

February 2021 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

Charity Committee Chair's Report

Meeting of the Board of Directors in Private on 26 February 2021

Report Title	Integrated Quality & Performance Report
Report Author	James Rabbitts, Head of Performance Reporting Rob Presland, Associate Director of Performance Anne Reader, Head of Quality (Patient Safety) Deborah Tunnell, Associate Director of HR Operations
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 Workforce – Matt Joint, Director of People Finance – Neil Kemsley, Director of Finance

1. Report Summary	
To provide an overview of the Trust's performance on Quality, Workforce, Access and Finance standards.	
2. Key points to note <i>(Including decisions taken)</i>	
Changes to the content of the report this month include: <ul style="list-style-type: none"> - Inclusion of 12 hour Emergency Department trolley wait performance and national benchmarking (slide 8); and - Inclusion of ambulance handover performance and regional benchmarking (page 9). 	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include: <ul style="list-style-type: none"> - 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 <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for Assurance. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
[Name of Committee/Group/Board]	[Insert Date paper was received]



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

Integrated Quality & Performance Report

February 2021

Reporting Month: January 2021

Performance across all domains was extremely challenged during the month of January as the Trust responded to the latest wave of COVID related admissions in addition to the usual Winter pressures requiring unscheduled care. At the end of January, almost one in five beds was occupied with a COVID patient and Trust wide bed occupancy was running at 90.8%. The pressure on the Emergency Department and flow onto the Wards is highlighted by the 468 incidents where patients were delayed from being admitted to a Ward by more than 12 hours from a decision to admit, with published data showing the Trust as the most challenged in this area nationally. 38% of ambulance handovers in the Bristol Royal Infirmary were also reported to have been delayed by more than 30 minutes in the most recent 6 week period.

Recovery planning of the urgent care performance position is underway and supported by partners within the regional BNSSG STP footprint. The underlying issues within UHBW are due to the necessary reconfiguration of the BRI ED and inpatient wards resulting in a net loss of 10 beds to gain additional ED spaces for streaming, isolation and social distancing requirements; staffing issues; ward closures due to infection control; capacity constraints when offloading patients in ED; and temporary diverts and decompression activities including at the Weston site, where bedding of patients overnight in ED has also been required due to the lack of access to Ward beds. A temporary divert and decompression plan to control an outbreak of COVID was also in place at Weston during the first two weeks of January, which led to further pressure on beds across the health care system including UHBW hospital sites.

As anticipated, elective services have been adversely affected by the most recent wave of the pandemic with elective inpatients, day cases and outpatients dropping below the NHS England approved activity recovery trajectories for the first time since reporting started in September 2020. Diagnostic performance has fortunately been less affected; with endoscopy showing an increase in activity compared to the same point last year. Overall diagnostic performance against the national 6 week remains well below plan but stable at 53.6% in the most recent month. Cancer performance continues to be more affected by the treatment phase of the pathway rather than diagnostics due to ongoing problems in accessing elective beds and critical care, but long waiting patients continue to be safely managed and clinically prioritised to avoid harm, with targets for 104 day avoidable breaches currently being met.

Addressing backlogs and planning for an anticipated uplift in outpatient referrals in the coming months continues to be the main focus for recovery, with clinical prioritisation and harm review panels being developed to mitigate risks of greater acuity and onset of severe disease. At the end of January there were 3,790 patients waiting over a year for the start of treatment, an increase of 895 from the previous month and a variance of 9.9% against the NHS England approved recovery trajectory for January. The limited access to elective pathways has been clinically prioritised for P2 patients who need to be seen within 1 month. This means routine patients are more likely to experience longer waits and further deteriorate the 52 week backlog position in the coming months. Recovery mitigations are being developed as part of the restoration and recovery phase of planning for the short term (next 3 months) and through multi-year demand and capacity planning beginning with the 21/22 operating plan. Weekend and evening operating is being explored as part of a suite of mitigations including working smarter productivity initiatives, clinical utilisation review, outpatient transformation, utilisation of the independent sector, interim resourcing solutions such as mobile dental and endoscopy units and reviewing requirements for beds to support elective recovery.

Planning guidance dictating the pace of national recovery is expected in the Spring of 2021 and the national consultation on the clinical review of access standards also closed in February, with future changes to the national NHS constitutional standards therefore anticipated in due course.

Contents – Headline Indicators

Reporting Month: January 2021

	Page
Executive Summary	3
Success, Priorities, Opportunities, Risks and Threats (SPORT)	4
Summary Dashboard	7

Domain	Metric	Executive Lead	Page
Safe	Infection Control (C. diff & MRSA)	Chief Nurse	8
	Serious Incidents	Chief Nurse	10
	Patient Falls	Chief Nurse	11
	Pressure Ulcers	Chief Nurse	12
	Medicines Management	Medical Director	13
	Essential Training	Director of People	14
	Nurse Staffing Levels	Chief Nurse	15
	VTE Risk Assessment	Medical Director	16
Caring	Friends & Family Test	Chief Nurse	18
	Patient Surveys	Chief Nurse	19
	Patient Complaints	Chief Nurse	21
Responsive	Emergency Care Standards	Chief Operating Officer	22
	Delayed Discharges	Chief Operating Officer	28
	Referral To Treatment (RTT)	Chief Operating Officer	29
	Cancelled Operations	Chief Operating Officer	35
	Cancer Waiting Times	Chief Operating Officer	36
	Diagnostic Waits	Chief Operating Officer	40
	Outpatient Measures	Chief Operating Officer	42
	Outpatient Overdue Follow-Ups	Chief Operating Officer	43

Domain	Metric	Executive Lead	Page
Effective	Mortality (SHMI/HSMR)	Medical Director	44
	Fracture Neck of Femur	Medical Director	46
	30 Day Emergency Readmissions	Chief Operating Officer	47
Well-Led	Bank & Agency Usage	Director of People	48
	Staffing Levels – Turnover	Director of People	50
	Staffing Levels – Vacancies	Director of People	51
	Staff Sickness	Director of People	52
	Staff Appraisal	Director of People	53
Use of Resources	Average Length of Stay	Chief Operating Officer	54
	Performance to Plan	Director of Finance	55
	Divisional Variance	Director of Finance	56
	Savings	Director of Finance	57

	Page
Care Quality Commission Ratings (Bristol and Weston)	58
Explanation of Charts (SPC and Benchmarking)	60
Covid-19 Summary	62
Trust Scorecards	64

Reporting Month: January 2021

Safe

Caring

Successes

- Despite operational pressures patient experience indicators suggest the majority of patients continue to have a good experience of our services. The FFT scores for our emergency departments in December 2020 and January 2021 are shown below:

Emergency Department	Dec 2020 Response rate	Dec 2020 Score	Jan 2021 Response rate	Jan 2021 Score
Bristol Royal Infirmary	10%	87%	7.3%	89.9%
Children's Hospital	14.50%	97%	13%	94.4%
Weston	2.16%	87.50%	0.25%	100%
Total	8.46%	91.61%	6.64%	92.14%

Priorities

- To strengthen the process for harm reviews for patients whose admission to an in-patient bed is delayed by ambulance queuing and/or 12 hour wait in the Emergency Department.

Opportunities

Risks & Threats

- Risk of harm to patients due to delays caused by operational pressures, including ambulance queuing and/or 12 hour wait in the Emergency Department. Reflected in corporate risks:
 - 4700 Risk that a patient may deteriorate whilst being held in the ambulance bay
 - 800 Risk that Trust operations are negatively impacted by (COVID-19) pandemic
 - 423 Risk that demand for inpatient admission exceeds available bed capacity

Reporting Month: January 2021

Responsive

Effective

Successes

- The subsequent oncology cancer standards continue to be achieved on a monthly basis, and the first definitive treatment standard was achieved for quarter 3.
- The number of patients waiting over 62 days on GP referred cancer pathway has remained stable and below the agreed target limit.
- The February submission of the clinical prioritisation showed 92% of patients have now been clinically prioritised. Where an admission date has been delayed due to Covid-19, patients have received a letter apologising for the delay and given the opportunity to discuss their condition with their consultant and have been clinical prioritised accordingly. This is a great improvement on the January submission which showed 52%.
- Trust wide process for the management of Appointment Slot Issues (ASIs) (lack of access to a booking slot) has been agreed to eliminate referrals dropping off between the national e-Referral Service and Trust IT systems at 6 months.

Opportunities

- There is an opportunity to implement review date functionality within Medway to improve management of the overdue follow-up list, partial booking list and patients who are waiting for their next appointments to be booked once capacity allows. This will require careful consideration and a plan to work with the internal Medway training team to support the role out with this functionality as it would also require the switch on of the outpatient work list (OPWL) functionality. Scoping will commence in March 2021.
- Due to the high volumes of breach patients a letter from NHSE has suggested that our current harm panel process requires review. This allows a full review of current processes to incorporate those patients who have waited longer than would have normally due to the pandemic.

Priorities

- Sustain minimal numbers (<10) of patients waiting over 104 days on a GP referred suspected cancer pathway for capacity reasons.
- Maintain patient safety on the cancer waiting lists ensuring patients are booked into clinically appropriate timescales where usual target timescales are not feasible due to Covid impact.
- Continue to review patients who have their appointments/treatments delayed due to the pandemic to ensure joint decision making under the clinical prioritisation programme.
- Demand and capacity planning for short term and medium term recovery, including transformational opportunities to better manage the expected increase in outpatient referrals following the release of pent up demand developed during the pandemic.
- Improvement to urgent care performance and BNSSG system wide recovery, specifically including 12 hour trolley wait breaches and ambulance handovers where UHBW benchmarks poorly currently.

Risks & Threats

- The impact of the 'second wave' of Covid-19 is expected to increase the number of patients waiting on cancer pathways, largely through patient choice. The priority remains to ensure all waiting cancer patients are safe and treated within clinically appropriate timescales. To this end, thoracic surgery is exploring mutual aid to assist with recovery.
- There is a risk that without the capacity to reinstate routine in-patient activity, the Trust will continue to see a high volume of over 52 week breach patients with prediction of 5,900 breaches at the end of March 2021.
- Outpatient activity is being reprioritised and cancelled to support the urgent care and patient flow pathways. Overdue partial booking and Appointment Slot Issues (lack of access to booking slot) lists are growing as a result of the reduced outpatient capacity.

Reporting Month: January 2021

Well-Led

Successes

- Self-help resources for staff have been updated with 15 self-care guides being published. In addition, the national offer of free support and wellbeing apps has been extended to March 31st 2021.
- A significant number of UHBW staff have now been vaccinated with their first dose.
- Military deployment extended further across the Trust until 19th February, continuing support of a wide range of clinical and non-clinical duties.
- The International Nurse Recruitment Business Case was approved by the Trust's Senior Leadership Team, endorsing a 3 year recruitment plan and approving the funding required for Year 1 delivery to match NHSE investment.
- The Trust has successfully appointed 17 individuals to the Trainee Nurse Associate programme.
- Additional NHSE funding has been confirmed for 2021/22 for the implementation of the BNSSG Mental Health and Wellbeing Hub, supporting the development of a sustained and effective service provision for all health and social care staff

Priorities

- With the flu vaccination programme ceasing at the end of February 2021, the Trust is required by NHSE to capture vaccination status of all staff to include those who have been vaccinated on-site, outside of the Trust, and reasons for declination, by the end of March.
- Focus on the HR Policy ratification review, and the appointment to the HR Policy and Change Specialist to support this programme of work.
- Development of an educational support package to help fast-track the induction, training and pastoral support of the newly recruited Nurse Assistants under the HealthCare Support Worker programme.
- Partnership between the Education and Resourcing teams to develop a learning pathway for the delivery of English Language training and OET/IELTs examinations for staff who are registered nurses in another country, but who are currently working in an unregistered nurse capacity.
- Recruiting to the Practice Development Education Facilitators in the Education Team.
- Re-commencing the Allocate system merge project to bring together the Weston and Bristol HealthRoster systems.

Opportunities

- The Medical HR Improvement Programme has completed the process mapping stage of the plan and now moves to resolution, underpinning the over-arching aim to create an efficient and fit for purpose service delivery.
- Reviewing medical rota co-ordination in Weston, with the aim of aligning it into the Division, to mirror the model in place across Bristol.
- Enhancing the model of support for the Trust's EU workforce to secure Settled Status.
- Development of the Trust's own OSCE Bootcamp to help international nurse cohorts prepare for the exams required to gain NMC registration, avoiding the expense and inconvenience of outsourcing to other training providers.
- Scoping of a full roll out of HealthRoster sickness recording to areas not currently rostered, replacing the vulnerabilities of the existing manual functionality.
- Exploring the integrated reporting opportunities from Allocate to provide dashboard views of clinical staffing resources in areas on HealthRoster, supporting oversight of staff allocation, demand, sickness and leave.

Risks & Threats

- Ongoing under performance of appraisal compliance against target, across the Trust.
- New immigration restrictions introduced following Brexit could reduce the potential candidate pool of staff being recruited from EU countries.
- A significant increase in the Trust's immigration costs as a result of legislative changes following Brexit requiring the right to work for EU candidates to be controlled in the same way as non-EU candidates.
- Changes in quarantine and testing rules are leading to an increase in recruitment costs and could have an adverse effect on previously agreed start dates as the logistics of moving to the UK are becoming increasingly more complicated.
- Covid restrictions raise the possibility of a closure of OSCE testing centres or increased delays, which will impact on international nurses gaining NMC registration.
- Under-utilisation of the Allocate e-rostering system by Medics where it has now been rolled out.
- Limited or no investment from NHS Partners for Avon Partnership Occupational Health Service following the significant financial impact from the loss of the Bristol City Council contract in February 2021.

Reporting Month: January 2021

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

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

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

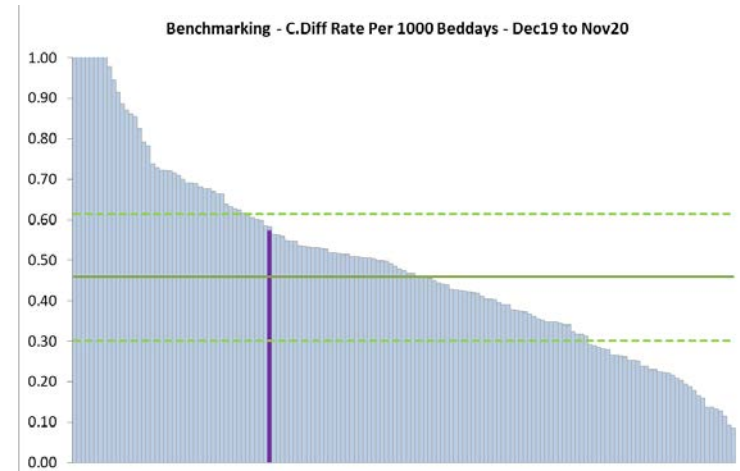
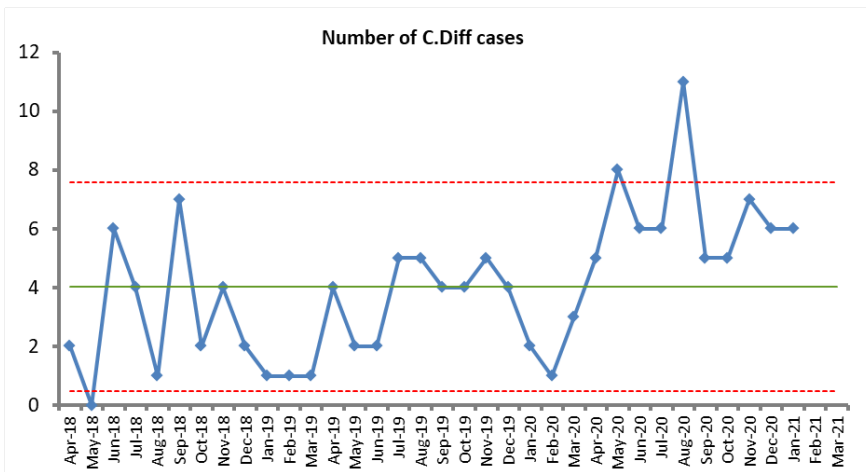
N	Not Achieved
P	Partially Achieved
Y	Achieved
N/A	Standard Not Defined

Infection Control – C.Difficile

January 2021

Y Achieved

Standards:	The limit of C. Difficile cases for 2019/20 was 57 cases for UH Bristol and 15 cases for Weston. The limit for UHBW has not yet been set for 2020/21 as it will be based on 2019/20 outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year end position. A limit of 72 cases (57 plus 15) for UHBW as a whole for 2020/21 would give a trajectory of 6 cases a month.
Performance:	There were six cases of C.Difficile attributed to UHBW in January 2021, two in Children’s services and four in the Division of Medicine. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. Hospital Onset Hospital Attributable (HOHA) C.Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission.)
Commentary:	First sets of data including post infection reviews are being sent to the commissioners for the outstanding reviews Q4 19/20 and Q1 20/21 – this is for cases across the Trust. Further post-infection reviews will be scheduled to deal with each of the remaining outstanding quarters in 20/21.
Ownership:	Chief Nurse



	Jan-21	2020/2021
Medicine	4	19
Specialised Services	0	12
Surgery	0	13
Weston	0	11
Women's and Children's	2	10
TOTAL	6	65

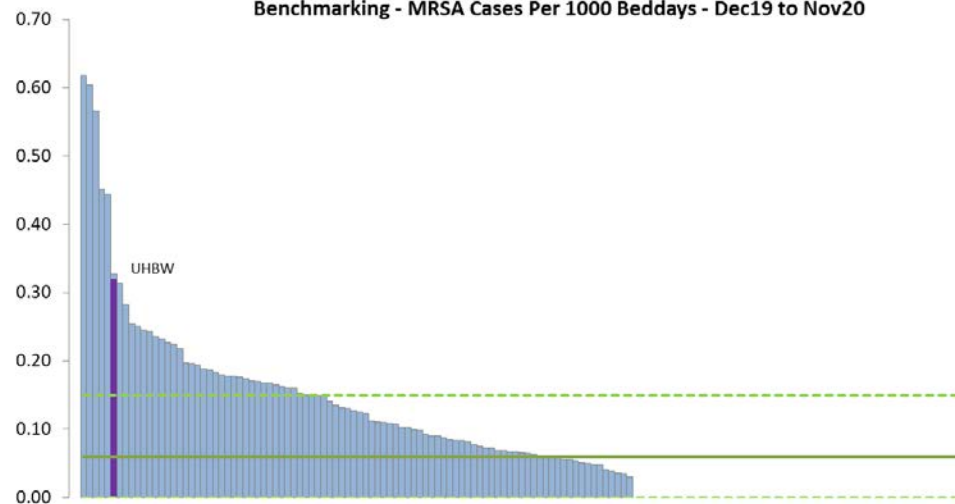
January 2021

N Not Achieved

Standards:	No Trust Apportioned MRSA cases.
Performance:	There were two new cases of MRSA bacteraemia in UBHW in January 2021, one in the Neo-natal Intensive Care Unit and the other case identified was acquired pre-hospital admission.
Commentary:	There have been four hospital-attributable cases in 2020/21: April, September, October and January.
Ownership:	Chief Nurse

	Jan-21	2020/2021
Medicine	0	0
Specialised Services	0	1
Surgery	0	0
Weston	0	1
Women's and Children's	1	2
TOTAL	1	4

Benchmarking - MRSA Cases Per 1000 Beddays - Dec19 to Nov20



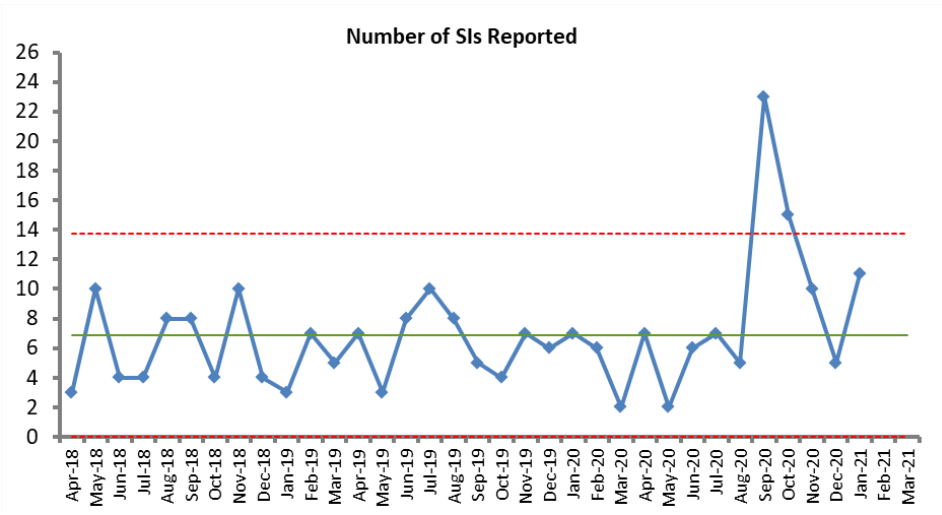
Serious Incidents

January 2021

N/A *No Standard Defined*

Standards:	UHBW is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015. In 2021, a new Patient Safety Incident Response Framework is to be implemented in the NHS providers following learning from early adopters.
Latest Data:	Eleven serious incidents were reported in January 2021, including seven for individual patients who were identified as having probable or definite healthcare associated Covid where the patient likely died from Covid. The remaining four included two falls, one maternal/baby death incident and one medical equipment/devices incident.
Commentary:	The outcomes of all serious incident investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course.
Ownership:	Chief Nurse

	Jan-21	2020/2021
Medicine	6	25
Specialised Services	2	6
Surgery	1	11
Trust Services	0	1
Weston	1	41
Women's and Children's	1	7
TOTAL	11	91



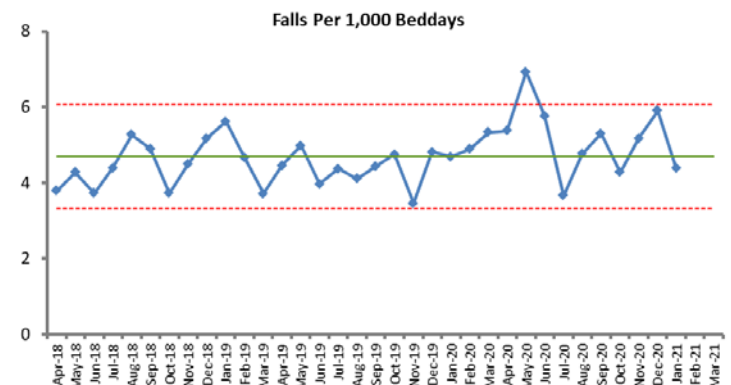
Harm Free Care – Inpatient Falls

January 2021

P Partially Achieved

Standards:	To reduce and sustain the number of falls per 1,000 beddays below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting moderate or higher level of harm to 2 or fewer per month. Sustaining a falls rate below the target due to the impact of physical deconditioning for patients due to Covid which has led to an increase in falls.
Performance:	During January 2021, the rate of falls per 1,000 bed days was 4.38 across UHBW. There were 124 falls (102 in our Bristol Hospitals and 22 in the Division of Weston) in UHBW in January 2021. Three falls resulted in moderate or a higher level of harm, (two in Medicine and one in Weston) and is subject to patient safety incident investigations.
Commentary:	<p>The total number of falls decreased (from 171 in December to 124 in January).</p> <p>Actions:</p> <ul style="list-style-type: none"> The updated Falls e-learning package has been completed and is now available on Kalidus for all relevant staff to access. The falls section within the Core Assessment Booklet, the falls risk assessment and care plan have been updated and are ready for a full implementation in the Division of Weston commencing at the beginning of March. The Dementia, Delirium and Falls team have reviewed methods for enhancing knowledge and training during the pandemic; these have included production of a newsletter for all the Falls Champions with handy hints and reminders about good practice around falls prevention and management. This is supported by a new connect intranet page which contains links to paperwork and good practice around falls prevention and management. Two audits have recently been completed : <ul style="list-style-type: none"> Completion of risk assessment of patients at risk of falling Compliance with post falls guidance <p>The Falls Steering Group was stood down in January 2021 due to the operational pressures the Trust was experiencing, therefore the results and action plan generated will now be shared and managed by the Falls Operational Group and reported to the steering group in April 2021.</p>
Ownership:	Chief Nurse

	Falls	Per 1,000 Beddays
Diagnostics and Therapies	2	-
Medicine	57	5.60
Specialised Services	24	7.04
Surgery	14	4.54
Trust Services/Trustwide	0	-
Weston	22	4.17
Women's and Children's	5	0.79
TRUST TOTAL	124	4.38



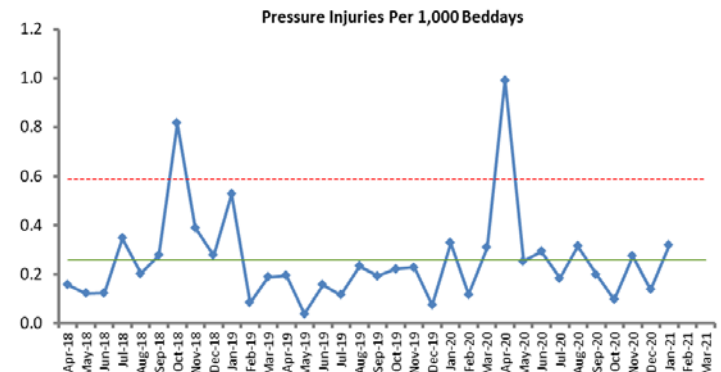
Harm Free Care – Pressure Injuries

January 2021

Y Achieved

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4.
Performance:	During January 2021, the rate of pressure injuries per 1,000 beddays was 0.318 across UHBW. There were eight category 2 pressure injuries across UHBW (see table below). Of these eight, two were medical device related: one to the nasal bridge secondary to CPAP mask, one to the genitalia, secondary to a urinary catheter when the patient was being proned on ICU. Unfortunately there was one category 3 pressure injury to the coccyx reported in Weston Division. The patient was frail and elderly with reduced mobility, low BMI and poor nutritional intake, under the care of dieticians. There were also three unstageable injuries reported, one in Bristol - Medicine Division on the ischial tuberosity (buttock bone) and two in Weston Division, one on a hip, one on the nasal bridge (medical device related secondary to CPAP mask)
Commentary:	<p>The internal critical incident was in place in January 2021, with a significant increase in the number of admissions across adult areas. Investigations are underway for the category 3 and the three unstageable pressure injuries. In Weston Division a number of immediate actions have been implemented and a division specific action plan is being formulated. Immediate actions have included:</p> <ul style="list-style-type: none"> • Targeted ward staff tissue viability training for all wards. • Implementation of heel off-loading equipment for vulnerable patients, on which training will be incorporated into ward based teaching sessions. • Implementation of pressure relieving mattress flowchart to support staff in mattress decision making. • Implementation of pressure ulcer prevention documentation. <p>Actions (All sites):</p> <ul style="list-style-type: none"> • Deliver “hot spot” targeted training for staff. • Share with staff the enhanced resources for staff on tissue viability connect page. • Monthly tissue viability newsletter uploaded to trust-wide “Newsbeat” and disseminated to all nursing staff with each edition incorporating pertinent / current themes to raise staff awareness of tissue viability matters. • Promote the “Why Wait” Poster campaign to raise staff awareness of pressure relieving and pressure re-distributing aids preventatively. • Ongoing engagement with TV champions across divisions to support good practice locally.
Ownership:	Chief Nurse

	Pressure Injuries	Per 1000 Beddays
Medicine	2	0.26
Specialised Services	0	0.11
Surgery	2	0.38
Weston	5	0.95
Women's and Children's	0	0.03
TOTAL	9	0.32

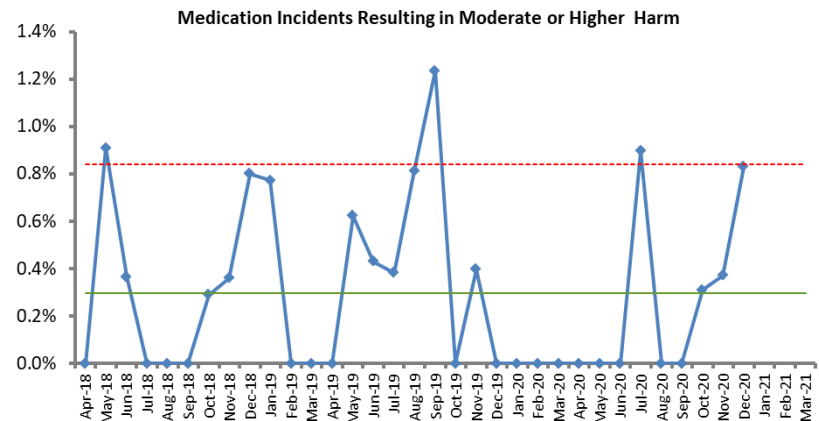


Dec 2020/Jan2021

N Not Achieved

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There were two moderate harm incidents out of 241 medication incidents reported in UHBW in December (0.83%), both in our Bristol hospitals. There were three (1.43%) omitted doses of a critical medicine identified in 210 patients audited in our Bristol Hospitals in January. Data on omitted doses has not been collected in Weston since the suspension of the National Safety Thermometer data collection in March 2020.
Commentary:	<p>The moderate harm incidents related to:</p> <ol style="list-style-type: none"> a paediatric patient who had twice daily doses of phenobarbitone instead of a once daily dose. The medicine was prescribed electronically but the incorrect dose was not identified at the point of prescribing or on subsequent pharmacy checks. An adult patient has experienced extravasation of IV iron which has caused skin staining at the infusion site. <p>The omitted doses of critical medicines involved two patients. The first had a prescribed dose of antibiotic which was not available on the ward and was given as soon as it had been supplied by pharmacy. This medication is not routinely available as stock on wards. The second patient had two unsigned administrations for Parkinson’s disease medicine, so administration either did not occur or was not documented.</p> <p>Actions:</p> <ul style="list-style-type: none"> The importance of accurate medication history and prescribing has been addressed with the unit medical staff involved with the phenobarbitone prescribing error. A short life working group has been convened to examine the incidents related to skin staining with IV iron preparations. The group will produce more comprehensive guidance for consenting patients for IV iron treatment, and nursing guidance for administration. The pathways will be reviewed to ensure that patients are aware of the risks of skin staining prior to consent.
Ownership:	Medical Director

	Dec-20		
	Moderate or Higher Harm Incidents	Total Audited	Percentage
Bristol	2	218	0.92%
Weston	0	23	0.00%
TOTAL	2	241	0.83%



January 2021

P Partially Achieved

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	In January 2021, Essential Training overall compliance reduced to 85%, compared with 86% in the previous month (excluding Child Protection Level 3).
Commentary:	<p>January 2021 compliance for Core Skills (mandatory/statutory) training reduced to 85% overall across the eleven programmes. There were no increases seen by programme. There were reductions in nine of the programmes, all reducing by one percentage point. The remaining two programmes, NHS Conflict Resolution Training and Preventing Radicalisation, remained static in comparison to the previous month. Overall compliance for 'Remaining Essential Training' remained static at 91%. This figure continues to exclude Weston data.</p> <ul style="list-style-type: none"> Supporting an improved essential training compliance, the Corporate Education team is facilitating new starters' access to eLearning through access to the Education Centre PC rooms and Library's laptops. Bespoke sessions are also planned for new starters and existing staff within Estates and Facilities. The Education Department supported extra inductions for NAs (26), clinicians (20), and military staff (40) - all in addition to the regular intake of two January Corporate Inductions. "Speak Up" core training is now essential training for all UHBW staff, through e-learning, available on Kallidus. All staff should accomplish this training by 1 August. The Trust is seeking staff to become trainers, with General Services Association-accredited tutor status, in the Prevention and Management of Violence and Aggression (PMVA).
Ownership:	Director of People

Essential Training	Jan-21	KPI
Equality, Diversity and Human Rights	89%	90%
Fire Safety	81%	90%
Health, Safety and Welfare (formerly Health & Safety)	90%	90%
Infection Prevention and Control	83%	90%
Information Governance	82%	95%
Moving and Handling (formerly Manual Handling)	82%	90%
NHS Conflict Resolution Training	89%	90%
Preventing Radicalisation	91%	90%
Resuscitation	66%	90%
Safeguarding Adults	89%	90%
Safeguarding Children	88%	90%

Essential Training	Jan-21	KPI
UHBW NHS Foundation Trust	85%	90%
Diagnostics & Therapies	88%	90%
Medicine	81%	90%
Specialised Services	84%	90%
Surgery	84%	90%
Women's & Children's	83%	90%
Trust Services	88%	90%
Facilities & Estates	90%	90%
Weston	85%	90%

Nurse Staffing Levels

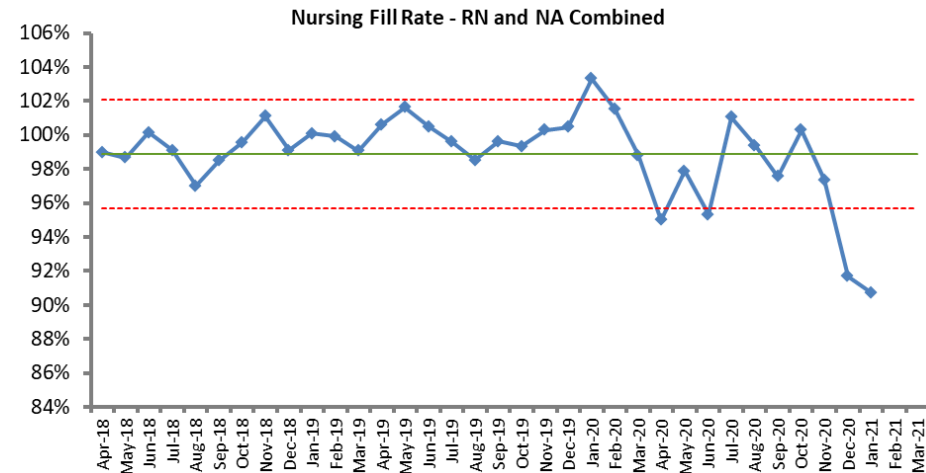
January 2021

N/A *No Standard Defined*

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board.
Performance:	The report shows that in January 2021, UHBW had rostered 318,057 expected nursing, midwifery and nursing assistants' hours in the inpatient areas, the number of actual hours worked recorded on the system was 288,541. This gave an overall fill rate of 90.7% for UHBW.
Commentary:	The combined figures for UHBW overall in January 2021 show that the trust had 88% cover for RN's on days and 90% RN cover for nights. The unregistered level of 89% for days and 104% for nights reflects the activity seen in January 2021. This was due primarily to the impact of Covid on staff absence, the reconfiguration on the wards to manage Covid patients with increasing acuity and dependency, and continued NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night.
Ownership:	Chief Nurse

Staffing Fill Rates: Jan-21

	Total	RNs	NAs
Medicine	98.1%	94.9%	102.0%
Specialised Services	96.4%	93.7%	104.1%
Surgery	96.4%	90.8%	112.5%
Weston	74.0%	63.1%	87.9%
Women's and Children's	91.1%	94.3%	75.7%
<i>Bristol Divisions</i>	<i>94.9%</i>	<i>93.6%</i>	<i>98.3%</i>
TRUST TOTAL	90.7%	88.6%	95.4%



Venous Thromboembolism Risk Assessment

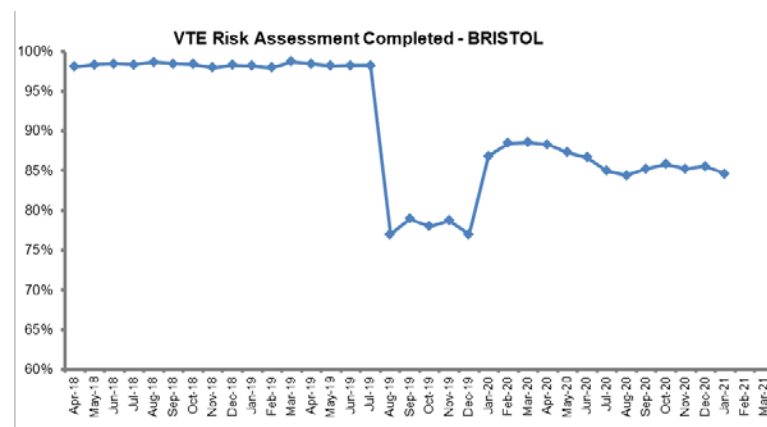
January 2021

N Not Achieved

Standards:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, the VTE risk assessment is completed electronically using the Medway system; the most recent figure for January 2021 is 84.6% which has remained fairly static throughout 2020. In Weston General Hospital the previous paper based data collection system ceased at the end of March 2020. A spot check sample audit of five patients per ward has been completed in February 2021. The results show that 63% of patients in the audit sample had a documented risk assessment within 24 hours of admission, and 100% of patients were prescribed pharmacological thrombo-prophylaxis,.
Commentary:	<ul style="list-style-type: none"> • The Clinical Chair for Weston Division is progressing an appointment for a medical Patient Safety Lead, who will cover the VTE portfolio • There is a plan is to merge the pharmacological agents used at both Bristol and Weston sites when there will be one VTE policy across all adult sites. • Electronic prescribing should be on track to implement across the whole of UHBW in August-September 2021 which will automate VTE data collection. • Reviews of Hospital Associated VTE are being recommenced for identifying learning themes • VTE improvement work will recommence as soon as possible in the coming weeks, depending on clinician availability.
Ownership:	Medical Director

Bristol - VTE Risk Assessment Performance

	Jan-21		
	Assessment Done	Total Patients	Performance
Diagnostics and Therapies	24	24	100.0%
Medicine	1,656	2,241	73.9%
Specialised Services	2,142	2,341	91.5%
Surgery	1,063	1,282	82.9%
Women's and Children's	1,365	1,498	91.1%
TOTAL	6,250	7,386	84.6%



Venous Thromboembolism Risk Assessment

January 2021

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

		Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Chemical Pathology	19	19	100.0%
	Radiology	196	196	100.0%
Diagnostics and Therapies Total		215	215	100.0%
Medicine	Medicine	18,173	23,209	78.3%
Medicine Total		18,173	23,209	78.3%
Specialised Services	BHOC	17,014	17,557	96.9%
	Cardiac	3,189	4,095	77.9%
	Clinical Genetics	0	1	0.0%
Specialised Services Total		20,203	21,653	93.3%
Surgery	Anaesthetics	65	65	100.0%
	Dental Services	602	786	76.6%
	ENT & Thoracics	1,329	2,200	60.4%
	GI Surgery	7,139	8,546	83.5%
	Ophthalmology	1,501	1,572	95.5%
	Other (SHN)	1	1	100.0%
	Trauma & Orthopaedics	1,066	1,454	73.3%
Surgery Total		11,703	14,624	80.0%
Women's and Children's	Children's Services	284	410	69.3%
	Women's Services	12,946	14,032	92.3%
Women's and Children's Total		13,230	14,442	91.6%
Grand Total		63,524	74,143	85.7%

Friends and Family Test (FFT)

Reporting Month: January 2021

N/A No Standard Defined

Standards:	The Friends and Family Test (FFT) was relaunched nationally on 1 st December 2020. We have successfully submitted FFT data to NHS Digital for December and January 2021 for the first time as an integrated Trust. The FFT question has changed in line with national requirements to “Overall, how was your experience of our service?” A score is calculated based on the number of ‘Very good’ and ‘Good’ responses divided by the number of overall responses.
Performance:	The Trust received 2,927 responses in January 2021 across all the FFT areas. This was through a combination online, SMS, postal survey responses and FFT cards where it has been safe to do so. The overall scores and response rates are shown in the table below.
Commentary:	The FFT score for Weston is not commented on this month due to a low number of responses. A high proportion of inpatient wards in the Division of Weston have been Covid wards since November 2020. This has resulted in a temporary pause of the paper-based survey approach on advice of the Infection Prevention and Control (IPC) team. This has resulted in a temporary pause of the paper-based survey approach on advice of the IPC team and this has contributed to a low level of responses. Actions: <ul style="list-style-type: none"> We will continue to work across the Trust on a division by division basis to embed the new FFT question in a way that is sensitive to the operational pressures being experience across our hospitals. This includes specific work in the Division of Weston to align to the approach in Bristol hospitals and improve FFT response volumes.
Ownership:	Chief Nurse

		Positive Response	Total Responses	Total Eligible	%Positive	Response Rate
Inpatients	Bristol	434	447	2,136	98.9%	20.9%
	Weston	132	132	790	100.0%	16.7%
	UHBW	566	579	2,926	99.1%	19.8%
Day Cases	Bristol	82	83	1,369	98.8%	6.1%
Outpatients	Bristol	1,699	1,778		96.4%	
	Weston	2	2		100.0%	
	UHBW	1,701	1,780		96.4%	
Maternity	Bristol	64	78		84.2%	

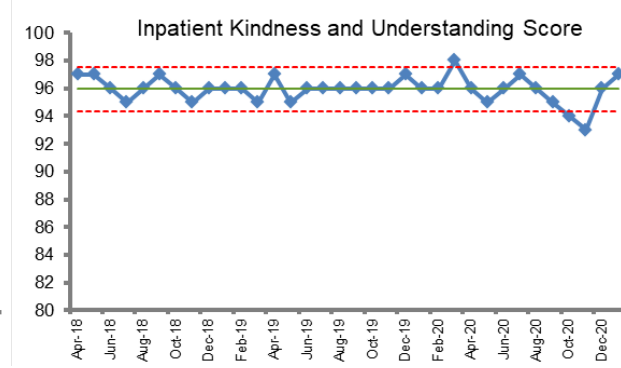
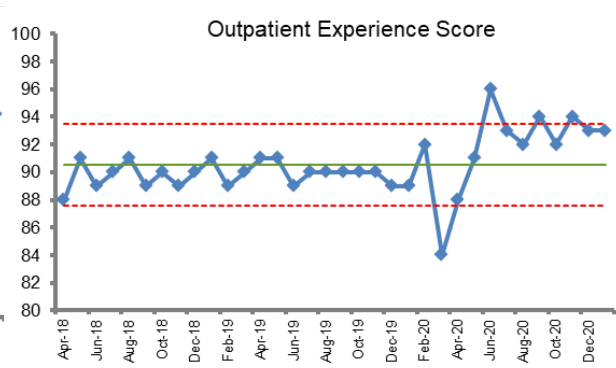
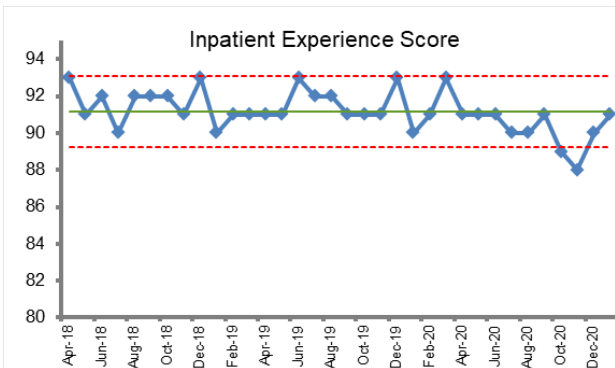
		Positive Response	Total Responses	Total Eligible	%Positive	Response Rate
A&E	BRI	187	208	2,836	91.7%	7.3%
	BRHC	187	198	1,524	95.4%	13.0%
	BEH	0	0	1,358	-	0.0%
	Weston	1	1	408	100.0%	0.2%
	UHBW	375	407	6,126	93.5%	6.6%

Patient Surveys (Bristol)

January 2021

Y Achieved

Standards:	For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	For January 2021, the inpatient score was 91/100 (December was 90/100), for outpatients it was 93 (December was 93/100). The kindness and understanding score was 97 (December was 96/100).
Commentary:	<p>We continue to experience lower than average response rates to the monthly postal survey when looking at the most recent month's data. This is primarily as a result of delays in the postal system and the effects of the national lockdown. To illustrate this, there were 489 responses in January 2020 compared to 189 in January 2021. When we look at the response rate for January 2021 next month, we will see a higher number of responses i.e. there is a lag in the data being recorded in our system.</p> <p>The latest (January) data exceeded the target thresholds and was in line with the Trust's (positive) historical trends. However, the survey continues to be affected by a lag in response times and so the data should be treated with caution.</p> <p>Actions:</p> <ul style="list-style-type: none"> • We will report the final January score next month, to allow the number of responses to build up further. • We will continue to carefully review our patient experience measures and wider feedback from patients over the next period in order to understand whether the pandemic pressures are translating into a change of the experience for patients. • A detailed analysis of themes arising from patient feedback is reviewed in the Trust's Patient Experience Group and any improvement actions agreed with divisions.
Ownership:	Chief Nurse



Patient Surveys (Weston)

January 2021

N/A No Standard Defined

Standards:	In the Division of Weston, an exit survey is offered to inpatients and day-case patients. This survey is a legacy of merger and no specific targets have previously been set by Weston Trust. Please note that the exit survey did not run between April and August 2020 due to Covid-19.
Performance:	During January, 100% of patients reported being treated with dignity and respect; they also reported an overall positive experience on the wards. However there were only 10 responses from inpatients and 88 from day-case patients (the average monthly response to this survey in the last financial year 2019/2020 was 227 for inpatients and 207 for day cases).
Commentary:	<p>Compared to pre-pandemic levels, the number of responses to the exit survey is currently very low; combined with concerns over data quality; this makes it difficult to draw any significant conclusions from the data that we have received for January 2021. A high proportion of inpatient wards in the Division of Weston have been blue Covid wards since November 2020. This has resulted in a temporary pause of the paper-based survey approach on advice of the IPC team and this has contributed to a low level of responses.</p> <p>Actions:</p> <ul style="list-style-type: none"> The patient experience programme in the Division of Weston has not yet been aligned to the overall corporate programme at UHBW. We anticipate that this work will be completed in the autumn of 2021. This will improve the volume and robustness of patient feedback. The patient experience team is working with Juliet Neilson (Head of Nursing, Division of Weston) on the data quality and validation issues highlighted above. The team is also working directly with ward matrons / sisters to encourage a renewed focus on patient feedback.
Ownership:	Chief Nurse

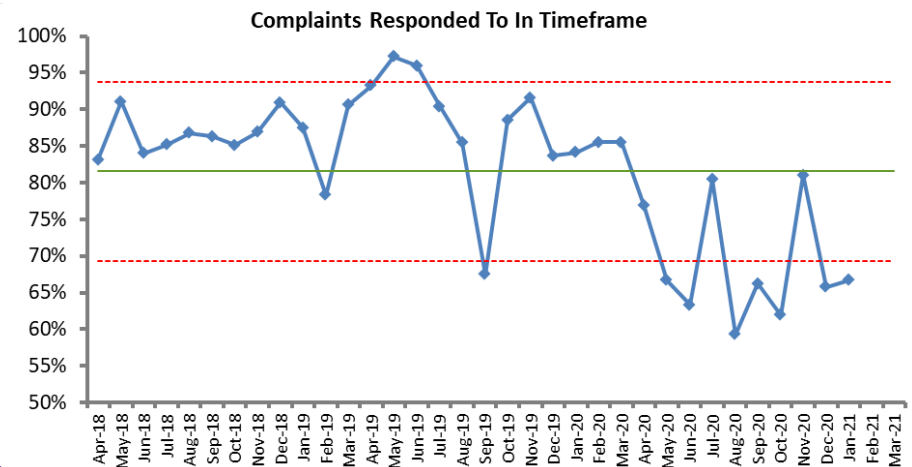
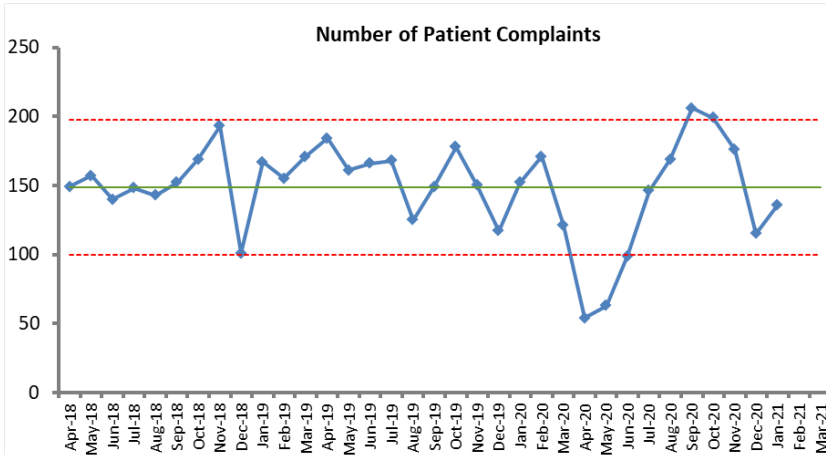
		2019/20		2020/2021				
		Monthly Average	Sep	Oct	Nov	Dec	Jan	
Inpatients	Q2. Did you feel we listened to you?	Responses Per Month	227	98	94	77	17	10
		% Positive	91.4%	87.8%	96.8%	77.9%	94.1%	90.0%
	Q5. Did we treat you with dignity and respect?	Responses Per Month	227	99	93	78	17	10
		% Positive	96.7%	98.0%	98.9%	87.2%	100.0%	100.0%
	Q8. What did you think of the ward overall?	Responses Per Month	225	95	92	77	17	10
		% Positive	93.2%	95.8%	97.8%	80.5%	100.0%	90.0%
Day Cases	Q2. Did you feel we listened to you?	Responses Per Month	207	58	79	52	50	86
		% Positive	99.1%	98.3%	100.0%	100.0%	98.0%	100.0%
	Q5. Did we treat you with dignity and respect?	Responses Per Month	206	58	79	53	49	87
		% Positive	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
	Q8. What did you think of the ward overall?	Responses Per Month	207	58	79	53	49	86
		% Positive	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Patient Complaints

January 2021

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%. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance (Red) of 12%.
Performance:	In January 2021, 67% of formal complaints (46 out of 69) were responded to within the agreed timeframe, a slight improvement on the 65.8% reported in December 2020. 98% of informal complaints (40 of 41) were responded to within the agreed timeframe in January 2021, compared with 93.4% in December and 92.9% in November 2020. There was one complaints reported in November 2020 where the complainant was dissatisfied with our response, which represents 1.7% of first responses sent out in November (this measure is reported two months in arrears).
Commentary:	There were 23 breaches of the response time standard. 22 of the 23 breaches were attributable to delays within the divisions and one was due to a delay during the checking process by the Patient Support & Complaints Team (PSCT). The majority of the breaches were for the Divisions of Weston (14) and Medicine (7). Divisions returned 64% of formal responses to the PSCT by the agreed deadline, compared with 67.1% in December 2020 - this is the deadline for responses to be returned to PSCT seven working days prior to the deadline agreed with the complainant. The 1.7% Dissatisfied rate is a significant improvement compared with 20.6% reported in December for responses sent out in October 2020.
Ownership:	Chief Nurse



Emergency Care – 4 Hour Standard

January 2021

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. Due to the Covid pandemic, trajectories for 2020/21 have not been agreed with NHS Improvement. 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 November was 74.4% across all four Emergency Departments (11,924 attendances and 3,059 patients waiting over 4 hours). There were 468 patients who had a Trolley wait in excess of 12 hours (211 in Bristol and 257 at Weston). In January there were 1,147 Ambulance Handovers that exceeded 30 minutes across all departments.</p>
<p>Commentary:</p>	<p>Bristol Royal Infirmary Performance against the 4 hour standard has continued to deteriorate (54.9% vs 61.8% in November) as the Trust responds to the current wave of Covid-19. Trust has been in internal critical incident status throughout January during which the number of patients on the Bristol site have been between 92 and 178 during this period.</p> <p>High numbers of Blue (covid positive) patients creates significant flow challenges due to the need for testing, streaming and need for deep cleaning between patients. This in turn has lead to significant challenges around patient flow leading to overcrowding and long waits in ED (211 patients had a trolley wait exceeding 12 hours). A further impact of the flow challenges has been ambulance queuing due to lack of capacity in ED to offload patients.</p> <p>Achieving flow, remains a key enabler to minimising overcrowding, ambulance queueing and long waits. Incident Triage Area, Ambulance Queuing and Admissions Overflow SOPs have been established along with increased nursing and medical staffing to support decompressing ED and reducing patient safety risks.</p> <p>The flow challenges have been exacerbated by the following factors:</p> <ul style="list-style-type: none"> • Workforce shortages, particularly nursing, has meant that inpatient escalation beds could not consistently be staffed • Bed closures due to outbreaks including 15 beds closed at SBCH and 12 beds on A413. • Fluctuating Blue and Green (Covid negative) demand during this period has reduced effective inpatient capacity as the covid status of patients requiring admission did not match the covid status of available beds. The Trust has been monitoring trends in Covid admissions to predict demand and proactively convert wards between to align with the . • Availability of P3 bed capacity in the community has also been a challenge leading to delays in discharges. <p>Overall attendances at BRI ED was lower than previous month (4,798 vs 5,045 in December) however this is primarily due to a reduction in walk-in patients as the Trust has operated a strict redirection policy for patients with minor illness/injuries during the internal critical incident. Patients with minor illnesses/injuries were streamed to appropriate alternative providers such as urgent treatment centres and primary care.</p>

Emergency Care – 4 Hour Standard

January 2021

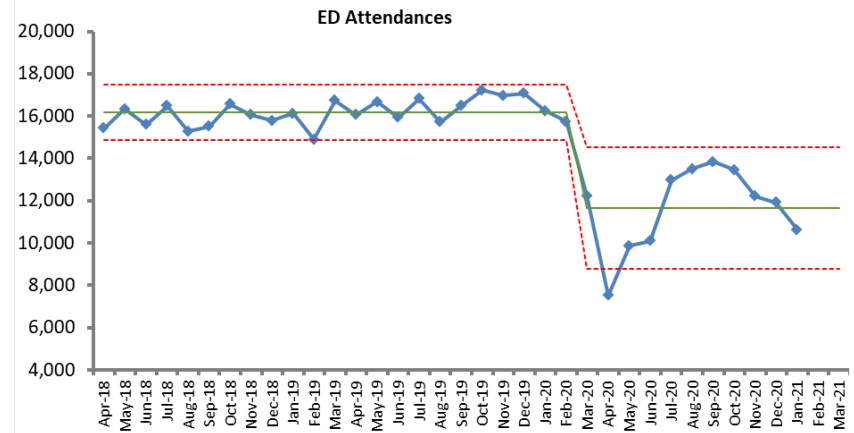
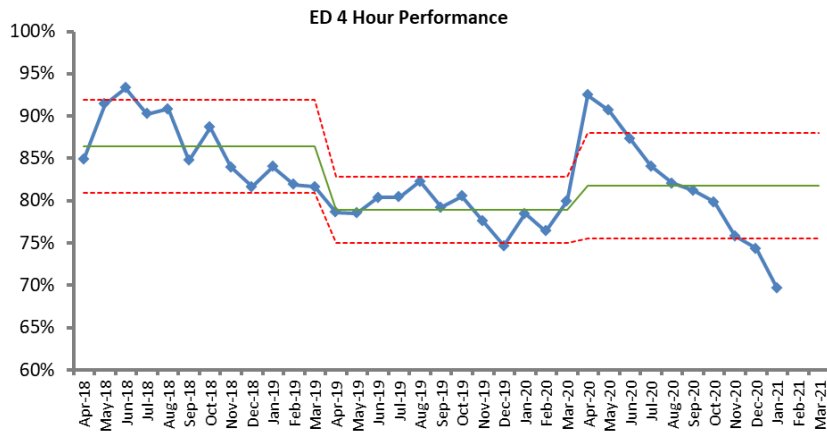
Commentary:	<p>Bristol Royal Hospital for Children:</p> <p>Attendances remain lower than compared to last year and reduced by half in some months. In January 2020 we had 3,715 attendances compared to January 2021 of 2,038. Patients managed within the 4 hours in January was 93.9% and currently performance for February is 91.6%. The use of Sunflower Ward as an observation unit continues to work well but this is likely to change due to other pressures within the BRHC. As pressure on the hospital bed base has been increasing, cubicles are becoming more scarce and the inability to get Cepheid test results back in a timely fashion means children can't be placed into bays. The increase of mental health patients attending ED and eating disorder patients continue, putting pressure within the department, due to demand these patients are requiring this has resulted in more 4 hour breaches.</p> <p>The ED department remain in their own footprint and only use Carousel outpatients area in the evening and on weekends when numbers increase. BRHC continue to accept Pre-alerts via Level 2 due to ambulances being unable to off load into the BRI.</p> <p>We continue to support the BRI ED wherever possible but is becoming difficult as our staffing numbers have reduced and our attendances have increased.</p> <p>Bristol Eye Hospital:</p> <p>There was a drop in the number of patients attending the BEH A&E in January in line with latest lockdown, down by over 20% compared to the previous month. There was a corresponding decrease in the number of breaches in the department, however breaches did not drop by 20% and this is due the majority of breaches are mainly due to patient complexity, investigation and treatment. Very few breaches are related solely to patient demand. We are now collating this data regularly to look for trends and patterns to mitigate future breaches.</p>
Ownership:	Chief Operating Officer

4 Hour Performance	Jan-21	2020/2021
Bristol Royal Infirmary	54.9%	72.3%
Bristol Children's Hospital	94.0%	92.5%
Bristol Eye Hospital	98.9%	98.7%
Weston General Hospital	62.4%	78.3%

Total Attendances	Jan-21	2020/2021 Year To Date	2019 Monthly Average
Bristol Royal Infirmary	4,798	36,096	6,190
Bristol Children's Hospital	2,038	21,590	3,849
Bristol Eye Hospital	1,361	14,754	2,095
Weston General Hospital	2,436	27,834	4,258

Emergency Care – 4 Hour Standard

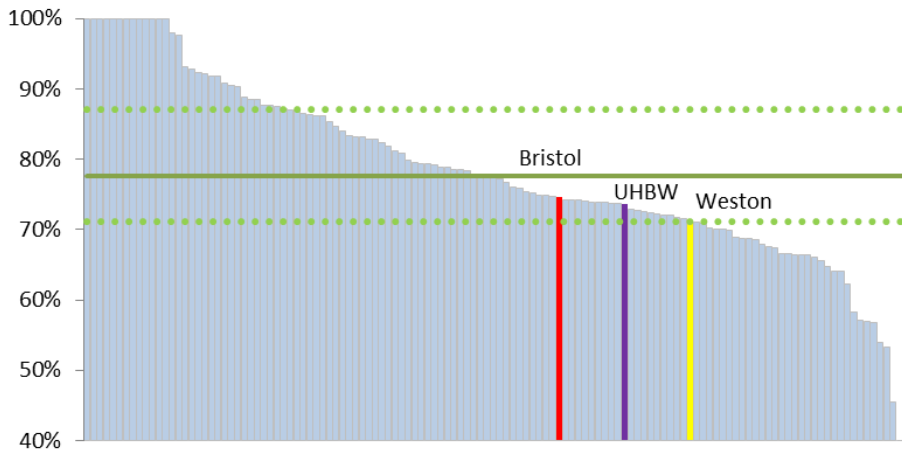
January 2021



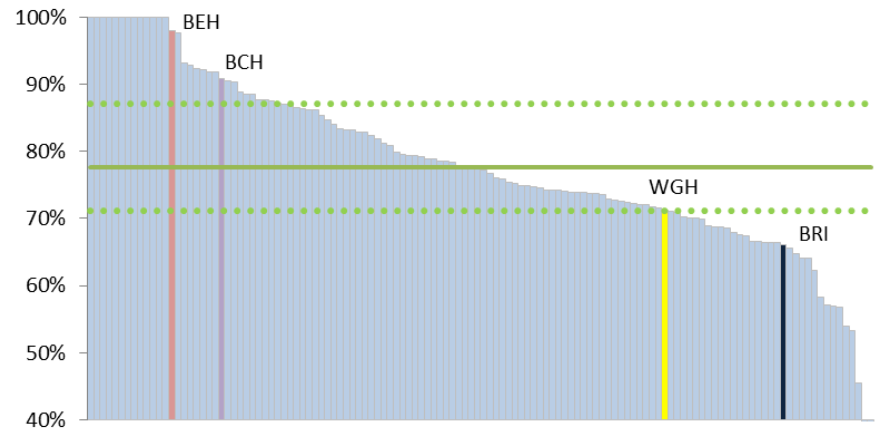
Note:

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 2020/21 Quarter 3



Benchmarking - ED 4 Hour Performance 2020/21 Quarter 3



Emergency Care – 12 Hour Trolley Waits

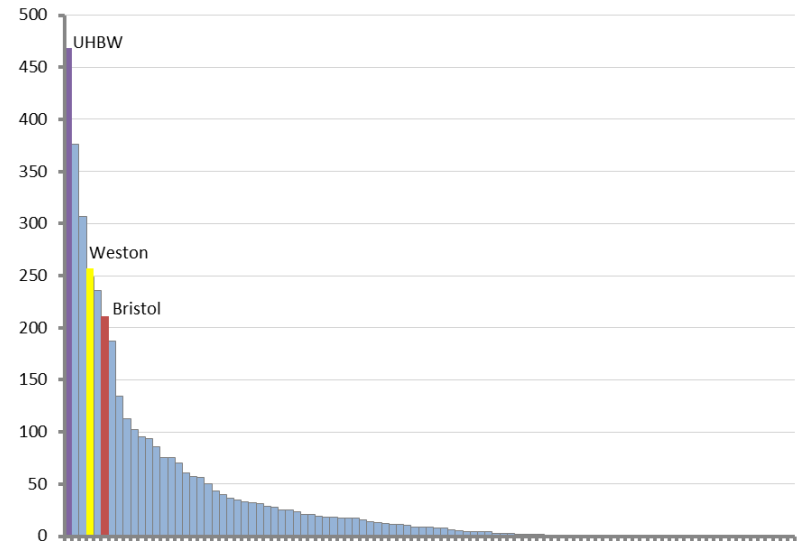
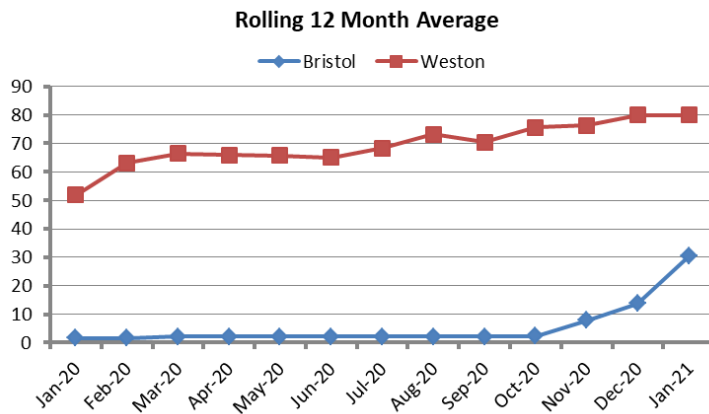
January 2021

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.

	2019/2020												2020/2021											
	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	0	0	8	11	1	5	0	0	0	0	0	0	3	66	79	211		
Weston	5	4	15	18	11	39	21	127	124	257	134	41	0	1	7	58	68	6	84	135	168	257		
UHBW	5	4	15	18	11	39	21	127	132	268	135	46	0	1	7	58	68	6	87	201	247	468		

Benchmarking - 12 Hour Trolley Waits - January 2021



Emergency Care – Ambulance Handovers

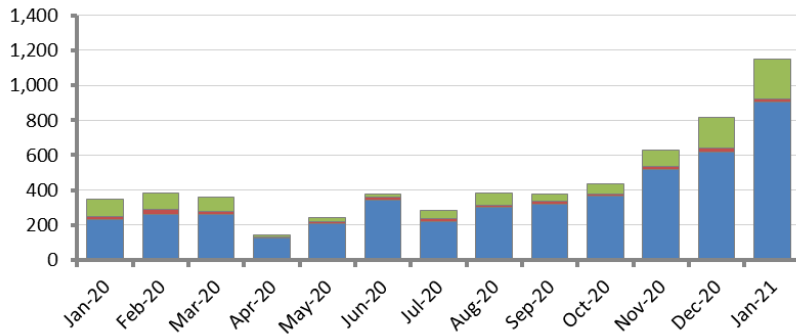
January 2021

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

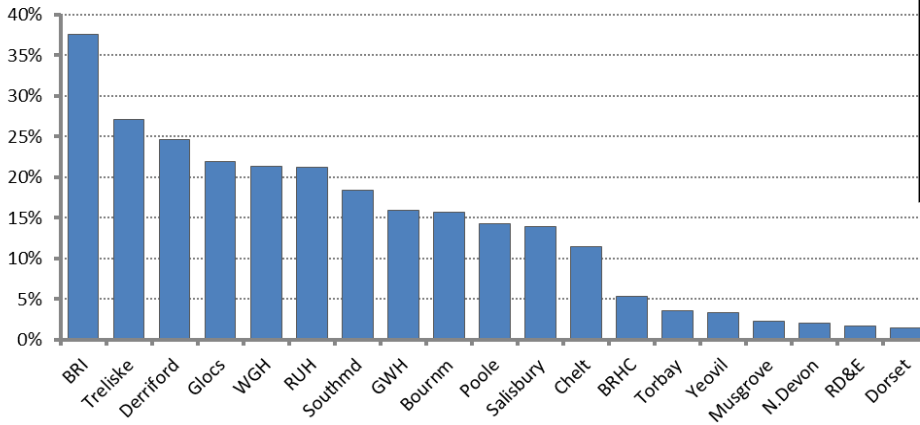
The Handover Time is measured from 5 minutes after the ambulance arrives at the hospital and ends at the time that both clinical and physical care of a patient is handed over from SWASFT staff to hospital staff. This time is not just the time that a verbal handover is conducted; it also includes the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

UHBW Ambulance Handovers In Excess of 30 Minutes

■ BRI ■ BRHC ■ WGH



Percentage of Handovers Over 30 Minutes (1st Jan - 14th Feb 2021)



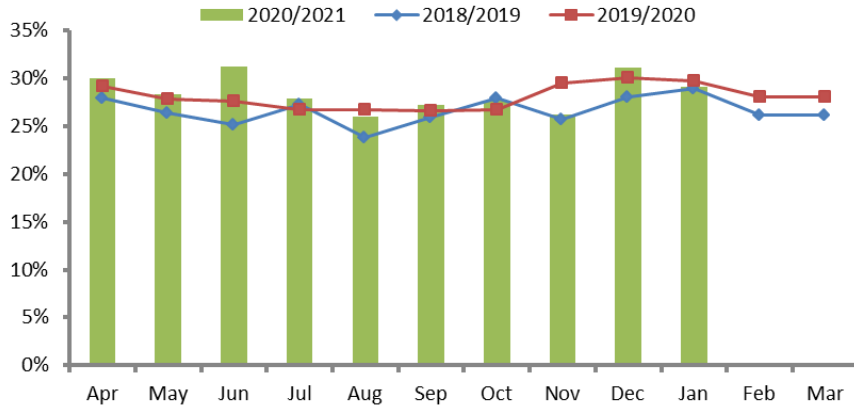
Total Ambulance Service Handovers - South West Region - 1st January to 14th February 2021

Hospital	Total Handovers	Number Over 30 Minutes	% Over 30 Minutes	Number Over 1 Hour	Number Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	527	28	5%	2	0
BRISTOL ROYAL INFIRMARY	3,668	1,379	38%	725	272
CHELTENHAM GENERAL HOSPITAL	122	14	11%	4	0
DERRIFORD HOSPITAL	4,920	1,211	25%	318	27
DORSET COUNTY HOSPITAL	2,116	31	1%	3	0
GLOUCESTER ROYAL HOSPITAL	5,373	1,181	22%	548	158
GREAT WESTERN HOSPITAL	3,515	559	16%	251	86
MUSGROVE PARK HOSPITAL	3,611	83	2%	4	0
NORTH DEVON DISTRICT HOSPITAL	1,852	38	2%	1	0
POOLE HOSPITAL	2,766	395	14%	118	22
ROYAL BOURNEMOUTH HOSPITAL	3,329	523	16%	202	68
ROYAL DEVON AND EXETER WONFORD	4,074	70	2%	1	0
ROYAL UNITED HOSPITAL - BATH	3,631	771	21%	328	89
SALISBURY DISTRICT HOSPITAL	1,768	246	14%	121	30
SOUTHMEAD HOSPITAL	4,744	875	18%	322	107
TORBAY HOSPITAL	3,343	120	4%	21	0
TRELISKE HOSPITAL	4,667	1,266	27%	656	303
WESTON GENERAL HOSPITAL	1,414	301	21%	170	66
YEOVIL DISTRICT HOSPITAL	2,021	67	3%	6	1
TOTAL	57,461	9,158	16%	3,801	1,229

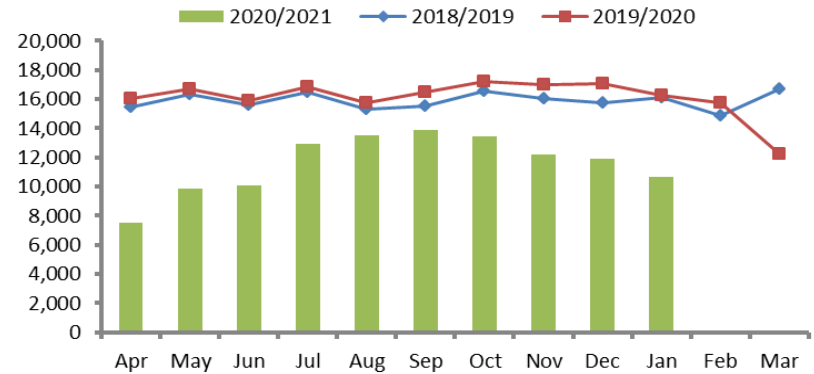
Emergency Care – Supporting Information

January 2021

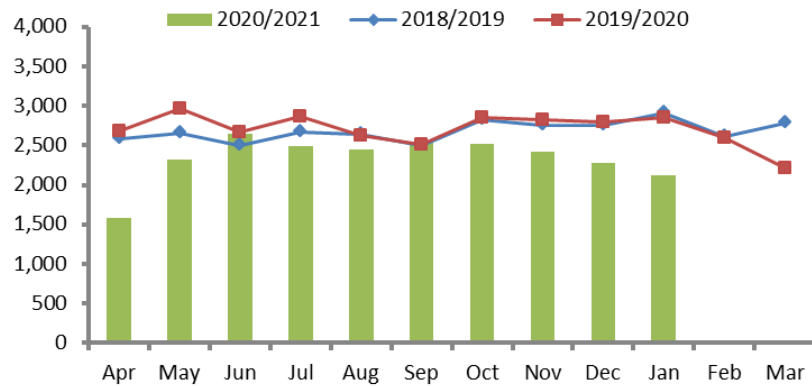
Percentage of Emergency BRI Spells - Patients Aged 75+



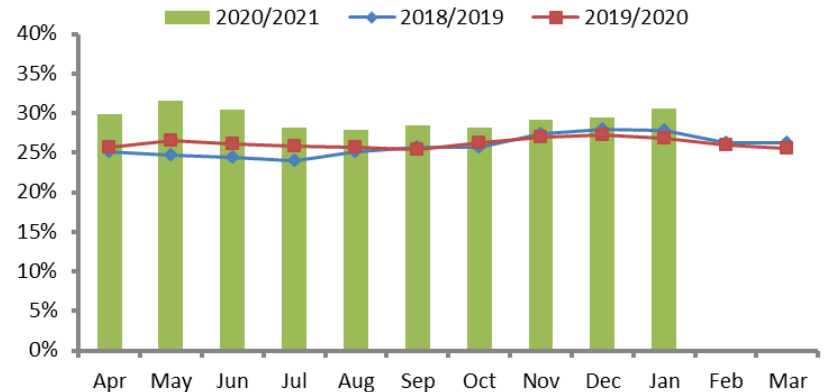
Emergency Department Attendances (UHBW)



Emergency Inpatient Activity (BRI Discharges)



Percentage of ED Attendances Resulting in Admission



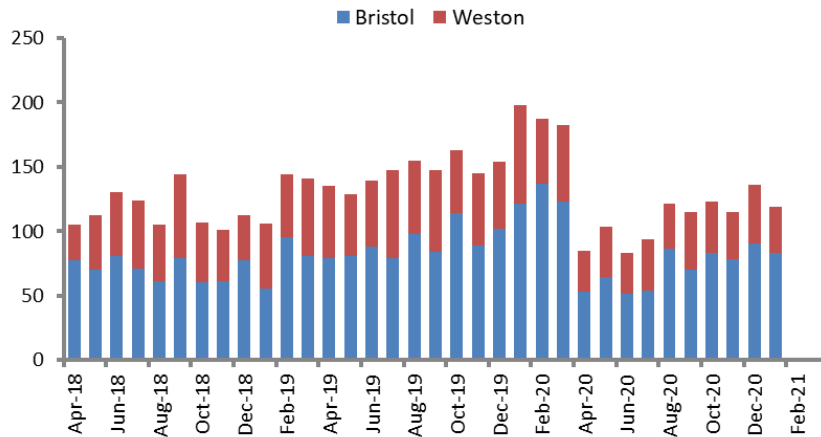
Delayed Discharges

January 2021

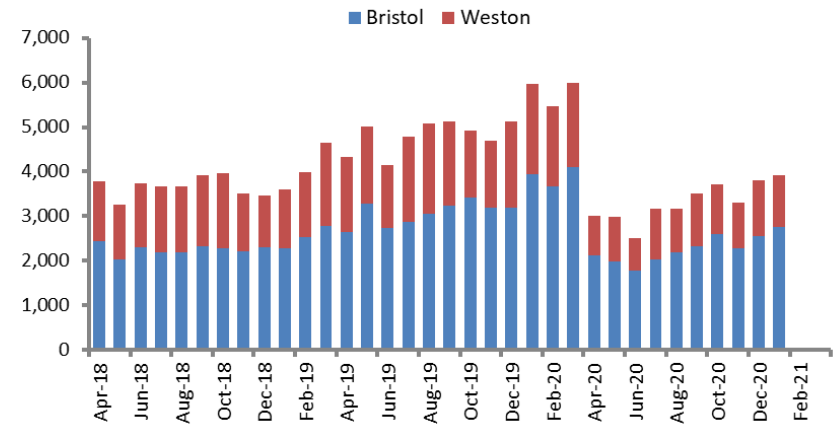
N/A No Standard Defined

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 119 MFFD patients in hospital: 83 in Bristol hospitals and 36 at Weston. There were 3912 beddays consumed in total in January (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 126 beds were occupied per day by MFFD patients.
Commentary:	Bristol: 371 Single Referral Forms (SRFs) were managed by the Bristol site Integrated Discharge Service (IDS) in January 2021; 24 more than in December 2021. The breakdown for each pathway (including resubmissions) is as follows: 156 for Pathway 1, 88 for Pathway 2 (including SBCH), and 63 for Pathway 3. Of the total SRFs, 264 were for Bristol patients, 92 for North Somerset, 10 for South Gloucestershire, and 5 for other CCGs. There were 52 Continuing Health Care Fast Track referrals, and 34 Assessments completed, on par with December 2021. The IDS continues to collate, quality check and submit the daily COVID discharge SitRep, including an additional weekly submission for patients with a length of stay of over 7 days.
Ownership:	Chief Operating Officer

Number of Patients - Last Thursday In Month



Number of Beddays Occupied In The Month

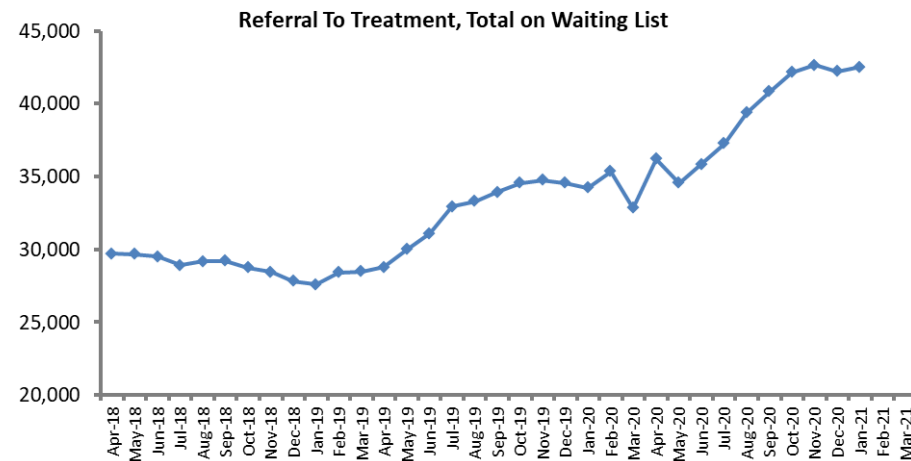
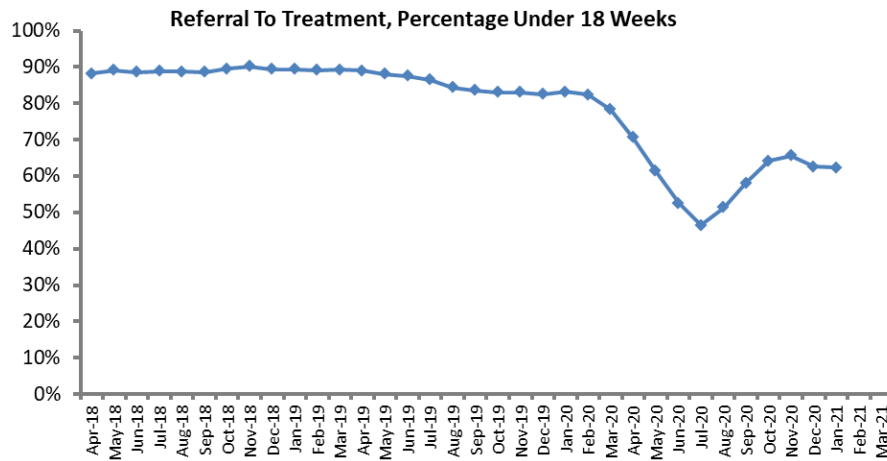


Referral To Treatment

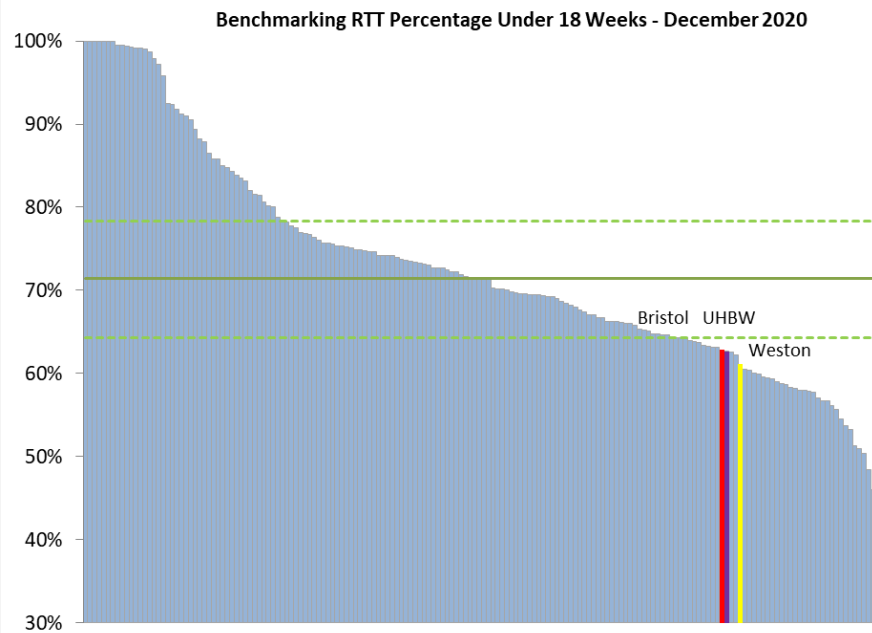
January 2021

N Not Achieved

Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued guidance that Trusts should aim to reduce the overall waiting list size, with Trusts being expected to reduce from the end of January 2020 volume. The combined waiting list was 40,911 (34,229 at Bristol and 6,682 at Weston).
Performance:	At end of January, 62.3% of patients were waiting under 18 weeks. The total waiting list was 42,523 and the 18+ week backlog was 16,030. Note that the charts below are Bristol only to March 2020 and then Bristol and Weston combined from April.
Commentary:	<p>The focus of discussions with divisions and wider system partners is on restoring of activity through the Phase 3 planning process. This will involve demand management, ensuring full utilisation of the available capacity in the independent sector and full utilisation of the extra lists that have been arranged through waiting list initiatives.</p> <p>Compared to end of March 2020, the overall wait list has increased by 2,820 patients. The largest increases are In Ophthalmology (2,973 increase), Adult Cardiac (613) and Adult Trauma & Orthopaedics (505). There was also a reduction in the Dental list of 467 cases and 653 in Paediatrics.</p> <p>The largest volumes of 18 week backlog patients are in Bristol Dental (3,995 patients), Bristol Ophthalmology (2,263) and Bristol Paediatrics (1,807). Weston has 2,915 the 18+ week backlog, which represents 18% of the overall UHBW 18+ week backlog.</p>
Ownership:	Chief Operating Officer



January 2021



	Jan-21		
	Under 18 Wks	Total Waiting	Performance
Diagnostics and Therapies	321	332	96.7%
Medicine	3,228	3,900	82.8%
Specialised Services	2,622	4,106	63.9%
Surgery	12,321	21,265	57.9%
Weston	3,769	6,684	56.4%
Women's and Children's	4,232	6,236	67.9%
TOTAL	26,493	42,523	62.3%

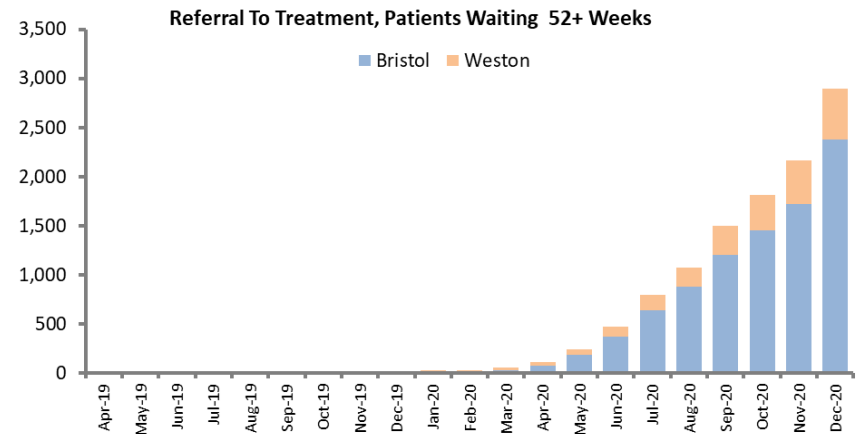
Referral To Treatment – 52 Weeks

January 2021

N Not Achieved

Standards:	No patient should wait longer than 52 weeks for treatment
Performance:	At end of January 3,790 patients were waiting 52+ weeks.
Commentary:	<p>Patients who are 52+ week breach continue to grow due to the third wave of the Covid-19 pandemic, those who were previously booked have been cancelled due to the need to free-up capacity for Covid patients. Patients who have been clinically prioritised as P2 patients who require treatment within one month is resulting in all available capacity being utilised to treat patients by priority and although where capacity allows long waiting patient will be added to the list, we are seeing an unprecedented number of breaches which continues to grow. The prediction of long waiting patients by the end of March 2021 is 5,900 Trustwide – compared to pre-covid when we had long waiting patients. The largest Bristol volumes are in Dental (1,040 patients), Paediatrics (483), General Surgery (452), Ophthalmology (361) and Cardiac (332). Overall Bristol reported 3,110 and Weston reported 680 at the end of January.</p> <p>Clinical prioritisation of patients who are on the waiting list without a “to come in” date continues with 83% of those patients, starting with the longest waiting, have been sent a letter regarding the delay in their treatment. 66% of those routine patients have now been clinically prioritised. Offers of dates will be made for treatment in the independent sector or the additional capacity in place for the waiting list initiatives, however due to the continued pressures with Covid and general increase in attendances due to winter, UHBW have stepped down the majority of routine operations which will have a further impact on those patients who are considered low priority even though they have waited the longest in the number of weeks they have waited. NHS England, and local commissioners, continue to request weekly reporting of patients waiting 78+ and 104+ week, as part of the drive to reduce the overall numbers waiting over a year. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list.</p>
Ownership:	Chief Operating Officer

	Jan-21		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	37	1	0
Specialised Services	371	23	1
Surgery	2,204	112	5
Weston	680	75	5
Women's and Children's	498	29	0
TOTAL	3,790	240	11



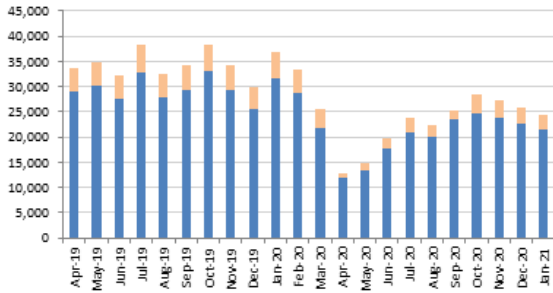
Elective Activity and Referral Volumes

January 2021

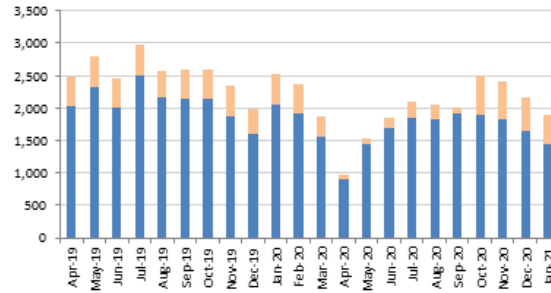
BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO JANUARY 2021

■ Bristol ■ Weston

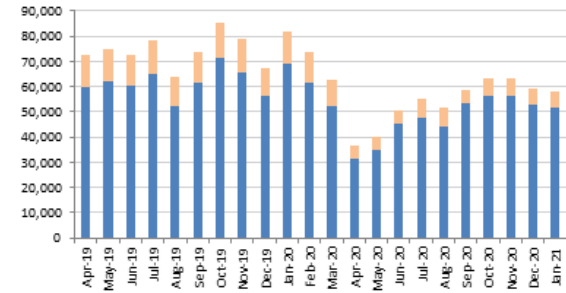
Outpatient Referrals (All)



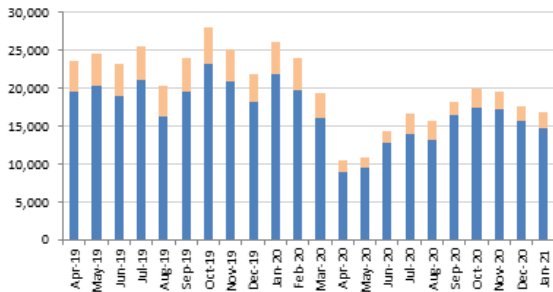
Outpatient Referrals (2 Week Wait)



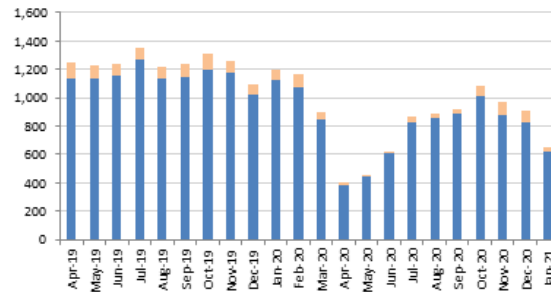
Outpatient Attendances (All)



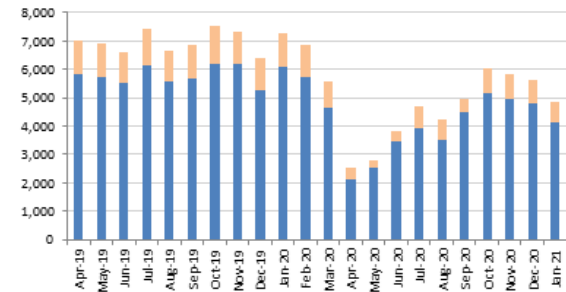
Outpatient Attendances (New)



Elective Inpatients



Elective Day Cases

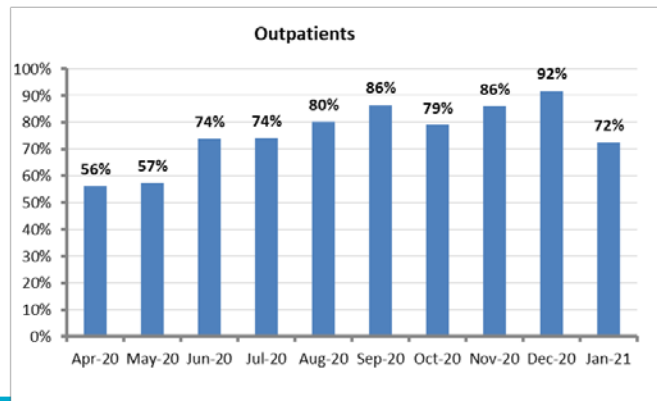
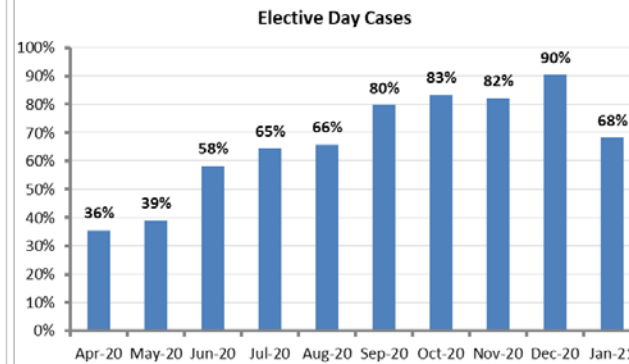
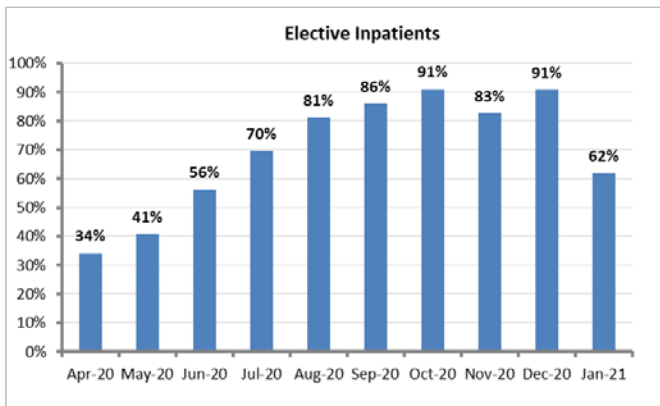


January 2021

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

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

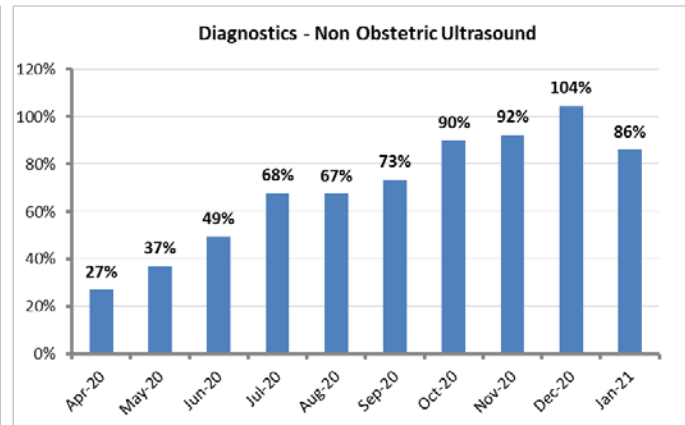
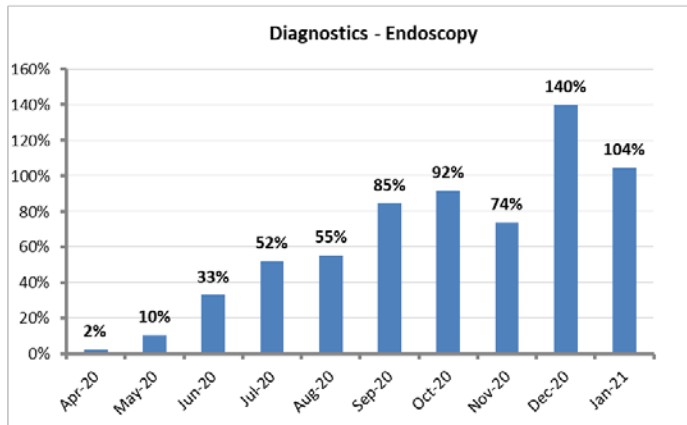
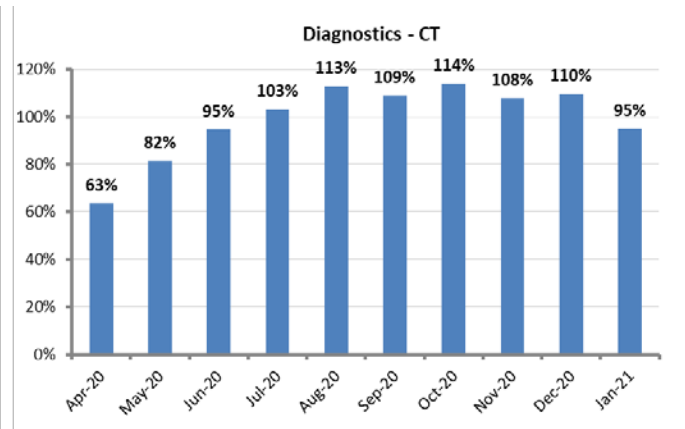
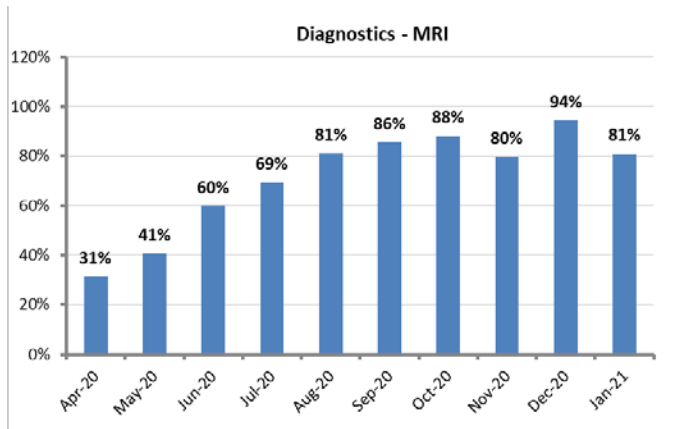
Business As Usual (BAU) Percentages.



January 2021

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

Business As Usual (BAU) Percentages.



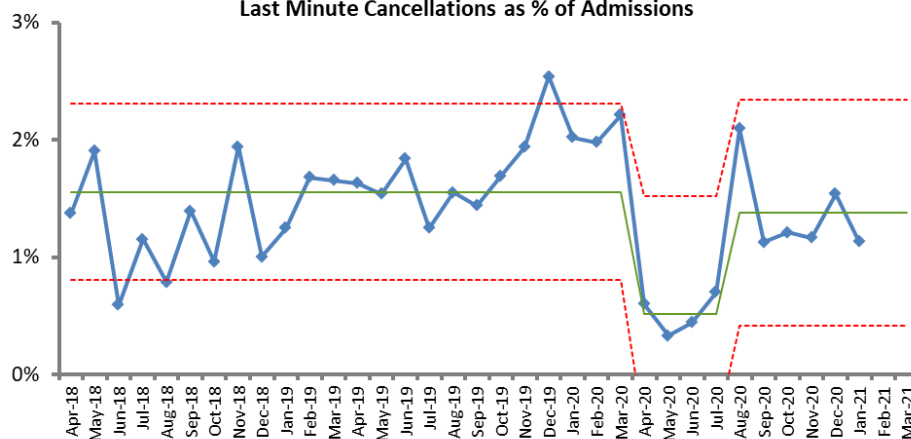
Cancelled Operations

January 2021

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 53 last minute cancellations, which was 1.1% of elective admissions. Of the 77 cancelled in December, 64 (83%) had been re-admitted within 28 days.
Commentary:	The significant reduction in elective activity due to Covid resulted in far fewer last minute cancellations in April through to July. August onwards has seen an increase to near Pre-Covid levels. The most common cancellation reasons for January were “No Beds Available” (19), “Other Emergency Patient Prioritised” (9) and “Lack of Staff due to Covid” (5). National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data.
Ownership:	Chief Operating Officer

Last Minute Cancellations as % of Admissions



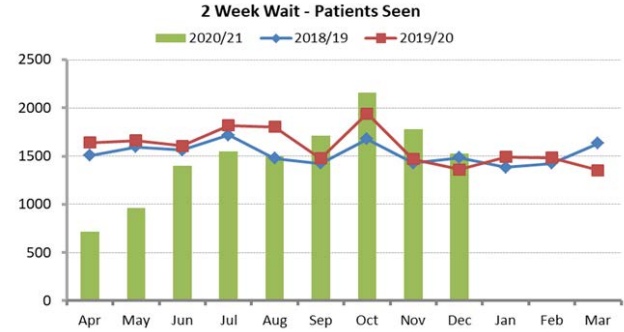
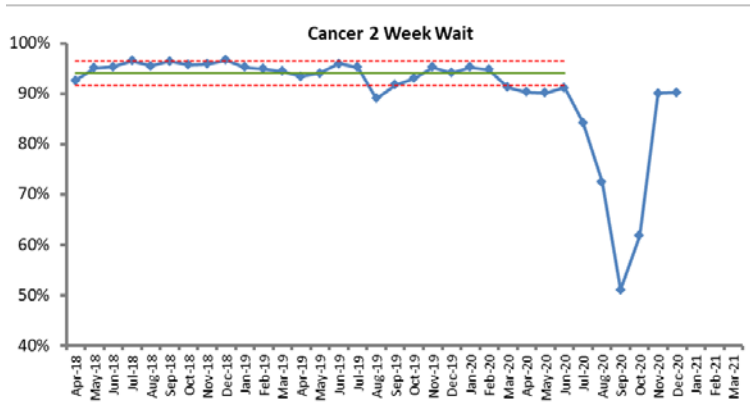
LAST MINUTE CANCELLATIONS	Jan-21	2020/2021
Diagnostics and Therapies	0	0
Medicine	2	11
Specialised Services	19	146
Surgery	24	231
Weston	1	23
Women's and Children's	7	82
TRUST TOTAL	53	493

Cancer Two Week Wait

December 2020

N Not Achieved

Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For December, 90.2% of patients were seen within 2 weeks. This is combined Bristol and Weston performance.
Commentary:	The standard remains non-compliant due to the impact of the Covid-19 outbreak and the ongoing precautions to reduce the risk of infection. Performance has been sustained at or above 90% but below the 93% compliance threshold since November. Patient choice, pre-procedure isolation requirements, and patients isolating due to suffering from Covid or having had contact with someone who has, continue to impact the standard. It is unlikely compliance with the standard will be regained until all social distancing and Covid related restrictions are lifted.
Ownership:	Chief Operating Officer



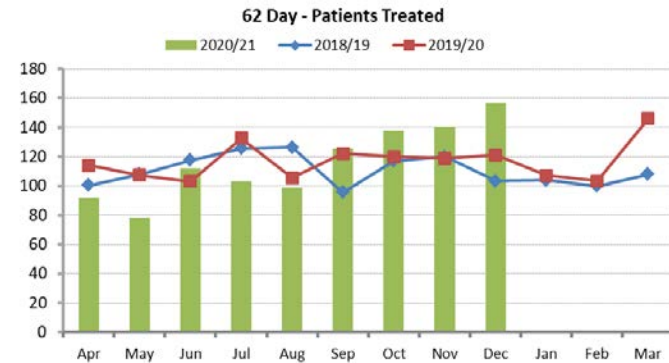
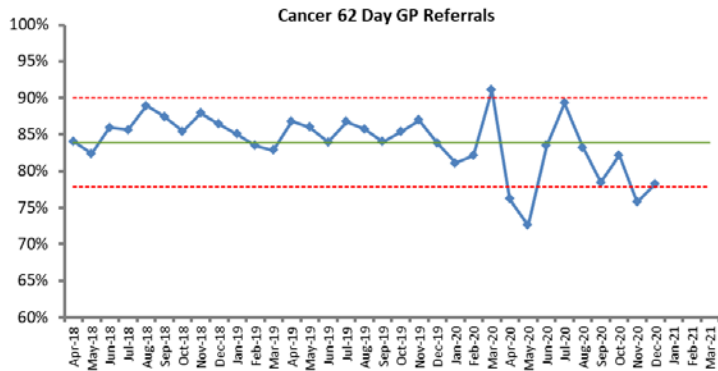
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	2	2	100.0%
Suspected children's cancer	14	14	100.0%
Suspected gynaecological cancers	144	150	96.0%
Suspected haematological malignancies excluding ac	19	21	90.5%
Suspected head and neck cancers	370	378	97.9%
Suspected lower gastrointestinal cancers	190	256	74.2%
Suspected lung cancer	34	34	100.0%
Suspected skin cancers	447	460	97.2%
Suspected testicular cancer	1	1	100.0%
Suspected upper gastrointestinal cancers	116	161	72.0%
Suspected urological cancers (excluding testicular)	42	51	82.4%
Grand Total	1,379	1,528	90.2%

Cancer 62 Days

December 2020

N Not Achieved

Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For December, 78% of patients were seen within 62 days. This is combined Bristol and Weston performance.
Commentary:	The standard was non-compliant in December (78% against an 85% standard). All breaches for reasons within the Trust's control were due to the impact of the Covid pandemic, as well as some of those outside the Trust's control (e.g. late referrals from other providers, patient choice due to Covid concerns etc.). It is expected that the standard will deteriorate before it improves as the standard is measured retrospectively after treatment takes place, so when longer waiting low clinical priority patients (and those declining to attend pre vaccination) are treated, the performance will drop at that point. 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%
Gynaecological	6.5	12.5	52%
Haematological	9.0	11.0	82%
Head and Neck	8.0	13.0	62%
Lower Gastrointestinal	8.5	13.5	63%
Lung	7.0	13.5	52%
Other	1.0	1.0	100%
Skin	63.5	68.0	93%
Upper Gastrointestinal	5.0	6.0	83%
Urological	9.0	13.0	69%
Grand Total	122.5	156.5	78%

Snapshot taken: 7th February 2021

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 7 th February 2021 there were six such waiters. This compares to a peak of 53 such waiters in early July. Total numbers of 104 day waiters are rising again due to the impact of the 'second wave' of Covid but are not yet significantly above the baseline (February 2020) level.
Commentary:	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The 'second wave' and its impact is causing the total number of waiters to rise although it may be possible to still achieve the target for minimal numbers of waiters for 'inappropriate' reasons. 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, this 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.
Ownership:	Chief Operating Officer

Cancer – Patients Waiting 62+ Days

Snapshot taken: 7th February 2021

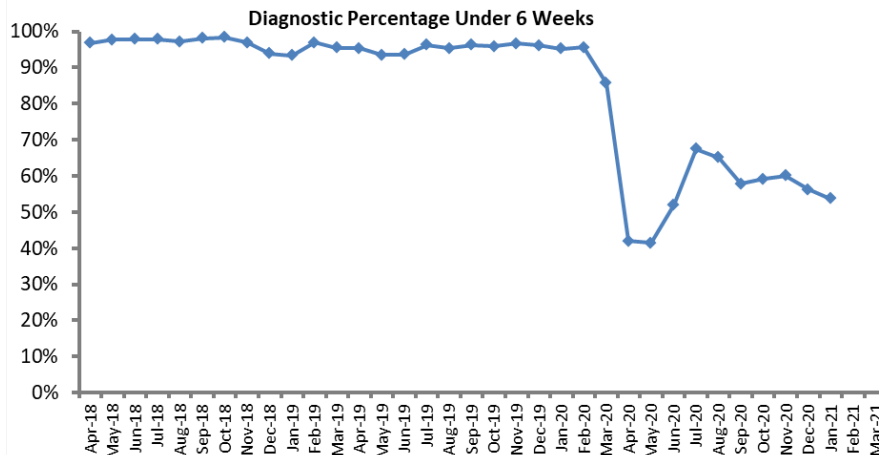
Standards:	<p>This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE have asked Trusts to return to ‘pre-pandemic levels’. The exact measurement for this baseline has not been agreed by NHSE therefore the Trust is using the average weekly figures for February 2020 for internal monitoring .</p> <p>Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.</p>
Performance:	<p>During February 2020 the Trust had an average of 141 patients waiting >62 days on a GP suspected cancer pathway. As at snapshot date of 7th February 2021, this figure was 195. The Trust committed to maintaining the figures at or below 235, provided a ‘second wave’ of Covid with a significant impact on restrictions and services did not occur. As this second wave has occurred with a new national lockdown and extreme pressure on the hospital, an increase above 235 is still considered likely to occur, although currently the Trust is maintaining a flat position just below the target limit. This may be due to the different impact of the second wave compared to the first, and it is considered unlikely that the position will deteriorate to the same extent as in the first wave, despite the impact of the Covid admissions on the hospital overall having been more severe in the second. This is because endoscopy has continued in the second wave, and patient choice has not been as significant an issue.</p>
Commentary:	<p>It is important to note that the majority of patients on a ‘62 day cancer pathway’ (93%) will eventually have cancer ruled out. A greater proportion of patients waiting for longer periods will be non-cancer patients, as patients with greater clinical urgency will be prioritised and patients whose symptoms are mild (or have gone) are more likely to choose to wait. As such the number of waiters in this category is not necessarily an indicator of a significant problem with waiting times for cancer patients. The priority remains to ensure all patients waiting are safe and that avoidable delays (i.e. for capacity) are kept to a minimum.</p>
Ownership:	Chief Operating Officer

Diagnostic Waits

January 2021

N Not Achieved

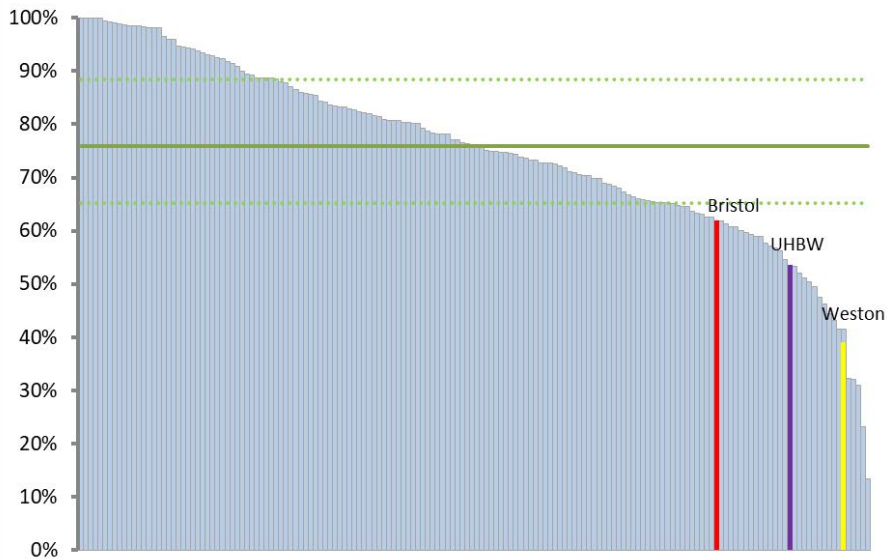
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of January, 53.6% of patients were waiting under 6 week, with 14,062 patients in total on the list. This is Bristol and Weston combined.
Commentary:	<ul style="list-style-type: none"> Endoscopy recovery plans are behind plan for core capacity. This is due to only 1 of 3 additional Endoscopy rooms opening. The two main reasons for the delay in opening the additional 2 rooms relate to nursing staff recruitment and delays in purchasing new endoscopy equipment. Recruitment is progressing as is the procurement of the additional equipment. The Diagnostic Advisory Group has approved a business case for the system to outsource non-obstetric ultrasound to a third party. Options are currently being scoped for this with the likelihood of a 12 week pilot with ICS to test the robustness of plans for staffing, expected to commence by the end of March / beginning of April. Significant data quality issues remain in the Weston diagnostic wait list position (e.g. endoscopy and cystoscopy). This is due to the creation of waiting list entries in the previous PAS that were migrated without being closed, and therefore showing as on the waiting list even though procedures have been completed. This issue is being worked through but the risk to performance should be noted and the CCG are aware. 1/5th of the Cystoscopy waiting list has now been cleansed and Source Group have been commissioned to support waiting list validation. Lack of capacity for CT Cardiac long waits at Weston is currently being reviewed with D&T to see if a UHBW wide approach to clinical prioritisation can be established to minimise 13 week breaches.
Ownership:	Chief Operating Officer



	Jan-21		
	Under 6 Wks	Total Pathways	Performance
Diagnostics and Therapies	3,991	5,287	75.5%
Medicine	87	251	34.7%
Specialised Services	1,178	2,186	53.9%
Surgery	418	1,450	28.8%
Weston	1,719	4,666	36.8%
Women's and Children's	151	222	68.0%
TOTAL	7,544	14,062	53.6%

January 2021

Benchmarking - Percentage Under 6 Weeks - December 2020



Weston

	Under 6 Weeks	Total On List	% Under 6 Weeks	Over 13 Weeks
Audiology	18	20	90%	0
Colonoscopy	61	797	8%	710
Computed Tomography (CT)	131	145	90%	5
Cystoscopy	104	443	23%	207
DEXA Scan	78	448	17%	265
Echocardiography	218	612	36%	89
Flexi Sigmoidoscopy	27	174	16%	130
Gastroscopy	79	648	12%	537
Magnetic Resonance Imaging (MRI)	311	345	90%	7
Ultrasound (Non-obstetric)	692	1034	67%	26
TOTAL	1,719	4,666	36.8%	1,976

Bristol

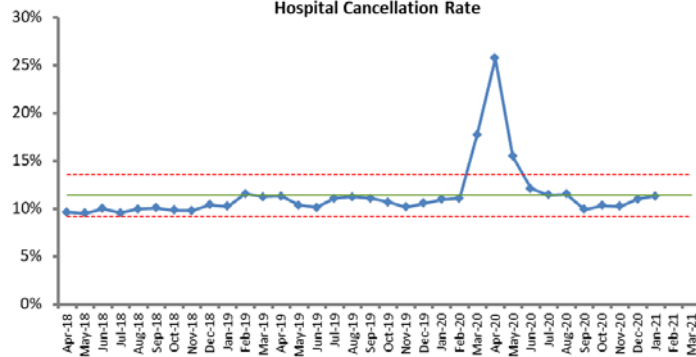
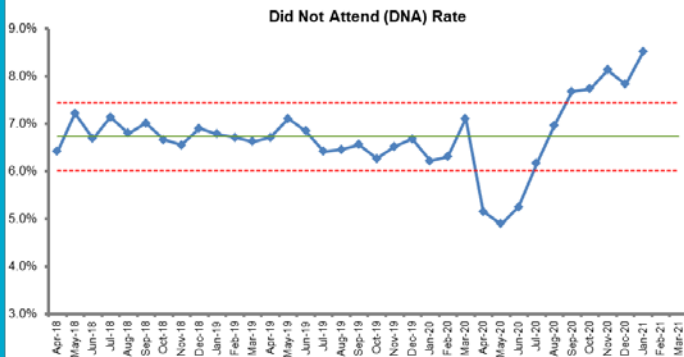
	Under 6 Weeks	Total On List	% Under 6 Weeks	Over 13 Weeks
Audiology	210	210	100%	0
Colonoscopy	189	615	31%	350
Computed Tomography (CT)	861	1005	86%	54
Cystoscopy	1	4	25%	1
DEXA Scan	174	323	54%	62
Echocardiography	919	1442	64%	12
Flexi Sigmoidoscopy	61	236	26%	145
Gastroscopy	188	687	27%	397
Magnetic Resonance Imaging (MRI)	1376	2318	59%	420
Neurophysiology	104	106	98%	0
Sleep Studies	9	32	28.1%	0
Ultrasound (Non-obstetric)	1733	2,418	71.7%	11
TOTAL	5,825	9,396	62.0%	1,452

Outpatient Measures

January 2021

N Not Achieved

Standards:	<p>The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs</p> <p>The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made.</p> <p>The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%.</p> <p>For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.</p>
Performance:	<p>In January the DNA Rate was 8.5% across Bristol and Weston, with 5,383 DNA'ed appointments.</p> <p>The hospital cancellation rate was 11.3% with 9,866 hospital cancelled appointments</p>
Commentary:	<ul style="list-style-type: none"> • Cancellation of routine Outpatient appointments in progress to release capacity to support urgent care and patient flow • Notice has been given for providers to vacate the Nightingale Hospital at the end of February. This will impact upon ophthalmology delivery. • Delays anticipated in typing approvals as a result of the Covid response. • The Eye Hospital are developing a proposal to move administrative staff out of the old Eye Hospital building to Whitefriars. This option would enable the first floor medical records corridor to be decanted and converted into an outpatient facility, therefore reducing reliance on commercial premises for elective recovery purposes.
Ownership:	Chief Operating Officer



	Jan-21	
	DNAs	DNA Rate
Diagnostics and Therapies	341	6.0%
Medicine	645	8.9%
Specialised Services	455	4.2%
Surgery	2,237	11.5%
Weston	489	6.6%
Women's and Children's	1,216	9.6%

	Jan-21	
	Cancellations	Rate
Diagnostics and Therapies	615	8.4%
Medicine	1,137	11.6%
Specialised Services	2,654	17.2%
Surgery	2,298	8.1%
Weston	1,519	16.9%
Women's and Children's	1,643	9.6%

Outpatient Overdue Follow-Ups

January 2021

N Not Achieved

Standards:	This measure looks at referrals where the patient is on a “Partial Booking List” at Bristol, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a “Date To Be Seen By”, from which the proportion that are overdue can be reported.
Performance:	Data for Bristol: Total overdue at end of December was 49,352 of which 6,422 were overdue by 9+ months. Data for Weston is available this month and the table below-right shows the end of January position, with 8379 in total overdue.
Commentary:	As a result of the COVID -19 response there has been a loss of capacity in outpatients for follow up appointments, this is observed trust wide. Outpatient activity has increased to 72% of pre-covid levels in January, which is not sufficient to manage follow up backlog demand. Capacity is being focussed on the delivery of the most clinically urgent cases.
Ownership:	Chief Operating Officer

	Bristol - Overdue by 9+ Months				
	Apr-19	Apr-20	Jul-20	Oct-20	Jan-21
Diagnostics and Therapies	0	0	3	3	4
Medicine	4	208	162	976	2,759
Specialised Services	181	555	293	373	456
Surgery	264	1,371	1,805	2,713	3,830
Women's and Children's	349	67	94	187	316
TRUST TOTAL 9+ months	798	2,201	2,357	4,252	7,365

Weston Overdue Follow-Ups at end of January 2021	
Cardiac/Cardiology	213
Clinical Haematology	163
Colorectal Surgery	340
Diabetic Medicine	269
Endocrinology	404
ENT	502
Gastroenterology	698
General Medicine	161
General Surgery	117
Gynaecology	434
Oncology	90
Ophthalmology	790
Paediatric	476
Respiratory Medicine	588
Rheumatology	1,147
T & O	1,120
Urology	796
Other	71
WESTON TOTAL	8,379

Mortality - SHMI

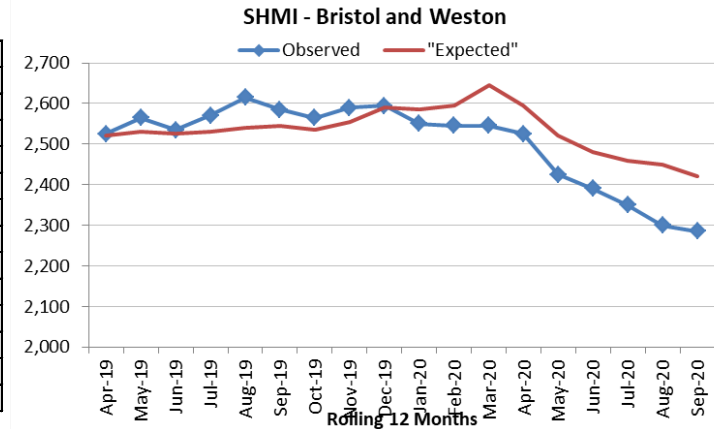
September 2020

A *Achieved*

Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. The most recent data is for the 12 months to July 2020 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:	Prior to March 2020, NHS Digital published data for Bristol and Weston separately. From the March 2020 data set, it was combined data. The Summary Hospital Mortality Indicator for UHBW for the 12 months to September 2020 and was 94.4 and in NHS Digital’s “as expected” category. This is lower than the overall national peer group of English NHS trusts of 100.
Commentary:	Actions: The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

Rolling 12 Month SHMI

	UHBW			Bristol			Weston		
	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI
Oct-19	2,565	2,535	101.2	1,705	1,665	102.4	860	870	98.9
Nov-19	2,590	2,555	101.4	1,720	1,690	101.8	870	865	100.6
Dec-19	2,595	2,590	100.2	1,720	1,715	100.3	875	875	100.0
Jan-20	2,550	2,585	98.6	1,685	1,715	98.3	865	870	99.4
Feb-20	2,545	2,595	98.1	1,665	1,720	96.8	880	875	100.6
Mar-20	2,545	2,645	96.2						
Apr-20	2,525	2,595	97.3						
May-20	2,425	2,520	96.2						
Jun-20	2,390	2,480	96.4						
Jul-20	2,350	2,460	95.5						
Aug-20	2,300	2,450	93.9						
Sep-20	2,285	2,420	94.4						



Mortality - HSMR

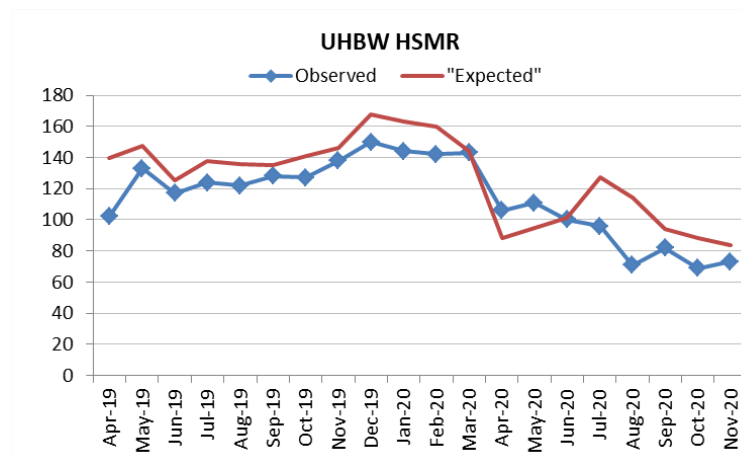
November 2020

A *Achieved*

Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr.Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR for UHBW for the solely the month of November 2020 is 87.1; this is below the comparative national peer value. Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation.
Commentary:	Actions: 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

HSMR Monthly Data

	UHBW		
	Observed	"Expected"	HSMR
Apr-19	102	140	72.9
May-19	133	148	90.0
Jun-19	117	126	93.2
Jul-19	124	138	90.1
Aug-19	122	136	89.9
Sep-19	128	135	94.6
Oct-19	127	141	90.0
Nov-19	138	146	94.4
Dec-19	150	168	89.4
Jan-20	144	163	88.3
Feb-20	142	160	88.8
Mar-20	143	144	99.2
Apr-20	106	88	120.0
May-20	111	95	117.2
Jun-20	100	101	98.7
Jul-20	96	127	75.5
Aug-20	71	115	61.9
Sep-20	82	94	86.9
Oct-20	69	89	77.9
Nov-20	73	84	87.1

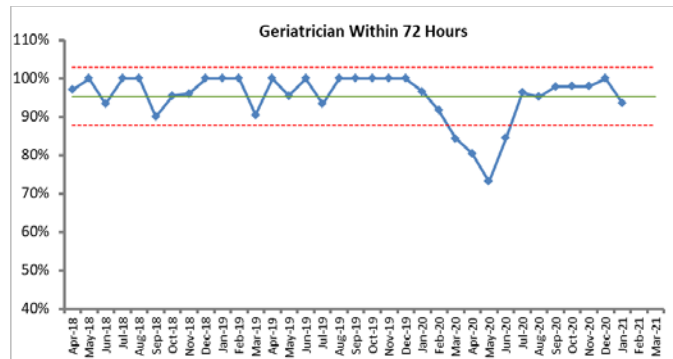
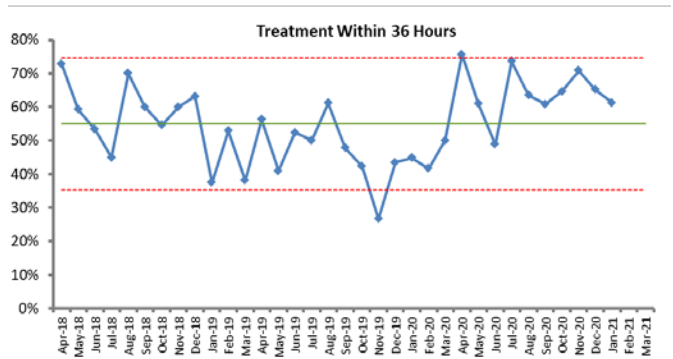


Fractured Neck of Femur (NOF)

January 2021

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:	In January 2021, there were 31 patients eligible for Best Practice Tariff (BPT) across UHBW (21 in Bristol and 10 in Weston). For the 36 hour target, 61% (19 patients) were seen with target. For the 72 hour target, 94% (29 patients) were seen within target. In total, 19 patients (61%) received care that met all elements of the Best Practice Tariff.
Commentary:	<p>Challenges to be addressed in Weston:</p> <ul style="list-style-type: none"> • Access to trauma theatre space due to other trauma or other surgical priorities including shared operating theatres at weekend • Availability of specialist surgeon due to fracture type complication or specialist surgery kit required • Unavoidable medical issues preventing timely surgery <p>Actions being taken in Weston:</p> <ul style="list-style-type: none"> • During Covid-19 crisis, continue to review full day trauma operating to allow for prioritisation of fractured neck of femur on trauma lists • Continue to create additional capacity for trauma by utilising vacant theatre sessions • Monitor theatre efficiency and kit availability to prevent avoidable delays where possible <p>No new information for Bristol site beyond what was reported last month.</p>
Ownership:	Medical Director



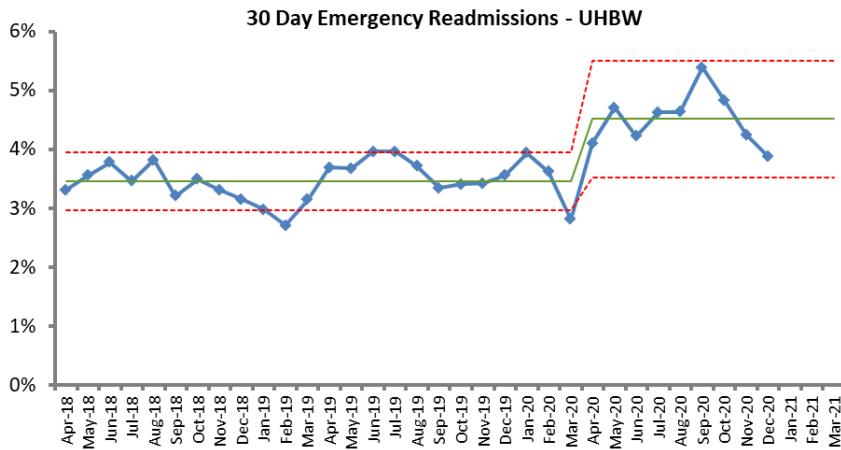
	Total Patients	36 Hours	
		Seen In Target	Percentage
Bristol	21	14	67%
Weston	10	5	50%
TOTAL	31	19	61%

	Total Patients	72 Hours	
		Seen In Target	Percentage
Bristol	21	20	95%
Weston	10	9	90%
TOTAL	31	29	94%

December 2020

N Not Achieved

Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. 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 12,328 discharges, of which 477 (3.9%) had an emergency re-admission within 30 days. From April this is Bristol and Weston combined.
Commentary:	The review of Readmission methodologies across the two Trusts has not concluded due to other priorities. The activity data (discharges last month and admissions this month) is accurate but the approach to defining a readmission needs reviewing. The historic Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity may not be appropriate going forward. The rules will be reviewed within the Chief Operating Officer team.
Ownership:	Chief Operating Officer



	Dec-20		
	Readmissions	Total Discharges	%
Diagnostics and Therapies	0	19	0.0%
Medicine	203	2,345	8.7%
Specialised Services	30	2,640	1.1%
Surgery	76	2,063	3.7%
Weston	116	1,704	6.8%
Women's and Children's	52	3,557	1.5%
TOTAL	477	12,328	3.9%

Workforce – Bank and Agency Usage

January 2021

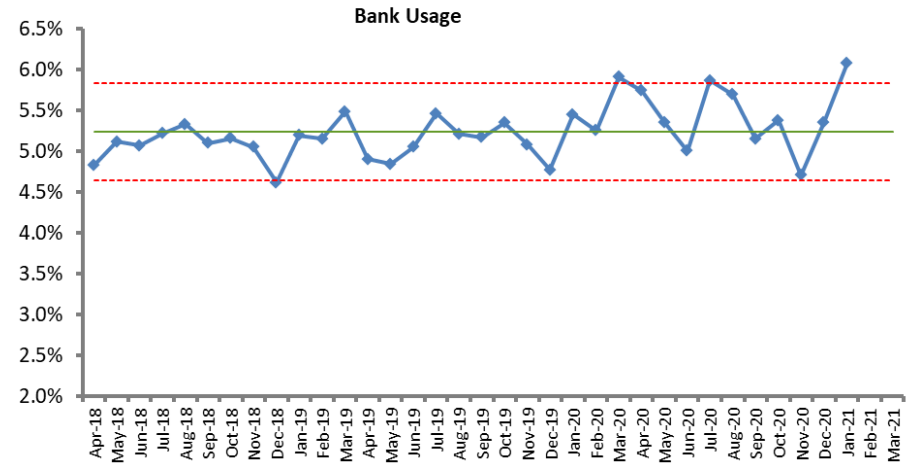
N Not Achieved

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In January 2021 total staffing was at 11254 FTE. Of this, 6.1% was Bank (684 FTE) and 2.0% was Agency (222 FTE).
Commentary:	<p>Bank usage increased by 88.2 FTE. There were increases in all divisions with the exception of Diagnostics & Therapies which reduced by 4.0 FTE compared with the previous month. The largest divisional reduction seen in Surgery, increasing to 103.9 FTE compared to 81.1 FTE in the previous month.</p> <p>Agency usage increased by 14.7 FTE. There were increases in five divisions. The largest divisional increase was seen in Facilities & Estates, increasing to 54.9 FTE compared to 34.0 in the previous month. There were reductions in four divisions, with the largest divisional reduction seen in Weston, reducing to 46.4 FTE compared to 57.2 FTE in the previous month.</p> <ul style="list-style-type: none"> • A further 59 appointments / re-appointments have been made to the Trust Staff Bank in January across all staff groups, supporting the aim to reduce reliance on agency supply. • A Procurement process has started for a new contract for the supply of medical agency locums for Bristol and Weston. • High cost, non-framework nurse agency supply increased further during January, due to the ongoing and significant operational pressures. • The Bank ‘Winter Recruitment Campaign’ has seen a 70% increase in enquiries which has resulted in 48 clinical and 19 non-clinical offers for the Bank in January. • Focussed work continues, reviewing non-clinical bank and agency usage in the Weston Division in order to reduce costs. • Work has commenced to centralise bank and agency medical locum bookings within the Temporary Staffing Bureau (TSB), across Bristol and Weston, to ensure there are robust and consistent controls and processes in place.
Ownership:	Director of People

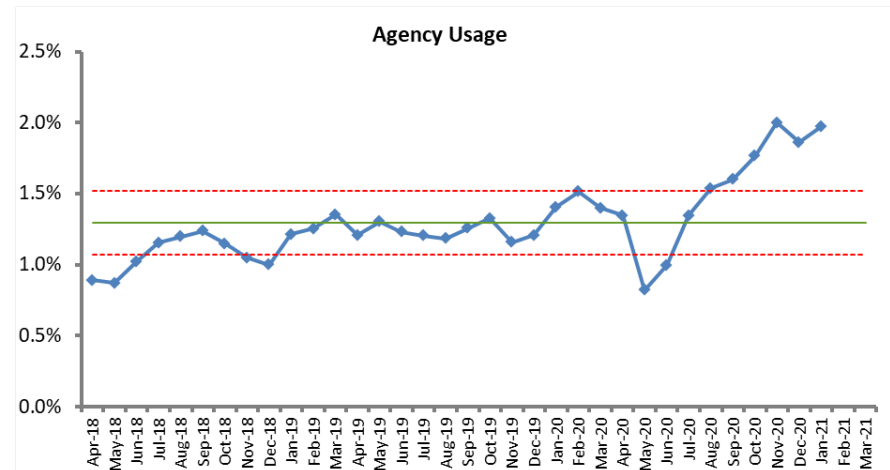
Workforce – Bank and Agency Usage

January 2021

Bank	January FTE	January Actual %	KPI
UHBW NHS Foundation Trust	683.6	6.1%	4.7%
Diagnostics & Therapies	25.1	2.0%	1.4%
Medicine	160.4	10.9%	10.3%
Specialised Services	65.9	5.9%	4.9%
Surgery	103.9	5.3%	4.0%
Women's & Children's	75.6	3.4%	1.9%
Trust Services	45.2	4.2%	3.0%
Facilities & Estates	91.0	9.2%	7.6%
Weston	116.5	9.6%	6.1%



Agency	January FTE	January Actual %	KPI
UHBW NHS Foundation Trust	221.9	2.0%	1.7%
Diagnostics & Therapies	1.9	0.2%	1.0%
Medicine	72.3	4.9%	2.7%
Specialised Services	10.9	1.0%	1.1%
Surgery	24.9	1.3%	1.5%
Women's & Children's	10.8	0.5%	0.7%
Trust Services	0.0	0.0%	0.2%
Facilities & Estates	54.9	5.6%	0.2%
Weston	46.4	3.8%	5.1%



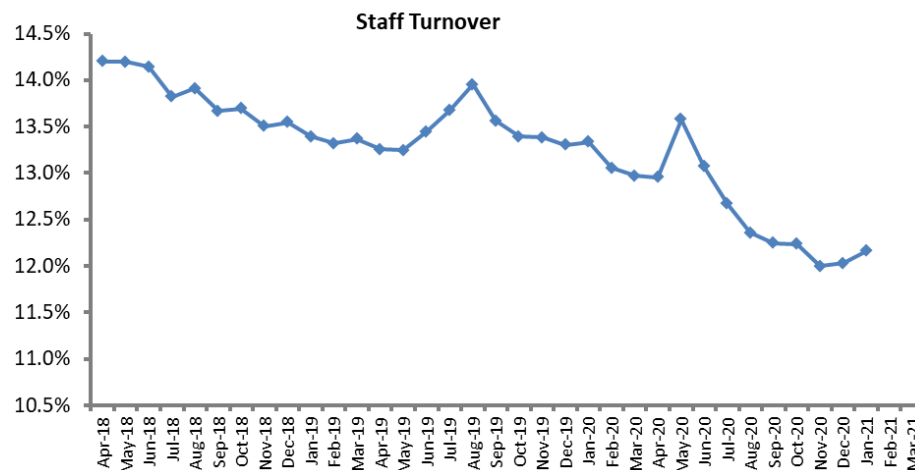
Workforce – Turnover

January 2021

Y Achieved

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In January 2021, there had been 1057 leavers over the previous 12 months, with 8695 FTE staff in post on average over that period; giving a turnover of $1057 / 8695 = 12.2\%$.
Commentary:	<p>Turnover remained increased to 12.2% compared with 12.0% in the previous month. Three divisions saw reductions whilst four divisions saw increases in turnover in comparison to the previous month.</p> <p>The largest divisional reduction was seen within Facilities and Estates, reducing to 14.4% from 15.1% the previous month. Weston had the largest divisional increasing, rising from 18.4% to 19.5%.</p> <ul style="list-style-type: none"> BNSSG STP Leaders are working in partnership to explore restoration and recovery strategies for staff post pandemic, recognising the significant impact Covid has had on the workforce. This includes a focus on retention initiatives, ongoing mental health and wellbeing support, proactive resourcing activities, and a focus on creating learning and development opportunities. The aim of this programme also underpins the critical need to empower and equip staff in readiness for meeting the operational activity demand ahead.
Ownership:	Director of People

Turnover	Jan-21	KPI
UHBW NHS Foundation Trust	12.2%	13.1%
Diagnostics & Therapies	9.8%	12.1%
Medicine	13.5%	14.7%
Specialised Services	12.8%	13.4%
Surgery	11.7%	13.5%
Women's & Children's	9.7%	10.2%
Trust Services	9.0%	12.9%
Facilities & Estates	14.4%	13.0%
Weston	19.5%	15.7%



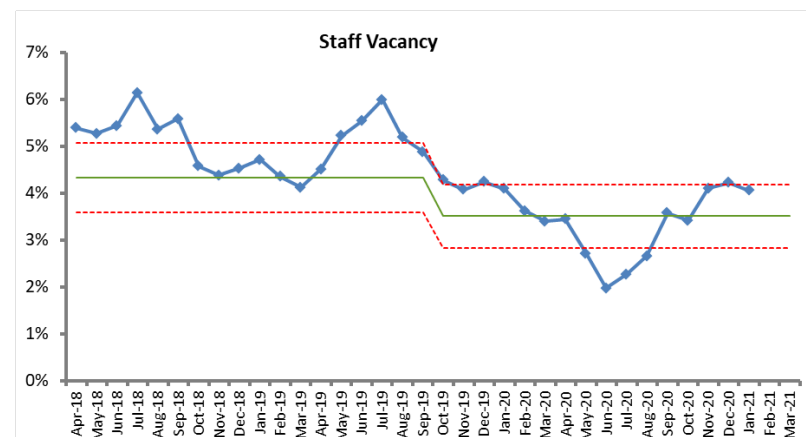
Workforce – Vacancies

January 2021

Y Achieved

Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In January 2021, funded establishment was 10,786 FTE, with 437 FTE as vacancies (4.1%).
Commentary:	<p>Overall vacancies reduced to 4.1% compared to 4.2% in the previous month.</p> <p>The largest divisional increase was seen in Weston, where vacancies increased to 134.9 FTE from 128.1 FTE the previous month. The largest divisional reduction was seen in Surgery, where vacancies reduced to 56.4 FTE from 72.6 FTE the previous month.</p> <p>The over-establishment within the division of Women’s and Children’s has the effect of lowering the overall total vacancy position for the Trust.</p> <ul style="list-style-type: none"> An international nurse recruitment programme board, reporting up to the overarching UHBW Recruitment & Retention Steering Group, has been established, with the programme currently on target to appoint over 60 overseas nurses by the end of April 2021. A focussed drive continues to reach a zero Nurse Assistant vacancy position by April 2021. This realised 42 substantive new starters across Bristol and Weston during January. Eight international nurses were added to the covid temporary NMC register to help strengthen workforce capacity. A ‘keep warm’ event for our newly qualified nurse applicants was held with 25 attendees, with an aim of improving attrition. Successful recruitment to the new Pastoral Care role has been seen, supporting the delivery of high quality pastoral support, relocation and on-boarding for all overseas recruits to the Trust, together with the appointment of the Deputy Clinical Talent Acquisition Manager who will support an increased focus on recruitment interventions in Weston.
Ownership:	Director of People

Vacancy	Jan-21	KPI
UHBW NHS Foundation Trust	4.1%	5.6%
Diagnostics & Therapies	4.0%	5.5%
Medicine	4.5%	6.5%
Specialised Services	4.5%	5.5%
Surgery	3.0%	4.5%
Women's & Children's	-0.3%	1.0%
Trust Services	0.8%	4.9%
Facilities & Estates	9.5%	9.1%
Weston	11.4%	10.9%



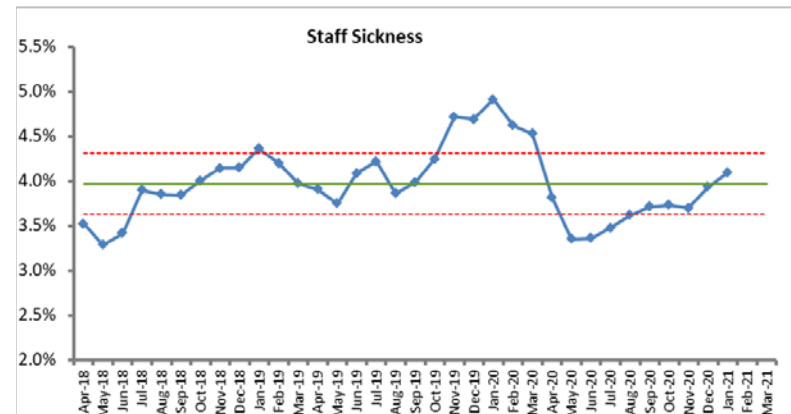
Workforce – Staff Sickness

January 2021

P Partially Achieved

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In January 2021, total available FTE days were 319,757 of which 13,090 (4.1%) were lost to staff sickness.
Commentary:	<p>Sickness absence increased to 4.1% compared with 4.0% in the previous month, based on updated figures for both months. This does NOT include Medical Suspension reporting. There were increases within six divisions, with the largest divisional increase seen within Specialised Services, increasing by 0.5 percentage points to 3.3% from 2.8% the previous month. The largest divisional reduction was seen in Weston, reducing by 0.7 percentage points to 4.2% from 4.9% the previous month. Trust Services remained static.</p> <p>Medical Suspension continues to be the method used to record Covid-19 absences. During January, 4.1% of available FTE was lost to Medical Suspension compared to 2.7% the previous month (based on updated figures): 1.6% Covid-19 Sickness, 2.5% Covid-19 Isolation/Shielding.</p> <ul style="list-style-type: none"> • This year’s flu vaccination programme achieved an 87.8% uptake against a CQUIN target of 90% of all frontline staff (equating to 7,599 frontline healthcare workers). In total, across all staff groups a 73% (9,320 colleagues) uptake has been seen. • Avon Partnership Occupational Health Service is leading on the implementation of a BNSSG wide Mental Health & Wellbeing Hub, supported by NHSE investment. The aim is for the Hub to proactively offer support to all health and social care staff affected by COVID. • A free, interactive tool is being promoted to help colleagues manage their overall health and wellbeing through the development of a personalised plan to address areas such as sleep, nutrition and exercise. • A Frequently Asked Questions for line managers addressing the requirements of self-isolation, long-covid and absence recording has been produced and launched. • Partnership working between Staff Side and HR Services has commenced in order to support employees with long-covid.
Ownership:	Director of People

Sickness	Jan-21	KPI
UHBW NHS Foundation Trust	4.1%	4.0%
Diagnostics & Therapies	3.8%	3.1%
Medicine	4.7%	4.2%
Specialised Services	3.3%	3.3%
Surgery	4.7%	4.0%
Women's & Children's	3.8%	3.8%
Trust Services	2.8%	3.5%
Facilities & Estates	5.4%	6.3%
Weston	4.2%	4.1%



Workforce – Appraisal Compliance

January 2021

N Not Achieved

Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In January 2021, 6,859 members of staff were compliant out of 10,337 (66.4%).
Commentary:	<p>Overall appraisal compliance reduced to 66.4% from 68.2% compared to the previous month. All divisions are non-compliant. There were reductions in all divisions; the largest reduction was seen within Weston reducing to 71.0% from 74.9% the previous month. The programme to deliver improvements in overall appraisal compliance continues. This is focussing on:</p> <ul style="list-style-type: none"> • A review of the Appraisal Policy to include wellbeing and Diversity & Inclusion, together with a focus on ratings and achievements. • Monitoring of the introduction of local appraisal compliance reporting which has been positively received by Divisions in the absence of automated reminders. • Preparation for the implementation of pay progression in 2021.
Ownership:	Director of People

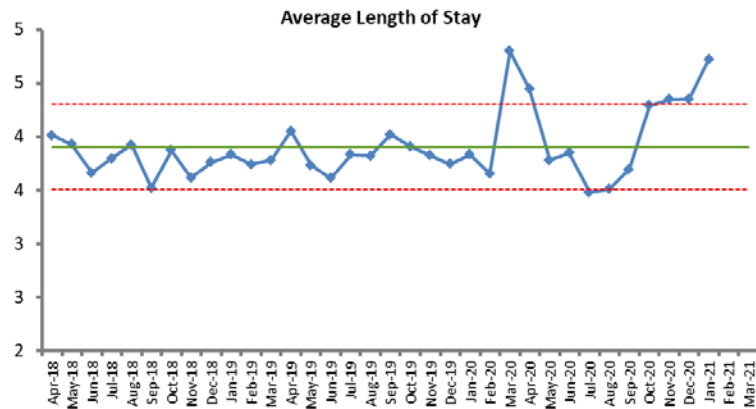
Appraisal (Non-Consultant)	Jan-21	Dec-20	KPI
UHBW NHS Foundation Trust	66.4%	68.2%	85.0%
Diagnostics & Therapies	69.4%	70.4%	85.0%
Medicine	54.1%	57.2%	85.0%
Specialised Services	75.6%	79.0%	85.0%
Surgery	52.8%	54.0%	85.0%
Women's & Children's	72.0%	72.2%	85.0%
Trust Services	68.4%	69.0%	85.0%
Facilities & Estates	71.5%	74.4%	85.0%
Weston	71.0%	74.9%	85.0%

Average Length of Stay

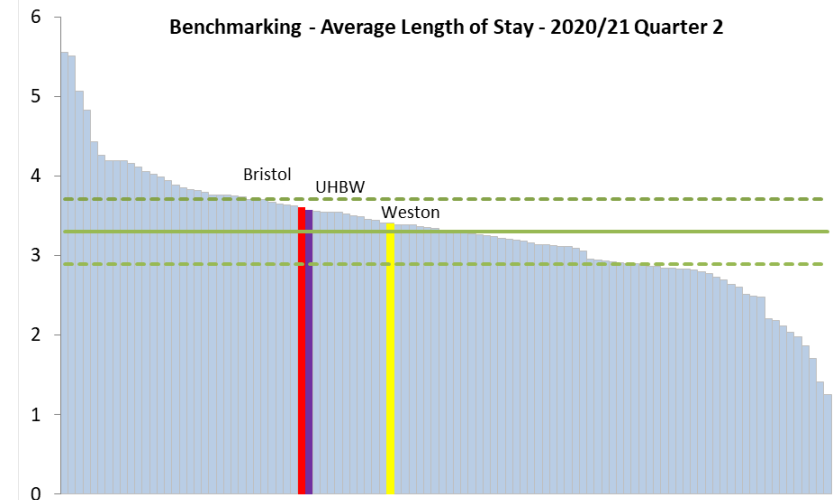
January 2021

N/A No Standard

Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In January there were 5,793 discharges at UHBW with an average length of stay of 4.72 days.
Commentary:	Current assumptions around length of stay are being reviewed as part of the pathway reconfigurations resulting from the Covid pandemic.
Ownership:	Chief Operating Officer



	Jan-21
Medicine	5.91
Specialised Services	6.91
Surgery	4.33
Weston	7.40
Women's and Children's	2.63



January 2021

Performance to NHSEI Plan	Plan to date Month 10 £m	Actual to date Month 10 £m	Variance to date favourable/ (adverse) £m
Income from patient care activities	647.163	651.883	4.720
Other operating income	101.510	107.703	6.193
Employee expenses	(462.155)	(460.219)	1.936
Other operating expenses	(256.456)	(263.367)	(6.911)
Depreciation (owned & leased)	(25.346)	(25.333)	0.013
PDC	(9.798)	(9.797)	0.001
Interest Payable	(1.971)	(1.935)	0.036
Interest Receivable	0.001	0.001	0.000
Net Surplus/(deficit) inc technicals	(7.052)	(1.064)	5.988
Remove depreciation (donated)	1.573	1.575	0.002
Remove donated Income	(0.260)	(0.408)	(0.148)
Net Surplus/(deficit) exc technicals	(5.739)	0.103	5.842

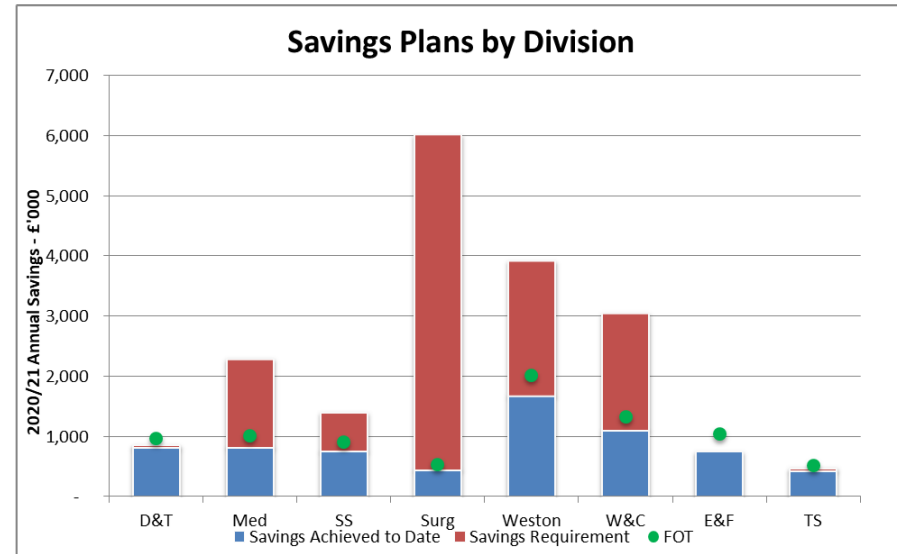
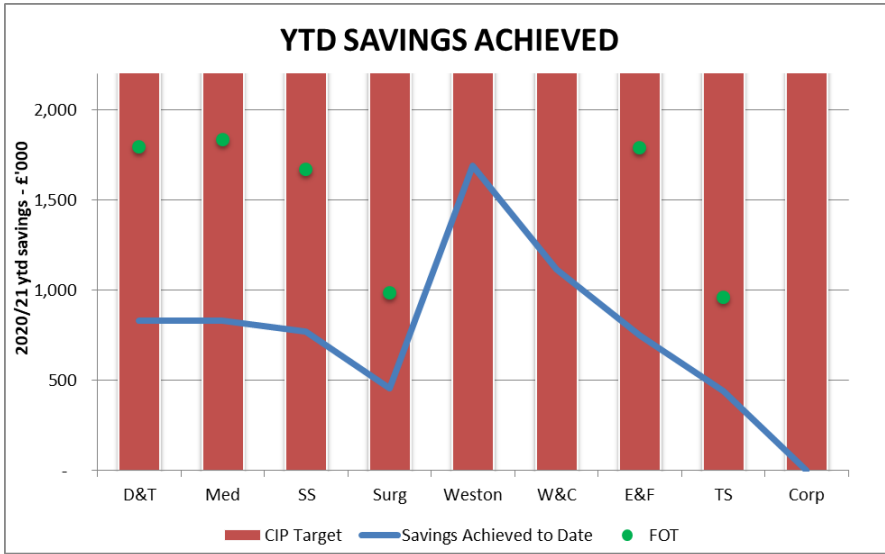
January 2021

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

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

Year to Date COVID Spend/ Income Loss £'000										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates	Trust Services	Other	Total
Nursing & Midwifery	(7)	(3,129)	(646)	(820)	(974)	(1,464)	0	(207)	(175)	(7,422)
Medical & Dental Pay	(2)	(964)	(265)	(1,295)	(479)	(762)	0	(114)	(25)	(3,906)
Other Pay	(512)	(115)	(109)	(113)	(260)	(58)	(303)	(334)	(11)	(1,815)
Non Pay	(539)	(2,867)	(317)	(1,380)	(1,215)	(182)	(1,322)	(4,012)	(4)	(11,838)
Income from Activities	0	0	0	0	0	(260)	0	0	(15)	(275)
Income from Operations	(39)	0	(180)	0	(748)	0	(1,223)	(158)	0	(2,348)
Total	(1,099)	(7,075)	(1,517)	(3,608)	(3,676)	(2,726)	(2,848)	(4,825)	(230)	(27,604)

January 2021



Care Quality Commission Rating - Bristol

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

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

Rating for acute services/acute trust

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

Care Quality Commission Rating - Weston



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

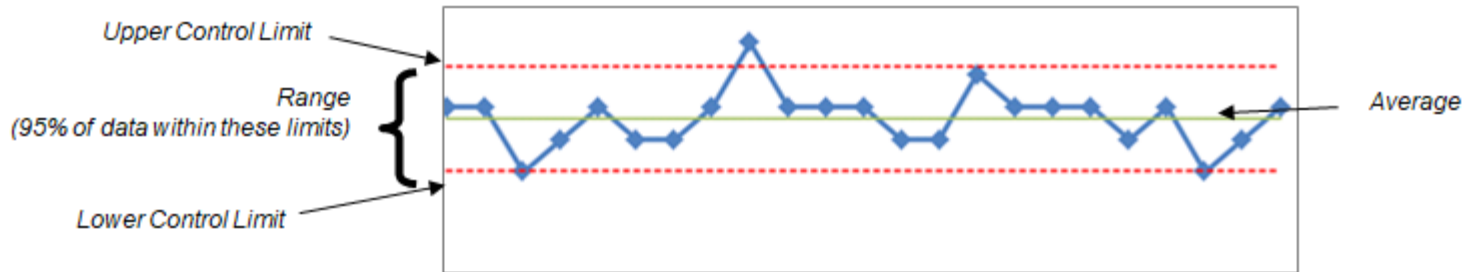
The overall rating was REQUIRES IMPROVEMENT, and the breakdown by category is shown below:

Ratings for Weston General Hospital

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

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

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

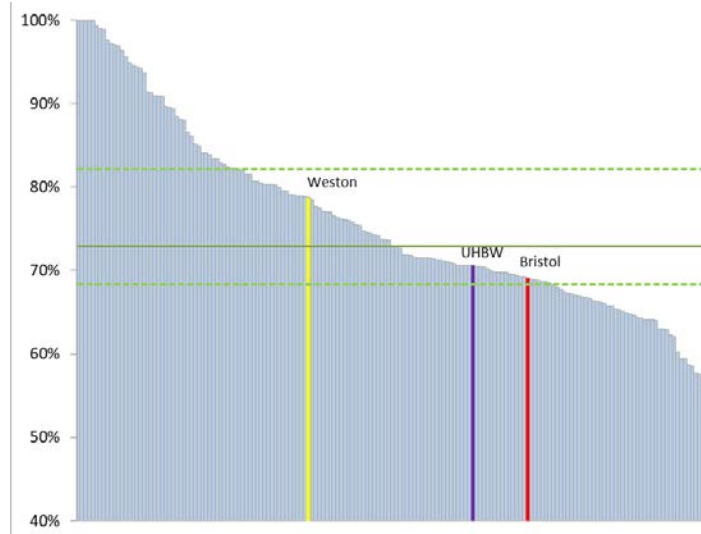


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "control limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

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

Explanation of Benchmarking Charts

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



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

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

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

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

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

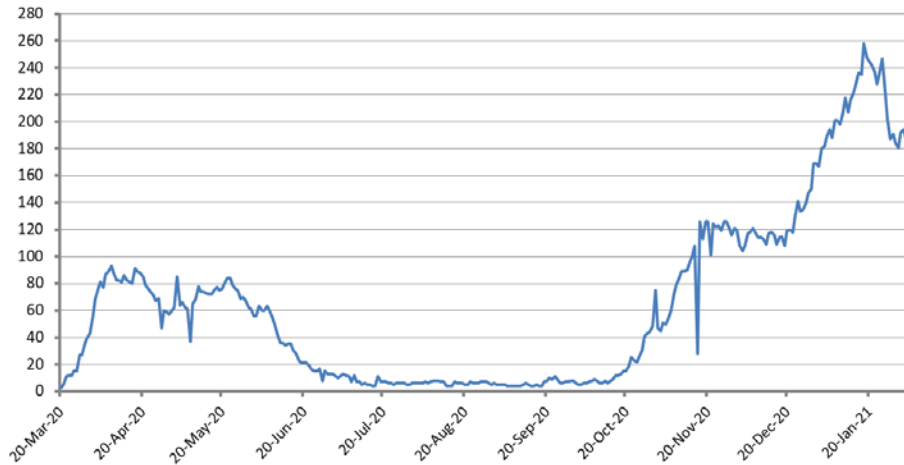
Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 20th January 2021 from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer

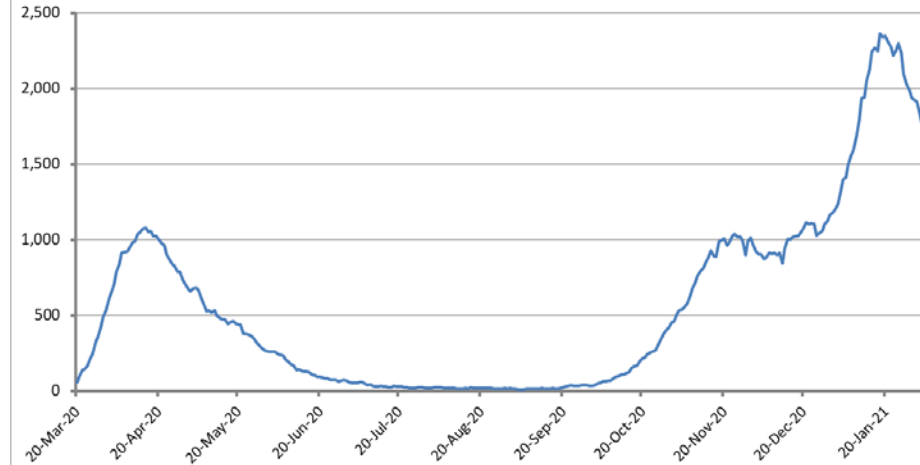
Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 4th February 2021.

University Hospitals Bristol and Weston



South West Organisations



Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 20th January 2021 from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer

Covid19 Inpatients

Two totals:

1. Inpatients admitted with Covid-19
2. Inpatients Diagnosed with COVID-19 following admission

Month	Inpatients Admitted With Covid-19
May-20	37
Jun-20	16
Jul-20	6
Aug-20	8
Sep-20	13
Oct-20	47
Nov-20	176
Dec-20	203
Jan-21	414
	920

Inpatients Diagnosed With Covid-19 Following Admission				
Community Onset	Hospital Onset – Indeterminate	Hospital Onset – Probable	Hospital Onset – Definite	TOTAL Diagnosed Following Admission
Sample within 2 days of admission	Sample 3-7 days post admission	Sample 8-14 day post admission	Sample 15+ days after admission	
				313
				75
5	1	0	1	7
9	0	0	1	10
17	0	0	0	17
107	6	6	5	124
157	22	12	23	214
94	27	22	35	178
159	31	25	19	234
				1172

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN



ID	Measure	19/20	20/21 YTD	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Infection Control																			
DA01	MRSA Trust Apportioned Cases	4	4	0	1	1	0	0	0	0	1	1	0	0	1	1	1	1	1
DA02	MSSA Trust Apportioned Cases	48	32	2	1	0	5	2	3	2	5	1	3	5	6	7	10	9	6
DA03	CDiff Trust Apportioned Cases	41	65	1	3	5	8	6	6	11	5	5	7	6	6	19	22	18	6
Patient Falls																			
AB01	Falls Per 1,000 Beddays	4.52	5.11	4.89	5.33	5.38	6.93	5.77	3.66	4.76	5.3	4.28	5.18	5.9	4.38	6.05	4.6	5.1	4.38
	<i>Numerator (Falls)</i>	1411	1392	125	121	114	164	138	100	136	160	134	151	171	124	416	396	456	124
	<i>Denominator (Beddays)</i>	312447	272635	25561	22693	21194	23666	23917	27319	28557	30205	31336	29161	28979	28301	68777	86081	89476	28301
AB06A	Total Number of Patient Falls Resulting in Harm	26	19	4	1	2	1	1	1	1	1	4	4	1	3	4	3	9	3
Covid Diagnosis																			
CV01	Patients Admitted With Covid		920				37	16	6	8	13	47	176	203	414	53	27	426	414
CV02	Patients Diagnosed After Admission		1172				313	75	7	10	17	124	214	178	234	388	34	516	234
CV02A	Patients Diagnosed Within 2 Days of Admission		548						5	9	17	107	157	94	159		31	358	159
CV02B	Patients Diagnosed Within 3-7 Days of Admission		87						1	0	0	6	22	27	31		1	55	31
CV02C	Patients Diagnosed Within 8-14 Days of Admission		65						0	0	0	6	12	22	25		0	40	25
CV02D	Patients Diagnosed 15+ Days After Admission		84						1	1	0	5	23	35	19		2	63	19
Pressure Injuries																			
DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.286	0.117	0.308	0.991	0.254	0.293	0.183	0.315	0.199	0.096	0.274	0.138	0.318	0.494	0.232	0.168	0.318
	<i>Numerator (Pressure Injuries)</i>	57	78	3	7	21	6	7	5	9	6	3	8	4	9	34	20	15	9
	<i>Denominator (Beddays)</i>	312447	272635	25561	22693	21194	23666	23917	27319	28557	30205	31336	29161	28979	28301	68777	86081	89476	28301
DE02	Pressure Ulcers - Grade 2	49	73	2	7	20	5	5	5	9	6	3	8	4	8	30	20	15	8
DE03	Pressure Ulcers - Grade 3	8	5	1	0	1	1	2	0	0	0	0	0	0	1	4	0	0	1
DE04	Pressure Ulcers - Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents																			
S02	Number of Serious Incidents Reported	73	91	6	2	7	2	6	7	5	23	15	10	5	11	15	35	30	11
S01	Total Never Events	4	6	0	0	0	0	0	1	0	2	1	2	0	0	0	3	3	0

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN



ID	Measure	19/20	20/21 YTD	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.33%	0.29%	0%	0%	0%	0%	0%	0.9%	0%	0%	0.31%	0.37%	0.83%	-	0%	0.34%	0.48%	-
	Numerator (Incidents Resulting In Harm)	10	7	0	0	0	0	0	3	0	0	1	1	2	0	0	3	4	0
	Denominator (Total Incidents)	2999	2459	270	188	192	258	283	335	274	284	323	269	241	0	733	893	833	0
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medications	0.41%	0.51%	0.21%	0.43%	-	0.99%	0.26%	0.49%	0.15%	0.54%	0.63%	0.68%	0.36%	1.43%	0.47%	0.39%	0.58%	1.43%
	Numerator (Number of Incidents)	25	23	1	1	0	3	2	4	1	3	3	3	1	3	5	8	7	3
	Denominator (Total Audited)	6036	4541	474	231	0	302	770	825	675	557	479	442	281	210	1072	2057	1202	210
VTE Risk Assessment																			
N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	85.7%	88.5%	88.6%	88.3%	87.3%	86.7%	85%	84.4%	85.3%	85.8%	85.2%	85.5%	84.6%	87.3%	84.9%	85.5%	84.6%
	Numerator (Number Risk Assessed)	102013	63524	8436	7199	4265	5280	6369	6566	6151	7104	7525	7089	6925	6250	15914	19821	21539	6250
	Denominator (Total Patients)	116784	74143	9534	8127	4830	6050	7349	7726	7287	8333	8770	8317	8095	7386	18229	23346	25182	7386
Nurse Staffing Levels ("Fill Rate")																			
RP01	Staffing Fill Rate - Combined	100.3%	96.6%	101.5%	98.8%	95%	97.9%	95.3%	101.1%	99.4%	97.6%	100.3%	97.4%	91.7%	90.7%	96.1%	99.4%	96.4%	90.7%
	Numerator (Hours Worked)	2860897	2914045	229644	241115	273656	291583	278873	302851	296436	286125	306243	295331	294407	288541	844112	885411	895981	288541
	Denominator (Hours Planned)	2851065	3017493	226179	244007	288040	297862	292575	299682	298223	293298	305348	303349	321059	318057	878476	891203	929756	318057
RP02	Staffing Fill Rate - RN Shifts	96.6%	93.5%	97.9%	94.9%	91.8%	91.9%	91.2%	97.2%	94.9%	94.9%	98.6%	96.7%	89.4%	88.6%	91.6%	95.7%	94.8%	88.6%
	Numerator (Hours Worked)	1998312	1935915	160396	168794	183957	187979	183315	199195	194533	186598	206328	200176	199026	194809	555251	580326	605530	194809
	Denominator (Hours Planned)	2067891	2071085	163864	177872	200310	204554	201026	204937	204886	196552	209357	207114	222595	219755	605890	606374	639066	219755
RP03	Staffing Fill Rate - NA Shifts	110.1%	103.1%	111.1%	109.4%	102.2%	111%	104.4%	109.4%	109.2%	101.5%	103%	98.9%	96.9%	95.3%	106%	106.8%	99.5%	95.3%
	Numerator (Hours Worked)	862585	959779	69248.6	72321.6	89698	103604	95557.5	103655	101903	88084.7	93006.9	95156.6	95381.7	93731.4	288860	293643	283545	93731.4
	Denominator (Hours Planned)	783175	930758	62315.5	66135.4	87730	93307.7	91548.9	94745.3	93337.7	86795	90291.1	96235.8	98464.6	98302.1	272587	274878	284992	98302.1

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN

ID	Measure	19/20	20/21 YTD	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Patient Surveys (Bristol)																			
P01D	Patient Survey - Patient Experience Tracker Score	#N/A	#N/A	91	93	91	91	91	90	90	91	89	88	90	91	91	90	90	91
P01G	Patient Survey - Kindness and Understanding	#N/A	#N/A	96	98	96	95	96	97	96	95	94	93	96	97	96	96	94	97
P01H	Patient Survey - Outpatient Tracker Score	#N/A	#N/A	92	84	88	91	96	93	92	94	92	94	93	93	91	93	93	93
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1842	1363	171	121	54	63	99	146	169	206	199	176	115	136	216	521	490	136
T01C	Patient Complaints - Formal	597	471	60	32	10	19	44	58	61	90	51	65	24	49	73	209	140	49
T01D	Patient Complaints - Informal	1245	904	111	89	44	50	61	88	108	116	148	111	91	87	155	312	350	87
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	88%	68.8%	85.5%	85.5%	76.9%	66.7%	63.3%	80.4%	59.3%	66.2%	61.9%	81%	65.8%	66.7%	71.3%	68.2%	69.1%	66.7%
	<i>Numerator (Responses Within Timeframe)</i>	668	369	53	59	40	8	19	41	32	49	39	47	48	46	67	122	134	46
	<i>Denominator (Total Responses)</i>	759	536	62	69	52	12	30	51	54	74	63	58	73	69	94	179	194	69
T03B	Formal Complaints Responded To Within Divisional Timeframe	91%	73.9%	90.3%	91.3%	86.5%	75%	96.7%	90.2%	61.1%	63.5%	71.4%	84.5%	67.1%	63.8%	88.3%	70.4%	73.7%	63.8%
	<i>Numerator (Responses Within Timeframe)</i>	691	396	56	63	45	9	29	46	33	47	45	49	49	44	83	126	143	44
	<i>Denominator (Total Responses)</i>	759	536	62	69	52	12	30	51	54	74	63	58	73	69	94	179	194	69
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	7.51%	7.87%	1.61%	2.9%	3.85%	0%	6.67%	9.8%	1.85%	9.46%	20.64%	1.72%	-	-	4.25%	7.26%	11.57%	-
	<i>Numerator (Number Dissatisfied)</i>	57	31	1	2	2	0	2	5	1	7	13	1	0	0	4	13	14	0
	<i>Denominator (Total Responses)</i>	759	394	62	69	52	12	30	51	54	74	63	58	0	0	94	179	121	0

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	19/20	20/21 YTD	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Emergency Department Performance																			
B01	ED Total Time in Department - Under 4 Hours <i>Numerator (Number Seen In Under 4 Hours)</i> <i>Denominator (Total Attendances)</i>	80.44%	81.22%	78.39%	80.99%	92.49%	90.68%	87.31%	84.05%	82.09%	81.24%	79.82%	75.84%	74.35%	69.72%	89.94%	82.43%	76.79%	69.72%
		114976	94244	9293	7425	6950	8957	8811	10900	11092	11253	10740	9263	8865	7413	24718	33245	28868	7413
		142939	116041	11855	9168	7514	9878	10092	12969	13512	13851	13455	12213	11924	10633	27484	40332	37592	10633
B06	ED 12 Hour Trolley Waits	25	1143	1	5	0	1	7	58	68	6	87	201	247	468	8	132	535	468
Emergency Department Clinical Indicators																			
B02	ED Time to Initial Assessment - Under 15 Minutes <i>Numerator (Number Assessed Within 15 Minutes)</i> <i>Denominator (Total Attendances Needing Assessment)</i>	96.8%	81.4%	96.3%	93.5%	92.4%	89%	88.8%	82.3%	79.7%	76.6%	73.6%	81.7%	78.7%	80.3%	90%	79.5%	77.8%	80.3%
		34887	44805	2893	2567	3591	4126	3585	5241	5145	5014	4689	4748	4499	4167	11302	15400	13936	4167
		36037	55018	3004	2744	3886	4637	4035	6368	6456	6543	6374	5814	5715	5190	12558	19367	17903	5190
B03	ED Time to Start of Treatment - Under 60 Minutes <i>Numerator (Number Treated Within 60 Minutes)</i> <i>Denominator (Total Attendances)</i>	50.8%	68.5%	48.3%	62.3%	92.8%	80.6%	68.1%	65.4%	63.1%	58.3%	63.7%	70.1%	65.6%	68.5%	79.4%	62.6%	66.4%	68.5%
		70327	76033	5533	5546	6943	7902	6767	8362	8364	5861	8490	8455	7731	7158	21612	22587	24676	7158
		138496	110928	11462	8907	7485	9803	9941	12793	13259	10048	13319	12062	11776	10442	27229	36100	37157	10442
B04	ED Unplanned Re-attendance Rate <i>Numerator (Number Re-attending)</i> <i>Denominator (Total Attendances)</i>	3.7%	4.5%	4%	3.7%	4.1%	4.1%	3.3%	4.4%	4.4%	4.4%	4.5%	5.4%	4.7%	4.9%	3.8%	4.4%	4.9%	4.9%
		5221	5165	474	342	311	405	328	567	589	612	609	654	565	525	1044	1768	1828	525
		142939	115940	11855	9168	7518	9930	9927	12847	13512	13973	13456	12216	11925	10636	27375	40332	37597	10636
B05	ED Left Without Being Seen Rate <i>Numerator (Number Left Without Being Seen)</i> <i>Denominator (Total Attendances)</i>	1.6%	1%	1.5%	1.2%	0.4%	0.6%	1%	1.2%	1.2%	1.3%	1.2%	1%	1.1%	1%	0.7%	1.2%	1.1%	1%
		2244	1198	178	112	32	64	98	152	158	174	161	121	135	103	194	484	417	103
		142939	116041	11855	9168	7514	9878	10092	12969	13512	13851	13455	12213	11924	10633	27484	40332	37592	10633
Referral To Treatment Ongoing																			
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks <i>Numerator (Number Under 18 Weeks)</i> <i>Denominator (Total Pathways)</i>	-	-	82.4%	78.3%	70.6%	61.4%	52.6%	46.5%	51.4%	58.1%	63.4%	65.6%	62.6%	62.3%	-	-	-	-
		0	0	29127	25698	25559	21213	18842	17319	20216	23729	27022	27942	26416	26493	0	0	0	0
		0	0	35350	32832	36214	34564	35847	37270	39363	40827	42654	42624	42222	42523	0	0	0	0
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	134	14861	11	30	114	245	475	796	1077	1500	1809	2164	2891	3790	834	3373	6864	3790
Referral To Treatment Activity																			
A01A	Referral To Treatment Number of Admitted Clock Stops	39526	22971	3765	2772	832	1053	1754	2319	2202	2731	3583	3658	2817	2022	3639	7252	10058	2022
A02A	Referral To Treatment Number of Non Admitted Clock Stops	102130	69188	8612	8760	5655	3874	4712	5680	5366	6944	9106	9182	9731	8938	14241	17990	28019	8938
A09	Referral To Treatment Number of Clock Starts	149419	92631	12427	9360	4717	4971	7421	9347	8902	11150	12913	11900	10997	10313	17109	29399	35810	10313
Diagnostic Waits																			
A05	Diagnostics 6 Week Wait (15 Key Tests) <i>Numerator (Number Under 6 Weeks)</i> <i>Denominator (Total Waiting)</i>	-	-	95.51%	85.73%	41.97%	41.43%	51.97%	67.49%	65.09%	57.78%	59.09%	60.08%	56.28%	53.65%	-	-	-	-
		0	0	8132	6121	3184	3577	5227	8093	8285	8623	8628	8761	8563	7544	0	0	0	0
		0	0	8514	7140	7586	8633	10058	11991	12728	14925	14602	14582	15215	14062	0	0	0	0

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN

ID	Measure	19/20	20/21 YTD	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks	93.5%	78%	94.7%	91.2%	90.3%	90.2%	91.2%	84.2%	72.5%	51.1%	61.8%	90%	90.2%	-	90.7%	68.6%	78.9%	-
	<i>Numerator (Number Seen Within 2 Weeks)</i>	17868	10386	1407	1234	654	881	1275	1306	1085	873	1332	1601	1379	0	2810	3264	4312	0
	<i>Denominator (Total Seen)</i>	19106	13319	1485	1353	724	977	1398	1551	1497	1709	2157	1778	1528	0	3099	4757	5463	0
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.7%	95.7%	96.1%	97.4%	94.5%	89.8%	95%	96%	98.4%	95.6%	97.8%	97%	95.5%	-	93.3%	96.7%	96.7%	-
	<i>Numerator (Number Treated Within 31 Days)</i>	3029	2135	249	294	208	167	207	217	246	262	270	260	298	0	582	725	828	0
	<i>Denominator (Total Treated)</i>	3166	2230	259	302	220	186	218	226	250	274	276	268	312	0	624	750	856	0
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.7%	99.3%	100%	99.1%	100%	100%	99.2%	100%	98.8%	98.5%	99.3%	99.2%	99.3%	-	99.6%	99%	99.3%	-
	<i>Numerator (Number Treated Within 31 Days)</i>	1397	1097	141	107	54	95	118	116	166	128	140	129	151	0	267	410	420	0
	<i>Denominator (Total Treated)</i>	1415	1105	141	108	54	95	119	116	168	130	141	130	152	0	268	414	423	0
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	92.7%	86.1%	92.7%	92.5%	83.3%	90.2%	72.7%	89.1%	92.3%	92.9%	91.5%	82.9%	80%	-	81.9%	91.6%	85%	-
	<i>Numerator (Number Treated Within 31 Days)</i>	606	385	51	62	45	46	40	41	48	52	43	34	36	0	131	141	113	0
	<i>Denominator (Total Treated)</i>	654	447	55	67	54	51	55	46	52	56	47	41	45	0	160	154	133	0
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.5%	80%	82.1%	91.1%	76.2%	72.6%	83.5%	89.3%	83.2%	78.5%	82.2%	75.8%	78.3%	-	78.1%	83.3%	78.7%	-
	<i>Numerator (Number Treated Within 62 Days)</i>	1199.5	835.5	85	133	70.5	57	93.5	92	82	98.5	113	106.5	122.5	0	221	272.5	342	0
	<i>Denominator (Total Treated)</i>	1402.5	1044.5	103.5	146	92.5	78.5	112	103	98.5	125.5	137.5	140.5	156.5	0	283	327	434.5	0
E03B	Cancer 62 Day Referral To Treatment (Screenings)	66.1%	55.3%	33.3%	81.8%	100%	-	0%	0%	85.7%	100%	100%	100%	27.3%	-	25%	70%	60%	-
	<i>Numerator (Number Treated Within 62 Days)</i>	40	10.5	1.5	4.5	1	0	0	0	3	0.5	1	3.5	1.5	0	1	3.5	6	0
	<i>Denominator (Total Treated)</i>	60.5	19	4.5	5.5	1	0	3	1	3.5	0.5	1	3.5	5.5	0	4	5	10	0
E03C	Cancer 62 Day Referral To Treatment (Upgrades)	86.7%	90.1%	83.9%	91.2%	84.5%	91.3%	93.2%	89.4%	92.4%	90.4%	94%	88.2%	87.5%	-	89.4%	90.8%	89.9%	-
	<i>Numerator (Number Treated Within 62 Days)</i>	560.5	401.5	47	46.5	35.5	31.5	34.5	42	54.5	51.5	55	41	56	0	101.5	148	152	0
	<i>Denominator (Total Treated)</i>	646.5	445.5	56	51	42	34.5	37	47	59	57	58.5	46.5	64	0	113.5	163	169	0
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions	1.79%	1.11%	1.98%	2.21%	0.6%	0.33%	0.44%	0.7%	2.09%	1.13%	1.21%	1.17%	1.54%	1.13%	0.45%	1.28%	1.3%	1.13%
	<i>Numerator (Number of LMCs)</i>	1394	493	128	115	14	9	17	32	87	59	72	66	84	53	40	178	222	53
	<i>Denominator (Total Elective Admissions)</i>	77948	44533	6476	5201	2321	2718	3829	4549	4154	5220	5951	5656	5463	4672	8868	13923	17070	4672
F02	Cancelled Operations Re-admitted Within 28 Days	92.6%	85.2%	94.3%	86.7%	67%	69.2%	88.9%	76.5%	96.8%	98.8%	91.1%	93%	88.5%	83.1%	68.6%	95.4%	91%	83.1%
	<i>Numerator (Number Readmitted Within 28 Days)</i>	1291	454	132	111	77	9	8	13	30	82	51	66	54	64	94	125	171	64
	<i>Denominator (Total LMCs)</i>	1394	533	140	128	115	13	9	17	31	83	56	71	61	77	137	131	188	77

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	19/20	20/21 YTD	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Delayed Transfers of Care (DToc)																			
Q01A	Acute Delayed Transfers of Care - Patients	289	60	29	21	9	10	14	13	10	4	0	-	-	-	33	27	0	-
Q01B	Acute Delayed Transfers of Care - Beddays	8304	1902	790	962	278	238	396	350	335	251	54	-	-	-	912	936	54	-
Q02A	Non-Acute Delayed Transfers of Care - Patients	117	18	13	7	9	7	1	0	1	-	-	-	-	-	17	1	-	-
Q02B	Non-Acute Delayed Transfers of Care - Beddays	2902	521	217	249	201	150	88	32	40	10	-	-	-	-	439	82	-	-
Green To Go/Fit For Discharge (BRISTOL Only)																			
AQ06A	Green To Go List - Number of Patients (Acute)	-	-	107	87	64	85	71	86	99	96	97	97	125	107	-	-	-	-
AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	30	36	21	18	12	8	22	19	26	18	11	12	-	-	-	-
AQ07A	Green To Go List - Beddays (Acute)	-	-	2751	3110	2133	2453	2107	2582	2704	2973	3013	2745	3356	3572	-	-	-	-
AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	907	1002	871	531	403	588	464	528	698	564	458	340	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate	11.4%	12.7%	11.1%	17.7%	25.7%	15.5%	12.1%	11.5%	11.5%	9.9%	10.3%	10.3%	11%	11.3%	18.1%	10.9%	10.5%	11.3%
	<i>Numerator (Number of Hospital Cancellations)</i>	126443	102310	10030	17444	19914	9500	8477	8785	8421	8785	9443	9607	9512	9866	37891	25991	28562	9866
	<i>Denominator (Total Appointments)</i>	1109925	805648	90603	98326	77528	61327	70010	76680	73097	88393	91339	93649	86470	87155	208865	238170	271458	87155
R05	Outpatient DNA Rate	6.6%	7%	6.3%	7.1%	5.1%	4.9%	5.3%	6.2%	7%	7.7%	7.7%	8.1%	7.8%	8.5%	5.1%	6.9%	7.9%	8.5%
	<i>Numerator (Number of DNAs)</i>	51399	40502	4108	3933	2024	2051	2809	3625	3831	4848	5292	5610	5029	5383	6884	12304	15931	5383
	<i>Denominator (Total Attendances+DNAs)</i>	780935	577018	65197	55355	39298	41949	53504	58844	55092	63156	68473	69071	64312	63319	134751	177092	201856	63319
Overdue Partial Booking																			
R22N	Overdue Partial Booking Referrals	20.2%	33.4%	20.1%	22.5%	26.7%	29.8%	33.6%	34.6%	35.2%	35.2%	34.7%	34.2%	35%	35.2%	30%	35%	34.6%	35.2%
	<i>Numerator (Number Overdue)</i>	286098	473403	23919	31438	38408	42949	48234	49150	49821	49068	48149	48773	49352	49499	129591	148039	146274	49499
	<i>Denominator (Total Partial Booking)</i>	1415507	1417417	118861	139960	143732	144269	143472	142016	141426	139371	138847	142817	141025	140442	431473	422813	422689	140442
R22R	Overdue Partial Bookings (9+ Months)	1.1%	2.7%	1.6%	1.6%	1.5%	1.3%	1.6%	1.7%	1.9%	2.4%	3.1%	3.7%	4.6%	5.2%	1.5%	2%	3.8%	5.2%
	<i>Numerator (Number Overdue 9+ Months)</i>	15664	38029	1913	2179	2104	1928	2256	2357	2753	3318	4252	5274	6422	7365	6288	8428	15948	7365
	<i>Denominator (Total Partial Booking)</i>	1415507	1417417	118861	139960	143732	144269	143472	142016	141426	139371	138847	142817	141025	140442	431473	422813	422689	140442
R22H	Overdue Partial Bookings (12+ Months)	0.5%	1.3%	0.9%	0.8%	0.8%	0.8%	0.9%	1%	1.1%	1.2%	1.3%	1.5%	1.8%	2.2%	0.9%	1.1%	1.5%	2.2%
	<i>Numerator (Number Overdue 12+ Months)</i>	6628	18002	1037	1099	1167	1191	1341	1419	1569	1710	1808	2086	2557	3154	3699	4698	6451	3154
	<i>Denominator (Total Partial Booking)</i>	1415507	1417417	118861	139960	143732	144269	143472	142016	141426	139371	138847	142817	141025	140442	431473	422813	422689	140442

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL EFFECTIVE DOMAIN



ID	Measure	19/20	20/21 YTD	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Mortality																			
X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	102.1	95.6	96.8	96.2	97.3	96.2	96.4	95.5	93.9	94.4	-	-	-	-	96.6	94.6	-	-
	Numerator ("Expected" Deaths)	21515	14275	1665	2545	2525	2425	2390	2350	2300	2285	0	0	0	0	7340	6935	0	0
	Denominator (Deaths)	21080	14925	1720	2645	2595	2520	2480	2460	2450	2420	0	0	0	0	7595	7330	0	0
X02	Hospital Standardised Mortality Ratio (HSMR)	90	89.3	88.8	99.2	120	117.2	98.7	75.5	61.9	86.9	77.9	87.1	-	-	111.5	74.1	82.4	-
	Numerator ("Expected" Deaths)	1570	708	142	143	106	111	100	96	71	82	69	73	0	0	317	249	142	0
	Denominator (Deaths)	1743.95	792.76	159.84	144.11	88.33	94.7	101.32	127.09	114.62	94.32	88.55	83.83	0	0	284.35	336.03	172.38	0
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	45.6%	64.8%	41.7%	50%	75.6%	61%	48.9%	73.6%	63.4%	60.9%	64.6%	70.8%	65.1%	61.3%	61.4%	66.4%	66.9%	61.3%
	Numerator (Treated Within 36 Hrs)	134	283	10	16	31	25	22	39	26	28	31	34	28	19	78	93	93	19
	Denominator (Total Patients)	294	437	24	32	41	41	45	53	41	46	48	48	43	31	127	140	139	31
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.3%	92%	91.7%	84.4%	80.5%	73.2%	84.4%	96.2%	95.1%	97.8%	97.9%	97.9%	100%	93.5%	79.5%	96.4%	98.6%	93.5%
	Numerator (Seen Within 72 Hrs)	283	402	22	27	33	30	38	51	39	45	47	47	43	29	101	135	137	29
	Denominator (Total Patients)	294	437	24	32	41	41	45	53	41	46	48	48	43	31	127	140	139	31
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.5%	57.7%	33.3%	37.5%	61%	46.3%	40%	69.8%	61%	52.2%	60.4%	64.6%	58.1%	61.3%	48.8%	61.4%	61.2%	61.3%
	Numerator (Number achieved BPT)	128	252	8	12	25	19	18	37	25	24	29	31	25	19	62	86	85	19
	Denominator (Total Patients)	294	437	24	32	41	41	45	53	41	46	48	48	43	31	127	140	139	31
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	3.6%	4.55%	3.62%	2.81%	4.1%	4.7%	4.23%	4.62%	4.64%	5.39%	4.82%	4.25%	3.87%	5.51%	4.35%	4.9%	4.33%	5.51%
	Numerator (Re-admitted in 30 Days)	5459	4651	454	296	304	408	422	547	524	688	658	545	477	78	1134	1759	1680	78
	Denominator (Total Discharges)	151572	102202	12536	10531	7408	8679	9989	11831	11304	12766	13651	12830	12328	1416	26076	35901	38809	1416
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.2%	61.1%	69.7%	60.5%	57.6%	54.3%	71.4%	51.4%	46.2%	48.6%	67.7%	71.7%	74.2%	-	61.8%	49%	71.3%	-
	Numerator (Achieved Target)	163	193	23	23	19	19	30	18	12	18	21	33	23	0	68	48	77	0
	Denominator (Total Patients)	290	316	33	38	33	35	42	35	26	37	31	46	31	0	110	98	108	0
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	70.3%	77.1%	75.8%	65.8%	82.4%	85.7%	82%	82.6%	91.4%	69.8%	75.6%	68.3%	64.6%	-	83.1%	79.9%	69.3%	-
	Numerator (Achieved Target)	204	326	25	25	42	30	41	38	32	37	34	41	31	0	113	107	106	0
	Denominator (Total Patients)	290	423	33	38	51	35	50	46	35	53	45	60	48	0	136	134	153	0

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL WELL-LED DOMAIN



ID	Measure	19/20	20/21 YTD	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Bank and Agency Usage																			
AF11A	Percentage Bank Usage	-	-	5.25%	5.91%	5.74%	5.35%	5%	5.86%	5.69%	5.15%	5.37%	6.05%	5.35%	6.07%	-	-	-	-
	Numerator (Bank wte)	0	0	489.25	554.95	622.02	581.743	548.58	651.44	631.14	565.39	595.03	675.77	595.4	683.53	0	0	0	0
	Denominator (Total wte)	0	0	9321.08	9398.06	10844.9	10867.7	10966.5	11119.5	11099.7	10977.4	11076.1	11165.3	11126.2	11253.9	0	0	0	0
AF11B	Percentage Agency Usage	-	-	1.52%	1.4%	1.35%	0.82%	1%	1.35%	1.54%	1.6%	1.77%	1.95%	1.86%	1.97%	-	-	-	-
	Numerator (Agency wte)	0	0	141.34	131.34	146.06	89.3349	109.17	149.62	170.64	175.52	195.62	218.18	207.2	221.92	0	0	0	0
	Denominator (Total wte)	0	0	9321.08	9398.06	10844.9	10867.7	10966.5	11119.5	11099.7	10977.4	11076.1	11165.3	11126.2	11253.9	0	0	0	0
Turnover																			
AF10	Workforce Turnover Rate	-	-	13.1%	13%	13%	13.6%	13.1%	12.7%	12.4%	12.2%	12.2%	12.2%	12%	12.2%	-	-	-	-
	Numerator (Leavers in last 12 months)	0	0	954.479	947.325	1104.96	1156.64	1113.62	1079.09	1054.77	1051.86	1056.83	1067.3	1042.85	1057.33	0	0	0	0
	Denominator (Average Staff in Post)	0	0	7310.09	7302.51	8529.53	8519.43	8518.68	8516.87	8535.73	8588.47	8637.1	8780.6	8670.13	8695.06	0	0	0	0
Vacancy																			
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	3.6%	3.4%	3.4%	2.7%	2%	2.3%	2.7%	3.6%	3.4%	4.1%	4.2%	4.1%	-	-	-	-
	Numerator (Vacancy wte, Funded minus actual)	0	0	326.49	306.15	359.39	284.52	207.53	239.45	281.27	379.66	363.63	438.47	455.28	437.35	0	0	0	0
	Denominator (Actual WTE)	0	0	9016.98	9017.92	10436.2	10481.2	10516.3	10557.9	10579.2	10616.2	10649.1	10709.8	10778.9	10785.8	0	0	0	0
Staff Sickness																			
AF02	Sickness Rate	4.3%	3.7%	4.6%	4.5%	3.8%	3.4%	3.4%	3.5%	3.6%	3.7%	3.7%	3.7%	3.9%	4.1%	3.5%	3.6%	3.8%	4.1%
	Numerator (Total WTE Days Lost)	133584	115321	11568.9	12170.7	11567.3	10311.3	10417.9	11068	11435.2	11363	11849.1	11651.5	12553.5	13104.7	32296.4	33866.3	36054	13104.7
	Denominator (Total WTE Days)	3108524	3127987	250339	268845	303115	307672	309671	318140	315856	305946	317549	311168	319067	319802	920458	939942	947785	319802
Staff Appraisal																			
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	68.3%	63.4%	60.9%	60.7%	62.1%	64.1%	64.3%	65.5%	66.4%	67.2%	68.2%	66.4%	-	-	-	-
	Numerator (In-Date Appraisals)	0	0	5840	5425	5930	5978	6240	6482	6484	6637	6747	6891	7005	6859	0	0	0	0
	Denominator (Total Staff)	0	0	8545	8560	9740	9850	10044	10116	10090	10128	10167	10247	10277	10337	0	0	0	0

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL USE OF RESOURCES DOMAIN



ID	Measure	19/20	20/21 YTD	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Average Length of Stay																			
I03	Average Length of Stay (Spell)	3.89	4.02	3.66	4.8	4.44	3.78	3.85	3.48	3.51	3.69	4.29	4.35	4.35	4.72	4	3.56	4.33	4.72
	Numerator (Total Beddays)	307581	263632	23817	26562	22073	22052	23889	26599	26326	26723	31180	29087	28343	27360	68014	79648	88610	27360
	Denominator (Total Discharges)	79083	65638	6515	5536	4966	5831	6204	7639	7507	7234	7262	6690	6512	5793	17001	22380	20464	5793

Meeting of the Board of Directors – 26 February 2021

Reporting Committee	Quality & Outcomes Committee – meeting held on 22nd February 2021
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Mark Smith, Chief Operating Officer and Deputy Chief Executive Deirdre Fowler, Interim Chief Nurse William Oldfield, Medical Director

For Information

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

- It was reported that the position in respect of Covid-19 had significantly improved since the last meeting with the number of Covid-19 patients down to 68 in the BRI and 25 at Weston General Hospital. The community infection rate was down to 139 per 100,000 compared to 473 at the end of January. Consideration was now being given to how to unwind the reconfiguration of the hospital that had been necessary to respond to the pandemic. Staff were also now beginning to receive a second dose of the vaccine.
- The Committee considered the monthly Root Cause Analysis reports for assurance. In respect of a case which involved the South West Ambulance Service (SWAST) It was questioned whether there was consistency over the designation of cases as a serious incident between the Trust and SWAST, and it was agreed that this would be raised with SWAST by the Deputy Chief Executive & Chief Operating Officer.
- The Committee received a presentation from Mike Carter, Consultant Neurosurgeon in the Bristol Children's Hospital, on the work undertaken there as part of the Children's Epilepsy Surgery Service for England. The pioneering work and enthusiasm of the staff there was welcomed by the Committee.
- As requested at a previous meeting, a presentation on the Tissue Viability Services was received by the Committee. It was confirmed that there was access to appropriate equipment out of hours and any issues in accessing this was not due to deficiencies in the contract. It was also suggested that the service seemed very lean (comprising of 3 FTE) and the Interim Chief Nurse confirmed she was looking at this.

The Committee received the following reports for assurance:

- Monthly Nurse Safe Staffing Report
- Q3 Themed Serious Incident Report
- Quarterly Impact Assessment Q3 Report
- Quarterly Inquest Q3 Report

For Board Awareness, Action or Response		
<ul style="list-style-type: none"> Deidre Fowler, Deputy Chief Nurse, provided an update on the recent inspection of the BRI emergency Department, and highlighted the concerns raised by the CQC around the violence and aggression being experienced by staff there. It was noted that an action plan to address these concerns was due to be submitted to the CQC later that day, and it was requested that once this had been finalised it should be circulated to the Board prior to its discussion later in the week on this matter. 		
Key Decisions and Actions		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date of next meeting:</td> <td style="padding: 5px;">25th March 2021</td> </tr> </table>	Date of next meeting:	25th March 2021
Date of next meeting:	25th March 2021	

Meeting of the Board of Directors on 26 February 2021

Reporting Committee	Finance and Digital Committee – Meeting held on 22nd February 2021
Chaired By	Martin Sykes, Non-Executive Director
Executive Lead	Neil Kemsley, Director of Finance and Information

For Information

- The Committee reviewed the financial position of the Trust for month 10, to the end of January 2021. The Committee noted that there was a net income and expenditure surplus of £0.103m, a favourable position against plan of £5.842m. The significant improvement in the position against plan was primarily driven by additional operating income, lower than planned expenditure on elective activity recovery that has been impacted by the second wave of the Pandemic and lower than planned winter operating costs.
- The Committee received the Digital Services report which detailed the work undertaken by Digital Services for the period December 2020 and January 2021. Adam Dangoor, Joint UHBW Chief Clinical Information Officer (CCIO), attended for this item and provided a summary of key issues, including the integration of the two Medway systems. Discussion also took place on the move to Microsoft 365 and wider issues around the governance of IT across BNSSG and how this would develop with the move to an ICS.

For Board Awareness, Action or Response

- The Director of Finance and Information provided an update on the financial planning process for 2021/22. No detailed guidance had been received as yet but the key message was that 20/21 was likely to be disregarded for planning purposes and work was ongoing on this basis. It was anticipated that there would be a standalone plan for Q1 and another for Q2 to Q4. An update would be provided to the next meeting of the Committee.

Key Decisions and Actions

- The Committee considered the Salix Internal Business Case, which set out details of projects associated with the capital grant funding of £17.6m awarded by Salix Finance to decrease carbon emissions across the Bristol and Weston sites. The Committee recommended approval of this business case to the Board.
- The Committee considered the Stroke Pre-Consultation Business Case (PCBC) which set out the options for the reconfiguration of stroke services within BNSSG and the associated operational and financial impact on all system partners. It was agreed that the Board be recommended to approve the Stroke PCBC for progression to the next phase of consideration.

Additional Chair Comments

The scope and resourcing of the Trust digital agenda is an ongoing source of discussion. The Committee is aiming to distil a clearer view of the priorities and timescales of ongoing developments, such that the available resource and agreed

plan can be demonstrably matched.

Date of next meeting:

25th March 2021

Meeting of the Board of Directors on 26 February 2021

Reporting Committee	Charity Committee - meeting held on 18th February 2021
Chaired By	Jeff Farrar, Trust Chair
Executive Lead	Neil Kemsley, Director of Finance & Information

For Information

- The Committee considered a summary of fund balances as at 31 January 2021, which stood at £633k. It was noted that to date the charity had received £96k from NHS Charities Together.
- The Committee received and noted an update on the project to take the Charity to independent status and merge with Above & Beyond. It was noted that the deed of understanding had been approved by the Board and by the Trustees of Above & Beyond. The formal application to de-restrict the three permanent endowments had been made to the Charity Commission, and a formal joint request had been made to the Secretary of State to approve the transfer of the Weston Charity to Above & Beyond. Members questioned whether approval would be granted in time for the proposed merger date of 1st April, and it was reported that this was in the hands of the Charity Commission and the DHSC, but it was hoped the necessary approvals would be in place by this date.
- The Committee considered draft fundraising guidelines to be followed during the Covid-19 pandemic. During the ensuing discussion a number of suggested amendments were made and it was felt that this document needed to be reordered and presented as a policy rather than guidelines. It was therefore requested that further work be undertaken and once completed the policy should be circulated to members of the Committee for further comment.
- The Committee considered and approved the External Audit Plan for the 2020/21 financial year as presented by PwC.

Key Decisions and Actions

The Committee considered a number of applications for charitable funding and made the following decisions in respect of these:

Nurse Wellbeing Lead (£46,983): The Committee raised a number of issues in respect of this bid, including whether the post holder needed to be a registered nurse; why this post was for nurse wellbeing only; its relationship to the overarching wellbeing programme led by HR; and what would happen at the end of 12 months funding. It was agreed that the Committee could not support this in its current form and the Chair would email the Director of People to discuss further.

Bespoke arts and culture programme for Weston General Hospital (£50,000): The Committee gave 'in principle' approval for the following but asked that detailed schedules of costs be provided to allow for spend to be monitored: Boredom Buster patient activity resource (£5,000); Gallery infrastructure for Artwork in hospital

interiors (£10,000); Outdoor activity, walking trails, creative prompts, seating: (£10,000). In respect of the £25,000 bid for environmental improvement projects, the Committee felt that it had insufficient information on the associated match funding bids to make a decision. It was also felt that the staff wellbeing benefits of these projects were not obvious. It was agreed that the match funding bids would need to be agreed by the Committee on a case by case basis.

Temporary extension to Rafters (£18,508): The Committee were supportive but felt if possible a more permanent solution should be found, even if this means spending more money. It was felt this would be an appropriate legacy for the charity. It also was not clear what discussions had already taken place with Estates on this issue. The Chair undertook to email The Deputy Chief Executive & Chief Operating Officer about this.

**Date of next
meeting:**

27 April 2021