University Hospitals Bristol
NHS Foundation Trust

March 2020
Published Papers

Including:

Quality and Performance Report

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Conference Room, Trust HQ, Marlborough St, Bristol, BS13NU

University Hospitals Bristol
NHS Foundation Trust

Meeting of the Trust Board on Monday 30 March 2020

Report Title	**Quality and Performance Report**
Report Author	**James Rabbitts, Head of Performance Reporting** **Anne Reader, Head of Quality (Patient Safety)** **Deborah Tunnell, Associate Director of HR Operations**
Executive Lead	**Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer** **Quality – Carolyn Mills, Chief Nurse/William Oldfield, Medical Director** **Workforce – Matt Joint, Director of People**

1. Report Summary
To review the Trust's performance on Quality, Workforce and Access standards.
2. Key points to note *(Including decisions taken)*
Please refer to the Executive Summary in the report.
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**
The risks associated with this report include: *N/A*
4. Advice and Recommendations *(Support and Board/Committee decisions requested)***:**
• This report is for **Assurance.**
5. History of the paper **Please include details of where paper has <u>previously</u> been received.**
N/A

University Hospitals Bristol
NHS Foundation Trust

Quality and Performance Report

March 2020

1.1 OVERVIEW – Executive Summary

Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 80.8% for January. This did not achieve the national standard of 85%. However Quarter 3 overall achieved 85.4% so did achieve the standard.
- The measure for percentage of Emergency Department (ED) patients seen in less than 4 hours was 78.4% in February. This did not achieve the 95% national standard or the improvement trajectory target of 81.6%.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 82.4% as at end of February. This did not achieve the national 92% standard or the improvement trajectory target of 86.9%.
- The percentage of Diagnostic patients waiting under 6 weeks at end of February was 95.4%, with 382 patients waiting 6+ weeks. This is lower than the national 99% standard and is a small improvement from January's 406 breaches.

Headline Indicators

There was one Clostridium Difficile cases in February and this still keeps the Trust below the maximum allowed for the financial year of 57 cases. There was no MRSA case in February. Pressure ulcer incidence remained below target in February, with two grade 2 and one grade 3 pressure ulcer. The Falls incidence was slightly above the target of 4.8 falls per 1,000 bedays; at 4.89. There were 125 patient falls with four resulting in moderate harm or above.

The headline measures from the monthly patient surveys and the Friends and Family Test remain above their minimum target levels in February 2020. In Complaints, 85% of formal complaints were responded to within deadline which achieved the Trust standard of 85%. 5.5% of December's complaint responses (3 cases) were re-opened due to complainant being dissatisfied with the original response.

Last Minute Cancelled Operations (LMCs) were at 1.98% of elective activity and equated to 128 cases. In February, eight patients were not re-admitted within 28 days following an LMC.

Workforce

National Staff Survey results have been released and delivered to the organisation along with local survey results and heat maps. The staff engagement figure remains positive at 7.2 with the average for acute Trust score of 7.0.

February 2020 compliance for Core Skills (mandatory/statutory) training remained static at 90% overall across the eleven programs (excluding Child Protection Level 3).

Bank and Agency Usage (5.2% and 1.5% respectively) remains above the Trust's GREEN threshold. Work continues with system partners to drive down the cost of Registered Nurse agency supply which has seen significant challenges with ongoing operational pressures. This has resulted in an increase in use across high cost agencies. Turnover reduced to 13.0% from 13.3% last month which brought Turnover down to the target level of 13%.

Sickness absence reduced to 4.7% compared with the previous month, with an increase in just one division. An e-learning session on 'stress awareness & self-care' will be delivered in May 2020. A deep dive is in progress to review short term sickness absence and focus support continues with Managers with short term sickness.

Overall appraisal compliance reduced to 68.3% compared with 70.0% in the previous month. All divisions are non-compliant.

1.2 OVERVIEW –Oversight Framework

Financial Year 2018/19

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%	81.05%	81.23%
	"Trust Footprint" (Year To Date)	92.05%			91.77%			90.84%			89.84%		
	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)	84.1%	82.4%	86.0%	85.7%	88.9%	87.4%	85.5%	87.9%	86.5%	85.1%	83.5%	82.9%
	Actual (Quarterly)	84.2%			87.3%			86.6%			83.8%		
	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	88.2%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	90.1%	89.3%	89.4%	89.1%	89.2%
	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	96.8%	97.6%	97.8%	97.9%	97.1%	98.1%	98.4%	96.9%	93.8%	93.3%	96.9%	95.5%
	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.

1.2 OVERVIEW –Oversight Framework

Financial Year 2019/20

Access Key Performance Indicator		Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
A&E 4-hours Standard: 95%	Actual	78.3%	78.0%	81.5%	81.9%	84.8%	81.4%	82.4%	80.3%	76.1%	81.8%	78.4%	
	Trajectory	84.5%	90.5%	90.5%	90.5%	90.5%	85.5%	89.7%	84.7%	83.5%	85.0%	81.6%	81.7%
Cancer 62-day GP Standard: 85%	Actual (Monthly)	86.8%	86.0%	84.0%	86.8%	85.8%	83.6%	85.4%	87.0%	83.9%	80.8%		
	Actual (Quarterly)	85.7%			85.4%			85.4%					
	Trajectory (Monthly)	85%	85%	85%	83%	85%	85%	85%	85%	85%	85%	85%	85%
	Trajectory(Quarterly)	85%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	89.0%	88.1%	87.5%	86.5%	84.3%	83.6%	83.0%	83.0%	82.5%	83.2%	82.4%	
	Trajectory	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	86.9%	86.9%	86.9%	87.9%
6-week wait diagnostic Standard: 99%	Actual	95.3%	93.4%	93.5%	96.2%	95.1%	96.2%	95.9%	96.7%	96.1%	95.2%	95.4%	
	Trajectory							96.0%	96.5%	96.5%	97.0%	98.0%	98.0%

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

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	• Compliance with the cancer subsequent treatment standards and first appointment standard in January • Good progress towards achieving the new 28 day Faster Diagnosis standard from April, with the Trust already performing well above the compliance threshold of 75% • CT Cardiac services are on track to clear the majority of the 6 week diagnostic backlog by February 2020 • Echocardiography 6 week waits for diagnostics are predicting zero breaches for end of February, following a dip in performance in January (52 breaches)	• Sustain compliance with the cancer standards as far as possible within the limitations of winter pressures and any impact from Coronavirus disease. Continue close management of cancer patients to ensure patients are clinically prioritised correctly so no harm results from any unavoidable delays • Continue to focus on reduction of the waiting list size to achieve the 87% standard agreed with commissioners. Implement where possible the additional GLANSO lists that have been agreed at Executive level in order to reduce the backlog position in the Division of Surgery • Continue to focus on reduction of 52-week wait breach patients during the busy winter months • Continue to support Weston with the roll-out of Medway PAS and agreed the new functionality they will implemented as part of the merged organisation. • Recover diagnostic 6 week standard in quarter 4 (99% waiting under 6 weeks)
	Opportunities	**Risks and Threats**
ACCESS	• Current implementation plan of Medway PAS at Weston continues with the plan to go live with the first test version on 24/04/20. The RTT Performance Lead is working closely with the Weston Clinical Systems team and the validation teams to support this. It is key that RTT Status codes that are implemented at Weston complement those that are currently in place at UHB. • NHS England/Improvement have invited UHB to participate in the 26 Week South West Regional Programme Launch. Following the launch event on 24th January we have identified various specialities as pilot sites should the guidance from the CCG conclude that we need to commence this process during 2020/21. We are waiting for final information on this. Planning round for 2020/21 is underway with discussions around capacity planning, demand management and efficiencies	• Winter pressures remain a significant risk to sustaining compliance with cancer standards throughout winter. The pressures result in cancellations due to lack of beds (critical care and ward beds), reduced capacity for cancer surgery due to elective pacing (limitation on the number of surgeries performed per day), and reduced capacity for diagnostic or minor treatment procedures due to relevant areas being used for escalation capacity. There is also a risk to performance from the impact of Coronavirus disease on services and patient choice, the level and extent of risk will depend on how the situation develops. • The RTT Performance lead at UHB has called an emergency meeting at Weston on 16th March to discuss some of the recent proposed RTT status codes in Medway PAS. Although there is support for Weston to take and test new functionality within Medway PAS that UHB have not previously implemented, there is a concern over some of the RTT Status code decisions. • The Trust continues to report 52 week breaches in Division of Surgery due to a number of last minute cancellations, patient choice and some revalidation of pathways. At the end of February we are predicting thirteen 52-week waiters (reduction form January when fifteen were reported). A report will be sent to the medical directors office of the end of February breaches for review by the harm panel • The recovery of RTT waiting list size and Zero 52 week breaches by end of March 2020 is unlikely to be delivered, not only due to the emergency pressures and cancer patient priorities but also additional issues relating to consultant pension tax and the agenda for change, waiting list initiative reduction for nursing/ward staff and also further cancellation around Covid-19

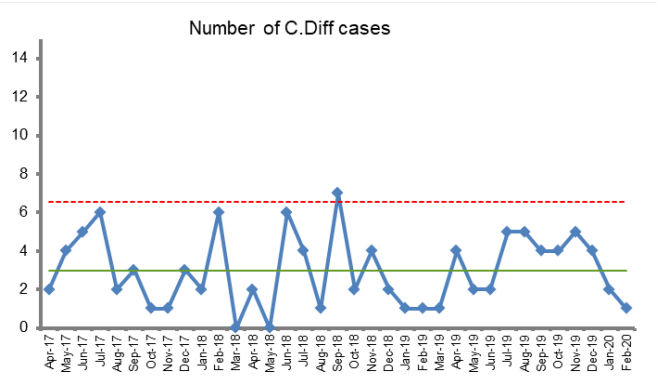
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

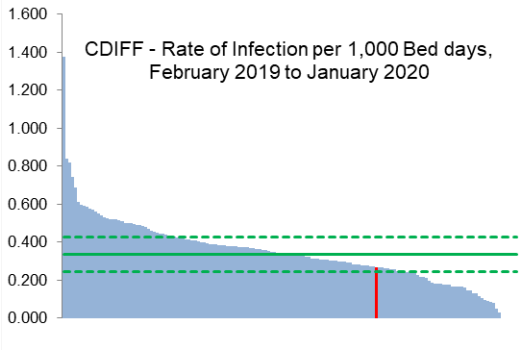
	Successes	Priorities
QUALITY	• No reported medication incidents resulting in moderate or higher level of harm in January 2020.	• A request has been made to commissioners to downgrade an incident that was reported as a wrong site surgery serious incident and never event in December 2019. This is on the basis that the investigation has determined that the intended lesion for biopsy on the inked photographs was the lesion that was consented for and biopsied. Following this the patient's wife identified a new area close to the original biopsy that she and the patient were concerned about, which was not present on the photographs which were taken a month prior to surgery. After the biopsy of the intended lesion, the patient and his wife asked for this new area to be biopsied as well. The patient was consented for the second biopsy which then took place at the same appointment. • VTE risk assessment compliance is 88.5% for February and moving slowly towards the 95% compliance contractual requirement.
	Opportunities	**Risks and Threats**
QUALITY	• No new opportunities identified	• No new risks and threats identified

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

	Successes	Priorities
WORKFORCE	▪ National Staff Survey results have been released and delivered to the organisation along with local survey results and heat maps. The staff engagement figure remains positive at 7.2 with the average for acute Trust score of 7.0 ▪ The Trust influenza programme concluded on 28th February, achieving 84.1% uptake by frontline staff. This is the highest vaccination figure to date and far exceeds the 2019/20 CQUIN target of 80%. ▪ Successful consultation, feedback and notice for the TUPE transfer of WAHT staff due to take place on 1 April. ▪ Development of a management toolkit and training package for managers to support the Corporate Services Integration as part of the Weston/UHBristol merger.	▪ The Healthier Together Learning Academy Skills 'Pass-Porting' Group is now moving to passport eight of eleven core skills commencing April 2020. ▪ Commencing the Occupational Health Consultant Recruitment after the previous unsuccessful recruitment rounds, with a fresh media approach to target the challenged candidate pool. ▪ Updating all recruitment materials and resources with the newly designed and approved UHBristol and Weston marketing brand. ▪ With contract awarded to a new neutral vendor solution to manage the supply of agency AHP's, in conjunction with BNSSG Partners, priorities include putting the new model in place and realising the planned benefits.
	Opportunities	**Risks and Threats**
WORKFORCE	▪ The national charity 'Time to Change' has provided an opportunity for Trust staff to train to become volunteer 'Wellbeing Champions'. Work has commenced to determine whether this provides a safe and worthwhile role to introduce across this Trust, to further promote and support staff wellbeing. ▪ Delivery of leadership development programmes in Weston ahead of the merger. It is estimated that over 70 managers will be trained by the end of March 2020. ▪ A BNSSG Stroke Recruitment Strategy is being created in partnership with North Bristol Trust. ▪ The Workplace Wellbeing Strategic Framework 2020-25 was approved by the People Committee in February for implementation across Bristol and Weston.	▪ Compliance for ReSPECT Awareness eLearning stands at 40% at the end of February, against a target of 90%. ▪ There is a risk to the delivery of the Diversity & Inclusion strategy due to a vacancy in the HR OD team from March 2020. ▪ COVID-19 and the ability of overseas recruits to travel and relocate in the UK to work at UHBristol. ▪ Operational pressures will challenge progress with the high cost agency programme in nursing. ▪ Impact of COVID-19 will see significant risks to the available resources and capacity of the workforce. ▪ Risk to the CQC 'Should-Do' requirement by the end of March 2020 with Trust-wide appraisal compliance reducing further again and remaining below target.

Infections – Clostridium Difficile (C.Diff)	
Standards:	Number of Trust Apportioned C.Diff cases to be below the national trajectory of 57 cases for 2019/20. Review of these cases with commissioners' alternate months to identify if there was a "lapse in care".
Performance:	There was one trust apportioned C.Diff cases in February 2020, giving 38 cases year-to-date. This is below the maximum allowable year-to-date cases of 52.
Commentary/ Actions:	The one case requires a review by our commissioners before determining if it will be Trust apportioned if a lapse in care is identified. C. Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission). This is a new criterion from NHSI, which commenced in April 2019. There were no cases of Community Onset Healthcare-Associated (COHA) C. Difficile in February. Patients assigned to the COHA category are those with C. Difficile who are admitted to one our hospitals overnight and had a previous admission in the previous four weeks. The patients within this criteria count towards the Trust numbers. The Infection Control Team investigates these cases to ensure there have been no in lapses in care. There were no cases of Community Onset/Community-Acquired (COCA) attributed to the community in February 2020.
Ownership:	Chief Nurse





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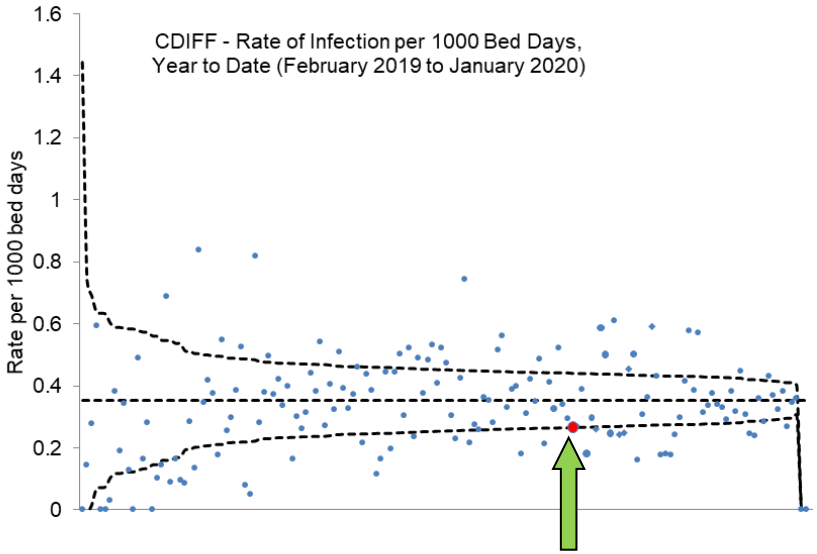
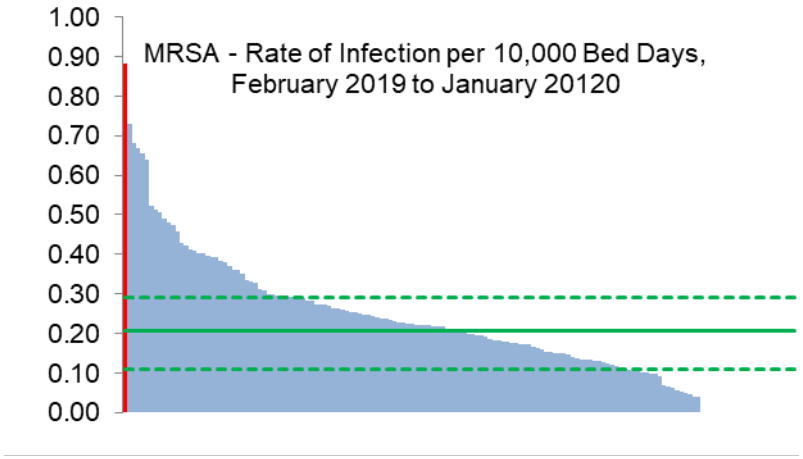
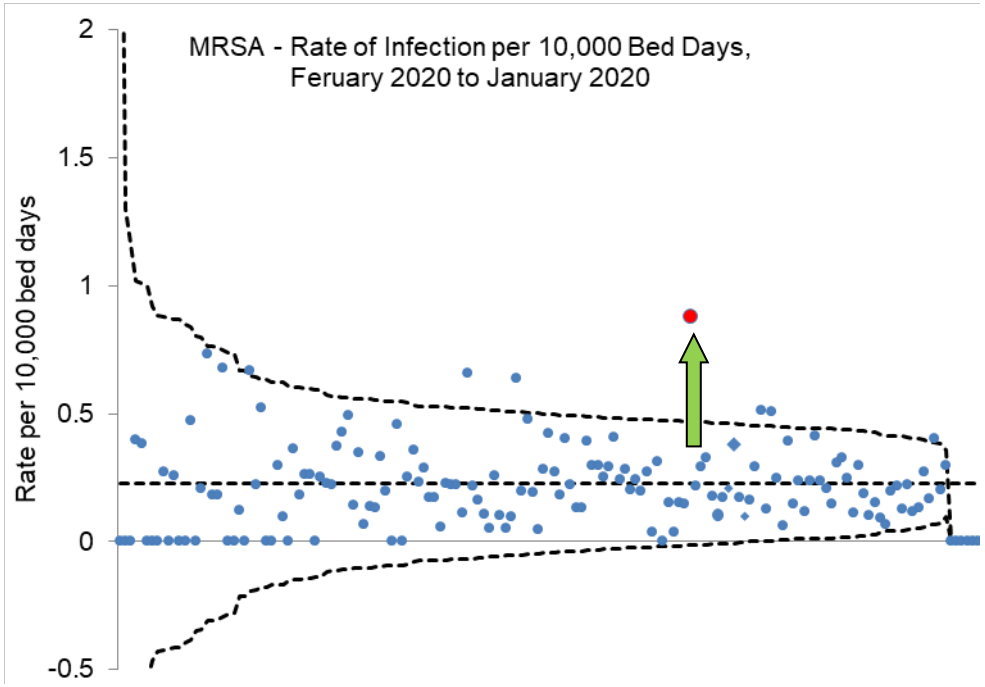


CDIFF Cases	Feb-20	2019/2020
Medicine	0	5
Not Known	0	2
Specialised Services	0	5
Surgery	0	6
Women's and Children's	1	20
Grand Total	0	38

Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There were zero Trust apportioned MRSA cases in February 2020 and so three cases year to date.
Commentary/ Actions:	There have been no cases attributed to the Trust during February 2020.
Ownership:	Chief Nurse

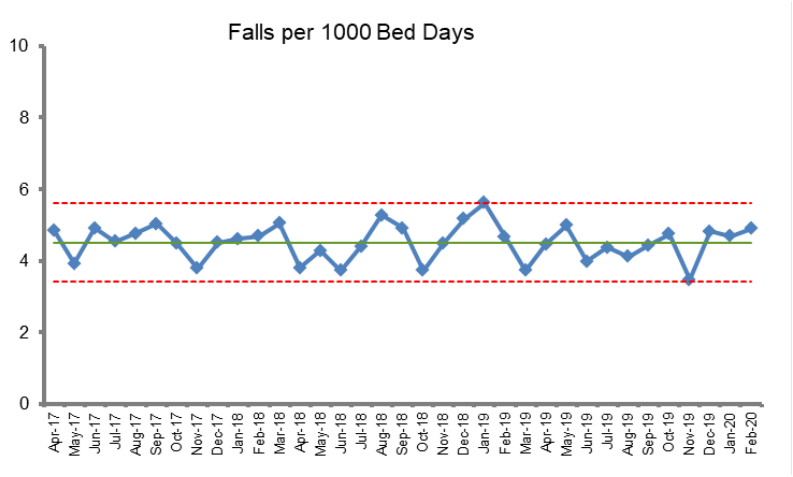
MRSA	Feb-20	2019/2020
Medicine	0	1
Specialised Services	0	1
Surgery	0	0
Women's and Children's	0	1
Grand Total	0	3



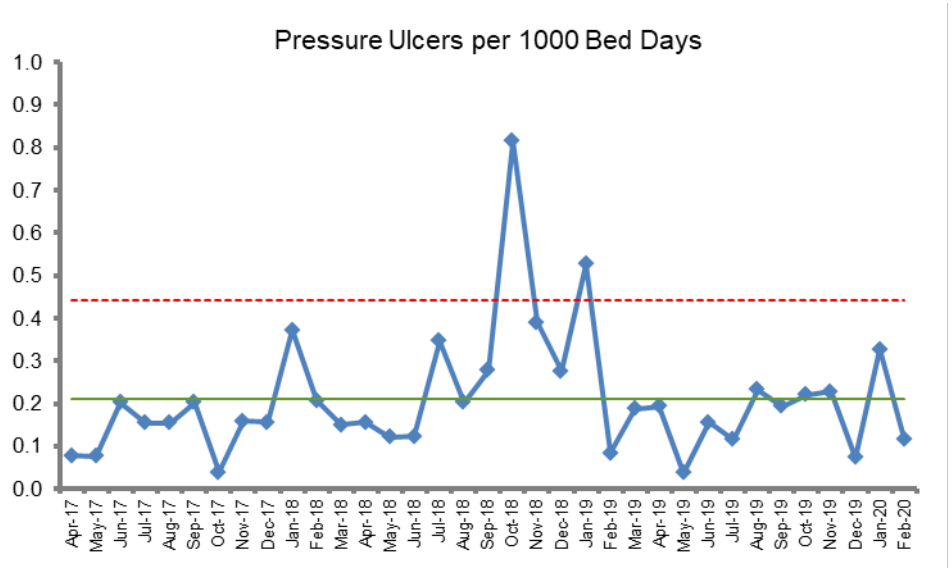


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

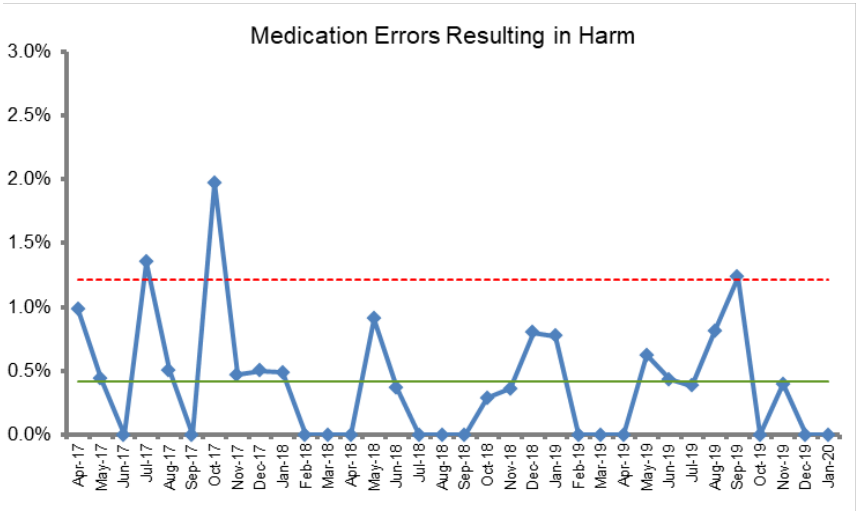
Patient Falls	
Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above)
Performance:	Falls rate for February was 4.89 per 1,000 beddays. This was 125 falls with four resulting in moderate or higher level of harm.
Commentary/ Actions:	Four falls were resulting in harm this month, which is a reduction from the seven falls reported in January 2020. The four falls occurred in different locations. One of these falls has been identified as a serious incident and the trust Falls Group will be reviewing the resulting investigation report in addition to the routine divisional incident review processes. Ongoing Actions: Actions required to achieve new 2019/20 Falls CQUIN are ongoing, which include: • Measuring lying and standing blood pressure measurement for all patients 65 years and over (6% compliance against an NHSI CQUIN target of 80%). A new Falls Care Plan has recently been introduced to support improvement. • Ensuring no anti-psychotic, anxiolytics or hypnotics, are given during hospital stay or if required there should be documentation of rationale (94% compliance against an NHSI CQUIN target of 80%). • Ensuring patient mobility assessment is documented within 24hrs or mobility aid provided within 24hrs (97% compliance against an NHSI CQUIN target of 80%). The following actions were also approved at the January 2020 meeting: • The Falls Champion Role Description, competencies and method for sign off to provide development for the champions and to ensure good practise within their areas. • The Falls Patient Information Leaflet to support and involve patients and relatives in their help to prevent falls both in the community and in hospital • An updated Falls E-Learning package to increase staff knowledge in falls prevention and management. • The 2020 National Audit of Inpatient Falls has commenced, with interim results to be reviewed in 6 months to capture any themes or actions that need to be taken in a year. • The 2020/21 Falls Group work and audit plans are out to consultation across Divisions and will be approved at the March 2020 meeting.
Ownership:	Chief Nurse

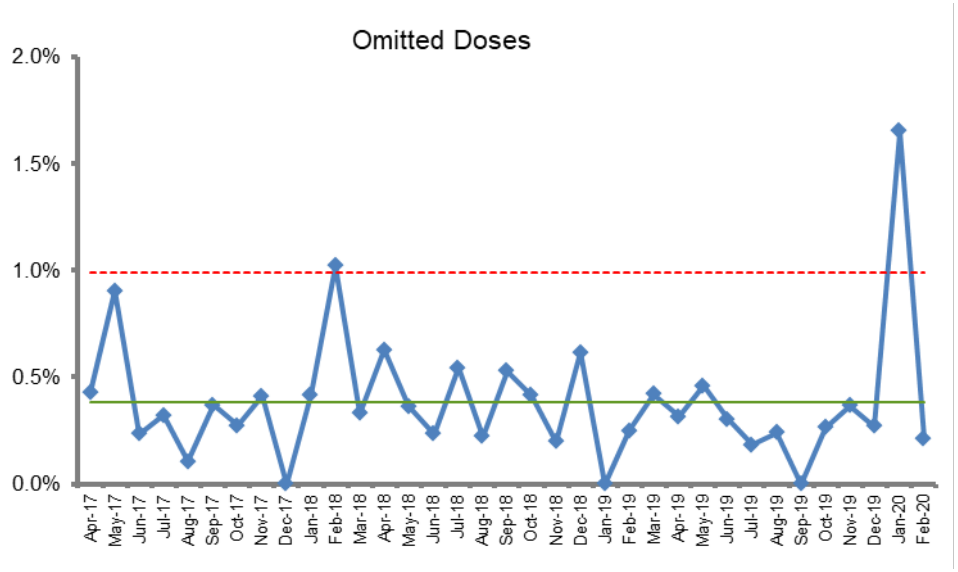


Pressure Ulcers	
Standards:	Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Pressure Ulcers rate for February was 0.12 per 1,000 beddays. There were three category two pressure ulcers and one category 3 pressure ulcer.
Commentary/ Actions:	There were two category 2 pressure injuries: one on a patient's elbow and another on a patient's ankle, which were device related. There was one category 3 pressure injury which was also device related, on a patient's wrist from a plaster cast. The investigation is under way and the following initial actions have been taken: • Review of paperwork relating to limb observations and fracture care plans with regards to patients with plaster casts • Raising awareness of the recent spike in device (including plaster cast) related pressure ulcers on the monthly Tissue Viability newsletter. The 2020/21 Tissue Viability Group work plan will continue to focus on reducing the number of pressure injuries developed on wards, actions include: • Monthly pressure ulcer refresher training sessions provided for staff • Update training for staff in Bristol Children's Hospital • Work to digitalise the pressure ulcer risk assessment tool • A deep dive review of Trauma and Orthopaedic pressure injuries.
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:	Zero moderate harm medication incidents were reported in January 2020, out of 268 cases audited. Omitted doses were at 0.21% in February (1 case out of 474 reviewed in areas using paper drug charts).
Commentary/ Actions:	The non-purposeful omitted critical medicines audit in areas using paper drug charts identified one unintentional omission of a critical medicine, returning a figure of 0.21% for January 2020. The cumulative year to date figure is 0.41%, (18 cases out of 5376 patients reviewed). The omitted dose-related to an anticonvulsant medication which was not available on a surgical ward. This was followed up with the nurse in charge of the ward at the time of identification. An SOP is available on the DMS that instructs the user how to obtain medicines both in and out of hours.
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 February 2020 Essential Training overall compliance remained static at 90% compared to the previous month (excluding Child Protection Level 3).
Commentary/ Actions:	February 2020 compliance for Core Skills (mandatory/statutory) training remained at 90% overall across the eleven programmes. There was one reduction, by 1.0 percentage points. There were six increases, both of which increased by 1.0 percentage points. Overall compliance for 'Remaining Essential Training' remained static at 94%. ▪ The Healthier Together Learning Academy Skills 'Pass-Porting' Group is now moving to passport eight of eleven core skills commencing April 2020. ▪ Weston compliance data on statutory/mandatory training will be included in the April 2020 report. ▪ Compliance for ReSPECT Awareness eLearning stands at 40% at the end of February, against a target of 90%. Doctors continue to be given regular 'countdown' reminders to complete their ReSPECT Awareness eLearning by 1 April 2020
Ownership:	Director of People

Essential Training	Feb-20	KPI
Equality, Diversity and Human Rights	97%	90%
Fire Safety	88%	90%
Health, Safety and Welfare (formerly Health & Safety)	93%	90%
Infection Prevention and Control	87%	90%
Information Governance	86%	95%
Moving and Handling (formerly Manual Handling)	89%	90%
NHS Conflict Resolution Training	94%	90%
Preventing Radicalisation	95%	90%
Resuscitation	79%	90%
Safeguarding Adults	93%	90%
Safeguarding Children	93%	90%

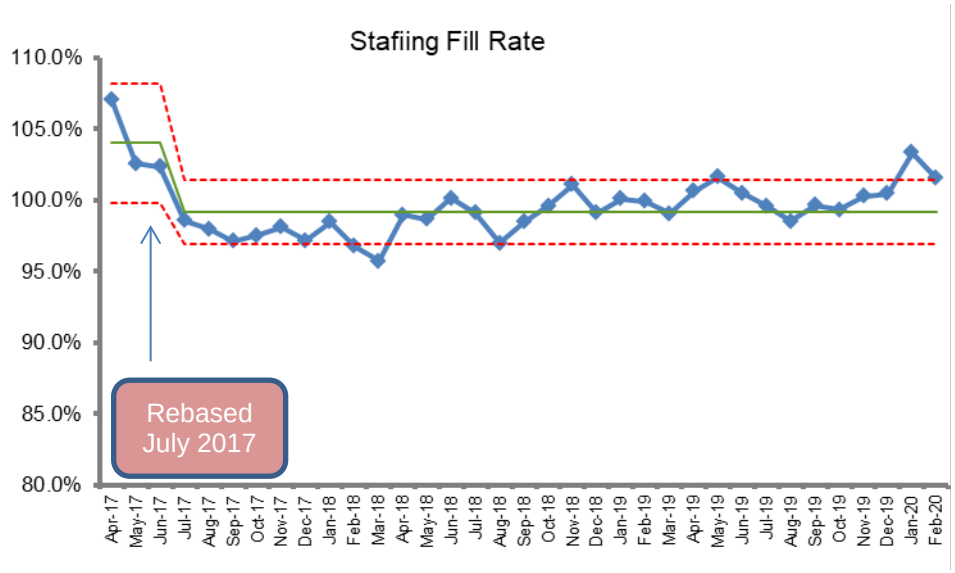
Essential Training	Feb-20	KPI
UH Bristol NHS Foundation Trust	90%	90%
Diagnostics & Therapies	93%	90%
Medicine	90%	90%
Specialised Services	91%	90%
Surgery	90%	90%
Women's & Children's	88%	90%
Trust Services	92%	90%
Facilities & Estates	92%	90%

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:	February's overall staffing level was at 101.5% (229,644 hours worked against 226,179 planned). Registered Nursing (RN) level was at 97.9% and Nursing Assistant (NA) level was at 111.1%
Commentary/ Actions:	Overall for February 2020, the trust had 98% cover for RN's on days and 98% RN cover for nights. The unregistered level of 103% for days and 122% for nights reflect the activity seen in February 2020. This was due primarily to NA specialist assignments to safely care for confused or mentally unwell patients in adults, particularly at night. Ongoing Actions: • Continue to validate temporary staffing assignments against agreed criteria. • Assurance: Monitored through agency controls action plan
Ownership:	Chief Nurse

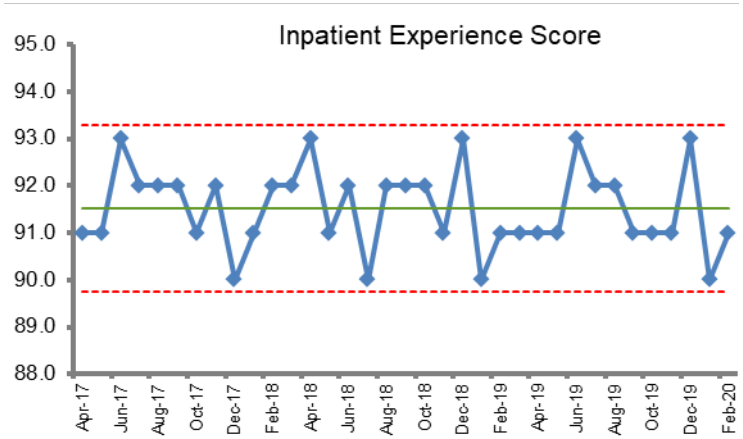
February 2020 DATA

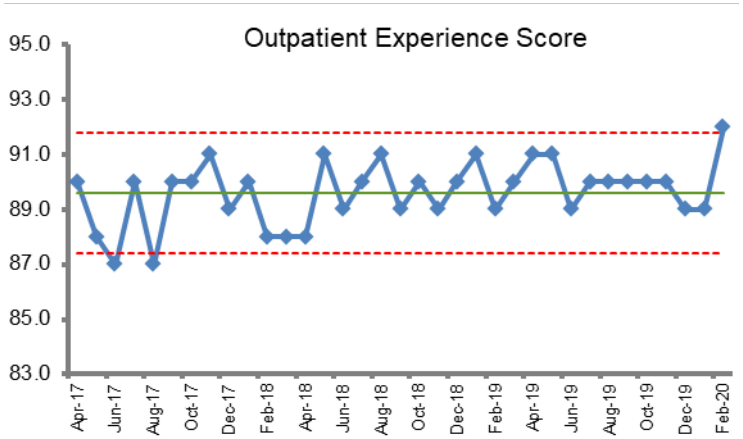
	Day	Night	TOTAL
Registered Nurses	97.7%	98.1%	97.9%
Nursing Assistants	103.3%	121.8%	111.1%
TOTAL	**99.3%**	**104.2%**	**101.5%**

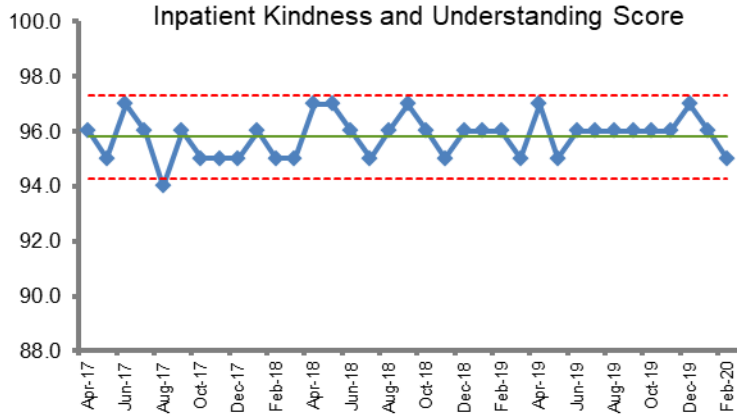
Medicine	113.6%
Specialised Services	103.4%
Surgery	102.7%
Women's and Children's	93.1%
TOTAL	**101.5%**



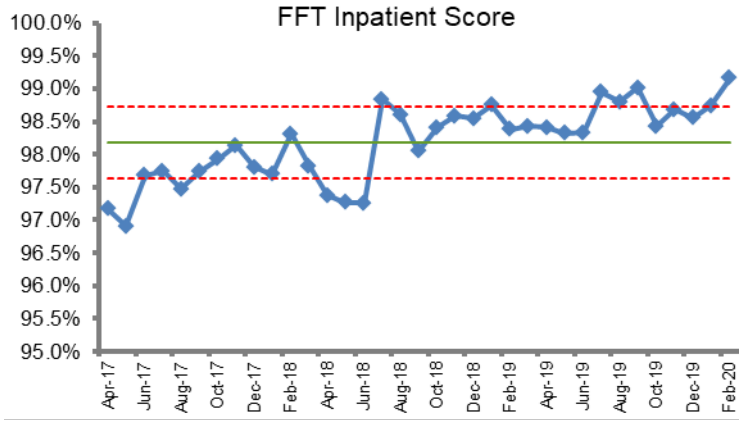
Monthly Patient Survey	
Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target of 90 or over.
Performance:	For February 2020, the inpatient score was 91/100, for outpatients it was 92. For the kindness and understanding question it was 95.
Commentary/ Actions:	The headline measures from these surveys remained above their minimum target levels, indicating the continued provision of a positive patient experience at UH Bristol.
Ownership:	Chief Nurse

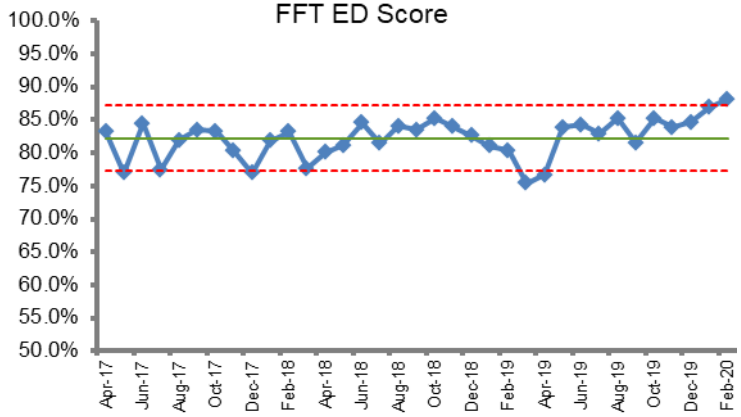


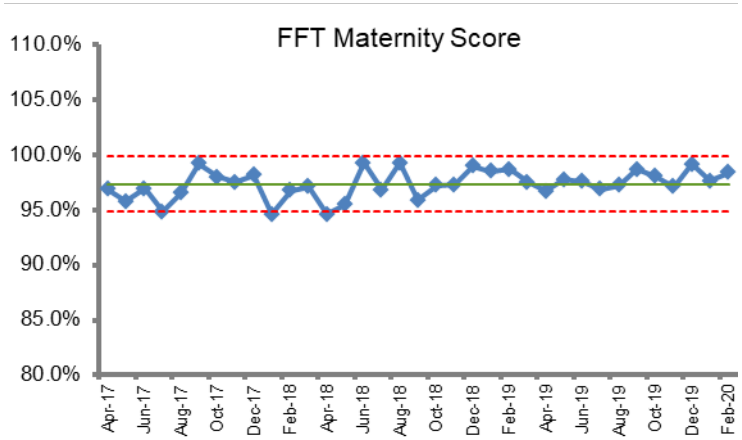




Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 70%.
Performance:	February's FFT score for Inpatient services was 99.2% (1875 out of 1891 surveyed). The ED score was 88.1% (1193 out of 1354 surveyed). The maternity score was 98.4% (245 out of 249 surveyed).
Commentary/ Actions:	The Trust's scores on the Friends and Family Test were above their target levels.
Ownership:	Chief Nurse



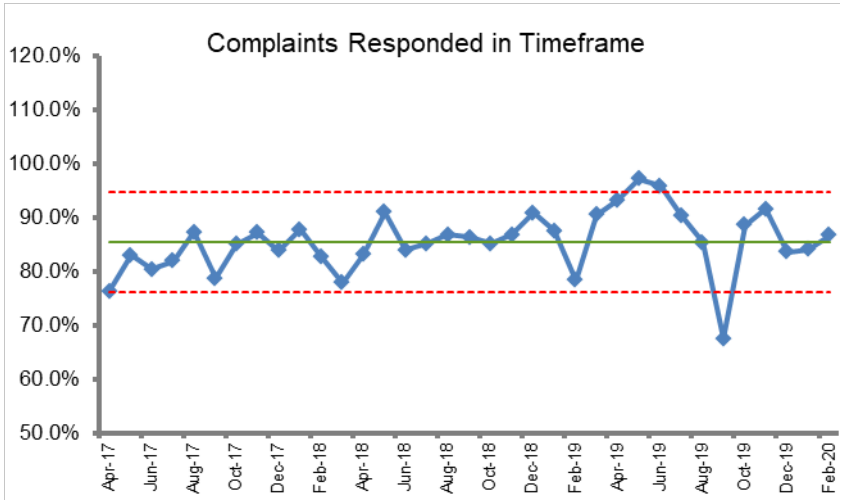


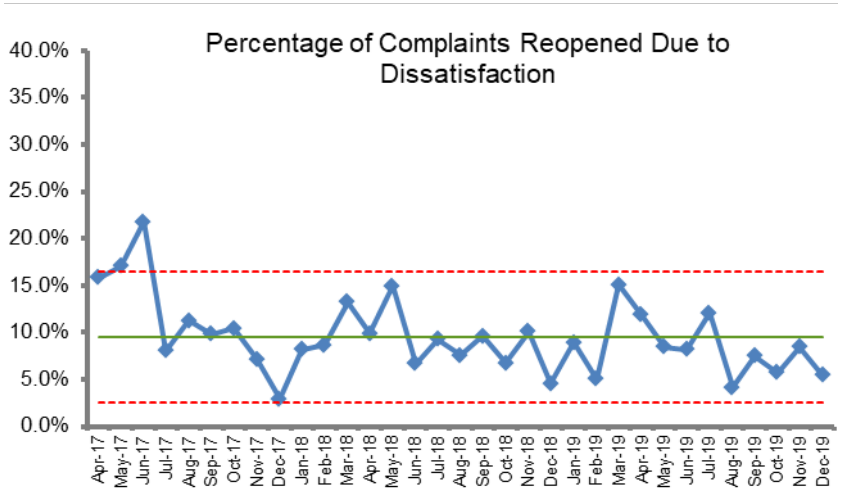


	Response Rate		Score	
	Feb-20	2019/2020	Feb-20	2019/2020
Inpatients				
Medicine	34.1%	39.7%	99.8%	98.1%
Surgery	32.4%	35.0%	98.9%	98.9%
Specialised Services	37.5%	38.0%	99.2%	98.8%
Women's and Children's	31.2%	31.1%	99.0%	98.7%
TOTAL	**33.1%**	**35.5%**	**99.2%**	**98.7%**
Emergency Department				
Bristol Royal Infirmary	6.9%	10.8%	78.8%	69.1%
Children's Hospital	16.4%	16.8%	81.6%	83.3%
Eye Hospital	30.8%	27.2%	96.8%	95.9%
TOTAL	**15.4%**	**16.6%**	**88.1%**	**84.0%**
Maternity				
TOTAL	**21.8%**	**26.5%**	**98.4%**	**97.6%**

2.2 PERFORMANCE – Caring Domain

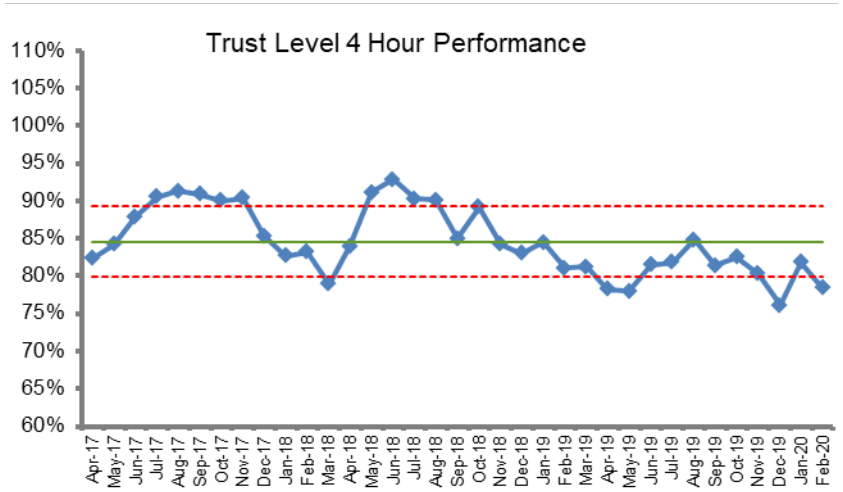
Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance (Red) of 12%.
Performance:	In February, 52 out of 61 formal complaints were responded to with timeframe (85.2%) Of the 55 formal complaints responded to in December, 3 resulted in the complainant being dissatisfied with the response (5.5%)
Commentary/ Actions:	There were eight breaches of the responses time standard in February, with five of those breaches attributable to the divisions, two due to a delay with the processing of the response by the Patient Support & Complaints Team (PSCT) and one due to a delay during the Executive sign-off process. Of those breaches attributable to divisions, two were breaches by the Division of Medicine, and there was one each for the Divisions of Specialised Services, Surgery and Trust Services. Both of the breaches attributable to PSCT were due to delays with the responses being processed and passed for signing – both were received on time from the division. Please note that these breaches have not as yet been validated by the Divisions. The Division of Specialised Services achieved 100% for informal responses in February, with all informal responses being sent out by the deadline agreed with the complainant. However, the overall figure recorded for the Trust was that only 79% of all informal responses were completed by the agreed deadline. This means that there were 16 breaches from the 76 informal responses in February. Of the 16 breaches recorded, there were six breaches from the Division of Medicine, four from Women & Children, three from Surgery, two from Diagnostics & Therapies and one from Trust Services. The rate of dissatisfied complaints in December (this measure is reported two months in arrears) was 5.5%. This represents three cases from the 55 first responses sent out during that month, compared with 8.5% reported for November and 5.7% reported for October.
Ownership:	Chief Nurse

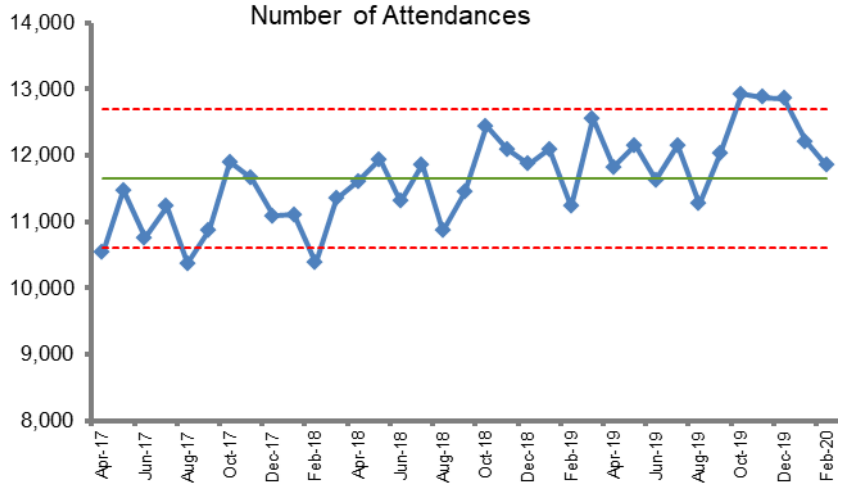


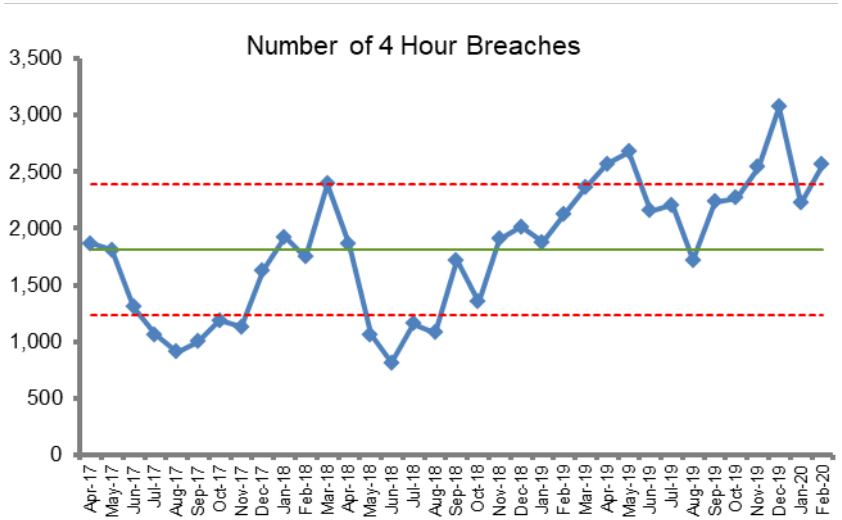


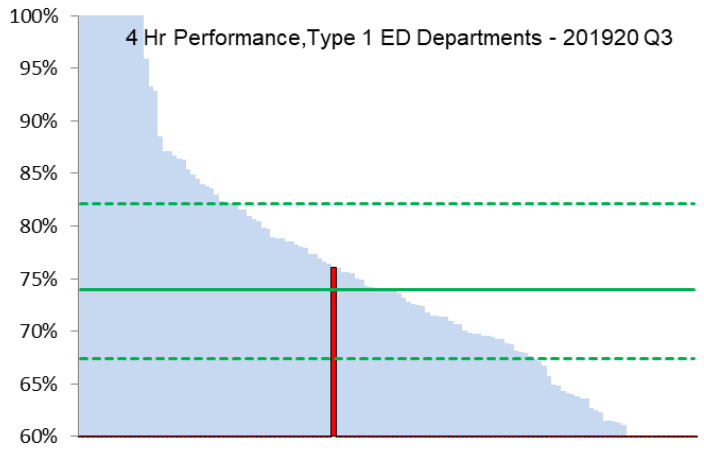
2.3 PERFORMANCE – Responsive Domain

Emergency Department (ED) 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 81.6% for February.
Performance:	Trust level performance for February was 78.39% (11855 attendances and 2562 patients waiting over 4 hours).
Commentary/ Actions:	Due to COVID-19 preparations, the regular Urgent Care Operational and Steering Groups have been stood down to allow staff and resources to focus on COVID-19 plans and actions. Last Month's Actions: • *Flow week undertaken across the Adult bed holding Divisions supported by Diagnostic and Therapies: moderate benefit identified for specific cases. suggested that flow actions are incorporated in routine practice at ward level (Matrons taking forward: see below)* • *New escalation capacity identified and risk assessed included in the new escalation policy which is has been drafted and awaiting sign-off.* • *Coronavirus is being tightly managed by the team but is having a negative impact on performance as senior clinical time is being diverted from the shop floor. Additional staff are being sought but with limited success.* • *New transfer team piloted: analysis of data continues. Moderates gains noted; considerations of how best to embed in regular practice being concerned by Matrons.* • *GP sessions were trialled (when shifts could fill) were piloted within the ED. Recruitment of additional GP has been slow-paced* • *Action plans to ensure that core components of flow have been agreed with CSM Team and Matrons for each area. Monitoring framework in place.* • *The Acute Medical Unit (AMU, A300) queue now fully utilised as safe environment to divert suitable admissions to AMU away from the ED.*
Ownership:	Chief Operating Officer





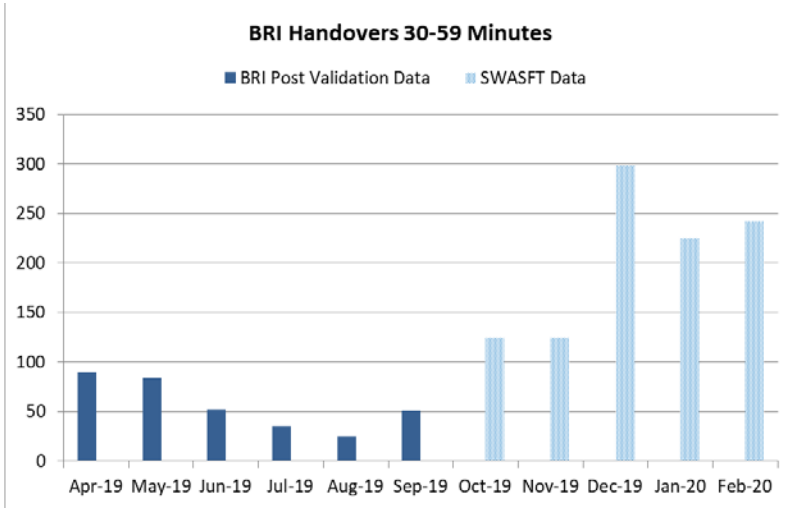


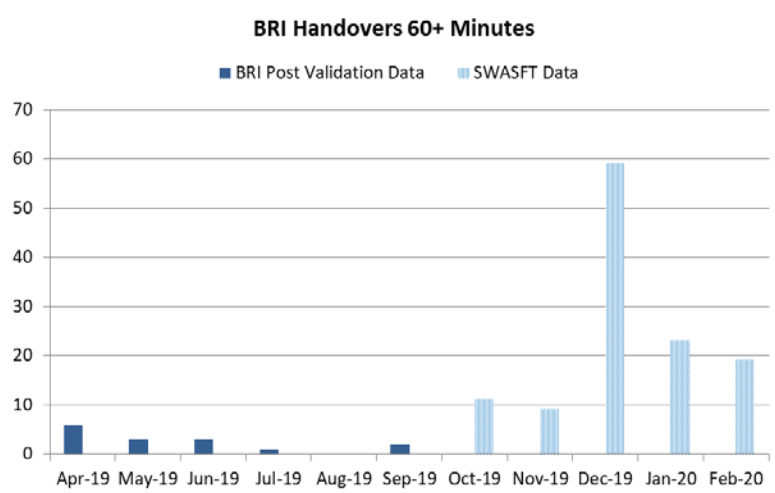


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

AMBULANCE HANDOVERS

Prior to October 2019, the Trust validated the data from the South West Ambulance Service Foundation Trust (SWASFT) and it was this post-validation data that was reported within UHBristol. This did not tally with the data the Ambulance Service was reporting within their organisation. From October 2019, UHBristol discontinued the validation process.

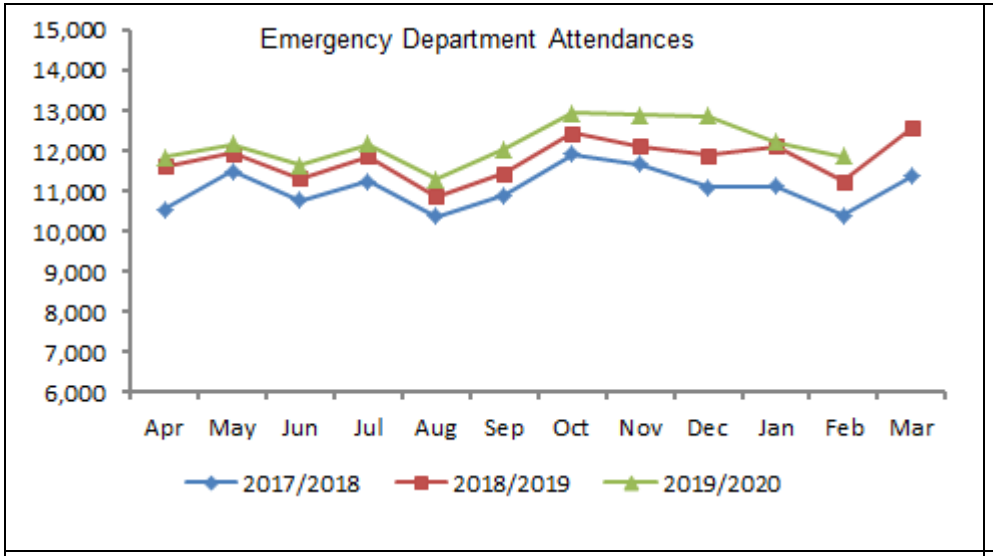


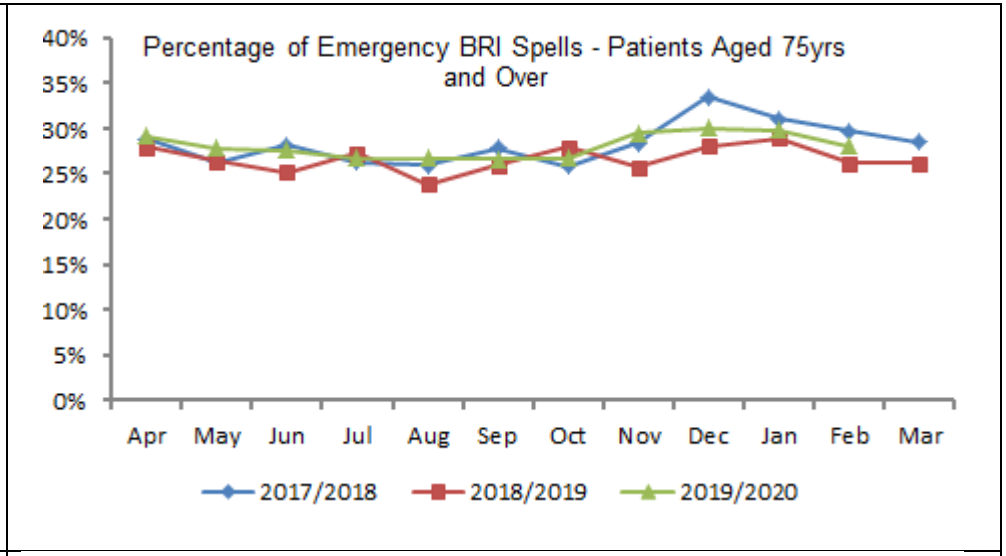


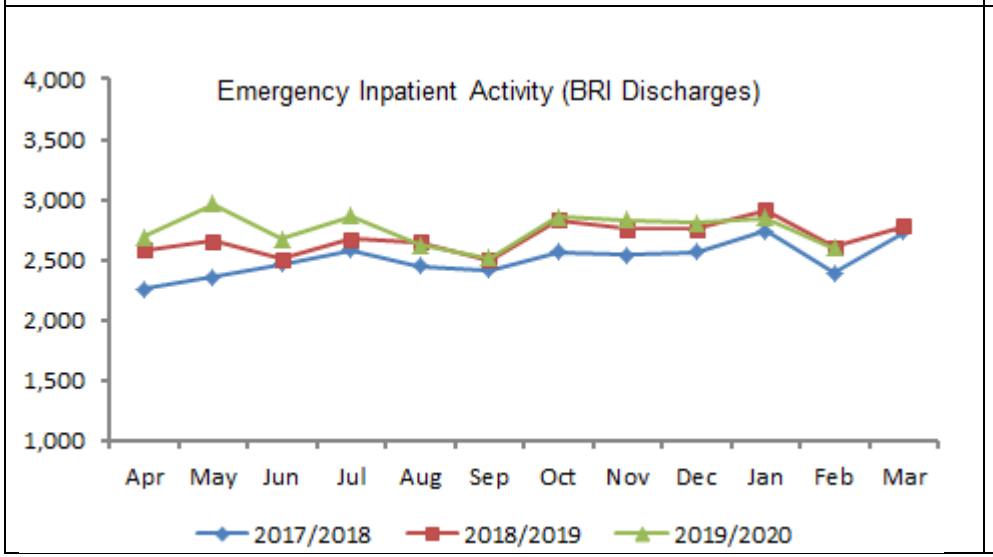
Note that there is no national monthly performance return for this data; it is up to the organisations across the system to agree on the correct data source for these measures. Although data is submitted each day (11am) on the NHSI Daily Situation Report (SitRep), this is only data as at 11am for the previous day, it is for operational purposes and is not necessarily a complete, validated or approved performance data set.

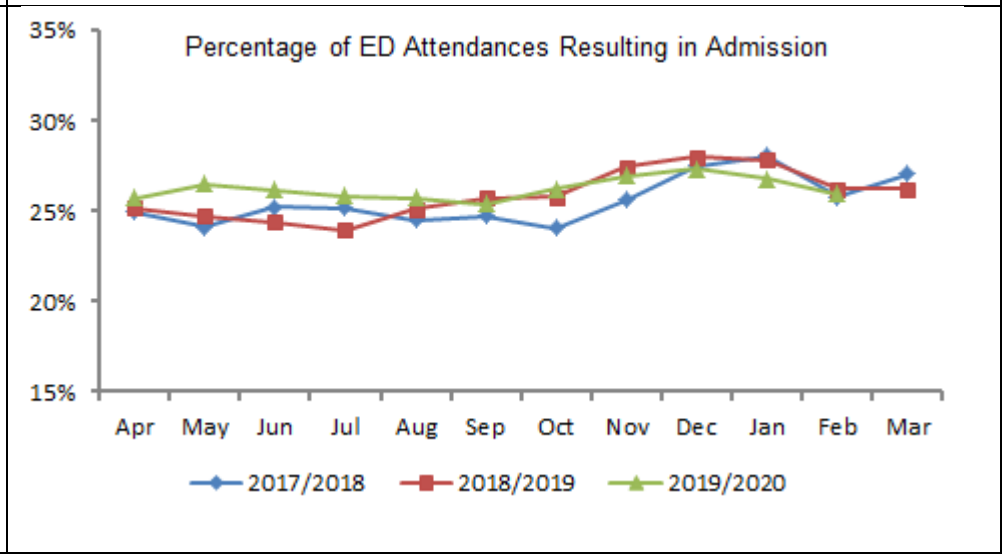
2.3 PERFORMANCE – Responsive Domain

	Attendances		Under 4 Hours		Performance	
	Feb-20	2019/2020	Feb-20	2019/2020	Feb-20	2019/2020
BRI	6174	68798	4063	47099	65.81%	68.46%
Trust	11855	133771	9293	107551	78.39%	80.40%



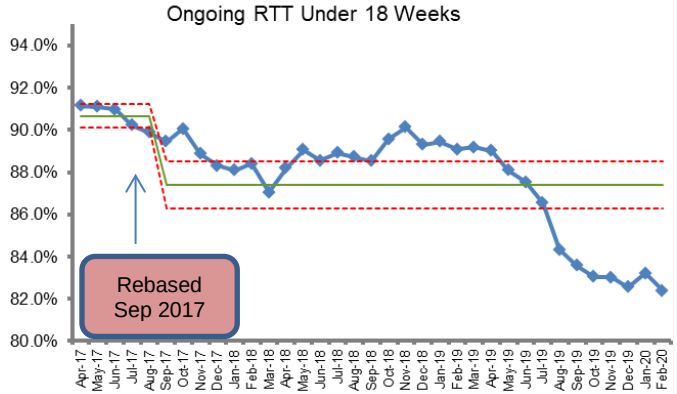


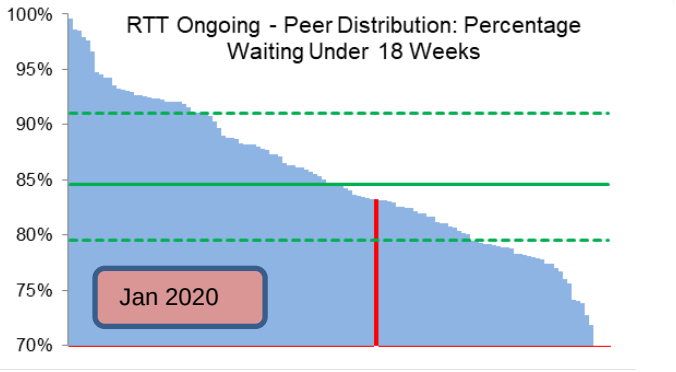




2.3 PERFORMANCE – Responsive Domain

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 86.9% for end of February. In addition, no-one should be waiting 52 weeks or over.
Performance:	At end of February, 82.4% of patients were waiting under 18 week (29,127 out of 35,350 patients). 11 patients were waiting 52+ weeks.
Commentary/ Actions:	The 92% national standard was not met at the end of February and the improvement trajectory of 86.9% was missed. Following agreement with commissioners and the local Trusts (Weston and North Bristol), it was agreed that all three Trusts should report their Outpatient Referral Assessment Service (RAS) patients in their month-end position. These are patients who have been referred but are on eRS awaiting triage and assignment to clinic and so are not on Trust PAS systems. This is in-line with national NHSI guidance. This has resulted in the increased waiting list size this month. The Deputy Chief Operating Officer is setting up a Planned Care Steering Group with divisions. The purpose of the Planned Care Steering Group is to ensure the Trust delivers against the national Referral to Treatment Times (RTT) and diagnostic waiting times standards, identifying areas of risk and overseeing the implementation of remedial actions to ensure performance gets back on track.
Ownership:	Chief Operating Officer



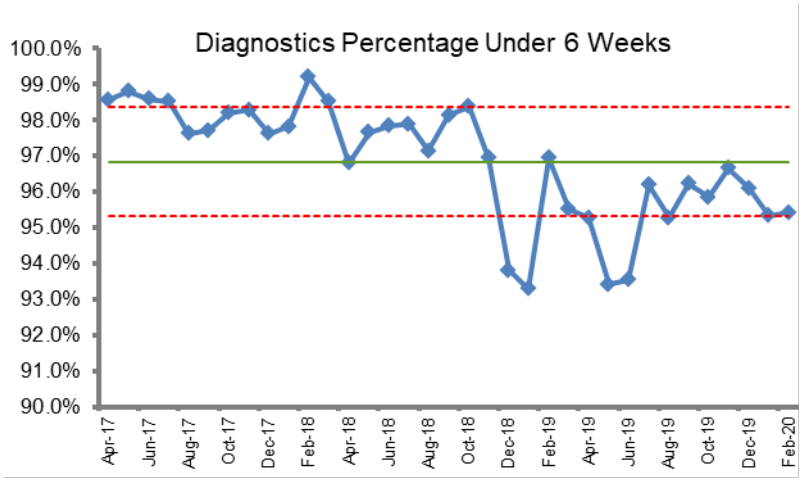


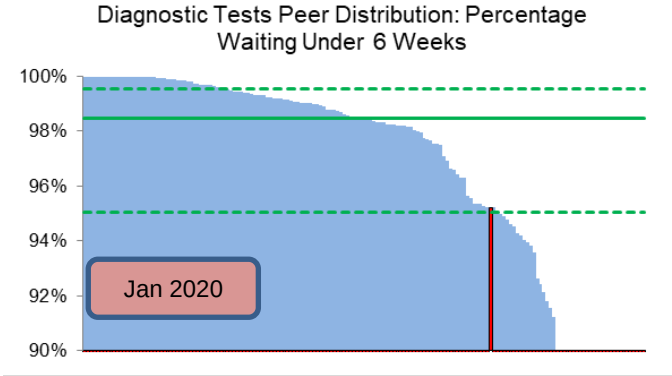
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Ongoing Pathways at Feb-20

	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	2,577	787	69.5%
Cardiothoracic Surgery	386	118	69.4%
Dermatology	2,205	210	90.5%
ENT	3,134	211	93.3%
Gastroenterology	1,272	70	94.5%
General Medicine	16	0	100.0%
Geriatric Medicine	204	3	98.5%
Gynaecology	1,245	217	82.6%
Neurology	173	11	93.6%
Ophthalmology	4,118	498	87.9%
Oral Surgery	3,245	679	79.1%
Other (Clinical Genetics)	942	244	74.1%
Other (Dental)	2,988	770	74.2%
Other (General Surgery)	1,924	510	73.5%
Other (Haem/Onc)	228	30	86.8%
Other (Medicine)	558	32	94.3%
Other (Other)	539	11	98.0%
Other (Paediatric)	7,063	1,411	80.0%
Other (Pain Relief)	122	0	100.0%
Other (Thoracic Surgery)	166	30	81.9%
Plastic Surgery	0	0	-
Rheumatology	498	70	85.9%
Thoracic Medicine	1,073	176	83.6%
Trauma & Orthopaedics	674	135	80.0%
TOTAL	**35,350**	**6,223**	**82.4%**

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. The Trust has committed to recovery by Quarter 4 2019/20
Performance:	At end of February, 95.4 % of patients were waiting under 6 weeks (7,932 out of 8,314 patients). There were 382 breaches of the 6-week standard and a maximum of 83 were needed to achieve 99%.
Commentary/ Actions:	The Trust did not achieve the 99% national standard at end of February. • MRI breach volumes are in Paediatrics (69), which is run by the Diagnostics and Therapies division. Additional capacity was being provided through GLANSO, following a successful trial in February • Adult Endoscopy has worsened: 217 breaches at end of February compared to 167 at end of January. The service had planned for two new Clinical Fellows to start in December; however only 1 post commenced. Winter also saw significant use of the Endoscopy area for escalation capacity for emergency patients, thereby reducing elective capacity for Endoscopy work on two fronts. Insourcing options are in place through GLANSO, but fewer lists than planned ran in February causing this deterioration. COVID-19 pressures and resulting reduction in elective capacity are going to be significant factors in the Trust's ability to deliver this standard. Plans that were being developed for Paediatric MRI and Adult Endoscopy need to be re-worked.
Ownership:	Chief Operating Officer





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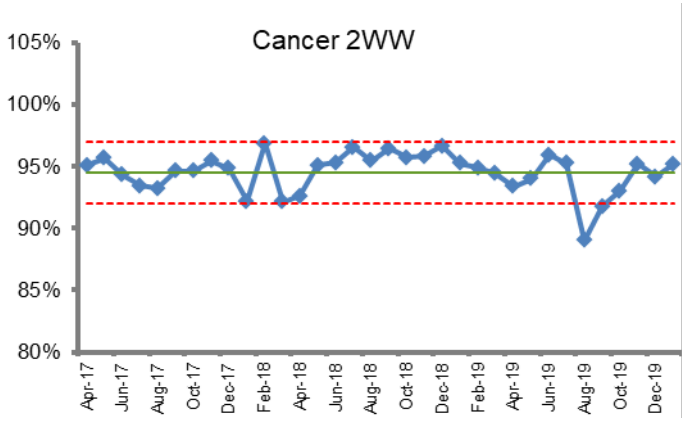
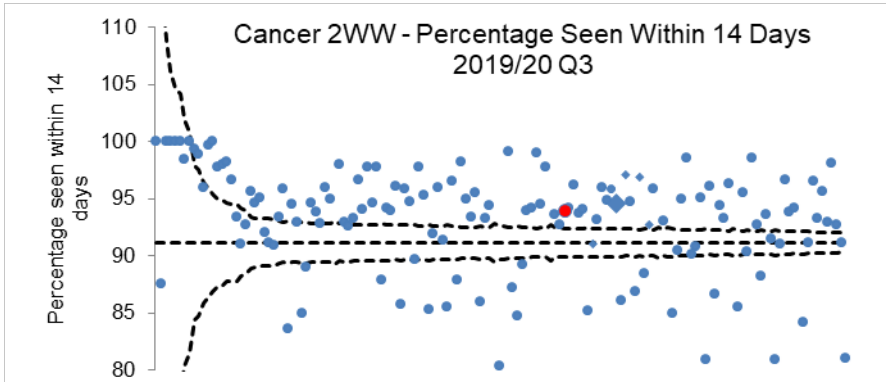
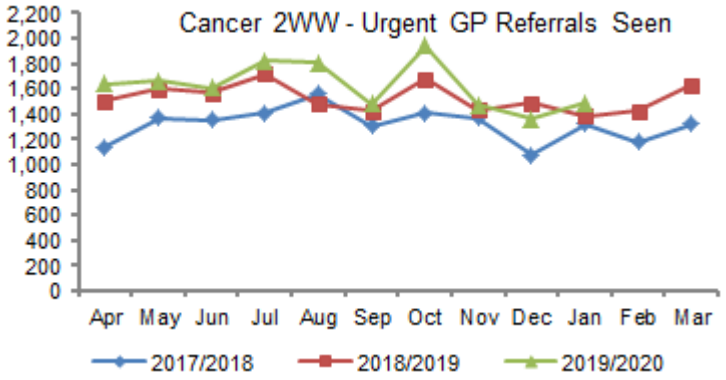
Diagnostic Tests Waiting List at Feb-20	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	298	0	298	100.0%
Colonoscopy	178	156	334	53.3%
CT	1,240	16	1,256	98.7%
DEXA Scan	240	0	240	100.0%
Echocardiography	786	0	786	100.0%
Flexi Sigmoidoscopy	62	30	92	67.4%

	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Gastroscopy	218	67	285	76.5%
MRI	2,124	111	2,235	95.0%
Neurophysiology	95	0	95	100.0%
Sleep Studies	119	2	121	98.3%
Ultrasound	2,571	0	2,571	100.0%
Grand Total	**7,931**	**382**	**8,313**	**95.4%**

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 January, 95.2% of patients were seen within 2 weeks (1418 out of 1490 patients). Quarter 1 2019/20 achieved 94.4%. Quarter 2 achieved 92.0%. Quarter 3 achieved 94.0%
Commentary/ Actions:	The standard was achieved in January and is on track to continue to be achieved, although the impact of coronavirus may start to affect the standard in March depending on how this progresses.
Ownership:	Chief Operating Officer



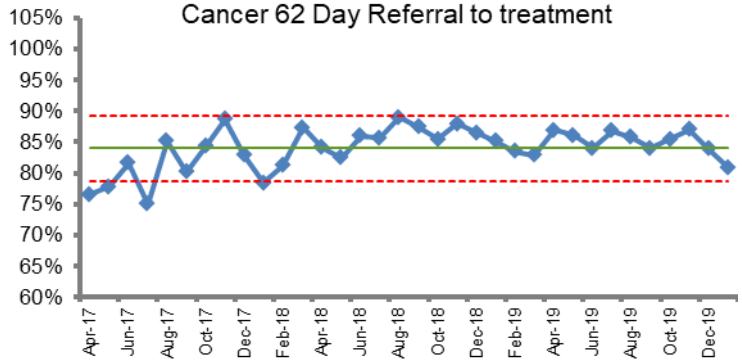


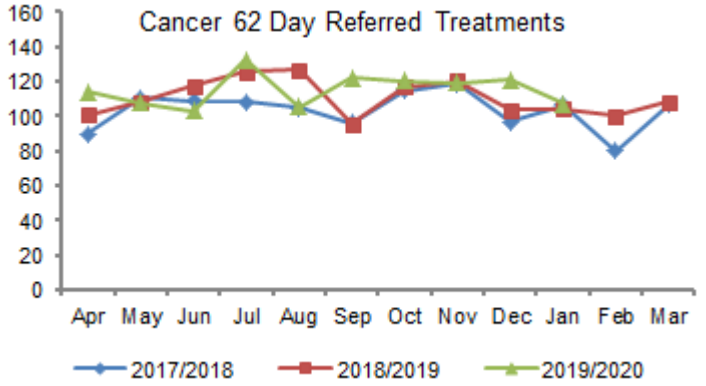


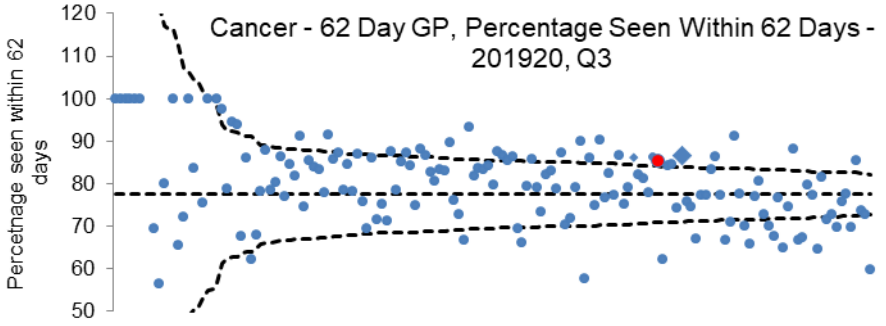
Cancer 2WW - Jan-20

	Under 2 Weeks	Total Pathways	Performance
Skin	0	0	
Suspected children's cancer	20	20	100.0%
Suspected gynaecological cancers	88	92	95.7%
Suspected haematological malignancies e	14	16	87.5%
Suspected head and neck cancers	373	387	96.4%
Suspected lower gastrointestinal cancers	153	172	89.0%
Suspected lung cancer	27	27	100.0%
Suspected skin cancers	654	679	96.3%
Suspected upper gastrointestinal cancers	88	96	91.7%
Grand Total	**1,418**	**1,490**	**95.2%**

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, as submitted to NHS Improvement, has also been set at 85%.
Performance:	For January, 80.8% of patients were seen within 62 days (86.5 out of 107 patients). Quarter 1 2019/20 achieved 85.7%. Quarter 2 achieved 85.6%. Quarter 3 achieved 85.4%
Commentary/ Actions:	The standard was not compliant in January. 49% of breaches were due to cancellations and emergency demand ('winter pressures'). Winter pressures remain a significant risk to sustaining compliance in quarter 4 and early quarter 1. Operational teams continue to work proactively to manage optimally within these restrictions, to minimise delays. Micromanagement of early pathways is used to ensure patients reach a 'decision to treat' as early as possible, maximising opportunities to date patients for surgery within the target date. There is a potential risk to performance from the impact of Coronavirus disease, depending on the extent of the eventual outbreak and the measures required to manage it. This includes the impact of patients declining to attend for appointments due to reluctance to visit public places.
Ownership:	Chief Operating Officer



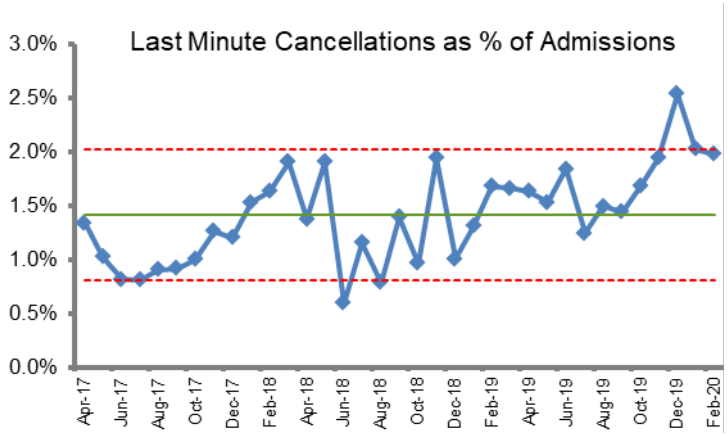


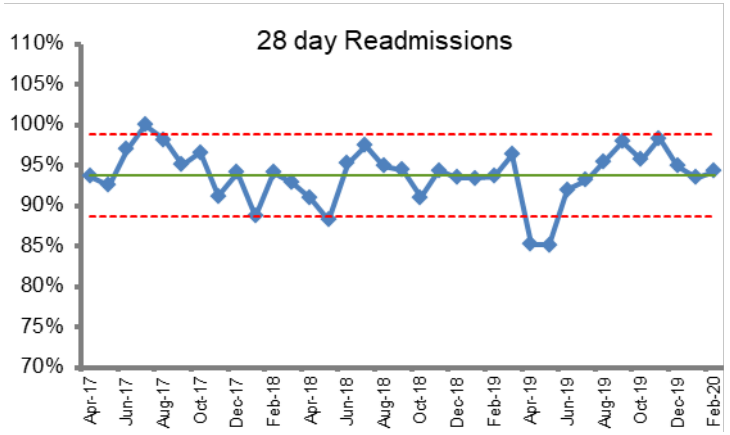


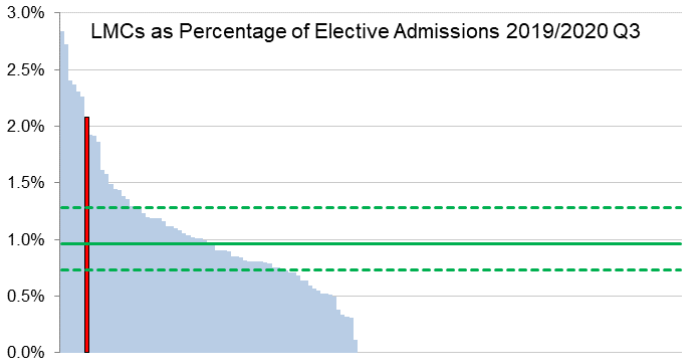
Cancer 62 Day - Jan-20

	Within Target	Total Pathways	Performance
Breast	2.0	2.0	100.0%
Gynaecological	3.5	4.5	77.8%
Haematological	4.0	4.0	100.0%
Head and Neck	3.0	5.0	60.0%
Lower Gastrointestinal	3.0	11.5	26.1%
Lung	14.5	18.5	78.4%
Other	1.0	2.0	50.0%
Skin	51.0	53.0	96.2%
Upper Gastrointestinal	3.5	5.0	70.0%
Urological	1.0	1.5	66.7%
Grand Total	**86.5**	**107.0**	**80.8%**

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 February there were 128 last minute cancellations, which was 1.98% of elective admissions. Of the 140 cancelled in January, 132 (94.3%) had been re-admitted within 28 days. This means eight patients breached the 28 day readmission standard.
Commentary/ Actions:	The most common reason for cancellation was "No Theatre Staff" (22 cancellations) and "No Beds Available" (21 cancellations). Overall there were 30 in Cardiac Services, 11 in ENT & Thoracics, 15 in Gastrointestinal Surgery, 28 in Ophthalmology, 5 in Trauma & Orthopaedics, 12 in Dental Services, 5 in Gynaecology and 21 in Paediatrics. The rise in "No Theatre Staff" is related to a single day in the Eye Hospital when 13 admissions were cancelled due to short notice sickness. The 28 day breaches were in Trauma & Orthopaedics (1), Colorectal Surgery (3), Endoscopy (2), Upper Gastrointestinal Surgery (1) and Maxillo Facial Surgery (1).
Ownership:	Chief Operating Officer







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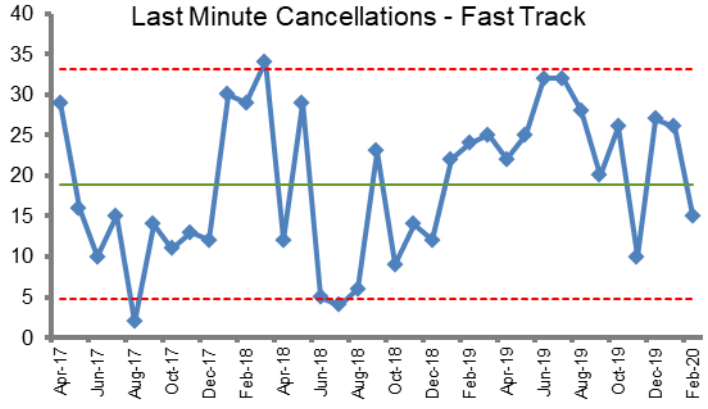
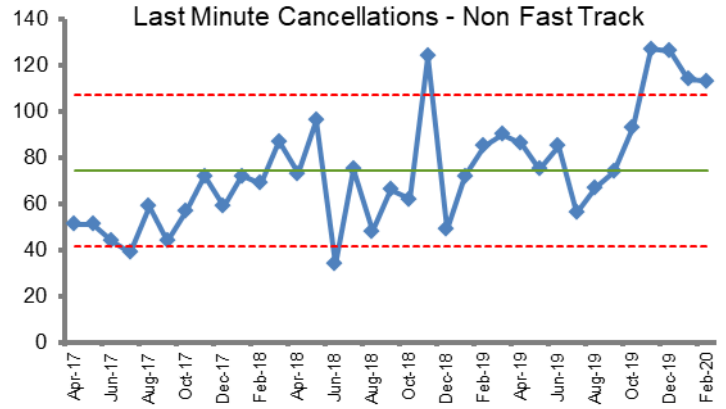
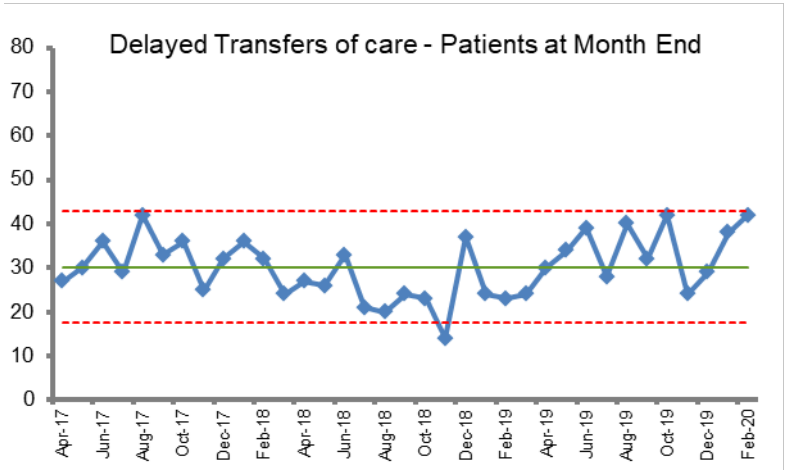


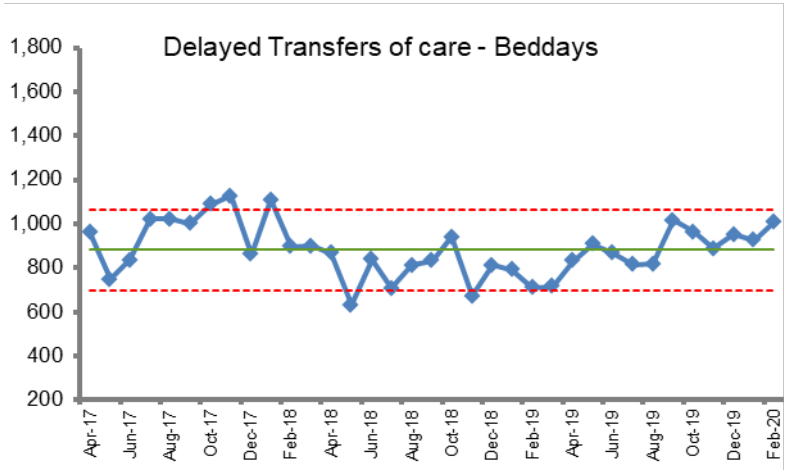


Cancellation Reason	Fast Track	Routine	Urgent	TOTAL
No Theatre Staff	0	19	3	22
No Beds Available	1	10	10	21
Other Emergency Patient Prioritised	3	13	3	19
Equipment Failure	0	7	4	11
No HDU Beds	5	6	0	11
Booking Error	0	4	5	9
AM list over-ran	0	3	2	5
No ITU Beds	3	1	1	5
No CICU Beds	0	2	2	4
Other clinically complicated Patient in theatre	2	1	0	3
Other Non Emergency Patient Prioritised	0	3	0	3
Anaesthetist Ill	0	2	1	3
Surgeon Unavailable	0	2	1	3
List Overbooked	0	2	0	2
Infection	0	2	0	2
Op Brought Forward	0	1	0	1
Surgeon Taken Ill	0	1	0	1
List did not start on time	0	0	1	1
No Ward Staff	1	0	0	1
Equipment Unavailable	0	1	0	1
TOTAL	**15**	**80**	**33**	**128**

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 February there were 42 Delayed Transfer of Care patients as at month-end (including 13 at South Bristol), and 1007 beddays consumed by DToC patients.
Commentary/ Actions:	The Integrated Care Bureau (ICB) managed 299 SRF's (Single Referral Forms) in February 2020. 83 patients were referred to Pathway 1/Homefirst, 27 for Pathway 2 and 18 for Pathway 3. The ICB also managed 64 SRF's for North Somerset, South Gloucestershire and Weston in February 2020. Care Home Selection continues to work with self-funding patients which helps reduce delays for patients awaiting long term care (either home or an intermediate care setting). 15 referrals were managed by the team in February with 12 patients being placed. Green to Go patient reporting is done directly from Medway and has proven to be a great success. Manual data entry has been eliminated and information is now more accurate and up to date.
Ownership:	Chief Operating Officer

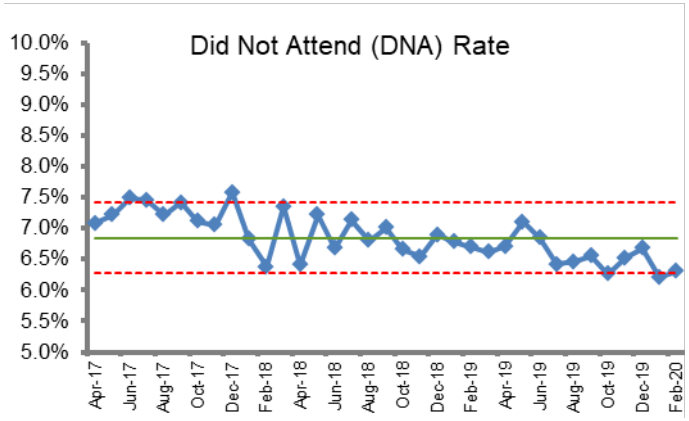




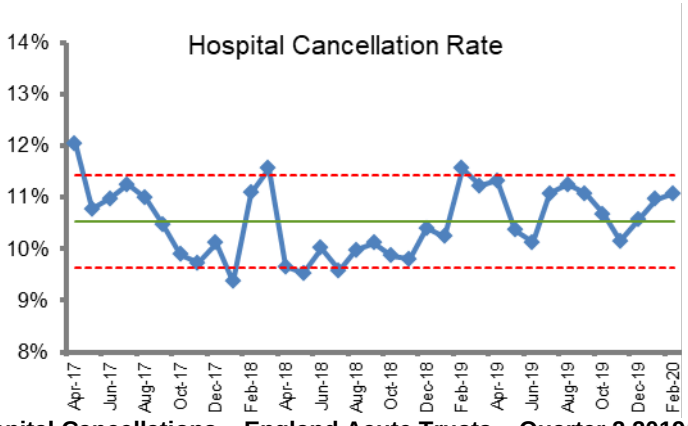
			Feb-20			
Code	Reason	Accountable	Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	7	106	2	18
		NHS	2	48	0	6
		Social Care	6	220	3	27
C	Further non acute NHS care	NHS	0	3	0	0
Di	Care Home Placement	NHS	1	8	1	23
		Social Care	2	29	1	10
Dii	Care Home Placement	NHS	2	89	0	13
		Social Care	4	72	0	10
E	Care package in own home	NHS	1	59	2	13
		Social Care	3	113	4	95
F	Community equipment / adaptions	Both	0	0	0	2
		Social Care	0	33	0	0
I	Housing - patient not covered by NH	NHS	1	10	0	0
TOTAL			29	790	13	217

2.3 PERFORMANCE – Responsive Domain

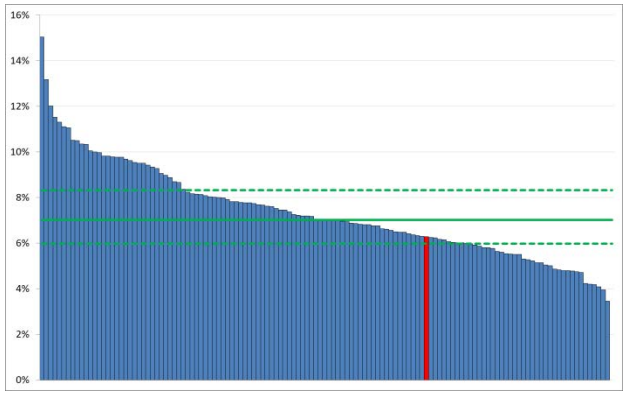
Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. DNA 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 February there were 10,030 hospital-cancelled appointments, which was 11.1% of all appointments made. There were 4,108 appointments that were DNA'ed, which was 6.3% of all planned attendances.
Commentary/ Actions:	The new Outpatient Services Manager is now in post, and the remit of the Outpatient Steering Group is under review with the Deputy Chief Operating Officer. Part of this will be reviewing the key performance metrics that need to be delivered going into 2020/21.
Ownership:	Chief Operating Officer

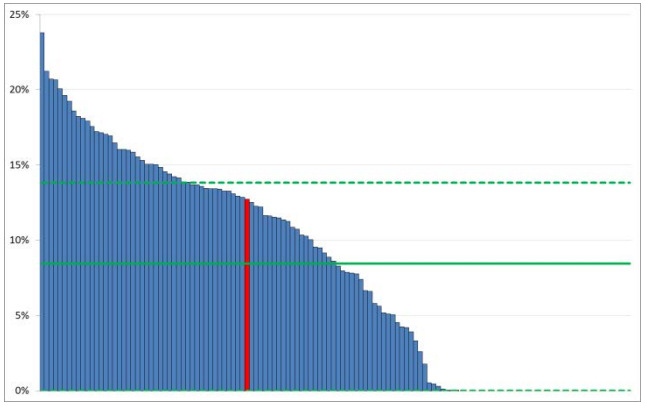


DNA Rate – England Acute Trusts – Quarter 2 2019/20



Hospital Cancellations – England Acute Trusts – Quarter 2 2019/20



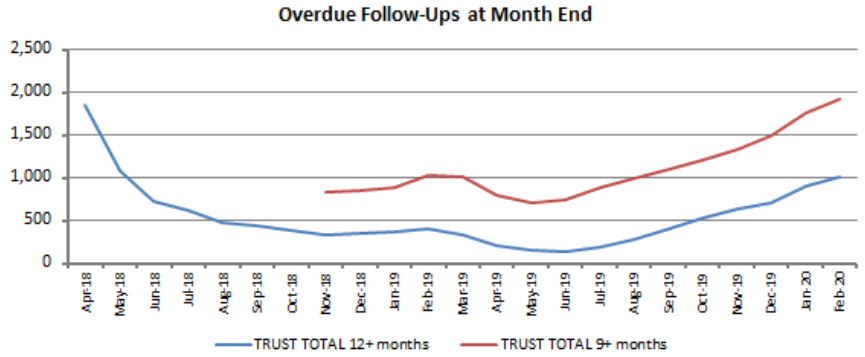


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

2.3 PERFORMANCE – Responsive Domain

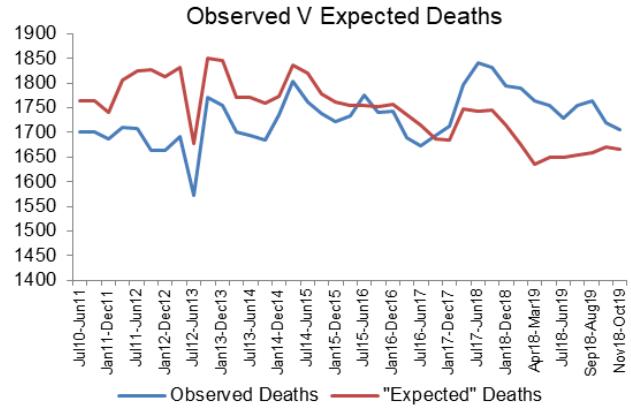
Outpatient – Overdue Follow-Ups	
Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in Outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of February, number overdue by 12+ months is 1008 and overdue by 9+ months is 1931.
Commentary/ Actions:	The focus remains on two specialties: Trauma & Orthopaedics and Clinical Genetics. All other areas have cleared the 9+ month backlog and are focussed on the 6-8 month cohort. For Trauma & Orthopaedics, the service is piloting the use of extended role physiotherapists to provide some additional capacity. Please note that although there is an increase in these volumes it is confined to two specialties with known capacity issues. The Trust overall has made significant improvements since 2017 when the numbers overdue by 6+ months stood at 9,000.
Ownership:	Chief Operating Officer

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
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	0	0	0	0
	Medicine	461	133	23	5	7	3	3	2	3	4	3	3	3	3	3	3	3	3	1	1	1	4	4
	Specialised Services	188	206	214	208	95	58	67	7	5	8	12	0	0	34	62	90	136	183	274	321	348	418	460
	Surgery	444	221	92	17	3	0	0	0	0	11	23	49	61	62	66	91	135	214	243	309	362	487	543
	Women's and Children's	756	526	387	387	371	375	322	323	350	351	360	282	150	46	3	0	2	2	5	2	2	0	1
	TRUST TOTAL 12+ months	**1,849**	**1,086**	**716**	**617**	**476**	**436**	**392**	**332**	**358**	**374**	**398**	**334**	**214**	**145**	**134**	**184**	**276**	**402**	**523**	**633**	**713**	**909**	**1,008**
Outpatients Overdue by 9+ Months	Diagnostics and Therapies								3	2	0	0	0	0	0	2	0	0	0	0	0	0	0	0
	Medicine								20	4	4	3	4	4	3	3	4	4	5	5	6	7	27	93
	Specialised Services								125	95	142	247	253	181	261	278	323	392	450	503	536	569	619	661
	Surgery								125	124	108	146	216	264	272	333	450	499	586	630	724	858	1,052	1,131
	Women's and Children's								565	620	640	629	530	349	174	128	111	101	66	62	61	51	63	46
	TRUST TOTAL 9+ months								**838**	**845**	**894**	**1025**	**1003**	**798**	**710**	**744**	**888**	**996**	**1107**	**1200**	**1327**	**1485**	**1761**	**1931**

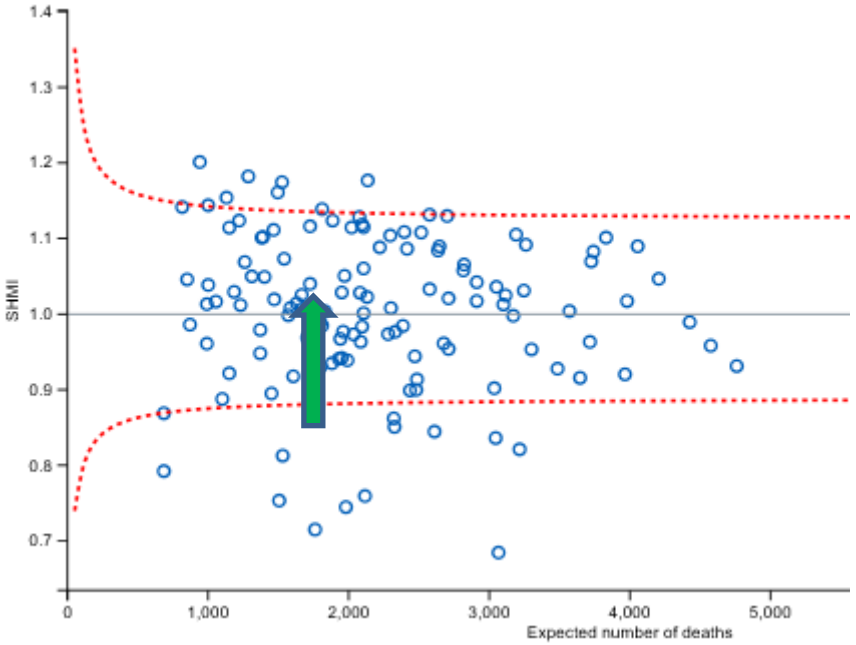


Mortality - Summary Hospital Mortality Indicator (SHMI)	
Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is now published monthly and covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	Latest SHMI data is for 12 month period November 2018 to October 2019. The SHMI was 102.4 (1705 deaths and 1665 “expected”). The Trust is in NHS Digital’s “As Expected” category.
Commentary/ Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required. Please also see The narrative for HSMR below.
Ownership:	Medical Director

Publicaiton Number	Timeframe	Observed Deaths	"Expected" Deaths
21	Jul15-Jun16	1,775	1,754
22	Oct15-Sep16	1,741	1,752
23	Jan16-Dec16	1,743	1,758
24	Apr16-Mar17	1,690	1,737
25	Jul16-Jun17	1,674	1,714
26	Oct16-Sep17	1,693	1,686
27	Jan17-Dec17	1,712	1,684
28	Apr17-Mar18	1,796	1,748
29	Jul17-Jun18	1,841	1,744
30	Oct17-Sep18	1,833	1,745
31	Jan18-Dec18	1,795	1,715
32	Mar18-Feb19	1,790	1,675
33	Apr18-Mar19	1,765	1,635
34	Jun18-May19	1,755	1,650
35	Jul18-Jun19	1,730	1,650
36	Aug18-Jul19	1,755	1,655
37	Sep18-Aug19	1,765	1,660
38	Oct18-Sep19	1,720	1,670
39	Nov18-Oct19	1,705	1,665

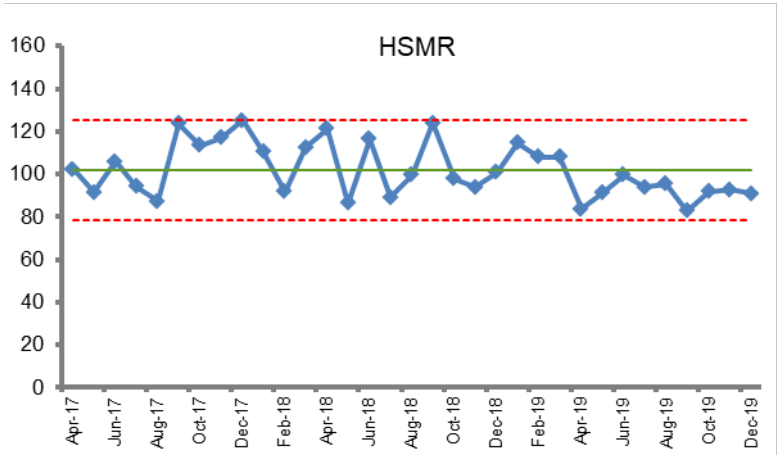


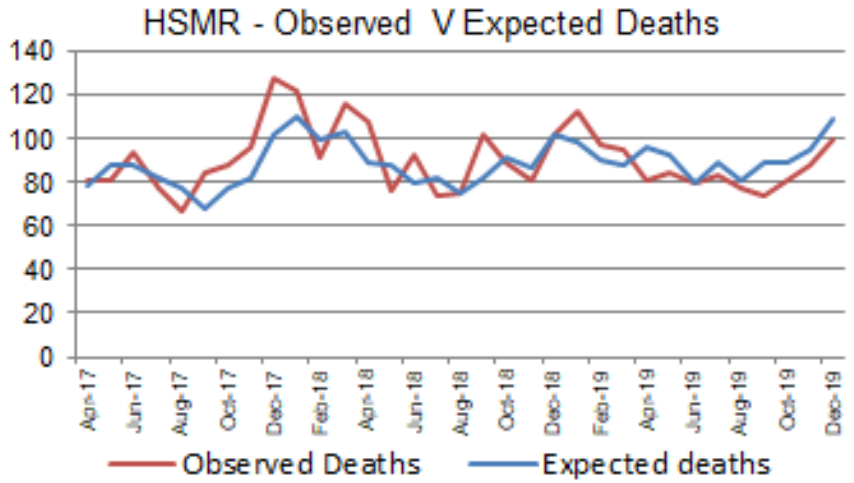
November 2018 to October 2019



2.4 PERFORMANCE – Effective Domain

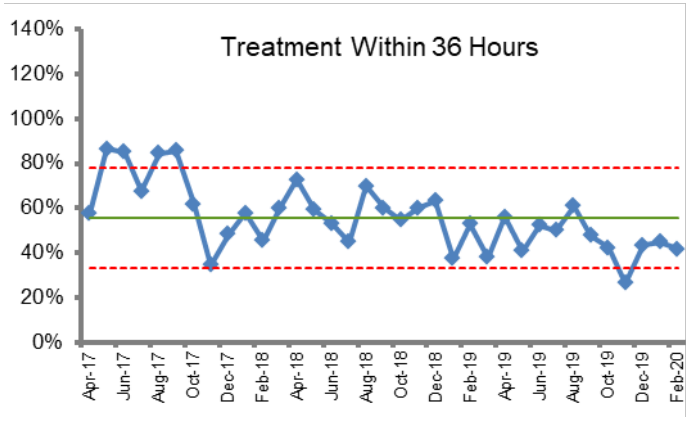
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for December 2019. The HSMR was 91.0 (99 deaths and 109 "expected")
Commentary/ Actions:	As previously reported, actions are being taken in response to the detailed report into the trust's HSMR and mortality for acute myocardial infarction. These actions include improving palliative care coding and improvements in repatriating patients to their local hospital following acute coronary intervention. It will take several months before the impact of actions is seen in HSMR.
Ownership:	Medical Director

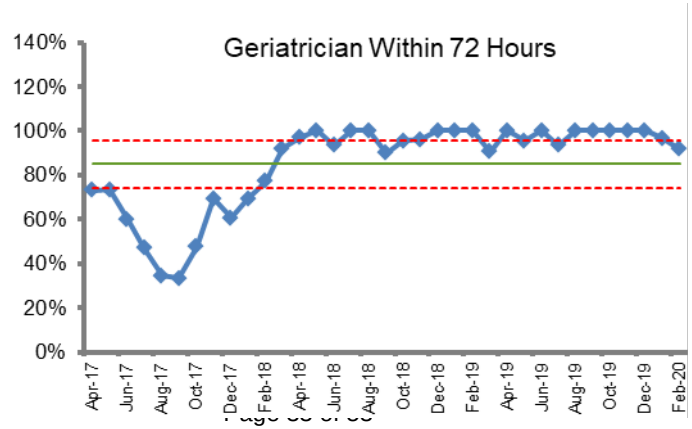


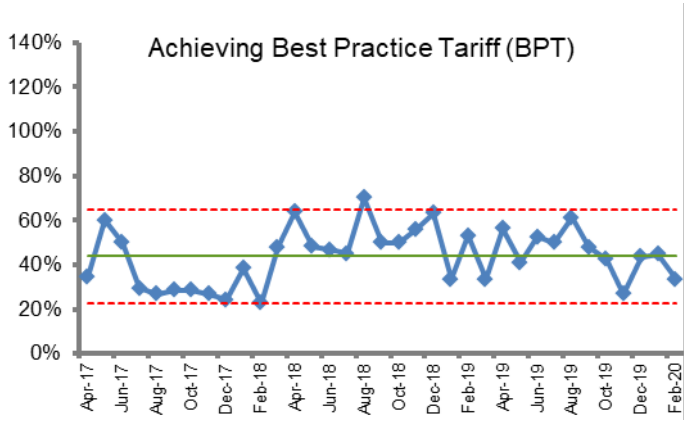


2.4 PERFORMANCE – Effective Domain

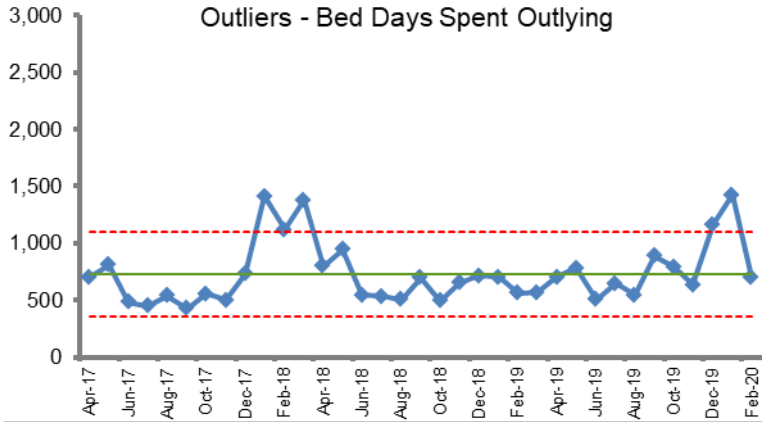
Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In February, there were 27 patients discharged following an admission for fractured neck of femur. Of these, 24 were eligible for Best Practice Tariff (BPT). For the 36 hour target, 42% (10 patients) were seen with target. For the 72 hour target, 92% (22 patients) were seen within target. Therefore 8 patients (33%) achieved all elements of the Best Practice Tariff.
Commentary/ Actions:	Ongoing Actions: • Recruitment to two additional Trauma & Orthopaedic consultants is complete. Both consultants are now in post. This will release the trauma list cover and enable the on-call cover to move from 1:10 to 1:12 with further plans for PAs to be released to create 1:14 rota. However, due to the resignation of another consultant, the rota will only be 1:11 until the posts are all fully recruited to. Interviews to replace this consultant who has recently resigned were set for 12th March 2020, but unfortunately, all three applicants have pulled out of the interview. We will now plan to appoint a locum consultant if possible. • Two of the newly appointed surgeons have a sub-specialism in hips, whereas at the moment we only have one. Having more consultants available who specialise in hip surgery will mean there will be more flexibility in terms of staffing theatres with the appropriate operating skills and enabling hip surgery to happen more flexibly. The final hip specialist is due to start in August 2020. • A job planning meeting has been held with the orthopaedic consultant body and there are plans for the job plans to be amended to provide more consistent trauma consultant cover. This will be enacted in early 2020 in line with the start date of the newly appointed consultant. We have appointed a deputy clinical director who has been asked to focus on job plans which will give the dedicated time to ensure this is enacted as soon as possible. The new Deputy has completed job planning with all consultants and will be undertaking a 'check and challenge' session with surgical management to ensure that the new plans work operationally. • The change to the on-call rotas (that will happen upon the implementation of the new job plans) will mean a team-based approach to on-call, providing more sub-speciality availability on any given day/week for trauma cover. Therefore, hip fracture patients are more likely to be operated on in a more timely manner, rather than having to wait for a consultant with the appropriate sub-speciality interest to be available. • The appointment of additional consultants, along with the job planning of the remaining consultants, will enable all-day operating lists to be organised for trauma, which will increase efficiency and enable more cases to be carried out on a given day. There will also be flexibility to split the lists on a given day, if it were to be more productive to provide two sub-specialist consultants on the same day, depending on what the case mix is of trauma patients • A third ortho-geriatric consultant has been appointed to support silver trauma and is now in post. This is supporting the silver trauma wards with patient care and flow and is already evident in our performance regarding the 100% achievement of being reviewed by ortho geriatrician.
Ownership:	Medical Director

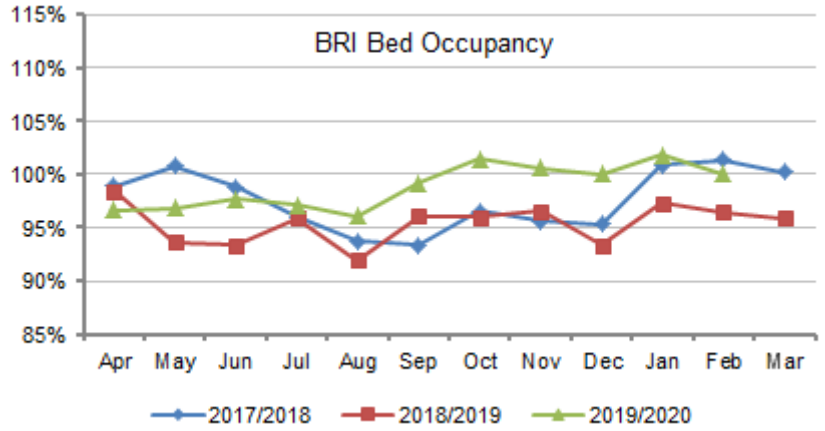


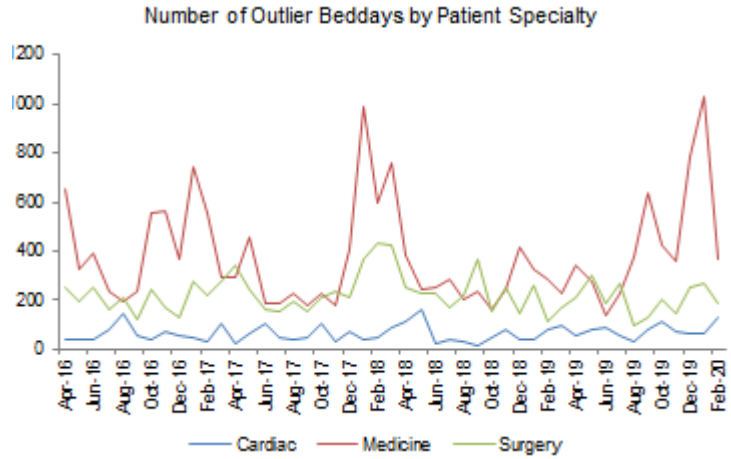




Outliers	
Standards:	This is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.
Performance:	In February there were 699 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary/ Actions:	The February target of no more than 928 beddays was achieved. Of all the outlying beddays 366 were Medicine patients, 129 were Specialised Services patients and 188 were Surgery patients. 180 beddays were patients outlying overnight in Escalation capacity in Queens' Day Unit (A414).
Ownership:	Chief Operating Officer

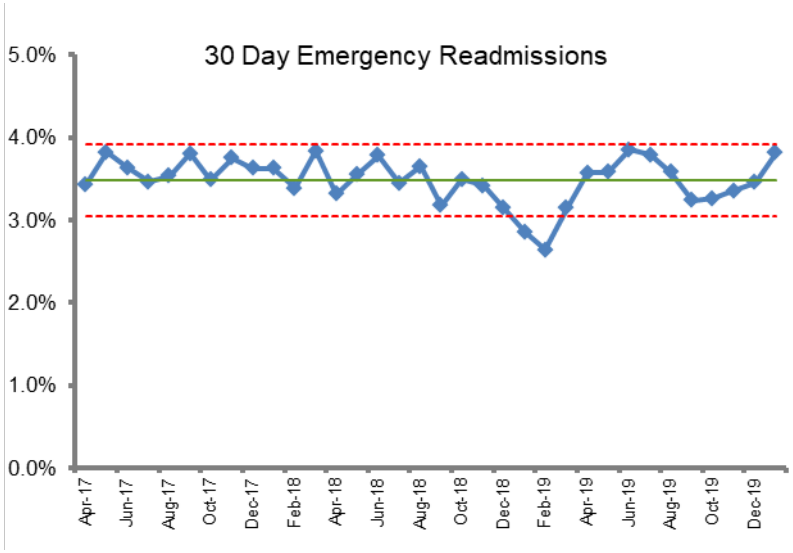






2.4 PERFORMANCE – Effective Domain

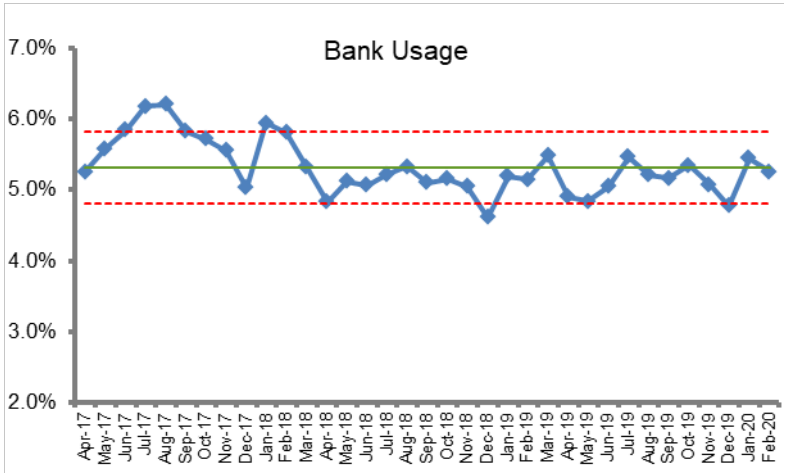
30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain 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 January, there were 13,370 discharges, of which 510 (3.82%) had an emergency re-admission within 30 days.
Commentary/ Actions:	10.2% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.8% from Surgery and 1.3% from Specialised Services. Data is monitored on a regular basis through divisional performance reviews and is included on the speciality performance reports.
Ownership:	Chief Operating Officer



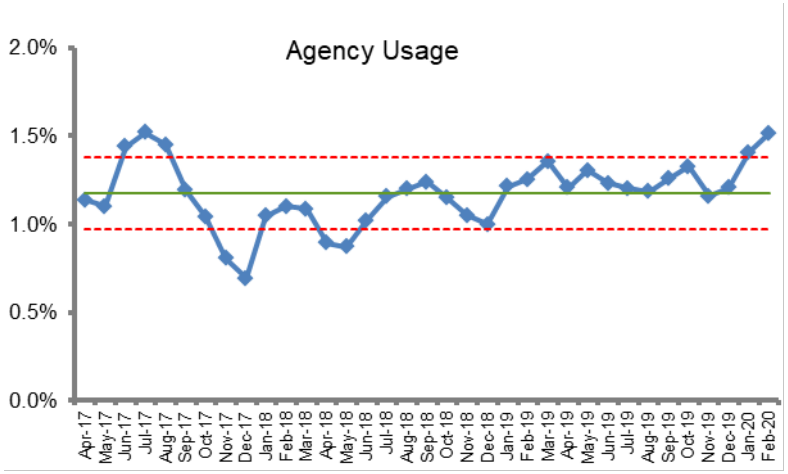
Discharges in January 2020

	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	0	39	0.00%
Medicine	281	2,760	10.18%
Specialised Services	37	2,916	1.27%
Surgery	126	3,343	3.77%
Women's and Children's	66	4,312	1.53%
TRUST TOTAL	**510**	**13,370**	**3.81%**

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 February 2020, total staffing was at 9321 FTE. Of this, 5.2% was Bank (489 FTE) and 1.5% was Agency (141 FTE).
Commentary/ Actions:	**Agency usage** increased by 11.2 FTE. The largest reduction was seen in the division of Surgery, reducing to 27.5 FTE from 26.6 FTE the previous month. The largest increase was seen in the division of Women's and Children's, increasing to 22.3 FTE compared to 14.9 FTE in the previous month. The largest staff group reduction was within Medical Staff, reducing to 5.8 FTE compared to 7.0 FTE in the previous month. The largest staff group increase was within Nursing and Midwifery staff, increasing to 129.1 FTE compared to 117.4 FTE in the previous month. **Bank usage** reduced by 15.4 FTE. Two divisions saw increases in bank usage. The largest increase was seen in the division of Medicine, increasing to 146.6 FTE from 139.2 FTE the previous month. The largest divisional reduction was seen in Trust Services, reducing to 29.5 FTE from 39.0 FTE the previous month. All staff groups reduced bank usage, except Nursing and Midwifery staff, where usage increased to 340.89 FTE compared with 336.0 in the previous month. The largest reduction was within Admin and Clerical staff, reducing to 81.9 FTE compared to 96.1 FTE in the previous month. ▪ Work continues with BNSSG partners to drive down the cost of RN agency supply which has seen significant challenges with ongoing operational pressures. This has resulted in an increase in use across high cost agencies including non-framework. Close focus continues with development of mitigating plans. ▪ Winter bank recruitment campaign continues to see new starters register with the Staff Bank. This will move into a refreshed summer campaign commencing in April 2020. ▪ Success has been seen with the newly adopted recruitment assessment centre model for the non-clinical bank workforce in order to improve time to hire and the quality of appointments. ▪ A successful assessment centre pilot for the recruitment to Bank NA roles has been held at Weston, seeing 12 offers of appointment being seen. The new approach is to be evaluated with the ambition of it being adopted for the new Division of Weston on a bi-monthly basis, creating a robust bank pool. ▪ The Trust Pay Assurance Group approved the extension until the end of May of the premium bank rate in targeted areas in order to reduce reliance on high cost non framework agency use.
Ownership:	Director of People

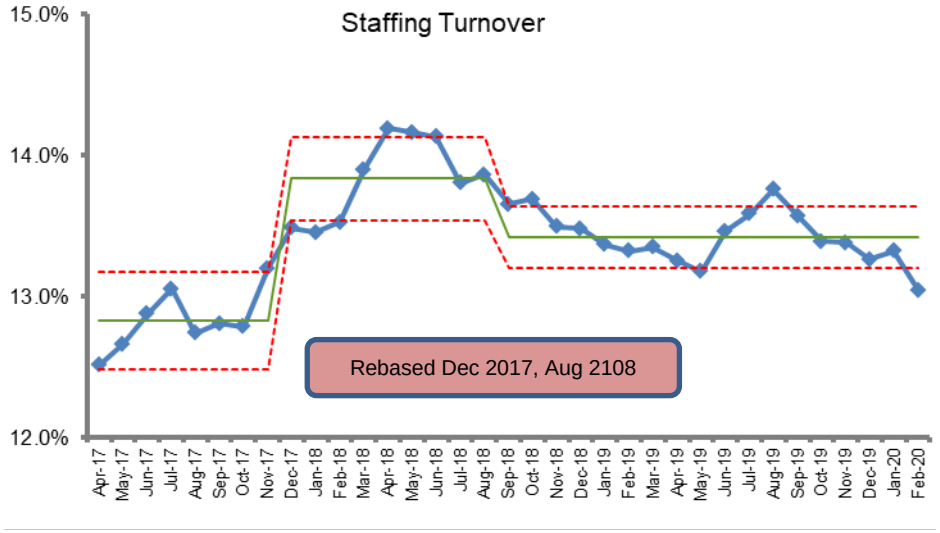


Bank	Feb FTE	Feb Actual %	KPI
UH Bristol NHS Foundation Trust	**489.3**	5.2%	**4.4%**
Diagnostics & Therapies	13.6	1.3%	1.4%
Medicine	146.6	10.2%	9.9%
Specialised Services	66.9	6.1%	6.5%
Surgery	104.2	5.5%	4.3%
Women's & Children's	82.6	3.8%	0.9%
Trust Services	29.5	3.3%	3.4%
Facilities & Estates	45.9	6.1%	6.4%



Agency	Feb FTE	Feb Actual %	KPI
UH Bristol NHS Foundation Trust	**141.3**	**1.5%**	**0.8%**
Diagnostics & Therapies	4.4	0.4%	0.9%
Medicine	71.6	5.0%	2.2%
Specialised Services	16.5	1.5%	0.8%
Surgery	26.6	1.4%	0.3%
Women's & Children's	22.3	1.0%	0.4%
Trust Services	0.0	0.0%	0.8%
Facilities & Estates	0.0	0.0%	0.5%

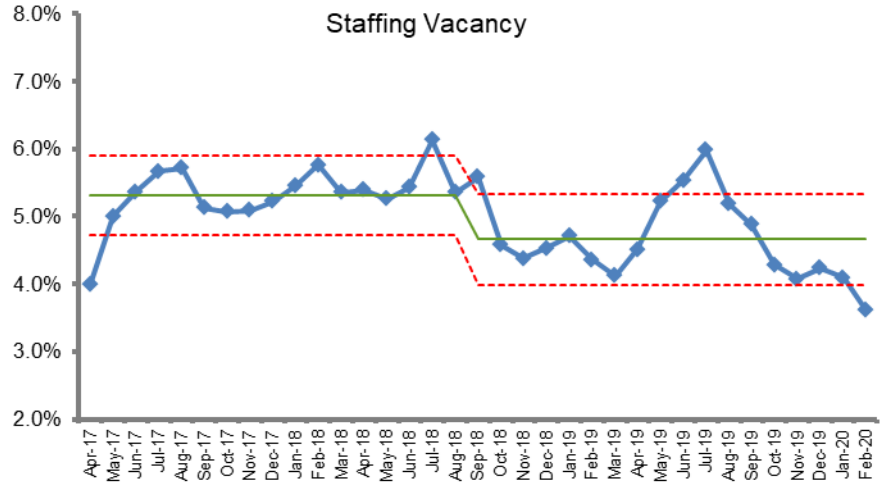
Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In February 2020, there had been 953 leavers over the previous 12 months with 7308 FTE staff in post on average over that period; giving a Turnover of 953 / 7308 = 13.0%.
Commentary/ Actions:	Turnover reduced to 13.0% from 13.3% last month, two divisions saw an increase in turnover whilst five divisions saw a reduction in turnover. The largest divisional increase was seen within Surgery, increasing to 13.2% from 12.7% the previous month. The largest divisional reduction was seen within Medicine, reducing to 15.0% from 16.1% the previous month. The biggest reduction in staff group were seen within Allied Health Professionals, where turnover reduced by 0.8 percentage points. The largest increase in staff group was seen within Additional Clinical Services (0.5 percentage points). ▪ National Staff survey results have been released and delivered to the organisation along with local survey results including heat maps. The staff engagement figure remains positive at 7.2 with the average for acute Trust score of 7.0 ▪ Q3 Exit Questionnaire presented to People Committee. Q4 report will feature further developments to improve reporting and will tie in with National Staff Survey results. ▪ An Action Plan to support the retention programme initiatives will be developed in order to support evaluation of the effectiveness of the new toolkits and revised policies.
Ownership:	Director of People



Turnover	Feb-20	KPI
UH Bristol NHS Foundation Trust	13.0%	**13.0%**
Diagnostics & Therapies	12.5%	11.2%
Medicine	15.0%	14.0%
Specialised Services	14.3%	13.6%
Surgery	13.2%	12.5%
Women's & Children's	11.8%	11.5%
Trust Services	12.4%	15.2%
Facilities & Estates	12.9%	16.0%

2.5 PERFORMANCE – Efficient Domain

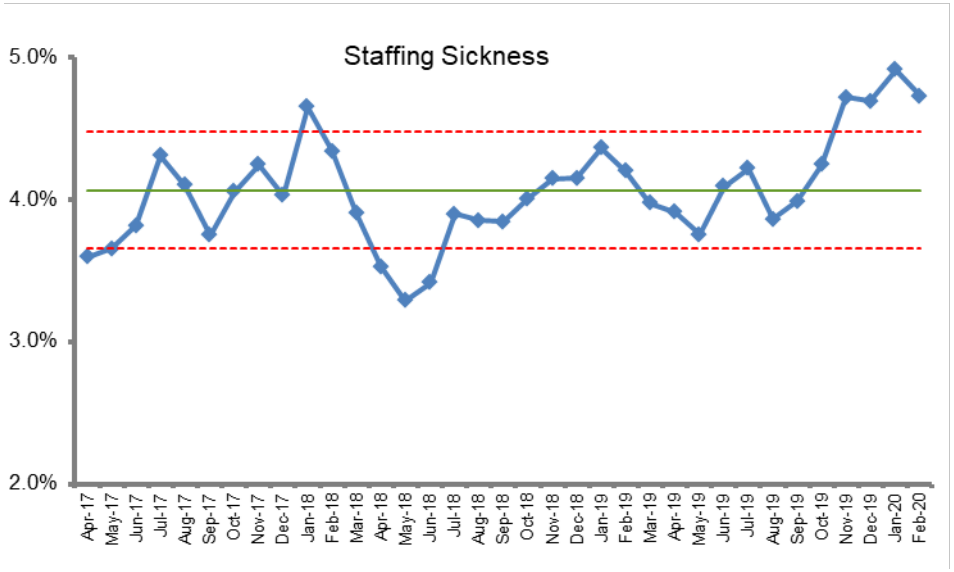
Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In February 2020, funded establishment was 9017 FTE, with 327 FTE as vacancies (3.6%).
Commentary/ Actions:	Overall vacancies reduced to 3.6% compared to 4.1% in the previous month. Staff group increases were seen within Admin and Clerical and Ancillary staff, increasing by 2.0 FTE and 3.0 FTE respectively, compared with the previous month. Reductions were seen in all other staff groups; the largest was in Nursing, which reduced to 190.9 FTE from 223.8 FTE the previous month. Surgery had the largest Divisional reduction to 66.4 FTE from 91.3 FTE the previous month. ▪ Successful Critical Nurse Open Day Campaign has been held in February, seeing 7 nurses attending and 3 interviewed and offered on the day. ▪ Appointment of two permanent Consultant Radiologists in the subspecialties of MSK and Gynae. ▪ Recruitment Pack created and approved for 1 April 2020 including the newly merged Offer letter, Contract of Employment, Chief Executive Welcome letter and new style Job Description and Person Specification. ▪ New LinkedIn social media approach outlined and agreed ready for roll out in April. Benchmarking UHBristol against other University Hospital Trusts, of the 37 organisations benchmarked, UHB has the highest engagement rate on posts (8.8%) and has the 2nd highest number of posts. The aim going forward is to concentrate on increasing followers and driving more traffic to the UHB careers website to improve conversion rates. ▪ A Clinical Education Fellows landing page designed and promoted using Linked in, to help drive applications for the different types or roles ▪ New advertising campaign set to go live for the March RN Open Day ▪ Four ED Middle Grade Doctors have been offered to start in August, two of which came as a direct result of the EMTA conference and marketing.
Ownership:	Director of People



Vacancy	Feb-20	KPI
UH Bristol	3.6%	5.0%
Diagnostics & Therapies	4.2%	5.0%
Medicine	3.3%	5.0%
Specialised Services	4.4%	5.0%
Surgery	3.6%	5.0%
Women's & Children's	1.2%	5.0%
Trust Services	2.6%	5.0%
Facilities & Estates	9.9%	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 February, total available FTE days were 250,636 of which 11,847 (4.9%) were lost to staff sickness.
Commentary/ Actions:	Sickness absence reduced to 4.7% compared with the previous month, with an increase in just one division. The division of Women's and Children's saw the only increase, rising from 4.0% last month to 4.5%. Facilities and Estates saw the largest divisional reduction, reducing by 0.8 percentage points compared to the previous month. The largest staff group increase was seen in Medical and Dental, where sickness increased to 2.7% compared with 2.3% in the previous month. The largest staff group reduction was seen within Estates and Ancillary, reducing to 8.2% from 8.7% in the previous month. ▪ An e-learning session on 'stress awareness & self-care' will be delivered in May 2020 ▪ Over 100 staff have accessed psychological wellbeing training in the last month ▪ Continuation of the 'Workplace Wellbeing during the Menopause' workshop will recommence monthly from April 2020. ▪ The Workplace Wellbeing strategic framework 2020-25 sets out the steps the Trust will take to reduce sickness, absence and presenteeism with a year one plan in place and signed off by the People Committee ▪ A deep dive is in progress to review short term sickness absence ▪ Focus support continues with Managers with short term sickness ▪ Occupational Health continues to struggle with service delivery and meeting key performance indicators. This is having a knock-on effect to the availability of OH referral appointments, supporting staff to return to work.
Ownership:	Director of People



Sickness	Feb-20	KPI
UH Bristol	4.7%	3.8%
Diagnostics & Therapies	3.8%	3.1%
Medicine	5.0%	4.3%
Specialised Services	3.9%	3.5%
Surgery	5.5%	3.6%
Women's & Children's	4.5%	3.8%
Trust Services	3.2%	2.7%
Facilities & Estates	7.3%	6.2%

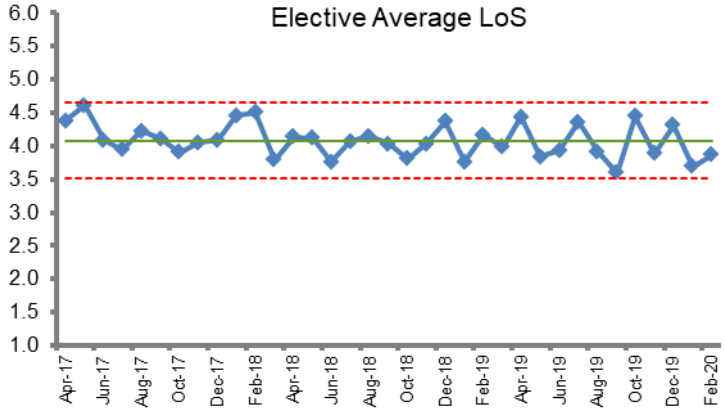
2.5 PERFORMANCE – Efficient Domain

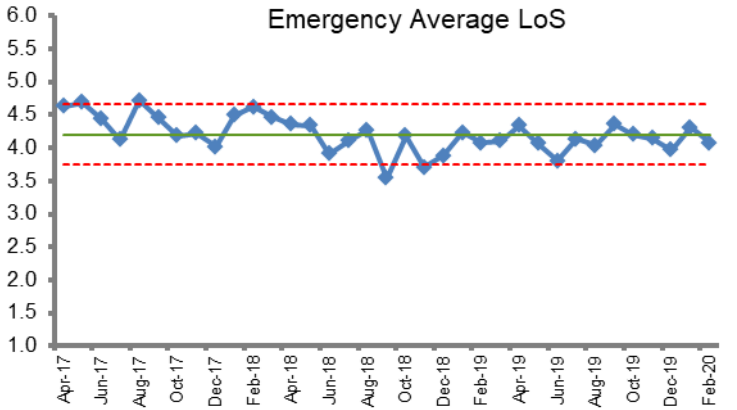
Staff Appraisal	
Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In February 2020, 5,840 members of staff were compliant out of 8,545 (68.3%).
Commentary/ Actions:	Overall appraisal compliance reduced to 68.3% compared with 70.0% in the previous month. There were increases in three of the divisions. The largest divisional reduction was seen within Facilities and Estates, reducing to 69.6% from 76.3% the previous month. The largest divisional increase was seen within Trust Services, increasing to 72.5% from 68.8% the previous month. All divisions are non-compliant. The focus of action continues: ▪ Sending out manual appraisal-overdue reminders via email. ▪ Scoping of other reports to support Divisions in managing compliance. ▪ Toolkit designed and will be disseminated out across the Trust communicating the national pay progression rules. ▪ Phase one of the performance management pilot has been communicated to Divisional Boards following Executive sign-off, introducing a Balanced Scorecard and objective cascade to 100 Trust leaders from April.
Ownership:	Director of People

Appraisal (Non-Consultant)	Feb-20	Jan-20	KPI
UH Bristol NHS Foundation Trust	68.3%	70.0%	**85.0%**
Diagnostics & Therapies	70.6%	69.0%	85.0%
Medicine	63.3%	66.4%	85.0%
Specialised Services	79.8%	77.5%	85.0%
Surgery	58.7%	63.8%	85.0%
Women's & Children's	69.7%	71.5%	85.0%
Trust Services	72.5%	68.8%	85.0%
Facilities & Estates	69.6%	76.3%	85.0%

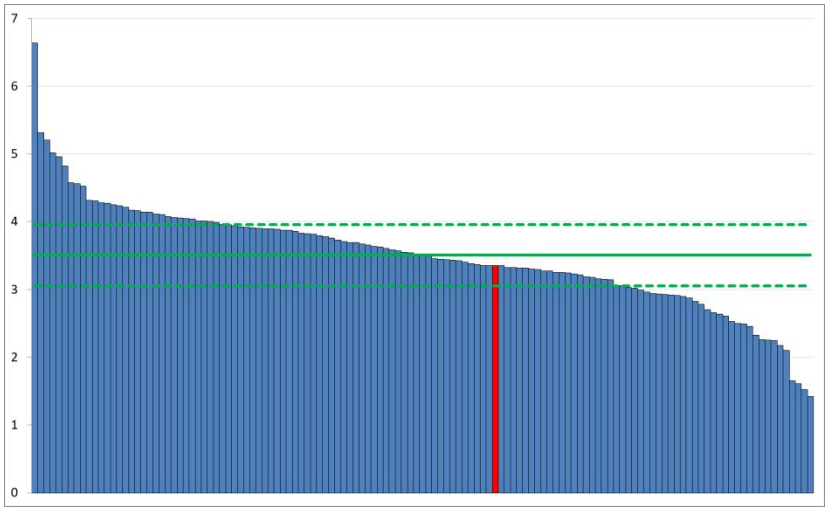
2.5 PERFORMANCE – Efficient Domain

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 February there were 6,515 discharges that consumed 23,817beddays, giving an overall average length of stay of 3.66 days.
Commentary/ Actions:	The Operational Planning process is underway for 2020/21. As part of that, divisions will be reviewing contract plans for next year and what the impact is likely to be on bed requirements. Any bed gaps will then need to be closed by additional capacity, demand management or improved length of stay.
Ownership:	Chief Operating Officer





Average Length of Stay – England Trusts - 2019/20 Quarter 2



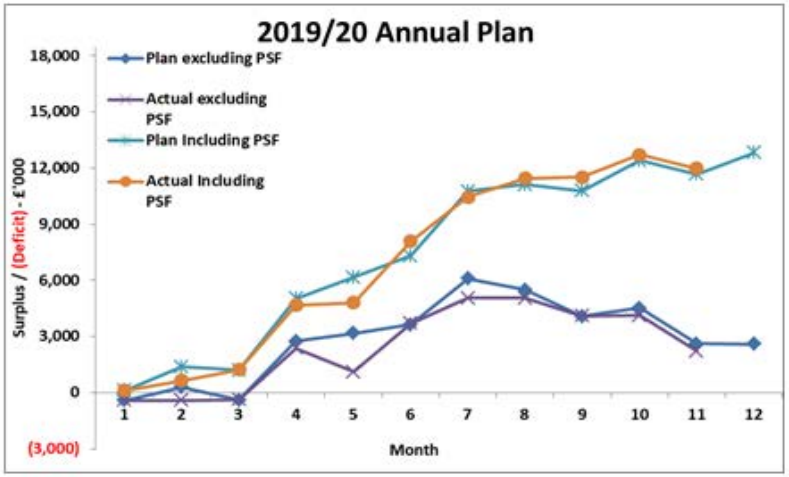
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Length of Stay of Inpatients at month-end

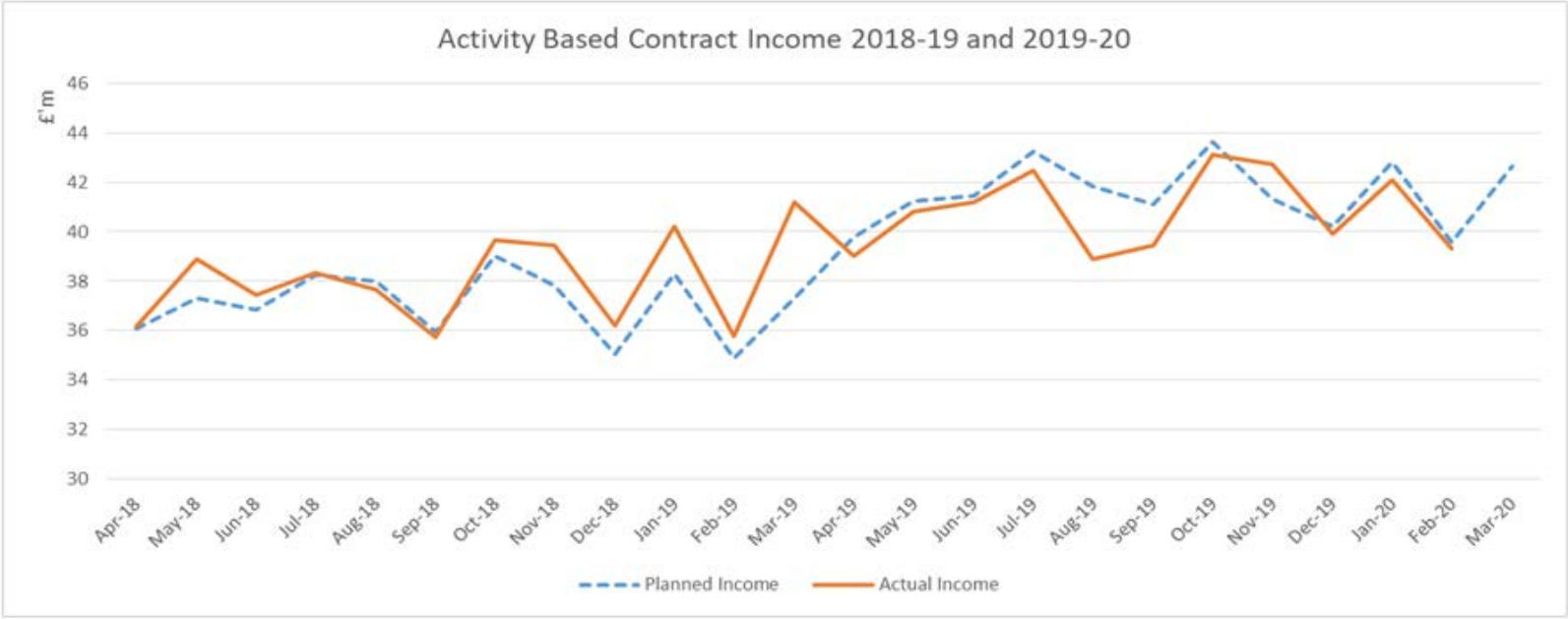
Feb-20	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	57	37	32	26
Bristol Haematology & Oncology Centre	27	15	6	3
Bristol Royal Infirmary	250	156	104	77
South Bristol Hospital	58	53	45	37
St Michael's Hospital	24	17	12	8
TRUST TOTAL	418	278	199	151

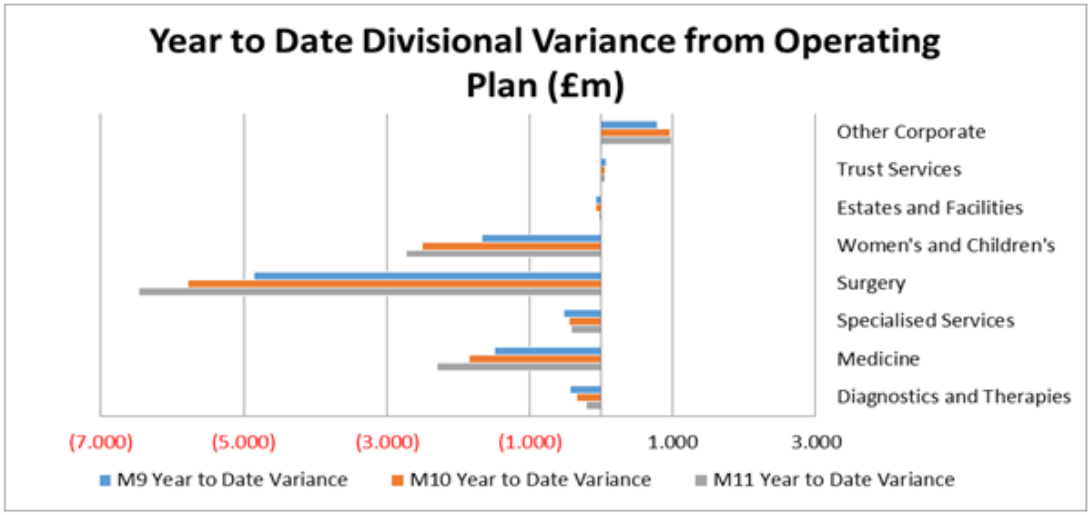
Bristol Royal Infirmary Divisional Breakdown:

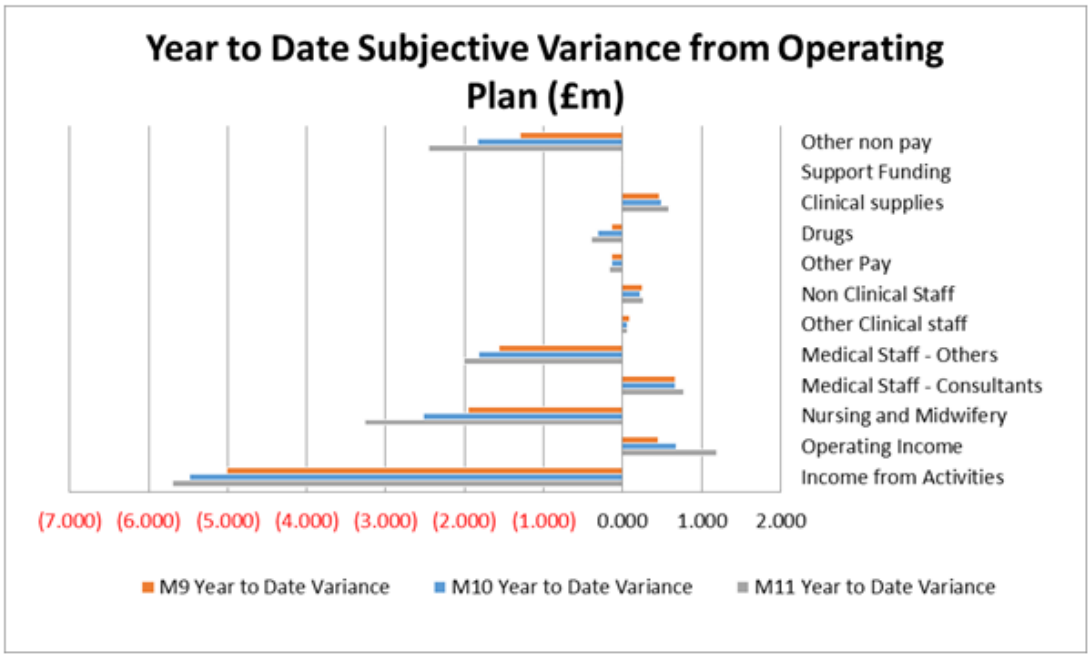
Medicine	126	79	54	43
Specialised Services	55	36	23	15
Surgery, Head & Neck	69	41	27	19


2019/20 Annual Plan
Plan excluding PSF
Actual excluding PSF
Plan Including PSF
Actual Including PSF
Surplus / (Deficit) - £'000
18,000
15,000
12,000
9,000
6,000
3,000
0
(3,000)
1 2 3 4 5 6 7 8 9 10 11 12
Month

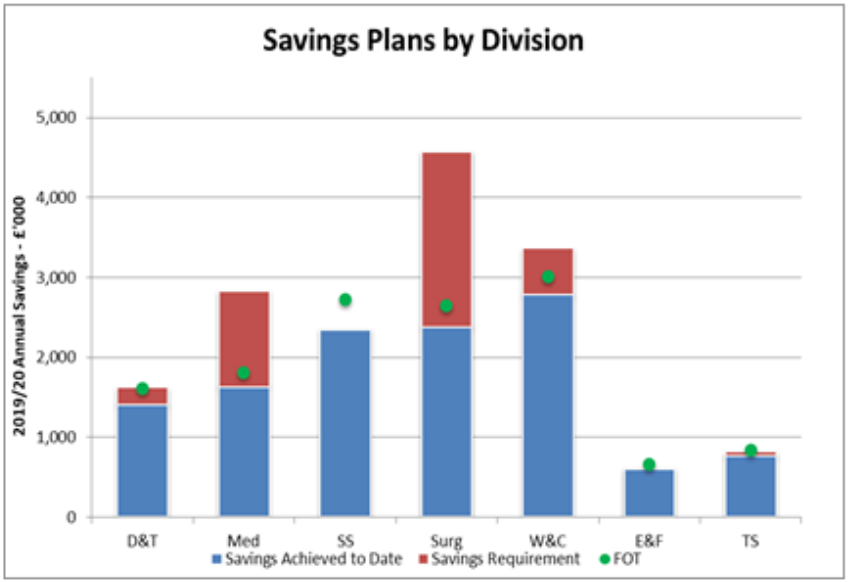

Cash Balances
2018/19 - Cash Surpluses - £'000
140,000
135,000
130,000
125,000
120,000
115,000
110,000
105,000
100,000
95,000
Plan
Actual
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Month

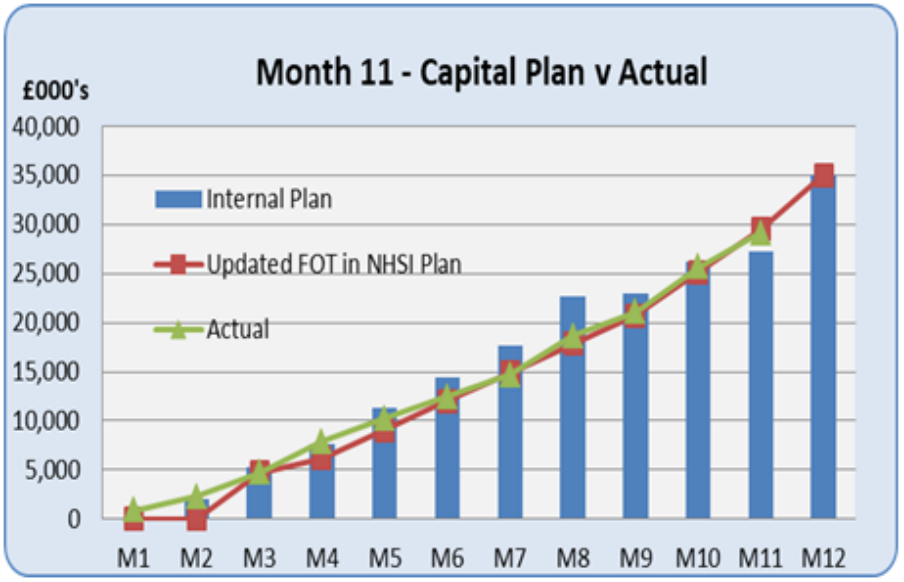

Activity Based Contract Income 2018-19 and 2019-20
£'m
46
44
42
40
38
36
34
32
30
Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20
Planned Income
Actual Income

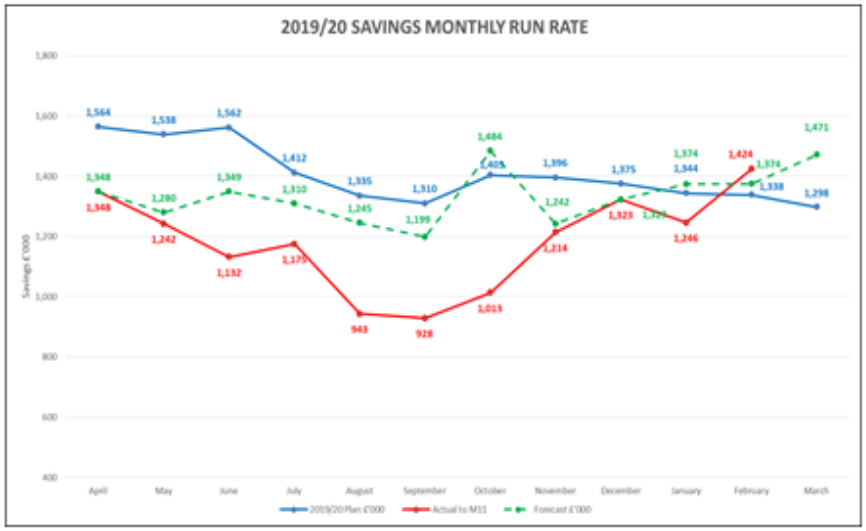


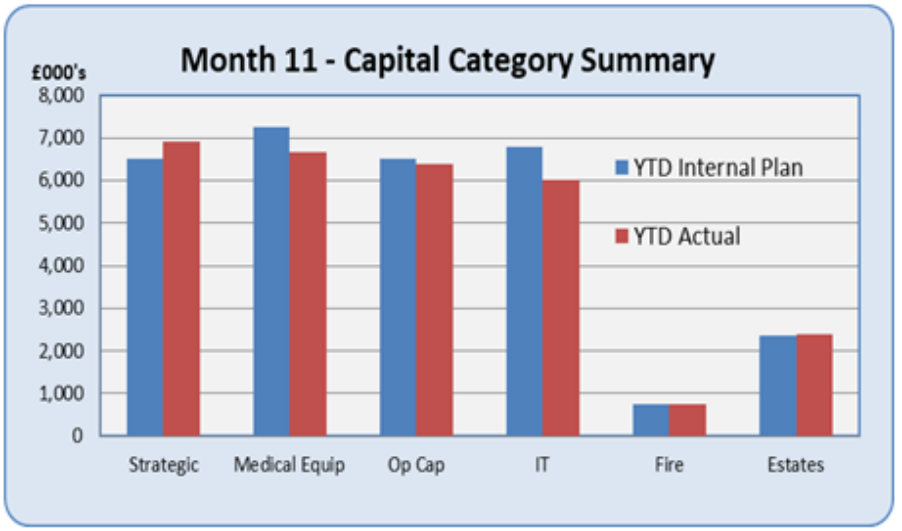


RAG Rating to Operating Plan	In Month	Year to Date
D & T	G	A
Medicine	R	R
Specialised	A	A
Surgery	R	R
W & C	R	R
E & F	G	A
Trust Services	G	G


Savings Plans by Division
2019/20 Annual Savings - £'000
5,000
4,000
3,000
2,000
1,000
0
D&T
Med
SS
Surg
W&C
E&F
TS
Savings Achieved to Date
Savings Requirement
FOT


Month 11 - Capital Plan v Actual
£000's
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
Internal Plan
Updated FOT in NHSI Plan
Actual
M1
M2
M3
M4
M5
M6
M7
M8
M9
M10
M11
M12

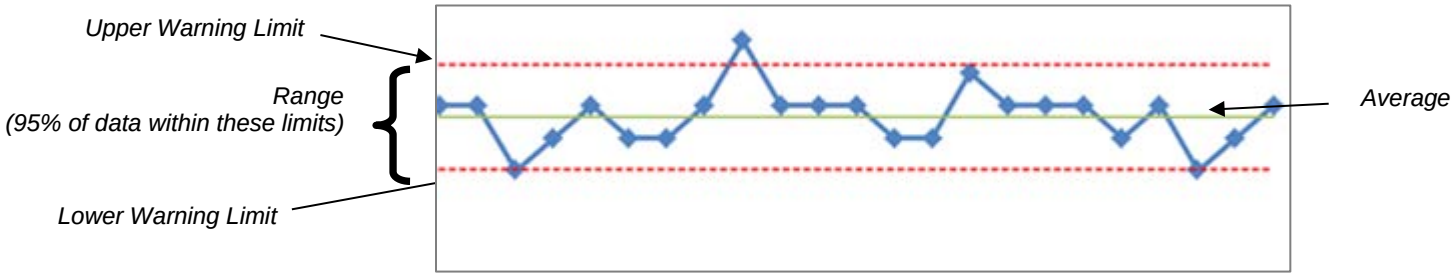

2019/20 SAVINGS MONTHLY RUN RATE


Month 11 - Capital Category Summary
£000's
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
YTD Internal Plan
YTD Actual
Strategic
Medical Equip
Op Cap
IT
Fire
Estates

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 Care Quality Commission Rating

The Care Quality Commission (CQC) published their latest inspection report on 16th August 2019. Full details can be found here: https://www.cqc.org.uk/provider/RA7

The overall rating was OUTSTANDING, and the breakdown by domain and category is shown below.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Care	Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Requires improvement → ← May 2019	Good ↓ May 2019	Requires improvement ↓ May 2019
Medical Care (including older people's care)	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Surgery	Good → ← May 2019	Good → ← May 2019	Outstanding → ← May 2019	Outstanding ↑ May 2019	Outstanding → ← May 2019	Outstanding → ← May 2019
Critical care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014
Services for children and young people	Good → ← May 2019	Outstanding → ← May 2019	Good → ← May 2019	Good → ← May 2017	Outstanding ↑ May 2019	Outstanding ↑ May 2019
End of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Maternity	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Outpatients and diagnostics	Good Mar 2017	Not rated	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Overall trust	Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Good ↑ May 2019	Outstanding → ← May 2019	Outstanding → ← May 2019

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			18/19	19/20 YTD	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	6	3	0	0	0	0	0	1	0	0	0	0	2	0	0	1	0	2
	DA02	MSSA Trust Apportioned Cases	34	47	4	5	6	4	6	5	4	4	3	3	5	2	15	15	10	7
	DA03	CDiff Trust Apportioned Cases	31	38	1	4	2	2	5	5	4	4	5	4	2	1	8	14	13	3
	DA06	EColi Trust Apportioned Cases	83	76	8	6	8	9	14	4	5	8	6	9	4	3	23	23	23	7
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97%	97.1%	96.7%	95.6%	95.7%	96.6%	96.9%	98%	97.9%	97.7%	97.7%	97.8%	97.6%	96.9%	95.9%	97.6%	97.7%	97.3%
	DB02	Antibiotic Compliance	78.9%	77.5%	68%	76.1%	84.2%	80.2%	88.6%	85.6%	82.1%	75.1%	73.8%	71.8%	74.9%	80.8%	79.1%	84.5%	73.5%	77.8%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	95%	96%	96%	95%	96%	96%	96%	96%	95%	98%	97%	92%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	98%	98%	97%	98%	98%	98%	97%	99%	99%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	97%	97%	96%	96%	96%	96%	96%	96%	96%	98%	98%	97%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	70	71	5	7	3	8	10	8	5	4	7	6	7	6	18	23	17	13
	S02a	Number of Confirmed Serious Incidents	63	49	5	7	3	7	9	8	5	3	5	2	-	-	17	22	10	-
	S02b	Number of Serious Incidents Still Open	5	21	0	0	0	1	1	0	0	1	1	4	7	6	1	1	6	13
	S03	Serious Incidents Reported Within 48 Hours	98.6%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.3%	95.8%	100%	85.7%	100%	100%	100%	100%	60%	100%	100%	100%	100%	100%	94.4%	91.3%	100%	100%
	S04	Serious Incident Investigations Completed Within Timescale	96.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S04a	Overdue Exec Commissioned Non-SI Investigations	10	16	0	1	1	1	1	2	4	2	0	1	1	2	3	7	3	3
Never Events	S01	Total Never Events	5	4	1	0	0	1	1	1	0	0	0	1	0	0	1	2	1	0
Patient Safety Incidents	S06	Number of Patient Safety Harm Incidents Reported	16723	16077	1434	2204	1398	1467	2686	1455	1074	1398	2878	1109	408	-	5069	5215	5385	408
	S06b	Patient Safety Harm Incidents Per 1000 Beddays	54.9	60.85	53.83	85.43	52.36	57.13	102.94	56.4	41.39	51.47	109.5	40.78	14.82	-	64.84	66.99	66.78	14.82
	S07	Number of Patient Safety Incidents - Severe Harm	95	127	11	9	8	9	9	24	14	19	8	16	11	-	26	47	43	11
Patient Falls	AB01	Falls Per 1,000 Beddays	4.48	4.45	3.72	4.46	4.98	3.97	4.37	4.11	4.43	4.75	3.46	4.82	4.68	4.89	4.48	4.3	4.35	4.78
	AB06a	Total Number of Patient Falls Resulting in Harm	27	25	3	3	0	0	2	1	1	4	1	2	7	4	3	4	7	11
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.295	0.173	0.188	0.194	0.037	0.156	0.115	0.233	0.193	0.221	0.228	0.074	0.327	0.117	0.128	0.18	0.174	0.226
	DE02	Pressure Ulcers - Grade 2	80	42	5	4	1	4	2	4	3	5	6	2	9	2	9	9	13	11
	DE04A	Pressure Ulcers - Grade 3 or 4	10	8	0	1	0	0	1	2	2	1	0	0	0	1	1	5	1	1
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.3%	87.3%	98.7%	98.5%	98.2%	98.2%	98.2%	77%	78.9%	78%	78.7%	77%	86.8%	88.5%	98.3%	85.3%	77.9%	87.6%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	92.6%	93.4%	94.5%	93.4%	93.2%	94.2%	93.1%	-	-	-	-	-	-	-	93.5%	93.1%	-	-
	N04	Number of Hospital Associated VTEs	47	29	3	4	5	0	9	10	1	-	-	-	-	-	9	20	-	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	5	3	2	1	0	0	1	1	0	-	-	-	-	-	1	2	-	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	2	13	0	1	1	0	4	6	1	-	-	-	-	-	2	11	-	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	91.1%	86.4%	89.9%	-	-	84.4%	-	-	86.9%	-	-	87.9%	-	-	84.4%	86.9%	87.9%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.8%	99.9%	99.9%	99.9%	99.6%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.9%	100%	100%	99.8%	100%	99.9%	100%
Medicines	WA01	Medication Incidents Resulting in Harm	0.29%	0.39%	0%	0%	0.62%	0.43%	0.38%	0.81%	1.23%	0%	0.4%	0%	0%	-	0.37%	0.8%	0.14%	0%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.37%	0.41%	0.42%	0.31%	0.46%	0.3%	0.18%	0.24%	0%	0.26%	0.37%	0.27%	1.65%	0.21%	0.37%	0.14%	0.3%	1.02%

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			18/19	19/20 YTD	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	88%	-	85%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	7.8%	7%	8.3%	8.3%	8.3%	6.5%	7.8%	7.6%	6.1%	7%	9.2%	8.2%	8.2%	8.3%	7.3%	7.4%	8.2%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	23.9%	22.8%	22.8%	22.5%	23.5%	22.1%	23.3%	21.7%	21.4%	24%	23.3%	22.4%	24%	22.8%	22.7%	22.2%	23.2%	23.4%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9815	8600	839	749	805	705	815	708	713	870	873	781	850	731	2259	2236	2524	1581
Staffing Levels	RP01	Staffing Fill Rate - Combined	99.3%	100.5%	99.1%	100.6%	101.6%	100.5%	99.6%	98.5%	99.6%	99.3%	100.3%	100.5%	103.3%	101.5%	100.9%	99.2%	100%	102.5%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Quarterly Data	105.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	107.2	105	108	106.4	106.4	104.8	106	106.3	103	102.4	-	-	-	-	105.9	105.1	102.4	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	105	91.1	108.1	83.7	91.1	99.7	94	95.5	82.7	91.7	92.7	91	-	-	91	90.6	91.8	-
Readmissions	C01	Emergency Readmissions Percentage	3.3%	3.55%	3.15%	3.57%	3.58%	3.85%	3.79%	3.58%	3.24%	3.26%	3.35%	3.46%	3.82%	-	3.67%	3.54%	3.35%	3.82%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	56.3%	45%	38.1%	56.3%	40.9%	52.4%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	41.7%	49.2%	52.1%	36.7%	43.4%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	97%	97.7%	90.5%	100%	95.5%	100%	93.3%	100%	100%	100%	100%	100%	96.6%	91.7%	98.3%	97.2%	100%	94.3%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	51.3%	44.3%	33.3%	56.3%	40.9%	52.4%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	33.3%	49.2%	52.1%	36.7%	39.6%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	51.1%	51.1%	69.2%	52.8%	44.4%	41%	51.1%	45.7%	54.3%	59.6%	52.6%	51.3%	57.1%	-	46.1%	50.8%	54.8%	57.1%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	84.2%	73.8%	82.1%	72.2%	85.2%	74.4%	84.4%	71.4%	69.6%	70.2%	68.4%	69.2%	78.6%	-	76.5%	75.4%	69.4%	78.6%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	58.6%	65.2%	90%	69.2%	43.8%	28.6%	92.9%	50%	81.8%	88.9%	55.6%	71.4%	62.5%	-	50%	77.1%	72%	62.5%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83%	84.2%	81.5%	84.2%	87.6%	85.8%	85.8%	88.3%	91%	85.9%	84.8%	79.6%	77.6%	78.6%	85.8%	88.5%	83.3%	78.1%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	94.3%	88.9%	100%	94.1%	95.8%	85.2%	94.6%	76.9%	83.8%	89.7%	88.1%	86.5%	86.1%	88.9%	92.9%	86%	88.1%	87.5%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	85.7%	84%	71.4%	83.3%	66.7%	100%	100%	100%	100%	60%	100%	100%	-	100%	81.8%	100%	71.4%	100%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	7708	8781	567	704	782	503	645	547	887	794	633	1164	1423	699	1989	2079	2591	2122
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	91	91	91	93	92	92	91	91	91	93	90	91	91	92	92	90
	P01g	Patient Survey - Kindness and Understanding	-	-	95	97	95	96	96	96	96	96	96	97	96	95	96	96	96	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	90	91	91	89	90	90	90	90	90	89	89	92	90	90	90	91
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.1%	35.5%	34.6%	36.3%	42.4%	34.4%	39.4%	36.2%	34.2%	36.2%	31%	35.3%	32.3%	33.1%	37.7%	36.7%	34.1%	32.7%
	P03b	Friends and Family Test ED Coverage	16%	16.6%	11.6%	13.8%	18.1%	18.7%	17.4%	18.2%	15.2%	16.9%	15.8%	16.6%	16.7%	15.4%	16.8%	16.9%	16.4%	16%
	P03c	Friends and Family Test MAT Coverage	18.3%	26.5%	20.6%	28.5%	30.4%	24.1%	30.1%	31.6%	16.5%	17.7%	36.1%	26.8%	28.2%	21.8%	27.7%	25.9%	26.6%	25.3%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	98.2%	98.7%	98.4%	98.4%	98.3%	98.3%	98.9%	98.8%	99%	98.4%	98.7%	98.6%	98.7%	99.2%	98.4%	98.9%	98.5%	98.9%
	P04b	Friends and Family Test Score - ED	82.1%	84%	75.4%	76.7%	83.8%	84.2%	82.9%	85.2%	81.5%	85.2%	83.8%	84.6%	86.9%	88.1%	82%	83.3%	84.6%	87.5%
	P04c	Friends and Family Test Score - Maternity	97.3%	97.6%	97.5%	96.7%	97.7%	97.6%	96.9%	97.2%	98.7%	98.1%	97.1%	99.1%	97.7%	98.4%	97.4%	97.4%	98%	98%
Patient Complaints	T01	Number of Patient Complaints	1845	1721	171	184	161	166	168	125	149	178	150	117	152	171	511	442	445	323
	T03a	Formal Complaints Responded To Within Trust Timeframe	86.1%	88.2%	90.6%	93.2%	97.2%	95.9%	90.4%	85.4%	67.5%	88.6%	91.5%	83.6%	84.1%	85.2%	95.5%	83.6%	88.3%	84.6%
	T03b	Formal Complaints Responded To Within Divisional Timeframe	85.5%	91%	92.5%	93.2%	98.6%	98%	91.6%	93.8%	75%	90%	95.8%	83.6%	86.6%	90.2%	96.6%	88.3%	90.3%	88.1%
	T05A	Informal Complaints Responded To Within Trust Timeframe	83.7%	88.5%	81.7%	90.6%	86.9%	89.8%	85.7%	87.9%	90.3%	93.4%	83.3%	91.2%	92.4%	81.3%	89%	87.5%	90.1%	86.5%
	T04c	Percentage of Responses where Complainant is Dissatisfied	9.11%	8.24%	15.09%	11.86%	8.45%	8.16%	12.05%	4.17%	7.5%	5.71%	8.45%	5.46%	-	-	9.5%	8.77%	6.63%	-

RESPONSIVE

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			18/19	19/20 YTD	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	89.2%	89%	88.1%	87.5%	86.5%	84.3%	83.6%	83%	83%	82.5%	83.2%	82.4%	-	-	-	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	3081	3161	3578	3874	4436	5216	5574	5866	5903	6028	5745	6223	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	144	104	13	14	11	11	9	9	5	4	5	10	15	11	36	23	19	26
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	119	115	136	128	152	211	219	202	219	282	305	315	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	95.3%	93.6%	94.4%	93.4%	94%	95.9%	95.2%	89%	91.7%	93%	95.2%	94.1%	95.2%	-	94.4%	92%	94%	95.2%
	E01c	Cancer - Urgent Referrals Stretch Target	56.5%	40.2%	49%	43.8%	45.6%	54.7%	35.2%	27.5%	33.7%	38.6%	37.8%	35.1%	49.7%	-	47.9%	31.9%	37.3%	49.7%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	97.2%	95.4%	98.3%	95.4%	94.1%	95.1%	97.1%	96.3%	94.4%	96.6%	97%	95.7%	92.3%	-	94.9%	95.9%	96.4%	92.3%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.4%	98.5%	100%	98.4%	97.9%	99.1%	99%	99%	97.1%	97.7%	99.2%	100%	98%	-	98.5%	98.4%	98.9%	98%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	96.1%	92.7%	97.6%	95.9%	90.9%	89.7%	90.4%	94.2%	91.7%	93.3%	92.3%	93.5%	94.5%	-	92.1%	92.1%	93.1%	94.5%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.8%	94.6%	94.1%	96.4%	89.6%	91.8%	94.4%	95.2%	96.2%	96.5%	96.8%	94.3%	94.5%	-	92.7%	95.2%	95.9%	94.5%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.6%	85.1%	82.9%	86.8%	86%	84%	86.8%	85.8%	84%	85.4%	87%	83.9%	80.8%	-	85.7%	85.6%	85.4%	80.8%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.7%	67.3%	66.7%	71.4%	100%	83.3%	66.7%	100%	85.7%	55.6%	53.8%	33.3%	36.4%	-	82.6%	83.3%	48.4%	36.4%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	83.7%	86.6%	91.8%	95%	89.6%	83.5%	85.7%	87.1%	80.8%	82.9%	84%	89.2%	86.3%	-	89.7%	84.4%	85.5%	86.3%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	54	38	7	3.5	3.5	3	4.5	6.5	3.5	3	4.5	2	4	-	10	14.5	9.5	4
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.31%	1.75%	1.66%	1.63%	1.53%	1.84%	1.25%	1.49%	1.44%	1.68%	1.94%	2.54%	2.02%	1.98%	1.67%	1.39%	2.03%	2%
	F01a	Number of Last Minute Cancelled Operations	1059	1279	115	108	100	117	88	95	94	119	137	153	140	128	325	277	409	268
	F02	Cancelled Operations Re-admitted Within 28 Days	93.4%	93.2%	96.3%	85.2%	85.2%	92%	93.2%	95.5%	97.9%	95.7%	98.3%	94.9%	93.5%	94.3%	87.3%	95.3%	96.3%	93.9%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	1.67%	1.94%	0.85%	1.65%	2.39%	1.62%	1.81%	1.54%	1.93%	2.59%	1.95%	2.24%	1.76%	1.85%	1.89%	1.76%	2.26%	1.81%
	F07a	Number of Admissions Cancelled Day Before	1348	1418	59	109	156	103	128	98	126	183	138	135	122	120	368	352	456	242
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	73.2%	63.8%	65.2%	83.9%	61.8%	68.6%	54.3%	64.7%	60.5%	55.9%	-	-	-	-	71%	59.8%	55.9%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	91.9%	87%	87%	96.8%	88.2%	85.7%	80%	88.2%	83.7%	88.2%	-	-	-	-	90%	83.9%	88.2%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	95.5%	95.27%	93.41%	93.54%	96.19%	95.26%	96.21%	95.85%	96.65%	96.1%	95.33%	95.41%	-	-	-	-
Outpatients	R03	Outpatient Hospital Cancellation Rate	10.1%	10.8%	11.2%	11.3%	10.4%	10.1%	11.1%	11.2%	11.1%	10.7%	10.2%	10.6%	11%	11.1%	10.6%	11.1%	10.5%	11%
	R05	Outpatient DNA Rate	6.8%	6.5%	6.6%	6.7%	7.1%	6.8%	6.4%	6.5%	6.6%	6.3%	6.5%	6.7%	6.2%	6.3%	6.9%	6.5%	6.5%	6.3%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.12	2.14	2.13	2.09	2.1	2.21	2.12	2.25	2.15	2.07	2.15	2.11	2.17	2.12	2.13	2.17	2.11	2.15
ERS	BC01	ERS - Available Slot Issues Percentage	16.5%	16.9%	17.3%	13.9%	16.9%	15.8%	17.9%	16.9%	14.6%	17%	20.6%	18.7%	-	-	15.5%	16.5%	18.6%	-

Topic	ID	Title	Annual 18/19	Annual 19/20 YTD	Monthly Totals Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Quarterly Totals 19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	216	268	20	22	23	27	19	32	19	30	19	21	27	29	72	70	70	56
	Q02A	Non-Acute Delayed Transfers of Care - Patients	80	110	4	8	11	12	9	8	13	12	5	8	11	13	31	30	25	24
	Q01B	Acute Delayed Transfers of Care - Beddays	6744	7342	519	609	607	625	532	654	783	708	590	731	713	790	1841	1969	2029	1503
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2590	2653	198	223	302	243	283	165	233	257	298	220	212	217	768	681	775	429
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	62	53	56	61	48	75	58	83	69	75	95	107	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	19	26	25	27	31	23	26	31	20	27	26	30	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	1962	1882	2435	1916	1986	2402	2393	2480	2388	2398	3166	2751	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	819	759	842	830	877	659	840	948	812	784	776	907	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.79	3.82	3.78	4.05	3.73	3.61	3.83	3.82	4.02	3.91	3.83	3.75	3.83	3.66	3.8	3.89	3.83	3.75
	J04D	Percentage Length of Stay 14+ Days	6.3%	6.5%	6.4%	7.2%	6.5%	6%	6.6%	6.6%	6.8%	6.6%	6.2%	6.3%	6.6%	6.6%	6.6%	6.6%	6.4%	6.6%
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	222	247	256	262	238	274	248	249	227	254	274	278	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	3.6%	4.9%	5.6%	3.6%	3.7%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	4.7%	4.6%	5.5%	4.9%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	33.9%	24%	39.3%	18.8%	21.6%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	25.2%	42.6%	35.7%	31%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	86.34%	80.4%	81.23%	78.25%	77.95%	81.48%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	79.2%	82.64%	79.63%	80.11%
	This is measured against the national standard of 95%																			
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	86.34%	80.4%	81.23%	78.25%	77.95%	81.48%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	79.2%	82.64%	79.63%	80.11%
	BB07	BRI ED - Percentage Within 4 Hours	78.39%	68.46%	70.33%	63.57%	63.86%	68.78%	68.95%	74.81%	70.93%	72.03%	70.87%	63.41%	69.93%	65.81%	65.38%	71.53%	68.8%	67.9%
	BB03	BCH ED - Percentage Within 4 Hours	93.05%	90.4%	89.39%	91.96%	90.38%	93.61%	94.82%	95.3%	89.51%	90.31%	85.94%	84.42%	93.11%	88.58%	91.96%	93.02%	86.78%	90.87%
	BB04	BEH ED - Percentage Within 4 Hours	97.38%	97.76%	97.07%	96.1%	98.39%	97.55%	98.16%	98.37%	97.4%	98.8%	96.84%	98.55%	97.04%	98.2%	97.32%	97.98%	98.08%	97.61%
	This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																			
Trolley Waits	B06	ED 12 Hour Trolley Waits	1	20	0	0	0	0	0	0	0	0	0	8	11	1	0	0	8	12
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	95.6%	97.1%	96.5%	96.8%	97%	98.3%	98%	98.4%	96.2%	98.8%	97.8%	94.6%	96%	96.3%	97.4%	97.5%	97%	96.1%
	B02b	ED Time to Initial Assessment - Data Completness	97.2%	97%	99%	97.6%	98.4%	98%	98.3%	96.1%	98.2%	96.6%	98.3%	93.7%	96.1%	96.3%	98%	97.5%	96.1%	96.2%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	49.3%	50%	43.9%	46.1%	47.6%	49.9%	50.1%	55.6%	50.9%	50.1%	48.4%	47.9%	55.3%	48.3%	47.9%	52.2%	48.8%	51.8%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	96.9%	96.4%	96.6%	96%	96.1%	96.8%	97.2%	96.7%	97.4%	97.2%	97.2%	97.6%	96.7%	96.2%	96.9%	97.3%	97.2%
Others	B04	ED Unplanned Re-attendance Rate	3.3%	3.6%	3.6%	3.5%	3.2%	3.1%	3.4%	3.3%	3.5%	3.9%	4.2%	4.2%	3.7%	4%	3.3%	3.4%	4.1%	3.8%
	B05	ED Left Without Being Seen Rate	1.7%	1.6%	2.1%	1.6%	1.8%	1.6%	1.7%	1.5%	1.9%	1.4%	1.4%	1.9%	1.3%	1.5%	1.7%	1.7%	1.5%	1.4%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	698	352	50	96	87	55	36	25	53	-	-	-	-	-	238	114	-	-
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	3.6%	4.9%	5.6%	3.6%	3.7%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	4.7%	4.6%	5.5%	4.9%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	33.9%	24%	39.3%	18.8%	21.6%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	25.2%	42.6%	35.7%	31%

FINANCIAL MEASURES

Topic	Title	Monthly Totals											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Year To Date Annual Plan Surplus / (Deficit) £'000	Annual Plan excluding PSF	(416)	302	(389)	2,740	3,171	3,633	6,086	5,489	4,521	4,521	2,622	2,593
	Actual excluding PSF	(416)	(410)	(378)	2,382	1,116	3,698	5,060	5,054	4,107	4,114	2,219	0
	Annual Plan including PSF	117	1,368	1,209	5,030	6,153	7,308	10,773	11,118	10,793	12,402	11,674	12,815
	Actual Plan including PSF	117	656	1,220	4,672	4,808	8,083	10,457	11,463	11,527	12,705	11,981	0
Year to Date Variance Divisional Position Favourable / (Adverse) £'000	Diagnostics & Therapies	(4)	(39)	(56)	(66)	(328)	(366)	(343)	(178)	(273)	(233)	(154)	
	Medicine	(167)	(320)	(502)	(701)	(1,222)	(1,687)	(2,023)	(2,045)	(2,245)	(2,757)	(3,258)	
	Specialised Services	(54)	13	201	82	(173)	(265)	(335)	(322)	(397)	(381)	(404)	
	Surgery	(175)	(659)	(1,168)	(1,867)	(2,760)	(3,422)	(4,188)	(4,576)	(5,428)	(6,398)	(7,182)	
	Women's & Children's	(215)	(311)	(407)	(534)	(1,029)	(1,377)	(1,474)	(1,465)	(1,814)	(2,657)	(2,833)	
	Estates & facilities	(5)	(9)	(13)	(24)	(66)	(76)	(80)	(57)	(72)	(75)	(35)	
	Trust Services	4	3	(33)	17	25	39	51	78	74	57	68	
	Other Corporate Services	42	29	(85)	(37)	(89)	49	55	108	867	1,046	1,086	
	Total	**(574)**	**(1,293)**	**(2,063)**	**(3,130)**	**(5,642)**	**(7,105)**	**(8,337)**	**(8,457)**	**(9,288)**	**(11,398)**	**(12,712)**	**0**
Year To Date Savings Actuals £'000	Diagnostics & Therapies		299	438	543	591	700	823	964	1,108	1,266	1,411	
	Medicine		231	324	426	532	627	746	941	1,141	1,404	1,626	
	Specialised Services		381	555	811	1,060	1,190	1,311	1,530	1,774	1,932	2,351	
	Surgery		572	788	1,063	1,249	1,485	1,630	1,783	1,999	2,192	2,382	
	Women's & Children's		660	941	1,171	1,310	1,451	1,738	2,006	2,308	2,558	2,781	
	Estates & facilities		120	183	232	281	331	382	455	506	557	607	
	Trust Services		134	202	270	341	412	483	553	624	695	766	
	Other Corporate Services		195	292	382	477	573	668	763	859	961	1,063	
	Total	**0**	**2,591**	**3,723**	**4,898**	**5,841**	**6,769**	**7,781**	**8,995**	**10,318**	**11,564**	**12,988**	**0**
In Month Variance Subjective Analysis Favourable / (Adverse) £'000	Nursing & Midwifery Pay	(542)	(449)	(438)	(475)	(274)	(603)	(530)	(554)	(535)	(824)	(953)	
	Medical & Dental Pay	(360)	(187)	(445)	(433)	(381)	(139)	(307)	(390)	(619)	(512)	(356)	
	Other Pay	180	155	64	263	202	203	119	159	190	64	100	
	Non Pay	954	189	356	(101)	475	518	(388)	(439)	(831)	(583)	(490)	
	Income from Operations	(172)	(94)	(2)	(18)	(116)	(205)	(5)	123	1,053	238	539	
	Income from Activities	(632)	(336)	(301)	(303)	(2,419)	(1,238)	(122)	981	(89)	(453)	(194)	
	Total	**(572)**	**(722)**	**(766)**	**(1,067)**	**(2,513)**	**(1,464)**	**(1,233)**	**(120)**	**(831)**	**(2,070)**	**(1,354)**	**0**
In Month Agency Expenditure Actuals £'000	Nursing & Midwifery	684	644	627	615	648	720	726	642	608	851	896	
	Medical												
	Consultants	72	82	92	94	72	61	84	52	120	93	89	
	Other Medical	56	20	85	108	54	35	68	49	46	59	51	
	Other	140	144	131	154	185	72	169	117	76	72	82	
	Total	**952**	**890**	**935**	**971**	**959**	**888**	**1,047**	**860**	**850**	**1,075**	**1,118**	**0**
Cash £'000	Actual Cash	**110,000**	**109,402**	**100,954**	**119,042**	**127,950**	**126,226**	**135,301**	**121,697**	**117,727**	**126,832**	**119,166**	**0**
Capital Spend £'000	Actual Capital Expenditure	**916**	**2,300**	**4,704**	**7,868**	**10,229**	**12,449**	**14,672**	**18,632**	**21,084**	**25,634**	**29,130**	