

April 2022

Published Papers

Including:

Quality and Outcomes Committee Chair's Report

University Hospitals Bristol and Weston NHS Foundation Trust Quality and Performance Report

Finance and Digital Committee Chair's Report

Audit Committee Chair's Report

Meeting of the Trust Board of Directors in Private – 10 May 2022

Reporting Committee	Quality and Outcomes Committee – Meeting held 24 April 2022
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Mark Smith, Deputy Chief Executive and Chief Operating Officer Deirdre Fowler, Chief Nurse and Midwife Stuart Walker, Medical Director

For Information

The Committee had a full agenda, moving away from the reduced agenda as recommended in NHS England/Improvement (NHSE/I).

Retrospective Hyperplasia Audit: Stuart Walker, Medical Director, considered this to be the wrong solution and felt that the incident revealed a broader issue related to “patient safety culture” that needs to be addressed. A review would be developed.

From the Integrated Quality and Performance Report, it was noted that A&E attendance was up in March although below pre-pandemic levels. Major issues continue to be the flow in and out of the hospital with COVID peaking in March, which had caused the long waiting times in A&E. There was also a spike in attendance in children’s A&E.

New Infection Prevention Control guidance had been launched that would allow for more beds to be opened and a space that has been vacated near A&E would be used to provide more space for endoscopy.

It was felt that the increased pressure on staff, reduced numbers, illness and vacancies, was possibly related to a small increase in pressure injuries and falls reported. This would be investigated. Staff are being reminded that they can escalate concerns. We were reminded that timeliness of care is also an important focus, but staff continue to remain under considerable pressure.

Jayne Mee reminded the panel of the work the Acute Provider Collaborative Board is doing across all hospitals (UHBW and NBT), there are approximately 400 beds occupied by patients with “no criteria to reside”. Approximately the same number of beds as there is in the BRI. She also went on to comment that up to 600 empty beds in the community have been identified that for one reason or another local providers are not willing to offer.

David Armstrong, Non-Executive Director, raised the issue of patient’s personal possessions going missing and asked if the use and value of COVID metrics should be reviewed. It was also noted that work on risk stratifying the 300,000-clinic backlog is underway to ensure that patients are seen in a timely way.

229 staffing incidents were logged, this was lower than expected and there was a 1% drop in nursing band 5 vacancies (still 275 vacancies overall).

Sarah Winfield, Head of Maternity, presented the perinatal Quality Surveillance Matrix and the MBRRACE report (local child death reviews) including the Annual report on NICU mortality. Sarah reported that to meet the standards set out in the Ockenden report, UHBW would need 16 more midwives and more stenographers, although because of prioritisation of pregnant ladies current analytical needs are being met.

Sarah also reported on the action plan for Ockenden. It requires specific training for coordinating midwives and that there are more staff trained in high dependency to ensure that there is one high dependency trained nurse on each shift.

Sarah Dodds, Deputy Chief Nurse, described the “Every Minute Counts” initiative to support staff to discharge patients in a timely way, freeing up bedspace and thus reducing waiting times.

Deirdre Fowler, Chief Nurse and Midwife, also described the changes moving forward to the serious incident review process going forward with more emphasis on thematic reviews and ensuring that learning is being implemented.

Stuart Walker, Medical Director, reported that the harm panel process is developing well and that the implementation of the NICE assurance process is on track and working well.

Key Decisions and Actions

It was agreed that an update paper on NEWS 2 would be brought to the Committee in May 2022.

Date of next meeting:	24 May 2022
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Meeting of the Trust Board of Directors in Private on 10th May 2022

Report Title	Integrated Quality & Performance Report
Report Author	Rob Presland, Associate Director of Performance James Rabbitts, Head of Performance Reporting Anne Reader/Julie Crawford, Head/Deputy Head of Quality (Patient Safety) Laura Brown, Head of HR Information Services
Executive Lead	Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer Quality – Deirdre Fowler, Chief Nurse/Stuart Walker, Medical Director Workforce – Emma Wood, Director of People Finance – Neil Kemsley, Director of Finance

1. Report Summary	
To provide an overview of the Trust's performance on quality and access standards.	
2. Key points to note <i>(Including decisions taken)</i>	
Please refer to Executive Summary for an overview.	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for Assurance. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Quality and Outcomes Committee	26 April 2022

Integrated Quality & Performance Report

April 2022

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March continued the trend where overall emergency department attendances and conversions to admission were below the levels experienced pre-pandemic, but where poor flow out of the hospital affected the recovery of performance in most areas (*Datix Risk ID 801 - Risk that one or more standards of the NHS Oversight Framework are not met*). COVID bed occupancy has also more than doubled in the past month and was at 104 beds at the end of the March, representing over 10% of the total bed base and double what the Trust had anticipated in the operating plan. Higher community prevalence of COVID has also affected the workforce due to higher sickness rates, and this in addition to other planned absence such as annual leave has further affected the pace of recovery.

Trust wide performance against the Emergency Department 4 hour target was 63.8% in February and remains well below the national 95% standard. There were 952 trolley waits in excess of 12 hours across UHBW sites, which was the fourth consecutive monthly increase and the highest recorded since the start of the pandemic. Poor flow through the hospital has also affected ambulance handover delays, with 64% of delays greater than 30 minutes. On average there were 183 beds per day occupied by patients with no criteria to reside in March which is 25% of the core stock for general and acute adult beds. This continues to have a material impact on flow, and analysis shows that 88% of delays are currently due to lack of community capacity. Investment in additional community capacity is forthcoming for discharge to assess pathways and should yield a potential benefit of 56 beds for the Trust by March 2023, with some benefits expected as early as October.

Improvements to flow and associated benefits anticipated from the extension of discharge to assess community capacity in the local health care system is a critical enabler to supporting all aspects of performance recovery in 2022/23, and not least the treatment of patients who have been on the waiting list for over two years.

The Trust delivered the revised waiting list performance targets agreed with NHS Improvement and NHS England for the end of March, but the national imperative to eliminate all 104 week long waits by the end of June is expected to be extremely difficult without a material step up in elective activity run rate. This performance risk is reflected in a national decision to include UHBW in a three tiered system of hospital providers where the delivery of zero waits at 104 weeks is considered to be at high risk. The Trust continues to meet weekly with the regional team to provide assurance on recovery plans and explore options for mutual aid to improve treatment options for long waiting patients. Overall, the Trust waiting list shape has improved significantly within the last year and the overall waiting list size has been sustained over the Winter despite pressures relating to the Omicron COVID wave.

The status of elective care key performance metrics is as follows:

- Referral to Treatment patients waiting 104+ weeks. At the end of January there were 346 patients waiting over two years for the start of treatment (higher than the original trajectory of 188 but below the revised target of 400 agreed with NHS England and NHS Improvement for the end of March). The overall incomplete RTT wait list size and 52 week wait breaches showed a marginal month on month increase but overall volumes remained 3% and 2% below nationally agreed end of March targets respectively;
- Diagnostic waiting lists, where 61.0% were waiting within the 6 week standard. Performance remains particularly challenged in CT Cardiac, MRI Cardiac, MRI Paediatrics, echocardiography and endoscopy. 52 week wait breaches remain in MRI Cardiac and endoscopy and plans to increase capacity are currently under review, including options for a temporary mobile endoscopy unit to boost capacity within the local healthcare system and further utilisation of independent sector capacity;
- Outpatients, where 101,419 patients currently have a partial booking follow up status showing as overdue, 29% of which are greater than 9 months. The Trust has increased outpatient waiting list validation capacity and is targeting clinically higher risk areas to reduce delays and looking for alternative methods of follow up for lower risk patients under the Personalised Follow Up programme, including Patient Initiated follow up. The completion of validation activity on the Weston site is expected to reduce the list size in April; and
- Patients on a cancer pathway, where the number of patients waiting >62 and >104 days on a 62 day GP referred suspected cancer pathway are at pre pandemic levels. 2 week wait performance for urgent GP suspected cancer referrals did not deliver the national standard this month although performance improved to 75.4%. There is a risk of further short term deterioration in 2 week wait performance and a risk to the 28 day faster diagnosis standard due to a number of breaches in the skin pathway where there has been unplanned absence of locum consultants and sickness associated with COVID. Actions for improvement are being reviewed with the South West Cancer Alliance, including temporary outsourcing of Dermatology outpatient capacity during the Spring.

The Trust has established a Recovery Programme Board to coordinate the planned, urgent and workforce responses to improve the performance position and the Operating Plan will be approved in April 2022 to support delivery of recovery priorities. The national publication of revised UK Infection Prevention and Control (IPC) guidance and the IPC Manual for England also presents a significant opportunity for productivity improvement in the Trust due to the easing of some social distancing requirements and changes to cleaning regimens experienced under COVID. This is expected to be illustrated in an elective activity run rate improvement during the next three months.

Reporting Month: March 2022

Safe

Caring

Successes	Priorities
<ul style="list-style-type: none"> The new “Accreditation for Quality Care” programme successfully commenced on the 28th March in adult inpatient areas on a small number of wards in the Division of Medicine. In future this will be expanded to clinical areas in Children’s services, Midwifery, Outpatients, and Theatres. The programme is designed to: <ul style="list-style-type: none"> develop a culture of pride and accomplishment provide local oversight of quality performance and supportive challenge through governance reporting reduce unwarranted variation in delivery of care create and embed a platform for continuous improvement The Tissue Viability (TV) Nurse team have been keen to boost morale and recognise staff success specifically, those who provide exemplary wound and pressure relief care in their clinical area. There have been numerous examples of this throughout March and each individual staff member has received a thank you email (copying in their manager) from the team, in recognition of their excellent work. A Cardiotocography (CTG, baby heartbeat) monitoring, and escalation focus week was run week of 28th March in our Maternity services to highlight challenges staff have with CTG interpretation, escalation, human factors, civility saves lives and psychological safety and how to remove these barriers. This was supported by the Local Maternity System (LMS) who funded resources for staff. It was very well attended and received great feedback, further sessions are planned. 	<ul style="list-style-type: none"> Wards continue to work at staffing levels below their agreed establishment throughout March. The impact on staff well-being cannot be underestimated as many staff are moved from their base wards at very short notice and moved to cover other wards and support the ED queue, this is undertaken through a balance of risk. Recruitment of both national and international nursing staff is progressing at pace with further retention initiatives required to reduce the turnover of staff being experienced. Following a scoping exercise relating to the challenges faced with improving VTE risk assessments within UHBW; a meeting is planned in May with the Trust VTE Leads, Patient Safety Lead, Patient Safety Improvement Lead, and the Medical Director Team to discuss these challenges, and to discuss priorities, roles and responsibilities, clinical engagement and governance.

Reporting Month: March 2022

Safe

Caring

Opportunities	Risks & Threats
<ul style="list-style-type: none"> The vascular access group was restarted in March to help reduce levels of bacteraemia. A regional collaborative led by NHSE/I for improved vascular device management linked to reduced levels of bacteraemia has commenced. There is a quality improvement project planned to improve the awareness and confidence of clinical staff (Bristol sites) on using the Scoop device for post-fall management. A Tissue Viability Study Day in April 22 is planned, nursing staff across the trust have been invited to attend and significant interest in attending has been received from all Divisions. 	<ul style="list-style-type: none"> The impact of COVID-19 infection on staff sickness and absence in March has been excessive with a subsequent decrease in Trust fill rate for shifts for registered and non-registered staff to 87%, however this does not reveal lower fill rates on specific wards on specific days. This has additionally been challenged by the continued requirement to staff extra capacity areas that remain in regular use. <p><u>New patient safety risks:</u></p> <p>There were two new/ emerging risks in the Patient safety domain for March 2022:</p> <ul style="list-style-type: none"> 5098: Risk that pathology are unable to provide accurate list of reports for specific diagnoses. A historical lookback review of at the management of endometrial hyperplasia has identified a previously unrecognized variation in the coding and reporting from the pathology laboratory at NBT. A further, more detailed, review of all endometrial hyperplasia samples has begun to establish the scope and impact upon this patient population. Current risk 15. 5787: Risk that patient procedures and operations may be cancelled when there is severe disruption to supplies of non-pay consumables. The trust has experienced severe disruption to non-pay consumables in recent months; there is a risk that treatment and procedures may be affected by the shortage of specific essential supplies. Current score 15

Reporting Month: March 2022

Responsive

Effective

Successes	Priorities
<ul style="list-style-type: none"> • Cancer standards: the subsequent radiotherapy, subsequent chemotherapy, and 28 day faster diagnosis following GP referral standards were all compliant in February. The Trust also remains below its given maximum number of 'long waiting' (<62 day) patients on a GP suspected cancer pathway. • Over 21,000 patients have been allocated with an N-code to support clinicians in identifying lower risk caseloads that might be appropriate for PIFU or discharge. • DrDoctor went live on the 6th April with non-face to face video consultations. • The Trust has achieved waiting list targets agreed with NHS Improvement and NHS England in September. This includes the overall waiting list being held at 3% below the March target and patients waiting over 52 weeks being held at 2% below the March target. The Trust waiting list shape is looking much improved, albeit the overall list remains 52% higher at the end of March 2022 compared to April 2020. 	<ul style="list-style-type: none"> • Ensuring all cancer patients are treated in a clinically safe timescale during the ongoing emergency pressures and over winter, and secondly to maintain performance against the 'ongoing' cancer standards for numbers waiting (once clinical priority has been taken into account). • Appointment type Medway configuration work required to support further integration of the DrDoctor application, enabling the use of appointment reminder functions. • Review of DrDoctor quick question function to support development of new PIFU and Discharge pathways. • Any long waiting patient still waiting for an outpatient appointment must have a date for their next appointment by the end of April. The Trust currently has 5 long waiting outpatients without a next appointment date. • Delivery of 104 week wait reductions for patients on a referral to treatment pathway by end of June 2022. The Trust operating plan is to reduce the 346 patients recorded in March down to 197, with 29 remaining at the end of March 2023 all due to patient choice reasons only. • Focus continues with maximising use of the independent Sector (IS) for patients who are suitable for transfer for their treatment, however many local IS partners are unable to accept long wait patients until they have dated their own patients.

Reporting Month: March 2022

Responsive

Effective

Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Mutual aid with Liverpool Heart and Chest Hospital is working successfully to provide more timely treatment for appropriate thoracic surgery patients, including cancer patients. • National updates to infection, prevention and control guidance to align with government policy for Living with Covid present an opportunity to increase productivity in areas such as outpatients, day case, theatre recovery and diagnostics and should facilitate an increase in activity run rate from April onwards. • Onboarding of additional community capacity to support a reduction in patients who do not meet criteria to reside in the hospital. If recruitment plans deliver as expected, then the Trust can expect a potential benefit of greater than 50 beds by March 2023. This will help with reducing use of escalation spaces and potentially increase capacity for elective recovery. • There is an opportunity to work with NHSE's intensive support team to review our management of our waiting lists. This will allow the Trust to gain insight into our current booking processes and to undertake a health check on our current processes. • Outsourcing of 2 week wait outpatient appointments for the skin pathway will help with short term capacity gaps in Dermatology. 	<ul style="list-style-type: none"> • There is an ongoing impact on cancer waiting time standard compliance due to the pandemic and system emergency pressures. The increase in these impacts since January 2022 has caused further (for duration of the period of heightened prevalence) deterioration in performance. Some surgical specialities are considering mutual aid however this is dependent on other providers being in a better position, which is unlikely. These issues particularly affect cancer pathway patients at low clinical risk from delay. (Datix Risk ID 42). • Risk that community phlebotomy non-recurrent posts will not be funded through system funding or planning rounds. This has the potential to add further operational pressure to specialities. • Risk to delivering national targets for 104 week wait reductions. The Trust has a strategy for delivering agreed reductions by end of June but there are several constraints to overcome including elective inpatient beds, theatre staff, restrictions in independent sector options due to pricing, restricted mutual aid opportunities due to competing priorities at other Trusts and ongoing clinical prioritisation of higher risk patients who have not waited as long but have higher risk of coming to harm without treatment.

Reporting Month: March 2022

CQC Domain	Metric	Standard Achieved?
Safe	Infection Control (C. diff)	Y
	Infection Control (MRSA)	N
	Infection Control (E.Coli)	Y
	Serious Incidents	N/A
	Patient Falls	N
	Pressure Injuries	P
	Medicines Management	P
	Essential Training	N
	Nurse Staffing Levels	N/A
	VTE Risk Assessment	N
Caring	Patient Surveys (Bristol)	Y
	Patient Surveys (Weston)	Y
	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	P
	Referral to Treatment – Long Waits	N
	Cancelled Operations	N
	Cancer Two Week Wait	N
	Cancer 62 Days	N
	Cancer 28 Day Faster Diagnosis	N
	Diagnostic Waits	N
	Outpatient Measures	N
Effective	Outpatient Overdue Follow-Ups	N
	Mortality (SHMI)	Y
	Mortality (HSMR)	P
	Fracture Neck of Femur	P
	Mixed Sex Accommodation	Y
	Maternity Services	N/A
	30 Day Emergency Readmissions	N

CQC Domain	Metric	Standard Achieved?
Well-Led	Bank & Agency Usage	N
	Staffing Levels – Turnover	N
	Staffing Levels – Vacancies	N
	Staff Sickness	P
	Staff Appraisal	N
Use of Resources	Average Length of Stay	N/A
	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

March 2022

Y Achieved

Standards:	<p>For this section, two measures are reported: Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA). HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital.</p> <p>A limit of Clostridium Difficile cases has now been confirmed with NHSE/I as 57, this is lower than previous reporting years and does not take into account the combined totals for the merger between Bristol and Weston (previously the limits were 57 for Bristol and 15 for Weston, a total of 72). This confirmed limit would give a trajectory of 4.75 cases a month. Almost certainly, the consequence of this confirmed limit is that UHBW will be non-compliant for this limit.</p>
Performance:	<p>In March there were two cases identified as HOHA and one COHA case reported. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. Hospital Onset Healthcare Associated (HOHA) C-Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission). This year we have had 95 clostridium difficile Healthcare Associated cases for 2021/22 which means we have significantly exceeded our limit for this year. The limit for 2022/23 has not yet been set.</p>
Commentary:	<p>Further post-infection reviews are scheduled to deal with each of the remaining outstanding quarters in 20/21. Increased cases have been identified across both Bristol and Weston sites.</p> <p>Actions taken:</p> <ul style="list-style-type: none"> • Increased environmental auditing within areas of increased rates is taking place. • A structured collaboration commenced in September 2021 across the BNSSG provider organisations facilitated by the CCG and a regional NHSE/I quality improvement collaborative is being established. • An updated IPC education plan in clinical departments has begun. • Increased environmental auditing within areas of increased rates is taking place.
Ownership:	Chief Nurse

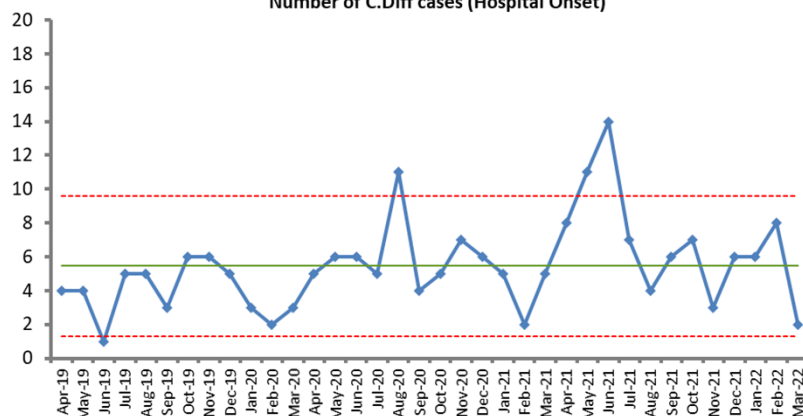
	Mar-22		2021/2022		2020/2021	
	HA	HO	HA	HO	HA	HO
Medicine	1	0	32	31	25	24
Specialised Services	1	1	16	12	18	14
Surgery	1	1	13	13	11	11
Weston	0	0	19	14	12	8
Women's and Children's	0	0	12	12	12	10
Other (Bristol)	0	0	3	0	3	0
TOTAL	3	2	95	82	81	67

HA = Healthcare Associated, HO = Hospital Onset

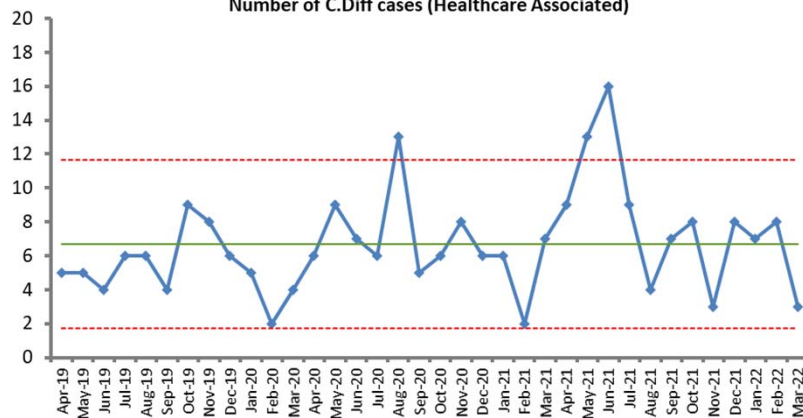
Infection Control – C.Difficile

March 2022

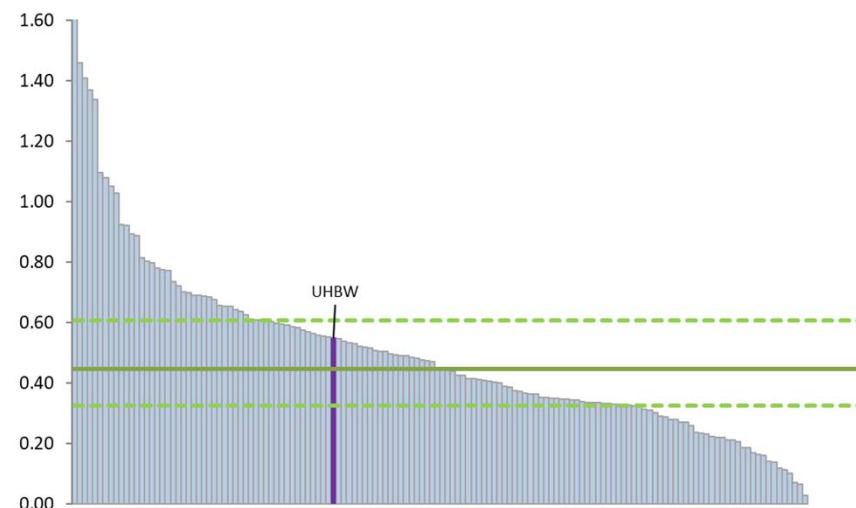
Number of C.Diff cases (Hospital Onset)



Number of C.Diff cases (Healthcare Associated)



Benchmarking - C.Diff Rate Per 1000 Beddays - Mar21 to Feb22



Infection Control - MRSA

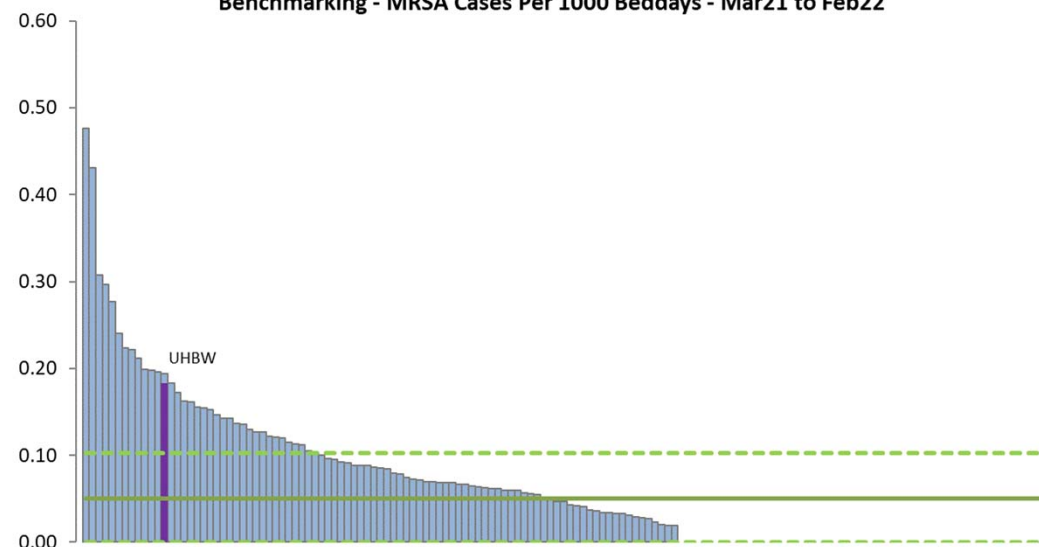
March 2022

N Not Achieved

Standards:	The standard is to have zero Trust Apportioned MRSA cases. This is Hospital Onset cases only.
Performance:	There was one new case of MRSA bacteraemia in UBHW in March 2022. There have been seven cases reported this financial year.
Commentary:	<p>Actions</p> <ul style="list-style-type: none"> The vascular access group was restarted in March to help reduce levels of bacteraemia. A regional collaborative led by NHSE/I for improved vascular device management linked to reduced levels of bacteraemia has commenced. An improvement plan is to be developed.
Ownership:	Chief Nurse

	Mar-22	2021/2022	2020/2021
Medicine	1	6	0
Specialised Services	0	0	1
Surgery	0	0	0
Weston	0	0	1
Women's and Children's	0	1	2
TOTAL	1	7	4

Benchmarking - MRSA Cases Per 1000 Beddays - Mar21 to Feb22



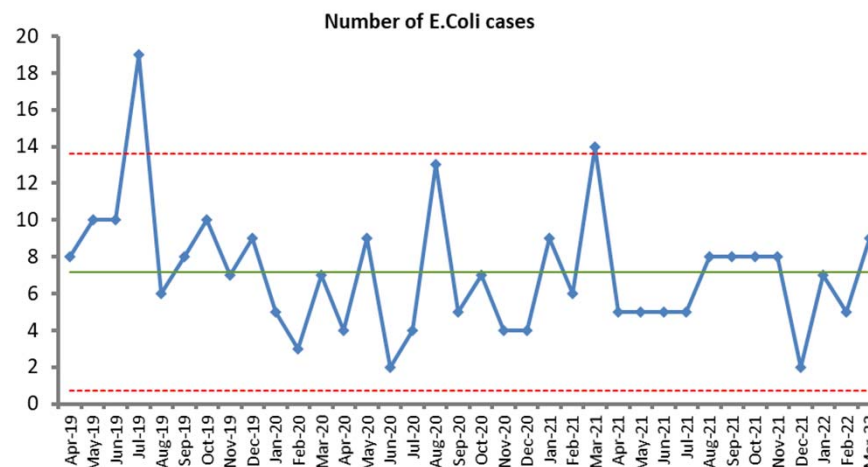
Infection Control – E. Coli

March 2022

Y Achieved

Standards:	Enhanced surveillance of Escherichia coli (E.coli) bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemia are reported monthly to Public Health England (PHE). As a result in the national rise in E.coli bacteraemia rates, a more in-depth investigation into the source of the E.coli bacteraemia are initially undertaken by a member of the Infection Prevention and Control team. Reviews include identifying whether the patient has a urinary catheter and whether this could be a possible source of infection. If any lapses in care are identified at the initial review of each case, a more complete analysis of the patient's care is carried out by the ward manager through the incident reporting mechanism. There is a time lag between reported cases and completed reviews. A limit of E.coli cases has now been confirmed with NHSE/I as 190. This confirmed limit would give a trajectory of 15.8 cases a month.
Performance:	There were nine Hospital Onset cases in March, giving 75 cases year-to-date. This is below the new trajectory of 16 per month.
Commentary:	The community prevalence of E.coli cases has been noted to be increasing throughout this year. Hepatobiliary was identified as the potential source of E. coli bacteraemia in one of the cases. The potential source of infection for two cases was upper urinary tract and the potential source of another was lower respiratory tract. The source of infection for the other five cases has not been identified. None of the cases were identified as urinary catheter related. A catheter use / prevalence survey across the Trust and an audit of compliance with best practice is planned. This year we have had 75 E.coli cases for 2021/22 which means we are below our limit and have in fact managed to use less than 40% of our limit. The limit for 2022/23 has not yet been set.
Ownership:	Chief Nurse

	Mar-22	2021/2022	2020/2021
Medicine	3	19	27
Specialised Services	2	16	16
Surgery	1	15	21
Weston	3	18	9
Women's and Children's	0	7	8
TOTAL	9	75	81



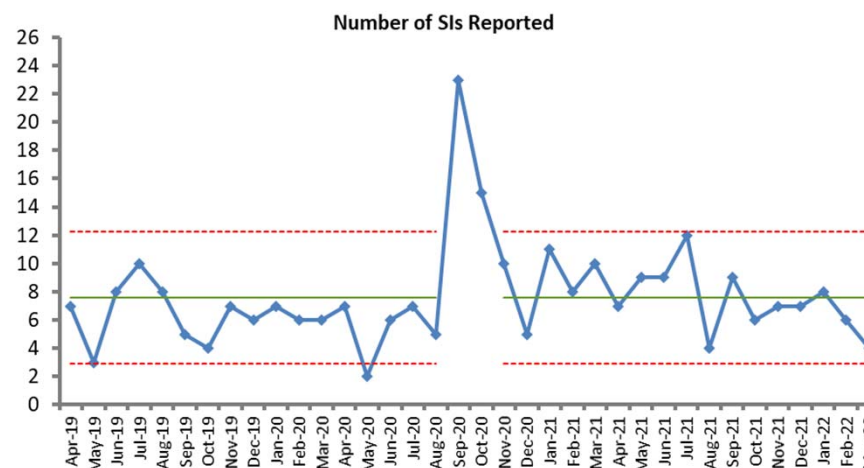
Serious Incidents (SIs)

March 2022

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.
Latest Data:	Four serious incidents were reported in March 2022: one in the Division of Weston, one in Women's & Children's Division, one in the Division of Medicine and one in the Division of Surgery. These serious incidents comprise: one medication incident, one pending review (awaiting the report to allocate the final category), one blood product/ transfusion incident and one Treatment Delay. There were no never events or new HSIB investigations reported in the month.
Commentary:	<p>The new Rapid incident review process for the identification of incidents requiring further Patient Safety Incident Investigations (replacing the previous Root Cause Analysis) commenced trust wide in January 2022. The advantage over the previous 72 hour report process is that the identification process is now performed in a meeting format that gives the opportunity for the Divisional safety teams and Divisional representatives to discuss the incident directly with a member of the Executive team. Twenty four incidents were brought for rapid review in March 2022 the decision to undertake a Patient safety investigation is a requirement for all incidents that have resulted in the death of a patient or at the rapid incident review further investigation and systems analysis to ensure all learning is captured has been recognised.</p> <p>The outcomes and improvement actions 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

	Mar-22	2021/2022	2020/2021
Medicine	1	29	31
Specialised Services	0	8	6
Surgery	1	9	13
Trust Services	0	0	1
Weston	1	22	50
Women's and Children's	1	19	8
Other/Multiple Divisions	0	1	0
TOTAL	4	88	109



Harm Free Care – Inpatient Falls

March 2022

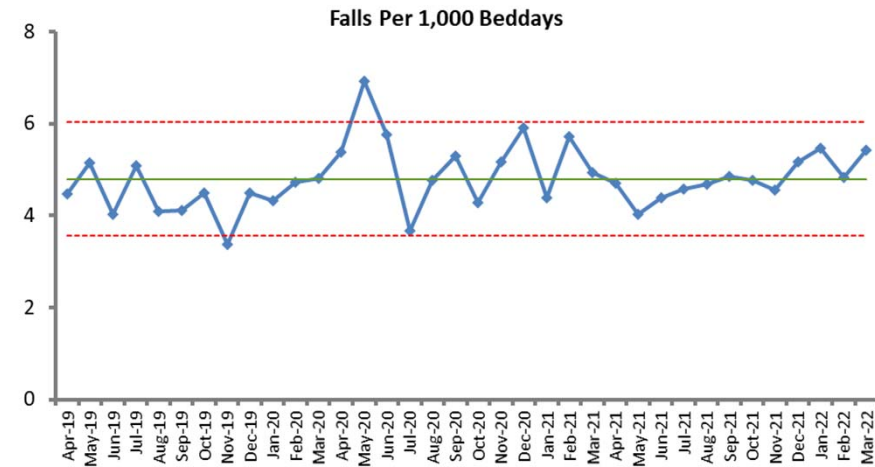
N Not Achieved

Standards:	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
Performance:	<p>During March, the rate of falls per 1,000 bed days was 5.42 across UHBW and remains within the statistical process control limits. Bristol rate was 5.00 and Weston rate was 6.70. There were 183 falls in total (127 in our Bristol Hospitals and 56 in the Division of Weston). There were two falls with moderate harm (one in the Medicine division in the Bristol Royal Infirmary and one in Weston). There were two falls with major harm (both in the Medicine division in the Bristol Royal Infirmary).</p>
Commentary:	<p>The number of falls has increased slightly in March, across both the BRI and Weston site. The continued operational pressures, high numbers of ward moves and staff shortages across the Trust remains, alongside the numbers of patients requiring enhanced care observation continue to contribute to the falls risks. The Divisions continue to manage those patients at risk of falls and review and investigate these falls as timely as possible to ensure learning is obtained and shared.</p> <p>Actions:</p> <ul style="list-style-type: none">• The Dementia, Delirium and Falls steering group meets monthly with presentations in April from the divisions of Specialised Services and Medicine.• The educational component and discussion at the April steering group centred around vision screening as part of the Multi Factorial Risk Assessment for Falls. This component of the assessment does not always get completed during initial assessment and there was discussion around how best to support completion.• There was also a presentation and discussion around a quality improvement project on awareness and confidence of clinical staff (Bristol sites) on using the Scoop device for post-fall management.• There continues to be a higher risk of falls due to operational staffing pressures. There was also a request for support for frontline staff to better understand and access falls related data that can then be used in everyday plans. <p>The National Falls audit report has still not been made available (due to covid-19 related pressures).</p>
Ownership:	Chief Nurse

Harm Free Care – Inpatient Falls

March 2022

	Mar-22	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	1	-
Medicine	73	8.41
Specialised Services	20	3.78
Surgery	28	6.57
Weston	56	6.70
Women's and Children's	5	0.70
Other/Not Known	0	-
TRUST TOTAL	183	5.42
<i>Bristol Subtotal</i>	<i>127</i>	<i>5.00</i>



Harm Free Care – Pressure Injuries

March 2022

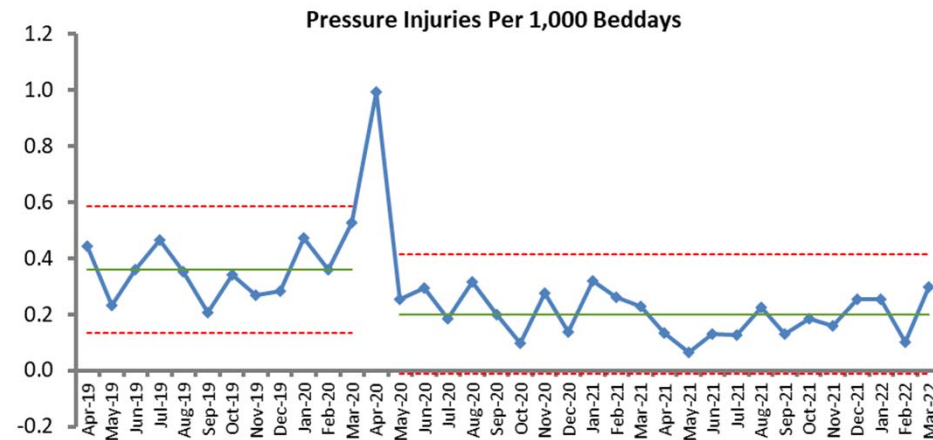
P Partially Achieved

Standards:	Pressure Injuries are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2, 3 and 4 are counted. There is an additional category referred to as “Unstageable”, where the final categorisation cannot be determined when the incident is reported. The Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure. The aim is to reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. In addition there should be no Category 3 or 4 injuries.
Performance:	<p>During March 2022, the rate of pressure injuries per 1,000 beddays was 0.30 across UHBW.</p> <p>Across UHBW there were a total of eight Category 2 pressure injuries: four in Weston Division (two coccyx, one hip and one spine), three in Medicine Division (two sacrum, one heel) and one in Specialised Services (sacrum). Three out of the eight patients were being nursed on the end-of-life pathway at time of tissue viability nurse review.</p> <p>There were also two unstageable pressure injuries. One in Medicine Division (coccyx) and one in Weston Division (heel). Both patients were elderly with significant co-morbidities. Investigations are underway for both.</p>
Commentary:	<p>A theme was identified with several pressure injuries developed to the coccyx and sacral areas.</p> <p>Despite this increase in incidence, the Tissue Viability (TV) Nurse team have been keen to boost morale and recognise staff success: specifically those who provide exemplary wound and pressure relief care in their clinical area. There have been numerous examples of this throughout March and each individual staff member has received a thank you email (copying in their manager) from the team, in recognition of their excellent work. There has also been a huge amount of interest and enthusiasm from staff in relation to the upcoming tissue viability study day at the end of April.</p> <p>Actions All sites:</p> <ul style="list-style-type: none">• Re-circulation of the Pillow Talk and “Bottoms Up” poster campaigns - visual aids to support staff with guidance around the anatomy and physiology of the sacral/coccyx areas and actions to relieve pressure.• Remind staff / focus on hotspot wards with 15-minute micro teaching sessions.• Tailored TV training sessions with Weston Emergency Department staff – focus on first line dressing choices, the importance of timely skin checks and documentation of skin damage on admission.• TV Study Day planned in April.
Ownership:	Chief Nurse

Harm Free Care – Pressure Injuries

March 2022

	Mar-22	
	Injuries	Per 1,000 Beddays
Diagnostics and Therapies	0	-
Medicine	4	0.46
Specialised Services	1	0.19
Surgery	0	0.00
Weston	5	0.60
Women's and Children's	0	0.00
Other/Not Known	0	-
TRUST TOTAL	10	0.296
<i>Bristol Subtotal</i>	5	0.20

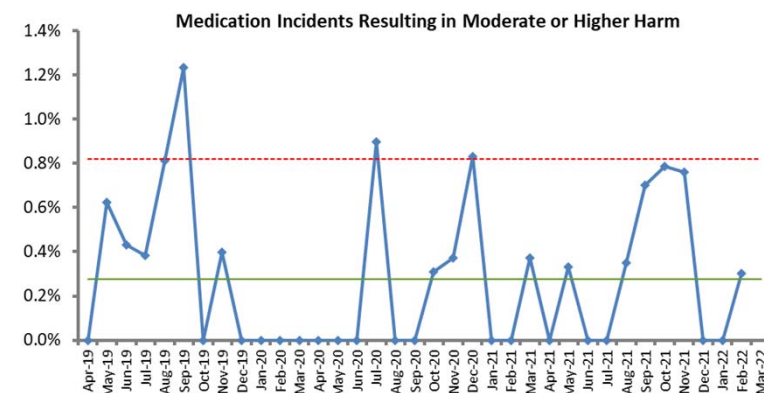


February 2022

Y Achieved

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%, with an amber tolerance to 1%. 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 or greater harm incident out of 330 medication incidents reported Trust wide in February (0.30%). Omitted doses data was not collected in March as the member of staff who extracts and circulates the results was not available to perform this task this month. Omitted doses for March will therefore be reported in May, along with with April's data.
Commentary:	The moderate harm incident involved a patient who was stepped down from ICU. The drug chart was transferred to a paper drug chart from the electronic system used in ICU, in line with standard practice, and an antiepileptic drug was omitted from the drug chart. The patient had a seizure. A rapid incident review took place and this incident is now the subject of a patient safety incident investigation. Actions: <ul style="list-style-type: none"> Introduction of a universal electronic prescribing system would prevent the need for medication charts to be re-written and therefore eliminate errors with re-writes.
Ownership:	Medical Director

	Feb-22		
	Moderate or Higher harm	Total Audited	Percentage
Diagnostics and Therapies	0	16	0.0%
Medicine	0	59	0.00%
Specialised Services	0	79	0.00%
Surgery	1	44	2.27%
Weston	0	32	0.00%
Women's and Children's	0	100	0.00%
Other/Not Known	0	0	-
TRUST TOTAL	1	330	0.30%



March 2022

N Not 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:	March 2022 overall compliance for Core Skills (mandatory/statutory) training reduced to 80% from 81% compared to the previous month, across the eleven programmes. There were reductions in four programmes; the largest reduction within Moving and Handling to 64% from 76% the previous month.
Commentary:	<p>This is the first compliance report reflecting the Trust's migration to the new learning management system - Kallidus Learn - at both Bristol and Weston sites, migrating all prior Weston training and compliance data and settings from where they were previously held.</p> <p>There were increases in four programmes, the largest within Fire Safety increasing by 2% to 79%. Overall compliance for remaining Essential Training reduced to 81% from 85% in the previous month. In this category, 'Speak Up Core Training for Workers' and 'Venous Thromboembolism' improved by 2% (54%) and 3% (87%), respectively.</p> <p>The department expect this overall reduction to have temporary effect, largely attributed to some Weston users now being automatically assigned to more refined training audiences (user groups), and corrected refresher periods, as originally refined and established via portfolio groups.</p>
Ownership:	Director of People

Nurse Staffing Levels

March 2022

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. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
Performance:	The report shows that in March 2022 (for the combined inpatient wards) the Trust had rostered 315,542 expected nursing hours, against the number of actual hours worked of 273,197 giving an overall fill rate of 86.6%.
Commentary:	<p>Wards have continued to work at staffing levels below their agreed establishment throughout March. The impact on staff well-being cannot be underestimated as many staff are moved from their base wards at very short notice and moved to cover other wards and support the ED queues. Staff also moved between the Bristol and Weston sites to help ensure patient safety is maintained across the Trust.</p> <p>The international recruitment programme continues to bring in new recruits each month, however there is a variable delay between arriving and officially joining the staffing numbers.</p> <p>The Band 5 RN vacancy level has improved this month to 15.3 % with turnover decreasing to 17.7% across the Trust.</p> <p>The impact of COVID-19 infection on staff sickness and absence in March has been excessive with a subsequent decrease in Trust fill rate for shifts for registered and non-registered staff to 87%, however this does not reveal lower fill rates on specific wards on specific days.</p> <p>This month the low staffing situation has been exacerbated with the requirement to ensure extra capacity areas have been regularly utilised during the month due to operational pressure, this has also reduced the pool of available staff to cover ward shifts.</p> <p>The level of 'lower than expected staffing incidents' increased again this month indicating the level of concern on wards about the staffing situation.</p> <p>Actions:</p> <ul style="list-style-type: none">• Additional oversight and support for nurse staffing has been required by Heads of Nursing and Deputy Chief Nurses to ensure the balance of safe staffing is achieved across the Trust.• The Temporary Staffing Bureau have assisted with enabling easier travel between Bristol and Weston to improve the staff experience when working cross site.• Recruitment of both registered and non-registered staff continues at pace with targeted support to hotspots areas within the Divisions along with retention initiatives to reduce the turnover being experienced.
Ownership:	Chief Nurse

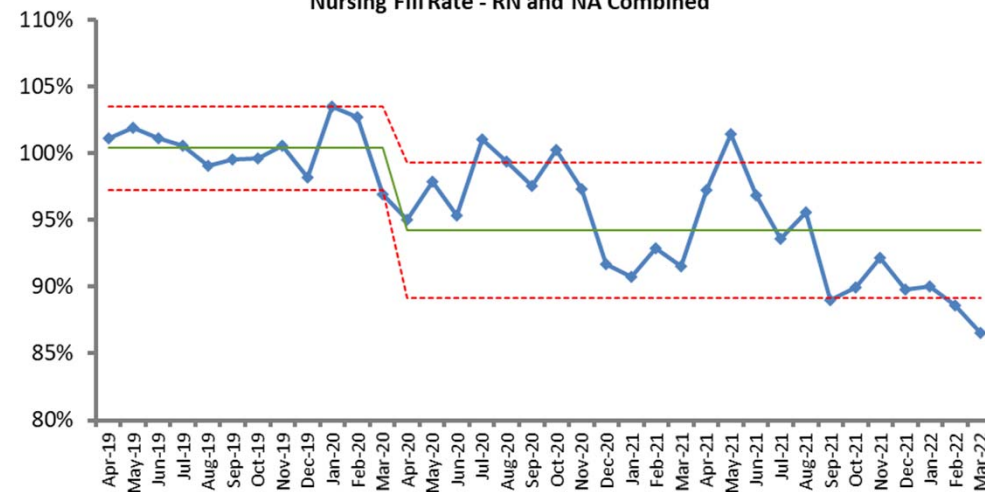
Nurse Staffing Levels

March 2022

Staffing Fill Rates

	Mar-22		
	Total	RN	NA
Medicine	94.2%	91.6%	97.7%
Specialised Services	93.2%	83.6%	122.8%
Surgery	86.8%	83.3%	95.6%
Weston	88.1%	80.7%	96.4%
Women's and Children's	77.6%	80.8%	62.7%
TRUST TOTAL	86.6%	83.5%	93.4%

Nursing Fill Rate - RN and NA Combined



Venous Thromboembolism (VTE) Risk Assessment

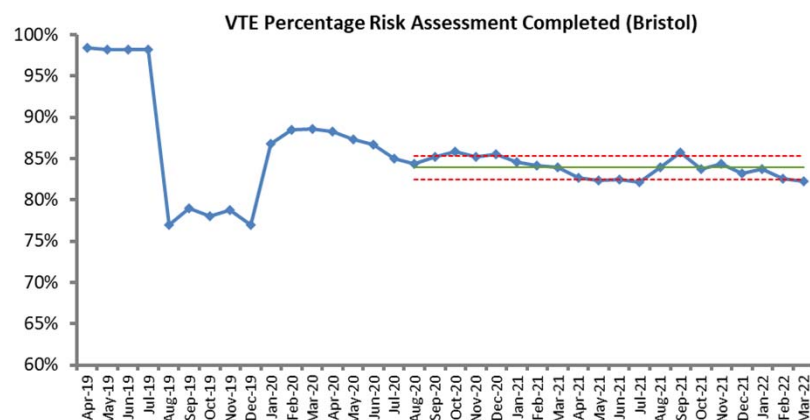
March 2022

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 UHBW was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	Compliance for March 2022 was 82.2% and has remained around this level for recent months (82.5% for February 2022). This is data for Bristol sites only and is below the 95% target.
Commentary:	<p>Following implementation of digital risk assessments and the alignment of Low Molecular Weight Heparin (LMWH) in Weston, there is now unity across UHBW; and digital risk assessments have several advantages including:</p> <ul style="list-style-type: none">• VTE risk assessments completed in full including name and date of person completing,• VTE risk assessment can be completed and accessed anywhere, even when the drug chart cannot be located,• Compliance data available in real time, with performance reports according to ward or speciality at the click of the button. <p>However, further integrated digital roll out has been delayed and this has resulted in digital VTE risk assessments standing alone within Careflow, which has generated a significant barrier to compliance.</p> <p>There are VTE Quality Improvement (QI) projects ongoing in Haematology, Oncology, Trauma & Orthopaedics, Medicine and Surgery led by speciality consultants; and there is evidence that speciality specific focused effort can improve compliance in the short term, but this improvement is transient. It is very unlikely that sustained consistent compliance above 95% will be achieved without an integrated digital system. In the meantime, to optimise VTE risk assessment compliance as much as possible, changes need to be led by and performance owned within the individual specialities and divisions.</p> <p>Following a scoping exercise relating to the challenges faced with improving VTE risk assessments within UHBW; a meeting is planned in May with the Trust VTE Leads, Patient Safety Lead, Patient Safety Improvement Lead, and the Medical Director Team to discuss these challenges, and to discuss priorities, roles and responsibilities, clinical engagement and governance with regards to VTE work in general.</p>

Venous Thromboembolism (VTE) Risk Assessment

March 2022



Division	SubDivision	Number Risk		Percentage Risk
		Assessed	Total Patients	Assessed
Diagnostics and Therapies	Chemical Pathology	3	3	100.0%
	Radiology	20	20	100.0%
Diagnostics and Therapies Total		23	23	100.0%
Medicine	Medicine	1,705	2,441	69.8%
Medicine Total		1,705	2,441	69.8%
Specialised Services	BHOC	2,333	2,461	94.8%
	Cardiac	358	533	67.2%
Specialised Services Total		2,691	2,994	89.9%
Surgery	Adult ITU	2	2	100.0%
	Anaesthetics	13	13	100.0%
	Dental Services	93	125	74.4%
	ENT & Thoracics	210	294	71.4%
	GI Surgery	898	1,087	82.6%
	Ophthalmology	188	196	95.9%
	Trauma & Orthopaedics	136	166	81.9%
Surgery Total		1,540	1,883	81.8%
Women's and Children's	Children's Services	36	47	76.6%
	Women's Services	1,398	1,602	87.3%
Women's and Children's Total		1,434	1,649	87.0%
Grand Total		7,393	8,990	82.2%

Friends and Family Test (FFT)

March 2022

N/A No Standard Defined

Standards:	The FFT question asks "Overall, how was your experience of our service?". The Trust collects FFT data through a combination of online, postal survey responses, FFT cards and SMS (for Emergency Departments and Outpatient Services). There are no targets set.
Performance:	<p>The Trust received 5,714 FFT responses in March 2022, which represents a 36% increase in the number of responses received in February (4,184). See table below for the performance summary. In terms of ED FFT performance in March 2022:</p> <ul style="list-style-type: none"> BRI ED score has decreased to 67% (from 75% in February); BRCH ED score has seen a small decrease to 86% (from 89% in February); Weston ED reports a score of 77% which is a small decrease from the score of 79% in February; BEH ED score remains high at 96% (from 97% in February);
Commentary:	<p>FFT scores for inpatients, day cases, maternity and outpatients are extremely positive and broadly consistent with February figures. In response to the lower than average FFT scores for the BRI ED and Weston ED, weekly reports are being sent to ED divisional leads with their FFT data for the previous week so that data can be reviewed in a more timely manner.</p>
Ownership:	Chief Nurse

		Positive Response	Total Response	Total Eligible	%Positive	Response Rate
Inpatients	Bristol	576	614	2,407	93.8%	25.5%
	Weston	202	212	675	95.7%	31.4%
	UHBW	778	826	3,082	94.3%	26.8%
Day Cases	Bristol	331	331	1,932	100.0%	17.1%
	Weston	199	200	351	99.5%	57.0%
	UHBW	530	531	2,283	99.8%	23.3%
Outpatients	Bristol	2,696	2,880		94.9%	
	Weston	168	182		92.8%	
	UHBW	2,864	3,062		94.8%	

TOTAL RESPONSES

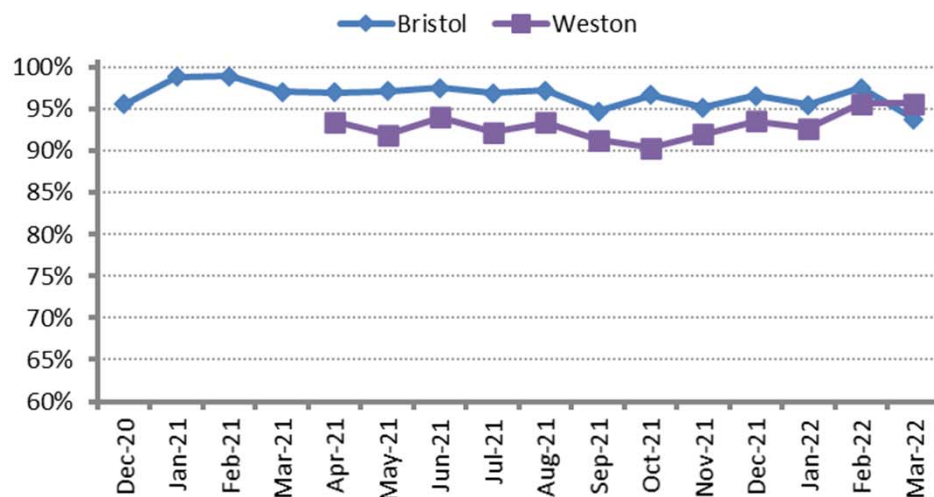
5,714

		Positive Response	Total Response	Total Eligible	%Positive	Response Rate
A&E	BRI	179	269	3,751	66.8%	7.2%
	BRHC	282	329	2,625	86.2%	12.5%
	BEH	240	249	1,801	96.4%	13.8%
	Weston	246	321	2,317	76.9%	13.9%
	UHBW	947	1,168	10,494	81.4%	11.1%
Maternity	Antenatal	47	48	197	97.9%	24.4%
	Birth	23	23	390	100.0%	5.9%
	Postnatal (ward)	22	22	391	100.0%	5.6%
	Postnatal (community)	34	34	270	100.0%	12.6%
	UHBW	126	127	1,248	99.2%	10.2%

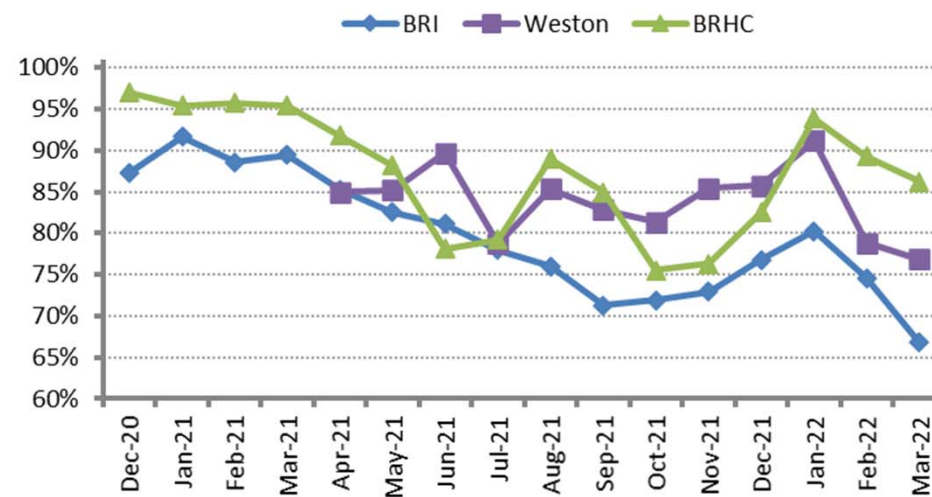
Friends and Family Test (FFT)

March 2022

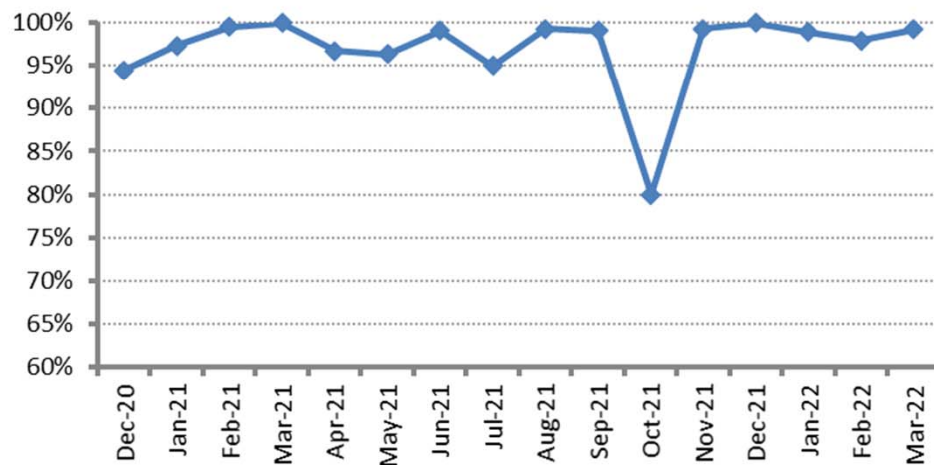
Inpatient (excluding Day Case) Scores



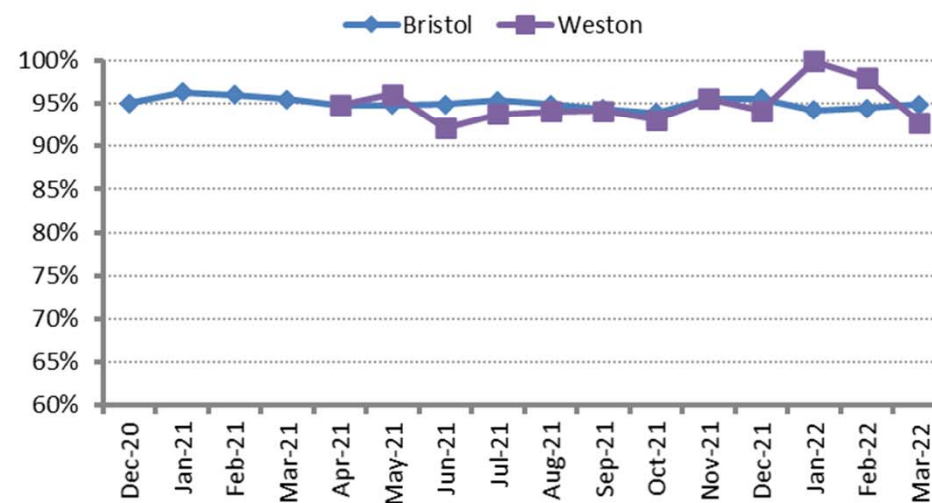
Emergency Department Scores



Maternity Services Scores



Outpatient Scores

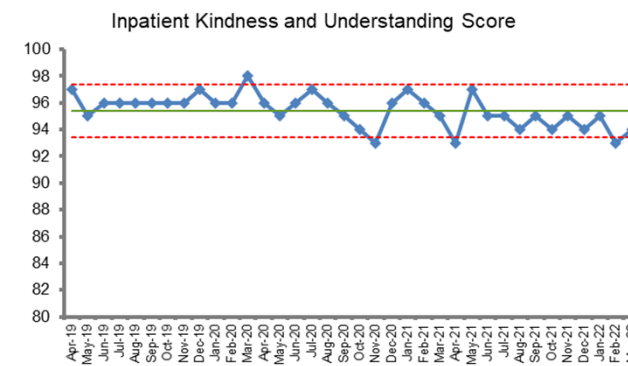
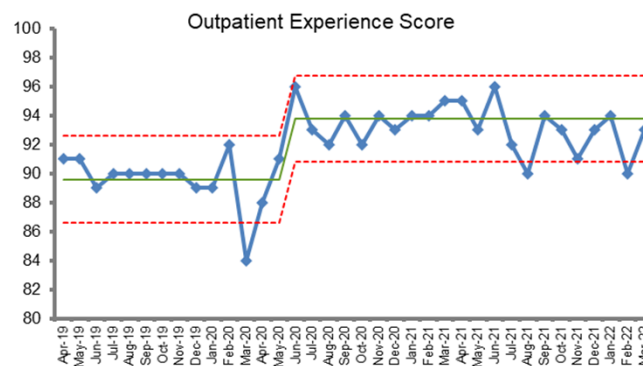
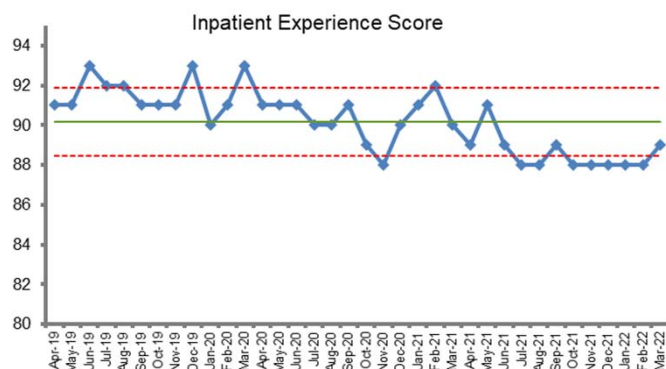


Patient Surveys (Bristol)

March 2022

Y Achieved

Standards:	Please note this data relates to Bristol hospitals only. Data for Division of Weston is reported on the following page. For the inpatient and outpatient postal survey, five questions relating to 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 March 2022: <ul style="list-style-type: none"> Inpatient score was 89 (February was 88). Kindness and understanding score was 93 (February was 90). Outpatient score was 94 (February was 93).
Commentary:	In March 2022 scores exceeded the minimum targets.
Ownership:	Chief Nurse



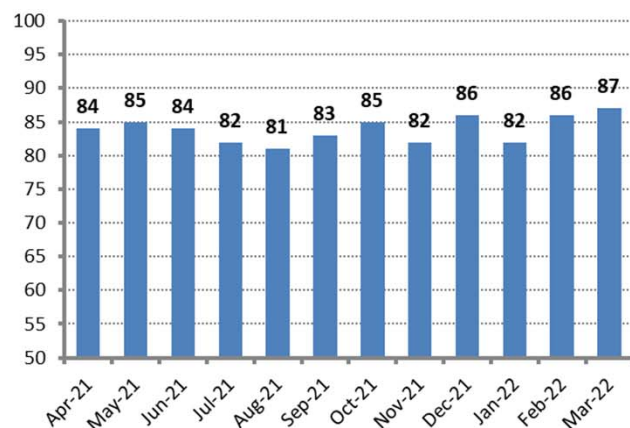
Patient Surveys (Weston)

March 2022

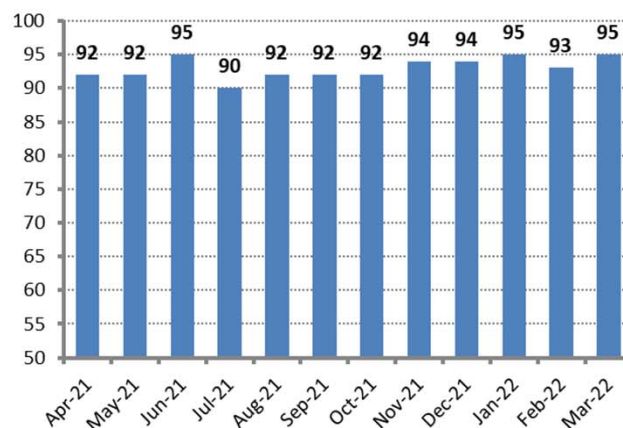
Y Achieved

Standards:	Please note this data relates to Division of Weston only. 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 Trust 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 March 2022: <ul style="list-style-type: none"> Inpatient score was 87, February was 86. Kindness and understanding score was 95, February was 93. Outpatient score was 87, February was 92.
Commentary:	March 2022 scores achieved or exceeded the minimum targets. Please note the inpatient tracker score has achieved the minimum target of 87 for the first time (since the postal survey was extended to the Division of Weston at the start of 2021/22).
Ownership:	Chief Nurse

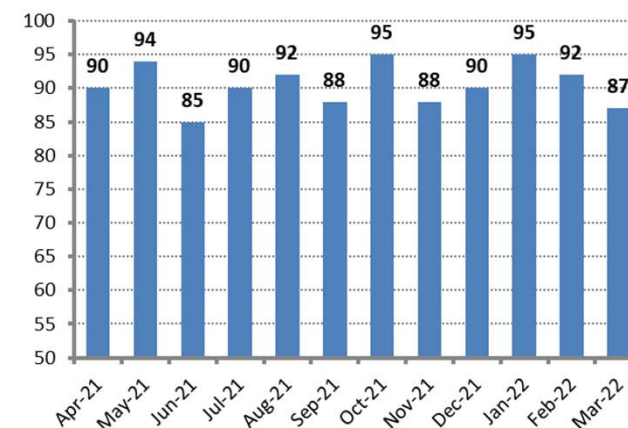
Inpatient Tracker Score (Weston)



Kindness & Understanding Score (Weston)



Outpatient Tracker Score (Weston)



Patient Complaints

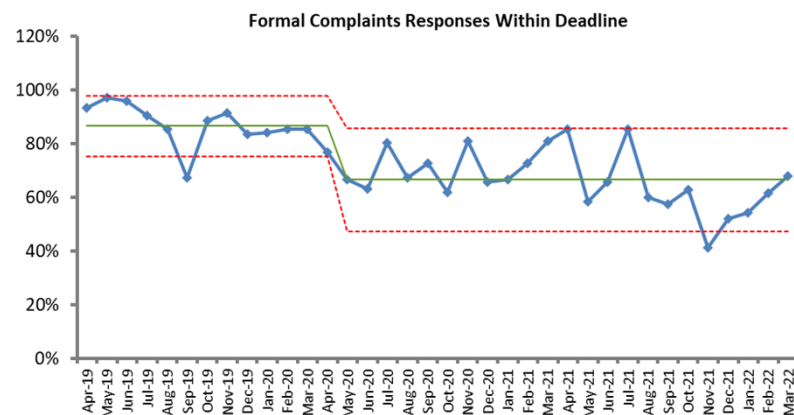
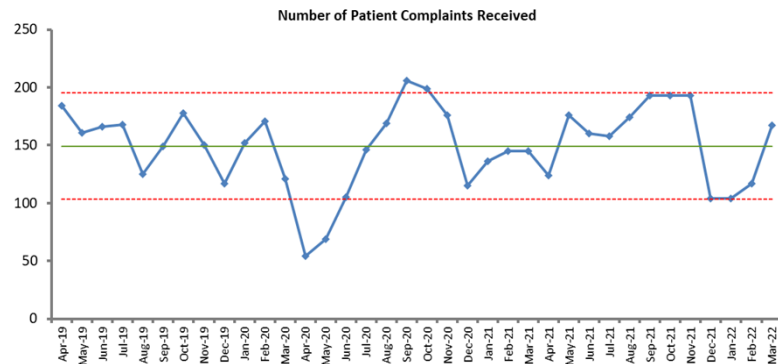
March 2022

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%. In addition the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.
Performance:	In March 2022: <ul style="list-style-type: none"> • 167 Complaints were received (14 Formal and 153 Informal). • Responses for 75 Formal and 79 Informal complaints were sent out to complainants. • 68% of formal complaints (51 out of 75) were responded to within the agreed timeframe. • Divisions returned 75% (56 out of 75) of formal responses to the PSCT by the agreed deadline, which is a slight improvement compared to the 73.4% reported in February. This is the deadline for responses to be returned to PSCT; seven working days prior to the deadline agreed with the complainant. • 85% of informal complaints (67 out of 79) were responded to within the agreed timeframe, which is a slight deterioration compared with the 87% reported in February 2022, but broadly consistent with performance throughout the previous six months. • There were nine complaints where the complainant was dissatisfied with our response, which represents 11.1% of the 81 first responses sent out in January 2022 (this measure is reported two months in arrears). This is above (i.e. worse than) the Trust's target of no more than 8% of complainants advising us that they were unhappy with our response to their complaint.
Commentary:	<p>The 68% of formal complaints being responded to within timeframe represents a further monthly improvement in performance (61.7% and 54.3% reported in February and January 2022 respectively) but still significantly below the 95% target. Performance continues to reflect operational pressures across the organisation. 19 of the 24 breaches were attributable to delays within the divisions, with three breaches due to delays in the Patient Support & Complaints Team (PSCT) and two due to delays during the Executive signing process.</p> <p>As reported in February 2022, further analysis of dissatisfied complaints has been carried out by the Patient Support & Complaints (PSCT) Manager. The outcome of this analysis has recently been shared with Divisions to facilitate ongoing learning and improvement in complaints handling and resolution and will continue to be closely monitored by the PSCT Manager.</p> <p>NB: At the time of submitting this report, this data had not yet been validated by Divisions.</p>
Ownership:	Chief Nurse

Patient Complaints

March 2022



Complaints Received

	Mar-22	2021/2022	2020/2021
Diagnostics and Therapies	16	97	56
Medicine	41	385	385
Specialised Services	17	250	190
Surgery	42	476	406
Trust Services	3	26	56
Weston	14	217	250
Women's and Children's	30	367	273
Estates and Facilities	4	45	49
TOTAL	167	1863	1665

Responses Within Deadline

	Mar-22	
	% Within Deadline	Total Responses
Diagnostics and Therapies	100.0%	1
Medicine	72.7%	11
Specialised Services	66.7%	6
Surgery	100.0%	15
Trust Services	0.0%	0
Weston	27.3%	22
Women's and Children's	89.5%	19
Estates and Facilities	0.0%	1
TOTAL	68.0%	75

Emergency Care – 4 Hour Standard

March 2022

N Not Achieved

Standards:	<p>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.</p> <p>There is also an expectation that no patient will wait more than 12 hours in ED after a decision to admit has been made, called “Trolley Waits”.</p> <p>There is also an expectation that no Ambulance Handover will exceed 30 minutes.</p>
Performance:	<p>Trust level 4 hour performance for March was 63.3% across all four Emergency Departments (16,738 attendances and 6,149 patients waiting over 4 hours).</p> <p>There were 952 patients who had a Trolley wait in excess of 12 hours (591 in Bristol and 361 at Weston).</p> <p>In March there were 2,428 ambulance handovers in excess of 15 minutes which was 81% of all handovers.</p> <p>In March there were 1,912 ambulance handovers in excess of 30 minutes which was 64% of all handovers.</p>
Commentary:	<p>Bristol Royal Infirmary:</p> <p>Performance against the 4 hour standard in March has deteriorated further to 46.3% as average daily attendances have continued to rise from 187 in January to 209 attendances per day in March.</p> <p>Lack of inpatient flow remains the key driver of breaches and is exacerbated by lack of capacity in the broader system to support timely discharge and staff absence/vacancy.</p> <p>12 hour trolley waits continue to rise with an unprecedented 566 breaches and average ambulance handover delays at 76 hours lost per day. This reflects the highly challenging picture in across the local health and care system. The Trust has been in near continuous “internal critical incident” status since September 2021.</p> <p>The Trust is progressing initiatives to reduce overcrowding, ambulance queueing and long waits including:</p> <ul style="list-style-type: none">• Medical Same Day Emergency Care (SDEC): Established in October 2022. SDEC avoids admissions to inpatient beds and directs patients away from the ED. Recruitment is ongoing to expand from a 5 to 7 day service.• Escalation capacity (boarding, Endoscopy, Cardiac Catheter Lab, ED A300) was increased by 10 to 33 spaces in December.• Reverse queuing capacity has been increased from in the ED to release ambulance crews earlier to answer 999 calls.• Redirection of minor illness/injury to GPs, Urgent Treatment Centres and community pharmacy is fully embedded in the Department’s practices.

March 2022

Commentary:

Bristol Eye Hospital:

Performance dipped again in March to 94.8%, compared to 95.8% in February, with attendances being 2,029, higher than the 1,809 for the month before.

There were 106 four hour breaches: 59 doctor delay, 32 were diagnostic delay, 12 clinical having treatment to avoid admission, 2 awaiting a bed for admission, 1 awaiting speciality review. Of those 106 four-hour breaches, 14 had a long nurse triage time over 1 hour which would have contributed to the wait time.

Doctor staffing continues to be challenging due to sickness and annual leave. The department have had a resignation of a Specialist and Associated Specialist (SAS) doctor.

Nurses have also had a challenging time with regards to covid related sickness and staffing issues. This combined with a high volume of patients attending the department has had a significant impact with staff leaving late/working overtime to compensate.

Bristol Royal Hospital for Children:

Performance for March was 77.7%. Attendances for March increased by 1000 compared to February there has also been an increase in acuity of patients attending ED and as well increase in mental health patients.

Lack of ward bed availability in particular cubicles and High Dependency Unit (HDU) has been an ongoing problem. During busy times, with the high volumes of attendances, social distancing within the waiting area is a significant problem. The department is also having difficulties with the number of Covid positive patients and accommodating them within the small footprint of the department. The team are working with infection control to manage this. Nursing and Medical staffing throughout the hospital have experienced high levels of absences due to sickness and isolating.

The Pneumatic Tube System (POD) continues to break resulting in delayed discharges.

System infrastructure is now in place to take paediatric GP calls with CAS (Clinical Assessment Service). This has relieved pressure on the Children's ED team as calls for advice are re directed, and an experienced paediatrician is able to screen calls, give advice and aim to reduce referrals from GPs going to ED.

Emergency Care – 4 Hour Standard

March 2022

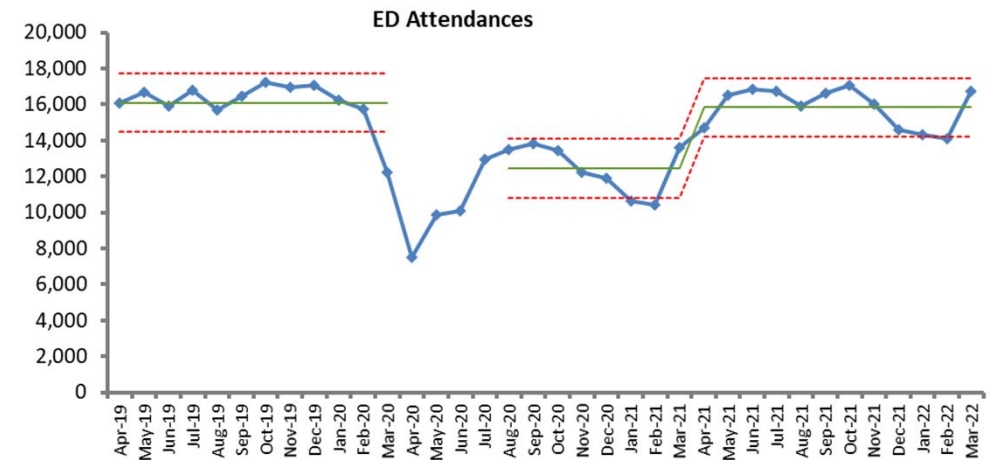
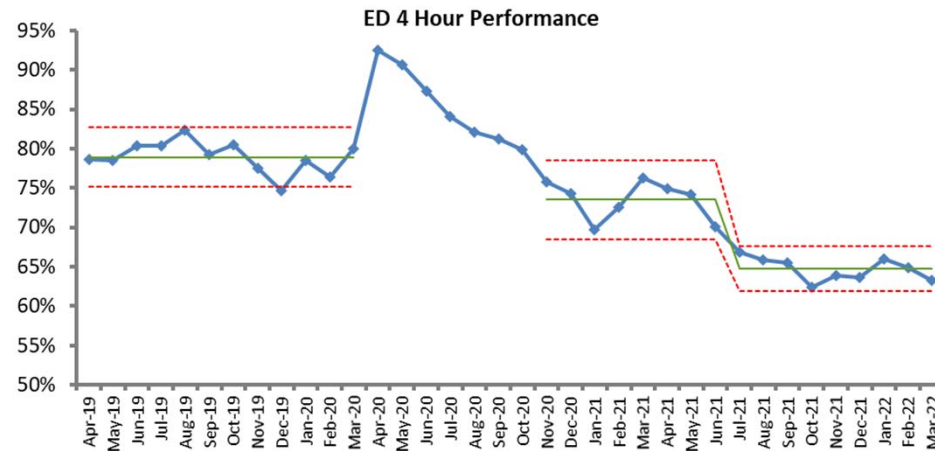
Commentary:	<p>Weston General Hospital:</p> <p>Weston's 4 hour performance declined during the month of March to 59.60% (compared with 63.1% in February).</p> <p>The Emergency Department has seen a substantial increase in its attendance by 632 more patients than in the previous month. This was followed by an increase in hospital admissions and 12 hour breaches 361 (vs 330 in February).</p> <p>Extremely challenging and poor patient flow remained one of the key areas of concern, which resulted in the Emergency Department being in continued use for escalation and patients bedded overnight awaiting an inpatient bed every night during March.</p> <p>The Trust remained in Internal Critical Incident and the Weston Division in OPEL 4 throughout the month which demonstrates the challenges and pressures of everyday working. The daily average for Medically Fit for Discharge patients increased at 71 (compared with 66 in February).</p> <p>Weston was also able to increase its reverse queuing capacity which allows for the release of ambulance crews earlier to answer further calls.</p> <p>Redirection work is a key element to the front door which is fully embedded into the day to day working, the division continue to work on further projects to increase this activity in the future.</p>
Ownership:	Chief Operating Officer

4 Hour Performance	Mar-22	2021/2022
Bristol Royal Infirmary	46.3%	50.4%
Bristol Children's Hospital	77.7%	78.0%
Bristol Eye Hospital	94.8%	97.0%
Weston General Hospital	59.6%	67.3%

Total Attendances	Mar-22	2021/2022
Bristol Royal Infirmary	6,477	74,852
Bristol Children's Hospital	4,215	47,205
Bristol Eye Hospital	2,029	22,325
Weston General Hospital	4,017	45,841

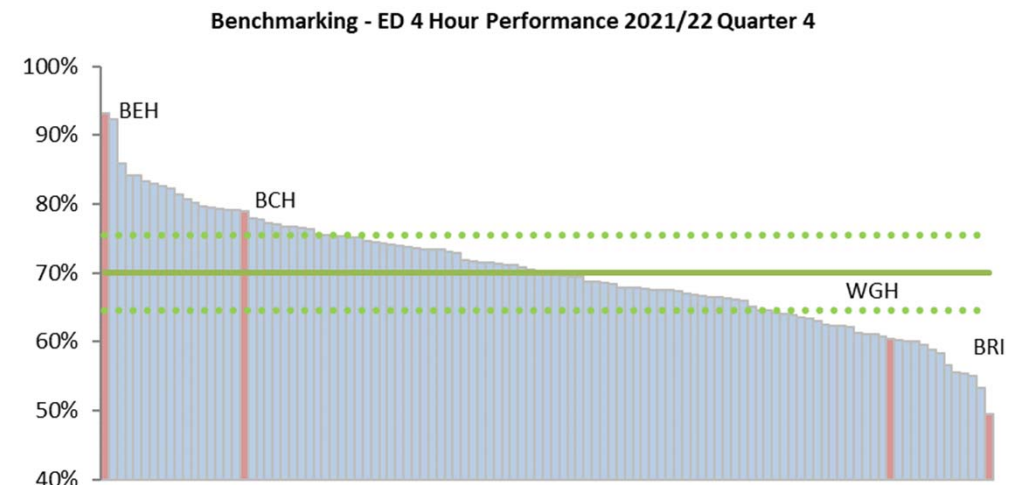
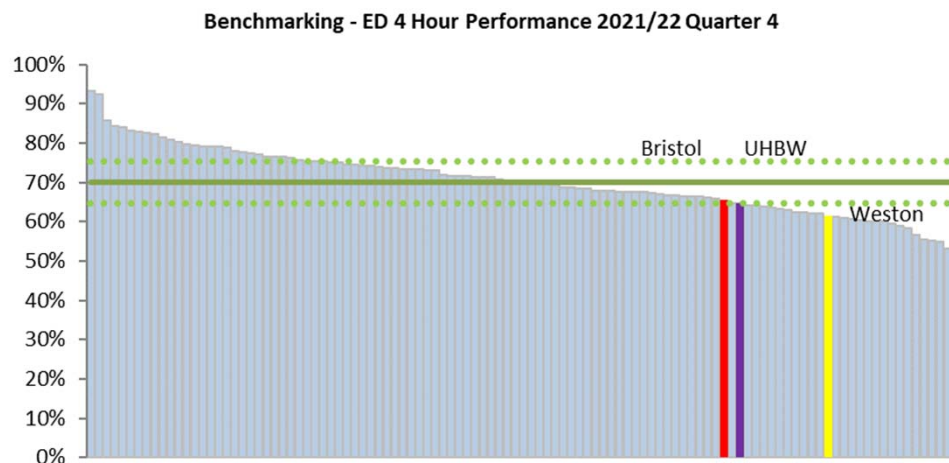
Emergency Care – 4 Hour Standard

March 2022



Note:

The above charts are now Bristol and Weston data for all months. The Benchmarking chart below is for Type 1 EDs, so for UHBW it excludes the Eye Hospital.



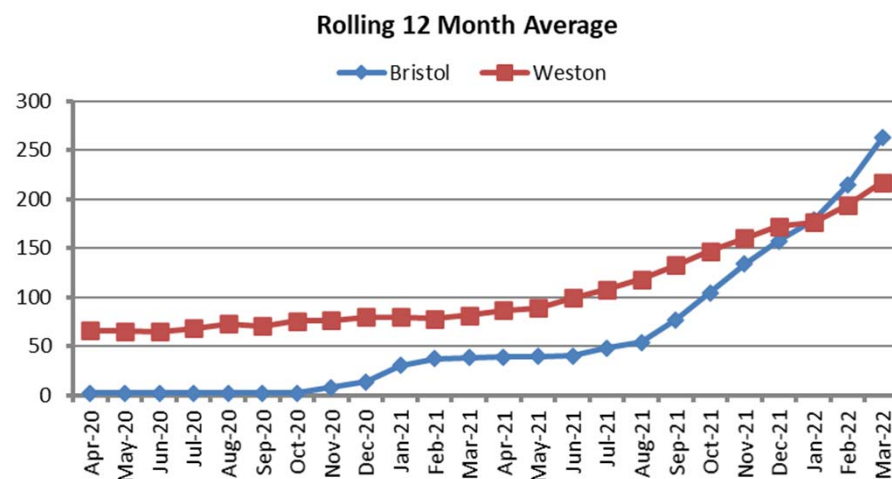
Emergency Care – 12 Hour Trolley Waits

March 2022

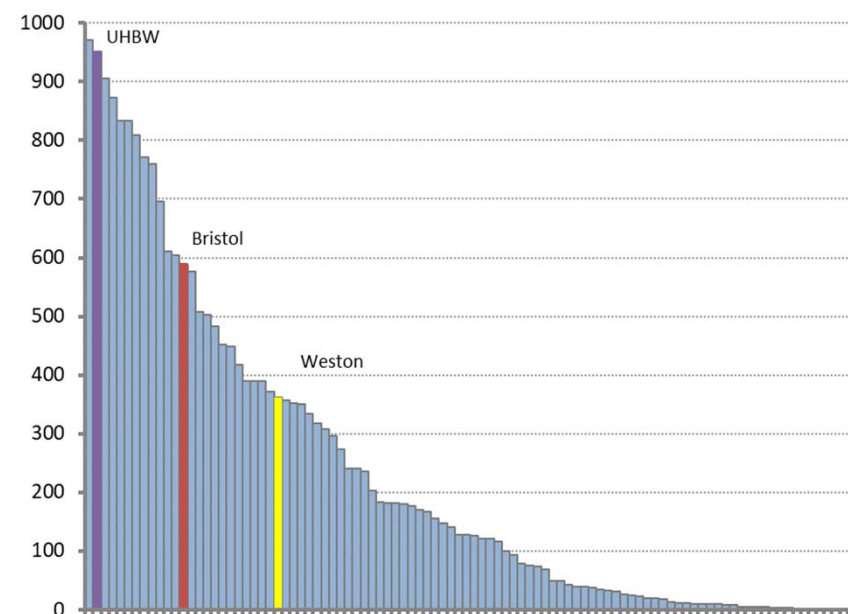
12 Hour Trolley Waits

A supporting measure for Emergency Care is the “12 Hour Trolley Wait” standard. For all patients admitted from ED, this measures the time from the Decision To Admit (within ED) and the eventual transfer from ED to a hospital ward. The national quality standard is for zero breaches. Datix ID 5067 Risk that patients will come to harm when they wait over 12 hours to be admitted to an inpatient bed

	2020/2021												2021/2022											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	0	0	0	0	0	0	3	66	79	211	82	18	9	4	12	91	69	276	337	415	363	472	514	591
Weston	0	1	7	58	68	6	84	135	168	257	113	84	62	24	134	164	188	180	257	291	313	304	330	361
UHBW	0	1	7	58	68	6	87	201	247	468	195	102	71	28	146	255	257	456	594	706	676	776	844	952



Benchmarking - 12 Hour Trolley Waits - March 2022



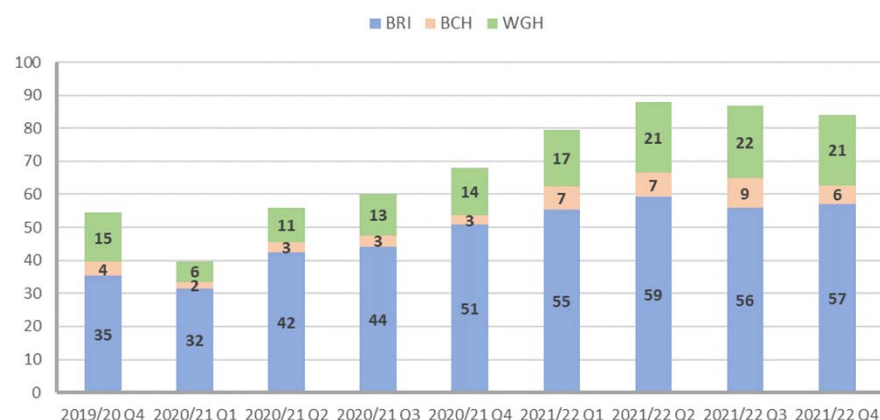
Emergency Care – Ambulance Handovers

March 2022

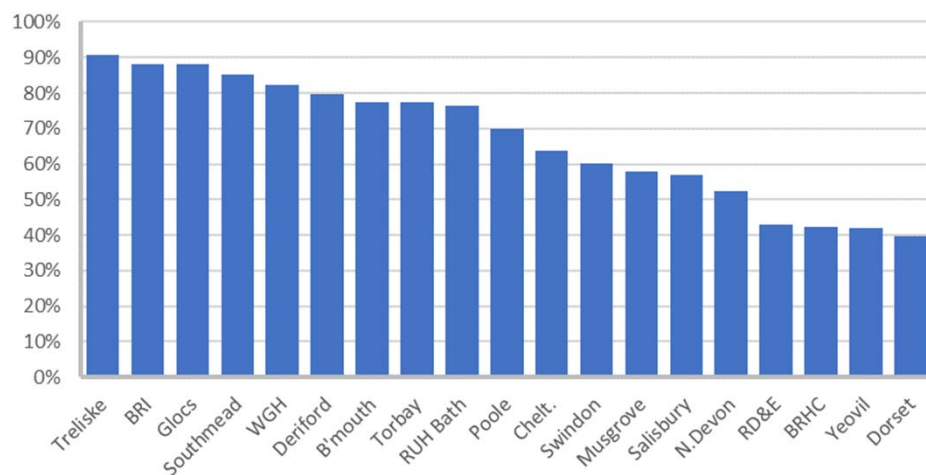
This data is supplied by the South Western Ambulance Service NHS Foundation Trust (SWASFT).

The Handover Time is measured from 5 minutes after the ambulance arrives at the hospital and ends at the time that both clinical and physical care of a patient is handed over from SWASFT staff to hospital staff. This time is not just the time that a verbal handover is conducted; it also includes the time taken to transfer the patient to a hospital chair, bed or trolley.

UHBW Handovers In Exces of 15 Minutes (Average Per Day)



Percentage of Handovers Over 15 Minutes - March 2022



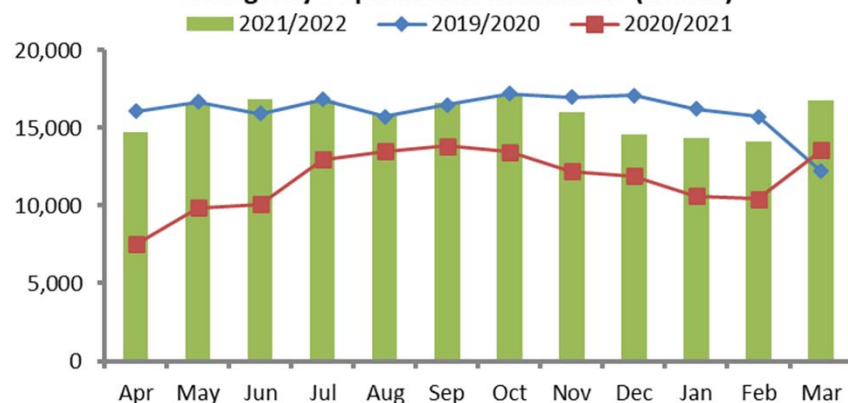
Total Handovers - South West - March 2022

	Total Handovers	Over 15 Mins	% Over 15 Mins	Over 30 Mins	% Over 30 Mins	Over 1 Hour	Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	363	154	42.4%	44	12.1%	9	4
BRISTOL ROYAL INFIRMARY	1,834	1,616	88.1%	1,397	76.2%	1,097	741
CHELTENHAM GENERAL HOSPITAL	509	325	63.9%	212	41.7%	102	41
DERRIFORD HOSPITAL	1,847	1,474	79.8%	1,255	67.9%	989	762
DORSET COUNTY HOSPITAL	1,376	548	39.8%	321	23.3%	185	71
GLOUCESTER ROYAL HOSPITAL	2,104	1,852	88.0%	1,590	75.6%	1,215	834
GREAT WESTERN HOSPITAL	1,840	1,105	60.1%	722	39.2%	473	268
MUSGROVE PARK HOSPITAL	2,149	1,245	57.9%	609	28.3%	266	83
NORTH DEVON DISTRICT HOSPITAL	1,221	639	52.3%	294	24.1%	111	23
POOLE HOSPITAL	1,638	1,143	69.8%	786	48.0%	565	372
ROYAL BOURNEMOUTH HOSPITAL	1,740	1,348	77.5%	1,061	61.0%	766	524
ROYAL DEVON AND EXETER WONFORD	2,730	1,171	42.9%	294	10.8%	45	4
ROYAL UNITED HOSPITAL - BATH	2,041	1,558	76.3%	1,161	56.9%	800	455
SALISBURY DISTRICT HOSPITAL	1,001	571	57.0%	319	31.9%	170	77
SOUTHMEAD HOSPITAL	2,306	1,961	85.0%	1,407	61.0%	963	636
TORBAY HOSPITAL	1,792	1,387	77.4%	1,026	57.3%	757	477
TRELISKE HOSPITAL	1,560	1,414	90.6%	1,321	84.7%	1,160	1,001
WESTON GENERAL HOSPITAL	800	658	82.3%	471	58.9%	316	195
YEOVIL DISTRICT HOSPITAL	1,137	478	42.0%	131	11.5%	20	0
SOUTH WEST TOTAL	29,988	20,647	68.9%	14,421	48.1%	10,009	6,568

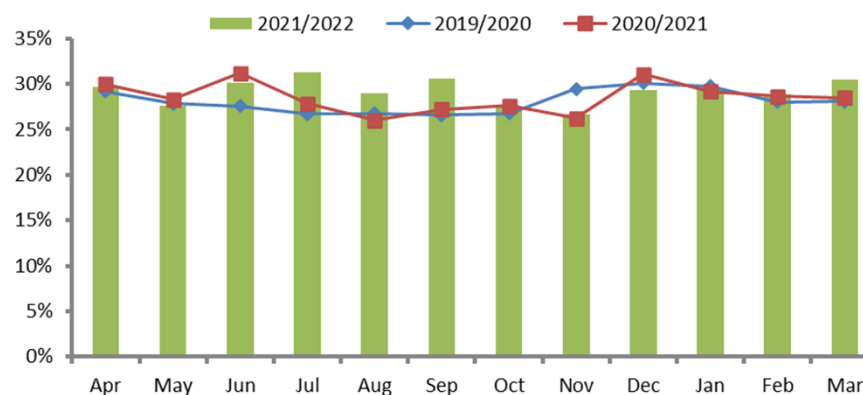
Emergency Care – Supporting Information

March 2022

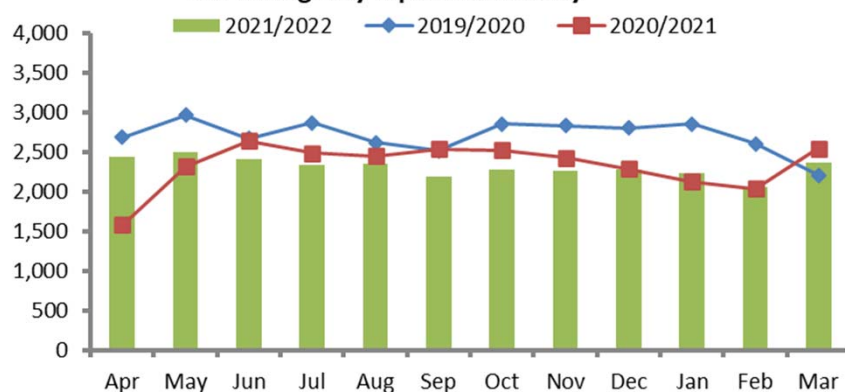
Emergency Department Attendances (UHBW)



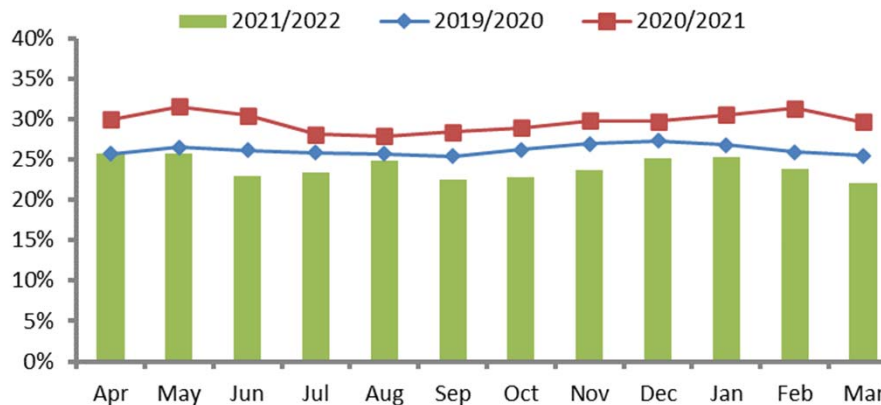
Percentage of Emergency BRI Spells - Patients Aged 75+



BRI Emergency Inpatient Activity



Percentage of ED Attendances Resulting in Admission



Delayed Discharges (No Criteria to Reside)

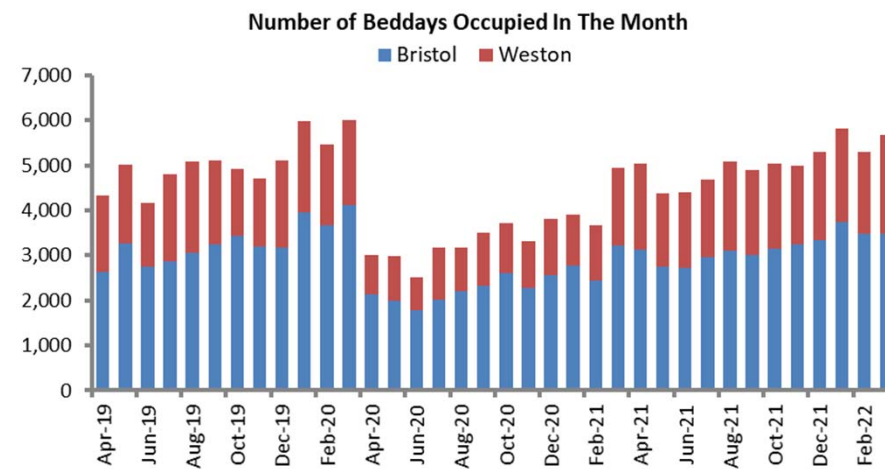
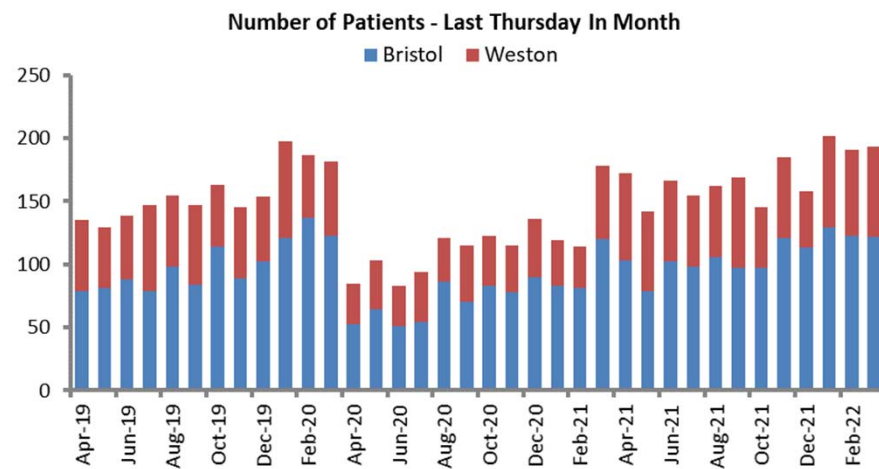
March 2022

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 No Criteria to Reside (NCR) lists. 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. Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3).
Performance:	At the end of March there were 193 NCR patients in hospital: 122 in Bristol hospitals and 71 at Weston. There were 5,675 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 183 beds were occupied per day by NCR patients.
Commentary:	<p>In March 2022, the demand across all the pathways in Bristol and Weston continued to exceed capacity in the community:</p> <ul style="list-style-type: none"> • Pathway 1: BRI: there were 40 patients who did not meet the reason to reside waiting for a P1 slot (21 more than in February). Issues persist with lack of capacity in the community for Bristol patients in particular. Work is ongoing with Sirona to release P1 slots in advance with the aim that the Integrated Discharge Service (IDS) can attempt earlier discharges for patients who have family support, however short notice discharge dates persist so opportunities are limited. Weston: There were 10 patients awaiting P1, 9 of which were from the local system (BNSSG). This is largely similar to the previous month, however with the loss of the Bristol Care Hotel at the end of March this is anticipated to rise. • Pathway 2: BRI: there were 20 patients waiting at the end of February. Work continues with therapies to review patient needs to ensure that they are discharged on the most appropriate pathway. Capacity is limited by the closure of South Bristol Hospital due to a COVID outbreak. Weston: 15 P2's, of which 10 were BNSSG. This was a reduction compared to previous months, despite ongoing bed closures due to Covid. • Pathway 3: Work ongoing around transitional beds to further reduce P3 waits for both sites. Community capacity constraints remain with homes being shut due to covid. BRI: there were 31 patients waiting for a P3 bed. Weston: 19 patients awaiting P3, 17 BNSSG. Ongoing bed and home closures limiting discharges.
Ownership:	Chief Operating Officer

Delayed Discharges (No Criteria to Reside)

March 2022



Bristol: Current Breakdown of Medically Fit For Discharge (MFFD) Patients, 20th April 2022

Pathway	Number of Patients	Percentage	7+ Days on Latest Pathway	14+ Days on Latest Pathway	21+ Days on Latest Pathway
Pathway 1	26	20.2%	9	0	0
Pathway 2	18	14.0%	9	3	1
Pathway 3	38	29.5%	32	20	10
Awaiting Decision	33	25.6%	8	3	1
Awaiting Referral	9	7.0%	4	1	1
Other	5	3.9%	5	5	4
Total	129		67	32	17

Pathway 1 – patients awaiting package of care

Pathway 2 – requiring rehabilitation or reablement

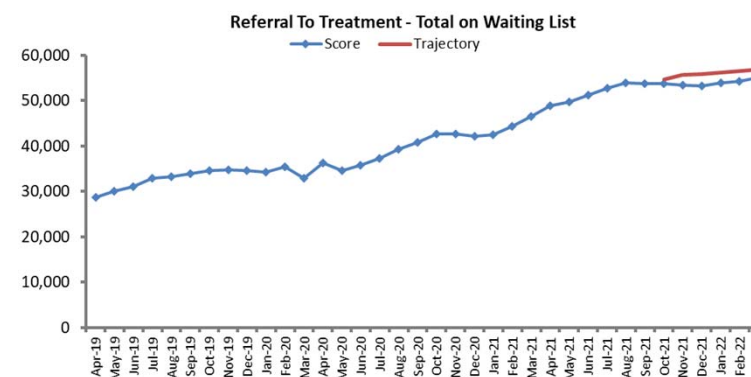
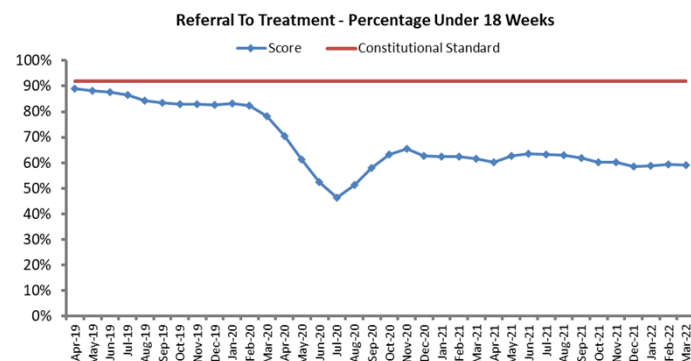
Pathway 3 – Nursing or Residential home required

Referral To Treatment

March 2022

P Partially Achieved

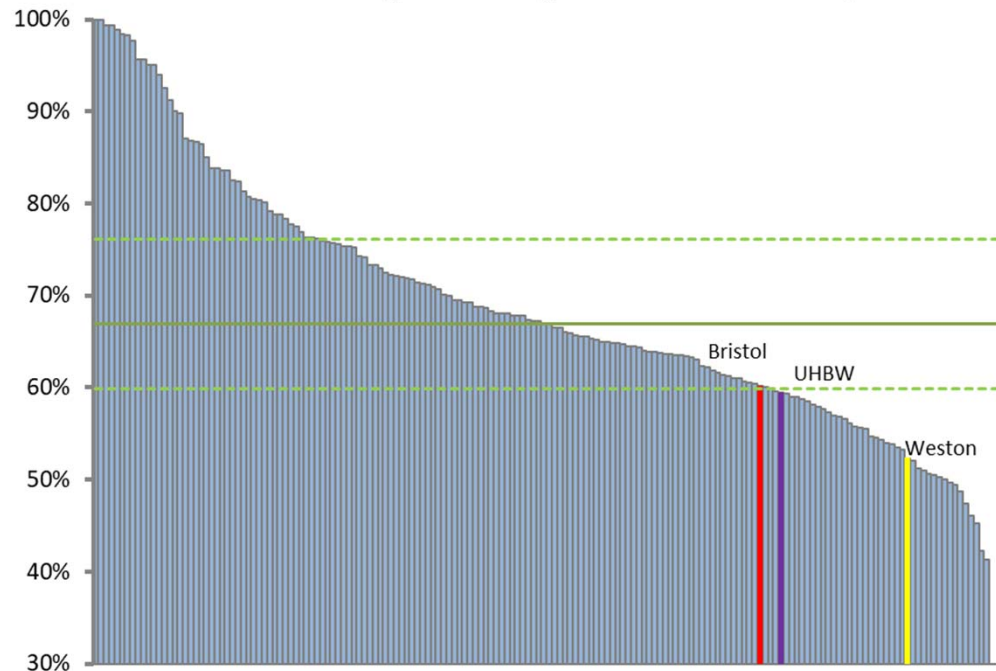
Standards:	<p>The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks.</p> <p>A recovery trajectory was submitted to NHS England for "H2" (Oct21-Mar22). The end of March target trajectory was 56,788.</p>
Performance:	<p>At end of March, 59.2% of patients were waiting under 18 weeks. The total waiting list was 55,021 and the 18+ week backlog was 22,466. So the end of March position was below the recovery trajectory.</p> <p>Comparing the end of April 2020 with the end of March 2022:</p> <ul style="list-style-type: none"> the overall wait list has increased by 18,809 patients . This is an increase of 52%. the number of patients waiting 18+ weeks increased by 11,812 patients. This is an increase of 111%.
Commentary:	<p>The focus of discussions with divisions and wider system partners is to clear patients who are currently 104 weeks wait where possible by the end of March 2022 and eradicate any 104ww patient by end of June 2022. This will require focus on transferring suitable patients to the independent sector, making the best use of internal capacity by ensuring full utilisation is maximised and to bolster additional capacity through Glanso and waiting list initiatives. In addition, using the CCG to make use of mutual aid arrangements allowing transfer to another specialist centre for treatment due to the lack of bed/HDU capacity to bring these patients in for treatment. The requirement from NHSE and the local CCG is to demonstrate that we have explored all options for our long waiting patients to be treated before end of March 2022 with the back-stop position of June 2022 where we should have no 104ww patients.</p> <p>The largest Bristol increases in waiting list size, when compared with April 2020, are In Ophthalmology (4,345 increase, 110%), Adult ENT & Thoracics (2,818 increase, 172%) and Dental Services (4,145 increase, 50% increase). The Weston list has decreased by 640 patients over the same time period, a 12% decrease.</p> <p>The largest Bristol volumes of 18 +week backlog patients at the end of March are in Dental (6,927 patients), Ophthalmology (2,728), ENT & Thoracics (1,955) and Paediatrics (3,172). Weston had 2,201 patients waiting 18+ weeks at the of March.</p>
Ownership:	Chief Operating Officer



Referral To Treatment

February/March 2022

Benchmarking RTT Percentage Under 18 Weeks - February 2022



	Mar-22		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	429	461	93.1%
Medicine	4,534	6,353	71.4%
Specialised Services	3,504	4,908	71.4%
Surgery	15,866	29,175	54.4%
Weston	2,637	4,838	54.5%
Women's and Children's	5,585	9,286	60.1%
Other/Not Known	0	0	-
TRUST TOTAL	32,555	55,021	59.2%
<i>Bristol Subtotal</i>	<i>29,918</i>	<i>50,183</i>	<i>59.6%</i>

Referral To Treatment – Long Waits

March 2022

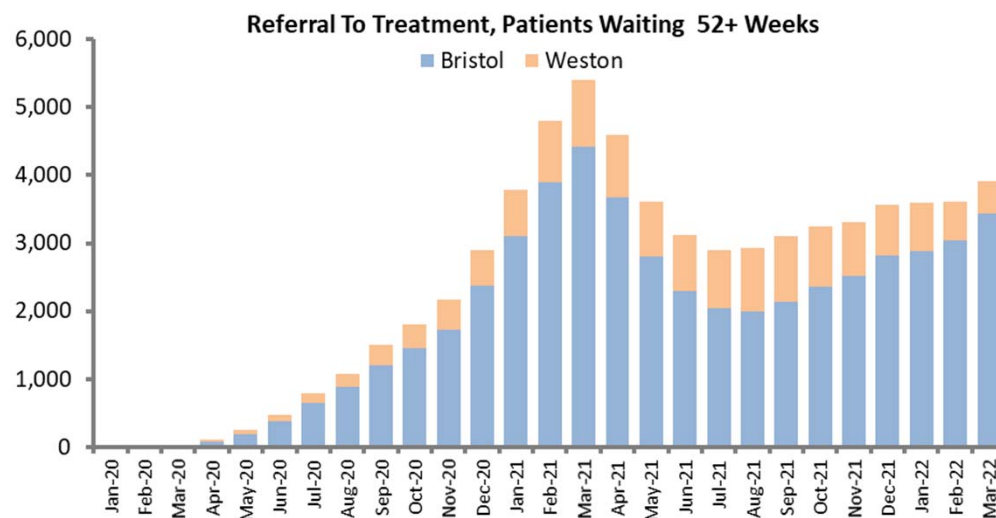
N Not Achieved

Standards:	<p>Pre-Covid, the expectation was that no patient should wait longer than 52 weeks for treatment.</p> <p>As part of the Elective Recovery Programme Trusts were required to submit plan that eliminated patients waiting 104+ weeks (2+ years) for treatment by the end of March 2022. UHBW's submitted trajectory has 188 patients waiting 104+ weeks by end of March 2022.</p>
Performance:	<p>At end of March 3,920 patients were waiting 52+ weeks; 3,436 across Bristol sites and 484 at Weston.</p> <p>At the end of March, 346 patients were waiting 104+ weeks, which was above the recovery trajectory of 188.</p>
Commentary:	<p>The trend has been upwards for 52 week waiters over the past few months. This is due to the volume of long waiters in the lower weeks wait cohort tipping into the 52+ week cohort whilst divisions try to date the longer waiting patients. It is still extremely difficult to date the longer waiting patients who are waiting for routine operations when there is a lack of capacity due to the continual high demand of higher clinical priority patients, emergency and cancer admissions. This has been further exacerbated by the critical incident position across the Trust and the Omicron variant. The demand and capacity modelling and trajectory setting for the next 3 months, which are being finalised, will demonstrate the short falls in our capacity to recover against the demand. Clinical prioritisation of patients who are on the waiting list without a "to come in" date continues with processes in place to ensure this is now business as usual. 93% of the patients who are on the RTT admitted waiting list have now been clinically prioritised with 0.6% of those being assigned a P2 status. We are currently making use of the increased capacity within the independent sector and our long waiting patients who meet the criteria to have a transfer of care to the Independent Sector.</p> <p>NHS England, and local commissioners, continue to request weekly reporting of patients waiting 104+ week, as part of the drive to reduce the 104-week breaches by the end of March 2022 and eradicate them by end of June 2022. There is also a requirement to ensure that any 104ww patient who is awaiting an outpatient appointment is given a date before the end of March and seen before the end of April. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list however the volumes of patients who have been clinically prioritised as requiring treatment within a month against the Royal College of Surgeons guidelines, still outweigh the capacity we have available to be able to offer this cohort a TCI date which currently doesn't give assurance that we will be able to eradicate the 104-week breaches within this timescale. All data sets are shared on a weekly basis with NHSE via a waiting list minimum data set (WLMDS) and weekly meetings are now set up with the CCG and NHSE where the requirement is to provide assurance on a patient level basis what the next steps are with each of our long waiting patients.</p>
Ownership:	Chief Operating Officer

Referral To Treatment – Long Waits

March 2022

	Mar-22		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	137	13	1
Specialised Services	115	12	3
Surgery	2,447	491	239
Weston	484	150	47
Women's and Children's	737	167	56
TOTAL	3,920	833	346
<i>Bristol</i>	<i>3,436</i>	<i>683</i>	<i>299</i>

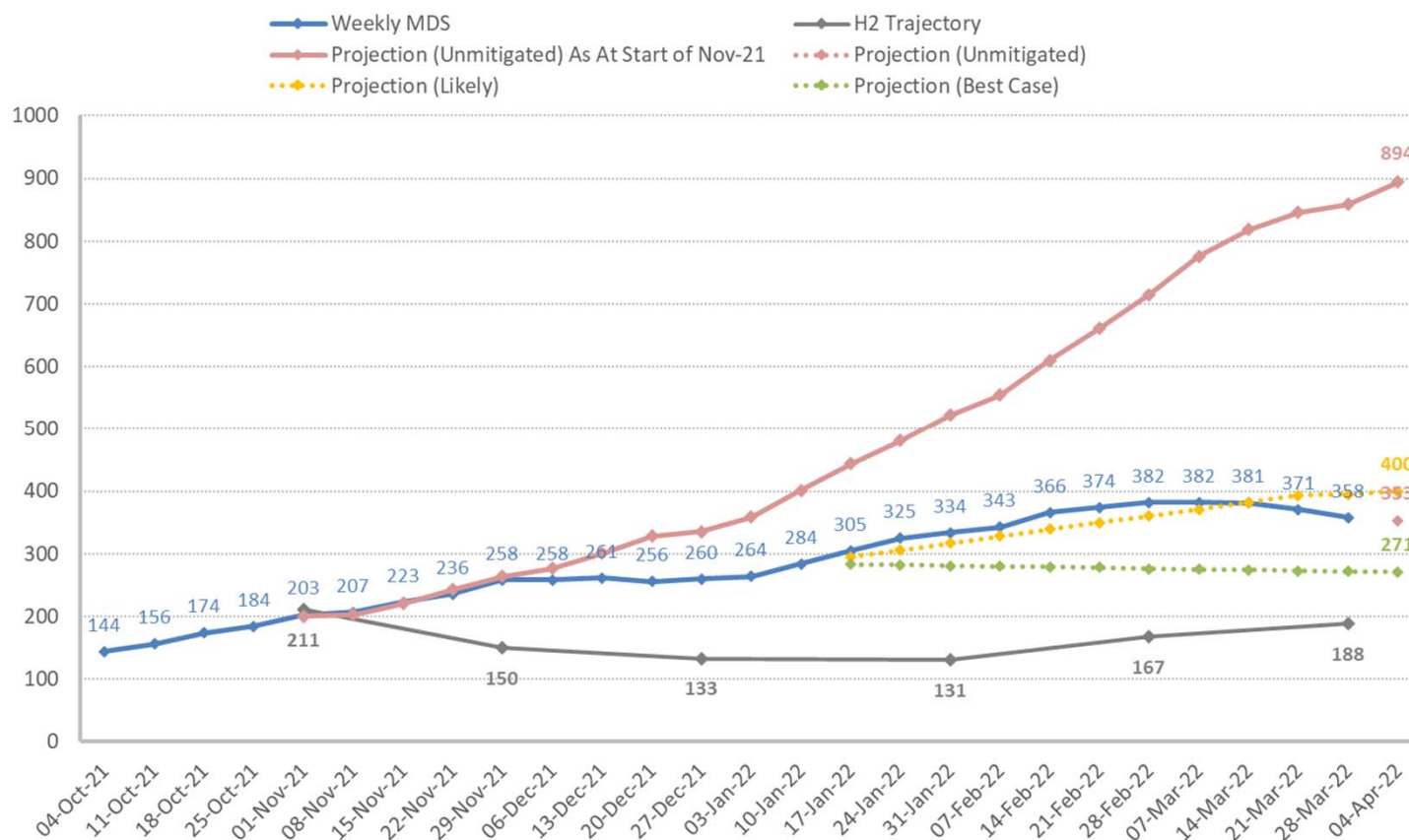


Referral To Treatment – Long Waits

As At: 3rd April 2022

104 Week Trends

Latest Data: Based on position as at end of Sunday 3rd April



"Projection (Unmitigated)" – Number of currently Undated RTT patients who will exceed 104 weeks wait.

"Projection (Likely)/(Best Case)" – divisional and corporate assessment of position following mitigations, e.g. future capacity still to be booked.

"H2 Trajectory" – nationally submitted trajectory for second half of 2020/21, called "H2".

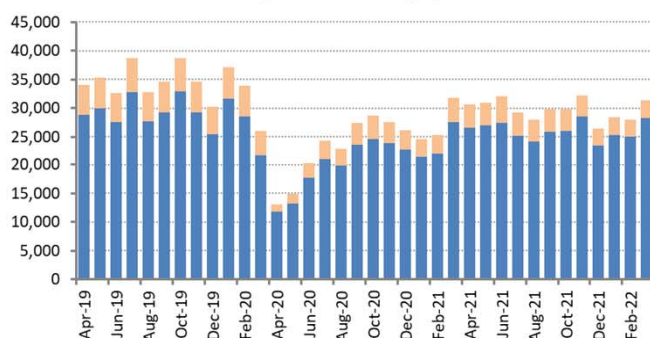
Elective Activity and Referral Volumes

March 2022

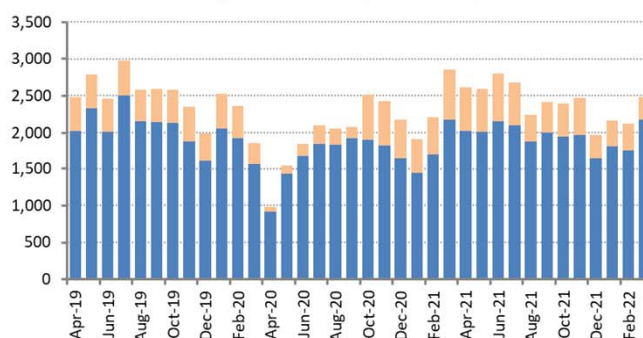
BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO MARCH 2022

■ Bristol ■ Weston

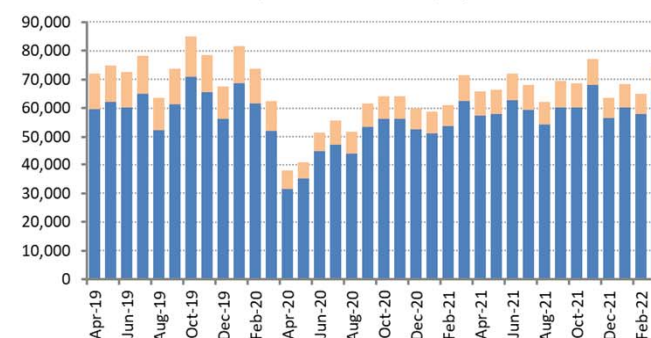
Outpatient Referrals (All)



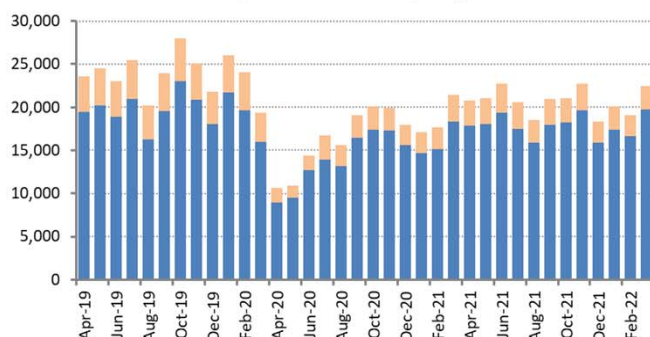
Outpatient Referrals (2 Week Wait)



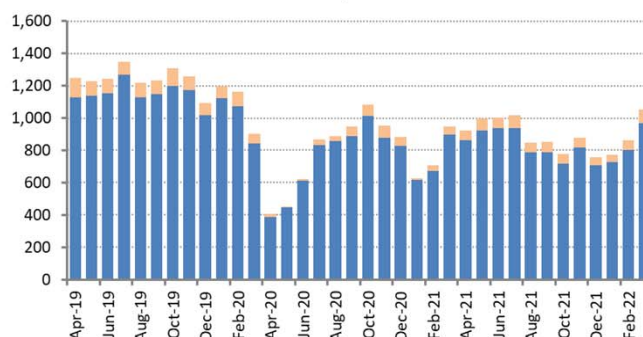
Outpatient Attendances (All)



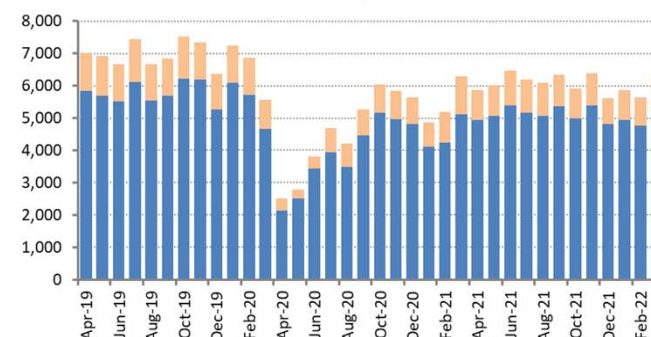
Outpatient Attendances (New)



Elective Inpatients



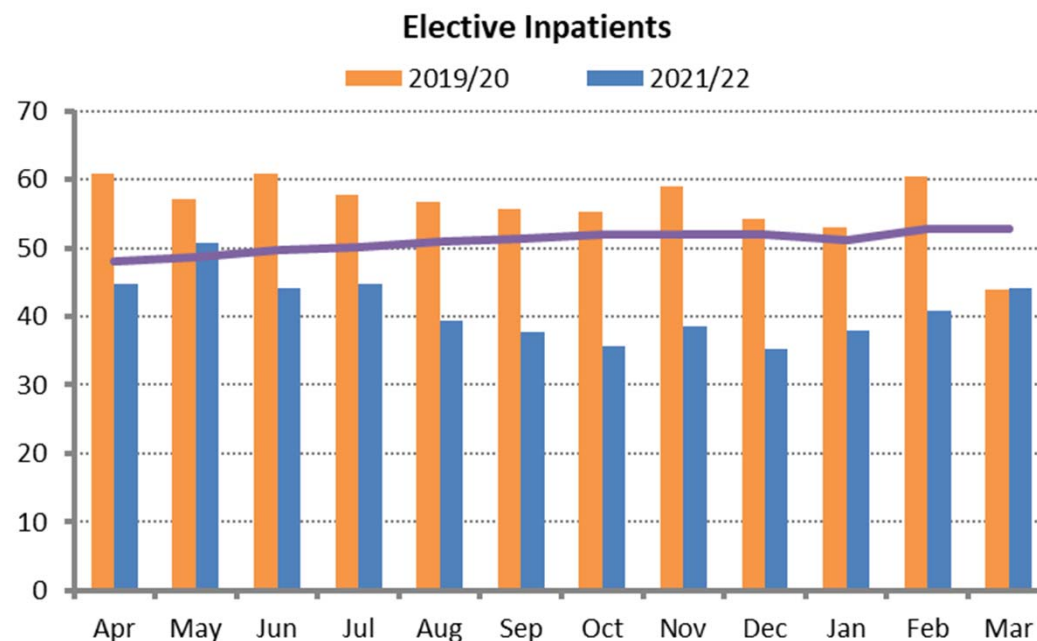
Elective Day Cases



The above data is sourced from the Patient Administration Systems (PAS) and is not the final contracted activity that is used to assess restoration or Business As Usual (BAU) levels.

March 2022

Activity Per Day, By Month and Year

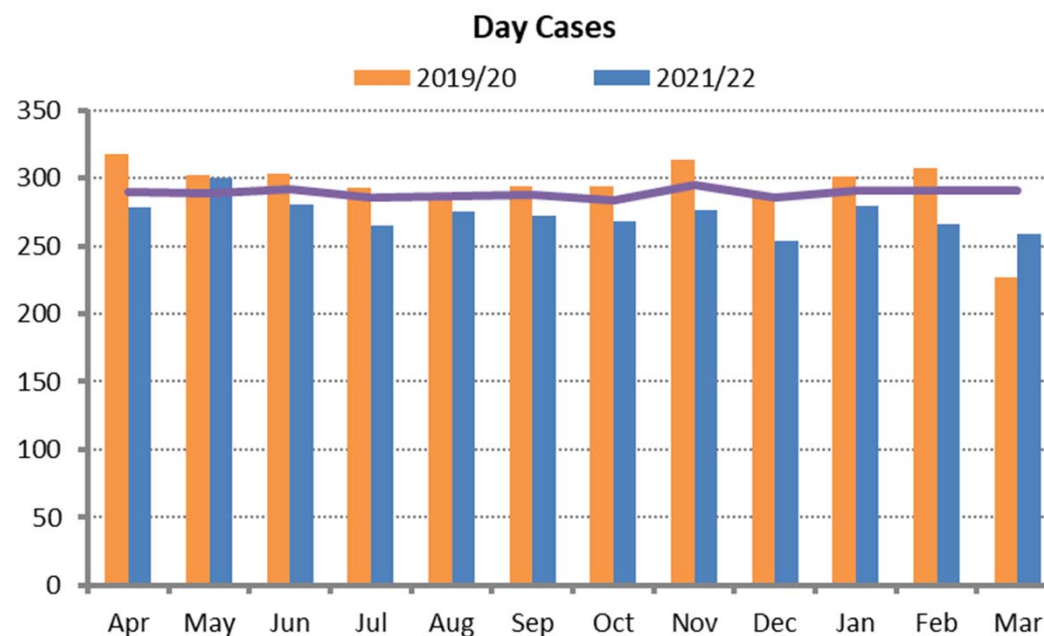


		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	Actual Activity Per Day	45	51	44	45	39	38	36	39	35	38	41	44
	Planned Activity Per Day	48	49	50	50	51	51	52	52	52	51	53	53
2019/20	Actual Activity Per Day	61	57	61	58	57	56	55	59	54	53	60	44

2021/22 Activity: % of Plan	93%	105%	89%	89%	77%	73%	69%	74%	68%	74%	77%	84%
2021/22 Activity: % of 2019/20	74%	89%	73%	78%	70%	68%	65%	65%	65%	71%	67%	101%

March 2022

Activity Per Day, By Month and Year



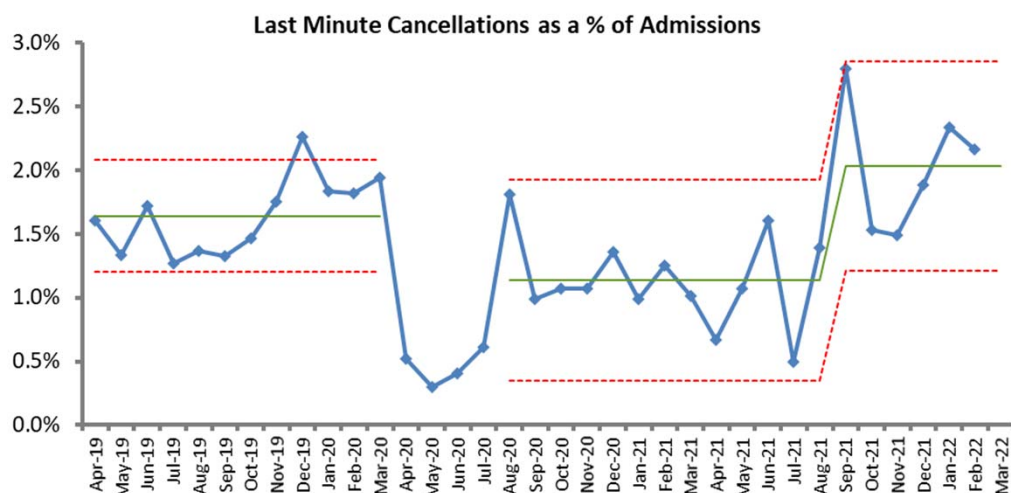
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	Actual Activity Per Day	279	300	280	265	275	272	268	276	253	280	266	259
	Planned Activity Per Day	289	289	291	286	286	288	284	295	286	291	291	291
2019/20	Actual Activity Per Day	318	302	303	292	286	294	294	313	288	301	307	226
2021/22 Activity: % of Plan		96%	104%	96%	93%	96%	95%	95%	94%	89%	96%	92%	89%
2021/22 Activity: % of 2019/20		88%	99%	92%	91%	96%	93%	91%	88%	88%	93%	87%	114%

Cancelled Operations

March 2022

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 March, there were 165 last minute cancellations, which was 2.32% of elective admissions. Of the 130 cancelled in February, 118 (91%) had been re-admitted within 28 days.
Commentary:	The largest volumes in Bristol were in Ophthalmology (46), Paediatrics (33), Cardiac/Cardiology (30), and General Surgery (14). The most common cancellation reasons in Bristol were: No Theatre Staff (33), Ran Out of Operating Time (24), Other Emergency Patient Prioritised (23), No Surgeon (18) and No Ward Bed (17).
Ownership:	Chief Operating Officer



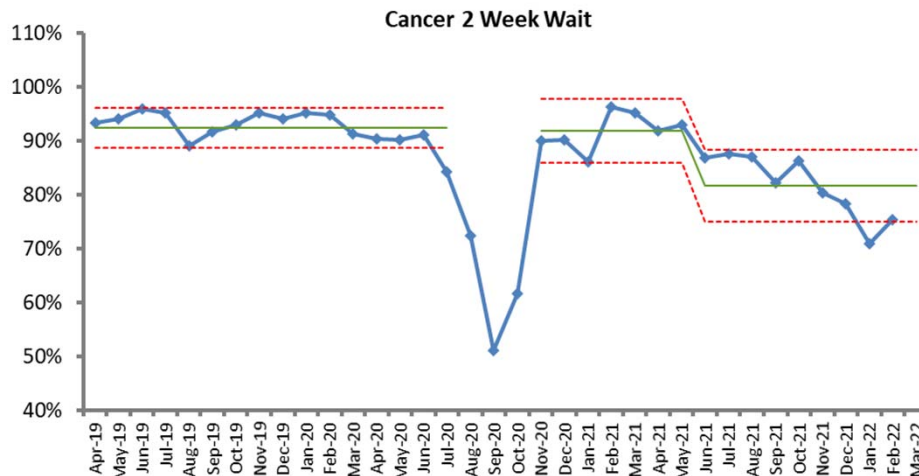
	Mar-22		2021/2022	
	LMCs	% of Admissions	LMCs	% of Admissions
Medicine	2	0.28%	24	0.29%
Specialised Services	30	1.19%	288	1.05%
Surgery	80	4.22%	672	3.16%
Weston	13	1.25%	92	0.76%
Women's and Children's	40	4.39%	237	2.29%
Other/Not Known	0	-	0	-
TRUST TOTAL	165	2.32%	1313	1.65%

Cancer Two Week Wait

February 2022

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 February, 75.4% of patients were seen within 2 weeks. This is combined Bristol and Weston performance. Overall performance for Quarter 1 was 90.4%. Overall performance for Quarter 2 was 85.7%. Overall performance for Quarter 3 was 81.8%.
Commentary:	The standard was non-compliant in February (75.4% against a 93% standard). It is expected that compliance will continue to be challenging until all precautions and restrictions related to Covid are lifted. Covid sickness in clinical teams, and to a lesser extent, amongst patients, has severely limited capacity. Dermatology in particular has had very high levels of sickness, and is a high volume speciality, meaning the impact on the overall position is especially noticeable.
Ownership:	Chief Operating Officer



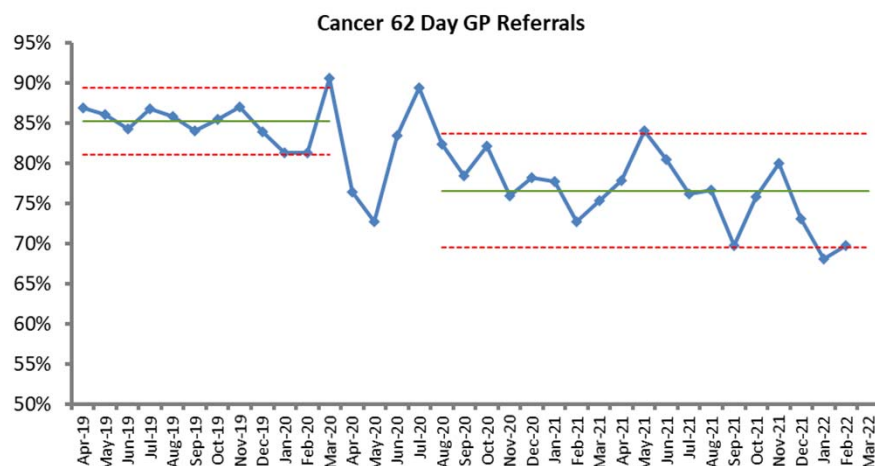
Other suspected cancer (not listed)	0	1	0.0%
Suspected children's cancer	18	18	100.0%
Suspected gynaecological cancers	138	159	86.8%
Suspected haematological malignancies	11	13	84.6%
Suspected head and neck cancers	351	376	93.4%
Suspected lower gastrointestinal cancers	160	254	63.0%
Suspected lung cancer	25	27	92.6%
Suspected skin cancers	315	509	61.9%
Suspected upper gastrointestinal cancers	92	115	80.0%
Grand Total	1,110	1,472	75.4%

Cancer 62 Days

February 2022

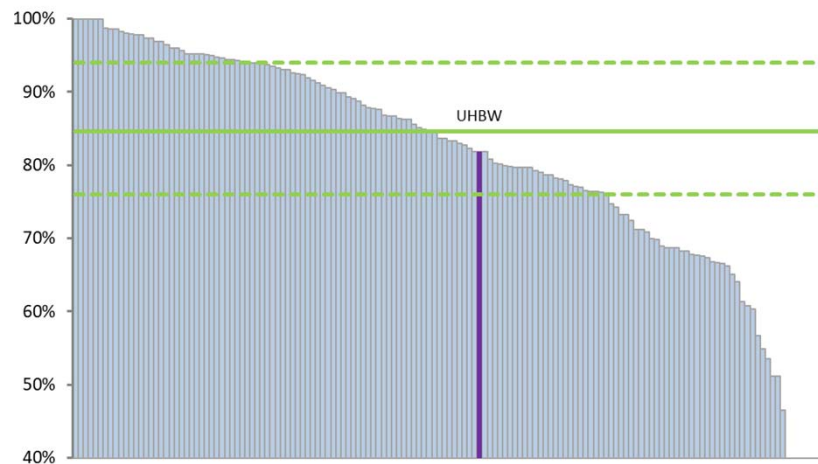
N Not Achieved

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. Datix ID 4060 Risk that delayed cancer outpatients and diagnostics during the Covid 19 Pandemic will affect cancer performance and outcomes
Performance:	For February, 69.7% of patients were seen within 62 days. This is combined Bristol and Weston performance. The overall Quarter 1 performance was 80.9%. The overall Quarter 2 performance was 74.1%. The overall Quarter 3 performance was 76.5%.
Commentary:	The standard was non-compliant in February (69.7% against an 85% standard). The impact of the Covid pandemic on all areas of capacity continues to be at the root of the majority of potentially avoidable target breaches. Achieving compliance with the 85% standard remains unlikely in the short term, particularly in light of ongoing emergency pressures and high levels of sickness due to Covid in both staff and patients. The Covid wave starting in January 2022 has caused deterioration in performance due to loss of activity, with 'normal' inter-pandemic performance (75-80% against the standard) expected to be recovered once the wave subsides. It should be noted that patients who have been infected with Covid (even asymptotically) require 7 weeks' recovery time prior to undergoing major surgery, and with the high prevalence of the disease this means high numbers of patients are medically deferred for this period. Therefore recovery may be slower than following other 'waves'. The majority of patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.
Ownership:	Chief Operating Officer

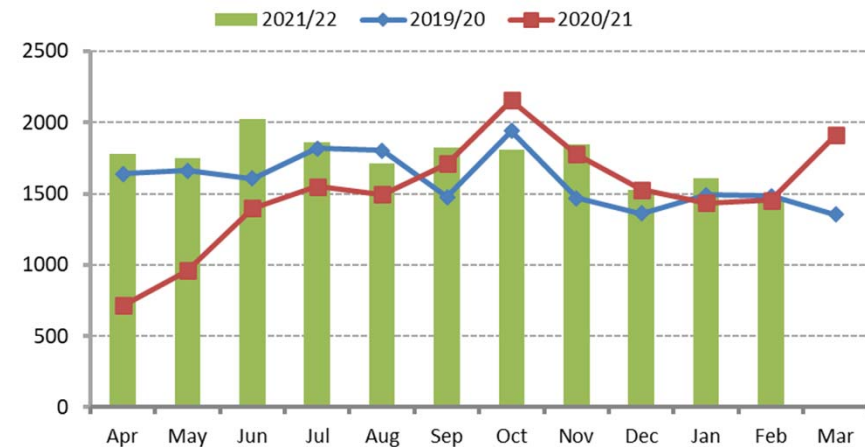


	Within Target	Total Pathways	Performance
Breast	2.5	3.0	83.3%
Childrens	0.0	0.5	0.0%
Gynaecological	1.5	6.5	23.1%
Haematological	4.0	4.0	100.0%
Head and Neck	6.5	12.5	52.0%
Lower Gastrointestinal	6.5	16.0	40.6%
Lung	9.5	15.5	61.3%
Skin	43.0	44.0	97.7%
Upper Gastrointestinal	5.5	10.0	55.0%
Urological	0.5	2.0	25.0%
Grand Total	79.5	114.0	69.7%

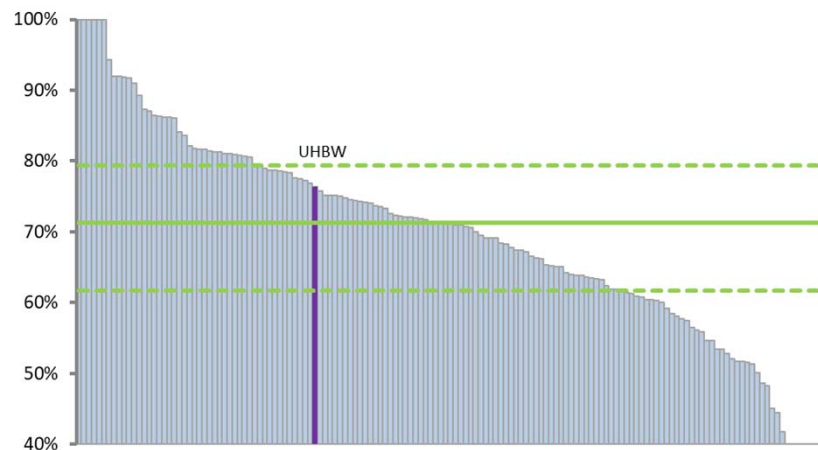
Benchmarking - 2 Week Wait Performance - 2021/22 Quarter 3



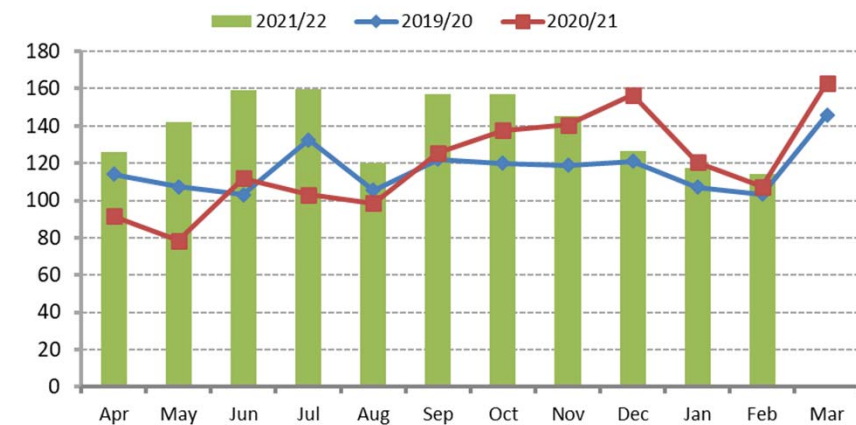
2 Week Wait - Patients Seen



Cancer 62 Day Performance - 2021/22 Quarter 3



62 Day - Patients Treated



Cancer – 28 Day Faster Diagnosis

February 2022

N Not Achieved

Standards:	The standard measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. The standard is reported separately for GP referred and screening referred patients.
Performance:	In February the Trust delivered 78.6% against the GP referred standard and 57.4% against the screening standard. Overall compliance was 77.9%.
Commentary:	The GP referred standard recovered compliance after an unusually low performance in January, due to impact of the Covid 'Omicron' wave and patient choice over the festive period. The screening standard, which has a low denominator and is mostly composed of colorectal patients, continues to be non-compliant. This standard has been heavily impacted by patient choice (patients require invasive tests with bowel preparation, and are asymptomatic so often choose to defer these), and by operational pressures on endoscopy services due to the Omicron wave. Were the standards combined (as is the intention of NHS England for later this financial year), the Trust would be compliant overall.
Ownership:	Chief Operating Officer

Month	Measure	Number Within 28 Days	Total Patients	Percentage Compliance
Oct-21	GP Referred	1,293	1,667	77.6%
	Screening	37	46	80.4%
	Combined	1,330	1,713	77.6%
Nov-21	GP Referred	1,298	1,715	75.7%
	Screening	71	94	75.5%
	Combined	1,369	1,809	75.7%
Dec-21	GP Referred	1,071	1,362	78.6%
	Screening	38	48	79.2%
	Combined	1,109	1,410	78.7%
Jan-22	GP Referred	1,036	1,458	71.1%
	Screening	39	77	50.6%
	Combined	1,075	1,535	70.0%
Feb-22	GP Referred	975	1,240	78.6%
	Screening	27	47	57.4%
	Combined	1,002	1,287	77.9%

Snapshot taken: 10th April 2022

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 10 th April 2022 there were 5 such waiters. This compares to a peak of 53 such waiters in early July 2020.
Commentary:	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The number of such waiters remains below this threshold. Avoiding harm from any long waits remains a top priority and is closely monitored. During this period of limited capacity due to the Covid outbreak, appropriate clinical prioritisation will adversely affect this standard as patients of lower clinical priority may wait for a longer period, to ensure those with high clinical priority are treated quickly. This is because cancer is a very wide range of illnesses with differing degrees of severity and risk and waiting time alone is not a good indicator of clinical urgency across cancer as a whole. An example of this is patients with potential thyroid cancers awaiting thyroidectomy, who have been clinically assessed as safe to wait for several more months (and most of whom will not ultimately have a cancer diagnosis), but who have exceeded the 104 day waiting time.
Ownership:	Chief Operating Officer

Cancer – Patients Waiting 62+ Days

Snapshot taken: 10th April 2022

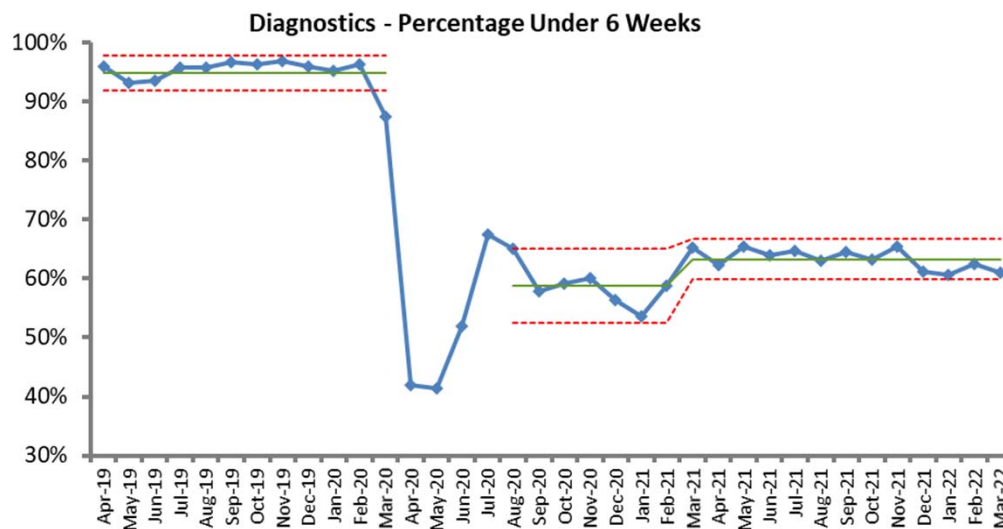
Standards:	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak. NHSE has asked Trusts to return to/remain below 'pre-pandemic levels'. NHSE defines this as 180 patients for UHBW. Note that the 62 day constitutional standard is based 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.
Performance:	As at 10 th April the Trust had 178 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
Commentary:	The Trust remains below the 'pre-Covid' baseline and the position has improved in recent weeks. This position is difficult to maintain due to the emergency pressures on the hospital and ongoing impact of Covid on services (particularly during the ongoing significant peak in Covid prevalence – even 'milder' infections have a serious impact on the availability of staff and patients who are infected). Every effort is being made to minimise long waiting patients and, of those who do wait longer, ensure there is a low risk of harm from the delay.
Ownership:	Chief Operating Officer

Diagnostic Waits

March 2022

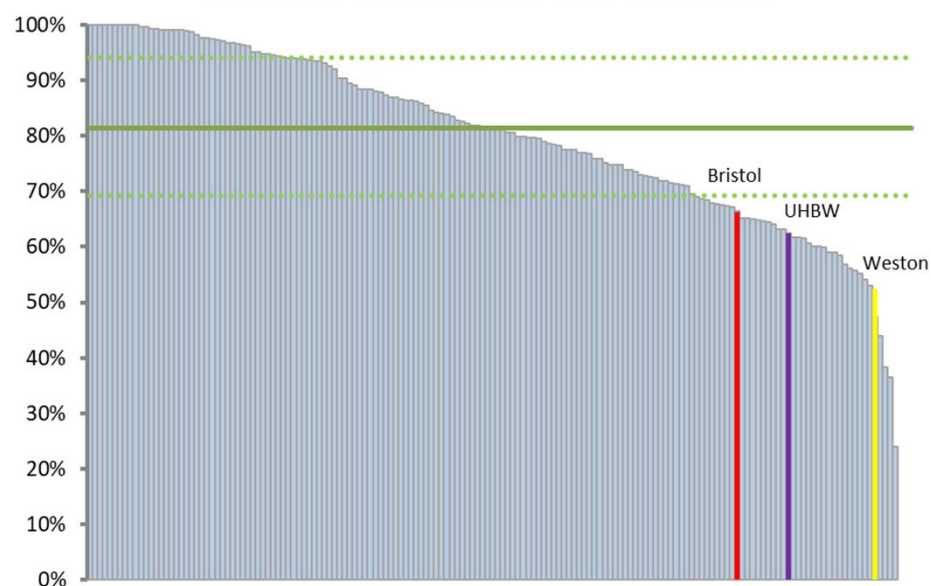
N Not Achieved

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 March, 61.0% of patients were waiting under 6 week, with 16,610 patients in total on the list. This is Bristol and Weston combined.
Commentary:	Diagnostic activity levels are being held overall, but pressure points are Endoscopy (where additional insourcing and use of independent sector lists is offset by loss of QDU capacity due to escalation), Adult MRI (Cardiology) and Cardiac MRI (where additional reporting capacity is being investigated to recover backlogs) and echo (predominantly at Weston, where long wait reviews are in place with Bristol and additional capacity is being investigated within the Independent Sector). There are also some niche constraints in MRI Paediatric GA pathway where mutual aid opportunities are being looked into within the SW region and Wales, but which rely on the provision of anaesthetists. Recovery plans for long waiting patients over 52 weeks have also been completed this period and are currently being reviewed by NHS England and NHS Improvement. The Trust is also aiming to ensure all patients are waiting less than 26 weeks for a diagnostic test by March 2023 (i.e. to eliminate long waiters).
Ownership:	Chief Operating Officer



	Mar-22		
	Under 6 Weeks	Total Pathways	Performance
Diagnostics and Therapies	5,773	7,506	76.9%
Medicine	52	132	39.4%
Specialised Services	1,345	2,865	46.9%
Surgery	456	1,663	27.4%
Weston	2,196	4,090	53.7%
Women's and Children's	302	354	85.3%
Other/Not Known	0	0	-
TRUST TOTAL	10,124	16,610	61.0%
<i>Bristol Subtotal</i>	<i>7,928</i>	<i>12,520</i>	<i>63.3%</i>

Benchmarking - Percentage Under 6 Weeks - February 2022



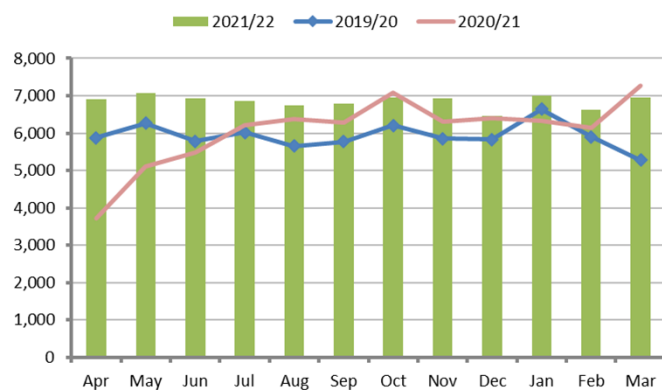
BRISTOL - End of March 2022	6+ Weeks	13+ Weeks	Total On List	% Under 6 Weeks
Audiology Assessments	21	0	520	96.0%
Colonoscopy	533	365	723	26.3%
Computed Tomography	301	95	1,643	81.7%
Cystoscopy	2	0	8	75.0%
DEXA Scan	148	5	426	65.3%
Echocardiography	864	166	1,976	56.3%
Flexi sigmoidoscopy	212	174	256	17.2%
Gastroscopy	512	353	781	34.4%
Magnetic Resonance Imaging	984	590	2,651	62.9%
Neurophysiology	5	0	160	96.9%
Non-obstetric ultrasound	972	468	3,324	70.8%
Sleep Studies	38	35	52	26.9%
BRISTOL TOTAL	4,592	2,251	12,520	63.3%

WESTON - End of March 2022	6+ Weeks	13+ Weeks	Total On List	% Under 6 Weeks
Colonoscopy	33	17	122	73.0%
Computed Tomography	0	0	322	100.0%
DEXA Scan	162	20	336	51.8%
Echocardiography	1,246	1,003	1,466	15.0%
Flexi sigmoidoscopy	16	7	49	67.3%
Gastroscopy	43	21	144	70.1%
Magnetic Resonance Imaging	1	0	237	99.6%
Non-obstetric ultrasound	393	53	1,414	72.2%
BRISTOL TOTAL	1,894	1,121	4,090	53.7%

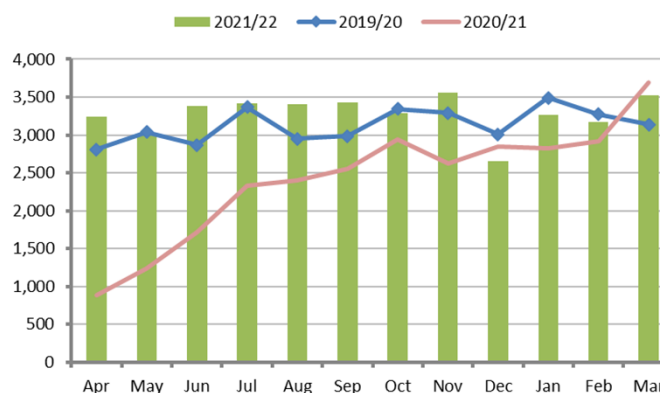
Diagnostic Activity – Restoration

March 2022

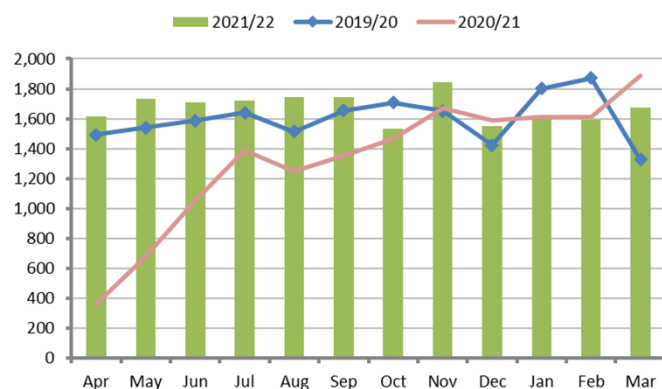
Computed Tomography (CT)



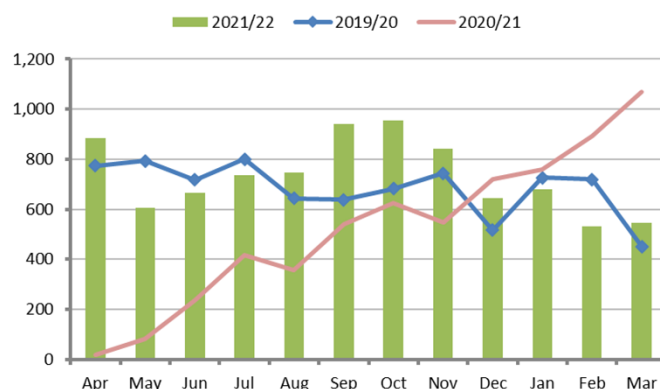
Magnetic Resonance Imaging (MRI)



Echocardiography



Endoscopy (Gastroscopy, Colonoscopy, Flexi Sig)



2021/22 as a Percentage of 2019/20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Computed Tomography	118%	113%	120%	114%	119%	118%	112%	118%	111%	105%	112%	131%
Magnetic Resonance Imaging	115%	99%	118%	101%	116%	115%	98%	108%	88%	93%	97%	112%
Echocardiography	108%	113%	108%	105%	115%	105%	90%	112%	109%	89%	85%	126%
Endoscopy	114%	76%	92%	92%	116%	147%	140%	113%	125%	93%	74%	121%

Outpatient Measures

March 2022

N Not Achieved

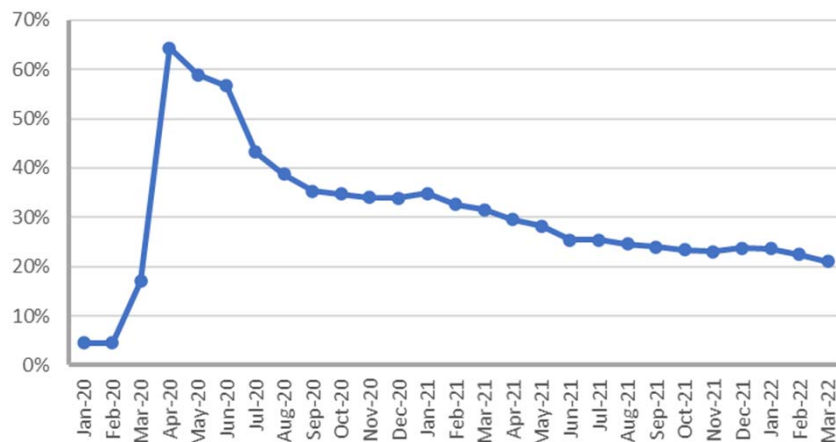
Standards:	<p>There are three outpatient measures covered in this section.</p> <ul style="list-style-type: none"> Proportion of outpatient consultations that are non face-to-face (including ones that are delivered by video, as opposed to telephone). The target is to have at least 25% delivered as non face-to-face. Advice and Guidance (A&G) is a service within the electronic Referral Service (eRS) which allows a clinician to seek advice from another, providing digital communication between two clinicians: the “requesting” clinician and the provider of a service, the “responding” clinician. The aim is for a minimum of 12 advice and guidance requests to be delivered per 100 outpatient new attendances (i.e. 12%) Patient Initiated Follow-Up (PIFU) is one possible outcome following an outpatient attendance. This gives patients and their carers the flexibility to arrange their follow-up appointments as and when they need them rather than the service booking a follow-up. The target is to have 5% of all outpatient attendances moved or discharged to a PIFU pathway.
Performance:	<p>In March:</p> <ul style="list-style-type: none"> 21% of outpatient attendances were delivered non face-to-face. Of these, 7.5% were delivered as a video consultation. There were 1,474 Advice & Guidance Responses sent out, which was 6.6% of all New outpatient attendances. There were 2,827 outpatient attendances that were outcome as PIFU, which was 3.9% of all outpatient attendances.
Commentary:	<p>The roll out of Long Term Condition (LTC) PIFU pathways is in progress with specialities and was agreed in the March Outpatient Programme board meeting. New templates for recording activity will not be available until May, because there is now a change freeze in place for Medway. Non face-to-face activity is reflective of divisions increasing face to face activity to tackle backlogs. There is an increase in video activity during March. Virtual consultation provider Attend Anywhere contract terminates on 31st March. New provider DrDoctor represents a significant improvement in functionality for patients and clinicians. The programme aims to achieve delivery of 5% non face-to-face as video. Advice and Guidance request activity has reduced November to February and this is reflective of extending waiting times for responses and increasing backlogs of requests. There are a number of resourcing challenges faced across the trust impacting on delivery. The system’s Healthier Together programme has identified the priority specialities for A&G service development for 2022/23.</p>
Ownership:	Chief Operating Officer

	Non Face To Face		Non Face To Face (Video)		Advice & Guidance		Advice & Guidance Responses		Patient Initiated Follow-Up	
	Total	% of All Attendances	Total	% of All Non Face To Face	Total Responses	% of New Attendances	Responses Within 7 Days	% Responses Within 7 Days	Total PIFU'd Outcomes	% of All Attendances
Diagnostic & Therapy	1,227	16.5%	232	18.9%	43	1.1%	43	100.0%	392	5.2%
Medicine	3,298	42.2%	327	9.9%	251	9.9%	182	72.5%	458	5.6%
Specialised Services	5,458	45.0%	265	4.9%	308	12.7%	291	94.5%	239	1.9%
Surgery	1,300	6.0%	45	3.5%	182	3.3%	158	86.8%	349	1.6%
Weston	1,564	23.8%	0	0.0%	172	6.6%	140	81.4%	533	7.2%
Women's & Children's	2,122	13.9%	257	12.1%	518	10.1%	305	58.9%	856	5.5%
TOTAL	14,969	21.1%	1,126	7.5%	1,474	6.6%	1,119	75.9%	2,827	3.9%

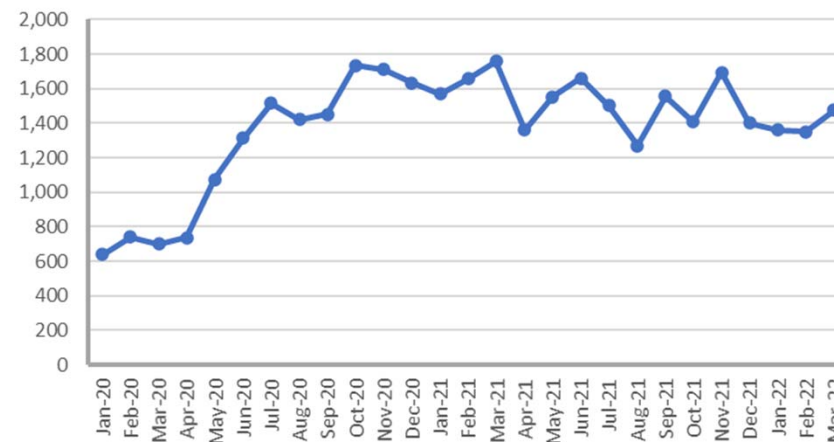
Outpatient Measures

March 2022

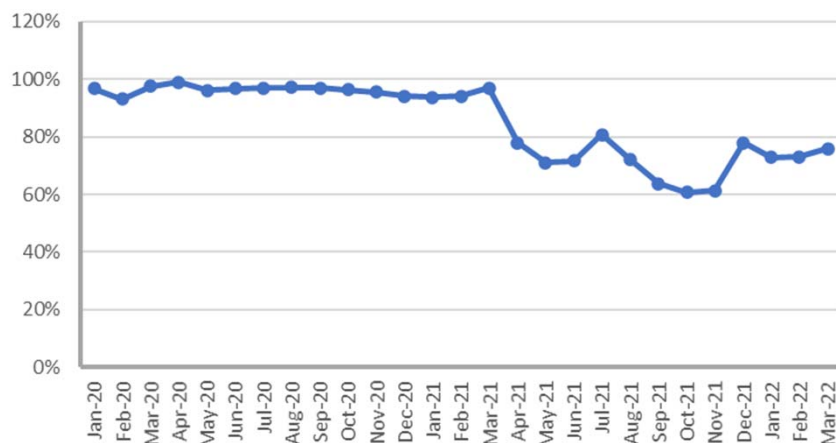
Outpatient Attendances - % Non Face To Face



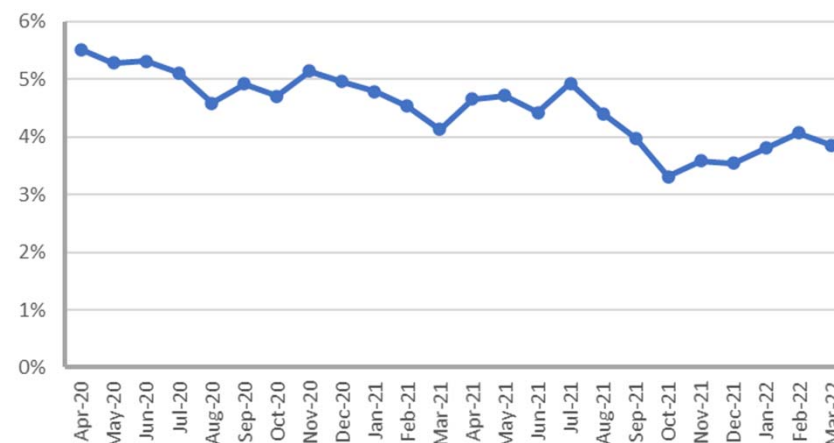
Number of Advice and Guidance Responses



Percentage of A&G Responses in 7 Days



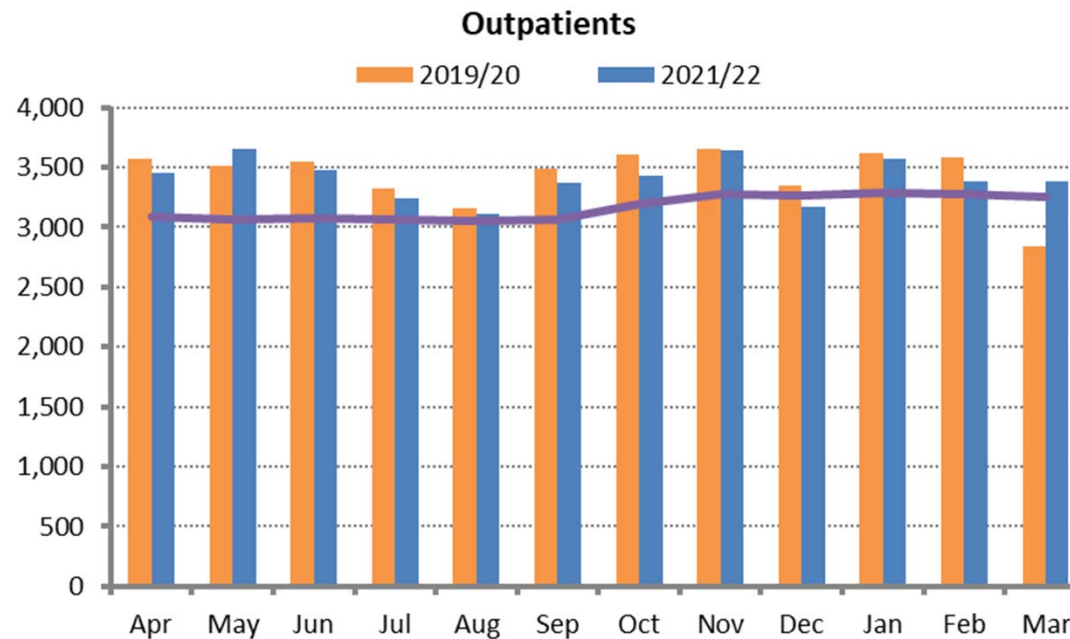
Percentage of Attendances with PIFU Outcome



Outpatient Activity – Restoration

March 2022

Activity Per Day, By Month and Year – Outpatient Attendances



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	Actual Activity Per Day	3,457	3,655	3,478	3,239	3,108	3,373	3,424	3,638	3,167	3,571	3,384	3,383
	Planned Activity Per Day	3,085	3,068	3,078	3,068	3,057	3,068	3,198	3,277	3,265	3,293	3,278	3,250
2019/20	Actual Activity Per Day	3,568	3,507	3,544	3,327	3,162	3,487	3,604	3,657	3,343	3,615	3,584	2,835

2021/22 Activity: % of Plan	112%	119%	113%	106%	102%	110%	107%	111%	97%	108%	103%	104%
2021/22 Activity: % of 2019/20	97%	104%	98%	97%	98%	97%	95%	99%	95%	99%	94%	119%

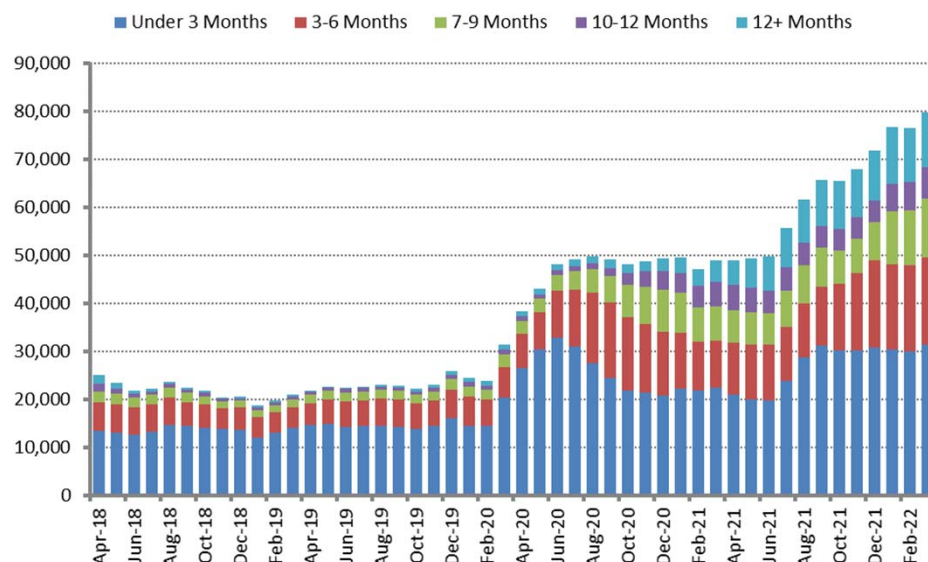
Outpatient Overdue Follow-Ups

March 2022

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. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients.
Performance:	Total overdue at end of March was 101,419 of which 29,629 (29%) were overdue by 9+ months.
Commentary:	<ul style="list-style-type: none"> Overdue follow up backlogs have continued to grow in March. Clinical capacity is not sufficient to manage follow up backlog demand as well as the ongoing new demand. Capacity is being focussed on the delivery of the most clinically urgent cases. UHBW has commenced the validation of Outpatient waiting lists, 21,000 patient records have now been given N-codes. Areas of largest areas of backlog seen in Sleep, Ophthalmology, T&O and Respiratory. Discussions in progress with specialities to review the use of PIFU. Sleep recovery may be affected by risk relating to CPAP/BIPAP machine supply issues and recall (Datix ID 5422) A large validation project in Weston is due to be completed by April which is expected to reduce the Weston backlog position.
Ownership:	Chief Operating Officer

Bristol - Overdue FollowUps, by number of months overdue



	Under 9 Months	9-11 Months	12+ Months	Total
Diagnostics & Therapies	9,978	147	303	10,428
Medicine	13,567	1,526	4,225	19,318
Specialised Services	8,601	1,244	565	10,410
Surgery	24,114	3,087	5,540	32,741
Weston	9,965	2,248	9,373	21,586
Women's and Children's	5,565	612	759	6,936
UHBW TOTAL	71,790	8,864	20,765	101,419
<i>Bristol Subtotal</i>	<i>61,825</i>	<i>6,616</i>	<i>11,392</i>	<i>79,833</i>

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

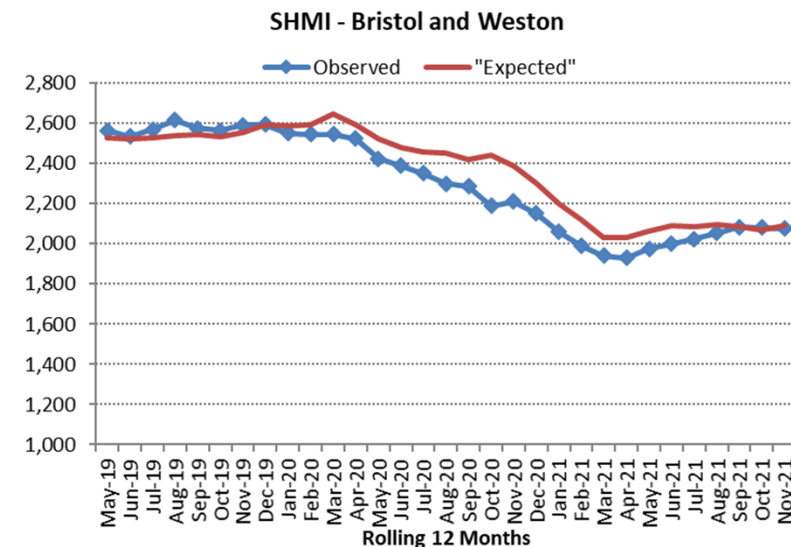
November 2021

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. This data is now provided by NHS Digital as a single figure from UHBW. 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:	The Summary Hospital Mortality Indicator for UHBW for the 12 months December 2020 – November 2021 was 99.3 and in NHS Digital’s “as expected” category. This is slightly below 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 Months To:	UHBW		
	Observed Deaths	"Expected" Deaths	SHMI
Feb-21	1,990	2,115	94.1
Mar-21	1,940	2,030	95.6
Apr-21	1,930	2,030	95.1
May-21	1,975	2,065	95.6
Jun-21	2,000	2,090	95.7
Jul-21	2,025	2,085	97.1
Aug-21	2,055	2,095	98.1
Sep-21	2,085	2,085	100.0
Oct-21	2,080	2,070	100.5
Nov-21	2,075	2,090	99.3

Note: Nov-21 represents 12 month period Dec-20 to Nov-21



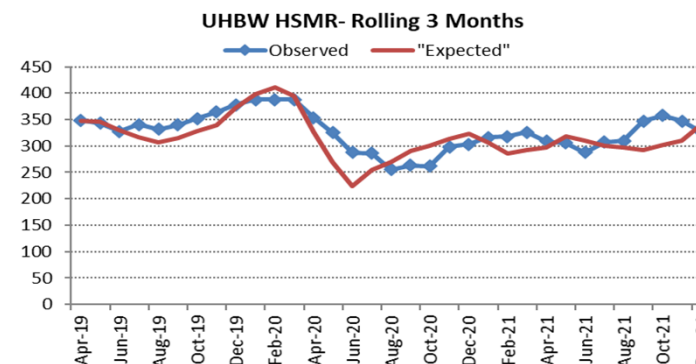
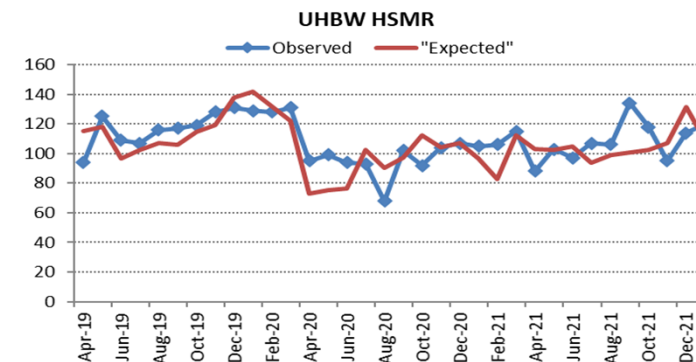
Mortality – HSMR (Hospital Standardised Mortality Ratio)

January 2022

P Partially 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:	<p>HSMR within CHKS for UHBW solely for the month of January 2022 is 110.4, meaning there were more observed deaths (120) than the statistically calculated expected number of deaths (109). Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation.</p> <p>The rolling 3 month average is below 100, at 94.8.</p> <p>The HSMR for the 12 months to January 2022 for UHBW was 104.4 (National Peer: 97.7).</p>
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
Feb-21	106	83	127.9
Mar-21	115	112	102.5
Apr-21	88	103	85.6
May-21	103	103	100.5
Jun-21	97	105	92.6
Jul-21	107	94	114.4
Aug-21	106	99	107.2
Sep-21	134	101	133.2
Oct-21	118	103	114.9
Nov-21	95	107	89.0
Dec-21	114	132	86.7
Jan-22	120	109	110.4



Fractured Neck of Femur (#NOF)

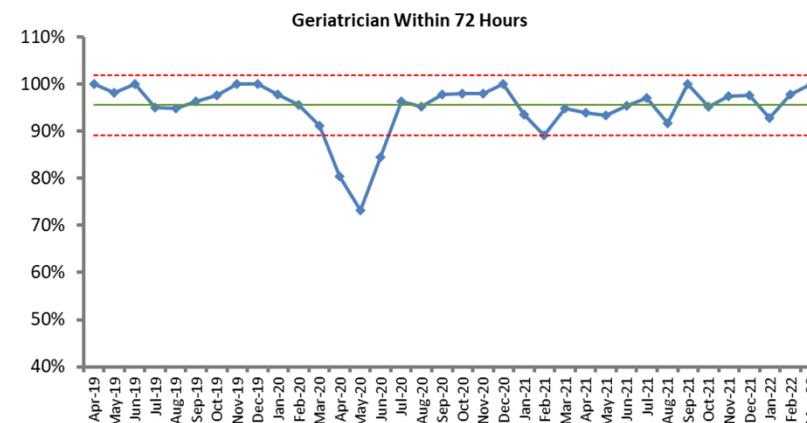
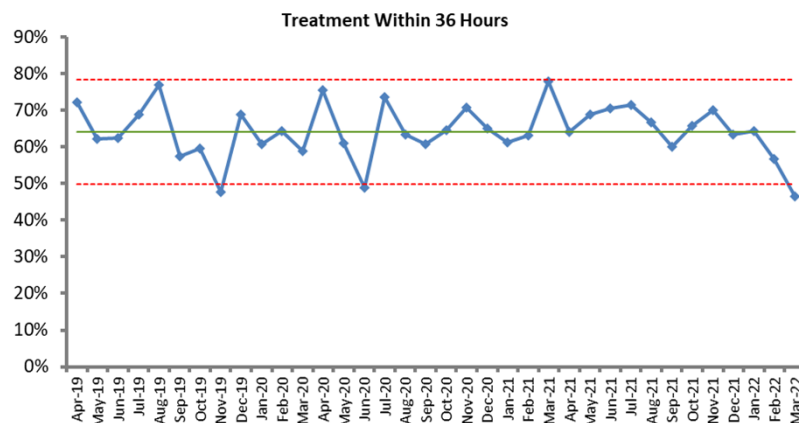
March 2022

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. Both standards have a target of 90%.
Performance:	<p>In March, there were 58 patients eligible for Best Practice Tariff (BPT) across UHBW (34 in Bristol and 24 in Weston).</p> <ul style="list-style-type: none"> For the 36 hour standard, 47% achieved the standard (27 out of 58 patients) For the 72 hour standard, 100% achieved the standard (58 out of 58 patients)
Commentary:	<p>There is continued difficulty in time to theatre in Bristol, mostly driven by the increase in general trauma demand to theatres for Fracture NOF patients and an inability to stand up more trauma theatres due to the necessity to maintain cancer theatre capacity and also a lack of available inpatient beds.</p> <p>Challenges to be addressed in Bristol:</p> <ul style="list-style-type: none"> Difficulty accessing theatres to ensure consistent Fracture NOF theatre – also challenges with theatre and anaesthetic staffing which is impacting on overall theatre capacity. This predominantly effects our ability to utilise extra theatres for trauma in the event of cancellations. Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the T&O wards which cause our own T&O patients to outlie into other surgical beds. <p>Actions being taken in Bristol:</p> <ul style="list-style-type: none"> Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties. Any last minute cancellation from another specialty is usually then backfilled by trauma surgeons. Extra shifts are offered to orthogeriatric consultants on bank holidays / long weekends. <p>Reasons patients missed the expected level of care in Weston:</p> <ul style="list-style-type: none"> For March, there were 9 patients who did not achieve the 36hr time to surgery target. This was due to medical issues (5 patients) and lack of theatre space (4 patients). Recent staffing issues in the radiology department have caused extra pressures as the theatre radiographer has had to be shared with other theatres or clinics. In addition, there was one patient who did not have a day one physiotherapy assessment as they were seen by an Occupational Therapist because of caseload/Physiotherapy staffing pressures. Two patients had no MUST/nutritional assessment completed. <p>Actions being taken in Weston:</p> <ul style="list-style-type: none"> Use of Emergency (CEPOD lists where possible for extra capacity when trauma lists are full or limited. Managerial team to discuss how extra physiotherapy staffing can be provided at 7 days/week. Monthly Fracture NOF meeting to resume for regular performance discussions. Substantive Ortho-geriatrician now in post Monday-Friday at Weston.
Ownership:	Medical Director

Fractured Neck of Femur (NOF)

March 2022



	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	34	12	35%	34	100%
Weston	24	15	63%	24	100%
TOTAL	58	27	46.6%	58	100.0%

Mixed Sex Accommodation Breaches

March 2022

A *Achieved*

Standards:	There should be no clinically unjustified Mixed Sex Accommodation (MSA) breaches. There are some clinical circumstances where mixed sex accommodation can be justified. These are mainly confined to patients who need highly specialised care. Therefore, the description of an MSA breach refers to all patients in sleeping accommodation who have been admitted to hospital: A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
Performance:	There were thirty-six reported mixed sex accommodation breaches in March 2022. Eight breaches occurred in the Acute Medical Admissions unit and two in Theatre recovery. Twenty-six occurred in escalation wards, the Trust was in Internal Critical Incident during this time, so no avoidable breaches were reported nationally. Prior to any mixed sex accommodation breach there is a full review of all patient areas, any potential breach is balanced against the substantial risk of overcrowding in the emergency department.
Commentary:	Actions being taken: <ul style="list-style-type: none">• Circulate the operational Standard Operating Procedure (SOP) and poster to support staff reporting and managing accommodation breaches..
Ownership:	Chief Nurse

March 2022

N/A No Standard Defined

Standards:	The Perinatal Quality Surveillance Matrix (PQSM) provides additional quality surveillance of the maternity services at UHBW and has been developed following the recommendations made by the Ockenden report (2020) into maternity care at Shrewsbury and Telford Hospital Trust.
Performance:	<ul style="list-style-type: none"> There were 15 reported incidents related to workforce in March. Themes: delayed Induction Of Labour(IOL) /non-compliance with BAPM standards (British Association of Perinatal Medicine standards for Neonatal nursing)/ staffing levels and capacity. In UHBW, the induction of labour (IOL) rate for March was increased to 28.7% however this is reflected in a decrease in the lower section caesarean section (LSCS) rate. Sporadic capacity issues with the flow of inductions (to match increasing demand) The total Lower Section Caesarean Section (LSCS) rate in March was 35.9%, down from 39.1% in Feb. The emergency rate was also reduced in March at 20.4% from 22.3% in February. Lack of appropriate capacity to manage the current and increasing number of planned ("elective") caesarean sections No serious incidents reported to HSIB in March. One moderate harm incident reported in March, the incident was the breech birth of a baby at 29 weeks and four days of pregnancy. Premature birth may have been prevented had she had early referral to the preventing preterm birth clinic and expert care as per guideline as history of LLETZ (Large Loop Excision of the Transformation Zone) procedure. Risk form at booking has been updated to be easier for admin staff to see referrals required March received 15 formal compliments, all were for Neonatal Intensive Care Unit (NICU).
Commentary:	<p>Threats:</p> <ul style="list-style-type: none"> Risk to Maternity Incentive Scheme (MIS) Clinical Negligence Scheme for Trusts (CNST) compliance, The IT connectivity issues and capacity constraints within the community midwifery teams. This has been escalated and is on the risk register. Multi-professional emergency and foetal monitoring training target of 90% is affected by staffing pressures, often COVID-19 related. Maternity Incentive Scheme (MIS) has been suspended for 3 months from 23 December which will help with extra time to resolve data entry compliance issues. Re-instatement has yet to be confirmed by MIS team. Sickness rates in doctors' rotas, no change from last month regarding consultants acting down to cover and cross cover to maintain safe service. NICU reduced to 47% of nurses qualified in speciality (QIS) trained (BAPM standard 70%). Recruitment plan in progress. We have 10 undertaking the QIS training. UHBW need 16.1 WTE midwives in the funded establishment to achieve continuity of carer (CoC) as default model of care in April 2023, action plan has been escalated to Trust Board Risk to continual roll out of Continuity of Carer (CoC) due to vacancies, there will be 6.7 WTE vacancies in the community from start of May due to resignations and 2 midwives have retired. Recruitment is on-going. <p style="text-align: right;"><i>....continued over page</i></p>

March 2022

Commentary
(continued):

- As part of our continual risk assessment four Continuity of Carer (CoC) teams continue to run, two teams have been paused until staff have been recruited to fill newly vacant posts. Ockenden report has suggested the continual roll out of CoC should be suspended if safety cannot be assured with regards to staffing. UHBW have risk assessed and are able to continue with 4 teams.
- A move to implement the Continuity of Carer (CoC) programme continues presently 53.7%, with BAME at 64.2% and IMD 1 (most deprived) at 81.2%

Actions:

- There is a monthly forum to share staff concerns with the Maternity and Neonatal Safety Champions and actions are fed back to staff. The current themes align with the data and include: staffing, capacity, equipment and level E refurbishment
- A CTG monitoring, and escalation focus week was run week of 28th March to highlight challenges staff have with CTG interpretation, escalation, human factors, civility saves lives and psychological safety and how to remove these barriers. This was supported by the Local Maternity System (LMS) who funded resources for staff. It was very well attended and received great feedback, further sessions are planned.
- There is a monthly forum to share staff concerns with the Maternity and Neonatal Safety Champions and actions are fed back to staff. The current themes align with the data and include: staffing, capacity and delayed Induction Of Labour (IOL).

Ownership:

Chief Nurse

March 2022

UHBW Perinatal Quality Surveillance Matrix

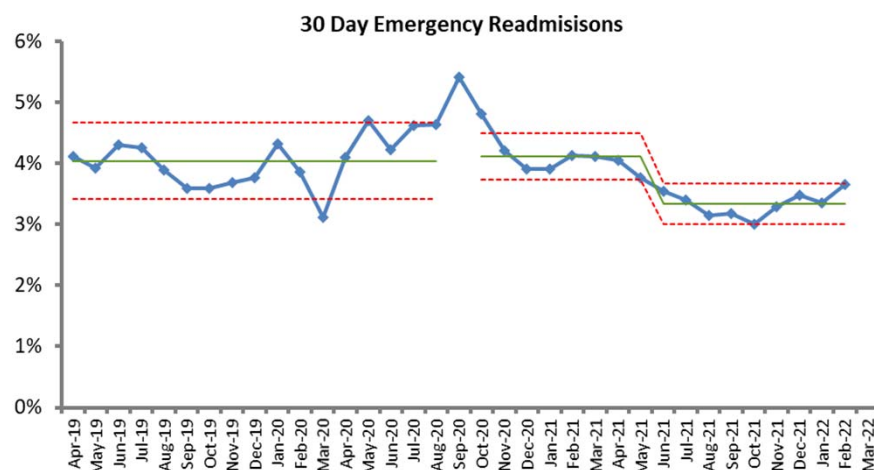
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Number of babies born alive at ≥ 22 to 36+6 weeks gestation	27	37	31	38	24	44	29	26	22	18	36	21
Number of women who gave births all gestations from 22+0 weeks	410	429	415	466	429	429	449	432	419	357	368	399
Induction of Labour rate %	33.7%	30.7%	30.6%	26.6%	27.8%	26.8%	26.6%	24.4%	31.0%	35.4%	26.3%	28.7%
Unassisted Birth rate %	53.5%	49.0%	51.2%	46.7%	46.9%	49.2%	45.0%	45.4%	45.3%	47.2%	44.9%	47.1%
Assisted Birth rate %	15.9%	15.6%	14.8%	15.2%	20.5%	14.5%	17.5%	16.9%	12.4%	14.9%	16.0%	17.0%
Caesarean Section rate (overall) %	30.6%	35.5%	34.0%	38.1%	32.6%	36.3%	37.6%	37.7%	42.3%	37.8%	39.1%	35.9%
Elective Caesarean Section rate %	13.3%	14.0%	15.8%	13.9%	14.9%	14.3%	12.2%	15.3%	17.4%	16.0%	16.8%	15.5%
Emergency Caesarean Section rate %	17.3%	21.5%	18.2%	24.0%	17.7%	21.7%	25.3%	22.4%	24.9%	21.8%	22.3%	20.4%
Total number of perinatal deaths	1	6	0	2	1	1	4	11	6	6	1	5
Number of late fetal losses 22+0 to 23+6 weeks excl TOP	0	0	0	0	0	0	1	1	0	0	0	0
Number of stillbirths (≥ 24 weeks excl TOP)	0	2	2	1	0	1	2	4	4	2	0	1
Number of neonatal deaths : 0-6 Days	0	1	0	1	1	0	0	1	1	4	0	1
Number of neonatal deaths : 7-28 Days	1	3	0	0	0	0	1	5	1	0	1	3
Suspected brain injuries in inborn neonates (no structural abnormalities)	0	2	0	0	0	0	1	0	0	1	0	0
Number of maternal deaths (MBRRACE)	1	0	0	0	0	0	0	0	0	0	0	0
Number of women who recieved level 3 care	2	1	0	1	1	1	1	2	0	1	1	1
Continuity of Carer (overall percentage)	38%	45.9%	46%	44.4%	48.3%	47%	40%	43%	45%	48%	49%	54%

Readmissions

February 2022

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. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In February, there were 12,269 discharges, of which 449 (3.7%) had an emergency re-admission within 30 days.
Commentary:	The review of Readmission methodologies and future targets/trajectories across the two Trusts is to be established.
Ownership:	Chief Operating Officer



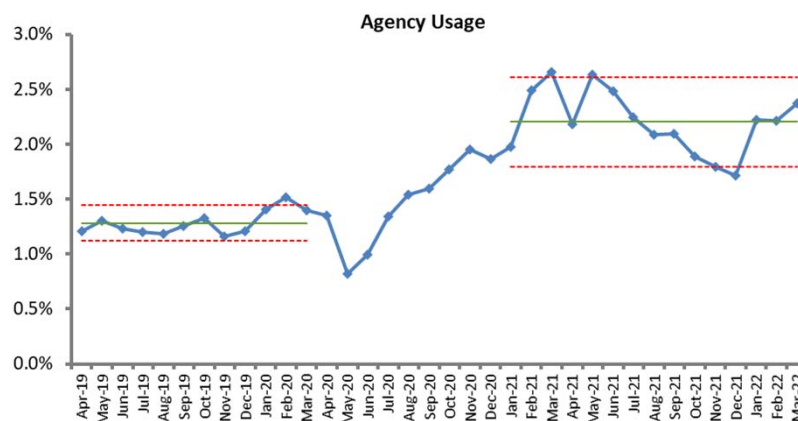
	Feb-22		
	Readmissions	Total Discharges	% Readmitted
Diagnostics and Therapies	1	25	4.0%
Medicine	168	2,082	8.1%
Specialised Services	28	2,716	1.0%
Surgery	74	2,226	3.3%
Weston	133	1,714	7.8%
Women's and Children's	45	3,506	1.3%
Other/Not Known	0	0	-
TRUST TOTAL	449	12,269	3.7%
<i>Bristol Subtotal</i>	<i>316</i>	<i>10,555</i>	<i>3.0%</i>

Workforce –Agency Usage

March 2022

N Not Achieved

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets (including Weston) for 2020/21. The maximum agency usage rate has been set at 1.8%.
Performance:	Agency usage increased by 22.0 full time equivalents (FTEs) in March to 2.4%. There were increases in six divisions, with the largest increase seen in Medicine, increasing to 75.0 FTE from 61.4 FTE in the previous month. There were reductions in two divisions, with the largest reduction seen in Women's and Children's, reducing to 29.4 FTE from 32.6 FTE in the previous month.
Commentary:	<p>The Trust's agency usage figure of 2.4% compares to a South West median of 3.9% and a national median of 3.8% (Model System data from June 2021).</p> <ul style="list-style-type: none"> Continued work with BNSSG and Bath healthcare partners to attempt to drive down high cost agency usage. New neutral vendor for nursing agency supply now live and once stabilised work will continue to drive down costs. New seasonal bank campaign live with posters placed across all sites and supported by a social media campaign to increase bank supply and drive down agency usage. As part of the Bank growth to drive down agency costs there were 65 new starters across the bank in March, including 28 re-appointments. 26 of these staff joined non-clinical bank roles, comprising 17 administrators and 9 cleaning and catering assistants. A new weekly recruitment model for bank admin & clerical recruitment is being worked up the Trusts Talent Team and TSB Operation Managers to increase bank supply and drive down agency usage with a view to make this live in April 2022. Continued active recruitment to substantive medical roles in the Weston Division to drive down the demand for high cost agency usage.
Ownership:	Director of People

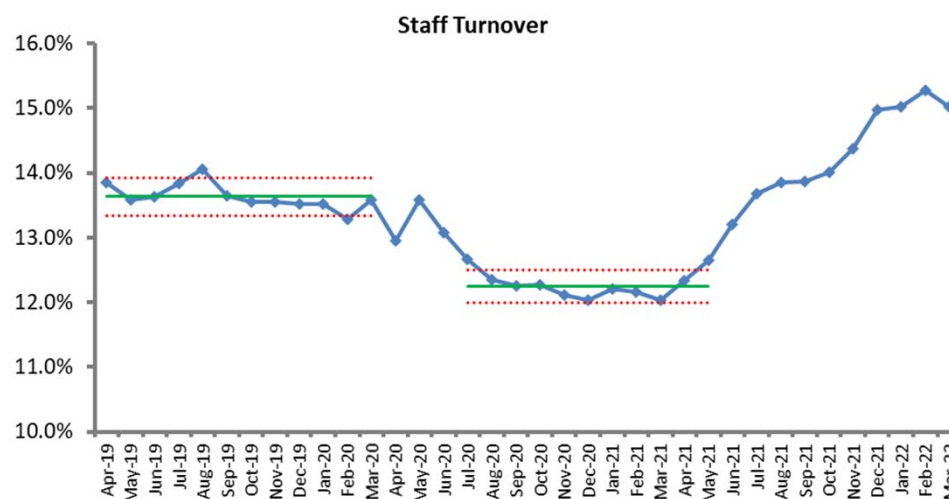


Workforce – Turnover

March 2022

N Not 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 target is to have less than 13.1% turnover.
Performance:	Turnover for the 12 month period reduced to 15.0% in March 2022 compared with 15.3% (updated figures) for the previous month. Four divisions saw an increase whilst four divisions saw a reduction in turnover in comparison to the previous month. The largest divisional increase was seen within Trust Services, where turnover increased by 2.3 percentage points to 16.5% compared with 14.2% the previous month. The largest divisional reduction was seen within Medicine, where turnover reduced by 4.2 percentage points to 15.3% compared with 19.5% the previous month.
Commentary:	<p>The Trust's turnover figure of 15.0% compares to 19% in Bristol, North Somerset and South Gloucestershire (BNSSG). This is from December 2021, Model System data. For Registered Nursing turnover is 13.9% (Dec '21) compared to a 10.8% South West median (Dec '21) and a 13% National median (Model System data).</p> <ul style="list-style-type: none"> The expansion of Bullying and Harassment resources continues to be a priority with the development of a new eLearning module aimed at managers and a witness guide for bystanders which will be available from the end of March. The Exit Interview Review group continues to meet on a monthly basis and are making progress when reviewing the Exit survey. New questions have been drafted with a view to have more focused and relevant data from leavers. Focus will now be on other work streams within the group to review the full process.
Ownership:	Director of People

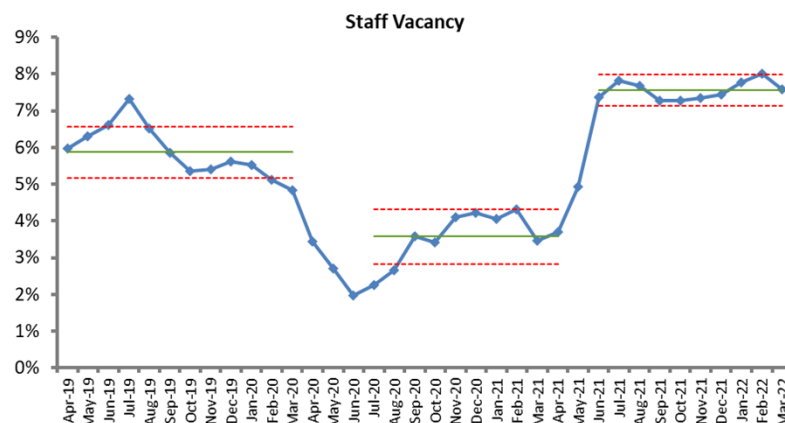


Workforce – Vacancies

March 2022

N Not Achieved

Standards:	Vacancy levels are measured as the difference between the budgeted Full Time Equivalent (FTE) establishment and the actual Full Time Equivalent substantively employed figures, represented as a percentage, The Trust target is to have less than 6.2% vacancy.
Performance:	Overall vacancies reduced to 7.6% compared to 8.0% in the previous month. The largest divisional increase was seen in Medicine where vacancies increased to 96.6 FTE from 87.2 FTE in the previous month. The largest divisional reduction was seen in Surgery, where vacancies reduced to 165.1 FTE from 201.0 FTE the previous month.
Commentary:	<p>The Trust's current vacancy rate of 7.6% is the same as the wider system (BNSSG) but above the 5% vacancy rate for the South West. Data is from the South West Metrics Oversight Report month 8, 2021/22*.</p> <ul style="list-style-type: none"> Year 3 Student Nurses are back on placement from 25th April and the Trusts Talent team are now scheduling career discussions about post study employment options. A Healthcare Support Worker week was held week commencing 11th April in collaboration with the HCSW Support Team with a recruitment dynamic and celebration aspect of the role. This is being followed up with direct approaches to all attendees. Development initiated of an NHS Cadet scheme to target the 16- to 18-year-old HCSW workforce. In Weston, financial approval has been given to recruit 5 80:20 split roles for middle grade doctors as an attractive method to increase candidate attraction in this area. Preparation underway for a Surgery Division specific careers open day to target admin recruitment to take place on the 11th May. This will be a pilot event for further recruitment events to target hard to recruit to admin roles. 248 international nurses now arrived in the Trust and 172 have secured their NMC PIN. Business case for further funding to be presented to SLT on 20th April. <p><i>* this is the most recent report available, no further reports have been produced due to covid pressures.</i></p>
Ownership:	Director of People

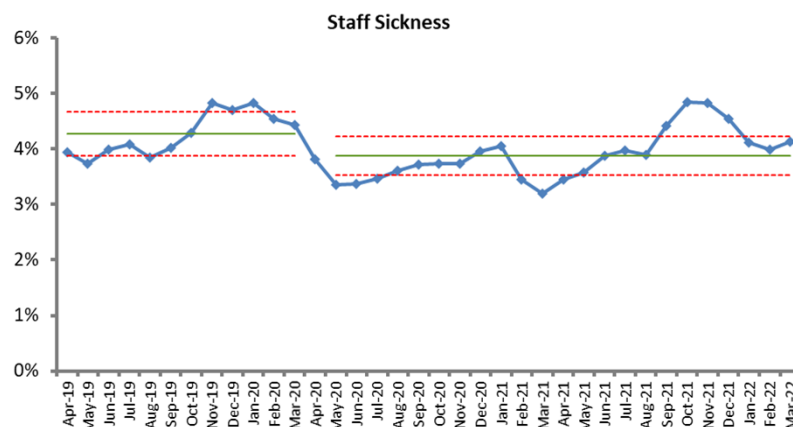


Workforce – Staff Sickness

March 2022

P Partially Achieved

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2021/22, including Weston. The target is to have a maximum 3.9% sickness rate. The red threshold is 0.5 percentage points over this.
Performance:	<p>Sickness absence increased to 4.1% compared with 4.0% in the previous month, based on updated figures for both months. This figure now contains Long Covid sickness. It does NOT include Medical Suspension reporting.</p> <p>There were increases within four divisions, the largest divisional increase was seen in Surgery, increasing by 0.7 percentage points to 4.7% from 4.0% the previous month.</p> <p>There were reductions within three divisions, Diagnostics and Therapies, Facilities and Estates, and Trust Services all reducing by 0.4 percentage points compared to the previous month.</p>
Commentary:	<p>The Trust's sickness figure of 4.1% compares to a South West median of 5.0% and 5.4% nationally (Dec 2021, Model System data). The Trust has one of the lowest sickness rates amongst Trusts in the South West, lower than North Bristol, RUH Bath, Royal Devon & Exeter and Plymouth (NHS Digital Sept 2021 data).</p> <ul style="list-style-type: none"> Medical Suspension continues to be the method used to record short-term Covid absences. During March, 3.2% of available FTE was lost to Medical Suspension compared to 2.5% the previous month: 2.2% Covid Sickness, 1.0% Covid Isolation/Shielding. Long Covid accounts for 0.2% of the sickness absence. A review of our psychological services has commenced aiming to align these services to support staff accessing at the point of need, this programme of work is being scoped with key stakeholders with the aim of pulling together a revised offer by the end of quarter 1. As part of the Winter Wellbeing programme to prioritize staff wellbeing and help boost morale, 10,000 individuals and 210 teams have received mindfulness books that have been distributed to staff rest areas, and over 168 staff accessed massage sessions, yoga, and mindfulness workshops.
Ownership:	Director of People

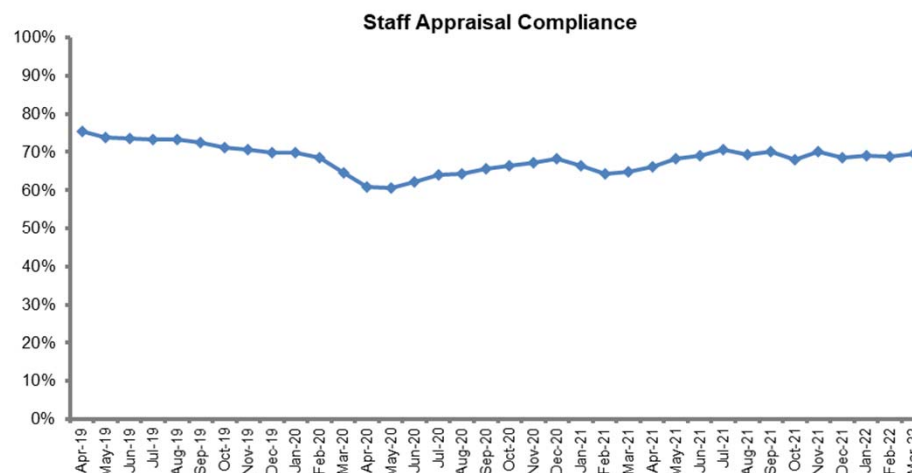


Workforce – Appraisal Compliance

March 2022

N Not Achieved

Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide, with Weston adopting the 85% target already in place at Bristol.
Performance:	Overall appraisal compliance increased to 69.9% from 68.9% compared to the previous month.
Commentary:	There were increases in five divisions, and reductions in three divisions. The largest divisional increase was within Facilities and Estates, increasing to 85.2% from 70.0% in the previous month, the first division to be compliant since May 2019. The largest divisional reduction was within Specialised Services, reducing to 72.7% from 76.0% in the previous month.
Ownership:	Director of People

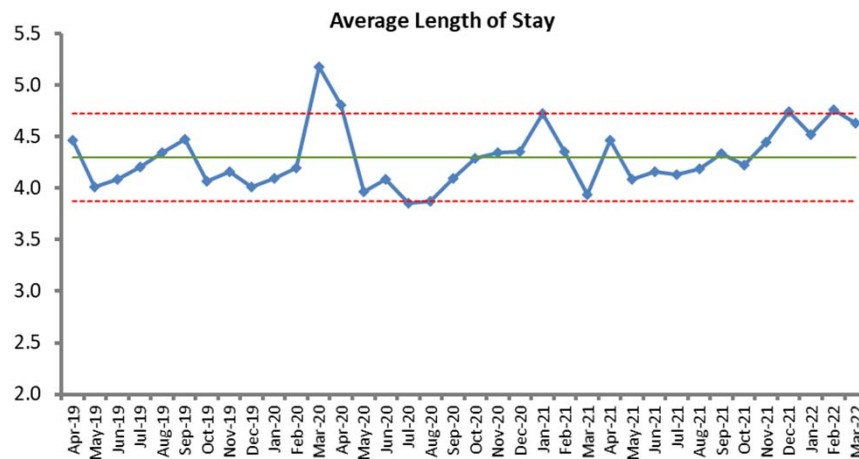


Average Length of Stay

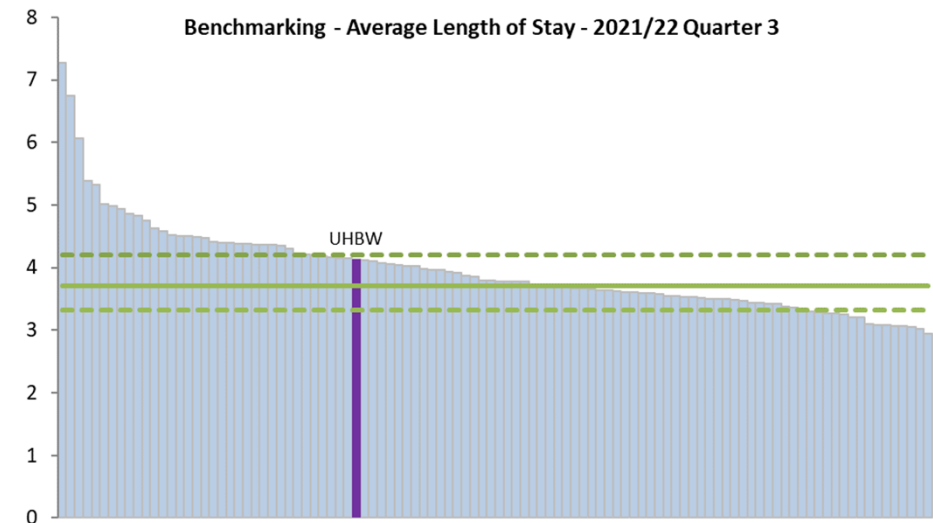
March 2022

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 March there were 33,360 discharges at UHBW with an average length of stay of 4.63 days.
Commentary:	Current assumptions around length of stay are being reviewed as part of the 2022/23 operating plan submissions and demand & capacity reviews.
Ownership:	Chief Operating Officer



	Mar-22
Medicine	4.9
Specialised Services	6.9
Surgery	4.6
Weston	7.3
Women's and Children's	2.7



March 2022

YTD Income & Expenditure Position

- Net I&E surplus of £5,071k against a plan of break-even (excluding technical items).
- Total operating income is £1,345k favourable to plan due to higher than planned other operating income of £2,782k (relating to donated income).
- Operating expenses are £1,438k adverse to plan primarily due to higher pass-through expenditure (£7,715k adverse), the shortfall in CIP delivery of £3,270k, higher than planned pay costs of £7,827k, offset by lower than planned other non-pay expenditure of £16,760k.
- Technical and financing items are £5,128k favourable to plan mainly due to grant income relating to the Salix decarbonisation scheme.

Key Financial Issues

- *Savings delivery is below plan* - Savings delivery is £12,245k or 79% of plan, a shortfall in delivery of £3,270k. Recurrent savings are £3,793k, 24% of plan.
- *Capital expenditure is below CDEL* - expenditure is £66,519k against the annual CDEL of £89,543k means the Trust under spent against its CDEL at 31st March 2022.

Strategic Risks

Although the following items have not had a material impact in the 2021/22 financial year, work is continuing on understanding the impact in 2022/23 including:

- Agreeing a system approach to future financial targets and allocation of system envelopes – 2022/23 allocations pending final agreement;
- Assessment and implications of the financial arrangements relating to the Healthy Weston – pending;
- Continue to understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – on-going.

March 2022

Trust Year to Date Financial Position

	Month 12			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	75,746	75,295	(450)	914,690	913,254	(1,436)
Other Operating Income	11,960	16,115	4,154	131,097	133,879	2,782
Total Operating Income	87,706	91,410	3,704	1,045,787	1,047,133	1,345
Employee Expenses	(49,576)	(48,639)	937	(590,227)	(598,053)	(7,827)
Other Operating Expenses	(42,554)	(49,949)	(7,395)	(405,206)	(399,485)	5,721
Depreciation (owned & leased)	(2,520)	(2,267)	253	(28,072)	(27,405)	667
Total Operating Expenditure	(94,650)	(100,855)	(6,205)	(1,023,505)	(1,024,943)	(1,438)
PDC	(943)	(598)	345	(12,084)	(12,084)	0
Interest Payable	(184)	(416)	(233)	(2,161)	(2,316)	(155)
Interest Receivable		55	55	0	90	90
Other Gains/(Losses)	0	(54)	(54)	0	(66)	(66)
Net Surplus/(Deficit) inc technicals	(8,070)	(10,459)	(2,389)	8,038	7,813	(224)
Remove Capital Donations, Grants, and Donated Asset Depreciation	8,070	9,864	1,795	(8,038)	(2,743)	5,295
Net Surplus/(Deficit) exc technicals	(0)	(594)	(594)	(0)	5,071	5,071

See the Trust Finance Performance Report for full details on the Trust's financial performance.

Key Facts:

- The full year net surplus is £5,071k (£5,665k last month) compared with the planned breakeven position.
- Pay expenditure is £5,959k lower in March than February. Predominantly driven by a reduction in the annual holiday pay adjustment (£3,397k) and an inflated run rate in February due to the recognition of the 2021/22 Clinical Excellence Awards (£1,921k). Full year expenditure is adverse to plan at £7,827k. This is a decrease from £8,763k in February.
- YTD agency expenditure is £28,822k, 5% of total pay costs and £2,474k adverse to plan.
- Operating income is favourable to plan by £1,345k, an improvement from £2,359k adverse in February. The improvement is mainly due to Covid-19 related donations (£2,090k).
- CIP achievement is 79%. £12,245k has been achieved against a target of £15,515k, a shortfall of £3,270k.
- Additional costs of Covid-19 are £12,805k in 2021/22, with an increase in expenditure in March to £1,417k from £1,283k in February.

Care Quality Commission Rating - Bristol

The Care Quality Commission (CQC) published their latest inspection report on 4th November 2021. Full details can be found here:

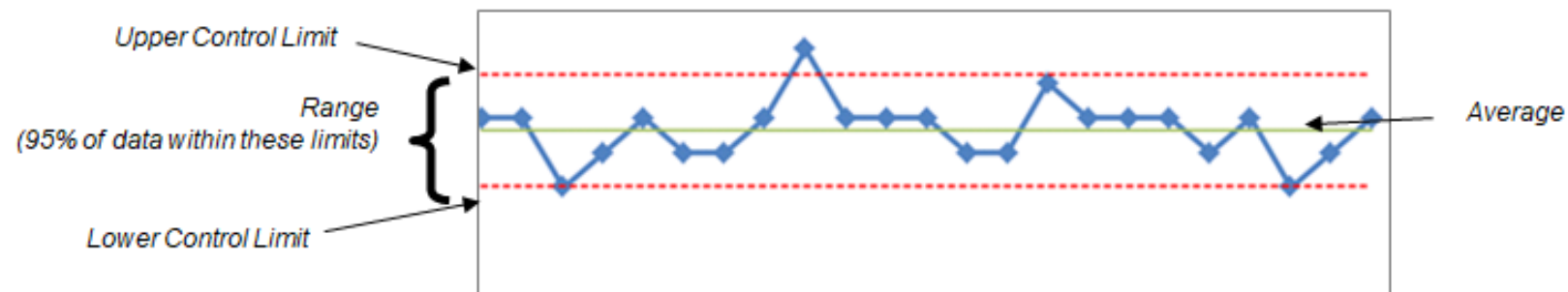
<https://www.cqc.org.uk/provider/RA7>

The overall rating was GOOD, and the breakdown by site is shown below:

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
South Bristol NHS Community Hospital	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
UHBW Bristol Main Site	Requires Improvement →← Oct 2021	Good →← Oct 2021	Outstanding →← Oct 2021	Good →← Oct 2021	Outstanding →← Oct 2021	Good ↓ Oct 2021
Weston General Hospital	Inadequate Oct 2021	Requires Improvement Oct 2021	Good Oct 2021	Requires Improvement Oct 2021	Inadequate Oct 2021	Inadequate Oct 2021
Central Health Clinic	Good Dec 2014	Not rated	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Overall trust	Requires Improvement →← Oct 2021	Good →← Oct 2021	Outstanding →← Oct 2021	Good →← Oct 2021	Good ↓ Oct 2021	Good ↓ Oct 2021

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

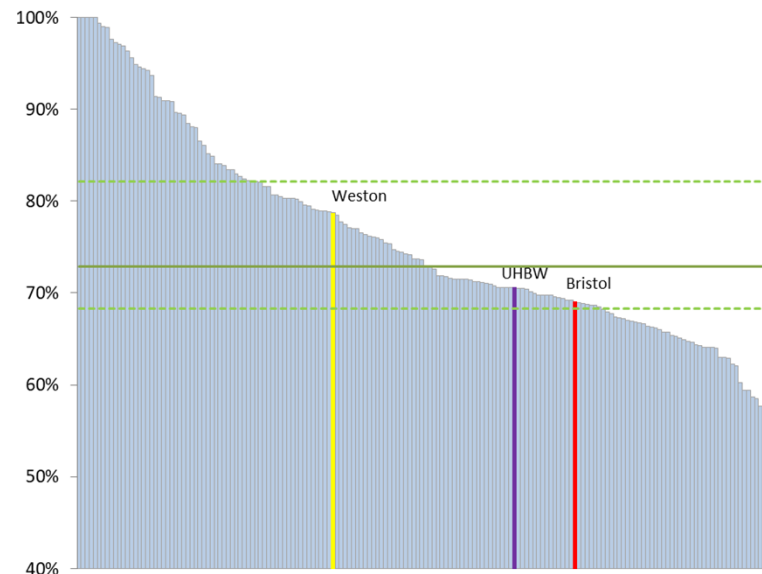


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "control limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

Explanation of Benchmarking Charts

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.

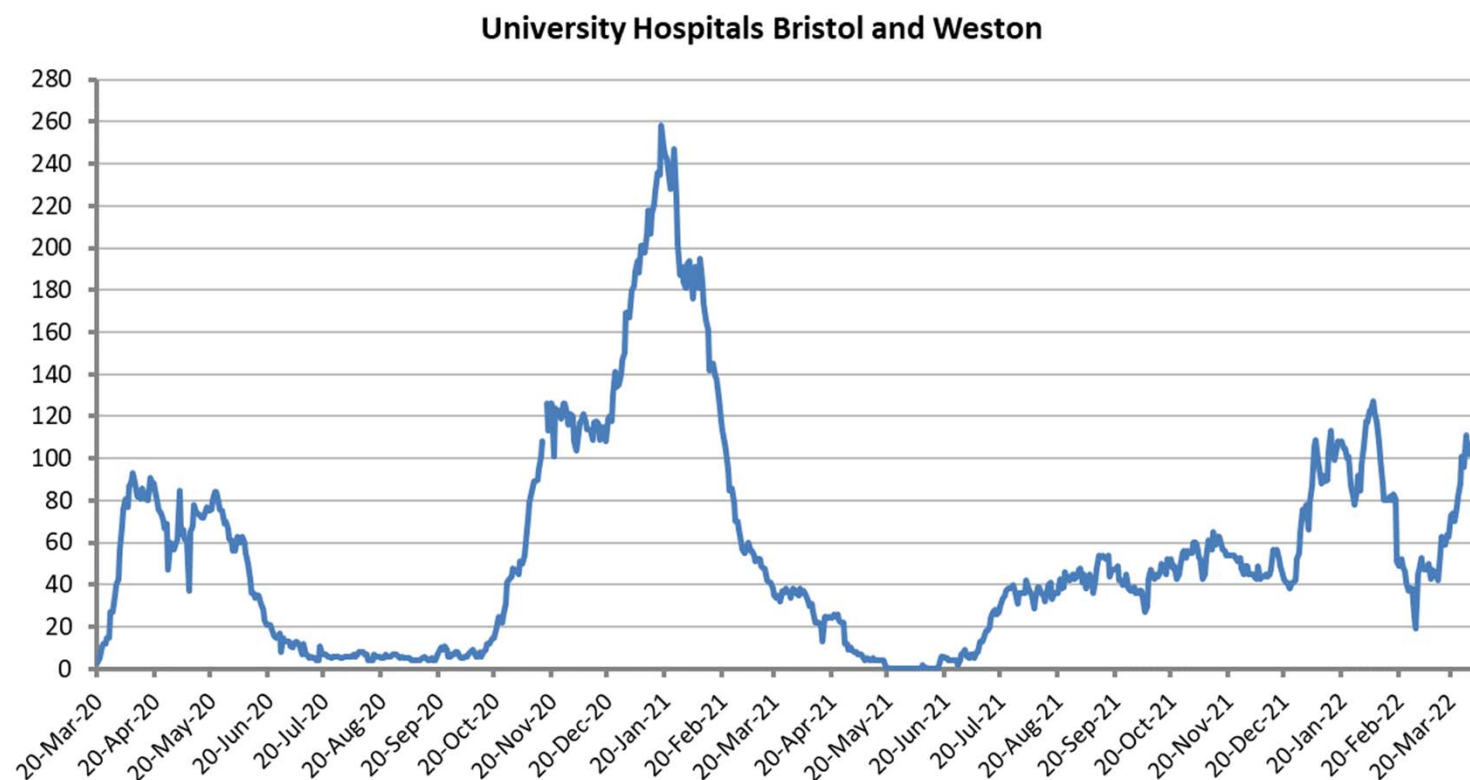
The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 14 th April 2022, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer

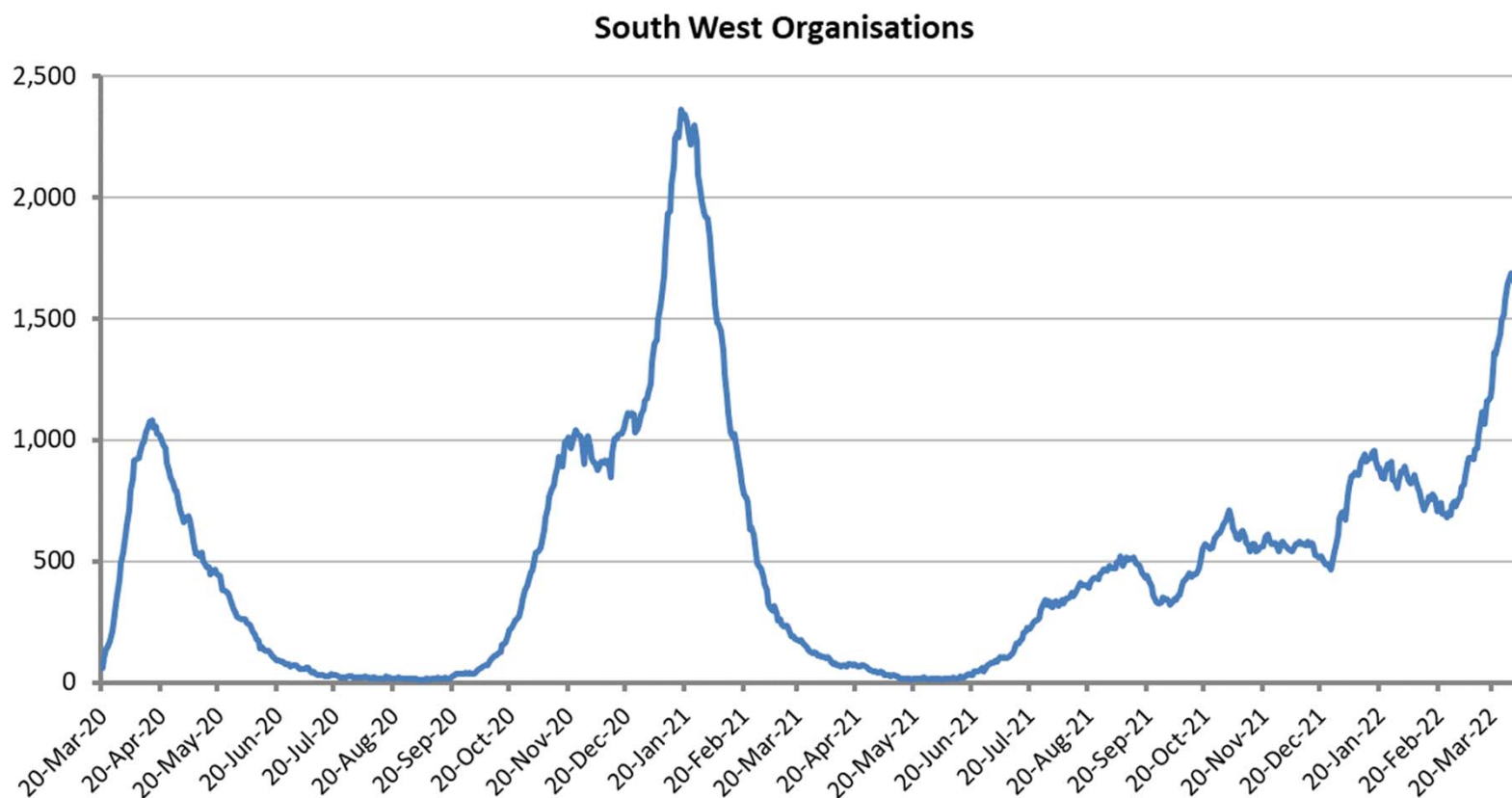
Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 7th April 2022.



Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 13 th March 2022, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer



Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 19 th April 2022.
Commentary:	The Trust undertakes rapid action when any cases are identified to prevent further spread with the dissemination of the Infection Prevention and Control Covid outbreak pack to ensure all cases are managed consistently with outbreak meetings set up and conducted in line with the Hospital Outbreak of infection policy.
Ownership:	Chief Nurse

Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				
		Community Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare- Associated	Hospital-Onset Definite Healthcare-Associated	TOTAL Diagnosed Following Admission
May-20	37					313
Jun-20	16					75
Jul-20	6	5	1	0	1	7
Aug-20	8	9	0	0	1	10
Sep-20	13	17	0	0	0	17
Oct-20	47	107	6	6	5	124
Nov-20	176	157	22	12	23	214
Dec-20	203	94	27	22	35	178
Jan-21	414	159	31	25	19	234
Feb-21	156	88	22	19	22	151
Mar-21	75	17	7	3	10	37
Apr-21	38	7	2	3	12	24
May-21	2	3	0	0	0	3
Jun-21	18	7	1	1	0	9
Jul-21	124	72	5	1	5	83
Aug-21	130	64	13	6	5	88
Sep-21	149	66	10	8	19	103
Oct-21	174	74	7	5	15	101
Nov-21	189	68	8	4	11	91
Dec-21	194	76	16	14	16	122
Jan-22	269	129	37	24	45	235
Feb-22	216	75	33	13	23	144
Mar-22	181	124	33	29	36	226
	2,835					2,589

- Community-Onset: a positive specimen date less than or equal to 2 days after hospital admission or hospital attendance;
- Hospital-Onset Indeterminate Healthcare-Associated: a positive specimen date 3-7 days after hospital admission;
- Hospital-Onset Probable Healthcare-Associated: a positive specimen date 8-14 days after hospital admission;
- Hospital-Onset Definite Healthcare-Associated: a positive specimen date 15 or more days after hospital admission

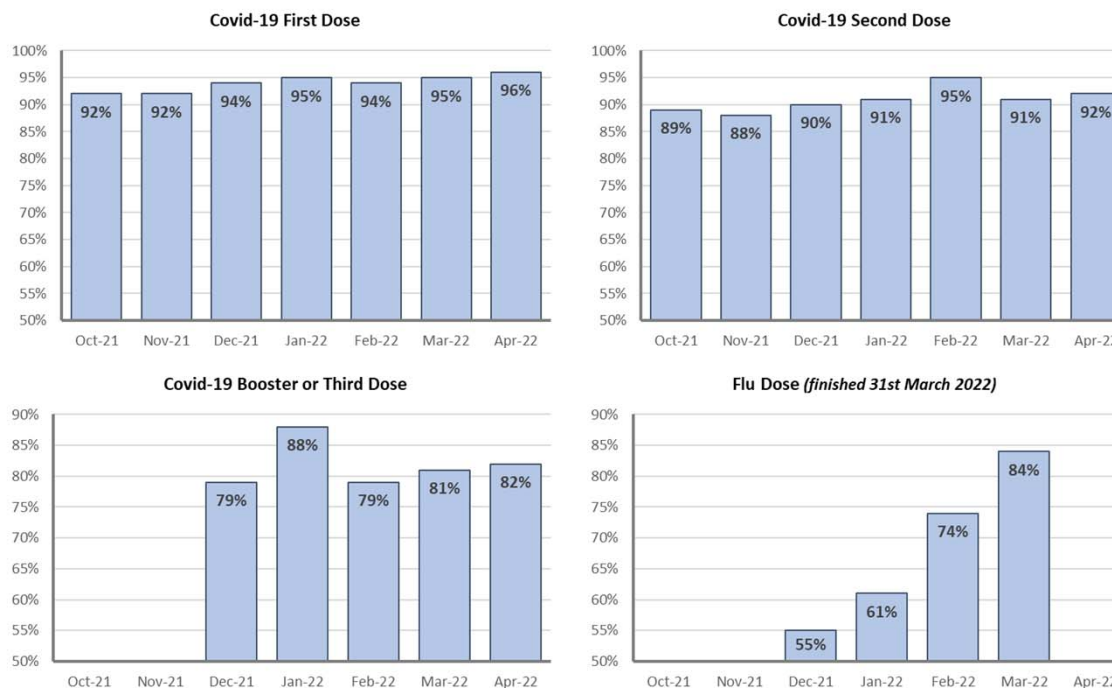
Appendix – Staff Vaccination Summary

Source:	These figures are based on those published by NHS England . These statistics include vaccinations administered across all settings in England (within Hospital Hubs and other Local Vaccination Service sites such as GP practices and Vaccination Centres).
Timeframe:	For information the COVID-19 Booster and Flu Vaccination Programme started in late-September 2021. The National NHS Flu and COVID-19 booster data starts from December 2021. The 2021/2022 flu vaccination season finished on the 31 st March 2022.
Commentary:	<p>NHS England and NHS Improvement have set out the following three priorities for the year ahead:</p> <ol style="list-style-type: none">1. Continued access to COVID-19 vaccination;<ul style="list-style-type: none">• As a minimum, all acute trusts are expected to deliver vaccinations to staff and patients.2. Delivery of an autumn COVID-19 vaccination campaign if advised by JCVI; and3. Development of detailed contingency plans to rapidly increase capacity, if required. <p>The Programme Team will also continue to evolve and improve the services' processes, share success and address challenges in partnership with the Bristol, North Somerset and South Gloucestershire (BNSSG) Vaccination Programme.</p>
Ownership:	Chief Nurse/Director of People

Appendix – Immunisation Summary

Monthly Trends

The monthly totals below are the percentages quoted in previous month's IQPRs. April 2022 is current/latest percentage figures.



Divisional Uptake

The divisional totals for Covid19 Booster/Third Dose are shown below. Note these figures include only those who have had their vaccination through the UHBW Hospital Hub.

Division	COVID-19 Booster or Third dose uptake as a % of all staff
Diagnostics And Therapies	73%
Facilities And Estates	45%
Medicine	101%
Specialised Services	89%
Surgery	71%
Trust Services	34%
Weston	80%
Women's And Children's	65%

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			
SAFE DOMAIN																			
ID	Measure	20/21	21/22 YTD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Infection Control																			
DA01	MRSA Hospital Onset Cases	4	7	0	0	0	1	0	0	0	0	2	3	0	1	0	1	2	4
DA02	MSSA Hospital Onset Cases	45	41	4	5	4	0	4	3	4	5	1	4	2	5	13	7	10	11
DA03	CDiff Hospital Onset Cases	67	82	8	11	14	7	4	6	7	3	6	6	8	2	33	17	16	16
DA03A	CDiff Healthcare Associated Cases	81	95	9	13	16	9	4	7	8	3	8	7	8	3	38	20	19	18
DA06	EColi Hospital Onset Cases	81	75	5	5	5	5	8	8	8	8	2	7	5	9	15	21	18	21
Patient Falls																			
AB01	Falls Per 1,000 Beddays	5.14	4.79	4.7	4.02	4.38	4.58	4.68	4.84	4.78	4.56	5.16	5.46	4.82	5.42	4.36	4.7	4.83	5.24
	Numerator (Falls)	1698	1799	139	126	134	144	147	147	154	144	163	173	145	183	399	438	461	501
	Denominator (Beddays)	330286	375655	29584	31351	30587	31475	31380	30364	32246	31560	31574	31681	30077	33776	91522	93219	95380	95534
AB06A	Total Number of Patient Falls Resulting in Harm	23	35	5	1	2	4	4	2	1	1	6	3	2	4	8	10	8	9
Pressure Injuries																			
DE01	Pressure Injuries Per 1,000 Beddays	0.279	0.173	0.135	0.064	0.131	0.127	0.223	0.132	0.186	0.158	0.253	0.253	0.1	0.296	0.109	0.161	0.199	0.22
	Numerator (Pressure Injuries)	92	65	4	2	4	4	7	4	6	5	8	8	3	10	10	15	19	21
	Denominator (Beddays)	330286	375655	29584	31351	30587	31475	31380	30364	32246	31560	31574	31681	30077	33776	91522	93219	95380	95534
DE02	Pressure Injuries - Grade 2	87	53	4	1	3	4	5	3	5	4	7	6	3	8	8	12	16	17
DE03	Pressure Injuries - Grade 3	5	11	0	1	1	0	2	1	0	1	1	2	0	2	2	3	2	4
DE04	Pressure Injuries - Grade 4	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Serious Incidents																			
S02	Number of Serious Incidents Reported	109	88	7	9	9	12	4	9	6	7	7	8	6	4	25	25	20	18
S01	Total Never Events	6	3	1	0	0	1	0	1	0	0	0	0	0	0	1	2	0	0
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.25%	0.31%	0%	0.33%	0%	0%	0.35%	0.7%	0.78%	0.76%	0%	0%	0.3%	-	0.11%	0.33%	0.53%	0.16%
	Numerator (Incidents Resulting In Harm)	8	11	0	1	0	0	1	2	3	3	0	0	1	0	1	3	6	1
	Denominator (Total Incidents)	3213	3547	293	301	286	329	287	285	382	394	361	299	330	0	880	901	1137	629
WA03	Non-Purposeful Omitted Doses of the Listed Critical Meds	0.46%	0.31%	0%	0%	0.6%	0%	0.38%	1.1%	0.44%	0.3%	0%	0%	1.27%	-	0.22%	0.41%	0.24%	0.68%
	Numerator (Number of Incidents)	26	11	0	0	3	0	1	3	1	1	0	0	2	0	3	4	2	2
	Denominator (Total Audited)	5638	3499	439	447	501	440	265	273	225	338	278	135	158	0	1387	978	841	293
<i>Omitted Doses is Bristol only</i>																			

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																NHS University Hospitals Bristol and Weston NHS Foundation Trust			
SAFE DOMAIN																			
ID	Measure	20/21	21/22 YTD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
VTE Risk Assessment																			
N01	Adult Inpatients who Received a VTE Risk Assessment	85.4%	83.3%	82.7%	82.3%	82.5%	82.1%	83.9%	85.7%	83.7%	84.3%	83.2%	83.8%	82.6%	82.2%	82.5%	83.9%	83.8%	82.8%
	Numerator (Number Risk Assessed)	77063	85085	7012	7137	7251	7201	7091	7417	7016	7398	6816	6784	6569	7393	21400	21709	21230	20746
	Denominator (Total Patients)	90252	102202	8477	8671	8794	8769	8449	8654	8380	8774	8189	8099	7956	8990	25942	25872	25343	25045
<i>VTE Data is Bristol only</i>																			
Nurse Staffing Levels ("Fill Rate")																			
RP01	Staffing Fill Rate - Combined	95.8%	92.5%	97.2%	101.5%	96.9%	93.6%	95.6%	89%	89.9%	92.2%	89.8%	90.1%	88.6%	86.6%	98.5%	92.7%	90.6%	88.4%
	Numerator (Hours Worked)	3472575	3350220	283241	300816	284844	285636	288962	263605	276499	277810	282203	280381	253025	273197	868901	838203	836512	806604
	Denominator (Hours Planned)	3623484	3621399	291290	296455	294105	305258	302404	296280	307464	301316	314390	311348	285546	315542	881850	903942	923170	912437
RP02	Staffing Fill Rate - RN Shifts	92.7%	88.3%	92.4%	97.7%	92.7%	87.9%	88.7%	84.4%	86.7%	89.1%	86.8%	86%	85%	83.5%	94.3%	87%	87.5%	84.8%
	Numerator (Hours Worked)	2310640	2213205	186768	199598	187080	184059	184918	174331	185524	185886	188697	186980	167746	181617	573446	543308	560108	536343
	Denominator (Hours Planned)	2492525	2505201	202050	204360	201866	209391	208549	206611	213872	208721	217364	217493	197421	217502	608276	624552	639957	632416
RP03	Staffing Fill Rate - NA Shifts	102.7%	101.9%	108.1%	109.9%	106%	106%	110.9%	99.6%	97.2%	99.3%	96.4%	99.5%	96.8%	93.4%	108%	105.5%	97.6%	96.5%
	Numerator (Hours Worked)	1161934	1137015	96472.6	101218	97763.7	101576	104044	89274.3	90974.6	91924.3	93505.8	93401	85278.9	91580.9	295454	294895	276405	270261
	Denominator (Hours Planned)	1130958	1116197	89240.1	92095	92238.5	95866.7	93855.2	89669	93591.6	92595	97025.7	93854.7	88125.3	98040.6	273574	279391	283212	280021

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN

ID	Measure	20/21	21/22 YTD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Patient Surveys (Bristol)																			
P01D	Patient Survey (Bristol) - Patient Experience Tracker Score			89	91	89	88	88	89	88	88	88	88	88	89	90	88	88	88
P01G	Patient Survey (Bristol) - Kindness and Understanding			93	97	95	95	94	95	94	95	94	95	93	94	95	94	94	94
P01H	Patient Survey (Bristol) - Outpatient Tracker Score			95	93	96	92	90	94	93	91	93	94	90	93	95	92	92	92
Patient Surveys (Weston)																			
P02D	Patient Survey (Weston) - Patient Experience Tracker Score			84	85	84	82	81	83	85	82	86	82	86	87	84	82	84	86
P02G	Patient Survey (Weston) - Kindness and Understanding			92	92	95	90	92	92	92	94	94	95	93	95	93	91	93	94
P02H	Patient Survey (Weston) - Outpatient Tracker Score			90	94	85	90	92	88	95	88	90	95	92	87	89	90	92	92
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1665	1863	124	176	160	158	174	193	193	193	104	104	117	167	460	525	490	388
T01C	Patient Complaints - Formal	546	424	49	46	51	50	45	24	27	39	32	27	20	14	146	119	98	61
T01D	Patient Complaints - Informal	1119	1439	75	130	109	108	129	169	166	154	72	77	97	153	314	406	392	327
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	71.5%	62.8%	85.5%	58.3%	65.9%	85.6%	60%	57.5%	63%	41.4%	52.2%	54.3%	61.7%	68%	68.4%	68.2%	51.3%	61.2%
	Numerator (Responses Within Timeframe)	442	573	47	42	58	77	51	46	34	29	36	44	58	51	147	174	99	153
	Denominator (Total Responses)	618	913	55	72	88	90	85	80	54	70	69	81	94	75	215	255	193	250
T03B	Formal Complaints Responded To Within Divisional Timeframe	76.7%	73.4%	92.7%	62.5%	72.7%	76.7%	70.6%	72.5%	72.2%	70%	76.8%	69.1%	73.4%	76%	74.4%	73.3%	73.1%	72.8%
	Numerator (Responses Within Timeframe)	474	670	51	45	64	69	60	58	39	49	53	56	69	57	160	187	141	182
	Denominator (Total Responses)	618	913	55	72	88	90	85	80	54	70	69	81	94	75	215	255	193	250
T05A	Informal Complaints Responded To Within Trust Timeframe	93%	88.6%	91.2%	94.4%	87.8%	92.9%	86.7%	86%	87.9%	89.9%	84.6%	89.4%	86.8%	86.1%	91.5%	88.4%	87.4%	87.4%
	Numerator (Responses Within Timeframe)	686	676	52	67	43	52	52	49	51	71	66	59	46	68	162	153	188	173
	Denominator (Total Responses)	738	763	57	71	49	56	60	57	58	79	78	66	53	79	177	173	215	198
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	7.12%	9.14%	9.09%	9.72%	10.23%	7.78%	10.59%	10%	3.7%	7.14%	10.14%	11.11%	-	-	9.77%	9.41%	7.25%	11.11%
	Numerator (Number Dissatisfied)	44	68	5	7	9	7	9	8	2	5	7	9	0	0	21	24	14	9
	Denominator (Total Responses)	618	744	55	72	88	90	85	80	54	70	69	81	0	0	215	255	193	81

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN

ID	Measure	20/21	21/22 YTD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Friends and Family Test (Inpatients and Day Cases)																			
P03A	Friends and Family Test Admitted Patient Coverage	17%	27.7%	20.8%	32.2%	31%	31.2%	28.3%	30.9%	24.1%	26.6%	26.3%	31.9%	22.5%	25.3%	28.1%	30.1%	25.7%	26.6%
	Numerator (Total FFT Responses)	3442	18610	1222	1930	1960	1870	1635	1787	1373	1523	1352	1580	1021	1357	5112	5292	4248	3958
	Denominator (Total Eligible to Respond)	20211	67156	5863	5994	6332	5989	5782	5781	5701	5717	5137	4949	4546	5365	18189	17552	16555	14860
P04A	Friends and Family Test Score - Inpatients/Day Cases	98.4%	97.2%	97.7%	97.7%	97.9%	97.2%	97.4%	96%	97.3%	96.1%	97.3%	96.6%	98.5%	96.5%	97.8%	96.9%	96.9%	97%
	Numerator (Total "Positive" Responses)	3346	17993	1182	1882	1917	1801	1592	1691	1325	1463	1315	1512	1005	1308	4981	5084	4103	3825
	Denominator (Total Responses)	3400	18520	1210	1926	1959	1852	1634	1762	1362	1522	1351	1566	1020	1356	5095	5248	4235	3942
Friends and Family Test (Emergency Department)																			
P03B	Friends and Family Test ED Coverage	7.4%	8.8%	6.2%	6.5%	8.7%	6.3%	9.9%	6.8%	10.4%	10.4%	9.9%	11.2%	9.9%	9.3%	7.3%	7.6%	10.2%	10.1%
	Numerator (Total FFT Responses)	1971	12161	537	774	1086	782	1139	848	1335	1243	1051	1161	1037	1168	2397	2769	3629	3366
	Denominator (Total Eligible to Respond)	26539	138397	8598	11898	12542	12385	11557	12502	12799	11990	10640	10405	10494	12587	33038	36444	35429	33486
P04B	Friends and Family Test Score - ED	92.4%	84%	88%	85.6%	83.7%	78.7%	85.6%	84.5%	80.5%	82.5%	85.1%	90.3%	84.3%	81.4%	85.3%	83.3%	82.5%	85.3%
	Numerator (Total "Positive" Responses)	1811	10176	471	660	904	613	971	714	1071	1015	891	1046	873	947	2035	2298	2977	2866
	Denominator (Total Responses)	1959	12111	535	771	1080	779	1134	845	1331	1231	1047	1158	1036	1164	2386	2758	3609	3358
Friends and Family Test (Maternity)																			
P03C	Friends and Family Test MAT Coverage	15.8%	8.5%	4.8%	10.2%	16.2%	2.8%	10.4%	7.7%	0.4%	19.6%	7.2%	8.4%	4.1%	10.2%	10.4%	7%	9.1%	7.6%
	Numerator (Total FFT Responses)	240	1355	62	138	217	40	146	111	5	273	96	92	48	127	417	297	374	267
	Denominator (Total Eligible to Respond)	1523	15875	1300	1359	1341	1408	1399	1434	1401	1392	1334	1100	1159	1248	4000	4241	4127	3507
P04C	Friends and Family Test Score - Maternity	99%	98.6%	96.7%	96.4%	99.1%	95%	99.3%	99.1%	80%	99.3%	100%	98.9%	97.9%	99.2%	97.8%	98.6%	99.2%	98.9%
	Numerator (Total "Positive" Responses)	381	1332	59	133	215	38	145	107	4	271	96	91	47	126	407	290	371	264
	Denominator (Total Responses)	385	1351	61	138	217	40	146	108	5	273	96	92	48	127	416	294	374	267
Friends and Family Test (Outpatients)																			
P04D	Friends and Family Test Score - Outpatients	95.7%	94.9%	94.8%	95%	94.7%	95.2%	94.8%	94.4%	93.9%	95.5%	95.5%	95.1%	94.9%	94.8%	94.8%	94.7%	94.9%	95%
	Numerator (Total FFT Responses)	8482	31167	2330	2549	2310	1958	2523	3330	3022	2935	2023	3381	1942	2864	7189	7811	7980	8187
	Denominator (Total Eligible to Respond)	8861	32858	2458	2682	2440	2057	2660	3529	3220	3073	2118	3554	2046	3021	7580	8246	8411	8621

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN

ID	Measure	20/21	21/22 YTD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
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>	80.09%	66.79%	74.93%	74.2%	70.09%	66.93%	65.91%	65.47%	62.38%	63.9%	63.69%	66%	64.83%	63.26%	72.98%	66.11%	63.29%	64.62%
		112177	127045	11032	12260	11825	11202	10481	10903	10630	10255	9284	9450	9134	10589	35117	32586	30169	29173
		140061	190223	14723	16523	16871	16738	15901	16654	17041	16049	14578	14317	14090	16738	48117	49293	47668	45145
B06	ED 12 Hour Trolley Waits	1440	5761	71	28	146	255	257	456	594	706	676	776	844	952	245	968	1976	2572
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>	85.5%	83.5%	88.9%	88.5%	88.2%	89.5%	84%	80.9%	81.2%	80.2%	78.5%	82%	75.5%	77%	88.5%	85%	80%	78.3%
		46663	35034	3476	3920	3599	3407	3164	2718	2646	2644	2541	2583	2116	2220	10995	9289	7831	6919
		54582	41980	3908	4427	4082	3808	3768	3358	3260	3297	3235	3150	2802	2885	12417	10934	9792	8837
B03	ED Time to Start of Treatment - Under 60 Minutes <i>Numerator (Number Treated Within 60 Minutes)</i> <i>Denominator (Total Attendances)</i>	67.9%	48.3%	58.3%	53%	46.9%	44.4%	46.8%	46%	42.6%	45.3%	50%	54.8%	49.9%	44.1%	52.5%	45.7%	45.8%	49.3%
		90834	86759	8289	8389	7474	6928	7029	7135	6696	6922	6921	7471	6630	6875	24152	21092	20539	20976
		133798	179463	14208	15824	15936	15599	15005	15518	15284	13841	13643	13291	15581		45968	46122	44858	42515
B04	ED Unplanned Re-attendance Rate <i>Numerator (Number Re-attending)</i> <i>Denominator (Total Attendances)</i>	3.7%	2.9%	2.7%	3.2%	3.1%	3%	2.7%	2.6%	3.1%	2.9%	2.9%	2.6%	2.7%	2.8%	3%	2.8%	3%	2.7%
		5113	5453	398	527	520	494	435	441	528	472	421	366	377	474	1445	1370	1421	1217
		139952	190223	14723	16523	16871	16738	15901	16654	17041	16049	14578	14317	14090	16738	48117	49293	47668	45145
B05	ED Left Without Being Seen Rate <i>Numerator (Number Left Without Being Seen)</i> <i>Denominator (Total Attendances)</i>	1.2%	3%	1.6%	1.8%	2.8%	3.1%	3%	3.6%	4.3%	3%	2.7%	2.7%	2.8%	4.5%	2.1%	3.3%	3.4%	3.4%
		1692	5776	240	295	480	526	484	597	727	487	397	384	401	758	1015	1607	1611	1543
		140061	190223	14723	16523	16871	16738	15901	16654	17041	16049	14578	14317	14090	16738	48117	49293	47668	45145
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>	-	-	60.1%	62.8%	63.6%	63.1%	63%	61.8%	60.2%	60.3%	58.6%	58.7%	59.5%	59.2%	-	-	-	-
		0	0	29402	31263	32579	33280	33914	33165	32353	32131	31208	31662	32309	32555	0	0	0	0
		0	0	48902	49791	51198	52718	53855	53697	53743	53328	53253	53909	54305	55021	0	0	0	0
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	-	-	4598	3618	3114	2893	2925	3110	3248	3318	3558	3599	3604	3920	-	-	-	-
A06A	Referral To Treatment Ongoing Pathways Over 78 Weeks	-	-	687	802	802	960	1217	1272	1105	952	900	903	824	833	-	-	-	-
A06B	Referral To Treatment Ongoing Pathways Over 104 Weeks	-	-	36	48	73	90	120	173	187	235	252	336	386	346	-	-	-	-
Referral To Treatment Activity																			
A01A	Referral To Treatment Number of Admitted Clock Stops	27415	30226	2526	2671	2930	2746	2504	2583	2394	2631	2162	2227	2322	2530	8127	7833	7187	7079
A02A	Referral To Treatment Number of Non Admitted Clock Stops	87999	113401	9802	10149	11045	9996	8069	9331	9565	10536	8030	8742	8444	9692	30996	27396	28131	26878
A09	Referral To Treatment Number of Clock Starts	116601	140873	12308	12419	13667	12501	11535	11737	12029	12077	9892	10584	10568	11556	38394	35773	33998	32708

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN

ID	Measure	20/21	21/22 YTD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Diagnostic Waits																			
A05	Diagnostics Under 6 Week Wait (15 Key Tests)	-	-	62.3%	65.34%	63.93%	64.61%	63.08%	64.47%	63.27%	65.4%	61.14%	60.55%	62.52%	60.95%	-	-	-	-
	<i>Numerator (Number Under 6 Weeks)</i>	0	0	8738	9301	9197	9123	8617	9057	8937	9357	8881	9175	9738	10124	0	0	0	0
	<i>Denominator (Total Waiting)</i>	0	0	14025	14234	14387	14119	13661	14049	14125	14307	14525	15154	15576	16610	0	0	0	0
A05J	Diagnostics 13+ Week Wait (15 Key Tests)	-	-	20.76%	19.9%	19.59%	19.45%	20.32%	20.86%	22.43%	20.61%	21.89%	21.38%	21.5%	20.3%	-	-	-	-
	<i>Numerator (Number Over 13 Weeks)</i>	0	0	2911	2833	2819	2746	2776	2930	3169	2949	3180	3240	3349	3372	0	0	0	0
	<i>Denominator (Total Waiting)</i>	0	0	14025	14234	14387	14119	13661	14049	14125	14307	14525	15154	15576	16610	0	0	0	0
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks	81.9%	84%	91.9%	93%	86.8%	87.7%	87.1%	82.3%	86.4%	80.3%	78.3%	71%	75.4%	-	90.4%	85.7%	81.8%	73.1%
	<i>Numerator (Number Seen Within 2 Weeks)</i>	14845	16131	1632	1631	1755	1634	1490	1500	1561	1484	1194	1140	1110	0	5018	4624	4239	2250
	<i>Denominator (Total Seen))</i>	18125	19205	1776	1753	2022	1864	1711	1822	1807	1848	1525	1605	1472	0	5551	5397	5180	3077
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.1%	93.4%	89.9%	96.1%	96.2%	97.2%	96.1%	97.7%	93%	89.9%	89.5%	91.1%	89.6%	-	94.2%	97%	90.9%	90.3%
	<i>Numerator (Number Treated Within 31 Days)</i>	2971	3064	258	274	330	311	269	301	294	266	256	246	259	0	862	881	816	505
	<i>Denominator (Total Treated)</i>	3125	3280	287	285	343	320	280	308	316	296	286	270	289	0	915	908	898	559
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	99.4%	99.3%	97.4%	100%	100%	99.4%	99.3%	100%	100%	98.7%	100%	97.3%	99.3%	-	99.3%	99.6%	99.6%	98.3%
	<i>Numerator (Number Treated Within 31 Days)</i>	1516	1641	112	155	157	157	145	151	155	154	164	143	148	0	424	453	473	291
	<i>Denominator (Total Treated)</i>	1525	1653	115	155	157	158	146	151	155	156	164	147	149	0	427	455	475	296
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	84.1%	85.4%	78%	94%	91.2%	92.7%	88.1%	86%	88%	84.2%	86%	73.5%	80%	-	87.9%	88.9%	86%	76.3%
	<i>Numerator (Number Treated Within 31 Days)</i>	492	515	39	47	52	51	52	49	44	48	43	50	40	0	138	152	135	90
	<i>Denominator (Total Treated)</i>	585	603	50	50	57	55	59	57	50	57	50	68	50	0	157	171	157	118
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	78.7%	75.9%	77.8%	84%	80.5%	76.2%	76.7%	69.7%	75.8%	80%	73.1%	68.1%	69.7%	-	80.9%	74%	76.4%	68.9%
	<i>Numerator (Number Treated Within 62 Days)</i>	1136.5	1159	100	121	128	121.5	92	109.5	119	116	92.5	80	79.5	0	349	323	327.5	159.5
	<i>Denominator (Total Treated)</i>	1443.5	1528	128.5	144	159	159.5	120	157	157	145	126.5	117.5	114	0	431.5	436.5	428.5	231.5
E03B	Cancer 62 Day Referral To Treatment (Screenings)	57.1%	50%	52.9%	42.9%	57.9%	86.7%	41.7%	33.3%	66.7%	23.1%	55.6%	39.1%	60%	-	52%	52.9%	47.1%	45.5%
	<i>Numerator (Number Treated Within 62 Days)</i>	22	42	4.5	3	5.5	6.5	5	2	4	1.5	2.5	4.5	3	0	13	13.5	8	7.5
	<i>Denominator (Total Treated)</i>	38.5	84	8.5	7	9.5	7.5	12	6	6	6.5	4.5	11.5	5	0	25	25.5	17	16.5
E03C	Cancer 62 Day Referral To Treatment (Upgrades)	86.8%	86.5%	85.7%	91%	85.4%	89.7%	93.1%	85.2%	87.7%	91.1%	82%	86.2%	75%	-	87.2%	89.4%	86.8%	80.3%
	<i>Numerator (Number Treated Within 62 Days)</i>	583.5	566	48	50.5	64.5	56.5	54	49	50	51.5	50	47	45	0	163	159.5	151.5	92
	<i>Denominator (Total Treated)</i>	672.5	654.5	56	55.5	75.5	63	58	57.5	57	56.5	61	54.5	60	0	187	178.5	174.5	114.5

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN

ID	Measure	20/21	21/22 YTD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions	1.01%	1.65%	0.67%	1.07%	1.61%	0.5%	1.39%	2.8%	1.53%	1.49%	1.89%	2.33%	2.16%	2.32%	1.13%	1.56%	1.63%	2.27%
	Numerator (Number of LMCs)	636	1313	43	72	115	34	91	192	98	104	115	149	135	165	230	317	317	449
	Denominator (Total Elective Admissions)	63003	79837	6446	6721	7149	6871	6553	6866	6413	6974	6094	6385	6251	7114	20316	20290	19481	19750
F02	Cancelled Operations Re-admitted Within 28 Days	83.4%	79.6%	100%	97.5%	82.6%	19.4%	71%	75.3%	87.1%	83.5%	80.9%	82.8%	89.4%	90.8%	92.3%	47.3%	84.6%	88.1%
	Numerator (Number Readmitted Within 28 Days)	542	899	60	39	57	21	22	61	155	81	76	82	127	118	156	104	312	327
	Denominator (Total LMCs)	650	1129	60	40	69	108	31	81	178	97	94	99	142	130	169	220	369	371
Green To Go/Fit For Discharge (BRISTOL Only)																			
AQ06A	Medically Fit For Discharge - Number of Patients (Acute)	-	-	172	142	166	155	162	169	145	185	158	202	191	193	-	-	-	-
AQ06B	Medically Fit For Discharge - Number of Patients (Non Acute)	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
AQ07A	Medically Fit For Discharge - Beddays (Acute)	-	-	5038	4384	4398	4687	5093	4886	5043	4994	5293	5825	5307	5675	-	-	-	-
AQ07B	Medically Fit For Discharge - Beddays (Non-Acute)	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate	12.2%	10.9%	10.1%	9.7%	11%	11.3%	11.4%	10.5%	10.8%	10.2%	10.9%	11.2%	11.3%	11.9%	10.3%	11%	10.6%	11.5%
	Numerator (Number of Hospital Cancellations)	121392	129800	9153	8877	11411	11339	10683	10754	10755	11208	10261	11129	10862	13368	29441	32776	32224	35359
	Denominator (Total Appointments)	991263	1193994	90420	91369	104003	100720	93959	101961	99179	109957	94000	99690	96109	112627	285792	296640	308136	308426
R05	Outpatient DNA Rate	6.9%	7.3%	6.4%	6.6%	7%	7.7%	7.4%	7.6%	7.3%	7.4%	7.8%	7.5%	7.4%	7.4%	6.7%	7.6%	7.5%	7.4%
	Numerator (Number of DNAs)	49634	64094	4441	4623	5429	5914	4912	5630	5349	6053	5292	5470	5141	5840	14493	16456	16694	16451
	Denominator (Total Attendances+DNAs)	717514	878903	69929	70359	77348	76769	66019	73911	73308	82048	68178	72621	69097	79316	217636	216699	223534	221084
Overdue Partial Booking (Bristol)																			
R22N	Overdue Partial Booking Referrals	37.8%	55.2%	44.3%	44.7%	45.5%	48.8%	53.7%	56.9%	57.9%	58.4%	59.7%	63.9%	63.2%	61.8%	44.8%	53.2%	58.7%	63%
	Numerator (Number Overdue)	642436	1022323	63536	65102	66965	74339	81859	88093	89324	92200	96301	101714	101471	101419	195603	244291	277825	304604
	Denominator (Total Partial Booking)	1698619	1853143	143376	145793	147031	152402	152396	154813	154355	157835	161352	159242	160439	164109	436200	459611	473542	483790
R22R	Overdue Partial Bookings (9+ Months)	4.7%	16.2%	11.5%	12.5%	14.1%	14.9%	16%	16.6%	16.7%	17%	17.3%	19.4%	19.4%	18.1%	12.7%	15.8%	17%	18.9%
	Numerator (Number Overdue 9+ Months)	80414	300286	16431	18184	20680	22765	24325	25737	25837	26851	27863	30935	31049	29629	55295	72827	80551	91613
	Denominator (Total Partial Booking)	1698619	1853143	143376	145793	147031	152402	152396	154813	154355	157835	161352	159242	160439	164109	436200	459611	473542	483790
R22H	Overdue Partial Bookings (12+ Months)	2.4%	11.1%	6.7%	7.6%	8.6%	9.3%	10.5%	11.9%	12%	12.4%	12.7%	14.1%	14%	12.7%	7.6%	10.6%	12.4%	13.6%
	Numerator (Number Overdue 12+ Months)	40446	206503	9558	11051	12596	14202	16066	18456	18583	19643	20529	22531	22523	20765	33205	48724	58755	65819
	Denominator (Total Partial Booking)	1698619	1853143	143376	145793	147031	152402	152396	154813	154355	157835	161352	159242	160439	164109	436200	459611	473542	483790


Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL EFFECTIVE DOMAIN

ID	Measure	20/21	21/22 YTD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4
Mortality																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	94.4	97.7	95.1	95.6	95.7	97.1	98.1	100	100.5	99.3	-	-	-	-	95.5	98.4	99.9	-
	Numerator (Observed Deaths)	26815	16225	1930	1975	2000	2025	2055	2085	2080	2075	0	0	0	0	5905	6165	4155	0
	Denominator ("Expected" Deaths)	28400	16610	2030	2065	2090	2085	2095	2085	2070	2090	0	0	0	0	6185	6265	4160	0
X02	Hospital Standardised Mortality Ratio (HSMR)	104.5	102.8	85.6	100.5	92.6	114.4	107.2	133.2	114.9	89	86.7	110.4	-	-	92.9	118.4	95.9	110.4
	Numerator (Observed Deaths)	1180	1082	88	103	97	107	106	134	118	95	114	120	0	0	288	347	327	120
	Denominator ("Expected" Deaths)	1129.3	1052.8	102.8	102.5	104.8	93.5	98.9	100.6	102.7	106.8	131.5	108.7	0	0	310.1	293	341	108.7
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	66.1%	63.4%	64%	68.9%	70.5%	71.4%	66.7%	60%	65.9%	70%	63.4%	64.3%	56.8%	46.6%	67.6%	65.8%	66.4%	54.9%
	Numerator (Treated Within 36 Hrs)	358	327	32	31	31	25	24	24	27	28	26	27	25	27	94	73	81	79
	Denominator (Total Patients)	542	516	50	45	44	35	36	40	41	40	41	42	44	58	139	111	122	144
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	92.1%	96.1%	94%	93.3%	95.5%	97.1%	91.7%	100%	95.1%	97.5%	97.6%	92.9%	97.7%	100%	94.2%	96.4%	96.7%	97.2%
	Numerator (Seen Within 72 Hrs)	499	496	47	42	42	34	33	40	39	39	40	39	43	58	131	107	118	140
	Denominator (Total Patients)	542	516	50	45	44	35	36	40	41	40	41	42	44	58	139	111	122	144
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	59%	58.7%	56%	66.7%	63.6%	71.4%	50%	60%	65.9%	67.5%	58.5%	52.4%	54.5%	44.8%	61.9%	60.4%	63.9%	50%
	Numerator (Number achieved BPT)	320	303	28	30	28	25	18	24	27	27	24	22	24	26	86	67	78	72
	Denominator (Total Patients)	542	516	50	45	44	35	36	40	41	40	41	42	44	58	139	111	122	144
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	4.41%	3.44%	4.05%	3.76%	3.54%	3.4%	3.15%	3.17%	3.01%	3.29%	3.48%	3.36%	3.66%	-	3.78%	3.24%	3.26%	3.51%
	Numerator (Re-admitted in 30 Days)	6039	5017	532	514	491	472	420	433	397	451	440	418	449	0	1537	1325	1288	867
	Denominator (Total Discharges)	136884	145819	13138	13669	13887	13893	13354	13642	13188	13701	12632	12446	12269	0	40694	40889	39521	24715
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	61%	57.1%	56.1%	48.7%	64.3%	59.4%	55.6%	58.3%	51.5%	54.5%	62.5%	52.2%	67.9%	-	55.6%	57.9%	56.1%	60.8%
	Numerator (Achieved Target)	250	210	32	19	18	19	15	21	17	18	20	12	19	0	69	55	55	31
	Denominator (Total Patients)	410	368	57	39	28	32	27	36	33	33	32	23	28	0	124	95	98	51
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	72.6%	64.6%	58.9%	64%	68.8%	63.6%	66.7%	74.5%	68.6%	58.7%	54.3%	65.8%	67.4%	73.7%	63.2%	68.2%	60.8%	68%
	Numerator (Achieved Target)	393	351	43	32	33	35	18	35	35	27	25	25	29	14	108	88	87	68
	Denominator (Total Patients)	541	543	73	50	48	55	27	47	51	46	46	38	43	19	171	129	143	100

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	<div>NHS</div> University Hospitals Bristol and Weston NHS Foundation Trust			
WELL-LED DOMAIN																				
ID	Measure	20/21	21/22 YTD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	
Bank and Agency Usage																				
AF11A	Percentage Bank Usage	-	-	4.99%	4.95%	5.15%	5.86%	7.29%	5.22%	5.24%	5.41%	5.41%	5.89%	5.92%	6.34%	-	-	-	-	
	Numerator (Bank wte)	0	0	560	552.21	574.41	655.6	833.54	587.41	591.17	613.62	613.65	673.48	675.39	731.9	0	0	0	0	
	Denominator (Total wte)	0	0	11232	11160.6	11163.1	11189.7	11429.3	11252.4	11292.1	11335.5	11335.8	11441.8	11411.2	11549.9	0	0	0	0	
AF11B	Percentage Agency Usage	-	-	2.18%	2.63%	2.48%	2.25%	2.09%	2.1%	1.88%	1.79%	1.71%	2.22%	2.21%	2.38%	-	-	-	-	
	Numerator (Agency wte)	0	0	245.28	293.62	276.8	251.31	238.53	236.02	212.91	203.34	194.3	254.06	252.3	274.31	0	0	0	0	
	Denominator (Total wte)	0	0	11232	11160.6	11163.1	11189.7	11429.3	11252.4	11292.1	11335.5	11335.8	11441.8	11411.2	11549.9	0	0	0	0	
Turnover																				
AF10	Workforce Turnover Rate	-	-	12.3%	12.7%	13.2%	13.7%	13.8%	13.9%	14%	14.4%	15%	15%	15.3%	15%	-	-	-	-	
	Numerator (Leavers in last 12 months)	0	0	1071.79	1099.6	1145.43	1188.94	1204.66	1213.97	1229.95	1264.87	1314.78	1322.35	1348.96	1323.01	0	0	0	0	
	Denominator (Average Staff in Post)	0	0	8692.17	8689.73	8678.28	8691.24	8700.47	8751.06	8782.27	8804.04	8775.91	8804.08	8826.92	8805.48	0	0	0	0	
Vacancy																				
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	3.7%	4.9%	7.4%	7.8%	7.7%	7.3%	7.3%	7.4%	7.4%	7.8%	8%	7.6%	-	-	-	-	
	Numerator (Vacancy wte, Funded minus actual)	0	0	401.23	534.8	821.88	871.8	861.83	818.56	822.74	834.57	846.11	885.13	912.16	865.82	0	0	0	0	
	Denominator (Actual WTE)	0	0	10828	10849.6	11133.8	11154.6	11219.1	11247.5	11310.7	11353.1	11373.9	11399.4	11395.5	11409.5	0	0	0	0	
Staff Sickness																				
AF02	Sickness Rate	3.6%	4.1%	3.5%	3.6%	3.9%	4%	3.9%	4.4%	4.8%	4.8%	4.5%	4.1%	4%	4.1%	3.6%	4.1%	4.7%	4.1%	
	Numerator (Total WTE Days Lost)	135412	157157	10750.9	11403	11947.8	12669	12440.4	13743.5	15674.3	15214.3	14788.6	13318.3	11745.4	13461.1	34101.6	38852.9	45677.2	38524.8	
	Denominator (Total WTE Days)	3740892	3798329	311261	319464	308612	318912	319164	310729	323982	315563	325937	324179	294304	326222	935837	948905	965482	944705	
Staff Appraisal																				
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	66.4%	69.1%	69.9%	69.3%	68.3%	69.2%	66.8%	69.3%	67.9%	68.8%	68.9%	69.9%	-	-	-	-	
	Numerator (In-Date Appraisals)	0	0	6905	7106	7159	7091	6994	7151	6965	7242	7066	7157	7182	7304	0	0	0	0	
	Denominator (Total Staff)	0	0	10392	10286	10248	10228	10233	10339	10423	10446	10403	10400	10424	10446	0	0	0	0	

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			 University Hospitals Bristol and Weston NHS Foundation Trust			
USE OF RESOURCES DOMAIN																						
ID	Measure	20/21	21/22 YTD	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4			
Average Length of Stay																						
J03	Average Length of Stay (Spell)	4.2	4.38	4.46	4.09	4.16	4.13	4.18	4.33	4.22	4.44	4.74	4.52	4.76	4.63	4.23	4.21	4.47	4.64			
	Numerator (Total Beddays)	320429	364494	31095	29921	29837	30376	28956	30189	29246	31141.5	31620	28546	30206	33360	90853	89521	92007.5	92112			
	Denominator (Total Discharges)	76232	83183	6969	7324	7173	7358	6922	6966	6926	7008	6664	6319	6347	7207	21466	21246	20598	19873			

Meeting of the Trust Board of Directors in Public – 10 May 2022

Reporting Committee	Finance & Digital Committee – meeting held on 26 April 2022
Chaired By	Martin Sykes, Non-Executive Director
Executive Lead	Neil Kemsley, Director of Finance and Information

For Information

Digital Services Report

The legacy separate instances of the Weston and UH Bristol Careflow Electronic Patient Record software had been successfully merged over the weekend of the 9th and 10th of April. Digital and clinical teams were happy with the smooth switchover and subsequent backloading of data for the downtime period had now been completed.

As part of phase one of the outpatient modernisation programme, a new video consultation and booking system 'Dr Doctor' had also been successfully introduced.

Cybersecurity risk awareness had been raised across the UK following the invasion of Ukraine. The Trust has recently completed an audit of Cybersecurity measures, the findings of which will be reviewed by this committee and by the audit committee.

The committee reviewed an audit of the 'take-up' of electronic patient records in outpatient clinics. The current snapshot showed that approximately 30% of clinics were digital with approximately 70% using hard copy records. Storing, pulling and delivering the hard-copy notes is a considerable manual process. The committee were keen that the roll-out of electronic noting be progressed more quickly and undertook to review this position ongoingly. There are however one-off resource constraints in completing the rollout, even though ultimately the electronic system is more cost effective.

Finance Report

The committee congratulated the finance team on having delivered the year-end accounts to the national deadline. The unaudited surplus of c£5m was in-line with recent projections, again demonstrating the professionalism of the team.

The Trust had delivered savings of c£12m which was just below 80% of the full year target. Given the restrictions imposed by the pandemic this was considered to be a good result.

The Trust received a verbal update on the 2022/23 Financial Plan, which could not yet be finalised given the uncertainty around NHS income allocation rules. Whilst the Trust continues to manage its expenditure carefully, there are potentially large swings in income that have the potential to drive the Trust into deficit. These include reduced income relating to the Covid 19 costs being incurred; Inflation allocations being significantly lower than actual inflation; and NHS rules relating to how elective backlog reduction is reimbursed. There is closer working at local system level, where the impacts of these allocation deficits have been assessed and collated together. How this potential system deficit is 'allocated' to individual organisations is still under discussion.

For Board Awareness, Action or Response	
<p>Note the inefficiencies resulting from the slow uptake of digital noting in outpatients and support the acceleration of this programme where possible.</p> <p>Note the risk of income allocation shortfalls leading to a deficit in the current financial year.</p>	
Key Decisions and Actions	
None	
Additional Chair Comments	
None	
Date of next meeting:	26 May 2022

Meeting of the Board of Directors on 10th May 2022

Reporting Committee	Audit Committee [AC] April 2022 Meeting
Chaired By	David Armstrong, Non-Executive Director
Executive Lead	Neil Kemsley, Director of Finance and Information

For Information

The Committee received an update on and undertook a detailed review of:

- **Board Assurance Framework including Strategic Risk Register, Corporate Risk Register and Corporate Objectives:**
- **Estates and Facilities**
- **Integration Programme / Benefits Realisation Progress Report**
- **Internal Audit Strategic Plan (to 2025)**
- **Findings from 8 Internal Audit Progress Reports completed since last AC**
- **Progress with respect to completion of the Annual Report and Accounts and Value for Money Assessment**
- **Counter Fraud planning and Activities in the period**

The following papers were also included in the pack and were discussed and approved, as required:

- Data Security and Protection Toolkit Update
- Review of Accounting Policies and Critical Accounting Estimates and Judgement
- Review of Losses and Special Payments [L&SP]
- Review of Single Tender Actions [STA]
- Risk Management Group Chair's Report and Risk Management Minutes
- Audit Committee Business Cycle

The above papers were noted / approved as required, with feedback limited to enhancements in presentation (e.g.: Actions associated with L&SP, STA being recorded and tracked within the report).

For Board Awareness, Action or Response

The following points may be of particular interest to the Board.

1. The preparation of the Annual Accounts is on track and the VforM assessment is positive
2. Work is ongoing to further improve the content of the Strategic and Operational Risk Registers. This work is focused on cultural aspects (ownership, timeliness, purpose etc) as well as the development of 'training' materials.
3. The new E&F Director briefed the AC on his findings after the first few weeks in post and confirmed the development of our approach to fire safety compliance is an immediate priority.
4. The Integration / Benefits Realisation Project was discussed - particularly regarding the reporting approach (perhaps a greater emphasis on Success Criteria, Project Planning, milestone achievement, and the work remaining within each Function in order to be fully integrated, should be considered?)

5. The IA Strategic Plan was approved in draft although further Audits might be required to support some of the 'Enabling' Functions (E&F, People)
6. Five of the 8 Internal Audit reports submitted to the AC presented no emerging risks or areas of concern. However, 3 Internal Audits resulted in a more discussion and will be further reviewed in the associated Trust Committee.
 These are:
 - a. Cyber Security Governance (Finance and Digital Committee)
 - b. Digital Services Governance (Finance and Digital Committee)
 - c. Professional Standards (People Committee)

Key Decisions and Actions

The AC noted that:

1. Review of the E&F Risk Register is now a standing item for the Risk Management Group
2. People, QoC and Finance and Digital Chairs Reports into the AC will now be verbal and focused on emerging risks, ongoing risk mitigation activity & feedback on Internal Audit report recommendations relevant to the Committee
3. The AC recommended the Board consider using some time at a forthcoming BDS to discuss, review and improve how the Trust establishes its priorities for action (with full regard to the constraints regarding both finance and people) and also how action plans might be developed (hierarchically) to avoid duplication and "action overload"

Additional Chair Comments

Focus over the forthcoming period will be on:

1. Completion of the Annual Report
2. Ownership, training, and management of the Trust's Standard Operating Procedures
3. E&F Planning (following appointment of new E&F Director) especially wrt Fire Safety Compliance, prioritisation of activity, refresh of Risk Registers and IA requirements)
4. Working in partnership with SLT and Committee Chairs to develop our approach with respect to Learning from Experience

Date of next meetings:

14th June (Accounts only)
26th July