

February 2022 Published Papers

Including:

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

Quality and Outcomes Committee Chair's Report

Finance and Digital Committee Chair's Report

Meeting of the Board of Directors in Private on Thursday 24 February 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)
Executive Lead	Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer Quality – Deidre Fowler, Interim Chief Nurse/ Emma Redfern, Interim Medical Director

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>
<p>Please refer to the Executive Summary of the main report for an overview.</p> <p>Feedback from the January 2022 Quality Outcomes Committee meeting has also been incorporated into the February 2022 Integrated Quality and Performance Report. This includes the following amendments to the content of the report:</p> <ul style="list-style-type: none"> • Removal of the Well-led performance metrics which are now reported via the People Committee. This includes the removal of Essential Training; • Removal of the Finance Executive Summary and Financial performance sections which are now reported to the Finance and Digital Committee; • Recalculation of control limits for statistical process control charts for the following metrics where there is evidence of special cause variation: <ul style="list-style-type: none"> - Pressure injuries per 1,000 bed days - Diagnostics percentage of waiting lists under 6 weeks - 30 day emergency readmissions - Average length of stay • Renaming and review of the delayed discharges report to reflect national hospital discharge and community support policy including criteria to reside in an acute bed¹ • Addition of constitutional standards and waiting list trajectories for incomplete Referral to Treatment time pathways for October 21 to March 22 (the six month planning period known as "H2") • Removal of outpatient DNA and cancellation rates

¹ HM Government (2021) *Hospital Discharge and Community Support: Policy and Operating Model*

- The addition of nationally mandated elective recovery performance metrics for outpatient recovery relating to patient initiated follow up, advice and guidance and non face to face activity
- Removal of the Appendix: Trust scorecards, which will continue to be used to fulfil contractual obligations for information provision to commissioners.

Future amendments to the report which have not yet been implemented but respond to feedback received on the Quality and Performance report include:

- The addition of the cancer faster diagnosis standard (where the national ambition under the Elective Recovery Strategy is for 75% of patients urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days).²
- Review of the Emergency Care supporting information. This will include incorporation of a UHBW all site viewpoint which will be made possible after the convergence of Weston and Bristol patient administration systems in April 2022.

These final changes will be implemented over the coming months.

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number.

Not applicable as this report is for information and assurance only, although risks referenced within the main body of the report.

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for **Assurance**.

5. History of the paper

Please include details of where paper has previously been received.

22 February 2022

Quality and Outcomes Committee

Recommendation Definitions:

- **Information** - report produced to inform/update the Board e.g. STP Update. No discussion required.
- **Assurance** - report produced in response to a request from the Board or which directly links to the delivery (including risk) of one of the Trust's strategic or operational priorities e.g. Quality and Performance Report. Requires discussion.
- **Approval** - report which requires a decision by the Board e.g. business case. Discussion required.

² NHS England and NHS Improvement (2022) *Delivery plan for tackling the COVID-19 backlog of elective care*



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

Integrated Quality & Performance Report

February 2022

Contents – Headline Indicators

Reporting Month: January 2022

	Page
Executive Summary	3
Success, Priorities, Opportunities, Risks and Threats (SPORT)	5
Summary Dashboard	9

Domain	Metric	Executive Lead	Page
Safe	Infection Control	Chief Nurse	10
	Serious Incidents	Chief Nurse	14
	Patient Falls	Chief Nurse	15
	Pressure Injuries	Chief Nurse	17
	Medicines Management	Medical Director	19
	Nurse Staffing Levels	Chief Nurse	20
	VTE Risk Assessment	Medical Director	22
Caring	Friends & Family Test	Chief Nurse	24
	Patient Surveys	Chief Nurse	26
	Patient Complaints	Chief Nurse	28
Responsive	Emergency Care Standards	Chief Operating Officer	30
	Delayed Discharges	Chief Operating Officer	37
	Referral To Treatment (RTT)	Chief Operating Officer	39
	Cancelled Operations	Chief Operating Officer	47
	Cancer Waiting Times	Chief Operating Officer	48
	Diagnostic Waits	Chief Operating Officer	53
	Outpatient Measures	Chief Operating Officer	56
Outpatient Overdue Follow-Ups	Chief Operating Officer	59	

Domain	Metric	Executive Lead	Page
Effective	Mortality (SHMI/HSMR)	Medical Director	60
	Fracture Neck of Femur	Medical Director	62
	Mixed Sex Accommodation	Chief Nurse	64
	Maternity Services	Chief Nurse	65
	30 Day Emergency Readmissions	Chief Operating Officer	68
	Average Length of Stay	Chief Operating Officer	69
	Well-Led	Refer to the People Committee report for performance overview.	
Use of Resources	Refer to the Trust Finance Performance Report for performance overview.		

	Page
Care Quality Commission Ratings	70
Explanation of Charts (SPC and Benchmarking)	71
Covid-19 Summary	73
Staff Vaccination Summary	76

The Trust continued to be in internal critical incident throughout much of January, resulting from extreme pressure on the bed base due to a spike in Omicron related hospital admissions, COVID related staff absence impacting on staffing levels and poor flow out of hospital. This, in addition to usual Winter pressures, has affected performance against NHS constitutional standards (*Datix Risk ID 801 - Risk that one or more standards of the NHS Oversight Framework are not met*). 234 COVID patients were diagnosed following admission to hospital this period and there were 97 beds occupied with COVID patients at the end of January, which was 9.6% of the total occupied beds.

Trust wide performance against the Emergency Department 4 hour target was 66% in January. There were 776 trolley waits in excess of 12 hours across UHBW sites and ambulance handover performance was extremely challenged (70.6% of handovers over 30 minutes at the BRI and 50.1% at Weston). UHBW 12 hour trolley wait performance remains the fourth most challenged nationally and remains worse than at any time during the Winter of 2020/21. On 16th December the Trust was visited by NHS England and NHS Improvement to review how the Trust would respond to a national major incident or mandate that instructed ambulances to enact immediate handover. An action plan has since been implemented to act upon the recommendations from the visit, including the creation of additional bed capacity to support flow out of ED by reverse queuing.

The elective care programme continues to experience pressures from urgent care demand. Outpatient activity was at 106% of the monthly plan and Day case has also recovered to 96%, although elective inpatient activity remains suppressed at 74%. Waiting list recovery is a national priority and the Trust is working towards an ambition of zero patients waiting longer than 2 years on a referral to treatment time pathway by March 2022, whilst holding overall waiting lists at the end of September 2021 position. There were 336 patients waiting over 104 weeks at the end of January against a target of 131. The end of year target agreed with NHS England and NHS Improvement is 188 breaches by the end of March. Trust modelling and assessment of specialty plans suggests that a likely scenario of 400 breaches will currently be achieved, which is largely down to the aforementioned pressures on the bed base restricting elective activity to more clinically urgent patients (to be seen in less than one month), reducing capability to list less urgent but longer waiting patients. Further mitigations are being put in place to drive down long waits as much as possible, including the opening of a 12 bedded elective Knightstone Ward which commenced at the end of January, further utilisation of the Independent sector and insourcing of elective care capacity over weekends.

Reporting Month: January 2022

The status of waiting lists is as follows:

- Referral to Treatment patients waiting 104+ weeks. At the end of January there were 336 patients waiting over two years for the start of treatment (worse than trajectory of 131 and up from 252 reported last month). The overall incomplete RTT wait list size and 52 week wait breaches showed a marginal month on month increase but are largely on track to achieve trajectories agreed for March 22
- Diagnostic waiting lists, where 60.5% were waiting within the 6 week standard. Performance remains particularly challenged in CT Cardiac, MRI Cardiac, MRI Paediatrics, echocardiography, DEXA scans and endoscopy. 52 week wait breaches by March 22 are anticipated in MRI Cardiac and endoscopy and plans to increase capacity to target long waits are currently under being reviewed.
- Outpatients, where 101,714 patients currently have a partial booking follow up status showing as overdue, 22% of which are greater than 9 months. The Trust is reviewing waiting list validation capacity and targeting clinically higher risk areas to reduce delays and look for alternative methods of follow up under the Personalised Follow Up programme, including Patient Initiated follow up; 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 and there is a risk to future performance due to changes in the colorectal pathway increasing 2 week wait demand beyond outpatient capacity. Performance has also been affected by workforce pressures in Dermatology and the seasonal impact of additional bank holidays and impact of patient choice over the festive period. Colorectal pathways for FIT negative patients were agreed with the CCG for December implementation to ease pressure on the two week wait cancer pathway and vacant posts in Dermatology were filled in January.

Nationally, there remains a high expectation on elective recovery now that the Omicron wave is beginning to ease, and the Trust is continuing to put in place robust delivery plans to recover backlogs, with a particular focus on long waiting patients between now and March. However, the profile of the Trust wait lists across all points of delivery requires an ongoing focus on longer term strategy over multiple years to significantly reduce the waiting list, which will be a key focus within the 2022/23 Operating Plan as this is developed over the coming months. NHS England and NHS Improvement have also released the Delivery Plan for Tackling the COVID-19 Backlog of Elective Care which sets out the required direction of travel for recovery between now and March 2025. These new standards are being reviewed and will be incorporated into the Trust assurance framework over the coming weeks.

Reporting Month: January 2022

Safe

Caring

Successes

- The Dementia, Delirium and Falls Lead has begun a series of falls training for staff in areas of high falls; three 90min sessions a day. This has commenced within the Weston Division with approximately 40 staff who have been trained to date. Weston Division have had a reduction in falls in January, recording only one fall with harm (moderate) in the month.
- UHBW's response to the 2019 MBRRACE-UK perinatal surveillance report demonstrates that our neonatal mortality rate is below national average. As a network we are 5% below the national average, as a local authority we are >15% lower than the national average and at BNSSG level we are 5-10% lower than the national average.
- Overall patient-reported experience of care remains very positive despite current operational challenges – the majority of patient survey measures improved in January compared to December.

Priorities

- Wards have continued to work at staffing levels below their agreed establishment throughout January and the impact on staff cannot be underestimated. To support the wards during this period of significant challenged staffing ratios the mobilisation hub staffed by non-clinical staff is providing additional administrative support to the wards. All clinical non ward nursing staff have also reviewed workloads and been redeployed where able to provide cover and support for staffing shortages in wards; this is under regular review.
- The Dementia, Delirium & Falls Lead is working with the Consultant Geriatricians to review the numbers of patient transfers out of hours, with a known dementia / delirium diagnosis. This will help understand the impact and risk on vulnerable patients.

Reporting Month: January 2022

Safe

Caring

Opportunities

- An updated Infection Prevention and Control education plan in clinical departments has begun.
- A Cardiotography (CTG) monitoring and escalation focus week in Maternity is planned for week of 28th March to highlight challenges staff have with CTG interpretation and how to remove these barriers. This is being supported by the Local Maternity System (LMS) who are funding resources for staff.
- Work has commenced on a new Tissue Viability education campaign - the purpose of the campaign will be to educate staff on importance of understanding the anatomy of the sacral-coccygeal and buttock bone areas in addition to using the appropriate terminology to describe these areas.

Risks & Threats

- The level of transmission of the Omicron variant has caused significant staff shortages across all wards and departments; the Divisions have all now completed revised staffing risk assessments and the associated Trust-wide corporate risk has been updated to reflect the increased risk rating of 20.
- There have been no new risks added to the risk register within the Patient Safety domain in the month.

Reporting Month: January 2022

Responsive

Effective

Successes

- Cancer standards: both subsequent oncology treatment, and both 28 day faster diagnosis standards were achieved in December 2021. The Trust also remains below its given maximum number of 'long waiting' (<62 day) patients on a GP suspected cancer pathway.
- Weston Division continue to make use of the additional capacity within the independent sector and have transferred 135 orthopaedic patients to an IS provider in Bath. There are currently 64 long waiting T&O patients remaining in the Weston Division who require a further review against IS criteria for suitability to transfer.
- Weston Knightstone Ward was opened in January 2022 and up to 7 arthroplasty patients are now being treated per week as part of a phased roll out plan.

Priorities

- 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).
- Long term condition Patient Initiated Follow-Up data capture to be progressed with specialties
- DrDoctor deployment programme has been launched as the replacement provider for the trusts virtual consultation platform attend anywhere.
- Work has begun on N-code risk stratification of the non-admitted outpatient backlogs supported by source group and TIF funding.
- Operational delivery for November 2021 to March 2022 requires reduction of 104 week breaches with eradication at the end of July 2022, the stabilisation of 52 week waits and the overall incomplete RTT waiting list. A specialty level targeted improvement plan has been coordinated by the COO team and Divisions to improve this trajectory towards the nationally mandated zero breaches ambition. This will be refreshed at the end of February to report where end of March will land and to focus all efforts on eradication of remaining 104ww at end of July.
- A national mandate has been released from NHSE / I require Trusts to clinically review the priority status of patients waiting over 104 weeks every 3 months to reduce the risk of patient harm. The CA2i tool is under review by the Medical Director office with support of clinical leads to consider this product for use of reporting those clinical reviews.
- Support is being sought from the CCG to resolve the contracting tariffs that are being requested from the Spire. There are currently 41 paediatric patients and 9+ Max fax patients that are suitable to be treated at the Spire and the contract has been resolved for the Max fax patients who will be transferred. PWC are supporting the final contracting issues relating to the 41 Paediatric patients at which point those patients can be sent to the Spire for treatment under their existing consultant.
- Support has now been given by the referral management centre and they are currently contacting a cohort of patients (approx. 400 within ENT) to gain consent for re-referral to either Practice Plus Group (PPG) or Sulis in Bath.

Reporting Month: January 2022

Responsive

Effective

Opportunities	Risks & Threats
<ul style="list-style-type: none"> Mutual aid is being explored via the CCG for Paediatric and Dental patients, this relates to 104ww breach patients who we are unable to treat before the end of March 2022 at the Spire. 	<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 (short term, for duration of the period of heightened prevalence) deterioration in performance. These issues particularly affect cancer pathway patients at low clinical risk from delay. (Datix Risk ID 42). There is a risk that the Spire will not provide capacity for the Max fax and Paediatric patients to be treated by the end of March 2022 due to the length of time it has taken to resolve the contracting issues. Mutual aid will also be sought via the CCG as an alternative arrangement. Although support has been provided by the referral management centre to contact a large cohort of ENT patients to gain consent for transfer to PPG and Sulis, there are now capacity issues for ENT patients to receive treatment in both providers with a risk of both closing these services on ERS. Joint meetings are being set up with the CCG, the providers and supported by PWC colleagues to resolve these issues.

Reporting Month: January 2022

CQC Domain	Metric	Standard Achieved?	CQC Domain	Metric	Standard Achieved?
Safe	Infection Control (C. diff)	N	Responsive	Emergency Care - 4 Hour Standard	N
	Infection Control (MRSA)	N		Delayed Transfers of Care	N/A
	Infection Control (E.Coli)	Y		Referral To Treatment	P
	Serious Incidents	N/A		Referral to Treatment – Long Waits	N
	Patient Falls	N		Cancelled Operations	N
	Pressure Injuries	P		Cancer Two Week Wait	N
	Medicines Management	Y		Cancer 62 Days	N
	Nurse Staffing Levels	N/A		Cancer 104 Days	N/A
	VTE Risk Assessment	N		Diagnostic Waits	N
	Caring	Patient Surveys (Bristol)		Y	Outpatient Measures
Patient Surveys (Weston)		Y	Outpatient Overdue Follow-Ups	N	
Friends & Family Test		N/A	Effective	Mortality (SHMI)	Y
Patient Complaints		P		Mortality (HSMR)	Y
		Fracture Neck of Femur		P	
		Mixed Sex Accommodation		Y	
			Maternity Services	N/A	
			30 Day Emergency Readmissions	Y	

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

Infection Control – C.Difficile

January 2022

N Not Achieved

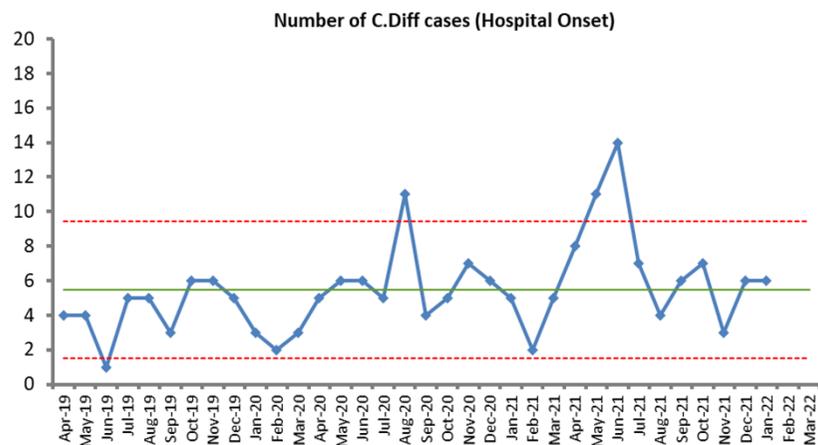
Standards:	For this section, two measures are reported: Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA). HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital. A limit of Clostridium Difficile cases has now been confirmed with NHSE/I as 57. This confirmed limit would give a trajectory of 4.75 cases a month.
Performance:	There were seven cases of healthcare associated C-Difficile of which six were identified as HOHA (Hospital Onset) in UHBW. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified.
Commentary:	<p>The limit of 57 cases for the year 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). Almost certainly, the consequence of this confirmed limit is that UHBW will be non-compliant for this limit.</p> <p>Underlying issues: 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"> • 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. • Increased environmental auditing within areas of increased rates is taking place. • An updated IPC education plan in clinical departments has begun.
Ownership:	Chief Nurse

	Jan-22		2021/2022		2020/2021	
	HA	HO	HA	HO	HA	HO
Medicine	4	4	28	28	25	24
Specialised Services	1	0	19	15	23	18
Surgery	0	0	10	10	11	11
Weston	1	1	17	12	12	8
Women's and Children's	1	1	7	7	7	6
Other (Bristol)	0	0	3	0	3	0
TOTAL	7	6	84	72	81	67

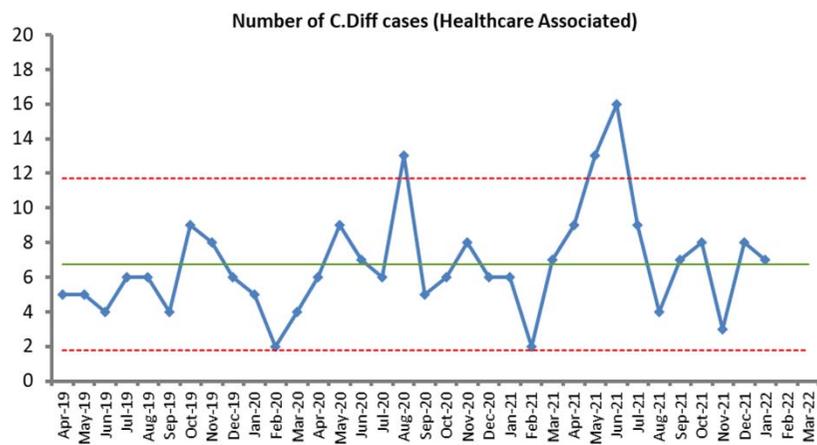
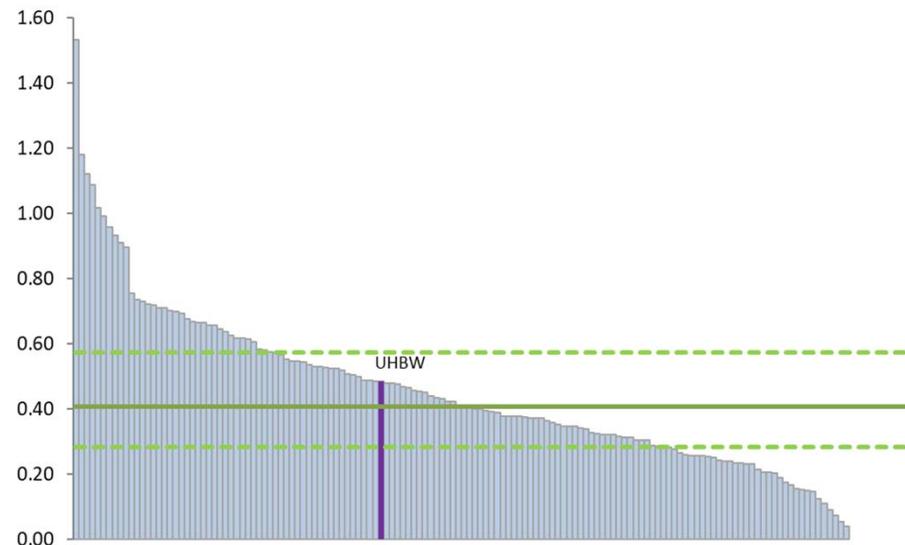
HA = Healthcare Associated, HO = Hospital Onset

Infection Control – C.Difficile

December 2021



Benchmarking - C.Diff Rate Per 1000 Beddays - Jan21 to Dec 21



Infection Control - MRSA

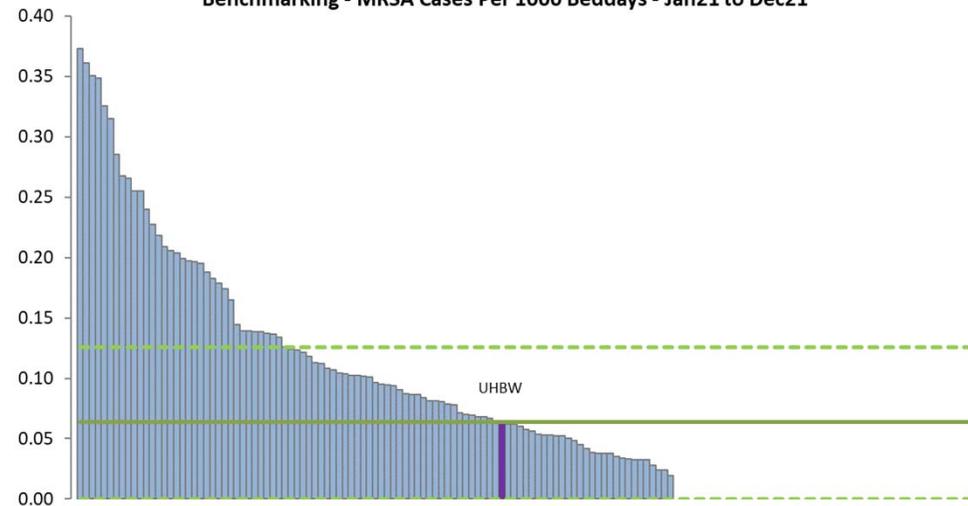
January 2022

N Not Achieved

Standards:	No Trust Apportioned MRSA cases. This is Hospital Onset cases only.
Performance:	There were three new cases of MRSA bacteraemia in UBHW in January 2022. There has been six cases reported this financial year.
Commentary:	The vascular access group has restarted 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. The source of one of these bacteraemia is thought to be attributed to a CVC line infection; the formal post infection review outcome is awaited. The source of the other two bacteraemia is unknown at this time while review is underway.
Ownership:	Chief Nurse

	Jan-22	2021/2022	2020/2021
Medicine	2	5	0
Specialised Services	1	1	1
Surgery	0	0	0
Weston	0	0	1
Women's and Children's	0	0	2
TOTAL	3	6	4

Benchmarking - MRSA Cases Per 1000 Beddays - Jan21 to Dec21



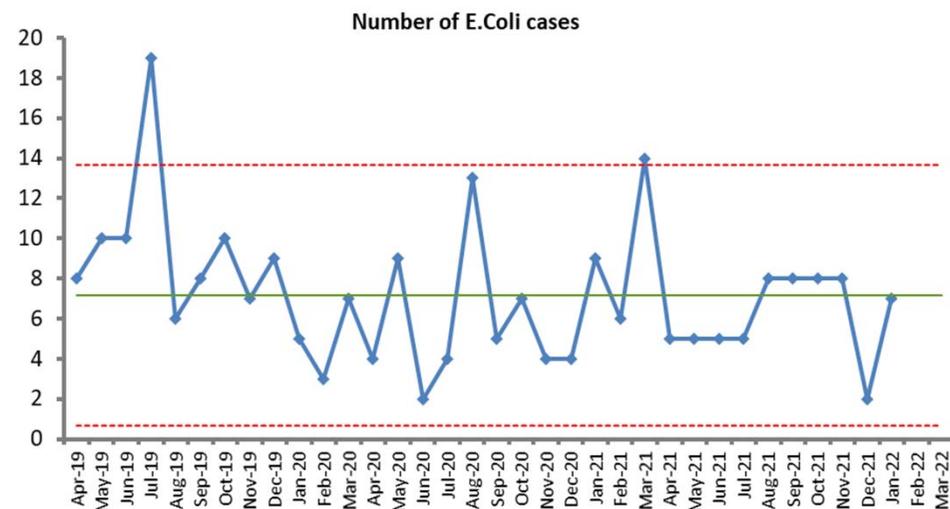
Infection Control – E. Coli

January 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 is 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 seven Hospital Onset cases in January, giving 61 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 one case was lower urinary tract and the potential source of another was upper urinary tract. The source of infection for the other four 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.
Ownership:	Chief Nurse

	Jan-22	2021/2022	2020/2021
Medicine	3	14	27
Specialised Services	3	16	17
Surgery	1	13	21
Weston	0	14	9
Women's and Children's	0	4	7
TOTAL	7	61	81



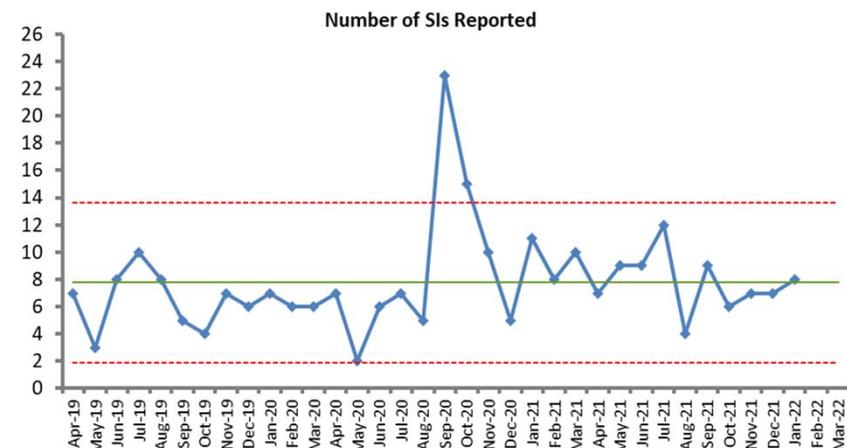
Serious Incidents (SI)

January 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. In 2021/22, the new Patient Safety Incident Response Framework is to be implemented and an initial scoping exercise including stakeholder workshops have commenced.
Latest Data:	Eight serious incidents were reported in January 2022, four in the Medicine division, two in Women’s & Children’s one each in Surgery and Specialised Services. There were no never events reported in the month.
Commentary:	The eight serious incidents comprise: one unexpected death, two treatment delay, two failure to follow up on test result, two Maternity/Obstetrics incidents (baby only) and one sub-optimal care of a deteriorating patient. The two Maternity incidents are external Healthcare Safety Investigation Branch (HSIB) investigations. 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.
Ownership:	Chief Nurse

	Jan-22	2021/2022	2020/2021
Medicine	4	28	31
Specialised Services	1	8	6
Surgery	1	8	13
Trust Services	0	0	1
Weston	0	16	50
Women's and Children's	2	17	8
Other/Multiple Divisions	0	1	0
TOTAL	8	78	109



Harm Free Care – Inpatient Falls

January 2022

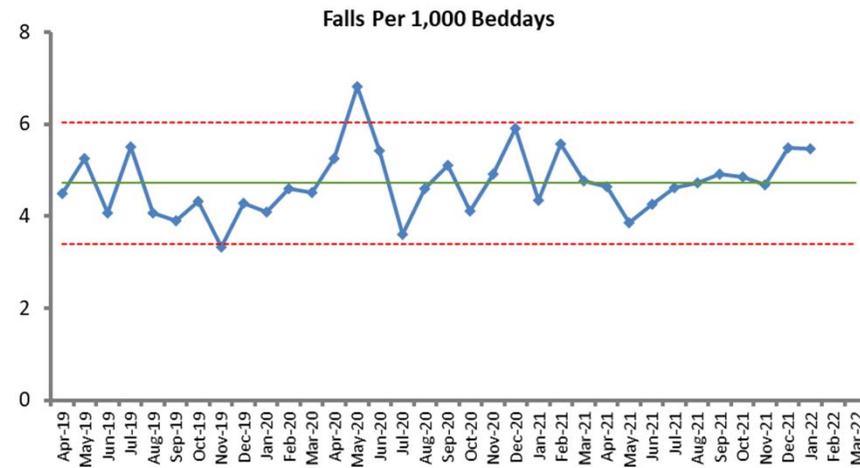
N Not Achieved

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:	During January, the rate of falls per 1,000 bed days was 5.46 across UHBW and remains within the statistical process control limits. Bristol rate was 5.18 and Weston rate was 6.43. There were 173 falls in total (127 in our Bristol Hospitals and 46 in the Division of Weston). There were no falls with major harm but three falls with moderate harm in January: two at the Bristol Royal Infirmary site and one at Weston.
Commentary:	<p>The number of falls has continued to rise over the past three months and has taken us over the Trust threshold of 4.8 per 1000 bed days. The number of falls with harm has decreased in January; with no major or catastrophic harm occurring. Weston division have had a reduction in falls in January, but overall the number of falls has risen to its highest in over a year. 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. 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"> • Falls continues to be on the Trust Risk register and on each Divisions Risk Register. • The Dementia, Delirium and Falls Lead began a series of falls training for staff in areas of high falls; three 90min sessions a day. This is underway within the Weston Division with approximately 40 staff being trained to date. A similar model is being developed for BRI divisions, starting with Medicine and Wards A800 & A900 to begin in March. The Lead is also completing the SIM Instructor training in March, which will enable more SIMs to be carried out by the team to provide a blended approach to training. • The refreshed Falls & Dementia Steering Group held its first meeting on 14th February 2022. The number of falls and falls with harm data was reviewed at the meeting and a recovery plan will be discussed. There was a presentation about Delirium in CICU by a CICU staff nurse. • The Dementia, Delirium & Falls Team are continuing to support the division of Medicine with one clinical shift a week, per person. Whilst this is to bolster staffing levels on the wards; it is also an opportunity for the team to understand in more detail the daily challenges faced by the teams, including how the falls and dementia care plans are implemented in real time/practice. This experience will be reflected upon and an action plan developed around for example, specific training & changes to documentation. This will be fed back to the steering group for further discussion and agreement. • The Dementia, Delirium & Falls Team are completing a gap analysis and review of practice against national standards currently, including NICE Guidance and Standards. This, coupled with the report from the National Audit of In-Patient Falls will help inform the team work and training plan for the forthcoming year. • The Dementia, Delirium & Falls Lead is working with two Consultant Geriatricians to review the numbers of patient transfers out of hours, with a known dementia / delirium diagnosis. This will help understand the impact and risk on vulnerable patients.
Ownership:	Chief Nurse

Harm Free Care – Inpatient Falls

January 2022

	Jan-22	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	2	-
Medicine	62	7.07
Specialised Services	30	5.97
Surgery	28	7.99
Weston	46	6.43
Women's and Children's	5	0.69
Other/Not Known	0	-
TRUST TOTAL	173	5.46
<i>Bristol Subtotal</i>	<i>127</i>	<i>5.18</i>



Harm Free Care – Pressure Injuries

January 2022

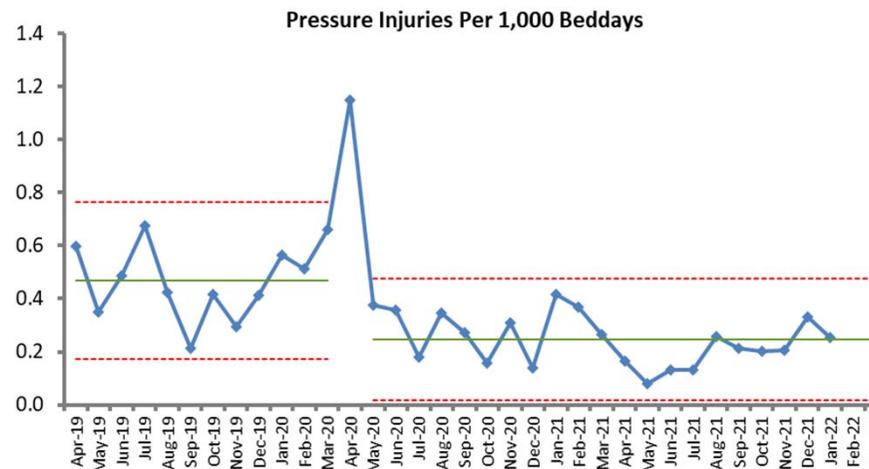
P Partially Achieved

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. 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. However the Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure.
Performance:	During January 2022, the rate of pressure injuries per 1,000 beddays was 0.25 across UHBW. Across UHBW there were a total of six Category 2 pressure injuries, three in Medicine Division (coccyx, heel and outer ear), two in Weston Division (heels) and one in Surgery Division (spine). There was one unstageable pressure ulcer in Weston Division (coccyx). There was also a medical device related category 3 pressure injury in Women’s & Children’s Division (this was sustained to the back of the neck secondary to a BIPAP strap).
Commentary:	<p>The unstageable injury was with a patient that had multiple co-morbidities, with extremely fragile skin integrity having also sustained a previous unstageable pressure injury to the hip bone in December. A Rapid Incident Review has taken place and a subsequent Patient Safety Incident Review is now underway for this incident.</p> <p>A 72 Hour Review was completed for the category 3 injury incident, after which the decision was made that learning had already been identified in the review and the incident did not trigger the SI threshold.</p> <p>All sites actions:</p> <ul style="list-style-type: none"> • 1:1 15 minute Micro teaching sessions offered to staff – posters disseminated to encourage individual staff to contact the team to arrange at their convenience. • Additional Micro-teaching on wards with increased numbers of hospital acquired pressure ulcers. • Work underway on a new tissue viability poster and education campaign - the purpose of the campaign will be to educate staff on importance of understanding the anatomy of the sacral-coccygeal and buttock bone areas in addition to using the appropriate terminology to describe these areas. • Tissue Viability Study Day in April – places are now full with a good split of staff from across all divisions. Further study day planned for November 2022. <p>Weston Division Specific Actions:</p> <ul style="list-style-type: none"> • Ongoing targeted micro-training for ward staff with a focus on heel pressure ulcer prevention and management. • Re-launch of “Why Wait” Air boots Posters across wards to support with Education from the company Clinical Advisors. • TV Team to continue to work with Weston stores department to purchase and bulk orders of Repose air boots / air wedges for all wards in preparation for the phasing out heel troughs. Plan to have all heel troughs out of circulation in the Division by end of March 2022. • Funding finalised for the extension of the Linet Dynamic Mattress Trial in Weston until November 2022.
Ownership:	Chief Nurse

Harm Free Care – Pressure Injuries

January 2022

	Jan-22	
	Injuries	Per 1,000 Beddays
Diagnostics and Therapies	0	-
Medicine	3	0.34
Specialised Services	0	0.00
Surgery	1	0.29
Weston	3	0.42
Women's and Children's	1	0.14
Other/Not Known	0	-
TRUST TOTAL	8	0.253
<i>Bristol Subtotal</i>	5	0.20

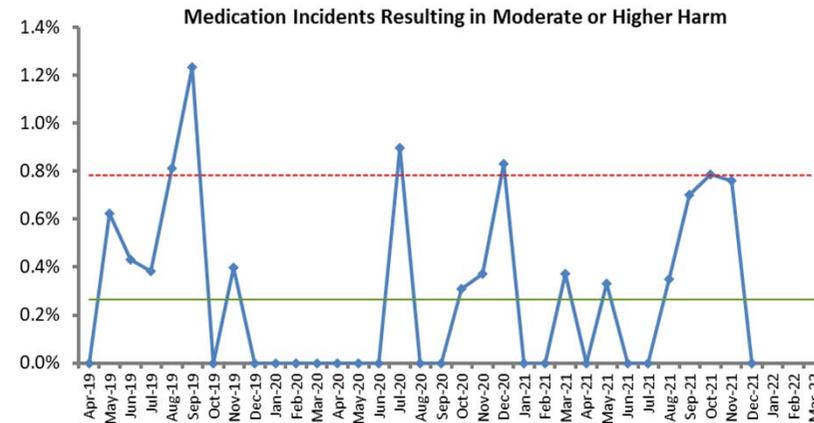


Dec 21/Jan 22

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:	<p>Bristol:</p> <ul style="list-style-type: none"> • There were zero moderate harm incident out of 331 reported medication incidents in December. • There were zero omitted dose of critical medicine out of 135 patients audited in January. <p>Weston:</p> <ul style="list-style-type: none"> • There were zero moderate harm incidents out of 30 reported medication incidents in December. • Omitted doses data was not collected in Weston.
Commentary:	Auditing of omitted doses of medicines was reduced this month, in part due to the staffing issues within the Pharmacy department. A renewed call to increase the number of patients audited for omitted doses is being sent out.
Ownership:	Medical Director

	Dec-21		
	Moderate or Higher harm	Total Audited	Percentage
Diagnostics and Therapies	0	27	0.00%
Medicine	0	61	0.00%
Specialised Services	0	97	0.00%
Surgery	0	42	0.00%
Weston	0	30	0.00%
Women's and Children's	0	104	0.00%
Other/Not Known	0	0	-
TRUST TOTAL	0	361	0.00%



Nurse Staffing Levels

January 2022

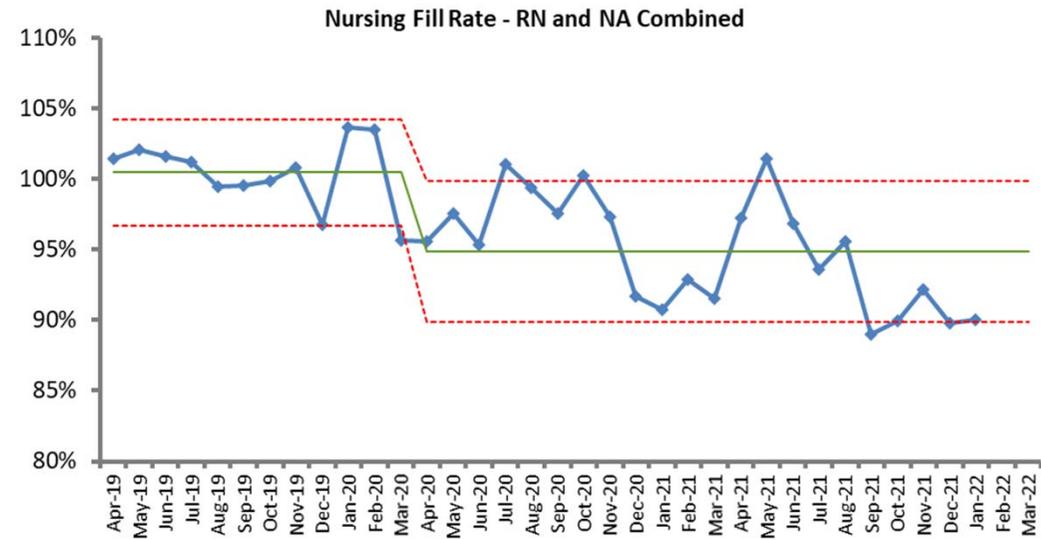
N/A *No Standard Defined*

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 January 2022 (for the combined inpatient wards) the Trust had rostered 311,348 expected nursing hours, against the number of actual hours worked of 280,381 giving an overall fill rate of 90.1%.
Commentary:	<p>Issues:</p> <ul style="list-style-type: none"> • Wards have continued to work at staffing levels below their agreed establishment throughout January and the impact on staff cannot be underestimated. Despite the effect of the new Omicron variant the impact of International Recruitment and newly registered staff has helped to support the staffing levels however the skill mix is quite junior. The overall Trust fill rate for trained and untrained staff has returned to 90%, however this does not reveal lower fill rates on specific wards on specific days. To ensure safe staffing is balanced across the Trust staff continue to be flexible in moving to other wards to provide cover which has an adverse impact on morale and wellbeing. • There is a substantial increase in both registered and non-registered nursing staff sickness that is compounding the lower levels of available staff to cover the wards and ever-increasing demand to cover escalation areas which have remained open throughout January. • In addition, the Trust has been reviewing the emergency pathway for patients to ensure a more rapid handover from the Paramedic staff; the areas identified also require more registered nurses to safely care for patients in these areas adding to a staffing demand. It has been very difficult to fill these shifts with nurses who do not have ED experience. • The level of 'lower than expected staffing incidents' being reported continues to be high indicating the level of concern on wards about the staffing situation. This month more of these reports were submitted for night shifts than in previous months. • This month the ITU surge SOP and care podding arrangements had to be utilised to manage the staffing within critical care on the Bristol site. This occurred on 6 occasions in GICU/CICU in January. • Due to the increased number of registered nurse vacancies and to maintain safe staffing; the use of temporary agency staff has continued; the Trust has been working closely with the neutral vendor to support an increase in fill rate; however, with the current available supply the use of non-framework agencies has been required though there has been a decrease in the fill rate for Tier 4 also. <p>Actions:</p> <ul style="list-style-type: none"> • The level of transmission of the Omicron variant experienced has caused significant staff shortages across all wards and departments, the Divisions have all now completed revised staffing risk assessments and the Trust wide corporate risk has been updated to reflect the increased risk rating of 20. • To support the wards during this period of significant challenged staffing ratios, as part of the internal critical incident planning the mobilisation hub staffed by non-clinical staff is providing additional administrative support to the wards. All clinical non ward nursing staff have also reviewed workloads and been redeployed where able to provide cover and support for staffing shortages in wards, this is under regular review. • The Trust has again extended the incentives for both substantive and temporary staff to encourage additional working, the impact of these are being closely monitored and assessed.
Ownership:	Chief Nurse

Nurse Staffing Levels

January 2022

Staffing Fill Rates	Jan-22		
	Total	RN	NA
Medicine	93.3%	87.8%	101.0%
Specialised Services	96.7%	88.7%	120.9%
Surgery	87.9%	82.9%	100.7%
Weston	88.6%	78.4%	100.4%
Women's and Children's	87.2%	88.7%	79.7%
TRUST TOTAL	90.1%	86.0%	99.5%



Venous Thromboembolism (VTE) Risk Assessment

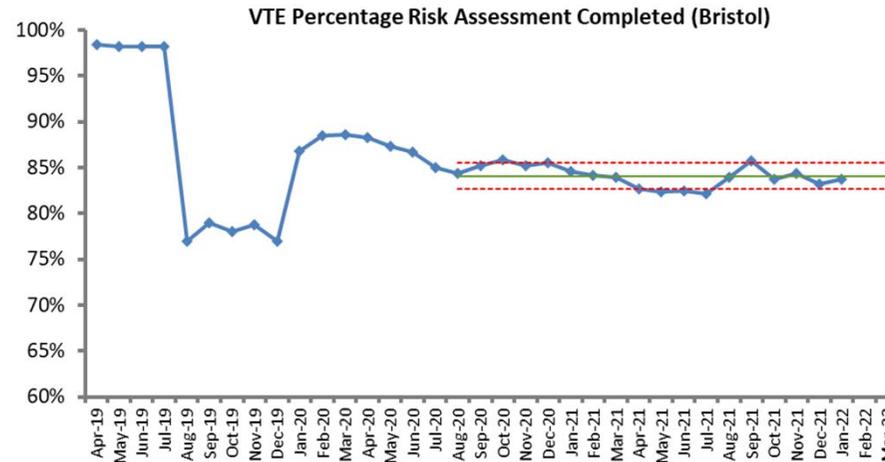
January 2022

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 UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, since August 2019, the VTE risk assessment is completed electronically using the Careflow system (formerly known as Medway). The most recent figure for January 2022 is 83.8% (83.2% in December 2021), data for Bristol sites only and this is below the 95% target. In Weston there were 2 spot checks performed by the patient safety improvement nurses, the most recent of which was in July 2021 demonstrated a 67% compliance with VTE risk assessment completion.
Commentary:	<p>When the VTE risk assessment was initially launched in Bristol, EPMA (digital prescribing) was being used in the Oncology Centre and Heart Institute and was planned for roll out elsewhere in the trust. There was an expectation that a fully integrated digital system was imminent, whereby VTE risk assessments would be integrated within either digital prescribing or admission. Digital risk assessment has 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 digital roll out has been delayed and this has resulted in digital VTE risk assessment standing alone within Careflow, which has generated a significant barrier to compliance.</p> <p>Until recently, Weston has used a different drug chart, a different LMWH type (tinzaparin) for thromboprophylaxis and VTE risk assessments were still completed on the paper drug chart with no robust system to monitor compliance (as it required manual collection and review of charts). The results of spot checks highlight the ongoing need for improvement in VTE risk assessment completion which is significantly below the national target. Between September and November 2021 the Patient Safety Improvement Team, Digital Services Team, Pharmacy colleagues and the VTE Weston Lead worked collaboratively to plan for and deliver the roll out of several changes in Weston. Recent measures to improve compliance and harmonise processes in Bristol and Weston include:</p> <ul style="list-style-type: none"> • Digitised VTE Risk Assessment in Weston (via CareFlow Workspace) introduced recently with early compliance of 78.6%. • New Trust-wide adults' inpatient prescription chart. A project involving the Pharmacy, Digital services, VTE clinical leads and the Patient safety Improvement Nurses has successfully launched a new drug chart at the Bristol sites and this will be completed trust wide by a launch in Weston in November. A prompt on this new drug chart points to the completion of the Careflow risk assessment prior to prescribing. • New Trust-wide Low Molecular Weight Heparin, Inhixa (Enoxaparin). An alignment of low molecular weight heparin (LMWH) VTE prescribing guidance across Weston and Bristol is in progress undertaken in November 2021 across all sites. Tinzaparin will no longer be used in Weston and Inhixa will be used in both sites (generic version of enoxaparin). • VTE QI projects underway in Trauma & Orthopaedics, Medicine and Surgery led by speciality consultants. • Weston and Bristol VTE leads are delivering focused training to the junior doctors.
Ownership:	Medical Director

Venous Thromboembolism Risk Assessment

January 2022



The table below shows January's Bristol data based on the admitting speciality.

Division	SubDivision	Number Risk		Percentage Risk
		Assessed	Total Patients	Assessed
Diagnostics and Therapies	Chemical Pathology	2	2	100.0%
	Radiology	18	18	100.0%
Diagnostics and Therapies Total		20	20	100.0%
Medicine	Medicine	1,763	2,366	74.5%
Medicine Total		1,763	2,366	74.5%
Specialised Services	BHOC	1,948	2,049	95.1%
	Cardiac	327	506	64.6%
Specialised Services Total		2,275	2,555	89.0%
Surgery	Adult ITU	4	4	100.0%
	Anaesthetics	18	18	100.0%
	Dental Services	68	94	72.3%
	ENT & Thoracics	162	219	74.0%
	GI Surgery	881	1,046	84.2%
	Ophthalmology	173	178	97.2%
	Trauma & Orthopaedics	102	130	78.5%
Surgery Total		1,408	1,689	83.4%
Women's and Children's	Children's Services	41	47	87.2%
	Women's Services	1,277	1,422	89.8%
Women's and Children's Total		1,318	1,469	89.7%
Grand Total		6,784	8,099	83.8%

Friends and Family Test (FFT)

January 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:	We received 6,419 FFT responses in January 2022, which represents a 38% increase in the number of responses received in December (4,642). See table below for the performance summary. In terms of ED FFT performance in January 2022: <ul style="list-style-type: none"> • BRI ED score has improved to 80% (from 77% in December), • BRCH ED score has improved to 94% (from 83% in December), • Weston ED score has improved to 91% (from 86% in December), • BEH ED score remains high at 97% (from 98% in December).
Commentary:	FFT scores for inpatients, day cases, maternity and outpatients are extremely positive and broadly consistent with December figures;
Ownership:	Chief Nurse

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
Inpatients	Bristol	778	825	2,212	95.6%	37.3%
	Weston	191	207	515	92.7%	40.2%
	UHBW	969	1,032	2,727	95.0%	37.8%
Day Cases	Bristol	299	302	1,860	99.7%	16.2%
	Weston	244	246	362	99.2%	68.0%
	UHBW	543	548	2,222	99.5%	24.7%
Outpatients	Bristol	3,121	3,310		95.2%	
	Weston	260	276		94.2%	
	UHBW	3,381	3,586		95.1%	

TOTAL RESPONSES

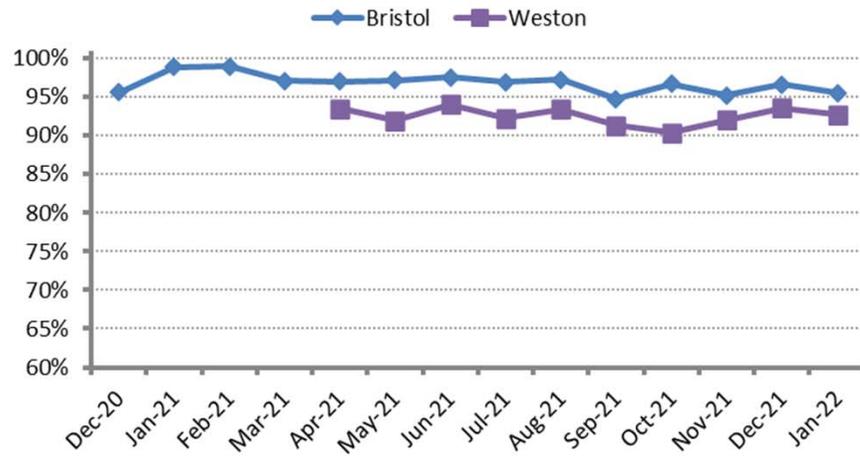
6,419

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
A&E	BRI	231	289	3,769	80.2%	7.7%
	BRHC	258	276	2,512	93.8%	11.0%
	BEH	258	267	1,806	96.6%	14.8%
	Weston	299	329	2,318	91.2%	14.2%
	UHBW	1,046	1,161	10,405	90.3%	11.2%
Maternity	Antenatal	17	17	202	100.0%	8.4%
	Birth	36	36	348	100.0%	10.3%
	Postnatal (ward)	33	34	342	97.1%	9.9%
	Postnatal (community)	5	5	208	100.0%	2.4%
	UHBW	91	92	1,100	98.9%	8.4%

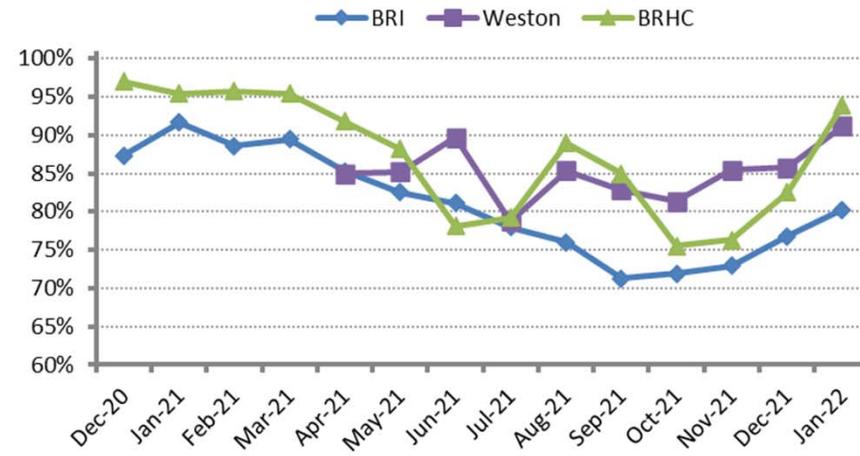
Friends and Family Test (FFT)

January 2022

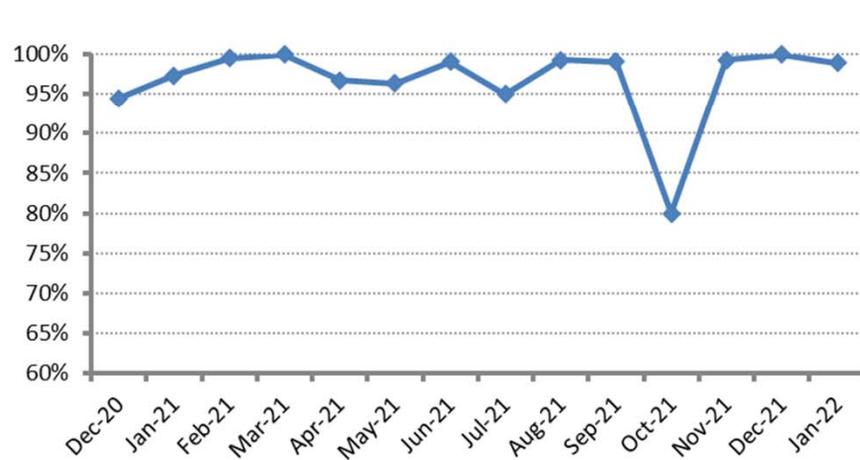
Inpatient (excluding Day Case) Scores



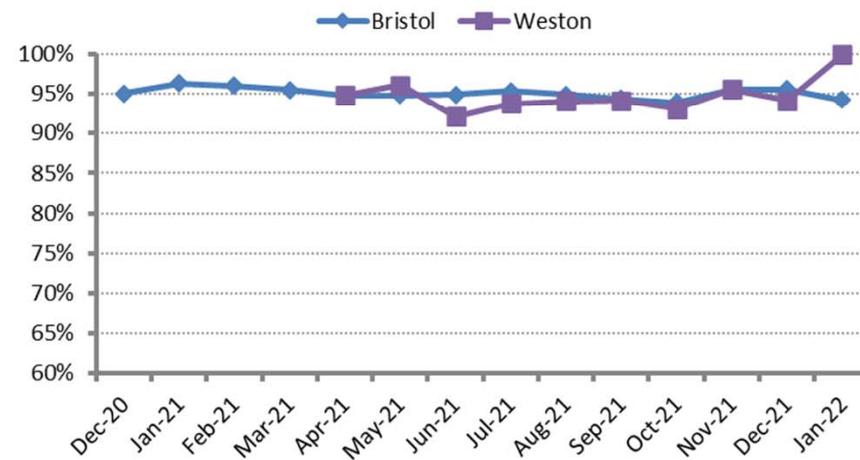
Emergency Department Scores



Maternity Services Scores



Outpatient Scores

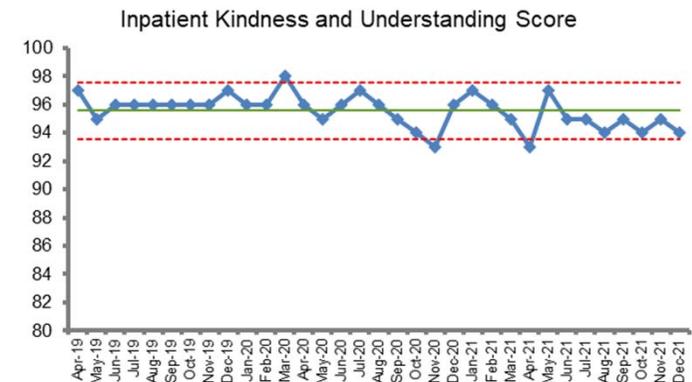
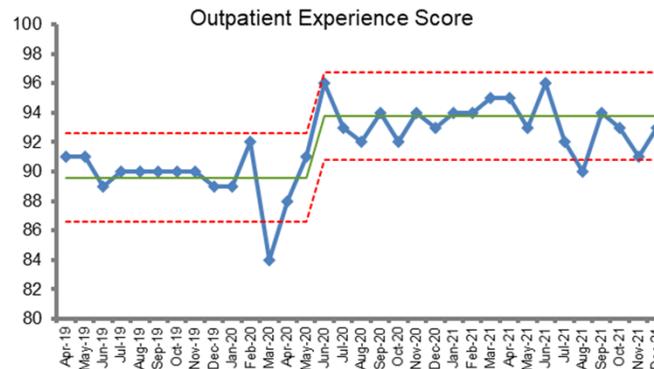
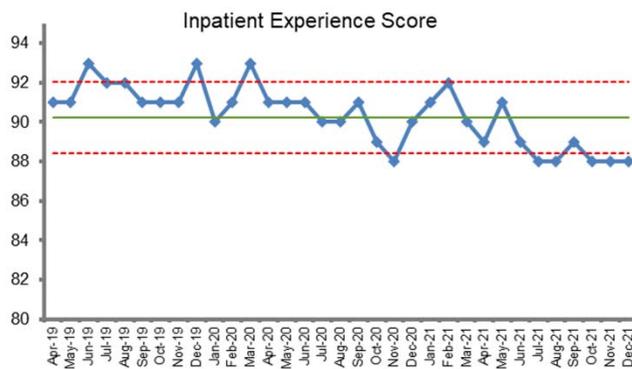


Patient Surveys (Bristol)

January 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 January 2022: <ul style="list-style-type: none"> • Inpatient score was 87 (December was 88). • Kindness and understanding score was 96 (December was 94). • Outpatient score was 95 (December was 93).
Commentary:	Please note that the postal survey response volume for January was low when compared to average for previous months. The Trust received 40% of the responses that would be expected in a typical month. This is due to delays in the postal service and is a repeat of the delays experienced in January 2021. Therefore, please treat these Bristol-site figures with caution. Targets were achieved or exceeded based on January data. Note: the inpatient experience tracker score for Division of Medicine has been below target since the start of 2021/22. For January the score was 84 (82 in December).
Ownership:	Chief Nurse



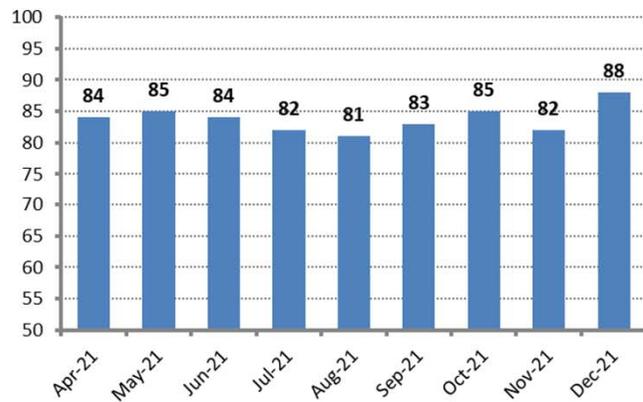
Patient Surveys (Weston)

December 2021

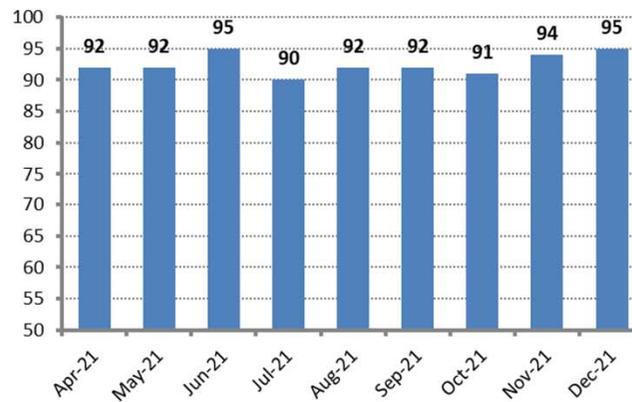
Y Achieved

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 December 2021: <ul style="list-style-type: none"> • Inpatient score was 88, which is above target (November was 82). • Kindness and understanding score was 95, which is above target (November was 94). • Outpatient score was 90, which is above target (November was 88).
Commentary:	Please note that the postal survey response volume for January was low when compared to average for previous months. This is due to delays in the postal service and is a repeat of the delays experienced at the start of 2021. Due to the low number of responses, particularly when viewing the data at a sub Trust level, it is not possible to provide a statistically valid summary of January performance for Division of Weston. However, the figures have been updated for November and December 2021 as further postal survey responses have come in since the last report.
Ownership:	Chief Nurse

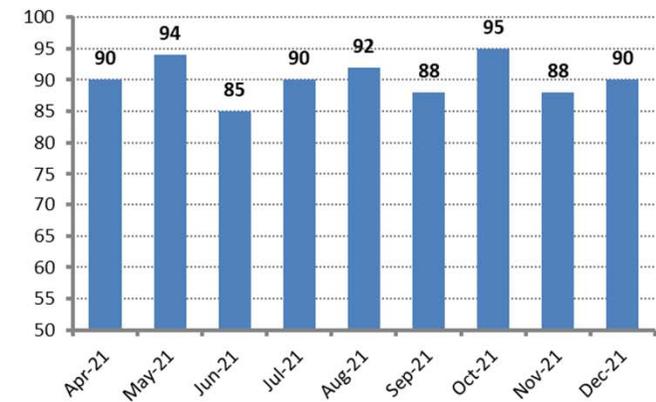
Inpatient Tracker Score (Weston)



Kindness & Understanding Score (Weston)



Outpatient Tracker Score (Weston)



Patient Complaints

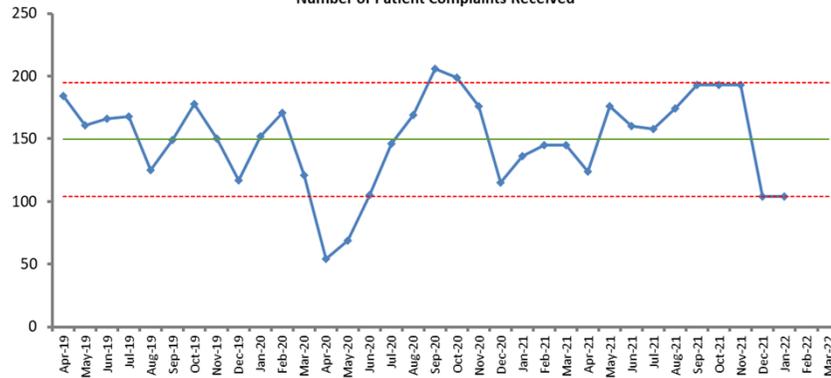
January 2022

P Partially 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:	<p>In January 2022:</p> <ul style="list-style-type: none"> • 104 Complaints were received (27 Formal and 77 Informal). • Responses for 81 Formal and 66 Informal complaints were sent out to complainants in January. • 54% of formal complaints (44 out of 81) were responded to within the agreed timeframe, representing a further small monthly improvement in performance (47.8% and 41.4% reported in December and November 2021 respectively) but still significantly below the 95% target. • Divisions returned 69% (56 out of 81) of formal responses to the PSCT by the agreed deadline, which is a decline compared to the 76.8% reported in December. This is the deadline for responses to be returned to PSCT; seven working days prior to the deadline agreed with the complainant. • 89% of informal complaints (59 out of 66) were responded to within the agreed timeframe, which is broadly consistent with performance throughout Q3 of 2021/22. • There were five complaints where the complainant was dissatisfied with our response, which represents 7.1% of the 70 first responses sent out in November 2021 (this measure is reported two months in arrears). This is below (i.e. better 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:	At the time of submitting this report, this data had not yet been validated by Divisions.
Ownership:	Chief Nurse

January 2022

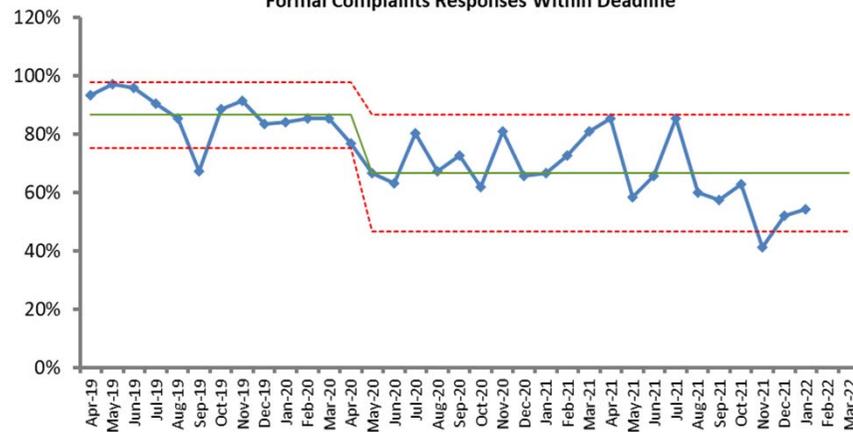
Number of Patient Complaints Received



Complaints Received

	Jan-22	2021/2022	2020/2021
Diagnostics and Therapies	4	79	56
Medicine	17	312	385
Specialised Services	21	218	190
Surgery	34	403	406
Trust Services	0	23	56
Weston	14	194	250
Women's and Children's	13	314	273
Estates and Facilities	1	36	49
TOTAL	104	1579	1665

Formal Complaints Responses Within Deadline



Responses Within Deadline

	Jan-22	
	% Within Deadline	Total Responses
Diagnostics and Therapies	50.0%	4
Medicine	40.0%	10
Specialised Services	30.0%	10
Surgery	84.6%	13
Trust Services	0.0%	0
Weston	18.8%	16
Women's and Children's	78.3%	23
Estates and Facilities	60.0%	5
TOTAL	54.3%	81

Emergency Care – 4 Hour Standard

January 2022

N Not Achieved

<p>Standards:</p>	<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. 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”. There is also an expectation that no Ambulance Handover will exceed 30 minutes.</p>
<p>Performance:</p>	<p>Trust level 4 hour performance for January was 66.0% across all four Emergency Departments (14,317 attendances and 4,867 patients waiting over 4 hours). There were 776 patients who had a Trolley wait in excess of 12 hours (472 in Bristol and 304 at Weston). In January there were 2,575 ambulance handovers in excess of 15 minutes which was 78% of all handovers. In January there were 1,909 ambulance handovers in excess of 30 minutes which was 58% of all handovers.</p>
<p>Commentary:</p>	<p>Bristol Royal Infirmary: Performance against the 4-hour standard in January has remained poor at 50% despite daily attendances remaining low (from 188 in January compared to 184 in December). Lack of Inpatient flow remains the key driver of breaches and this was exacerbated by the impact of the omicron variant i.e. higher rates of staff absence and increase in covid-19 positive patients in hospital. The number of 12-hour trolley waits in ED rose even further to 469 breaches and, average ambulance handover delays also rose to 96 hours lost per day. This reflects the highly challenging picture in urgent care across the BNSSG health and care system. The Trust has been in “internal critical incident” status since 2nd September 2021.</p> <p>The primary drivers of breaches is workforce shortages and the availability of supporting services in the wider health and care system. A particular challenge is the high numbers (>100 per day) of patients who are medically fit for discharge (MFFD) but whose discharge is delayed due to the lack of system capacity to support their social care needs out of hospital.</p> <p>The Trust is progressing a range of 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 Oct 22, SDEC avoids admissions to inpatient beds and directs patients away from ED. The service currently operates Mon-Fri and recruitment is ongoing to expand to a 7-day service. • Escalation capacity (boarding, Queen’s Day Unit, Cath Lab, A300) was increased by 10 to 33 spaces in December. • A further 9 medical escalation beds were created in January and work is underway to convert additional areas to inpatient escalation capacity. • Reverse queuing capacity has been increased in ED to enable ambulance crews to be released to answer 999 calls. • Redirection of minor illness/injury to GPs, Urgent Treatment Centres and community pharmacy is fully embedded in our practice. • The Trust is also progressing redesign of clinical pathways (chest pain, surgical patients, early pregnancy) to reduce ED attendances. <p>Further work is ongoing with System partners to reduce avoidable attendances to the ED through improving capacity, access and signposting to alternatives to ED. This includes development of a virtual system CAS (clinical assessment service), city centre face to face minors service, expansion of pharmacy appointments and student health.</p>

January 2022

Commentary:

Bristol Eye Hospital:

Performance decreased slightly in January to 97.6%, compared to 98.1% in December with attendances being 1812, slightly less than the month before driving the percentage down, with increased 4-hour breaches of 43. 22 of the breaches were diagnostic delay, 14 doctor delay, 6 clinical and 1 awaiting a bed being admitted. The POM Team have included the 4-hour percentage in the daily monitoring for performance.

Doctor staffing continues to be challenging due to sickness. ED Sisters have appointed a Band 7 position. The department are re-advertising the band 5/6 training nursing positions after some improvement of the advert from HR to attract more candidates. There are plans to produce a video to promote working at the Bristol Eye Hospital, showcasing ED.

Patient Demographic Service (PDS) implementation is planned for 28th February giving the functionality to connect ED section of Care flow EPR to the National Spine, following on from the success of the other sites having this functionality.

Bristol Royal Hospital for Children:

4 hour performance was 82% in January with 3,268 attendances. Lack of ward bed availability in particular cubicles and 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 department continue to see high number of mental health patients. The department are also looking into having medical students on the bank to support the department.

January 2022

Commentary:

Weston General Hospital:

Weston’s performance against the 4 hour standard during January was 62.4%, the division have maintained in the 60’s for performance since August 2021. Weston’s daily average attendance reduced slightly by 2 patients per day, a proportion of this reduction was due to the division reaching maximum capacity and diverting to neighbouring trusts resulting in fewer ambulance arrivals throughout the month.

The Trust remained in Internal Critical Incident and division in OPEL 4 throughout the whole month which demonstrated the challenges and pressures of everyday working. Nursing shortages remaining a key area of concern as well as appropriately staffing escalation areas.

Inpatient flow being the main challenge resulting in 304 12 hour trolley breaches and No Bed Availability being the highest breach reason again in month. Patients were bedded every night in the Emergency Department awaiting an inpatient bed. In January 26% of Weston’s bed base were occupied by Medically Fit for discharge patients and a high number of beds were closed due to IPC reasons. However constant reviews took place each day ensuring maximum capacity was used each day following appropriate guidance.

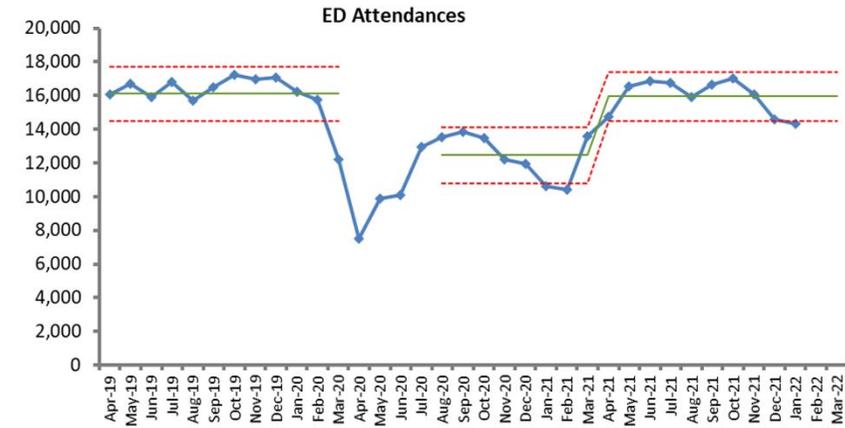
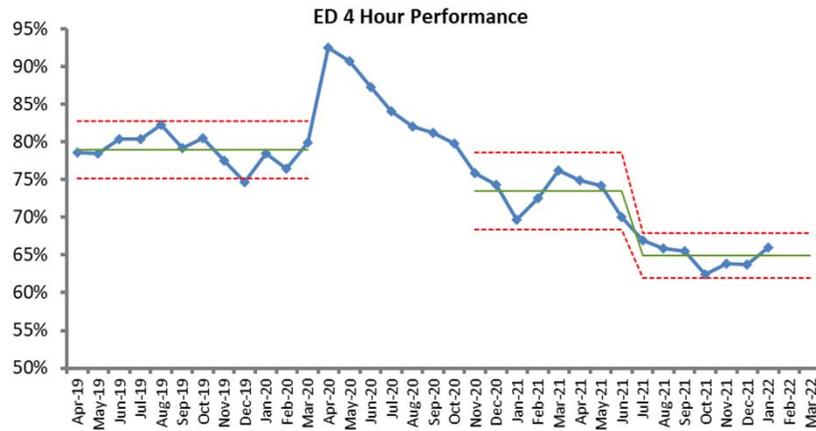
Redirected work continues at the front door and projects on going trust and system wide to improve this activity in the coming months.

4 Hour Performance	Jan-22	2021/2022
Bristol Royal Infirmary	49.6%	51.0%
Bristol Children's Hospital	81.6%	78.1%
Bristol Eye Hospital	97.6%	97.3%
Weston General Hospital	62.4%	68.5%

Total Attendances	Jan-22	2021/2022
Bristol Royal Infirmary	5,826	62,795
Bristol Children's Hospital	3,268	39,672
Bristol Eye Hospital	1,812	18,487
Weston General Hospital	3,411	38,441

Emergency Care – 4 Hour Standard

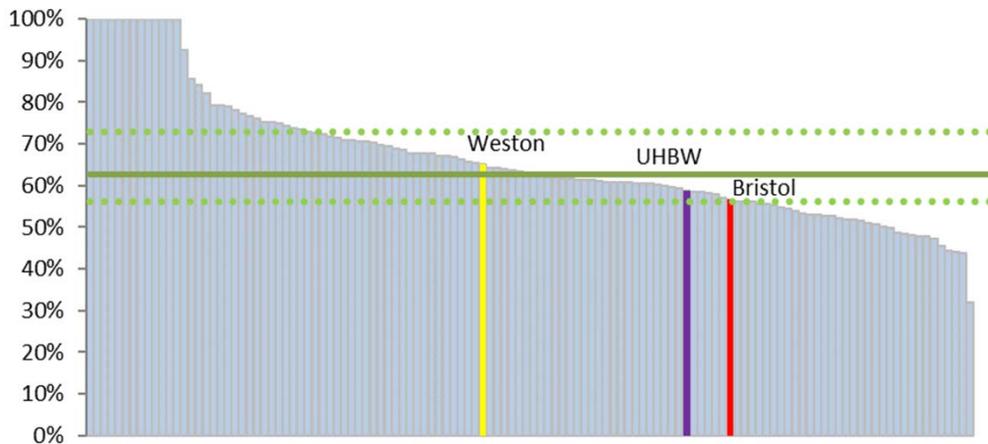
January 2022



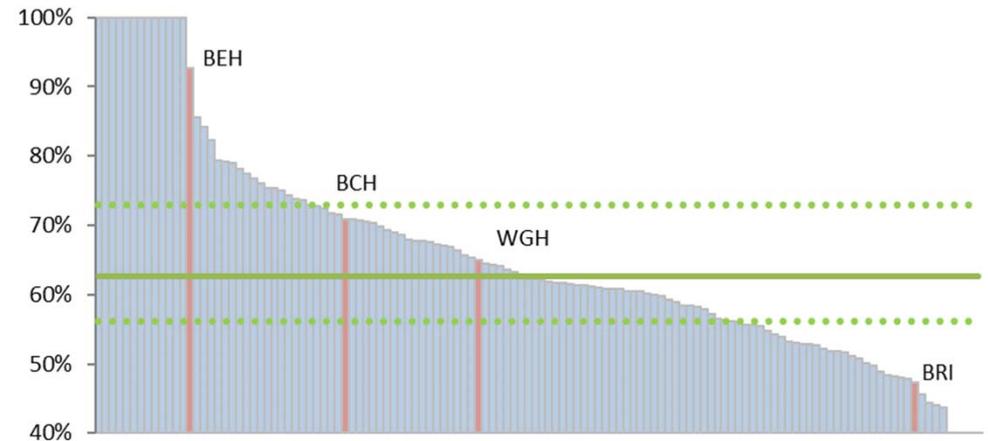
Note:

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.

Benchmarking - ED 4 Hour Performance 2021/22 Quarter 3



Benchmarking - ED 4 Hour Performance 2021/22 Quarter 3



Emergency Care – 12 Hour Trolley Waits

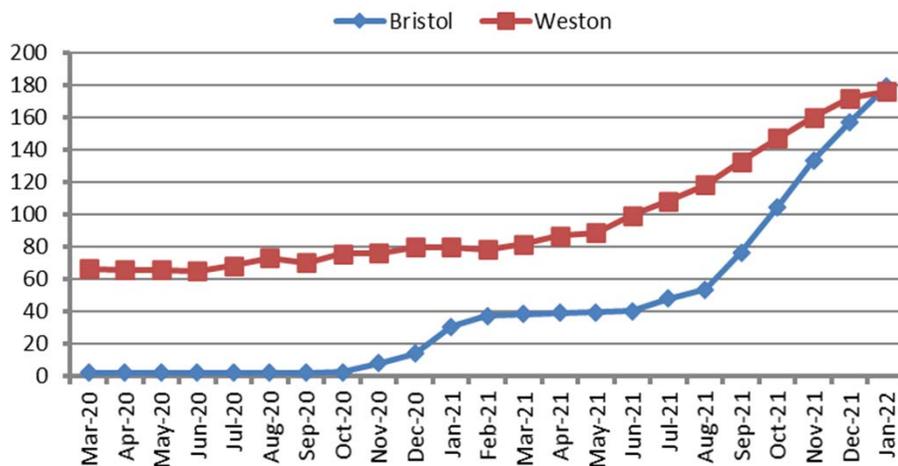
January 2022

12 Hour Trolley Waits

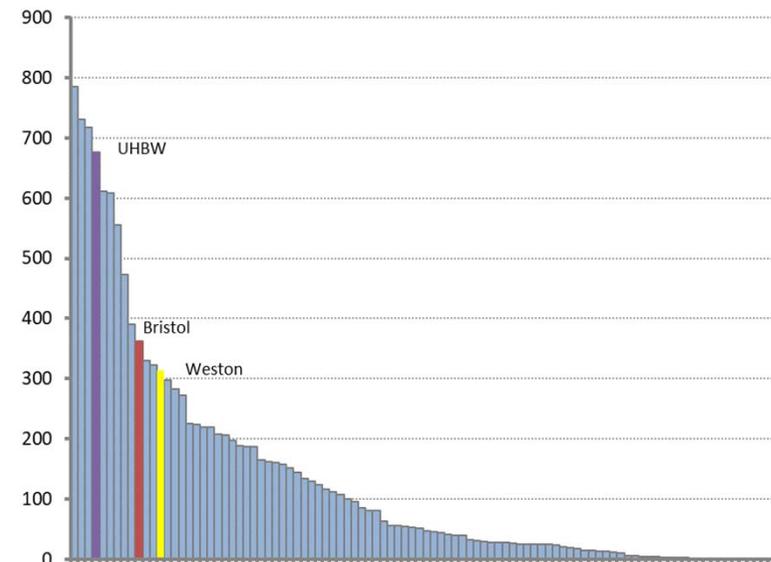
A supporting measure for Emergency Care is the “12 Hour Trolley Wait” standard. For all patients admitted from ED, this measures the time from the Decision To Admit (within ED) and the eventual transfer from ED to a hospital ward. The national quality standard is for zero breaches. Datix ID 5067 Risk 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		
Weston	0	1	7	58	68	6	84	135	168	257	113	84	62	24	134	164	188	180	257	291	313	304		
UHBW	0	1	7	58	68	6	87	201	247	468	195	102	71	28	146	255	257	456	594	706	676	776		

Rolling 12 Month Average



Benchmarking - 12 Hour Trolley Waits - December 2021



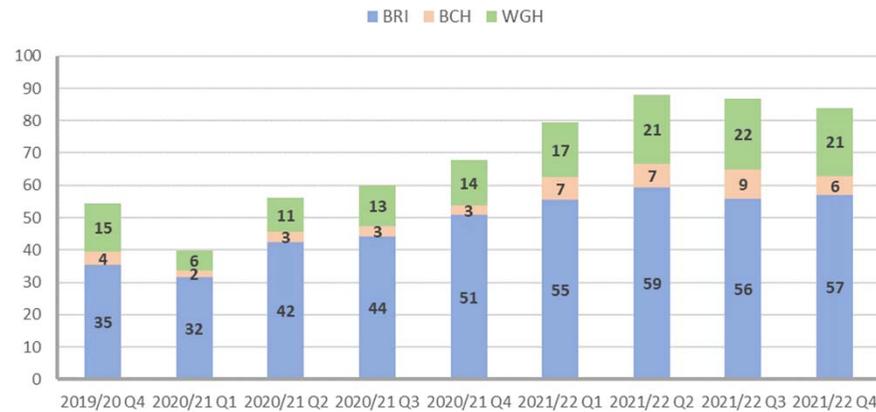
Emergency Care – Ambulance Handovers

January 2022

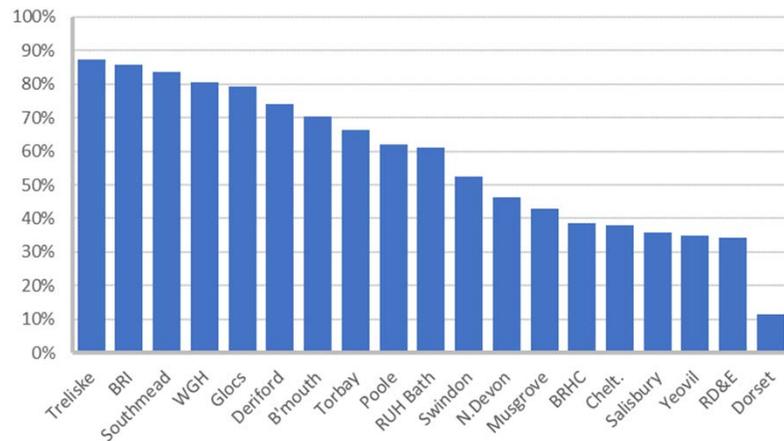
This data is supplied by the South Western Ambulance Service NHS Foundation Trust (SWASFT).

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 - January 2022

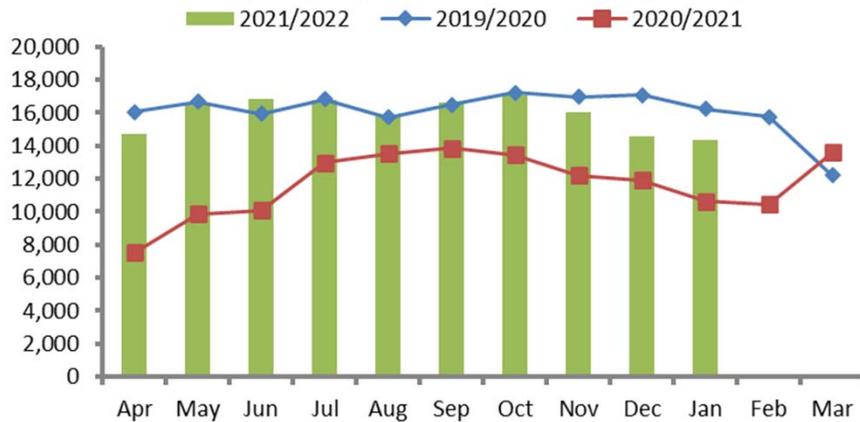


Total Handovers - South West - January 2022

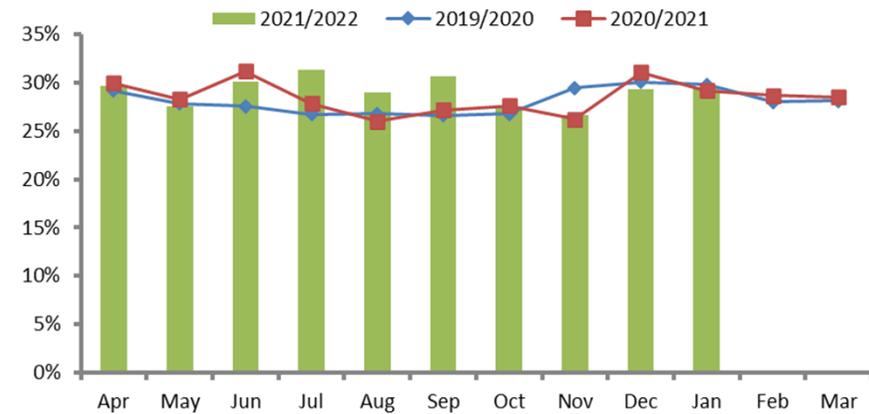
	Total Handovers	Over 15 Mins	% Over 15 Mins	Over 30 Mins	% Over 30 Mins	Over 1 Hour	Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	463	178	38.4%	52	11.2%	7	2
BRISTOL ROYAL INFIRMARY	2,055	1,763	85.8%	1,450	70.6%	1,067	676
CHELTENHAM GENERAL HOSPITAL	453	172	38.0%	73	16.1%	12	2
DERRIFORD HOSPITAL	2,550	1,887	74.0%	1,467	57.5%	1,015	720
DORSET COUNTY HOSPITAL	1,554	178	11.5%	47	3.0%	3	0
GLOUCESTER ROYAL HOSPITAL	2,924	2,321	79.4%	1,740	59.5%	1,145	648
GREAT WESTERN HOSPITAL	2,185	1,149	52.6%	645	29.5%	347	167
MUSGROVE PARK HOSPITAL	2,464	1,057	42.9%	324	13.1%	75	4
NORTH DEVON DISTRICT HOSPITAL	1,396	645	46.2%	219	15.7%	47	6
POOLE HOSPITAL	1,835	1,135	61.9%	679	37.0%	394	174
ROYAL BOURNEMOUTH HOSPITAL	2,020	1,422	70.4%	930	46.0%	539	228
ROYAL DEVON AND EXETER WONFORD	2,928	1,003	34.3%	127	4.3%	6	0
ROYAL UNITED HOSPITAL - BATH	2,352	1,433	60.9%	817	34.7%	486	219
SALISBURY DISTRICT HOSPITAL	1,199	430	35.9%	149	12.4%	47	6
SOUTHMEAD HOSPITAL	2,728	2,278	83.5%	1,499	54.9%	940	478
TORBAY HOSPITAL	2,065	1,370	66.3%	889	43.1%	559	307
TRELISKE HOSPITAL	2,490	2,174	87.3%	1,910	76.7%	1,534	1,169
WESTON GENERAL HOSPITAL	787	634	80.6%	407	51.7%	229	106
YEOVIL DISTRICT HOSPITAL	1,384	483	34.9%	111	8.0%	16	2
SOUTH WEST TOTAL	35,832	21,712	60.6%	13,535	37.8%	8,468	4,914

January 2022

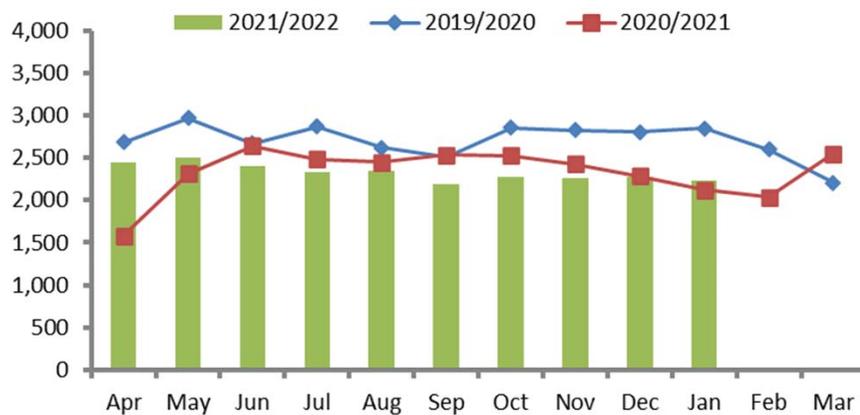
Emergency Department Attendances (UHBW)



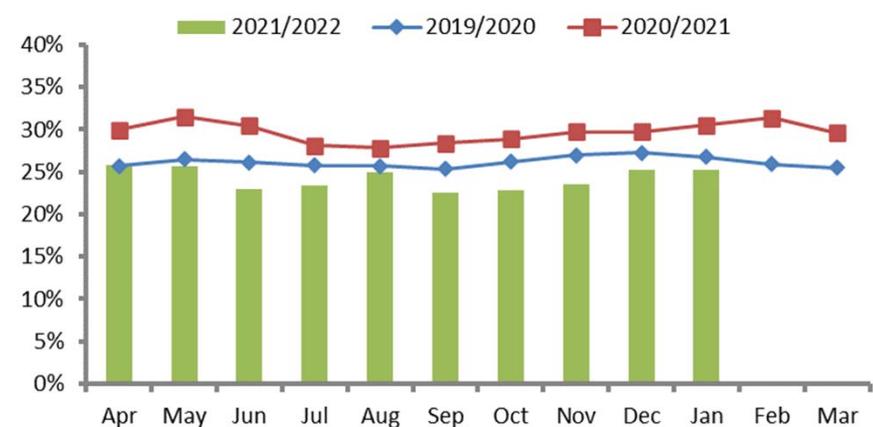
Percentage of Emergency BRI Spells - Patients Aged 75+



BRI Emergency Inpatient Activity



Percentage of ED Attendances Resulting in Admission

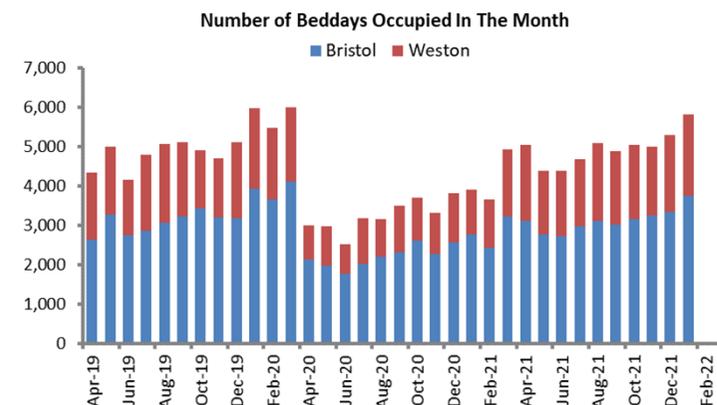
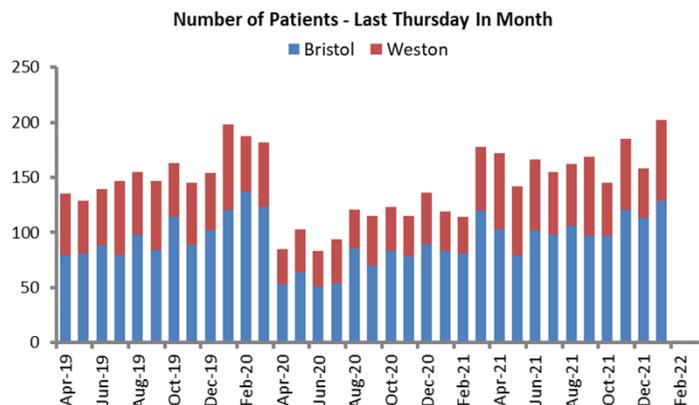


Delayed Discharges (No Criteria to Reside)

January 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 Medically Fit For Discharge (MFFD) 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 January there were 202 MFFD patients in hospital: 129 in Bristol hospitals and 73 at Weston. There were 5,825 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 188 beds were occupied per day by MFFD patients.
Commentary:	<p>In January 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 37 patients who did not meet the reason to reside waiting for a P1 slot. Issues persist with lack of slots for Bristol patients. Work on going regarding early supportive discharge with family support. • Pathway 2: BRI: there were 21 patients waiting at the end of January (10 more than in December) . • Pathway 3: Work ongoing around transitional beds to further reduce P3 waits for both sites. Difficulties with homes being shut due to covid for these patients and anyone returning to a care home where they already reside. BRI: there were 41 patients waiting for a P3 bed.
Ownership:	Chief Operating Officer



Delayed Discharges (No Criteria to Reside)

10th February 2022

Bristol: Current Breakdown of Medically Fit For Discharge (MFFD) Patients, 10th February 2022

Pathway	Number of Patients	Percentage	7+ Days on Latest Pathway	14+ Days on Latest Pathway	21+ Days on Latest Pathway
Pathway 1	20	16.4%	13	7	3
Pathway 2	20	16.4%	11	3	3
Pathway 3	46	37.7%	40	28	18
Awaiting Decision	27	22.1%	11	2	2
Awaiting Referral	4	3.3%	3	1	0
Other	5	4.1%	3	1	1
Total	122		81	42	27

Pathway 1 – patients awaiting package of care

Pathway 2 – requiring rehabilitation or reablement

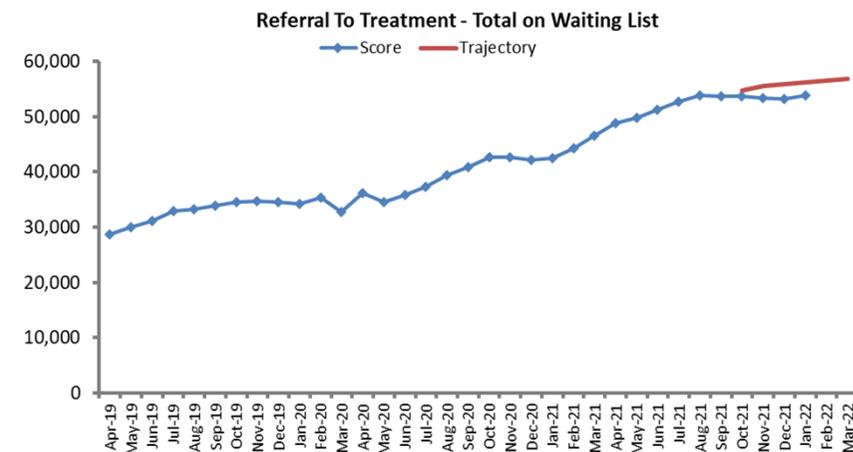
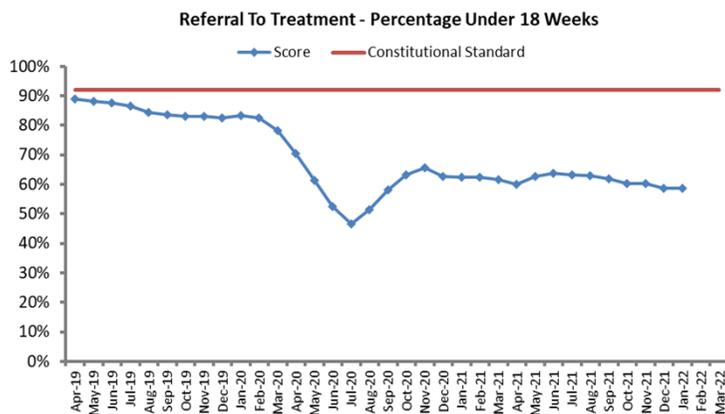
Pathway 3 – Nursing or Residential home required

Referral To Treatment

January 2022

P Partially Achieved

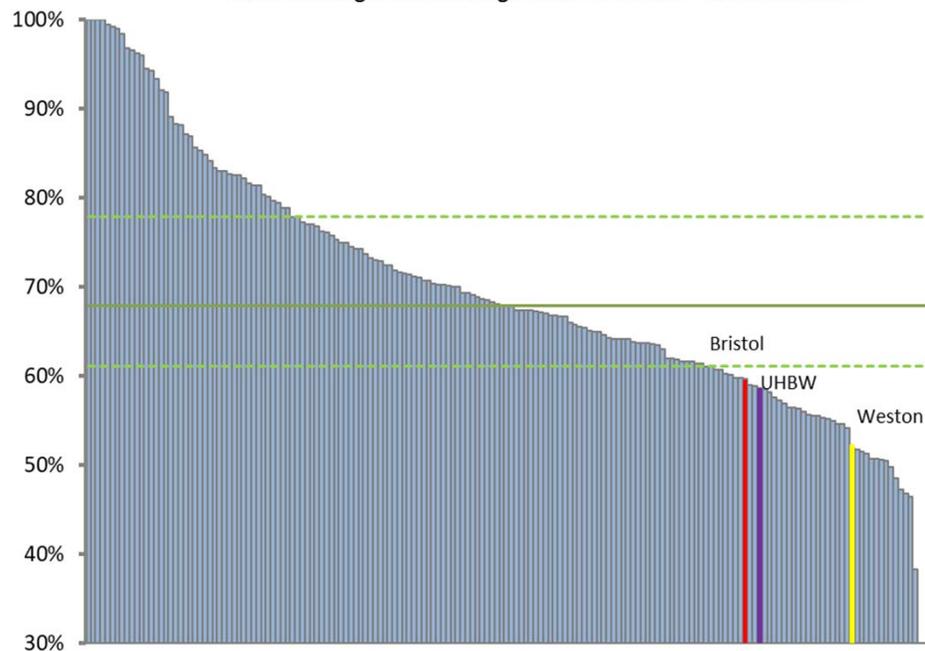
Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. A recovery trajectory was submitted to NHS England for “H2” (Oct21-Mar22). The end of January target trajectory was 56,155.
Performance:	At end of January, 58.7% of patients were waiting under 18 weeks. The total waiting list was 53,909 and the 18+ week backlog was 22,247. Comparing the end of April 2020 with the end of January 2022: <ul style="list-style-type: none"> the overall wait list has increased by 17,697 patients. This is an increase of 49%. the number of patients waiting 18+ weeks increased by 11,593 patients. This is an increase of 109%.
Commentary:	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 July 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 July 2022 where we should have no 104ww patients. The largest Bristol increases in waiting list size, when compared with April 2020, are In Ophthalmology (4,397 increase, 111%), Adult ENT & Thoracics (2,788 increase, 170%) and Dental Services (3,616 increase, 43% increase). The Weston list has increased by 697 patients over the same time period, a 13% increase. The largest Bristol volumes of 18+ week backlog patients at the end of January are in Dental (6,493 patients), Ophthalmology (3,093), ENT & Thoracics (2,065) and Paediatrics (2,711). Weston had 2,955 patients waiting 18+ weeks at the of January.
Ownership:	Chief Operating Officer



Referral To Treatment

December 2021/January 2022

Benchmarking RTT Percentage Under 18 Weeks - December 2021



	Jan-22		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	404	412	98.1%
Medicine	4,171	5,527	75.5%
Specialised Services	3,179	4,599	69.1%
Surgery	15,148	28,434	53.3%
Weston	3,220	6,175	52.1%
Women's and Children's	5,540	8,762	63.2%
Other/Not Known	0	0	-
TRUST TOTAL	31,662	53,909	58.7%
<i>Bristol Subtotal</i>	<i>28,442</i>	<i>47,734</i>	<i>59.6%</i>

Referral To Treatment – Long Waits

January 2022

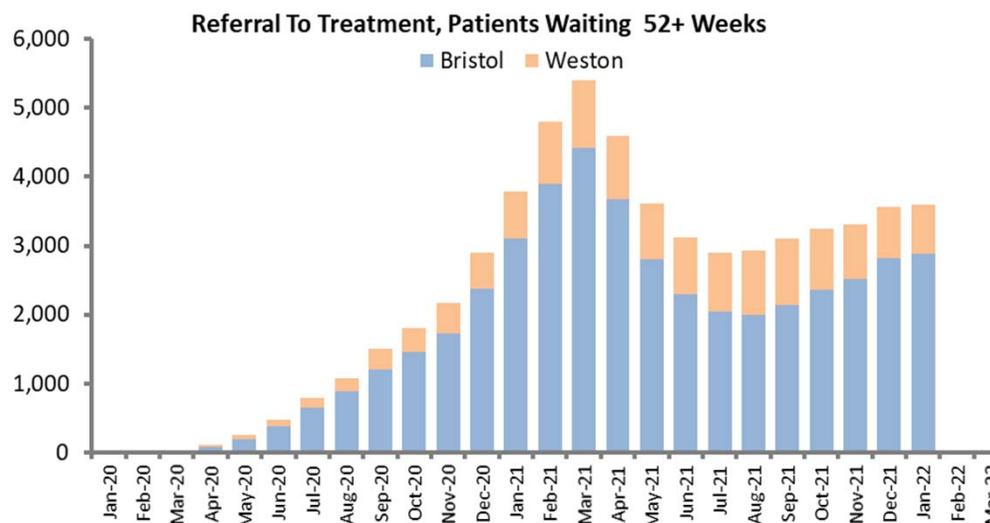
N Not Achieved

Standards:	Pre-Covid, the expectation was that no patient should wait longer than 52 weeks for treatment. 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 with a January 2021 trajectory of 131.
Performance:	At end of January 3,599 patients were waiting 52+ weeks; 2,878 across Bristol sites and 721 at Weston. At the end of January, 336 patients were waiting 104+ days, which was above the recovery trajectory target of 131.
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 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 July 2022. 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 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

January 2022

	Jan-22		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	76	11	1
Specialised Services	130	25	8
Surgery	2,030	483	201
Weston	721	217	81
Women's and Children's	642	167	45
TOTAL	3,599	903	336
<i>Bristol</i>	<i>2,878</i>	<i>686</i>	<i>255</i>

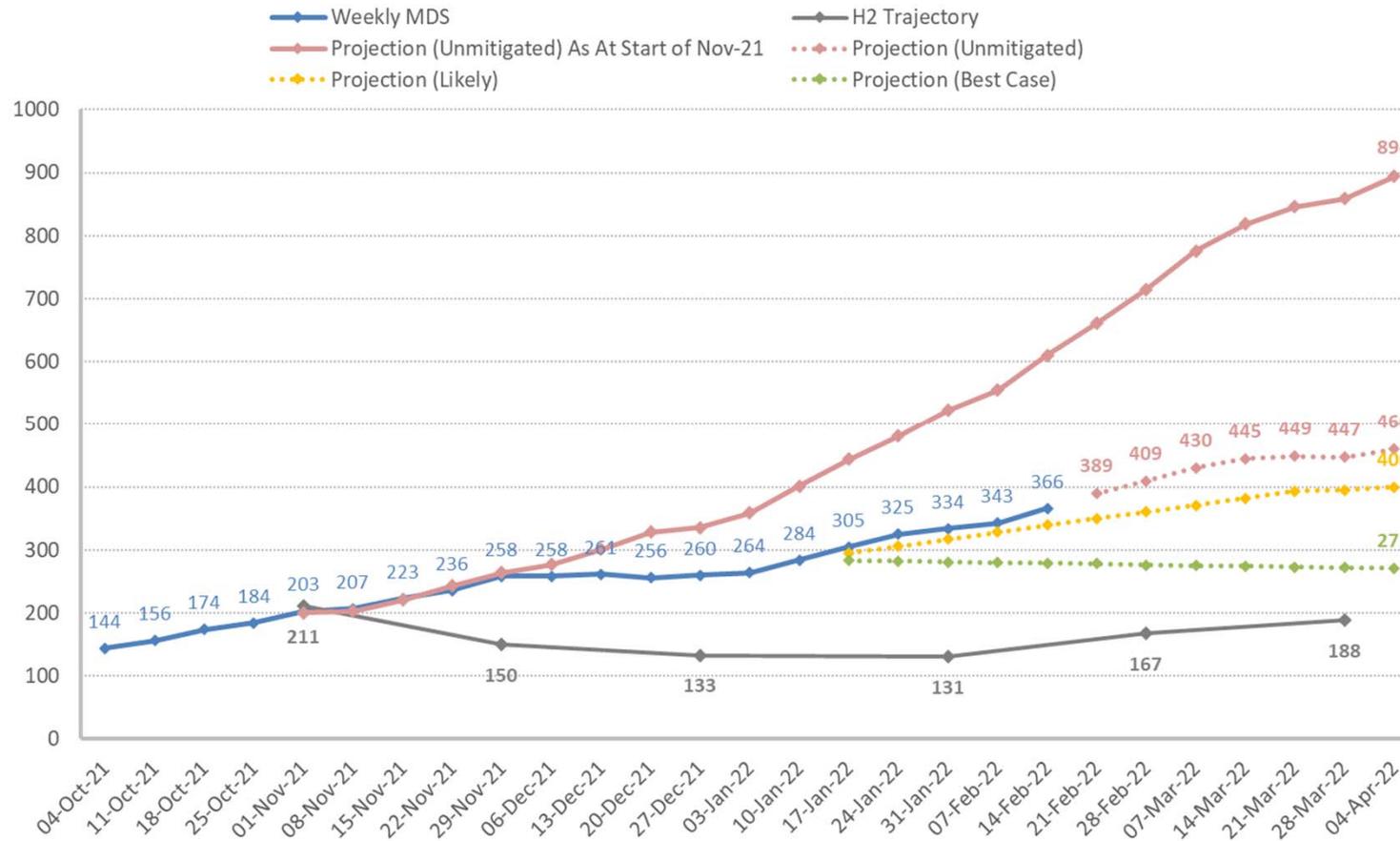


Referral To Treatment – Long Waits

As At: 13th February 2022

104 Week Trends

Latest Data: Submitted Wed 16th February, based on position as at end of Sunday 13th February



“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.

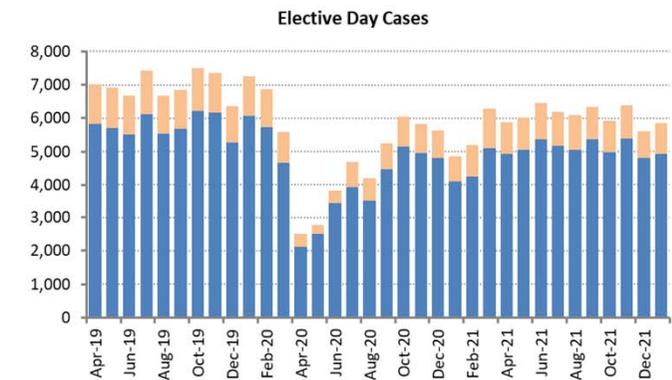
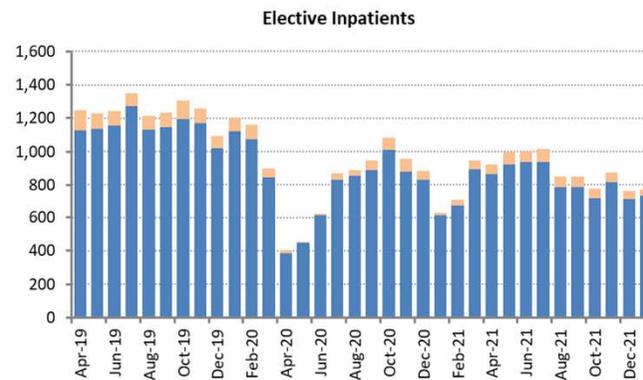
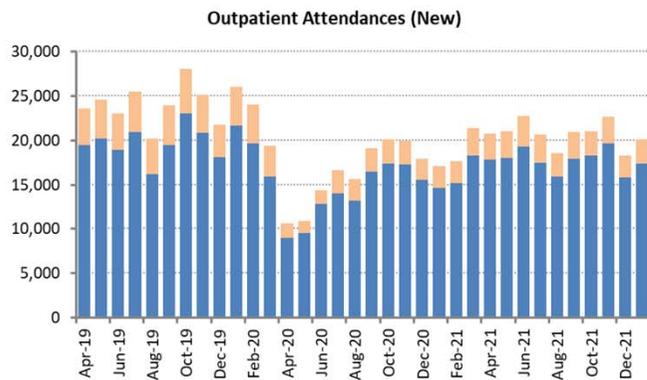
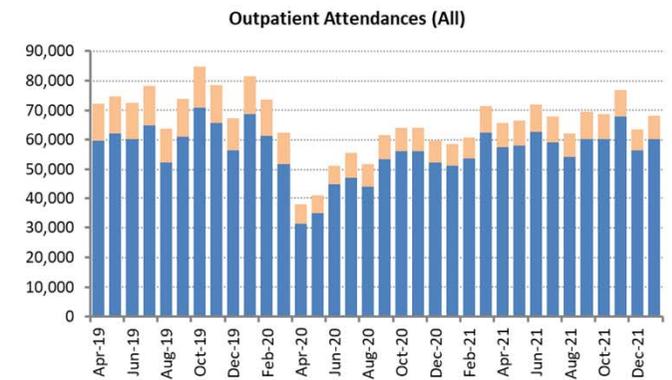
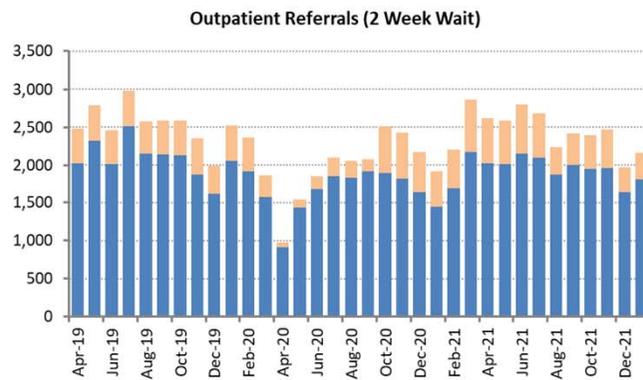
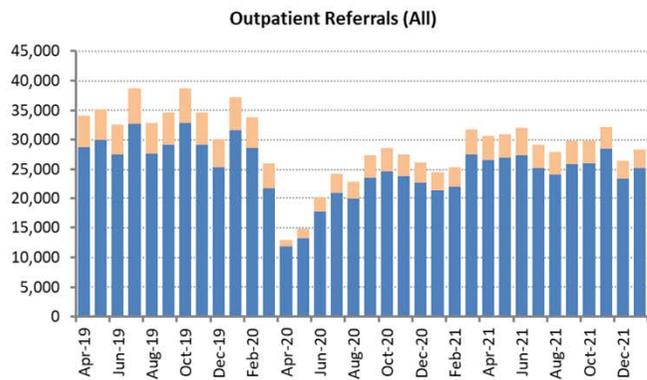
“H2 Trajectory” – nationally submitted trajectory for second half of 2020/21, called “H2”.

Elective Activity and Referral Volumes

January 2022

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

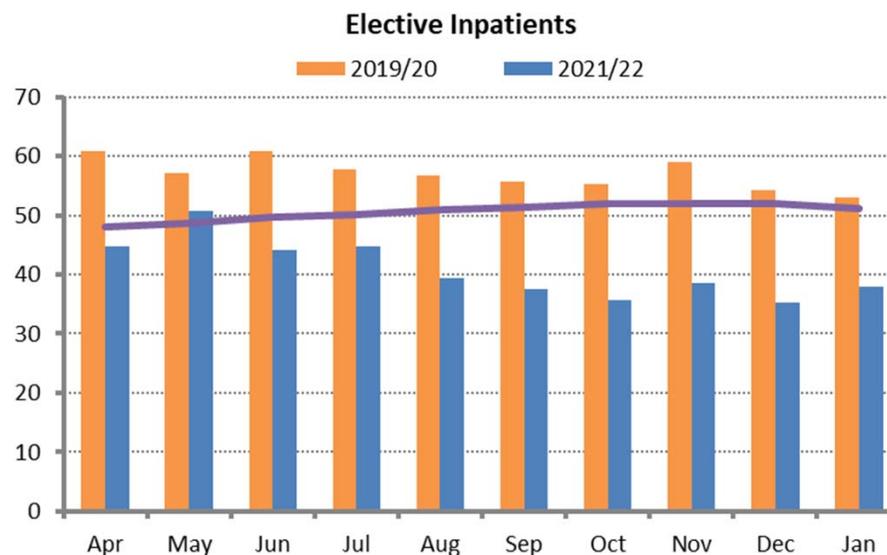
■ Bristol ■ Weston



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.

January 2022

Activity Per Day, By Month and Year

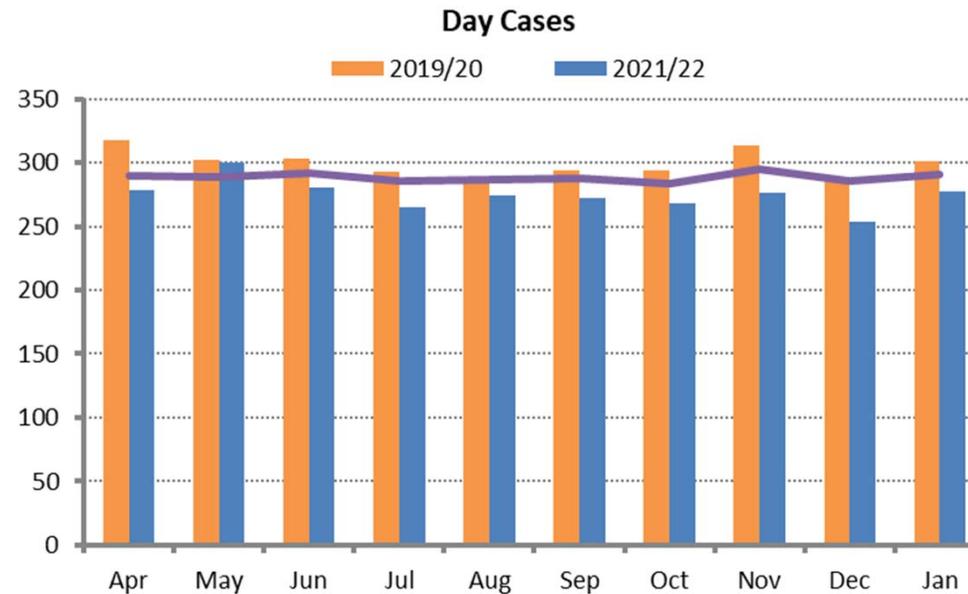


		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
2021/22	Actual Activity Per Day	45	51	44	45	39	38	36	39	35	38
	Planned Activity Per Day	48	49	50	50	51	51	52	52	52	51
2019/20	Actual Activity Per Day	61	57	61	58	57	56	55	59	54	53

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

January 2022

Activity Per Day, By Month and Year



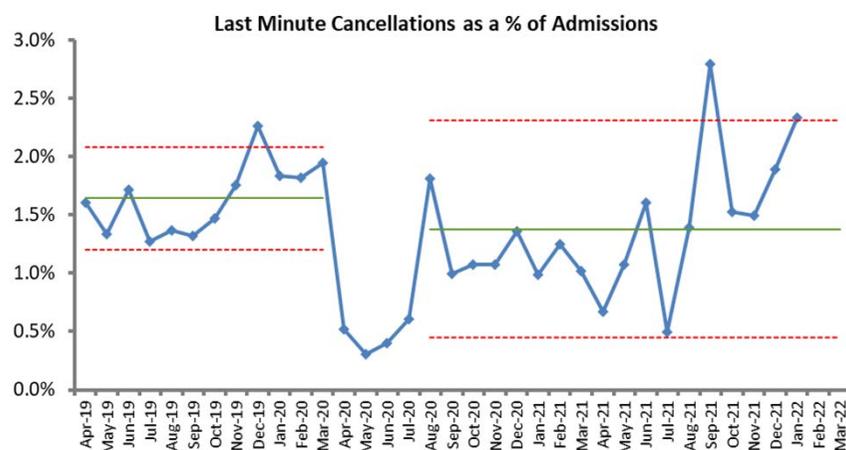
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
2021/22	Actual Activity Per Day	279	300	280	265	275	272	268	276	253	278
	Planned Activity Per Day	289	289	291	286	286	288	284	295	286	291
2019/20	Actual Activity Per Day	318	302	303	292	286	294	294	313	288	301
2021/22 Activity: % of Plan	96%	104%	96%	93%	96%	95%	95%	94%	89%	96%	
2021/22 Activity: % of 2019/20	88%	99%	92%	91%	96%	93%	91%	88%	88%	92%	

Cancelled Operations

January 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 January, there were 149 last minute cancellations, which was 2.3% of elective admissions. Of the 99 cancelled in December, 82 (83%) had been re-admitted within 28 days.
Commentary:	The largest volumes in Bristol were in Ophthalmology (67), Cardiac/Cardiology (23), and Paediatrics (16). The most common cancellation reasons in Bristol were: No Theatre Staff (48), No Surgeon (28), Other Emergency Patient Prioritised (16), Ran Out of Operating Time (15), Rescheduled/Postponed (12) and No Ward Bed (11).
Ownership:	Chief Operating Officer



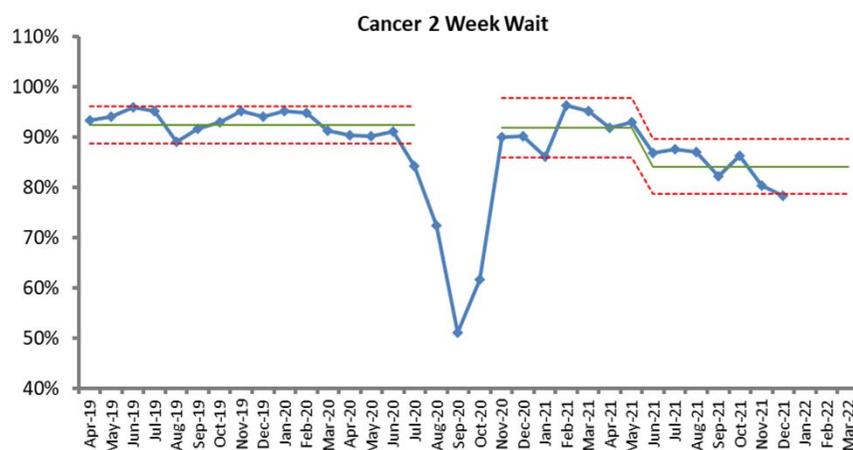
	Jan-22		2021/2022	
	LMCs	% of Admissions	LMCs	% of Admissions
Medicine	1	0.14%	18	0.26%
Specialised Services	23	1.03%	223	0.98%
Surgery	98	6.09%	519	2.93%
Weston	7	0.72%	74	0.73%
Women's and Children's	20	2.48%	179	2.07%
Other/Not Known	0	-	0	-
TRUST TOTAL	149	2.33%	1013	1.52%

Cancer Two Week Wait

December 2021

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 December, 78.3% 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 December (78.3% against a 93% standard). It is expected that compliance will continue to be challenging until all precautions and restrictions related to Covid are lifted. Performance is expected to deteriorate significantly in January, due to loss of a dermatology locum (replacement in place from January) and the impact of patient choice over the festive period, as well as heightened impact from Covid due to the high prevalence (both patients and clinicians sick). The figures continue to be impacted by the longstanding issue of the regional change to the colorectal pathway and the impact of Covid on primary care practice which has decreased the proportion of patients eligible for straight-to-test investigations. The Trust continues to work with primary care to find mitigations for this and a change to the triage algorithm has been recently agreed as part of this work.
Ownership:	Chief Operating Officer

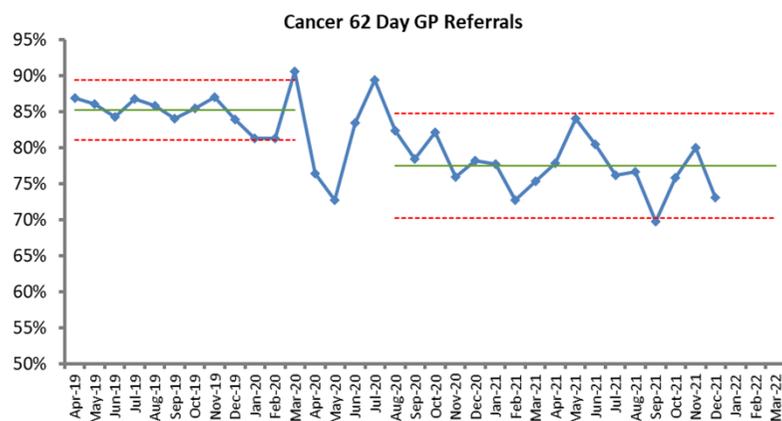


	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	3	3	100.0%
Suspected children's cancer	17	17	100.0%
Suspected gynaecological cancers	126	135	93.3%
Suspected haematological malignancies	21	22	95.5%
Suspected head and neck cancers	367	399	92.0%
Suspected lower gastrointestinal cancers	244	307	79.5%
Suspected lung cancer	30	34	88.2%
Suspected skin cancers	270	458	59.0%
Suspected upper gastrointestinal cancers	116	150	77.3%
Grand Total	1,194	1,525	78.3%

December 2021

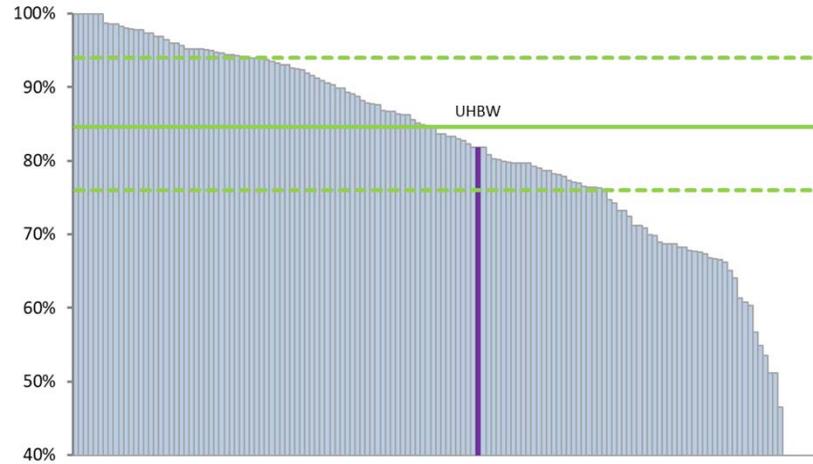
N Not Achieved

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 December, 73.1% 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 December (73.1% 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 staff being obliged to isolate. 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

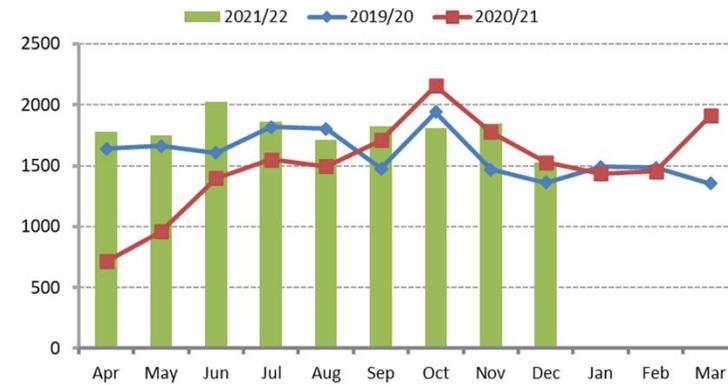


	Within Target	Total Pathways	Performance
Breast	5.0	5.0	100.0%
Gynaecological	4.5	9.0	50.0%
Haematological	4.5	9.5	47.4%
Head and Neck	8.0	15.0	53.3%
Lower Gastrointestinal	7.5	11.5	65.2%
Lung	8.5	10.5	81.0%
Other	3.0	4.0	75.0%
Skin	46.0	52.0	88.5%
Testicular	0.5	0.5	100.0%
Upper Gastrointestinal	5.0	7.5	66.7%
Urological	0.0	2.0	0.0%
Grand Total	92.5	126.5	73.1%

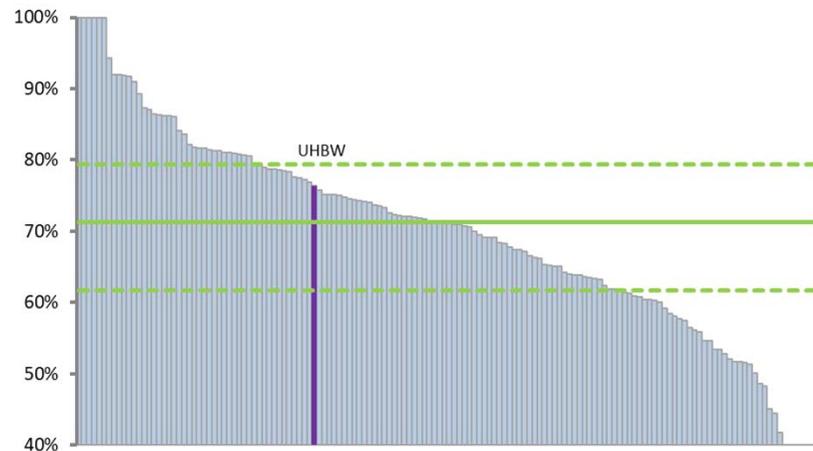
Benchmarking - 2 Week Wait Performance - 2021/22 Quarter 3



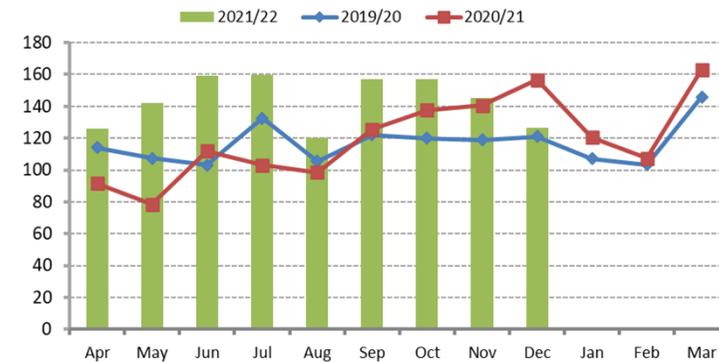
2 Week Wait - Patients Seen



Cancer 62 Day Performance - 2021/22 Quarter 3



62 Day - Patients Treated



Snapshot taken: 13th February 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 13th February 2022 there were 7 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: 13th February 2022

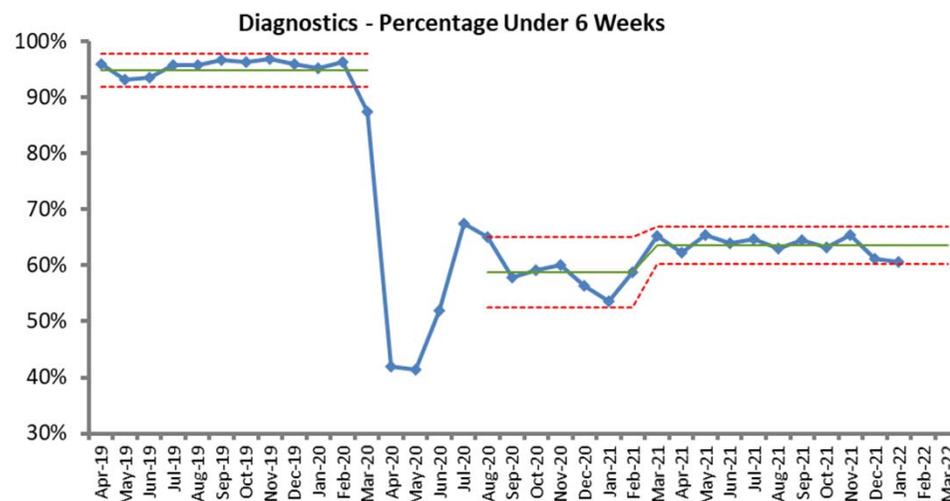
Standards:	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak. NHSE has asked Trusts to return to/remain below 'pre-pandemic levels'. NHSE defines this as 180 patients for UHBW. Note that the 62 day constitutional standard is based 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 13 th February the Trust had 166 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
Commentary:	The Trust remains below the 'pre-Covid' baseline. 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

January 2022

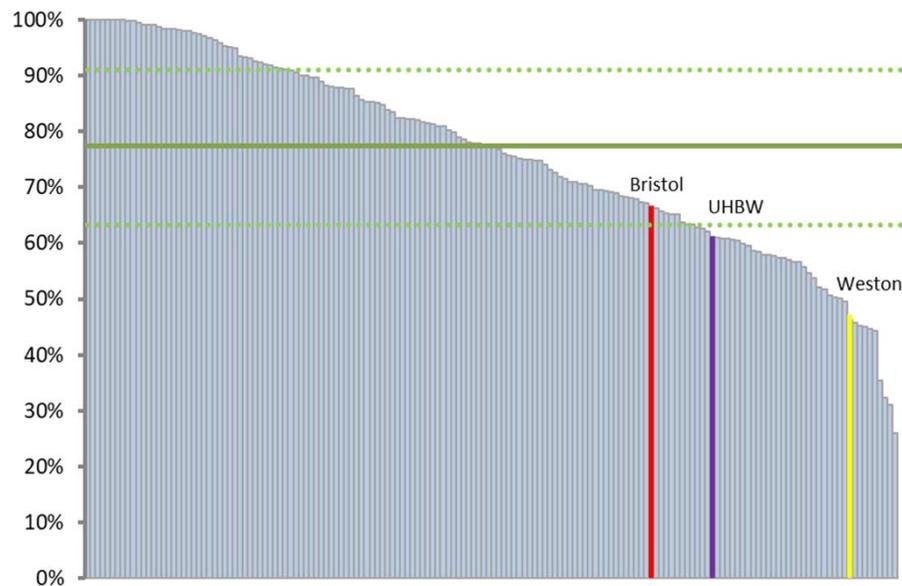
N Not Achieved

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 January, 60.5% of patients were waiting under 6 week, with 15,154 patients in total on the list. This is Bristol and Weston combined.
Commentary:	Diagnostic activity levels are being held overall, but there were some reductions in January due to lost capacity in Endoscopy which have resulted in the overall wait list increasing by 4.3% from the previous month. Current genuine pressure points are Endoscopy (where additional insourcing and use of independent sector lists is offset by loss of QDU capacity and washer replacement plans in Weston), 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.
Ownership:	Chief Operating Officer



	Jan-22		
	Under 6 Weeks	Total Pathways	Performance
Diagnostics and Therapies	5,292	6,871	77.0%
Medicine	65	105	61.9%
Specialised Services	1,237	2,457	50.3%
Surgery	341	1,249	27.3%
Weston	2,027	4,206	48.2%
Women's and Children's	213	266	80.1%
Other/Not Known	0	0	-
TRUST TOTAL	9,175	15,154	60.5%
<i>Bristol Subtotal</i>	<i>7,148</i>	<i>10,948</i>	<i>65.3%</i>

Benchmarking - Percentage Under 6 Weeks - December 2021

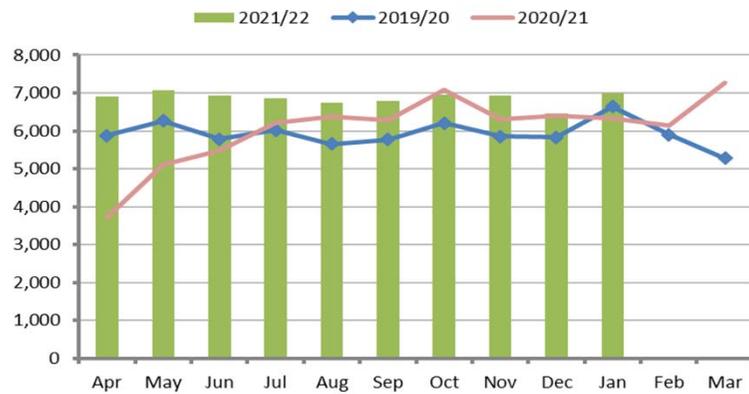


	6+ Weeks	13+ Weeks	Total On List	% Under 6 Weeks
WESTON - January 2022				
Colonoscopy	37	22	74	50.0%
Computed Tomography	6	3	280	97.9%
Cystoscopy	130	96	158	17.7%
DEXA Scan	257	118	414	37.9%
Echocardiography	1,227	1,002	1,480	17.1%
Flexi sigmoidoscopy	15	5	44	65.9%
Gastroscopy	48	23	119	59.7%
Magnetic Resonance Imaging	23	10	341	93.3%
Non-obstetric ultrasound	436	188	1,296	66.4%
TOTAL	2,179	1,467	4,206	48.2%

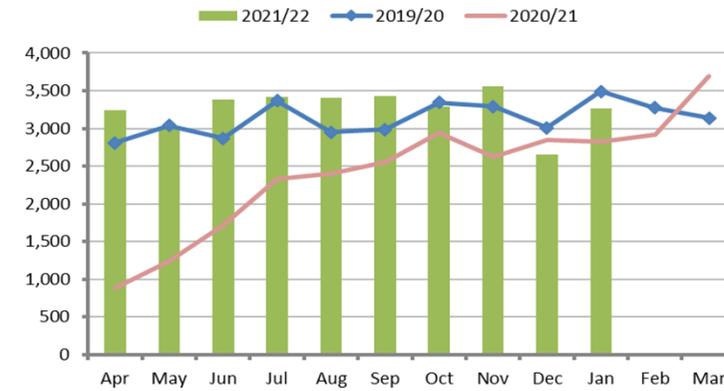
	6+ Weeks	13+ Weeks	Total On List	% Under 6 Weeks
BRISTOL - January 2022				
Audiology	1	0	407	99.8%
Colonoscopy	386	297	536	28.0%
Computed Tomography	246	143	1,433	82.8%
Cystoscopy	1	1	1	0.0%
DEXA Scan	36	0	324	88.9%
Echocardiography	622	36	1,585	60.8%
Flexi sigmoidoscopy	192	153	225	14.7%
Gastroscopy	381	250	572	33.4%
Magnetic Resonance Imaging	930	617	2,563	63.7%
Neurophysiology	1	0	138	99.3%
Non-obstetric ultrasound	966	242	3,111	68.9%
Ssleep studies	38	34	53	28.3%
TOTAL	3,800	1,773	10,948	65.3%

January 2022

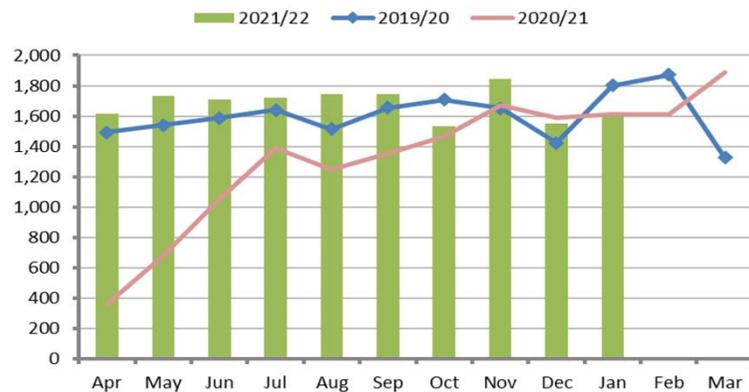
Computed Tomography (CT)



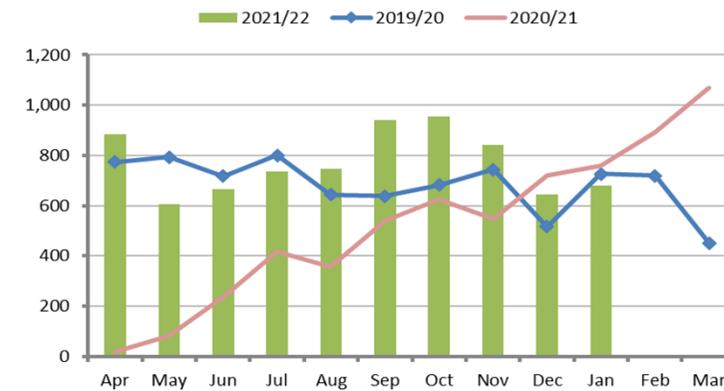
Magnetic Resonance Imaging (MRI)



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%		
Magnetic Resonance Imaging	115%	99%	118%	101%	116%	115%	98%	108%	88%	93%		
Echocardiography	108%	113%	108%	105%	115%	105%	90%	112%	109%	89%		
Endoscopy	114%	76%	92%	92%	116%	147%	140%	113%	125%	93%		

Outpatient Measures

January 2022

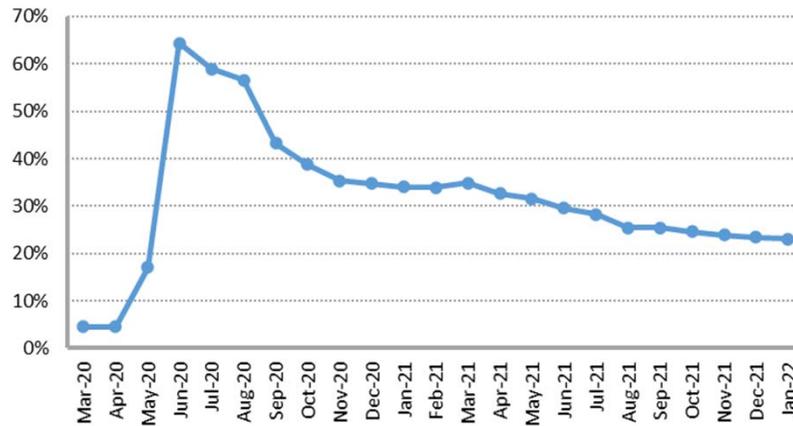
N Not Achieved

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 January:</p> <ul style="list-style-type: none"> 23.5% of outpatient attendances were delivered non face-to-face, with 1.9% delivered as a video consultation There were 1360 Advice & Guidance Responses sent out, which was 6.8% of all New outpatient attendances. There were 2553 outpatient attendances that were outcome as PIFU, which is 3.8% of all January attendances.
Commentary:	<p>For PIFU there are delays in signing off protocols which have meant that it is unlikely that we will be able to achieve 5% target this year. The roll out of Long Term Condition (LTC) PIFU pathways is in progress with specialities, and is planned from March Outpatient Programme board meeting. Non face-to-face activity has dropped to 23.5%. This is reflective of divisions increasing face to face activity to tackle backlogs. Virtual consultation provider Attend Anywhere contract terminates 31st March. New provider DrDoctor represents a significant improvement in functionality for patients and clinicians. Programme aims to achieve delivery of 5% non face-to-face as video. Advice and Guidance request activity has reduced November to January 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.</p>
Ownership:	Chief Operating Officer

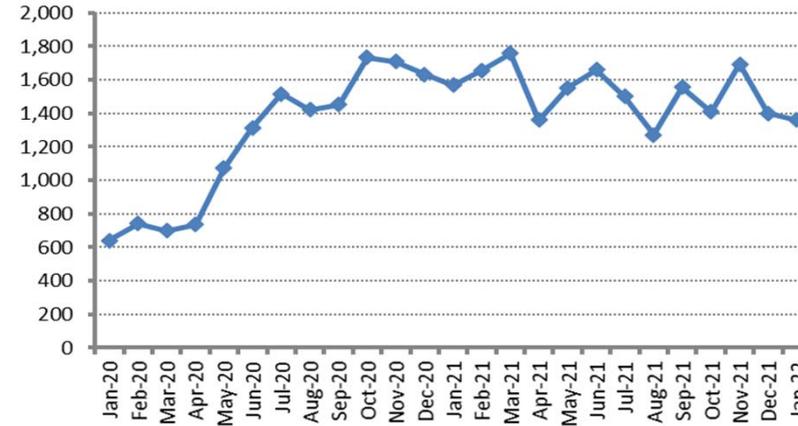
	Attendances		Non Face To Face		Non Face To Face (Video)		Advice & Guidance		Advice & Guidance Responses Within 7 Days		Patient Initiated Follow-Up Outcomes	
	Total	New	Total	% of All Attendances	Total	% of All Attendances	Total Responses	% of New Attendances	Responses Within 7 Days	% Responses Within 7 Days	Total PIFU'ed Outcomes	% of All Attendances
Diagnostic & Therapy	6,946	3,457	1,307	18.8%	296	4.3%	41	1.2%	35	85.4%	506	7.3%
Medicine	7,636	2,273	3,669	48.0%	427	5.6%	301	13.2%	144	47.8%	339	4.4%
Specialised Services	11,134	2,152	5,173	46.5%	296	2.7%	258	12.0%	253	98.1%	215	1.9%
Surgery	19,998	4,769	1,303	6.5%	58	0.3%	99	2.1%	69	69.7%	324	1.6%
Weston	7,879	2,692	2,398	30.4%	0	0.0%	142	5.3%	138	97.2%	405	5.1%
Women's & Children's	14,187	4,588	2,109	14.9%	211	1.5%	519	11.3%	352	67.8%	764	5.4%
TOTAL	67,780	19,931	15,959	23.5%	1,288	1.9%	1,360	6.8%	991	72.9%	2,553	3.8%

January 2022

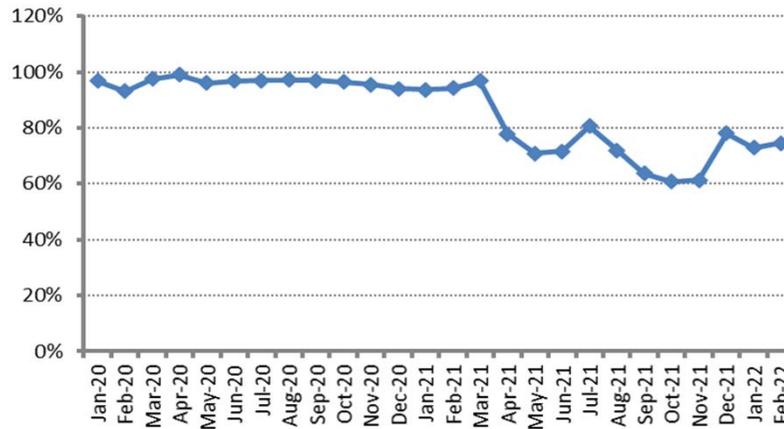
Outpatient Attendances - % Non Face To Face



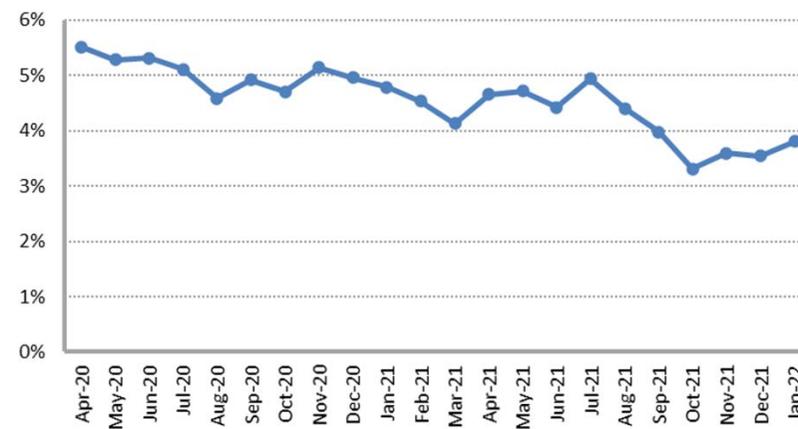
Number of Advice and Guidance Responses



Percentage of A&G Responses In 7 Days



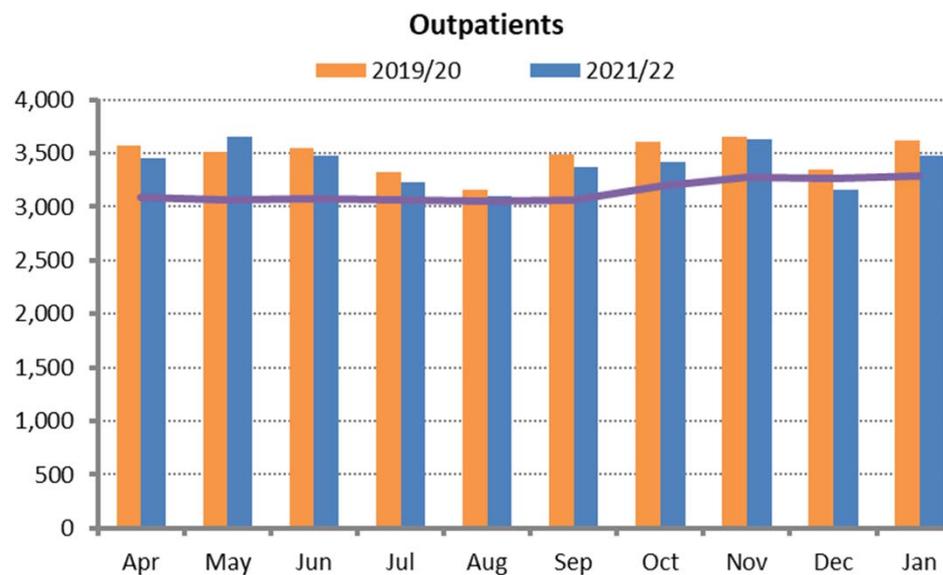
Percentage of Attendances with PIFU Outcome



Outpatient Activity – Restoration

January 2022

Activity Per Day, By Month and Year – Outpatient Attendances



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
2021/22	Actual Activity Per Day	3,451	3,650	3,472	3,233	3,103	3,367	3,418	3,631	3,158	3,476
	Planned Activity Per Day	3,085	3,068	3,078	3,068	3,057	3,068	3,198	3,277	3,265	3,293
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
2021/22 Activity: % of Plan	112%	119%	113%	105%	102%	110%	107%	111%	97%	106%	
2021/22 Activity: % of 2019/20	97%	104%	98%	97%	98%	97%	95%	99%	94%	96%	

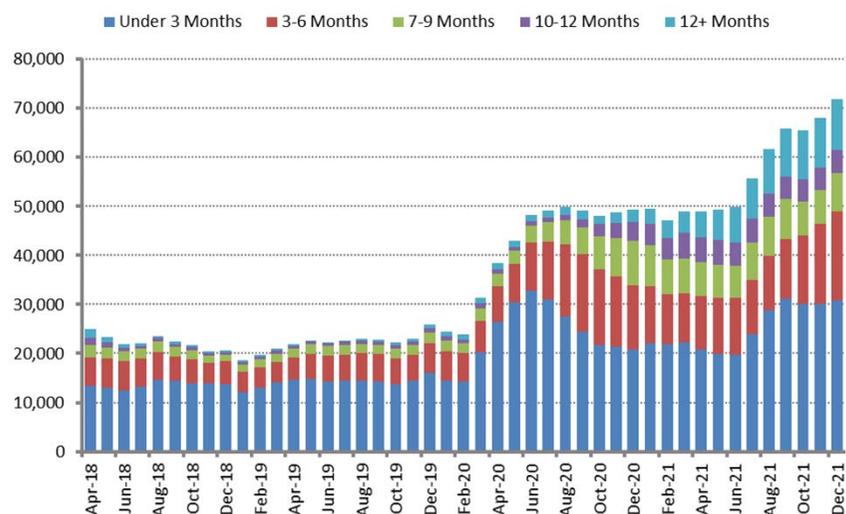
Outpatient Overdue Follow-Ups

January 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 December was 96,301 of which 27,863 (29%) were overdue by 9+ months.
Commentary:	<ul style="list-style-type: none"> Overdue follow up backlogs have continued to grow in January. 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. National validation programme H2 bid has been accepted, UHBW has commenced the validation of Outpatient waiting lists. Divisional resourcing plans have been approved, ahead of national mandate. 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	8,156	117	254	8,527
Medicine	12,223	1,373	4,877	18,473
Specialised Services	8,319	861	822	10,002
Surgery	24,989	2,888	5,309	33,186
Weston	11,535	2,658	10,671	24,864
Women's and Children's	5,557	507	598	6,662
UHBW TOTAL	70,779	8,404	22,531	101,714
<i>Bristol Subtotal</i>	<i>59,244</i>	<i>5,746</i>	<i>11,860</i>	<i>76,850</i>

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

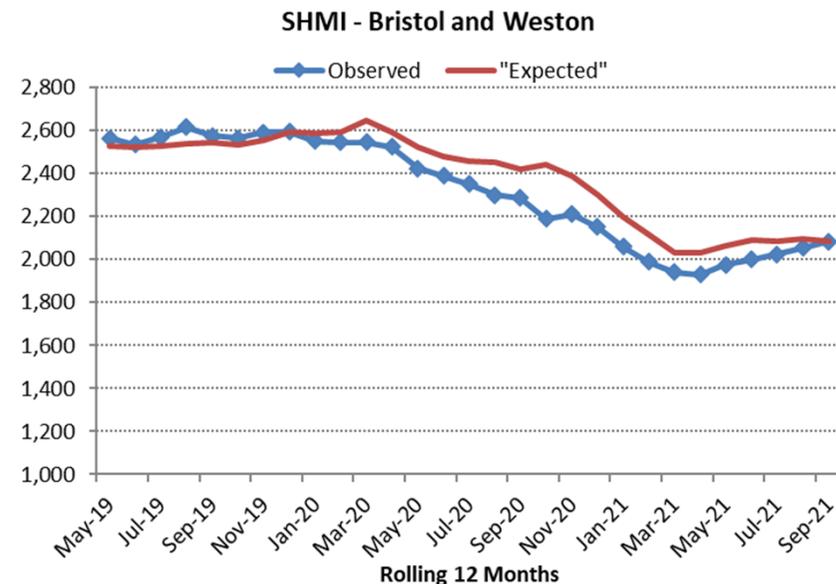
September 2021

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. The most recent data is for the 12 months to August 2021 and 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 October 2020 – September 2021 was 100.0 and in NHS Digital’s “as expected” category. This is lower than the overall national peer group of English NHS trusts of 100.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

Rolling 12 Months To:	UHBW		SHMI
	Observed Deaths	"Expected" Deaths	
Dec-20	2,150	2,300	93.5
Jan-21	2,060	2,200	93.6
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

Note: Jan-21 represents 12 month period Feb-20 to Jan-21



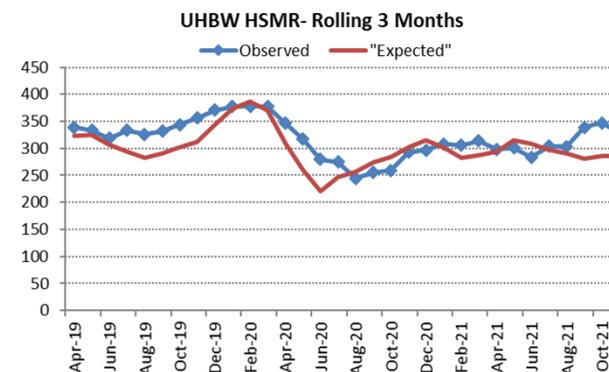
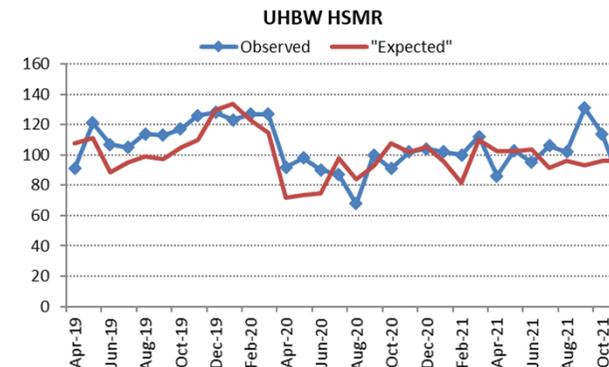
Mortality – HSMR (Hospital Standardised Mortality Ratio)

November 2021

A *Achieved*

Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR within CHKS for UHBW solely for the month of November 2021 is 86.3, meaning there were fewer observed deaths (83) than the statistically calculated expected number of deaths (96). Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation. The rebased HSMR for the 12 months to November 2021 for UHBW was 105.5 (National Peer: 98.8).
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
Dec-20	104	105	98.7
Jan-21	102	95	107.0
Feb-21	100	82	122.4
Mar-21	112	110	101.8
Apr-21	86	102	84.1
May-21	103	102	100.8
Jun-21	95	104	91.8
Jul-21	106	91	116.1
Aug-21	102	96	105.9
Sep-21	131	93	140.7
Oct-21	114	96	118.5
Nov-21	83	96	86.3



Fractured Neck of Femur (#NOF)

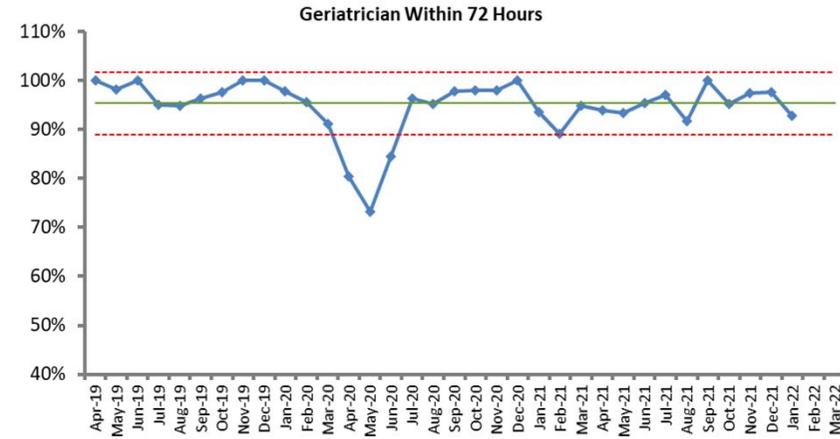
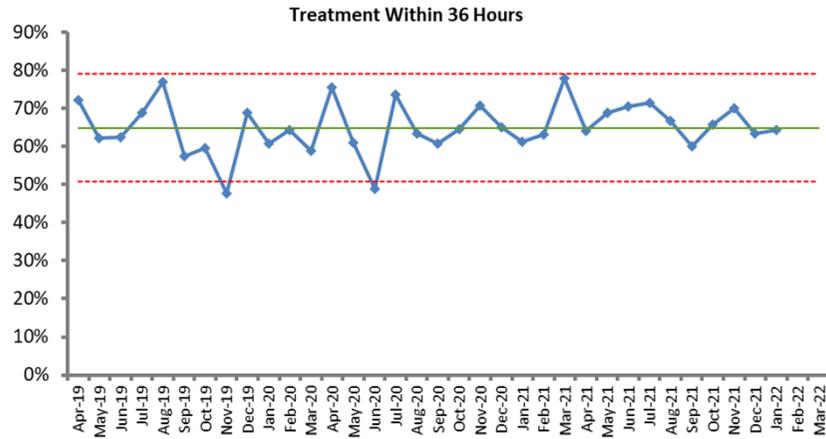
January 2022

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 January, there were 42 patients eligible for Best Practice Tariff (BPT) across UHBW (24 in Bristol and 18 in Weston).</p> <ul style="list-style-type: none"> For the 36 hour standard, 64% achieved the standard (27 out of 42 patients) For the 72 hour standard, 93% achieved the standard (39 out of 42 patients)
Commentary:	<p>Challenges to be addressed in Bristol:</p> <ul style="list-style-type: none"> There is continued difficulty in time to theatre in Bristol, mostly driven by the increase in general trauma demand to theatres for #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. There is also a continuing issue around a lack of orthogeriatric support at weekends and bank holidays. Difficulty accessing theatres to ensure consistent #NOF theatre – also challenges with theatre staffing which is impacting on overall theatre capacity Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the T&O wards. <p>Actions being taken in Bristol:</p> <ul style="list-style-type: none"> Reinvigoration of the Silver Trauma meetings to address the ongoing issues with access to theatre as well as developing a complete staffing picture for the service to ensure we have staff to meet demand. 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. <p>Reasons patients missed the expected level of care (Weston):</p> <ul style="list-style-type: none"> For January, there were three patients who did not have a MUST assessment or paperwork was missing so data was unable to be taken. In addition, there were two patients who did not have a day one physiotherapy assessment as they were either seen by an Occupational Therapist or a Band 4 technician instead. Surgical time was breached due to limited theatre space and sudden increased trauma demands during the week and at weekends during December/January. One patient missed the 72hr time to Geriatrician assessment due to the weekday only availability of the Ortho-geriatrician member of staff. <p>Actions being taken in Weston:</p> <ul style="list-style-type: none"> Use 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 weekends. Nursing and Dietetic teams to investigate reasons for MUST assessments not being completed Monthly NOF meeting to resume March 22 for regular performance discussions.
Ownership:	Medical Director

Fractured Neck of Femur (NOF)

January 2022



	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	24	12	50%	22	92%
Weston	18	15	83%	17	94%
TOTAL	42	27	64.3%	39	92.9%

Mixed Sex Accommodation Breaches

January 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 was an increase in the number of breaches reported in January 2022, thirty-three justified mixed sex accommodation breaches. Twelve breaches occurred in the stroke ward, one on the Acute Medical Admissions unit, one in Theatre recovery. Nine breaches occurred in Weston hospital wards, and ten occurred in escalation wards. Prior to any mixed sex accommodation breach there is a full review of all inpatient areas, any potential breach is balanced against the substantial risk of overcrowding in the emergency department and the requirement for provision of a resuscitation bed in the emergency department.
Commentary:	Actions being taken: <ul style="list-style-type: none">• Intensive work underway with emergency pathway review.• Re-circulate guidance and poster to staff about reporting mixed sex accommodation breaches
Ownership:	Chief Nurse

January 2022

N/A No Standard Defined

Standards:	A Maternity Quality Perinatal Matrix 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:	Please refer to the Perinatal Quality Surveillance Matrix on the next page.
Commentary:	<p>Actions:</p> <ul style="list-style-type: none"> • 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). • A risk 5652 has been added to the register regarding the inability to offer IOL according to NICE guidelines due to capacity (physical space and staffing). • Funding has been agreed to support a bespoke separate triage area away from the Central Delivery Suite (CDS) which was a recommendation from Healthcare Safety Investigation Branch (HSIB) investigations in regard to support patient flow through CDS and the DAU (day assessment unit). Triage service has been incredibly busy but has been implemented successfully, initial audit 86% of people were triaged within 15 minutes at arriving in maternity triage, 81% received a midwife assessment within appropriate time frame and 47% received a doctor review within appropriate time frame. Busiest time was 18:00 to 21:00. Approx. 40% of attendance was for reduced foetal movements. • Due to ongoing pressure for elective C-sections at STMH, a case for further capacity will be raised through the 2022/23 OPP for consideration. • A CTG monitoring and escalation focus week is planned for week of 28th March to highlight challenges staff have with CTG interpretation and how to remove these barriers. This is being supported by the Local Maternity System (LMS) who are funding resources for staff. • MBRRACE-UK has recently published the triennial report on findings from review of maternal mortality 2017-19 in the UK. This report has shown that indirect causes of death (non-obstetric causes) continue to contribute to a majority of maternal mortality. No immediate concerns have been identified that require additional actions. • UHBW's response to the 2019 MBRRACE-UK perinatal surveillance report demonstrates that our neonatal mortality rate is below national average. As a network we are 5% below the national average, as a local authority we are >15% lower than the national average and at BNSSG level we are 5-10% lower than the national average. • High overall mortality rate of St. Michael's NICU in 2019 is appropriately high given the extremely complex patient mix and the individual network setup within the City of Bristol and the South West. The 2019 mortality rate is in keeping with previous years and below the local mean measured over the last 10 years
Ownership:	Chief Nurse

January 2022

UHBW Perinatal Quality Surveillance Matrix

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Number of babies born alive at ≥ 22 to 36+6 weeks gestation	33	24	27	37	31	38	24	44	29	26	22	2
Number of women who gave births all gestations from 22+0 weeks	396	407	410	429	415	466	429	429	449	432	419	357
Induction of Labour rate %	29.8%	37.2%	33.7%	30.7%	30.6%	26.6%	27.8%	26.8%	26.6%	24.4%	31.0%	35.4%
Unassisted Birth rate %	46.9%	51.9%	53.5%	49.0%	51.2%	46.7%	46.9%	49.2%	45.0%	45.4%	45.3%	47.2%
Assisted Birth rate %	18.1%	16.2%	15.9%	15.6%	14.8%	15.2%	20.5%	14.5%	17.5%	16.9%	12.4%	14.9%
Caesarean Section rate (overall) %	35.0%	31.9%	30.6%	35.5%	34.0%	38.1%	32.6%	36.3%	37.6%	37.7%	42.3%	37.8%
Elective Caesarean Section rate %	15.6%	15.5%	13.3%	14.0%	15.8%	13.9%	14.9%	14.3%	12.2%	15.3%	17.4%	16.0%
Emergency Caesarean Section rate %	19.4%	16.4%	17.3%	21.5%	18.2%	24.0%	17.7%	21.7%	25.3%	22.4%	24.9%	21.8%
Total number of perinatal deaths	4	1	1	6	0	2	1	1	4	11	6	6
Number of late fetal losses 22+0 to 23+6 weeks excl TOP	0	0	0	0	0	0	0	0	1	1	0	0
Number of stillbirths (≥ 24 weeks excl TOP)	3	0	0	2	2	1	0	1	2	4	4	2
Number of neonatal deaths : 0-6 Days	1	0	0	1	0	1	1	0	0	1	1	4
Number of neonatal deaths : 7-28 Days	0	1	1	3	0	0	0	0	1	5	1	0
Suspected brain injuries in inborn neonates (no structural abnormalities)	0	0	0	2	0	0	0	0	1	0	0	1
Number of maternal deaths (MBRRACE)	0	0	1	0	0	0	0	0	0	0	0	0
Number of women who received level 3 care	0	1	2	1	0	1	1	1	1	2	0	1
Continuity of Carer (overall percentage)	36%	36%	38%	45.9%	46%	44.4%	48.3%	47%	40%	43%	45%	48%

January 2022

Detailed summary of the Perinatal Quality Surveillance Matrix data

- In UHBW, the induction of labour (IOL) rate remains high at 35.4%.
- There were 18 reported incidents related to workforce in January (themes: delayed IOL /non-compliance with BAPM standards (British Association of Perinatal Medicine standards for Neonatal nursing) / staffing levels and capacity.
- The total Lower Section Caesarean Section (LSCS) rate in January was 37.8%. This was a reduction from December. The emergency rate also decreased to 21.8% from 24.9% in December. Total average rate for 2021 was 35.5%.
- Two serious incidents reported to HSIB in January; both were early neonatal deaths. Immediate learning has been fed back to teams.
- 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 to input data into the Maternity Careflow system is a risk associated with a potential failure of CNST. The requirement is for 80% data entry over a 6 month consecutive period which we are unlikely to achieve with the present IT failures in community. This has been escalated and is on the risk register. 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.
- Sickness rates in doctors' rotas, no change from last month regarding consultants acting down to cover and cross cover to maintain safe service.
- NICU: All Consultants post are fully recruited there has been some Consultant sickness in the month. Junior medical cover is reduced in the tier 2 rota due to lower than expected numbers from the Deanery; this is being covered by the existing team undertaking additional shifts and Consultants acting down. Again recruitment at SR level is difficult, a new fellow started in December, services although will remain below the ideal 9.0wte until March 2022.
- 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.
- Midwifery vacancies, presently 7 WTE, will be 8.7 WTE by April. Presently out for recruitment.
- UHBW need 16.1 WTE midwives to achieve continuity of carer (CoC) as default model of care in April 2023, action plan has been escalated to Trust Board.
- A move to implement the Continuity of Carer (CoC) programme continues at 48%, with BAME at 73.2% and IMD 1(most deprived) 61.4%.

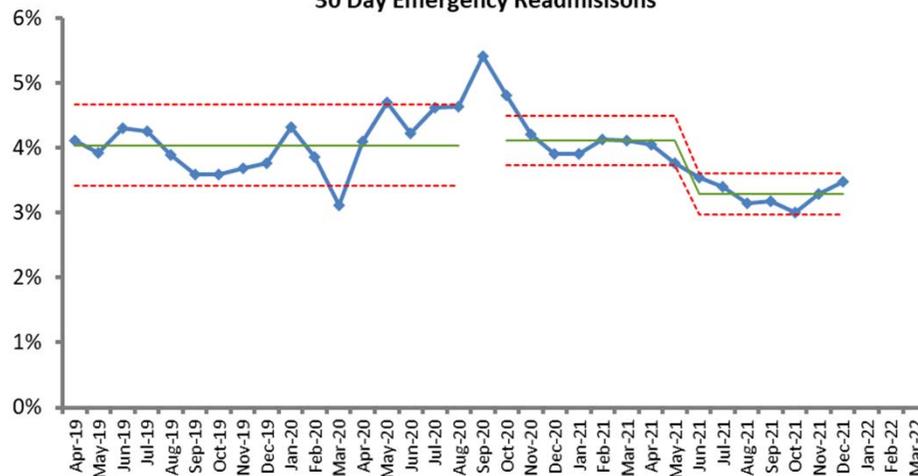
Readmissions

December 2021

A 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 December, there were 12,632 discharges, of which 440 (3.5%) 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

30 Day Emergency Readmissions



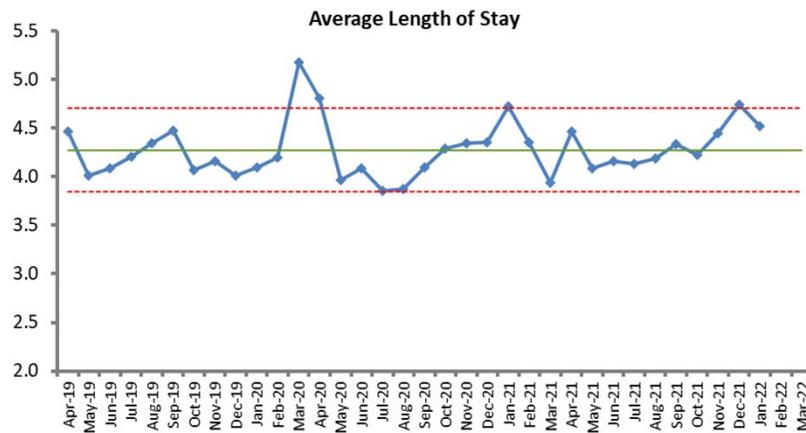
	Dec-21		
	Readmissions	Total Discharges	% Readmitted
Diagnostics and Therapies	0	12	0.0%
Medicine	138	2,209	6.2%
Specialised Services	33	2,779	1.2%
Surgery	79	2,184	3.6%
Weston	146	1,755	8.3%
Women's and Children's	44	3,693	1.2%
Other/Not Known	0	0	-
TRUST TOTAL	440	12,632	3.5%
<i>Bristol Subtotal</i>	<i>294</i>	<i>10,877</i>	<i>2.7%</i>

Average Length of Stay

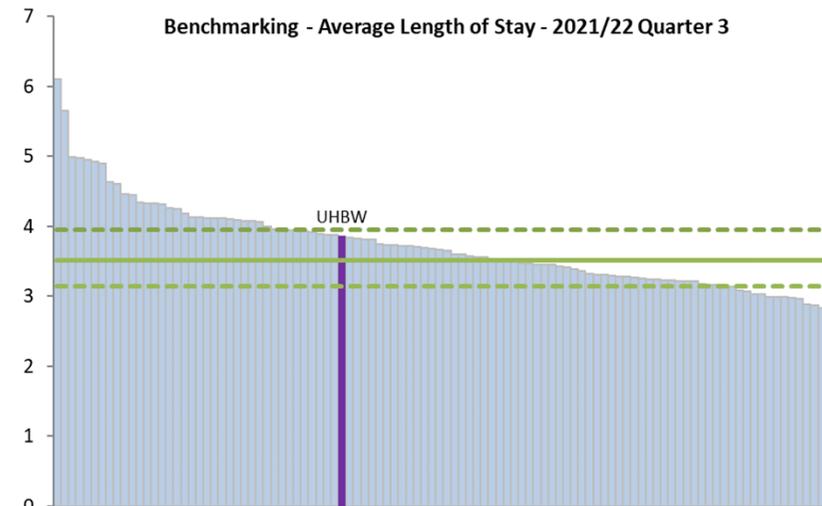
January 2022

N/A No Standard

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 December, there were 12,632 discharges, of which 440 (3.5%) 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



	Jan-22
Medicine	5.2
Specialised Services	8.0
Surgery	4.0
Weston	7.3
Women's and Children's	2.4



Care Quality Commission Rating - Bristol



University Hospitals
Bristol and Weston
NHS Foundation Trust

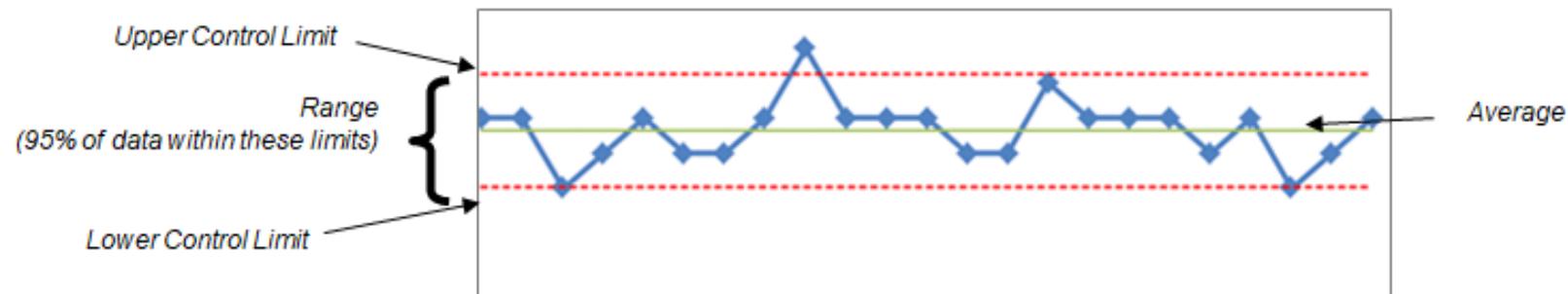
The Care Quality Commission (CQC) published their latest inspection report on 4th November 2021. Full details can be found here: <https://www.cqc.org.uk/provider/RA7>

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

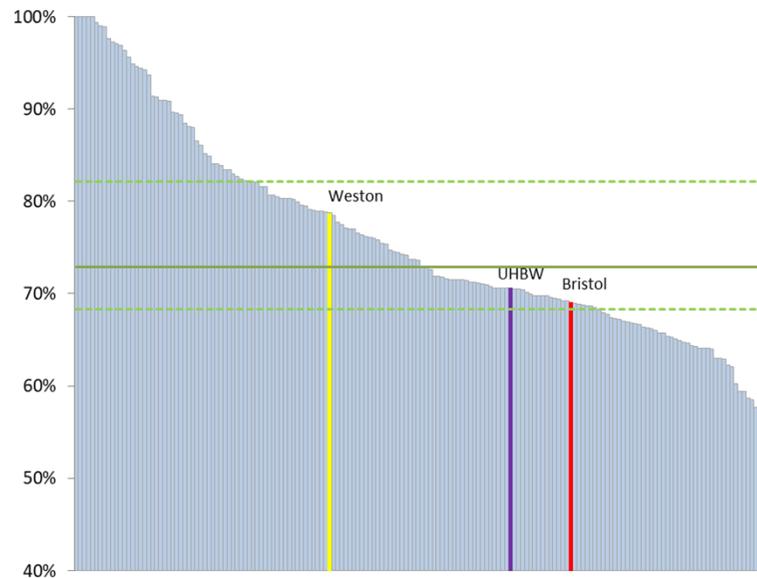
In the previous sections, some of the metrics are being presented using Statistical Process Control (SPC) charts. An example chart is shown below



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.

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.

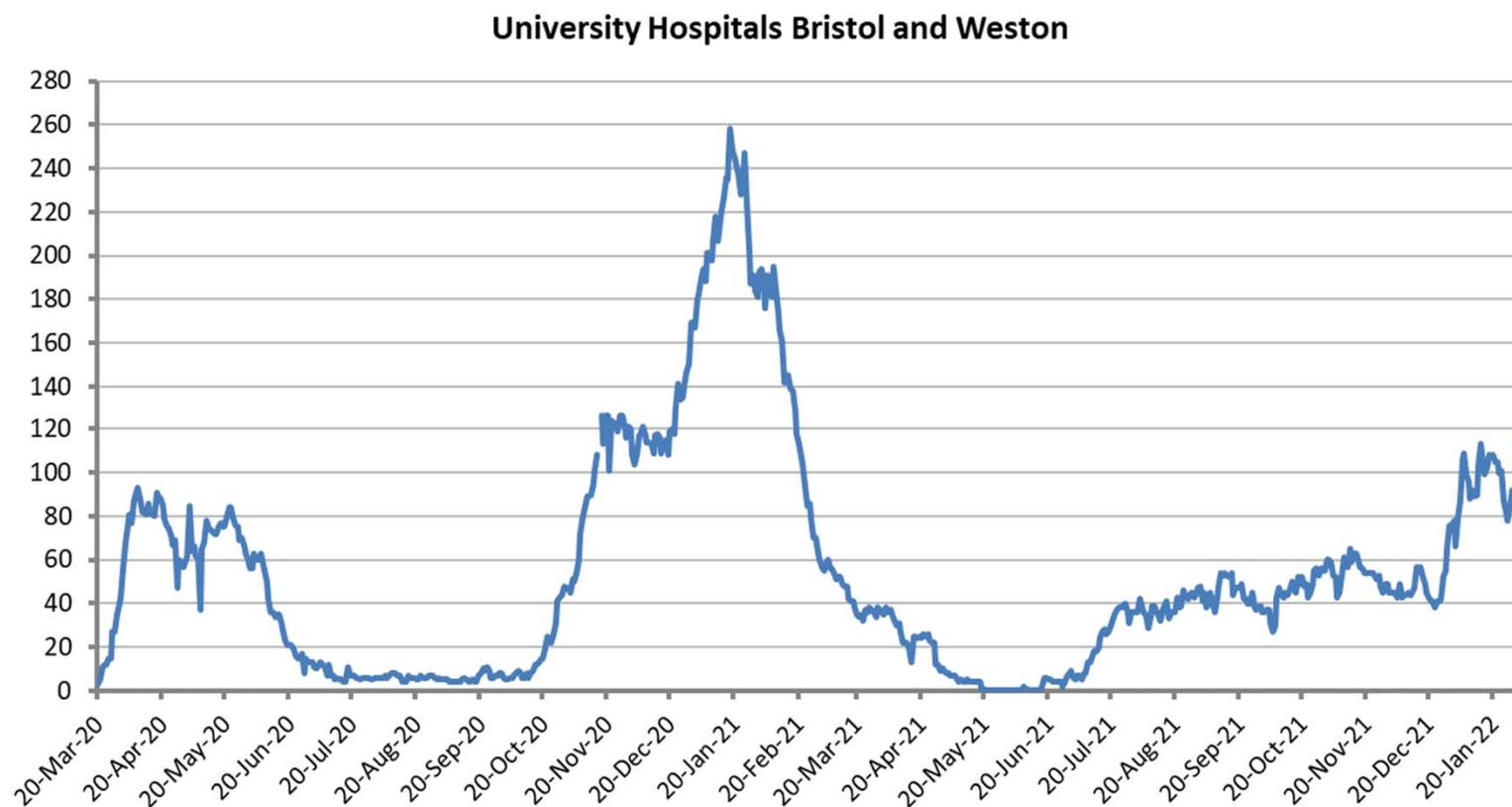
The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 10 th February 2022, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer

Bed Occupancy

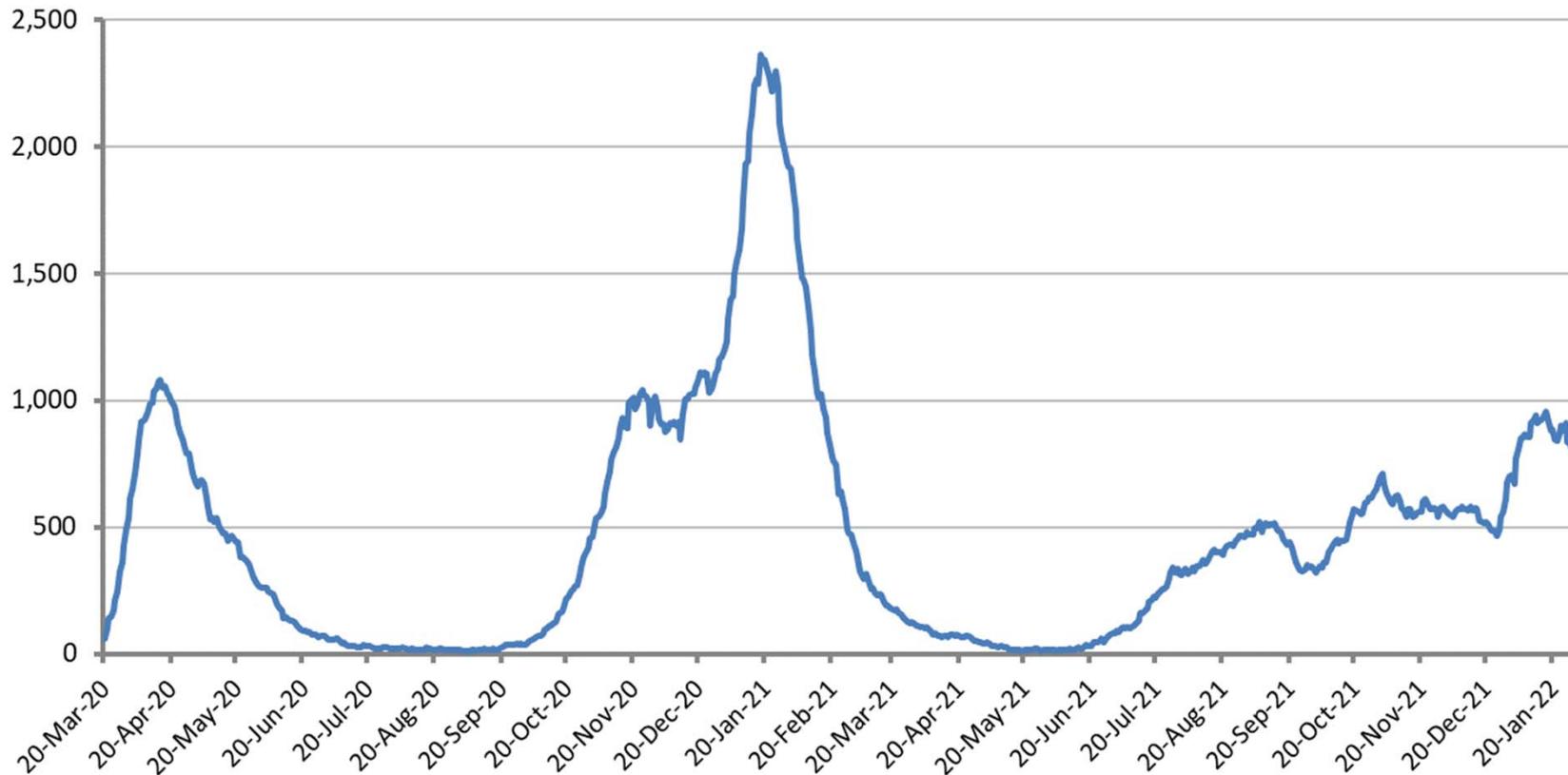
Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 3rd February 2022.



Appendix – Covid19 Summary

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

South West Organisations



Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 14 th February 2022 from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
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

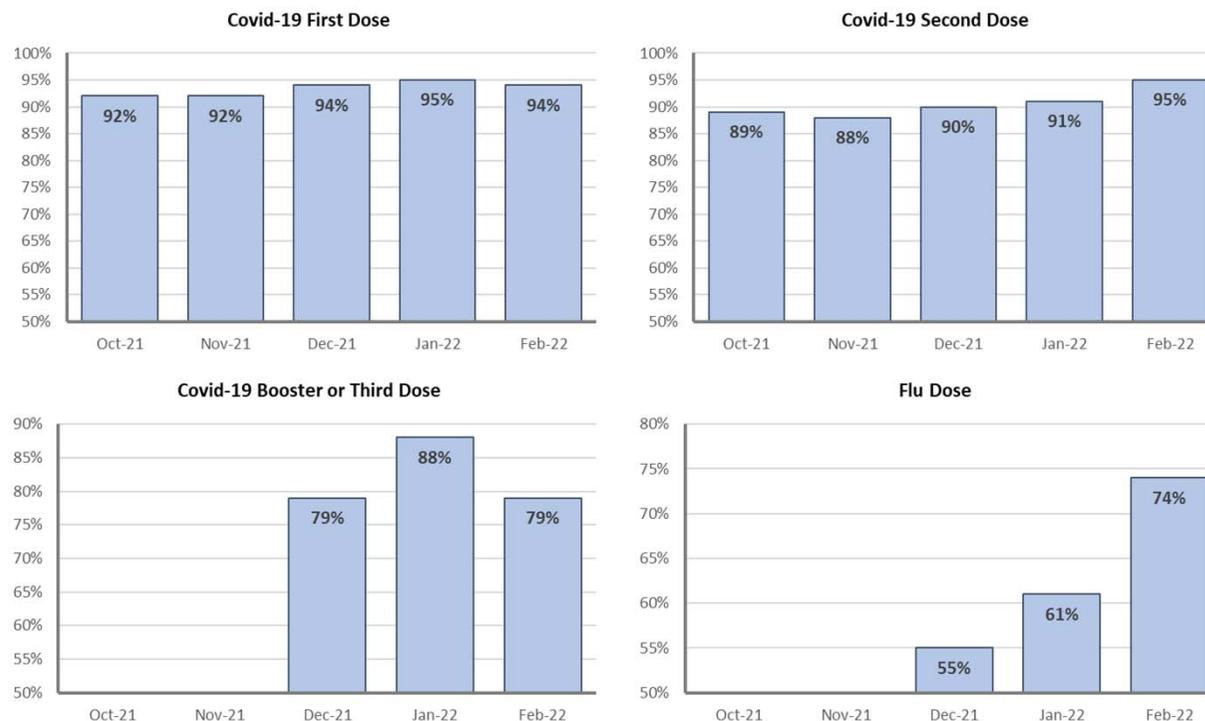
Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				TOTAL Diagnosed Following Admission
		Community Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare-Associated	Hospital-Onset Definite Healthcare-Associated	
May-20	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
	2,438					2,219

- 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. Flu and Covid booster data started in December 2021.
Commentary:	<p>COVID-19 Vaccination Uptake: Please note the 1st and 2nd COVID-19 dose figures will reflect 825 staff members without NHS numbers. The HR team are also working to update these figures following additional vaccination record information being emailed in by some staff.</p> <p>Influenza Vaccination Uptake: By the end of March (the end of this year’s Flu season) UHBW expects the same number of staff as last year to have received a Flu vaccination this year (9,000 staff members compared to approx. 5,500 in 19/20). As things currently stand an additional 609 Frontline staff had their Flu vaccination last year and since last year the Trust’s Frontline worker count has increased by 916 attributing for the 8% change in Frontline staff uptake.</p> <p>Regional colleagues have said UHBW’s current 74% of Frontline staff vaccinated with the Flu vaccine would put the Trust in a comparatively good place across BNSSG. The Regional Team have also said UHBW has done particularly well with ‘at risk’ (patient) vaccinations. Staff have cited “vaccine fatigue”, “choosing one, COVID-19 vaccine”, “voting with their feet against vaccinations” and last year being an extraordinary year encouraging those who wouldn’t normally come forward to get vaccinated as key reasons behind less Frontline staff coming forward for their flu vaccination this year.</p> <p>It is also important to note that the mandate had given UHBW the most accurate, umbrella view of staff vaccination uptake the Trust had ever had.</p>
Ownership:	Chief Nurse/Director of People

Appendix – Immunisation Summary



Divisional Uptake

The divisional totals for Covid19 Booster and Flu Vaccination uptake are shown below. This is from what we see through our local, Hospital Hub sites.

Division	Flu uptake as a % of all staff	COVID-19 Booster or Third dose uptake as a % of all staff
Diagnostics And Therapies	77%	72%
Facilities And Estates	47%	46%
Medicine	66%	100%
Specialised Services	71%	88%
Surgery	63%	71%
Trust Services	77%	33%
Weston	68%	79%
Women's And Children's	72%	64%

Meeting of the Trust Board of Directors in Private – 24 February 2022

Reporting Committee	Quality & Outcomes Committee – meeting held on 22 February 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 operated a reduced agenda in line with the recommendations set out in NHS England/ Improvement's (NHSEI) recent letter *"Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic"*.

The meeting considered a range of quality and access information, and the following were highlighted and discussed:

- The Committee considered the Monthly Nurse Safe Staffing Report for assurance. The ongoing impact of the pandemic on the way the Trust operates was acknowledged to be causing relentless pressure across UHBW. The Committee also received the NHSEI Staffing Process Review Action Plan and Developing Workforce Safeguards Framework. The identified 'actions required to meet compliance' within the gap analysis would ensure that the Trust had a robust and evidence-based approach to setting and monitoring nurse staffing establishments and provide on-going assurance to the Board. A Board Seminar in May would highlight the complexity of establishing nursing establishments.
- The Committee noted the Quality Objectives Q3 report for assurance, noting that at the end of quarter 3, three of the five objectives were rated as being 'blue' (commenced and on-plan), and two were rated 'amber' (commenced but behind schedule).
- The Committee received the Infection and Prevention Control Q3 report, with Martin Williams, Director of Infection Prevention and Control and Trevor Brooks, Deputy Director of Infection Prevention and Control in attendance to present and address any queries. The report highlighted the increased in C.Diff, surgical site surveillance with categories reported as outliers, the ongoing management of COVID-19 and the challenge of delivering the national infection and prevention control guidance, and continued challenges with compliance with day 3 and day 7 COVID-19 testing on the main Bristol sites.

The following papers, while not formally on the agenda, were circulated to the Committee for information:

- Patient Safety Incident Investigations
- Maternity Perinatal Quality Surveillance Matrix Monthly Update
- Response to MBRRACE Report 2019
- Feedback from virtual visit to Maternity Services by Chief Midwifery Officer
- Clinical Quality Group Meeting Reports
- Quarterly Impact Assessment Report Quarter 3

- Quality and Outcomes Committee Work Plan

For Board Awareness, Action or Response

- The Committee reviewed the integrated Quality and Performance report, with performance against NHS constitutional standards remaining extremely challenged. Targets for Clostridium Difficile (C.Diff) and MRSA cases were noted to have been breached, with the staffing fill rate for January further deteriorated, highlighting the impact of inappropriate staffing. A visit by Sue Doheny, Regional Chief Nurse NHSEngland/ Improvement (NHSE) was noted, with feedback to be taken forward as part of an upcoming Every Minute Matters campaign. Concerns regarding ambulance conveyancing were acknowledged and would be relayed back to the regional NHSEI team.

Key Decisions and Actions

N/A

Additional Chair Comments

Date of next meeting: 24 March 2022

Meeting of the Trust Board of Directors in Private – 24 February 2022

Reporting Committee	Finance and Digital Committee – meeting held on 22 February 2022
Chaired By	Martin Sykes, Non-Executive Director
Executive Lead	Neil Kemsley, Director of Finance and Information

For Information

Digital

- The Committee received an updated digital report which highlighted the current challenges to service delivery and progress to ensure the resilience of the underpinning infrastructure. It was emphasised to the Committee that the merger of the two Patient Administration Systems in April 2022 was the highest priority for the digital team.
- Review of the programme plan had been a focus for the digital team, with additional staffing and resources sought as part of operational planning for 2022/23. To support this, conversations were underway amongst Integrated Care System partners in order to establish priorities and investment needed to take forward the future vision.
- The Committee discussed vacancies and recruitment in medical records.
- The Committee acknowledged that a clear road map to achieving a paperless health record was essential. A report would return to the Committee and would initiate the beginning of routine assurance reporting in achieving this.
- The Committee agreed to revisit cybersecurity on a quarterly basis.

Finance

- The Committee received the finance report and the key points to note included:
 - A net surplus of £4,176k was being reported against a plan of break-even at the end of month 10.
 - The Trust had delivered savings of £9,022k to date/ 70% the plan to date.
 - The Trust had invested capital of £43,463k to date.
 - The Trust's cash balance was £186,984k as at 31 January 2022.

For Board Awareness, Action or Response

- The Committee focused its attention on the preparation of the 2022/23 Financial Plan, including capital planning approach, ahead of formal approval at the March meeting. A report was shared with the Committee following endorsement by the Senior Leadership Team the week prior, and it was noted that this would move on to be further discussed at a Board

Seminar later in the week. The proposals for the upcoming year were discussed in great detail, with the Committee supportive of the approach. In particular, the organisation would revisit its approach to capital planning given the challenges experienced in delivering the programme over the last two financial years.

Key Decisions and Actions

N/A

Additional Chair Comments

Date of next meeting:	25 March 2022
------------------------------	----------------------