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

Lead Actions Update:

1. **Weekly Discharge PTL (DPTL)**. Weekly ward level reviews of all LLOS patients continued in August. Weekly outcome reports are being developed to be shared internally and externally. All partner organisations invited to attend in order to understand the process.
2. **Complex Discharge Strategy Group continues to meet and review key actions.** Themes from the DPTL are escalated through this group.
3. **RUH Discharge Policy review completed** by IDS Lead in July 2019. The draft policy to now being reviewed by Divisional teams ahead of final review by the Director of Nursing and Chief Operating Officer in September 2019.

Planned Actions:

- Complex Discharge Strategy Group continue to work through the issues around delirium and how this is impacting on LLOS and what actions can be taken to deliver system wide improvements. (This will support the Trusts work on Home First Delirium pathway with BANES CCG – x3 PDSA patients in September)
- System Discharge Workshop planned for November 2019 to refocus work across all 4 discharge pathways.
- Local Government Authority (LGA) DTOC Peer Review to take place in September 2019, system self assessment was completed in August 2019
- BANES Trusted assessor review completed and successes shared with Wiltshire and Somerset CCGs. Actions to be agreed as part of the system LLOS action plan.
- Patient Flow System, benefits will included improved reporting of discharge pathways (pathways 0, 1, 2 and 3). This will support reporting via the SHREWD system.

Key National and Local Indicators

In the month of August there were **12 red indicators of the 72 measures reported, 4 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.

Caring | Effective | Responsive | Safe | Well Led

Effective

SOF 10. Dementia case finding **(lag 1 month)**

Responsive

SOF 29. Diagnostic tests maximum wait of 6 weeks (DMO1)
30. RTT over 52 week waiters
31. Urgent Operations cancelled for the second time
35. % Discharges by Midday (Excluding Maternity)
38. Delayed Transfers of Care

Safe

SOF 49. Never Events
SOF 52. Venous thromboembolism % risk assessed **(lag 1 month)**
53. Number of patients with falls resulting in serious harm (moderate, major)
54. Number of avoidable hospital acquired pressure ulcers (grade 3 & 4)

Well Led

63. FFT Response Rate for Maternity (Labour Ward)
68. % agency nursing staff (% of agency nursing spend of total nursing pay bill)

X 10. Dementia case finding (1 month lag)

The Dementia Case Finding of patients aged >75 in July was 78.8% with 673 patients admitted and 530 case finding questions. The Trust continues to promote all Dementia friendly strategies and raising awareness with medical staff to complete case finding questions with all patients >75. Performance against this standard is overseen by the Quality Board.

Caring | Effective | Responsive | Safe | Well Led

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

There were 457 over 6 week waiters in August, equating to 5.54% against the <=1.0% indicator, rated red. Performance in August failed to meet the constitutional target. See slides 19 to 21 above.

X 30. RTT over 52 week waiters

There were fifteen patients who breached the 52 week standard for treatment in August

- 10 x Gastroenterology – lack of capacity
- 2 x General Surgery – administrative process errors
- 1 x Cardiology – administrative process error
- 1 x ENT – paediatric sleep study capacity breach
- 1 x Oral Surgery – administrative process error

Please see slides 11 and 12. Performance is monitored at the RTT Delivery Group, this includes tracking actions agreed following completion of RCAs. All patients who breach 52 weeks received a letter of apology detailing the RCA findings.

X 31. Urgent Operations cancelled for the second time

One non-elective theatre patient was cancelled on the day for non-clinical reasons, for a 2nd consecutive time. This T&O Trauma patient was cancelled due to a list overrun on the 29th August, and again for the same reason on the 30th August. They had their operation on the 31st.

X 35. % Discharges by Midday (Excluding Maternity)

In August patients discharged by midday fell to 14.5% and remains below the target of 33%. Improvement work is being led by the Urgent Care Collaborative Board and daily 4hr improvement huddles with performance monitored weekly via an up-dated 4hr improvement dashboard. The Patient Flow System go-live in June 2019 has not delivered a significant improvement, management Board continue to review progress with the optimisation of the Patient Flow System.
The Trusts range of ward level performance in July: **Cheselden (40%), Helena (7%)**

X 38 Delayed Transfer of Care (Days)

There were 1,151 delayed days in August, which was 6.3% of the Trust's occupied bed days. See slides 22 to 25 above.

X 49. Never Events

This Never Event was reported to StEIS in August 2019. It relates to a fascia iliaca block that was commenced on the wrong side of the patient at the beginning of an operation. The block was partially injected before the mistake was realised. Subsequently the procedure was stopped and the correct side was performed. Patient was informed of the incident and no harm was reported. A Rapid Incident Review Meeting took place and we are currently awaiting the assignment of an investigator to undertake an RCA investigation.

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

Performance continues to be monitored and actions agreed at the Trusts Quality Board.

X 53. Number of patients with falls resulting in serious harm (moderate, major)

In August there were four 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 (OGC).

- 4 Moderate (2 ACE, 2 Midford)

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

One category 3 case reported in August (William Budd).

X 63. FFT Response Rate for Maternity (Labour Ward)

In August the FFT Response Rate for Maternity increased to 13.0% from 11.7% in July below the agreed target.

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

Registered Nurse agency spend as a % of total Registered Nurse pay bill reduced to 5.6% in August from 8.9% in July. (See Well Led Slides)

Indicator	Trust Performance Over Last 12 Months												Q2 Target
	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	
Budgeted Staff in Post (WTE)	4725.20	4696.50	4710.90	4710.90	4710.30	4710.30	4710.30	4850.38	4849.78	4849.78	4852.78	4853.78	
Contracted Staff in Post (WTE)	4481.40	4491.70	4529.30	4506.70	4493.00	4488.70	4490.40	4467.95	4480.40	4480.90	4495.88	4549.13	
Vacancy Rate (%)	5.20	4.36	3.85	4.33	4.61	4.70	4.67	7.88	7.62	7.61	7.35	6.28	6.12
Bank - Admin & Clerical (WTE)	33.70	38.50	33.10	29.90	34.50	29.70	33.51	30.35	35.03	34.62	38.94	1 Month Lag	
Bank - Ancillary Staff (WTE)	19.20	17.60	16.20	17.40	21.00	19.10	22.05	20.22	23.96	20.65	23.29	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	188.20	153.40	167.50	150.40	160.20	150.50	164.35	164.36	166.01	166.31	175.07	1 Month Lag	
Agency - Admin & Clerical (WTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Agency - Ancillary Staff (WTE)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Agency - Nursing & Midwifery (WTE)	52.00	40.10	45.30	30.00	33.20	48.80	40.60	30.61	44.24	45.75	47.80	58.19	
Agency Spend (% of total pay bill)	2.66	1.61	2.18	1.31	2.03	1.85	1.88	2.18	2.92	2.30	3.96	2.97	2.50
Nurse Agency Spend (% of total Reg Nurse pay bill)	6.93	4.12	4.97	4.49	4.29	5.32	3.78	4.83	5.88	4.03	8.86	5.59	3.00
Rolling 12 Month Turnover (%)	12.43	12.29	12.68	12.28	12.41	12.36	12.18	12.12	11.96	11.85	11.48	11.88	11.40
In Month Turnover (%)	1.08	0.84	1.27	1.03	1.04	0.71	1.11	0.82	0.85	0.94	0.73	1.18	0.92
Rolling 12 Month Sickness Absence (%)	4.00	3.99	4.01	3.99	3.93	3.92	3.93	3.95	3.99	4.02	4.05	4.04	3.85
In Month Sickness Absence (%)	4.00	3.73	4.33	3.98	3.79	4.23	4.77	4.29	3.93	3.79	3.91	3.76	3.52
Staff with Annual Appraisal (%)	83.30	84.40	84.55	85.25	84.70	84.68	84.61	83.41	82.18	82.73	80.91	81.06	87.31
Information Governance Training compliance (%)	86.20	84.50	87.80	88.50	88.40	91.20	91.90	91.60	90.70	90.00	88.20	85.60	95.00
Mandatory Training (%)	86.90	86.80	87.00	87.50	87.00	87.00	87.00	87.20	87.60	87.60	87.50	86.80	90.00

Common Cause Variation

Latest data point does not trigger any rule and process capable of meeting target.

Latest data point does not trigger any rule but either process is incapable of meeting target or process should be monitored over next few months as future trigger possible.

Special Cause Variation

A single data point outside control limits with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

Two (or three) data point out of three below the control limits but above the warning limit, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

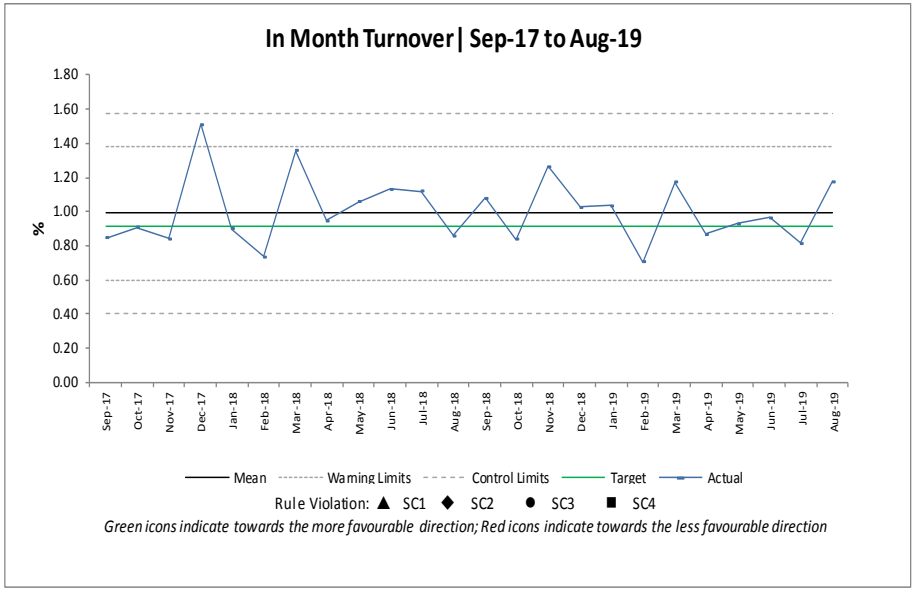
Shift of at least 6 data points all above or all below the mean, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

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

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

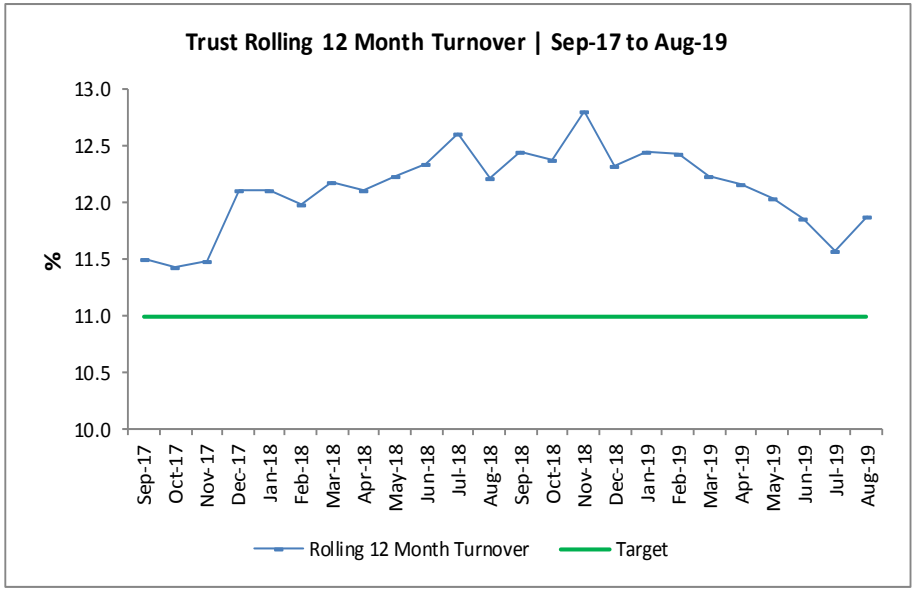
Well Led | Workforce | Turnover Rate

In Month Turnover (%)



Target	Actual	Latest Data Point
0.92	1.18	Cc

12 Month Rolling Turnover (%)



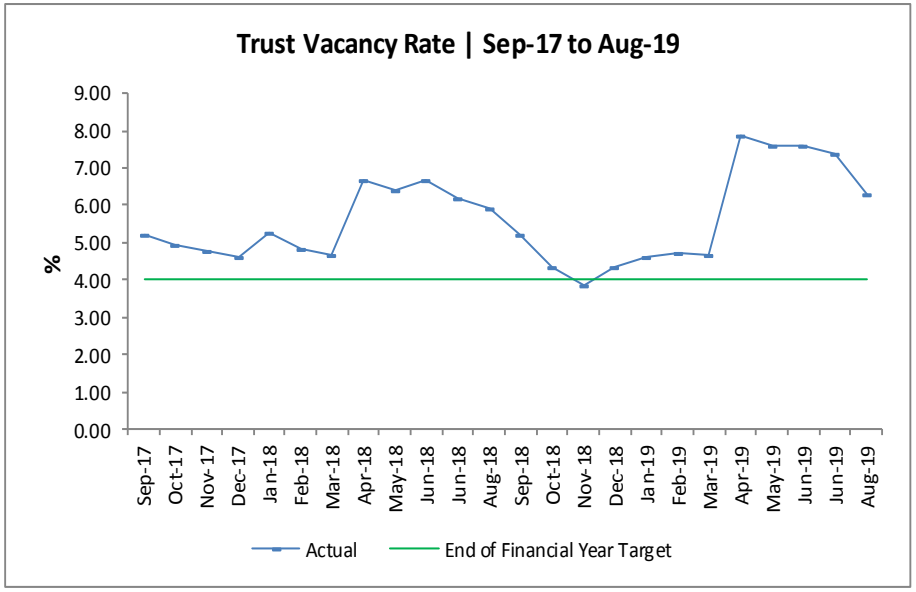
Target	Actual
11.40	11.88

Commentary on Performance

- As it stands, In Month Turnover in August was 1.18%. Although this is the highest in month figure to date for this Financial Year; this figure is not exceptional and remains within expected parameters. The average for the first five months also stands at 0.95%, only marginally above the 0.92% target.
- As anticipated, Rolling 12 Month Turnover has increased to 11.88%. This is due to a favourable August 2018 figure having rolled off the calculation; being replaced by an above average figure. Looking ahead, assuming no atypical turnover in September and October, November could be the next opportunity to see a notable drop in 12 Month Rolling Turnover.
- Band 5 Nurse Turnover remains static compared to last month at 14.9%. Eight Band 5 Nurses (6.74 WTE) left in August 2019.
- Excluding Junior Doctors, there were 57 leavers in total, equating to 48.09 WTE. Of these, 12 left inside one year of joining the Trust.

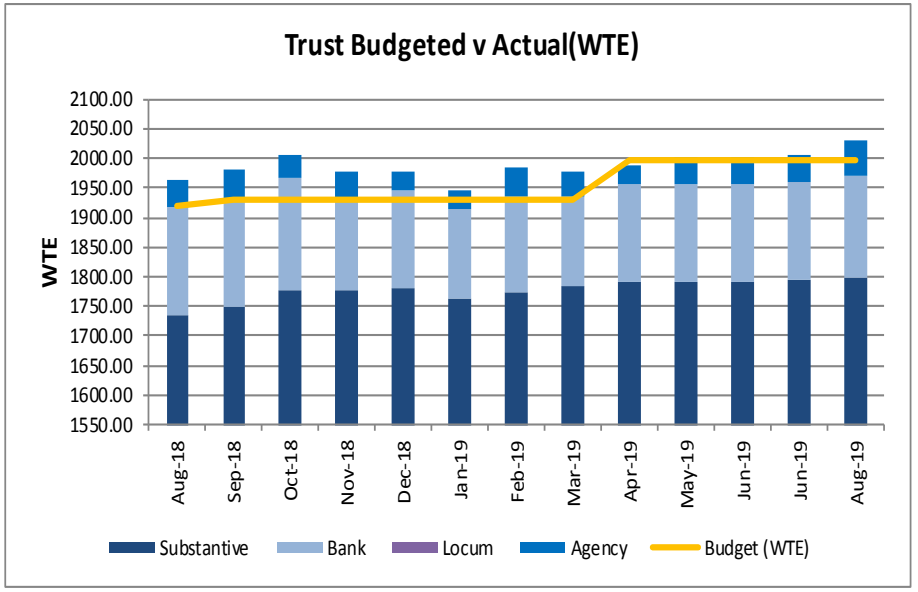
Well Led | Workforce | Vacancy Rate

Vacancy Rate (%)



Target	Actual
6.12	6.28

Budgeted v Contracted WTE

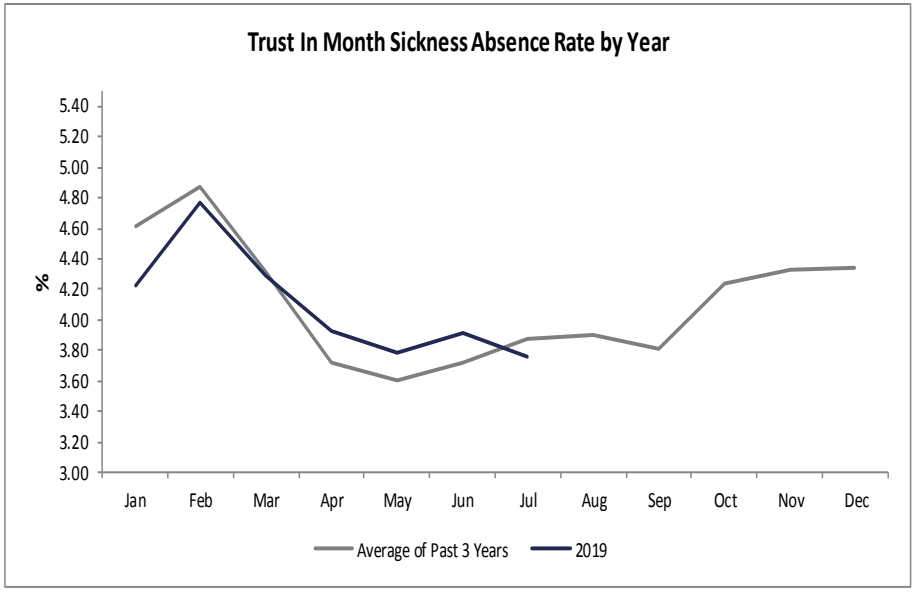


Commentary on Performance

- Vacancy Rate reduced in August to 6.28%, following a notable increase in contracted WTE. This favourable change has helped to offset previous months' performance and puts the Trust back on course to achieve a 4% vacancy rate at the end of the Financial Year.
- Band 5 Nurse Vacancy remains static at 18.7% - equivalent to 139.7WTE.

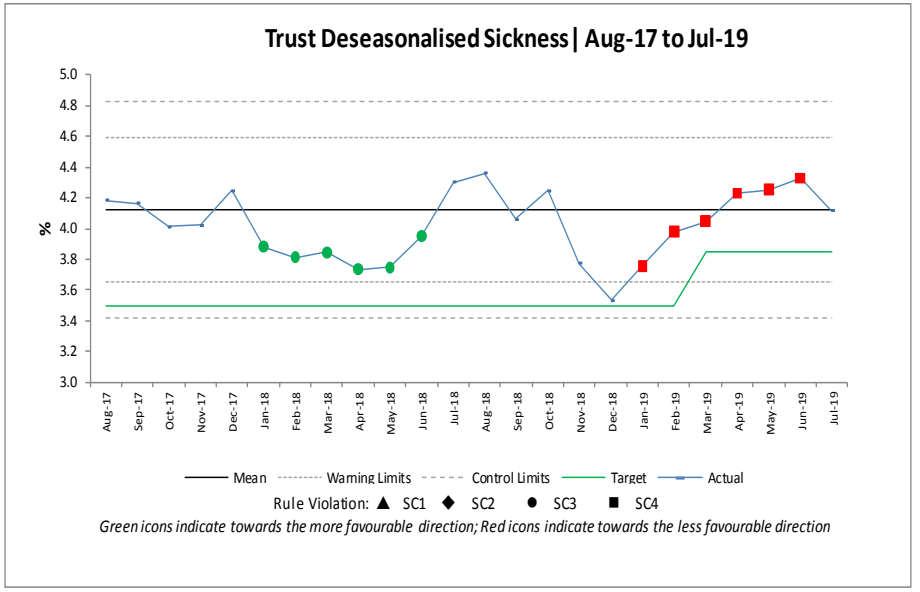
Well Led | Workforce | Sickness Absence Rate

In Month Sickness Absence (%)



Seasonally Adjusted Target	Actual
3.52	3.76

Deseasonalised In Month Sickness Absence (%)



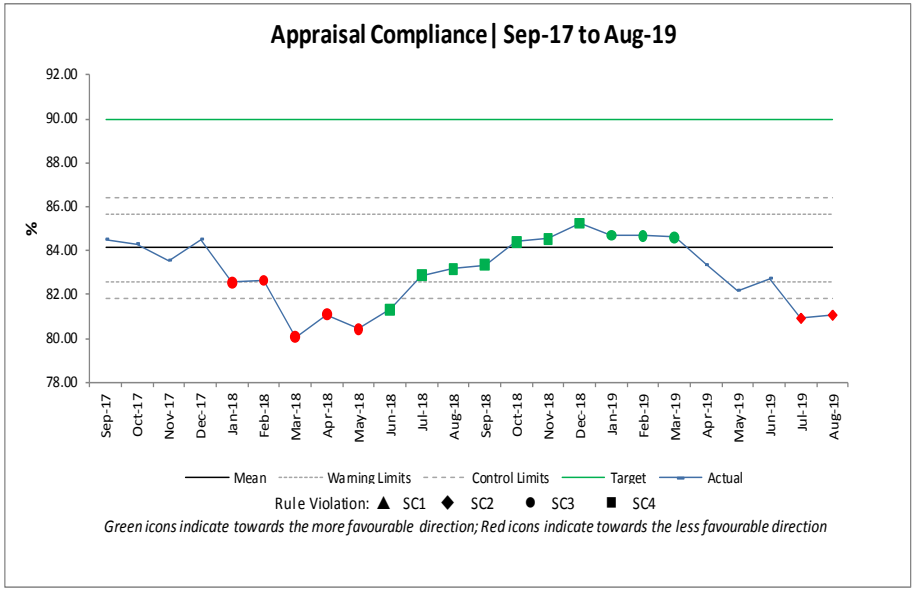
Target	Actual Deseasonalised	Latest Data Point
3.85	4.12	Cc !

Commentary on Performance

- The actual Sickness Absence rate in July was 3.76%. This is lower than last month's figure and is a slight, but not statistically significant, improvement on July figures over the past 3 years.
- Converted to a deseasonalised figure, July's rate was 4.12%. This mirrors the average for the wider period and brings to an end the increasing trend. However, although an SPC rule is no longer breached, performance over the Financial Year to date remains above that required to hit the Trust's 3.85% target.
- Whereas the average of the deseasonalised figures for March 18 to July 18 was 3.92%, the average for March 19 to July 19 is 4.20%. Taking into account several favourable winter months in 2018/19, at this stage the indications are that 2019/20 could be a poorer performing year.

Well Led | Workforce | Appraisal Compliance

Appraisal Compliance (%)



Target	Actual	Latest Data Point
87.31	81.06	Sc²

Appraisals In and Out of Date

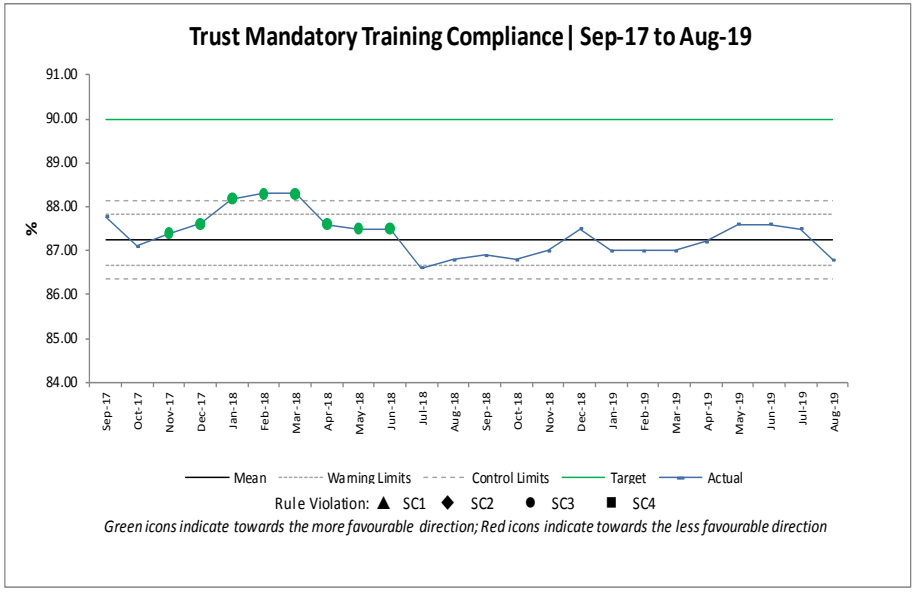
	In Date	Out of Date	% Compliant
Trust	3577	836	81.06
AfC Staff	3332	758	81.47
M&D Staff	245	78	75.85
Consultants	196	42	82.35

Commentary on Performance

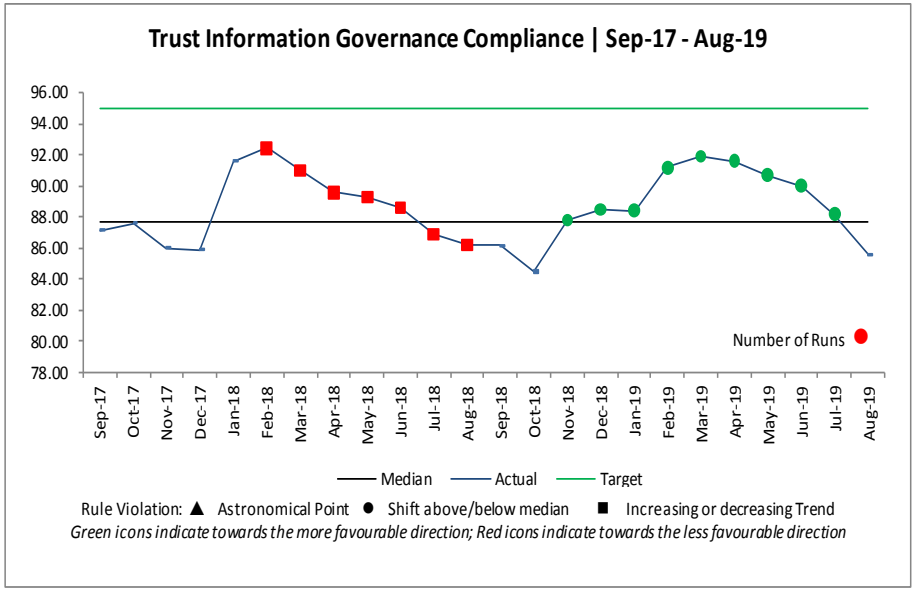
- Although Appraisal Compliance improved marginally this month to 81.06%, this is the second month in succession where the compliance rate falls outside of the Lower Control Limit, breaching SPC rules. Although this would typically indicate a loss of process control, the general fall, rise then fall again since December 2017 demonstrates that the process has lacked stability for some time.
- Only Women and Children's have a compliance rate over 85%, although they are still more than four percentage points away from the Trust's 90% target. Facilities Department have a compliance of 75.2%, falling below the tolerance level of 80%.

Well Led | Workforce | Training Compliance

Mandatory Training (%)



Information Governance (%)



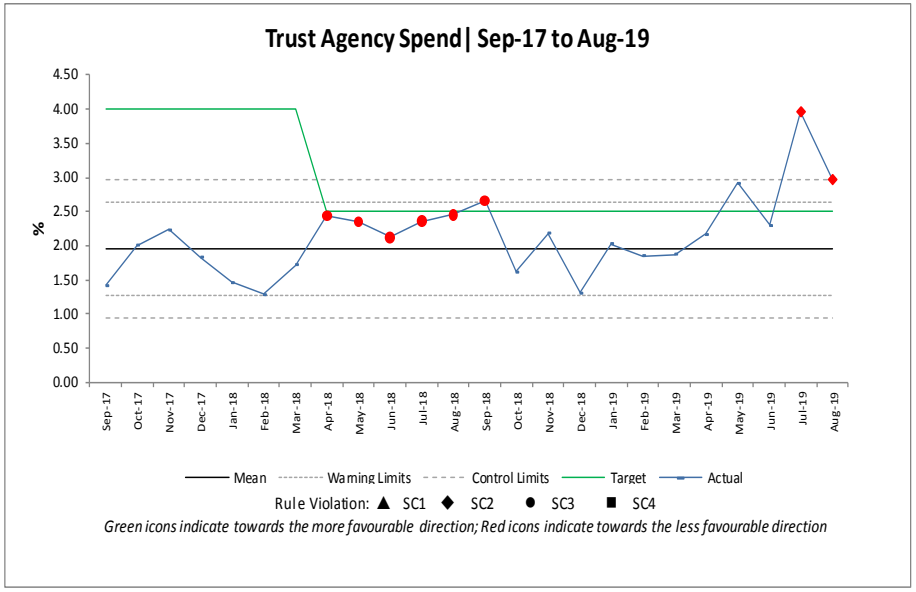
Target	Actual	Latest Data Point
90.00	86.80	Cc !

Target	Actual
95.00	85.60

Commentary on Performance

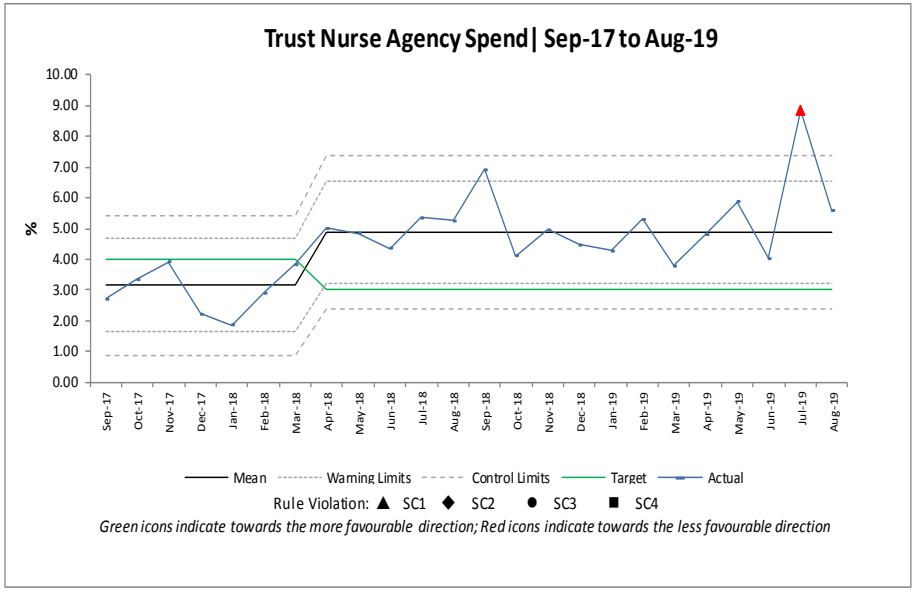
- Mandatory Training compliance has fallen to 86.8%. Whilst this is below the period mean, it remains inside the lower control limit and therefore does not breach an SPC rule. However, performance is more than three percentage points below the 90% target. This target does not appear likely to be met with the current processes.
- IG Training compliance continues to fall and now stands at 85.6% - below the median for the wider period. The Trust is now almost ten percentage points below its target, with compliance having fallen 4.4 percentage points in the last two months alone.

Agency Spend as Proportion of Total Pay Bill (%)



Target	Actual	Latest Data Point
2.50	2.97	Sc²

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



Target	Actual	Latest Data Point
3.00	5.59	Cc

Commentary on Performance

- Agency spend as a proportion of the total pay bill was 2.97% this month. Although notably lower than last month, this figure is outside the upper control limit and breaches multiple SPC rules, both in isolation and in conjunction with the three preceding months. Indeed, since May 2019, the figures have been higher than average.
- Nurse Agency spend as a proportion of the total nursing pay bill has also fallen compared to last month and stands at 5.59%. This is a figure that has only been exceeded three times over the past two years so is relatively high. However, it does fall inside the control limits and does not therefore breach any SPC rule.

Integrated Balanced Scorecard - August 2019

Royal United Hospitals Bath NHS
NHS Foundation Trust

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold	2018/19			2019/20	2019/20		Triggers Concerns
		Performing	Q2	Q3	Q4	Q1	Jul	Aug	
SOF	**Four hour maximum wait in A&E (All Types)**	**95%**	**83.3%**	**80.0%**	**74.2%**	**77.1%**	**73.5%**	**72.8%**	
	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	4	**n/a**	**n/a**	**n/a**	15	**3**	**1**	
SOF	**RTT - Incomplete Pathways in 18 weeks**	**92%**	**87.3%**	**88.0%**	**86.4%**	**86.7%**	**86.0%**	**85.4%**	
	31 day diagnosis to first treatment for all cancers	96%	**98.5%**	**98.5%**	**97.4%**	**97.1%**	**98.5%**	**96.6%**	
	31 day second or subsequent treatment - surgery	94%	**98.8%**	**97.0%**	**95.8%**	**95.6%**	**97.4%**	**95.0%**	
	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%	**94.6%**	**90.5%**	**92.1%**	**87.5%**	**85.9%**	**93.4%**	
	2 week GP referral to 1st outpatient - breast symptoms	93%	**94.5%**	**94.6%**	**93.0%**	**88.4%**	**95.8%**	**84.2%**	
SOF	**62 day referral to treatment from screening**	**90%**	**90.9%**	**95.0%**	**95.7%**	**95.2%**	**100.0%**	**100.0%**	
SOF	**62 day urgent referral to treatment of all cancers**	**85%**	**84.3%**	**83.6%**	**79.7%**	**82.3%**	**83.0%**	**86.0%**	
SOF	**Diagnostic tests maximum wait of 6 weeks**	**1%**	**4.62%**	**2.63%**	**3.42%**	**4.55%**	**3.57%**	**5.54%**	

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

Finance and Use of Resources - August 2019

	YTD Plan	YTD Actual	YTD Variance
Capital Service Cover Metric			
Capital Service Cover Rating	2	2	
Liquidity Metric			
Liquidity Rating	1	1	
I&E Margin Metric			
I&E Margin Rating	1	2	
Variance from Control Metric			
Variance from Control Rating		3	
Agency Metric			
Agency Rating	1	3	
Rounded Score	2	2	
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here		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	

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

Integrated Balanced Scorecard - August 2019

Royal United Hospitals Bath NHS
NHS Foundation Trust

CARING				Threshold		2018/19			2019/20	2018/19	2019/20				
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q2	Q3	Q4	Q1	Mar	Apr	May	Jun	Jul	Aug
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	96	97	96	95	95	92	95	96	95	97
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	97	97	97	97	97	96	96	98	97
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	98	100	100	100	100	100	100	100	100	100
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	97	97	98	97	98	97	98	98	98	97
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10	6.5	6.9	6.6	7.2	5.6	7.2	6.9	7.5	7.5	5.7
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	2	0	1	0	0	0	0	0	7	3
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	0	0	0	0	0	0	0	0	2	2
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	67	31	50	71	25	15	30	26	40	26

EFFECTIVE						Q2	Q3	Q4	Q1	Mar	Apr	May	Jun	Jul	Aug
10	DON	SOF	Dementia case finding	>=90%	<90%	85.5%	86.6%	84.4%	85.6%	87.5%	87.8%	85.3%	83.6%	78.8%	Lag (1)
11	DON	SOF	Dementia Assesment	>=90%	<90%	96.3%	96.1%	92.9%	96.1%	93.1%	92.0%	95.5%	100.0%	100.0%	Lag (1)
12	DON	SOF	Dementia Referrals	>=90%	<90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Lag (1)
13	MD	SOF	HSMR 12 month rolling total Benchmark (rag rating based on the lower confidence	<=Expected	>Expected	104.8	104.8	99.4	Lag (3)	99.4	99.5	96.0	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	0.9934	1.0119	0.9923	Lag (5)	0.9923	Lag (5)	Lag (5)	Lag (5)	Lag (5)	Lag (5)
15	MD	L	Readmissions - Total	<=10.5%	>12.5%	7.1%	7.5%	7.6%	7.8%	7.7%	7.6%	8.3%	7.3%	7.8%	8.0%
16	COO	NT	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	78.7%	87.0%	93.0%	91.7%	93.0%	90.0%	89.0%	96.0%	Lag (2)	Lag (2)
17	COO	NT	Higher risk TIA treated within 24 hours	>=60%	<=55%	90.9%	72.9%	81.1%	81.3%	82.4%	84.6%	77.8%	80.0%	91.7%	81.8%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	59.1%	65.1%	78.5%	61.8%	73.0%	64.3%	54.1%	70.0%	44.4%	72.3%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	69.5%	79.3%	74.1%	70.0%	75.0%	70.0%	Lag (4)	Lag (4)	Lag (4)	Lag (4)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	1.0% (96)	0.7% (69)	1.0% (87)	0.7% (66)	0.7% (20)	0.8% (23)	0.6% (18)	0.8% (25)	0.8% (27)	0.7% (23)
21	COO	LC	Theatre utilisation (elective)	>=90%	<=85%	95.0%	94.9%	98.6%	98.4%	100.2%	98.8%	99.2%	97.2%	94.6%	92.4%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	5.20	-3.31	4.74	0.16	1.01	0.05	0.46	-0.34	-0.47	-0.71
23	DOF	L	Total Income	>100%	<95%	82.74	92.95	88.29	85.60	34.42	28.09	29.69	27.83	30.12	28.09
24	DOF	L	Total Pay Expenditure	>100%	<95%	53.94	53.23	53.11	-55.56	17.72	-18.88	-18.38	-18.30	-18.37	-18.70
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	27.49	26.57	27.56	-28.01	10.32	-8.86	-9.78	-9.38	-9.79	-9.60
26	DOF	L	CIP Plan	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	2.37	4.79	4.82	2.23	2.15	0.50	0.81	0.92	0.82	1.00

RESPONSIVE						Q2	Q3	Q4	Q1	Mar	Apr	May	Jun	Jul	Aug
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	89.0%	86.4%	86.4%	86.8%	88.0%	85.7%	88.5%	86.3%	87.6%	87.4%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	4.62%	2.63%	3.42%	4.55%	4.12%	4.43%	4.85%	4.39%	3.57%	5.54%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	12	5	15	14	4	4	1	9	7	15
31	COO	NT	Urgent Operations cancelled for the second time	0	>0	0	0	0	1	0	0	0	1	0	1
32	COO	NT	Cancelled operations not rebooked within 28 days - Surgical	0	>0	0	0	0	0	0	0	0	0	1	0
33	COO	NR	Time to Initial Assessment - 95th Percentile	TBC	TBC	88.0	70.0	137.0	-	131.0	163.0	86.9	128.9	150.9	175.1
34	COO	NT	12 Hour Trolley Waits	0	>0	0	1	0	3	0	3	0	0	0	0
35	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	14.3%	14.7%	15.0%	14.4%	14.7%	13.3%	14.8%	15.1%	14.7%	14.5%
36	COO	L	GP Direct Admits to SAU	>=168	<168	744	796	885	877	309	295	258	324	305	328
37	COO	L	GP Direct Admits to MAU	>=84	<84	139	590	441	908	233	175	356	377	239	236
38	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	4.6%	4.3%	4.5%	5.5%	5.3%	4.8%	5.6%	6.0%	5.5%	6.3%
39	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.5	4.2	4.2	4.1	4.2	4.2	4.3	3.9	4.2	4.6
40	COO	LC	Number of medical outliers - median	<=25	>=30	27	33	47	81	40	40	21	20	19	14
41	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	92.8%	93.2%	92.3%	93.1%	92.6%	94.2%	94.1%	91.0%	90.8%	93.5%
42	COO	NR	% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	98.7%	98.2%	96.7%	99.4%	97.0%	100.0%	98.3%	100.0%	100.0%	100.0%

SAFE						Q2	Q3	Q4	Q1	Mar	Apr	May	Jun	Jul	Aug
43	DON	SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)	TBC	TBC	n/a	n/a	n/a	9	n/a	0	4	5	1	0
44	DON	SOF	Clostridium Difficile Community Onset, Healthcare Associated (counted)	TBC	TBC	n/a	n/a	n/a	6	n/a	1	1	4	2	1
45	DON	SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated	TBC	TBC	n/a	n/a	n/a	17	n/a	8	5	4	6	Lag (1)
46	DON	SOF	E.coli bacteraemia cases Community Onset, Healthcare Associated	TBC	TBC	n/a	n/a	n/a	11	n/a	3	3	5	5	Lag (1)
47	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	0	0	1	0	0	1	0	0	0
48	DON	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	9	12	13	6	2	3	2	1	3	Lag (1)
49	DON	SOF	Never events	0	>0	1	1	2	1	0	1	0	0	0	1
50	DON	L	Medication Errors Causing Serious Harm	0	>0	1	0	0	0	0	0	0	0	0	0
51	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	14	3	2	6	0	0	3	3	1	0
52	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	92.8%	92.3%	93.1%	91.5%	92.9%	93.3%	91.6%	89.8%	90.3%	Lag (1)
53	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	4	4	12	6	3	1	2	3	2	4
54	DON	NT	Number of hospital acquired pressure ulcers (grade 3 & 4)	0	>0	2	1	0	3	0	1	0	2	2	1
55	DON	NT	Number of hospital acquired pressure ulcers (grade 2)	<=2	>2	3	2	1	6	0	0	3	3	3	0
56	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	26	34	32	39	34	38	39	40	47	38
57	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	8	15	18	19	6	4	6	9	3	4
58	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	95.2%	94.4%	95.4%	93.5%	94.9%	95.0%	93.0%	92.5%	94.4%	94.1%
59	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	14.4%	14.0%	13.6%	15.6%	11.0%	16.3%	14.5%	16.0%	15.9%	17.3%
60	HRD	NR	Midwife to birth ratio	<'1:29	>'1:35	1:31	1:30	1:28	1:30	1:29	1:29	1:29	1:31	1:30	1:29

WELL LED						Q2	Q3	Q4	Q1	Mar	Apr	May	Jun	Jul	Aug
61	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	3.5%	3.4%	4.8%	15.7%	5.0%	8.7%	22.3%	16.9%	15.4%	13.6%
62	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	39.5%	35.7%	42.9%	43.8%	52.0%	40.7%	46.9%	43.6%	42.4%	38.9%
63	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	19.9%	22.1%	21.8%	15.4%	22.5%	14.1%	19.3%	13.1%	11.7%	13.0%
64	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	12.4%	12.4%	12.3%	12.0%	12.2%	12.1%	12.0%	11.8%	11.5%	11.9%
65	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	3.8%	4.0%	4.3%	4.0%	4.8%	4.3%	3.9%	3.8%	3.9%	3.8%
66	HRD	LC	Vacancy Rate	<=4%	>5%	5.8%	4.2%	4.7%	7.7%	4.7%	7.9%	7.6%	7.6%	7.4%	6.3%
67	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	2.5%	1.7%	1.9%	2.5%	1.9%	2.2%	2.9%	2.3%	4.0%	3.0%
68	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	5.8%	4.5%	4.5%	4.9%	3.8%	4.8%	5.9%	4.0%	8.9%	5.6%
69	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	83.1%	84.7%	84.7%	82.8%	84.6%	83.4%	82.2%	82.7%	80.9%	81.1%
70	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	86.4%	86.9%	90.5%	90.8%	91.9%	91.6%	90.7%	90.0%	88.2%	85.6%
71	DOF	NT	Information Governance Breaches	TBC	TBC	61	51	40	39	17	11	14	14	15	16
72	HRD	LC	Mandatory training	>=90%	<80%	86.8%	87.1%	87.0%	87.5%	87.0%	87.2%	87.6%	87.6%	87.5%	86.8%

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

Well Led Seasonal Targets

	Q1	Q2	Q3	Q4	19/20
Sickness (%)	3.49%	3.53%	4.04%	4.34%	**3.85%**
Vacancy Rate (%)	7.18%	6.12%	5.06%	4.00%	**4.00%**
Appraisal Rate (%)	86.0%	87.3%	88.7%	90.0%	**90.0%**
12 Mth Turnover (%)	11.7%	11.4%	11.1%	11.0%	**11.0%**

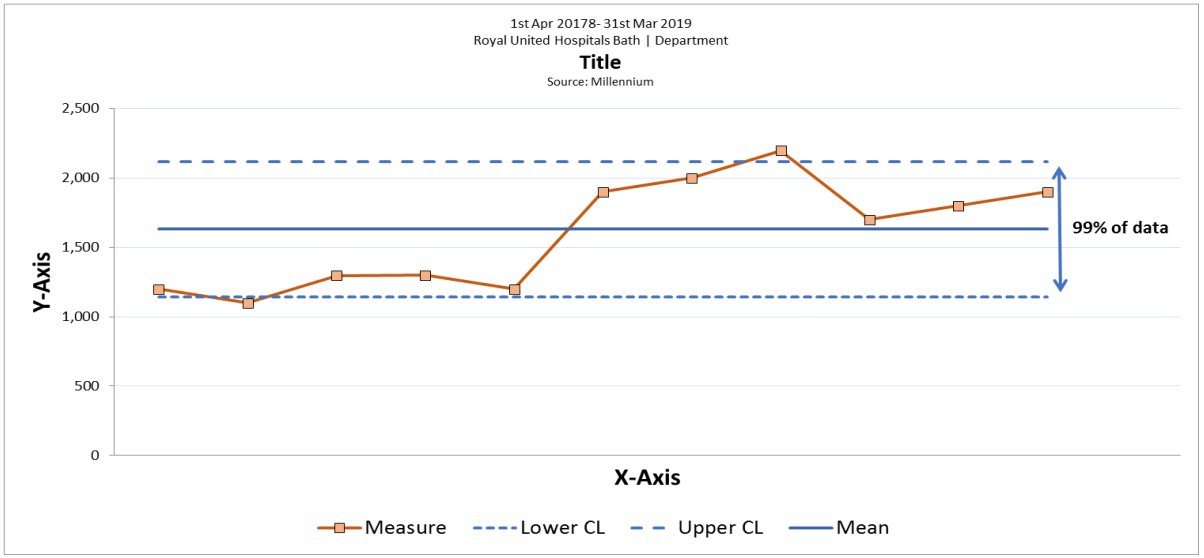
Appendix 2 -Statistical Process Control (SPCs)

Statistical process charts measure change in a process over time.

The SPC consists of data points, plotted in chronological order along an X-axis with a **mean average** line and an **upper & lower confidence limit**.

The main purpose of an SPC is to identify **special-cause variation** and differentiate it from **common-cause variation**. Common-cause variation can be described as 'noise' and is expected but unpredictable. For example, if you are flipping a coin you may get two heads in a row after landing head then tail several times, this would not be surprising and would not indicate that the coin or flipping process has changed. If you were then to get 6 tails in a row there would be a large chance that the coin has been tampered with! This is special-cause variation, it is unlikely to have occurred due to chance and indicates something within the process has changed. This would be something you could investigate and potentially control.

There are **4 rules** that help us do this, see next page.



The SPCs are set to report weekly figures where the Trust already validates and submits weekly. Some measures will be reported monthly.

Anatomy of an SPC

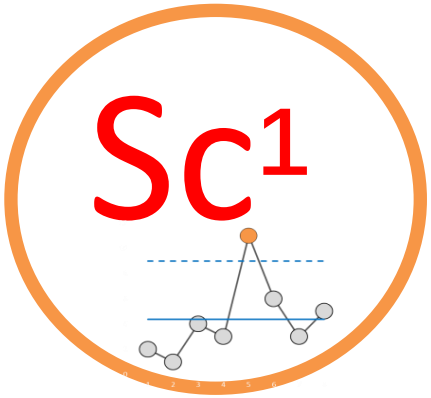
Measure – Orange
Mean Average – Blue
Upper and Lower Confidence Limits – Blue dotted-lines

Additional Lines
Regional performance – Grey
National Performance – Black
Target – Red
Trajectory – Green

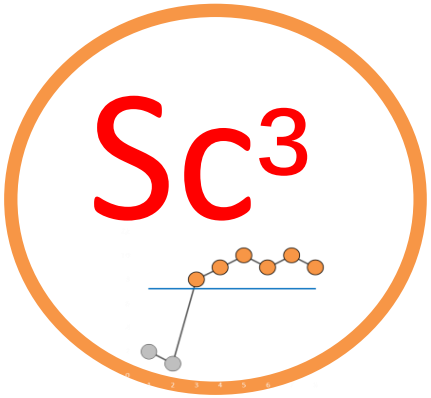
Appendix 2 - Statistical Process Control (SPCs)

Special-Cause Variation

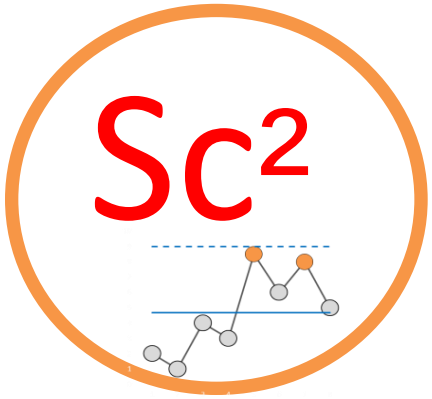
Point is red or green depending whether it is positive or negative variation.



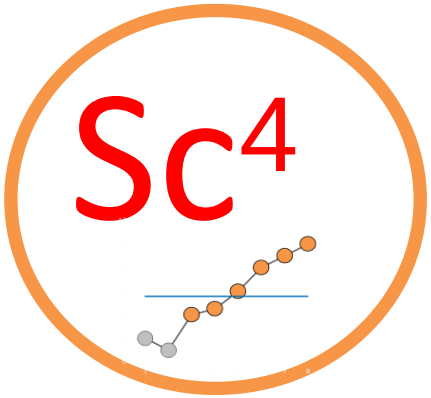
A single data point outside the confidence limit.



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

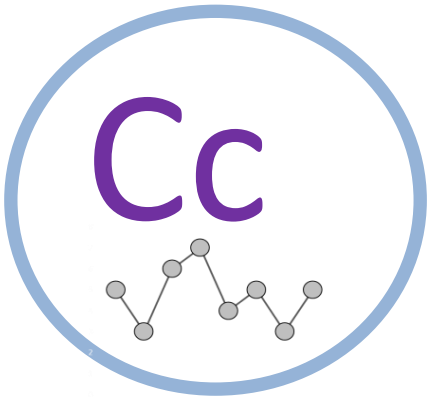


Two of three data points close to a confidence limit.



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

Common-Cause Variation



No rule triggered

Appendix 3 Wiltshire Health & Care Quality and Performance Up-date

Wiltshire Health & Care Combined Quality and Performance Dashboard July 2019

1.	Executive Summary of the Report

To provide the Board with an overview of Wiltshire Heath & Care (WHC) monthly performance and summarise actions taken to support recovery of any performance issues.

Please note the new combined Quality and Performance Dashboard for July 2019, included within this appendix.

In the national NHSI Single Oversight Framework (November 2017) (SOF) the following standards apply to all NHS providers:

Measures:

- Written complaints (Quarterly)
- Staff Friends and Family test (Quarterly)
- Occurrence of Never Events (Monthly)
- Patient Safety Alerts not completed by deadline (Monthly)
- Staff sickness (Monthly)
- Staff turnover (Monthly)
- Proportion of temporary staff (Monthly)

Measures specifically for community providers, such as Wiltshire Health & Care:

- Community scores for Friends and Family Test - % positive (Monthly)

The RUH is a member of Wiltshire Health & Care board, representation on the board is provided by the Chief Operating Officer.

This report details July performance position against the SOF targets and current operational indicators reported on in the combined Quality and Performance dashboard May 2019.

1. Written Complaints: Nine written complaints received in July. Across the last 12 months the complaint themes are detailed in the dashboard, with complaints relating to clinical care and attitude and behaviour of staff as the two most common themes. WH&C have improved the response rate to 63% response rate for complaints against the national standard of 35 days; this is a significant improvement in July. There have been an increasing number of complaints relating to MIU services, these are being further scrutinised.

2. Staff FFT test: No up-date provided in July.

3. Occurrence of Never Events: No never events reported in July 2019.

4. Patient Safety Alerts: No up-date provided in July.

5. Workforce Indicators: Work has been completed to improve workforce data by aligning the Electronic Staff Record to budget information more closely. This is a

contributory factor to an apparent rise in vacancy rates as all budgeted posts (regardless of whether they relate to newly formed services) are included in the denominator.

High levels of agency usage on community wards can contribute towards quality issues, including need for robust handover and satisfying the requirements to assess on admission for a range of issues. The Safer Staffing Programme, overseen by the managing Director, is the focal point for action.

5.1Turnover levels 1.6% July 2019 rated as green.
5.2 Staff Sickness is at 4.4% % against a target of 3.5%, rated as red.
5.3 Proportion of Temporary staff: The use of agency staffing remains high. Although delivered.

Quality/performance Alert: Statutory Notifications delay in reporting.

To alert the Board that regulatory requirement to make statutory notifications to CQC are not currently being fulfilled consistently. These are issues relating to WHC fulfilling the regulatory requirement to notify CQC of specific incidents. Year to date 100 statutory notifications to CQC have not been completed.

Monthly oversight at the Quality and Planning Group and DATIX system changes have been made. Quarterly meetings with CQC are being held.

2.	Recommendations (Note, Approve, Discuss)
The Board are asked to note July WHC Quality and Performance up-date.	

3.	Legal / Regulatory Implications
None in month.	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
WHC went live with the DATIX incident reporting system on the 1st April.	

5.	Resources Implications (Financial / staffing)
None identified.	

6.	Equality and Diversity
WHC ensure all services are delivered in-line with WHC Equality and Diversity Policy.	

7.	References to previous reports
RUH Operational Performance Reports standing agenda item.	

8.	Freedom of Information
Public	

Royal United Hospitals Bath
NHS Foundation Trust

Wiltshire HEALTH AND CARE

Quality Summary July 2019

Menu

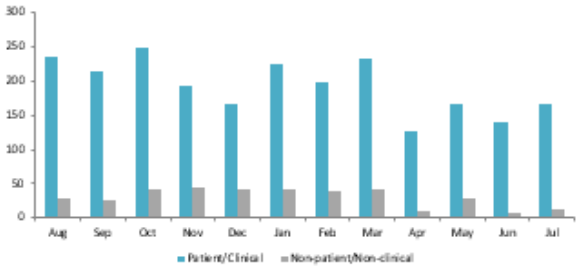
Incidents

All Services	2677
Inpatient wards	703
Intermediate Care	116
Community Teams	1440
Specialist Services	203
MIU	202
Non clinical teams	13

All Impacts	2677
1-Near Miss	43
2-None (No Harm)	1378
3-Low	1040
4-Moderate	167
5-Severe	47
6-Death	2

All Themes	2677
Admit/referral/discharge	149
Appointments & clinics	23
Clinical care	164
Comms & documentation	139
Confidentiality & consent	35
IP&C	30
Medication	196
Patient harm (other)	441
Pressure damage	828
Safeguarding	276
Site & facilities	190
Staff incident	76
Staffing	119
Other	11

Showing 2677 incidents for All Services;
Theme: All Themes, Impact: All Impacts



39
Overdue incidents

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	12mth
264	239	290	238	208	267	238	275	135	195	148	180	2677

SPC charts are not available at present as the move to DATIX means that data is not yet comparable.
We will move to SPC charts for incident data once we have sufficient comparable data.

Overdue and DoC info is only available for incidents registered on DATIX

Duty of candour

Verbal	74%
Compliant	29
Non compliant	10
Declined / unable	0
Not yet due	0
Written	77%
Compliant	20
Non compliant	6
Declined / unable	0
Not yet due	0
Feedback	85%
Compliant	22
Non compliant	4
Declined / unable	0
Not yet due	0

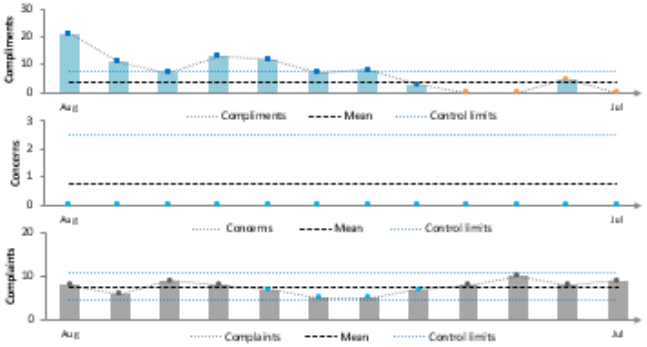
Comments
From April 2019 we have switched to using DATIX as our incident reporting tool. We now exclude third party incidents from our incident data - please note that for this reason data pre and post DATIX implementation is not directly comparable.

Feedback

All Services	Compliments	Concerns	Complaints
Inpatient wards	1	0	17
Intermediate Care	0	0	0
Community Teams	69	0	25
Specialist Services	12	0	34
MIU	5	0	14
Non clinical teams	0	0	0

Complaint themes:

All Themes	90
Admission/discharge	4
Appointment date	4
Attitude & behaviour	22
Clinical care	41
Communication	4
Consent	0
Facilities	6
Organisational process	0
Patient property	0
Patient records	3
Privacy & dignity	0
Resource capacity	0
Transport	0
Other	6



Notable variation
Notable variation
Normal variation

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	12mth
Compliments	21	11	7	13	12	7	8	3	0	0	5	0	87
Concerns	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaints	8	6	9	8	7	5	5	7	8	10	8	9	90

Open commissioner led complaints	0	Response compliance (all)	63%

Comments
Concerns not collected since start of August 2018

Serious incidents and events

	In month	Prev 12 mthr
Never events	0	0
RIDDOR reportable incidents	0	1
Hospital Acquired Thrombosis (HAT)	0	0
All Mixed sex accommodation breaches	0	0
Number of non clinically justified breaches	0	0
Mixed sex bathroom breaches	0	0

Safety thermometer and organisation FFT

Infection prevention & control

Incidence of:	Jun-19	Prev 12 mthr
MRSA bacteraemia	0	0
MSSA bacteraemia	0	0
C. difficile infection	0	0
E. coli bacteraemia	0	1
Klebsiella bacteraemia	0	0
P. aeruginosa bacteraemia	0	0
Bed days lost:		
For all IP&C reasons	0	61
For norovirus only	0	0

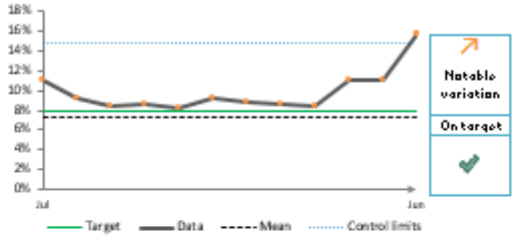
Audit compliance

	In month	Prev 12 mthr
Audits uploaded	0	18
Audits missed	0	0
Compliance		100%

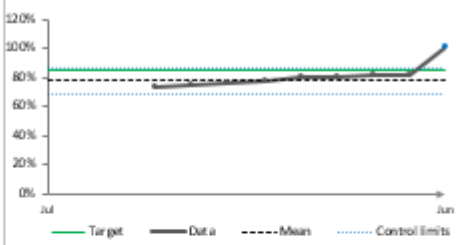
Workforce and Development

Sickness rate — Jun-19: 4.4% — Normal variation — On target

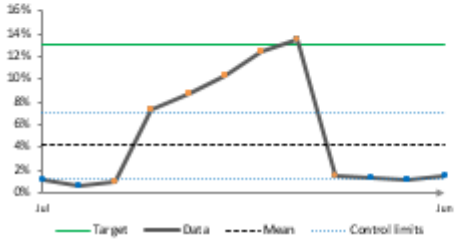
Vacancy rate — Jun-19: 15.7% — Notable variation — On target



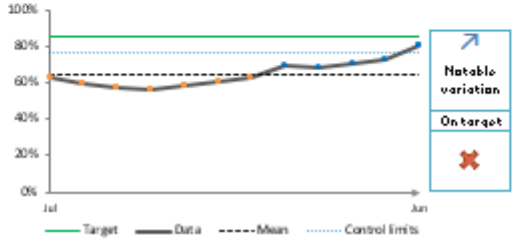
Mandatory training — Jun-19: 100% — SPC not available — On target



Monthly Turnover — Jun-19: 1.6% — Notable variation — On target



Appraisals — Jun-19: 80% — Notable variation — On target



Comments

As the budget for 2019/20 is not yet available we are unable to give current vacancy percentages and budgeted establishment numbers. We have used March data as a proxy until the true numbers become available.

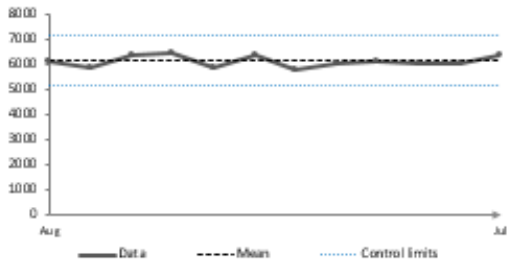
Wiltshire HEALTH AND CARE

Wiltshire Health and Care July 2019

Menu

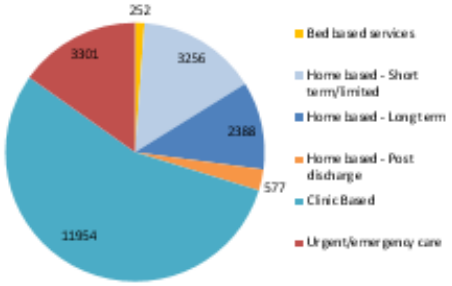
Community services activity

Individuals supported by community teams 6365



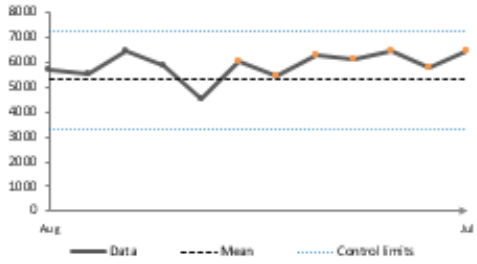
Normal variation
On target
N/A

Type of service offered



Count of unique NHS numbers, Jul-19

Specialist service referrals 6442

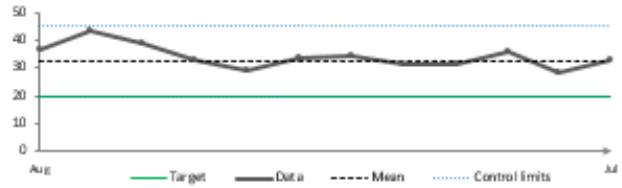


Notable variation
On target
N/A

Performance against contract

Inpatient ward Length of Stay 33.2 days

Ailesbury, Cedar, Chestnut and Langford wards



Normal variation
On target

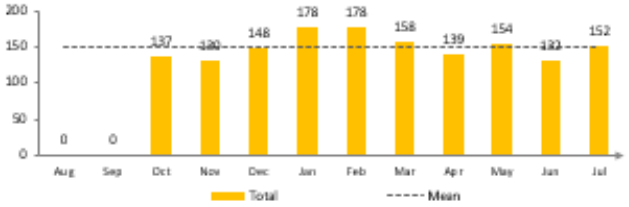
Stranded
24
Super-stranded
47

Home First 152 care starts in month

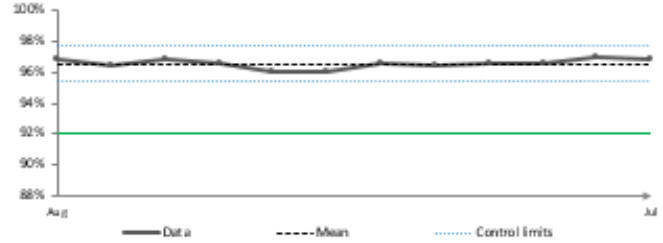
	Jul-19
GWH	17
RUH	57
SFT	28
WHC comm. ward	16
Other sources	34
Total	**152**

SPC
Not yet available

SPC analysis will be applied when we have collected 12 months worth of data

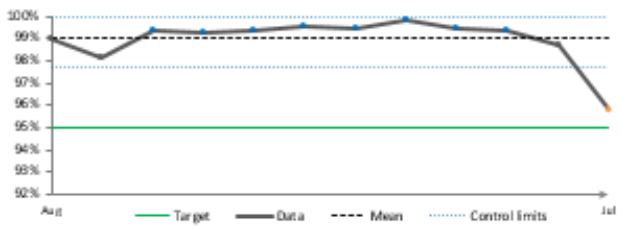


RTT incomplete pathways 97% waiting under 18 weeks



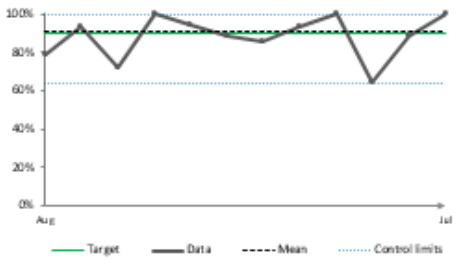
Normal variation
On target

MIU arrival to departure 96% emergency attendees under 4 hours



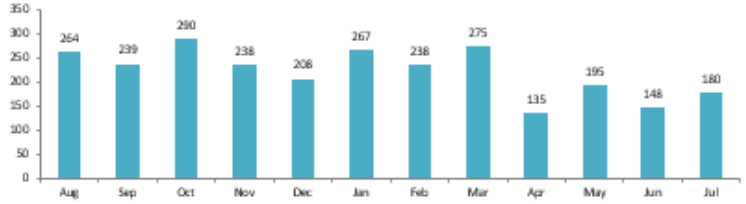
Notable variation
On target

End of life **100%** died in preferred place



Normal variation
On target

Incidents | SIRIs | Compliments | Complaints

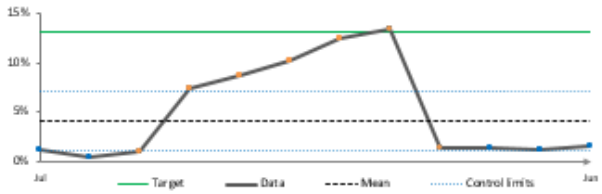


SPC not yet available
Jul-19
180

Organisational indicators

	Vacancy rate	Sickness absence	Monthly Turnover	Mandatory training	Appraisals	Bank spend	Agency spend
	15.7%	4.4%	1.6%	100.5%	80.1%	2.9%	9.6%

- Whole organisation
- Community Teams - Wilts wide
- Community Teams - North
- Community Teams - South
- Community Teams - West



Notable variation
On target

Income and expenditure

£000s - Surplus/Deficit

Cost Improvement Plan

WH&C 2019/20 Savings	YTD cumulative Plan £000s	YTD cumulative Actual £000s	YTD cumulative Variance £000s	Annual Plan £000s	Annual Forecast £000s
Income	Not yet available				
Pay					
Non-Pay					
Total income					

Pay - WTE

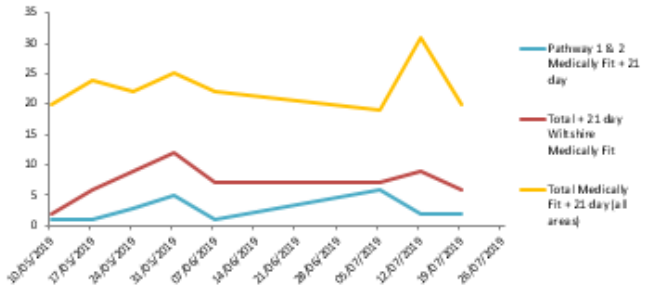
Planned vs. Actual

Cash flow

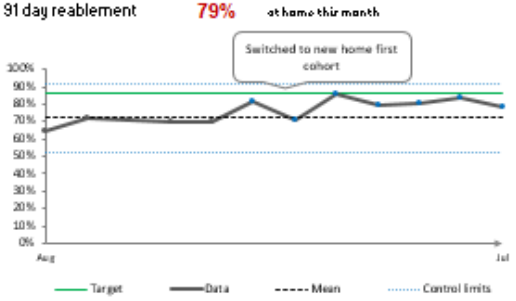
System Impact

Super stranded patients in acute hospital

GVH
RUH
SFT



91 day reablement **79%** at home this month



Notable variation
On target