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NHS Foundation Trust

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Quality and Performance Report

October 2019

1.1 OVERVIEW – Executive Summary

Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 85.8% for August and 86.3% for Quarter 2 (July and August). So the national standard of 85% has been achieved in August and is on track for delivery in quarter 2.
- The measure for percentage of A&E patients seen in less than 4 hours was 81.4% for September. This did not achieve the 95% national standard or the improvement trajectory target of 85.5%.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 83.6% as at end of September. This did not achieve the national 92% standard or the improvement trajectory target of 87.9%. This is showing a reduction in performance following 14 months (to May) of achieving the recovery trajectory.
- The percentage of Diagnostic patients waiting under 6 weeks at end of September was 96.2%, with 318 patients waiting 6+ weeks. This is lower than the national 99% standard. The divisions have plans for recovery by quarter 4.

Headline Indicators

There were four Clostridium Difficile cases in September but this still keeps the Trust below the maximum allowed for the financial year of 57 cases. In addition, there were no MRSA cases in September. Pressure ulcer and patient falls incidence remained below target in September, with two grade 3 pressure ulcers and one fall resulting in harm.

The headline measures from the monthly patient surveys and the Friends and Family Test remain above their minimum target levels in September 2019. In Complaints, 68% of formal complaints were responded to within deadline which is below the Trust standard of 95%. 12.1% of July's complaint responses were re-opened due to complainant being dissatisfied with the original response.

Last Minute Cancelled Operations (LMCs) were at 1.4% of elective activity and equated to 94 cases. Two patients were not re-admitted within 28 days following an LMC.

Workforce

September 2019 compliance for Core Skills (mandatory/statutory) training remained at 90% overall across the eleven programs. There were five reductions with the largest of 2% in Resuscitation and Safeguarding Adults. There was one increase, of 1%, for Information Governance. Overall compliance for the 'Remaining Essential Training' reduced 1% to 94%.

Bank and Agency Usage (5.2% and 1.3% respectively) remains above the Trust's targets. Turnover reduced to 13.3% from 13.6% last month, every division saw a reduction in turnover. The Trust's new Clinical Talent Acquisition Manager has developed a number of bespoke recruitment campaigns including middle grade doctors for ED and Acute Medicine. During September, 66 newly qualified nurses have taken up post.

Sickness absence increased to 4.0% from 3.9%, with increases in five divisions. The seasonal influenza vaccination programme has commenced. A reduction in episodes of sickness absence due to cough, colds and flu is expected to be realised through this.

Overall appraisal compliance reduced to 72.4% (from 73.3%). There were no increases in any of the divisions. The appraisal recovery plan continues focusing on the drive for improve compliance and quality. Support includes: Direct interventions at service level, working on tailored divisional approaches; Attendance at local meetings across the organisation sharing practical advice on the use of the online system; Bi weekly messages to all managers to share best practice.

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%						
	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%							
	Actual (Quarterly)	85.7%											
	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%						
	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%						
	Trajectory	96%	96%	97%	97%	98%	99%	99%	99%	99%	99%	99%	99%

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	• Delivered the 62 day GP national standard in July and August. • Delivered the 31 day First Definitive Treatment and Subsequent Radiotherapy cancer standards in July and August • The non-obstetric ultrasound diagnostic waiting list has shown significant improvement in 6 week breaches: 173 at end of May, down to under 10 at end of August and September • The implementation of electronic Referral Service (eRS) is now business as usual. There were only 6 appointments with paper referrals in August 2019. • Division of Medicine have successfully recruited an Associate Specialist into Care of the Elderly; they will work with the Consultant body to deliver the acute frailty agenda, including working as part of the front door team assessing patients streamed form ED. • Recruitment in Adult endoscopy services is on track to deliver the 6 week diagnostic standard by January 2020.	• Sustain compliance with the GP Cancer 62 Day standard of 85% in September and quarter 2. • Sustain compliance with the 31 day Cancer First Definitive Treatment standard of 96% in quarter 2 • Recover compliance with the 2 week wait cancer first appointment standard in November (on track) • September's Referral To Treatment performance was below the 87.9% standard; the Trust achieved 83.6%. For recovery to be successful Divisions need to focus on increasing their inpatient and outpatient activity and delivery against their set RTT Trajectories. A performance recovery meeting has been arranged with Chief Operating Officer and divisional leads for 1st November. • Conversations are in place with NHS England (the commissioner of Clinical Genetics) around the risk of continuing to accept referrals in to the Clinical Genetics Service and to avoid 52 week breaches. • The Trust have been part of an Elective care trial which commenced in August. The trial relates to the testing of "average waits" as a metric which could replace the RTT 92% and 18 week standard. UHB were visited by the NHSE/I national team on 16th October and are awaiting an outcome report from their attendance. The Deputy Chief Executive and Chief Operating Officer is fully supportive of changing the reporting metrics within UHB. The RTT Performance lead and Head of Performance Reporting will review the final report from NHSE/I and take careful consideration of what this means for UHB in practice. • Divisional focus remains on reducing Outpatient follow-ups that are overdue by more than 6 months • Delivery of the 6 week wait diagnostic standard to be achieved from January 2020. Diagnostics and Therapies division are working through capacity & demand to ensure the new CT scanner (due for installation November 2019) and existing capacity will be sufficient to meet ongoing demand.

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

	Opportunities	Risks and Threats
ACCESS	• Current implementation plan of Medway PAS at Weston has commenced. An initial meeting around staffing levels has taken place between the RTT Performance Lead, Deputy Chief Executive and Chief Operating Officer. Recruitment will be undertaken at Weston to support the validation and migration process from Cerner to Medway. • The Bristol, North Somerset and South Gloucestershire (BNSSG) outpatients group is in the process of developing a five year plan for outpatients transformation in response to the NHS long term plan. This will include the NHSI workstream, reduction in follow-ups, moving 30% of consultant led face to face attendances to non face to face and work on reducing the DNA gap between the most and the least deprived. • A system-wide review of Endoscopy services is underway, across BNSSG, to assess the potential for improved utilisation of capacity across the region. • The BNSSG have commenced a piece of work under the patient experience banner to inform patients of the importance of attending appointments within set timescales and which have been offered on a clinically appropriate timescale.	• Surgical cancellations of cancer patients have affected the 62 day GP, 31 day first definitive treatment, and 31 day subsequent surgery standards for cancer, with subsequent surgery continuing to be non-compliant. Preventing further cancellations which mainly occur due to lack of critical care beds. Cancellations continue to occur. • Significantly rising demand from GPs for suspected skin cancer assessments (33% increase compared to last year), causing non-compliance with the two week wait first appointment standard in August, September and potentially October. • The Trust continues to report 52 week breaches in Clinical Genetics and the Division of Surgery due to a number of last minute cancellations. At the end of September they are 5x 52 week breaches who all have dates in October. The Trust is anticipating 2-3 patients month on month particularly in Clinical Genetics due to the lack of consultant capacity to see patients who have already breached 52 week waiting times. • The local commissioners and NHSEngland/Improvement have confirmed that there is no waiver for patients who have resulted in a 52 week breach due to patient choice. The fine is £2,500 per breach, per month. • There is a concern that entering into winter the recovery of RTT performance is more challenging to deliver given the level of cancellations that are currently occurring due to HDU capacity. Further issues around consultant pension tax and the agenda for change reduction for nursing/ward staff will further provide risk of recovery. • Although the local access policy has been revised; the policy still includes a focus on allowing the patient to exercise their right to choice. Greater focus on internal processes to offer patients dates earlier and for clinical review to take place as soon as patients start to decline or cancel dates may well support improvement of this process.

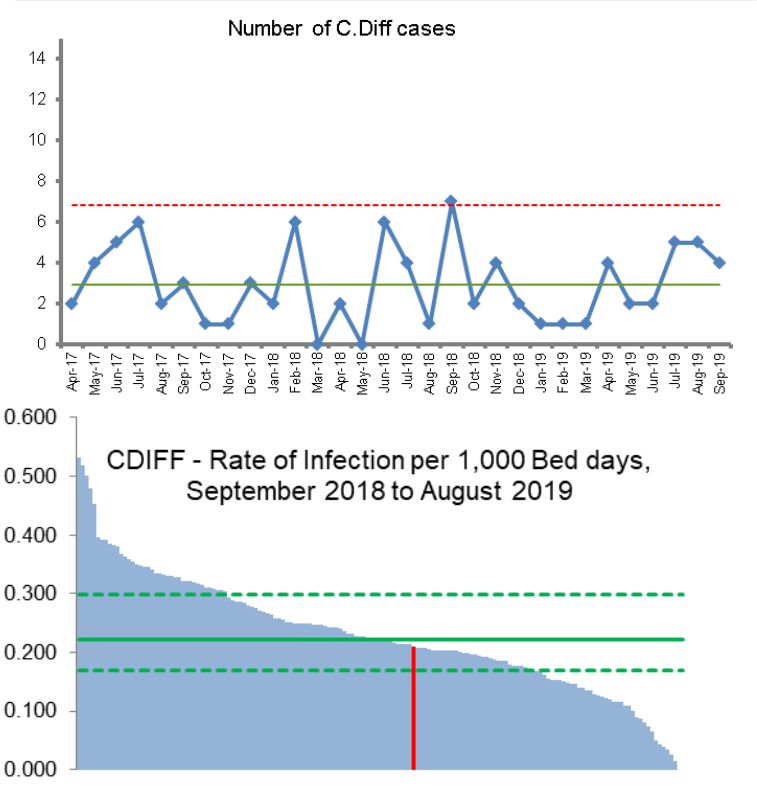
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

	Successes	Priorities
QUALITY	• Non-purposeful omitted doses of critical medicines were at 0% in September (0 cases out of 469 reviewed) against a target of 0.75%. The cumulative year to date figure is 0.26% (8 cases out of 3095 patients reviewed.) • Patient experience indicators continue to show most patients have a positive experience of using our service and that the response rates for Friends and Family Test remain at the nationally required levels.	• Data for VTE risk assessments via the new electronic clinical noting in Medway is now available for August and September 2019 at 77% and 79% respectively. This data is for adult patients excluding a small cohort of 16 and 17 year olds and Eye Hospital in-patients who have yet to move to electronic VTE risk assessments. As previously reported, a significant reduction in this indicator was expected as a result of the change to a new system of working. The launch was supported with input by the Trust VTE Lead at trainee doctors inductions, production of a training video, a communications plan, stickers on the paper drug chart covering the paper VTE risk assessment section which includes instructions how to complete electronically, feedback of compliance data at ward and specialty level, publishing names of the top VTE risk assessors, floor walking and troubleshooting, and monitoring of incidents related to change in process Since the launch, we have made or are making further improvements based on feedback including: a prompt to review the VTE risk assessment before prescribing anticoagulants, automated data flows of compliance, working with the IT team to ensure the Medway VTE risk assessment is easily accessible to view on ward rounds/drug administration rounds and to enable the VTE risk assessment form to be completed electronically in “non-inpatient areas” such as ED, pre-operative assessments and day units. We expect this to improve compliance further. • Complaints response rates within timescale have deteriorated to 67.5%, largely attributed to a vacancy in the complaints co-ordinator post in the Division of Medicine. This post has now been recruited to and improvement is expected within the next couple of months.
	Opportunities	**Risks and Threats**
QUALITY		There are no new risks to quality and safety identified.

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

	Successes	Priorities
WORKFORCE	• The Trust exceeded its Quality Strategy target to increase the number of teams registered with the Happy App by 10%. In Q2, 215 teams were listed onto the system, which is an increase of 35% from the 159 teams in June 2019. • The National Staff Survey has been launched, seeing a Trust response rate of 22.5% in the first 2 weeks, positioning UHBristol as the best performing acute Trust and 10% improved from this time last year. • September 2019 compliance for the eleven Core Skills remained at 90% overall. Information Governance saw a 1% increase in compliance. • A more efficient new starter e-form process has gone live improving the appointment experience for both managers and new starters.	• Communicating across Divisions the process to support the new NHSI/E restrictions introduced in September to significantly reduce admin & clerical and estates and facilities agency use. • Launch of the initiatives under the NHSi Clinical Retention Programme i.e. the Nursing Assistant Academy, flexible working options, flexible retirement and internal mobility toolkits/policies. • Effective delivery of the Seasonal Influenza programme to ensure a CQUIN target of 80% vaccination of frontline clinical workers is achieved by the end of February 2020. • Collaborative focus with BNSSG&B partners to reduce ongoing use of high cost agency. • Launching the new supporting attendance e-Learning package following a recent review of its content.
	Opportunities	**Risks and Threats**
WORKFORCE	• Supporting the development of a non-clinical bank for Weston Trust, centralising all non-clinical bank requests through the Bank Office; creating a central oversight and improving controls and governance. • The Trust will recognise the international World Mental Health Day on 10th October with a series of events in order to boost awareness of available wellbeing resources. • Introduction of reduced WLI rates for Agenda for Change staff enables the Trust to advance its objective of removing WLI payments and achieving equal pay rates across all specialties.	• Appraisal compliance continues not to meet target; September saw a compliance of 72.4% against a target of 85%. • A 12% drop seen in the *Corpak Naso-gastric Tube X-Ray Confirmation* essential training e-Learning, due to a large intake of 189 new starters in July/August, of which 165 are still non-compliant. • Service delivery risk with Avon Partnership Occupational Health Service, with significant delays in appointments. Outcome of the business model review is awaited from NHS Partners, UHBristol, NBT and Weston. • Ongoing challenges with the reduction in activity due to the pension tax for Consultant medical staff.

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 were four trust apportioned C.Diff cases in September 2019, giving 22 cases year-to-date. This is still below the maximum allowable year-to-date cases of 24.
Commentary/ Actions:	These four cases require a review by our commissioners before determining if the cases will be Trust apportioned due to lapse in care. These 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 two cases of Community Onset Healthcare Associated (COHA) C. Difficile in September. 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 was one case of Community Onset/Community Acquired (COCA) attributed to the community in September.
Ownership:	Chief Nurse



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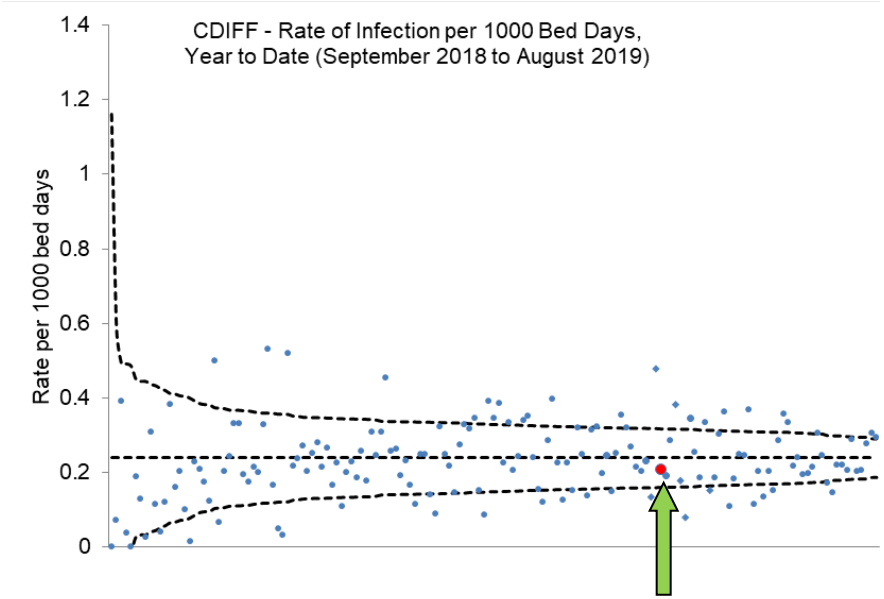
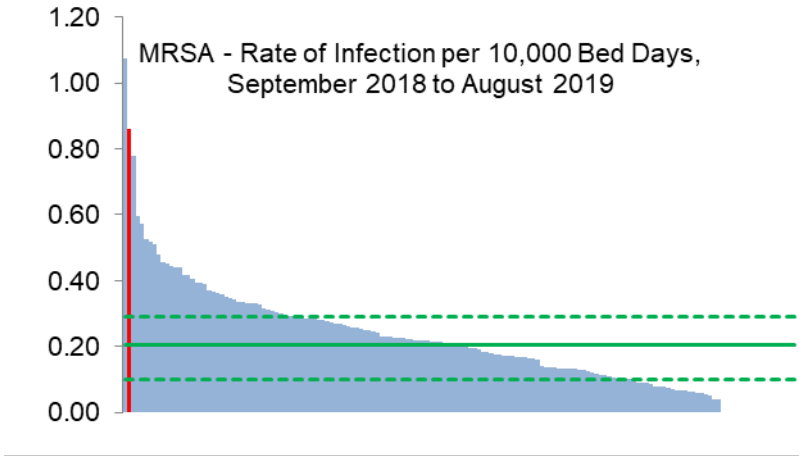
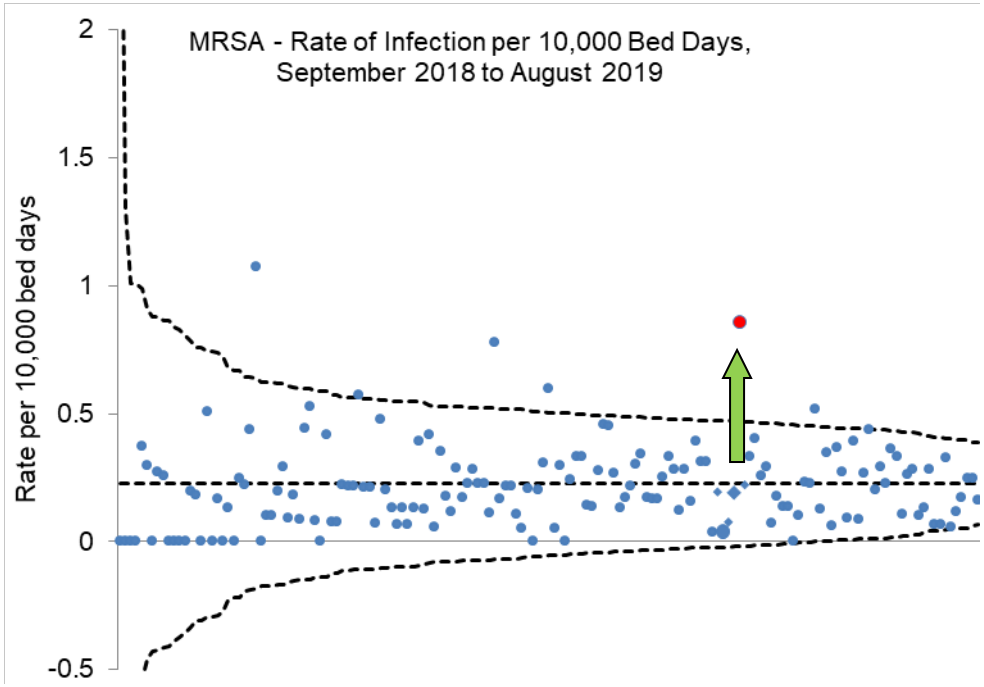


CDIFF Cases	Sep-19	2019/2020
Medicine	0	3
Not Known	2	2
Specialised Services	0	2
Surgery	0	1
Women's and Children's	2	14
Grand Total	0	22

Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There were zero Trust apportioned MRSA cases in September 2019 and so one case year to date.
Commentary/ Actions:	No additional commentary
Ownership:	Chief Nurse

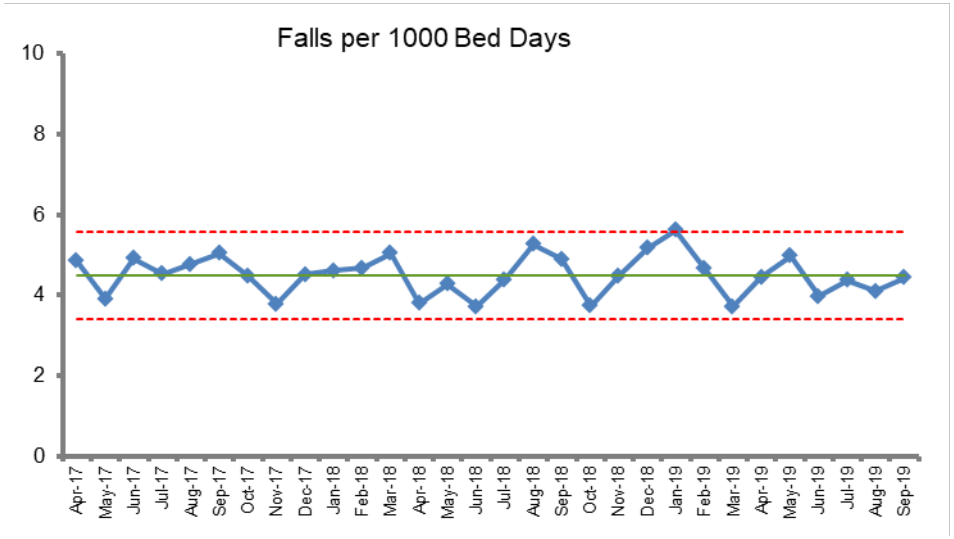
MRSA	Sep-19	2019/2020
Medicine	0	0
Specialised Services	0	1
Surgery	0	0
Women's and Children's	0	0
Grand Total	0	1



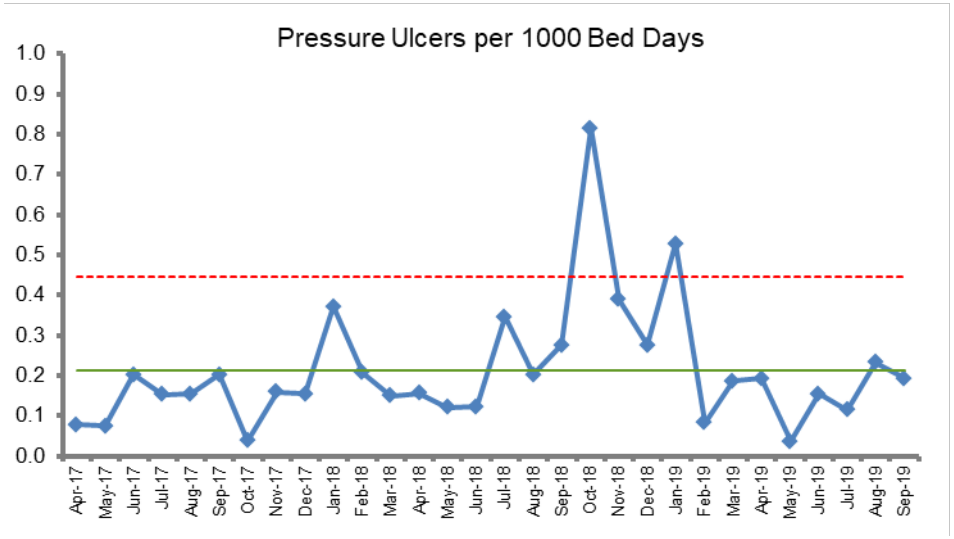


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

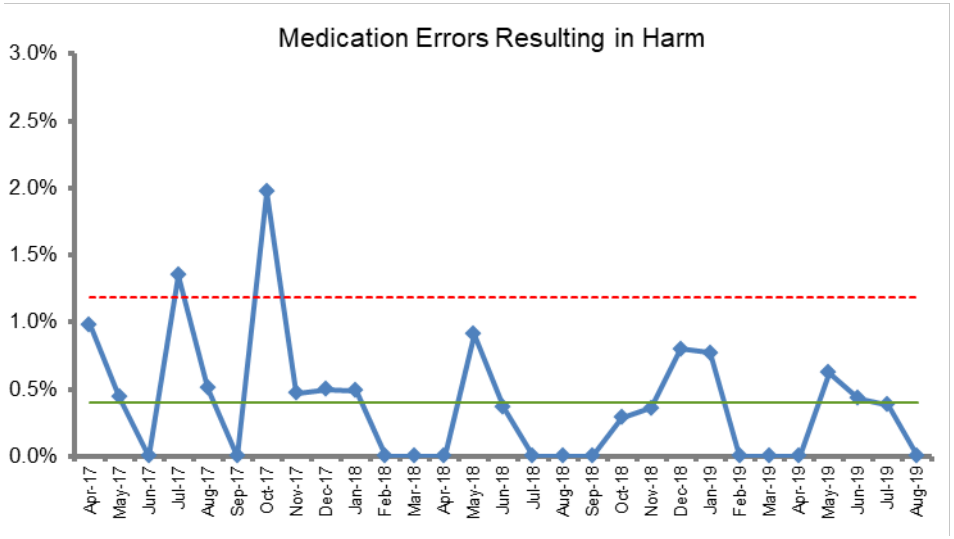
Patient Falls	
Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above)
Performance:	Falls rate for September was 4.43 per 1,000 beddays. This was 115 falls with one resulting in harm.
Commentary/ Actions:	The actions being taken remain as: 1. Implementing actions required to achieve new 2019/20 Falls CQUIN has commenced, which include: a. The revised draft multifactorial falls risk assessment, including a vision check which is now being tested across the Trust with a group set up to review how this is operationalised and make any amendments before final approval. Plans are underway to develop a falls audit tool. b. Measuring lying and standing blood pressure measurement for all patients 65 and over. c. Ensuring no anti-psychotic, anxiolytics or hypnotics, are given during hospital stay or if required there should be documentation of rationale d. Ensuring patient mobility assessment is documented within 24hrs or mobility aid provided within 24hrs. e. Quarter 2 audit is underway to monitor compliance against the CQUIN and identify areas for improvement. 2. Work is underway to review and revise the role of the falls Champions. 3. The 2019/20 Falls Group work and audit plans are closely monitored and reviewed at each meeting.
Ownership:	Chief Nurse

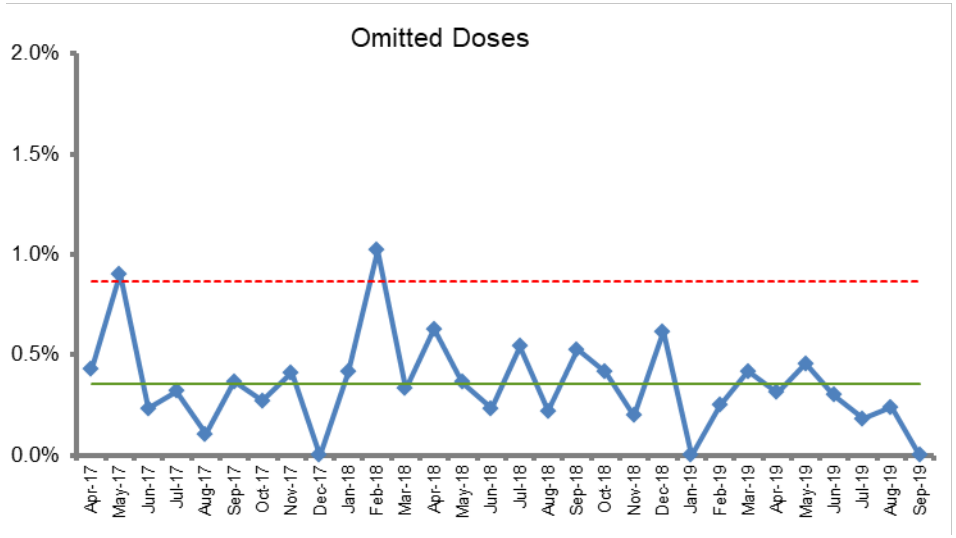


Pressure Ulcers	
Standards:	Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Pressure Ulcers rate for September was 0.193 per 1,000 beddays. There were three category 2 pressure ulcers and two category three pressure ulcers (sacrum and coccyx).
Commentary/ Actions:	The category 3 pressure ulcers were both initially validated as suspected deep tissue injuries. Preventative actions were implemented, however over time wound deterioration revealed category 3 pressure ulcers. Full investigations are underway for each. Suspected deep tissue injury is a complex wound, often purple or maroon, localised area of discoloured intact skin or blood filled blister due to underlying soft tissue damage from pressure or shearing. These injuries either reabsorb or deteriorate into an open wound, to at least a category 3 pressure ulcer, despite wound and pressure care provision. The 2019/20 Tissue Viability Group work plan continues to focus on reducing the number of pressure ulcers developed on wards. • Develop staff information leaflet / guide to support staff in pressure prevention and management, specifically heels. • The Tissue Viability Team continues to deliver monthly pressure ulcer training sessions. • Review and update tissue viability champion role description. • Task and finish group to discuss risk assessment and re-assessment (pressure ulcer, falls, nutrition etc.) • The Tissue Viability Team also deliver targeted/bespoke training to individual wards where indicated following an incident or on request. All actions are monitored through the tissue viability steering group.
Ownership:	Chief Nurse



Medicines Management	
Standards:	Number of medication errors resulting in harm to be below 0.5%. Note this measure is a month in arrears. Of all the patients reviewed in a month, under 0.75% to have had a non-purposeful omitted dose of listed critical medication
Performance:	Two moderate harm medication incidents were reported in August 2019, out of 246 cases audited (0.81%) Omitted doses were at 0% in September (0 cases out of 469 reviewed in areas using paper drug charts).
Commentary/ Actions:	Of the two moderate harm incidents: • The first case involved a re-write of the paper drug chart, which was not done in accordance with the standard procedure, and an antiepileptic medicine that had been previously prescribed on the old chart was not re-written on the new chart. The patient had suffered a seizure during the 36 hour time frame when they did not receive their medication. • The second incident involved a patient who was prescribed a chemotherapy regimen without the supportive treatment to stimulate the recovery of blood cells after chemotherapy. When the patient highlighted the omission of the supportive medicines, they were told this was not needed. The patient should have been prescribed the supportive medicine, and the fact that the incorrect regimen had been prescribed was not identified at this point.
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 September 2019 Essential Training overall compliance remained static at 90% compared to the previous month (excluding Child Protection Level 3).
Commentary/ Actions:	September 2019 compliance for Core Skills (mandatory/statutory) training remained at 90% overall across the eleven programs. There were five reductions with the largest of 2% in Resuscitation and Safeguarding Adults. There was one increase, of 1%, for Information Governance. Overall compliance for 'Remaining Essential Training' reduced 1% to 94%. • Of the eleven core skills, Resuscitation currently has the lowest individual compliance at 76%. Recent decisions regarding the provision of *Level One Resuscitation Awareness* training at induction should realise a positive effect in compliance in November. • Analysis will continue to focus on programmes which have not yet met target compliance particularly programmes which have seen 'no change' for considerable periods. • A review is also underway of the reporting, monitoring and content of essential training with the aim of making this as streamlined and relevant to divisions as possible.
Ownership:	Director of People

Essential Training	Sep-19	KPI
Equality, Diversity and Human Rights	97%	90%
Fire Safety	87%	90%
Health, Safety and Welfare (formerly Health & Safety)	92%	90%
Infection Prevention and Control	87%	90%
Information Governance	87%	95%
Moving and Handling (formerly Manual Handling)	88%	90%
NHS Conflict Resolution Training	93%	90%
Preventing Radicalisation	95%	90%
Resuscitation	76%	90%
Safeguarding Adults	92%	90%
Safeguarding Children	93%	90%

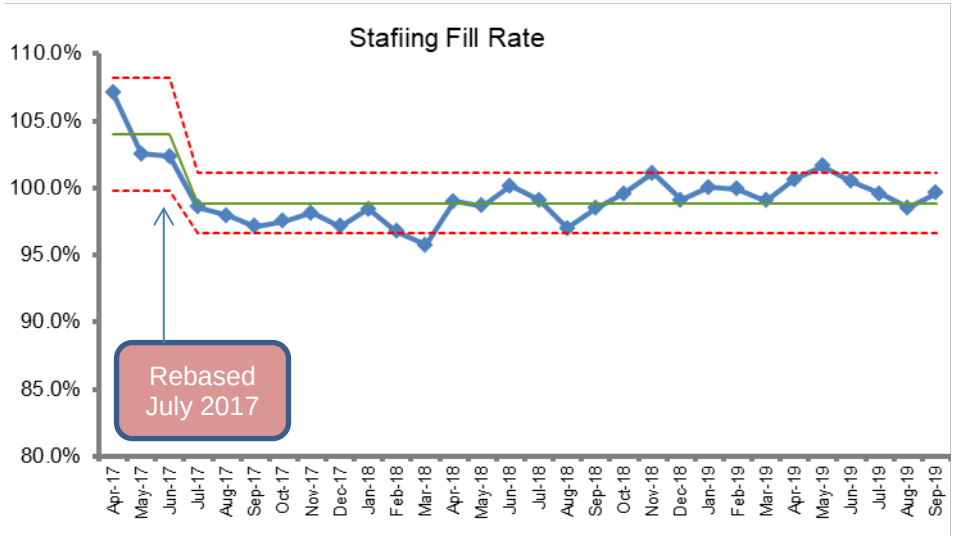
Essential Training	Sep-19	KPI
UH Bristol NHS Foundation Trust	90%	90%
Diagnostics & Therapies	92%	90%
Medicine	89%	90%
Specialised Services	91%	90%
Surgery	89%	90%
Women's & Children's	87%	90%
Trust Services	92%	90%
Facilities & Estates	93%	90%

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:	September's overall staffing level was at 99.6 % (230,832 hours worked against 231,701 planned). Registered Nursing (RN) level was at 95.5% and Nursing Assistant (NA) level was at 110.9%
Commentary/ Actions:	Overall for the month of September 2019, the trust had 95% cover for RN's on days and 96% RN cover for nights. The unregistered level of 103% for days and 122% for nights reflects the activity seen in September 2019. This was due primarily to NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night. Ongoing Action: Continue to validate temporary staffing assignments against agreed criteria. Assurance: Monitored through agency controls action plan
Ownership:	Chief Nurse

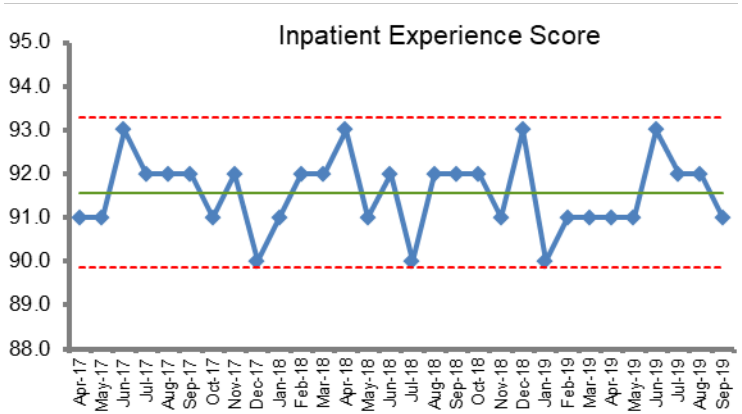
SEPTEMBER 2019 DATA

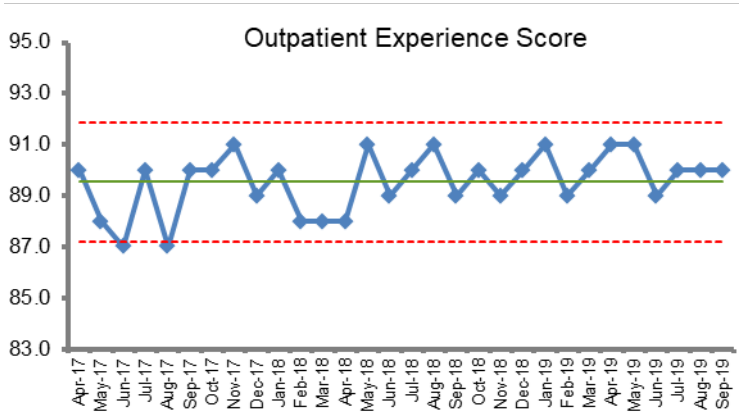
	Day	Night	TOTAL
Registered Nurses	94.8%	96.3%	95.5%
Nursing Assistants	103.2%	121.9%	110.9%
TOTAL	**97.2%**	**102.6%**	**99.6%**

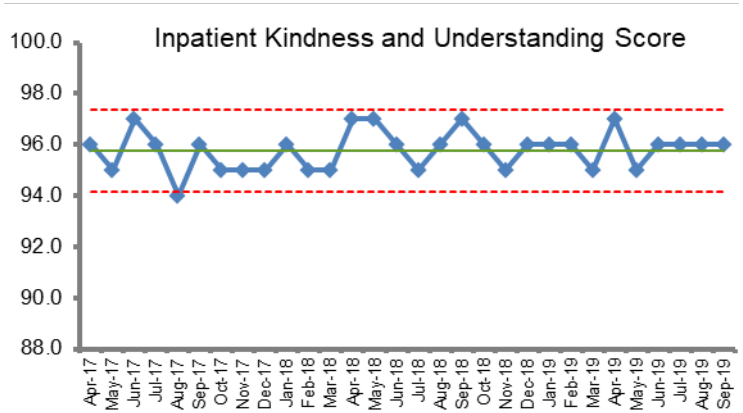
Medicine	108.7%
Specialised Services	100.0%
Surgery	104.2%
Women's and Children's	91.0%
TOTAL	**99.6%**



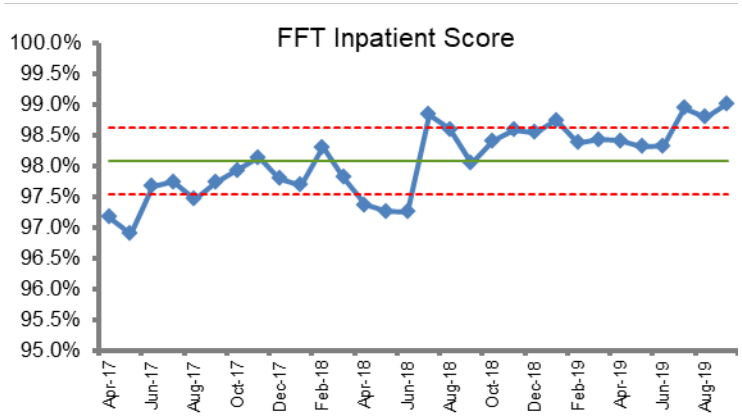
Monthly Patient Survey	
Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target of 90 or over.
Performance:	For September 2019, the inpatient score was 91/100, for outpatients it was 90. For the kindness and understanding question it was 96.
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

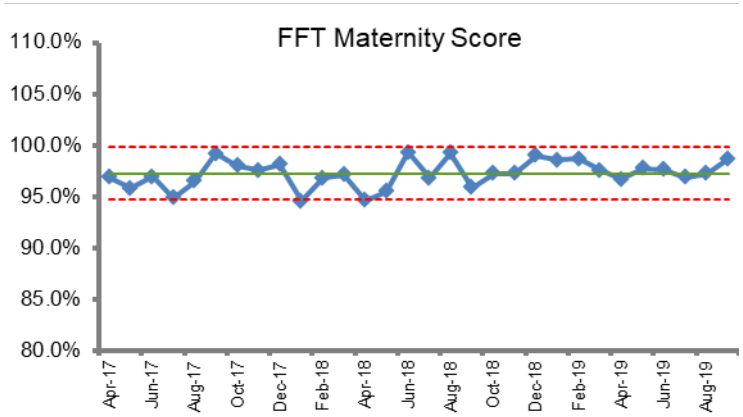


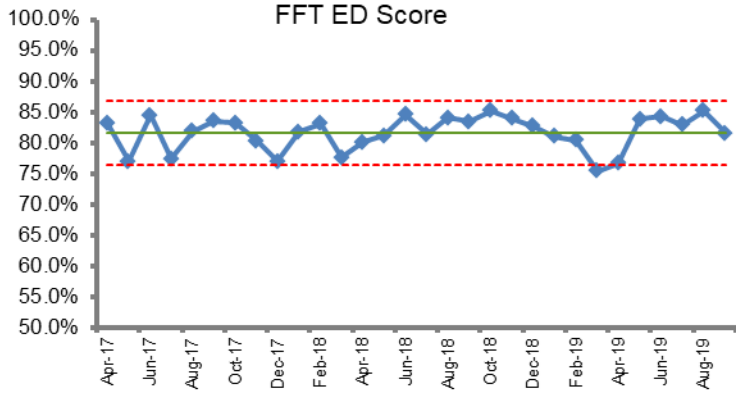




Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 70%.
Performance:	September's FFT score for Inpatient services was 99.0% (1905 out of 1924 surveyed). The ED score was 81.5% (1112 out of 1364 surveyed). The maternity score was 98.7% (225 out of 228 surveyed).
Commentary/ Actions:	The Trust's scores on the Friends and Family Test were above their target levels.
Ownership:	Chief Nurse



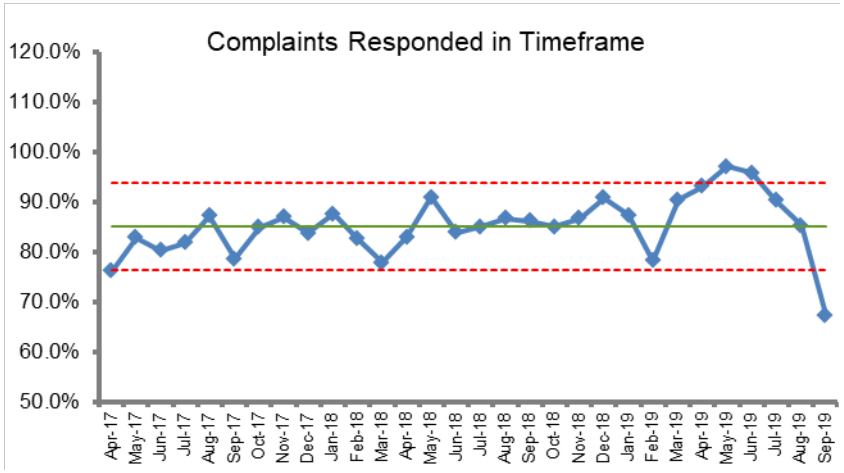


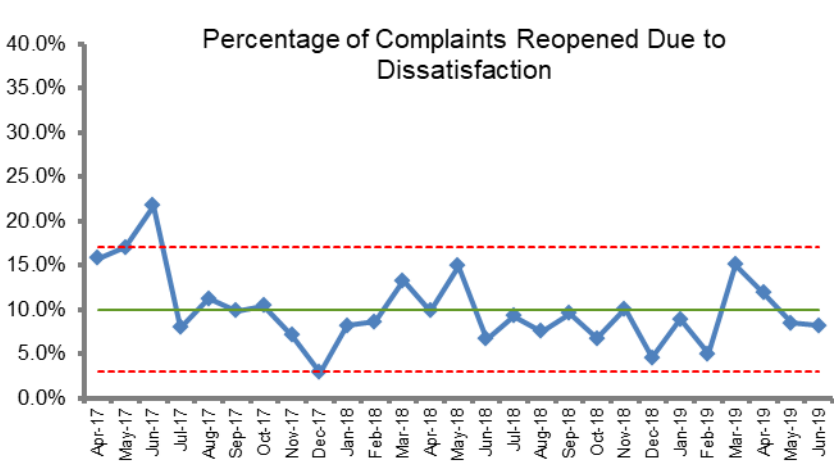


	Response Rate		Score	
	Sep-19	2019/2020	Sep-19	2019/2020
Inpatients				
Medicine	44.1%	42.1%	98.2%	98.1%
Surgery	32.3%	36.4%	99.2%	98.9%
Specialised Services	40.7%	40.3%	99.6%	98.8%
Women's and Children's	26.7%	32.0%	99.4%	98.6%
TOTAL	**34.2%**	**37.2%**	**99.0%**	**98.6%**
Emergency Department				
Bristol Royal Infirmary	10.3%	11.5%	67.1%	66.1%
Children's Hospital	16.9%	17.3%	80.2%	83.8%
Eye Hospital	22.3%	26.2%	95.7%	95.1%
TOTAL	**15.2%**	**16.9%**	**81.5%**	**82.7%**
Maternity				
TOTAL	**16.5%**	**26.8%**	**98.7%**	**97.4%**

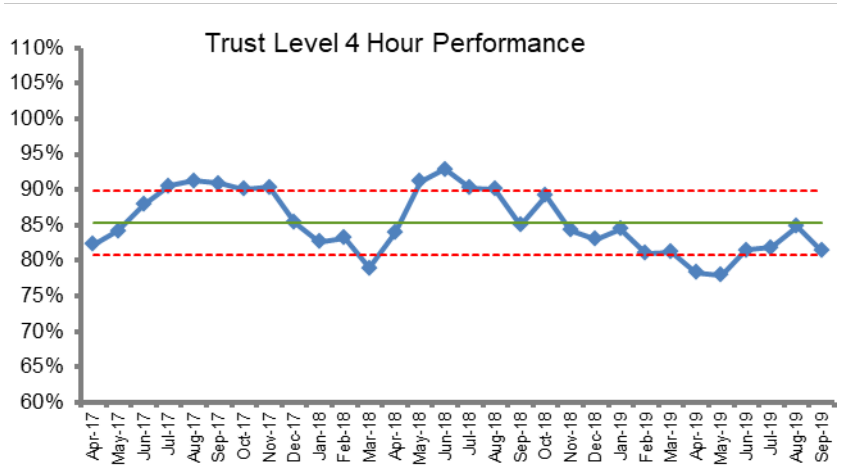
2.2 PERFORMANCE – Caring Domain

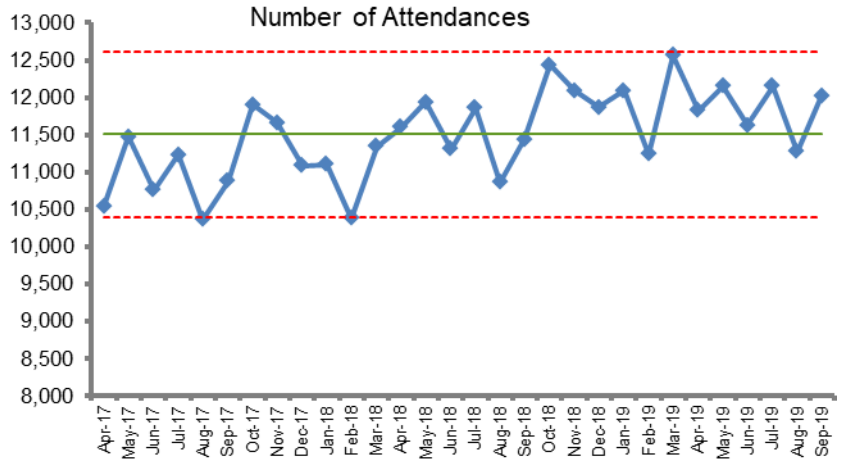
Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance (Red) of 12%.
Performance:	In September, 27 out of 40 formal complaints were responded to with timeframe (67.5%) Of the 83 formal complaints responded to in July, 10 resulted in the complainant being dissatisfied with the response (12.1%)
Commentary/ Actions:	Eleven of the 13 breaches were attributable to the Divisions, with two attributable to delays during the Executive sign-off process. Of those breaches attributable to the Divisions, there were eight for the Division of Medicine and one each for the Divisions of Specialised Services, Trust Services and Women & Children. These breaches have been validated by the Divisions. The Division of Medicine has been without a complaints coordinator for three months and this is impacting on the ability of the division to respond in a timely way. The new post holder joined the trust in October and it is therefore anticipated that complaints performance for that division will improve. The Trust's performance in responding to complaints via informal resolution within a timescale agreed with the complainant was 90.3%, an improvement on the 86% reported in August and 85% in July 2019. This equates to six breaches from the 62 responses in September. Of the six breaches recorded, there were three breaches from the Division of Trust Services, two for Medicine and one for Surgery. The rate of dissatisfied complaints in July (this measure is reported two months in arrears) was 12%. This represents 10 cases from the 83 first responses sent out during that month, compared with 8.2% reported for June and 8.5% reported for May 2019.
Ownership:	Chief Nurse

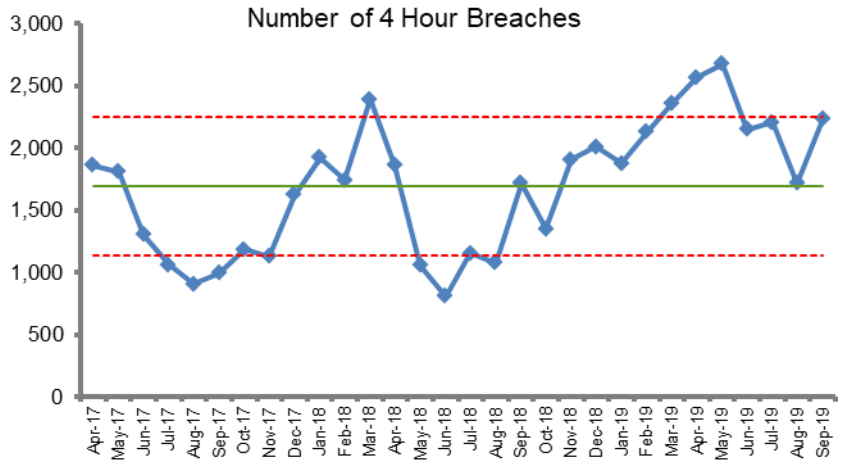


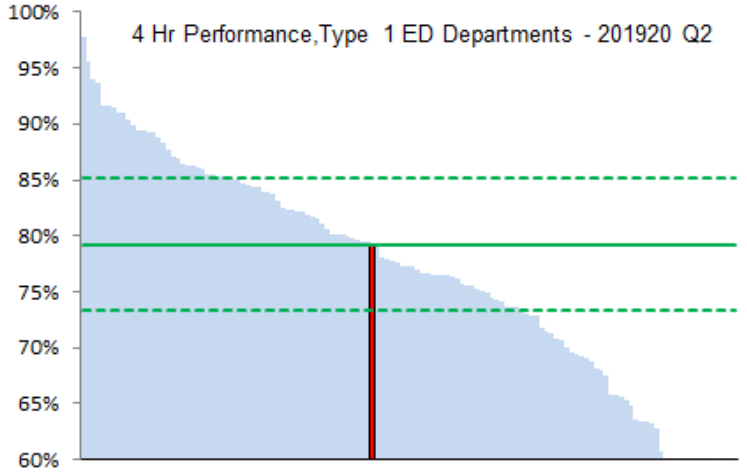


Emergency Department (ED) 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's improvement trajectory is 85.5% for September.
Performance:	Trust level performance for September was 81.42% (12022 attendances and 2234 patients waiting over 4 hours).
Commentary/ Actions:	The Division of Medicine continues with new actions to support urgent care flow: • They have successfully recruited an Associate Specialist into Care of the Elderly. They will be working with the Consultant body to deliver the acute frailty agenda, including working as part of the front door team assessing patients streamed form ED. • Interviews for an Associate Specialist in Acute Medicine take place 11 October. If successful this will enable the Consultant team to begin work running a Same Day Emergency Care offer from our Emergency Medical Unit on level 4. This would promote use of ambulatory care pathways over short stay admissions, and would take work out of the emergency department. • The CCG are supporting a project to pilot primary care streaming to a GP in the BRI ED. This is in its early stages whilst a rota of interested GPs is put together. This will be a rota for staff that will fill some evening shifts, seeing primary care suitable patients in the Fast Flow end of the department. The department also want to test streaming suitable patients to a clinic type environment so they can work towards whichever model will be the best fit for the patients group and the needs of the department. • The Drug Liaison Nurse service will be piloting an ED specific service during October, in which they will assess and support discharge planning for patients attending the ED with substance misuse related problems.
Ownership:	Chief Operating Officer





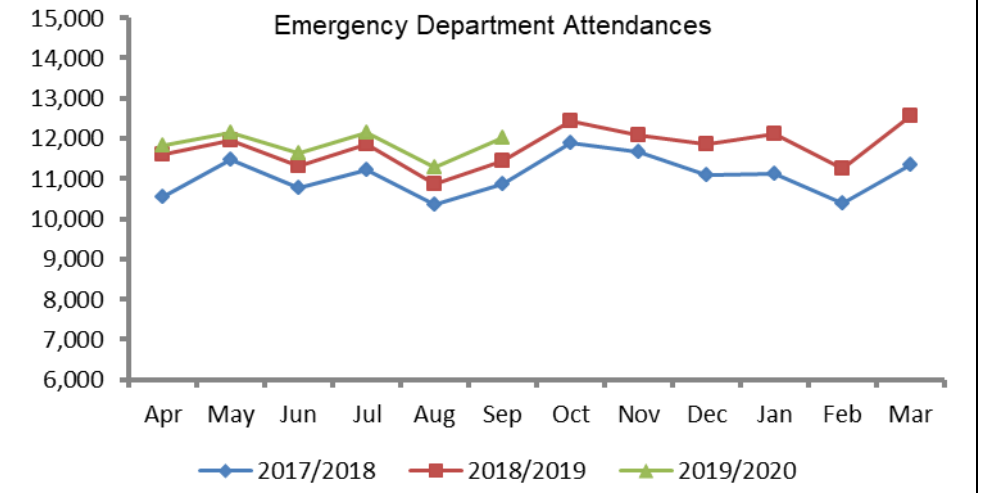


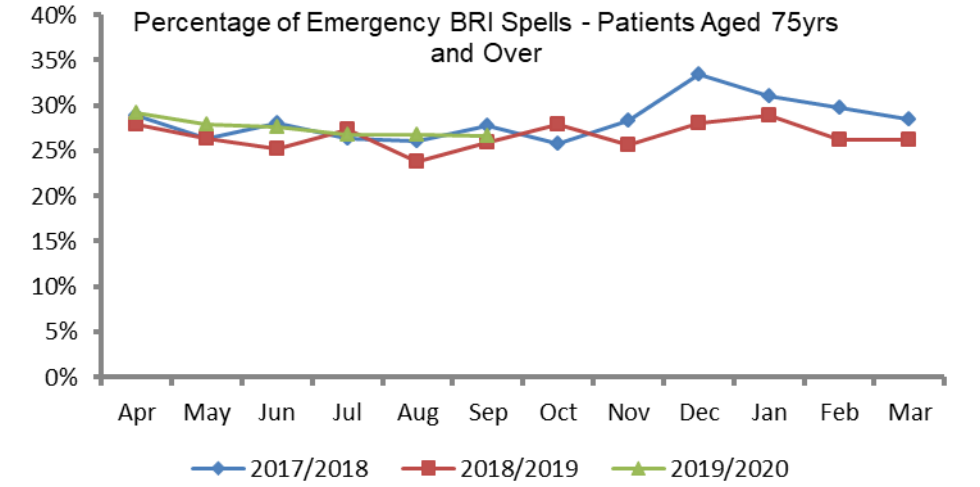


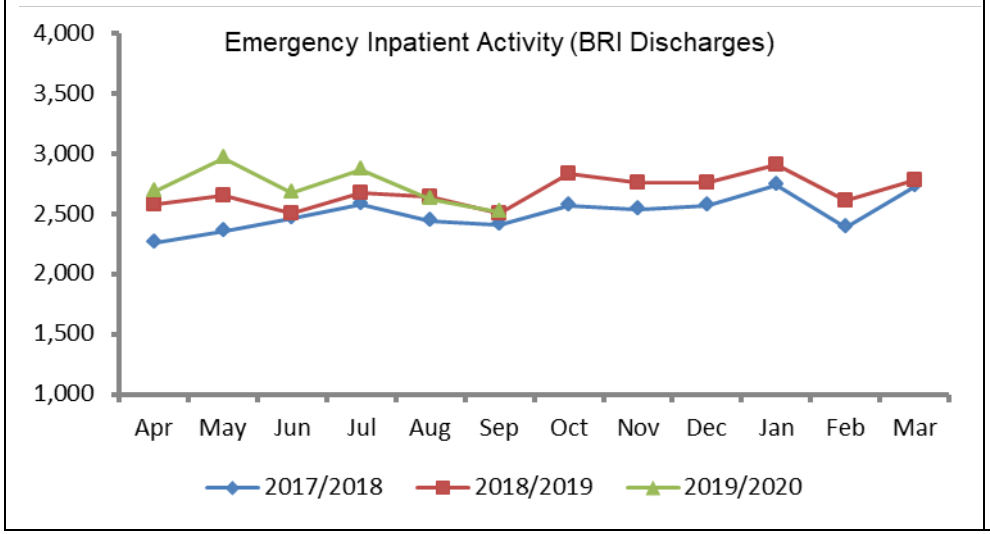
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

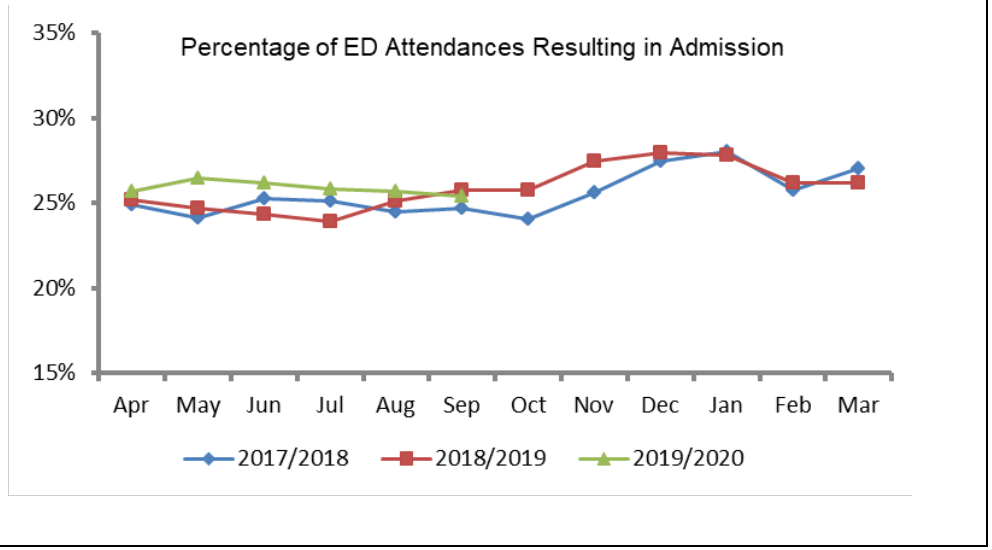
2.3 PERFORMANCE – Responsive Domain

	Attendances		Under 4 Hours		Performance	
	Sep-19	2019/2020	Sep-19	2019/2020	Sep-19	2019/2020
BRI	6133	36996	4350	25332	70.93%	68.47%
Trust	12022	71049	9788	57491	81.42%	80.92%



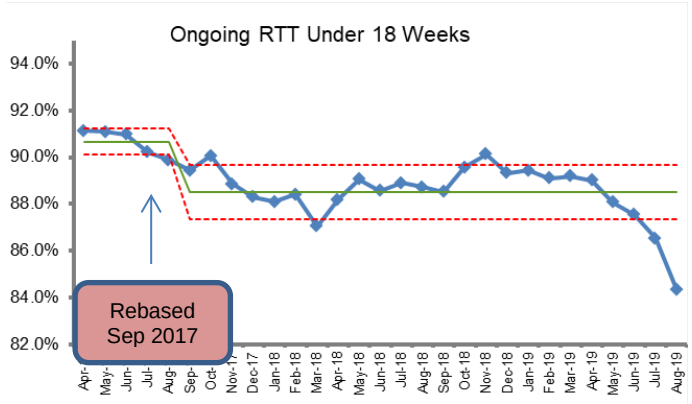


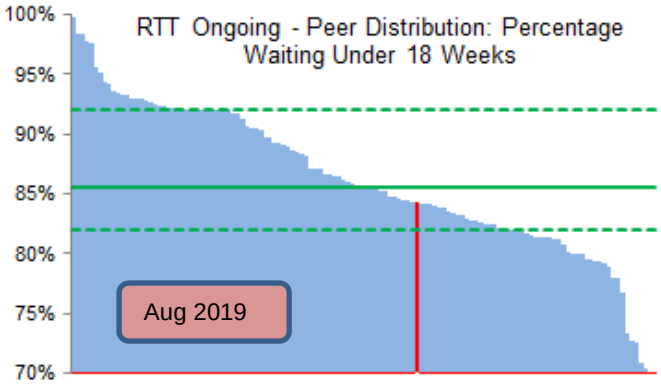




2.3 PERFORMANCE – Responsive Domain

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 87.9% for end of September. In addition, no-one should be waiting 52 weeks or over from September 2019.
Performance:	At end of September, 83.6% of patients were waiting under 18 week (28,338 out of 33,912 patients). 5 patients were waiting 52+ weeks
Commentary/ Actions:	The 92% national standard was not met at the end of September and the improvement trajectory of 87.9% was missed. The reduction in performance is based on an increase in the waiting list size and cancellations that have occurred in month. In addition, there are less clock stops being recorded due to lower than normal elective activity levels across Divisions. For recovery to be successful, divisions need to focus on increasing their inpatient and outpatient activity and delivery against their set RTT Trajectories. The recovery trajectories are being reviewed as part of the weekly performance meetings but results were not available in time for publication here. At the end of September 2019, the Trust reported five 52 week waiters in Clinical Genetics and the Division of Surgery due to a number of last minute cancellations. All these patients are dated in October.
Ownership:	Chief Operating Officer

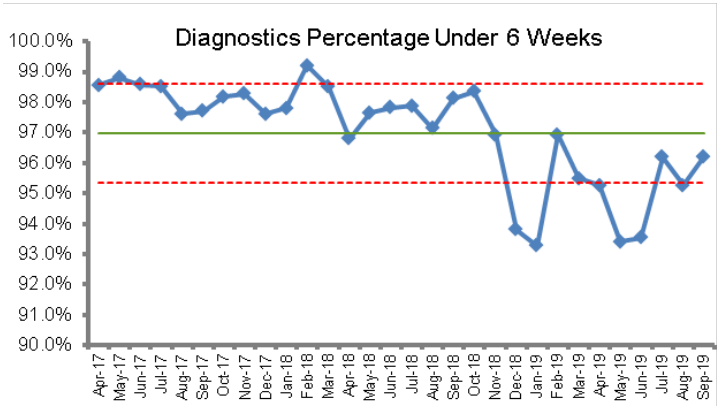


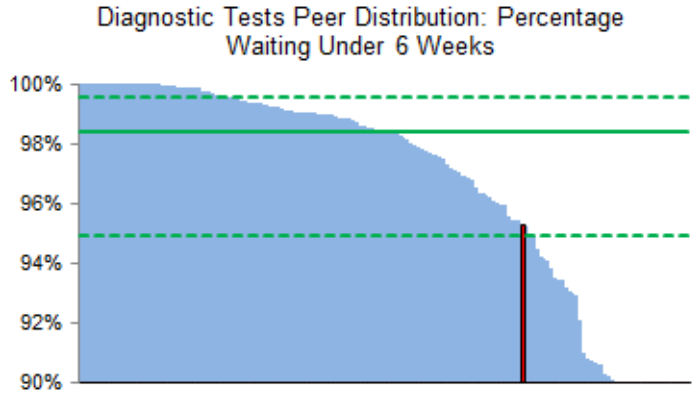


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

	Ongoing Pathways at Sep-19		
	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	2,550	500	80.4%
Cardiothoracic Surgery	317	87	72.6%
Dermatology	2,911	403	86.2%
ENT	2,101	173	91.8%
Gastroenterology	1,105	47	95.7%
General Medicine	6	0	100.0%
Geriatric Medicine	89	1	98.9%
Gynaecology	1,446	338	76.6%
Neurology	260	18	93.1%
Ophthalmology	4,061	394	90.3%
Oral Surgery	3,705	870	76.5%
Other (Clinical Genetics)	1,273	209	83.6%
Other (Dental)	3,090	587	81.0%
Other (General Surgery)	1,618	423	73.9%
Other (Haem/Onc)	240	11	95.4%
Other (Medicine)	586	27	95.4%
Other (Other)	367	0	100.0%
Other (Paediatric)	6,113	1,253	79.5%
Other (Pain Relief)	48	0	100.0%
Other (Thoracic Surgery)	143	9	93.7%
Plastic Surgery	0	0	-
Rheumatology	627	43	93.1%
Thoracic Medicine	670	61	90.9%
Trauma & Orthopaedics	586	120	79.5%
TOTAL	**33,912**	**5,574**	**83.6%**

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 beginning of Quarter 4 2019/20
Performance:	At end of September, 96.2 % of patients were waiting under 6 weeks (8,077 out of 8,395 patients). There were 369 breaches of the 6-week standard.
Commentary/ Actions:	The Trust did not achieve the 99% national standard at end of September. The maximum number of breaches needed to achieve 99% was 84 breaches. • MRI breach volumes are in Paediatrics (67), which is run by the Diagnostics and Therapies division. Historically Waiting List Initiatives (WLIs) at weekends had been used to meet the demand whilst additional in week sessions with Women's and Children's divisions were pursued. Changes in payment rules for WLIs have caused a reduction in number of WLI sessions that can be run. In addition, a planned joint list between the two divisions was due to start in November, but this has not been able to be fully staffed. A plan for recovery in this modality is not currently in place. • CT Cardiac recovery is reliant on the installation/upgrade of a new cardiac-compatible CT scanner, which is due for installation during Quarter 3. The division has worked through the capacity and demand issues for the remainder of the year and is still predicting recovery by Quarter 4. • Adult Endoscopy plans for additional Clinical Fellows starting in November/December are still in place to deliver recovery by January.
Ownership:	Chief Operating Officer





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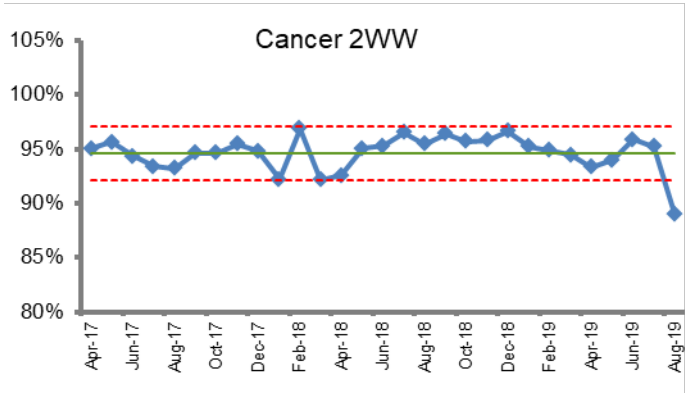
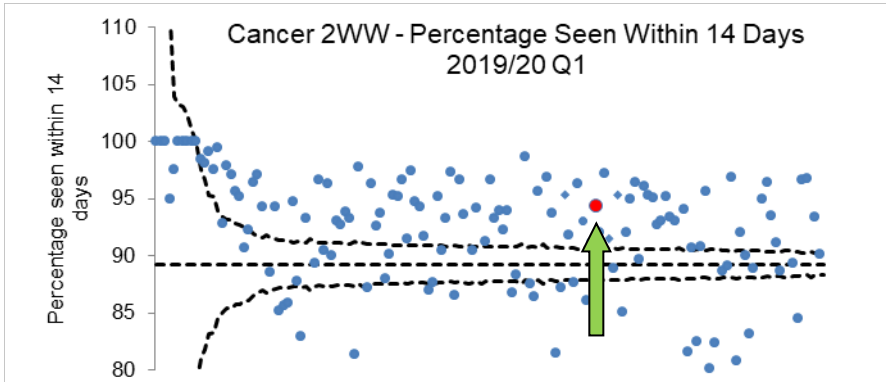
Sep 2019	Diagnostic Tests Waiting List at Sep-19			
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	637	0	637	100.0%
Colonoscopy	198	41	239	82.8%
CT	1,361	81	1,442	94.4%
Cystoscopy	1	0	1	100.0%
DEXA Scan	185	0	185	100.0%
Echocardiography	911	34	945	96.4%
Flexi Sigmoidoscopy	61	30	91	67.0%

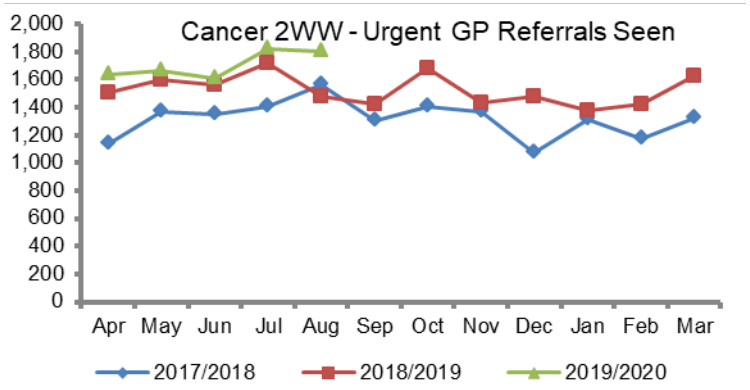
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Gastroscopy	283	40	323	87.6%
MRI	1,911	78	1,989	96.1%
Neurophysiology	197	10	207	95.2%
Sleep Studies	175	2	177	98.9%
Ultrasound	2,157	2	2,159	99.9%
Grand Total	**8,077**	**318**	**8,395**	**96.2%**

2.3 PERFORMANCE – Responsive Domain

Cancer Waiting Times – 2WW	
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that each Trust should achieve at least 93%
Performance:	For August, 89.0% of patients were seen within 2 weeks (1606 out of 1804 patients). Quarter 1 2019/20 achieved 94.4%. Quarter 2 (July/August) is at 92.1%.
Commentary/ Actions:	The standard has been achieved in each quarter since 2018/19 Q1 but will not be achieved in 2019/20 Quarter 2. Significantly rising demand from GPs for suspected skin cancer assessments (33% increase compared to last year), has caused non-compliance with the two week wait first appointment standard in August, September and potentially October. The priority is to recover compliance with the 2 week wait cancer first appointment standard in November, which is on track.
Ownership:	Chief Operating Officer



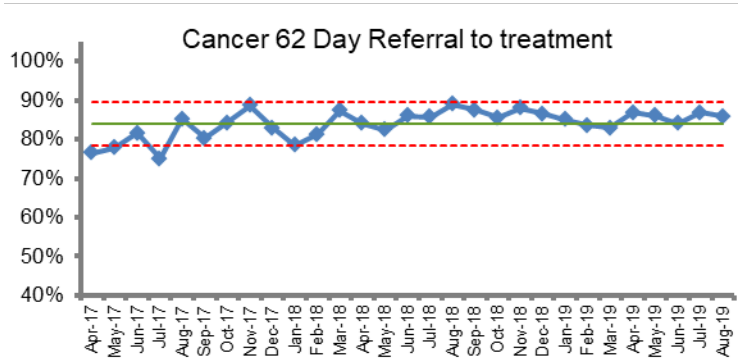


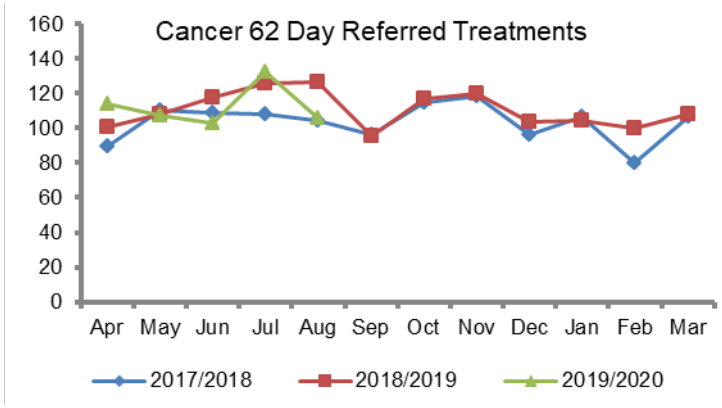


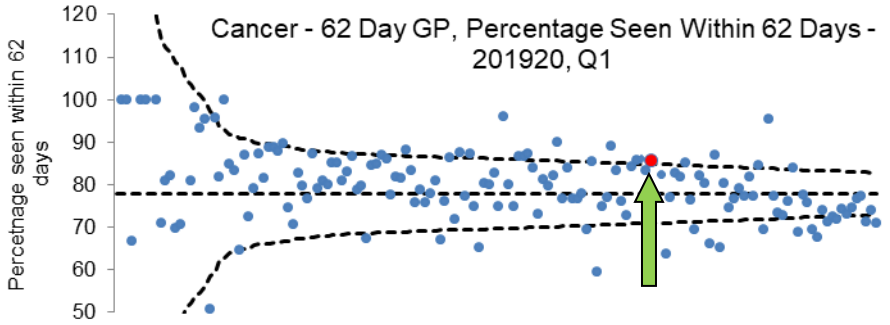
	Cancer 2WW - Aug-19		
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer	1	1	100.0%
Suspected children's cancer	16	17	94.1%
Suspected gynaecological cancers	139	147	94.6%
Suspected haematological malignancies e	12	12	100.0%
Suspected head and neck cancers	389	423	92.0%
Suspected lower gastrointestinal cancers	177	200	88.5%
Suspected lung cancer	20	20	100.0%
Suspected skin cancers	747	871	85.8%
Suspected upper gastrointestinal cancers	105	113	92.9%
Grand Total	**1,606**	**1,804**	**89.0%**

2.3 PERFORMANCE – Responsive Domain

Cancer Waiting Times – 62 Day	
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. National standard is that Trusts should achieve at least 85%. The improvement trajectory, as submitted to NHS Improvement, has also been set at 85%.
Performance:	For August, 85.8% of patients were seen within 62 days (90.5 out of 105.5 patients). Quarter 1 2019/20 achieved 85.7%. Quarter 2 (July/August) is at 86.3%.
Commentary/ Actions:	The Trust achieved compliance in July and August. Surgical cancellations of cancer patients have affected the 62 day GP, 31 day first definitive treatment, and 31 day subsequent surgery standards for cancer, with subsequent surgery continuing to be non-compliant. Preventing further cancellations which mainly occur due to lack of critical care beds remains a risk. The 62 day standard is at low-moderate risk for September, but is likely to be achieved once validation is complete
Ownership:	Chief Operating Officer



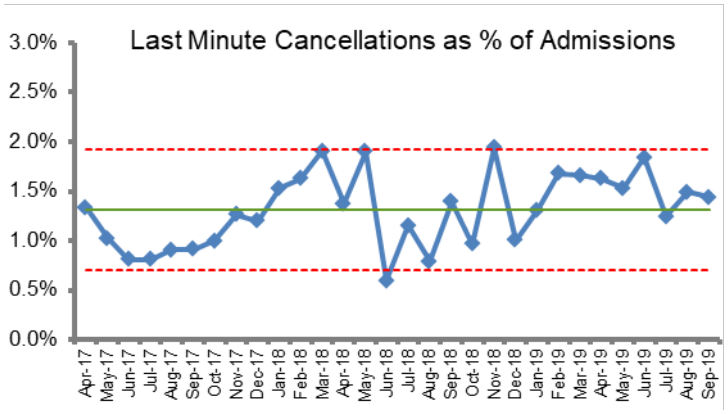


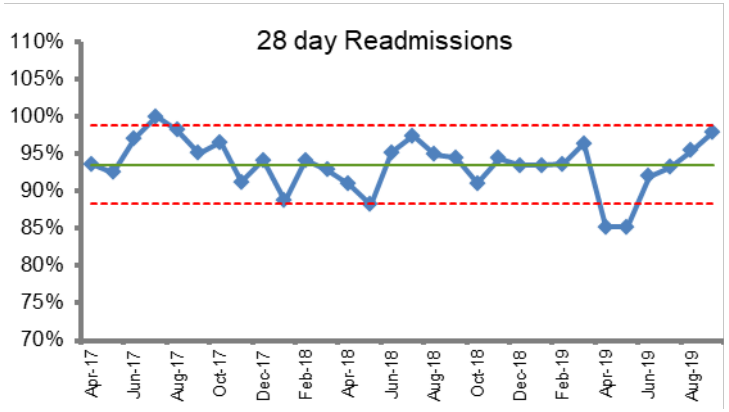


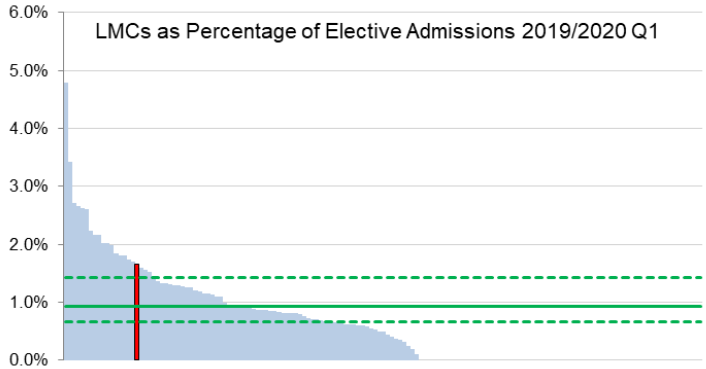
Cancer 62 Day - Aug-19

	Within Target	Total Pathways	Performance
Acute leukaemia	0.5	0.5	100.0%
Breast	2.5	2.5	100.0%
Gynaecological	6.0	10.0	60.0%
Haematological	2.0	5.0	40.0%
Head and Neck	5.0	6.0	83.3%
Lower Gastrointestinal	7.0	9.0	77.8%
Lung	9.0	10.0	90.0%
Other	1.0	1.0	100.0%
Sarcoma	1.0	1.5	66.7%
Skin	51.5	51.5	100.0%
Upper Gastrointestinal	4.5	8.0	56.3%
Urological	0.5	0.5	100.0%
Grand Total	**90.5**	**105.5**	**85.8%**

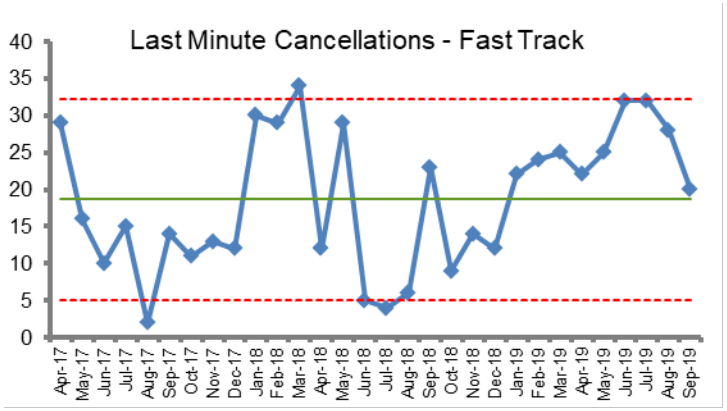
Last Minute Cancelled Operations	
Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions. Also, 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In September there were 94 last minute cancellations, which was 1.44% of elective admissions. Of the 95 cancelled in August, 93 (97.9%) had been re-admitted within 28 days. This means two patients breached the 28 day readmission standard.
Commentary/ Actions:	The most common reason for cancellation was "Other Emergency Patient Prioritised" (20 cancellations). Overall there were 9 in Medicine, 8 in Cardiac Services, 15 in ENT & Thoracics, 14 in Gastrointestinal Surgery, 24 in Ophthalmology, 4 in Trauma & Orthopaedics, 6 in Dental Services, 4 in Gynaecology and 10 in Paediatrics. Of the two 28 day breaches: 1 was ENT/Thoracics and 1 was General Surgery.
Ownership:	Chief Operating Officer

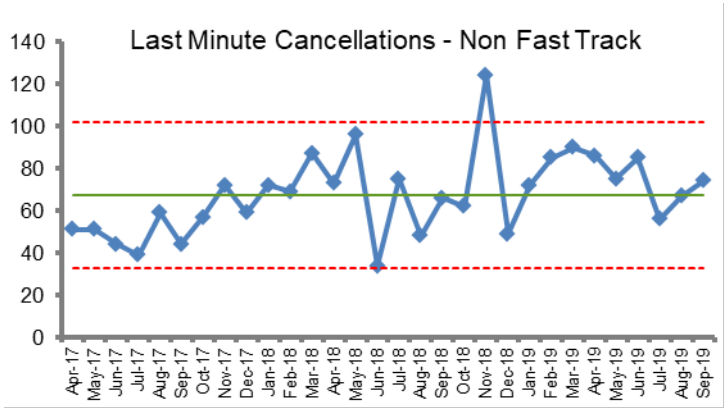






Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

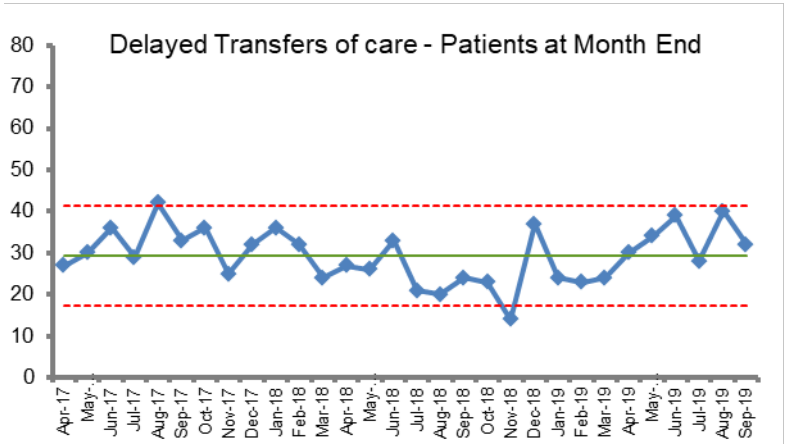


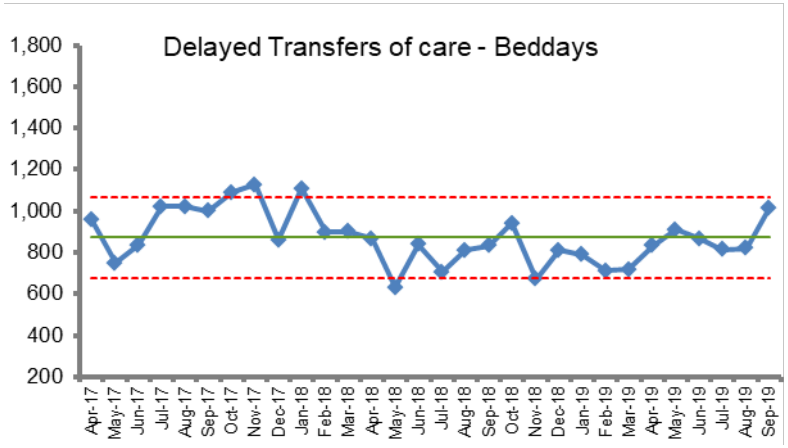


Cancellation Reason	Fast Track	Routine	Urgent	TOTAL
Other Emergency Patient Prioritised	0	16	4	20
Equipment Failure	0	12	2	14
No HDU Beds	8	2	0	10
Surgeon Unavailable	6	2	1	9
AM list over-ran	1	7	1	9
Other clinically complicated Patient in theatre	3	4	1	8
No Beds Available	0	5	3	8
Booking Error	1	2	2	5
No Theatre Staff	0	2	1	3
Surgeon Taken Ill	0	2	1	3
Equipment Unavailable	0	2	1	3
Other Non Emergency Patient Prioritised	0	1	0	1
No Critical Care Bed	1	0	0	1
TOTAL	**20**	**57**	**17**	**94**

2.3 PERFORMANCE – Responsive Domain

Delayed Transfers of Care (DToC)	
Standards:	Patients who are medically fit for discharge should wait a "minimal" amount of time in an acute bed.
Performance:	In September there were 32 Delayed Transfer of Care patients as at month-end (including 13 at South Bristol), and 1016 beddays consumed by DToC patients.
Commentary/ Actions:	The Integrated Care Bureau (ICB) model continues to work well in relation to early identification of patients approaching discharge ready and agreement with partners regarding the most appropriate pathway for discharge. This is clearly demonstrated by consistently high number of patients on the Green To Go (G2G) list (around 110) whilst the formal DToC number remains approximately 30 at any time. The most significant issues are in Homefirst capacity and reablement followed by Social Care assessments and waits for domiciliary home care. The Trust continues to review 'stranded' patients three times a week with partners.
Ownership:	Chief Operating Officer

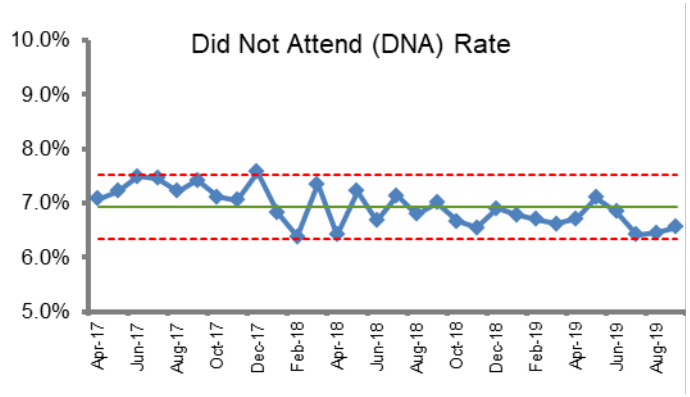


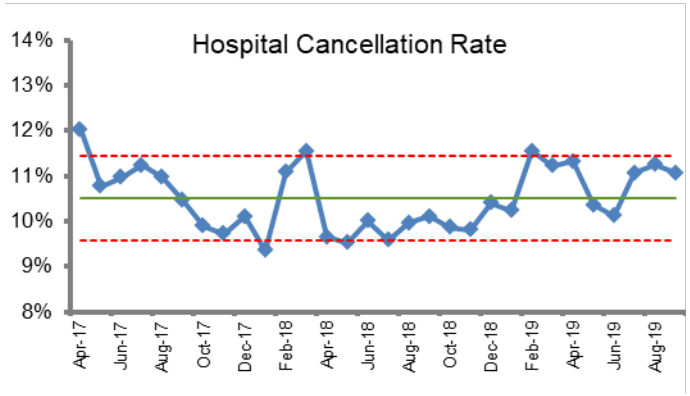


			Sep-19			
Code	Reason	Accountable	Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	1	51	1	53
		NHS	2	46	2	5
		Social Care	2	128	0	25
B	Public Funding	Social Care	0	0	0	4
C	Further non acute NHS care	NHS	0	1	0	0
Di	Care Home Placement	NHS	1	9	0	0
		Social Care	1	60	2	32
Dii	Care Home Placement	NHS	2	93	0	0
		Social Care	2	61	0	0
E	Care package in own home	NHS	1	68	2	17
		Social Care	7	245	4	52
F	Community equipment / adaptions	NHS	0	18	0	0
		Social Care	0	0	1	5
G	Patient or family choice	NHS	0	3	0	15
I	Housing - patient not covered by NH	NHS	0	0	1	25
TOTAL			**19**	**783**	**13**	**233**

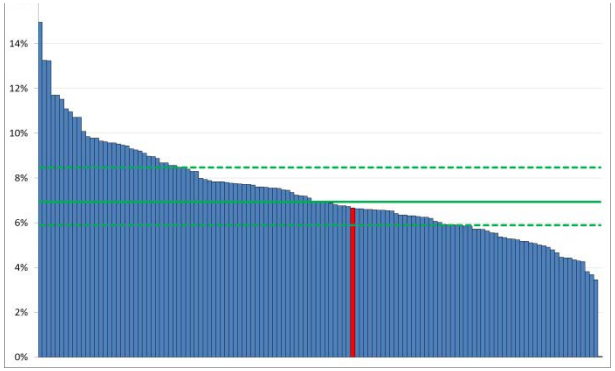
2.3 PERFORMANCE – Responsive Domain

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 September there were 10,140 hospital-cancelled appointments, which was 11.1% of all appointments made. There were 4,252 appointments that were DNA'ed, which was 6.6% of all planned attendances.
Commentary/ Actions:	All divisions have set targets to reduce DNA's in specific specialities as part of the productivity workstreams for 2019/20. The Outpatient Steering Group (OSG) will monitor progress towards the targets set by each division and reviewing the Trust DNA rate on a monthly basis. In May 2019, the text message sent to patients as a reminder was standardised and the cost of a DNA and patient initials for paediatric patients were included. This has reduced the DNA rated further. There is ongoing work to include the location code for the clinic so that patients can see which clinic they need to attend without the need of the original appointment letter. The increase in hospital cancellation rate is due to the introduction of e-RS, which whilst it allows the patient to book an appointment, if they require a different speciality or a particular clinic their original appointment will be cancelled to allow the correct appointment to be booked. Patients are informed their appointment is not confirmed until they receive confirmation following triage.
Ownership:	Chief Operating Officer





DNA Rate – England Acute Trusts – Quarter 1 2019/20



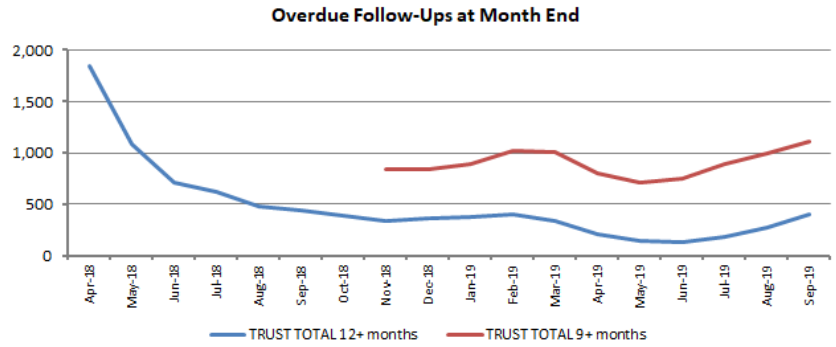
Hospital Cancellations – England Acute Trusts – Quarter 1 2019/20

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

2.3 PERFORMANCE – Responsive Domain

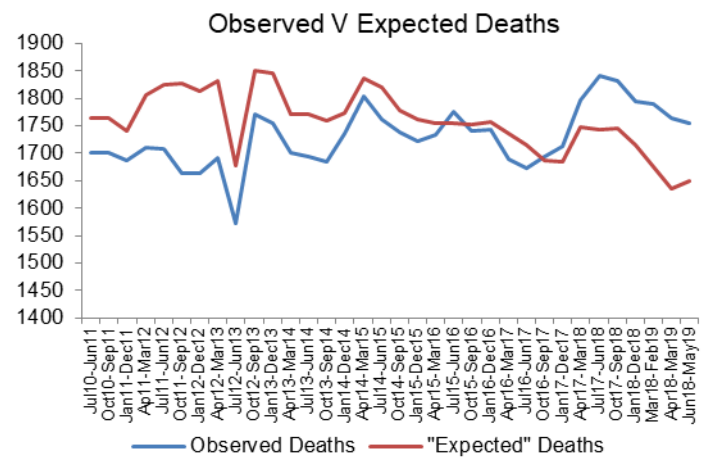
Outpatient – Overdue Follow-Ups	
Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in Outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of September, number overdue by 12+ months is 402 and overdue by 9+ months is 1107.
Commentary/ Actions:	Although there has been a deterioration in the numbers, this is focussed 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. Plans are being worked through, via the weekly performance meetings, for the two specialties to achieve clearance of the backlogs by November.
Ownership:	Chief Operating Officer

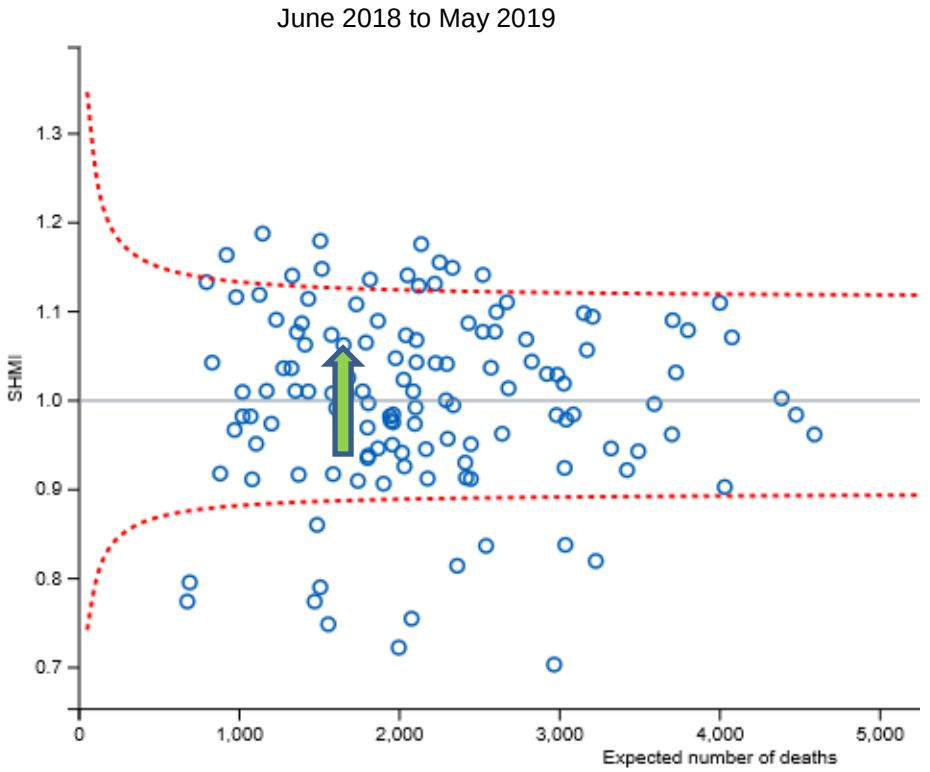
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Outpatients Overdue by 12+ Months	Diagnostics and Therapies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	461	133	23	5	7	3	3	2	3	4	3	3	3	3	3	3	3	3
	Specialised Services	188	206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



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 June 2018 to May 2019. The SHMI was 106.4 (1755 deaths and 1650 “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 narrative for HSMR below.
Ownership:	Medical Director

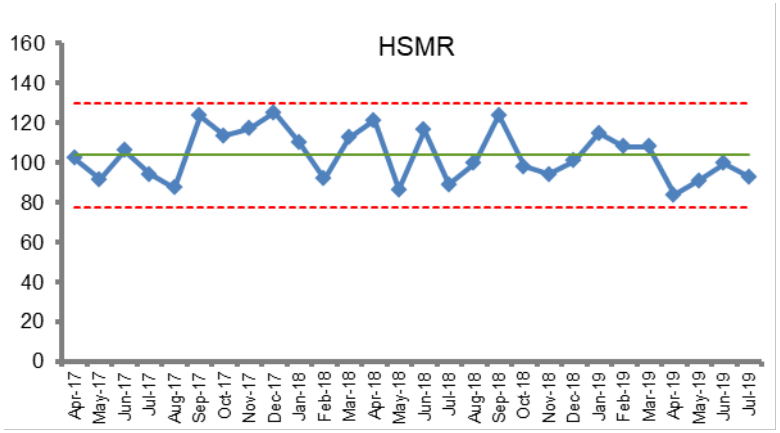
Timeframe	Observed Deaths	"Expected" Deaths	SHMI
Jul15-Jun16	1,775	1,754	101.2
Oct15-Sep16	1,741	1,752	99.4
Jan16-Dec16	1,743	1,758	99.1
Apr16-Mar17	1,690	1,737	97.3
Jul16-Jun17	1,674	1,714	97.6
Oct16-Sep17	1,693	1,686	100.4
Jan17-Dec17	1,712	1,684	101.7
Apr17-Mar18	1,796	1,748	102.7
Jul17-Jun18	1,841	1,744	105.6
Oct17-Sep18	1,833	1,745	105.0
Jan18-Dec18	1,795	1,715	104.7
Mar18-Feb19	1,790	1,675	106.9
Apr18-Mar19	1,765	1,635	108.0
Jun18-May19	1,755	1,650	106.4

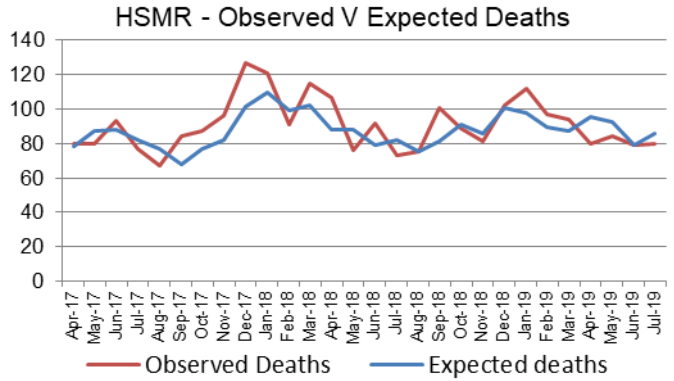




2.4 PERFORMANCE – Effective Domain

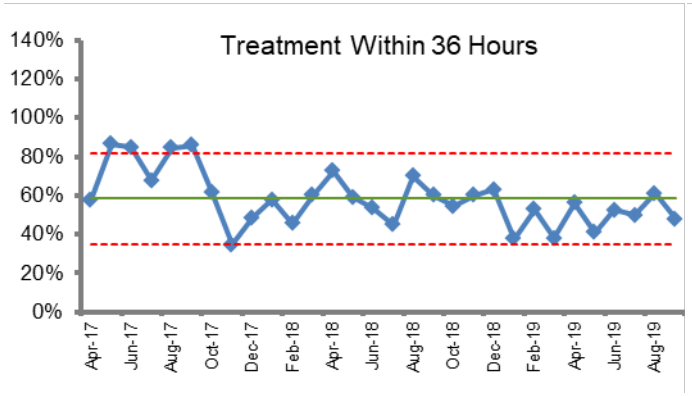
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for July 2019. The HSMR was 92.9 (80 deaths and 86 "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

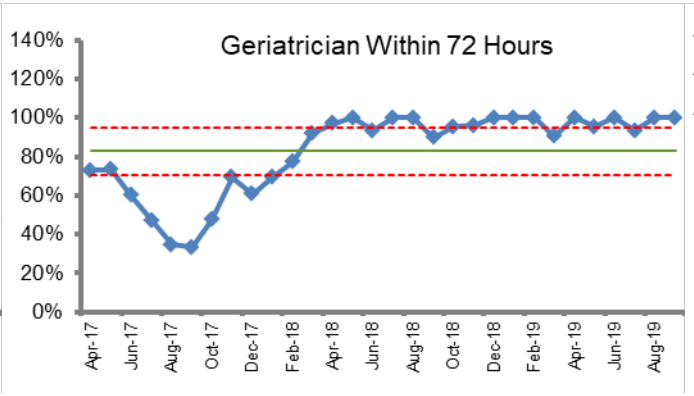


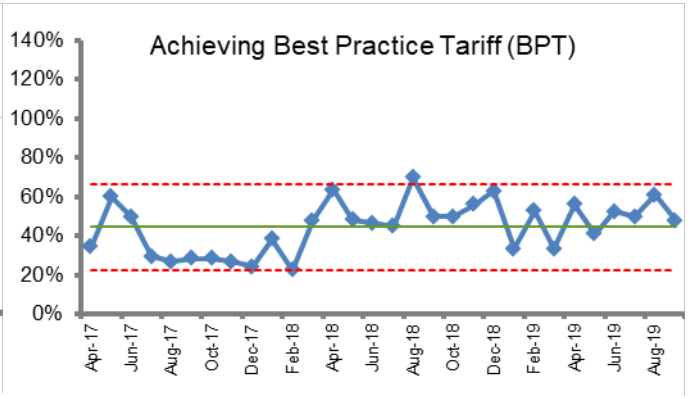


2.4 PERFORMANCE – Effective Domain

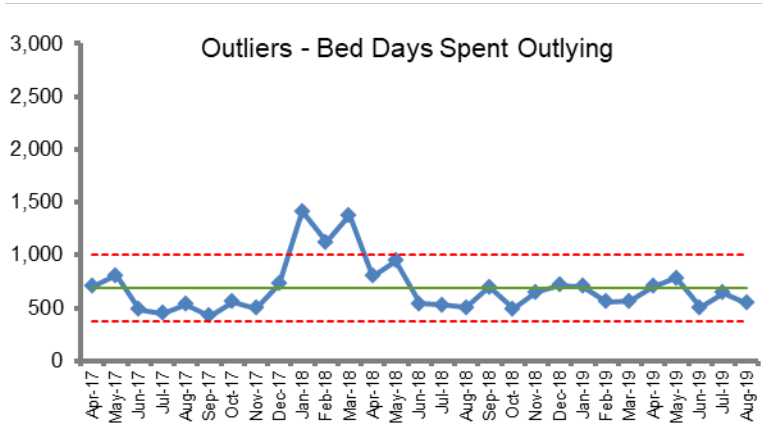
Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In September, there were 25 patients discharged following an admission for fractured neck of femur, of which 23 were eligible for Best Practice Tariff (BPT). For the 36 hour target, 48% (11 patients) were seen with target. For the 72 hour target, all 23 patients (100%) were seen within target. 11 patients (48%) achieved all elements of the Best Practice Tariff.
Commentary/ Actions:	• Recruitment to two additional Trauma & Orthopaedic consultants is currently underway. Posts have been offered and one consultant is now in post with the second consultant due to start early 2020. This will release trauma list cover and enable on-call cover to move from 1:10 to 1:12 with further plans for PAs to be released to create 1:14 rota. • The change to the on-call rotas will mean more sub- speciality availability on any given day/week for trauma cover. • The appointment of additional consultant 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. • An appointment of a third ortho-geriatric consultant to support silver trauma has been made with a start date for October 2019. This will support the silver trauma wards with patient care and flow. • Trauma list report amended so that it is RAG rated and all are aware at a glance of the trauma list status. This is emailed out daily to a specific distribution list. Good feedback has been obtained regarding the refreshed RAG rating. • When trauma demand peaks, additional trauma lists are organised by taking down elective activity. • The silver trauma business case is being implemented, although additional staff are yet not in post, which will provide additional support for the trauma patients on the silver trauma ward.
Ownership:	Medical Director

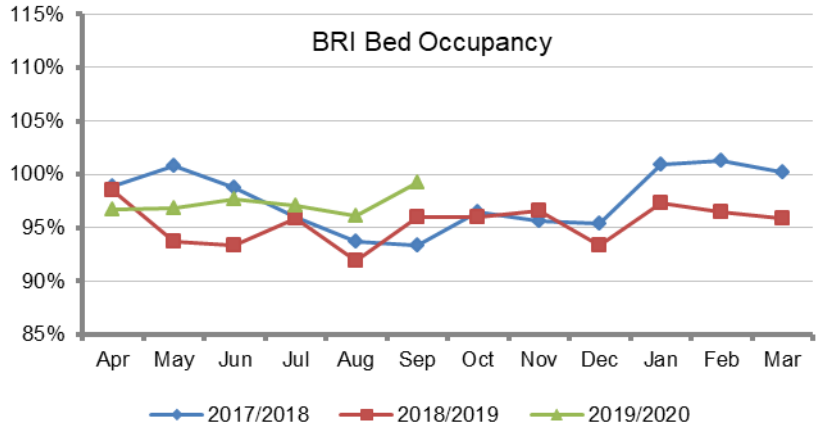


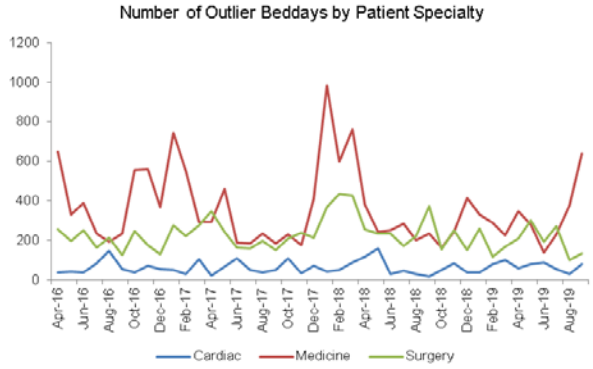




Outliers	
Standards:	This is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.
Performance:	In September there were 887 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary/ Actions:	The September target of no more than 563 beddays was not achieved. Of all the outlying beddays 638 were Medicine patients, 102 were Specialised Services patients and 134 were Surgery patients. The largest outlying volumes were 175 beddays for Medicine patients on T&O wards A602 and A604 and 108 beddays for Medicine patients on A700. In Specialised Services, a Standing Operating procedure has been developed for pre-emptive boarding into the BHI – Developing to be rolled out in BHOC. Also, consultants trialling a new ward round model to determine whether this supports flow and the initial data looks positive and has been implemented until Dec 2019. Meeting being arranged with medicine to determine the long term plan.
Ownership:	Chief Operating Officer

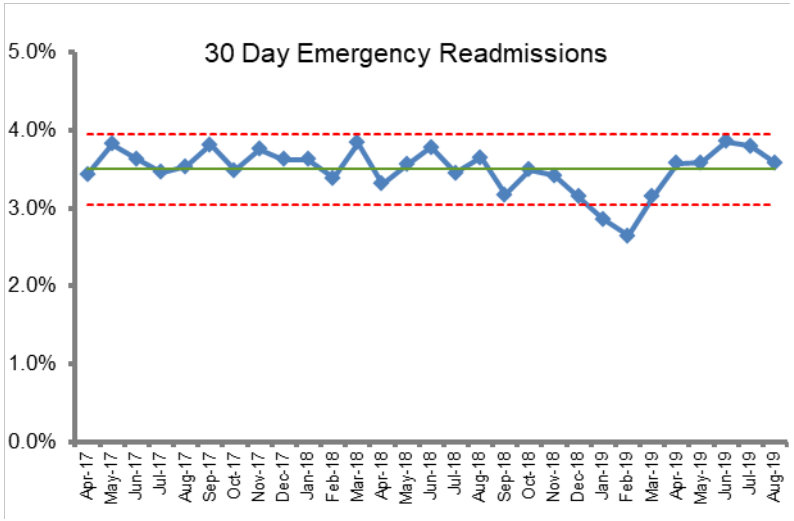






2.4 PERFORMANCE – Effective Domain

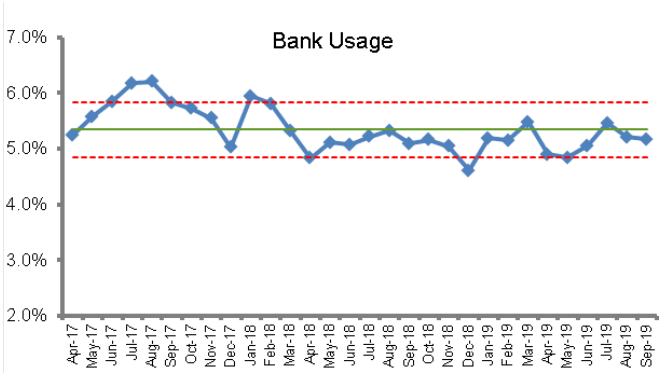
30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain 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 August, there were 12,187 discharges, of which 436 (3.58%) had an emergency re-admission within 30 days.
Commentary/ Actions:	9.6% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.4% from Surgery and 1.7% 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

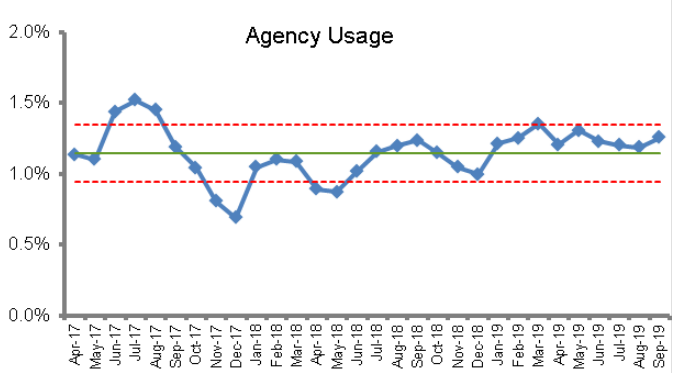


Discharges in August 2019

	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	0	22	0.00%
Medicine	238	2,481	9.59%
Specialised Services	46	2,683	1.71%
Surgery	107	3,109	3.44%
Women's and Children's	45	3,892	1.16%
TRUST TOTAL	**436**	**12,187**	**3.58%**

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 September 2019, total staffing was at 9047 FTE. Of this, 5.2% was Bank (467 FTE) and 1.3% was Agency (114 FTE).
Commentary/ Actions:	**Agency usage** increased by 7.4 FTE. The largest reduction was seen in the division of Specialised Services, decreasing to 12.9 FTE from 16.6 FTE the previous month. The largest increase was seen in the division of Women's and Children's increasing to 41.8 FTE compared to 36.5 FTE in the previous month. The largest staff group increase was within Nursing and Midwifery, increasing to 97.9 FTE from 99.5 FTE in the previous month. **Bank usage** reduced by 0.4 FTE. The largest increase was seen in the division of Women's and Children's increasing to 78.2 FTE from 67.3 FTE the previous month. The largest reduction was seen in the division of Medicine, decreasing to 128.4 FTE from 135.1 FTE the previous month. The largest staff group increase was within Nursing and Midwifery, increasing to 303.4 FTE from 298.3 FTE in the previous month. • Ongoing programme of work with BNSSG&B partners to drive down high cost nurse agency supply has seen positive progress since go-live on 4th September, with a reduction of off-framework nurse agency use. Continued focus is essential to realise the full ambitions of this key strategic priority. • Short term incentives such as a premium bank rate remain in place for registered nurses, encouraging working on the Bank to further support the reduction in high cost nurse agency use. • New NHSI/E restrictions were introduced on 16th September to significantly reduce admin & clerical and estates and facilities agency usage. • The Autumn/Winter bank recruitment campaign is now live with the aim of increasing the Trust Staff Bank Pool across all staff groups. September saw a number of new registrations and re-appointments to the Bank.
Ownership:	Director of People



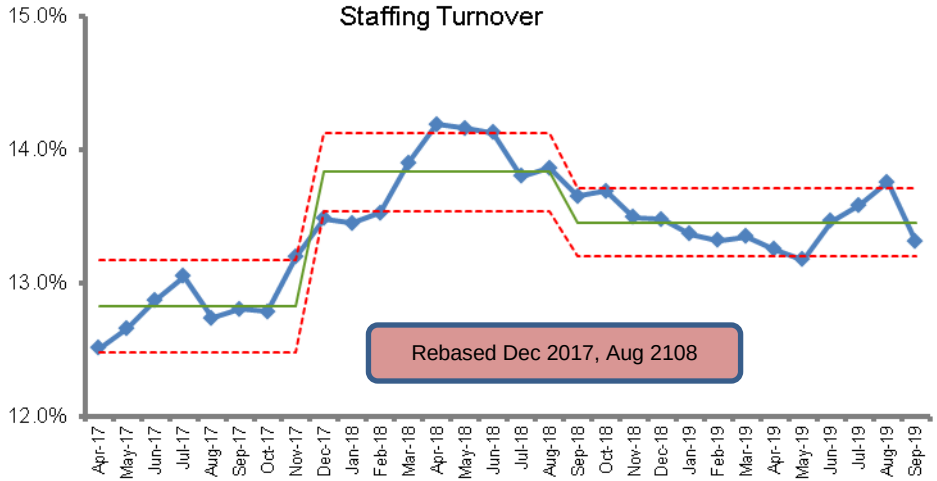


Bank	Sep FTE	Sep Actual %	KPI
UH Bristol NHS Foundation Trust	**467.2**	5.2%	**4.5%**
Diagnostics & Therapies	11.5	1.1%	1.5%
Medicine	128.4	9.7%	9.2%
Specialised Services	61.6	5.7%	6.3%
Surgery	103.1	5.6%	4.9%
Women's & Children's	78.2	3.7%	1.4%
Trust Services	34.7	4.1%	3.8%
Facilities & Estates	50.0	6.6%	6.4%

Agency	Sep FTE	Sep Actual %	KPI
UH Bristol NHS Foundation Trust	**113.7**	1.3%	**0.7%**
Diagnostics & Therapies	8.9	0.8%	0.9%
Medicine	41.8	3.2%	1.6%
Specialised Services	12.9	1.2%	1.2%
Surgery	27.0	1.5%	0.3%
Women's & Children's	22.8	1.1%	0.3%
Trust Services	0.0	0.0%	0.8%
Facilities & Estates	0.3	0.0%	0.5%

2.5 PERFORMANCE – Efficient Domain

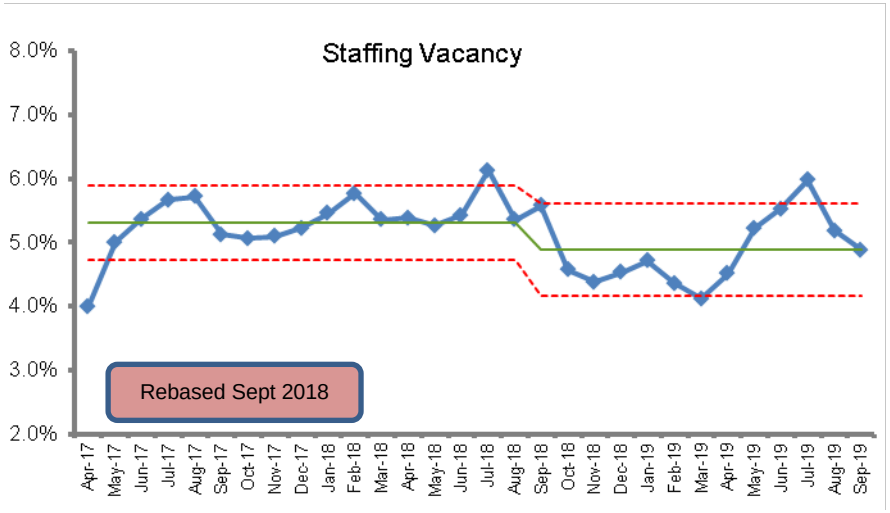
Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In September 2019, there had been 953 leavers over the previous 12 months with 7159 FTE staff in post on average over that period; giving a Turnover of 953 / 7159 = 13.3%.
Commentary/ Actions:	Turnover reduced to 13.3% from 13.6% last month, every division saw a reduction in turnover. The largest divisional reduction was seen within Specialised Services reducing to 15.4% from 16.4% the previous month. The biggest reduction in staff group was seen within Healthcare Scientists (1.6 percentage points). The largest increase in staff group was seen within Nursing and Midwifery Unregistered (1.1 percentage points). • The National Staff Survey 2019 campaign is live, with support and encouragement for completion, allowing staff to have their voice heard. • Exit Questionnaire reports are being reviewed in line with staff survey and turnover data, and other sources of information to ensure robust action plans are developed. The exit questionnaire will include breakdown against registered and unregistered nursing for next quarter. • Plans to launch the NHSI Clinical Retention Programme initiatives are in place for November 2019.
Ownership:	Director of People



Turnover	Sep-19	KPI
UH Bristol NHS Foundation Trust	**13.3%**	**13.2%**
Diagnostics & Therapies	12.0%	10.8%
Medicine	16.3%	14.4%
Specialised Services	15.4%	14.4%
Surgery	13.4%	13.1%
Women's & Children's	11.2%	11.7%
Trust Services	14.2%	14.7%
Facilities & Estates	12.4%	15.3%

2.5 PERFORMANCE – Efficient Domain

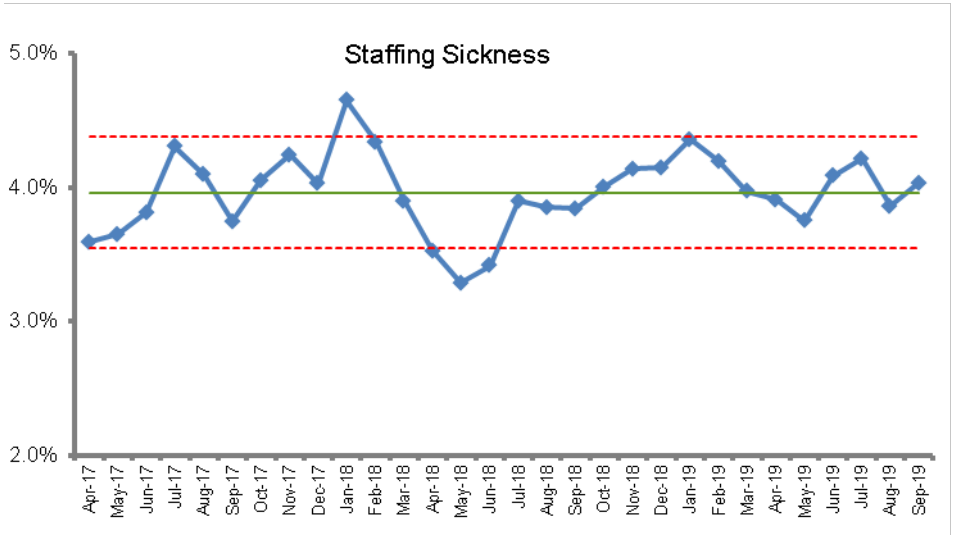
Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In September 2019, funded establishment was 8901 FTE, with 435 FTE as vacancies (4.9%).
Commentary/ Actions:	Overall vacancies reduced to 4.9% compared to 5.2% in the previous month. There were two staff groups with increases, the largest being within Admin and Clerical which increased to 130.6 FTE from 123.4 FTE the previous month. There were two staff groups with reductions; the largest was in Nursing, which reduced to 207.3 FTE from 248.7 FTE the previous month. Women's and Children's had the largest Divisional reduction to 14.8 FTE from 46.8 FTE the previous month. • Successful EU recruitment campaign has seen 8 new registered nurses appointed to the Surgery Division. • The Trust's new Clinical Talent Acquisition Manager has developed a number of bespoke recruitment campaigns including middle grade doctors for ED and Acute Medicine. • During September, 66 newly qualified nurses have taken up post. • Work commenced with BNSSG partners and Healthier Together to develop collaborative recruitment approaches with the aim of increasing the workforce pipeline, sharing good practice and delivering operational efficiencies across the local healthcare system.
Ownership:	Director of People



Vacancy	Sep-19	KPI
UH Bristol	**4.9%**	**5.0%**
Diagnostics & Therapies	3.3%	5.0%
Medicine	7.4%	5.0%
Specialised Services	4.6%	5.0%
Surgery	6.5%	5.0%
Women's & Children's	0.7%	5.0%
Trust Services	6.5%	5.0%
Facilities & Estates	8.8%	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 September, total available FTE days were 253,569 of which 10,234 (4.0%) were lost to staff sickness.
Commentary/ Actions:	Sickness absence increased to 4.0% from 3.9%, with increases in five divisions. The Divisions of Facilities and Estates saw the greatest increase, rising from 6.1% last month to 6.5%. Specialised Services saw the largest divisional reduction to 2.5% from 2.9% the previous month. The largest staff group increases were seen in Additional Clinical Services, Estates and Ancillary and Healthcare Scientists, each of which increased by 0.8 percentage points compared with the previous month. The largest staff group reduction was seen within Nursing and Midwifery Unregistered, reducing to 6.8% from 7.3% the previous month. • The seasonal influenza vaccination programme has commenced. A reduction in episodes of sickness absence due to cough, colds and flu is expected to be realised through this. • A review to look at gaps in how the Trust supports members of staff struggling with distress has been undertaken. Findings were presented to the Wellbeing Steering Group in September and HR SLT in October. • The supporting attendance e-Learning package has been reviewed. The new version will be live by the end of October. Volumes undertaking the training are low so focus on this is key in the month ahead. • Supporting Attendance Policy is undergoing a minor review to provide greater clarification on some key points that result in regular queries from managers.
Ownership:	Director of People



Sickness	Sep-19	KPI
UH Bristol	**4.0%**	**3.8%**
Diagnostics & Therapies	2.9%	3.0%
Medicine	4.6%	4.7%
Specialised Services	2.5%	3.4%
Surgery	4.6%	3.6%
Women's & Children's	3.8%	3.7%
Trust Services	3.7%	2.7%
Facilities & Estates	6.5%	6.3%

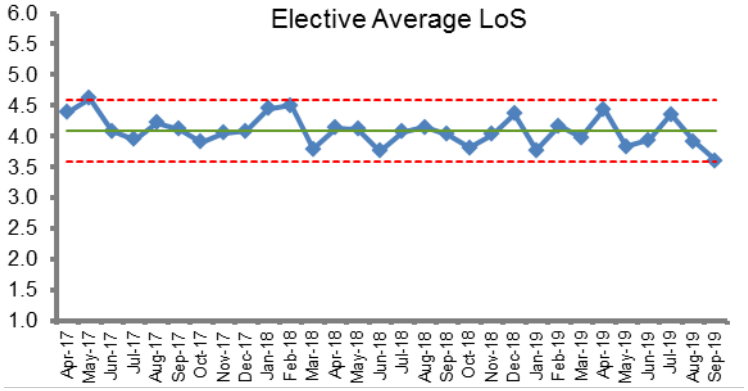
2.5 PERFORMANCE – Efficient Domain

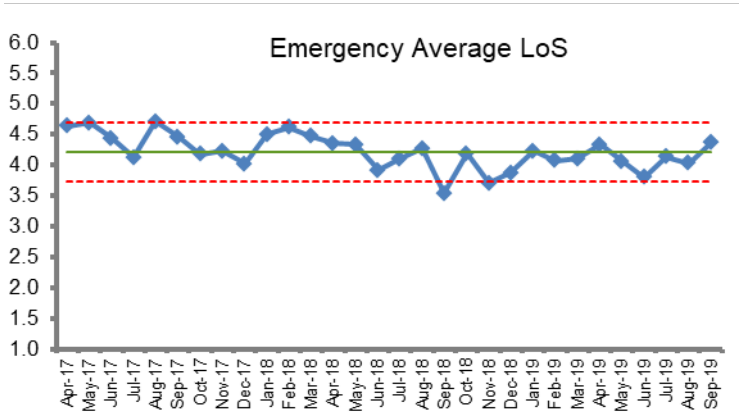
Staff Appraisal	
Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In September 2019, 5,995 members of staff were compliant out of 8,278 (72.4%)
Commentary/ Actions:	Overall appraisal compliance reduced to 72.4% (from 73.3%). There were no increases in any of the divisions. The largest divisional reduction was seen within Surgery, reducing to 62.9% (from 64.7% the previous month). All divisions are non-compliant. The appraisal recovery plan continues focusing on the drive for improve compliance and quality. Support includes: • Direct interventions at service level, working on tailored divisional approaches. • Attendance at local meetings across the organisation sharing practical advice on the use of the online system. • Bi weekly messages to all managers to share best practise • Review of attendance at the Trust Appraisal training to enable Divisions to support participation. • A review of the current manual appraisal process for Bank registered nurses is underway to develop an automated e-appraisal, providing improved appraisal experiences and support for nurse revalidation. • The appraisal process will be subject to further focus in line with the NHS Pay Progression Plan, to be implemented April 2020.
Ownership:	Director of People

Appraisal (Non-Consultant)	Sep-19	Aug-19	KPI
UH Bristol NHS Foundation Trust	**72.4%**	**73.3%**	**85.0%**
Diagnostics & Therapies	81.6%	83.3%	85.0%
Medicine	69.0%	69.7%	85.0%
Specialised Services	82.6%	82.9%	85.0%
Surgery	62.9%	64.7%	85.0%
Women's & Children's	73.0%	73.9%	85.0%
Trust Services	67.9%	67.9%	85.0%
Facilities & Estates	74.1%	74.8%	85.0%

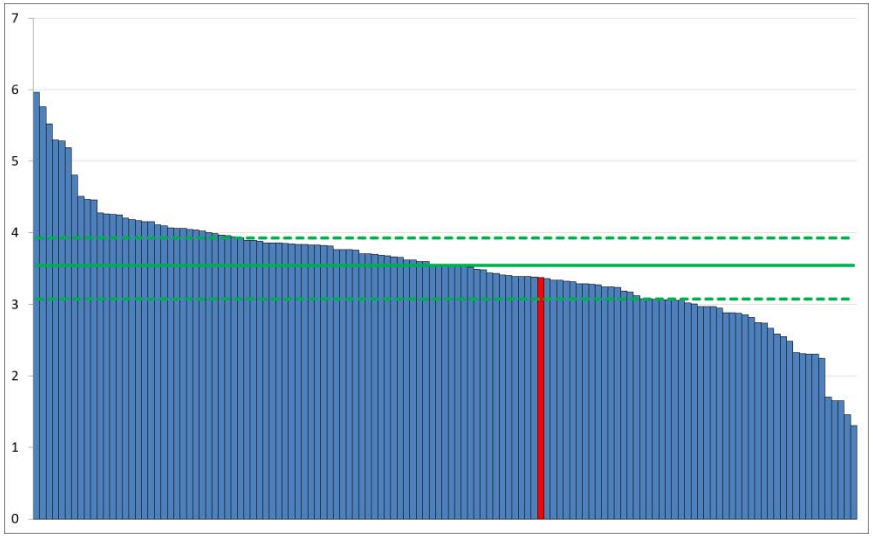
2.5 PERFORMANCE – Efficient Domain

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 September there were 6,405 discharges that consumed 25,750 beddays, giving an overall average length of stay of 4.02 days.
Commentary/ Actions:	• All patients for cardiac surgery are now being bought in on the day of surgery unless there are clinical reasons why this is not appropriate, this has been supported by an anaesthetic led pre-op to make sure all cardiac surgery patients are fit for surgery. • Work ongoing to improve flow with the development of nurse led discharge for PCI and Cardiac Surgery Criteria led discharge also being rolled out in BHOC for Neutropenic Sepsis, Post Chemo and Brachythery. Already implemented in EP • Weekly ward meeting established to review CUR data and patients with a long length of stay. • Plans being developed to increase the provision of inpatient ECHO slots and support earlier discharge
Ownership:	Chief Operating Officer





Average Length of Stay – England Trusts - 2019/20 Quarter 1



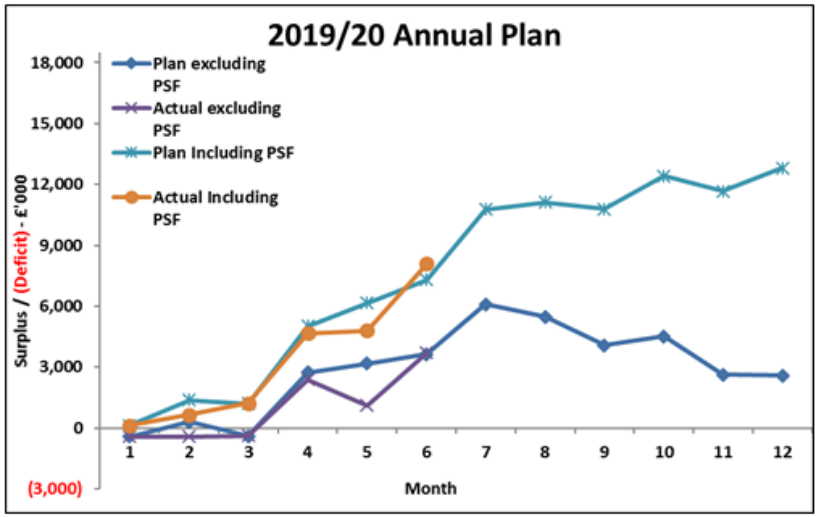
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

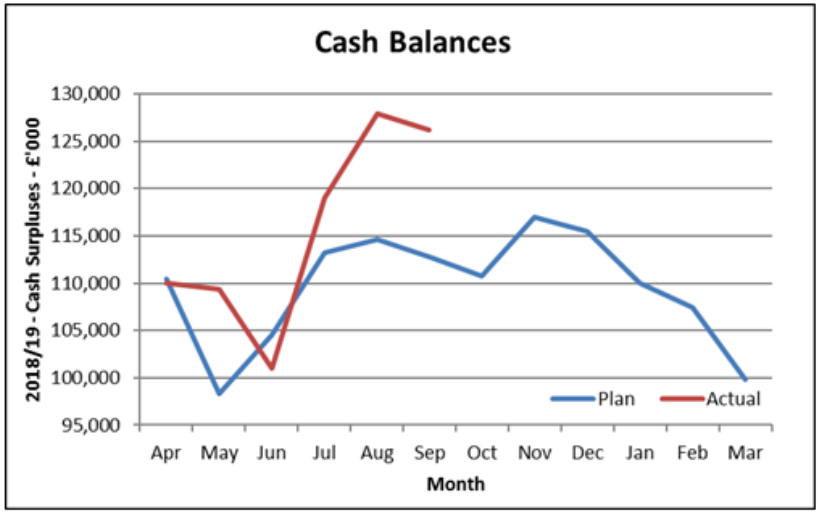
Length of Stay of Inpatients at month-end

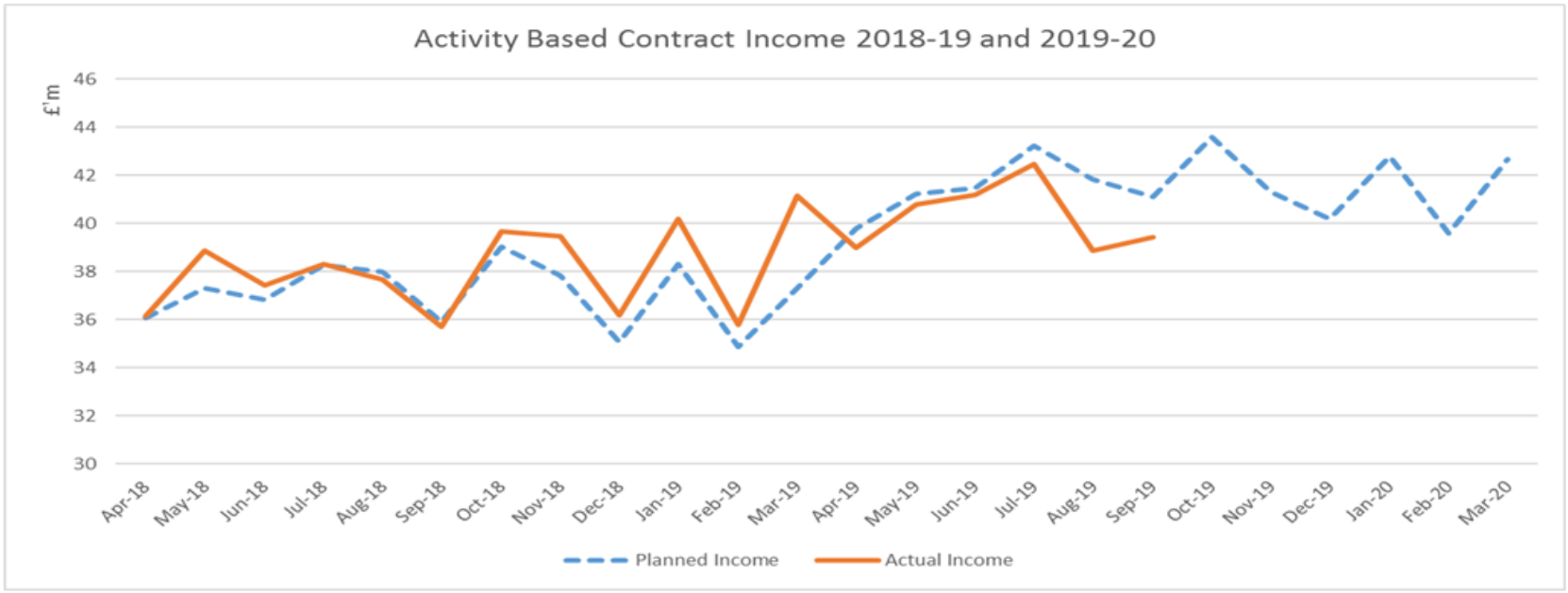
Sep-19	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	62	45	35	31
Bristol Haematology & Oncology Centre	20	11	6	6
Bristol Royal Infirmary	219	126	90	65
South Bristol Hospital	58	51	43	35
St Michael's Hospital	23	15	13	12
TRUST TOTAL	383	248	187	149

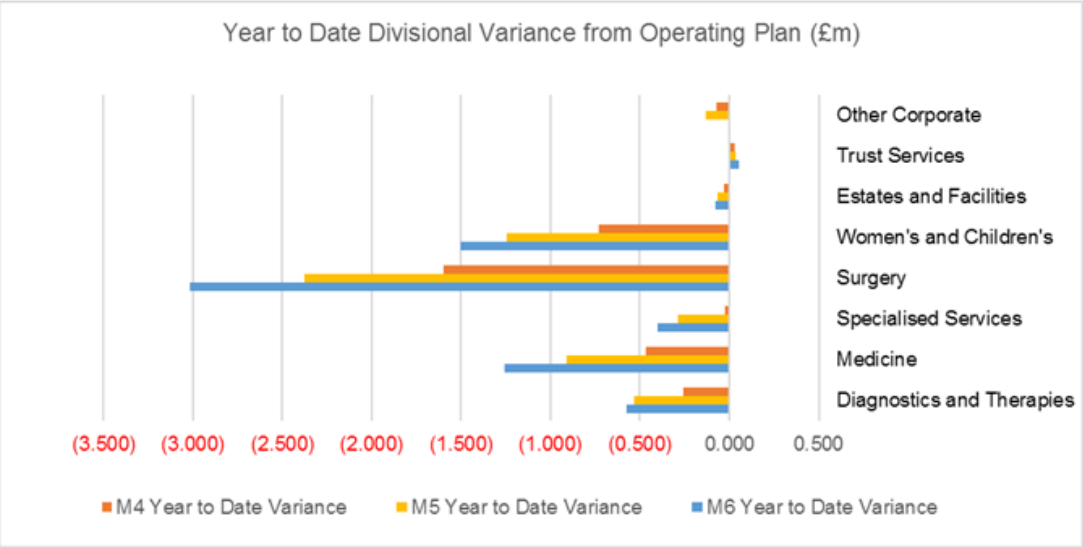
Bristol Royal Infirmary Divisional Breakdown:

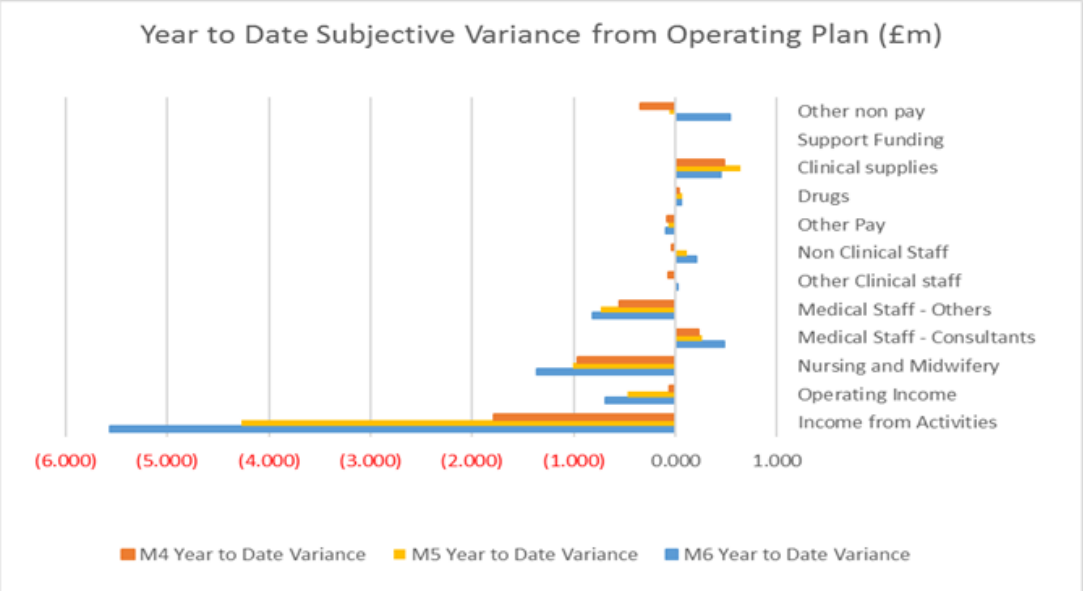
Medicine	129	81	65	48
Specialised Services	38	22	13	8
Surgery, Head & Neck	52	23	12	9


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

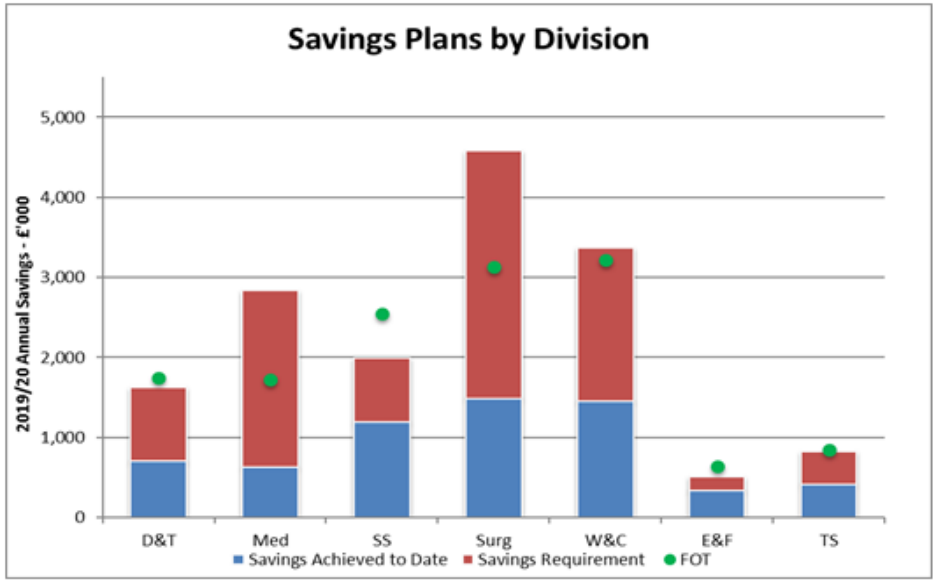

Cash Balances
2018/19 - Cash Surpluses - £'000
130,000
125,000
120,000
115,000
110,000
105,000
100,000
95,000
Plan
Actual
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Month

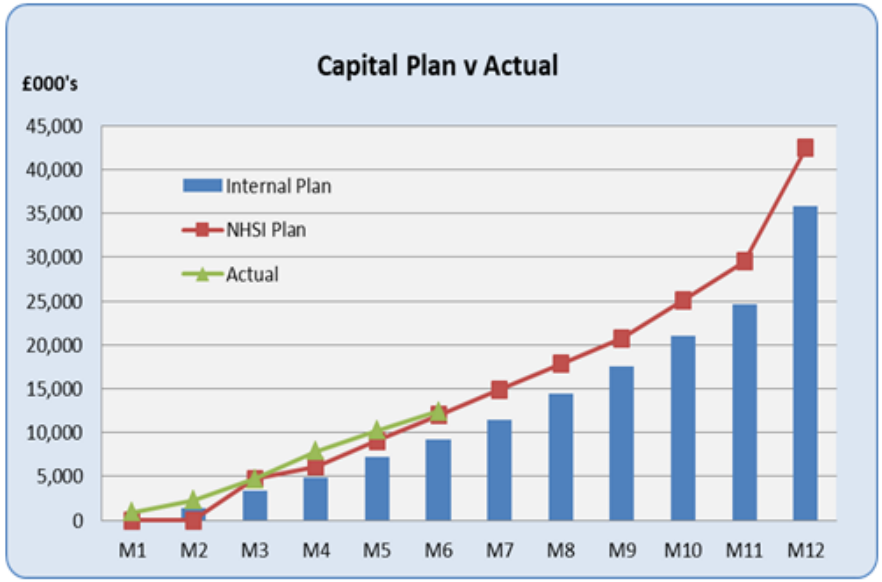

Activity Based Contract Income 2018-19 and 2019-20
£'m
46
44
42
40
38
36
34
32
30
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Planned Income
Actual Income

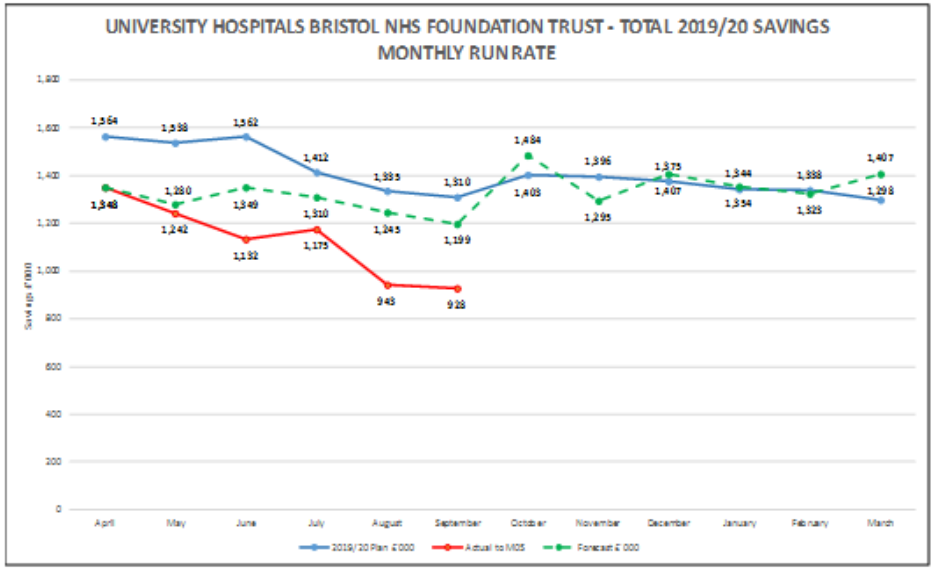


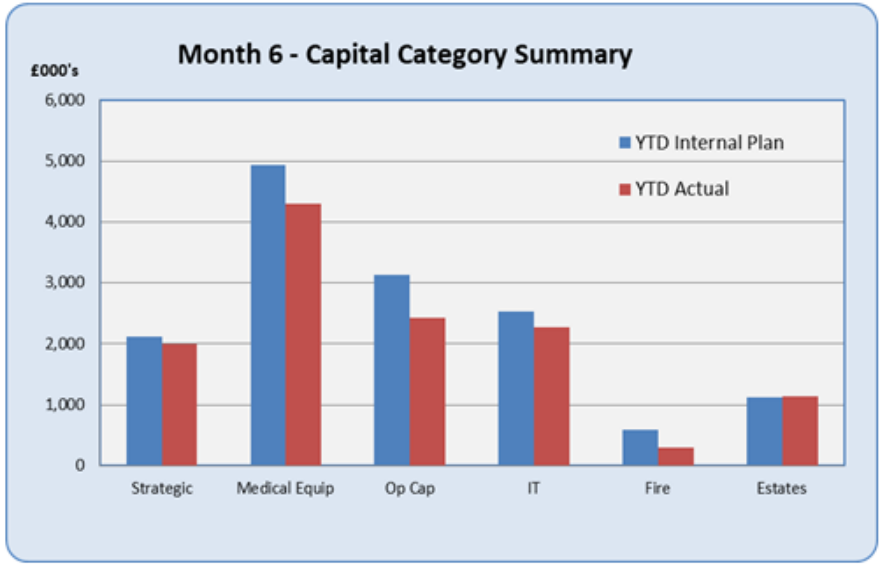


RAG Rating to Operating Plan	In Month	Year to Date
D & T	R	R
Medicine	R	R
Specialised	R	R
Surgery	R	R
W & C	R	R
E & F	A	A
Trust Services	G	G


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


Capital Plan v Actual
£000's
45,000
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
Internal Plan
NHSI Plan
Actual
M1
M2
M3
M4
M5
M6
M7
M8
M9
M10
M11
M12

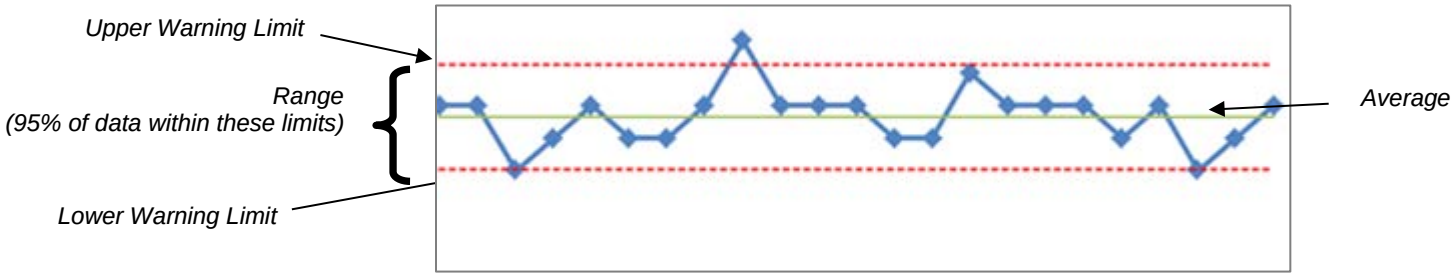

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST - TOTAL 2019/20 SAVINGS
MONTHLY RUN RATE
April
May
June
July
August
September
October
November
December
January
February
March
2019/20 Plan £'000
Actual to M05
Forecast £'000


Month 6 - Capital Category Summary
£000's
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 18/19	Annual 19/20 YTD	Monthly Totals Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Quarterly Totals 18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	6	1	1	0	0	0	1	0	0	0	0	0	1	0	1	1	0	1
	DA02	MSSA Trust Apportioned Cases	34	30	1	3	3	3	2	4	5	6	4	6	5	4	7	9	15	15
	DA03	CDiff Trust Apportioned Cases	31	22	2	4	2	1	1	1	4	2	2	5	5	4	8	3	8	14
	DA06	EColi Trust Apportioned Cases	83	46	7	0	7	5	5	8	6	8	9	14	4	5	14	18	23	23
C.Diff "Avoidables"	DA03B	CDiff Trust Apportioned Cases - Lapse in Care	10	1	1	0	1	0	0	1	1	0	0	0	0	0	2	1	1	0
	DA03D	CDiff Trust Apportioned Cases - Still Under Review	2	17	0	0	0	0	0	0	1	0	2	5	5	4	0	0	3	14
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97%	96.8%	97%	96.5%	96.8%	96.3%	96.6%	96.7%	95.6%	95.7%	96.6%	96.9%	98%	97.9%	96.8%	96.6%	95.9%	97.6%
	DB02	Antibiotic Compliance	78.9%	81.4%	76.7%	75.7%	85%	79.1%	66.3%	68%	76.1%	84.2%	80.2%	88.6%	85.6%	82.1%	77.6%	72.2%	79.1%	84.5%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	95%	96%	95%	96%	96%	95%	96%	96%	95%	96%	96%	96%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	97%	97%	98%	98%	98%	98%	98%	97%	98%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	96%	96%	97%	97%	97%	96%	96%	96%	96%	96%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	70	41	4	10	4	3	7	5	7	3	8	10	8	5	18	15	18	23
	S02a	Number of Confirmed Serious Incidents	63	18	4	8	3	2	6	5	7	3	7	1	-	-	15	13	17	1
	S02b	Number of Serious Incidents Still Open	5	23	0	2	0	1	1	0	0	0	1	9	8	5	2	2	1	22
	S03	Serious Incidents Reported Within 48 Hours	98.6%	100%	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94.4%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.3%	92.7%	100%	80%	75%	100%	100%	100%	85.7%	100%	100%	100%	100%	60%	83.3%	100%	94.4%	91.3%
	S04	Serious Incident Investigations Completed Within Timescale	96.8%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	93.8%	100%	100%
	S04a	Overdue Exec Commissioned Non-SI Investigations	10	10	0	0	0	1	0	0	1	1	1	1	2	4	0	1	3	7
Never Events	S01	Total Never Events	5	3	0	1	2	0	0	1	0	0	1	1	1	0	3	1	1	2
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	17839	9259	1517	1511	1371	1520	1551	1570	1373	1027	1765	1710	1650	1734	4399	4641	4165	5094
	S06b	Patient Safety Incidents Per 1000 Beddays	58.56	59.35	58.92	58.92	54.11	57.27	64.61	58.94	53.22	38.47	68.73	65.54	63.96	66.82	57.33	60.13	53.28	65.44
	S07	Number of Patient Safety Incidents - Severe Harm	88	51	9	7	5	7	4	10	7	1	6	10	16	11	21	21	14	37
Patient Falls	AB01	Falls Per 1,000 Beddays	4.48	4.39	3.73	4.48	5.17	5.61	4.67	3.72	4.46	4.98	3.97	4.37	4.11	4.43	4.46	4.66	4.48	4.3
	AB06a	Total Number of Patient Falls Resulting in Harm	27	7	2	1	2	3	1	3	3	0	0	2	1	1	5	7	3	4
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.295	0.154	0.816	0.39	0.276	0.527	0.083	0.188	0.194	0.037	0.156	0.115	0.233	0.193	0.495	0.272	0.128	0.18
	DE02	Pressure Ulcers - Grade 2	80	18	18	8	7	13	2	5	4	1	4	2	4	3	33	20	9	9
	DE04A	Pressure Ulcers - Grade 3 or 4	10	6	3	2	0	1	0	0	1	0	0	1	2	2	5	1	1	5
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.3%	93.2%	98.4%	98%	98.3%	98.2%	98%	98.7%	98.5%	98.2%	98.2%	-	-	-	98.2%	98.3%	98.3%	77.6%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	92.6%	93.4%	87.8%	92.2%	95.5%	91.4%	88.6%	94.5%	93.4%	93.2%	94.2%	93.1%	-	-	91.1%	91.9%	93.5%	93.1%
	N04	Number of Hospital Associated VTEs	52	15	2	2	6	5	10	4	4	5	0	6	-	-	10	19	9	6
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	3	0	0	0	0	0	1	0	0	0	0	0	-	-	0	1	0	0
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	15	10	1	0	2	4	2	1	2	4	0	4	-	-	3	7	6	4
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	91.1%	84.4%	-	-	92.1%	-	-	89.9%	-	-	84.4%	-	-	-	92.1%	89.9%	84.4%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.8%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.9%	99.9%	99.6%	99.9%	99.9%	100%	100%	99.8%	99.8%	99.8%	100%
Medicines	WA01	Medication Incidents Resulting in Harm	0.29%	0.46%	0.29%	0.36%	0.8%	0.77%	0%	0%	0%	0.62%	0.43%	0.38%	0.81%	-	0.46%	0.28%	0.37%	0.59%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.37%	0.26%	0.41%	0.2%	0.62%	0%	0.25%	0.42%	0.31%	0.46%	0.3%	0.18%	0.24%	0%	0.39%	0.24%	0.37%	0.14%

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			18/19	19/20 YTD	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	88%	-	93%	96%	87%	83%	91%	85%	-	-	-	-	-	-	92%	86%	-	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	7.8%	9.2%	8.7%	8.7%	7.9%	6.4%	7%	8.3%	8.3%	8.3%	6.5%	7.8%	7.6%	8.9%	7.1%	8.3%	7.3%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	23.9%	22.4%	23.7%	25.1%	23.1%	23%	23.1%	22.8%	22.5%	23.5%	22.1%	23.3%	21.7%	21.4%	24%	23%	22.7%	22.2%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9815	4495	832	926	816	821	718	839	749	805	705	815	708	713	2574	2378	2259	2236
Staffing Levels	RP03	Staffing Fill Rate - NA Shifts	108.9%	109.8%	109.1%	111.1%	110.1%	110.3%	109.5%	106.9%	108.8%	110.1%	109.4%	110.5%	108.8%	110.9%	110.1%	108.9%	109.5%	110.1%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Quarterly Data	105.1	-	-	-	104.6	-	-	-	-	-	-	-	-	-	104.6	-	-	-
	X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	107.2	106.4	-	-	-	106.8	106.9	108	106.4	106.4	-	-	-	-	-	107.2	106.4	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	105	91.5	97.9	94	101	114.7	108	108.1	83.7	91.1	99.8	92.9	-	-	97.8	110.4	91	92.9
Readmissions	C01	Emergency Readmissions Percentage	3.3%	3.68%	3.49%	3.42%	3.15%	2.85%	2.64%	3.15%	3.57%	3.58%	3.85%	3.79%	3.58%	-	3.36%	2.89%	3.67%	3.69%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	56.3%	50.8%	54.5%	60%	63.2%	37.5%	52.9%	38.1%	56.3%	40.9%	52.4%	50%	61.1%	47.8%	59.1%	41.9%	49.2%	52.1%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	97%	97.7%	95.5%	96%	100%	100%	100%	90.5%	100%	95.5%	100%	93.3%	100%	100%	97%	96.8%	98.3%	97.2%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	51.3%	50.8%	50%	56%	63.2%	33.3%	52.9%	33.3%	56.3%	40.9%	52.4%	50%	61.1%	47.8%	56.1%	38.7%	49.2%	52.1%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	51.1%	47.3%	53.8%	51.3%	45.7%	51.1%	48.3%	69.2%	52.8%	44.4%	41%	51.1%	45.7%	-	50.4%	56.6%	46.1%	48.8%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	84.2%	77.5%	66.7%	92.3%	85.7%	80%	100%	82.1%	72.2%	85.2%	74.4%	84.4%	71.4%	-	81.4%	85.8%	76.5%	78.8%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	58.6%	63.4%	55.6%	73.3%	50%	50%	84.6%	90%	69.2%	43.8%	28.6%	92.9%	50%	81.8%	63.3%	75.5%	50%	77.1%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83%	87.1%	79%	89%	86.8%	88.2%	86.4%	81.5%	84.2%	87.6%	85.8%	85.8%	88.3%	91%	84.7%	85.4%	85.8%	88.5%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	94.3%	89.8%	93.6%	92.6%	89.1%	98%	95.9%	100%	94.1%	95.8%	85.2%	94.6%	76.9%	83.8%	91.8%	97.9%	92.9%	86%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	85.7%	87.5%	100%	100%	100%	100%	50%	71.4%	83.3%	66.7%	100%	100%	100%	100%	100%	75%	81.8%	100%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	7708	4068	492	649	716	702	559	567	704	782	503	645	547	887	1857	1828	1989	2079
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	92	91	93	90	91	91	91	91	93	92	92	91	92	91	91	92
	P01g	Patient Survey - Kindness and Understanding	-	-	96	95	96	96	96	95	97	95	96	96	96	96	96	96	96	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	90	89	90	91	89	90	91	91	89	90	90	90	90	90	90	90
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.1%	37.2%	36.5%	27.8%	38.7%	32.2%	40.5%	34.6%	36.3%	42.4%	34.4%	39.4%	36.2%	34.2%	34.1%	35.5%	37.7%	36.7%
	P03b	Friends and Family Test ED Coverage	16%	16.9%	16.9%	14.6%	13.6%	16%	15.2%	11.6%	13.8%	18.1%	18.7%	17.4%	18.2%	15.2%	15.1%	14.2%	16.8%	16.9%
	P03c	Friends and Family Test MAT Coverage	18.3%	26.8%	31.4%	19.2%	14.1%	20.2%	23%	20.6%	28.5%	30.4%	24.1%	30.1%	31.6%	16.5%	21.6%	21.2%	27.7%	25.9%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	98.2%	98.6%	98.4%	98.6%	98.5%	98.7%	98.4%	98.4%	98.4%	98.3%	98.3%	98.9%	98.8%	99%	98.5%	98.5%	98.4%	98.9%
	P04b	Friends and Family Test Score - ED	82.1%	82.7%	85.2%	84%	82.6%	81.1%	80.4%	75.4%	76.7%	83.8%	84.2%	82.9%	85.2%	81.5%	84.1%	79.2%	82%	83.3%
	P04c	Friends and Family Test Score - Maternity	97.3%	97.4%	97.2%	97.3%	99%	98.5%	98.7%	97.5%	96.7%	97.7%	97.6%	96.9%	97.2%	98.7%	97.6%	98.3%	97.4%	97.4%
Patient Complaints	T01	Number of Patient Complaints	1845	953	169	193	101	167	155	171	184	161	166	168	125	149	463	493	511	442
	T03a	Formal Complaints Responded To Within Trust Timeframe	86.1%	89.7%	85.1%	86.9%	90.9%	87.5%	78.3%	90.6%	93.2%	97.2%	95.9%	90.4%	85.4%	67.5%	87.1%	85.2%	95.5%	83.6%
	T03b	Formal Complaints Responded To Within Divisional Timeframe	85.5%	92.6%	90.5%	84.8%	88.6%	87.5%	85%	92.5%	93.2%	98.6%	98%	91.6%	93.8%	75%	87.6%	88.2%	96.6%	88.3%
	T05A	Informal Complaints Responded To Within Trust Timeframe	83.7%	88.4%	73.6%	84.2%	81.5%	80%	89.9%	81.7%	90.6%	86.9%	89.8%	85.7%	87.9%	90.3%	80.1%	84%	89%	87.5%
	T04c	Percentage of Responses where Complainant is Dissatisfied	9.11%	10.3%	6.76%	10.1%	4.54%	8.93%	5%	15.09%	11.86%	8.45%	8.16%	12.05%	-	-	7.83%	9.47%	9.5%	12.05%

RESPONSIVE

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			18/19	19/20 YTD	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	89.6%	90.1%	89.3%	89.4%	89.1%	89.2%	89%	88.1%	87.5%	86.5%	84.3%	83.6%	-	-	-	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	3000	2810	2975	2915	3100	3081	3161	3578	3874	4436	5216	5574	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	144	59	9	14	7	16	21	13	14	11	11	9	9	5	30	50	36	23
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	113	111	139	147	161	119	115	136	128	152	211	219	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	95.3%	93.4%	95.7%	95.8%	96.6%	95.2%	94.9%	94.4%	93.4%	94%	95.9%	95.2%	89%	-	96%	94.8%	94.4%	92.1%
	E01c	Cancer - Urgent Referrals Stretch Target	56.5%	41.2%	57%	62.8%	54.2%	63.7%	46.5%	49%	43.8%	45.6%	54.7%	35.2%	27.5%	-	58%	52.7%	47.9%	31.2%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	97.2%	95.7%	98.8%	98.5%	98.6%	97%	96.5%	98.3%	95.4%	94.1%	95.1%	97.1%	96.3%	-	98.6%	97.2%	94.9%	96.7%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.4%	98.7%	99.4%	97.2%	99%	99.2%	99.1%	100%	98.4%	97.9%	99.1%	99%	99%	-	98.6%	99.5%	98.5%	99%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	96.1%	92.2%	100%	98.3%	96.2%	95%	96.3%	97.6%	95.9%	90.9%	89.7%	90.4%	94.2%	-	98.2%	96.2%	92.1%	92.3%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.8%	93.6%	97.6%	98.1%	98.2%	95.7%	98%	94.1%	96.4%	89.6%	91.8%	94.4%	95.2%	-	97.9%	96%	92.7%	94.8%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.6%	86%	85.5%	87.9%	86.5%	85.1%	83.5%	82.9%	86.8%	86%	84%	86.8%	85.8%	-	86.6%	83.8%	85.7%	86.3%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.7%	82.2%	100%	100%	90%	35.7%	75%	66.7%	71.4%	100%	83.3%	66.7%	100%	-	96%	47.6%	82.6%	81.8%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	83.7%	88.3%	85.6%	91.3%	88.5%	86.8%	74.7%	91.8%	95%	89.6%	83.5%	85.7%	87.1%	-	88.4%	84.6%	89.7%	86.3%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	54	21	7.5	3.5	4	4	3	7	3.5	3.5	3	4.5	6.5	-	15	14	10	11
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.31%	1.52%	0.97%	1.94%	1%	1.31%	1.68%	1.66%	1.63%	1.53%	1.84%	1.25%	1.49%	1.44%	1.31%	1.54%	1.67%	1.39%
	F01a	Number of Last Minute Cancelled Operations	1059	602	71	138	61	94	109	115	108	100	117	88	95	94	270	318	325	277
	F02	Cancelled Operations Re-admitted Within 28 Days	93.4%	91.2%	91%	94.4%	93.5%	93.4%	93.6%	96.3%	85.2%	85.2%	92%	93.2%	95.5%	97.9%	93%	94.7%	87.3%	95.3%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	1.67%	1.82%	1.82%	1.91%	1.37%	1.75%	2.17%	0.85%	1.65%	2.39%	1.62%	1.81%	1.54%	1.93%	1.72%	1.58%	1.89%	1.76%
	F07a	Number of Admissions Cancelled Day Before	1348	720	134	136	83	126	141	59	109	156	103	128	98	126	353	326	368	352
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	73.2%	71%	69%	71.1%	62.5%	71.4%	76.7%	65.2%	83.9%	61.8%	68.6%	-	-	-	67.5%	70.3%	71%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	91.9%	90%	92.9%	89.5%	90%	88.6%	93.3%	87%	96.8%	88.2%	85.7%	-	-	-	90.8%	89.2%	90%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	98.36%	96.94%	93.81%	93.28%	96.93%	95.5%	95.27%	93.41%	93.54%	96.19%	95.26%	96.21%	-	-	-	-
Outpatients	R03	Outpatient Hospital Cancellation Rate	10.1%	10.9%	9.9%	9.8%	10.4%	10.2%	11.6%	11.2%	11.3%	10.4%	10.1%	11.1%	11.2%	11.1%	10%	11%	10.6%	11.1%
	R05	Outpatient DNA Rate	6.8%	6.7%	6.7%	6.5%	6.9%	6.8%	6.7%	6.6%	6.7%	7.1%	6.8%	6.4%	6.5%	6.6%	6.7%	6.7%	6.9%	6.5%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.12	2.15	2.14	2.17	2.14	2.2	2.25	2.13	2.09	2.1	2.21	2.12	2.25	2.15	2.15	2.19	2.13	2.17
ERS	BC01	ERS - Available Slot Issues Percentage	16.5%	16%	10.9%	13.8%	13.5%	12.5%	16.8%	17.3%	13.9%	16.9%	15.8%	17.9%	16.9%	14.6%	12.6%	15.5%	15.5%	16.5%

Topic	ID	Title	Annual 18/19	Annual 19/20 YTD	Monthly Totals Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Quarterly Totals 18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	216	142	18	10	26	20	13	20	22	23	27	19	32	19	54	53	72	70
	Q02A	Non-Acute Delayed Transfers of Care - Patients	80	61	5	4	11	4	10	4	8	11	12	9	8	13	20	18	31	30
	Q01B	Acute Delayed Transfers of Care - Beddays	6744	3810	691	482	568	653	550	519	609	607	625	532	654	783	1741	1722	1841	1969
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2590	1449	250	191	243	138	161	198	223	302	243	283	165	233	684	497	768	681
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	39	47	51	48	65	62	53	56	61	48	75	58	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	21	14	26	7	30	19	26	25	27	31	23	26	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	1608	1620	1693	1814	1894	1962	1882	2435	1916	1986	2402	2393	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	681	580	616	463	631	819	759	842	830	877	659	840	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.79	3.84	3.87	3.62	3.76	3.83	3.74	3.78	4.05	3.73	3.61	3.83	3.82	4.02	3.75	3.79	3.8	3.89
	J04D	Percentage Length of Stay 14+ Days	6.3%	6.6%	6.9%	6%	6%	6.6%	6.4%	6.4%	7.2%	6.5%	6%	6.6%	6.6%	6.8%	6.3%	6.5%	6.6%	6.6%
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	224	212	200	221	234	222	247	256	262	238	274	248	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	3.6%	4.6%	3.4%	4.1%	3.7%	4%	6.3%	5.6%	3.6%	3.7%	6.9%	4.4%	5.3%	4.2%	3.8%	5.2%	4.7%	4.6%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	33.8%	23.3%	45.9%	52.9%	55.6%	24.5%	24%	39.3%	18.8%	21.6%	40%	45.2%	41.9%	41.6%	32.6%	25.2%	42.6%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	86.34%	80.92%	89.16%	84.24%	83.05%	84.5%	81.05%	81.23%	78.25%	77.95%	81.48%	81.86%	84.78%	81.42%	85.53%	82.27%	79.2%	82.64%
	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%	80.92%	89.16%	84.24%	83.05%	84.5%	81.05%	81.23%	78.25%	77.95%	81.48%	81.86%	84.78%	81.42%	85.53%	82.27%	79.2%	82.64%
	BB07	BRI ED - Percentage Within 4 Hours	78.39%	68.47%	81.79%	78.89%	73.49%	74.67%	69.23%	70.33%	63.57%	63.86%	68.78%	68.95%	74.81%	70.93%	78.07%	71.46%	65.38%	71.53%
	BB03	BCH ED - Percentage Within 4 Hours	93.05%	92.48%	95.05%	85.39%	91.02%	92.92%	90.46%	89.39%	91.96%	90.38%	93.61%	94.82%	95.3%	89.51%	90.38%	90.9%	91.96%	93.02%
	BB04	BEH ED - Percentage Within 4 Hours	97.38%	97.65%	98.67%	97.34%	97.12%	97.7%	98.02%	97.07%	96.1%	98.39%	97.55%	98.16%	98.37%	97.4%	97.76%	97.58%	97.32%	97.98%
	This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																			
Trolley Waits	B06	ED 12 Hour Trolley Waits	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	95.6%	97.4%	95.4%	93.4%	92.1%	97.7%	97.9%	96.5%	96.8%	97%	98.3%	98%	98.4%	96.2%	93.6%	97.3%	97.4%	97.5%
	B02b	ED Time to Initial Assessment - Data Completness	97.2%	97.8%	97.2%	97.6%	95.2%	96.5%	97.4%	99%	97.6%	98.4%	98%	98.3%	96.1%	98.2%	96.6%	97.6%	98%	97.5%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	49.3%	50%	53.1%	44.8%	46.9%	48.9%	45.2%	43.9%	46.1%	47.6%	49.9%	50.1%	55.6%	50.9%	48.3%	46%	47.9%	52.2%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	96.5%	97.1%	97%	97%	97.5%	96.7%	96.4%	96.6%	96%	96.1%	96.8%	97.2%	96.7%	97.1%	96.9%	96.2%	96.9%
Others	B04	ED Unplanned Re-attendance Rate	3.3%	3.3%	3.9%	4.4%	3.8%	3.2%	3.3%	3.6%	3.5%	3.2%	3.1%	3.4%	3.3%	3.5%	4%	3.3%	3.3%	3.4%
	B05	ED Left Without Being Seen Rate	1.7%	1.7%	2.1%	1.8%	1.6%	1.3%	1.6%	2.1%	1.6%	1.8%	1.6%	1.7%	1.5%	1.9%	1.8%	1.7%	1.7%	1.7%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	698	352	74	65	59	42	57	50	96	87	55	36	25	53	198	149	238	114
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	3.6%	4.6%	3.4%	4.1%	3.7%	4%	6.3%	5.6%	3.6%	3.7%	6.9%	4.4%	5.3%	4.2%	3.8%	5.2%	4.7%	4.6%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	33.8%	23.3%	45.9%	52.9%	55.6%	24.5%	24%	39.3%	18.8%	21.6%	40%	45.2%	41.9%	41.6%	32.6%	25.2%	42.6%

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	0	0	0	0	0	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	0	0	0	0	0	0
Year to Date Variance Divisional Position Favourable / (Adverse) £'000	Diagnostics & Therapies	(4)	(39)	(56)	(66)	(328)	(366)						
	Medicine	(167)	(320)	(502)	(701)	(1,222)	(1,687)						
	Specialised Services	(54)	13	201	82	(173)	(265)						
	Surgery	(175)	(659)	(1,168)	(1,867)	(2,760)	(3,422)						
	Women's & Children's	(215)	(311)	(407)	(534)	(1,029)	(1,377)						
	Estates & facilities	(5)	(9)	(13)	(24)	(66)	(76)						
	Trust Services	4	3	(33)	17	25	39						
	Other Corporate Services	42	29	(85)	(37)	(89)	49						
	Total	**(574)**	**(1,293)**	**(2,063)**	**(3,130)**	**(5,642)**	**(7,105)**	**0**	**0**	**0**	**0**	**0**	**0**
Year To Date Savings Actuals £'000	Diagnostics & Therapies		299	438	543	591	700						
	Medicine		231	324	426	532	627						
	Specialised Services		381	555	811	1,060	1,190						
	Surgery		572	788	1,063	1,249	1,485						
	Women's & Children's		660	941	1,171	1,310	1,451						
	Estates & facilities		120	183	232	281	331						
	Trust Services		134	202	270	341	412						
	Other Corporate Services		195	292	382	477	573						
	Total	**0**	**2,591**	**3,723**	**4,898**	**5,841**	**6,769**	**0**	**0**	**0**	**0**	**0**	**0**
In Month Variance Subjective Analysis Favourable / (Adverse) £'000	Nursing & Midwifery Pay	(542)	(449)	(438)	(475)	(274)	(603)						
	Medical & Dental Pay	(360)	(187)	(445)	(433)	(381)	(139)						
	Other Pay	180	155	64	263	202	203						
	Non Pay	954	189	356	(101)	475	518						
	Income from Operations	(172)	(94)	(2)	(18)	(116)	(205)						
	Income from Activities	(632)	(336)	(301)	(303)	(2,419)	(1,238)						
	Total	**(572)**	**(722)**	**(766)**	**(1,067)**	**(2,513)**	**(1,464)**	**0**	**0**	**0**	**0**	**0**	**0**
In Month Agency Expenditure Actuals £'000	Nursing & Midwifery	684	644	627	615	648	720						
	Medical												
	Consultants	72	82	92	94	72	61						
	Other Medical	56	20	85	108	54	35						
	Other	140	144	131	154	185	72						
	Total	**952**	**890**	**935**	**971**	**959**	**888**	**0**	**0**	**0**	**0**	**0**	**0**
Cash £'000	Actual Cash	**110,000**	**109,402**	**100,954**	**119,042**	**127,950**	**126,226**	**0**	**0**	**0**	**0**	**0**	**0**
Capital Spend £'000	Actual Capital Expenditure	**916**	**2,300**	**4,704**	**7,868**	**10,229**	**12,449**						
		(722)	(481)	(819)	(645)	(453)	(539)						

University Hospitals Bristol
NHS Foundation Trust

Meeting of the Quality and Outcomes Committee on 29th October 2019

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

Information

- The Committee received the Peer Review Reports for congenital heart disease and the key outcomes and actions were considered. It was reported that the review had found 17 significant achievement,19 areas which required improvement and 3 serious concerns, these being the capacity of Cardiac Specialist Nurses at the Children's Hospital and the BHI; transitions in peripheral clinics; and cardiac surgery workload. A comprehensive action plan was now in place and the governance and monitoring arrangements for these were outlined to Committee. The Committee felt that the national metrics did not work and efforts should be made for these to be changed, and endorsed the position the Trust had taken in respect of these.

- The Quality and Performance Report was presented and the recent internal critical incident was discussed. The continuing pressure on the Emergency Department and on the system as whole was a cause for concern, and as a result the assumptions made in the Winter Plan were being reviewed. It was acknowledged that a re-profiled Winter Plan would be required.

- The Committee considered the strategic and corporate clinical quality risks for quarter 2. It was noted that the strategic risk relating to Brexit had been escalated due to the ongoing uncertainty in respect of this. The Committee also asked that in future the risk register should provide more detail in respect of the progress being made on the actions to mitigate risks so that it could be assured they would be completed by the deadline.

- The results of the National Cancer Patient Experience Survey were considered and the Trust's continuing improvement for the fourth consecutive year was welcomed. It was noted that 11% of respondents had not answered the question on whether they had trust and confidence in their doctor, and Paul Lewis was asked to investigate this and report back to the January meeting.

For Board Awareness, Action or Response

The Trust's deteriorating position in respect of RTT over the past two to three months was discussed, and whilst the ongoing pensions issue and a backlog in Medicine had contributed to this, the primary driver was the surgical backlog at the Dental Hospital. This had been caused by a combination of factors, including 17 vacancies arising during the summer; the morale issues previously reported at the Dental Hospital; and a lack of management capacity over the summer to deal with these issues. The Committee was assured that the Trust now had a good

understanding of the issues and their causes, and that a recovery plan was in place.
Key Decisions and Actions
Concern was expressed at the drop in the rate of completed resuscitation training to 76%, and Carolyn Mills was asked to investigate this and come back with details to the next meeting of the Committee.

Date of next meeting:	**25th November 2019**

University Hospitals Bristol
NHS Foundation Trust

Meeting of the People Committee on 29th October 2019 in the Conference Room

Reporting Committee	**People Committee**
Chaired By	**Bernard Galton, Non-Executive Director**
Executive Lead	**Matt Joint, Director of People**

For Information

- The Committee received the Strategic Review from the Director of People, who outlined his current key priorities. These included the flu jab campaign and the staff survey which was currently underway.

- The Trust Chair reported that WAHT had appointed Rob Mould and Kelvin Blake as NEDs on a temporary basis, and they would provide greater resilience to the WAHT Board. Both were experienced NEDs on the NBT Board.

- The Committee received an update on the WAHT merger approach, including details on the HR resource for the TUPE process, the TUPE process to be undertaken and the staff communication plan.

- A presentation on the People Strategy was provided, which highlighted the four key areas of focus in year 1 as being the medical workforce; the HR Function; System Working; and Apprenticeships.

- During the discussion on the workforce performance reports concern was expressed at the continuing decline in appraisal compliance. It was hoped that changes to the pay progression system, whereby an appraisal would need to be completed before progression could take place, would help address this, and it was also suggested that sanctions for non-completion of appraisals needed to be considered. The Chair requested that HR focus on Trust Services and Estates as non- compliance in corporate Departments sent a poor message to the wider organisation.

- The Committee received the quarterly update on organisational development from Samantha Chapman, Head of Organisational Development, which summarised activity within the following seven domains:

    - Diversity & Inclusion
    - Leadership and Management Development
    - Performance Management
    - Staff Recognition
    - Engagement
    - Tackling Bullying and Harassment
    - Wellbeing

  The Committee also received an update from Luke Britt, Deputy HR Business Partner, on activity undertaken by the Division of Medicine within the above domains. The Committee was impressed with the work done to date in respect of organisational development and acknowledged the significant challenges that lay

ahead, especially with the proposed merger with WAHT.

For Board Awareness, Action or Response

The Committee received the regular Guardian of Safe Working Hours update report. It was reported that imminent changes to the Junior Doctor contract, which meant they could work a maximum of one weekend in three, would make it harder to fill rotas, and work was ongoing to address this. The implementation of the e-restoring software had still not occurred as widely as would be liked, but once this had been achieved rostering across the Trust should become easier.

David Armstrong expressed concern at the potential impact of the changes to the Junior Doctor contract and suggested that urgent action was required to address this, particularly if the merger with WAHT occurred. It was reported that the Divisions had already been asked to take this issue seriously, and that in the long term alternative workforce models would be required. Concern was also expressed in respect of the delay in fully implementing the e-restoring system. In light of the above the Committee requested that the Director of People bring a paper back to the November meeting to provide assurance that appropriate action was being taken to address these issues.

The Committee considered the workforce risk reports for Quarter 2, and the escalation of the risk relating to Brexit was noted. Discussion centred on risk 422 – violent and aggressive behaviour, and the Trust Chair asked what was being done to reassure front line staff that action was being taken to protect them from such behaviour. He stated that he would be inviting a member of staff who had been the victim of violent behaviour to a future meeting of the Board to share their experience. The Director of People was asked to bring a full report on what actions the Trust was taking to address aggressive and violent behaviour to the next meeting of the Committee.

Key Decisions and Actions

The Committee expressed concern regarding the lack of progress in the completion of theatres evacuation training and the Director of People was asked to look into this as a matter of urgency.

In discussing the results of the Committee's self-assessment it was agreed that an additional 30 minutes for each meeting was required to ensure there was sufficient time to deal with the business on the agenda, and that the structure of the agenda should be reviewed to ensure the Committee uses its time in the most effective manner possible.

Date of next meeting:	**25th November 2019**

University Hospitals Bristol
NHS Foundation Trust

Meeting of the Finance Committee – 29th October 2019

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

Information

The Committee received the Finance Director's Report. It was reported the plan for September required a core (i.e. excluding Provider Sustainability Funding (PSF) and MRET) surplus of £3.633m, and the Trust was reporting a core surplus of £3.698m to date, £0.065m favourable to plan. Division and Corporate Services were £7.105m adverse to operating plans, the key issues being income from activities underperformance of £5.563m and increased nursing and midwifery pay costs of £1.361m. In respect of the Divisional Recovery Plans, Surgery and Women's & Children were off track. The projected overall deficit is estimated at £11.5m compared to £8m of reserves. Therefore a recovery of £3.5m is required in the second half of the financial year.

A discussion took place on the Trust's deteriorating RTT performance and the financial impact of this, with issues in Dental being highlighted as the key driver.

The Committee received a deep dive into key specialties and welcomed this as a good piece of work.

The Committee devoted a significant period of time to considering the Weston Merger financial due diligence and finance section of the Full Business Case. It was reported that the financial due diligence document now reflected NHSI's scope and what they expect to see, with the key additions being as follows:

- A description of WAHT's financial performance over the recent past;
- The key drivers of why there is a structural deficit at WAHT;
- The drivers of the current financial position;
- Income risks and contractual arrangements with commissioners;
- Potential risks surrounding the future designation of the Emergency Department;
- Charitable arrangements at WAHT;
- A capital assessment going back 3 years.

Work was still ongoing in respect of the mitigations outlined in the report.

During the ensuing discussion the deteriorating position in respect of the underlying position of WAHT was noted, and the scale of external finance support required for a viable merger was also discussed. It was confirmed that the figures presented in the report had also been agreed by WAHT.

In summary, the Committee was confident in the starting position used in the financial modelling process. There were still a number of assumptions made, some of which carried risk but others with a potential upside. The Committee was assured that everything was progressing well in respect of the financial modelling of the merger.

For Board Awareness, Action or Response
The Chief Executive highlighted the substantial risk to the Trust's financial position in due to the ongoing pressure on the system as a whole and the predicted bad winter, and asked that the Board be made aware of this.
Key Decisions and Actions
The Committee asked that the efficiency component of the UHBristol 5 year financial plan model come back to the December meeting of the Committee for further consideration.

Date of next meeting:	**25th November 2019**

University Hospitals Bristol
NHS Foundation Trust

Meeting of the Audit Committee – 28th October 2019

Reporting Committee	**Audit Committee**
Chaired By	**David Armstrong, Non-Executive Director**
Executive Lead	**Neil Kemsley, Director of Finance and Information**

Information

- The Audit Committee considered the Strategic and Corporate Risk Registers and was satisfied that the Trust's risk management processes remained under very good control. It was reported that the risks around Brexit had been escalated as part of the assessment of corporate risks. In respect of the Corporate Risk Register it was noted that a refresh of IT risks would shortly be undertaken and that the risk register would be updated accordingly as a result.

- The Committee received the Counter Fraud Update report, and the progress in respect of investigations into conflicts of interest and gifts and hospitality, which had been the main focus of work over recent months, was reported. The Chair made a number of suggestions on how this already very useful report could be further improved to aid the Committee's overview of this work.

- The Committee considered five Internal Audit Reviews, four of which had receiving a satisfactory overall assurance opinion. Discussion focussed on the Infection Control FFP3 Masks review which had received a limited overall assurance opinion. There was some confusion over the nature of the issue with the masks and the risks involved, and Sarah Wright was asked to check on this to clarify. Sarah was also asked to check on the overall timetable for COSH compliance.

For Board Awareness, Action or Response

The Committee devoted most of its time to consideration of the Merger Programme Full Merger Due Diligence Report, the purpose of which was to:

- Inform decision making about the organisation being acquired by systematically enhancing the amount and quality of information available to decision makers to inform the business case, its costs, benefits, and risks;
- Assess the level of risk by service domain area;
- Describe the mitigations required in order to reduce identified risks to acceptable levels and ensure plans are in place through the transaction business case and associated post-transaction implementation plan to take these forward in a risk stratified phased timescale; and
- Satisfy the requirements of regulators during the approvals process;
- Provide an understanding of: the scale of the financial challenge and the potential opportunities or mitigations for resolving the recurring income & expenditure net deficit as a merger organisation; the residual recurrent net income & expenditure deficit after mitigations; and what external financial support is required to produce a viable financial case for merger.

In the Committee's view the due diligence which had been undertaken was extremely comprehensive and robust, and during the discussion it was reported that the key risks highlighted in the document would be used to inform the Trust's work in developing the Full Business Case (FBC) and Post Transfer Implementation Plan (PTIP). The need to address and mitigate the risks around the workforce sub-domain was highlighted as an area that needed particular attention prior to 1st April 2020.

The Committee discussed how the Board and its Committees might have oversight of the risks articulated in the due diligence document, both pre and post- merger, and the Chief Executive undertook to give further consideration to how this might work and provide an update to the Board.

Overall the Committee felt that the due diligence process had been properly and rigorously undertaken and had produced a really impressive document which provided a good foundation for the FBC and PTIP to build upon.

Key Decisions and Actions

- The Committee undertook a review of Estates risks, and concern was expressed regarding a possible lack of theatre evacuation training and the apparent difficulty in scheduling a programme of dates for this training to take place given the theatres' ongoing operational requirements. The Chief Executive undertook to take this back to the Executive Team for further consideration. It was also requested that the section on low energy lighting be reworded to clarify when this action would be closed.

- The Annual Clinical Audit Review was received, and there was some concern over the apparent low percentage of clinical audits undertaken in response to clinical risks compared to other Trusts. It was suggested that this could be due to UHBristol using different definitions / terminology to other Trusts, but the Chief Executive undertook to go back to the Executive Team to explore this more fully.

- The Committee considered a review of the effectiveness of the External Auditor for the 2018/19 financial year, and concluded that it was satisfied that the External Auditors had performed satisfactorily against their contract in 2018/19.

- The review of losses and special payments was considered and noted. It was noted that the Pharmacy losses seemed unusually high and Neil Kemsley agreed to the check that this whether this was due to fridges not being maintained / calibrated properly, which had been highlighted as an issue in a previous report.

Date of next meeting:	**28th January 2020**