

April 2020

Published Papers

Including:

University Hospitals Bristol NHS Foundation Trust Quality and Performance Report

Weston Area Health NHS Trust Quality and Performance Report

Meeting of the Board of Directors in Private on Thursday 30 April 2020

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

1. Report Summary
To review the Trust's performance on Quality, Workforce and Access standards.
2. Key points to note <i>(Including decisions taken)</i>
The report titled "University Hospitals Bristol" is the regular Quality and Performance monthly report, but without Weston data. The report titled "Weston Division" contains the Weston performance data; presented in the same format as the University Hospitals Bristol report. From June 2020, these two reports will merge and so there will be one report showing combined Bristol and Weston data.
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
N/A
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> This report is for Assurance.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A



University Hospitals
Bristol and Weston
NHS Foundation Trust

Quality and Performance Report

University Hospitals Bristol

April 2020

Oversight Framework

- The 62 Day Cancer standard for GP referrals was 82.0% for February. This did not achieve the national standard of 85%. However Quarters 1, 2 and 3 overall achieved the 85% standard. Quarter 4 is currently at 81.4% and is unlikely to achieve the 85% standard once March data is finalised.
- The measure for percentage of Emergency Department (ED) patients seen in less than 4 hours was 81.0% in March. This did not achieve the 95% national standard but was narrowly below the improvement trajectory target of 81.7%.
 - March 2020 saw a significant reduction in ED attendances. April to February averaged 12,161 attendances per month. There were 9,168 in March, which is a 25% reduction.
- The percentage of Referral To Treatment (RTT) patients waiting under 18 weeks was 78.3% as at end of March. This did not achieve the national 92% standard or the improvement trajectory target of 87.9%.
 - The average performance for the previous eleven months was 85%; March has seen an increase in the 18+ week backlog due to routine patient appointments and procedures being cancelled to ensure capacity is available for Covid-19 patients
- The percentage of Diagnostic patients waiting under 6 weeks at end of March was 85.7%, with 1019 patients waiting 6+ weeks. This is lower than the national 99% standard
 - The average performance for the previous eleven months was 95%. As per Referral To Treatment, the Covid-19 impact has caused this increase in the 6+ week backlog.

The impact of Covid-19 has also brought about significant increases in

- Hospital cancellation rate as routine appointments have been cancelled and re-arranged
- Average Length of Stay for March discharges as significant efforts were made to discharge long-stay patients to free-up bed capacity.

Headline Indicators

A number of quality indicators in this report have been (or will be in the future) affected by the Covid-19 pandemic resulting in either lack of available data or slower than planned progress towards achieving improvement actions. In addition to information provided in the commentary for key indicators; cleanliness monitoring and Friends and Family Test has been suspended nationally. Some indicators are impacted by lower bed occupancy data used to calculate rates which may become more apparent in next month's report, and some manual audit data collection has ceased or been reduced to enable staff to focus on Covid-19 or to be redeployed to alternative roles. This has resulted in lack of data or unusual figures due to smaller sample sizes.

Incident reporting has reduced during Covid-19, some of which is due to staff focusing on the challenges of Covid-19 but some of which will be due to fewer patients coming into our hospitals at the present time. Staff are being encouraged to continue reporting incidents, especially where harm has occurred to patients, and future data are likely to show an increase in the percentage of incidents causing harm to patients as a result of a reduction in reporting no harm incidents and near misses. Themes from reported incidents relating to patients with Covid-19 are being fed into Gold Command weekly.

There were three Clostridium Difficile cases in March and this gave 41 cases for the year, which was below the maximum allowed for the financial year of 57 cases. There was one MRSA case in March. Pressure ulcer incidence remained below target in March, with seven grade 2 and no grade 3 or 4 pressure ulcers. The Falls incidence was above the target of 4.8 falls per 1,000 bed days; at 5.33. There were 121 patient falls which was lower than February's total. The lower bed occupancy, seen since the Covid 19 lockdown began is likely to account for the increase rate per 1,000 bed days. This is the first time this has occurred in 13 months and will continue to be monitored closely.

The headline measures from the monthly inpatient surveys remain above their minimum target levels in March 2020. However, for the first time in the data series, the outpatient survey score was below its target level (84/100 against a target of 85). It has not been possible to identify a specific reason for this, but the main contributing factor is the sample size in March was much smaller than usual: 57 responses compared to circa 160 in the average month.

In Patient Complaints, 86% of formal complaints were responded to within deadline which achieved the Trust standard of 85%. 11.0% of January's complaint responses (9 cases) were re-opened due to complainant being dissatisfied with the original response.

Last Minute Cancelled Operations (LMCs) were at 2.2% of elective activity and equated to 115 cases. In March, 17 patients were not re-admitted within 28 days following an LMC.

Workforce

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

Bank and Agency Usage (5.9% and 1.4% respectively) remains above the Trust's GREEN threshold. All divisions saw an increase in bank usage in March. Turnover reduced to 12.9% in March from 13.1% in February and overall vacancies reduced to 3.4% in March compared to 3.6% in February.

Sickness absence remained static at 4.6% in March. This does not include Medical Suspension reporting. In March, weekly sickness reporting introduced 'Medical Suspension' as a new reason in light of Covid-19. This does not count towards an employee's sickness entitlement, but it will show on the employee's absence record. This reason was set-up to capture those staff who were self-isolating. Overall, there's very little change in the numbers of sickness episodes being reported in March. The reasons for absence also remain fairly static, with no evidence to suggest an increase in absence due to stress and anxiety which may have been expected in light of the pandemic crisis.

Overall appraisal compliance reduced to 63.4% in March, compared with 68.3% in February. All divisions remain non-compliant. NHS England has confirmed the decision to suspend all staff appraisals with immediate effect allowing staff to focus on supporting the pandemic.

1.2 OVERVIEW –Oversight Framework

Financial Year 2018/19

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

GREEN rating = national standard achieved

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

RED rating = national standard not achieved, the STF trajectory not achieved

Note on A&E “Trust Footprint”:

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

1.2 OVERVIEW –Oversight Framework

Financial Year 2019/20

Access Key Performance Indicator		Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
A&E 4-hours Standard: 95%	Actual	78.3%	78.0%	81.5%	81.9%	84.8%	81.4%	82.4%	80.3%	76.1%	81.8%	78.4%	81.0%
	Trajectory	84.5%	90.5%	90.5%	90.5%	90.5%	85.5%	89.7%	84.7%	83.5%	85.0%	81.6%	81.7%
Cancer 62-day GP Standard: 85%	Actual (Monthly)	86.8%	86.0%	84.0%	86.8%	85.8%	83.6%	85.4%	87.0%	83.9%	80.8%	82.0%	
	Actual (Quarterly)	85.7%			85.4%			85.4%					
	Trajectory (Monthly)	85%	85%	85%	83%	85%	85%	85%	85%	85%	85%	85%	85%
	Trajectory(Quarterly)	85%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	89.0%	88.1%	87.5%	86.5%	84.3%	83.6%	83.0%	83.0%	82.5%	83.2%	82.4%	78.3%
	Trajectory	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	87.9%	86.9%	86.9%	86.9%	87.9%
6-week wait diagnostic Standard: 99%	Actual	95.3%	93.4%	93.5%	96.2%	95.1%	96.2%	95.9%	96.7%	96.1%	95.2%	95.4%	85.7%
	Trajectory							96.0%	96.5%	96.5%	97.0%	98.0%	98.0%

GREEN rating = national standard achieved

AMBER rating = national standard not achieved, but STF trajectory achieved

RED rating = national standard not achieved, the STF trajectory not achieved

1.3 OVERVIEW – Key Performance Indicators Summary

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

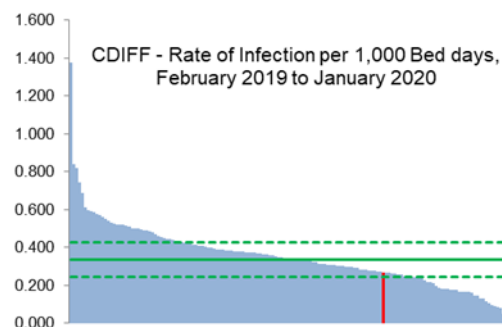
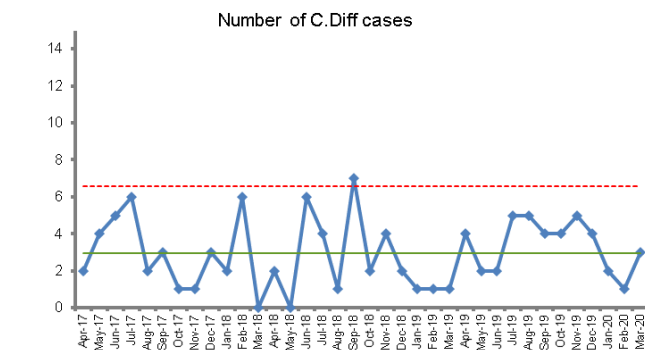


	Successes	Priorities
ACCESS	<ul style="list-style-type: none"> Compliance with the cancer subsequent treatment oncology standards and first appointment standard in February Continued management of cancer PTL and reporting during the Covid-19 pandemic During March the waiting size reduced by almost 3,000 patients, this is due to focusing validation resource on under 18 weeks (as per recommendation by NHSE) The RTT status codes and functionality for Medway PAS has now been agreed with Weston, although confirmation of the go-live date may be delayed due to Covid-19 The 4 hour Emergency Department standard achieved 81.0% in March 	<ul style="list-style-type: none"> Manage cancer patients to minimise risks during the Covid-19 pandemic, by ensuring clinical priority is documented and implemented correctly Prepare for recovery of the cancer waiting times standards in the shortest time possible after the Covid-19 epidemic peak is over During the Covid-19 pandemic, routine patient appointments and procedures have been cancelled to ensure capacity is available for the peak we are expecting in Corona patients. During this period the priority will be to focus on waiting list reduction where possible and safety netting of those patients who have been cancelled during this period Plans have commenced with Divisions on impact and recovery to ensure we have robust capacity in place with external provider to support recovery. This is likely to consist of using outsourced capacity such as Emerson's Green, Spire and Nuffield A targeted improvement plan for Weston is currently underway; this will be used to agree the approach for the outstanding data quality issues. This plan will also include details of what is required to integrate Weston Division into the overall national returns as well as providing access to relevant reports and Patient Tracking Lists (PTLs)
	Opportunities	Risks and Threats
ACCESS	<ul style="list-style-type: none"> NHS England/Improvement have invited UHB to participate in the 26 Week South West Regional Programme Launch. Following the launch event on 24th January we have identified various specialities as pilot sites should the guidance from the CCG conclude that we need to commence this process during 2020/21. We are waiting for final information on this. Planning round for 2020/21 is underway with discussions around capacity planning, demand management and efficiencies Implementation of Medway PAS at Weston Division will ensure that new functionality within Medway will be tried and tested prior to roll out across UHBW The opportunity to explore capacity and sharing of patients with the Weston Division is underway, Weston Division are invited to the weekly performance meetings WebEx calls and are also involved in the impact and recovery assessment tool created by the Deputy COO 	<ul style="list-style-type: none"> The Covid-19 pandemic will adversely affect the cancer waiting time standards performance. The exact extent of this is not possible to forecast at the current time and the impact may not be seen immediately (in the short term even an apparent improvement is possible, as cancer standards are measured retrospectively and not as ongoing pathways). During the pandemic the priority is to maintain patient safety and clinically appropriate timeframes The Trust has seen an increase in 52-week breaches during the pandemic, at the end of March the Trust reported 31 patients who were 52 week breaches. This will continue to increase unless robust plans are made to recover this position but using the impact and recovery tools and plan to outsource some activity The Trust will continue to see a growth in the 18-week Referral To Treatment (RTT) backlog due to the routine cancellation due to Covid-19

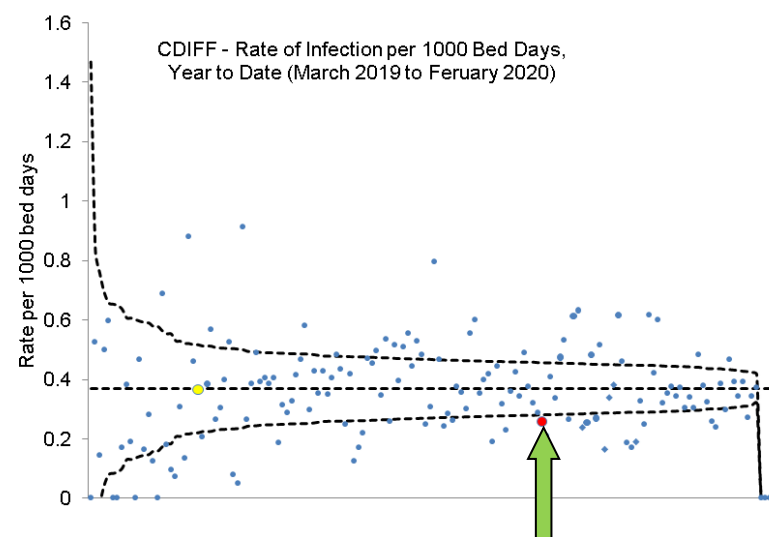
	Successes	Priorities
QUALITY	<ul style="list-style-type: none"> No reported medication incidents resulting in moderate or higher level of harm in February 2020. 	<ul style="list-style-type: none"> The reason for one serious incident investigation breaching the 60 day timescale resulting in a compliance figure of 75% was due to the staff involved in the RCA responding to the Covid-19 situation. A revised process for managing serious incident investigations is in place to reduce the burden of additional work for front line staff who frequently lead root cause analysis investigations. Commissioners are not currently performance managing adherence to serious incident timescales, but we are making best efforts to meet these where we can.
	Opportunities	Risks and Threats
QUALITY	<ul style="list-style-type: none"> No new opportunities identified 	<ul style="list-style-type: none"> Patients with Covid-19 are high VTE risk therefore a specific clinical guideline has been developed by the Trust's VTE Lead Consultant identifying revised parameters for thrombo-prophylaxis of patients with Covid-19 unless contraindicated.

	Successes	Priorities
WORKFORCE	<ul style="list-style-type: none"> Minimal Tier 4 (high cost non-framework) nursing agency usage due to significant changes in demand across the hospitals Creation of a Skills Hub to help upskill, induct and deploy resources in response to the COVID-19 crisis Establishing a 24/7 Medical Hub to manage the 'super' medical rotas across adult divisions to manage the mobilisation of junior doctors, minimise gaps and achieve maximum cover at all times. This has seen a large scale upload of junior doctors onto the e-Rostering system Development and delivery of over 400 COVID-19 wellbeing packs across the Trust, supported by the provision of a Wellbeing Hub for staff to have conversations and seek advice on wellbeing Securing a Trust-wide Employee Assistance Programme offering a 24/7 helpline to support staff Implementation of 'Going Home Checklist' to support individual wellbeing prior to going home Process to support the management of food/donations for staff during the period of COVID-19 	<ul style="list-style-type: none"> Processing and mobilising the supply pipeline from the national call to retirees, medical and nursing students and voluntary offers Getting junior doctors in the children's division onto one 'super' medical rota through the e-Rostering system with speed and accuracy, replicating the rota in adults Expediting staff referrals and new starter checks through Occupational Health in order to support staff getting back/commencing work as quickly as possible Finalising unified bank pay rates for UHB and Weston bank contracts, to be implemented by the end of May The 16 March HR Workforce Group supported a condensed corporate induction agenda. Condensed inductions at a maximum capacity of 30 per induction, and at a rate of two inductions per week have commenced to support the supply pipeline recruited for COVID-19 End Point Assessment (EPA) for the Healthcare Support Worker apprenticeships (levels 2 and 3) are currently paused by the End Point Assessment Organisation (EPAO) on the observation element. The Apprenticeship team is working with EPAO to seek alternative assessment opportunities for an observation of 14 apprentices currently at the EPA gateway.
	Opportunities	Risks and Threats
WORKFORCE	<ul style="list-style-type: none"> The national digital recruitment passport, which is currently being tested, to support the speed and efficiency of recruitment checks across NHS organisations during the pandemic crisis. It will be further developed for long term use post COVID-19 Improving staff engagement through the pandemic with a robust communications plan to deliver positive messages focusing in the first phase on wellbeing COVID-19 Wellbeing eLearning was published for all staff on 26 March The HealthierTogether BNSSG Learning Academy project asked all BNSSG partners to arrange packages of training for staff that are being redeployed/mobilised into different roles, and to agree to passport all 11 core skills across the BNSSG. The Academy subgroup has also progressed initiatives to share training resources, particularly eLearning, and to research the possibility of a common learning management system. 	<ul style="list-style-type: none"> Candidates recruited from overseas unable to get to the UK due to travel restrictions Existing EU nurses showing signs of wishing to return home to their families due to the global pandemic and the challenges being experienced in their own country Appraisal compliance decrease will continue due to COVID-19 Risk to timescales for the corporate services integration and other key work-streams post UHBW merger due to the pandemic The suspension of programmes of work linked to staff development namely appraisal and leadership & management development which may impact on staff morale and future staff survey outcomes A drop in compliance in coming months due to condensed induction content and necessary cancellations of some training to divert trainer resources into supporting additional inductions

Infections – Clostridium Difficile (C.Diff)	
Standards:	Number of Trust Apportioned C.Diff cases to be below the national trajectory of 57 cases for 2019/20. Review of these cases with commissioners' alternate months to identify if there was a "lapse in care".
Performance:	There were three trust apportioned C.Diff cases in March 2020, giving 41 cases year-to-date. This is below the maximum allowable year-to-date cases of 52.
Commentary/ Actions:	The three cases requires a review by our commissioners before determining if it will be Trust apportioned if a lapse in care is identified. C. Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission). This is a new criterion from NHSI, which commenced in April 2019. There were two cases of Community Onset Healthcare-Associated (COHA) C. Difficile in March. Patients assigned to the COHA category are those with C. Difficile who are admitted to one of our hospitals overnight and had a previous admission in the previous four weeks. The patients within this criteria count towards the Trust numbers. The Infection Control Team investigates these cases to ensure there have been no lapses in care. There were two cases of Community Onset/Community-Acquired (COCA) attributed to the community in March 2020.
Ownership:	Chief Nurse



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

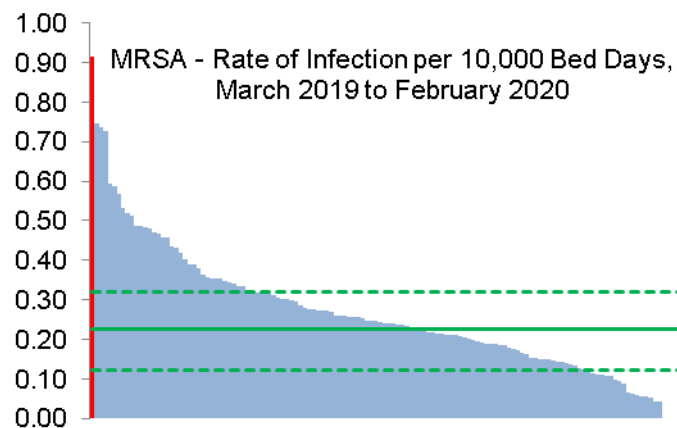


CDIFF Cases	Mar-20	2019/2020
Medicine	0	5
Not Known	1	3
Specialised Services	1	6
Surgery	1	7
Women's and Children's	0	20
Grand Total	0	41

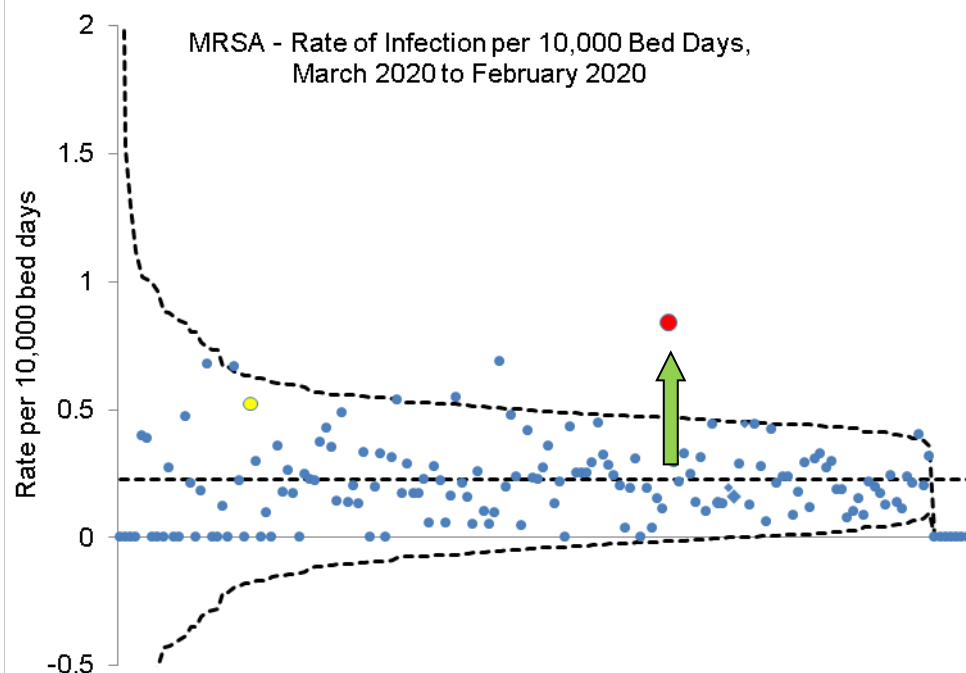
Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)

Standards:	No Trust Apportioned MRSA cases.
Performance:	There was one Trust apportioned MRSA cases in March 2020 and so sour cases year to date.
Commentary/ Actions:	This one case involved an adult oncology patient who was immunocompromised. At the time of writing the source of the infection is unknown and the incident is under investigation.
Ownership:	Chief Nurse

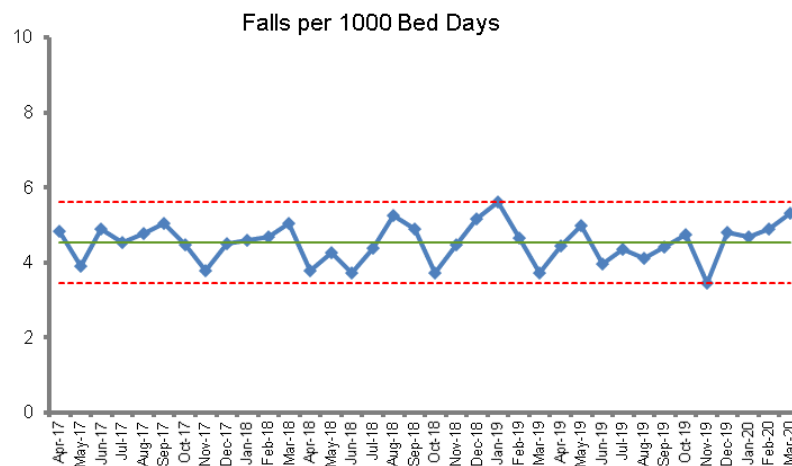
MRSA	Mar-20	2019/2020
Medicine	0	1
Specialised Services	1	2
Surgery	0	0
Women's and Children's	0	1
Grand Total	0	4



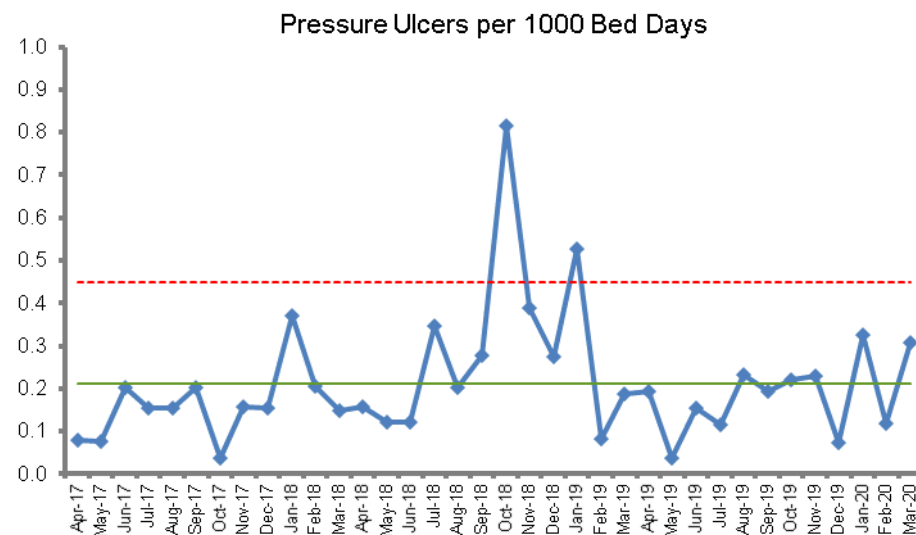
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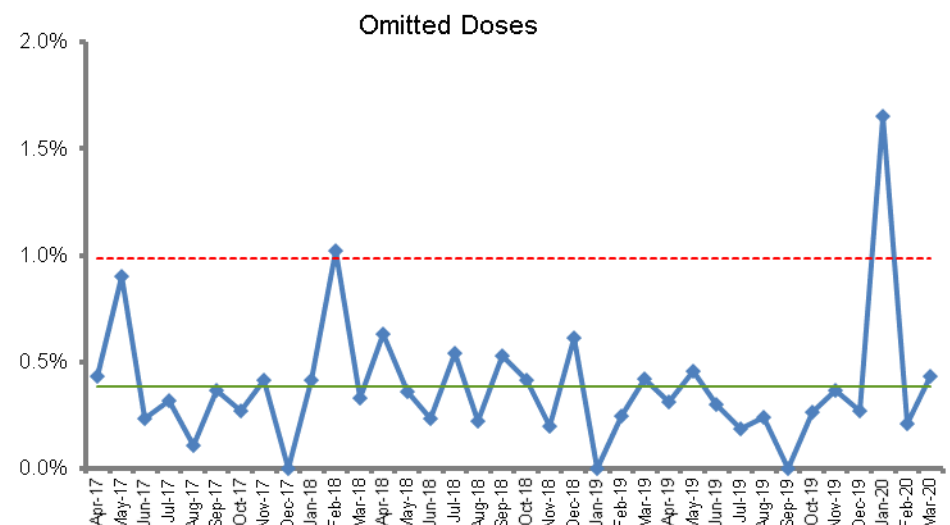
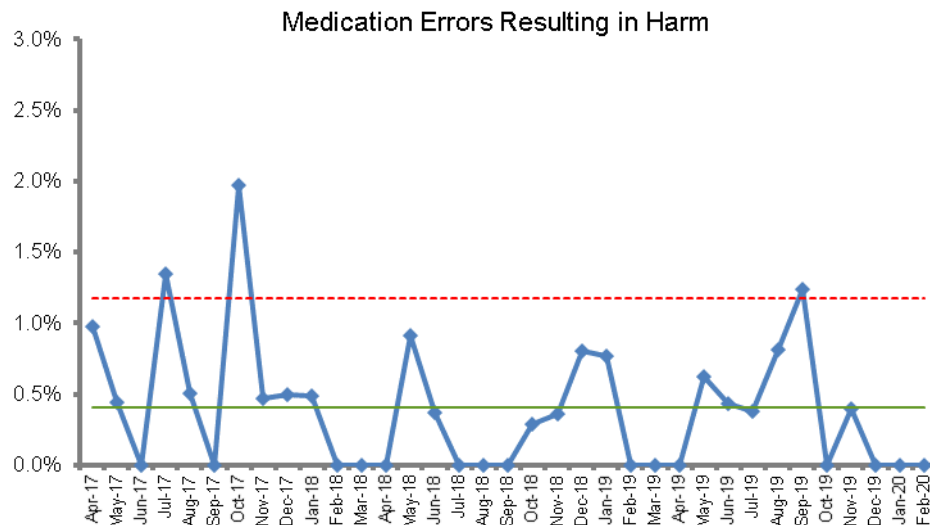
Patient Falls	
Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above)
Performance:	Falls rate for March was 5.33 per 1,000 beddays. This was 121 falls with one resulting in moderate or higher level of harm.
Commentary/ Actions:	<p>In March 2020, the overall number of falls decreased slightly to 121 per month from 125. The rate per 1,000 bed days measure however was 5.33 (against a target 4.8). The lower bed occupancy, seen since the Covid 19 lockdown began is likely to account for the increase rate per 1,000 bed days This is the first time this has occurred in 13 months and will continue to be monitored closely.</p> <p>One fall resulted in harm, which is reduction from the four falls reported in February 2020.</p> <p>For the full year 2019/20 the overall compliance against a green target of 4.8 per 1,000 bed days was 4.52, and for 2018/9 it was 4.48. The overall number of falls with harm for 2019/20 was 26 compared to 27 for 18/19.</p> <p>Whilst the Falls Group meetings are not currently taking place, the dementia and falls team continue to work closely with wards and staff to ensure good practice is maintained</p>
Ownership:	Chief Nurse



Pressure Ulcers	
Standards:	Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Pressure Ulcers rate for March was 0.31 per 1,000 beddays. There were seven category two pressure ulcers and zero category 3 or 4 pressure ulcers.
Commentary/ Actions:	<p>There were two unstageable pressure injuries reported, both evolved from deep tissue injuries. One to the coccyx of an elderly patient with a high body mass index, who was immobile due to being in traction following fractured neck of femur. Second incident to heel, of a frail elderly patient. The 2020/21 Tissue Viability Group work plan will continue to focus on reducing the number of pressure injuries developed on wards.</p> <ul style="list-style-type: none"> Monthly pressure ulcer refresher training sessions provided for staff <p>During Covid-19 the following actions are on hold:</p> <ul style="list-style-type: none"> Move to digitalise the Pressure ulcer risk assessment tool Deep dive review of Trauma and Orthopaedic pressure injuries
Ownership:	Chief Nurse



Medicines Management	
Standards:	Number of medication errors resulting in harm to be below 0.5%. Note this measure is a month in arrears. Of all the patients reviewed in a month, under 0.75% to have had a non-purposeful omitted dose of listed critical medication
Performance:	Zero moderate harm medication incidents were reported in February 2020, out of 270 cases audited. Omitted doses were at 0.43% in March (1 case out of 231 reviewed in areas using paper drug charts).
Commentary/ Actions:	The omitted dose-related to an oral anticoagulant which was not available on an oncology ward. This was followed up with the nurse in charge of the ward at the time of identification. An SOP is available on the DMS that instructs the user how to obtain medicines both in and out of hours. Covid-19 update: Omitted dose sampling and reporting was lower during March compared with previous months of the financial year. This was due to the increased pharmacist focus on planning and streamlining essential tasks related to patient care over data collection. The impact that one omitted dose will have as a percentage of medicines doses sampled is therefore greater than it has been in previous months. Medication incident data within this report relates to February, so prior to the start of the Covid-19 pandemic, but it has been noted that incident reporting from the start of the Covid pandemic is greatly reduced so going forward, the impact that one incident may have as a percentage of incidents reported will be greater than it has been in previous months.
Ownership:	Medical Director



Essential Training	
Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%
Performance:	In March 2020 Essential Training overall compliance remained static at 90% compared to the previous month (excluding Child Protection Level 3).
Commentary/ Actions:	<p>March 2020 compliance for Core Skills (mandatory/statutory) training remained at 90% overall across the eleven programmes. There were three reductions, by 1.0 percentage points. There were no increases.</p> <p>Overall compliance for 'Remaining Essential Training' reduced to 93% compared to 94% in the previous month.</p> <ul style="list-style-type: none"> On 26 March, all face-to-face practical update training sessions for Resuscitation were cancelled through to at least the end of May, to minimise face to face contact and to focus on priority twice-weekly inductions and other upskilling requirements. To mitigate the effects of fewer practical updates available to staff, staff are compliant for six months upon completion of Resus theory eLearning In response to COVID-19, the content of condensed Induction includes fewer statutory/mandatory training (only Patient Safety, IPC, Safeguarding, Resus, Moving and Handling) with day two concentrating on clinical skills. In line with NHS Employers guidance received 7 April, staff are asked to complete four statutory/mandatory e-learning modules as soon as possible, among other priority eLearning. Staff are given administrative access to eLearning on day one. It is expected that there may be a negative drop in compliance in coming months due to condensed induction content, and necessary cancellations of some training to divert trainer resources into supporting additional inductions After a six-month countdown, the April report is the first to add <i>ReSPECT Awareness</i> to the suite of 'Remaining Essential Training'. Compliance for this programme is 49% toward a target of 90%. The compliance mitigation review of this programme, as part of a CQC post-inspection action, has been temporarily stood down in response to COVID-19.
Ownership:	Director of People

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

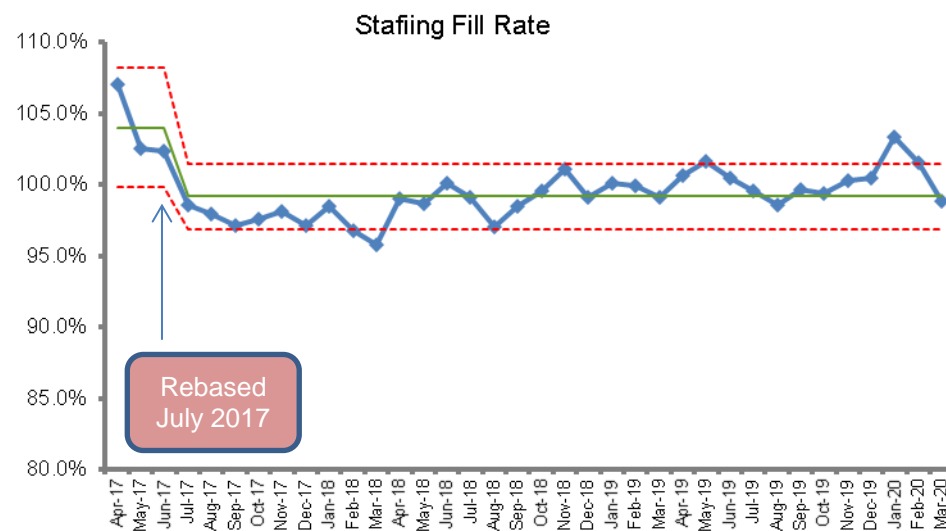
Essential Training	Mar-20	KPI
UH Bristol NHS Foundation Trust	90%	90%
Diagnostics & Therapies	93%	90%
Medicine	89%	90%
Specialised Services	91%	90%
Surgery	90%	90%
Women's & Children's	88%	90%
Trust Services	92%	90%
Facilities & Estates	90%	90%

Nursing Staffing Levels	
Standards:	Staffing Fill Rate is the total hours worked divided by total hours planned. A figure over 100% indicates more hours worked than planned. No target agreed
Performance:	March's overall staffing level was at 98.8% (241,115 hours worked against 244,007 planned). Registered Nursing (RN) level was at 94.9% and Nursing Assistant (NA) level was at 109.4%
Commentary/ Actions:	In March 2020 the Trust had rostered 244,007 expected nursing, midwifery and nursing assistants' hours in the inpatient areas, the number of actual hours worked recorded on the system was 241,115. This gave an overall fill rate of 98.9%. In the latter half of March bed occupancy across the Trust was lower due to a reduction in admissions overall due to Covid-19.
Ownership:	Chief Nurse

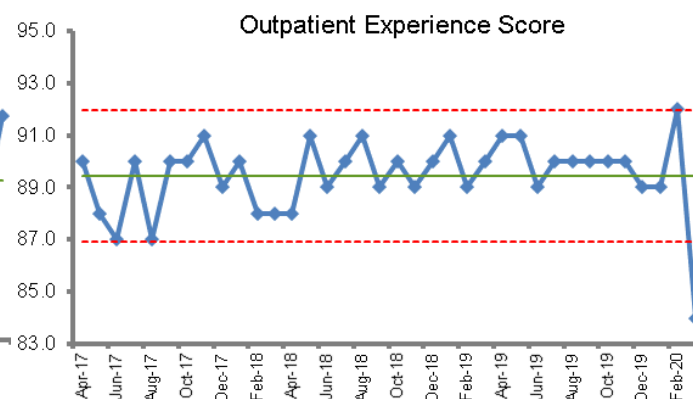
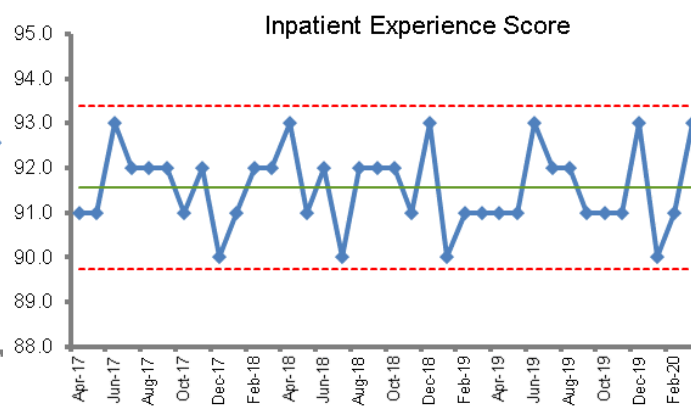
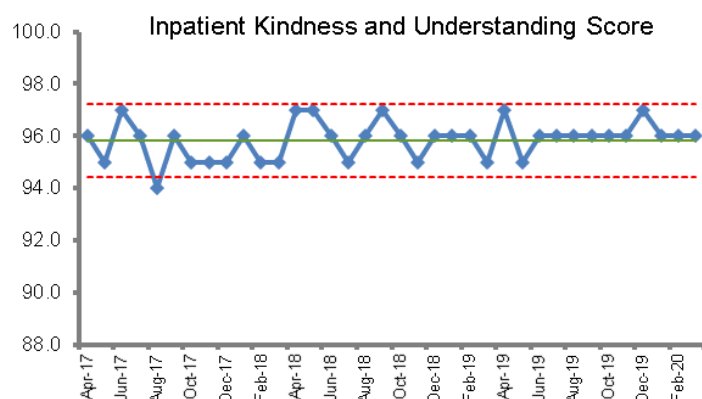
March 2020 Data

	Day	Night	TOTAL
Registered Nurses	94.1%	95.9%	94.9%
Nursing Assistants	103.1%	117.8%	109.4%
TOTAL	96.6%	101.5%	98.8%

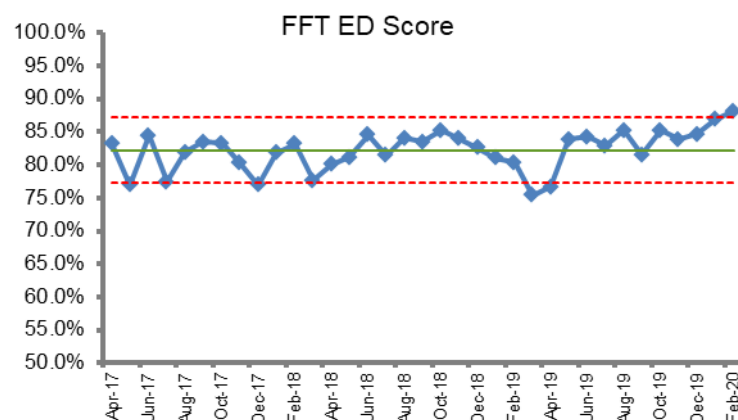
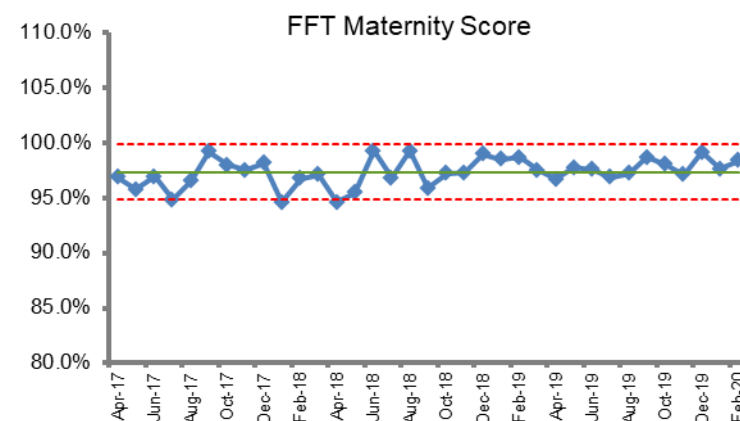
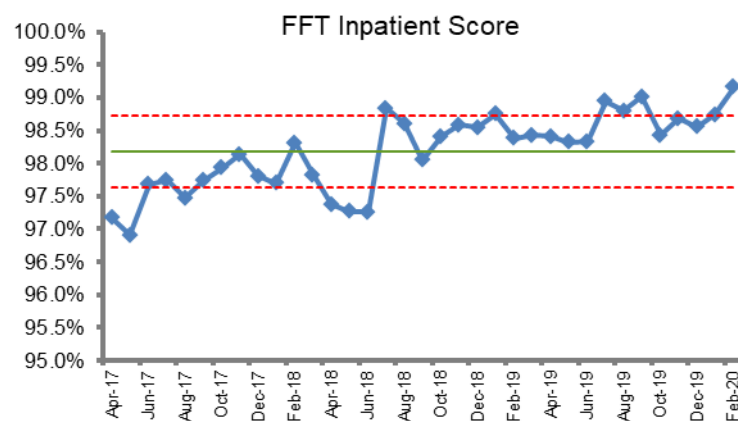
Medicine	108.7%
Specialised Services	99.5%
Surgery	101.7%
Women's and Children's	91.0%
TOTAL	98.8%



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 March 2020, the inpatient score was 913100, for outpatients it was 84. For the kindness and understanding question it was 98.
Commentary/ Actions:	<p>The inpatient headline measures exceeded their minimum target levels of 87 overall and 90 for “kindness and understanding”, indicating the continued provision of a positive inpatient experience at UH Bristol.</p> <p>However, for the first time in our data series, the outpatient survey score was below its target level (84/100 against a target of 85). It has not been possible to identify a specific reason for this, but there are a number of likely contributing factors:</p> <ul style="list-style-type: none"> The sample size in March was much smaller than usual (57 responses compared to circa 160 in the average month) - almost certainly due to social distancing measures and disruption to the postal system. This makes it easier for a small number of outlier responses to skew the overall survey results. In this case two respondents were actively dissatisfied with their outpatient appointment; one stated that the doctor had been abrupt and the other respondent did not leave a comment. Even taking the small sample size effects in to account, we did receive more “middling” responses than usual. This suggests that people’s outpatient experiences tended to be slightly less positive than usual at this time. This survey was carried out on patients who attended an appointment on 23 March 2020 - the first day of the national “lockdown” for Covid-19 - which was clearly a time of great disruption and uncertainty for both patients and the NHS. This may well have impacted on peoples’ experiences of our service. <p>It is important to note that the great majority of responses to the survey were still very positive and we would anticipate an improvement in these scores as services and patients adjust to the challenges of the COVID-19 pandemic.</p>
Ownership:	Chief Nurse

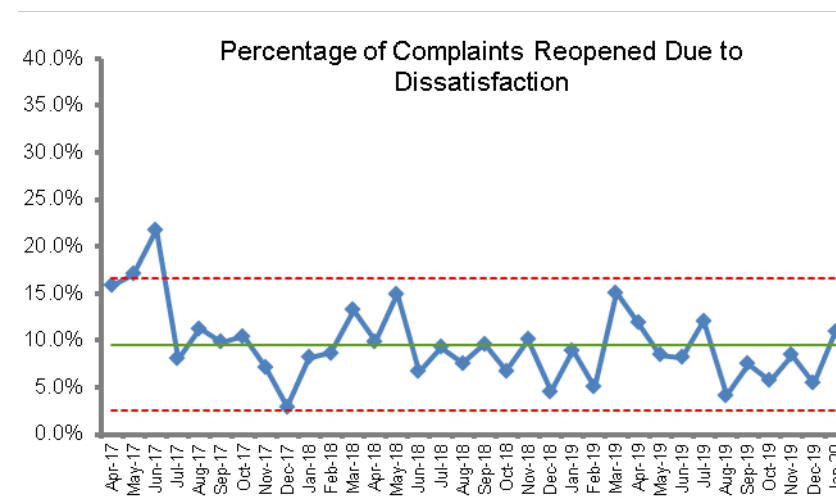
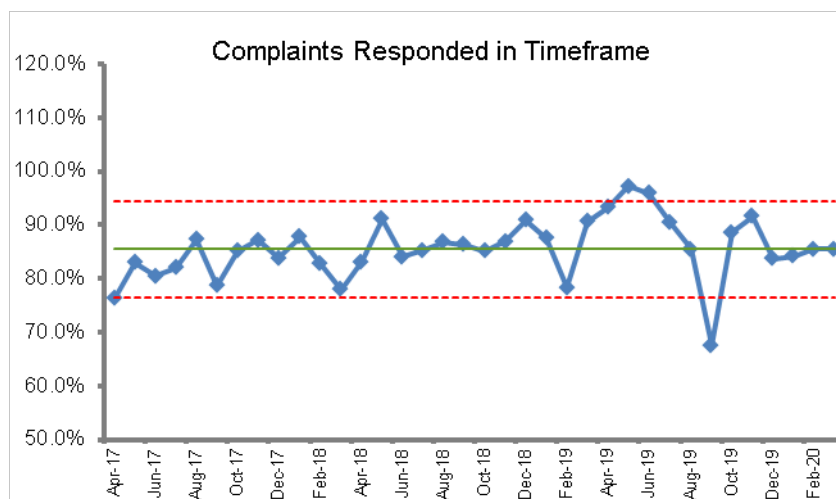


Friends and Family Test (FFT) Score	
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 70%.
Performance:	February's FFT score for Inpatient services was 99.2% (1875 out of 1891 surveyed). The ED score was 88.1% (1193 out of 1354 surveyed). The maternity score was 98.4% (245 out of 249 surveyed).
Commentary/ Actions:	Nationally the Friends and Family Test has been suspended during Covid-19.
Ownership:	Chief Nurse

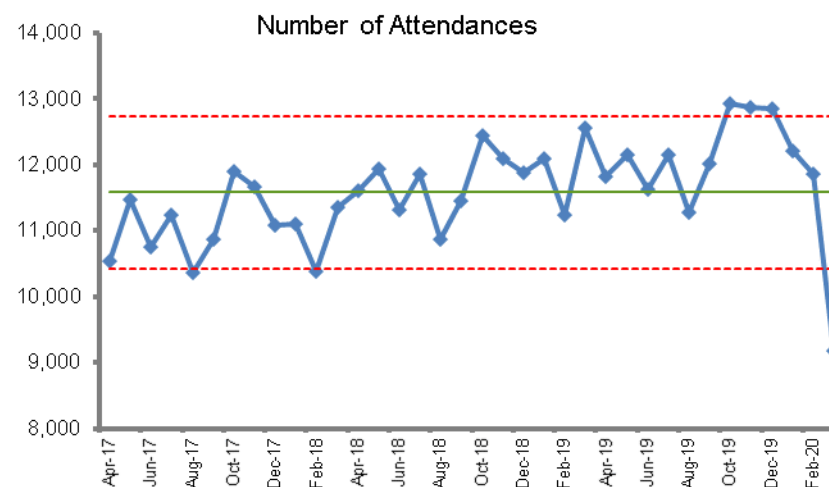
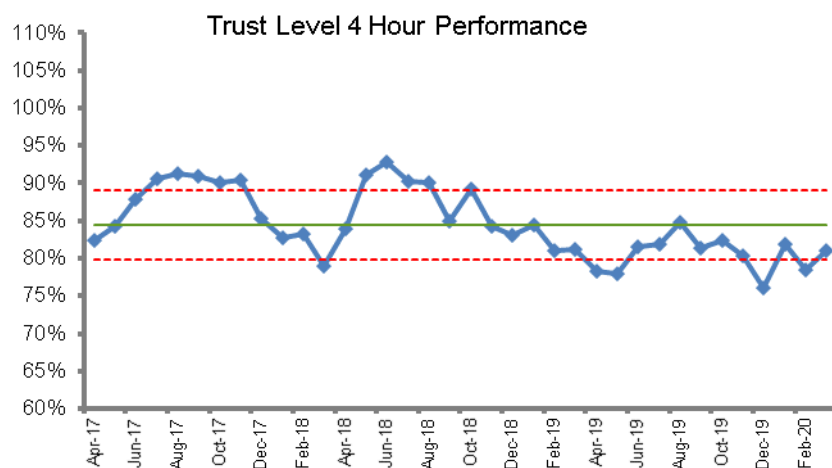


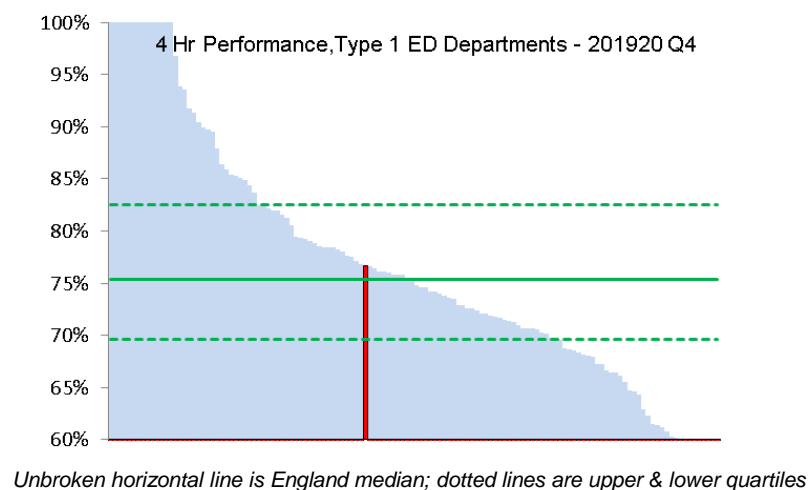
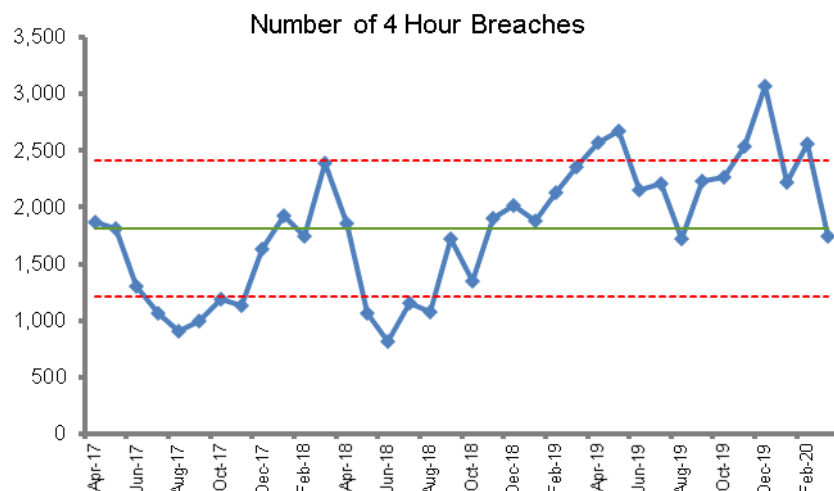
	Response Rate		Score	
	Feb-20	2019/2020	Feb-20	2019/2020
Inpatients				
Medicine	34.1%	39.7%	99.8%	98.1%
Surgery	32.4%	35.0%	98.9%	98.9%
Specialised Services	37.5%	38.0%	99.2%	98.8%
Women's and Children's	31.2%	31.1%	99.0%	98.7%
TOTAL	33.1%	35.5%	99.2%	98.7%
Emergency Department				
Bristol Royal Infirmary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

Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance (Red) of 12%.
Performance:	In March, 59 out of 69 formal complaints were responded to with timeframe (85.5%) Of the 82 formal complaints responded to in January, 9 resulted in the complainant being dissatisfied with the response (11.0%)
Commentary/ Actions:	Of the 10 breaches, nine were attributable to Divisions and one was due to a delay during the Executive sign-off process. Of those breaches attributable to Divisions, six were breaches by the Division of Medicine, two were for the Division of Specialised Services and one was for Trust Services. Please note that these breaches have not as yet been validated by the Divisions. The Divisions of Surgery, Women & Children and Diagnostics & Therapies all achieved 100% for formal responses in March 2020. All Divisions achieved 100% for informal responses in March, with all informal responses being sent out by the deadline agreed with the complainant. This means that there were no breaches from the 86 informal responses in March. The rate of dissatisfied complaints in January 2020 (this measure is reported two months in arrears) was 11.0%. This represents nine cases from the 82 first responses sent out during that month, compared with 5.5% reported in December and 8.5% reported for November 2019. Covid-19 update: During Covid-19 senior divisional management teams and clinicians are not always available to investigate and respond to complaints in a timely way. Since 20th March 2020 a revised process for managing complaints is in place: all complaints received by the Trust have been triaged and only those cases meeting 'high risk' criteria are being investigated; in the majority of other cases, complainants are being redirected to alternative sources of help. There will also be a limited number of cases categorised as "serious but not urgent", which will be put on hold and responded to at a later date, with the agreement of the complainant and the Division.
Ownership:	Chief Nurse



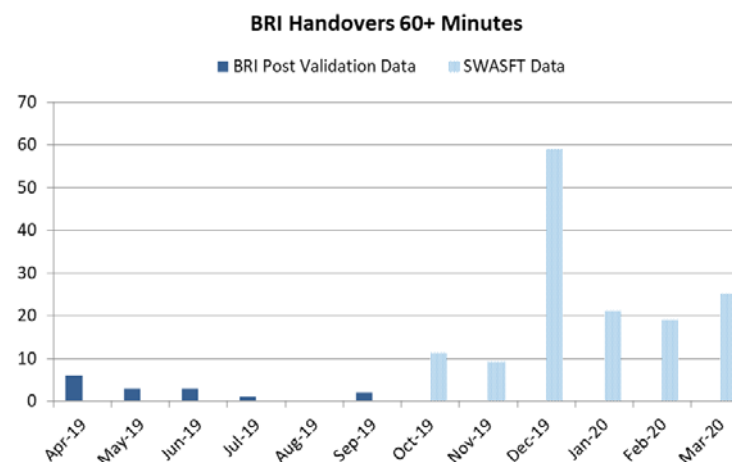
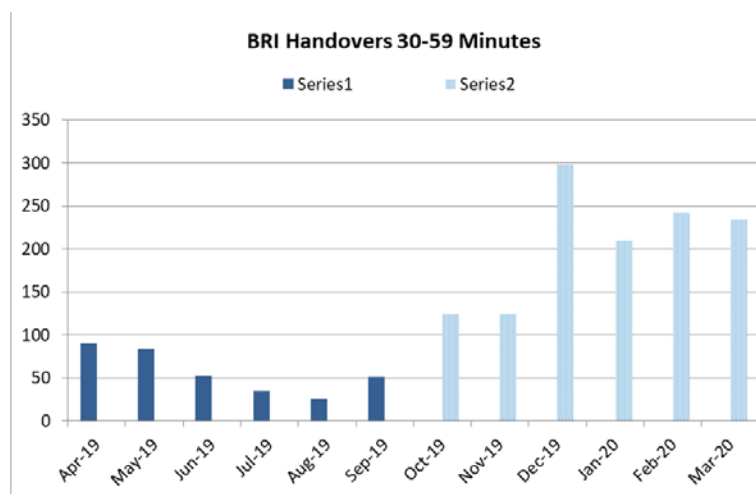
Emergency Department (ED) 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's improvement trajectory is 81.7% for March.
Performance:	Trust level performance for March was 81.0% (9168 attendances and 1743 patients waiting over 4 hours), which is 0.7% below the NHSI recovery trajectory of 81.7% for March.
Commentary/ Actions:	Due to COVID-19, the regular Urgent Care Operational and Steering Groups have been stood down to allow staff and resources to focus on COVID-19 plans and actions. March 2020 saw a significant reduction in ED attendances. April to February averaged 12,161 attendances per month. There were 9,168 in March, which is a 25% reduction.
Ownership:	Chief Operating Officer





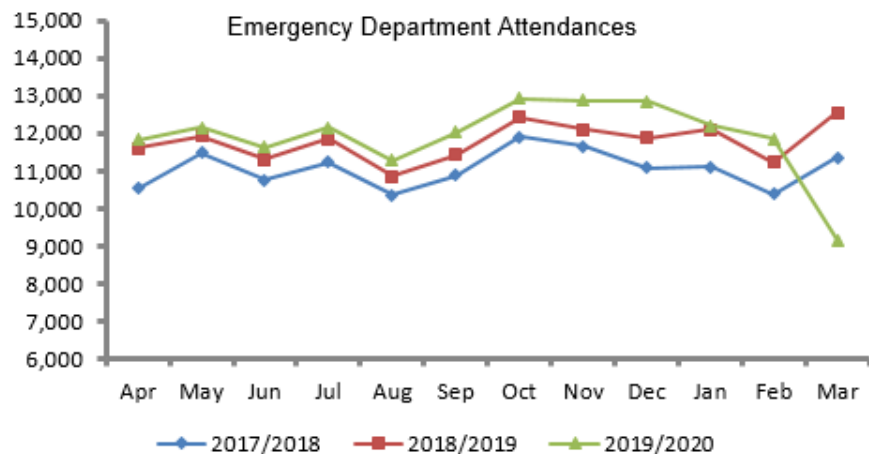
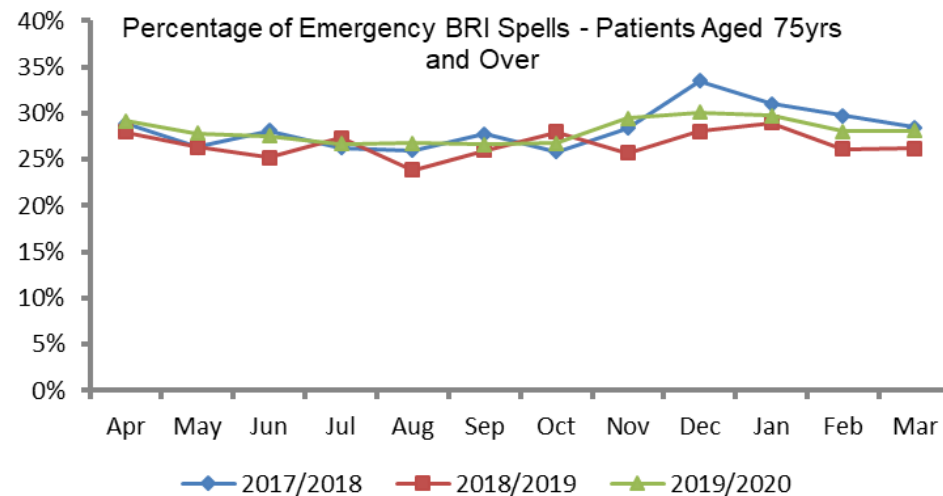
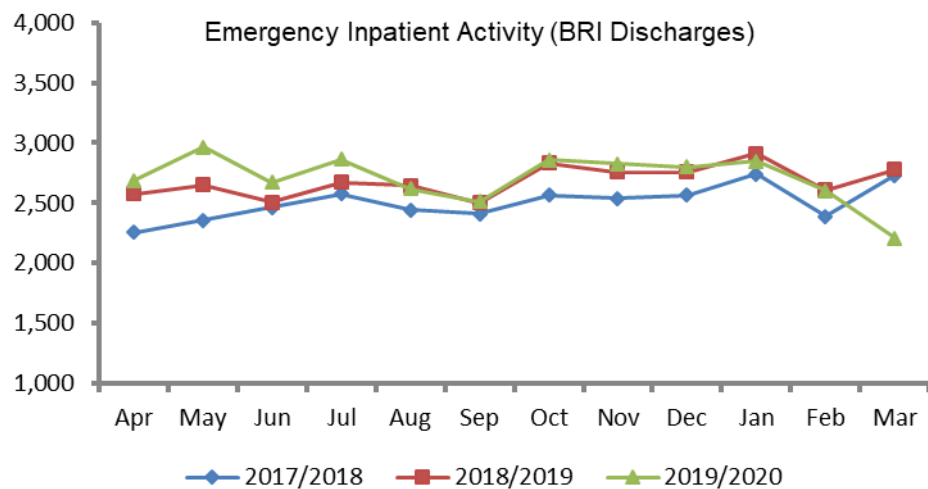
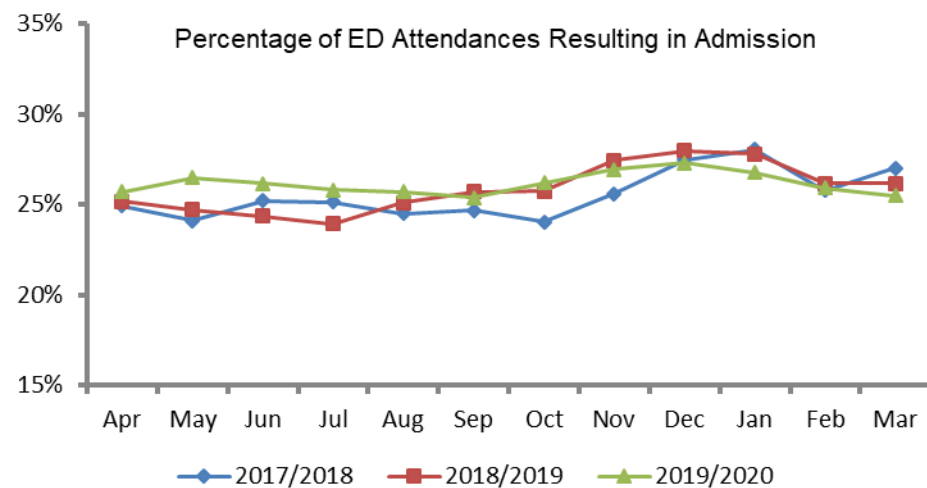
AMBULANCE HANDOVERS

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



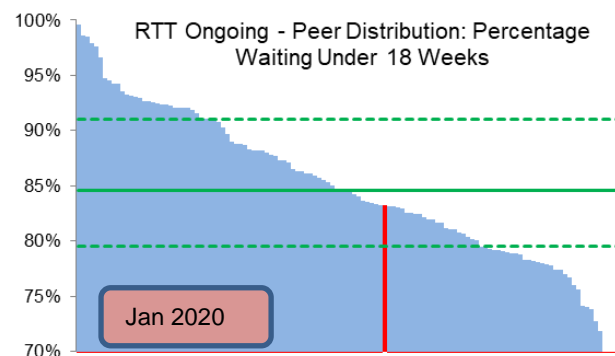
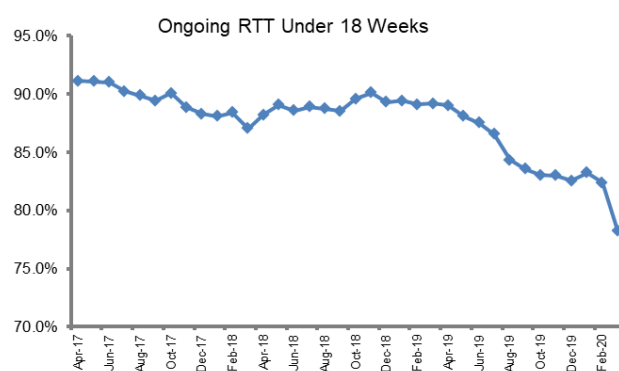
Note that there is no national monthly performance return for this data; it is up to the organisations across the system to agree on the correct data source for these measures. Although data is submitted each day (11am) on the NHSI Daily Situation Report (SitRep), this is only data as at 11am for the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

	Attendances		Under 4 Hours		Performance	
	Mar-20	2019/2020	Mar-20	2019/2020	Mar-20	2019/2020
BRI	4701	73499	3253	50352	69.20%	68.51%
Trust	9168	142939	7425	114976	80.99%	80.44%

ED Attendances (Trust Total)**Percentage of Emergency BRI Spells - Patients Aged 75yrs and Over****Emergency Inpatient Activity (BRI Discharges)****Percentage of ED Attendances Resulting in Admission**

Referral to Treatment (RTT)

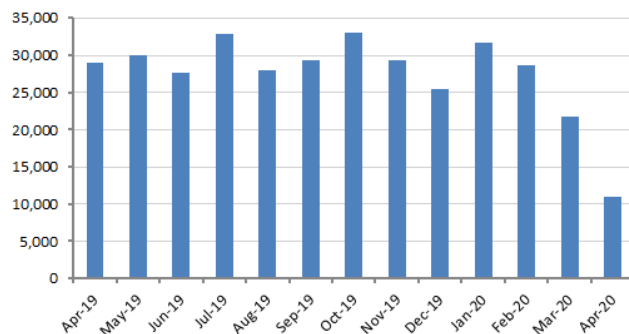
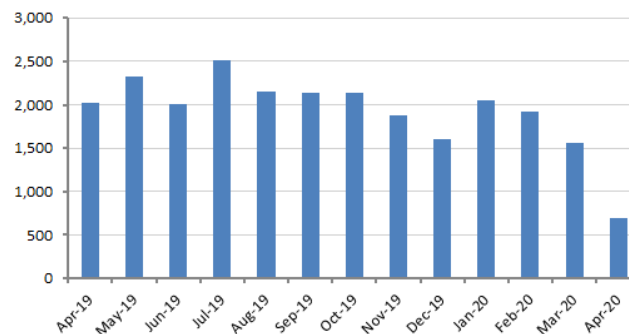
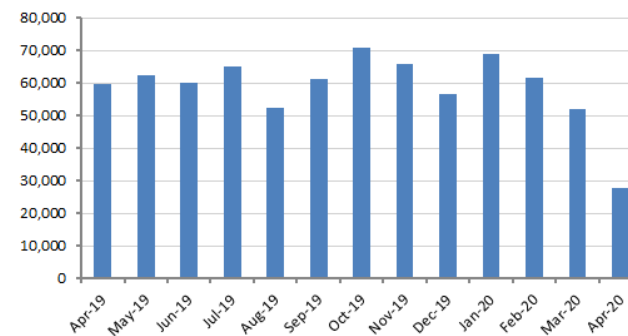
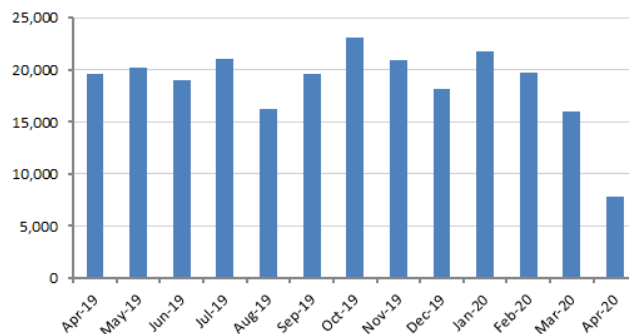
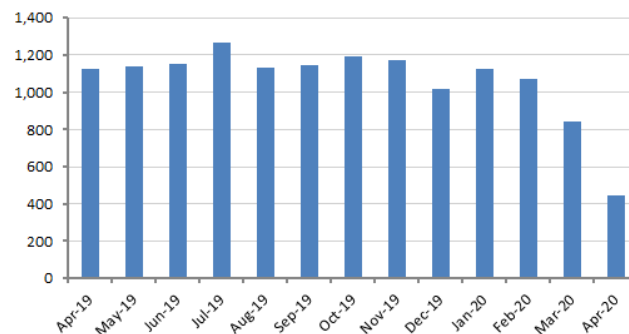
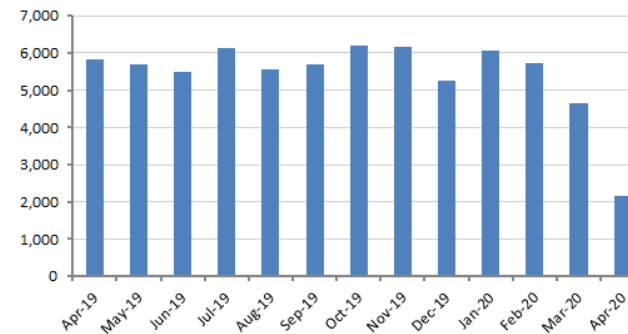
Standards:	At each month-end, the Trust reports the number of patients on an ongoing RTT pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. The Trust's improvement trajectory has been set at 87.9% for end of March. In addition, no-one should be waiting 52 weeks or over.
Performance:	At end of March, 78.3% of patients were waiting under 18 week (25,698 out of 32,832 patients). 30 patients were waiting 52+ weeks.
Commentary/ Actions:	During the Covid-19 pandemic, routine patient appointments and procedures have been cancelled to ensure capacity is available for the peak we are expecting in Corona patients. During this period the priority will be to focus on waiting list reduction where possible and safety netting of those patients who have been cancelled during this period. Plans have commenced with Divisions on impact and recovery to ensure we have robust capacity in place with external provider to support recovery. This is likely to consist of using outsourced capacity such as Emerson's Green, Spire and Nuffield. At the end of March, the waiting size had reduced by almost 3,000 patients, this is due to focusing validation resource on under 18 weeks (as per recommendation by NHS England).
Ownership:	Chief Operating Officer



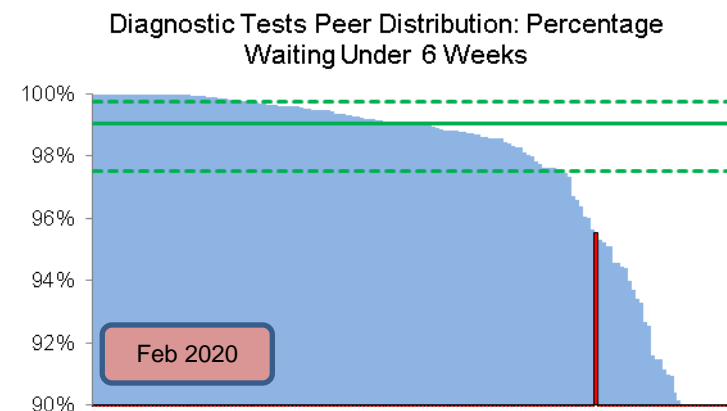
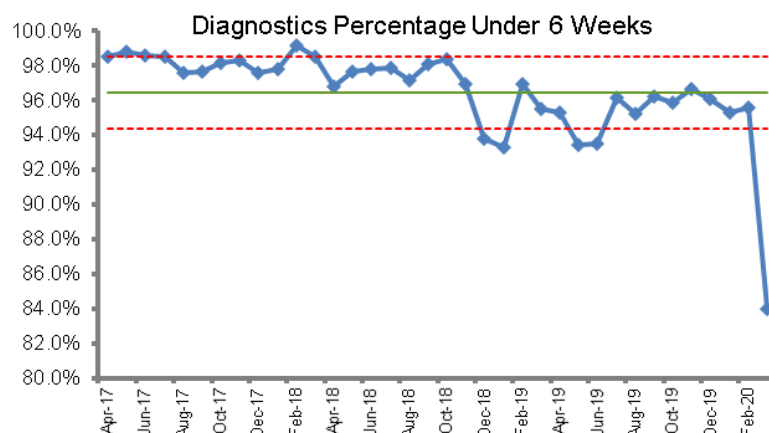
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Ongoing Pathways at Mar-20			
	Ongoing Pathways	Ongoing Over 18 Weeks	Ongoing Performance
Cardiology	2,506	846	66.2%
Cardiothoracic Surgery	406	152	62.6%
Dermatology	1,924	235	87.8%
ENT	2,247	284	87.4%
Gastroenterology	1,287	133	89.7%
General Medicine	19	0	100.0%
Geriatric Medicine	184	30	83.7%
Gynaecology	1,267	213	83.2%
Neurology	143	12	91.6%
Ophthalmology	3,668	595	83.8%
Oral Surgery	3,398	808	76.2%
Other (Clinical Genetics)	826	216	73.8%
Other (Dental)	3,206	875	72.7%
Other (General Surgery)	1,842	596	67.6%
Other (Haem/Onc)	236	40	83.1%
Other (Medicine)	484	39	91.9%
Other (Other)	354	11	96.9%
Other (Paediatric)	6,965	1,712	75.4%
Other (Pain Relief)	19	0	100.0%
Other (Thoracic Surgery)	151	36	76.2%
Plastic Surgery	0	0	-
Rheumatology	375	24	93.6%
Thoracic Medicine	751	135	82.0%
Trauma & Orthopaedics	574	142	75.3%
TOTAL	32,832	7,134	78.3%

PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO APRIL 2020
 April 2020 data is 1st to the 19th factored-up (by working days) for a full month estimate

Outpatient Referrals (All)**Outpatient Referrals (2 Week Wait)****Outpatient Attendances (All)****Outpatient Attendances (New)****Elective Inpatients****Elective Day Cases**

Diagnostic Waits	
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of March, 85.7% of patients were waiting under 6 weeks (6,121 out of 7,140 patients). There were 1,019 breaches of the 6-week standard and a maximum of 70 were needed to achieve 99%.
Commentary/ Actions:	As per the commentary above for Referral To Treatment; the Diagnostic wait time standard has also been impacted significantly by the cancellation of routine elective work to free capacity for the Covid-19 expected cases. At end of March the significant breach volumes are in Adult Endoscopy (351 breaches), Non-obstetric ultrasound (165 breaches), Cardiac MRI (99 breaches), Non-Cardiac MRI (181 breaches). Plans have commenced with Divisions on impact and recovery, alongside Referral To Treatment recovery.
Ownership:	Chief Operating Officer



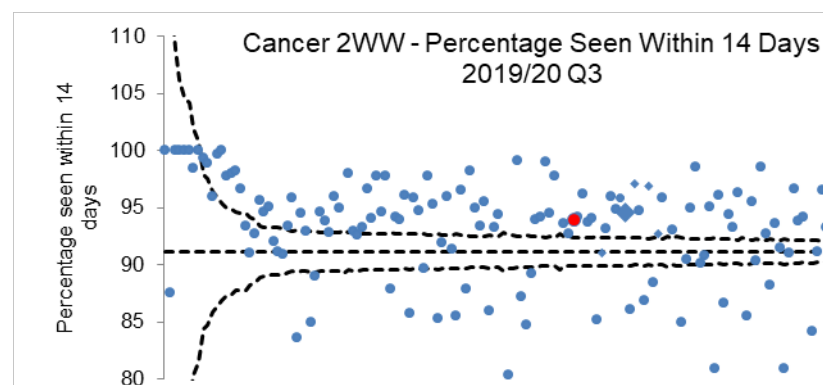
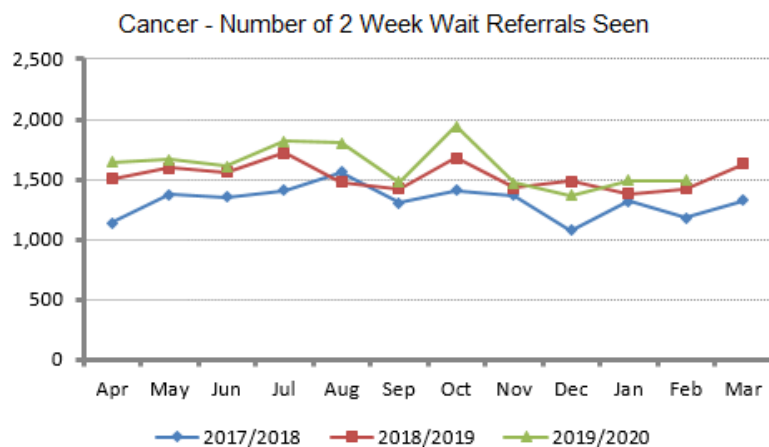
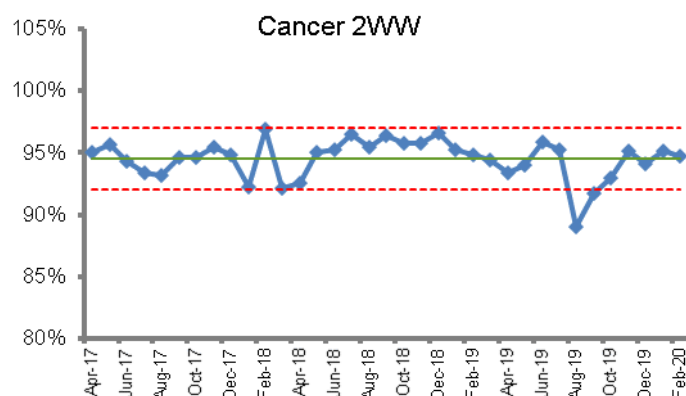
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

	Diagnostic Tests Waiting List at Mar-20			
	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	330	10	340	97.1%
Colonoscopy	156	195	351	44.4%
CT	1,018	32	1,050	97.0%
DEXA Scan	183	6	189	96.8%
Echocardiography	713	76	789	90.4%
Flexi Sigmoidoscopy	45	65	110	40.9%

	Under 6 Weeks	6+ Weeks	Total Waiting	Percentage Under 6 Weeks
Gastroscopy	217	141	358	60.6%
MRI	1,658	289	1,947	85.2%
Neurophysiology	82	0	82	100.0%
Sleep Studies	96	40	136	70.6%
Ultrasound	1,623	165	1,788	90.8%
Grand Total	6,121	1,019	7,140	85.7%

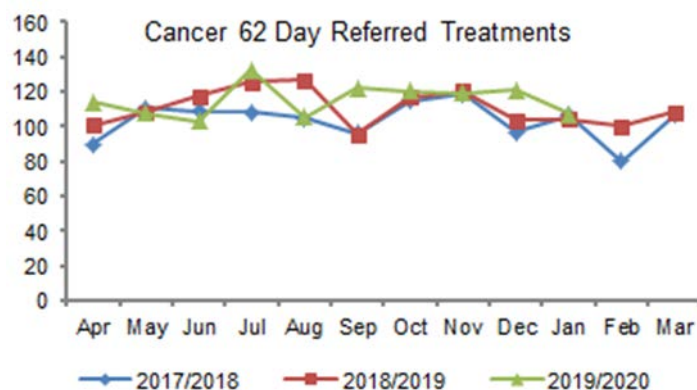
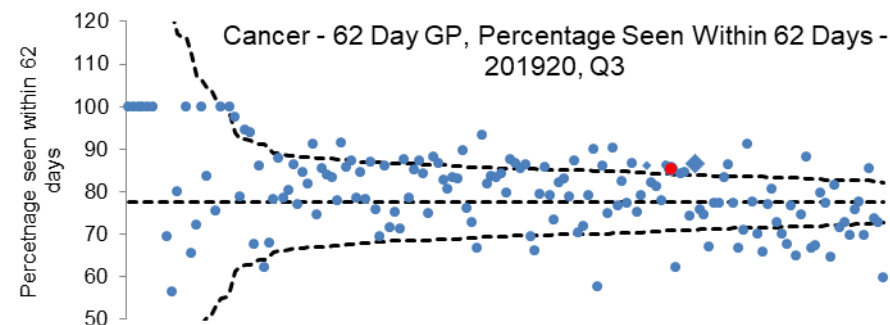
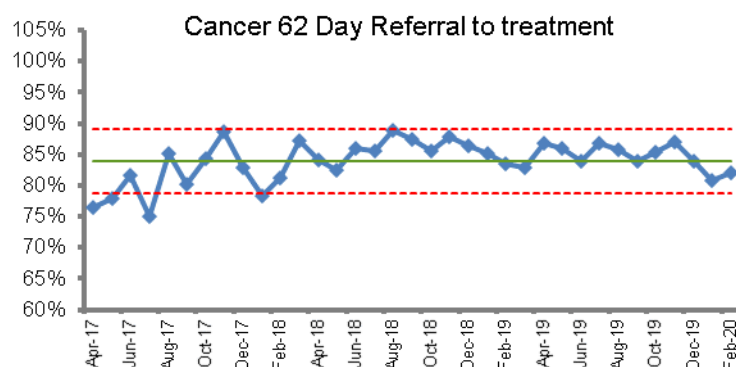
Cancer Waiting Times – 2WW

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 February, 94.8% of patients were seen within 2 weeks (1409 out of 1487 patients). Quarter 1 2019/20 achieved 94.4%. Quarter 2 achieved 92.0%. Quarter 3 achieved 94.0%. Quarter 4 is 95.0% as at end of February.
Commentary/ Actions:	The standard was achieved in February. The Covid-19 epidemic will likely cause a deterioration in subsequent months due to patients declining appointments and some straight-to-test services being suspended for safety reasons (due to generating aerosols).
Ownership:	Chief Operating Officer

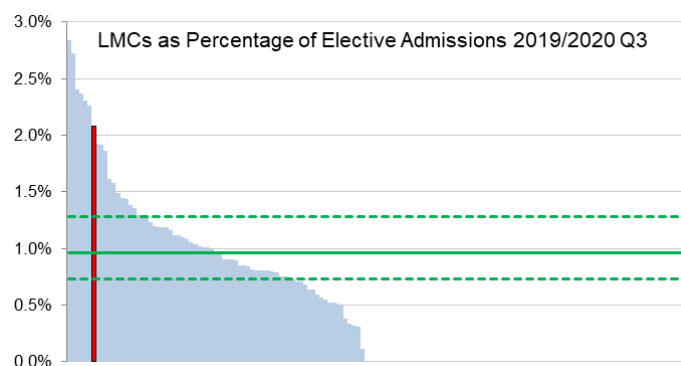
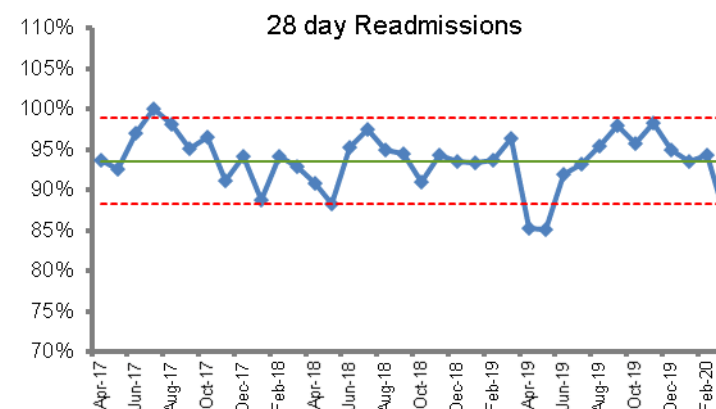
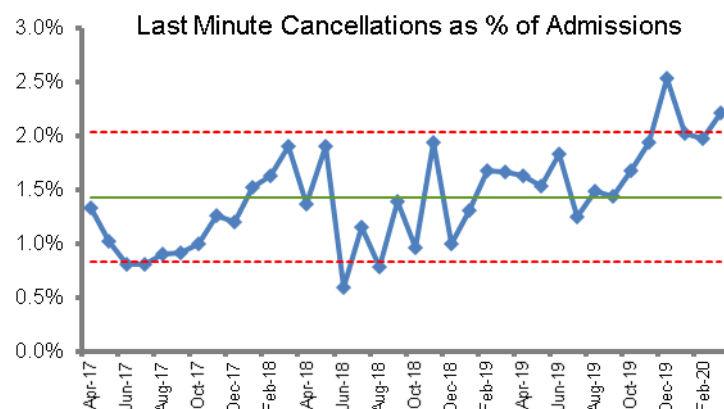


Cancer 2WW - Feb-20			
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer	3	3	100.0%
Suspected acute leukaemia	1	1	100.0%
Suspected children's cancer	17	17	100.0%
Suspected gynaecological cancers	117	123	95.1%
Suspected haematological malignancies	13	13	100.0%
Suspected head and neck cancers	377	397	95.0%
Suspected lower gastrointestinal cancers	139	161	86.3%
Suspected lung cancer	27	27	100.0%
Suspected skin cancers	638	663	96.2%
Suspected upper gastrointestinal cancers	77	82	93.9%
Grand Total	1,409	1,487	94.8%

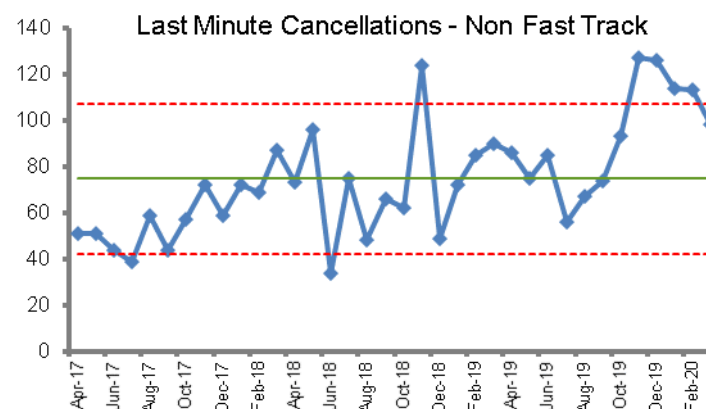
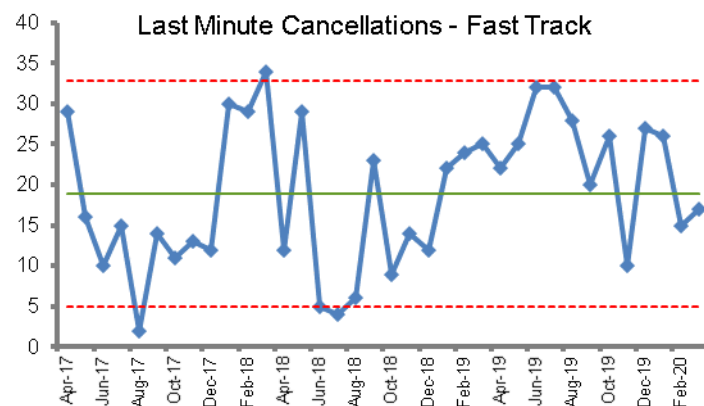
Cancer Waiting Times – 62 Day	
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. National standard is that Trusts should achieve at least 85%. The improvement trajectory, as submitted to NHS Improvement, has also been set at 85%.
Performance:	For February, 82.0% of patients were seen within 62 days (84 out of 102.5 patients). Quarter 1 2019/20 achieved 85.7%. Quarter 2 achieved 85.6%. Quarter 3 achieved 85.4%. Quarter 4 is 81.4% as at end of February.
Commentary/ Actions:	The standard was not compliant in February. 30% of breaches were due to cancellations and emergency demand ('winter pressures'). The performance was an improvement from January as the Trust started to recover from the impact of pacing and the worst of the winter peak. In subsequent months, the Covid-19 pandemic is expected to have an adverse impact on the standard, although this may not immediately reflect in the figures due to the standard being measured retrospectively (i.e. after patients are treated). The priority during the outbreak is to maintain patient safety and clinically appropriate timescales, followed by as rapid recovery as possible when services return to normal.
Ownership:	Chief Operating Officer



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 March there were 115 last minute cancellations, which was 2.21% of elective admissions. Of the 128 cancelled in February, 111 (86.7%) had been re-admitted within 28 days. This means eight patients breached the 28 day readmission standard.
Commentary/ Actions:	A new cancellation reason was introduced in March: "Lack of Staff Due to Covid-19" and this was the most common reason recorded in March: 36 of the 115 cancellations had this reason assigned. This needs to be viewed alongside the reduction in elective activity in March, which was 22% lower than the April to February monthly average. The 28 day breaches were in Trauma & Orthopaedics (2), Dental Services (5), ENT (2), Ophthalmology (1), Gastrointestinal Surgery (3), Gynaecology (2) and Paediatrics (2).
Ownership:	Chief Operating Officer

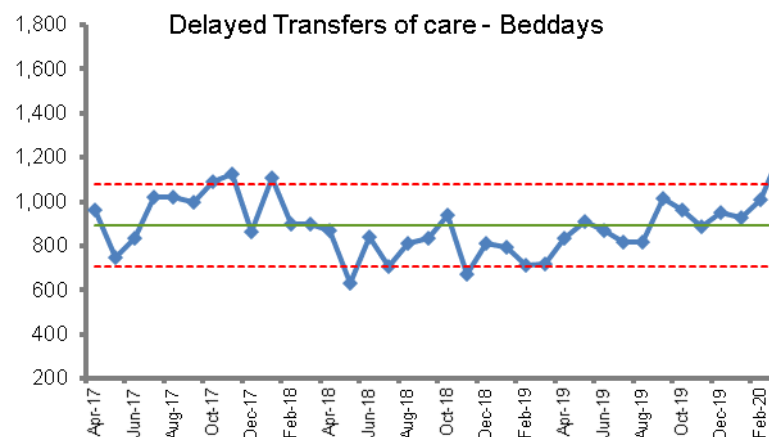
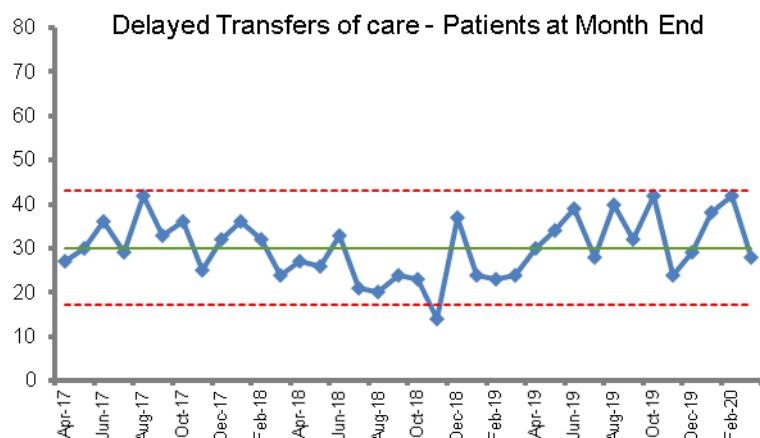


Unbroken horizontal line is England median;
dotted lines are upper & lower quartiles



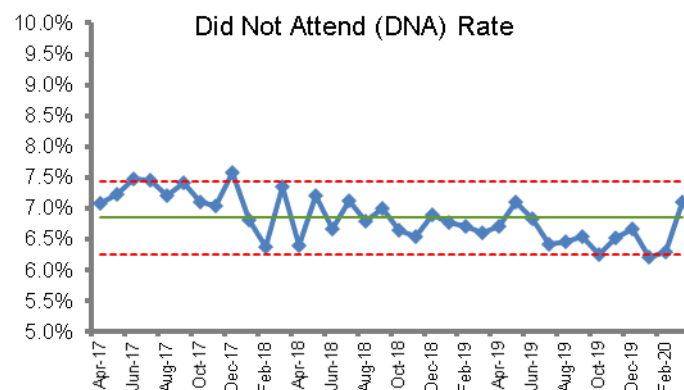
Cancellation Reason	Fast Track	Routine	Urgent	TOTAL
Lack of staff due to Covid-19	6	30	0	36
Other Emergency Patient Prioritised	2	7	4	13
AM list over-ran	1	5	4	10
No Theatre Staff	0	5	3	8
No Beds Available	0	5	2	7
Equipment Failure	0	2	3	5
Other clinically complicated Patient in theatre	3	1	0	4
Other Non Emergency Patient Prioritised	1	2	1	4
No CICU Beds	0	2	2	4
Anaesthetist Unavailable	0	4	0	4
No Lab Staff	0	3	1	4
Surgeon Unavailable	0	1	2	3
List did not start on time	0	1	2	3
No HDU Beds	3	0	0	3
Theatre Repairs required	0	0	2	2
Booking Error	0	2	0	2
Equipment Unavailable	1	0	1	2
Surgeon Taken Ill	0	1	0	1
TOTAL	17	71	27	115

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 March there were 28 Delayed Transfer of Care patients as at month-end (including 7 at South Bristol), and 1211 beddays consumed by DToC patients.
Commentary/ Actions:	282 SRF's (Single Referral Forms) were managed by the Integrated Care Bureau (ICB) in March 2020. 66 patients were referred to Pathway 1/Homefirst, 43 for Pathway 2 and 37 for Pathway 3. The ICB also managed 52 SRF's for North Somerset, South Gloucestershire and Weston in March. Care Home Selection continues to work with self-funding patients which helps reduce delays for patients awaiting long term care (either home or an intermediate care setting). 7 referrals were managed by the team in March 2020. New Discharge Guidance has been put in place during the COVID-19 outbreak and formal submission of DToC data is no longer required under DOH guidelines. The IDS continues to maintain the G2G however, and will be reporting data from next month.
Ownership:	Chief Operating Officer

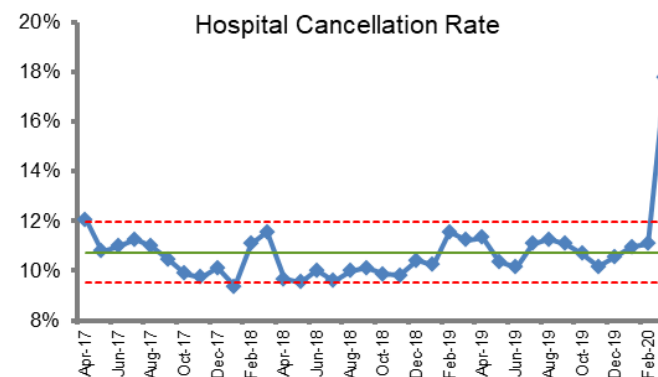
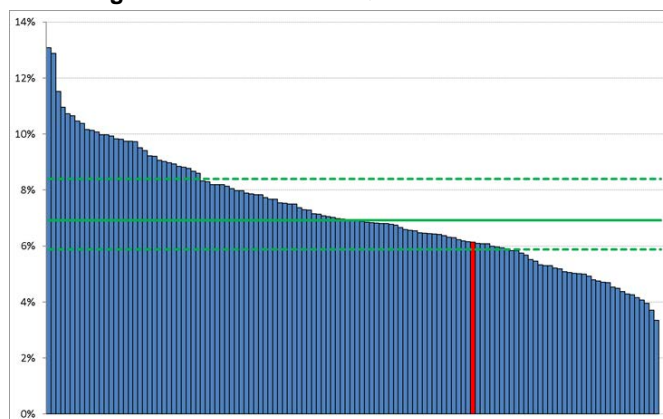


Code	Reason	Accountable	Mar-20			
			Patients (Acute)	Beddays (Acute)	Patients (Non-Acute)	Beddays (Non-Acute)
A	Completion of assessment	Both	0	134	2	32
		NHS	1	52	0	15
		Social Care	5	293	0	76
C	Further non acute NHS care	NHS	1	25	0	0
Di	Care Home Placement	NHS	0	16	0	7
		Social Care	4	92	0	10
Dii	Care Home Placement	NHS	1	55	0	5
		Social Care	2	94	1	19
E	Care package in own home	NHS	2	74	0	10
		Social Care	3	86	3	60
F	Community equipment / adaption	Both	0	0	1	12
		Social Care	1	27	0	0
G	Patient or family choice	NHS	1	12	0	3
I	Housing - patient not covered by NH	NHS	0	2	0	0
TOTAL			21	962	7	249

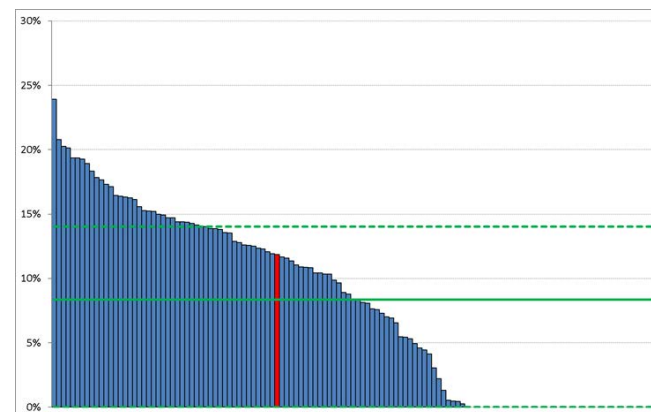
Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.
Performance:	In March there were 17,444 hospital-cancelled appointments, which was 17.7% of all appointments made. There were 3,933 appointments that were DNA'd, which was 7.1% of all planned attendances.
Commentary/ Actions:	The exceptional Hospital Cancellation rate in March reflects the impact of the Covid-19 pandemic, as significant numbers of appointments were cancelled or re-arranged to free staff capacity and resources for the expected Covid cases. This is reflected in a reduction in outpatient attendances. On average there were 61,600 attendances per month in April to February, whereas March had 51,400 attendances which is a 17% reduction. Of the appointments that were not cancelled, the DNA rate is not showing variation beyond previous monthly levels.
Ownership:	Chief Operating Officer



DNA Rate – England Acute Trusts – Quarter 3 2019/20



Hospital Cancellations – England Acute Trusts – Quarter 3 2019/20



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

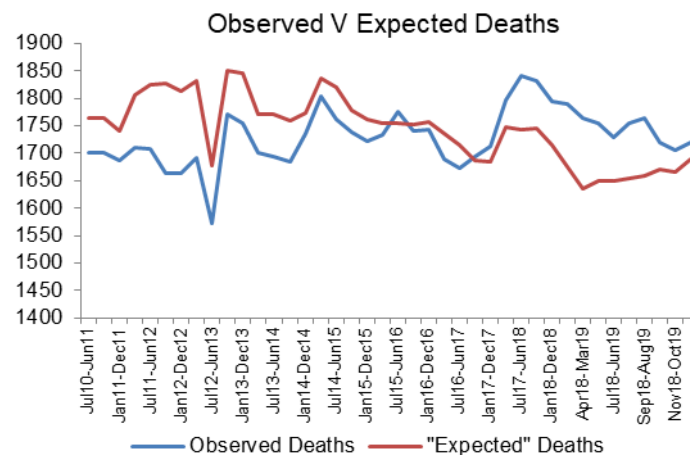
Outpatient – Overdue Follow-Ups	
Standards:	This measure looks at referrals where the patient is on a “Partial Booking List”, which indicates the patient is to be seen again in Outpatients but an appointment date has not yet been booked. Each patient has a “Date To Be Seen By”, from which the proportion that are overdue can be reported. The current aim is to have no-one more than 12 months overdue
Performance:	As at end of March, number overdue by 12+ months is 1056 and overdue by 9+ months is 2050.
Commentary/ Actions:	The focus remains on two specialties: Trauma & Orthopaedics and Clinical Genetics. All other areas have cleared the 9+ month backlog and are focussed on the 6-8 month cohort. Please note that although there is an increase in these volumes it is confined to two specialties with known capacity issues. The Trust overall has made significant improvements since 2017 when the numbers overdue by 6+ months stood at 9,000.
Ownership:	Chief Operating Officer

		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Outpatients Overdue by 12+ Months	Diagnostics and Therapies	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	3	3	3	3	3	3	1	1	1	4	4	1
	Specialised Services	0	34	62	90	136	183	274	321	348	418	460	456
	Surgery	61	62	66	91	135	214	243	309	362	487	543	597
	Women's and Children's	150	46	3	0	2	2	5	2	2	0	1	2
	TRUST TOTAL 12+ months	214	145	134	184	276	402	523	633	713	909	1,008	1,056
Outpatients Overdue by 9+ Months	Diagnostics and Therapies	0	0	2	0	0	0	0	0	0	0	0	0
	Medicine	4	3	3	4	4	5	5	6	7	27	93	171
	Specialised Services	181	261	278	323	392	450	503	536	569	619	661	659
	Surgery	264	272	333	450	499	586	630	724	858	1,052	1,131	1,182
	Women's and Children's	349	174	128	111	101	66	62	61	51	63	46	38
	TRUST TOTAL 9+ months	798	710	744	888	996	1107	1200	1327	1485	1761	1931	2050

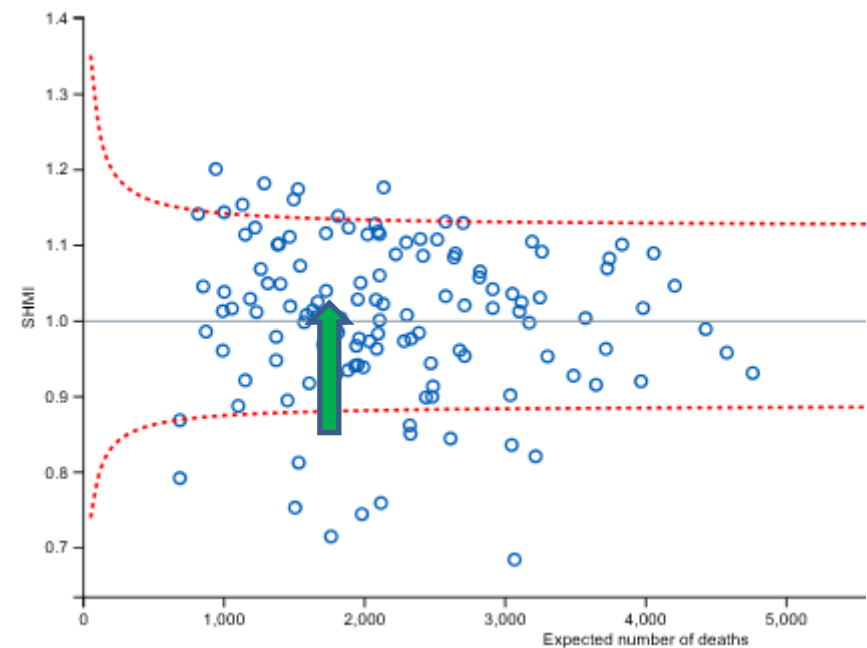
Mortality - Summary Hospital Mortality Indicator (SHMI)

Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is now published monthly and covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	Latest SHMI data is for 12 month period December 2018 to November 2019. The SHMI was 101.8 (1720 deaths and 1690 “expected”). The Trust is in NHS Digital’s “As Expected” category.
Commentary/ Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required. Please also see the narrative for HSMR below.
Ownership:	Medical Director

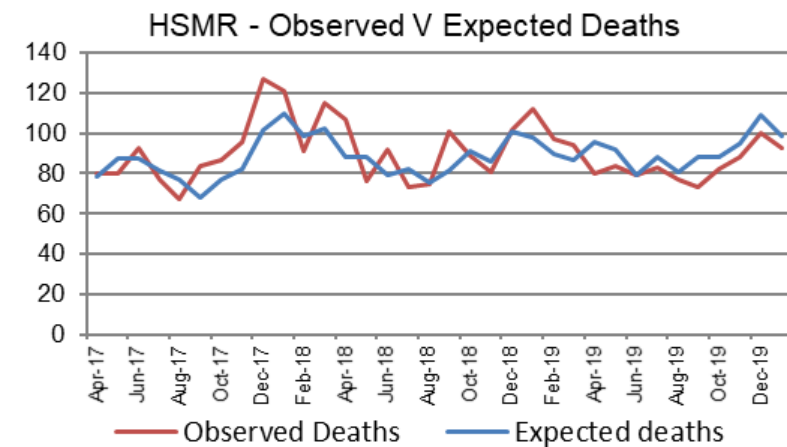
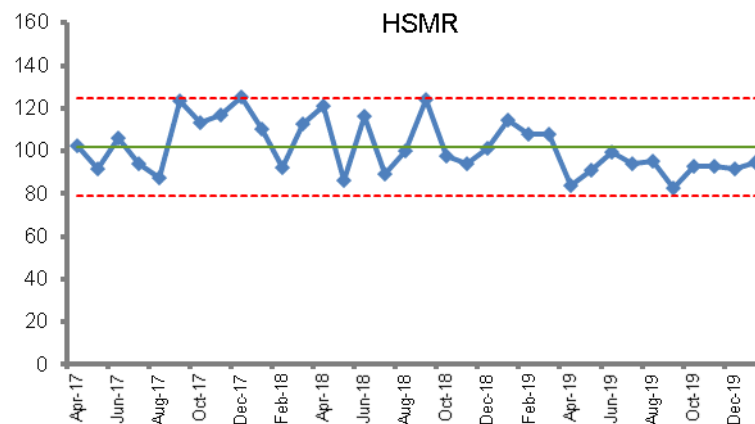
Publication Number	Timeframe	Observed Deaths	"Expected" Deaths	SHMI
22	Oct15-Sep16	1,741	1,752	99.4
23	Jan16-Dec16	1,743	1,758	99.1
24	Apr16-Mar17	1,690	1,737	97.3
25	Jul16-Jun17	1,674	1,714	97.6
26	Oct16-Sep17	1,693	1,686	100.4
27	Jan17-Dec17	1,712	1,684	101.7
28	Apr17-Mar18	1,796	1,748	102.7
29	Jul17-Jun18	1,841	1,744	105.6
30	Oct17-Sep18	1,833	1,745	105.0
31	Jan18-Dec18	1,795	1,715	104.7
32	Mar18-Feb19	1,790	1,675	106.9
33	Apr18-Mar19	1,765	1,635	108.0
34	Jun18-May19	1,755	1,650	106.4
35	Jul18-Jun19	1,730	1,650	104.8
36	Aug18-Jul19	1,755	1,655	106.0
37	Sep18-Aug19	1,765	1,660	106.3
38	Oct18-Sep19	1,720	1,670	103.0
39	Nov18-Oct19	1,705	1,665	102.4
40	Dec18-Nov19	1,720	1,690	101.8



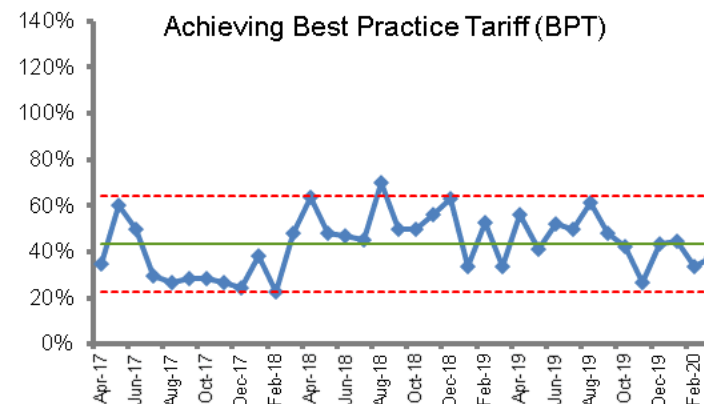
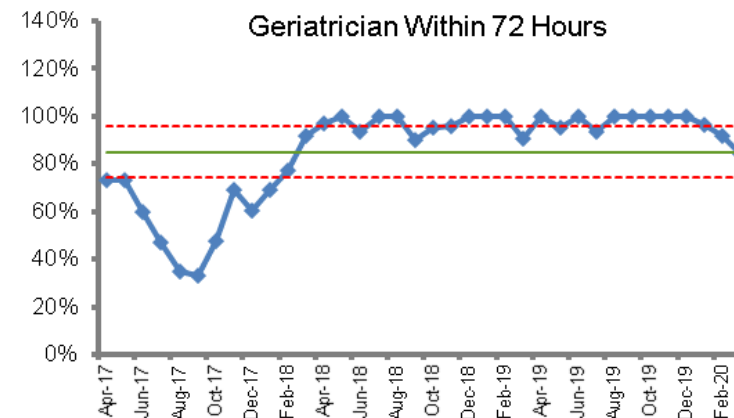
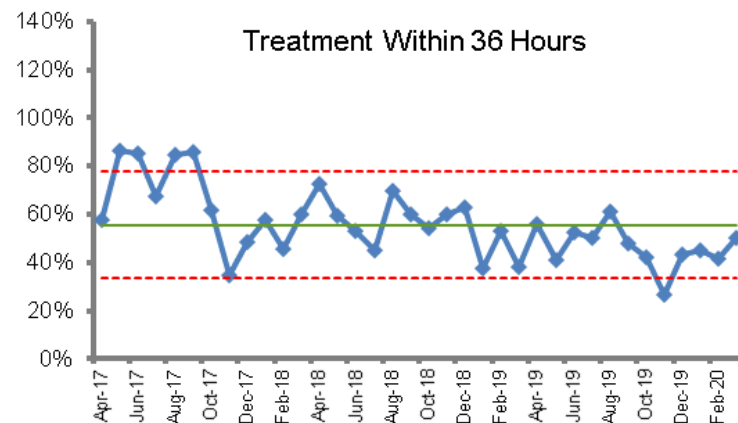
November 2018 to October 2019



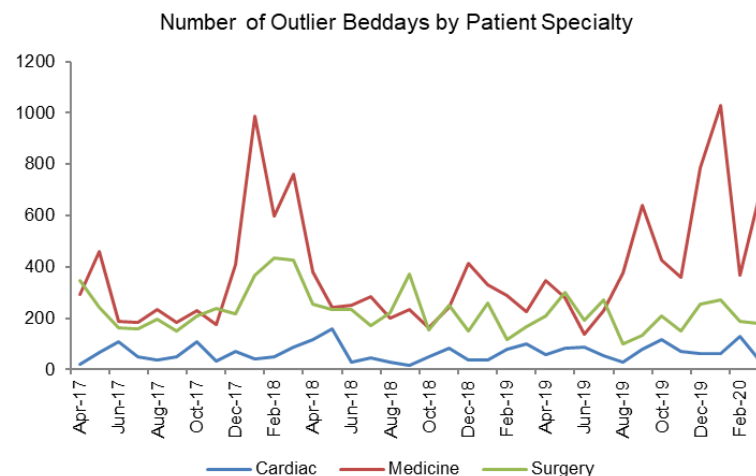
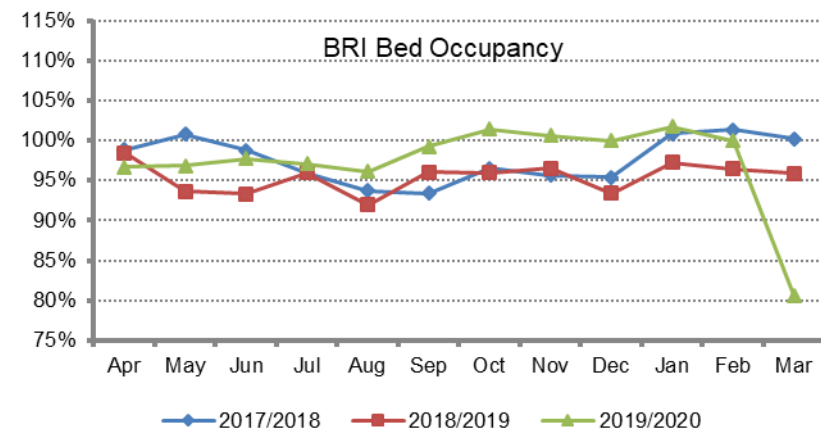
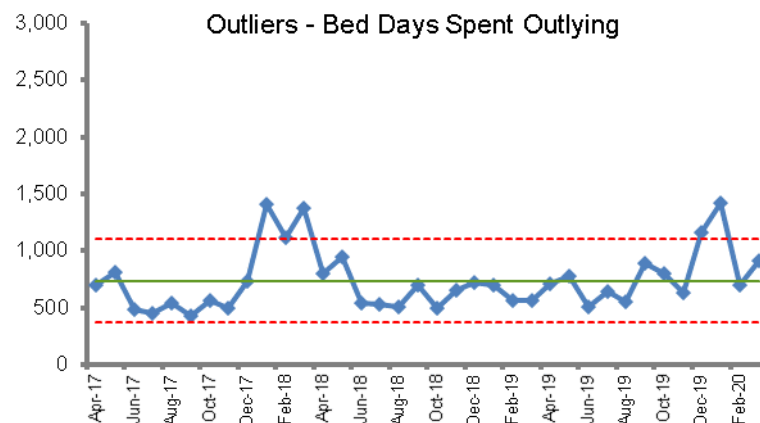
Mortality – Hospital Standardised Mortality Ratio (HSMR)	
Standards:	This is the national measure published by Dr Foster .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for January 2020. The HSMR was 94.5 (93 deaths and 98 “expected”)
Commentary/ Actions:	As previously reported, actions are being taken in response to the detailed report into the trust’s HSMR and mortality for acute myocardial infarction. These actions include improving palliative care coding, extending data fields used to submit data to NHS Digital to capture all patient co-morbidities, and improvements in repatriating patients to their local hospital following acute coronary intervention.
Ownership:	Medical Director



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 March, there were 37 patients discharged following an admission for fractured neck of femur. Of these, 32 were eligible for Best Practice Tariff (BPT). For the 36 hour target, 50% (16 patients) were seen with target. For the 72 hour target, 84% (27 patients) were seen within target. Therefore 12 patients (38%) achieved all elements of the Best Practice Tariff.
Commentary/ Actions:	There are no new actions beyond those previously reported to the Board. During Covid-19, recruitment to consultant posts continues as best it can.
Ownership:	Medical Director

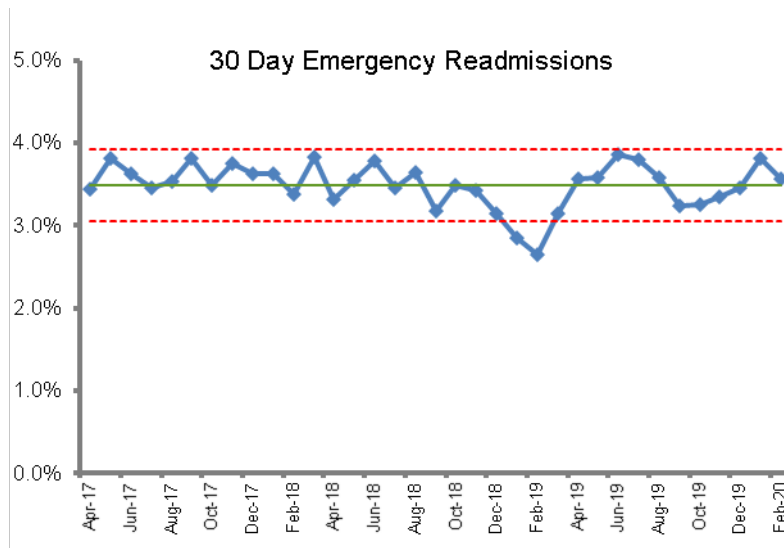


Outliers	
Standards:	This is a measure of how many bed-days patients spend on a ward that is different from their broad treatment speciality: medicine, surgery, cardiac and oncology. Our target is a 15% reduction which equates to a 9029 bed-days for the year with seasonally adjusted quarterly targets.
Performance:	In March there were 911 outlying beddays (1 bedday = 1 patient in a bed at 12 midnight).
Commentary/ Actions:	The March target of no more than 928 beddays was achieved. Of all the outlying beddays 675 were Medicine patients, 57 were Specialised Services patients and 179 were Surgery patients. 134 beddays were patients outlying overnight in Escalation capacity in Queens' Day Unit (A414).
Ownership:	Chief Operating Officer



30 Day Emergency Readmissions

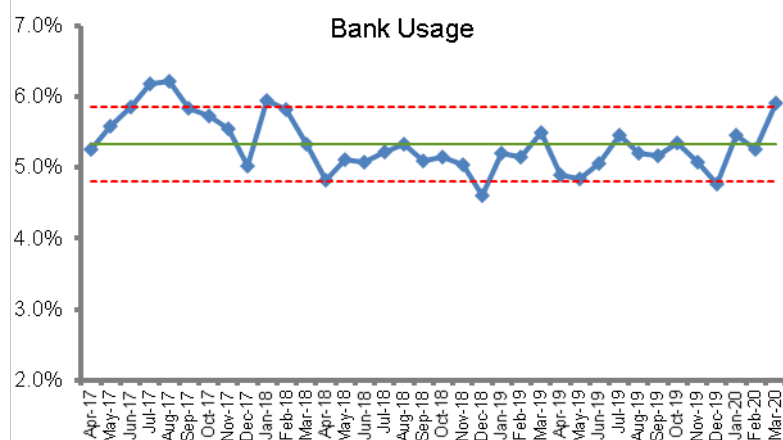
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and 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 February, there were 12,536 discharges, of which 446 (3.56%) had an emergency re-admission within 30 days.
Commentary/ Actions:	9.2% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.3% from Surgery and 1.7% from Specialised Services.
Ownership:	Chief Operating Officer



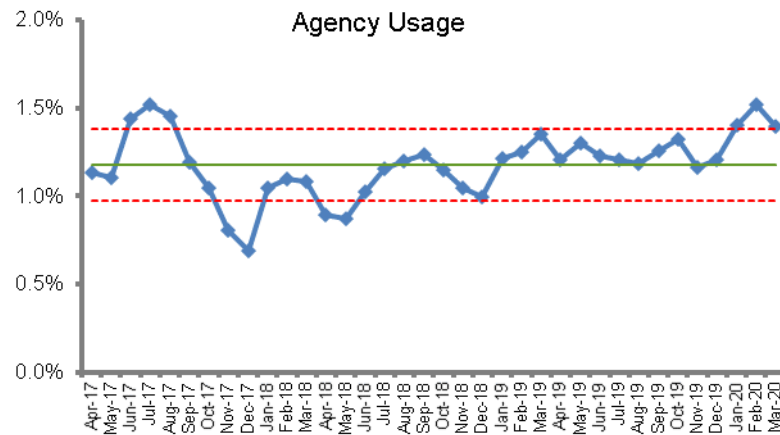
Discharges in February 2020

	Emergency Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	1	23	4.35%
Medicine	235	2,544	9.24%
Specialised Services	43	2,582	1.67%
Surgery	109	3,340	3.26%
Women's and Children's	58	4,047	1.43%
TRUST TOTAL	446	12,536	3.56%

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 March 2020, total staffing was at 9398 FTE. Of this, 5.9% was Bank (555 FTE) and 1.4% was Agency (131 FTE).
Commentary/ Actions:	<p>Agency usage reduced by 10.0 FTE. The largest divisional reduction was seen in Medicine, reducing to 60.2 FTE from 71.6 FTE the previous month. The largest divisional increase was seen in Surgery, increasing to 34.6 FTE compared to 26.6 FTE in the previous month. The largest staff group reduction was within Nursing and Midwifery Staff, reducing to 124.0 FTE compared to 129.1 FTE in the previous month. The largest staff group increase was within Ancillary staff, increasing to 1.5 FTE compared to 0 FTE in the previous month.</p> <p>Bank usage increased by 65.7 FTE. All divisions saw increases in bank usage. The largest increase was seen in the division of Medicine, increasing to 167.1 FTE from 146.6 FTE the previous month. No divisional reductions were seen this month. All staff groups saw increases in bank usage, except Health Professionals staff, where usage reduced to 16.6 FTE compared with 18.9 in the previous month. The largest staff group increase was within Nursing and Midwifery staff, increasing to 395.3 FTE compared to 340.8 FTE in the previous month.</p> <ul style="list-style-type: none"> ▪ Bank Nursing Assistants - A pipeline of 213 bank nursing assistants is in place (a mix of nurse / medical students, plus others experienced NAs) of which 45 are required for ICU. The first 30 are due to be inducted on April 6th. ▪ Trust Staff Bank campaign - Poster campaign created for Bristol and Weston encouraging existing staff to join the Bank particularly in response to the pandemic crisis. ▪ Nurse agency - A reduction in use has been seen particularly high cost non-framework reliance as a result of changes in demand across the hospitals.
Ownership:	Director of People

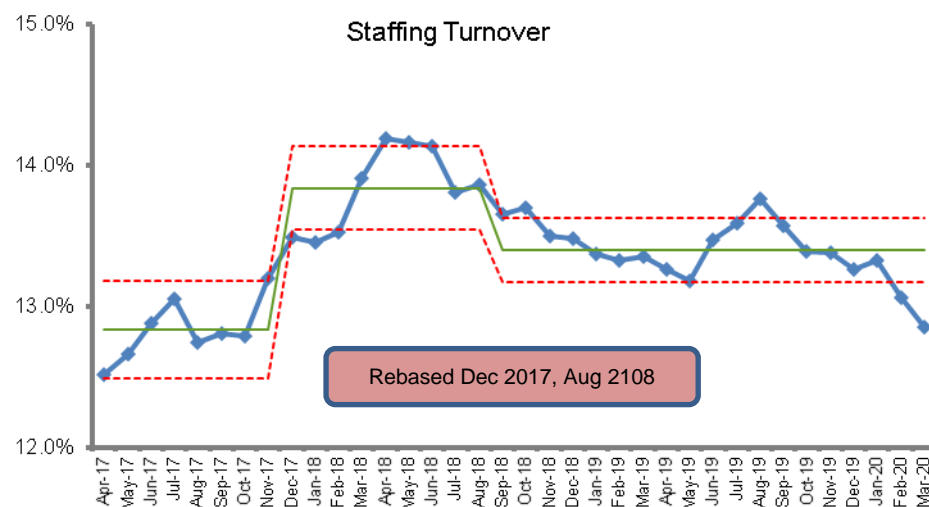


Bank	Mar FTE	Mar Actual %	KPI
UH Bristol NHS Foundation Trust	555.0	5.9%	4.3%
Diagnostics & Therapies	17.7	1.6%	1.4%
Medicine	167.1	11.4%	9.5%
Specialised Services	77.4	6.9%	6.4%
Surgery	115.4	6.0%	4.2%
Women's & Children's	93.7	4.3%	1.0%
Trust Services	32.2	3.6%	3.4%
Facilities & Estates	51.6	6.8%	6.4%



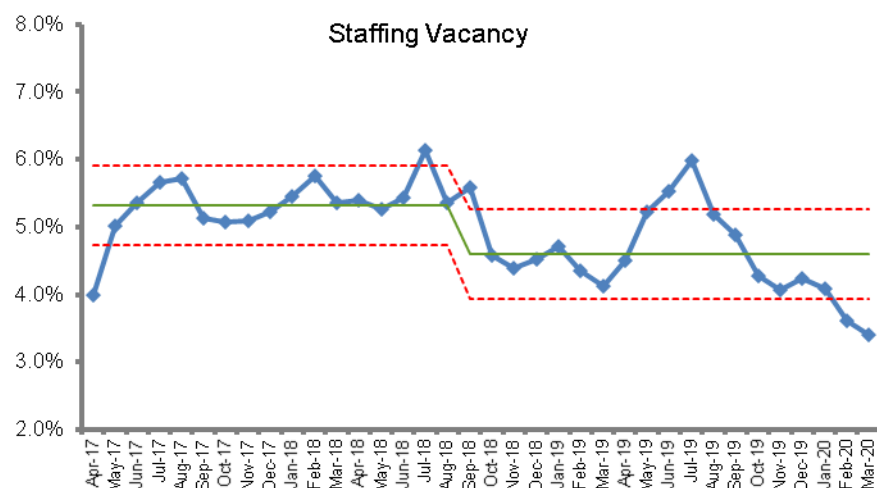
Agency	Mar FTE	Mar Actual %	KPI
UH Bristol NHS Foundation Trust	131.3	1.4%	0.8%
Diagnostics & Therapies	0.4	0.0%	0.9%
Medicine	60.2	4.1%	2.3%
Specialised Services	14.6	1.3%	0.8%
Surgery	34.6	1.8%	0.3%
Women's & Children's	20.1	0.9%	0.2%
Trust Services	0.0	0.0%	0.8%
Facilities & Estates	1.5	0.2%	0.4%

Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In March 2020, there had been 938 leavers over the previous 12 months with 7305 FTE staff in post on average over that period; giving a Turnover of $938 / 7305 = 12.9\%$.
Commentary/ Actions:	<p>Turnover reduced to 12.9% from 13.1% last month, two divisions saw an increase in turnover whilst five divisions saw a reduction in turnover. The largest divisional increase was seen within Medicine, increasing to 15.6% from 15.0% the previous month. The largest divisional reduction was seen within Specialised Services, reducing to 13.2% from 14.3% the previous month. The biggest reduction in staff group were seen within Add Prof Scientific and Technic, where turnover reduced by 0.9 percentage points. The largest increase in staff group was seen within Administrative and Clerical (0.4 percentage points).</p> <p>Return rates for Exit Questionnaire have dropped significantly but will continue to be monitored during this time.</p>
Ownership:	Director of People



Turnover	Mar-20	KPI
UH Bristol NHS Foundation Trust	12.9%	13.0%
Diagnostics & Therapies	12.9%	11.3%
Medicine	15.6%	13.9%
Specialised Services	13.2%	13.4%
Surgery	13.0%	12.4%
Women's & Children's	11.5%	11.5%
Trust Services	11.9%	15.3%
Facilities & Estates	12.5%	16.1%

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 March 2020, funded establishment was 9018 FTE, with 306 FTE as vacancies (3.4%).
Commentary/ Actions:	<p>Overall vacancies reduced to 3.4% compared to 3.6% in the previous month. Staff group increases were seen within Health Professional and Medical staff, increasing by 2.3 FTE and 16.7 FTE respectively, compared with the previous month. Reductions were seen in all other staff groups; the largest was in Nursing, which reduced to 166.2 FTE from 190.9 FTE the previous month. Trust Services had the largest Divisional reduction to 11.4 FTE from 23.2 FTE the previous month.</p> <ul style="list-style-type: none"> ▪ Bristol and Weston Careers Portal - Go live upon merger. Website traffic is up to 4,055 from 2,270 last month. Work continues with the Weston Division to further develop website content. ▪ Creation of COVID-19 central vacancies page - https://www.uhbwcareers.nhs.uk/COVID-19 promoted with links to COVID-19 vacancies, providing a single point of entry for the Talent team to triage and expedite through the recruitment process. ▪ Nurse Open Day - Cancelled due to COVID-19. All interest followed up a call, offer of a Skype interview and 'keep warm' communications. ▪ Return to Practice - The advert attracted a total of 17 candidates of which 10 would be appointable. However, the next RTP will now be postponed. Candidates will be offered the opportunity to work as a Bank NA.
Ownership:	Director of People



Vacancy	Mar-20	KPI
UH Bristol	3.4%	5.0%
Diagnostics & Therapies	3.7%	5.0%
Medicine	2.8%	5.0%
Specialised Services	3.7%	5.0%
Surgery	4.3%	5.0%
Women's & Children's	1.3%	5.0%
Trust Services	1.3%	5.0%
Facilities & Estates	9.4%	5.0%

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 March, total available FTE days were 268,954 of which 12,477 (4.6%) were lost to staff sickness.
Commentary/ Actions:	<p>Sickness absence remained static at 4.6% compared with the previous month (based on updated figures), with an increase in two divisions. This does NOT include Medical Suspension reporting.</p> <p>The largest divisional increase was seen in of Trust Services, rising from 3.4% last month to 4.6%.</p> <p>Facilities and Estates saw the largest divisional reduction, reducing by 0.4 percentage points compared to the previous month.</p> <p>The largest staff group increase was seen in Admin and Clerical, where sickness increased to 5.3% compared with 4.7% in the previous month.</p> <p>The largest staff group reductions were seen within Additional Clinical Services and Estates and Ancillary, both reducing by 0.6 percentage points compared to the previous month.</p> <ul style="list-style-type: none"> Overall, there's very little change in the numbers of sickness episodes being reported in April (March data). The reasons for absence also remain fairly static, with no evidence to suggest an increase in absence due to stress and anxiety which may have been expected in light of the pandemic crisis. Absence by staff group is also constant compared with last month, with only a small increase amongst admin & clerical staff. Compared to this time last year, sickness absence is running 0.6% higher Most importantly, although sickness absence remains stationary, there is an increase in "other" absences i.e. Medical Suspension. In March, weekly sickness reporting introduced 'Medical Suspension' as a new reason in light of Covid-19. This does not count towards an employee's sickness entitlement, but it will show on the employees absence record. Initially it was to capture those staff who were self-isolating. During March, 1063 staff (headcount) have been recorded as absent due to 'Medical Suspension'. 1574 staff (headcount) were reported due to sickness. Some of which will be covid-19 related. From April 2020 sickness will not include covid19 in response to further ESR guidance received at the end of March which clarified that Medical Suspension is to include covid sickness/symptoms as well as self-isolation The daily national NHS/E sickness reporting commenced in April 2020.
Ownership:	Director of People

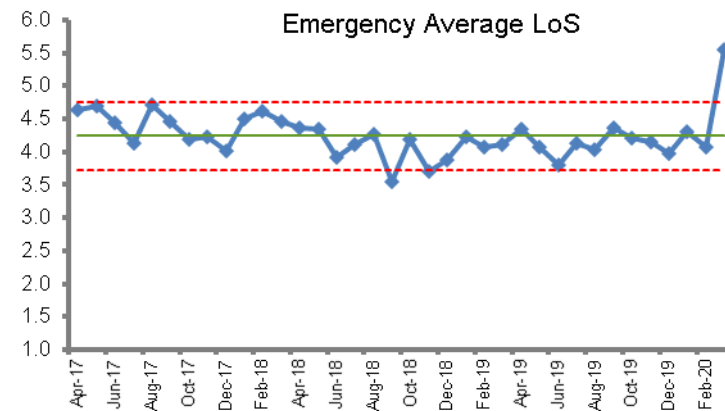
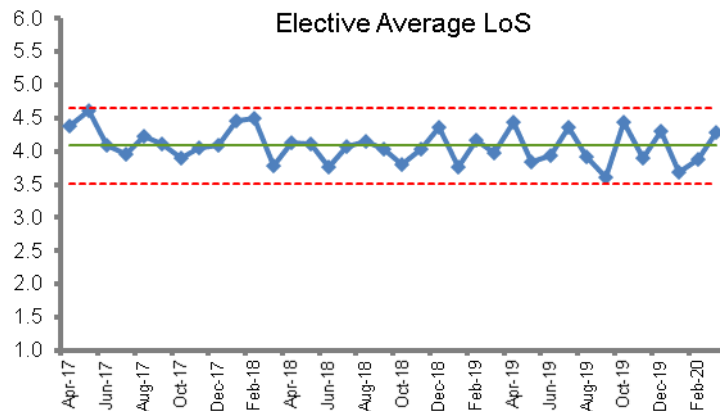


Sickness	Mar-20	KPI
UH Bristol	4.6%	3.8%
Diagnostics & Therapies	3.7%	3.1%
Medicine	4.6%	4.3%
Specialised Services	4.0%	3.5%
Surgery	5.1%	3.6%
Women's & Children's	4.3%	3.8%
Trust Services	4.6%	2.7%
Facilities & Estates	6.9%	6.2%

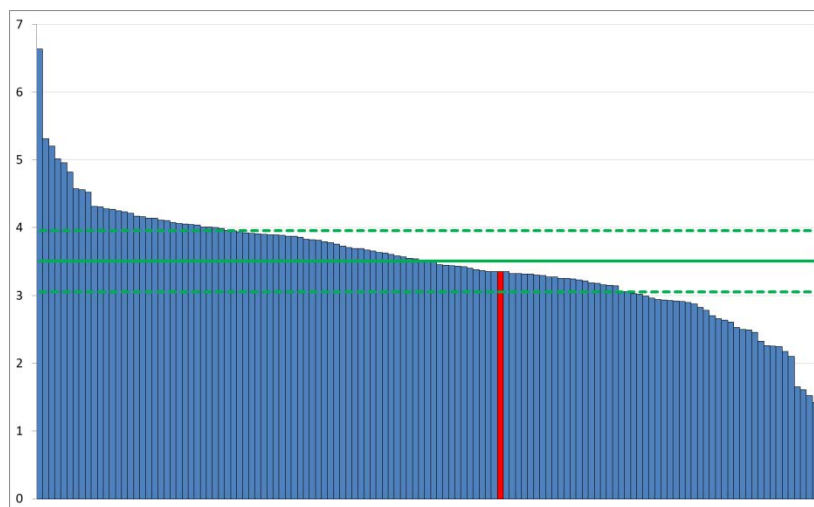
Staff Appraisal	
Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In March 2020, 5,425 members of staff were compliant out of 8,560 (63.4%).
Commentary/ Actions:	<p>Overall appraisal compliance reduced to 63.4% compared with 68.3% in the previous month. There were no increases in any division. The largest divisional reduction was seen within Diagnostic and Therapies, reducing to 61.2% from 70.6% the previous month. All divisions are non-compliant.</p> <ul style="list-style-type: none"> NHSE/I has confirmed the decision to suspend all staff appraisals with immediate effect allowing staff to focus on supporting the pandemic. Focused hot spot reporting and reminders to staff have been put on hold, with the Learning and Development department being redirected to induction support. The GMC has deferred revalidation for all doctors who are due to be revalidated by September 2020. The NMC is to initially extend the revalidation period for current registered nurses and midwives by an additional three months. Communications for the implementation of the pay progression 2020/21 will be sent out to the 50+ pay affecting team members and in light of recent changes this will be managed remotely.
Ownership:	Director of People

Appraisal (Non-Consultant)	Mar-20	Feb-20	KPI
UH Bristol NHS Foundation Trust	63.4%	68.3%	85.0%
Diagnostics & Therapies	61.2%	70.6%	85.0%
Medicine	56.9%	63.3%	85.0%
Specialised Services	77.9%	79.8%	85.0%
Surgery	52.6%	58.7%	85.0%
Women's & Children's	65.8%	69.7%	85.0%
Trust Services	69.4%	72.5%	85.0%
Facilities & Estates	66.2%	69.6%	85.0%

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 March there were 5,336 discharges that consumed 26,562 beddays, giving an overall average length of stay of 4.8 days.
Commentary/ Actions:	The spike in Emergency length of stay reflects the efforts made in March to discharge patients and free-up capacity for Covid patients. As part of this, more patients with a long length of stay were discharged than usual. Prior to March, around 6.5% of emergency discharges were patients who had been in hospital for 14+ days. For March, this rose to 8.4%. Although this is only a 2% increase this has a significant impact on length of stay. It is a small number of patients but with a large number of beddays accrued. If March had had 6.5% of discharges on 14+ days, rather than 8.4%, then this would've been around 2,000 fewer beddays, which would've brought the March Length of Stay down to 4.5 days. This would've been in-line with previous month's values (see chart below).
Ownership:	Chief Operating Officer



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



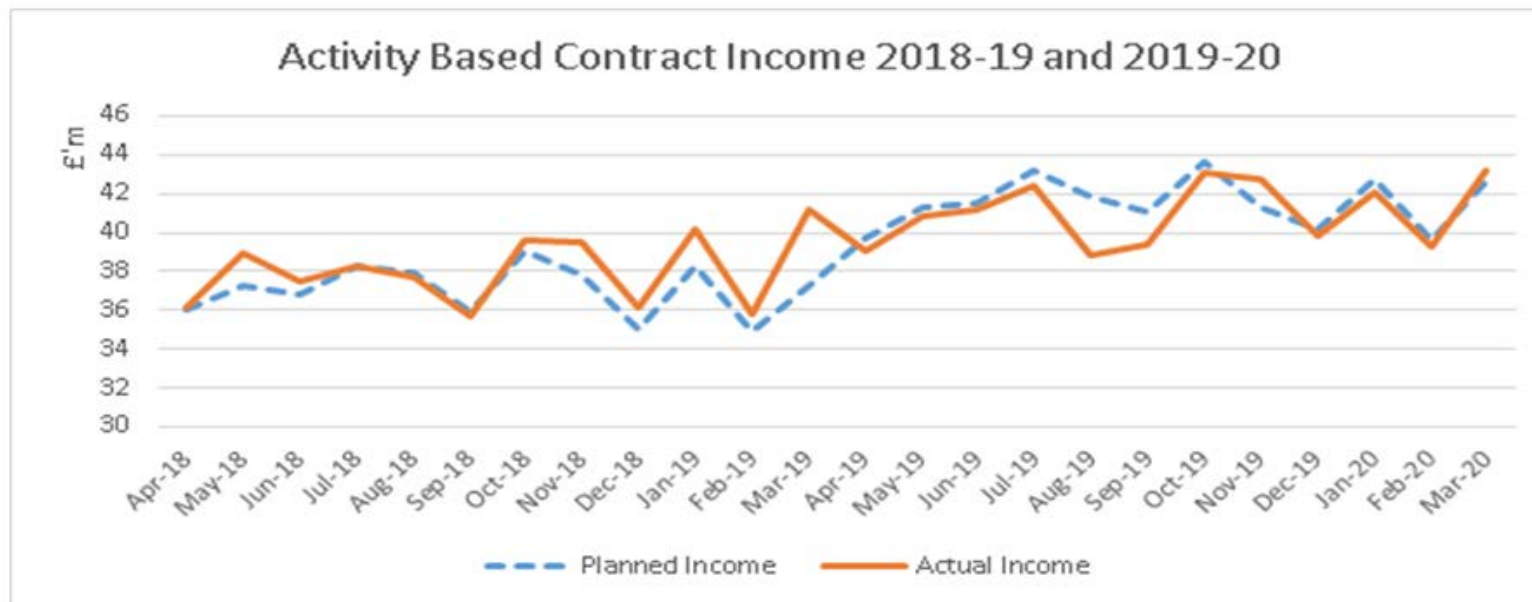
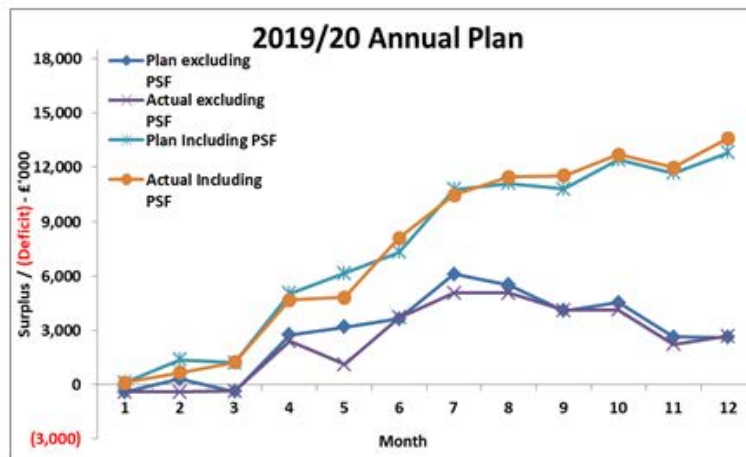
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

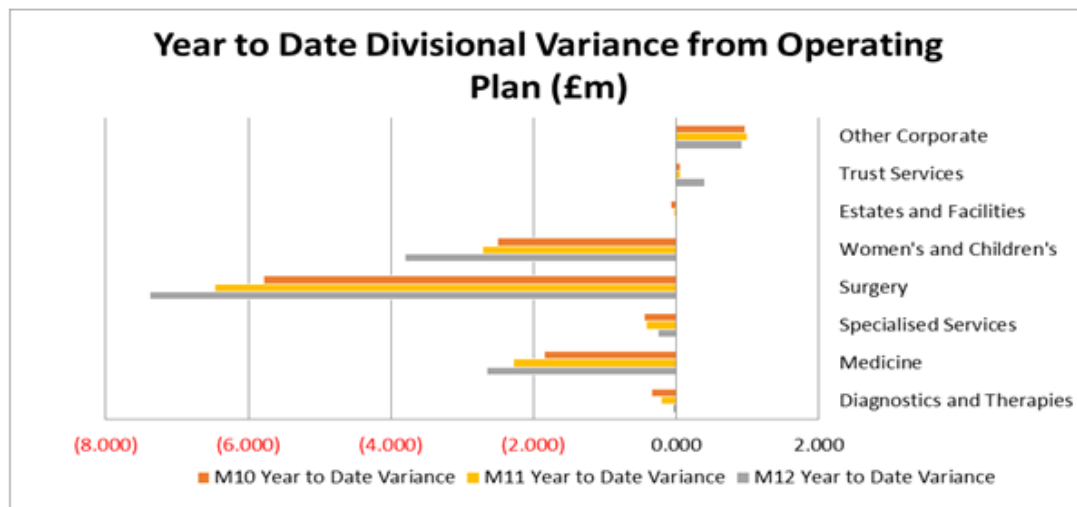
Length of Stay of Inpatients at month-end

Mar-20	7+ Days	14+ Days	21+ Days	28+ Days
Bristol Children's Hospital	45	32	29	20
Bristol Haematology & Oncology Centre	21	13	10	5
Bristol Royal Infirmary	161	101	76	59
South Bristol Hospital	43	41	39	33
St Michael's Hospital	23	15	13	12
TRUST TOTAL	294	202	167	129

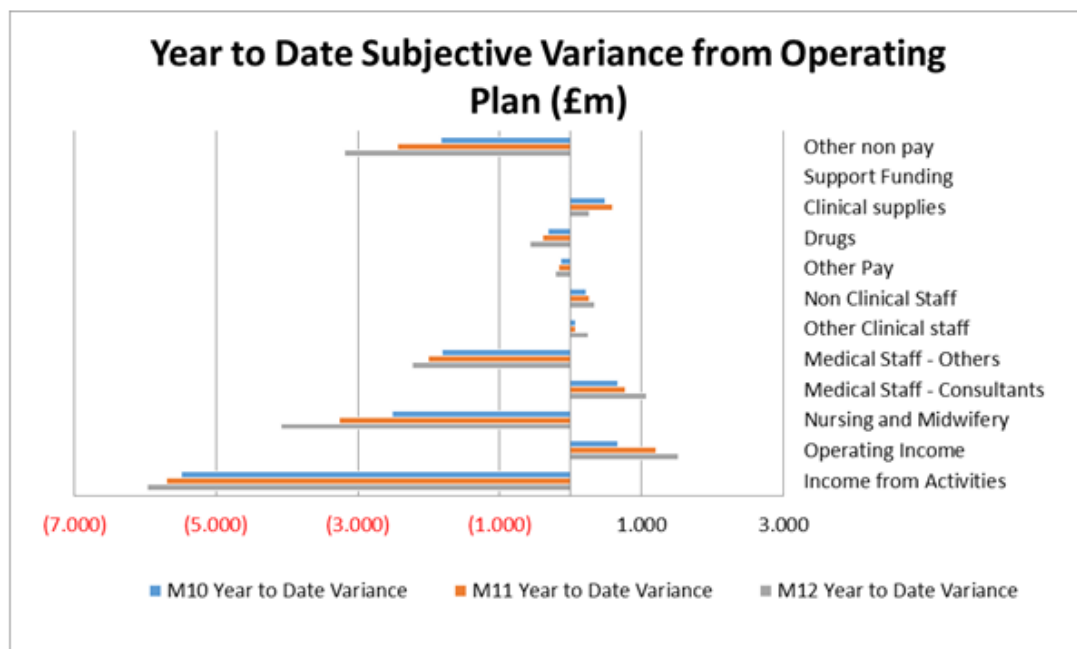
Bristol Royal Infirmary Divisional Breakdown:

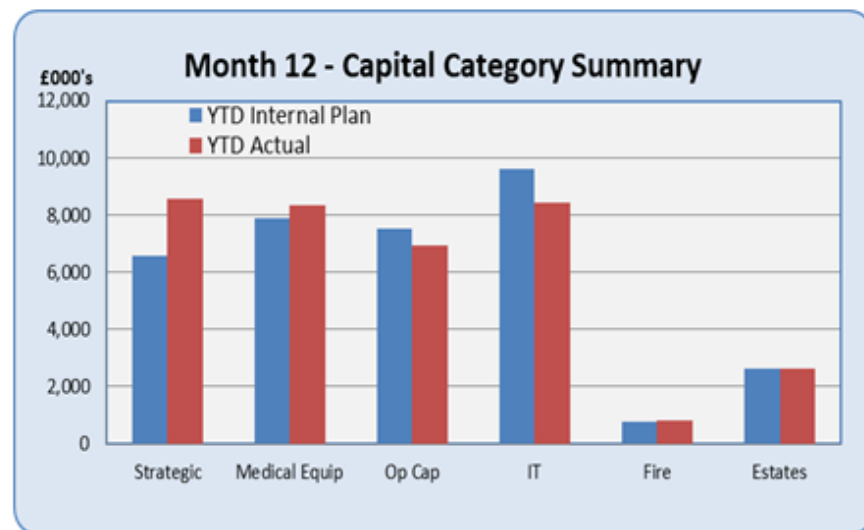
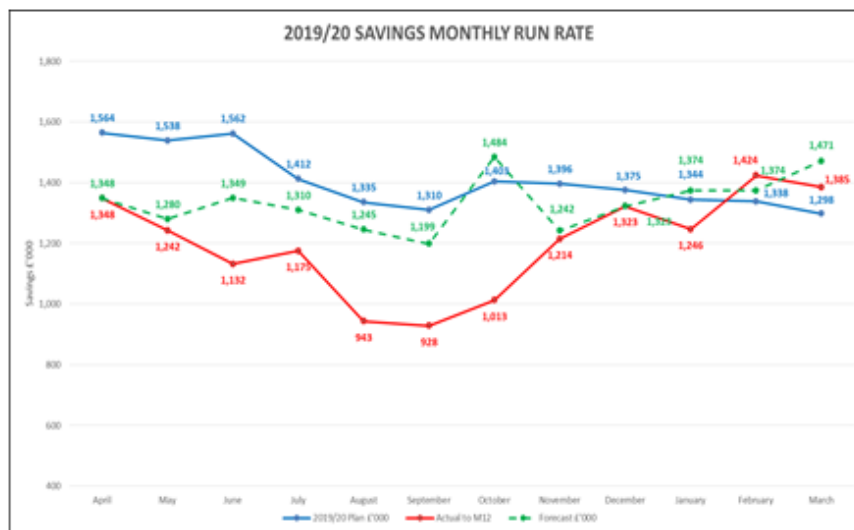
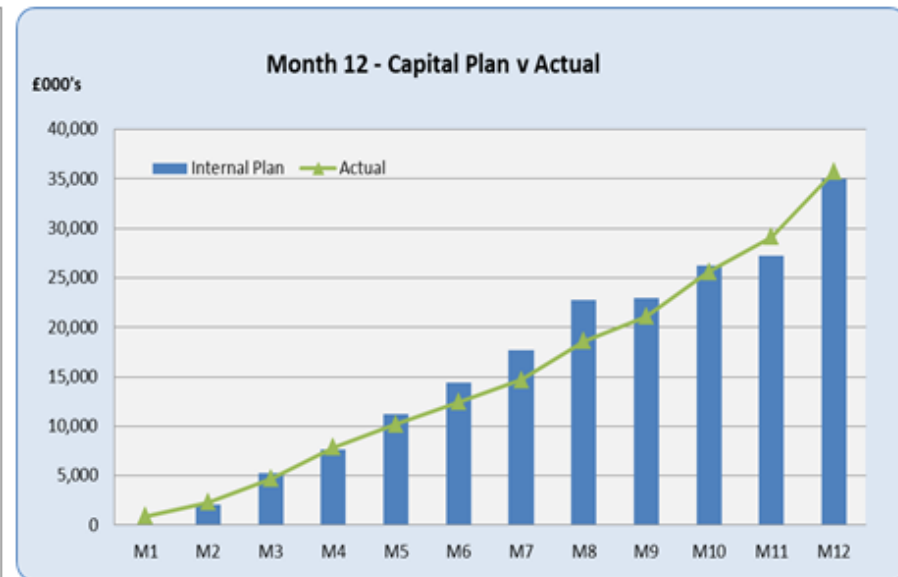
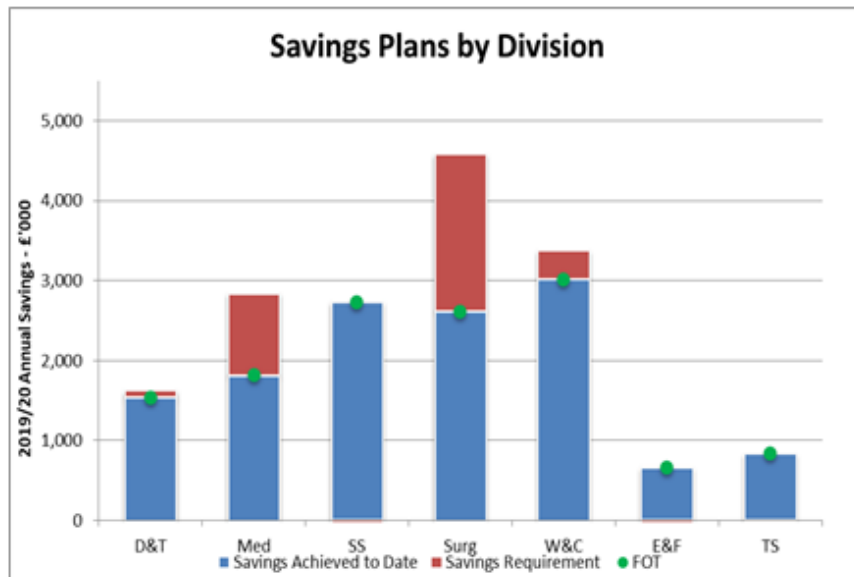
Medicine	101	64	46	39
Specialised Services	27	14	10	5
Surgery, Head & Neck	33	23	20	15





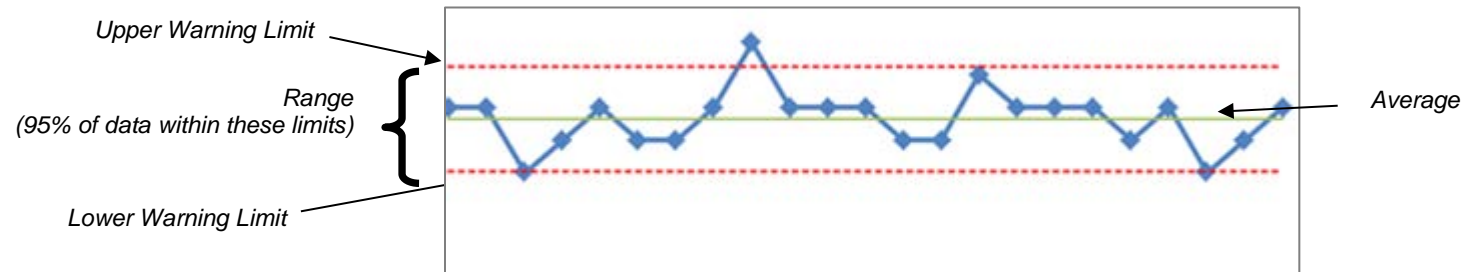
RAG Rating to Operating Plan	In Month	Year to Date
D & T	G	A
Medicine	R	R
Specialised	G	A
Surgery	R	R
W & C	R	R
E & F	G	A
Trust Services	G	G





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.

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

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

Rating for acute services/acute trust

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

SAFE, CARING & EFFECTIVE

Topic	ID	Title	Annual		Monthly Totals													Quarterly Totals			
			18/19	19/20 YTD	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	
Patient Safety																					
Infections	DA01	MRSA Trust Apportioned Cases	6	4	0	0	0	0	1	0	0	0	0	2	0	1	0	1	0	3	
	DA02	MSSA Trust Apportioned Cases	34	48	5	6	4	6	5	4	4	3	3	5	2	1	15	15	10	8	
	DA03	CDiff Trust Apportioned Cases	31	41	4	2	2	5	5	4	4	5	4	2	1	3	8	14	13	6	
	DA06	EColi Trust Apportioned Cases	83	80	6	8	9	14	4	5	8	6	9	4	3	4	23	23	23	11	
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97%	97.2%	95.6%	95.7%	96.6%	96.9%	98%	97.9%	97.7%	97.7%	97.8%	97.6%	96.9%	98.3%	95.9%	97.6%	97.7%	97.6%	
	DB02	Antibiotic Compliance	78.9%	77.9%	76.1%	84.2%	80.2%	88.6%	85.6%	82.1%	75.1%	73.8%	71.8%	74.9%	80.8%	88.7%	79.1%	84.5%	73.5%	79.1%	
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	96%	95%	96%	96%	96%	96%	95%	98%	97%	92%	-	-	-	-	-	
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	98%	97%	98%	98%	98%	97%	99%	99%	98%	-	-	-	-	-	
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	97%	96%	96%	96%	96%	96%	96%	96%	98%	98%	97%	-	-	-	-	-	
Serious Incidents	S02	Number of Serious Incidents Reported	70	73	7	3	8	10	8	5	4	7	6	7	6	2	18	23	17	15	
	S02a	Number of Confirmed Serious Incidents	63	53	7	3	7	9	8	5	3	6	5	-	-	-	17	22	14	-	
	S02b	Number of Serious Incidents Still Open	5	19	0	0	1	1	0	0	1	0	1	7	6	2	1	1	2	15	
	S03	Serious Incidents Reported Within 48 Hours	98.6%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	94.3%	95.9%	85.7%	100%	100%	100%	100%	60%	100%	100%	100%	100%	100%	100%	94.4%	91.3%	100%	100%	
	S04	Serious Incident Investigations Completed Within Timescale	96.8%	98.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	92.3%	
S04a	Overdue Exec Commissioned Non-SI Investigations	10	18	1	1	1	1	2	4	2	0	1	1	2	2	3	7	3	5		
Never Events	S01	Total Never Events	5	4	0	0	1	1	1	0	0	0	1	0	0	0	1	2	1	0	
Patient Safety Incidents	S06	Number of Patient Safety Harm Incidents Reported	16723	16492	2204	1398	1467	2686	1455	1074	1398	2878	1109	408	415	-	5069	5215	5385	823	
	S06b	Patient Safety Harm Incidents Per 1000 Beddays	54.9	56.92	85.43	52.36	57.13	102.94	56.4	41.39	51.47	109.5	40.78	14.82	16.24	-	64.84	66.99	66.78	15.5	
	S07	Number of Patient Safety Incidents - Severe Harm	95	134	9	8	9	9	24	14	19	8	16	11	7	-	26	47	43	18	
Patient Falls	AB01	Falls Per 1,000 Beddays	4.48	4.52	4.46	4.98	3.97	4.37	4.11	4.43	4.75	3.46	4.82	4.68	4.89	5.33	4.48	4.3	4.35	4.95	
	AB06a	Total Number of Patient Falls Resulting in Harm	27	26	3	0	0	2	1	1	4	1	2	7	4	1	3	4	7	12	
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.295	0.182	0.194	0.037	0.156	0.115	0.233	0.193	0.221	0.228	0.074	0.327	0.117	0.308	0.128	0.18	0.174	0.251	
	DE02	Pressure Ulcers - Grade 2	80	49	4	1	4	2	4	3	5	6	2	9	2	7	9	9	13	18	
	DE04A	Pressure Ulcers - Grade 3 or 4	10	8	1	0	0	1	2	2	1	0	0	0	1	0	1	5	1	1	
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	98.3%	87.4%	98.5%	98.2%	98.2%	98.2%	77%	78.9%	78%	78.7%	77%	86.8%	88.5%	88.6%	98.3%	85.3%	77.9%	87.9%	
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	92.6%	93.4%	93.4%	93.2%	94.2%	93.1%	-	-	-	-	-	-	-	-	93.5%	93.1%	-	-	
	N04	Number of Hospital Associated VTEs	47	38	4	5	0	5	10	1	2	0	3	0	8	-	9	16	5	8	
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	5	3	1	0	0	1	1	0	0	0	0	0	0	-	1	2	0	0	
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	2	20	1	1	0	0	5	1	2	0	2	0	8	-	2	6	4	8	
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	91.1%	86.4%	-	-	84.4%	-	-	86.9%	-	-	87.9%	-	-	-	84.4%	86.9%	87.9%	-	
Safety	Y01	WHO Surgical Checklist Compliance	99.8%	99.9%	99.9%	99.6%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.9%	100%	100%	99.9%	99.8%	100%	99.9%	99.9%	
Medicines	WA01	Medication Incidents Resulting in Harm	0.29%	0.36%	0%	0.62%	0.43%	0.38%	0.81%	1.23%	0%	0.4%	0%	0%	0%	-	0.37%	0.8%	0.14%	0%	
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.37%	0.41%	0.31%	0.46%	0.3%	0.18%	0.24%	0%	0.26%	0.37%	0.27%	1.65%	0.21%	0.43%	0.37%	0.14%	0.3%	0.92%	

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			18/19	19/20 YTD	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	8.7%	7.8%	8.3%	8.3%	8.3%	6.5%	7.8%	7.6%	6.1%	7%	9.2%	8.2%	8.2%	8.1%	8.3%	7.3%	7.4%	8.2%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	23.9%	22.8%	22.5%	23.5%	22.1%	23.3%	21.7%	21.4%	24%	23.3%	22.4%	24%	22.8%	21.8%	22.7%	22.2%	23.2%	22.9%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9815	9211	749	805	705	815	708	713	870	873	781	850	731	611	2259	2236	2524	2192
Staffing Levels	RP01	Staffing Fill Rate - Combined	99.3%	100.3%	100.6%	101.6%	100.5%	99.6%	98.5%	99.6%	99.3%	100.3%	100.5%	103.3%	101.5%	98.8%	100.9%	99.2%	100%	101.2%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Quarterly Data	105.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	107.2	104.6	106.4	106.4	104.8	106	106.3	103	102.4	101.8	-	-	-	-	105.9	105.1	102.1	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	105	91.7	83.7	91.1	99.7	94	95.4	82.7	92.9	92.7	91.5	94.5	-	-	91	90.6	92.3	94.5
Readmissions	C01	Emergency Readmissions Percentage	3.3%	3.55%	3.57%	3.58%	3.85%	3.79%	3.58%	3.24%	3.26%	3.35%	3.46%	3.82%	3.56%	-	3.67%	3.54%	3.35%	3.69%
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	56.3%	45.6%	56.3%	40.9%	52.4%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	41.7%	50%	49.2%	52.1%	36.7%	45.9%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	97%	96.3%	100%	95.5%	100%	93.3%	100%	100%	100%	100%	100%	96.6%	91.7%	84.4%	98.3%	97.2%	100%	90.6%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	51.3%	43.5%	56.3%	40.9%	52.4%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	33.3%	37.5%	49.2%	52.1%	36.7%	38.8%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	51.1%	52.6%	52.8%	44.4%	41%	51.1%	45.7%	54.3%	59.6%	52.6%	51.3%	57.1%	69.7%	-	46.1%	50.8%	54.8%	66%
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	84.2%	73.9%	72.2%	85.2%	74.4%	84.4%	71.4%	69.6%	70.2%	68.4%	69.2%	78.6%	75.8%	-	76.5%	75.4%	69.4%	76.6%
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	58.6%	65.2%	69.2%	43.8%	28.6%	92.9%	50%	81.8%	88.9%	55.6%	71.4%	62.5%	-	-	50%	77.1%	72%	62.5%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83%	83.2%	84.2%	87.6%	85.8%	85.8%	88.3%	91%	85.9%	84.8%	79.6%	77.6%	78.6%	72.3%	85.8%	88.5%	83.3%	76.3%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	94.3%	89.6%	94.1%	95.8%	85.2%	94.6%	76.9%	83.8%	89.7%	88.1%	86.5%	86.1%	88.9%	97.2%	92.9%	86%	88.1%	90.7%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	85.7%	85.2%	83.3%	66.7%	100%	100%	100%	100%	60%	100%	100%	-	100%	100%	81.8%	100%	71.4%	100%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	7708	9692	704	782	503	645	547	887	794	633	1164	1423	699	911	1989	2079	2591	3033
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	91	91	93	92	92	91	91	91	93	90	91	93	91	92	92	91
	P01g	Patient Survey - Kindness and Understanding	-	-	97	95	96	96	96	96	96	96	97	96	96	98	96	96	96	96
	P01h	Patient Survey - Outpatient Tracker Score	-	-	91	91	89	90	90	90	90	90	89	89	92	84	90	90	90	90
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.1%	35.5%	36.3%	42.4%	34.4%	39.4%	36.2%	34.2%	36.2%	31%	35.3%	32.3%	33.1%	-	37.7%	36.7%	34.1%	32.7%
	P03b	Friends and Family Test ED Coverage	16%	16.6%	13.8%	18.1%	18.7%	17.4%	18.2%	15.2%	16.9%	15.8%	16.6%	16.7%	15.4%	-	16.8%	16.9%	16.4%	16%
	P03c	Friends and Family Test MAT Coverage	18.3%	26.5%	28.5%	30.4%	24.1%	30.1%	31.6%	16.5%	17.7%	36.1%	26.8%	28.2%	21.8%	-	27.7%	25.9%	26.6%	25.3%
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	98.2%	98.7%	98.4%	98.3%	98.3%	98.9%	98.8%	99%	98.4%	98.7%	98.6%	98.7%	99.2%	-	98.4%	98.9%	98.5%	98.9%
	P04b	Friends and Family Test Score - ED	82.1%	84%	76.7%	83.8%	84.2%	82.9%	85.2%	81.5%	85.2%	83.8%	84.6%	86.9%	88.1%	-	82%	83.3%	84.6%	87.5%
	P04c	Friends and Family Test Score - Maternity	97.3%	97.6%	96.7%	97.7%	97.6%	96.9%	97.2%	98.7%	98.1%	97.1%	99.1%	97.7%	98.4%	-	97.4%	97.4%	98%	98%
Patient Complaints	T01	Number of Patient Complaints	1845	1845	184	161	166	168	125	149	178	150	117	152	171	124	511	442	445	447
	T03a	Formal Complaints Responded To Within Trust Timeframe	86.1%	88%	93.2%	97.2%	95.9%	90.4%	85.4%	67.5%	88.6%	91.5%	83.6%	84.1%	85.5%	85.5%	95.5%	83.6%	88.3%	85%
	T03b	Formal Complaints Responded To Within Divisional Timeframe	85.5%	90.9%	93.2%	98.6%	98%	91.6%	93.8%	75%	90%	95.8%	83.6%	86.6%	90.3%	89.9%	96.6%	88.3%	90.3%	88.7%
	T05A	Informal Complaints Responded To Within Trust Timeframe	83.7%	89.5%	90.6%	86.9%	89.8%	85.7%	87.9%	90.3%	93.4%	83.3%	91.2%	92.4%	82.4%	100%	89%	87.5%	90.1%	92%
	T04c	Percentage of Responses where Complainant is Dissatisfied	9.11%	8.6%	11.86%	8.45%	8.16%	12.05%	4.17%	7.5%	5.71%	8.45%	5.46%	10.98%	-	-	9.5%	8.77%	6.63%	10.98%

RESPONSIVE

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			18/19	19/20 YTD	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	89%	88.1%	87.5%	86.5%	84.3%	83.6%	83%	83%	82.5%	83.2%	82.4%	78.3%	-	-	-	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	3161	3578	3874	4436	5216	5574	5866	5903	6028	5745	6223	7134	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	0	865	0	0	0	0	0	0	0	0	0	0	0	865	0	0	0	865
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	0	0	0	0	0	0	0	0	0	0	0	153	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	95.3%	93.7%	93.4%	94%	95.9%	95.2%	89%	91.7%	93%	95.2%	94.1%	95.2%	94.8%	-	94.4%	92%	94%	95%
	E01c	Cancer - Urgent Referrals Stretch Target	56.5%	38.8%	43.8%	45.6%	54.7%	35.2%	27.5%	33.7%	38.6%	37.8%	35.1%	49.7%	24.3%	-	47.9%	31.9%	37.3%	36.9%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	97.2%	95.5%	95.4%	94.1%	95.1%	97.1%	96.3%	94.4%	96.6%	97%	95.7%	92.3%	96.2%	-	94.9%	95.9%	96.4%	94.2%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.4%	98.7%	98.4%	97.9%	99.1%	99%	99%	97.1%	97.7%	99.2%	100%	98%	100%	-	98.5%	98.4%	98.9%	99%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	96.1%	92.7%	95.9%	90.9%	89.7%	90.4%	94.2%	91.7%	93.3%	92.3%	93.5%	94.5%	92.7%	-	92.1%	92.1%	93.1%	93.6%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.8%	95%	96.4%	89.6%	91.8%	94.4%	95.2%	96.2%	96.5%	96.8%	94.3%	94.5%	98.5%	-	92.7%	95.2%	95.9%	96.4%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.6%	84.8%	86.8%	86%	84%	86.8%	85.8%	84%	85.4%	87%	83.9%	80.8%	82%	-	85.7%	85.6%	85.4%	81.4%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.7%	64.5%	71.4%	100%	83.3%	66.7%	100%	85.7%	55.6%	53.8%	33.3%	36.4%	33.3%	-	82.6%	83.3%	48.4%	35%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	83.7%	86.4%	95%	89.6%	83.5%	85.7%	87.1%	80.8%	82.9%	84%	89.2%	86.3%	85.1%	-	89.7%	84.4%	85.5%	85.7%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	54	41	3.5	3.5	3	4.5	6.5	3.5	3	4.5	2	4	3	-	10	14.5	9.5	7
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.31%	1.78%	1.63%	1.53%	1.84%	1.25%	1.49%	1.44%	1.68%	1.94%	2.54%	2.02%	1.98%	2.21%	1.67%	1.39%	2.03%	2.06%
	F01a	Number of Last Minute Cancelled Operations	1059	1394	108	100	117	88	95	94	119	137	153	140	128	115	325	277	409	383
	F02	Cancelled Operations Re-admitted Within 28 Days	93.4%	92.6%	85.2%	85.2%	92%	93.2%	95.5%	97.9%	95.7%	98.3%	94.9%	93.5%	94.3%	86.7%	87.3%	95.3%	96.3%	91.7%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	1.67%	2.08%	1.65%	2.39%	1.62%	1.81%	1.54%	1.93%	2.59%	1.95%	2.24%	1.76%	1.85%	3.98%	1.89%	1.76%	2.26%	2.41%
	F07a	Number of Admissions Cancelled Day Before	1348	1625	109	156	103	128	98	126	183	138	135	122	120	207	368	352	456	449
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	73.2%	63.8%	83.9%	61.8%	68.6%	54.3%	64.7%	60.5%	55.9%	68.4%	59%	64.1%	-	-	71%	59.8%	61.3%	64.1%
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	91.9%	88.1%	96.8%	88.2%	85.7%	80%	88.2%	83.7%	88.2%	94.7%	84.6%	92.3%	-	-	90%	83.9%	89.2%	92.3%
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	95.27%	93.41%	93.54%	96.19%	95.26%	96.21%	95.85%	96.65%	96.1%	95.22%	95.51%	94.62%	-	-	-	-
Outpatients	R03	Outpatient Hospital Cancellation Rate	10.1%	11.4%	11.3%	10.4%	10.1%	11.1%	11.2%	11.1%	10.7%	10.2%	10.6%	11%	11.1%	17.7%	10.6%	11.1%	10.5%	13.3%
	R05	Outpatient DNA Rate	6.8%	6.6%	6.7%	7.1%	6.8%	6.4%	6.5%	6.6%	6.3%	6.5%	6.7%	6.2%	6.3%	7.1%	6.9%	6.5%	6.5%	6.5%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.12	2.15	2.09	2.1	2.21	2.12	2.25	2.15	2.07	2.15	2.11	2.17	2.12	2.26	2.13	2.17	2.11	2.18
ERS	BC01	ERS - Available Slot Issues Percentage	16.5%	16.9%	13.9%	16.9%	15.8%	17.9%	16.9%	14.6%	17%	20.6%	18.7%	-	-	-	15.5%	16.5%	18.6%	-

			Annual		Monthly Totals													Quarterly Totals					
Topic	ID	Title	18/19	19/20 YTD	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4			
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	216	289	22	23	27	19	32	19	30	19	21	27	29	21	72	70	70	77			
	Q02A	Non-Acute Delayed Transfers of Care - Patients	80	117	8	11	12	9	8	13	12	5	8	11	13	7	31	30	25	31			
	Q01B	Acute Delayed Transfers of Care - Beddays	6744	8304	609	607	625	532	654	783	708	590	731	713	790	962	1841	1969	2029	2465			
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2590	2902	223	302	243	283	165	233	257	298	220	212	217	249	768	681	775	678			
			1211																				
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	53	56	61	48	75	58	83	69	75	95	107	87	-	-	-	-			
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	26	25	27	31	23	26	31	20	27	26	30	36	-	-	-	-			
	AQ07A	Green To Go List - Beddays (Acute)	-	-	1882	2435	1916	1986	2402	2393	2480	2388	2398	3166	2751	3110	-	-	-	-			
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	759	842	830	877	659	840	948	812	784	776	907	1002	-	-	-	-			
Length of Stay	J03	Average Length of Stay (Spell)	3.79	3.89	4.05	3.73	3.61	3.83	3.82	4.02	3.91	3.83	3.75	3.83	3.66	4.8	3.8	3.89	3.83	4.05			
	J04D	Percentage Length of Stay 14+ Days	6.3%	6.7%	7.2%	6.5%	6%	6.6%	6.6%	6.8%	6.6%	6.2%	6.3%	6.6%	6.6%	8.4%	6.6%	6.6%	6.4%	7.1%			
14 Day LOS Patients	J03	Average Length of Stay (Spell)	3.79	3.89	4.05	3.73	3.61	3.83	3.82	4.02	3.91	3.83	3.75	3.83	3.66	4.8	3.8	3.89	3.83	4.05			
AMU	J35	Percentage of Cardiac AMU Wardstays	3.6%	4.6%	3.6%	3.7%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	4.7%	4.6%	5.5%	3.7%			
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	35%	39.3%	18.8%	21.6%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	25.2%	42.6%	35.7%	37%			

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	86.34%	80.44%	78.25%	77.95%	81.48%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	79.2%	82.64%	79.63%	80.36%
This is measured against the national standard of 95%																				
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	86.34%	80.44%	78.25%	77.95%	81.48%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	79.2%	82.64%	79.63%	80.36%
	BB07	BRI ED - Percentage Within 4 Hours	78.39%	68.51%	63.57%	63.86%	68.78%	68.95%	74.81%	70.93%	72.03%	70.87%	63.41%	69.93%	65.81%	69.2%	65.38%	71.53%	68.8%	68.25%
	BB03	BCH ED - Percentage Within 4 Hours	93.05%	90.4%	91.96%	90.38%	93.61%	94.82%	95.3%	89.51%	90.31%	85.94%	84.42%	93.11%	88.58%	90.47%	91.96%	93.02%	86.78%	90.76%
	BB04	BEH ED - Percentage Within 4 Hours	97.38%	97.82%	96.1%	98.39%	97.55%	98.16%	98.37%	97.4%	98.8%	96.84%	98.55%	97.04%	98.2%	98.74%	97.32%	97.98%	98.08%	97.91%
This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																				
Trolley Waits	B06	ED 12 Hour Trolley Waits	1	25	0	0	0	0	0	0	0	0	8	11	1	5	0	0	8	17
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	95.6%	96.8%	96.8%	97%	98.3%	98%	98.4%	96.2%	98.8%	97.8%	94.6%	96%	96.3%	93.5%	97.4%	97.5%	97%	95.3%
	B02b	ED Time to Initial Assessment - Data Completeness	97.2%	96.9%	97.6%	98.4%	98%	98.3%	96.1%	98.2%	96.6%	98.3%	93.7%	96.1%	96.3%	96.2%	98%	97.5%	96.1%	96.2%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	49.3%	50.8%	46.1%	47.6%	49.9%	50.1%	55.6%	50.9%	50.1%	48.4%	47.9%	55.3%	48.3%	62.3%	47.9%	52.2%	48.8%	54.7%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	96.9%	96.6%	96%	96.1%	96.8%	97.2%	96.7%	97.4%	97.2%	97.2%	97.6%	96.7%	97.2%	96.2%	96.9%	97.3%	97.2%
Others	B04	ED Unplanned Re-attendance Rate	3.3%	3.7%	3.5%	3.2%	3.1%	3.4%	3.3%	3.5%	3.9%	4.2%	4.2%	3.7%	4%	3.7%	3.3%	3.4%	4.1%	3.8%
	B05	ED Left Without Being Seen Rate	1.7%	1.6%	1.6%	1.8%	1.6%	1.7%	1.5%	1.9%	1.4%	1.4%	1.9%	1.3%	1.5%	1.2%	1.7%	1.7%	1.5%	1.4%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	698	352	96	87	55	36	25	53	-	-	-	-	-	-	238	114	-	-
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	3.6%	4.6%	3.6%	3.7%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	4.7%	4.6%	5.5%	3.7%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	36.1%	35%	39.3%	18.8%	21.6%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	25.2%	42.6%	35.7%	37%

FINANCIAL MEASURES

Topic	Title	Monthly Totals											
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Year To Date Annual Plan Surplus / (Deficit) £'000	Annual Plan excluding PSF	(416)	302	(389)	2,740	3,171	3,633	6,086	5,489	4,521	4,521	2,622	2,593
	Actual excluding PSF	(416)	(410)	(378)	2,382	1,116	3,698	5,060	5,054	4,107	4,114	2,219	2,668
	Annual Plan including PSF	117	1,368	1,209	5,030	6,153	7,308	10,773	11,118	10,793	12,402	11,674	12,815
	Actual Plan including PSF	117	656	1,220	4,672	4,808	8,083	10,457	11,463	11,527	12,705	11,981	13,600
Year to Date Variance Divisional Position Favourable / (Adverse) £'000	Diagnostics & Therapies	(4)	(39)	(56)	(66)	(328)	(366)	(343)	(178)	(273)	(233)	(154)	(52)
	Medicine	(167)	(320)	(502)	(701)	(1,222)	(1,687)	(2,023)	(2,045)	(2,245)	(2,757)	(3,258)	(3,738)
	Specialised Services	(54)	13	201	82	(173)	(265)	(335)	(322)	(397)	(381)	(404)	(252)
	Surgery	(175)	(659)	(1,168)	(1,867)	(2,760)	(3,422)	(4,188)	(4,576)	(5,428)	(6,398)	(7,182)	(8,150)
	Women's & Children's	(215)	(311)	(407)	(534)	(1,029)	(1,377)	(1,474)	(1,465)	(1,814)	(2,657)	(2,833)	(3,810)
	Estates & facilities	(5)	(9)	(13)	(24)	(66)	(76)	(80)	(57)	(72)	(75)	(35)	(5)
	Trust Services	4	3	(33)	17	25	39	51	78	74	57	68	396
	Other Corporate Services	42	29	(85)	(37)	(89)	49	55	108	867	1,046	1,086	1,027
	Total	(574)	(1,293)	(2,063)	(3,130)	(5,642)	(7,105)	(8,337)	(8,457)	(9,288)	(11,398)	(12,712)	(14,584)
Year To Date Savings Actuals £'000	Diagnostics & Therapies		299	438	543	591	700	823	964	1,108	1,266	1,411	1,537
	Medicine		231	324	426	532	627	746	941	1,141	1,404	1,626	1,815
	Specialised Services		381	555	811	1,060	1,190	1,311	1,530	1,774	1,932	2,351	2,729
	Surgery		572	788	1,063	1,249	1,485	1,630	1,783	1,999	2,192	2,382	2,617
	Women's & Children's		660	941	1,171	1,310	1,451	1,738	2,006	2,308	2,558	2,781	3,014
	Estates & facilities		120	183	232	281	331	382	455	506	557	607	658
	Trust Services		134	202	270	341	412	483	553	624	695	766	837
	Other Corporate Services		195	292	382	477	573	668	763	859	961	1,063	1,165
	Total	0	2,591	3,723	4,898	5,841	6,769	7,781	8,995	10,318	11,564	12,988	14,373
In Month Variance Subjective Analysis Favourable / (Adverse) £'000	Nursing & Midwifery Pay	(542)	(449)	(438)	(475)	(274)	(603)	(530)	(554)	(535)	(824)	(953)	(955)
	Medical & Dental Pay	(360)	(187)	(445)	(433)	(381)	(139)	(307)	(390)	(619)	(512)	(356)	(177)
	Other Pay	902	636	883	908	655	203	119	159	190	64	100	283
	Non Pay	954	189	356	(101)	475	518	(388)	(439)	(831)	(583)	(490)	(1,149)
	Income from Operations	(172)	(94)	(2)	(18)	(116)	(205)	(5)	123	1,053	238	539	333
	Income from Activities	(632)	(336)	(301)	(303)	(2,419)	(1,238)	(122)	981	(89)	(453)	(194)	(207)
	Total	150	(241)	53	(422)	(2,060)	(1,464)	(1,233)	(120)	(831)	(2,070)	(1,354)	(1,872)
In Month Agency Expenditure Actuals £'000	Nursing & Midwifery	684	644	627	615	648	720	726	642	608	851	896	881
	Medical												
	Consultants	72	82	92	94	72	61	84	52	120	93	89	63
	Other Medical	56	20	85	108	54	35	68	49	46	59	51	57
	Other	140	144	131	154	185	72	169	117	76	72	82	219
	Total	952	890	935	971	959	888	1,047	860	850	1,075	1,118	1,220
Cash £'000	Actual Cash	110,000	109,402	100,954	119,042	127,950	126,226	135,301	121,697	117,727	126,832	119,166	129,840
Capital Spend £'000	Actual Capital Expenditure	916	2,300	4,704	7,868	10,229	12,449	14,672	18,632	21,084	25,634	29,130	35,740



**University Hospitals
Bristol and Weston**
NHS Foundation Trust

Quality and Performance Report

Weston Division

April 2020

Operations

March was a busy month at the end of an unprecedented winter season. The combination of bed occupancy averaging 95% against the fully funded winter bed stock and a typical volume of medically fit for discharge patients around 70 drove A&E performance down to 76.8%. The pressure on beds also had an impact on the ability to deliver surgery especially orthopaedics.

Quality

The Division has seen a sustained improvement in the level of inpatient falls reported. Infection control metrics show no MRSA or C Difficile cases for the month of March. Pressure injuries remains above trajectory and requires further work to be undertaken, which will be supported by the new programme delivering the goods. The merger with UHB identifies an opportunity to support and increase education and training for all staff. There was one serious incidents reported this month, One Grade 3 Pressure injury, RCA completed. Many quality reporting metrics have been suspended due to Covid, including FFT and complaint responses.

Workforce

It's reassuring to see that Turnover has not increased as a result of the merger. Working together as part of UHBW we will be able to increase our training compliance. Appraisal completion will need a more dedicated focus starting with our Line Managers reviewing their trajectories.

1.2 OVERVIEW –Oversight Framework

Financial Year 2018/19

Access Key Performance Indicator		Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19			Quarter 4 2018/19		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
A&E 4-hours Standard: 95%	Actual	87.56%	92.07%	94.55%	90.15%	92.66%	84.03%	87.30%	83.22%	77.27%	82.55%	84.44%	82.98%
	Year to Date	91.54%			89.10%			82.69%			83.29%		
	Trajectory	88.50%	92.40%	93.40%	92.50%	90.20%	91.90%	91.30%	89.90%	88.80%	84.50%	80.10%	90.10%
Cancer 62-day GP Standard: 85%	Actual (Monthly)	80.00%	82.54%	70.37%	65.28%	74.63%	67.65%	73.53%	60.00%	86.00%	53.95%	52.50%	55.88%
	Actual (Quarterly)	77.78%			69.08%			72.83%			54.02%		
	Trajectory (Monthly)	69%	75%	76%	82%	82%	83%	83%	83%	83%	82%	84%	84%
	Trajectory(Quarterly)	82.50%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	90.10%	92.02%	92.00%	92.43%	92.02%	92.81%	92.39%	92.42%	92.87%	92.15%	92.07%	91.26%
	Trajectory	92.90%	92.90%	92.90%	92.40%	93.30%	93.30%	92.90%	91.10%	90.50%	90.50%	87.80%	90.50%
6-week wait diagnostic Standard: 99%	Actual	99.79%	99.20%	99.21%	99.25%	98.46%	99.61%	98.78%	99.45%	99.80%	99.54%	99.37%	98.93%
	Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%

1.2 OVERVIEW –Oversight Framework

Access Key Performance Indicator		Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
A&E 4-hours Standard: 95%	Actual	79.60%	80.04%	77.31%	76.60%	75.99%	73.19%	74.71%	69.05%	70.21%	68.52%	70.43%	76.80%
	Trajectory	89.00%	92.50%	94.90%	93.50%	91.50%	92.60%	88.50%	86.10%	86.20%	86.40%	86.60%	90.10%
	Year to Date	79.00%			75.28%			71.37%			71.50%		
Cancer 62-day GP Standard: 85%	Actual (Monthly)	85.11%	53.33%	61.43%	73.17%	50.00%	57.38%	53.62%	78.57%	60.00%	45.28%	58.82%	
	Actual (Quarterly)	64.97%			58.75%			61.99%					
	Trajectory (Monthly)	73%	75%	76%	77%	82%	83%	82%	78%	83%	86%	80%	80%
	Trajectory(Quarterly)	85%			85%			85%			85%		
Referral to Treatment Standard: 92%	Actual	91.02%	89.23%	87.14%	86.61%	84.69%	85.63%	83.43%	83.63%	84.07%	84.72%	84.60%	83.19%
	Trajectory	93.10%	93.10%	93.10%	92.70%	93.50%	93.50%	93.10%	92.30%	92.60%	92.60%	92.00%	92.60%
6-week wait diagnostic Standard: 99%	Actual	97.99%	92.37%	93.37%	94.51%	97.88%	98.67%	98.91%	97.51%	95.57%	94.75%	98.83%	97.62%
	Trajectory	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%	99.04%

1.3 OVERVIEW – Key Performance Indicators Summary

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

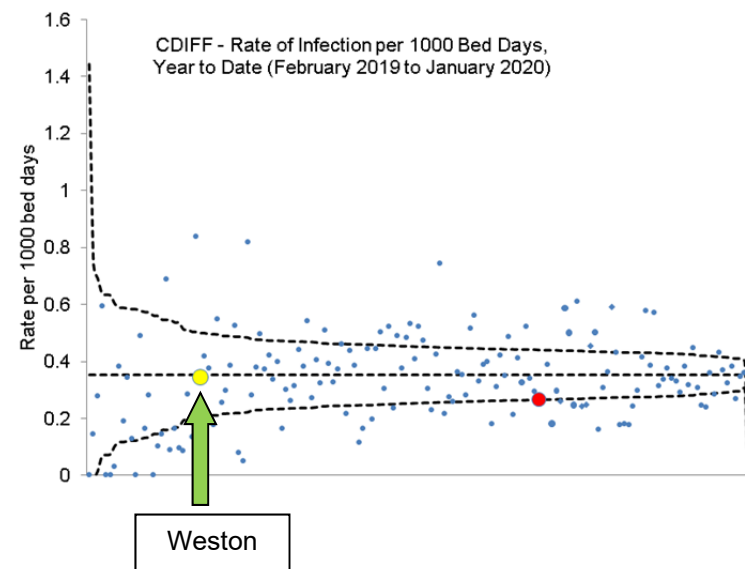
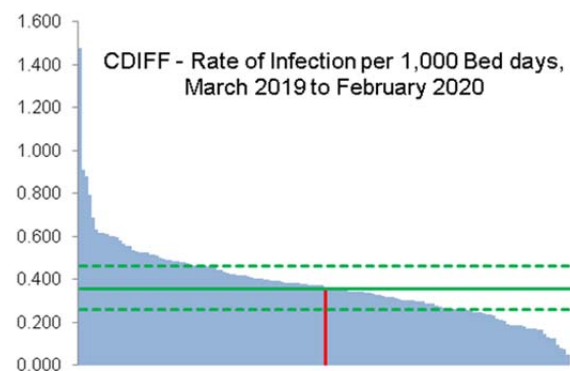
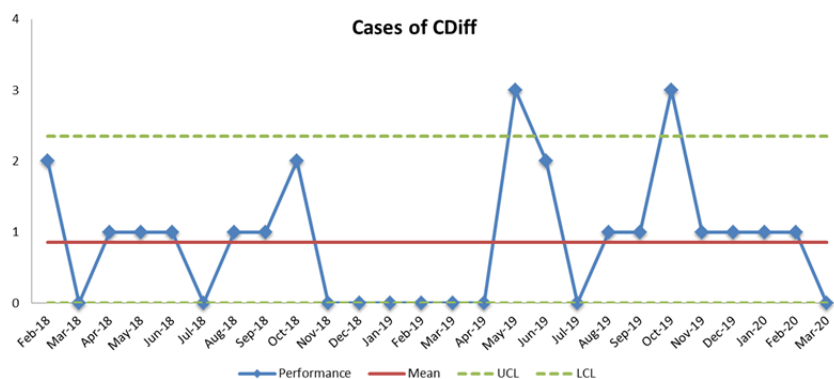


	Successes	Priorities
ACCESS	Cancer 2WW achieved 97% against a target of 93%, indicating that the early part of the cancer pathways are functioning well. However, the 62 day performance was 58% against a target of 85%, which is a symptom of dislocated and complex pathways across a number of providers that Weston needs to use because of its size. The RTT data quality validation programme was completed and indicated that 46,980 records could be bulk closed and only 9,500 records required further review. The bulk closure was completed as part of the preparation for migration to Medway and the remaining records are being managed under a programme of work.	The management of the Covid 19 pandemic has stopped all but urgent and cancer elective care, therefore early recovery planning will be essential to be able to set the priorities and performance objectives for 2020/21.
	Opportunities	Risks and Threats
ACCESS	New ways of working in areas such as ambulatory care and GEMS have been accelerated because of Covid 19 and should be made permanent to maximise the benefit to admission avoidance. Additionally, improvements to the complex discharge pathways and increase number of P2 and P3 pathways in the community should permanently reduce medically fit for discharge numbers. Finally the migration of breast cancer services to NBT should see a more integrated pathway for Weston patients, although the service will no longer be reported in Weston performance data.	Covid 19 has delayed some significant milestones in Weston plans: the migration to Medway is on hold so data quality is being maintained through constant validation and the merger consultations have been delayed by 6 months so interim management arrangements have been extended to ensure we can continue to operate safely.

	Successes	Priorities
QUALITY	Sustained performance in relation to inpatient falls.	Launch of the Delivering the good campaign focusing on improvement in the quality aspects of patient care. The campaign focuses on patient discharge from hospital, reduction of pressure injuries, falls prevention, food and drink, medicines management and management of continence. Develop assurance programme in relation to quality priorities through perfect ward and individual audits.
	Opportunities	Risks and Threats
QUALITY	Support and increase education and training in relation to pressure injuries prevention.	The impact of Covid 19 on services.

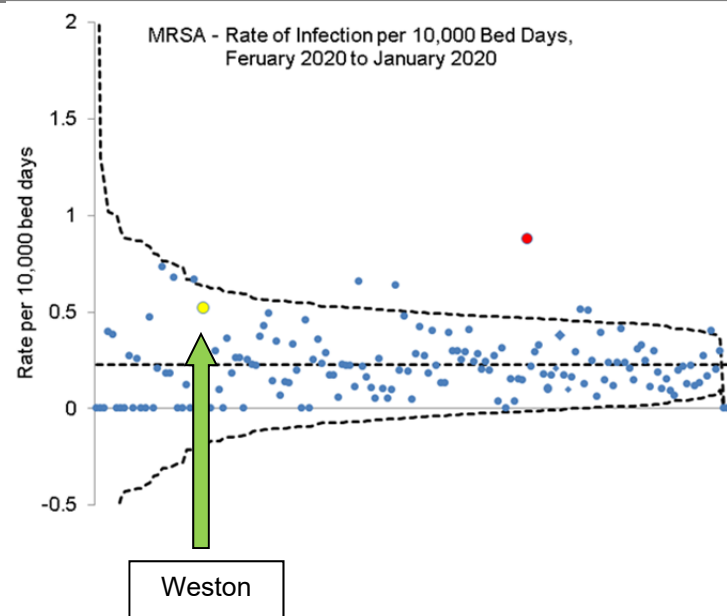
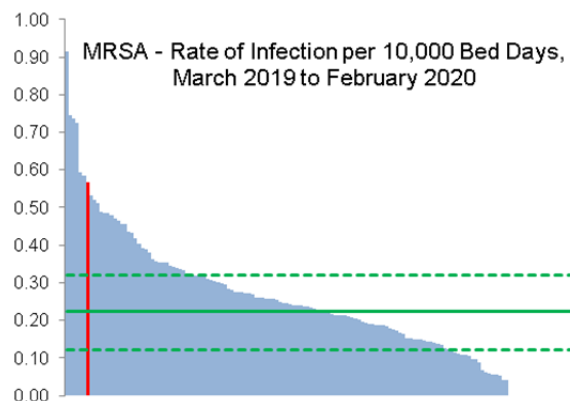
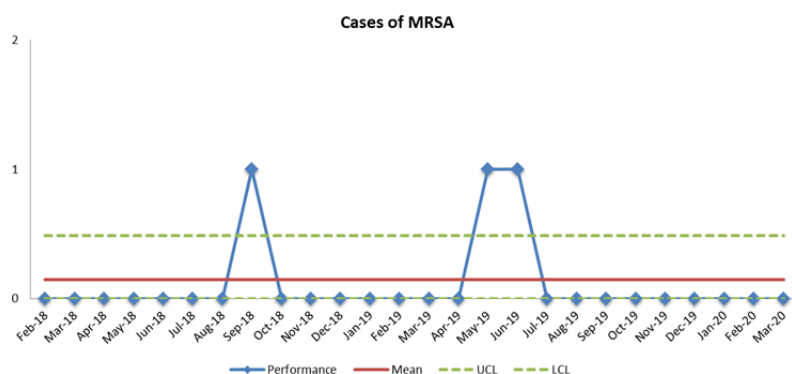
	Successes	Priorities
WORKFORCE	Turnover and sickness measures are both within targets.	To continue to review turnover and sickness. Ensure communications are maintained throughout Weston to integrate staff at Weston into the new organisation.
	Opportunities	Risks and Threats
WORKFORCE	Many opportunities have been identified including, sharing resources across sites, enabling recruitment through branding development due to merger and development opportunities for our staff.	Appraisal and training compliance remain below target. Both will need to be addressed as we move from the current focus around resilience due to COVID.

Infections – Clostridium Difficile (C.Diff)	
Standards:	14 cases for 19/20.
Performance:	There was zero division apportioned C.Diff cases in March 2020, and 14 cases year-to-date.
Commentary/ Actions:	There have been no cases attributed to the division during March 2020.
Ownership:	Head of Nursing



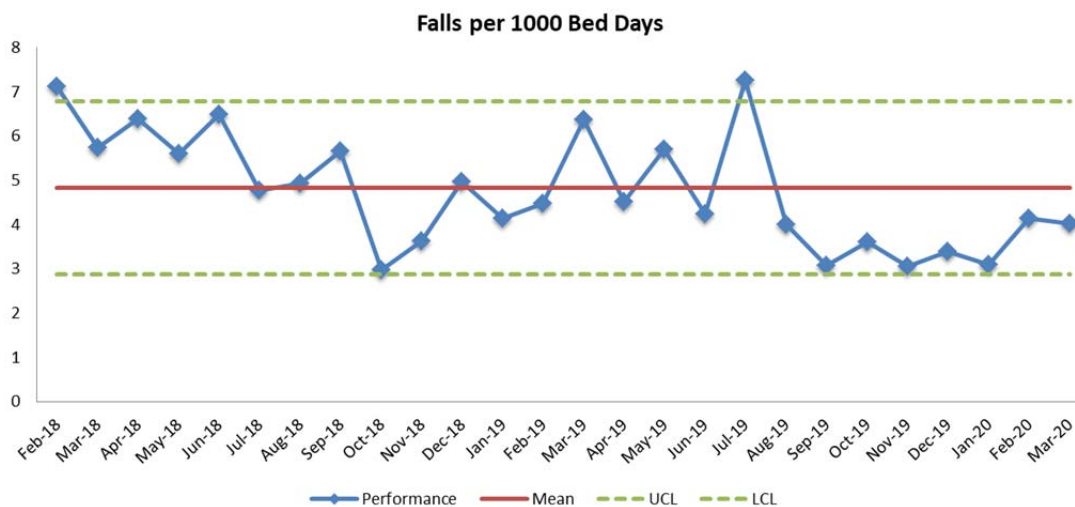
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Infections – Methicillin-Resistant Staphylococcus Aureus (MRSA)	
Standards:	Zero Division Apportioned MRSA cases.
Performance:	There were zero apportioned MRSA cases in March 2020 and so two cases year to date.
Commentary/ Actions:	There have been no cases attributed to the division during March 2020.
Ownership:	Head of Nursing

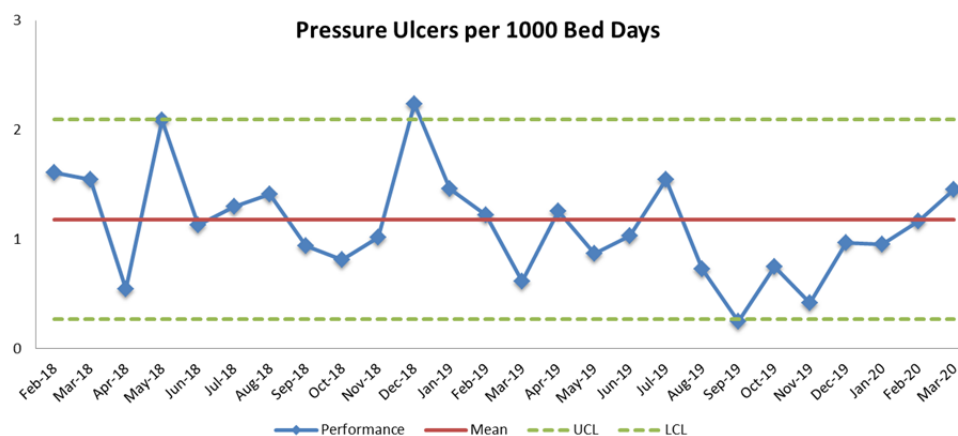


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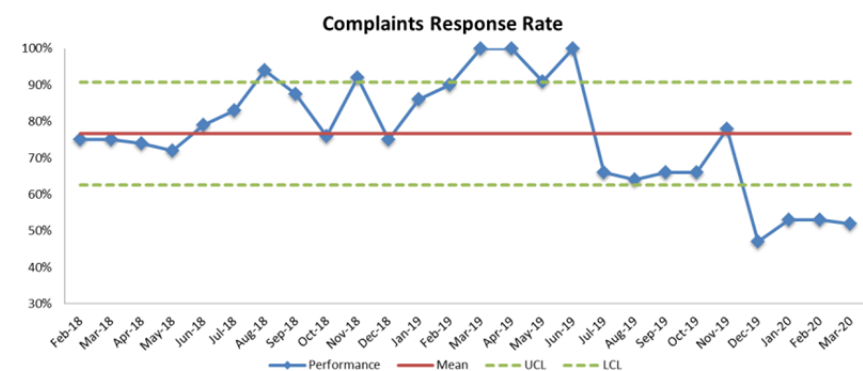
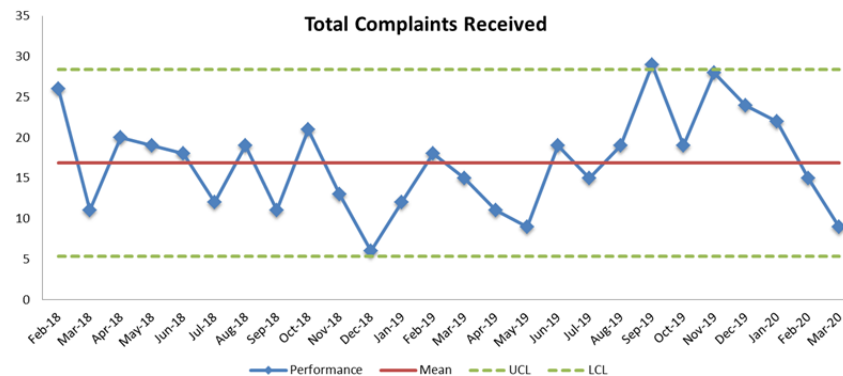
Patient Falls	
Standards:	Inpatient Falls to be less than 5.66 per 1,000 bed days and 0 per month resulting in Harm (Moderate or above)
Performance:	Falls rate for March was 4.03 per 1,000 bed days and therefore below the standard. There were a total of 25 inpatient falls with no falls resulting in moderate or higher level of harm.
Commentary/ Actions:	<p>There has been a further reduction in in-patient falls in month from 31 in February 2019 to 25 in March 2020 with no falls with harm in month. End of year data show a successful reduction in falls by 18.23%</p> <p>The main theme identified this month is</p> <ul style="list-style-type: none"> Enhanced Supervision : Staff awareness of remaining in bay with patients who require 1:1 care <p>Going forward the action to improve and sustain performance is the launch of the Delivering the goods programme of care lead by an identified Matron and will focus on</p> <ul style="list-style-type: none"> Ensuring a robust assessment of patients on admission to ensure risk of falling is minimised Ensure the correct nursing care to maintain safety of patients at risk of falling Ensuring availability of equipment to reduce of falls Ensuring patient safety through appropriate training and skills for staff and awareness of the enhanced care policy
Ownership:	Head of Nursing



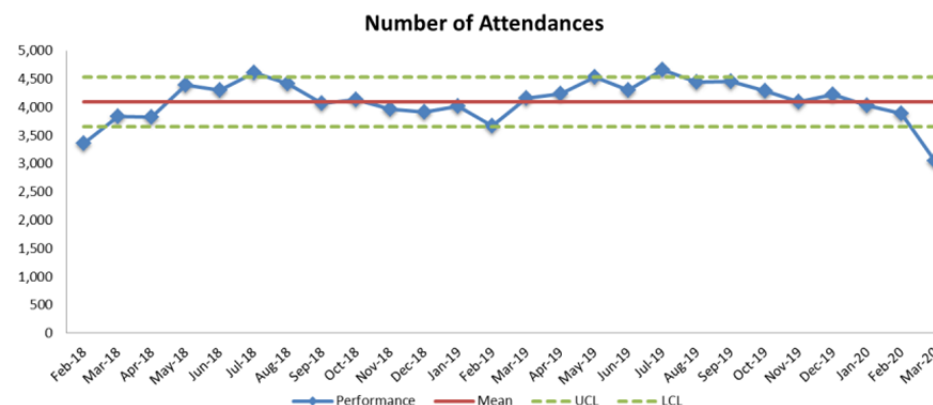
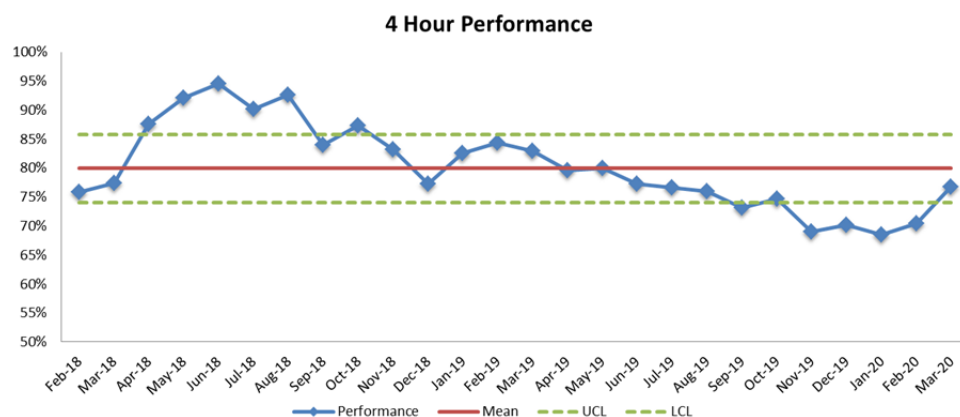
Pressure Ulcers	
Standards:	Hospital acquired Pressure Ulcers (Grade 2-4) per 1000 beddays to be below 0.92. No Grade 3 or 4 Pressure Ulcers
Performance:	Pressure Ulcers rate for March per 1,000 beddays was 1.45. There was one Grade 3 pressure ulcers and no Grade 4 pressure ulcers.
Commentary/ Actions:	<ul style="list-style-type: none"> • In March 2020 there were 8 grade 2 hospital acquired pressure injuries during hospital care within the Division of Weston reported. <ul style="list-style-type: none"> 6 within Medicine Speciality 2 within the Surgery Speciality • 1 injury was device-related (Oxygen Tubing) • There was one grade 3 pressure injury on Waterside. <p>Recovery Plan</p> <ul style="list-style-type: none"> • Tissue Viability Nurse educating on pressure injury validation will continue. • To support validation of injuries SWARMS should be completed & photos are required to be attached to Datix reports by ward sisters. • Ad hoc training to be arranged for the Emergency Department on Waterlow calculation. • Supported by the work plan established as part of delivering the goods, the nursing part to play programme
Ownership:	Head of Nursing

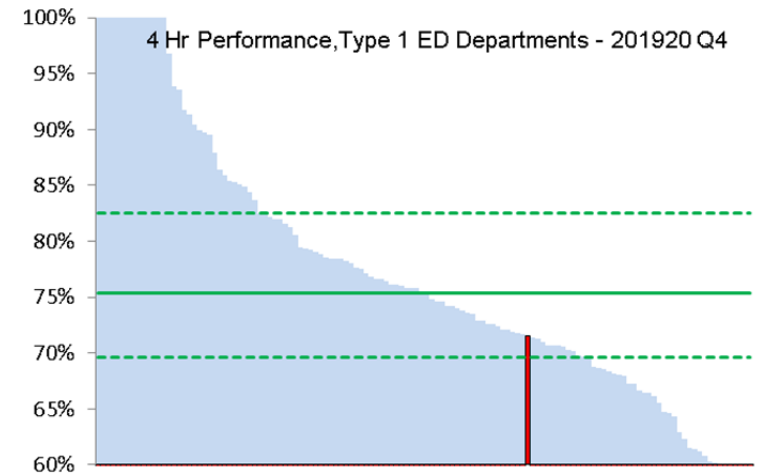
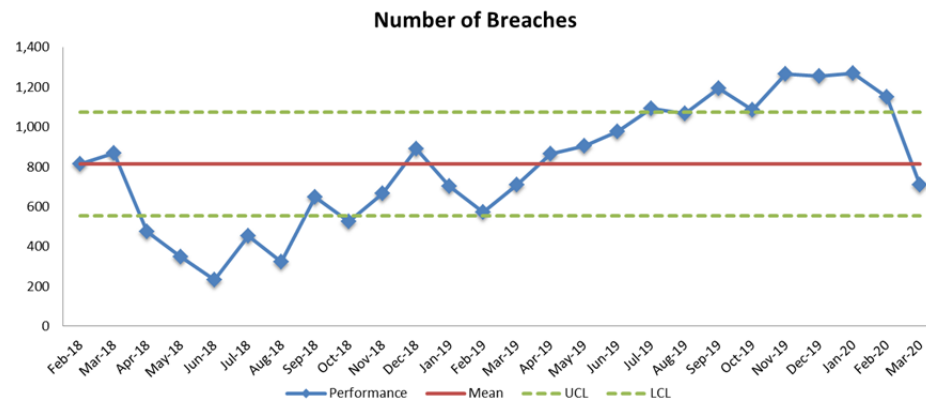


Patient Complaints	
Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe.
Performance:	In March, 52% of formal complaints were responded to with timeframe.
Commentary/ Actions:	The response rate is low this month due to the impact of Cov'd 19 on all services; Staff priorities have been refocused. All new complaints and complaints that are not classified as important or urgent have been put on hold until 1 July 2020. Complaints identified as high risk continue to be investigated and responded to the complaint.
Ownership:	Head of Nursing

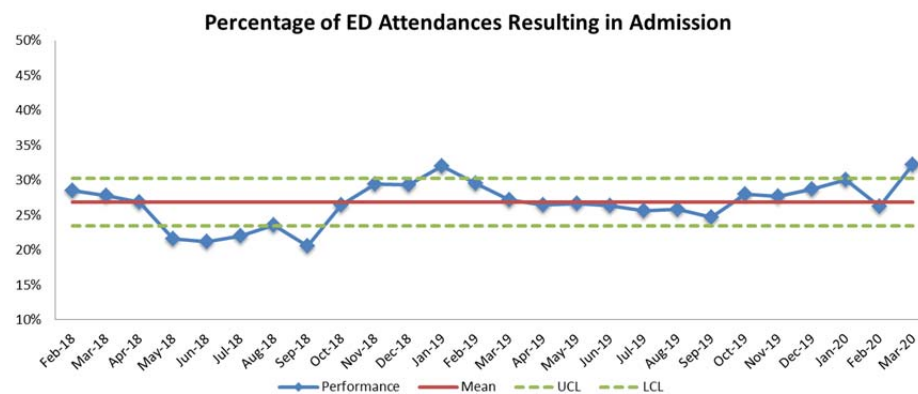


Emergency Department (ED) 4 Hour Wait	
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. The Trust's trajectory for March is 90.10%.
Performance:	The 4 hour performance for March was 76.80% (3056 attendances and 709 patients waiting over 4 hours).
Commentary/ Actions:	<p>From 1st-11th March the department saw business as usual on an average of 134 patients attending the Emergency Department per day. From 12th March onwards we start to see a decrease with an average attendance being 78 patients per day. This is clearly a significant change due to the issues relating to and surrounding COVID19.</p> <p>Action plans were put in place in the way of designating certain areas within the department. Restricted area zones for COVID and non COVID patients. Conversations were had with commissioners following PHE directives regards minor injuries and illnesses and alternative pathways to reduce the footfall. The teams have had appropriate training regarding to PPE. We have changed our medical rotas to ensure additional support in areas also to support period of staff isolations.</p> <p>The Trust has set up the COVID pods on site for patient swabbing however pathway for this have now changed. The pods are now being used by SWAST and we have worked with the ambulance service on how we stream COVID patients.</p> <p>Despite being below the national target our performance has improved since the previous month. To improve our performance we are having a renewed focus on our internal professional's standards and processes around escalation.</p>
Ownership:	Divisional Director

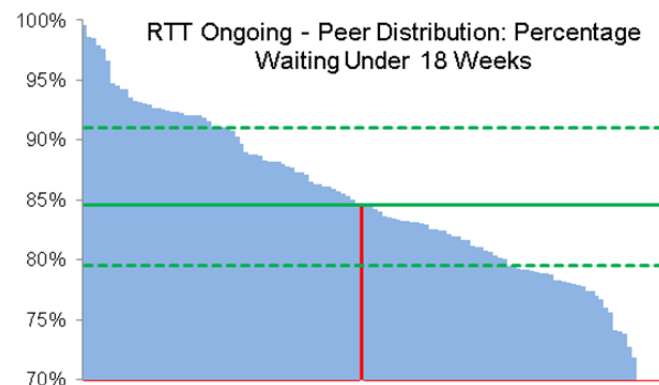
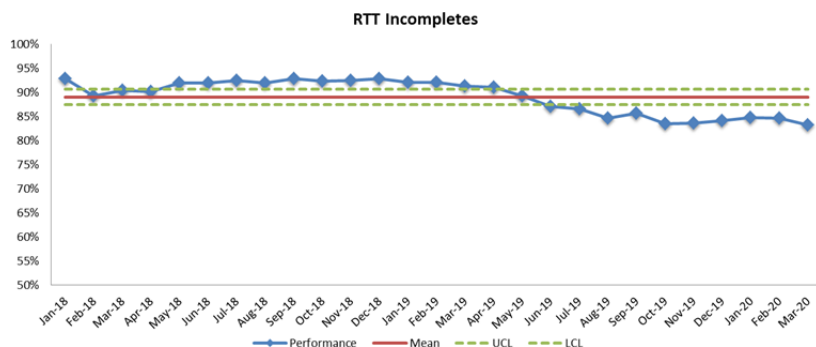




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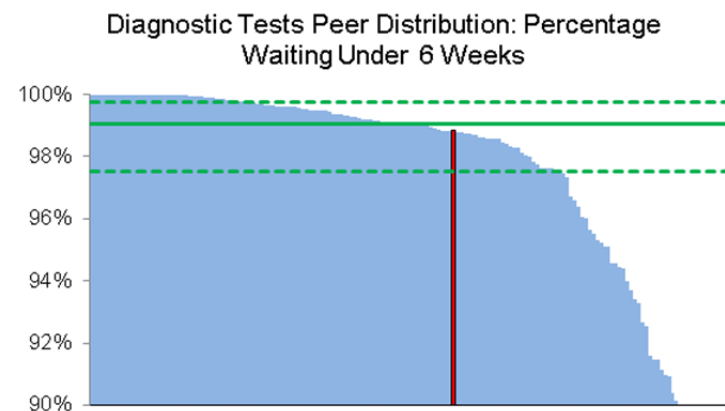
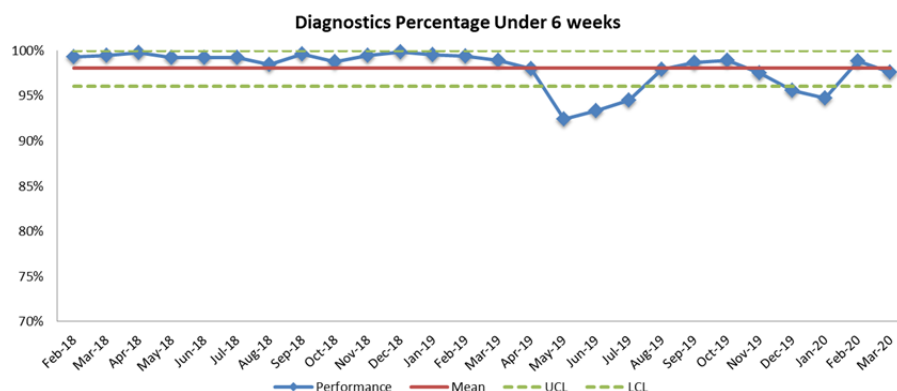


Referral to Treatment (RTT)	
Standards:	At each month-end, the division reports the number of patients on an ongoing RTT pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. In addition, no-one should be waiting 52 weeks or over.
Performance:	At end of March, 83.19% of patients were waiting under 18 week (5716 out of 6871 patients). 22 patients were waiting 52+ weeks.
Commentary/ Actions:	Decline in performance from last month by 1.4%. This is mostly driven by a significant reduction in elective activity in response to Covid 19 guidelines. All routine elective operations were suspended in the second half of March, followed by suspension in routine outpatients' activity and significant reduction in pathways being stopped. Where possible patients are receiving telephone and virtual consultations to ensure clinically urgent cases are reviewed. We are reporting a significant backlog of over 18w waits in orthopaedics with specialty performance at 54.16% - T&O was impacted by last year's bed capacity pressures with plans to recover the position in spring/summer 2020. Due to Covid 19 all elective activity has now been suspended leading to T&O reporting 9 over 52ww breaches in March. Further 52 week waits have been reported in Colorectal (8 patients waiting follow up review), 2 in urology, 1 in gastro, 1 x gynae and 1 in respiratory. All pathways are managed using the approved escalation and clinical harm review process.
Ownership:	Divisional Director



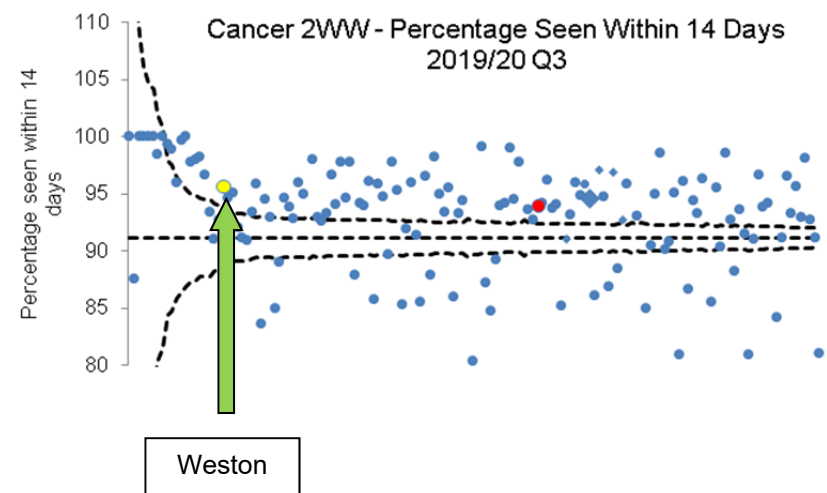
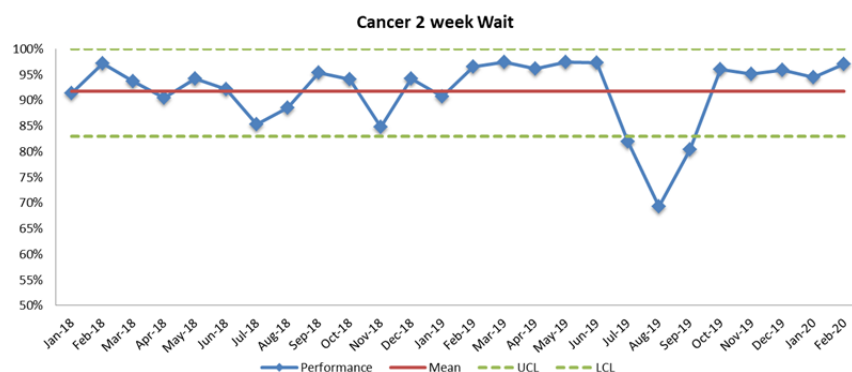
Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

Diagnostic Waits	
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of March, 97.62% of patients were waiting under 6 weeks (1228 out of 1258 patients). There were 30 breaches of the 6-week standard and a maximum of 12 were needed to achieve 99%.
Commentary/ Actions:	<ul style="list-style-type: none"> Of the 30 breaches, 8 were diagnostic breaches which related to MRI Arthrograms. The MRI backlog from Jan/Feb 20 has successfully been cleared. The other breaches relate to Cardiology (6), Colonoscopy (4) and Gastroscopy (12).
Ownership:	Divisional Director

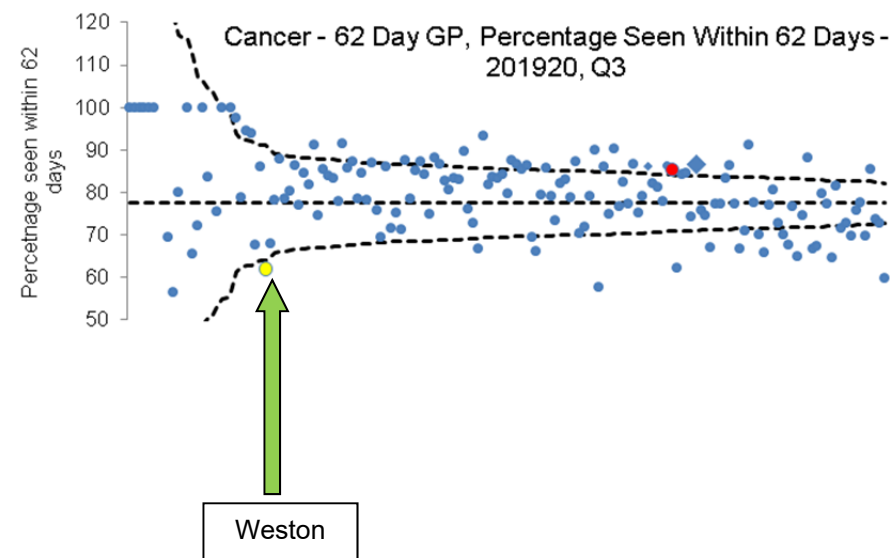
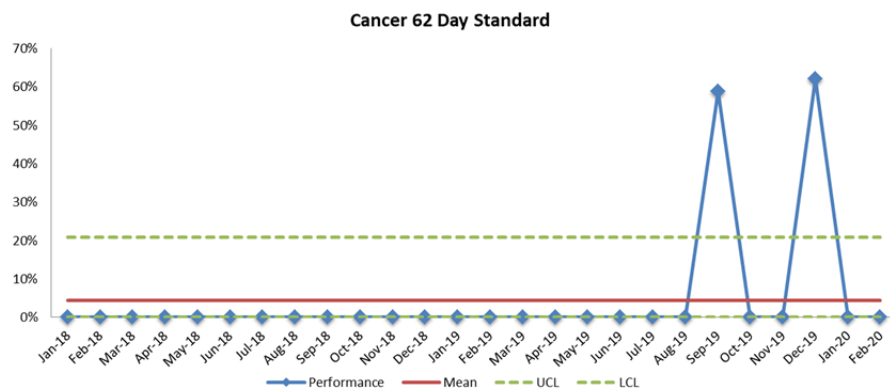


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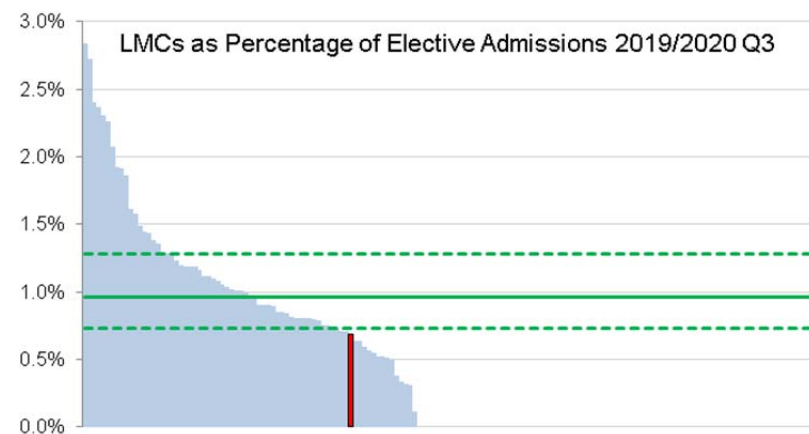
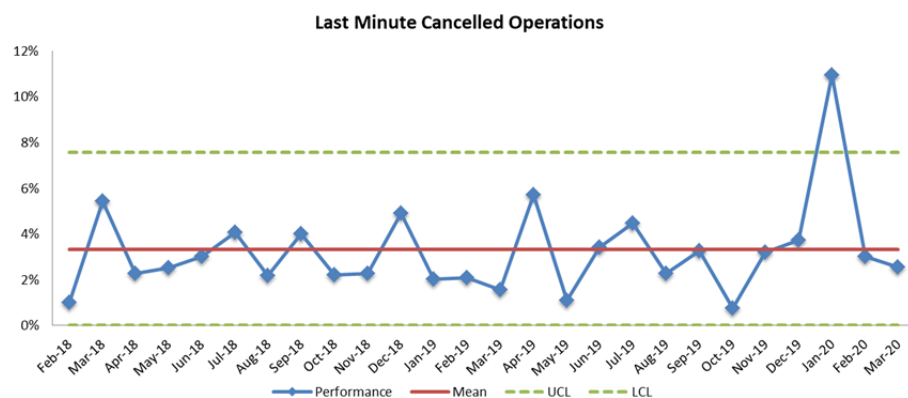
Cancer Waiting Times – 2WW	
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that the Trust should achieve at least 93%.
Performance:	For February, 97.03% of patients were seen within 2 weeks (424 out of 437 patients). Quarter 1 2019/20 achieved 96.97%. Quarter 2 achieved 77.52%. Quarter 3 achieved 95.68% as reported on the National Cancer Waiting Times Database.
Commentary/ Actions:	The standard continues to be achieved in February and is on track for this trend to continue.
Ownership:	Divisional Director



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%.
Performance:	For February, 58.82% of patients were seen within 62 days (15 out of 25 patients). Quarter 1 2019/20 achieved 64.97%. Quarter 2 achieved 58.75%. Quarter 3 achieved 61.99%
Commentary/ Actions:	52% of breaches were due to complex diagnostic pathways which required multiple tests and clinical assessments, some delays within these pathways are accountable to histology reporting being slow and at times taking over 14 days to report. 32% of patients who breached were treated elsewhere and 1 was referred in to Weston already on Day 50 of a pathway. Radiology workforce gaps for the breast service present 16% of the total breaches. The breast service transferred as of 1 April to North Bristol Trust. Operational teams continue to work proactively to manage as optimally as possible with the restrictions faced and help to deliver the Cancer RAP. The risk to performance from the impact of Covid-19 is high as patients are reluctant to access diagnostics services and treatments. Work is continuing by the clinical teams to individually assess every 2WW patient and find the best options for their care.
Ownership:	Divisional Director

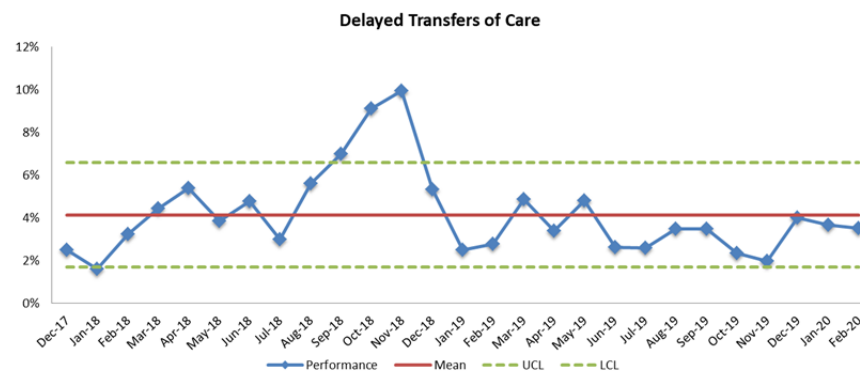


Last Minute Cancelled Operations	
Standards:	This covers elective admissions that are cancelled on the day of admission by the hospital, for non-clinical reasons. The total number for the month should be less than 0.8% of all elective admissions.
Performance:	In March there were 6 last minute cancellations, which was 2.55% of elective admissions.
Commentary/ Actions:	Of the 6 cancellations, 3 were due to bed availability, 2 due to surgeon availability caused by sickness, and 1 cancellation due to broken x-ray equipment.
Ownership:	Divisional Director

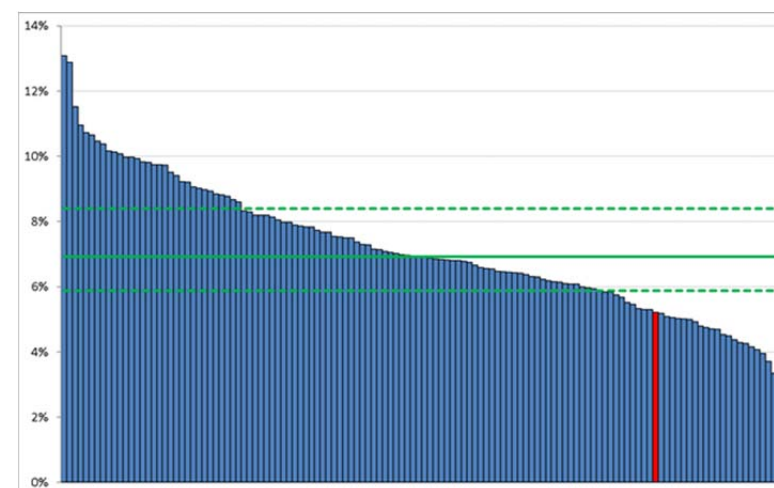
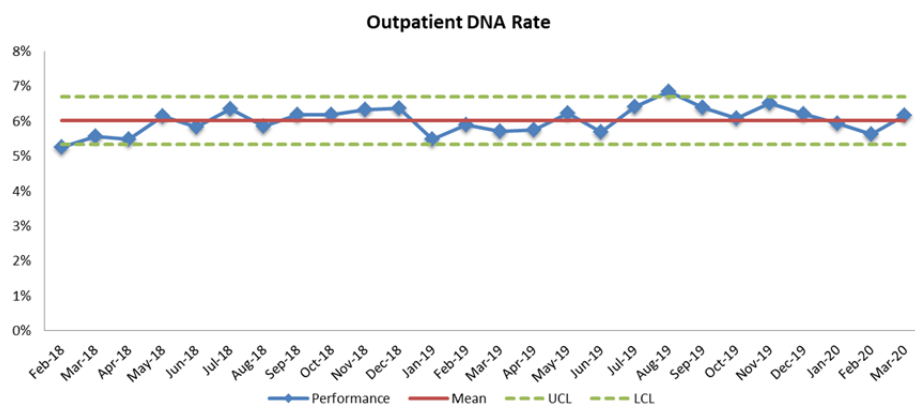


Unbroken horizontal line is England median; dotted lines are upper & lower quartiles

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:	Reported a month in arrears. In February there were 0 Delayed Transfer of Care patients as at month-end and 272 bed days consumed by DToC patients
Commentary/ Actions:	Through the month of February the MFFD list consisted of an average of 60 patients. The coding for DTOC patients has improved due to a focus in Jan/Feb on correct coding, however the pace of actions can at times still cause a delay in discharge and increase the G2G even when the coding is correct. The changing of codes does not always signal the delays in discharge.
Ownership:	Divisional Director



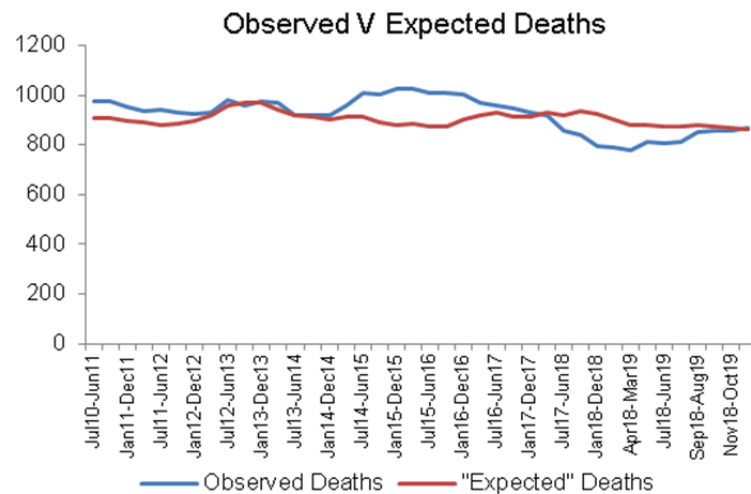
Outpatient Measures	
Standards:	The Did Not Attend (DNA) Rate is the number of outpatient appointments where the patient did not attend, as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. DNA Target at Trust level is
Performance:	In March there were 670 appointments that were DNA'ed, which was 6.15% of all planned attendances.
Commentary/ Actions:	
Ownership:	Divisional Director



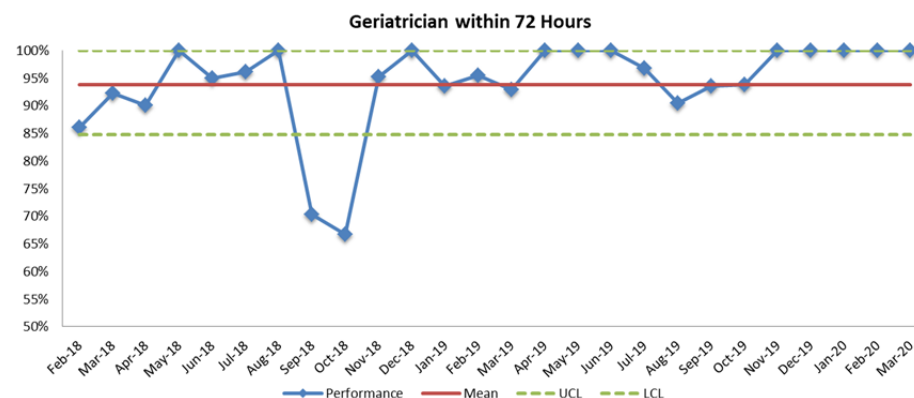
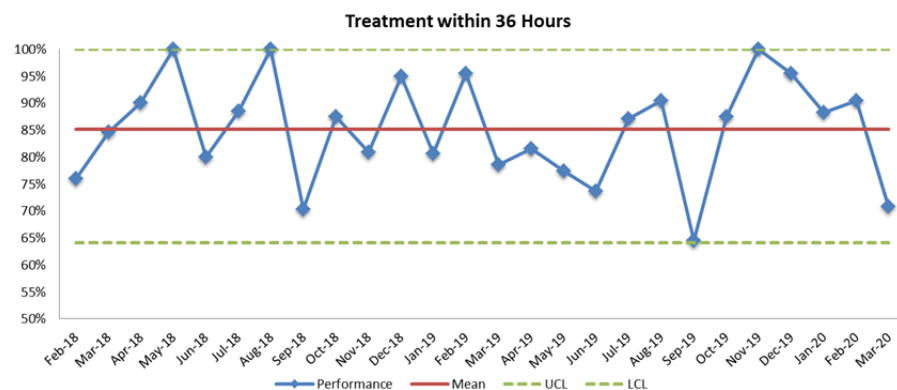
DNA Rate – England Acute Trusts – Quarter 3 2019/20

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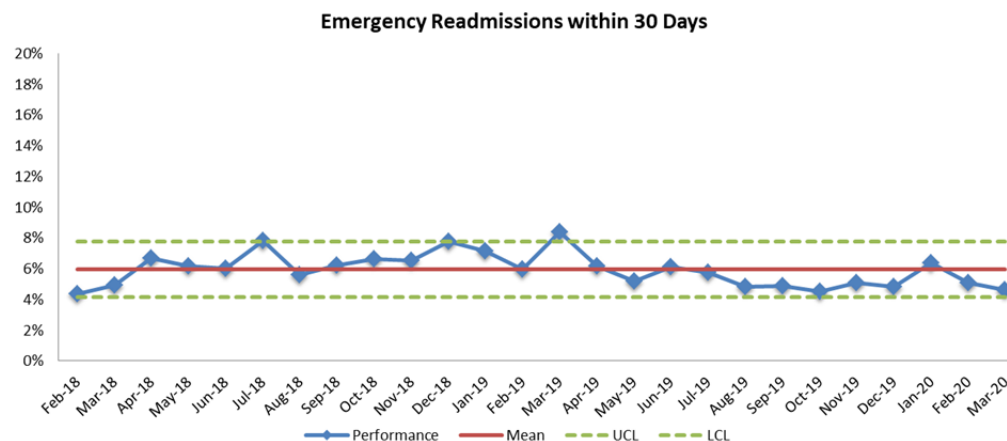
Mortality - Summary Hospital Mortality Indicator (SHMI)	
Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is now published monthly and covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	Latest SHMI data is for 12 month period December 18 to November 19. The SHMI was 1.0026 (870 deaths and 865 “expected”). The division is in NHS Digital’s “As Expected” category.
Commentary/ Actions:	
Ownership:	Clinical Chair



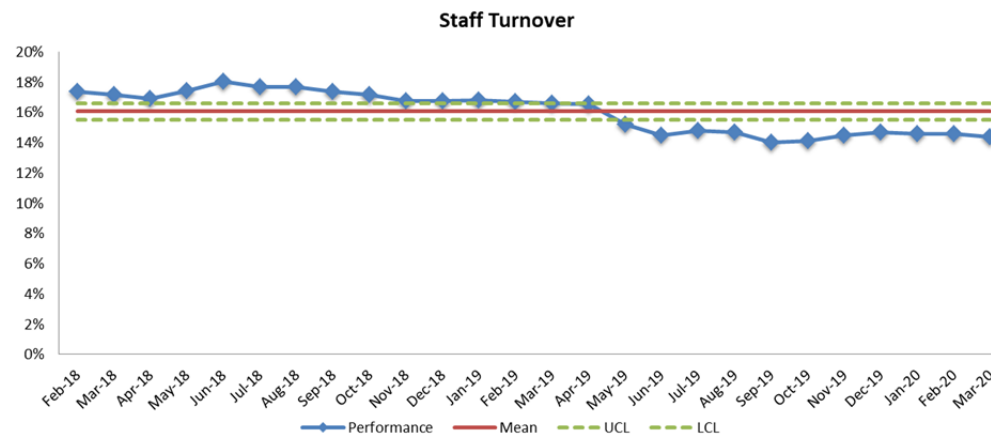
Fracture Neck of Femur	
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. 90% of patients should achieve Best Practice Tariff. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	<p>In March, there were 24 patients discharged following an admission for fractured neck of femur at Weston General Hospital.</p> <ul style="list-style-type: none"> 71% (17 patients) were operated within 36 hours from admission 100% (24 patients) were seen by the Orth geriatrician within 72hrs of admission <p>16 patients (67%) achieved all elements of the Best Practice Tariff.</p>
Commentary/ Actions:	<p>Challenges resulting in patients not being operated within 36 hours:</p> <ul style="list-style-type: none"> Access to trauma theatre space either due to other trauma or other surgical priorities Timely access of further investigations for confirmation of diagnosis <p>Actions for April:</p> <ul style="list-style-type: none"> During Covid-19 crisis, reviewing ability to provide full day trauma operating to allow for prioritisation of fractured neck of femur on trauma lists Continue to create additional capacity for trauma by utilising vacant theatre sessions Monitor access to investigations if problems continue <p>From April 2020 all patients who have sustained a fracture of any part of the femur will now be included within BPT (national change)</p>
Ownership:	Medical Director



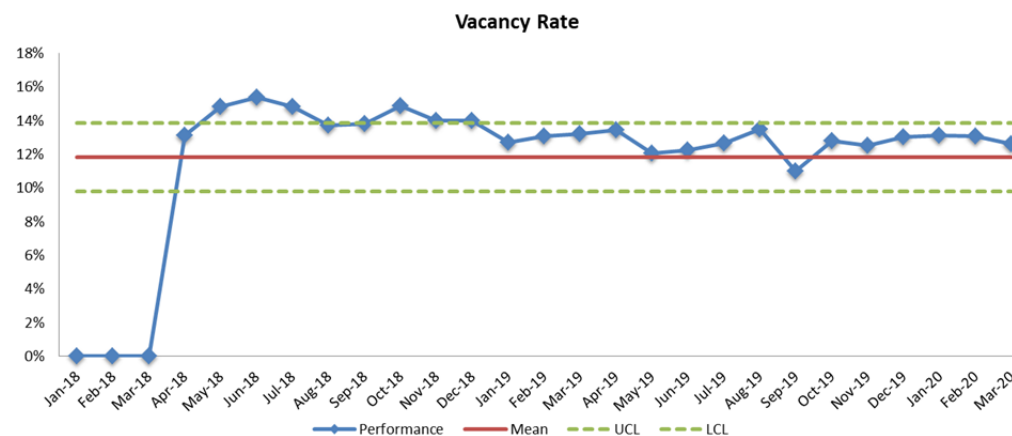
30 Day Emergency Readmissions	
Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity.
Performance:	In March, there were 2110 discharges, of which 97 (4.6%) had an emergency re-admission within 30 days.
Commentary/ Actions:	5.73% of Medicine division discharges were re-admitted within 30 days as an emergency, 3.23% from Surgery.
Ownership:	Divisional Director



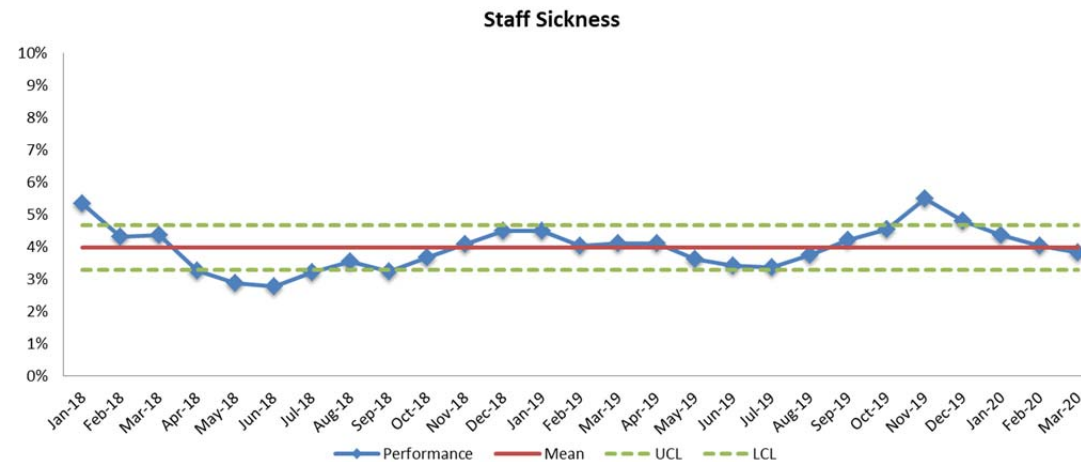
Staffing Levels (Turnover)	
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. This should not be more than 15%.
Performance:	In March 2020, there had been 189 leavers over the previous 12 months with 1298 FTE staff in post on average over that period; giving a Turnover of 14.56%.
Commentary/ Actions:	Turnover reduced to 14.56% last month. Turnover remains below target which is a consistent pattern.
Ownership:	Head of Human Resources



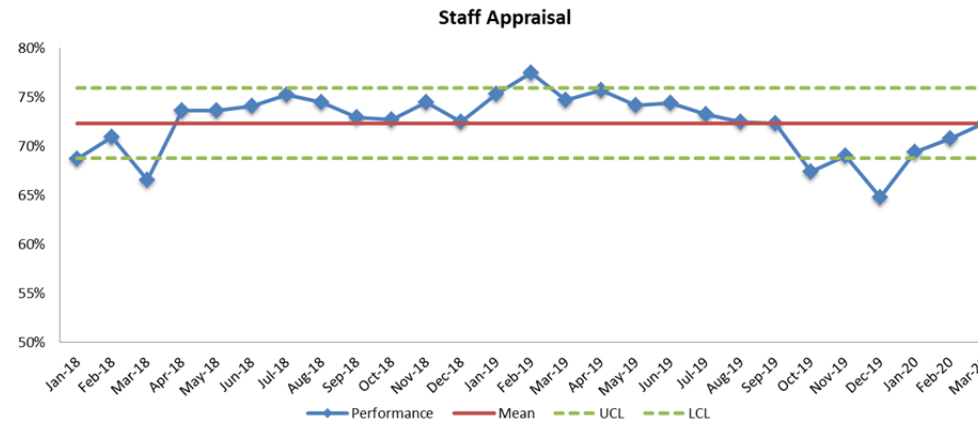
Staffing Levels (Vacancy)	
Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a target of 8%.
Performance:	In March 2020, funded establishment was 1690 FTE, with 221 FTE as vacancies (13.08%).
Commentary/ Actions:	These figures are an average for the whole of Weston, as a Trust. Vacancies on particular wards are higher than this. The Trust has been working hard to ensure that staff at Weston are supported throughout the merger process to mitigate an increase in Turnover. Turnover will be monitored closely to see whether the reduction in turnover continues. Communications continue to ensure staff feel part of the new UHBW organisation.
Ownership:	Head of Human Resources



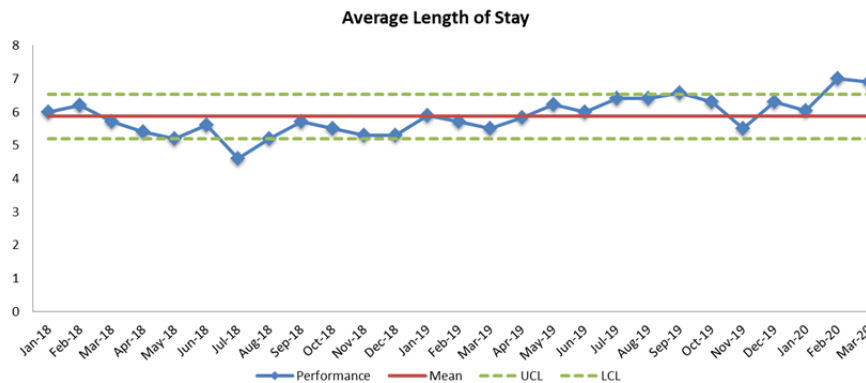
Staff Sickness	
Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In March, total available FTE days were 45622.57 of which 1742.68 (3.82%) were lost to staff sickness.
Commentary/ Actions:	Sickness absence remains within target
Ownership:	Head of Human Resources



Staff Appraisal	
Standards:	Staff Appraisal is measured as a percentage of staff including consultants who have had their appraisal signed-off. The target is 85%.
Performance:	In March 2020, 918 members of staff were compliant out of 1268 (72.40%).
Commentary/ Actions:	Managers had been asked to complete trajectories for their departments showing appraisal completion. These will need to be reviewed with Line Managers.
Ownership:	Head of Human Resources



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 March there were 1194 discharges that consumed 8262 beddays, giving an overall average length of stay of 6.9 days (excluding Daycase)
Commentary/ Actions:	Ave LOS excluding day case showed a slight decrease in March from 7 days to 6.9 days. During March the >21 Day LOS DPTL collection continued, this has now been reduced to >14 LOS collection and from next week will be > 7 Days as the DPTL collection has been suspended. The reduction to LOS should be significant due to new processes for Covid 19 response.
Ownership:	Divisional Director



YTD Income & Expenditure Position

- At the end of March the Trust is reporting a net income and expenditure deficit for 2019/20 of £16,664k. The net deficit is £3,526k adverse to plan. However remains in line with the re-forecast position agreed at the end of Q3.
- Provider Sustainability (PSF) and Recovery Funding (FRF) of £4,599k was received during the year for achievement of the financial plan at Q1 and Q2.
- £8,541k PSF/FRF was lost in Q3 and Q4 for failing to achieve the plan.
- Revenue from patient care activities is £842k higher than plan, driven by non-elective activity. Elective activity remained behind plan throughout the year.
- Pay exceeds planned values by £4,199k, predominantly due to high use of temporary medical and nursing staff.
- CIP delivery is £1,436k or 68% of plan.
- Covid-19 related expenditure and income loss is assessed at £137k and has been recovered in full.

Agency v NHSI Agency Cap

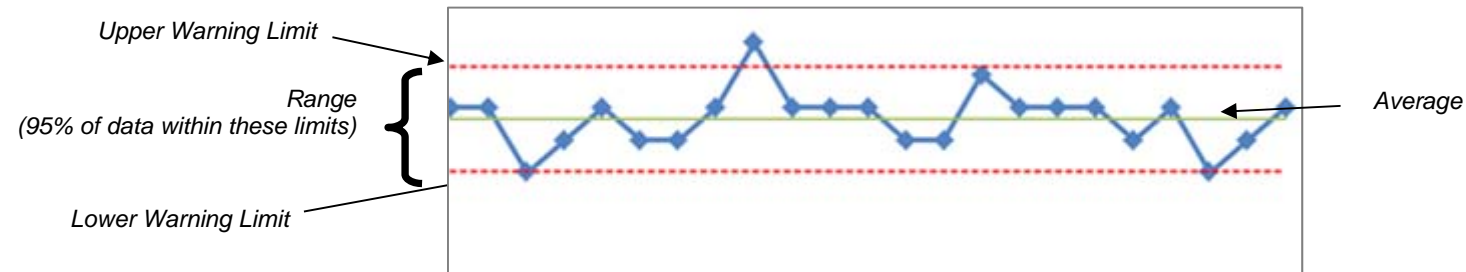
- Agency expenditure for March is £1,160k compared with £1,501k in February.
- Medical agency spend is £577k compared with £796k in February.
- Nursing agency spend is £408k compared with £586k in February.
- Full year agency expenditure exceeds the NHSI cap by £8,470k and the plan by £2,371k.
- Agency expenditure is £2,658k higher than last year.

Key Financial Issues

- Agency usage must continue to be monitored and controls reviewed to reduce expenditure.
- High levels of nursing vacancies continue. Registered Nurse vacancies reduced to 90WTE in March from 96WTE the previous month. 50WTE relate to inpatient wards a reduction of 4WTE from last month.
- Average MFFD patients remains high at 61 against a plan of 30 driving continued use of escalation capacity and increased requirement for high cost temporary staffing.
- During the Covid-19 recovery phase plans must be formulated to recovery elective activity.

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.

Following the merger of University Hospitals Bristol and Weston Area Health Trust, it was decided that the Integrated Performance Report for Weston would adopt the same format and measures as per the existing University Hospitals Bristol report.

There are some metrics that are not currently captured as part of Weston's monthly performance process. This will be reviewed and resolved over the coming months.

The table below lists the measures that are currently missing.

DOMAIN	STANDARD
SAFE	Medicines Management
	Mandatory Training
	Nurse Staffing Levels
CARING	Patient Surveys
	Friends and Family Test *
RESPONSIVE	Overdue Follow-Ups
EFFECTIVE	Ward Outliers
EFFICIENT	Bank and Agency Usage

* NHS England have suspended reporting on this measure due to Covid-19

The Care Quality Commission (CQC) published their latest inspection report on 26th June 2019. Full details can be found here: <https://www.cqc.org.uk/provider/RA3>

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

Ratings for Weston General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↔ Jun 2019	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement ↑ Jun 2019	Inadequate ↔ Jun 2019	Inadequate ↔ Jun 2019
Medical care (including older people's care)	Requires improvement ↔ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Requires improvement ↑ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↔ Jun 2019
Surgery	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Critical care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017
Services for children and young people	Good Aug 2015	Good Aug 2015	Good Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
End of life care	Good Aug 2015	Good Aug 2015	Outstanding Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
Maternity and gynaecology	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Outpatients and diagnostics	Good Aug 2015	N/A	Good Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
Overall*	Requires improvement ↔ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Requires improvement ↑ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↔ Jun 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Quality Measures

Single Oversight Framework	No.	Section	Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend	
	3	Incidents	Occurrence of any Never Event	Nil	0	1	0	0	0	0	0	0	0	1	0	0	0	2		
	4		Patient Safety Alerts not completed by deadline		1	1	2	0	0	0	1	1	1	1	1	1	1	10		
	5	Patient Experience	Mixed Sex Accommodation Breaches	Nil	0	0	0	0	0	0	0	0	0	0	0	0		0		
	6		Inpatient Scores from Friends and Family Test- % Would Recommend	≥95% per mth	95.09%	97.56%	96.37%	95.97%	96.77%	97.44%	97.50%	96.09%	97.47%	97.78%	97.96%	98.04%		97.14%		
				Numerator	756	681	744	667	690	608	545	712	617	618	623	701		7206		
				Denominator	795	698	772	695	713	624	559	741	633	632	636	715		7418		
	7		Emergency Care Friends and Family Test- % Would Recommend	≥88% per mth	89.58%	93.16%	93.08%	98.44%	95.48%	92.31%	91.51%	94.78%	94.32%	92.05%	93.33%	91.67%		93.62%		
				Numerator	275	177	121	126	190	156	97	363	332	278	294	242		2376		
				Denominator	307	190	130	128	199	169	106	383	352	302	315	264		2538		
	9	VTE Compliance	VTE Risk Assessment	95%	94.29%	95.83%	95.74%	95.04%	95.19%	95.03%	95.05%	95.30%	94.63%	95.02%	94.57%	93.08%	78.47%			
				Numerator	2196	2092	2136	1974	2178	1989	1997	2231	2044	2061	2073	1898	1396			
				Denominator	2329	2183	2231	2077	2288	2093	2101	2341	2160	2169	2192	2039	1779			
				Quarterly	95.01%	95.55%			95.09%			94.99%								
	97	Healthcare Associated Infections	Meticillin resistant Staphylococcus Aureus (MRSA)	0 p/a	0	0	1	1	0	0	0	0	0	0	0	0	0	2		
	98		Meticillin sensitive Staphylococcus Aureus (MSSA)	≤5 p/a	0	0	1	0	1	1	0	0	1	0	1	0	0	5		
	99		Clostridium Difficile	≤14p/a	0	0	3	2	0	1	1	3	1	1	1	1	0	14		
	100		C difficile actual variance from plan		-1	-2	2	0	-1	-1	0	1	1	1	1	1	0			
	15	Mortality	Summary Hospital-level Mortality Indicator	1	0.88	0.89	0.92	0.92	0.93	0.97	0.98	0.99							19	





















Operating Plan	No.	Section	Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend
	32	Falls Reduction Strategy	Falls with Moderate or Severe Harm	10 p/a	1	2	0	0	0	2	1	0	1	1	1	0	0	8	
	33		Falls per 1000 bed days	5.66	6.38	4.52	5.71	4.25	7.26	4.00	3.08	3.61	3.06	3.38	3.10	4.14	4.03	4.20	
				Numerator	52	36	46	33	61	33	25	29	22	28	26	32	25	396	
				Denominator	8156	7957	8060	7768	8400	8258	8128	8042	7183	8279	8375	7734	6202	94386	
	35	Hospital acquired pressure ulcer reduction strategy	Hospital Acquired Pressure Ulcers-Grade 3	7 p/a	0	1	0	0	2	2	1	1	1	0	1	0	1	10	
	36		Hospital Acquired Pressure Ulcers-Grade 4	1 p/a	0	0	1	0	0	0	0	0	0	0	0	0	0	1	
	39	Reduce mortality related to sepsis and decrease number of patients deteriorating	No. of Cardiac arrests	20% Reduction from March 19 position	6	1	4	4	7	1	0	2	6		8				

Other	No.	Section	Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend		
	76	Quality and Safety	Friends & Family Test - % Wouldn't Recommend Inpatient	<2%	0.50%	0.72%	1.17%	1.73%	1.54%	0.48%	1.43%	1.35%	0.95%	0.79%	0.47%	0.56%			1.02%		
				Numerator	4	5	9	12	11	3	8	10	6	5	3	4		76			
				Denominator	795	698	772	695	713	624	559	741	633	632	636	715		7418			
	Friends & Family Test - % Wouldn't Recommend Emergency Care			<2%	3.26%	4.21%	3.85%	0.78%	3.52%	5.33%	6.60%	2.61%	2.27%	4.97%	2.22%	3.41%			3.39%		
				Numerator	10	8	5	1	7	9	7	10	8	15	7	9		86			
				Denominator	307	190	130	128	199	169	106	383	352	302	315	264		2538			
	Local Patient Survey - Were you treated with dignity and respect?		≥90% per mth	98.65%	98.96%	98.28%	97.50%	97.80%	98.76%	98.12%	97.82%	98.94%	97.28%	98.38%	98.65%				98.21%		
			Numerator	511	474	513	468	400	397	365	539	374	394	364	438		4726				
			Denominator	518	479	522	480	409	402	372	551	378	405	370	444		4812				
	Local Patient Survey - How was your nursing care?		≥90% per mth	97.10%	98.96%	98.29%	96.67%	97.82%	98.51%	98.11%	98.55%	97.88%	99.02%	98.93%	98.43%				98.28%		
			Numerator	502	475	516	464	403	398	364	544	369	406	369	438		4746				
			Denominator	517	480	525	480	412	404	371	552	377	410	373	445		4829				
	Hospital Attributable Pressure Ulcer (grade 2-4) - incidence per 1000 bed days		0.92	0.61	1.26	0.87	1.03	1.55	0.73	0.25	0.75	0.42	0.97	0.96	1.16	1.45			0.94		
			Numerator	5	10	7	8	13	6	2	6	3	8	8	9	9		89			
			Denominator	8156	7957	8060	7768	8400	8258	8128	8042	7183	8279	8375	7734	6202		94386			
	Incidents		Incidents	Target Not Applicable	531	530	577	507	682	512	514	495	434	525	586	584	407		6353		
				Incidents - Serious Incidents	Target Not Applicable	1	6	2	2	4	4	3	3	2	1	3	1	1		32	
					Duty of Candour Breaches	Nil	0	0	0	0	0	0	0	0	0	0	0	0		0	
Complaints	Complaints - Received Trust total	Target Not Applicable	15	11	9	19	15	19	29	19	28	24	22	15	9		219				
		Complaints - Trust Response Rate	85%	100%	100%	91.00%	100%	66%	64%	66%	66%	78%	47%	53%	53%	52%		n/a			
































Other	No.	Section	Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend
Other	Quality and Safety cont.	Nursing	Agency (WTE)- Nursing only		69.09	64.06	71.19	66.17	93.00	86.79	75.98	70.60	67.78	66.18	75.29	72.29	63.89		
					91.91%	92.02%	93.61%	94.59%	98.31%	91.23%	92.88%	94.63%	96.13%	91.50%	94.30%	97.37%		94.19%	
				Numerator	31786	29161	30607	29696	32488	30285	29558	29323	28769	30681	29175	28117		327860	
			RN levels (% Achieved)	Denominator	34585	31691	32696	31393	33045	33195	31825	30985	29927	33530	30938	28875		348101	
					97.69%	118.09%	115.43%	115.88%	112.44%	114.86%	107.58%	108.70%	108.99%	88.07%	116.60%	120.16%		110.89%	
				Numerator	31027	28301	28581	27761	28956	29112	26356	27447	26837	28123	29767	28702		309942	
				Denominator	31760	23965	24761	23956	25753	25345	24498	25251	24624	31934	25530	23887		279502	
			Care Hours per Patient Day		7.78	7.27	7.45	7.29	7.45	7.25	7.00	7.08	7.32	7.15	7.18	7.45		7.26	
				Numerator	62813	57462	59188	57457	61444	59397	55914	56770	55606	58803	58942	56819		637802	
				Denominator	8071	7900	7943	7879	8245	8196	7992	8015	7593	8223	8204	7630		87820	
			Total Agency Costs (excluding outsourced bank) in £'000		485.95	393.79	578.51	489.67	875.03	704.52	539.01	451.66	465	484	503	586	408	6479	
			Total Gross Employee Benefits (including agency) in £'000		2160	2111	2181	2204	2464	2334	2116	2096	2150	2109	2210	2227	2125	26327	
			Nursing Agency Costs as % of Total Nursing Costs		22.49%	18.65%	26.52%	22.22%	35.52%	35.51%	25.47%	21.55%	21.61%	22.94%	22.78%	26.33%	19.21%	n/a	
			Nursing Datix Incidents		10	19	12	15	16	18	22	9		13	9	8		141	

Operational Measures

Single Oversight Framework	No.	Section	Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend			
	16	A&E	A&E 4 Hour Performance	95%	82.98%	79.60%	80.04%	77.31%	76.60%	75.99%	73.19%	74.71%	69.05%	70.21%	68.52%	70.43%	76.80%	74.44%				
				Numerator	3456	3375	3625	3328	3571	3377	3263	3205	2827	2963	2766	2742	2347	37389				
				Denominator	4165	4240	4529	4305	4662	4444	4458	4290	4094	4220	4037	3893	3056	50228				
	17	RTT	RTT Incomplete - 92% in 18 weeks	92%	91.26%	91.02%	89.23%	87.14%	86.61%	84.69%	85.63%	83.43%	83.63%	84.07%	84.72%	84.60%	83.19%	85.52%				
				Numerator	4761	5128	4814	4728	5008	4936	5350	5054	5458	5559	5661	5871	5716	63283				
				Denominator	5217	5634	5395	5426	5782	5828	6248	6058	6526	6612	6682	6940	6871	74002				
	18a	Cancer Waiting Times	All cancers - maxium 62- day wait for first treatment from:	85%	55.88%	85.11%	53.33%	61.43%	73.17%	50.00%	57.38%	53.62%	78.57%	60.00%	45.28%	58.82%		60.29%				
				Numerator	19	20	16	21.5	15.0	14.5	17.5	18.5	16.5	18.0	12.0	15.0		185				
				Denominator	34	23.5	30	35.0	20.5	29.0	30.5	34.5	21.0	30.0	26.5	25.5		306				
			a. urgent GP ref for suspected cancer	Quarterly	53.74%	64.97%			58.75%			61.99%										
				Numerator	61.0	57.50			47			53										
				Denominator	113.50	88.50			80.00			85.50										
				b.NHS cancer screening service referrals	90%	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			n/a	#DIV/0!	
					Numerator	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	n/a	n/a	n/a	n/a			n/a	0.00	
	Denominator				0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	n/a	n/a	n/a	n/a	n/a			0.00		
	Quarterly				100%	n/a			n/a			n/a										
	Numerator		2.0		n/a			n/a			n/a											
	Denominator		2.0	n/a			n/a			n/a												
	19		Diagnostics	Maximum 6 week wait for diagnostic Procedures	99%	98.93%	97.99%	92.37%	93.37%	94.51%	97.88%	98.67%	98.91%	97.51%	95.57%	94.75%	98.83%	97.62%	96.19%			
					Numerator	2780	2775	2641	2466	2464	1800	1562	1731	1839	1942	2092	2277	1228	24817			
					Denominator	2810	2832	2859	2641	2607	1839	1583	1750	1886	2032	2208	2304	1258	25799			

Other	No.	Section	Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend	
	101	Operations	Emergency Department	12 Hour Trolley Waits	0	2	5	4	15	18	11	39	21	127	124	257	134	41	796	
	102			Green to Go- average	30	60	57	56	47	62	65	63	48	50	62	65	63	61		
	102a			Bed days lost to patients on the Green to Go list		1869	1699	1732	1407	1928	2012	1883	1494	1501	1936	2030	1814	1889	21325	
	103			Re-attendance at ED within 7 days of original attendance	between 1% - 5%	6.12%	6.33%	5.35%	6.37%	6.92%	6.06%	6.19%	6.49%	6.24%	6.25%	6.38%	5.96%	5.57%	6.19%	
					Numerator	252	268	258	272	322	269	276	281	253	264	257	232	170	3122	
					Denominator	4120	4233	4823	4268	4652	4442	4458	4330	4055	4226	4029	3893	3050	50459	
	104			95th percentile of times from arrival at ED to admission, transfer or discharge	≤ 4:00hr	08:20:00	10:53:00	10:15:00	11:56:00	13:50:00	13:15:00	14:48:00	13:56:00	15:16:21	15:55:00	19:10:00	14:53:00	09:33:00		
	105			The percentage of people who leave the ED department without being seen	≤ 5% per mth	1.51%	1.98%	1.94%	2.00%	0.32%	2.57%	3.43%	2.70%	3.25%	2.70%	2.13%	2.72%	1.73%	2.29%	
					Numerator	63	84	88	86	15	114	153	116	133	114	86	106	53	1148	
					Denominator	4164	4240	4529	4305	4662	4444	4458	4290	4094	4220	4037	3893	3056	50228	
	106			Median time spent from arrival at ED to treatment	≤ 01:00 hrs	00:56:00	01:08:00	01:07:00	01:17:00	01:13:00	01:18:00	01:15:00	01:09:00	01:21:05	01:07:00	01:04:00	01:12:00	00:53:00		
				Median time from arrival at ED to assessment	≤ 00:15 mins	00:15:00	00:15:00	00:15:00	00:17:00	00:18:00	00:20:00	00:19:00	00:17:00	00:17:00	00:16:00	00:16:00	00:16:00	00:15:00		
	107			ED Attendances		4165	4240	4529	4305	4662	4444	4458	4290	4094	4220	4037	3893	3056	50228	
				ED Attendances - Plan		3883	3883	4444	4398	4658	4486	4094	4197	4013	3889	4077	3739	4246	50124	
	108	Ambulance Handover Delays	% Total Ambulance arrivals delayed > 30 - 60 mins	0%	4.23%	5.23%	5.87%	5.09%	5.95%	7.35%	7.63%	6.59%	10.72%	10.12%	9.83%	9.59%	7.93%	7.69%		
				Numerator	44	52	63	54	61	77	79	72	115	114	110	100	71	968		
				Denominator	1040	995	1074	1061	1026	1047	1036	1093	1073	1127	1119	1043	895	12589		
	109		% Total Ambulance arrivals delayed > 60 mins	0%	1.25%	0.70%	0.74%	0.19%	0.78%	0.96%	0.97%	0.64%	0.56%	1.15%	1.43%	0.96%	0.67%	0.82%		
Numerator				13	7	8	2	8	10	10	7	6	13	16	10	6	103			
Denominator				1040	995	1074	1061	1026	1047	1036	1093	1073	1127	1119	1043	895	12589			

No.	Section	Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend
Other	Operations	Breast Symptoms Referred To A Specialist Who Are Seen Within 2 Weeks Of Referral	≥93% per mth	98.11%	100%	100%	97%	100%	87.50%	90.00%	94.44%	87.50%	100%	55.56%	80.00%		94%	
			Numerator	52	57	18	32	24	7	9	17	7	14	5	12		202	
			Denominator	53	57	18	33	24	8	10	18	8	14	9	15		214	
			Quarterly	95.07%	99.07%			95.24%			95%						96.39%	
			Num	135	107			40			38						320	
			Denom	142	108			42			40						332	
			≥94% per mth	83.33%	75.00%	75.00%	100%	100%	50.00%	75.00%	83.33%	80.00%	100%	100%	100%		87.93%	
			Numerator	5	3	6	3	6	1	3	5	4	5	6	9		51	
			Denominator	6	4	8	3	6	2	4	6	5	5	6	9		58	
			Quarterly	80.00%	80.00%			83.33%			87.50%						83.72%	
			Num	16	12			10			14						36	
			Denom	20	15			12			16						43	
		31 Days For Second Or Subsequent Cancer Treatment - Surgery	≥98% per mth	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	
			Numerator	12	8	4	6	7	5	2	8	4	16	13	9		82	
			Denominator	12	8	4	6	7	5	2	8	4	16	13	9		82	
			Quarterly	100%	100%			88%			100%						96.77%	
			Num	32	18			14			28						60	
			Denom	32	18			16			28						62	
			≥93% per mth	97.36%	96.17%	97.45%	97.25%	81.88%	69.31%	80.44%	96.04%	95.07%	95.86%	94.51%	97.03%		91.26%	
			Numerator	443	402	420	460	375	280	362	509	444	463	413	424		4552	
			Denominator	455	418	431	473	458	404	450	530	467	483	437	437		4988	
			Quarterly	95.02%	96.97%			77.52%			95.68%						90.30%	
			Num	1203	1282			1017			1416						3715	
			Denom	1266	1322			1312			1480						4114	
		2 week wait (urgent GP referral to 1st outpatient appointment all urgent suspected cancer referrals)	≥96% per mth	96.43%	100%	100%	98%	100%	95.74%	97.92%	100%	97.50%	95.92%	92.68%	100%		98.01%	
			Numerator	54	42	54	47	38	45	47	49	39	47	38	47		493	
			Denominator	56	42	54	48	38	47	48	49	40	49	41	47		503	
			Quarterly	96.51%	99.31%			97.74%			97.83%						98.31%	
			Num	166	143			130			135						408	
			Denom	172	144			133			138						415	
		NHS Cancer Plan 31 Day Standard	≥93% per mth	97.36%	96.17%	97.45%	97.25%	81.88%	69.31%	80.44%	96.04%	95.07%	95.86%	94.51%	97.03%		91.26%	
			Numerator	443	402	420	460	375	280	362	509	444	463	413	424		4552	
			Denominator	455	418	431	473	458	404	450	530	467	483	437	437		4988	
			Quarterly	95.02%	96.97%			77.52%			95.68%						90.30%	
			Num	1203	1282			1017			1416						3715	
			Denom	1266	1322			1312			1480						4114	
			≥96% per mth	96.43%	100%	100%	98%	100%	95.74%	97.92%	100%	97.50%	95.92%	92.68%	100%		98.01%	
			Numerator	54	42	54	47	38	45	47	49	39	47	38	47		493	
			Denominator	56	42	54	48	38	47	48	49	40	49	41	47		503	
			Quarterly	96.51%	99.31%			97.74%			97.83%						98.31%	
			Num	166	143			130			135						408	
			Denom	172	144			133			138						415	

	No.	Section	Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend
				≥90% per mth	66.67%	89.47%	75.00%	64.29%	46.15%	81.25%	76.47%	70.00%	83.33%	95.24%	75.00%	83.33%	82.35%	77.58%	
Other	Operations	Stroke	Stroke Care - Stroke patients to spend 90% of their stay on a stroke unit	Numerator	12	17	15	9	6	13	13	21	15	20	15	15	14	173	
			Denominator	18	19	20	14	13	16	17	30	18	21	20	18	17	223		
			n/a	8.36%	6.19%	5.20%	6.09%	5.77%	4.81%	4.87%	4.53%	5.09%	4.82%	6.37%	5.09%	4.60%	5.29%		
		Re-admissions	Emergency re-admissions within 30 days following an elective or emergency spell	Numerator	223	155	137	147	152	115	118	125	127	121	163	122	97	1579	
			Denominator	2667	2506	2633	2413	2633	2393	2421	2762	2493	2509	2557	2395	2110	29825		
			n/a	90%	92.86%	100%	100%	100%	97%	90%	94%	94%	100%	100%	100%	100%	97.79%		
		Fractured Neck of Femur	#NOF - Percentage of Patients Assessed by Ortho-geriatrician within 72hrs of admission to ED or fall within hospital	Numerator	13	27	31	19	30	19	29	15	12	22	17	21	24	266	
				Denominator	14	27	31	19	31	21	31	16	22	22	21	24	272		
				n/a	78.57%	81.48%	77.42%	73.68%	87.10%	90.48%	64.52%	87.50%	100%	95.45%	88.24%	90.48%	70.83%	82.35%	
			#NOF - Surgery within 36hrs of admission to ED or fall within hospital	Numerator	11	22	24	14	27	19	20	14	12	21	15	19	17	224	
				Denominator	14	27	31	19	31	21	31	16	12	22	17	21	24	272	
				n/a	14	27	31	19	31	21	31	16	12	22	17	21	24	272	
		High Risk Transient Ischemic Attack	% of High Risk TIA Patients seen within 24 hours	60%	74.07%	76.00%	61.11%	76.92%	52.94%	40.00%	29.41%	77.27%	82.35%	68.42%	84.21%	50.00%	60.00%	64.42%	
				Numerator	20	19	11	10	9	6	5	17	14	13	16	8	6	134	
				Denominator	27	25	18	13	17	15	17	22	17	19	19	16	10	208	
		RTT	RTT waits over 52 weeks for incomplete pathways	0	3	1	3	3	2	2	3	4	7	5	9	18	22		
			NHS E-Referral slot availability	≥96% per mth	94.65%	95.47%	95.58%	94.83%	94.92%	93.72%	99.44%	96.24%	97.59%	97.96%	97.38%	97.99%			
				Numerator	2635	2487	2573	2514	2839	2269	2490	2896	2829	2447	2859	2541			
				Denominator	2784	2605	2692	2651	2991	2421	2504	3009	2899	2498	2936	2593			
			Daycase Rate	≥85% per mth	91.49%	91.28%	92.74%	92.99%	94.21%	92.85%	87.36%	92.35%	92.78%	92.89%	94.39%	93.11%	93.83%	92.52%	
				Numerator	1311	1162	1188	1128	1269	1091	1127	1280	1144	1085	1144	1121	898	13637	
				Denominator	1433	1273	1281	1213	1347	1175	1290	1386	1233	1168	1212	1204	957	14739	
			Outpatient DNA Rate	≤8% per mth	5.71%	5.75%	6.22%	5.69%	6.40%	6.83%	6.39%	6.09%	6.51%	6.19%	5.94%	5.63%	6.15%	6.15%	
				Numerator	782	795	871	733	958	867	850	921	913	712	807	719	670	9816	
				Denominator	13707	13823	14000	12884	14971	12686	13310	15128	14021	11495	13579	12773	10886	159556	
			Outpatient New to Follow Up	≤1.6 per mth	1.95	2.02	1.90	1.94	1.95	1.84	1.84	1.75	1.98	1.92	1.95	1.83	2.07	1.91	
				Numerator	8539	8719	8607	8022	9255	7664	8077	9040	8708	7093	8445	7794	6887	98311	
				Denominator	4386	4309	4522	4129	4758	4155	4383	5167	4400	3690	4327	4260	3329	51429	
			Cancellation of Elective Care Operations on the day for Non-Clinical reasons	≤0.8% per mth	1.57%	5.71%	1.10%	3.43%	4.46%	2.27%	3.26%	0.76%	3.20%	3.72%	10.93%	3.02%	2.55%	3.50%	
				Numerator	9	23	5	16	20	9	12	4	15	15	34	14	6	173	
				Denominator	573	403	456	466	448	396	368	529	469	403	311	463	235	4947	
			Cancelled operations - 95% of cancelled patients to be rebooked within 28 days	95%	100%	100%	88%	100%	100%	80%	100%	80%	88%	92%					
				Numerator	5	8	7	5	15	4	9	4	7	11					
				Denominator	5	8	8	5	15	5	9	5	8	12					
			Urgent Operations- no urgent operation should be cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

No.	Section	Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend
129	Other Operations Patient Flow	Delayed Transfers of Care	≤3.5% per mth	4.87%	3.38%	4.79%	2.61%	2.58%	3.46%	3.48%	2.35%	1.98%	4.00%	3.68%	3.52%		5.29%	
			Numerator	397	269	386	203	217	286	283	189	142	331	308	272		4762	
			Denominator	8156	7957	8060	7768	8400	8258	8128	8042	7183	8279	8375	7734		90063	
130a		Average LOS (Days)	≤2.9 per mth	2.76	3.06	3.36	3.12	3.20	3.40	3.44	3.30	2.92	3.50	3.27	3.70	3.90	3.34	
			Numerator	7284	7672	8835	7524	8419	8180	8324	9171	7274	8857	8371	8765	8262	99654	
			Denominator	2640	2506	2633	2413	2633	2393	2421	2762	2493	2509	2557	2395	2110	29825	
130b		Average LOS (Days) exc. Daycase	≤5.5 per mth	5.5	5.8	6.2	6.0	6.4	6.4	6.6	6.3	5.5	6.3	6.0	7.0	6.9	6.27	
			Numerator	7284	7672	8835	7524	8419	8180	8324	9171	7274	8857	8371	8765	8262	99654	
			Denominator	1317	1317	1421	1260	1318	1270	1267	1464	1329	1414	1387	1249	1194	15890	
131		ED Conversion Rate	≤24% per mth	27.19%	26.46%	26.67%	26.36%	25.59%	25.86%	24.70%	28.00%	27.72%	28.77%	30.10%	26.28%	32.23%	27.24%	
			Numerator	1132	1122	1208	1135	1193	1149	1101	1201	1135	1214	1215	1023	985	13681	
			Denominator	4164	4240	4529	4305	4662	4444	4458	4290	4094	4220	4037	3893	3056	50228	
132		LOS over 7 days	≤18% per mth	24.20%	27.01%	27.06%	27.40%	29.35%	28.00%	29.08%	30.34%	24.05%	27.72%	28.43%	30.24%	31.46%	28.32%	
			Numerator	327	356	385	345	388	357	371	460	322	393	396	384	376	4533	
			Denominator	1351	1318	1423	1259	1322	1275	1276	1516	1339	1418	1393	1270	1195	16004	
133		Bed Occupancy (funded)	<95%	113.40%	112.07%	109.64%	110.47%	114.90%	112.88%	114.88%	110.07%	101.84%	112.96%	105.81%	102.19%	95.80%	108.70%	
			Numerator	8156	7957	8060	7768	8400	8258	8128	8042	7183	8279	8375	7734	6202	94386	
			Denominator	7192	7100	7351	7032	7311	7316	7075	7306	7053	7329	7915	7568	6474	86830	
134		Morning Discharge %	≥30% per mth	24.44%	23.84%	22.97%	26.18%	26.05%	27.29%	23.14%	23.87%	25.23%	20.93%	21.47%	25.03%	21.52%	23.98%	
			Numerator	251	237	249	261	230	280	215	269	217	189	190	213	195	2745	
			Denominator	1027	994	1084	997	883	1026	929	1127	860	903	885	851	906	11445	
135		Discharges at Weekend as % of Discharges During Week	≥50% per mth	36.31%	39.32%	40.84%	34.89%	37.77%	46.52%	45.14%	36.63%	39.26%	33.66%	42.70%	38.54%	39.71%	n/a	
			≥98% per mth	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.9%	100%	99.90%	
136		Admission On Day Of Surgery	≥98% per mth	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.9%	100%	99.90%	
			Numerator	1344	1219	1159	1070	1246	1085	1110	1255	1015	973	1098	1317	845	13392	
			Denominator	1344	1223	1159	1071	1249	1085	1112	1255	1016	973	1098	1318	846	13405	
137		Theatres - % late starts (Elective)	≤9% per mth	42.34%	42.86%	40.32%	28.21%	44.09%	39.62%	43.24%	41.22%	31.54%	50.00%	56.07%	34.43%	37.50%	40.57%	
			Numerator	58	51	50	33	56	42	48	61	41	53	60	42	33	570	
			Denominator	137	119	124	117	127	106	111	148	130	106	107	122	88	1405	
138		Theatre session utilisation (Elective)	≥85% per mth	80.89%	75.00%	72.56%	74.04%	69.64%	61.19%	64.98%	80.93%	73.87%	64.56%	56.44%	73.58%	50.00%	68.09%	
			Numerator	182	153	156	154	156	134	141	191	164	133	127	156	108	1773	
			Denominator	225	204	215	208	224	219	217	236	222	206	225	212	216	2604	
139		Theatre in-session utilisation (Elective)	≥85%	79.97%	78.18%	84.19%	83.71%	79.37%	78.47%	79.69%	78.45%	77.48%	78.98%	70.46%	76.91%	72.93%	78.41%	
			Numerator	35861	28686	28919	28590	26640	25037	27395	35733	30199	25748	21416	28685	18273	325321	
			Denominator	44844	36691	34350	34155	33565	31905	34376	45547	38976	32601	30396	37297	25056	414915	

Workforce Measures

Single Oversight Framework	No.	Section		Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend
	23	Human Resources	Staffing	Staff Sickness	≤ 3.9% per mth	4.10%	4.10%	3.61%	3.42%	3.35%	3.74%	4.22%	4.54%	5.50%	4.80%	4.37%	4.03%	3.82%	4.1%	
					Numerator	1867	1801	1635	1480	1500	1680	1826	2042	2413	2172	1985	1714	1743	21989.99	
					Denominator	45510	43920	45256	43257	44766	44883	43261	44976	43903	45256	45419	42540	45623	533060.13	
	24			Staff Turnover	≤ 15%	16.58%	16.55%	15.20%	14.46%	14.80%	14.70%	14.03%	14.10%	14.46%	14.70%	14.56%	14.56%	14.36%	14.9%	
					Numerator	258	258	229	217	221	220	214	217	188	191	188	188	214	2545.64	
					Denominator	1556	1559	1507	1501	1515	1514	1525	1521	1301	1298	1293	1293	1245	17072.60	
	25			Proportion of Temporary Staff		11.73%	10.55%	11.14%	11.01%	13.02%	13.17%	12.99%	12.46%	14.21%	12.20%	15.48%	15.51%	15.99%	13.2%	
					Numerator	198	175	186	185	219	224	222	210	245	206	269	270	281	2692.72	
					Denominator	1687	1661	1671	1677	1683	1707	1707	1683	1725	1685	1690	1744	1758	20391.22	

Other	No.	Section		Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend
	140	Human Resources	Staffing	Total Staffing FTE Compared to Funded Establishment (% from target)	Not Applicable	-1.28%	-3.22%	-0.90%	-1.22%	0.35%	0.28%	0.29%	-0.39%	2.0%	-0.34%	2.82%	3.22%	4.05%	-5.09%	
					Numerator	1687	1661	1656	1656	1688	1707	1707	1683	1725	1685	1738	1744	1758	20409	
					Denominator	1709	1716	1671	1677	1683	1703	1702	1690	1691	1690	1690	1690	1690	20292	
	141			Total Pay Bill (£000s)	Not Applicable	7314	7372	7329	7007	7660	7435	7195	7337	7066	7008	7467	7612	7657	88145	
					142	Agency/Bank/Locum Pay Bill (£000s)	Not Applicable	1642	1409	1594	1384	1894	1806	1423	1596	1260	1334	1581	1865	1640

Financial Measures

Operating Plan	No.	Section		Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend
	70	Finance	Fast access to clinical documents	95 % Percent of scoped document available in the document search application	95%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	71		Live interactive bed board to enhance handover and tracking of patients	Every ward have access to a live bed board	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	72		Increase logins and system usability within key systems	Increase active users within Connecting Care, Summary Care Record, and EMIS viewer	> previous month	1565	1438	1565	1563	1836	1779	1974	2367	2343	2349	2823	2823	2492	2343	
	73			Increase concurrent users within key systems	> previous month	217	230	223	224	238	224	231	239	241	241	251	236	241		
	74		Improve end user experience	Service desk customer satisfaction surveys	4	4.84	4.88	4.97	4.98	4.85	4.98	5.00	4.98	4.92	4.88	4.72	4.66	4.83	n/a	

Other	No.	Section		Metric	Standard 2019/20	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date Apr 19-Mar 20	Trend
	143	Finance	Information	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS	99%	99.92%	99.88%	99.92%	99.91%	99.92%	99.97%	99.84%	99.93%	99.92%	99.93%	99.94%	99.91%	99.91%	99.92%	
					Numerator	21759	21415	21802	21338	284616	22469	21820	24022	22196	20070	23266	21943	21043	526000	
					Denominator	21777	21440	21819	21358	284830	22475	21855	24039	22213	20084	23281	21963	21062	526419	
	144			Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	95%	99.32%	99.13%	99.17%	99.37%	98.92%	99.26%	99.60%	99.58%	99.41%	99.36%	99.40%	99.52%	99.26%	99.33%	
					Numerator	4091	4195	4515	4276	4601	4409	4440	4312	4031	4199	4000	3900	3093	49971	
					Denominator	4119	4232	4553	4303	4651	4442	4458	4330	4055	4226	4024	3919	3116	50309	