



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

Integrated Quality & Performance Report

December 2020

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Performance continues to be significantly impacted by the Covid outbreak, especially when activity levels are compared to same point in the previous year. However, elective activity continued to improve in November and in all points of delivery was above the UHBW recovery trajectory submitted as part of the Phase 3 NHS recovery plan. Future recovery remains challenging due to the considerable constraints on outpatient, diagnostic and theatre capacity, related primarily to social distancing and staffing, which is adversely affecting scheduling and productivity.

The number of attendances in the Emergency Departments has stabilised during the past three months and remains lower than both the recovery trajectory and the activity levels from the same time last year, with current attendances at 82% of the 2019 monthly average. However, Trust level performance was below the NHS constitutional standard for 4 hour waits at 75.8% in November, down from 79.8% in the previous month. Ambulance handover times and breaches of the 12 hour access standard for admission from decision to admit have also been extremely challenged during November, reflecting ongoing challenges due to bed capacity, flow and reconfigured ED footprints in light of the COVID second wave. Non elective admissions remain below the same point from last year, but spells for patients aged 75+ remain on trend and conversion to admission is slightly up on previous years, demonstrating greater patient acuity.

There are a number of significant backlogs that have developed during the Covid outbreak and the resulting reduction in activity. These include:

- Referral to Treatment patients waiting 52+ weeks. At the end of November there were 2,160 patients waiting over a year for the start of treatment, significantly above the 52 patients reported at the end of March 2020 and 4.5% above the Phase 3 recovery trajectory for November. Mitigations are in place including waiting list initiatives on evenings and weekends, use of the independent sector capacity for suitable patients, mobilisation of a mobile dental unit (for Dental specialties where the majority of breaches reside) and further sweating of existing assets. The overall Referral to Treatment waiting list size reduced marginally by 0.2% at the end of November compared to the previous month and currently stands at 42,572. Performance for incomplete pathways managed within 18 weeks also improved for a third month in a row to 65.5%.
- Diagnostic waiting lists where 60.1% were waiting within the 6 week standard. Whilst diagnostic activity continues to exceed recovery trajectories and in many cases is performing better than at the same point last year, this is not sufficient to recover the backlog of waiting lists which is growing in areas such as endoscopy. Further validation of diagnostic waiting lists and prioritisation of patients is also anticipated as part of a nationally mandated exercise in the coming months, and opportunities for further recovery of backlogs will be a key part of 2021/22 recovery planning.

On the last day of November 14.35% of occupied beds were in relation to COVID patients and the run rate of beds occupied with COVID patients in the Appendix shows that the peak of the second wave has potentially been reached, which is also higher than the first wave. The pace of elective recovery therefore remains challenged given the continuing pressure to provide confirmed (blue) and asymptomatic pending negative test (amber) bed capacity, and this is expected to continue from December through to February. Priorities remain focused on recovering activity in year and maintaining safety for patients and staff, whilst beginning to develop plans for further elective backlog clearance in 2021/22. The role of the Independent Sector in supporting the wider NHS in this recovery effort is still under review nationally, with guidance on operating privileges at specialty level due imminently.

Reporting Month: November 2020

Safe

Caring

Successes	Priorities
<ul style="list-style-type: none"> Sustained reduction in the rate of pressure ulcers below threshold. This comprises a reduction in the number of category two pressure ulcers since April 2020 and no category three or four pressure ulcers since June 2020 despite increasing operational pressures. 	<ul style="list-style-type: none"> To focus on the in-patient headline patient experience scores which were below the threshold of 88 for the first time in our reporting of this data (which spans several years). Caution is needed because there are currently significant delays in the postal system and this seems to have affected the number of responses to our inpatient survey: just 59 had been received for November at the time of reporting, compared to our usual average by this point of the month of around 350-400. It is likely that these scores will settle within their normal (positive) range as the number of responses builds up over the coming weeks. To address the current lack of VTE risk assessment data collection in Weston General Hospital post-merger and post-Covid pandemic.
Opportunities	Risks & Threats
	<ul style="list-style-type: none"> One element of improvement work to reduce the risk of harm to patients has been delayed. The transfer of falls and pressure injury risk assessments to a digital format in Medway has been delayed pending a system fix to ensure accurate calculation of scores. Data quality of the quality metrics from Weston site included in this report. Planned work to address risks to data quality through due diligence process has been delayed due to COVID 19 and operational priorities.

Reporting Month: November 2020

Responsive

Effective

Successes

- Patients waiting over 104 days on a GP referred suspected cancer pathway for reasons other than patient choice, clinical reasons or late referral has been sustained below Phase 3 plan trajectories since September.
- The 31 day first definitive treatment, 31 day subsequent chemotherapy and 31 day subsequent radiotherapy cancer standards continue to be achieved.
- Additional diagnostic capacity has been implemented in November including the Nightingale diagnostic hub for Ophthalmology and Biobank at North Bristol NHS Trust for MRI.
- Implementation of Medway PAS system functionality to capture clinical prioritisation codes as part of a joint decision making process with patients. This will support Trust and system wide waiting list management going forwards.

Priorities

- Optimising patient flow on arrival and transfer from ED and upholding patient safety standards during periods of surge.
- Ensure that focus continues on the clinical prioritisation process and the joint decision making with patients who are on the waiting list without a “to come in” date. Clinical Prioritisation statuses should be recording in Medway via the clinical note field with notes updated for the next national submission on 30/12/20
- Weekly exception reporting for NHSE/I regarding patients waiting 78+ weeks and 104+ weeks and plans for management, alongside the existing 52+ week focus for Referral To Treatment patients. Unofficial “backstop” for no RTT patients to exceed 104 weeks (2 years) as part of post-Covid elective recovery
- Due to limitations in outpatient capacity and Covid backlogs, the new patient slot capacity in outpatients has not been meeting demand resulting in increasing numbers of ASI’s and requirement for validation of 180 day drop off lists and partial booking lists. Recovery of 180 day ASI drop off activity validation and booking of 373 drop off referrals by divisions is therefore being prioritised.
- Sustain minimal numbers (<10) of patients waiting over 104 days on a GP referred suspected cancer pathway for capacity reasons.

Opportunities

- Improved utilisation of endoscopy lists increased activity following implementation of revised Infection Prevention Control guidance for self isolation .
- Increased day case and elective activity on the Weston site following approval of refurbishment plans for two Theatres which will provide 30% additional green pathway capacity from mid-January 2021.
- Integration of the Bristol and Weston cancer registers. This will improve efficiency and enable more time for managing pathways.
- Review of Phase 3 recovery mitigations and commencement of operating planning for 2021/22, with continued focus on elective backlog recovery initiatives.

Risks & Threats

- Significant step up in recovery trajectory for endoscopy in Quarter 4 which may be affected by staffing shortages and changes to the Independent Sector contract.
- Uncertainty with regards to future Trust access to nationally negotiated Independent Sector capacity from January, with operator privileges and mechanisms for inter-provider waiting list transfers yet to be agreed nationally. This could significantly affect recovery trajectories in the final quarter of the financial year.
- There are risks to recovery of the over 52 week breach position for RTT: 1) Prioritising of cancer and urgent work over routine cases, 2) Redevelopment work will result in closure of some dental capacity in December/January, and 3) limited take up of Waiting List Initiatives (WLIs) in some specialties 4) routine cancellations due to 2nd wave of Covid
- The impact of the ‘second wave’ of Covid-19 is expected to increase the number of patients waiting on cancer pathways, largely through patient choice. The priority remains to ensure all waiting cancer patients are safe and treated within clinically appropriate timescales.

Reporting Month: November 2020

Well-Led

Successes

- The continuing use of eLearning for the provision of 2-yearly Fire Safety sessions, for staff involved in evacuations, has improved compliance from 65% at beginning September to 83% (Bristol and Weston combined) at end November.
- Following a national, multi-media recruitment campaign, a strong pipeline has been achieved in the Emergency Department in Bristol with no NA vacancies and just x4 B5 and x2 B6 vacancies now remaining to fill.
- Radiology in Bristol and Weston as part of the HEE 'Adopt and Adapt' initiative have to date appointed 10 radiographers (7 for Bristol and 3 for Weston). The first cohort is planned for arrival in February and subsequent cohorts in March/April 2021.
- A new wellbeing PC screensaver has been successfully launched to show gratitude to staff and provide a link to the guide 'Your Wellbeing during COVID'
- The 2020 Staff Survey closed with 53.5% against 55% last year. Detailed results will be available March 2021.
- Successful appointment of an interim D&I Manager to lead on the workforce equality, diversity and inclusion (EDI) strategy and associated agenda.
- Slots have been secured for Agenda for Change training in the New Year. This will support the achievement of having more staff trained and an increased number of matching panels available.

Opportunities

- Essential Training Leads are scheduling to present online webinars in 2021; these are the equivalent of face- to- face training, but hosted virtually, allowing wider engagement and equity of access.
- Partnership between Sirona and SBCH is seeing Nurse Recruitment Leads holding a joint career drop-in session to allow people to discuss opportunities.
- NHSEI have invited colleagues to review and comment on national guidance being developed to support achievement of the wellbeing objectives contained within the NHS People Plan.
- Streamlining locum bank processes in partnership Allocate HealthRoster roll out to improve staff payments and accrual of costs.
- Recruiting to vacancies following the HR Consultation as part of the Corporate Services Integration.
- As part of the Operating Planning round, workforce planning will commence

Priorities

- Creating an individual Risk Register entry and an Improvement Action Plan by Programme Leads for any essential training programme below compliance
- Seeking approval from the Trust's Senior Leadership Team (SLT) for the comprehensive business case which aims to achieve a pipeline of 300 registered nurses from overseas over the next 3 years.
- Following the postponement of the Trust Virtual Recognising Success Week in November, work has commenced on the re-scheduled plans to launch week commencing 25 January 2021.
- With a successful bid secured with an external supplier to deliver the cultural review of the Trust's values and leadership behaviours as a newly merged organisation, the programme of work will commence early 2021.
- The procurement exercise for the provider of salary sacrifice electric cars is ongoing and expected to be accessible by staff in time for the new tax year.
- Engagement with Allocate with the agreed accelerated roll out of medical e-Rostering, priority focus will be Women's & Children's, remaining adult areas and identified departments that may need revisiting to ensure the system is embedded.
- With multi-disciplinary stakeholders, supporting the roll out and delivery of the national mass vaccination programme.

Risks & Threats

- The ability for overseas recruits to travel and relocate in the UK to work at UHBW remains a concern in light of Covid.
- Immigration changes which come in to force on 1st January 2021 will present significant challenges to the recruitment of EEA candidates.
- Appraisal Compliance continues to be below target across all Divisions.
- Despite efforts to incentivise bank work, severe operational pressures and agency shortages are impacting on staffing numbers.
- An increase of Subject Access Requests has been seen. Achieving deadlines to respond is at risk with constraints on capacity within HR Services.
- Loss of a significant external contract from Avon Partnership Occupational Health Service is creating risk to the financial sustainability of the Service.

Reporting Month: November 2020

CQC Domain	Metric	Standard Achieved?
Safe	Infection Control (C. diff)	N
	Infection Control (MRSA)	Y
	Serious Incidents	N/A
	Patient Falls	N
	Pressure Ulcers	Y
	Medicines Management	Y
	Essential Training	P
	Nurse Staffing Levels	N/A
	VTE Risk Assessment	N
Caring	Monthly Patient Survey	P
	Friends & Family Test	N/A
	Patient Complaints	N

CQC Domain	Metric	Standard Achieved?
Responsive	Emergency Care - 4 Hour Standard	N
	Delayed Transfers of Care	N/A
	Referral To Treatment	N
	Referral to Treatment – 52 Weeks	N
	Cancelled Operations	N
	Cancer Two Week Wait	N
	Cancer 62 Days	N
	Cancer 104 Days	N/A
	Diagnostic Waits	N
	Outpatient Measures	N
	Outpatient Overdue Follow-Ups	N
	Effective	Mortality (SHMI)
Mortality (HSMR)		Y
Fracture Neck of Femur		P
30 Day Emergency Readmissions		N

CQC Domain	Metric	Standard Achieved?
Well-Led	Bank & Agency Usage	N
	Staffing Levels – Turnover	Y
	Staffing Levels – Vacancies	Y
	Staff Sickness	Y
	Staff Appraisal	N
	Use of Resources	Average Length of Stay
Performance to Plan		N/A
Divisional Variance		N/A
Savings		N/A

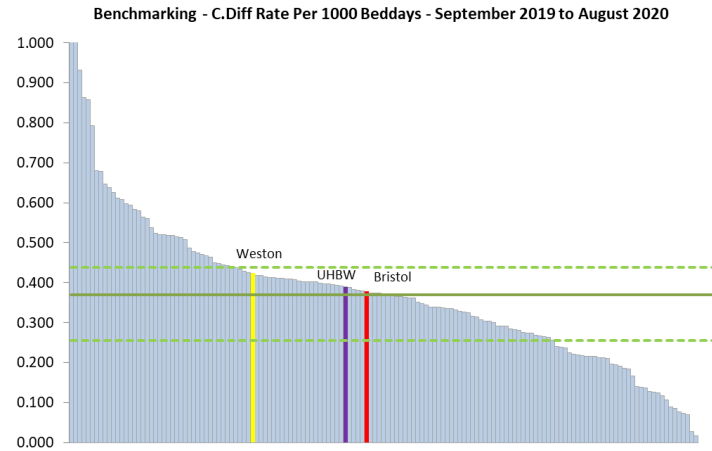
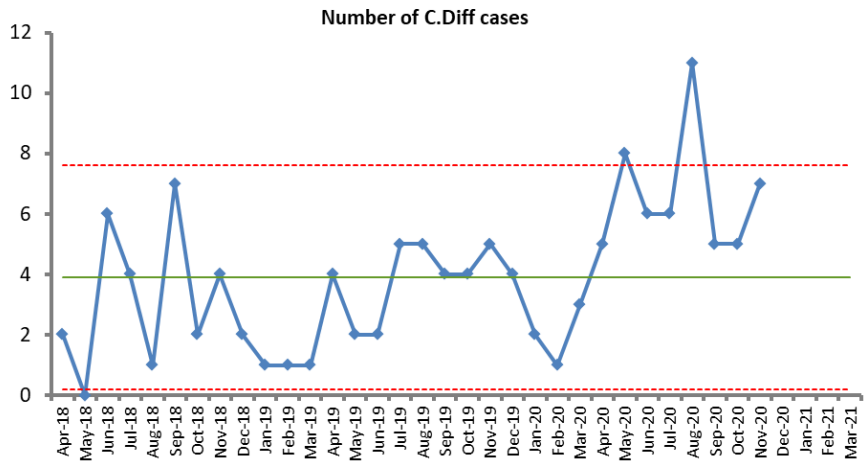
N	Not Achieved
P	Partially Achieved
Y	Achieved
N/A	Standard Not Defined

Infection Control – C.Difficile

November 2020

N Not Achieved

Standards:	The limit of C. Difficile cases for 2019/20 was 57 cases for UH Bristol and 15 cases for Weston. The limit for UHBW has not yet been set for 2020/21 as it will be based on 2019/20 outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year end position. A limit of 72 cases (57 plus 15) for UHBW as a whole for 2020/21 would give a trajectory of 6 cases a month.
Performance:	There were seven cases of C difficle attributed to UHBW in November, two each in the divisions of Surgery, Specialised Services and Women's and Children's Division and one in the Division of Medicine. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. The benchmarking data of cases per 1,000 beddays in the twelve months to August 2020 shows UHBW to be just above the median.
Commentary:	There has been no commissioner review of C.Difficile cases during the Covid pandemic.
Ownership:	Chief Nurse



	Nov-20	2020/2021
Medicine	1	13
Specialised Services	2	11
Surgery	2	12
Weston	0	9
Women's and Children's	2	8
TOTAL	7	53

Infection Control - MRSA

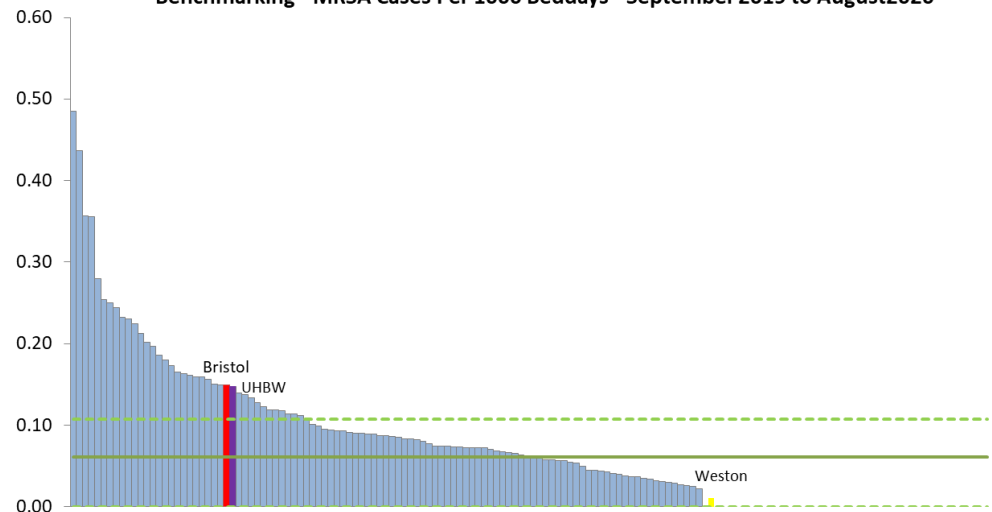
November 2020

Y Achieved

Standards:	No Trust Apportioned MRSA cases.
Performance:	There were zero MRSA bacteraemia cases in UBHW in November 2020, giving three cases to date for 2020/21.
Commentary:	There have been three cases in 2020/21: April, September and October,
Ownership:	Chief Nurse

	Nov-20	2020/2021
Medicine	0	0
Specialised Services	0	1
Surgery	0	0
Weston	0	1
Women's and Children's	0	1
TOTAL	0	3

Benchmarking - MRSA Cases Per 1000 Beddays - September 2019 to August 2020



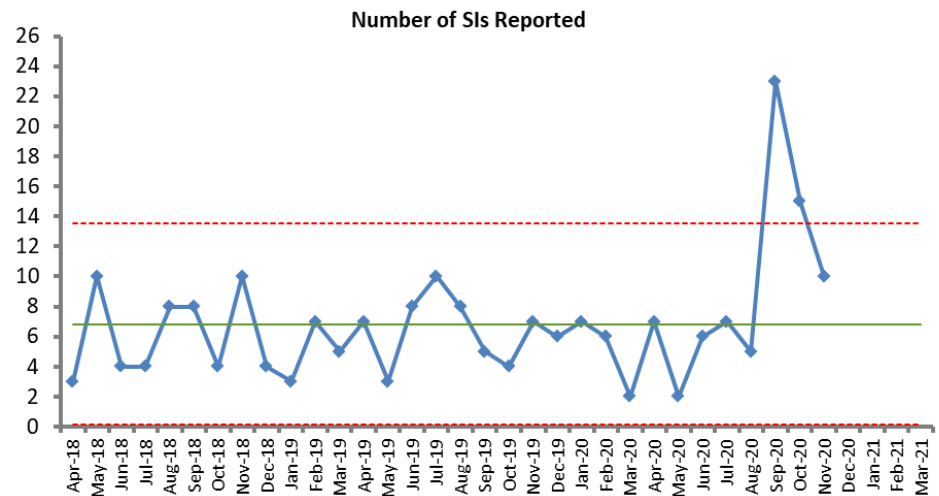
Serious Incidents

November 2020

N/A *No Standard Defined*

Standards:	UHBW is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015. In 2021, a new Patient Safety Incident Response Framework is to be implemented in NHS providers following learning from early adopters in 2020.
Latest Data:	Ten serious incidents were reported in November 2020, six on Bristol sites and four on the Weston site. The figures include two never events, one each reported in Women's and Children's Division and the Division of Medicine. Of the remaining eight serious incidents, four occurred on Bristol sites comprising two pressure ulcers, one treatment delay and one fall. In Weston, the four reported serious incidents were two pressure ulcers and two sub-optimal care of a deteriorating patient incidents.
Commentary:	<p>The two reported never events were as follows:</p> <ul style="list-style-type: none"> • Removal of a skin lesion adjacent to the one originally identified for removal in Dermatology • A retained suture needle thought to be from previous surgery in the Children's Hospital in 2019. <p>The outcomes of all serious incident investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course.</p>
Ownership:	Chief Nurse

	Nov-20	2020/2021
Medicine	3	18
Specialised Services	1	3
Surgery	1	9
Trust Services	0	1
Weston	4	38
Women's and Children's	1	6
TOTAL	10	75

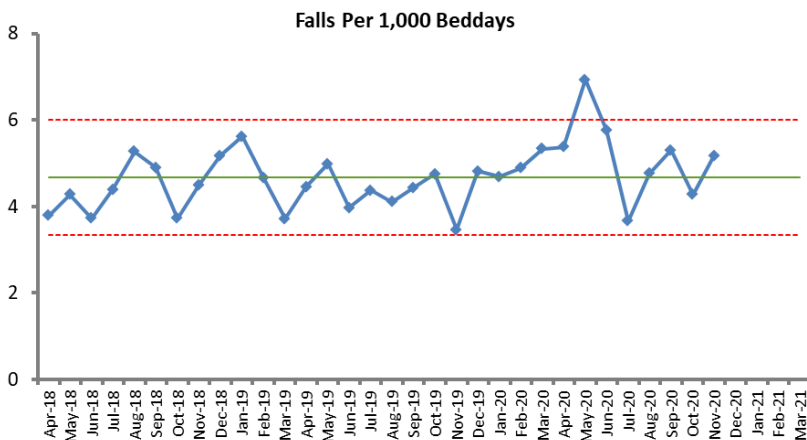


Harm Free Care – Inpatient Falls

November 2020

N Not Achieved

Standards:	To reduce and sustain the number of falls per 1,000 beddays below the national benchmark of 4.8 and to reduce and sustain the number of falls resulting moderate or higher level of harm to 2 or fewer per month.
Performance:	During November 2020, the rate of falls per 1,000 beddays was 5.18 across UHBW. There were 151 falls (126 Bristol Hospitals and 25 in the Division of Weston) in UHBW in November 2020. Three falls resulted in moderate or higher level of harm and are subject to investigations.
Commentary:	<p>The number of falls decreased (from 160 in September to 134 in October) resulting in an increase in rate of falls from 4.76 to 5.30 across UHBW.</p> <ul style="list-style-type: none"> The Trust Falls Lead is working with the education team to enhance the variety of methods of delivering both falls and simulation training within the challenges of training due to the Covid -19 constrictions. Bespoke training has been provided by the falls team where this is possible. The Falls risk assessment documentation is being fully aligned across both Weston and Bristol. The Manual Handling Team have delivered training on post falls care and have planned further sessions for key staff at Weston General Hospital. Learning from both sites and from the South West Partnership Programme is indicating an increase in the number of falls with some indication this could be linked to further deconditioning of patients.
Ownership:	Chief Nurse



	Nov-20	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	0	-
Medicine	84	9.19
Specialised Services	21	5.69
Surgery	16	5.01
Trust Services/Trustwide	1	-
Weston	25	3.79
Women's and Children's	4	0.61
TRUST TOTAL	151	5.18

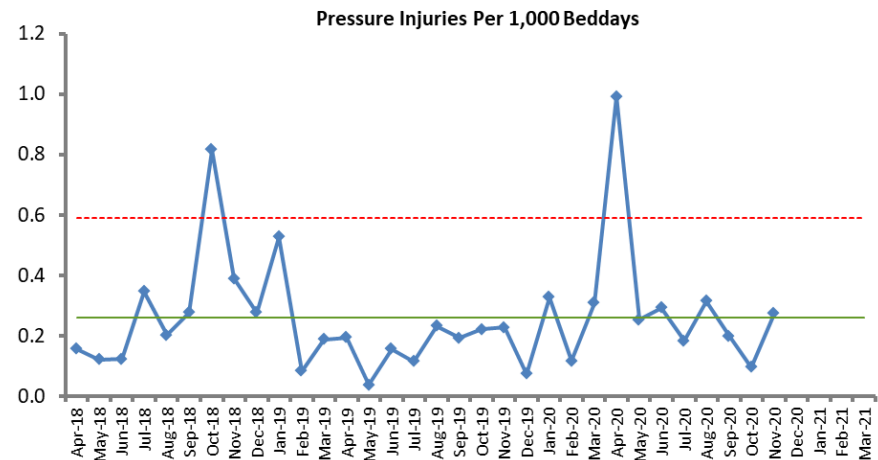
Harm Free Care – Pressure Injuries

November 2020

Y Achieved

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4.
Performance:	During November 2020, the rate of pressure injuries per 1,000 beddays was 0.274 across UHBW. There were eight category 2 pressure injuries in UHBW in November 2020, five in Bristol hospitals and three in Weston Division. There were zero Category 3 or Category 4 pressure injuries,
Commentary:	<p>Two category 2 pressure injuries were associated with use of medical devices – Continuous Positive Airway Pressure (CPAP) machines- on our main Covid respiratory high care ward A800. Preventative measures were in place, but the patients concerned required a prolonged time on CPAP. Two unstageable pressure injuries were also reported, immediate actions identified and investigations underway.</p> <p>All sites actions:</p> <ul style="list-style-type: none"> • Hot spot targeted training for staff • Re-fresh/implementation of posters to support staff to manage heel and medical device related injuries • Engage with TV champions across divisions to support good practice locally <p>Weston specific actions:</p> <ul style="list-style-type: none"> • Staff training on pressure prevention, with current focus on the lower limb / heel and protective measures required. • Implementation of pressure injury documentation used on Bristol sites.
Ownership:	Chief Nurse

	Nov-20	
	Pressure Injuries	Per 1000 Beddays
Medicine	4	0.30
Specialised Services	1	0.10
Surgery	0	0.36
Weston	3	0.45
Women's and Children's	0	0.04
TOTAL	8	0.27

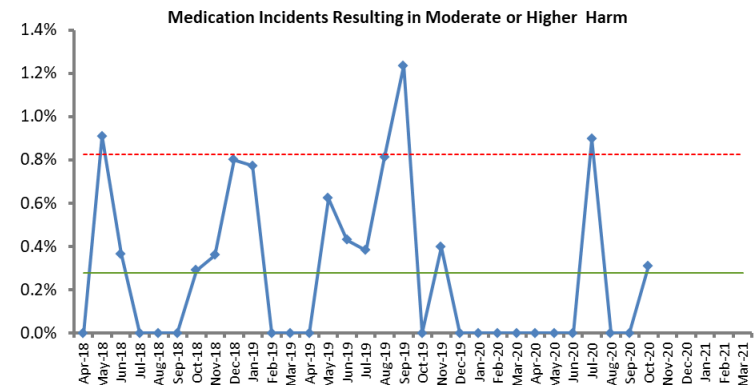


Oct/Nov 2020

Y Achieved

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There was one moderate harm incident out of 296 medication incidents reported in our Bristol hospitals in September. There were zero moderate harm incidents out of 27 incidents reported in Weston General Hospital. So 0.31% of medication error incidents resulted in moderate harm or above. Three (0.68%) omitted doses of critical medicines were identified in 442 patients audited in our Bristol Hospitals in November. Data on omitted doses has not been collected since the suspension of the National NHS Safety Thermometer data collection in March 2020.
Commentary:	The moderate harm incident involved an overdose of chemotherapy because the electronic chemotherapy prescribing system was manipulated to produce an amended prescription, rather than allocating a new protocol from scratch. This was partly because communication about the chemotherapy regimen detailed the incorrect regimen. The error has been highlighted to all staff groups along with a reminder of the importance of allocating the correct regimen rather than amending other regimens. There were three omitted doses. The first was an antibiotic which did not have a signature for administration, so it is unclear whether the dose had been given or not. The second occurred as the prescription for an antiepileptic medicine was incorrect, so the dose could not be sourced. The dose was amended on pharmacist review, and the dose given. The third involved a medicine used to prevent transplant rejection, which was ordered from pharmacy and given late. Actions: <ul style="list-style-type: none"> The importance of using allocated protocols on Chemocare electronic chemotherapy prescribing system rather than adapting alternative protocols. To continue to promote the critical medicines list and how to obtain stocks of medicines out of hours or in an emergency, using drug finder and on call pharmacist.
Ownership:	Medical Director

	Oct-20		
	Moderate or Higher Harm Incidents	Total Audited	Percentage
Bristol	1	296	0.34%
Weston	0	27	0.00%
TOTAL	1	323	0.31%



November 2020

P Partially Achieved

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	In November 2020, Essential Training overall compliance remained static at 86% compared to the previous month (excluding Child Protection Level 3).
Commentary:	November 2020 compliance for Core Skills (mandatory/statutory) training remained static at 86% overall across the eleven programmes. There were reductions in four of the programmes, the largest reduction was seen within Resuscitation, reducing to 68% from 70%. None of the programmes saw an increase in compliance. The remaining seven programmes remained static in comparison to the previous month. Overall compliance for 'Remaining Essential Training' remained static at 91%. This figure continues to exclude Weston data.
Ownership:	Director of People

Essential Training	Nov-20	KPI
Equality, Diversity and Human Rights	90%	90%
Fire Safety	83%	90%
Health, Safety and Welfare (formerly Health & Safety)	91%	90%
Infection Prevention and Control	85%	90%
Information Governance	83%	95%
Moving and Handling (formerly Manual Handling)	84%	90%
NHS Conflict Resolution Training	88%	90%
Preventing Radicalisation	90%	90%
Resuscitation	68%	90%
Safeguarding Adults	88%	90%
Safeguarding Children	89%	90%

Essential Training	Nov-20	KPI
UHBW NHS Foundation Trust	86%	90%
Diagnostics & Therapies	90%	90%
Medicine	83%	90%
Specialised Services	86%	90%
Surgery	85%	90%
Women's & Children's	83%	90%
Trust Services	88%	90%
Facilities & Estates	91%	90%
Weston	87%	90%

Nurse Staffing Levels

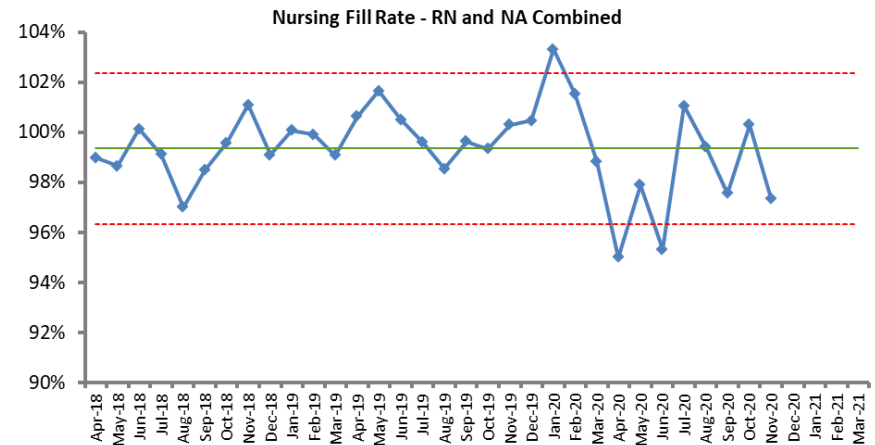
November 2020

N/A *No Standard Defined*

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board.
Performance:	The report shows that in November 2020, UHBW had rostered 303,349 expected nursing, midwifery and nursing assistants' hours in the inpatient areas, the number of actual hours worked recorded on the system was 295,331. This gave an overall fill rate of 97.4% for UHBW.
Commentary:	The combined figures for UHBW overall in November 2020 show that the trust had 96% cover for RN's on days and 98% RN cover for nights. The unregistered level of 95% for days and 104% for nights reflects the activity seen in November 2020. This was due primarily to the Covid reconfiguration on wards and NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night.
Ownership:	Chief Nurse

Staffing Fill Rates: Nov-20

	Total	RNs	NAs
Medicine	97.3%	100.1%	93.7%
Specialised Services	102.6%	99.0%	112.9%
Surgery	104.0%	103.8%	104.6%
Weston	96.0%	87.6%	106.4%
Women's and Children's	92.3%	94.6%	81.8%
<i>Bristol Divisions</i>	<i>97.7%</i>	<i>98.3%</i>	<i>96.0%</i>
TRUST TOTAL	97.4%	96.6%	98.9%



Venous Thromboembolism Risk Assessment

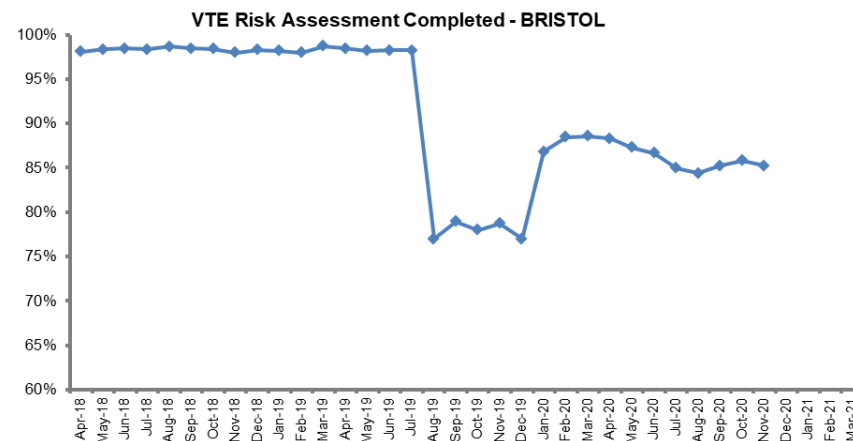
November 2020

N Not Achieved

Standards:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, the VTE risk assessment is completed electronically using the Medway system; the most recent figure for November 2020 is 85.2% which has remained fairly static throughout 2020. In Weston General Hospital the previous paper based data collection system ceased at the end of March 2020. Alternative interim sample audits are planned, potentially via the Perfect Ward App, pending a longer term digital solution to capture data for all relevant patients.
Commentary:	<ul style="list-style-type: none"> Following a pause during the Covid pandemic, the VTE Group has restarted and is refocussing on improving VTE risk assessment in Bristol. The new Patient Safety Improvement Nurses have started in post across UBHW to support clinical teams in improvement work Identified consultants are leading VTE improvement work in surgery and trauma and orthopaedics in Bristol. Transformation team support has been agreed in principle from January 2021 in Weston General Hospital to recommence data collection to inform further action. When electronic medicines prescribing and administration is implemented, there could be an opportunity to include a force function for completion of VTE risk assessment.
Ownership:	Medical Director

Bristol - VTE Risk Assessment Performance

	Nov-20		
	Assessment Done	Total Patients	Performance
Diagnostics and Therapies	29	29	100.0%
Medicine	1,767	2,431	72.7%
Specialised Services	2,192	2,353	93.2%
Surgery	1,760	2,040	86.3%
Women's and Children's	1,341	1,464	91.6%
TOTAL	7,089	8,317	85.2%



Venous Thromboembolism Risk Assessment

November 2020

The table below shows October's data based on the admitting specialty.

		Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Chemical Pathology	1	1	100.0%
	Radiology	28	28	100.0%
Diagnostics and Therapies Total		29	29	100.0%
Medicine	Medicine	1,767	2,431	72.7%
Medicine Total		1,767	2,431	72.7%
Specialised Services	BHOC	1,779	1,836	96.9%
	Cardiac	413	517	79.9%
Specialised Services Total		2,192	2,353	93.2%
Surgery	Anaesthetics	16	16	100.0%
	Dental Services	117	143	81.8%
	ENT & Thoracics	191	292	65.4%
	GI Surgery	1,032	1,145	90.1%
	Ophthalmology	293	300	97.7%
	Trauma & Orthopaedics	111	144	77.1%
Surgery Total		1,760	2,040	86.3%
Women's and Children's	Children's Services	28	42	66.7%
	Women's Services	1,313	1,422	92.3%
Women's and Children's Total		1,341	1,464	91.6%
Grand Total		7,089	8,317	85.2%

Friends and Family Test

Reporting Month: November 2020

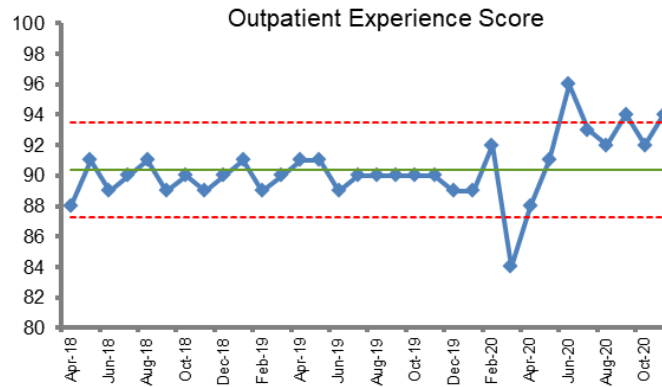
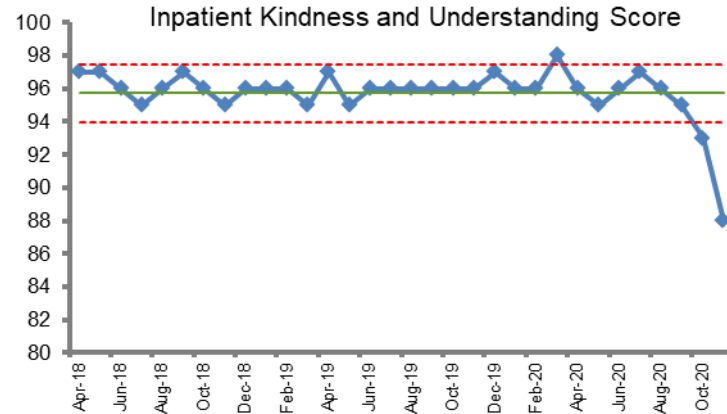
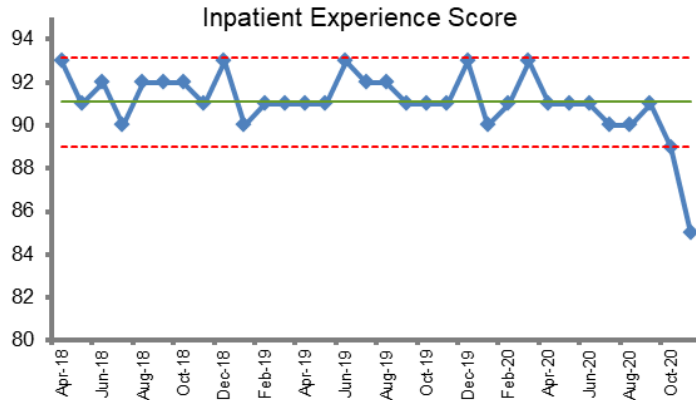
Standards:	<p>The Friends and Family Test (FFT) score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents.</p> <p>The FFT was relaunched nationally on 1st December 2020, with an acknowledgement by NHS England & Improvement that acute providers will most likely need to reintroduce this survey gradually and in a way that is proportionate to the current COVID-19 pandemic / winter pressures.</p>
Performance:	<p>The Division of Weston recommenced the FFT early, in September 2020, in order to re-establish a regular hospital-wide survey there. The Division of Weston inpatient FFT score for November 2020 is 96.85% (from 127 responses). The FFT score for the Weston General Hospital Emergency Department is not reported this month due to a low number of responses.</p>
Commentary:	<ul style="list-style-type: none">• We will incorporate an analysis of the wider suite of patient experience survey questions in the Division of Weston exit survey data in to the Quarter 3 Patient Experience & Involvement Report for the senior Trust committees to review.• The FFT was relaunched for the rest of UHBW at the beginning of December 2020 (this data will be reported in the next Trust Board Quality Dashboard), the exception being the Division of Medicine, where current high levels of clinical activity due to COVID-19 mean that the reintroduction of the survey has been delayed until early 2021.
Ownership:	Chief Nurse

November 2020

P Partially Achieved

Standards:	For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 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 score of 90 or over.
Performance:	For November 2020, the inpatient score was 85/100, for outpatients it was 94. For the kindness and understanding question it was 88. This is data for Bristol hospitals only, as the survey has not yet been implemented at Weston General Hospital
Commentary:	<p>The outpatient headline measure exceeded its minimum target level, but the inpatient scores were below this threshold for the first time in our reporting of this data (which spans several years). Caution is needed here because there are currently significant delays in the postal system and this seems to have affected the number of responses to our inpatient survey: just 59 had been received for November at the time of reporting, compared to our usual average by this point of the month of around 350-400.</p> <p>With small sample sizes a small number of negative responses can skew the overall result. To some extent this is the case here with, for example, one patient stating that they were not treated with kindness and understanding during their stay (we acknowledge that the experience should have been better for this patient).</p> <p>However, it is also the case that we received more “middling” (rather than “excellent”) ratings than we would usually expect to see even with this level of returns. This is particularly the case for the questions in our composite inpatient “tracker” score that relate to communication with patients. Whilst it is likely that these scores will settle within their normal (positive) range as the number of responses build up over the coming weeks.</p> <p>Actions:</p> <ul style="list-style-type: none"> • We will alert the Bristol Divisions to this “preliminary” picture as a reminder that effective communication with patients is central to a positive hospital experience. • A detailed analysis of themes arising from patient feedback is reviewed in the Trust’s Patient Experience Group and any improvement actions agreed with divisions. • The extension of the Bristol postal survey programme to Weston General Hospital is currently being discussed with the IM&T Department. This will require a new process will need to be developed to draw survey samples from the Weston Medway system once implemented later in 2020.
Ownership:	Chief Nurse

November 2020

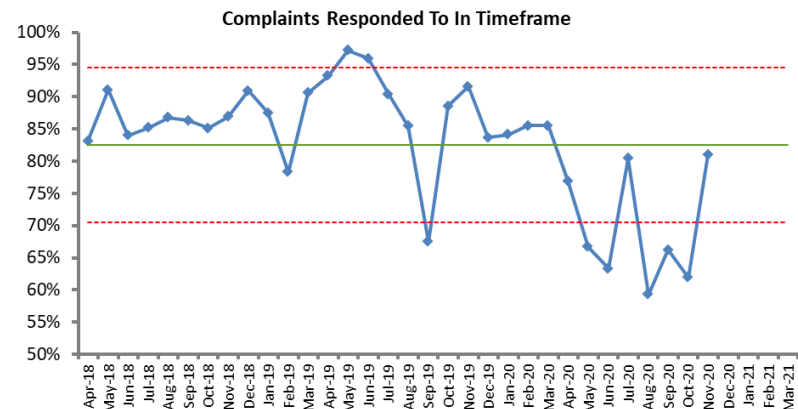
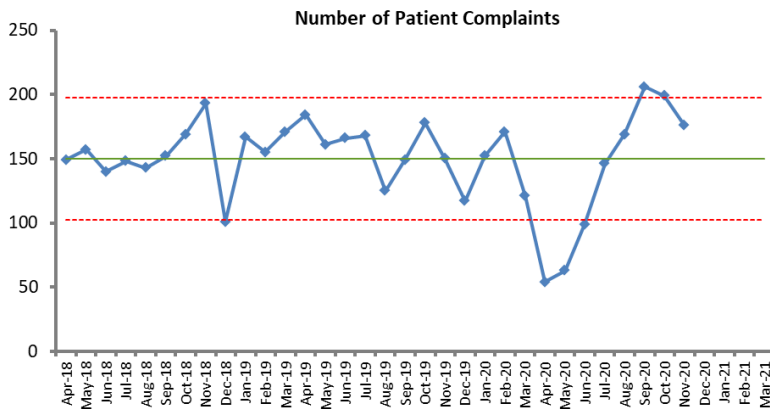


Patient Complaints

November 2020

N Not Achieved

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 November, 81.0% of formal complaints (47 out of 58) were responded to within timeframe. There were seven complaints reported in November 2020 where the complainant was dissatisfied with our response, which represents 9.6% of first responses sent out in September 2020 (this measure is reported two months in arrears). This compares with 2.2% reported in October for responses sent out in August 2020.
Commentary:	Ten of the eleven breaches were attributable to delays within the divisions and one was due to a delay during the Executive sign-off process. Divisions returned 84.5% of formal responses to the PSCT by the agreed deadline, compared with 71% in October 2020 - this is the deadline for responses to be returned to PSCT seven working days prior to the deadline agreed with the complainant. 92.9% of informal complaints were responded to within the agreed timeframe in November 2020, compared with 89% in October 2020.
Ownership:	Chief Nurse



Emergency Care – 4 Hour Standard

November 2020

N Not Achieved

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. Due to the Covid pandemic, trajectories for 2020/21 have not been agreed with NHS Improvement.
Performance:	Trust level performance for November was 75.8% across all four Emergency Departments (12,213 attendances and 2,950 patients waiting over 4 hours).
Commentary:	<p>Bristol Royal Infirmary</p> <p>There was further deterioration in BRI ED performance to 64.8% from 70.8% in the previous month. The underperformance is primarily driven by challenges from the Covid-19 impact on inpatient flow with the underperformance being driven primarily by admitted performance (50.2%). The Trust entered Internal Critical Incident on 26th October as a result of rapidly increasing numbers of Covid-19 admissions which continued to rise during November. Key impacts on flow resulted from the requirement to stream and isolate patients as well as delays due to requirements to deep clean between patients.</p> <p>Mental health related attendances continue to increase often requiring onward admission for Mental Health beds, with delays in accessing these impacting upon the Trust’s bed capacity. Challenges remain with the ability to safely socially distance patients in the ED waiting room with the risk associated to this heightened by the increased prevalence of Covid within the Bristol community, which is now well above the national average. Efforts to mitigate this continue through the use of the old observation unit footprint and a focus on capital design works to expand the waiting area. System work continues on identifying redirection opportunities from the ED. There has been some in month improvement in majors performance up to 65% despite an in month increase in attendances and continued staffing challenges particularly in the nursing tier.</p> <p>The main area of challenge remains inpatient performance related to bed capacity. Covid related ward configurations have significantly reduced the overall assessment capacity and there have been several recent instances where wards have been closed due to Covid-19 with empty beds unable to be accessed. Work continues to try to best flex the available bedbase to meet demand to respond to fluctuating demand for blue (Covid) capacity whilst also looking at capital opportunities to increase overall capacity.</p>

November 2020

Commentary:

Bristol Royal Hospital for Children:

Attendances remain lower than compared to last year, 4 hour performance currently for December remains at 91.3% of patients managed within 4 hours. The use of Sunflower Ward as an observation unit continues to work well. As pressure on the hospital bed base has been increasing, cubicles are becoming more scarce and the inability to get Cepheid test results back in a timely fashion means children can't be placed into bays. There has been an increase of mental health patients attending ED and eating disorder patients.

The ED department have moved out of Carousel and back into their footprint due to lower than expected winter attendances. The department continue to use Carousel where they can, in the afternoon when the department get busy and rooms are available, this is mainly used when West side becomes crowded - approximately more than 10 patients, where patients need to remain in bed spaces and flow to the bed spaces is compromised. ED use Carousel outpatients in the evenings when outpatients have vacated the area. ED Sister is writing a risk assessment for West side in terms of social distancing which will include an escalation plan for when it does become crowded.

There is a plan to have Covid Nudges introduced to CED, which will enable BRHC to process up to 18 rapid Covid tests in CED which may speed up the process. These were due to be installed and commence at end of November but have been delayed.

BRHC continue to accept Pre-alerts via Level 2 due to ambulances being unable to off load into the BRI.

The eyes and dental pathways should go live soon, along with the tubes "eyeball" process where patients may be moved to Puzzlewood or Meadow, if stable. The community tubes work is still ongoing .

We continue to support the BRI ED wherever possible but is becoming difficult as our staffing numbers have reduced and our attendances have increased.

Bristol Eye Hospital:

In November, ED attendances decreased by 5% on October attendances and breaches increased by 20% (28 versus 23 in the previous month). The total number of breaches deteriorated on the previous month, increasing from 23 in October to 28 (98.23%).

The vast majority of BEH ED breaches are due to patients receiving treatment within the department or awaiting investigations (Bloods and Imaging) at the BRI and are not due to patient flow, hence the relative stability of the 4hr benchmark.

Emergency Care – 4 Hour Standard

November 2020

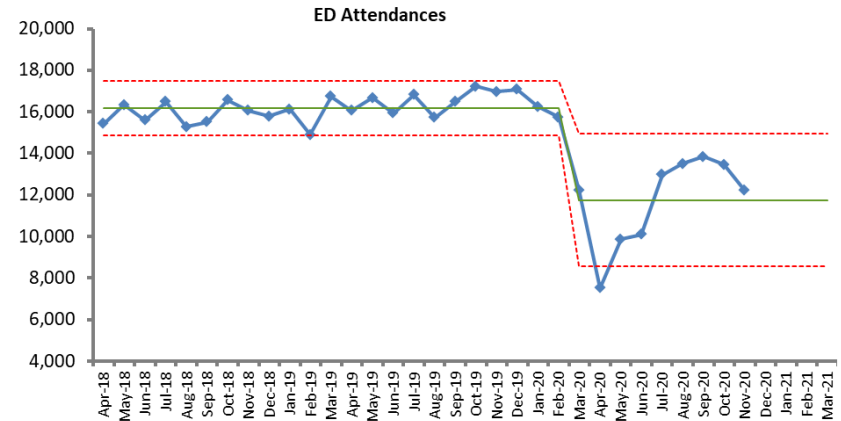
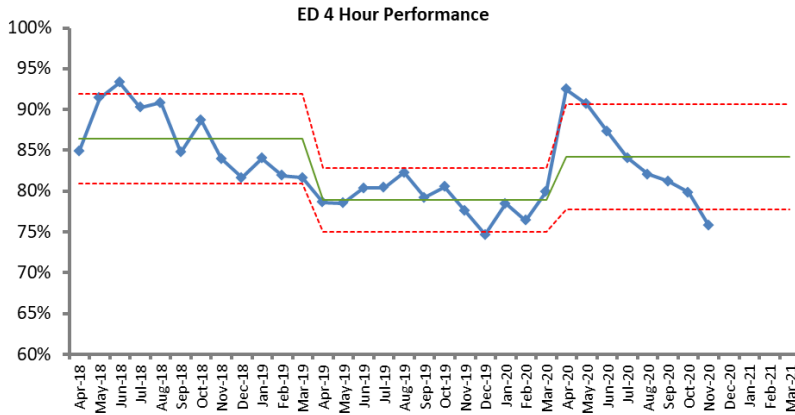
Commentary:	<p>Weston General Hospital: Through November 2020 the attendances continued to fluctuate daily with the usual peaks in the late afternoon/evening, for the month we saw 3370 patients, 1045 less than the comparable month last year. The department recognises that the patients attending are of high acuity which has influenced the high conversion rates throughout the last few months which is continuing. November conversion rate was 30.10% . 4 hour performance at WGH was 68.9%, a reduction of 6.45% on the previous month.</p> <p>Patient Flow across the system continues to be challenging and at WGH patients have remained bedded within the Emergency Department overnight. There were 135 12 hour trolley breaches that occurred in the month of November. When patients are bedded in the ED overnight this contributes to poor patient experience and flow is restricted within ED the following day because of limited space.</p> <p>We continue to receive a similar amount of ambulance conveyances in comparison to the previous 3 months which is around 30-40 per day, pre-covid numbers for WGH. In comparison to the same month last year this is only 25 conveyances less in month. We continue to have surges throughout the day with a large proportion of conveyances being in the late afternoon. We have recently taken part in the Trustwide Ambulance audit and will be receiving the outcomes from this to inform future improvement activity.</p>
Ownership:	Chief Operating Officer

4 Hour Performance	Nov-20	2020/2021
Bristol Royal Infirmary	64.8%	75.7%
Bristol Children's Hospital	92.9%	92.5%
Bristol Eye Hospital	98.2%	98.7%
Weston General Hospital	68.9%	81.3%

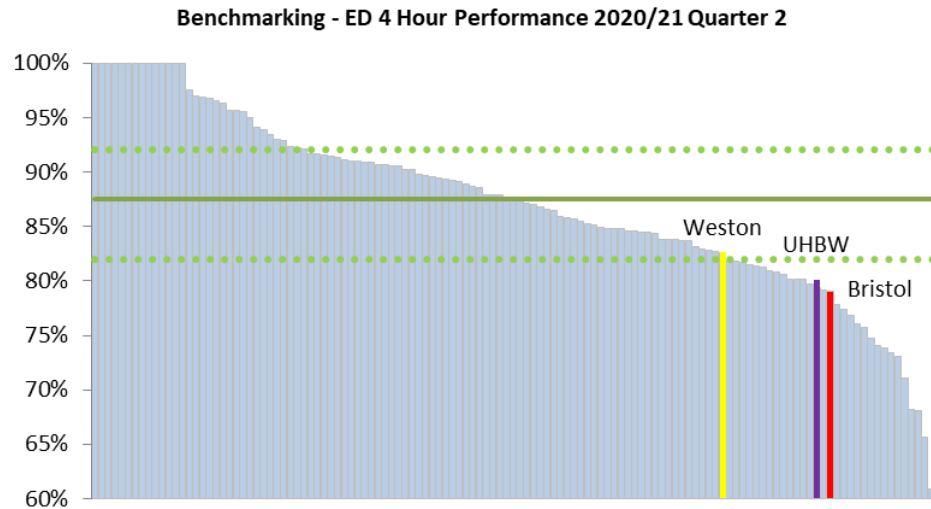
Total Attendances	Nov-20	2020/2021 Year To Date	2019 Monthly Average
Bristol Royal Infirmary	5,140	30,346	6,190
Bristol Children's Hospital	2,484	17,473	3,849
Bristol Eye Hospital	1,578	11,858	2,095
Weston General Hospital	3,011	22,494	4,258

Emergency Care – 4 Hour Standard

November 2020



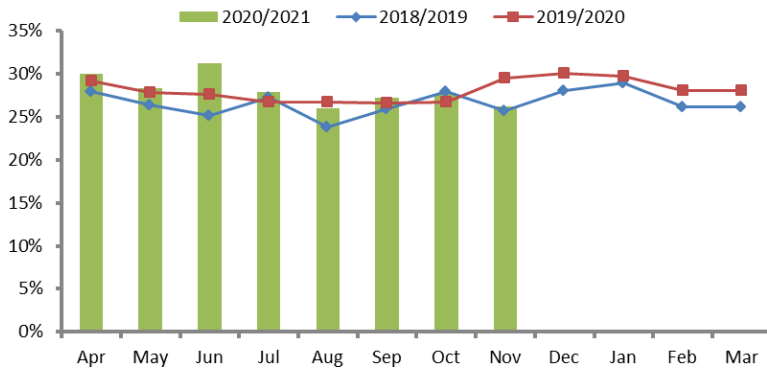
Note: Until last month, the above charts were Bristol data only up to March 2020 and then Weston was included from April; which was the month of the merger. However to make the trend data more meaningful, the above charts are now Bristol and Weston data for all months.



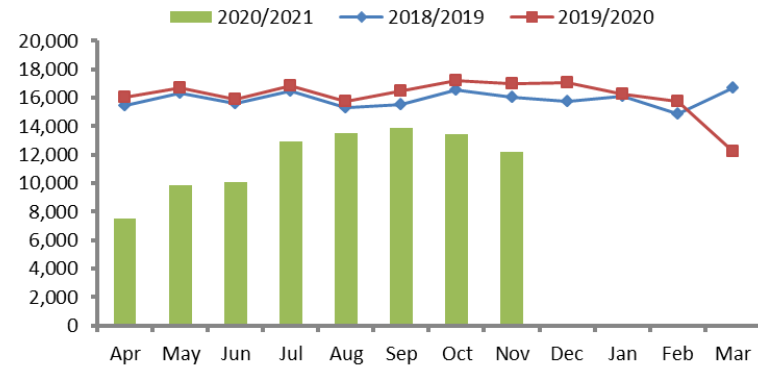
Emergency Care – Supporting Information

November 2020

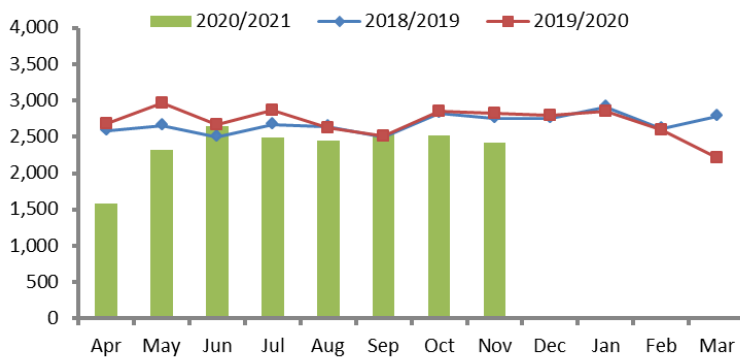
Percentage of Emergency BRI Spells - Patients Aged 75+



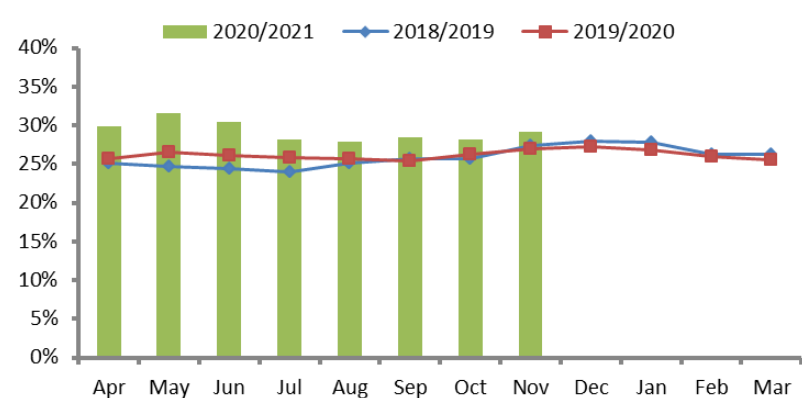
Emergency Department Attendances (UHBW)



Emergency Inpatient Activity (BRI Discharges)



Percentage of ED Attendances Resulting in Admission



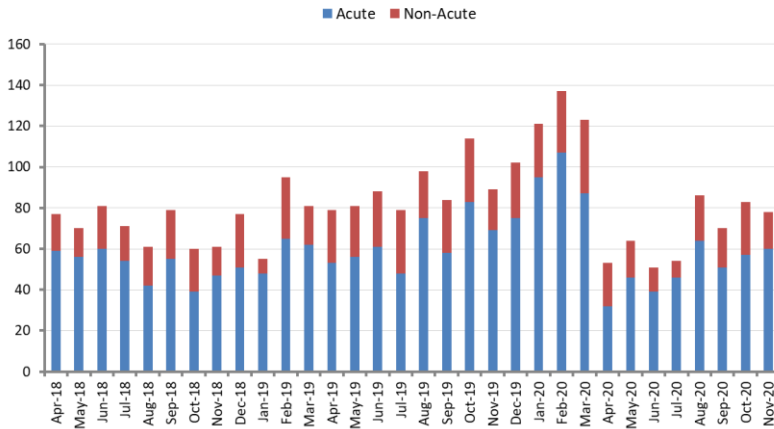
Delayed Discharges

November 2020

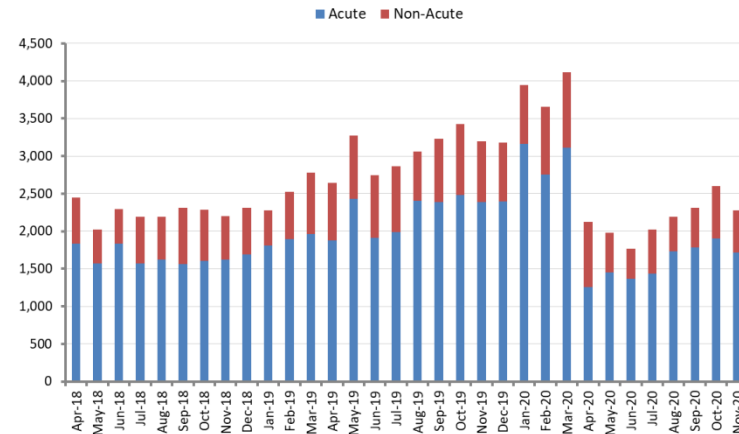
N/A No Standard Defined

Standards:	Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToC) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its “Green To Go” list. These are patients whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge. These are referred to as Medically Fit For Discharge (MFFD).
Performance:	Bristol Data: At the end of November, there were 78 Green To Go patients (including 18 at South Bristol, referred to as “Non Acute” in the charts below). During November there were 2,277 beddays occupied by Green To Go patients, which averages to 76 beds occupied per day.
Commentary:	The Integrated Discharge Service (IDS) managed 325 Single Referral Forms (SRF’s) in November 2020. 122 were for Pathway 1, 35 for Pathway 2 (including SBCH) and 33 for Pathway 3. 60 SRFs were managed for Other CCGs, including North Somerset and South Gloucestershire. There were 25 Continuing Health Care Fast Track Assessments completed. The IDS continues to collate, quality check and submit the daily COVID discharge SitRep, including an addition of a weekly submission for patients with a length of stay of over 7 days every Thursday.
Ownership:	Chief Operating Officer

Number of Patients, as at last Thursday in Month



Beddays "Lost" each month

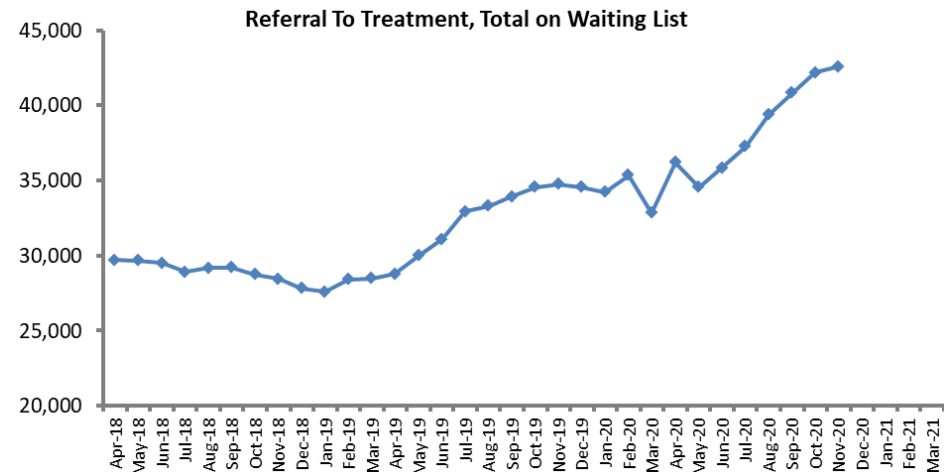
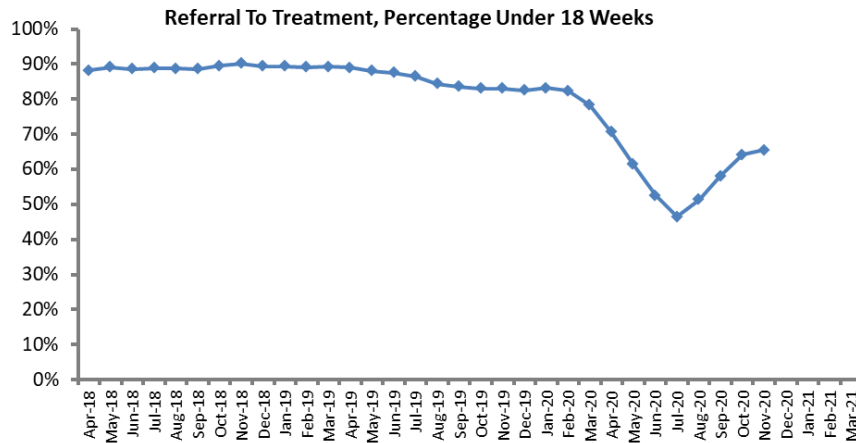


Referral To Treatment

November 2020

N Not Achieved

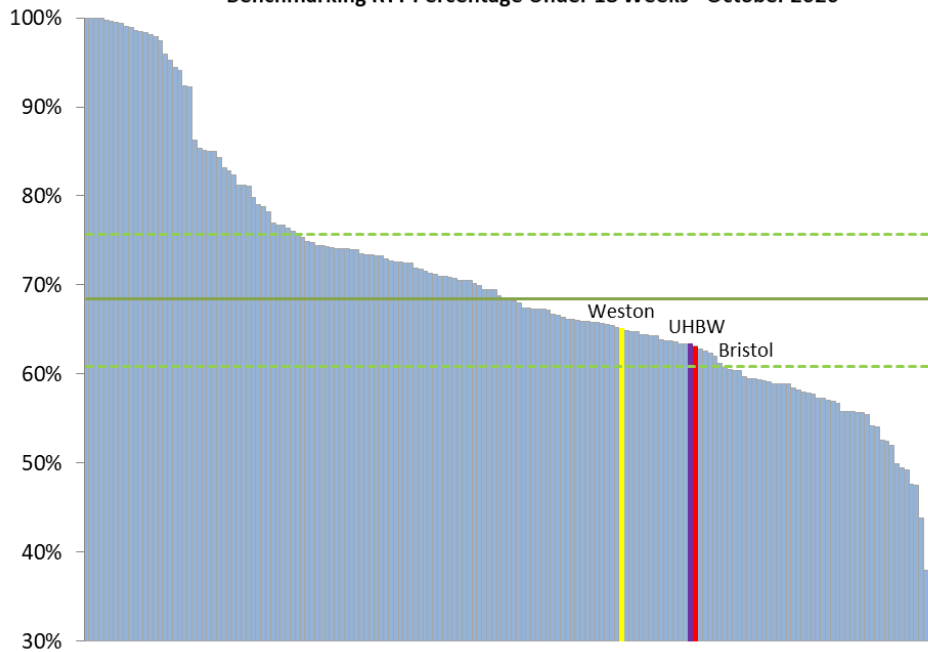
Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued guidance that Trusts should aim to reduce the overall waiting list size, with Trusts being expected to reduce from the end of January 2020 volume. The combined waiting list was 40,911 (34,229 at Bristol and 6,682 at Weston).
Performance:	At end of November, 65.6% of patients were waiting under 18 weeks. The total waiting list was 42,632. Note that the charts below are Bristol only to March 2020 and then Bristol and Weston combined from April.
Commentary:	<p>The focus of discussions with divisions and wider system partners is on restoring of activity through the Phase 3 planning process. This will involve demand management, ensuring full utilisation of the available capacity in the independent sector and full utilisation of the extra lists that have been arranged through waiting list initiatives.</p> <p>The largest increases in waiting list size, when comparing 31-Mar-20, are in Ophthalmology (2,710 increase), Adult General Surgery (540) and Adult Trauma & Orthopaedics (614 increase). There has also a reduction in the Dental list of 627 cases and 431 in Paediatrics.</p> <p>The largest volumes of 18 week backlog patients are in Bristol Dental (4,155 patients), Bristol Ophthalmology (1,996) and Bristol Paediatrics (1,747). Weston has 2,253 in the 18+ week backlog, which represents 15% of the overall UHBW 18+ week backlog.</p>
Ownership:	Chief Operating Officer



Referral To Treatment

November 2020

Benchmarking RTT Percentage Under 18 Weeks - October 2020



	Nov-20		
	Under 18 Wks	Total Waiting	Performance
Diagnostics and Therapies	41	41	100.0%
Medicine	3,783	4,319	87.6%
Specialised Services	3,032	4,502	67.3%
Surgery	12,635	21,154	59.7%
Weston	4,021	6,274	64.1%
Women's and Children's	4,436	6,342	69.9%
TOTAL	27,948	42,632	65.6%

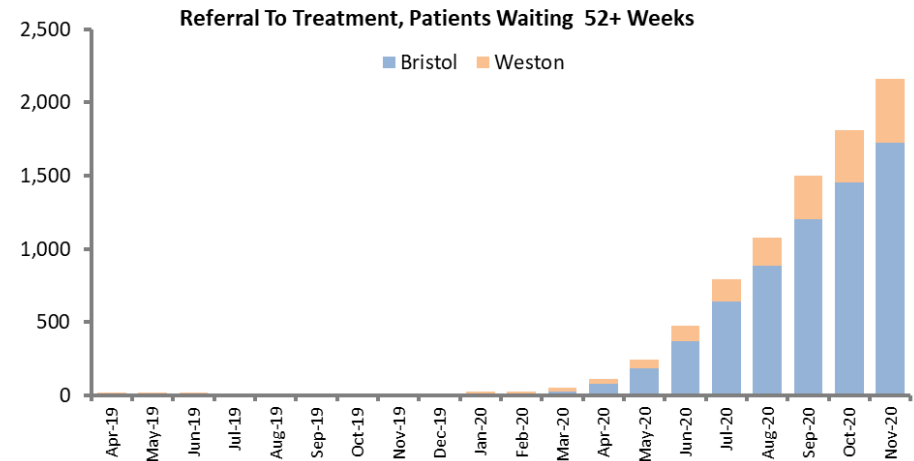
Referral To Treatment – 52 Weeks

November 2020

N Not Achieved

Standards:	No patient should wait longer than 52 weeks for treatment
Performance:	At end of November, 2,160 patients were waiting 52+ weeks.
Commentary:	<p>The majority of the potential 52 week breach patients that were dated prior to the Covid-19 pandemic were cancelled due to the need to free-up capacity for Covid patients. With these cancellations and those patients that continue to wait to be dated this has resulted in an unprecedented number of breaches; and continues to grow.</p> <p>The largest Bristol volumes are in Dental (608 patients), Paediatrics (284), General Surgery (226) and Cardiac (214). Weston reported 437 at the end of November.</p> <p>Clinical prioritisation of patients within this long waiting cohort has commenced, and patients will be offered dates based in order of priority. Offers of dates will be made for treatment in the independent sector or the additional capacity in place for the waiting list initiatives. NHS England, and local commissioners, have started to focus on patients waiting 78+ and 104+ week, as part of the drive to reduce the overall numbers waiting over a year. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list.</p>
Ownership:	Chief Operating Officer

	Nov-20		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	17	0	0
Specialised Services	256	1	0
Surgery	1,156	34	0
Weston	437	33	4
Women's and Children's	294	7	0
TOTAL	2,160	75	4



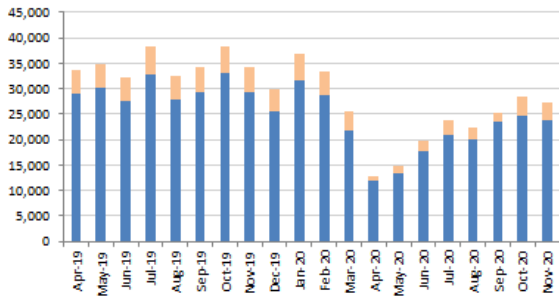
Elective Activity and Referral Volumes

November 2020

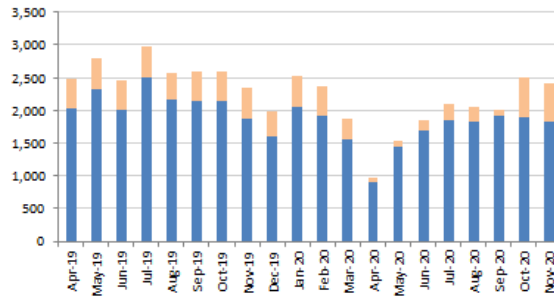
BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO NOVEMBER 2020

■ Bristol ■ Weston

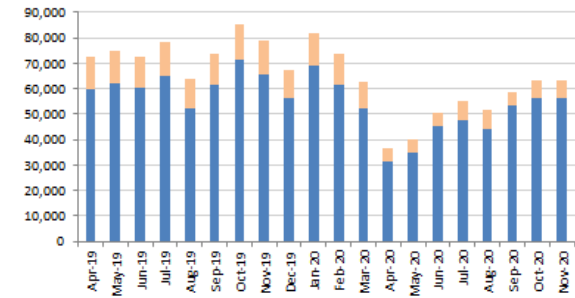
Outpatient Referrals (All)



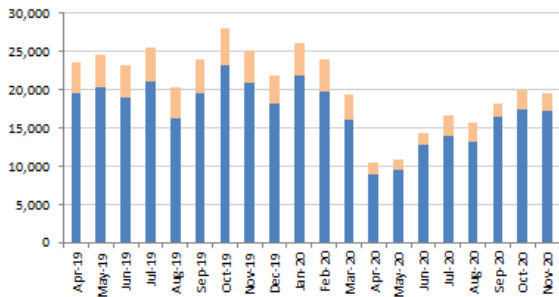
Outpatient Referrals (2 Week Wait)



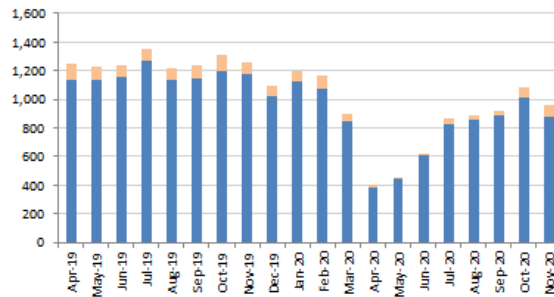
Outpatient Attendances (All)



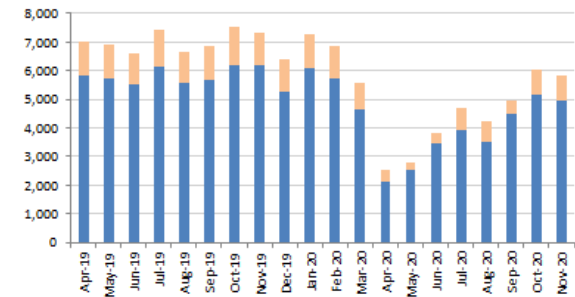
Outpatient Attendances (New)



Elective Inpatients



Elective Day Cases

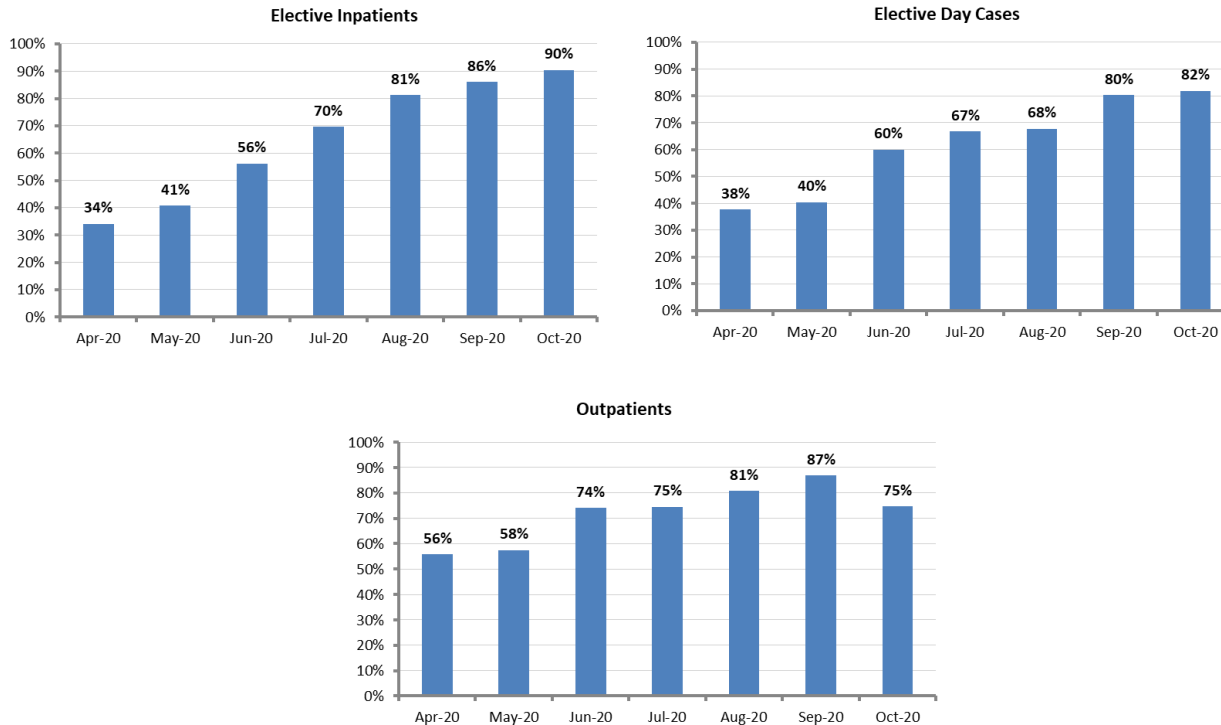


October 2020

As part of the Phase 3 planning process, NHS England are measuring “Business As Usual” percentages. This reports activity this year as a percentage of activity in the same month last year. So the August data below is August 2020 activity as a percentage of August 2019 activity.

Note that the Phase 3 planning data for November was not available in time for inclusion in this month’s report. November data will be provided next month, along with December’s data.

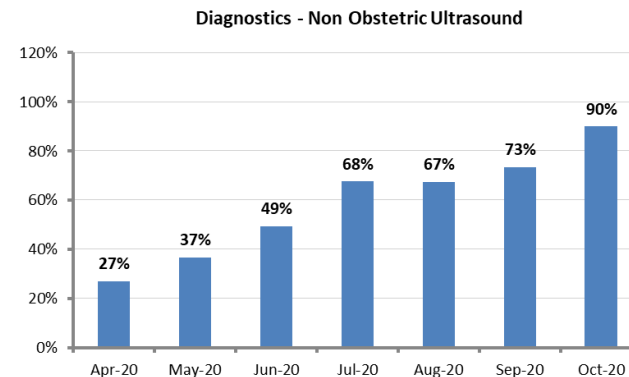
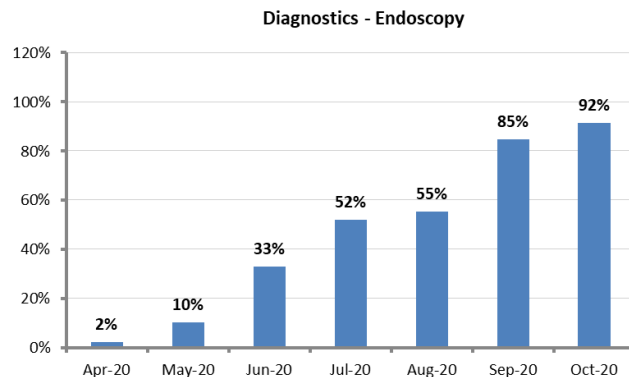
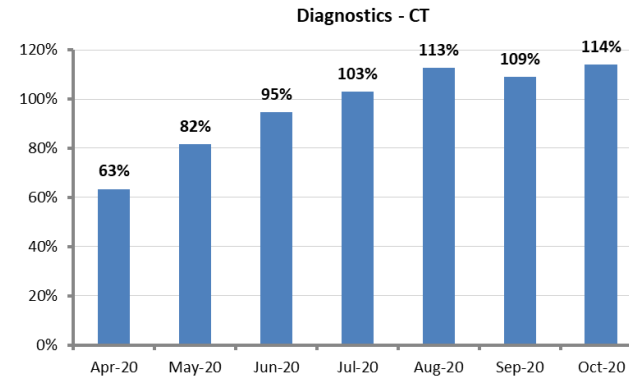
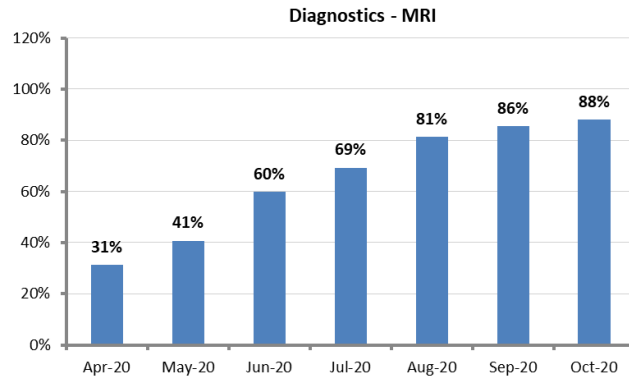
Business As Usual (BAU) Percentages.



October 2020

As part of the Phase 3 planning process, NHS England are measuring “Business As Usual” percentages. This reports activity this year as a percentage of activity in the same month last year. So the August data below is August 2020 activity as a percentage of August 2019 activity.

Business As Usual (BAU) Percentages.

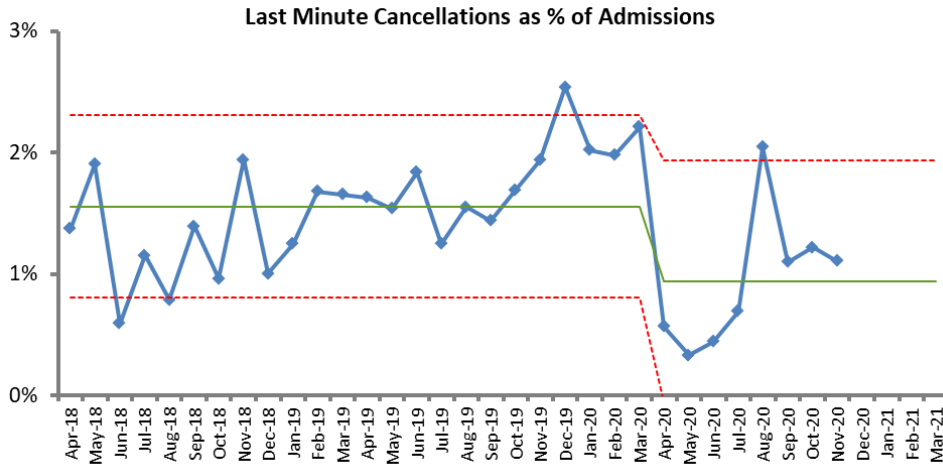


Cancelled Operations

November 2020

N Not Achieved

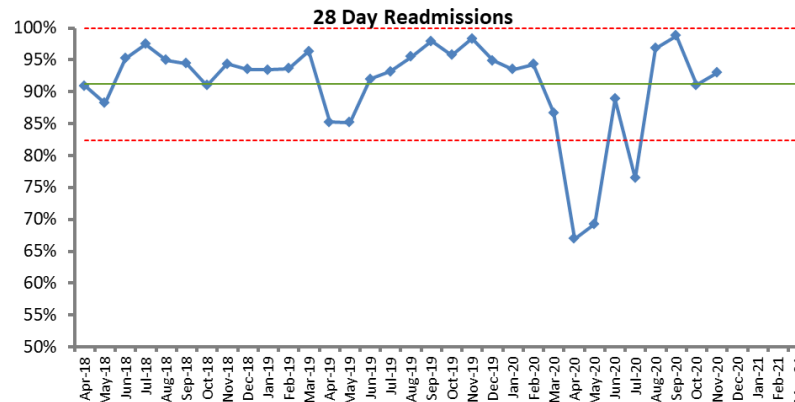
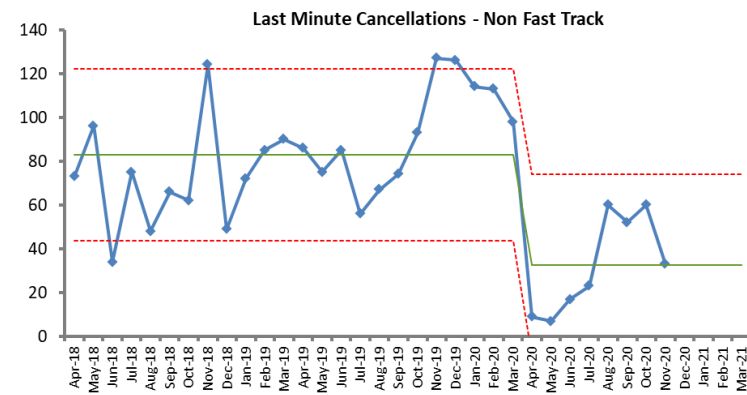
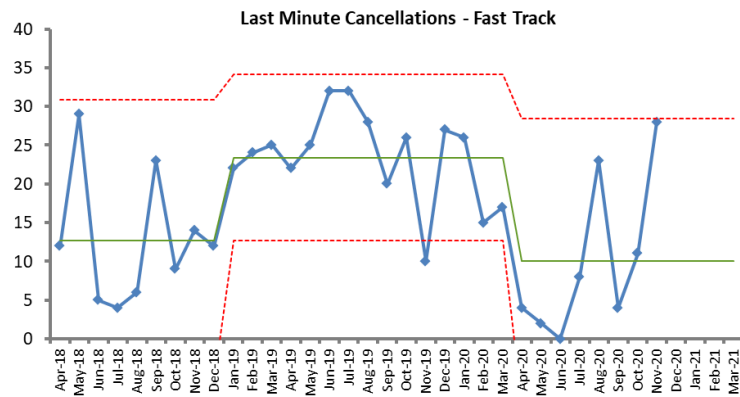
Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In November, there were 66 last minute cancellations, which was 1.1% of elective admissions. Of the 71 cancelled in October, 66 (93%) had been re-admitted within 28 days.
Commentary:	The significant reduction in elective activity due to Covid resulted in far fewer last minute cancellations in April through to July. August onwards has seen an increase. The most common cancellation reasons for September were “No Beds Available” (21), “No HDU Beds” (9) “Other Emergency Patient Prioritised” (6) and “No CICU Beds” (6). The Trust achieved 93% of last month’s LMCs being re-admitted within 28 days in October. National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data.
Ownership:	Chief Operating Officer



LAST MINUTE CANCELLATIONS	Nov-20	2020/2021
Diagnostics and Therapies	0	0
Medicine	2	8
Specialised Services	20	111
Surgery	34	157
Weston	5	15
Women's and Children's	5	65
TRUST TOTAL	66	356

November 2020

Bristol data only

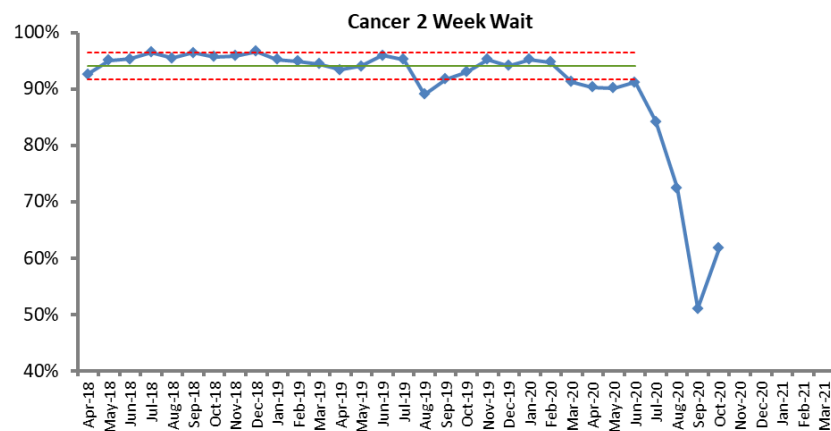


Cancer Two Week Wait

October 2020

N Not Achieved

Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For October, 61.8% of patients were seen within 2 weeks. This is combined Bristol and Weston performance.
Commentary:	The standard remains non-compliant due to the impact of the Covid-19 outbreak and the ongoing precautions to reduce the risk of infection. Compliance is forecast to improve significantly in November to >85% following the resolution of the capacity problems in dermatology. Patient choice, pre-procedure isolation requirements, and patients needing to isolate after potential Covid contacts continues to impact the standard. It is unlikely compliance with the standard will be regained until all social distancing and Covid related restrictions are lifted.
Ownership:	Chief Operating Officer



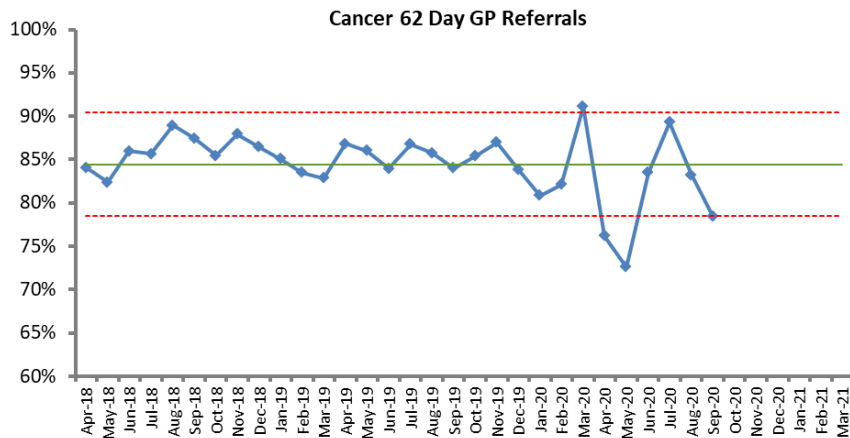
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	3	3	100.0%
Suspected children's cancer	15	16	93.8%
Suspected gynaecological cancers	167	174	96.0%
Suspected haematological malignancies excluding ac	12	12	100.0%
Suspected head and neck cancers	461	467	98.7%
Suspected lower gastrointestinal cancers	96	340	28.2%
Suspected lung cancer	21	21	100.0%
Suspected skin cancers	419	924	45.3%
Suspected testicular cancer	3	3	100.0%
Suspected upper gastrointestinal cancers	87	142	61.3%
Grand Total	1,332	2,157	61.8%

Cancer 62 Days

October 2020

N Not Achieved

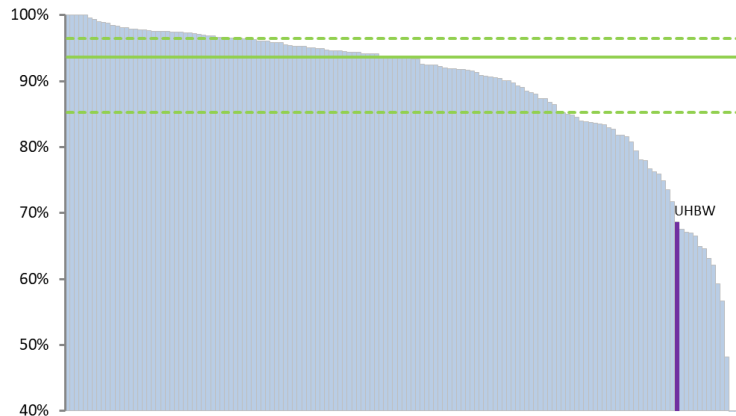
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For October, 81.9% of patients were seen within 62 days. This is combined Bristol and Weston performance.
Commentary:	The standard was non-compliant in October (81.9% against an 85% standard). All breaches for reasons within the Trust's control were due to the impact of the Covid pandemic, and several of those due to late referrals from other providers and patient choice will also have been affected by the outbreak. Clinical complexity or medical deferral were the most significant cause of breaches, with insufficient surgical capacity (due to the Covid outbreak impact) the second most significant. Patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.
Ownership:	Chief Operating Officer



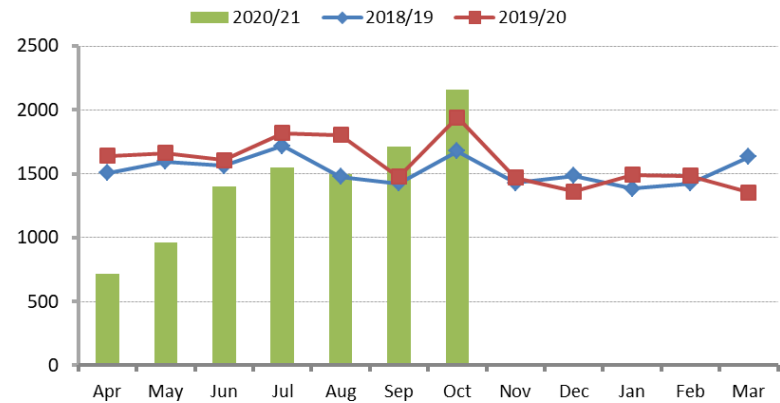
	Within Target	Total Pathways	Performance
Breast	5.5	5.5	100%
Gynaecological	7.5	11.5	65%
Haematological	7.0	11.0	64%
Head and Neck	9.0	10.0	90%
Lower Gastrointestinal	6.5	13.0	50%
Lung	12.5	13.5	93%
Other	0.5	0.5	100%
Sarcoma	0.0	0.5	0%
Skin	49.5	52.0	95%
Upper Gastrointestinal	9.5	13.0	73%
Urological	5.5	7.0	79%
Grand Total	113.0	137.5	82%

October 2020

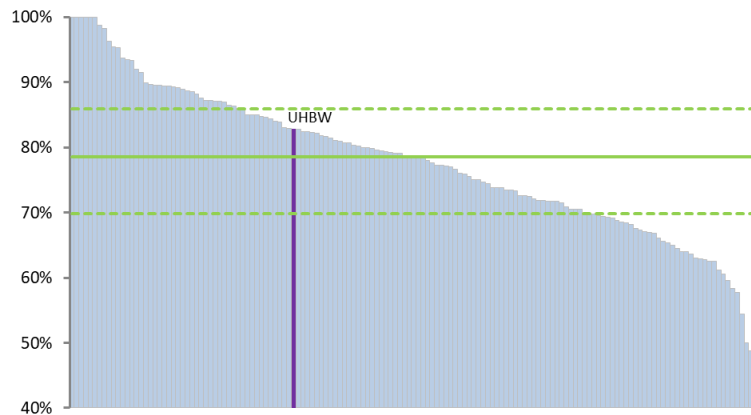
Benchmarking - 2 Week Wait Performance - 2020/21 Quarter 2



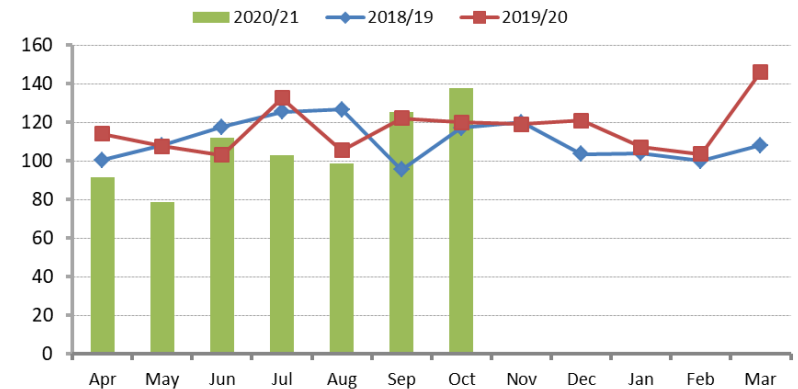
2 Week Wait - Patients Seen



Cancer 62 Day Performance - 2020/21 Quarter 2



62 Day - Patients Treated



Snapshot taken 13th December 2020

Standards:	This is not a constitutional standard but monitored by regulators in conjunction with the 62 day standard for cancer treatment after a GP referral for suspected cancer. Trusts are expected to have no patients waiting past day 104 on this pathway for inappropriate reasons (i.e. those other than patient choice or clinical reasons). The Trust has committed to sustaining <10 waiters for 'inappropriate' reasons.
Performance:	Prior to the Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons (i.e. those other than patient choice, clinical reasons, or recently received late referrals into the organisation). As at 13 th December 2020 there were two such waiters. This fell from a peak of 53 such waiters in early July. Total numbers of 104 day waiters have also continued to fall and as at 13 th December were below the pre-Covid baseline (February 2020) at 32.
Commentary:	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The 'second wave' and its impact is making this more challenging although currently the Trust has sustained the position and seen total numbers of 104 day waiters continue to fall. It is expected the total number of waiters (for any reason) will rise again due to the impact of the 'second wave', particularly on patient choice, which will not have been fully seen in the current figures yet due to the lag time involved (i.e. 104 days). Avoiding harm from any long waits remains a top priority and is closely monitored.
Ownership:	Chief Operating Officer

Cancer – Patients Waiting 62+ Days

Snapshot taken 13th December 2020

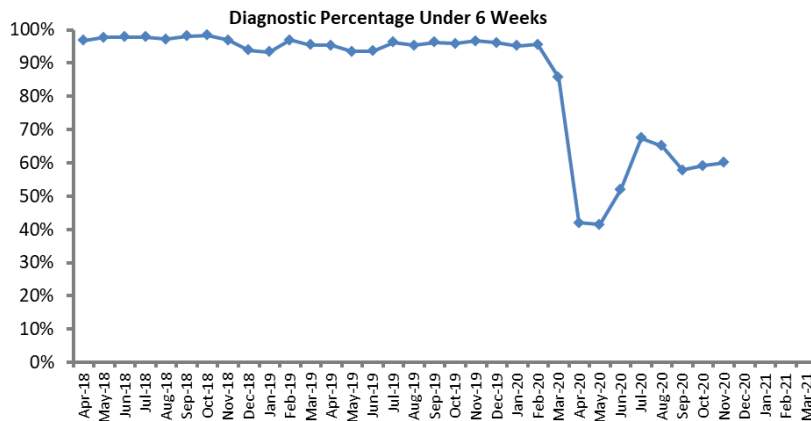
Standards:	<p>This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE have asked Trusts to return to 'pre-pandemic levels'. The exact measurement for this baseline has not been agreed by NHSE therefore the Trust is using the average weekly figures for February 2020 for internal monitoring .</p> <p>Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.</p>
Performance:	<p>During February 2020 the Trust had an average of 141 patients waiting >62 days on a GP suspected cancer pathway. As at snapshot date, this figure was 185, a modest decrease from the previous month. The Trust committed to maintaining the figures at or below 235, provided a 'second wave' of Covid with a significant impact on restrictions and services did not occur. As this second wave has occurred with a new national lockdown and increased pressure on the hospital, an increase above 235 is likely to be seen, largely due to increased levels of patient choice. Currently that has not been the case but it is important to note the natural lag time for impact early in the pathway to be seen in the figures (i.e. 62 days).</p>
Commentary:	<p>It is important to note that the majority of patients on a '62 day cancer pathway' (93%) will eventually have cancer ruled out. A greater proportion of patients waiting for longer periods will be non-cancer patients, as patients with greater clinical urgency will be prioritised and patients whose symptoms are mild (or have gone) are more likely to choose to wait. As such the number of waiters in this category is not necessarily an indicator of a significant problem with waiting times for cancer patients. The priority remains to ensure all patients waiting are safe and that avoidable delays (i.e. for capacity) are kept to a minimum.</p>
Ownership:	Chief Operating Officer

Diagnostic Waits

November 2020

N Not Achieved

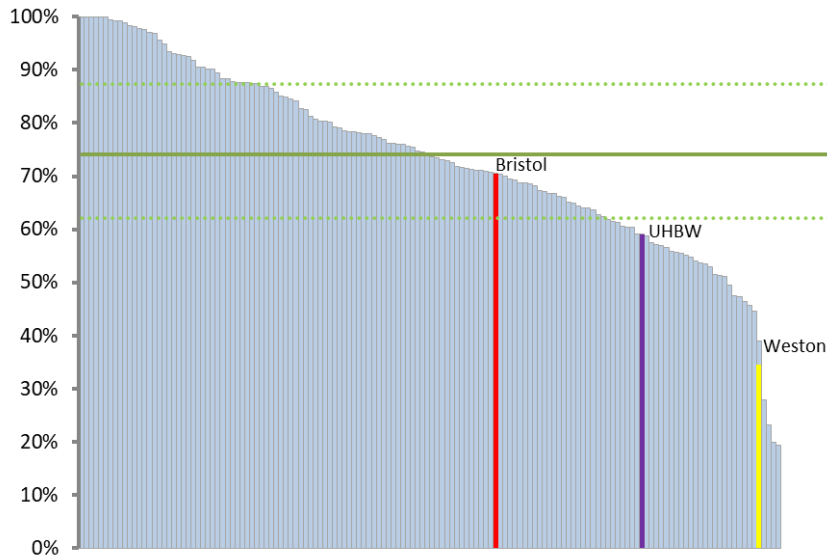
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of November, 60.1% of patients were waiting under 6 week, with 14,582 patients in total on the list. This is Bristol and Weston combined.
Commentary:	<p>Weston performance was only 40% in November. This was due to data quality issues following migration to the new Patient Administration System. Some records on the inpatient and outpatient waiting lists are missing key data that allows the Trust to identify the subset of patients that are diagnostic, as opposed to therapeutic. A decision was taken to over-report the diagnostic waiting list so patients are not missed, but for a period of time this will include patient who are not diagnostic. Weston's newly-established data Quality Improvement Group will resolve outstanding issues like this arising from the implementation of the new PAS.</p> <p>The Bristol position saw the percentage under 6 weeks rise from 66% at end of September, to 71% at the end of November.</p> <p>As part of the "Phase 3" planning round with commissioners and NHS England, Trusts have to develop plans to bring diagnostic activity back to 2019 levels ("Business As Usual") in four key diagnostic modalities: MRI, CT, Ultrasound and Endoscopy. As at October, CT is at 114%, MRI at 88%, Ultrasound at 67%, Ultrasound at 90% and Endoscopy at 92% of "Business As Usual" levels. Please refer to Page 33 for the summary.</p>
Ownership:	Chief Operating Officer



	Nov-20		
	Under 6 Wks	Total Pathways	Performance
Diagnosics and Therapies	4,860	5,549	87.6%
Medicine	104	160	65.0%
Specialised Services	1,134	2,218	51.1%
Surgery	483	1,432	33.7%
Weston	1,948	4,912	39.7%
Women's and Children's	232	311	74.6%
TOTAL	8,761	14,582	60.1%

November 2020

Benchmarking - Percentage Under 6 Weeks - October 2020



Bristol

	Under 6 Weeks	Total On List	% Under 6 Weeks	Over 13 Weeks
Audiology	262	262	100%	0
Colonoscopy	198	624	32%	305
CT	995	1135	88%	21
Cystoscopy	1	5	20%	0
DEXA Scan	213	292	73%	0
Echocardiography	846	1465	58%	11
Flexi Sigmoidoscopy	69	235	29%	133
Gastroscopy	231	663	35%	310
MRI	1721	2482	69%	362
Neurophysiology	106	107	99%	1
Sleep Studies	21	21	100.0%	0
Ultrasound	2,150	2,379	90.4%	8
TOTAL	6,813	9,670	70.5%	1,151

Weston

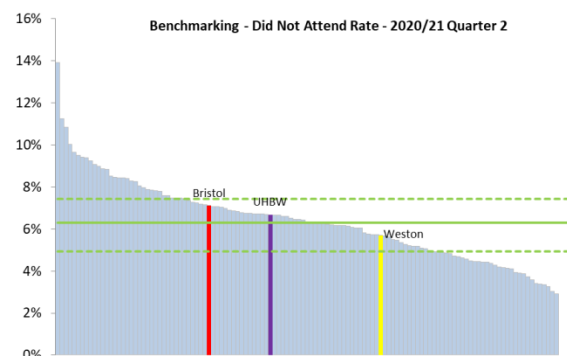
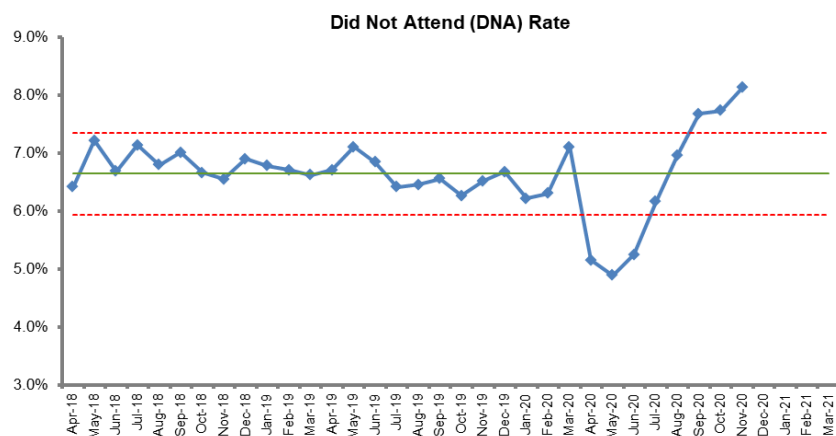
	Under 6 Weeks	Total On List	% Under 6 Weeks	Over 13 Weeks
Audiology	25	30	83%	1
Colonoscopy	64	935	7%	824
CT	128	137	93%	7
Cystoscopy	150	466	32%	237
DEXA Scan	97	413	23%	175
Echocardiography	229	243	94%	6
Flexi Sigmoidoscopy	38	239	16%	182
Gastroscopy	90	803	11%	655
MRI	381	391	97%	5
Ultrasound	746	1255	59%	75
TOTAL	1,948	4,912	39.7%	2,167

Outpatient Measures

November 2020

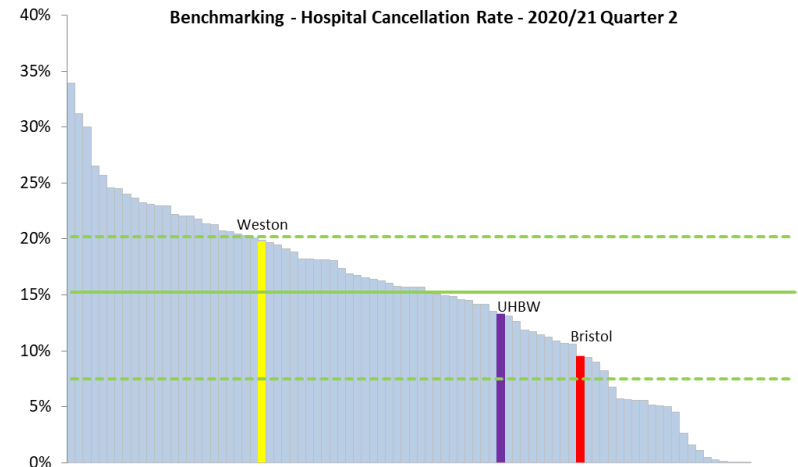
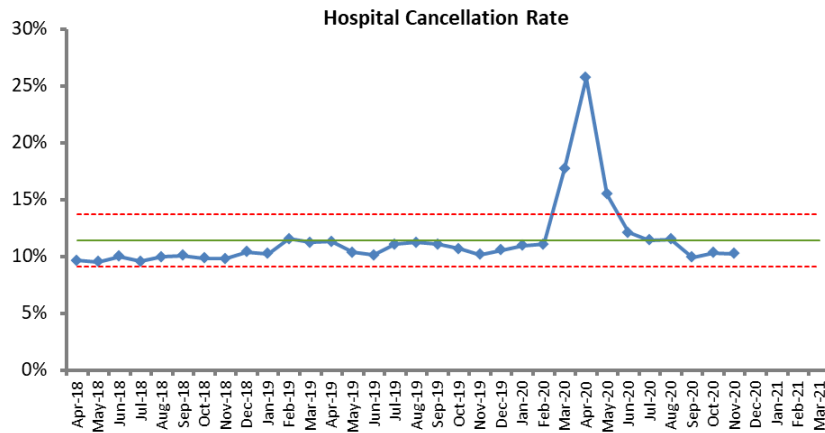
N Not Achieved

Standards:	The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The 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 November the DNA Rate was 8.1% across Bristol and Weston, with 5,610 DNA'ed appointments. The hospital cancellation rate was 10.3% with 9,607 hospital cancelled appointments
Commentary:	The exceptional Hospital Cancellation rate in May and June 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. In Sept (8.9%) Hospital Cancellation rates returned to pre-covid levels in November (9.3%) this trend can be seen to continue. September saw DNA Rates exceed normal limits 7.2% this trend continues in to November stabilising at 8.3%. The largest volumes were in Ophthalmology (989 DNAs, 10.4%) and Dental (786 DNAs, 12%). This will be monitored through Outpatient Steering Group to see changes in future months and assess causes.
Ownership:	Chief Operating Officer



	Nov-20	
	DNAs	DNA Rate
Diagnostics and Therapies	447	6.2%
Medicine	626	8.6%
Specialised Services	519	4.6%
Surgery	2,266	10.6%
Weston	569	7.0%
Women's and Children's	1,183	8.7%

November 2020



	Nov-20	
	Cancellations	Rate
Diagnostics and Therapies	653	7.2%
Medicine	1,177	11.5%
Specialised Services	2,390	15.4%
Surgery	1,865	6.4%
Weston	1,937	17.0%
Women's and Children's	1,585	8.7%

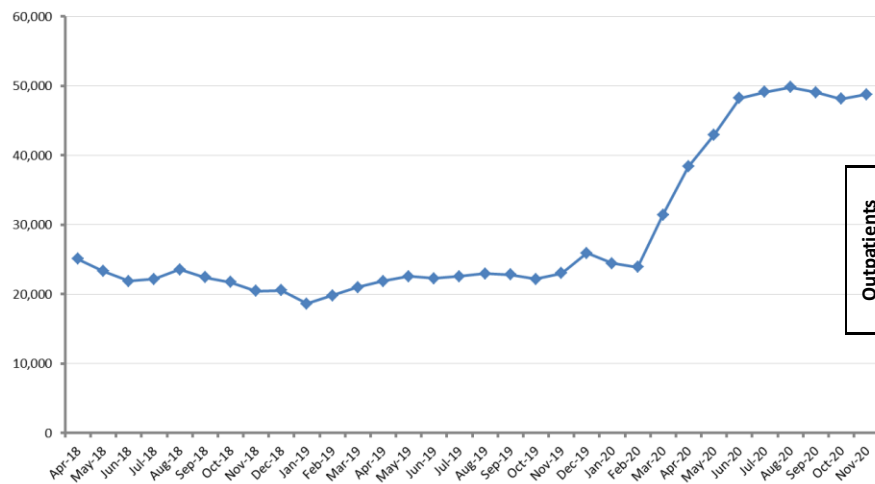
Outpatient Overdue Follow-Ups

November 2020

N Not Achieved

Standards:	This measure looks at referrals where the patient is on a “Partial Booking List” at Bristol, 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.
Performance:	Data for Bristol: Total overdue at end of November was 48,773 of which 5,274 were overdue by 9+ months.
Commentary:	As a result of the COVID -19 response there has been a loss of capacity in outpatients for follow up appointments, this is observed trust wide. Outpatient activity has increased to 84% of pre-covid levels, which is not sufficient to manage follow up backlog demand. Capacity is being focussed on the delivery of the most clinically urgent cases. The number of overdue follow-up patients at Bristol has risen by around 25,000 since January . That increase is predominantly in three specialties: 15,000 of that increase is in Ophthalmology, with 5,000 in Dental Services and 5,000 in Respiratory/Sleep Studies.
Ownership:	Chief Operating Officer

Referrals on Partial Booking - Total Overdue



		Bristol							
		Apr-19	Jul-19	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Nov-20
Outpatients Overdue by 9+ Months	Diagnostics and Therapies	0	0	0	0	0	3	3	1
	Medicine	4	4	5	27	208	162	976	1,531
	Specialised Services	181	323	503	619	555	293	373	420
	Surgery	264	450	630	1,052	1,371	1,805	2,713	3,100
	Women's and Children's	349	111	62	63	67	94	187	222
	TRUST TOTAL 9+ months	798	888	1,200	1,761	2,201	2,357	4,252	5,274

Mortality - SHMI

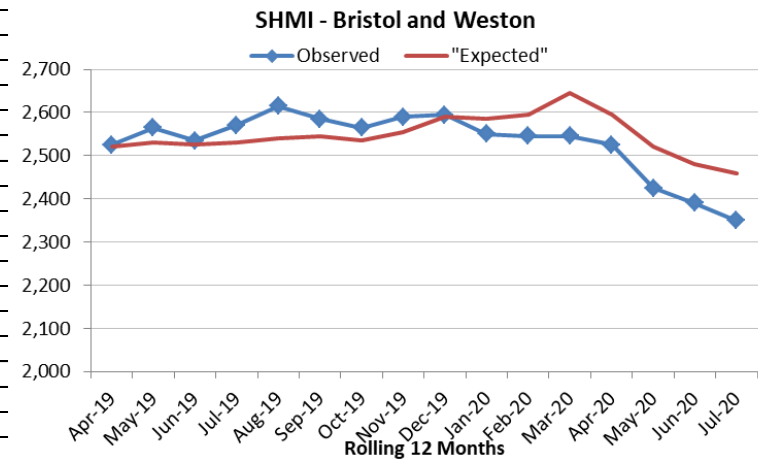
July 2020

A Achieved

Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. Each publication covers a rolling 12 months. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is “as expected”.
Performance:	Prior to March 2020, NHS Digital published data for Bristol and Weston separately. From the March 2020 data set, it was combined data. The Summary Hospital Mortality Indicator for 12 months to July 2020 was 95.5. This is in NHS Digital’s “as expected” category. This is lower than the overall national peer group of English NHS trusts of 100.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

Rolling 12 Month SHMI

	UHBW			Bristol			Weston		
	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI
Apr-19	2,525	2,520	100.2	1,750	1,645	106.4	775	875	88.6
May-19	2,565	2,530	101.4	1,755	1,650	106.4	810	880	92.0
Jun-19	2,535	2,525	100.4	1,730	1,650	104.8	805	875	92.0
Jul-19	2,570	2,530	101.6	1,755	1,655	106.0	815	875	93.1
Aug-19	2,615	2,540	103.0	1,765	1,660	106.3	850	880	96.6
Sep-19	2,585	2,545	101.6	1,720	1,670	103.0	865	875	98.9
Oct-19	2,565	2,535	101.2	1,705	1,665	102.4	860	870	98.9
Nov-19	2,590	2,555	101.4	1,720	1,690	101.8	870	865	100.6
Dec-19	2,595	2,590	100.2	1,720	1,715	100.3	875	875	100.0
Jan-20	2,550	2,585	98.6	1,685	1,715	98.3	865	870	99.4
Feb-20	2,545	2,595	98.1	1,665	1,720	96.8	880	875	100.6
Mar-20	2,545	2,645	96.2						
Apr-20	2,525	2,595	97.3						
May-20	2,425	2,520	96.2						
Jun-20	2,390	2,480	96.4						
Jul-20	2,350	2,460	95.5						



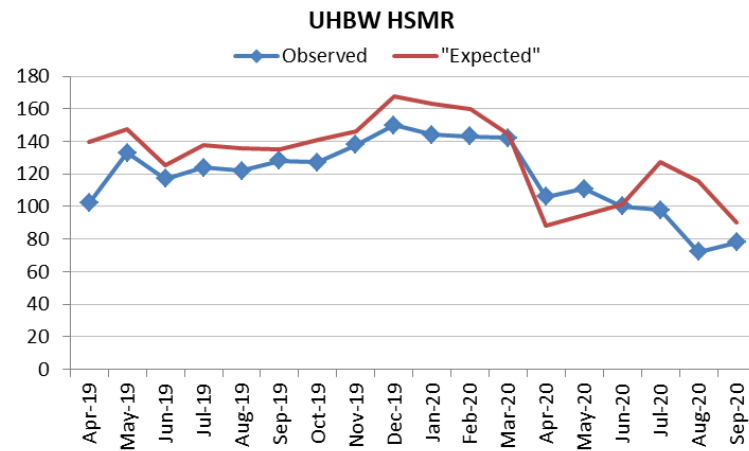
Mortality - HSMR

September 2020

A *Achieved*

Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR for UHBW for the solely the month of September 2020 is 86.4; this is below the comparative national peer value.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

	UHBW		
	Observed	"Expected"	HSMR
Apr-19	102	140	72.9
May-19	133	148	90.0
Jun-19	117	126	93.2
Jul-19	124	138	90.1
Aug-19	122	136	89.9
Sep-19	128	135	94.6
Oct-19	127	141	90.0
Nov-19	138	146	94.4
Dec-19	150	168	89.4
Jan-20	144	163	88.4
Feb-20	143	160	89.5
Mar-20	142	144	98.6
Apr-20	106	88	119.9
May-20	111	95	117.1
Jun-20	100	102	98.5
Jul-20	98	127	76.9
Aug-20	72	115	62.5
Sep-20	78	90	86.4

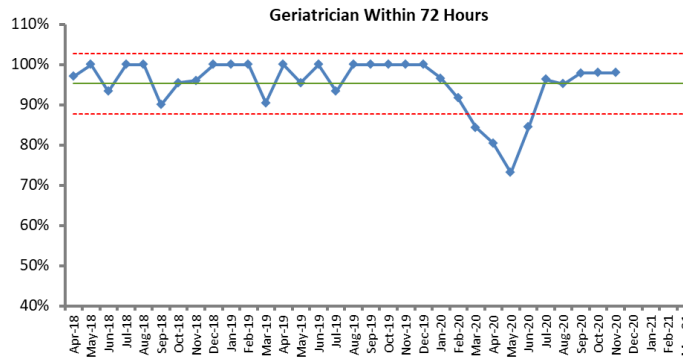
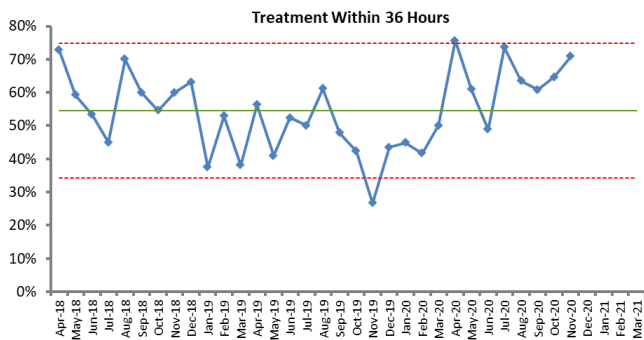


Fractured Neck of Femur (NOF)

November 2020

P Partially Achieved

Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours.
Performance:	In November, there were 48 fracture neck of femur discharges that were eligible for Best Practice Tariff (BPT) across Bristol and Weston (28 at Bristol and 20 at Weston). For the 36 hour target, 71% (34 patients) were seen with target. For the 72 hour target, 98% (47 patients) were seen within target. Therefore Sixteen patients (57%) received care that met all elements of the Best Practice Tariff.
Commentary:	<p>The new T&O consultants have now been in post for a few months so have settled into their roles. Job planning has been completed in order to change how we approach providing ward rounds, theatre sessions, fracture clinics and on call work. Alongside this, the AGM and Clinical Lead are actively involved in CCG led initiatives in order to work and communicate effectively with other T&O centres in the city.</p> <p>Actions:</p> <ul style="list-style-type: none"> The management teams covering Trauma and Orthopaedics for Weston and Bristol attend CCG led T&O recovery groups to identify recovery strategy. Clinical Lead to continue attendance at cross city T&O strategy talks. New “team” approach to on call has been implemented in September. This allows multi-specialism teams of consultants to be able to cover theatre, furthering our ability to complete fractured neck of femur surgery daily.
Ownership:	Medical Director



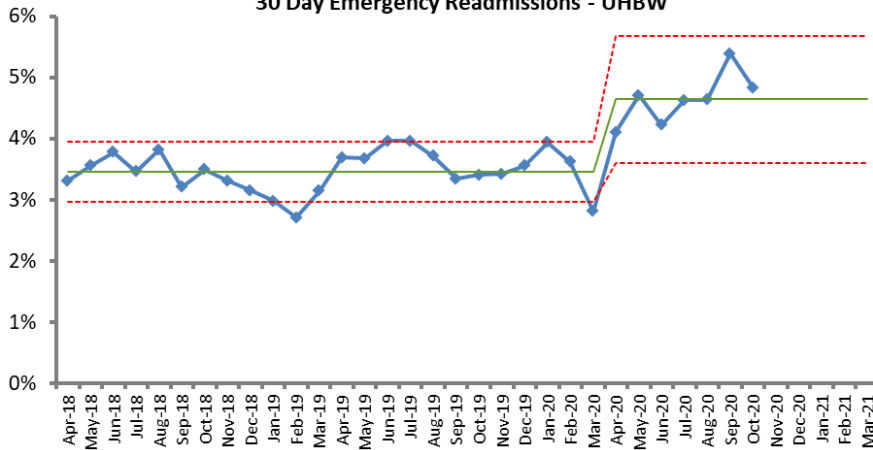
	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	28	17	61%	27	96%
Weston	20	17	85%	20	100%
TOTAL	48	34	71%	47	98%

October 2020

N Not Achieved

Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In October, there were 13,651 discharges, of which 658 (4.8%) had an emergency re-admission within 30 days. From April this is Bristol and Weston combined.
Commentary:	A review is underway to ascertain if Bristol and Weston readmission methodology is consistent across organisations. Bristol's readmission rate is currently 3.5% which is below the target levels.
Ownership:	Chief Operating Officer

30 Day Emergency Readmissions - UHBW



	Oct-20		
	Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	0	26	0.0%
Medicine	237	2,553	9.3%
Specialised Services	25	2,585	1.0%
Surgery	98	2,588	3.8%
Weston	251	2,031	12.4%
Women's and Children's	47	3,868	1.2%
TOTAL	658	13,651	4.8%

Workforce – Bank and Agency Usage

November 2020

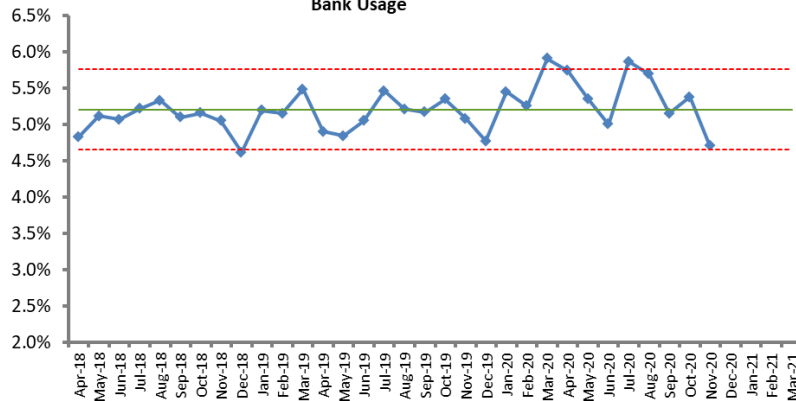
N Not Achieved

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In November 2020 total staffing was at 11165 FTE. Of this, 4.7% was Bank (676 FTE) and 2.0% was Agency (218 FTE).
Commentary:	<p>Bank usage increased by 48.1 FTE. There were increases in all divisions, with the largest divisional increase seen in Women’s and Children’s, increasing to 76.3 FTE compared to 61.9 FTE in the previous month.</p> <p>Agency usage increased by 22.6 FTE. There were increases in four divisions. The largest divisional increase was seen in Facilities and Estates, increasing to 28.6 FTE compared to 9.9 in the previous month. There were reductions in three divisions. The largest divisional reduction was seen in Weston, reducing to 65.1 FTE compared to 72.6 FTE in the previous month.</p> <ul style="list-style-type: none"> • The Bank Winter campaign is now live, with posters around the hospital, an innovative targeted social media drive and later in December, the campaign will be seen on supermarket shopping trollies across Bristol and Weston. • A further 56 appointments and reappointments have been made to the Trust Staff Bank in October across all staff groups, supporting the aim to reduce reliance on agency supply. • High cost non framework nurse agency supply increased further during November, due to a significant increase in operational pressures. • Procurement of an AHP neutral vendor model has been finalised with go-live of the new contract in December. This will support the drive to reduce agency spend and achieve improved cap price compliance.
Ownership:	Director of People

Workforce – Bank and Agency Usage

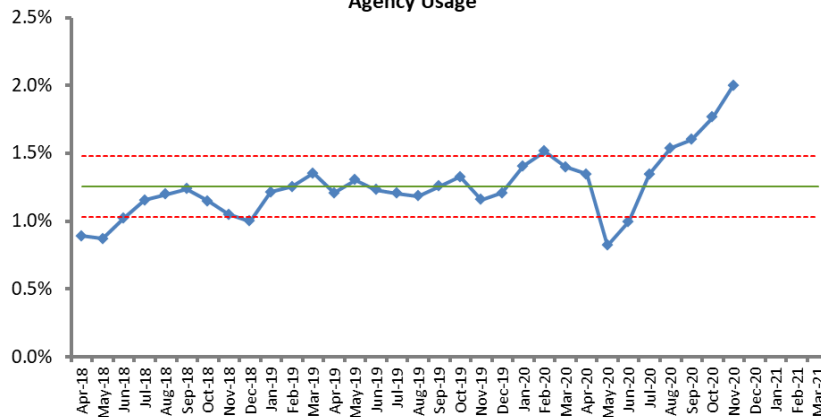
November 2020

Bank Usage



Bank	November FTE	November Actual %	KPI
UHBW NHS Foundation Trust	675.8	6.1%	4.7%
Diagnostics & Therapies	33.0	2.9%	1.3%
Medicine	153.4	10.7%	9.3%
Specialised Services	67.2	6.0%	6.1%
Surgery	84.5	4.5%	4.3%
Women's & Children's	76.3	3.5%	2.0%
Trust Services	31.5	2.97%	2.95%
Facilities & Estates	94.2	9.8%	6.7%
Weston	135.8	9.8%	6.1%

Agency Usage



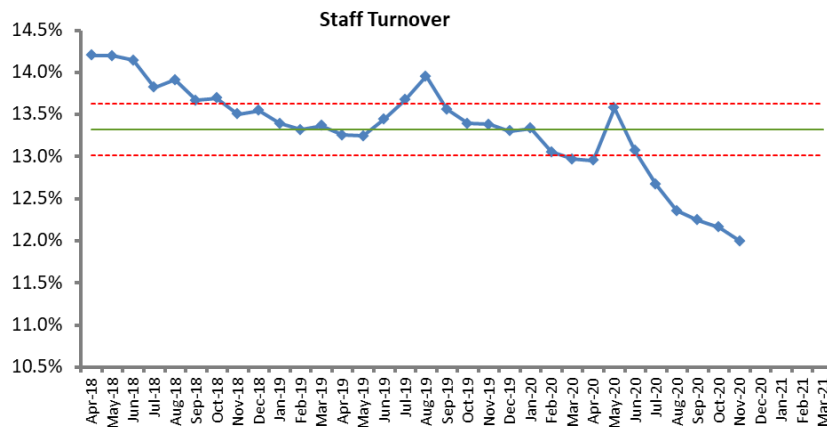
Agency	November FTE	November Actual %	KPI
UHBW NHS Foundation Trust	218.2	2.0%	1.5%
Diagnostics & Therapies	1.0	0.1%	1.0%
Medicine	74.6	5.2%	1.5%
Specialised Services	12.9	1.2%	0.8%
Surgery	23.7	1.25%	1.27%
Women's & Children's	12.3	0.6%	0.8%
Trust Services	0.0	0.0%	0.2%
Facilities & Estates	28.6	3.0%	0.2%
Weston	65.1	4.7%	5.1%

Workforce – Turnover

November 2020

Y Achieved

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In November 2020, there had been 1043 leavers over the previous 12 months, with 8672 FTE staff in post on average over that period; giving a turnover of $1043 / 8672 = 12.0\%$.
Commentary:	<p>Turnover remained reduced to 12.0% compared with 12.2% in the previous month. Six divisions saw reductions whilst two divisions saw increases in turnover in comparison to the previous month.</p> <p>The largest divisional reduction was seen within Weston, reducing to 18.3% from 18.9% the previous month. Facilities and Estates had the largest divisional increasing, rising from 14.3% to 14.5%.</p> <ul style="list-style-type: none"> ▪ Ongoing involvement with the STP cross System Retention programme continues, with a particular focus over the next couple of months on flexible working. ▪ Although staff turnover has reduced, there has been a reduction in the responses received from the online Exit Interview Survey. Early in the New Year, a full review of the Exit Process will be undertaken in order to realise the positive improvements previously seen.
Ownership:	Director of People



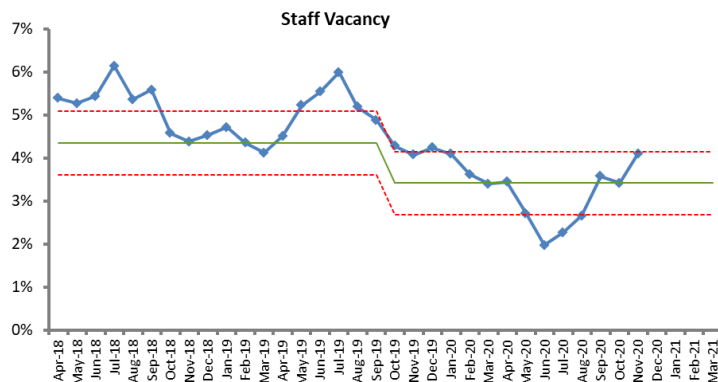
Turnover	Nov-20	KPI
UHBW NHS Foundation Trust	12.0%	13.1%
Diagnostics & Therapies	9.3%	12.3%
Medicine	13.7%	14.9%
Specialised Services	12.7%	13.4%
Surgery	11.1%	13.4%
Women's & Children's	10.2%	10.5%
Trust Services	8.2%	12.7%
Facilities & Estates	14.5%	12.9%
Weston	18.3%	15.4%

Workforce – Vacancies

November 2020

Y Achieved

Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In November 2020, funded establishment was 10,710 FTE, with 439 FTE as vacancies (4.1%).
Commentary:	<p>Overall vacancies increased to 4.1% compared to 3.4% in the previous month.</p> <p>The largest divisional reduction was seen in Surgery, where vacancies reduced to 64.5 FTE from 80.8 FTE the previous month.</p> <p>The largest divisional increase was seen in Women's and Children's, where vacancies increased to -17.6 FTE from -51.1 FTE the previous month, therefore reducing the divisional over-establishment.</p> <p>The over-establishment within the division of Women's and Children's has the effect of lowering the overall total vacancy position for the Trust.</p> <ul style="list-style-type: none"> Locum Consultant offers are in place for two hard-to-fill roles - Gastroenterology (expected to start early Feb 21) and Respiratory (expected to start Mar 21) in Weston. The TNA Apprenticeship Programme generated positive interest from experienced NAs throughout the Trust. Following a second assessment centre, in partnership with UWE, 20 successful candidates have now been identified for the March 2021 cohort. Ongoing focus to recruit NA's Trust-wide with 67 appointed so far. Fast track recruitment is in place to get staff in post as quickly as possible to ease operational pressures. An investment case, submitted to the Integration Partnership Board (IPB) to support funding for various recruitment and retention initiatives in Weston, has been approved. Addressing the challenges in filling the ED Consultant role in the Weston Division, promotion of a 50/50 Bristol & Weston cross-site working post is being finalised, with a media plan in place to promote the vacancy.
Ownership:	Director of People



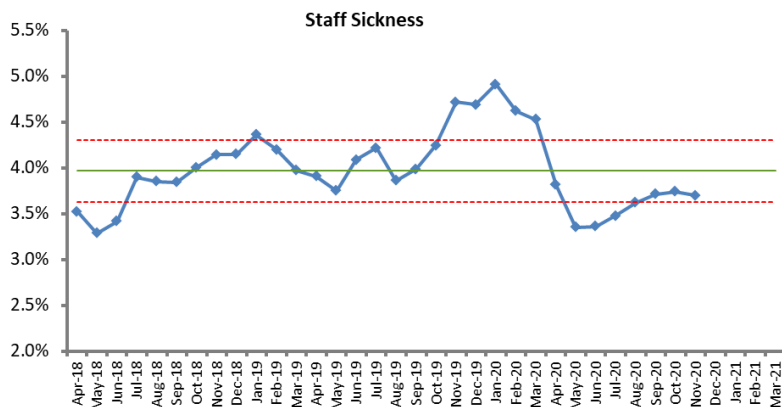
Vacancy	Nov-20	KPI
UHBW NHS Foundation Trust	4.1%	5.6%
Diagnostics & Therapies	2.6%	5.5%
Medicine	4.7%	6.5%
Specialised Services	4.4%	5.5%
Surgery	3.5%	4.5%
Women's & Children's	-0.8%	1.0%
Trust Services	1.0%	4.9%
Facilities & Estates	10.2%	9.1%
Weston	11.2%	10.9%

Workforce – Staff Sickness

November 2020

Y Achieved

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In November 2020, total available FTE days were 307,832 of which 11,362 (3.7%) were lost to staff sickness.
Commentary:	<p>Sickness absence remained static at 3.7% compared with the previous month, based on updated figures for both months. This does NOT include Medical Suspension reporting.</p> <p>There were increases within two divisions. The largest divisional increase was seen within Facilities and Estates, increasing by 0.4 percentage points to 5.77% from 5.3% the previous month. There were reductions within six divisions. The largest divisional reduction was seen within Diagnostics and Therapies, reducing to 2.7% from 3.2% the previous month. In the division of Women’s and Children’s sickness remained static at 3.2%. Medical Suspension continues to be the method used to record Covid-19 absences. During November, 3.17% of available FTE was lost to Medical Suspension compared to 1.6% the previous month: 0.74% Covid-19 Sickness, 2.43% Covid-19 Isolation/Shielding.</p> <ul style="list-style-type: none"> A new e-learning session has been launched which aims to upskill managers to better support wellbeing in their teams. This is available in both Bristol & Weston, and attendance data will be fed back to Divisions monthly. The Trust’s Influenza Vaccination Programme as at 9th December has seen 6,785 (79.5%) Frontline HealthCare Workers (FHCW) and 1,248 (32%) non-FHCW’s receiving a flu vaccination across the organisation. Absence management continues to be a key focus, with HR Services supporting managers. There has been an increase in absence relating to ‘long covid’ with staff being supported in conjunction with Occupational Health.
Ownership:	Director of People



Sickness	Nov-20	KPI
UHBW NHS Foundation Trust	3.7%	4.1%
Diagnostics & Therapies	2.7%	3.2%
Medicine	4.1%	4.5%
Specialised Services	2.9%	3.3%
Surgery	4.1%	4.0%
Women’s & Children’s	3.2%	3.9%
Trust Services	2.9%	4.0%
Facilities & Estates	5.7%	6.8%
Weston	4.3%	4.1%

Workforce – Appraisal Compliance

November 2020

N Not Achieved

Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In November 2020, 6,891 members of staff were compliant out of 10,247 (67.2%).
Commentary:	<p>Overall appraisal compliance increased to 67.2% from 66.4% compared to the previous month. All divisions are non-compliant. There were increases in five divisions, the largest increase seen within Facilities and Estates, increasing to 73.2% from 70.9% the previous month. The largest divisional reduction was seen within Specialised Services, reducing to 80.4% from 81.5% the previous month. Appraisal recovery has in the last month focussed on:</p> <ul style="list-style-type: none"> • The development of the revised on-line appraisal form in response to stakeholder feedback. It is planned to go live in Weston as a pilot within Finance in the first instance • Plans for the system upload in January 2021 • A new managers' guide on the new form is being developed to support effective implementation.
Ownership:	Director of People

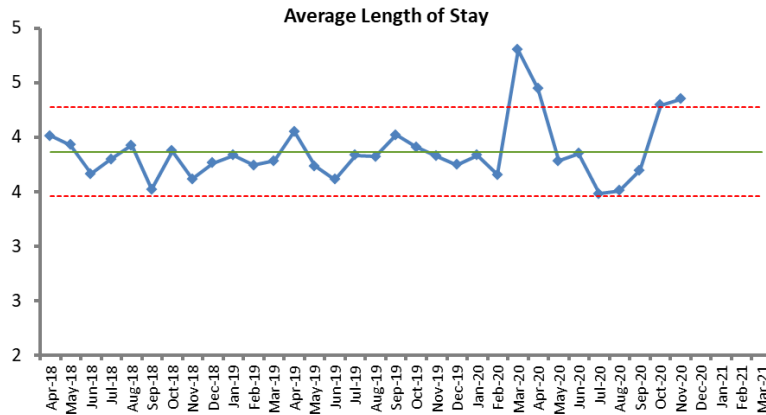
Appraisal (Non-Consultant)	Nov-20	Oct-20	KPI
UHBW NHS Foundation Trust	67.2%	66.4%	85.0%
Diagnostics & Therapies	70.4%	70.0%	85.0%
Medicine	56.0%	55.1%	85.0%
Specialised Services	80.4%	81.5%	85.0%
Surgery	51.5%	49.3%	85.0%
Women's & Children's	68.8%	66.8%	85.0%
Trust Services	67.1%	67.7%	85.0%
Facilities & Estates	73.2%	70.9%	85.0%
Weston	77.9%	78.0%	85.0%

Average Length of Stay

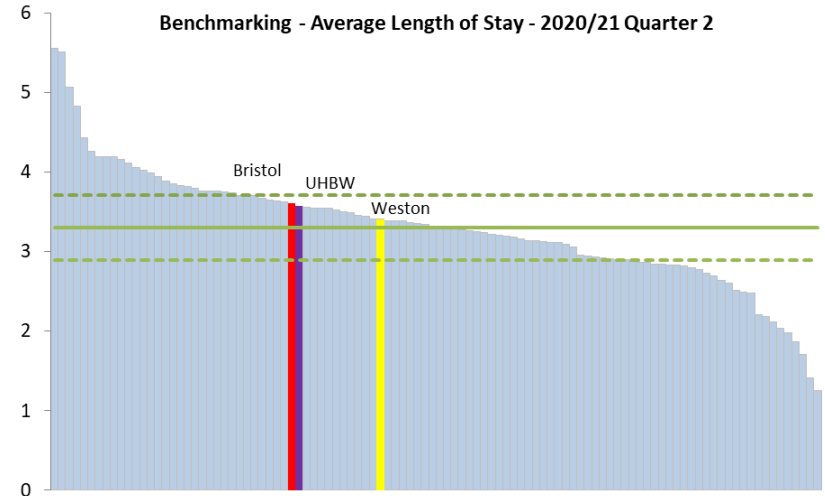
November 2020

N/A No Standard

Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In November there were 6,690 discharges at UHBW with an average length of stay of 4.35 days.
Commentary:	Current assumptions around length of stay are being reviewed as part of the pathway reconfigurations resulting from the Covid pandemic.
Ownership:	Chief Operating Officer



	Nov-20
Medicine	5.20
Specialised Services	7.17
Surgery	3.53
Weston	5.90
Women's and Children's	2.65



November 2020

Performance to NHSI Plan	Plan to date £m	Actual to date £m	Variance to date favourable/ (adverse) £m
Income from Activities	508.322	511.863	3.541
Income from Operations	87.116	89.210	2.094
Employee Expenses	(366.969)	(366.983)	(0.014)
Other Operating Expenses	(202.319)	(207.545)	(5.226)
Depreciation (owned & leased)	(18.985)	(18.951)	0.034
PDC	(7.838)	(7.837)	0.001
Interest Payable	(1.573)	(1.558)	0.015
Interest Receivable	0.001	0.001	0.000
Reported Financial performance	(2.245)	(1.800)	0.445
Depreciation (donated)	(1.257)	(1.258)	(0.001)
Donated Income	0.238	0.307	0.069
Surplus/(deficit)	(3.264)	(2.751)	0.513

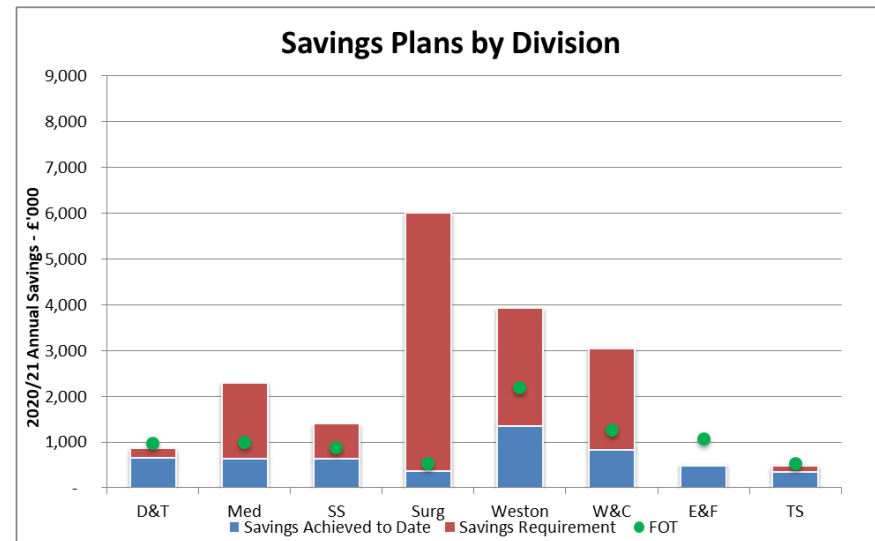
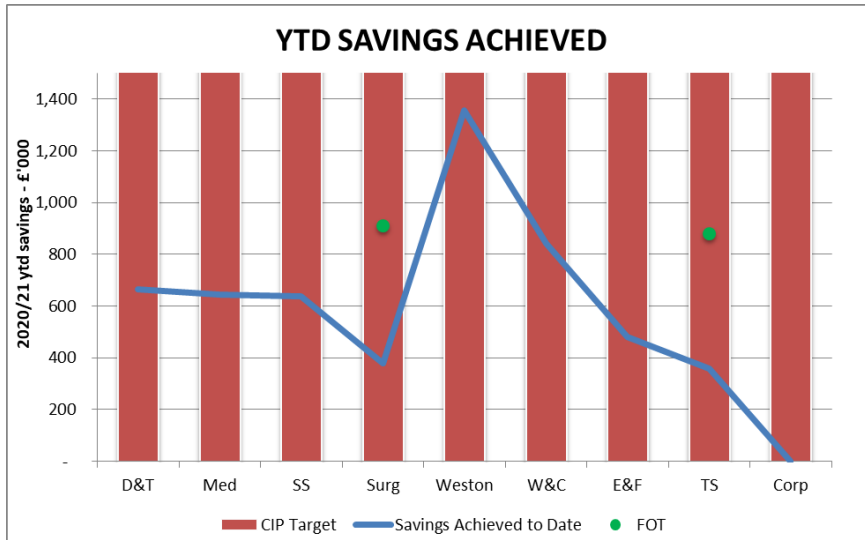
November 2020

Budgets are being adjusted from month 7 to take account of the new financial regime and plan submitted for the remainder of the year. This work is ongoing and so Divisional variance is not reported at month 8 (November).

COVID variance here includes income losses that are not included on the NHSI returns as are matched through the true up process

Year to Date COVID Spend/ Income Loss £'000										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates	Trust Services	Other	Total
Nursing & Midwifery	(6)	(2,287)	(550)	(665)	(841)	(1,340)	0	(120)	(176)	(5,985)
Medical & Dental Pay	(16)	(777)	(265)	(1,046)	(455)	(720)	0	(114)	(23)	(3,416)
Other Pay	(411)	(77)	(107)	(126)	(240)	(70)	(288)	(199)	(11)	(1,529)
Non Pay	(395)	(2,285)	(308)	(1,188)	(1,012)	(145)	(1,033)	(3,336)	(7)	(9,712)
Income from Activities	0	0	0	0	0	(235)	0	0	(13)	(248)
Income from Operations	(39)	0	(147)	0	(616)	0	(1,046)	(128)	0	(1,976)
Total	(867)	(5,426)	(1,377)	(3,025)	(3,164)	(2,510)	(2,367)	(3,897)	(230)	(22,866)

November 2020



Care Quality Commission Rating - Bristol

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 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

Care Quality Commission Rating - Weston

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>

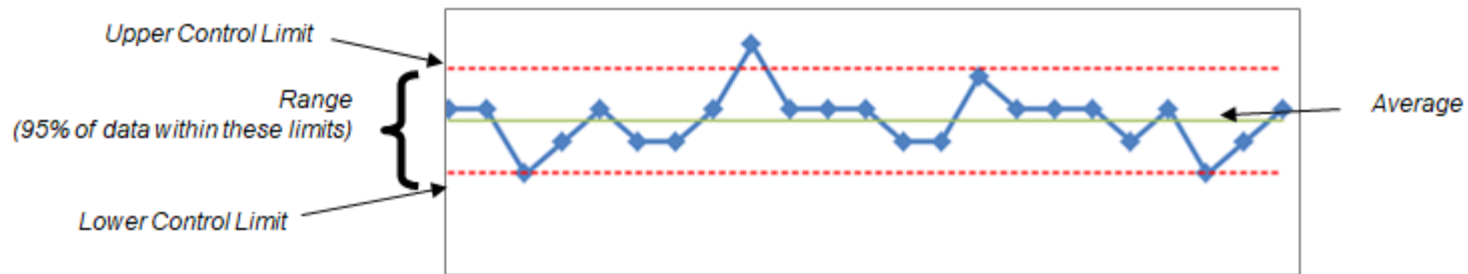
The overall rating was REQUIRES IMPROVEMENT, and the breakdown by category is shown below:

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.

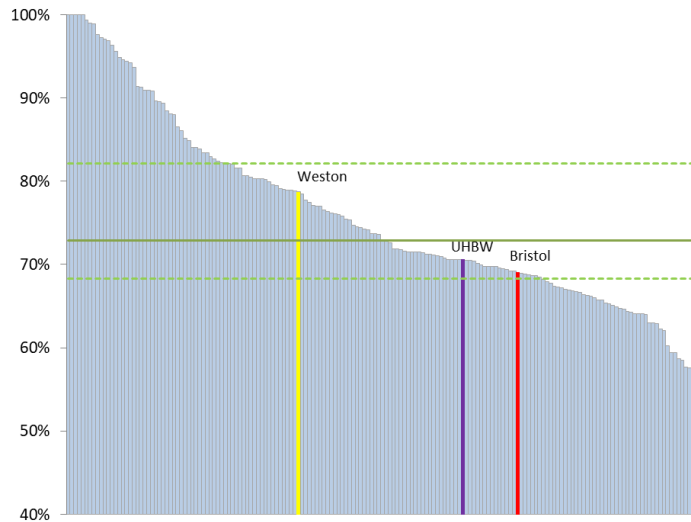
In the previous sections, some of the metrics are being presented using Statistical Process Control (SPC) charts. An example chart is shown below



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 "control 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, changes to flow, patient choice or demand changes; they do not occur by chance.

In the previous sections, some of the metrics have national benchmarking reports included. An example is shown below:



Each vertical, light-blue bar represents one of the (approx.) 140 acute Trusts in England.

The horizontal solid green line is the median Trust performance, i.e. 50% of the Trusts are above this line and 50% are below.

The horizontal dotted green lines are the upper and lower quartile Trust performance, i.e.

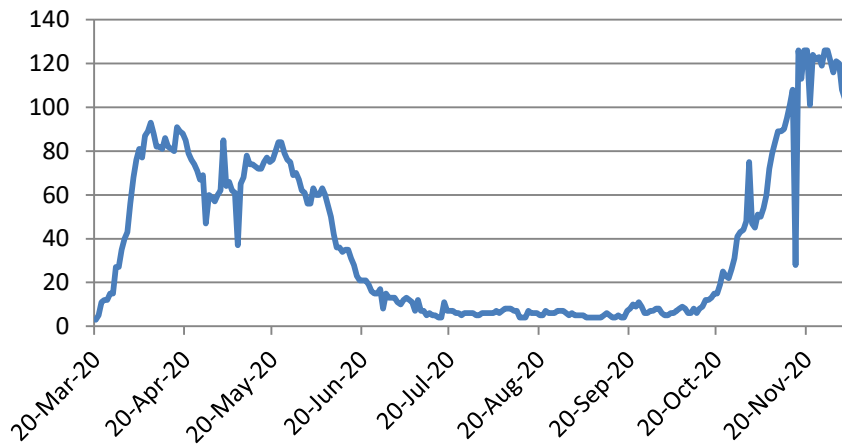
- 25% of Trusts are above the Upper Quartile line and 75% are below.
- 25% of Trusts are below the Lower Quartile line and 75% are above.

The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

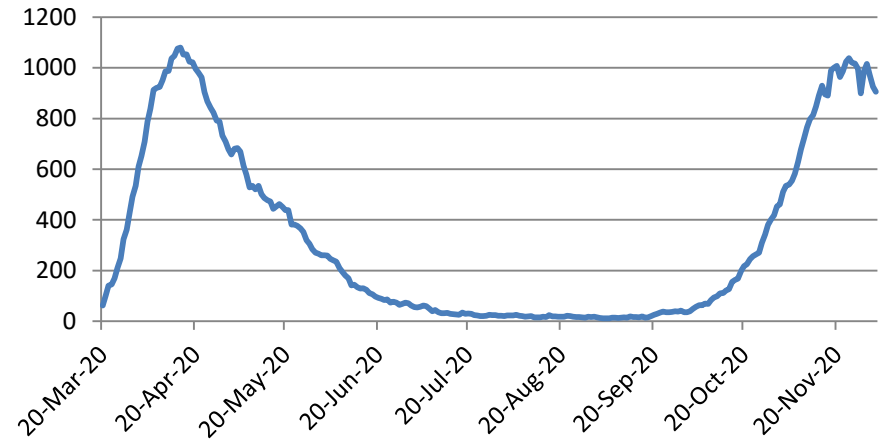
Appendix – Total beds - occupied by confirmed COVID-19 patients (as at 08:00)

Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 10 th December 2020 from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer

University Hospitals Bristol and Weston NHS Foundation Trust



South West England



Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN



ID	Measure	19/20	20/21 YTD	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Infection Control																			
DA01	MRSA Trust Apportioned Cases	4	3	0	2	0	1	1	0	0	0	0	1	1	0	3	1	1	1
DA02	MSSA Trust Apportioned Cases	48	21	3	5	2	1	0	5	2	3	2	5	1	3	8	7	10	4
DA03	CDiff Trust Apportioned Cases	41	53	4	2	1	3	5	8	6	6	11	5	5	7	6	19	22	12
Patient Falls																			
AB01	Falls Per 1,000 Beddays	4.52	5.09	4.82	4.68	4.89	5.33	5.38	6.93	5.77	3.66	4.76	5.3	4.28	5.18	4.95	6.05	4.6	4.71
	Numerator (Falls)	1411	1097	131	129	125	121	114	164	138	100	136	160	134	151	375	416	396	285
	Denominator (Beddays)	312447	215355	27195	27535	25561	22693	21194	23666	23917	27319	28557	30205	31336	29161	75789	68777	86081	60497
AB06A	Total Number of Patient Falls Resulting in Harm	26	15	2	7	4	1	2	1	1	1	1	1	4	4	12	4	3	8
Pressure Injuries																			
DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.302	0.074	0.327	0.117	0.308	0.991	0.254	0.293	0.183	0.315	0.199	0.096	0.274	0.251	0.494	0.232	0.182
	Numerator (Pressure Injuries)	57	65	2	9	3	7	21	6	7	5	9	6	3	8	19	34	20	11
	Denominator (Beddays)	312447	215355	27195	27535	25561	22693	21194	23666	23917	27319	28557	30205	31336	29161	75789	68777	86081	60497
DE02	Pressure Ulcers - Grade 2	49	61	2	9	2	7	20	5	5	5	9	6	3	8	18	30	20	11
DE03	Pressure Ulcers - Grade 3	8	4	0	0	1	0	1	1	2	0	0	0	0	0	1	4	0	0
DE04	Pressure Ulcers - Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.33%	0.21%	0%	0%	0%	0%	0%	0%	0%	0.9%	0%	0%	0.31%	-	0%	0%	0.34%	0.31%
	Numerator (Incidents Resulting In Harm)	10	4	0	0	0	0	0	0	0	3	0	0	1	0	0	0	3	1
	Denominator (Total Incidents)	2999	1949	209	268	270	188	192	258	283	335	274	284	323	0	726	733	893	323
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medications	0.41%	0.47%	0.27%	1.65%	0.21%	0.43%	-	0.99%	0.26%	0.49%	0.15%	0.54%	0.63%	0.68%	0.92%	0.47%	0.39%	0.65%
	Numerator (Number of Incidents)	25	19	1	10	1	1	0	3	2	4	1	3	3	3	12	5	8	6
	Denominator (Total Audited)	6036	4050	370	605	474	231	0	302	770	825	675	557	479	442	1310	1072	2057	921
VTE Risk Assessment																			
N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	85.8%	77%	86.8%	88.5%	88.6%	88.3%	87.3%	86.7%	85%	84.4%	85.3%	85.8%	85.2%	87.9%	87.3%	84.9%	85.5%
	Numerator (Number Risk Assessed)	102013	50349	7262	8859	8436	7199	4265	5280	6369	6566	6151	7104	7525	7089	24494	15914	19821	14614
	Denominator (Total Patients)	116784	58662	9432	10204	9534	8127	4830	6050	7349	7726	7287	8333	8770	8317	27865	18229	23346	17087

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN Continued



ID	Measure	19/20	20/21 YTD	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Nurse Staffing Levels ("Fill Rate")																			
RP01	Staffing Fill Rate - Combined	100.3%	98%	100.5%	103.3%	101.5%	98.8%	95%	97.9%	95.3%	101.1%	99.4%	97.6%	100.3%	97.4%	101.2%	96.1%	99.4%	98.8%
	Numerator (Hours Worked)	2860897	2331098	243355	248917	229644	241115	273656	291583	278873	302851	296436	286125	306243	295331	719677	844112	885411	601574
	Denominator (Hours Planned)	2851065	2378377	242238	240935	226179	244007	288040	297862	292575	299682	298223	293298	305348	303349	711121	878476	891203	608697
RP02	Staffing Fill Rate - RN Shifts	96.6%	94.7%	96.7%	99.3%	97.9%	94.9%	91.8%	91.9%	91.2%	97.2%	94.9%	94.9%	98.6%	96.7%	97.3%	91.6%	95.7%	97.6%
	Numerator (Hours Worked)	1998312	1542080	169860	173628	160396	168794	183957	187979	183315	199195	194533	186598	206328	200176	502817	555251	580326	406504
	Denominator (Hours Planned)	2067891	1628735	175631	174914	163864	177872	200310	204554	201026	204937	204886	196552	209357	207114	516649	605890	606374	416471
RP03	Staffing Fill Rate - NA Shifts	110.1%	105%	110.3%	114%	111.1%	109.4%	102.2%	111%	104.4%	109.4%	109.2%	101.5%	103%	98.9%	111.5%	106%	106.8%	100.9%
	Numerator (Hours Worked)	862585	770666	73494.4	75289.4	69248.6	72321.6	89698	103604	95557.5	103655	101903	88084.7	93006.9	95156.6	216860	288860	293643	188164
	Denominator (Hours Planned)	783175	733992	66606.2	66021.1	62315.5	66135.4	87730	93307.7	91548.9	94745.3	93337.7	86795	90291.1	96235.8	194472	272587	274878	186527

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN



ID	Measure	19/20	20/21 YTD	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Patient Surveys																			
P01D	Patient Survey - Patient Experience Tracker Score	#N/A	#N/A	93	90	91	93	91	91	91	90	90	91	89	85	91	91	90	89
P01G	Patient Survey - Kindness and Understanding	#N/A	#N/A	97	96	96	98	96	95	96	97	96	95	93	88	96	96	96	93
P01H	Patient Survey - Outpatient Tracker Score	#N/A	#N/A	89	89	92	84	88	91	96	93	92	94	92	94	90	91	93	93
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1842	1112	117	152	171	121	54	63	99	146	169	206	199	176	444	216	521	375
T01C	Patient Complaints - Formal	597	398	47	54	60	32	10	19	44	58	61	90	51	65	146	73	209	116
T01D	Patient Complaints - Informal	1245	726	70	98	111	89	44	50	61	88	108	116	148	111	298	155	312	259
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	88%	69.8%	83.6%	84.1%	85.5%	85.5%	76.9%	66.7%	63.3%	80.4%	59.3%	66.2%	61.9%	81%	85%	71.3%	68.2%	71.1%
	<i>Numerator (Responses Within Timeframe)</i>	668	275	46	69	53	59	40	8	19	41	32	49	39	47	181	67	122	86
	<i>Denominator (Total Responses)</i>	759	394	55	82	62	69	52	12	30	51	54	74	63	58	213	94	179	121
T03B	Formal Complaints Responded To Within Divisional Timeframe	91%	80.4%	83.6%	86.6%	90.3%	91.3%	86.5%	75%	96.7%	90.2%	71.7%	63.5%	80.4%	87.5%	89.2%	88.3%	73.7%	83.9%
	<i>Numerator (Responses Within Timeframe)</i>	691	303	46	71	56	63	45	9	29	46	33	47	45	49	190	83	126	94
	<i>Denominator (Total Responses)</i>	759	377	55	82	62	69	52	12	30	51	46	74	56	56	213	94	171	112
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	7.51%	5.36%	5.46%	10.98%	1.61%	2.9%	4.08%	0%	3.45%	9.76%	0%	9.09%	-	-	5.63%	3.41%	6.62%	-
	<i>Numerator (Numer Dissatisfied)</i>	57	12	3	9	1	2	2	0	1	4	0	5	0	0	12	3	9	0
	<i>Denominator (Total Responses)</i>	759	224	55	82	62	69	49	10	29	41	40	55	0	0	213	88	136	0

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	19/20	20/21 YTD	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Emergency Department Performance																			
B01	ED Total Time in Department - Under 4 Hours <i>Numerator (Number Seen In Under 4 Hours)</i> <i>Denominator (Total Attendances)</i>	80.44%	83.4%	76.12%	81.79%	78.39%	80.99%	92.49%	90.68%	87.31%	84.05%	82.09%	81.24%	79.82%	75.84%	80.36%	89.94%	82.43%	77.93%
		114976	77966	9787	9984	9293	7425	6950	8957	8811	10900	11092	11253	10740	9263	26702	24718	33245	20003
		142939	93484	12858	12207	11855	9168	7514	9878	10092	12969	13512	13851	13455	12213	33230	27484	40332	25668
B06	ED 12 Hour Trolley Waits	25	428	8	11	1	5	0	1	7	58	68	6	87	201	17	8	132	288
Emergency Department Clinical Indicators																			
B02	ED Time to Initial Assessment - Under 15 Minutes <i>Numerator (Number Assessed Within 15 Minutes)</i> <i>Denominator (Total Attendances Needing Assessment)</i>	96.8%	81.9%	94.6%	96%	96.3%	93.5%	92.4%	89%	88.8%	82.3%	79.7%	76.6%	73.6%	81.7%	95.3%	90%	79.5%	77.4%
		34887	36139	3244	2940	2893	2567	3591	4126	3585	5241	5145	5014	4689	4748	8400	11302	15400	9437
		36037	44113	3428	3063	3004	2744	3886	4637	4035	6368	6456	6543	6374	5814	8811	12558	19367	12188
B03	ED Time to Start of Treatment - Under 60 Minutes <i>Numerator (Number Treated Within 60 Minutes)</i> <i>Denominator (Total Attendances)</i>	50.8%	68.9%	47.9%	55.3%	48.3%	62.3%	92.8%	80.6%	68.1%	65.4%	63.1%	58.3%	63.7%	70.1%	54.7%	79.4%	62.6%	66.8%
		70327	61144	5991	6586	5533	5546	6943	7902	6767	8362	8364	5861	8490	8455	17665	21612	22587	16945
		138496	88710	12496	11920	11462	8907	7485	9803	9941	12793	13259	10048	13319	12062	32289	27229	36100	25381
B04	ED Unplanned Re-attendance Rate <i>Numerator (Number Re-attending)</i> <i>Denominator (Total Attendances)</i>	3.7%	4.4%	4.2%	3.7%	4%	3.7%	4.1%	4.1%	3.3%	4.4%	4.4%	4.4%	4.5%	5.4%	3.8%	3.8%	4.4%	4.9%
		5221	4075	538	450	474	342	311	405	328	567	589	612	609	654	1266	1044	1768	1263
		142939	93379	12858	12207	11855	9168	7518	9930	9927	12847	13512	13973	13456	12216	33230	27375	40332	25672
B05	ED Left Without Being Seen Rate <i>Numerator (Number Left Without Being Seen)</i> <i>Denominator (Total Attendances)</i>	1.6%	1%	1.9%	1.3%	1.5%	1.2%	0.4%	0.6%	1%	1.2%	1.2%	1.3%	1.2%	1%	1.4%	0.7%	1.2%	1.1%
		2244	960	243	161	178	112	32	64	98	152	158	174	161	121	451	194	484	282
		142939	93484	12858	12207	11855	9168	7514	9878	10092	12969	13512	13851	13455	12213	33230	27484	40332	25668
Referral To Treatment Ongoing																			
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks <i>Numerator (Number Under 18 Weeks)</i> <i>Denominator (Total Pathways)</i>	-	-	82.5%	83.2%	82.4%	78.3%	70.6%	61.4%	52.6%	46.5%	51.4%	58.1%	63.3%	65.6%	-	-	-	-
		0	0	28511	28484	29127	25698	25559	21213	18842	17319	20216	23729	27024	27948	0	0	0	0
		0	0	34539	34229	35350	32832	36214	34564	35847	37270	39363	40827	42658	42632	0	0	0	0
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	134	8180	10	15	11	30	114	245	475	796	1077	1500	1809	2164	56	834	3373	3973
Referral To Treatment Activity																			
A01A	Referral To Treatment Number of Admitted Clock Stops	39526	17439	2997	3589	3765	2772	832	1053	1754	2319	2202	2731	3583	2965	10126	3639	7252	6548
A02A	Referral To Treatment Number of Non Admitted Clock Stops	102130	49227	8075	9228	8612	8760	5655	3874	4712	5680	5366	6944	9106	7890	26600	14241	17990	16996
A09	Referral To Treatment Number of Clock Starts	149419	69067	11144	13209	12427	9360	4717	4971	7421	9347	8902	11150	12913	9646	34996	17109	29399	22559
Diagnostic Waits																			
A05	Diagnostics 6 Week Wait (15 Key Tests) <i>Numerator (Number Under 6 Weeks)</i> <i>Denominator (Total Waiting)</i>	-	-	96.1%	95.22%	95.51%	85.73%	41.97%	41.43%	51.97%	67.49%	65.09%	57.78%	59.09%	60.08%	-	-	-	-
		0	0	7613	8085	8132	6121	3184	3577	5227	8093	8285	8623	8628	8761	0	0	0	0
		0	0	7922	8491	8514	7140	7586	8633	10058	11991	12728	14925	14602	14582	0	0	0	0

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN Continued

ID	Measure	19/20	20/21 YTD	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks <i>Numerator (Number Seen Within 2 Weeks)</i> <i>Denominator (Total Seen)</i>	93.5% 17868 19106	74% 7406 10013	94.1% 1282 1362	95.2% 1418 1490	94.7% 1407 1485	91.2% 1234 1353	90.3% 654 724	90.2% 881 977	91.2% 1275 1398	84.2% 1306 1551	72.5% 1085 1497	51.1% 873 1709	61.8% 1332 2157	- 0 0	93.8% 4059 4328	90.7% 2810 3099	68.6% 3264 4757	61.8% 1332 2157
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	95.7% 3029 3166	95.6% 1577 1650	95.7% 246 257	92.3% 240 260	96.1% 249 259	97.4% 294 302	94.5% 208 220	89.8% 167 186	95% 207 218	96% 217 226	98.4% 246 250	95.6% 262 274	97.8% 270 276	- 0 0	95.4% 783 821	93.3% 582 624	96.7% 725 750	97.8% 270 276
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	98.7% 1397 1415	99.3% 817 823	100% 116 116	98% 148 151	100% 141 141	99.1% 107 108	100% 54 54	100% 95 95	99.2% 118 119	100% 116 116	98.8% 166 168	98.5% 128 130	99.3% 140 141	- 0 0	99% 396 400	99.6% 267 268	99% 410 414	99.3% 140 141
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	92.7% 606 654	87.3% 315 361	93.5% 58 62	94.5% 52 55	92.7% 51 55	92.5% 62 67	83.3% 45 54	90.2% 46 51	72.7% 40 55	89.1% 41 46	92.3% 48 52	92.9% 52 56	91.5% 43 47	- 0 0	93.2% 165 177	81.9% 131 160	91.6% 141 154	91.5% 43 47
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	85.5% 1199.5 1402.5	81.1% 606.5 747.5	83.9% 101.5 121	81.1% 88 108.5	82.1% 85 103.5	91.1% 133 146	76.2% 70.5 92.5	72.6% 57 78.5	83.5% 93.5 112	89.3% 92 103	83.2% 82 98.5	78.5% 98.5 125.5	82.2% 113 137.5	- 0 0	85.5% 306 358	78.1% 221 283	83.3% 272.5 327	82.2% 113 137.5
E03B	Cancer 62 Day Referral To Treatment (Screenings) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	66.1% 40 60.5	55% 5.5 10	33.3% 1.5 4.5	36.4% 2 5.5	33.3% 1.5 4.5	81.8% 4.5 5.5	100% 1 1	- 0 0	0% 0 3	0% 0 1	85.7% 3 3.5	100% 0.5 0.5	100% 1 1	- 0 0	51.6% 8 15.5	25% 1 4	70% 3.5 5	100% 1 1
E03C	Cancer 62 Day Referral To Treatment (Upgrades) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	86.7% 560.5 646.5	90.9% 304.5 335	89.2% 49.5 55.5	86.3% 50.5 58.5	83.9% 47 56	91.2% 46.5 51	84.5% 35.5 42	91.3% 31.5 34.5	93.2% 34.5 37	89.4% 42 47	92.4% 54.5 59	90.4% 51.5 57	94% 55 58.5	- 0 0	87% 144 165.5	89.4% 101.5 113.5	90.8% 148 163	94% 55 58.5
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions <i>Numerator (Number of LMCs)</i> <i>Denominator (Total Elective Admissions)</i>	1.79% 1394 77948	1.03% 356 34398	2.54% 153 6034	2.02% 140 6928	1.98% 128 6476	2.21% 115 5201	0.6% 14 2321	0.33% 9 2718	0.44% 17 3829	0.7% 32 4549	2.09% 87 4154	1.13% 59 5220	1.21% 72 5951	1.17% 66 5656	2.06% 383 18605	0.45% 40 8868	1.28% 178 13923	1.19% 138 11607
F02	Cancelled Operations Re-admitted Within 28 Days <i>Numerator (Number Readmitted Within 28 Days)</i> <i>Denominator (Total LMCs)</i>	92.6% 1291 1394	85.1% 336 395	94.9% 130 137	93.5% 143 153	94.3% 132 140	86.7% 111 128	67% 77 115	69.2% 9 13	88.9% 8 9	76.5% 13 17	96.8% 30 31	98.8% 82 83	91.1% 51 56	93% 66 71	91.7% 386 421	68.6% 94 137	95.4% 125 131	92.1% 117 127

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN Continued



ID	Measure	19/20	20/21 YTD	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Delayed Transfers of Care (DToc)																			
Q01A	Acute Delayed Transfers of Care - Patients	289	60	21	27	29	21	9	10	14	13	10	4	0	-	77	33	27	0
Q01B	Acute Delayed Transfers of Care - Beddays	8304	1902	731	713	790	962	278	238	396	350	335	251	54	-	2465	912	936	54
Q02A	Non-Acute Delayed Transfers of Care - Patients	117	18	8	11	13	7	9	7	1	0	1	-	-	-	31	17	1	-
Q02B	Non-Acute Delayed Transfers of Care - Beddays	2902	521	220	212	217	249	201	150	88	32	40	10	-	-	678	439	82	-
Green To Go/Fit For Discharge (BRISTOL Only)																			
AQ06A	Green To Go List - Number of Patients (Acute)	-	-	75	95	107	87	32	46	39	46	64	51	57	60	-	-	-	-
AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	27	26	30	36	21	18	12	8	22	19	26	18	-	-	-	-
AQ07A	Green To Go List - Beddays (Acute)	-	-	2398	3166	2751	3110	1253	1450	1367	1437	1730	1788	1902	1713	-	-	-	-
AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	784	776	907	1002	871	531	403	588	464	528	698	564	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate	11.4%	13.1%	10.6%	11%	11.1%	17.7%	25.7%	15.5%	12.1%	11.5%	11.5%	9.9%	10.3%	10.3%	13.3%	18.1%	10.9%	10.3%
	<i>Numerator (Number of Hospital Cancellations)</i>	126443	82932	8952	10989	10030	17444	19914	9500	8477	8785	8421	8785	9443	9607	38463	37891	25991	19050
	<i>Denominator (Total Appointments)</i>	1109925	632023	84801	100309	90603	98326	77528	61327	70010	76680	73097	88393	91339	93649	289238	208865	238170	184988
R05	Outpatient DNA Rate	6.6%	6.7%	6.7%	6.2%	6.3%	7.1%	5.1%	4.9%	5.3%	6.2%	7%	7.7%	7.7%	8.1%	6.5%	5.1%	6.9%	7.9%
	<i>Numerator (Number of DNAs)</i>	51399	30090	4003	4512	4108	3933	2024	2051	2809	3625	3831	4848	5292	5610	12553	6884	12304	10902
	<i>Denominator (Total Attendances+DNAs)</i>	780935	449387	59968	72645	65197	55355	39298	41949	53504	58844	55092	63156	68473	69071	193197	134751	177092	137544
Overdue Partial Booking																			
R22N	Overdue Partial Booking Referrals	20.2%	33%	21.6%	20.7%	20.1%	22.5%	26.7%	29.8%	33.6%	34.6%	35.2%	35.2%	34.7%	34.2%	21.2%	30%	35%	34.4%
	<i>Numerator (Number Overdue)</i>	286098	374552	25935	24441	23919	31438	38408	42949	48234	49150	49821	49068	48149	48773	79798	129591	148039	96922
	<i>Denominator (Total Partial Booking)</i>	1415507	1135950	119924	118353	118861	139960	143732	144269	143472	142016	141426	139371	138847	142817	377174	431473	422813	281664
R22R	Overdue Partial Bookings (9+ Months)	1.1%	2.1%	1.4%	1.5%	1.6%	1.6%	1.5%	1.3%	1.6%	1.7%	1.9%	2.4%	3.1%	3.7%	1.6%	1.5%	2%	3.4%
	<i>Numerator (Number Overdue 9+ Months)</i>	15664	24242	1686	1781	1913	2179	2104	1928	2256	2357	2753	3318	4252	5274	5873	6288	8428	9526
	<i>Denominator (Total Partial Booking)</i>	1415507	1135950	119924	118353	118861	139960	143732	144269	143472	142016	141426	139371	138847	142817	377174	431473	422813	281664
R22H	Overdue Partial Bookings (12+ Months)	0.5%	1.1%	0.7%	0.8%	0.9%	0.8%	0.8%	0.8%	0.9%	1%	1.1%	1.2%	1.3%	1.5%	0.8%	0.9%	1.1%	1.4%
	<i>Numerator (Number Overdue 12+ Months)</i>	6628	12291	836	918	1037	1099	1167	1191	1341	1419	1569	1710	1808	2086	3054	3699	4698	3894
	<i>Denominator (Total Partial Booking)</i>	1415507	1135950	119924	118353	118861	139960	143732	144269	143472	142016	141426	139371	138847	142817	377174	431473	422813	281664

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL EFFECTIVE DOMAIN



ID	Measure	19/20	20/21 YTD	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Mortality																			
X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	102.1	96.4	100.3	98.3	96.8	96.2	97.3	96.2	96.4	95.5	-	-	-	-	97	96.6	95.5	-
	Numerator ("Expected" Deaths)	21515	9690	1720	1685	1665	2545	2525	2425	2390	2350	0	0	0	0	5895	7340	2350	0
	Denominator (Deaths)	21080	10055	1715	1715	1720	2645	2595	2520	2480	2460	0	0	0	0	6080	7595	2460	0
X02	Hospital Standardised Mortality Ratio (HSMR)	90	91.5	89.4	88.4	89.5	98.6	119.9	117.1	98.5	76.9	62.5	86.4	-	-	91.9	111.3	74.5	-
	Numerator ("Expected" Deaths)	1570	565	150	144	143	142	106	111	100	98	72	78	0	0	429	317	248	0
	Denominator (Deaths)	1743.67	617.6	167.73	162.95	159.8	144.05	88.39	94.81	101.52	127.37	115.28	90.23	0	0	466.8	284.72	332.88	0
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	45.6%	65%	43.5%	44.8%	41.7%	50%	75.6%	61%	48.9%	73.6%	63.4%	60.9%	64.6%	70.8%	45.9%	61.4%	66.4%	67.7%
	Numerator (Treated Within 36 Hrs)	134	236	10	13	10	16	31	25	22	39	26	28	31	34	39	78	93	65
	Denominator (Total Patients)	294	363	23	29	24	32	41	41	45	53	41	46	48	48	85	127	140	96
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.3%	90.9%	100%	96.6%	91.7%	84.4%	80.5%	73.2%	84.4%	96.2%	95.1%	97.8%	97.9%	97.9%	90.6%	79.5%	96.4%	97.9%
	Numerator (Seen Within 72 Hrs)	283	330	23	28	22	27	33	30	38	51	39	45	47	47	77	101	135	94
	Denominator (Total Patients)	294	363	23	29	24	32	41	41	45	53	41	46	48	48	85	127	140	96
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.5%	57.3%	43.5%	44.8%	33.3%	37.5%	61%	46.3%	40%	69.8%	61%	52.2%	60.4%	64.6%	38.8%	48.8%	61.4%	62.5%
	Numerator (Number achieved BPT)	128	208	10	13	8	12	25	19	18	37	25	24	29	31	33	62	86	60
	Denominator (Total Patients)	294	363	23	29	24	32	41	41	45	53	41	46	48	48	85	127	140	96
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	3.6%	4.75%	3.55%	3.93%	3.62%	2.81%	4.1%	4.7%	4.23%	4.62%	4.64%	5.39%	4.82%	6.97%	3.5%	4.35%	4.9%	5.08%
	Numerator (Re-admitted in 30 Days)	5459	3684	442	526	454	296	304	408	422	547	524	688	658	133	1276	1134	1759	791
	Denominator (Total Discharges)	151572	77537	12437	13370	12536	10531	7408	8679	9989	11831	11304	12766	13651	1909	36437	26076	35901	15560
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.2%	57.3%	51.3%	57.1%	69.7%	60.5%	57.6%	54.3%	71.4%	51.4%	46.2%	48.6%	67.7%	-	63.5%	61.8%	49%	67.7%
	Numerator (Achieved Target)	163	137	20	8	23	23	19	19	30	18	12	18	21	0	54	68	48	21
	Denominator (Total Patients)	290	239	39	14	33	38	33	35	42	35	26	37	31	0	85	110	98	31
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	70.3%	79.6%	69.2%	78.6%	75.8%	65.8%	82.4%	85.7%	82%	82.6%	91.4%	69.8%	75.6%	57.1%	71.8%	83.1%	79.9%	71.2%
	Numerator (Achieved Target)	204	262	27	11	25	25	42	30	41	38	32	37	34	8	61	113	107	42
	Denominator (Total Patients)	290	329	39	14	33	38	51	35	50	46	35	53	45	14	85	136	134	59

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL WELL-LED DOMAIN

ID	Measure	19/20	20/21 YTD	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Bank and Agency Usage																			
AF11A	Percentage Bank Usage	-	-	4.77%	5.45%	5.25%	5.91%	5.74%	5.35%	5%	5.86%	5.69%	5.15%	5.37%	6.05%	-	-	-	-
	Numerator (Bank wte)	0	0	436.31	504.61	489.25	554.95	622.02	581.743	548.58	651.44	631.14	565.39	595.03	675.77	0	0	0	0
	Denominator (Total wte)	0	0	9147.78	9264.63	9321.08	9398.06	10844.9	10867.7	10966.5	11119.5	11099.7	10977.4	11076.1	11165.3	0	0	0	0
AF11B	Percentage Agency Usage	-	-	1.21%	1.41%	1.52%	1.4%	1.35%	0.82%	1%	1.35%	1.54%	1.6%	1.77%	1.95%	-	-	-	-
	Numerator (Agency wte)	0	0	110.35	130.16	141.34	131.34	146.06	89.3349	109.17	149.62	170.64	175.52	195.62	218.18	0	0	0	0
	Denominator (Total wte)	0	0	9147.78	9264.63	9321.08	9398.06	10844.9	10867.7	10966.5	11119.5	11099.7	10977.4	11076.1	11165.3	0	0	0	0
Turnover																			
AF10	Workforce Turnover Rate	-	-	13.3%	13.3%	13.1%	13%	13%	13.6%	13.1%	12.7%	12.4%	12.2%	12.2%	12%	-	-	-	-
	Numerator (Leavers in last 12 months)	0	0	964.539	970.452	954.479	947.325	1104.96	1156.64	1113.62	1079.09	1054.77	1051.86	1056.83	1042.58	0	0	0	0
	Denominator (Average Staff in Post)	0	0	7251.85	7276.62	7310.09	7302.51	8529.53	8519.43	8518.68	8516.87	8535.73	8588.47	8637.1	8672.22	0	0	0	0
Vacancy																			
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	4.2%	4.1%	3.6%	3.4%	3.4%	2.7%	2%	2.3%	2.7%	3.6%	3.4%	4.1%	-	-	-	-
	Numerator (Vacancy wte, Funded minus actual)	0	0	380.49	368.43	326.49	306.15	359.39	284.52	207.53	239.45	281.27	379.66	363.63	438.47	0	0	0	0
	Denominator (Actual WTE)	0	0	8981.61	8998.29	9016.98	9017.92	10436.2	10481.2	10516.3	10557.9	10579.2	10616.2	10649.1	10709.8	0	0	0	0
Staff Sickness																			
AF02	Sickness Rate	4.3%	3.6%	4.7%	4.9%	4.6%	4.5%	3.8%	3.4%	3.4%	3.5%	3.6%	3.7%	3.7%	3.7%	4.7%	3.5%	3.6%	3.7%
	Numerator (Total WTE Days Lost)	133584	89373.6	12517.8	13092.5	11568.9	12170.7	11567.3	10311.3	10417.9	11068	11435.2	11363	11849.1	11361.9	36832.1	32296.4	33866.3	23210.9
	Denominator (Total WTE Days)	3108524	2485782	266838	266527	250339	268845	303115	307672	309671	318140	315856	305946	317549	307832	785712	920458	939942	625381
Staff Appraisal																			
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	70.8%	70%	68.3%	63.4%	60.9%	60.7%	62.1%	64.1%	64.3%	65.5%	66.4%	67.2%	-	-	-	-
	Numerator (In-Date Appraisals)	0	0	5925	5892	5840	5425	5930	5978	6240	6482	6484	6637	6747	6891	0	0	0	0
	Denominator (Total Staff)	0	0	8370	8418	8545	8560	9740	9850	10044	10116	10090	10128	10167	10247	0	0	0	0

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL USE OF RESOURCES DOMAIN

ID	Measure	19/20	20/21 YTD	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Average Length of Stay																			
J03	Average Length of Stay (Spell)	3.89	3.9	3.75	3.83	3.66	4.8	4.44	3.78	3.85	3.48	3.51	3.69	4.29	4.35	4.05	4	3.56	4.32
	Numerator (Total Beddays)	307581	207929	25571	26584	23817	26562	22073	22052	23889	26599	26326	26723	31180	29087	76963	68014	79648	60267
	Denominator (Total Discharges)	79083	53333	6828	6936	6515	5536	4966	5831	6204	7639	7507	7234	7262	6690	18987	17001	22380	13952