

Report to:	Board of Directors	Agenda item:	6
Date of Meeting:	27 May 2020		

Title of Report:	Operational Performance Report
Status:	Action/Discussion
Board Sponsor:	Rebecca Carlton, Chief Operating Officer
Author:	
Appendices	Appendix 1: Operational Performance SPC deck and SPORT tables Appendix 2: Covid Impact Appendix 3: Integrated Scorecard

1. Executive Summary of the Report
<p>To provide the Board with an overview of the Trust's monthly performance and response to actions; to describe key lines of enquiry and agree the key actions that are required for the month ahead. In April three Single Oversight Framework (SOF) operational metrics triggered concerns: 18 weeks RTT Incomplete Pathways, 62 Day cancer standard (GP referral) and Six week diagnostic waits (DM01).</p> <p>Appendix 1 provides detail on on Operational Performance standards against current national reporting standards.</p> <p>Appendix 2 provides detail on the impact of Covid on operational performance as shared with the Clinical Governance Committee.</p> <p>As previously indicated current restrictions on elective surgery and planned care have had a significant impact on the RTT performance standards. The RTT slides detail the 52-week breach performance and the work to improve this position and monitor any harm risk through the increase in delays from trajectory.</p> <p>Whilst the RUH have maintained 48% of urgent and cancer operations (national recommendation is 40%) there has also been a severe reduction in the referrals from primary care for elective pathways. Cancer referrals are less than 50% of pre-Covid levels.</p> <p>DM01 Diagnostic performance has also been impacted by Covid related restrictions and the impact on staffing through the pandemic. Previous recovery to 9% has now deteriorated to 45%.</p> <p>4hr standard performance has benefited from a dramatic reduction in stranded patients from over 100 patients in hospital but not in active acute hospital treatment to less than 15. Overall, emergency presentations to the hospital (both Emergency Department and direct admissions) have fallen to levels last seen in 2012.</p> <p>The 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 retains a category 4 rating.</p>

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2.	Recommendations (Note, Approve, Discuss)
The Board are asked to note April performance and discuss the output from key actions in the context of Covid 19 pandemic.	

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)
Managed and overseen via the Divisional Management Structure.	

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

7.	References to previous reports
Standing agenda item.	

8.	Freedom of Information
Public	

Royal United Hospitals Bath



NHS Foundation Trust

Operational Performance Report – April 2020



NHSI Single Oversight Framework

NHSI Single Oversight Framework:

Performance Indicator	Mar	Apr	
Four hour maximum wait in A&E (All Types)	77.2%	96.7%	
C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	2	3	
RTT - Incomplete Pathways in 18 weeks	80.7%	76.4%	
31 day diagnosis to first treatment for all cancers	99.0%	95.3%	
31 day second or subsequent treatment - surgery	100.0%	100.0%	
31 day second or subsequent treatment - drug treatments	100.0%	100.0%	
day second or subsequent cancer treatment - radiotherapy treatme	100.0%	100.0%	
2 week GP referral to 1st outpatient	78.3%	78.6%	
2 week GP referral to 1st outpatient - breast symptoms	96.3%	50.0%	
28 day referral to informed of diagnosis of all cancers	72.2%	71.9%	
62 day referral to treatment from screening	80.0%	85.7%	
62 day urgent referral to treatment of all cancers	82.2%	87.2%	
Diagnostic tests maximum wait of 6 weeks	9.01%	45.47%	

This report provides a summary of performance for the month of April

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

In April three SOF operational metrics triggered concerns: 18 weeks RTT Incomplete Pathways, 62 Day cancer standard (from screening) and Six week diagnostic waits (DM01).

4 Hour Maximum Wait in ED - Performance Overview

Successes	Priorities
<ul style="list-style-type: none"> Improvement in overall 4hr performance (96.7%) ED Minors 4hr performance continues (98.9%) Improvement in Time to Initial Assessment target for Majors and Minors and Time to Treatment target in Majors Fantastic joint working between the ED and Estates teams in order to develop the ED footprint to meet new Covid-19 isolation requirements New pathways developed to take patients out of the ED, such as RAU, paediatric pathway, Orthopaedic minors to fracture clinic Interim pan-hospital on-call rotas as well as Consultant night shifts in ED Patients in ED continue to use the Discharge Hub Agile and rapid conversion of wards to support infection control On site rapid swabbing for Covid-19 GP expected patients continuing to go direct to MAU & the newly developed STU (Surgical Treatment Unit) Rapid response by specialty teams to review patients in ED Improvement in rota cover across all staff groups 	<ul style="list-style-type: none"> Rapid Assessment & Treatment Model (RAT) and designated space put on hold due to Covid-19 however plans to be developed in order to reintroduce Continued focus on self presenting MAU direct admissions going straight to MAU or Ambulatory Care, as well as ambulance conveyed patients that do not require the resources within ED to go straight to MAU Medicine non-elective flow group to be established Optimisation of GIM Medical Take Model ED Minors and UTC integration – clinical model review with HR Consultation underway New pathways developed to support during Covid-19 to become Business as New Usual (BANU) such as pathways for the Trauma Assessment Unit and Paediatrics CQC preparation Plans for increased on-site Covid-19 swabbing 2020/21 Winter planning to commence
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Medicine non-elective flow group commencing in May Recommencement of Rapid Assessment & Treatment (RAT) in ED ED Minors and UTC integration – clinical pathways being development New ADAstra IT system for booked appointments from NHS 111 into UTC and ED New pathways developed to support during Covid-19 to become Business as New Usual (BANU) such as pathways for the Trauma Assessment Unit and Paediatrics Impact of the new GIM rota with on-site physician 08:00 – 20:00 at weekends Continued focus on direct admissions to assessment units Recruitment of substantive ED Consultants 	<ul style="list-style-type: none"> Ongoing threat of a spike in Covid-19 patients Reduction in overall bed capacity due to social distancing rules however escalation process to be agreed Reduction in Surgical non-elective capacity Increase in ED attendances Unable to escalate into corridors in ED and MAU due to Covid-19 Inability to recruit UTC practitioners Reduced staffing numbers due to Covid-19 (sickness and shielding) Reduction in numbers of direct admissions to MAU and STU due to flow out of assessment units and capacity available Delays in COVID-19 swab results from Bristol

DTOC & Extended LOS - Performance Overview

Successes	Priorities
<ul style="list-style-type: none"> NHSE target of 73 21+ LOS was set to be realised by March 31st 2020. In January 2020 the RUH was consistently 90+ for our number of 21+ LOS. April 2020 we have continued to improve; consistently numbering 30 of which less than 10 have been MFFD and therefore able to leave the hospital. The DTOC picture is very similar. During April 2020 the RUH has consistently been below 10. In a very short space of time, due to Covid-19, the system has been required to change discharge processes in order to ensure a rapid discharge from the acute hospitals as soon as the patient is MFFD. The RUH and community services have succeeded at making this happen and promoted a consistent approach for all patients not dependant on CCG. 	<ul style="list-style-type: none"> Maintain the low numbers of DTOC's and 21+ LOS Maintain and support the emphasis on patients returning home instead of a bedded facility Analyse the reasons for the successes; promote a long term strategy for discharge for the RUH Establish the Discharge/LLOS/DToC group for the BANU Propose a consultation and system refresh for the structure of IDS within the RUH led by Annette White, optimising lessons learned in COVID
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Following such a dramatic reduction in the numbers for both DTOC and 21+ LOS there is the opportunity to discern why this has been possible and what the system requires in order to maintain for the long term future. Promotion system wide of SHREWD with a clear escalation plan around each segment agreed with each of our community providers. 	<ul style="list-style-type: none"> Once the Covid-19 crisis is passed the reduced sense of urgency could enable previous system partners processes to be returned to without review.



Incomplete Standard: Performance Overview

Successes	Priorities
<ul style="list-style-type: none"> • Opening of C30 Surgical Elective Unit to provide a “clean” elective ward supporting cancer operations to continue safely • Bath Clinic - operating lists undertaken for Urology, Gynae and Breast cancer procedures • Circle Bath hosting haematology/oncology inpatient and chemotherapy daycase • Powerchart touch pilot across Cardiology, General Surgery, T&O and Stroke Specialties providing access to patient records from a mobile phone and supports voice recognition for GP letters directly into the electronic patient record • Visionable licenses purchased for the Trust – enabling video consultations • Virtual clinics in place across the Trust – currently a combination of telephone clinics and Visionable • NHSI RTT training programme 200 licenses provided to the Trust – training completed • Elective and Outpatient workstream leads identified n Business as new usual (BANU) 	<ul style="list-style-type: none"> • Elective planning to support new Business as usual • Consolidation and roll out of Virtual clinics • Text reminder service in place from end of May – review of the interactive options required to support less face to face appointments • Agree Elective and non-elective bed base for surgical procedures • Extend National arrangements with Independent hospitals supporting on-going cancer care beyond end June • Agree safe pathways for elective and outpatient care within COVID guidance • Primary and secondary care co-creation of elective referral pathways
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Extended pilot for Tele dermatology with BANES and Wiltshire • Review of National PTL validation report to identify priority validation practices • New ways of working - potential to change delivery of Outpatient services co-created with Primary care and patient engagement • Provision of increased Elective care across Independent hospitals 	<ul style="list-style-type: none"> • A surge in referrals following partial easing of lockdown • Surgical capacity to support non COVID care • A second “peak” of COVID in late summer as lockdown is eased • Theatre staffing levels including anaesthetic provision • Availability of anaesthetic medicines for elective procedures • Restricted PPE available to support operating • Growth in backlog for routine or patients waiting for high risk COVID shedding procedures • Significant increase in 52 week breaches

Cancer Performance Overview

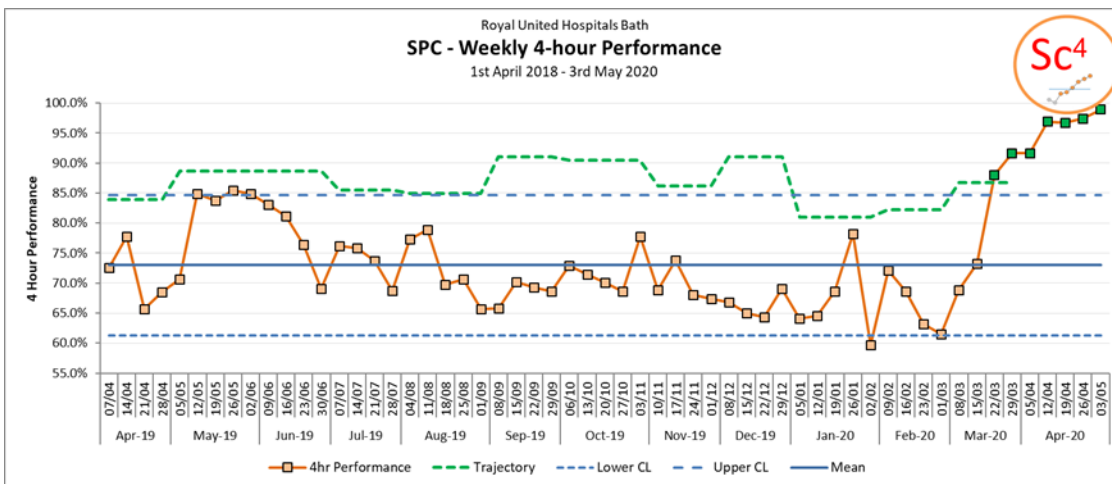
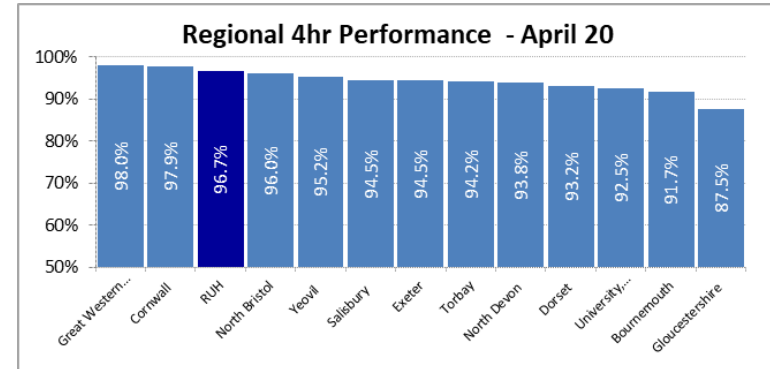
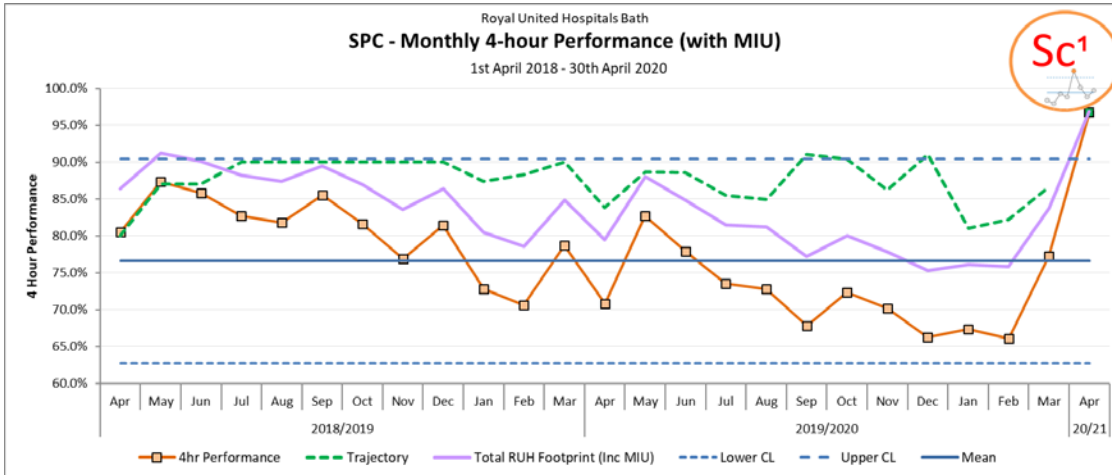
Successes	Priorities
<ul style="list-style-type: none"> ● Achievement of the 62 day cancer standard in month. ● Provision of non face-to-face 2ww appointments within all appropriate tumour sites. ● Cancer operating lists at Bath Clinic for Breast, Gynae and Urology and opening of 'clean' Surgical Elective Unit at RUH. Delivery of service overseen by Associate Medical Director for Cancer. ● Surgical prioritisation group implemented. ● Delivery of one-stop 'see and treat' Skin cancer clinic. ● Provision of chemotherapy and day care treatments at Circle Bath and Bath Clinic. ● Clinical harm reviews for all patients awaiting cancer surgery whose treatments have been postponed. 	<ul style="list-style-type: none"> ● Extend agreement with independent sector providers to support cancer care beyond the end of June. ● Quantify potential volume of undiagnosed cancers in community or in postpone RUH diagnostic pathways. ● Quantify existing capacity for 2ww, diagnostics and treatments and model potential surge in demand post-Covid-19. ● Develop plans for review/treatment of remaining lower priority surgical cancer patients currently postponed due to Covid-19. ● Expand Covid-19 testing of pre-operative and pre-chemotherapy patients.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> ● New ways of working – referral management with primary care/commissioners, outpatient model, remote working. ● Reduction in 2ww demand, creating some capacity to reset and implement optimal pathways. ● Tele-dermatology pilot implemented in two additional GPs practices, with plans in development to expand further. 	<ul style="list-style-type: none"> ● Volume of undiagnosed cancers in the community who have not presented to primary care. Risk of delayed diagnosis and potential spike in future demand. Diagnoses reduced in April. ● Reduction in Radiology capacity due to IPC guidelines potentially delaying diagnoses and extending pathways. ● Reduction in theatre and radiotherapy capacity due to shielding and enhanced IPC. ● Delayed diagnosis of colorectal cancers due to national endoscopy guidelines ceasing all non-emergency activity. ● Second peak of Covid-19, impacting staffing and capacity. ● Surge in 2ww demand post-Covid-19/relaxation of lockdown. ● Availability of required resources (PPE, drugs).

Diagnostics - Performance Overview

Successes	Priorities
<ul style="list-style-type: none"> DMO1 group continues to meet regularly to update DMO1 position, Validation is ongoing and monitored weekly. Backlogs consolidated and data supporting decision making. 	<ul style="list-style-type: none"> Clinical revalidation of DMO1 referrals Administrative validation of DMO1 referrals Individual recovery plans – to identify when diagnostics are resuming, in what format and new capacity. Planning and implementation of new workflows and processes in each of the diagnostic modalities (subject to Divisional and IPC review): <ul style="list-style-type: none"> PPE needed (quantities and type) New patients workflows (access, waiting areas, exit) Cleaning requirements Turnaround times Updated capacity Communications to referrers (Clinicians and GP's)
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Review of alternative clinical/diagnostic pathways in Specialties. Workflow reviews 	<ul style="list-style-type: none"> Reduction in overall capacity for all modalities due to: <ul style="list-style-type: none"> Use of PPE Cleaning requirements Increased turnaround times Social distancing guidelines Added risk to diagnostic modalities that support 2ww pathways as reduced capacity will impact on capacity for urgent and routine diagnostics – as capacity will be use to the clinically more urgent referrals (suspected cancer). Increased referrals to specialties may impact on increase of backlog in each diagnostics modality. PPE – increase in diagnostic activity may impact on overall Trust position regarding PPE availability and stocks.



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



- Unprecedented situation with the outbreak of Covid-19 which has had a positive impact on 4 hour performance (96.7%)
- Respiratory Assessment Unit (RAU) opened taking Covid-19 patients away from the Emergency Department
- Changes within the ED footprint to accommodate unwell Covid-19 patients as well as non-Covid-19 patients safely
- Weekly performance was above trajectory for the whole of April
- ED attendances (type 1 and 3) as well as overall emergency presentations dropped significantly in April
- Ambulance conveyed patients reduced, with some patients being taken direct to RAU
- Flow out of the Emergency Department at times still challenged due to delays in Covid-19 swab results and isolation requirements
- Ongoing DToC and Super Stranded patients in April however significantly lower than previous months
- Reduction in Surgical capacity with SAU footprint being converted into RAU
- Often patients presenting to ED are very unwell; therefore more clinical exceptions to the 4 hour breach standard
- Staff members off sick and shielding impacting on some shifts



4 Hour Maximum Wait in ED (2)

Table 1: 4 Hour Summary Performance:

4 Hour Performance	April 20	Quarter 1	Full Year 2020/21
All Types	96.7%	96.7%	96.7%
RUH Footprint (Including MIU)	96.8%	96.8%	96.8%

Table 2: Emergency Department National Quality Indicators:

Title	Month	Quarter	Year
	Apr-20	1	2020/21
Unplanned Re-attendance Rate	0.2%	0.2%	0.2%
Total Time in ED - 95th Percentile	306.0	306.0	306.0
Left Without Being Seen	0.6%	0.6%	0.6%
Initial Assessment Time (Majors)	85.5%	85.5%	85.5%
Initial Assessment Time (Minors)	74.9%	74.9%	74.9%
Time to Treatment 60 Mins	75.0%	75.0%	75.0%
ED Attendances (Type 1)	3,091	3,091	3,091
ED 4 Hour Breaches (Type 1)	111	111	111
ED 4 Hour Performance (Type 1)	96.4%	96.4%	96.4%
Ambulance Handovers within 30mins (SWAS)	93.8%	93.8%	93.8%

Table 1:

During April the “all types” performance increased to 96.7%, above the 95% standard with a total of 113 breaches in the month.

Table 2:

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

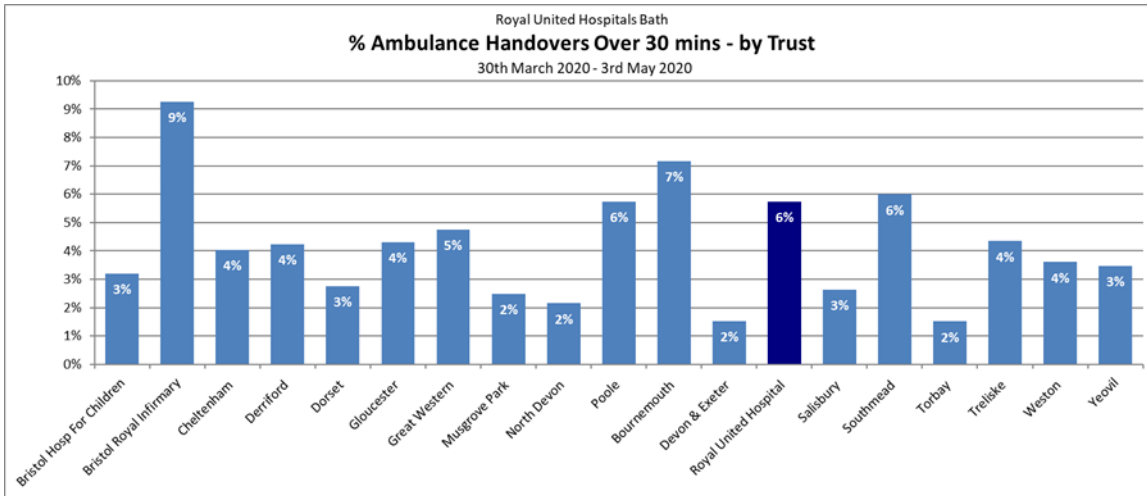
With a lower number of patients attending the Emergency Department then the team have been able to significantly increase in performance for Initial Assessment Time in Majors (85.5%) and Minors (74.9%). There are ongoing data collection issues affecting performance against this indicator.

Huge increase in performance for Time to Treatment within 60mins (75.0%).

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



SWASFT Ambulance Handovers over 30 minutes (3)

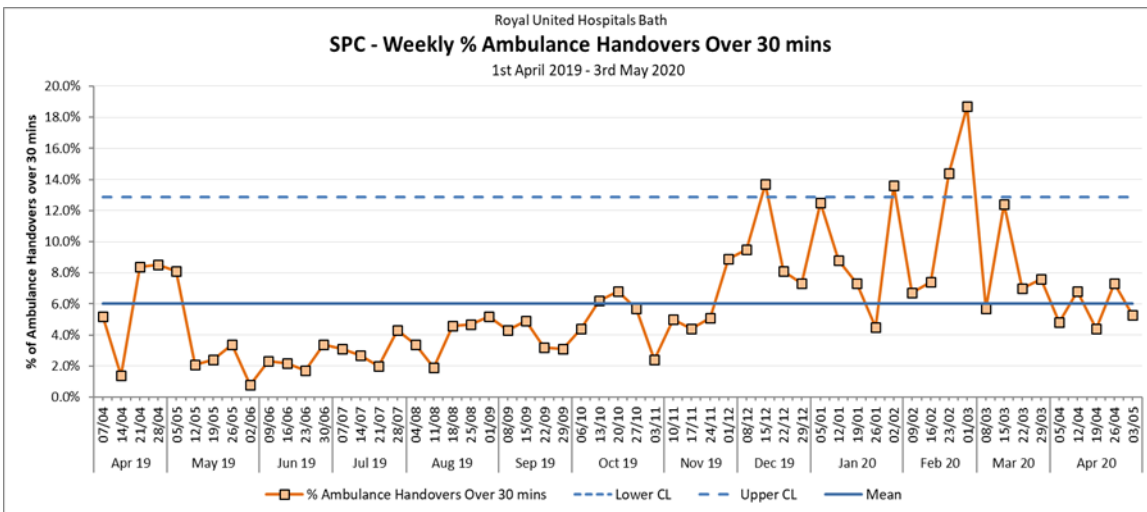


Data source: W020 – Hospital & Late Handover Trend Analysis (SWASFT)

The SPC graph demonstrates some ongoing delays in ambulance handover times during April with an average of 6% of patients exceeding the 30 minute ambulance handover target. The handover delays have dropped from previous months.

However, there are concerns regarding the accuracy of this data as we receive the data from SWAST and there is no opportunity to challenge or validate this.

In previous years, the Trust has been able to undertake an internal validation of the data provided by SWAST and performance would be amended accordingly. Unfortunately, SWAST ceased this process just over a year ago.



RUH and SWAST teams have maintained a positive relationship during the outbreak with ongoing communication being shared about PPE recommendations and new pathways or processes.

Some delays may be related to conveyances to RAU due to the extended route to the back of the hospital.

ED is no longer able to provide corridor capacity due to the Covid-19 situation; therefore SWAST crews speak with the Majors Co-ordinator in the first instance to ensure that there is capacity in order to offload the patient from the ambulance.

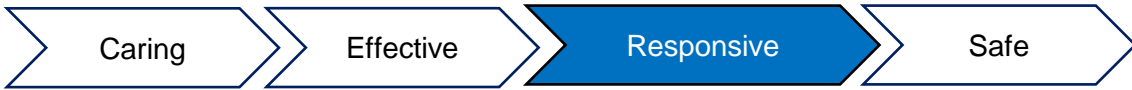
Work continues to develop pathways to respond to patient flow into both the Emergency Department and the rest of the hospital.



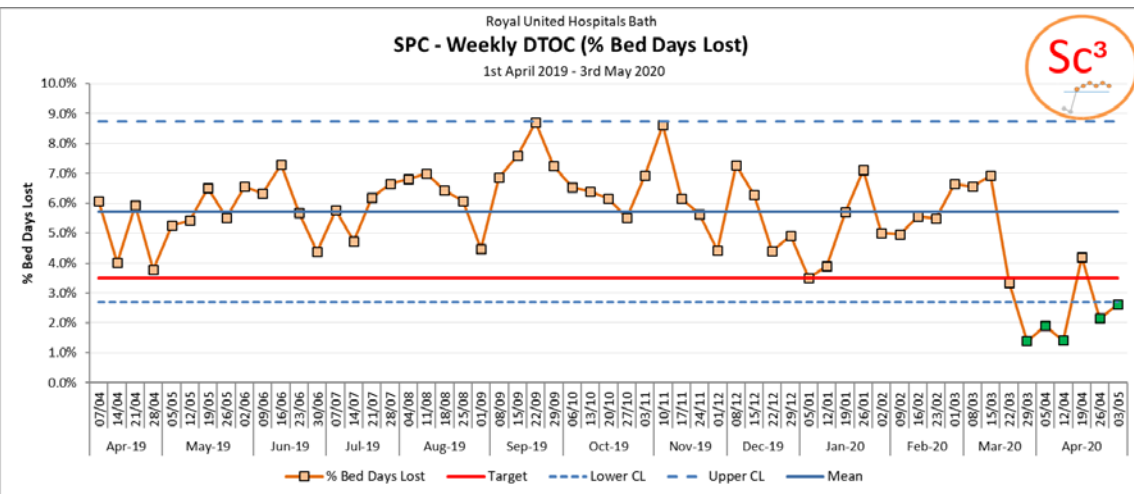
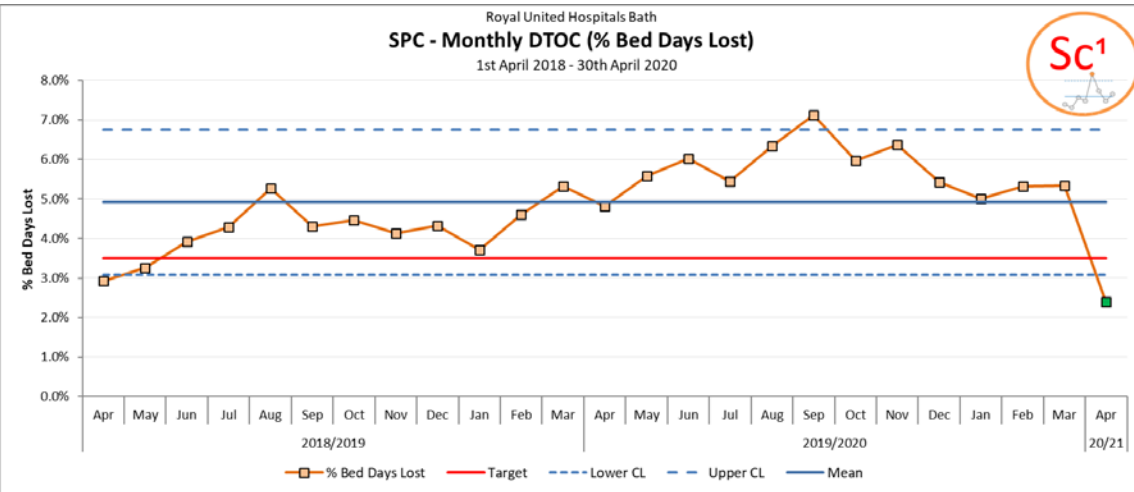
4 Hour Maximum Wait in ED - In Month Response and Focus (4)

Lead Actions Update:

1. **Direct admissions for Medicine** – continued focus on self presenting MAU direct admission going straight to MAU or Ambulatory Care, as well as ambulance conveyed patients that do not require the resources within the ED to go straight to MAU. New process needs to be developed in light of infection control rules with having no patients in ED or MAU corridors.
 2. **RAT** – capital works completed just as Covid-19 outbreak commenced so space converted into 'red resus' for unwell Covid-19 patients. Plans to be developed in order to reintroduce RAT model and designated space.
 3. **ED Escalation & Triggers** – ongoing work to develop with added pressure of Covid-19 outbreak and inability to use ED and MAU corridors for escalation.
 4. **UTC / ED Minors** – HR consultation to integrate UTC and ED Minors practitioners delayed however ongoing. Work continues with regards to full integration and competency sign-off, however due to Covid-19 and individuals having to shield then this has been delayed. Positive steps forward with new IT system which will increase opportunities for booked appointments within UTC & ED. Clinical pathway development ongoing. Inability to recruit practitioners so review of opportunities with other staff groups.
 5. **Business as New Usual (BANU)** – new pathways implemented during Covid-19 outbreak in order to take patients out of the ED such as an increase in minor injury patients going straight to TAU (now based in Fracture Clinic). These pathways to be reviewed with good practice and improved patient experience to continue and become Business as New Usual (BANU).
- Rapid Assessment & Treatment Model (RAT) to be recommenced in ED
 - Direct admissions to MAU continue to be a high priority for the Trust. New SOP to be developed in line with infection control guidance for Covid-19
 - Medicine non-elective flow group to commence in May
 - Optimisation of GIM Medical Take Model as well as new junior doctor rota
 - ED Minors & UTC integration – clinical model review with HR consultation to be completed
 - Agree new pathway and resource for minor injury patients to go to TAU based in the Fracture Clinic
 - Escalation triggers for all front door areas to be reviewed again in accordance with new pathways, teams in place as well as infection control guidelines
 - Review all new pathways developed to support during Covid-19 to become Business as New Usual (BANU)
 - Development of bed reconfiguration to meet social distance rules and escalation process
 - Continued request to national teams for increased on-site Covid-19 swabbing
 - Discharge Hub continues to be in place 7 days per week with specific focus on early discharges
 - Next phase of Command and Control through Bronze, Silver & Gold escalation with ICC support
 - Frailty Assessment Unit (FAU) development into old UTC & GP Out of Hours footprint
 - Project to commence in order to implement new Adastra IT System in UTC & ED for booked appointments
 - Agreement with BEMS for UTC GPs to review CAS cards of walk-in patients in order to consult with suitable patients to increase the numbers of patients seen.



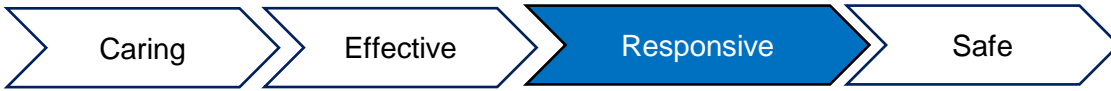
Delayed Transfers of Care (1)



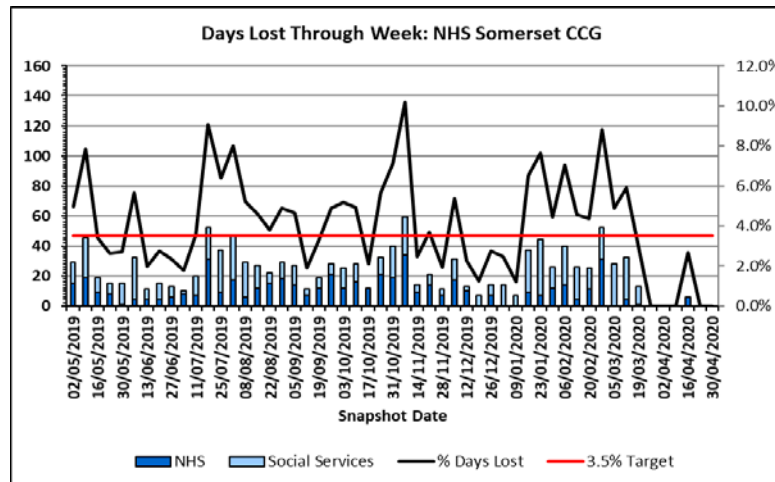
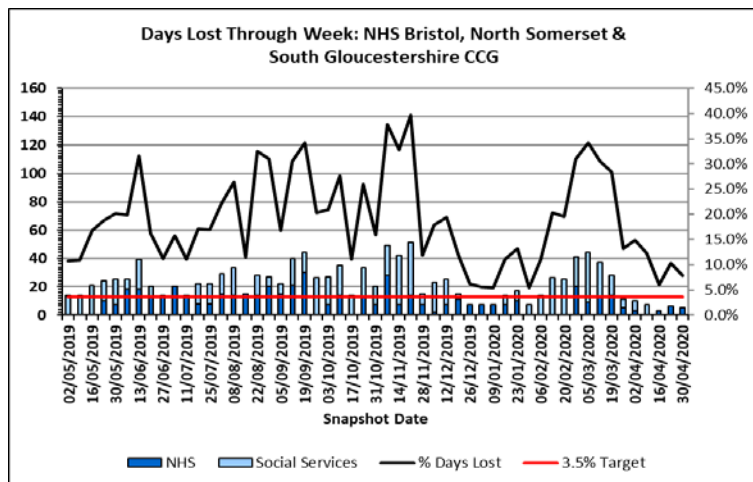
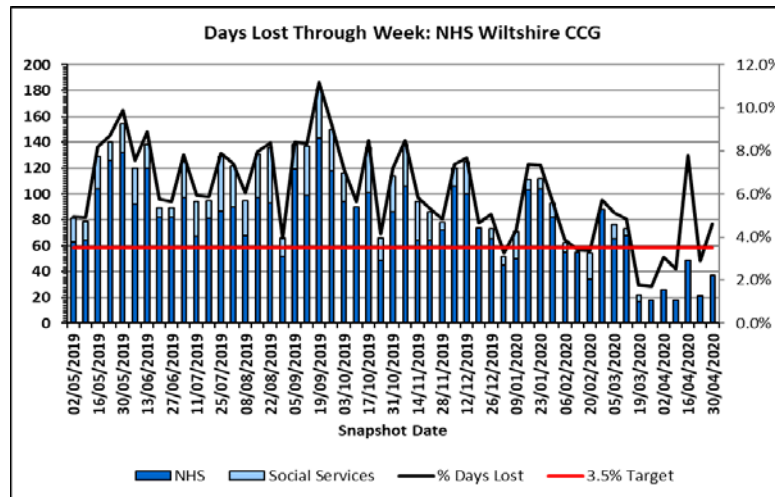
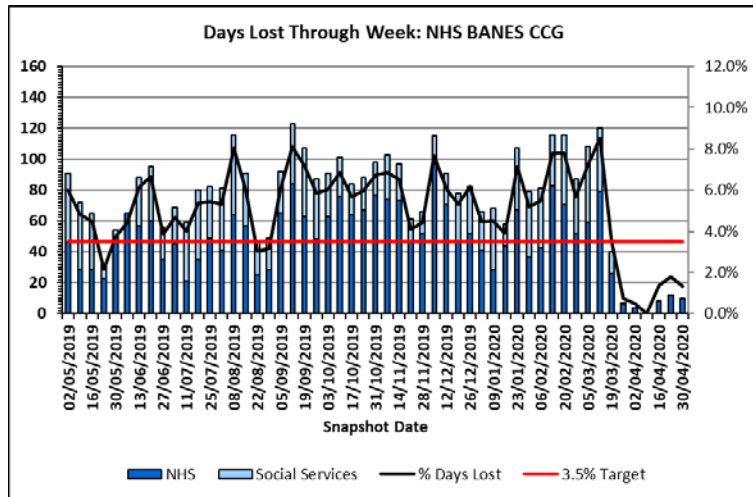
During April and May 2020 DTOC's are not being submitted nationally to NHSE due to the Covid-19 crisis.

The SPC chart demonstrates the improved performance and that we have been able to maintain the improvement during April. Weekly DTOC numbers continue to be agreed with each CCG/LA and this will continue but the data will not be submitted. This allows IDS to monitor the number of delays along with the reasons which instructs the conversations with our community partners.

Sitrep/DTOC process; The number of DTOC's are agreed every Thursday afternoon at the Sitrep in IDS. The number then reduces each day, as patients are discharged, until the next Thursdays Sitrep when all patients are again reviewed. Through April we consistently saw a good level of flow.



Delayed Transfers of Care by CCG (2)



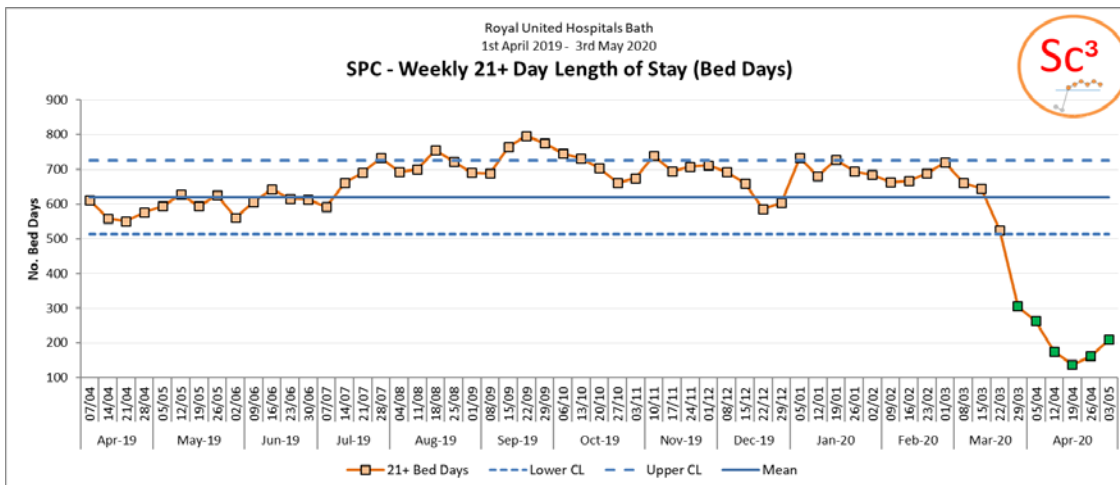
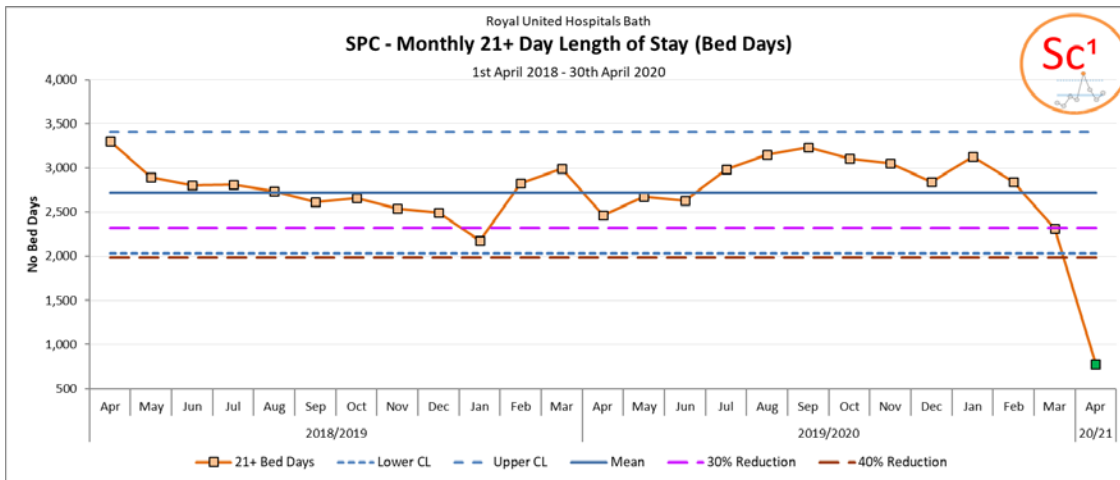
Noting the system improvement in DToC by CCG.

System escalation conference calls continue to be held weekly (Wednesday) in order as a system to support new discharge processes and escalate specific patients if required.

DTOC's are directly related to the number of MFFD patients we have in the hospital. The lower numbers demonstrate the increased flow of our patients once they are MFFD.



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



The 40% reduction target set in the NHS Long Term plan, which required the RUH to reduce +21 day patients to an average = < 73 patients. (Baseline 2017/18 of 109 patients) by the end of March 2020 was met.

The SPC chart shows the improvement in performance.

During April and May 2020 DPTL is not being submitted nationally to NHSE due to the Covid-19 crisis.

The daily 21+LOS report continues to be reviewed by IDS. This supports conversations with community providers concerning processes or specific patients that require escalation.

April 2020 DPTL has consistently been in the high 20's with less than 8 being MFFD and therefore able to leave the acute hospital.



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

Lead Actions Update:

1. **RUH system has maintained improved levels of performance; DTOC's and 21+LOS**
2. **Weekly Discharge PTL (DPTL).** IDS is continuing the **Daily review of the DPTL** patients in the daily huddles and is referenced on the silver calls for any additional actions for identified system delays
3. **Local Government Authority DTOC Peer Review completed in September.** The final review report has been circulated but system wide forums to implement actions have been delayed due to the pandemic.
4. **Following attendance** at the NHSI Triumvirate Clinical Leaders LLOS National programme in February, the team have formulated a response for the Trust. This will need to be updated and reviewed.

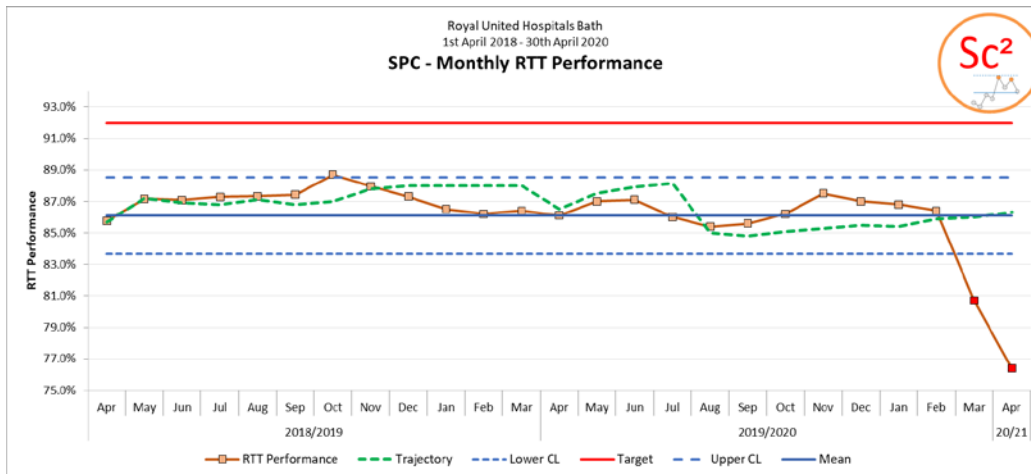
Planned Actions:

1. **RUH** - The Discharge process has rapidly changed and successfully adapted to manage the governments expectations during the pandemic. Community partners are working to a Discharge to Assess (D2A) model. The RUH Discharge managers are formulating a plan for the discharge resources to maintain the D2A model as we respond to a post pandemic period and consequently maintain the improved performance in delays and Length of Stay.
2. **RUH** - BIU compiling a report to demonstrate % of discharges on the 4 Discharge Pathways as we look to achieve 50% pathway 0, 45% home, Pathway 1, 4% Community Hospital and 1% Care Home.
3. **RUH** - Ongoing Internal delays review – for immediate resolution and Clinical Leads to receive and be held accountable to weekly Specialty LLOS performance
4. **System –Response to NHSI Triumvirate Clinical Leaders LLOS National programme:** Plan still in place but will require operational review; Focus on 3 OPU wards, highlight white boards, ECIST codes to understand delays, and “managing expectations” Consider use of red/green days to promote daily ward actions and accountability of tasks.



18 Weeks Incomplete Standard – Performance (1)

RTT Incomplete Standard Improvement Trajectory:



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Planned Performance	86.3%	86.2%	85.9%	85.9%	85.8%	86.2%	86.4%	86.9%	87.1%	87.5%	87.9%	88.0%
Actual Performance	76.4%											
Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

	Open Pathways		Performance	
	Total Waiters	> 18 Weeks		
100 - General Surgery	2162	669	69.1%	🔴
101 - Urology	1233	235	80.9%	🔴
110 - T&O	1737	639	63.2%	🔴
120 - ENT	1936	740	61.8%	🔴
130 - Ophthalmology	1961	352	82.0%	🔴
140 - Oral Surgery	2056	462	77.5%	🔴
300 - Acute Medicine	109	0	100.0%	🟢
301 - Gastroenterology	1812	272	85.0%	🔴
320 - Cardiology	1601	491	69.3%	🔴
330 - Dermatology	1055	413	60.9%	🔴
340 - Respiratory Medicine	375	1	99.7%	🟢
400 - Neurology	662	210	68.3%	🔴
410 - Rheumatology	748	65	91.3%	🔴
430 - Geriatric Medicine	141	15	89.4%	🔴
502 - Gynaecology	1823	353	80.6%	🔴
X01 - Other	2702	306	88.7%	🔴
Total	22113	5223	76.4%	🔴

Performance against the incomplete standard of 92% was 76.4% in April, a decrease of 4.3% on March, and 9.9% below trajectory.

Just two specialties met the constitutional standard in April, Acute Medicine and Respiratory Medicine, while all other specialties were impacted by high numbers of patient cancellations and appointments deferred.

Guidance advised that Elective operating cease across a number of high risk aerosol generating procedures (AGP) including those in OMFS, ENT, Gynae, T&O and General Surgery.

NHSI confirmed that the Independent hospitals, Bath Clinic and Circle Bath were allocated to work in partnership with the RUH to provide inpatient/operating capacity to support the COVID response.

Operating for urgent and cancer procedures commenced at Bath Clinic from 30th March and Circle Bath with 102 cases completed in 5 weeks.

Circle Bath hosted William Budd inpatient beds and chemotherapy day cases from 14th April, with 40 inpatients and circa 800 day cases in the 4 week period.

The over 18 week backlog for admitted patients increased by over 500 patients in month to 2,538 (from 1,989 in March) as all routine operating ceased on 16th March 2020.

Pathways are under review across all specialties in planning for increasing elective and outpatient care.



Incomplete Standard: Trajectory incomplete pathways (2)

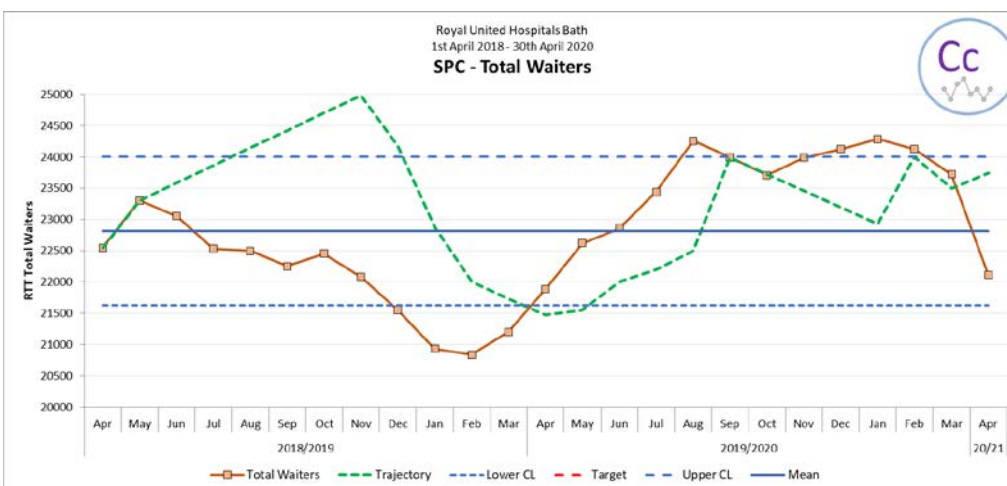
Total Incomplete Pathways decreased by 6.8% from March and is 9% below the January 2020 position, 6.9% better than plan as a result of a significant reduction in referrals.

	Jan-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Planned number of incomplete RTT Pathways	24,287	23,744	23,919	24,123	24,589	24,472	24,459	24,307	24,123	24,115	24,208	24,034	24,111
Actual number of incomplete RTT Pathways	24,287	22,113											
% Variance on January 2020		-9.0%											
% Variance on plan		-6.9%											

The Specialties with growth are detailed below. General Surgery and Oral Surgery have both shown an increase from the January 20 position.

In April all specialties apart from Neurology, ENT, T&O and Geriatric Medicine saw improvements.

Specialty	Total incomplete waiters January 2020	Total incomplete waiters April 2020	Variance from January 20
100 - General Surgery	2139	2162	23
101 - Urology	1360	1233	-127
110 - T&O	1808	1737	-71
120 - ENT	2073	1936	-137
130 - Ophthalmology	2087	1961	-126
140 - Oral Surgery	1756	2056	300
300 - Acute Medicine	115	109	-6
301 - Gastroenterology	2211	1812	-399
320 - Cardiology	2060	1601	-459
330 - Dermatology	1234	1055	-179
340 - Respiratory Medicine	402	375	-27
400 - Neurology	771	662	-109
410 - Rheumatology	801	748	-53
430 - Geriatric Medicine	141	141	0
502 - Gynaecology	1975	1823	-152
X01 - Other	3354	2702	-652
Total	24287	22113	-2174



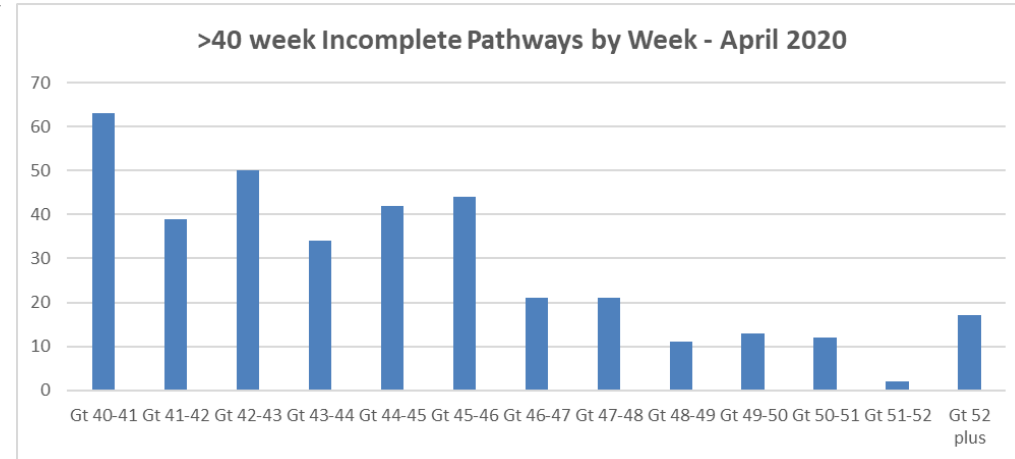
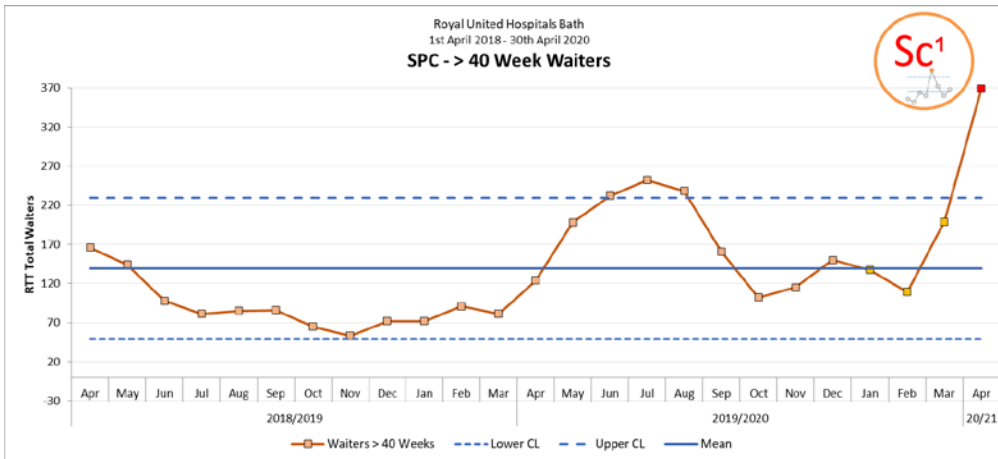


18 Weeks – Incomplete Pathways >40 weeks (3)

>40 weeks growth from April 2019 to April 2020														
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Growth in month
100 - General Surgery	17	21	15	18	28	26	16	14	28	26	25	47	66	19
101 - Urology	1	0	1	1	2	0	0	0	0	1	1	8	17	9
110 - T&O	6	5	10	12	19	16	7	4	14	16	10	28	56	28
120 - ENT	4	3	2	7	20	16	11	17	25	28	19	34	70	36
130 - Ophthalmology	10	3	4	3	0	4	2	3	2	2	2	5	7	2
140 - Oral Surgery	9	12	6	7	8	10	9	10	8	5	3	7	23	16
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	55	112	143	153	84	32	22	26	12	8	8	5	2	-3
320 - Cardiology	7	12	10	16	15	14	21	24	38	29	23	23	32	9
330 - Dermatology	9	25	33	34	60	41	13	17	21	12	12	37	80	43
340 - Respiratory Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
400 - Neurology	1	0	0	0	0	0	0	0	0	0	0	0	0	0
410 - Rheumatology	0	1	1	0	1	0	0	0	0	0	0	0	0	0
430 - Geriatric Medicine	0	0	0	0	0	0	0	0	0	1	0	1	0	-1
502 - Gynaecology	0	0	0	0	0	1	1	0	2	4	4	1	11	10
X01 - Other	5	4	6	1	1	1	0	0	0	5	2	3	5	2
Total	124	198	231	252	238	161	102	115	150	137	109	199	369	170

Overall incomplete pathways over 40 weeks have increased in month by 170 patients. The largest increase noted in Dermatology (43 patients), ENT (36 patients), T&O (28 patients), General Surgery (19 patients) and Oral Surgery (16 patients).

Clinical harm reviews are underway across all specialties for patients waiting in excess of 40 weeks. Telephone and video appointments are in place to provide assurance to patients delayed.





18 Weeks - In Month Response and Focus (5)

Lead Actions Update:

1. Backlog management

- Clinical triage and validation has been increased across all specialties.
- Continuation and request to extend support from Independent hospitals for elective care
- Additional validation and clinical review of all patients > 40 weeks continues in all specialties
- Elective and Outpatient work stream leads identified supporting BANU

2. Reporting

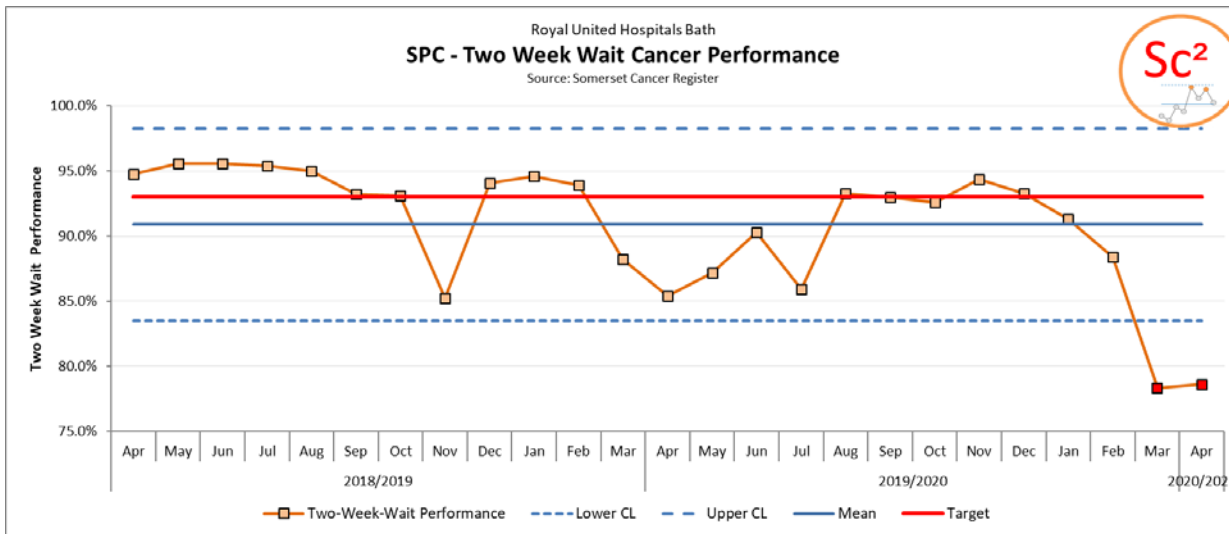
- Weekly reporting to NHSI includes patients >40 weeks and breaching 52 weeks. Total incomplete pathway growth monitoring continues.
- Second draft National PTL Validation Programme report received, Trust to provide further focused validation.

3. Planned Actions:

- Specialty led focus on maintaining a safe backlog
- Specialty planning of priorities for increased operating – via Elective prioritisation group chaired by Head of Division
- Maximise use of Independent hospitals capacity including Care UK for the remainder of the National agreement.
- Elective planning in progress to re-commence some low risk routine operating taking account of PPE/medicines limitations



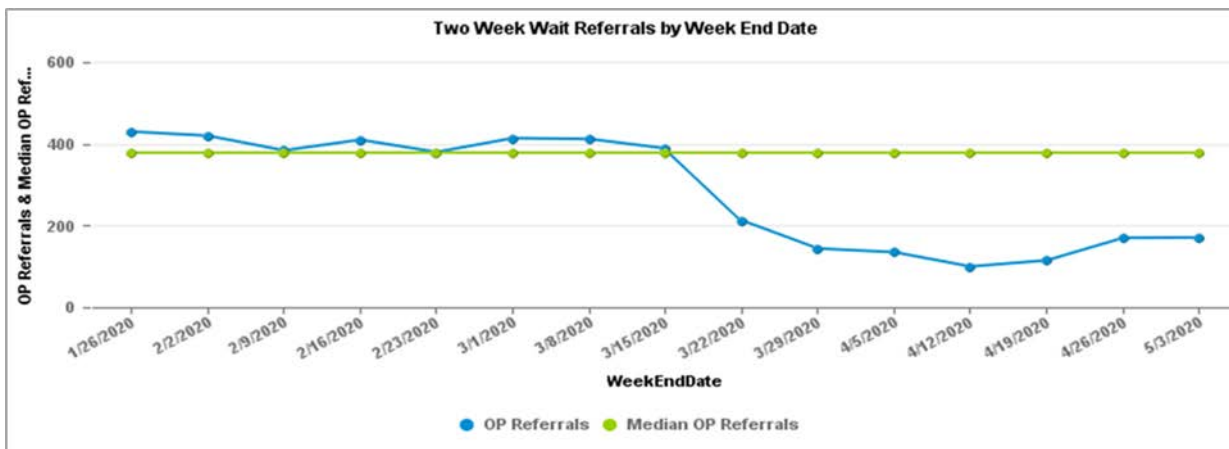
Cancer Access – Two Week Wait (1)



In April the Trust failed to meet the 93% target with performance at 78.6%.

April performance triggered SC2 as it was outside of the lower confidence limit.

Performance was most impacted due to breaches sustained in Breast and Skin. Breast breaches were predominantly due to patient cancellations related to Covid-19. Breaches within Skin were due to longstanding capacity challenges. Through utilisation of tele-dermatology and restructuring of clinics as one-stop 'see and treat' clinics, demand and capacity are managed more effectively and patients can be seen within the timeframe since the beginning of May.

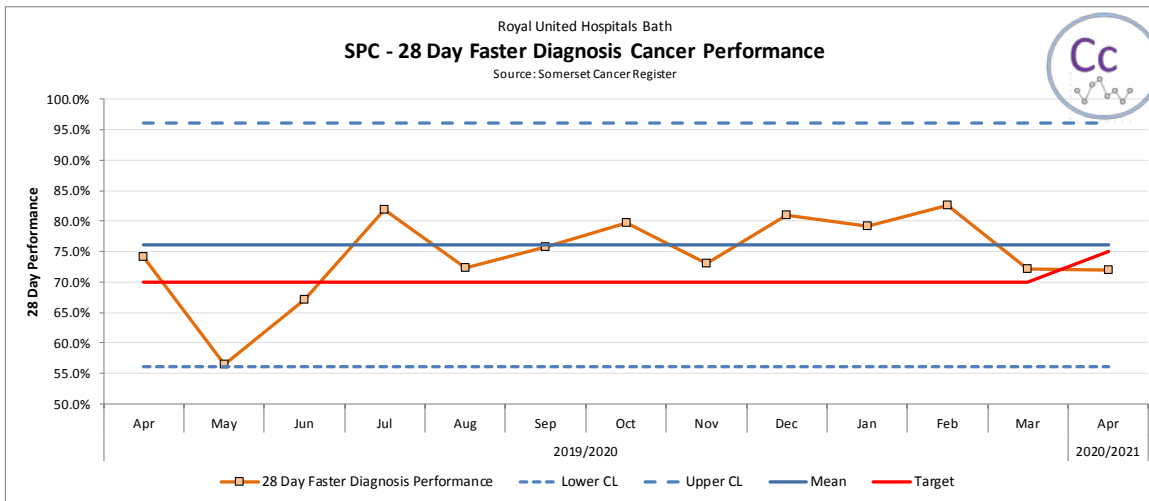


Most 2ww activity provided as telephone consultations. Overall 2ww referrals have declined dramatically in the past two months due to patients not presenting to their GP surgery. Referrals have begun to increase in the past two weeks. This is similar to other Trusts across the region. Performance is significantly improved in May.

Longer term risk noted of surge in 2ww demand post-Covid-19 or following relaxation of lockdown. Capacity



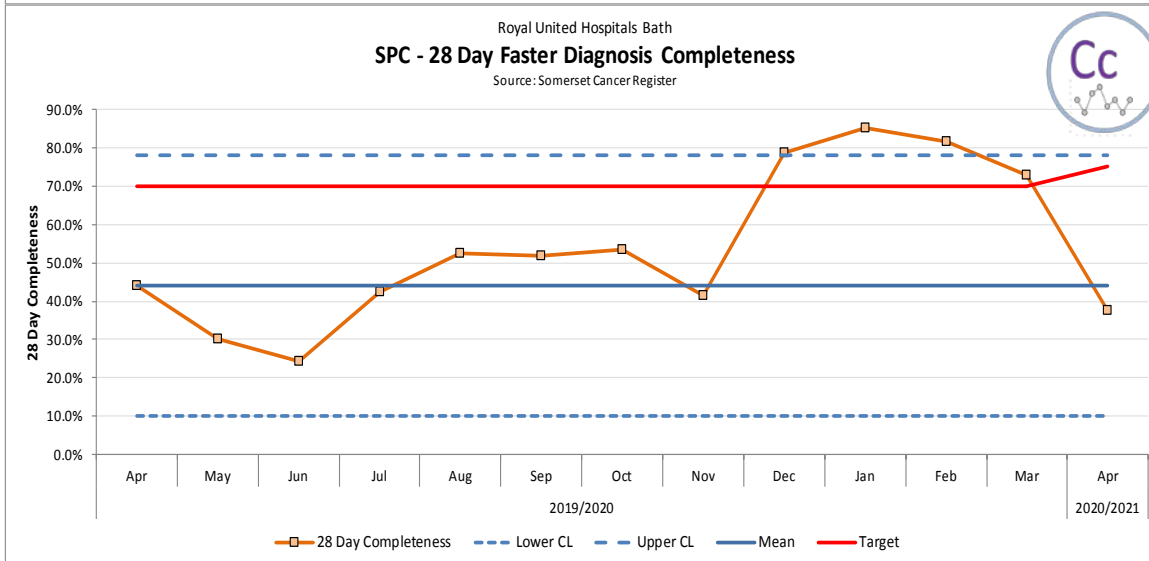
Cancer Access – 28 Day Faster Diagnosis (2)



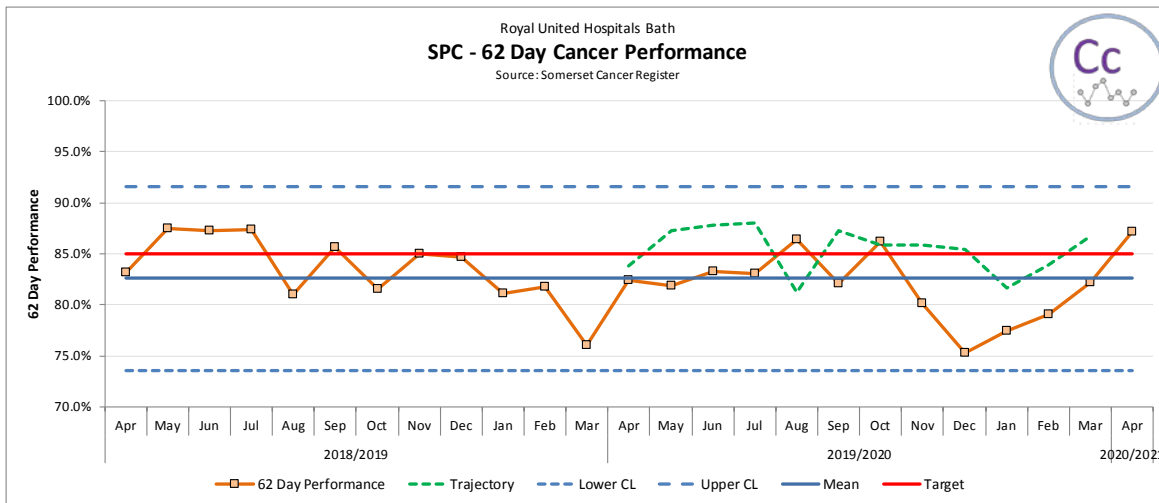
The 28 day standard target was adjusted centrally in March, raising the target to 75% from 70%. The standard has not been achieved in April, with performance of 71.9% recorded.

The standard was due to become part of the cancer performance management nationally from April 2020, however due to the Covid-19 pandemic this has been postponed with no new date set for implementation of the target.

The Trust continues to manage patients against the standard and performance will continue to be reported.



Q1 - 62 Day (urgent GP referral) wait for first treatment (3)



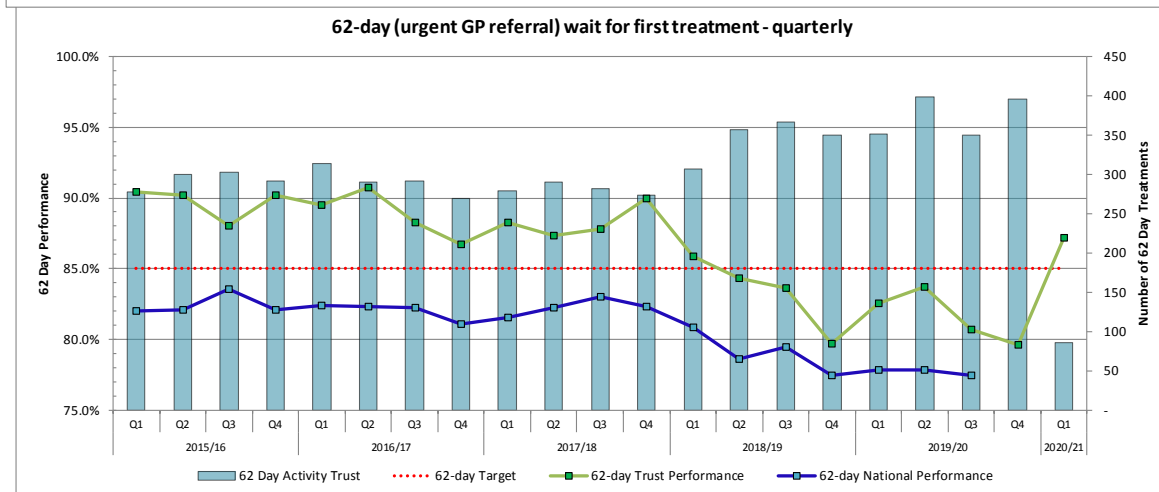
Trust performance in April was 87.2%, which was above the 85% standard. In month the Trust reported 12 breaches.

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

Activity in April was approximately 75% of pre-Covid-19 levels. Surgical and chemotherapy treatments have been prioritised as per the national guidelines with decisions being made between clinicians and patients to defer some treatments based on the low level of clinical urgency. Any treatments delayed due to Covid-19 have a clinical harm review completed.

Radiotherapy treatments were largely unaffected with a small number of treatments postponed primarily within Prostate cancer with patients receiving a different treatment.

The total number of patients on the cancer PTL has reduced to less than half of normal levels. Currently approximately 40% of patients on the PTL are delayed due to Covid-19, either through clinical decision or patient choice (approximately 350 patients). Timeframes for review are set for each patient and managed by the clinical teams with appropriate safety-netting in place, supported by patients and their GPs





62 Day performance by Tumour Site (4)

Cancer Site	Indicator Description	2019/2020												2020/2021
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Breast	Activity	30.5	26.5	15	21	32	23	22	15	20	17	25	25	14
	Breaches	0	3	2	0	1	1	1	1	1	0	0	0	0
	Performance	100.0%	88.7%	86.7%	100.0%	96.9%	95.7%	95.5%	93.3%	95.0%	100.0%	100.0%	100.0%	100.0%
	Referral Conversion %	14.7%	3.3%	5.3%	7.3%	7.9%	5.3%	5.0%	4.1%	5.7%	6.6%	3.5%	6.6%	6.3%
Colorectal	Activity	9	13.5	12	20	10.5	17	15	8.5	15	9.5	16	16.5	7.5
	Breaches	4	6.5	4	5.5	4.5	6	2	4.5	8	5	8	4	2.5
	Performance	55.6%	51.9%	66.7%	72.5%	57.1%	64.7%	86.7%	47.1%	46.7%	47.4%	50.0%	75.8%	66.7%
	Referral Conversion %	0.0%	5.6%	5.8%	4.8%	4.4%	7.1%	5.6%	3.9%	4.4%	5.2%	5.4%	2.5%	2.1%
CUP	Activity	0	0	0.5	3.5	0	1	1	1	0.5	2	3.5	0	0
	Breaches	0	0	0	1.5	0	0	0	1	0	1.5	0	0	0
	Performance	100.0%	100.0%	100.0%	57.1%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	57.1%	100.0%	100.0%
	Referral Conversion %	0.0%	0.0%	0.0%	60.0%	0.0%	0.0%	33.3%	60.0%	50.0%	0.0%	50.0%	0.0%	100.0%
Gynaecology	Activity	9	4	4	10	9.5	12	8	6	6	10	8	4	3
	Breaches	1	1	0	1	0	2	2	0	3	2	0	0	0
	Performance	88.9%	75.0%	100.0%	90.0%	100.0%	83.3%	75.0%	100.0%	50.0%	80.0%	100.0%	100.0%	100.0%
	Referral Conversion %	0.0%	3.0%	8.2%	7.7%	9.8%	7.6%	4.3%	6.1%	3.8%	7.1%	4.2%	1.9%	2.6%
Haematology	Activity	11.5	5	7	9.5	6	11	5	9	8	11	4	7	4
	Breaches	3	1	2	1	2	4	1	0	2	2	0	0	1
	Performance	73.9%	80.0%	71.4%	89.5%	66.7%	63.6%	80.0%	100.0%	75.0%	81.8%	100.0%	100.0%	75.0%
	Referral Conversion %	100.0%	58.3%	60.0%	62.5%	50.0%	55.6%	64.3%	62.5%	38.9%	66.7%	50.0%	37.5%	28.6%
Head and Neck	Activity	5	4	2	6	7	6.5	4	5	8	3	6.5	3	4.5
	Breaches	1	0	0	3	2	3.5	1	3	6	1	3.5	2	1
	Performance	80.0%	100.0%	100.0%	50.0%	71.4%	46.2%	75.0%	40.0%	25.0%	66.7%	46.2%	33.3%	77.8%
	Referral Conversion %	0.0%	4.8%	2.8%	7.7%	4.7%	3.8%	5.5%	4.5%	4.6%	4.7%	2.7%	4.4%	2.0%
Lung	Activity	8.5	4	9.5	8	2.5	9.5	6	5.5	6	10.5	10.5	9.5	1
	Breaches	1.5	1.5	1	1	1	1	2.5	0.5	0	4	4	4	1
	Performance	82.4%	62.5%	89.5%	87.5%	60.0%	89.5%	58.3%	90.9%	100.0%	61.9%	61.9%	57.9%	0.0%
	Referral Conversion %	0.0%	32.1%	25.0%	19.0%	35.1%	13.8%	21.4%	25.6%	28.9%	19.6%	16.3%	18.9%	30.0%
Skin	Activity	18	26.5	22.5	33.5	20.5	19.5	25	32.5	21	24.5	22	29	22
	Breaches	0	0.5	1	1.5	0	2	0	2.5	2	3.5	0.5	1.5	3.5
	Performance	100.0%	98.1%	95.6%	95.5%	100.0%	89.7%	100.0%	92.3%	90.5%	85.7%	97.7%	94.8%	84.1%
	Referral Conversion %	10.0%	10.6%	6.3%	6.7%	5.3%	7.0%	7.6%	8.2%	6.4%	6.5%	9.0%	7.8%	8.8%
Upper GI	Activity	4	7.5	11	9.5	6	6.5	6.5	9	3.5	7.5	9.5	5	7
	Breaches	1	0.5	3	4	1	2	2	4.5	2.5	1.5	3	1.5	1
	Performance	75.0%	93.3%	72.7%	57.9%	83.3%	69.2%	69.2%	50.0%	28.6%	80.0%	68.4%	70.0%	85.7%
	Referral Conversion %	0.0%	9.7%	11.1%	3.4%	8.7%	8.7%	8.8%	3.4%	8.8%	6.7%	4.0%	5.7%	9.3%
Urology	Activity	29.5	28	24	31.5	23.5	22.5	30.5	24	22.5	26.5	31.5	37	23
	Breaches	10.5	7.5	5	7.5	4.5	1.5	5.5	6	3	8.5	8	10	1
	Performance	64.4%	73.2%	79.2%	76.2%	80.9%	93.3%	82.0%	75.0%	86.7%	67.9%	74.6%	73.0%	95.7%
	Referral Conversion %	15.4%	21.8%	19.5%	21.3%	18.5%	23.2%	16.1%	19.5%	23.3%	18.7%	20.3%	21.1%	8.3%

The 85% target was achieved for the Trust but a low number of breaches were recorded across most tumour sites. The standard was not achieved in five tumour sites but within four of those just a single breach was recorded.

The most breaches were recorded in Skin (three and one shared breach – shared breach to be reallocated to NBT under breach allocation guidelines) and Colorectal (two and one shared breached – breach remains shared).

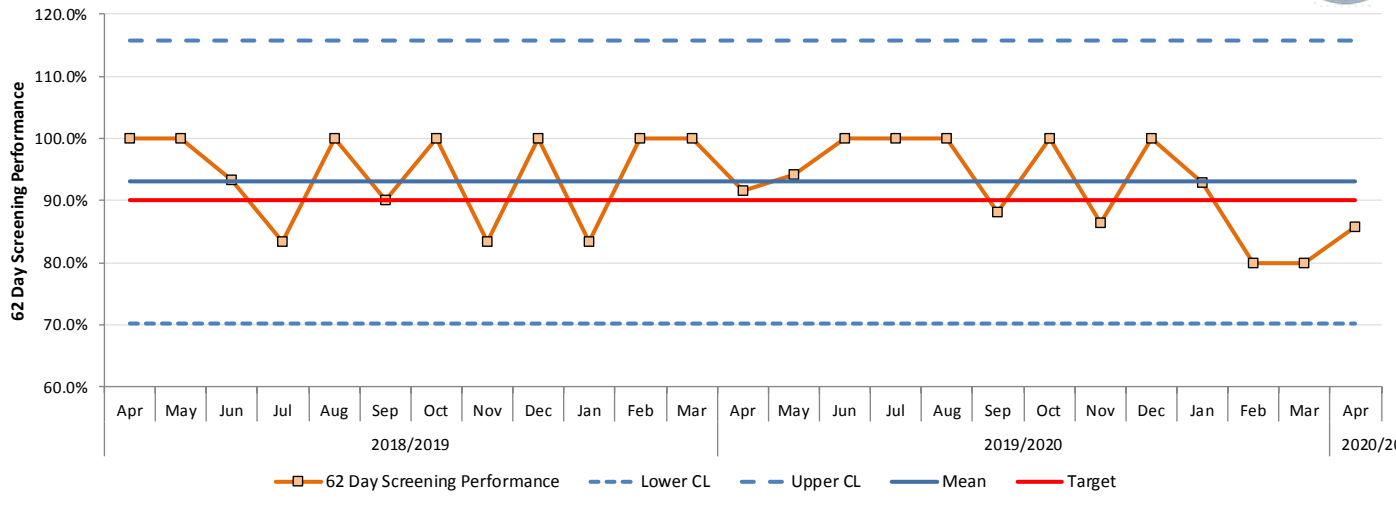
Provision of surgery at Bath Clinic and chemotherapy at Circle Bath helped maintain good levels of activity in month.



Cancer Access – 62 Day Screening (6)

Royal United Hospitals Bath
SPC - 62 Day Screening Cancer Performance

Source: Somerset Cancer Register



In April the Trust failed to meet the 90% target, with performance at 85.7%. One shared breach in bowel screening was recorded but with activity at a total of 3.5 patients for the month this was sufficient to not achieve the 90% standard. The patient required several investigations and treatment which could not be undertaken within the 24 day timeframe allocated to treating providers under the national breach allocation guidelines.

Invitations and follow up appointments for all three national screening programmes are currently postponed due to Covid-19.



62 Day Cancer Performance - In Month Response and Focus (7)

Lead Actions Update:

Existing service provision:

- 2ww service has been maintained, implementing non face-to-face where appropriate.
- Delivery of current required levels of diagnostics and treatment capacity, adhering to IPC and national clinical guidelines.
- Extension of elective treatment services at independent sector providers being progressed.

Backlog management:

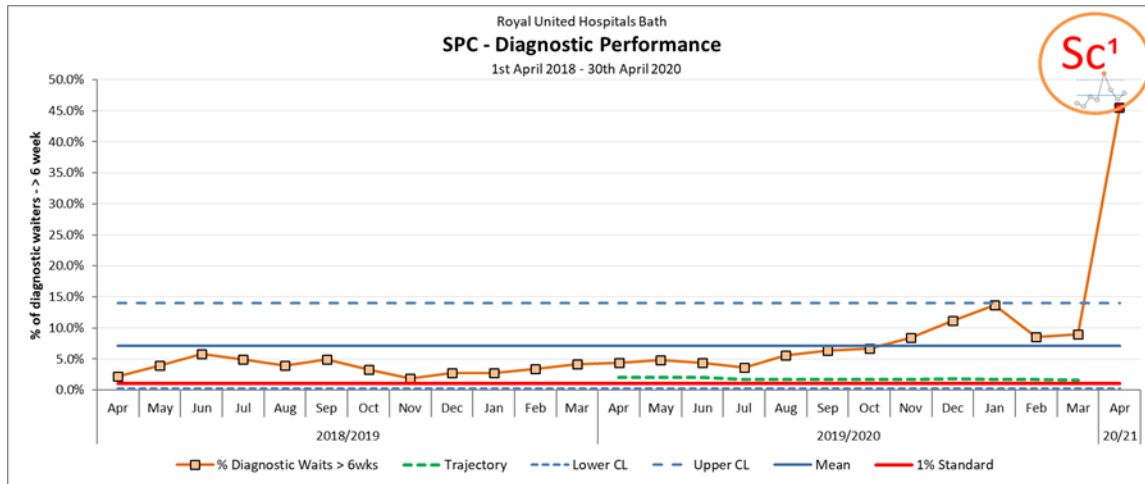
- Reporting developed to estimate the potential volume of undiagnosed cancers in the community and within postponed diagnostic pathways under RUH care.
- Validation of patients whose cancer treatments are postponed including maintaining clinical harm review process.
- Weekly reporting to Cancer Alliance and NHSE/I on surgical activity.

Planned Actions:

- Model potential surge in cancer demand (2ww, diagnostics and treatment).
- Develop plans for delivery of remaining lower priority surgical treatments currently postponed.
- Expand Covid-19 testing of pre-operative and to pre-chemotherapy patients.
- Restart work to deliver local anaesthetic prostate template biopsy pathway.



Diagnosics (1)



April performance is reported as 45.47% against the $\leq 1.0\%$ indicator.

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

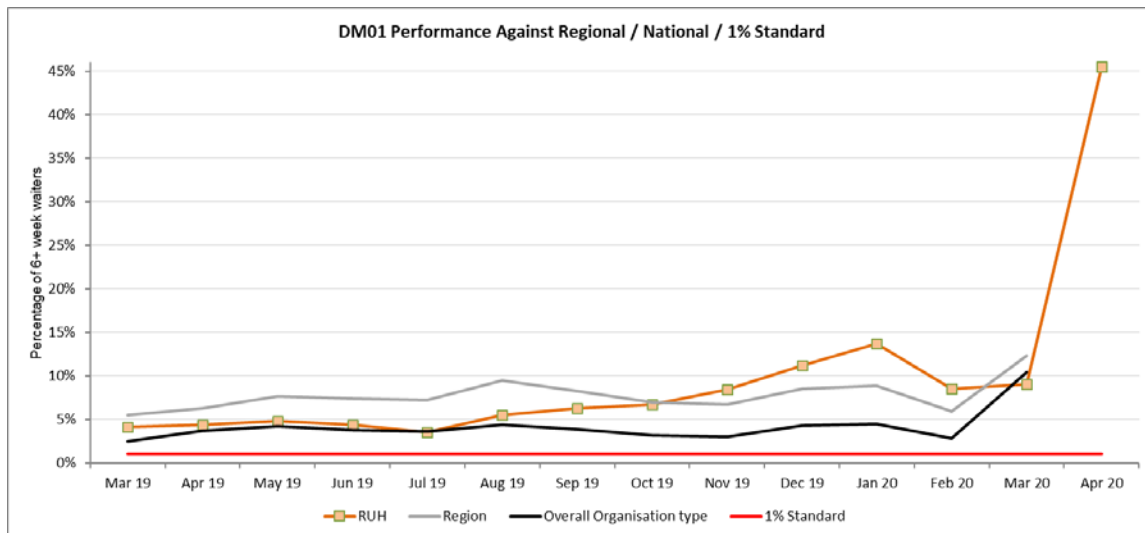
DMO1 Performance in April deteriorated from previous months after a successful recovery trajectory had been achieved. This was due to impact of COVID-19 situation and the significant reduction in diagnostic capacity during this period.

All DMO1 modalities have registered a significant increase in breaches – MRI, USS and CT are the top contributors.

Successes in month with a significant effort in administrative and clinical validation of all referrals to ensure suitable prioritisation and appropriateness of referrals in the COVID-19 context.

The SPC rule SC1 has been triggered with a single months above the upper confidence limit. 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. Performance is significantly below regional average, updated figures for April to follow.





Diagnostics (2)

Key Recovery Plan Actions

- All modalities:
 - Administrative and clinical validation of referrals with relevant clinical outcomes.
 - Consolidation of backlog review.
 - Service review under updated guidance for COVID-19.
 - Individual recovery plans for each modalities

Weekly DM01 group in place managed by the Medical Division to support recovery and service improvements. Performance has worsened in light of COVID-19 situation and the restrictions on activity. DMO1 position had significantly improved in first months of the year following a successful recovery plan.

In April there were a total of **9106** diagnostic referrals of which **4130** breached the 6-week standard (**45.47%**).

Top contributors:

Magnetic Resonance Imaging (1376)

Non-obstetric ultrasound (1213)

CT - Computed Tomography (651)

Radiology diagnostics have seen a significant reduction in capacity due to COVID-19 situation.

Change of rotas to support Front Door and Inpatients and decreased Outpatient capacity have negatively impacted on performance. Additional capacity in place at Bath Clinic and Circle Bath. Discussions ongoing about additional mobile capacity to be put in place from June.

Processes currently being reviewed and capacity being optimised in line with COVID-19 safety guidelines. Reduced waiting areas capacity and longer turnaround times due to IPC measures and recommendations.

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	1376
Computed Tomography	651
Non-obstetric Ultrasound	1213
DEXA Scan	104
Audiology - Audiology Assessments	86
Cardiology - Echocardiography	267
Neurophysiology - Peripheral Neurophysiology	63
Respiratory physiology - Sleep Studies	20
Urodynamics - Pressures & Flows	19
Colonoscopy	112
Flexi Sigmoidoscopy	41
Cystoscopy	35
Gastroscopy	143
Total (without NONC)	4130



Diagnostics - In Month Response and Focus (3)

Lead Actions Update:

- 1. Endoscopy – Colonoscopy, Gastroscopy, Flexi-Sigmoidoscopy** – Backlog validated and Endoscopy recovery plan discussed in line with the new BSG guidance on resuming endoscopic diagnostic. Planned incremental increase of activity from June to achieve 100% endoscopy theatre utilisations by end of July 2020. Overall capacity will be significantly reduced due to IPC guidelines, PPE, cleaning and turnaround times. 2ww diagnostic referrals will impact on available capacity for 6 week diagnostics.
- 2. Echocardiography** – Backlog validated and service continues to deliver a reduced amount of diagnostics. Reduced capacity due to IPC guidelines, PPE, cleaning and turnaround times. Recovery plan being worked on to optimise possible capacity under new guidance.
- 3. Weekly 6 week diagnostic action group** focused on all actions and recovery. DMO1 trajectory to be reviewed once individual feedback and recovery plans for each modality are agreed. The groups continues to meet regularly to ensure consistent validation and consolidated backlog position to support forward planning.

Key National and Local Indicators

In the month of April 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.



Effective

- 8. Discharged patients with dementia having more than three ward moves

Caring **SOF**

- 10. Dementia case finding
- 18. Hip fractures operated on within 36 hours
- 21. Theatre utilisation (elective)

Responsive **SOF**

- 29. Diagnostic tests maximum wait of 6 weeks (DMO1)
- 30. RTT over 52 week waiters
- 35. % Discharges by Midday (Excluding Maternity)
- 36. GP Direct Admits to SAU
- 42. % Women identified as smokers referred to specialist stop smoking service

Safe **SOF** **SOF**

- 51. CAS Alerts not responded to within the deadline
- 52. Venous thromboembolism % risk assessed (**lag 1 month**)

Well Led

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

Well Led | Workforce | Performance Summary

Indicator	Trust Performance Over Last 12 Months												Q1 Target
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	
Budgeted Staff in Post (WTE)	4849.78	4849.78	4852.78	4853.78	4854.78	4853.34	4853.34	4853.34	4853.34	4853.34	4853.34	4993.65	
Contracted Staff in Post (WTE)	4480.40	4480.90	4495.88	4549.13	4569.59	4591.37	4610.34	4615.20	4600.72	4653.15	4661.10	4650.67	
Vacancy Rate (%)	7.62	7.61	7.35	6.28	5.87	5.40	5.01	4.91	5.21	4.12	3.96	6.87	6.35
Bank - Admin & Clerical (WTE)	35.03	34.62	38.94	38.27	37.05	40.53	36.71	33.96	42.75	39.45	36.07	1 Month Lag	
Bank - Ancillary Staff (WTE)	23.96	20.65	23.29	20.56	20.09	24.74	20.13	23.54	20.12	19.70	20.78	1 Month Lag	
Bank - Nursing & Midwifery (WTE)	166.01	166.31	175.07	161.58	151.37	157.40	156.93	141.74	160.34	157.04	165.43	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)	44.24	45.75	47.80	58.19	43.57	51.43	55.72	69.99	56.77	68.12	46.28	19.78	
Agency Spend (% of total pay bill)	2.92	2.30	3.96	2.97	2.63	3.95	3.28	3.19	4.21	3.88	3.19	2.25	2.50
Nurse Agency Spend (% of total Reg Nurse pay bill)	5.88	4.03	8.86	5.59	5.29	9.20	6.07	7.59	7.54	9.75	6.94	7.27	3.00
Rolling 12 Month Turnover (%)	11.96	11.85	11.48	11.88	11.71	11.97	11.46	11.46	11.33	11.17	10.82	10.69	11.00
In Month Turnover (%)	0.85	0.94	0.73	1.18	0.84	0.73	0.74	0.98	0.82	0.47	0.82	0.55	0.92
Rolling 12 Month Sickness Absence (%)	3.99	4.02	4.05	4.04	4.00	4.01	3.99	4.04	4.10	4.11	4.05	4.11	3.95
In Month Sickness Absence (%)	3.93	3.79	3.91	3.76	3.61	3.75	4.20	4.51	4.44	4.36	4.00	5.02	4.21
Staff with Annual Appraisal (%)	82.18	82.73	80.91	81.06	80.27	78.64	81.10	81.01	79.89	81.36	78.75	75.09	81.56
Information Governance Training compliance (%)	90.70	90.00	88.20	85.60	84.80	83.10	81.80	82.90	84.60	87.50	89.20	87.80	95.00
Mandatory Training (%)	87.60	87.60	87.50	86.80	86.80	86.60	86.30	86.50	87.20	87.60	88.40	87.20	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).

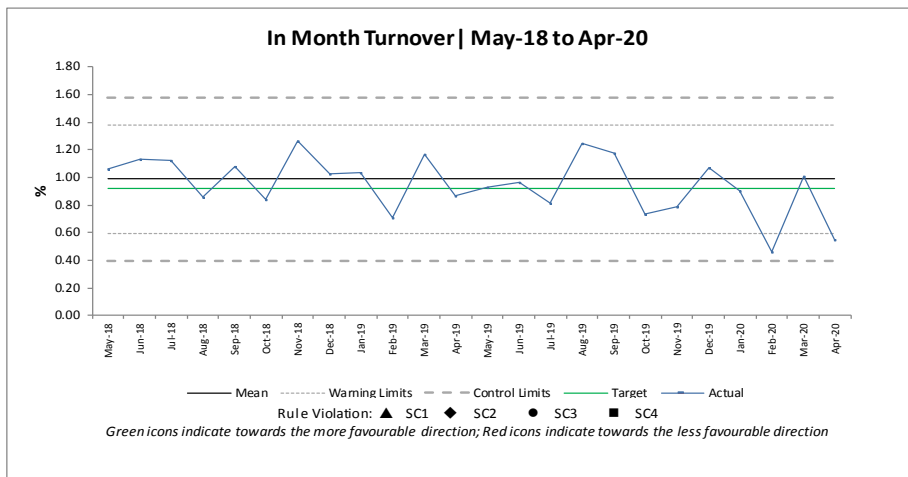


Run of at least 6 data points either all increasing or all decreasing, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

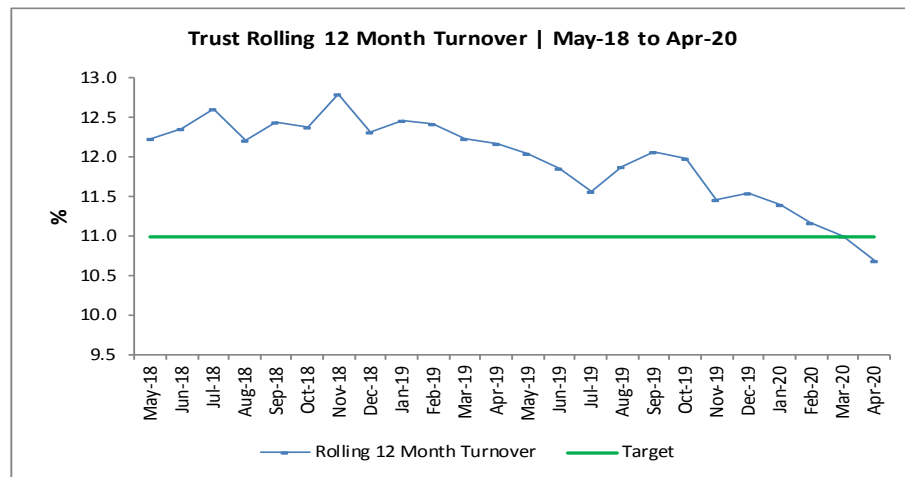
Where data points trigger multiple rules, the order of precedence for Special Cause Variation that has been used is Rule 4, Rule 3, Rule 2 then Rule 1.

Well Led | Workforce | Turnover Rate

In Month Turnover (%)



12 Month Rolling Turnover (%)



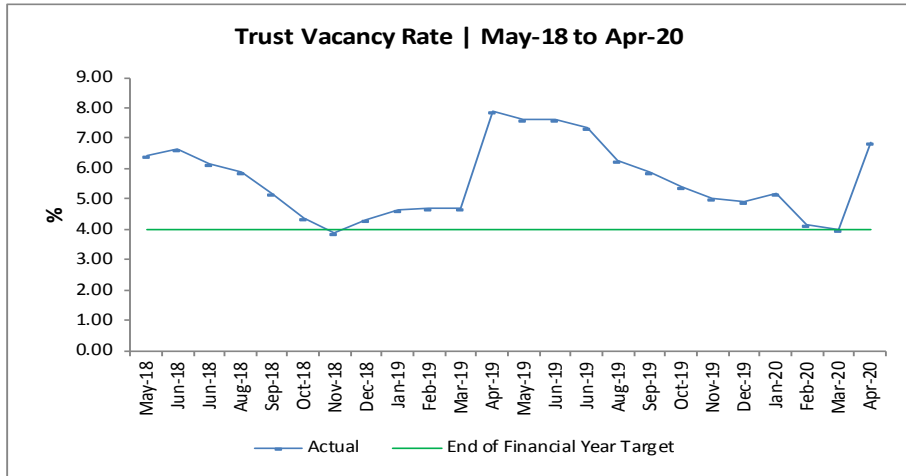
Target	Actual	Latest Data Point
0.92	0.55	Sc ²

Target	Actual
11.00	10.69

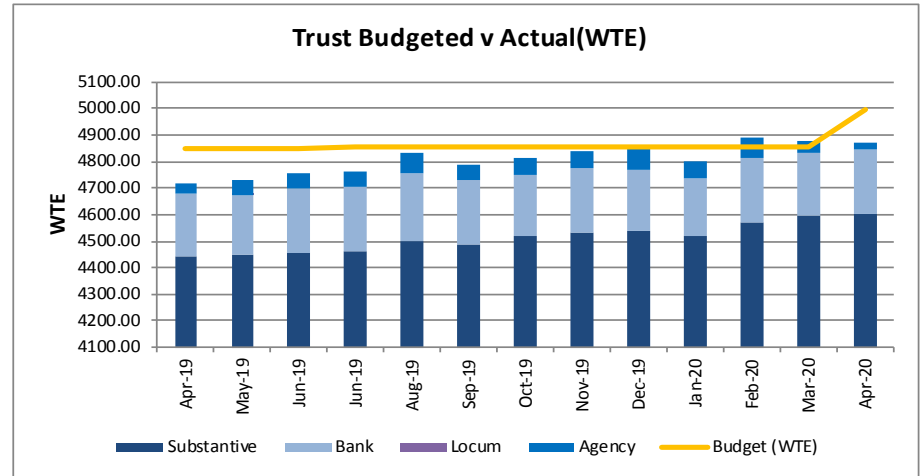
Commentary on Performance

- As it stands, April's in month turnover rate was 0.55%. This is considerably lower than previous Aprils and, when combined with February's low in month turnover, triggers a favourable SPC rule. The likelihood is that this is a direct affect of Covid-19 and this change may therefore not be sustainable. It is also worth noting that March's figure rose due to late leaver notifications and this may again occur.
- As a consequence of the lower in month turnover for April, 12 month rolling Turnover is below the target of 11% at 10.69%.
- Band 5 Nurse rolling turnover in month was low at 0.4% (equivalent to a leavers WTE of 2.28). This has contributed to an overall rolling 12 month turnover of 11.7%.

Vacancy Rate (%)



Budgeted v Contracted WTE

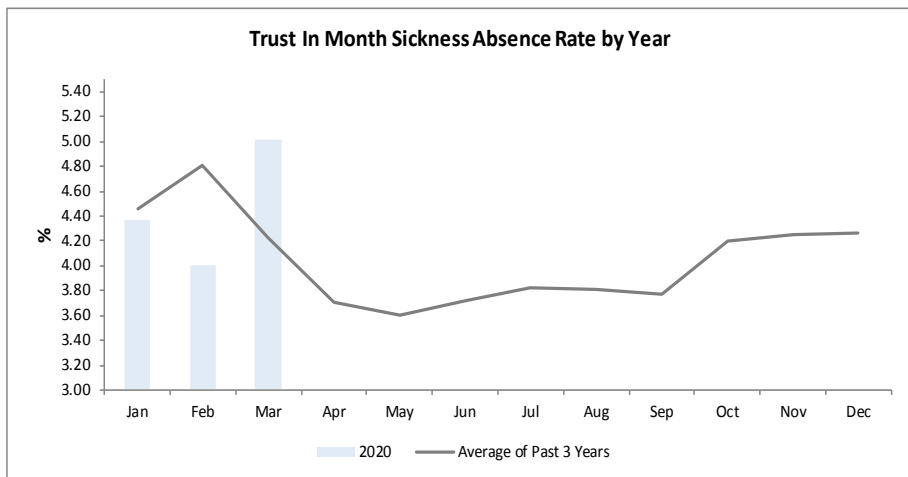


Target	Actual
6.35	6.87

Commentary on Performance

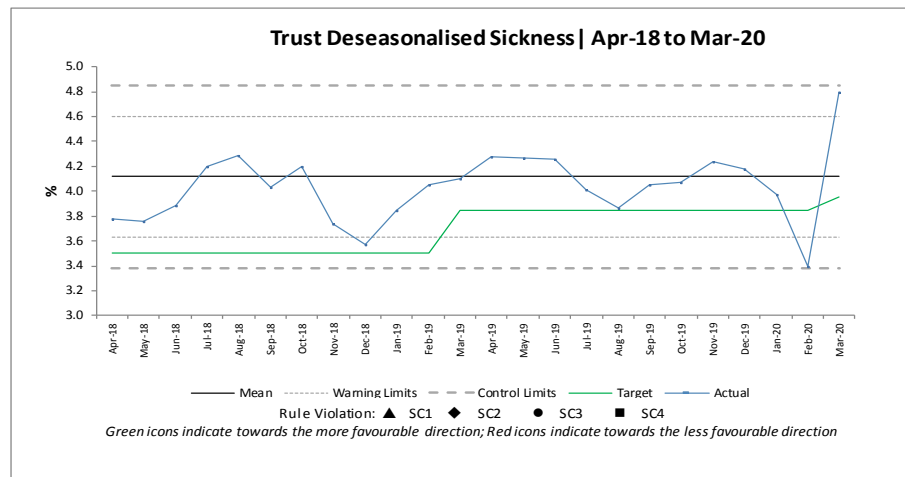
- Due to budgets having been reset, the vacancy rate has risen and stands at 6.87%. The target is to reduce this to under 4.0% by the end of March 2021. Please note that these figures exclude the Coronavirus cost centre, which primarily contains the F0 doctors.
- Band 5 nurse vacancy is currently 10.9% (equivalent to 77.1 WTE).

In Month Sickness Absence (%)



Seasonally Adjusted Target	Actual
4.21	5.02

Deseasonalised In Month Sickness Absence (%)



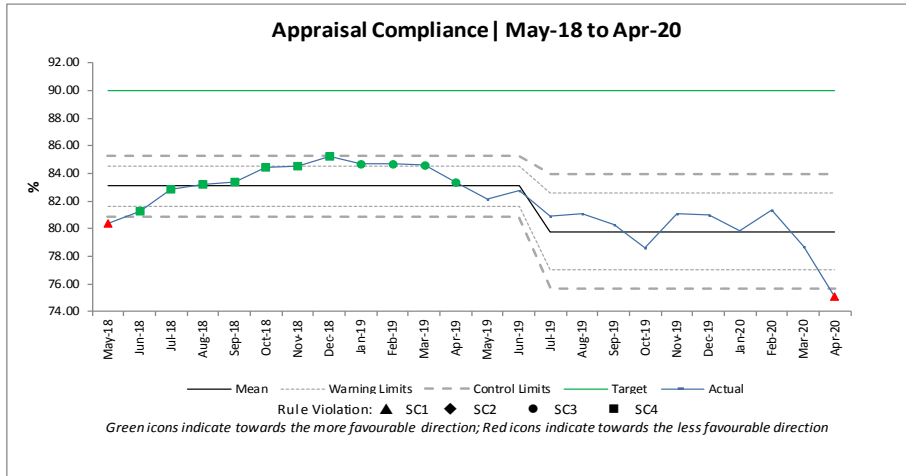
Target	Actual Deseasonalised	Latest Data Point
3.95	4.79	

Commentary on Performance

- The sickness absence rate for March 2020 was 5.02%. This is a notably higher rate than usual - it is around 1 percentage point higher than the rolling average for March 2019 to February - and reflects the impact of COVID-19. Indeed, chest and respiratory illness was the cause cited in over a fifth of absences.
- The effect of COVID-19 is even clearer on the deseasonalised SPC chart, where there is a significant spike that falls only marginally below the upper control limit. Currently, this point in isolation does not trigger an SPC rule. However, the expectation is that an SPC rule will be triggered next month, based on the level of COVID-related absence experienced particularly during the first half of April.

Appraisal Compliance (%)

Appraisals In and Out of Date



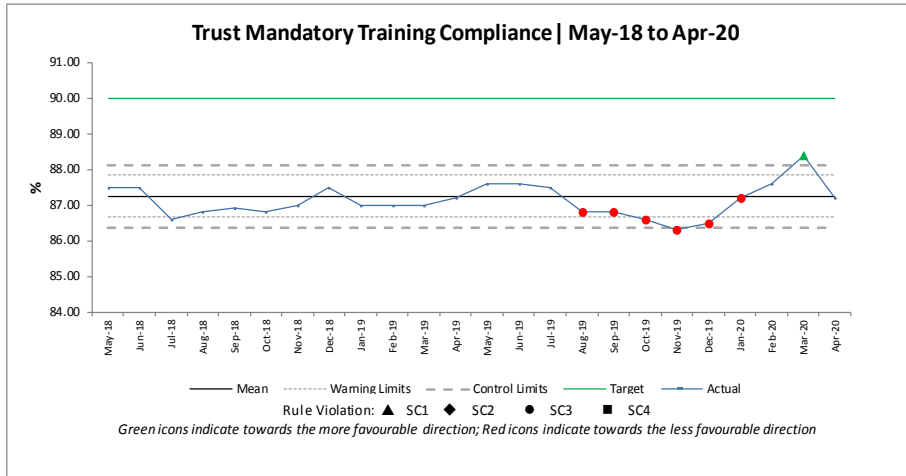
	In Date	Out of Date	% Compliant
Trust	3379	1121	75.09
AfC Staff	3134	1047	74.96
M&D Staff	245	74	76.80
Consultants	191	45	80.93

Target	Actual	Latest Data Point
81.56	75.09	Sc1

Commentary on Performance

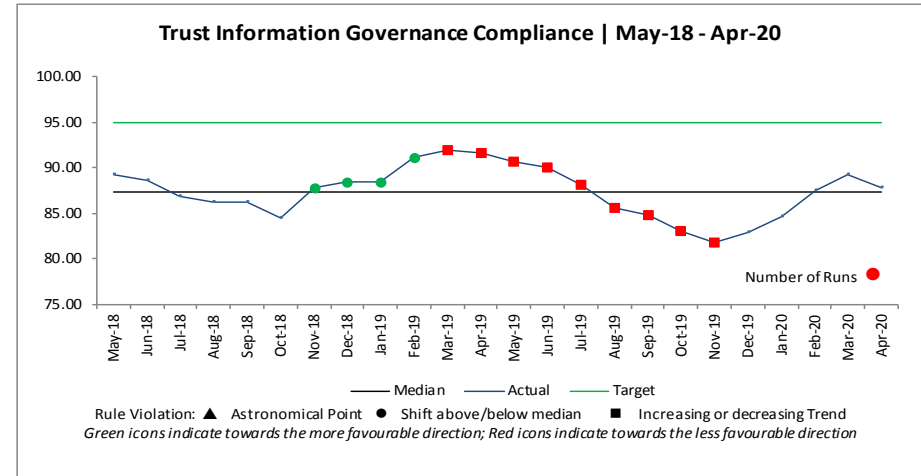
- Appraisal compliance has fallen again this month and now stands at 75.09%. This is the lowest level of compliance for a number of years and triggers the SPC rule for an extreme point outside of the Lower Warning Limit. This is despite the warning limits having already been re-based from June 2019 to account for a decline in performance.
- No Division has above 80% compliance and therefore all are more than 10 percentage points below the Trust's 90% target.

Mandatory Training (%)



Target	Actual	Latest Data Point
90.00	87.20	Cc

Information Governance (%)

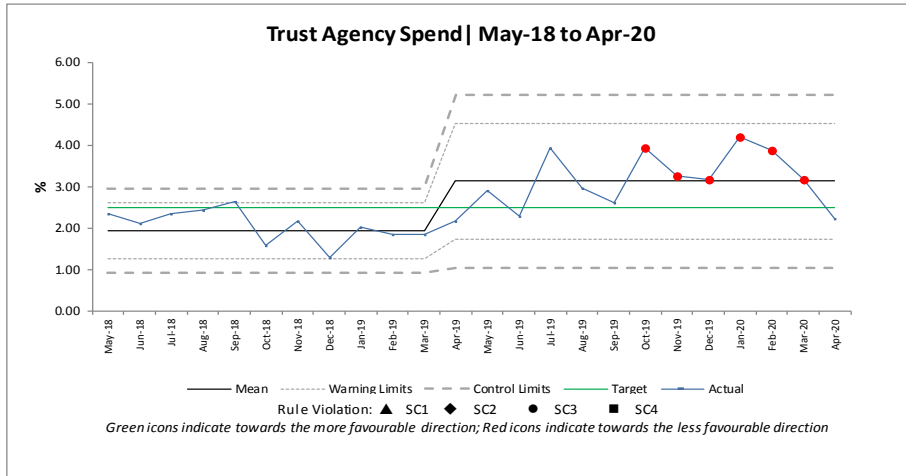


Target	Actual
95.00	87.80

Commentary on Performance

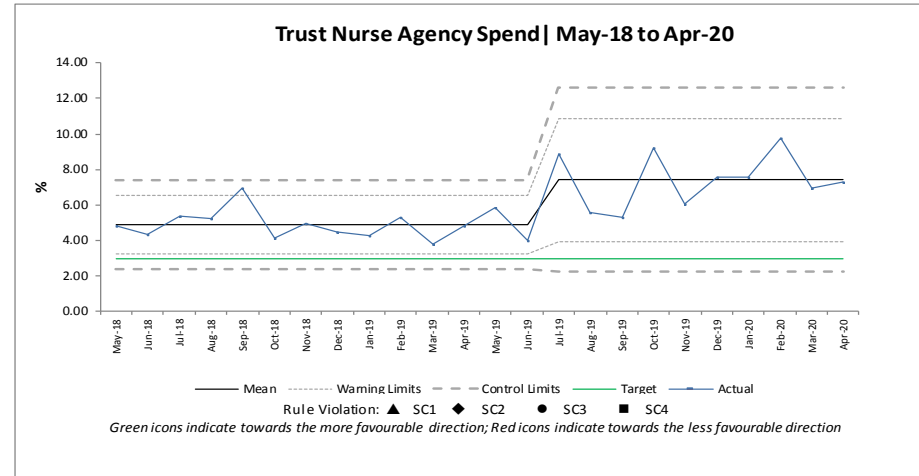
- The improvement in Mandatory Training compliance witnessed last month has not been sustained, with compliance having returned to a near average rate of 87.2% this month.
- IG training compliance has also declined this month and now stands at 87.8%. Based on the trend of previous years, this may be the start of a sustained period of month on month decline. It should be noted, however, that this year the starting point is already lower so the drift from the Trust's 95% target could be greater.

Agency Spend as Proportion of Total Pay Bill (%)



Target	Actual	Latest Data Point
2.50	2.25	Cc

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



Target	Actual	Latest Data Point
3.00	7.27	Cc!

Commentary on Performance

- Agency spend as a proportion of the total pay bill decreased to 2.25% in April. This is below the Trust target of 2.50% and brings to an end a sustained run of figures above the mean.
- At 7.27% of the total nursing pay bill, Nurse Agency spend in April was around average for the current process parameters. It should be noted, however, that this currently operating at a level well in excess of the Target of 3.00%. Therefore rather than remaining stable, it would be desirable to see a favourable 'loss of control' in performance if the target to be achieved.

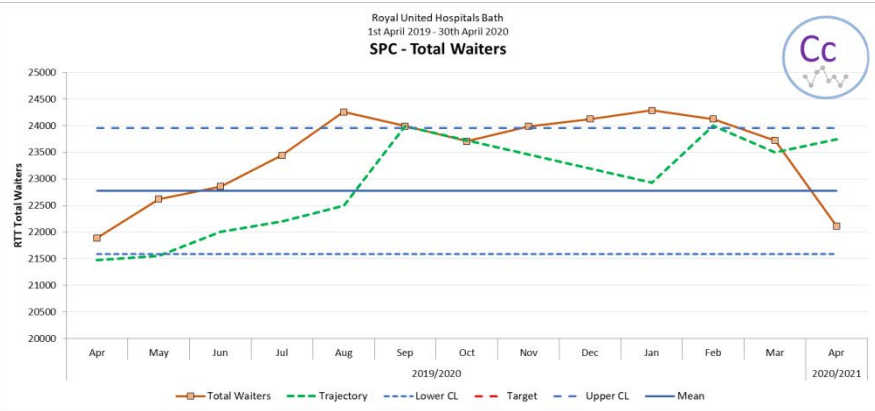
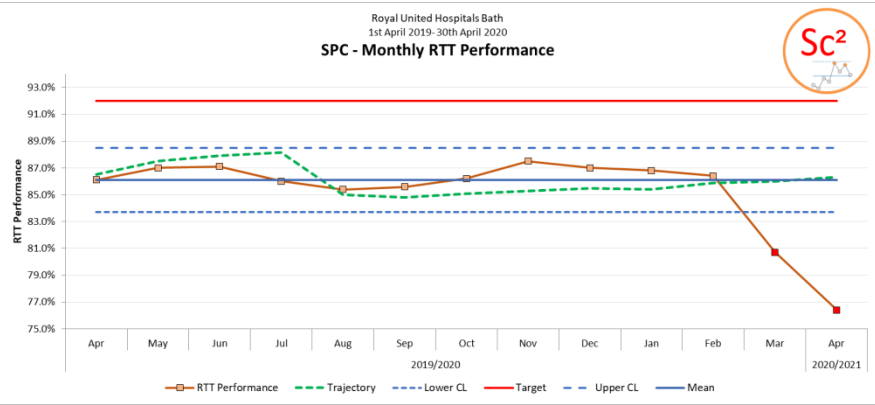
Clinical Governance Committee

Impact of Covid-19 –
Access targets

12th May 2020

Everyone
Working Matters
Together
Making a
Difference

Referral to Treatment times (April 2020)



April 2020 Incomplete >52 week breaches by Specialty

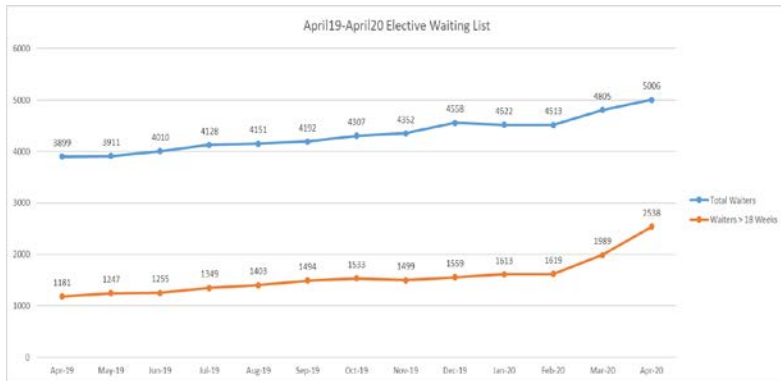
Unify Specialty	Incomplete >52 week breaches
100 - General Surgery	2
110 - Trauma & Orthopaedics	5
120 - ENT	1
130 - Ophthalmology	1
140 - Oral Surgery	2
320 - Cardiology	4
330 - Dermatology	1
502 - Gynaecology	1
Grand Total	17

- Performance reduced from 86.4% in February to 76.4% in April (- 10.0%)
- Total Incomplete pathways – Elective and Outpatients – decreased from 24,125 in February to 22,113 (-8.3%)
- 17 reported 52 week breaches reported in April. Top specialties:
 - General Surgery (2), T&O (5), Oral Surgery (2), Cardio (4)

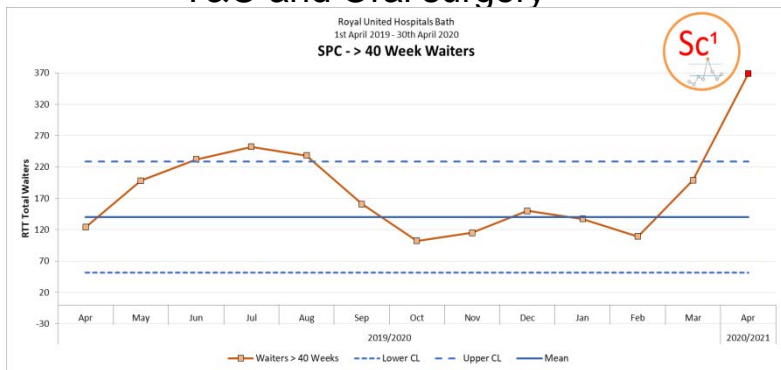
Actions taken

- Review of all referrals waiting
- Non face to face appointments for all urgent and 2ww referrals
- Prioritisation of urgent operating at the RUH and utilising Independent hospitals

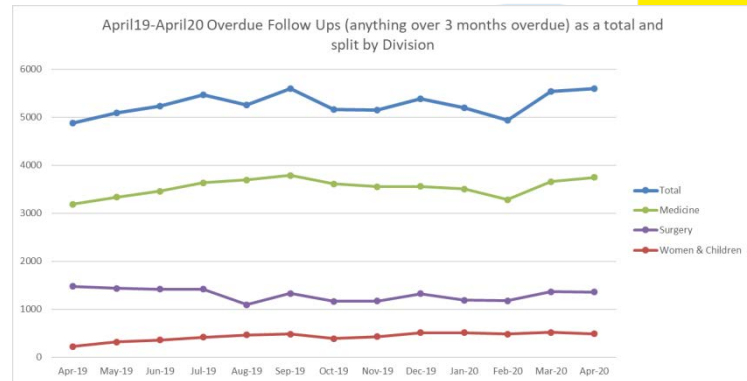
Patients waiting (April 2020)



- **Elective waiting list growth on February**
 - Total waiting **+493**
 - > 18 weeks waiting **+919**
 - Top specialties: Gen Surgery, T&O and Oral surgery



- **All waiters > 40 weeks**
 - Growth **+260 on February**
- Top specialties: Gen Surgery, T&O, ENT and Dermatology



- **Delayed Follow ups > 3 months growth on February total +393**
 - Medicine 3659 to 3744 **(+240)**
 - Surgery 1365 to 1359 **(+173)**
 - Women & Childrens 515 to 488 **(-20)**

Actions taken:

- Clinical harm reviews of patients delayed
- Virtual/telephone appointments for patients
- Maximising use of available operating at RUH and Independent hospitals

Diagnostics – 6 Week Access



April 2020 Position

- Performance **45.47%** (target <1%)
- **4,147** diagnostics carried forward to May
- CT, MRI, echocardiography and ultrasound largest backlogs
- In month capacity limited across all diagnostics
 - Aerosol generating procedures
 - PPE
 - Anaesthetics
 - 24/7 radiology and pan medical rotas
- Priority given for in-patients, cancer and time critical pathways
- CT and MRI capacity at **25%** of pre-incident levels

Next Steps

- Radiology – scale up capacity across all modalities
- Endoscopy – increase activity (subject to PPE and medication constraints)
- Clinical re-triage across all diagnostic pathways
- Review of planned patient lists with primary care
- Weekly diagnostic review meeting in place; action plans being reviewed in line with BANU planning

Cancer Waiting Times – current state



Two Week Wait

- Referrals in April were approximately **70% lower** than pre-Covid-19.
- Referrals have increased in past two weeks to **40%** of usual levels.
- Where appropriate, most tumour sites have converted 2ww clinics to telephone and straight to test pathways.

Diagnoses

- Demand for Radiology has reduced due to the reduction in 2ww referrals.
- Diagnoses of cancer in April were **50%** of pre-Covid-19 levels.

62 Day GP

- Activity in April was **20% lower** than pre-Covid-19.
- Surgery prioritised and undertaken at Bath Clinic and RUH including Breast and Prostate.
- Chemotherapy and radiotherapy first definitive treatments **not significantly impacted** with most treatments still provided.
- Skin cancer minor operations pathway improved through implementation of one-stop 'see and treat' pathway.

Cancer Waiting Times – Risks



Two Week Wait

- Unknown future increase in 2ww demand.
- Risk that waiting times lengthen as 2ww referrals increase.

Diagnoses

- Radiology capacity significantly reduced due to IPC practices.
- Undiagnosed cancers in the community as patients not presenting to GPs.
- Diagnosis rate from 2ww referral static in April compared to 2019/20 (8%).
- Endoscopy capacity significantly reduced due to Covid-19 precautions.

62 Day GP

- Patients with care delayed due to Covid-19 remain on the cancer PTL as per national guidelines.
- Those diagnosed with cancer will likely be long breaches when treated.
- Current PTL reduced by over half due to reduction in 2ww referrals.
- Cancer Alliance developing option for mutual aid arrangements to ensure delivery of timely treatments.
- Theatre capacity reduced due to staff shielding/redeployment to ICU.

Urgent Care Performance



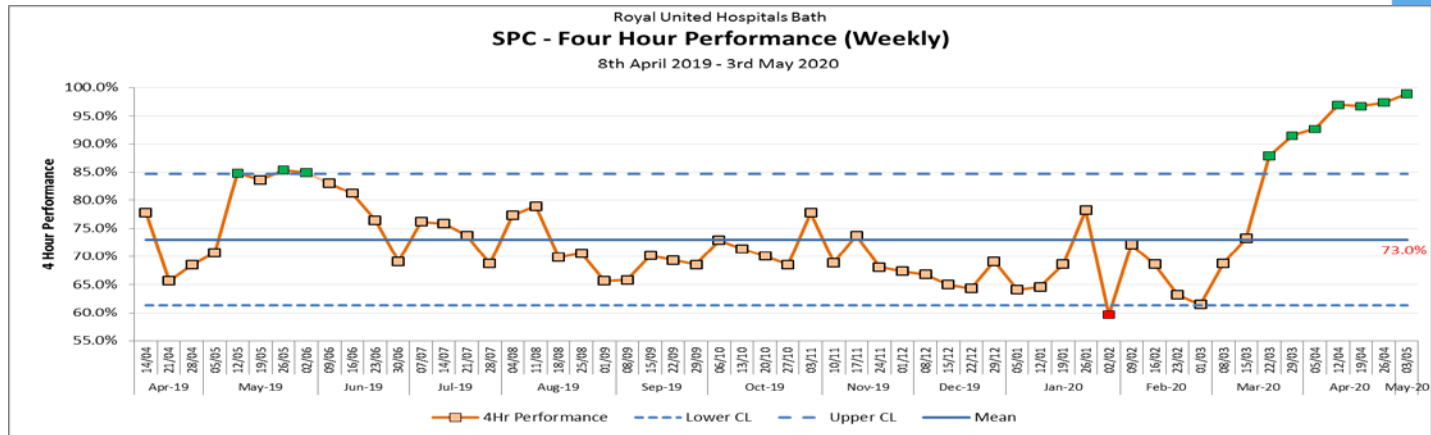
April 2020

- 4 Hour Performance 96.7%
- Emergency Department attendances lowest in 5 years
- Ambulance arrivals lowest in 5 years
- Stranded patients > 21 day length of stay reduced
- Sustained improvement across all Royal College of Emergency Medicine quality standards
- Direct Admissions to all assessment areas (including RAU)
- No corridors in use

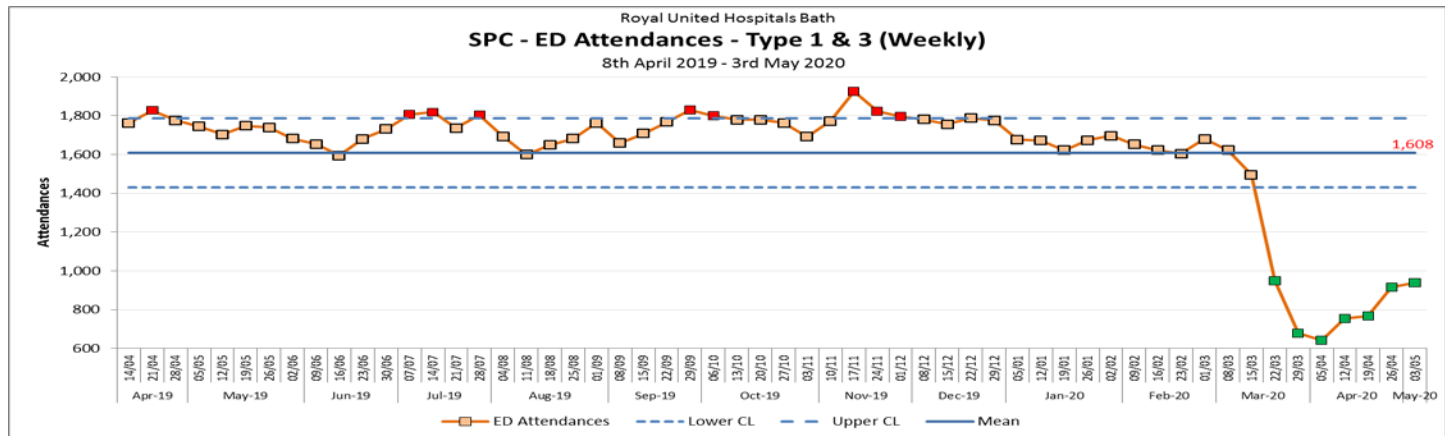
Next Steps

- Executive support to Emergency Department - response to attendances increasing and sustaining performance (4 hours and quality standards)
- A&E Delivery Board – engagement on DTOC and out of hospital care
- Digital solutions to support demand management
- Medicine Non-Elective Flow Group to be established – linked to BANU
- Urgent Care Collaborative Board - monthly meeting reinstated

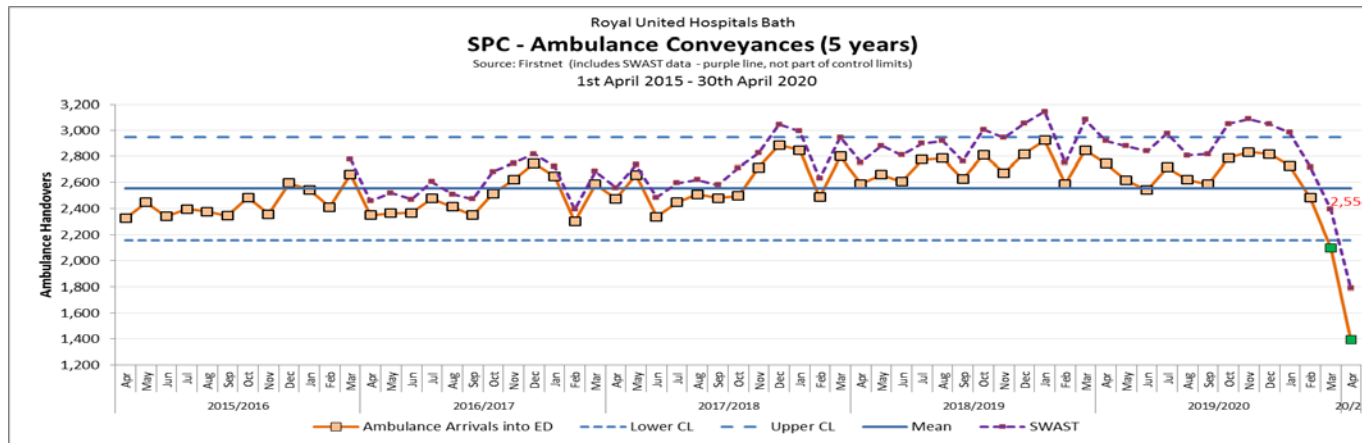
4 Hour Performance - Weekly



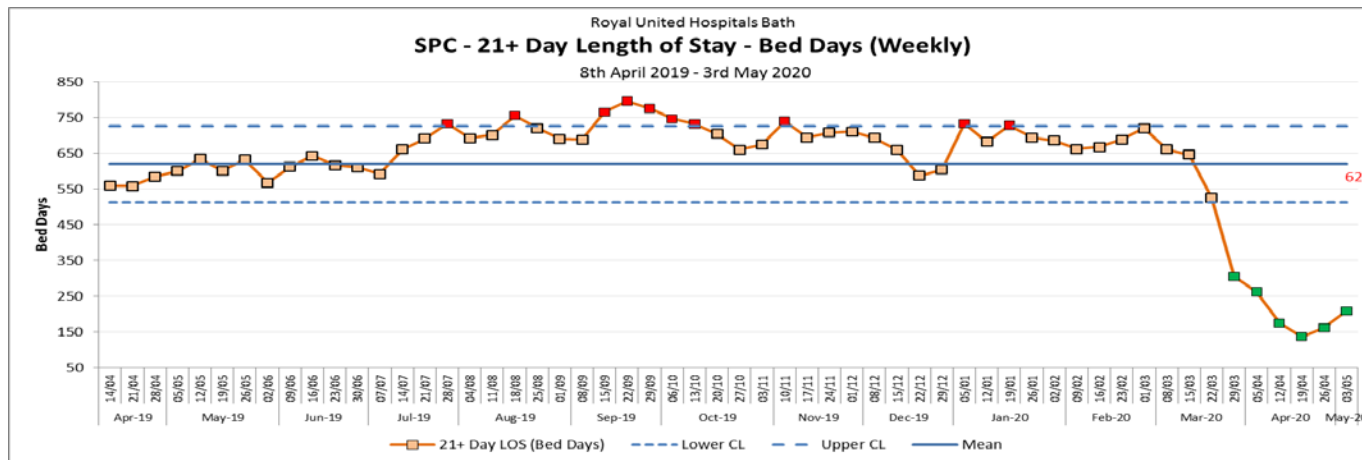
Emergency Department Attendances – Weekly



Ambulance Conveyances – 5 Year Profile



> 21 Day Length of Stay – Weekly



Other postponed activities



A postponed activity log has been maintained throughout the managed incident response.

Examples include;

- Management Board
- Quality Board
- Operational Governance Committee
- Clinical Outcomes Group
- Divisional Performance reviews
- Urgent Care Collaborative Board

A number of national programmes of work have also been delayed or postponed, e.g.

- Outpatients benchmarking project 2020
- QA Assessment of Antenatal and Newborn screening programme
- Fieldwork for the 2020 Maternity Survey
- Friends and Family Test submissions
- Pathology annual data collection

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold	2019/20				2019/20	2020/21	Triggers Concerns
		Performing	Q1	Q2	Q3	Q4	Mar	Apr	
SOF	Four hour maximum wait in A&E (All Types)	95%	77.1%	71.4%	69.6%	69.6%	77.2%	96.7%	
	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	4	11	7	10	9	2	3	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	86.7%	85.7%	86.9%	84.6%	80.7%	76.4%	
	31 day diagnosis to first treatment for all cancers	96%	97.1%	97.8%	97.1%	97.9%	99.0%	95.3%	
	31 day second or subsequent treatment - surgery	94%	96.8%	97.6%	98.8%	100.0%	100.0%	100.0%	
	31 day second or subsequent treatment - drug treatments	98%	98.6%	100.0%	98.0%	100.0%	100.0%	100.0%	
	31 day second or subsequent cancer treatment - radiotherapy treatments	94%	99.0%	99.5%	100.0%	100.0%	100.0%	100.0%	
	2 week GP referral to 1st outpatient	93%	87.5%	90.6%	93.4%	86.0%	78.3%	78.6%	
	2 week GP referral to 1st outpatient - breast symptoms	93%	88.5%	88.9%	98.9%	98.2%	96.3%	50.0%	
	28 day referral to informed of diagnosis of all cancers	70%	66.9%	76.2%	78.7%	78.3%	72.2%	71.9%	
SOF	62 day referral to treatment from screening	90%	95.2%	94.1%	92.5%	84.1%	80.0%	85.7%	
SOF	62 day urgent referral to treatment of all cancers	85%	82.5%	83.7%	80.7%	79.6%	82.2%	87.2%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	4.55%	5.16%	8.79%	10.28%	9.01%	45.47%	

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

Finance and Use of Resources - April 2020

	YTD Plan	YTD Actual	YTD Variance
Capital Service Cover Metric			
Capital Service Cover Rating	1	2	
Liquidity Metric			
Liquidity Rating	1	2	
I&E Margin Metric			
I&E Margin Rating	1	2	
Variance from Control Metric			
Variance from Control Rating		4	
Agency Metric			
Agency Rating	1	3	
Rounded Score	1	3	
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here		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 - April 2020

CARING				Threshold		2019/20				2019/20					2020/21
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q1	Q2	Q3	Q4	Nov	Dec	Jan	Feb	Mar	Apr
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	95	96	93	94	94	91	94	95	n/a	n/a
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	97	97	97	97	96	97	98	n/a	n/a
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	100	100	100	99	100	100	97	100	n/a	n/a
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	97	97	96	97	96	98	97	96	n/a	n/a
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%	n/a	n/a
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10	7.2	6.3	6.0	5.7	4.4	6.7	5.6	6.9	4.7	3.3
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	0	15	22	57	11	7	18	11	28	21
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	0	5	2	5	0	1	1	0	4	5
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	71	86	68	76	25	14	37	26	13	12

EFFECTIVE				Threshold		2019/20				2019/20					2020/21
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q1	Q2	Q3	Q4	Nov	Dec	Jan	Feb	Mar	Apr
10	DON	SOF	Dementia case finding	>=90%	<90%	85.6%	80.6%	81.4%	81.9%	81.1%	80.6%	79.9%	80.3%	87.0%	Lag (1)
11	DON	SOF	Dementia Assessment	>=90%	<90%	96.1%	90.4%	94.4%	98.0%	100.0%	87.5%	95.5%	100.0%	n/a	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%	n/a	Lag (1)
13	MD	SOF	HSMR 12 month rolling total Benchmark (rag rating based on the lower confidence)	<=Expected	>Expected	104.9	107.0	109.1	Lag (3)	106.5	109.1	106.7	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	0.9915	1.0151	1.0219	Lag (4)	1.0114	1.0256	Lag (4)	Lag (4)	Lag (4)	Lag (4)
15	MD	L	Readmissions - Total	<=10.5%	>12.5%	7.7%	7.7%	7.1%	7.4%	7.5%	7.1%	7.2%	7.9%	7.1%	0.7%
16	COO	NT	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=80%	91.7%	86.3%	87.0%	Lag (4)	94.0%	86.0%	Lag (4)	Lag (4)	Lag (4)	Lag (4)
17	COO	NT	Higher risk TIA treated within 24 hours	>=60%	<=55%	81.3%	80.9%	78.6%	78.6%	66.7%	66.7%	75.0%	66.7%	100.0%	75.0%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	61.8%	60.1%	72.5%	73.0%	72.7%	71.7%	76.3%	77.3%	63.6%	68.6%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	70.0%	Lag (12)	Lag (12)	Lag (12)	Lag (12)	Lag (12)	Lag (12)	Lag (12)	Lag (12)	Lag (12)
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	0.7% (66)	0.9% (82)	1.1% (104)	1.1% (95)	1.2% (37)	1.0% (30)	1.1% (38)	1.0% (31)	1.1% (26)	0.1% (1)
21	COO	LC	Theatre utilisation (elective)	>=90%	<=85%	98.4%	94.9%	98.0%	87.2%	101.3%	94.8%	99.8%	98.5%	63.3%	24.7%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	0.16	-0.10	-4.05	-3.99	-1.79	-1.43	-2.81	-2.12	0.93	0.00
23	DOF	L	Total Income	>100%	<=95%	85.60	87.89	88.15	86.09	28.32	29.02	30.08	28.21	27.80	31.22
24	DOF	L	Total Pay Expenditure	>100%	<=95%	-55.56	-56.65	-56.51	-67.26	-18.83	-18.75	-19.07	-19.36	-28.82	-20.00
25	DOF	L	Total Non Pay Expenditure	>100%	<=95%	-28.01	-27.40	-30.10	-31.48	-9.80	-10.40	-10.47	-9.35	-11.66	-10.53
26	DOF	L	CIP Plan	>100%	<=85% planned										
27	DOF	L	CIP Delivered	>100%	<=85% planned	2.23	2.63	2.81	3.08	1.05	0.91	1.13	1.07	0.89	

RESPONSIVE				Threshold		2019/20				2019/20					2020/21
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q1	Q2	Q3	Q4	Nov	Dec	Jan	Feb	Mar	Apr
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	86.8%	86.7%	84.4%	85.4%	84.0%	82.8%	84.3%	86.7%	85.2%	87.9%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	4.55%	5.16%	8.79%	10.28%	8.42%	11.18%	13.67%	8.54%	9.01%	45.47%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	15	37	17	13	9	0	7	2	4	6
31	COO	NT	Urgent Operations cancelled for the second time	0	>0	1	1	4	1	3	0	0	0	1	0
32	COO	NT	Cancelled operations not rebooked within 28 days - Surgical	0	>0	0	1	0	12	0	0	0	1	11	0
33	COO	NR	Time to Initial Assessment - 95th Percentile	TBC	TBC	127.5	181.8	174.8	147.0	146.7	285.3	158.0	226.8	80.6	17.6
34	COO	NT	12 Hour Trolley Waits	0	>0	3	0	0	0	0	0	0	0	0	0
35	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	17.1%	16.9%	21.4%	26.3%	22.4%	22.9%	26.9%	25.1%	27.0%	24.2%
36	COO	L	GP Direct Admits to SAU	>=168	<168	877	897	815	558	233	260	226	222	110	0
37	COO	L	GP Direct Admits to MAU	>=84	<84	908	655	543	514	175	123	206	171	137	148
38	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	5.6%	6.3%	5.9%	5.2%	6.4%	5.4%	5.0%	5.3%	5.3%	2.4%
39	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.1	4.5	4.2	4.6	4.1	4.1	4.3	4.2	5.2	3.4
40	COO	LC	Number of medical outliers - median	<=25	>=30	81	21	28	7	24	31	8	9	5	0
41	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	93.1%	92.1%	93.1%	92.2%	92.6%	93.8%	92.4%	94.0%	90.2%	91.5%
42	COO	NR	% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	96.4%	95.8%	95.3%	95.1%	94.6%	100.0%	92.0%	97.7%	98.1%	53.2%

SAFE				Threshold		2019/20				2019/20					2020/21
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q1	Q2	Q3	Q4	Nov	Dec	Jan	Feb	Mar	Apr
43	DON	SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)	TBC	TBC	6	3	6	5	4	1	3	2	0	2
44	DON	SOF	Clostridium Difficile Community Onset, Healthcare Associated (counted)	TBC	TBC	5	4	4	4	3	0	1	1	2	1
45	DON	SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated	TBC	TBC	17	15	14	7	4	6	3	1	3	Lag (1)
46	DON	SOF	E.coli bacteraemia cases Community Onset, Healthcare Associated	TBC	TBC	11	14	3	13	0	2	4	7	2	Lag (1)
47	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	1	0	1	0	1	0	0	0	0	0
48	DON	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	6	7	11	6	4	3	1	2	3	Lag (1)
49	DON	SOF	Never events	0	>0	1	1	0	0	0	0	0	0	0	0
50	DON	L	Medication Errors Causing Serious Harm	0	>0	0	0	0	1	0	0	0	1	0	0
51	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	6	2	3	1	1	1	1	0	0	2
52	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	91.5%	90.2%	87.4%	82.7%	88.3%	85.4%	84.4%	82.7%	80.5%	Lag (1)
53	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	6	8	8	7	3	3	0	4	3	0
54	DON	NT	Number of hospital acquired pressure ulcers (grade 3 & 4)	0	>0	3	5	3	1	0	1	1	0	0	0
55	DON	NT	Number of hospital acquired pressure ulcers (grade 2)	<=2	>2	6	5	8	1	2	4	1	0	0	0
56	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	39	43	39	39	40	37	43	42	33	43
57	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	19	15	28	22	13	6	7	7	8	0
58	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	93.5%	94.8%	95.6%	92.6%	96.7%	94.7%	97.4%	96.7%	83.5%	49.3%
59	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	15.6%	16.2%	14.2%	16.9%	14.0%	15.5%	15.0%	15.5%	20.2%	14.2%
60	HRD	NR	Midwife to birth ratio	<1:29	>1:35	1:30	1:31	1:31		1:30	1:30	1:27	1:27	1:29	1:28

WELL LED				Threshold		2019/20				2019/20					2020/21
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q1	Q2	Q3	Q4	Nov	Dec	Jan	Feb	Mar	Apr
61	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	15.1%	12.8%	7.2%	4.3%	6.2%	3.8%	4.8%	3.7%	n/a	n/a
62	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	43.8%	39.9%	30.8%	29.2%	31.4%	25.2%	30.2%	28.2%	n/a	n/a
63	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	15.4%	11.5%	10.1%	40.1%	10.7%	11.2%	31.5%	49.4%	n/a	n/a
64	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	12.0%	11.7%	11.6%	11.1%	11.5%	11.5%	11.3%	11.2%	10.8%	10.7%
65	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	4.0%	3.8%	4.2%	4.3%	4.2%	4.5%	4.4%	4.4%	4.0%	5.0%
66	HRD	LC	Vacancy Rate	<=4%	>%	7.7%	6.5%	5.1%	4.4%	5.0%	4.9%	5.2%	4.1%	4.0%	6.9%
67	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	2.5%	3.2%	3.5%	3.8%	3.3%	3.2%	4.2%	3.9%	3.2%	2.2%
68	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	4.9%	6.6%	7.6%	8.1%	6.1%	7.6%	7.5%	9.7%	6.9%	7.3%
69	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	82.8%	80.7%	80.3%	80.0%	81.1%	81.0%	79.9%	81.4%	78.7%	75.1%
70	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	90.8%	86.2%	82.6%	87.1%	81.8%	82.9%	84.6%	87.5%	89.2%	87.8%
71	DOF	NT	Information Governance Breaches	TBC	TBC	40	47	49	48	19	16	21	17	10	9
72	HRD	LC	Mandatory training	>=90%	<80%	87.5%	87.0%	86.5%	87.7%	86.3%	86.5%	87.2%	87.6%	88.4%	87.2%