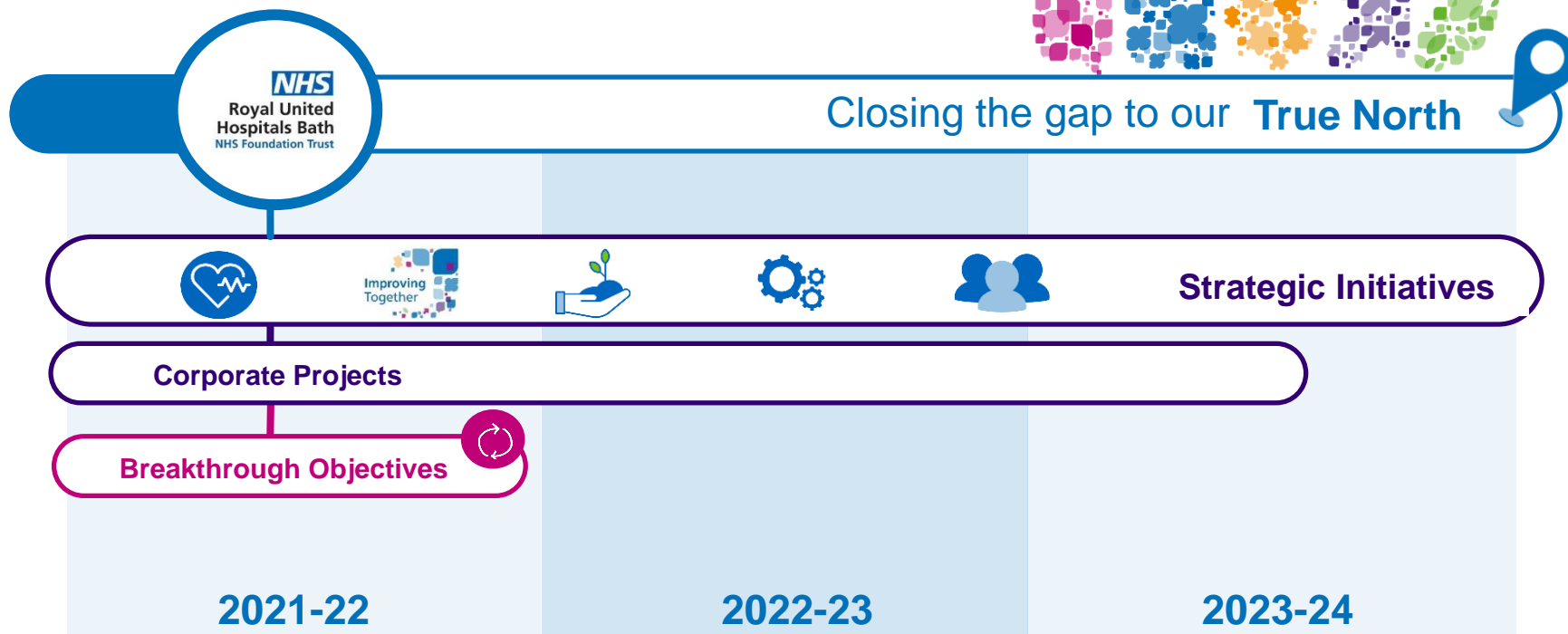


Integrated Performance Report

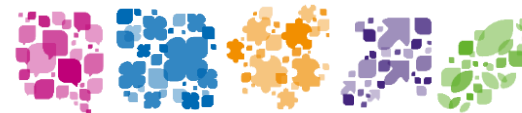
November 2021 data



Strategic Framework 2021 - 24



True North		Strategic Initiatives		Breakthrough Objectives	
	Patients	Overall Patient Experience (FFT)			Reviewed annually
	Staff	Overall Staff Engagement Score			Staff
	Partners	4hr Performance			Partners
	Quality	Zero\ Avoidable Harm			Quality
	Sustainability				
	Environment	Carbon Footprint			
	Finance	Breakeven Position			
			Fundamentals of care		
			Improving Together		
			Shaping our future		
			Our system		
			Our people		
				40% on NHS Q11a 'My organisation takes positive action on health & wellbeing' 2021 results	
				0 waits over 60 min for ambulance handovers	
				Hospital acquired infections	



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 week incomplete Waiters (Trust) (BT)

Hospital Acquired Infections (BT)

Family and Specialist Services

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)

Workforce Report

November 2021



Quarterly Measures

	Performance Indicator	Performing	Outside Tolerance	2019/20				2020/21				2021/22			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
True North	Pulse Survey Engagement Score	>=3.95	<3.90	3.87	3.91	3.88	3.93	3.94	3.97	3.97	-	4.01	3.95		
Breakthrough Objective	Proportion of staff reporting that Trust takes positive action on Health & Wellbeing	>=75%	<70%	-	-	56.0%	57.7%	71.52%	67.1%	72.43%	-	76.29%	71.02%		
Tracker	Pulse Survey Response Rate	>=30%	<30%	18.2%	22.1%	20.5%	16.5%	20.7%	14.4%	13.0%	-	21.7%	27.9%		
Tracker	Proportion of staff reporting that Trust acts on staff feedback	>=50%	<50%	35.0%	26.8%	34.6%	36.3%	40.8%	40.6%	44.4%	-	42.6%	36.7%		

* No Pulse Survey was run in Q4 of 2020/21 ** Question regarding Trust taking positive action on Health & Wellbeing was not included in the first two pulse surveys

Monthly Measures

	Performance Indicator	Performing	Outside Tolerance	Last 12 Months											
				Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Tracker	Rolling 6 Month Sickness Rate due to Anxiety, Stress of Depression - Reported 1 month behind	<=0.90%	>1.0%	0.92%	0.94%	1.01%	1.01%	0.99%	0.97%	0.97%	0.99%	0.99%	1.03%	1.10%	
Contextual Information for Tracker	In Month Sickness Rate due to Anxiety, Stress of Depression - Reported 1 month behind	<=0.90%	>1.0%	0.99%	1.01%	1.21%	0.90%	0.82%	0.91%	0.98%	1.14%	1.15%	1.17%	1.26%	
Tracker	Risk Assessment Compliance Overall**	>=90%	<85%	69.8%	74.5%	73.9%	74.1%	73.5%	72.6%	72.5%	72.4%	72.3%	71.8%	70.9%	70.6%
Tracker	Risk Assessment Compliance Aged 50+**	>=90%	<85%	76.0%	79.2%	79.1%	79.6%	79.5%	79.1%	79.0%	79.3%	80.2%	80.7%	80.4%	80.5%
Tracker	Risk Assessment Compliance Ethnic Minority**	>=90%	<85%	85.9%	90.5%	89.3%	88.8%	87.7%	86.1%	85.2%	84.2%	82.1%	80.6%	78.8%	77.0%
Tracker	Risk Assessment Compliance Male**	>=90%	<85%	71.2%	75.0%	74.2%	74.3%	73.4%	72.6%	72.4%	72.0%	71.3%	70.8%	69.6%	70.2%

** Reporting methodology has changed to reflect risk assessments undertaken at any time - not just within last 12 months. Figures since March have been restated.

Measures requiring focus and a countermeasure summary this month are:

Measure	Executive Summary	Recommendation to Board
Anxiety, Stress and Depression Sickness	<ul style="list-style-type: none">Over 1900 WTE Days were lost due to sickness related to Anxiety, Stress and Depression in October. This equates to an absence rate of 1.26%, which is the highest rate seen in at least the last 2 years and thus since the start of the pandemic. It also represents a fourth successive month where the rate has been elevated.	Note the extensive H&WB programme focused on all aspects of wellbeing but specifically: mental health; team wellbeing
Risk Assessment Compliance	<ul style="list-style-type: none">All four measures continue to fall well below the 90% target, with all but the metric for Aged 50 + showing a consistent steady decline.As the measure considers a risk assessment conducted at any time, many of those considered compliant completed their risk assessment well over 12 months ago.	Note the recent request for risk assessments to be updated in readiness for new variant impact.

Executive Summary II

	Performance Indicator	Latest Month Target	Outside Tolerance	Last 12 Months											
				Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Key Standard	In Month Turnover	<=0.9%	>1.9%	0.71%	0.79%	0.53%	0.75%	0.84%	0.66%	0.68%	0.82%	0.90%	1.39%	0.86%	0.67%
Key Standard	Rolling 12 Month Turnover	<=9.2%	>10.2%	8.44%	8.32%	8.39%	8.13%	8.42%	8.28%	8.35%	8.56%	8.86%	9.55%	9.83%	9.61%
Key Standard	Vacancy Rate	<=4.8%	>5.8%	5.37%	5.16%	3.52%	4.84%	6.18%	6.07%	5.76%	4.79%	4.92%	5.37%	4.62%	4.75%
Key Standard	In Month Sickness Rate (Actual) - Reported 1 month behind	<=4.4%	>5.4%	5.31%	5.30%	4.80%	3.98%	3.55%	3.73%	4.10%	4.66%	4.85%	4.99%	5.63%	
Key Standard	In Month Sickness Rate (Deseasonalised) - Reported 1 month behind	<=4.1%	>5.1%	5.00%	4.82%	4.07%	3.80%	3.87%	4.20%	4.47%	4.66%	5.20%	5.40%	5.46%	
Key Standard	Rolling 12 Month Sickness Rate - Reported 1 month behind	<=4.1%	>5.1%	4.23%	4.31%	4.37%	4.27%	4.12%	4.12%	4.16%	4.26%	4.37%	4.47%	4.60%	
Key Standard	Appraisal Compliance Rate	>=82.7%	<77.7%	69.78%	66.02%	66.66%	68.23%	68.52%	69.20%	68.63%	65.56%	65.33%	64.11%	63.04%	62.23%
Key Standard	Mandatory Training Compliance	>=90.0%	<85.0%	86.70%	85.90%	85.80%	85.80%	86.00%	86.20%	86.20%	85.70%	84.90%	84.50%	84.00%	83.60%
Key Standard	IG Training Compliance	>=95.0%	<90.0%	82.60%	79.60%	77.80%	80.10%	82.60%	84.50%	85.30%	84.50%	84.20%	83.10%	82.10%	81.70%
Key Standard	Agency Spend as Proportion of Total Pay Bill	<=2.5%	>3.5%	3.02%	4.52%	2.50%	4.33%	3.09%	2.67%	3.30%	2.54%	2.93%	4.18%	6.06%	4.24%
Key Standard	Nurse Agency Spend as Proportion of Registered Nursing Pay Bill	<=3.0%	>4.0%	6.13%	10.88%	2.14%	5.36%	6.08%	7.08%	6.36%	4.53%	8.07%	7.17%	7.60%	8.43%

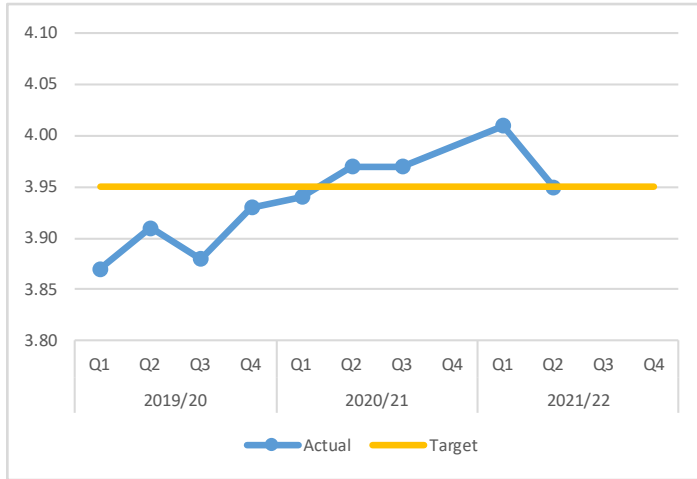
* Colour coding reflects performance against relevant In Month Target, which may differ from latest month target

Measures requiring focus and a countermeasure summary this month are:

Measure	Executive Summary	Recommendation to Board
Sickness Absence	<ul style="list-style-type: none"> At 5.63% the sickness absence rate in October was atypically high for this point in the year. Continued high levels of Anxiety, Stress and Depression absence, as well as rising Covid and Cold, Cough and Flu absences underpin the overall rate. 	To note the regular review of national guidance on absence including isolation in maintaining staffing deployment.
Appraisal Compliance	<ul style="list-style-type: none"> Appraisal compliance continues on a downward trajectory and now stands at 62.23%. 	Additional admin support and training to managers from Jan to improve recording.
Training Compliance	<ul style="list-style-type: none"> For the fifth successive month mandatory training and IG training compliance have deteriorated, with compliance rates now well below target - standing at 83.6% and 81.7% respectively. 	Staffing Taskforce focusing on building establishment will support time out required to meet training requirements.
Agency Spend	<ul style="list-style-type: none"> Although the overall agency spend rate (4.24%) is down on last month, it continues to be above the Trust's tolerance limit. The nurse agency spend rate increased to to 8.43% - well above the 3% target. 	Staffing Taskforce focusing on building establishment, as well as on-going bank recruitment.

True North | Staff Engagement

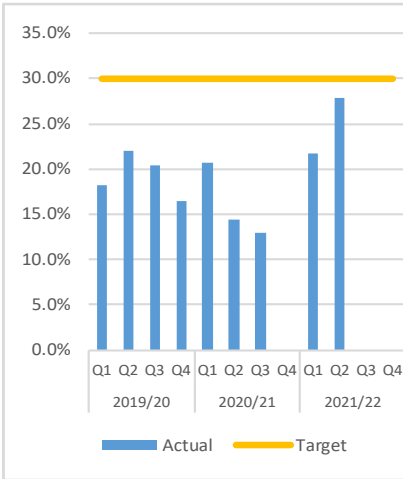
Pulse Survey Engagement Score



Latest Survey

3.95

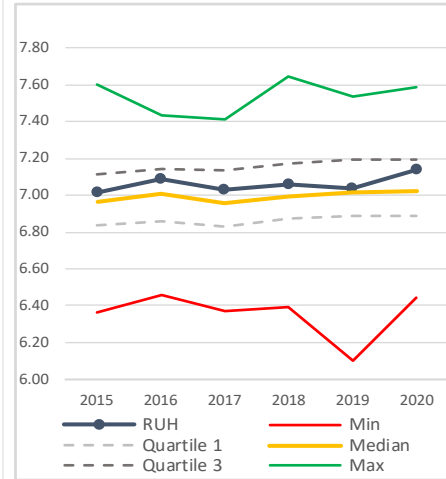
Pulse Survey Response Rate



Latest Survey

27.9%

National Survey Engagement Score



Latest Survey

7.14

Is standard being delivered?

- The target is being delivered. The overall engagement score for the Q2 survey was 3.95, which matches target.

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

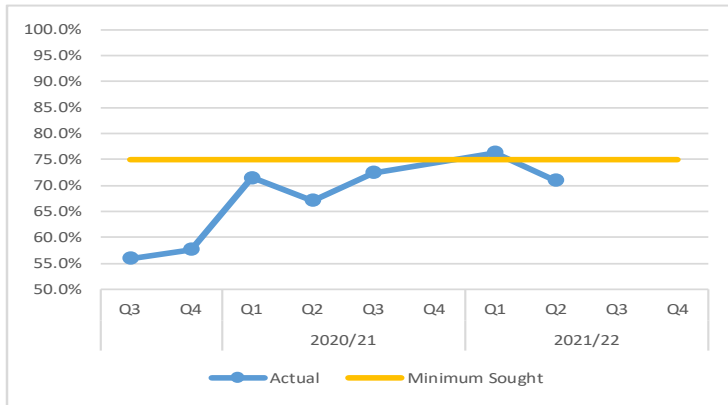
- Divisions were relatively polarised at either end of the typical engagement score range. Medicine (4.07) and Facilities (4.06) were towards the upper end, whilst FASS (3.87), Corporate (3.88) and Surgery (3.89) were towards the lower.
- Although response rates are not at the desired level, there are encouraging signs of improvement with Medicine, Surgery and Facilities all recording their best response rates to date.

Countermeasure Summary

Countermeasure/Action (Planned This Month)	Owner
Work on civility; and improving comms on 'you said we did'	TE and LK

Breakthrough Objective| Health & Wellbeing

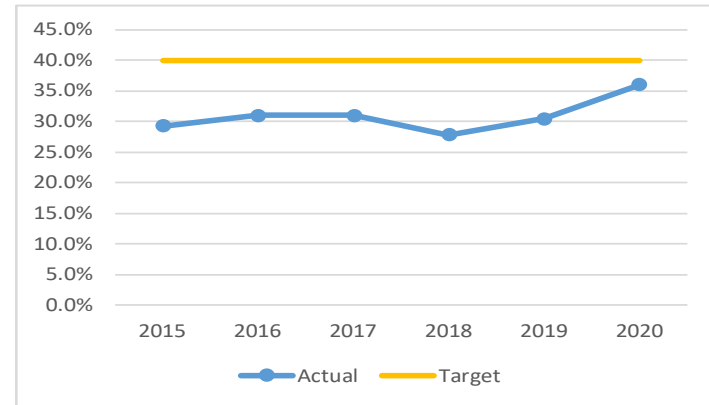
Quarterly Pulse Survey



Latest Survey

71.0%

National Staff Survey



Latest Survey

36.0%

Different methodologies are employed in the Quarterly and National Staff Surveys so results cannot be directly compared

Is standard being delivered?

- The standard is being not being delivered. The positive response rate to 'My organisation takes positive action on health and well-being' fell below target to 71.02%. This is the fourth best result out of the seven surveys where this question has been asked.
- Although a slight increase on the last survey, the negative response rate was only 9.19%.
- A swing of 12 people from negative/neutral to positive would have been required to have achieved the target.

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

- No Division achieved the target of 75%. However, Corporate (74.47%) were just over half a percentage point away and with a 1 respondent swing to positive they would have achieved this. Facilities (69.70%) and Medicine (69.74%) had the lowest positive rates, albeit again a 2 and 4 respondent swing to positive would have seen them achieve the target.
- Analysis by staff group is difficult as small sample sizes for some of the categories distort the picture.
- Bands 1/2 (60.53%), 7 (64.86%) and 3 (66.67%) had the lowest positive rates when the results are analysed by job grade.

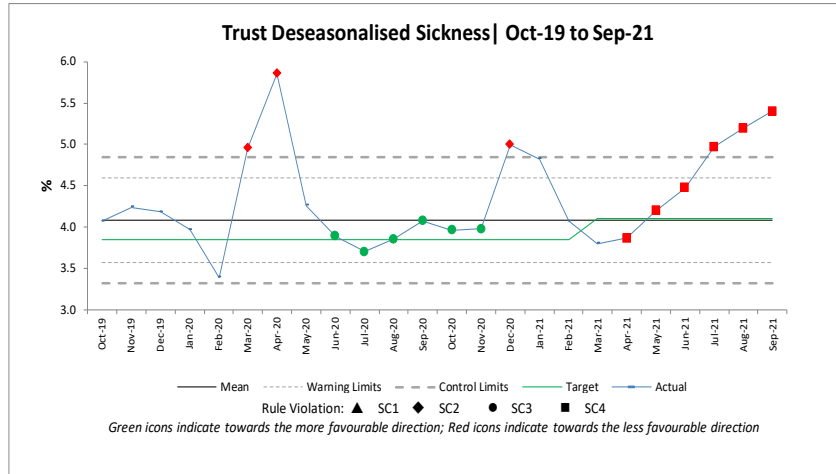
Countermeasure Summary

Countermeasure/Action (Planned This Month)	Owner
There is extensive work on H&WB including recent focus on Risk Assessments; vaccinations and support for individuals who are experiencing suicidal thoughts.	HB; SS; SH & CR

Key Standard| Sickness Absence Rate

Deseasonalised Sickness Absence Rate - Trust

SC4



In Month Actual	5.63%	In Month Deseasonalised	5.46%	Rolling 12 Months	4.60%
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Is standard being delivered?

- the standard is not being met. The absence rate in October was 5.63%. This is notably above target and the norm for October (last 5 years range - 4.09% to 4.33%). As a result, the deseasonalised rate is also elevated and breaches multiple rules on the SPC chart, both as a point in isolation and as part of a sequence of points.
- Given the recent trend the rolling 12 month absence rate is also significantly above target at 4.60%.

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

- Anxiety, Stress and Depression continues to be on an upward trend. Over 1900 FTE Days were lost in October, up almost 200 WTE days on an already elevated September figure.
- Covid-related absence also notably increased. Whereas in September the rate was 0.83%, in October it was 1.17%. This is the first time since February that the COVID absence was above 1%.
- Cold, Cough and Flu was the third main cause of sickness absence. For a second month in succession, the WTE days lost due to this reason (897.5) was unusually high for the time of year.

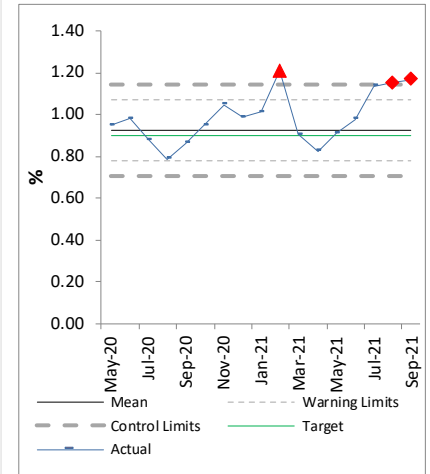
In Month Divisional Sickness Rates

Corporate	2.68%
Facilities	7.33%
Medicine	6.03%
Surgery	5.77%
FASS	5.63%

RIDDOR Reporting - Employees

	2020/21				2021/22			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Dangerous Occurrence - release or escape of biological agents	2	-	-	-	-	-	-	-
Exposed to harmful substance/ Work acquired Infection	24	4	67	113	-	1	-	-
Lifting and handling injuries	2	2	2	2	-	2	-	-
Physical assault	-	-	-	1	-	1	-	-
Slip, trip, fall same level	-	2	-	5	3	3	-	-
Struck against	-	-	-	1	-	1	-	-
Struck by object	-	-	1	-	2	1	-	-
Another kind of accident	-	-	-	3	-	1	-	-

Anxiety, Stress & Depression - Trust



Absence Rate	1.10%
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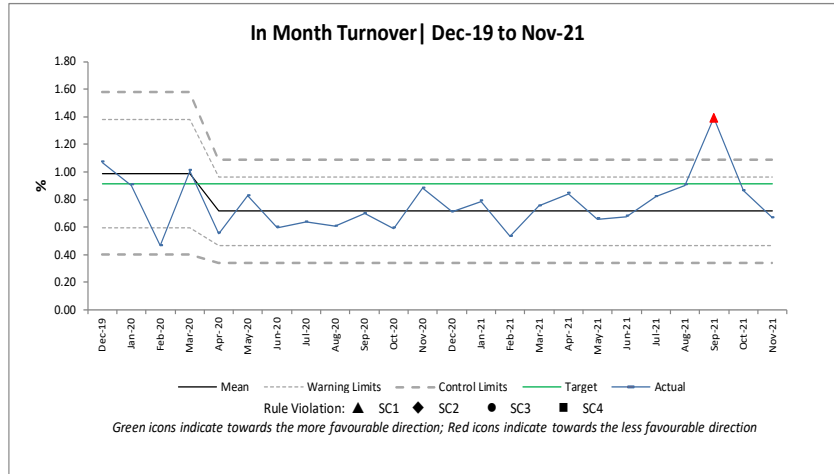
Countermeasure Summary

Countermeasure/Action (Planned This Month)	Owner
Additional mental health first aiders deployed. Additional resources for staff to access out of hours being scoped.	HB

Key Standard| Turnover Rate

In Month Turnover - Trust

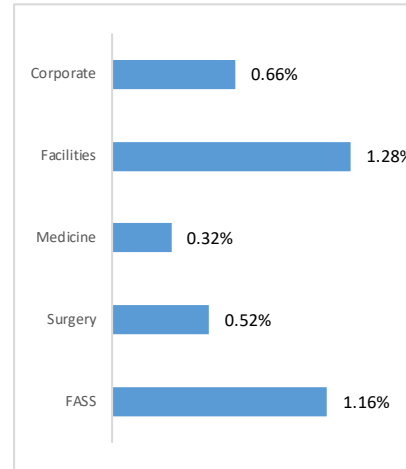
Cc



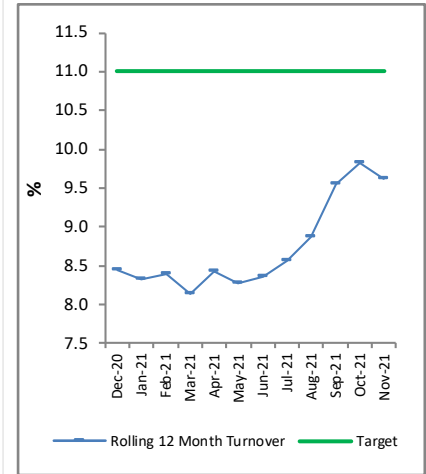
Turnover Rate

0.67%

In Month Divisional Turnover



Rolling 12 Months Turnover - Trust



Turnover Rate

9.61%

Is standard being delivered?

- The standard is being delivered. Currently, in month turnover in November stands at 0.67%. This is below the 0.92% target and comfortable falls within the expected parameters outlined by the SPC chart.
- As the in month turnover rate is lower than that a year ago, the 12 month rolling turnover rate has slightly fallen to 9.61%. This is slightly above the projected position for this point in time, but is comfortably below the longer term ambition of maintaining turnover at below 11%.

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

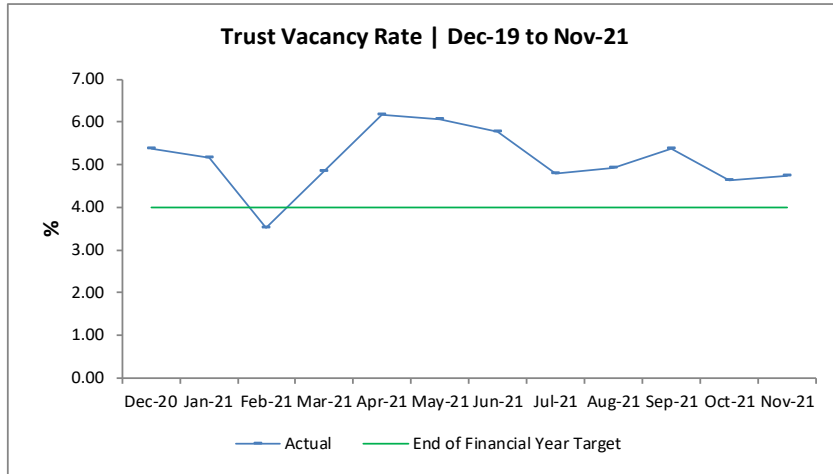
- Corporate has the highest 12 month turnover rate of the larger Divisions; however, this was skewed by the Transfer of Procurement in September.
- FASS has the next highest 12 month turnover rate of the larger Divisions at 11.21%, with 6 of the last 12 months having had an in month turnover rate above the 0.92% target.
- Retirement and Voluntary Resignation (both 7) were the most frequently cited reasons for leaving in November.

Countermeasure Summary

Countermeasure/Action (Planned This Month)	Owner
The People Directorate is working with colleagues in nursing to review Retention plans, with additional support planned	JT

Key Standard| Vacancy Rate

Vacancy Rate - Trust



Vacancy Rate

4.75%

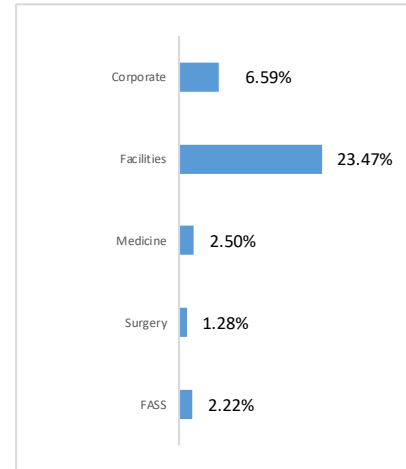
Is standard being delivered?

- The standard is bring deleivere. Although the overall vacancy rate marginally increased to 4.75%, it continues to fall below the target position for this point in the year and the Trust remains on course to realise its ambition to have a vacancy rate below 4% at the end of March.
- It should be noted, however, that the Cleaning Business Case cost centre continues to distort the overall vacancy position. If this one department is removed from the calculation, the vacancy rate drops to below 3.5%.

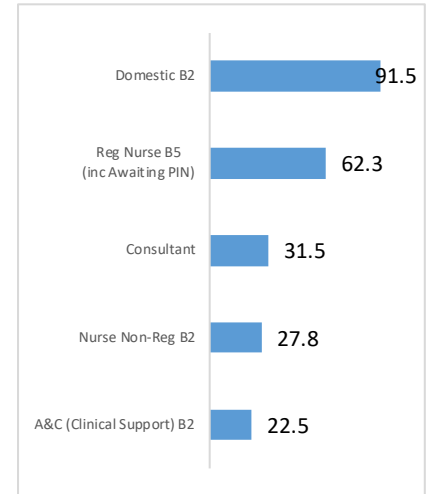
What is the top contributor for under/over-achievement?

- Facilities has the highest vacancy rate of the Divisions (23.5%). Although the reported figure is skewed by the Cleaning Business Case cost centre, even with this removed from the calculations the Division continues to have the highest vacancy rate (13.3%).
- Corporate (6.6%) is the only other Division above 4%. Surgery, Medicine and FASS all have a vacancy less than or equal to 2.5%.

Divisional Vacancy Rate



Top 5 Roles by Vacancy Rate



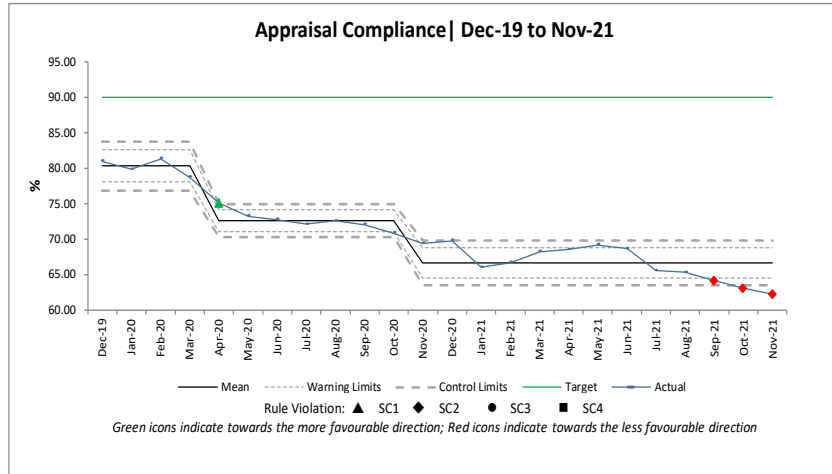
Countermeasure Summary

Countermeasure/Action (Planned This Month)	Owner
To progress the nurse recruitment plans and to build the establishment for domestic staff.	MH PWatson

Key Standard| Appraisal Compliance

Appraisal Compliance - Trust

Sc2



Compliance Rate

62.2%

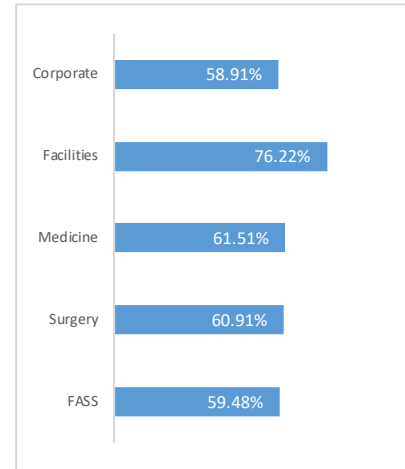
Is standard being delivered?

- The standard is not being achieved. Appraisal compliance has continued on a downward trajectory, currently 62.23%.

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

- At Divisional level, Corporate and FASS are the poorer performing division with both now having compliance rates below 60%. Facilities continues to be the best performing division; however at only 76.2% compliance it too falls some way short of the 80% tolerance.
- To some extent the Divisional aggregates mask variation at Directorate level. Whilst several Directorates do have a compliance above the tolerance limit of 80%, there are a number whose compliance is below 30%.

Divisional Appraisal Compliance



Externally Reported Groups

AfC Staff

61.9%

M&D Staff

66.2%

Consultants

68.8%

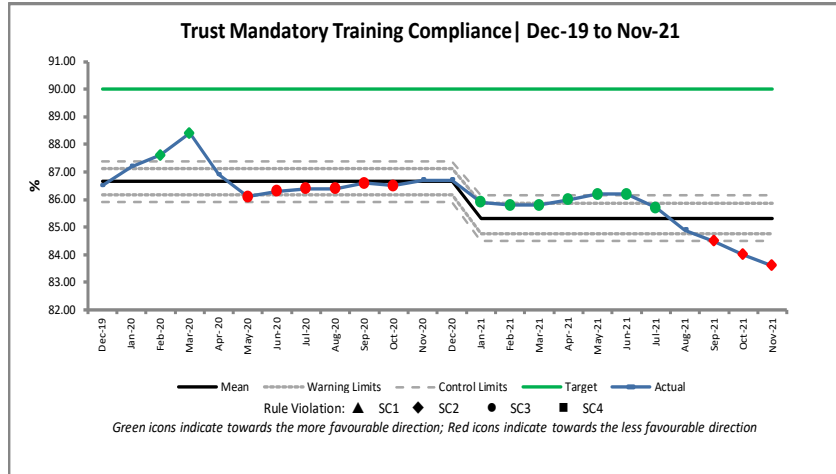
Countermeasure Summary

Countermeasure/Action (Planned This Month)	Owner
Jan 2022 additional ESR recording support and training for line managers will be rolled-out	VDB

Key Standard| Mandatory Training Compliance

Mandatory Training Compliance Rate - Trust

Sc²



Compliance Rate

83.6%

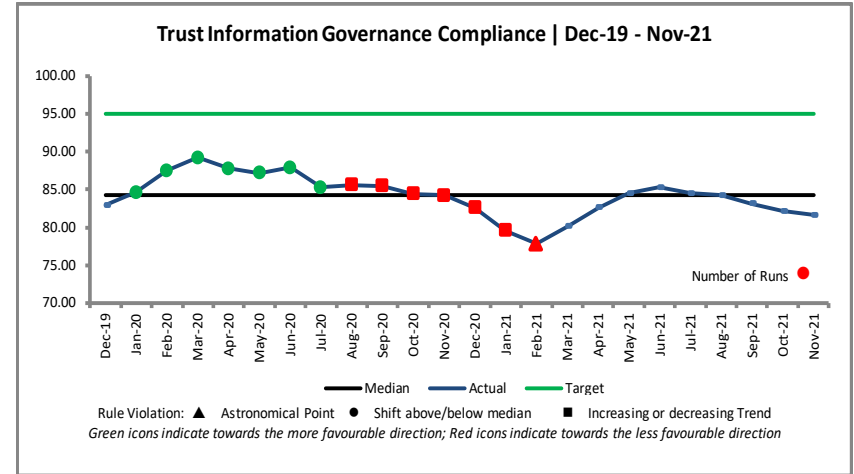
Is standard being delivered?

- The standard is not being delivered. Mandatory Training compliance continues on a downward trend and now stands at 83.6%. The deterioration means that the latest data point falls even further below the lower control limit, triggering SPC rules both as a point in isolation and as part of a wider series of points.
- IG Training compliance has similarly declined overall, with a compliance rate of 81.7% recorded at the end of November. This is significantly below the 95% target and 2.6 percentage points down on the same month last year.

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

- The overall compliance rate is somewhat affected by lower compliance amongst bank staff.
- Of divisions, Facilities continues to have the lowest compliance for both Mandatory Training (75.3%) and IG Training (72.5%).
- Elsewhere, whilst Medicine and Surgery had deteriorating compliance rates, and Corporate and FASS saw marginal improvements.

Information Governance Training Compliance Rate - Trust



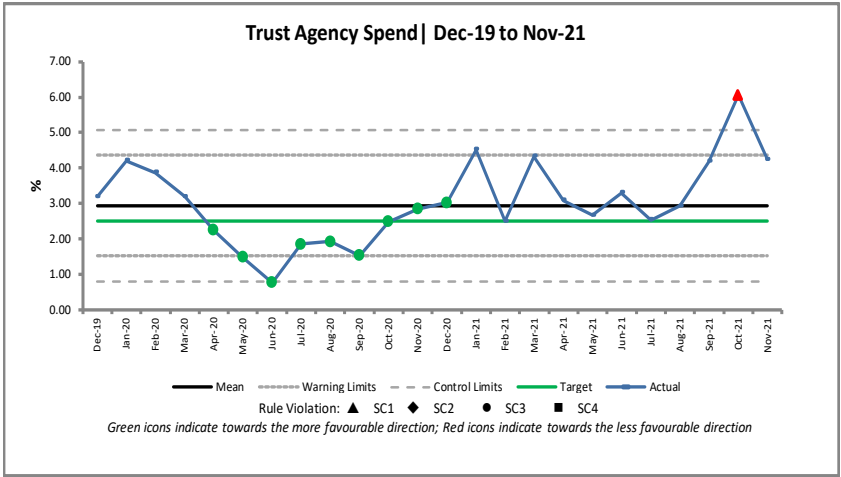
Compliance Rate

81.7%

Countermeasure Summary

Countermeasure/Action (Planned This Month)	Owner
Promotion of STAR training as part of the requirement for pay progression.	VDB and CK

Agency Spend as Proportion of Total Pay Bill



Proportion

4.24%

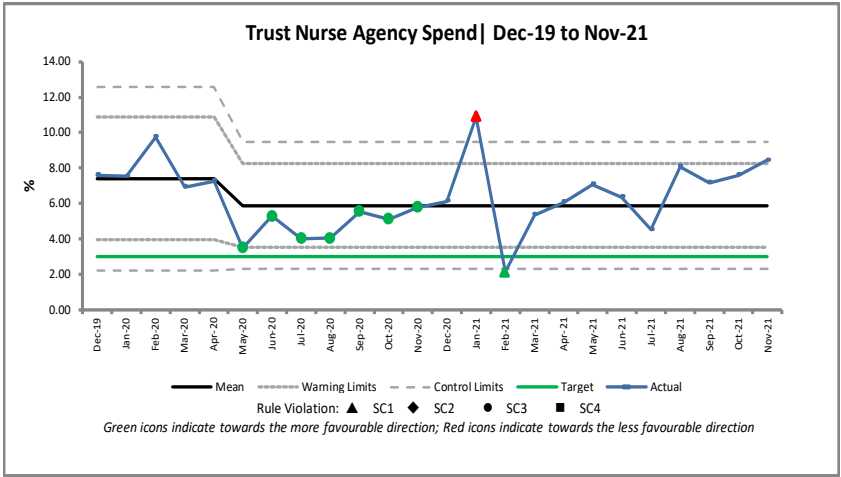
Is standard being delivered?

- The standard is not being delivered. Agency spend as a proportion of the total pay bill was 4.24% in November. Although this is an improvement on last month and falls slightly below the upper warning limit on the SPC chart, this rate continues to be above the tolerance level of 3.5%.
- Nurse agency spend as a proportion of the nursing pay bill increased in November to 8.43% - well above the 3% target. The data point is marginally above the upper warning limit; however this alone is not sufficient to trigger an SPC rule.

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

- In percentage terms, agency spend was highest in Corporate (16.71%) and Facilities (9.88%).
- As is typical, nurse agency spend was the most significant contributor to overall agency spend, with Covid-19 Revenue, Critical Care Unit and Nursing & Patient Care the top 3 contributing cost centres.

Nurse Agency Spend as Proportion of Total Registered Nursing Pay Bill



Proportion

8.43%

Countermeasure Summary

Countermeasure/Action (Planned This Month)	Owner
Staffing Taskforce focus on reducing substantive post vacancies will impact agency.	JT and FB

Quality Report

December 2021



Quality | Executive Summary

				Target		2020/21						2021/22									Trend
Strategic Goal		Performance Indicator		Description	Performing	Under Performing	Baseline	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
True North	Quality	Zero Avoidable Harm		Reported Patient Safety incidents resulting in significant harm (moderate to catastrophic), excl. rejected			27	26	42	38	36	50	14	14	22	22	15	17	20	24	
				MRSA, MSSA, E.coli, C.diff (Healthcare Onset and Community Onset), Klebsiella spp, Pseudomonas aeruginosa, COVID, Norovirus & Flu	<=11	>11		77	64	57	32	17	11	8	14	12	19	16	21	13	
Breakthrough	Quality	Healthcare Associated Infections		Total no of reported patient safety incidents for the Trust, per 1000 patient bed days.			45	51	50	43	50	49	37	40	42	41	42	44	42	43	
	Quality	IT	Patient safety incidents - rate per 1000 bed days	All not-rejected serious incidents reported on Datix with incomplete actions at month end.			17	15	12	19	11	12	9	13	17	15	4	6	3	3	
	Quality	IT	Serious Incidents with Overdue Actions	Number of falls resulting in significant harm (Moderate to Catastrophic)	<=1	>=3	2.3	2	2	3	0	3	1	3	3	2	4	1	3	6	
	Quality	IT		HSMR	>= Expected	<Expected	-	112.6	111.5	111.6	111.1	105.7	98.8	98.4	97.5	(LAG 5)	(LAG 5)	(LAG 5)	(LAG 5)	(LAG 5)	
	Quality	IT/SOF			TBC	TBC	-	83.7%	80.2%	81.1%	79.2%	81.3%	70.3%	68.9%	60.9%	63.8%	59.3%	54.4%	51.6%	50.4%	
	Quality	IT	ED time to triage	Number of Hospital Acquired Pressure Ulcers Category 2	<=2	>2	0.7	2	0	2	2	2	2	1	4	4	0	2	1	2	
	Quality	NT		Number of Hospital Acquired Pressure Ulcers Category 3 & 4	Includes Medical Device Related	0	>0	0.2	0	0	1	0	2	1	0	0	0	1	0	0	2

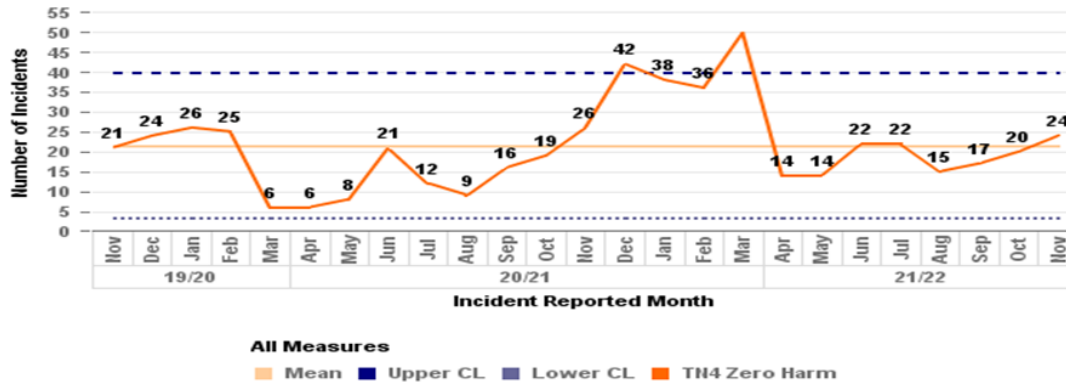
Measures requiring focus and a countermeasure summary this month are;

Measure	Executive Summary
Healthcare Associated Infections	There were 13 Healthcare Associated Infections in November 2021 compared to a target of 11. The Performance Indicator has been revised for November with the addition of COVID-19 (8 days +), Norovirus and Flu.
Number of falls resulting in significant harm (Moderate to Catastrophic)	<p>There were 5 falls resulting in moderate harm and 1 resulting in catastrophic harm in November. These were:</p> <ul style="list-style-type: none"> Combe Ward (n=3) <ul style="list-style-type: none"> Moderate harm. Fractured sacral bone. Moderate harm. Fractured femur & small temporal bleed Moderate harm. Subarachnoid haemorrhage OPAU (n=1) <ul style="list-style-type: none"> Catastrophic harm. Fracture femur. Patient died post operatively. Pierce Ward (n=1) <ul style="list-style-type: none"> Moderate harm. Fractured hip Waterhouse Ward (n=1) <ul style="list-style-type: none"> Moderate harm: Fracture hip

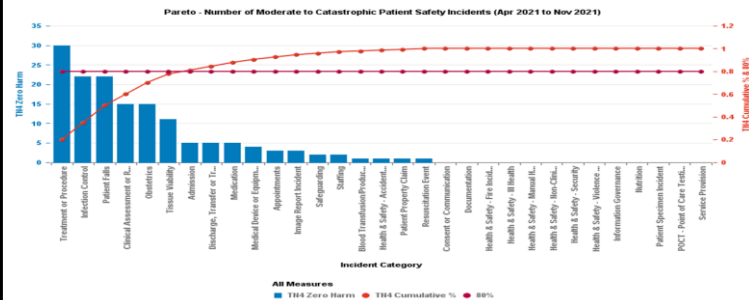
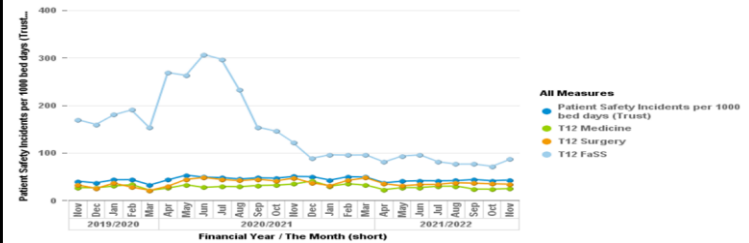
True North | Quality | Avoidable Harm

Historic Performance

SPC - Zero Avoidable Harm (Moderate to Catastrophic Patient Safety Incidents)
Source: Datix (as at 16 Dec 2021)



Contribution by Division, total incidents per 1000 bed days



Is the standard being delivered?

- In November 2021 there were 24 reported Moderate to Catastrophic incidents compared to a target of no more than 30 incidents.

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

Category of incident	Apr – Nov 2021	Nov 2021
Treatment or procedure	30	6
Infection Control	22	5
Patient falls	22	1
Obstetrics	15	1
Clinical Assessment or Review	15	1
Tissue Viability	11	3
Medication	5	1
Discharge, Transfer or Transport	5	2
Admission	5	1

Countermeasure /Action (planned this month)

In depth review of incidents related to delayed, procedure, treatment monitoring and diagnosis and returns to theatre, link to deteriorating patient work and monitored through the Patient Safety Steering Group in January 2022

eLearning in Patient Safety for all staff with the new National Patient Safety Syllabus - to be launched in early 2022

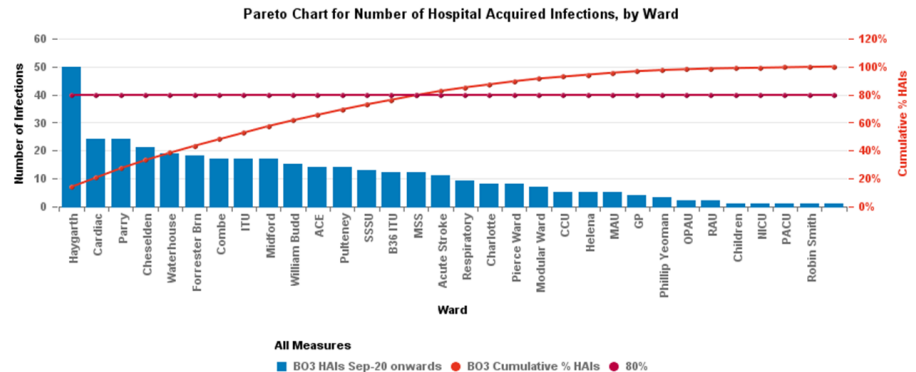
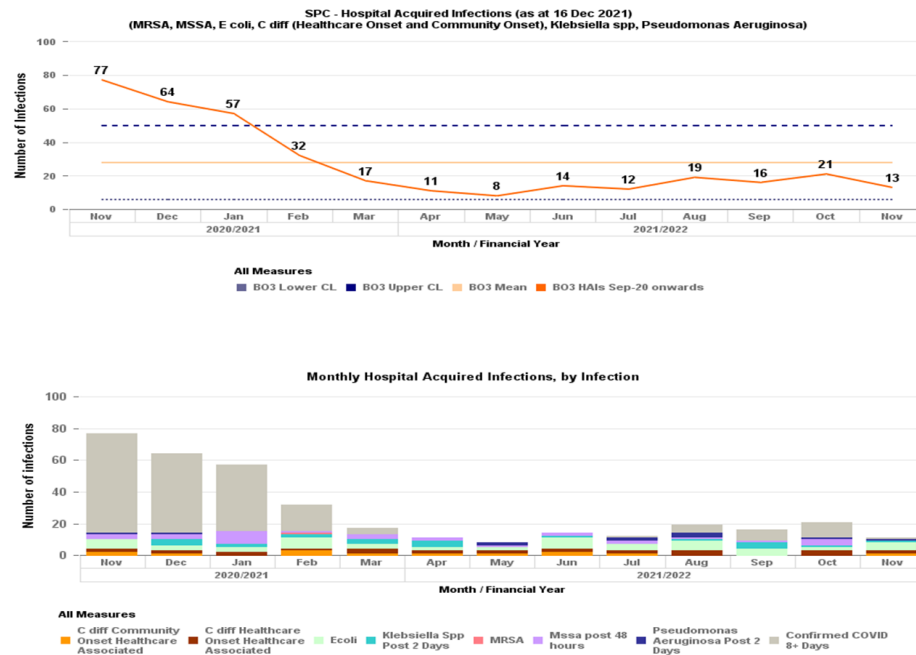
Owner

Lesley Jordan
Rob Eliot

Lesley Jordan

Breakthrough Objective | Quality | HCAI

Historic Performance



Is standard being delivered?

- 13 hospital acquired infections occurred in November 2021, against a target of no more than 11 infections. The Performance Indicator has been revised for November with the addition of COVID-19 (8 days +), Norovirus and Flu.

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

- E coli hospital onset (n=5)
- C diff hospital onset (n=2)

Countermeasure /Action (planned this month)

Owner

Standard work protocols for managing COVID-19 published

Jo Miller / Julia Vasant

Weekly IPC huddle with Matrons & DDONs – focus on Cdiff

Jo Miller / Yvonne Pritchard

HCAI scorecard to be reviewed to include all hospital acquired infections including COVID-19, norovirus etc

Deputy Chief Nurse / BIU

Divisional focus on reducing HCAs using Improving Together methodology

Divisions

Prioritise estate work to enhance facilities

Estates

Weekly C diff ward rounds undertaken

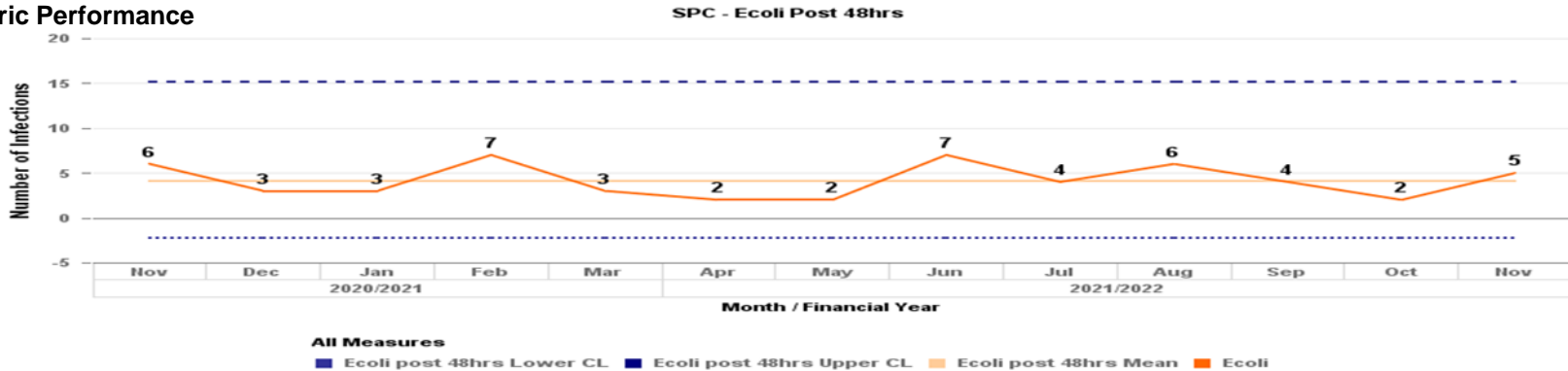
Microbiology

Review antibiotic prescribing for C diff

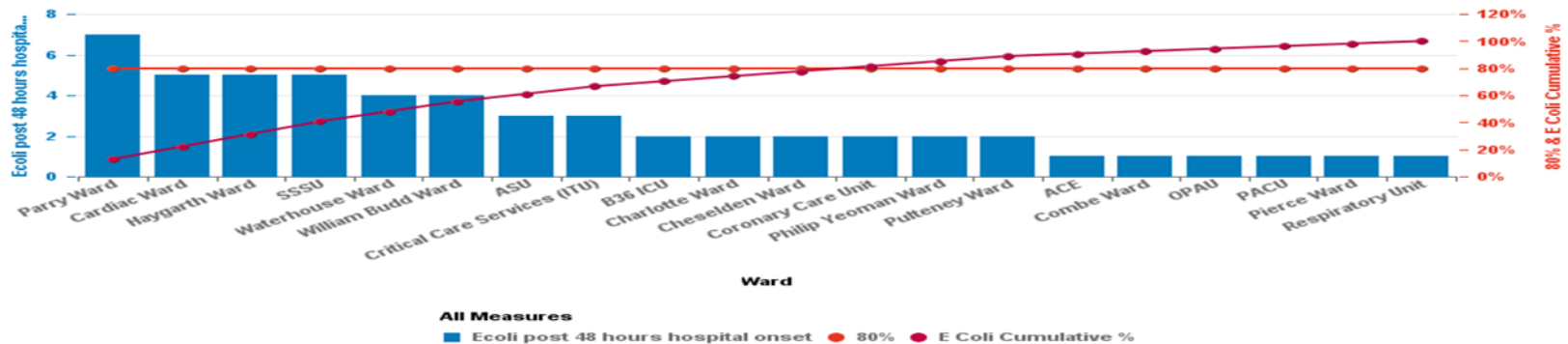
Antimicrobial Pharmacist

Breakthrough Objective | E coli

Historic Performance



Paterno Chart For Number of Ecoli Post 48 Hour Cases by Ward



Is standard being delivered?

- 5 E coli infections occurred in November 2021, which is above the target of no more than 4 infections.

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

- Top contributors to E coli since November 2020 are identified in the graph above, the top contributors being Parry Ward (n=7), Cardiac Ward (n=4), Haygarth Ward (n=4) and SSSU (n=4).

Countermeasure /Action (planned this month)

Owner

Refer to countermeasures on HCAI slide

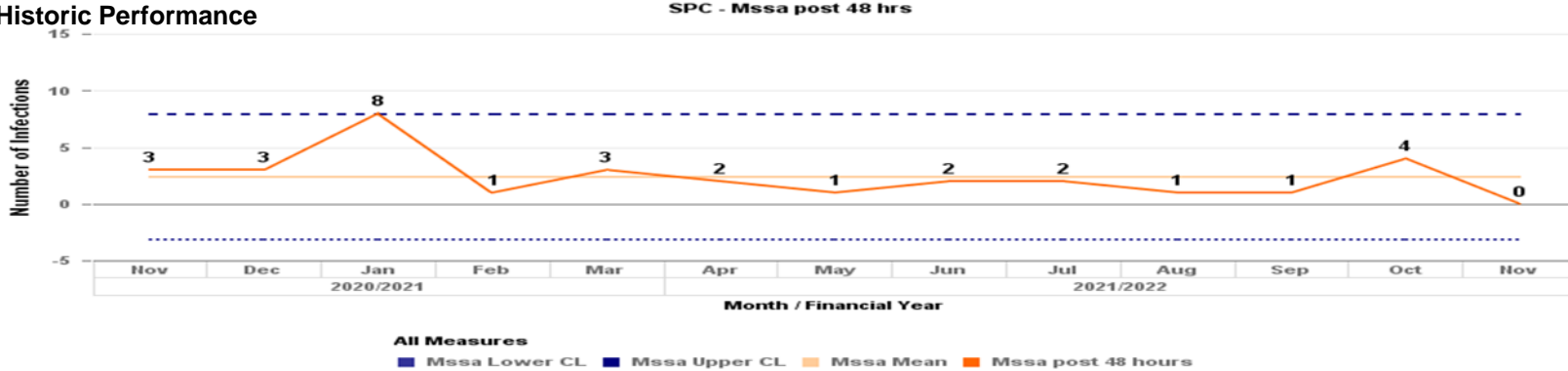
N/A

Monthly programme of wards undertaken for catheter insertion and ongoing care (peer review)

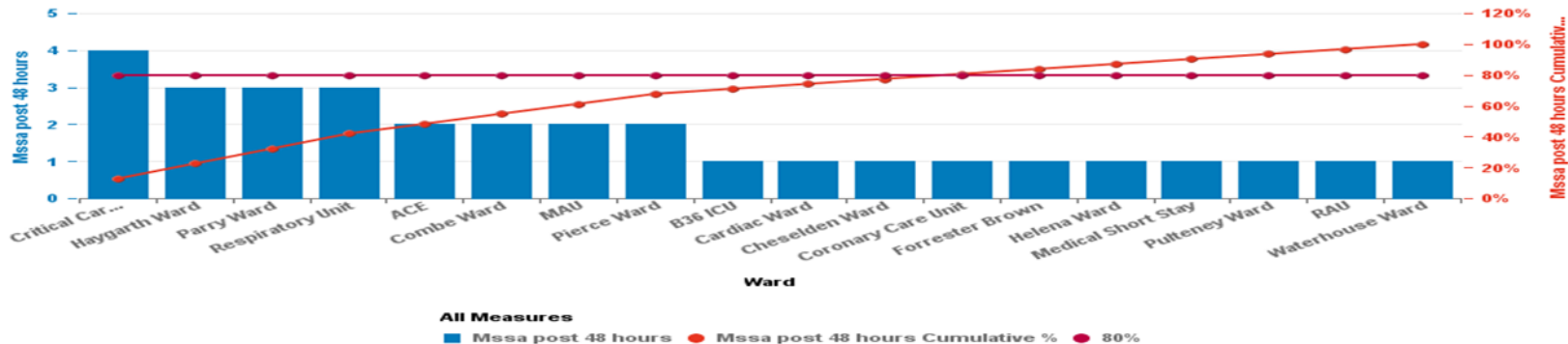
Ward sisters /
Matrons

Breakthrough Objective | MSSA

Historic Performance



Pareto Chart showing number of Mssa post 48 hours



Is standard being delivered?

- There were no hospital onset MSSA blood stream infections in November 2021

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

- The top contributors to MSSA since November 2020 are identified in the graph above, the top contributors being Critical Care (n=4), Haygarth Ward (n=3), Parry Ward (n=3) and Respiratory Unit (n=3).

Countermeasure /Action (planned this month)

Owner

Refer to countermeasures on HCAI slide

N/A

PVC surveillance programme reviewed (peer audits)

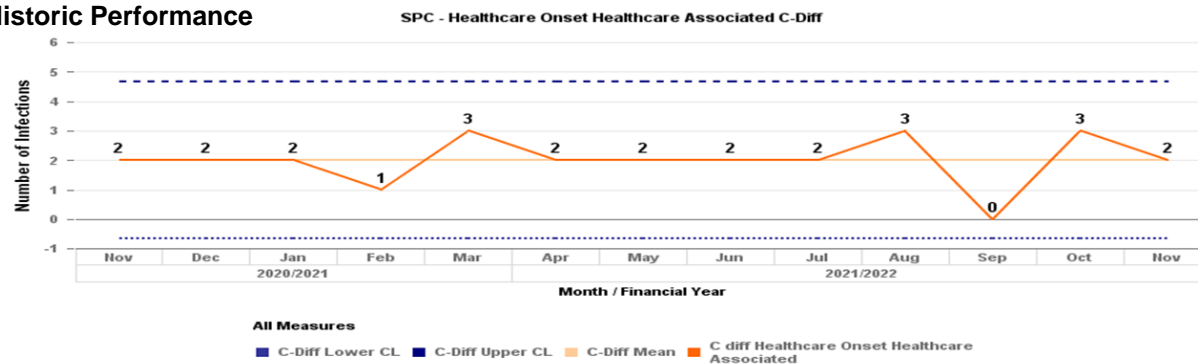
Ward Sisters /
Matrons

IPC Weekly huddles including review of PPE and hand hygiene practices

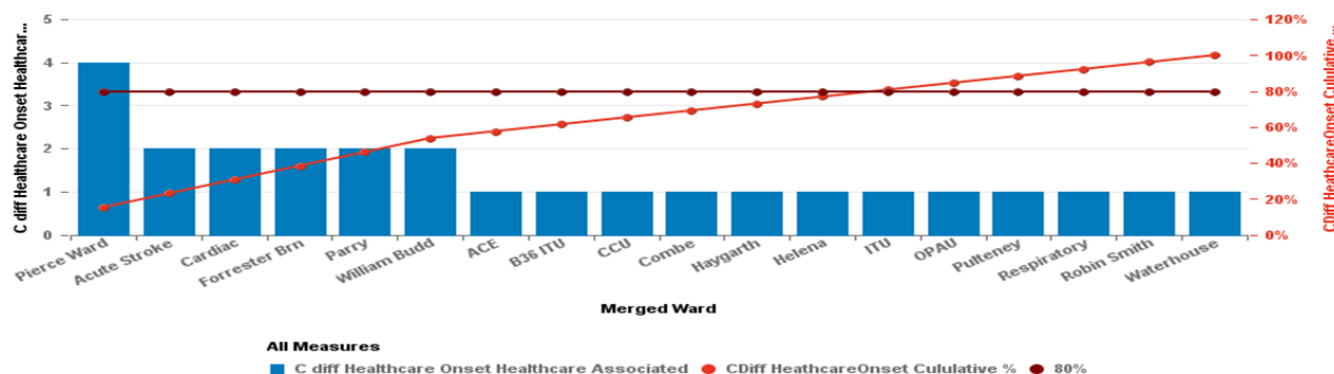
Coach House/
IPC Team /
Divisions

Breakthrough Objective | *Clostridioides difficile*

Historic Performance



Pareto Chart for Healthcare Onset Healthcare Associated C-Diff



Is standard being delivered?

- There were 2 *Clostridioides difficile* hospital onset infections and 1 community onset healthcare associated infection in November 2021.

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

- The top contributors to *Clostridioides difficile* hospital onset infections since November 2020 is Pierce Ward (n=4).

Countermeasure /Action (planned this month)

Owner

Refer to countermeasures on HCAI slide

N/A

Continue steps towards introduction of electronic stool charts

IPC & QI Team

IPC huddles: Weekly assessment of PPE practices, stool chart completion & sending of samples (re-launched in October)

Coach House/
IPC Team /
Divisions

Revised investigation process for hospital onset *Clostridioides difficile* cases.

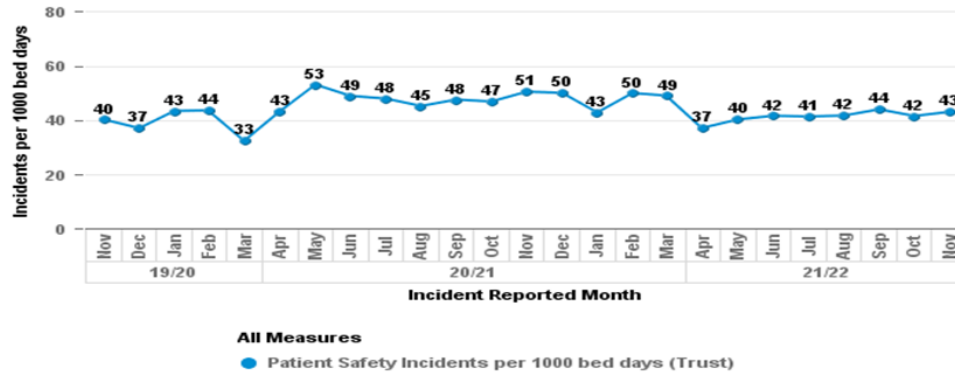
Divisions/IPC
Team

Trial of revised stool chart underway

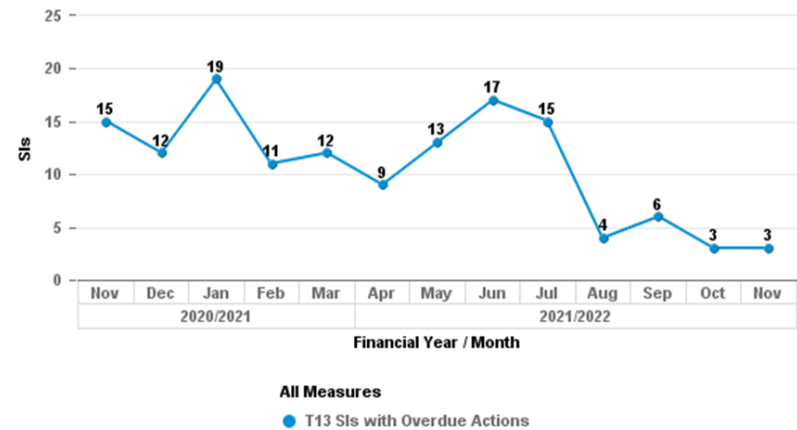
IPC Team

Quality | Tracker Measures

Patient Safety Incidents per 1000 bed days
Source: Datix (as at 16 Dec 2021)

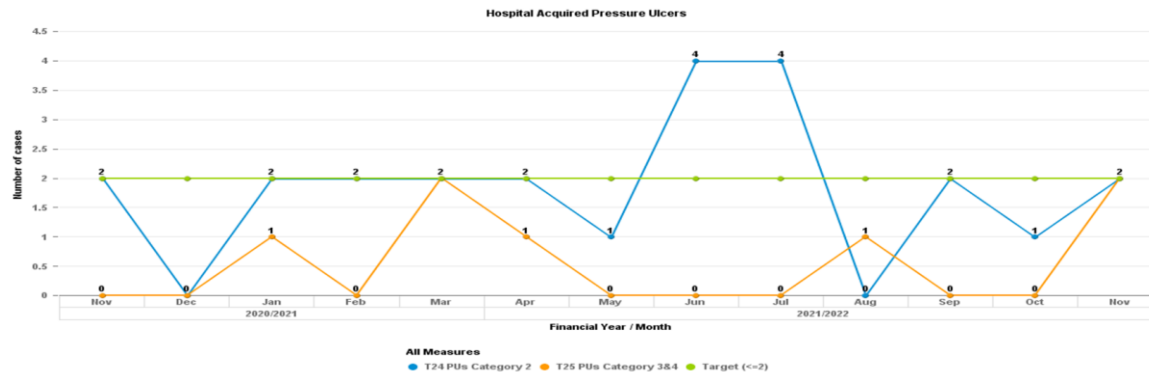
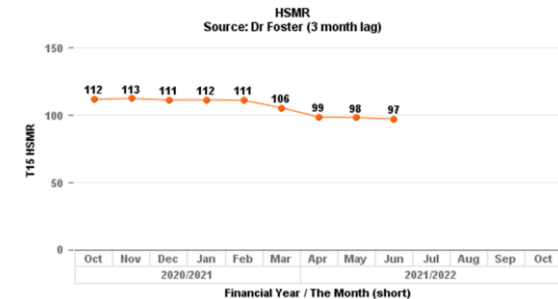
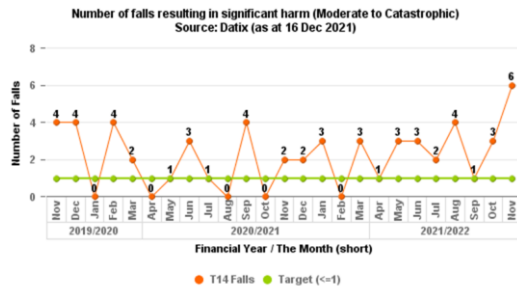


Serious Incidents with Overdue Actions
Source: Datix (as at 16 Dec 2021)



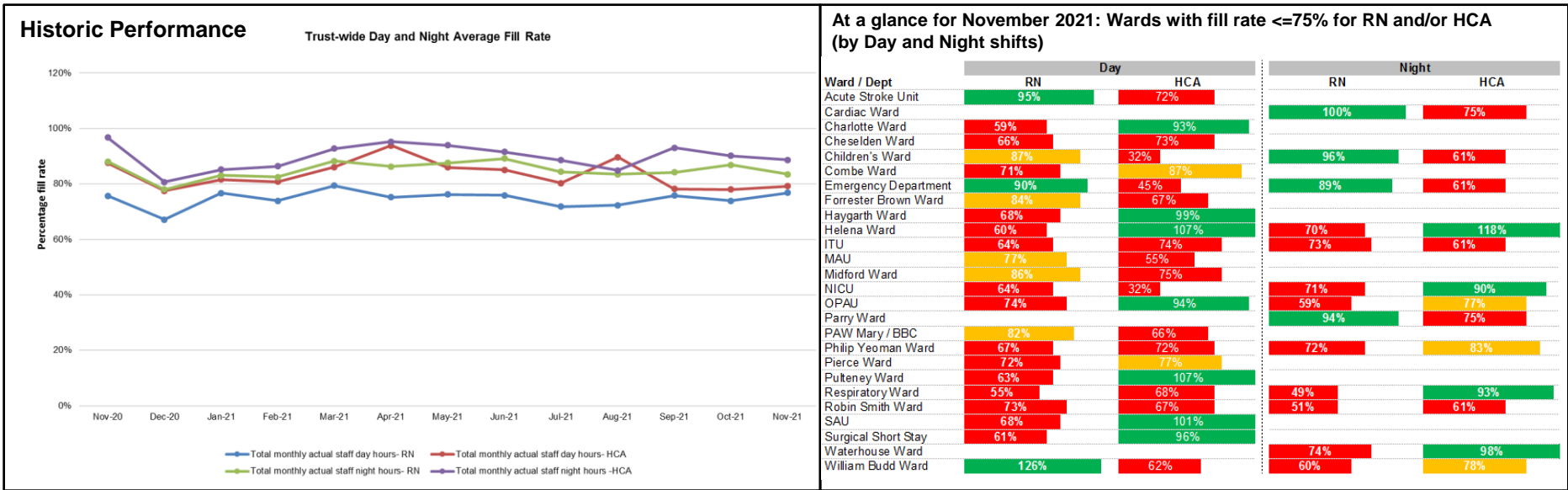
Measure	Top contributor for red/green performance this month	Action
Incident Reporting	The top reported categories of incidents are: patient falls, obstetrics and medication incidents. The top reporter of incidents are Maternity followed by the Older Persons Unit and Acute Medicine.	The figure of 43 incidents reported per 1,000 bed days is within the expected range for incident reporting based on the last published data from the NRLS (October 2019 - March 2020). An A3 will be completed on the barriers to incident reporting including conducting a staff survey to identify the barriers and key issues and to identify whether there are particular issues and concerns that are not being identified through the incident reporting process. The work being undertaken for Restorative Just Culture (RJC) will also be linked with incident reporting, including training of staff in RJC.
Serious Incidents	The overall trend is a decrease in the number of serious incidents with overdue actions. There were 3 serious incidents with overdue actions in November 2021.	A report is produced monthly for each Division summarising any overdue actions and these are followed up with the leads for each action. A review will be undertaken into the process of incident review, actions, feedback and learning from incidents. The new processes will be aligned to the Patient Safety Incident Response Framework (PSIRF) to be rolled out in 2022. A3 to be produced.

Quality | Tracker Measures



Measure	Top contributor for red/green performance this month	Action
Falls	Falls resulting in moderate to catastrophic harm: Combe Ward (n=3), OPAU (n=1), Pierce Ward (n=1), Waterhouse Ward (n=1)	Falls huddles completed and Part C investigations being completed. There is a programme of work which includes: enhanced observation tool, multi-professional staff training to ensure staff identify high risk patients, use of magnets on board rounds - 'all eyes on the most at risk'
Hospital acquired pressure ulcers	There were two Category 3 Pressure Ulcers in November 2021: Pierce Ward (n=1), MAU (n=1) There were two Category 2 Pressure Ulcers in November 2021: Midford Ward (n=1), Philip Yeoman Ward (n=1)	Global STOP the Pressure week is focusing on one element of the SSKIN bundle every day via Workspace and Twitter. No lapses in care were identified for Pierce Ward (Category 3) and Midford Ward (Category 2).
HSMR	No changes to published data since June 2021. There has been a continued improvement of within month HSMR to 97.	Clinical Outcomes Group continues to commission deep dive reviews into reported contributors to changes in HSMR. This informs the work of the Patient Safety Steering Group. There has also been a focus of coding of comorbidities and palliative care.

Quality | Safer Staffing



Is standard being delivered?
Compared to the 90% target, in November 2021:

- The percentage fill rate for registered nurses was **77%** for day hours and **84%** for night hours
- The percentage fill rate for HCAs was **79%** for day hours and **89%** for night hours

What is the top contributor for under/over-achievement?
Wards with low percentage fill rate highlighted in the at a glance section above. Key drivers for this position are:

- Vacancy rate and fill rate
- Sickness due to COVID-19 (Isolation & positive cases)
- Variation in e-roster compliance/e-roster knowledge
- Robin Smith are working to dependency and occupancy so as a sole elective ward this will impact on their daily planned numbers against establishment

Countermeasure /Action (completed last month)	Owner
RCN South West recruitment event completed	Rebecca Hedges / Simon Andrews
Review of recruitment processes commenced	Helen Slocombe / Rebecca Hedges
Recruitment Pipeline (1 st Draft) developed ready to be shared	Ana Gleghorn / Mel Hobbs
Countermeasure /Action (planned this month)	Owner
Workforce Attraction piece continues with banners and posters advertising opportunities.	Helen Slocombe / Rebecca Hedges
Review of staff working in non-ward based roles to support safer staffing on wards	Simon Andrews / Mandy Rumble / Sarah Merritt
Commence e-roster project group and roster competence for roster managers and teams	Ana Gleghorn / Jess Dolman-Sellers / Sarah Lidgett / Fern Jameson
Broaden employment opportunities for Band 5 RN including rotational posts (cross system working)	Helen Slocombe / Fern Jamieson

Patient | Executive Summary

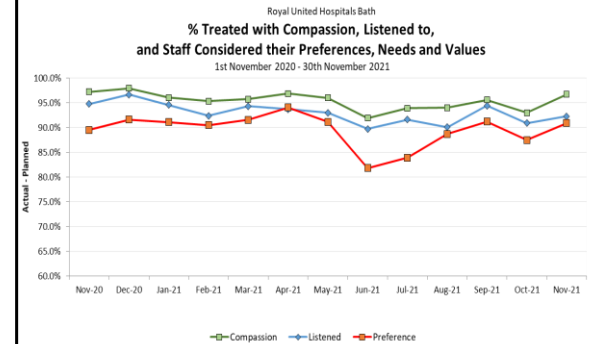
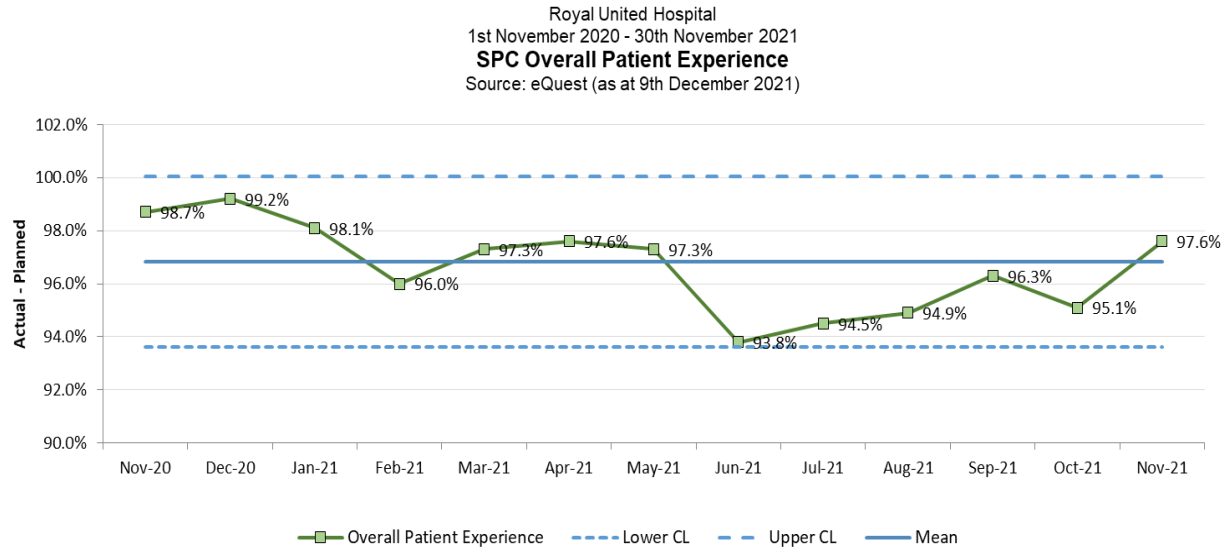
				Target			2020/21					2021/22									
Strategic Goal			Performance Indicator	Description	Performing	Under Performing	Baseline	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Trend
True North	Patient		Overall Patient Experience (FFT)	Proportion responding 'good' or 'very good'	>=95%	<95%		98.7%	99.2%	98.1%	96.0%	97.3%	97.6%	97.2%	93.8%	94.5%	94.8%	96.1%	95.1%	97.6%	
Tracker Measures	Patient	IT	Percentage of Patients that felt they were treated with compassion (FFT)	Proportion responding 'yes definitely'	>=95%	<95%	-	97.2%	97.9%	96.0%	95.3%	95.5%	96.9%	96.0%	91.9%	93.9%	94.1%	95.6%	93.1%	96.7%	
	Patient	IT	Percentage of Patients that felt they were listened to by staff (FFT)	Proportion responding 'yes definitely'	>=95%	<95%	-	94.8%	96.7%	94.6%	92.4%	94.1%	93.7%	93.0%	89.7%	91.6%	90.2%	94.2%	91.0%	92.4%	
			Percentage of Patients that felt staff considered their preferences, needs, values (FFT)	Proportion responding 'yes definitely'	>=95%	<95%	-	89.5%	91.6%	91.1%	90.5%	91.3%	94.1%	90.8%	81.9%	84.0%	88.8%	91.2%	87.5%	91.0%	
	Patient	IT			>=95%	<95%	-	89.5%	91.6%	91.1%	90.5%	91.3%	94.1%	90.8%	81.9%	84.0%	88.8%	91.2%	87.5%	91.0%	
Other Measures	Patient	SOF	Number of formal complaints made to the trust		<30	>=35	20.5	44	24	12	33	37	40	30	34	42	34	37	27	41	
	Patient	NT	FFT Response Rate for ED (includes MAU/SAU)		>=15%	<=10%	-	0.1%	0.0%	0.1%	0.2%	0.3%	0.1%	0.4%	1.9%	0.5%	0.3%	0.2%	0.2%	0.3%	
	Patient	NT	FFT Response Rate for Inpatients (including Daycases)		>=30%	<25%	-	7.7%	5.2%	4.7%	5.0%	6.5%	8.4%	10.4%	12.3%	10.9%	9.8%	8.7%	8.7%	6.9%	
	Patient	NT	FFT Response Rate for Maternity ('Maternity (Labour)' only)		>=22%	<=17%	-	2.3%	0.3%	1.5%	3.0%	2.5%	2.1%	2.9%	12.2%	4.3%	2.0%	1.5%	1.5%	1.2%	
	Patient	NT	FFT Response Rate for Outpatients				-	0.2%	0.2%	0.2%	0.2%	0.3%	0.5%	0.5%	5.6%	3.6%	0.3%	0.5%	0.6%	0.7%	

Measures requiring focus and a countermeasure summary this month are;

Measure	Executive Summary
Overall Patient Experience (FFT)	In November the proportion of patients responding positively about their overall experience was 97.6% , above the standard of 95%.
FFT Response Rate	The Patient Experience team continue to support staff to collect patient experience via FFT cards, website questionnaires and by telephoning inpatients following their discharge. The response rate for wards has decreased slightly in November. There are a number of wards where the completion rate is lower and these are supported to increase their focus on FFT. The Outpatient Matron is working with outpatient departments to have a renewed focus in getting patient feedback and using it to improve the services provided.
Patients felt that they were treated with compassion	The score in November was 96.7% which is slightly above the target of 95%. However, it is recognised that the numbers of FFT cards compared to the numbers of eligible patients remains low.
Patients felt they were listened to by staff	The score in November was 92.4% . Surgical Short Stay, Cardiology Day Case Unit have been identified as the 'top contributors' in November for patients feeling 'listened to' by staff. The Surgery Division has identified this as an area of focus. The feedback from patients and actions taken as a result are shared via 'You said, we did' communications.
Patients felt staff considered their preferences	This continues to remain the lowest scoring performance standard against the patient goal at 91.0% . Performance was weaker for Inpatient wards, with patients telling us that communication needs improving e.g. lack of communication between staff groups and between staff & patients, lack of information about care / treatment/ diagnosis, not being kept informed, more information on admission/ discharge. Improving ward communication and information on discharge are areas of focus for the Patient Experience A3 in 2022/23.

Patient | Friends and Family Test

Historic Performance



Is standard being delivered?

In November 2021 the proportion of patients across the Trust that responded positively (very good or good) about their overall experience was **97.6%**. Below shows this broken down for each clinical division.

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

FFT responses November 2021	Overall Patient Experience numbers		
	Medicine Division	Surgery Division	Family and Specialist Services Division
Very good	242 (84.91%)	182 (90.10%)	125 (89.93%)
Good	31 (10.88%)	18 (8.91%)	13 (9.35%)
Total	95.79%	99.01%	99.28%

Countermeasure /Action (planned this month)

Ward communication with families was the focus for Clinical Friday on 12th November. Senior nursing staff identified a number of improvements. e.g. new entrance intercom on Forrester Brown ward; review of ward clerk/ discharge co-ordinator hours. The Family Liaison Support team will start in December/January. Their role will be to support proactive communication with families for patients on medical wards.

Owner

Deputy Divisional Director for Nursing (Medicine) / Lead for Patient & Carer Experience

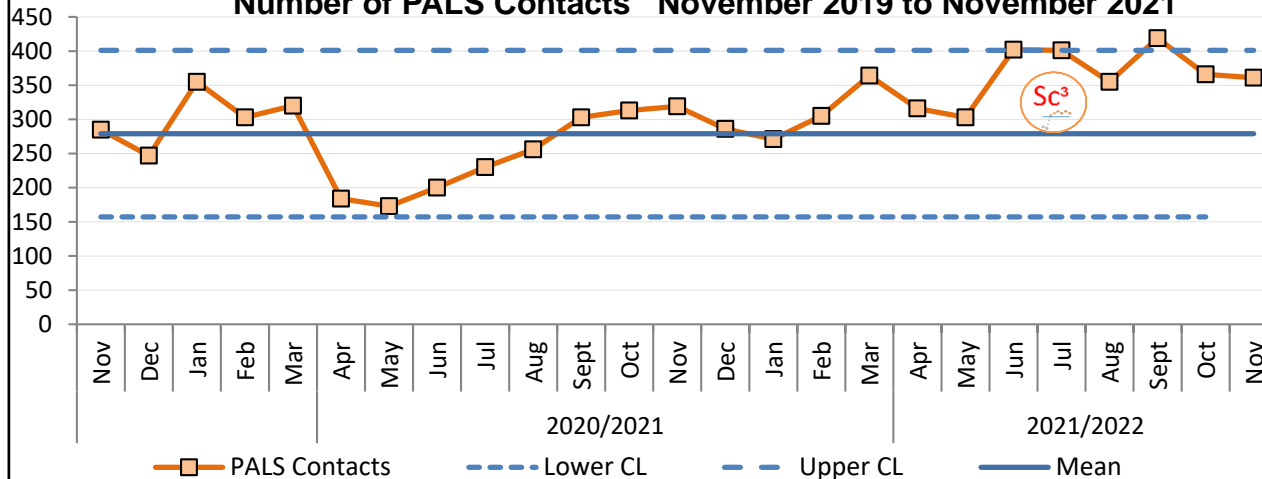
Information on discharge –report detailing patient and carer feedback on discharge information was discussed at working group meeting in November. The focus will be on ensuring all patients leaving the hospital have a completed discharge summary.

Clinical Governance Lead Medicine/ Patient Experience team

Patient | Patient Advice and Liaison Service

Historic Performance

Number of PALS Contacts November 2019 to November 2021



- 199** Required resolution (55%)
- 120** Requested advice or information (33%)
- 27** Provided feedback (4%)
- 15** Compliments (7%)

- 56** Communication and information
- 39** Appointments
- 33** Clinical Care and Concerns

Is standard being delivered?

Situation report: There were 361 contacts with PALS in November 2021.
KPI: Performance against 48hr standard response timeframe 77% of cases were resolved in 48 hours or less; a further 10% were resolved in 5 days and 10% between 7-14 days. 3% of the complex cases took more than 14 days.

What are the top contributors for under/over-achievement?

Communication and information (n=56). Issues relating to not answering the telephone is the most prevalent (n=17). Outpatient areas received the most contacts this month. Staff sickness and the volume of calls has impacted on the ability for outpatient staff to respond to telephones in a timely manner.

Appointments (n=25). relate to the length of time patients were waiting for follow up and new appointments (n=16). Gastroenterology and Cardiology are identified as hotspot areas this month.

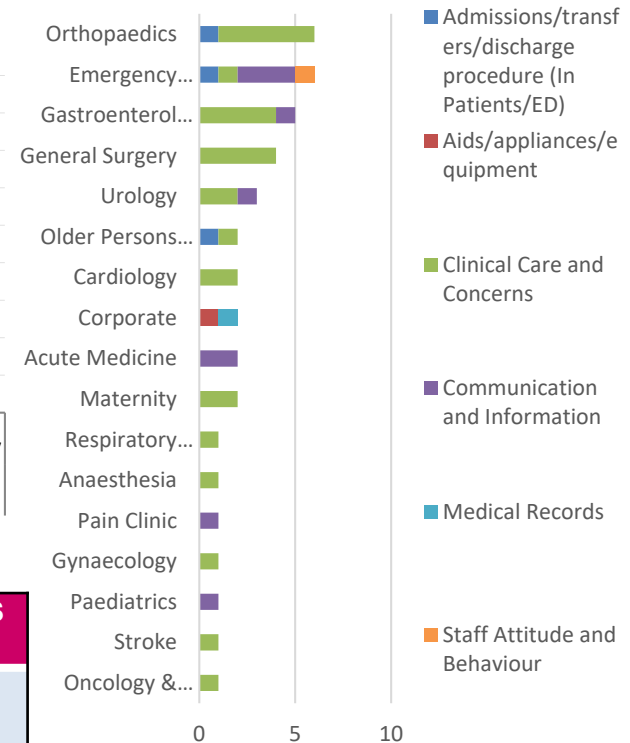
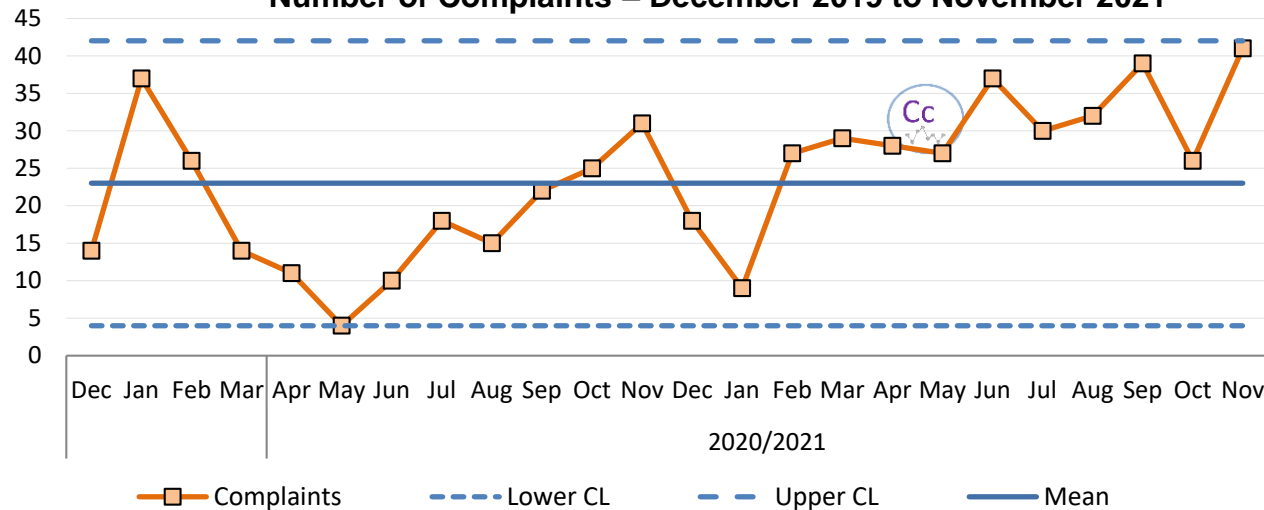
Clinical care and concerns (n=33). Within this inappropriate care/treatment (n=6), test results not acted upon (n=5) and coordination of medical treatment (n=5) are most prevalent.

Countermeasure /Action (this month)	Owner
Reducing outpatient waits is a Trust focus The PALS team are working with departments to advise patients of current wait times and issue results where possible. Plan for external communication of Trust actions to reduce outpatient waits.	Outpatient Steering Group / Communications Team
Outpatient telephones not being answered The PALS team are working with departments to provide an email address to patients to support communication.	Divisional specialty managers/Matrons

Patient | Complaints

Historic Performance

Number of Complaints – December 2019 to November 2021



Response Rate	Medicine	Surgery	F&SS	Corporate	Re-opened	Medicine	Surgery	F&SS
Completed within timescale	13% (1/8)	9% (1/11)	27% (3/11)	80% (4/5)	Complaints re-opened	0	0	0

Is standard being delivered?

The Trust received **41** formal complaints in November 2021. This is 5 more than November 2020 and 18 more than the mean average for the rolling 24 months. Underperforming ≥ 34 , Performing < 30 . This is the highest monthly total in the last 2 years.

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

Clinical Care and Concerns account for 63.4% (26) of complaints.

Orthopaedics (6) Emergency Department (6) and Gastroenterology (5) account for 42% of complaints. 26% of Complaints closed during November met the required timescale of 35 working days. (9/35). This has decreased from last month (40% met timescale).

Countermeasure /Action (planned this month)

Additional Clinical support for the drafting of response letters in Medicine and the Emergency department is in place. The focus will be on clearing overdue complaint responses. Further scrutiny is being made to ensure all questions are addressed in the complaint response.

A greater focus needs to be made to ensure that phone calls are made to the complainant within the first 24/48 hours of receipt of the complaint by the clinical teams in the Divisions.

Owner

Interim lead for complaints






Divisional Director of Nursing

Finance Report

November 2021

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		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		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		Discuss with Exec before Meeting which countermeasure summaries should be prioritised for presentation	Present full written countermeasure summary against Exec expectations

Executive Summary

	Performance Indicator	Description	Target		Baseline	Actual 2021/22											
			Performin g	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 (Excl. Vaccination Funding and system support)	Variance from year to date planned control total (better)/worse	<=0	>0	£0	£412k	£199k	£805k	£698k	£996k	£1,614k	£3,048k	£4,364k				
	Forecast delivery of financial control total at end of financial year	Forecast variance from annual control total (better)/worse	<=0	>0	£0	TBC	TBC	TBC	TBC	£1,496k	£1,614k	£10,614k	£13,514k				
	Delivery of Recurrent Finance Improvement Programme (QIPP)	Variance from year to date planned recurrent QIPP (better)/worse	<=0	>0	£0	£177k	£256k	£279k	£411k	£673k	£629k	£755k	£895k				
	Forecast delivery of Divisional Finance Improvement Plan at end of financial year. (QIPP)	Forecast variance from annual planned recurrent QIPP (better)/worse	<=0	>0	£0	TBC	TBC	£1,076k	£1,172k	£1,347k	£1,324k	£1,333k	£1,393k				
	Reduction in agency expenditure	Agency costs as a % of total pay costs	< 19/20 %	> 19/20 %	3%	3%	4%	3%	3%	4%	4%	3%	4%				
	Delivery of income compared to plan (Excl. Vaccination Funding)	Variance from year to date planned income (better)/worse	<=0	>0	£0	£254k	£14k	£995k	£1,277k	£2,095k	£807k	£1,486k	£3,104k				
	Delivery of capital programme	Variance from year to date planned capital expenditure	+ or - 5%	><5%	n/a	52%	19.8%	6.6%	16.9%	0.8%	13.7%	14.7%	10.9%				
	Forecast delivery of capital programme	Forecast variance from annual planned capital expenditure	+ or - 1%	><1%	n/a	TBC	TBC	TBC	0%	0.0%	0.0%	0.0%	0.0%				
	Delivery of planned cash balance	Variance from year to date planned cash balance	+ or - 10%	><10%	n/a	-16.2%	2.2%	-23.0%	-16.6%	9.2%	-38.40%	-4.0%	8.0%				

At the end of November 2021 the Trust is in a deficit position of £2.75 million, support funding of £1.61 million for H1 now agreed as well as £500,000 funding from NHS E to cover the M7 and M8 costs of the additional ITU beds which is included in the position. Excluding the ITU funding the in month deficit at M8 is £1.82 million, a deterioration from M7 of just under £390,000. This increase is driven predominantly by higher high cost drugs and devices spend (£334,000 above funded levels) and increased agency nursing costs.

The position does not include any support funding for ERF or winter spent so far in H2 due to awaiting confirmation from the system.

H2 budgets have been set to reflect a forecast deficit of £11.9 million, this includes £1.9 million Sulis operational and mobilisation costs, £2 million winter costs and £3.17 million ERF plans. ERF+ and TIF costs will be in top of this with funding received to off-set.

Capital expenditure is currently £3.7 million under plan with main underspends related to the cancer centre and the linac replacement. The forecast for the year end is expecting that the Trust will deliver against its capital allocation.

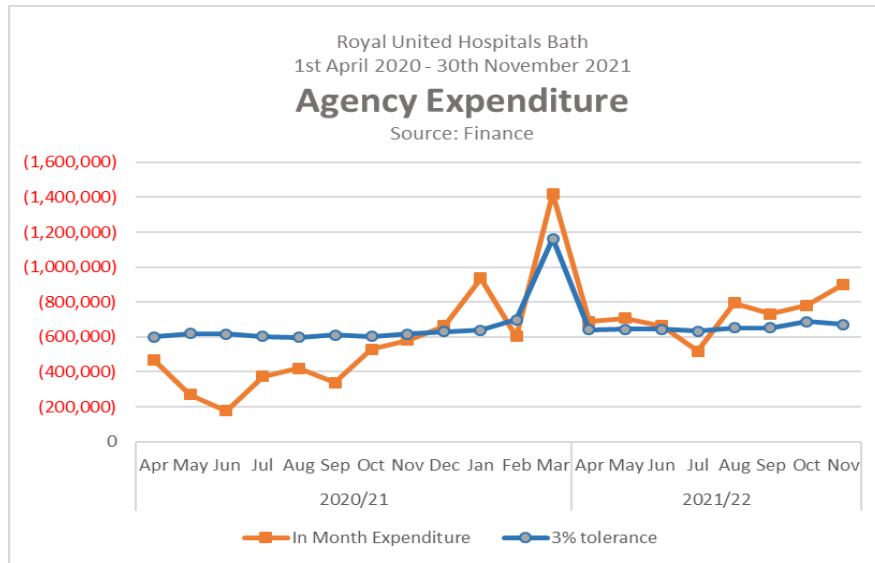
True North | Breakeven Position

Month 8	H1			H2 YTD			Full Year YTD		
	Plan	Actual	Variance	Revised Plan	Actual	Variance	Revised Plan	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Income									
Contract Income	197,541	200,538	2,997	67,166	67,506	340	264,707	268,044	3,337
Other	16,180	20,153	3,973	10,078	8,101	(1,977)	26,258	28,254	1,996
Total Income	213,721	220,691	6,970	77,244	75,607	(1,637)	290,965	296,298	5,333
Expenditure									
Pay	(133,826)	(140,178)	(6,352)	(47,354)	(48,398)	(1,044)	(181,180)	(188,576)	(7,396)
Non-Pay - Clinical supplies & services	(20,354)	(19,417)	937	(7,622)	(7,239)	383	(27,976)	(26,656)	1,320
High Cost Drugs	(19,249)	(20,407)	(1,158)	(7,591)	(7,273)	318	(26,840)	(27,680)	(840)
Other Non-Pay	(29,603)	(29,665)	(62)	(11,037)	(11,621)	(584)	(40,640)	(41,286)	(646)
Total Non-Pay	(69,206)	(69,489)	(283)	(26,250)	(26,133)	117	(95,456)	(95,622)	(166)
Total Expenditure	(203,032)	(209,667)	(6,635)	(73,604)	(74,531)	(927)	(276,636)	(284,198)	(7,562)
EBITDA	10,689	11,024	335	3,640	1,076	(2,564)	14,329	12,100	(2,229)
Depreciation	(7,459)	(7,204)	255	(2,568)	(2,572)	(4)	(10,027)	(9,776)	251
PDC	(3,432)	(3,432)	0	(1,144)	(1,144)	0	(4,576)	(4,576)	0
Other	(63)	(237)	(174)	1	(35)	(36)	(62)	(272)	(210)
Surplus/(Deficit)	(265)	151	416	(71)	(2,675)	(2,604)	(336)	(2,524)	(2,188)
Donated Asset Items & Impairments	(265)	151	416	(71)	116	187	(336)	267	603
Adjusted Position	0	0	0	0	(2,791)	(2,791)	0	(2,791)	(2,791)

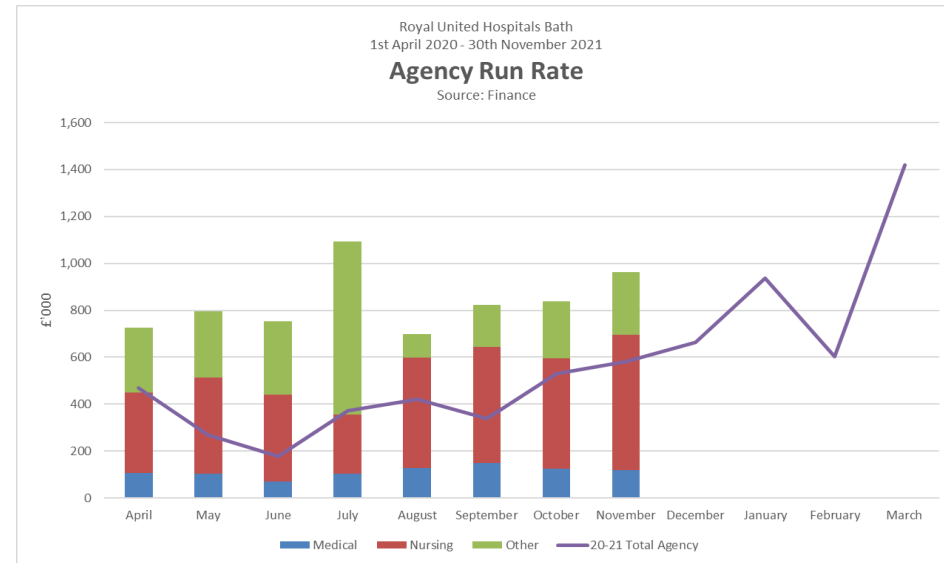
Key Points

Income has been agreed to fund H1 as a breakeven position to cover our underlying deficit. H2 expects system funding for £9m deficit plus Sulis costs of £1.9m and ERF+ and TIF schemes of £3.9m.

Key Standard| Sustainability – Agency Use



The agency spend for the mobile vaccination clinics are excluded



Is standard being delivered?

No

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

Agency nursing costs for B36 increased on last month due to high occupancy within the unit.

Medical consultant agency has reduced in month with a drop in the use of agency in surgery.

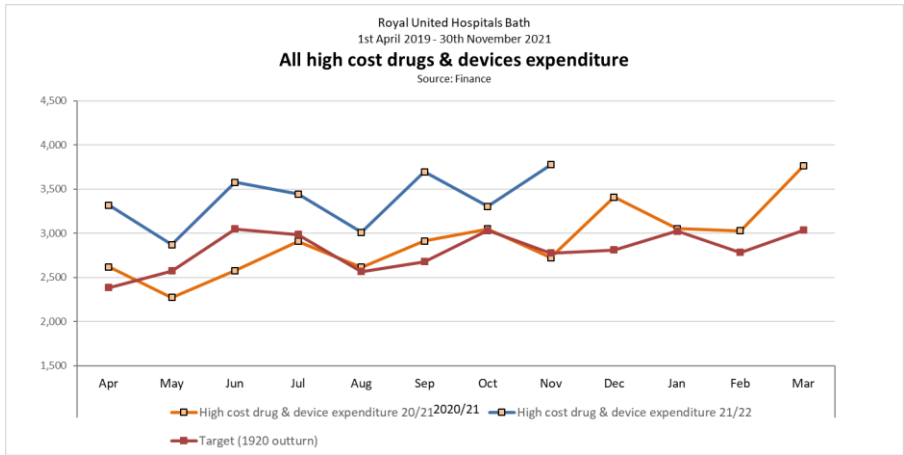
Non-clinical agency usage in facilities driven by cleaning dropped slightly in October from September.

Countermeasures completed last month

Countermeasure /Action	Owner
Incentive rates to encourage recruitment to the bank are being reviewed and plans worked up by a working group including Deputy Director of People	Senior Finance Team with HR and Divisional Management

Countermeasures for the month ahead

Countermeasure /Action	Owner
Focus on recruitment and retention in key problems areas. Agency project working on plans to reduce agency day shifts where clinically safe to do so	Director of People Agency Project



Commissioner	20-21 average per month	21-22 average per month	Yr on yr percentage increase	Yr on yr £ increase
CCG (block)	1,200,685	1,413,729	15%	213,044
NHSE Specialised Commissioning (block)	261,209	266,963	2%	5,754
NHSE Specialised Commissioning (cost & volume)	1,353,236	1,607,301	16%	254,066
NHSE CDF (cost & volume)	415,182	464,160	11%	48,977
Total	3,230,312	3,752,153	14%	521,841

For 21/22 high cost drugs and devices are being funded by a combination of blocks and cost and volume arrangements (which are nationally determined). Prior to COVID funding arrangements these were all funded as cost and volume (also referred to as pass through).

Is standard being delivered?
No

What is the top contributor for under/over-achievement?
Costs for high cost drugs and devices are increasing year on year, with a significant proportion of these being funded via block arrangements (based on 19-20 outturn) which is causing a cost pressure to the Trust.

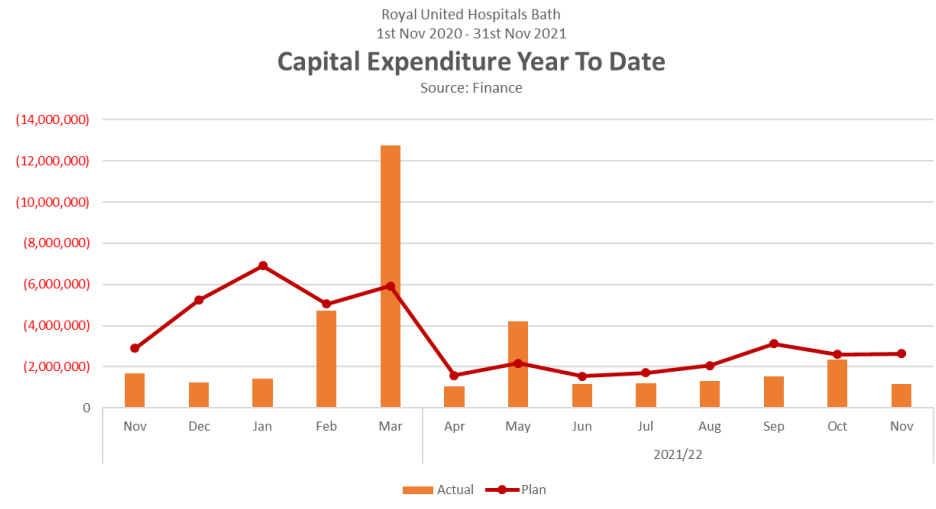
The most significant year on year increases for block funded high cost drugs and devices can be seen within the following specialties (in order of value increase):
Rheumatology - 13% increase
Ophthalmology – 24% increase
Gastroenterology – 9% increase
Oncology – 9% increase

Countermeasures completed last month	
Countermeasure /Action	Owner
Clinical Haematology - engagement with clinicians around drug trend. Rheumatology - Clinicians engaged in bio similar swaps for agreed patient cohort. Gastroenterology - Clinicians engaged in reduction in FP10 usage. Continued work in negotiating price reductions for drugs across all specialties.	Pharmacy/Income Pharmacy/ Rheumatology Pharmacy/ Gastroenterology Pharmacy
Countermeasures for the month ahead	
Countermeasure /Action	Owner
Calculating savings for dose optimization in Rheumatology.	Pharmacy/Income

Key Standard| Sustainability – Capital

Capital Programme

Capital Position as at 30th Nov 21	Annual Plan	Forecast Outturn	Year to Date		
			Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s
Trust Funded	(11,240)	(11,240)	(8,193)	(7,364)	829
External Funded (PDC & Donated):					
NHP Seed	(2,350)	(2,350)	(2,118)	(1,769)	349
Cancer Centre	(11,760)	(11,760)	(5,564)	(3,925)	1,639
Linac	(2,735)	(2,735)	(840)	(24)	816
Sulis MRI	(2,050)	(2,050)	0	(4)	(4)
Targeted Investment Fund (TIF)	(1,439)	(1,439)	0	0	0
Digital TIF	(862)	(862)	0	0	0
Other Donated	(1,234)	(1,234)	(978)	(947)	31
Total	(33,670)	(33,670)	(17,693)	(14,033)	3,661



Is standard being delivered?

No

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

Trust funded programme is under plan year to date. Schemes were held back due to re-prioritisation of plan for Sulis Hospital acquisition, it is expected that costs will come back in line over the coming months following meeting with key areas. The forecast outturn is in line with plan, there are a number of risks in delivery of some schemes and potential cost pressures on others but it is expected that spend can be brought in on plan and this will continue to be reviewed by the CPMG.

External PDC funded schemes are behind plan year to date. Cancer Centre Costs of £11.7m expected this year. Spend is behind plan to date by £1.6m, this relates to the main construction and substation costs being behind plan and the profile of the contingency. The slippage on the Cancer Centre contingency will be managed by the end of the financial year. Funding for the Sulis MRI has been confirmed, there is a high risk of this scheme not being delivered in year and mitigations are being reviewed. Funding for Targeted Investment Fund schemes including Digital has been confirmed. It is to be confirmed if all schemes can be delivered in year.

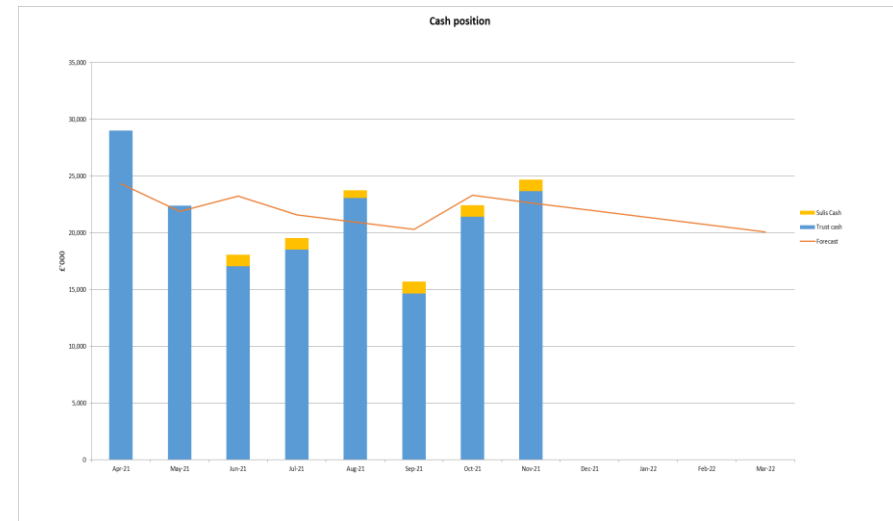
Countermeasures completed last month

Countermeasure /Action	Owner
CPMG are monitoring expenditure against the revised plan and mitigate for any risks arising	Director of Finance
Review of forecasts with divisional leads	Director of Finance
Countermeasures for the month ahead	

Countermeasure /Action	Owner
CPMG to continue to review risks against the revised plan to ensure forecast can be met and review of progress against TIF schemes	Director of Finance
Continued review with capital divisional leads	Capital Accountant and Head of Financial Services

Key Standard| Sustainability – Cash

Cashflow statement	Year to Date
	Actual £'000
Operating Surplus/(deficit)	2,324
Depreciation & Amortisation	9,776
Working Capital movement	2,383
Provisions	48
Cashflow from/(used in) operations	14,531
Capital Expenditure	(18,991)
Cash receipts from asset sales	3
Donated cash for capital assets	538
Cash from acquisition of Sulis	1,028
Interest received	0
Cashflow before financing	(17,422)
Public dividend capital received	5,416
Movement in loans from the DHSC	(2,311)
Capital element of finance lease rental	(309)
Interest paid	(94)
Interest element of finance lease	(17)
PDC dividend (paid)/refunded	(3,367)
Net cash generated from/(used in) financial year	(682)
Increase/(decrease) in cash and cash equivalents	(3,573)
Opening Cash balance	28,275
Closing cash balance	24,702



Please note that Sulis cash balance has been included from month 3 (June 21).

Is standard being delivered for cash? Yes

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

The Trust cash balance was £2.0 million higher than forecast.

There has been an £2.2 million increase from month 7.

The main contributor to this is the payment of PDC funding of £5.42 million was received in November to cover Cancer Centre, the New Hospital Programme and diagnostics capital costs already incurred.

£2.28 million has been received to cover vaccine costs for the second quarter of 2021/22.

Movements on the cashflow statement from year end 2020-21

The movements in the working capital

- Receivable increases; £2.1 million of Sulis receivables, and an increase of accruals relating to the Mass Vaccination program, ERF funding not yet received and prepayments.
- Payable increases; £3.9 million of Sulis payables, the remaining movement relating to capital accruals. The Trust payables have increased due to an increase in expenditure accruals relating to PDC dividends and contracts.
- An increase in other liabilities, relates to increases in deferred income from Health Education England.

£18.9 million has been paid out for capital items in year, this includes £6m of accruals from 20/21 financial year, the movement includes the movement in capital accruals.

All other movements are in line with the expected cash payments

Countermeasures completed last month

Countermeasure /Action	Owner
Continual monitoring of cash flow	Head of Financial Services

Countermeasures for the month ahead

Countermeasure /Action	Owner
Continual monitoring of cash flow	Head of Financial Services
Ensure PDC draw down process is completed	Head of Financial Services

Key Standard| Sustainability – Balance Sheet

	30/11/2021 <u>Actual £'000</u>	31/10/2021 <u>Actual £'000</u>	Mv't in month <u>£'000</u>
Non current assets			
Intangible assets	6,252	7,478	(1,226)
Property, Plant & Equipment	231,937	230,919	1,018
Trade and other receivables	2,383	2,360	23
Non current assets total	240,572	240,757	-185
Current Assets			
Inventories	4,708	4,661	47
Trade and other receivables	22,608	23,191	(583)
Cash and cash equivalents	24,702	22,450	2,252
Current Assets total	52,018	50,302	1,716
Current Liabilities			
Trade and other payables	(43,163)	(44,683)	1,520
Other liabilities	(8,005)	(8,264)	259
Provisions	(233)	(207)	(26)
Borrowings	(1,306)	(2,136)	830
Current Liabilities total	(52,707)	(55,290)	2,583
Total assets less current liabilities	239,883	235,769	4,114
Non current liabilities			
Provisions	(2,019)	(1,721)	(298)
Borrowings	(6,975)	(7,032)	57
Other long term liabilities	0	(283)	283
TOTAL ASSETS EMPLOYED	230,889	226,733	4,156
Financed by:			
Public Dividend Capital	189,850	184,434	5,416
Income and Expenditure Reserve	3,689	4,949	(1,260)
Revaluation reserve	37,350	37,350	0
Total Equity	230,889	226,733	4,156

Balance sheet

The month 8 movement:

- Intangibles has reduced due to a reclassification of Sulis capital assets to the property plant and equipment line. Capital has increased in line with expected capital plan less depreciation, slippage on capital program.
- Receivables have increased due to an increase in prepayments mainly relating to contracts and an increase in income accruals for donated capital assets.
- Payables have decreased due to a decrease in the pension and NI costs following back pay incurred in month 7 and increased expenditure accruals for PDC dividend.
- Borrowings have decreased in line with the expected payment plan.
- Cash has increased due to expected payments relating to the PDC funded capital spend and the vaccine program for expenditure already incurred. The cash balance includes £1m of Sulis cash.

Sulis balance sheet has been consolidated with the Trust's balance sheet from June 21.

Key Standard| Sustainability – Transformation

Project	M1 - 12			M1 - 8		H1			H2		
	Annual Savings Plan	Forecast	Variance	Plan to date	Delivered to date	Plan	Actual	Variance	Plan	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Improving Flow Together	0	0	-	-	-	-	-	0	-	-	0
Theatres	0	0	-	-	-	-	-	0	-	-	0
Outpatients	373,000	186,500	186,500	-	-	-	-	0	373,000	186,500	186,500
Medicines management	500,000	500,000	-	-	-	-	-	0	500,000	500,000	0
Portering	0	0	-	-	-	-	-	0	-	-	0
Agency	500,000	500,000	-	-	-	-	-	0	500,000	500,000	0
Medical Productivity	0	0	-	-	-	-	-	0	-	-	0
Procurement	253,863	253,863	-	169,242	169,242	126,932	126,932	0	126,932	126,932	0
Other Projects (ind under £50K)	154,030	243,785	(89,755)	102,687	162,714	77,015	121,603	(44,588)	77,015	122,181	(45,166)
To be identified	467,107	-	467,107	311,400	-	233,550	-	233,550	233,557	0	233,557
Cath Lab Efficiency	144,000	264,423	(120,423)	96,000	184,423	72,000	165,306	(93,306)	72,000	99,117	(27,117)
BPT - Heart Failure	70,000	-	70,000	46,667	-	35,000	-	35,000	35,000	0	35,000
Other Projects (ind under £50K)	243,561	186,783	56,778	162,374	124,751	121,781	93,031	28,750	121,781	93,752	28,029
To be identified	371,439	-	371,439	247,626	-	185,720	-	185,720	185,720	0	185,720
Other Projects (ind under £50K)	36,000	-	36,000	24,000	-	18,000	-	18,000	18,000	0	18,000
To be identified - Emergency Dept	107,000	-	107,000	71,333	-	53,500	-	53,500	53,500	0	53,500
Procurement	64,637	30,069	34,568	43,091	27,453	32,319	18,206	14,112	32,319	11,862	20,456
Maternity re-design	112,000	-	112,000	37,333	-	-	-	0	112,000	0	112,000
Onc and drug wastage	152,000	-	152,000	101,333	-	76,000	-	76,000	76,000	0	76,000
Increase in Transplant patients	94,000	-	94,000	62,667	-	47,000	-	47,000	47,000	0	47,000
Other Projects (ind under £50K)	47,000	146,345	(99,345)	30,667	18,045	23,000	13,196	9,804	24,000	88,549	(64,549)
Global Contract Screening	-	-	0	-	-	-	-	0	0	0	0
Drug Switches	-	196,367	(196,367)	-	62,443	-	14,481	(14,481)	0	181,886	(181,886)
To be identified	31,363	-	31,363	10,454	-	-	-	0	31,363	0	31,363
Rates Review	50,000	-	50,000.00	27,778	-	16,667	7,143	9,524	33,333	(7,143)	40,476
Other Projects (ind under £50K)	146,870	143,231	3,639	96,898	93,370	71,412	70,662	750	75,458	72,569	2,889
In-house WIFI provision	50,000	50,000	-	33,333	33,333	25,000	25,000	0	25,000	25,000	0
TWP Private Patients	23,712	58,145	(34,433)	15,808	50,241	11,856	35,463	(23,607)	11,856	22,682	(10,826)
Other Projects (ind under £50K)	-	10,372	(10,372)	-	10,372	-	-	-	0	10,372	(10,372)
To be identified	289,292	161,893	127,399	192,861	52,584	144,646	50,685	93,961	144,646	111,208	33,438
	4,280,874	2,931,775	1,349,099	1,883,552	988,971	1,371,395	741,707	629,688	2,909,479	2,145,468	764,011
Division Only	2,907,874	1,745,275	1,162,599	1,883,552	988,971	1,371,395	741,707	629,688	1,536,479	958,968	577,511

Is standard being delivered? No

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

There is an adverse variance of £764,000 against the plan year to date.

The internal Trust plan for H2 is for £2.9 million savings being required in the second half of the year and £2.2 million of savings have been identified to date.

This includes £1.2 million saving from the transformational projects. This includes outpatient recovery of £187K which is aligned to elective recovery funding and has risk attached to it.

The Medicines and Agency Transformational schemes are reviewing their forecasts for the end of March this month. Further work is underway to increase the transformational schemes required.

Divisions are still to identify fully costed plans to meet the whole of their 1% target. Corporate schemes are currently being reviewed as recurrent plans do not meet target.

Countermeasures completed last month

Countermeasure /Action	Owner
Operational pressures continued to challenge ability of Divisions to identify and support new schemes.	Divisional Directors

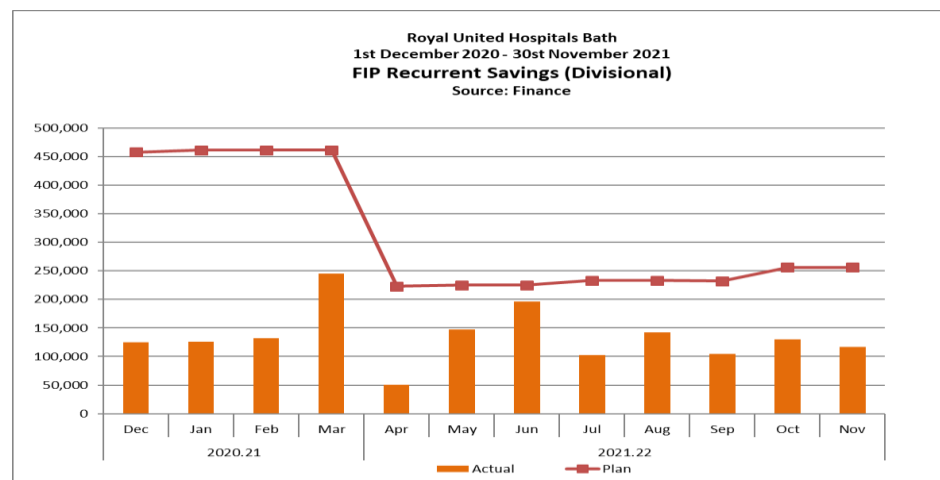
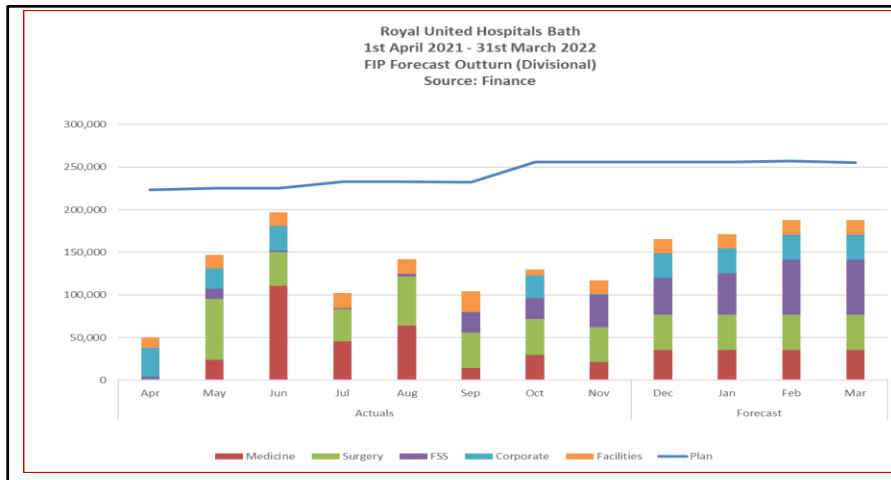
Countermeasures for the month ahead

Countermeasure /Action	Owner
Project Charters for all Transformational Projects are being finalised; to include scope and quantification.	Deputy COO
Schemes identified and costed to meet the full 1% target.	Clinical Divisions

Key Standard| Sustainability – Transformation

Areas within the Forecast Outturn		M1-12			M1-8		H1			H2		
		Annual Savings Plan	Forecast delivery	Forecast variance	Plan to date	Delivered to date	Plan	Forecast	Variance	Plan	Forecast	Variance
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Transformation	Elective Recovery	0	0	0	0	0	0	0	0	0	0	0
Surgery		875,000	497,648	377,352	583,329	331,956	437,497	248,535	188,962	437,504	249,113	188,391
Medicine		972,000	451,206	520,794	648,000	309,174	486,000	258,337	227,663	486,000	192,869	293,131
Family and Spec services		501,000	372,781	128,219	285,546	107,941	178,319	45,883	132,435	322,682	282,298	40,384
Estates and Facilities		246,870	193,231	53,639	158,009	126,703	113,078	102,804	10,274	133,792	90,426	43,365
Corporate		313,004	230,410	82,594	208,669	113,197	156,502	86,148	70,354	156,502	144,262	12,240
Total		2,907,874	1,745,275	1,162,599	1,883,552	988,971	1,371,395	741,707	629,688	1,536,479	958,968	577,511

Areas not within the Forecast Outturn		M1-12			M1-8		H1			H2		
		Annual Savings Plan	Forecast delivery	Forecast variance	Plan to date	Delivered to date	Plan	Forecast	Variance	Plan	Forecast	Variance
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Transformation	Improving Flow Together	0	0	-	-	-	-	-	-	-	-	-
Transformation	Theatres	0	0	-	-	-	-	-	-	-	-	-
Transformation	Outpatients	373,000	186,500	186,500	-	-	-	-	-	373,000	186,500	186,500
Transformation	Medicines management	500,000	500,000	-	-	-	-	-	-	500,000	500,000	-
Transformation	Portering	0	0	-	-	-	-	-	-	-	-	-
Transformation	Agency	500,000	500,000	-	-	-	-	-	-	500,000	500,000	-
Transformation	Medical Productivity	0	0	-	-	-	-	-	-	-	-	-
Total		1,373,000	1,186,500	186,500	0	0	0	0	0	1,373,000	1,186,500	186,500
TOTAL		4,280,874	2,931,775	1,349,099	1,883,552	988,971	1,371,395	741,707	629,688	2,909,479	2,145,468	764,011



Transformation Projects| at a glance

Royal United Hospitals Bath
NHS Foundation Trust

Project	Opportunity	Annual Plan	YTD Plan	YTD Actual	YTD Variance	R / NR
	£000	£000	£000	£000	£000	
<u>Cash Releasing</u>						
Outpatients Transformation	373	187	0	0	0	R
Medicines Management	1,000	500	0	0	0	R
Medical Productivity						
Nursing Agency	500	500	0	0	0	R
<u>Productivity</u>						
Portering						
Improving Patient Flow						
Theatre Transformation						
TOTAL	2,373	1,187	0	0	0	

Executive Summary

Measures requiring focus and a countermeasure summary this month are;






Measure	Executive Summary
Delivery of financial control	The planned I&E position is a deficit of £10.9 million in H2, forecasting as at M8 will be assessing the risks within this plan. There is a further risk that £4 million on capital costs funded through capital funding for HIP2 may be accounted for as a revenue expenditure. Close monitoring of ERF+ and TIF schemes will be key in ensuring we receive the funding to support costs planned.
Agency	Agency spend increases are driven mainly by increased COVID-19 occupancy in ITU along with ongoing pressures on wards and emergency areas due to vacancies. Finance to continue to monitor spend in light of changes agreed at Gold for enhanced bank rates and impact on agency and support the agency transformation project.
High Cost Drugs	Increasing expenditure on CCG funded drugs continues to be a cost pressure. There is focus on reducing this spend in key areas via biosimilar swaps and better procurement options.
Finance Improvement Plan	The Better Value Better Care Group is overseeing the development of the Transformation Programme, Divisional schemes did not deliver £629,000 of the 1% target in H1 and current plans for H2 fall short of the target by £577,000. Transformational schemes are not forecast to deliver savings in H1 and the target for H2 is £1,200,000 to be delivered in the final quarter of the year. . Planning and delivering plans will be increasingly important to ensure financial balance in H2.
Capital Programme	The capital programme has been reprioritised to ensure risks can be managed within the financial envelope and the forecast outturn was reviewed in detail at November's CPMG. The programme is now £3.7m behind plan of which £2.8m relates to externally funded schemes. There continue to be risks associated in particular with cancer centre and Sulis MRI however mitigations are under review to ensure that the funding can be spent in this financial year. The Trust has had confirmation of TIF bids this month and operational teams and finance are working to discuss delivery and any associated risks. There continue to be discussions at system level to manage any risks including lack of any capital allocation for Sulis however a resolution is yet to be agreed.
Cash	Cash increased by £2.2 million from October due to a payments received in relation to PDC funded projects including the Cancer Centre, New Hospital Programme and Diagnostics as well as funding for the Vaccination Programme for costs already incurred.

Operational Performance Report

November 2021 data

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		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		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		Discuss with Exec before Meeting which countermeasure summaries should be prioritised for presentation	Present full written countermeasure summary against Exec expectations

Executive Summary

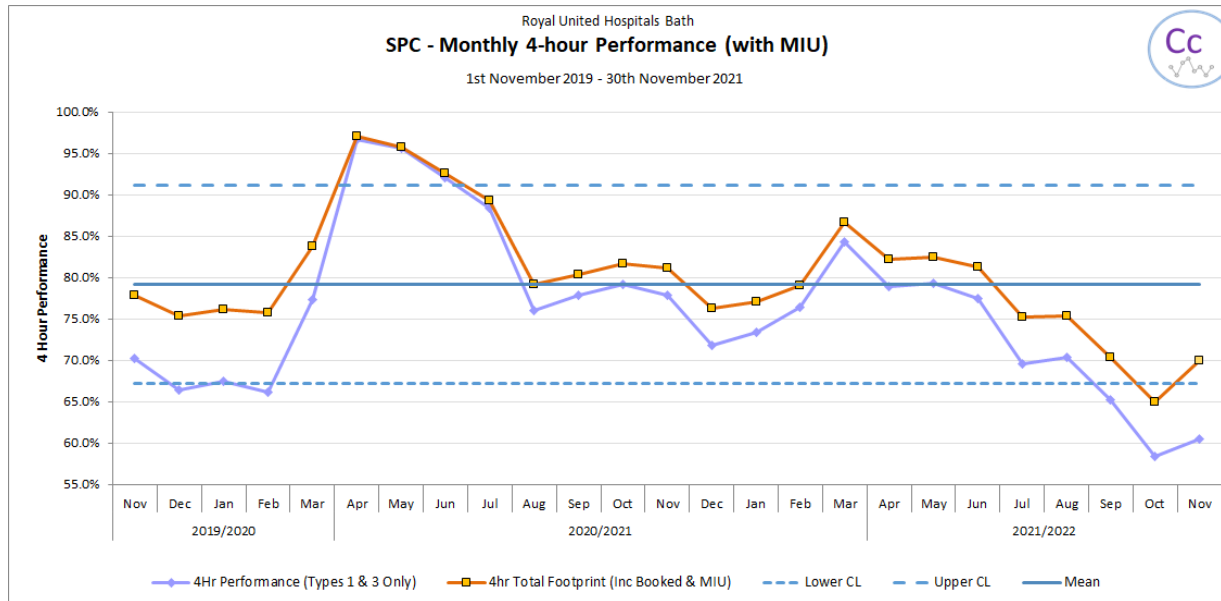
			Target			2020/21					2021/22								Trend
Strategic Goal		Performance Indicator	Performing	Under Performing	Baseline	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
True North	System	4 Hour Performance (Total RUH Footprint, including MIU & Booked)	>=95%	<95%		81.1%	76.3%	77.0%	79.0%	86.6%	82.2%	82.5%	81.2%	75.2%	75.3%	70.4%	64.9%	69.9%	
Breakthrough Objectives	System	Ambulance Handover Delays	0	>0		227	351	225	188	45	94	97	137	199	248	333	509	380	
Key Standards	System	RTT - Incomplete Pathways in 18 weeks	>=92%	<92%	87.1%	69.2%	68.5%	67.1%	67.9%	68.1%	69.3%	70.8%	70.8%	70.0%	68.6%	67.1%	65.7%	66.1%	
	System	62 day urgent referral to treatment of all cancers	>=85%	<85%	83.3%	74.5%	75.0%	74.9%	74.5%	71.8%	76.5%	76.5%	68.2%	68.9%	54.8%	66.9%	57.2%	57.8%	
	System	Diagnostic tests maximum wait of 6 weeks	<=1%	>1%	3.7%	34.0%	37.3%	39.9%	32.4%	29.1%	31.5%	28.8%	31.3%	30.6%	31.9%	30.4%	30.5%	33.6%	
Tracker Measures	System	Time from decision to admit in ED to admission	>=50%	<50%	-	29.5%	25.4%	24.6%	22.9%	37.4%	41.2%	50.1%	43.6%	41.3%	34.2%	28.6%	23.6%	27.2%	

Measures requiring focus and a countermeasure summary this month are;

Measure	Executive Summary
4 Hours	RUH 4 hr performance during November was 69.6%, with the RUH footprint being 60.5%. This is an improvement since last month but still below the target. COVID is still impacting on bed availability and reducing efficiencies. Analysis is also starting to demonstrate that it needs to find ways of bringing forward bed availability by 2 – 3 hours.
Ambulance Handovers	In November the number of over 60 minute delays has decreased to 365 which is an improvement of over 100 hrs since October. 40.7% of ambulances waited less than 15 minutes to handover patients. The Trust is launching a new ambulance cohort area in December which should see an improvement in the performance.
Referral to Treatment (RTT)	In November the Trust delivered 66.1% RTT Performance which is a 0.4% improvement on October's position. The National average RTT Performance is 61.7%. The top three specialties who are struggling are Oral Surgery (44.9%), Cardiology (55.0%) and T&O (56.9%)
Cancer 62 Days – October data	In October Performance was challenged with 57.2% of patients being treated within 62 days. Breaches have been sustained predominantly in Urology and Colorectal. Waiting times for diagnostic imaging, reporting and endoscopy remain the biggest contributory factors in breaches. Cancer now reporting one month in arrears in line with national performance uploads.
Diagnostics	In October 30.5% of the patients due a diagnostic test have been waiting for more than 6 weeks. This represents a 0.1 % increase when compared to September 2021. The specific areas of low performance are CT, MRI, Echocardiography and non-obstetric Ultrasound. New endoscopy suite and CT scanner will be fully operational from November.
Discharge	The Non Criteria to Reside (NC2R) averaged 128 during November, this is the highest since the metric was introduced. At points during the month the total number of NC2R rose to a high of 149 patients. This is driven by a significant deterioration in the Wiltshire waiters. There have though been improvements in the BaNES position, as supported by the RUH community based teams.
Elective Recovery	ERF H2 delivered 91% of 19/20 stops against plan of 93%. Activity not expected to result in additional income as achievement based on costed stops. Inpatient Orthopaedic admissions very low due to ongoing use of Phillip Yeoman for non-elective patients.

True North | 4 Hour Emergency Standard

Historic Performance



Supporting chart – time to assessment within 15m

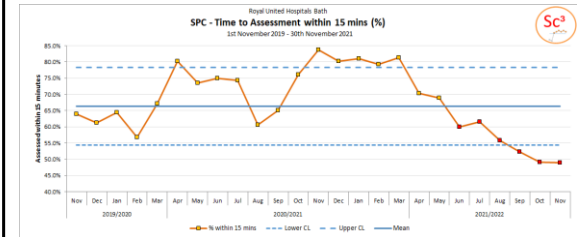


Chart – ranking regionally for four hours

Not available until 9th December

Is standard being delivered?

- RUH 4 hr performance during November was 69.6%, with the RUH footprint being 60.5%. This is an improvement since last month but below the target.

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

- The Trust has seen an improvement in the COVID numbers, but this has still had a significant impact. During November the Trust was able to repatriate one of its COVID wards to support general flow. The Trust had 320 members of staff off during the month.
- Analysis starting to demonstrate that the hospital is currently releasing beds within the assessment units a couple of hours after the demand within ED
- The Non-Criteria to Reside position has further deteriorated in Month to over 149 pts waiting for discharge. The challenge appears to be driven by lack of available Domiciliary Care workers within the Local Authority, with BaNES and Wiltshire being short of 3,100 care hours a week.
- Paediatric demand within ED was the highest it's ever been within November

Countermeasure /Action (planned this month)

Undertook reset week

Owner

Sethi

Approved Domiciliary Care business case – anticipating Q4 launch and improvements in flow to support

Prosser

Undertook further recruitment, taking head count to over 50 individuals, in line with agreed wte funding

Furse, Lee

Countermeasure /Action (planned this month)

Owner

Preparing business case for review of ED safe staffing

Merritt

Launching Winter funded schemes

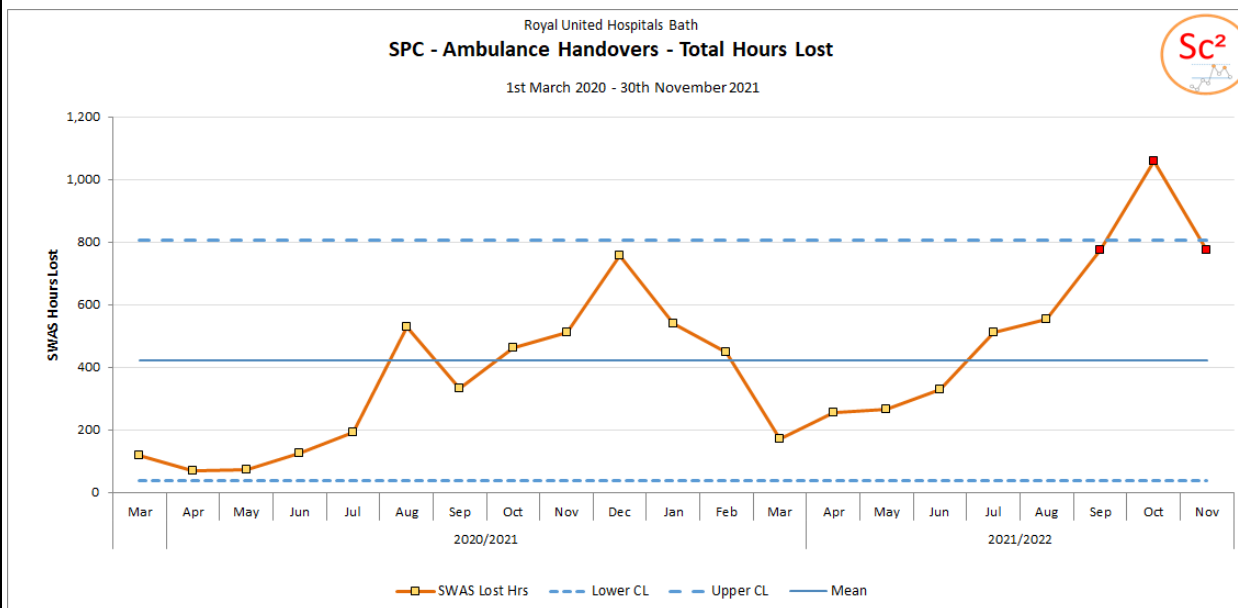
Furse, Lee

Workshop on improving timely beds being released

Prosser

Breakthrough Objective | Ambulance Handovers

Historic Performance – minutes lost to handover



Supporting chart – 60 minutes handover delays

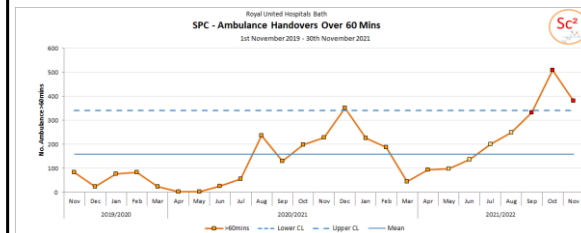
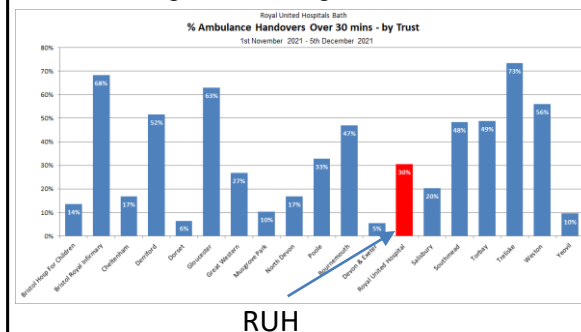


Chart 2 – regional ranking



Is standard being delivered?

- In November the number of over 60 minute delays has reduced to 380 which is a reduction of 129 since October. 40.7% of ambulances waited more than 15 minutes to handover patients.

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

- The Trust continued to have very significant impact from the heightened COVID demand (as described above) and Non Criteria to Reside position which has limited flow. This has impacted on the hospital's ability to support flow out of the Emergency Department.
- ED staffing remains under pressure as new members of staff start to come on board over the next couple of months.

Countermeasure /Action (completed last month)

Reset week – successfully supported flow improvements

Owner

Sethi

Undertook workshop with SWAST reviewing ways of improvement for the elements outside of flow related challenges – led to a 15 point action plan

Prosser

Countermeasure /Action (planned this month)

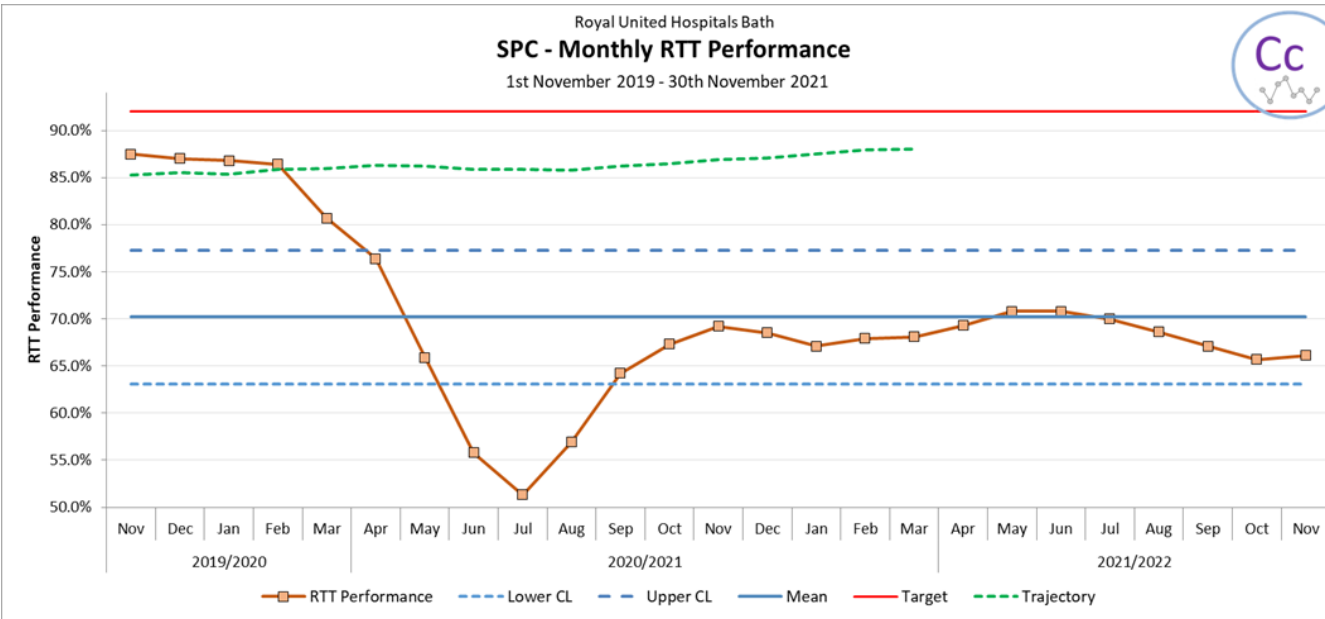
Launching programme with Bristol Ambulance on 10th of December to provide additional cohorting capacity – will release the crews earlier than currently

Owner

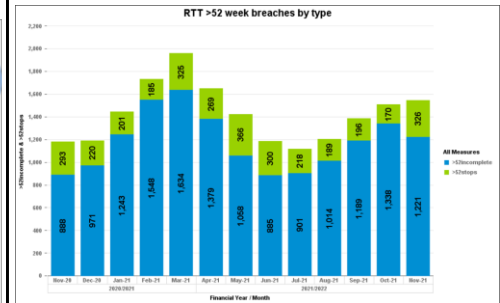
Prosser

Key Standard | Referral to Treatment

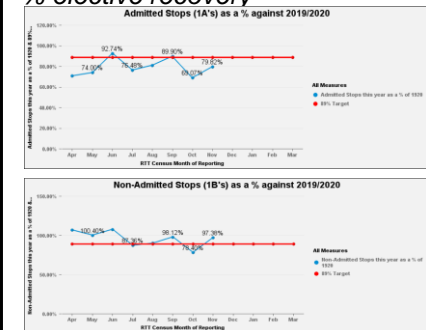
Historic Performance



52 week chart trend



% elective recovery



Is standard being delivered?

- In November the Trust delivered 66.1% RTT Performance which is a 0.4% improvement on October's position
- The National average RTT Performance is 61.7% (latest published data September 2021) GWH achieved 65.4%, and Salisbury 73.4 in September 2021

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

- The top three contributors to under achievement are Oral Surgery (44.9%), Cardiology (55.0%) and T&O (56.9%)
- Medical division – Acute Med, Respiratory, Rheumatology and Geriatric Med all achieved the standard in November
- Surgical Division – All surgical specialties continue to be impacted by challenges with theatre staffing, COVID isolation and sickness. The green elective orthopaedic ward has remained unavailable throughout November. The impact of insourcing has improved Oral Surgery performance by 3.6%.
- FaSS Division – Gynaecology noted a further drop in performance – Paediatric Services improved by 1.4%

Countermeasure /Action (completed last month)

Options for outsourcing typing identified – plan for typing support to commence in December

Owner

S Roberts/J Dando

Countermeasure /Action (planned this month)

Insourcing options for ENT and General Surgery to be agreed- start date Jan 22

Owner

S Roberts

Partial booking options to be reviewed including by Text message

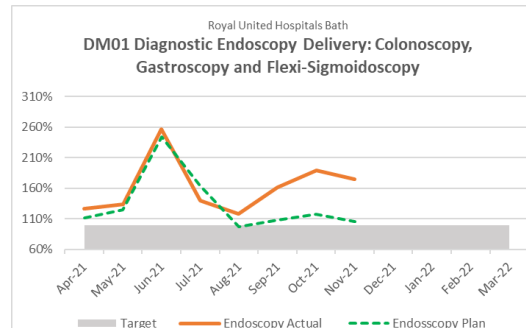
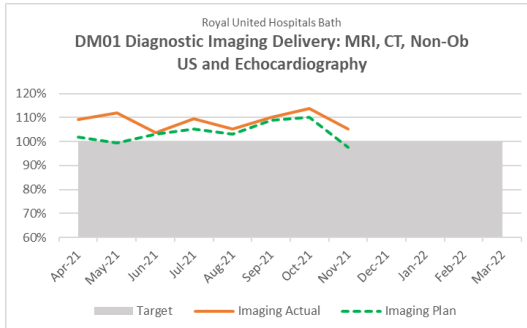
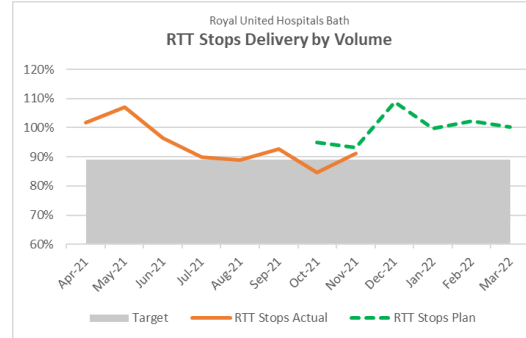
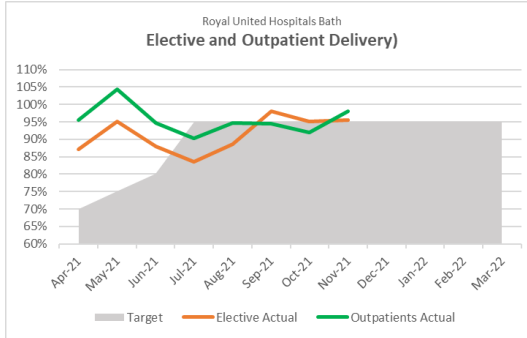
J Dando/R Linegar

Insourcing support for echoes to improve Cardiology performance; IPTs to GWH

H Cox

Key Standard | Elective Recovery

Historic Performance



Gateway Criteria

1. Clinical Validation, Waiting List and Long Waits	Clinical validation of elective waiting list in place. Diagnostic waiting list validation commenced.
2. Addressing Health Inequalities	Development of BSW wide waiting list reporting against ethnicity and deprivation markers
3. Transforming Outpatients	Virtual outpatients currently at 31% against target of 25%
4. Systemised Recovery	BSW Elective Recovery Board in place. Formal IG data sharing required for BSW wide waiting list
5. People Recovery	Wellbeing Guardian appointed. Focus on Health & Well being as part of recovery plans

Financial position

Is standard being delivered?

- ERF H2 delivered 91% of 19/20 stops against plan of 93%. Activity not expected to result in additional income as achievement based on costed stops
- Overall admitted activity volume high at 96% of 19/20
- Outpatient delivery much improved in November at 98%
- Diagnostic imaging volumes continue to increase and deliver above 2019/20 with exception of non-obs US, which is at 98%
- Endoscopy above 2019/20 with continued insourcing.

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

- Endoscopy insourcing has contributed large volumes to both endoscopy and day case volumes, and has helped to offset reduced day case across various specialties
- Inpatient Orthopaedic admissions very low due to ongoing use of Phillip Yeoman for non-elective patients.
- High inpatient November 2019 activity making 2021 delivery more difficult
- Good outpatient delivery in Orthopaedics, Audiology, Rheumatology, Breast and Clinical Haematology.

Countermeasure /Action (completed last month)

Insourcing started in OMFS on 6/11/21. Will also inc skin cancer work

Owner

S Roberts

Increased IPTs and list transfers to Sulis (largely outpatients)

S Roberts

Countermeasure /Action (planned this month)

Insourcing ENT agreed, awaiting start date- likely Jan 22

Owner

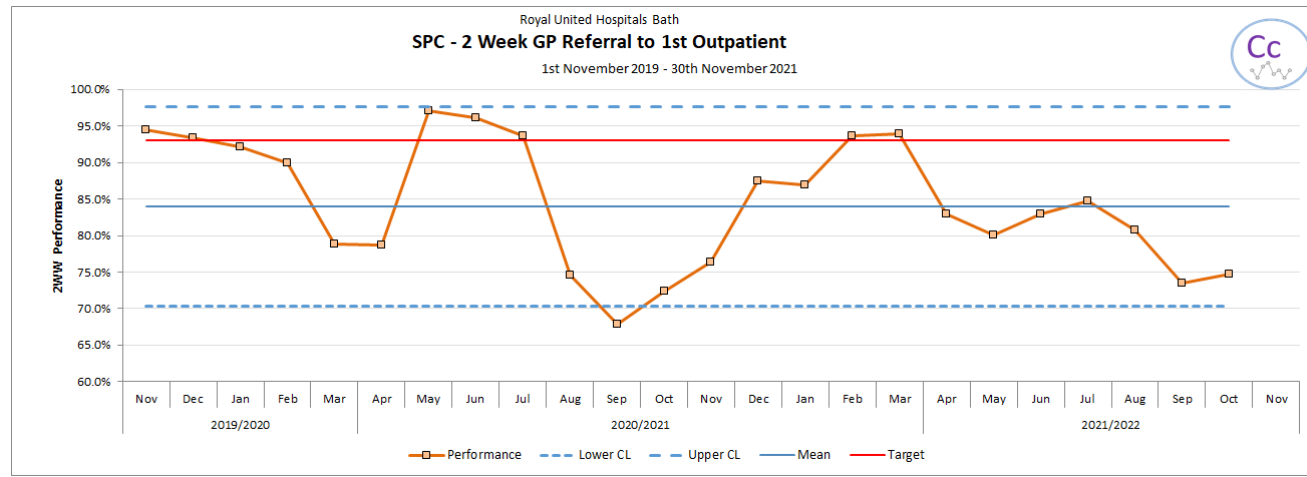
S Roberts

Insourcing for General Surgery agreed, awaiting start date- likely Jan 22

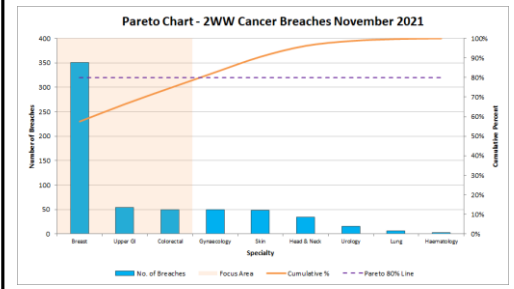
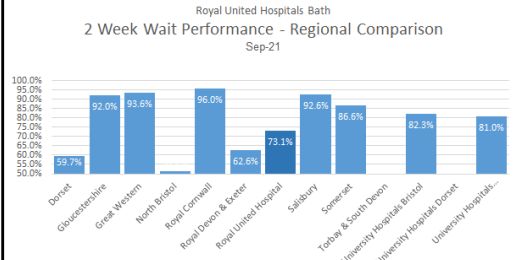
S Roberts

Key Standard | Cancer (2 week wait)

Historic Performance



2week wait performance Regional Comparison – 2 months in arrears



Is standard being delivered?

- In October Performance of 74.7% was recorded; 467 breaches.

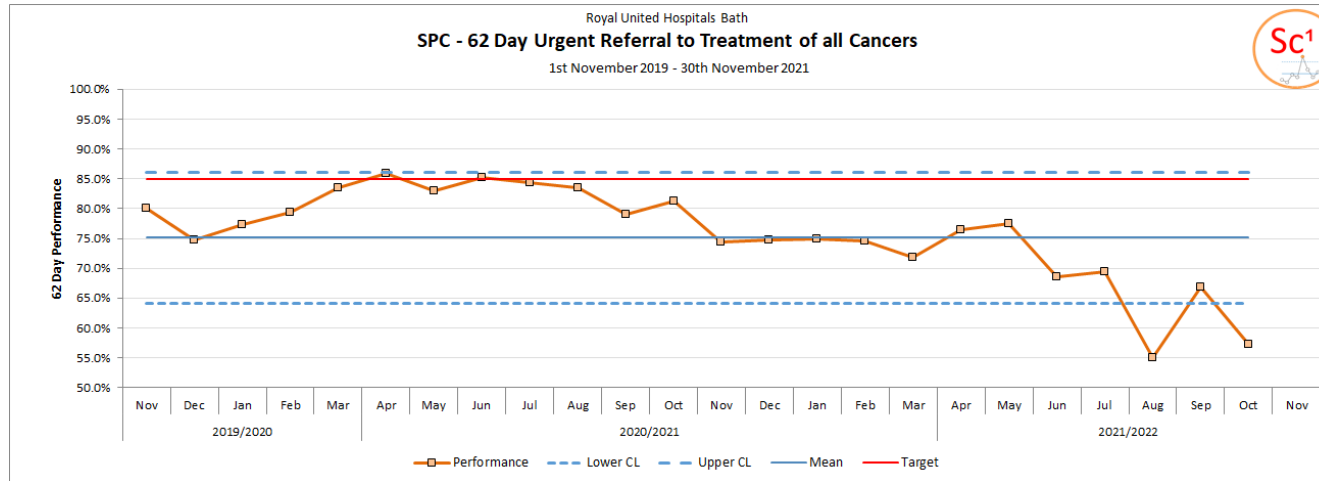
What is the top contributor for under-achievement?

- Breast recorded the largest number of breaches, accounting for near half of all Trust breaches (217).
- Breast performance was driven by clinician sickness whilst seeing a significant rise in demand in September and October; an increase of 38% in both months compared with the previous 2021/22 monthly average.
- Breast demand was likely driven by recent celebrity cases of breast cancer and October was breast cancer awareness month.
- Skin contributed the next largest volume of breaches (79), followed by Upper GI (61) - both are a reduction on number of breaches recorded in September.

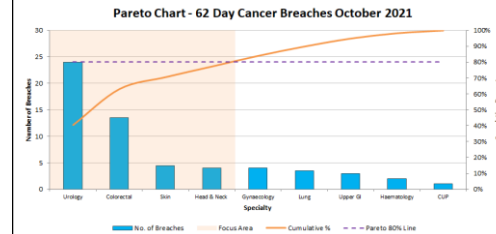
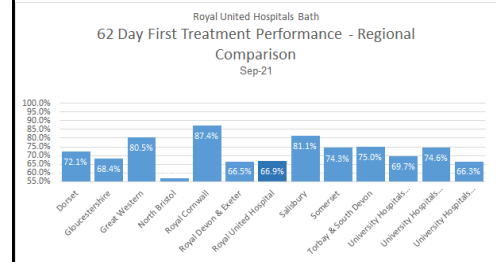
Countermeasure /Action (completed last month)	Owner
Colorectal – Straight to test pathway commenced	N Lepak
Upper GI/Colorectal - Endoscopy increased through room 5	N Aguiar
Countermeasure /Action (planned this month)	Owner
Breast – Insourcing company to provide 2ww clinics	J Prosser
Skin – Additional 2ww capacity agreed in November and December	B Isaac
Upper GI – Patient isolation for endoscopy ceasing, more robust booking process being implemented	N Aguiar

Key Standard | Cancer (62 days)

Historic Performance



62 Day Regional Comparison



Is standard being delivered?

- In October Performance of 57.2% recorded. - now reporting a month in arrears to match the national reporting timetable

What is the top contributor for under-achievement?

- Urology contributed the largest number of breaches (24), the majority being prostate cancers.
- Waiting time for MRI scan and report was the sole or a significant contributory factor in most prostate breaches – most scans undertaken in August or September.
- Colorectal recorded the next largest number of breaches. Waiting times for diagnostics (CT/CTC, endoscopy) remain the biggest contributory factor in breaches. 2ww waiting times also impact performance.
- Skin recorded the third largest number of breaches – 4.5 in month which is less than half that recorded in September.
- Head & Neck and Gynaecology both recorded 4 breaches.

Countermeasure /Action (completed last month)

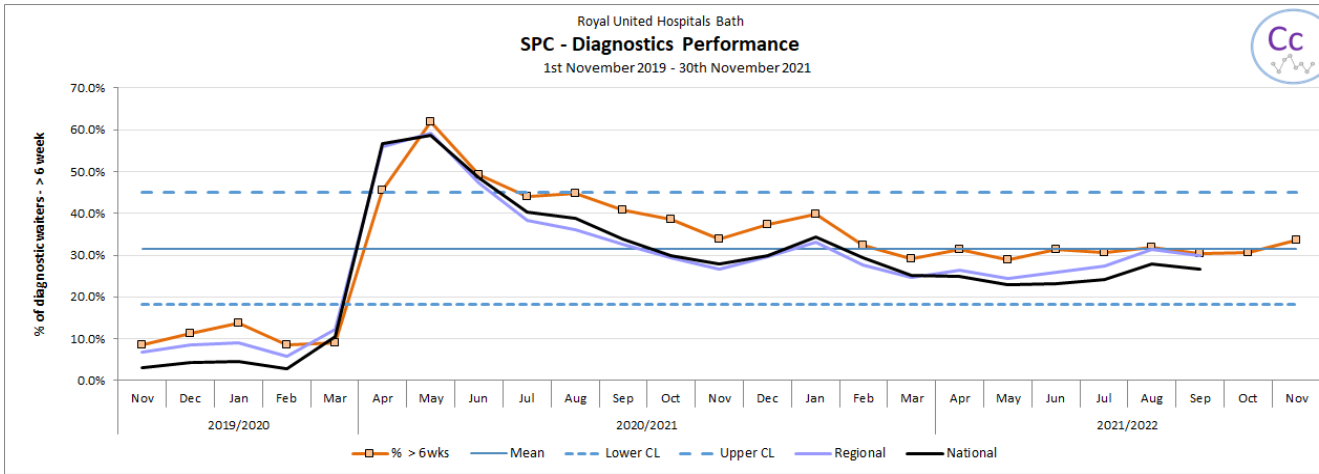
Urology – PSA telephone clinics commenced	J McFarlane
Colorectal – Straight to test pathway commenced	N Lepak

Countermeasure /Action (planned this month)

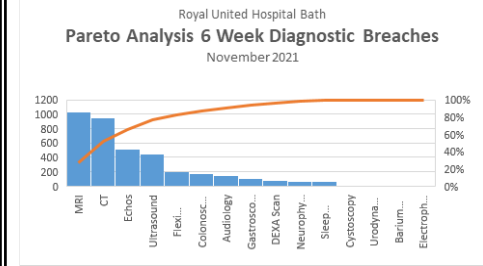
Urology – Prostate MRI scan and report capacity aligned to PSA clinics	N Aguiar
Urology – PSA telephone clinic capacity increased	J McFarlane
Colorectal – Additional CT lists agreed, new CTC radiographer being recruited	N Aguiar
Colorectal – Increase weekend endoscopy through insourcing company, removal of isolation requirement	N Aguiar

Key Standard | Diagnostics (6 weeks)

Historic Performance



Pareto of 6 week performance



% diagnostic recovery against pre COVID

Is standard being delivered?

November DMO1 performance was 33.6% (> 6 weeks). This represents a 3.1 % increase when compared to October 2021.

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

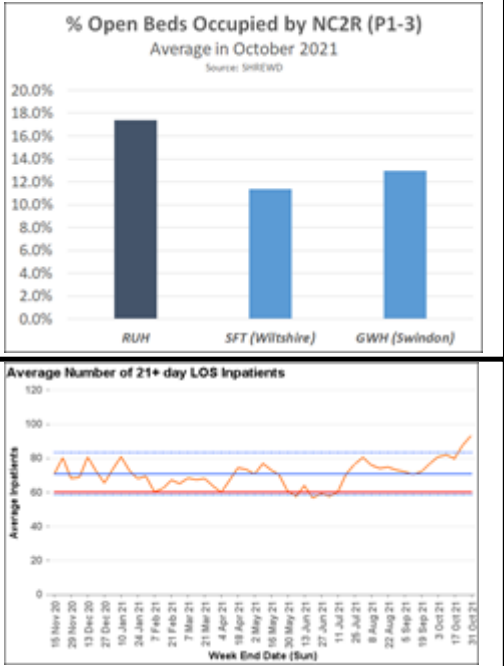
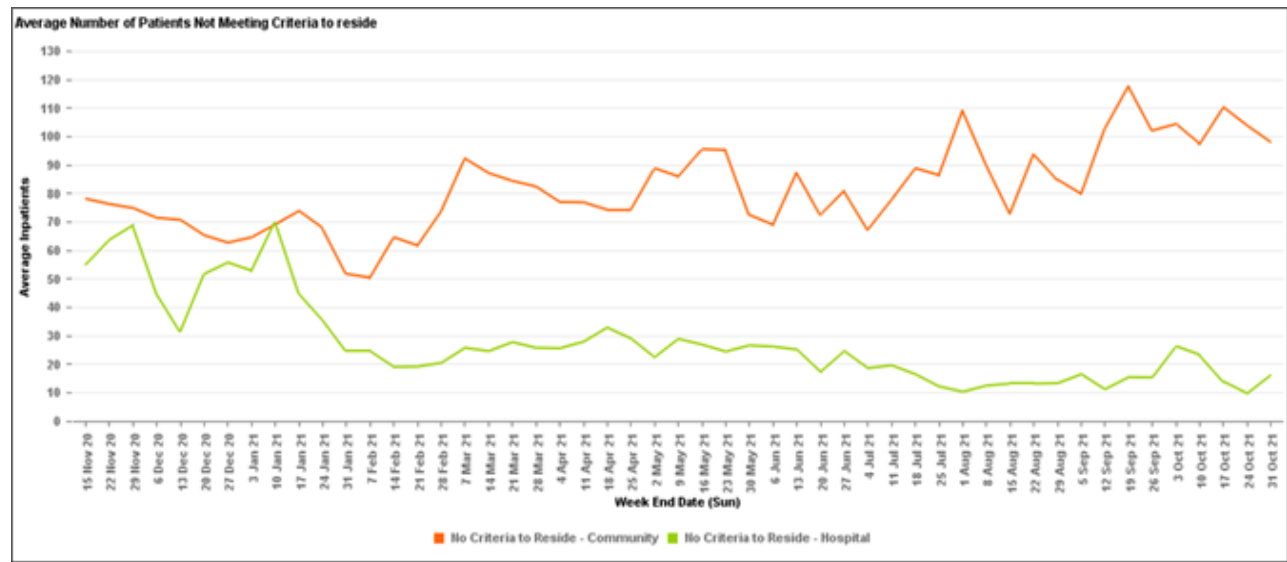
- Increased 2WW and clinically urgent diagnostic demand in line with ongoing recovery plans continue to impact on available capacity, particularly within CT and MRI.
- Absence and staffing issues (COVID related) across all staff groups impacting overall capacity.
- Audiology - increase in overall numbers on waiting list and therefore breaches due to moving from a paper to electronic process.
- Sleep studies – increase in demand, expectation to be back under 6 weeks by February 2022

Top modality contributors:

CT, MRI, Echo and non-obstetric Ultrasound are the top contributors for DMO1 performance.

Countermeasure /Action (completed last month)	Owner
Full electronic process in place within Audiology	S McFarlane
Extended criteria agreed with Endoscopy insourcing company	N Aguiar / J Saunders
Flexi-Sig clinic due to commence in November by G. Surgeons	N Lepak
Countermeasure /Action (planned this month)	Owner
Activity and recovery trajectories for DMO1 modalities	C Croxton / C Cooper
Electronic vetting for CT going live in December	N Aguiar
DEXA booking process to be reviewed as two IT systems currently used	E Matthews / J Shipley
Contracts for additional CT and MRI capacity to be signed off	N Aguiar / D Pressdee

Historic Performance



Is standard being delivered?

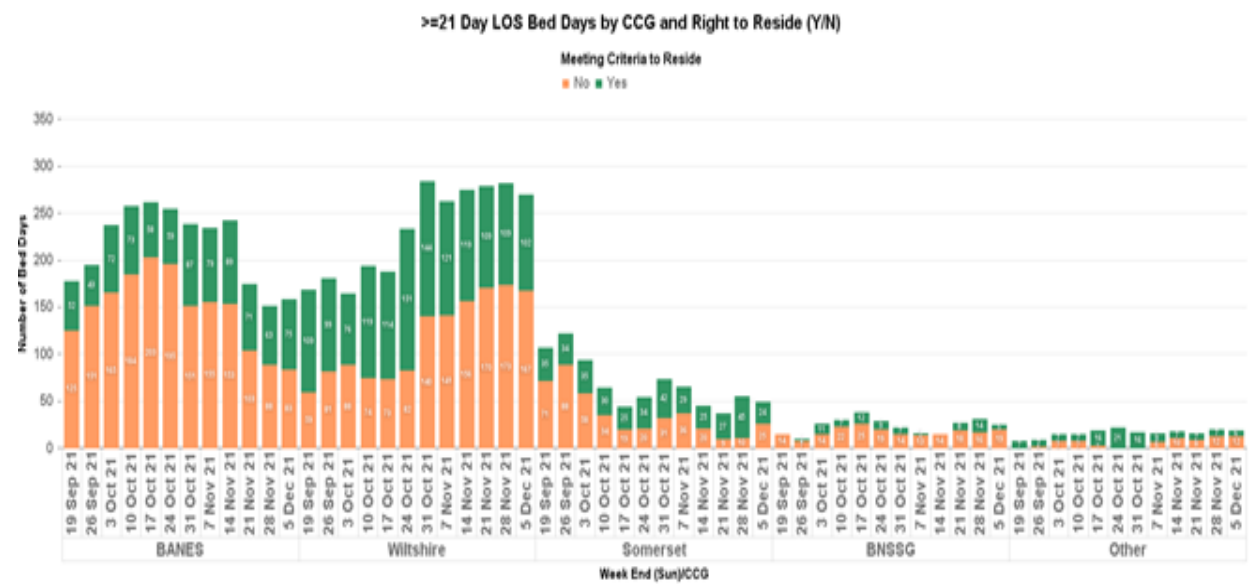
The Non Criteria to Reside (NC2R) averaged 128 during November, this is the highest since the metric was introduced. At points during the month the total number of NC2R rose to a high of 149 patients. November continued to see good internal performance, thanks to a team approach to hospital based non criteria to reside numbers. However, externally there was significant increase in delays, in particular Wiltshire. There was a notable improvement in both B&NES (due to impact of RUH services) and Somerset.

What is the top contributor for under/over achievement?

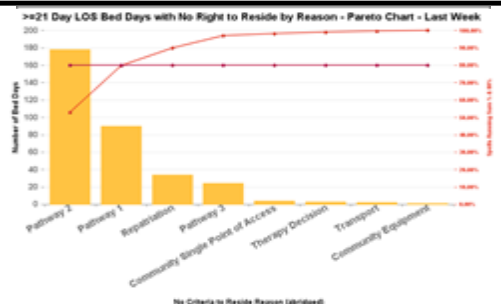
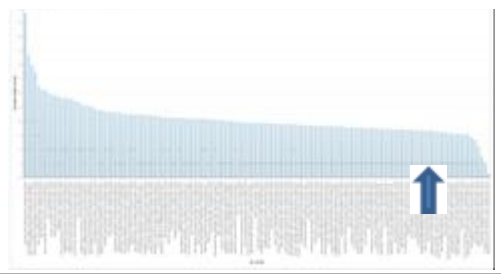
For Pathway 1 delays in all CCGs the top contributing factor is the limited care capacity.
For Pathway 2 it is a combination of no bedded capacity and the 14 days isolation required before a Covid contact can be transferred to a bed.

Countermeasure /Action (completed last month)	Owner
Recruitment continued for all B&NES winter projects. working on closing gap to trajectory. Now recruiting to In house Care agency.	IDS
Daily system calls/challenges, patient specific and escalated as required - Commissioners attending to support. Revised referral form trialled by RUH.	Discharge Team, NP
Expansion of Discharge team to ensure 7/7 support for the hospital. Increase in number of band 6 staff plus plans to reopen the referral "desk". Recruitment for discharge team expansion and "desk" completed.	AW, NP
Countermeasure /Action (planned this month)	Owner
Complex Discharge List – consistent daily challenge for all NC2R in all CCGs, by 7 and 14 day delay emphasis. Distributed on RUH site reports with escalation as needed to COO.	IDS
System wide Emergency Action Card; RUH involved in progressing and referral form changes; system discussions continue on D2A	AW. KH, GS
Set up Induction programmes and training for new staff "desk" and Discharge service Band 6's.	AW

Historic Performance



Average LOS Dr Foster Comparison with All Acute Trusts – 2020/21



Is standard being delivered?

Nationally set target not met throughout November, approx. at 90. An increase in delays for NC2R for all CCG's and all Pathways. Wiltshire maintained flow for Pathway 1's but saw a high increase in all pathways waiting.

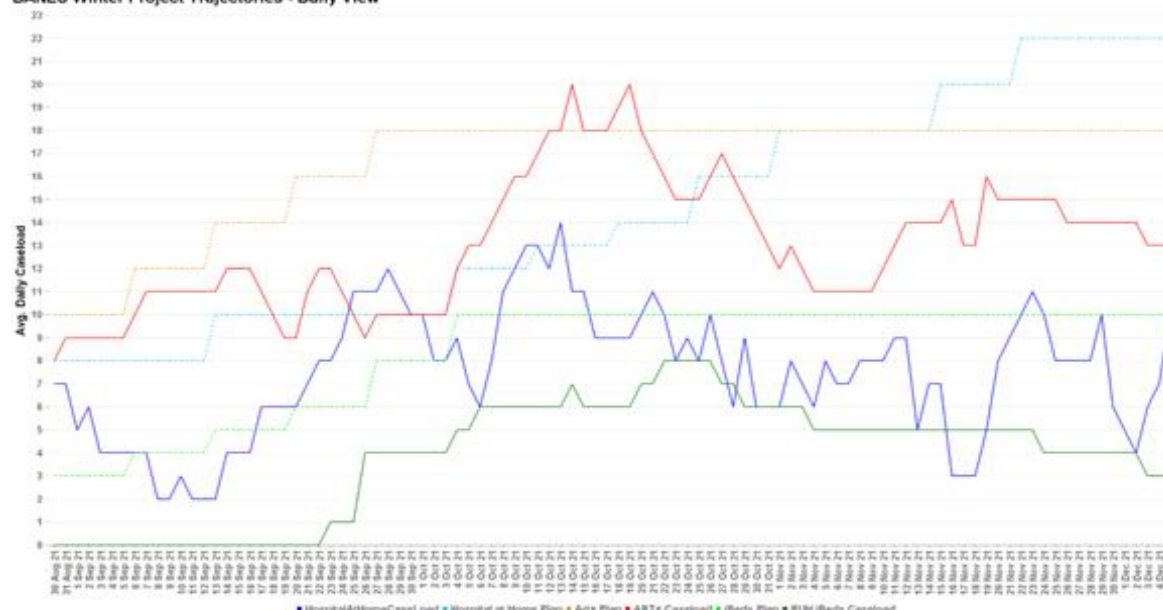
Top contributor to impact and improvement:

Wiltshire Pathway 1 and 2 impacted negatively, B&NES was an improved picture for Pathway 1 supported by the H@H, ART+ and RUH iBed projects.

Somerset numbers of delays also improved compared to October.

Countermeasure /Action (completed last month)	Owner
To repeat Pre-Winter Specialty based LOS reviews looking at discharge related LOS challenges.	Therapies and IDS
Deliberate focus with ward teams to review 7+ and 14+ to prevent the tip into 21+	Discharge Programme Team, inc. Med Registrar
Somerset - daily flow calls now in place with Somerset bed hub and Somerset in reach teams to support increased number of discharges in November.	
Countermeasure /Action (planned this month)	Owner
Refreshed scrutiny on 7+ day 14+ day 21+day LOS data across the RUH system.	IDS
System wide discussions with all stakeholders regarding impact of BSW Emergency Action cards.	IDS

BANES Winter Project Trajectories - Daily View



Hospital at Home	Overall Readmission Rate	As ref 2017 since 28th December 2020.	2.17%
	Overall Readmission with 30 days Rate	As ref 2022 since 28th December 2020.	19.57%
	Deaths at Home	As ref 2023 since 28th December 2020.	0.00%
Geriatric Specialty	Overall Readmission within 30 days Rate	Readmission rate for patients under geriatric specialty since 28th December 2020. There is additional criteria that is applied to the readmission rate (e.g. excluding maternity, patients with cancer diagnosis) some of which are not available in.	20.17%
	Average LOS	Average LOS in days for patients under the geriatric specialty since 28th December 2020.	10.0
Current Number of Patients in Hospital at Home		As at 05/10/2021	6

Trajectory: Has it been met?

H@H trajectory is currently 20 but due to staffing challenges it is recognised that the current caseload is likely to be circa 10. Anticipating in January to revert to 20. **ART+** Caseload is currently meeting trajectory and significant compliments from Community services

Westin Beds - Two weeks close to admissions due to Covid but not discharges. Continued developing relationships and working patterns with the care home. New manager and nurse leadership developing with RUH support

Countermeasure /Action (completed last month)

November was a month with limited medical cover but on the present staffing levels H@H was still able to meet the trajectory of 10.

Recruitment for nursing staff in H@H completed. Start dates December '21 through to February '22

ART+ team increased their numbers and maintained the caseload whilst also discharging from the service and providing the therapy only support for B&NES in addition. Plus, they are not yet fully staffed and are now accepting discharges home from the iBeds

Countermeasure /Action (planned this month)

Continue cooperating with community teams and B&NES commissioners on BIU scorecard reporting to ensure accuracy of data against trajectories.

RUH iBeds– and ART+: continue to develop and expand the service

Further recruitment interviews for AHP's in H@H, ART+ and RUH iBeds. 4 WTE

Owner

RF

KH

KH

Owner

BIU, & VR

AW KH

KH