Royal United Hospitals Bath
NHS Foundation Trust

Operational Performance Report

February 2021

NHSI Single Oversight Framework | Summary

Royal United Hospitals Bath
NHS Foundation Trust

Performance Indicator	Jan	Feb	Triggers Concerns
Four hour maximum wait in A&E (All Types)	73.4%	76.5%	
C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	2	4	
RTT - Incomplete Pathways in 18 weeks	67.1%	67.9%	
31 day diagnosis to first treatment for all cancers	95.2%	97.1%	
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	86.8%	93.4%	
2 week GP referral to 1st outpatient - breast symptoms	100.0%	99.1%	
28 day referral to informed of diagnosis of all cancers	79.2%	83.4%	
62 day referral to treatment from screening	92.3%	83.3%	
62 day urgent referral to treatment of all cancers	74.9%	74.8%	
Diagnostic tests maximum wait of 6 weeks	39.92%	32.40%	

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

In February four SOF operational metrics triggered concerns: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways, 62 day urgent referral to treatment of all cancers and Six week diagnostic waits (DM01).

Executive Summary

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4 hour Performance

Issues

- Ambulance offloading delays
- Rapid swab availability affecting flow and admission to appropriate bed for clinical need and Covid status.
- Process flow delays within Majors pathway, current focus on time to CT
- Increase in number of long length of stay and patient transfer delays
- Staffing gaps, particularly in junior doctor rota and UTC
- Time from DTA to bed allocation

Actions & Mitigations

- Transformational management team in place from 8th February 2021
- New Ambulance Handover SOP and Site meeting structure in place
- Near patient Covid testing –13 minute near patient testing
- Medvivo Enhanced Triage Pilot – review of all NHS 111 calls before ED disposition at weekends to support reduction in minor attendances
- £2.5m capital programme underway to provide ED Red Resus, SDEC & TAU – on track and on budget. Revenue cases submitted.
- Divisional focus on allocation of beds within 60 minutes of request

18 weeks RTT

Issues

- Growing elective backlog of 52 weeks and overall waiting list
- Reduction in face to face clinic capacity due to social distancing impact
- Increased waiting times for routine elective diagnostics
- Reduction in bed capacity due to social distancing impact
- IPC requirements impacting on throughput of lists, clinics and diagnostics
- Loss of elective orthopaedic ward for major joints from 15th December
- Loss of anaesthetic, four theatres and pre-op capacity to support ICU Surge

Actions & Mitigations

- Renegotiated Independent Sector capacity for IPT transfers supporting treatment of T&O & General Surgery routines and Urology, ENT and Breast cancer cases
- Routine Outpatients continuing including non face to face.
- Sustainable ICU plan in progress to release theatre staff
- 12 Theatres now back up and running with priority to reopen elective ward to support recovery plan

Cancer Standards

Issues

- Waiting times for diagnostic imaging and biopsies presents the biggest challenge to cancer performance.
- Impact on capacity due to Covid restrictions and staff sickness/reallocation earlier patients pathway now impacting performance.

Actions & Mitigations

- Delivery of 4th CT scanner and creation of nasal endoscopy room will support reduction in waiting times for key diagnostics for cancer pathways.
- Continue to prioritise cancer pathways to reduce waiting times including maintaining cancer surgery at RUH site.
- A3 in place for Prostate cancer pathway.
- New local anaesthetic biopsy pathway being implemented from Q1 2021/22.

Diagnostics

Issues

- Increase in USS referrals and loss of some WLI activity due to Covid
- 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 and radiology outbreak

Actions & Mitigations

- Additional mobile scanner capacity, independent sector and waiting list
- 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, if revenue case approved
- Recovery trajectories making strong progress with 7.5% performance improvement in month.

SPC Chart Definitions

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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

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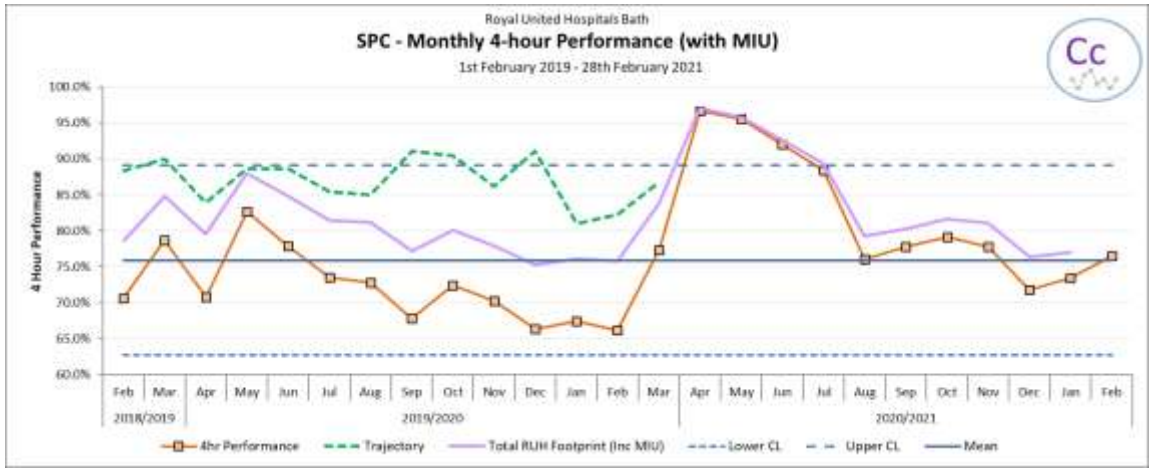
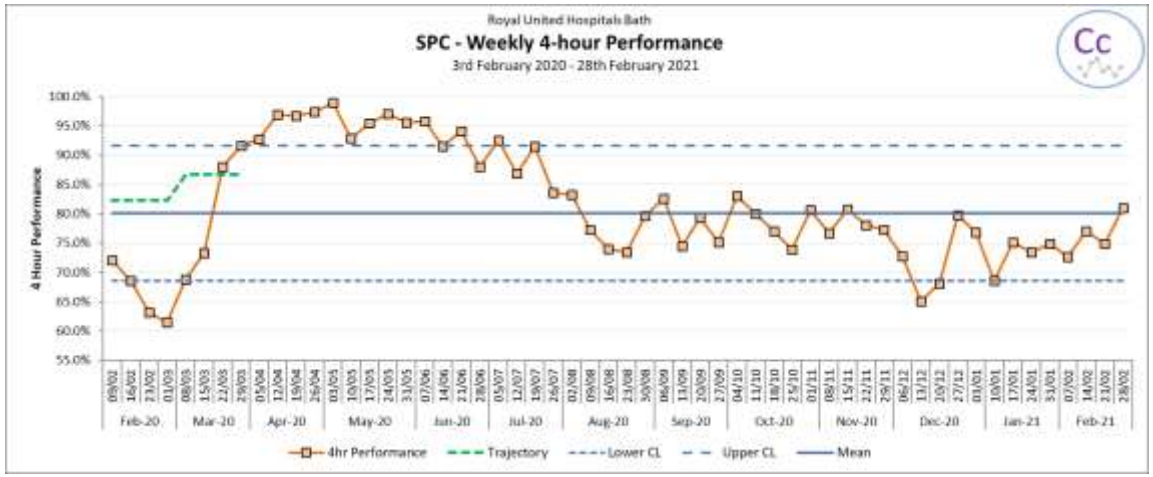
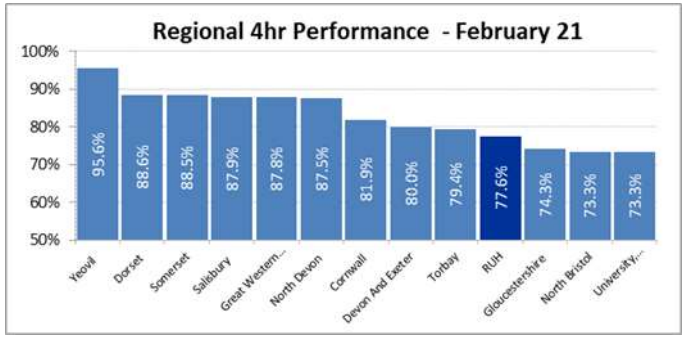
Waiting times in the Emergency Department







Summary Performance

- 4 hour performance (Type 1 & 3) 76.5% in February, an increase of 3.1% on the previous month but remains below national target.

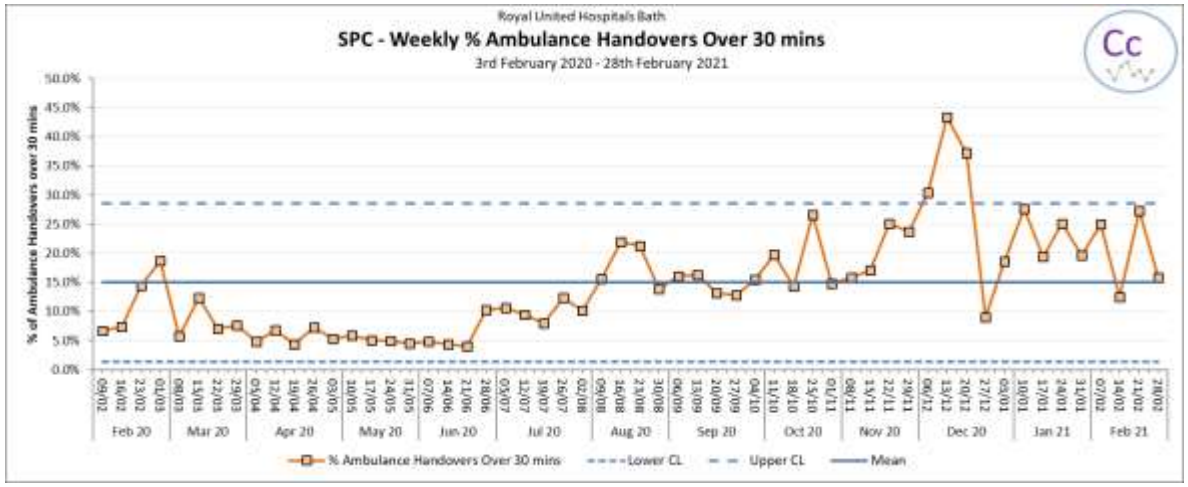
Key Issues in month

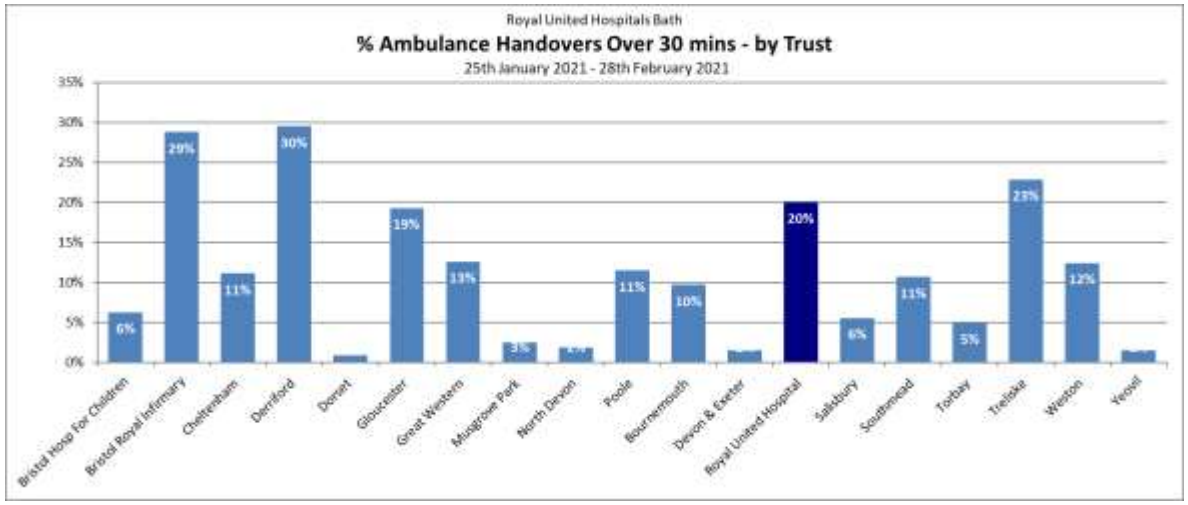
- ED attendances and emergency presentations consistent in Majors and minors.
- Flow across and out of the Emergency Department challenged due to Red and Blue pathway requirements and rapid swab result turnaround
- Surge in demand with inability to respond quickly to reduce overcrowding in department

Actions and Mitigations

- New site meeting structure and Ambulance Handover escalation protocol to support earlier action and response to capacity pressures
- Proactive bed allocation from Assessment Units
- ED process delay improvements including Time to CT, Ambulance Stroke pathway and additional support to Clinical Co-ordinator role.

Ambulance Handovers over 30 minutes





Summary Performance

- Ongoing delays in ambulance handovers with an average of 20% of patients exceeding 30 minute handover target during February but improved position from December 2020.

Key Issues in month

- Ambulance off load delays due to department being at full capacity and blocks to patient admission.
- Changes to handover process following Covid has increased overall handover time impacting on the number of > 15 minutes handover delays.

Actions and Mitigations

- Ambulance Handover Escalation SOP implemented providing clearly escalation for early identification of risk to delay and proactive action to prevent occurrence.
- Improve time from Decision to Admit to admissions to reduce overcrowding in the department (supported by near patient Covid testing –13 minute turnaround time)
- Stroke pathway to CT review to avoid ambulance crew delay whilst in CT

In Month Response and Focus

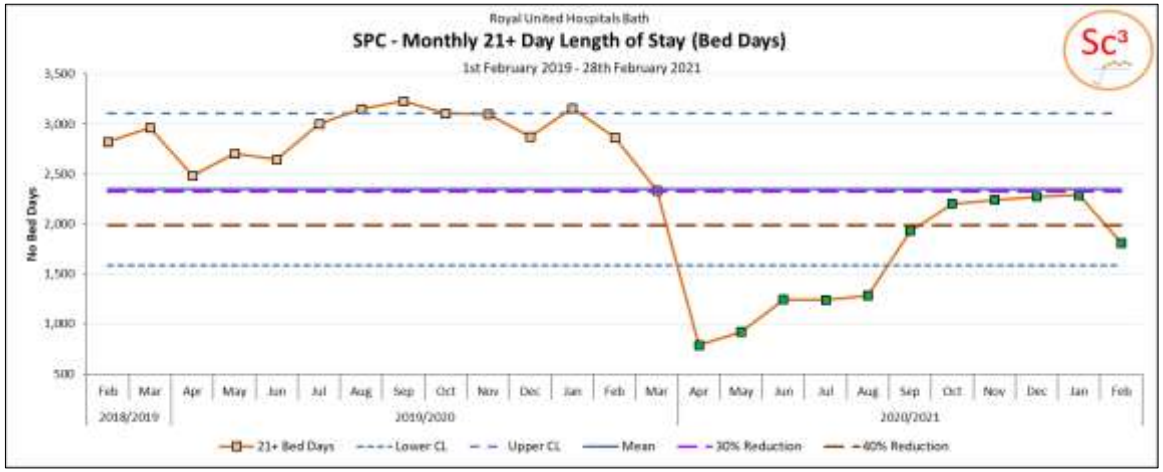
Lead Actions Update:

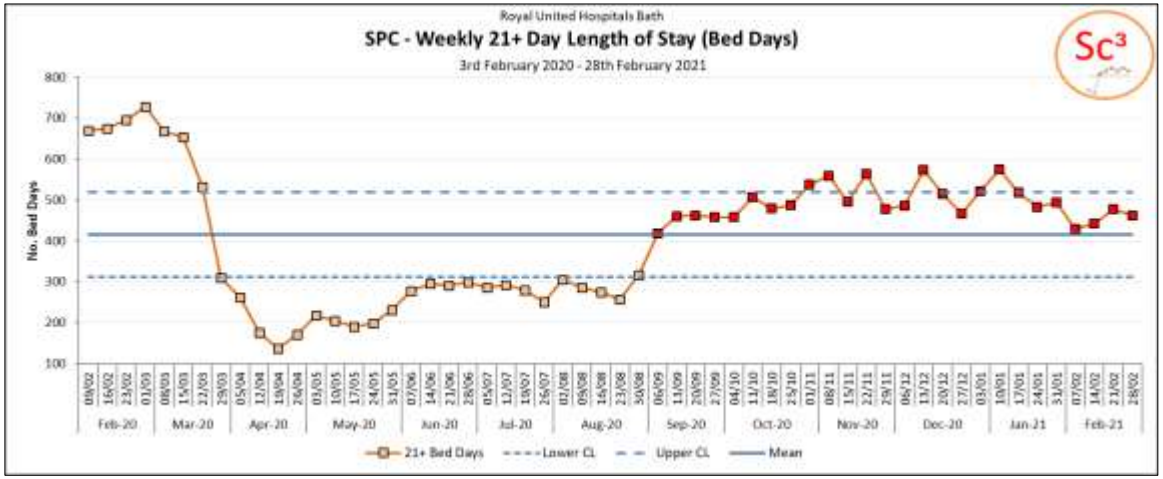
- **Direct admissions for Medicine** –Same Day Emergency Care development to create a second entrance for expected patents via ambulance. Capital programme commenced end of December 2020. Programme delayed by 4 weeks due to product supply, new opening date first week in May.
- **Decision to Admit (DTA) -** Divisional focus on bed placement within 60 minutes of DTA. Identified as a Driver measure for the medical division, progress reported through weekly flow meeting.
- **Rapid Assessment & Treatment Model (RAT)** – Permanent Red Resus capital works commenced. Aim to free up the purpose built RAT space in ED. Delivery of capital works at end of Q4.
- **UTC / ED Minors** – Two minors events completed and actions plan in place. Risk remains in recruitment of practitioners (GP rota gaps resolved) so review of opportunities with other staff groups. PDSAs underway with Medvivo to reduce ED dispositions.
- **Covid Learning** – new pathways implemented during Covid-19 outbreak in order to take patients out of the ED and in support of SDEC pathways. Learning to be included in the transformational work underway in ED.

Further Actions & Mitigations:

- **Transformation & Management** – Implementation of new structure and work groups for Urgent and Emergency Care (Improving Patient Flow Together) including Executive Transformation Management team
- **SWAST/RUH Working Group** – ongoing work with South West Ambulance to improve handover delays, communication, patient safety and escalation triggers and actions
- **Delivery of the £2.5m capital programme** – works commenced –on budget to deliver, dates have moved for some projects due to supply issues.
- **Medvivo Enhanced Triage** – at weekends to support minors attendance reduction – data presented nationally. Pilot to continue until the end of March 2021.

Extended Length of Stay (+21 day) Feb 2021





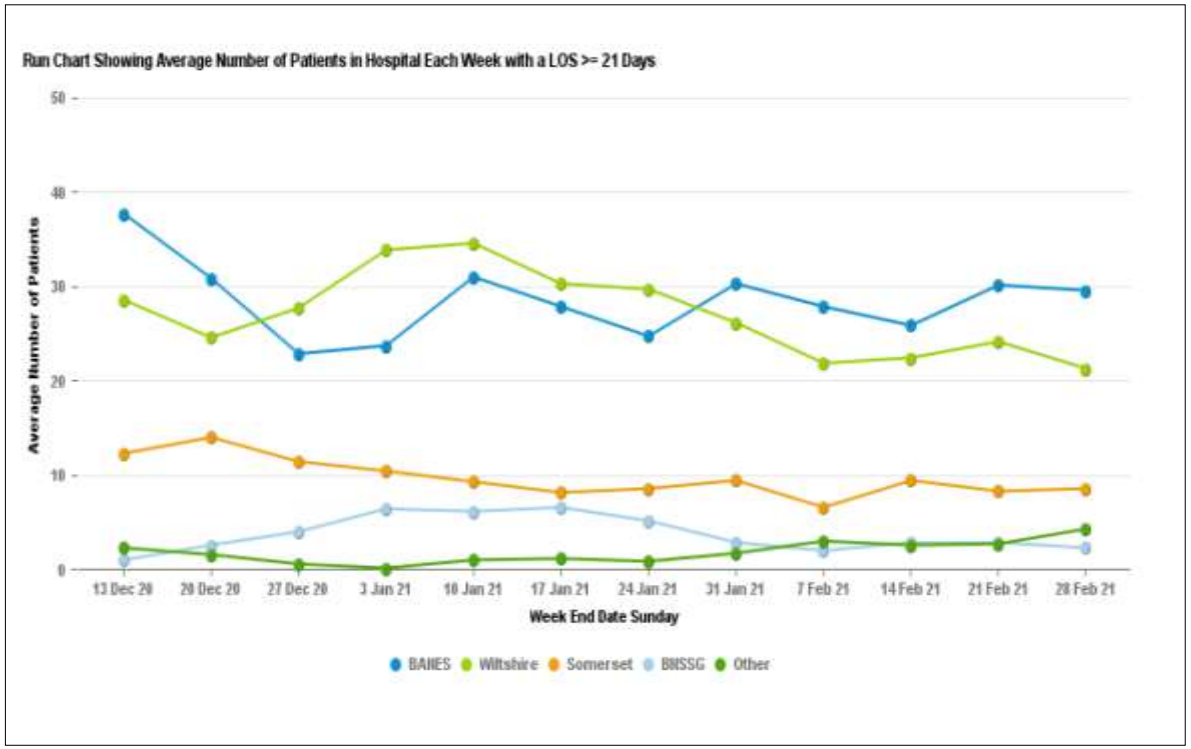
Summary Performance

- Improving performance and remaining under the NHSI/E target of a 30% reduction in 21+ overall, equivalent to and improved upon the progress made pre-covid, = average 66.
- No Extended System 'Super Stranded' cases within the RUH.

Internal factors

- February saw the number of Covid-19 patients within the hospital decline. These have previously impacted on the 21+through the corresponding increase in the average non elective LOS.
- Of the 21+, IDS focus on those 'medically ready to go' i.e. do not have Criteria to Reside, this number is on average half or less of the total, due to int. or ext. reasons – see slide 4.
- Despite the higher patient numbers with longer LOS and increased deconditioning impact of Covid 19, the number of Pathway 0 discharges was maintained which supported the Flow across the system.

Extended Length of Stay (+21 day) Feb 2021



External factors

- Wiltshire have improved and reduced their number awaiting discharge in month.
- Somerset patients have seen an increased LOS, due to reduced capacity in both their Community Hospitals (CH's) and Home First (HF) resource, but not sufficient to impact on 21+.
- B&NES have seen a large increase in LOS and number of patients waiting, due to capacity in CH, Home First and Care provision post reablement.

Actions and Mitigations

- Daily system calls, & IDS Escalate capacity issues both int. and ext. as required
- Support of B&NES Virgin Reablement; with temporary transfer of 2.6wte therapists to increase community capacity.
- Co-chaired a South West D2A/HF conference, to share with system partners to prompt and promote further recovery.

Responsive | Discharge from Hospital

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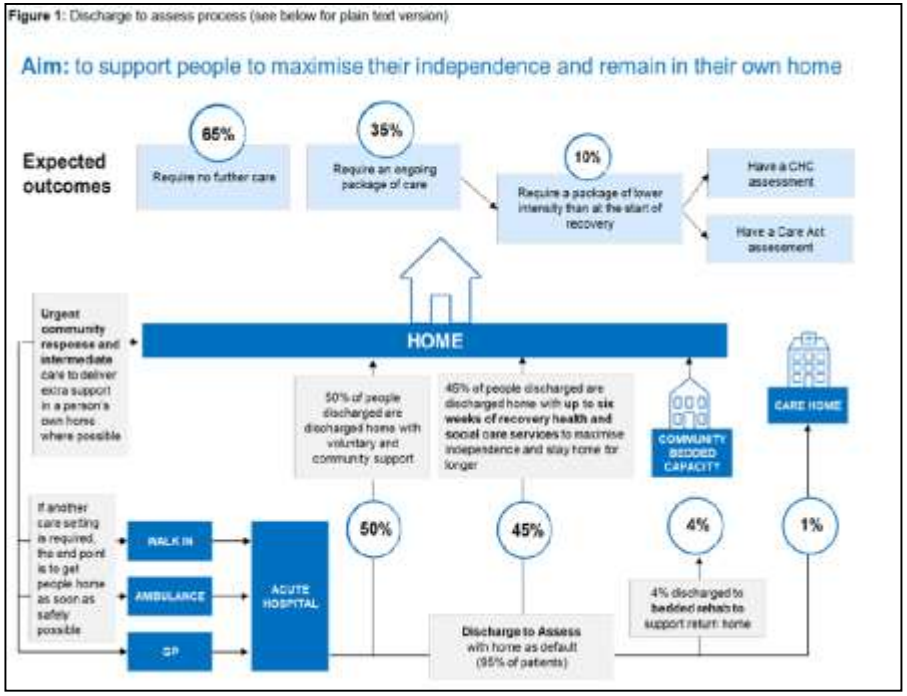
Discharge Pathways February 2021

Discharge to Assess model – pathways[2]:

- Pathway 0: 50% of people – simple discharge, no formal input from health or social care needed once home.
- Pathway 1: 45% of people – support to recover at home; able to return home with support from health and/or social care.
- Pathway 2: 4% of people – rehabilitation or short-term care in a 24-hour bed-based setting.
- Pathway 3: 1% of people – require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals.



Discharge Pathway percentages

In the post covid Discharge to Assess (D2A) guidance, NHSE set a national expectation for Discharges Home from any acute trust.

In February, the RUH Pathways 0 and 1 discharges = 88%.

As a system, there is variation in pathways for D2A due to different models of social care and community provision

As this is a new way of reporting community discharge delays, further updates to the recording process are in train to ensure this data is as accurate as possible. Discharges counted exclude children and maternity, day cases, and patients discharged from assessment wards.

Recent changes in Millennium (patient administration system) and a focus on discharge recording has supported improvement in data capture and a run chart will be produced going forward.

Actions and Mitigations

- Establish accurate monthly reporting
- As part of the new Urgent Care Programme the Discharge Pillar will be focusing on improvements in Non Criteria to Reside pathways
- Establish Monthly Discharge Elements (Inc. pathway) Audit and challenge within IDS & Therapies
- Await BSW system wide post covid funding – future of current D2A additional services/resources and impact.

Non / Criteria to Reside and Clinical Criteria for Discharge

Criteria to Reside (C2R)
To maintain good decision making in acute settings, every person on every general ward should be reviewed on a twice daily ward round to determine the following. If the answer to each question is 'no', active consideration for discharge to a less acute setting must be made.

Criteria to reside: (see across)

Requiring ITU or HDU care?
Requiring oxygen therapy/NIV?
Requiring intravenous fluids?
NEWS2 > 3? (clinical judgement required in persons with AF and/or chronic respiratory disease)
Diminished level of consciousness where recovery realistic?
Acute functional impairment in excess of home/community care provision?
Last hours of life?
Requiring intravenous medication > b.d. (including analgesia)?
Undergone lower limb surgery within 48hrs?
Undergone thorax-abdominal/pelvic surgery with 72 hrs?
Within 24hrs of an invasive procedure? (with attendant risk of acute life- threatening deterioration)

Non Criteria to Reside (NC2R):

Hospital	Awaiting confirmation that referral received and actioned
	Awaiting Diagnostic test
	Awaiting medical decision/inter including discharge summary
	Awaiting therapy decision to discharge
	Awaiting transport
	Declared as not meeting the criteria to reside in morning
	Individual/family not in agreement with discharge plans
	No plan
Hospital	Sum:
Community	Pathway 1: awaiting availability of resource for assessment
	Pathway 2: awaiting availability of rehabilitation bed
	Pathway 3: awaiting availability of a bed
Community	Sum:
Other	Repatriation/transfer to another acute trust
Other	Sum:

Non Criteria to Reside Progress
From February, there were changes to Millennium to support the growing emphasis on C2R/NC2R as opposed to 'medically fit, or medically green or red';

This is culturally significant as it is empowering the ward MDT to drive discharge planning, with internal challenge and pace. Daily N/C2R Patient lists are received by all clinical teams and are being used to support timely daily actions.

In Februay we had significant progress in communication and challenge for NC2R and saw a reduction in all internal reasons, alongside increased completion and understanding of the tool across the ward MDTs.

Actions

- N/C2R is a new driver for both the Ward and Discharge Pillars of the Improving Patient Flow Together Programme, measuring and managing internal and external reasons accordingly, and has enabled us to set an initial new daily target and trajectory of <20 internal reasons and <62 in total.

- Establish Monthly Discharge Elements Audit (Inc. elements of C2R and NCR) and challenge within IDS & Therapies.

Responsive | Referral to Treatment Wait Times

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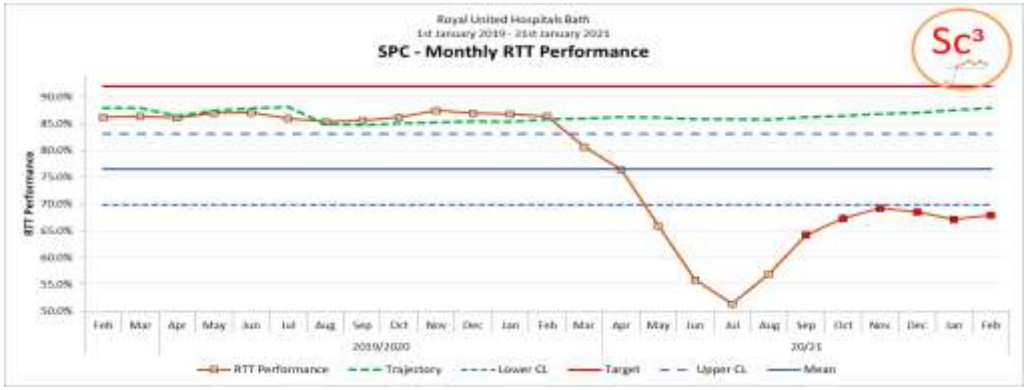
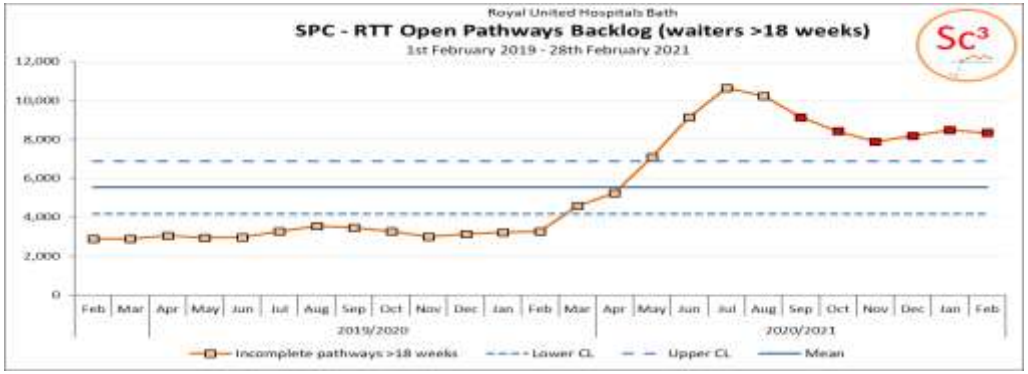
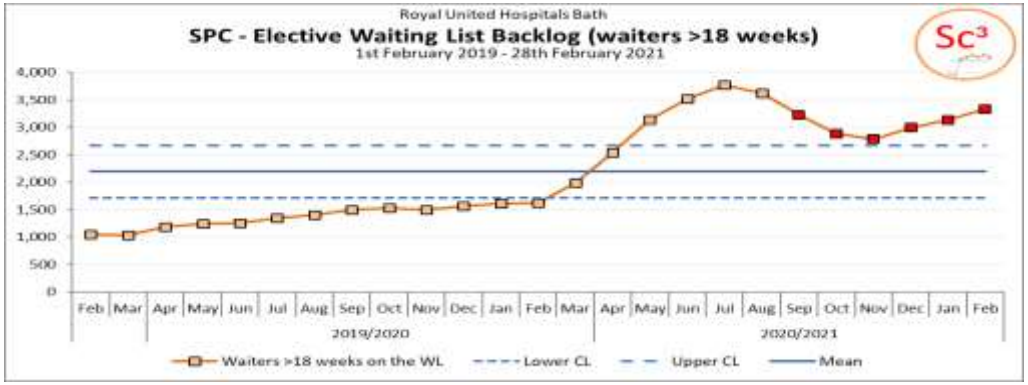
RTT Performance – 18 week Incomplete Standard







Summary Performance
Performance against the incomplete standard of 92% was 67.9% in February, an increase of 0.8% on January.

Acute Medicine, Respiratory, Neurology, Rheumatology and Geriatric Medicine met the constitutional standard in January with the largest improvement noted in Dermatology for the second month (+8.6%)

The total over 18 week backlog decreased by 155 patients (2%) to 8,659 patients in month. The elective backlog (admitted pathway) increased by 6% (195 patients) to 3,334 from 3,139 in month.

Key Issues in month
- Capacity not sufficient to meet current demand in addition treating significant backlog
- Loss of anaesthetic capacity and four theatres to support ICU surge capacity as part of Covid response
- Increase in dental patients waiting over 52 weeks due to lower clinical prioritisation

Actions and Mitigations
- Operating for some urology and all breast cancer patients moved to Bath Clinic, ENT skin cancers being undertaken at Circle Bath.
- Weekly theatre prioritisation meetings to ensure capacity available for cancer and urgent patients
- Change of contract for quarter 4 for Independent Hospitals supported by interprovider transfers of circa 250 patients per month.
- Sustainable ICU plan in progress to release theatre staff
- 12 Theatres now back up and running with priority to reopen elective ward to support recovery plan

Trajectory Incomplete Pathways

Total Incomplete Pathways increased by 145 on January which is 6.7% above the January 2020 position, and 5.1% above the trajectory agreed as part of Phase 3 recovery. To note Phase 3 recovery was agreed before IS contract changes in Q4.

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

Specialty	Total incomplete waiters January 2020	Total incomplete waiters February 2021	Variance from January 2020
100 - General Surgery	2139	3423	1284
101 - Urology	1360	1348	-12
110 - T&O	1808	1934	126
120 - ENT	2073	2062	-11
130 - Ophthalmology	2087	2752	665
140 - Oral Surgery	1756	2812	1056
300 - Acute Medicine	115	181	66
301 - Gastroenterology	2211	2565	354
320 - Cardiology	2060	1728	-332
330 - Dermatology	1234	647	-587
340 - Respiratory Medicine	402	344	-58
400 - Neurology	771	491	-280
410 - Rheumatology	801	800	-1
430 - Geriatric Medicine	141	95	-46
502 - Gynaecology	1975	1759	-216
X01 - Other	3354	2967	-387
Total	24287	25908	1621

	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	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	25,763	25,908	
% Variance on January 2020		-9.0%	-14.3%	-14.8%	-10.2%	-2.3%	5.1%	5.9%	5.5%	6.9%	6.1%	6.7%	
% Variance on plan		-6.9%	-12.9%	-14.3%	-11.3%	0.0%	6.1%	6.3%	5.2%	7.9%	5.8%	5.1%	

Responsive | Referral to Treatment Wait Times

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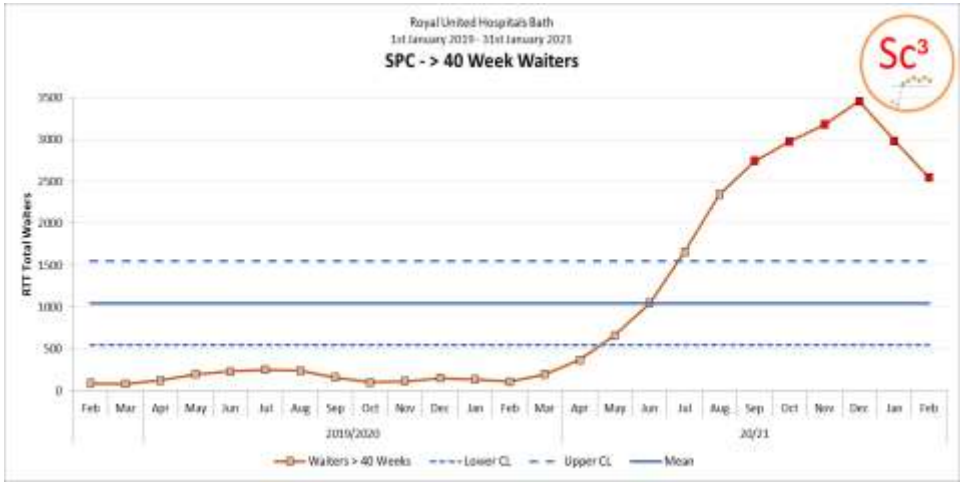
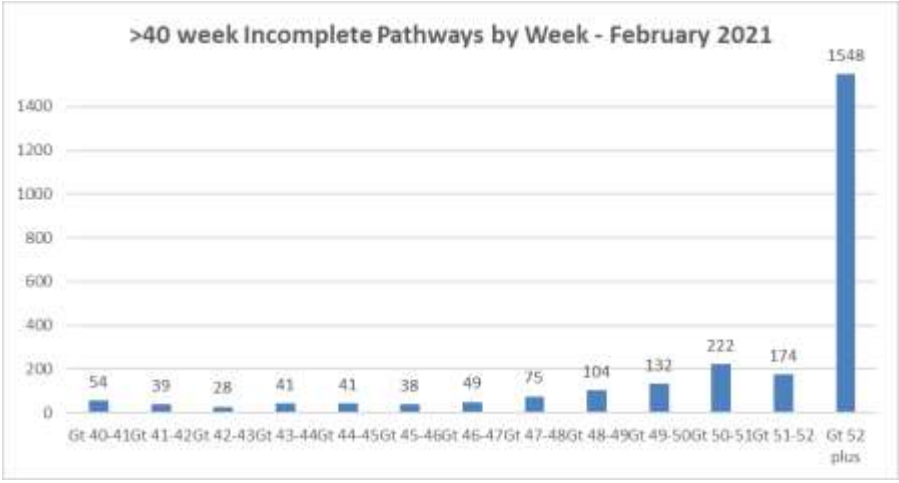
Incomplete Pathways >40 Weeks

>40 weeks growth from February 2020 to February 2021														
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Growth in month
100 - General Surgery	25	47	66	121	192	299	373	441	409	402	456	376	349	-27
101 - Urology	1	8	17	36	58	92	129	157	176	200	197	149	126	-23
110 - T&O	10	28	56	107	174	283	413	485	470	463	460	408	333	-75
120 - ENT	19	34	70	108	163	279	435	411	499	462	475	385	302	-83
130 - Ophthalmology	2	5	7	25	38	63	109	156	220	300	362	343	283	-60
140 - Oral Surgery	3	7	23	49	109	182	280	400	522	692	890	822	779	-43
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	8	5	2	14	10	26	52	81	122	131	98	108	101	-7
320 - Cardiology	23	23	32	57	68	100	104	149	139	120	101	59	41	-18
330 - Dermatology	12	37	80	113	158	212	266	232	136	119	107	53	15	-38
340 - Respiratory Medicine	0	0	0	0	0	0	2	0	0	0	0	0	1	1
400 - Neurology	0	0	0	1	0	2	0	1	0	0	1	1	0	-1
410 - Rheumatology	0	0	0	0	0	0	0	1	0	0	0	0	0	0
430 - Geriatric Medicine	0	1	0	0	0	0	2	0	0	0	0	0	0	0
502 - Gynaecology	4	1	11	24	55	94	139	170	170	144	115	100	79	-21
X01 - Other	2	3	5	6	20	29	43	58	111	146	196	180	136	-44
Total	109	199	369	661	1045	1661	2347	2741	2974	3179	3458	2984	2545	-439

Overall incomplete pathways over 40 weeks have decreased in month by 439 patients. The largest decrease noted in ENT (83 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.
234 patients on the waiting list have requested a delay in treatment with P5 or P6 assigned

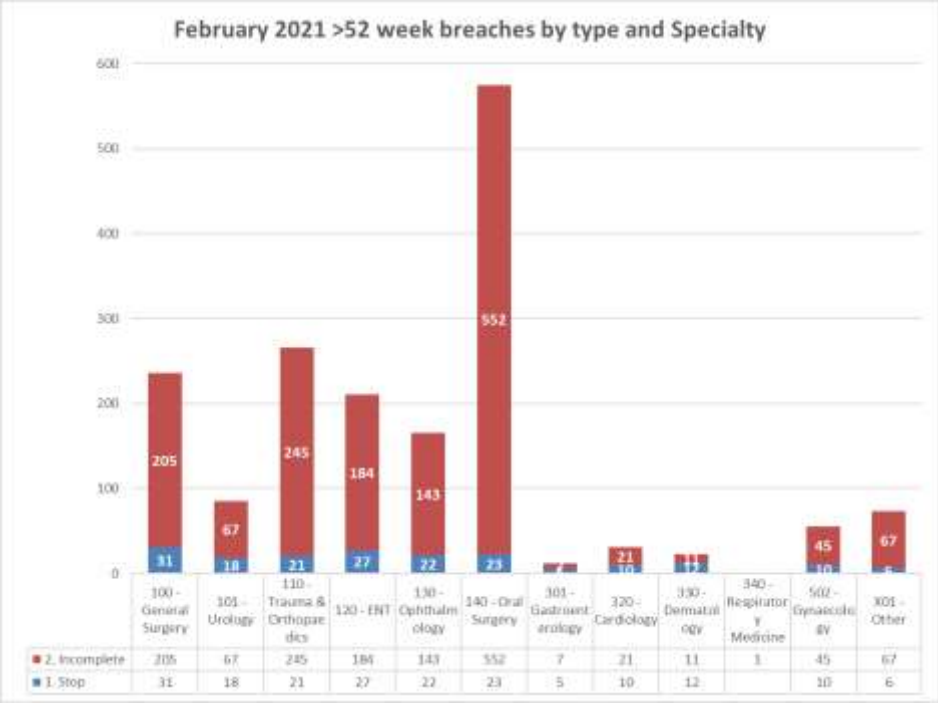




52 Week Breaches

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 185 >52 week breach stops in February:



2. Incomplete pathways

The Trust reported 1548 incomplete 52 week pathways in February. This is 890 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. The largest growth is noted in Oral Surgery, with a mix of both adults and children waiting.

Feb-21	
Unify Specailty	Incomplete >52 week breaches
140 - Oral Surgery	552
110 - Trauma & Orthopaedics	245
100 - General Surgery	205
120 - ENT	184
130 - Ophthalmology	143
101 - Urology	67
X01 - Other	67
502 - Gynaecology	45
320 - Cardiology	21
330 - Dermatology	11
301 - Gastroenterology	7
340 - Respiratory Medicine	1
Total	**1548**

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	1243	1548	
Variance between plan and actual	14	52	182	-8	0	90	224	310	383	622	890	

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 continued as identified in Phase 3 recovery achieving 100% compliance
- 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, Urology, Breast, ENT skin cancer as and IPT transfers

2. Reporting

- Weekly activity reporting to NHSI commenced in May 2020, now including reporting of patients waiting over 71 and 78 weeks
- Weekly waiting list reporting of patient priority status and those suitable for treatment at IS hospitals
- Daily reporting of cancellations
- Weekly tracking reports are in place to monitor waiting lists, activity and performance
- Weekly BSW/NHSI Independent hospital elective meetings are in place
- Elective Care Board in place for BSW system

Further Actions & Mitigations:

- **RUH** – 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 through weekly theatre prioritisation meetings
- Maintain outpatient capacity at close to pre-covid levels prioritising patients on a cancer pathway
- Sustainable ICU plan in progress to release theatre staff
- 12 Theatres now back up and running with priority to reopen elective ward to support recovery plan

- **Independent Sector**– arrangements confirmed for use of Independent hospital capacity in quarter 4
- Move of breast cancer surgery to Bath Clinic plus additional urology cancer list per week
- Additional ENT skin cancer lists provided at Circle Bath

- **BSW Children's surgery -** planning is in progress to provide weekend day case lists on the Salisbury Foundation Trust site treating long waiting patients from a pooled BSW waiting list.
- This project is expected to support circa 490 OMFS and ENT patient surgeries

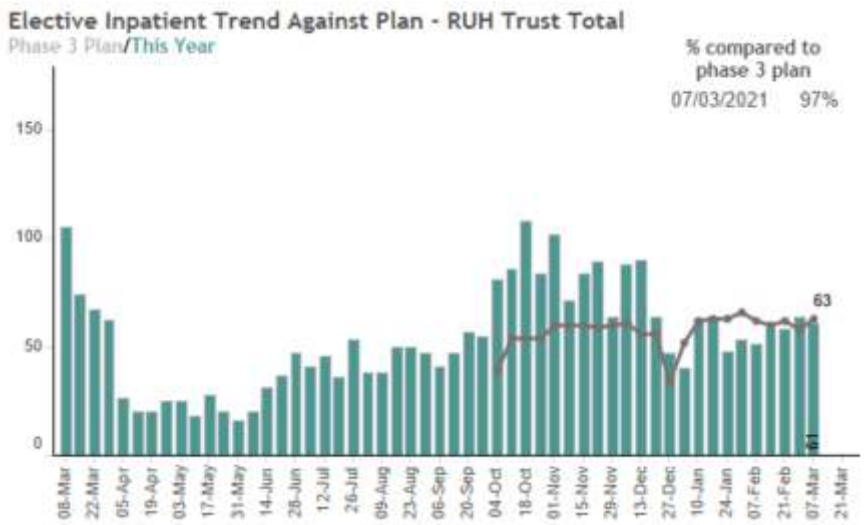
Activity Recovery Plan – Elective Activity

National Targets were set on 31st July 2020 (as below) to bring elective active back to near normal levels.

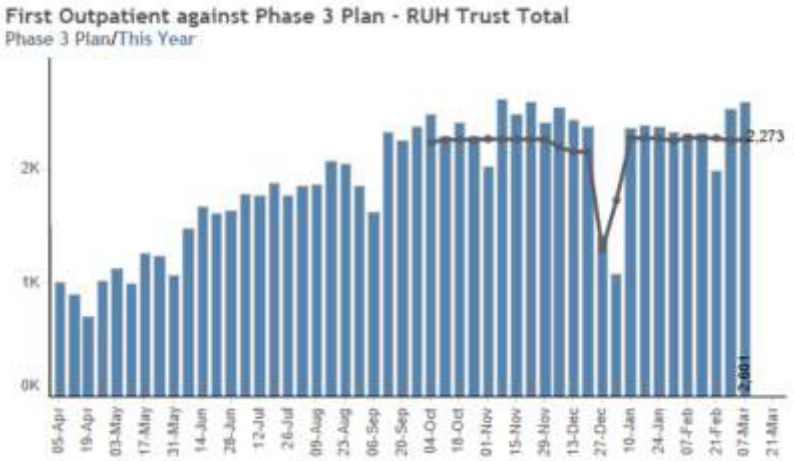
Trajectories have been agreed across BSW based on capacity available but this does not meet national ambitions in all areas. Graphs show are against agreed plan.

% 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 were at 93% and 87% against planned trajectories for February. However, compared to previous year, inpatients was 55% and day cases 73% of pre-covid levels for February 2021.
- There was a proactive prioritisation of inpatient activity over day cases due to clinical need so day cases have been down against plan since January 2021 but are now returning to plan.
- As part of our response to increased Covid admissions, the decision was taken to step down major joints from 15th December 2020 and step down Priority 3 and 4 elective activity during January 2021. As covid levels in the hospital reduce, plans are in development to ensure this work is reinstated as soon as possible.
- Both inpatient and day case activity levels have been increasing week on week during February 2021.



Activity Recovery Plan – Outpatient Activity



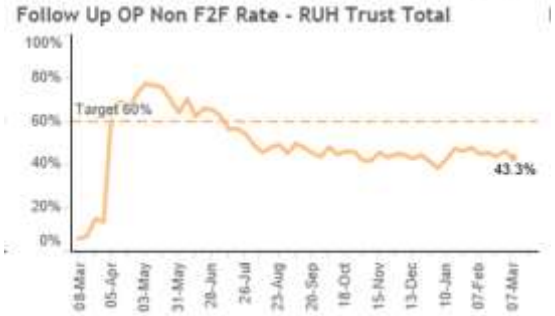
Outpatient new activity was 76% of pre-covid levels and follow up activity is at 90% for February 2021 against the national target of 100%. However, we remain on or above the trajectories set as part of the Phase 3 recovery.

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.

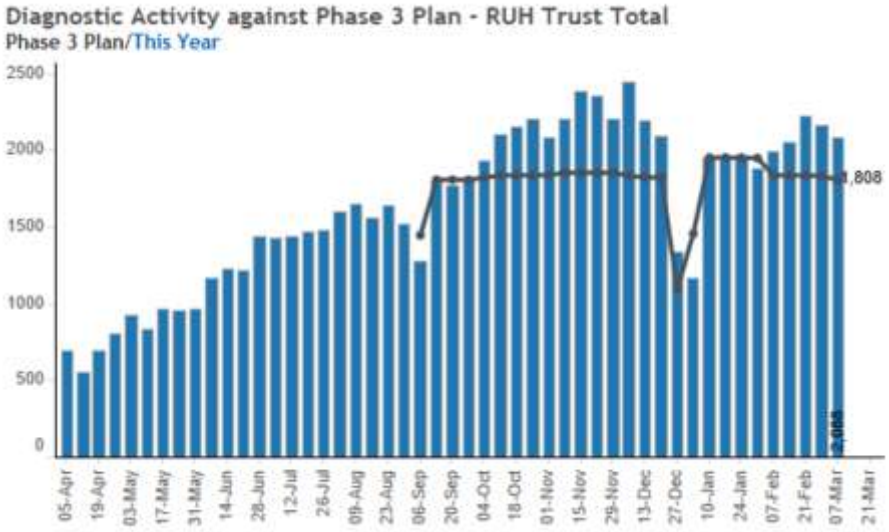
During February pockets of outpatient activity continued to be stand down to support the redeployment of staff to wards where Covid pressures had increased.

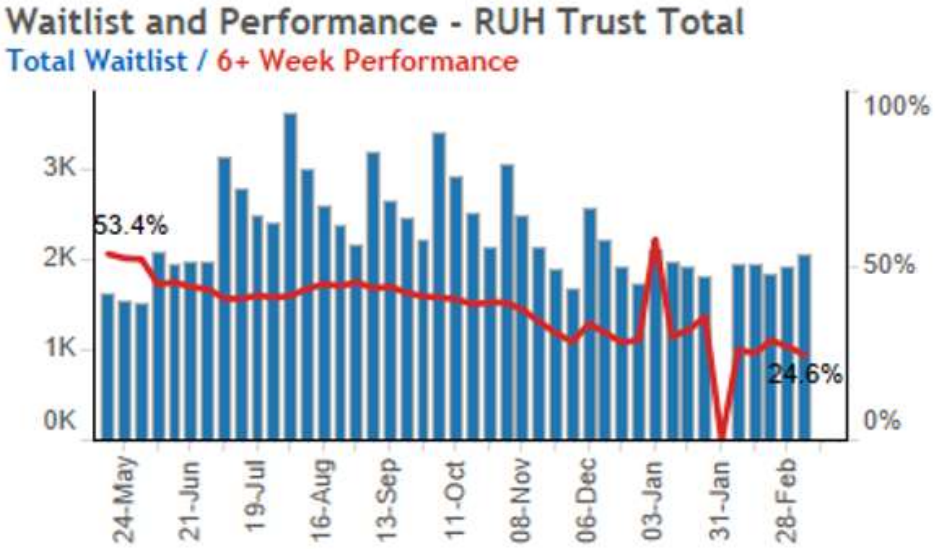
Virtual activity for new appointments is currently running at around 13% against a target of 25% and at 43% for follow ups against a target of 60%. This is slight reduction on last month.

Work continue to ensure we are maximising virtual outpatients where clinically appropriate.



Activity Recovery Plan – Diagnostic Activity





Following a dip in activity over the Christmas period, we have seen a steady increase in diagnostic activity but we are not yet back up to levels prior to the most recent Covid wave.

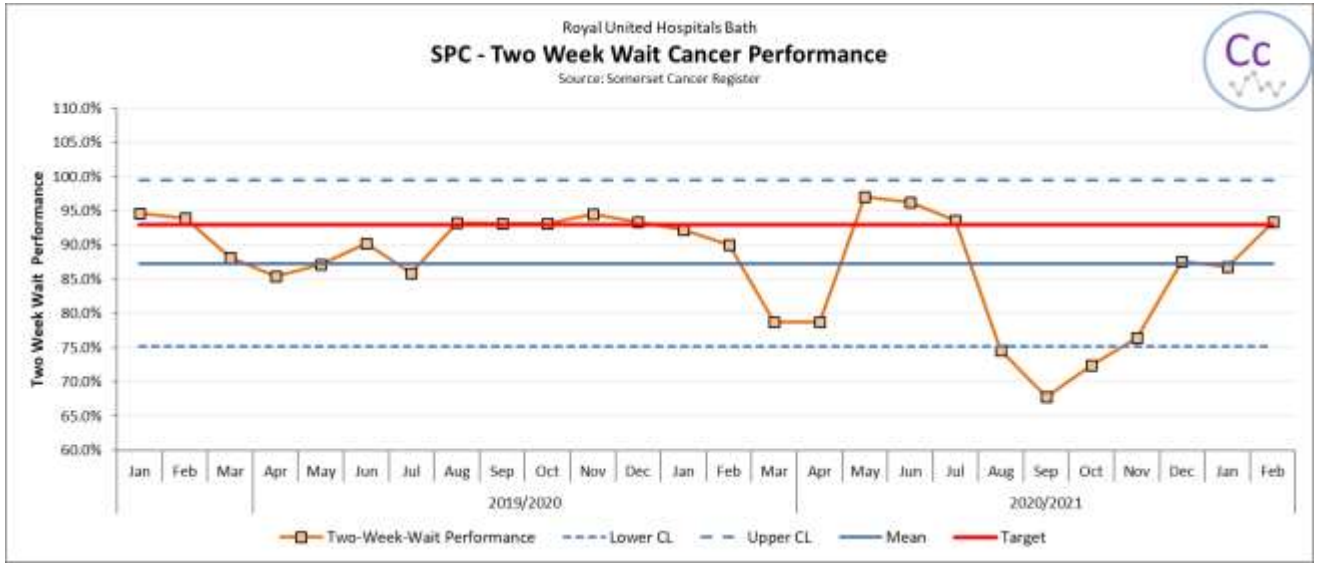
Due to increased pressures from covid admissions, staff in some areas have been redeployed to support ward activity reducing capacity in some diagnostic disciplines. It is anticipated that as the covid demand in the hospital reducing, these staff will be released back to concentrate on diagnostic work.

Despite this impact, we have consistently delivered above the trajectory set in on our phase 3 plans since September 2020.

During this period, the overall waiting list size has continued to reduce but has plateaued over the last few weeks. 6 week performance has improved over the period from 60% in May to 24.6% 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



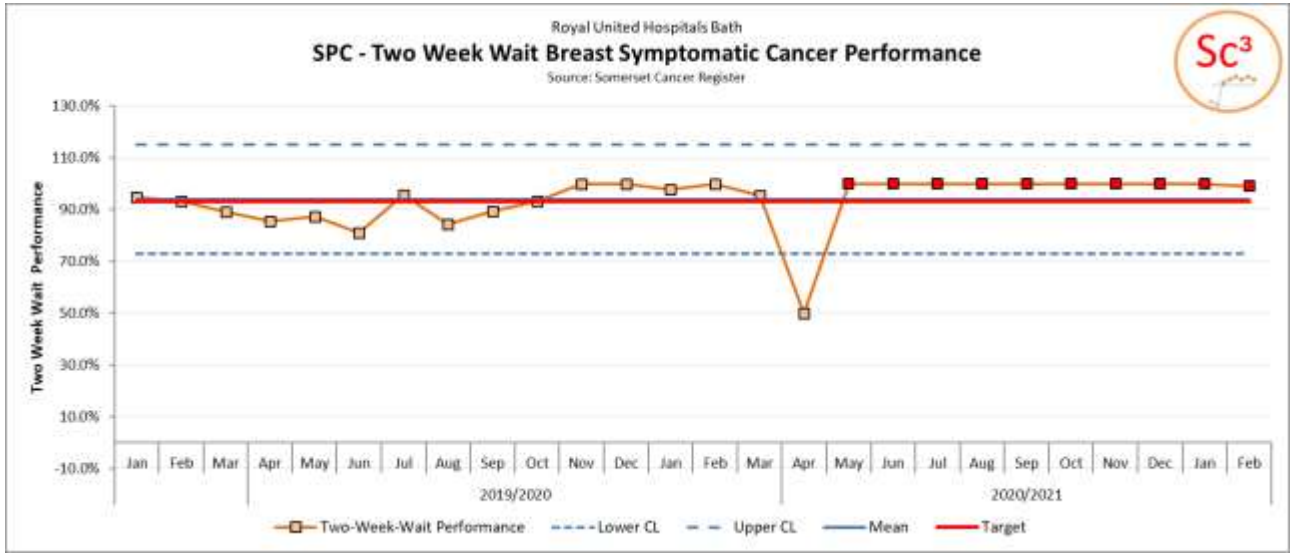
Summary Performance

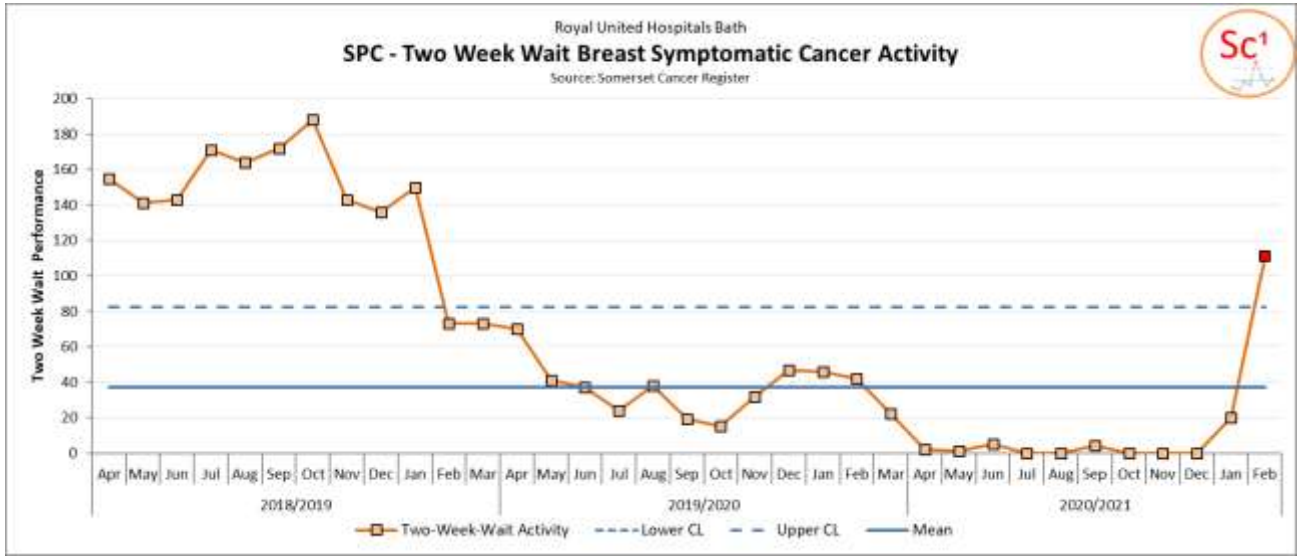
- In February, the Trust achieved the standard for the first time since July 2020 with performance of 93.4% (91 breaches).
- Top contributors in month were:

Tumour Site	Breaches
Upper GI	38
Colorectal	16
Breast	16

- Upper GI breaches remain due to clinician redeployment in Gastroenterology to support inpatient workload and due to covid sickness/isolation. This situation is resolved as of end of February.
- Colorectal breaches significantly reduced due to a sustained reduction in referrals (New pre referral process) and increased capacity for 2ww in place of routine activity.
- Dermatology has maintained the significant improvement, recording no capacity breaches in month.

Cancer Access – Two Week Wait Breast Symptomatic

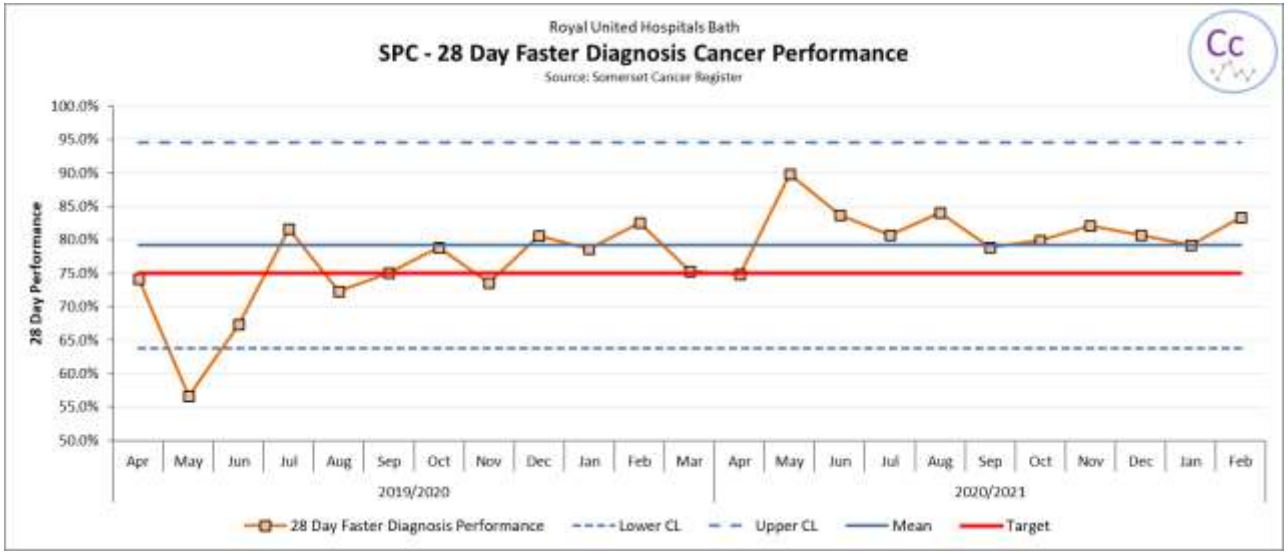


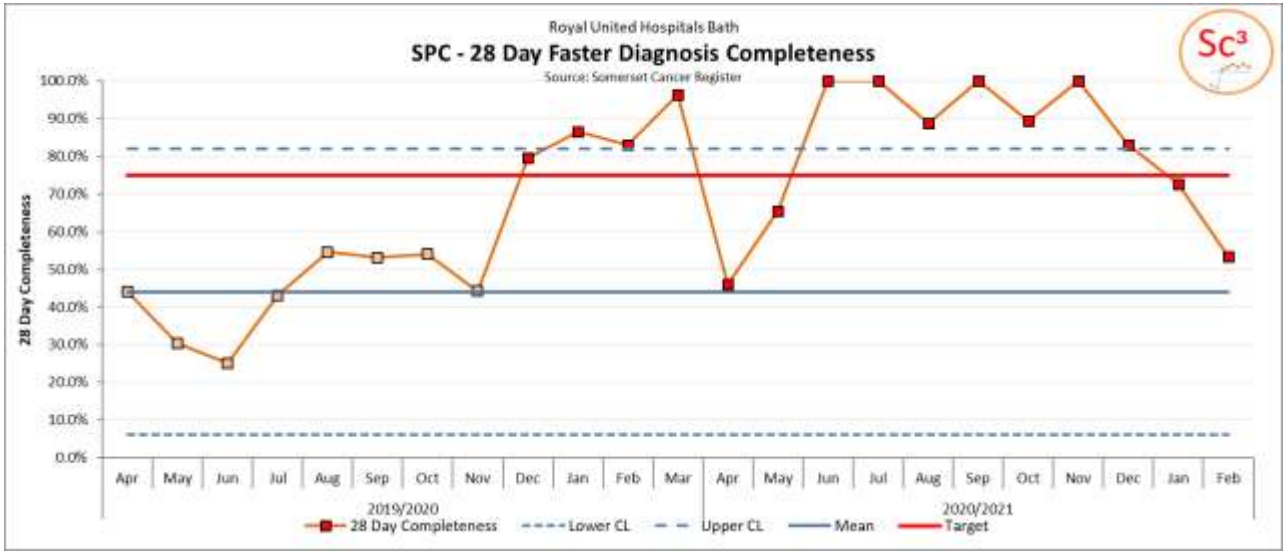


Summary Performance

- In February the Trust met the target with performance of 99.1%.
- The reporting issue referenced in previous reports has now been addressed with activity of 111 in month.

Cancer Access – 28 Day Faster Diagnosis

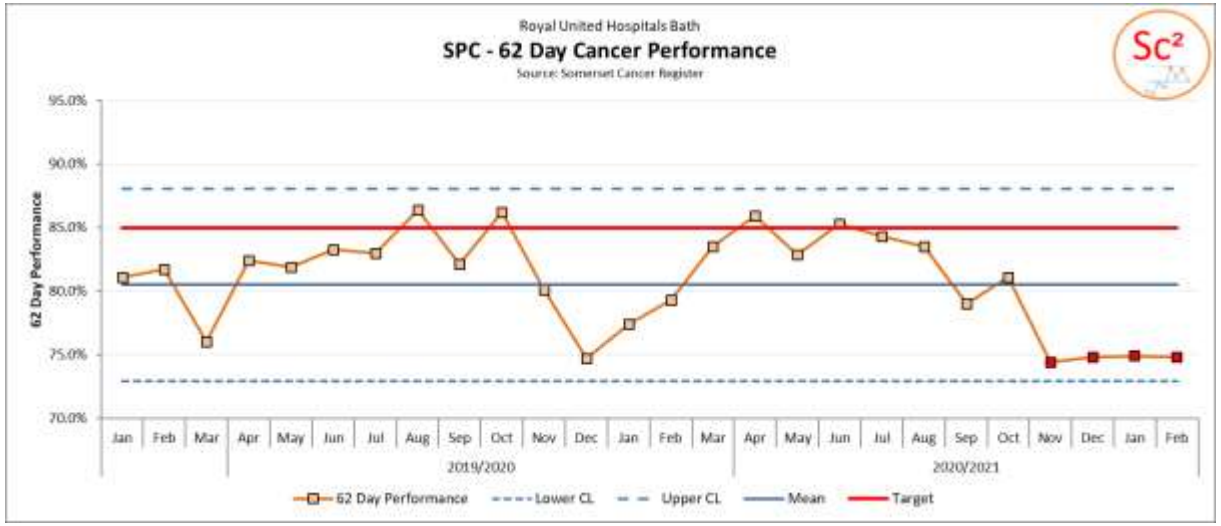


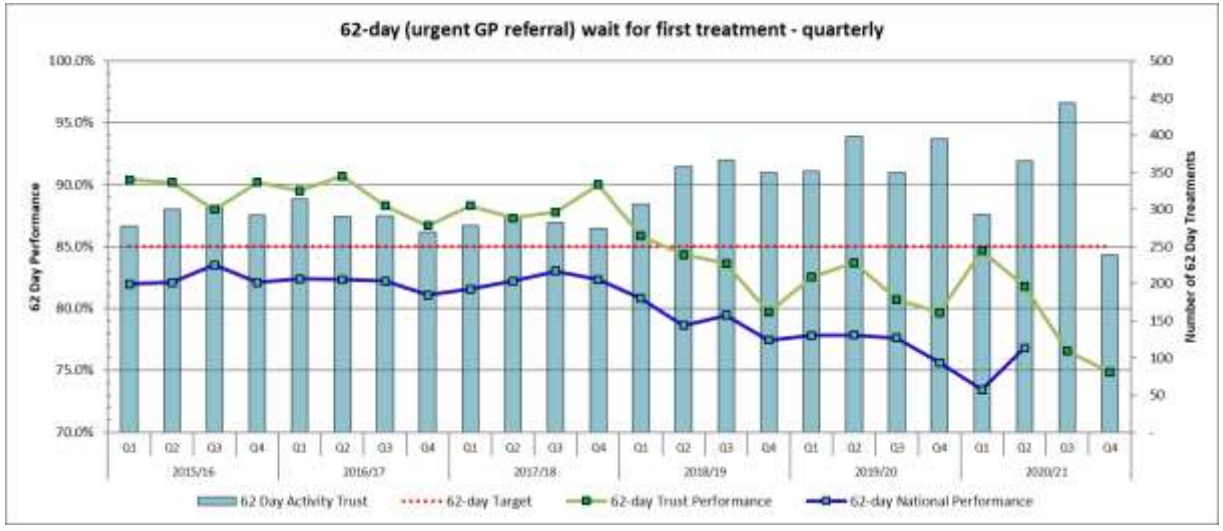


Summary Performance

- The 28 Day Faster Diagnosis standard is not yet a formally measured externally, however, the Trust continues to track patients against the target in shadow form and recorded performance of 83.4% in month against the proposed target of 75%.

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





Summary Performance

- The standard was not achieved in February with the Trust recording performance of 75.0% (26.5 breaches).
- Top contributors for breaches in month are:

Tumour Site	Breaches
Urology	10
Colorectal	4.5
Upper GI	3.5

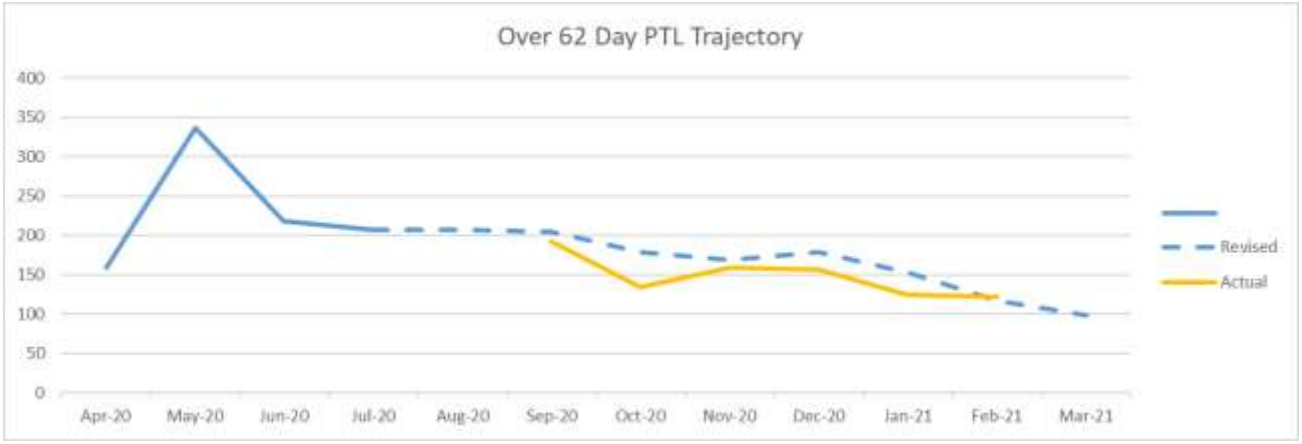
Key issues in month

- 8.5 breaches (10 patients) of the 104 day backstop standard were recorded.
- Clinical complexity of diagnostic pathways, along with waiting times for radiological imaging and biopsies contributed to a number of breaches.
- The majority of breaches within Urology were impacted by waiting times for Prostate biopsies.
- *To note: Activity showing for Q4 is only 2 months (January and February) therefore is not comparable to other quarters levels*
- .

Actions and Mitigations

- A3 in place. New prostate biopsy pathway being developed – go live planned for Q1 21/22.
- Cancer Alliance funding available and being used to support Colorectal diagnostic pathway.
- 4th CT scanner and 5th endoscopy room.

Cancer Access – 62 Day Active Patient List



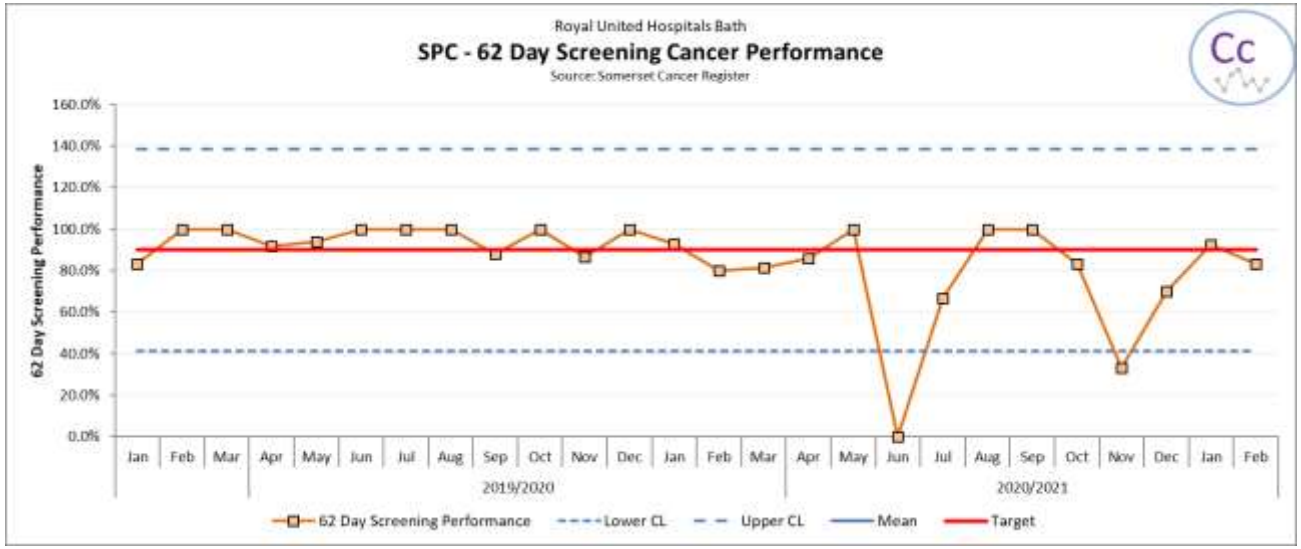
Summary Performance

- A key Phase 3 metric for cancer the number of patients on the active suspected/confirmed cancer pathway who are have waited longer than 62 days.
- The RUH is meeting the current trajectory.

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.
- Mutual aid process for cancer surgery in place across the Cancer Alliance should issues arise with booking within appropriate timeframes.

Cancer Access – 62 Day Screening



Summary Performance

- The Trust did not achieve the 90% target, recording 1 breach (2 shared patients), resulting in performance of 83.3%.
- Both breaches were bowel screening, referred to RUH late in the pathway who we were unable to treat within the breach allocation timeframe of 24 days.

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**: Trajectory for reduction of patients over 62 days is being achieved and progress made in reducing the number over 104 days. Delays remain predominately due to waiting times for diagnostic imagine and biopsies and complexity of pathways

2. **2ww capacity and demand**: Demand remained similar to January, a reduction on the very high referral rates in Q3. Colorectal demand is slightly reduced following implementation of a pre-referral diagnostic test completed in primary care.

3. **Delivery of required capacity for those patients at the treatment stage in the pathway**: First treatment activity reduced in month, following increased levels from September-January. Waiting times were not adversely impacted.

4. **Cancer Diagnoses**: Returned to levels more consistent with pre-Covid averages, following the increased diagnoses recorded in Q3.

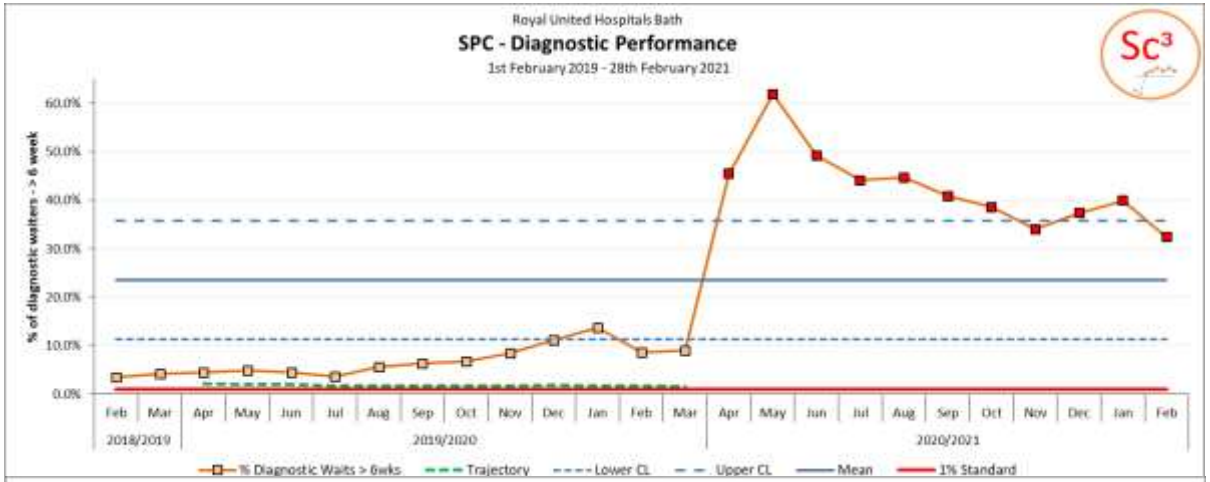
Planned Actions:

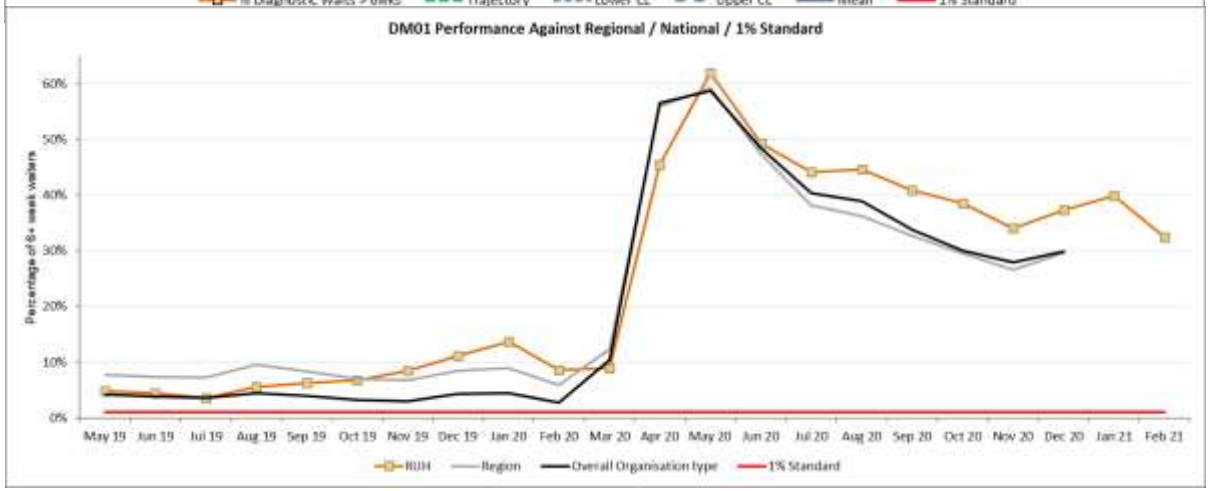
- Projects and pathways supported through the use of Cancer Alliance funding are being implemented notably in Colorectal and Prostate.

- Plans to be developed for next phase of rapid diagnostic service pathways implementation; within Upper GI and Prostate.

Responsive | Diagnostic Waiting Times

Royal United Hospitals Bath NHS Foundation Trust





Actions and Mitigations

- Administrative and clinical validation of all referrals remains in place to ensure suitable prioritisation and appropriateness of referrals.
- 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
- Independent Sector capacity, mobile MRI units and WLI's in place
- Increased Dexa capacity from Dec offering extension in to evenings

Summary Performance

- February performance is reported as 32.4% against the <=1.0% indicator. Performance improved 7.5% from last month.
- There was a total of 11,702 diagnostic referrals, of which 3,791 breached the 6-week standard (32.4%).
- Increase in overall activity following planned recovery actions. CT, MRI and non-obstetric ultrasound remain above forecasted national activity target
- Performance improvement in most modalities – 512 additional referrals and 678 less breaches when compared to previous month.
- Reduction in breaches in Echo, Colonoscopy, CT, MRI, USS, DEXA, Gastroscopy and Sleep Studies. Backlogs accrued since start of COVID pandemic remain in place in some modalities.

Key issues in month

- Non-obstetric Ultrasound, Echocardiography, and CT remain the top contributors in terms of overall breaches.
- Reduced activity on isolated occasions due to COVID related staffing reduction
- Increased demand

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	229
Computed Tomography	490
Non-obstetric Ultrasound	1128
DEXA Scan	371
Audiology - Audiology Assessments	7
Cardiology - Echocardiography	759
Neurophysiology - Peripheral Neurophysiology	90
Respiratory physiology - Sleep Studies	4
Colonoscopy	169
Flexi Sigmoidoscopy	148
Cystoscopy	10
Gastroscopy	386
Total (without NONC)	**3791**

In Month Response and Focus

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

1. Additional Scanning Capacity

- Outsourcing activity continued in February 2021 to Circle Bath (MRI and CT).
- Mobile MRI x5 long days per week for non-contrast scanning.
- 2nd mobile MRI now secured until June 2021 at weekends, delivering complex and contrast MRI.
- Additional CT mobile capacity secured in March 2021 (x 3 days). (*Note all mobile options have outsourced staffing model*)
- Non-Obstetric Ultrasound:
  - Additional WLI lists ongoing – focus on increasing capacity as possible.
  - Additional recovery actions and trajectory in discussion – use of agency staff, additional lists in community locations.

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.
- Recruitment process ongoing for existing gaps in establishment.

3. Clinical Risk Review

- Timely clinical review of all referrals in backlogs. Assessment of clinical harm and recording ongoing.
- 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

Further Actions & Mitigations:

- Continue to request additional mobile CT capacity – pending confirmation of dates for April 2021
- Consideration of agency provision of Sonographers to increase capacity.
- Productivity – revised workflows and processes for each of the diagnostic modalities, with a view to optimise cleaning and turnaround times –ongoing review in line with changing IPC guidance.
- Capital Funding - allocation of £2.2m capital to increase CT and Endoscopy capacity. Revenue case pending approval.
- Echocardiography – Additional Sunday lists in place to support increase in activity and reduction of backlog.

Key National and Local Indicators

In the month of February there were **16 red indicators of the 72 measures reported, 5 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows:

Caring	**SOF**	1. Friends and Family Test % Recommending ED – (includes MAU/SAU) 7. Discharged patients that have had more than three ward moves
Effective	**SOF**	10. Dementia case finding 21. Theatre utilisation (elective) 24. Total Pay Expenditure 27. CIP Delivered
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** **SOF**	47. MRSA Bacteraemias >= 48 hours post admission 51. CAS Alerts not responded to within the deadline
Well Led		61. FFT Response Rate for ED (includes MAU/SAU) 62. FFT Response Rate for Inpatients 63. FFT Response Rate for Maternity (Labour Ward) 69. % of Staff with annual appraisal 70. Information Governance Training compliance (Trust)

Well Led | Workforce | Performance Summary

Royal United Hospitals Bath NHS Foundation Trust

Indicator	Trust Performance Over Last 12 Months												Q4 Target
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Budgeted Staff in Post (WTE)	4853.34	4993.65	4978.57	4978.59	4978.59	4978.59	4979.59	4986.19	4986.19	4986.19	4986.19	4986.17	
Contracted Staff in Post (WTE)	4661.10	4650.67	4651.40	4633.00	4676.72	4727.03	4686.16	4705.61	4709.45	4718.41	4728.96	4810.61	
Vacancy Rate (%)	3.96	6.87	6.57	6.94	6.06	5.05	5.89	5.63	5.55	5.37	5.16	3.52	4.00
Bank - Admin & Clerical (WTE)	32.32	19.80	19.03	31.08	30.10	29.62	31.57	34.97	37.81	36.18	45.47	52.49	
Bank - Ancillary Staff (WTE)	22.49	26.96	35.09	54.62	59.50	61.68	64.07	61.92	55.55	58.27	69.65	83.38	
Bank - Nursing & Midwifery (WTE)	148.42	143.08	171.84	177.59	158.47	152.55	150.66	151.76	131.06	100.25	173.20	175.96	
Agency - Admin & Clerical (WTE)	6.15	2.33	1.10	2.21	1.14	2.21	2.53	6.23	6.34	5.07	8.71	9.74	
Agency - Ancillary Staff (WTE)	1.01	0.78	0.88	5.85	25.69	33.92	36.90	43.28	38.98	36.52	63.24	86.85	
Agency - Nursing & Midwifery (WTE)	54.17	47.93	34.63	41.41	31.34	26.33	39.40	46.46	42.53	35.77	47.45	52.73	
Agency Spend (% of total pay bill)	3.19	2.25	1.48	0.77	1.86	1.93	1.54	2.49	2.84	3.02	4.52	2.50	2.50
Nurse Agency Spend (% of total Reg Nurse pay bill)	6.94	7.27	3.50	5.28	4.03	4.05	5.55	5.13	5.78	6.13	10.88	2.14	3.00
Rolling 12 Month Turnover (%)	10.82	10.69	10.51	10.14	9.92	9.30	8.74	8.64	8.70	8.44	8.21	8.24	11.00
In Month Turnover (%)	0.82	0.55	0.75	0.51	0.51	0.53	0.59	0.53	0.79	0.71	0.68	0.38	0.92
Rolling 12 Month Sickness Absence (%)	4.05	4.13	4.25	4.24	4.22	4.19	4.19	4.19	4.18	4.15	4.22	4.29	3.85
In Month Sickness Absence (%)	4.00	5.19	5.38	3.69	3.57	3.47	3.60	3.77	4.09	4.24	5.17	5.10	4.22
Staff with Annual Appraisal (%)	78.75	75.09	73.25	72.80	72.10	72.60	72.03	70.85	69.35	69.78	66.02	66.66	90.00
Information Governance Training compliance (%)	89.20	87.80	87.20	87.90	85.30	85.60	85.50	84.40	84.20	82.60	79.60	77.80	95.00
Mandatory Training (%)	88.40	86.90	86.10	86.30	86.40	86.40	86.60	86.50	86.70	86.70	85.90	85.80	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).

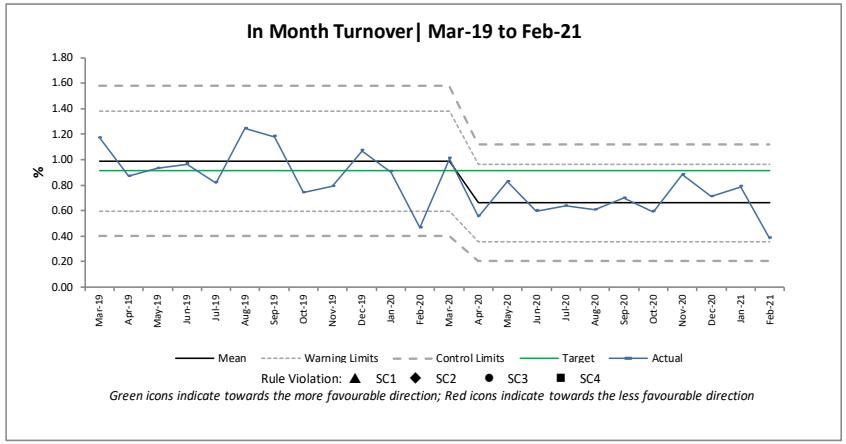
Run of at least 6 data points either all increasing or all decreasing, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

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

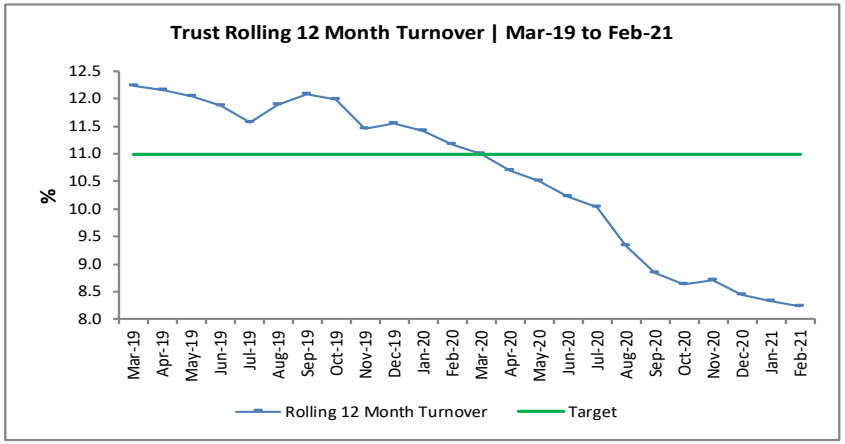
Royal United Hospitals Bath NHS Foundation Trust

In Month Turnover (%)



Target	Actual	Latest Data Point
0.92	0.38	Cc

12 Month Rolling Turnover (%)



Target	Actual
11.00	8.24

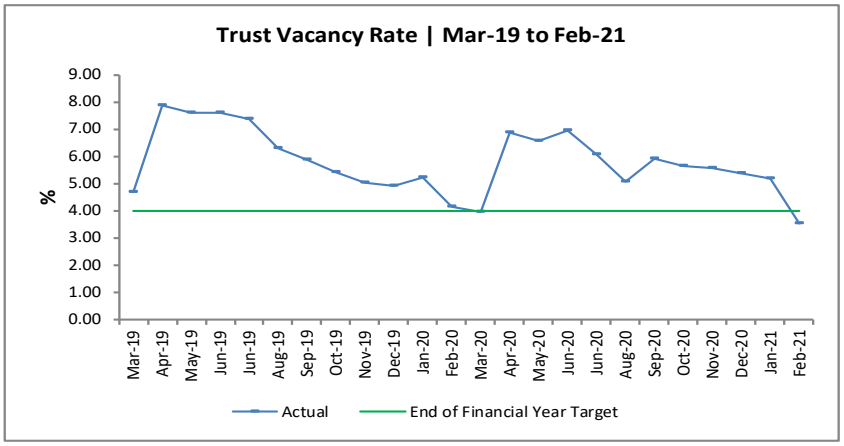
Commentary on Performance

- As it currently stands, February witnessed an in-month turnover of only 0.38%. Low turnover in February is not atypical; however, historically the figure is commonly revised up in March due to the late leaver notifications. This may again occur this year but even then the final figure is still likely to be highly favourable.
- As the percentage point difference between the in-month turnover rates for February 2020 and February 2021 was minimal, there has only been a small reduction in the rolling 12-month turnover rate.
- Band 5 Nurse 12 month rolling turnover is now only 6.7% (equivalent to 40.9 WTE leavers). 12 months ago, it was 13.0% (equivalent to 75.8 WTE leavers). Comparative analysis of the periods March 2020 to February 2021 and March 2019 to February 2020, illustrates no change in the number who retired or flexi-retired (14) but a significant reduction in the number of this staff group leaving citing Work-life balance (16 vs. 43) and relocation (8 vs. 23). Given the unnatural changes seen in those areas, it is clearly a consequence of the pandemic and raises the possibility that we are simply in a retention 'bubble' due to the current societal restrictions and state of the economy.

Well Led | Workforce | Vacancy Rate

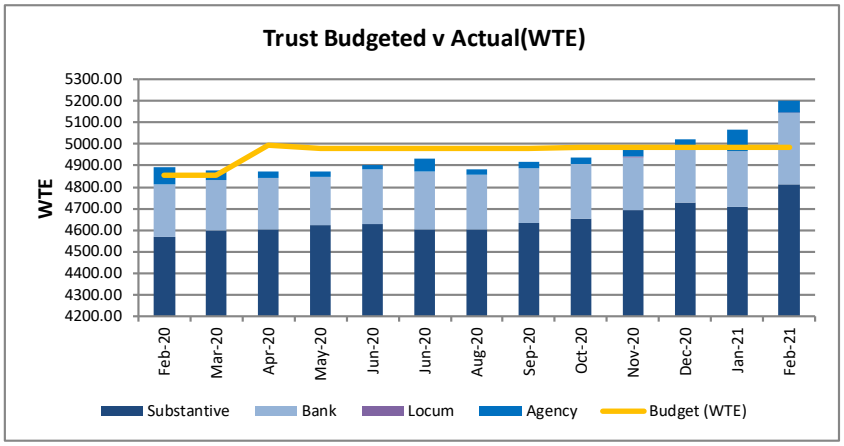
Royal United Hospitals Bath NHS Foundation Trust

Vacancy Rate (%)



Target	Actual
4.00	3.52

Budgeted v Contracted WTE



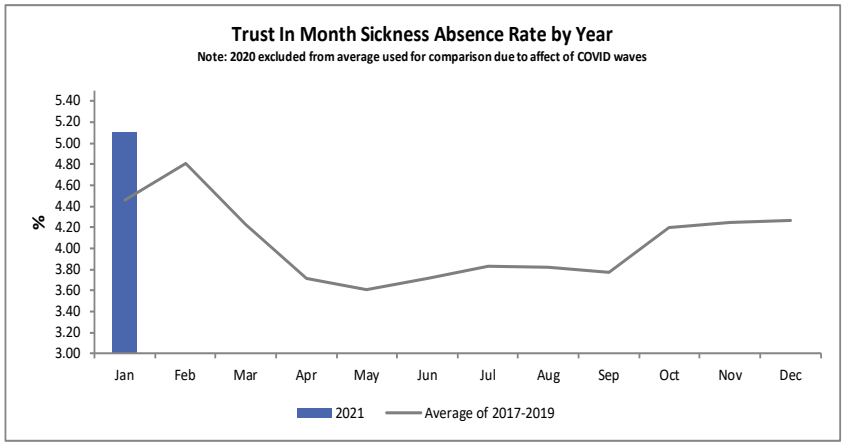
Commentary on Performance

- Based on Finance data, the overall vacancy rate for February was 3.52%. This would place the Trust below its target of 4.00%; however, caution ought to be exercised when assessing this figure as there may be some anomaly with the figures for STR doctors - potentially related to rotations - which is being investigated.
- Band 5 Nurse vacancy now stands at 9.8% - equivalent to 69.8 WTE vacancy.

Well Led | Workforce | Sickness Absence Rate

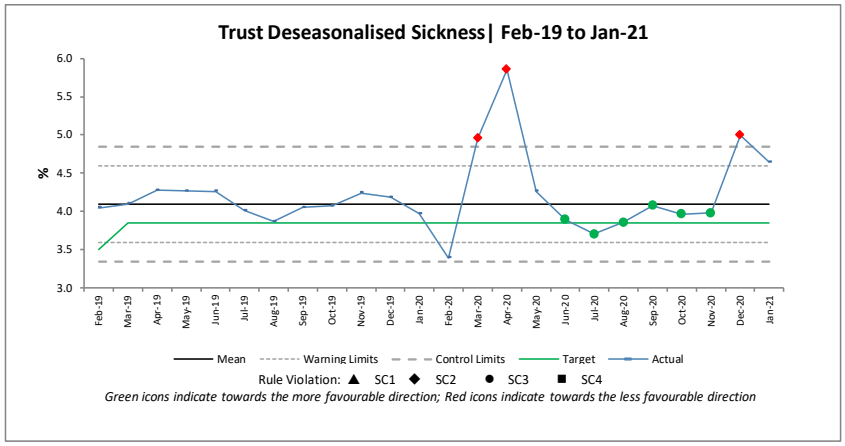
Royal United Hospitals Bath NHS Foundation Trust

In Month Sickness Absence (%)



Seasonally Adjusted Target	Actual
4.22	5.10

Deseasonalised In Month Sickness Absence (%)



Target	Actual Deseasonalised	Latest Data Point
3.85	4.64	SC

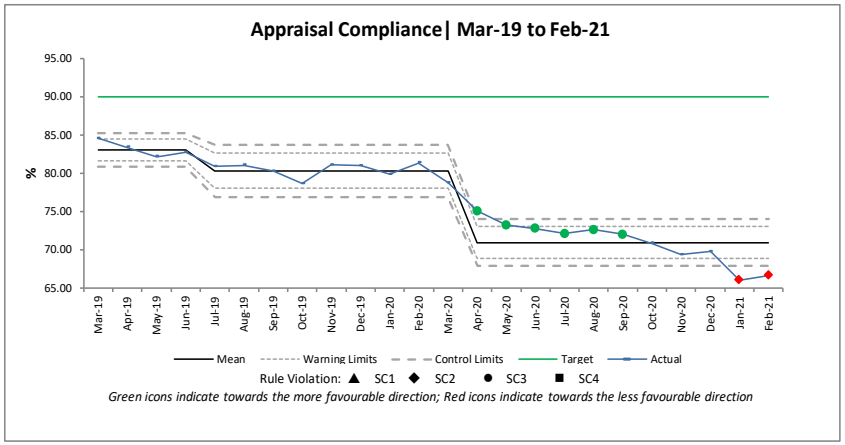
Commentary on Performance

- Sickness absence in January was 5.10%. given that much of the latest wave of the COVID pandemic occurred during January, it is understandable that this is notably higher than the norm for January in recent years. Indeed, the absence rate for COVID-related sickness was 2.07% (Non-Covid related - 3.03%).
- A COVID-related absence rate of 2.07% is marginally above that witnessed in December and is also higher than the rates recorded in the first wave. However, this difference to the first wave may partly reflect record inaccuracies.
- The main driver of the seasonal spike in absence witnessed in a typical January is Cold, Cough and Flu. In 2021, however, only 119.7 WTE days lost were attributed to this, compared to 678.3 WTE days in January 2019 and 701.3 WTE days in January 2020. Illness due to Gastrointestinal problems has also fallen but to a lesser extent (2021- 240.2 WTE days; 2020 - 460.1 WTE days; 393.6 WTE days).
- The absence rate due to Anxiety, Stress, Depression and Other Psychiatric Illnesses remains static on last month at 0.99%.

Well Led | Workforce | Appraisal Compliance

Royal United Hospitals Bath NHS Foundation Trust

Appraisal Compliance (%)



Target	Actual	Latest Data Point
90.00	66.66	SC

Appraisals In and Out of Date

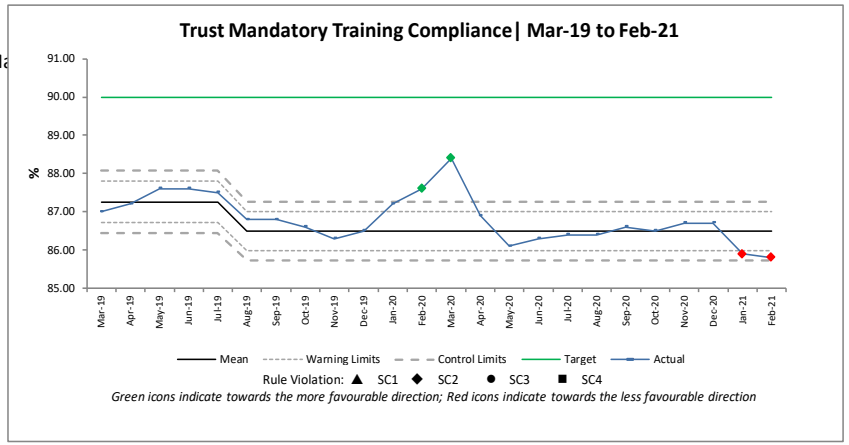
	In Date	Out of Date	% Compliant
Trust	3177	1589	66.66
AfC Staff	3020	1425	67.94
M&D Staff	157	164	48.91
Consultants	126	108	53.85

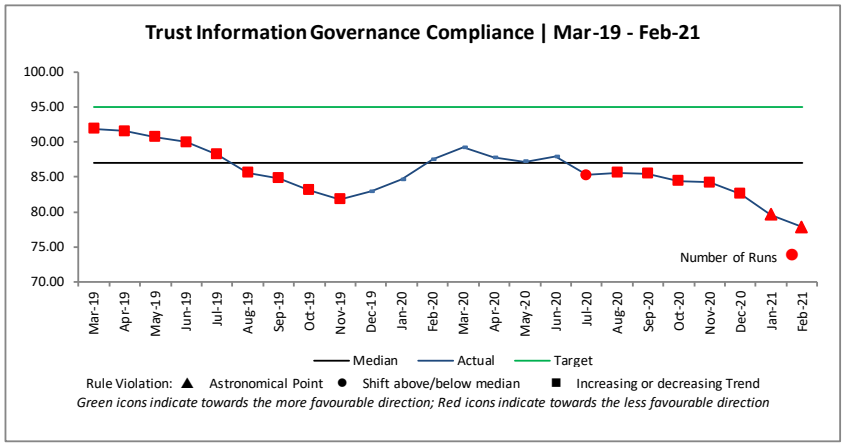
Commentary on Performance

- The overall appraisal compliance rate for February 2021 was 66.66%. Although this is a marginal improvement on the position last month, this latest data point does nonetheless fall below the current lower control limit and triggers SPC rules both as a point in isolation and when combined with last month.
- The current overall position represents a significant drop of almost 15 percentage points on the position one year ago. Given the timing, some causality may be attributed to the pandemic. However, other factors such as the roll out of Supervisor Self-Service for recording appraisals may have also had some effect. Indeed, it should also be remembered that compliance had been falling at a more gradual rate since December 2018, potentially indicating an issue pre-dating the pandemic.
- When analysing the change from last year at slightly more granular levels, notable differences emerge. For example, Facilities Division is only 4.9 percentage points down, whereas Corporate and Surgery Divisions are over 21 percentage points down. In addition, M&D staff are 34.0 percentage points down whilst AfC are 15.0 percentage points down - though the relative size difference between these two groups ought to be taken into account.

Well Led | Workforce | Training Compliance

Royal United Hospitals Bath NHS Foundation Trust





Target	Actual	Latest Data Point
90.00	85.80	SC4

Target	Actual
95.00	77.80

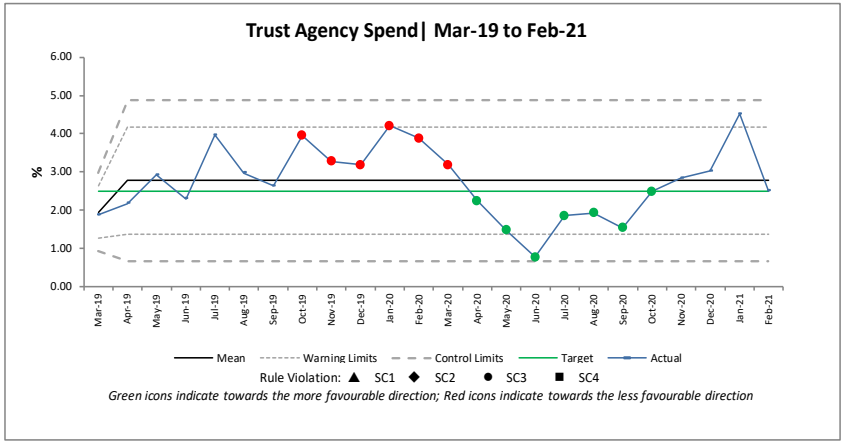
Commentary on Performance

- The overall mandatory training compliance rate has dropped to 85.8%. This data point combined with last month's point, now triggers an SPC rule. Although the figure is lowered by the inclusion of Bank staff, Facilities Division only has a compliance of 85.7%. Medicine is the highest performing Division at 88.4% compliance.
- The overall IG compliance rate has again marginally fallen and stands at 77.8%. Although this data point is not that dissimilar from the position last month, compared to historic performance this data point would be considered an outlier against the historic norm. In addition, this month is also almost 10 percentage points down on the same month a year ago.

Well Led | Workforce | Agency Spend

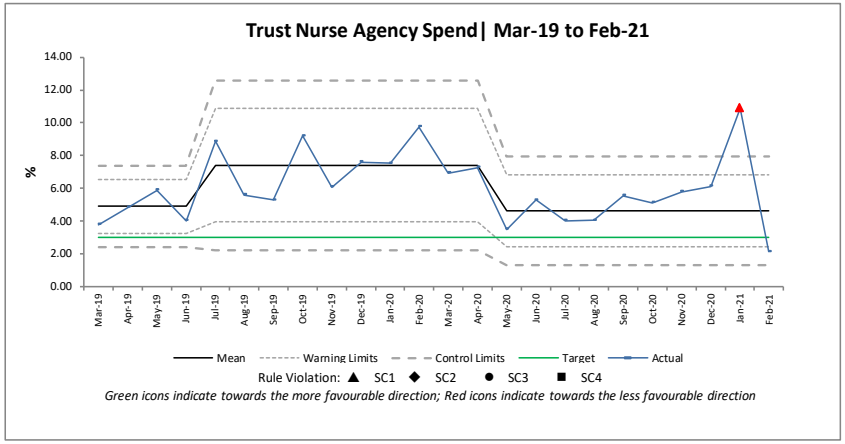
Royal United Hospitals Bath NHS Foundation Trust

Agency Spend as Proportion of Total Pay Bill (%)



Target	Actual	Latest Data Point
2.50	2.50	Cc

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



Target	Actual	Latest Data Point
3.00	2.14	Cc

Commentary on Performance

- Agency spend as a proportion of the total pay bill was 2.50% in February. This falls comfortably within the control parameters and is at the targeted level.
- Nurse agency spend as a proportion of the total nursing pay bill was 2.14%. Although this falls within the control parameters, it is notably lower than previous performance. However, it should be taken into account that the figure in January was unusually high. The figure for February may therefore be reflective of this and indicative of simply timing. Indeed, when the figures for February and January are averaged, the result is broadly in line with the previous months.
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