Report to:	Public Board of Directors	Agenda item:	13
Date of Meeting:	Wednesday 5 May 2021		

Title of Report:	Integrated Performance Report
Status:	Action/Discussion
Board Sponsor:	Simon Sethi, Chief Operating Officer
Author(s):	Rhiannon Hills, Deputy Chief Operating Officer, Divisional Directors of Operations & Cancer Manager
Appendices	Appendix 1: Operational Performance SPC deck Appendix 2: New Integrated Performance Scorecard Appendix 3: New Integrated Performance Report *Example*

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 March, five of the Single Oversight Framework (SOF) operational metrics triggered concerns: 4 Hour waits in ED, 18 weeks RTT Incomplete Pathways, 31 day diagnosis to first treatment, 62 urgent referral to treatment and Six week diagnostic waits.

The Trust continues to be in a national incident response although the UK COVID-19 alert level reduced from Level 5 to Level 4 on 25th February 2021. The Covid prevalence has reduced both nationally and locally and national lockdown measure have begun to ease.

Key points to note:

- 4 hour performance saw an increase in performance in month from 76.5% in February to 84.3% in March, an increase of 7.9%.
- Delays in ambulance handover remain a key safety concern but we saw a reduction in the number of >30 minute and >60 minute delays in month.
- Referral to Treatment within 18 weeks performance increased in month to 68.1%, with a continuing upward trend since July 2020.
- The overall number of patients waiting over 18 week remained static in month but the number of patients waiting over 52 weeks continues to increase. This increase is in line with projections due to clinical prioritisation of care and our covid response but above initial predicted levels.
- We have achieved the Cancer 2 week wait target for the second month in a row but 31 day diagnosis to treatment performance has dipped in month.
- Diagnostic performance has improved by a further 3% in month but remains above the national target.
- We continue to see a reduction in the number of Covid admissions during March

as we come out of the most recent Covid surge.

New Integrated Performance Report
As we move into the new financial year, we will be transitioning to a new integrated performance report. The new report will be based on Improving Together Performance Reporting and will incorporate all aspects of our performance measures.

For this month, we have moved to the new Integrated Performance Scorecard which has been amended to reflect our Improving Together Programme and focus. The scorecard presents our True North and Breakthrough objectives plus our key national performance standards then groups Trust tracker and other key measures mapped to our True North Strategic Goals.

For April reporting (June BoD), Performance and Finance will be presented in the new integrated report template with the plan to incorporate all areas fully by end of June 2021. We have included an example Integrated Performance Report in this month's pack to provide an illustration the style and look of the new report (see *Appendix 3*).

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

Royal United Hospitals Bath
NHS Foundation Trust

Operational Performance Report

March 2021

NHSI Single Oversight Framework | Summary

Royal United Hospitals Bath NHS Foundation Trust

Performance Indicator	Feb	Mar	Triggers Concerns
Four hour maximum wait in A&E (All Types)	76.4%	84.3%	
C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	4	4	
RTT - Incomplete Pathways in 18 weeks	67.9%	68.1%	
31 day diagnosis to first treatment for all cancers	96.2%	95.5%	
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	93.5%	94.2%	
2 week GP referral to 1st outpatient - breast symptoms	99.1%	100.0%	
28 day referral to informed of diagnosis of all cancers	79.1%	82.5%	
62 day referral to treatment from screening	83.3%	91.7%	
62 day urgent referral to treatment of all cancers	74.5%	72.7%	
Diagnostic tests maximum wait of 6 weeks	32.40%	29.05%	

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

In March five SOF operational metrics triggered concerns: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways, 31 day diagnosis to first treatment for all cancers, 62 day urgent referral to treatment of all cancers and Six week diagnostic waits (DM01).

Executive Summary

Royal United Hospitals Bath NHS Foundation Trust

4 hour Performance

Issues

- Flow out of the Emergency Department challenged due to timeliness of DTA and availability for front door bed capacity, resulting in overcrowding and delays to Ambulance offloading delays
- Increase in attendances to ED over last few months
- Process flow delays within Majors pathway, current focus on time to CT
- Time from DTA to bed allocation
- Increase in number of long length of stay and patient transfer delays

Actions & Mitigations

- Transformational management team in place from 8th February 2021
- New Ambulance Handover SOP and Site meeting structure in place
- 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 to provide ED Red Resus, SDEC & TAU – due to completed first week of May 2021
- Divisional focus on allocation of beds within 60 minutes of request to support flow and reduce overcrowding

18 weeks RTT

Issues

- Growing elective backlog of 52 weeks and overall waiting list
- Reduction in face to face clinic capacity for aerosol generating procedures
- 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 2020
- Pan-hospital doctor rota impacting on some medical specialties (Gastro)
- Inability to back-fill short notice elective cancellations due to isolation periods
- Vacancies within clinical team in Oral Surgery from December 2020

Actions & Mitigations

- Renegotiated Independent Sector capacity for IPT transfers supporting treatment of T&O, ENT & General Surgery routines
- 12 Theatres now back up and running with priority to reopen elective ward to support recovery plan
- Agreement for additional medical staff to support Gastroenterology
- Specialty doctor in Oral Surgery commenced March 2021

Cancer Standards

Issues

- Waiting times for diagnostic imaging, biopsies and endoscopy remains the biggest challenge to cancer performance.
- Increasing clinical complexity of pathways resulting in longer time to diagnosis in many tumour sites.
- High levels of 2ww activity is generating increased diagnostics demand and putting further pressure on waiting times.

Actions & Mitigations

- Delivery of 4th CT scanner and 5th endoscopy room live in Q1 2021/22 to support reduction in cancer diagnostic pathway waiting times.
- Increased clinical capacity provided to help manage 2ww and surgical demand.
- New local anaesthetic biopsy pathway on track for go-live June 2021/22.
- Demand management pathway changes implemented in Primary Care.

Diagnostics

Issues

- Increase in overall 2ww referrals.
- Impact on overall capacity for Diagnostics due to increased demand.
- 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
- Recovery trajectories making strong progress with 3.4% performance improvement in month.

SPC Chart Definitions

Royal United Hospitals Bath NHS Foundation Trust

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).

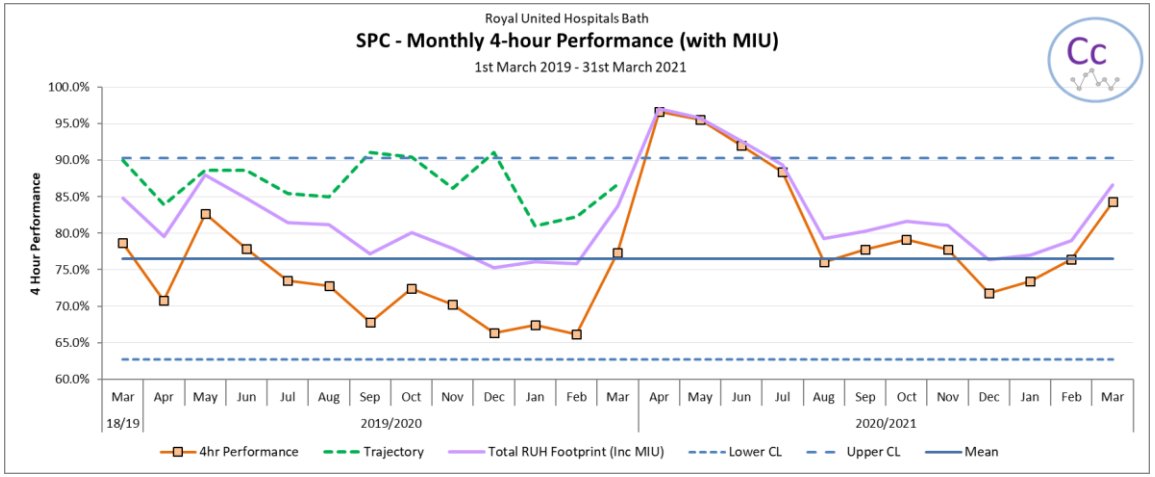
Run of at least 6 data points either all increasing or all decreasing, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

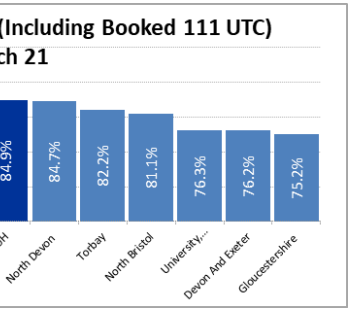
Where data points trigger multiple rules, the order of precedence for Special Cause Variation that has been used is Rule 4, Rule 3, Rule 2 then Rule 1.

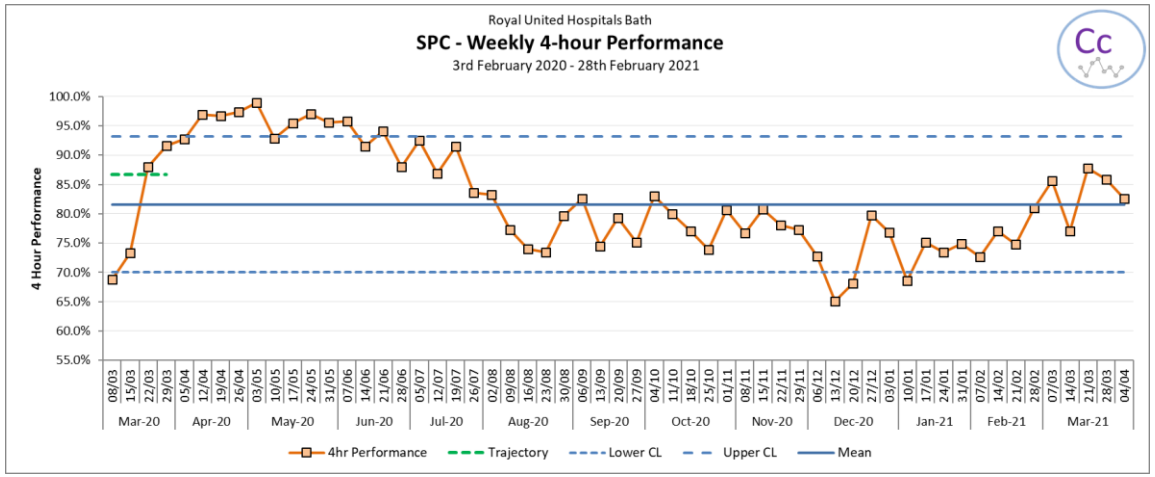
Responsive | 4 Hour Emergency Standard

Royal United Hospitals Bath NHS Foundation Trust

Waiting times in the Emergency Department







Summary Performance

- 4 hour performance (Type 1 & 3) 84.3% in March, an increase of 7.9% on the previous month but remains below national target.

Key Issues in month

- ED attendances and emergency presentations have continue to increase during March 2021.
- Flow out of the Emergency Department challenged due to timeliness of DTA and availability for front door bed capacity.
- Surge in demand with inability to respond quickly to reduce overcrowding in department.

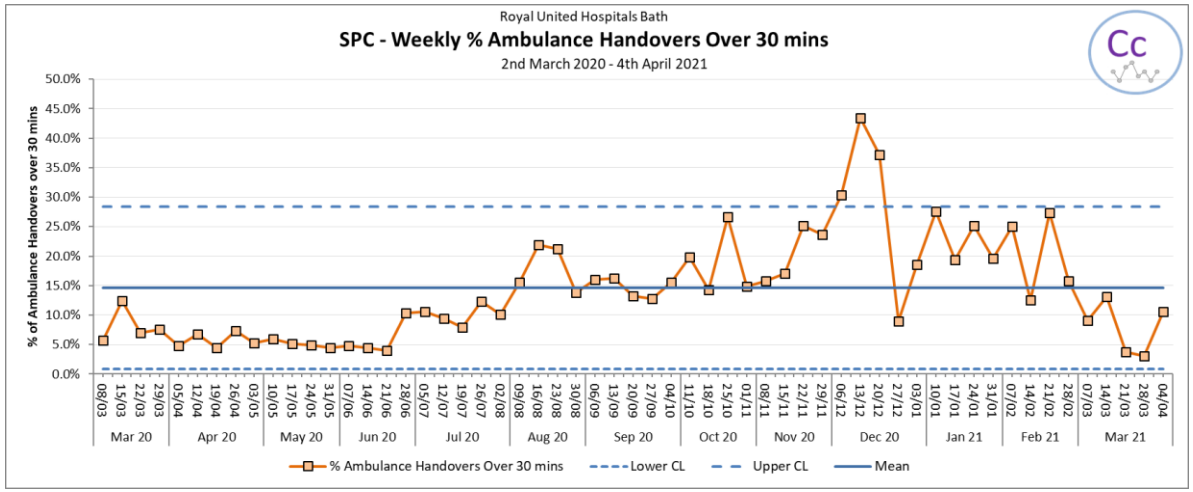
Actions and Mitigations

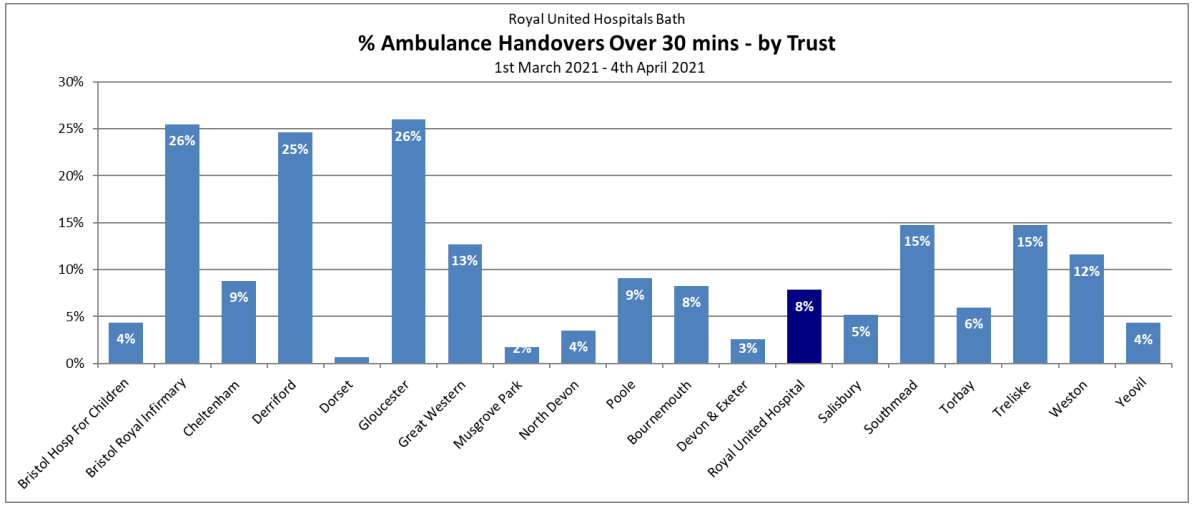
- New site meeting structure and Ambulance Handover escalation protocol supporting earlier action and response to capacity pressures.
- Proactive bed allocation from Assessment Units.
- Continued improvements in Time to CT and Ambulance Direct to Stroke pathway.
- Progress chaser role recruitment to provide additional support to Clinical Co-ordinator role.

Responsive | 4 Hour Emergency Standard

Royal United Hospitals Bath NHS Foundation Trust

Ambulance Handovers over 30 minutes





Summary Performance

- Ongoing delays in ambulance handovers with an average of 7% of patients exceeding 30 minute handover target during March, an improved position from February 2021.
- Have seen reduction in number of >30 and >60 minute ambulance delays in month.

Key Issues in month

- Ambulance off load delays due to department being at full capacity and lack of resus capacity.
- Stroke pathway direct to CT delaying crews from handing over.
- Changes to handover process following Covid has increased overall handover time impacting on the number of > 15 minutes 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.
- PDSA to improve Stroke pathway to CT to avoid ambulance crew delay whilst in CT.

In Month Response and Focus

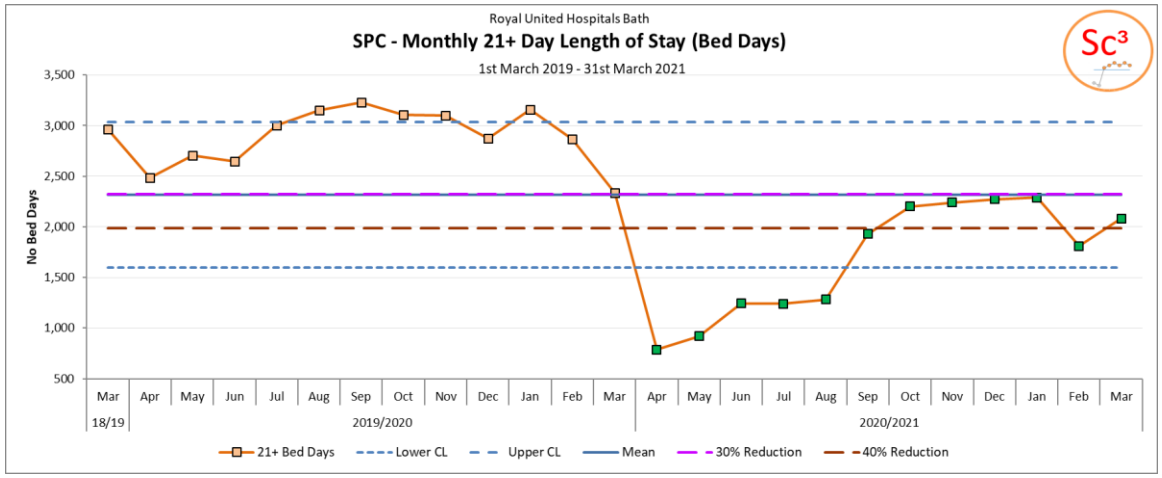
Lead Actions Update:

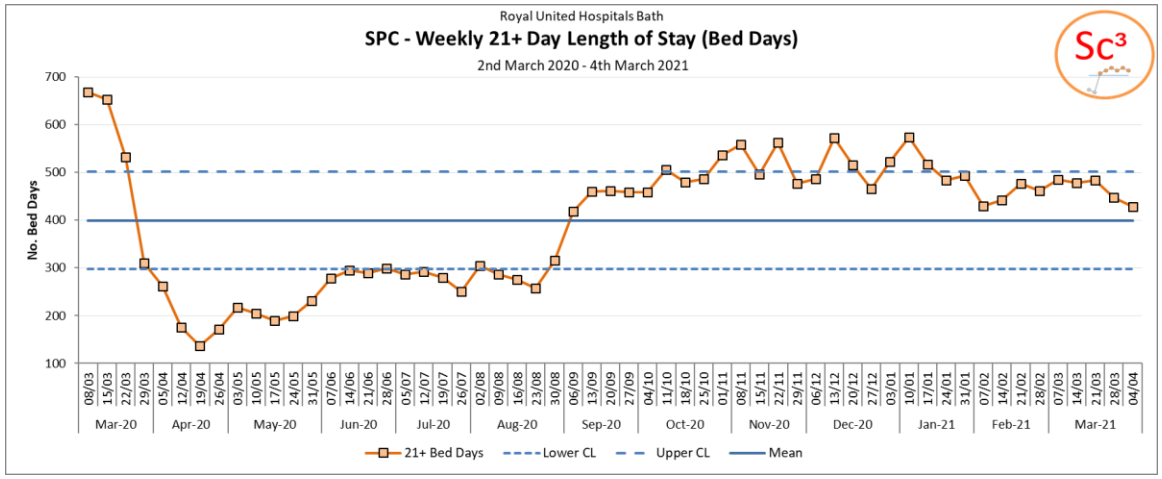
- **Direct admissions for Medicine** – Same Day Emergency Care development to create a second entrance for expected patents via ambulance. Capital programme commenced end of December 2020. Due to open first week in May.
- **Time to Decision to Admit (DTA) -** Divisional focus on bed placement within 60 minutes of DTA. Identified as a Driver measure for the medical division, progress reported through weekly flow meeting.
- **Rapid Assessment & Treatment Model (RAT)** – Delivery of capital works at end of Q4 to provide permanent Red Resus capacity in order to re-provide purpose built RAT space in ED.
- **UTC / ED Minors** – Two minors events completed and actions plan in place to support full integration between teams, with focus on improvement work for key pathways. PDSAs underway with Medvivo to reduce ED dispositions.
- **Discharge / Non criteria to reside** – work underway with community partners to improve discharge pathways for patients requiring additional support to go home or community beds (see discharge section for further details)

Further Actions & Mitigations:

- **Transformation & Management** – Implementation of new structure and work groups for 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 new SDEC, Trauma Assessment Unit and Red Resus by beginning of May-21
- **Medvivo Enhanced Triage** – at weekends to support minors attendance reduction – data presented nationally. Pilot to continue with further focus on pathways to SDEC once open.

Extended Length of Stay (+21 day) March 2021





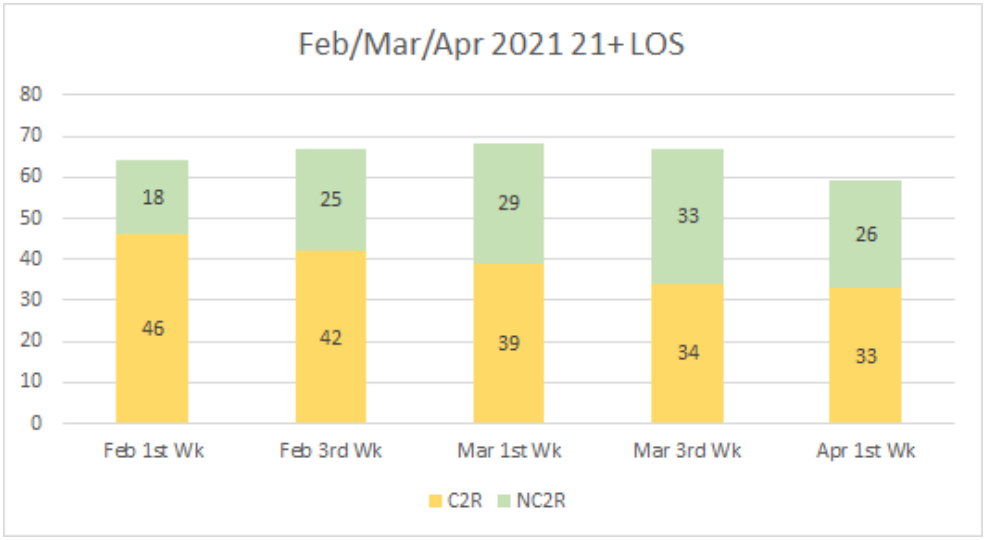
Summary Performance

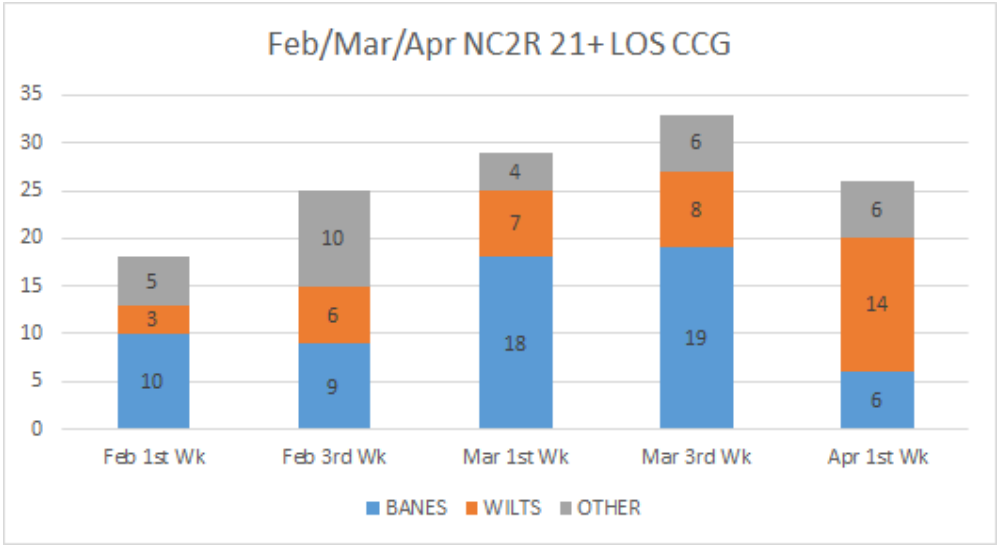
- Continue to stay below the NHSI/E threshold of a 30% reduction in 21+ overall, equivalent to and improved upon the progress made pre-covid.
- No Extended Stay System cases within the RUH, 1 high risk admission currently under 21+, learning from similar cases has been implemented by IDS to support discharge.

Internal factors

- Of the 21+, IDS focus on those that do not have Criteria to Reside, this number remains on average half or less of the overall total (<= 30)
- C2R and NC2R recording is improving on all wards with daily support and scrutiny.
- Predominately patients recovered from a period of acute illness which can often exceed 21+, the delays thereafter often timely access to community services.

Extended Length of Stay (+21 day) March 2021





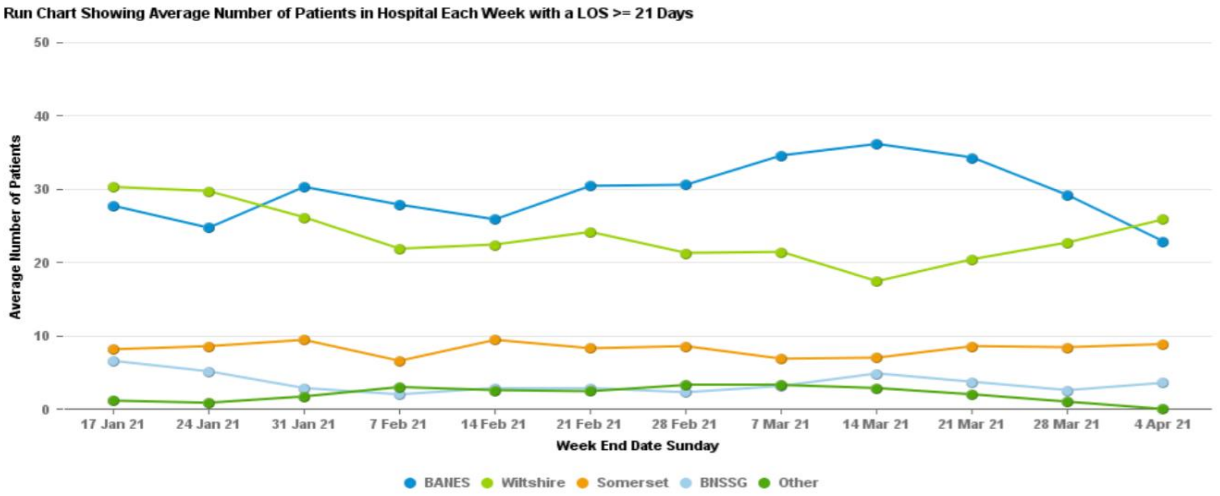
External factors

- Wiltshire have maintained their improvement in performance in month.
- Somerset patients have seen an improvement in their 21+ as their community ward has come back on line.
- B&NES currently have a higher number of patients waiting on the 21+ list, due to capacity constraints in CH, Home First and Care provision post reablement.

Actions and Mitigations

- Daily system calls & IDS escalation of capacity issues as required
- Strategic System Wide Group in place to progress short term and longer term transformation plans
- Co-chaired a South West D2A/HF conference, to share with system partners to prompt and promote further recovery. Second forum planned, Therapies and IDS involved.
- Banes Reablement Review underway, with support from RUH Home First and IDS Clinical Leads.

Discharge Pathways March 2021



Discharge Pathway percentages

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

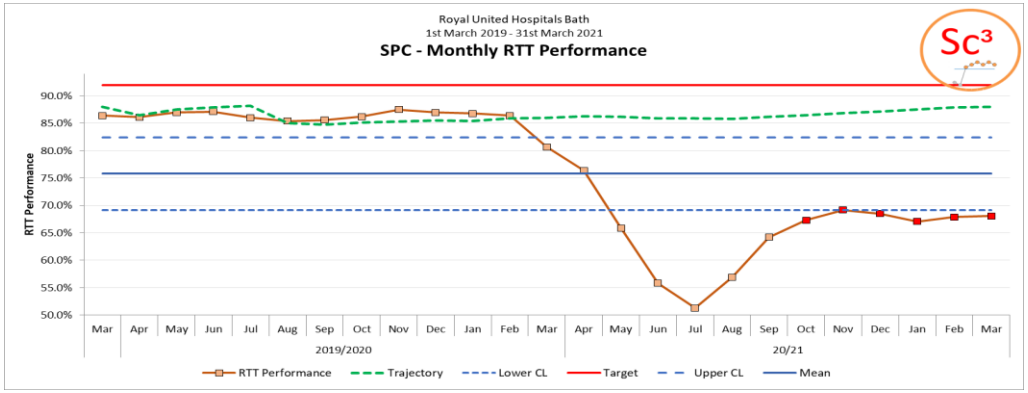
Actions and Mitigations

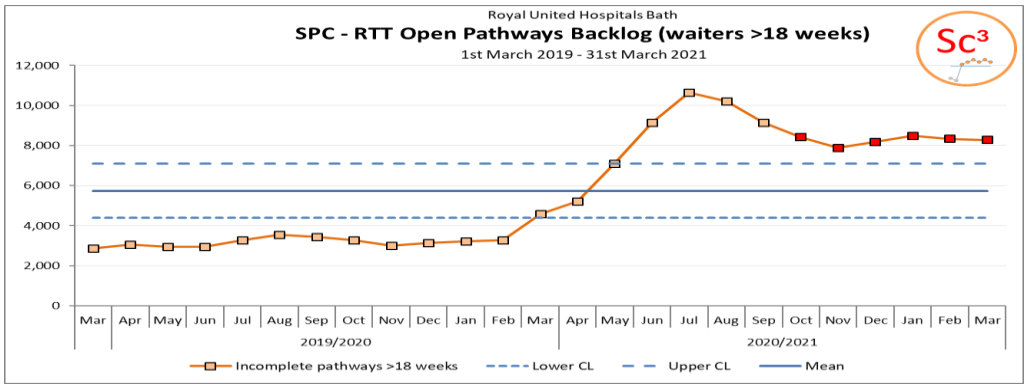
- Establish accurate monthly reporting
- As part of the new Improving Patient Flow Together Programme, the Discharge Pillar will be focusing on improvements in Non Criteria to Reside pathways – Project Group established with RUH and Community representatives
- Future D2A additional services/resources under review linked to BSW system wide post covid funding.
- These actions now form part of the Improving Together Patient Flow Discharge work stream.

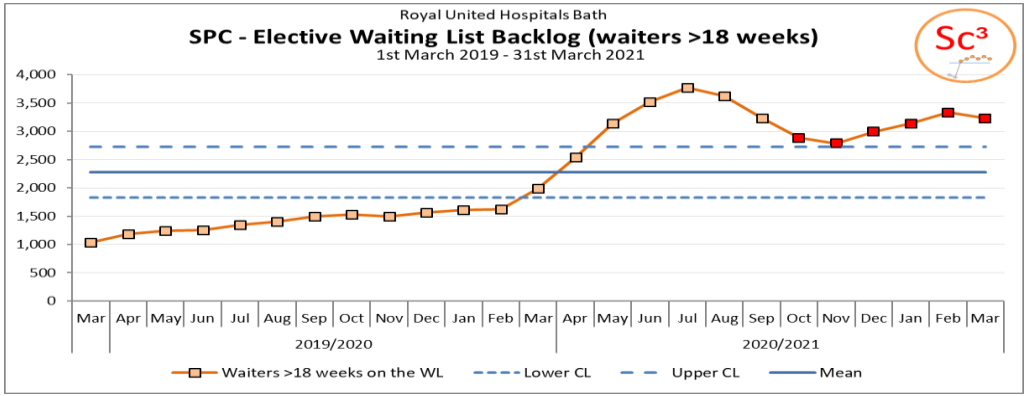
Responsive | Referral to Treatment Wait Times

Royal United Hospitals Bath NHS Foundation Trust

RTT Performance – 18 week Incomplete Standard







Summary Performance

- Performance against the incomplete standard of 92% was 68.1% in March, an increase of 0.2% on February.
- Acute Medicine, Respiratory, Neurology, Rheumatology and Geriatric Medicine met the constitutional standard with the largest improvement in Dermatology for the third month (+6.2%)
- The total over 18 week backlog decreased by 48 patients (-1%) to 8,278 patients in month. The elective backlog (admitted pathway) decreased by 3% (-106 patients) to 3,228 from 3,334.

Key Issues in month

- Capacity not sufficient to meet current demand in addition to treating significant backlog.
- Increase in dental patients waiting over 52 weeks due to lower clinical prioritisation.
- No ring-fenced elective orthopaedic ward for major joint procedures.
- Increase in 2ww referrals to Gastro, General Surgery and ENT continuing to impact on routine waits.

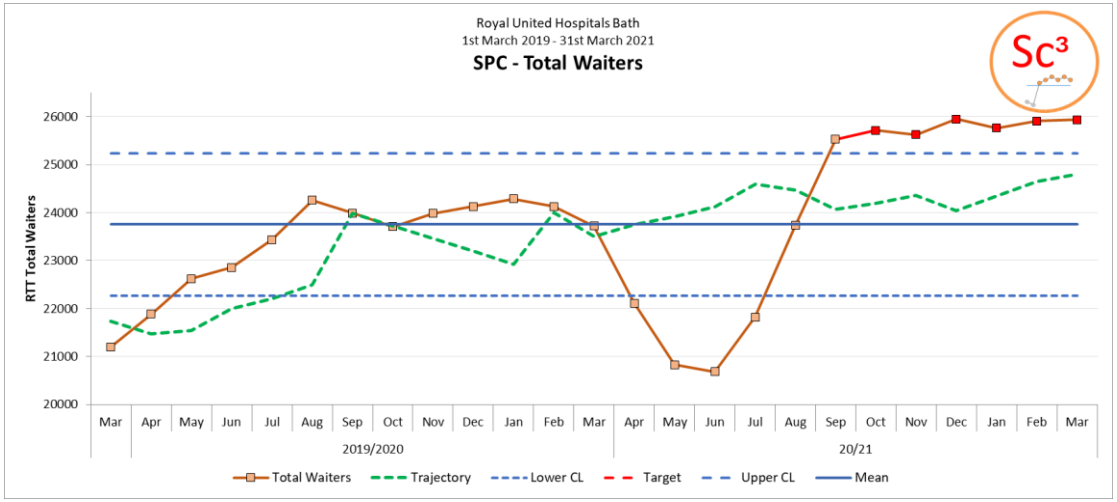
Actions and Mitigations

- General Surgery and T&O patients continue to be treated in the independent sector.
- Sustainable ICU plan in progress to release theatre staff
- 12 Theatres now back up and running with priority to reopen elective ward to support elective recovery plan.
- Plans to treat the longest waiting Paediatric oral surgery patients across BSW being worked through with Easter weekend identified as a suitable option at Salisbury Hospital.
- Plans to replicate BSW wide approach for the longest waiting paediatric ENT patients in progress.

Trajectory Incomplete Pathways

Total Incomplete Pathways increased by 28 on March which is 6.8% above the January 2020 position, and 4.6% 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 2020 is detailed below. General Surgery, ENT, Ophthalmology, Oral Surgery, Acute Medicine, Gastroenterology and Rheumatology have all shown growth.



Specialty	Total incomplete waiters January 2020	Total incomplete waiters March 2021	Variance from January 2020
100 - General Surgery	2139	3401	1262
101 - Urology	1360	1351	-9
110 - T&O	1808	1775	-33
120 - ENT	2073	2178	105
130 - Ophthalmology	2087	2491	404
140 - Oral Surgery	1756	3093	1337
300 - Acute Medicine	115	188	73
301 - Gastroenterology	2211	2581	370
320 - Cardiology	2060	1888	-172
330 - Dermatology	1234	668	-566
340 - Respiratory Medicine	402	289	-113
400 - Neurology	771	505	-266
410 - Rheumatology	801	826	25
430 - Geriatric Medicine	141	91	-50
502 - Gynaecology	1975	1682	-293
X01 - Other	3354	2929	-425
Total	24287	25936	1649

	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	25,936
% 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%	6.8%
% 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%	4.6%

Responsive | Referral to Treatment Wait Times

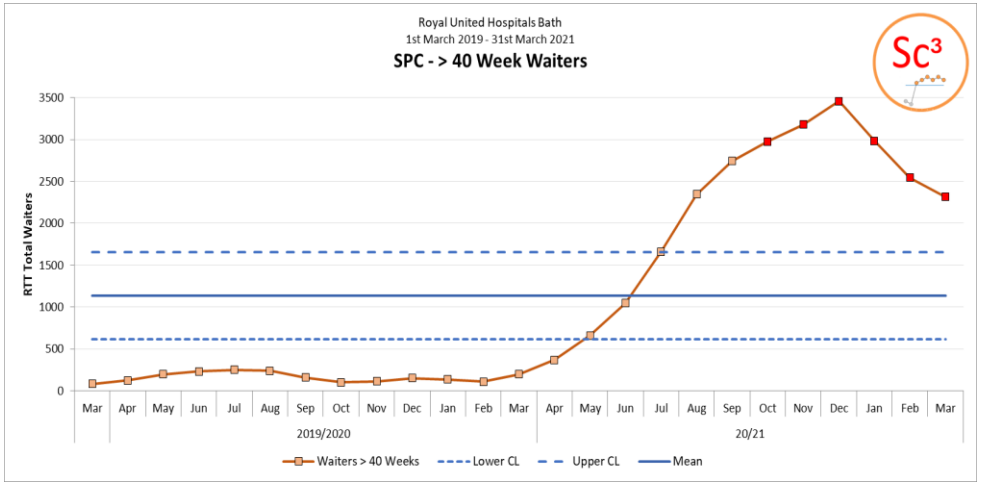
Royal United Hospitals Bath NHS Foundation Trust

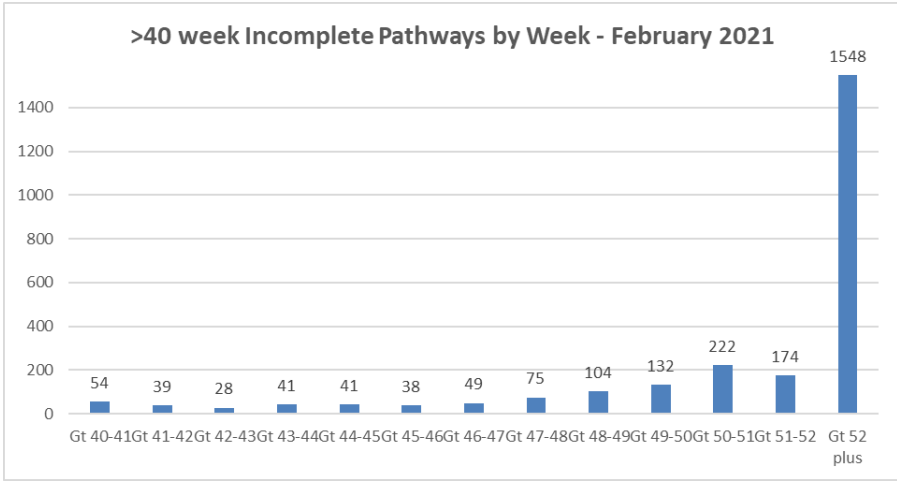
Incomplete Pathways >40 Weeks

>40 weeks growth from March 2020 to March 2021														
	Mar-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	Growth in month
100 - General Surgery	47	66	121	192	299	373	441	409	402	456	376	349	324	-25
101 - Urology	8	17	36	58	92	129	157	176	200	197	149	126	98	-28
110 - T&O	28	56	107	174	283	413	485	470	463	460	408	333	318	-15
120 - ENT	34	70	108	163	279	435	411	499	462	475	385	302	270	-32
130 - Ophthalmology	5	7	25	38	63	109	156	220	300	362	343	283	217	-66
140 - Oral Surgery	7	23	49	109	182	280	400	522	692	890	822	779	665	-114
300 - Acute Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	5	2	14	10	26	52	81	122	131	98	108	101	184	83
320 - Cardiology	23	32	57	68	100	104	149	139	120	101	59	41	49	8
330 - Dermatology	37	80	113	158	212	266	232	136	119	107	53	15	6	-9
340 - Respiratory Medicine	0	0	0	0	0	2	0	0	0	0	0	1	1	0
400 - Neurology	0	0	1	0	2	0	1	0	0	1	1	0	0	0
410 - Rheumatology	0	0	0	0	0	0	1	0	0	0	0	0	0	0
430 - Geriatric Medicine	1	0	0	0	0	2	0	0	0	0	0	0	0	0
502 - Gynaecology	1	11	24	55	94	139	170	170	144	115	100	79	74	-5
X01 - Other	3	5	6	20	29	43	58	111	146	196	180	136	108	-28
Total	199	369	661	1045	1661	2347	2741	2974	3179	3458	2984	2545	2314	-231

Incomplete pathways over 40 weeks have decreased in month by 231 patients. The largest decrease noted in Oral Surgery (114 patients)

- Clinical harm reviews are now being completed across all specialties for patients waiting in excess of 40 weeks (initial focus was Elective Waiting List)
- 33% of patients >40 weeks have had a Harm Review Completed; Medicine 10%, Surgery 34%, Women's & Children's 75%.
- Elective Clinical Prioritisation project continued with 100% of patients being assigned a priority rating.
- 219 patients on the waiting list have requested a delay in treatment with P5 or P6 assigned

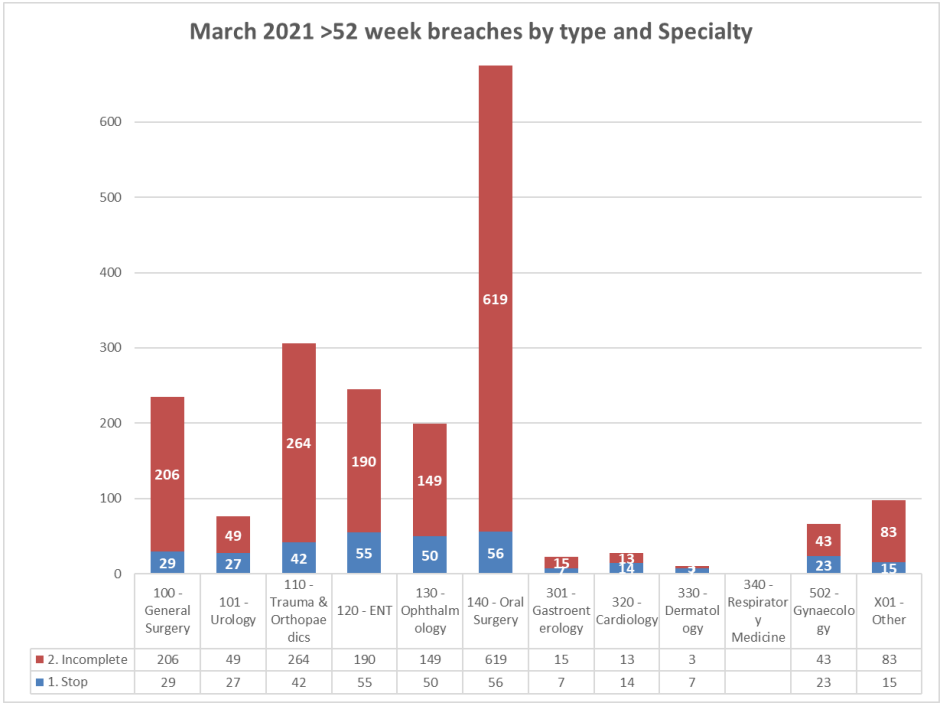




52 Week Breaches

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 325 >52 week breach stops in March:



2. Incomplete pathways

The Trust reported 1,634 incomplete 52 week pathways in March. This is 940 patients above the trajectory set as part of Phase 3 recovery.

Elective capacity continues to be prioritised by clinical need resulting in an inability to fully prioritise routine 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.

Mar-21	
Unify Specailty	**Incomplete >52 week breaches**
140 - Oral Surgery	619
110 - Trauma & Orthopaedics	264
100 - General Surgery	206
120 - ENT	190
130 - Ophthalmology	149
101 - Urology	49
X01 - Other	83
502 - Gynaecology	43
301 - Gastroenterology	15
320 - Cardiology	13
330 - Dermatology	3
Total	**1634**

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	1634
Variance between plan and actual	14	52	182	-8	0	90	224	310	383	622	890	940

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
- Informal agreement for continuation of support from Independent hospitals for elective care with lists agreed for General Surgery and T&O patients

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 continue
- Elective Care Board in place for BSW system
- **NEW April 2021 Weekly Elective Restoration return including; open pathways, clock stops, clock starts, diagnostics**

Further Actions & Mitigations:

RUH

- Ensure all P1, P2 and cancer procedures are maintained through weekly theatre meetings
- Maintain outpatient capacity at close to pre-covid levels prioritising patients on a cancer pathway and the longest waiting routine patients.
- 12 Theatres now back up and running with priority to reopen elective orthopaedic ward to support recovery plan
- Work continues in Dermatology to support performance recovery (+6.2%)
- Planning for elective recovery commenced in line with national guidance

Independent Sector

- Negotiations for quarter 1 contract underway supported by BSW
- IPT transfer of outpatient pathway for the longest waiting suitable ENT and T&O patients.
- IPT transfer of appropriate Dermatology patients requiring minor skin procedures to Spa Medical services

BSW Children's surgery

- Planning in progress to provide weekend day case lists on the Salisbury Foundation Trust site treating long waiting patients from a pooled BSW waiting list.
- Agreement in place for 1 ½ days operating over Easter weekend for some of the longest waiting oral surgery patients (c. 40 patients)
- Scoping opportunity for suitable paediatric ENT patients following Oral surgery weekend

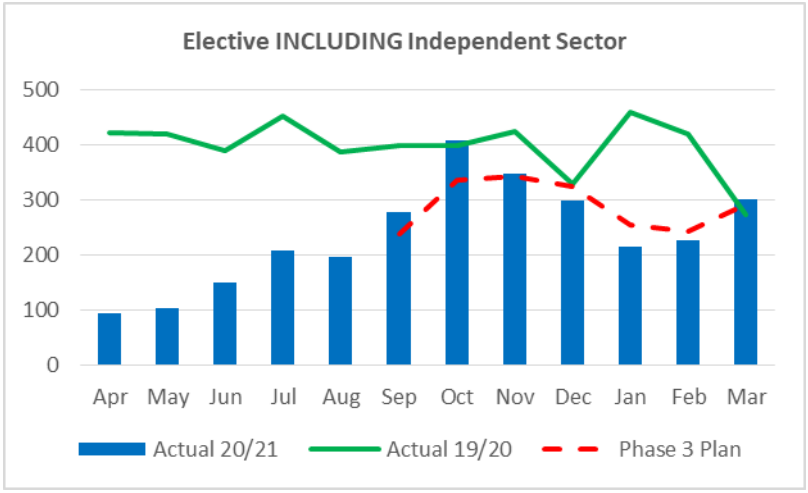
Activity Recovery Plan – Elective Activity

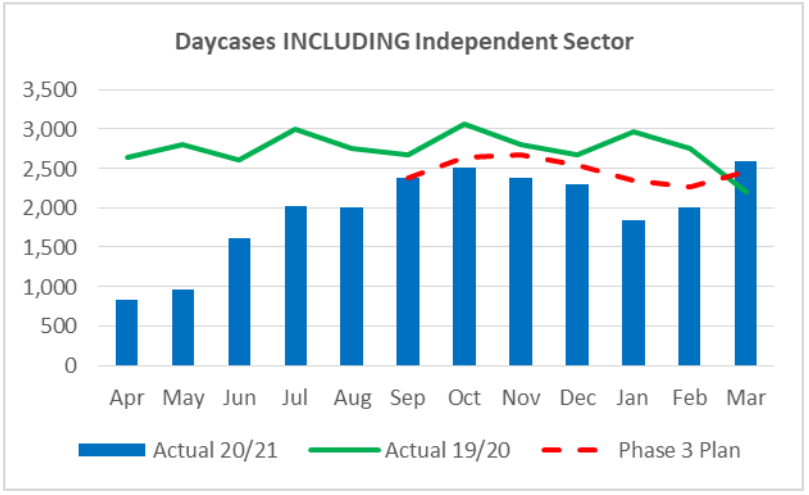
National Targets were set on 31st July 2020 (as below) to bring elective active back to near normal levels.

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.

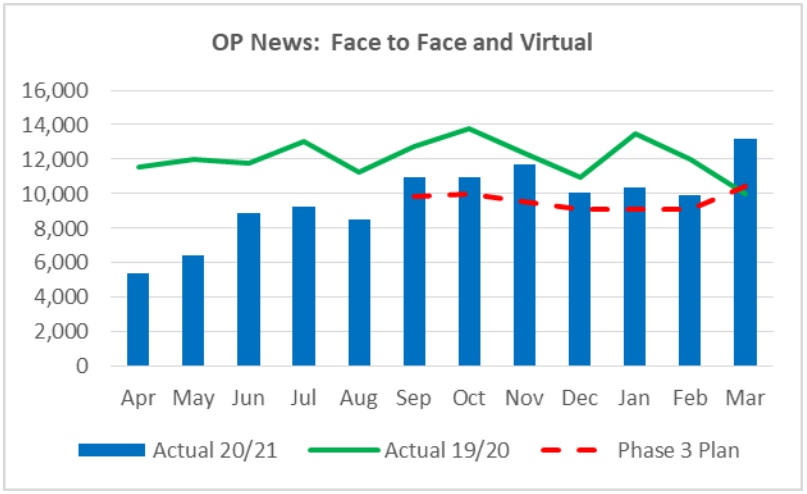
% of 19/20 activity levels	September	From October
Elective & Day Case	80%	90%
MRI/CT/Endoscopy	90%	100%
Outpatients	100%	100%

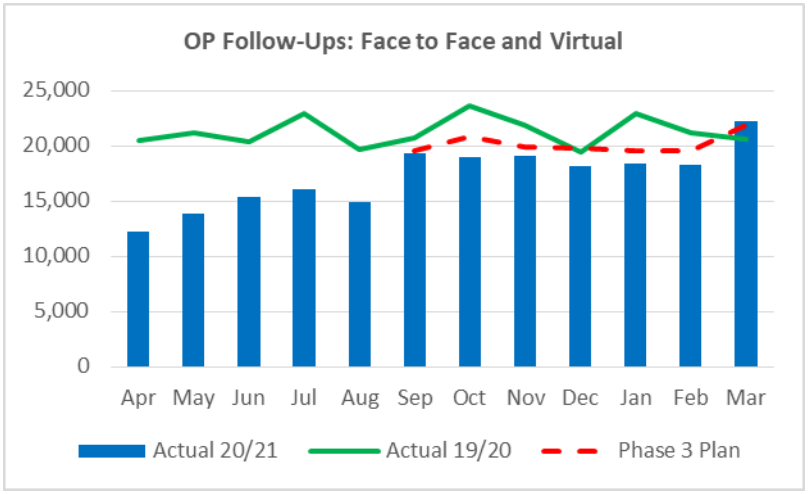
- Inpatient and day case activity were above planned trajectories and previous year for March. Performance against national target of 90% was 111% and 118% respectively, although actual levels for March 2020 were skewed by the first wave of Covid-19.
- Day cases in particular, have seen a positive increase compared to levels in January and February as the impact of standing down Priority 3 and 4 elective activity reverses.
- In response to Covid, major joints were stood down from 15th December 2020 which has impacted elective activity levels but plans are in progress to reinstated this work during April 2021.
- Inpatient and day case activity levels continue to increasing week on week to support reduction in waiting list backlogs.





Activity Recovery Plan – Outpatient Activity



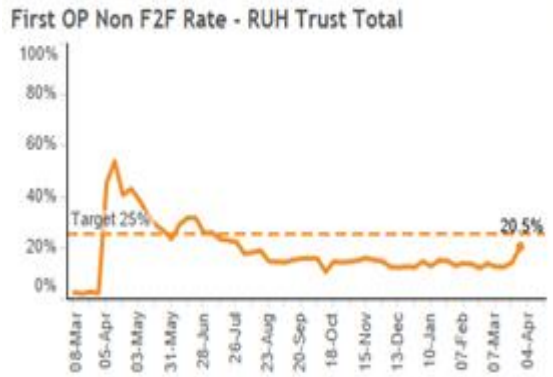


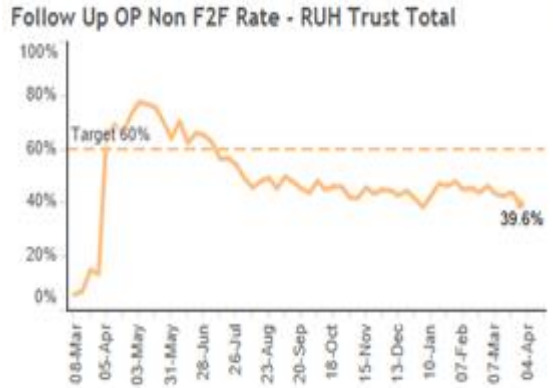
Outpatient new activity was 132% of pre-covid levels and follow up activity is at 107% for March 2021 against the national target of 100%.

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.

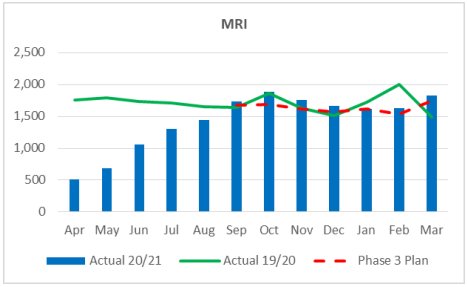
Virtual activity for new appointments is currently running at around 20% against a target of 25% and at 40% for follow ups against a target of 60%. This is an improvement for new appointments in month.

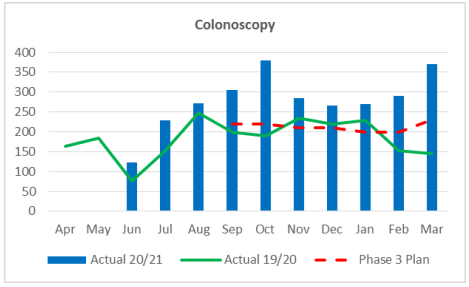
Work continue to ensure we are maximising virtual outpatients where clinically appropriate.

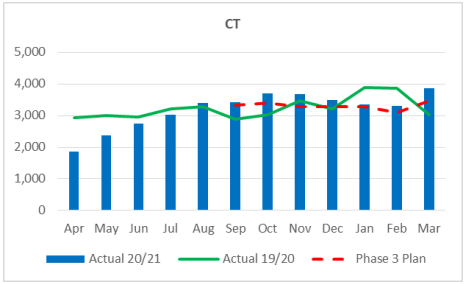


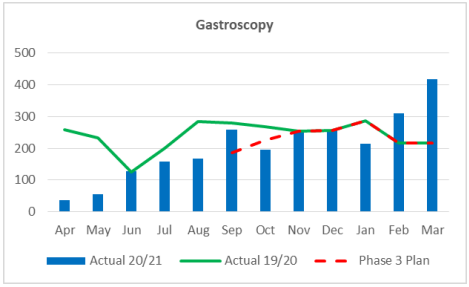


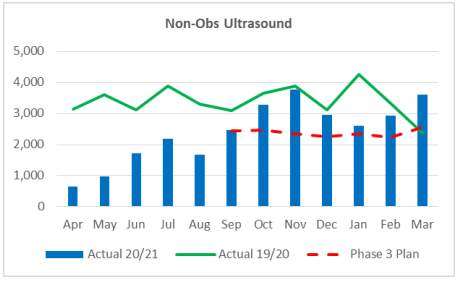
Activity Recovery Plan – Diagnostic Activity

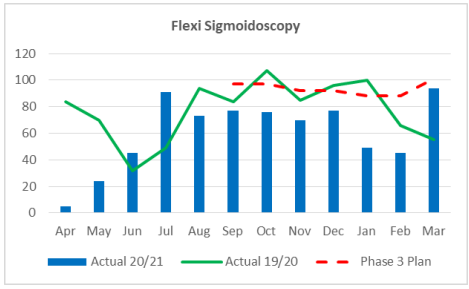












We have seen a continued improvement in diagnostic activity during March 2021 and in many areas, we are at or above levels prior to Covid.

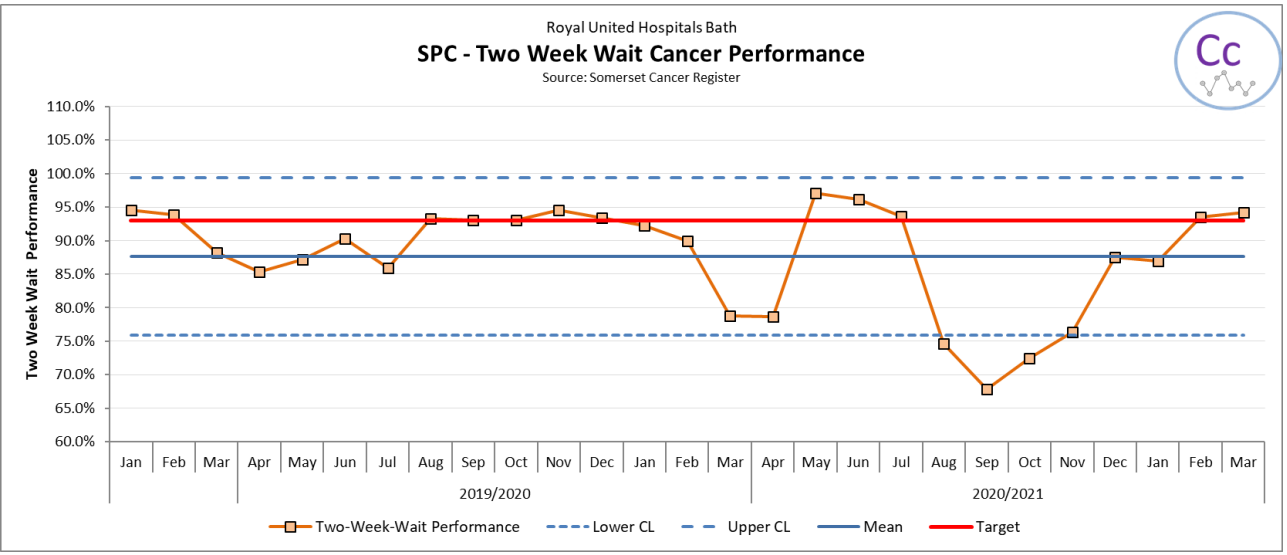
For March, we achieved above trajectory and against previous year's levels in all key diagnostic disciplines with increases in activity across the board.

The most significant step changes in month were seen in Flexi Signmoidoscopy, Gastrosopcy, Colonoscopy and Non-obstetric Ultrasound.

Since July 2020, the overall diagnostic waiting list size has continued to reduce but has plateaued over the last few months. 6 week performance has improved over the period from 60% in May to 22.0% 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



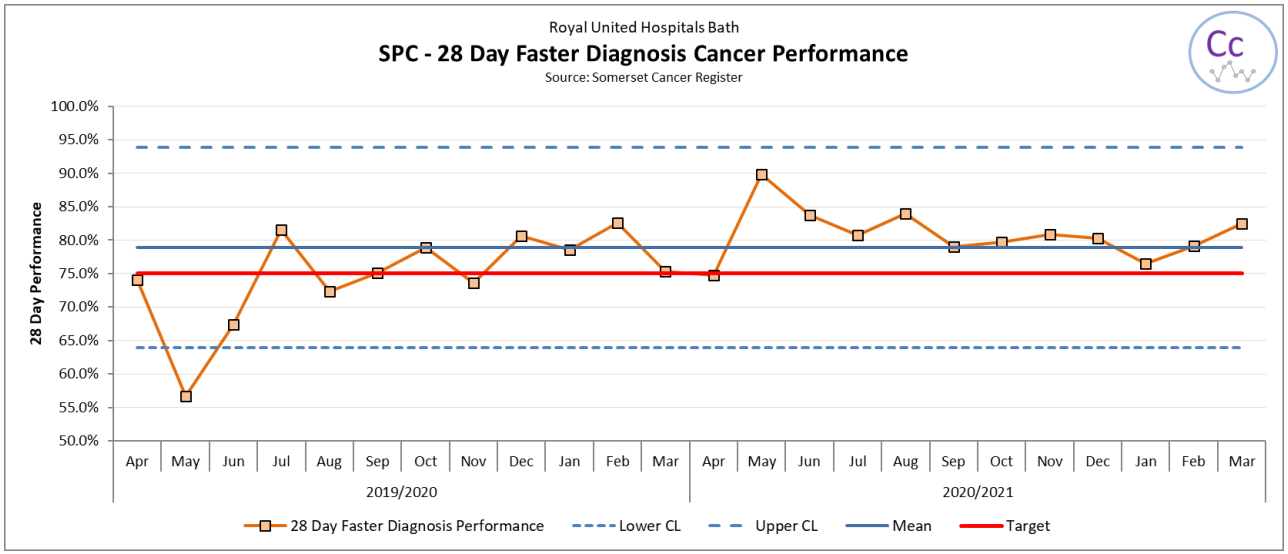
Summary Performance

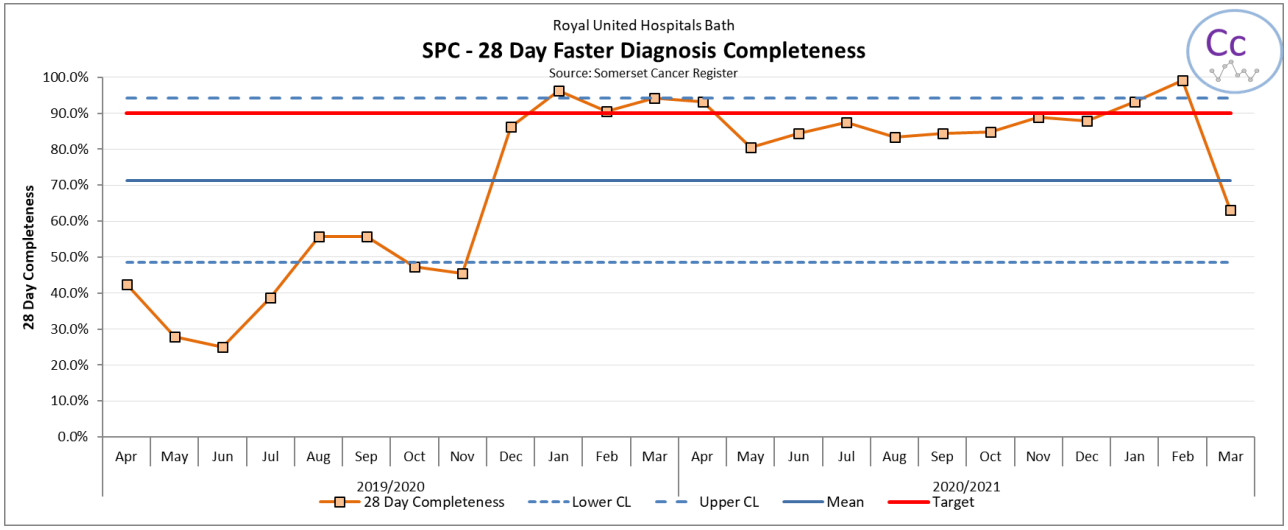
- In March the Trust maintained performance, achieving 94.2% with a total of 109 breaches.
- Top contributors for breaches in month were:

Tumour Site	Breaches
Upper GI	42
Head & Neck	16
Colorectal	15

- Upper GI breaches are due to capacity challenges in both endoscopy and outpatients.
- Activity was very high in month with growth seen in a number of tumour sites, most notably in Head & Neck which has more than doubled from February.
- It is anticipated that performance will decline in April with higher levels of breaches in Breast, Gynaecology and Upper GI due to capacity issues and challenges managing increasing 2ww demand.

Cancer Access – 28 Day Faster Diagnosis



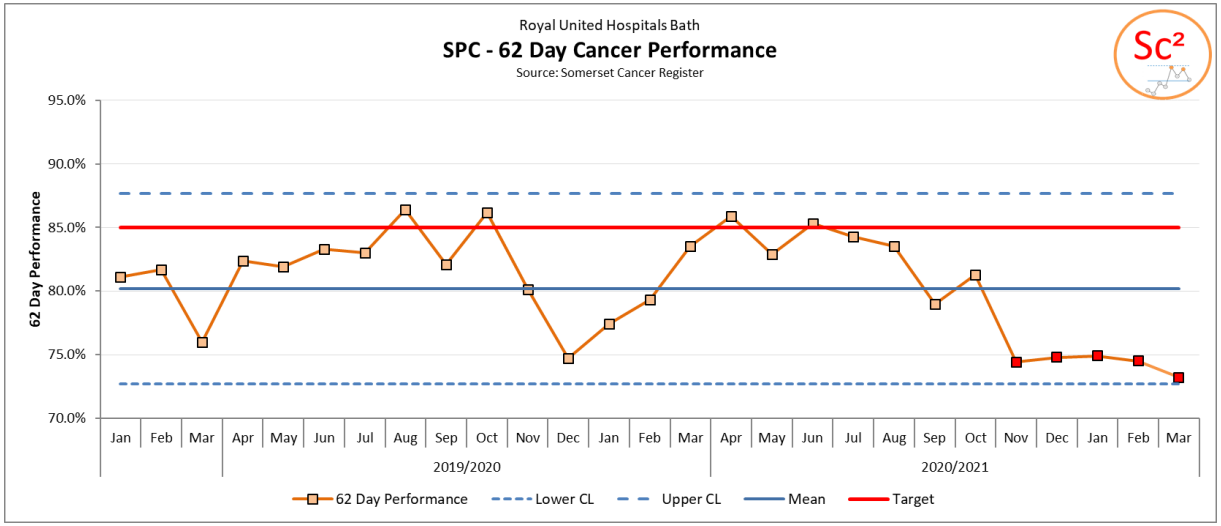


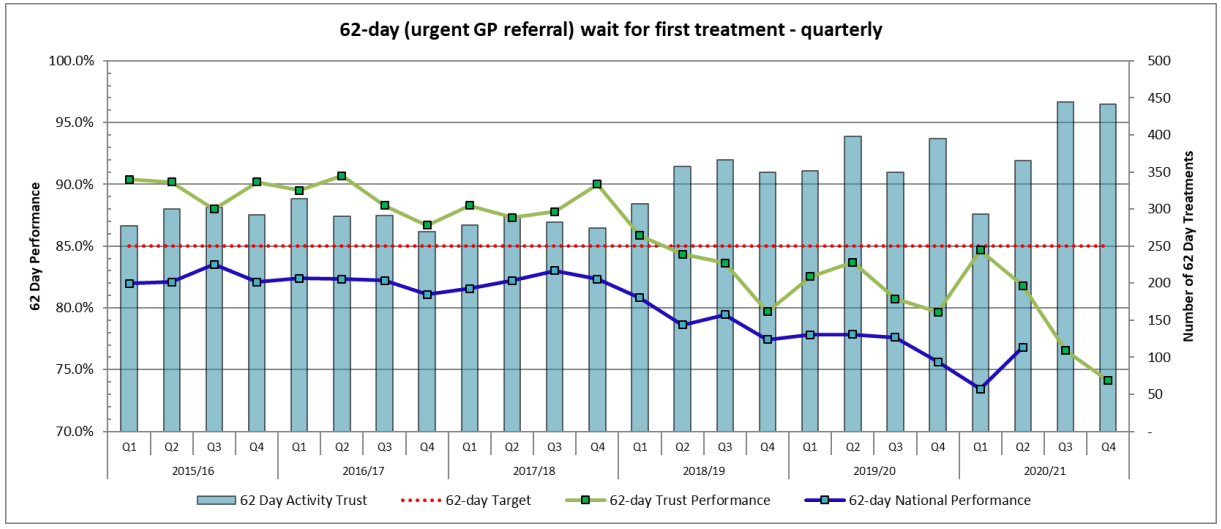
Summary Performance

- The 28 Day Faster Diagnosis standard is expected to be formally performance managed externally from October 2021.
- The Trust continues to track patients against the target in shadow form and recorded performance of 82.5% in month against the planned target of 75%.

- The data completeness target has been reset at 90%.
- There is a time-lag in activity recording so the current month will consistently show lower data completeness compliance but will improved when updated in the following month.

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





Summary Performance

- The standard was not achieved in March with the Trust recording performance of 72.7% (46 breaches).
- Top contributors for breaches in month are:

Tumour Site	
Urology	13
Colorectal	11.5
Lung	6.5

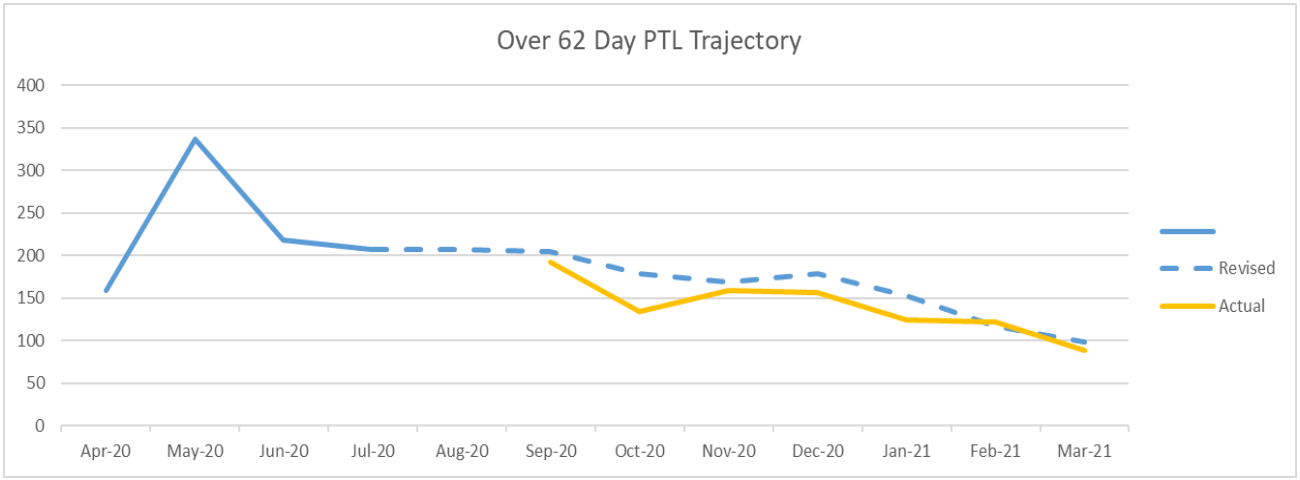
Key issues in month

- High level of activity with many longer waiting patients receiving treatment.
- Waiting times for CT, endoscopy and radiological biopsies contributed to a number of breaches.
- Clinical complexity of diagnostic pathways also remain a significant factor with existing waiting times not timely enough to deliver diagnosis and treatment within target timeframes.
- 12.5 breaches (13 patients) of the 104 day backstop standard were recorded.

Actions and Mitigations

- 4th CT scanner and 5th endoscopy room to go-live in Q1 2021/22.
- A3 for prostate diagnosis pathway progressing with new biopsy pathway planned go-live for June 2021.
- Colorectal diagnostic pathway improvement to be supported through Cancer Alliance funding.

Cancer Access – 62 Day Active Patient List



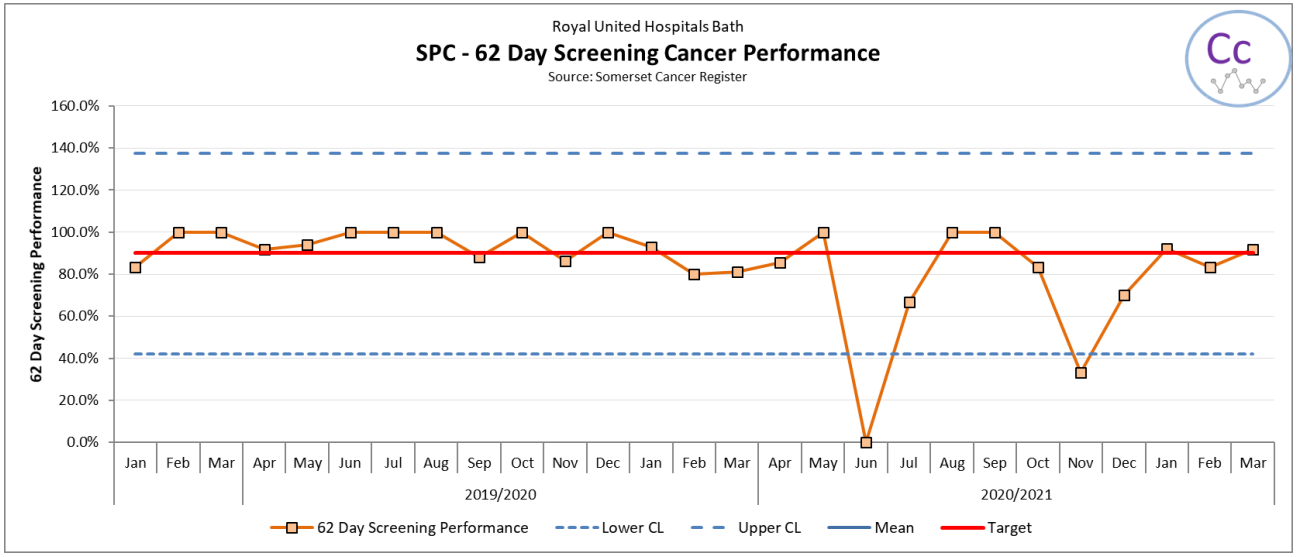
Summary Performance

- A key Phase 3 recovery metric for cancer pathways is 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 weekly performance meeting remains in place to help address and escalate issues of capacity and waiting times.
- 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 achieve the 90% target, recording 0.5 breaches, resulting in performance of 91.7%.
- The breach was a patient referred from the Bowel Cancer Screening Programme.
- The patient was not referred to the RUH until day 62 and due to a complex cancer pathway, further investigation and treatment could not be provided within the 24 day breach allocation timeframe.

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 continues to be achieved. The number of patients over 104 days has remained relatively static. The majority of patients have treatment or further diagnostics booked with a minority of patients still electing to delay/pause their care.

2. **2ww demand and capacity:** Demand increased leading to very high levels of activity in March. Most tumour sites recorded an increase with Head & Neck and Gynaecology noticing the most significant rises. Further work is required to understand these rises and specifically the potential resultant impact on diagnostic and treatment demand.

3. **Delivery of required capacity for those patients at the treatment stage in the pathway:** First treatment activity increased considerably in month following a reduction in February. Waiting times for surgical treatment in Urology are presenting the greatest challenge to achievement of the 31 day standard.

Planned Actions:

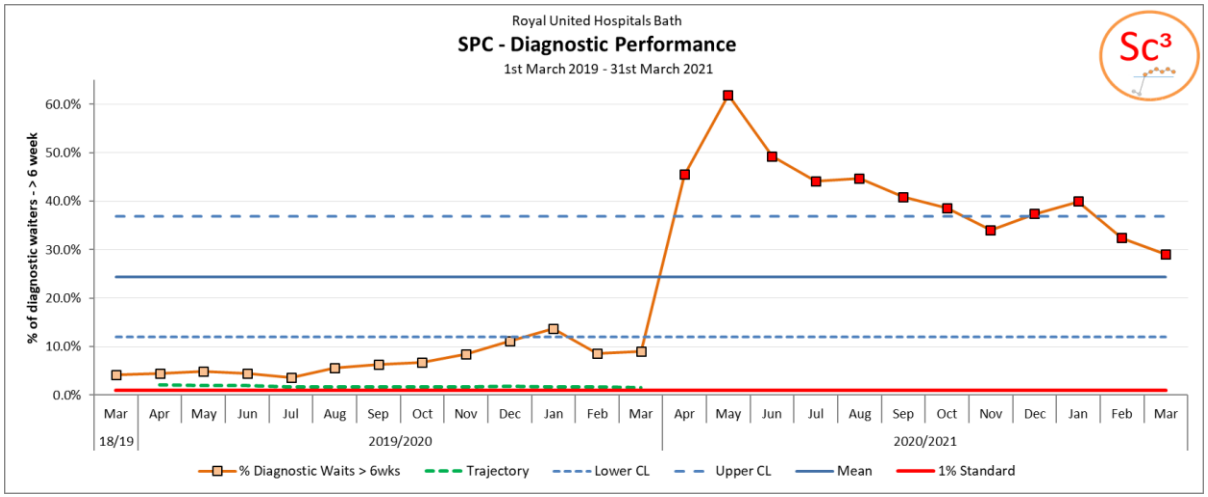
- Projects and pathways supported through the use of Cancer Alliance funding are being implemented notably in Colorectal and Prostate. Awaiting recruitment of staff (Colorectal) and confirmation of future funding (Prostate).

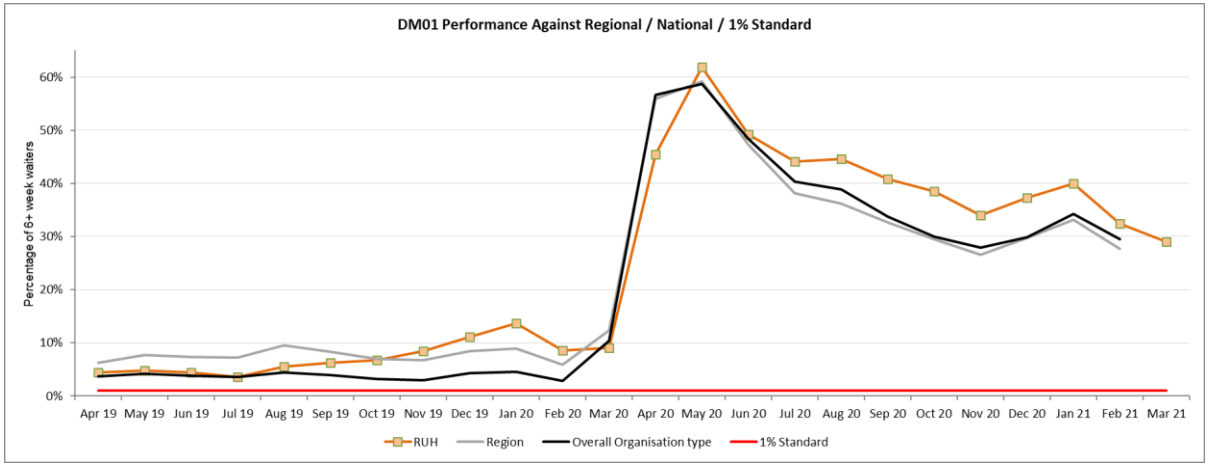
- Colorectal diagnostic pathway to be next area of focus using A3 methodology.

- Work with Radiology on longer term planning to support delivery of rapid diagnostic pathways.

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

- March performance is reported as 29.05% against the <=1.0% indicator. Performance improved 3.4% from last month.
- There was a total of 11,511 diagnostic referrals, of which 3,344 breached the 6-week standard.
- 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 – 447 less breaches when compared to previous month.
- Substantial improvement in Echo performance.
- 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.
- Increased demand for 2ww diagnostics impacting on overall capacity for Diagnostics.

Diagnostic tests - maximum wait of 6 weeks	> 6 weeks
Magnetic Resonance Imaging	185
Computed Tomography	478
Non-obstetric Ultrasound	1043
DEXA Scan	367
Audiology - Audiology Assessments	5
Cardiology - Echocardiography	494
Neurophysiology - Peripheral Neurophysiology	64
Respiratory physiology - Sleep Studies	1
Colonoscopy	188
Flexi Sigmoidoscopy	158
Cystoscopy	4
Gastroscopy	357
Total (without NONC)	**3344**

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 March 2021 to Circle Bath (MRI and CT). Updated agreement to outsource 80 scans per month.
- 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. Discussion on extending further 6 months.
- Additional CT mobile capacity secured in March 2021 (x 3 days) and April 2021 (x8 days). (*Note all mobile options have outsourced staffing model*)
- Non-Obstetric Ultrasound - additional WLI lists ongoing and consideration of agency staff & additional lists in community.

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.

Further Actions & Mitigations:

- Continue to request additional mobile CT capacity – pending confirmation of dates for May and June 2021
- Consideration of agency provision of Sonographers to increase capacity.
- Consideration of recruiting Midwife Sonographer to support increase in activity and mitigate current vacancies.
- 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. Ongoing validation of referrals supporting reduction of backlog. Business case submitted to support increased activity (additional Physiologist recruitment).

Key National and Local Indicators

Royal United Hospitals Bath NHS Foundation Trust

In the month of March there were **18 red indicators of the 72 measures reported, 4 of which were Single Oversight Framework (SOF) indicators**, key points and actions are outlined as follows:

Caring		7. Discharged patients that have had more than three ward moves
Effective	**SOF**	10. Dementia case finding 18. Hip fractures operated on within 36 hours
Responsive	**SOF**	29. Diagnostic tests maximum wait of 6 weeks (DMO1) 30. RTT over 52 week waiters 31. Urgent Operations cancelled for the second time 35. % Discharges by Midday (Excluding Maternity) 40. Number of medical outliers - median
Safe	**SOF**	51. CAS Alerts not responded to within the deadline 53. Number of patients with falls resulting in serious harm (moderate, major) 54. Number of hospital acquired pressure ulcers (grade 3 & 4)
Well Led	**SOF**	61. FFT Response Rate for ED (includes MAU/SAU) 62. FFT Response Rate for Inpatients 63. FFT Response Rate for Maternity (Labour Ward) 67. % of agency staff (agency spend as a percentage of total pay bill) 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)

Well Led | Workforce | Performance Summary

Royal United Hospitals Bath NHS Foundation Trust

Indicator	Trust Performance Over Last 12 Months												Q4 Target
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	
Budgeted Staff in Post (WTE)	4993.65	4978.57	4978.59	4978.59	4978.59	4979.59	4986.19	4986.19	4986.19	4986.19	4986.17	4986.17	
Contracted Staff in Post (WTE)	4650.67	4651.40	4633.00	4676.72	4727.03	4686.16	4705.61	4709.45	4718.41	4728.96	4810.61	4744.87	
Vacancy Rate (%)	6.87	6.57	6.94	6.06	5.05	5.89	5.63	5.55	5.37	5.16	3.52	4.84	4.00
Bank - Admin & Clerical (WTE)	19.80	19.03	31.08	30.10	29.62	31.57	34.97	37.81	36.18	45.47	52.49	82.25	
Bank - Ancillary Staff (WTE)	26.96	35.09	54.62	59.50	61.68	64.07	61.92	55.55	58.27	69.65	83.38	61.47	
Bank - Nursing & Midwifery (WTE)	143.08	171.84	177.59	158.47	152.55	150.66	151.76	131.06	100.25	173.20	175.96	212.34	
Agency - Admin & Clerical (WTE)	2.33	1.10	2.21	1.14	2.21	2.53	6.23	6.34	5.07	8.71	9.74	9.67	
Agency - Ancillary Staff (WTE)	0.78	0.88	5.85	25.69	33.92	36.90	43.28	38.98	36.52	63.24	86.85	101.17	
Agency - Nursing & Midwifery (WTE)	47.93	34.63	41.41	31.34	26.33	39.40	46.46	42.53	35.77	47.45	52.73	52.80	
Agency Spend (% of total pay bill)	2.25	1.48	0.77	1.86	1.93	1.54	2.49	2.84	3.02	4.52	2.50	4.33	2.50
Nurse Agency Spend (% of total Reg Nurse pay bill)	7.27	3.50	5.28	4.03	4.05	5.55	5.13	5.78	6.13	10.88	2.14	5.36	3.00
Rolling 12 Month Turnover (%)	10.69	10.51	10.14	9.92	9.30	8.74	8.64	8.70	8.44	8.21	8.24	8.03	11.00
In Month Turnover (%)	0.55	0.75	0.51	0.51	0.53	0.59	0.53	0.79	0.71	0.68	0.38	0.65	0.92
Rolling 12 Month Sickness Absence (%)	4.13	4.25	4.24	4.22	4.19	4.19	4.19	4.18	4.15	4.22	4.29	4.37	3.85
In Month Sickness Absence (%)	5.19	5.38	3.69	3.57	3.47	3.60	3.77	4.09	4.24	5.17	5.10	4.80	4.40
Staff with Annual Appraisal (%)	75.09	73.25	72.80	72.10	72.60	72.03	70.85	69.35	69.78	66.02	66.66	68.23	90.00
Information Governance Training compliance (%)	87.80	87.20	87.90	85.30	85.60	85.50	84.40	84.20	82.60	79.60	77.80	80.10	95.00
Mandatory Training (%)	86.90	86.10	86.30	86.40	86.40	86.60	86.50	86.70	86.70	85.90	85.80	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).

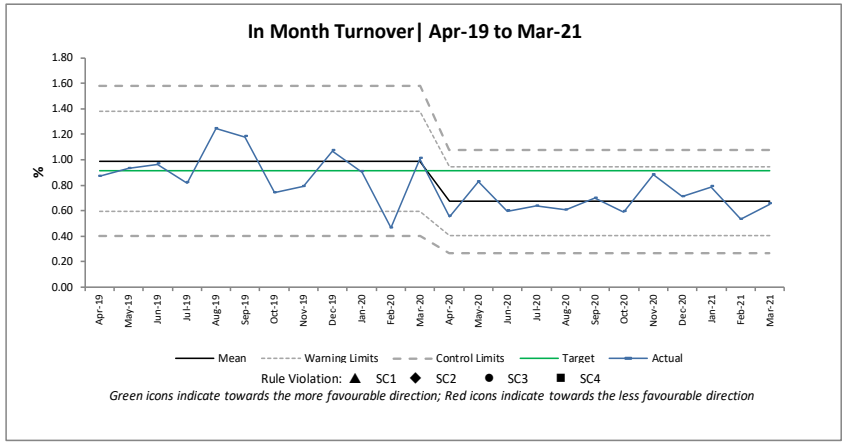
Run of at least 6 data points either all increasing or all decreasing, with green being in the favourable direction (towards or below target) and red being in the unfavourable direction (above or away from target).

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

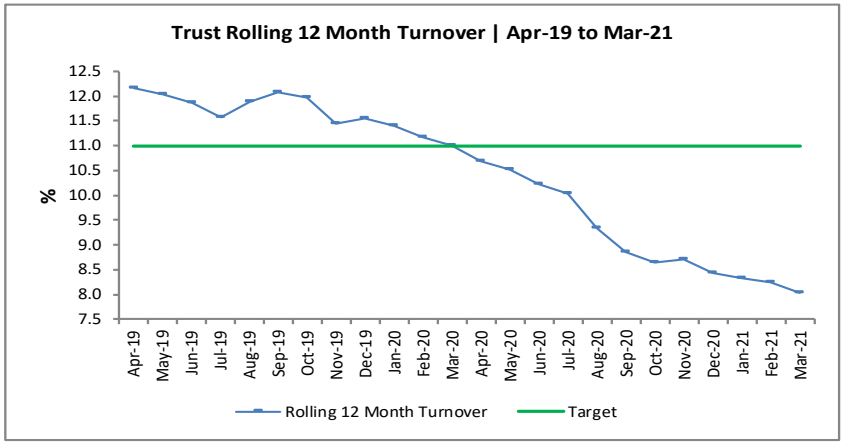
Royal United Hospitals Bath NHS Foundation Trust

In Month Turnover (%)



Target	Actual	Latest Data Point
0.92	0.65	Cc

12 Month Rolling Turnover (%)



Target	Actual
11.00	8.03

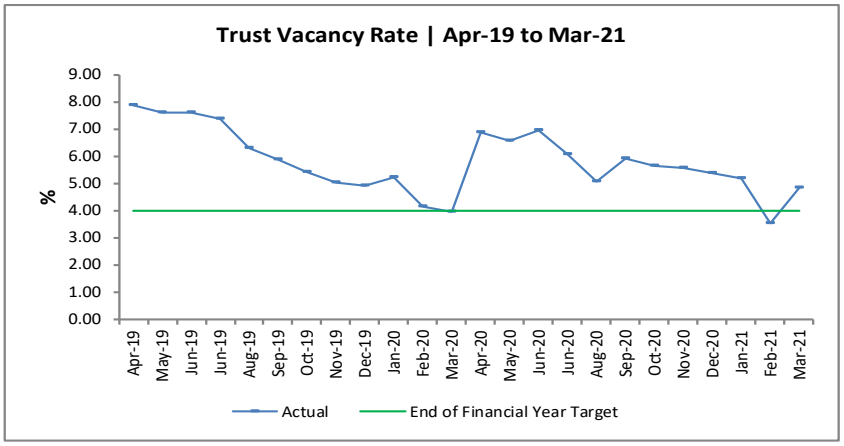
Commentary on Performance

- As it currently stands, in month turnover for March was 0.65% (equivalent to 27.8 WTE leavers). This is not particularly remarkable when compared to recent months during the pandemic; however, it is a notably lower rate than would ordinarily be seen in March - which has historically been a higher turnover month.
- 12 Month Rolling Turnover has continued on its downward trajectory and now stands at 8.03%. However, as lower turnover rates were witnessed from April, it is anticipated that the 12 month rolling turnover rate will begin to level off and potentially increase slightly.
- Retirement (7) and Other/Not Known (8) were the most common reasons for leaving; with both Work-Life Balance (2) and Relocation (2) once again cited less frequently than has historically been the case.

Well Led | Workforce | Vacancy Rate

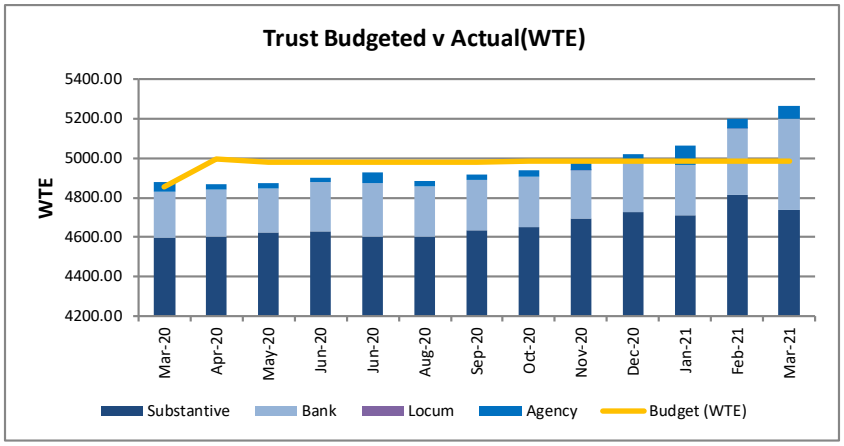
Royal United Hospitals Bath NHS Foundation Trust

Vacancy Rate (%)



Target	Actual
4.00	4.84

Budgeted v Contracted WTE



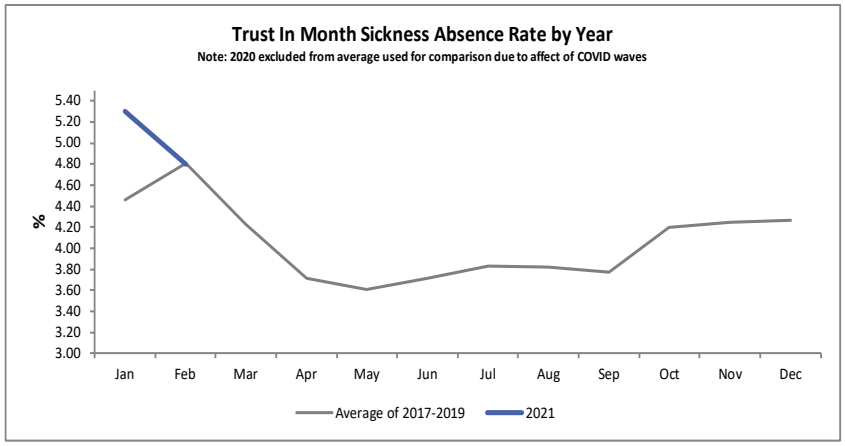
Commentary on Performance

- Based on Finance data, the overall vacancy rate for March was 4.84%. This is a notable rise on last month; however, this may reflect some corrections on February's figures where junior doctor rotations appear to have resulted in an overstated contracted figure.
- This position as stated is above the 4.00% target the Trust had aimed to reach by the end of March 2021.
- Bank and Agency usage includes Covid Vaccination-related activity.

Well Led | Workforce | Sickness Absence Rate

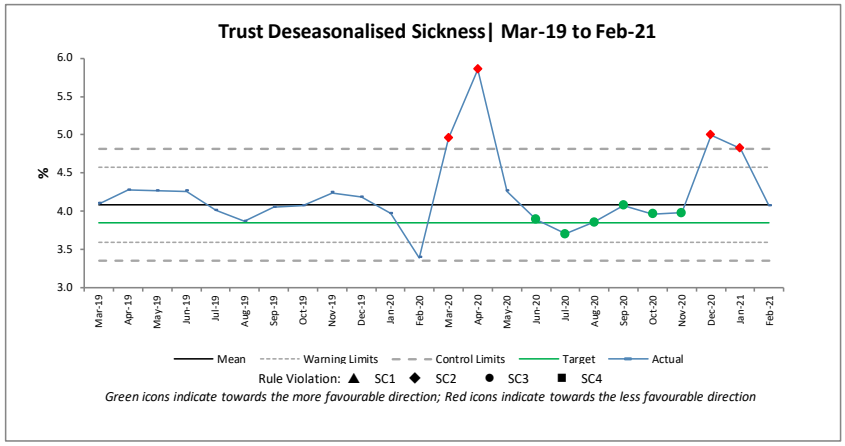
Royal United Hospitals Bath NHS Foundation Trust

In Month Sickness Absence (%)



Seasonally Adjusted Target	Actual
4.40	4.80

Deseasonalised In Month Sickness Absence (%)



Target	Actual Deseasonalised	Latest Data Point
3.85	4.07	Sc²

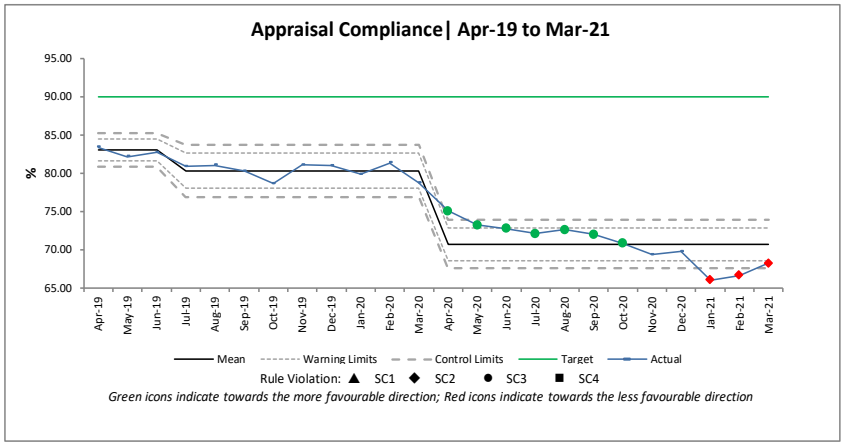
Commentary on Performance

- In month sickness during February was 4.80%. This is a notable drop from January's rate and is reflective in a notable drop in COVID-related absence (1.23% vs 2.17% in January).
- It is noteworthy, however, that Non-COIVD absence rate has actually risen compared to the past few months. A key contributor to this is absences due to Anxiety, Stress, Depression and Other psychiatric illnesses, where 1629.7 FTE Days were lost. For comparison, in January it was 1492.9 WTE days and in April 2020 at the height of the first wave it was 1529.9 WTE.
- Although the SPC chart does flag a breach of a rule for two out of the past 3 months having unexpectedly high deseasonalised sickness rates, it should be noted that this is based on December and January absence. In February, the deseasonalised figure of 4.07% actually falls within the expected parameters, albeit above the 3.85% target.

Well Led | Workforce | Appraisal Compliance

Royal United Hospitals Bath NHS Foundation Trust

Appraisal Compliance (%)



Target	Actual	Latest Data Point
90.00	68.23	Sc²

Appraisals In and Out of Date

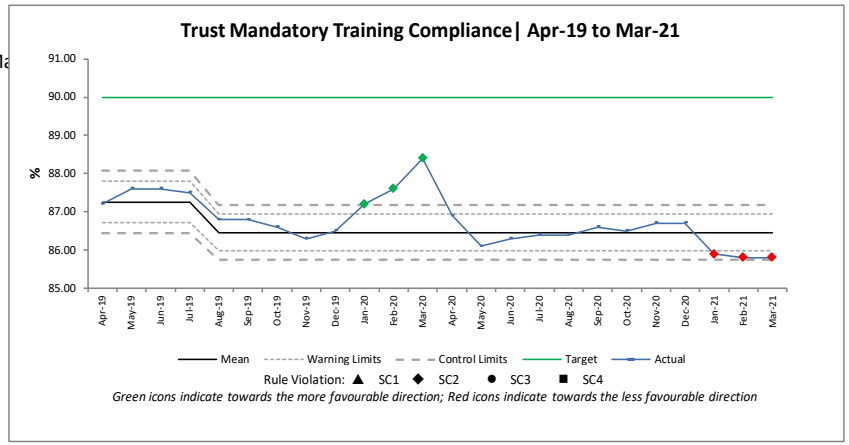
	In Date	Out of Date	% Compliant
Trust	3254	1515	68.23
AfC Staff	3087	1357	69.46
M&D Staff	167	158	51.38
Consultants	132	108	55.00

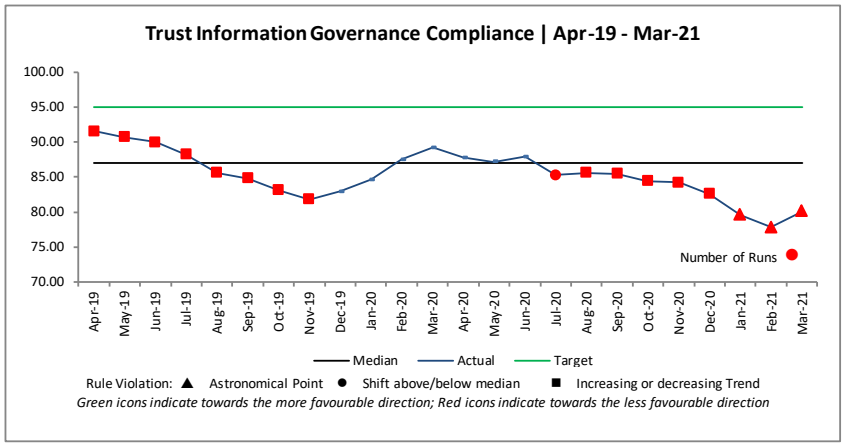
Commentary on Performance

- Overall appraisal compliance for March was 68.23%. Although this is a slight improvement on the past two months, this figure remains below the lower warning limit and an SPC rule therefore continues to be breached.
- This figure is also over 20 percentage points below the target of 90% and confirms that in each of the last five financial years this target level has not been met once. The closest overall compliance came to 90% in those five years was August 2017 when it peaked at 86.47%.
- The compliance rate amongst Medical and Dental staff continues to remain significantly below that of AfC staff (18 percentage points) and is 25 percentage points down on the position at the start of the Financial Year. AfC Staff compliance, in contrast, is only 6.5 percentage points down.
- At Divisional level, all major Divisions have over 60% compliance - although Corporate are only at 60.93%. Only Women and Children's (75.17%) have a compliance over 75%.

Well Led | Workforce | Training Compliance

Royal United Hospitals Bath NHS Foundation Trust





Target	Actual	Latest Data Point
90.00	85.80	Sc²

Target	Actual
95.00	80.10

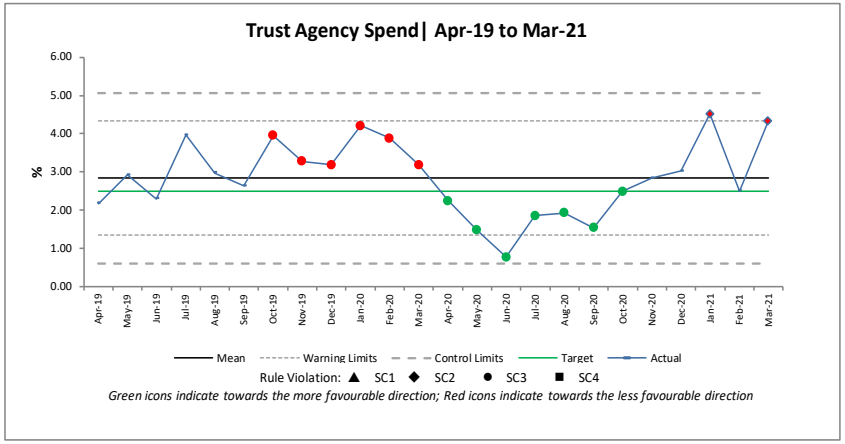
Commentary on Performance

- The overall Mandatory Training compliance rate remained static in March at 85.8%. This data point falls below the lower warning limit, which when combined with the data points for January and February, is sufficient to trigger an SPC rule.
- Overall Information Governance training compliance was 80.1% in March. Although this an improvement on the position last month, the run chart indicates that this point continues to be atypically low. Indeed, it is 9 percentage points lower than the position 12 months ago - a reflection that the typical seasonal spike at the end of the Financial Year has not materialised this year.

Well Led | Workforce | Agency Spend

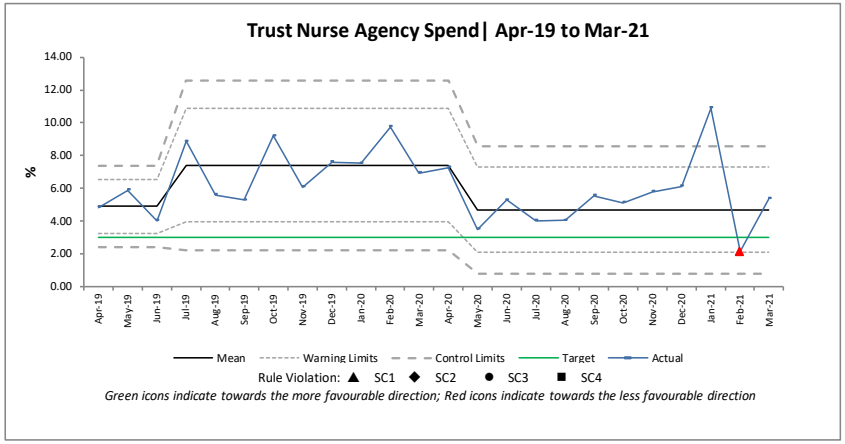
Royal United Hospitals Bath NHS Foundation Trust

Agency Spend as Proportion of Total Pay Bill (%)



Target	Actual	Latest Data Point
2.50	4.33	Sc²

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



Target	Actual	Latest Data Point
3.00	5.36	Cc

Commentary on Performance

- Agency spend as a proportion of the total pay bill was 4.33% in March. This is just above the upper warning limit and, when January's data point is taken into account, triggers an SPC rule.

- Nurse agency spend as a proportion of the total nursing pay bill was 5.36%. Although this looks to be a reasonable increase on last month, the figures for January and February would seem to be a result of timing. If March's figures are compared to the average of January and February the variation is far less. March's figures also remain within the control parameters.

Trust Integrated Balanced Scorecard - March 2021

Royal United Hospitals Bath NHS
NHS Foundation Trust

Strategic Goal		Performance Indicator	Description	Target		Baseline	2019/20	2020/21										
				Performing	Under Performing		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
True North	Patient	Overall Patient Experience (FFT)	Proportion responding 'good' or 'very good'	>=95%	<95%		100.0%	-	-	-	98.2%	97.2%	95.5%	97.3%	98.7%	99.2%	98.4%	95.9%	97.3%
	Staff	Overall Staff Engagement Score	Go Engage Staff Survey data (quarterly)	>=3.95	<3.95		3.93	-	-	3.94	-	-	3.97	-	-	3.97	-	-	
	System	4 Hour Performance	Percentage of patients (type 1, 2 and 3) admitted, transferred or discharged within 4 hours.	>=95%	<95%		77.3%	96.7%	95.6%	92.0%	88.4%	76.0%	77.8%	79.1%	77.8%	71.8%	73.4%	76.4%	84.3%
	Quality	Zero Avoidable Harm	Moderate-Catastrophic Incidents (Datix)	<30	>=30		6	23	18	26	17	13	20	22	32	54	55	48	60
	Sustainability	Carbon Footprint Reduction	Monthly proxy measure - % carbon footprint reduction of electricity & gas, against 20/21 carbon footprint	>=10%	<0%			9.9%	-0.3%	-0.8%	5.4%	-0.8%	-3.2%	-2.1%	0.8%	-3.8%	10.4%	-0.5%	3.4%
	Sustainability	Delivery of Breakeven Position	Variance from Plan YTD (£'000)	>=0	<0			-1	0	0	0	0	0	-45	-30	-663	-1,102	668	415
Breakthrough Objectives	Staff	Health & Wellbeing - Survey Response	Proportion of staff reporting that the Trust takes positive action on health and wellbeing - Go Engage	>=40%	<40%		57.7%	-	-	71.5%	-	-	67.1%	-	-	72.4%	-	-	
	System	Ambulance Handover Delays	Total number of delays over 60 minutes	0	>0		23	2	2	25	55	237	129	197	227	351	225	188	45
	Quality	Hospital Acquired Infections	MSSA, E coli, C diff (Healthcare Onset)	<=8.8	>8.8		6	8	8	12	4	7							
			MRSA, MSSA, E coli, C diff (Healthcare Onset and Community Onset), Klebsiella spp, Pseudomonas aeruginosa	<=11	>11								18	13	14	14	15	15	13

Key Standards

Strategic Goal			Performance Indicator	Description	Target		Baseline	2019/20	2020/21										
					Performing	Under Performing		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Key Standards	Quality	L	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59		<=3	>3	-	2	3	1	8	3	3	9	3	4	3	2	4	4
	System	SOF	RTT - Incomplete Pathways in 18 weeks		>=92%	<92%	87.1%	80.7%	76.4%	65.9%	55.8%	51.3%	56.9%	64.2%	67.3%	69.2%	68.5%	67.1%	67.9%	68.1%
	System	NT	31 day diagnosis to first treatment for all cancers		>=96%	<96%	-	99.1%	96.6%	97.9%	97.2%	96.6%	97.9%	97.6%	99.5%	96.8%	97.3%	95.4%	96.2%	95.2%
	System	NT	31 day second or subsequent treatment - drug treatments		>=98%	<98%	-	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%
	System	NT	31 day second or subsequent cancer treatment - radiotherapy treatments		>=94%	<94%	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	System	NT	2 week GP referral to 1st outpatient		>=93%	<93%	-	78.8%	78.7%	97.1%	96.2%	93.6%	74.6%	67.8%	72.4%	76.4%	87.5%	86.9%	93.6%	94.2%
	System	NT	2 week GP referral to 1st outpatient - breast symptoms		>=93%	<93%	-	95.5%	50.0%	100.0%	100.0%	-	-	100.0%	-	-	-	100.0%	99.1%	100.0%
	System	NT	28 day referral to informed of diagnosis of all cancers		>=70%	<70%	-	75.3%	74.8%	89.8%	83.7%	80.7%	83.9%	79.0%	79.8%	80.7%	78.5%	74.9%	78.6%	82.5%
	System	SOF	62 day referral to treatment from screening		>=90%	<90%	94.3%	81.3%	85.7%	100.0%	0.0%	66.7%	100.0%	100.0%	83.3%	33.3%	70.0%	92.3%	83.3%	91.7%
	System	SOF	62 day urgent referral to treatment of all cancers		>=85%	<85%	83.3%	83.5%	85.9%	82.9%	85.3%	84.3%	83.5%	79.0%	81.3%	74.4%	74.8%	74.9%	74.5%	72.7%
	System	SOF	Diagnostic tests maximum wait of 6 weeks		<=1%	>1%	3.7%	9.0%	45.5%	61.9%	49.2%	44.1%	44.7%	40.8%	38.6%	34.0%	37.3%	39.9%	32.4%	29.1%

Finance and Use of Resources

	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

Trust Integrated Balanced Scorecard - March 2021

Royal United Hospitals Bath NHS
NHS Foundation Trust

Strategic Goal			Performance Indicator	Description	Target		Baseline	2019/20	2020/21											Trend
					Performing	Under Performing		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Tracker Measures	Patient	IT	Percentage of Patients that felt they were treated with compassion (FFT)	Proportion responding 'yes definitely'	>=95%	<95%	-	100.0%				91.8%	95.2%	94.1%	96.5%	97.2%	97.9%	96.0%	95.2%	96.4%	
	Patient	IT	Percentage of Patients that felt they were listened to by staff (FFT)	Proportion responding 'yes definitely'	>=95%	<95%	-	100.0%				82.6%	91.6%	86.4%	93.0%	94.8%	96.7%	94.6%	92.6%	94.6%	
	Patient	IT	Percentage of Patients that felt staff considered their preferences, needs, values (FFT)	Proportion responding 'yes definitely'	>=95%	<95%	-	100.0%				71.6%	86.4%	83.8%	89.0%	89.5%	91.6%	91.1%	90.6%	91.9%	
	Staff	IT	Sickness Absence due to Stress, Anxiety or Depression	Absence rate, rolling 6 month average	<=0.9%	>0.9%	-						0.95%	0.92%	0.90%	0.92%	0.92%	0.95%	1.01%		
	Staff	IT	My organisation acts on feedback - survey response	Proportion of staff reporting that the Trust takes action on feedback - Go Engage	>=50%	<50%	-	36.3%	-	-	40.8%	-	-	40.6%	-	-	44.4%	-	-		
	Staff	IT	Go Engage staff survey response rate		>=30%	<30%	-	16.5%	-	-	20.7%	-	-	14.4%	-	-	13.0%	-	-		
		IT	Compliance with risk assessments (by staff group)	Overall	>=90%	<90%	-								33.9%	70.6%	69.8%	74.5%	73.9%	73.8%	
		IT		Age 50+	>=90%	<90%	-								37.8%	75.4%	76.0%	79.3%	79.1%	79.4%	
		IT		Ethnic Minority	>=90%	<90%	-								88.5%	90.8%	85.9%	90.5%	89.3%	88.6%	
	Staff	IT		Male	>=90%	<90%	-								50.7%	72.2%	71.2%	75.0%	74.2%	74.3%	
	System	IT	Same Day Emergency Care (SDEC)	Non-elective adult admissions with 0 day LOS, Medicine only.	>=30%	<30%	-	29.6%	32.1%	35.1%	35.8%	38.7%	35.5%	36.9%	38.3%	36.1%	36.9%	33.2%	34.2%	36.8%	
	System	IT	21 day + Length of Stay	Average proportion of beds occupied by patients with 21+ day LOS	<12%	>=12%	-	15.2%	9.7%	9.2%	11.0%	10.0%	9.7%	13.7%	14.2%	15.3%	15.0%	14.8%	12.8%	13.3%	
	System	IT	Time from arrival in ED to decision to admit	Percentage of majors attendances with DTA within 3 hours of arrival. Excludes non-admitted patients with DTA.	>=80%	<80%	-	66.6%	79.9%	80.4%	72.5%	68.7%	57.5%	59.0%	63.7%	64.5%	60.3%	65.0%	62.2%	64.2%	
	System	IT	Time from decision to admit in ED to admission	Percentage of majors patients admitted via ED that are admitted within 1 hour of DTA. Excludes non-admitted patients with DTA.	>=50%	<50%	-	23.4%	32.3%	35.0%	39.3%	37.8%	36.4%	40.6%	35.6%	29.5%	25.4%	24.6%	22.9%	37.4%	
	Quality	IT	Awareness of harm events by increased datix reporting	All Incidents	>=878	<878	-	580	416	603	632	695	672	732	810	802	864	745	809	853	
	Quality	IT	Serious Incidents Submitted to the CCG by the Agreed Deadline	Final RCA's submitted to CCG within 60 days	100%	<100%	-	16.7%	25.0%	-	72.7%	28.6%	62.5%	50.0%	71.4%	100.0%	33.3%	75.0%	50.0%	40.0%	
	Quality	IT	Number of falls resulting in significant harm (Moderate to Catastrophic)		<=1	>=3	2.3	2	0	1	3	1	0	4	0	2	2	3	0	3	
	Quality	SOF	HSMR		>= Expected	<Expected	-	113.0	114.1	116.1	114.3	111.5	109.8	111.9	112.0	112.6	111.5	-	-	-	
	Quality	IT	ED time to triage	Percentage of ED attendances triaged within 15 minutes	TBC	TBC	-	67.3%	80.3%	73.5%	75.0%	74.4%	60.6%	65.1%	76.0%	83.7%	80.2%	81.1%	79.2%	81.3%	
	Sustainability	IT	Sustainable Development Assessment Tool (SDAT) Score	Overarching measurement across all areas of sustainability	>=44%	<44%	-	33%	33%	33%	33%	-	-	33%	-	-	44%	-	-	44%	
	Sustainability	IT	No. of new Sustainability Champions		>=5	<5	-	5	0	1	2	0	2	11	5	2	1	3	4	2	
	Sustainability	IT	Delivery of Financial Control Total - Variance from Revised Plan (£'000)	Under/Overspent, YTD	<=0	>0	-		-1	0	0	0	0	0	-22	18	-618	-1,030	752	140	
	Sustainability	IT	Forecast Delivery of Financial Control Total at end of financial year		<=0	>0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sustainability	IT	Delivery of Recurrent Finance Improvement Programme (£'000)	Variance from year to date planned recurrent QIPP	>=0	<0	-		-195	-391	-595	-822	-1,061	-1,195	-1,438	-1,766	-2,100	-2,435	-2,765	-2,981	
	Sustainability	IT	Forecast Delivery of Recurrent Finance Improvement Programme at end of financial year	Forecast variance from annual planned recurrent QIPP	TBC	TBC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sustainability	IT	Reduction in Agency Expenditure	Agency costs as a % of total pay costs	< 19/20 %	> 19/20 %	-		2.4%	1.8%	1.5%	1.6%	1.7%	1.7%	1.8%	1.9%	2.1%	2.3%	2.3%	2.6%	
Other Measures	Patient	SOF	Number of formal complaints made to the trust		<30	>=35	20.5	20	11	6	13	23	16	29	38	44	23	12	29	31	
	Patient	NT	FFT Response Rate for ED (includes MAU/SAU)		>=15%	<=10%	-					0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.2%	0.3%	
	Patient	NT	FFT Response Rate for Inpatients (excluding Daycases)		>=30%	<25%	-	0.0%				1.9%	6.8%	7.2%	7.2%	6.4%	4.6%	2.4%	4.5%	5.6%	
	Patient	NT	FFT Response Rate for Maternity ('Maternity (Labour)' only)		>=22%	<=17%	-						2.9%	1.4%	1.1%	2.3%	0.3%	1.2%	2.7%	2.4%	
	Patient	NT	FFT Response Rate for Outpatients				-					0.1%	0.2%	0.2%	0.2%	0.1%	0.2%	0.1%	0.2%	0.2%	
	Staff	SOF	Turnover - Rolling 12 months		<=11%	>12%	-	10.8%	10.7%	10.5%	10.1%	9.9%	9.3%	8.7%	8.6%	8.7%	8.4%	8.2%	8.2%	8.2%	
	Staff	LC	Vacancy Rate		<=4%	>5%	-	4.0%	6.9%	6.6%	6.9%	6.1%	5.1%	5.9%	5.6%	5.6%	5.4%	5.2%	3.5%	3.5%	
	Staff	SOF	Sickness Rate		<=3.5%	>4.5%	3.9%	4.0%	5.0%	5.3%	3.7%	3.4%	3.5%	3.6%	3.8%	4.0%	4.1%	5.2%	5.1%	5.1%	
	Staff	LC	% of Staff with annual appraisal		>=90%	<80%	-	78.7%	75.1%	73.2%	72.8%	72.1%	72.6%	72.0%	70.9%	69.3%	69.8%	66.0%	66.7%	66.7%	
	Staff	LC	Mandatory Training Compliance		>=90%	<80%	-	88.4%	87.2%	86.1%	86.3%	86.4%	86.4%	86.5%	86.5%	86.7%	86.7%	85.9%	85.8%	85.8%	
	Staff	NR	Information Governance Training Compliance (Trust)		>=95%	<85%	-	89.2%	87.8%	87.2%	87.9%	85.3%	85.6%	85.5%	84.4%	84.2%	82.6%	79.6%	77.8%	80.1%	
	System	NT	31 day second or subsequent treatment - surgery		>=94%	<94%	-	100.0%	100.0%	100.0%	93.3%	100.0%	88.0%	100.0%	89.5%	80.0%	82.6%	80.0%	95.2%	93.1%	
	System	L	Discharges by Midday (excluding Maternity)	Includes transfers to the Discharge Hub	>=45%	<45%	-	26.9%	23.5%	24.9%	24.8%	24.7%	25.2%	23.0%	23.7%	24.2%	20.2%	22.3%	23.5%	26.0%	
	System	NT	Number of 52 Week Waiters Incomplete Pathways				-	5	17	56	185	362	531	686	806	888	971	1243	1548	1634	
	System	NT	Number of 52 Week Waiters Stops		0	>0	-	4	6	-	8	25	49	171	242	293	220	201	185	325	

Strategic Goal			Performance Indicator	Description	Target		Baseline	2019/20	2020/21											
					Performing	Under Performing		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Other Measures	System	IT	Number of Patients accessing MAU/SAU/Ambulatory Care direct				-	1022	518	920	1068	1338	1666	1434	1072	995	810	734	801	1163	
	System	L	GP Direct Admits to SAU		>=168	<168	-	110						88	254	220	251	170	198	292	
	System	L	GP Direct Admits to MAU		>=84	<84	-	137	148	285	268	269	228	230	203	126	51	46	97	231	
	System	NR	Bed occupancy (Adult)		<=93%	>97%	-	83.5%	49.3%	55.4%	78.1%	83.6%	86.2%	86.9%	88.9%	86.2%	88.4%	89.1%	89.1%	86.1%	
	System	NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical		<=1%	>1%	-	1.1% (26)	0.1% (1)	0.2% (2)	0.3% (5)	0.5% (10)	0.3% (6)	0.3% (8)	0.5% (16)	0.4% (10)	0.5% (12)	0.5% (11)	0.4% (10)	0.3% (9)	
	System	NT	Urgent Operations cancelled for the second time		0	>0	-	1	0	0	0	0	0	1	2	0	0	2	0	1	
	System	NT	Cancelled operations not rebooked within 28 days - Surgical		0	>0	-	11	0	0	0	1	0	0	0	0	0	0	0	0	
	Quality	SOF	Mixed Sex Accommodation Breaches		0	>=1	0.0%														
	Quality	SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)				1.9	0	2	1	6	1	3	6	0	2	2	2	1	3	
	Quality	SOF	Clostridium Difficile Community Onset, Healthcare Associated (counted)				-	2	1	0	2	2	0	3	3	2	1	0	3	1	
	Quality	SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated		<=4	>4	-	3	4	2	5	2	2	3	8	6	3	3	7	3	
	Quality	SOF	E.coli bacteraemia cases Community Onset, Healthcare Associated				-	2	2	1	3	4	2	5	4	4	2	4	4	3	
	Quality	SOF	MRSA Bacteraemias >= 48 hours post		0	>=1	0	0	0	0	0	0	1	1	0	0	0	0	1	0	
	Quality	SOF	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias		<=2	>2	3.7	3	2	5	1	1	2	2	0	3	3	8	1	3	
	Quality	L	Infection Control - Klebsiella spp post 2 days		<=2	>2	-							2	1	0	4	2	2	3	
	Quality	L	Infection Control - Pseudomonas aeruginosa post 2 days		<=1	>1	-							1	1	1	1	0	0	0	
	Quality	NT	Number of hospital acquired pressure ulcers Grade 3 & 4 (Includes Medical Devices)		0	>0	0.2	0	0	0	1	0	0	1	0	0	0	1	0	2	
	Quality	NT	Number of hospital acquired pressure ulcers Grade 2 (Includes Medical Devices)		<=2	>2	0.7	0	0	2	1	1	1	1	2	2	0	2	2	2	
	Quality	SOF	Never events		0	>=1	0.2	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Quality	SOF	CAS Alerts not responded to within the deadline		0	>=1	2.8	0	2	1	2	0	0	1	1	1	2	0	2	2	
	Quality	SOF	Venous thromboembolism % risk assessed		>=95%	<95%	92.8%	80.5%													
	Quality	SOF	Patient safety incidents - rate per 1000 bed days				-	33	43	53	49	48	45	48	47	51	50	43	50	49	
	Quality	SOF	SHMI		<=Expected	> Expected	0.99	1.051	1.042	1.056	1.046	1.047	1.044	1.053	1.052	1.059	-	-	-	-	
	Quality	LC	Discharge Summaries completed within 24 hrs		>90%	<80%	-	86.0%	86.6%	88.6%	87.4%	86.3%	80.2%	82.0%	83.3%	82.0%	81.3%	84.5%	86.0%	82.9%	
	Quality	L	Medication Errors Causing Serious Harm		0	>0	-	0	0	0	0	0	1	1	1	0	0	0	0	0	
	Quality	NR	Serious Incidents (NRLS) reporting (TBC)				-	8	0	8	6	3	5	6	3	13	17	5	11	15	
	Quality	LC	Overnight Ward Moves (average per day)		<7	>=10	-	4.7	3.3	3.1	5.1	5.0	6.2	4.9	4.3	5.3	4.2	4.9	3.8	5.2	
	Quality	LC	Discharged patients that have had more than three ward moves		<=25	>=28	-	28	21	16	11	12	18	17	42	35	35	44	60	76	
	Quality	LC	Discharged patients with dementia having more than three ward moves		<=3	>3	-	4	5	4	1	1	0	0	0	0	3	4	2	1	
	Quality	L	Readmissions - Total		<=10.5%	>12.5%	-	7.1%	7.1%	7.9%	8.5%	8.0%	7.4%	7.3%	7.3%	7.7%	7.6%	7.4%	6.9%	7.7%	
	Quality	NT	Higher risk TIA treated within 24 hours		>=60%	<=55%	-	100.0%	75.0%	100.0%	92.3%	94.7%	90.5%	88.9%	100.0%	91.3%	88.9%	83.3%	92.3%	93.8%	
	Quality	NR	Hip fractures operated on within 36 hours		>=80%	<=70%	-	63.6%	68.6%	33.3%	36.2%	37.5%	50.0%	34.0%	32.7%	87.9%	79.3%	64.0%	75.8%	67.6%	
	Quality	LC	Theatre Utilisation (elective)		>=90%	<=80%	-	58.4%	25.8%	29.3%	43.9%	60.8%	63.1%	96.7%	109.1%	93.3%	82.0%	78.5%	77.9%	101.6%	
	Quality	NR	Time to Initial Assessment - 95th Percentile				-	81	18	17	25	36	137	107	108	30	92	85	84	27	
	Quality	NT	12 Hour Trolley Waits		0	>0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Quality	LC	Average length of stay - Non Elective (Trust, excluding maternity)				-	5.2	3.4	3.1	3.3	3.5	3.3	3.6	3.8	4.1	4.1	4.6	4.2	4.0	
	Quality	LC	Number of medical outliers - median		<=25	>=30	-	5	0	0	0	0	4	5	5	17	25	23	14	38	
	Quality	NR	Percentage of mothers booked within 12 completed weeks		>=90%	<=85%	-	91.1%	91.7%	93.2%	94.1%	93.6%	92.7%	94.3%	92.2%	94.5%	93.7%	94.2%	93.7%	94.2%	
	Quality	NR	% Women identified as smokers referred to specialist stop smoking service		>=90%	<=80%	-	98.0%	96.8%	95.8%	94.4%	93.9%	90.6%	94.0%	91.8%	97.8%	94.5%	93.3%	94.7%	94.4%	
	Quality	SOF	Emergency Caesareans as a percentage of total labours		<=14.8%	>=19.6%	14.8%	20.2%	14.2%	15.4%	13.3%	15.9%	16.8%	20.0%	18.4%	15.4%	16.1%	16.8%	16.7%	18.6%	
	Quality	NR	Midwife to Birth Ratio		<=1:27	>1:32	-	1:31	1:30	1:34	1:27	1:32	1:32	1:30	1:31	1:30	1:31	1:29	1:28	1:35	
	Quality	NT	Information Governance Breaches				-	13	5	16	12	21	12	13	33	26	19	10	16	11	
	Quality	SOF	Dementia case finding		>=90%	<90%	85.7%	87.0%	82.2%	88.8%	87.1%	89.0%	85.7%	83.3%	82.7%	79.1%	70.3%	70.7%	73.6%		
	Quality	SOF	Dementia Assessment		>=90%	<90%	94.3%														
	Quality	SOF	Dementia Referrals		>=90%	<90%	100.0%														
	Sustainability	LC	Agency Nursing Staff (as a % of total nursing pay bill)		<=3%	>4%		6.9%	7.3%	3.5%	5.3%	4.0%	4.1%	5.5%	5.1%	5.8%	6.1%	10.9%	2.1%	5.4%	
	Sustainability	L	Delivery of Income compared to plan (£'000)		>=0	<0	-		0	0	0	0	0	0	-179	-69	541	806	3,826	33,347	
	Sustainability	L	Delivery of Capital Programme (£'000)	Private Board Report	>=0	<0	-	-6.6	2.1	-0.1	-	-0.4	-2.1	-3.4	-5.9	-7.0	-10.8	-16.9	-16.5		
	Sustainability	L	Forecast Delivery of Capital Programme (£'000)	Private Board Report	>=0	<0	-	-	6.0	0.0	1.3	1.3	-2.5	-3.8	-3.8	-9.8	-9.8	-10.2	-11.1		
	Sustainability	L	Delivery of Planned Cash Balance (£'000)	Private Board Report	>=0	<0	-	0.3	-	-	-	-	-	-	0.2	0.9	1.0	7.4	8.6		

	Key
SOF	Single Oversight Framework
NT	National Target
NR	National Return
L	Local Target - not in contract
LC	Local Target - in contract
IT	Improving Together

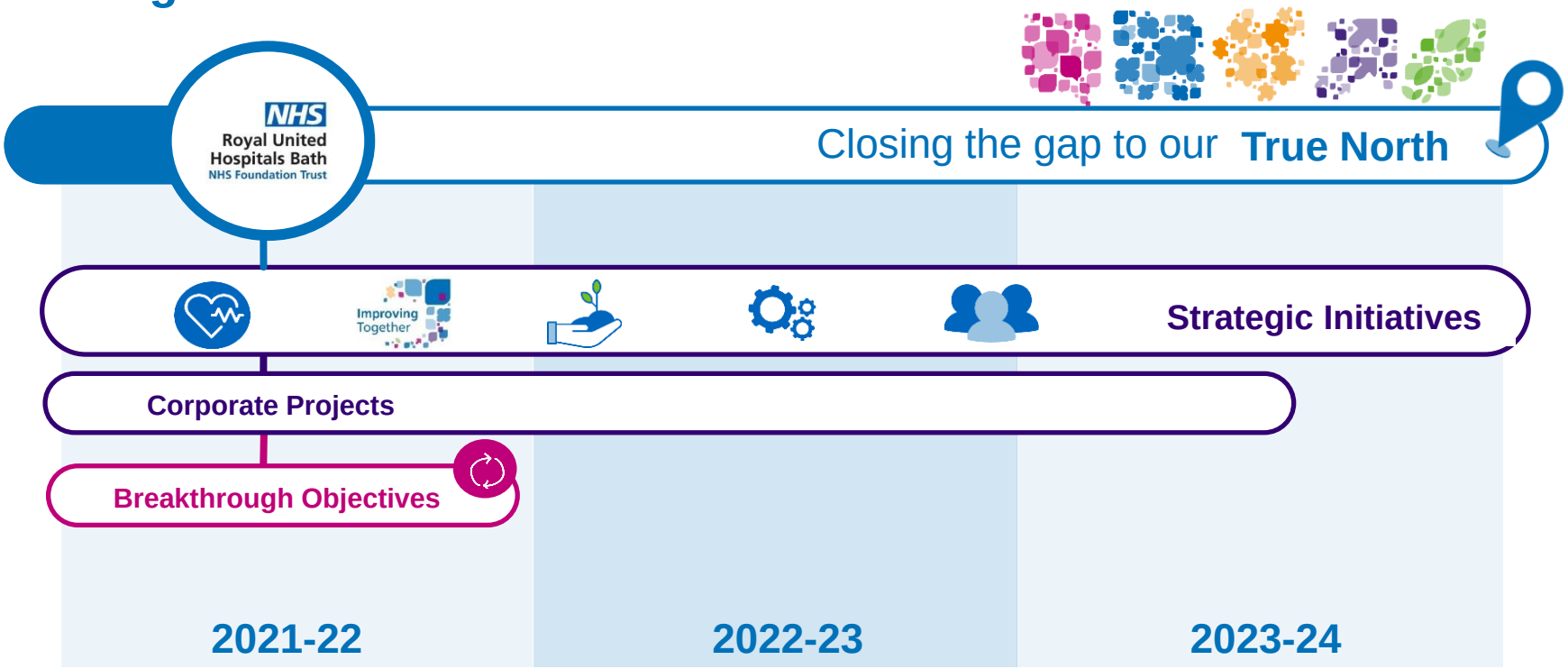
Royal United Hospitals Bath
NHS Foundation Trust

Integrated Performance and Finance Report

TEMPLATE

Improving Together

Strategic Framework 2021 - 24



True North

Patients	Overall Patient Experience (FFT)
Staff	Overall Staff Engagement Score
Partners	4hr Performance
Quality	Zero\ Avoidable Harm
Sustainability	
Environment	Carbon Footprint
Finance	Breakeven Position

Strategic Initiatives

Delivered through corporate projects

- **Fundamentals of care**
- **Improving Together**
- **Shaping our future**
- **Our system**
- **Our people**

Breakthrough Objectives

Renewed annually

Staff	40% on NHS Q11a 'My organisation takes positive action on health & wellbeing" 2021 results
Partners	0 waits over 60 min for ambulance handovers
Quality	Hospital acquired infections

NHS Royal United Hospitals Bath NHS Foundation Trust

2021 - 22

Closing the gap to our **True North**

True North Drivers

Overall Patient Experience
Overall Staff Engagement Score (quarterly via Go Engage)
4 hour performance
Zero Avoidable Harm
Carbon Footprint (% carbon footprint – Gas & Electricity)
Breakeven Position

Breakthrough Objectives

Achieve 40% Score on NHS Survey Q11a
Ambulance handovers (no waits over 60 mins)
Hospital Acquired Infections

Glossary of terms

Driver – A measure chosen to be actively worked on to "drive" improved performance. Driver measures are so called because they drive improvement to achieve the target.

Breakthrough Objective (BT) – Objectives that the whole organisation can align and focus their improvement efforts, they require a significant breakthrough in addressing a problem and constitute a major stretch for the organisation.

Medicine

Drivers

% patients that felt they were treated with compassion
Sickness absence linked to Stress, anxiety and depression **(BT)**
Delivery of recurrent Finance Improvement Programme
Emergency Medicine Admission Pathway: DTA to admission within 60 mins **(BT)**
Hospital Acquired Infections **(BT)**

Surgery

Drivers

% patients that felt they were listened to by staff
Sickness absence linked to Stress, anxiety and depression **(BT)**
Delivery of recurrent Finance Improvement Programme
Number of 52 wek incomplete Waiters (Trust) **(BT)**
Hospital Acquired Infections **(BT)**

Women's & Children

Drivers

Supporting attendance at work **(BT)**
Oncology nurse vacancy **(BT)**
Delivery of recurrent Finance Improvement Programme
% of RTT incomplete pathways under 18 weeks at month end of medical specialities **(BT)**
Deteriorating patients **(BT)**

Royal United Hospitals Bath
NHS Foundation Trust

Performance Report

(Month)

Improving Together

Business Rules

Business rules are used to determine how performance of measures are discussed at Management Board and Performance Review Meetings

	Measure		Suggested Rule	Expectation
True North, Breakthrough & Key Standards	Driver is **green** for current reporting period		Share success and move on	No action required
	Driver is **green** for 6 reporting periods	6	Retire to tracker measure status	Standard structured **verbal** update, and retire measure to tracker status
	Driver is **red** for current reporting period		Share top contributing reason, the amount this contributor impacts the measure, and summary of initial action being taken	Standard structured **verbal** update
	Driver is **red** for 2+ reporting periods	2	Undertake detailed improvement / action planning and produce full structured countermeasure summary	Present full written **countermeasure** analysis and summary
	More than **6** countermeasure summaries to present	6	Discuss with Exec before Meeting which countermeasure summaries should be prioritised for presentation	Present full written **countermeasure** summary against Exec expectations

Executive Summary

Royal United Hospitals Bath
NHS Foundation Trust

Strategic Goal		Performance Indicator	Target		Baseline	2019/20	2020/21										
			Performing	Under Performing		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
True North	System	4 Hour Performance	>=95%	<95%		77.3%	96.7%	95.6%	92.0%	88.4%	76.0%	77.8%	79.1%	77.8%	71.8%	73.4%	76.4%	84.3%
Breakthrough Objectives	System	Ambulance Handover Delays	0	>0		23	2	2	25	55	237	129	197	227	351	225	188	45
	System	RTT - Incomplete Pathways in 18 weeks	>=92%	<92%	87.1%	80.7%	76.4%	65.9%	55.8%	51.3%	56.9%	64.2%	67.3%	69.2%	68.5%	67.1%	67.9%	
Key Standards	System	62 day urgent referral to treatment of all cancers	>=85%	<85%	83.3%	83.5%	85.9%	82.9%	85.3%	84.3%	83.5%	79.0%	81.3%	74.4%	74.8%	74.9%	74.5%	72.5%
	System	Diagnostic tests maximum wait of 6 weeks	<=1%	>1%	3.7%	9.0%	45.5%	61.9%	49.2%	44.1%	44.7%	40.8%	38.6%	34.0%	37.3%	39.9%	32.4%	
	System	Time from decision to admit in ED to admission	>=50%	<50%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

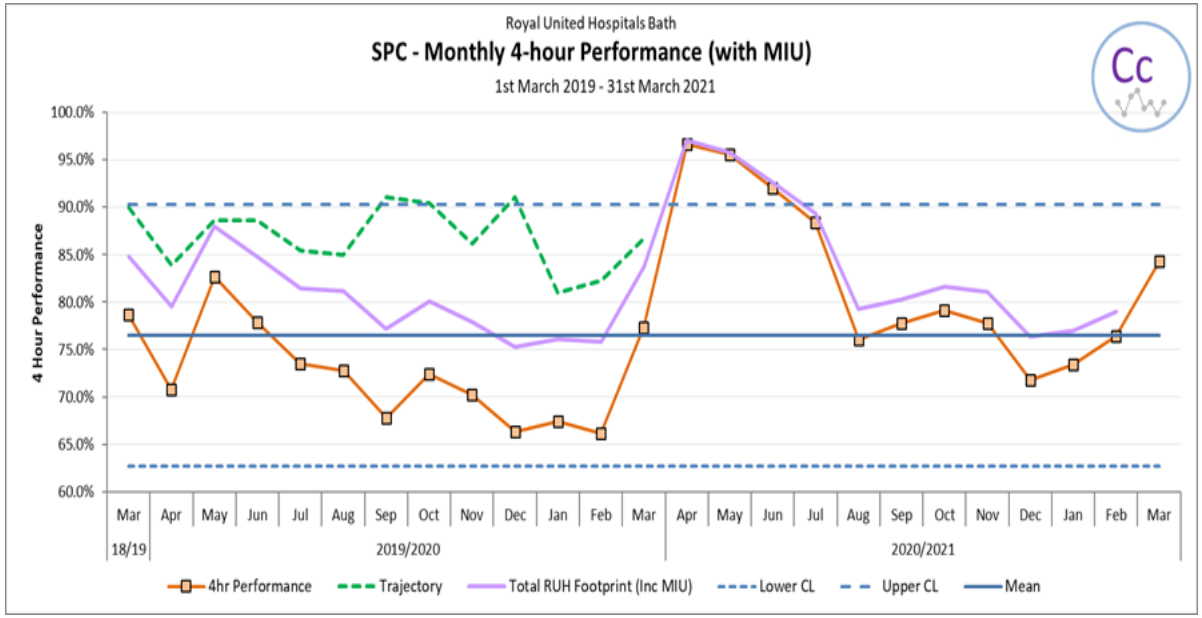
Measures requiring focus and a countermeasure summary this month are;

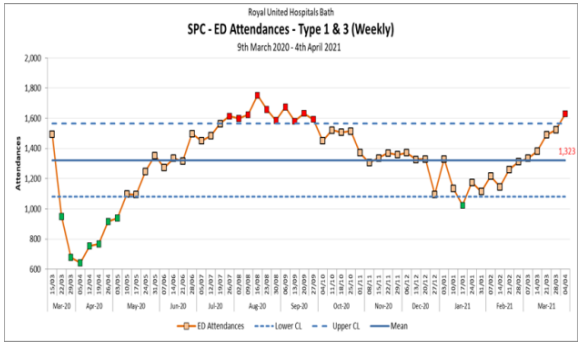
Measure	Executive Summary	Recommendation to Board
4 Hrs		
Ambulance Handovers		
RTT		
Cancer		
Diagnostics		
Patient Flow		

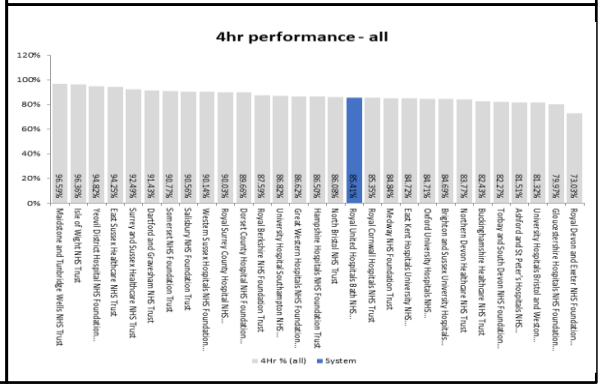
True North | 4 Hour Emergency Standard

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance







Is standard being delivered?

- 4 hour performance for March was 84.3% and with 111 bookable was 84.9% This is an 7.9% improvement on last month.
- Performance has been above 85% for the last three weeks.

What is the top contributor for under/over-achievement?

- Attendances have started to increase since January 2021.
- Admitted Majors performance has improved in month but remains the pathway with the highest number of breaches (594)
- Minors breaches have increased in month from 110 to 219

Countermeasure /Action (completed last month)	Owner
Improving Patient Flow Programme Launched	S Sethi / R Hills
Introduction of new site meeting standard work	R Hills / A West
Countermeasure /Action (planned this month)	**Owner**
Head of Patient Flow commences role	A West
Progress chaser role interviews scheduled for 19/4	A West / R Hills
Focus on decision making process in ED to reduce time from arrival to DTA	R Furse
A3's in development for Discharge pillar	A White / G Sergeant

Significant Risks | Performance

Royal United Hospitals Bath
NHS Foundation Trust

Risk No.	Risk	Mitigation	Owner

Appendix A | Performance Tracker Measures

Royal United Hospitals Bath
NHS Foundation Trust

Strategic Goal			Performance Indicator	Description	Target			2019/20	2020/21										
					Performing	Under Performing	Baseline	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Key Standards	Quality	L	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59		<=3	>3	-	2	3	1	8	3	3	9	3	4	3	2	4	
	System	SOF	RTT - Incomplete Pathways in 18 weeks		>=92%	<92%	87.1%	80.7%	76.4%	65.9%	55.8%	51.3%	56.9%	64.2%	67.3%	69.2%	68.5%	67.1%	67.9%	
	System	NT	31 day diagnosis to first treatment for all cancers		>=96%	<96%	-	99.1%	96.6%	97.9%	97.2%	96.6%	97.9%	97.6%	99.5%	96.8%	97.3%	95.4%	96.2%	96.4%
	System	NT	31 day second or subsequent treatment - drug treatments		>=98%	<98%	-	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%
	System	NT	31 day second or subsequent cancer treatment - radiotherapy treatments		>=94%	<94%	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	System	NT	2 week GP referral to 1st outpatient		>=93%	<93%	-	78.8%	78.7%	97.1%	96.2%	93.6%	74.6%	67.8%	72.4%	76.4%	87.5%	86.9%	93.5%	93.9%
	System	NT	2 week GP referral to 1st outpatient - breast symptoms		>=93%	<93%	-	95.5%	50.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	99.1%	100.0%
	System	NT	28 day referral to informed of diagnosis of all cancers		>=70%	<70%	-	75.3%	74.8%	89.8%	83.7%	80.7%	83.9%	79.0%	79.7%	80.9%	79.5%	75.6%	79.0%	81.5%
	System	SOF	62 day referral to treatment from screening		>=90%	<90%	94.3%	81.3%	85.7%	100.0%	0.0%	66.7%	100.0%	100.0%	83.3%	33.3%	70.0%	92.3%	83.3%	91.7%
	System	SOF	62 day urgent referral to treatment of all cancers		>=85%	<85%	83.3%	83.5%	85.9%	82.9%	85.3%	84.3%	83.5%	79.0%	81.3%	74.4%	74.8%	74.9%	74.5%	72.5%
	System	SOF	Diagnostic tests maximum wait of 6 weeks		<=1%	>1%	3.7%	9.0%	45.5%	61.9%	49.2%	44.1%	44.7%	40.8%	38.6%	34.0%	37.3%	39.9%	32.4%	

Royal United Hospitals Bath
NHS Foundation Trust

Finance Report

(month)

Improving Together

Business Rules

Royal United Hospitals Bath NHS Foundation Trust

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Executive Summary

Royal United Hospitals Bath
NHS Foundation Trust

	Performance Indicator	Description	Target		Baseline	Actual 2021/22											
			Performing	Under Performing		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Sustainability Tracker Metrics	**Delivery of financial control total**	Variance from year to date planned control total better/(worse)	<=0	>0	tbc												
	Forecast delivery of financial control total at end of financial year	Forecast variance from annual control total better/(worse)	<=0	>0	tbc												
	Delivery of Recurrent Finance Improvement Programme (QIPP)	Variance from year to date planned recurrent QIPP better/(worse)	<=0	>0	tbc												
	Forecast delivery of Finance Improvement Plan at end of financial year. (QIPP)	Forecast variance from annual planned recurrent QIPP better/(worse)	<=0	>0	tbc												
	Reduction in agency expenditure	Agency costs as a % of total pay costs	< 19/20 %	> 19/20 %	19/20 actual as a % of pay expenditure												
	Delivery of income compared to plan	Variance from year to date planned income better/(worse)	<=0	>0	tbc												
	Delivery of capital programme	Variance from year to date planned capital expenditure better/(worse)	+ or - 5%	><5%	tbc												
	Forecast delivery of capital programme	Forecast variance from annual planned capital expenditure better/(worse)	+ or - 1%	><1%	tbc												
	Delivery of planned cash balance	Variance from year to date planned cash balance better/(worse)	+ or - 10%	><10%	tbc												

Measures requiring focus and a countermeasure summary this month are;

Measure	Executive Summary	Recommendation to Board

True North | Breakeven Position

Royal United Hospitals Bath NHS Foundation Trust

Historic Performance

April 2022

e.g. Actual surplus £200k against a planned suplus of £100k.

Variance Type

e.g. positive variance – not material

Target

e.g. breakeven at the end of the year

Trend

Is standard being delivered?

What is the top contributor for under/over-achievement?

Countermeasure /Action (completed last month)	Owner
Countermeasure /Action (planned this month)	**Owner**

Significant Risks| Sustainability

Royal United Hospitals Bath
NHS Foundation Trust

Risk No.	Risk	Mitigation	Owner

Royal United Hospitals Bath
NHS Foundation Trust

Appendix

Integrated Balanced Scorecard

Improving Together