Trust Integrated Balanced Scorecard - May 2024

Royal United Hospitals Bath NHS
NHS Foundation Trust

Strategic Goal		Goal Description	Performance Indicator	Measure description	Target		Baseline	2023/2024				2024/2025	
					Performing	Under Performing		Dec	Jan	Feb	Mar	Apr	May
People Group Goals (5yr ambition, annual measure)	People we care for	Together we will support you, as when you need us most	To achieve 'much better than expected' score and best in class for our region	Annual CQC IP survey	8.5	7.8	8.2	-	-	-	-	-	-
	People we work with	Together we will create the conditions to perform at our best	% Recommend RUH as a place to work		>=70%	<62%	62%	-	-	59.0%	-	-	53.0%
	People in our community	Together we will create one of the healthiest places to live	RUH Social Impact Score?					-	-	-	-	-	-
Trust Goals (monthly or quarterly measure)	People we care for	Connecting with you - helping you feel safe, understood and always welcome	Reported Patient Safety incidents resulting in significant harm (moderate to catastrophic), excl. rejected					13	24	18	17	20	24
		Consistently delivering the highest quality healthcare and outcomes	Number of patients over 65 weeks	Ensure no patient waits over 65 weeks for treatment by December 2023	Target is 0 by March - trajectory being agreed during business planning			253	256	193	39	33	41
		Communicating well, listening and active on what matters to you	Overal patient experience score	? From patient surveys, FFT (if we can improve the response rate)				93.9%	93.9%	94.0%	93.6%	93.9%	93.7%
	People we work with	Demonstrating our shared values with kindness, civility and respect	% Recommend RUH as a place to work		>=70%	<62%	62%	-	-	59.0%	-	-	53.0%
		Taking care of and investing in teams, training and facilities	% staff say the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age					-	-	57.1%	-	-	57.0%
	People in our community	Working with partners to make the most of our shared resources and plan wisely for future needs	Delivery of Breakeven Position	Variance from Plan YTD (£'000)	>=0	<0		-4570	-5545	-6130	1665	527	192
		Taking positive action to reduce health inequalities	Equity of access to the RUH for all					-	-	-	-	-	-
		Creating a community that promotes the wellbeing of our people and enviornment	Carbon emission reduction	Monthly proxy measure - % carbon footprint reduction of electricity & gas, against 20/21 carbon footprint	<=0%	>0%		-	-	-	-	-	-
Breakthrough Goals	People we work with		% staff reporting they have personally experienced discrimination at work from manager, team leader or other colleagues					-	-	13.7%	-	-	14.0%
			We improve together					0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	People we care for		Why not home, why not today					0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	People in our community		Delivery of financial plan'	Delivery of Group financial plan	Variance from year to date plan	<=0	>0	(£5.03m)	(£5.03m)	(£6.70m)	£0.01m	£0m	(£0.08m)

Key Standards

Strategic Goal			Description	Performance Indicator		Target		Baseline	2023/2024				2024/2025	
						Performing	Under Performing		Dec	Jan	Feb	Mar	Apr	May
Key Standards	People in our community			Deliver 109% of 19/20 Elective Activity		>=109%	<109%		112.0%	112.0%	114.0%	115.0%	130.0%	125.0%
	People we care for		Improve safety of patients needing unplanned care across the RUH from arrival at ED to discharge	% treated and admitted or discharged within four hours	To ensure 76% of patients can be treated within 4 hours of arrival at ED	>=76%	<76%		67.7%	66.4%	68.7%	69.8%	68.6%	68.6%
		L	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59	C Diff Total Healthcare Associated (Hospital & Community) tolerance = 59		<=3	>3	-	5	8	11	9	7	9
		SOF	RTT - Incomplete Pathways in 18 weeks	RTT - Incomplete Pathways in 18 weeks		>=92%	<92%	87.1%	60.2%	60.4%	62.3%	63.6%	65.4%	66.4%
		NT	31 day diagnosis to first treatment for all cancers	31 day diagnosis to first treatment for all cancers		>=96%	<96%	-	-	-	-	-	-	-
		NT	31 day second or subsequent treatment - drug treatments	31 day second or subsequent treatment - drug treatments		>=98%	<98%	-	-	-	-	-	-	-
		NT	31 day second or subsequent cancer treatment - radiotherapy treatments	31 day second or subsequent cancer treatment - radiotherapy treatments		>=94%	<94%	-	-	-	-	-	-	-
		NT	2 week GP referral to 1st outpatient	2 week GP referral to 1st outpatient		>=93%	<93%	-	-	-	-	-	-	-
		NT	2 week GP referral to 1st outpatient breast symptoms	2 week GP referral to 1st outpatient - breast symptoms		>=93%	<93%	-	-	-	-	-	-	-
		NT	28 day referral to informed of diagnosis of all cancers	28 day referral to informed of diagnosis of all cancers		>=70%	<70%	-	67.0%	59.8%	64.3%	68.3%	69.0%	(LAG 1)
		NT	Combined 31 Day Cancer Targets	Combined 31 day cancer targets for first treatment, subsequent surgery, subsequent drug, subsequent radiotherapy and subsequent other treatments; excludes subsequent active monitoring and subsequent palliative care)		>=96%	<96%		92.2%	90.7%	94.3%	88.6%	90.9%	(LAG 1)
		SOF	Combined 62 Day Cancer Targets	Combined 62 day cancer targets for GP referral, screening and consultant upgrade		>=75%	<75%		71.8%	66.5%	66.3%	73.5%	72.4%	(LAG 1)
		SOF	62 day referral to treatment from screening	62 day referral to treatment from screening		>=90%	<90%		-	-	-	-	-	-
		SOF	62 day urgent referral to treatment of all cancers	62 day urgent referral to treatment of all cancers		>=85%	<85%		-	-	-	-	-	-
		SOF	Diagnostic tests maximum wait of 6 weeks	Diagnostic tests maximum wait of 6 weeks		<=1%	>1%		32.7%	26.8%	19.6%	18.5%	23.4%	28.2%

Trust Integrated Balanced Scorecard - May 2024

Royal United Hospitals Bath NHS
NHS Foundation Trust

Strategic Goal			Performance Indicator	Description	Target: Performing	Target: Under Performing	Baseline	2023/2024: Dec	2023/2024: Jan	2023/2024: Feb	2023/2024: Mar	2024/2025: Apr	2024/2025: May	Trend
Tracker Measures	People we care for	IT	% of Complaints responded to within target	35 working days'	>=90%	<90%	-	93.3%	82.6%	90.9%	92.3%	86.7%	64.5%	
			Number of formal complaints		<30	>=30		30	21	38	32	21	24	
		IT	Number of re-opened complaints		<=3	>3	-	1	3	5	2	1	3	
		IT	PALS Response Time	Performance against 48hr standard resolution timeframe	>90%	<90%	-	53.0%	40.0%	53.0%	43.0%	-	-	
			Total PSCT cases acknowledged within 72 hours		>90%	<90%	-	-	-	-	-	100.0%	(LAG 1)	
		IT	Patient safety incidents - rate per 1000 bed days	Total no of reported patient safety incidents for the Trust, per 1000 patient bed days.	>43	<=43	-	49	53	50	45	45	44	
		IT	Serious Incidents with Overdue Actions	All non-rejected serious incidents reported on Datix with incomplete actions at month end.	<5	>=5	-	2	2	3	3	1	0	
		IT	Number of falls resulting in significant harm (Moderate to Catastrophic)		<=1	>=3	-	0	5	0	1	2	3	
		IT	ED time to triage	Percentage of ED attendances triaged within 15 minutes			-	54.1%	53.1%	48.8%	49.2%	47.1%	44.7%	
		IT	Falls per 1000 bed days	Includes all falls			-	7.4	7.1	7.0	6.8	5.1	6.4	
		IT	Medication Incidents per 1000 bed days	All Incidents			-	6.4	7.4	7.3	7.2	8.5	5.9	
		IT	Number of Patients given medication by scanning device					35.7%	39.5%	40.6%	41.2%	42.1%	46.3%	
			Early Identification of Deteriorating Patient					22.9%	25.3%	26.0%	23.2%	23.0%	27.6%	
			Hospital acquired infections					15	22	29	22	23	23	
			Number of COVID nosocomial infections					15	45	22	11	37	9	
		IT	Same Day Emergency Care (SDEC)	Non-elective adult admissions with 0 day LOS, Medicine only.	>=30%	<30%	-	30.9%	32.5%	32.7%	33.0%	35.5%	34.2%	
			Ambulance Handover Delays	minutes (below 39 is upper quartile)				822	810	887	995	1194	938	
		IT	Time from arrival in ED to decision to admit	Percentage of majors attendances with DTA within 3 hours of arrival. Excludes non-admitted patients with DTA.	>=80%	<80%	-	53.8%	52.7%	52.8%	48.0%	51.7%	49.9%	
		IT	Time from decision to admit in ED to admission	Percentage of majors patients admitted via ED that are admitted within 1 hour of DTA. Excludes non-admitted patients with DTA.	>=50%	<50%	-	23.4%	24.8%	25.9%	25.8%	22.7%	24.5%	
			% with Discharge Summaries Completed within 24 Hours					82.9%	84.3%	84.3%	84.7%	84.8%	84.4%	
			Non Criteria to Reside (Average per day)					83.0	81.9	80.7	86.2	88.0	92.8	
			HSMR - Total					95.9	(LAG 5)	(LAG 5)	(LAG 5)	(LAG 5)	(LAG 5)	
			HSMR -Weekday					96.3	(LAG 5)	(LAG 5)	(LAG 5)	(LAG 5)	(LAG 5)	
			HSMR -Weekend					94.4	(LAG 5)	(LAG 5)	(LAG 5)	(LAG 5)	(LAG 5)	
	People we work with	IT	Turnover - Rolling 12 months	Voluntary turnover only	<=11%	>12%		0.5%	0.5%	0.5%	0.8%	0.6%	0.8%	
		IT	Vacancy Rate		<=4%	>5%		1.8%	1.6%	1.0%	1.4%	4.9%	1.7%	
		IT	Sickness Rate	Rolling 12 months	<=3.5%	>4.5%		4.7%	4.9%	4.8%	4.6%	4.5%	(LAG 1)	
		IT	Mandatory Training Compliance		>=90%	<80%		89.8%	90.3%	90.8%	90.4%	90.3%	90.0%	
			% Staff with annual appraisal		>=80%	<80%		74.8	75.8	77.0	77.1	77.7	77.6	
	People in our community		Health Inequalities 1	% Difference in DNA rates between IMD1-2 and IMD 9-10				5.4%	4.0%	5.4%	4.2%	4.0%	3.8%	
			Health Inequalities 2	% Difference in 28 Day Diagnosis Performance between IMD 1-2 vs IMD9-10				-1.5%	7.4%	0.8%	13.3%	0.6%	2.7%	
		IT	Sustainable Development Assessment Tool (SDAT) Score	Overarching measurement across all sustainability areas	>=44%	<44%	-	-	-	-	-	-	-	
		IT	Delivery of Financial Control Total - Variance from Revised Plan (£'000)	Under/Overspent, YTD	<=0	>0	-	-5094	-6438	-6807	3986	308	526	
		IT	Forecast Delivery of Financial Control Total at end of financial year		<=0	>0	-	-	-	-	-	-	-	
		IT	Delivery of Recurrent Finance Improvement Programme (£'000)	Variance from year to date planned recurrent QIPP	>=0	<0	-	-	-	-	-	-	-	
		IT	Forecast Delivery of Recurrent Finance Improvement Programme at end of financial year	Forecast variance from annual planned recurrent QIPP			-	-	-	-	-	-	-	
		IT	Reduction in Agency Expenditure	Agency costs as a % of total pay costs	< 19/20 %	> 19/20 %	-	3.0%	2.7%	2.7%	2.5%	1.2%	1.2%	
			% activity delivered off site (virtual and community)					21.8%	22.7%	21.8%	22.1%	22.0%	21.9%	

Strategic Goal			Performance Indicator	Description	Target		Baseline	2023/2024				2024/2025		Trend
					Performing	Under Performing		Dec	Jan	Feb	Mar	Apr	May	
Other Measures	People We Work With		Total monthly fill rate, day hours, RN	Average per ward	>=90%	<90%		80.2%	79.9%	75.0%	82.3%	84.4%	86.3%	
			Total monthly fill rate, day hours, HCA	Average per ward	>=90%	<90%		72.5%	75.1%	78.4%	77.3%	77.3%	84.2%	
			Total monthly fill rate, night hours, RN	Average per ward	>=90%	<90%		94.6%	92.7%	92.0%	93.5%	93.4%	93.1%	
			Total monthly fill rate, night hours, HCA	Average per ward	>=90%	<90%		82.7%	83.8%	85.6%	85.4%	87.9%	88.8%	
			Information Governance Training Compliance		>=80%	<80%		86.8%	87.6%	88.4%	87.7%	88.5%	86.8%	
	People we care for	NR	Serious Incidents (NRLS) reporting (TBC)					1	3	1	1	-	-	
		NR	Hip fractures operated on within 36 hours		>=80%	<=70%		62.3%	66.7%	53.2%	46.9%	66.0%	39.6%	
		NR	Time to Initial Assessment - 95th Percentile					123	104	102	106	154	120	
		NR	% of mothers booked within 12 completed weeks		>=90%	<=85%		87.6%	84.7%	88.6%	87.4%	86.3%	85.0%	
		NR	% Women identified as smokers referred to specialist stop smoking service		>=90%	<=80%		97.0%	100.0%	96.6%	96.6%	96.4%	94.7%	
		NR	Midwife to Birth Ratio		<=1:27	>1:32		1:26	1:27	1:29	1:27	1:27	1:29	
		NT	TIA Treated within 24 hours		>=60%	<=55%		29.0%	44.2%	41.7%	21.2%	19.0%	20.8%	
		NT	12 Hour Breaches		0	>0		27	21	24	16	39	4	
		LC	Number of medical outliers - median		<=25	>=30		12	9	16	11	10.5	6	
		L	Readmissions - Total		<=10.5%	>12.5%		8.4%	7.4%	7.6%	7.9%	8.0%	8.7%	
		L	Discharges by Midday (excluding Maternity)	Includes transfers to the Discharge Hub	>=45%	<45%		19.7%	22.6%	21.9%	22.6%	23.3%	22.6%	
		NT	Number of 52 Week Waiters Incomplete Pathways					1151	1072	905	813	650	737	
		L	GP Direct Admits to SAU		>=168	<168		229	237	243	249	218	259	
		L	GP Direct Admits to MAU (including DAA)		>=84	<84		314	328	269	353	289	306	
		NR	Bed occupancy (Adult)		<=93%	>97%		93.8%	96.6%	96.9%	96.7%	97.5%	95.0%	
		NR	% Cancelled Operations non-clinical (number of cancelled patients) Surgical		<=1%	>1%		1.0% (29)	1.2% (43)	1.3% (46)	0.7% (24)	0.9% (33)	1.2% (44)	
		NT	Urgent Operations cancelled for the second time		0	>0		0	0	1	2	0	0	
		NT	Cancelled operations not rebooked within 28 days - Surgical		0	>0		1	0	0	0	0	0	
		SOF	Clostridium Difficile Hospital Onset, Healthcare Associated (counted)		<=3	>3		2	6	9	6	2	8	
		SOF	Clostridium Difficile Community Onset, Healthcare Associated (counted)					3	2	2	3	5	1	
		SOF	E.coli bacteraemia cases Hospital Onset, Healthcare Associated		<=6	>6		5	1	4	1	4	4	
		SOF	E.coli bacteraemia cases Community Onset, Healthcare Associated					2	5	4	4	5	6	
		SOF	MRSA Bacteraemias >= 48 hours post admission		0	>=1		0	0	0	0	0	0	
		L	Infection Control - Klebsiella spp post 2 days		<=2	>2		2	0	4	1	2	2	
			Klebsiella Spp Community Onset Healthcare Associated					0	1	0	2	2	2	
		L	Infection Control - Pseudomonas aeruginosa post 2 days		<=1	>1		0	4	0	0	1	0	
			Influenza Outbreaks					2	0	1	0	0	0	
			Norovirus Outbreaks					2	0	1	2	0	0	
		L	Hospital Associated Infections including Flu, COVID-19 and Norovirus					34	67	53	35	60	32	
			Number of Hospital Acquired Pressure Ulcers Category 2	Includes Medical Device Related	<=2	>2		2	5	4	1	1	1	
			Number of Hospital Acquired Pressure Ulcers Category 3 & 4	Includes Medical Device Related	<=0	>0		0	0	2	0	1	1	
		SOF	Never events		0	>=1		0	0	0	0	0	0	
		SOF	SHMI		<=Expected	> Expected		0.95	0.95	(LAG 4)	(LAG 4)	(LAG 4)	(LAG 4)	
			Mixed Sex Accomodation Breaches					97	163	170	182	170	221	
	People In Our Community	L	Delivery of Group financial plan	Variance from year to date plan	<=0	>0		(£5.03m)	(£5.03m)	(£6.70m)	£0.01m	£0m	(£0.08m)	
		L	Delivery of capital programme	Variance from year to date planned capital expenditure (Internally Funded Schemes)	-5%	<5%		-67.0%	-57.9%	-33.1%	-0.5%	67.3%	51.9%	
		L	Forecast delivery of capital programme	Forecast variance from annual planned capital expenditure	+/-5%	><5%		0.0%	0.0%	0.0%	-0.5%	0.0%	0.0%	
		L	Delivery of planned cash balance	Variance from year to date planned cash balance	+/-10%	><10%		14.0%	-5.1%	-8.6%	-12.8%	8.8%	25.6%	

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