

April 2021 Published Papers

Including:

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

Quality and Outcomes Committee Chair's Report

Audit Committee Chair's Report

Finance and Digital Committee Chair's Report

Respecting everyone Embracing change Recognising success Working together Our hospitals.



Meeting of the Private Board on 29th April 2021

Report Title	Integrated Quality & Performance Report
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	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

(Including decisions taken)

- No further changes to the content of the report in this period.

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number. The risks associated with this report include:

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

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

• This report is for Assurance.

5. History of the paper

Please include details of where paper has previously been received.

[Name of Committee/Group/Board]	[Insert Date paper was received]

Recommendation Definitions:

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



Integrated Quality & Performance Report

April 2021

Executive Summary

Reporting Month: March 2021

Performance against NHS constitutional standards remains extremely challenged during the month of March, but there are noticeable improvements to elective activity across all points of delivery (day case, elective inpatients, outpatients and diagnostics). Elective activity is in most cases above the same point last year and above the Phase 3 recovery planned levels. At the end of March, COVID bed occupancy had dropped to less than 5% and Trust wide bed occupancy for general and acute beds was running at 92%. There was a further 48% drop in the number of incidents where patients were delayed from being admitted to a Ward by more than 12 hours from a decision to admit, but published data continues to show the Trust as the most challenged in this area nationally. 31% of ambulance handovers in the Bristol Royal Infirmary were also reported to have been delayed by more than 30 minutes from 1st January to 31st March 2021, which improved from 38% in February but remains the highest in the South West.

4 hour performance was at 76.3% during March and all sites have reported an increase in the daily number of emergency department attendances. Recovery planning of the urgent care performance position continues with support from partners within the BNSSG system footprint to manage demand more effectively, and pilots for Same Day Emergency Care within the BRI are now progressing to full business case for roll out at scale. During February an average of 159 beds were occupied by patients medically fit for discharge, which has increased by a further 28 beds from the previous month. The risk of demand outstripping capacity for transfer pathways (such as Pathway 3, especially for complex dementia patients to care homes with a sub-acute bed facilitating recovery and complex assessment), means performance is expected to be further challenged in the coming months. The other major challenge remains the resolution of elective backlogs that have developed over the last year. These include:

- Referral to Treatment patients waiting 52+ weeks. At the end of March there were 5,409 patients waiting over a year for the start of treatment, significantly above the 52 patients reported at the end of March 2020 and 12 % above the Phase 3 recovery trajectory for November. The Trust launched an elective restoration programme in April, led by members of the senior leadership team, to coordinate recovery activities based on the core priorities of patient safety, workforce, capacity and capability;
- Diagnostic waiting lists, where 65.2% were waiting within the 6 week standard. Whilst diagnostic activity continues to exceed recovery trajectories and in
 many cases is performing better than at the same point last year, this is not sufficient to recover the backlog of waiting lists. 13 week breaches remain the
 current area of focus with endoscopy, echocardiography and Dexa scans being a priority area for improvement; and
- Outpatients, where over 70,000 patients currently have a partial booking follow up status showing as overdue.

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. Two week wait performance met the national standard of 93% for the first time since January 2020 and long waiting patients continue to be safely managed and clinically prioritised to avoid harm. Targets for 104 day avoidable breaches have so far been met but the threshold of less than 10 avoidable breaches remains under pressure with the likelihood of patients breaching where they have waited longer due to lower clinical priority, for example, thyroid cancers awaiting thyroidectomy. The easing of lockdown and anticipated return to pre-pandemic levels of unscheduled care in July presents a significant risk to recovery, especially as productivity continues to be affected by Infection, Prevention and Control requirements, and the core bed stock remains reduced. Planning guidance for 2021-22 has now been released and every effort is now being made to schedule care so that national recovery objectives can be met during the first six months of the year, before the return of Winter pressures and the possibility of a third wave of COVID-19.

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	Safe	Caring	
Successes		Priorities	
 Development of standardised nursing adult in-patients across UHBW, includ assessments. Implementation is under nursing teams as required. 	ing falls and pressure ulcer risk		oonse to the most recent CQC inspections at the Bristol Royal Infirmary and ospital.
Opportunities		Risks & Threats	
 To take advantage of positive learning 19 pandemic by embedding additional remain connected with their friends a such as virtual visiting and "Message t To share learning from recent surgical identify any additional improvement of practice via a surgical never events surgical 	I ways to support patients to nd families whilst in hospital, o my loved one". I never event investigations to opportunities and share best		



Reporting Month: March 2021

Responsive	e Effective
Successes	Priorities
 The subsequent oncology cancer standards continue to be achieved on a monthly basis and the two week wait first appointment standard has regained compliance in February The number of patients waiting over 62 days on GP referred cancer pathway is now close to the pre-Covid baseline and remains stable despite the impact of the second wave The first submission of a new weekly waiting list data set was successfully uploaded on 14th April via the North East Commissioning Support unit (NECSU) secure portal. The only data shared is a full ist of RTT patient excluding all Patient identifiable information. Further data is required to be submitted relating to Non-RTT patients, planned patients, overdue follow-ups, and patients who are waiting for a diagnostic test. The requirement is for this full data set to be issued on a weekly basis to provide NHSE/I and the wider system ful oversight of our waiting lists. Integration of the Weston and Bristol Medway Patient Administrativ System into a single instance remains a medium term opportunity to improve the management of patient pathways across the Trust, and in the short term there are opportunities to optimise the Bristol instance of Medway with new functionality such as review dates for on-hold patients. Scoping of this opportunity is currently underway. 	 areas. Progression of roll out plans for community phlebotomy programme. Sustain minimal numbers (<10) of patients waiting over 104 days on a GP referred suspected cancer pathway for capacity reasons. Focus on delivering elective activity for patients prioritised to be seen within 1 month, including cross-system and potentially cross-regional support to mitigate risks relating to theatre staffing and access to beds, including critical care Review space in Fast Flow area of BRI Emergency Department. There is frequent overcrowding in the Fast Flow waiting area which is a known driver of violence and aggression, poor patients experience and reduced infection control and prevention



Responsive	Effective
Opportunities	Risks & Threats
 Application for early restoration funding to support delivery of high impact transformation. The recent demand and capacity planning and Divisional wide meetings involving the Divisional finance managers, provides an opportunity for the Trust to align financial outturn plans against recovery of our waiting lists. Demand and capacity modelling is playing a big part in allowing the Trust to review data in a different way to come up with cohesive and joint plans to support recovery. Divisions are undertaking a full review of waiting lists to reflect the latest position of each patient on our waiting list. This includes booking relevant appointments and offering dates and ensuring clinically prioritisation has been undertaken and recorded on the clinical note against the Royal College of Surgeons (RCS) guidelines. This will ensure that the data we are sharing with NHSE/I and our commissioners on a weekly basis contains the latest validated position. There is a capital redevelopment to expand the waiting area in the BRI Emergency Department The BRI Emergency Department completed a pilot of a same day emergency care (SDEC) unit ensure that patients are seen and treated same day without the need for an inpatient admission. The results of the pilot are being evaluated to support the business case for full implementation. 	 The number of cancer patients waiting on ongoing pathways may increase again if demand rises as Covid social restrictions ease, particularly in the context of increased seasonal demand over summer in dermatology. The risk of high numbers of clinically safe long waiters for procedures such as thyroidectomy has reduced as some of this activity is now able to take place. Sharing the level of information that is required as part of the new weekly waiting list data set is likely to open the Trust up to scrutiny relating to those patients who are waiting without an appointment date or an admission date and is likely to highlight those "waiting list" that have not been reviewed and validated due to the volume the current backlogs volumes across the organisation. Without robust plans in place to ensure that routine patients are listed for treatment, we will continue to see our RTT waiting list deteriorate with long waiting patients continuing to grow. At the end of March the Trust reported 46,532 on-going RTT patients, 5,409 of which have waited for a year or more without receiving treatment. During this time, clinical prioritisation of those patients is key to ensure that joint decision making is undertaken and to identify where patients maybe deteriorating due to the long waiting times. Transfer of patients to the Independent Sector should be considered for any suitable patient to ensure earlier treatment dates are offered and to support the Trusts recovery. Workforce shortages, particularly nursing, has meant that inpatient escalation beds could not consistently be staffed Bed closures due to infection outbreaks, this month this included 15 beds closed at South Bristol Community Hospital Demand for all three discharge pathways for Medically Fit For Discharge (MFFD) patients continue to exceed capacity. Significant pressures in "Pathway 3" remain particularly for complex patients requiring dementia care. Additional capacity commissioned dur

SPORT

Well-Led			
Successes	Priorities		
 Three overseas radiographers arrived in the UK in March and will be joining the Bristol Radiology department in the next few days as part of the Health Education England (HEE) Adopt and Adapt programme. The 'Pause, Reflect & Recover' initiative showcased new and existing wellbeing provision. This was the perfect opportunity to springboard the new role of Wellbeing Guardian and to formally launch 'Wellbeing Conversations' to successfully meet the NHS People Plan requirements. Delivery of the 2020 Recognising Success Awards on 25th March 2020 Launch of the National Staff Survey 2020 Trust results, including local Divisional reporting, supported by a programme of feedback communication across the Trust. 	 On-boarding of the first cohort of international nurses to ensure a high quality induction, pastoral and educational wrap-around is in place. Securing GMC Sponsorship Scheme status for the Weston Division to help to recruit International Medical Graduates to the division in the future. Communication and final planning for the scheduled merge of the Bristol and Weston e-rostering systems as the next part of integration of HR systems. Finalising the HR Policy review which is scheduled to be complete by the end of June 2021. Continued review of how vacancy data is calculated, working with finance colleagues and the HR Workforce Information team, with the aim of improving accuracy and confidence in data sources. Agree and implement the Workplace Wellbeing Strategic Framework 2020-2025 - Year 2 Action Plan in consultation with service leads and other key stakeholders. 		
Opportunities	Risks & Threats		
 Development of an in-house OSCE Bootcamp for UHBW to help prepare international nurse cohorts for the exams required to gain NMC registration. Work commenced on a wellbeing session as part of the virtual induction programme for new overseas nurses. Changes to the World Health Organisation's Global Code of Practice which features a significant reduction in the number of countries on the 'Do Not Recruit' (DNR) list, allows nurses from African and Caribbean countries to be actively recruited, expanding the opportunity to recruit from these countries. Allied Health Professional capital bid has been submitted to move this workforce onto the e-rostering platform in line with the NHSE 'Levels of Attainment' expectations for clinical staff. As part of the Staff, Specialty and Associate Specialist Doctor 2021 contract reform, a new Specialist post has been introduced which broadens the scope of roles the Trust can recruit to. This provides an opportunity to develop new models of working and to champion the role of other medical grades. 	 New staff joining from 'Red List' countries will be required to pay quarantine costs or potentially delay start dates, posing risk to the Trust's overseas nurse pipeline. Lack of national OSCE test centre capacity and pressures on the NMC may lead to a delay in our new international nurses securing their NMC registration. Existing EU staff members who have not applied and received Settled Status will not be able to retain their employment with the Trust after June 2021. Information Governance and Moving and Handling essential training compliance rates are considerably lower within the Weston division than the remaining Trust, at 73% and 71%, respectively, as compared to a Trust overall rate for these subject areas of 81%. The lack of resource and training around Subject Access Requests (SARs) continues to be problematic and the request for resource to resolve the issue was not approved which will delay mitigating actions. Ongoing increased use of high cost, non-framework nurse agency supply. 		

Dashboard

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

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

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

Metric

Standard

Achieved?

CQC

Domain

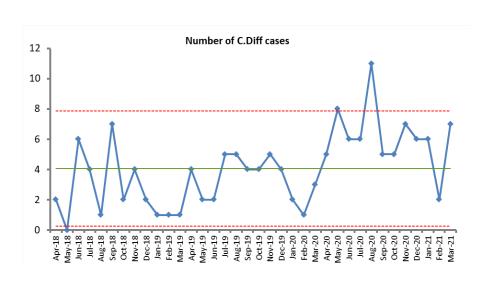
CQC Domain	Metric	Standard Achieved?
	Bank & Agency Usage	N
7	Staffing Levels – Turnover	Y
Well-Led	Staffing Levels – Vacancies	Y
3	Staff Sickness	Y
	Staff Appraisal	N
es	Average Length of Stay	N/A
source	Performance to Plan	N/A
Jse of Resources	Divisional Variance	N/A
Use	Savings	N/A

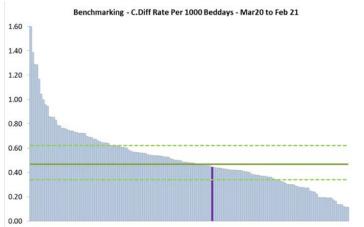
Ν	Not Achieved
Р	Partially Achieved
Y	Achieved
N/A	Standard Not Defined

Infection Control – C.Difficile

Not Achieved

Standards:	The limit of C. Difficile cases for 2019/20 was 57 cases for UH Bristol and 15 cases for Weston. The limit for UHBW has not yet been set for 2020/21 as it will be a 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. Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA) C.Difficile cases are attributed to the Trust. HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital.
Performance:	There were seven cases of C.Difficile attributed to UHBW in March 2021, one in Medicine, one in Weston and three in Specialised Services.
Commentary:	Of the seven cases, five were HOHA and two were COHA. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. First sets of data including post infection reviews have been 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





	Mar-21	2020/2021
Medicine	1	21
Specialised Services	3	16
Surgery	1	14
Weston	1	12
Women's and Children's	1	11
TOTAL	7	74

Infection Control - MRSA

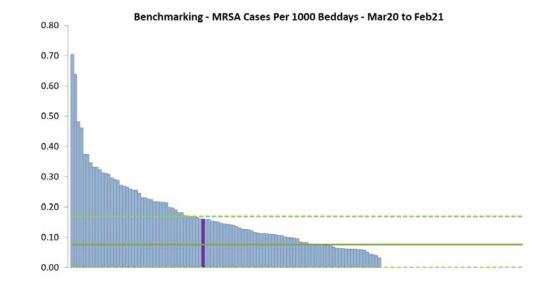


March 2021

Y Achieved

Standards:	No Trust Apportioned MRSA cases.
Performance:	There were no new cases of MRSA bacteraemia in UBHW in March 2021.
Commentary:	There were zero new cases of MRSA bacteraemia in UBHW in March 2021. There have been four previously reported UHBW apportioned MRSA cases to date for 2020/21.
Ownership:	Chief Nurse

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

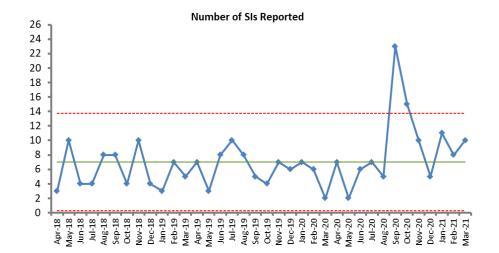


Serious Incidents

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 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 NHS providers following learning from early adopters.	
Latest Data:	Ten serious incidents were reported in March 2021, four in Weston division, two in surgery division and four in medicine division.	
Commentary:	The ten Serious Incidents comprised three pressure ulcers, two patient falls, two sub-optimal care of deteriorating patients, one medication incident, one treatment delay incident and one patient death where the patient took their own life. 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	

	Mar-21	2020/2021
Medicine	4	31
Specialised Services	0	6
Surgery	2	13
Trust Services	0	1
Weston	4	50
Women's and Children's	0	8
TOTAL	10	109

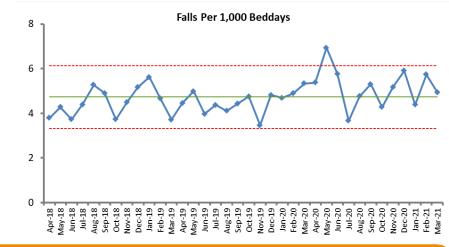


Harm Free Care – Inpatient Falls

March 2021

N Not Achieved

Standards:	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
Performance:	During March 2021, the rate of falls per 1,000 bed days was 4.94 across UHBW and remains within the statistical process control limits. There were 152 falls in total: 124 in our Bristol Hospitals and 28 in the Division of Weston. Three falls resulted in moderate or a higher level of harm, (one in Specialised Services and two in Weston) and are subject to patient safety incident investigations.
Commentary:	 The rate in Weston was down to 4.01 which is the lowest it has been since November 2020. The total number of falls remains similar to previous months (154 in February to 152 in March). Actions: Weston General Hospital has now introduced the UHBW Falls Risk Assessment and inpatient falls care bundle with plans to audit their usage in April 2021.
	 The Falls Steering Group is due to meet in April to agree a new work plan for 2021-22 and the Falls and Dementia Operational Group meetings are due to recommence in May 2021 to work through the practicalities of implementing aspects of the work plan. Annual review of Patient falls with harm undertaken for reporting in April for sharing and learning at Trust wide Falls Steering Group. A new Older Adult Peninsular Support Group has been set up whereby all Lead Practitioners for Older People from across the South West will meet to share best practice with the first meeting set for early May focussing on falls prevention and the use of falls paperwork
Ownership:	Chief Nurse

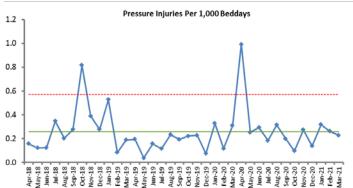


	Mar-21	
		Per 1,000
	Falls	Beddays
Diagnostics and Therapies	0	-
Medicine	86	9.60
Specialised Services	16	3.49
Surgery	16	4.32
Trust Services/Trustwide	1	-
Weston	28	4.01
Women's and Children's	5	0.77
TRUST TOTAL	152	4.94

Harm Free Care – Pressure Injuries

March 2021	NHS Foundation Trust
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 march 2021, the rate of pressure injuries per 1,000 beddays was 0.23 across UHBW. There were seven category 2 pressure injuries across UHBW. There were no Category 3 or 4 Pressure Injuries. Two of these were in the Division of Surgery, one to the sacrum and one to the nostril (medical device related). There was one category 2 in Medicine Division (heel), one in Specialised Services Division (coccyx) and three in Weston Division (spine, buttocks and side of foot).
Commentary:	 There were two unstageable injuries reported. One in Surgery Division and one in Medicine Division, both heel injuries, initially presented as suspected deep tissue injuries, which unfortunately evolved into unstageable pressure injuries. Both patients were frail and elderly with multiple comorbidities. Investigations are underway for both unstageable pressure injuries. Actions (all sites): Continue to deliver "hot spot" face to face targeted training for staff. Posters and enhanced education for ED and all wards regarding the importance of removing leg bandaging and performing skin checks within six hours of admission. ED Pressure Area Proforma document re-designed and implemented to assist with improvement in skin checks whilst patients are in ED. Continue promoting to staff the enhanced resources for prevention of pressure ulcers on the tissue viability Connect page. Monthly tissue viability newsletter uploaded to trust-wide "Newsbeat" and diseminated to all nursing staff with each edition incorporating pertinent / current themes to raise staff awareness of tissue viability matters. Continued promotion of the "Why Wait" Poster campaign to raise staff awareness of pressure relieving and pressure re-distributing aids . Ongoing engagement with TV champions across divisions to support good practice locally. Weston Division Specific Actions: Ongoing 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.
Ownership:	Chief Nurse

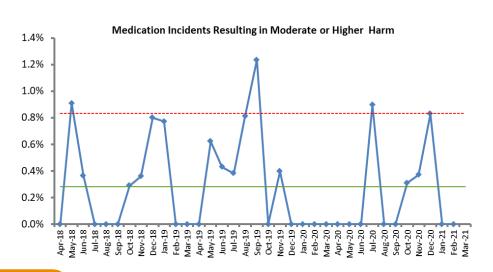
	Ma	Mar-21	
	Pressure	Per 1000	
	Injuries	Beddays	
Medicine	1	0.23	
Specialised Services	1	0.14	
Surgery	2	0.39	
Weston	3	0.43	
Women's and Children's	0	0.03	
TOTAL	7	0.23	



Medicines Management

eb/Mar 2021 Y Achieved	
Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There were no moderate harm incidents out of 229 medication incidents reported in UHBW in February. There were two (0.35%) omitted doses of a critical medicine identified in 576 patients audited in our Bristol Hospitals in February. Data on omitted doses has not been collected in Weston since the suspension of the National Safety Thermometer data collection in March 2020.
Commentary:	 One omitted dose in Bristol was a Parkinson's disease medicine that was not available on the ward. The medicine was ordered urgently by the pharmacist on discovering the omitted dose. The drug is not stocked on any wards. The second omitted dose related to an antibiotic which was not stocked on the ward. One dose had been obtained overnight from another ward area but ward pressures meant nurses struggled to obtain the morning dose until it was ordered as urgent and sent from pharmacy. Actions: To continue to promote the use of drug finder. To identify one ward where all Parkinson's disease medicines can be kept as stock so that there is a central location for accessing these time critical medicines 24 hours a day.
Ownership:	Medical Director

		Feb-21		
	Moderate or Higher Harm Incidents	Total Audited	Percentage	
Bristol	0	210	0.00%	
Weston	0	19	0.00%	
TOTAL	0	229	0.00%	



Essential Training

March 2021

N No 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 March 2021, Essential Training overall compliance remained static at 84%, compared with the previous month (excluding Child Protection Level 3).
Commentary:	 March 2021 compliance for Core Skills (mandatory/statutory) training remained static at 84% overall across the eleven programmes. There was an increase seen in one programme, Moving and Handling, where compliance increased by one percentage point. All other programmes remained static in comparison with the previous month. Overall compliance for 'Remaining Essential Training' remained static at 91%. This figure continues to exclude Weston data. 'Freedom to Speak Up' training is now mandatory essential training (ET) for all staff. Currently 8% of staff have accomplished this programme, but it is not essential until August 2021 so there is a lead in time to improve compliance levels. Reminders are being sent to staff. Corporate Education has implemented a review of all ET programmes with compliance rates less than 90% compliance (currently 9 of 11) to support subject leads with improvement plans by the end of April 2021. In March, the Education Department coordinated four consecutive Corporate Inductions at Bristol and two at Weston. Two of which saw 66 Nursing Assistants inducted as part of the zero vacancy national recruitment target.
Ownership:	Director of People

Essential Training	Mar-21	KPI
Equality, Diversity and Human Rights	89%	90%
Fire Safety	80%	90%
Health, Safety and Welfare (formerly Health &		
Safety)	90%	90%
Infection Prevention and Control	83%	90%
Information Governance	80%	95%
Moving and Handling (formerly Manual Handling)	80%	90%
NHS Conflict Resolution Training	89%	90%
Preventing Radicalisation	90%	90%
Resuscitation	66%	90%
Safeguarding Adults	88%	90%
Safeguarding Children	87%	90%

Essential Training	Mar-21	KPI
UHBW NHS Foundation Trust	84%	90%
Diagnostics & Therapies	87%	90%
Medicine	80%	90%
Specialised Services	84%	90%
Surgery	84%	90%
Women's & Children's	83%	90%
Trust Services	88%	90%
Facilities & Estates	88%	90%
Weston	83%	90%

Nurse Staffing Levels

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 March 2021, UHBW had rostered 319,187 expected nursing, midwifery and nursing assistants' hours in the inpatient areas, the number of actual hours worked recorded on the system was 292,106. This gave an overall fill rate of 91.5% for UHBW.
Commentary:	 The SPC chart shows the overall fill rate to be outside the lower process control limit since December 2020. The explanation of this special cause variation and actions being taken are shown below. The combined figures for UHBW in March 2021 show that the trust had 86% cover for RN's on days and 89% RN cover for nights. The unregistered level of 95% for days and 107% for nights reflects the activity seen in March 2021. This was due to the impact of COVID-19 on staff absence, the inability to cover shifts at times with temporary staff, and the reconfiguration on the wards to manage COVID-19 patients with increasing acuity and dependency. The continued reduced staffing level reflects the trend over the previous 3 months 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. Actions: In order to manage the nurse staffing safely there was an increase in the use of temporary staffing generally in clinical areas with block bookings in place to support continuity of staff. Over the month, staff who had been redeployed to other areas have gradually returned to their substantive roles, the support from these areas has been well recognised with great team benefits identified. Many wards in April have welcomed back staff who had been shielding due to being 'clinically extremely vulnerable'. The Trust has reviewed all the nursing areas again with the view to resuming the expected staffing levels as services return to usual capacity. The has been substantial activity over the past month with both national recruitment of registered nurses and an international recruitment programme which will plan to recruit 150 nurses in the next year. The intensive recruitment of Nursing Assistants over the past four months has as
Ownership:	Chief Nurse

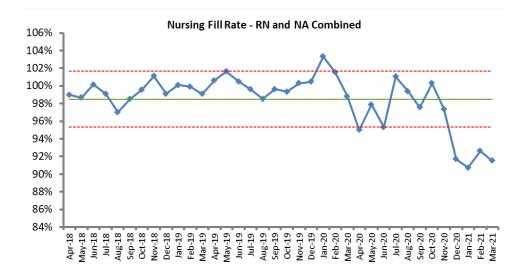
NHS

University Hospitals Bristol and Weston

Nurse Staffing Levels

March 2021

N/A No Standard Defined



HS

University Hospitals Bristol and Weston

Staffing Fill Rates: Mar-21

	Total	RNs	NAs
Medicine	98.3%	96.2%	101.0%
Specialised Services	87.8%	82.6%	101.9%
Surgery	90.8%	84.7%	107.5%
Weston	89.3%	74.4%	109.2%
Women's and Children's	90.3%	93.0%	77.4%
Bristol Divisions	92.0%	90.0%	97.3%
TRUST TOTAL	91.5%	87.5%	100.5%



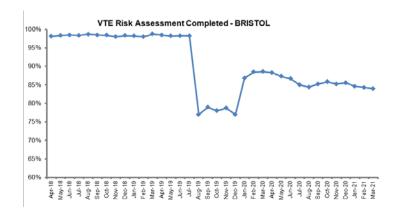
Venous Thromboembolism Risk Assessment

March 2021

N Not Achieved

Ownership:	Medical Director
Commentary:	 The VTE Group has started meeting again. A consultant VTE lead for Weston has been identified (subject to confirmation) who will link in with the Bristol VTE lead to discuss potential improvement opportunities. A Quality Improvement project is underway to improve VTE risk assessment in Trauma and Orthopaedics on the Bristol site. The Patient Safety Improvement Nurses have returned from the front line to support clinical teams in improvement work.
Performance:	In our Bristol hospitals, the VTE risk assessment is completed electronically using the Medway system; the most recent figure for March 2021 is 83.9% which has remained fairly static throughout 2020 and remains below the lower control limit. In Weston General Hospital the previous paper based data collection system ceased at the end of March 2020. The results of a spot check audit of compliance was reported in March.
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 thrombo-prophylaxis. 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%.

Bristol - VTE Risk Assessment Performance						
	Mar-21					
	Assessment					
	Done	Total Patients	Performance			
Diagnostics and Therapies	27	27	100.0%			
Medicine	1,884	2,579	73.1%			
Specialised Services	2,525	2,751	91.8%			
Surgery	1,341	1,700	78.9%			
Women's and Children's	1,555	1,675	92.8%			
TOTAL	7,332	8,732	84.0%			



Safe

Venous Thromboembolism Risk Assessment

March 2021

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

		Number Risk		Percentage Risk
Division	SubDivision	Assessed	Total Patients	Assessed
Diagnostics and Therapies	Chemical Pathology	2	2	100.0%
	Radiology	25	25	100.0%
Diagnostics and Therapies Tot	al	27	27	100.0%
Medicine	Medicine	1,884	2,579	73.1%
Medicine Total		1,884	2,579	73.1%
Specialised Services	BHOC	2,156	2,235	96.5%
	Cardiac	369	516	71.5%
Specialised Services Total		2,525	2,751	91.8%
Surgery	Anaesthetics	6	7	85.7%
	Dental Services	50	58	86.2%
	ENT & Thoracics	125	247	50.6%
	GI Surgery	979	1,172	83.5%
	Ophthalmology	52	54	96.3%
	Trauma & Orthopaedics	129	162	79.6%
Surgery Total		1,341	1,700	78.9%
Women's and Children's	Children's Services	42	52	80.8%
	Women's Services	1,513	1,623	93.2%
Women's and Children's Tota	I	1,555	1,675	92.8%
Grand Total	7,332	8,732	84.0%	

Friends and Family Test (FFT)

March 2021

N/A No Standard Defined

Standards:	The Friends and Family Test (FFT) was relaunched nationally on 1 st December 2020. 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 4,458 responses in March 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 the Weston General Hospital Emergency Department / Maternity / Inpatients is not commented on this month due to a very low number of responses (14 responses were collected in total for all FFT settings for the Division of Weston excluding day case and outpatients). The Trust has now successfully integrated the Friends and Family Test approach across our hospitals from the 1 st April 2021. This approach is expected to support and improve response rates in the Division of Weston.
Ownership:	Chief Nurse

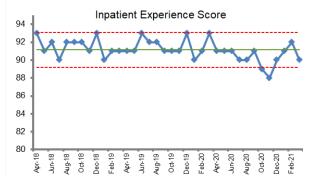
		Positive Response	Total Responses	Total Eligible	% Positive	Response Rate
	Bristol	766	798	2,598	97.1%	30.7%
Inpatients	Weston	14	14	654	100.0%	2.1%
	UHBW	780	812	3,252	97.1%	25.0%
Day Cases	Bristol	283	287	1,887	99.6%	15.2%
	Weston	148	148	657	100.0%	22.5%
	UHBW	431	435	2,544	99.8%	17.1%
	Bristol	2,335	2,469		95.5%	
Outpatients	Weston	62	62		-	
	UHBW	2,397	2,531		95.6%	

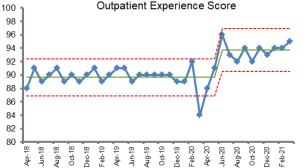
		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
		254	204	2 202	00.4%	0.0%
	BRI BRHC	254 291	284 307	3,202 2,280	89.4% 95.4%	8.9% 13.5%
A&E	вен	0	0	2,280	95.4%	0.0%
//dl	Weston	0	0	440	-	0.0%
	UHBW	545	591	7,619	92.5%	7.8%
Maternity	Bristol	85	89	1,293	100.0%	

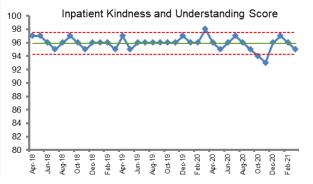
Patient Surveys (Bristol)

March 2021

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. For March 2021, the inpatient score was 90 out of 100 (February was 92). For outpatients it was 95 (February was 94). The kindness and Performance: understanding score was 95 (February was 96). **Commentary:** The latest (March) data exceeded the target thresholds. The survey continues to be slightly affected by a lag in response times and so the data should be treated with caution. This is primarily as a result of the effects of the national lockdown. The lag time is reducing over time. When we look at the response rate for March 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. Actions: The Trust will report the final March score next month, to allow the number of responses to build up further. The Trust will continue to carefully review patient experience measures and wider feedback from patients in order to understand whether the pandemic pressures are translating into a change of the experience for patients. **Chief Nurse Ownership**:







Patient Surveys (Weston)

March 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 March, 100% of patients in the Weston survey reported being treated with dignity and respect; they also reported an overall positive experience on the wards. However there were only 11 responses from inpatients; by way of comparison, the average monthly response to this survey in the last financial year 2019/2020 was 227 for inpatients. The number of day case responses received in March 2021 was 143 which is broadly in line with the number received during February 2021 (142).
Commentary:	 This is the last month that the exit survey data will be reported as the survey ceased on 31/03/2021 as a result of alignment of the FFT approach in the Division of Weston. 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 March 2021. A high proportion of inpatient wards in the Division of Weston have been blue Covid wards in recent months. This 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. These restrictions on paper-based surveys have now been removed. Actions: Progress is being made in aligning the patient experience programme in the Division of Weston with the overall corporate programme. The Friends and Family Test processes are now integrated and the next step is the extension of the monthly postal survey approach into the Division of Weston. We anticipate that this work will be completed by the autumn of 2021. This will improve the volume and robustness of patient feedback, and enable direct comparisons to be made between patient experience at Bristol and Weston.
Ownership:	Chief Nurse

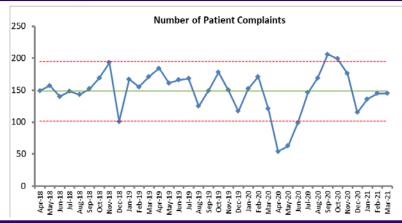
			2019/20				2020/2021			
			Monthly Average	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Q2. Did you feel we listened to you?	Responses Per Month	227	98	94	77	17	10	18	11
	qz. Diu you leel we listelleu to you:	% Positive	91.4%	87.8%	96.8%	77.9%	94.1%	90.0%	94.4%	100.0%
Inpatients	Q5. Did we treat you with dignity and respect?	Responses Per Month	227	99	93	78	17	10	18	11
	Q3. Did we treat you with dignity and respect:	% Positive	96.7%	98.0%	98.9%	87.2%	100.0%	100.0%	100.0%	100.0%
	Q8. What did you think of the ward overall?	Responses Per Month	225	95	92	77	17	10	18	11
	go. what did you think of the ward overall:	% Positive	93.2%	95.8%	97.8%	80.5%	100.0%	90.0%	88.9%	100.0%
	Q2. Did you feel we listened to you?	Responses Per Month	207	58	79	52	50	86	142	141
	qz. Diu you leel we listelleu to you:	% Positive	99.1%	98.3%	100.0%	100.0%	98.0%	.0% 100.0% 9		100.0%
Day Cases	Q5. Did we treat you with dignity and respect?	Responses Per Month	206	58	79	53	49	87	142	143
Day Cases	Q5. Did we treat you with dignity and respect:	% Positive	99.5%	100.0%	100.0%	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	142	142
	de vinat diu you tillik of the ward overall:	% Positive	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

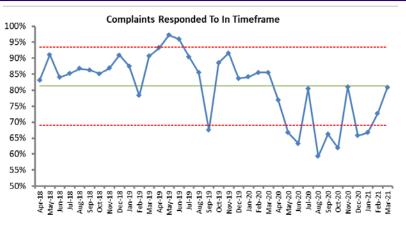


Patient Complaints

P Partially Achieved

Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. In addition the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.
Performance:	 In March 2021, 145 complaints were received. In March, 47 Formal complaints were responded to, with 38 (81%) being responded to within timeframe. This is a further monthly improvement on the 73% reported in February 2021 and 67% reported in January 2021. Divisions returned 87% of formal responses to the Patient Support & Complaints Team (PSCT) by the agreed deadline in March, compared with 77% in February and 64% in January. 89% of informal complaints (55 out of 62) were responded to within the agreed timeframe in February 2021, compared with 92.1% in February 2021 and 98% in January 2021. There were two complaints responses in January 2021 where the complainant was dissatisfied with our response, which represents 2.9% of the 69 responses sent out in January (this measure is reported two months in arrears). This is below the 8% performance threshold.
Commentary:	Six of the nine breaches of the response time for formal complaints were attributable to delays within the divisions, two were due to delays during the Executive signing process and one was due to a delay during the checking process by the Patient Support & Complaints Team (PSCT). There were four breaches for the Division of Weston, two each for Women & Children and Medicine and one for Diagnostics & Therapies. It should however be noted that neither of the breaches by Women & Children were due to delays attributable to the Division.
Ownership:	Chief Nurse





March 2021 N Not Achieve	d
Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2020/21 have not been agreed with NHS Improvement. 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.
Performance:	Trust level 4 hour performance for March was 76.3% across all four Emergency Departments (13,588 attendances and 3,224 patients waiting over 4 hours). There were 102 patients who had a Trolley wait in excess of 12 hours (18 in Bristol and 84 at Weston). Between 1 st January and 31 st March 2021 there were 2,803 Ambulance Handovers that exceeded 30 minutes across all departments. This represents 24% of all Handovers.
Commentary:	Bristol Royal Infirmary Performance against the 4 hour standard was 61.8% but has continued to improve from previous months as the Covid-19 numbers have continued to decline from 46 at the start of the month to 8 by month end. 12 hour trolley waits have also reduced dramatically with 18 breaches in March compared to 82 breaches in February. Daily average attendances have risen significantly during this period from 160 per day in February to 179 in March with attendances continuing to trend upwards through April. This is driven by an increase in walk-in patients and is expected to continue in line with relaxation of Covid-19 restrictions. This has led to frequent overcrowding in the Fast Flow waiting area which is a known driver of violence and aggression, poor patients experience and reduced infection control and prevention. The Department has used additional space to expand the physical capacity in Fast flow and there is a capital redevelopment to expand the waiting area.
	The Trust continues to operate 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. These initiatives support reducing overcrowding in ED and ability to utilise staff to care for more acutely unwell patients. The department completed a pilot of a same day emergency care (SDEC) unit ensure that patients are seen and treated same day without the need for an inpatient admission. The results of the pilot are being evaluated to support the business case for full implementation.
	 Achieving flow, remains a key enabler to minimising overcrowding, ambulance queueing and long waits. Incident Triage Area, Ambulance Queuing and Admissions Overflow Standard Operating Procedures (SOPs) have been established along with increased nursing and medical staffing to support decompressing ED and reducing patient safety risks. The flow challenges have been exacerbated by the following factors: 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 South Bristol Community Hospital Fluctuation in the numbers of covid positive (Blue) and covid negative (Green) patient demand during this period has reduced our 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

March 2021

Commentary: Bristol Royal Hospital for Children:

Attendances have increased adding pressure to manage social distancing, outpatients department is being used at the earliest opportunity but difficult to access during work hours due to clinics. Patients managed within the 4 hours in March was 92.2%. The use of Sunflower Ward has returned to a neuro rehab ward and the observation unit is now back within the main foot print. ED staffing numbers have reduced to summer staffing level, and is being regularly reviewed to ensure we are able operate a separate triage and streaming process.

Breaches recently within the department have been related to flow and increase in acuity of patients attending.

Weston General Hospital:

Performance against the 4 hour standard improved for the 3rd consecutive month running to 75.18% in March (vs 70.86% in the month of February). Attendances to the department have increased considerably at 3388 (vs 2361 in February) which we believe links in with the national COVID restrictions gradually lifting in areas. The department has continued with its redirection work at the front door in line with the CCG directive.

The number of patients with COVID19 decreased however we changed ward configuration to enable the best possible flow throughout the hospital to ensure maximum capacity was used. Patient flow remained challenging and the Emergency Department had a number of breaches related to patients awaiting an appropriate bed. The high number of patients requiring a bed and the lack of capacity across the hospital has meant that the Emergency Department continues to bed patients overnight regularly. The continued overcrowding has also led to ambulance handover delays.

The challenges with capacity led to a number of 12 hour trolley breaches; this number was significantly reduced from the following month again from 84 in March and 113 in February. Other contributing factors for these breaches are the reduced bed base following social distancing, zoning of patients across 4 types of patient categories green, amber, blue and covid recovered. The number of patients who are Medically Fit for Discharge has fluctuated in month with an average of 44 in month.

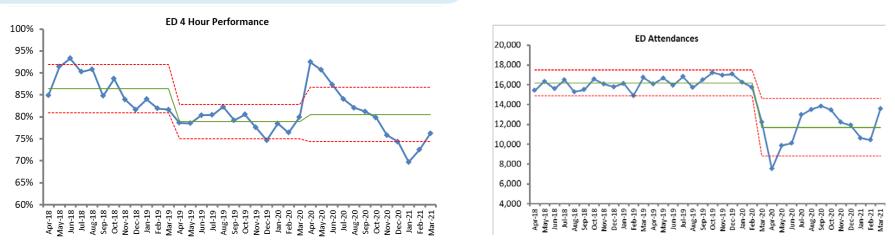
March 2021

Commentary:	Bristol Eye Hospital:BEH ED breach rate has increased slightly from last month (97.72% performance in March versus 98.14% in February). Again this is usually due todiagnostic delay with patients having to attend BRI for ultrasounds and neuroimaging. This often reduces the staff available in the department atthe time to escort the patient. There is no observation ward to admit the while awaiting these more time-consuming investigations, so the 4-hrtarget continues.The BEH ED is currently short on band-6 nurses, we currently have 3 unfilled FT nursing staff which is often causing bottle-necks at nurse-assessment and triage. We are relying more and more on nursing assistants and less trained staff. The nurses historically have dischargedbetween 17 and 27% of patients and this is likely to be at its lower end because of the reduced seniority of our nursing staff. We are advertisingand will be interviewing in the near future, though any new recruits will require additional training, supervision and time before getting up to fullspeed. This means an increased number of patients being referred to the clinicians and a longer wait.The medical/clinician staff is further compromised with multiple on-call shifts being unfilled due to absences on the trainee rotations, LTFT,materinity leave and shielding. The BEH is currently making up that difference with clinic clinicians, however this will have adverse impacts on theoutpatient care capacity.Finally with lockdown easing demand is unpredictable and volatile. Combining this with the social distancing slowing the efficiency of thedepartment can often mean no spare room in the hospital. Opticians and doctors are redirecting a number of low complexity patients as theytop backlog, bip demand and s
	department can often mean no spare room in the hospital. Opticians and doctors are redirecting a number of low complexity patients as they too have a backlog, high demand and socially distanced premises affecting throughput. These four aspects compound to make for a tricky time. Next month we are due to implement a new electronic patient record which has the potential to improve efficiency but will likely come with a learning curve and a potential for a short term deterioration in throughput.
Ownership:	Chief Operating Officer

4 Hour Performance	Mar-21	2020/2021
Bristol Royal Infirmary	61.8%	70.2%
Bristol Children's Hospital	92.2%	92.3%
Bristol Eye Hospital	97.7%	98.6%
Weston General Hospital	75.2%	77.5%

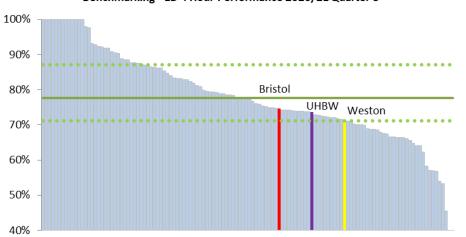
Total Attendances	Mar-21	2020/2021	2019 Monthly		
Total Attendances	Ividi-21	Year To Date	Average		
Bristol Royal Infirmary	5,538	42,068	6,190		
Bristol Children's Hospital	2,953	26,235	3,849		
Bristol Eye Hospital	1,709	17,851	2,095		
Weston General Hospital	3,388	33,583	4,258		

March 2021

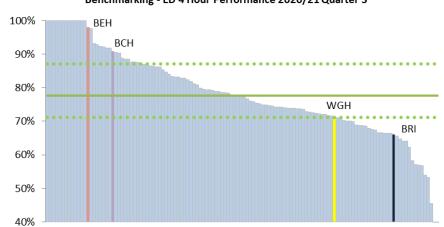


Note:

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

Responsive

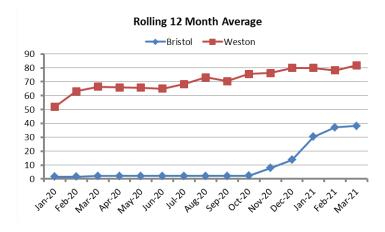
Emergency Care – 12 Hour Trolley Waits

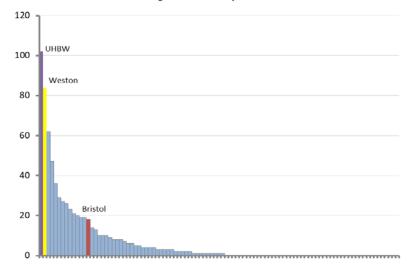
March 2021

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	82	18
Weston	5	4	15	18	11	39	21	127	124	257	134	41	0	1	7	58	68	6	84	135	168	257	113	84
UHBW	5	4	15	18	11	39	21	127	132	268	135	46	0	1	7	58	68	6	87	201	247	468	195	102





Benchmarking - 12 Hour Trolley Waits - March 2021

Responsive

Emergency Care – Ambulance Handovers

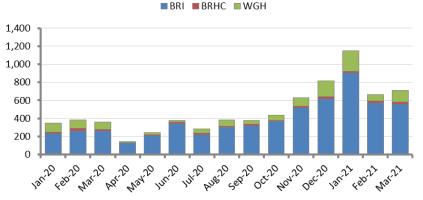


Quarter 4 2020/21

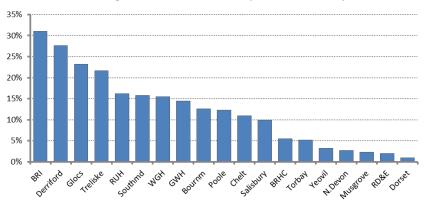
This data is supplied by the South Western Ambulance Service NHS Foundation Trust (SWASFT).

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



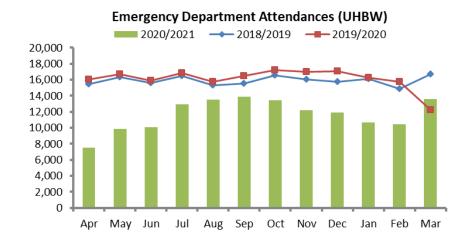
Percentage of Handovers Over 30 Minutes (1st Jan - 31st Mar 2021)

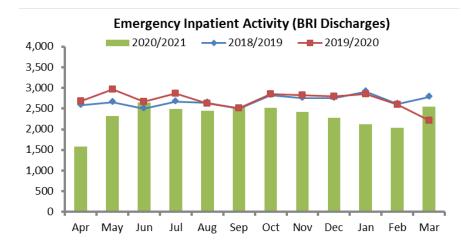


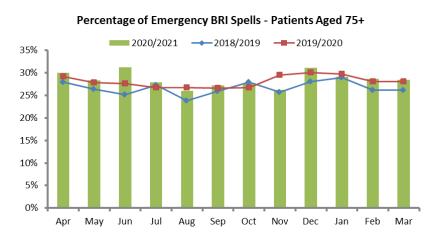
Total Ambulance Service Handovers - South West Region - 1st January to 31st March 2021							
Hospital	Total Handovers	Number Over 30 Minutes	% Over 30 Minutes	Number Over 1 Hour	Number Over 2 Hours		
BRISTOL ROYAL HOSP FOR CHILDREN	1,232	68	6%	8	0		
BRISTOL ROYAL INFIRMARY	7,353	2,283	31%	1,165	424		
CHELTENHAM GENERAL HOSPITAL	273	30	11%	6	2		
DERRIFORD HOSPITAL	10,087	2,790	28%	1,002	182		
DORSET COUNTY HOSPITAL	4,493	43	1%	4	0		
GLOUCESTER ROYAL HOSPITAL	11,002	2,551	23%	1,202	324		
GREAT WESTERN HOSPITAL	7,269	1,053	14%	386	97		
MUSGROVE PARK HOSPITAL	7,275	165	2%	11	1		
NORTH DEVON DISTRICT HOSPITAL	3,847	103	3%	2	0		
POOLE HOSPITAL	5,687	698	12%	168	27		
ROYAL BOURNEMOUTH HOSPITAL	6,632	835	13%	224	68		
ROYAL DEVON AND EXETER WONFORI	8,532	167	2%	3	0		
ROYAL UNITED HOSPITAL - BATH	7,585	1,225	16%	479	130		
SALISBURY DISTRICT HOSPITAL	3,552	353	10%	146	30		
SOUTHMEAD HOSPITAL	9,626	1,517	16%	513	143		
TORBAY HOSPITAL	6,862	353	5%	102	15		
TRELISKE HOSPITAL	9,781	2,114	22%	972	382		
WESTON GENERAL HOSPITAL	2,917	452	15%	234	85		
YEOVIL DISTRICT HOSPITAL	4,070	132	3%	8	1		
All Hospitals Attended	118,075	16,932	14%	6,635	1,911		

Emergency Care – Supporting Information

March 2021

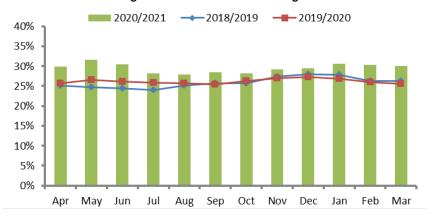






University Hospitals Bristol and Weston NHS Foundation Trust

Percentage of ED Attendances Resulting in Admission



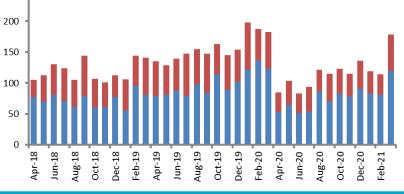
Delayed Discharges

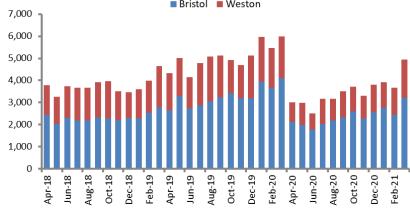
March 2021

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 March there were 178 MFFD patients in hospital: 120 in Bristol hospitals and 58 at Weston. There were 4938 beddays consumed in total in March (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 159 beds were occupied per day by MFFD patients.
Commentary:	 Demand for all the pathways continue to exceed capacity: Pathway 1 referrals are at significantly higher levels than expected, regularly exceeding the number of slots available. Community partners are working to recruit more staff. Pathway 2 capacity was in March 2021 was limited by the temporary reduction in rehabilitation beds at South Bristol Hospital in preparation for the handover to Sirona (operating at 50% capacity) Significant Pathway 3 pressures in Bristol remain particularly for complex patients requiring dementia care. Additional capacity commissioned during the COVID outbreak is being reduced and new Pathway 3 contracts are being issued to care homes to try and meet the specific demand
Ownership:	Chief Operating Officer







Number of Beddays Occupied In The Month

Bristol Weston

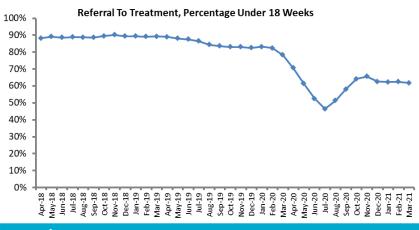
NHS

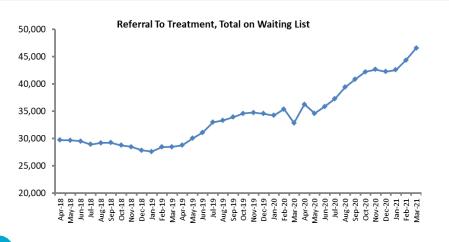
University Hospitals Bristol and Weston NHS Foundation Trust

250

Referral To Treatment

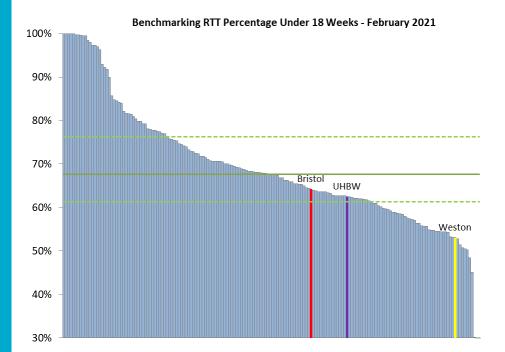
March 2021	
N Not Achieved	
Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued 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 March, 61.7% of patients were waiting under 18 weeks. The total waiting list was 46,538 and the 18+ week backlog was 17,817. Note that the charts below are Bristol only to March 2020 and then Bristol and Weston combined from April.
Commentary:	 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. Some Divisions have been agreed a temporary enhanced rate for WLI initiatives and weekend lists have been arranged, however an Executive decision to agree a longer term plan around rate of pay for consultants to do extra during the evening / weekends is still required. Compared to end of March 2020, the overall wait list has increased by 6,835 patients. The largest Bristol increases are In Ophthalmology (4,047 increase), Adult Cardiac (696) and Adult Trauma & Orthopaedics (411). There was also a reduction in the Paediatrics list of 452 patients. The Weston list has only increased by 95 patients when comparing March 2020 with March 2021. The largest volumes of 18 week backlog patients are in Bristol Dental (4,034 patients), Bristol Ophthalmology (2,707) and Bristol Paediatrics (1,819). Weston has 3,457 patients waiting 18+ weeks.
Ownership:	Chief Operating Officer





Referral To Treatment

March 2021



		Mar-21		
	Under 18 Wks	Total Waiting	Performance	
Diagnostics and Therapies	340	355	95.8%	
Medicine	3,602	4,258	84.6%	
Specialised Services	3,005	4,550	66.0%	
Surgery	13,847	23,922	57.9%	
Weston	3,509	6,966	50.4%	
Women's and Children's	4,418	6,487	68.1%	
TOTAL	28,721	46,538	61.7%	

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University Hospitals Bristol and Weston NHS Foundation Trust

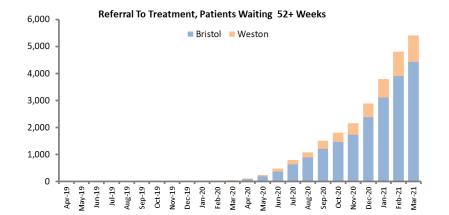
Referral To Treatment – 52 Weeks

March 2021

N Not Achieved

Standards:	No patient should wait longer than 52 weeks for treatment			
Performance:	At end of March 5,409 patients were waiting 52+ weeks; 4,424 across Bristol sites and 985 at Weston.			
Commentary:	Patients who are 52+ week breaches continues to grow during the ongoing Covid-19 pandemic, however the focus as part of the demand and capacity modelling and trajectory setting for the next 6 months are looking at the short falls in our capacity to recover against the demand. 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 end of March position resulted in 5,409 over 52 week breach patients Trustwide – compared to pre-covid when we had 52 long waiting patients at end of March 2020. The largest Bristol volumes are in Dental (1,410 patients), ENT & Thoracics (646), Paediatrics (629) and Ophthalmology (589). Weston has 985 waiting 52+ weeks. Clinical prioritisation of patients who are on the waiting list without a "to come in" date continues. Starting with the longest waiting, patients have been sent a letter regarding the delay in their treatment. 93% of the patients who have been waiting 18+ weeks 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 volumes of routine patients, in particular those who require a ward bed to be bought in for treatment. 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 however the volumes of patients who have been clinically prioritised as requiring treatment within a month against the Royal College of Surgeons guidelines, still out way the capacity we have available to be able to offer this cohort a TCI date.			
Ownership:	Chief Operating Officer			

	Mar-21		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	1	0	0
Medicine	38	1	0
Specialised Services	379	23	1
Surgery	3,360	112	5
Weston	985	75	5
Women's and Children's	646	29	0
TOTAL	5,409	240	11

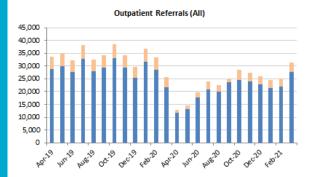


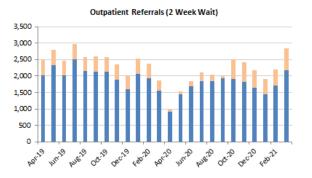
Elective Activity and Referral Volumes

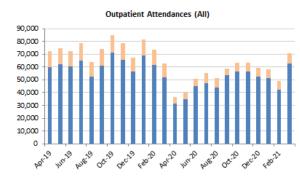
March 2021

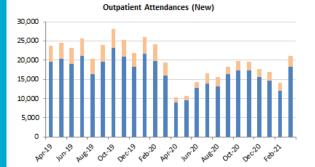


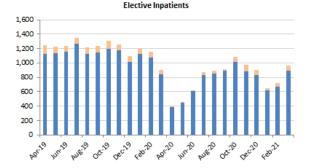
Bristol Weston



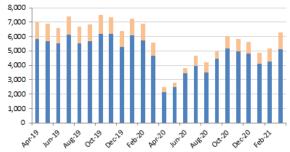








Elective Day Cases

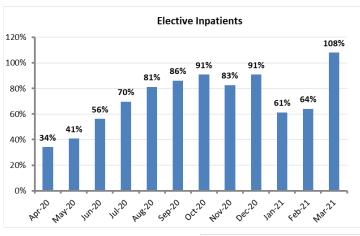


Responsive

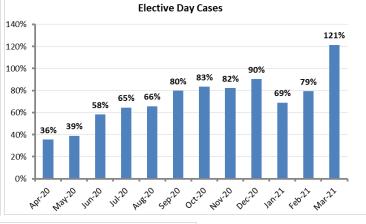
Elective Activity – Restoration

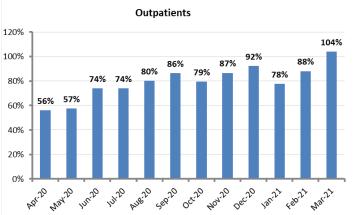
March 2021

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.



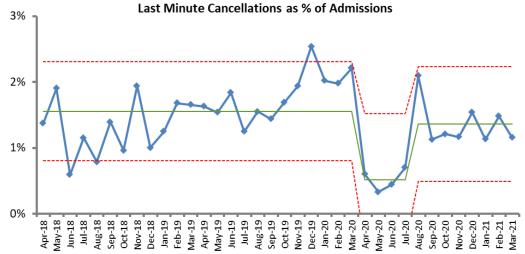
Business As Usual (BAU) Percentages.





Cancelled Operations

N Not Achieved Standards: For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days **Performance:** In March, there were 70 last minute cancellations, which was 1.2% of elective admissions. Of the 65 cancelled in February, 53 (82%) had been re-admitted within 28 days. The significant reduction in elective activity due to Covid resulted in far fewer last minute cancellations in April through to July. August onwards **Commentary:** has seen an increase to near Pre-Covid levels. The most common cancellation reasons for March were "Other Emergency Patient Prioritised" (17), "No Beds Available" (15), and "AM List Over-Ran" (10). The largest Bristol volumes were in Cardiac (21), General Surgery (14), ENT & Thoracics (13) and Paediatrics (7). National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data. **Ownership: Chief Operating Officer**

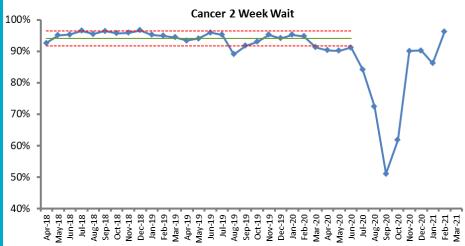


LAST MINUTE CANCELLATIONS	Mar-21	2020/2021
Diagnostics and Therapies	0	0
Medicine	1	12
Specialised Services	21	182
Surgery	29	296
Weston	10	42
Women's and Children's	9	105
TRUST TOTAL	70	637

March 2021

Cancer Two Week Wait

ebruary 2021 Y Achieved	
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For February, 96.2% of patients were seen within 2 weeks. This is combined Bristol and Weston performance.
Commentary:	The standard regained compliance with the 93% standard for the first time since the Covid 19 outbreak, despite the pressures incurred by the 'second wave' of the pandemic. It may not be possible to sustain this every month whilst social distancing and other Covid precautions remain in place, particularly with pathway changes to colorectal affecting GP referral patterns and the expected summer surge in demand for dermatology.
Ownership:	Chief Operating Officer



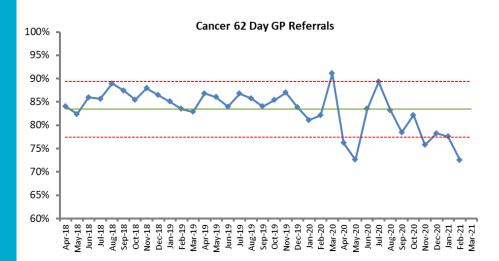
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	1	1	100.0%
Suspected children's cancer	20	20	100.0%
Suspected gynaecological cancers	149	154	96.8%
Suspected haematological malignancies	20	20	100.0%
Suspected head and neck cancers	361	368	98.1%
Suspected lower gastrointestinal cancers	185	204	90.7%
Suspected lung cancer	30	30	100.0%
Suspected skin cancers	479	481	99.6%
Suspected testicular cancer	3	3	100.0%
Suspected upper gastrointestinal cancers	109	128	85.2%
Suspected urological cancers excluding testicular	44	47	93.6%
Grand Total	1,401	1,456	96.2%

Cancer 62 Days

February 2021

N Not Achieved

Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For February, 73% of patients were seen within 62 days. This is combined Bristol and Weston performance.
Commentary:	The standard was non-compliant in February (72.8% against an 85% standard). The majority of breaches were due to the impact of the Covid pandemic on capacity, patient choice, and medical deferrals. As expected, performance against the standard has deteriorated as longer waiting low clinical priority patients (and those declining to attend pre vaccination) are start to be treated. Further deterioration is likely for this reason, followed by an anticipated improvement providing there is no deterioration in the Covid impact on hospitals again. Patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.
Ownership:	Chief Operating Officer

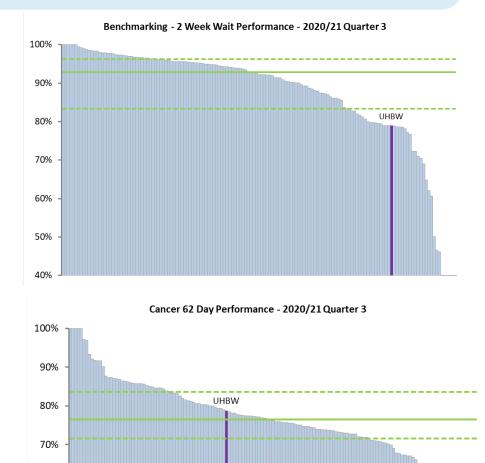


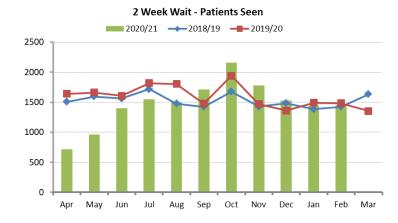
	Within Target	Total Pathways	Performance
Breast	2.5	2.5	100%
Gynaecological	5.0	7.0	71%
Haematological	5.0	7.0	71%
Head and Neck	7.5	12.5	60%
Lower Gastrointestinal	1.0	6.0	17%
Lung	5.5	9.0	61%
Other	1.5	3.0	50%
Sarcoma	1.0	2.0	50%
Skin	35.5	36.0	99%
Upper Gastrointestinal	7.0	13.0	54%
Urological	6.5	9.5	68%
Grand Total	78.0	107.5	73%

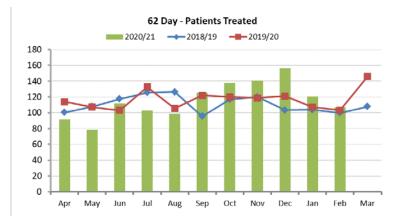
Cancer – Additional Information



February 2021







Responsive

60%

50%

40%

Cancer 104 Days

Snapshot taken: 11th April 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 11 th April 2021 there were six such waiters. This compares to a peak of 53 such waiters in early July. The number has stabilised after rising due to long waiting long clinical risk patients, as it has now been possible to treat some of these lower priority patients in addition to those more clinically urgent.
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 gradually although it may be possible to still achieve the target for minimal numbers of waiters for 'inappropriate' reasons. Currently the Trust has managed to keep the number below 10 apart from a one week period where it increased to 11. 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. An example of this is patients with potential thyroid cancers awaiting thyroidectomy, who have been clinically assessed as safe to wait for several more months (and most of whom will not ultimately have a cancer diagnosis), but who have exceeded the 104 day waiting time.
Ownership:	Chief Operating Officer

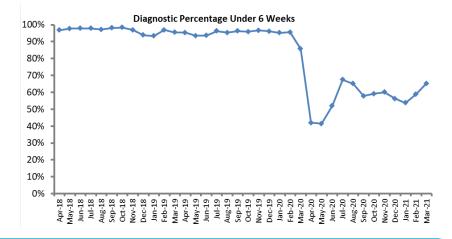
Cancer – Patients Waiting 62+ Days

Snapshot taken: 11th April 2021

Standards:	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE have asked Trusts to return to 'pre-pandemic levels'. NHSE has recently confirmed their definition of this to be 180 patients for UHBW. Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.
Performance:	As at 11 th April the Trust had 151 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
Commentary:	The Trust is performing significantly better than the pre-Covid baseline figure, which is may seem counter intuitive. The current performance figure should be considered in the context of being validated data compared to unvalidated (this never having been a standard prior to summary 2020 and thus not validated), and of demand in winter being significantly lower than in summer. Thus an average figure of 180 is composed of significantly higher numbers in some of the summer months, and lower numbers in the rest of the year. Thus the baseline and current performance are not truly comparable. However it does demonstrate that the Trust has not built up significant backlogs or greatly increased the numbers of waiting patients, which is also borne out by the numbers of 104 day waiters (these data being more comparable as pre-Covid validated data exist). Were the Trust to have a significant problem with long waiters compared to pre-Covid, this would be seen in an increase from the baseline, despite the impact of better validation and seasonality.
Ownership:	Chief Operating Officer

Diagnostic Waits

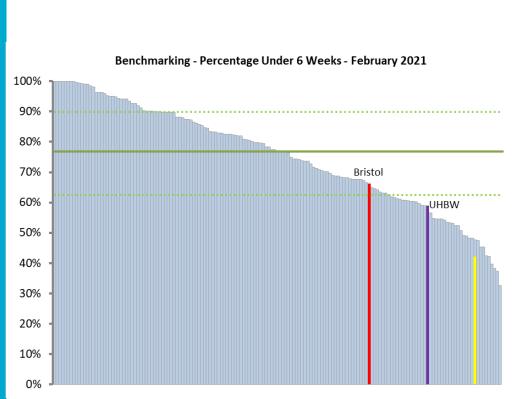
March 2021	
N Not Achieved	
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of March, 65.2% of patients were waiting under 6 week, with 14,448 patients in total on the list. This is Bristol and Weston combined.
Commentary:	 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 re-scoped for this following confirmation of funding roll over into 2021/22. Data Quality issues in the Weston for Endoscopy have now been resolved, with the next area of focus on echos. 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. Similar discussion underway with regards to Dexa scans.
Ownership:	Chief Operating Officer



		Mar-21			
	Under 6 Wks	Total Pathways	Performance		
Diagnostics and Therapies	5,013	6,273	79.9%		
Medicine	120	360	33.3%		
Specialised Services	1,486	2,289	64.9%		
Surgery	472	1,469	32.1%		
Weston	2,119	3,819	55.5%		
Women's and Children's	203	238	85.3%		
TOTAL	9,413	14,448	65.2%		

Diagnostic Waits

March 2021



Weston

	6+ Weeks	Total On List	% Under 6 Weeks	13+ Weeks
Audiology	0	33	100.0%	0
Colonoscopy	165	193	14.5%	164
Computed Tomography (CT)	3	367	99.2%	2
Cystoscopy	351	471	25.5%	275
DEXA Scan	394	508	22.4%	298
Echocardiography	564	868	35.0%	460
Flexi Sigmoidoscopy	28	49	42.9%	28
Gastroscopy	108	167	35.3%	103
Magnetic Resonance Imaging (MRI)	9	329	97.3%	3
Ultrasound (Non-obstetric)	78	834	90.6%	0
TOTAL	1,700	3,819	55.5%	1,333

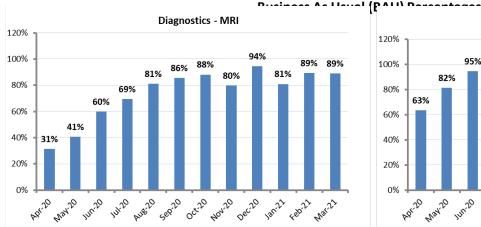
Bristol

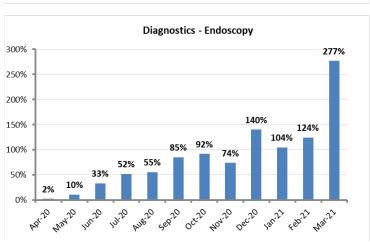
		Total On	% Under 6	13+
	6+ Weeks	List	Weeks	Weeks
Audiology	1	372	99.7%	0
Colonoscopy	427	621	31.2%	343
Computed Tomography (CT)	180	1,157	84.4%	87
Cystoscopy	0	1	100.0%	0
DEXA Scan	214	461	53.6%	140
Echocardiography	418	1,585	73.6%	12
Flexi Sigmoidoscopy	185	256	27.7%	156
Gastroscopy	419	649	35.4%	346
Magnetic Resonance Imaging (MRI)	628	2,171	71.1%	342
Neurophysiology	1	120	99.2%	0
Sleep Studies	31	62	50.0%	2
Ultrasound (Non-obstetric)	831	3,174	73.8%	255
TOTAL	3,335	10,629	68.6%	1,683

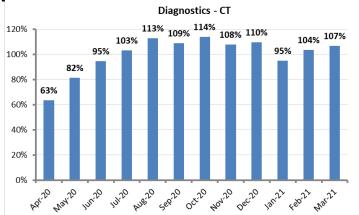
Diagnostic Activity – Restoration

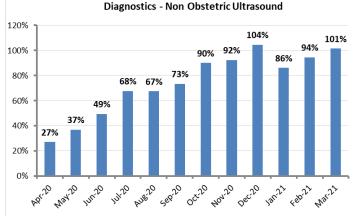
March 2021

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.





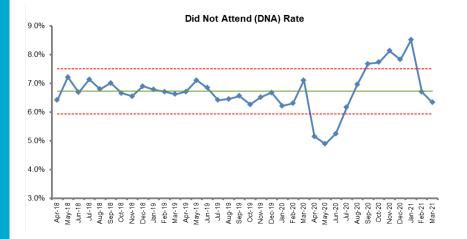


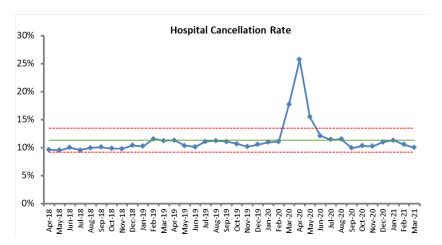


Outpatient Measures

P Partially Achieved

Standards:	The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.
Performance:	In March, the DNA Rate was 6.3% across Bristol and Weston, with 4,807 DNA'ed appointments. The hospital cancellation rate was 10.0% with 10,100 hospital cancelled appointments
Commentary:	 Restoration of Outpatient activity is in progress. Cancellation rates are returning to trust average rates 10.6% DNA rates reduced to 6.7 % in March following a spike in January relating to the peak of COVID cases. Envoy, the trusts text message reminder system, has been restored for the majority of specialities to recover performance.
Ownership:	Chief Operating Officer



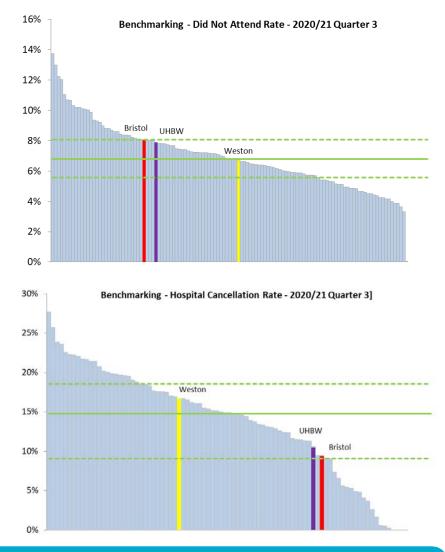


NHS

University Hospitals Bristol and Weston NHS Foundation Trust

Outpatient Measures

March 2021



	M	Mar-21		
	DNAs	DNA Rate		
Diagnostics and Therapies	279	4.1%		
Medicine	733	9.0%		
Specialised Services	534	534 4.3%		
Surgery	1,750	7.6%		
Weston	497	5.2%		
Women's and Children's	1,014	6.4%		

	Mar	Mar-21		
	Cancellations	Rate		
Diagnostics and Therapies	358	4.5%		
Medicine	1,188	10.9%		
Specialised Services	2,550	15.1%		
Surgery	2,195	6.8%		
Weston	1,772	15.5%		
Women's and Children's	2,037	2,037 9.6%		

Responsive

Outpatient Overdue Follow-Ups

March 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 March was 49,054 of which 9,799 were overdue by 9+ months. Data for Weston is available this month and the table below-right shows the end of March position, with 21,959 overdue in total.
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 decreased to 79% of pre-covid levels in March, which is not sufficient to manage follow up backlog demand. Capacity is being focussed on the delivery of the most clinically urgent cases. Notice has been given for providers to vacate the Nightingale Hospital. This has impacted upon ophthalmology delivery. 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. The Weston Data Quality Improvement Group reviewed the reporting of follow-ups and made a decision to use data direct from the Medway Patient Administration System, rather than validation spreadsheets maintained locally.
Ownership:	Chief Operating Officer

	Bristol - Overdue by 9+ Months					
	Apr-19 Apr-20 Jul-20 Oct-20 Jan-21 M					
Diagnostics and Therapies	0	0	3	3	4	14
Medicine	4	208	162	976	2,759	4,197
Specialised Services	181	555	293	373	456	617
Surgery	264	1,371	1,805	2,713	3,830	4,628
Women's and Children's	349	67	94	187	316	343
TRUST TOTAL 9+ months	798	2,201	2,357	4,252	7,365	9,799

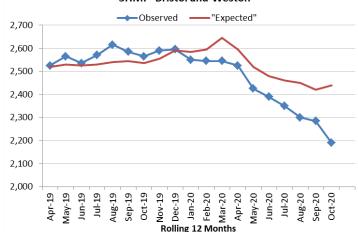
Weston Overdue Follow-Ups at end of March					
	2021				
110	Trauma and Orthopaedics	3,385			
101	Urology	2,268			
104	Colorectal Surgery	1,599			
410	Rheumatology	1,510			
502	Gynaecology	1,344			
320	Cardiology	1,100			
301	Gastroenterology	1,001			
130	Ophthalmology	862			
655	Orthoptics	880			
340	Thoracic Medicine	775			
420	Paediatrics (General)	675			
560	Midwifery	707			
120	ENT	601			
103	Breast Surgery	558			
100	General Surgery	580			
302	Endocrinology	529			
	Other	3,585			
WESTON TOTAL 21,959					

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

November 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 November 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 November 2020 was 92.5 and in NHS Digital's "as expected" category. This is lower than the overall national peer group of English NHS trusts of 100. The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and **Commentary:** investigating any identified alerts. **Ownership:** Medical Director

	UHBW				
Observed	"Expected"				
Deaths	Deaths	SHMI			
2,545	2,645	96.2			
2,525	2,595	97.3			
2,425	2,520	96.2			
2,390	2,480	96.4			
2,350	2,460	95.5			
2,300	2,450	93.9			
2,285	2,420	94.4			
2,190	2,440	89.8			
2,210	2,390	92.5			
	Deaths 2,545 2,525 2,425 2,390 2,350 2,300 2,285 2,190	Deaths Deaths 2,545 2,645 2,525 2,595 2,425 2,520 2,390 2,480 2,350 2,460 2,300 2,450 2,285 2,420 2,190 2,440			

So Mar-20 represents 12 month period Apr-19 to Mar-20



SHMI - Bristol and Weston

Effective

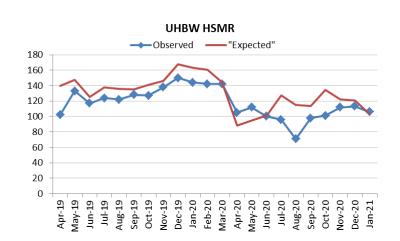
Mortality – HSMR (Hospital Standardised Mortality Ratio)

January 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 within CHKS for UHBW for the solely the month of January 2021 is 102.9, meaning there were slightly more observed deaths (106) than the statistically calculated expected number of deaths (102.99).
Commentary:	 Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. Further investigation within CHKS shows UHBW to below the national peer for HSMR in recent months, including January 2021 where the national peer is 120.9. Although Covid patients are excluded from HSMR, there still appears to be an impact nationally. 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

	UHBW			
	Observed	"Expected"		
	Deaths	Deaths	HSMR	
Jan-20	144	163	88.2	
Feb-20	142	160	88.6	
Mar-20	142	144	98.5	
Apr-20	105	88	118.9	
May-20	112	95	118.1	
Jun-20	100	101	98.6	
Jul-20	96	127	75.4	
Aug-20	71	115	61.9	
Sep-20	98	114	86.3	
Oct-20	101	134	75.2	
Nov-20	112	122	91.5	
Dec-20	113	121	93.5	
Jan-21	106	103	102.9	



Fractured Neck of Femur (NOF)

March 2021

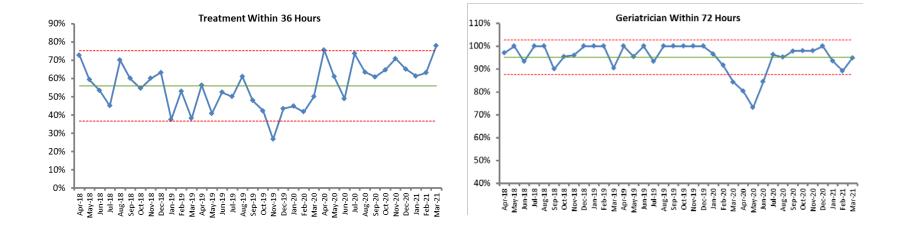
P Partially Achieved

Performance: In March 2021, there were 59 patients eligible for Best Practice Tariff (BPT) across UHBW with 30 in Bristol and 29 in Weston. Over Tariff performance was achieved for 41 out of 59 patients (69%). 78% (46 patients) received surgery within 36 hours and 95% (56 patients) had ortho-geriatrician review within 72 hours. Commentary: There was an improvement in time to theatre in Bristol from previous months, mostly driven by the improvement in access to theat NOF patients. Challenges to be addressed in Bristol: Availability of specialist surgeon still a challenge. Lack of theatre capacity is impacting on ability to deliver elective limb reconstruction lists. This means that some urgent limb re to be treated on the allocated trauma lists, displacing other trauma patients. Difficulty starting new team on call approach The Bristol Royal Infirmary is witnessing an increase of demand on the trauma service as a result of national lockdowns being exactive being actively monitored and prioritised on a weekly basis across all specialties. Formal job planning completed and actioned to provide multi-specialist trauma cover each day. Additional trauma lists have been stood up on bank holidays and on any dropped elective list to ensure maximum capacity. Challenges to be addressed in Weston: 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 Actions for Weston in March: Continue to access full day trauma operating to allow for prioritisation of fractured neck of	
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	all Best Practice
Standards: Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to de provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.	

Fractured Neck of Femur (NOF)



March 2021



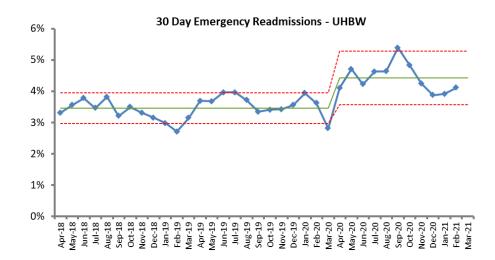
		36 Hours		72	Hours
	Total	Seen In		Seen In	
	Patients	Target	Percentage	Target	Percentage
Bristol	30	20	67%	30	100%
Weston	29	26	90%	26	90%
TOTAL	59	46	78%	56	95%

Readmissions

February 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 February, there were 11,457 discharges, of which 471 (4.1%) 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



		Feb-21		
		Total %		
	Readmissions	Discharges	Readmissions	
Diagnostics and Therapies	0	25	0.0%	
Medicine	216	2,079	10.4%	
Specialised Services	23	2,464	0.9%	
Surgery	72	1,669	4.3%	
Weston	114	1,825	6.2%	
Women's and Children's	46	3,395	1.4%	
TOTAL	471	11,457	4.1%	

Workforce – Bank and Agency Usage

March 2021

N Not Achieved

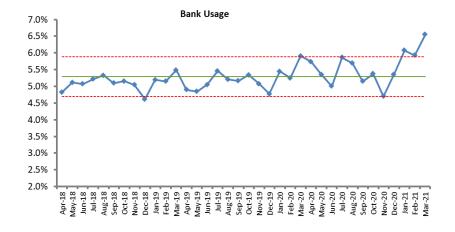
Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In March 2021 total staffing was at 11,582 FTE. Of this, 6.5% was Bank (758 FTE) and 2.7% was Agency (308 FTE).
Commentary:	 Bank usage increased by 86.5 FTE There were increases in all divisions, with the largest increase seen in Weston, increasing to 132.4 FTE from 114.3 in the previous month. Agency usage increased by 24.9 FTE There were increases in all divisions with the exceptions of Surgery and Trust Services, where usage reduced by 8.8 FTE and remained static at 0 FTE, respectively. The largest divisional increase was seen in Weston, increasing to 68.2 FTE compared to 55.6 FTE in the previous month. A further 86 appointments and reappointments have been made to the Trust Staff Bank across all staff groups. A procurement process is progressing for a new supplier for the provision of medical agency locums across Bristol and Weston. High cost, non-framework nurse agency supply increased further during March, due to ongoing operational pressures. A full refocus on nurse agency use has commenced to restore controls in place pre Covid, with the aim of supporting a significant reduction particularly with high cost, non-framework reliance. A new campaign for Bank Doctors has been launched, resulting to date in the recruitment of 8 new doctors onto the Trust Staff Bank.
Ownership:	Director of People

Workforce – Bank and Agency Usage

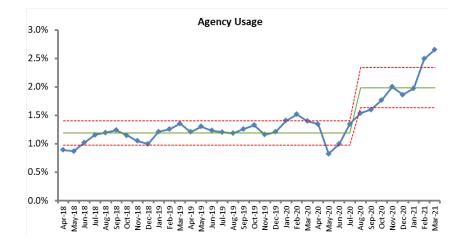


March 2021

Bank	March FTE	March Actual %	KPI
UHBW NHS Foundation Trust	758.3	6.5%	4.7%
Diagnostics & Therapies	31.2	2.5%	1.4%
Medicine	169.8	11.2%	9.7%
Specialised Services	77.7	6.6%	6.0%
Surgery	105.6	5.4%	3.9%
Women's & Children's	81.2	3.6%	1.5%
Trust Services	51.6	4.6%	3.0%
Facilities & Estates	108.8	10.5%	7.6%
Weston	132.4	10.6%	6.1%



Agency	March FTE	March Actual %	КРІ
UHBW NHS Foundation Trust	307.5	2.7%	1.7%
Diagnostics & Therapies	4.2	0.3%	1.0%
Medicine	79.6	5.3%	3.0%
Specialised Services	21.2	1.8%	0.8%
Surgery	21.7	1.1%	1.4%
Women's & Children's	25.2	1.1%	0.6%
Trust Services	0.0	0.0%	0.1%
Facilities & Estates	87.4	8.4%	0.2%
Weston	68.2	5.5%	5.2%



Workforce – Turnover

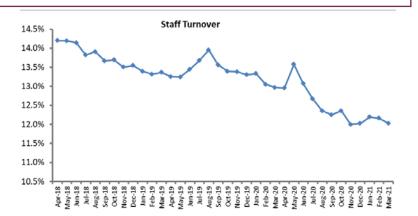
March 2021

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 March 2021, there had been 1049 leavers over the previous 12 months, with 8714 FTE staff in post on average over that period; giving a turnover of 1049 / 8714 = 12.0%.
Commentary:	 Turnover reduced to 12.0% compared with 12.2% in the previous month. Four divisions saw reductions whilst the other four divisions saw increases in turnover in comparison to the previous month. The largest divisional reduction was seen within Weston, where turnover reduced by 5.9 percentage points compared with the previous month. Medicine had the largest divisional increase, rising from 14.3% to 18.6%. However both of these marked changes were due at least in part to the TUPE transfers of staff. In Weston, a number of staff were transferred to NBT in March 20, and these leaver numbers are now no longer contributing to the rolling cumulative turnover rate, therefore causing a drop in turnover; in Medicine, a number of staff at SBCH transferred to Sirona in March 21, causing an increase in turnover rate. A project has commenced to improve the retention of the bank workforce within rotating staff groups such as doctors in training. Following BREXIT, there is a risk that some members of the Trust's EU workforce may choose not to apply for Settled Status resulting in an increased turnover. All EU staff have been sent advice and guidance on the Settled Status application process. Drop-in sessions are also being held for staff. Key principles in support of remote working as an ongoing initiative to maximise and embed the benefits & efficiencies seen with the changes in working practice due to Covid, have been pulled together for consideration and discussion by the Senior Leadership Team in April 2021. It is suggested now is the right time to re-evaluate working practices and implement changes that improve productivity and staff experience/wellbeing, as well as support recruitment and retention of staff.
Ownership:	Director of People

Ownership:	Director of People

Turnover	Mar-21	KPI
UHBW NHS Foundation Trust	12.0%	13.1%
Diagnostics & Therapies	10.6%	12.0%
Medicine	18.6%	14.6%
Specialised Services	13.54%	13.50%
Surgery	11.6%	13.5%
Women's & Children's	9.4%	10.0%
Trust Services	8.5%	13.1%
Facilities & Estates	13.3%	13.1%
Weston	13.1%	16.0%



Workforce – Vacancies

March 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 March 2021, funded establishment was 10,895 FTE, with 378 FTE as vacancies (3.5%).			
Commentary:	 Overall vacancies reduced to 3.5% compared to 4.3% in the previous month. The largest divisional increase was seen in Trust Services, where vacancies increased to 0 FTE from -11.8 FTE (over-established) the previous month. The largest divisional reduction was seen in Medicine, where vacancies reduced to 31.5 FTE from 112.1 FTE the previous month. Due to a non-registered nursing recruitment drive and a nursing staff group FTE recording error within the ledger last month, the division of Medicine has seen the nursing staff group increase by 69.0 FTE this month. 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. Continued focus on the recruitment of 150 international nurses by the end of 2021. The first cohort of 56 nurses is due to arrive between 26th April and 4th May 2021. However, the recent restrictions on travel from India poses risk to these first arrivals. Solutions and mitigations are being explored. Focus also continues on the reduction of the Trust's Nursing Assistant vacancies to meet the NHSE target of a zero vacancy position by April 2021. 11 substantive offers have been made during March, with 41 new starters during the month. Ongoing international recruitment of Radiographers has been seen as part of the Health Education England (HEE) 'Adopt and Adapt' programme, with 3 new starters in Bristol during March, and 4 more due to arrive in May. Increased oversight and focus on the recruitment to medical posts in the Weston Division is in place, with the development of a plan to focus resources, support, initiatives and engagement. In partnership with the Trust's Arts Programme Lead, Culture Weston and the local Council, finalisation is underway of a promotional film of Weston as a place to work and live, attracting nurses and their families to the Trust and the town. 			
Ownership:	Director of People			

Vacancy	Mar-21	KPI
UHBW NHS Foundation Trust	3.5%	5.6%
Diagnostics & Therapies	3.6%	5.5%
Medicine	2.4%	6.5%
Specialised Services	1.7%	5.5%
Surgery	5.9%	4.5%
Women's & Children's	-2.3%	1.0%
Trust Services	0.0%	4.9%
Facilities & Estates	9.3%	9.1%
Weston	11.1%	10.9%



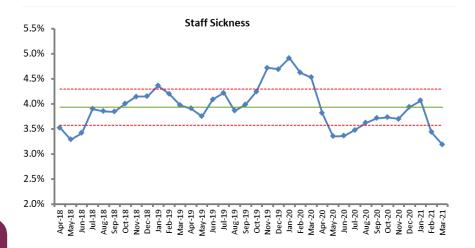
Workforce – Staff Sickness

March 2021

Y Achieved

i				
Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.			
Performance:	In March 2021, total available FTE days were 324,590 of which 10,339 (3.2%) were lost to staff sickness.			
Commentary:	 Sickness absence reduced to 3.2% compared with 3.4% in the previous month, based on updated figures for both months. This figure now contains Long Covid sickness. It does NOT include Medical Suspension reporting. There was an increase in one division, Medicine, where sickness increased by 0.1 percentage points to 3.4% from 3.3% the previous month. The largest divisional reduction was seen in Diagnostics and Therapies, reducing by 0.7 percentage points to 2.4% from 3.1% the previous month. The largest divisional reduction was seen in Diagnostics and Therapies, reducing by 0.7 percentage points to 2.4% from 3.1% the previous month. Medical Suspension continues to be the method used to record short-term Covid-19 absences. During March, 2.7% of available FTE was lost to Medical Suspension compared to 3.5% the previous month (based on updated figures): 0.7% Covid-19 Sickness, 2.0% Covid-19 Isolation/Shielding. Long Covid is 0.1% of the sickness absence. Support for staff who are suffering the effects of Long Covid is now being rolled out in line with new advice from NHS Employers. The Supporting Attendance Policy review has commenced. The revised policy will be easier to navigate, easier to access support and also address areas that are harder to discuss/resolve such as mental health problems. The primary focus of workplace wellbeing provision within the Trust-wide 'Pause, Reflect and Recover' programme is likely to support sickness absence strategies through increased awareness and uptake of services and self-care resources; particularly promotion of available resources, and encouragement of all staff to engage in 'wellbeing conversations' in line with the 2020 People Plan. 			
Ownership:	Director of People			

Sickness	Mar-21	KPI
UHBW NHS Foundation Trust	3.2%	4.0%
Diagnostics & Therapies	2.4%	3.1%
Medicine	3.4%	4.2%
Specialised Services	3.1%	3.3%
Surgery	3.4%	4.0%
Women's & Children's	3.1%	3.8%
Trust Services	1.8%	3.5%
Facilities & Estates	4.8%	6.3%
Weston	3.8%	4.1%



Workforce – Appraisal Compliance

March 2021

N Not Achieved

Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In March 2021, 6,823 members of staff were compliant out of 10,510 (64.9%).
Commentary:	 Overall appraisal compliance increased to 64.9% from 64.2% compared to the previous month. All divisions are non-compliant. There were increases in six divisions, and reductions in the remaining two divisions. The largest divisional increase was within Specialised Services, increasing to 77.0% from 72.1% in the previous month; Weston saw the largest divisional reduction, where compliance reduced to 67.5% compared with 69.3% in the previous month. A full review of the appraisal improvement plan will be taking place in April 2021 in light of the ongoing non-compliance levels across the Trust.
Ownership:	Director of People

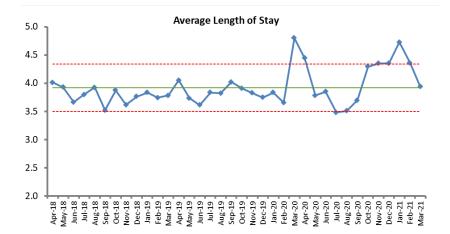
Appraisal (Non-Consultant)	Mar-21	Feb-21	KPI
UHBW NHS Foundation Trust	64.9%	64.2%	85.0%
Diagnostics & Therapies	67.5%	67.3%	85.0%
Medicine	52.3%	52.0%	85.0%
Specialised Services	77.0%	72.1%	85.0%
Surgery	51.5%	51.0%	85.0%
Women's & Children's	72.9%	71.4%	85.0%
Trust Services	63.8%	63.4%	85.0%
Facilities & Estates	68.7%	69.2%	85.0%
Weston	67.5%	69.3%	85.0%

Average Length of Stay

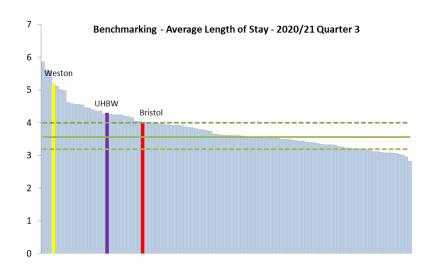
March 2021

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 March there were 7,134 discharges at UHBW with an average length of stay of 3.93 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



	Mar-21
Medicine	4.41
Specialised Services	6.88
Surgery	3.81
Weston	5.80
Women's and Children's	2.18





March 2021

Performance to NHSEI Plan	Plan to date	Actual to date	Variance to date	
	Month 12	Month 12	favourable/ (<mark>adverse</mark>)	
	£m	£m	£m	
Income from patient care activities	785.507	816.949	31.442	
Other operating income	115.667	140.986	25.319	
Employee expenses	(560.813)	(595.771)	(34.958)	
Other operating expenses	(310.935)	(317.833)	(6.898)	
Depreciation (owned & leased)	(30.374)	(30.985)	(0.611)	
PDC	(11.756)	(9.705)	2.051	
Interest Payable	(2.368)	(2.285)	0.083	
Interest Receivable	0.001	0.001	0.000	
Net Surplus/(deficit) inc technicals	(15.071)	1.357	16.428	
Remove revaluation/impairment	0.000	1.994	1.994	
Remove depreciation (donated)	1.889	1.587	(0.302)	
Remove donated income	(0.283)	(4.093)	(3.810)	
Remove impact of donated consumables	0.000	(0.338)	(0.338)	
Net Surplus/(deficit) exc technicals	(13.465)	0.507	13.972	

Finance – Divisional Variance



March 2021

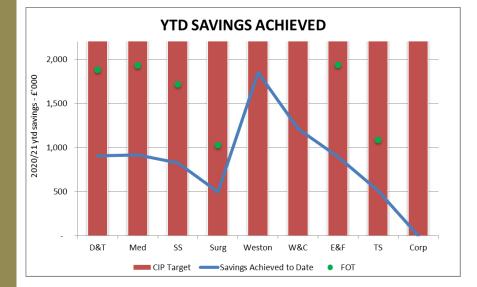
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston Clinical Division	Women's & Children's	Facilities & Estates (Weston and Bristol Sites)	Trust Services	Total
Nursing & Midwifery	9	709	284	(330)	(120)	(773)	(7)	(48)	(276)
Medical & Dental Pay	(95)	(222)	64	(95)	(360)	(1,077)	0	(559)	(2,344)
Other Pay	(119)	(138)	196	4	(254)	(24)	7	(423)	(751)
Non Pay	(437)	(174)	(1,576)	(1,009)	(554)	(2,522)	1,030	(446)	(5,688)
Income from Activities	31	(17)	(69)	19	(506)	(247)	0	0	(789)
Income from Operations	(199)	(150)	1,366	236	136	66	18	1,526	2,999
Total	(810)	8	265	(1,175)	(1,658)	(4,577)	1,048	50	(6,849)

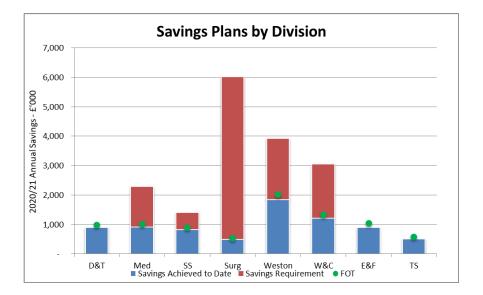
	Year to Date COVID Spend/ Income Loss £'000														
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates	Trust Services	Other	Total					
Nursing & Midwifery	(7)	(3,856)	(956)	(1,197)	(1,189)	(1,803)	0	(276)	(212)	(9,496)					
Medical & Dental Pay	(2)	(1,049)	(362)	(1,399)	(488)	(835)	0	(151)	(23)	(4,309)					
Other Pay	(594)	(139)	(144)	(151)	(274)	(59)	(312)	(478)	(10)	(2,161)					
Non Pay	(661)	(3,858)	(327)	(1,447)	(1,389)	(212)	(1,739)	(4,707)	(5)	(14,345)					
Income from Activities	0	0	0	0	0	0	0	0	(13)	(13)					
Income from Operations	(39)	0	(217)	0	(851)	(260)	(1,296)	(162)	590	(2,235)					
Total	(1,303)	(8,902)	(2,006)	(4,194)	(4,191)	(3,170)	(3,347)	(5,773)	327	(32,559)					

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

Finance – Savings

March 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 W May 2019	Outstanding May 2019	Requires improvement Aay 2019	Good W 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
Critical care	Good	Good	Good	Requires improvement	Good	Good
	Dec 2014	Dec 2014	Dec 2014	Dec 2014	Dec 2014	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	Good	Good	Good	Good	Good
	May 2019	May 2019	May 2019	May 2019	May 2019	May 2019
Outpatients and diagnostics	Good	Not rated	Good	Good	Good	Good
outputients and angliostics	Mar 2017		Mar 2017	Mar 2017	Mar 2017	Mar 2017
Overall trust	Requires improvement May 2019	Good May 2019	Outstanding May 2019	Good May 2019	Outstanding	Outstanding

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

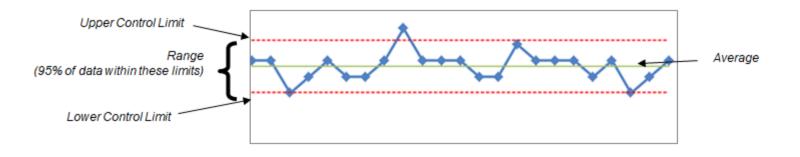
The overall rating was REQUIRES IMPROVEMENT, and the breakdown by category is shown below:

	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 T Jun 2019	Good → ← Jun 2019	Requires improvement A 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	Good	Good	Requires improvement	Good	Good
cificat care	Jun 2017	Jun 2017	Jun 2017	Jun 2017	Jun 2017	Jun 2017
Services for children and	Good	Good	Good	Requires improvement	Good	Good
young people	Aug 2015	Aug 2015	Aug 2015	Aug 2015	Aug 2015	Aug 2015
End of life care	Good	Good	GoodRequires improvementJun 2019Jun 2017Jun 2017GoodRequires improvementJun 2017Jun 2017Jun 2017Jun 2017Jun 2015Aug 2015Aug 2015Aug 2015GoodRequires improvementGoodRequires improvementGoodRequires improvementGoodRequires improvementGoodAug 2015Aug 2015Aug 2015GoodRequires improvementGoodRequires improvementGoodAug 2015Aug 2015	Requires improvement	Good	Good
	Aug 2015	Aug 2015	Aug 2015	Aug 2015	Aug 2015	Aug 2015
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
materinty and ginaceotogy	Aug 2015	Aug 2015	Aug 2015		Aug 2015	Aug 2015
Outpatients and diagnostics	Good	N/A	Good	Requires improvement	Good	Good
outputients and diagnostics	Aug 2015	.,	Aug 2015	Aug 2015	Aug 2015	Aug 2015
Overall*	Requires improvement Jun 2019	Good Jun 2019	→←	improvement	Requires improvement Jun 2019	Requires improvement Dun 2019

Ratings for Weston General Hospital

*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



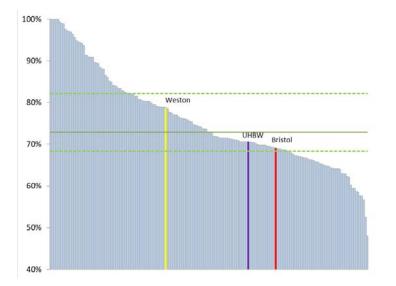
The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "control limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

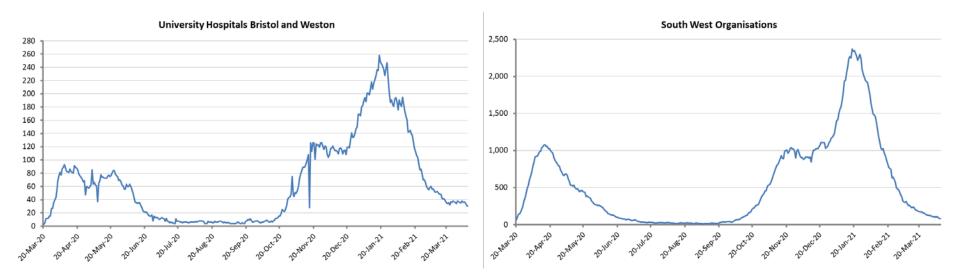
The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 15 th April 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 8th April 2021.



Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 22 nd April 2021 from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Commentary:	Daily monitoring and reporting of all Covid -19 results is reviewed and approved by an Executive Director. The Trust undertakes rapid action when any cases are identified to prevent further spread with the dissemination of the Infection Prevention and Control Covid outbreak pack to ensure all cases are managed consistently with outbreak meetings set up and conducted in line with the Hospital Outbreak of infection policy.
Ownership:	Chief Nurse

			Inpatients Diagnosed With Covid-19 Following Admission													
Month	Inpatients Admitted With Covid-19	Community-Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare Healthcare-Associated	Hospital-Onset Definite Healthcare-Associated	-										
May-20	37					313										
Jun-20	16					75										
Jul-20	6	5	1	0	1	7										
Aug-20	8	9	0	0	1	10										
Sep-20	13	17	0	0	0	17										
Oct-20	47	107	6	6	5	124										
Nov-20	176	157	22	12	23	214										
Dec-20	203	94	27	22	35	178										
Jan-21	414	159	31	25	19	234										
Feb-21	156	88	22	19	22	151										
Mar-21	75	17	7	3	10	37										
	1151					1360										

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

Appendix – Trust Scorecards

																		_	
				INTEGRA	TED PE		ANCE F		- TRUST	TOTAL								ر versity Ho istol and V	
ID	Measure	19/20	20/21 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21 Q1 2	0/21 Q2 2	NHS Founda	
Infection	n Control	1																	
DA01	MRSA Trust Apportioned Cases		4	1	0	0	0	0	1	1	0	0	1	0	0	1	1	1	1
DA02	MSSA Trust Apportioned Cases	4	43	0	5	2	3	2	5	1	3	5	6	9	2	7	10	9	17
DA03	CDiff Trust Apportioned Cases	4	. 74	5	8	6	6	11	5	5	7	6	6	2	7	19	22	18	15
Patient F	alls	1																	
AB01	Falls Per 1,000 Beddays	4.52	5.14	5.38	6.93	5.77	3.66	4.76	5.3	4.28	5.18	5.9	4.38	5.73	4.94	6.05	4.6	5.1	5
	Numerator (Falls)	1411		114	164	138	100	136	160	134	151	171	124	154	152	416	396	456	430
A DOC A	Denominator (Beddays)	312447		21194	23666	23917	27319	28557	30205 1	31336 4	29161 4	28979	28301	26872	30746 3	68777 4	86081 3	89476	85919 9
AB06A	Total Number of Patient Falls Resulting in Harm	20	5 25	2	1	1	1	1	1	4	4	1	3	3	3	4	3	9	9
Pressure	Injuries																		
DE01	Pressure Ulcers Per 1,000 Beddays	0.18	0.279	0.991	0.254	0.293	0.183	0.315	0.199	0.096	0.274	0.138	0.318	0.26	0.228	0.494	0.232	0.168	0.268
	Numerator (Pressure Injuries)	5		21	6	7	5		6	3	8	4	9	7	7	34	20	15	23
DE02	Denominator (Beddays) Pressure Ulcers - Grade 2	31244		21194 20	23666 5	23917 5	27319 5		30205 6	31336 3	29161 8	28979 4	28301 8	26872 7	30746 7	68777 30	86081 20	89476 15	85919 22
DE03	Pressure Ulcers - Grade 3		-	1	1	2	0		0	0		0	1	0	0	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
0204				Ū	0	0	0	0	U		U	0	Ŭ	U	U	U	U	Ŭ	Ū
Serious I	ncidents	1																	
S02	Number of Serious Incidents Reported	73	109	7	2	6	7	5	23	15	10	5	11	8	10	15	35	30	29
S01	Total Never Events	4	6	0	0	0	1	0	2	1	2	0	0	0	0	0	3	3	0
Medicati	on Errors	1																	
WA01	Medication Incidents Resulting in Harm		_	0%	0%	0%	0.9%	0%	0%	0.31%	0.37%	0.83%	0%	0%	-	_	-	-	
	Numerator (Incidents Resulting In Harm)		0	0	0	0	3	0	0	1	1	2	0	0	0	0	0	0	0
	Denominator (Total Incidents)		0	192	258	283	335	274	284	323	269	241	257	229	0	0	0	0	0
WA03	Non-Purposeful Omitted Doses of the Listed Critical Me				0.99%	0.26%	0.49%	0.15%	0.54%	0.63%	0.68%	0.36%	1.43%	0.19%	0.35%	0.47%	0.39%	0.58%	0.46%
	Numerator (Number of Incidents) Denominator (Total Audited)	603		0	3 302	2 770	4 825	1 675	3 557	3 479	3 442	1 281	3 210	1 521	2 576	5 1072	8 2057	7 1202	6 1307
	Assessment]							2.37						2.0		/		
N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	85.4%	88.3%	87.3%	86.7%	85%	84.4%	85.3%	85.8%	85.2%	85.5%	84.6%	84.3%	84%	87.3%	84.9%	85.5%	84.3%
	Numerator (Number Risk Assessed)	102013		4265	5280	6369	6566		63.3 %	7525	7089	6925	6250	6217	7332	15914	19821	21539	64.3%
	Denominator (Total Patients)	116784		4830	6050	7349	7726		8333	8770	8317	8095	7386	7377	8732	18229	23346	25182	23495

				INTEGR	ATED PE		ANCE R E DOMA		- TRUST	TOTAL									
ID	Measure	19/20	20/21 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 0
Nurse St	taffing Levels ("Fill Rate")																		
RP01	Staffing Fill Rate - Combined	100.3%	95.8%	95%	97.9%	95.3%	101.1%	99.4%	97.6%	100.3%	97.4%	91.7%	90.7%	92.6%	91.5%	96.1%	99.4%	96.4%	91.6
	Numerator (Hours Worked) Denominator (Hours Planned)	2860897 2851065	3454932 3605308	273656 288040		278873 292575	302851 299682	296436 298223		306243 305348	295331 303349	294407 321059	288541 318057	248781 268629		844112 878476		895981 929756	
RP02	Staffing Fill Rate - RN Shifts	96.6%	92.7%	91.8%	91.9%	91.2%	97.2%	94.9%	94.9%	98.6%	96.7%	89.4%	88.6%	89.9%	87.5%	91.6%	95.7%	94.8%	88.6
	Numerator (Hours Worked)	1998312	2305793	183957	187979	183315	199195	194533	186598	206328	200176	199026	194809	176960	192918	555251	580326	605530	56468
	Denominator (Hours Planned)	 2067891	2488392	200310	204554	201026	204937	204886	196552	209357	207114	222595	219755	196821	220486	605890	606374	639066	63706
RP03	Staffing Fill Rate - NA Shifts	110.1%	102.6%	102.2%	111%	104.4%	109.4%	109.2%	101.5%	103%	98.9%	96.9%	95.3%	99.4%	100.5%	106%	106.8%	99.5%	98.4
	Numerator (Hours Worked)	862585	1148430	89698	103604	95557.5	103655	101903	88084.7	93006.9	95156.6	95381.7	93731.4	89463.4	99187.8	288860	293643	283545	28238
	Denominator (Hours Planned)	783175	1119431	87730	93307.7	91548.9	94745.3	93337.7	86795	90291.1	96235.8	98464.6	98302.1	89972.8	98699.8	272587	274878	284992	28697

			IN	TEGRATI			NCE REF DOMA		RUST TO	DTAL								iversity H	
ID	Measure	19/20	20/21 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21 Q1 2	20/21 Q2	20/21 Q3	20/21 Q4
Patient S	urveys (Bristol)																		
P01D	Patient Survey - Patient Experience Tracker Score			91	91	91	90	90	91	89	88	90	91	92	90	-	-	-	-
P01G	Patient Survey - Kindness and Understanding			96	95	96	97	96	95	94	93	96	97	96	95	96	96	94	96
P01H	Patient Survey - Outpatient Tracker Score			88	91	96	93	92	94	92	94	93	94	94	95	91	93	93	94
Patient C	Complaints (Number Received)																		
T01	Number of Patient Complaints	1842	1653	54	63	99	146	169	206	199	176	115	136	145	145	216	521	490	426
T01C	Patient Complaints - Formal	597	546	10	19	44	58	61	90	51	65	24	49	32	43	73	209	140	124
T01D	Patient Complaints - Informal	1245	1119	44	50	61	88	108	116	148	111	91	87	113	102	155	312	350	302
Patient C	Complaints (Response Time)																		
T03A	Formal Complaints Responded To Within Trust Timeframe	88%	70%	76.9%	66.7%	63.3%	80.4%	59.3%	66.2%	61.9%	81%	65.8%	66.7%	72.7%	80.9%	71.3%	68.2%	69.1%	72.5%
	Numerator (Responses Within Timeframe) Denominator (Total Responses)	668 759	439 627	40 52	8 12	19 30	41 51	32 54	49 74	39 63	47 58	48 73	46 69	32 44	38 47	67 94	122 179	134 194	116 160
тозв	Formal Complaints Responded To Within Divisional Timeframe	91%	75.1%	86.5%	75%	96.7%	90.2%	61.1%	63.5%	71.4%	84.5%	67.1%	63.8%	77.3%	87.2%	88.3%	70.4%	73.7%	74.4%
	Numerator (Responses Within Timeframe)	691	471	45	9	29	46	33	47	45	49	49	44	34	41	83	126	143	119
	Denominator (Total Responses)	759	627	52	12	30	51	54	74	63	58	73	69	44	47	94	179	194	160
Patient C	Complaints (Dissatisfied)																		
T04C	Percentage of Responses where Complainant is Dissatisfied	7.51%	6.53%	3.85%	0%	6.67%	9.8%	1.85%	9.46%	17.46%	1.72%	5.48%	2.9%	-	-	4.25%	7.26%	8.25%	2.9%
	Numerator (Number Dissatisifed)	57	35	2	0	2	5	1	7	11	1	4	2	0	0	4	13	16	2
	Denominator (Total Responses)	759	536	52	12	30	51 Dog	54	74	63	58	73	69	0	0	94	179	194	69

			IN	TEGRAT	ED PERF RE		NCE REP VE DOM		RUST TO	DTAL							Un Br	iversity Ho istol and V NHS Found	Weston
ID	Measure	19/20	20/21 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21 Q1	20/21 Q2	20/21 Q3 2	20/21 Q4
Emergen	cy Department Performance																		
B01	ED Total Time in Department - Under 4 Hours	80.44%	80.09%	92.49%	90.68%	87.31%	84.05%	82.09%	81.24%	79.82%	75.84%	74.35%	69.72%	72.56%	76.27%	89.94%	82.43%	76.79%	73.14%
	Numerator (Number Seen In Under 4 Hours)	114976	112178	6950	8957	8811	10900	11092	11253	10740	9263	8865	7413	7570	10364	24718	33245	28868	25347
	Denominator (Total Attendances)	142939	140062	7514	9878	10092	12969	13512	13851	13455	12213	11924	10633	10433	13588	27484	40332	37592	34654
B06	ED 12 Hour Trolley Waits	25	1440	0	1	7	58	68	6	87	201	247	468	195	102	8	132	535	765
Emergen	cy Department Clinical Indicators																		
B02	ED Time to Initial Assessment - Under 15 Minutes	96.8%	81.1%	92.4%	89%	88.8%	82.3%	79.7%	76.6%	73.6%	81.7%	78.7%	80.3%	82.2%	77.7%	90%	79.5%	77.8%	79.9%
	Numerator (Number Assessed Within 15 Minutes)	34887	53673	3591	4126	3585	5241	5145	5014	4689	4748	4499	4167	4030	4838	11302	15400	13936	13035
	Denominator (Total Attendances Needing Assessment)	36037	66150	3886	4637	4035	6368	6456	6543	6374	5814	5715	5190	4905	6227	12558	19367	17903	16322
B03	ED Time to Start of Treatment - Under 60 Minutes	50.8%	68%	92.8%		68.1%	65.4%	63.1%	58.3%	63.7%	70.1%	65.6%	68.5%	66.8%	64%	79.4%	62.6%	66.4%	66.2%
	Numerator (Number Treated Within 60 Minutes) Denominator (Total Attendances)	70327 138496	91353 134421	6943 7485	7902 9803	6767 9941	8362 12793	8364 13259	5861 10048	8490 13319	8455 12062	7731 11776	7158 10442	6813 10203	8507 13290	21612 27229	22587 36100	24676 37157	22478 33935
B04	ED Unplanned Re-attendance Rate	3.7%	4.5%	4.1%		3.3%	4.4%	4.4%	4.4%	4.5%	5.4%	4.7%	4.9%	4.3%	4.6%	3.8%	4.4%	4.9%	4.6%
	Numerator (Number Re-attending)	5221	6243	311	405	328	567	589	612	609	654	565	525	448	630	1044	1768	1828	1603
	Denominator (Total Attendances)	142939	139970	7518	9930	9927	12847	13512	13973	13456	12216	11925	10636	10438	13592	27375	40332	37597	34666
B05	ED Left Without Being Seen Rate	1.6%	1%	0.4%	0.6%	1%	1.2%	1.2%	1.3%	1.2%	1%	1.1%	1%	1%	1%	0.7%	1.2%	1.1%	1%
	Numerator (Number Left Without Being Seen) Denominator (Total Attendances)	2244 142939	1442 140062	32 7514	64 9878	98 10092	152 12969	158 13512	174 13851	161 13455	121 12213	135 11924	103 10633	104 10433	140 13588	194 27484	484 40332	417 37592	347 34654
Referral	To Treatment Ongoing																		
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	_	_	70.6%	61.4%	52.6%	46.5%	51.4%	58.1%	63.4%	65.6%	62.6%	62.3%	62.5%	61.7%	_	_		_
105	Numerator (Number Under 18 Weeks)	0	0	25559	21213	18842	17319	20216	23729	27022	27942	26416	26493	27685	28721	0	0	0	0
	Denominator (Total Pathways)	0	0	36214	34564	35847	37270	39363	40827	42654	42624	42222	42523	44314	46538	0	0	0	0
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	134	25077	114	245	475	796	1077	1500	1809	2164	2891	3790	4807	5409	834	3373	6864	14006
Referral	To Treatment Activity																		
A01A	Referral To Treatment Number of Admitted Clock Stops	39526	27415	832	1053	1754	2319	2202	2731	3583	3658	2817	2022	1966	2478	3639	7252	10058	6466
A02A	Referral To Treatment Number of Non Admitted Clock Stops	102130	88000	5655	3874	4712	5680	5366	6944	9106	9178	9730	8935	8583	10237	14241	17990	28014	27755
A09	Referral To Treatment Number of Clock Starts	149419	116667	4717	4971	7421	9347	8902	11150	12913	11900	10997	10312	11047	12990	17109	29399	35810	34349
Diagnost	ic Waits																		
A05	Diagnostics 6 Week Wait (15 Key Tests)	_	-	41.97%	41.43%	51.97%	67.49%	65.09%	57.78%	59.09%	60.08%	56.28%	53.65%	58.86%	65.15%	_	-	-	_
	Numerator (Number Under 6 Weeks)	0	0	3184	3577	5227	8093	8285	8623	8628	8761	8563	7544	8388	9413	0	о	0	о
	Denominator (Total Waiting)	0	0	7586	8633	10058	11991	12728	14925	14602	14582	15215	14062	14252	14448	0	0	0	0

			IN	TEGRAT		ORMAN SPONSI			RUSTT	DTAL								iversity Ho istol and N NHS Found	Weston
ID	Measure	19/20	20/21 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Cancer 2	2 Week Wait																		
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks	93.5%	80.3%	90.3%	90.2%	91.2%	84.2%	72.5%	51.1%	61.8%	90%	90.2%	86.2%	96.2%	-	90.7%	68.6%	78.9%	91.2%
	Numerator (Number Seen Within 2 Weeks) Denominator (Total Seen))	17868 19106	13025 16212	654 724	881 977	1275 1398	1306 1551	1085 1497	873 1709	1332 2157	1601 1778	1379 1528	1238 1437	1401 1456	0 0	2810 3099	3264 4757	4312 5463	2639 2893
Cancer 3	31 Day																		
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.7%	95.2%	94.5%	89.8%	95%	96%	98.4%	95.6%	97.8%	97%	95.5%	94%	92.2%	-	93.3%	96.7%	96.7%	93%
	Numerator (Number Treated Within 31 Days)	3029	2643	208	167	207	217	246	262	270	260	298	249	259	0	582	725	828	508
	Denominator (Total Treated)	3166	2776	220	186	218	226	250	274	276	268	312	265	281	0	624	750	856	546
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.7%	99.3%	100%	100%	99.2%	100%	98.8%	98.5%	99.3%		99.3%	99.2%	100%	-	99.6%	99%	99.3%	99.6%
	Numerator (Number Treated Within 31 Days)	1397	1358	54	95	118	116	166	128	140	129	151	124	137	0	267	410	420	261
	Denominator (Total Treated)	1415	1367	54	95	119	116	168	130	141	130	152	125	137	0	268	414	423	262
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	92.7%	84.4%	83.3%	90.2%	72.7%	89.1%	92.3%	92.9%	91.5%		80%	89.2%	64.6%	-	81.9%	91.6%	85%	75.3%
	Numerator (Number Treated Within 31 Days) Denominator (Total Treated)	606 654	449 532	45 54	46 51	40 55	41 46	48 52	52 56	43 47	34 41	36 45	33 37	31 48	0	131 160	141 154	113 133	64 85
	Denominator (rotal neated)	004	332	54			40	52	50				57	40	0	100	134		
Cancer 6	52 Day																		
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.5%	79.1%	76.2%	72.6%	83.5%	89.3%	83.2%	78.5%	82.2%	75.8%	78.3%	77.6%	72.6%	-	78.1%	83.3%	78.7%	75.2%
	Numerator (Number Treated Within 62 Days)	1199.5	1007	70.5	57	93.5	92	82	98.5	113	106.5	122.5	93.5	78	0	221	272.5	342	171.5
	Denominator (Total Treated)	1402.5	1272.5	92.5	78.5	112	103	98.5	125.5	137.5	140.5	156.5	120.5	107.5	0	283	327	434.5	228
E03B	Cancer 62 Day Referral To Treatment (Screenings)	66.1%	50.8%	100%	-	0%	0%	85.7%	100%	100%	100%	27.3%	71.4%	28.6%	-	25%	70%	60%	42.9%
	Numerator (Number Treated Within 62 Days)	40	15	1	0	0	0	3	0.5	1	3.5	1.5	2.5	2	0	1	3.5	6	4.5
5020	Denominator (Total Treated)	60.5	29.5	1	0	3	89.4%	3.5	0.5	1 94%	3.5	5.5	3.5	84.4%	0		5	10	10.5 82.8%
E03C	Cancer 62 Day Referral To Treatment (Upgrades)	86.7%	88.5%	84.5%	91.3%	93.2%		92.4%	90.4%		88.2%		80.7%		-	89.4%	90.8%	89.9%	
	Numerator (Number Treated Within 62 Days) Denominator (Total Treated)	560.5 646.5	509.5 576	35.5 42	31.5 34.5	34.5 37	42 47	54.5 59	51.5 57	55 58.5	41 46.5	56 64	46 57	62 73.5	0	101.5 113.5	148 163	152 169	108 130.5
<u></u>		040.5	570		54.5	57	47	55	57	50.5	40.5	1 04	57	75.5	0	115.5	105	105	
Last Mir	nute Cancelled Operations																		
F01	Last Minute Cancelled Operations - Percentage of Admissions	1.79%	1.15%	0.6%	0.33%	0.44%	0.7%	2.09%	1.13%	1.21%	1.17%	1.54%	1.13%	1.48%	1.16%	0.45%	1.28%	1.3%	1.25%
	Numerator (Number of LMCs)	1394	637	14	9	17	32	87	59	72	66	84	53	74	70	40	178	222	197
	Denominator (Total Elective Admissions)	77948	55573	2321	2718	3829	4549	4154	5220	5951	5656	5463	4672	5001	6039	8868	13923	17070	15712
F02	Cancelled Operations Re-admitted Within 28 Days	92.6%	83.4%	67%	69.2%	88.9%	76.5%	96.8%	98.8%	91.1%	93%	88.5%	83.1%	67.3%	81.5%	68.6%	95.4%	91%	78.4%
	Numerator (Number Readmitted Within 28 Days)	1291	542	77	9	8	13	30	82	51	66	54	64	35	53	94	125	171	152
	Denominator (Total LMCs)	1394	650	115	13	9	17	31	83	56	71	61	77	52	65	137	131	188	194

			IN	TEGRAT			NCE REF VE DOM		RUST T	OTAL								niversity H ristol and NHS Found	Weston
ID	Measure	19/20	20/21 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-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	9	10	14	13	10	4	0	-	-	-	-	-	33	27	0	-
Q01B	Acute Delayed Transfers of Care - Beddays	8304	1902	278	238	396	350	335	251	54	-	-	-	-	-	912	936	54	-
Q02A	Non-Acute Delayed Transfers of Care - Patients	117	18	9	7	1	0	1	-	-	-	-	-	-	-	17	1	-	-
Q02B	Non-Acute Delayed Transfers of Care - Beddays	2902	521	201	150	88	32	40	10	-	-	-	-	-	-	439	82	-	-
Green T	o Go/Fit For Discharge (BRISTOL Only)																		
AQ06A	Green To Go List - Number of Patients (Acute)	-	-	64	85	71	86	99	96	97	97	125	107	103	168	-	-	-	-
AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	21	18	12	8	22	19	26	18	11	12	11	10	-	-	-	-
AQ07A	Green To Go List - Beddays (Acute)	-	-	2133	2453	2107	2582	2704	2973	3013	2745	3356	3572	3218	4540	-	-	-	-
AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	871	531	403	588	464	528	698	564	458	340	445	398	-	-	-	-
Outpatie	ent Measures																		
R03	Outpatient Hospital Cancellation Rate	11.4%	12.2%	25.7%	15.5%	12.1%	11.5%	11.5%	9.9%	10.3%	10.3%	11%	11.3%	10.6%	10%	18.1%	10.9%	10.5%	10.6%
	Numerator (Number of Hospital Cancellations)	126443	121436	19914	9500	8477	8785	8421	8785	9443	9607	9512	9866	9026	10100	37891	25991	28562	28992
	Denominator (Total Appointments)	1109925	991907	77528	61327	70010	76680	73097	88393	91339	93649	86470	87155	85492	100767	208865	238170	271458	273414
R05	Outpatient DNA Rate	6.6%	6.9%	5.1%	4.9%	5.3%	6.2%	7%	7.7%	7.7%	8.1%	7.8%	8.5%	6.7%	6.3%	5.1%	6.9%	7.9%	7.1%
	Numerator (Number of DNAs)	51399	49604	2024	2051	2809	3625	3831	4848	5292	5610		5383	4295	4807	6884	12304	15931	14485
	Denominator (Total Attendances+DNAs)	780935	717015	39298	41949	53504	58844	55092	63156	68473	69071	64312	63319	64094	75903	134751	177092	201856	203316
Overdue	Partial Booking (Bristol)																		
R22N	Overdue Partial Booking Referrals	20.2%	33.5%	26.7%	29.8%	33.6%	34.6%	35.2%	35.2%	34.7%	34.2%	35%	35.2%	34%	34.5%	30%	35%	34.6%	34.6%
	Numerator (Number Overdue)	286098	569656	38408	42949	48234	49150	49821	49068	48149	48773	49352	49499	47199	49054	129591	148039	146274	145752
	Denominator (Total Partial Booking)	1415507	1698619	143732	144269	143472	142016	141426	139371	138847	142817	141025	140442	138821	142381	431473	422813	422689	421644
R22R	Overdue Partial Bookings (9+ Months)	1.1%	3.3%	1.5%	1.3%	1.6%	1.7%	1.9%	2.4%	3.1%	3.7%	4.6%	5.2%	5.8%	6.9%	1.5%	2%	3.8%	6%
	Numerator (Number Overdue 9+ Months)	15664	55930	2104	1928	2256	2357	2753	3318	4252	5274	6422	7365	8102	9799	6288	8428	15948	25266
	Denominator (Total Partial Booking)	1415507	1698619	143732	144269	143472	142016	141426	139371	138847	142817		140442	138821	142381	431473	422813	422689	421644
R22H	Overdue Partial Bookings (12+ Months)	0.5%	1.5%	0.8%	0.8%	0.9%	1%	1.1%	1.2%	1.3%	1.5%	1.8%	2.2%			0.9%	1.1%		2.7%
	Numerator (Number Overdue 12+ Months)	6628	26161	1167	1191	1341	1419	1569	1710	1808	2086	2557	3154	3627	4532	3699	4698	6451	11313
	Denominator (Total Partial Booking)	1415507	1698619	143732	144269	143472	142016	141426	139371	138847	142817	141025	140442	138821	142381	431473	422813	422689	421644

			INTE	GRATED			E REPOR		ST ТОТ/	AL							Uni Br	iversity H istol and	NHS lospitals Weston dation Trust
ID	Measure	19/20	20/21 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Mortalit	y																		
X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	102.1	94.5	97.3	96.2	96.4	95.5	93.9	94.4	89.8	92.5	-	-	-	-	96.6	94.6	91.1	-
	Numerator ("Expected" Deaths)	21515	18675	2525	2425	2390	2350	2300	2285	2190	2210	0	0	0	0	7340	6935	4400	0
	Denominator (Deaths)	21080	19755	2595	2520	2480	2460	2450	2420	2440	2390	0	0	0	0	7595	7330	4830	0
X02	Hospital Standardised Mortality Ratio (HSMR)	89.9	90.5	118.9	118.1	98.6	75.4	61.9	86.3	75.2	91.5	93.5	102.9	-	-	111.4	74.5	86.3	102.9
	Numerator ("Expected" Deaths)	1569	1014	105	112	100	96	71	98	101	112	113	106	0	0	317	265	326	106
	Denominator (Deaths)	1744.63	1120.66	88.3	94.8	101.43	127.28	114.66	113.6	134.33	122.43	120.84	102.99	0	0	284.53	355.54	377.6	102.99
Fracture	Neck of Femur (NOF)																		
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	45.6%	66.1%	75.6%	61%	48.9%	73.6%	63.4%	60.9%	64.6%	70.8%	65.1%	61.3%	63%	78%	61.4%	66.4%	66.9%	69.1%
	Numerator (Treated Within 36 Hrs)	134	358	31	25	22	39	26	28	31	34	28	19	29	46	78	93	93	94
	Denominator (Total Patients)	294	542	41	41	45	53	41	46	48	48	43	31	46	59	127	140	139	136
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 He	96.3%	92.1%	80.5%	73.2%	84.4%	96.2%	95.1%	97.8%	97.9%	97.9%	100%	93.5%	89.1%	94.9%	79.5%	96.4%	98.6%	92.6%
	Numerator (Seen Within 72 Hrs)	283	499	33	30	38	51	39	45	47	47	43	29	41	56	101	135	137	126
	Denominator (Total Patients)	294	542	41	41	45	53	41	46	48	48	43	31	46	59	127	140	139	136
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.5%	59%	61%	46.3%	40%	69.8%	61%	52.2%	60.4%	64.6%	58.1%	61.3%	58.7%	69.5%	48.8%	61.4%	61.2%	64%
	Numerator (Number achieved BPT)	128	320	25	19	18	37	25	24	29		25	19	27	41	62	86	85	87
	Denominator (Total Patients)	294	542	41	41	45	53	41	46	48	48	43	31	46	59	127	140	139	136
Emerge	ncy Readmissions																		
C01	Emergency Readmissions Percentage	3.6%	4.49%	4.1%	4.7%	4.23%	4.62%	4.64%	5.39%	4.82%	4.25%	3.87%	3.91%	4.11%	7.27%	4.35%	4.9%	4.33%	4.31%
	Numerator (Re-admitted in 30 Days)	5459	5633	304	408	422	547	524	688	658	545	477	427	471	162	1134	1759	1680	1060
	Denominator (Total Discharges)	151572	125383	7408	8679	9989	11831	11304	12766	13651	12830	12328	10912	11457	2228	26076	35901	38809	24597
Stroke C	are																		
001	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.2%	61.2%	57.6%	54.3%	71.4%	51.4%	46.2%	48.6%	67.7%	71.7%	74.2%	66.7%	56.5%	-	61.8%	49%	71.3%	62.3%
	Numerator (Achieved Target)	163	226	19	19	30	18	12	18	21	33	23	20	13		68	48	77	33
	Denominator (Total Patients)	290	369	33	35	42	35	26	37	31	46	31	30	23		110	98	108	53
002	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	70.3%	72.8%	82.4%	85.7%	82%	82.6%	91.4%	69.8%	75.6%	68.3%	64.6%	66.7%	54.5%	0%	83.1%	79.9%	69.3%	49.4%
	Numerator (Achieved Target)	204	364	42	30	41	38	32	37	34	41	31	20	18		113	107	106	38
	Denominator (Total Patients)	290	500	51	35	50	46	35	53	45	60	48	30	33	14	136	134	153	77

Numerator (Total WTE Days Lost) Denominator (Total WTE Days) 133544 135344 135344 130311.3 10417.9 11025 11391.6 11363 11849.1 11466.5 12633.9 12941.5 10047.9 10338.8 32296.4 33779.7 3594 Staff Appraisal Morkforce Appraisal Compliance (Non-Consultant) 0 <td< th=""><th></th><th></th><th></th><th>INTE</th><th>GRATED</th><th></th><th></th><th>E REPOI</th><th></th><th>IST TOT</th><th>AL</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>iversity H ristol and 1 NHS Found</th><th>Weston</th></td<>				INTE	GRATED			E REPOI		IST TOT	AL								iversity H ristol and 1 NHS Found	Weston
AF11A Percentage Bank Usage -<	ID	Measure	19/20		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
alignmentator (Bore Ward) promolector (Total) ward) alignmentator (Bore Ward) </td <td>Bank and</td> <td>Agency Usage</td> <td></td>	Bank and	Agency Usage																		
Denominator (Tardivier) 0 0 1000000000000000000000000000000000000	AF11A	Percentage Bank Usage	-	-	5.74%	5.35%	5%	5.29%	5.12%	5.35%	5.37%	6.05%	5.35%	6.07%	5.93%	6.55%	-	-	-	
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	JO3	Average Length of Stay (Spell)	3.89	4.03	4.44	3.78	3.85	3.48	3.51	3.69	4.29	4.35	4.35	4.72	4.36	3.93	4	3.56	4.33	4.31

J03	Average Length of Stay (Spell)	3.89	4.03	4.44	3.78	3.85	3.48	3.51	3.69	4.29	4.35	4.35	4.72	4.36	3.93	4	3.56	4.33	4.31
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Reporting Committee	Quality & Outcomes Committee – meeting held on 26 th April 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

Meeting of the Board of Directors in Private – 29 April 2021

For Information

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

- The Committee reviewed the integrated quality and performance report, and it was reported that the hospital was beginning to return to normal following the second wave of Covid-19. Attendances at ED were back to pre-Covid levels and whilst 12 hour breaches continued to be an issue ambulance handovers had improved during April. Good progress had also been made in reducing the number of medically fit for discharge patients within the hospital, which had almost halved in March.
- The main focus of the meeting was an update on the Weston Division particularly in respect of the actions being progress to respond to the various regulatory concerns there. Bernard Galton, Chair of the People Committee and Matt Joint, Director of People, joined the meeting for this item to allow a full discussion of the relevant People issues. Topics covered included the following:
 - Actions required for the return of medical trainees in August;
 - The appointment of a Managing Director at Weston and how this would fit into the existing management structure there;
 - o Recruitment and retention of nurses;
 - Staff turnover in general;
 - The management of risk at Weston General Hospital;
 - The future vision for Weston and the opportunities there for new ways of working;
 - Reframing of the integration plan.
- The Committee received a report which confirmed the closure of approximately 49,000 legacy records where the RTT status had not previously been recorded. These pathways have undergone 10% sample checking and in some cases full 100% checking following the NHSE/I Intensive support team (IST) methodology. This had been a huge undertaking the Chair congratulated the team on successfully completing this work.
- The Committee considered the monthly Root Cause Analysis and nurse safe



staffing reports for assurance.

For Board Awareness, Action or Response

N/A

Key Decisions and Actions

In respect of the IQPR, it was requested that the presentation of risks in SPORT report be looked at, and that in future greater granular detail be provided on essential training compliance.

Date of next	24 th May 2021
meeting:	



Meeting of the Board of Directors on 29 April 2021

Reporting Committee	Audit Committee – April 2021 Meeting
Chaired By	David Armstrong, Non-Executive Director
Executive Lead	Neil Kemsley, Director of Finance and Information

For Information

- The Audit Committee undertook a detailed review of the Strategic and Corporate Operational Risk Registers. It was noted that the Strategic Risk Register required a refresh and that this was in train. The Director of Corporate Governance was asked to discuss with the chairs of Board committees how the risk registers and enabling strategies could be used to enable the committees to be more forward looking in the future.
- The Committee commented on a number of risks and highlighted a number that required rewording (including risks 2642, 2643 and 3763). It was also suggested that the risks relating to good quality training required review and perhaps amalgamation to better express the operational implications of not mitigating these effectively.
- Fire safety compliance was reviewed as part of the regular reporting of Estates and Facilities to the Committee. The additional level of detail provided by the full Estates and Fire risk register was welcomed by the Committee. Concern was expressed regarding the pace of starting and completing the fire compliance work and this was reflected in a discussion of risk 972 earlier in the meeting.
- The Committee received and noted the following 3 internal audit reports:
 - Conflicts of Interest
 - o Diversity and Inclusion
 - o Safety of Staff Violence and Aggression

It was suggested that the People Committee should consider whether the issues raised in the reports in relation to conflicts of interest and bullying / harassment have a bearing on the metrics that committee receives.

- Risks to the Weston integration programme were considered along with an update on progress against the Benefits Realisation Plan. The improved data provided in the report was welcomed by the Committee. The Committee felt that the priorities contained in the SPORT report required refreshing given it was now a year since the merger took place.
- The Committee received an update on the Data Security and Protection Toolkit and it was requested that consideration be given to how information governance, and cyber security, was reported to the Board and its committees.

Key Decisions and Actions

The Committee approved the following documents:

• Annual Internal Audit Plan



- Annual Counter Fraud Plan
- The Trust's Accounting Policies (subject to any changes required for completion of the 2020/21 audited accounts which would be reported to the June meeting of the committee.

Date of next meeting:	7 June 2021
meening.	

Meeting of the Board of Directors on 29 April 2021 via WebEx

Reporting Committee	Finance and Digital Committee
Chaired By	Martin Sykes, Non-Executive Director
Executive Lead	Neil Kemsley, Director of Finance and Information

For Information

<u>Digital</u>

The Committee received an update on digital services and highlighted that a significant reduction in service occurred on 30 March and 1 April. This related to external facing infrastructure components being overwhelmed by a faulty routine update process. This resulted in user's access to externally hosted systems, and some in-house systems, being impacted.

Adam Dangoor, Chief Clinical Information Officer, attended to discuss the digital strategy and highlighted the importance of technology in all service innovation across the Trust, the importance of technology in notes, improved data sharing and improving experience. The Committee agreed the need for a longer term road map and visual presentation of the plan.

Finance

The year-end position was summarised, prior to submission to the external auditors. This included a small surplus, capital expenditure of $\pounds 68m$ and a cash balance of $\pounds 170m$.

The Committee received an update on planning for 2021/22 including a summary of the guidance and the STP's approach. The approach to consider and approve internal and external investments was summarised. A number of immediate areas for investment were outlined including ICU and critical care outbreak for the South West.

The divisional financial positons and the savings position were discussed and considered.

The Committee also received the Q4 corporate and strategic risks registers, and the Q4 update on the delivery of the corporate objectives. The Committee noted the position of the objectives and risks, and discussed the potential for having the risk discussion earlier in the agenda to ensure adequate time, but also to help frame the rest of the discussion on agenda items.

For Board Awareness, Action or Response

The Digital Strategy will be coming back to the Board in May 2021 for further discussion and agreement of priorities.

The Board will have an opportunity in the seminar on 29 April 2021 to discuss the financial plan for 2021/22; a revised financial plan will then be brought back to the Board at the end of June 2021.

Key Decisions and Actions

Nothing to highlight.

Additional Chair Comments



The Committee congratulated the team for their success in successfully managing the Trust finances despite the ongoing uncertainty around the national and local funding arrangements.

Date of next meeting:

25 May 2021