University Hospitals Bristol
NHS Foundation Trust

Quality and Performance Report

December 2018

1.1 OVERVIEW – Executive Summary

Single Oversight Framework

- The 62 Day Cancer standard for GP referrals achieved 85.5% for October. The national standard of 85% has been achieved for each of the five months since June and was achieved for quarter 2 overall.
- The measure for percentage of A&E patients seen in less than 4 hours was 84.2% for November. This did not achieve the 95% national standard and is below the improvement trajectory target of 90.33%. However, as part of NHS England's "Trust Footprint" data which includes local Walk In Centre activity, UHBristol is on track to achieve the Quarter 3 Year To Date (April-December) trajectory of 90%
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 90.1% as at end of November. Although this did not achieve the national 92% standard, the improvement trajectory target of 88.0% was achieved.
- The percentage of Diagnostic patients waiting under 6 weeks at end of November was 96.9%, with 262 patients waiting 6+ weeks. This is lower than the national 99% standard and the recovery trajectory of 98%. The maximum allowed breaches to achieve 99% was 85. The Trust recovery trajectory is set to achieve 99% in February.

Headline Indicators

There were five Clostridium Difficile cases and zero MRSA case in November. The Trust remains below the year to date tolerance for Clostridium Difficile cases. Pressure Ulcer incidence reduced from 21 in October to 10 in November. Please see the relevant section 2.1 for more details. Patient Fall levels remain below the agreed maximum of 4.8 falls per 1,000 beddays in November.

One moderate harm medication error incident was reported in October, and no major harm incidents were reported. All medication related incidents resulting in moderate or above harm are reviewed by the pharmacy governance team and tabled for discussion at monthly pharmacy department and divisional risk management meetings.

The headline measures from the monthly patient surveys and the national Friends and Family Test remained above their minimum target levels in November 2018, indicating the continued provision of a positive patient experience at UH Bristol.

Last Minute Cancelled Operations (LMCs) were at 1.9% of elective activity and equated to 138 cases. There were four breaches of the 28 day standard (LMCs from last month had to be re-admitted within 28 days).

Workforce

In November Essential Training overall compliance remained static at 89% compared with the previous month, against a target of 90%.

Agency usage reduced by 8.6 full time equivalents (FTE) and is at 1.0% of staffing. The largest reduction was seen in the division of Surgery. The largest staff group increase was within Ancillary. Bank usage reduced by 8.5 fte is at 5.0% of staffing. All staff groups had a reduction compared to the previous month, the largest being Ancillary

Turnover reduced to 13.5% in November from 13.7% last month, with increases in three divisions; Diagnostics & Therapies, Medicine, and Surgery. In November, funded establishment was 8701 fte, with 381 as vacancies, giving a vacancy rate of 4.4%. There were vacancy reductions in three staff groups; Admin & Clerical / Senior Managers, Allied Health / Scientific Professions, and Medical Staff.

Sickness absence increased to 4.2% in November from 4.0% in October, with reductions in two divisions. The largest staff group increase was seen in Additional Clinical Services, rising to 6.3% from 4.9% the previous month.

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1.2 OVERVIEW – Single Oversight Framework

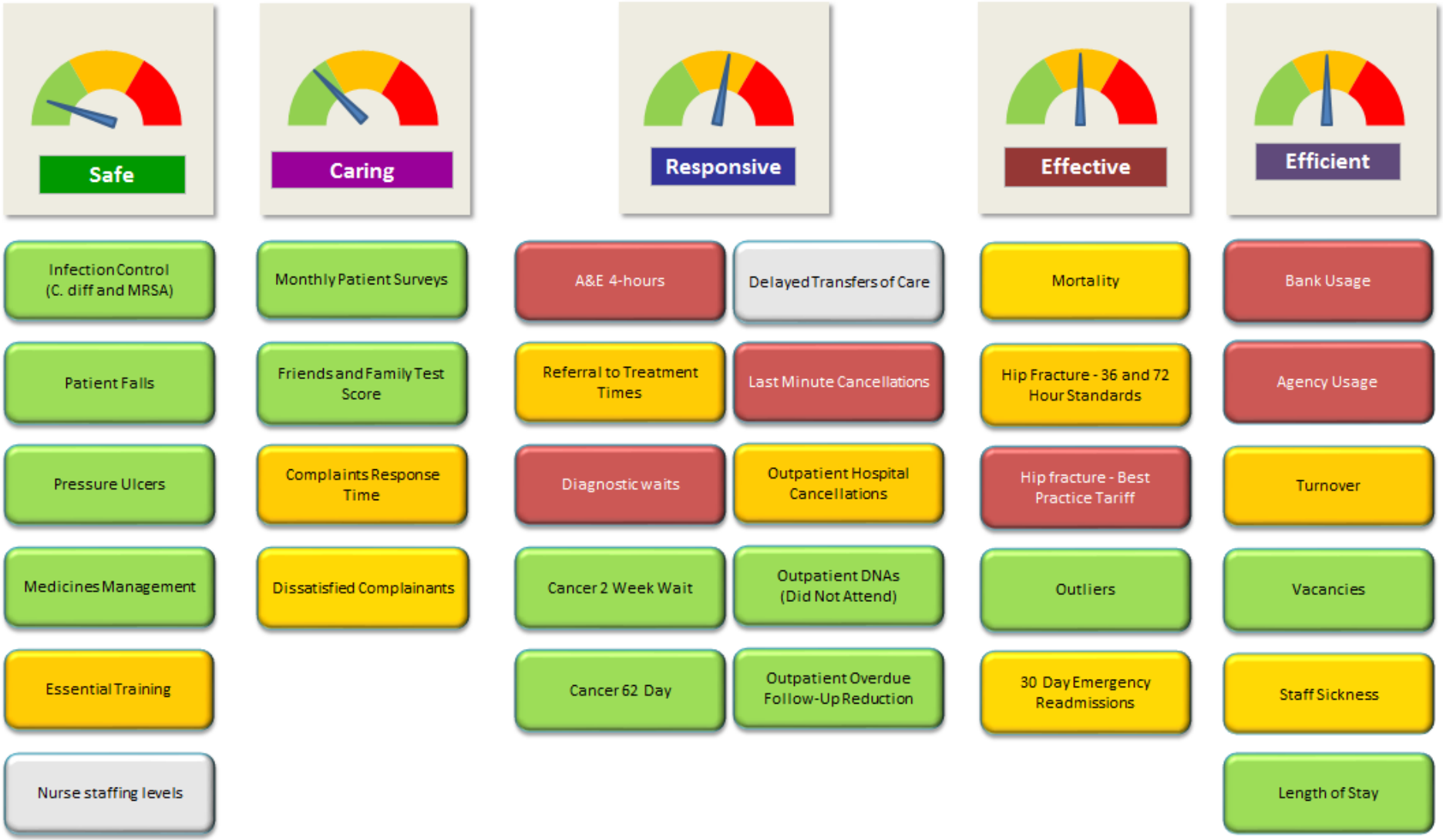
Access Key Performance Indicator		Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19			Quarter 4 2018/19		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
A&E 4-hours **Standard: 95%**	Actual	83.96%	91.14%	92.84%	90.26%	90.07%	85.00%	89.16%	84.24%				
	"Trust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

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

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

1.3 OVERVIEW – Key Performance Indicators Summary

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



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

	Successes	Priorities
ACCESS	• Consistently achieving the 62 day GP national standard for last five months and for quarter 2, on track in November. • Referral To Treatment (RTT) Performance trajectory is consistently achieved (July-October) at the set trajectory of 88.5%. November trajectory is 88% and at month-end reporting achieved 90.1%. Early sight for end of December reporting is 88.5% against a trajectory of 87%. • We continue to monitor and achieve the RTT Wait List size trajectory, whereby the requirement is to maintain the waiting list size at 29,207 by end of March 2019. Waiting list size currently sits at 28,546 at end of November 2018 and decreased by 286 between October and November. • The number of Outpatient Follow-Ups that are overdue by more than 12 months continues to fall. It reduced from 4,900 in September 2017 to 300 in November 2018. • On-hold (transitional pathways) referrals signed off by NHS Intensive Support Team for block closure. This has been approved at Quality and Outcomes Committee, Service Delivery Group and Risk Management Group. Request to implement in live has been approved by Medway change board and awaits an implementation date from System C to be confirmed. • The number of patients On Hold was around 85,000 when the review began. As at end of November this is now at 20,000. • Funding awarded to support cancer pathway performance improvement across the local area, with a dedicated role at each local provider to troubleshoot pathway issues internally and regionally.	• Delivery of GP Cancer 62 Day national standard of 85% in each month of quarter 3. • Deliver A&E 4 hour performance trajectory of 90% Year To Date, at end of December 2018. Trust needs to achieve a minimum performance level of 87% before Walk In Centre uplift • Divisions are now focussing on Outpatient follow-ups that are overdue by more than 6 months • Work is now underway to agree the sustainable volume of On Hold (Transitional Pathways) with divisions. • Deliver RTT trajectory of 87.0% in December • Deliver the 99% Diagnostic standard by end of February. Maintain performance at 98% between October and February. • Monitoring of patients with a current on-hold (transitional pathway) status to continue at the weekly performance meeting and numbers continue to decrease. • Work with our commissioners to continue the review of the local patient access policy. The Trust has shared its proposal with commissioners and have committed to reviewing and reporting back by December. The first meeting regarding the policy review commences on 20th December and will be led by the RTT Access Improvement Manager for UH Bristol.
	Opportunities	**Risks and Threats**
ACCESS	• Opportunity to maintain cancer performance with new national rules for allocation of performance between providers – national roll-out delayed to April 2019 • A business case for additional medical and nursing staffing in Children's ED has been developed and is with the division for sign off • Development of a new Referral To Treatment report showing the dating of patients in relation to breach date (Booking In Order); to be managed through weekly performance meeting • Observation of staff working practices in the Trust's Patient Administration System has now been completed. An in-depth demonstration of proposed functionality by System C (Medway PAS supplier) was undertaken on 27th November. Outcome of this review will be shared with Quality and Outcomes Committee in January. • Use of ICS Diagnostics as additional capacity for echocardiography diagnostic tests during Quarter 4. This should allow the service to clear the backlog and achieve the 6 week standard. • Some additional funding is available to divisions to mitigate winter pressures ("Winter COO Monies")	• Rising demand in Dermatology continues to cause pressures in service delivery (11% increase in 2018/19 referrals). Local commissioners are sighted on this increase as a whole system approach is needed to resolve. • ED attendances are increasing: 3.2% rise at BRI and 9.3% rise at BCH (Apr-Nov 2017 vs Apr- Nov 2018) • November's Diagnostic 6 week wait position deteriorated slightly to 96.9%, from 98.4% in October. Capacity issues in Cardiac Echos and Non-obstetric ultrasound contributed to most of the under-performance. The divisions have plans in place to restore the services to 99% performance by end of February, in-line with agreed recovery trajectory. • The Trust continues to report 52 week breaches in Paediatric Services. The CCG has requested a revised plan of how the Trust will achieve ZERO 52 week breaches by End of March 2019 which was submitted at the Access Performance Group in November. Long waiters will continue to be monitored at the weekly Performance meeting. • Without an agreed patient access policy to support the high level of cancellation/patient choice achieving no long waiting patients would be difficult to achieve. • Seasonal variation in performance during winter months.

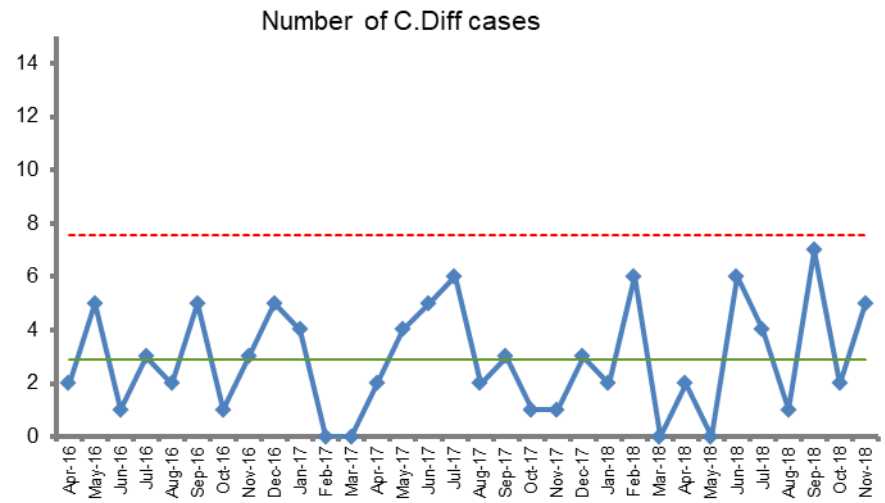
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

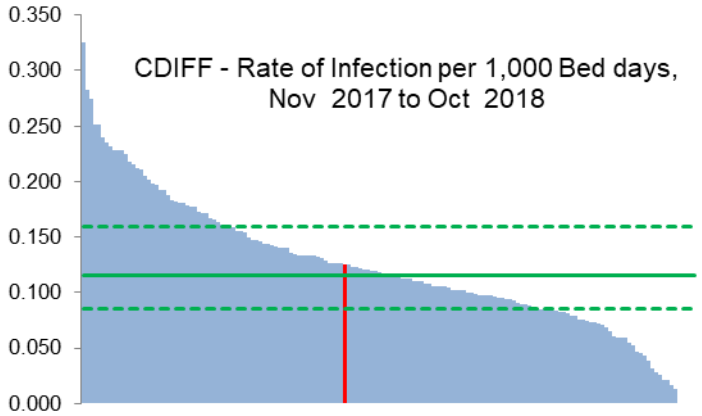
	Successes	Priorities
QUALITY	• Medicines safety indicators: omitted doses of critical medicines and medication incidents resulting in moderate and above harm, remain low compared with our locally set improvement goals. • Patient feedback indicators continue to show that the majority of patients who use our services have a good experience in outpatients, maternity services and in-patient areas.	• Our continued investigations into the increase in Hospital Standardised Mortality Indictor show the Trust's coding depth had increased but not at the same rate as the national peer. We have concluded that lower coding depth and lower palliative care coding, and omissions of co-morbidities in clinical documentation were likely to account for the higher HSMR by artificially lowering the "expected to die" risk of patients. Actions are being taken to improve detail of clinical documentation of relevant co-morbidities and to improve palliative care coding. • There was one never event reported in November involving a retained vaginal swab which occurred in a third party provider as part of Unity Sexual Health. This has been discussed with the CQC and commissioners and a request made to transfer the serious incident to the third party. An investigation is underway and the outcome will be reported to the Quality and Outcomes Committee in due course.
	Opportunities	**Risks and Threats**
QUALITY	• Following last months' reported increase, we continue to re-focus our efforts on reducing the number of hospital acquired pressure ulcers and have seen a reduction to ten in November 2018. Details of on-going actions are provided in the relevant section of this report.	• VTE risk assessments were reported as 98% in November using the required census methodology via a Medway "tick box" on discharge. This is at a slightly lower than previous months, but above the 95% national target. The diagnostic phase of the VTE improvement work has identified that real-time clinically more robust data from the EPMA system has made visible a number of opportunities to make improvements in systems and processes. These are being taken forward within a multi-disciplinary work stream.

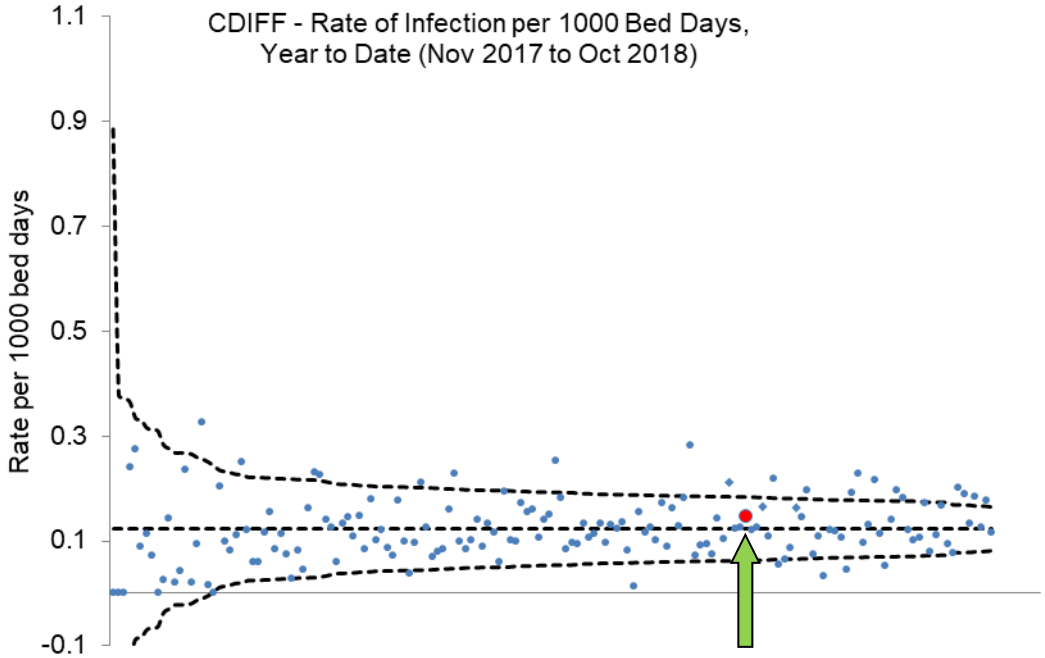
1.4 OVERVIEW – Successes, Priorities, Opportunities, Risk & Threats

	Successes	Priorities
WORKFORCE	• The inaugural on-line staff survey closed after 10 weeks with a 49.4% response rate which is a 6% increase on last year. • With the endeavor to value and retain staff, the Trust's recent agreement to support the payment of 'Settlement' fees for EU staff has received very positive feedback. • Moving and Handling (M&H) compliance increased to 85% from 83% in November, due to additional training provided to Estates and Facilities staff. • The Flu Campaign reached 77.4% for frontline staff across the Trust in mid-December.	• Countdown communications to staff about the update frequencies for both Resuscitation and Infection Prevention and Control essential training programmes, reducing to an annual update from January 2019. • Ongoing support for teams and close oversight of further developments of the E-Appraisal system to improve confidence in the functionality and increase appraisal compliance further. • Targeted campaigns to increase recruitment to the Staff Bank in order to reduce reliance on agency.
	Opportunities	**Risks and Threats**
WORKFORCE	• Working with NHSI with the National Staff Retention Programme to achieve a demonstrable and evidence based reduction in staff turnover. • Feedback from the 12 month review of the new Supporting Attendance Policy to evaluate its impact in the management of sickness across the Trust.	• Operational pressures rising across the Trust reduce opportunities to undertake staff appraisals, impacting on overall compliance levels. • Operational demand across winter could lead to an increase in staff sickness, leading to a threat of increased agency use. • Resuscitation compliance reduced to 76% from 86% due to changes required to align this subject with the UK Core Skills Training Framework.

Infections – Clostridium Difficile (C.Diff)	
Standards:	Number of Trust Apportioned C.Diff cases to be below the national trajectory of 44 cases for 2018/19. Review of these cases with commissioners' alternate months to identify if there was a "lapse in care".
Performance:	There were five trust apportioned C.Diff cases in November 2018, giving 27 cases year-to-date. This is below the year-to-date trajectory of 29 cases
Commentary:	There were five cases of C. Difficile identified in November 2018. These cases require a review with our commissioners before determining if the cases will be Trust apportioned. The cases will be reviewed in January 2019, any outstanding appropriate actions will be implemented
Ownership:	Chief Nurse





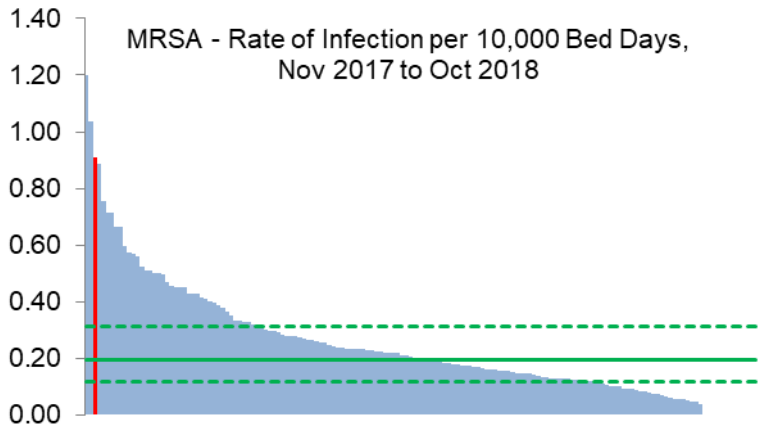


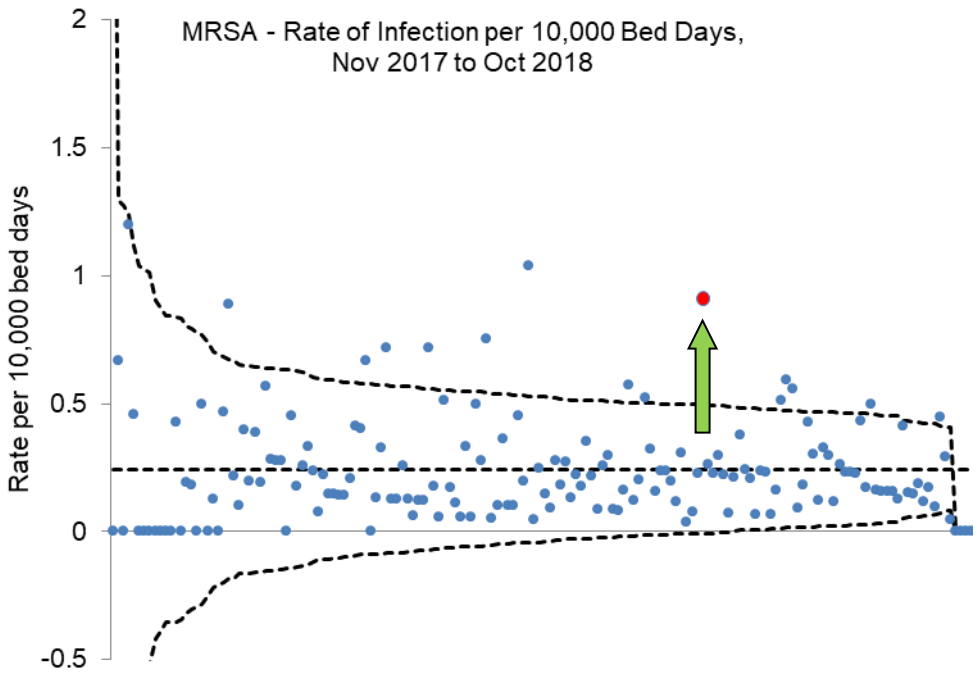
CDIFF Cases	Nov-18	2018/2019
Medicine	2	5
Specialised Services	1	10
Surgery	0	4
Women's and Children's	2	8
Grand Total	5	27

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

Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	No Trust Apportioned MRSA cases.
Performance:	There were no trust apportioned MRSA cases in November, making five cases year-to-date.
Commentary:	There were zero cases of MRSA attributed to the Trust during November 2018.
Ownership:	Chief Nurse

MRSA	Nov-18	2018/2019
Medicine	0	2
Specialised Services	0	1
Surgery	0	2
Women's and Children's	0	0
Grand Total	0	5

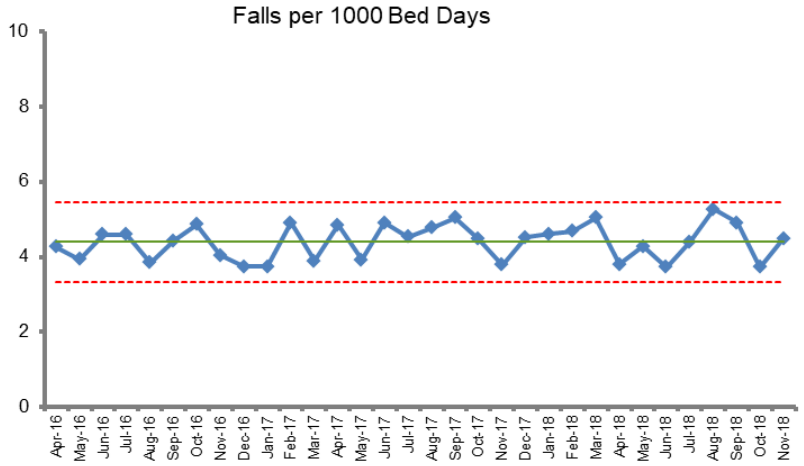


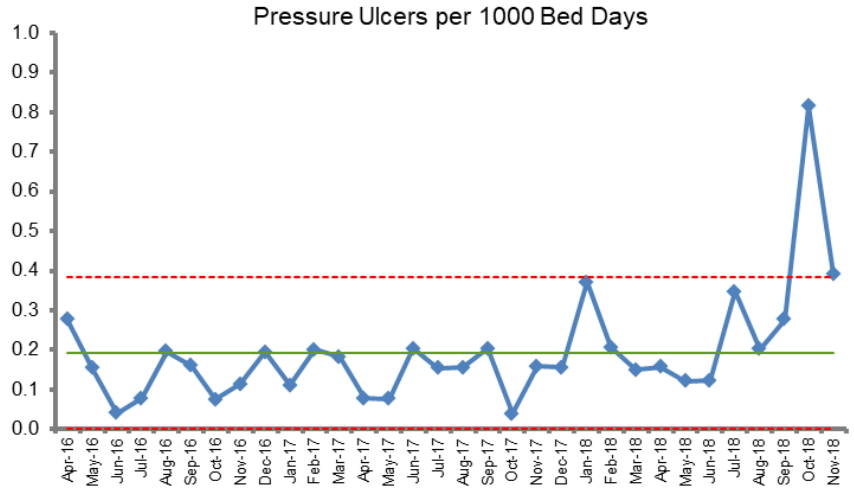


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

2.1 PERFORMANCE – Safe Domain

Patient Falls and Pressure Ulcers	
Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above) Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Falls rate for November was 4.48 per 1,000 beddays. This was 115 Falls with 1 resulting in harm. Pressure Ulcers rate for November was 0.39 per 1,000 beddays. There were 10 Pressure Ulcers in November, with two at Grades 3 or 4.
Commentary:	The overall **falls** incidence remains below the national benchmark of 4.8 per 1,000 bed days. There was one fall resulting in moderate and above harm in November. The aim of the 18/19 work plan is to see an overall reduction in the number of falls and falls with harm by delivering a number of practice and education and training related objectives. The total number of **pressure ulcers** reported has reduced from 21 in October to ten in November. Pressure ulcers reported in November includes eight Category 2 and two Category 3 pressure ulcers. Of the Category 3 pressure ulcers, one related to a tracheostomy wound site and the other was located on the ear of a patient who was receiving end of life care. The overall incidence reduced to 0.390 per 1,000 bed days.
Ownership:	Chief Nurse





Patient Falls Outstanding Trust wide actions are:

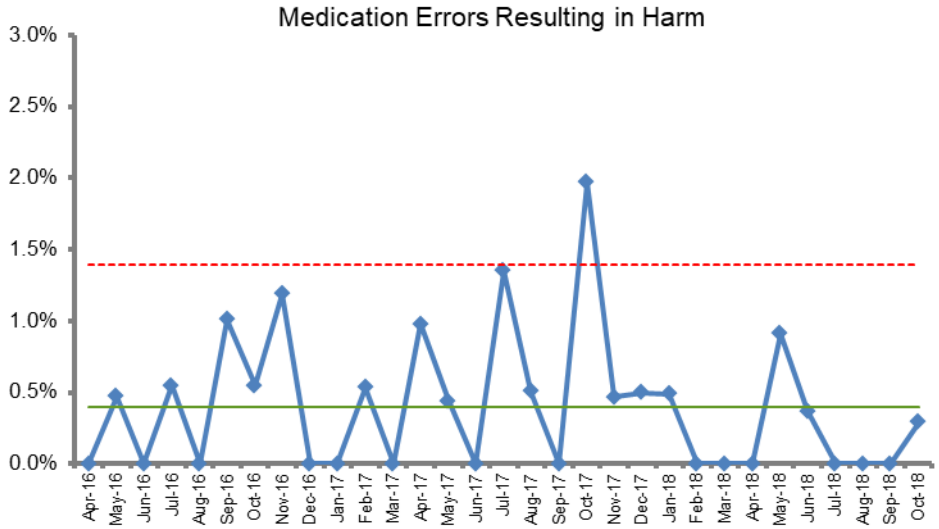
- Spot check audits of pressure ulcer risk assessments, documentation and skin checks until assurance received of consistent, sustained good practice
- Update wound care plan documentation
- Update education and training material

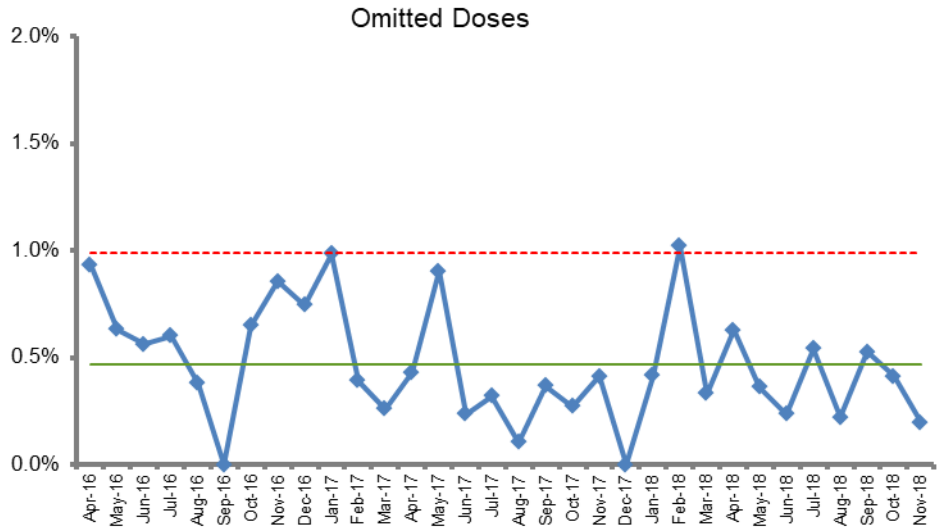
Patient Falls Division of Specialised Services specific actions:

- Circulate poster regarding medical device pressure prevention and skin checks
- Implement further education and training for clinical staff – including communication with families around risks of pressure damage
- Actions will be monitored through the Tissue Viability Steering Group.

2.1 PERFORMANCE – Safe Domain

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:	0.29% of medication errors in October resulted in harm (1 error out of 345 cases reviewed). Omitted doses were at 0.20% in November (1 case out of 503 reviewed).
Commentary:	One moderate harm incident was reported in October, and no major or catastrophic harm medication incidents were reported. All medication related incidents resulting in moderate or above harm are reviewed by the pharmacy governance team and tabled for discussion at monthly pharmacy department and divisional risk management meetings, and the bi-monthly Medicines Governance Group. The non-purposeful omitted critical medication audit in November in areas using paper drug charts revealed one finding of an unintentional omission of an insulin dose resulting a figure of 0.2% in November. The cumulative figure for this financial year is 0.39% and below the green threshold of 0.75%. Full data of non-purposeful omitted critical medication due to unavailability of stock in Medway e-Prescribing (EPMA) wards in the specialised services division was 0% for November
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 November Essential Training overall compliance remained static at 89% compared with the previous month (excluding Child Protection Level 3).
Commentary:	November 2018 compliance for Core Skills (mandatory/statutory) training remained static at 89% overall across the eleven core skills programmes. There was one reduction and there were six increases from the previous month across the eleven core skill programmes. The largest reduction was seen in Resuscitation, reducing to 76% from 86% the previous month. The largest increase was seen in Moving and Handling, increasing to 85% from 83% the previous month. Compliance for all other Essential Training remained static at 94% compared with the previous month.
Ownership:	Director of People

Essential Training	Nov-18	KPI
Equality, Diversity and Human Rights	95%	90%
Fire Safety	86%	90%
Health, Safety and Welfare (formerly Health & Safety)	94%	90%
Infection Prevention and Control	94%	90%
Information Governance	85%	95%
Moving and Handling (formerly Manual Handling)	85%	90%
NHS Conflict Resolution Training	94%	90%
Preventing Radicalisation	92%	90%
Resuscitation	76%	90%
Safeguarding Adults	91%	90%
Safeguarding Children	90%	90%

Essential Training	Nov-18	KPI
UHBristol NHS Foundation Trust	89%	90%
Diagnostics & Therapies	90%	90%
Facilities & Estates	91%	90%
Medicine	89%	90%
Specialised Services	90%	90%
Surgery	88%	90%
Trust Services	92%	90%
Women's & Children's	89%	90%

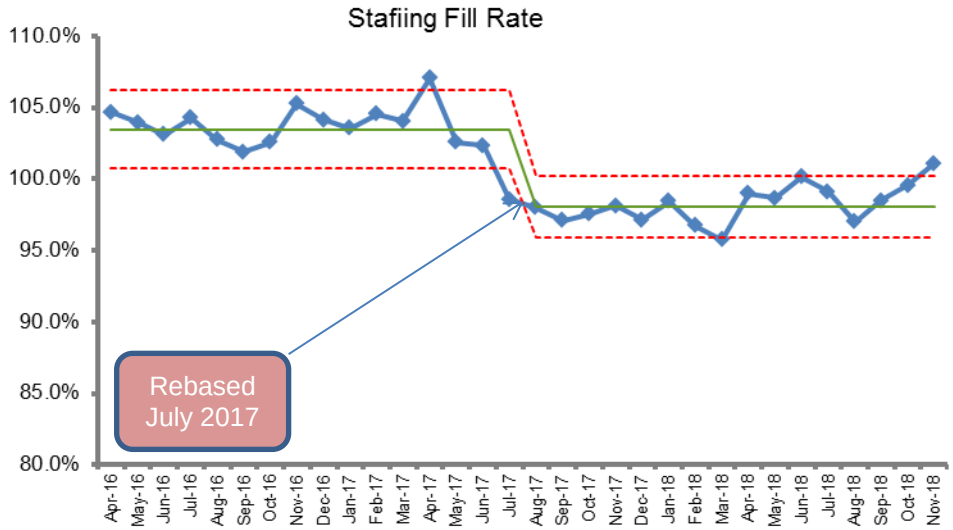
2.1 PERFORMANCE – Safe Domain

Nursing Staffing Levels	
Standards:	Staffing Fill Rate is the total hours worked divided by total hours planned. A figure over 100% indicates more hours worked than planned. No target agreed
Performance:	November's overall staffing level was at 101.1% (236,759 hours worked against 234,207 planned). Registered Nursing (RN) level was at 97.2% and Nursing Assistant (NA) level was at 111.1 %
Commentary:	The report shows that in November 2018 the trust had rostered 234,207 expected nursing, midwifery and nursing assistants' hours, with the number of actual hours worked recorded on the system was 236,759. This gave an overall fill rate of 101%. Overall for the month of November 2018, the trust had 97% cover for RN's on days and 98% RN cover for nights. The unregistered level of 106% for days and 119% for nights reflects the activity seen in November 2018. This was due primarily to NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night.
Ownership:	Chief Nurse

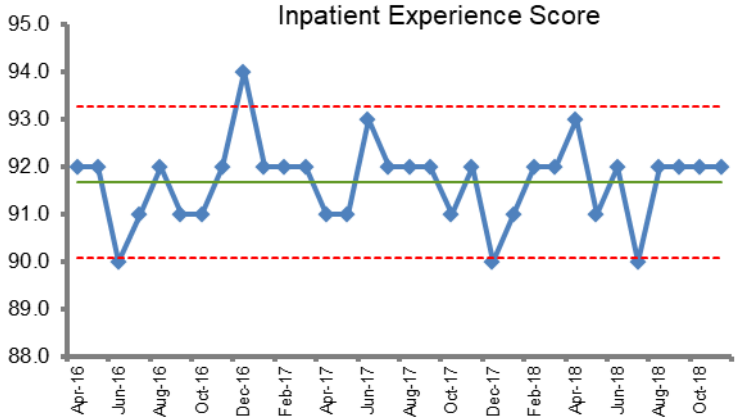
NOVEMBER 2018 DATA

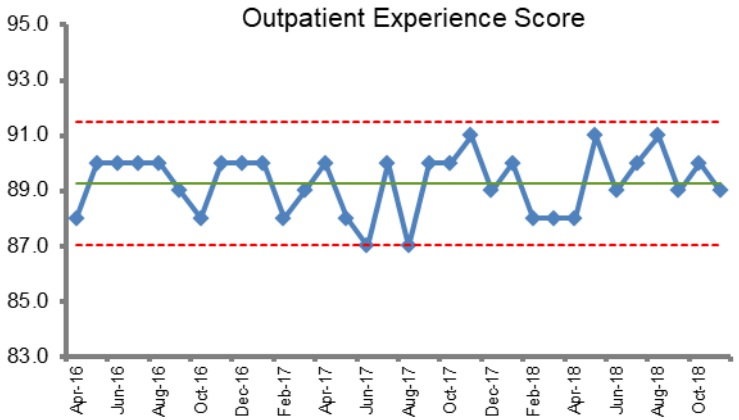
	Day	Night	TOTAL
Registered Nurses	96.7%	97.7%	97.2%
Nursing Assistants	105.6%	118.8%	111.1%
TOTAL	**99.3%**	**103.3%**	**101.1%**

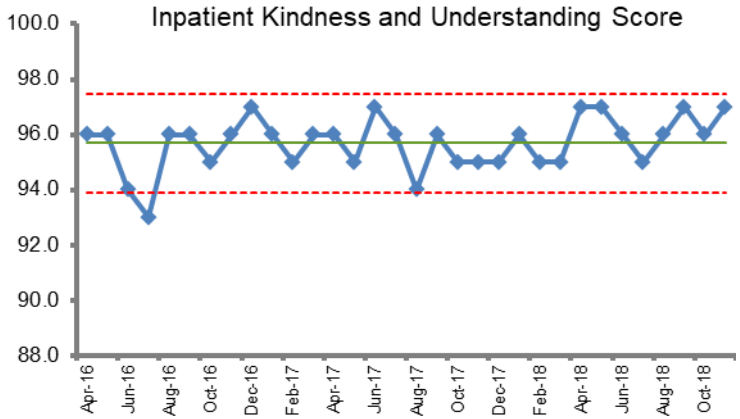
Medicine	110.0%
Specialised Services	102.3%
Surgery	102.2%
Women's and Children's	93.7%
TOTAL	**101.1%**



Monthly Patient Survey	
Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target of 90 or over.
Performance:	For November 2018, the inpatient score was 92/100, for outpatients it was 89. For the kindness and understanding question it was 97.
Commentary:	The headline measures from these surveys remained above their minimum target levels in November 2018, indicating the continued provision of a positive patient experience at UH Bristol.
Ownership:	Chief Nurse

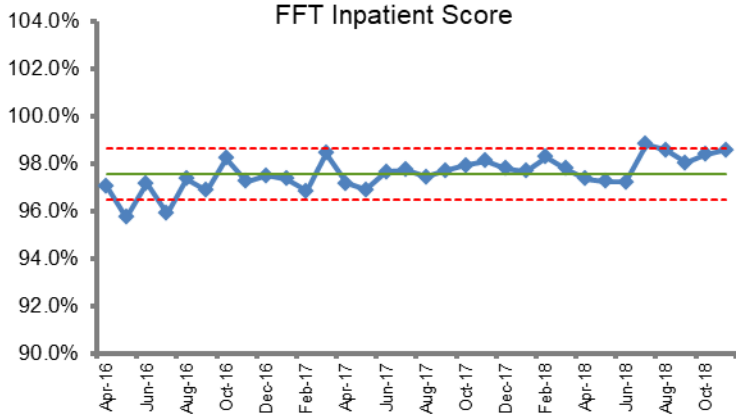


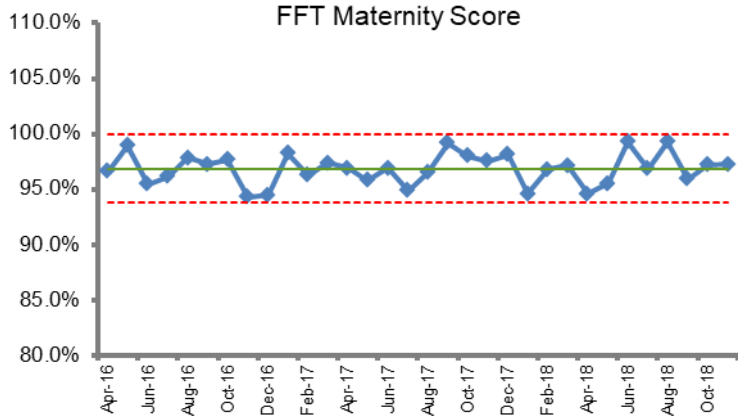


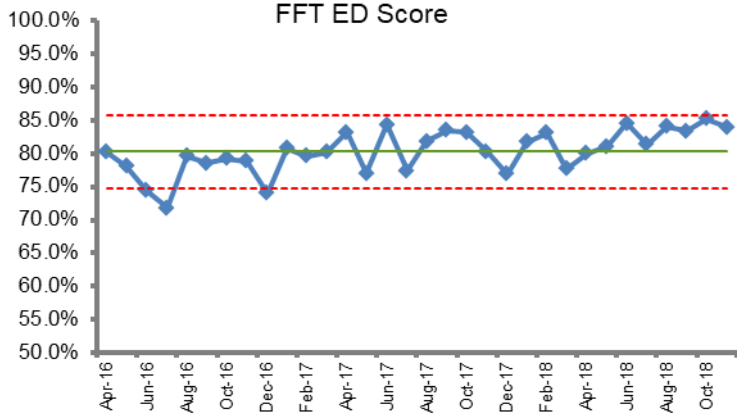


2.2 PERFORMANCE – Caring Domain

Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 60%.
Performance:	November's FFT score for Inpatient services was 98.6% (1878 out of 1905 surveyed). The ED score was 84.0% (1078 out of 1284 surveyed). The maternity score was 97.3% (249 out of 256 surveyed).
Commentary:	The Trust's scores on the Friends and Family Test were above their target levels in November 2018.
Ownership:	Chief Nurse



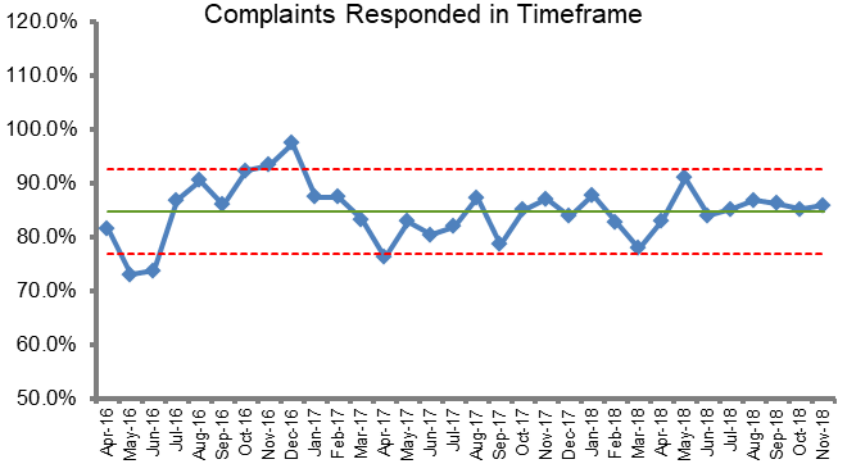


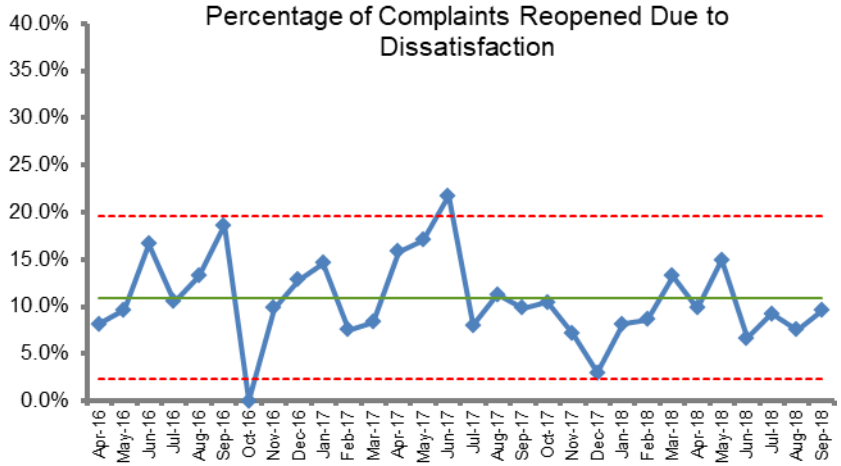


	Response Rate		Score	
	Nov-18	2018/2019	Nov-18	2018/2019
Inpatients				
Medicine	32.3%	34.1%	98.4%	97.3%
Surgery	26.1%	34.6%	98.9%	98.5%
Specialised Services	36.9%	35.2%	97.5%	97.5%
Women's and Children's	22.0%	33.9%	99.1%	98.1%
TOTAL	**27.8%**	**34.4%**	**98.6%**	**98.1%**
Emergency Department				
Bristol Royal Infirmary	12.4%	11.8%	69.9%	67.3%
Children's Hospital	13.3%	19.6%	88.3%	86.7%
Eye Hospital	21.0%	23.3%	94.4%	94.0%
TOTAL	**14.6%**	**17.0%**	**84.0%**	**83.0%**
Maternity				
TOTAL	**19.2%**	**17.8%**	**97.3%**	**96.8%**

2.2 PERFORMANCE – Caring Domain

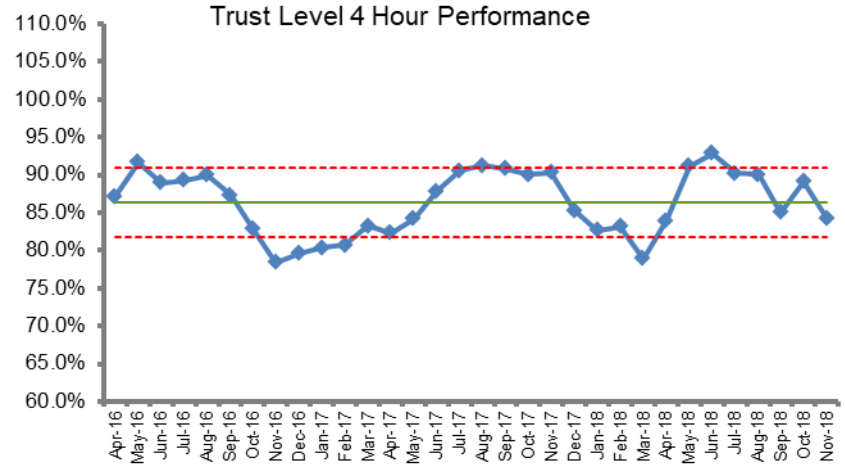
Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe. Of all formal complaints responded to, less than 5% should be re-opened because complainant is dissatisfied.
Performance:	In November, 85 out of 99 formal complaints were responded to with timeframe (85.9%) Of the 73 formal complaints responded to in September, 7 resulted in the complainant being dissatisfied with the response (9.6%)
Commentary:	The Trust's performance in responding to complaints via formal resolution within a timescale agreed with the complainant was 86% in November. This represents 14 breaches from the 99 responses sent out in November. Since August 2018, Clinical Quality Group has been receiving a monthly report providing details of all breaches and causes to identify learning. The rate of dissatisfied complaints in September (this measure is reported two months in arrears) was 9.6%. This represents seven cases from the 73 first responses sent out during that month. Please note we have reviewed the calculation of dissatisfied complaints to ensure it reflects what it is intended to measure i.e. of all the complaints we receive, how many people do we get it right for? We have identified a slight variation in interpretation of the measure and have therefore adjusted the figures for each month back to April 2018 to ensure we are including first responses as intended. A monthly review of all dissatisfied cases is now being carried out by the Head of Quality (Patient Experience and Clinical Effectiveness) and a Divisional Head of Nursing; learning from this review is shared with all Divisions via the Clinical Quality Group.
Ownership:	Chief Nurse

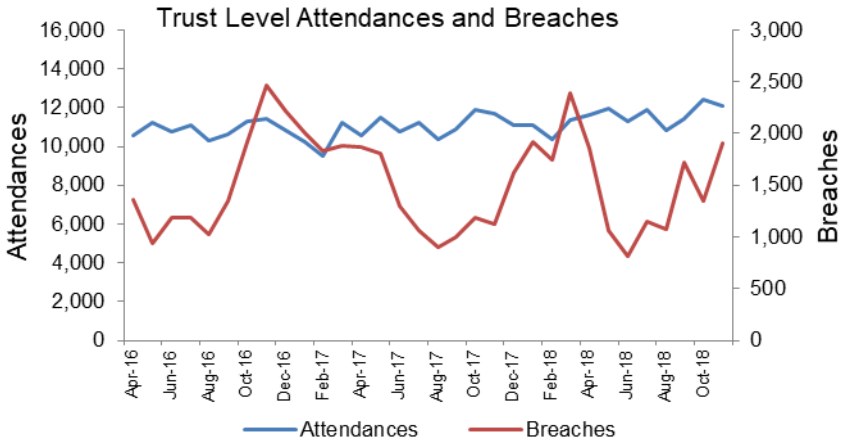


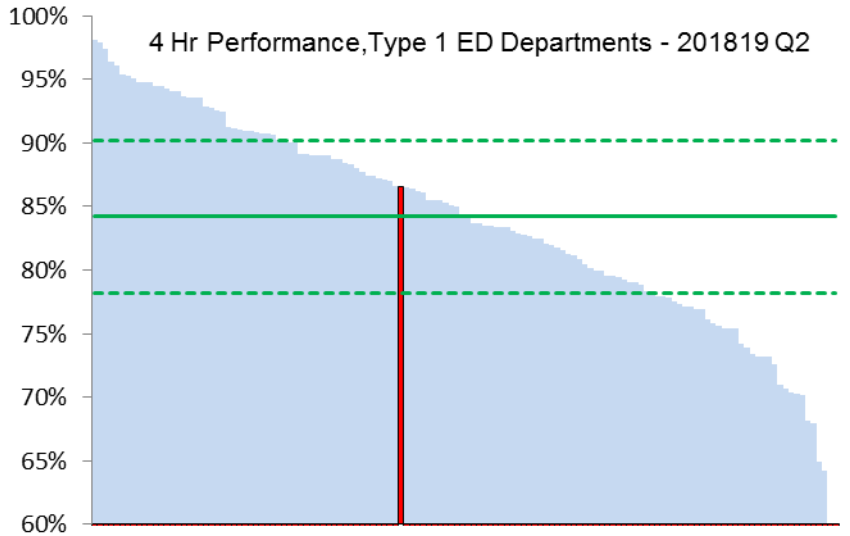


2.3 PERFORMANCE – Responsive Domain

Emergency Department 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's improvement trajectory is 90.33% for November
Performance:	Trust level performance for November was 84.24% (12095 attendances and 1906 patients waiting over 4 hours).
Commentary:	Performance at the Children's Hospital was 85.4% in November. This is alongside a 9% rise in attendances (Apr-Nov 2018 vs Apr-Nov 2017). The Bristol Royal Infirmary achieved 78.9% in November and the Eye Hospital achieved 97.3%. Bristol Royal Infirmary saw a 3.2% rise in attendances for the same time period. For delivery of the Trust's Sustainability and Transformation (STF) funding for Quarter 3, the Trust needs to be above 90% for Apr-Dec 2018 once local Walk In Centre data has been added (the "Acute Trust Footprint" referenced in Section 1.2). The Walk In Centre data usually gives a 3% uplift, and the Trust is currently at 87.9% so the Quarter 3 funding is, currently, deliverable.
Ownership:	Chief Operating Officer



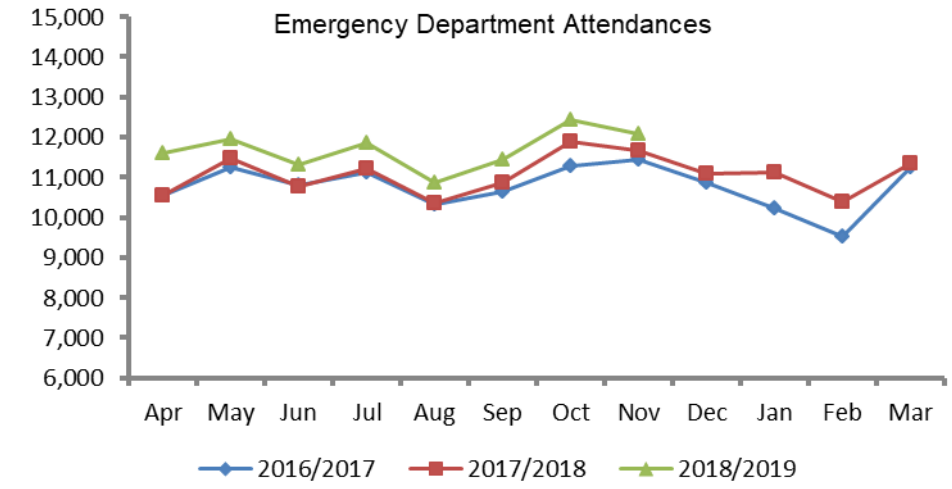


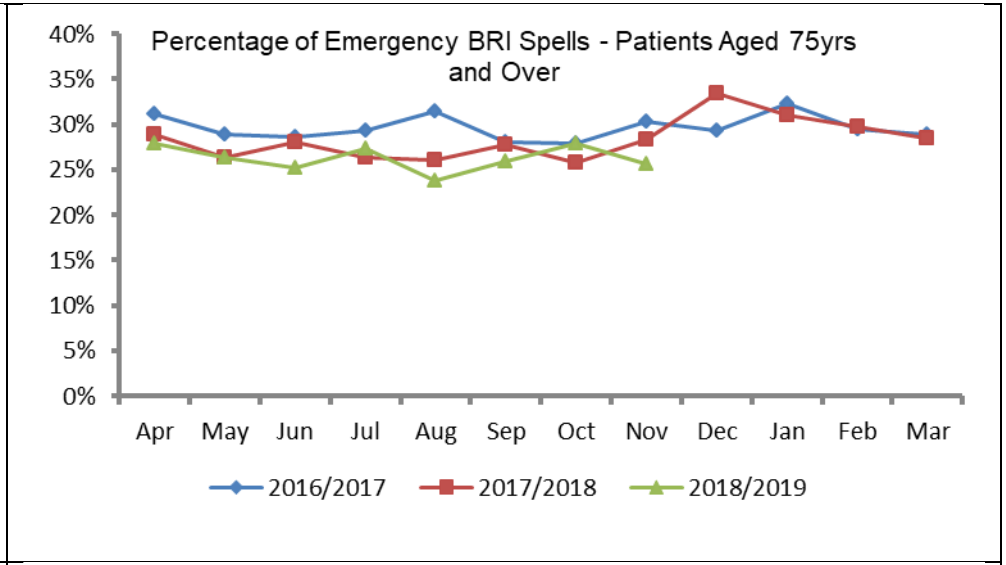


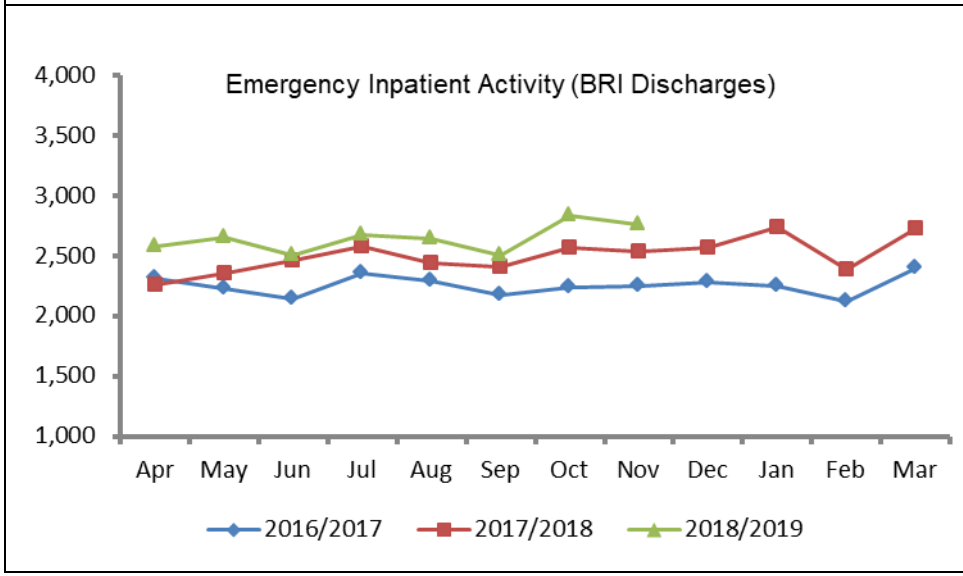
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

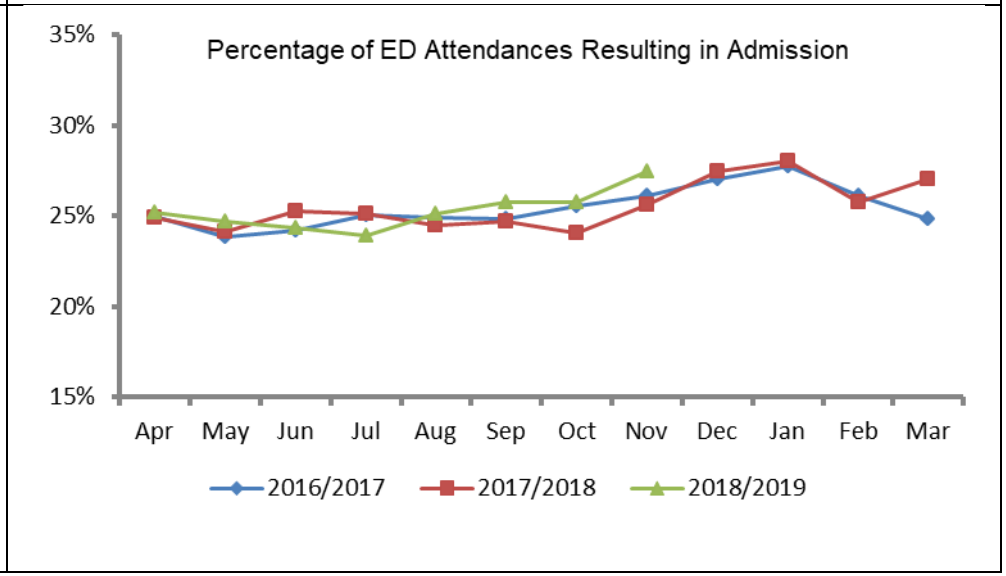
	Attendances		Under 4 Hours		Performance	
	Nov-18	2018/2019	Nov-18	2018/2019	Nov-18	2018/2019
BRI	5742	47759	4530	38983	78.89%	81.62%
Trust	12095	93552	10189	82618	84.24%	88.31%

2.3 PERFORMANCE – Responsive Domain



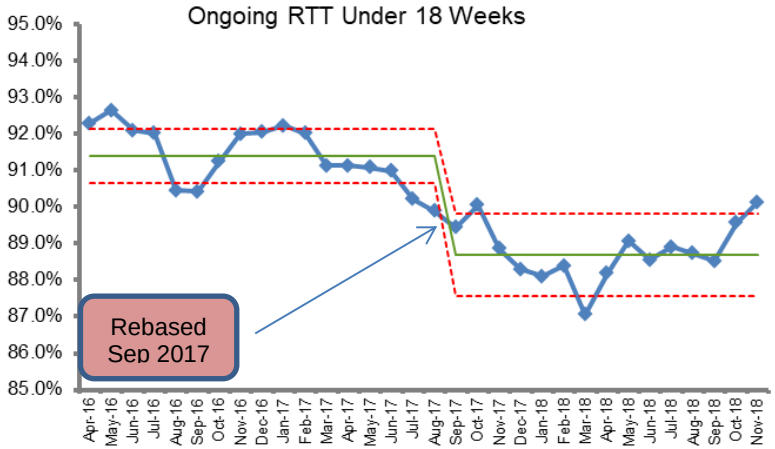


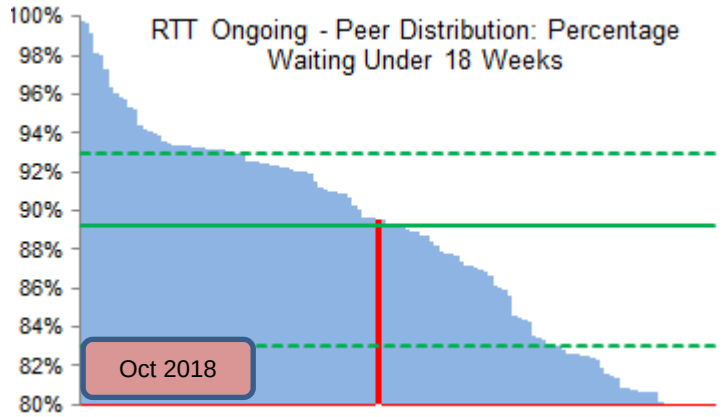




2.3 PERFORMANCE – Responsive Domain

Referral to Treatment (RTT)	
Standards:	At each month-end, the Trust reports the number of patients on an ongoing RTT pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. The Trust's improvement trajectory has been set at 88.0% for end of November. In addition, no-one should be waiting 52 weeks or over.
Performance:	At end of November, 90.1% of patients were waiting under 18 week (25,645 out of 28,455 patients). 14 patients were waiting 52+ weeks
Commentary:	The 92% national standard was not met at the end of November; however, this was above the recovery trajectory target of 88.0%. December is on track to deliver the 87.0% recovery trajectory.
Ownership:	Chief Operating Officer





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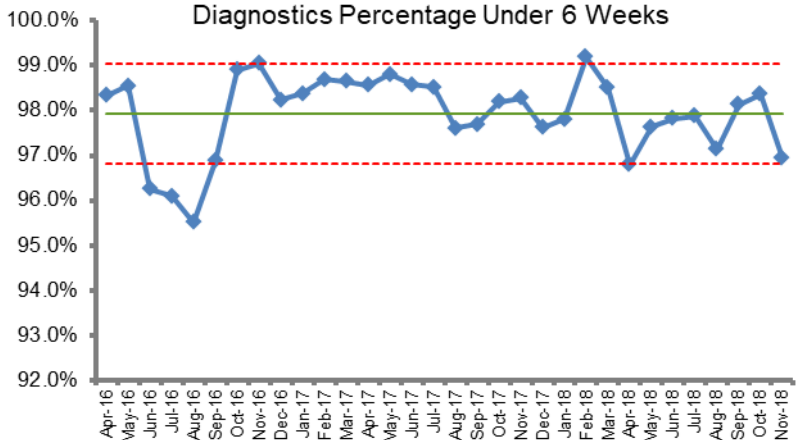
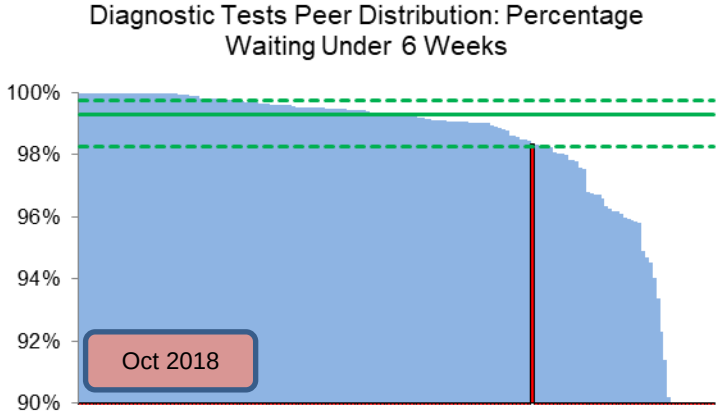
Ongoing Pathways at Nov-18

	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	1,998	297	85.1%
Cardiothoracic Surgery	304	40	86.8%
Dermatology	2,508	165	93.4%
ENT	2,108	95	95.5%
Gastroenterology	775	13	98.3%
General Medicine	8	0	100.0%
Geriatric Medicine	63	0	100.0%
Gynaecology	1,220	93	92.4%
Neurology	261	21	92.0%
Ophthalmology	4,118	346	91.6%
Oral Surgery	2,355	292	87.6%
Other (Clinical Genetics)	971	163	83.2%
Other (Dental)	1,878	99	94.7%
Other (General Surgery)	1,389	223	83.9%
Other (Haem/Onc)	181	5	97.2%
Other (Medicine)	608	21	96.5%
Other (Other)	437	7	98.4%
Other (Paediatric)	5,146	770	85.0%
Other (Pain Relief)	92	0	100.0%
Other (Thoracic Surgery)	89	7	92.1%
Plastic Surgery	1	0	100.0%
Rheumatology	788	20	97.5%
Thoracic Medicine	368	9	97.6%
Trauma & Orthopaedics	788	124	84.3%
TOTAL	**28,455**	**2,810**	**90.1%**

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 recovery trajectory is set to maintain 98% and achieve 99% at end of February.
Performance:	At end of November, 96.94% of patients were waiting under 6 weeks (8,287 out of 8,549 patients). There were 262 breaches of the 6-week standard.
Commentary:	The Trust did not achieve the 99% national standard at end of November. The maximum number of breaches needed to achieve 99% was 85 breaches. The areas carrying the largest volume of breaches are Echocardiography (154 breaches), Non-obstetric ultrasound (64 breaches) and Computed Tomography, CT (17 breaches).
Ownership:	Chief Operating Officer





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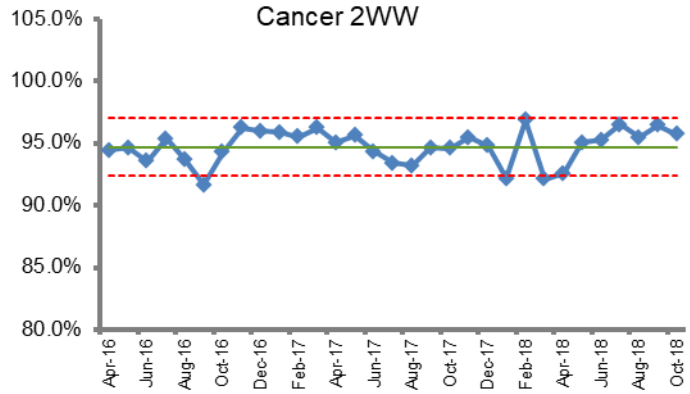
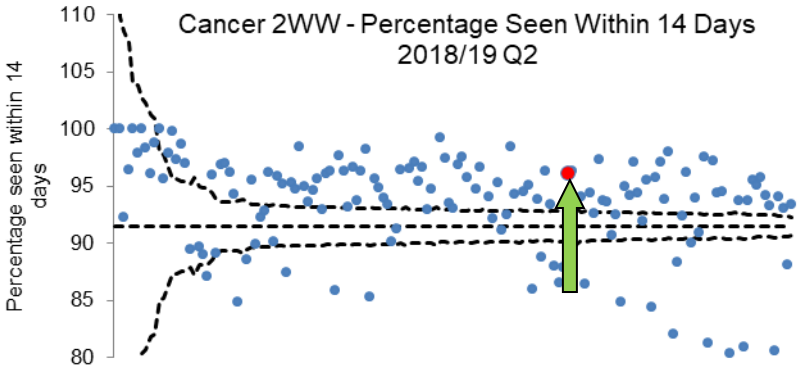
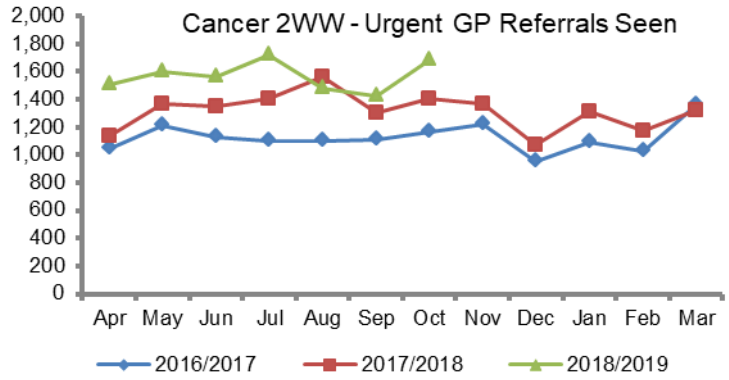
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	846	0	846	100.0%
Colonoscopy	188	4	192	97.9%
CT	1,002	17	1,019	98.3%
Cystoscopy	3	2	5	60.0%
DEXA Scan	184	9	193	95.3%
Echocardiography	935	154	1,089	85.9%
Flexi Sigmoidoscopy	43	2	45	95.6%
Gastroscopy	151	5	156	96.8%
MRI	2,020	5	2,025	99.8%
Neurophysiology	130	0	130	100.0%
Sleep Studies	105	0	105	100.0%
Ultrasound	2,680	64	2,744	97.7%
Grand Total	**8,287**	**262**	**8,549**	**96.9%**

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 October, 95.7% of patients were seen within 2 weeks (1607 out of 1679 patients). Quarter 1 overall achieved 94.3%. Quarter 2 overall achieved 96.1%
Commentary:	The standard was achieved in quarter 1 and quarter 2 2018/19. The standard is also on track to achieve in quarter 3.
Ownership:	Chief Operating Officer



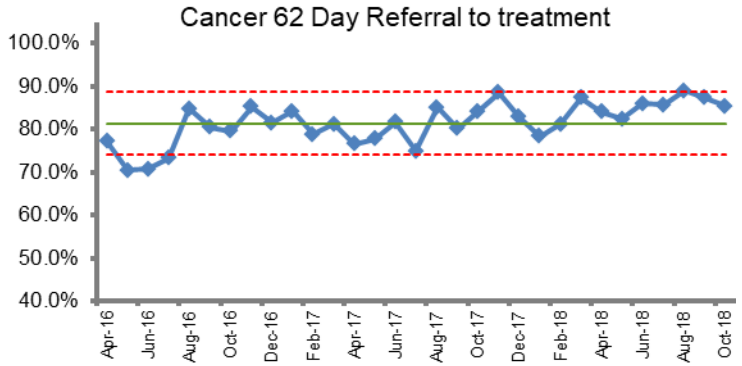


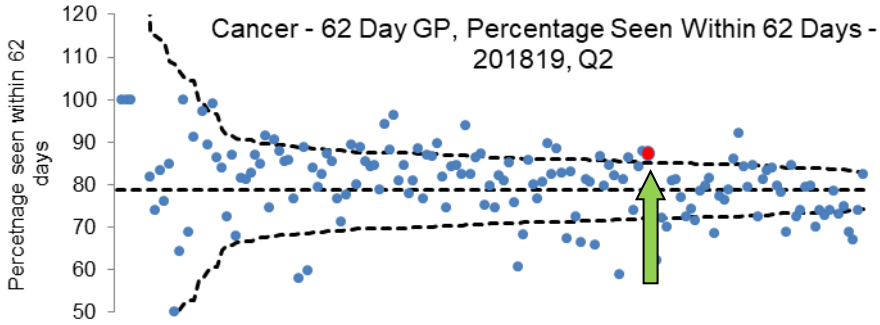


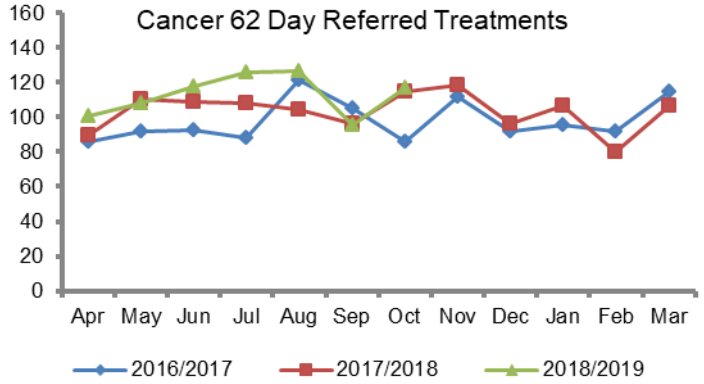
	Cancer 2WW - Oct-18		
Cancer Site	Under 2 Weeks	Total Pathways	Percentage
Other suspected cancer	2	2	100.0%
Suspected children's cancer	16	18	88.9%
Suspected gynaecological cancers	135	142	95.1%
Suspected haematological malignancies excluding ac	17	17	100.0%
Suspected head and neck cancers	411	417	98.6%
Suspected lower gastrointestinal cancers	195	214	91.1%
Suspected lung cancer	25	25	100.0%
Suspected skin cancers	696	728	95.6%
Suspected upper gastrointestinal cancers	110	116	94.8%
Grand Total	1,607	1,679	95.7%

2.3 PERFORMANCE – Responsive Domain

Cancer Waiting Times – 62 Day	
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. National standard is that Trusts should achieve at least 85%. The improvement trajectory is 83% for May, 82.5% for Quarter 1 and 85% (same as national standard) from Quarter 2.
Performance:	For October, 85.5% of patients were seen within 62 days (100 out of 117 patients). Quarter 1 finished at 84.2% and Quarter 2 finished at 87.3%.
Commentary:	The national standard was achieved in quarter 2 2018/19. The standard is also on track to achieve in quarter 3.
Ownership:	Chief Operating Officer

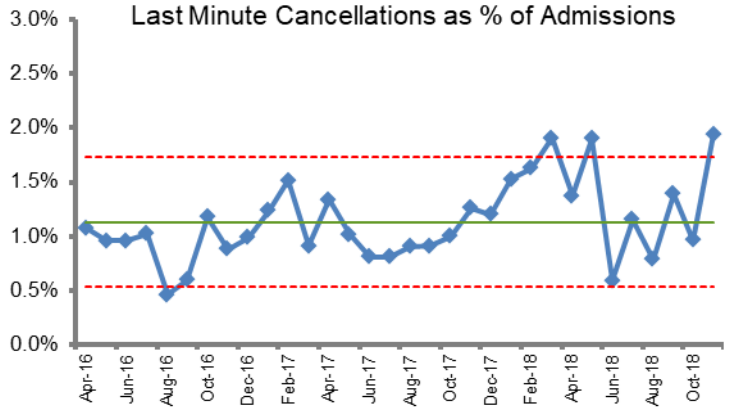


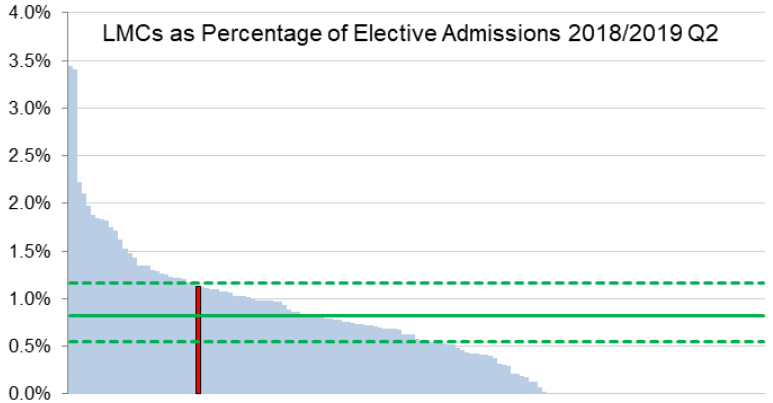




	Cancer 62 Day - Oct-18		
Cancer Site	First Treatment - Within Target	First Treatment - Total	First Treatment - Performance
Brain	0.0	1.0	0.0%
Breast	2.5	2.5	100.0%
Gynaecological	6.5	9.0	72.2%
Haematological	1.5	2.0	75.0%
Head and Neck	11.5	13.5	85.2%
Lower Gastrointestinal	5.5	8.0	68.8%
Lung	12.5	16.0	78.1%
Other	2.0	2.0	100.0%
Sarcoma	1.0	1.5	66.7%
Skin	49.5	50.5	98.0%
Upper Gastrointestinal	6.5	7.0	92.9%
Urological	1.0	4.0	25.0%
Grand Total	100.0	117.0	85.5%

Last Minute Cancelled Operations	
Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions. Also, 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In November there were 138 last minute cancellations, which was 1.9% of elective admissions. Of the 71 cancelled in October, 67 (94%) had been re-admitted within 28 days.
Commentary:	November saw an increase in the number of last minute cancellations, compared to October, alongside an increase in elective admissions. The most common reason was "Other Emergency Patient Prioritised" (23 cancellations). There were 27 in Cardiac Services, 13 in Medicine, 17 in Dental Services, 10 in ENT/Thoracic, 15 in General Surgery, 36 in Ophthalmology, 3 in Trauma & Orthopaedics and 17 in Paediatrics. Four of October's last minute cancellation patients were not re-admitted within 28 days, so the 95% was narrowly missed.
Ownership:	Chief Operating Officer





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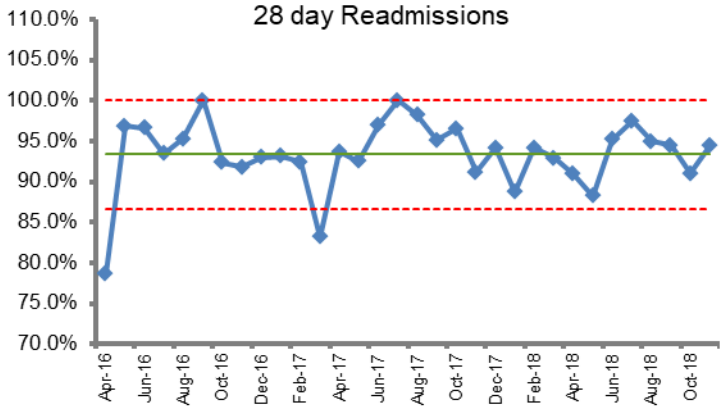
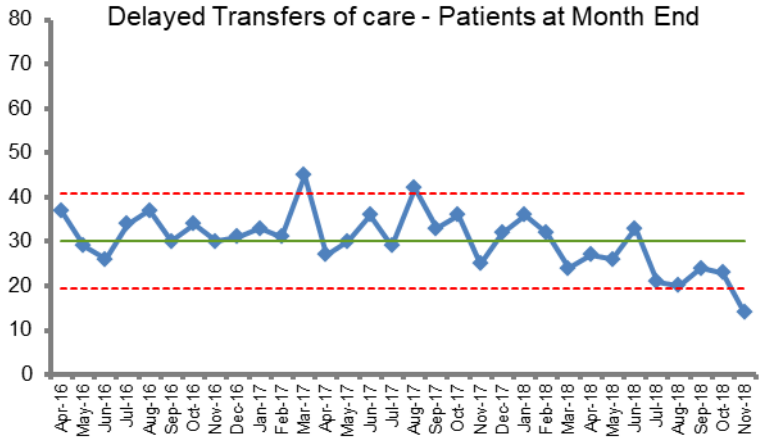
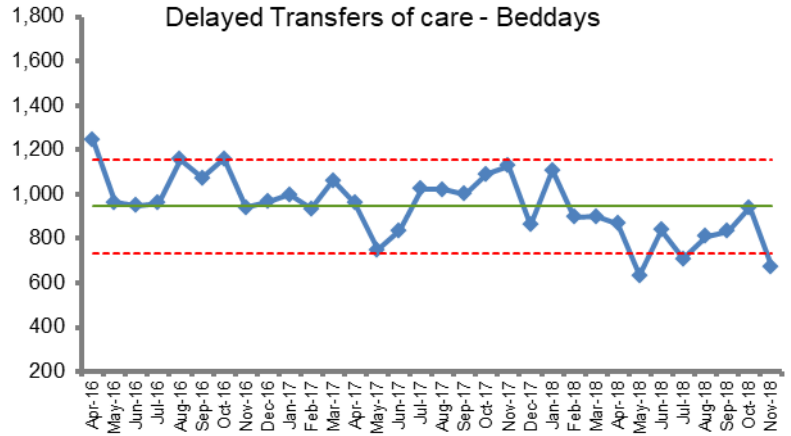


Cancellation Reason	Total
Other Emergency Patient Prioritised	42
No Beds Available	19
Surgeon Unavailable	17
AM list over-ran	12
No Theatre Staff	9
Surgeon Taken Ill	6
Booking Error	5
Other clinically complicated Patient in theatre	4
List Overbooked	4
Equipment Unavailable	3
List did not start on time	3
No CICU Beds	3
Technician Not Available	2
No HDU Beds	2
Anaesthetist Unavailable	2
Theatre Repairs required	2
No ITU Beds	2
No Ward Staff	1
Grand Total	**138**

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 November there were 14 Delayed Transfer of Care patients as at month-end, and 673 beddays consumed by DToC patients.
Commentary:	There were 4 DToCs at South Bristol Hospital and 10 in the Bristol Royal Infirmary. Most beddays were on ward A605 (154 beddays) and C808 (97 beddays)
Ownership:	Chief Operating Officer





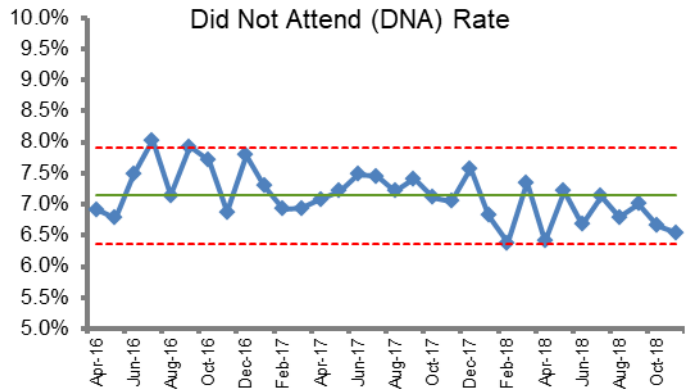
Month	Nov-18					
National DTOC Code	National DTOC Reason	Accountable	Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	1	39	0	1
		NHS	0	22	0	0
		Social Care	1	53	0	26
C	Further non acute NHS Care	NHS	1	21	0	0
Di	Care Home Placement	NHS	0	14	0	0
		Social Care	0	68	0	14
Dii	Care Home Placement	NHS	1	77	1	38
		Social Care	2	18	2	44
E	Care package in own home	NHS	2	58	0	4
		Social Care	2	80	1	44
F	Community equipment / adaptions	Both	0	0	0	6
		NHS	0	1	0	0
		Social Care	0	17	0	14
G	Patient or family choice	NHS	0	14	0	0
Grand Total			10	482	4	191

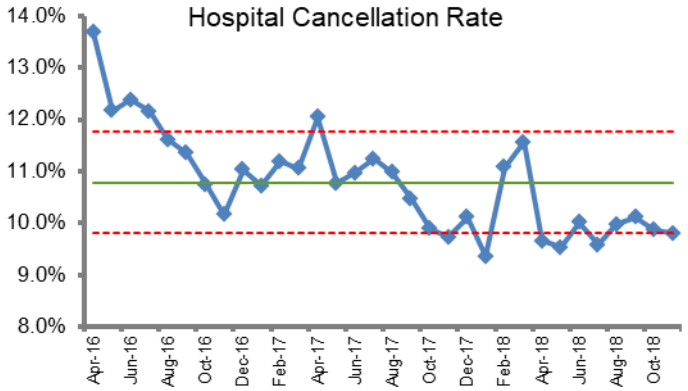
Length of Stay of Inpatients at month-end

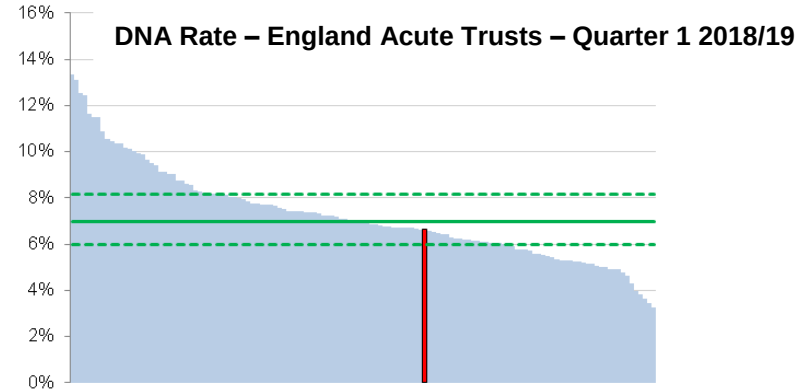
Nov-18	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	55	34	27	23
Bristol Haematology & Oncology Centre	25	15	8	6
Bristol Royal Infirmary	188	110	75	53
South Bristol Hospital	52	41	33	28
St Michael's Hospital	25	12	10	10
TRUST TOTAL	345	212	153	120
Bristol Royal Infirmary Divisional Breakdown:				
Medicine	105	67	49	36
Specialised Services	44	22	11	7
Surgery, Head & Neck	39	21	15	10

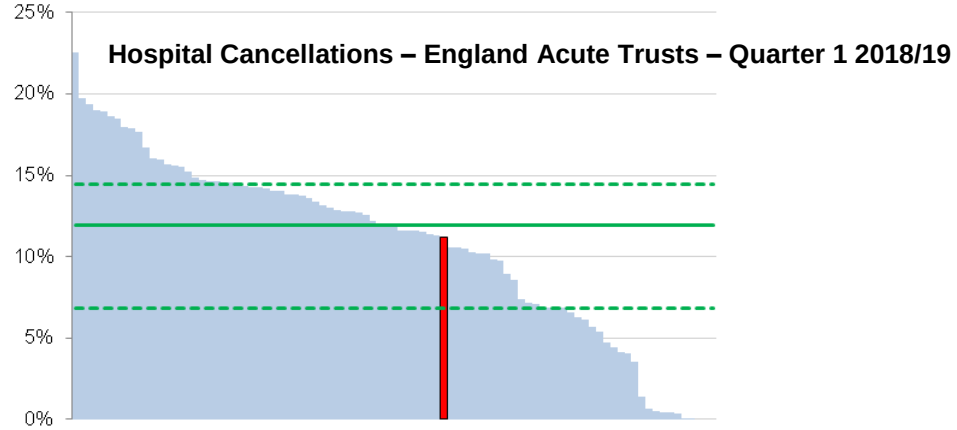
2.3 PERFORMANCE – Responsive Domain

Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The target for DNAs has been re-set through the Outpatient Steering Group, and is built up from specialty-level delivery. Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%..
Performance:	In November there were 9554 hospital-cancelled appointments, which was 9.8% of all appointments made. There were 4661 appointments that were DNA'ed, which was 6.5% of all planned attendances.
Commentary:	Speciality level DNA targets have been agreed at monthly Outpatient Steering Group (OSG) and will be monitored from Quarter 3.
Ownership:	Chief Operating Officer









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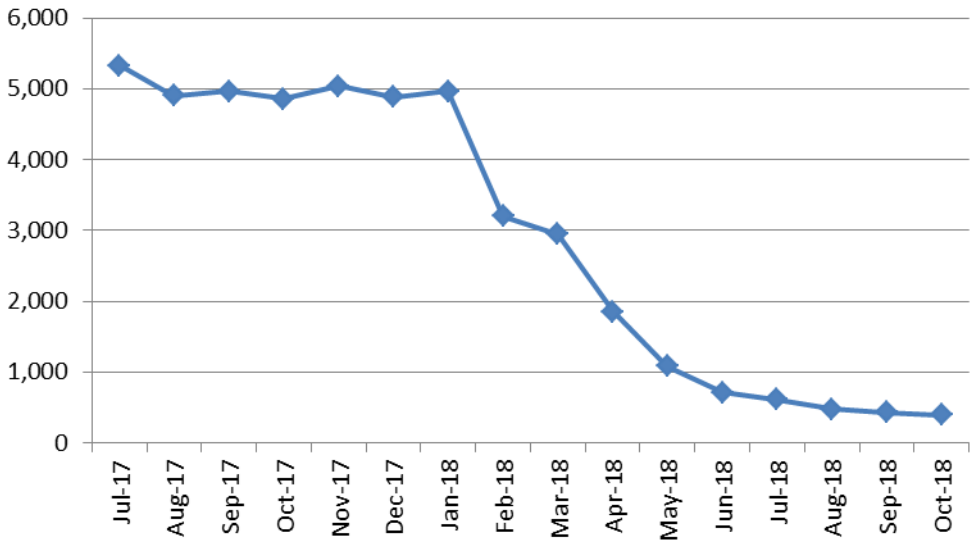
2.3 PERFORMANCE – Responsive Domain

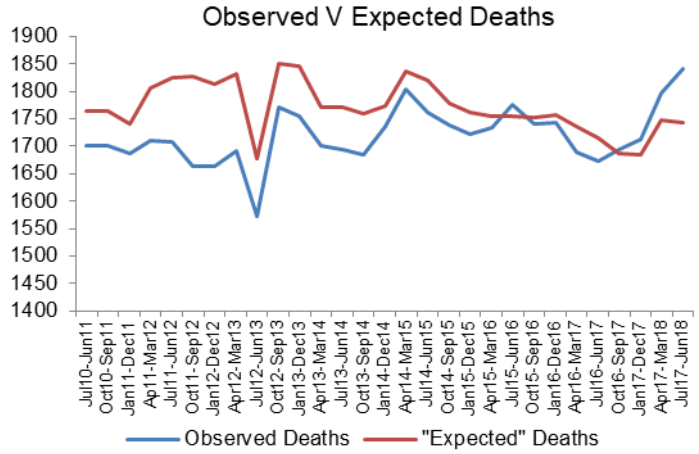
Outpatient – Overdue Follow-Ups	
Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in Outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can b reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of November, number overdue by 12+ months has fallen to 332.
Commentary:	Significant progress has been made by the divisions, through regular weekly review at the Wednesday performance meeting. Focus will shift to the 6-12 months overdue patients from December.
Ownership:	Chief Operating Officer

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

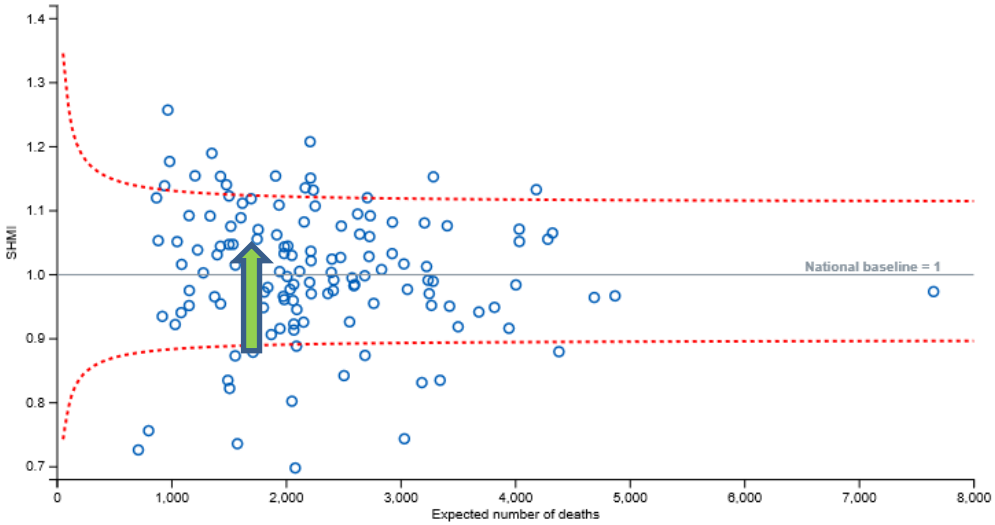


Mortality - Summary Hospital Mortality Indicator (SHMI)	
Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is published quarterly as covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	Latest SHMI data is for 12 month period July 2017 to June 2018. The SHMI was 105.6 (1841 deaths and 1744 “expected”). Data is updated quarterly by NHS Digital.
Commentary:	Summary Hospital Mortality Indicator for June 2018 was 105.6 and in NHS Improvement’s “as expected” category.
Ownership:	Medical Director

Timeframe	Banding	Observed Deaths	"Expected" Deaths	SHMI
Jul15-Jun16	As Expected	1775	1754.3478	101.18
Oct15-Sep16	As Expected	1741	1752.0551	99.37
Jan16-Dec16	As Expected	1743	1758.3667	99.13
Apr16-Mar17	As Expected	1690	1736.8023	97.31
Jul16-Jun17	As Expected	1674	1714.451	97.64
Oct16-Sep17	As Expected	1693	1686.2059	100.40
Jan17-Dec17	As Expected	1712	1683.682	101.68
Apr17-Mar18	As Expected	1796	1748.1723	102.74
Jul17-Jun18	As Expected	1841	1744.079	105.56

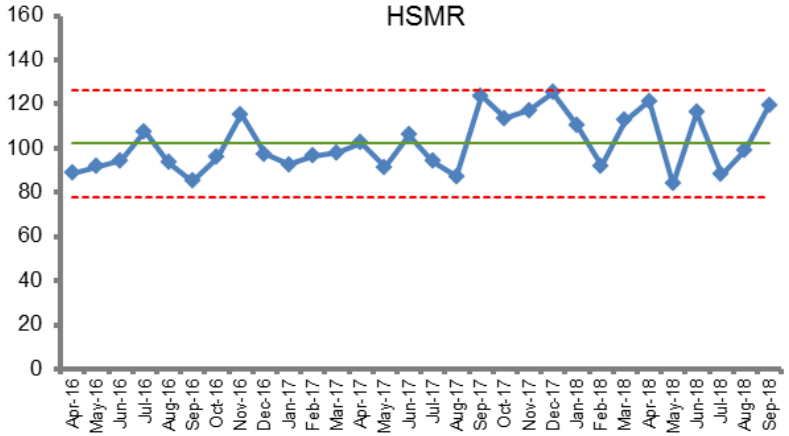


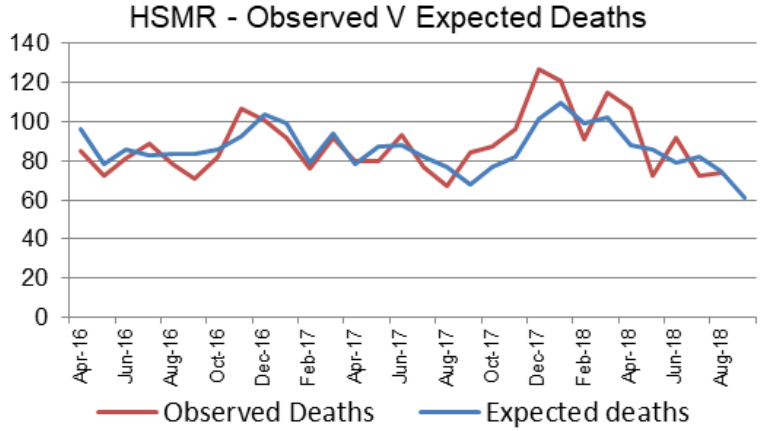
July 2017 to June 2018



2.4 PERFORMANCE – Effective Domain

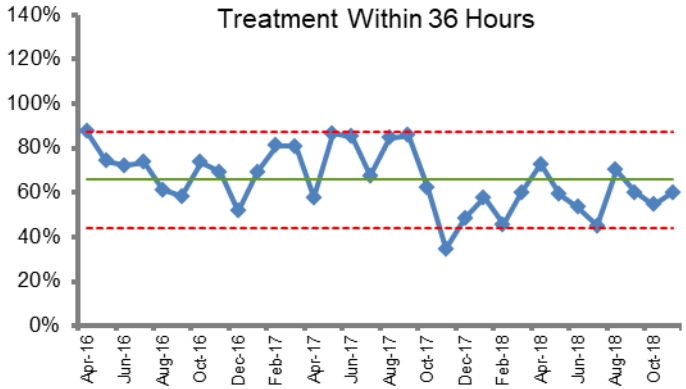
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by "expected" deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for September 2018. The HSMR was 119.5 (73 deaths and 61 "expected")
Commentary:	Hospital Standardised Mortality Indicator for September 2018 was 119.5. Our investigations into the increase in this indicator show that HSMR in a 12-month rolling basis had increased above national peer since August 2017, but crude mortality hasn't. The Trust's coding depth had increased but not at the same rate as the peer. The Trust is 3rd joint lowest for the number of secondary codes (12) out of 132 Trusts compared with 19 being recorded by 91 Trusts. Palliative care coding is broadly in line with peer but generally lower, and the 12-month rolling average shows a dip at the end of 2017, which has remained below the national peer. We have concluded that lower coding depth and lower palliative care coding, and omissions of co-morbidities in clinical documentation were likely to account for the higher HSMR by artificially lowering the "expected to die" risk of patients. Actions are being taken to improve detail of clinical documentation of relevant co-morbidities and to improve palliative care coding.
Ownership:	Medical Director

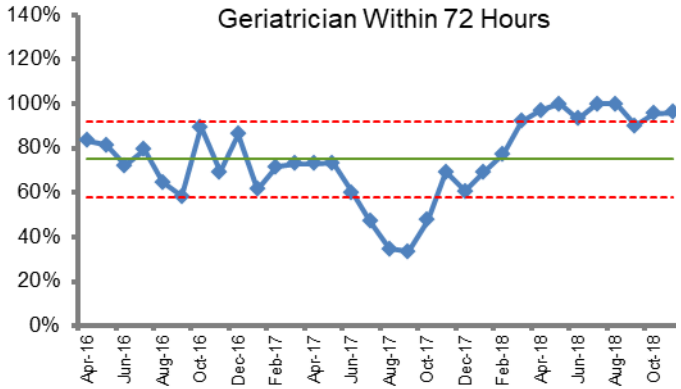


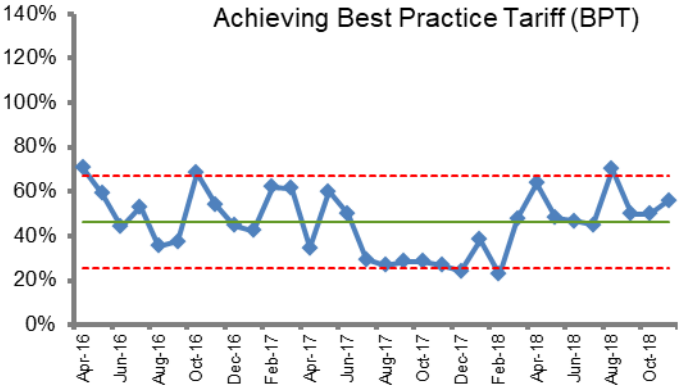


2.4 PERFORMANCE – Effective Domain

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 November, there were 25 patients discharged following an admission for fractured neck of femur who were eligible for Best Practice Tariff (BPT). For the 36 hour target, 60% (15 patients) were seen with target. For the 72 hour target, 96% (24 patients) were seen within target 14 patients (56%) achieved all elements of the Best Practice Tariff.
Commentary:	In November, there were 32 patients discharged following an admission for fractured neck of femur, 25 of which were eligible for Best Practice Tariff (BPT). Ten of the 25 eligible patients were not operated on in theatre within the required 36 hours. One additional patient was not reviewed by an orthogeriatrician within 72 hours, but all patients were reviewed by a physiotherapist on the day of or the day after surgery. Therefore care provided to 14 of 25 patients met all the standards to quality for BPT. (BPT achievement of 56%). Further details are provided below: Of the 10 patients who were not treated in theatre within 36 hours: • One patient experienced a delayed because they required a specialist surgeon • Two patients were delayed because they required medical optimisation prior to surgery • Seven patients were not operated on within the 36 hour timeframe due to other urgent trauma cases being prioritised and theatre capacity Of the patients who waited >36hrs due to theatre capacity issues, 6 of the 7 went to theatre in <48hrs, with the remaining patient going to theatre at 55hrs post-admission. The patient who was not reviewed by an orthogeriatrician within 72 hours was due to lack of cover over a bank holiday weekend.
Ownership:	Medical Director

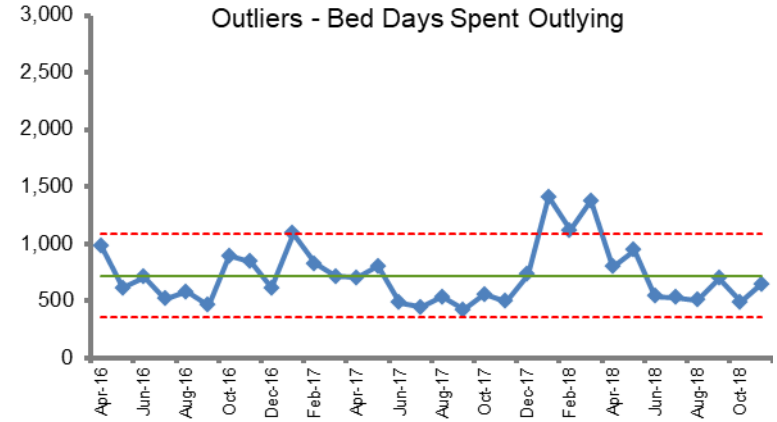


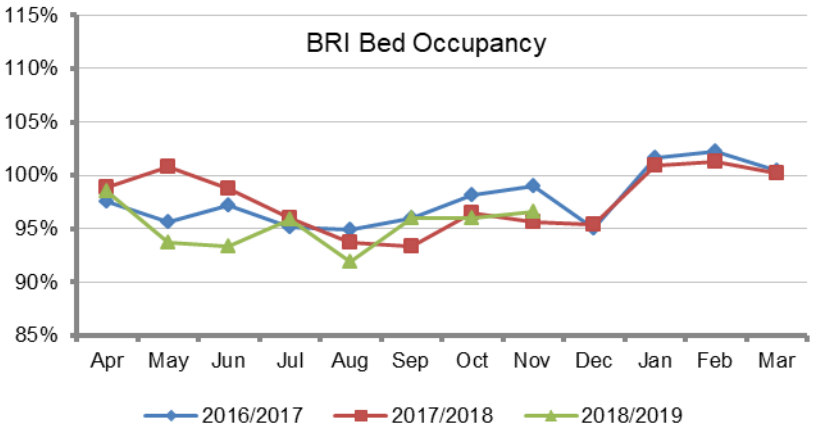


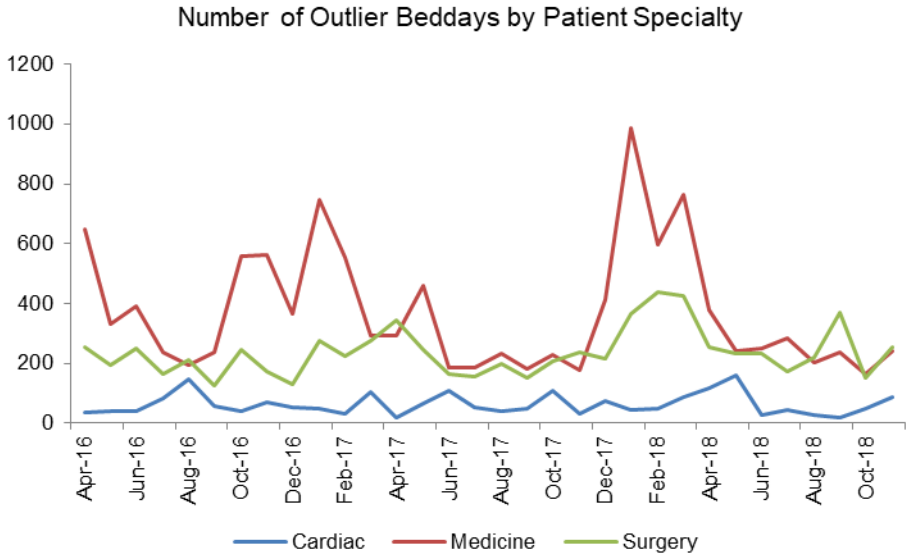


2.4 PERFORMANCE – Effective Domain

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 November there were 649 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary:	The November target of no more than 705 beddays was achieved. Of all the outlying beddays 243 were Medicine patients, 120 were Specialised Services patients and 286 were Surgery patients. There were 75 beddays spent outlying overnight on escalation wards.
Ownership:	Chief Operating Officer

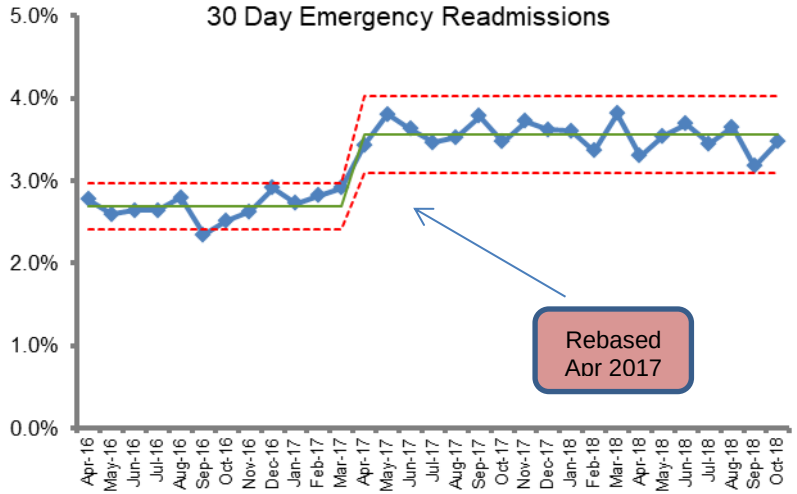






2.4 PERFORMANCE – Effective Domain

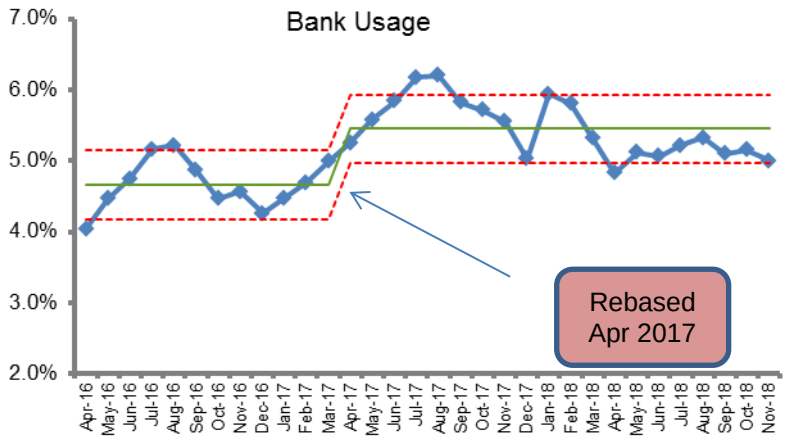
30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain 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 October, there were 13,598 discharges, of which 472 (3.47%) had an emergency re-admission within 30 days.
Commentary:	8.7% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.9% from Surgery and 1.4% from Specialised Services.
Ownership:	Chief Operating Officer

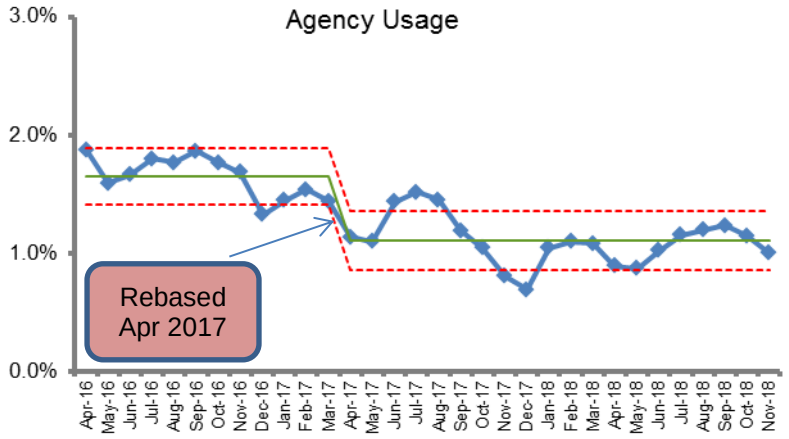


Discharges in October 2018

	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	0	34	0.00%
Medicine	235	2,692	8.73%
Specialised Services	41	2,879	1.42%
Surgery	147	3,761	3.91%
Women's and Children's	49	4,225	1.16%
TRUST TOTAL	**472**	**13,598**	**3.47%**

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 November, total staffing was at 8859 FTE. Of this, 5.0% was Bank (447 FTE) and 1.0% was Agency (93 FTE)
Commentary:	**Agency usage** reduced by 8.6 FTE, with the largest reduction seen in Surgery, decreasing to 10.6 FTE from 17.8 FTE the previous month. The largest increase was seen in the division of Women's and Children's with 35.3 FTE compared to 27.6 FTE in the previous month. The largest staff group increase was within Ancillary increasing to 2.1 FTE from 1.0 FTE in the previous month. **Bank usage** reduced by 8.5 FTE, with the largest reduction seen in Specialised Services, decreasing to 69.0 FTE from 75.0 FTE the previous month. The largest increase was seen in the division of Medicine with 121.7 FTE compared to 115.2 FTE in the previous month. All staff groups had a reduction compared to the previous month, the largest being Ancillary reducing to 54.6 FTE from 57.7 FTE the previous month.
Ownership:	Director of People



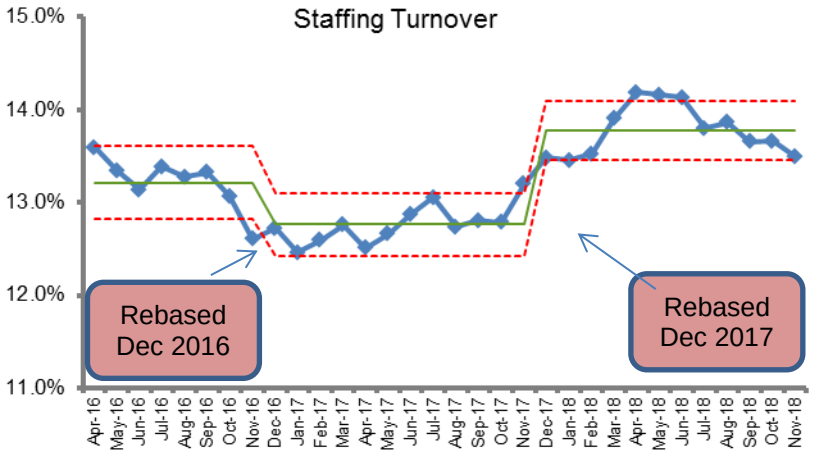


Bank	Nov FTE	Nov Actual %	Nov KPI
UHBristol	**446.8**	**5.0%**	**4.0%**
Diagnostics & Therapies	13.4	1.30%	1.33%
Facilities and Estates	53.6	7.3%	6.9%
Medicine	121.7	9.0%	10.8%
Specialised Services	69.0	6.6%	5.5%
Surgery	91.7	5.0%	1.9%
Trust Services	32.1	3.8%	3.5%
Women's & Children's	65.5	3.1%	1.2%

Agency	Nov FTE	Nov Actual %	Nov KPI
UHBristol	**92.9**	**1.0%**	**0.8%**
Diagnostics & Therapies	7.3	0.7%	1.2%
Facilities and Estates	2.1	0.3%	0.7%
Medicine	20.2	1.5%	1.8%
Specialised Services	13.7	1.3%	0.7%
Surgery	10.6	0.58%	0.63%
Trust Services	3.7	0.4%	0.3%
Women's & Children's	35.3	1.7%	0.4%

2.5 PERFORMANCE – Efficient Domain

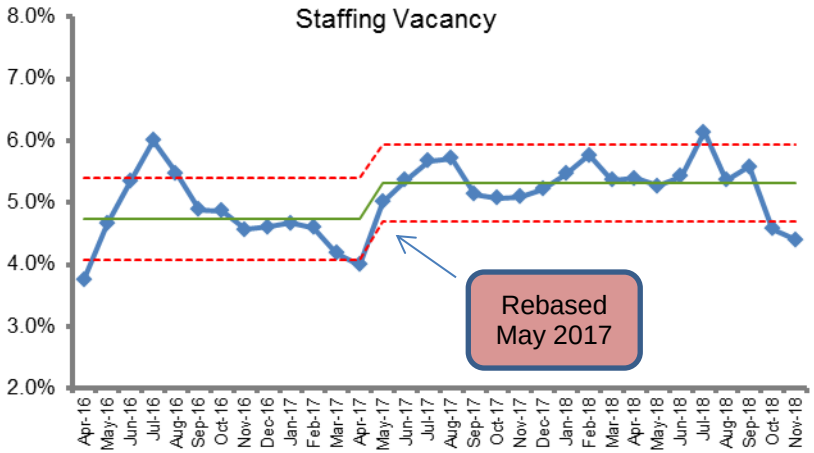
Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In November, there had been 957 leavers over the previous 12 months with 7108 FTE staff in post on average over that period; giving a Turnover of 957 / 7108 = 13.5%
Commentary:	Turnover reduced to 13.5% from 13.7% last month, with increases in three divisions; Diagnostics & Therapies, Medicine, and Surgery. The largest divisional reduction was seen within Specialised Services reducing to 14.3% from 15.7% the previous month. The largest divisional increase was seen within Surgery increasing to 13.6% from 13.3% the previous month. The biggest reduction in staff group was seen within Additional Clinical Services (0.5 percentage points). The largest increase in staff group was seen within Estates and Ancillary (0.7 percentage points).
Ownership:	Director of People



Turnover	Nov-18	KPI
UH Bristol NHS Foundation Trust	**13.5%**	**12.8%**
Diagnostics & Therapies	11.0%	11.8%
Facilities & Estates	16.9%	16.1%
Medicine	14.7%	14.1%
Specialised Services	14.3%	13.8%
Surgery	13.6%	12.2%
Trust Services	14.7%	13.7%
Women's & Children's	11.7%	10.9%

2.5 PERFORMANCE – Efficient Domain

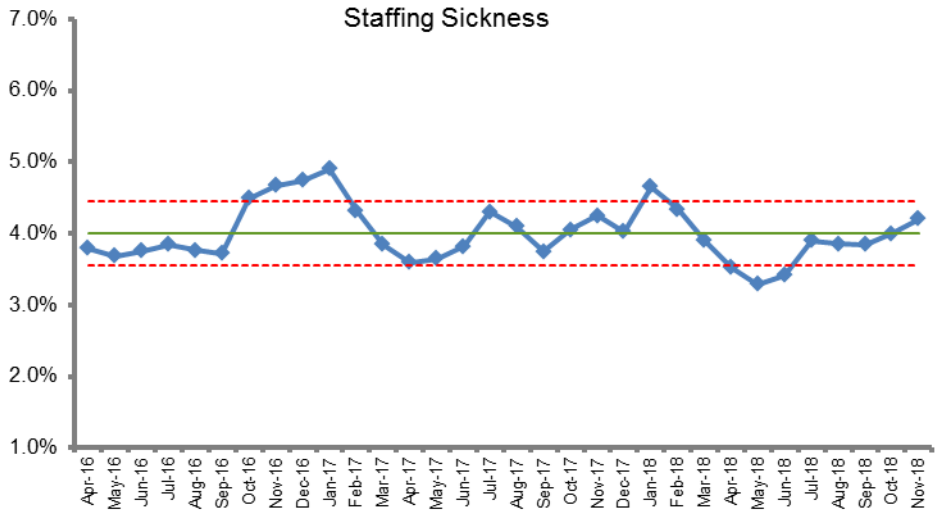
Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In November, funded establishment was 8701, with 381 as vacancies (4.4%).
Commentary:	There were reductions in three staff groups; Admin & Clerical / Senior Managers, Allied Health / Scientific Professions, and Medical Staff. Medicine had the largest Divisional reduction to 35.2 FTE from 50.8 FTE the previous month. The largest staff group vacancy position reduction was seen within Admin and Clerical staff reducing to 91.3 FTE from 106.8 FTE the previous month. The biggest Divisional reduction in this staff group was seen within Trust Services where Admin and Clerical vacancies reduced to 37.3 FTE from 41.9 FTE the previous month.
Ownership:	Director of People



Vacancy	Nov-18	KPI
UH Bristol	**4.4%**	**5.0%**
Diagnostics & Therapies	5.7%	5.0%
Medicine	2.9%	5.0%
Specialised Services	4.8%	5.0%
Surgery	4.6%	5.0%
Women's & Children's	1.3%	5.0%
Trust Services	4.4%	5.0%
Facilities & Estates	11.9%	5.0%

2.5 PERFORMANCE – Efficient Domain

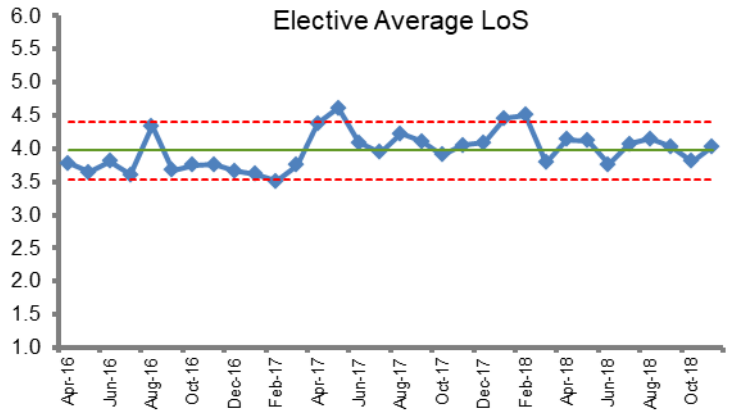
Staff Sickness	
Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In November, total available FTE days were 244929 of which 10323 (4.2%) were lost to staff sickness
Commentary:	Sickness absence increased to 4.2% from 4.0%, with reductions in two divisions. The largest divisional reduction was seen in Medicine reducing to 4.4% from 4.8% the previous month, Women's and Children's saw the largest increase to 4.3% from 3.6% the previous month. The largest staff group increase was seen in Additional Clinical Services, rising to 6.3% from 4.9% the previous month. The largest staff group reduction was seen within Nursing and Midwifery Unregistered reducing to 6.6% from 7.0% the previous month.
Ownership:	Director of People

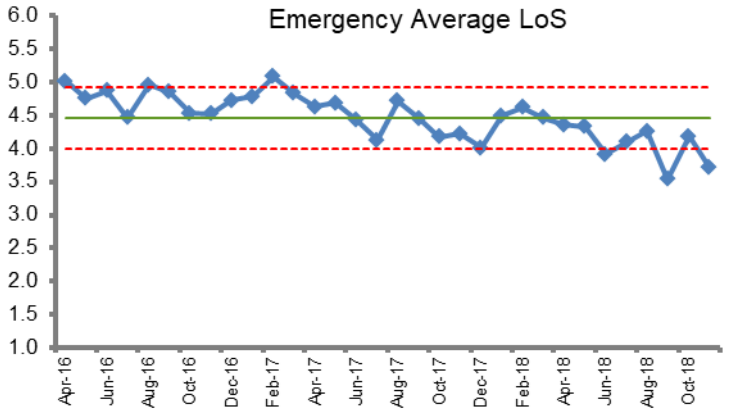


Sickness	Nov-18	Nov KPI
UH Bristol NHS Foundation Trust	4.2%	4.0%
Diagnostic & Therapies	3.3%	3.0%
Facilities & Estates	7.3%	6.5%
Medicine	4.4%	4.5%
Specialised Services	3.1%	3.7%
Surgery	4.1%	3.6%
Trust Services (exc Facilities & Estates)	3.8%	3.0%
Women's & Children's	4.3%	4.0%

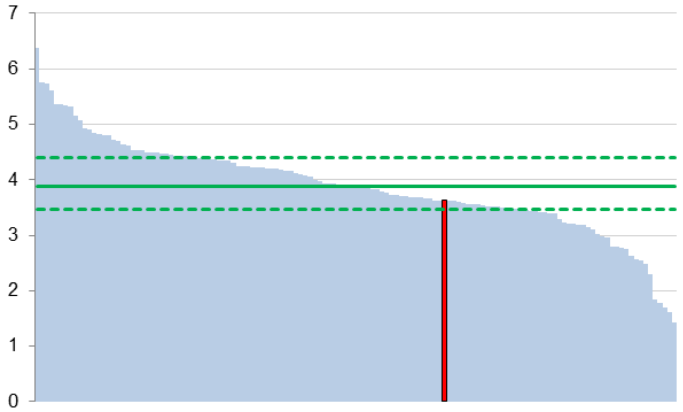
2.5 PERFORMANCE – Efficient Domain

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 November there were 6944 discharges that consumed 25,115 beddays, giving an overall average length of stay of 3.62 days.
Ownership:	Chief Operating Officer



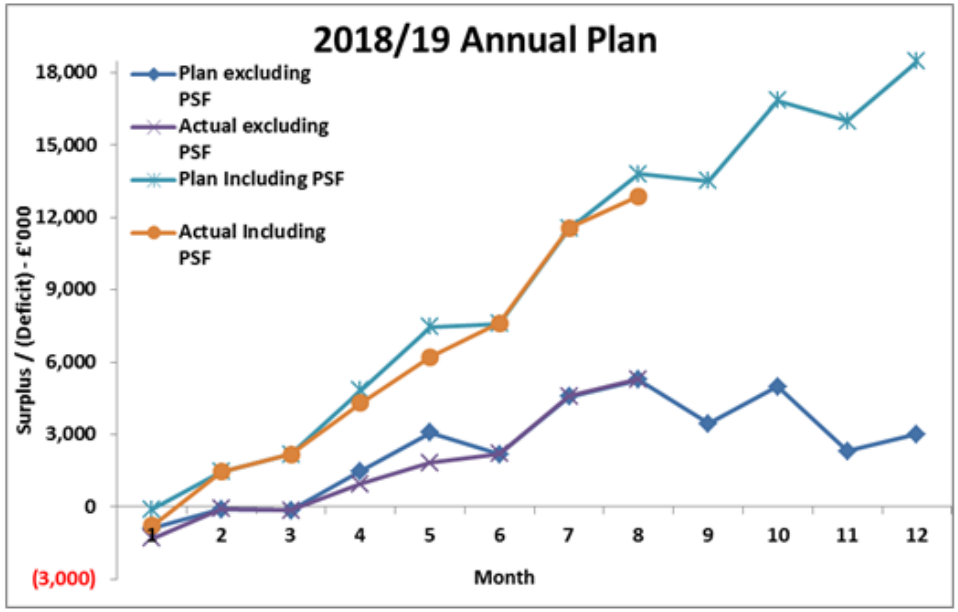


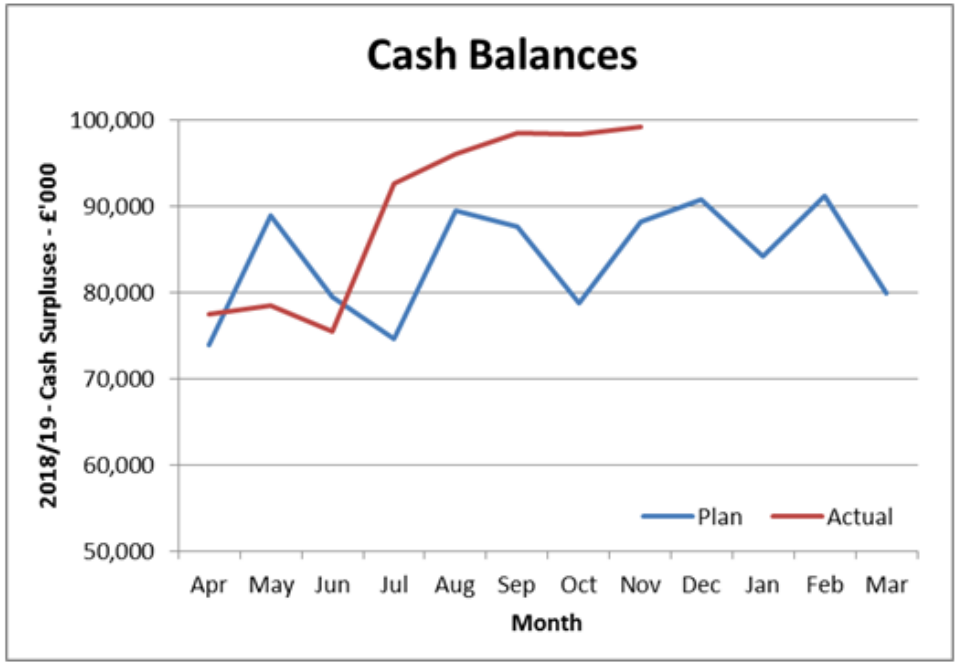
Average Length of Stay – England Acute Trusts – 2018/19 Quarter 1



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

2.6 FINANCIAL PERFORMANCE





Actual Spend - £'000						
Agency	In Month				Plan for Year	Straight Line Projection
	QTR 1	QTR 2	Oct	Nov		
Nursing & Midwifery	1,406	1,851	623	587	**3,257**	**6,701**
Medical						**0**
Consultants	56	185	48	75	**184**	**546**
Other Medical	106	112	1	0	**276**	**329**
Other	189	443	175	109	**1,701**	**1,374**
Total	**1,757**	**2,591**	**847**	**771**	**5,418**	**8,949**

Variance to Budget Surplus/(Deficit) - £'000					
	In Month				YTD
Subjective Heading	QTR 1	QTR 2	Oct	Nov	Total
Nursing & Midwifery Pay	(1,015)	(1,091)	(639)	(543)	**(3,288)**
Medical & Dental Pay	(1,033)	(1,184)	(376)	(520)	**(3,113)**
Other Pay	328	537	120	62	**1,047**
Non Pay	(1,087)	(1,096)	(174)	(807)	**(3,164)**
Income from Operations	(27)	172	(139)	188	**194**
Income from Activities	2,263	(395)	688	1,270	**3,826**
Total	**(571)**	**(3,057)**	**(520)**	**(350)**	**(4,498)**

Variance to Budget Surplus/(Deficit) - £'000					
	In Month				YTD
Subjective Heading	QTR 1	QTR 2	Oct	Nov	Total
Nursing & Midwifery Pay	(1,015)	(1,091)	(639)	(543)	**(3,288)**
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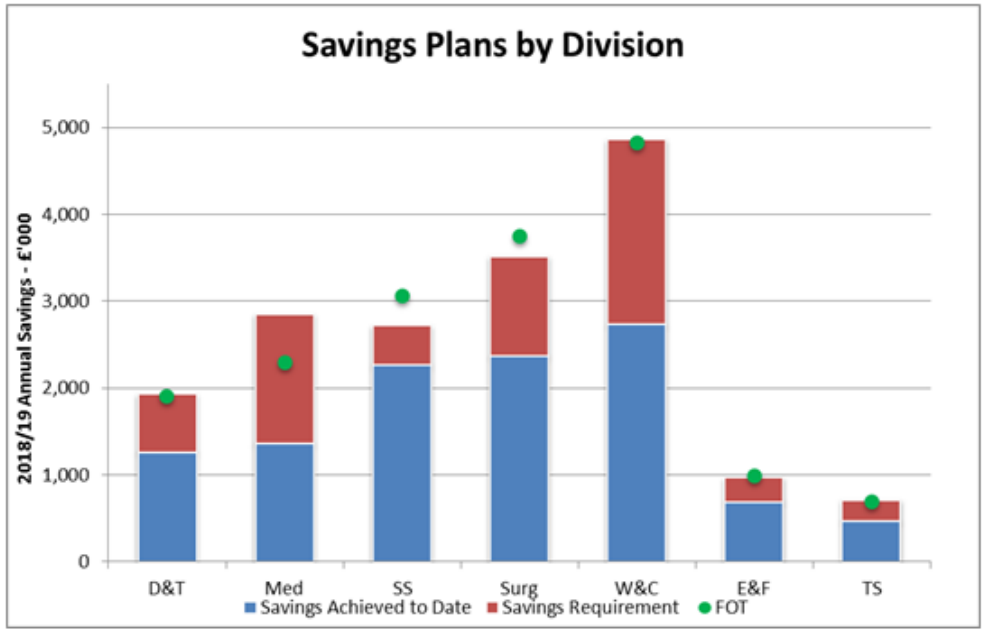
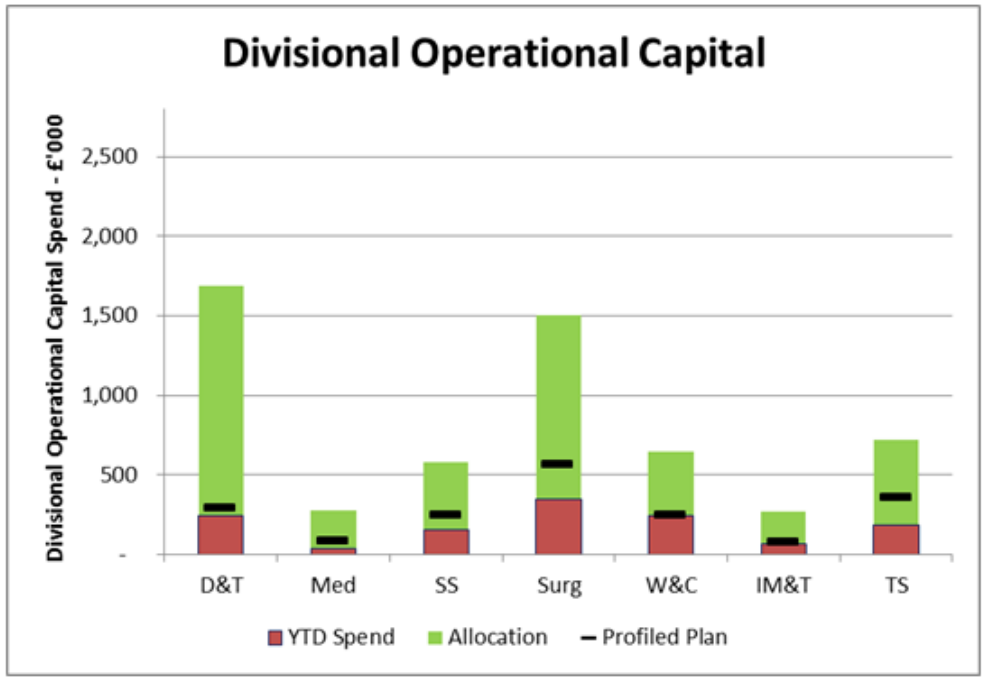
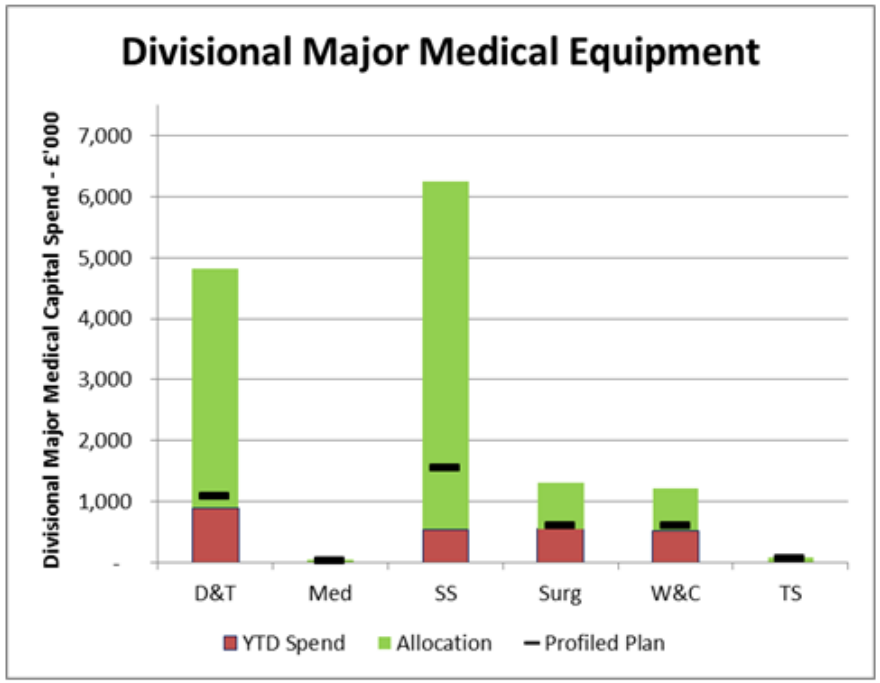


2018/19 Capital Programme			Year To Date		
Operational Plan	Subjective Heading	Revised Plan / FOT	Internal Plan	Actual spend	Variance (over) /under
£'000		£'000	£'000	£'000	£'000
	Sources of Funding				
1,600	PDC	4,094	-	-	-
3,189	Loan				
3,000	Donations - Cash	1,472	1,019	1,005	(14)
	Donations - Direct	28	28	28	0
	Cash:				
24,338	Depreciation	23,531	15,560	15,577	17
	Insurance Claim	2,266			0
14,962	Cash balances	19,401	(1,945)	(4,246)	(2,301)
47,089	**Total Funding**	50,792	14,662	12,364	(2,298)
	Application/Expenditure				
(11,618)	Strategic Schemes	(10,186)	(2,000)	(1,847)	153
(17,620)	Medical Equipment	(19,979)	(3,928)	(2,589)	1,339
(16,415)	Operational Capital	(16,524)	(4,600)	(3,670)	930
(7,468)	Information Technology	(8,447)	(2,984)	(3,112)	(128)
-	Fire Improvement Programme	(746)	(97)	(2)	95
(2,367)	Estates Replacement	(3,309)	(1,053)	(1,144)	(91)
(55,488)	**Gross Expenditure**	(59,191)	(14,662)	(12,364)	2,298
8,399	In-Year Slippage	8,399			
(47,089)	**Net Expenditure**	(50,792)	(14,662)	(12,364)	2,298

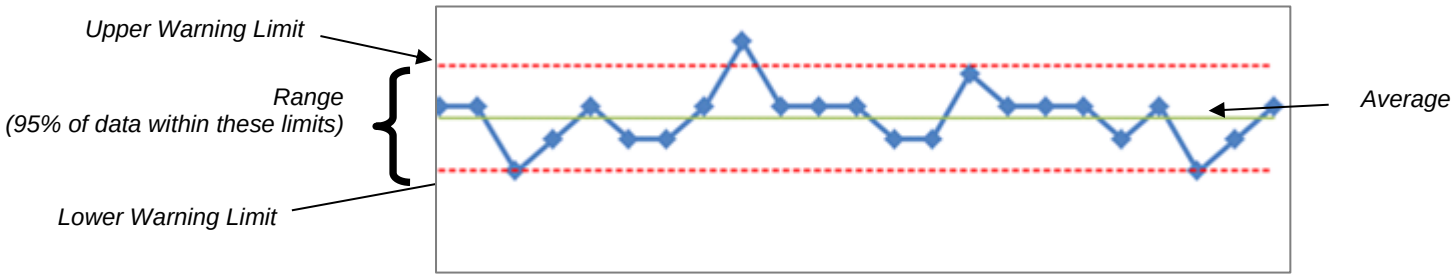




A1 APPENDIX 1 – Explanation of SPC Charts

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

An example chart is shown below:



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

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

A2

APPENDIX 2 External Views of the Trust

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

Care Quality Commission

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

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

NHS Choices

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

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

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

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual 17/18	Annual 18/19 YTD	Monthly Totals Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Quarterly Totals 17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	4	5	1	1	0	0	1	0	2	0	0	1	1	0	1	3	1	1
	DA02	MSSA Trust Apportioned Cases	25	22	1	2	3	3	3	5	4	2	3	1	1	3	8	12	6	4
	DA03	CDiff Trust Apportioned Cases	35	27	3	2	6	0	2	0	6	4	1	7	2	5	8	8	12	7
C.Diff "Avoidables"	DA03B	CDiff Trust Apportioned Cases - Lapse in Care	7	2	0	0	0	0	1	0	0	1	0	0	0	0	0	1	1	0
	DA03D	CDiff Trust Apportioned Cases - Still Under Review	12	18	3	2	6	0	0	0	1	2	1	7	2	5	8	1	10	7
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.6%	97.3%	97.3%	98.4%	98.2%	96.9%	96.8%	97.8%	97.4%	97.7%	97.2%	98%	97%	96.5%	97.8%	97.3%	97.6%	96.7%
	DB02	Antibiotic Compliance	86.4%	80%	85.4%	85.2%	89.6%	85.3%	82.8%	81.3%	83%	84.6%	77.4%	75.1%	76.7%	75.7%	86.6%	82.5%	79.6%	76.2%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	95%	98%	94%	95%	95%	96%	95%	95%	95%	95%	95%	96%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	96%	97%	98%	97%	97%	98%	97%	97%	97%	98%	98%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	93%	96%	96%	96%	95%	96%	96%	95%	95%	96%	96%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	57	51	4	6	2	7	3	10	4	4	8	8	4	10	15	17	20	14
	S02a	Number of Confirmed Serious Incidents	53	29	4	6	2	6	3	10	4	3	8	1	-	-	14	17	12	-
	S02b	Number of Serious Incidents Still Open	-	22	-	-	-	-	-	-	-	1	0	7	4	10	-	-	8	14
	S03	Serious Incidents Reported Within 48 Hours	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	92.9%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.7%	94.1%	100%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	80%	100%	100%	95%	85.7%
	S04	Serious Incident Investigations Completed Within Timescale	96.2%	97.6%	100%	83.3%	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	93.3%	92.9%	100%	100%
	S04a	Overdue Exec Commissioned Non-SI Investigations	19	9	3	3	1	1	2	2	1	2	2	0	0	0	5	5	4	0
Never Events	S01	Total Never Events	8	2	0	1	0	1	0	0	0	0	1	0	0	1	2	0	1	1
Patient Safety Incidents	S06	Number of Patient Safety Incidents Reported	15656	11827	1193	1347	1379	1480	1428	1311	1445	1566	1539	1510	1517	1511	4206	4184	4615	3028
	S06b	Patient Safety Incidents Per 1000 Beddays	50.86	58.52	46.38	50.04	57.11	55.29	55.84	52.85	59.13	60.39	62.35	59.72	58.92	58.92	54.04	55.92	60.81	58.92
	S07	Number of Patient Safety Incidents - Severe Harm	92	62	9	10	7	7	6	13	10	5	3	9	9	7	24	29	17	16
Patient Falls	AB01	Falls Per 1,000 Beddays	4.59	4.32	4.51	4.61	4.68	5.04	3.79	4.27	3.72	4.4	5.27	4.9	3.73	4.48	4.78	3.93	4.85	4.11
	AB06a	Total Number of Patient Falls Resulting in Harm	25	18	5	2	0	2	2	4	1	1	5	2	2	1	4	7	8	3
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.162	0.307	0.156	0.372	0.207	0.149	0.156	0.121	0.123	0.347	0.203	0.277	0.816	0.39	0.244	0.134	0.277	0.603
	DE02	Pressure Ulcers - Grade 2	45	53	4	10	5	4	2	3	3	8	4	7	18	8	19	8	19	26
	DE04A	Pressure Ulcers - Grade 3 or 4	5	9	0	0	0	0	2	0	0	1	1	0	3	2	0	2	2	5
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.4%	98.3%	98%	98%	98.3%	98.3%	98.1%	98.4%	98.5%	98.3%	98.7%	98.4%	98.4%	98%	98.2%	98.3%	98.5%	98.2%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	95%	92.5%	92.3%	91.4%	94.4%	97.1%	93.8%	96.1%	91.1%	95%	93.4%	89.6%	87.8%	92.2%	94.1%	93.8%	92.9%	89.8%
	N04	Number of Hospital Associated VTEs	50	23	3	8	3	7	3	4	3	4	6	3	-	-	18	10	13	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	2	1	0	0	0	0	0	0	1	0	0	0	-	-	0	1	0	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	4	12	1	0	1	2	1	1	1	3	5	1	-	-	3	3	9	-
Nutrition	WB03	Nutrition: 72 Hour Food Chart Review	92.1%	-	88.8%	95%	91%	93.7%	-	-	-	-	-	-	-	-	93%	-	-	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	89.9%	91.2%	88.9%	-	-	86.3%	-	-	92%	-	-	90.4%	-	-	86.3%	92%	90.4%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.7%	99.8%	99.8%	100%	99.8%	99.7%	99.9%	99.7%	99.7%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.7%	99.8%	99.8%

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			17/18	18/19 YTD	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Medicines	WA01	Medication Incidents Resulting in Harm	0.55%	0.21%	0.5%	0.49%	0%	0%	0%	0.91%	0.37%	0%	0%	0%	0.29%	-	0.15%	0.42%	0%	0.29%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.4%	0.39%	0%	0.42%	1.02%	0.33%	0.63%	0.36%	0.24%	0.54%	0.22%	0.53%	0.41%	0.2%	0.57%	0.43%	0.4%	0.33%
Safety Thermometer	AK03	Safety Thermometer - Harm Free Care	97.9%	-	98.3%	98.8%	98.2%	98.2%	-	-	-	-	-	-	-	-	98.4%	-	-	-
	AK04	Safety Thermometer - No New Harms	98.8%	-	99%	99.9%	98.4%	98.5%	-	-	-	-	-	-	-	-	98.9%	-	-	-
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	96%	-	97%	95%	91%	100%	-	-	-	-	-	-	-	-	95%	-	-	-
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	9.4%	9.1%	8.7%	8.2%	9%	10.2%	8.8%	8.9%	10.3%	9.5%	9.4%	9.2%	8.7%	8.6%	9.3%	9.7%	9%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.4%	21.4%	20.8%	20.5%	20.9%	21.9%	20.3%	22.4%	21.7%	21.4%	21.4%	21.4%	20.8%	21.9%	21.1%	21.5%	21.4%	21.3%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	11138	7302	863	867	814	945	834	963	875	902	912	916	908	992	2626	2672	2730	1900
Staffing Levels	RP01	Staffing Fill Rate - Combined	98.9%	98.8%	97.2%	98.5%	96.8%	95.7%	99%	98.7%	100.1%	99.1%	97%	98.5%	99.6%	-	97%	99.2%	98.2%	99.6%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Data	100.6	105.6	101.7	-	-	102.7	-	-	105.6	-	-	-	-	-	102.7	105.6	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	106.4	104.1	125.3	110.5	91.9	112.6	121.3	84	116.3	88	99.1	119.5	-	-	105.2	107.1	100.6	-
Readmissions	C01	Emergency Readmissions Percentage	3.62%	3.48%	3.62%	3.62%	3.39%	3.84%	3.31%	3.55%	3.78%	3.45%	3.65%	3.17%	3.47%	-	3.62%	3.55%	3.43%	3.47%
Sepsis (Inpatients)	AG02a	Percentage of Patients Meeting Criteria Screened for Sepsis (Inpatients)	51.1%	98.4%	46.7%	64.7%	87%	83.3%	87.1%	100%	100%	100%	100%	100%	-	-	79.7%	95.7%	100%	-
	AG03a	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (Inpatien	77.4%	66.7%	100%	-	100%	50%	75%	-	33.3%	100%	-	-	-	-	75%	57.1%	100%	-
	AG04a	Sepsis Patients Percentage with a 72 Hour Review (Inpatients)	93.3%	100%	75%	-	100%	-	100%	-	-	100%	-	-	-	-	100%	100%	100%	-
					For months where there is some data, a "-" (dash) indicates no applicable data. It does not indicate data is missing.															
Sepsis (Emergency Department)	AG02b	Percentage of Patients Meeting Criteria Screened for Sepsis (ED)	83.4%	93.7%	68%	86%	88%	88%	80%	89.2%	92.8%	98%	100%	96%	-	-	87.3%	89.3%	98%	-
	AG03b	Sepsis Patients Percentage Commencing Antibiotics Within 1 Hour (ED)	85.5%	84.2%	91.7%	90%	74.2%	94.1%	75%	91.3%	76.9%	80%	94.3%	82.8%	-	-	83.8%	81.1%	86.9%	-
	AG04b	Sepsis Patients Percentage with a 72 Hour Review (ED)	93.1%	96.8%	90.9%	100%	82.1%	100%	100%	95.1%	92.9%	100%	100%	96%	-	-	91.2%	94.9%	98.8%	-
Maternity	G01	Percentage of Low Weight Babies	2.5%	3%	4.6%	3.2%	2%	3.2%	3.2%	2.1%	4.2%	2.8%	2.5%	2.7%	3.5%	-	2.8%	3.1%	2.7%	3.5%
	G01A	Number of Low Weight Babies	119	80	18	13	7	12	12	8	15	11	10	11	13	0	32	35	32	13
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	64.2%	60.4%	48.5%	57.7%	45.5%	60%	72.7%	59.3%	53.3%	45%	70%	60%	54.5%	60%	54.8%	64%	58.3%	57.4%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	61.6%	96.7%	60.6%	69.2%	77.3%	92%	97%	100%	93.3%	100%	100%	90%	95.5%	96%	79.5%	97.3%	96.7%	95.7%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	34.8%	54.4%	24.2%	38.5%	22.7%	48%	63.6%	48.1%	46.7%	45%	70%	50%	50%	56%	37%	54.7%	55%	53.2%
	U05	Fracture Neck of Femur - Time To Treatment 90th Percentile (Hours)	-	-	58.6	64.8	65.7	81.5	48.7	72.7	50.6	61.3	79.3	63.6	-	-	-	-	-	-
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	62.6%	50%	60.9%	57.9%	61.3%	54.3%	58.1%	30.8%	65%	36.1%	45.2%	55.2%	56.8%	-	57.4%	51.6%	44.8%	56.8%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	85.8%	82.8%	87%	84.2%	93.5%	80.4%	81.4%	76.9%	90%	83.3%	90.3%	93.1%	70.5%	-	85.2%	82.8%	88.5%	70.5%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	54.6%	51.4%	42.9%	50%	36.4%	20%	15.4%	54.5%	63.2%	30.8%	66.7%	46.7%	55.6%	73.3%	34.2%	46.5%	47.5%	66.7%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	89.3%	81.6%	87.9%	90.7%	87.3%	86.3%	87.3%	84.8%	77.6%	74.7%	80.2%	79.8%	79%	89%	88.2%	83.6%	78%	83.7%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	96.2%	93.4%	100%	93.8%	86%	96.5%	95%	91.9%	89.5%	94.9%	97.7%	91.2%	93.6%	92.6%	92%	92.2%	94.9%	93.1%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	92.9%	92.9%	100%	100%	-	100%	-	0%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%
	AC04	Percentage of Dementia Carers Feeling Supported	60%	100%	-	100%	-	33.3%	-	-	100%	-	-	-	-	-	50%	100%	-	-
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9098	5164	730	1411	1120	1377	800	945	543	531	507	697	492	649	3908	2288	1735	1141

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			17/18	18/19 YTD	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	90	91	92	92	93	91	92	90	92	92	92	92	92	92	91	92
	P01g	Patient Survey - Kindness and Understanding	-	-	95	96	95	95	97	97	96	95	96	97	96	97	96	96	96	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	89	90	88	88	88	91	89	90	91	89	90	89	89	89	90	89
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35%	34.5%	28.4%	34.9%	36.2%	30.3%	40.7%	37.6%	33.7%	35.6%	35.4%	29.1%	36.5%	27.8%	33.7%	37.2%	33.5%	32.1%
	P03b	Friends and Family Test ED Coverage	17.3%	17%	14.6%	17.8%	17.4%	15.2%	17.3%	17.2%	18.4%	17.3%	17.4%	17%	16.9%	14.6%	16.8%	17.6%	17.2%	15.8%
	P03c	Friends and Family Test MAT Coverage	19%	17.8%	23.1%	17.5%	17.7%	18.2%	19.8%	13.2%	11.2%	14%	9.8%	23.1%	31.4%	19.2%	17.8%	14.8%	15.6%	25.4%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	97.7%	98%	97.8%	97.7%	98.3%	97.8%	97.4%	97.3%	97.3%	98.8%	98.6%	98.1%	98.4%	98.6%	97.9%	97.3%	98.5%	98.5%
	P04b	Friends and Family Test Score - ED	81%	83%	77%	81.8%	83.2%	77.7%	80.1%	81.1%	84.6%	81.4%	84.1%	83.4%	85.2%	84%	81%	81.9%	82.9%	84.7%
	P04c	Friends and Family Test Score - Maternity	96.9%	96.8%	98.1%	94.6%	96.8%	97.1%	94.6%	95.5%	99.3%	96.8%	99.3%	95.9%	97.2%	97.3%	96.1%	96%	96.9%	97.2%
Patient Complaints	T01	Number of Patient Complaints	1815	1251	98	143	121	159	149	157	140	148	143	152	169	193	423	446	443	362
	T01a	Patient Complaints as a Proportion of Activity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	T03a	Complaints Responded To Within Trust Timeframe	83%	85.9%	83.8%	87.8%	82.8%	77.9%	83.1%	91%	84%	85.2%	86.8%	86.3%	85.1%	85.9%	82.3%	85.9%	86.1%	85.5%
	T03b	Complaints Responded To Within Divisional Timeframe	83.8%	84.3%	82.4%	91.8%	82.8%	77.9%	85.9%	82.1%	78.7%	85.2%	86.8%	82.2%	90.5%	83.8%	83.4%	82.2%	84.4%	86.7%
	T04c	Percentage of Responses where Complainant is Dissatisfied	10.68%	9.67%	2.94%	8.16%	8.62%	13.23%	9.86%	14.92%	6.67%	9.26%	7.55%	9.59%	-	-	10.29%	10.33%	8.89%	-
Cancelled Operations	F01q	Percentage of Last Minute Cancelled Operations (Quality Objective)	1.19%	1.26%	1.2%	1.53%	1.63%	1.91%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1.69%	1.29%	1.1%	1.44%
	F01a	Number of Last Minute Cancelled Operations	919	680	71	102	98	121	85	125	39	79	54	89	71	138	321	249	222	209

RESPONSIVE

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 17/18	Annual 18/19 YTD	Monthly Totals Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Quarterly Totals 17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	92%	87%	89.6%	88.9%	88.3%	88.1%	88.4%	87%	88.2%	89.1%	88.6%	88.9%	88.7%	88.5%	89.6%	90.1%	87.8%	88.6%	88.7%	89.8%
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	-	-	3085	3138	3308	3783	3510	3244	3377	3208	3290	3354	3000	2810	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	1	209	87	9	1	15	18	15	12	9	11	7	10	9	14	34	36	28	23
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	-	-	158	160	148	164	154	141	129	126	119	113	113	111	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93%	93%	94.3%	95.3%	94.8%	92.2%	96.9%	92.1%	92.6%	95.1%	95.3%	96.5%	95.5%	96.4%	95.7%	-	93.6%	94.3%	96.1%	95.7%
	E01c	Cancer - Urgent Referrals Stretch Target	80%	80%	58.9%	57.5%	54.4%	58.8%	59.6%	54.6%	41.3%	53.1%	56.7%	60.6%	66.4%	68.8%	57%	-	57.7%	50.6%	65.2%	57%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	96%	96%	95.8%	96.8%	96.7%	92.9%	95.1%	95.8%	94.4%	95%	94.7%	97.4%	99.2%	99.1%	98.8%	-	94.5%	94.7%	98.5%	98.8%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98%	98.6%	98%	98.9%	98.7%	98.6%	98.4%	97.6%	96.6%	97.6%	96.1%	100%	99.1%	99.4%	-	98.6%	97.2%	98.4%	99.4%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	94%	94%	92%	95.6%	93%	96.6%	87.7%	79.5%	93%	85%	95.6%	98.2%	96.2%	98.1%	100%	-	89%	91.4%	97.5%	100%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	94%	94%	96.3%	95.1%	97.6%	92.9%	97.9%	96.4%	98.5%	85.4%	91.6%	97.1%	97.4%	95.6%	97.6%	-	95.6%	92.2%	96.8%	97.6%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	85%	81.7%	85.8%	82.9%	78.4%	81.3%	87.3%	84.1%	82.4%	86%	85.7%	88.9%	87.4%	85.5%	-	82.4%	84.2%	87.3%	85.5%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	90%	90%	74.8%	65.1%	71.4%	100%	58.3%	28.6%	66.7%	37.5%	41.7%	100%	60%	100%	100%	-	61.5%	43.5%	83.3%	100%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	85%	85%	85.4%	81.9%	85.7%	88.7%	83.9%	90.9%	79.3%	77.9%	84.4%	77.7%	84.7%	86.8%	85.6%	-	87.9%	80.4%	82.6%	85.6%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	-	-	47.5	32.5	4.5	3	2.5	2	3	5	5.5	2	5.5	4	7.5	-	7.5	13.5	11.5	7.5
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	0.8%	1.2%	1.19%	1.26%	1.2%	1.53%	1.63%	1.91%	1.37%	1.9%	0.59%	1.15%	0.79%	1.39%	0.97%	1.94%	1.69%	1.29%	1.1%	1.44%
	F01a	Number of Last Minute Cancelled Operations	-	-	919	680	71	102	98	121	85	125	39	79	54	89	71	138	321	249	222	209
	F02	Cancelled Operations Re-admitted Within 28 Days	95%	85%	94.2%	92.9%	94.1%	88.7%	94.1%	92.9%	90.9%	88.2%	95.2%	97.4%	94.9%	94.4%	91%	94.4%	92.3%	91.8%	95.3%	92.5%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	-	-	1.61%	1.74%	1.38%	1.81%	2.08%	2.31%	2.26%	2.36%	1.67%	0.41%	1.53%	2.05%	1.82%	1.91%	2.06%	2.1%	1.31%	1.87%
	F07a	Number of Admissions Cancelled Day Before	-	-	1244	939	82	121	125	146	140	155	110	28	105	131	134	136	392	405	264	270
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	90%	70%	76.1%	78.4%	63.8%	80.9%	71.1%	65.2%	86.2%	80%	81.8%	70.6%	79.3%	72%	-	-	74.1%	82.4%	73.9%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	90%	90%	93.2%	94.2%	93.6%	95.7%	97.4%	91.3%	93.1%	92.5%	100%	91.2%	93.1%	96%	-	-	95.4%	95.1%	93.2%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	99%	99%	98.29%	97.58%	97.62%	97.81%	99.19%	98.51%	96.8%	97.64%	97.83%	97.88%	97.13%	98.13%	98.36%	96.94%	98.53%	97.41%	97.72%	97.65%
Outpatients	R03	Outpatient Hospital Cancellation Rate	9.7%	11.7%	10.7%	9.8%	10.1%	9.4%	11.1%	11.6%	9.7%	9.5%	10%	9.6%	10%	10.1%	9.9%	9.8%	10.6%	9.7%	9.9%	9.8%
	R05	Outpatient DNA Rate	5%	10%	7.2%	6.8%	7.6%	6.8%	6.4%	7.3%	6.4%	7.2%	6.7%	7.1%	6.8%	7%	6.7%	6.5%	6.8%	6.8%	7%	6.6%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.03	2.03	2.19	2.09	2.2	2.22	2.17	2.1	2.06	1.99	2.05	2.1	2.11	2.13	2.14	2.17	2.16	2.03	2.11	2.15
ERS	BC01	ERS - Available Slot Issues Percentage	-	-	20.2%	17.5%	20.8%	20.8%	22.6%	14.6%	18.6%	21.5%	23.8%	22.9%	22.1%	15.5%	10.9%	13.8%	19.4%	21.4%	19.9%	12.3%

APPENDIX 3 – Trust Scorecards

Topic	ID	Title	Annual Target Green	Annual Target Red	Annual 17/18	Annual 18/19 YTD	Monthly Totals Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Quarterly Totals 17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	-	-	279	137	23	27	23	19	22	18	25	17	11	16	18	10	69	65	44	28
	Q02A	Non-Acute Delayed Transfers of Care - Patients	-	-	103	51	9	9	9	5	5	8	8	4	9	8	5	4	23	21	21	9
	Q01B	Acute Delayed Transfers of Care - Beddays	-	-	8466	4454	606	836	715	696	576	471	632	503	586	513	691	482	2247	1679	1602	1173
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	-	-	3106	1850	255	272	182	204	291	161	207	204	225	321	250	191	658	659	750	441
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	-	-	47	53	54	52	59	56	60	54	42	55	39	47	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	-	-	13	15	26	17	18	14	21	17	19	24	21	14	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	-	-	1532	1757	1652	1989	1832	1574	1836	1571	1621	1562	1608	1620	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	-	-	479	593	453	501	614	451	459	618	570	753	681	580	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	-	-	4.05	3.79	3.74	4.15	4.15	3.96	4.01	3.93	3.66	3.8	3.92	3.52	3.87	3.62	4.08	3.87	3.75	3.74
	J04D	Percentage Length of Stay 14+ Days	-	-	6.8%	6.4%	6%	6.6%	6.9%	7.1%	6.5%	6.4%	6.3%	6.5%	6.5%	5.8%	6.9%	6%	6.9%	6.4%	6.2%	6.4%
14 Day LOS Patients	C07	Number of 14+ Day Length of Stay Patients at Month End	-	-	-	-	243	242	252	238	234	207	243	234	211	233	224	212	-	-	-	-
AMU	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	3%	5.6%	2.5%	4.2%	3.4%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.3%	5.1%	0.6%	3.8%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	35.7%	38.8%	61.9%	61.3%	29.6%	32.2%	38.5%	50%	25%	25%	-	23.3%	45.9%	50.6%	37%	25%	35.8%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	95%	90%	86.48%	88.31%	85.33%	82.69%	83.2%	78.89%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	81.54%	89.3%	88.44%	86.73%
	This is measured against the national standard of 95%																					
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	-	-	86.48%	88.31%	85.33%	82.69%	83.2%	78.89%	83.95%	91.14%	92.84%	90.26%	90.07%	85%	89.16%	84.24%	81.54%	89.3%	88.44%	86.73%
	BB07	BRI ED - Percentage Within 4 Hours	-	-	78.35%	81.62%	77.24%	71.39%	73.24%	65.06%	73.92%	85.56%	89.08%	84.8%	83.37%	75.44%	81.79%	78.89%	69.78%	82.81%	81.27%	80.39%
	BB03	BCH ED - Percentage Within 4 Hours	-	-	94.89%	94.18%	92.56%	93.91%	94.5%	95.08%	94.45%	96.25%	96.26%	96.39%	97.9%	94.16%	95.05%	85.39%	94.49%	95.67%	96.02%	90.08%
	BB04	BEH ED - Percentage Within 4 Hours	99%	99%	96.26%	97.34%	98.34%	96.63%	94.35%	92.9%	94.4%	98.11%	97.66%	96.19%	98.75%	97.46%	98.67%	97.34%	94.62%	96.7%	97.49%	98.04%
	This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																					
Trolley Waits	B06	ED 12 Hour Trolley Waits	0	1	8	1	5	3	0	0	0	0	0	0	0	0	1	0	3	0	0	1
Time to Initial Assessment	B02c	ED Time to Initial Assessment - Under 15 Minutes (Excludes BCH)	95%	95%	97.9%	95.5%	98.2%	97.6%	96.5%	96.3%	96.8%	94.8%	98.4%	94.3%	95.1%	96.1%	95.2%	93.5%	96.8%	96.7%	95.1%	94.4%
	B02b	ED Time to Initial Assessment - Data Completness	95%	95%	94.4%	91.2%	99.4%	99.4%	98.4%	93.7%	91.9%	90.2%	92.8%	91.4%	90.6%	91%	91.5%	90.6%	97.2%	91.6%	91%	91%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50%	50%	52.2%	50.8%	51%	54.4%	52.4%	48%	49.5%	53.8%	51.3%	50.8%	55.6%	48%	53.1%	44.8%	51.6%	51.6%	51.4%	49%
	B03b	ED Time to Start of Treatment - Data Completeness	95%	95%	97.4%	96.9%	98%	98%	97.6%	96.5%	96.5%	96.7%	97.3%	96.8%	97.1%	96.6%	97.1%	97%	97.4%	96.8%	96.8%	97.1%
Others	B04	ED Unplanned Re-attendance Rate	5%	5%	2.8%	3.3%	3.3%	3.1%	2.9%	2.9%	3%	3%	2.8%	2.9%	2.7%	3.2%	3.9%	4.4%	3%	2.9%	2.9%	4.1%
	B05	ED Left Without Being Seen Rate	5%	5%	1.9%	1.8%	1%	1%	1.1%	1.5%	1.4%	1.6%	1.7%	1.9%	1.6%	2.2%	2.1%	1.8%	1.2%	1.5%	1.9%	2%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	-	-	840	433	87	62	59	85	75	48	54	45	58	14	74	65	206	177	117	139
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	-	-	4.2%	3%	5.6%	2.5%	4.2%	3.4%	7.1%	6%	2%	1.3%	0.5%	0%	3.4%	4.1%	3.3%	5.1%	0.6%	3.8%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	-	-	47%	35.7%	38.8%	61.9%	61.3%	29.6%	32.2%	38.5%	50%	25%	25%	-	23.3%	45.9%	50.6%	37%	25%	35.8%

FINANCIAL MEASURES

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