University Hospitals Bristol
NHS Foundation Trust

February 2020
Published Papers

Including:

1. Quality and Performance Report
2. Quality and Outcomes Committee Chair's Report
3. People Committee Chair's Report
4. Finance Committee Chair's Report – *paper to follow*

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

Meeting of the Board of Directors in Private on Thursday 27 February 2020

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

1. Report Summary	
To review the Trust's performance on Quality, Workforce and Access standards.	
2. Key points to note *(Including decisions taken)*	
Please refer to the Executive Summary in the report.	
3. Risks **If this risk is on a formal risk register, please provide the risk ID/number.**	
None.	
4. Advice and Recommendations *(Support and Board/Committee decisions requested)*:	
• This report is for **Assurance.**	
5. History of the paper **Please include details of where paper has previously been received.**	
Quality and Outcomes Committee	25 February 2020
People Committee	25 February 2020

University Hospitals Bristol
NHS Foundation Trust

Quality and Performance Report

February 2020

1.1 OVERVIEW – Executive Summary

Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 83.9% for December. This did not achieve the national standard of 85%. However Quarter 3 overall achieved 85.4% so did achieve the standard. Quarters 1 and Quarter 2 also delivered the 85% standard.
- The measure for percentage of Emergency Department (ED) patients seen in less than 4 hours was 81.8% in January. This did not achieve the 95% national standard or the improvement trajectory target of 85.0%.
    - If local Walk-In Centre activity was assigned, as per 2018/19 apportionment rules, then overall performance would be around 85.5% (an uplift of approximately 3.5%).
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 83.2% as at end of January. This did not achieve the national 92% standard or the improvement trajectory target of 86.9%. However it was an improvement from December (82.5%) and the overall waiting list size has fallen by 500 since the end of November high-point of 34,739.
- The percentage of Diagnostic patients waiting under 6 weeks at end of January was 95.2%, with 406 patients waiting 6+ weeks. This is lower than the national 99% standard and is deterioration from December's 309 breaches.

Headline Indicators

There were two Clostridium Difficile cases in January but this still keeps the Trust below the maximum allowed for the financial year of 57 cases. In addition, there were two MRSA cases in January, making three overall this financial year. Pressure ulcer incidence remained below target in January, with nine grade 2 pressure ulcers but none at grade 3 or 4. The Falls incidence was below the target of 4.8 falls per 1,000 bedays; at 4.68. There were 129 patient falls with seven resulting in moderate harm or above.

The headline measures from the monthly patient surveys and the Friends and Family Test remain above their minimum target levels in January 2020. In Complaints, 84% of formal complaints were responded to within deadline which is slightly below the Trust standard of 85%. 8.5% of November's complaint responses (6 cases) were re-opened due to complainant being dissatisfied with the original response.

Last Minute Cancelled Operations (LMCs) were at 2.0% of elective activity and equated to 140 cases. In January, twelve patients were not re-admitted within 28 days following an LMC.

Workforce

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

Bank and Agency Usage (5.4% and 1.4% respectively) remains above the Trust's GREEN threshold. All divisions and staff groups saw an increase in bank usage this month. Work continues with system partners to reduce high cost nurse agency supply. Operational pressures have created significant challenges to realising the reduction ambitions. Turnover increased to 13.30% from 13.26% last month. National Staff Survey results are awaiting release in March 2020.

Sickness increased slightly to 4.9% this month compared with the previous month, with increases in five divisions.

Overall appraisal compliance reduced to 70.0% compared with 70.8% in the previous month. There were increases in two of the divisions and all divisions are non-compliant.

1.2 OVERVIEW –Oversight Framework

Financial Year 2018/19

Access Key Performance Indicator		Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19			Quarter 4 2018/19		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
A&E 4-hours Standard: 95%	Actual	83.96%	91.14%	92.84%	90.26%	90.07%	85.00%	89.16%	84.24%	83.05%	84.50%	81.05%	81.23%
	"Trust Footprint" (Year To Date)	92.05%			91.77%			90.84%			89.84%		
	Trajectory	90%	90%	90%	90.53%	91.26%	90.84%	90.06%	90.33%	87%	84%	87%	90%
	"Trust Footprint" Trajectory	90.0%			90.0%			90.0%			95.0%		
Cancer 62-day GP Standard: 85%	Actual (Monthly)	84.1%	82.4%	86.0%	85.7%	88.9%	87.4%	85.5%	87.9%	86.5%	85.1%	83.5%	82.9%
	Actual (Quarterly)	84.2%			87.3%			86.6%			83.8%		
	Trajectory (Monthly)	81%	83%	79%	83%	85%	85%	85%	85%	85%	85%	85%	85%
	Trajectory(Quarterly)	82.5%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	88.2%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	90.1%	89.3%	89.4%	89.1%	89.2%
	Trajectory	88%	88%	88.5%	88.5%	88.7%	88.5%	88.5%	88.0%	87.0%	86.0%	87.0%	87.0%
6-week wait diagnostic Standard: 99%	Actual	96.8%	97.6%	97.8%	97.9%	97.1%	98.1%	98.4%	96.9%	93.8%	93.3%	96.9%	95.5%
	Trajectory	97.9%	97.9%	97.9%	98.4%	99.0%	98.0%	98.0%	98.0%	98.0%	98.0%	99.0%	99.0%

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

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

1.2 OVERVIEW –Oversight Framework

Financial Year 2019/20

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

* Undergoing final validation

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 cancer 62 day GP and 31 day first definitive treatment national standards for quarter three • Compliance with the 2 week wait first appointment cancer standard has been sustained throughout quarter 3 • CT Cardiac services are on track to clear the majority of the 6 week diagnostic backlog by February 2019 • Echocardiography 6 week waits for diagnostics are predicting zero breaches for end of February, following a dip in performance in January (52 breaches) • Following submission of an option paper to Specialist commissioning, we have successful averted any 52-week breach finds in Clinical Genetics service. We have also agreed a process of some referrals to be re-directed to other providers to help us recover our backlog position	• Sustain compliance with the cancer standards as far as possible within the limitations of winter pressures. Continue close management of cancer patients to ensure patients are clinically prioritised correctly so no harm results from any unavoidable delays • January's Referral To Treatment performance was 83.22% against the 87% standard. For the end of March 2020 the focus is to recover the waiting list size to March 2018 (29,200). Due to pressures in emergency services and the priority for Cancer patients, recovery of the waiting list size by March 2020 is at risk. Although the approval of GLANSO weekend lists is likely to support a backlog reduction in some specialities in the Division of Surgery where on the day cancellations during winter pressures are having a further impact on the backlog position and deterioration in 52+ week waiters • Recover diagnostic 6 week standard in quarter 4 (99% waiting under 6 weeks) • Additional capacity for Paediatric MRI and adult Endoscopy diagnostics needs to be identified to allow services to deliver the 99% standard • Continue with in/out –sourcing options in adult endoscopy
	Opportunities	**Risks and Threats**
ACCESS	• Current implementation plan of Medway PAS at Weston continues with the plan to go live with the first test version on 24/04/20. The RTT Performance Lead is working closely with the Weston Clinical Systems team and the validation teams to support this and to agree which new functionality Weston will implement for testing. It is key that RTT Status codes that are implemented at Weston match those that are currently in place at UHB • NHS England/ImprovementI have invited UHB to partake in the 26 Week South West Regional Programme Launch. The first meeting took place on 24th January. The corporate performance team are now looking at patients who are on the RTT Tracking lists who may not be treated before 26 weeks. A plan of which specialities to trial the 26 week choice will be discussed and agreed at Deputy COO Level • Planning round for 2020/21 is underway with discussions around capacity planning, demand management and efficiencies	• Winter pressures remain a significant risk to sustaining compliance with cancer standards throughout winter. The pressures result in cancellations due to lack of beds (critical care and ward beds), reduced capacity for cancer surgery due to elective pacing (limitation on the number of surgeries performed per day), and reduced capacity for diagnostic or minor treatment procedures due to relevant areas being used for escalation capacity • The Trust continues to report 52 week breaches in Division of Surgery due to a number of last minute cancellations, patient choice and some revalidation of pathways. At the end of January there were fifteen 52 week breaches. The patient notes will be sent to the medical directors office to be reviewed by a harm panel • The recovery of RTT waiting list size and Zero 52 week breaches by end of March 2020 is unlikely to be delivered, not only due to the emergency pressures and cancer patient priorities but also additional issues relating to consultant pension tax and the agenda for change & waiting list initiative reduction for nursing/ward staff • Loss of Endoscopy capacity over Christmas and New Year has impacted on the ability to recover the 6 week standard in this area.

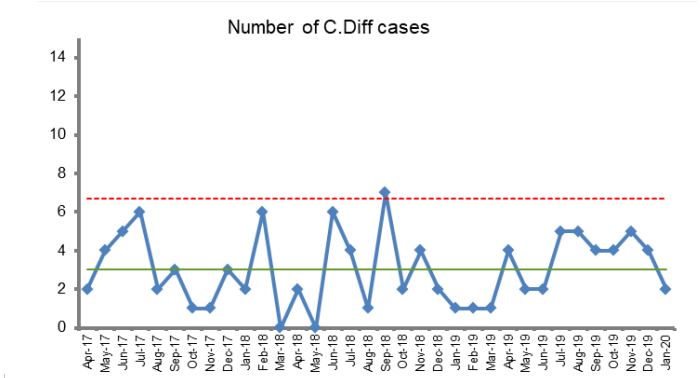
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

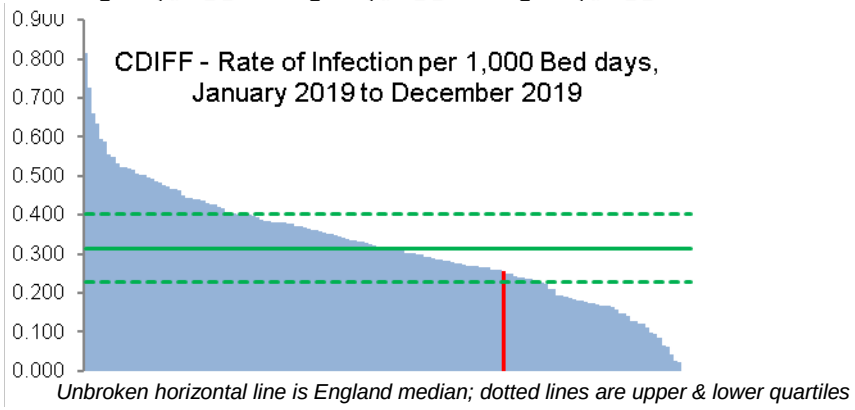
	Successes	Priorities
QUALITY	• VTE risk assessments improved to 86.8% in January 2020, but this should be treated with caution as it is too soon to understand whether this will constitute a statistical trend.	• One surgical never event was reported in December 2019, a small visible skin lesion was removed instead of the adjacent lesion which was not visible but was palpable. The investigation is underway, the outcome of which will be reported to the Quality and Outcomes Committee in due course. • Seven patient falls resulting in moderate or major harm occurred in January. It is of note that in the same month the number of outlier beddays showed a marked increase to 1423 in January 2020. Investigations, once completed, will determine whether the patients involved were accommodated in an outlying ward and whether this is a contributory factor. The Trust clinical falls leads have met to review any immediate actions that need to be taken and the initial 72 hour reviews indicate no common themes other than one patient had experienced a number of ward moves. Action is already underway to ensure that appropriate processes are in place to minimise ward moves for patients and include a review and update of the ward transfer policy. A fuller list of actions being taken to mitigate this risk is provided in the relevant section of this report. All falls resulting in major harm are investigated as serious incidents, the outcomes of which will be reported to the Quality and Outcomes Committee in due course.
	Opportunities	**Risks and Threats**
QUALITY	• No new opportunities identified from the data within this report in addition to those previously reported to the Board.	• No new risks to quality and safety identified from the data within this report.

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

	Successes	Priorities
WORKFORCE	• A CQUIN target to vaccinate 80% frontline workers against influenza by the end February 2020 has been achieved. This value of this indicator is £657,000. • Purchase of the new Agenda for Change Job Matching system funded through Trust Services capital. It provides the ability to remotely match jobs, which will support business as usual demand, but also the anticipated increase in activity with the integration of services with the Weston merger. • Sign-off of the Terms of Reference for the new Recruitment & Retention Steering Group who will oversee the delivery of the Merger Recruitment & Retention Taskforce Plan.	• Testing, roll out and training on the new Agenda for Change Job Matching System. • Creating a recruitment marketing brand for the newly merged organisation building on the existing successful *Love Life Love Bristol* identity. • Review of plans, risks and issues for the ESR system merge ahead of the Bristol & Weston merger to identify the key dates (including the specified date the data will migrate on). • Commencing the Trust-wide communications about the nationally mandated Pay Progression rules. • The ESR Doctors in Training interface operates between ESR and the Health Education England (HEE) Local Office/Deanery Systems (TIS). The ESR preparation work at UHB needs to be completed by 21 Feb 2019 with the interface going live on the 11th March.
	Opportunities	**Risks and Threats**
WORKFORCE	• UHB and NBT working in partnership on both a short and long term recruitment plan for the stroke services across the city. • Delivery of the leadership development programmes in Weston continues to support management development ahead of the merger. • Quarter 4 Friends and Family test for Bank staff is underway for the month of February. This gives staff from the bank the opportunity to have their voice heard as this staff group is excluded from staff survey. • Commencing recruitment to the triumvirate in the new Weston Division.	• Risk to the CQC 'Should-Do' requirement by the end of March 2020 with Trust-wide appraisal compliance reducing further again and remaining below target. • There is a risk to the delivery of the Diversity & Inclusion strategy due to a vacancy in the HR OD team from March 2020. • The risks and issues being faced with vacant posts within Employee Services at UHBristol are compounded by the challenges being faced with high volumes of employee relations cases. This demand is further increased by the support being offered to Weston's day to day HR services. • Bristol City Council serving notice to APOHS which poses significant risk to income and reputation.

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 two trust apportioned C.Diff cases in January 2020, giving 37 cases year-to-date. This is still below the maximum allowable year-to-date cases of 28.
Commentary/ Actions:	There were two cases of C. Difficile identified in January 2020. These 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 was one case of Community Onset Healthcare Associated (COHA) C. Difficile in January. 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 three case of Community Onset/Community Acquired (COCA) attributed to the community in January 2020.
Ownership:	Chief Nurse





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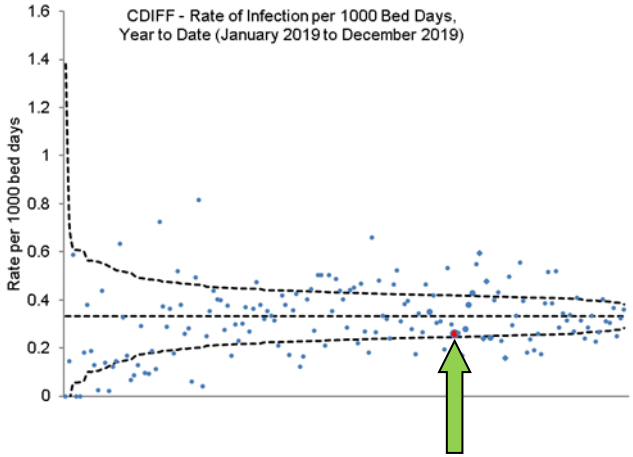
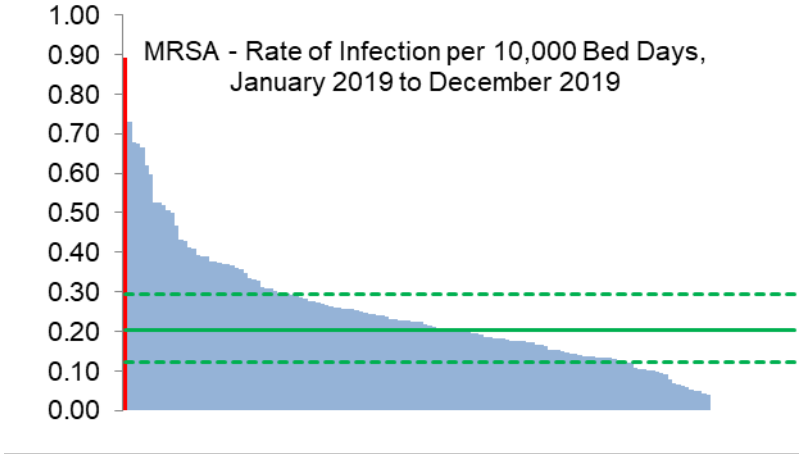
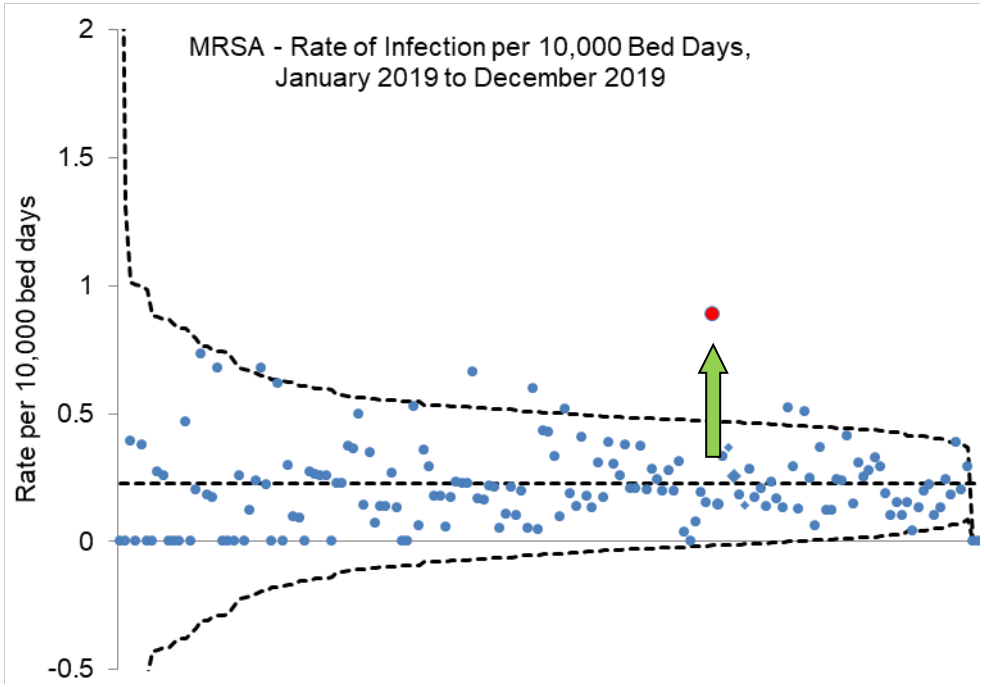


CDIFF Cases	Jan-20	2019/2020
Medicine	1	5
Not Known	0	2
Specialised Services	1	5
Surgery	0	6
Women's and Children's	0	19
Grand Total	2	37

Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There were two Trust apportioned MRSA cases in January 2020 and so three cases year to date.
Commentary/ Actions:	There have been two cases attributed to the Trust during January 2020, one in adult services and one in children's services. Post infection reviews will be undertaken. Any lapses in care will be reported to the Infection Control Group and to the clinicians involved with the patients' care.
Ownership:	Chief Nurse

MRSA	Jan-20	2019/2020
Medicine	1	1
Specialised Services	0	1
Surgery	0	0
Women's and Children's	1	1
Grand Total	2	3

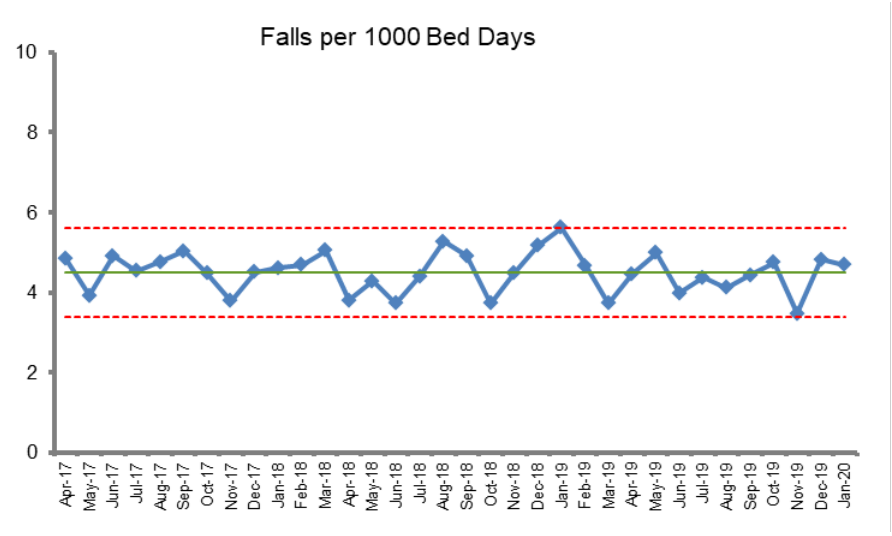




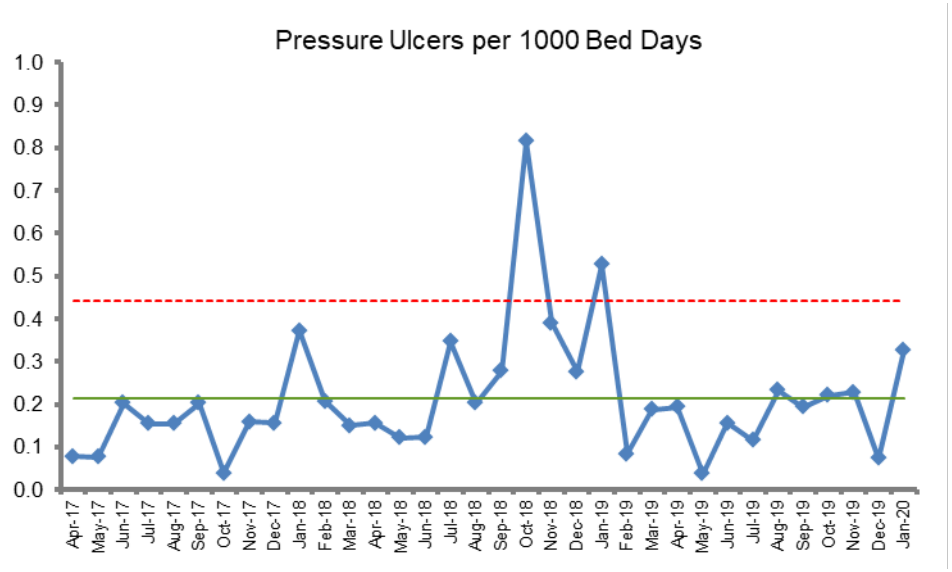
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

2.1 PERFORMANCE – Safe Domain

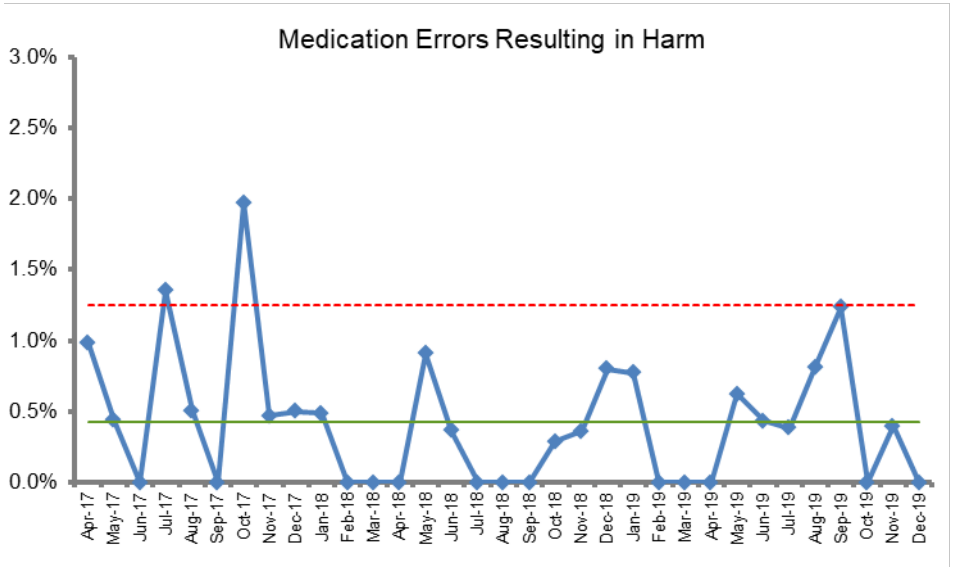
Patient Falls	
Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above)
Performance:	Falls rate for January was 4.68 per 1,000 beddays. This was 129 falls with seven resulting in moderate or higher level of harm.
Commentary/ Actions:	There were seven falls resulting in harm, which is the highest reported figure in over three years. Six of the seven falls occurred within the Division of Medicine, who are now implementing additional training across all wards. This training involves falls prevention and management and simple preventative measures such as ensuring patients are wearing appropriate footwear. The Trust clinical falls leads have met to review any immediate actions that need to be taken and the initial 72 hour reviews indicate no common themes other than a one patients had experienced a number of ward moves. Action is already underway to ensure that appropriate processes are in place to minimise ward moves for patients and include a review and update of the ward transfer policy. The outcomes from any investigations will be discussed in the Trust Falls Group and any further mitigating actions implemented. Implementing actions required to achieve new 2019/20 Falls CQUIN has commenced, which include: 1. Measuring lying and standing blood pressure measurement for all patients 65 years and over (7% compliance against an NHSI CQUIN target of 80%). A new Falls Care Plan has recently being introduced to support improvement. 2. Ensuring no anti-psychotic, anxiolytics or hypnotics, are given during hospital stay or if required there should be documentation of rationale (60% compliance against an NHSI CQUIN target of 80%). 3. Ensuring patient mobility assessment is documented within 24hrs or mobility aid provided within 24hrs (99% compliance against an NHSI CQUIN target of 80%). The following were also approved at the January 2020 meeting: • The Falls Champion Role Description, competencies and method for sign off to provide development for the champions and to ensure good practice within their areas. • The Falls Patient Information Leaflet to support and involve patients and relatives in their help to prevent falls both in the community and in hospital • An updated Falls E-Learning package to increase staff knowledge in falls prevention and management. • The 2020 National Audit of Inpatient Falls has commenced, with interim results to be reviewed in 6 months' time to capture any themes or actions that need to be taken in year. • The 2020/21 Falls Group work and audit plans are out to consultation across Divisions and will be approved at the March 2020 meeting.
Ownership:	Chief Nurse

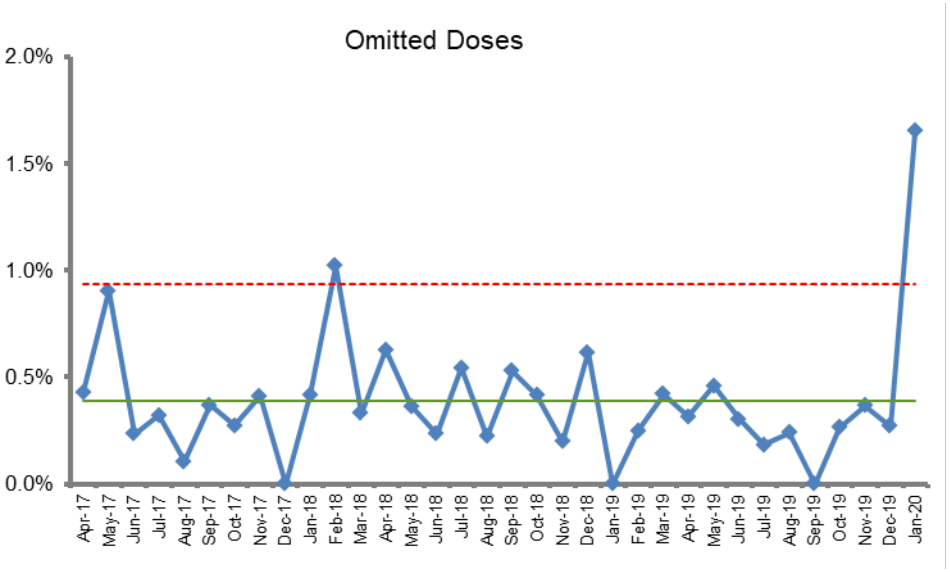


Pressure Ulcers	
Standards:	Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Pressure Ulcers rate for January was 0.33 per 1,000 beddays. There were nine category two pressure ulcers (heel and sacrum), with one device related injury (cannula) and no category 3 pressure ulcers.
Commentary/ Actions:	There were two unstageable pressure ulcer incidents. The true depth of these wounds is unclear and as such the category cannot be determined and they may deteriorate further to at least a category 3 pressure ulcer. Investigations are under way and initial actions in place. The 2019/20 Tissue Viability Group work plan continues to focus on reducing the number of pressure ulcers developed on wards. • Monthly pressure ulcer refresher training sessions provided for staff • Review of pressure ulcer training needs in the Children's hospital • Circulate poster to raise awareness of repositioning as part of pressure relieving measures • Move to digitalise the Pressure ulcer risk assessment tool 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:	Zero moderate harm medication incidents were reported in December 2019, out of 208 cases audited. Omitted doses were at 1.65% in January (10 cases out of 605 reviewed in areas using paper drug charts).
Commentary/ Actions:	Three of the reported omissions were administered, but later than the prescribed time and outside the timeframe for administration of a critical medicine. Where the chart was simply unsigned, it is impossible to identify whether these medicines were administered or not, but for the purposes of this audit, they have been reported as omitted and the reason unknown. The four omissions within division of surgery occurred on the same ward, and these have been followed up with the division. Where medicines are not available on the ward, guidance exists for accessing medicines from other wards, the emergency cupboard or medicines can be issued to the clinical site team by the on call pharmacist. The medication safety officer is investigating methods of assisting nursing staff in sourcing the correct medicine for Parkinson's patients, and looking at alternative ways of ensuring Parkinson's medicines are always available.
Ownership:	Medical Director





2.1 PERFORMANCE – Safe Domain

Essential Training	
Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%
Performance:	In January 2020 Essential Training overall compliance remained static at 90% compared to the previous month (excluding Child Protection Level 3).
Commentary/ Actions:	January 2020 compliance for Core Skills (mandatory/statutory) training remained at 90% overall across the eleven programmes. There were two reductions, both by 1.0 percentage points. There were two increases, both of which increased by 1.0 percentage points. Overall compliance for 'Remaining Essential Training' remained static at 94%. ▪ Compliance for ReSPECT Awareness eLearning improved to 33% in January, but remains well below target at 90%. Doctors continue to be given regular 'countdown' reminders to complete their ReSPECT Awareness eLearning by 1 April 2020, when it will be added to the list of other Essential Training in monthly reporting, and will also be factored into overall compliance. ▪ The Healthier Together Learning Academy Skills 'Pass-Porting' Group presented its recommendations in January, aiming to resolve difficulties in pass-porting training records of staff between all BNSSG employers. ▪ Focus continues with programme leads to increase compliance, and respond to a post-CQC inspection recommendation.
Ownership:	Director of People

Essential Training	Jan-20	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	86%	90%
Information Governance	86%	95%
Moving and Handling (formerly Manual Handling)	89%	90%
NHS Conflict Resolution Training	93%	90%
Preventing Radicalisation	95%	90%
Resuscitation	80%	90%
Safeguarding Adults	92%	90%
Safeguarding Children	92%	90%

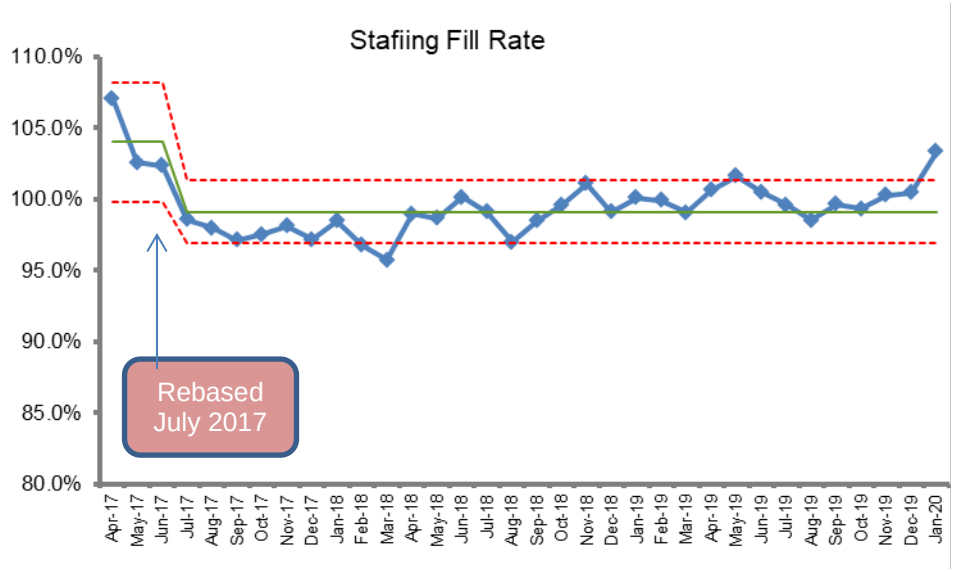
Essential Training	Jan-20	KPI
UH Bristol NHS Foundation Trust	90%	90%
Diagnostics & Therapies	93%	90%
Medicine	89%	90%
Specialised Services	91%	90%
Surgery	89%	90%
Women's & Children's	88%	90%
Trust Services	92%	90%
Facilities & Estates	92%	90%

Nursing Staffing Levels	
Standards:	Staffing Fill Rate is the total hours worked divided by total hours planned. A figure over 100% indicates more hours worked than planned. No target agreed
Performance:	January's overall staffing level was at 103.3% (248,917 hours worked against 240,935 planned). Registered Nursing (RN) level was at 99.3% and Nursing Assistant (NA) level was at 114.0%
Commentary/ Actions:	Overall for the month of January 2020, the trust had 99% cover for RN's on days and 100% RN cover for nights. The unregistered level of 105% for days and 124% for nights reflects the activity seen in January 2020. This was due primarily to NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night. Ongoing Actions: Continue to validate temporary staffing assignments against agreed criteria. Assurance: Monitored through agency controls action plan
Ownership:	Chief Nurse

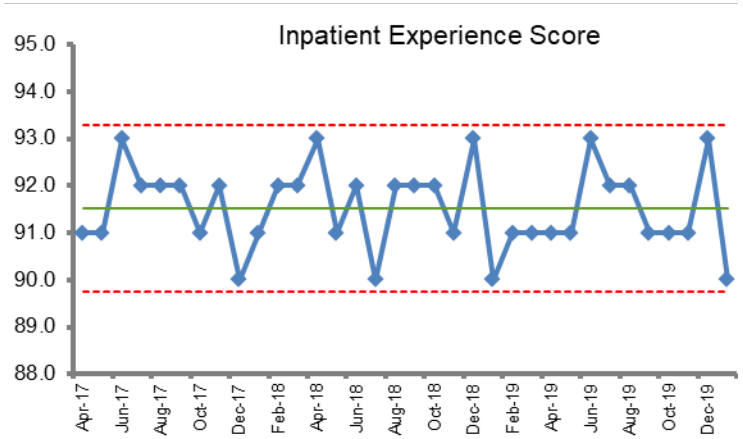
January 2020 DATA

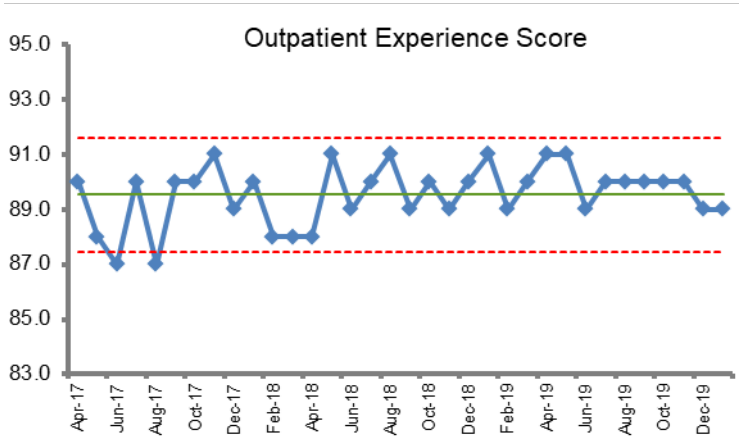
	Day	Night	TOTAL
Registered Nurses	98.7%	99.9%	99.3%
Nursing Assistants	106.4%	124.5%	114.0%
TOTAL	**101.0%**	**106.2%**	**103.3%**

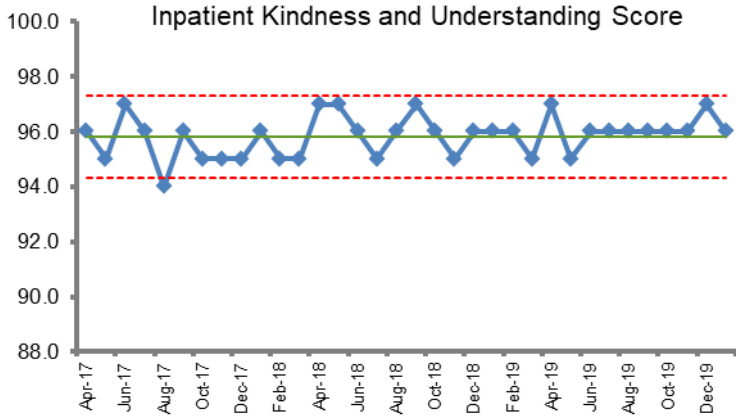
Medicine	110.8%
Specialised Services	104.4%
Surgery	106.4%
Women's and Children's	96.8%
TOTAL	**103.3%**



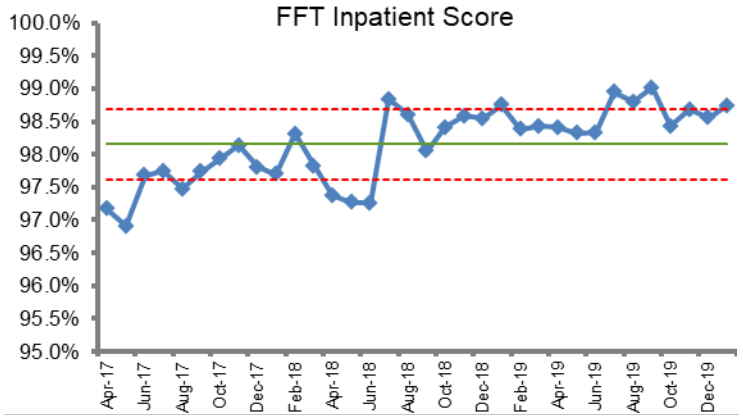
Monthly Patient Survey	
Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target of 90 or over.
Performance:	For January 2020, the inpatient score was 90/100, for outpatients it was 89. 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

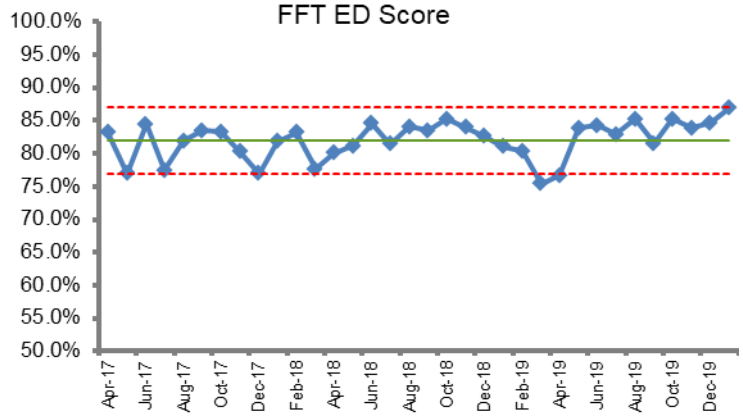


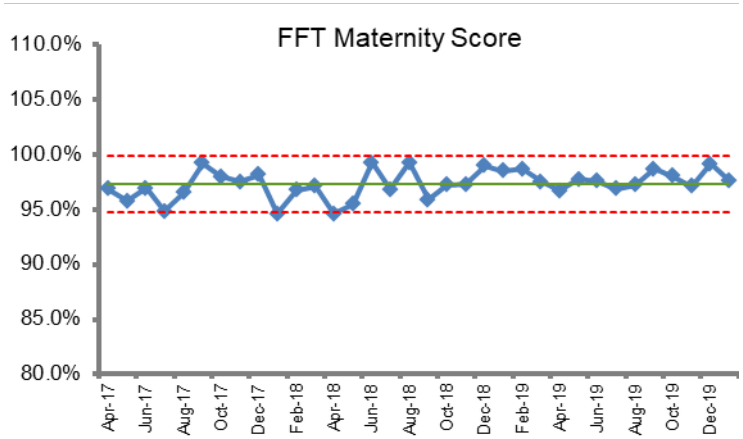




Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 70%.
Performance:	January's FFT score for Inpatient services was 98.7% (1959 out of 1984 surveyed). The ED score was 86.9% (1294 out of 1489 surveyed). The maternity score was 97.7% (376 out of 385 surveyed).
Commentary/ Actions:	The Trust's scores on the Friends and Family Test were above their target levels.
Ownership:	Chief Nurse



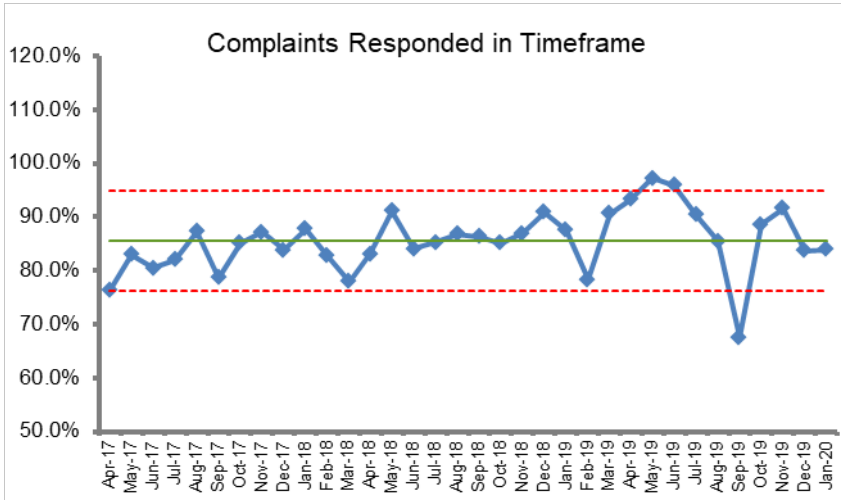


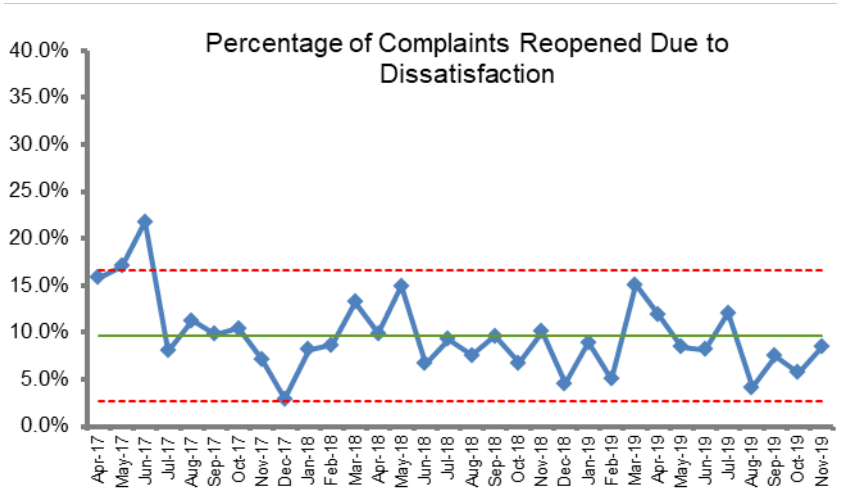


	Response Rate		Score	
	Jan-20	2019/2020	Jan-20	2019/2020
Inpatients				
Medicine	34.5%	40.2%	97.9%	98.0%
Surgery	31.7%	35.3%	99.3%	98.9%
Specialised Services	37.0%	38.0%	98.5%	98.8%
Women's and Children's	29.0%	31.1%	98.5%	98.7%
TOTAL	**32.3%**	**35.7%**	**98.7%**	**98.6%**
Emergency Department				
Bristol Royal Infirmary	10.0%	11.2%	72.0%	68.6%
Children's Hospital	16.9%	16.8%	86.5%	83.4%
Eye Hospital	28.8%	26.9%	96.9%	95.8%
TOTAL	**16.7%**	**16.7%**	**86.9%**	**83.7%**
Maternity				
TOTAL	**28.2%**	**26.9%**	**97.7%**	**97.6%**

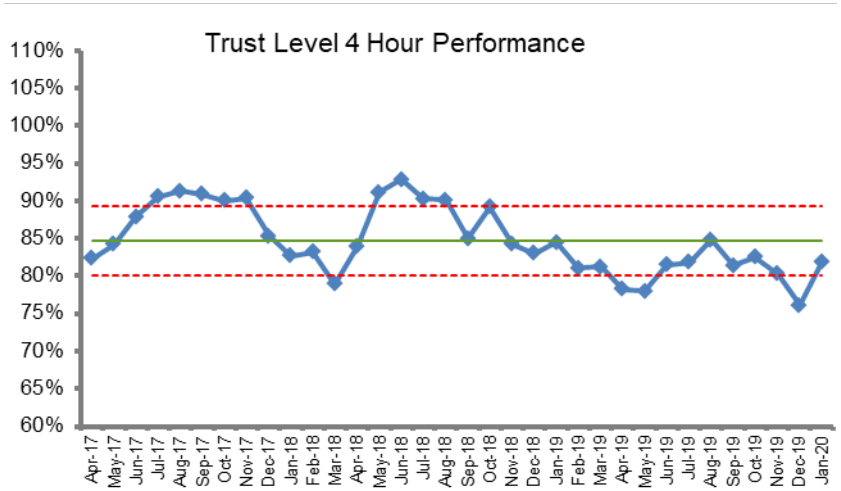
2.2 PERFORMANCE – Caring Domain

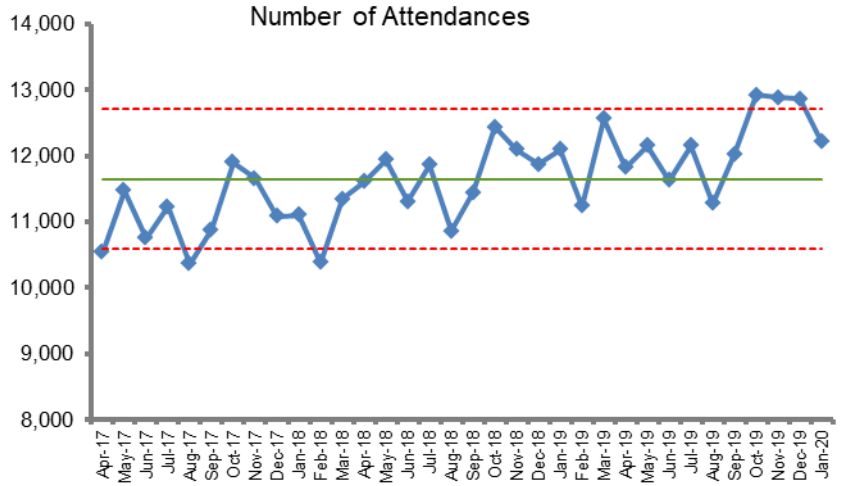
Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance (Red) of 12%.
Performance:	In January, 68 out of 81 formal complaints were responded to with timeframe (84.0%) Of the 71 formal complaints responded to in November, 6 resulted in the complainant being dissatisfied with the response (8.5%)
Commentary/ Actions:	There were 13 breaches from the 81 formal responses sent out in January, with 10 of those breaches attributable to the Divisions and three due to a delay with the processing of the response by the Patient Support & Complaints Team (PSCT). Of those breaches attributable to the Divisions, six were breaches by the Division of Medicine, two were by the Division of Specialised Services, and there was one each for Trust Services and Women & Children. Two of the breaches attributable to a delay by PSCT were due to capacity issues and one was caused by an administrative error. Please note that these breaches have not as yet been validated by the Divisions. The Division of Diagnostics & Therapies achieved 100% for formal responses in January, with all formal responses being sent out by the deadline agreed with the complainant. The Trust's performance in responding to complaints via informal resolution within a timescale agreed with the complainant was 89.9%, a slight deterioration on the 91% reported in December but an improvement on the 83% reported in November 2019. This equates to seven breaches from the 69 responses in January. Of the seven breaches recorded, there were four breaches from the Division of Surgery, two for the Division of Medicine and one for Women & Children. The Divisions of Diagnostics & Therapies, Specialised Services and Trust Services all achieved 100% for informal responses in January, with all informal complaints being responded to by the deadline agreed with the complainant. The rate of dissatisfied complaints in November (this measure is reported two months in arrears) was 8.5%. This represents six cases from the 71 first responses sent out during that month, compared with 5.7% reported for October and 7.5% reported for September.
Ownership:	Chief Nurse

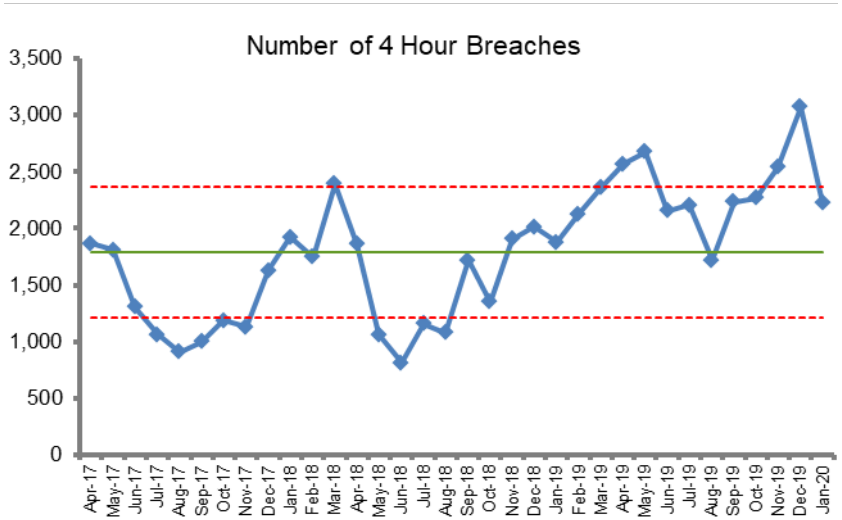


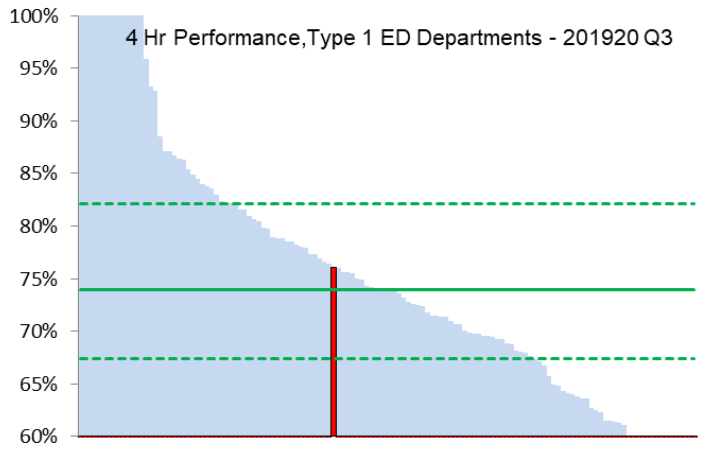


Emergency Department (ED) 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's improvement trajectory is 85.0% for January.
Performance:	Trust level performance for January was 81.79% (12207 attendances and 2223 patients waiting over 4 hours).
Commentary/ Actions:	Actions: • Flow week undertaken across the Adult bed holding Divisions supported by Diagnostic and Therapies: moderate benefit identified for specific cases. suggested that flow actions are incorporated in routine practice at ward level (Matrons taking forward: see below) • New escalation capacity identified and risk assessed included in the new escalation policy which is has been drafted and awaiting sign-off. • Coronavirus is being tightly managed by the team but is having a negative impact on performance as senior clinical time is being diverted from the shop floor. Additional staff are being sought but with limited success. • New transfer team piloted: analysis of data continues. Moderates gains noted; considerations of how best to embed in regular practice being concerned by Matrons. • GP sessions were trialled (when shifts could fill) were piloted within the ED. Recruitment of additional GP has been slow-paced • Action plans to ensure that core components of flow have been agreed with CSM Team and Matrons for each area. Monitoring framework in place. • The Acute Medical Unit (AMU, A300) queue now fully utilised as safe environment to divert suitable admissions to AMU away from the ED.
Ownership:	Chief Operating Officer





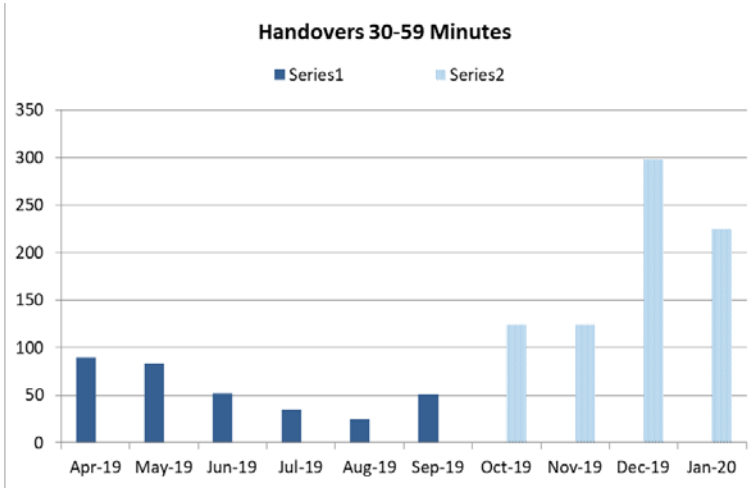


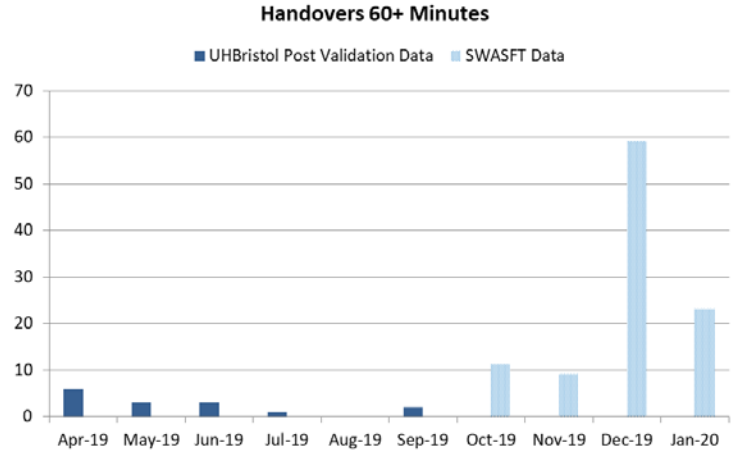


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

AMBULANCE HANDOVERS

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

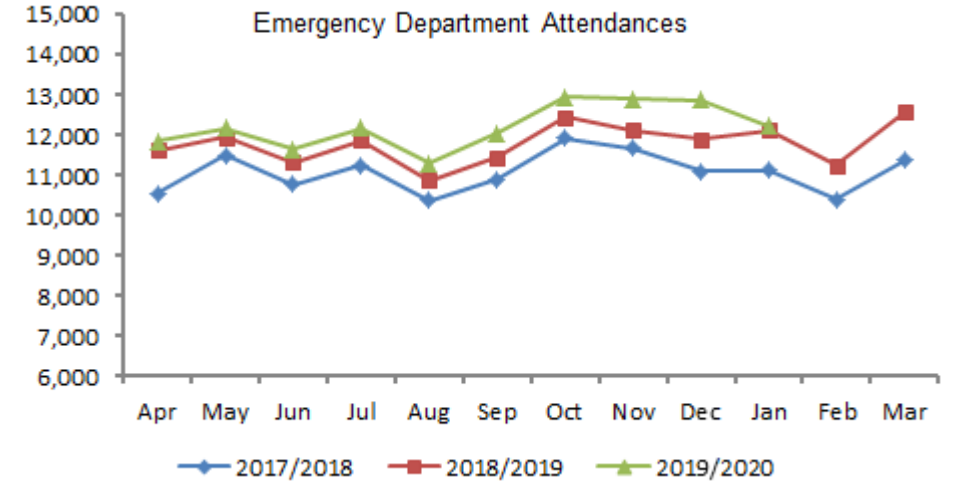


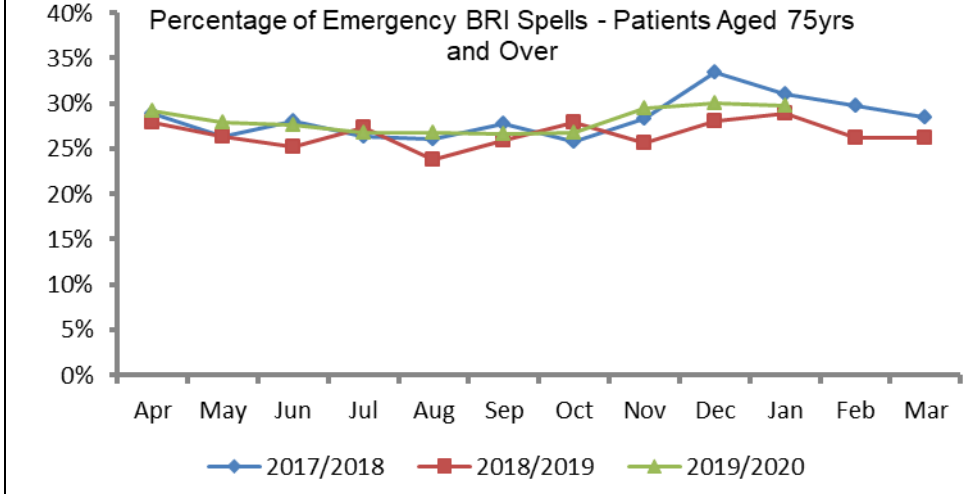


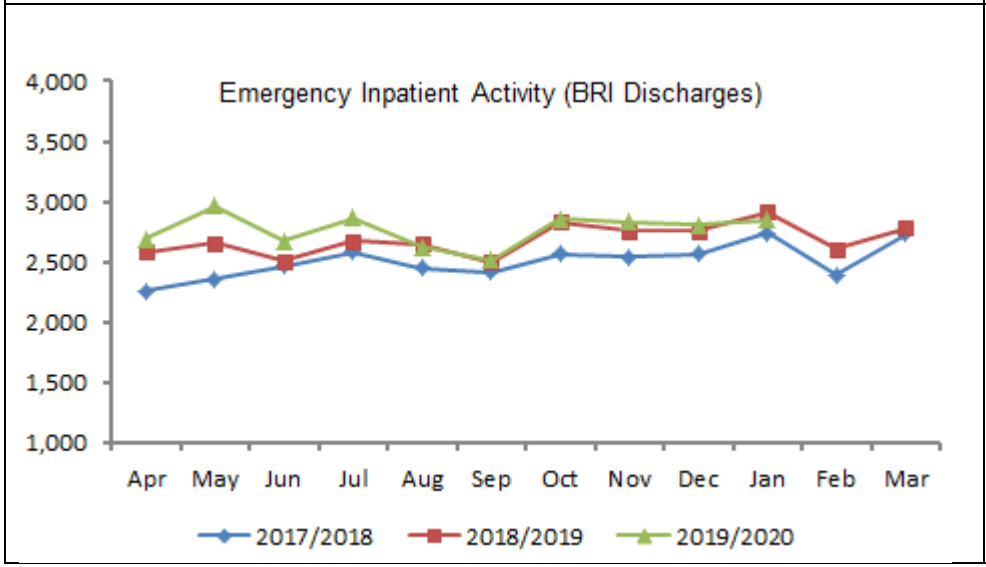
Note that there is no national monthly performance return for this data; it is up to the organisations across the system to agree on the correct data source for these measures. Although data is submitted each day (11am) on the NHSI Daily Situation Report (SitRep), this is only data as at 11am for the previous day, it is for operational purposes and is not necessarily a complete, validated or approved performance data set. A system-wide meeting with the Acute Trusts and the Ambulance Services has been arranged for 4th March 2020 to agree Ambulance Handover data reporting methodology going forward.

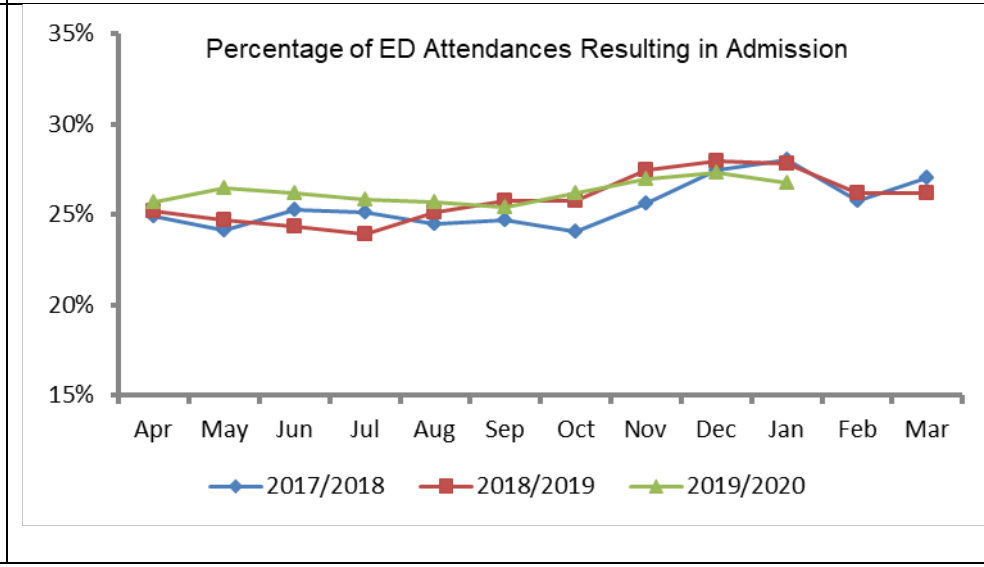
2.3 PERFORMANCE – Responsive Domain

	Attendances		Under 4 Hours		Performance	
	Jan-20	2019/2020	Jan-20	2019/2020	Jan-20	2019/2020
BRI	6329	62624	4426	43036	69.93%	68.72%
Trust	12207	121916	9984	98258	81.79%	80.59%



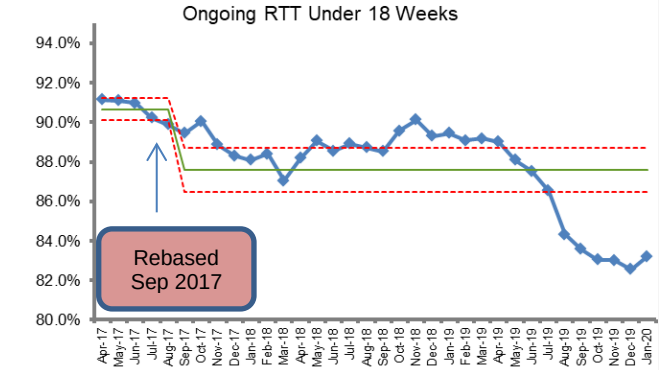


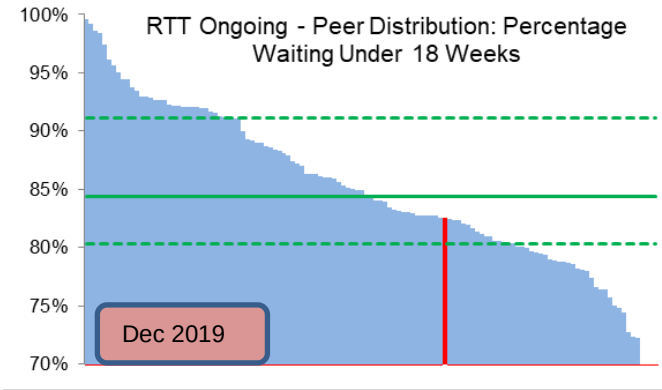




2.3 PERFORMANCE – Responsive Domain

Referral to Treatment (RTT)	
Standards:	At each month-end, the Trust reports the number of patients on an ongoing RTT pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. The Trust's improvement trajectory has been set at 86.9% for end of January. In addition, no-one should be waiting 52 weeks or over from September 2019.
Performance:	At end of January, 83.2% of patients were waiting under 18 week (28,484 out of 34,229 patients). 15 patients were waiting 52+ weeks.
Commentary/ Actions:	The 92% national standard was not met at the end of January and the improvement trajectory of 86.9% was missed. The overall waiting list size had been increasing: from 29,207 at March 2018 to 34,739 as at end of November 2019. January has seen the overall list size reduce by around 500 patients, to 34,229. National planning guidance from NHS England sets an expectation that waiting list size will reduce from the January 2020 levels by January 2021. This is being worked through with divisions and system partners as part of the 2020/21 planning round. The Deputy Chief Operating Officer is setting up a Planned Care Steering Group with divisions. The purpose of the Planned Care Steering Group is to ensure the Trust delivers against the national Referral to Treatment Times (RTT) and diagnostic waiting times standards, identifying areas of risk and overseeing the implementation of remedial actions to ensure performance gets back on track.
Ownership:	Chief Operating Officer

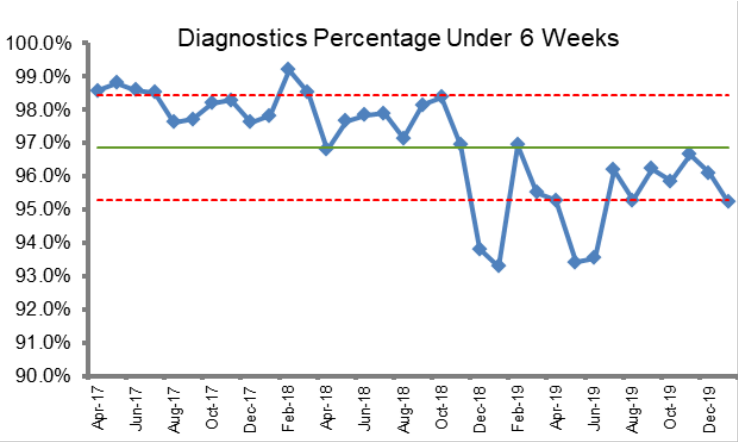


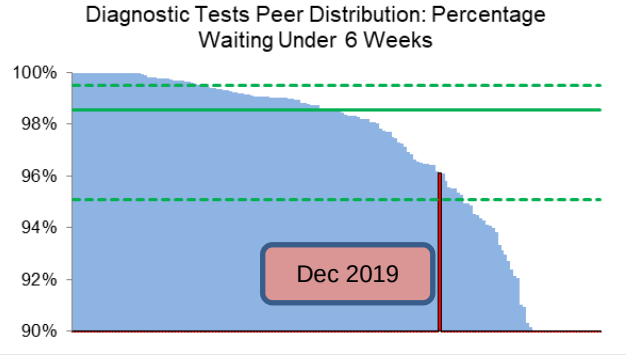


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

	Ongoing Pathways at Jan-20		
	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	2,709	579	78.6%
Cardiothoracic Surgery	391	110	71.9%
Dermatology	2,255	212	90.6%
ENT	2,221	146	93.4%
Gastroenterology	1,520	108	92.9%
General Medicine	17	0	100.0%
Geriatric Medicine	108	4	96.3%
Gynaecology	1,332	224	83.2%
Neurology	239	11	95.4%
Ophthalmology	4,114	516	87.5%
Oral Surgery	3,398	769	77.4%
Other (Clinical Genetics)	987	217	78.0%
Other (Dental)	3,144	706	77.5%
Other (General Surgery)	1,854	480	74.1%
Other (Haem/Onc)	185	18	90.3%
Other (Medicine)	563	29	94.8%
Other (Other)	438	8	98.2%
Other (Paediatric)	6,728	1,331	80.2%
Other (Pain Relief)	92	0	100.0%
Other (Thoracic Surgery)	140	31	77.9%
Plastic Surgery	1	0	100.0%
Rheumatology	604	77	87.3%
Thoracic Medicine	528	67	87.3%
Trauma & Orthopaedics	660	102	84.5%
TOTAL	**34,229**	**5,745**	**83.2%**

Diagnostic Waits	
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end. The Trust has committed to recovery by Quarter 4 2019/20
Performance:	At end of January, 95.2 % of patients were waiting under 6 weeks (8,085 out of 8,491 patients). There were 406 breaches of the 6-week standard and a maximum of 85 were needed to achieve 99%.
Commentary/ Actions:	The Trust did not achieve the 99% national standard at end of January. • MRI breach volumes are in Paediatrics (78), which is run by the Diagnostics and Therapies division. A trial GLANSO list ran on the 15th February, which saw 15 patients, following Exec approval additional lists would be set-up in March to clear the backlog, • Adult Endoscopy (167 breaches) only had 1 of the 2 new Clinical Fellow posts commenced. December also saw significant use of the Endoscopy area for escalation capacity for emergency patients, thereby reducing elective capacity for Endoscopy work. Insourcing options are in place through GLANSO, and outsourcing through PRIME Endoscopy continues to prevent further deterioration in the backlog size. Longer term sustainable options are being pursued through the 2020/21 planning rounds.
Ownership:	Chief Operating Officer





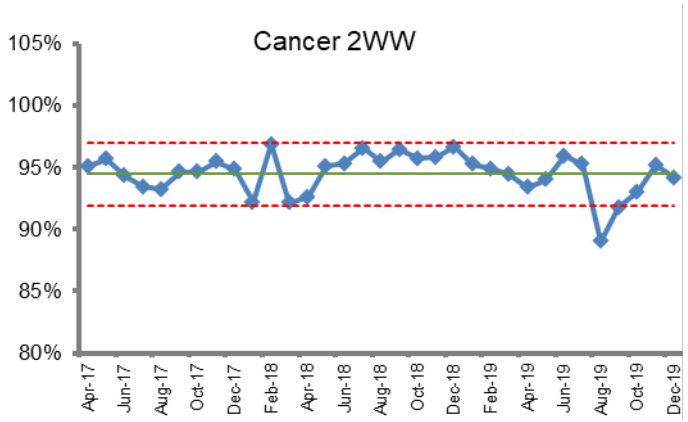
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

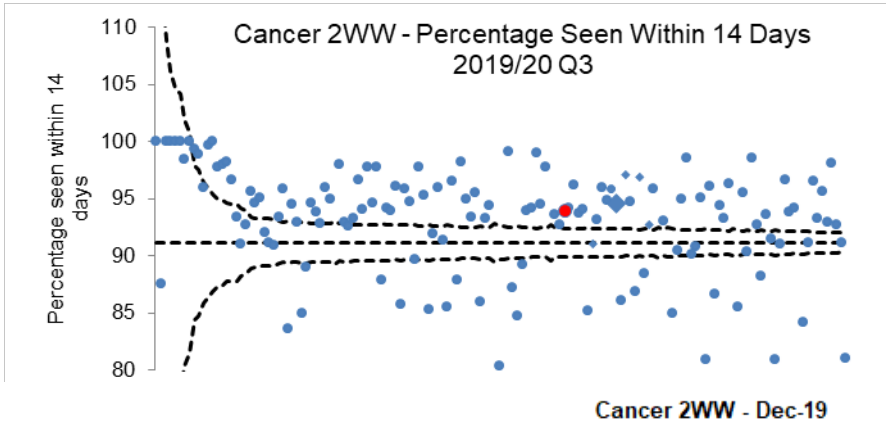
	Diagnostic Tests Waiting List at Jan-20			
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	472	0	472	100.0%
Colonoscopy	265	111	376	70.5%
CT	1,342	35	1,377	97.5%
DEXA Scan	221	0	221	100.0%
Echocardiography	938	52	990	94.7%
Flexi Sigmoidoscopy	85	18	103	82.5%

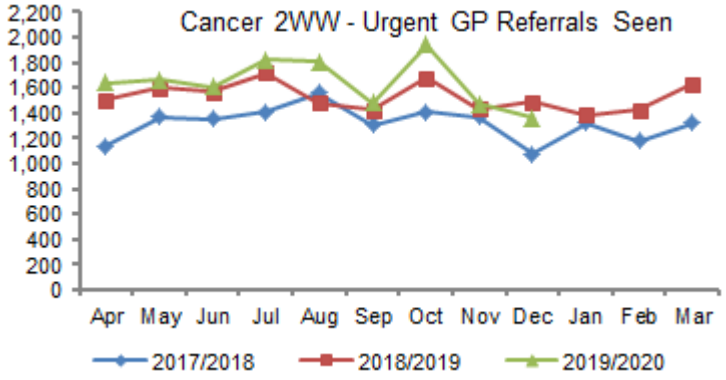
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Gastroscopy	238	79	317	75.1%
MRI	1,953	100	2,053	95.1%
Neurophysiology	168	2	170	98.8%
Sleep Studies	145	9	154	94.2%
Ultrasound	2,258	0	2,258	100.0%
Grand Total	**8,085**	**406**	**8,491**	**95.2%**

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 December, 94.1% of patients were seen within 2 weeks (1282 out of 1362 patients). Quarter 1 2019/20 achieved 94.4%. Quarter 2 achieved 92.0%. Quarter 3 achieved 94.0%
Commentary/ Actions:	The standard was achieved in quarter 3 and each of its component months and remains on track.
Ownership:	Chief Operating Officer



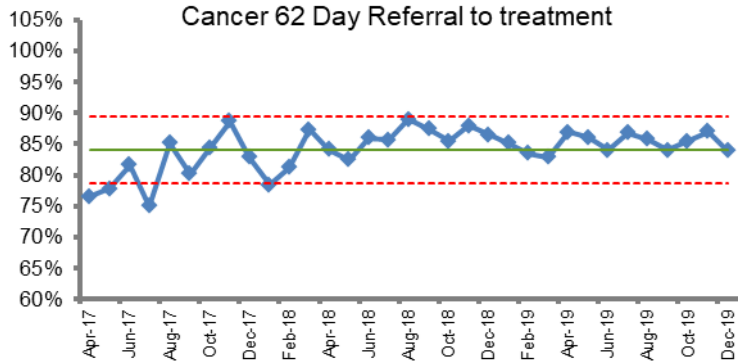


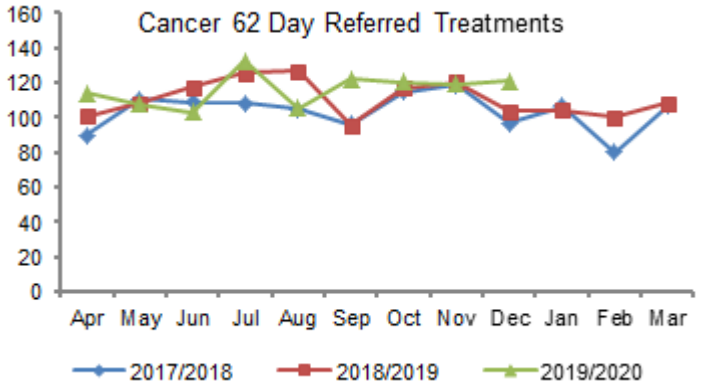


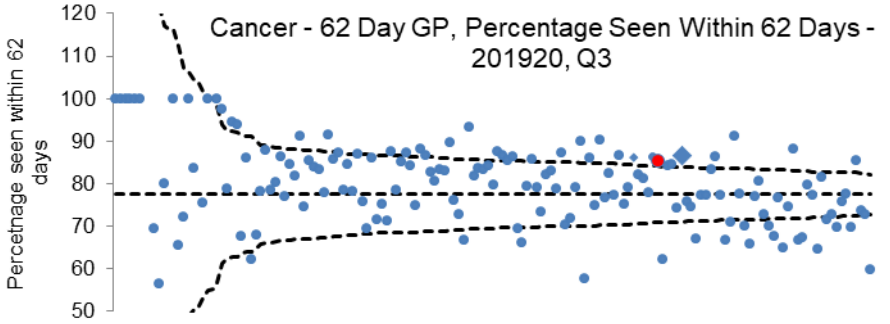
	Under 2 Weeks	Total Pathways	Performance
Skin	0	0	
Suspected children's cancer	17	17	100.0%
Suspected gynaecological cancers	97	100	97.0%
Suspected haematological malignancies e	10	10	100.0%
Suspected head and neck cancers	333	356	93.5%
Suspected lower gastrointestinal cancers	138	160	86.3%
Suspected lung cancer	23	23	100.0%
Suspected skin cancers	602	627	96.0%
Suspected upper gastrointestinal cancers	61	68	89.7%
Grand Total	**1,282**	**1,362**	**94.1%**

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 December, 83.9% of patients were seen within 62 days (101.5 out of 121 patients). Quarter 1 2019/20 achieved 85.7%. Quarter 2 achieved 85.6%. Quarter 3 achieved 85.4%
Commentary/ Actions:	The Trust achieved compliance for quarter three but December was non-compliant (83.9%). Approximately a quarter of these breaches were due to the impact of winter pressures and cancellations. Winter pressures remain a significant risk to sustaining compliance throughout winter. High levels of cancellations, for both ward and critical care beds, were incurred in January. In addition, the use of day-case procedure areas as escalation capacity has impacted on timescales for some cancer diagnostics and day case treatments. Winter pacing, whereby the number of elective surgeries per day is restricted to mitigate the risks around emergency patient flow, has also impacted performance against the standard by reducing capacity for cancer procedures. Operational teams continue to work proactively to manage optimally within these restrictions, to minimise delays. Micromanagement of early pathways is used to ensure patients reach a 'decision to treat' as early as possible, maximising opportunities to date patients for surgery within the target date.
Ownership:	Chief Operating Officer



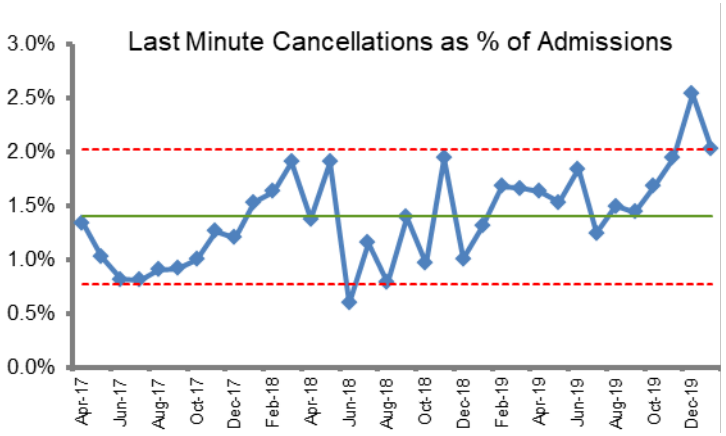


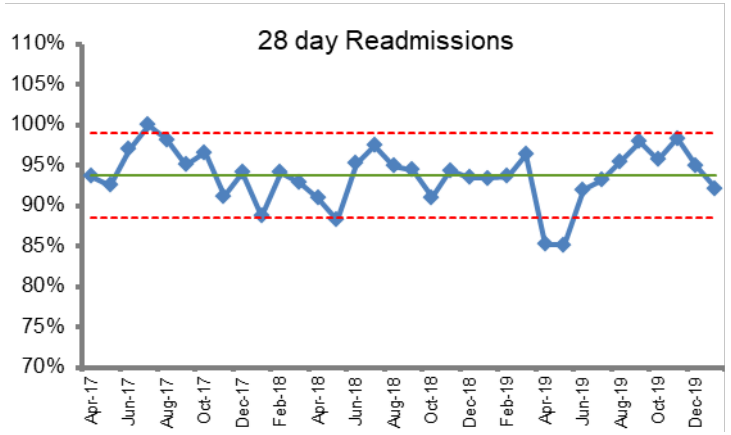


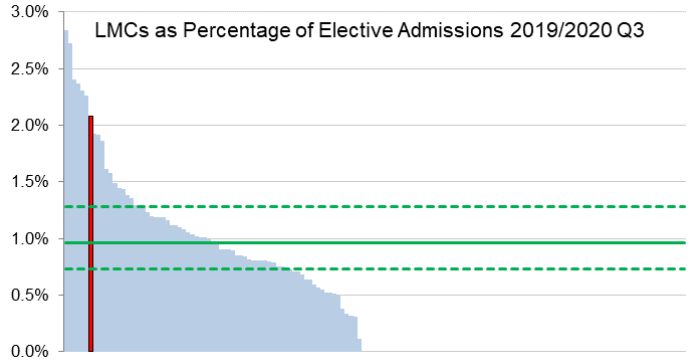
Cancer 62 Day - Dec-19

	Within Target	Total Pathways	Performance
Breast	2.5	2.5	100.0%
Gynaecological	4.0	10.5	38.1%
Haematological	6.5	7.0	92.9%
Head and Neck	8.0	11.0	72.7%
Lower Gastrointestinal	9.0	14.0	64.3%
Lung	8.0	9.5	84.2%
Other	1.5	1.5	100.0%
Other suspected cancer	0.0	0.0	
Sarcoma	0.5	0.5	100.0%
Upper Gastrointestinal	6.5	8.0	81.3%
Urological	1.5	1.5	100.0%
Grand Total	**101.5**	**121.0**	**83.9%**

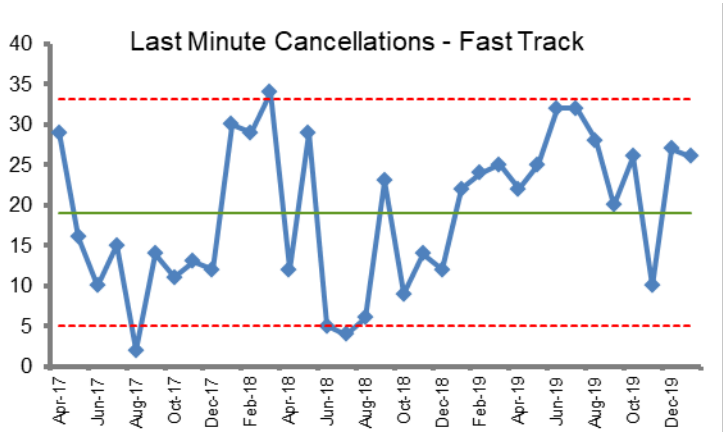
Last Minute Cancelled Operations	
Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions. Also, 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In January there were 140 last minute cancellations, which was 2.02% of elective admissions. Of the 153 cancelled in December, 141 (92.2%) had been re-admitted within 28 days. This means 12 patients breached the 28 day readmission standard.
Commentary/ Actions:	The most common reason for cancellation was "Other Emergency Patient Prioritised" (24 cancellations). Overall there were 11 in Medicine, 34 in Cardiac Services, 19 in ENT & Thoracics, 25 in Gastrointestinal Surgery, 13 in Ophthalmology, 3 in Trauma & Orthopaedics, 11 in Dental Services, 4 in Gynaecology and 20 in Paediatrics. The 28 day breaches were in Trauma & Orthopaedics (2), Gastrointestinal Surgery (4), Dental Services (2), ENT & Thoracics (2), Ophthalmology (2).
Ownership:	Chief Operating Officer

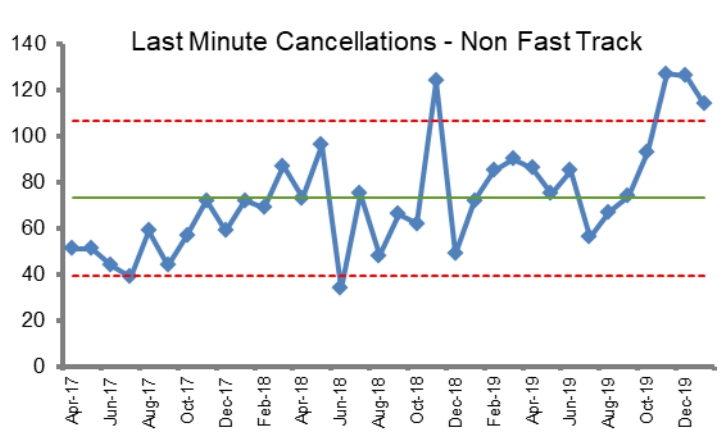






Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

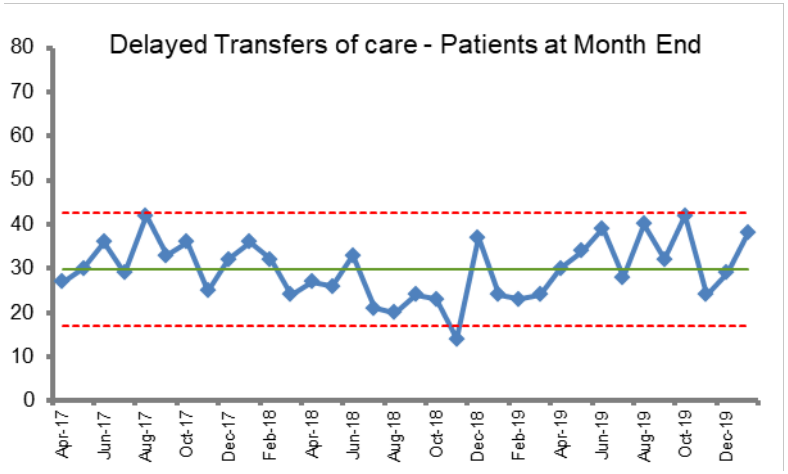


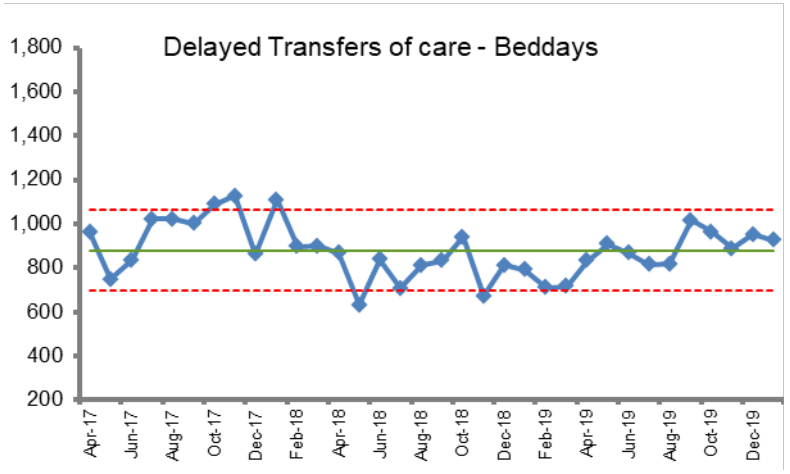


Cancellation Reason	Fast Track	Routine	Urgent	TOTAL
Other Emergency Patient Prioritised	0	15	9	24
No Beds Available	4	11	6	21
No ITU Beds	4	6	2	12
AM list over-ran	1	5	4	10
No HDU Beds	7	3	0	10
Equipment Failure	0	5	4	9
Surgeon Taken Ill	0	7	1	8
Booking Error	2	4	1	7
No CICU Beds	0	5	1	6
List Overbooked	0	5	1	6
Surgeon Unavailable	0	5	0	5
Other Non Emergency Patient Prioritised	2	1	1	4
Other clinically complicated Patient in theatre	2	2	0	4
Technician Not Available	0	3	0	3
No Recovery Staff	2	0	0	2
Anaesthetist Ill	0	0	2	2
Equipment Unavailable	1	1	0	2
List did not start on time	0	1	0	1
Theatre Repairs required	0	0	1	1
No Critical Care Bed	1	0	0	1
Anaesthetist Unavailable	0	1	0	1
No Theatre Staff	0	0	1	1
TOTAL	**26**	**80**	**34**	**140**

2.3 PERFORMANCE – Responsive Domain

Delayed Transfers of Care (DToC)	
Standards:	Patients who are medically fit for discharge should wait a "minimal" amount of time in an acute bed.
Performance:	In January there were 238 Delayed Transfer of Care patients as at month-end (including 11 at South Bristol), and 925 beddays consumed by DToC patients.
Commentary/ Actions:	The Integrated Care Bureau (ICB) managed 393 SRF's (Single Referral Forms) in January 2020 (an increase of 99 from December 2019). 118 patients were referred to Homefirst, 53 for Pathway 2 and 27 for Pathway 3. The ICB also manages SRF's for North Somerset, South Gloucestershire and Weston equating to 72 patients in January 2020. Care Home Selection have managed 34 self-funding patients in January 2020, with a turnaround time (from referral to placement) ranging from 2 to 5 days. This is helping reduce delays for patients awaiting long term care (either home or an intermediate care setting). Green to Go patient reporting has been upgraded and as of the 1st of February 2020 data is obtained directly from Medway (updated information to follow in March).
Ownership:	Chief Operating Officer

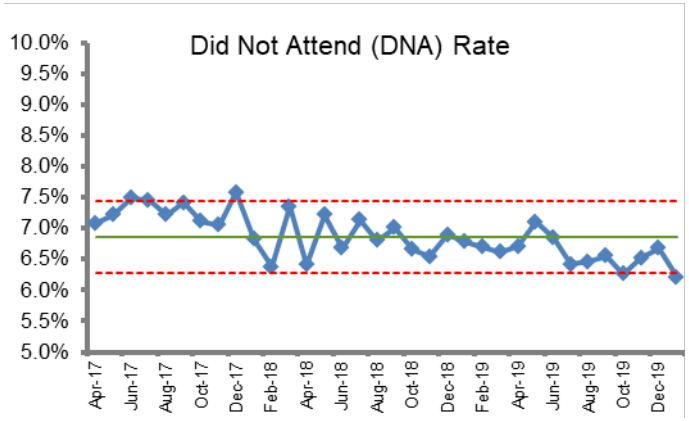




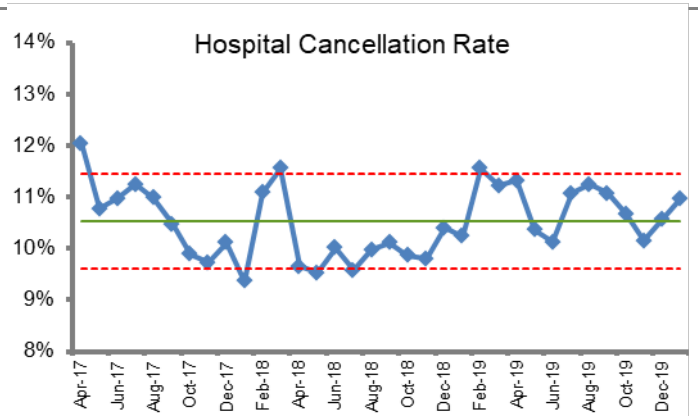
			Jan-20			
Code	Reason	Accountable	Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	6	130	1	49
		NHS	1	97	1	14
		Social Care	8	181	0	26
B	Public Funding	Social Care	0	4	0	0
C	Further non acute NHS care	NHS	0	24	0	0
Di	Care Home Placement	NHS	0	16	1	17
		Social Care	0	11	0	5
Dii	Care Home Placement	NHS	0	21	2	9
		Social Care	3	58	2	17
E	Care package in own home	NHS	2	35	1	11
		Social Care	5	116	3	50
F	Community equipment / adaptions	Social Care	2	20	0	14
TOTAL			**27**	**713**	**11**	**212**

2.3 PERFORMANCE – Responsive Domain

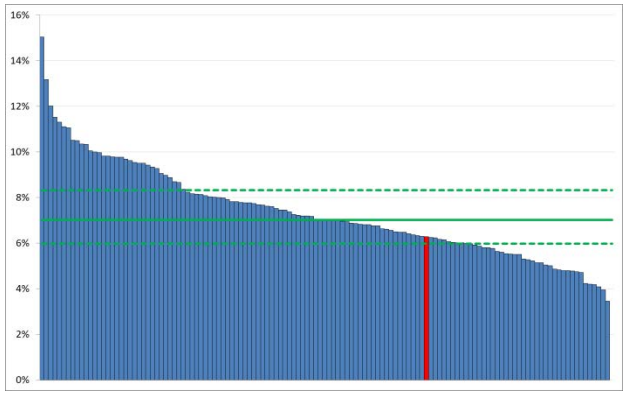
Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all 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 January there were 10,989 hospital-cancelled appointments, which was 11.0% of all appointments made. There were 4,512 appointments that were DNA'ed, which was 6.2% of all planned attendances.
Commentary/ Actions:	The new Outpatient Services Manager is now in post, and the remit of the Outpatient Steering Group is under review with the Deputy Chief Operating Officer. Part of this will be reviewing the key performance metrics that need to be delivered going into 2020/21.
Ownership:	Chief Operating Officer

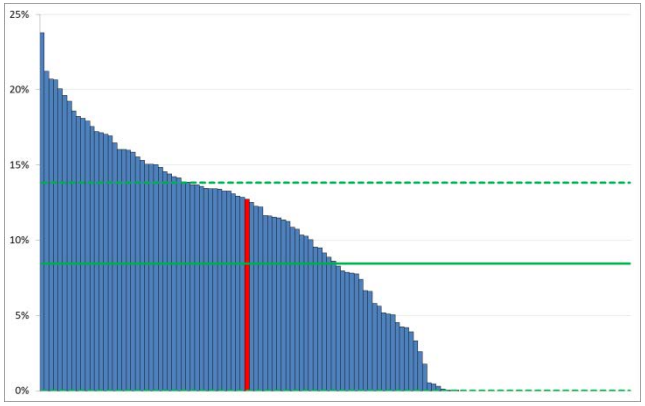


DNA Rate – England Acute Trusts – Quarter 2 2019/20



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



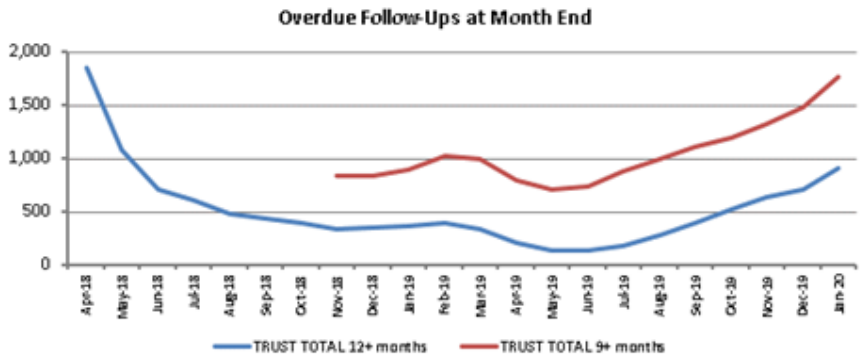


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

2.3 PERFORMANCE – Responsive Domain

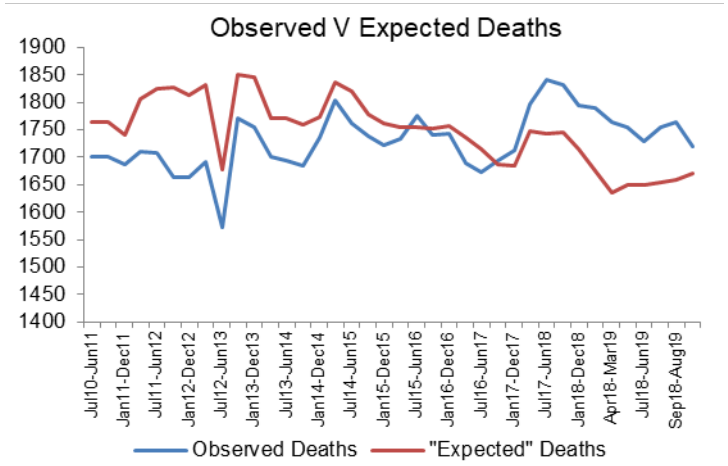
Outpatient – Overdue Follow-Ups	
Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in Outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of January, number overdue by 12+ months is 909 and overdue by 9+ months is 1761.
Commentary/ Actions:	The focus remains on two specialties: Trauma & Orthopaedics and Clinical Genetics. All other areas have cleared the 9+ month backlog and are focussed on the 6-8 month cohort. For Trauma & Orthopaedics, the service is piloting the use of extended role physiotherapists to provide some additional capacity. Please note that although there is an increase in these volumes it is confined to two specialties with known capacity issues. The Trust overall has made significant improvements since 2017 when the numbers overdue by 6+ months stood at 9,000.
Ownership:	Chief Operating Officer

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

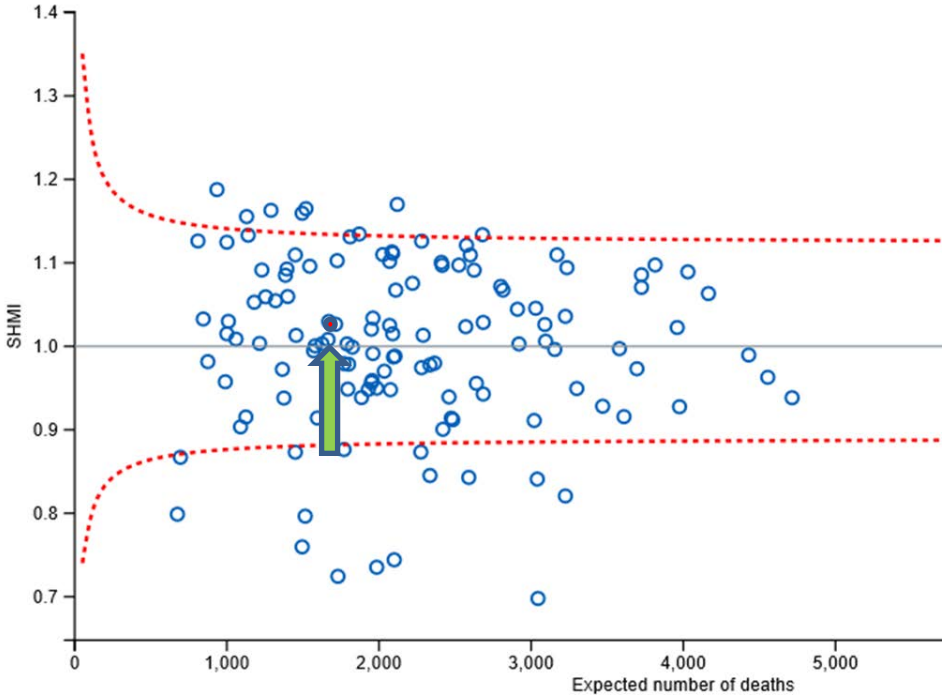


Mortality - Summary Hospital Mortality Indicator (SHMI)	
Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 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 October 2018 to September 2019. The SHMI was 103.0 (1720 deaths and 1670 "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

Publicaiton Number	Timeframe	Observed Deaths	"Expected" Deaths	SHMI
21	Jul15-Jun16	1,775	1,754	101.2
22	Oct15-Sep16	1,741	1,752	99.4
23	Jan16-Dec16	1,743	1,758	99.1
24	Apr16-Mar17	1,690	1,737	97.3
25	Jul16-Jun17	1,674	1,714	97.6
26	Oct16-Sep17	1,693	1,686	100.4
27	Jan17-Dec17	1,712	1,684	101.7
28	Apr17-Mar18	1,796	1,748	102.7
29	Jul17-Jun18	1,841	1,744	105.6
30	Oct17-Sep18	1,833	1,745	105.0
31	Jan18-Dec18	1,795	1,715	104.7
32	Mar18-Feb19	1,790	1,675	106.9
33	Apr18-Mar19	1,765	1,635	108.0
34	Jun18-May19	1,755	1,650	106.4
35	Jul18-Jun19	1,730	1,650	104.8
36	Aug18-Jul19	1,755	1,655	106.0
37	Sep18-Aug19	1,765	1,660	106.3
38	Oct18-Sep19	1,720	1,670	103.0

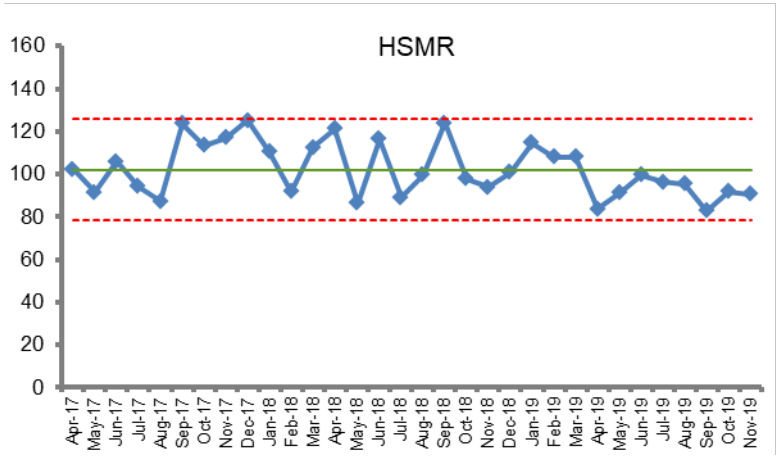


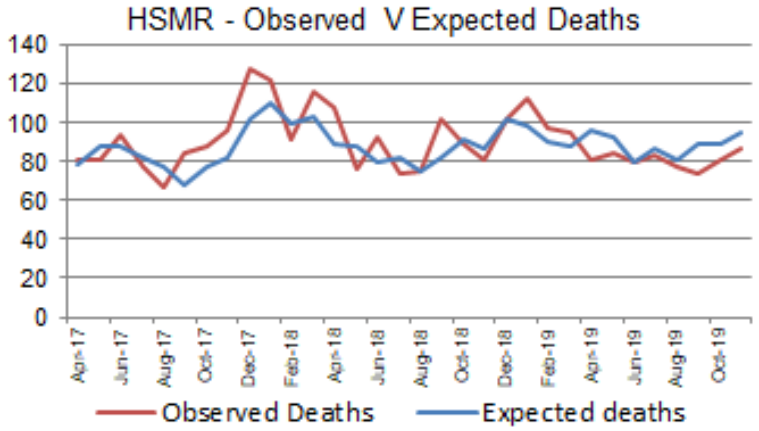
October 2018 to September 2019



2.4 PERFORMANCE – Effective Domain

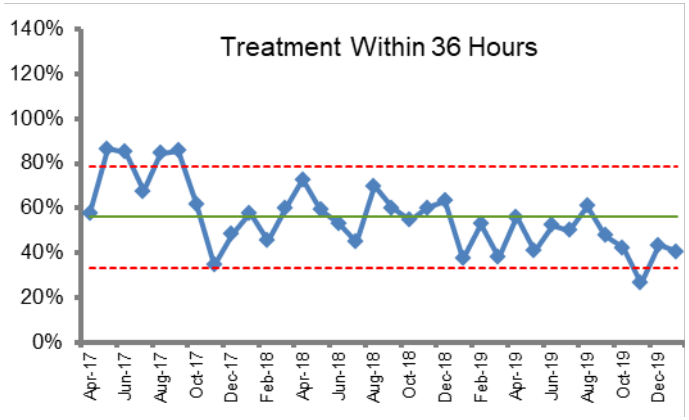
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for November 2019. The HSMR was 90.8 (86 deaths and 95 "expected")
Commentary/ Actions:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. 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

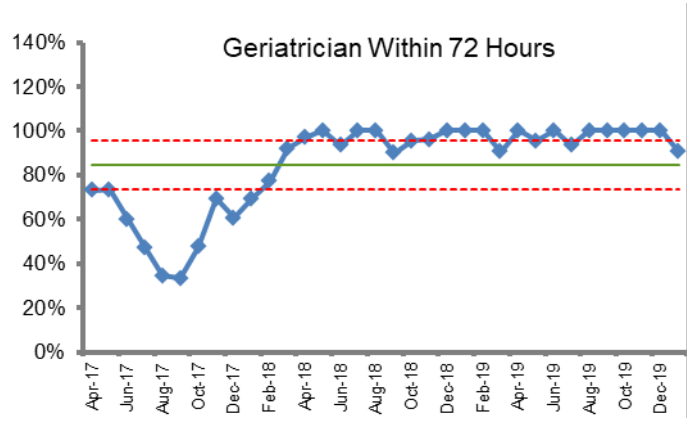


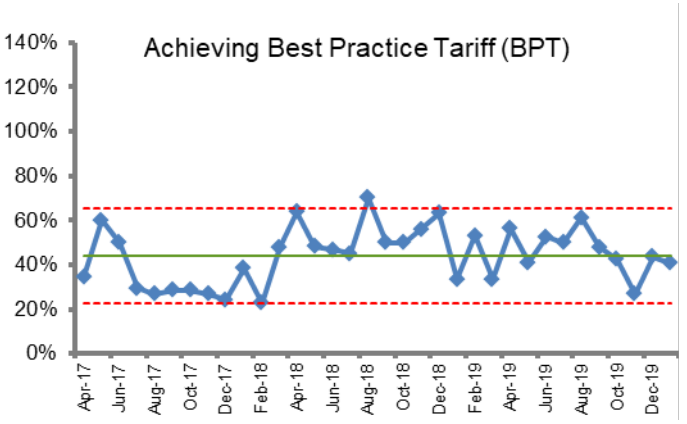


2.4 PERFORMANCE – Effective Domain

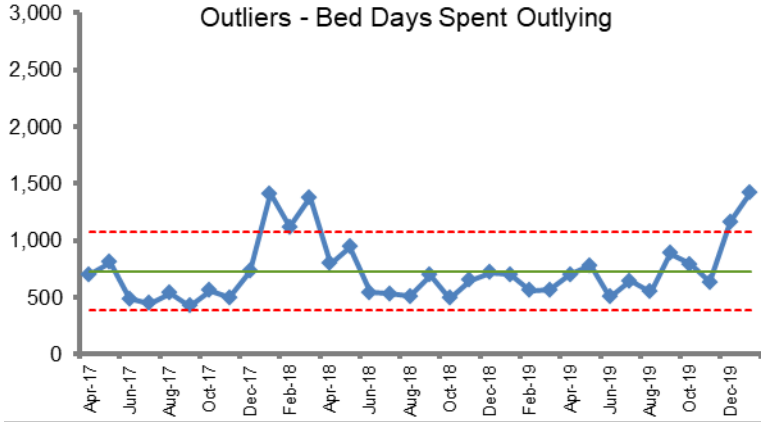
Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In January, there were 32 patients discharged following an admission for fractured neck of femur. Of these, 29 were eligible for Best Practice Tariff (BPT). For the 36 hour target, 45% (13 patients) were seen with target. For the 72 hour target, all 28 patients (97%) were seen within target. Therefore 13 patients (45%) achieved all elements of the Best Practice Tariff.
Commentary/ Actions:	Ongoing Actions: • Recruitment to two additional Trauma & Orthopaedic consultants is complete. Both consultants are now in post. This will release 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. However, due to the resignation of another consultant, the rota will only be 1:11 until the posts are all fully recruited to. Interviews to replace this consultant who has recently resigned were set for 12th March 2020, but unfortunately, all 3 applicants have pulled out of the interview. We will now plan to appoint a locum consultant if possible. • Two of the newly appointed surgeons have a sub-specialism in hips, whereas at the moment we only have one. Having more consultants available who specialise in hip surgery will mean there will be more flexibility in terms of staffing theatres with the appropriate operating skills and enabling hip surgery to happen more flexibly. The final hip specialist is due to start in August 2020. • A job planning meeting has been held with the orthopaedic consultant body and there are plans for the job plans to be amended to provide more consistent trauma consultant cover. This will be enacted in early 2020 in line with the start date of the newly appointed consultant. We have appointed a deputy clinical director who has been asked to focus on job plans which will give the dedicated time to ensure this is enacted as soon as possible. The new Deputy has completed job planning with all consultants and will be undertaking a 'check and challenge' session with surgical management to ensure that the new plans work operationally. • The change to the on-call rotas (that will happen upon the implementation of the new job plans) will mean a team based approach to on call, providing more sub- speciality availability on any given day/week for trauma cover. Therefore, hip fracture patients are more likely to be operated on in a more timely manner, rather than having to wait for a consultant with the appropriate sub-specialty interest to be available. • The appointment of additional consultants, along with the re job planning of the remaining consultants, will enable all day operating lists to be organised for trauma, which will increase efficiency and enable more cases to be carried out on a given day. There will also be flexibility to split the lists on a given day, if it were to be more productive to provide two sub-specialist consultants on the same day, depending on what the case mix is of trauma patients awaiting surgery. • A third ortho-geriatric consultant has been appointed to support silver trauma and is now in post. This is supporting the silver trauma wards with patient care and flow and is already evident in our performance regarding the 100% achievement of being reviewed by ortho geriatrician.
Ownership:	Medical Director

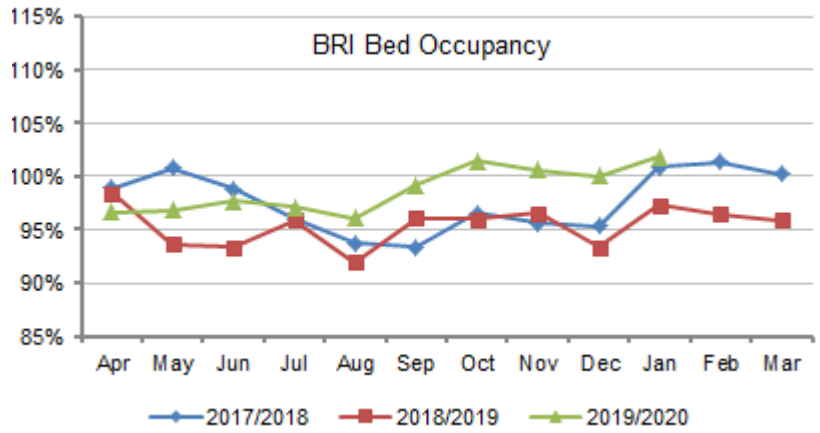


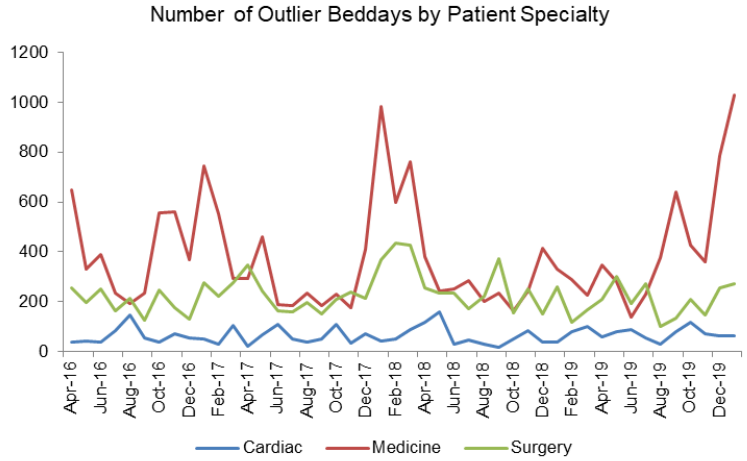




Outliers	
Standards:	This is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.
Performance:	In January there were 1423 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary/ Actions:	The January target of no more than 927 beddays was not achieved. Of all the outlying beddays 1030 were Medicine patients, 62 were Specialised Services patients and 272 were Surgery patients. 292 beddays were patients outlying overnight in Escalation capacity in Queens' Day Unit (A414). This was an average of 9.4 beds per day.
Ownership:	Chief Operating Officer

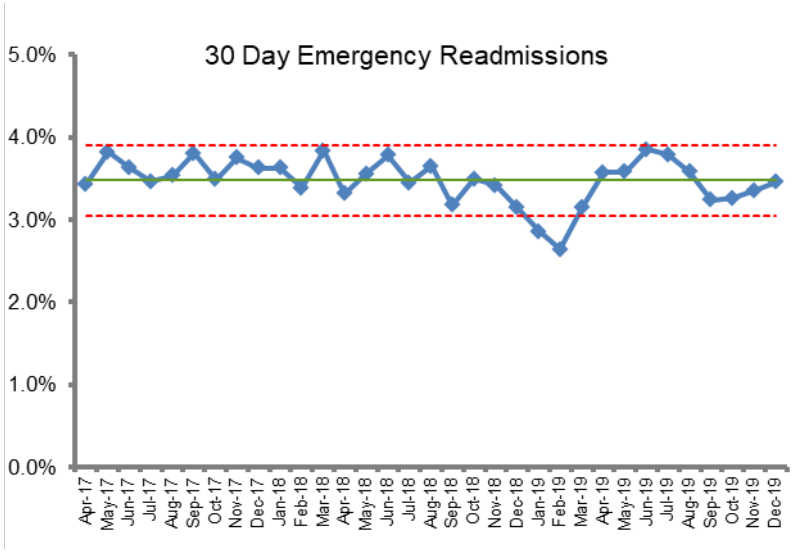






2.4 PERFORMANCE – Effective Domain

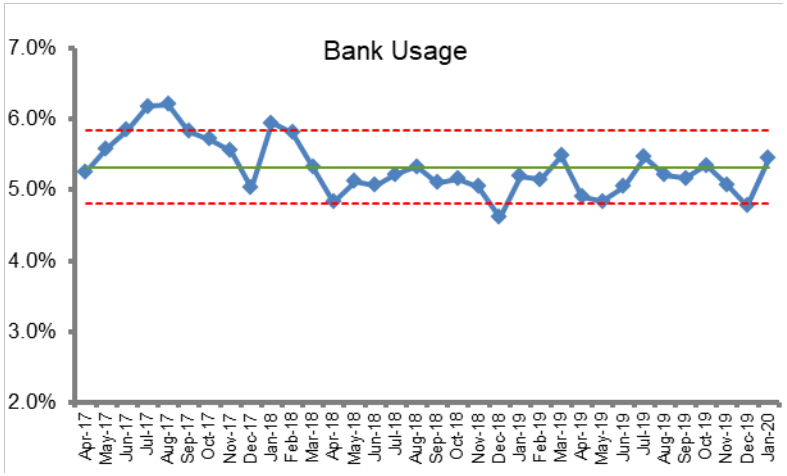
30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In December, there were 12,437 discharges, of which 430 (3.46%) had an emergency re-admission within 30 days.
Commentary/ Actions:	8.6% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.4% from Surgery and 1.5% 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



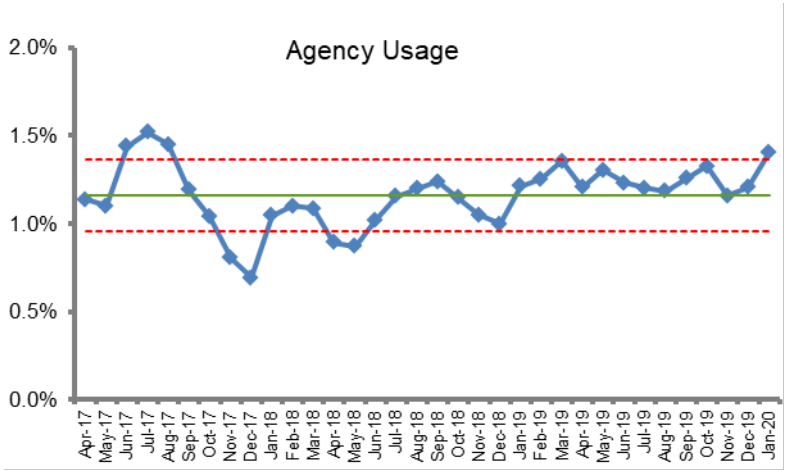
Discharges in December 2019

Division	Emergency Readmits (All)	Total Discharges	% Emergency Readmits (All)
Diagnostics and Therapies	0	22	0.00%
Medicine	234	2,736	8.55%
Specialised Services	39	2,634	1.48%
Surgery	98	2,910	3.37%
Women's and Children's	59	4,135	1.43%
Grand Total	**430**	**12,437**	**3.46%**

Bank and Agency Usage	
Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In January 2020, total staffing was at 9265 FTE. Of this, 5.4% was Bank (505 FTE) and 1.4% was Agency (130 FTE).
Commentary/ Actions:	**Agency usage** increased by 19.8 FTE. The largest increase was seen in the division of Medicine, increasing to 67.3 FTE compared to 55.4 FTE in the previous month. The largest reduction was seen in the division of Diagnostics and Therapies, reducing to 3.3 FTE from 8.5 FTE the previous month. The largest staff group reduction was within Health Professionals, reducing to 5.7 FTE compared to 10.6 FTE in the previous month. The largest staff group increase was within Nursing and Midwifery staff, increasing to 117.4 FTE compared to 66.1 FTE in the previous month. **Bank usage** increased by 68.3 FTE. All divisions increased bank usage. The largest increase was seen in the division of Surgery, increasing to 110.7 FTE from 96.2 FTE the previous month. All staff groups increased bank usage, except Medical staff where there was no change. The largest increase was within Nursing and Midwifery staff, increasing to 336.0 FTE compared to 289.9 FTE in the previous month. ▪ Work continues with BNSSG&B partners to reduce high cost nurse agency supply. Operational pressures have created significant challenges to realising the reduction ambitions. ▪ A recommendation has been made to extend to the end of May 2020 the premium bank rate for RNs across specific areas where high cost agency use is significant. ▪ Winter bank recruitment campaign continues across all staff groups with a number of new Bank registrations in the last month. ▪ A new recruitment assessment centre model for the Bank is being adopted for the non-clinical workforce in line with the existing substantive recruitment approach. One of the aims of this is to create efficiencies with time to hire performance.
Ownership:	Director of People

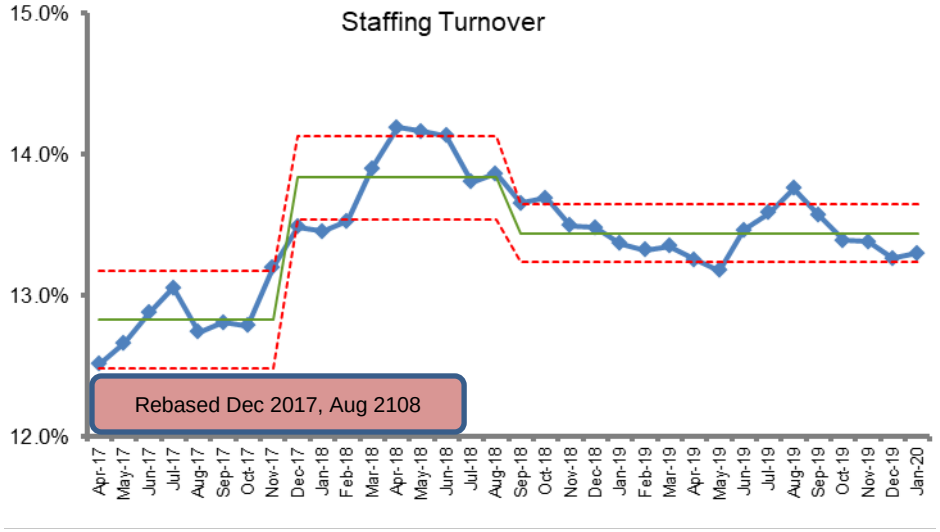


Bank	Jan FTE	Jan Actual %	KPI
UH Bristol NHS Foundation Trust	**504.6**	5.4%	**4.5%**
Diagnostics & Therapies	17.7	1.6%	1.4%
Medicine	139.2	9.9%	10.1%
Specialised Services	71.6	6.5%	6.3%
Surgery	110.7	5.9%	4.5%
Women's & Children's	76.3	3.6%	1.3%
Trust Services	39.0	4.4%	3.5%
Facilities & Estates	50.1	6.6%	6.7%



Agency	Jan FTE	Jan Actual %	KPI
UH Bristol NHS Foundation Trust	**130.2**	**1.4%**	**0.8%**
Diagnostics & Therapies	3.3	0.3%	0.9%
Medicine	67.3	4.8%	2.2%
Specialised Services	17.2	1.6%	0.8%
Surgery	27.5	1.5%	0.3%
Women's & Children's	14.9	0.7%	0.3%
Trust Services	0.0	0.0%	0.8%
Facilities & Estates	0.0	0.0%	0.4%

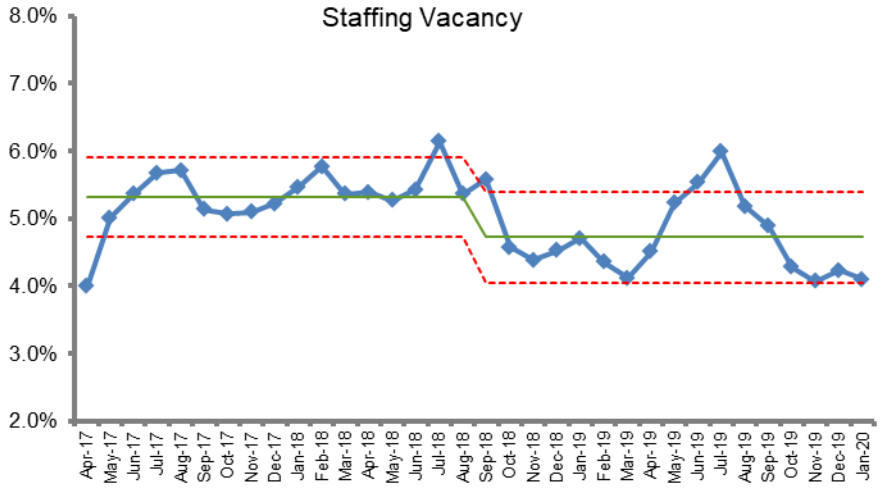
Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In January 2020, there had been 968 leavers over the previous 12 months with 7274 FTE staff in post on average over that period; giving a Turnover of 968 / 7274 = 13.3%.
Commentary/ Actions:	Turnover increased to 13.30% from 13.26% last month, four divisions saw an increase in turnover whilst three divisions saw a reduction in turnover. The largest divisional increase was seen within Facilities and Estates, increasing to 13.0% from 12.4% the previous month. The largest divisional reduction was seen within Specialised Services, reducing to 15.1% from 15.6% the previous month. The biggest reductions in staff group were seen within Healthcare Scientists and Nursing and Midwifery Unregistered (0.7 percentage points in both). The largest increase in staff group was seen within Additional Clinical Services (0.9 percentage points). ▪ National Staff Survey results are awaiting release in March 2020. ▪ Exit Questionnaire is now developed to provide a breakdown of specific years' service (rather than wide categories) and split nursing in to unregistered and registered. ▪ Top 3 reasons for leaving remain: pursue a new/different career path, moving to a new area take up a similar role in the NHS. Lack of career development, poor / unsupportive management, stress / workload remain high. This is reported through to the Divisions to help shape interventions and inform plans. ▪ Internal transfer, flexible working, retirement options and career development are the four key areas of focus under the NHSI Retention Programme. Guidelines, staff stories and revised policies are being launched in February Trust-wide to promote the organisation's ambition to retain staff through flexible approaches to working.
Ownership:	Director of People



Turnover	Jan-20	KPI
UH Bristol NHS Foundation Trust	13.3%	**13.1%**
Diagnostics & Therapies	13.0%	11.1%
Medicine	16.1%	14.1%
Specialised Services	15.1%	13.7%
Surgery	12.8%	12.6%
Women's & Children's	11.6%	11.5%
Trust Services	13.0%	15.1%
Facilities & Estates	13.0%	15.9%

2.5 PERFORMANCE – Efficient Domain

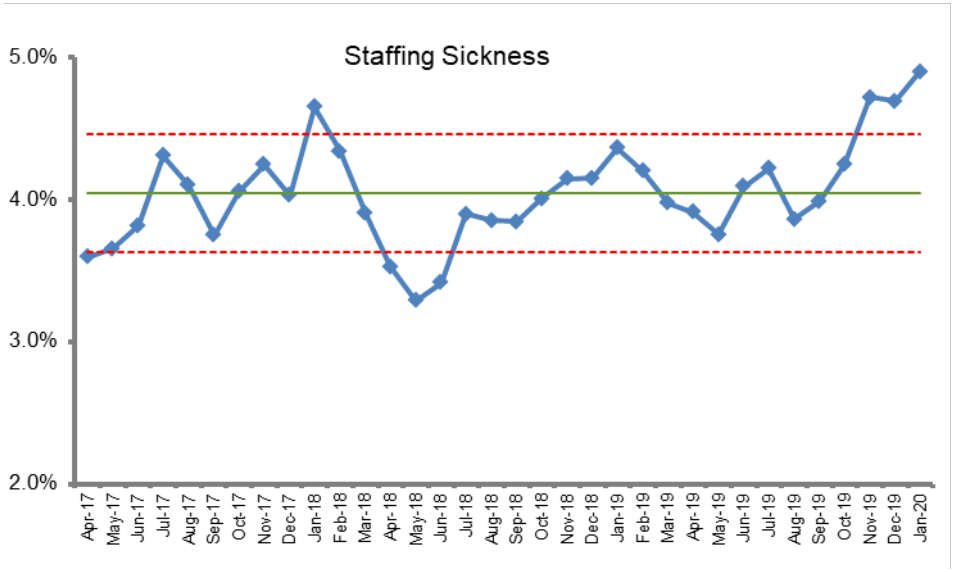
Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In January 2020, funded establishment was 8998 FTE, with 368 FTE as vacancies (4.1%).
Commentary/ Actions:	Overall vacancies reduced to 4.1% compared to 4.2% in the previous month. The only staff group increase was seen within Nursing staff increasing to 223.8 FTE from 199.5 FTE the previous month. Reductions were seen in all other staff groups; the largest was in Admin and Clerical, which reduced to 88.6 FTE from 110.4 FTE the previous month. Trust Services had the largest Divisional reduction to 35.0 FTE from 45.3 FTE the previous month. ▪ Successful RN open day held in January with 24 offers made on the day. Both experienced and newly qualified appointments made. ▪ Emergency Medicine recruitment is underway with a targeted open day, advertising campaign and an EU head-hunter approach. 15 RN's appointed to date. ▪ Critical Care nurse recruitment campaign is now live to address increased capacity plans from October 2020. ▪ A targeted Dermatology Consultant recruitment campaign is live to address service growth and reduce high cost agency usage. ▪ Recruitment collateral such as Offer Letters, Job Descriptions and Contracts of Employment are being reviewed and prepared for starters appointed to the newly merged Bristol and Weston Trust from April 2020.
Ownership:	Director of People



Vacancy	Jan-20	KPI
UH Bristol	4.1%	5.0%
Diagnostics & Therapies	4.2%	5.0%
Medicine	4.3%	5.0%
Specialised Services	4.2%	5.0%
Surgery	4.96%	5.0%
Women's & Children's	1.3%	5.0%
Trust Services	4.0%	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 January, total available FTE days were 266,554 of which 13,052 (4.9%) were lost to staff sickness.
Commentary/ Actions:	Sickness absence increased to 4.9% compared with the previous month, with increases in five divisions. The division of Surgery saw the greatest increase, rising from 4.8% last month to 5.8%. Specialised Services saw the largest divisional reduction, reducing by 0.5 percentage points compared to the previous month. The largest staff group increase was seen in Add Prof Scientific and Technic, where sickness increased to 5.3% compared with 3.5% in the previous month. The largest staff group reduction was seen within Additional Clinical Services, reducing to 5.7% from 6.8% in the previous month. ▪ Development of an e-learning session on 'stress awareness & self-care' will be available from March 2020. ▪ A new workshop for psychological wellbeing is being piloted through the Nurse Preceptorship programme. This will be reviewed in April 2020. ▪ The development of a 5-year Workplace Wellbeing strategic framework is proceeding to ensure colleagues are supported with both their physical and psychological wellbeing. It is planned to launch in March 2020. ▪ Employee Services continue to support managers with long term and short term cases. Case volumes are high and have increased by over 50% from Q2 to Q3. ▪ An extended 'psychological wellbeing' workshop will be launched as a pilot for Nurse Preceptorship. The pilot will be reviewed in April 2020 with the view to making it available as part of the psychological wellbeing offer to all Trust staff. ▪ Supporting Attendance E Learning is ready and awaiting upload to the Kallidus system. This has been requested as a priority and will be promoted across the organisation once available.
Ownership:	Director of People



Sickness	Jan-20	KPI
UH Bristol	4.9%	3.8%
Diagnostics & Therapies	4.0%	3.1%
Medicine	5.6%	4.3%
Specialised Services	4.1%	3.5%
Surgery	5.8%	3.6%
Women's & Children's	4.0%	3.8%
Trust Services	3.7%	2.7%
Facilities & Estates	8.0%	6.2%

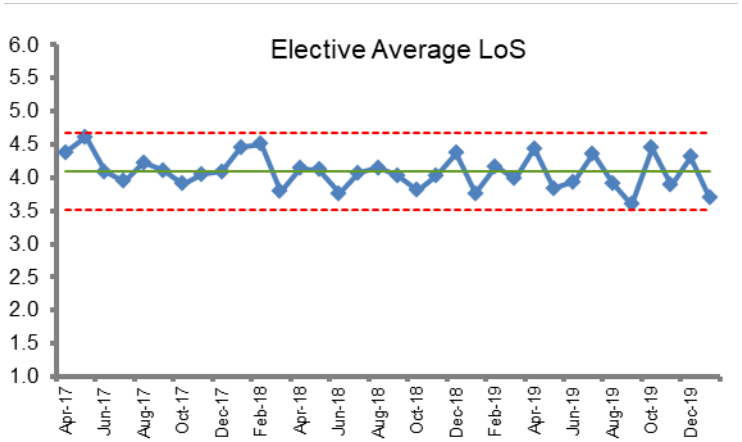
2.5 PERFORMANCE – Efficient Domain

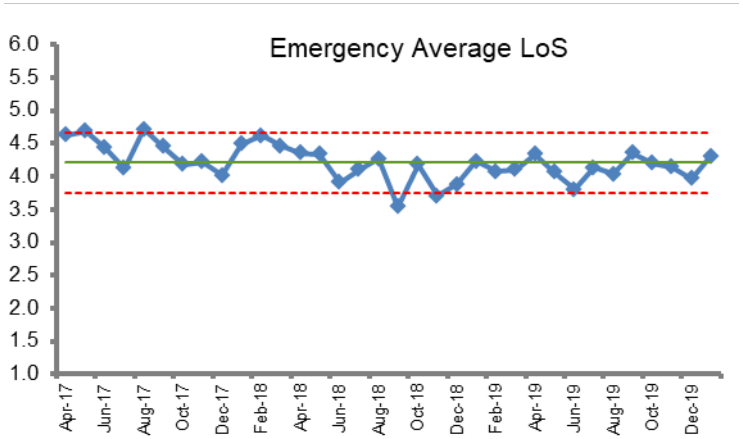
Staff Appraisal	
Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In January 2020, 5,892 members of staff were compliant out of 8,418 (70.0%).
Commentary/ Actions:	Overall appraisal compliance reduced to 70.0% compared with 70.8% in the previous month. There were increases in two of the divisions. The largest divisional reduction was seen within Diagnostics and Therapies, reducing to 69.0% from 72.9% the previous month. The largest divisional increase was seen within Facilities and Estates, increasing to 76.3% from 75.0% the previous month. All divisions are non-compliant. The focus of action continues: • Review and update of E-Appraisal form for implementation in April 2020. • Divisional delivery of 85% appraisal compliance continues with focused recovery plans. • Review of current process and policy to align to national pay progression rules. • Cultural implementation plan is in place with Divisional Boards to implement phase 1 of the performance management priority to introduce a Balanced Score card and objective cascade approach.
Ownership:	Director of People

Appraisal (Non-Consultant)	Jan-20	Dec-19	KPI
UH Bristol NHS Foundation Trust	70.0%	70.8%	**85.0%**
Diagnostics & Therapies	69.0%	72.9%	85.0%
Medicine	66.4%	67.5%	85.0%
Specialised Services	77.5%	79.5%	85.0%
Surgery	63.8%	64.3%	85.0%
Women's & Children's	71.5%	71.7%	85.0%
Trust Services	68.8%	67.6%	85.0%
Facilities & Estates	76.3%	75.0%	85.0%

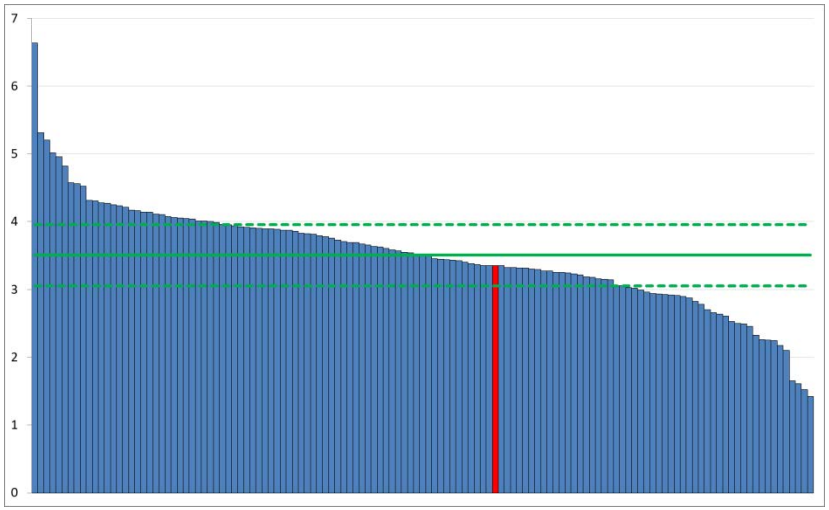
2.5 PERFORMANCE – Efficient Domain

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 January there were 6,936 discharges that consumed 26,584 beddays, giving an overall average length of stay of 3.83 days.
Commentary/ Actions:	The Operational Planning process is underway for 2020/21. As part of that, divisions will be reviewing contract plans for next year and what the impact is likely to be on bed requirements. Any bed gaps will then need to be closed by additional capacity, demand management or improved length of stay. This process is ongoing
Ownership:	Chief Operating Officer





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



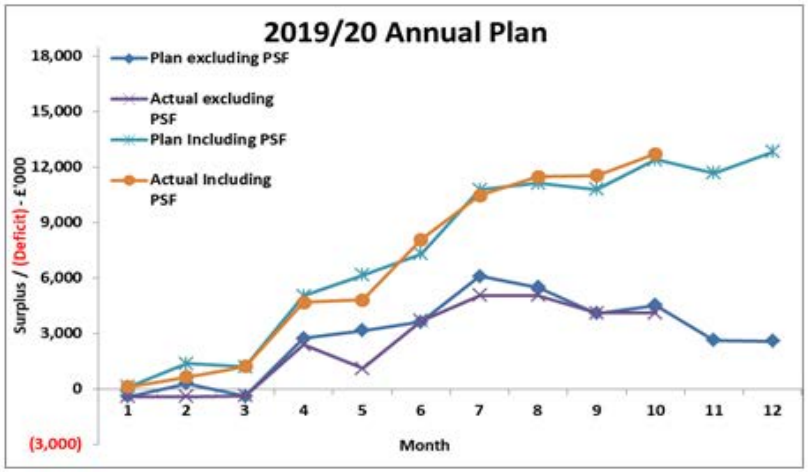
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Length of Stay of Inpatients at month-end

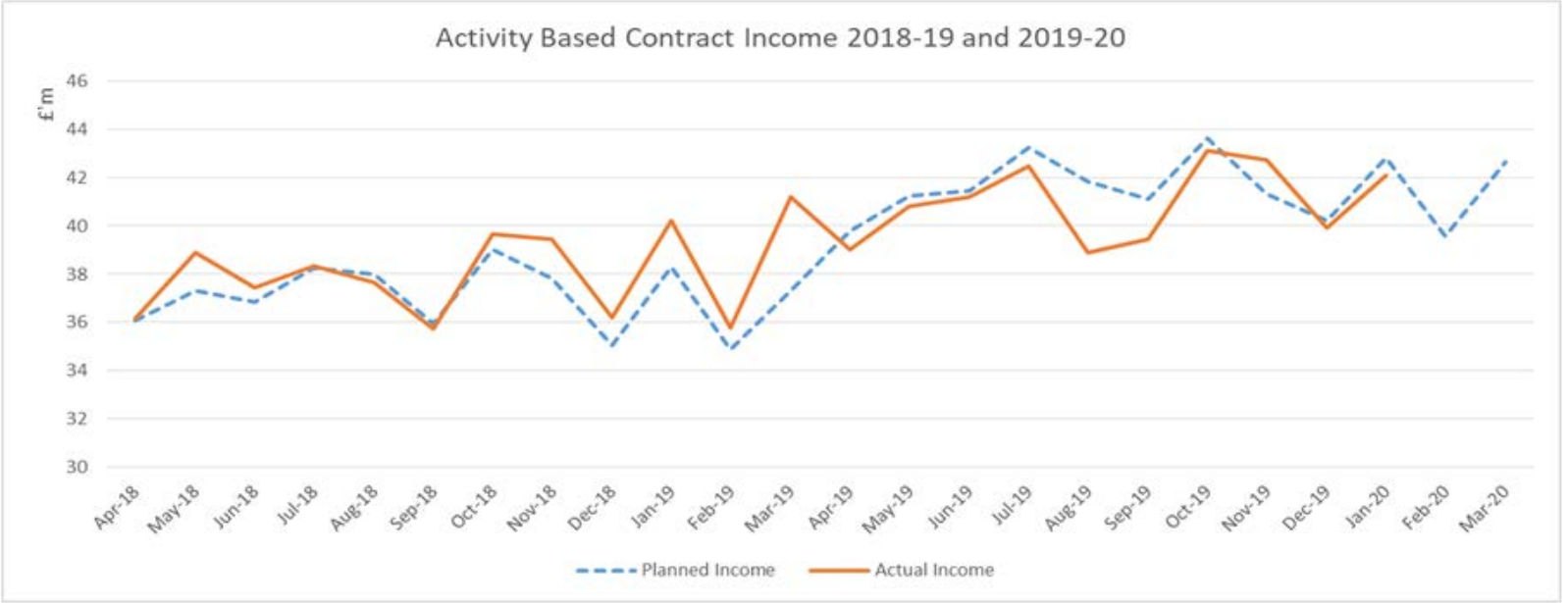
Jan-20	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	61	40	32	24
Bristol Haematology & Oncology Centre	23	16	11	6
Bristol Royal Infirmary	255	147	93	55
South Bristol Hospital	59	57	50	40
St Michael's Hospital	24	14	9	8
TRUST TOTAL	422	274	195	133

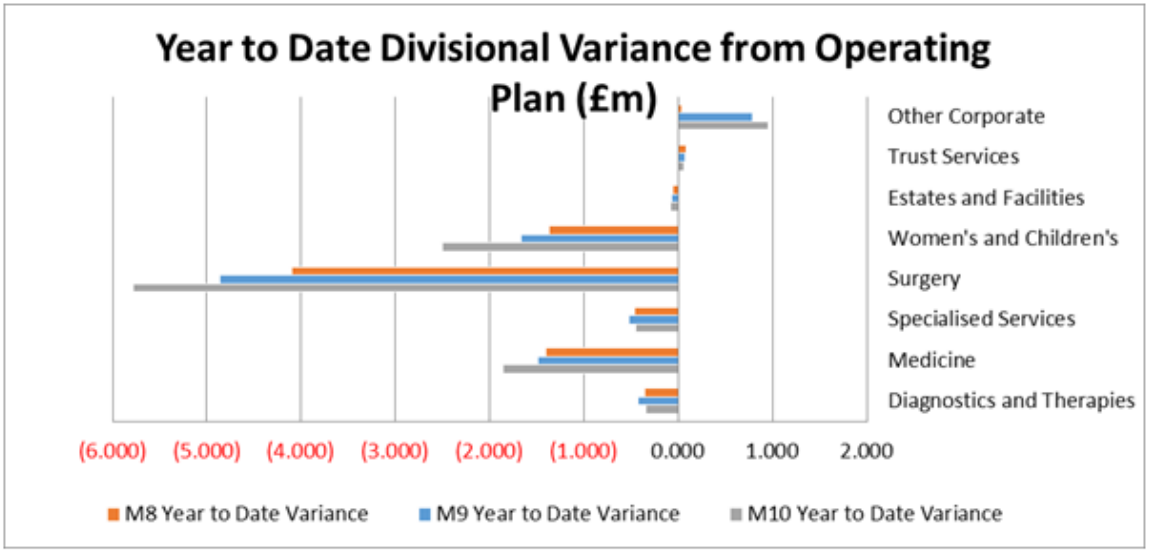
Bristol Royal Infirmary Divisional Breakdown:

Medicine	139	88	63	39
Specialised Services	53	28	12	5
Surgery, Head & Neck	63	31	18	11

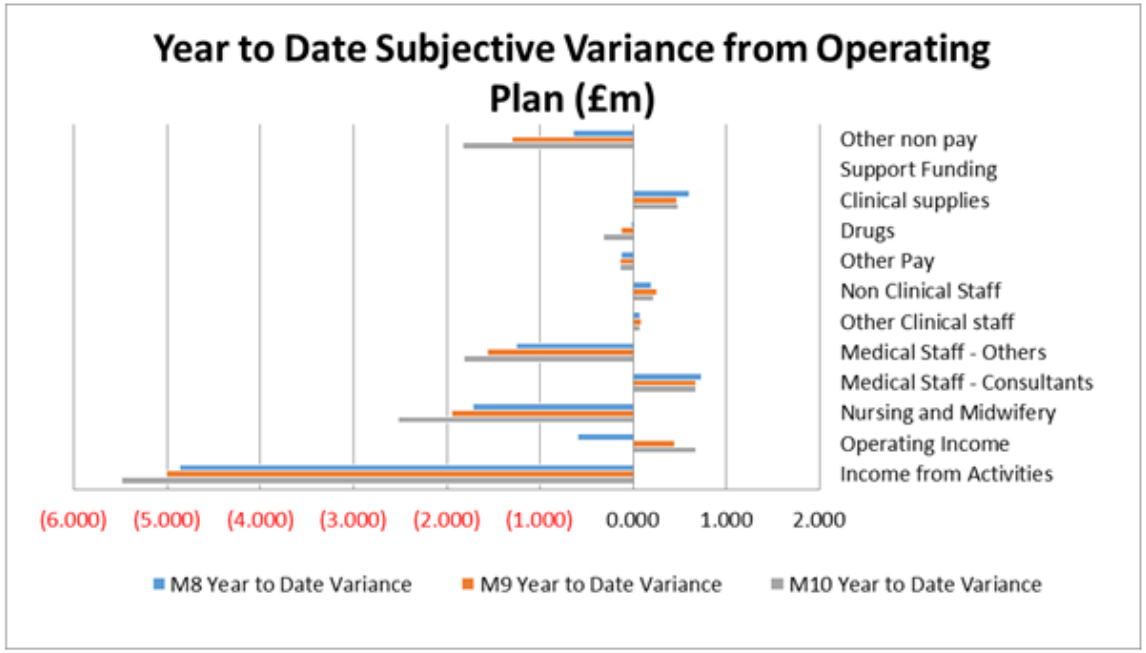

2019/20 Annual Plan
Plan excluding PSF
Actual excluding PSF
Plan Including PSF
Actual Including PSF
Surplus / (Deficit) - £'000
18,000
15,000
12,000
9,000
6,000
3,000
0
(3,000)
1
2
3
4
5
6
7
8
9
10
11
12
Month


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

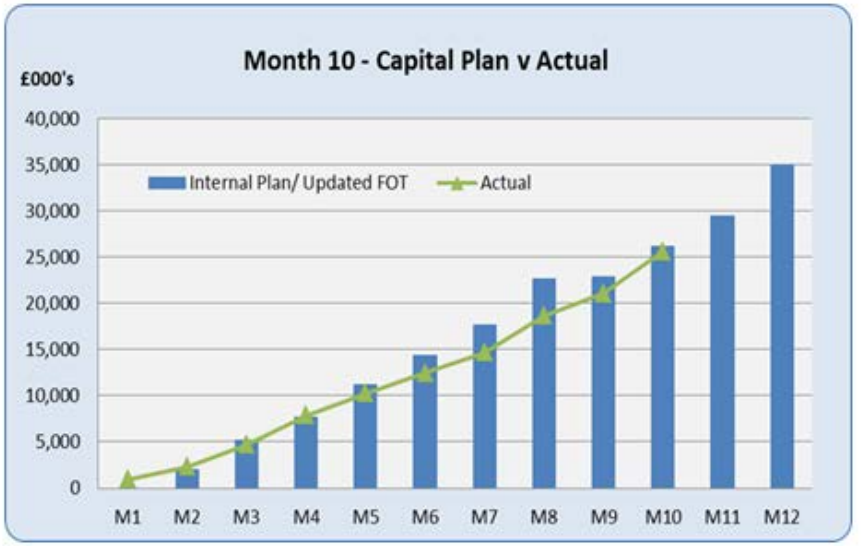

Activity Based Contract Income 2018-19 and 2019-20
£'m
46
44
42
40
38
36
34
32
30
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Planned Income
Actual Income

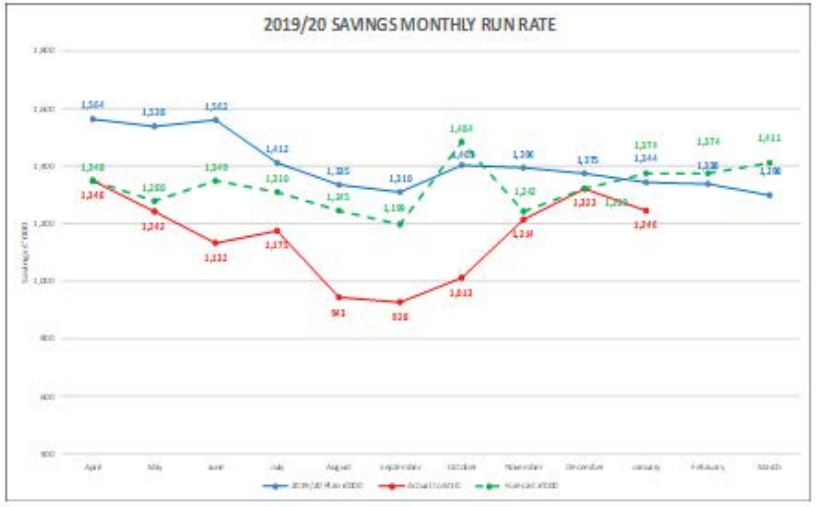


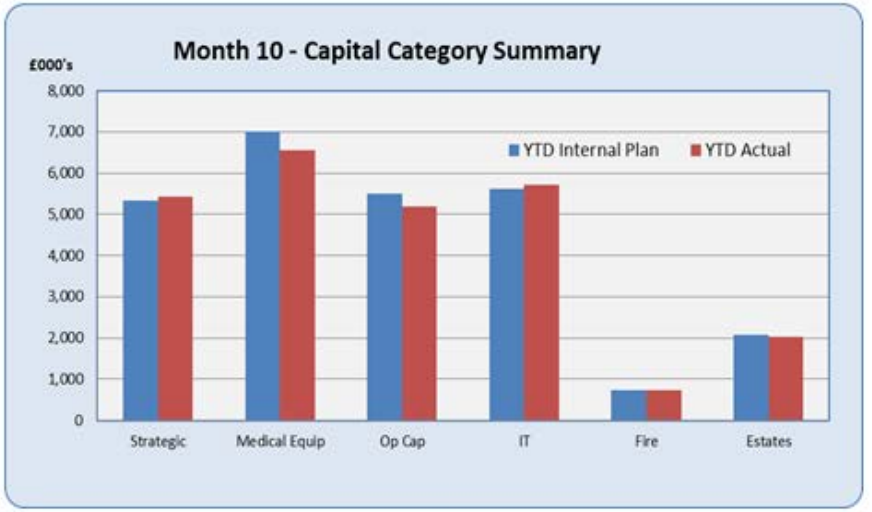
RAG Rating to Operating Plan	In Month	Year to Date
D & T	G	R
Medicine	R	R
Specialised	G	A
Surgery	R	R
W & C	R	R
E & F	A	A
Trust Services	R	G




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


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

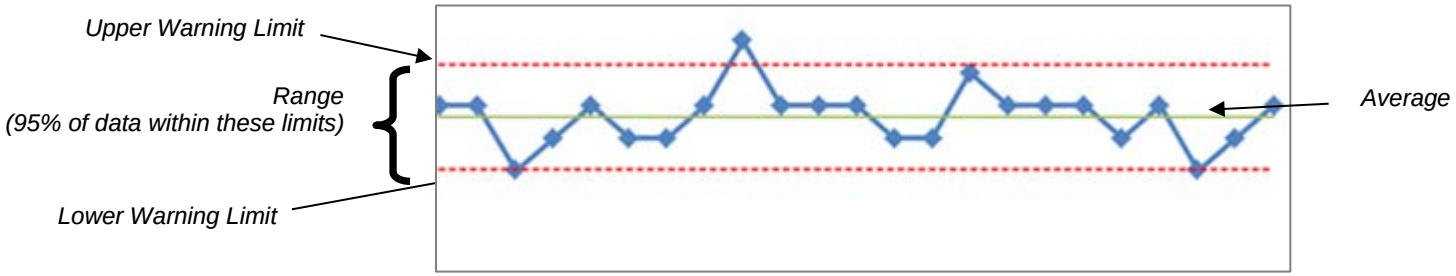

2019/20 SAVINGS MONTHLY RUN RATE


Month 10 - Capital Category Summary
£000's
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
YTD Internal Plan
YTD Actual
Strategic
Medical Equip
Op Cap
IT
Fire
Estates

APPENDIX 1 – Explanation of SPC Charts

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

An example chart is shown below:



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

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

A2 APPENDIX 2 Care Quality Commission Rating

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

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

Rating for acute services/acute trust

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

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual 18/19	Annual 19/20 YTD	Monthly Totals Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Quarterly Totals 19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	6	3	1	0	0	0	0	0	1	0	0	0	0	2	0	1	0	2
	DA02	MSSA Trust Apportioned Cases	34	45	2	4	5	6	4	6	5	4	4	3	3	5	15	15	10	5
	DA03	CDiff Trust Apportioned Cases	31	37	1	1	4	2	2	5	5	4	4	5	4	2	8	14	13	2
	DA06	EColi Trust Apportioned Cases	83	73	5	8	6	8	9	14	4	5	8	6	9	4	23	23	23	4
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97%	97.1%	96.6%	96.7%	95.6%	95.7%	96.6%	96.9%	98%	97.9%	97.7%	97.7%	97.8%	97.6%	95.9%	97.6%	97.7%	97.6%
	DB02	Antibiotic Compliance	78.9%	77%	66.3%	68%	76.1%	84.2%	80.2%	88.6%	85.6%	82.1%	75.1%	73.8%	71.8%	74.9%	79.1%	84.5%	73.5%	74.9%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	95%	96%	96%	95%	96%	96%	96%	96%	95%	98%	97%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	98%	98%	98%	97%	98%	98%	98%	97%	99%	99%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	97%	97%	97%	96%	96%	96%	96%	96%	96%	96%	98%	98%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	70	65	7	5	7	3	8	10	8	5	4	7	6	7	18	23	17	7
	S02a	Number of Confirmed Serious Incidents	63	44	6	5	7	3	7	9	8	5	3	2	-	-	17	22	5	-
	S02b	Number of Serious Incidents Still Open	5	20	1	0	0	0	1	1	0	0	1	4	6	7	1	1	11	7
	S03	Serious Incidents Reported Within 48 Hours	98.6%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.3%	95.4%	100%	100%	85.7%	100%	100%	100%	100%	60%	100%	100%	100%	100%	94.4%	91.3%	100%	100%
	S04	Serious Incident Investigations Completed Within Timescale	96.8%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S04a	Overdue Exec Commissioned Non-SI Investigations	10	14	0	0	1	1	1	1	2	4	2	0	1	1	3	7	3	1
Never Events	S01	Total Never Events	5	4	0	1	0	0	1	1	1	0	0	0	1	0	1	2	1	0
Patient Safety Incidents	S06	Number of Patient Safety Harm Incidents Reported	16723	15669	1096	1434	2204	1398	1467	2686	1455	1074	1398	2878	1109	-	5069	5215	5385	-
	S06b	Patient Safety Harm Incidents Per 1000 Beddays	54.9	66.21	45.66	53.83	85.43	52.36	57.13	102.94	56.4	41.39	51.47	109.5	40.78	-	64.84	66.99	66.78	-
	S07	Number of Patient Safety Incidents - Severe Harm	95	116	5	11	9	8	9	9	24	14	19	8	16	-	26	47	43	-
Patient Falls	AB01	Falls Per 1,000 Beddays	4.48	4.41	4.67	3.72	4.46	4.98	3.97	4.37	4.11	4.43	4.75	3.46	4.82	4.68	4.48	4.3	4.35	4.68
	AB06a	Total Number of Patient Falls Resulting in Harm	27	21	1	3	3	0	0	2	1	1	4	1	2	7	3	4	7	7
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.295	0.178	0.083	0.188	0.194	0.037	0.156	0.115	0.233	0.193	0.221	0.228	0.074	0.327	0.128	0.18	0.174	0.327
	DE02	Pressure Ulcers - Grade 2	80	40	2	5	4	1	4	2	4	3	5	6	2	9	9	9	13	9
	DE04A	Pressure Ulcers - Grade 3 or 4	10	7	0	0	1	0	0	1	2	2	1	0	0	0	1	5	1	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.3%	87.1%	98%	98.7%	98.5%	98.2%	98.2%	98.2%	77%	78.9%	78%	78.7%	77%	86.8%	98.3%	85.3%	77.9%	86.8%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	92.6%	93.4%	88.6%	94.5%	93.4%	93.2%	94.2%	93.1%	-	-	-	-	-	-	93.5%	93.1%	-	-
	N04	Number of Hospital Associated VTEs	47	29	8	3	4	5	0	9	10	1	-	-	-	-	9	20	-	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	5	3	1	2	1	0	0	1	1	0	-	-	-	-	1	2	-	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	2	13	0	0	1	1	0	4	6	1	-	-	-	-	2	11	-	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	91.1%	86.4%	-	89.9%	-	-	84.4%	-	-	86.9%	-	-	87.9%	-	84.4%	86.9%	87.9%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.8%	99.9%	99.8%	99.9%	99.9%	99.6%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.9%	100%	99.8%	100%	99.9%	100%
Medicines	WA01	Medication Incidents Resulting in Harm	0.29%	0.44%	0%	0%	0%	0.62%	0.43%	0.38%	0.81%	1.23%	0%	0.4%	0%	-	0.37%	0.8%	0.14%	-
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.37%	0.43%	0.25%	0.42%	0.31%	0.46%	0.3%	0.18%	0.24%	0%	0.26%	0.37%	0.27%	1.65%	0.37%	0.14%	0.3%	1.65%

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			18/19	19/20 YTD	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	88%	-	91%	85%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	7.7%	6.4%	7%	8.3%	8.3%	8.3%	6.5%	7.8%	7.6%	6.1%	7%	9.2%	8.2%	8.3%	7.3%	7.4%	8.2%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	23.9%	22.8%	23.1%	22.8%	22.5%	23.5%	22.1%	23.3%	21.7%	21.4%	24%	23.3%	22.4%	24%	22.7%	22.2%	23.2%	24%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9815	7869	718	839	749	805	705	815	708	713	870	873	781	850	2259	2236	2524	850
Staffing Levels	RP01	Staffing Fill Rate - Combined	99.3%	100.4%	99.9%	99.1%	100.6%	101.6%	100.5%	99.6%	98.5%	99.6%	99.3%	100.3%	100.5%	103.3%	100.9%	99.2%	100%	103.3%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Quarterly Data	105.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	107.2	105.5	106.9	108	106.4	106.4	104.8	106	106.3	103	-	-	-	-	105.9	105.1	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	105	91.2	108	108.1	83.7	91.1	99.7	96.3	95.5	82.7	91.7	90.8	-	-	91	91.3	91.2	-
Readmissions	C01	Emergency Readmissions Percentage	3.3%	3.52%	2.64%	3.15%	3.57%	3.58%	3.85%	3.79%	3.58%	3.24%	3.26%	3.35%	3.46%	-	3.67%	3.54%	3.35%	-
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	56.3%	45.4%	52.9%	38.1%	56.3%	40.9%	52.4%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	49.2%	52.1%	36.7%	44.8%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	97%	98.3%	100%	90.5%	100%	95.5%	100%	93.3%	100%	100%	100%	100%	100%	96.6%	98.3%	97.2%	100%	96.6%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	51.3%	45.4%	52.9%	33.3%	56.3%	40.9%	52.4%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	49.2%	52.1%	36.7%	44.8%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	51.1%	50.9%	48.3%	69.2%	52.8%	44.4%	41%	51.1%	45.7%	54.3%	59.6%	52.6%	51.3%	-	46.1%	50.8%	54.8%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	84.2%	73.6%	100%	82.1%	72.2%	85.2%	74.4%	84.4%	71.4%	69.6%	70.2%	68.4%	69.2%	-	76.5%	75.4%	69.4%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	58.6%	65.2%	84.6%	90%	69.2%	43.8%	28.6%	92.9%	50%	81.8%	88.9%	55.6%	71.4%	62.5%	50%	77.1%	72%	62.5%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83%	84.8%	86.4%	81.5%	84.2%	87.6%	85.8%	85.8%	88.3%	91%	85.9%	84.8%	79.6%	77.6%	85.8%	88.5%	83.3%	77.6%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	94.3%	88.9%	95.9%	100%	94.1%	95.8%	85.2%	94.6%	76.9%	83.8%	89.7%	88.1%	86.5%	86.1%	92.9%	86%	88.1%	86.1%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	85.7%	82.6%	50%	71.4%	83.3%	66.7%	100%	100%	100%	100%	60%	100%	100%	-	81.8%	100%	71.4%	-
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	7708	8082	559	567	704	782	503	645	547	887	794	633	1164	1423	1989	2079	2591	1423
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	91	91	91	91	93	92	92	91	91	91	93	90	91	92	92	90
	P01g	Patient Survey - Kindness and Understanding	-	-	96	95	97	95	96	96	96	96	96	96	97	96	96	96	96	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	89	90	91	91	89	90	90	90	90	90	89	89	90	90	90	89
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.1%	35.8%	40.5%	34.6%	36.3%	42.4%	34.4%	39.4%	36.2%	34.2%	36.2%	31%	35.3%	32.3%	37.7%	36.7%	34.1%	32.3%
	P03b	Friends and Family Test ED Coverage	16%	16.7%	15.2%	11.6%	13.8%	18.1%	18.7%	17.4%	18.2%	15.2%	16.9%	15.8%	16.6%	16.7%	16.8%	16.9%	16.4%	16.7%
	P03c	Friends and Family Test MAT Coverage	18.3%	26.9%	23%	20.6%	28.5%	30.4%	24.1%	30.1%	31.6%	16.5%	17.7%	36.1%	26.8%	28.2%	27.7%	25.9%	26.6%	28.2%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	98.2%	98.6%	98.4%	98.4%	98.4%	98.3%	98.3%	98.9%	98.8%	99%	98.4%	98.7%	98.6%	98.7%	98.4%	98.9%	98.5%	98.7%
	P04b	Friends and Family Test Score - ED	82.1%	83.7%	80.4%	75.4%	76.7%	83.8%	84.2%	82.9%	85.2%	81.5%	85.2%	83.8%	84.6%	86.9%	82%	83.3%	84.6%	86.9%
	P04c	Friends and Family Test Score - Maternity	97.3%	97.6%	98.7%	97.5%	96.7%	97.7%	97.6%	96.9%	97.2%	98.7%	98.1%	97.1%	99.1%	97.7%	97.4%	97.4%	98%	97.7%
Patient Complaints	T01	Number of Patient Complaints	1845	1551	155	171	184	161	166	168	125	149	178	150	117	153	511	442	445	153
	T03a	Formal Complaints Responded To Within Trust Timeframe	86.1%	88.5%	78.3%	90.6%	93.2%	97.2%	95.9%	90.4%	85.4%	67.5%	88.6%	91.5%	83.6%	84%	95.5%	83.6%	88.3%	84%
	T03b	Formal Complaints Responded To Within Divisional Timeframe	85.5%	91.2%	85%	92.5%	93.2%	98.6%	98%	91.6%	93.8%	75%	90%	95.8%	83.6%	87.7%	96.6%	88.3%	90.3%	87.7%
	T05A	Informal Complaints Responded To Within Trust Timeframe	83.7%	89%	89.9%	81.7%	90.6%	86.9%	89.8%	85.7%	87.9%	90.3%	93.4%	83.3%	91.2%	91%	89%	87.5%	90.1%	91%
	T04c	Percentage of Responses where Complainant is Dissatisfied	9.11%	8.55%	5%	15.09%	11.86%	8.45%	8.16%	12.05%	4.17%	7.5%	5.71%	8.45%	-	-	9.5%	8.77%	7.09%	-

RESPONSIVE

			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	18/19	19/20 YTD	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	89.1%	89.2%	89%	88.1%	87.5%	86.5%	84.3%	83.6%	83%	83%	82.5%	83.2%	-	-	-	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	3100	3081	3161	3578	3874	4436	5216	5574	5866	5903	6028	5745	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	144	93	21	13	14	11	11	9	9	5	4	5	10	15	36	23	19	15
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	161	119	115	136	128	152	211	219	202	219	282	305	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	95.3%	93.4%	94.9%	94.4%	93.4%	94%	95.9%	95.2%	89%	91.7%	93%	95.2%	94.1%	-	94.4%	92%	94%	-
	E01c	Cancer - Urgent Referrals Stretch Target	56.5%	39.2%	46.5%	49%	43.8%	45.6%	54.7%	35.2%	27.5%	33.7%	38.6%	37.8%	35.1%	-	47.9%	31.9%	37.3%	-
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	97.2%	95.8%	96.5%	98.3%	95.4%	94.1%	95.1%	97.1%	96.3%	94.4%	96.6%	97%	95.7%	-	94.9%	95.9%	96.4%	-
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.4%	98.6%	99.1%	100%	98.4%	97.9%	99.1%	99%	99%	97.1%	97.7%	99.2%	100%	-	98.5%	98.4%	98.9%	-
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	96.1%	92.5%	96.3%	97.6%	95.9%	90.9%	89.7%	90.4%	94.2%	91.7%	93.3%	92.3%	93.5%	-	92.1%	92.1%	93.1%	-
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.8%	94.6%	98%	94.1%	96.4%	89.6%	91.8%	94.4%	95.2%	96.2%	96.5%	96.8%	94.3%	-	92.7%	95.2%	95.9%	-
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.6%	85.5%	83.5%	82.9%	86.8%	86%	84%	86.8%	85.8%	84%	85.4%	87%	83.9%	-	85.7%	85.6%	85.4%	-
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.7%	71.1%	75%	66.7%	71.4%	100%	83.3%	66.7%	100%	85.7%	55.6%	53.8%	33.3%	-	82.6%	83.3%	48.4%	-
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	83.7%	86.6%	74.7%	91.8%	95%	89.6%	83.5%	85.7%	87.1%	80.8%	82.9%	84%	89.2%	-	89.7%	84.4%	85.5%	-
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	54	34	3	7	3.5	3.5	3	4.5	6.5	3.5	3	4.5	2	-	10	14.5	9.5	-
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.31%	1.73%	1.68%	1.66%	1.63%	1.53%	1.84%	1.25%	1.49%	1.44%	1.68%	1.94%	2.54%	2.02%	1.67%	1.39%	2.03%	2.02%
	F01a	Number of Last Minute Cancelled Operations	1059	1151	109	115	108	100	117	88	95	94	119	137	153	140	325	277	409	140
	F02	Cancelled Operations Re-admitted Within 28 Days	93.4%	92.9%	93.6%	96.3%	85.2%	85.2%	92%	93.2%	95.5%	97.9%	95.7%	98.3%	94.9%	92.2%	87.3%	95.3%	96.3%	92.2%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	1.67%	1.95%	2.17%	0.85%	1.65%	2.39%	1.62%	1.81%	1.54%	1.93%	2.59%	1.95%	2.24%	1.76%	1.89%	1.76%	2.26%	1.76%
	F07a	Number of Admissions Cancelled Day Before	1348	1298	141	59	109	156	103	128	98	126	183	138	135	122	368	352	456	122
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	73.2%	63.8%	76.7%	65.2%	83.9%	61.8%	68.6%	54.3%	64.7%	60.5%	55.9%	-	-	-	71%	59.8%	55.9%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	91.9%	87%	93.3%	87%	96.8%	88.2%	85.7%	80%	88.2%	83.7%	88.2%	-	-	-	90%	83.9%	88.2%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	96.93%	95.5%	95.27%	93.41%	93.54%	96.19%	95.26%	96.21%	95.85%	96.65%	96.1%	95.22%	-	-	-	-
Outpatients	R03	Outpatient Hospital Cancellation Rate	10.1%	10.7%	11.6%	11.2%	11.3%	10.4%	10.1%	11.1%	11.2%	11.1%	10.7%	10.2%	10.6%	11%	10.6%	11.1%	10.5%	11%
	R05	Outpatient DNA Rate	6.8%	6.6%	6.7%	6.6%	6.7%	7.1%	6.8%	6.4%	6.5%	6.6%	6.3%	6.5%	6.7%	6.2%	6.9%	6.5%	6.5%	6.2%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.12	2.14	2.25	2.13	2.09	2.1	2.21	2.12	2.25	2.15	2.07	2.15	2.11	2.17	2.13	2.17	2.11	2.17
ERS	BC01	ERS - Available Slot Issues Percentage	16.5%	16.9%	16.8%	17.3%	13.9%	16.9%	15.8%	17.9%	16.9%	14.6%	17%	20.6%	18.7%	-	15.5%	16.5%	18.6%	-

			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	18/19	19/20 YTD	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	216	239	13	20	22	23	27	19	32	19	30	19	21	27	72	70	70	27
	Q02A	Non-Acute Delayed Transfers of Care - Patients	80	97	10	4	8	11	12	9	8	13	12	5	8	11	31	30	25	11
	Q01B	Acute Delayed Transfers of Care - Beddays	6744	6552	550	519	609	607	625	532	654	783	708	590	731	713	1841	1969	2029	713
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2590	2436	161	198	223	302	243	283	165	233	257	298	220	212	768	681	775	212
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	65	62	53	56	61	48	75	58	83	69	75	95	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	30	19	26	25	27	31	23	26	31	20	27	26	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	1894	1962	1882	2435	1916	1986	2402	2393	2480	2388	2398	3166	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	631	819	759	842	830	877	659	840	948	812	784	776	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.79	3.84	3.74	3.78	4.05	3.73	3.61	3.83	3.82	4.02	3.91	3.83	3.75	3.83	3.8	3.89	3.83	3.83
	J04D	Percentage Length of Stay 14+ Days	6.3%	6.5%	6.4%	6.4%	7.2%	6.5%	6%	6.6%	6.6%	6.8%	6.6%	6.2%	6.3%	6.6%	6.6%	6.6%	6.4%	6.6%
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	234	222	247	256	262	238	274	248	249	227	254	274	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	3.6%	4.9%	6.3%	5.6%	3.6%	3.7%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	4.7%	4.6%	5.5%	4.3%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	35%	24.5%	24%	39.3%	18.8%	21.6%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	25.2%	42.6%	35.7%	40.6%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	86.34%	80.59%	81.05%	81.23%	78.25%	77.95%	81.48%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	79.2%	82.64%	79.63%	81.79%
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%	80.59%	81.05%	81.23%	78.25%	77.95%	81.48%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	79.2%	82.64%	79.63%	81.79%
	BB07	BRI ED - Percentage Within 4 Hours	78.39%	68.72%	69.23%	70.33%	63.57%	63.86%	68.78%	68.95%	74.81%	70.93%	72.03%	70.87%	63.41%	69.93%	65.38%	71.53%	68.8%	69.93%
	BB03	BCH ED - Percentage Within 4 Hours	93.05%	90.57%	90.46%	89.39%	91.96%	90.38%	93.61%	94.82%	95.3%	89.51%	90.31%	85.94%	84.42%	93.11%	91.96%	93.02%	86.78%	93.11%
	BB04	BEH ED - Percentage Within 4 Hours	97.38%	97.71%	98.02%	97.07%	96.1%	98.39%	97.55%	98.16%	98.37%	97.4%	98.8%	96.84%	98.55%	97.04%	97.32%	97.98%	98.08%	97.04%
This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																				
Trolley Waits	B06	ED 12 Hour Trolley Waits	1	19	0	0	0	0	0	0	0	0	0	0	8	11	0	0	8	11
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	95.6%	97.2%	97.9%	96.5%	96.8%	97%	98.3%	98%	98.4%	96.2%	98.8%	97.8%	94.6%	96%	97.4%	97.5%	97%	96%
	B02b	ED Time to Initial Assessment - Data Completness	97.2%	97.1%	97.4%	99%	97.6%	98.4%	98%	98.3%	96.1%	98.2%	96.6%	98.3%	93.7%	96.1%	98%	97.5%	96.1%	96.1%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	49.3%	50.2%	45.2%	43.9%	46.1%	47.6%	49.9%	50.1%	55.6%	50.9%	50.1%	48.4%	47.9%	55.3%	47.9%	52.2%	48.8%	55.3%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	96.9%	96.7%	96.4%	96.6%	96%	96.1%	96.8%	97.2%	96.7%	97.4%	97.2%	97.2%	97.6%	96.2%	96.9%	97.3%	97.6%
Others	B04	ED Unplanned Re-attendance Rate	3.3%	3.6%	3.3%	3.6%	3.5%	3.2%	3.1%	3.4%	3.3%	3.5%	3.9%	4.2%	4.2%	3.7%	3.3%	3.4%	4.1%	3.7%
	B05	ED Left Without Being Seen Rate	1.7%	1.6%	1.6%	2.1%	1.6%	1.8%	1.6%	1.7%	1.5%	1.9%	1.4%	1.4%	1.9%	1.3%	1.7%	1.7%	1.5%	1.3%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	698	352	57	50	96	87	55	36	25	53	-	-	-	-	238	114	-	-
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	3.6%	4.9%	6.3%	5.6%	3.6%	3.7%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	4.7%	4.6%	5.5%	4.3%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	35%	24.5%	24%	39.3%	18.8%	21.6%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	25.2%	42.6%	35.7%	40.6%

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	5,060	5,054	4,107	4,114	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	10,457	11,463	11,527	12,705	0	0
Year to Date Variance Divisional Position Favourable / (Adverse) £'000	Diagnostics & Therapies	(4)	(39)	(56)	(66)	(328)	(366)	(343)	(178)	(273)			
	Medicine	(167)	(320)	(502)	(701)	(1,222)	(1,687)	(2,023)	(2,045)	(2,245)			
	Specialised Services	(54)	13	201	82	(173)	(265)	(335)	(322)	(397)			
	Surgery	(175)	(659)	(1,168)	(1,867)	(2,760)	(3,422)	(4,188)	(4,576)	(5,428)			
	Women's & Children's	(215)	(311)	(407)	(534)	(1,029)	(1,377)	(1,474)	(1,465)	(1,814)			
	Estates & facilities	(5)	(9)	(13)	(24)	(66)	(76)	(80)	(57)	(72)			
	Trust Services	4	3	(33)	17	25	39	51	78	74			
	Other Corporate Services	42	29	(85)	(37)	(89)	49	55	108	867			
	Total	**(574)**	**(1,293)**	**(2,063)**	**(3,130)**	**(5,642)**	**(7,105)**	**(8,337)**	**(8,457)**	**(9,288)**	**0**	**0**	**0**
Year To Date Savings Actuals £'000	Diagnostics & Therapies		299	438	543	591	700	823	964	1,108			
	Medicine		231	324	426	532	627	746	941	1,141			
	Specialised Services		381	555	811	1,060	1,190	1,311	1,530	1,774			
	Surgery		572	788	1,063	1,249	1,485	1,630	1,783	1,999			
	Women's & Children's		660	941	1,171	1,310	1,451	1,738	2,006	2,308			
	Estates & facilities		120	183	232	281	331	382	455	506			
	Trust Services		134	202	270	341	412	483	553	624			
	Other Corporate Services		195	292	382	477	573	668	763	859			
	Total	**0**	**2,591**	**3,723**	**4,898**	**5,841**	**6,769**	**7,781**	**8,995**	**10,318**	**0**	**0**	**0**
In Month Variance Subjective Analysis Favourable / (Adverse) £'000	Nursing & Midwifery Pay	(542)	(449)	(438)	(475)	(274)	(603)	(530)	(554)	(535)			
	Medical & Dental Pay	(360)	(187)	(445)	(433)	(381)	(139)	(307)	(390)	(619)			
	Other Pay	180	155	64	263	202	203	119	159	190			
	Non Pay	954	189	356	(101)	475	518	(388)	(439)	(831)			
	Income from Operations	(172)	(94)	(2)	(18)	(116)	(205)	(5)	123	1,053			
	Income from Activities	(632)	(336)	(301)	(303)	(2,419)	(1,238)	(122)	981	(89)			
	Total	**(572)**	**(722)**	**(766)**	**(1,067)**	**(2,513)**	**(1,464)**	**(1,233)**	**(120)**	**(831)**	**0**	**0**	**0**
In Month Agency Expenditure Actuals £'000	Nursing & Midwifery	684	644	627	615	648	720	726	642	608			
	Medical												
	Consultants	72	82	92	94	72	61	84	52	120			
	Other Medical	56	20	85	108	54	35	68	49	46			
	Other	140	144	131	154	185	72	169	117	76			
	Total	**952**	**890**	**935**	**971**	**959**	**888**	**1,047**	**860**	**850**	**0**	**0**	**0**
Cash £'000	Actual Cash	**110,000**	**109,402**	**100,954**	**119,042**	**127,950**	**126,226**	**135,301**	**121,697**	**117,727**	**126,832**	**0**	**0**
Capital Spend £'000	Actual Capital Expenditure	**916**	**2,300**	**4,704**	**7,868**	**10,229**	**12,449**	**14,672**	**18,632**	**21,084**			
		(722)	(481)	(819)	(645)	(453)	(539)	(718)	(785)	(964)			

University Hospitals Bristol
NHS Foundation Trust

Meeting of the Meeting of the Board of Directors in Private on Thursday 27th February 2020

Reporting Committee	**Quality and Outcomes Committee – 25th February 2020**
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 Quality & Performance Report was considered, and the continuing pressure on the hospital, and the high level of cancellations, were felt to be of particular concern. Key points highlighted to the Committee included the following:

- Referral-to-Treatment (RTT): It was reported that the contract position would not allow the Trust to recover, but waiting lists would be kept under control with some improvement by year end.

- Cancer Performance: This was still on target, which was a testament to the teams delivering this in spite of the current ongoing pressures.

- The reporting of performance metrics to QOC post-merger was discussed, and it was confirmed that the intention was for the WAHT metrics to be reported separately to the committee after 1st April to enable appropriate assurance to be provided in respect of the progress being made to address issues at WAHT. There was also concern around the data quality at WAHT, which meant it would be prudent to keep the performance reporting separate for a short period post-merger. Mark Smith stated he would provide options for performance reporting to QOC 1st April for consideration at the March meeting of the committee.

- It was reported that the Trust had seen the highest level of falls for many years and a review was ongoing to determine the cause of this. It was also reported that the Never Event highlighted in the report would be downgraded as it appeared that there had been a fault in the reporting and this was not in fact a Never Event.

- Concern was expressed regarding the staff sickness levels reported, and it was confirmed that this was outside normal variation. The People Committee was asked to look at this.

The Committee received the following reports for information and assurance:

- Root Cause Analysis Reports
- Monthly Nurse Safe Staffing Report
- Care Quality Commission Action Plan Update.

For Board Awareness, Action or Response
• The Committee discussed the ongoing impact of Coronavirus, and it was reported that 5 or 6 suspected cases were being tested every day by the Trust. This was already having an impact on the hospital, as testing would take a member of staff out of their normal work area for most of the day, and the volume of tests to be carried out was anticipated to rise further over the coming weeks. The infectivity of the virus, particularly when no symptoms were evident, was of particular concern, as was the impact on the provision of critical services once members of staff started to become infected. At the moment the spread of the virus in the UK was being contained, but it was anticipated that this would cease to be the case within 8 to 10 weeks. Once the virus was no longer contained radical thinking would be required at a national level, and Mark Smith suggested that at region there needed to be a proactive approach to get ahead of the situation as far as possible. The arrangements that had been put in place for community testing at South Bristol, rather than this being undertaken at the ED, was welcomed as a positive step, and it was reported that this was working well. • The Committee considered a report on quality governance arrangements from KPMG, the Reporting Accountants for the proposed merger with WAHT. It was reported that nothing new had come out of this report in relation to Quality that had not already been identified. The issues around data quality had already been highlighted earlier in the meeting, and it was suggested that the Board might need assurance that the recommendations arising from the KPMG report were mapped across into existing action plans. Overall the report was considered to be comprehensive and helpful, and the committee noted it for assurance.
Key Decisions and Actions
N/A

Date of next meeting:	**26th March 2020**

University Hospitals Bristol
NHS Foundation Trust

Meeting of the Trust Board in Private – 27th February 2020

Reporting Committee	**People Committee – 25th February 2020**
Chaired By	**Bernard Galton, Non-Executive Director**
Executive Lead	**Matt Joint, Director of People**

For Information

1. The Committee received an update on the Arts Strategy and it was suggested that it would be useful for the Committee to receive a presentation on this now that further work had been undertaken. Matt Joint agreed to follow this up to determine the best time for this to take place.

2. The Director of People provided a strategic update to the Committee which included the following:

   - Staff survey – the committee noted the headline results of the 2019 staff survey and agreed to take a more comprehensive paper at the next meeting.

   - Pension tax – there was still no indication of what the arrangements would be for the 2020/21 tax year. Trusts had been asked by central government to provide evidence of the impact the scheme for 2019/20 had made, and it appeared that this had little positive effect.

   - Leadership Team at Weston Post-Merger - It was reported that recruitment was in progress and was expected to be concluded shortly.

3. The Committee considered a paper which The paper provided details on progress made it respect of the people aspects of the merger with WAHT. After a lengthy discussion the Committee was assured that the People aspects of the merger preparations were in place and the risks had been mitigated accordingly.

4. The Committee received details of the how the HR function would be resourced post-merger in order to take forward the change agenda across both Trusts, whilst also taking a leadership role in the STP. The new HR structure was circulated to members for information. The pivotal role of HR in delivering a successful merger was acknowledged by the Committee, and the challenges around the cost saving programme for HR was also noted. The Committee had some concerns about whether the HR Deportment had the necessary capability and capacity to meet its short and medium term objectives. It was suggested that the Finance Committee should look at how realistic the saving plans were and whether there was sufficient buy in from the Divisions.

5. The Committee received an update on the findings of the recent Ofsted Inspection and the implications this had for the Trust's apprenticeship scheme. It was reported that the focus of the 2019 inspection had been on the quality of education, which was a change of emphasis from the previous year. A positive aspect highlighted by the inspection had been a change in culture, with managers having a better understanding of what apprenticeships were about. The outcome of the inspection of 'requires improvement' was welcomed as it

meant that the Trust could now recruit apprentices again, but it was noted that further investment in the Education Department would be required to improve the position further.

6. The Committee considered the Workforce Performance report. Discussion centred on the low level of exit interviews being completed, and whilst it was acknowledged this did fluctuate from month to month, it was reported that efforts were in train to ensure this improved and returns became more consistent. It was noted that staff could not be compelled to complete an exit interview. Concern was also expressed at the continuing issues around completion of appraisals, and an update on this was requested for the March meeting.

For Board Awareness, Action or Response

7. The Committee received a high level overview of the Staff Survey 2019 results. The following was reported:

- Response rate was up by 3%, and remained above the Acute Trust average at 55%. Facilities response rate had risen by 11% which was welcomed by the Committee.

- The staff engagement score remained the same as last year, which was still ahead of the Acute Trust average.

- Issues around the completion of appraisals, workload and visible leadership were highlighted in the survey as areas which needed to be addressed.

- In respect of the WAHT staff survey results, engagement remained the same at 6.7, which was below average. The response rate had also dropped.

During the ensuing discussion the Non-Executive Directors emphasised the need to extract the maximum value out of the staff survey by ensuring it was used to help to establish risks and priorities for the merged Trust.

Key Decisions and Actions

8. The Committee considered the Workplace Wellbeing Strategic Framework 2020-2025, which covered both UHBristol and WAHT. The Committee approved the implementation of this framework and agreed that an update be presented to the People Committee on a quarterly basis in line with the OD governance arrangements.

Date of next meeting:	**26th March 2020**

University Hospitals Bristol
NHS Foundation Trust

Item to follow:

- Finance Committee Chair's Report