

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>16</b>
<b>Date of Meeting:</b>	<b>29 July 2020</b>		

<b>Title of Report:</b>	<b>Operational Performance Report</b>
<b>Status:</b>	<b>Action/Discussion</b>
<b>Board Sponsor:</b>	<b>Rebecca Carlton, Chief Operating Officer</b>
<b>Author:</b>	<b>Rhiannon Hills, Interim Deputy Chief Operating Officer</b>
<b>Appendices</b>	<b>Appendix 1: Operational Performance SPC deck and SPORT tables</b> <b>Appendix 2: Integrated Scorecard</b>

## 1. Executive Summary of the Report

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 June two Single Oversight Framework (SOF) operational metrics triggered concerns: 18 weeks RTT Incomplete Pathways and Six week diagnostic waits (DM01). The Trust remains in a national level 4 incident mode.

**Cancer performance:** The RUH achieved the 85% Cancer standard in June, recording performance of 86.4% (12 breaches, the lowest number of monthly breaches since June 2018). Activity slightly increased from April to 85% of pre-Covid levels. The 62 Day Screening standard was not achieved due to one shared breach in breast screening linked to patient choice. The screening services have now recommenced. The number of patients on the active cancer PTL with a longer wait has grown considerably over the past month, almost exclusively due to delays within the diagnostic pathway either due to patient choice or clinical decision not to proceed as the investigations not deemed clinically urgent. The 31 Day Second Surgery target failed due to two breaches for patients who were listed for surgery but theatre capacity was not available within the timeframe due to Covid restrictions.

**4hr Emergency Care performance:** Whilst 4 hour performance dipped to (92.0%) during June; a reduction on the previous month it has sustained the early improvement in performance against increasing demand and acuity. Minors' activity during the evening period has also increased. The transfer of patients into the bed base has been particularly challenging as safe pathways are introduced for emergency patients and elective pathways restarting. The social distancing requirements have resulted in a reduction in over 100 beds.

**RTT Performance:** This is our most challenged performance area and reflects a national and regional position for elective care that has not been assessed as clinically urgent or cancer. The restart programme has increased the level of elective work to 60% of pre-Covid levels and planned work to further increase inpatient work in both private and RUH capacity is in place. Clinical harm reviews for patients waiting over 40 weeks for surgery have always been in place however enhanced tracking of patients for whom clinicians have escalated to more urgent treatment and for those patients who GPs have alerted is now in place.

**DMO1 Diagnostic Performance:** Access to diagnostic modalities has struggled with

both a reduction in the physical space to see patients and the enhanced cleaning and staffing arrangements to support safe access for both patient and attending staff. Whilst performance has improved this month there is further work to do to ensure that pre-covid levels of access are achieved. Clinical and administrative validation of all referrals remains in place to ensure suitable prioritisation of referrals to capacity available. The RUH is involved in work with NHSE/I to support all providers in increasing capacity in the most challenged areas. For the RUH this is MRI, CT and Non-obstetric Ultrasound.

**Appendix 1 provides detail on Operational Performance standards against current national reporting standards.**

## **Appendix 2 Integrated Scorecard**

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**.

### **2. Recommendations (Note, Approve, Discuss)**

The Board are asked to note May performance and discuss the output from key actions in the context of the 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
Cancer 2 week wait demand increase	2000	2 week wait demand
Diagnostics capacity	2006, 2007	Diagnostics Capacity
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

# Operational Performance Report – June 2020

# NHSI Single Oversight Framework

## NHSI Single Oversight Framework:

Performance Indicator	May	Jun	Triggers Concerns
<b>Four hour maximum wait in A&amp;E (All Types)</b>	95.6%	92.0%	
C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	1	8	
<b>RTT - Incomplete Pathways in 18 weeks</b>	65.9%	55.8%	
31 day diagnosis to first treatment for all cancers	97.8%	96.5%	
31 day second or subsequent treatment - surgery	100.0%	93.1%	
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	96.9%	96.4%	
2 week GP referral to 1st outpatient - breast symptoms	100.0%	100.0%	
28 day referral to informed of diagnosis of all cancers	90.0%	86.1%	
<b>62 day referral to treatment from screening</b>	100.0%	0.0%	
<b>62 day urgent referral to treatment of all cancers</b>	82.7%	86.4%	
<b>Diagnostic tests maximum wait of 6 weeks</b>	61.88%	49.19%	

- This report provides a summary of performance for the month of June.
- Performance concerns are triggered if an indicator is below national target for two or more consecutive months.
- In June two SOF operational metrics triggered concerns: 18 weeks RTT Incomplete Pathways and Six week diagnostic waits (DM01).

## Incomplete Standard: Performance Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• Maintaining C30 Surgical Elective Unit to provide a “clean” elective ward supporting cancer operations to continue safely</li> <li>• Bath Clinic - operating lists undertaken for Urology, Gynae, Breast cancer and General surgery procedures</li> <li>• Increased elective capacity at Circle Bath for ENT, T&amp;O and Gynae surgical procedures from June</li> <li>• Paediatric surgical pathways agreed under guidance of Network</li> <li>• Elective and non-elective bed base agreed for surgical procedures.</li> <li>• Wiltshire Spa Medical Centre supporting Dermatology procedures</li> <li>• Priority outpatient services restarted</li> </ul>	<ul style="list-style-type: none"> <li>• Continue Elective planning to support new Business as usual</li> <li>• Consolidation and roll out of Virtual clinics – agree standard work</li> <li>• Text reminder service – review of the interactive options required to support less face to face appointments</li> <li>• Agree PPE for elective and outpatient care within COVID guidance</li> <li>• Primary and secondary care co-creation of elective referral pathways</li> <li>• Agree pathway and location for patient COVID swabbing</li> <li>• Ensure provision of Elective care across independent hospitals is maximised</li> <li>• Formalise Green and Blue pathways through Theatre including completion of works</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Outpatient workstream commenced new ways of working - potential to change delivery of Outpatient services co-created with Primary care and patient engagement</li> <li>• Outpatient workstream commenced to review Processes and investigate IT solutions to maintain less face to face attendances</li> <li>• Provision of increased Elective care across Independent hospitals until 31<sup>st</sup> August 2020</li> </ul>	<ul style="list-style-type: none"> <li>• A surge in referrals following easing of lockdown</li> <li>• Workforce risk related to ICU acuity impacting on theatres/cancer operating</li> <li>• Surgical capacity shortfall to support non COVID care</li> <li>• Theatre staffing shortfall including anaesthetic provision</li> <li>• Availability of anaesthetic medicines for elective procedures</li> <li>• Restricted PPE available to support operating and outpatients</li> <li>• Growth in elective backlog</li> <li>• Significant increase in 52 week breaches</li> <li>• Loss of Independent hospital support</li> </ul>

## Diagnostics - Performance Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>Weekly DMO1 group remains in place and is reporting into Phase 2 Diagnostic Group.</li> <li>All Diagnostic services recommenced as part of Phase 2 workstream.</li> <li>DMO1 performance in June improved from previous month (61.88%).</li> <li>Ultrasound up to 70% of pre-COVID capacity and reducing backlog despite increase in referrals.</li> <li>Echocardiography – recovery actions ongoing and an external provider contract is now in place to deliver additional out of hours capacity agreed from August and for a period of 24 weeks.</li> <li>Endoscopy increase in capacity; no cancer delays</li> <li>Radiology 6 week wait capacity for CT and MRI increased to 50% of pre-COVID levels – capacity has during the incident been prioritised to cancer, inpatients and emergency</li> </ul>	<ul style="list-style-type: none"> <li>Total Diagnostic modelling include DMO1 priority and recovery expectations linked to recovery plan</li> <li>Clinical revalidation of all DMO1 referrals and clinical risk captured for each patient.</li> <li>Implementation and monitoring of revised workflows and processes for each of the diagnostic modalities, with a view to optimise cleaning and turnaround times and mitigate impact of safety / social distancing restrictions on capacity.</li> <li>Optimisation of available capacity and clear recovery trajectories for each modalities.</li> <li>Endoscopy - recovery plan in progress and currently at 65% of pre-COVID activity. Planned incremental increase of activity up to August 2020 to achieve 100% endoscopy theatre utilisations at overall 70-75% of pre-COVID capacity.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>Clinical review of all patients waiting in backlog over their triaged waiting time.</li> <li>Review of alternative clinical/diagnostic pathways in Specialties.</li> <li>Secure additional capacity review through insourcing and outsourcing, mobile equipment and WLI's.</li> <li>Utilisation of advice &amp; guidance services and or Consultant Connect</li> <li>Clear communication strategy to referring clinicians (internal &amp; external) regarding waiting times</li> </ul>	<ul style="list-style-type: none"> <li>The trust was due to delivery DMO1 recovery by September 2020; 6 week wait backlog going into the incident, 6 week categorised referrals received during pandemic added to this backlog and referrals now at 95% of pre-covid levels with overall reduced capacity. Risk of harm to patients in this backlog due to delayed diagnosis and or appropriate management.</li> <li>Reduction in capacity for all modalities due to COVID-19 restrictions – cleaning, PPE, staff number due to shielding</li> <li>Trust Risk Register ID's 2006 and 2007</li> </ul>

Caring

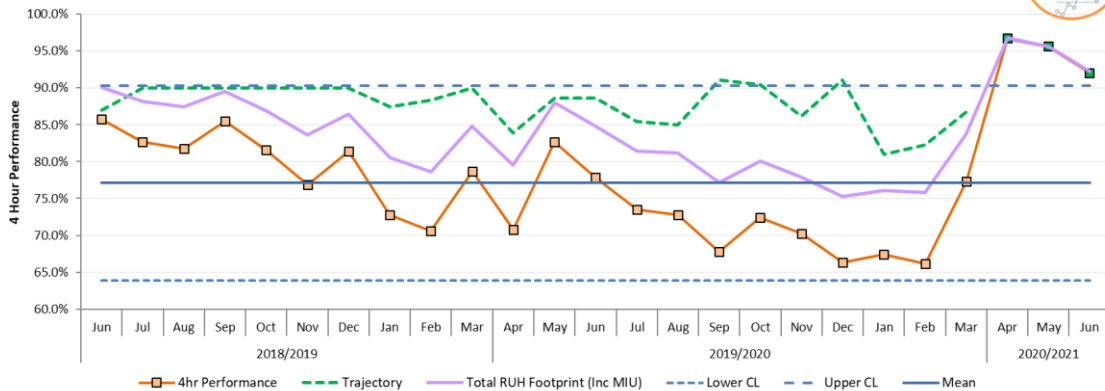
Effective

Responsive

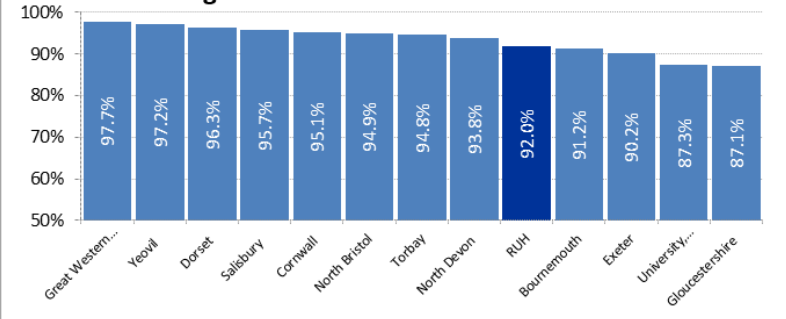
Safe

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

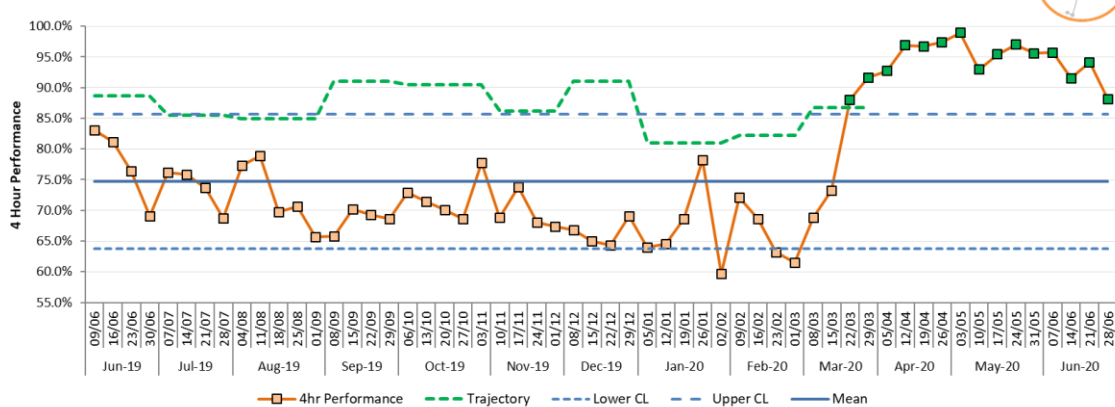
Royal United Hospitals Bath  
**SPC - Monthly 4-hour Performance (with MIU)**  
1st June 2018 - 30th June 2020



**Regional 4hr Performance - June 20**



Royal United Hospitals Bath  
**SPC - Weekly 4-hour Performance**  
3rd June 2018 - 28th June 2020



- 4 hour performance (92.0%) during June; a reduction on the previous month
- Respiratory Assessment Unit (RAU) remained in place for Medicine, however no longer taking 999 ambulance conveyed patients direct
- Changes within the ED footprint to accommodate unwell Covid-19 patients as well as non-Covid-19 patients safely
- No 'RATing' spaces in ED – options, estates and costings underway
- ED attendances (type 1 and 3) increased further during June (5,846) compared to May (5,242) with overall emergency presentations also significantly increasing (7,125) compared to April (6,553)
- Ambulance conveyed patients significantly increased during the month resulting in handover delays due to inability to use corridor
- Flow out of the Emergency Department at times challenged due to overall bed capacity reduced by 117 beds due to 2 metre social distancing requirement
- Decrease in UTC GP shift fill throughout June resulting in reliance on ED doctors to see patients
- High numbers of Mental Health patients being seen within the Emergency Department with some patients experiencing long lengths of stay
- Increase in DToC and Super Stranded patients in June compared with April
- High proportion of patients presenting to ED remain 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	June 20	Quarter 1	Full Year 2020/21
All Types	92.0%	94.4%	94.4%
RUH Footprint (Including MIU)	92.3%	94.6%	94.6%

Table 2: Emergency Department National Quality Indicators:

Title	Month	Quarter	Year
	Jun-20	1	2020/21
Unplanned Re-attendance Rate	0.2%	0.2%	0.2%
Total Time in ED - 95th Percentile	317.0	302.0	302.0
Left Without Being Seen	1.7%	1.3%	1.3%
Initial Assessment Time (Majors)	85.7%	85.6%	85.6%
Initial Assessment Time (Minors)	65.7%	66.7%	66.7%
Time to Treatment 60 Mins	52.1%	61.3%	61.3%
ED Attendances (Type 1)	5,441	13,402	13,402
ED 4 Hour Breaches (Type 1)	464	804	804
ED 4 Hour Performance (Type 1)	91.5%	94.0%	94.0%
Ambulance Handovers within 30mins (SWAS)	93.2%	94.0%	94.0%

Table 1:

- During June the “all types” performance reduced to 92.0%, below the 95% standard with a total of 466 breaches in the month

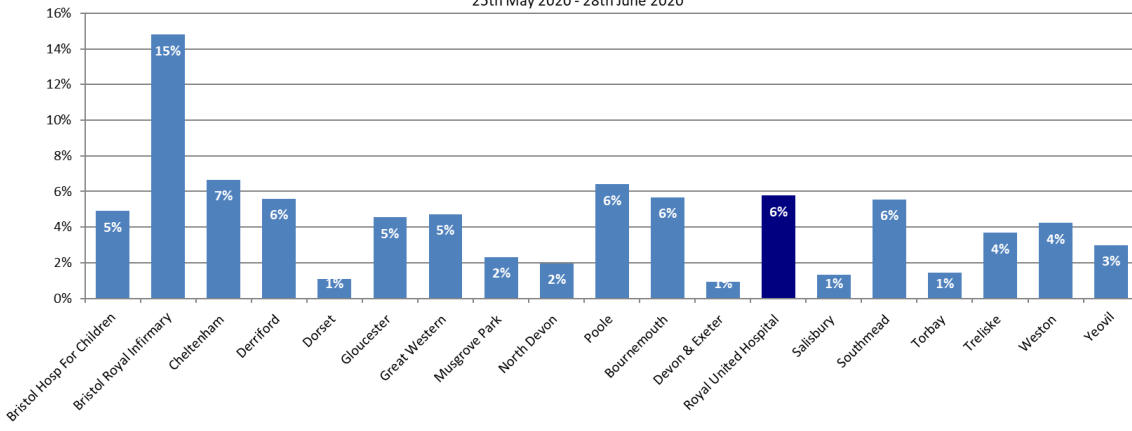
Table 2:

- Initial Assessment Time (within 15 minutes of arrival) is split out for Majors and Minors patients.
- Performance for Initial Assessment Time remains improved in Majors at 85.7% with Minors performance also increasing to 65.7% (May 62.9%). Specific work commenced by the ED team to focus on this indicator.
- Further decrease in performance for Time to Treatment within 60mins to 52.1% (May 62.7%). This is related to the high acuity of the patients attending ED, as well as increased ambulance conveyed patients.
- The Trust is using SWASFT data to report on ambulance handover delays, see next page for detailed analysis.

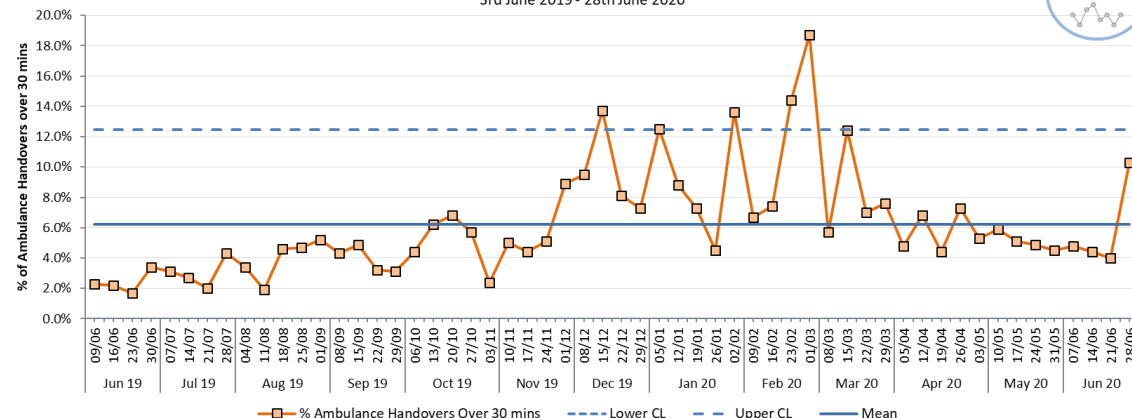


# SWASFT Ambulance Handovers over 30 minutes (3)

Royal United Hospitals Bath  
**% Ambulance Handovers Over 30 mins - by Trust**  
25th May 2020 - 28th June 2020



Royal United Hospitals Bath  
**SPC - Weekly % Ambulance Handovers Over 30 mins**  
3rd June 2019 - 28th June 2020



- Data source: W020 – Hospital & Late Handover Trend Analysis (SWASFT)
- The SPC graph demonstrates some ongoing delays in ambulance handover times during June with an average of 6% of patients exceeding the 30 minute ambulance handover target. This has worsened compared to the previous month (5%).
- 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. Regular meetings between ED and SWAST have recommenced.
- Some delays identified as being related to conveyances to RAU due to the extended route to the back of the hospital, as well as patients going direct to radiology upon arrival such as stroke patients.
- 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 with key actions across the front door areas and site team to respond to patient flow in order to maintain ambulance offloads.

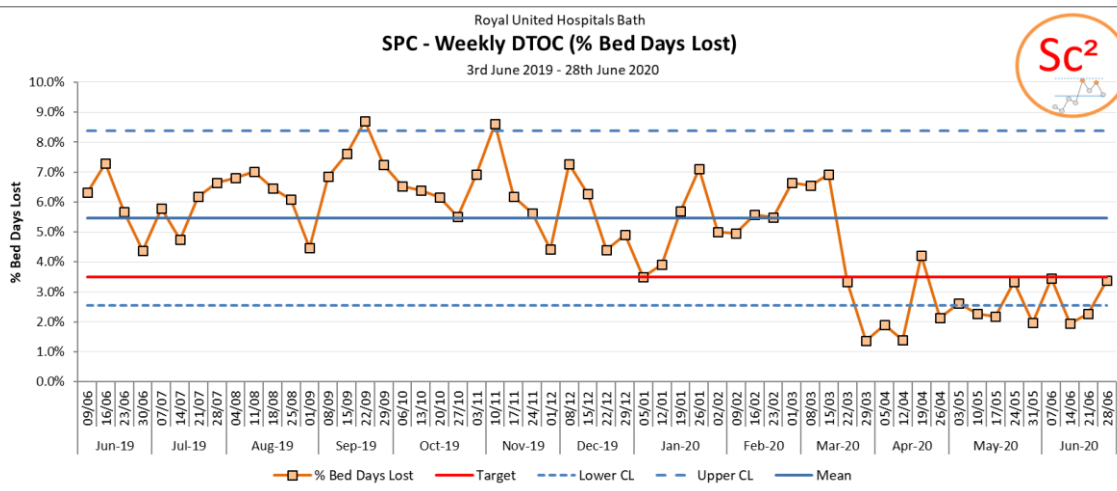
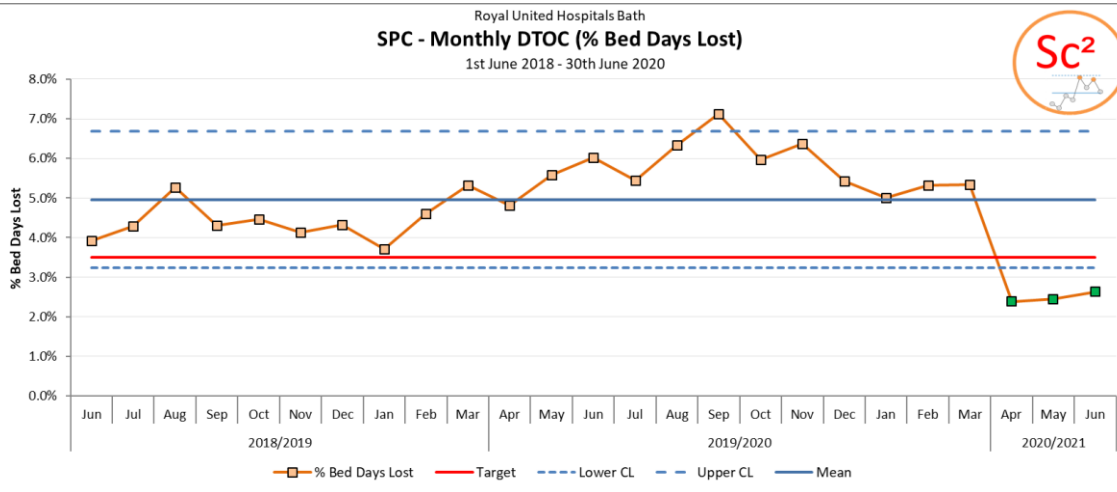


## 4 Hour Maximum Wait in ED - In Month Response and Focus (4)

### • Lead Actions Update:

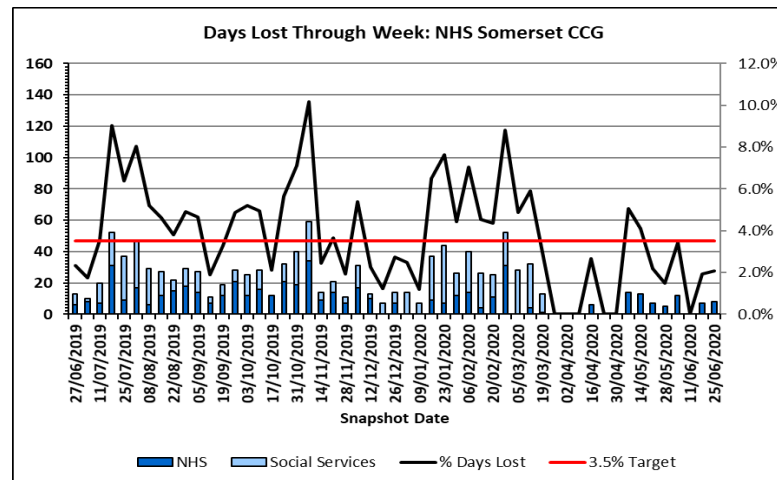
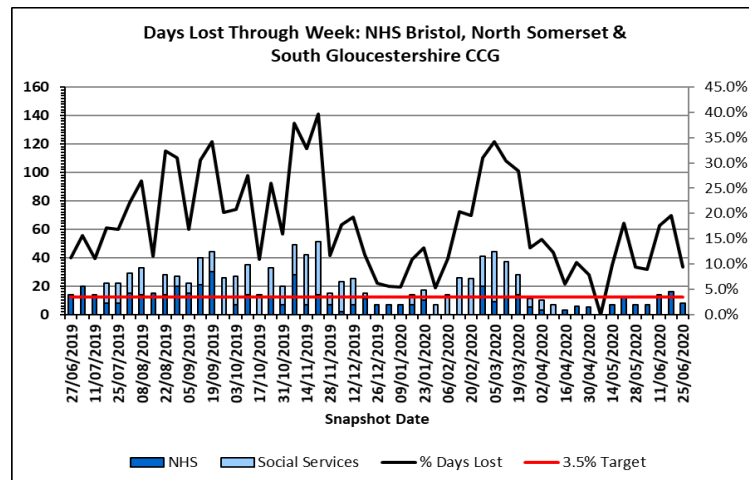
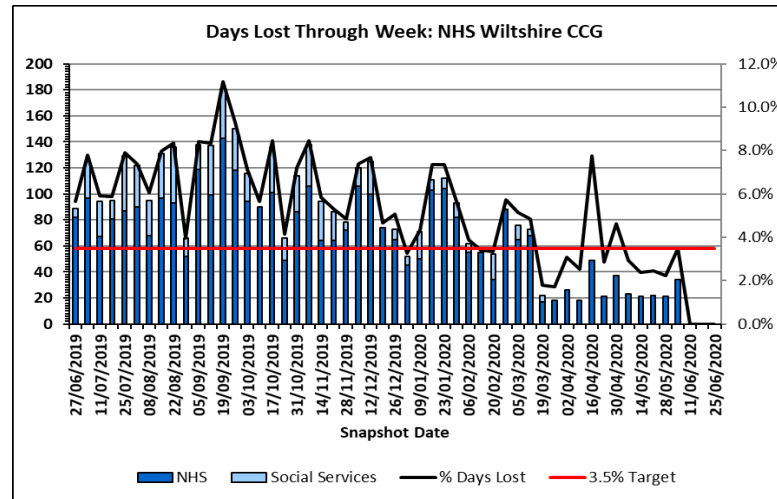
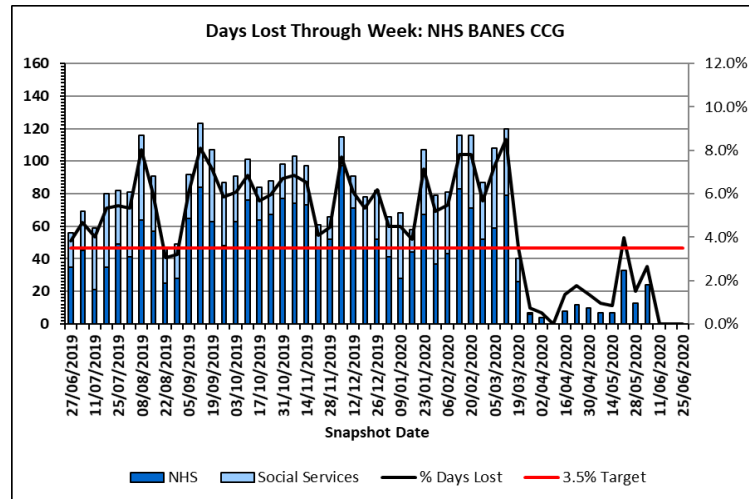
1. **Direct admissions for Medicine** – continued focus on self presenting MAU direct admissions going straight to MAU or Ambulatory Care. New process and waiting area needs to be developed in light of infection control rules
  2. **RAT** – capital works completed just as Covid-19 outbreak commenced so space converted into 'red resus' for unwell Covid-19 patients. Options being assessed in order to reintroduce RAT model within the ED; will require further estates works.
  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. Proactive actions implemented in order to maintain ambulance offloads.
  4. **UTC / ED Minors** – New GP lead for UTC in post. Work continues to full integration and competency sign-off, however due to Covid-19 this has been delayed. Positive steps forward with new IT system which will increase opportunities for booked appointments within UTC & ED. Clinical pathway review ongoing. Inability to recruit practitioners so review of opportunities with other staff groups.
  5. **Business as New Usual (BANU) / Phase 2** – new pathways implemented during Covid-19 outbreak in order to take patients out of the ED such as TAU (now based in Fracture Clinic). These pathways to be reviewed with good practice and improved patient experience to continue and form part of Phase 2
1. Direct admissions to MAU continue to be a high priority for the Trust with specific focus on self-presenting patients. New SOP to be developed in line with infection control guidance for Covid-19  
Acute Medicine Consultants taking all GP calls during the working week to ensure patients are identified to go to the most appropriate location  
Re-establishment of SAU & ESAC Ongoing development of bed reconfiguration to meet social distance rules and escalation process
  2. Rapid Assessment & Treatment Model (RAT) to be recommenced in ED.
  3. Escalation triggers for all front door areas being reviewed in accordance with new pathways, teams in place as well as infection control guidelines
  4. ED Minors & UTC integration – practitioner individual competencies and training required – GP supervision from BEMS
  5. 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.  
Continued request to national teams for increased on-site Covid-19 swabbing

# Delayed Transfers of Care (1)



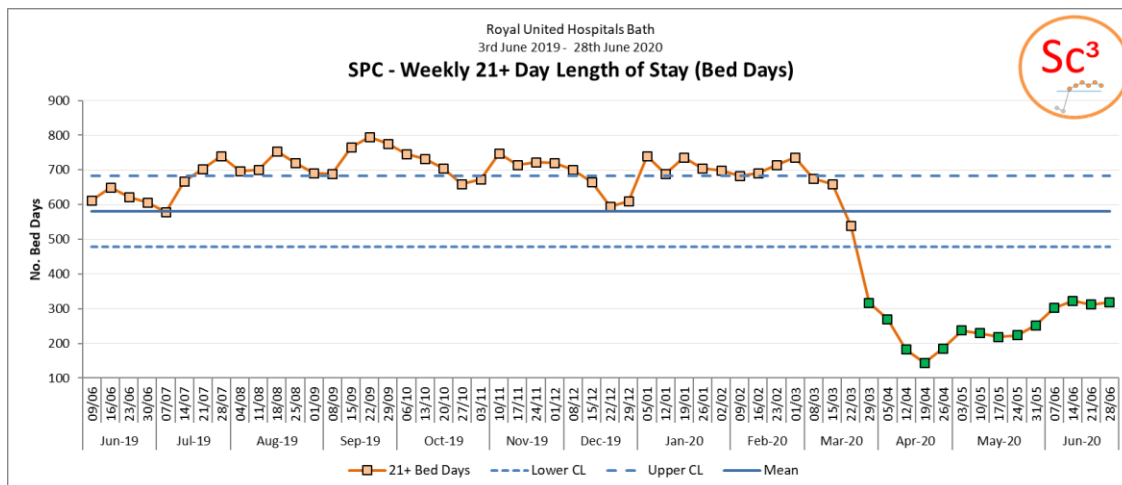
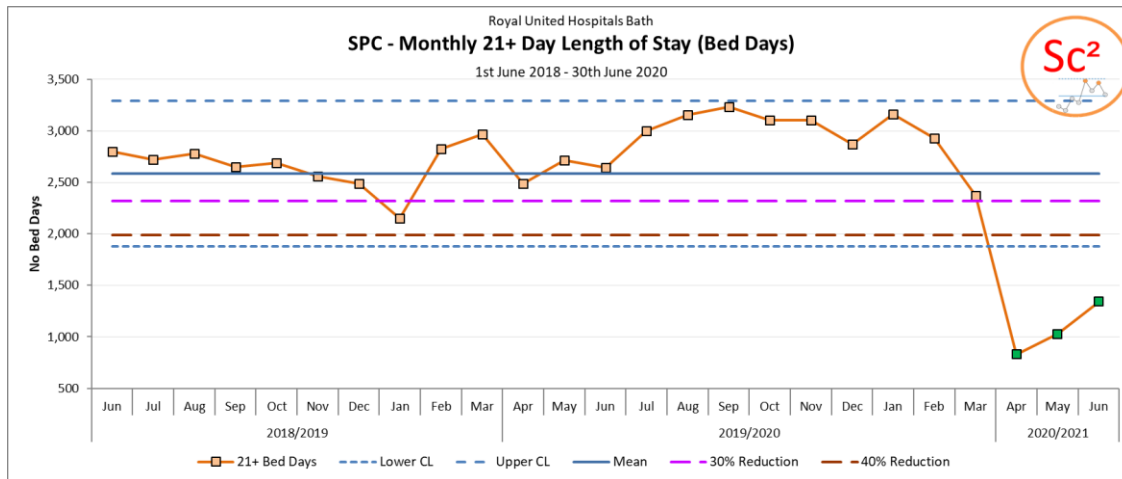
- During June 2020 DTOC's were not being submitted nationally to NHSE due to the Covid-19 crisis.
- The SPC chart demonstrates the improved performance and that we have been able to maintain the improvement during June.
- Weekly DTOC numbers continue to be agreed with each CCG/LA and this will continue but the data will not be submitted.
- This allows IDS to monitor the number of delays along with the reasons which instructs the conversations.
- Through June we consistently saw a good level of flow, in particular Wilts Home First took high numbers of patients within 24 hours of referral.

## Delayed Transfers of Care by CCG (2)



- Noting the system improvement in DToC by CCG.
- There remains a positive operational correlation to MFFD status and the accuracy of this minimising DToCs.
- Through IDS and Therapies, support is given to the wards to continue this.
- Throughout June DToCs were at an all time low for all CCGs .

# 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  $\leq 73$  patients. (Baseline 2017/18 of 109 patients) by the end of March 2020 was met.
- The SPC chart shows the continued improvement in performance.
- During June 2020 DPTL was 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.
- The June 2020 DPTL has consistently been in the 30's with less than 20% at anytime being MFFD and therefore able to leave the acute hospital. This has been regularly checked by the team, we have noted the high number of 21+ pts are not MFFD for the majority of their 21 day LOS reflecting the high acuity seen on the wards.



## 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. We await this and the updated national guidance for social care pathways post Covid. The concern being that care commissioning will limit the Phase 2 system capacity for the recommended pathway percentages.
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. We await a future date for the update session, contact has been maintained with NHSI colleagues.

### Planned Actions:

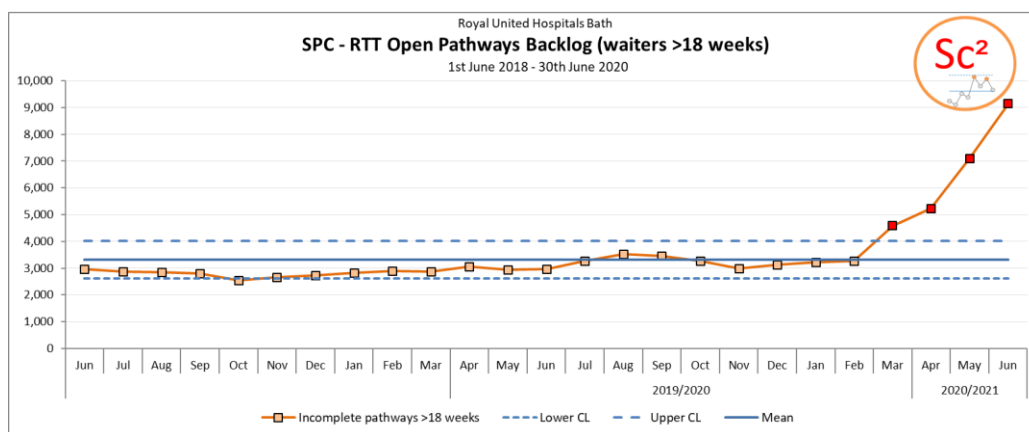
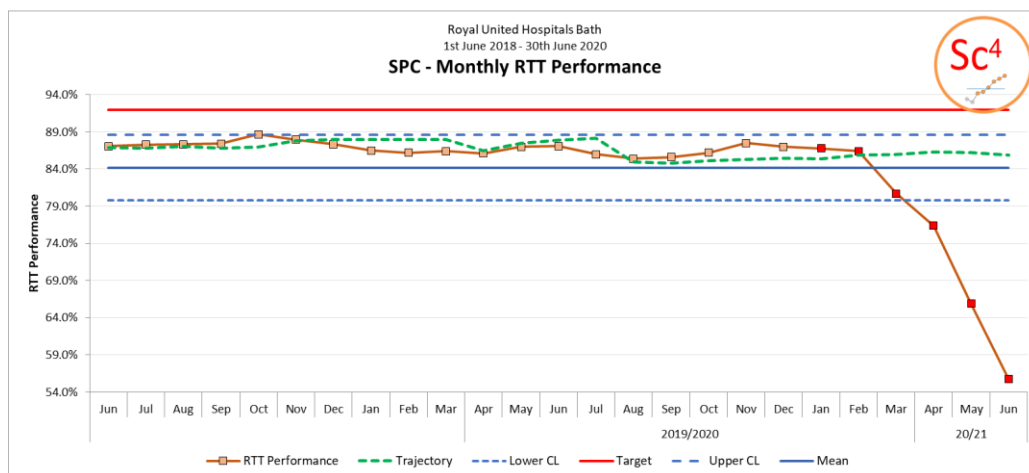
1. **RUH** - The Discharge process has rapidly changed and successfully adapted to manage during the pandemic. Community partners are continuing to work to a Discharge to Assess (D2A) model for health and social care. We are formulating a consultation for the discharge resources (IDS) to support ongoing maintenance of the D2A models as we respond to the system wide phase 2 plans and attempt to 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 at Clinical Cabinet– for immediate resolution and Clinical Leads and own the weekly Specialty LLOS performance, this has begun on OPU with peer to peer reviews.
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:



- Performance against the incomplete standard of 92% was 55.8% in June, a decrease of 10.1% on May, and 30.1% below trajectory.
- Whilst this is in line with a national challenge to RTT waiting times due to the suspension of elective work the RUH is currently below the regional activity. The Division are exploring this at specialty level.
- One specialty met the constitutional standard in June, Acute Medicine, all other specialties were impacted by high numbers of deferred appointments and low levels of referral numbers.
- Operating for urgent and cancer procedures continues at Bath Clinic and Circle Bath.
- Increased elective Orthopaedic work is being undertaken at Circle Bath
- The total over 18 week backlog increased to over 2,000 patients in month an increase of 29%. The elective backlog (admitted pathway) saw growth of 342 patients in month to 3,484 (from 3,142 in May).





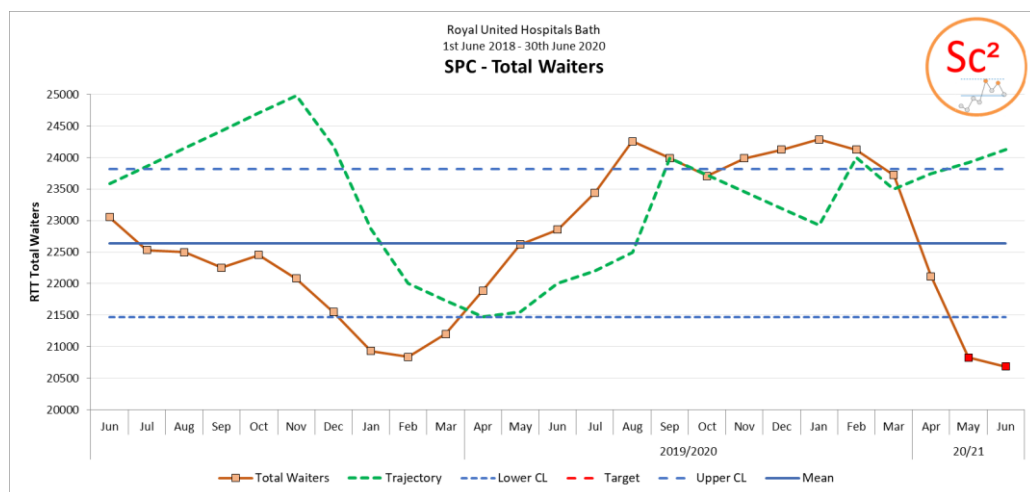
## Incomplete Standard: Trajectory incomplete pathways (2)

Total Incomplete Pathways decreased by 140 from May and is 14.8% below the January 2020 position, 14.3% 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	20,825	20,685									
% Variance on January 2020		-9.0%	-14.3%	-14.8%									
% Variance on plan		-6.9%	-12.9%	-14.3%									

The Specialties variance on January is detailed below. General Surgery, T&O and Oral Surgery have shown an increase from the January 20 position.

Specialty	Total incomplete waiters January 2020	Total incomplete waiters June 2020	Variance from January 20
100 - General Surgery	2139	2180	41
101 - Urology	1360	1120	-240
110 - T&O	1808	2037	229
120 - ENT	2073	2094	21
130 - Ophthalmology	2087	1940	-147
140 - Oral Surgery	1756	2005	249
300 - Acute Medicine	115	100	-15
301 - Gastroenterology	2211	1563	-648
320 - Cardiology	2060	1279	-781
330 - Dermatology	1234	1134	-100
340 - Respiratory Medicine	402	285	-117
400 - Neurology	771	408	-363
410 - Rheumatology	801	488	-313
430 - Geriatric Medicine	141	105	-36
502 - Gynaecology	1975	1592	-383
X01 - Other	3354	2355	-999
Total	24287	20685	-3602



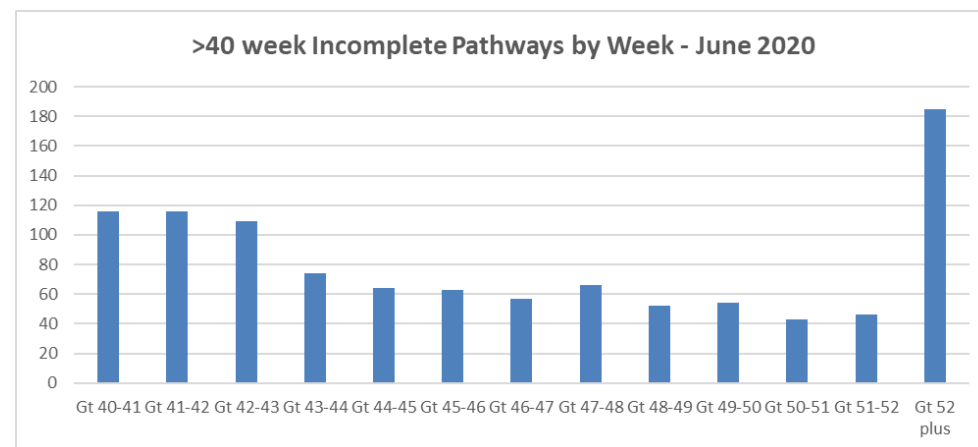
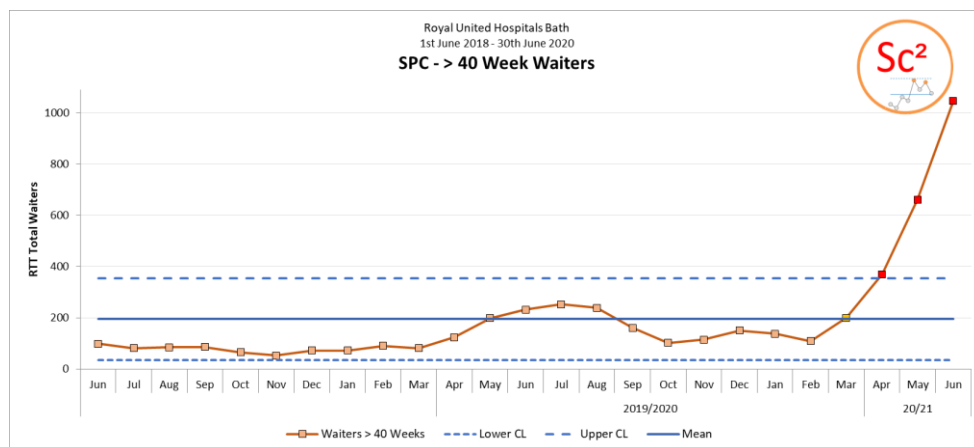


## 18 Weeks – Incomplete Pathways >40 weeks (3)

	>40 weeks growth from June 2019 to June 2020													
	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Growth in month
100 - General Surgery	15	18	28	26	16	14	28	26	25	47	66	121	192	71
101 - Urology	1	1	2	0	0	0	0	1	1	8	17	36	58	22
110 - T&O	10	12	19	16	7	4	14	16	10	28	56	107	174	67
120 - ENT	2	7	20	16	11	17	25	28	19	34	70	108	163	55
130 - Ophthalmology	4	3	0	4	2	3	2	2	2	5	7	25	38	13
140 - Oral Surgery	6	7	8	10	9	10	8	5	3	7	23	49	109	60
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	143	153	84	32	22	26	12	8	8	5	2	14	10	-4
320 - Cardiology	10	16	15	14	21	24	38	29	23	23	32	57	68	11
330 - Dermatology	33	34	60	41	13	17	21	12	12	37	80	113	158	45
340 - Respiratory Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
400 - Neurology	0	0	0	0	0	0	0	0	0	0	0	1	0	-1
410 - Rheumatology	1	0	1	0	0	0	0	0	0	0	0	0	0	0
430 - Geriatric Medicine	0	0	0	0	0	0	0	1	0	1	0	0	0	0
502 - Gynaecology	0	0	0	1	1	0	2	4	4	1	11	24	55	31
X01 - Other	6	1	1	1	0	0	0	5	2	3	5	6	20	14
Total	231	252	238	161	102	115	150	137	109	199	369	661	1045	384

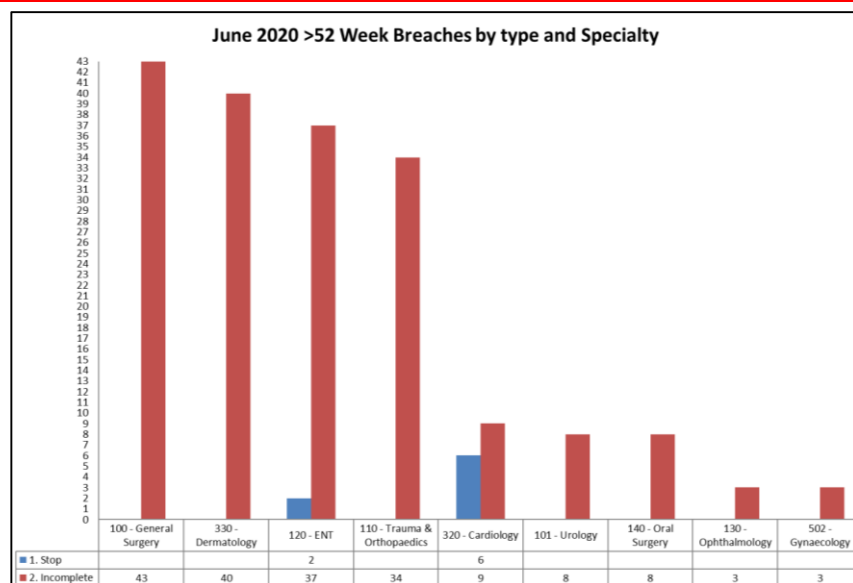
Overall incomplete pathways over 40 weeks have increased in month by 384 patients. The largest increase noted in General Surgery (71 patients), T&O (67 patients) and Oral Surgery (60 patients)

Clinical harm reviews are being completed across all specialties for patients waiting in excess of 40 weeks. Telephone and video appointments are in place to provide assurance to patients delayed. The Division of Surgery records and tracks the reviews and changes to the pathway.





## 52 Week Breaches – Reporting (4)



### 1. RTT Stops

The Trust reports two measures related to 52 weeks. The first relates to admitted and non-admitted patients whose pathway stopped during the reported month. The Trust has reported 8 >52 week breach stops in June.

- 2 x ENT
- 6 x Cardiology

**2. Incomplete pathways** - describe patients who have not yet had a stop, i.e. been discharged or completed definitive treatment.

52 week Incomplete 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	3	4	3	3	2	4	3	2	4	3	4	4
Actual Performance	17	56	185									
Variance between plan and actual	14	52	182									

The Trust reported 185 incomplete 52 week pathways in June.

These were in the following areas:

- 43 x General Surgery
- 8 x Urology
- 34 x T&O
- 37 x ENT
- 3 x Ophthalmology
- 8 x Oral Surgery
- 9 x Cardiology
- 40 x Dermatology
- 3 x Gynaecology

All routine operating ceased in March 2020 resulting in long waiting patients awaiting operations or procedures being delayed.

The limited elective capacity available is prioritised by clinical need resulting in an inability to treat 52 week breach patients in month. This means that the number of 52 week breach patients will be cumulative and roll over into subsequent months.



## 18 Weeks - In Month Response and Focus (5)

### Lead Actions Update:

#### 1. Backlog management

- Clinical triage and validation continues across all specialties
- Specialty led focus on maintaining a safe backlog with clinical harm reviews being performed on all patients over 40 weeks
- Continuation of support from Independent hospitals for elective care in place until 31<sup>st</sup> August
- Elective and Outpatient work stream working groups are in place supporting BANU
- Specialty planning of priorities for increased operating – via Elective prioritisation group chaired by Head of Division

#### 2. Reporting

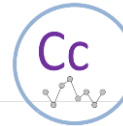
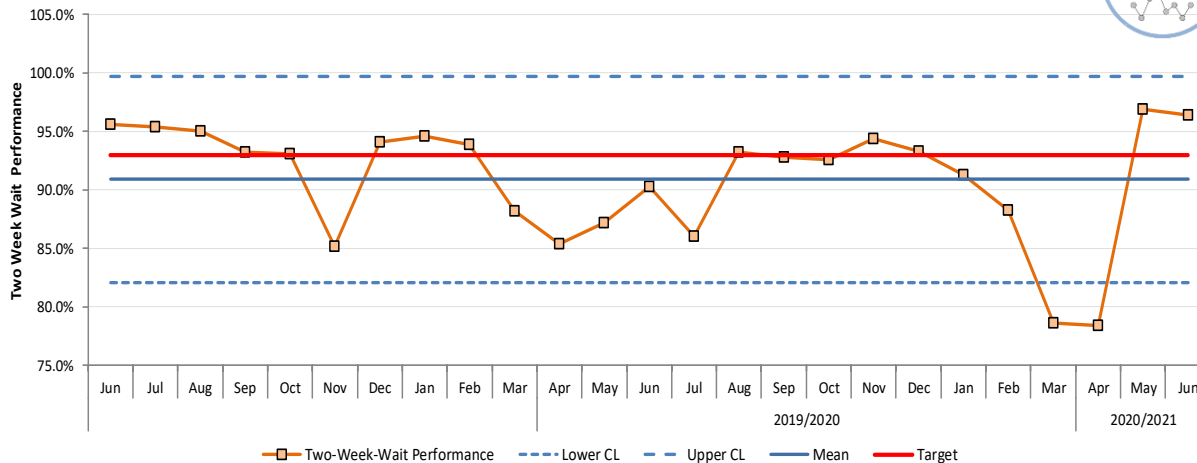
- Weekly activity reporting to NHSI commence in May 2020
- Tracking reports are in place to monitor waiting lists, activity and performance
- Weekly BSW/NHSI Independent hospital elective meetings are in place

### 3. Planned Actions:

- Maximise use of Independent hospitals capacity for the remainder of the National agreement.
- Ongoing Elective planning to re-commence routine operating taking account of PPE/medicines/workforce limitations
- Ongoing Outpatient planning to increase outpatient activity
- Trajectories for Phase 2 to be submitted and reviewed via Management Board

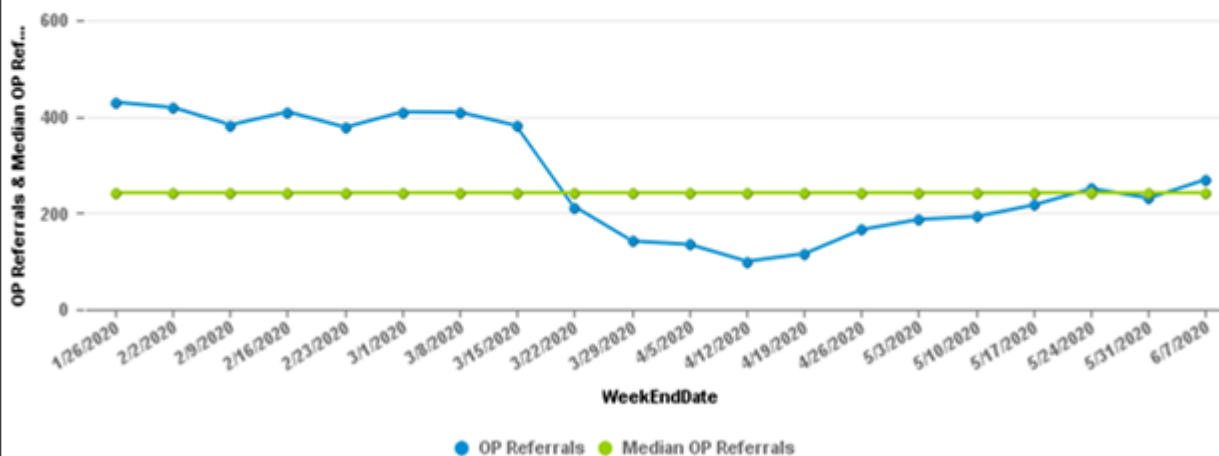
## Cancer Access – Two Week Wait (1)

Royal United Hospitals Bath  
**SPC - Two Week Wait Cancer Performance**  
Source: Somerset Cancer Register

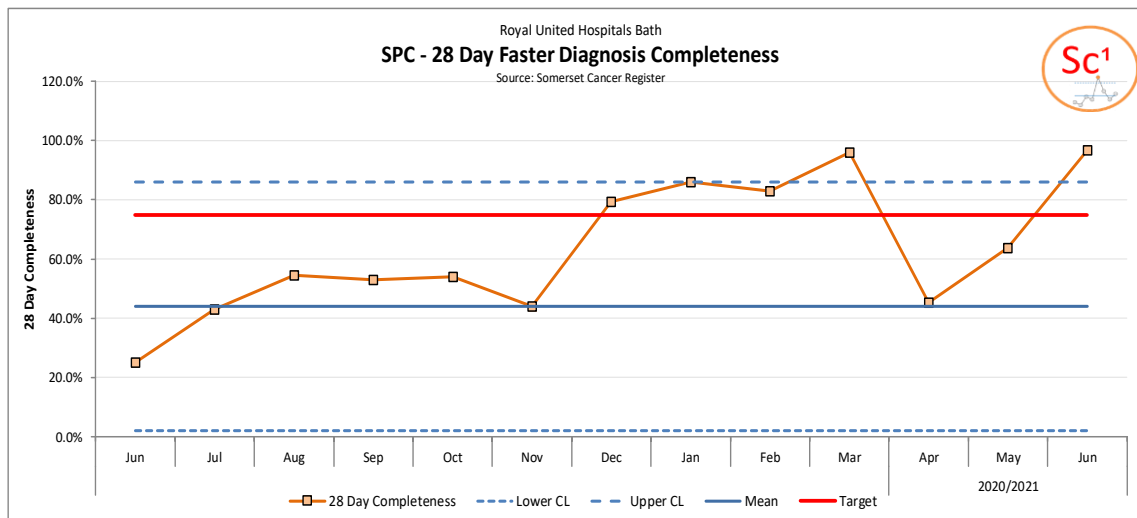
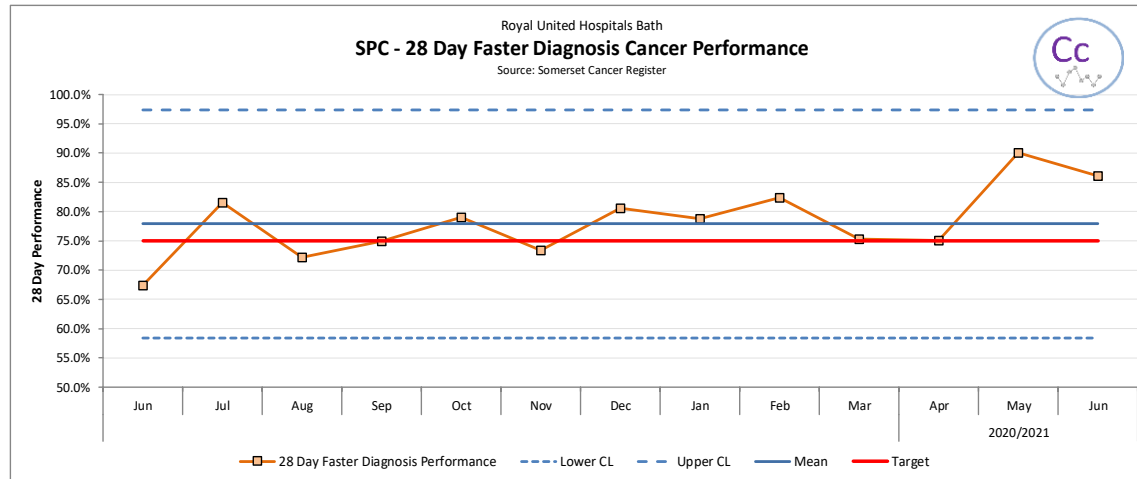


- In June the Trust met the 93% target with performance at 96.4%
- There was no special cause variation rule performance triggered, meaning that it is expected common-cause variation.
- Activity has significantly increased in June with over 1350 appointments being undertaken, an increase of 35% from May.
- The three tumour sites not achieving the 93% standard were Head & Neck, Upper GI and Lung. The majority of the remaining breaches were due to patients isolating/shielding in specialties for which telephone appointments were inappropriate.
- Two week wait demand is continuing to increase, in June reaching approximately 85-90% of pre-Covid levels. The risk remains that demand will continue to rise in the next 1-2 months over and above pre-Covid levels, leading to longer waiting times and a reduction in performance. This is listed on the Trust risk register (Ref: 2000).
- Mitigations to manage demand remain in certain specialties.

**Two Week Wait Referrals by Week End Date**



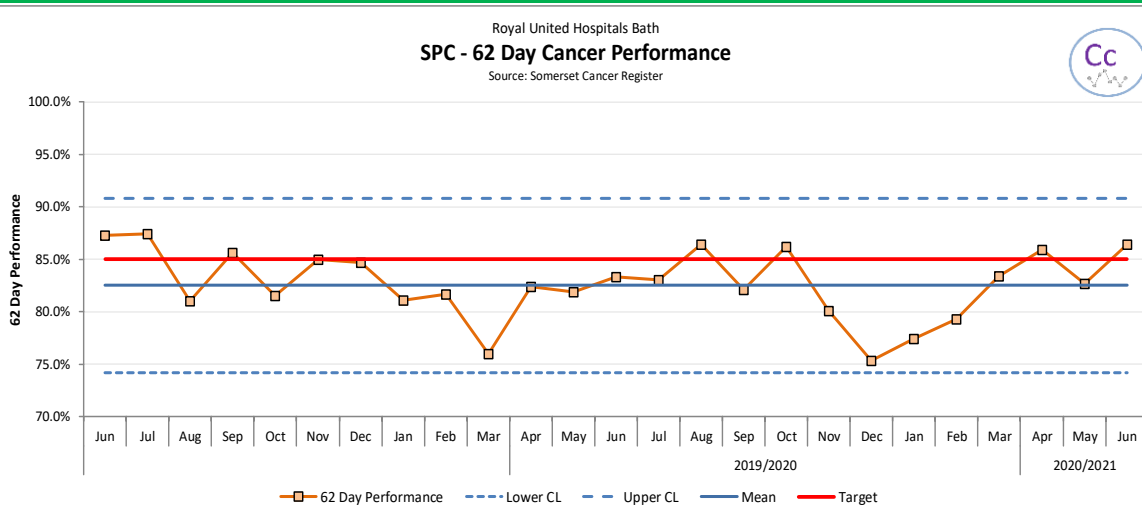
## Cancer Access – 28 Day Faster Diagnosis (2)



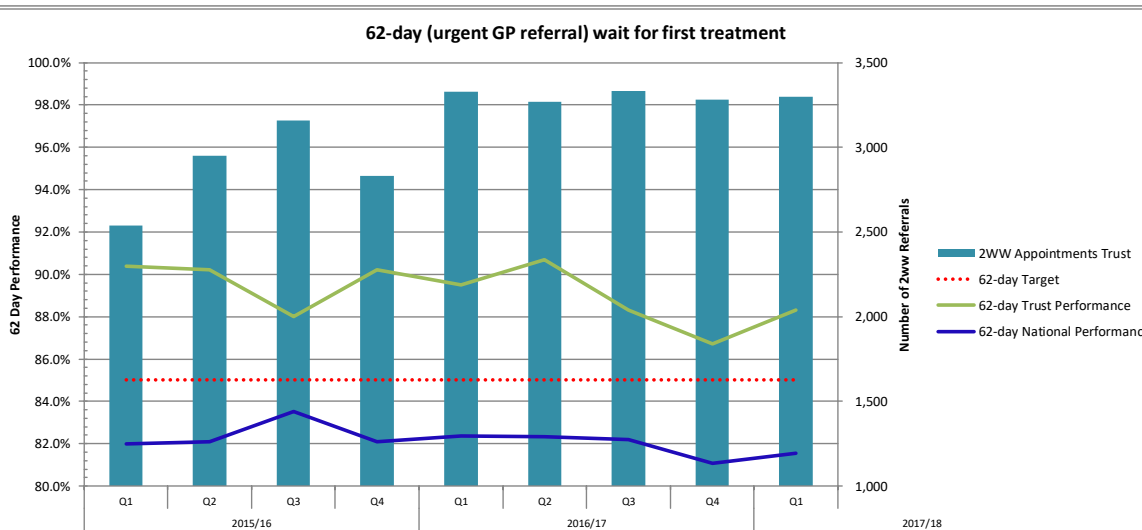
- The 28 day standard was due to become part of the cancer performance management nationally from April 2020 at a target of 75% however due to the Covid-19 pandemic this has been postponed with no new date set for implementation of the target.
- The Trust continues to record performance. In June the standard was achieved, recording performance of 86.1%.
- Data completeness has significantly improved in June with over 1000 clock stops being recorded in month.



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

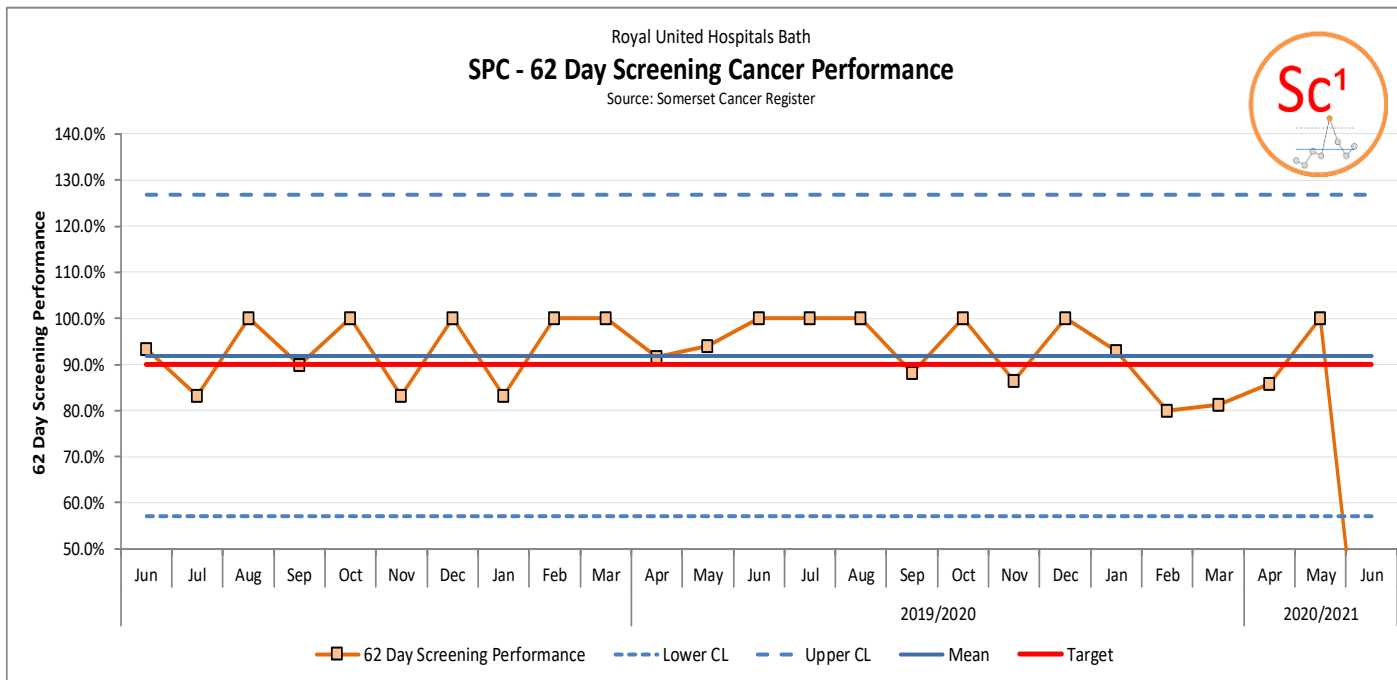


- The standard was achieved in June with the Trust recording performance of 86.4%. In month, the Trust reported 12 breaches, the lowest number of breaches recorded in a single month in 2 years.
- There was no special cause variation rule performance triggered, meaning that it is expected common-cause variation.
- Activity in June slightly decreased to approximately 75% of average pre-Covid levels. This decrease was expected due to the significant reduction of 2ww referrals in April.
- All cancer treatments have continued with surgical capacity having increased at the independent providers from mid-June for treatments and surgical diagnostics.
- Radiotherapy and chemotherapy treatments remain largely unaffected due to a reduction in referrals.





## Cancer Access – 62 Day Screening (6)



- National screening programmes started to be reinstated during June, however this is being done in a phased approach and only a small level of activity is being referred into the Trust.
- In June, only 1 patient was treated on this pathway on day 98. The breach was shared with the referring trust due to a late transfer, however the RUH was unable to treat the patient within the 24 day window allocated under the breach allocation guidelines due to patient choice to change the surgeon.
- The Trust therefore failed the 90% target with performance at 0%



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

### Lead Actions Update:

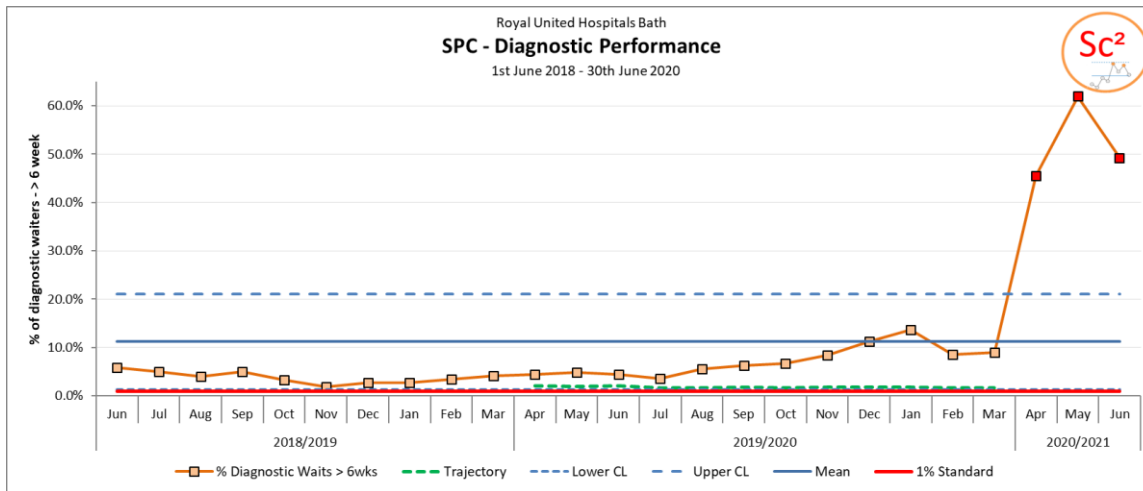
1. Adaptation of services to ensure patients referred as 2ww can be managed appropriately and safely. Telephone consultations continued where appropriate with straight to test pathways utilised.
2. Implementation of governance process supporting the robust review and management of patients waiting 104 days and longer, including undertaking of clinical harm reviews for patients with confirmed cancer. Delivery of required capacity for those patients at the treatment stage in the pathway. This is supported by the extension of elective treatment services at independent sector providers until end of August, and the move of chemotherapy services back to the RUH which has increased capacity from that available at Circle Bath.
3. Further development of weekly cancer dashboard which is now shared with specialties and cancer clinical leads, highlighting change in referrals, diagnoses and treatments during various stages of Covid-19 outbreak, modelling demand and supporting the planning of capacity to meet changes in demand.

### Planned Actions:

1. Review by clinical teams of existing diagnostic, staging and follow-up cancer protocols, to determine the diagnostic requirements and to support demand management of radiology, where appropriate.
2. Develop plans for delivery of remaining lower priority surgical treatments currently postponed. Virtual clinician review of patients choosing to delay their care is already in place.
3. Resume work with specialties and Radiology to deliver early diagnostic pathways in Prostate, Lung, Colorectal and Upper GI.

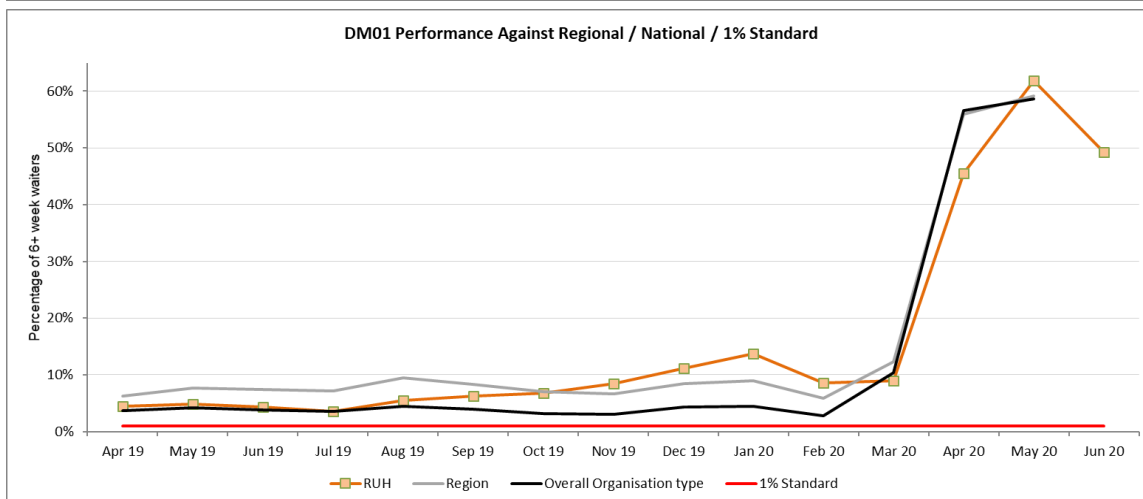


## Diagnostics (1)



June performance is reported as 49.19% against the  $\leq 1.0\%$  indicator.

- DMO1 Performance in June improved from previous month (61.88%). The increase in capacity across modalities and an increase in referrals had a positive impact on overall performance.
- MRI, CT and Non-obstetric Ultrasound continue to be the top contributors in terms of overall breaches.
- Reduced number of breaches in Audiology, Cystoscopy, Gastrosocopy, MRI and Ultrasound. Administrative and clinical validation of all referrals remains in place to ensure suitable prioritisation and appropriateness of referrals whilst incident remains.
- The SPC rule SC2 has been triggered with three months above the upper confidence limit. This indicates special-cause variation has occurred within the system (COVID-19).
- The second graph shows the percentage of 6+ week waiters for the RUH and Region against the 1% national standard. Performance is in line with system partners.





## Diagnostics (2)

### Key Recovery Plan Actions

- Radiology:
  - Staffing and Rota review
  - Increase in Scanner utilisation/productivity
  - Bank and Agency staffing
  - Recruitment

Routine activity ceased at the start of the pandemic in line with national guidelines leading to an increase of the backlog throughout the last 3 months. All modalities now increasing capacity and referrals have returned to 95% of pre-COVID levels.

DMO1 position significantly improved in June when compared to previous month. In June there were a total of 9,364 diagnostic referrals of which **4,606** breached the 6-week standard (**49.19%**).

### Top contributors:

1. Magnetic Resonance Imaging (1664)
2. Non-obstetric ultrasound (998)
3. CT - Computed Tomography (850)

The combination of backlog and referrals received; exceed the current available capacity, resulting in an increase of the backlog in CT and MRI. TO note in month MRI and CT at approximately 50% of pre-COVID capacity. Non-obstetric ultrasound has successfully increased capacity to 70% of pre-COVID levels.

### **Radiology - reduction in capacity for outpatient diagnostics due to:**

- Staffing (including shielding staff)
- Change in rotas to support Front Door and Inpatients
- Reduction in scanning time due to staffing issues (unable to run all scanners at pre-COVID levels consistently)
- Reduction in session productivity - longer turnaround times due to additional cleaning requirements and PPE donning/doffing
- Reduction in recovery space due to IPC and social distancing guidance

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	1664
Computed Tomography	850
Non-obstetric Ultrasound	998
DEXA Scan	129
Audiology - Audiology Assessments	13
Cardiology - Echocardiography	420
Neurophysiology - Peripheral Neurophysiology	74
Respiratory physiology - Sleep Studies	40
Urodynamics - Pressures & Flows	29
Colonoscopy	138
Flexi Sigmoidoscopy	61
Cystoscopy	51
Gastroscopy	139
<b>Total (without NONC)</b>	<b>4606</b>



## Diagnostics - In Month Response and Focus (3)

### Lead Actions Update:

Lead actions updated and relate only to CT and MRI as main risk area;

#### 1. Additional Scanning Capacity (Staffed)

- Bath Clinic and Circle Bath until at least end of August 2020.

#### 2. Staffing

- Review of rotas and allocation of staff to support increase in activity and optimisation of staffing allocation.
- Use of bank and agency staff to support staff shortages for Portering and Radiographers.
- Additional agency Radiographer secured and starting in August to support increase in activity and scanner productivity.

#### 3. Clinical Risk Review

- Support for demand management and clinical prioritisations of referrals – clinical review of all referrals in backlogs. Assessment of clinical harm and recording.
- Communications to referrers via internal processes (all referrers) and external communication to GPs

#### 4. Modelling & Recovery Trajectory

- BIU supporting Radiology capacity modelling alongside the Radiology Sub-group. The data will support forecasting, resources management optimisation and decision making

### Planned Actions:

#### 1. Additional Scanning Capacity (Staffed)

- Mobile MRI on site secured x3 long days per week for non-contrast scanning with agreed additional 4<sup>th</sup> day/week from July. Mobile CT has been requested to the South West hub but currently no availability.

#### 2. Staffing

- Returning staff from Maternity Leave in August will support additional scanning time and overall activity.
- Recruitment process ongoing for existing gaps in establishment.

#### 3. Clinical Risk Review

- Consideration for alternative pathways for routine patients.
- Implementation and monitoring of revised workflows and processes for each of the diagnostic modalities, with a view to optimise cleaning and turnaround times.

#### 4. Modelling & Recovery Trajectory

- BIU data will support forecasting, resources management optimisation and decision making

# Key National and Local Indicators

In the month of June there were **11 red indicators of the 72 measures reported, 3 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows.



**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)

**Safe**

**SOF**

- 50. Medication Errors Causing Serious Harm
- 51. CAS Alerts not responded to within the deadline
- 53. Number of patients with falls resulting in serious harm (moderate, major)
- 54. Number of hospital acquired pressure ulcers (grade 3 & 4)

**Well Led**

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

Indicator	Trust Performance Over Last 12 Months												Q1 Target
	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	
Budgeted Staff in Post (WTE)	4852.78	4853.78	4854.78	4853.34	4853.34	4853.34	4853.34	4853.34	4853.34	4993.65	4978.57	4978.59	
Contracted Staff in Post (WTE)	4495.88	4549.13	4569.59	4591.37	4610.34	4615.20	4600.72	4653.15	4661.10	4650.67	4651.40	4633.00	
Vacancy Rate (%)	7.35	6.28	5.87	5.40	5.01	4.91	5.21	4.12	3.96	6.87	6.57	6.94	6.35
Bank - Admin & Clerical (WTE)	41.38	38.77	39.15	42.11	40.83	37.46	44.14	39.72	32.32	19.80	19.03	31.08	
Bank - Ancillary Staff (WTE)	26.23	24.35	24.31	25.66	23.19	24.16	22.44	21.33	22.49	26.96	35.09	54.62	
Bank - Nursing & Midwifery (WTE)	172.10	157.20	162.86	161.21	140.49	133.69	154.85	139.73	148.42	143.08	171.84	177.59	
Agency - Admin & Clerical (WTE)	1.06	2.50	4.73	7.21	5.98	6.37	6.09	5.74	6.15	2.33	1.10	2.21	
Agency - Ancillary Staff (WTE)	3.30	1.29	0.56	0.18	0.92	0.92	1.01	1.33	1.01	0.78	0.88	5.85	
Agency - Nursing & Midwifery (WTE)	43.67	51.15	49.13	59.06	55.57	57.39	63.29	56.99	54.17	47.93	34.63	41.41	
Agency Spend (% of total pay bill)	3.96	2.97	2.63	3.95	3.28	3.19	4.21	3.88	3.19	2.25	1.48	0.77	2.50
Nurse Agency Spend (% of total Reg Nurse pay bill)	8.86	5.59	5.29	9.20	6.07	7.59	7.54	9.75	6.94	7.27	3.50	5.28	3.00
Rolling 12 Month Turnover (%)	11.48	11.88	11.71	11.97	11.46	11.46	11.33	11.17	10.82	10.69	10.51	10.14	11.00
In Month Turnover (%)	0.73	1.18	0.84	0.73	0.74	0.98	0.82	0.47	0.82	0.55	0.75	0.51	0.92
Rolling 12 Month Sickness Absence (%)	4.05	4.04	4.00	4.01	3.99	4.04	4.10	4.11	4.05	4.13	4.25	4.24	3.85
In Month Sickness Absence (%)	3.91	3.76	3.61	3.75	4.20	4.51	4.44	4.36	4.00	5.19	5.38	3.69	3.48
Staff with Annual Appraisal (%)	80.91	81.06	80.27	78.64	81.10	81.01	79.89	81.36	78.75	75.09	73.25	72.80	81.56
Information Governance Training compliance (%)	88.20	85.60	84.80	83.10	81.80	82.90	84.60	87.50	89.20	87.80	87.20	87.90	95.00
Mandatory Training (%)	87.50	86.80	86.80	86.60	86.30	86.50	87.20	87.60	88.40	86.90	86.10	86.30	90.00

\* Bank and Agency Figures have been revised for June 2020 reporting onwards to reflect a new reporting method using Staffing Solutions data



## 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).



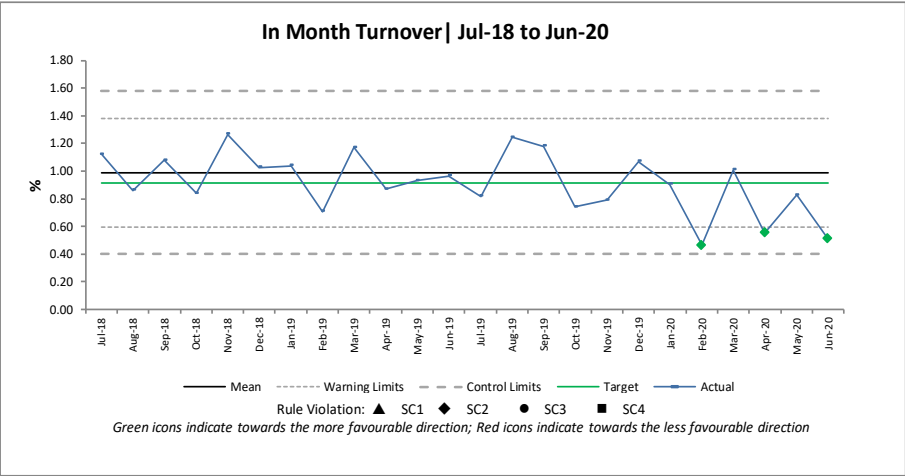
Shift of at least 6 data points all above or all below the mean, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).



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).

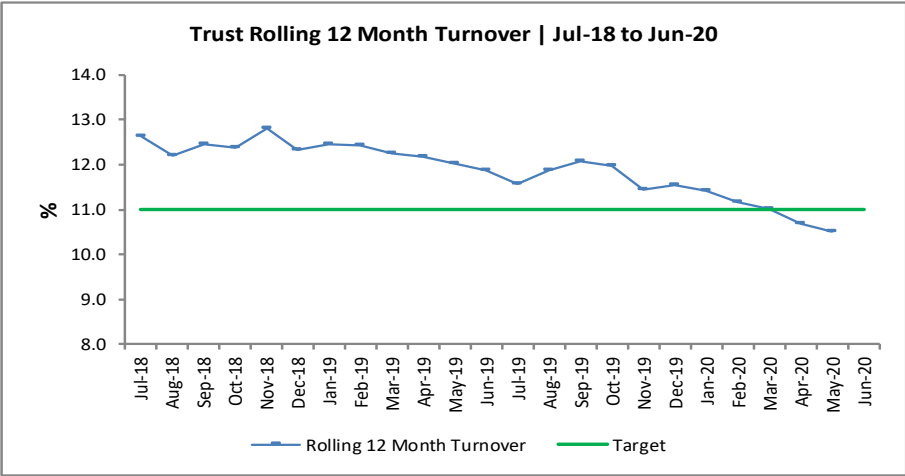
*Where data points trigger multiple rules, the order of precedence for Special Cause Variation that has been used is Rule 4, Rule 3, Rule 2 then Rule 1.*

In Month Turnover (%)



Target	Actual	Latest Data Point
0.92	0.51	Sc <sup>2</sup>

12 Month Rolling Turnover (%)

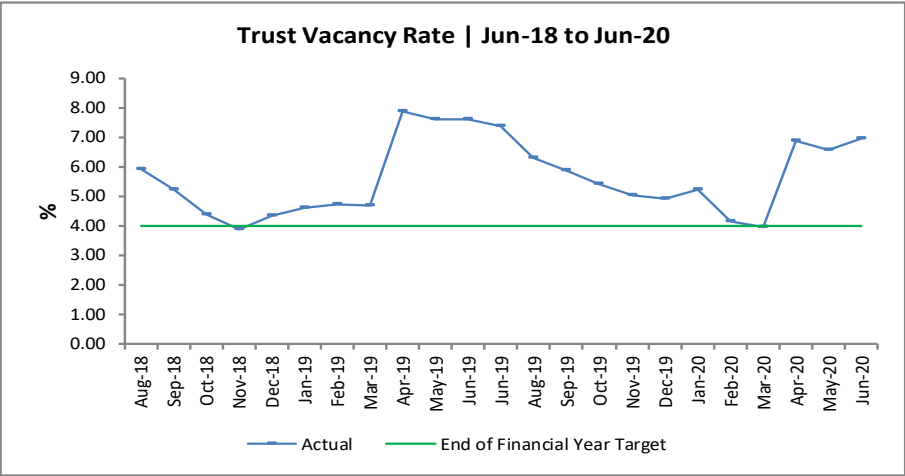


Target	Actual
11.00	10.14

Commentary on Performance

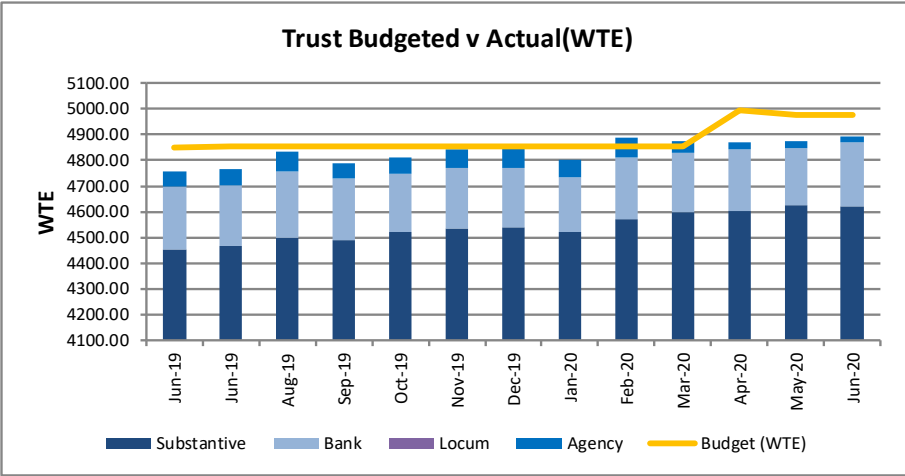
- As it stands, overall in month turnover for June is a favourable 0.51%, which equates to a leavers WTE of 21.2 WTE. This is the second month out of the last 3 where we have seen the turnover rate below the lower warning limit, which triggers an SPC rule. It should be noted that late leaver notifications may cause June's figures to rise slightly, but it is still anticipated to be a relatively low turnover month.
- Between April and June 2020, leavers WTE has totalled 78.7 WTE. In contrast, the same period in 2019 saw a leavers WTE of 110.8 WTE. This is a difference of 32.1WTE - which is suggestive at least to some extent of the impact that COVID-19 may have had.
- Inevitably, 12 month rolling turnover has fallen and now stands at 10.1%.

Vacancy Rate (%)



Target	Actual
6.35	6.94

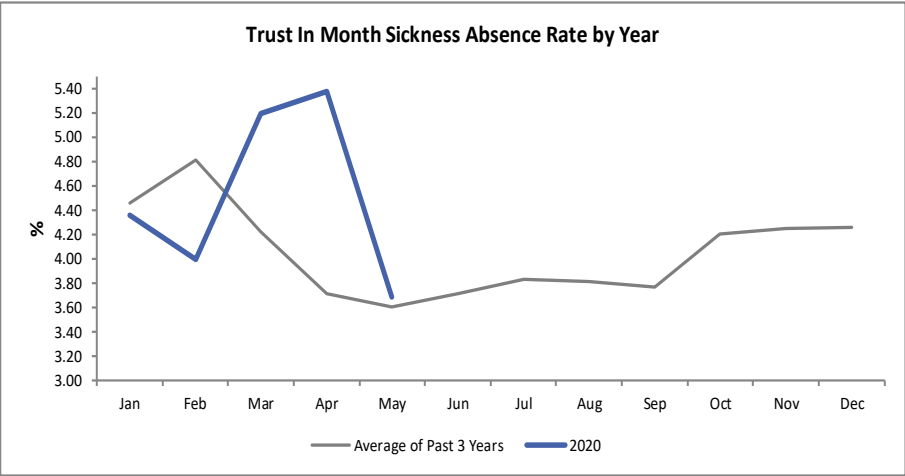
Budgeted v Contracted WTE



Commentary on Performance

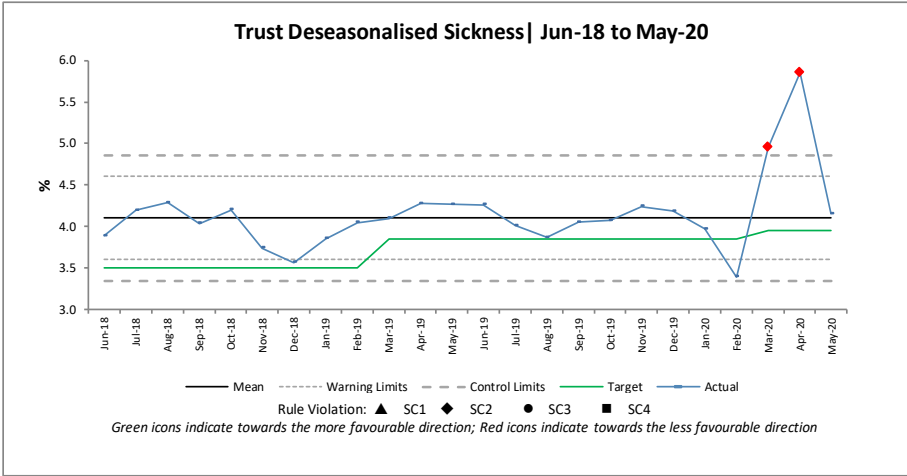
- Compared to last month, the vacancy rate has increased by 0.37 percentage points and now stands at 6.94%. Although this is marginally above the target that has been set based on a linear trajectory down to 4.00% by March 2021, historically the reduction of vacancy rates tends to be slower at the start of the Financial Year.
- Band 5 nurse vacancy is currently 13.4% (equivalent to 94.7 WTE).

In Month Sickness Absence (%)



Seasonally Adjusted Target	Actual
3.48	3.69

Deseasonalised In Month Sickness Absence (%)



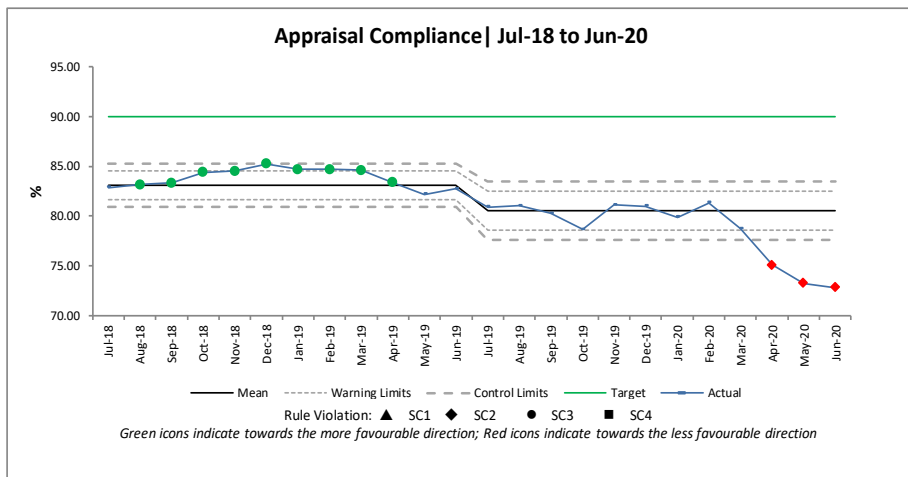
Target	Actual Deseasonalised	Latest Data Point
3.85	4.16	SC <sup>2</sup>

Commentary on Performance

- The figures for March and April have been re-run. March's absence rate now stands at 5.19% and April's at 5.38%.
- Based on the information held within ESR, May's absence rate is 3.69%. This is below last May's figure, which given the volume of COVID absences at the start of the month is suspect and requires further investigation and validation.
- Due to the previous two months exceeding the Upper Control Limit, an SPC rule continues to be triggered for deseasonalised sickness. The return to near average in May should be treated with caution due to the aforementioned concerns about the actual percentage.

## Appraisal Compliance (%)

## Appraisals In and Out of Date



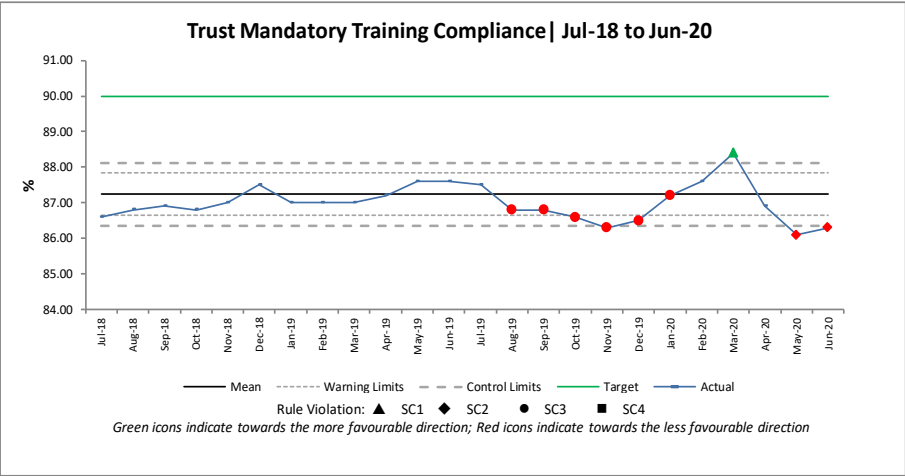
	In Date	Out of Date	% Compliant
Trust	3289	1229	72.80
AfC Staff	3092	1115	73.50
M&D Staff	197	114	63.34
Consultants	149	83	64.22

Target	Actual	Latest Data Point
81.56	72.80	Sc <sup>2</sup>

## Commentary on Performance

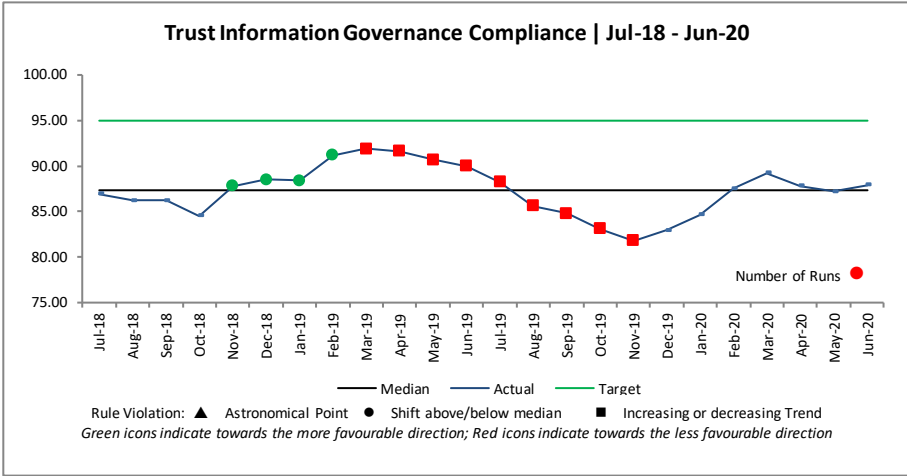
- Overall appraisal compliance at the end of June was 72.80%. This is a slight decline from last month (73.25%) and is the third month in succession where the compliance is below the lower control limit, triggering SPC rules both as a point in isolation and as part of a series of points. The current trend will be monitored closely in forthcoming months to establish if a further re-basing is required to reflect a new, lower process norm. Evidently, any new norm would be notably below the Trust's 90% target.
- At Divisional level, only Women and Children's (80.42%) have a compliance within 10 percentage points of the Trust's target. Corporate (60.76%) and Facilities (68.21%) have particularly low compliance rates.

Mandatory Training (%)



Target	Actual	Latest Data Point
90.00	86.30	Sc2

Information Governance (%)

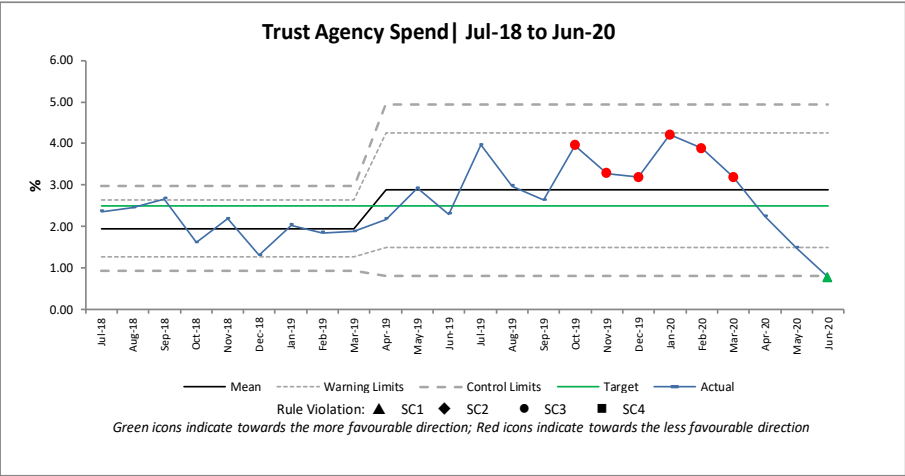


Target	Actual
95.00	87.90

Commentary on Performance

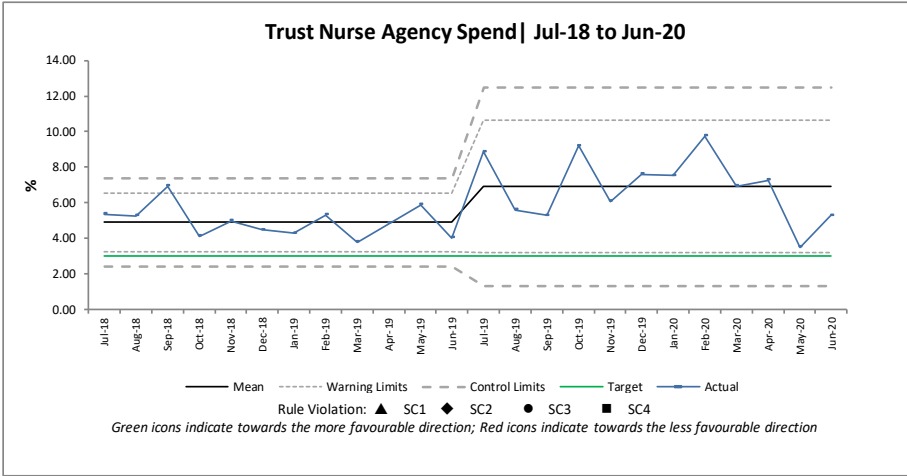
- Despite overall Mandatory Training compliance having marginally improved to 86.3%, this continues to fall below the lower control limit and thus breaches SPC rules.
- Although the historical pattern would have suggested that overall IG training compliance was likely to have fallen from last month's figure of 87.2%, it has actually marginally improved to 87.9%. Compliance amongst bank staff (66.95%) lowers this overall Trust figure, with the five main Divisions all above 88% compliance.

Agency Spend as Proportion of Total Pay Bill (%)



Target	Actual	Latest Data Point
2.50	0.77	<div>Cc</div>

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



Target	Actual	Latest Data Point
3.00	5.28	<div>Cc!</div>

Commentary on Performance

- Trust Agency spend as a percentage of the overall pay bill has again fallen for the fifth month in succession and now stands at 0.77%.
- Nurse Agency Spend as a proportion of the overall pay bill has increased to 5.28% - more than 1.5 times the target of 3%.



NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold	2019/20			2020/21	2020/21		Triggers Concerns
		Performing	Q2	Q3	Q4	Q1	May	Jun	
SOF	Four hour maximum wait in A&E (All Types)	95%	71.4%	69.6%	69.6%	94.4%	95.6%	92.0%	
	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	4	7	10	9	12	1	8	
SOF	RTT - Incomplete Pathways in 18 weeks	92%	85.7%	86.9%	84.6%	66.3%	65.9%	55.8%	
	31 day diagnosis to first treatment for all cancers	96%	97.8%	97.1%	97.9%	97.2%	97.8%	96.5%	
	31 day second or subsequent treatment - surgery	94%	97.6%	98.8%	100.0%	97.4%	100.0%	93.1%	
	31 day second or subsequent treatment - drug treatments	98%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	
	31 day second or subsequent cancer treatment - radiotherapy treatments	94%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	
	2 week GP referral to 1st outpatient	93%	90.6%	93.4%	86.0%	92.3%	96.9%	96.4%	
	2 week GP referral to 1st outpatient - breast symptoms	93%	88.9%	98.9%	98.2%	87.5%	100.0%	100.0%	
	28 day referral to informed of diagnosis of all cancers	70%	76.2%	78.7%	78.3%	84.4%	90.0%	86.1%	
SOF	62 day referral to treatment from screening	90%	94.1%	92.5%	84.1%	81.8%	100.0%	0.0%	
SOF	62 day urgent referral to treatment of all cancers	85%	83.7%	80.7%	79.6%	84.7%	82.7%	86.4%	
SOF	Diagnostic tests maximum wait of 6 weeks	1%	5.16%	8.79%	10.28%	51.63%	61.88%	49.19%	

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

Finance and Use of Resources - June 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 - June 2020



CARING				Threshold		2019/20			2020/21	2019/20			2020/21		
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q2	Q3	Q4	Q1	Jan	Feb	Mar	Apr	May	Jun
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	96	93	94	n/a	94	95	n/a	n/a	n/a	n/a
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	97	97	n/a	97	98	n/a	n/a	n/a	n/a
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	100	100	99	n/a	97	100	n/a	n/a	n/a	n/a
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	97	96	97	n/a	97	96	n/a	n/a	n/a	n/a
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%	0.0%	0.0%	0.0%	n/a	0.0%	0.0%	n/a	n/a	n/a	n/a
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10	6.3	6.0	5.7	3.8	5.6	6.9	4.7	3.3	3.1	5.1
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	15	22	57	48	18	11	28	21	16	11
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	5	2	5	10	1	0	4	5	4	1
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	86	68	76	29	37	26	13	12	6	11

EFFECTIVE					Q2	Q3	Q4	Q1	Jan	Feb	Mar	Apr	May	Jun	
10	DON	SOF	Dementia case finding	>=90%	<90%	80.6%	81.4%	81.9%	86.0%	79.9%	80.3%	87.0%	82.2%	88.8%	Lag (1)
11	DON	SOF	Dementia Assessment	>=90%	<90%	90.4%	94.4%	98.0%	n/a	95.5%	100.0%	n/a	n/a	n/a	n/a
12	DON	SOF	Dementia Referrals	>=90%	<90%	100.0%	100.0%	100.0%	n/a	100.0%	100.0%	n/a	n/a	n/a	n/a
13	MD	SOF	HSMR 12 month rolling total Benchmark (rag rating based on the lower confidence level)	<=Expected	>Expected	107.0	109.4	113.0	Lag (3)	109.6	110.1	113.0	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	1.0151	1.0219	1.0369	Lag (4)	1.0351	1.0386	Lag (4)	Lag (4)	Lag (4)	Lag (4)
15	MD	L	Readmissions - Total	<=10.5%	>12.5%	7.7%	7.1%	7.4%	7.9%	7.2%	7.9%	7.1%	7.1%	7.9%	8.5%
16	COO	NT	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	86.3%	87.0%	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)	Lag (6)
17	COO	NT	Higher risk TIA treated within 24 hours	>=60%	<=55%	80.9%	78.6%	78.6%	90.5%	75.0%	66.7%	100.0%	75.0%	100.0%	92.3%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	60.1%	72.5%	73.0%	51.4%	76.3%	77.3%	63.6%	68.6%	33.3%	56.7%
19	DON	NT	ED Sepsis - % of antibiotics given within 1 hour	>=90%	<50%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
20	COO	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical	<=1%	>1%	0.9% (82)	1.1% (104)	1.1% (95)	0.2% (7)	1.1% (38)	1.0% (31)	1.1% (26)	0.1% (1)	0.2% (2)	0.2% (4)
21	COO	LC	Theatre utilisation (elective)	>=90%	<=85%	94.9%	98.0%	87.2%	30.1%	99.8%	98.5%	63.3%	24.7%	27.7%	38.0%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	-0.10	-4.05	-3.99	0.00	-2.81	-2.12	0.93	0.00	0.00	0.00
23	DOF	L	Total Income	>100%	<95%	87.89	88.15	86.09	93.83	30.08	28.21	27.80	31.22	30.91	31.70
24	DOF	L	Total Pay Expenditure	>100%	<95%	-56.65	-56.51	-67.26	-61.20	-19.07	-19.36	-28.82	-20.00	-20.62	-20.58
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	-27.40	-30.10	-31.48	-27.71	-10.47	-9.35	-11.66	-9.62	-8.70	-9.39
26	DOF	L	CIP Plan	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	2.63	2.81	3.08	n/a	1.13	1.07	0.89	n/a	n/a	n/a

RESPONSIVE						Q2	Q3	Q4	Q1	Jan	Feb	Mar	Apr	May	Jun
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	86.7%	84.4%	85.4%	89.4%	84.3%	86.7%	85.2%	87.7%	89.6%	90.4%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	5.16%	8.79%	10.28%	51.63%	13.67%	8.54%	9.01%	45.47%	61.88%	49.19%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	37	17	13	14	7	2	4	6	0	8
31	COO	NT	Urgent Operations cancelled for the second time	0	>0	1	4	1	0	0	0	1	0	0	0
32	COO	NT	Cancelled operations not rebooked within 28 days - Surgical	0	>0	1	0	12	0	0	1	11	0	0	0
33	COO	NR	Time to Initial Assessment - 95th Percentile	TBC	TBC	181.8	174.8	147.0	20.0	158.0	226.8	80.6	17.6	17.0	25.0
34	COO	NT	12 Hour Trolley Waits	0	>0	0	0	0	0	0	0	0	0	0	0
35	DON	L	% Discharges by Midday (Excluding Maternity)	>=33%	<33%	16.9%	21.4%	26.3%	24.6%	26.9%	25.1%	27.0%	23.8%	25.1%	24.7%
36	COO	L	GP Direct Admits to SAU	>=168	<168	897	815	558	n/a	226	222	110	n/a	n/a	n/a
37	COO	L	GP Direct Admits to MAU	>=84	<84	655	543	514	701	206	171	137	148	285	268
38	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	6.3%	5.9%	5.2%	2.5%	5.0%	5.3%	5.3%	2.4%	2.4%	2.6%
39	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.5	4.2	4.6	3.3	4.3	4.2	5.2	3.4	3.1	3.3
40	COO	LC	Number of medical outliers - median	<=25	>=30	21	28	7	0	8	9	5	0	0	0
41	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	92.1%	93.1%	92.2%	93.0%	92.4%	94.0%	90.2%	91.6%	92.8%	93.9%
42	COO	NR	% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	95.8%	98.0%	95.1%	98.3%	92.0%	97.7%	98.1%	96.8%	100.0%	98.4%

SAFE					Q2	Q3	Q4	Q1	Jan	Feb	Mar	Apr	May	Jun	
43	DON	SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)	TBC	TBC	3	6	5	9	3	2	0	2	1	6
44	DON	SOF	Clostridium Difficile Community Onset, Healthcare Associated (counted)	TBC	TBC	4	4	4	3	1	1	2	1	0	2
45	DON	SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated	TBC	TBC	15	14	7	6	3	1	3	4	2	Lag (1)
46	DON	SOF	E.coli bacteraemia cases Community Onset, Healthcare Associated	TBC	TBC	14	3	13	3	4	7	2	2	1	Lag (1)
47	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	1	0	0	0	0	0	0	0	0
48	DON	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	7	11	6	7	1	2	3	2	5	Lag (1)
49	DON	SOF	Never events	0	>0	1	0	0	0	0	0	0	0	0	0
50	DON	L	Medication Errors Causing Serious Harm	0	>0	0	0	1	3	0	1	0	0	2	1
51	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	2	3	1	5	1	0	0	2	1	2
52	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	90.2%	87.4%	82.7%	n/a	84.4%	82.7%	80.5%	n/a	n/a	n/a
53	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	8	8	7	4	0	4	3	0	1	3
54	DON	NT	Number of hospital acquired pressure ulcers (grade 3 & 4)	0	>0	5	3	1	1	1	0	0	0	0	1
55	DON	NT	Number of hospital acquired pressure ulcers (grade 2)	<=2	>2	5	8	1	2	1	0	0	0	1	1
56	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	43	39	39	47	43	42	33	43	53	47
57	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	15	28	22	14	7	7	8	0	8	6
58	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	94.8%	95.6%	92.6%	60.2%	97.4%	96.7%	83.5%	49.3%	55.4%	78.1%
59	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	16.2%	14.2%	16.9%	14.4%	15.0%	15.5%	20.2%	14.2%	15.4%	13.3%
60	HRD	NR	Midwife to birth ratio	<1:29	>1:35	1:31	1:31	1:28	1:28	1:27	1:27	1:29	1:28	1:32	1:25

WELL LED						Q2	Q3	Q4	Q1	Jan	Feb	Mar	Apr	May	Jun
61	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	12.8%	7.2%	4.3%	n/a	4.8%	3.7%	n/a	n/a	n/a	n/a
62	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	38.9%	30.8%	29.2%	n/a	30.2%	28.2%	n/a	n/a	n/a	n/a
63	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	11.5%	10.1%	40.1%	n/a	31.5%	49.4%	n/a	n/a	n/a	n/a
64	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	11.7%	11.6%	11.1%	10.4%	11.3%	11.2%	10.8%	10.7%	10.5%	10.1%
65	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	3.8%	4.2%	4.3%	4.7%	4.4%	4.4%	4.0%	5.0%	5.3%	3.7%
66	HRD	LC	Vacancy Rate	<=4%	>5%	6.5%	5.1%	4.4%	6.8%	5.2%	4.1%	4.0%	6.9%	6.6%	6.9%
67	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	3.2%	3.5%	3.8%	1.5%	4.2%	3.9%	3.2%	2.2%	1.5%	0.8%
68	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	6.6%	7.6%	8.1%	5.4%	7.5%	9.7%	6.9%	7.3%	3.5%	5.3%
69	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	80.7%	80.3%	80.0%	73.7%	79.9%	81.4%	78.7%	75.1%	73.2%	72.8%
70	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	86.2%	82.6%	87.1%	87.6%	84.6%	87.5%	89.2%	87.8%	87.2%	87.9%
71	DOF	NT	Information Governance Breaches	TBC	TBC	47	49	48	37	21	17	10	10	14	13
72	HRD	LC	Mandatory training	>=90%	<80%	87.0%	86.5%	87.7%	86.5%	87.2%	87.6%	88.4%	87.2%	86.1%	86.3%

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	20/21
Sickness (%)	3.48%				3.85%
Vacancy Rate (%)	6.35%				4.00%
Appraisal Rate (%)	81.56%				90.0%
12 Mth Turnover (%)	11.00%				11.0%