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NHS Foundation Trust

February 2019 Published Papers

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Quality and Performance Report

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Quality and Performance Report

February 2019

1.1 OVERVIEW – Executive Summary

Single Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 86.5% for December. The national standard of 85% has been achieved for each of the seven months since June and was achieved for quarter 2 and 3 overall.
- The measure for percentage of A&E patients seen in less than 4 hours was 84.5% for January. This did not achieve the 95% national standard but is above the improvement trajectory target of 84%.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 89.4% as at end of January. Although this did not achieve the national 92% standard, the improvement trajectory target of 86% was achieved.
- The percentage of Diagnostic patients waiting under 6 weeks at end of January was 93.3%, with 559 patients waiting 6+ weeks. This is lower than the national 99% standard and the recovery trajectory of 98%. The maximum allowed breaches to achieve 99% was 83.

Headline Indicators

There were two Clostridium Difficile cases and zero MRSA case in January. The Trust remains below the year to date tolerance for Clostridium Difficile cases. Pressure Ulcer and Patient Falls incidence rose in January to above target levels. Falls rose to 5.61 falls per 1000 beddays (149 falls) and Pressure Ulcers to 0.53 per 1000 beddays (14 ulcers). Please see section 2.1 for more details. No never events were reported in January.

The headline measures from the monthly patient surveys and the Friends and Family Test remain above their minimum target levels in January 2019. The percentage of complainants who are dissatisfied with the response remains above the 5% target level. A monthly review of all dissatisfied cases is now being carried out by the Head of Quality (Patient Experience and Clinical Effectiveness) and a Divisional Head of Nursing; learning from this review is shared with all Divisions via the Clinical Quality Group.

Last Minute Cancelled Operations (LMCs) were at 1.3% of elective activity and equated to 94 cases. There were four breaches of the 28 day standard (LMCs from last month had to be re-admitted within 28 days).

Workforce

January 2019 compliance for Core Skills (mandatory/statutory) training reduced to 88%, from 90%, overall across the eleven core skills programmes. The 2% overall reduction in Core Skills was largely due to the effects of reducing the update period for Infection, Prevention and Control (IPC) from 3-yearly to annual as required for alignment with national standards.

In January 2019, 5.2% of total staffing was Bank (463 full time equivalent, fte) and 1.2% was Agency (108 fte). As at end of January, there had been 948 leavers over the previous 12 months with 7106 FTE staff in post on average over that period; giving a Turnover of 13.3%. Detailed analysis of exit data is being undertaken by Divisions to support strategies to reduce turnover. In January 2019, funded establishment was 8756, with 412 as vacancies (4.7%).

Sickness absence increased to 4.3% in January from 4.2%, which is slightly above the target of 3.9%. Support continues with high levels of short and long term sickness cases. Analysis of hotspot areas, HR surgeries, face to face support for managers and monthly deep dive reports are provided for Divisions who fail to meet their target.

1.2 OVERVIEW – Single Oversight Framework

Access Key Performance Indicator		Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19			Quarter 4 2018/19		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
A&E 4-hours **Standard: 95%**	Actual	83.96%	91.14%	92.84%	90.26%	90.07%	85.00%	89.16%	84.24%	83.05%	84.50%		
	"Trust Footprint" (Year To Date)	92.05%			91.77%			90.84%					
	Trajectory	90%	90%	90%	90.53%	91.26%	90.84%	90.06%	90.33%	87%	84%	87%	90%
	"Trust Footprint" Trajectory	90.0%			90.0%			90.0%			95.0%		
Cancer 62-day GP **Standard: 85%**	Actual (Monthly)	84.08%	82.41%	85.96%	85.66%	88.93%	87.4%	85.5%	87.9%	86.5%			
	Actual (Quarterly)	84.2%			87.3%			86.6%					
	Trajectory (Monthly)	81%	83%	79%	83%	85%	85%	85%	85%	85%	85%	85%	85%
	Trajectory(Quarterly)	82.5%			85%			85%			85%		
Referral to Treatment **Standard: 92%**	Actual	88.19%	89.06%	88.55%	88.91%	88.73%	88.52%	89.56%	90.1%	89.3%	89.4%		
	Trajectory	88%	88%	88.5%	88.5%	88.7%	88.5%	88.5%	88.0%	87.0%	86.0%	87.0%	87.0%
6-week wait diagnostic **Standard: 99%**	Actual	96.80%	97.64%	97.83%	97.88%	97.13%	98.13%	98.36%	96.94%	93.81%	93.28%		
	Trajectory	97.9%	97.9%	97.9%	98.4%	99.0%	98.0%	98.0%	98.0%	98.0%	98.0%	99.0%	99.0%

GREEN rating = national standard achieved
AMBER rating = national standard not achieved, but STF trajectory achieved (with Walk In Centre uplift for A&E 4 Hour standard).
RED rating = national standard not achieved, the STF trajectory not achieved

Note on A&E "Trust Footprint":
In agreement with NHS England and NHS Improvement, each Acute Trust was apportioned activity from Walk In Centres (WIC) and Minor Injury Units (MIU) in their region. This apportionment is carried out and published by NHS England as "Acute Trust Footprint" data. This data is being used to assess whether a Trust achieved the recovery trajectory for each quarter. The A&E "Trust Footprint" data above relates to Trust performance after WIC and MIU data has been added.

1.3 OVERVIEW – Key Performance Indicators Summary

Below is a summary of all the Key Performance Indicators reported in Section 2.

1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

	Successes	Priorities
ACCESS	• Delivering the 62 day GP national standard for last seven months and in quarters 2 and 3. • Referral To Treatment (RTT) Performance trajectory has been consistently achieved during 2018/19 against the set trajectories of 88.5% (July-October) November trajectory at 88% December trajectory at 87% and January at 86% • We continue to monitor and achieve the RTT Wait List size trajectory, whereby the requirement is to maintain the waiting list size at 29,207 by end of March 2019. Waiting list size has consistently reduced during 2018/19 due to close monitoring at the weekly performance meeting and current sits at 27,588 at end of January. • On-hold (transitional pathways) were signed off by NHS Intensive Support Team in September 2018 and have now been successfully block closed in Medway Live on 10th January. IST returned to carry out an assurance review visit on 24th January 2019 and were very impressed with the progress that continues to be made and have requested the Performance Team to present nationally on the work and findings. • Use of ICS Diagnostics as additional capacity for echocardiography diagnostic tests has seen a significant improvement in quarter 4. The service is now predicting 20 breaches of the 6 week standard by end of April, down from 379 at end of January. • The number of patients On Hold was at 86,000 when the review began. As of end of January, this number is being maintained at 20,000 with monthly reductions of around 200-400 pathways which are now labelled “transitional pathways”.	• Delivery of GP Cancer 62 Day national standard of 85% in quarter 4 • Divisions focus remains on reducing Outpatient follow-ups that are overdue by more than 6 months • Continue to deliver RTT trajectory above 87% in February and March. • Work with our commissioners to continue the review of the local patient access policy. The proposed changes have been included into a draft policy and the commissioners will take through various internal groups during January 2019 with a plan to involve local GP practices from 1st week of February. Feedback is expected end of Feb/beginning of March • Review of divisional OPP plans for 2019/20 to ensure that the detail of the plans deliver national compliance across all of the key metrics. • RTT divisional trajectories to be mandated for 2019/20 to ensure overall Trust-level delivery is attained.
	Opportunities	**Risks and Threats**
ACCESS	• Opportunity to maintain cancer performance with new national rules for allocation of performance between providers – national roll-out delayed to April 2019. • Development of a new Referral To Treatment report showing the dating of patients in relation to breach date (Booking In Order); is now managed through weekly performance meeting. • Outpatient standards for open referral management (including Transitional Pathways and Partial Booking) will be agreed with divisions during February to ensure wait times in outpatients are maintained. • Observation of staff working practices in the Trust’s Patient Administration System has now been completed. An in-depth demonstration of proposed functionality by System C (Medway PAS supplier) was undertaken on 27th November. Outcome of this review will be shared with Quality and Outcomes Committee in February. • The local CCG has requested that UH Bristol consider providing peer support across RTT, Cancer and Theatres	• Cancellations of cancer surgery due to lack of critical care beds will impact on the 62 day GP, 31 day first definitive treatment and 31 day subsequent surgery cancer standards in quarter 1. There is a risk this will lead to non-compliance against these standards in January and February, and potentially in the quarter. • ED attendances are increasing: 3.5% rise at BRI and 9.9% rise at BCH (Apr17-Jan18 vs Apr18-Jan19) • Diagnostic 6 week wait standard of 99% will not be delivered at end of Feb-19. The recovery plan, as submitted to NHS Improvement, requires delivery by end of quarter 1 2019/20. • The Trust continues to report 52 week breaches in Paediatric Services. The CCG has requested a revised plan of how the Trust will achieve ZERO 52 week breaches by End of March 2019. Long waiters will continue to be monitored at the weekly Performance meeting to ensure this is achieved. • Without an agreed patient access policy to support the high level of cancellation/patient choice achieving ZERO long waiting patients would be difficult to achieve.

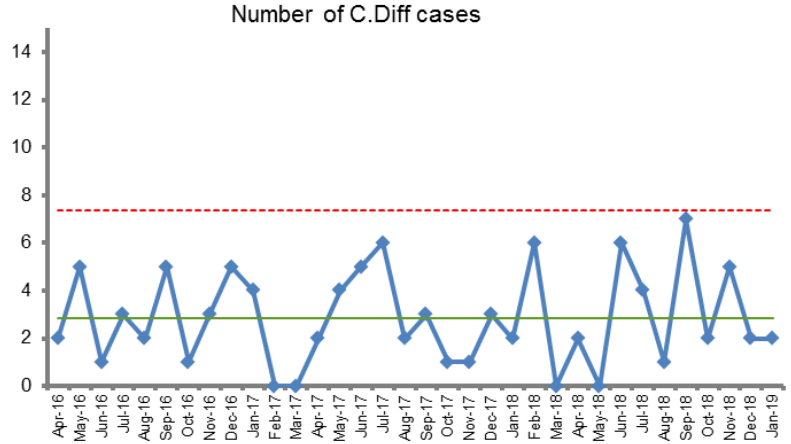
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

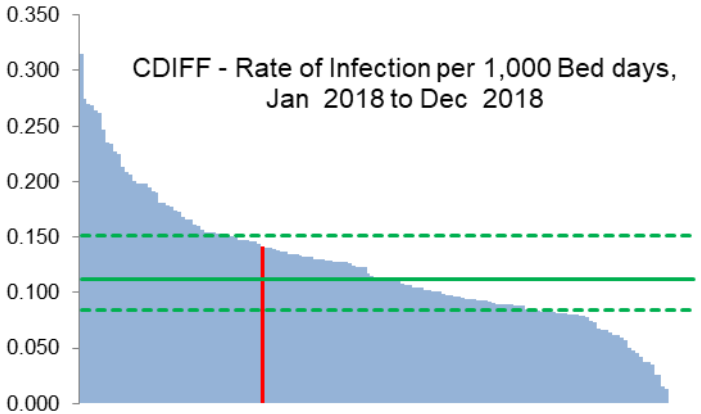
	Successes	Priorities
QUALITY	• Medicines safety: The non-purposeful omitted critical medicines audit in January in areas using paper drug charts revealed no findings of unintentional omissions of medicines, returning a figure of 0.0% for January. The cumulative figure for this financial year is 0.38%, which is on target and below the threshold of 0.75%. Full data on non-purposeful omitted critical medicines in Medway e-prescribing (EPMA) wards was 0.0% for January, the fifth consecutive month there have been no omissions. • The headline measures from our patient feedback surveys (score 90/100) and Friends and Family Test (98.7% for inpatients, 98.5% for maternity and 81.1% for emergency departments) remained above their minimum target levels in January 2019, indicating the continued provision of a positive patient experience at UH Bristol.	• Investigating the increase in the number of falls (5.61 per 1,000 beddays) and pressure ulcers (0.528 per 1,000 beddays) in January leading to data points outside the upper control limits as shown on SCP charts. Actions to date are summarised in the narrative for each indicator. • The Trust's HSMR for November 2018 was 93.7 (56 observed deaths and a statistical calculation of 79 "expected deaths"). We are close to completing our investigation into an increase previously seen in HMSR. Actions being taken include: 1. Improving clinical documentation of co-morbidities and by incorporating into the new single clerking proforma an agreed list of irreversible co-morbidities to help improve medical documentation of co-morbidities. This would be a precursor to a longer-term project to implementation electronic documentation. 2. Improving coding and palliative care coding via refresher training and individual feedback particularly with regard to palliative care coding. Reviewing with the Clinical Lead for Palliative Care to revisit recording of palliative care. Looking at the potential for clinical note in Medway for palliative care. Extending the number of secondary diagnoses being submitted to sources of national benchmarking to include all that are being captured by the clinical coders. 3. High volume procedures driving HSMR. Looking further into the admission method for some procedures and its impact on mortality risk. Improving the triage of patients admitted with acute myocardial infarction to avoid futile investigations/ treatments in frail or unsalvageable patients, including those transported from long distances to our hospitals following an out of hospital cardiac arrest.
	Opportunities	**Risks and Threats**
QUALITY	• Deteriorating patients: Implementation of the e-observations system has made visible (for all adult patients and not just an audit sample) some aspects of processes which can be improved. This has provided new insights, in real time to inform local actions, and in retrospect to understand whether new change ideas are making improvements. This requires work to support staff in new ways of working with real time data as well as ensuring information is presented in a meaningful way to drive overall improvements.	• Fractured neck of femur: In January, there were 24 patients discharged following an admission for fractured neck of femur, and all of them were eligible for Best Practice Tariff (BPT). Fifteen of the 24 of these patients were not operated on in theatre within the required 36 hours. There were significant capacity issue in late December and early January due to bank holidays and a high volume of non-fractured neck of femur trauma. Actions being taken include : 1. Reviewing ability to provide full day trauma operating to allow for prioritisation of fractured neck of femur on morning trauma lists 2. Reviewing ability to accommodate trauma overruns as required 3. Continue to create additional capacity for trauma as possible by taking down other lists or using vacant theatre sessions

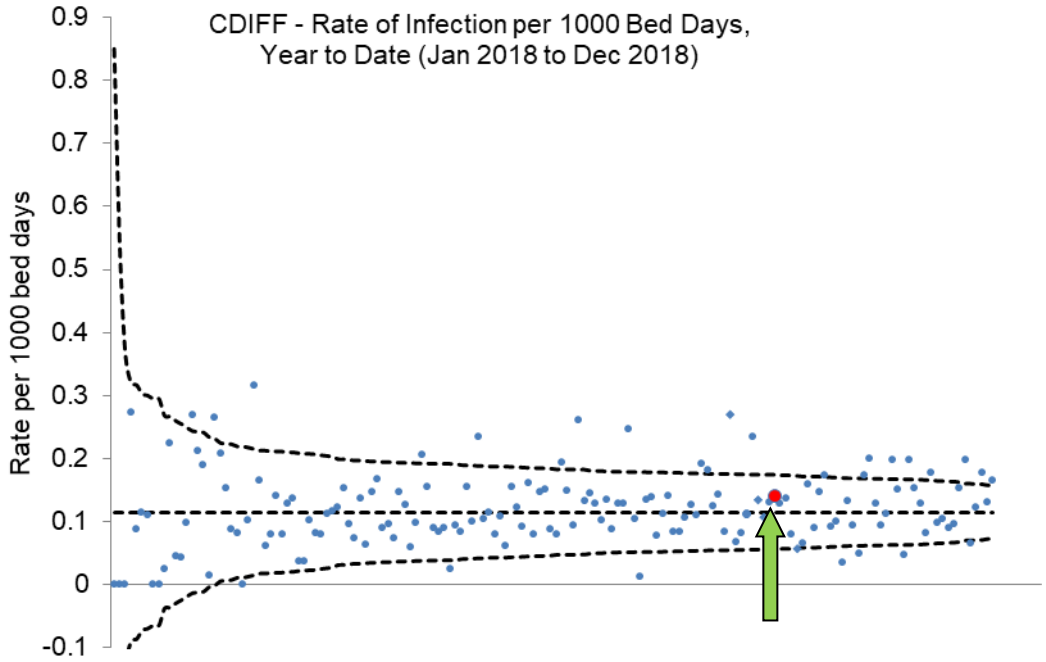
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

	Successes	Priorities
WORKFORCE	▪ Positive feedback from the Supporting Attendance Policy review with 77.11% of respondents stating they believe the policy is fit for purpose. ▪ Planned improvements in the provision of Moving and Handling training continue to yield good results, with compliance climbing another 2% to its current high of 87%. ▪ In response to feedback, Line Managers are now able to view the progress of appraisal completion for staff across their teams not just for those for whom they are the appraiser.	▪ Further BREXIT communication to EU staff commencing to offer support for the Settled Status application process. ▪ Responding to the Health and Safety 5 year Action Plan 2018-23 as outlined by the Health and Safety Executive (HSE), which aims to achieve a reduction of ill health from work-related stress and musculoskeletal disorders by embedding wellbeing initiatives. ▪ Review of the strategy for apprenticeship provision, which will include an enhanced level of integration across the divisions inclusive of job roles and progression pathways. This will be agreed through the Education Group and reported to the People Committee and Senior Leadership Team.
	Opportunities	**Risks and Threats**
WORKFORCE	▪ Responding to the results of the national staff survey, communicating the findings Trust-wide during the 'You said….We did together' week in March. ▪ Re-launch of the Happy App in March to encourage further 'real' time feedback from staff, improving experience at work. ▪ Listening to feedback a further development with the e-Appraisal system is to be launched, allowing managers to delegate appraiser responsibility. A particularly positive development for managers with large teams.	▪ Employee Services capacity to support the volumes of work around supporting attendance for long term and short term sickness absence case management. ▪ Increasing compliance with the Infection, Prevention and Control (IPC) essential training programme. ▪ Increased system pressure and acuity resulting in an increase in agency usage for clinical areas. ▪ Whilst seeing a month on month increase, appraisal compliance remains low against target. Focused support continues.

Infections – Clostridium Difficile (C.Diff)	
Standards:	Number of Trust Apportioned C.Diff cases to be below the national trajectory of 44 cases for 2018/19. Review of these cases with commissioners' alternate months to identify if there was a "lapse in care".
Performance:	There were two trust apportioned C.Diff cases in January 2018, giving 31 cases year-to-date. This is below the year-to-date trajectory of 38 cases
Commentary:	There were two cases of C. Difficile identified in January 2019 attributed to the Trust. Post Infection Reviews were undertaken for both cases. Incomplete documentation and late sending of samples were identified as lapses in care during the reviews. Matrons and ward staff are aware of the issues and these were raised at board rounds and team meetings. These two cases will be assessed by the CCG in March.
Ownership:	Chief Nurse





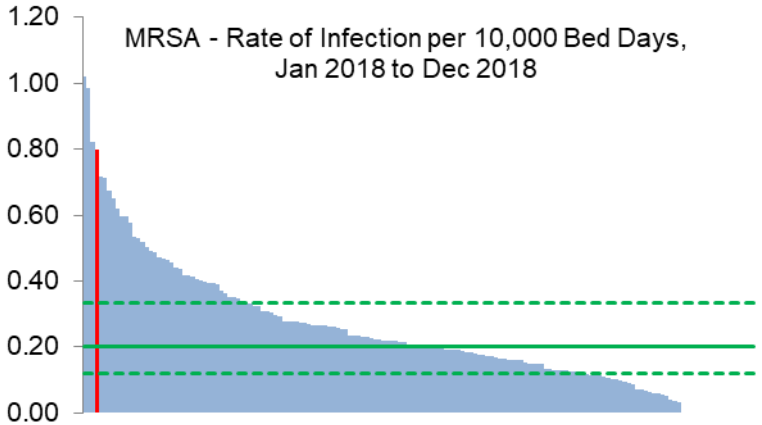


CDIFF Cases	Jan-19	2018/2019
Medicine	0	6
Specialised Services	0	11
Surgery	0	4
Women's and Children's	2	10
Grand Total	2	31

Unbroken horizontal line is England median: dotted lines are upper & lower quartiles

Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There were no trust apportioned MRSA cases in January, making five cases year-to-date.
Commentary:	There were zero cases of MRSA bacteraemia during January 2019. This is the third consecutive month in a row there have been no cases attributed to the Trust, but we continue to work with our partners to reduce MRSA across the system. Actions being taken within the Trust: Following a period of staff training, we are moving the intravenous cannula checks into the e-observations system used by adult wards, which will provide a mechanism for prompting of checks and removal of cannulae which are no longer required. This has been implemented in the divisions of medicine and specialised services and is planned for the division of surgery during March 2019.
Ownership:	Chief Nurse

MRSA	Jan-19	2018/2019
Medicine	0	2
Specialised Services	0	1
Surgery	0	2
Women's and Children's	0	0
Grand Total	0	5



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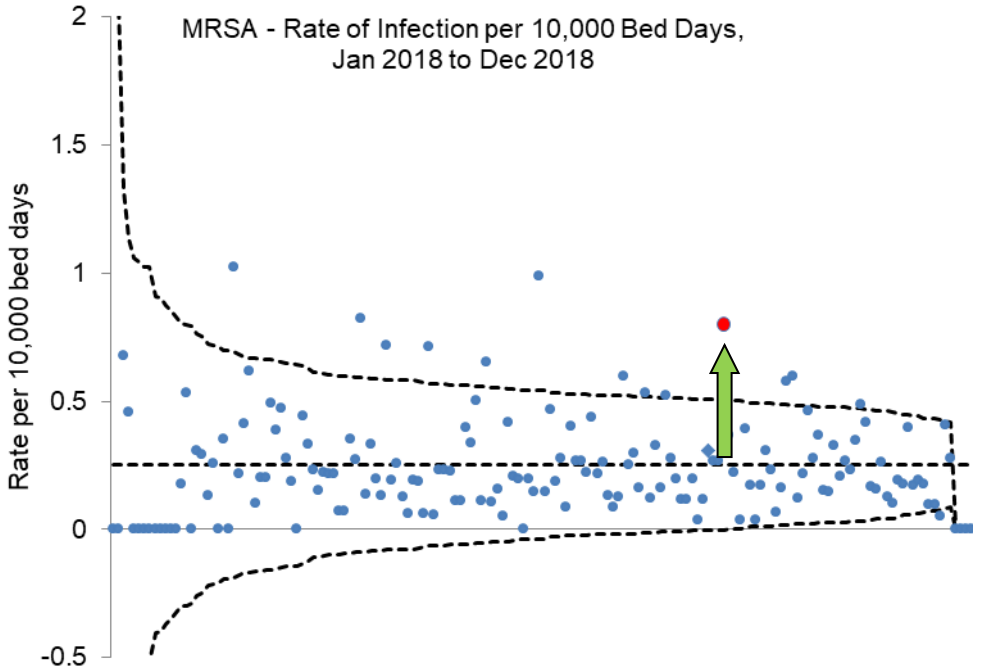
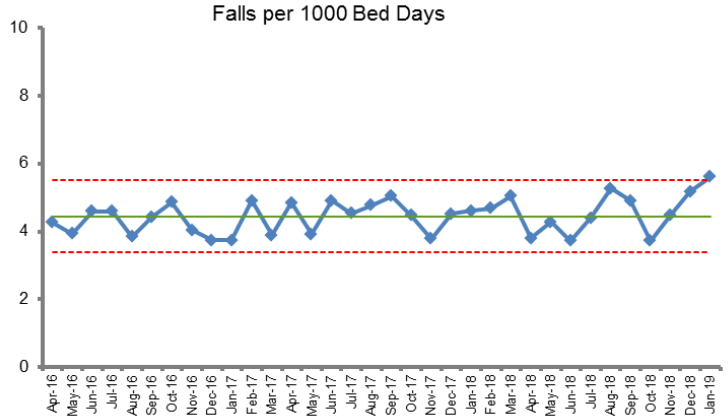
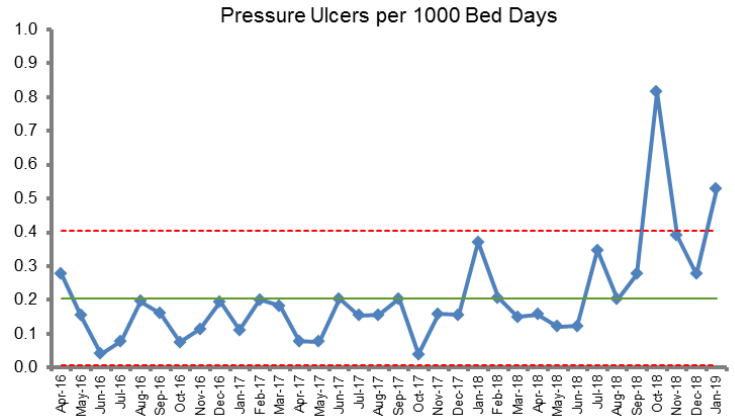


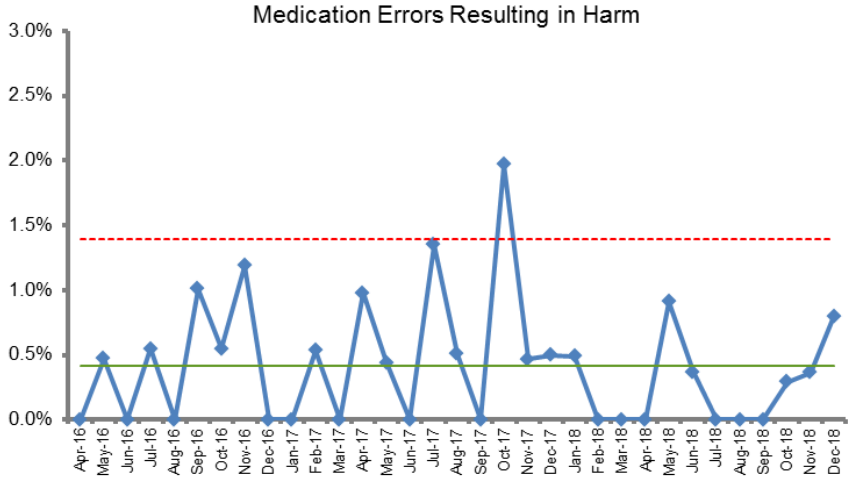
2.1 PERFORMANCE – Safe Domain

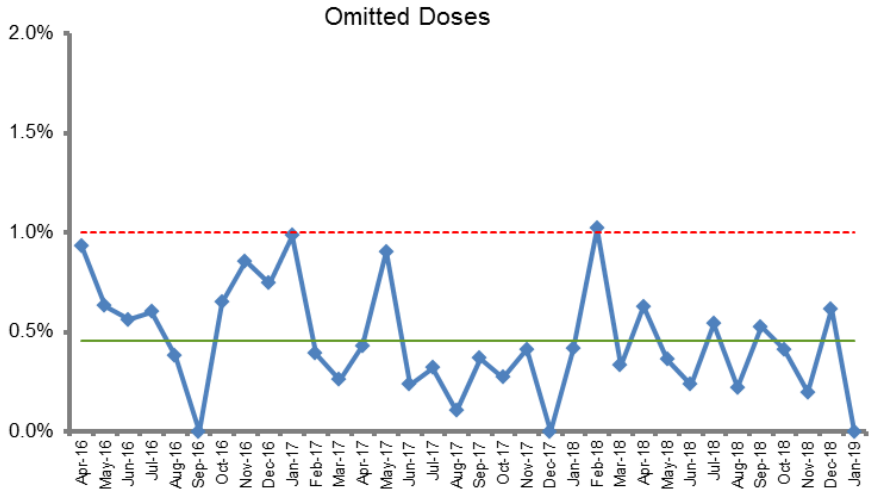
Patient Falls and Pressure Ulcers	
Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above) Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Falls rate for January was 5.61 per 1,000 beddays. This was 149 falls with 3 resulting in harm. Pressure Ulcers rate for January was 0.53 per 1,000 beddays. There were 14 Pressure Ulcers in January, with one at Grades 3 or 4.
Commentary:	January saw an overall increase in the **number of falls** (149 falls occurred in January =5.61 per 1,000 beddays and just above the upper confidence limit of the SPC chart). Despite this increase, referrals to the Falls Team decreased. The majority of the falls were unwitnessed. The Trust hasn't identified any other emerging themes, but we continue to investigate. There were three falls with harm, one resulting in major harm and two in moderate harm. Actions include: • Development and implementation of a vision checklist to identify patients at a higher risk of falls. • A review of the Datix form to ensure the right information is recorded which will in turn inform learning and actions to be taken • A reminder to all clinical areas of the referral process to the Falls Team and how they can be contacted • A review of the themes emerging from the January data to be presented at the falls meeting March 20th, with any subsequent actions to be included in the work plan January saw an increase in the number of **hospital acquired pressure** ulcers across the Trust resulting in a data point outside the upper control limit on the SPC chart. One grade 3 pressure ulcer was seen in a patient in ITU, which was a complex case, with areas of good practice noted in the review A robust review of each incident has taken place with a plan of action, including: • Monthly pressure ulcer training sessions • Circulation of a poster raising awareness of pressure damage prevention • Embedding revised care plans Surgery Division additional action: Review and communicate best practice to tie endotracheal tubes when patient is nursed prone
Ownership:	Chief Nurse





Medicines Management	
Standards:	Number of medication errors resulting in harm to be below 0.5%. Note this measure is a month in arrears. Of all the patients reviewed in a month, under 0.75% to have had a non-purposeful omitted dose of listed critical medication
Performance:	Two moderate harm medication incidents were reported in December 2018. Omitted doses were at 0% in January (0 cases out of 384 reviewed).
Commentary:	One incident involved the administration of the incorrect dose of insulin for a patient being treated for hyperkalaemia. They were prescribed the correct dose, but administered a dose for a patient with diabetic ketoacidosis, which was too much. One incident involved a patient who was re-admitted with a Deep Vein Thrombosis. On discharge from a previous admission the patient recommenced their warfarin, but was not given any enoxaparin cover while the warfarin was sub therapeutic. All medication related incidents resulting in moderate or above harm are reviewed by the pharmacy governance team and tabled for discussion at monthly pharmacy department and divisional risk management meetings, and the bi-monthly Medicines Governance Group. The non-purposeful omitted critical medicines audit in January in areas using paper drug charts revealed no findings of unintentional omissions of medicines, returning a figure of 0.0% for January. The cumulative figure for this financial year is 0.38%, which is on target and below the threshold of 0.75%. Full data on non-purposeful omitted critical medicines in Medway e-prescribing (EPMA) wards was 0.0% for January, the fifth consecutive month there have been no omissions.
Ownership:	Medical Director





2.1 PERFORMANCE – Safe Domain

Essential Training	
Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%
Performance:	In January 2019 Essential Training overall compliance reduced to 88% compared to 90% in the previous month (excluding Child Protection Level 3).
Commentary:	January 2019 compliance for Core Skills (mandatory/statutory) training reduced to 88% overall across the eleven core skills programmes. There were three reductions and there were two increases from the previous month across the eleven core skill programmes. The largest reduction was seen in Infection, Prevention & Control reducing to 76% from 94% the previous month. The largest increase was seen in Moving and Handling increasing to 87% from 85% the previous month. Compliance for all other Essential Training remained static at 94% compared with the previous month. ▪ The 2% overall reduction in Core Skills was largely due to the effects of reducing the update period for Infection, Prevention and Control (IPC) from 3-yearly to annual - required for alignment with national standards. The change was effective from January 2019 with regular communications for the 6 month period leading up to the change, with an emphasis on eLearning. Despite mitigation, the operational effect of re-calibrating the update period was a reduction in IPC compliance from 93% to 55%. Every clinical division experienced reduced compliance for IPC. Recovery plans are now a key focus. ▪ Alignment to the 11 Core Skills to the standards of the UK Core Skills Training Framework now facilitates the recognition and 'pass-porting' of core skills records for UHBristol and North Bristol Trust transferees, with a plan to establish efficient pass-porting between the two Trusts by end April 2019.
Ownership:	Director of People

Essential Training	Jan-19	KPI
Equality, Diversity and Human Rights	96%	90%
Fire Safety	87%	90%
Health, Safety and Welfare (formerly Health & Safety)	94%	90%
Infection Prevention and Control	76%	90%
Information Governance	84%	95%
Moving and Handling (formerly Manual Handling)	87%	90%
NHS Conflict Resolution Training	95%	90%
Preventing Radicalisation	93%	90%
Resuscitation	74%	90%
Safeguarding Adults	92%	90%
Safeguarding Children	91%	90%

Essential Training	Jan-19	KPI
UHBristol NHS Foundation Trust	88%	90%
Diagnostics & Therapies	90%	90%
Facilities & Estates	93%	90%
Medicine	87%	90%
Specialised Services	88%	90%
Surgery	87%	90%
Trust Services	91%	90%
Women's & Children's	87%	90%

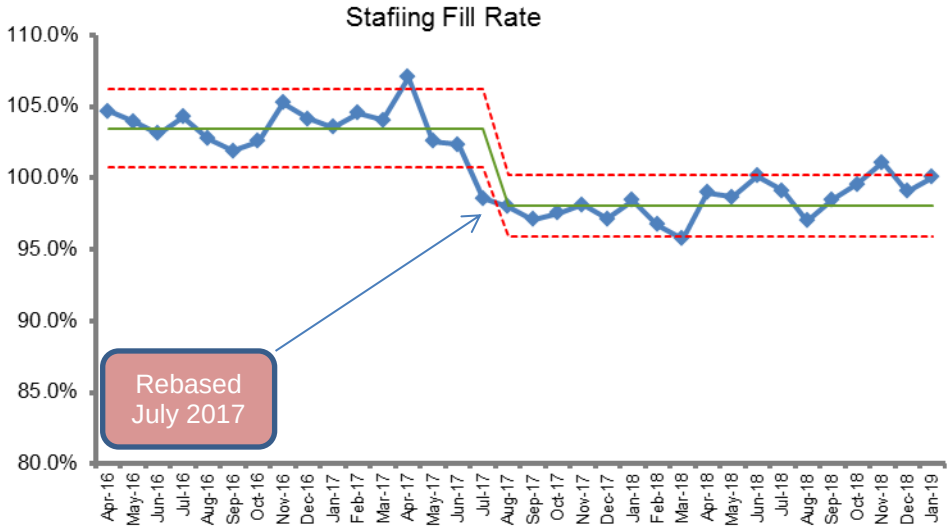
2.1 PERFORMANCE – Safe Domain

Nursing Staffing Levels	
Standards:	Staffing Fill Rate is the total hours worked divided by total hours planned. A figure over 100% indicates more hours worked than planned. No target agreed
Performance:	January's overall staffing level was at 100.1% (244,655 hours worked against 244,476 planned). Registered Nursing (RN) level was at 96.1% and Nursing Assistant (NA) level was at 110.3%
Commentary:	Overall for the month of January 2019, the trust had 96% cover for RN's on days and 96% RN cover for nights. The unregistered level of 105% for days and 118% for nights reflects the activity seen in January 2019. This was due primarily to NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night.
Ownership:	Chief Nurse

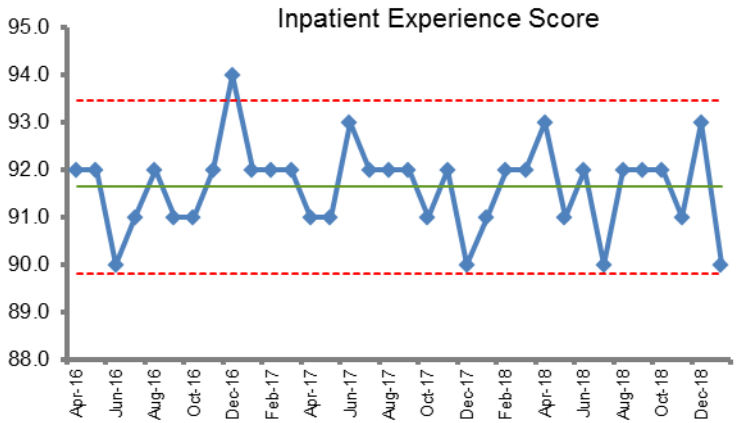
JANUARY 2019 DATA

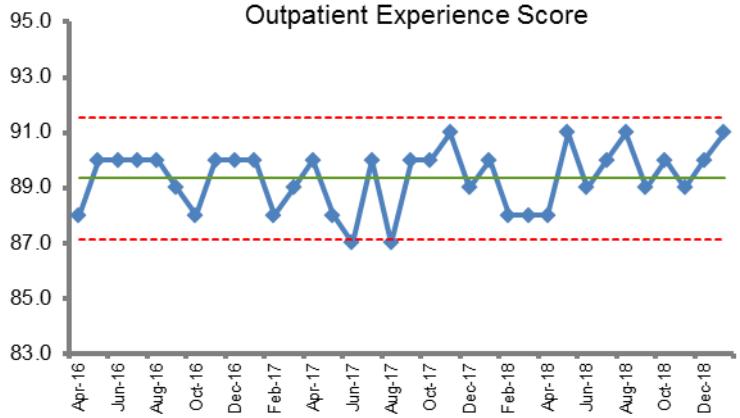
	Day	Night	TOTAL
Registered Nurses	95.8%	96.3%	96.1%
Nursing Assistants	104.6%	118.3%	110.3%
TOTAL	**98.4%**	**102.1%**	**100.1%**

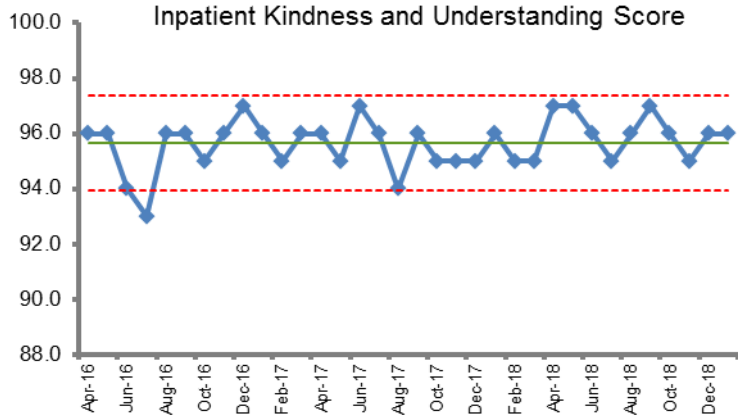
Medicine	108.4%
Specialised Services	98.9%
Surgery	104.0%
Women's and Children's	92.7%
TOTAL	**100.1%**



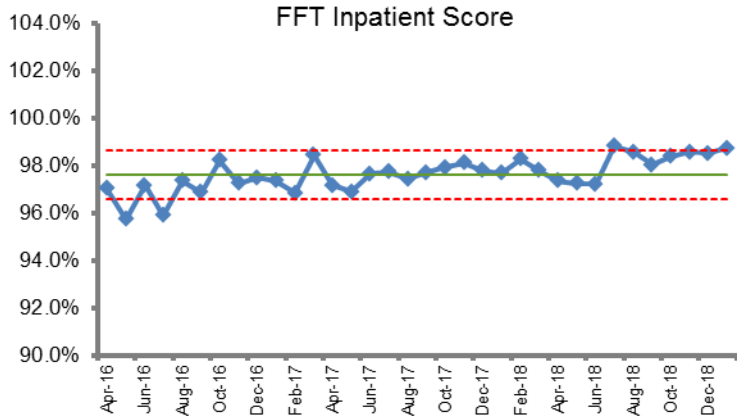
Monthly Patient Survey	
Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target of 90 or over.
Performance:	For January 2019, the inpatient score was 90/100, for outpatients it was 91. For the kindness and understanding question it was 96.
Commentary:	The headline measures from these surveys remained above their minimum target levels in January 2019, indicating the continued provision of a positive patient experience at UH Bristol.
Ownership:	Chief Nurse

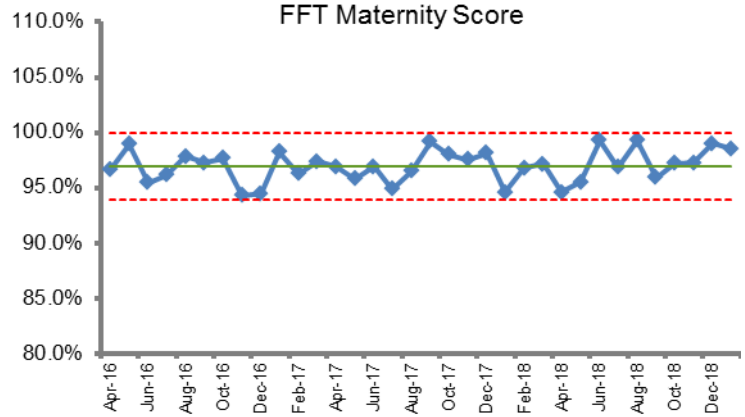


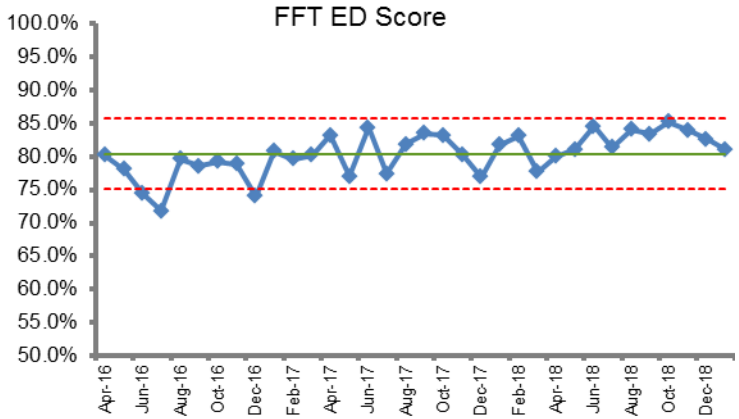




Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 60%.
Performance:	January's FFT score for Inpatient services was 98.7% (2048 out of 2074 surveyed). The ED score was 81.1% (1135 out of 1400 surveyed). The maternity score was 98.5% (269 out of 273 surveyed).
Commentary:	The Trust's scores on the Friends and Family Test were above their target levels in January 2019.
Ownership:	Chief Nurse



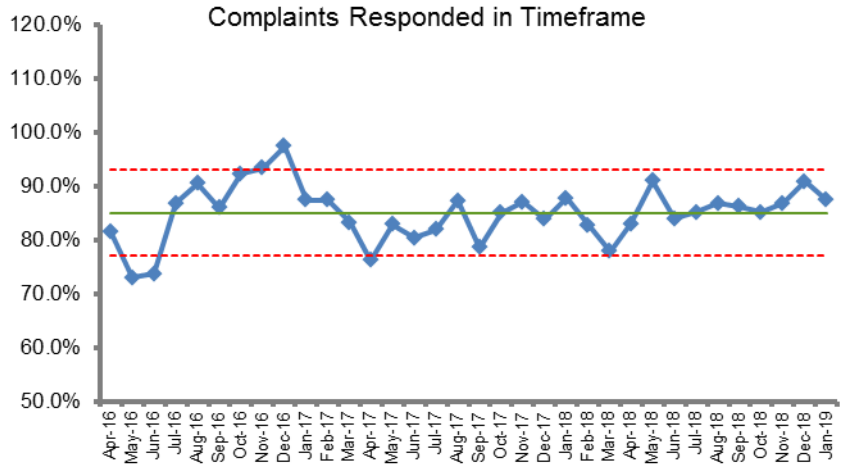


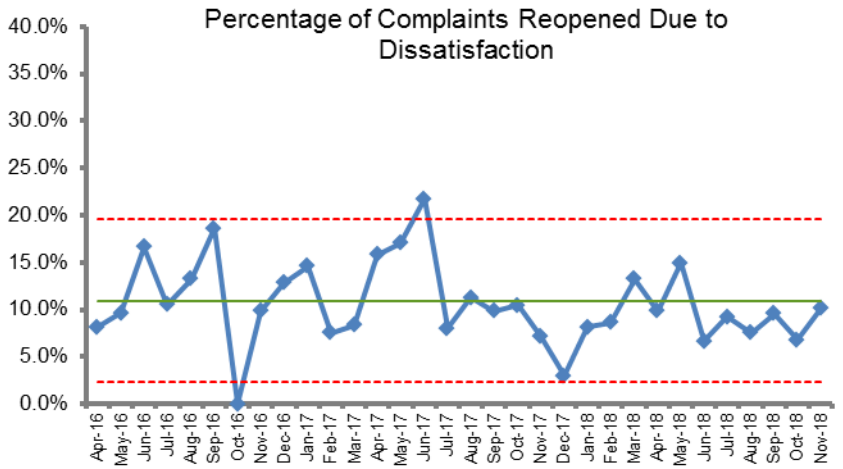


	Response Rate		Score	
	Jan-19	2018/2019	Jan-19	2018/2019
Inpatients				
Medicine	41.7%	36.1%	97.6%	97.4%
Surgery	29.6%	34.5%	99.3%	98.6%
Specialised Services	39.2%	36.3%	99.0%	97.9%
Women's and Children's	22.7%	32.4%	99.3%	98.3%
TOTAL	**32.2%**	**34.6%**	**98.7%**	**98.2%**
Emergency Department				
Bristol Royal Infirmary	14.7%	12.0%	74.0%	68.0%
Children's Hospital	18.7%	18.6%	81.1%	85.9%
Eye Hospital	14.5%	22.5%	94.4%	94.2%
TOTAL	**16.0%**	**16.6%**	**81.1%**	**82.7%**
Maternity				
TOTAL	**20.2%**	**17.7%**	**98.5%**	**97.1%**

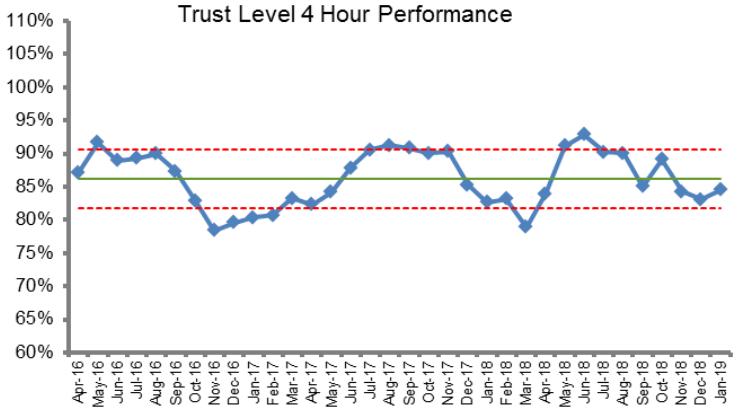
2.2 PERFORMANCE – Caring Domain

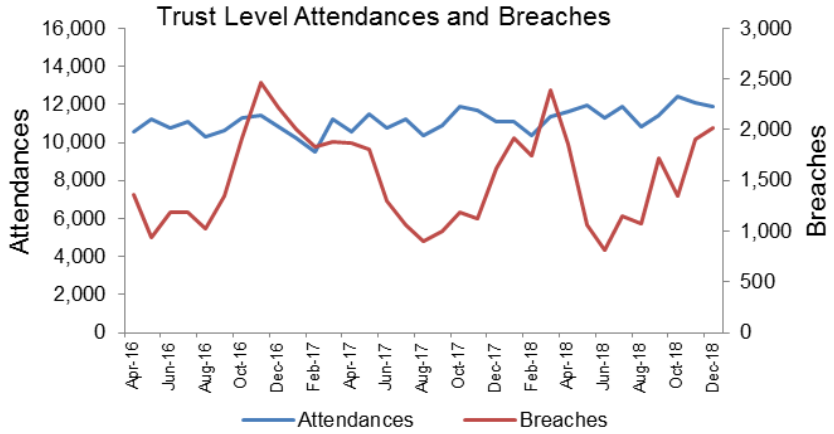
Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe. Of all formal complaints responded to, less than 5% should be re-opened because complainant is dissatisfied.
Performance:	In January, 49 out of 56 formal complaints were responded to with timeframe (87.5%) Of the 99 formal complaints responded to in November, 10 resulted in the complainant being dissatisfied with the response (10.1%)
Commentary:	Since August 2018, the Clinical Quality Group has been receiving a monthly report providing details of all breaches and causes to identify learning. Actions being taken: A monthly review of all dissatisfied cases is now being carried out by the Head of Quality (Patient Experience and Clinical Effectiveness) and a Divisional Head of Nursing; learning from this review is shared with all Divisions via the Clinical Quality Group.
Ownership:	Chief Nurse

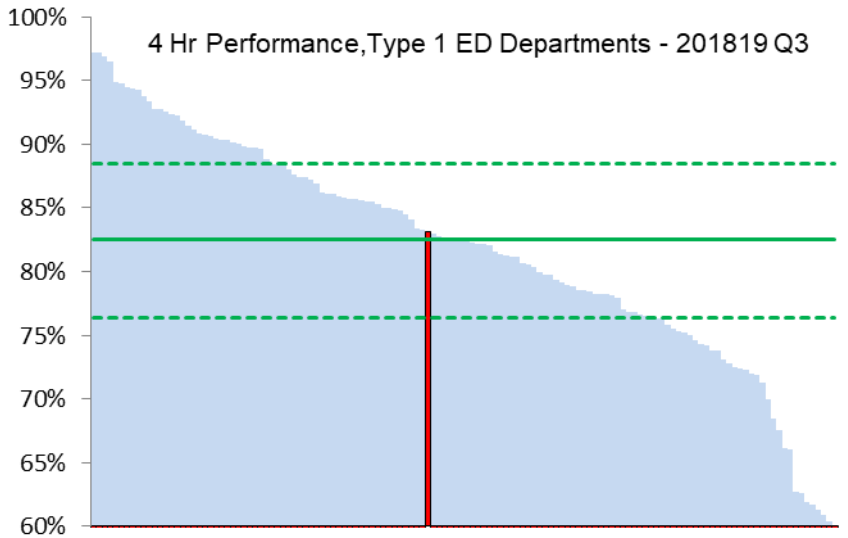




Emergency Department 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's improvement trajectory is 84% for January.
Performance:	Trust level performance for January was 84.5% (12096 attendances and 1875 patients waiting over 4 hours).
Commentary:	Performance at the Children's Hospital was 92.9% in January. This is alongside a 9.9% rise in attendances (Apr18-Jan19 vs Apr17-Dec18). The Bristol Royal Infirmary achieved 74.7% in January and the Eye Hospital achieved 97.7%. Bristol Royal Infirmary saw a 3.5% rise in attendances for the same time period. The Sustainability and Transformation Fund (STF) target for Quarter 4 has been set at 95%. The Trust has declared expected non-delivery of this standard in the NHS Improvement return.
Ownership:	Chief Operating Officer



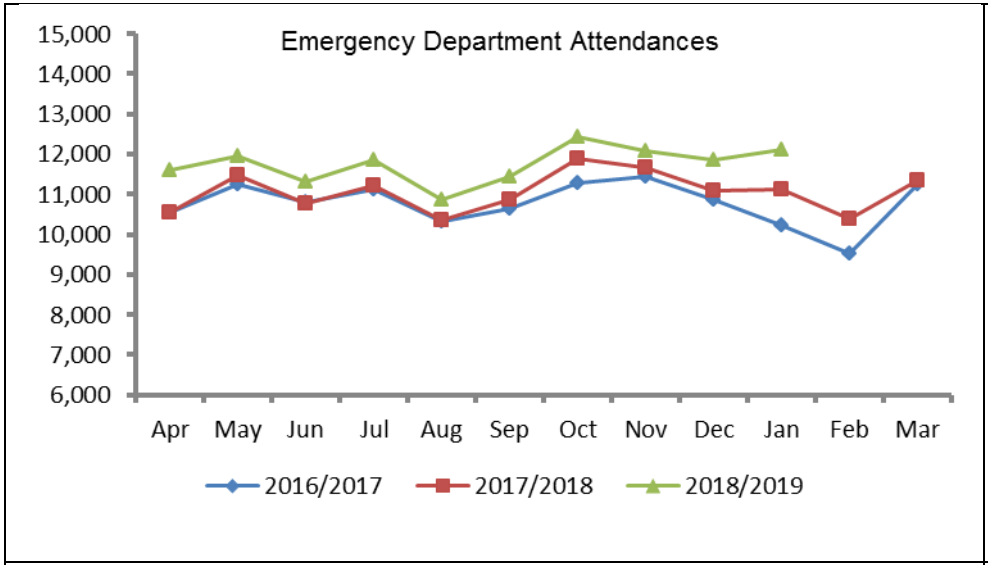


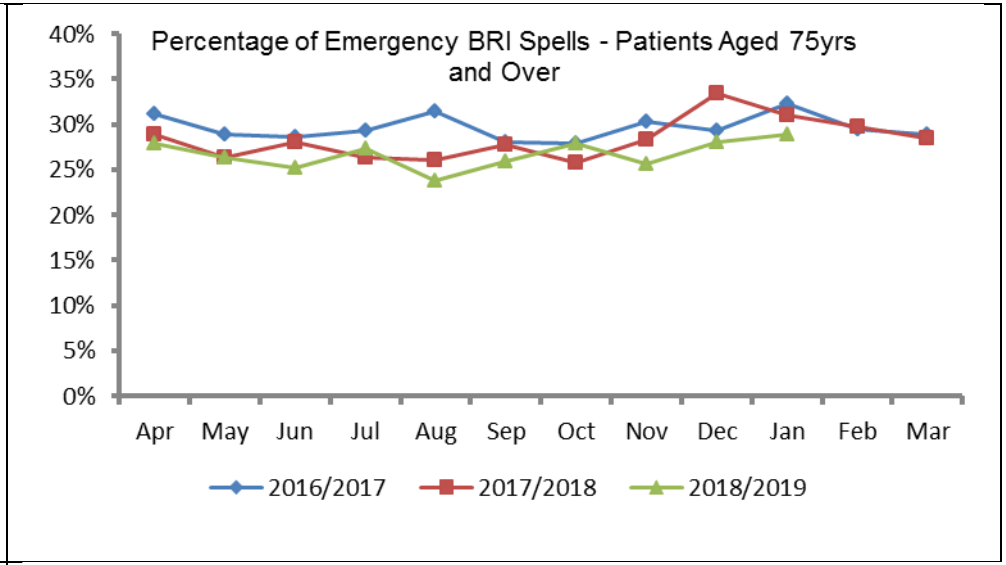


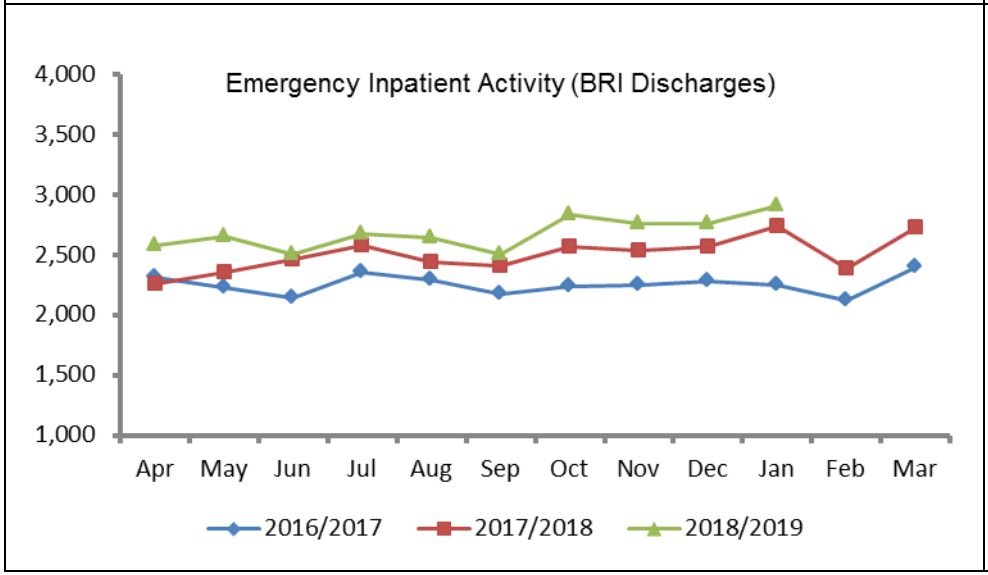
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

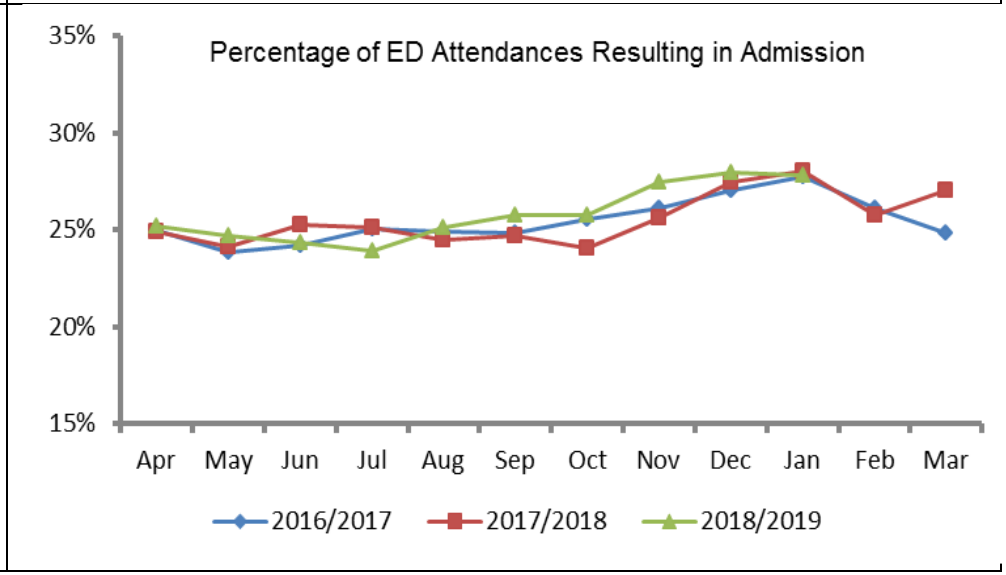
	Attendances		Under 4 Hours		Performance	
	Jan-19	2018/2019	Jan-19	2018/2019	Jan-19	2018/2019
BRI	6104	59888	4558	47969	74.67%	80.10%
Trust	12096	117518	10221	102697	84.50%	87.39%

2.3 PERFORMANCE – Responsive Domain



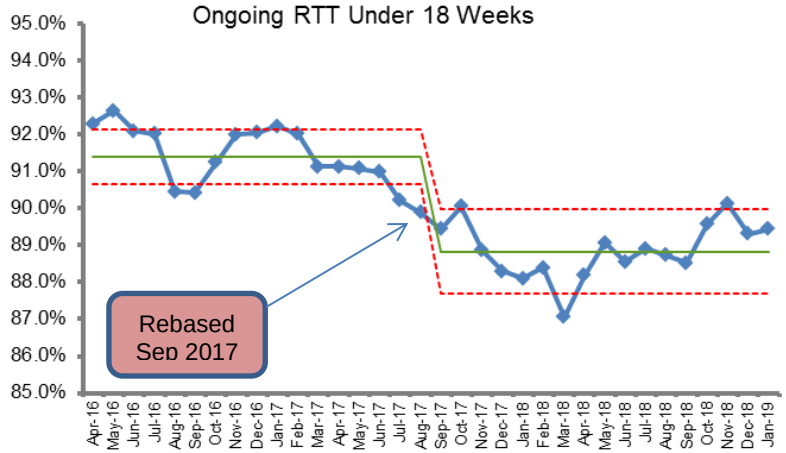


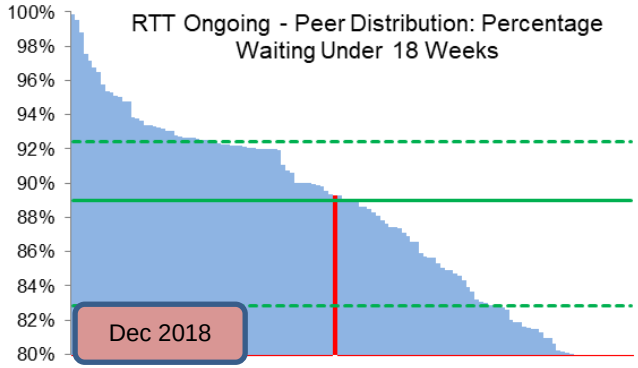




2.3 PERFORMANCE – Responsive Domain

Referral to Treatment (RTT)	
Standards:	At each month-end, the Trust reports the number of patients on an ongoing RTT pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. The Trust's improvement trajectory has been set at 89.0% for end of January. In addition, no-one should be waiting 52 weeks or over at the end of March 2019.
Performance:	At end of January, 89.4% of patients were waiting under 18 week (24,673 out of 27,588 patients). 16 patients were waiting 52+ weeks
Commentary:	The 92% national standard was not met at the end of January; however, this was above the recovery trajectory target of 86%. February is on track to deliver the 87% recovery trajectory. Key actions for 2019/20: Achieve zero 52 week waiting patients at the end of March 2019 and maintain through the year. Ensure reduction of the waiting list continues through 2019/20 and ensure that set trajectories continue to be achieved month on month.
Ownership:	Chief Operating Officer

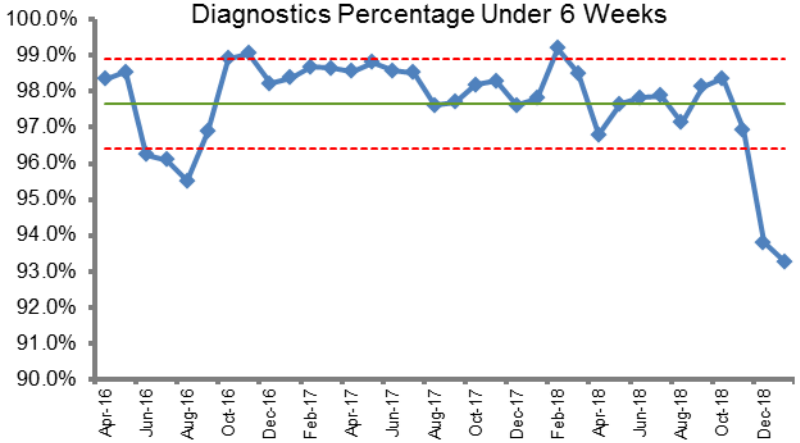


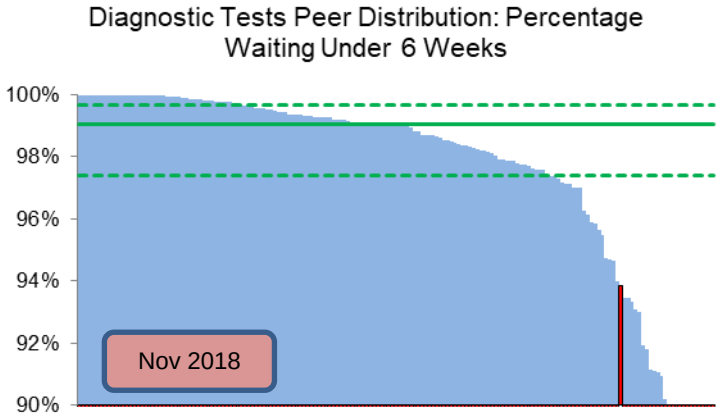


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

	Ongoing Pathways at Jan-19		
	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	1,968	329	83.3%
Cardiothoracic Surgery	293	64	78.2%
Dermatology	2,278	257	88.7%
ENT	1,996	140	93.0%
Gastroenterology	834	28	96.6%
General Medicine	5	0	100.0%
Geriatric Medicine	61	2	96.7%
Gynaecology	1,256	162	87.1%
Neurology	218	23	89.4%
Ophthalmology	3,776	360	90.5%
Oral Surgery	2,518	258	89.8%
Other (Clinical Genetics)	850	93	89.1%
Other (Dental)	2,044	82	96.0%
Other (General Surgery)	1,448	259	82.1%
Other (Haem/Onc)	156	3	98.1%
Other (Medicine)	567	21	96.3%
Other (Other)	444	4	99.1%
Other (Paediatric)	5,033	714	85.8%
Other (Pain Relief)	73	0	100.0%
Other (Thoracic Surgery)	87	5	94.3%
Plastic Surgery	2	0	100.0%
Rheumatology	609	27	95.6%
Thoracic Medicine	341	5	98.5%
Trauma & Orthopaedics	731	79	89.2%
TOTAL	**27,588**	**2,915**	**89.4%**

Diagnostic Waits	
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of January, 93.3% of patients were waiting under 6 weeks (7,754 out of 8,313 patients). There were 559 breaches of the 6-week standard.
Commentary:	The Trust did not achieve the 99% national standard at end of January. The maximum number of breaches needed to achieve 99% was 83 breaches. The areas carrying the largest volume of breaches are Echocardiography, Non-obstetric ultrasound and CT Cardiac, see table below. Additional capacity for Echos is being utilised during Quarter 4 and into quarter 1 next year, with the service predicting a return to the 99% standard during April/May 2019
Ownership:	Chief Operating Officer





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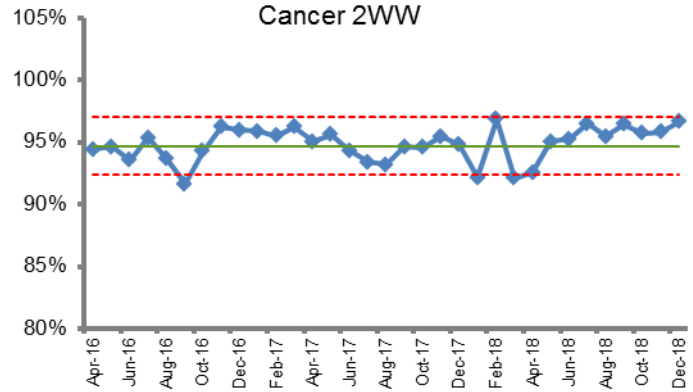
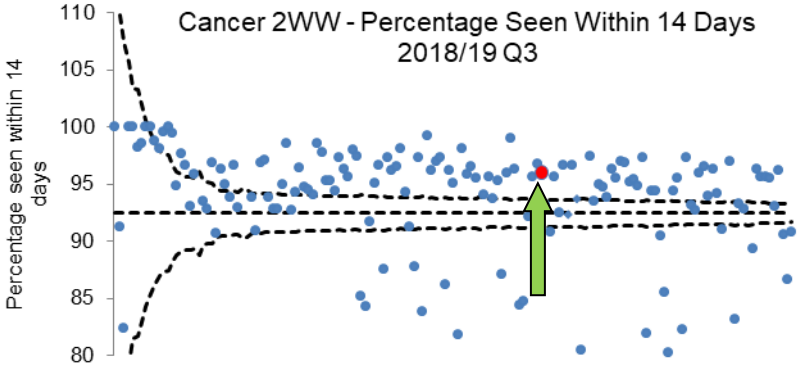
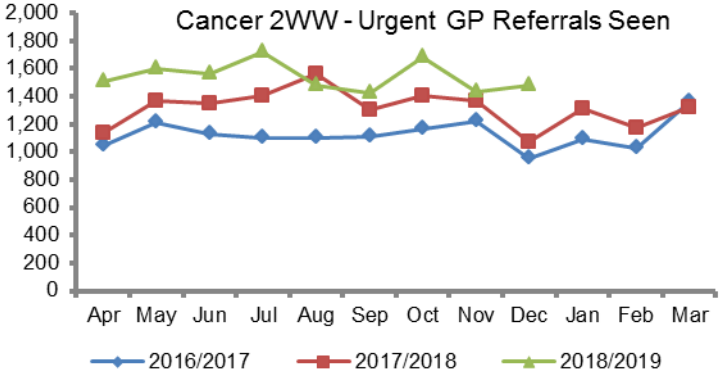
	Diagnostic Tests Waiting List at Jan-19			
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	679	0	679	100.0%
Colonoscopy	213	13	226	94.2%
CT	983	66	1,049	93.7%
Cystoscopy	4	0	4	100.0%
DEXA Scan	186	0	186	100.0%
Echocardiography	751	379	1,130	66.5%
Flexi Sigmoidoscopy	63	6	69	91.3%
Gastroscopy	201	8	209	96.2%
MRI	1,854	21	1,875	98.9%
Neurophysiology	136	0	136	100.0%
Sleep Studies	124	1	125	99.2%
Ultrasound	2,560	65	2,625	97.5%
Grand Total	**7,754**	**559**	**8,313**	**93.3%**

2.3 PERFORMANCE – Responsive Domain

Cancer Waiting Times – 2WW	
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that each Trust should achieve at least 93%
Performance:	For December, 96.6% of patients were seen within 2 weeks (1434 out of 1484 patients). Quarter 1 overall achieved 94.3%. Quarter 2 overall achieved 96.1%. Quarter 3 overall achieved 96.0%
Commentary:	The standard has been achieved in quarters 1, 2 and 3 and is on track to achieve in quarter 4. The current robust performance management actions will continue through the weekly performance meetings.
Ownership:	Chief Operating Officer



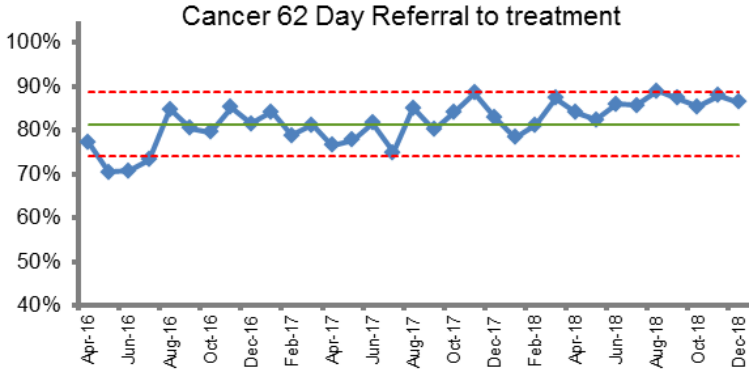


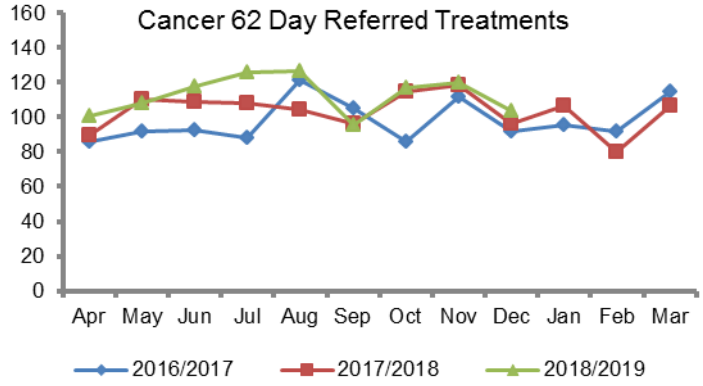


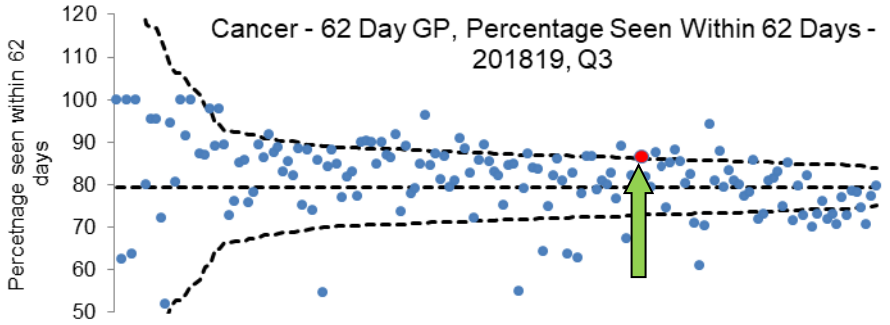
	Cancer 2WW - Dec-18		
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer	4	4	100.0%
Suspected children's cancer	19	21	90.5%
Suspected gynaecological cancers	115	125	92.0%
Suspected haematological malignancies e	14	14	100.0%
Suspected head and neck cancers	326	335	97.3%
Suspected lower gastrointestinal cancers	157	159	98.7%
Suspected lung cancer	42	42	100.0%
Suspected skin cancers	660	686	96.2%
Suspected upper gastrointestinal cancers	97	98	99.0%
Grand Total	**1,434**	**1,484**	**96.6%**

2.3 PERFORMANCE – Responsive Domain

Cancer Waiting Times – 62 Day	
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. National standard is that Trusts should achieve at least 85%. The improvement trajectory is 83% for May, 82.5% for Quarter 1 and 85% (same as national standard) from Quarter 2.
Performance:	For December, 86.5% of patients were seen within 62 days (89.5 out of 103.5 patients). Quarter 1 finished at 84.2%, Quarter 2 finished at 87.3% and Quarter 3 finished at 86.6%.
Commentary:	The national standard was achieved in quarters 2 and 3 2018/19 and for every month from June-December 2018. To achieve in quarter 4, reduction in surgical cancellations and rapid recovery from previous cancellations are necessary actions, along with sustaining the high intensity performance management that delivered compliance over the summer and autumn.
Ownership:	Chief Operating Officer



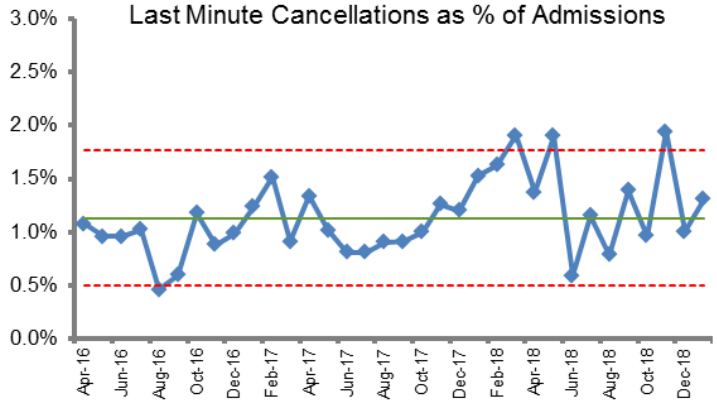


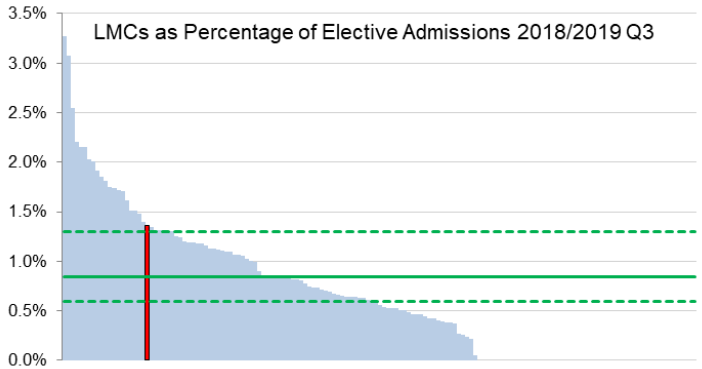


Cancer 62 Day - Dec-18

	Within Target	Total Pathways	Performance
Acute leukaemia	1.0	1.0	100.0%
Breast	0.5	0.5	100.0%
Gynaecological	2.5	4.0	62.5%
Haematological	7.0	8.0	87.5%
Head and Neck	11.0	13.0	84.6%
Lower Gastrointestinal	4.0	6.5	61.5%
Lung	8.5	11.0	77.3%
Other	1.5	1.5	100.0%
Sarcoma	3.0	4.0	75.0%
Skin	45.5	45.5	100.0%
Upper Gastrointestinal	3.0	4.5	66.7%
Urological	2.0	4.0	50.0%
Grand Total	**89.5**	**103.5**	**86.5%**

Last Minute Cancelled Operations	
Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions. Also, 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In January there were 94 last minute cancellations, which was 1.3% of elective admissions. Of the 61 cancelled in December, 57 (93.4%) had been re-admitted within 28 days.
Commentary:	The most common reason for cancellation was "No beds available" (15 cancellations). There were 17 in Cardiac Services, 13 in Medicine, 11 in Dental Services, 12 in ENT/Thoracic, 18 in General Surgery, 13 in Ophthalmology, 2 in Trauma & Orthopaedics, 6 in Paediatrics and 2 in Radiology. Four of December's last minute cancellation patients were not re-admitted within 28 days. 2 breaches in Dental Services and 2 in General Surgery
Ownership:	Chief Operating Officer





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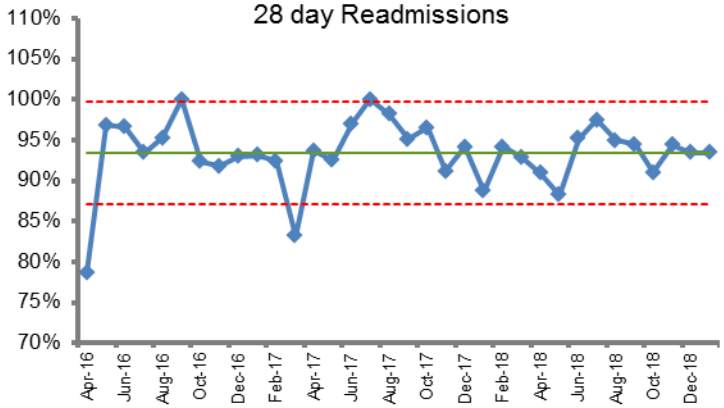
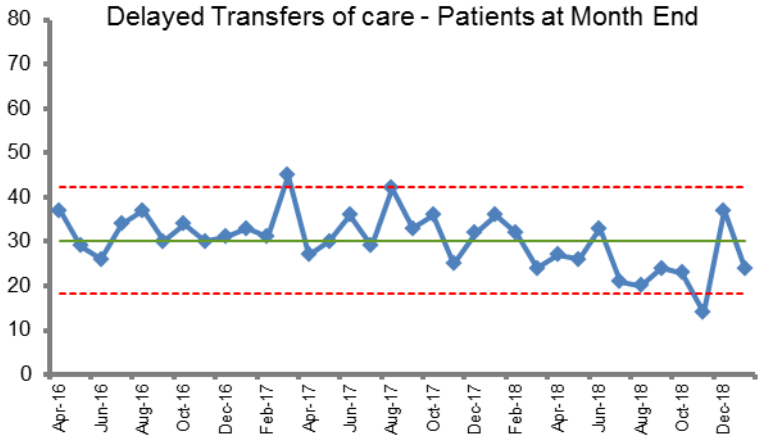
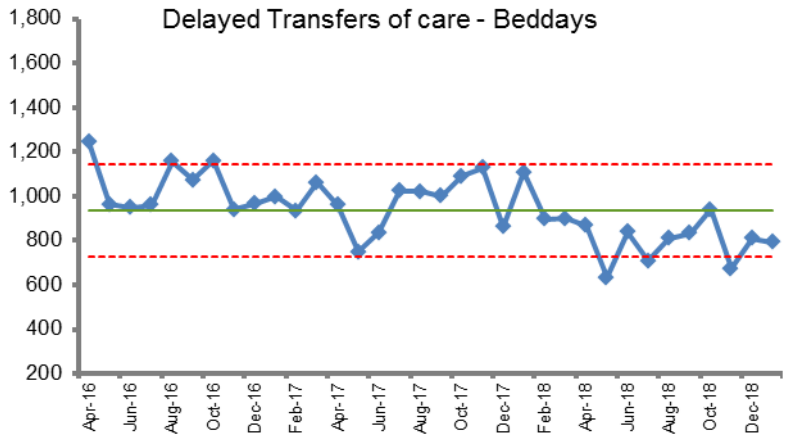


Cancellation Reason	Total
No Beds Available	15
No Theatre Staff	13
Other Emergency Patient Prioritised	13
Booking Error	11
Surgeon Taken Ill	10
No HDU Beds	10
No ITU Beds	5
AM list over-ran	3
Other clinically complicated Patient in theatre	3
Other	11
Grand Total	**94**

2.3 PERFORMANCE – Responsive Domain

Delayed Transfers of Care (DToC)	
Standards:	Patients who are medically fit for discharge should wait a "minimal" amount of time in an acute bed.
Performance:	In January there were 24 Delayed Transfer of Care patients as at month-end, and 791 beddays consumed by DToC patients.
Commentary:	There were 4 DToCs at South Bristol Hospital and 20 in the Bristol Royal Infirmary. Most beddays were on ward A605 (223 beddays), A528 (135 beddays) and C808 (123 beddays). The new Integrated Care Bureau started in Oct 2018 and along with the Single Referral Form (SRF) and daily navigation meetings with partners there was a rapid improvement in discharge planning for patients requiring additional support to leave hospital; notably into HomeFirst which increased the discharges home within 24 – 48 hours of becoming medically optimised. Referrals to Social Care dropped because of the triage function of the navigation meetings which ensured all referrals were appropriate and essential. Patients awaiting actual assessment increased in December due to challenges in Social Care staffing. The inpatient Rehabilitation Pathway to SBCH is the subject of current discussions to ensure all SRFs are discussed in the ICB before transfer to SBCH; this will provide equity of access to HomeFirst and other rehab settings rather than just SBCH.
Ownership:	Chief Operating Officer





			Jan-19			
Code	Reason	Accountable	Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	1	28	0	1
		NHS	2	21	1	19
		Social Care	6	186	1	34
B	Public Funding	Social Care	0	3	0	0
C	Further non acute NHS Care	NHS	1	30	0	0
Di	Care Home Placement	NHS	1	17	0	4
		Social Care	1	95	0	5
Dii	Care Home Placement	NHS	3	111	0	6
		Social Care	1	14	1	7
E	Care package in own home	NHS	3	74	0	9
		Social Care	1	55	0	38
F	Community equipment / adaptions	Social Care	0	5	0	0
G	Patient or family choice	NHS	0	14	1	15
TOTAL			20	653	4	138

Length of Stay of Inpatients at month-end

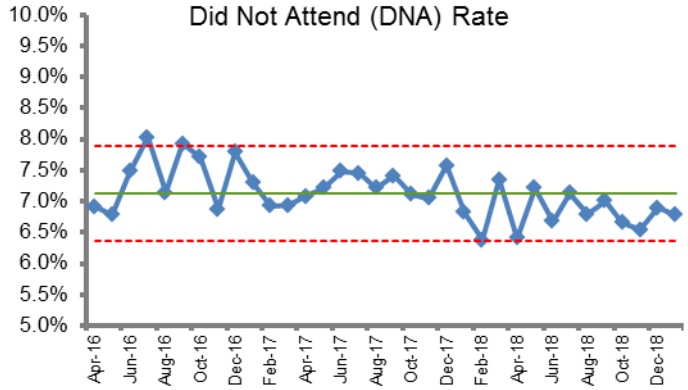
Jan-19	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	47	28	19	14
Bristol Haematology & Oncology Centre	28	16	7	3
Bristol Royal Infirmary	217	118	81	50
South Bristol Hospital	56	47	41	34
St Michael's Hospital	23	12	10	8
TRUST TOTAL	371	221	158	109

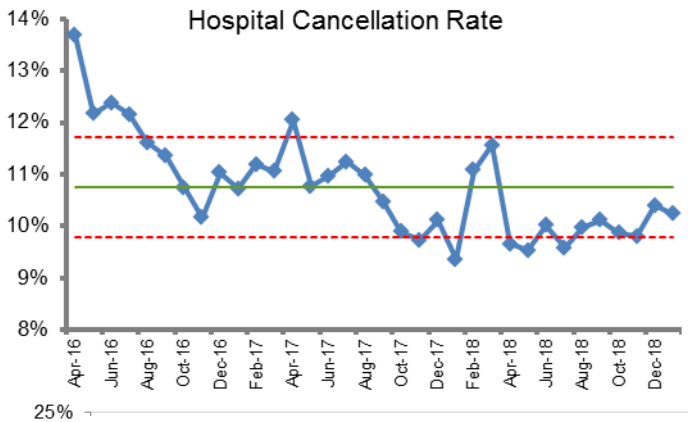
Bristol Royal Infirmary Divisional Breakdown:

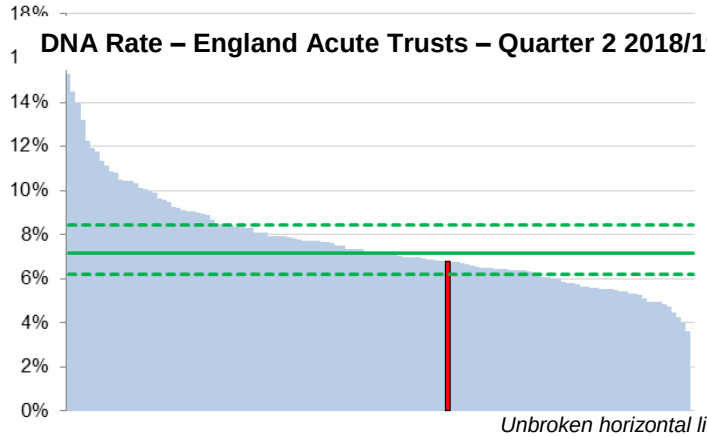
Medicine	121	70	47	30
Specialised Services	39	18	12	6
Surgery, Head & Neck	57	30	22	14

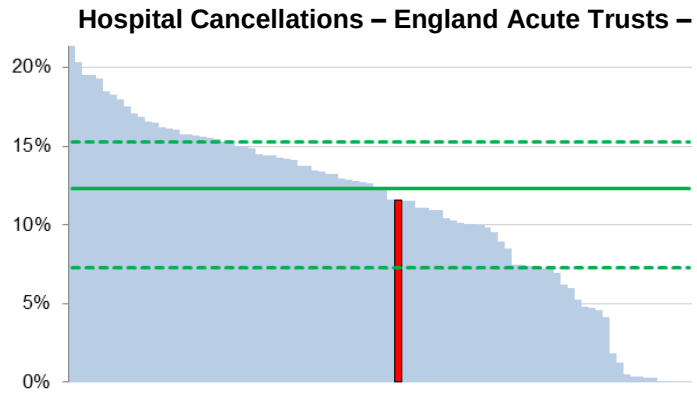
2.3 PERFORMANCE – Responsive Domain

Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The target for DNAs has been re-set through the Outpatient Steering Group, and is built up from specialty-level delivery. Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%..
Performance:	In January there were 10066 hospital-cancelled appointments, which was 10.2% of all appointments made. There were 4853 appointments that were DNA'ed, which was 6.8% of all planned attendances.
Commentary:	Speciality level DNA targets have been agreed at monthly Outpatient Steering Group (OSG) and are monitored from Quarter 3.
Ownership:	Chief Operating Officer







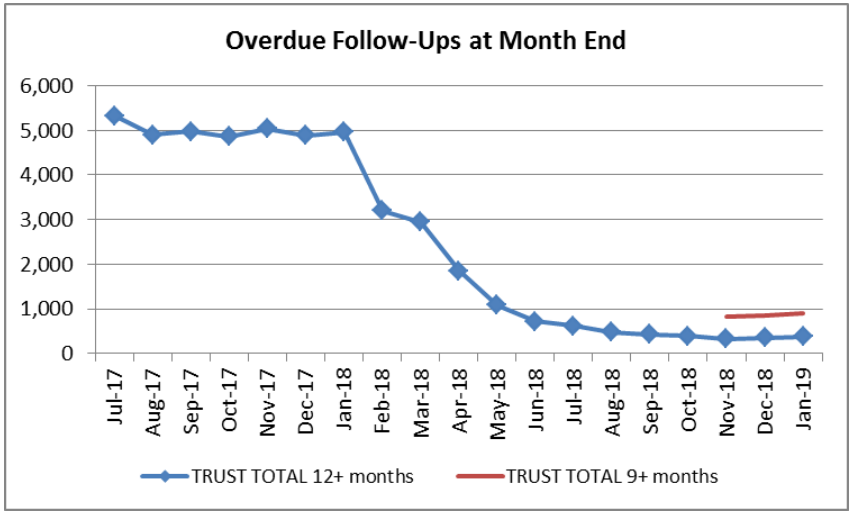


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

2.3 PERFORMANCE – Responsive Domain

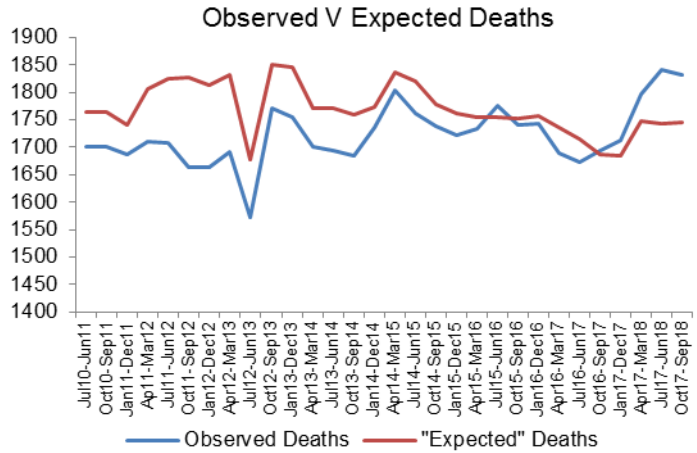
Outpatient – Overdue Follow-Ups	
Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in Outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of January, number overdue by 12+ months is 374 and overdue by 9+ months is 894.
Commentary:	Significant progress has been made by the divisions, through regular weekly review at the Wednesday performance meeting. Focus will now shift to the 9+ months overdue patients from January 2019.
Ownership:	Chief Operating Officer

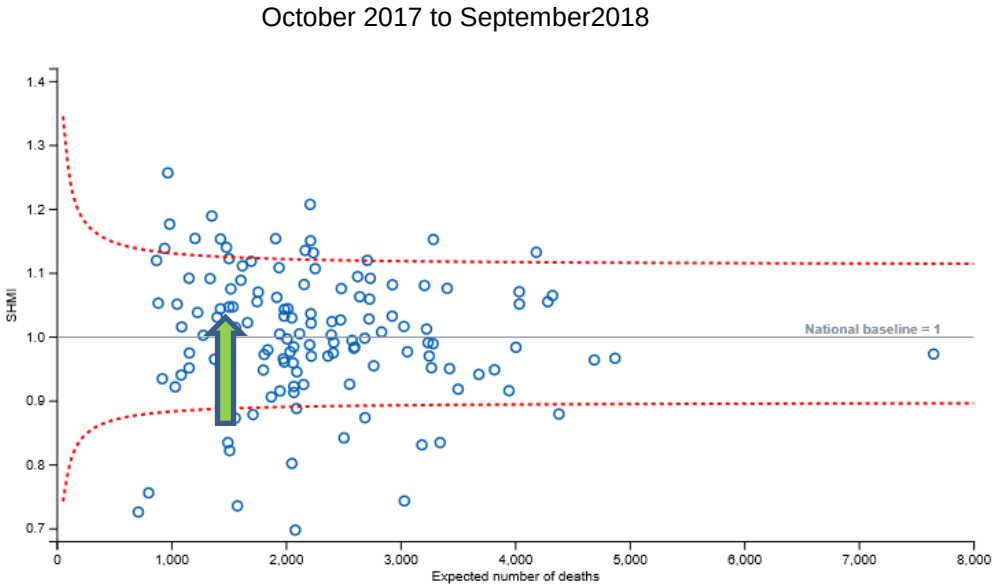
		Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Outpatients Overdue by 12+ Months	Diagnostics and Therapies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	1,113	1,045	1,111	1,252	1,336	1,276	1,345	1,245	1,105	461	133	23	5	7	3	3	2	3	4
	Specialised Services	563	432	442	295	353	387	400	367	383	188	206	214	208	95	58	67	7	5	8
	Surgery	1,200	1,058	1,015	934	947	922	887	717	573	444	221	92	17	3	0	0	0	0	11
	Women's and Children's	2,451	2,364	2,400	2,381	2,398	2,299	2,330	868	888	756	526	387	387	371	375	322	323	350	351
	TRUST TOTAL 12+ months	**5,327**	**4,899**	**4,968**	**4,862**	**5,034**	**4,884**	**4,962**	**3,197**	**2,949**	**1,849**	**1,086**	**716**	**617**	**476**	**436**	**392**	**332**	**358**	**374**
Outpatients Overdue by 9+ Months	Diagnostics and Therapies																	3	2	0
	Medicine																	20	4	4
	Specialised Services																	125	95	142
	Surgery																	125	124	108
	Women's and Children's																	565	620	640
	TRUST TOTAL 9+ months																	**838**	**845**	**894**



Mortality - Summary Hospital Mortality Indicator (SHMI)	
Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is published quarterly as covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	Latest SHMI data is for 12 month period October 2017 to September 2018. The SHMI was 105.0 (1833 deaths and 1745 “expected”). Data is updated quarterly by NHS Digital.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required. For actions being taken please see commentary in HMSR below.
Ownership:	Medical Director

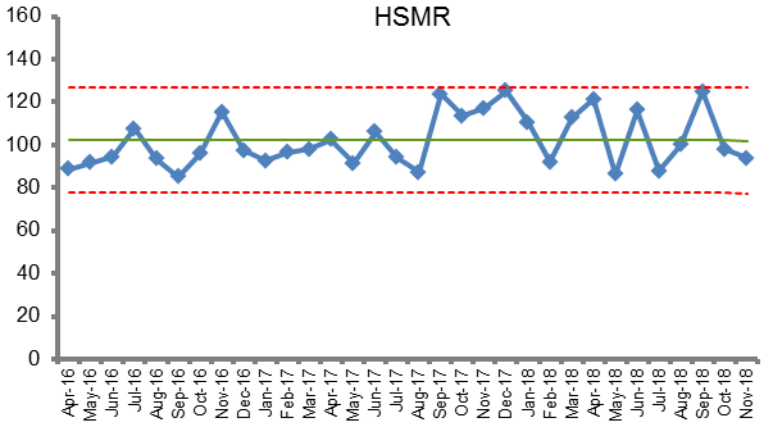
Time Period	Observed Deaths	"Expected" Deaths	SHMI	Banding
Jul15-Jun16	1,775	1,754	101.2	As Expected
Oct15-Sep16	1,741	1,752	99.4	As Expected
Jan16-Dec16	1,743	1,758	99.1	As Expected
Apr16-Mar17	1,690	1,737	97.3	As Expected
Jul16-Jun17	1,674	1,715	97.6	As Expected
Oct16-Sep17	1,693	1,686	100.4	As Expected
Jan17-Dec17	1,712	1,684	101.7	As Expected
Apr17-Mar18	1,796	1,748	102.7	As Expected
Jul17-Jun18	1,841	1,744	105.6	As Expected
Oct17-Sep18	1,833	1,745	105.0	As Expected

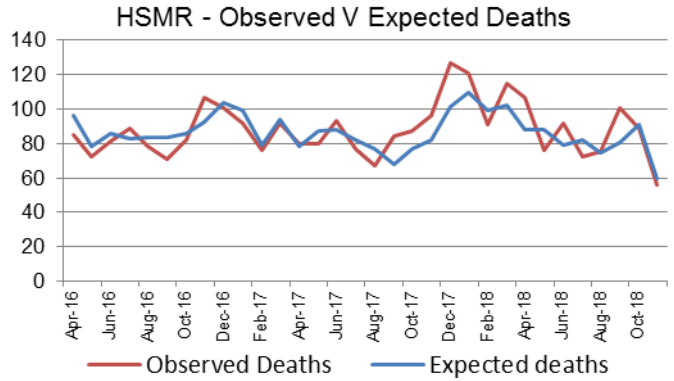




2.4 PERFORMANCE – Effective Domain

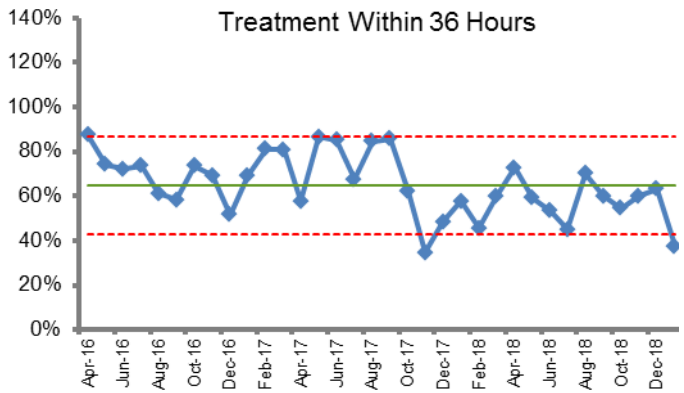
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for November 2018. The HSMR was 93.7 (56 deaths and 60 "expected")
Commentary:	The Trust is close to completing the investigation into an increase previously seen in HMSR. Actions being taken include: • Improving clinical documentation of co-morbidities and by incorporating into the new single clerking proforma an agreed list of irreversible co-morbidities to help improve medical documentation of co-morbidities. This would be a precursor to a longer-term project to implementation electronic documentation. • Improving coding and palliative care coding via refresher training and individual feedback particularly with regard to palliative care coding. Reviewing with the Clinical Lead for Palliative Care to revisit recording of palliative care. Looking at the potential for clinical note in Medway for palliative care. Extending the number of secondary diagnoses being submitted to sources of national benchmarking to include all that are being captured by the clinical coders. High volume procedures driving HSMR. Looking further into the admission method for some procedures and its impact on mortality risk. Improving the triage of patients admitted with acute myocardial infarction to avoid futile investigations/ treatments in frail or unsalvageable patients, including those transported from long distances to our hospitals following an out of hospital cardiac arrest.
Ownership:	Medical Director

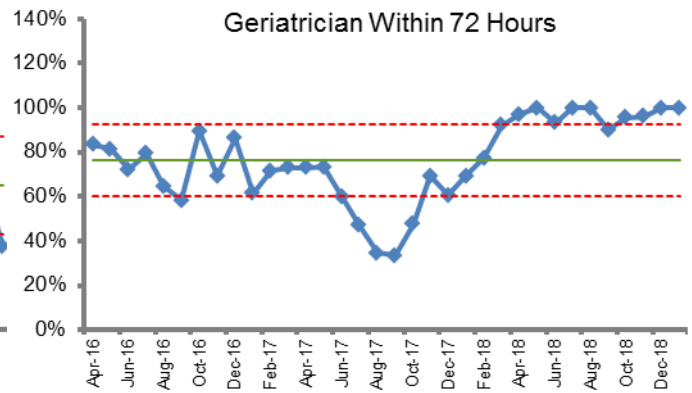


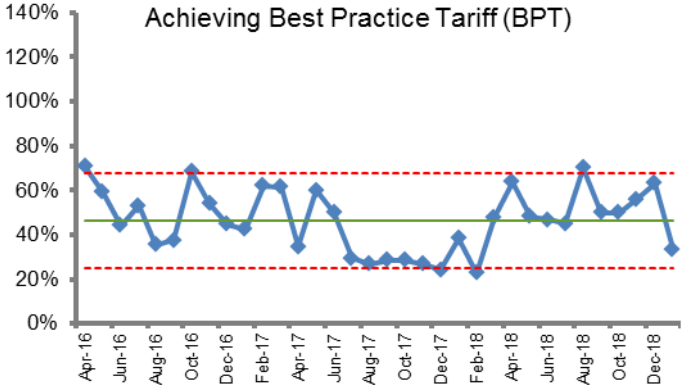


2.4 PERFORMANCE – Effective Domain

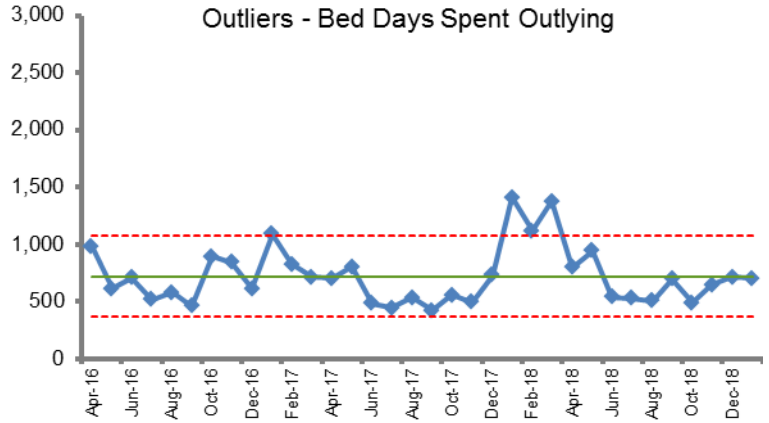
Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In January, there were 24 patients discharged following an admission for fractured neck of femur who were eligible for Best Practice Tariff (BPT). For the 36 hour target, 38% (9 patients) were seen with target. For the 72 hour target, all 24 patients were seen within target. 8 patients (33%) achieved all elements of the Best Practice Tariff.
Commentary:	Further details: • One patient was not operated on within 36hrs due to being medically complex and requiring optimisation prior to surgery • One patient was not operated on within 36hrs as they required a total hip replacements and needed a specialist hip surgeon • Twelve patients were not operated on within the 36 hour timeframe due to other urgent trauma cases being prioritised and lack of theatre capacity • One patient was not operated on within the 36 hour timeframe due to other urgent trauma cases being prioritised and lack of theatre capacity and was not reviewed by the physiotherapy team post-surgery because they died within 24hrs of surgery • One patients were not reviewed by the physiotherapy team post-surgery because they died within 24hrs of surgery Of the patients who waited over 36 hours due to theatre capacity issues, 6 of the 15 went to theatre in less than 48 hours. There were significant capacity issue in late December and early January due to bank holidays and a high volume of non-fractured neck of femur trauma. Actions being taken include : 4. Reviewing ability to provide full day trauma operating to allow for prioritisation of fractured neck of femur on morning trauma lists 5. Reviewing ability to accommodate trauma overruns as required 6. Continue to create additional capacity for trauma as possible by taking down other lists or using vacant theatre sessions
Ownership:	Medical Director

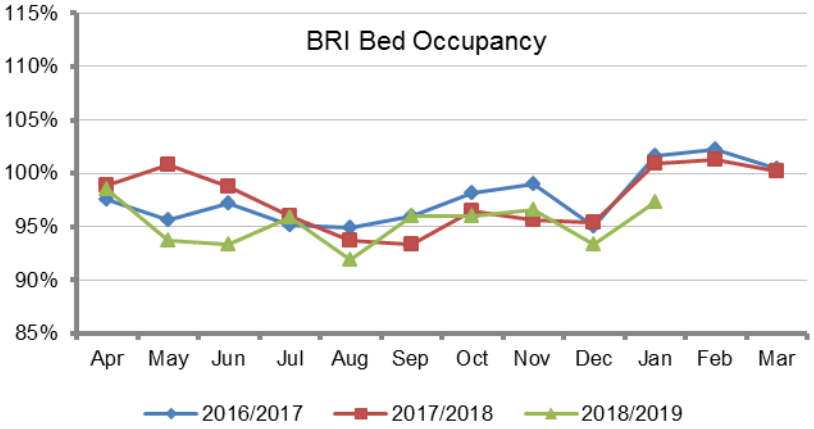


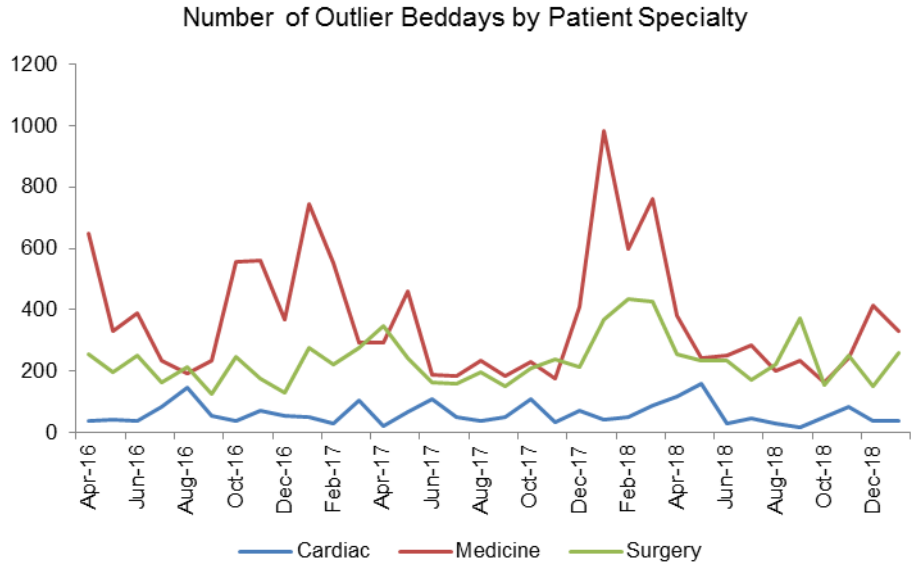




Outliers	
Standards:	This is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.
Performance:	In January there were 702 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary:	The January target of no more than 972 beddays was achieved. Of all the outlying beddays 329 were Medicine patients, 86 were Specialised Services patients and 258 were Surgery patients.
Ownership:	Chief Operating Officer

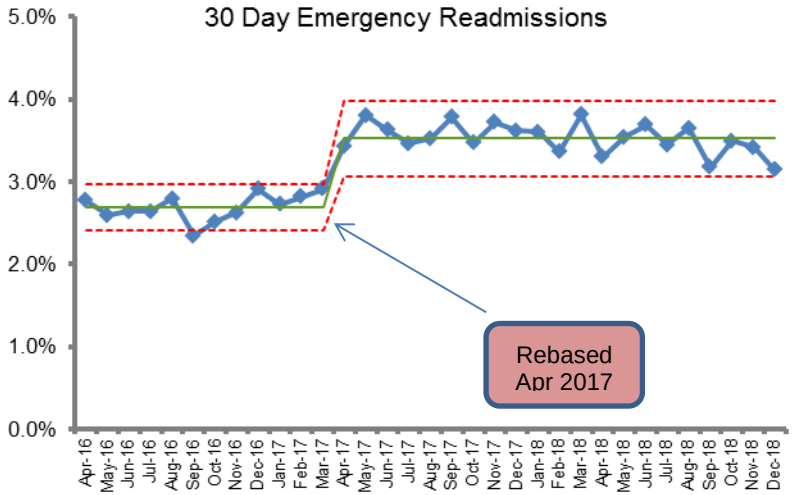






2.4 PERFORMANCE – Effective Domain

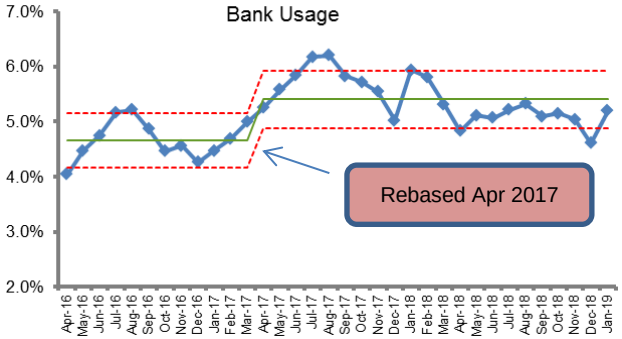
30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In December, there were 12,492 discharges, of which 393 (3.15%) had an emergency re-admission within 30 days.
Commentary:	8.8% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.2% from Surgery and 1.1% from Specialised Services.
Ownership:	Chief Operating Officer



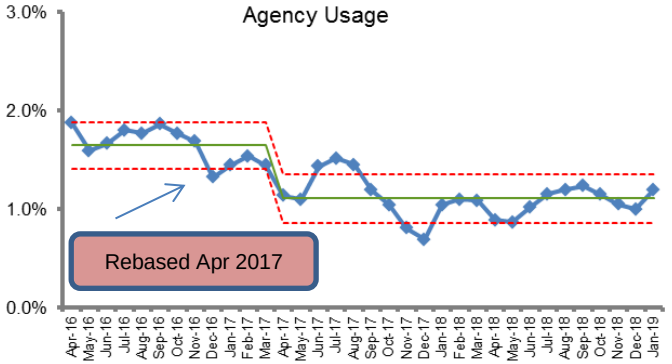
Discharges in December 2018

	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	1	34	2.94%
Medicine	219	2,497	8.77%
Specialised Services	29	2,635	1.10%
Surgery	99	3,089	3.20%
Women's and Children's	44	4,226	1.04%
TRUST TOTAL	**393**	**12,492**	**3.15%**

Bank and Agency Usage	
Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In January 2019, 5.2% of total staffing was Bank (463 FTE) and 1.2% was Agency (108 FTE)
Commentary:	**Agency usage** increased by 20.1 FTE. The largest reduction was seen in the division of Specialised Services, decreasing to 56.2 FTE from 64.5 FTE the previous month. The largest increase was seen in the division of Medicine with 38.0 FTE compared to 28.3 FTE in the previous month. The largest staff group increase was within Nursing & Midwifery increasing to 91.6 FTE from 69.8 FTE in the previous month. The staff group Admin & Clerical reduced to 0 FTE. **Bank usage** increased by 56.4 FTE. The largest increase was seen in the division of Women's and Children's, increasing to 72.6 FTE from 53.7 FTE the previous month. The largest reduction was seen in Specialised Services, decreasing to 56.2 FTE from 64.5 FTE the previous month. The largest staff group increase was within Nursing and Midwifery increasing to 290.1 FTE from 263.7 FTE the previous month. • Ongoing use of the newly implemented assessment centres to drive the supply of quality substantive domestic recruitment for Estates & Facilities and reduce reliance on bank has seen 17 new starters in January, 24 scheduled for February and 11 for March. This new recruitment approach will be closely evaluated. • Launch of a new Bank recruitment campaign targeting all staff groups to increase temporary staff supply from the Trust's own bank pool. • Following evaluation of the success of Direct Booking for clinical staff, where nursing staff can see available shifts and book themselves into them, the introduction of Direct Booking for domestic staff is scheduled for April 2019. Collaboration continues with BNSSG partners and the neutral vendor for nurse agency supply to increase low cost agency supply and reduce the reliance on high cost, non-framework nursing agencies.
Ownership:	Director of People



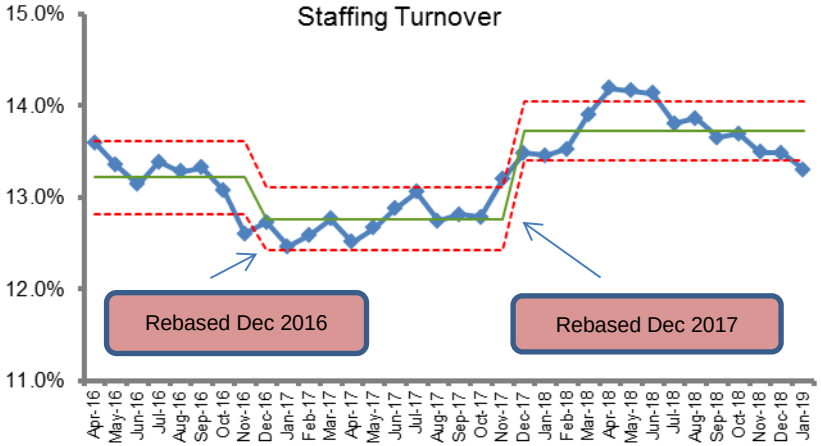
Bank	Jan FTE	Jan Actual %	Jan KPI
UHBristol	**462.8**	**5.2%**	**3.9%**
Diagnostics & Therapies	12.6	1.2%	1.2%
Facilities and Estates	58.2	7.7%	6.9%
Medicine	135.2	10.0%	10.8%
Specialised Services	56.2	5.4%	5.2%
Surgery	98.8	5.4%	1.7%
Trust Services	29.2	3.5%	3.5%
Women's & Children's	72.6	3.5%	1.1%



Agency	Jan FTE	Jan Actual %	Jan KPI
UHBristol	**108.1**	**1.2%**	**0.9%**
Diagnostics & Therapies	8.5	0.8%	1.2%
Facilities and Estates	0.7	0.1%	0.7%
Medicine	38.0	2.8%	2.0%
Specialised Services	10.9	1.0%	0.7%
Surgery	19.2	1.0%	0.7%
Trust Services	2.1	0.3%	0.3%
Women's & Children's	28.7	1.4%	0.5%

2.5 PERFORMANCE – Efficient Domain

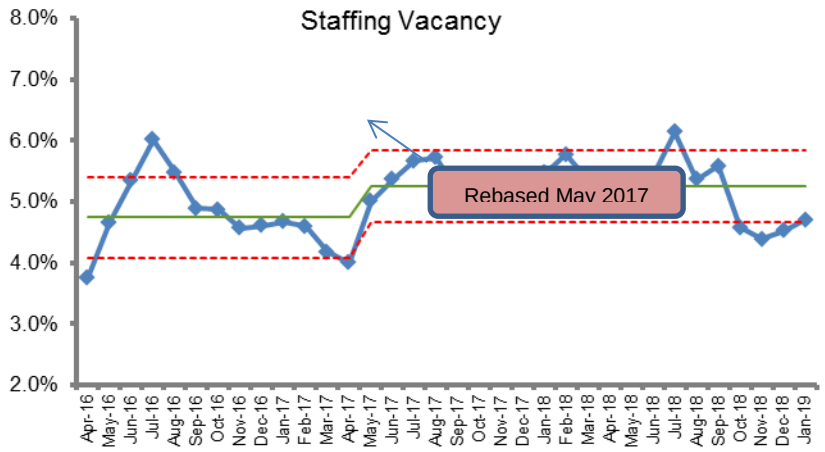
Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In January 2019, there had been 948 leavers over the previous 12 months with 7106 FTE staff in post on average over that period; giving a Turnover of 948 / 7106 = 13.3%
Commentary:	Turnover reduced to 13.3% from 13.5% last month, with increases in two divisions – Specialised Services, and Women's and Children's. The largest divisional reduction was seen within Trust Services reducing to 14.5% from 15.3% the previous month. The largest divisional increase was seen within Specialised Services increasing to 14.5% from 14.0% the previous month. The biggest reduction in staff group was seen within Estates and Ancillary (0.7 percentage points). The largest increase in staff group was seen within Healthcare Scientists (0.4 percentage points). ▪ Detailed analysis of exit data is being undertaken by Divisions to support strategies to reduce turnover. ▪ A formal project plan is being developed as part of the Trust's involvement with the NHSI Clinical Retention Programme. This will be extended to other staff groups too to realise the full impact Trust wide.
Ownership:	Director of People



Turnover	Jan-19	KPI
UH Bristol NHS Foundation Trust	**13.3%**	**12.6%**
Diagnostics & Therapies	10.9%	11.9%
Facilities & Estates	15.9%	15.5%
Medicine	13.7%	14.1%
Specialised Services	14.5%	13.3%
Surgery	13.9%	12.0%
Trust Services	14.5%	12.9%
Women's & Children's	11.9%	10.7%

2.5 PERFORMANCE – Efficient Domain

Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In January 2019, funded establishment was 8756, with 412 as vacancies (4.7%). This was an increase compared to 4.5% in the previous month.
Commentary:	There were increases across 4 divisions; the largest was within the division of Women's and Children's which increased to 40.6 FTE from 22.0 FTE the previous month. There were reductions in three staff groups; Admin and Clerical / Senior Managers, Allied Health / Scientific Professions, and Ancillary Staff. The largest staff group vacancy reduction was seen within Admin and Clerical / Senior Managers staff reducing to 86.3 FTE from 95.8 FTE the previous month. Facilities and Estates had the largest Divisional reduction to 73.2 FTE from 81.1 FTE the previous month. • Recruitment open days are planned for both newly qualified and experienced nurses. These are being actively promoted through a range of social media vehicles with follow up through personalised contact. • Continued use of EU head hunters for hard to recruit to roles within Surgery. • Focussed attention remains on ongoing hard to fill areas across all staff groups, with plans starting to be developed in response to the Trust's Strategic Workforce Plan and Operating Plans for 2019/20. • A recruitment website is being designed and developed removing the need for the existing smaller bespoke recruitment microsites, with the aim of creating a one-stop platform for all applicants and candidates, promoting the Trust as an employer of choice and offering tools and expertise on all aspects of the recruitment process. Planned launch April 2019.
Ownership:	Director of People



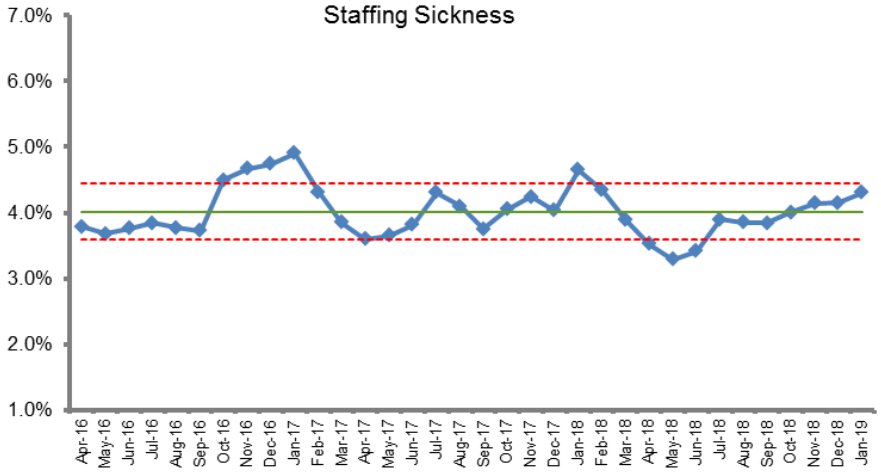
Vacancy	Jan-19	KPI
UH Bristol	**4.7%**	**5.0%**
Diagnostics & Therapies	6.2%	5.0%
Medicine	4.9%	5.0%
Specialised Services	4.1%	5.0%
Surgery	5.4%	5.0%
Women's & Children's	2.0%	5.0%
Trust Services	3.8%	5.0%
Facilities & Estates	9.5%	5.0%

2.5 PERFORMANCE – Efficient Domain

Staff Sickness	
Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In January, total available FTE days were 260940 of which 11342 (4.3%) were lost to staff sickness

Commentary:	The largest divisional reduction was seen in Diagnostic & Therapies reducing to 3.1% from 3.4% the previous month. Surgery saw the largest divisional increase to 4.3% from 3.7% the previous month. The largest staff group increase was seen in Healthcare Scientists, rising to 3.0% from 2.6% the previous month. The largest staff group reduction was seen within Additional Clinical Services reducing to 5.3% from 5.4% the previous month.
	• Support continues with high levels of short and long term sickness cases. Analysis of hotspot areas, HR surgeries, face to face support for managers and monthly deep dive reports are provided for Divisions who fail to meet their target.
	• In response to stress continuing to be the main cause of absence the following two actions are in place to support a reduction in the future:
	  ○ The 'Getting the Balance back' workshop has been delivered to 49 workplace wellbeing advocates, Trust wide, providing a structured space to explore mental wellbeing with CBT techniques.
	  ○ The Trust's newly appointed Psychological Wellbeing Lead has commenced a workforce consultation to identify further where support is needed. This will inform a corporate plan of accessible resources.
	  ○ Close working continues with wellbeing at work and occupational health colleagues to ensure appropriate strategies are considered to support attendance with a focus on mental health awareness and work related stress.

Ownership:	Director of People



Sickness	Jan-19	Jan KPI
UH Bristol NHS Foundation Trust	4.3%	3.9%
Diagnostic & Therapies	3.1%	3.1%
Facilities & Estates	6.9%	6.2%
Medicine	4.8%	4.3%
Specialised Services	4.0%	3.6%
Surgery	4.3%	3.6%
Trust Services (exc Facilities & Estates)	3.8%	3.0%
Women's & Children's	4.3%	3.8%

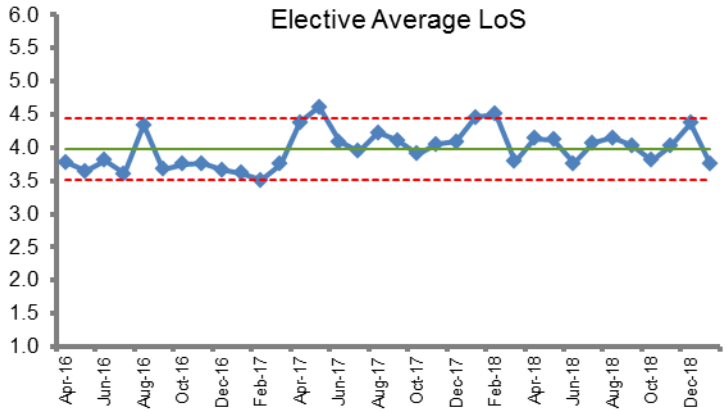
2.5 PERFORMANCE – Efficient Domain

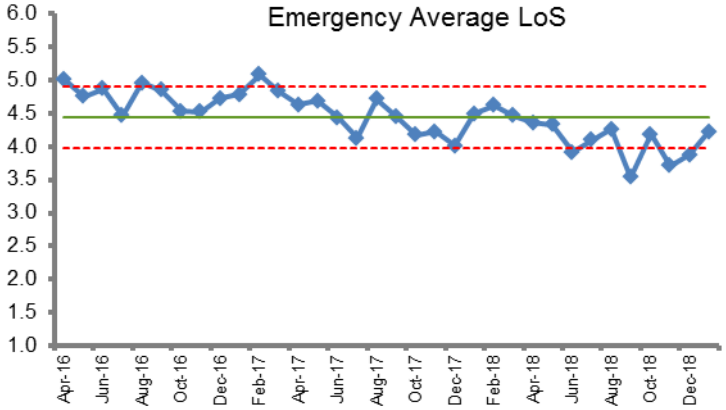
Staff Appraisal	
Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In January 2019, 4,919 members of staff were compliant out of 8,217 (59.9%)
Commentary:	Appraisal compliance increased to 59.9% from 57.5%, with one reduction and six increases within the seven divisions. The largest divisional reduction was seen within Medicine reducing to 46.3% from 46.6% the previous month. The largest divisional increase was seen within Diagnostic & Therapies increasing to 69.2% from 64.0% the previous month. • Supporting Video Guides have been created and will be launched end of February. • Ongoing weekly communications with line managers focusing on system updates and hints and tips to improve compliance. • Surgeries for line managers to support technical functionality of the system. • Development of real time hot spot reports to enable Divisions to target their activity. These will be in place end of February.
Ownership:	Director of People

Appraisal	Jan-19	KPI
UH Bristol NHS Foundation Trust	59.9%	85%
Diagnostic & Therapies	69.2%	85%
Facilities & Estates	64.6%	85%
Medicine	46.3%	85%
Specialised Services	78.5%	85%
Surgery	50.1%	85%
Trust Services	61.1%	85%
Women's & Children's	59.0%	85%

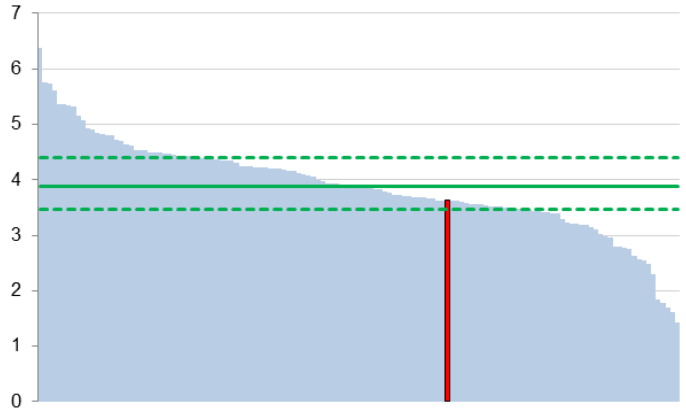
2.5 PERFORMANCE – Efficient Domain

Average Length of Stay	
Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In January there were 6961 discharges that consumed 26,690 beddays, giving an overall average length of stay of 3.83 days.
Ownership:	Chief Operating Officer

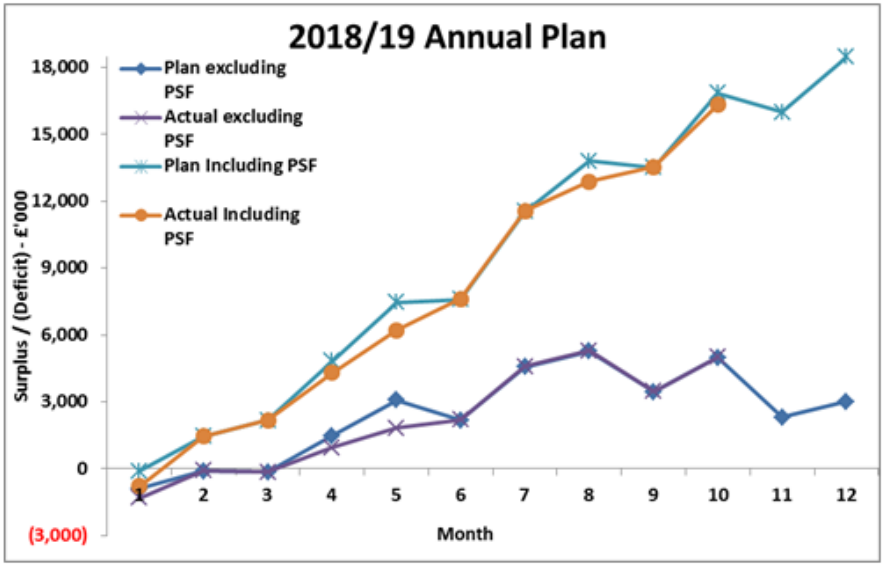


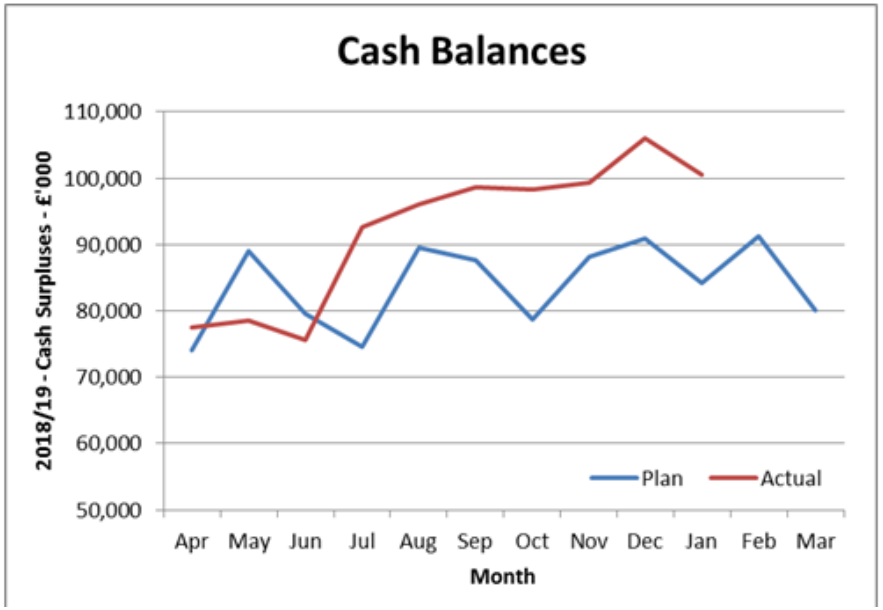


Average Length of Stay – England Acute Trusts – 2018/19 Quarter 2



Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

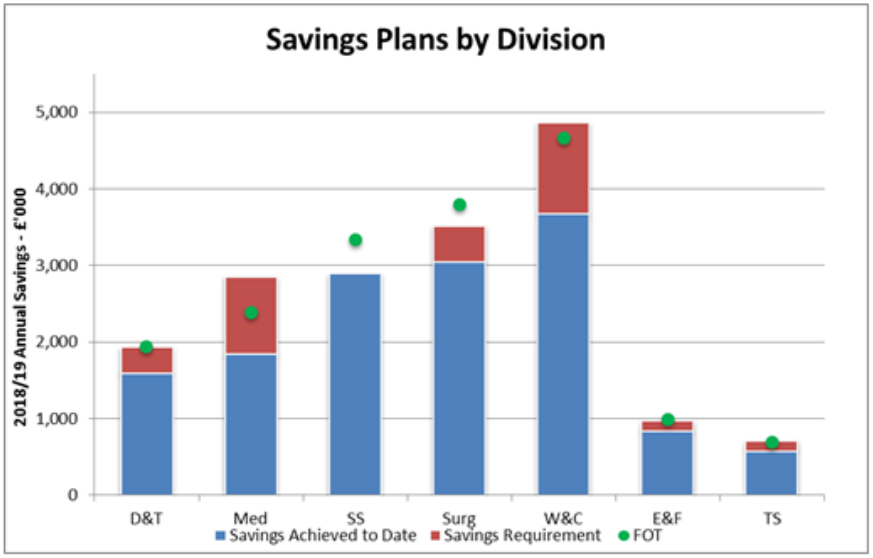




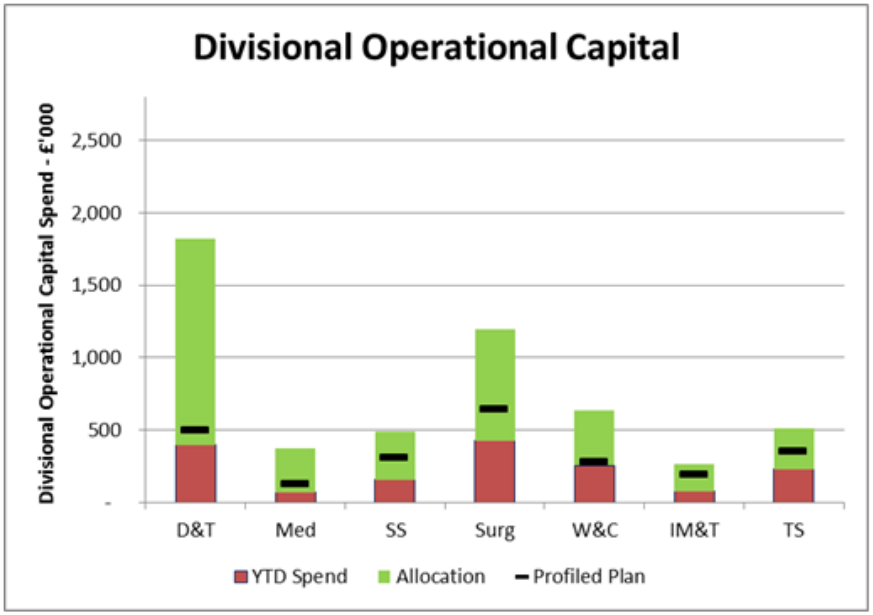
Actual Spend - £'000						
Agency	In Month				Plan for Year	Straight Line Projection
	QTR 1	QTR 2	QTR 3	Jan		
Nursing & Midwifery	1,406	1,851	1,730	748	3,257	6,882
Medical						0
Consultants	56	185	185	66	184	590
Other Medical	106	112	10	24	276	302
Other	189	443	396	91	1,701	1,343
Total	1,757	2,591	2,321	929	5,418	9,118

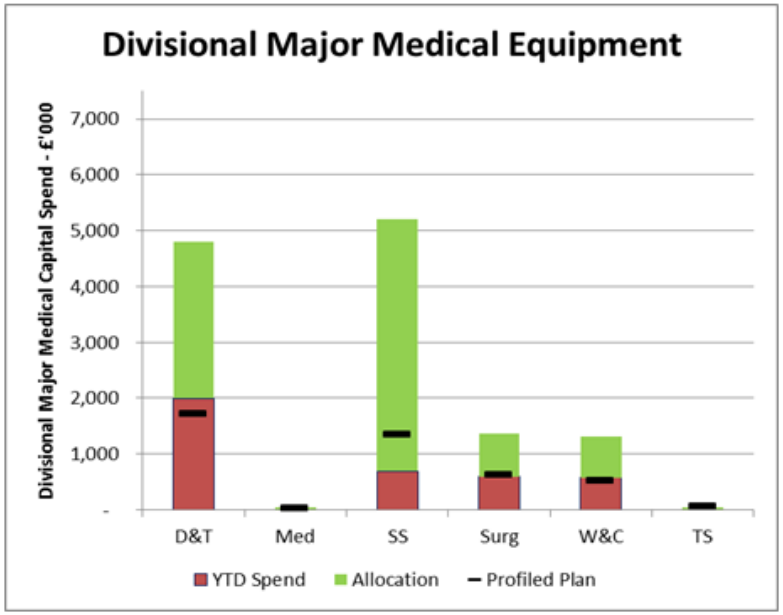
YTD Variance to Budget Surplus/(Deficit) - £'000				
Division	QTR 1	QTR 2	QTR 3	Jan
Diagnostics & Therapies	156	97	192	340
Medicine	(449)	(1,510)	(1,835)	(1,922)
Specialised Services	335	210	96	242
Surgery	(651)	(1,634)	(2,279)	(2,580)
Women's & Children's	(78)	(966)	(1,383)	(1,781)
Estates & facilities	(18)	20	20	(9)
Trust Services	(18)	(32)	(7)	(20)
Other Corporate Services	152	187	193	168
Total	**(571)**	**(3,628)**	**(5,003)**	**(5,562)**

Variance to Budget Surplus/(Deficit) - £'000				
	In Month			
Subjective Heading	QTR 1	QTR 2	QTR 3	Jan
Nursing & Midwifery Pay	(1,015)	(1,091)	(1,403)	(717)
Medical & Dental Pay	(1,033)	(1,184)	(1,258)	(392)
Other Pay	328	537	50	(7)
Non Pay	(1,087)	(1,096)	(1,587)	(627)
Income from Operations	(27)	172	151	(164)
Income from Activities	2,263	(395)	2,671	1,349
Total	**(571)**	**(3,057)**	**(1,376)**	**(558)**



Operational Plan	Subjective Heading	2018/19 Capital Programme: Revised Plan / FOT	Forecast Outturn	Slippage	Year To Date: Internal Plan	Actual spend	Variance (over) /under
£'000		£'000	£'000	£'000	£'000	£'000	£'000
	Sources of Funding						
1,600	PDC	4,094	4,094	-	700	700	-
3,189	Loan	-	-	-			
3,000	Donations - Cash	1,472	1,251	(221)	1,198	1,143	(55)
	Donations - Direct	28	28	-	28	28	-
	Cash:			-			
24,338	Depreciation	23,531	23,430	(101)	19,523	19,476	(47)
	Insurance Claim	1,637	2,266	629	771	771	-
14,962	Cash balances	19,549	(8,569)	(28,118)	(3,898)	(5,874)	(1,976)
47,089	**Total Funding**	**50,311**	**22,500**	**(27,811)**	**18,322**	**16,244**	**(2,078)**
	Application/Expenditure						
(11,618)	Strategic Schemes	(10,186)	(2,845)	7,341	(2,127)	(2,072)	55
(17,620)	Medical Equipment	(20,106)	(14,801)	5,305	(5,424)	(3,956)	1,468
(16,415)	Operational Capital	(16,088)	(11,882)	4,206	(7,297)	(4,944)	2,353
(7,468)	Information Technology	(8,484)	(7,893)	250	(6,049)	(3,772)	2,277
-	Fire Improvement Programme	(537)	(287)	591	(153)	(8)	145
(2,367)	Estates Replacement	(3,309)	(3,214)	95	(1,538)	(1,492)	46
(55,488)	**Gross Expenditure**	**(58,710)**	**(40,922)**	**17,788**	**(22,588)**	**(16,244)**	**6,344**
8,399	In-Year Slippage	8,399	18,422	10,023	4,266		(4,266)
(47,089)	**Net Expenditure**	**(50,311)**	**(22,500)**	**27,811**	**(18,322)**	**(16,244)**	**2,078**

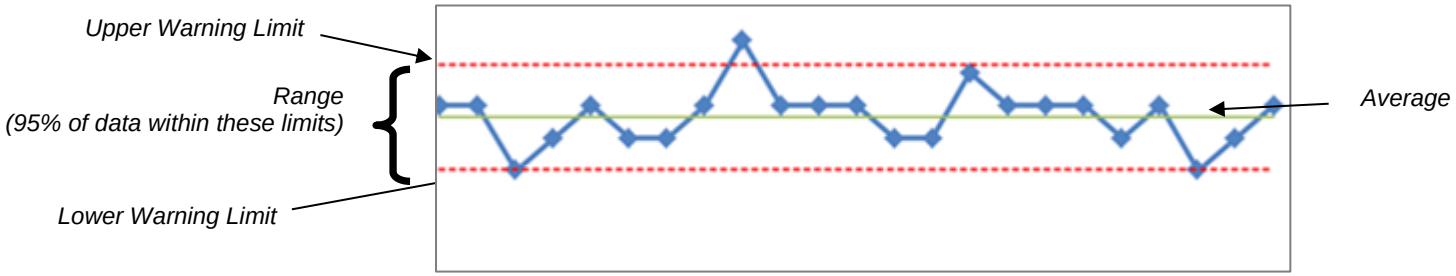




APPENDIX 1 – Explanation of SPC Charts

In Section 2, some of the metrics are being presented using Statistical Process Control (SPC) charts

An example chart is shown below:



The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "warning limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all future data points will lie between these two limits.

If a process changes, then the limits can be re-calculated and a "step change" will be observed. There are different signals to look for, to identify if a process has changed. Examples would be a run of 7 data points going up/down or 7 data points one side of the average. These step changes should be traceable back to a change in operational practice; they do not occur by chance.

A2 APPENDIX 2 External Views of the Trust

This section provides details of the ratings and scores published by the Care Quality Commission (CQC), NHS Choices website and Monitor. A breakdown of the currently published score is provided, along with details of the scoring system and any changes to the published scores from the previous reported period.

Care Quality Commission

Ratings for the main University Hospitals Bristol NHS Foundation Trust sites
(March 2017)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Medicine	Good	Outstanding	Good	Requires improvement	Outstanding	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Outstanding	Good	Outstanding	Outstanding
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity & Family Planning	Good	Good	Good	Good	Outstanding	Good
Services for children and young people	Good	Outstanding	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients & Diagnostic Imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Outstanding	Good	Requires improvement	Outstanding	**Outstanding**

NHS Choices

Website
The NHS Choices website has a 'Services Near You' page, which lists the nearest hospitals for a location you enter. This page has ratings for hospitals (rather than trusts) based upon a range of data sources.

Site	User ratings	Recommended by staff	Mortality rate (within 30 days)	Food choice & Quality
BCH	5 stars	OK	OK	✓ 98.5%
STM	5 stars	OK	OK	✓ 98.4%
BRI	4 stars	OK	OK	✓ 96.5%
BDH	3 stars	OK	OK	Not available
BEH	4.5 Stars	OK	OK	✓ 91.7%

Stars – maximum 5
OK = Within expected range
✓ = Among the best (top 20%)
! = Among the worst
Please refer to appendix 1 for our site abbreviations.

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			17/18	18/19 YTD	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	4	5	0	0	1	0	2	0	0	1	1	0	0	0	3	1	1	0
	DA02	MSSA Trust Apportioned Cases	25	28	3	3	3	5	4	2	3	1	1	3	3	3	12	6	7	3
	DA03	CDiff Trust Apportioned Cases	35	31	6	0	2	0	6	4	1	7	2	5	2	2	8	12	9	2
C.Diff "Avoidables"	DA03B	CDiff Trust Apportioned Cases - Lapse in Care	7	2	0	0	1	0	0	1	0	0	0	0	0	0	1	1	0	0
	DA03D	CDiff Trust Apportioned Cases - Still Under Review	12	22	6	0	0	0	1	2	1	7	2	5	2	2	1	10	9	2
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.6%	97.1%	98.2%	96.9%	96.8%	97.8%	97.4%	97.7%	97.2%	98%	97%	96.5%	96.8%	96.3%	97.3%	97.6%	96.8%	96.3%
	DB02	Antibiotic Compliance	86.4%	80.1%	89.6%	85.3%	82.8%	81.3%	83%	84.6%	77.4%	75.1%	76.7%	75.7%	85%	79.1%	82.5%	79.6%	77.6%	79.1%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	94%	95%	95%	96%	95%	95%	95%	95%	95%	96%	95%	96%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	97%	98%	97%	97%	98%	97%	97%	97%	98%	98%	97%	97%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	96%	95%	96%	96%	95%	95%	96%	96%	96%	96%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	57	58	2	7	3	10	4	4	8	8	4	10	4	3	17	20	18	3
	S02a	Number of Confirmed Serious Incidents	53	43	2	6	3	10	4	4	8	7	4	3	-	-	17	19	7	-
	S02b	Number of Serious Incidents Still Open	-	15	-	-	-	-	-	-	-	1	0	7	4	3	-	1	11	3
	S03	Serious Incidents Reported Within 48 Hours	100%	98.3%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	94.4%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.7%	93.1%	100%	100%	100%	100%	100%	75%	100%	100%	100%	80%	75%	100%	100%	95%	83.3%	100%
	S04	Serious Incident Investigations Completed Within Timescale	96.2%	98.2%	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	92.9%	100%	100%	100%
	S04a	Overdue Exec Commissioned Non-SI Investigations	19	10	1	1	2	2	1	2	2	0	0	0	0	1	5	4	0	1
Never Events	S01	Total Never Events	8	4	0	1	0	0	0	0	1	0	0	1	2	0	0	1	3	0
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	15656	14718	1379	1480	1428	1311	1445	1566	1539	1510	1517	1511	1371	1520	4184	4615	4399	1520
	S06b	Patient Safety Incidents Per 1000 Beddays	50.86	57.95	57.11	55.29	55.84	52.85	59.13	60.39	62.35	59.72	58.92	58.92	54.11	57.27	55.92	60.81	57.33	57.27
	S07	Number of Patient Safety Incidents - Severe Harm	92	74	7	7	6	13	10	5	3	9	9	7	5	7	29	17	21	7
Patient Falls	AB01	Falls Per 1,000 Beddays	4.59	4.54	4.68	5.04	3.79	4.27	3.72	4.4	5.27	4.9	3.73	4.48	5.17	5.61	3.93	4.85	4.46	5.61
	AB06a	Total Number of Patient Falls Resulting in Harm	25	23	0	2	2	4	1	1	5	2	2	1	2	3	7	8	5	3
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.162	0.327	0.207	0.149	0.156	0.121	0.123	0.347	0.203	0.277	0.816	0.39	0.276	0.528	0.134	0.277	0.495	0.528
	DE02	Pressure Ulcers - Grade 2	45	73	5	4	2	3	3	8	4	7	18	8	7	13	8	19	33	13
	DE04A	Pressure Ulcers - Grade 3 or 4	5	10	0	0	2	0	0	1	1	0	3	2	0	1	2	2	5	1
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.4%	98.3%	98.3%	98.3%	98.1%	98.4%	98.5%	98.3%	98.7%	98.4%	98.4%	98%	98.3%	98.2%	98.3%	98.5%	98.2%	98.2%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	95%	92.6%	94.4%	97.1%	93.8%	96.1%	91.1%	95%	93.4%	89.6%	87.8%	92.2%	95.5%	91.4%	93.8%	92.9%	91.1%	91.4%
	N04	Number of Hospital Associated VTEs	50	23	3	7	3	4	3	4	6	3	-	-	-	-	10	13	-	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	2	1	0	0	0	0	1	0	0	0	-	-	-	-	1	0	-	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	4	12	1	2	1	1	1	3	5	1	-	-	-	-	3	9	-	-
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	92.1%	-	91%	93.7%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	89.9%	91.5%	-	86.3%	-	-	92%	-	-	90.4%	-	-	92.1%	-	92%	90.4%	92.1%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.7%	99.8%	99.8%	99.7%	99.9%	99.7%	99.7%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.7%	99.8%	99.8%	-

APPENDIX 3 – Trust Scorecards

			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	17/18	18/19 YTD	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Medicines	WA01	Medication Incidents Resulting in Harm	0.55%	0.29%	0%	0%	0%	0.91%	0.37%	0%	0%	0%	0.29%	0.36%	0.8%	-	0.42%	0%	0.46%	-
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.4%	0.38%	1.02%	0.33%	0.63%	0.36%	0.24%	0.54%	0.22%	0.53%	0.41%	0.2%	0.62%	0%	0.43%	0.4%	0.39%	0%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.9%	-	98.2%	98.2%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	AK04	Safety Thermometer - No New Harms	98.8%	-	98.4%	98.5%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	96%	-	91%	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	9.1%	8.2%	9%	10.2%	8.8%	8.9%	10.3%	9.5%	9.4%	9.2%	8.7%	8.7%	7.9%	9.3%	9.7%	8.9%	7.9%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.4%	21.1%	20.9%	21.9%	20.3%	22.4%	21.7%	21.4%	21.4%	21.4%	20.8%	21.9%	20.4%	19.8%	21.5%	21.4%	21%	19.8%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	11138	9098	814	945	834	963	875	902	912	916	908	992	913	883	2672	2730	2813	883
Staffing Levels	RP01	Staffing Fill Rate - Combined	98.9%	99.2%	96.8%	95.7%	99%	98.7%	100.1%	99.1%	97%	98.5%	99.6%	101.1%	99.1%	100.1%	99.2%	98.2%	99.9%	100.1%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	100.6	105.3	-	102.7	-	-	105.6	-	-	105	-	-	-	-	105.6	105	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	106.4	103.8	91.9	112.6	121.3	86.4	116.3	87.9	100.1	125	98.1	93.7	-	-	107.7	104.3	96.4	-
Readmissions	C01	Emergency Readmissions Percentage	3.62%	3.44%	3.39%	3.84%	3.31%	3.55%	3.78%	3.45%	3.65%	3.17%	3.49%	3.42%	3.15%	-	3.55%	3.43%	3.36%	-
Sepsis (Inpatients)	AG02a	Percentage of Patients Meeting Criteria Screened for Sepsis (Inpatients)	51.1%	99%	87%	83.3%	87.1%	100%	100%	100%	100%	100%	100%	100%	100%	-	95.7%	100%	100%	-
	AG03a	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (Inpatients)	77.4%	75%	100%	50%	75%	-	33.3%	100%	-	-	100%	-	-	-	57.1%	100%	100%	-
	AG04a	Sepsis Patients Percentage with a 72 Hour Review (Inpatients)	93.3%	100%	100%	-	100%	-	-	100%	-	-	100%	-	-	-	100%	100%	100%	-
					For months where there is some data, a "-" (dash) indicates no applicable data. It does not indicate data is missing.															
Sepsis (Emergency Department)	AG02b	Percentage of Patients Meeting Criteria Screened for Sepsis (ED)	83.4%	94.4%	88%	88%	88%	90%	90%	98%	100%	96%	94%	96%	98%	-	89.3%	98%	96%	-
	AG03b	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (ED)	85.5%	85.1%	74.2%	94.1%	82.6%	89.7%	68.2%	80%	94.3%	82.8%	82.8%	91.3%	87.1%	-	81.1%	86.9%	86.7%	-
	AG04b	Sepsis Patients Percentage with a 72 Hour Review (ED)	93.1%	97.7%	82.1%	100%	100%	95.7%	86.7%	100%	100%	96.6%	100%	100%	100%	-	94.9%	98.8%	100%	-
Maternity	G01	Percentage of Low Weight Babies	2.5%	3%	2%	3.2%	3.2%	2.1%	4.2%	2.8%	2.5%	2.7%	3.5%	-	-	-	3.1%	2.7%	3.5%	-
	G01A	Number of Low Weight Babies	119	80	7	12	12	8	15	11	10	11	13	0	-	-	35	32	13	-
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	64.2%	58.2%	45.5%	60%	72.7%	59.3%	53.3%	45%	70%	60%	54.5%	60%	63.2%	37.5%	64%	58.3%	59.1%	37.5%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	61.6%	97.3%	77.3%	92%	97%	100%	93.3%	100%	100%	90%	95.5%	96%	100%	100%	97.3%	96.7%	97%	100%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	34.8%	52.9%	22.7%	48%	63.6%	48.1%	46.7%	45%	70%	50%	50%	56%	63.2%	33.3%	54.7%	55%	56.1%	33.3%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	65.7	81.5	48.7	72.7	50.6	61.3	79.3	63.6	-	-	-	-	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	62.6%	50%	61.3%	54.3%	58.1%	30.8%	65%	36.1%	45.2%	55.2%	56.8%	51.2%	48.7%	-	51.6%	44.8%	52.4%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	85.8%	84.2%	93.5%	80.4%	81.4%	76.9%	90%	83.3%	90.3%	93.1%	70.5%	92.7%	84.6%	-	82.8%	88.5%	82.3%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	54.6%	51.2%	36.4%	20%	15.4%	54.5%	63.2%	30.8%	66.7%	46.7%	55.6%	73.3%	50%	50%	46.5%	47.5%	63.3%	50%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	89.3%	82.9%	87.3%	86.3%	87.3%	84.8%	77.6%	74.7%	80.2%	79.8%	79%	89%	86.8%	88.2%	83.6%	78%	84.7%	88.2%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	96.2%	93.5%	86%	96.5%	95%	91.9%	89.5%	94.9%	97.7%	91.2%	93.6%	92.6%	89.1%	98.1%	92.2%	94.9%	91.8%	98.1%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	92.9%	90%	-	100%	-	0%	100%	100%	100%	100%	100%	100%	100%	50%	50%	100%	100%	50%
	AC04	Percentage of Dementia Carers Feeling Supported	60%	100%	-	33.3%	-	-	100%	-	-	-	-	-	-	100%	100%	-	-	100%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9098	6582	1120	1377	800	945	543	531	507	697	492	649	716	702	2288	1735	1857	702

			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	17/18	18/19 YTD	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	92	92	93	91	92	90	92	92	92	91	93	90	92	91	92	90
	P01g	Patient Survey - Kindness and Understanding	-	-	95	95	97	97	96	95	96	97	96	95	96	96	96	96	96	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	88	88	88	91	89	90	91	89	90	89	90	91	89	90	90	91
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35%	34.6%	36.2%	30.3%	40.7%	37.6%	33.7%	35.6%	35.4%	29.1%	36.5%	27.8%	38.7%	32.2%	37.2%	33.5%	34.1%	32.2%
	P03b	Friends and Family Test ED Coverage	17.3%	16.6%	17.4%	15.2%	17.3%	17.2%	18.4%	17.3%	17.4%	17%	16.9%	14.6%	13.6%	16%	17.6%	17.2%	15.1%	16%
	P03c	Friends and Family Test MAT Coverage	19%	17.7%	17.7%	18.2%	19.8%	13.2%	11.2%	14%	9.8%	23.1%	31.4%	19.2%	14.1%	20.2%	14.8%	15.6%	21.6%	20.2%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	97.7%	98.2%	98.3%	97.8%	97.4%	97.3%	97.3%	98.8%	98.6%	98.1%	98.4%	98.6%	98.5%	98.7%	97.3%	98.5%	98.5%	98.7%
	P04b	Friends and Family Test Score - ED	81%	82.7%	83.2%	77.7%	80.1%	81.1%	84.6%	81.4%	84.1%	83.4%	85.2%	84%	82.6%	81.1%	81.9%	82.9%	84.1%	81.1%
	P04c	Friends and Family Test Score - Maternity	96.9%	97.1%	96.8%	97.1%	94.6%	95.5%	99.3%	96.8%	99.3%	95.9%	97.2%	97.3%	99%	98.5%	96%	96.9%	97.6%	98.5%
Patient Complaints	T01	Number of Patient Complaints	1815	1519	121	159	149	157	140	148	143	152	169	193	101	167	446	443	463	167
	T01a	Patient Complaints as a Proportion of Activity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	T03a	Complaints Responded To Within Trust Timeframe	83%	86.5%	82.8%	77.9%	83.1%	91%	84%	85.2%	86.8%	86.3%	85.1%	86.9%	90.9%	87.5%	85.9%	86.1%	87.1%	87.5%
	T03b	Complaints Responded To Within Divisional Timeframe	83.8%	85%	82.8%	77.9%	85.9%	82.1%	78.7%	85.2%	86.8%	82.2%	90.5%	84.8%	88.6%	87.5%	82.2%	84.4%	87.6%	87.5%
	T04c	Percentage of Responses where Complainant is Dissatisfied	10.68%	9.36%	8.62%	13.23%	9.86%	14.92%	6.67%	9.26%	7.55%	9.59%	6.76%	10.1%	-	-	10.33%	8.89%	8.67%	-
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.19%	1.24%	1.63%	1.91%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1%	1.31%	1.29%	1.1%	1.31%	1.31%
	F01a	Number of Last Minute Cancelled Operations	919	835	98	121	85	125	39	79	54	89	71	138	61	94	249	222	270	94

RESPONSIVE

			Annual Target		Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	Green	Red	17/18	18/19 YTD	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	87%	89.6%	89%	88.4%	87%	88.2%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	90.1%	89.3%	89.4%	88.6%	88.7%	89.7%	89.4%
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	3308	3783	3510	3244	3377	3208	3290	3354	3000	2810	2975	2915	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	209	110	15	18	15	12	9	11	7	10	9	14	7	16	36	28	30	16
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	-	-	148	164	154	141	129	126	119	113	113	111	139	147	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	94.3%	95.5%	96.9%	92.1%	92.6%	95.1%	95.3%	96.5%	95.5%	96.4%	95.7%	95.8%	96.6%	-	94.3%	96.1%	96%	-
	E01c	Cancer - Urgent Referrals Stretch Target	80%	80%	58.9%	57.7%	59.6%	54.6%	41.3%	53.1%	56.7%	60.6%	66.4%	68.8%	57%	62.8%	54.2%	-	50.6%	65.2%	58%	-
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	95.8%	97.2%	95.1%	95.8%	94.4%	95%	94.7%	97.4%	99.2%	99.1%	98.8%	98.5%	98.6%	-	94.7%	98.5%	98.6%	-
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	98.6%	98%	98.6%	98.4%	97.6%	96.6%	97.6%	96.1%	100%	99.1%	99.4%	97.2%	99%	-	97.2%	98.4%	98.6%	-
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	92%	96%	87.7%	79.5%	93%	85%	95.6%	98.2%	96.2%	98.1%	100%	98.3%	96.2%	-	91.4%	97.5%	98.2%	-
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	96.3%	95.7%	97.9%	96.4%	98.5%	85.4%	91.6%	97.1%	97.4%	95.6%	97.6%	98.1%	98.2%	-	92.2%	96.8%	97.9%	-
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	81.7%	86.1%	81.3%	87.3%	84.1%	82.4%	86%	85.7%	88.9%	87.4%	85.5%	87.9%	86.5%	-	84.2%	87.3%	86.6%	-
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	74.8%	73.3%	58.3%	28.6%	66.7%	37.5%	41.7%	100%	60%	100%	100%	100%	90%	-	43.5%	83.3%	96%	-
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	85.4%	83.4%	83.9%	90.9%	79.3%	77.9%	84.4%	77.7%	84.7%	86.8%	85.6%	91.3%	88.5%	-	80.4%	82.6%	88.4%	-
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	-	-	47.5	40	2.5	2	3	5	5.5	2	5.5	4	7.5	3.5	4	-	13.5	11.5	15	-
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	1.2%	1.19%	1.24%	1.63%	1.91%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1%	1.31%	1.29%	1.1%	1.31%	1.31%
	F01a	Number of Last Minute Cancelled Operations	-	-	919	835	98	121	85	125	39	79	54	89	71	138	61	94	249	222	270	94
	F02	Cancelled Operations Re-admitted Within 28 Days	95%	85%	94.2%	93%	94.1%	92.9%	90.9%	88.2%	95.2%	97.4%	94.9%	94.4%	91%	94.4%	93.5%	93.4%	91.8%	95.3%	93%	93.4%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.61%	1.71%	2.08%	2.31%	2.26%	2.36%	1.67%	0.41%	1.53%	2.05%	1.82%	1.91%	1.37%	1.75%	2.1%	1.31%	1.72%	1.75%
	F07a	Number of Admissions Cancelled Day Before	-	-	1244	1148	125	146	140	155	110	28	105	131	134	136	83	126	405	264	353	126
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	76.1%	74.2%	71.1%	65.2%	86.2%	80%	81.8%	70.6%	79.3%	72%	69%	71.1%	62.5%	-	82.4%	73.9%	67.5%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	93.2%	92.9%	97.4%	91.3%	93.1%	92.5%	100%	91.2%	93.1%	96%	92.9%	89.5%	90%	-	95.1%	93.2%	90.8%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	98.29%	96.82%	99.19%	98.51%	96.8%	97.64%	97.83%	97.88%	97.13%	98.13%	98.36%	96.94%	93.81%	93.28%	97.41%	97.72%	96.43%	93.28%
Outpatients	R03	Outpatient Hospital Cancellation Rate	9.7%	11.7%	10.7%	9.9%	11.1%	11.6%	9.7%	9.5%	10%	9.6%	10%	10.1%	9.9%	9.8%	10.4%	10.2%	9.7%	9.9%	10%	10.2%
	R05	Outpatient DNA Rate	5%	10%	7.2%	6.8%	6.4%	7.3%	6.4%	7.2%	6.7%	7.1%	6.8%	7%	6.7%	6.5%	6.9%	6.8%	6.8%	7%	6.7%	6.8%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.03	2.03	2.19	2.11	2.17	2.1	2.06	1.99	2.05	2.1	2.11	2.13	2.14	2.17	2.14	2.2	2.03	2.11	2.15	2.2
ERS	BC01	ERS - Available Slot Issues Percentage	-	-	20.2%	16.3%	22.6%	14.6%	18.6%	21.5%	23.8%	22.9%	22.1%	15.5%	10.9%	13.8%	13.5%	12.5%	21.4%	19.9%	12.6%	12.5%

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 17/18	Annual 18/19 YTD	Monthly Totals Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Quarterly Totals 18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	279	183	23	19	22	18	25	17	11	16	18	10	26	20	65	44	54	20
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	103	66	9	5	5	8	8	4	9	8	5	4	11	4	21	21	20	4
	Q01B	Acute Delayed Transfers of Care - Beddays	-	-	8466	5675	715	696	576	471	632	503	586	513	691	482	568	653	1679	1602	1741	653
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	-	-	3106	2231	182	204	291	161	207	204	225	321	250	191	243	138	659	750	684	138
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	-	-	54	52	59	56	60	54	42	55	39	47	51	48	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	-	-	26	17	18	14	21	17	19	24	21	14	26	7	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	-	-	1652	1989	1832	1574	1836	1571	1621	1562	1608	1620	1693	1814	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	-	-	453	501	614	451	459	618	570	753	681	580	616	463	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.05	3.79	4.15	3.96	4.01	3.93	3.66	3.8	3.92	3.52	3.87	3.62	3.76	3.83	3.87	3.75	3.75	3.83
	J04D	Percentage Length of Stay 14+ Days	-	-	6.8%	6.3%	6.9%	7.1%	6.5%	6.4%	6.3%	6.5%	6.5%	5.8%	6.9%	6%	6%	6.6%	6.4%	6.2%	6.3%	6.6%
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	-	-	252	238	234	207	243	234	211	233	224	212	200	221	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	3.2%	4.2%	3.4%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.7%	4%	5.1%	0.6%	3.8%	4%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	40.4%	61.3%	29.6%	32.2%	38.5%	50%	25%	25%	-	23.3%	45.9%	52.9%	55.6%	37%	25%	41.6%	55.6%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	90%	86.48%	87.39%	83.2%	78.89%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	83.05%	84.5%	89.3%	88.44%	85.53%	84.5%
	This is measured against the national standard of 95%																					
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	-	-	86.48%	87.39%	83.2%	78.89%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	83.05%	84.5%	89.3%	88.44%	85.53%	84.5%
	BB07	BRI ED - Percentage Within 4 Hours	-	-	78.35%	80.1%	73.24%	65.06%	73.92%	85.56%	89.08%	84.8%	83.37%	75.44%	81.79%	78.89%	73.49%	74.67%	82.81%	81.27%	78.07%	74.67%
	BB03	BCH ED - Percentage Within 4 Hours	-	-	94.89%	93.71%	94.5%	95.08%	94.45%	96.25%	96.26%	96.39%	97.9%	94.16%	95.05%	85.39%	91.02%	92.92%	95.67%	96.02%	90.38%	92.92%
	BB04	BEH ED - Percentage Within 4 Hours	99%	99%	96.26%	97.35%	94.35%	92.9%	94.4%	98.11%	97.66%	96.19%	98.75%	97.46%	98.67%	97.34%	97.12%	97.7%	96.7%	97.49%	97.76%	97.7%
	This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																					
Trolley Waits	B06	ED 12 Hour Trolley Waits	0	1	8	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
Time to Initial Assessment	B02c	ED Time to Initial Assessment - Under 15 Minutes (Excludes BCH)	95%	95%	97.9%	95.2%	96.5%	96.3%	96.8%	94.8%	98.4%	94.3%	95.1%	96.1%	95.2%	93.5%	90.2%	98%	96.7%	95.1%	92.9%	98%
	B02b	ED Time to Initial Assessment - Data Completness	95%	95%	94.4%	91%	98.4%	93.7%	91.9%	90.2%	92.8%	91.4%	90.6%	91%	91.5%	90.6%	89.2%	90.9%	91.6%	91%	90.4%	90.9%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.2%	50.3%	52.4%	48%	49.5%	53.8%	51.3%	50.8%	55.6%	48%	53.1%	44.8%	46.9%	48.9%	51.6%	51.4%	48.3%	48.9%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	97.4%	97%	97.6%	96.5%	96.5%	96.7%	97.3%	96.8%	97.1%	96.6%	97.1%	97%	97%	97.5%	96.8%	96.8%	97.1%	97.5%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	2.8%	3.3%	2.9%	2.9%	3%	3%	2.8%	2.9%	2.7%	3.2%	3.9%	4.4%	3.8%	3.2%	2.9%	2.9%	4%	3.2%
	B05	ED Left Without Being Seen Rate	5%	5%	1.9%	1.7%	1.1%	1.5%	1.4%	1.6%	1.7%	1.9%	1.6%	2.2%	2.1%	1.8%	1.6%	1.3%	1.5%	1.9%	1.8%	1.3%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	840	591	59	85	75	48	54	45	58	71	74	65	59	42	177	174	198	42
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	3.2%	4.2%	3.4%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.7%	4%	5.1%	0.6%	3.8%	4%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	40.4%	61.3%	29.6%	32.2%	38.5%	50%	25%	25%	-	23.3%	45.9%	52.9%	55.6%	37%	25%	41.6%	55.6%

FINANCIAL MEASURES

Topic	Title	Monthly Totals												Quarterly Totals			
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q1	Q2	Q3	Q4
Year To Date Annual Plan Surplus / (Deficit)	Annual Plan excluding PSF	(890)	(102)	(151)	1,468	3,081	2,181	4,569	5,276	4,983	4,983	2,315	3,000	(151)	2,181	4,983	3,000
	Actual excluding PSF	(1,320)	(93)	(141)	950	1,832	2,202	4,596	5,300	3,475	5,003	0	0	(141)	2,202	3,475	0
	Annual Plan including PSF	(116)	1,446	2,171	4,823	7,467	7,599	11,535	13,792	13,516	16,851	15,989	18,480	2,171	7,599	13,516	18,480
	Actual Plan including PSF	(778)	1,455	2,181	4,304	6,218	7,620	11,562	12,885	13,537	16,329	0	0	2,181	7,620	13,537	0
Year to Date Variance Divisional Position Favourable / (Adverse)	Diagnostics & Therapies	12	71	156	161	160	97	149	171	192	340			156	97	192	
	Medicine	(72)	(145)	(449)	(844)	(1,285)	(1,510)	(1,562)	(1,753)	(1,835)	(1,922)			(449)	(1,510)	(1,835)	
	Specialised Services	(175)	65	335	275	204	210	116	58	96	242			335	210	96	
	Surgery	(75)	(191)	(651)	(995)	(1,436)	(1,634)	(1,888)	(2,124)	(2,279)	(2,580)			(651)	(1,634)	(2,279)	
	Women's & Children's	(145)	(332)	(78)	(121)	(617)	(966)	(1,056)	(996)	(1,383)	(1,781)			(78)	(966)	(1,383)	
	Estates & facilities	3	(6)	(18)	16	28	20	(10)	9	20	(9)			(18)	20	20	
	Trust Services	(8)	(10)	(18)	(18)	(36)	(32)	(28)	(18)	(7)	(20)			(18)	(32)	(7)	
	Other Corporate Services	18	127	152	246	162	187	131	154	193	168			152	187	193	
	Total	**(442)**	**(421)**	**(571)**	**(1,280)**	**(2,820)**	**(3,628)**	**(4,148)**	**(4,499)**	**(5,003)**	**(5,562)**	**0**	**0**	**(571)**	**(3,628)**	**(5,003)**	**0**
Year To Date Savings Actuals	Diagnostics & Therapies	153	278	426	578	770	927	1,109	1,266	1,437	1,599			426	927	1,437	
	Medicine	148	335	479	614	813	944	1,151	1,367	1,579	1,842			479	944	1,579	
	Specialised Services	182	398	623	989	1,270	1,519	1,923	2,265	2,567	2,897			623	1,519	2,567	
	Surgery	226	438	719	1,014	1,295	1,632	1,995	2,371	2,645	3,048			719	1,632	2,645	
	Women's & Children's	224	467	725	1,082	1,429	1,817	2,192	2,738	3,244	3,675			725	1,817	3,244	
	Estates & facilities	92	180	270	362	466	537	608	693	772	844			270	537	772	
	Trust Services	63	124	182	242	299	357	412	469	523	579			182	357	523	
	Other Corporate Services	656	1,312	1,969	2,625	3,281	3,937	4,593	5,249	5,906	6,562			1,969	3,937	5,906	
	Total	**1,743**	**3,532**	**5,393**	**7,507**	**9,622**	**11,670**	**13,983**	**16,418**	**18,672**	**21,045**	**0**	**0**	**5,393**	**11,670**	**18,672**	**0**
In Month Variance Subjective Analysis Favourable / (Adverse)	Nursing & Midwifery Pay	(256)	(329)	(430)	(338)	(288)	(465)	(639)	(543)	(354)	(717)			(1,015)	(1,091)	(1,536)	
	Medical & Dental Pay	(358)	(322)	(353)	(340)	(395)	(449)	(376)	(520)	(362)	(392)			(1,033)	(1,184)	(1,258)	
	Other Pay	128	74	126	260	80	197	121	62	0	(7)			328	537	183	
	Non Pay	2	(728)	(361)	(475)	(464)	(157)	(173)	(807)	(607)	(627)			(1,087)	(1,096)	(1,587)	
	Income from Operations	(69)	0	42	75	17	80	(139)	188	102	(164)			(27)	172	151	
	Income from Activities	111	1,327	825	109	(490)	(14)	688	1,270	713	1,349			2,263	(395)	2,671	
	Total	**(442)**	**22**	**(151)**	**(709)**	**(1,540)**	**(808)**	**(518)**	**(350)**	**(508)**	**(558)**	**0**	**0**	**(571)**	**(3,057)**	**(1,376)**	**0**
In Month Agency Expenditure Actuals	Nursing & Midwifery	448	443	515	549	618	684	623	587	520	748			1,406	1,851	1,730	
	Medical													0	0	0	
	Consultants	17	25	14	71	61	53	48	75	62	66			56	185	185	
	Other Medical	17	35	54	71	24	17	1	0	9	24			106	112	10	
	Other	31	85	73	126	188	129	175	109	112	91			189	443	396	
	Total	**513**	**588**	**656**	**817**	**891**	**883**	**847**	**771**	**703**	**929**	**0**	**0**	**1,757**	**2,591**	**2,321**	**0**
Cash	Actual Cash	**77,562**	**78,472**	**75,537**	**92,633**	**96,144**	**98,620**	**98,367**	**99,265**	**105,963**	**100,590**	**0**	**0**	**75,537**	**98,620**	**105,963**	**0**
Capital Spend	Actual Capital Expenditure	**660**	**2,314**	**3,759**	**6,362**	**7,061**	**9,774**	**10,760**	**12,364**	**13,735**	**16,244**			**3,759**	**9,774**	**13,735**	

University Hospitals Bristol
NHS Foundation Trust

Meeting of the Quality and Outcomes Committee on 26 February 2019 in the Board Room

Reporting Committee	**Quality and Outcomes Committee**
Chaired By	**Julian Dennis, Non-Executive Director**
Executive Lead	**Mark Smith, Deputy Chief Executive and Chief Operating Officer** **Carolyn Mills, Chief Nurse** **William Oldfield, Medical Director**

For Information

The Committee received the Emergency Preparedness, Resilience and Response (EPRR) Major Incident Update, outlining progress against actions and recommendations agreed following the review of the Bristol Haematology and Oncology Centre (BHOC) major fire incident of May 2018. The Committee noted that this was a very comprehensive report, and were advised that all 31 recommendations from the report were mapped into the action plan.

The Committee received an update on the Trust's roll-out of the new nationally-required Seven Day Service requirements. All Trusts had been piloting a new approach, and the first 'live' report will be seen by the Committee and the Board in September 2019. The Committee were assured that the process for this first 'test' report had been well constructed, and it would be important for the Board and Committee to carefully consider the first live report in September 2019. The Medical Director was confident that the Trust had a very safe system, and felt the approach was the right one, but its success would depend on the findings in the September 2019 report.

The Committee received a report on the Trauma and Orthopaedics (T&O) Department. The Trust and Committee has been concerned by the performance of fractured neck of femur care, however, further exploration of this issue had made clear that there were broader issues affecting T&O service delivery. A Health Education England (HEE) visit in 2018 had led to enhanced monitoring of the department due to concerns around the level of supervision for junior doctors, although a second visit (and a visit by the General Medical Council (GMC)) earlier this year had found an improvement in supervision which led to the withdrawal of enhanced monitoring for higher Specialist Trainees, though there were still concerns about the supervision of Foundation Year doctors (which remain under enhanced monitoring). Actions taken to address the issues found included the cohorting of all frail patients with fractures in one ward, and the employment of a locum orthogeriatric consultant: feedback had been positive that these interventions had helped. The locum would be leaving shortly however, and the Trust had been unable to recruit new locums, so the Trust was currently advertising for agency locums as an interim measure. The service therefore remained fragile, due chiefly to the difficulties in recruiting substantive orthogeriatricians in a high-demand field. A business case proposal for the service was being drafted, which would help the Trust to develop a 'model for the 21st century' to help support progress and attract the right candidates to the service.

The Director of Pharmacy, John Standing, gave an update on progress against the Carter Hospital Pharmacy Transformation Plan. There had been good progress in many areas, and it was emphasised that this work was not simply a 'tick box' exercise, but included concerted efforts to ensure that the right training and skills were embedded and used. The Committee noted continuing progress on the transformation, and emphasised the importance of ensuring this work fitted into the wider strategic planning and priorities for the Trust.

For Board Awareness, Action or Response

In discussing the EPRR Major Incident Update, it was noted that the Board would be considering the Trust's response to Avon Fire and Rescue Service's (AFRS) findings from the BHOC Major Fire Incident. The Committee noted that the AFRS had not disclosed the evidence on which their findings were based.

It was noted that the overall programme of work in follow up to the BHOC Major Fire Incident would also be reviewed on an ongoing basis by the Audit Committee, including the progress of the EPRR Major Incident work.

The Committee proposed that an update on the outcomes of the Clinical Utilisation Review work come to a Board Seminar for discussion.

Key Decisions and Actions

The Committee to receive the full business case for development in the Trauma and Orthopaedic Department once it is finalised.

Additional Chair Comments

N/A

Date of next meeting:	**26 March 2019**

University Hospitals Bristol
NHS Foundation Trust

Meeting of the People Committee on 26 February in the Board Room

Reporting Committee	**People Committee**
Chaired By	**Alison Ryan, Non-Executive Director**
Executive Lead	**Matt Joint, Director of People**

For Information

KPIs (as presented in the Board's Quality and Performance Report)

- A 2% overall reduction in Core Skills (mandatory/statutory training) completion by staff was largely due to the effects of reducing the update period for Infection, Prevention and Control (IPC) from 3-yearly to annual as required for alignment with national standards.
- Non-medical appraisals remain an area of focus: appraisal completion continues to improve.
- In January 2019, 5.2% of total staffing in the Trust comprised bank staff (463 full time equivalent/FTE) and 1.2% comprised agency (108 FTE).
- As at the end of January 2019, there had been 948 leavers over the previous 12 months, with 7106 FTE staff in post on average over that period, giving a turnover rate of 13.3%. Detailed analysis of exit data is being undertaken by the Divisions to support strategies to reduce turnover. In January 2019, funded establishment was 8756, with 412 vacancies (4.7%).
- Sickness absence increased to 4.3% in January from 4.2%, which is slightly above the target of 3.9%. Divisional deep dives in 'hotspot' areas will be used to help identify and support particularly challenged areas.
- The Committee requested increased benchmarking of workforce data in the reports in received to help give an understanding of the Trust's position, for example using information from AUHUK and from other Trusts in the STP.

There is considerable work around improving **retention**, including focus on:

- Flexible working
- Retire and return
- Career development
- Internal mobility

The aim is to reduce turnover by 1%, which would represent a significant saving in operational challenge as well as financial costs. The Committee would be looking to monitor this 12 month programme going forward.

The Committee challenged the stated focus for **recruitment** on "hard to fill" areas and advised that emphasis should be put on the "hard to live without" areas so that the impact of success on operational and financial performance could be optimised.

Junior doctors rotas continue to be a challenge. The improved data now available has made clear that the Trust is probably short of some 50 junior doctors. While conversations area happening with the Deanery and other partners to address this shortfall, there will undoubtedly have to be some remodelling of job roles, including development of non-medical staff, to address the problem. It was noted that particular areas of concern include Haematology, and Trauma and Orthopaedics: rota gaps in Haematology tended to be at more senior levels and therefore even

harder to fill.

The Committee received its quarterly report on **Staff Engagement**, the metrics for which were all positive - as borne out in the recent Staff Survey. The "You said- we did" format was considered by the Committee to be extremely effective and powerful both for focussing activity and communicating it to staff.

For Board Awareness, Action or Response

The Committee received the draft Workforce Strategy and considered it to be extremely thorough. They were encouraged to see that it tackled the key areas which members had considered to be areas of concern for the Trust for some time, in particular culture and development. They noted that the Workforce Strategy had been co-designed with the Divisions, which was positive**. The Board is urged to ensure that the delivery of the strategy is suitably prioritised by Divisions and not left for "the Trust" or" the centre" to manage. Co-production and engagement across the Trust will be the key to success.** The Committee agreed this was a powerful piece of work which now needed prioritising, costing, and amalgamating/aligning with the Operational Plan.

The Board is asked to note that OFSTED has approved the action plan required by their recent inspection of apprenticeship provision in the Trust. There will be a hybrid supply of input (externally and internally sourced) to the scheme when recruitment begins again (this is likely to be in 2020). In the meantime there is great emphasis on improving the governance, communication and logistics around the Trust's commitment to workplace education and development. The Committee was assured that if this plan was followed, and the right emphasis placed on leadership and governance of education, the Trust will be in a much stronger position to deliver the apprenticeship scheme effectively.

The Board is asked to note and commend the new sense of urgency around the WRES agenda arising from the recent well-attended workshop. There is recognition that the Trust's performance in this area is not where we would want it to be, and there was a clear determination in the Trust, demonstrated by the initial development of an excellent plan, to ensure this improves quickly. Again, the engagement of the Divisions will be instrumental to making the necessary changes.

Key Decisions and Actions

The Committee agreed that work should continue on the refinement of the Workforce Dashboards, and they will be reviewed again by the Committee in March 2019.

Additional Chair Comments

The Committee continues to urge that workforce activity – which is clearly considerable – is focussed on those areas which will have most impact on Trust performance both in supporting patient care and ensuring financial benefit. Data reporting must be sufficiently stratified to help identify where this focus should be, the Committee welcomed the support of Finance Team colleagues to support development of understanding in this area.

Date of next meeting:	**26 March 2019**

University Hospitals Bristol
NHS Foundation Trust

Meeting of the Finance Committee held on
26 February 2019 in the Board Room

Reporting Committee	**Finance Committee**
Chaired By	**Martin Sykes, Non-Executive Director**
Executive Lead	**Paul Mapson, Director of Finance and Information**

For Information
The Committee received an update on the productivity programme which described how the Trust was utilising the Getting It Right First Time (GIRFT) and Model Hospital data sets. The Committee were assured by the governance around the programme and that good progress had been made, but noted that further work was required to maximise delivery of the opportunities that the information presented.
For Board Awareness, Action or Response
The Committee considered the overall financial positon of the Trust and that of the Divisions. There continued to be concern about the expenditure on nursing pay and non-pay spend in the Surgery Division. The Committee were advised that the Trust would be unlikely to achieve the required A&E performance for Q4 2018/19 and therefore would not receive the associated Provider Sustainability Funding. The Committee considered the overall capital spend and the concern that the revised plan may not be achieved. There was a particular focus on delivery of the capital spend allocated to the fire safety improvement works and the Committee requested further information to understand how the monies were being spent and through which capital programmes.
Key Decisions and Actions
There were no key decisions or actions that are required to be reported to the Board.
Additional Chair Comments
The magnitude of the underspend on capital, whilst explicable for individual schemes, remains a cause for concern.

Date of next meeting:	**26 March 2019**