

Report to:	Public Board of Directors	Agenda item:	17
Date of Meeting:	27 January 2021		

Title of Report:	Operational Performance Report
Status:	Action/Discussion
Board Sponsor:	Simon Sethi, Chief Operating Officer
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Appendices	Appendix 1: Operational Performance SPC deck Appendix 2: Integrated Scorecard

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 December, six of the Single Oversight Framework (SOF) operational metrics triggered concerns: 4 Hour waits in ED, 18 weeks RTT Incomplete Pathways, 2 week GP referral to 1st outpatient, 62 day referral to treatment from screening, 62 urgent referral to treatment of all cancers and Six week diagnostic waits (DM01).

It should be noted that the Trust continues to be in a national incident response and the national Covid alert level was raised from level 4 to level 5 on 4th January 2021. We saw increased Covid admissions within the hospital during December resulting in the trust declaring an Internal Significant Escalation (ISE).

Key points to note:

- 4 hour performance saw a reduction in performance in month from 77.8% in November to 71.8% in December.
- Delays in ambulance handover remain a key safety concern and collaborative work with our local Ambulance Service and Clinical Commissioning Group continues to improve performance in this area.
- Referral to Treatment performance declined by 0.7% in month at 68.5% but is showing an improving trend since July 2020. The overall 18 week backlog increased by 4% in month and the elective backlog increase by 209 patients.
- The number of 52 week waiters has increased due to the need to prioritise by clinical need over non-urgent long waiting patients. Clinical reviews of long waiting patients continue to be a key focus.
- Cancer waiting times have been impacted by loss of outpatient and diagnostic capacity, which has delayed cancer diagnosis but we are starting to see steady improvement in our 2 week wait performance from September onwards.
- Phase 3 activity plans continue to be achieved despite the increased level of Covid admissions, which are in excess of our modelling assumptions.

2.	Recommendations (Note, Approve, Discuss)
The Board are asked to note this month's 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
	Volume of undiagnosed cancers not presenting to primary care	1985	Undiagnosed cancers
	Risk of 2WW breaches due to reduced capacity and increase in demand	2000	2WW breaches
	Challenge to achieve Phase 3 targets and trajectories	2006 & 2007	Phase 3
	Number of patients on active PTL waiting longer than 104 days	2016	PTL waits longer than 104 days

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

December 2020



NHSI Single Oversight Framework | Summary

Performance Indicator	Nov	Dec	Triggers Concerns
Four hour maximum wait in A&E (All Types)	77.8%	71.8%	
C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	4	Lag (1)	
RTT - Incomplete Pathways in 18 weeks	69.2%	68.5%	
31 day diagnosis to first treatment for all cancers	96.6%	96.6%	
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	76.4%	86.8%	
2 week GP referral to 1st outpatient - breast symptoms	-	0.0%	
28 day referral to informed of diagnosis of all cancers	82.1%	77.1%	
62 day referral to treatment from screening	33.3%	70.0%	
62 day urgent referral to treatment of all cancers	73.9%	75.3%	
Diagnostic tests maximum wait of 6 weeks	33.97%	37.33%	

This report provides a summary of performance for the month of December 2020. Performance concerns are triggered if an indicator is below national target for two or more consecutive months.

In December six SOF operational metrics triggered concerns: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways, 2 week GP referral to 1st outpatient, 62 day referral to treatment from screening, 62 day urgent referral to treatment of all cancers and Six week diagnostic waits (DM01).

Executive Summary

4 hour Performance	18 weeks RTT
<p>Issues</p> <ul style="list-style-type: none"> Ambulance offloading delays were high in first 2 weeks of December Rapid swab availability out of hours affecting flow and admission to appropriate bed for clinical need and Covid status. RAU has not functioned as planned due to demand for non-covid capacity; area now positive and will accept positive community direct admissions. Increase in number of long length of stay and patient transfer delays Staffing gaps, particularly in junior doctor rota and UTC <p>Actions & Mitigations</p> <ul style="list-style-type: none"> HALO supporting 4 trolley area and clinical oversight SOP in place. Implementation of near patient Covid testing Rapid Assessment and Treatment process implemented in the second week of the month Medvivo Enhanced Triage Pilot – review of all NHS 111 calls before ED disposition at weekends to support reduction in minor attendances Think 111 System-wide Project commenced 1st December 2020, formal review January 2021 £2.5m capital programme underway at the end of December 2020 to provide ED Red Resus, SDEC & TAU 	<p>Issues</p> <ul style="list-style-type: none"> Ceasing of elective services in Phase 1 Covid Response creating backlog of 52 weeks and increased overall waiting list Reduction in face to face clinic capacity in some areas IPC requirements impacting on throughput of lists, clinics and diagnostics Loss of elective orthopaedic ward for major joints from 15th December Restarting of Pan rota in Medicine impacting on outpatient clinics in Gastroenterology <p>Actions & Mitigations</p> <ul style="list-style-type: none"> Independent Sector capacity for elective, outpatient and diagnostics (ceasing 31 December 2020 although under review) Routine Outpatient work continuing across multiple specialties Home swabbing project to support low risk pathways continues Learning and counter measures from Theatres Rapid Improvement Event embedded Validation of Elective waiting list continues across all specialties (100% complete December 2020)
Cancer Standards	Diagnostics
<p>Issues</p> <ul style="list-style-type: none"> Delayed waiting time for diagnostics, most significantly CT and endoscopy Pathways of patients' now undergoing treatment who were delayed in wave 1 2ww referrals, diagnoses and cancer treatments at high levels <p>Actions & Mitigations</p> <ul style="list-style-type: none"> Additional mobile scanner for ED to release capacity from existing scanners for cancer patients Continue to prioritise cancer pathways to reduce waiting times including maintaining cancer surgery at RUH site A3 in place for Prostate cancer pathway to unblock pathway delays 	<p>Issues</p> <ul style="list-style-type: none"> MRI downtime due to breakdown and part delivery during December Referrals exceeding pre-covid levels Risk of delayed diagnosis and or appropriate management Reduction in capacity for all modalities due to COVID-19 restrictions – cleaning, PPE, staff number due to shielding <p>Actions & Mitigations</p> <ul style="list-style-type: none"> Additional mobile scanner capacity, independent sector use and waiting list initiatives Optimised cleaning and turnaround times to mitigate impact of safety / social distancing restrictions on capacity including waiting areas Allocation of £2.2m capital to increase CT and Endoscopy capacity – May 2021 opening Increased Dexa capacity from January 2021

SPC Chart Definitions

SPC Chart Variation Rules

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).



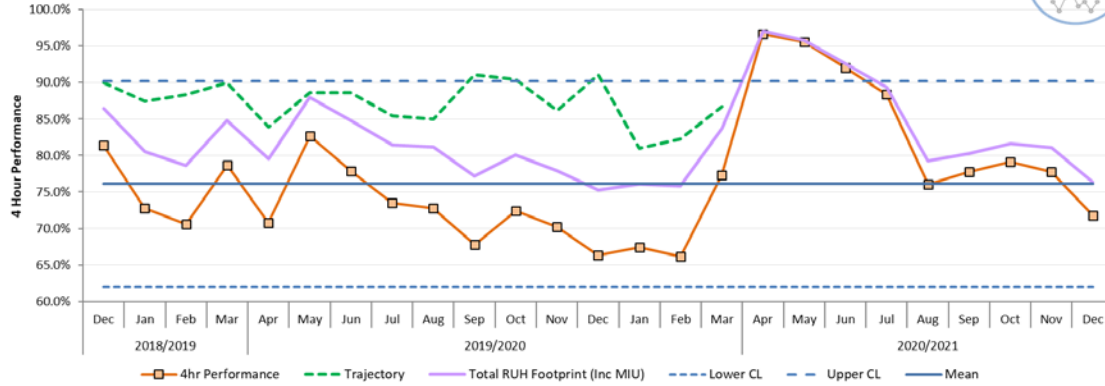
Run of at least 6 data points either all increasing or all decreasing, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

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.

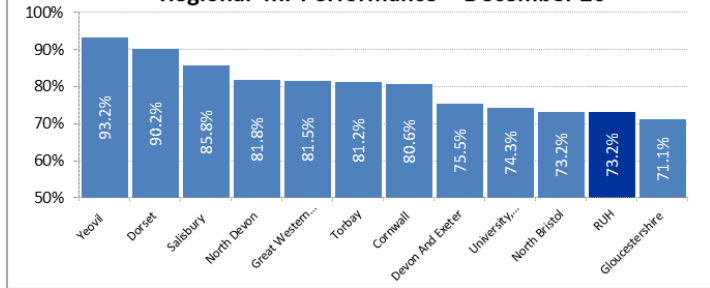
Responsive | 4 Hour Emergency Standard

Waiting times in the Emergency Department

Royal United Hospitals Bath
SPC - Monthly 4-hour Performance (with MIU)
1st December 2018 - 31st December 2020



Regional 4hr Performance - December 20



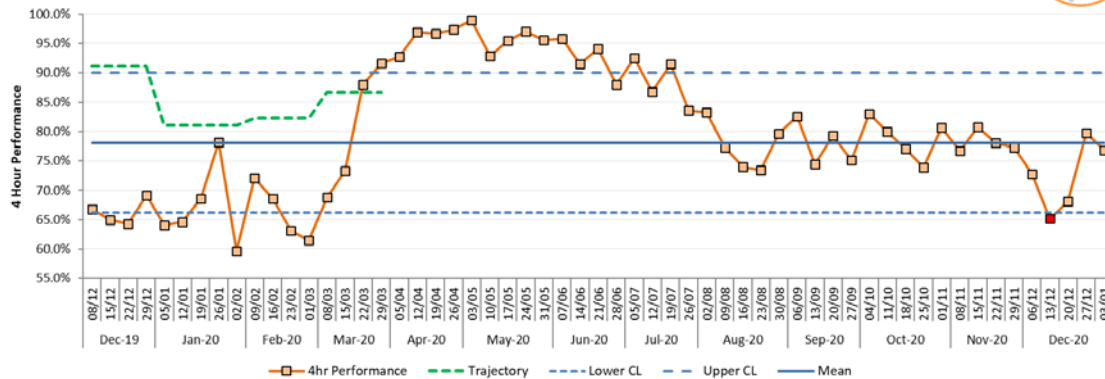
Summary Performance

- 4 hour performance (Type 1 & 3) was 71.8% in December; a reduction on the previous month and remains below target.
- ED attendances and emergency presentations in Majors and minors reduced during month.

Key Issues in month

- Flow within and out of the Emergency Department challenged due to Red and Blue pathway and rapid swab result turnaround, especially out of hours, impacting bed placement
- RAU not working as planned due to demand for non-covid capacity.
- Staffing gaps in UTC, ENPs and junior doctors
- Rapid Assessment and Treatment process implemented in the second week of the month; further work required to embed processes to reduce overall length of stay in the department.
- Adaptions work to commence in January 2021 to facilitate earlier access to the RATING area currently used as Red Resus will support further improvement.

Royal United Hospitals Bath
SPC - Weekly 4-hour Performance
2nd December 2019 - 3rd January 2021



Responsive | 4 Hour Emergency Standard

Emergency Department Quality Indicators

Table 1: 4 Hour Summary Performance

4 Hour Performance	December 20	Quarter 3	Full Year 2020/21
Types 1 & 3	71.8%	76.4%	82.9%
Types 1, 3 & 4	73.2%	77.4%	83.7%
RUH Footprint (Including MIU)	76.3%	79.7%	84.8%

Table 2: Emergency Department National Quality Indicators:

Title	Month	Quarter	Year
	Dec-20	3	2020/21
Unplanned Re-attendance Rate	0.2%	0.2%	0.2%
Total Time in ED - 95th Percentile	542.7	485.0	420.0
Left Without Being Seen	1.8%	2.0%	2.6%
Initial Assessment Time (Majors)	83.4%	83.1%	81.6%
Initial Assessment Time (Minors)	76.8%	76.6%	66.3%
Time to Treatment 60 Mins	46.4%	44.2%	44.6%
ED Attendances (Type 1)	5,281	16,646	49,792
ED 4 Hour Breaches (Type 1)	1,602	4,238	9,110
ED 4 Hour Performance (Type 1)	69.7%	74.5%	81.7%
Ambulance Handovers within 30mins (SWAS)	70.8%	77.4%	85.3%

Summary Performance

- During December the “all types” performance reduced to 71.8% with a total of 1,608 breaches in the month.
- 4 Hour performance for Quarter 3 is 76.4%
- Improved performance for Initial Assessment Time has been sustained in Majors and Minors – linked to PDSA improvement works
- Positive impact of weekend evening enhanced minors triage hosted by Medvivo
- Sustained improvement in performance for Time to Treatment within 60mins
- Improvement in UTC GP staffing cover, Saturday and Sunday nights remain an area of focus

Key issues in month

- Covid testing delays, particularly out of hours affecting onward flow for admitted pathways
- High number of ambulance delays in first two weeks of December

Actions and Mitigations

- Implementation of near patient Covid-19 testing out of hours
- Improvement focus on the majors pathway to minimise delays and overall time in department – implementation of Rapid Assessment and Treatment
- National change to monitor non-booked appointments – to be reflected in January reporting

Responsive | 4 Hour Emergency Standard

Ambulance Handovers over 30 minutes

Summary Performance

Ongoing delays in ambulance handovers with an average of 29% of patients exceeding 30 minute handover target during December.

Key Issues in month

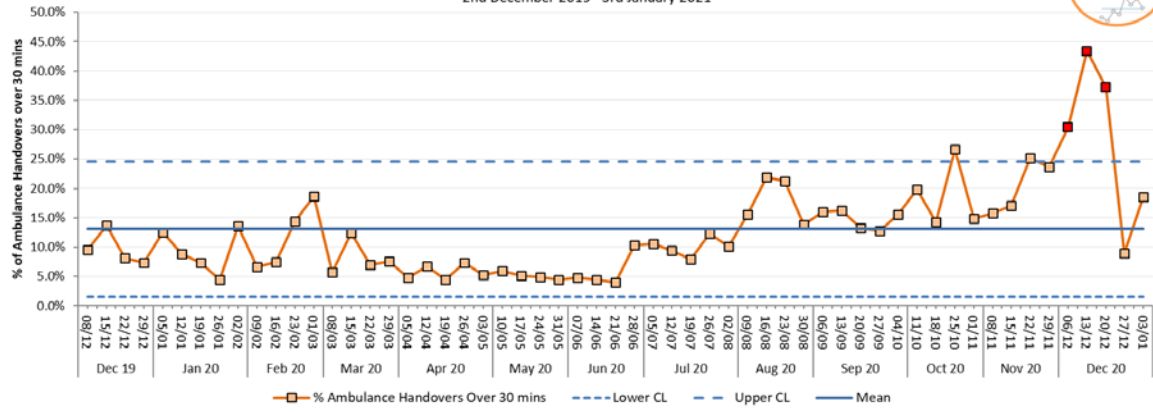
- Mitigation of use of 4 trolley area not sufficient during surge
- Covid testing delays, particularly out of hours affecting onward flow for admitted pathways creating bottleneck in ED

Actions and Mitigations

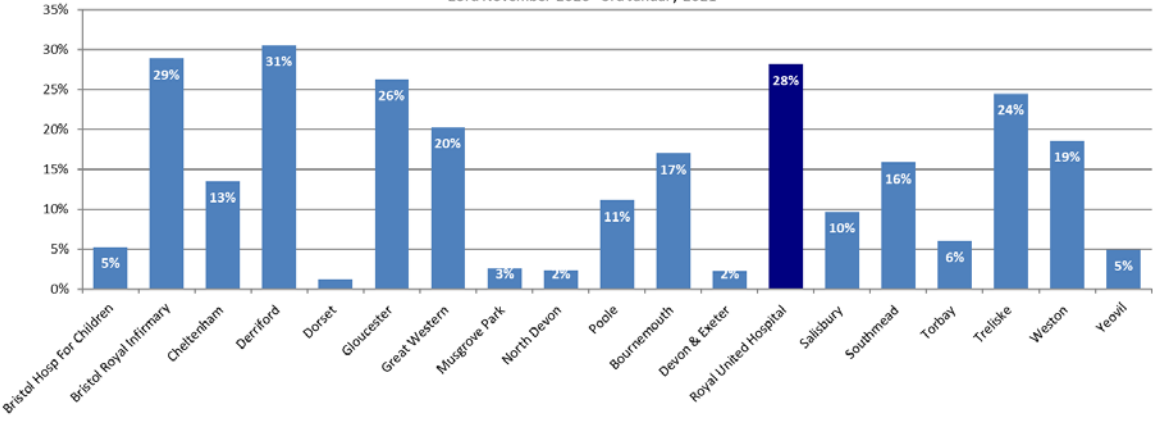
- Ambulance handover delays validation of > 30 minutes with SWAST to support transformation and quality standards – plan to record ambulance offload in patients electronic record.
- Implementation of escalation triggers and actions to ensure earlier identification of a risk in delaying handover and more proactive response to prevent delays. SOP when HALO not on site.
- Standard Operating Procedure (SOP) to ensure proactive communication to SWAST and HALO process with offloading.
- BSW wider review of conveyance to hospital to identify further actions to reduce demand on acute services.



Royal United Hospitals Bath
SPC - Weekly % Ambulance Handovers Over 30 mins
2nd December 2019 - 3rd January 2021



Royal United Hospitals Bath
% Ambulance Handovers Over 30 mins - by Trust
23rd November 2020 - 3rd January 2021



In Month Response and Focus

Lead Actions Update:

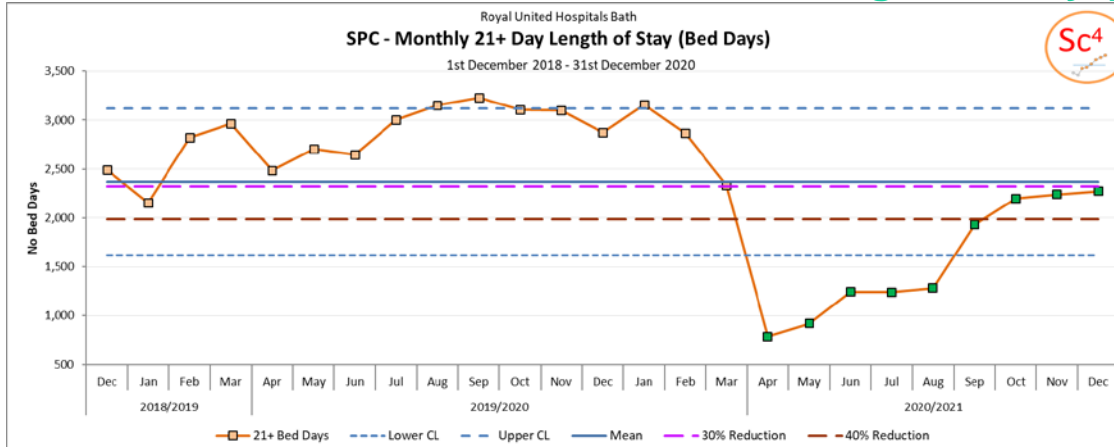
1. **Direct admissions for Medicine** –Same Day Emergency Care development to create a second entrance for expected patents via ambulance. Capital programme commenced end of December 20210. Clinical model to be finalised end of February 2021 to implement 1st April 2021.
1. **Rapid Assessment & Treatment Model (RAT)** – Permanent Red Resus capital works commenced. Aim to , free the purpose built RAT space in ED. Delivery end of Q4. Short term options to provide green and red resus and bring forward use of the RAT area.
2. **ED Escalation & Triggers** – ED escalation triggers developed into a checklist. Proactive actions in pace in order to maintain flow and minimise ambulance offload delays.
3. **UTC / ED Minors** –Two minors events completed and actions plan in place. Risk remains in recruitment of practitioners and GP rota gaps so review of opportunities with other staff groups. PDSAs underway with Medvivo to reduce ED dispositions with positive outcomes so far.
4. **Phase 3 Planning** – new pathways implemented during Covid-19 outbreak in order to take patients out of the ED such as TAU (now based in Fracture Clinic) and RAU These pathways to be reviewed with good practice and improved patient experience to continue and form part of Covid and Winter planning response. RAU has not functioned as planned in month due to demand for non-covid capacity. RAU now positive and will accept community positive direct admissions.

Further Actions & Mitigations:

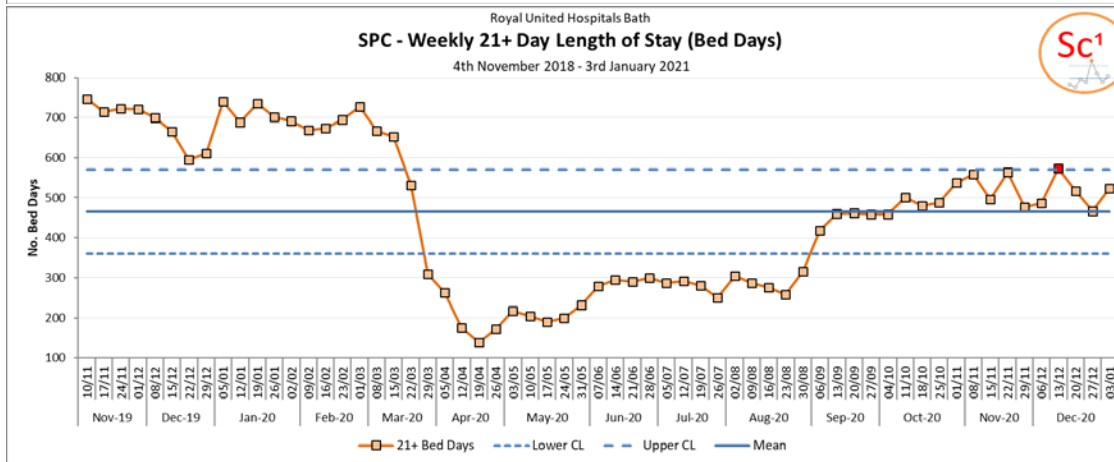
- *Programme Management* – Implement new structure and work groups for Urgent and Flow Improvement Programme
- **SWAST/RUH Working Group** – ongoing work with South West Ambulance to improve handover delays, patient safety and escalation triggers and actions
- **Implement Winter Schemes** – Enhanced front door therapies, flow coordinator in ED on the late shift and RAT process
- **Delivery of the £2.5m capital programme** – works commenced in December 2020, SDEC delayed by 3 weeks due to need for MAU capacity for the Front Door and increased Covid admissions; programme able to mitigate delay and deliver within timeline and budget
- **Think 111** – Implemented 1st December 2020 successfully
- **Medvivo Enhanced Triage** – pilot continuing at weekends to support minors attendance reduction

Responsive | Discharge from Hospital

Extended Length of Stay (+21 day)



Sc4



Sc1

Summary Performance

- The number of patients with a length of stay greater than 21 days has increased to the high 70's in December, just over the NHSI/E target of a 30% reduction.
- 21+ remaining within the nationally agreed limits
- Noting the average 21+ patient spends the first 7-10+ days medically meeting the criteria to reside (C2R); i.e. unable to medically leave the hospital.

Key Issues in month

- Internally, we have continued to have higher numbers of patients who are medically unwell with an extended LOS meeting C2R.
- Externally, community capacity pressures continue to be seen:
 - Banes Pathway 1, despite high waiters have decreased average wait referral to discharge time.
 - Wiltshire Pathway 1, High number of referrals but speed of flow maintained..
 - Pathway 2, Increase wait for Community Hospital and D2A beds.

Actions and Mitigations

- Support for clinical teams to review Criteria to Reside - daily ward routines establishing.
- Clinical Criteria for Discharge continues to develop.
- IDS continue to review all 21+ daily and support to system partners to increase flow.
- RUH Participation in the new System Discharge Task Force.

- Positive progress in implementing discharge pathway percentages - RUH achieving 90% for Pathways 0 and 1 combined versus national expectation of 95%.
- RUH held a Rapid Improvement Event (RIE) focussing on the use of FLOW and Criteria for Discharge training ward clerks, IDS and MDT.
- The System held a Discharge RIE, prompting the new system SITREP and daily call structure working well to date.

Criteria 2 Reside DPTL and Clinical Criteria for Discharge

Discharge PTL/Criteria to Reside

As of 30th September 2020 a new Criteria to Reside process has been implemented. This National Guidance gives us more detailed feedback about how 'People who no longer need to reside in Hospital' delays are caused and the system solutions required. In subsequent reports we will be tracking all internal and external originating delays.

A substantial amount of work has been completed in supporting the clinical teams to record these daily for every patient in the RUH, and has prompted great clinical Multidisciplinary team meetings. This work has been challenging to embed due to decreased numbers of ward staffing as a consequence of the pandemic.

Successes

- 95% and above of in-patients now have had C2R recorded on Millennium.
- Discharge Pathways: National Targets Pathway 0; 50%, 1; 45% 2; 4% 3; 1%
- The recent trial of ART decreased the waits on Pathway 1 for BaNES, 59 patients in 4/52 (52% of all Banes P1 refs)
- RUH have increased Pathway 0 resulting in 90% discharges going Home (Pathway 0 and 1 combined) maintained.
- Data is beginning to inform details regarding delays both internally and externally, and has been successfully used in times of escalation to support additional discharge.
- System focus on 'a ward at a time', appears to assist momentum, however the RUH remain holding 'a ward of patients no longer requiring acute care i.e. ready for discharge waiters' at any one time.

Further Actions

1. Consistent data being reported throughout the system i.e. RUH reports/sitreps and system reports = Shrewd.
2. MDT agreed Clinical Criteria for Discharge which would support a 7 day service/weekend discharges - Improving weekend discharge rates.
3. Specific reasons for meeting C2R; understanding the data, for example No 6; increased functional needs. Medical specialties are not always finding a reason to reside on the given options which has meant many more No 6's.
4. Effective use of the information that the data is providing including regular last minute updates to National asks and adding or changing C"R definitions.

Responsive | Referral to Treatment Wait Times

RTT Performance – 18 week Incomplete Standard

Summary Performance

Performance against the incomplete standard of 92% was 68.5% in December, a decline of 0.7% from November.

Acute Medicine, Respiratory, Neurology, Rheumatology and Geriatric Medicine met the constitutional standard in December and 7 Specialties improved from November, with the biggest improvements noted in Oral Surgery (3.6%)

The total over 18 week backlog increased by 294 patients (4%) to 8,177 patients in month. The elective backlog (admitted pathway) increased by 8% (209 patients) to 2,995 from 2,786 in month.

Key Issues in month

- Capacity not sufficient to meet current demand in addition to treating significant backlog
- IPC requirements means returning to a maximum of 90% of pre-covid levels is challenging
- The loss of Philip Yeoman as a ring fenced elective ward has ceased operations for major joint procedures from 15 December 2020 as part of Covid response

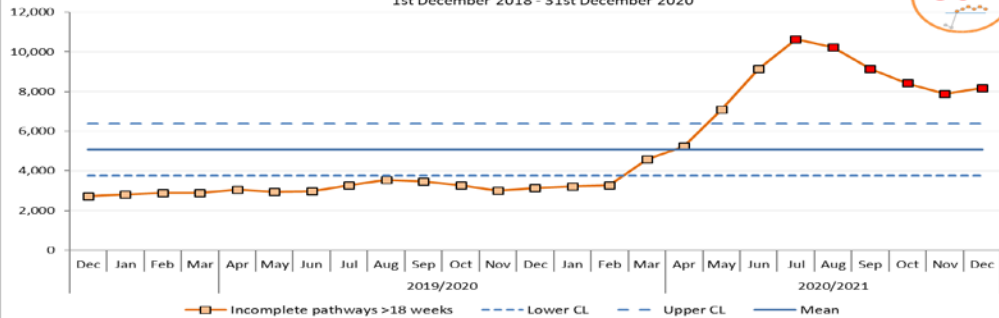
Actions and Mitigations

- Operating for urgent and cancer procedures continues at Bath Clinic, Circle Bath through December until Resilience contract end.
- Actions from the Theatres Rapid Improvement Event continue to progress, with all priority actions complete.
- Change of contract for quarter 4 for Independent Hospitals supported by interprovider transfers of circa 250 patients.

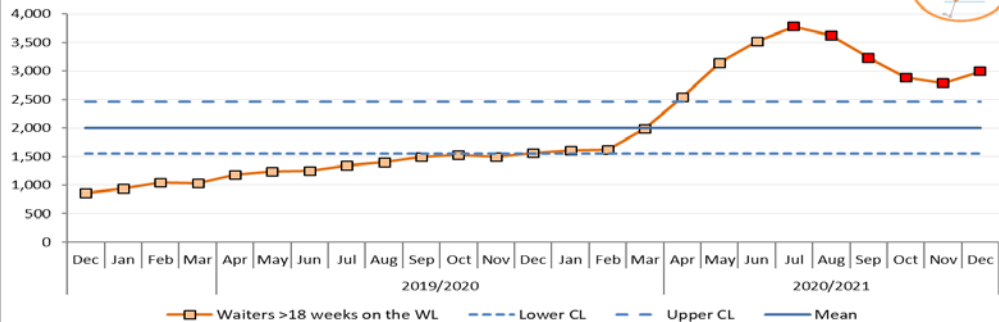
Royal United Hospitals Bath
1st December 2018 - 31st December 2020
SPC - Monthly RTT Performance



Royal United Hospitals Bath
1st December 2018 - 31st December 2020
SPC - RTT Open Pathways Backlog (waiters >18 weeks)



Royal United Hospitals Bath
1st December 2018 - 31st December 2020
SPC - Elective Waiting List Backlog (waiters >18 weeks)

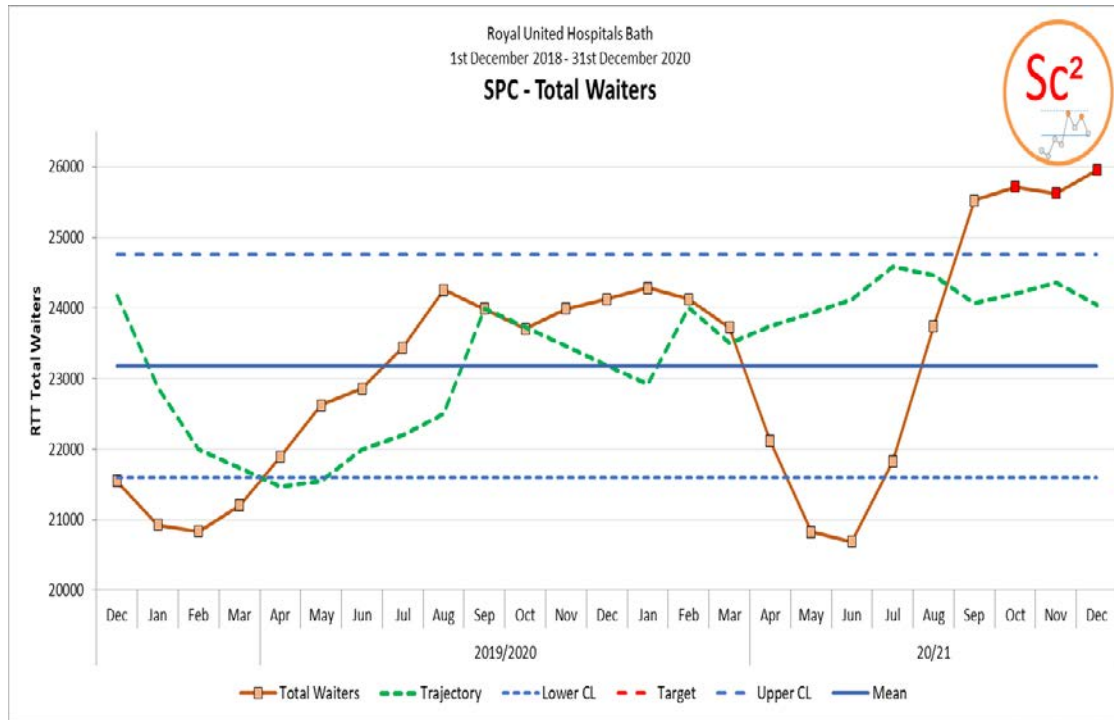


Responsive | Referral to Treatment Wait Times

Trajectory Incomplete Pathways

Total Incomplete Pathways increased by 330 from November, which is 6.9% above the January 2020 position, and 7.9% above the trajectory agreed.

The specialties variance from January is detailed below. General Surgery, Urology, T&O, ENT, Ophthalmology, Oral Surgery and Acute Medicine and Gastroenterology have shown growth from the January 20 position.



Specialty	Total incomplete waiters January 2020	Total incomplete waiters December 2020	Variance from January 2020
100 - General Surgery	2139	3606	1467
101 - Urology	1360	1446	86
110 - T&O	1808	2203	395
120 - ENT	2073	2228	155
130 - Ophthalmology	2087	3113	1026
140 - Oral Surgery	1756	2410	654
300 - Acute Medicine	115	188	73
301 - Gastroenterology	2211	2363	152
320 - Cardiology	2060	1656	-404
330 - Dermatology	1234	663	-571
340 - Respiratory Medicine	402	283	-119
400 - Neurology	771	487	-284
410 - Rheumatology	801	668	-133
430 - Geriatric Medicine	141	93	-48
502 - Gynaecology	1975	1752	-223
X01 - Other	3354	2793	-561
Total	24287	25952	1665

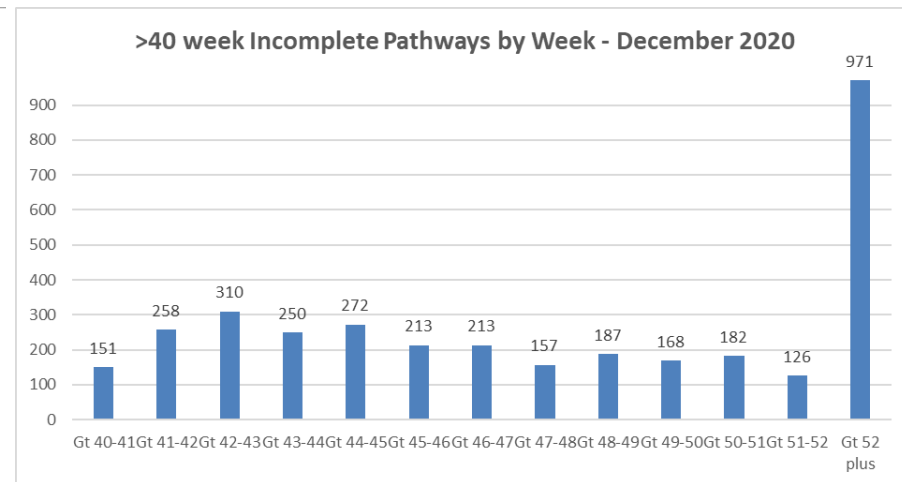
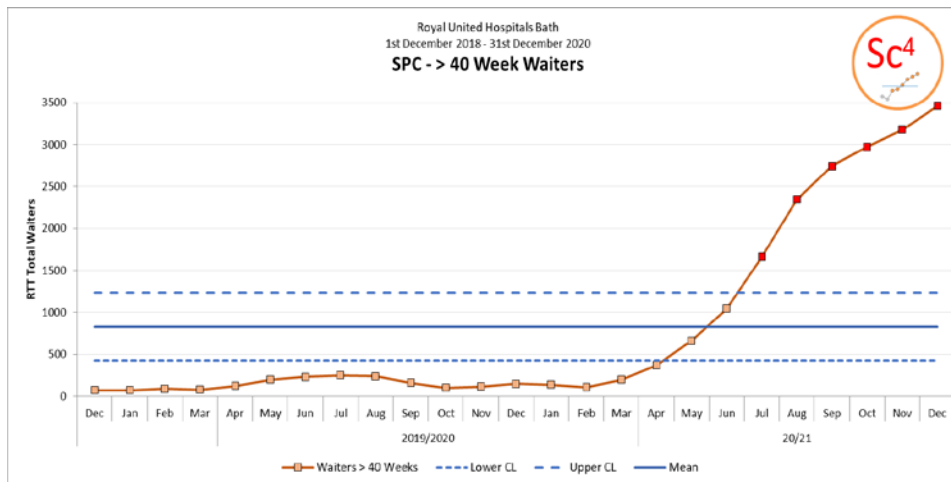
	Jan-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Planned number of incomplete RTT	24,287	23,744	23,919	24,123	24,589	23,737	24,067	24,199	24,364	24,046	24,346	24,645	24,800
Actual number of incomplete RTT Pathways	24,287	22,113	20,825	20,685	21,820	23,737	25,528	25,716	25,622	25,952			
% Variance on January 2020		-9.0%	-14.3%	-14.8%	-10.2%	-2.3%	5.1%	5.9%	5.5%	6.9%			
% Variance on plan		-6.9%	-12.9%	-14.3%	-11.3%	0.0%	6.1%	6.3%	5.2%	7.9%			

Responsive | Referral to Treatment Wait Times

Incomplete Pathways >40 Weeks

>40 weeks growth from December 2019 to December 2020														
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Growth in month
100 - General Surgery	28	26	25	47	66	121	192	299	373	441	409	402	456	54
101 - Urology	0	1	1	8	17	36	58	92	129	157	176	200	197	-3
110 - T&O	14	16	10	28	56	107	174	283	413	485	470	463	460	-3
120 - ENT	25	28	19	34	70	108	163	279	435	411	499	462	475	13
130 - Ophthalmology	2	2	2	5	7	25	38	63	109	156	220	300	362	62
140 - Oral Surgery	8	5	3	7	23	49	109	182	280	400	522	692	890	198
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	12	8	8	5	2	14	10	26	52	81	122	131	98	-33
320 - Cardiology	38	29	23	23	32	57	68	100	104	149	139	120	101	-19
330 - Dermatology	21	12	12	37	80	113	158	212	266	232	136	119	107	-12
340 - Respiratory Medicine		0	0	0	0	0	0	0	2	0	0	0	0	0
400 - Neurology	0	0	0	0	0	1	0	2	0	1	0	0	1	1
410 - Rheumatology	0	0	0	0	0	0	0	0	0	1	0	0	0	0
430 - Geriatric Medicine	0	1	0	1	0	0	0	0	2	0	0	0	0	0
502 - Gynaecology	2	4	4	1	11	24	55	94	139	170	170	144	115	-29
X01 - Other	0	5	2	3	5	6	20	29	43	58	111	146	196	50
Total	150	137	109	199	369	661	1045	1661	2347	2741	2974	3179	3458	279

- Overall incomplete pathways over 40 weeks have increased in month by 279 patients. The largest increase noted in Oral Surgery for a second month (198 patients).
- Clinical harm reviews are being completed across all specialties for patients waiting in excess of 40 weeks.
- Elective waiting list review project continued with 100% of patients being assigned a priority rating
- 230 patients on the waiting list have requested a delay in treatment with P5 or P6 assigned

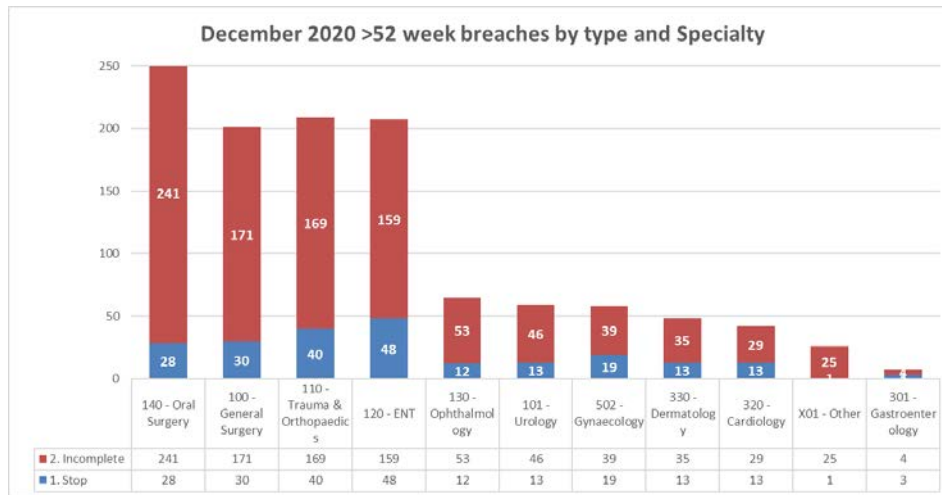


Responsive | Referral to Treatment Wait Times

52 Week Breaches

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 220 >52 week breach stops in December:



2. Incomplete pathways

These are patients who have not yet had a stop, i.e. are still on the waiting list. The Trust reported 971 incomplete 52 week pathways in December. This is 383 patients above the trajectory set as part of Phase 3 recovery.

Elective capacity available is prioritised by clinical need resulting in an inability to fully prioritise non-urgent patients waiting in excess of 52 weeks. It is anticipated that the number of 52 week breach patients will continue to grow as untreated patients roll over into subsequent months.

Dec-20	
Unify Specialty	Incomplete >52 week breaches
140 - Oral Surgery	241
100 - General Surgery	171
110 - Trauma & Orthopaedics	169
120 - ENT	159
130 - Ophthalmology	53
101 - Urology	46
502 - Gynaecology	39
330 - Dermatology	35
320 - Cardiology	29
X01 - Other	25
301 - Gastroenterology	4
Total	971

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	370	531	596	582	578	588	621	658	694
Actual Performance	17	56	185	362	531	686	806	888	971			
Variance between plan and actual	14	52	182	-8	0	90	224	310	383			

In Month Response and Focus

Lead Actions Update:

1. Backlog management

- Clinical triage and validation of the full Elective waiting list across all specialties including patient contact continues
- Specialty led focus on maintaining a safe backlog with clinical harm reviews performed on patients > 40 weeks
- Informal agreement for continuation of support from Independent hospitals for elective care with lists agreed for General Surgery and IPT transfers for T&O patients
- Outpatient IPT transfer of Dermatology patients for routine procedures to Spa Medical centre
- Approval for 3 month locum in Gastro to support additional elective activity

2. Reporting

- Weekly activity reporting to NHSI commenced in May 2020, now including reporting of patients waiting over 71 and 78 weeks
- Tracking reports are in place to monitor waiting lists, activity, cancellations and performance
- Weekly BSW/NHSI Independent hospital elective meetings are in place
- Elective Care Board in place for BSW system

Further Actions & Mitigations:

- **RUH** – maintained “green” theatre capacity at RUH from 14 September 2020
- Continue to embed actions from Theatres Rapid Improvement Event
- Embed clinical prioritisation process for all patients on the when added to the elective waiting list commenced with priority status 1-6 assigned
- Ensure all P1, P2 and cancer procedures are maintained
- Continue daily list prioritised for Children's elective operating through December/January
- Maintain outpatient capacity at close to pre-covid levels prioritising patients on a cancer pathway
- Planning commenced for ICU surge impacting on theatres and anaesthetic demand
- Work closely with BSW partners to agree support for P2 cases
- **Independent Sector**– continue to maximise use of Independent hospitals capacity until 31st December 2020
- Confirm arrangements for use of Independent hospital capacity in quarter 4

Responsive | Phase 3 Recovery Plan

Activity Recovery Plan – Elective Activity

Phase 3 guidance was issued on 31st July 2020 detailing expectations of accelerating the return to near normal levels of non-covid activity, ahead of the winter period.

Targets have been set for the following areas:

% of 19/20 activity levels	September	From October
Elective & Day Case	80%	90%
MRI/CT/Endoscopy	90%	100%
Outpatients	100%	100%

- Inpatient and day case activity for December was at 81% of pre-covid levels against the national target of 90% but we achieved against our inpatient trajectory by 18 cases. There has been a proactive prioritisation of inpatient activity over day cases due to clinical need so days cases were down against plan in month.
- Both inpatient and day case activity is tracking above the trajectories set in our Phase 3 plan with the exception of the Christmas week where activity was lower.
- As part of our response to increased Covid admissions, the decision was taken to step down major joints from 15th December which will have an impact on our recovery trajectories moving forward until this work is reinstated.

Elective Inpatient Trend Against Plan - RUH Trust Total
Phase 3 Plan/This Year



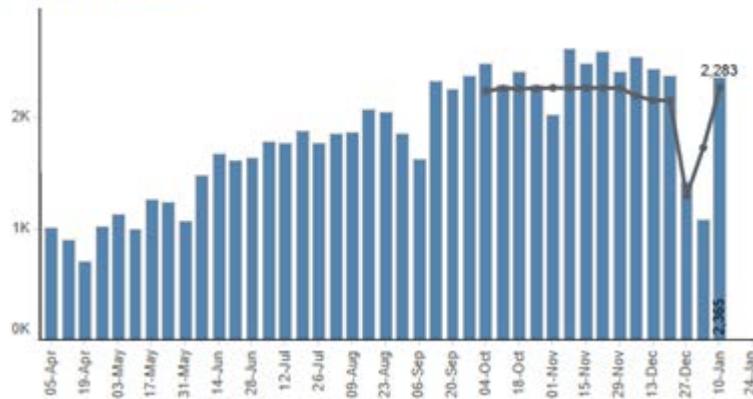
Elective Daycase Trend Against Plan - RUH Trust Total
Phase 3 Plan/This Year



Responsive | Phase 3 Recovery Plan

Activity Recovery Plan – Outpatient Activity

First Outpatient against Phase 3 Plan - RUH Trust Total
Phase 3 Plan/This Year

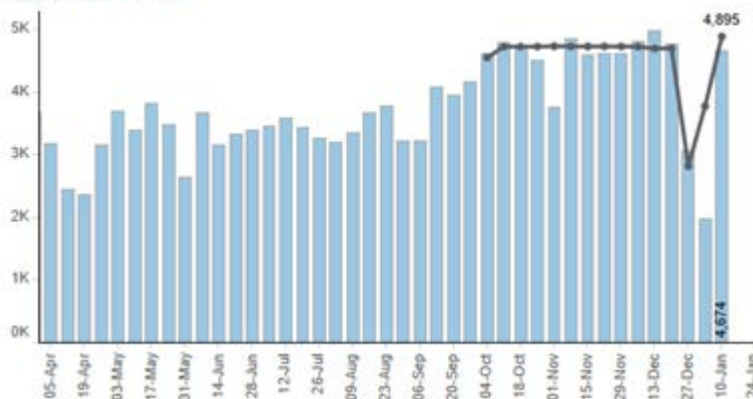


Outpatient new activity is currently at 84% of pre-covid levels and follow up activity is at 97% for December 2020 against the national target of 100%.

The levels of outpatient work that has been brought back on line varies at specialty level and we continue to share best practice between specialties to improve throughput.

During December we have had to stand down some outpatient activity in order to redeploy staff to support wards where Covid pressures have increased.

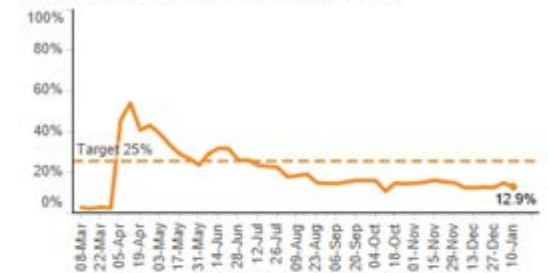
Follow Outpatient against Phase 3 Plan - RUH Trust Total
Phase 3 Plan/This Year



Virtual activity for new appointments is currently running at around 13% against a target of 25% and at 43% for follow ups against a target of 60%.

Further work is underway to ensure we are maximising virtual outpatients where clinically appropriate.

First OP Non F2F Rate - RUH Trust Total



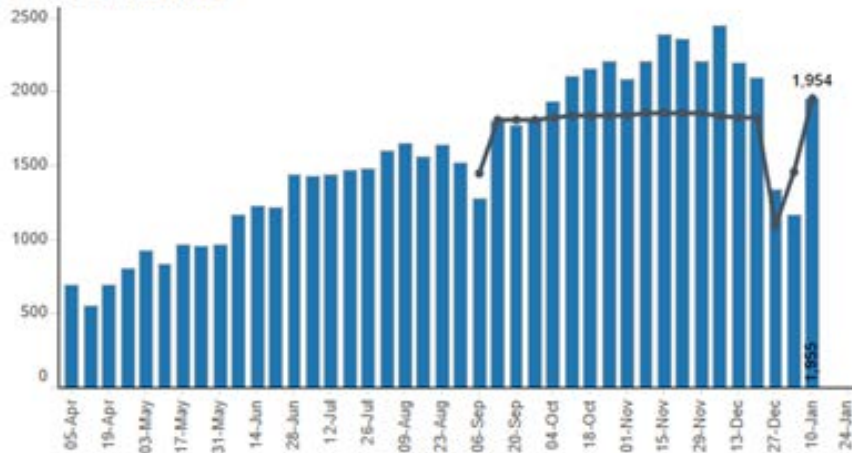
Follow Up OP Non F2F Rate - RUH Trust Total



Responsive | Phase 3 Recovery Plan

Activity Recovery Plan – Diagnostic Activity

Diagnostic Activity against Phase 3 Plan - RUH Trust Total
Phase 3 Plan/This Year

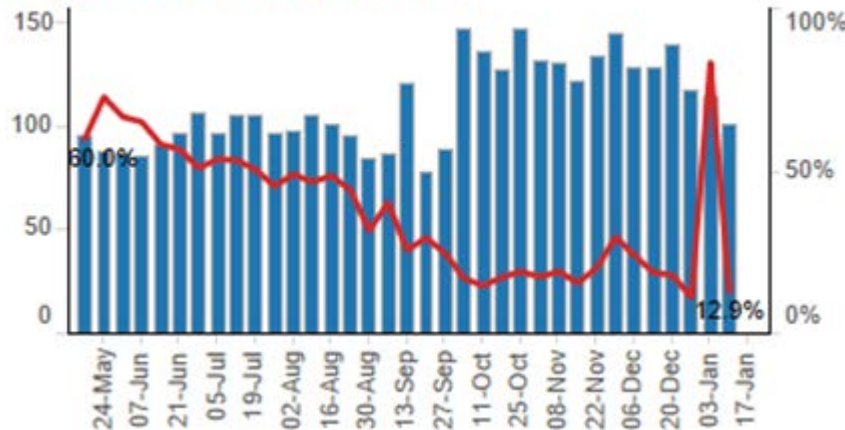


Positive improvements have been seen in all modalities of diagnostic activity.

There has been on going improvement week on week in terms of diagnostic activity with the exception of the two weeks over Christmas where we expected a reduction due to bank holidays.

We have consistently delivered above the trajectory set in on our phase 3 plans since September 2020.

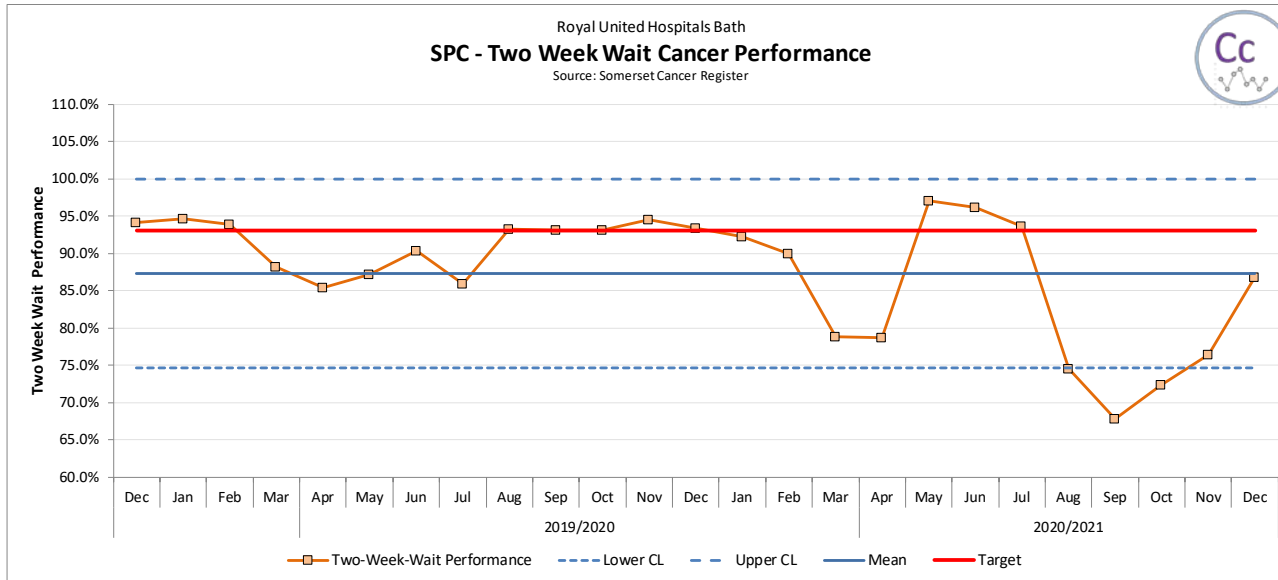
Waitlist and Performance - RUH Trust Total
Total Waitlist / 6+ Week Performance



During this period, the overall waiting list size has continued to reduce and the 6 week performance has reduced from 60% in May to 12.9% in the most current weekly reporting.

The teams are continuing to look at ways to increase throughput to maximise diagnostic capacity.

Cancer Access – Two Week Wait



Summary Performance

- In December, the Trust did not meet the 93% target with performance of 86.8% (240 breaches).
- Improving picture over last three months
- Top contributors in month were:

Tumour Site	Breaches
Colorectal	114
Upper GI	53

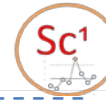
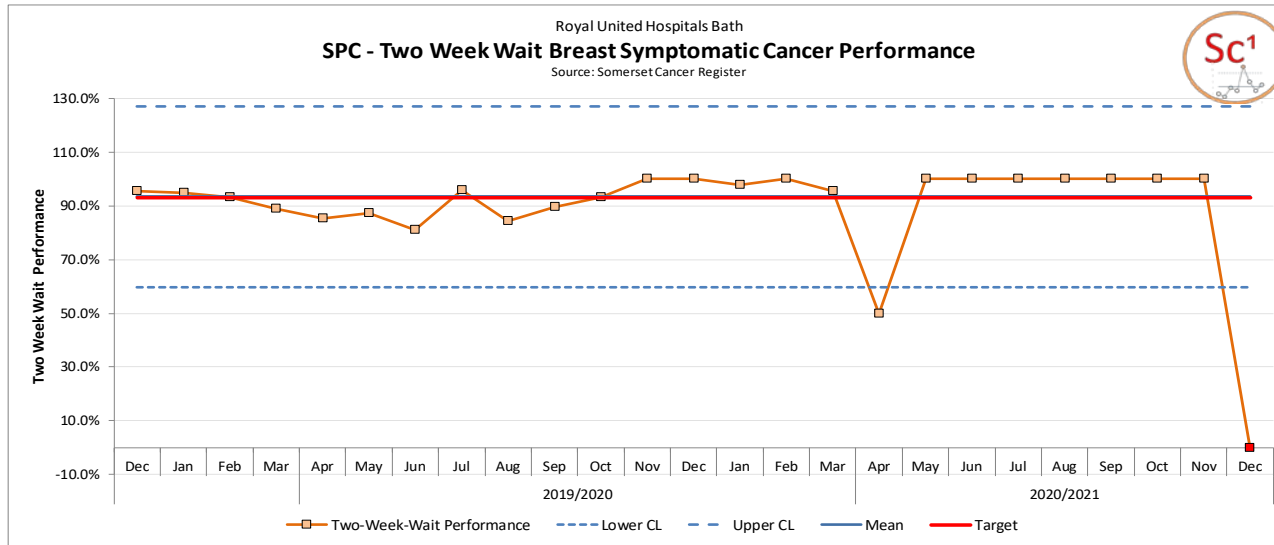
Key issues in month

- Colorectal breaches were mostly due to capacity following the pathway change for all 2ww referrals to be managed by General Surgery.
- Upper GI breaches were also due to capacity following cancellation of outpatient clinics due to clinician redeployment to support inpatient workload resulting from Covid sickness/isolation.

Actions and Mitigations

- Reviewing options to increase capacity to match demand in General Surgery
- Recovery planning in progress for after current increase in Covid admissions has reduced.

Cancer Access – Two Week Wait Breast Symptomatic

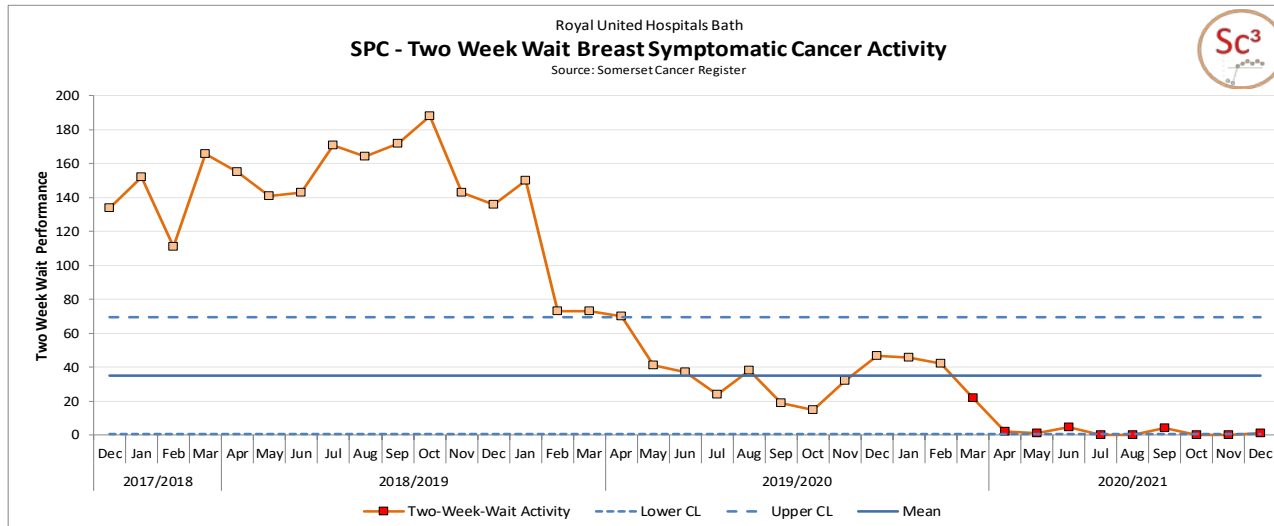


Summary Performance

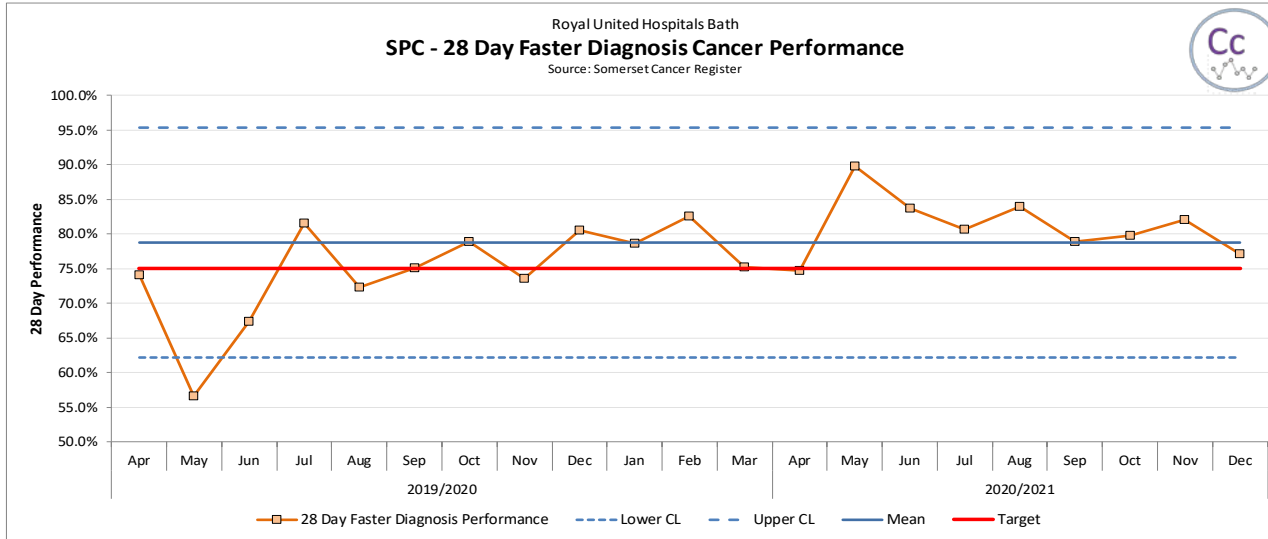
- In December, the Trust failed to meet the target with performance of 0.0% (one patient who breached).
- The Breast team have investigated changes in the reporting of breast symptomatic activity which has caused a significant reduction in activity recorded against this target.

Actions and Mitigations

- A recording issue has been identified and appropriate changes are being made from mid-January.
- The reporting issue did not impact patient care in any way with patients continuing to receive the correct care and treatment in the appropriate timeframe.

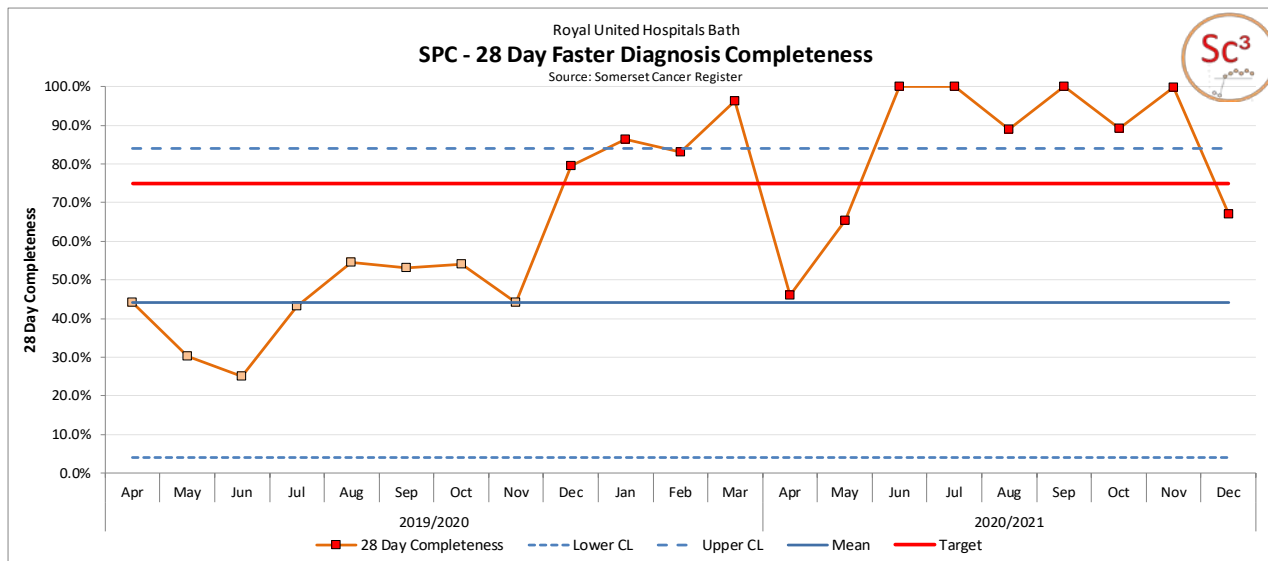


Cancer Access – 28 Day Faster Diagnosis

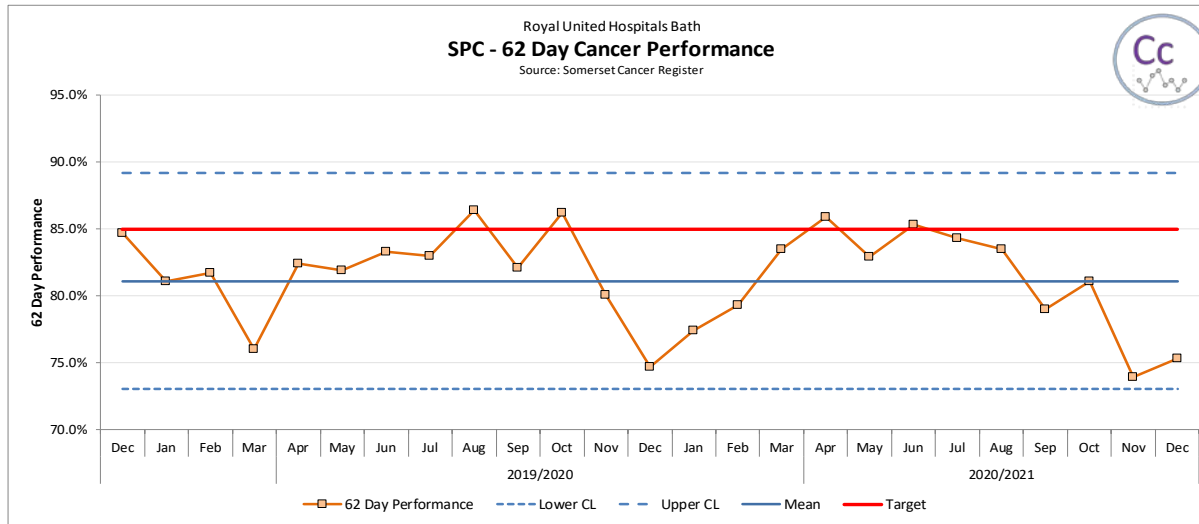


Summary Performance

- The Trust continues to manage patients against the target, recording performance of 77.1% in month.
- The improvement in timely recording of 28 day clock stops has been maintained throughout the year.
- There is a lag for 28 day data completeness each month due to the volume of clock stops which need to be recorded.



Cancer Access – 62 Day (Urgent GP Referral) Wait for First Treatment



Summary Performance

- The standard was not achieved in December with the Trust recording performance of 75.3% (37.5 breaches).
- Top contributors for breaches in month are:

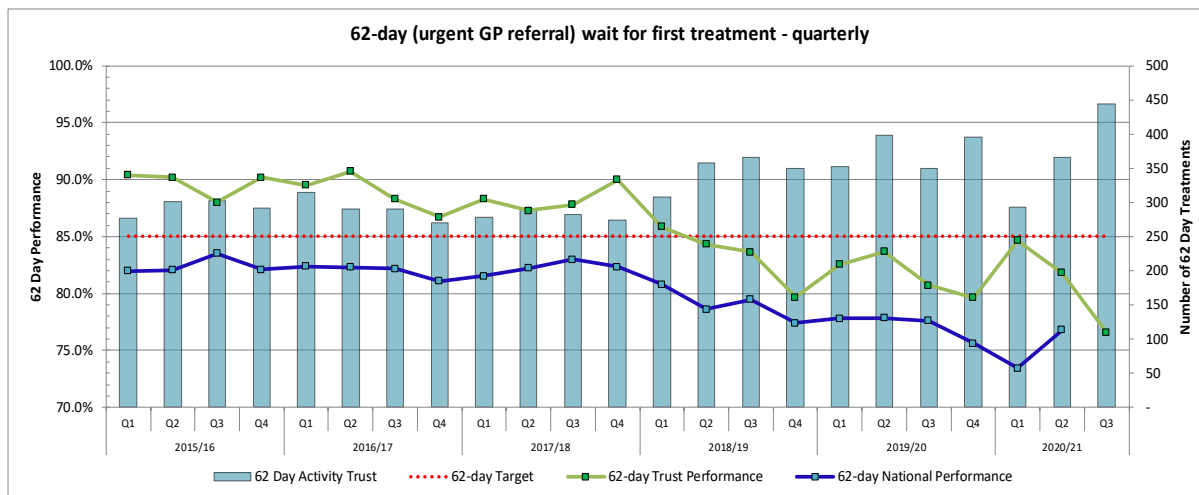
Tumour Site	Breaches
Urology	12.5
Colorectal	7
Upper GI	5.5

Key issues in month

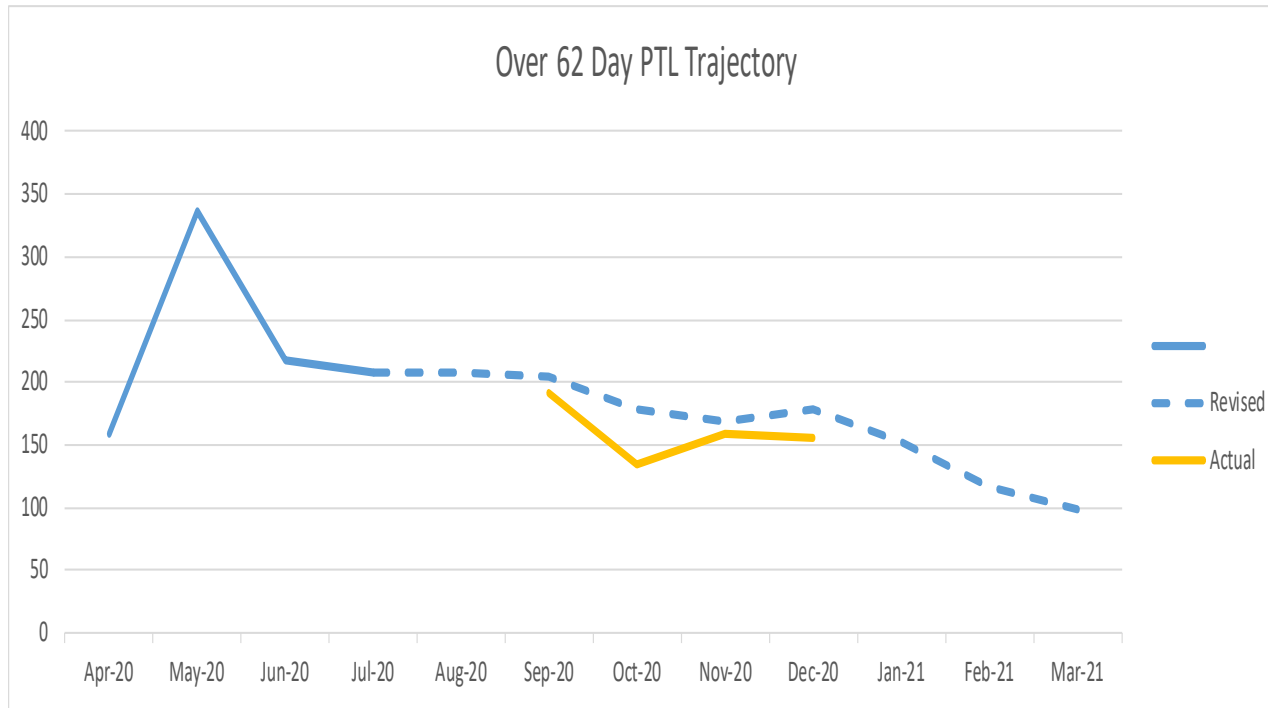
- Activity has remained very high since the initial increase in September.
- Reduced number of 104 day breaches - 2.5 recorded in month (3 individual patients).
- Waiting times for key diagnostics (CT and endoscopy) have contributed to a large number of breaches in month but there have been recent improvements in timeframes.

Actions and Mitigations

- A3 in place, focused on diagnostic pathway improvements, specifically Prostate cancer.
- All 104 day breaches have a clinical harm review undertaken as part of the RCA.



Cancer Access – 62 Day Active Patient List



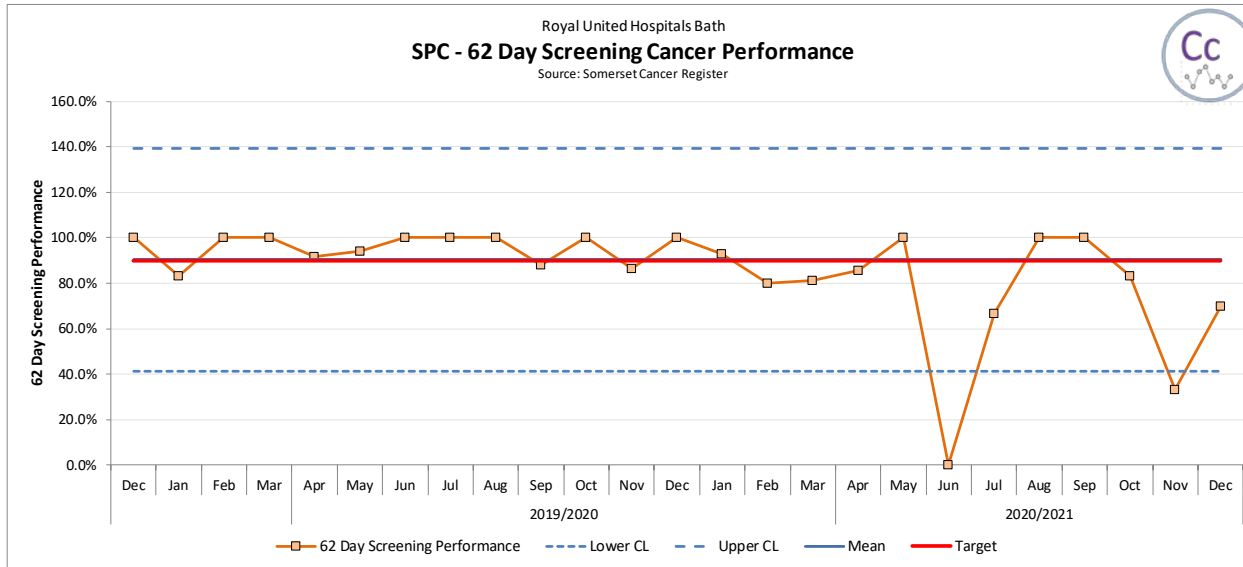
Summary Performance

- A key Phase 3 metric for cancer is the number of patients on the active suspected/confirmed cancer pathway who are have waited longer than 62 days.
- The majority of these patients are within the diagnostic pathway and historically most do not have a diagnosis of cancer.
- The RUH is ahead of the agreed trajectory as per the graph provided.

Actions and Mitigations

- Weekly PTL meetings in place in each tumour site to review all patients on the 62 day cancer pathway.
- Additional performance meeting chaired by Cancer Manager and Associate Medical Director for Cancer, reviewing all long waiting patients with specialties, providing extra level of assurance and escalation of specific pathway and capacity issues.

Cancer Access – 62 Day Screening



Summary Performance

- In December, the Trust failed to meet the target with performance of 70.0% (1.5 breaches) having recorded 2 shared Breast Screening breaches and 1 Bowel Cancer Screening Programme shared breach.
- The Breast patient breaches were due one patient requiring additional investigation and reviews and one due to patient choice to delay.
- The Bowel patient breach was a delayed referral to RUH but treatment could not be performed within the timeframes so as to allocate the whole breach to the to referral organisation therefore the breach is shared between the two organisations.

62 Day Cancer Performance – In Month Response and Focus

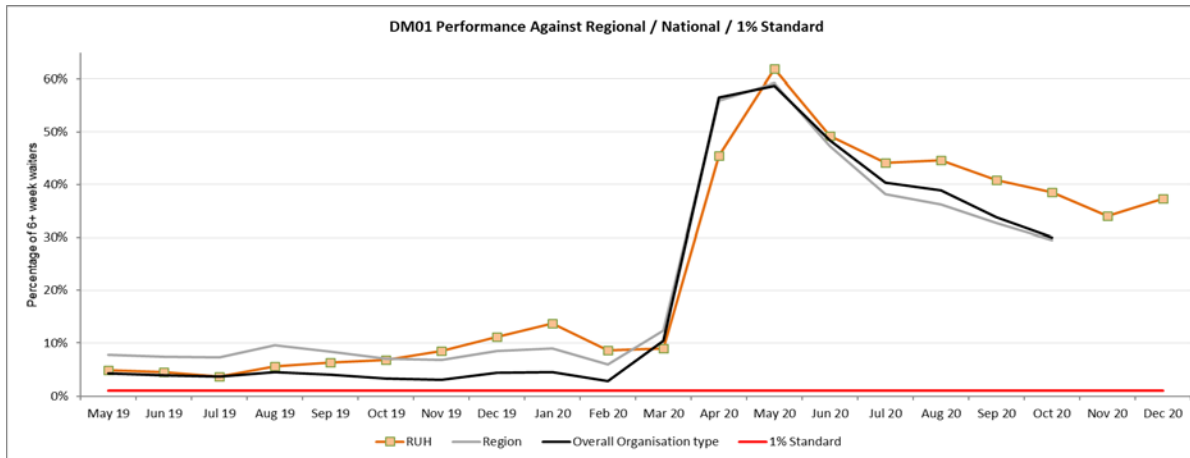
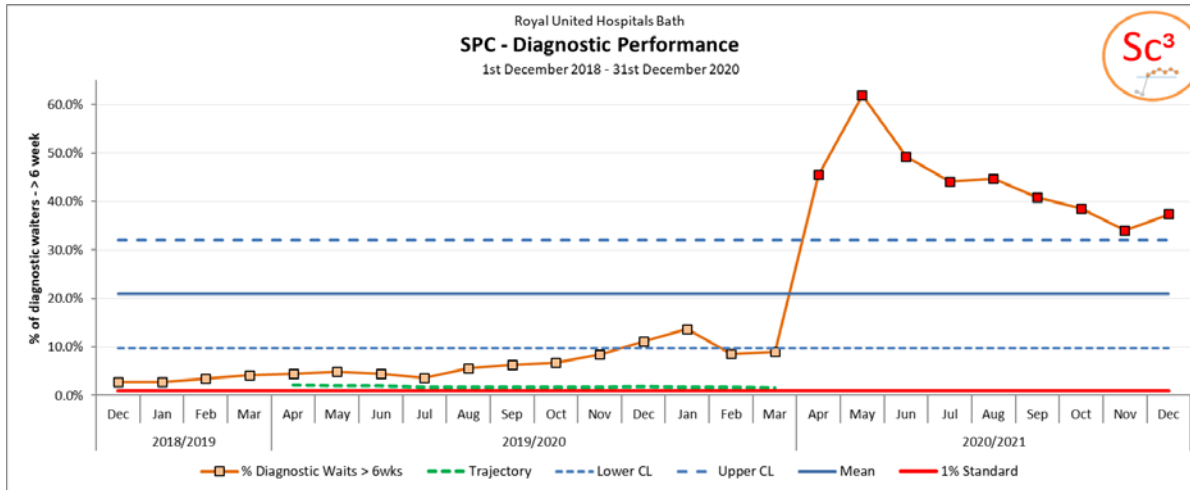
Phase 3 recovery plan:

- 1. Management of patients waiting longer on the confirmed or suspected cancer pathway:** Further reduction in total number of patients over 62 and 104 days in December but these figures have increased slightly in January. Diagnostic waiting times remain the single biggest challenge, most significantly for CT and endoscopy despite some improvements.
- 2. 2ww capacity and demand:** Demand recovered in September above pre-Covid levels and has remained very high during Q3. Optimal pathways utilised including straight to test in key tumour sites. This model is being explored in additional tumour sites to streamline pathways with plans in development utilising Cancer Alliance transformation funding.
- 3. Delivery of required capacity for those patients at the treatment stage in the pathway:** Activity remained consistently high through Q3.
- 4. Cancer Diagnoses:** Above pre-Covid average number of cancers diagnosed consistently throughout Q3.

Planned Actions:

- Implement projects and pathways supported through the use of Cancer Alliance funding which has now been agreed.
- Put plans in place for next phase of rapid diagnostic service pathways implementation; within Upper GI and Prostate as priority areas.

Responsive | Diagnostic Waiting Times



Summary Performance

- December performance is reported as 37.33% against the <=1.0% indicator. Performance declined 3.4% from previous month.
- There was a total of 10,903 diagnostic referrals, of which 4,070 breached the 6-week standard (37.33%).
- CT, MRI and non-obstetric ultrasound are running at 125%, 119% and 115% respectively against national activity target.
- Performance driven by less referrals (lower denominator) and reduced activity (detailed below) in month.
- Backlogs accrued since start of COVID pandemic remain in place in some modalities.

Key issues in month

- Non-obstetric Ultrasound, Echocardiography and DEXA Scan are the top contributors in terms of overall breaches.
- Reduced activity:
 - COVID related staffing reduction
 - Equipment repairs (Radiology MRI).

Actions and Mitigations

- Administrative and clinical validation of all referrals remains in place to ensure suitable prioritisation and appropriateness of referrals whilst incident remains.
- Optimise cleaning and turnaround times to mitigate impact of safety / social distancing restrictions on capacity
- Capital funding to increase CT and Endoscopy capacity – May 2021 start dates
- IS capacity, mobile MRI units and WLI's continue to support additional capacity.
- Increased DEXA capacity – extended days now in place

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	460
Computed Tomography	489
Non-obstetric Ultrasound	1050
DEXA Scan	516
Audiology - Audiology Assessments	8
Cardiology - Echocardiography	768
Neurophysiology - Peripheral Neurophysiology	70
Respiratory physiology - Sleep Studies	11
Urodynamics - Pressures & Flows	10
Colonoscopy	186
Flexi Sigmoidoscopy	125
Cystoscopy	10
Gastroscopy	367
Total (without NONC)	4070

In Month Response and Focus

Lead Actions Update: Specific to Echocardiography, Dexa and Ultrasound/Radiology as main risk areas.

1. Additional Scanning Capacity (Staffed)

- Bath Clinic and Circle Bath secured until December 2020 (MRI and CT).
- Mobile MRI x5 long days per week for non-contrast scanning.
- 2nd mobile MRI secured until March 2021 at weekends, delivering complex and contrast MRI.
- Additional WLI lists ongoing to increase Non-Obstetric Ultrasound capacity.
- Dexa scanning increased capacity from January 2020 with evening lists (up to 50% additional capacity).

2. Staffing

- Monitoring of absence levels to ensure appropriate cover and avoid cancellation of planned activity.
- Use of bank and agency staff to support staff shortages for Portering and Radiographers/Ultra-sonographers.
- Additional agency Radiographers started in September
- Recruitment process ongoing for existing gaps in establishment.

3. Clinical Risk Review

- Clinical review of all referrals in backlogs. Assessment of clinical harm and recording.
- Consideration for alternative pathways for routine patients.
- Communications to referrers via internal processes and external communication to GPs.

4. Modelling & Recovery Trajectory

- BIU supporting Radiology capacity modelling and forward projections

Further Actions & Mitigations:

- Continue to request mobile CT capacity from national supply – currently none available
- Productivity – revised workflows and processes for each of the diagnostic modalities, with a view to optimise cleaning and turnaround times
- Capital Funding - allocation of £2.2m capital to increase CT and Endoscopy capacity – works in progress
- Echocardiography – Additional Sunday lists in place to support increase in activity and reduction of backlog

Key National and Local Indicators

In the month of December there were **10 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		7. Discharged patients that have had more than three ward moves
Effective	SOF	10. Dementia case finding
Responsive	SOF	29. Diagnostic tests maximum wait of 6 weeks (DMO1) 30. RTT over 52 week waiters 35. % Discharges by Midday (Excluding Maternity) 37. GP Direct Admits to MAU
Safe	SOF	51. CAS Alerts not responded to within the deadline
Well Led		68. % agency nursing staff (% of agency nursing spend of total nursing pay bill) 69. % of Staff with annual appraisal 70. Information Governance Training compliance (Trust)

Indicator	Trust Performance Over Last 12 Months												Q3 Target
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	
Budgeted Staff in Post (WTE)	4853.34	4853.34	4853.34	4993.65	4978.57	4978.59	4978.59	4978.59	4979.59	4986.19	4986.19	4986.19	
Contracted Staff in Post (WTE)	4600.72	4653.15	4661.10	4650.67	4651.40	4633.00	4676.72	4727.03	4686.16	4705.61	4709.45	4718.41	
Vacancy Rate (%)	5.21	4.12	3.96	6.87	6.57	6.94	6.06	5.05	5.89	5.63	5.55	5.37	4.78
Bank - Admin & Clerical (WTE)	44.14	39.72	32.32	19.80	19.03	31.08	30.10	29.62	31.57	34.97	37.81	36.18	
Bank - Ancillary Staff (WTE)	22.44	21.33	22.49	26.96	35.09	54.62	59.50	61.68	64.07	61.92	55.55	58.27	
Bank - Nursing & Midwifery (WTE)	154.85	139.73	148.42	143.08	171.84	177.59	158.47	152.55	150.66	151.76	131.06	100.25	
Agency - Admin & Clerical (WTE)	6.09	5.74	6.15	2.33	1.10	2.21	1.14	2.21	2.53	6.23	6.34	5.07	
Agency - Ancillary Staff (WTE)	1.01	1.33	1.01	0.78	0.88	5.85	25.69	33.92	36.90	43.28	38.98	36.52	
Agency - Nursing & Midwifery (WTE)	63.29	56.99	54.17	47.93	34.63	41.41	31.34	26.33	39.40	46.46	42.53	35.77	
Agency Spend (% of total pay bill)	4.21	3.88	3.19	2.25	1.48	0.77	1.86	1.93	1.54	2.49	2.84	3.02	2.50
Nurse Agency Spend (% of total Reg Nurse pay bill)	7.54	9.75	6.94	7.27	3.50	5.28	4.03	4.05	5.55	5.13	5.78	6.13	3.00
Rolling 12 Month Turnover (%)	11.33	11.17	10.82	10.69	10.51	10.14	9.92	9.30	8.74	8.64	8.70	8.44	11.00
In Month Turnover (%)	0.82	0.47	0.82	0.55	0.75	0.51	0.51	0.53	0.59	0.53	0.79	0.71	0.92
Rolling 12 Month Sickness Absence (%)	4.10	4.11	4.05	4.13	4.25	4.24	4.22	4.19	4.19	4.19	4.17	4.14	3.85
In Month Sickness Absence (%)	4.44	4.36	4.00	5.19	5.38	3.69	3.57	3.47	3.60	3.77	3.96	4.08	4.13
Staff with Annual Appraisal (%)	79.89	81.36	78.75	75.09	73.25	72.80	72.10	72.60	72.03	70.85	69.35	69.78	87.19
Information Governance Training compliance (%)	84.60	87.50	89.20	87.80	87.20	87.90	85.30	85.60	85.50	84.40	84.20	82.60	95.00
Mandatory Training (%)	87.20	87.60	88.40	86.90	86.10	86.30	86.40	86.40	86.60	86.50	86.70	86.70	90.00

* Bank and Agency Figures were revised from June 2020 due to a new reporting method using Staffing Solutions data

SPC Chart Variation Rules

Common Cause Variation



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



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

Special Cause Variation



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



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



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

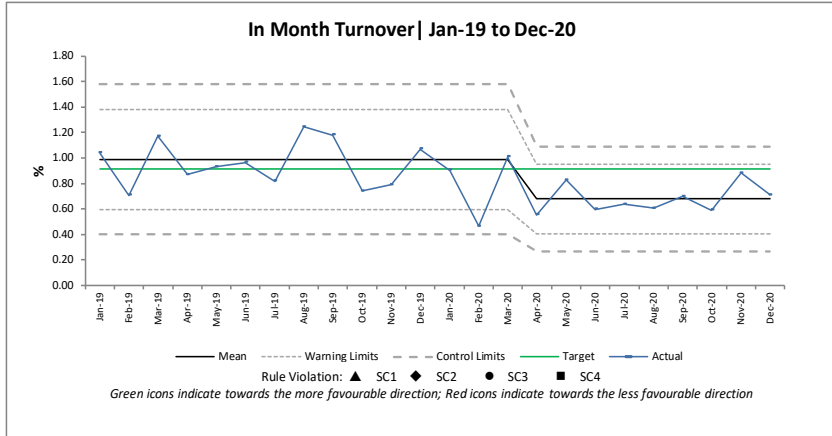


Run of at least 6 data points either all increasing or all decreasing, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

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

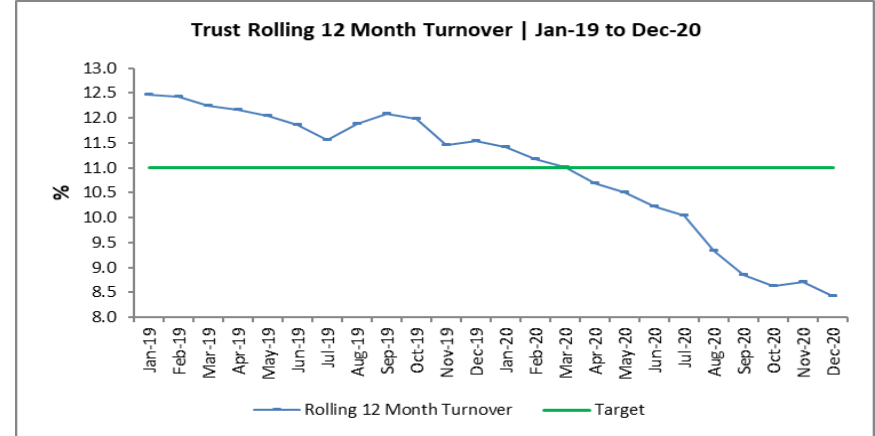
Well Led | Workforce | Turnover Rate

In Month Turnover (%)



Target	Actual	Latest Data Point
0.92	0.71	

12 Month Rolling Turnover (%)



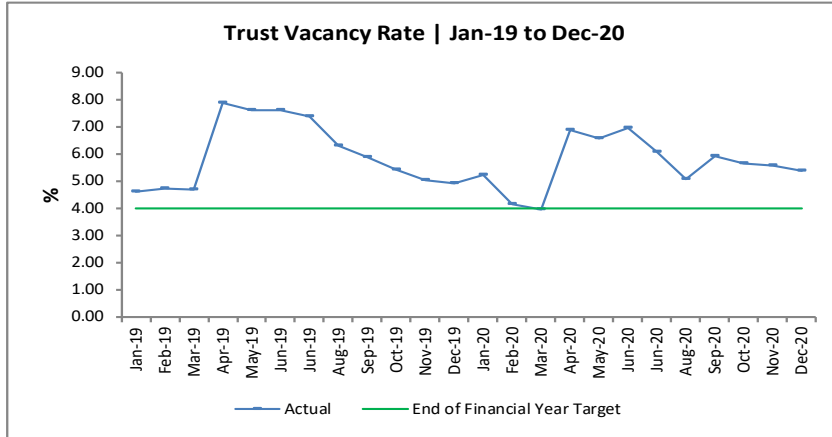
Target	Actual
11.00	8.44

Commentary on Performance

- As it stands, in month turnover for December was 0.71%. Although this figure is lower than that recorded for December in previous years, it is not particularly remarkable compared to recent performance and remains comfortably inside expected parameters.
- As in month turnover in December 2020 was less than that December 2019, 12 month rolling turnover has marginally fallen and now stands at 8.44%.

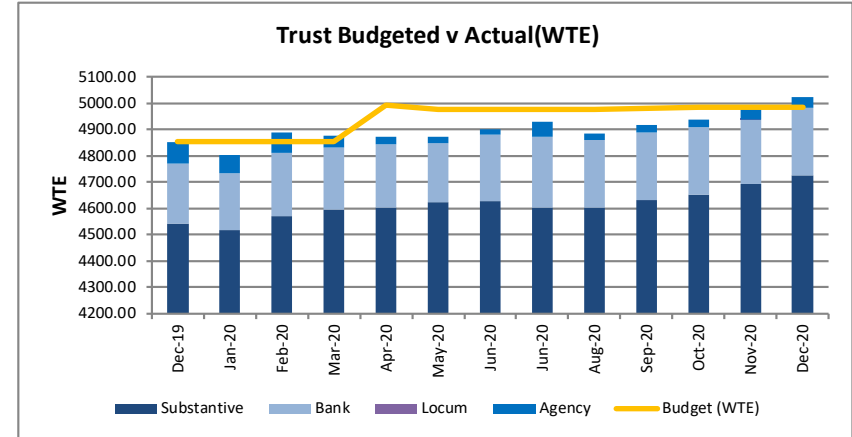
Well Led | Workforce | Vacancy Rate

Vacancy Rate (%)



Target	Actual
4.78	5.37

Budgeted v Contracted WTE

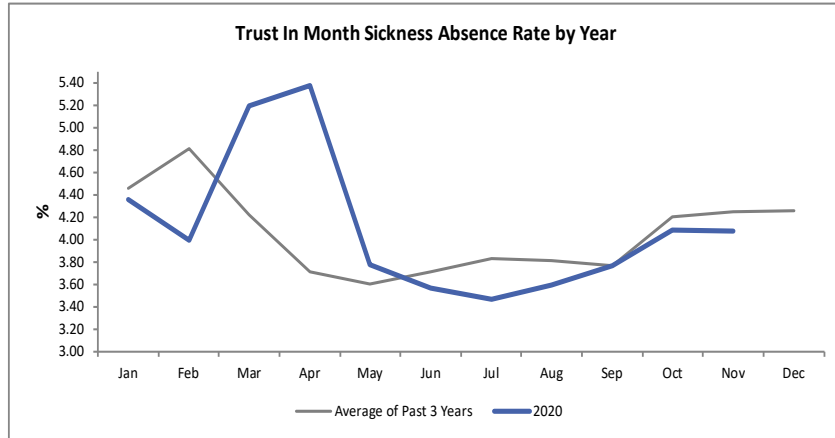


Commentary on Performance

- The overall vacancy rate at the end of November was 5.37%, which equates to a vacancy of 267.8 WTE. Although this is a slight reduction on last month, it is above the target position if the Trust is to achieve its 4.0% target by the end of March 2021.
- The vacancy rate for Band 5 Nurses has improved marginally and now stands at 12.3%, equivalent to 87.7WTE vacancies.

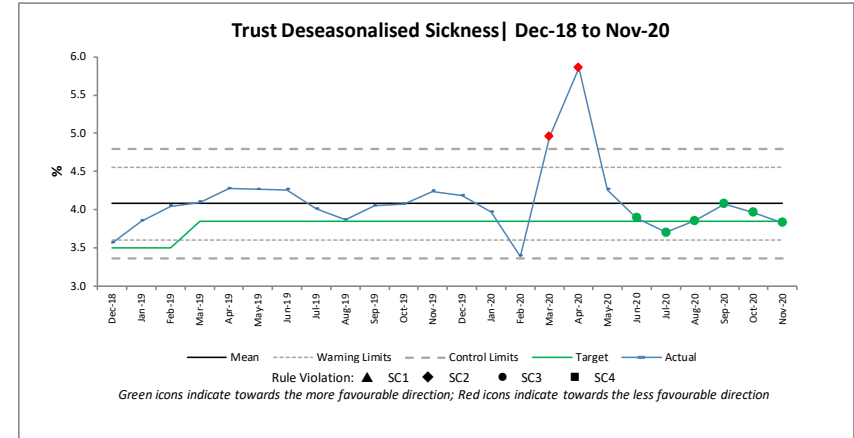
Well Led | Workforce | Sickness Absence Rate

In Month Sickness Absence (%)



Seasonally Adjusted Target	Actual
4.13	4.08

Deseasonalised In Month Sickness Absence (%)



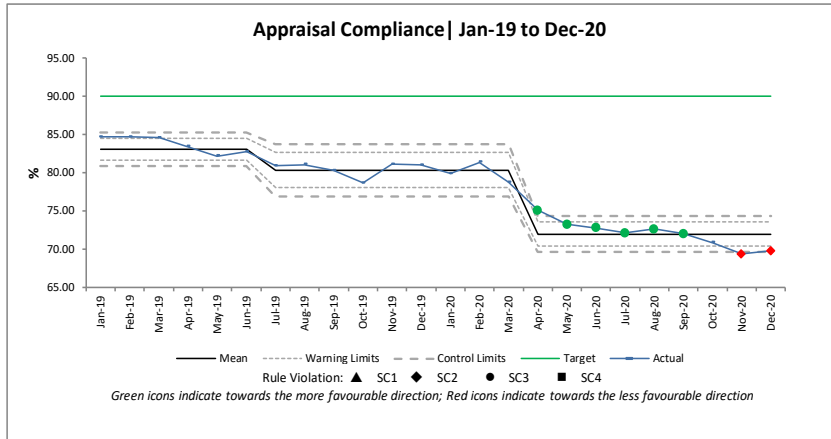
Target	Actual Deseasonalised	Latest Data Point
3.85	3.83	Sc3

Commentary on Performance

- Based on information recorded in ESR, overall Sickness Absence rate in November was 4.08%. 0.70% of this was COVID-related. As may have been anticipated, this was a notable increase on the figure for October (0.33%).
- As a deseasonalised figure, November's absence rate equates to 3.83% which is just below the 3.85% on target.

Well Led | Workforce | Appraisal Compliance

Appraisal Compliance (%)



Appraisals In and Out of Date

	In Date	Out of Date	% Compliant
Trust	3292	1426	69.78
AfC Staff	3128	1264	71.22
M&D Staff	164	162	50.31
Consultants	135	100	57.45

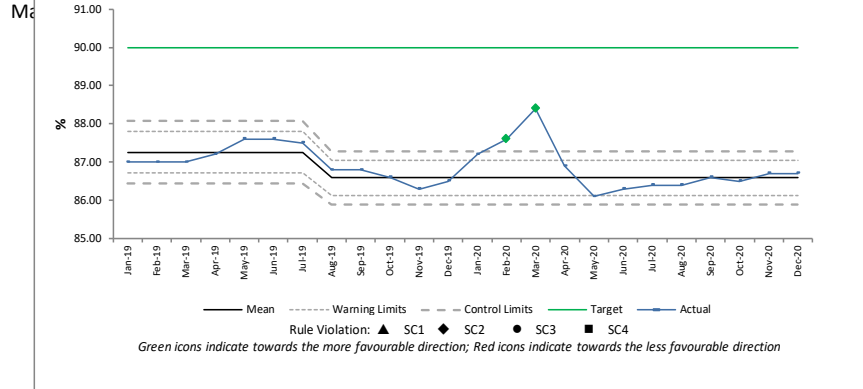
Target	Actual	Latest Data Point
87.19	69.78	Sc1

Commentary on Performance

- Appraisal compliance has marginally improved from last month's position and stands at 69.78%. Despite this slight upturn, compliance is over ten percentage points down on the position 12 months ago and continues to fall below the current Lower Warning Limit, triggering an SPC rule.
- At Divisional level, Facilities has a compliance of 90.31%. Of the remaining Divisions, only Women and Children's (75.25%) are above 75% compliant.

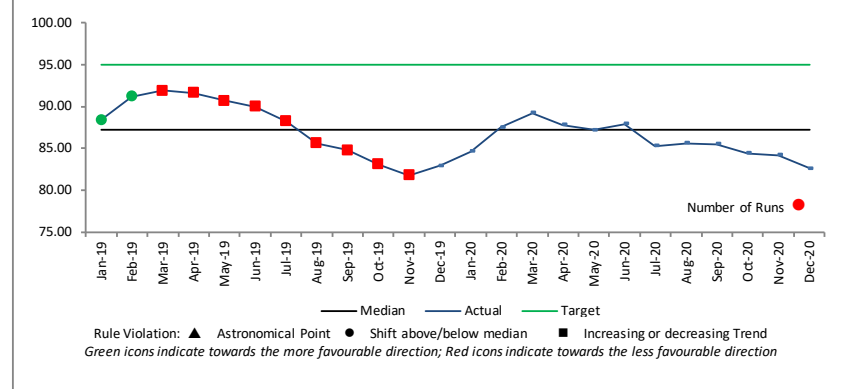
Well Led | Workforce | Training Compliance

Trust Mandatory Training Compliance | Jan-19 to Dec-20



Target	Actual	Latest Data Point
90.00	86.70	

Trust Information Governance Compliance | Jan-19 - Dec-20



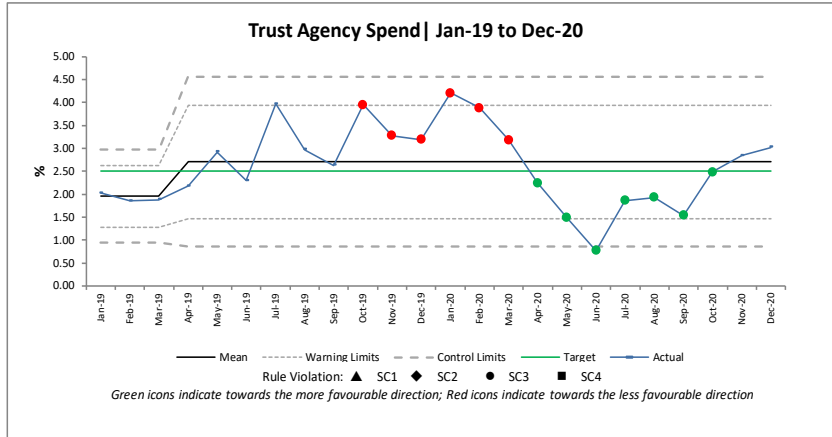
Target	Actual
95.00	82.60

Commentary on Performance

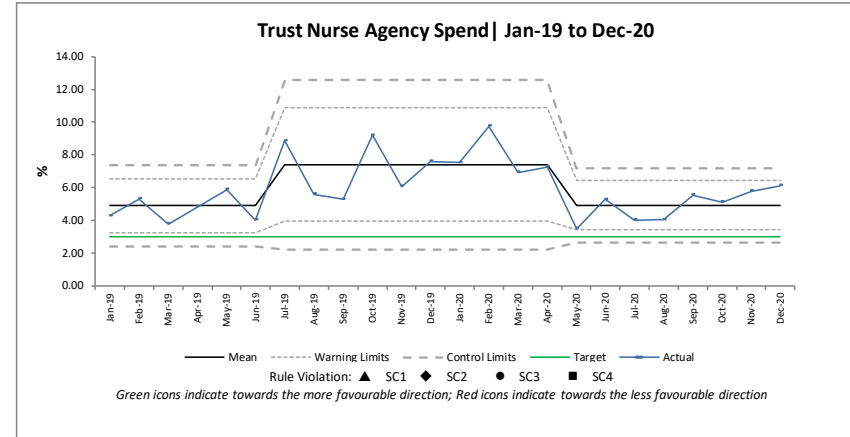
- Mandatory Training compliance remains static at 86.7%. Although this is within control based on the parameters defined by recent performance, it continues to fall short of the Trust's 90.0% target.
- IG Training compliance has further declined and now stands at 82.6%. This is a marginally weaker position than that 12 months ago and is considerably below the Trust's 95% target.

Well Led | Workforce | Agency Spend

Agency Spend as Proportion of Total Pay Bill (%)



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



Target	Actual	Latest Data Point
2.50	3.02	

Target	Actual	Latest Data Point
3.00	6.13	

Commentary on Performance

- Overall agency spend as a proportion of the total pay bill was 3.92% in December. This not only exceeds the Trust's target but is also the highest rate so far this Financial Year. However, this figure better than that witnessed 12 months previously.
- Nurse agency spend as a proportion of the total nursing pay bill has risen and now stands at 6.13%. Following a re-base after a run of points below the mean, this figure is within the expected parameters based on historical performance. However, it should be noted that the current figure is more than double the Trust's target.

NHSI Single Oversight Framework

Operational Pressures

Target	Performance Indicator	Threshold	2019/20	2020/21				2020/21		Triggers Concerns
		Performing	Q4	Q1	Q2	Q3	Nov	Dec		
SOF	Four hour maximum wait in A&E (All Types)	95%	69.6%	94.4%	80.6%	76.4%	77.8%	71.8%		
	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	4	9	12	19	8	4	Lag (1)		
SOF	RTT - Incomplete Pathways in 18 weeks	92%	84.6%	66.3%	57.8%	68.3%	69.2%	68.5%		
	31 day diagnosis to first treatment for all cancers	96%	97.9%	97.2%	97.4%	97.5%	96.6%	96.6%		
	31 day second or subsequent treatment - drug treatments	98%	100.0%	100.0%	100.0%	98.2%	100.0%	100.0%		
	31 day second or subsequent cancer treatment - radiotherapy treatments	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	2 week GP referral to 1st outpatient	93%	86.0%	92.3%	78.1%	78.6%	76.4%	86.8%		
	2 week GP referral to 1st outpatient - breast symptoms	93%	98.2%	87.5%	100.0%	0.0%	-	0.0%		
	28 day referral to informed of diagnosis of all cancers	70%	78.3%	83.3%	81.0%	79.9%	82.1%	77.1%		
SOF	62 day referral to treatment from screening	90%	84.1%	81.8%	93.8%	68.4%	33.3%	70.0%		
SOF	62 day urgent referral to treatment of all cancers	85%	79.6%	84.7%	81.8%	76.6%	73.9%	75.3%		
SOF	Diagnostic tests maximum wait of 6 weeks	1%	10.28%	51.63%	43.14%	36.64%	33.97%	37.33%		

Triggers Concerns	
Performance Indicators	

Finance and Use of Resources - December 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 - December 2020

CARING				Threshold		2019/20	2020/21			2020/21					
ID	Lead	Local	Performance Indicator	Performing	Under-performing	Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
1	DON	SOF	Friends and Family Test % Recommending ED - (includes MAU/SAU)	>=+80	<80	94	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2	DON	SOF	Friends and Family Test % Recommending Inpatients	>=+78	<78	97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
3	DON	SOF	Friends and Family Test % Recommending Maternity	>=80	<=75	99	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4	DON	NR	Friends and Family Test % Recommending Outpatients	>=70	<=65	97	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
5	DON	SOF	Mixed Sex Accommodation Breaches	0%	>0%	0.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
6	DON	LC	Overnight Ward Moves (average per day)	<7	>=10	5.7	3.8	5.4	4.6	5.0	6.2	4.9	4.3	5.3	4.2
7	COO	LC	Discharged patients that have had more than three ward moves	<=25	>=28	57	48	47	112	12	18	17	42	35	35
8	COO	LC	Discharged patients with dementia having more than three ward moves	<=3	>=4	5	10	1	2	1	0	0	0	0	2
9	DON	SOF	Number of written complaints made to the NHS Trust	<30	>=35	76	29	61	86	20	16	25	30	36	20

EFFECTIVE				Threshold		Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
10	DON	SOF	Dementia case finding	>=90%	<90%	81.9%	86.4%	86.0%	81.0%	89.0%	85.7%	83.3%	82.7%	79.1%	Lag (1)
11	DON	SOF	Dementia Assessment	>=90%	<90%	98.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
12	DON	SOF	Dementia Referrals	>=90%	<90%	100.0%	n/a	n/a	n/a	n/a	n/a	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	113.9	111.8	111.9	Lag (3)	111.7	109.8	111.9	Lag (3)	Lag (3)	Lag (3)
14	MD	SOF	SHMI (total)	<=Expected	>Expected	1,041.5	1,048.0	1,045.4	Lag (4)	1,047.2	1,043.6	Lag (4)	Lag (4)	Lag (4)	Lag (4)
15	MD	L	Readmissions - Total	<=10.5%	>12.5%	7.4%	7.9%	7.6%	7.6%	8.1%	7.4%	7.3%	7.3%	7.7%	7.7%
16	COO	NT	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	84.3%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
17	COO	NT	Higher risk TIA treated within 24 hours	>=60%	<=55%	78.6%	90.5%	91.8%	92.9%	94.7%	90.5%	88.9%	100.0%	91.3%	88.9%
18	COO	NR	Hip fractures operated on within 36 hours	>=80%	<=70%	73.0%	44.4%	40.4%	54.9%	37.5%	50.0%	34.0%	32.7%	87.9%	Lag (1)
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%	1.1% (95)	0.2% (7)	0.3% (24)	0.5% (38)	0.5% (10)	0.3% (6)	0.3% (8)	0.6% (16)	0.4% (10)	0.5% (12)
21	COO	LC	Theatre utilisation (elective)	>=90%	<=85%	87.2%	35.7%	93.0%	114.3%	70.4%	87.6%	120.9%	132.4%	110.1%	100.4%
22	DOF	L	Under / Overspent	Under Plan	Over Plan	-3.99	0.00	0.00	-0.22	0.00	0.00	0.00	0.04	-0.02	-0.24
23	DOF	L	Total Income	>100%	<95%	86.09	93.83	94.99	96.28	31.58	30.66	32.75	31.67	32.04	32.57
24	DOF	L	Total Pay Expenditure	>100%	<95%	-67.26	-61.20	-60.46	-61.73	-20.09	-19.96	-20.41	-20.15	-20.53	-21.05
25	DOF	L	Total Non Pay Expenditure	>100%	<95%	-31.48	-27.71	-29.17	-0.85	-9.83	-8.99	-10.35	-10.42	10.07	-0.50
26	DOF	L	CIP Plan	>100%	<85% planned										
27	DOF	L	CIP Delivered	>100%	<85% planned	3.08	n/a	n/a	3.31	n/a	n/a	n/a	2.36	0.55	0.41

RESPONSIVE				Threshold		Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
28	COO	LC	Discharge Summaries completed within 24 hrs	>90%	<80%	85.4%	88.5%	85.9%	86.9%	90.4%	81.8%	85.7%	88.1%	86.2%	86.2%
29	COO	SOF	Diagnostic tests maximum wait of 6 weeks	<1%	>1%	10.28%	51.63%	43.14%	36.64%	44.10%	44.66%	40.83%	38.56%	33.97%	37.33%
30	COO	NT	RTT over 52 week waiters (cumulative quarter)	0	>0	13	14	245	755	25	49	171	242	293	220
31	COO	NT	Urgent Operations cancelled for the second time	0	>0	1	0	1	2	0	0	1	2	0	0
32	COO	NT	Cancelled operations not rebooked within 28 days - Surgical	0	>0	12	0	1	0	1	0	0	0	0	0
33	COO	NR	Time to Initial Assessment - 95th Percentile	TBC	TBC	147.0	20.0	101.0	75.0	36.0	136.5	107.0	108.0	30.0	92.4
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%	26.3%	24.5%	24.3%	22.8%	24.7%	25.2%	23.0%	23.8%	24.2%	20.2%
36	COO	L	GP Direct Admits to SAU	>=168	<168	558	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
37	COO	L	GP Direct Admits to MAU	>=84	<84	514	701	727	380	269	228	230	203	126	51
38	COO	NR	Delayed Transfers of Care - (Days)	<=3.0%	>3.5%	5.2%	2.5%	3.0%	n/a	4.3%	4.9%	n/a	n/a	n/a	n/a
39	COO	LC	Average length of stay - Non Elective (Trust, excluding maternity)	TBC	TBC	4.6	3.3	3.5	4.0	3.5	3.3	3.6	3.8	4.1	4.1
40	COO	LC	Number of medical outliers - median	<=25	>=30	7	0	3	15	0	4	5	5	16	25
41	COO	NR	Percentage of mothers booked within 12 completed weeks	>=90%	<=85%	92.2%	92.7%	93.6%	93.4%	93.6%	93.0%	94.3%	92.5%	94.0%	93.7%
42	COO	NR	% Women identified as smokers referred to specialist stop smoking service	>=90%	<=80%	95.1%	96.4%	95.3%	95.4%	93.9%	96.2%	95.5%	94.0%	97.8%	94.5%

SAFE				Threshold		Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
43	DON	SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)	TBC	TBC	5	9	10	2	1	3	6	0	2	Lag (1)
44	DON	SOF	Clostridium Difficile Community Onset, Healthcare Associated (counted)	TBC	TBC	4	3	9	6	3	1	5	4	2	Lag (1)
45	DON	SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated	TBC	TBC	7	11	7	14	2	2	3	8	6	Lag (1)
46	DON	SOF	E.coli bacteraemia cases Community Onset, Healthcare Associated	TBC	TBC	13	6	11	8	4	2	5	4	4	Lag (1)
47	DON	SOF	MRSA Bacteraemias >= 48 hours post admission	0	>0	0	0	2	0	0	1	1	0	0	0
48	DON	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	TBC	TBC	6	8	5	3	1	2	2	0	3	Lag (1)
49	DON	SOF	Never events	0	>0	0	0	0	0	0	0	0	0	0	0
50	DON	L	Medication Errors Causing Serious Harm	0	>0	1	3	2	0	0	1	1	1	0	0
51	DON	SOF	CAS Alerts not responded to within the deadline	0	>0	1	5	1	4	0	0	1	1	1	2
52	MD	SOF	Venous thromboembolism % risk assessed	>=95%	<95%	82.7%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
53	DON	L	Number of patients with falls resulting in serious harm (moderate, major)	<=1	>=3	7	4	5	4	1	0	4	0	2	2
54	DON	NT	Number of hospital acquired pressure ulcers (grade 3 & 4)	0	>0	1	1	1	0	0	0	1	0	0	0
55	DON	NT	Number of hospital acquired pressure ulcers (grade 2)	<=2	>2	1	2	1	3	0	1	0	2	1	0
56	DON	SOF	Patient safety incidents - rate per 1000 bed days	TBC	TBC	39	47	47	49	48	45	48	47	50	50
57	DON	NR	Serious Incidents (NRLS) reporting (TBC)	TBC	TBC	22	14	14	33	3	5	6	3	13	17
58	COO	NR	Bed occupancy (Adult)	<=93%	>=97%	92.6%	60.2%	85.6%	87.9%	83.6%	86.2%	86.9%	88.9%	86.2%	88.4%
59	DON	SOF	Emergency Caesarean Births as a percentage of total labours	<=13.1%	>=19.6%	16.9%	14.3%	17.6%	16.4%	15.9%	16.8%	20.0%	18.4%	15.4%	15.5%
60	HRD	NR	Midwife to birth ratio	<1:29	>1:35	1:28	1:28	1:29	1:28	1:30	1:30	1:28	1:29	1:28	1:28

WELL LED				Threshold		Q4	Q1	Q2	Q3	Jul	Aug	Sep	Oct	Nov	Dec
61	DON	NT	FFT Response Rate for ED (includes MAU/SAU)	>=15%	<=10%	4.3%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
62	DON	NT	FFT Response Rate for Inpatients	>=30%	<25%	29.2%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
63	DON	NT	FFT Response Rate for Maternity (Labour Ward)	>=22%	<=17%	40.1%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
64	HRD	SOF	Turnover - Rolling 12 months	<=11%	>12%	11.1%	10.4%	9.3%	8.6%	9.9%	9.3%	8.7%	8.6%	8.7%	8.4%
65	HRD	SOF	Sickness Rate	<=3.5%	>4.5%	4.3%	4.7%	3.5%	3.9%	3.4%	3.5%	3.6%	3.8%	4.0%	4.1%
66	HRD	LC	Vacancy Rate	<=4%	>5%	4.4%	6.8%	5.7%	5.5%	6.1%	5.1%	5.9%	5.6%	5.6%	5.4%
67	HRD	SOF	% of agency staff (agency spend as a percentage of total pay bill)	<=2.5%	>3.5%	3.8%	1.5%	1.8%	2.8%	1.9%	1.9%	1.5%	2.5%	2.8%	3.0%
68	HRD	LC	% agency nursing staff (% of agency nursing spend of total nursing pay bill)	<=3%	>4%	8.1%	5.4%	4.5%	5.7%	4.0%	4.1%	5.5%	5.1%	5.8%	6.1%
69	HRD	LC	% of Staff with annual appraisal	>=90%	<80%	80.0%	73.7%	72.2%	70.0%	72.1%	72.6%	72.0%	70.9%	69.3%	69.8%
70	DOF	NR	Information Governance Training compliance (Trust)	>=95%	<85%	87.1%	87.6%	85.5%	83.7%	85.3%	85.6%	85.5%	84.4%	84.2%	82.6%
71	DOF	NT	Information Governance Breaches	TBC	TBC	48	36	43	n/a	20	10	13	n/a	n/a	n/a
72	HRD	LC	Mandatory training	>=90%	<80%	87.7%	86.5%	86.4%	86.6%	86.4%	86.4%	86.5%	86.5%	86.7%	86.7%

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%	3.52%	4.13%		3.85%
Vacancy Rate (%)	6.35%	5.57%	4.78%		4.00%
Appraisal Rate (%)	81.56%	84.4%	87.2%		90.0%
12 Mth Turnover (%)	11.00%	11.0%	11.0%		11.0%