



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

# Integrated Quality & Performance Report

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December 2021

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The Trust declared an internal critical incident throughout much of November and unprecedented urgent care demand and poor flow out of hospital have continued to affect performance against NHS constitutional standards (*Datix Risk ID 801 - Risk that one or more standards of the NHS Oversight Framework are not met*). NHS England and NHS Improvement also declared a national level 4 incident in response to the Omicron COVID variant on 13<sup>th</sup> December and the Trust is now responding to the mandate to ramp up the vaccination programme; maximise availability of treatment for patients at highest risk; maximise capacity for admissions by enabling discharge for patients to be cared for at home; surge planning and supporting staff well being. 88 COVID patients were diagnosed following admission to hospital this period, which was a 13% drop from the previous month. There were 49 beds occupied with COVID patients at the end of November, which was 4.7% of the total occupied beds.

Trust wide performance against the Emergency Department 4 hour target improved marginally to 63.9% in November compared to the previous month. There were 706 trolley waits in excess of 12 hours across UHBW sites and more than half of ambulance handovers were delayed greater than 30 minutes. UHBW 12 hour trolley wait performance is currently the second most challenged nationally and worse than at any time during the Winter of 2020/21. The transition into the Winter period and emergence of the Omicron variant represents a significant risk to delivery (*Datix Risk ID 423 - Risk that demand for inpatient admission exceeds available bed capacity*). Recruitment is underway to stabilise Same Day Emergency Care as a 7 day service in the BRI and Standard Operating Procedures are being followed to safely open escalation capacity. An additional 15 system beds in South Bristol Community Hospital are also now available to support flow and a Hospital Hotel model has been commissioned with a further 15 bed impact for UHBW which has a target date for go live on 19<sup>th</sup> December 2021.

The elective care programme continues to experience pressures from urgent care demand. Outpatient activity is currently at 104.3% of the monthly plan due to good progress on accelerator programme delivery in the Women's and Children's Division and the success of the Eye Diagnostic Hub in a repurposed Lecture Theatre. However, elective inpatient activity was only at 75% of the monthly plan in November. Waiting list recovery is a national priority and the Trust is working towards an ambition of zero patients waiting longer than 2 years on a referral to treatment time pathway by March 2022, whilst holding overall waiting lists at the current position. There were 235 patients waiting over 104 weeks at the end of November against a trajectory of 150. Whilst the Trust has a detailed plan in place to further reduce 104 week waits to the target of under 188 by March 2022, there is a significant threat to delivery due to the Omicron variant and associated pressures on the bed base. Independent sector capacity and mutual aid opportunities continue to be explored and there has been good progress this period in terms of transferring Orthopaedic long waiting patients, whilst mutual aid is also being explored for Thoracic Surgery with another Trust.

The status of waiting lists is as follows:

- Referral to Treatment patients waiting 104+ weeks. At the end of November there were 235 patients waiting over two years for the start of treatment (worse than trajectory of 150 and up from 187 reported last month). The overall incomplete RTT wait list size showed a marginal month on month reduction, although 52 week wait breaches increased by 70 patients (2.2% higher compared to October).
- Diagnostic waiting lists, where 65.4% were waiting within the 6 week standard. Performance remains particularly challenged in CT Cardiac, MRI Cardiac, MRI Paediatrics, echocardiography and Dexa scans.
- Outpatients, where 92,200 patients currently have a partial booking follow up status showing as overdue, 29% of which are greater than 9 months. The Trust is reviewing waiting list validation capacity and targeting clinically higher risk areas to reduce delays and look for alternative methods of follow up under the Personalised Follow Up programme, including Patient Initiated follow up; and
- Patients on a cancer pathway, where the number of patients waiting >62 and >104 days on a 62 day GP referred suspected cancer pathway are at pre pandemic levels. 2 week wait performance for urgent GP suspected cancer referrals did not deliver the national standard this month and there is a risk to future performance due to changes in the colorectal pathway increasing 2 week wait demand beyond outpatient capacity, in addition to workforce pressures in Dermatology and the seasonal impact of additional bank holidays. Colorectal pathways for FIT negative patients have been agreed with the CCG for December implementation to ease pressure on the two week wait cancer pathway and Dermatology workforce plans are being reviewed for non-urgent cancer activity.

The Trust remains focused on delivering recovery priorities between now and March 2022 but the declaration of the Level 4 national incident in December means recovery priorities will be reassessed to ensure they are proportionate to the additional demands now put on the workforce in the context of Winter preparedness and surge plans for the Omicron variant.

Reporting Month: November 2021

Safe

Caring

Successes	Priorities
<ul style="list-style-type: none"> <li>• A joint Dementia, Delirium and Falls study day was held on 10th December 2021; approximately 30 multi professional staff received sessions on delirium, completing the multifactorial falls risk assessment, pain management in these patients and had opportunity to reflect on practice throughout.</li> <li>• Funding has been agreed to support a bespoke separate triage area for pregnant women away from the Central Delivery Suite (CDS) which was a recommendation from Healthcare Safety Investigation Branch (HSIB) investigations in regard to support patient flow through CDS and the DAU (day assessment unit).</li> <li>• An alignment of low molecular weight heparin (LMWH) VTE prescribing guidance across Weston and Bristol has been successfully completed. A new trust-wide Low Molecular Weight Heparin, Inhixa (Enoxaparin) is now in use.</li> <li>• Weston Division has now moved over to digital VTE risk assessment via the Careflow Electronic Patient Record (EPR) system. Improved oversight of compliance will now be available Trust wide.</li> <li>• A deep dive and round table discussion in Women's &amp; Children's division attended by a THQ Patient Safety team representative was undertaken into recent incidents which involved Cardiotocograph (CTG) interpretation and escalation in Maternity. Actions have been agreed that align with the recommendations of recent Patient Safety Investigations.</li> </ul>	<ul style="list-style-type: none"> <li>• There has been an increase in number of reports of medication not being given due to lack of drug availability on the ward, and the necessary actions not being taken to source the medicine. There were three moderate harm incidents out of 383 (0.78%) medication incidents reported Trust wide in October, two of which were attributed to unavailable medications. Actions have been taken to address this including a Trust wide poster has been circulated Trust wide to remind nurses which medicines are critical, and how to obtain them.</li> <li>• Staffing challenges continue and staffing levels have remained below agreed establishment levels, however the effect of the international recruitment and newly registered staff is now beginning to help improve the staffing levels. The overall Trust fill rate is restored to above 90% in November, but this will remain challenging to sustain with the evolving situation of the Covid-19 pandemic.</li> </ul>

Reporting Month: November 2021

Safe

Caring

### Opportunities

- Infection Control: A catheter use / prevalence survey across the Trust and an audit of compliance with best practice is planned early next year.
- The Simulation Team plan to link falls training and simulation this will commence from January 2022.
- The Dementia, Delirium and Falls team are working with the Practice Education Facilitators to help embed good practice in falls prevention. There is a series of falls training, specifically for Weston division starting in January to help embed the Falls Care Bundle documentation.
- A Cardiotocograph (CTG) monitoring and escalation focus week is planned in Maternity services for the New Year to highlight challenges staff have with CTG interpretation and how to remove these barriers.

### Risks & Threats

- Capacity restraints within the community midwifery teams to input data into the Maternity Medway system and IT connectivity issues mean there is a risk to maintaining compliance with all of the maternity CNST (Clinical Negligence Standards for Trusts). The requirement is for 80% data entry over a 6 month consecutive period which we are unlikely to achieve with the present IT failures in community.

#### New Risks:

- Risk 5747: National shortage of cleansing wipes for patient and environmental use and risk to maintaining patient hygiene and environmental cleanliness. This is affecting the resilience of supplies in the hospital. A task and finish group has been commenced to agree actions to mitigate the risk across the trust which include sourcing alternative suppliers, this is affecting the whole of the BNSSG. Current score 8
- Risk 5611: Risk that patients will come to harm as a result of a delay in being transferred from one site to another across UHBW. Incidents across the trust have been reported due to delays caused by long waiting times for transport ambulances between sites. The transport team have confirmed actions to mitigate this risk have been taken. Current score 12.
- Risk 5680: Risk of a shortage of blunt filtered drawing up needles causing a patient safety risk from small glass particles being present in medicines for injection. There is a national NHS supply chain shortage of drawing up needles. Actions have been taken to centralise ordering and the issuing of supplies across the trust to ensure that stock levels are maintained. Current score 6.

#### Existing risks:

- Risk 5464: Risk that a patient will not be able to have a blood test required for diagnosis or treatment. Current score 4. There is an improved position with supplies stabilising in the NHS supply chain.

Reporting Month: November 2021

Responsive

Effective

## Successes

- Cancer standards: both subsequent oncology treatment, and both 28 day faster diagnosis standards were achieved in October 2021. The Trust also remains below its given maximum number of 'long waiting' (<62 day) patients on a GP suspected cancer pathway.
- A request to our Patient Administration System supplier has been made for c. 60,000 legacy records on the Weston PAS to be block discharged. This is following these records passing the NHSE Intensive support team's cohort methodology for waiting list validation. This work continues and will be completed prior to the integration of PAS in April 2022.
- Weston Division have made use of the additional capacity within the independent sector and have transferred 102 orthopaedic patients to an IS provider in Bath. There curare currently 76 long waiting T&O patients remaining in the Weston Division who require a further review against IS criteria for suitability to transfer.
- Diagnostic 52 week wait position has improved following a rapid validation exercise over two weeks where volumes reduced from 377 down to 254. Data quality issues are predominantly relating to surveillance patients showing on active waiting lists. Capacity constraints remain in endoscopy, adult MRI, cardiac MRI and echo (Weston).
- 15 beds at South Bristol Community Hospital (closed since UHBW were unable to staff them from last October) will all be reopened by 10<sup>th</sup> December 2021.
- The Trust Elective Accelerator Programme has now transitioned into business as usual and focus remains on benefits realisation of schemes in 21/22, with a review of benefits to be sustained in 22/23 completed as part of the operational planning process.
- The Urology service has successfully transferred from UHBW to NBT. UHBW will maintain performance reporting up until 1<sup>st</sup> February for all points of delivery except Cancer as part of the business transfer agreement.

## Priorities

- Ensuring all cancer patients are treated in a clinically safe timescale during the ongoing emergency pressures and over winter, and secondly to maintain performance against the 'ongoing' cancer standards for numbers waiting (once clinical priority has been taken into account).
- Operational delivery for November 2021 to March 2022 requires elimination of 104 week breaches, the stabilisation of 52 week waits and the overall incomplete RTT waiting list. A specialty level targeted improvement plan has been coordinated by the COO team and Divisions to improve this trajectory towards the nationally mandated zero breaches ambition.
- Mutual aid has been agreed for P3 Thoracic surgery (currently x9 P3 and x11 P4 >78 weeks) who are long waiters but low clinical priority. Conversations have commenced with Liverpool NHS Trust.
- A national mandate has been released from NHSE / I requiring Trusts to clinically review the priority status of patients waiting over 104 weeks every 3 months to reduce the risk of patient harm. Trusts have also been instructed to remove the P5 category for patients choosing to wait longer due to COVID and these changes are now being embedded in our Standard Operating Procedures.
- Focus on removal of 52 week wait diagnostic breaches. This applies especially to endoscopy (Bristol site) and Cystoscopy and Echocardiography (Weston site).
- Overdue follow ups continue to grow as a result of outpatient clinics being cancelled to support patient flow through our acute hospital sites. National funding has been agreed to support waiting list validation and divisions have responded with resourcing plans to support the process (Datix Risk ID:2244).
- Divisional risk assessments received to reduce social distancing in outpatient spaces where IPC controls can be adequately controlled. IPC review of risk assessments in progress.

Responsive

Effective

## Opportunities

- Conversations are underway with BNSSG colleagues to consider transfer of patients who have been referred via ERS and who are suitable for transfer to other providers who have capacity. Support is being sought from the referral management centre for them to contact a cohort of patients (approx. 400 within ENT) to gain consent for re-referral to either Practice Plus Group or Sulis in Bath. These demand management interventions will support an improved waiting list position for patients by maximising available capacity in the local healthcare system.
- Front door model in development with BRI, Weston and NBT EDs planning for implementation of the ED Streaming Tool.
- BNSSG Care Hotel for medically fit for discharge patients will be commissioned with the provisional start date of 19 December. UHBW is expected to access up to 15 beds to support improved flow as part of Winter planning. Other out of hospital models of care are also being extended including virtual wards to step up capacity in response to Government directives to reduce delayed discharges by up to 50% over the Winter.
- The Trust is initiating a project to pilot Artificial Intelligence software that reviews procedure codes, length of wait, risk of mortality and priority status to inform future scheduling. The C2Ai project is expected to be delivered over Quarter 4 2021/22.
- A potential workforce solution for the Knightstone Ward in Weston is being explored with a third party agency that can potentially take a block booking at Tier 3 rates. If this can be secured then there would be the potential for increasing Short Stay Surgical activity over the Winter on the Weston site.

## Risks & Threats

- There is an ongoing impact on cancer waiting time standard compliance due to the pandemic and system emergency pressures. Any increase in these impacts will cause further deterioration in performance. These issues particularly affect cancer pathway patients at low clinical risk from delay. (Datix Risk ID 42).
- There is a risk that clinical and ward staff will be required to support the booster vaccination program and response to the Level 4 national escalation which could result in the cancellation of routine procedures. If this is the case, there is a risk we will not achieve the eradication of 104 week waits.
- The Weston Respiratory service is now closed to two week wait and urgent referrals for 3 months due to staffing problems. The BRI site are providing interim support and system wide stakeholders including commissioners have been briefed.
- The Trust has been successful in application for national funds to support elective recovery (Targeted Investment Funds (TIF)) but there is a risk that these projects will not be mobilised in time due to Winter pressures, the impact of the Omicron variant on staffing and lack of project management capacity which could in turn deteriorate the 104 week wait trajectory against plan. An urgent review of the TIF schemes is underway to assess feasibility for delivery in Q4 21/22 and additional project management capacity has now been secured.
- A high vacancy rate in diagnostic radiography is impacting on recovery. The Trust has an establishment of 305 diagnostic radiography and sonography staff. There are currently 260 in post. The number of vacancies is 45 FTE (14.8%). The majority of the vacancies are qualified roles and therefore bank and agency is being used to fill gaps with the regional NHSE/I team supporting in identifying alternative providers who can help meet demand over Winter.
- Continued pressure on Advice and Guidance services raised with BNSSG CCG. Decline in 7 day response times of 80% in July to 60% in Nov (Datix Risk ID: 5347 Departmental). Further requests for service closures and restrictions expected.



## Well-Led

Successes	Priorities
<ul style="list-style-type: none"> <li>• 162 of the 258 recruits for the 2021/22 overseas nurse programme have now arrived.</li> <li>• The Trust held its annual Radiology recruitment event for third year students in November. This was the first event held in collaboration with the Weston site and resulted in 13 offers, all of whom will join UHBW in summer 2022.</li> <li>• <i>'Speak Up Core Training for Workers'</i> saw a noticeable improvement (+4%), raising compliance in this 'one off' programme for all staff, to 47%.</li> <li>• The new staff values and leadership behaviours launched in November supported by a robust immersion and communications plan.</li> <li>• The new peer to peer leadership platform, Leaders Connect, launched too offering a digital portal to inspire and support leaders across the organisation.</li> <li>• Improved performance indicators are being seen in the Avon Partnership Occupational Health Service (APOHS) as the service begins to realise stability.</li> </ul>	<ul style="list-style-type: none"> <li>• Updating all recruitment and marketing materials to reflect the changed CQC rating and new Trust values.</li> <li>• Development of a Pastoral Practice Education Facilitator role to support the transition period to clinical areas for international nurses across Bristol and Weston.</li> <li>• The launch in December of eLearning for Managers offering support across four bite-size modules covering: 'Identifying staff who are struggling', 'Having wellbeing conversations', 'Recommending appropriate support' and 'Creating healthy workplaces.'</li> <li>• Ongoing immersion of the new staff values and leadership behaviours through local cascade in Divisions.</li> <li>• Migrating the Weston locum bank from Tempre to HealthRoster/ESR for the booking of shifts and payments, with a go-live date of January 2022.</li> <li>• Commencing the accelerated roll out of medical e-rostering to Women's and Children's Division.</li> <li>• Advancing the review being undertaken by the exit interview process task and finish group.</li> </ul>

Well-Led

**Opportunities**

- A bid has been submitted for additional financial support being offered by NHSE/I for international nurse recruitment activity between January 2022 and December 2022. This will be supported by a plan for ongoing overseas nurse recruitment through the Trust’s OPP round for 2022/23.
- The Corporate Education Group has approved the inclusion of *NEWS2* (National Early Warning Score) training to essential training for all doctors and nurses, registered and unregistered, working in adult services.
- The national annual Staff Survey closed on 26<sup>th</sup> November 2021 with a response rate currently of 43.9%, with outcomes to be reported in March 2022.
- The review of sickness reporting and data processing to develop robust management information flows across HealthRoster, ESR, Occupational Health and HR Services, helping to improve the rigor of sickness absence management.
- The HR Services team are to pilot the post of Bank Investigator with the aim of reducing the overall length of time taken for investigations. If successful, it will help support a business case for building a central bank of investigators.

**Risks & Threats**

- Significant ongoing use of high cost, non-framework nurse agency supply.
- Lack of affordable accommodation for international staff, particularly when bringing family members to the UK.
- Ongoing delays continue with the NMC’s SLA of 10 days to return a PIN for international nurses.
- Further countries being added to the travel Red List in light of the new covid variant may create risk to the Trust’s overseas recruitment plans.
- Ongoing non-compliance of appraisal targets.
- Long term sickness and vacancies in the Medical Rostering team will reduce capacity to roll out HealthRoster against the implementation plan.
- Engagement with the HealthRoster roll out plans is at risk with the significant operational pressures.
- Significant delays with the job banding process continue due to ongoing long term staff absence and lack of Staff Side capacity.

Reporting Month: November 2021

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

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

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

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

# Infection Control – C.Difficile

November 2021

**Y** Achieved

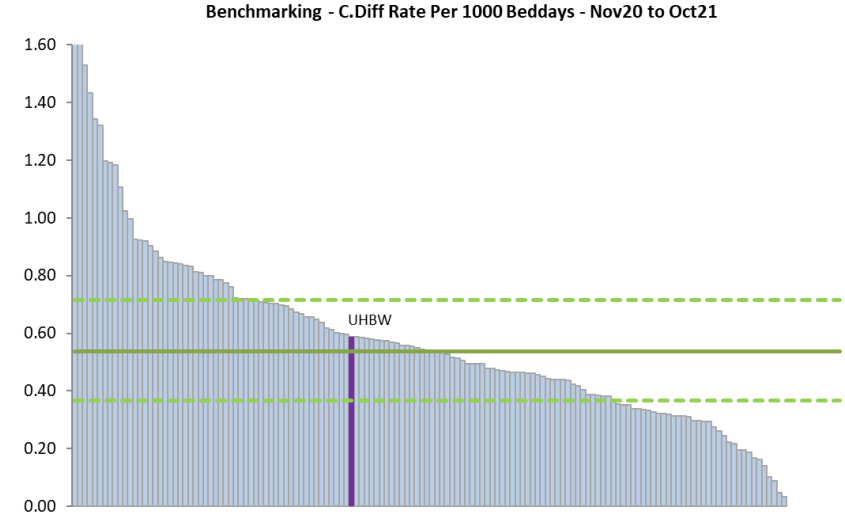
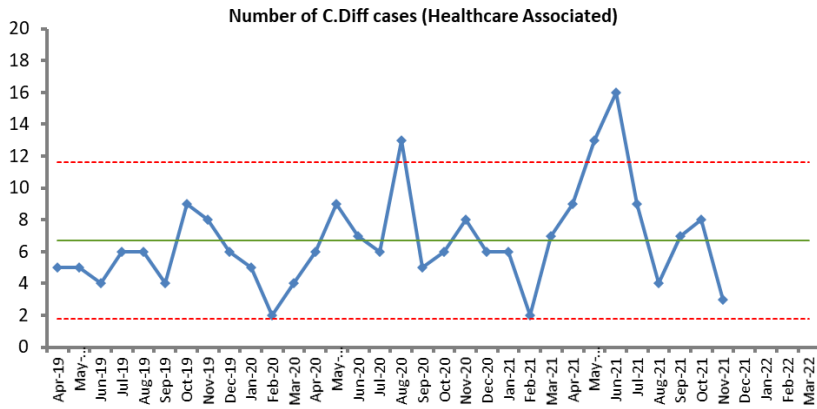
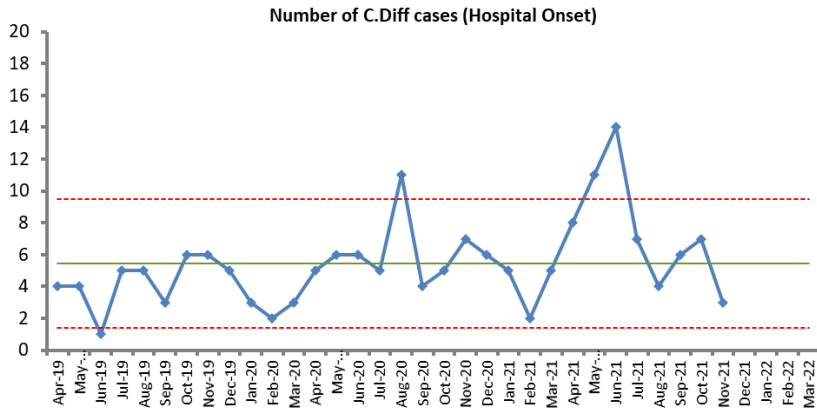
<b>Standards:</b>	<p>For this section, two measures are reported: Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA). HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital.</p> <p>A limit of Clostridium Difficile cases was not set for 2021/22 for UHBW. The limit is usually based on the previous year's outturn. A limit of 72 cases for UHBW (57 for Bristol plus 15 for Weston based on 2019/2020) as a whole for 2021/22 would give a trajectory of 6 cases a month. The limit is being confirmed with NHSE/I currently.</p>
<b>Performance:</b>	<p>There were three cases of C-Difficile of which all three were identified as HOHA in UHBW in November 2021, with no COHA case reported. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. Hospital Onset Healthcare Associated (HOHA) C-Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission). To date we have 69 clostridium difficile HOHA cases for 2021/22 which means we will likely exceed the trajectory.</p>
<b>Commentary:</b>	<p>Further post-infection reviews are scheduled to deal with each of the remaining outstanding quarters in 20/21. Increased cases have been identified across both Bristol and Weston sites.</p> <p>Actions taken:</p> <ul style="list-style-type: none"> <li>• A structured collaboration commenced in September 2021 across the BNSSG provider organisations, facilitated by the CCG and a regional NHSE/I quality improvement collaborative is being established.</li> <li>• Increased environmental auditing within areas of increased rates is taking place.</li> <li>• Anti- microbial stewardship reviews led by Pharmacy/ Microbiology have now restarted which is focusing on areas where C-Difficile infection has been identified to ensure compliance with guidance.</li> <li>• Microbiology weekly clinical reviews are focussing on C-Difficile patients in each division.</li> </ul>
<b>Ownership:</b>	Chief Nurse

	Nov-21		2021/2022		2020/2021	
	HA	HO	HA	HO	HA	HO
Medicine	1	1	20	20	25	24
Specialised Services	0	0	16	14	23	18
Surgery	1	1	9	9	11	11
Weston	0	0	15	11	12	8
Women's and Children's	1	1	6	6	7	6
Other (Bristol)	0	0	3	0	3	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>69</b>	<b>60</b>	<b>81</b>	<b>67</b>

HA = Healthcare Associated, HO = Hospital Onset

# Infection Control – C.Difficile

November 2021



# Infection Control - MRSA

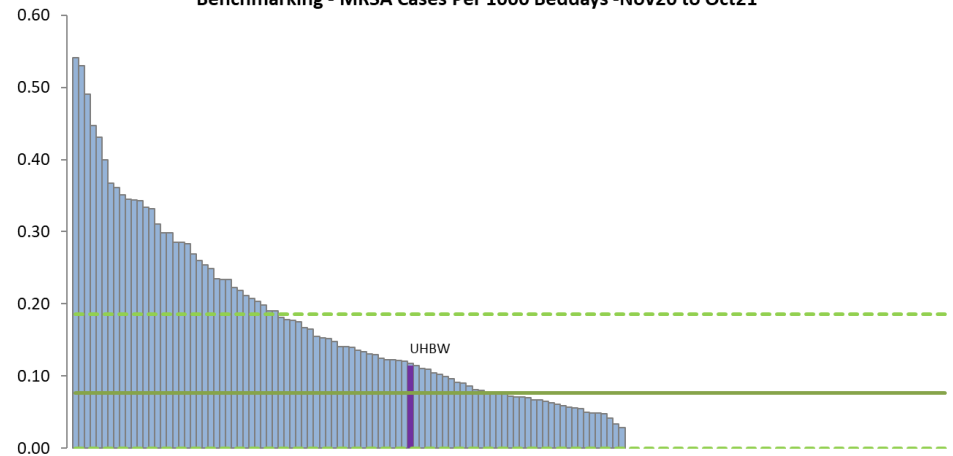
November 2021

**Y** Achieved

<b>Standards:</b>	No Trust Apportioned MRSA cases. This is Hospital Onset cases only.
<b>Performance:</b>	There were no new cases of MRSA bacteraemia in UBHW in November 2021. There has been one case reported this financial year
<b>Commentary:</b>	The source of the one bacteraemia is thought to be attributed to an intravenous line infection; the formal post infection review outcome is awaited.
<b>Ownership:</b>	Chief Nurse

	Nov-21	2021/2022	2020/2021
Medicine	0	1	0
Specialised Services	0	0	1
Surgery	0	0	0
Weston	0	0	1
Women's and Children's	0	0	2
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>4</b>

Benchmarking - MRSA Cases Per 1000 Beddays -Nov20 to Oct21

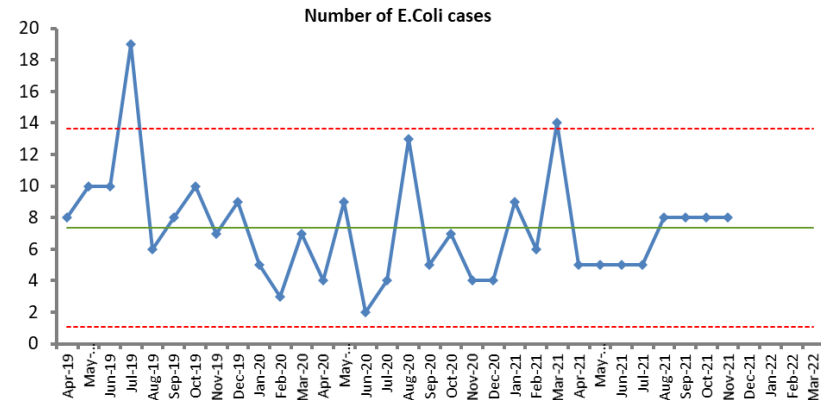


November 2021

**Y** Achieved

<b>Standards:</b>	Enhanced surveillance of Escherichia coli (E.coli) bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemia are reported monthly to Public Health England (PHE). As a result in the national rise in E.coli bacteraemia rates, a more in-depth investigation into the source of the E.coli bacteraemia is initially undertaken by a member of the Infection Prevention and Control team. Reviews include identifying whether the patient has a urinary catheter and whether this could be a possible source of infection. If any lapses in care are identified at the initial review of each case, a more complete analysis of the patient's care is carried out by the ward manager through the incident reporting mechanism. There is a time lag between reported cases and completed reviews.
<b>Performance:</b>	There were eight Hospital Onset cases in November, giving 52 cases year-to-date. This is below the new trajectory of 15 per month.
<b>Commentary:</b>	<p>The community prevalence of E.coli cases has been noted to be increasing throughout this year.</p> <p>A Urinary Tract Infection (UTI) was identified as the potential source of E.coli bacteraemia in one of the identified cases. The remaining cases the source of infection were not established. None of the cases were identified as urinary catheter related. A catheter use / prevalence survey across the Trust and an audit of compliance with best practice is planned.</p>
<b>Ownership:</b>	Chief Nurse

	Nov-21	2021/2022	2020/2021
Medicine	3	11	27
Specialised Services	1	12	17
Surgery	0	12	21
Weston	3	13	9
Women's and Children's	1	4	7
<b>TOTAL</b>	<b>8</b>	<b>52</b>	<b>81</b>



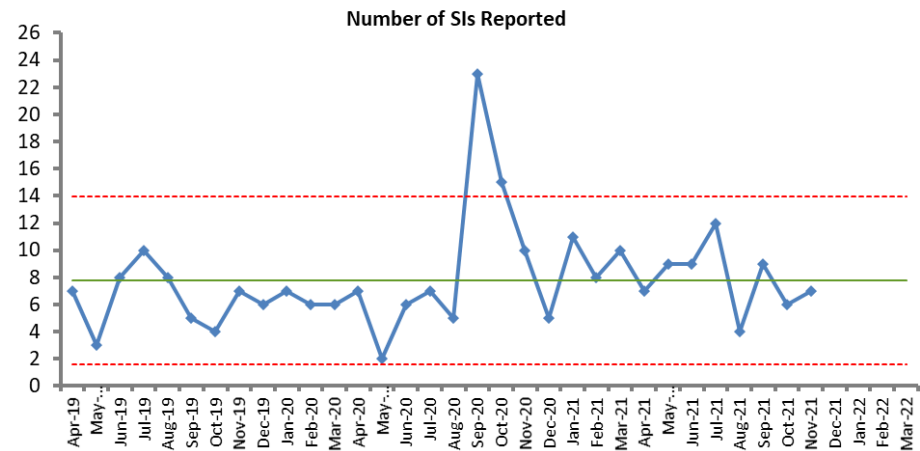
# Serious Incidents (SI)

November 2021

N/A *No Standard Defined*

<b>Standards:</b>	UHBW is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015. In 2021/22, the new Patient Safety Incident Response Framework is to be implemented and an initial scoping exercise including stakeholder workshops have commenced.
<b>Latest Data:</b>	Seven serious incidents were reported in November 2021, one Specialised services Division, two in the Division of Medicine, one in the Division of Weston and three in Women's & Children's Division. There were no never events reported in the month.
<b>Commentary:</b>	The seven serious incidents comprised: one unexpected death while on a waiting list, one medication incident, one unexpected death, one pressure ulcer meeting SI criteria, one diagnostic incident (failure to act on test results) and two sub-optimal care of the deteriorating patient. The outcomes and improvement actions of all serious incident investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course.
<b>Ownership:</b>	Chief Nurse

	Nov-21	2021/2022	2020/2021
Medicine	2	23	31
Specialised Services	1	7	6
Surgery	0	6	13
Trust Services	0	0	1
Weston	1	12	50
Women's and Children's	3	14	8
Other/Multiple Divisions	0	1	0
<b>TOTAL</b>	<b>7</b>	<b>63</b>	<b>109</b>





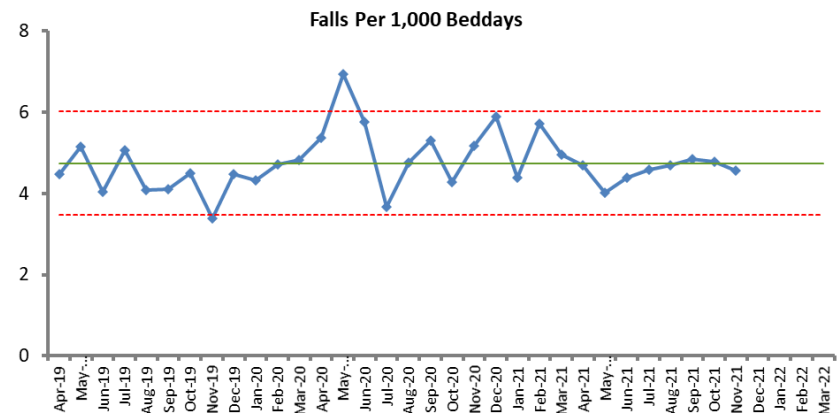
# Harm Free Care – Inpatient Falls

November 2021

**Y** Achieved

<b>Standards:</b>	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.
<b>Performance:</b>	During November, the rate of falls per 1,000 bed days was 4.56 across UHBW and remains within the statistical process control limits. Bristol rate was 4.36 and Weston rate was 5.23. There were 144 falls in total (106 in our Bristol Hospitals and 38 in the Division of Weston). There was one fall resulting in major harm in the Division of Specialised Services.
<b>Commentary:</b>	<p>The number of falls has stayed similar to October and indeed the last three months, however it is noted that there was similar data in falls with those with a cognitive impairment, approximately 30% of all falls. There has been continued operational pressures and staff shortages across the Trust which has proved challenging with an increase in the numbers of patients requiring enhanced care observation. The Divisions continue to manage those patients at risk of falls and review and investigate these falls as timely as possible to ensure learning is obtained and shared. Actions:</p> <ul style="list-style-type: none"> <li>• A joint Dementia, Delirium and Falls study day was held on 10th December 2021; approximately 30 multi professional staff received sessions on delirium, completing the multifactorial falls risk assessment, pain management in these patients and had opportunity to reflect on practice throughout the day.</li> <li>• The Dementia, Delirium and Falls team are working with the Practice Education Facilitators to help embed good practice in falls prevention. There is a series of falls training, specifically for Weston division starting in January to help embed the Falls Care Bundle documentation.</li> <li>• The Simulation Team plan to now link falls training and simulation – this will be rolled out from January.</li> <li>• The format and agenda of the Falls Steering Group is being finalised to move towards learning and an action based meeting, based on the North Bristol Trust model. The aim is to hold monthly falls sessions and integrate a quarterly Dementia / Delirium element as the two are interlinked. A draft model has been sent out to the divisions and the agenda and plan will be finalised in January.</li> <li>• The risk of falls continues to be on the Divisional and Trust risk registers under regular review.</li> </ul>
<b>Ownership:</b>	Chief Nurse

	Nov-21	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	0	-
Medicine	54	6.70
Specialised Services	20	4.08
Surgery	25	6.47
Weston	38	5.23
Women's and Children's	3	0.40
Other/Not Known	4	-
<b>TRUST TOTAL</b>	<b>144</b>	<b>4.56</b>
<i>Bristol Subtotal</i>	<i>106</i>	<i>4.36</i>



# Harm Free Care – Pressure Injuries

November 2021

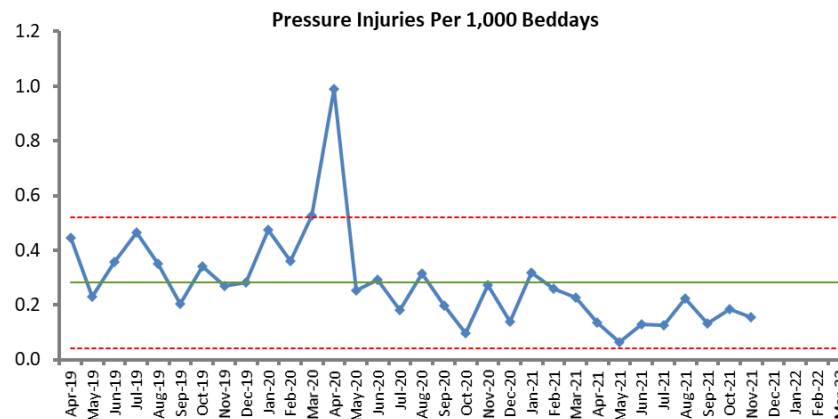
**P** Partially Achieved

<b>Standards:</b>	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. Pressure Injuries are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2,3 and 4 are counted. There is an additional category referred to as “Unstageable”, where the final categorisation cannot be determined when the incident is reported. However the Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure.
<b>Performance:</b>	<p>During November, the rate of pressure injuries per 1,000 beddays was 0.16 across UHBW. Across UHBW there were a total of four Category 2 pressure injuries, one in Surgery Division (sacrum) and three in Weston Division (heels).</p> <p>There was one unstageable pressure injury (sacrum) in Surgery Division this injury was initially validated as a Category 2 injury in October 2021 but deteriorated to an unstageable injury. The patient in question had multiple complexities including severe unintentional weight loss, longstanding psychiatric history and non-compliance with care needs. An investigation is underway for this incident.</p>
<b>Commentary:</b>	<p>Actions (all sites):</p> <ul style="list-style-type: none"> <li>• 1:1 15 minute Micro teaching sessions offered to staff – posters disseminated to encourage individual staff to contact the team to arrange at their convenience.</li> <li>• Additional Micro-teaching on wards with increased numbers of hospital acquired pressure ulcers.</li> <li>• Extension of the Why Wait Campaign named “Pillow Talk” – illustrated posters explaining the simplicity of using pillows to effectively off-load the sacral / spinal region.</li> </ul> <p>Weston Specific Actions:</p> <ul style="list-style-type: none"> <li>• Ongoing targeted micro-training for ward staff with a focus on heel pressure ulcer prevention and management.</li> <li>• Re-Circulation of Heel Pressure Ulcer Prevention and Management SOP – sent to Ward Managers and TV Link Nurses to share widely amongst teams.</li> <li>• Re-launch of “Why Wait” Air boots Posters across wards to support with Education.</li> <li>• TV Team to purchase and cross-charge a bulk order of Repose air boots / air wedges for all wards.</li> <li>• Single patient use full length sliding sheets currently used at Bristol site introduced in Weston Division with education on appropriate usage to minimise risk of heel damage.</li> </ul>
<b>Ownership:</b>	Chief Nurse

# Harm Free Care – Pressure Injuries

November 2021

	Nov-21	
	Injuries	Per 1,000 Beddays
Diagnostics and Therapies	0	-
Medicine	0	0.00
Specialised Services	0	0.00
Surgery	2	0.52
Weston	3	0.39
Women's and Children's	0	0.00
Other/Not Known	0	-
<b>TRUST TOTAL</b>	<b>5</b>	<b>0.157</b>
<i>Bristol Subtotal</i>	2	0.08



Oct/Nov 2021

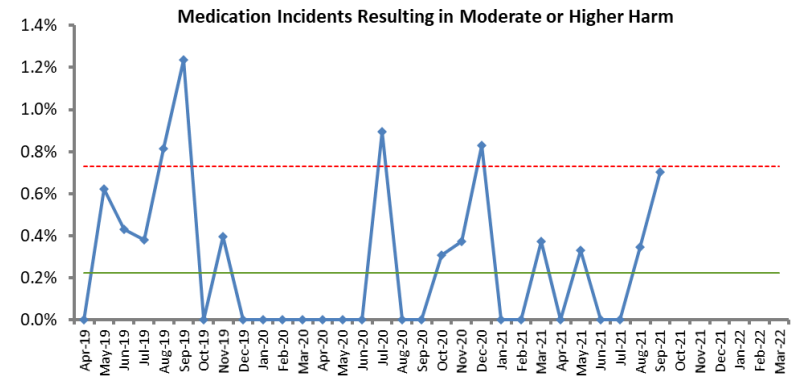
**P** Partially Achieved

<b>Standards:</b>	<p>Number of medication errors resulting in moderate or greater harm to be below 0.5%, with an amber tolerance to 1%. Please note this indicator is a month in arrears.</p> <p>Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.</p>
<b>Performance:</b>	<p>Bristol:</p> <ul style="list-style-type: none"> <li>• There were three moderate harm incident (0.87%) out of 343 reported medication incidents in October.</li> <li>• There was one omitted dose of critical medicine (0.30%) of 338 patients audited in September.</li> </ul> <p>Weston:</p> <ul style="list-style-type: none"> <li>• There were no moderate harm incidents out of 39 (0.0%) reported medication incidents in October.</li> </ul> <p>Overall Medication Error rate was 0.78% (three incidents out of 382 audited).</p>
<b>Commentary:</b>	<p>The first moderate harm incident involved an omitted morning dose of antiepileptic medication. The patient went on to have a seizure later in the day. The nurse had not realised that the medication was a critical medicine and although had ordered the medicine on CareFlow, inadvertently used the incorrect Careflow team so the request to supply didn't get to pharmacy.</p> <p>The second incident relates to a patient who had rib fractures and was prescribed a local anaesthetic plaster. The drug chart was marked as not administered due to unavailability of the plasters. The patient remained in pain for a further 48 hours. The plasters are stocked in one of the wards and in the emergency cupboard and could be found on drug finder, but no attempt was made to source them.</p> <p>The third moderate harm incident involves a ten times overdose of remifentanil, a strong opioid used for pain relief in labour. The patient required a category 1 (emergency) caesarean section. Mother and baby were both fine. This incident is undergoing root cause analysis investigation to identify learning.</p> <p>The omitted dose was an anticoagulant which was marked on the drug chart as not available but no attempt was made to order the medicine from pharmacy.</p> <p>Actions</p> <ul style="list-style-type: none"> <li>• There has been an increase in number of reports of medication not being given because it is not available, and the necessary actions have not been taken to source the medicine. A poster has been circulated Trust wide to remind nurses which medicines are critical, and how to obtain them.</li> </ul>
<b>Ownership:</b>	<p>Medical Director</p>

Oct/Nov 2021

**P** Partially Achieved

	Oct-21		
	Moderate or Higher harm	Total Audited	Percentage
Diagnostics and Therapies	0	26	0.0%
Medicine	1	70	1.43%
Specialised Services	1	92	1.09%
Surgery	0	40	0.00%
Weston	0	39	0.00%
Women's and Children's	0	67	0.00%
Other/Not Known	1	48	-
<b>TRUST TOTAL</b>	<b>3</b>	<b>382</b>	<b>0.79%</b>



November 2021

**N** Not Achieved

<b>Standards:</b>	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.
<b>Performance:</b>	In November 2021, Essential Training overall compliance remained static at 83%, same as the previous month, (excluding Child Protection Level 3).
<b>Commentary:</b>	<p>November 2021, overall compliance for Core Skills (mandatory/statutory) remained static at 83% overall across the eleven programmes, same as the previous month. There were reductions in three of the eleven programmes, with the remainder staying at the same level of compliance as the prior month.</p> <p>Overall compliance for 'Remaining Essential Training' for Bristol and Weston remained static at 85%, but '<i>Speak Up Core Training for Workers</i>' saw noticeable improvement in that month (+4%), raising compliance in this 'one off' programme, for all staff, to 47%.</p> <ul style="list-style-type: none"> <li>In November the Trust inducted 34 Nursing Assistants (NAs) against a training capacity of 54, with 'double capacity' planned in the induction of w/c 22 November. Extra NA training capacities from 18 to 36 places in a single session are also planned for all six corporate inductions in the months of January - March 2022.</li> </ul>
<b>Ownership:</b>	Director of People

Essential Training	Nov-21	KPI
Equality, Diversity and Human Rights	90%	90%
Fire Safety	78%	90%
Health, Safety and Welfare (formerly Health & Safety)	90%	90%
Infection Prevention and Control	82%	90%
Information Governance	76%	95%
Moving and Handling (formerly Manual Handling)	78%	90%
NHS Conflict Resolution Training	87%	90%
Preventing Radicalisation	89%	90%
Resuscitation	63%	90%
Safeguarding Adults	86%	90%
Safeguarding Children	86%	90%

Essential Training	Nov-21	KPI
<b>UHBW NHS Foundation Trust</b>	<b>83%</b>	<b>90%</b>
Diagnostics & Therapies	87%	90%
Medicine	81%	90%
Specialised Services	83%	90%
Surgery	80%	90%
Women's & Children's	78%	90%
Trust Services	87%	90%
Facilities & Estates	91%	90%
Weston	84%	90%

# Nurse Staffing Levels

November 2021

**N/A** *No Standard Defined*

<b>Standards:</b>	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
<b>Performance:</b>	The report shows that in November 2021 (for the combined inpatient wards) the Trust had rostered 301,316 expected nursing hours, against the number of actual hours worked of 277,810 giving an overall fill rate of 92.2%.
<b>Commentary:</b>	<p>Most wards have continued to work at staffing levels below their agreed establishment throughout November and the impact on staff cannot be underestimated; however, the effect of the International Recruitment and newly registered staff is now beginning to help improve the staffing levels. The overall Trust fill rate is back over 90%.</p> <p>Due to the increased number of registered nurse vacancies in order to maintain safe staffing; the use of temporary agency staff has increased, the Trust has been working closely with the neutral vendor to support an increase in fill rate; however with the current available supply the use of non-framework agencies has been required though these have not always been filled either.</p> <p>Actions;</p> <ul style="list-style-type: none"> <li>• In Medicine the vacancy level remains high however the division continues to recruit and focus on key areas including the newly formed A400 which is planned to be an Older Persons Assessment Unit once the staff are recruited and upskilled.</li> <li>• In Specialised Services there are concerns due to the ongoing high number of vacancies in CICU and C708. The Head of Nursing is leading a multi professional task and finish group to resolve these two areas of concern. In relation to the non-registered workforce the recruitment lead has undertaken to complete a process mapping of our current approach to Nursing Assistant recruitment to ensure that we are robust in our approach.</li> <li>• In Surgery the staffing remains challenging across the division overall however 45 additional Internationally Educated Nurses recruited in the last 2 months will join in the New Year. The Division is also welcoming a cohort of Trainee Nursing Associates to support the ward staffing along with more Practice Education Facilitator time which provides essential clinical support to the ward areas.</li> <li>• In Women's the Midwifery service continues to be able to provide one to one care in labour however the on-call hospital midwife is being utilised more at night and weekends to support the staffing. Community midwifery staffing has high sickness which has impacted on the community on call availability at night and weekends.</li> <li>• In Children's the increase in acuity and number of attendances seen in the Children's Emergency Department has required a BRCH approach to support the staffing at times of surge. Recruitment to the winter staffing model has been challenging and is being closely managed to ensure there is a robust workforce plan in place.</li> </ul>
<b>Ownership:</b>	Chief Nurse

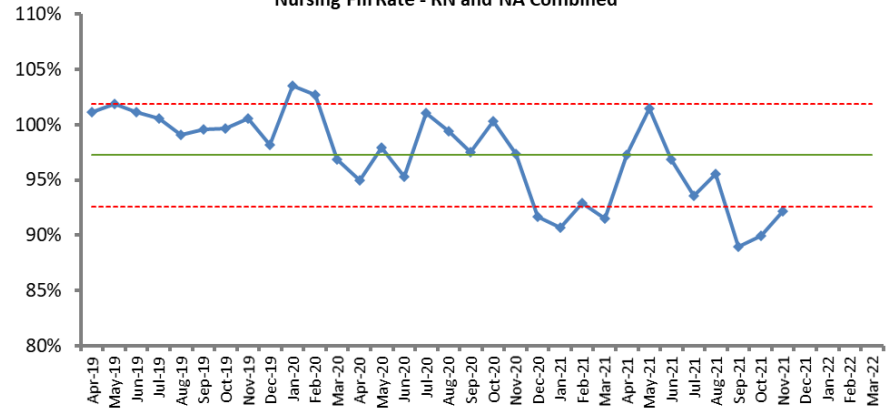
# Nurse Staffing Levels

November 2021

## Staffing Fill Rates

	Nov-21		
	Total	RN	NA
Medicine	94.6%	90.6%	99.7%
Specialised Services	94.6%	88.8%	112.1%
Surgery	95.4%	87.4%	116.0%
Weston	94.4%	86.3%	103.8%
Women's and Children's	86.3%	90.5%	66.8%
<b>TRUST TOTAL</b>	<b>92.2%</b>	<b>89.1%</b>	<b>99.3%</b>

Nursing Fill Rate - RN and NA Combined





# Venous Thromboembolism (VTE) Risk Assessment

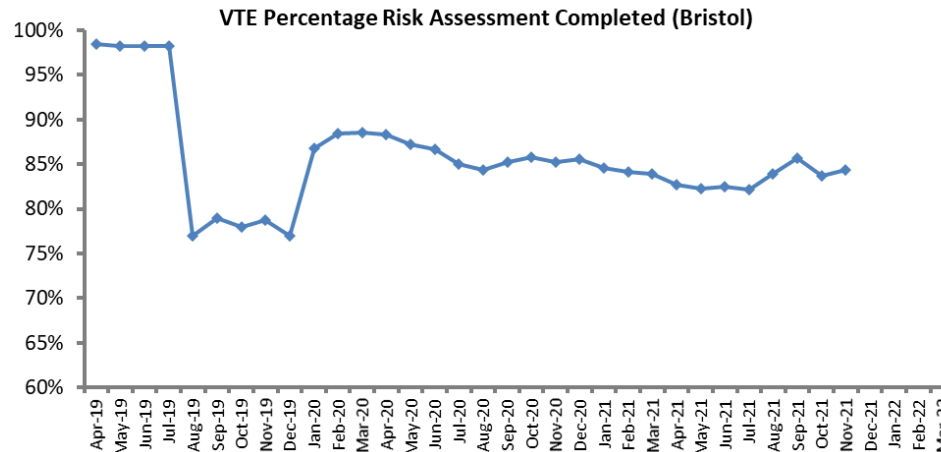
November 2021

**N** Not Achieved

<b>Standards:</b>	<p>Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.</p>
<b>Performance:</b>	<p>In our Bristol hospitals, since August 2019, the VTE risk assessment is completed electronically using the Medway system; the most recent figure for November 2021 is 84.3%.</p> <p>Until recently, Weston has used a different drug chart and VTE risk assessments were still completed on the paper drug chart with no robust system to monitor compliance (as it required manual collection and review of charts). There were two spot checks performed by the patient safety improvement nurses, the most recent of which was in July 2021 demonstrated a 67% compliance with VTE risk assessment completion. The results highlight the ongoing need for improvement in VTE risk assessment completion which is significantly below the national target.</p>
<b>Commentary:</b>	<p>When the electronic VTE assessment was initially launched, EPMA (digital prescribing) was being used in the Oncology Centre and Heart Institute. It was planned for roll out elsewhere in the trust. There was an expectation that a fully integrated digital system was imminent, whereby VTE risk assessments would be integrated within either digital prescribing or admission. Digital risk assessment has several advantages including:</p> <ul style="list-style-type: none"> <li>• VTE risk assessments completed in full including name and date of person completing</li> <li>• VTE risk assessment can be completed and accessed anywhere, even when the drug chart cannot be located</li> <li>• Compliance data available in real time, with performance reports according to ward or speciality at the click of the button.</li> </ul> <p>However, further digital roll out has been delayed and this has resulted in digital VTE risk assessment standing alone within Careflow, which has generated a significant barrier to compliance.</p> <p>Between September and November 2021 the Patient Safety Improvement Team, Digital Services Team, Pharmacy colleagues and the VTE Weston Lead worked collaboratively to plan for and deliver the roll out of several changes in Weston. Recent measures to improve compliance and harmonise processes in Bristol and Weston include:</p> <ol style="list-style-type: none"> <li>1. Digitised VTE Risk Assessment in Weston (via CareFlow Workspace) introduced 3 weeks ago with early compliance of 78.6%</li> <li>2. New Trust-wide adults' inpatient prescription chart. A project involving the Pharmacy, Digital services, VTE clinical leads and the Patient safety Improvement Nurses has successfully launched a new drug chart at the Bristol sites and this will be completed trust wide by a launch in Weston in November. A prompt on this new drug chart points to the completion of the Careflow risk assessment prior to prescribing.</li> <li>3. New Trust-wide Low Molecular Weight Heparin, Inhixa (Enoxaparin). An alignment of low molecular weight heparin (LMWH) VTE prescribing guidance across Weston and Bristol is in progress undertaken in November 2021 across all sites. Tinzaparin will no longer be used in Weston and Inhixa will be used in both sites (generic version of enoxaparin)</li> <li>4. VTE QI projects underway in Trauma &amp; Orthopaedics, Medicine and Surgery led by speciality consultants.</li> <li>5. Weston and Bristol VTE leads are delivering focused training to the junior doctors</li> </ol>
<b>Ownership:</b>	Medical Director

# Venous Thromboembolism Risk Assessment

November 2021



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

Division	SubDivision	Number Risk		Percentage Risk
		Assessed	Total Patients	Assessed
Diagnostics and Therapies	Diagnostics	26	26	100.0%
<b>Diagnostics and Therapies Total</b>		<b>26</b>	<b>26</b>	<b>100.0%</b>
Medicine	Medicine	1,762	2,332	75.6%
<b>Medicine Total</b>		<b>1,762</b>	<b>2,332</b>	<b>75.6%</b>
Specialised Services	BHOC	2,108	2,205	95.6%
	Cardiac	399	583	68.4%
<b>Specialised Services Total</b>		<b>2,507</b>	<b>2,788</b>	<b>89.9%</b>
Surgery	Adult ITU	5	5	100.0%
	Anaesthetics	12	12	100.0%
	Dental Services	107	127	84.3%
	ENT & Thoracics	159	258	61.6%
	GI Surgery	938	1,140	82.3%
	Ophthalmology	191	194	98.5%
	Trauma & Orthopaedics	135	153	88.2%
<b>Surgery Total</b>		<b>1,547</b>	<b>1,889</b>	<b>81.9%</b>
Women's and Children's	Children's Services	46	56	82.1%
	Women's Services	1,510	1,683	89.7%
<b>Women's and Children's Total</b>		<b>1,556</b>	<b>1,739</b>	<b>89.5%</b>
<b>Grand Total</b>		<b>7,398</b>	<b>8,774</b>	<b>84.3%</b>

# Friends and Family Test (FFT)

November 2021

N/A No Standard Defined

<b>Standards:</b>	The FFT question asks “Overall, how was your experience of our service?”. The proportion who reply “Good” or “Very Good” are classed as Positive Responses, and this is expressed as a percentage of total responses where a response was given. The Trust fully integrated the FFT approach across Bristol and Weston hospitals as of April 2021. FFT data are collected through a combination of online, SMS (for Emergency Departments and Outpatient Services), postal survey responses and FFT cards. There are no targets set.
<b>Performance:</b>	We received 6,143 FFT responses in November 2021, which represents a 3% increase in the number of responses received in October (5,963). Maternity FFT responses were not received in time for processing by our external patient survey data contractor for October 2021 data and have been included in the November data which is likely to be attributable to the increase in overall responses compared to the previous month.
<b>Commentary:</b>	<p>In terms of Emergency Department performance in November 2021:</p> <ul style="list-style-type: none"> <li>• BRI ED FFT score has remained low at 73% (by historical standards) but stable,</li> <li>• BRCH ED FFT score remained at 76% for the second consecutive month,</li> <li>• Weston ED FFT score has increased marginally to 85% (October was 82%),</li> <li>• BEH ED FFT score was 93% has decreased slightly (October was 95%).</li> </ul> <p>The latest available benchmarking data from NHS England shows the average ED FFT score was 75% (from October 2021) which suggests that the profile locally at our EDs reflects trends seen nationally</p> <p>FFT scores for inpatients, day cases, maternity and outpatients are extremely positive and broadly consistent with October figures.</p>
<b>Ownership:</b>	Chief Nurse

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
Inpatients	Bristol	796	837	2,509	95.2%	33.4%
	Weston	207	225	659	92.0%	34.1%
	UHBW	1,003	1,062	3,168	94.5%	33.5%
Day Cases	Bristol	252	252	2,081	100.0%	12.1%
	Weston	208	209	468	99.5%	44.7%
	UHBW	460	461	2,549	99.8%	18.1%
Outpatients	Bristol	2,652	2,805		95.5%	
	Weston	283	299		95.6%	
	UHBW	2,935	3,104		95.5%	

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
A&E	BRI	178	248	4,111	73.0%	6.0%
	BRHC	245	321	3,588	76.3%	8.9%
	BEH	270	294	1,831	93.4%	16.1%
	Weston	322	380	2,460	85.4%	15.4%
	UHBW	1,015	1,243	11,990	82.5%	10.4%
Maternity	Antenatal	67	67	230	100.0%	29.1%
	Birth	78	79	421	98.7%	18.8%
	Postnatal (ward)	70	70	427	100.0%	16.4%
	Postnatal (community)	56	57	314	98.2%	18.2%
	UHBW	271	273	1,392	99.3%	19.6%

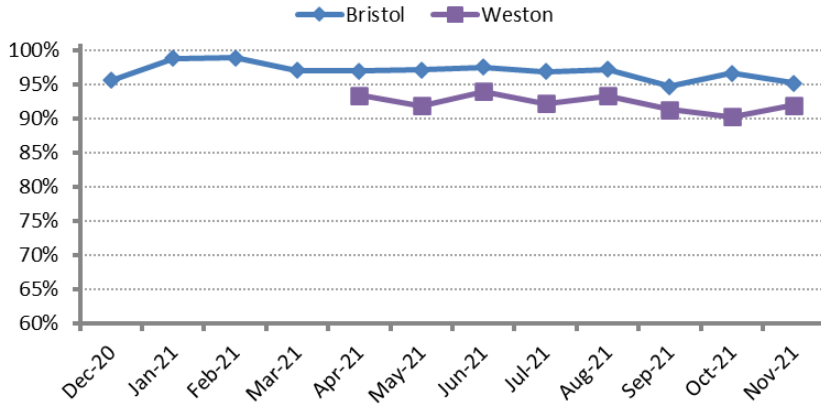
TOTAL RESPONSES

6,143

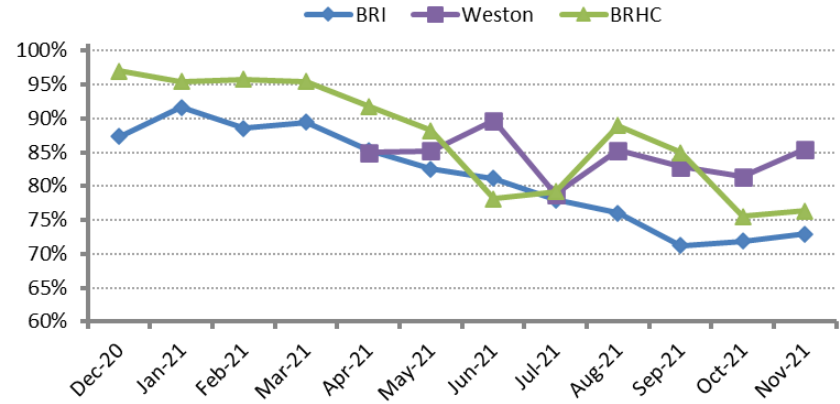
# Friends and Family Test (FFT)

November 2021

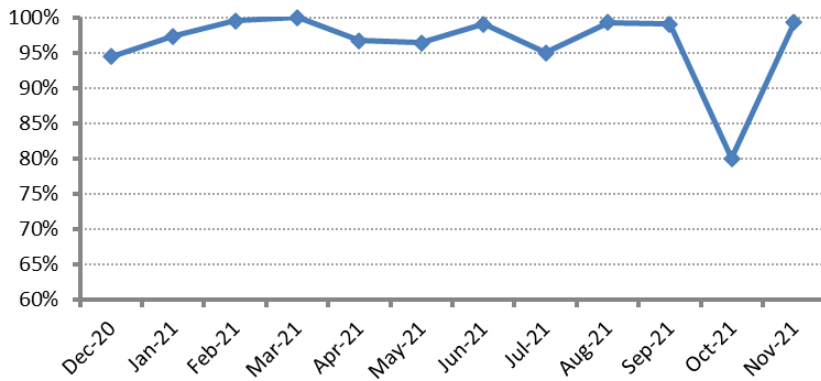
### Inpatient (excluding Day Case) Scores



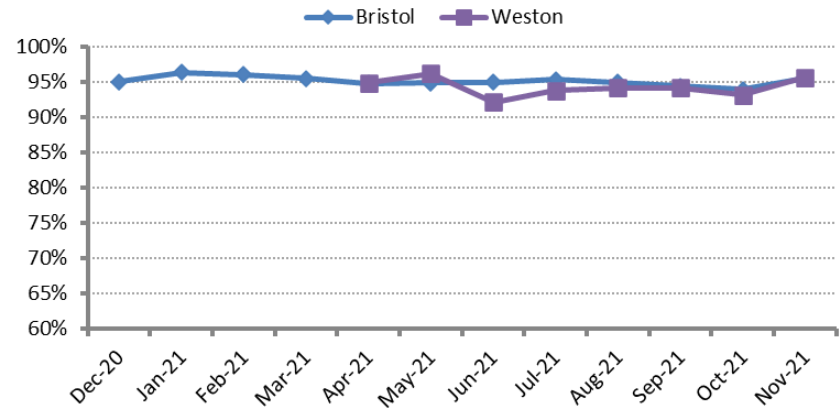
### Emergency Department Scores



### Maternity Services Scores



### Outpatient Scores

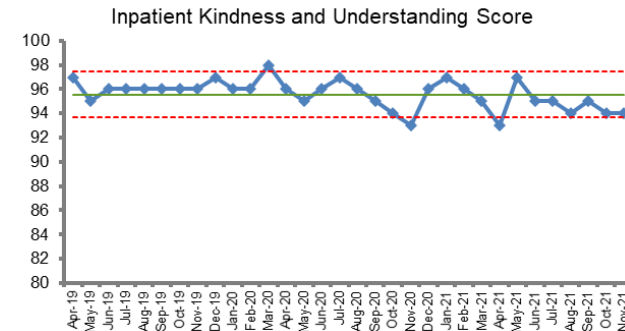
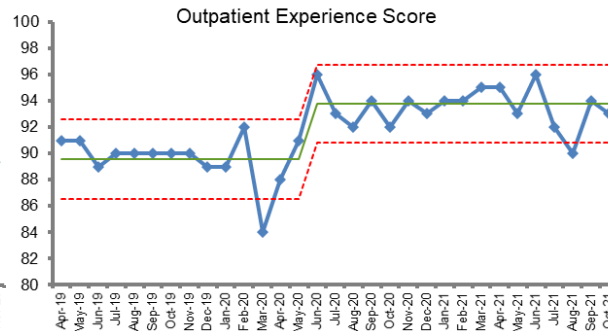
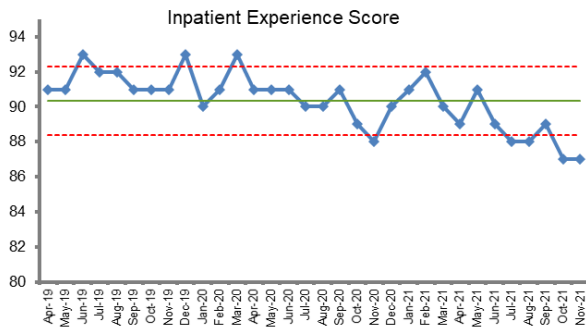


# Patient Surveys (Bristol)

November 2021

**Y** Achieved

<b>Standards:</b>	Please note this data relates to Bristol hospitals only. Data for Division of Weston is reported on the following page. For the inpatient and outpatient postal survey, five questions relating to topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
<b>Performance:</b>	For November 2021: <ul style="list-style-type: none"> <li>Inpatient score was 87 (October was 87)</li> <li>Kindness and understanding score was 94 (October was 94)</li> </ul> Outpatient scores were not ready in time for reporting. Latest data is for October, where the score was 93.
<b>Commentary:</b>	The latest (November) data exceeded the target thresholds.  The inpatient experience tracker score for Division of Medicine has been below target since the start of 2021/22. For November the score was 84 (83 in October).  Due to an administrative error, the Trust's external supplier did not mail out the November 2021 outpatient postal survey so there is no data for this month. The survey will be mailed out during December 2021 and data reported retrospectively.
<b>Ownership:</b>	Chief Nurse



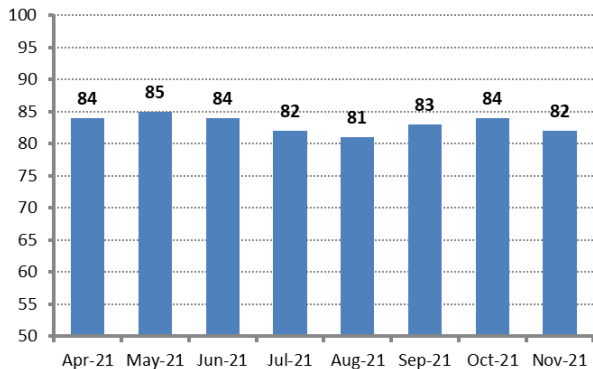
# Patient Surveys (Weston)

November 2021

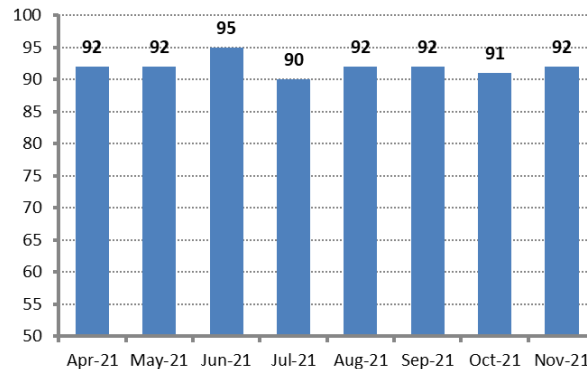
**P** Partially Achieved

<b>Standards:</b>	<p>Please note this data relates to Division of Weston only.</p> <p>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.</p> <p>For inpatients, the Trust target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.</p>
<b>Performance:</b>	<p>For November 2021:</p> <ul style="list-style-type: none"> <li>Inpatient score was 82, which is below target (October was 84).</li> <li>Kindness and understanding score was 92, which is above target (October was 91).</li> </ul> <p>Outpatient scores were not ready in time for reporting. Latest data is for October, where the score was 95.</p>
<b>Commentary:</b>	<p>Due to an administrative error, the Trust's external supplier did not mail out the November 2021 outpatient postal survey so there is no data for this month. The survey will be mailed out during December 2021 and data reported retrospectively.</p>
<b>Ownership:</b>	Chief Nurse

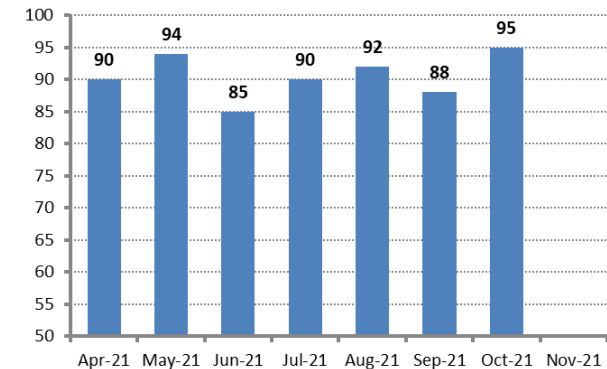
**Inpatient Tracker Score (Weston)**



**Kindness & Understanding Score (Weston)**



**Outpatient Tracker Score (Weston)**



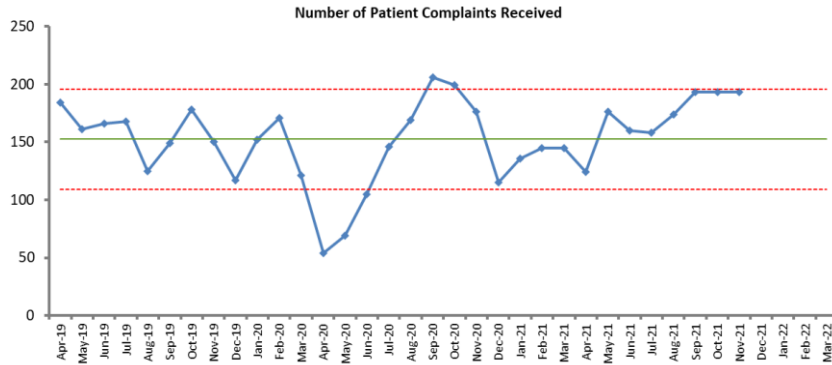
# Patient Complaints

November 2021

**N** Not Achieved

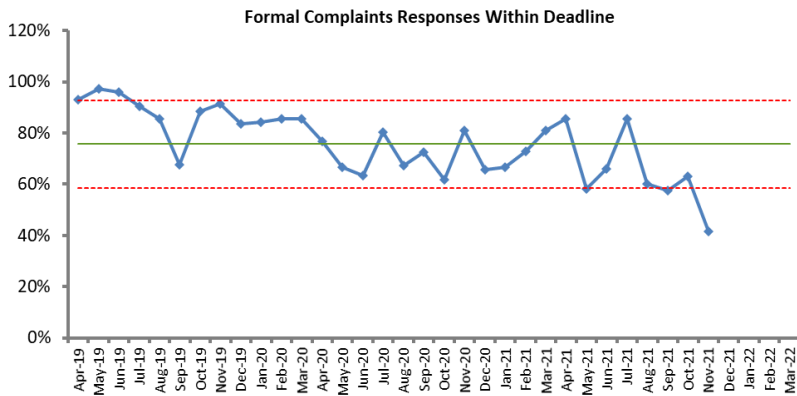
<b>Standards:</b>	<p>For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. In addition the requirement is for divisions to return their responses to the Patient Support &amp; Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant.</p> <p>Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.</p>
<b>Performance:</b>	<p>In November 2021:</p> <ul style="list-style-type: none"> <li>• 193 Complaints were received (39 Formal and 154 Informal).</li> <li>• Responses for 70 Formal and 79 Informal complaints were sent out to the complainants in November.</li> <li>• 41% of formal complaints (29 out of 70) were responded to within the agreed timeframe, a notable deterioration on the 63% reported in October 2021; and significantly below the 95% target.</li> <li>• Divisions returned 69% (48 out of 70) of formal responses to the PSCT by the agreed deadline, which is a slight deterioration compared with the 72.2% reported in October and 72.5% in September 2021 - this is the deadline for responses to be returned to PSCT; seven working days prior to the deadline agreed with the complainant.</li> <li>• 90% of informal complaints (71 of 79) were responded to within the agreed timeframe, compared with 87.9% in October and 86% in September 2021. There were three breaches each for the Divisions of Surgery and Specialised Services and one each for Diagnostics &amp; Therapies and Weston.</li> <li>• There were eight complaints reported in November 2021 where the complainant was dissatisfied with our response, which represents 10% of the 80 first responses sent out in September 2021 (this measure is reported two months in arrears). This is similar to the 10.6% reported in October for responses sent out in August 2021 and is again above the Trust's target of no more than 8% of complainants advising us that they were unhappy with our response to their complaint.</li> </ul>
<b>Commentary:</b>	<p>21 of the 41 formal response time breaches were attributable to delays within the divisions, with 17 due to a delay during the Executive signing process and three due to a delay during the checking process by the Patient Support &amp; Complaints Team (PSCT). In order to address the unusually high number of cases that were delayed this month during the Executive signing process, the Deputies are now assisting with the signing of complaint responses, to cover periods when Executives are not available to do so within the agreed timescale.</p> <p>12 of the breaches were for the Division of Weston, with 10 for Medicine, eight for Women &amp; Children, four each for Specialised Services and Surgery, two for Trust Services and one for Diagnostics &amp; Therapies.</p> <p>However, it should be noted that none of the breaches for Diagnostics &amp; Therapies, only one each of the breaches for Women &amp; Children and Surgery and three for Medicine, were due to delays within the division.</p>
<b>Ownership:</b>	<p>Chief Nurse</p>

November 2021



## Complaints Received

	Nov-21	2021/2022	2020/2021
Diagnostics and Therapies	20	62	56
Medicine	40	278	385
Specialised Services	25	187	190
Surgery	47	340	406
Trust Services	2	20	56
Weston	21	171	250
Women's and Children's	33	278	273
Estates and Facilities	5	35	49
<b>TOTAL</b>	<b>193</b>	<b>1371</b>	<b>1665</b>



## Responses Within Deadline

	Nov-21	
	% Within Deadline	Total Responses
Diagnostics and Therapies	0.0%	1
Medicine	41.2%	17
Specialised Services	50.0%	8
Surgery	55.6%	9
Trust Services	0.0%	2
Weston	14.3%	14
Women's and Children's	57.9%	19
Estates and Facilities	0.0%	0
<b>TOTAL</b>	<b>41.4%</b>	<b>70</b>



# Emergency Care – 4 Hour Standard

November 2021

**N** Not Achieved

<p><b>Standards:</b></p>	<p>Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2021/22 have not been agreed with NHS Improvement. There is also an expectation that no patient will wait more than 12 hours in ED after a decision to admit has been made, called “Trolley Waits”. There is also an expectation that no Ambulance Handover will exceed 30 minutes.</p>
<p><b>Performance:</b></p>	<p>Trust level 4 hour performance for November was 63.9% across all four Emergency Departments (16,049 attendances and 5,794 patients waiting over 4 hours). There were 706 patients who had a Trolley wait in excess of 12 hours (415 in Bristol and 291 at Weston). In November there were 2,596 ambulance handovers in excess of 15 minutes which was 74% of all handovers. In November there were 1,854 ambulance handovers in excess of 30 minutes which was 53% of all handovers.</p>
<p><b>Commentary:</b></p>	<p><b>Bristol Royal Infirmary:</b> Performance against the 4-hour standard in November was 48.8% (from 48.9% in October) which reflected a reduction in average daily attendances from 214 per day to 203 per day. Inpatient Flow remains the key lack of physical capacity in ED due to delayed transfers to inpatient beds, leading to fewer than 30% of patients being assessed within 60 minutes.</p> <p>12 hour trolley waits has risen further with 390 breaches in November making the BRI site one of the most challenged sites in the region and is reflective of the highly challenging picture in urgent care across the BNSSG health and care system. This level of breaches is driven by high demand, workforce shortages and availability of supporting services in the community (e.g. social care beds and packages of care to support discharge and primary care alternatives to hospital for minor illness and injury). The Trust has been in “internal critical incident” status since 2nd September 2021.</p> <p>Achieving flow remains a key enabler to minimising overcrowding, ambulance queueing and long waits. Medical Same Day Emergency Care (SDEC) was established on 11th October expanding the range of patients that can be directed out of ED without the need for an admission to a ward bed. The service currently operates Monday to Friday, with ongoing recruitment to expand to a 7-day service.</p> <p>Escalation capacity (ward boarding, Endoscopy Suite, Cardiac Catheter Labs) was increased by a further 6 spaces in December. An ambulance cohorting area (7 patients) was created in October to reduce ambulance queueing and enable crews to answer 999 calls. Redirection of minor illness/injury to appropriate alternative services (UTC/MIU, GPs and pharmacy) is embedded as business as usual with plans to introduce the ED streaming tool by March 2022 to support patients access alternatives to ED. The Trust is also progressing the redesign of pathways for patients with chest pain and surgically expected patients to improve decompression further.</p> <p>Further work is ongoing with System partners to reduce avoidable attendances to the ED through improving capacity, access and signposting to alternatives to ED. This includes development of a virtual system CAS (clinical assessment service), city centre face to face minors service, expansion of pharmacy appointments and student health.</p>

November 2021

**Commentary:**

**Bristol Eye Hospital:**

Performance in November was 96.0% compared to 97.6% in October. Attendances were slightly less this month, with 1,841 attendances compared with 1,915 in October.

There were 73 four hour breaches: 31 Doctor delays, 22 for diagnostics, 1 delay needing to be admitted, 19 needing Eye Hospital treatment which took longer than 4 hours but were not admitted. Understaffing on the on-call rota continues to present a logistical problem in staffing and is likely to contribute to patient flow. We have started prospectively measuring staffing issues and will look to correlate it with patient flow and future breaches.

14 patients waited over 30 mins to be triaged, 5 of which were over 1 hour, all 14 were 4 hour breaches. The Sisters are advertising for a band 7 to help relieve some of the pressure with the medical rota gaps. They had no successful applicants for the band 5/6 training role and will be re-advertising in January.

**Bristol Royal Hospital for Children:**

4 hour performance was 67.7% in November 2021 with 4,514 attendances. Attendances continue to rise. In addition, within an increase in 12 hour breaches, 25 for November.

The department has seen an increase in 4 hour breaches due to availability of inpatients beds, in particular cubicles. During busy times, with the high volumes of attendances, social distancing within the waiting area is a significant problem. The department continues to use outpatient areas where possible, but more patients are presenting with respiratory symptoms and are requiring cubicles. Nursing and Medical staffing throughout the hospital have experienced high levels of absences due to sickness and isolating, ongoing concerns around the new variant and GP's cancelling appointments to support the vaccination role out. Within the department there are vacancies (including 10 whole time equivalent Nursing Assistants). Aggression against staff has increased due to long waits and enforcing mask wearing.

November 2021

**Commentary:**

**Weston General Hospital:**

Weston’s performance against the 4 hour standard in November increased at 68.2% (compared with 64.4% in October). The Emergency Department remained extremely busy with high demand and was able to assess more than 50% of patients within 15 minutes and treat more than 50% within 60 minutes.

Attendance to the department decreased overall in November. Flow through the department has been the main challenge for Weston, with patients bedded every night in ED awaiting a speciality bed. This resulted in capacity issues within the department and divers were arranged which contributed to the 7.75% decreased attendance.

The number of 12 hour breaches increased to 291 vs 257 in October, this is a reflection of the challenges with patient flow through the site which is mimicked across UHBW ED’s. A large proportion of Weston’s discharges take place after 12:30 meaning patients are remaining in the ED waiting for a speciality bed for prolonged periods of time. Occupancy for Medically Fit for Discharge patients remains at around 26% of Weston’s bed base which equates to more than 1 in every 4 patients which has significant impact on flow.

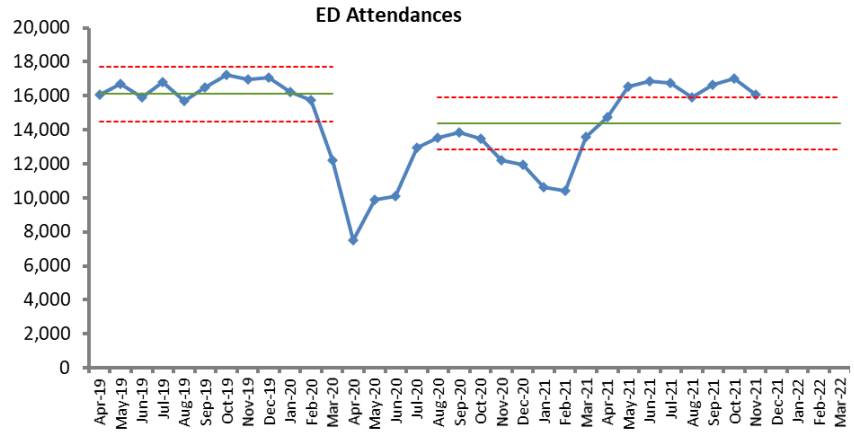
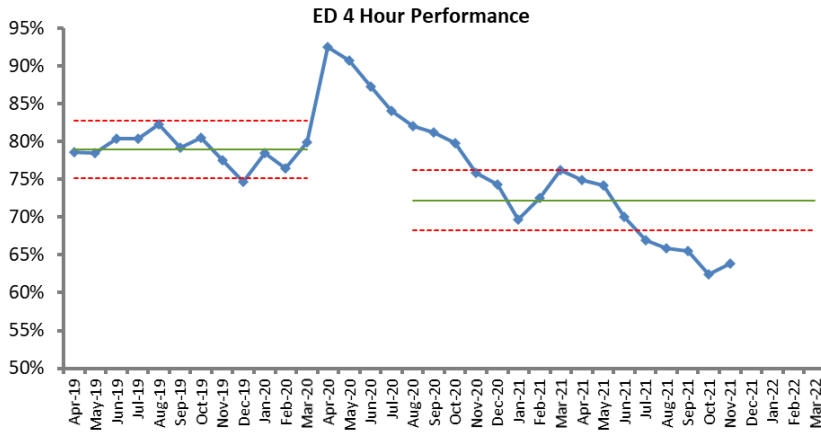
The Division is working closely within UHBW and system partners on projects to improve patient flow and further improve redirection work ensuring patients go to the right healthcare service, including signposting to Minor Injury Units (MIUs), GP and Pharmacy.

4 Hour Performance	Nov-21	2021/2022
Bristol Royal Infirmary	48.8%	51.8%
Bristol Children's Hospital	67.7%	77.9%
Bristol Eye Hospital	96.0%	97.2%
Weston General Hospital	68.2%	69.8%

Total Attendances	Nov-21	2021/2022
Bristol Royal Infirmary	6,090	51,260
Bristol Children's Hospital	4,514	32,694
Bristol Eye Hospital	1,841	14,979
Weston General Hospital	3,604	31,567

# Emergency Care – 4 Hour Standard

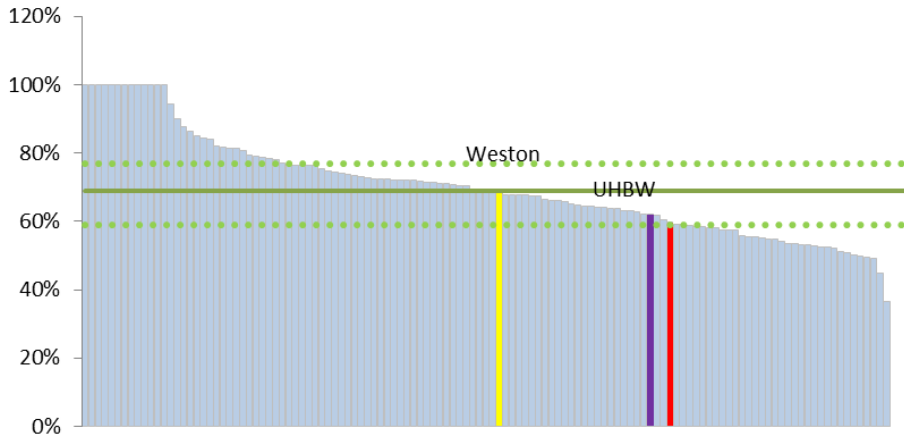
November 2021



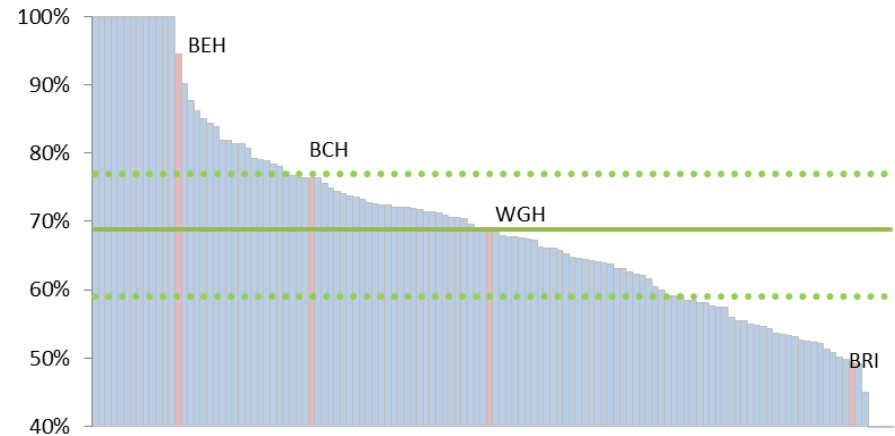
**Note:**

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 2021/22 Quarter 2



Benchmarking - ED 4 Hour Performance 2021/22 Quarter 2



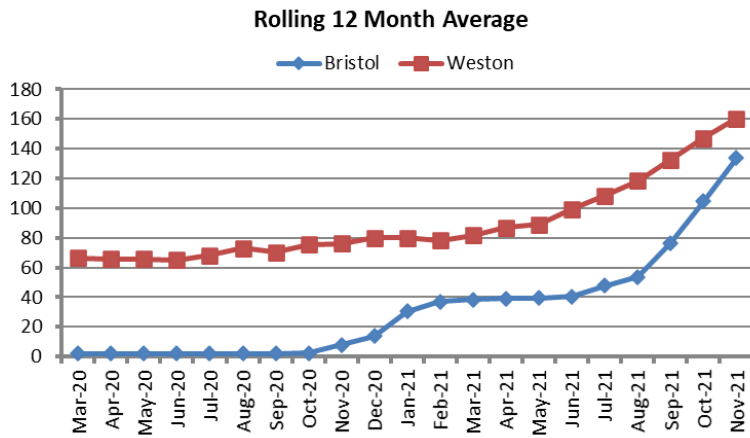
# Emergency Care – 12 Hour Trolley Waits

November 2021

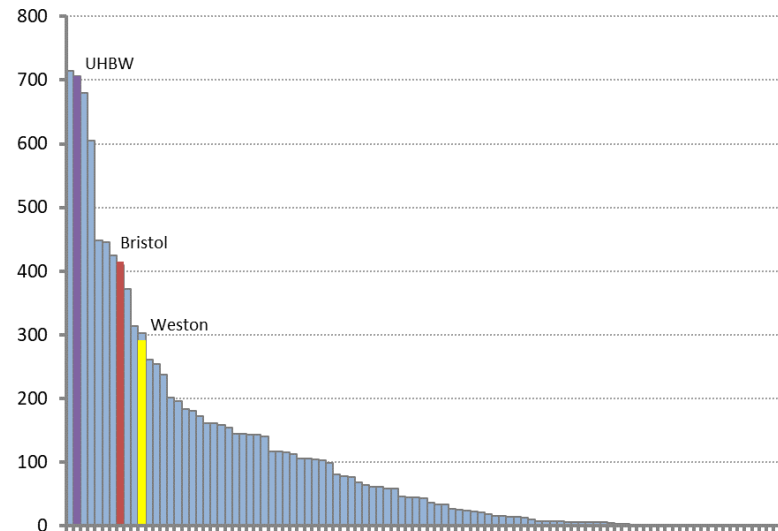
## 12 Hour Trolley Waits

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. Datix ID 5067 Risk that patients will come to harm when they wait over 12 hours to be admitted to an inpatient bed

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



Benchmarking - 12 Hour Trolley Waits - November 2021

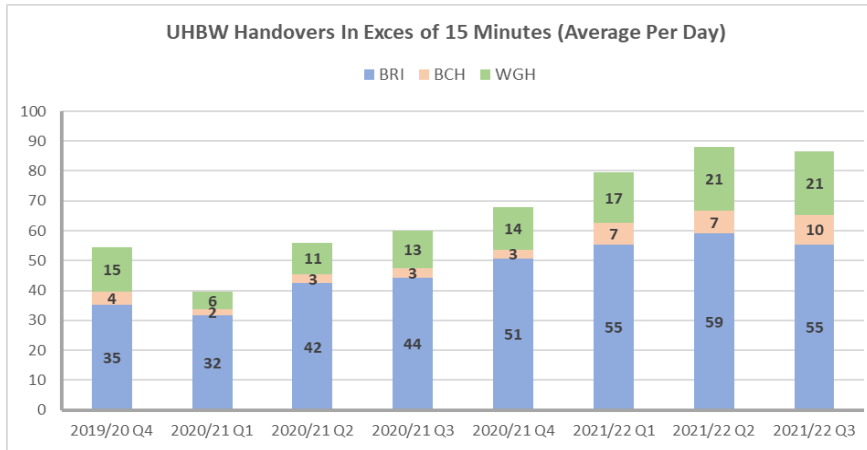


# Emergency Care – Ambulance Handovers

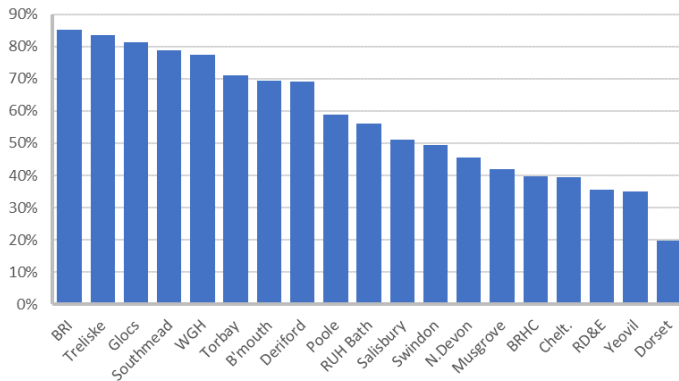
November 2021

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

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



Percentage of Handovers Over 15 Minutes - Nov 21

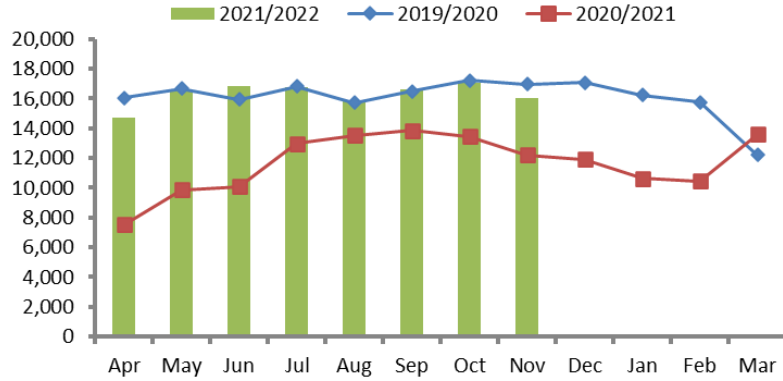


Hospital	Total Handovers	Over 15 Mins	% Over 15 Mins	Over 30 Mins	% Over 30 Mins	Over 1 Hour	Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	709	282	39.8%	90	13%	11	5
BRISTOL ROYAL INFIRMARY	1,930	1,647	85.3%	1,302	67%	863	462
CHELTENHAM GENERAL HOSPITAL	491	193	39.3%	84	17%	14	5
DERRIFORD HOSPITAL	2,819	1,946	69.0%	1,433	51%	942	578
DORSET COUNTY HOSPITAL	1,480	294	19.9%	97	7%	16	0
GLOUCESTER ROYAL HOSPITAL	2,977	2,418	81.2%	1,856	62%	1,157	541
GREAT WESTERN HOSPITAL	2,247	1,109	49.4%	561	25%	204	55
MUSGROVE PARK HOSPITAL	2,370	992	41.9%	258	11%	56	3
NORTH DEVON DISTRICT HOSPITAL	1,343	612	45.6%	229	17%	52	1
POOLE HOSPITAL	1,857	1,091	58.8%	587	32%	269	119
ROYAL BOURNEMOUTH HOSPITAL	1,940	1,348	69.5%	887	46%	452	178
ROYAL DEVON AND EXETER WONFORD	2,976	1,061	35.7%	145	5%	6	0
ROYAL UNITED HOSPITAL - BATH	2,521	1,414	56.1%	769	31%	378	100
SALISBURY DISTRICT HOSPITAL	1,181	603	51.1%	243	21%	85	24
SOUTHMEAD HOSPITAL	2,715	2,144	79.0%	1,268	47%	716	313
TORBAY HOSPITAL	2,050	1,455	71.0%	959	47%	617	326
TRELISKE HOSPITAL	2,643	2,205	83.4%	1,908	72%	1,473	951
WESTON GENERAL HOSPITAL	862	667	77.4%	462	54%	312	167
YEovil DISTRICT HOSPITAL	1,311	459	35.0%	121	9%	12	2
<b>TOTAL</b>	<b>36,422</b>	<b>21,940</b>	<b>60.2%</b>	<b>13,259</b>	<b>36%</b>	<b>7,635</b>	<b>3,830</b>

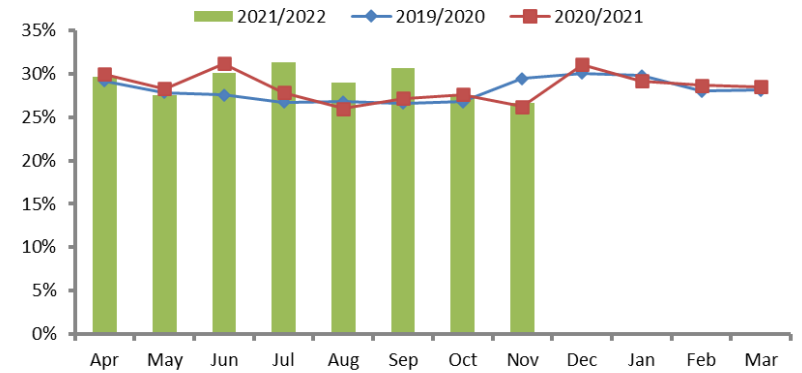
# Emergency Care – Supporting Information

November 2021

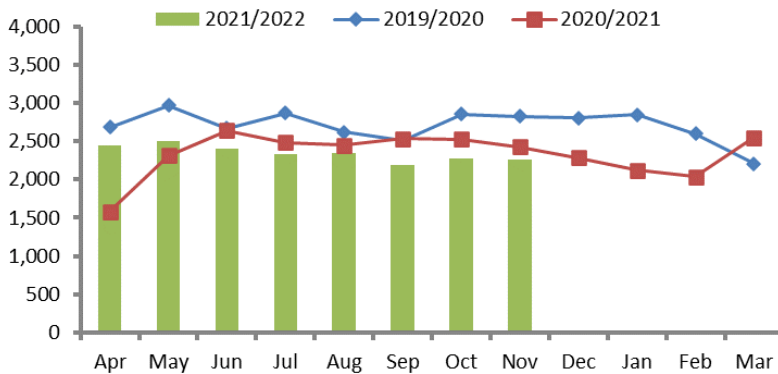
**Emergency Department Attendances (UHBW)**



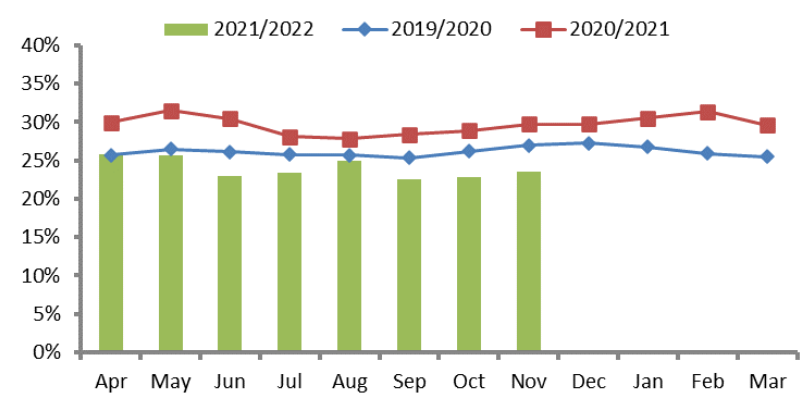
**Percentage of Emergency BRI Spells - Patients Aged 75+**



**Emergency Inpatient Activity (BRI Discharges)**



**Percentage of ED Attendances Resulting in Admission**



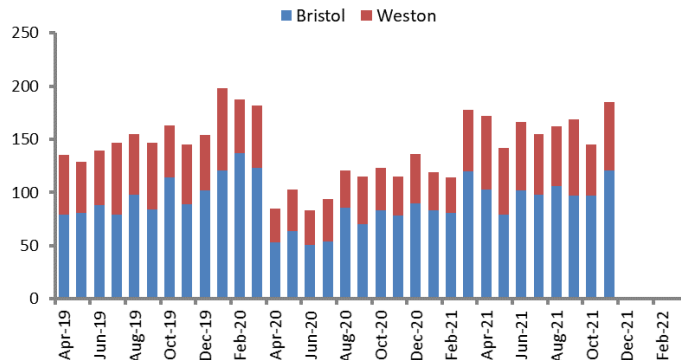
# Delayed Discharges

November 2021

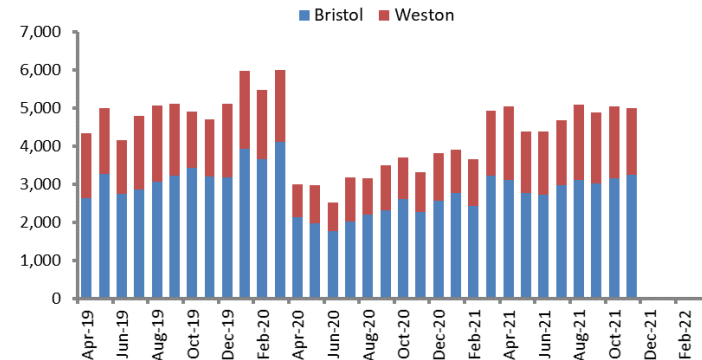
N/A No Standard Defined

<p><b>Standards:</b></p>	<p>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).</p>
<p><b>Performance:</b></p>	<p>At the end of November there were 185 MFFD patients in hospital: 121 in Bristol hospitals and 64 at Weston. There were 4,994 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 166 beds were occupied per day by MFFD patients.</p>
<p><b>Commentary:</b></p>	<p>In November 2021, the demand across all the pathways in Bristol and Weston continued to exceed capacity:</p> <ul style="list-style-type: none"> <li>• Pathway 1: Demand for slots in the community continued to exceed capacity. BRI: there were 26 patients who did not meet the reason to reside waiting for a P1 slot. Work started with Sirona for discharge dates to be released sooner in an effort to obtain family support to save bed days and support flow. WGH: Pathway 1 turnover has lessened due to Community pressures, 20 waiting. Ongoing work with family support to aid this as well as plans for use of transitional beds for pathway 1's. Further work ongoing around Care Hotel usage for this pathway. Close and regular work with therapies to drive P0 where able. Higher level work ongoing around the pathway 1 offering.</li> <li>• Pathway 2: BRI: there were 18 patients waiting at the end of November at the BRI. WGH: Worsened position from previous month with more than double awaiting P2 (currently 18). Work ongoing internally around reassessing regularly for pathway 1 where appropriate on both sites.</li> <li>• Pathway 3: BRI: there were 36 patients waiting for a Pathway 3 (P3) Bed at the BRI. WGH: 15 awaiting P3. Work ongoing around transitional beds to further reduce P3 waits for both sites. 16 currently in use alongside Pathway 3 beds.</li> </ul>
<p><b>Ownership:</b></p>	<p>Chief Operating Officer</p>

Number of Patients - Last Thursday In Month



Number of Beddays Occupied In The Month





1<sup>st</sup> December 2021

## Bristol: Current Breakdown of Medically Fit For Discharge (MFFD) Patients, 1<sup>st</sup> December 2021

Pathway	Number of Patients	Percentage	7+ Days on Latest Pathway	14+ Days on Latest Pathway	21+ Days on Latest Pathway
Pathway 1	29	25.0%	21	7	1
Pathway 2	20	17.2%	14	7	2
Pathway 3	36	31.0%	35	31	23
Awaiting Decision	16	13.8%	6	4	3
Awaiting Referral	12	10.3%	5	1	1
Other	3	2.6%	3	1	0
<b>Total</b>	<b>116</b>		<b>84</b>	<b>51</b>	<b>30</b>

*Pathway 1 – patients awaiting package of care*

*Pathway 2 – requiring rehabilitation or reablement*

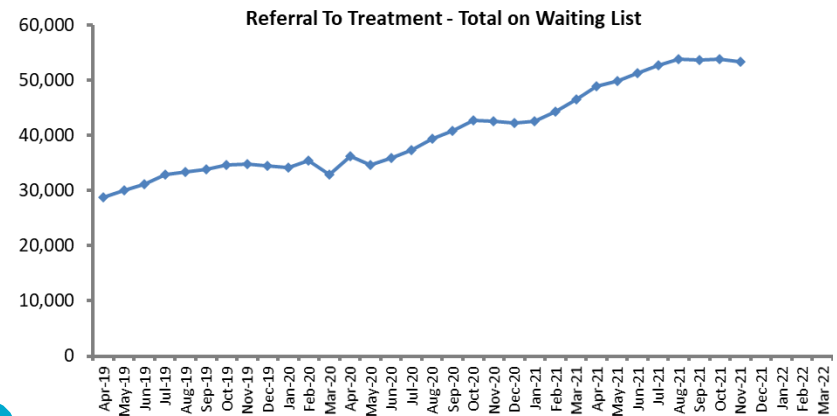
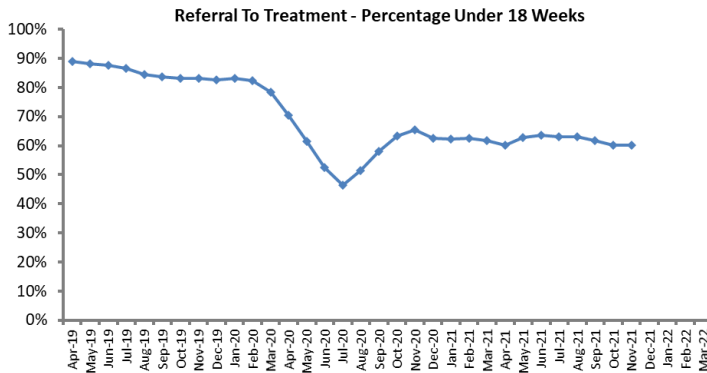
*Pathway 3 – Nursing or Residential home required*

# Referral To Treatment

November 2021

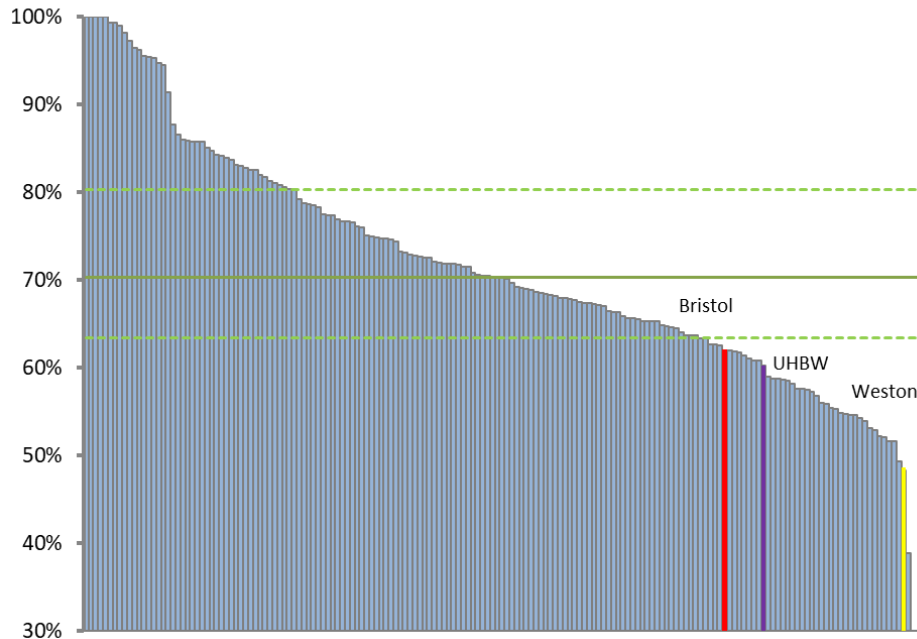
**N** Not Achieved

<b>Standards:</b>	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.
<b>Performance:</b>	At end of November, 60.3% of patients were waiting under 18 weeks. The total waiting list was 53,328 and the 18+ week backlog was 21,190. Comparing the end of April 2020 with the end of October 2021: <ul style="list-style-type: none"> <li>the overall wait list has increased by 17,116 patients . This is an increase of 47%.</li> <li>the number of patients waiting 18+ weeks increased by 10,543 patients. This is an increase of 99%.</li> </ul>
<b>Commentary:</b>	<p>The focus of discussions with divisions and wider system partners is eradication of patients who are currently 104 weeks wait by the end of March 2022. This will involve transfer of patients who are suitable to the independent sector and ensuring full utilisation of the available capacity internally is maximised with the use of extra lists that have been arranged through Glanso and waiting list initiatives. In addition we are seeking mutual aid with the support of the CCG and have been linked with Liverpool to discuss current long waiting patients (i.e. Thoracic) that require transfer to another specialist centre for treatment due to the lack of bed/HDU capacity to bring these patients in for treatment. The requirement from NHSE and the local CCG is to demonstrate that we have explored all options for our long waiting patients to be treated before end of March 2022.</p> <p>The largest Bristol increases in waiting list size, when compared with April 2020, are In Ophthalmology (5,012 increase, 127%), Adult ENT &amp; Thoracics (2,709, 165%) and Dental Services (2,923 increase, 35% increase). The Weston list has increased by 1,414 over the same time period, a 26% increase.</p> <p>The largest Bristol volumes of 18 +week backlog patients at the end of November are in Dental (5,746 patients), Ophthalmology (3,090), ENT &amp; Thoracics (2,205) and Paediatrics (2,375). Weston had 3,218 patients waiting 18+ weeks at the of November.</p>
<b>Ownership:</b>	Chief Operating Officer



October/November 2021

Benchmarking RTT Percentage Under 18 Weeks - October 2021



	Nov-21		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	496	498	99.6%
Medicine	3,875	4,981	77.8%
Specialised Services	3,021	4,444	68.0%
Surgery	15,691	28,382	55.3%
Weston	3,674	6,892	53.3%
Women's and Children's	5,374	8,131	66.1%
Other/Not Known	0	0	-
<b>TRUST TOTAL</b>	<b>32,131</b>	<b>53,328</b>	<b>60.3%</b>
<i>Bristol Subtotal</i>	<i>28,457</i>	<i>46,436</i>	<i>61.3%</i>

# Referral To Treatment – Long Waits

November 2021

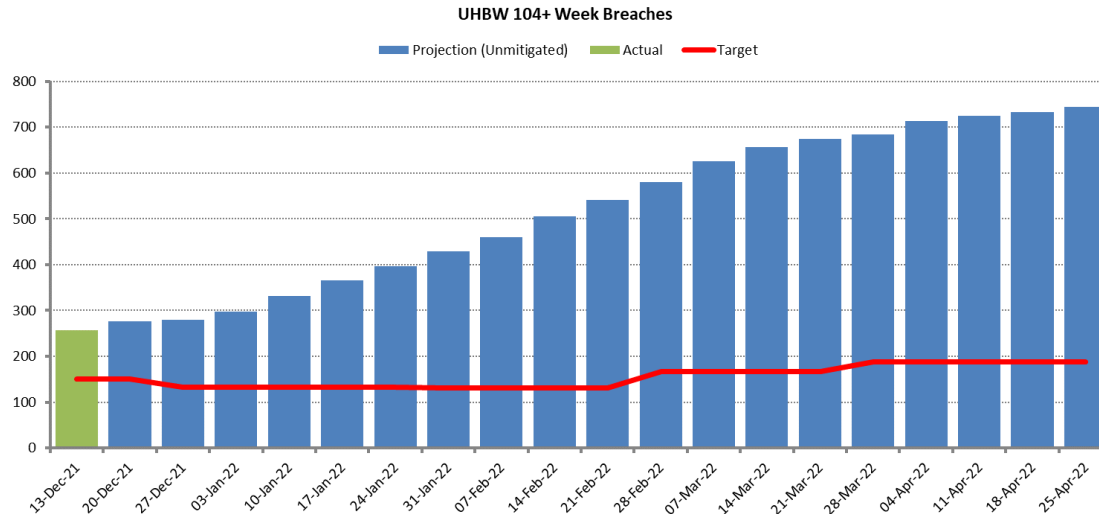
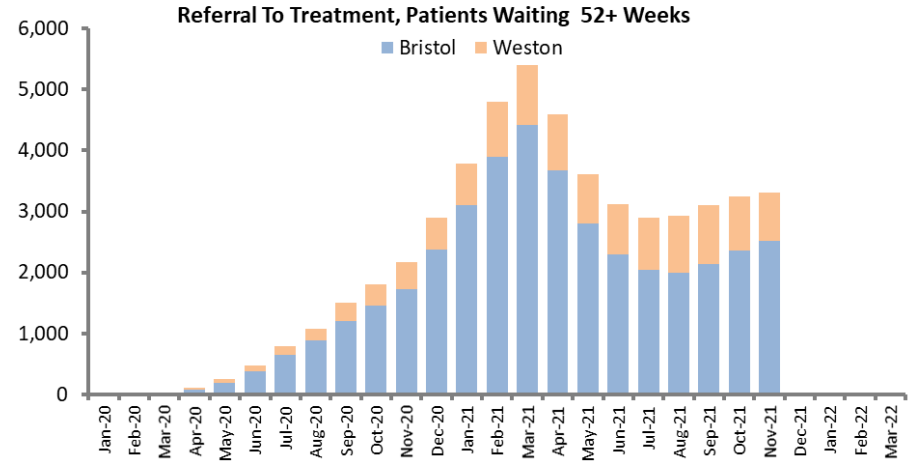
**N** Not Achieved

<b>Standards:</b>	<p>Pre-Covid, the expectation was that no patient should wait longer than 52 weeks for treatment. As part of the Elective Recovery Programme Trusts were required to submit plan that eliminated patients waiting 104+ weeks (2+ years) for treatment by the end of March 2022. UHBW’s submitted trajectory has 188 patients waiting 104+ weeks by end of March 2022 with a November 2021 trajectory of 150.</p>
<b>Performance:</b>	<p>At end of November 3,318 patients were waiting 52+ weeks; 2,511 across Bristol sites and 807 at Weston. At the end of November, 235 patients were waiting 104+ days, which was above the recovery trajectory target of 150.</p>
<b>Commentary:</b>	<p>The trend has been downwards for 52 week waiters over the past few months but in October this increased by 138 compared to the previous month. This is due to the volume of long waiters in the lower weeks wait cohort tipping into the 52+ week cohort whilst divisions try to date the longer waiting patients. It is still extremely difficult to date the longer waiting patients who are waiting for routine operations when there is a lack of capacity due to the continual high demand of emergency and cancer admissions. This has been further exacerbated by the critical incident position across the Trust. The demand and capacity modelling and trajectory setting for the next 6 months, which are being finalised, will demonstrate the short falls in our capacity to recover against the demand. Clinical prioritisation of patients who are on the waiting list without a “to come in” date continues with processes in place to ensure this is now business as usual. 93% of the patients who are on the RTT admitted waiting list have now been clinically prioritised with 0.6% of those being assigned a P2 status. We are currently making use of the increased capacity within the independent sector and our long waiting patients who meet the criteria to have a transfer of care to the Independent Sector.</p> <p>NHS England, and local commissioners, continue to request weekly reporting of patients waiting 78+ and 104+ week, as part of the drive to eradicate 104-week breaches at the end of March 2022. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list however the volumes of patients who have been clinically prioritised as requiring treatment within a month against the Royal College of Surgeons guidelines, still outweigh the capacity we have available to be able to offer this cohort a TCI date which currently doesn’t give assurance that we will be able eradicate the 104-week breaches within this timescale. All data sets are shared on a weekly basis with NHSE via a waiting list minimum data set (WLMDS) and weekly meetings are now set up with the CCG and NHSE where the requirement is to provide assurance on a patient level basis what the next steps are with each of our long waiting patients.</p>
<b>Ownership:</b>	<p>Chief Operating Officer</p>

# Referral To Treatment – Long Waits

November 2021

	Nov-21		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	55	3	0
Specialised Services	155	37	9
Surgery	1,758	512	126
Weston	807	253	82
Women's and Children's	543	147	18
<b>TOTAL</b>	<b>3,318</b>	<b>952</b>	<b>235</b>
<i>Bristol</i>	<i>2,511</i>	<i>699</i>	<i>153</i>



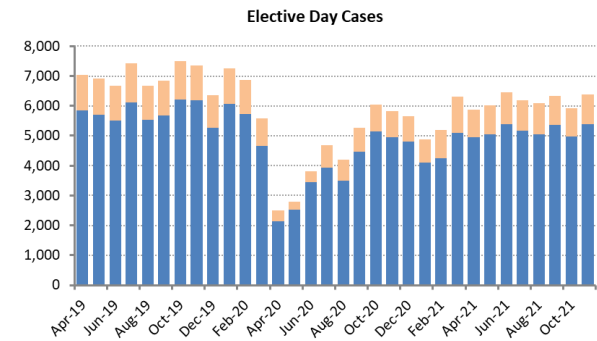
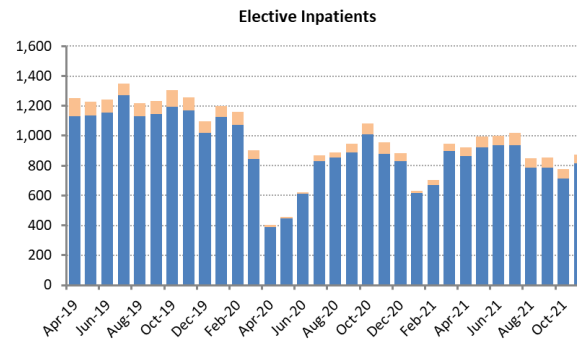
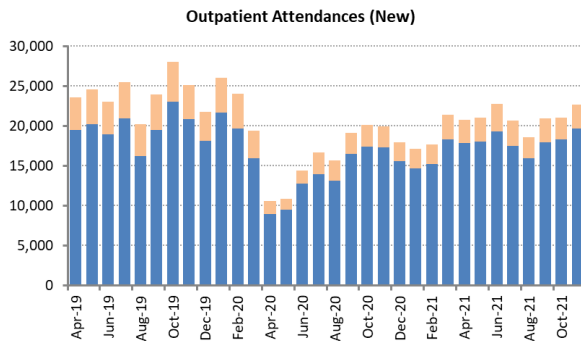
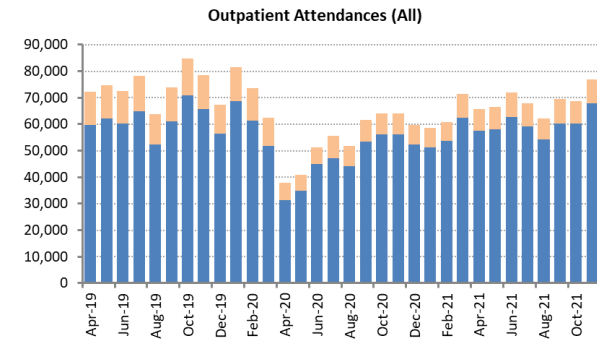
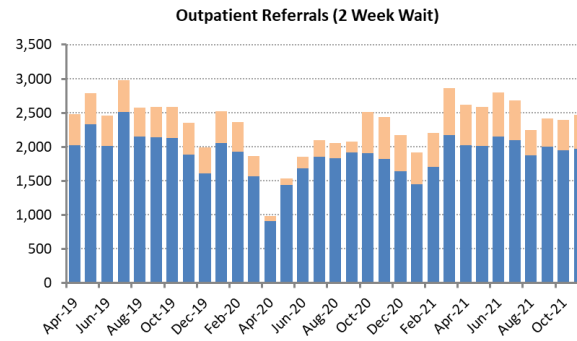
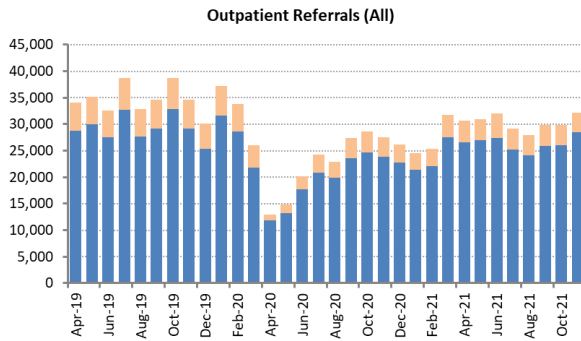
“Projection (Unmitigated)” – Number of currently Undated RTT patients who will exceed 104 weeks wait

# Elective Activity and Referral Volumes

November 2021

## BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO NOVEMBER 2021

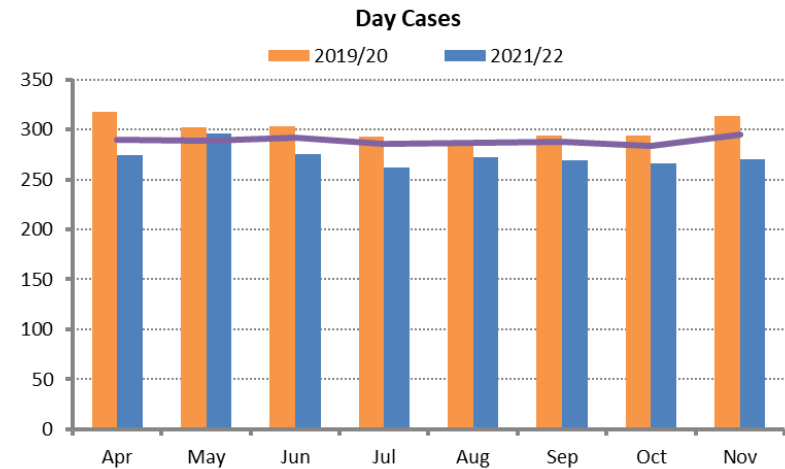
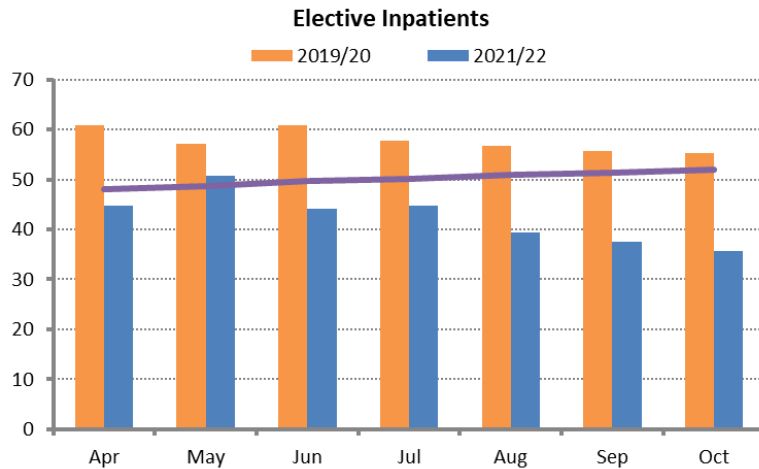
■ Bristol ■ Weston



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

November 2021

## Activity Per Day, By Month and Year



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

2021/22 Activity: % of Plan	93%	105%	89%	89%	77%	73%	69%	75%
2021/22 Activity: % of 2019/20	74%	89%	73%	78%	70%	67%	65%	66%

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
2021/22	Actual Activity Per Day	275	296	276	262	272	269	266	270
	Planned Activity Per Day	289	289	291	286	286	288	284	295
2019/20	Actual Activity Per Day	318	302	303	292	286	294	294	313

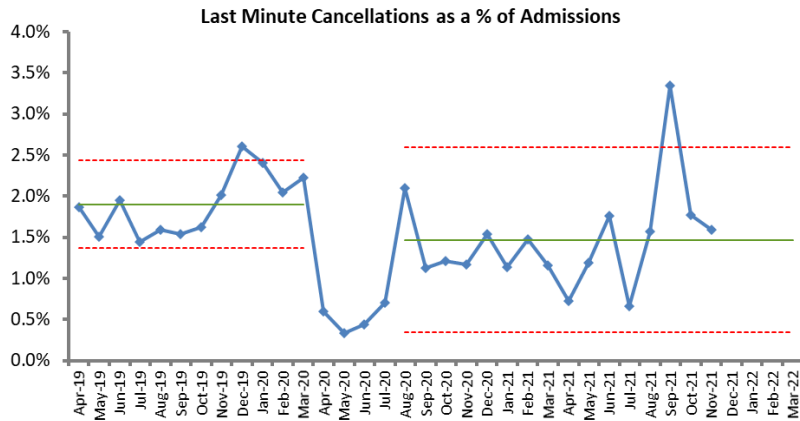
2021/22 Activity: % of Plan	95%	102%	95%	92%	95%	94%	94%	92%
2021/22 Activity: % of 2019/20	86%	98%	91%	90%	95%	92%	90%	86%

# Cancelled Operations

November 2021

**N** Not Achieved

<b>Standards:</b>	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
<b>Performance:</b>	In November, there were 96 last minute cancellations, which was 1.6% of elective admissions. Of the 97 cancelled in October, 81 (84%) had been re-admitted within 28 days.
<b>Commentary:</b>	September saw a significant increase in cancellation volumes. This is due to uncertainty of elective capacity that will be available each day due to emergency pressures on the same capacity (beds). This has improved in October and November, with 99 and 96 last minute cancellations. The largest volumes in Bristol were in Cardiac/Cardiology (34), Ophthalmology (14) and Paediatrics (17). The most common cancellation reasons in Bristol were: Other Emergency Patient Prioritised (19), No Ward Bed (16), Ran Out Of Operating Time (16), No Surgeon (14) and No Theatre Staff (14).
<b>Ownership:</b>	Chief Operating Officer



	Nov-21		2021/2022	
	LMCs	% of Admissions	LMCs	% of Admissions
Medicine	9	1.23%	17	0.30%
Specialised Services	34	1.38%	172	0.95%
Surgery	30	1.59%	358	2.46%
Weston	0	0.00%	63	2.77%
Women's and Children's	21	2.58%	151	2.11%
Other/Not Known	0	-	0	-
<b>TRUST TOTAL</b>	<b>94</b>	<b>1.59%</b>	<b>761</b>	<b>1.59%</b>

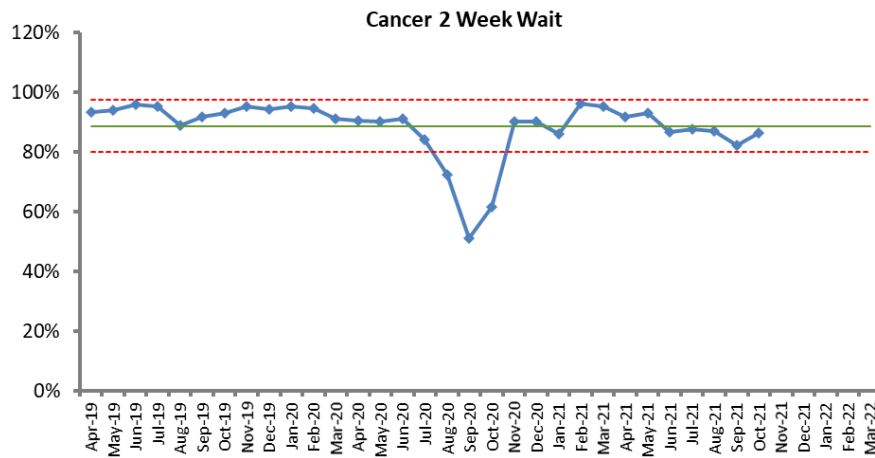


# Cancer Two Week Wait

October 2021

**N** Not Achieved

<b>Standards:</b>	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
<b>Performance:</b>	For October, 86.4% of patients were seen within 2 weeks. This is combined Bristol and Weston performance. Overall performance for Quarter 1 was 90.4%. Overall performance for Quarter 2 was 85.7%.
<b>Commentary:</b>	The standard was non-compliant in October (86.4% against a 93% standard). It is expected that compliance will continue to be challenging until all precautions and restrictions related to Covid are lifted. Capacity challenges have occurred in specific areas as a result of surges in demand, likely due to 'pent up' demand built during the lockdowns earlier in the year, and also due to the regional change to the colorectal pathway and the impact of Covid on primary care practice which has decreased the proportion of patients eligible for straight-to-test investigations. The Trust continues to work with primary care to find mitigations for this.
<b>Ownership:</b>	Chief Operating Officer



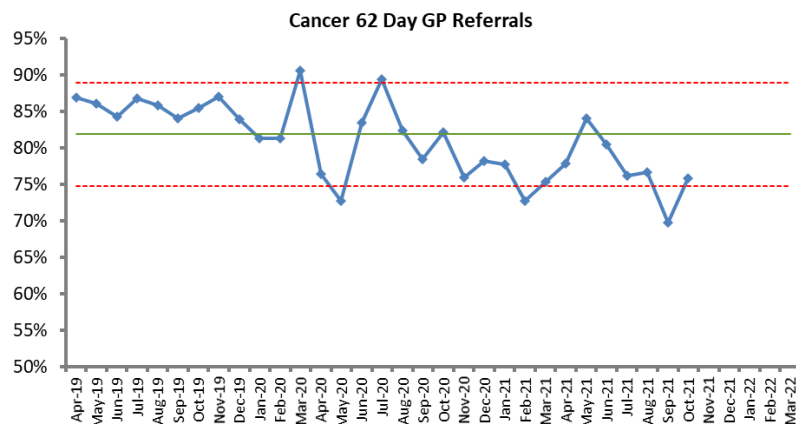
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	1	1	100.0%
Suspected acute leukaemia	1	1	100.0%
Suspected breast cancer	1	1	100.0%
Suspected children's cancer	13	16	81.3%
Suspected gynaecological cancers	176	188	93.6%
Suspected haematological malignancies	10	10	100.0%
Suspected head and neck cancers	402	431	93.3%
Suspected lower gastrointestinal cancers	138	256	53.9%
Suspected lung cancer	37	38	97.4%
Suspected skin cancers	617	674	91.5%
Suspected upper gastrointestinal cancers	104	130	80.0%
Suspected urological cancers excluding testicular	61	61	100.0%
<b>Grand Total</b>	<b>1,561</b>	<b>1,807</b>	<b>86.4%</b>

# Cancer 62 Days

October 2021

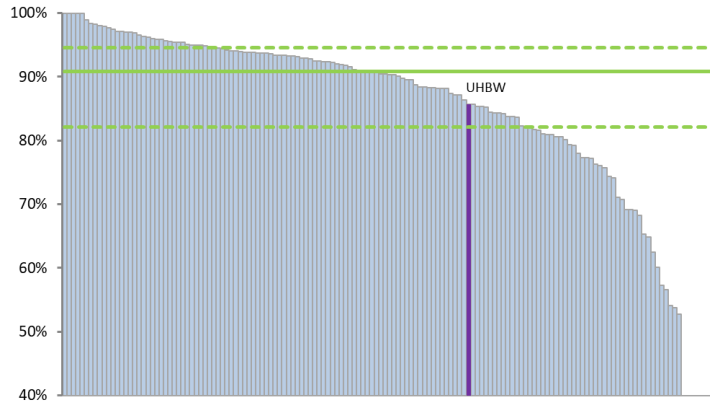
**N** Not Achieved

<b>Standards:</b>	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard. Datix ID 4060 Risk that delayed cancer outpatients and diagnostics during the Covid 19 Pandemic will affect cancer performance and outcomes
<b>Performance:</b>	For October, 75.8% of patients were seen within 62 days. This is combined Bristol and Weston performance. The overall Quarter 1 performance was 80.9%. The overall Quarter 2 performance was 74.1%.
<b>Commentary:</b>	The standard was non-compliant in October (75.8% against an 85% standard). The impact of the Covid pandemic on all areas of capacity continues to be at the root of the majority of potentially avoidable target breaches. Achieving compliance with the 85% standard remains unlikely in the short term, particularly in light of ongoing emergency pressures and staff being obliged to isolate. The majority of patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice. Additional measures have been taken in colorectal to minimise risk of harm after a small number of cases of potential harm, due to the increased numbers of high risk patients presenting to the Trust. These appear to have been effective.
<b>Ownership:</b>	Chief Operating Officer

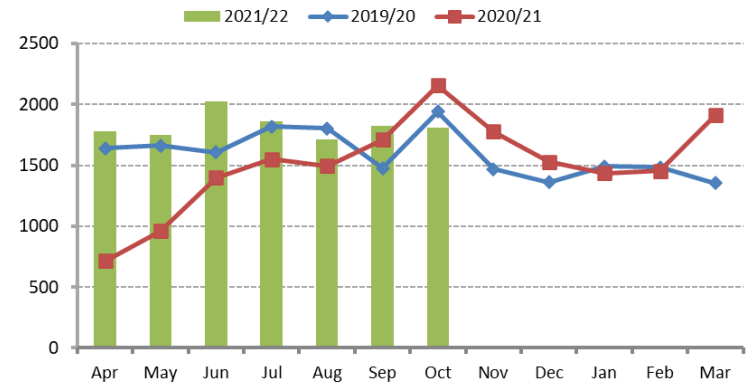


	Within Target	Total Pathways	Performance
Brain	0.5	0.5	100.0%
Breast	3.5	3.5	100.0%
Childrens	0.5	0.5	100.0%
Gynaecological	6.5	9.0	72.2%
Haematological	7.0	9.5	73.7%
Head and Neck	4.0	7.0	57.1%
Lower Gastrointestinal	9.5	16.5	57.6%
Lung	8.5	16.5	51.5%
Other	4.0	4.0	100.0%
Sarcoma	2.0	3.5	57.1%
Skin	53.0	55.5	95.5%
Upper Gastrointestinal	12.5	16.0	78.1%
Urological	7.5	15.0	50.0%
<b>Grand Total</b>	<b>119.0</b>	<b>157.0</b>	<b>75.8%</b>

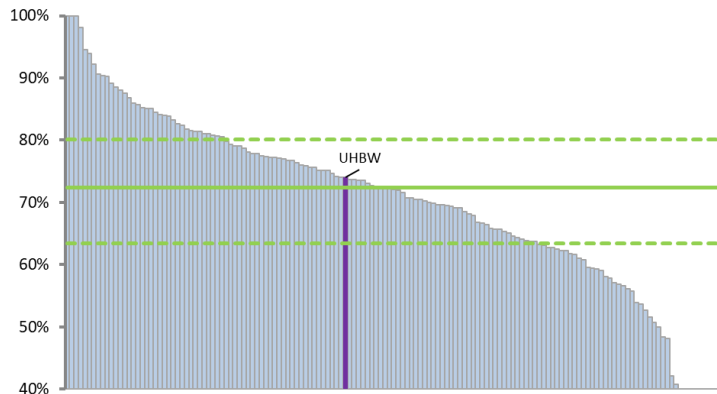
Benchmarking - 2 Week Wait Performance - 2021/22 Quarter 2



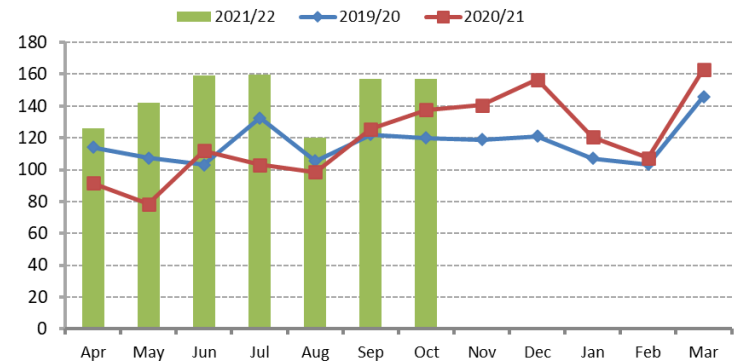
2 Week Wait - Patients Seen



Cancer 62 Day Performance - 2021/22 Quarter 2



62 Day - Patients Treated



Snapshot taken: 5<sup>th</sup> December 2021

<b>Standards:</b>	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.
<b>Performance:</b>	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 5 <sup>th</sup> December 2021 there were 5 such waiters. This compares to a peak of 53 such waiters in early July 2020.
<b>Commentary:</b>	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The number of such waiters remains below this threshold.. Avoiding harm from any long waits remains a top priority and is closely monitored. During this period of limited capacity due to the Covid outbreak, appropriate clinical prioritisation will adversely affect this standard as patients of lower clinical priority may wait for a longer period, to ensure those with high clinical priority are treated quickly. This is because cancer is a very wide range of illnesses with differing degrees of severity and risk and waiting time alone is not a good indicator of clinical urgency across cancer as a whole. An example of this is patients with potential thyroid cancers awaiting thyroidectomy, who have been clinically assessed as safe to wait for several more months (and most of whom will not ultimately have a cancer diagnosis), but who have exceeded the 104 day waiting time.
<b>Ownership:</b>	Chief Operating Officer

# Cancer – Patients Waiting 62+ Days

Snapshot taken: 5<sup>th</sup> December 2021

<b>Standards:</b>	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE has asked Trusts to return to/remain below 'pre-pandemic levels'. NHSE defines this as 180 patients for UHBW. Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.
<b>Performance:</b>	As at 5 <sup>th</sup> December the Trust had 173 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
<b>Commentary:</b>	The Trust remains below the 'pre-Covid' baseline. This position is difficult to maintain due to the emergency pressures on the hospital and ongoing impact of Covid on services, however every effort is being made to minimise long waiting patients and, of those who do wait longer, ensure there is a low risk of harm from the delay.
<b>Ownership:</b>	Chief Operating Officer

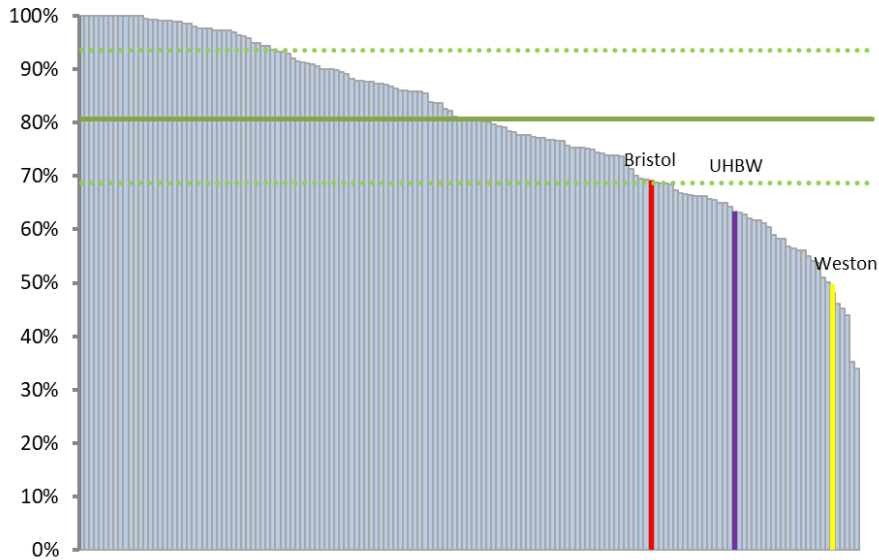
# Diagnostic Waits

November 2021

**N** Not Achieved

<b>Standards:</b>	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.																																											
<b>Performance:</b>	At end of November, 65.4% of patients were waiting under 6 week, with 14,307 patients in total on the list. This is Bristol and Weston combined.																																											
<b>Commentary:</b>	<p>Diagnostic activity levels are being held overall and the overall list size grew marginally by 182 (1.3%) from the previous month. High vacancies in radiographers and Endoscopists are affecting recovery, with resources also being diverted to support unscheduled care. There are some outstanding data quality issues to resolve on the reported waiting list position for Cystoscopy and Echocardiography at Weston but these are expected to be resolved by January 2022 following targeted validation work. Current genuine pressure points are Endoscopy (where additional insourcing and use of independent sector lists is offset by loss of QDU capacity and washer replacement plans in Weston), Adult MRI (Cardiology) and Cardiac MRI (where additional reporting capacity is being investigated to recover backlogs) and echo (predominantly at Weston, where long wait reviews are in place with Bristol and additional capacity is being investigated within the Independent Sector). There are also some niche constraints in MRI Paediatric GA pathway where mutual aid opportunities are being looked into within the SW region and Wales, but which rely on the provision of anaesthetists.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div data-bbox="266 868 1097 1296"> <p style="text-align: center;"><b>Diagnostics - Percentage Under 6 Weeks</b></p> </div> <div data-bbox="1155 896 1877 1263"> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Nov-21</th> </tr> <tr> <th>Under 6 Weeks</th> <th>Total Pathways</th> <th>Performance</th> </tr> </thead> <tbody> <tr> <td>Diagnostics and Therapies</td> <td>5,323</td> <td>6,317</td> <td>84.3%</td> </tr> <tr> <td>Medicine</td> <td>77</td> <td>121</td> <td>63.6%</td> </tr> <tr> <td>Specialised Services</td> <td>1,177</td> <td>2,124</td> <td>55.4%</td> </tr> <tr> <td>Surgery</td> <td>462</td> <td>1,280</td> <td>36.1%</td> </tr> <tr> <td>Weston</td> <td>2,074</td> <td>4,178</td> <td>49.6%</td> </tr> <tr> <td>Women's and Children's</td> <td>244</td> <td>287</td> <td>85.0%</td> </tr> <tr> <td>Other/Not Known</td> <td>0</td> <td>0</td> <td>-</td> </tr> <tr> <td><b>TRUST TOTAL</b></td> <td><b>9,357</b></td> <td><b>14,307</b></td> <td><b>65.4%</b></td> </tr> <tr> <td><i>Bristol Subtotal</i></td> <td><i>7,283</i></td> <td><i>10,129</i></td> <td><i>71.9%</i></td> </tr> </tbody> </table> </div> </div>		Nov-21			Under 6 Weeks	Total Pathways	Performance	Diagnostics and Therapies	5,323	6,317	84.3%	Medicine	77	121	63.6%	Specialised Services	1,177	2,124	55.4%	Surgery	462	1,280	36.1%	Weston	2,074	4,178	49.6%	Women's and Children's	244	287	85.0%	Other/Not Known	0	0	-	<b>TRUST TOTAL</b>	<b>9,357</b>	<b>14,307</b>	<b>65.4%</b>	<i>Bristol Subtotal</i>	<i>7,283</i>	<i>10,129</i>	<i>71.9%</i>
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Benchmarking - Percentage Under 6 Weeks - October 2021

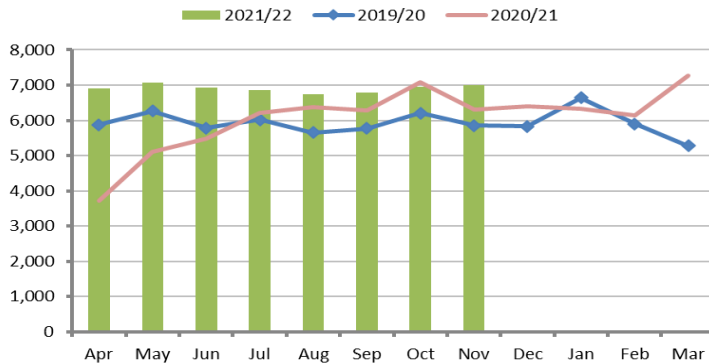


WESTON - NOVEMBER 2021	6+ Weeks	13+ Weeks	Total Waiting	Percentage Under 6 Weeks
Colonoscopy	15	5	72	79.17%
CT	7	2	275	97.45%
Cystoscopy	161	137	218	26.15%
DEXA Scan	345	213	470	26.60%
Echocardiography	1,122	870	1,394	19.51%
Flexi Sigmoidoscopy	8	3	54	85.19%
Gastroscopy	31	5	102	69.61%
MRI	15	0	399	96.24%
Ultrasound	400	152	1,194	66.50%
<b>Grand Total</b>	<b>2,104</b>	<b>1,387</b>	<b>4,178</b>	<b>49.64%</b>

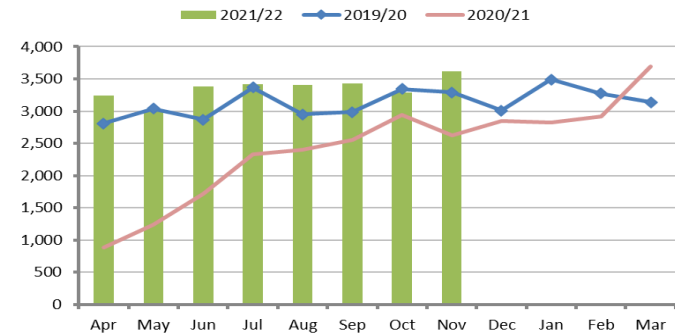
BRISTOL - NOVEMBER 2021	6+ Weeks	13+ Weeks	Total Waiting	Percentage Under 6 Weeks
Audiology	1	0	421	99.76%
Colonoscopy	387	237	608	36.35%
CT	250	150	1,320	81.06%
Cystoscopy	6	5	10	40.00%
DEXA Scan	6	0	304	98.03%
Echocardiography	313	12	1,242	74.80%
Flexi Sigmoidoscopy	169	126	223	24.22%
Gastroscopy	299	193	525	43.05%
MRI	877	600	2,332	62.39%
Neurophysiology	0	0	113	100.00%
Sleep Studies	38	36	64	40.63%
Ultrasound	500	203	2,967	83.15%
<b>Grand Total</b>	<b>2,846</b>	<b>1,562</b>	<b>10,129</b>	<b>71.90%</b>

November 2021

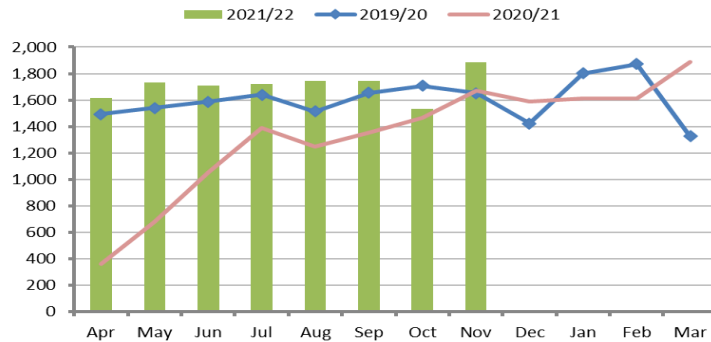
## Computed Tomography (CT)



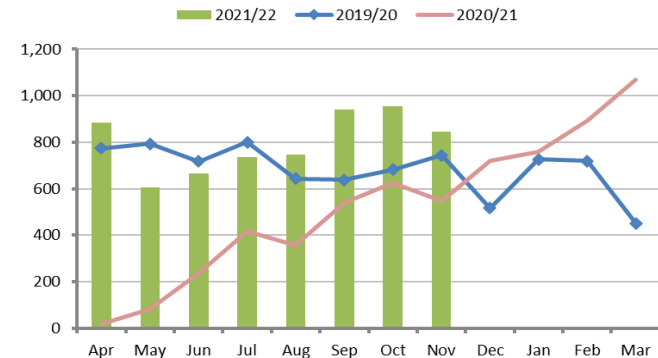
## Magnetic Resonance Imaging (MRI)



## Echocardiography



## Endoscopy (Gastroscopy, Colonoscopy, Flexi Sig)



### 2021/22 as a Percentage of 2019/20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Computed Tomography	118%	113%	120%	114%	119%	118%	112%	119%				
Magnetic Resonance Imaging	115%	99%	118%	101%	116%	115%	98%	110%				
Echocardiography	108%	113%	108%	105%	115%	105%	90%	114%				
Endoscopy	114%	76%	92%	92%	116%	147%	140%	113%				

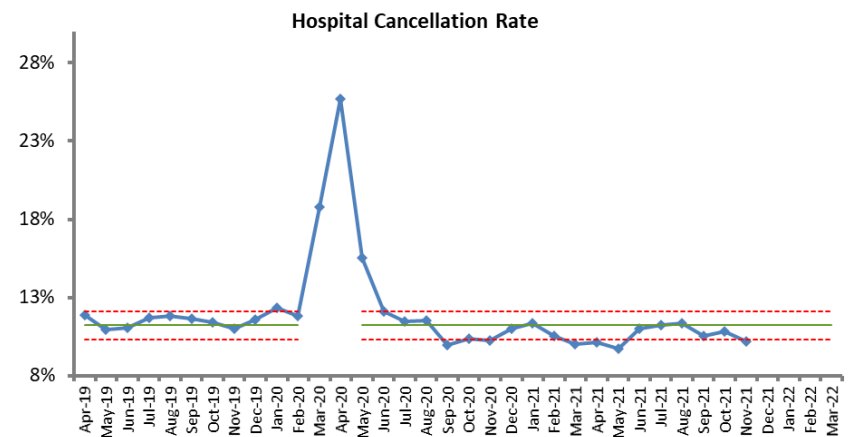
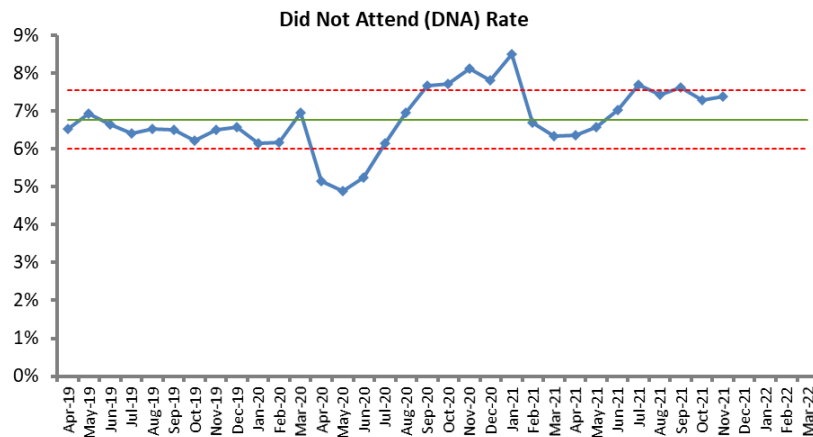


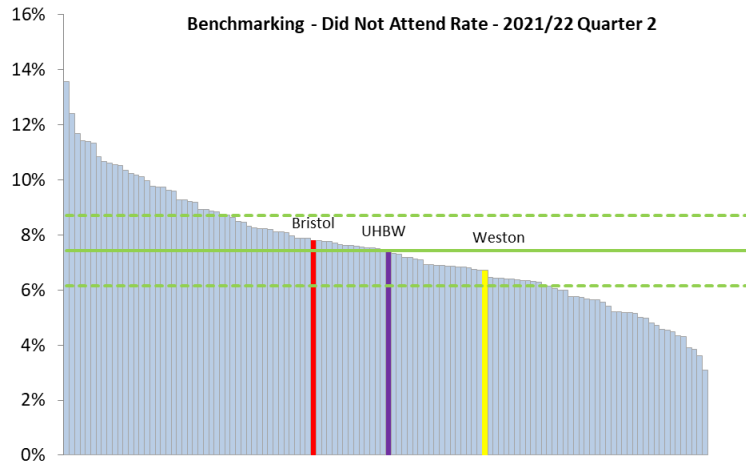
# Outpatient Measures

November 2021

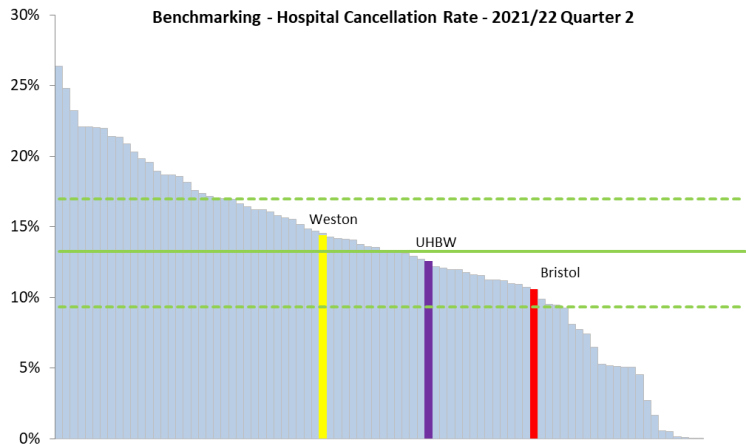
**N** Not Achieved

<b>Standards:</b>	<p>The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs</p> <p>The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made.</p> <p>The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%.</p> <p>For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.</p>
<b>Performance:</b>	<p>In November, the DNA Rate was 7.4% across Bristol and Weston, with 6,053 DNA'ed appointments.</p> <p>The hospital cancellation rate was 10.2% with 11,208 cancelled appointments</p>
<b>Commentary:</b>	<ul style="list-style-type: none"> <li>• Cancellation rates are inside of tolerance targets in November 10.2%</li> <li>• DNA rates rose in July to 7.7%, in November this has fallen to 7.4%. This mirrors the urgent care response and the decline in non-face to face activity.</li> <li>• Plans in place increase resources to promote attendance and reduce last minute patient cancellations and DNA's.</li> </ul>
<b>Ownership:</b>	Chief Operating Officer





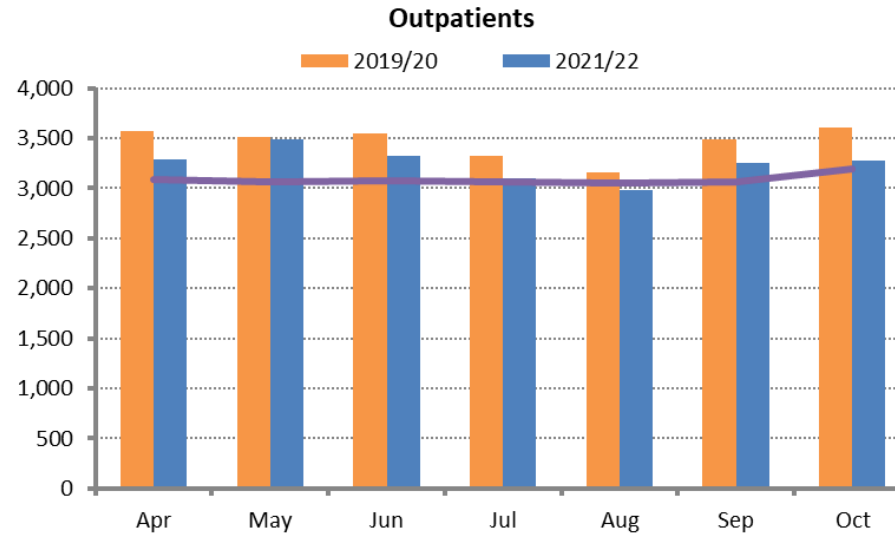
	Nov-21	
	DNAs	DNA Rate
Diagnostics and Therapies	443	5.4%
Medicine	1,019	10.5%
Specialised Services	627	4.8%
Surgery	2,105	8.4%
Weston	522	5.9%
Women's and Children's	1,337	7.8%
Other/Not Known	0	-
<b>TRUST TOTAL</b>	<b>6,053</b>	<b>7.4%</b>
<i>Bristol Subtotal</i>	<i>5,531</i>	<i>7.6%</i>



	Nov-21	
	Cancellations	Rate
Diagnostics and Therapies	636	6.3%
Medicine	1,399	10.8%
Specialised Services	2,577	14.4%
Surgery	2,577	7.5%
Weston	1,659	14.3%
Women's and Children's	2,360	10.2%
Other/Not Known	0	-
<b>TRUST TOTAL</b>	<b>11,208</b>	<b>10.2%</b>
<i>Bristol Subtotal</i>	<i>9,549</i>	<i>9.7%</i>

November 2021

Activity Per Day, By Month and Year – Outpatient Attendances



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
2021/22	Actual Activity Per Day	3,289	3,484	3,326	3,099	2,985	3,251	3,278	3,419
	Planned Activity Per Day	3,085	3,068	3,078	3,068	3,057	3,068	3,198	3,277
2019/20	Actual Activity Per Day	3,568	3,507	3,544	3,327	3,162	3,487	3,604	3,657

2021/22 Activity: % of Plan	107%	114%	108%	101%	98%	106%	103%	104%
2021/22 Activity: % of 2019/20	92%	99%	94%	93%	94%	93%	91%	93%

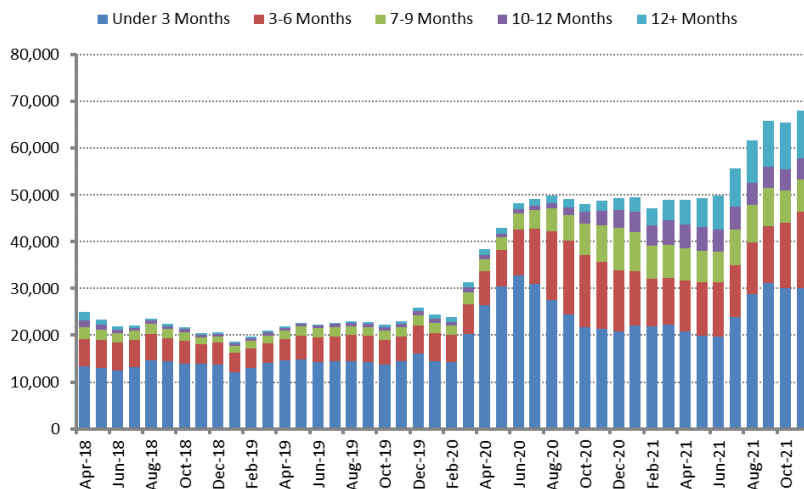
# Outpatient Overdue Follow-Ups

November 2021

**N** Not Achieved

<b>Standards:</b>	This measure looks at referrals where the patient is on a “Partial Booking List” at Bristol, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a “Date To Be Seen By”, from which the proportion that are overdue can be reported. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients.
<b>Performance:</b>	Total overdue at end of November was 92,200 of which 26,851 (29%) were overdue by 9+ months.
<b>Commentary:</b>	<ul style="list-style-type: none"> <li>Overdue follow up backlogs have continued to grow in November.</li> <li>Outpatient restoration activity In November is 104% of activity delivered against the 2021/22 plan which is 91% of 2019/20 activity. Clinical capacity is not sufficient to manage follow up backlog demand as well as the ongoing new demand. Capacity is being focussed on the delivery of the most clinically urgent cases.</li> <li>National validation programme is expected in late February 2022. H2 bid has been accepted to support development of UHBW waiting list validation. Divisional resourcing plans have been received to progress the programme ahead of national mandate.</li> <li>Areas of largest areas of backlog seen in Sleep, Ophthalmology, T&amp;O and Respiratory. Discussions in progress with specialities to review the use of PIFU. Sleep recovery may be affected by risk relating to CPAP/BIPAP machine supply issues and recall (Datix ID 5422)</li> </ul>
<b>Ownership:</b>	Chief Operating Officer

Bristol - Overdue FollowUps, by number of months overdue



	Under 9 Months	9-11 Months	12+ Months	Total
Diagnostics & Therapies	6,027	18	39	6,084
Medicine	11,164	1,420	4,333	16,917
Specialised Services	7,441	417	599	8,457
Surgery	23,446	2,326	4,775	30,547
Weston	11,984	2,654	9,536	24,174
Women's and Children's	5,287	373	361	6,021
<b>UHBW TOTAL</b>	<b>65,349</b>	<b>7,208</b>	<b>19,643</b>	<b>92,200</b>
<i>Bristol Subtotal</i>	<i>53,365</i>	<i>4,554</i>	<i>10,107</i>	<i>68,026</i>

# Mortality – SHMI (Summary Hospital-level Mortality Indicator)

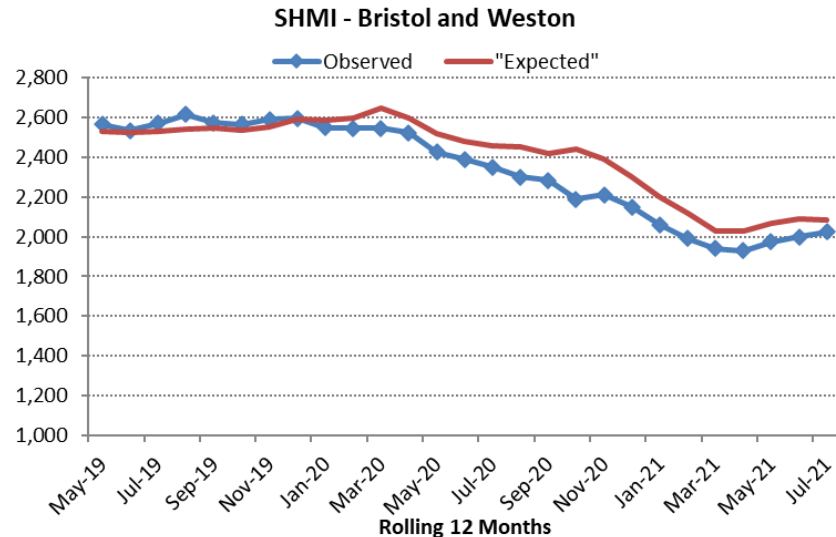
July 2021

A Achieved

<b>Standards:</b>	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. The most recent data is for the 12 months to July 2021 and is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is “as expected”.
<b>Performance:</b>	The Summary Hospital Mortality Indicator for UHBW for the 12 months to July 2021 and was 97.1 and in NHS Digital’s “as expected” category. This is lower than the overall national peer group of English NHS trusts of 100.
<b>Commentary:</b>	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
<b>Ownership:</b>	Medical Director

Rolling 12	UHBW		SHMI
	Observed	"Expected"	
Oct-20	2,190	2,440	89.8
Nov-20	2,210	2,390	92.5
Dec-20	2,150	2,300	93.5
Jan-21	2,060	2,200	93.6
Feb-21	1,990	2,115	94.1
Mar-21	1,940	2,030	95.6
Apr-21	1,930	2,030	95.1
May-21	1,975	2,065	95.6
Jun-21	2,000	2,090	95.7
Jul-21	2,025	2,085	97.1

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



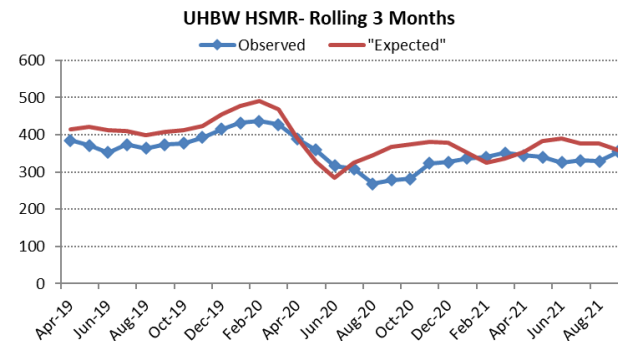
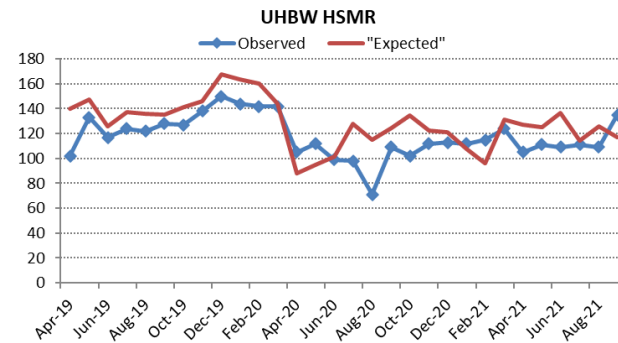
# Mortality – HSMR (Hospital Standardised Mortality Ratio)

September 2021

**P** Partially Achieved

<b>Standards:</b>	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.
<b>Performance:</b>	HSMR within CHKS for UHBW solely for the month of September 2021 is 115.1, meaning there were more observed deaths (135) than the statistically calculated expected number of deaths (117). Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation. The HSMR for the 12 months to September 2021 for UHBW was 92.8 (National Peer: 90.4).
<b>Commentary:</b>	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
<b>Ownership:</b>	Medical Director

	UHBW		
	Observed	"Expected"	HSMR
Oct-20	102	135	75.7
Nov-20	112	122	91.5
Dec-20	113	121	93.5
Jan-21	112	108	103.9
Feb-21	115	96	119.4
Mar-21	124	131	94.6
Apr-21	105	128	82.4
May-21	111	125	88.5
Jun-21	109	136	79.9
Jul-21	111	115	96.8
Aug-21	109	126	86.8
Sep-21	135	117	115.1



# Fractured Neck of Femur (NOF)

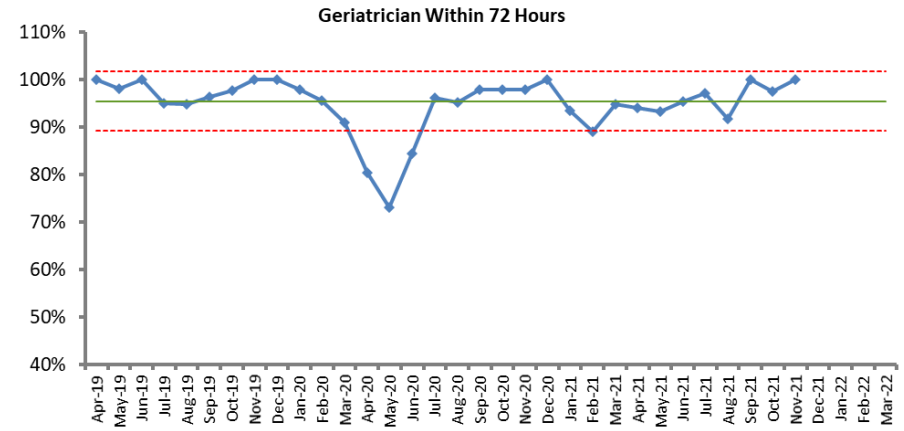
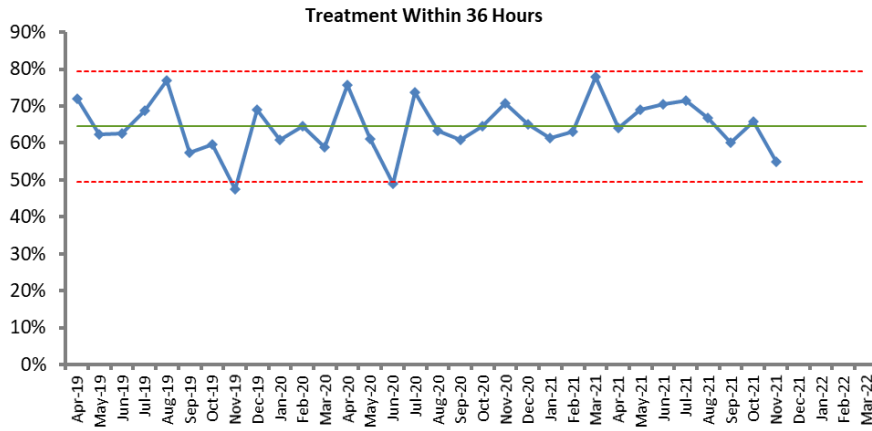
November 2021

**P** Partially Achieved

<b>Standards:</b>	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
<b>Performance:</b>	<p>In November 2021, there were 40 patients eligible for Best Practice Tariff (BPT) across UHBW (20 each in Bristol and Weston).</p> <ul style="list-style-type: none"> <li>For the 36 hour standard, 70% achieved the standard (28 out of 40 patients)</li> <li>For the 72 hour standard, 98% achieved the standard (39 out of 40 patients)</li> </ul>
<b>Commentary:</b>	<p>Challenges to be addressed in Bristol:</p> <ul style="list-style-type: none"> <li>There is continued difficulty in time to theatre in Bristol, mostly driven by the increase in general trauma demand to theatres for #NOF patients and an inability to stand up more trauma theatres due to the necessity to maintain cancer theatre capacity and also a lack of available inpatient beds.</li> <li>Difficulty accessing theatres to ensure consistent #NOF theatre – also challenges with theatre staffing which is impacting on overall theatre capacity</li> <li>The BRI is witnessing a sustained increase of demand on the trauma service as a result of national lockdowns being eased. This worsened through November and the T&amp;O service is having to stand up extra trauma theatres to address demand.</li> <li>Inability to address peaks in #NOF demand.</li> <li>Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the T&amp;O wards.</li> </ul> <p>Actions being taken in Bristol:</p> <ul style="list-style-type: none"> <li>Reinvigoration of the Silver Trauma meetings to address the ongoing issues with access to theatre as well as developing a complete staffing picture for the service to ensure we have staff to meet demand.</li> <li>Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties.</li> <li>Any last minute cancellation from another specialty is usually then backfilled by trauma surgeons.</li> </ul> <p>Challenges to be addressed in Weston (November issues):</p> <ul style="list-style-type: none"> <li>Limited theatre space due to half day lists on Tuesdays and Thursdays</li> <li>Limited theatre space at weekends due to shared list between orthopaedics and surgical</li> <li>Nursing teams not completing MUST/nutritional assessment</li> </ul> <p>Actions being taken in Weston</p> <ul style="list-style-type: none"> <li>Use CEPOD lists where possible for extra capacity when trauma lists are full or limited</li> <li>Feedback MUST issues within #NOF governance group. Dietetic support worker assisting nursing teams and alerting ward sister if MUST score not completed within 3 days of admission.</li> </ul>
<b>Ownership:</b>	Medical Director

# Fractured Neck of Femur (NOF)

November 2021



	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	20	11	55%	20	100%
Weston	20	17	85%	19	95%
<b>TOTAL</b>	<b>40</b>	<b>28</b>	<b>70.0%</b>	<b>39</b>	<b>97.5%</b>



# Mixed Sex Accommodation Breaches

November 2021

A *Achieved*

<b>Standards:</b>	There should be no clinically unjustified Mixed Sex Accommodation (MSA) breaches. There are some clinical circumstances where mixed sex accommodation can be justified. These are mainly confined to patients who need highly specialised care. Therefore, the description of an MSA breach refers to all patients in sleeping accommodation who have been admitted to hospital: A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
<b>Performance:</b>	Monthly, national reporting of Mixed Sex Accommodation (MSA) breaches has been reinstated in October 2021. There were 30 Mixed Sex Accommodation breaches reported in November 2021. Following review, these were all classed as “justifiable” breaches so were not submitted on the national return. Most of these breaches occurred in the Recovery unit when patients are not transferred in a timely way; four occurred in the Acute medical admissions ward and six in an escalation ward and were caused by significant pressure on bed availability; overcrowding in the emergency department and the requirement for provision of a resuscitation bed in the emergency department.
<b>Commentary:</b>	The revised standard operating procedure for managing same sex accommodation has been widely disseminated to ensure that all staff are fully aware of its requirements. In line with the quality schedule these breaches have been reviewed and are considered justified due to the Trust being in Internal Critical Incident. Most breaches occur at night; privacy and dignity for all patients affected is always maintained using screens and are resolved within 24 hours of the breach occurring.
<b>Ownership:</b>	Chief Nurse

November 2021

N/A *No Standard Defined*

<b>Standards:</b>	A Maternity Quality Perinatal Matrix provides additional quality surveillance of the maternity services at UHBW and has been developed following the recommendations made by the Ockenden report (2020) into maternity care at Shrewsbury and Telford Hospital Trust.
<b>Performance:</b>	Please refer to the Perinatal Quality Surveillance Matrix on the next page.
<b>Commentary:</b>	<p>Actions:</p> <ul style="list-style-type: none"> <li>• Funding has been agreed to support a bespoke separate triage area away from the Central Delivery Suite (CDS) which was a recommendation from Healthcare Safety Investigation Branch (HSIB) investigations in regard to support patient flow through CDS and the DAU (day assessment unit).</li> <li>• Due to ongoing pressure for elective C-sections at STMH, a case for further capacity will be raised through the 2022/23 OPP for consideration</li> <li>• A MDT deep dive and round table discussion attended by a THQ Patient Safety team representative was undertaken into recent incidents which involved Cardiotocograph (CTG) interpretation and escalation. Past actions were presented to provide evidence of previous learning and further actions were assigned to improve dissemination of new learning following the recommendations of recent serious incident investigations.</li> <li>• A CTG monitoring and escalation focus week is planned for the New Year to highlight challenges staff have with CTG interpretation and how to remove these barriers. This idea was shared with the Local Maternity System(LMS), learn and support meeting last week and this action is to be shared city wide to support collaborative working and learning together as an LMS.</li> </ul>
<b>Ownership:</b>	Chief Nurse

November 2021

## UHBW Perinatal Quality Surveillance Matrix

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Number of babies born alive at >=22 to 36+6 weeks gestation	29	33	24	27	37	31	38	24	44	29	0	
Number of women who gave births all gestations from 22+0 weeks	397	396	407	410	429	415	466	429	429	449	432	
Induction of Labour				137	131	125	119					
Induction of Labour rate %	32.9%	29.8%	37.2%	33.7%	30.7%	30.6%	26.6%	27.8%	26.8%	26.6%	24.4%	
Unassisted Birth				220	209	214	219					
Unassisted Birth rate %	48.4%	46.9%	51.9%	53.5%	49.0%	51.2%	46.7%	46.9%	49.2%	45.0%	45.4%	
Assisted Birth				66	68	59	70					
Assisted Birth rate %	17.7%	18.1%	16.2%	15.9%	15.6%	14.8%	15.2%	20.5%	14.5%	17.5%	16.9%	
Caesarean Section				125	155	140	178					
Caesarean Section rate (overall) %	33.9%	35.0%	31.9%	30.6%	35.5%	34.0%	38.1%	32.6%	36.3%	37.6%	37.7%	
Elective Caesarean Section				71	85	82	84					
Elective Caesarean Section rate %	14.7%	15.6%	15.5%	13.3%	14.0%	15.8%	13.9%	14.9%	14.3%	12.2%	15.3%	
Emergency Caesarean Section				54	70	58	94					
Emergency Caesarean Section rate %	19.2%	19.4%	16.4%	17.3%	21.5%	18.2%	24.0%	17.7%	21.7%	25.3%	22.4%	
Total number of perinatal deaths	2	4	1	1	6	0	2	1	1	4	11	
Number of late fetal losses 22+0 to 23+6 weeks excl TOP	0	0	0	0	0	0	0	0	0	1	1	
Number of stillbirths (>=24 weeks excl TOP)	0	3	0	0	2	2	1	0	1	2	4	
Number of neonatal deaths : 0-6 Days	0	1	0	0	1	0	1	1	0	0	1	
Number of neonatal deaths : 7-28 Days	2	0	1	1	3	0	0	0	0	1	5	
Suspected brain injuries in inborn neonates (no structural abnormalities)	1	0	0	0	2	0	0	0	0	1	0	
Number of maternal deaths (MBRRACE)	1	0	0	1	0	0	0	0	0	0	0	
Number of women who recieved level 3 care	0	0	1	2	1	0	1	1	1	1	2	
Continuity of Carer (overall percentage)	36%	36%	36%	38%	45.9%	46%	44.4%	48.3%	47%	40%	43%	

November 2021

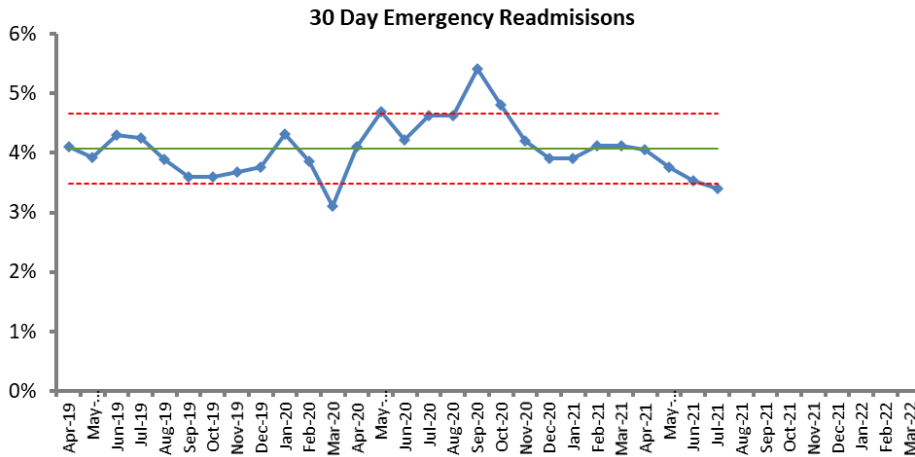
## Detailed summary of the Perinatal Quality Surveillance Matrix data

- In UHBW, a continued increase in induction of labour (IOL) waiting times remains a concern and has led to complaints. This is attributed to lack of capacity on the central delivery suite (CDS) with mitigation described in risk 2264, delayed induction of labour. There were 13 reported incidents related to workforce (10 service provision/2 staffing/1 treatment or procedure) in November 2021, including five related to multiple delayed inductions of labour and two related to non-compliance with British Association of Perinatal Medicine (BAPM) standards. One Datix reported a community midwife who was unable to leave CDS due to workload and so was unable to provide continuity of care (CoC) to four of her postnatal patients in the community. This is an accepted risk of the CoC model.
- The maternity unit attempted to close once in November due to lack of capacity but no local units could take any women planned to deliver at St. Michael's. No incidents of patient harm were reported during this attempted closure period.
- The total LSCS rate in November was 37.7% (37.6% in October). This is the highest monthly rate in the year to date. The emergency rate decreased in November to 22.4% from 25.3% in October. The data quality is still being reviewed with support from the business intelligence unit; please note the updated figures from last month's report.
- There have been four pre-labour intrauterine deaths (IUD) reported in October 2021 and a further 11 IUD in November 2021. A thematic review of these is to be undertaken and other providers in the Local Maternity System will be contacted to establish whether this increase in incidence is being seen elsewhere.
- Clinical Negligence Scheme for Trusts (CNST) compliance: there was a delayed report of a late termination of pregnancy in November, processes have been reviewed and enhanced to reduce the risk of a repeat delay. Capacity restraints within the community midwifery teams to input data into the Maternity Medway system and IT connectivity issues mean there is a risk to maintaining CNST compliance. The requirement is for 80% data entry over a 6 month consecutive period which we are unlikely to achieve with the present IT failures in community. This has been escalated and is on the risk register.
- There has been short term sickness in the Obstetrics & Gynaecological services in the middle grade and junior medical rota in the month (Consultants have acted down to cover some shifts). There are medical vacancies at Senior Registrar (SR) level due to staff leaving for promotion and difficulties in recruiting which is currently requiring some agency doctor cover, remaining shifts are being covered by extra shifts undertaken by the existing SRs. Both rotas are staffed from February.
- Neonatal ICU: All Consultants post are fully recruited to but there has been some Consultant sickness in the month. Junior medical cover is reduced due to lower than expected doctors being allocated from the deanery; this is being covered by the existing team undertaking additional shifts and Consultants acting down. Recruitment at senior registrar level remains challenging but midwives are supporting medical team vacancies by undertaking newborn and infant physical examinations.
- The final phase 2 report in response to the implementation of the shared learning from the Ockenden report recommendations has been re-graded as 80% compliant following a review with the Regional Team.

October 2021

**A** Achieved

<b>Standards:</b>	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%.
<b>Performance:</b>	In October, there were 13,188 discharges, of which 397 (3.0%) had an emergency re-admission within 30 days.
<b>Commentary:</b>	The review of Readmission methodologies and future targets/trajectories across the two Trusts is to be established.
<b>Ownership:</b>	Chief Operating Officer



	Oct-21		
	Readmissions	Total Discharges	% Readmitted
Diagnostics and Therapies	2	27	7.4%
Medicine	151	2,317	6.5%
Specialised Services	25	2,582	1.0%
Surgery	66	2,346	2.8%
Weston	114	1,944	5.9%
Women's and Children's	39	3,972	1.0%
Other/Not Known	0	0	-
<b>TRUST TOTAL</b>	<b>397</b>	<b>13,188</b>	<b>3.0%</b>
<i>Bristol Subtotal</i>	<i>283</i>	<i>11,244</i>	<i>2.5%</i>

# Workforce – Bank and Agency Usage

November 2021

**P** Partially Achieved

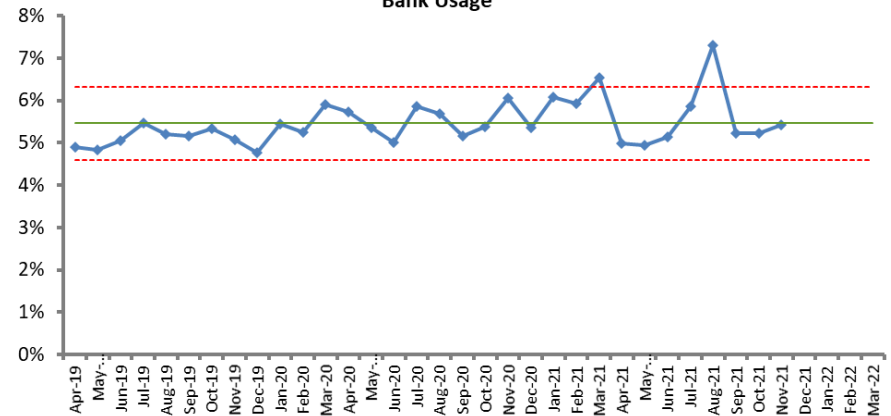
<b>Standards:</b>	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets (including Weston) for 2020/21. The red threshold is 10% over the monthly target.
<b>Performance:</b>	In November 2021, total staffing was at 11,336 FTE. Of this, 5.4% was Bank (614 FTE) and 1.8% was Agency (203 FTE).
<b>Commentary:</b>	<p><b>Bank usage</b> increased by 22.5 FTE There were increases in five divisions, with the largest increase seen in Medicine, increasing to 123.3 FTE from 107.5 FTE in the previous month. There were reductions in three divisions, with the largest reduction seen in Women’s and Children’s, reducing to 51.7 FTE from 58.5 FTE in the previous month.</p> <p><b>Agency usage</b> reduced by 9.6 FTE There were increases in two divisions, with the largest increase seen in Specialised Services, increasing to 24.2 FTE from 22.9 FTE in the previous month. There were reductions in five divisions, with the largest reduction seen in Trust Services, reducing to 13.7 FTE from 18.7 FTE in the previous month.</p> <ul style="list-style-type: none"> <li>• A proactive Bank campaign continues, targeting clinical and non-clinical candidates, encouraging extra hours and earnings with the lead up to Christmas. A post-Christmas campaign is being planned for early January.</li> <li>• The Trust saw 58 people start on the Bank during November across clinical and non-clinical roles. 30 of these were re-appointments.</li> <li>• Migration of Weston’s medical Bank to in-house provision from an external provider continues, as part of the wider Weston integration work-stream with the go-live date scheduled for January 2022.</li> <li>• Ongoing focus is in place across BNSSG and Bath partners to align Bank rates and incentives.</li> <li>• The 30% enhancement on bank basic hourly rates for Nursing Assistants, Registered Nurses and Therapists in Critical Care areas across UHBW continues. Approval has been given to extend this arrangement until February 2022 and to include Emergency Departments (Paediatric ED, Weston, BRI Adult ED).</li> </ul>
<b>Ownership:</b>	Director of People

# Workforce – Bank and Agency Usage

November 2021

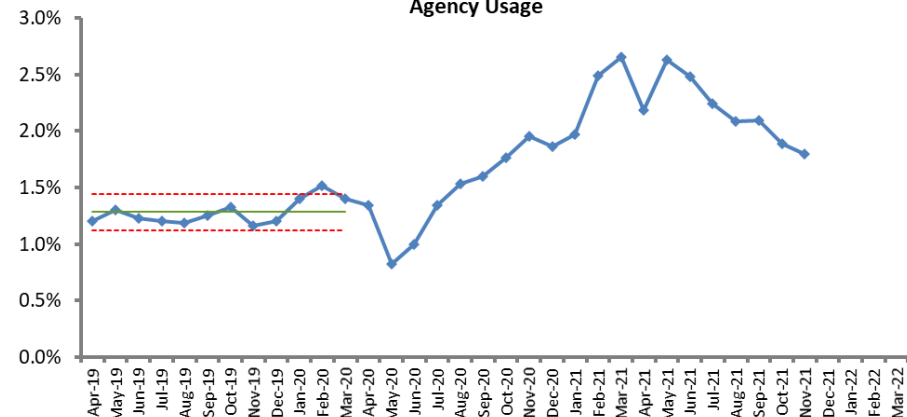
Bank	November FTE	November Actual %	KPI
<b>UHBW NHS Foundation Trust</b>	<b>613.6</b>	<b>5.4%</b>	<b>5.3%</b>
Diagnostics & Therapies	15.1	1.2%	2.0%
Medicine	123.3	8.4%	10.0%
Specialised Services	65.4	5.6%	6.0%
Surgery	104.9	5.3%	4.3%
Women's & Children's	51.7	2.3%	1.2%
Trust Services	30.3	2.6%	4.5%
Facilities & Estates	92.7	10.4%	8.0%
Weston	130.2	10.8%	10.00%

Bank Usage



Agency	November FTE	November Actual %	KPI
<b>UHBW NHS Foundation Trust</b>	<b>203.3</b>	<b>1.79%</b>	<b>1.78%</b>
Diagnostics & Therapies	0.0	0.0%	1.0%
Medicine	68.1	4.6%	2.2%
Specialised Services	24.2	2.1%	1.0%
Surgery	39.9	2.0%	1.3%
Women's & Children's	19.6	0.9%	0.8%
Trust Services	13.7	1.2%	0.0%
Facilities & Estates	0.0	0.0%	3.9%
Weston	37.9	3.2%	5.2%

Agency Usage



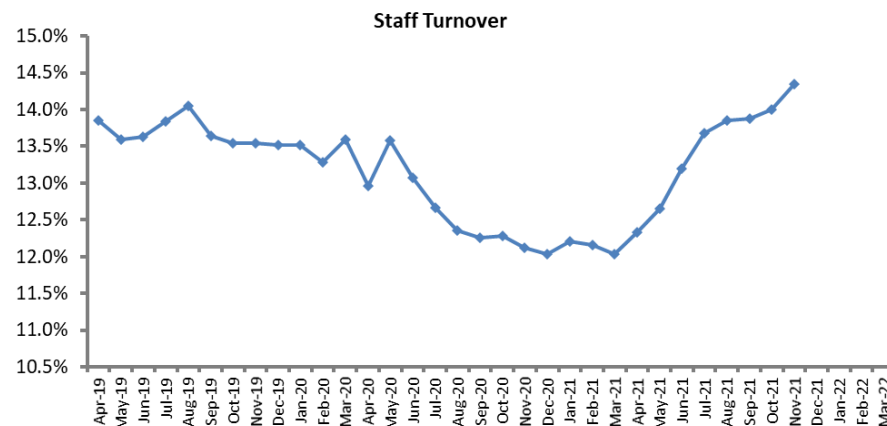
# Workforce – Turnover

November 2021

**N** Not Achieved

<b>Standards:</b>	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 13.1% by the end of 2021/22, based on combining the Divisional targets, including Weston. The red threshold is 10% above monthly trajectory.
<b>Performance:</b>	In November 2021, there had been 1262 leavers over the previous 12 months, with 8800 FTE staff in post on average over that period; giving a turnover of $1262 / 8800 = 14.3\%$ .
<b>Commentary:</b>	<p>Turnover for the 12 month period increased to 14.3% in November 2021 compared with 14.0% (updated figure) for the previous month. Seven divisions saw an increase whilst Specialised Services remained static in turnover in comparison to the previous month. The largest divisional increase was seen within Weston, where turnover increased by 1.4 percentage points to 15.9% compared with 14.5% the previous month.</p> <p>A Trust-wide Retention Group has been established with the aim of improving staff retention across UHBW.</p> <ul style="list-style-type: none"> <li>• The group will review retention data, identify retention hotspots, oversee ongoing work, identify good practice, put in place actions to improve retention and develop a framework for monitoring.</li> <li>• The group has established membership - including key HR representatives, senior operational leads, divisional representation, and staff in specialist retention roles.</li> <li>• Terms of reference have been agreed, and the group has now met twice.</li> <li>• The group will be meeting monthly from this point, reporting into Weston Integration Partnership Board and the People and Education Group (then People Committee).</li> </ul>
<b>Ownership:</b>	Director of People

Turnover	Nov-21	KPI
<b>UHBW NHS Foundation Trust</b>	<b>14.3%</b>	<b>12.7%</b>
Diagnostics & Therapies	16.1%	11.5%
Medicine	19.5%	16.9%
Specialised Services	13.7%	13.5%
Surgery	13.8%	12.9%
Women's & Children's	11.4%	9.8%
Trust Services	11.7%	11.6%
Facilities & Estates	15.3%	13.2%
Weston	15.9%	15.0%





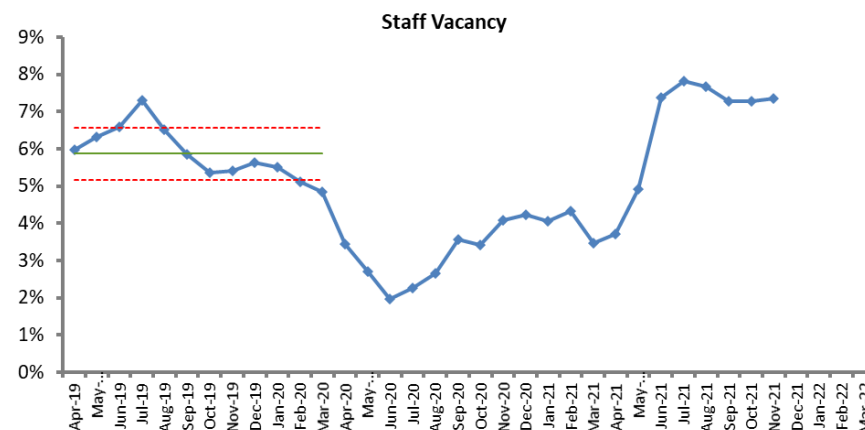
# Workforce – Vacancies

November 2021

**N** Not Achieved

<b>Standards:</b>	Vacancy levels are measured as the difference between the budgeted Full Time Equivalent (FTE) establishment and the actual Full Time Equivalent substantively employed figures, represented as a percentage, The Trust target is the trajectory to achieve 6.2% by the end of 2021/22.
<b>Performance:</b>	In November 2021, funded establishment was 11,484 FTE, with 835 FTE as vacancies (7.4%).
<b>Commentary:</b>	<p>Overall vacancies increased to 7.4% compared to 7.3% in the previous month. The largest divisional increase was seen in Women’s and Children’s, where vacancies increased to 50.3 FTE from -0.2 FTE in the previous month. The largest divisional reduction was seen in Medicine, where vacancies reduced to 89.6 FTE from 143.9 FTE the previous month.</p> <ul style="list-style-type: none"> <li>• An internal recruitment campaign targeting student nurses will run in January promoting the Trust as an employer of choice.</li> <li>• During November, the Trust offered 25 Apprentice Nursing Assistants, 40 Bank Nursing Assistants and 12 Experienced Nursing Assistants. In addition, 14 Bank Nursing Assistants started together with 17 Experienced and 11 Apprentices Nursing Assistants.</li> <li>• A programme of work continues, addressing the increasing vacancy gaps across Estates and Facilities.</li> <li>• A new recruitment campaign for BRHC is now live, showcasing the hospital and various departments to promote the Trust’s open day for Children’s Registered Nurses on the 14th December.</li> <li>• During November, the Trust made an offer to its first Medical Support Worker (B6) looking to commence in post in December.</li> </ul>
<b>Ownership:</b>	Director of People

Vacancy	Nov-21	KPI
<b>UHBW NHS Foundation Trust</b>	<b>7.4%</b>	<b>6.2%</b>
Diagnostics & Therapies	3.7%	5.5%
Medicine	6.6%	6.5%
Specialised Services	8.2%	5.5%
Surgery	8.8%	4.5%
Women's & Children's	2.3%	5.0%
Trust Services	6.0%	4.9%
Facilities & Estates	14.9%	9.1%
Weston	13.6%	11.0%



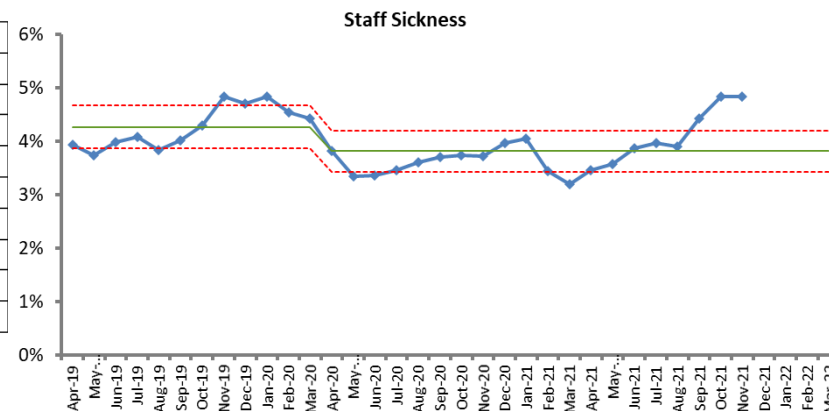
# Workforce – Staff Sickiness

November 2021

**N** Not Achieved

<b>Standards:</b>	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2021/22, including Weston. The red threshold is 0.5 percentage points over the monthly target.
<b>Performance:</b>	In November 2021, total available FTE days were 315,161 of which 15,250 (4.8%) were lost to staff sickness.
<b>Commentary:</b>	<p>Sickness absence remained static at 4.8% compared with 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 were increases within three divisions; the largest divisional increase was seen in Specialised Services, increasing by 0.5 percentage points to 4.9% from 4.4% the previous month. There were reductions within five divisions; the largest divisional reduction was seen in Weston, reducing by 0.5 percentage points to 5.1% from 5.6% the previous month. Medical Suspension continues to be the method used to record short-term Covid absences. During November, 1.4% of available FTE was lost to Medical Suspension compared to 1.6% the previous month: 0.6% Covid Sickness, 0.7% Covid Isolation/Shielding. Long Covid accounts for 0.1% of the sickness absence.</p> <ul style="list-style-type: none"> <li>• Winter wellbeing at UHBW, ‘<i>Prioritising your wellbeing this winter</i>’ campaign launched in November. The campaign supports the ‘Staff First’ element of the six Trust priorities this winter. The offer includes staff gifts, free wellbeing sessions including massage and yoga, as well as online access to events and resources to support wellbeing at work, boost staff morale and promote self-care over the winter to help prevent sickness.</li> <li>• The Health Screening Nurse conducted 46 health checks in November which is double the figure delivered in October.</li> <li>• Funding from the Healthier Together Support Network has been provided to recruit a full time Counsellor. This post will join the APOHS Counsellors with 20 sessions a week being set aside to support health and social care staff working across the BNSSG area. The post has significantly reduced waiting times and enabled the service to increase the number of counselling sessions to six in line with NICE Guidelines.</li> <li>• With BNSSG partners, the Trust is still working on principles for managing Long Covid absence. It is hoped these will be shared for adoption by UHBW, to support staff with this condition.</li> </ul>
<b>Ownership:</b>	Director of People

Sickness	Nov-21	KPI
<b>UHBW NHS Foundation Trust</b>	<b>4.8%</b>	<b>4.1%</b>
Diagnostics & Therapies	3.3%	3.1%
Medicine	5.9%	4.5%
Specialised Services	4.9%	3.3%
Surgery	4.9%	4.0%
Women's & Children's	4.6%	3.9%
Trust Services	4.5%	4.0%
Facilities & Estates	6.1%	6.6%
Weston	5.1%	4.1%



# Workforce – Appraisal Compliance

November 2021

**N** Not Achieved

<b>Standards:</b>	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide, with Weston adopting the 85% target already in place at Bristol.
<b>Performance:</b>	In November 2021, 7,242 members of staff were compliant out of 10,446 (69.3%).
<b>Commentary:</b>	<p>Overall appraisal compliance increased to 69.3% from 66.8% compared to the previous month. All divisions are non-compliant. There were increases in seven divisions, and reductions in the remaining one division. The largest divisional increase was within Facilities and Estates, increasing to 73.0% from 63.5% in the previous month; The largest divisional reduction was seen within Weston where compliance reduced to 69.1% compared with 69.8% in the previous month.</p> <ul style="list-style-type: none"> <li>Local Divisional plans to mitigate the risk of non-compliance remain in place with plans to close the gap by March 2022.</li> <li>Support resources remain available for managers on the intranet HRWeb site.</li> <li>Online and face to face appraisal training is the focus of the interim management development offer.</li> <li>The interim appraisal option has been extended to support ongoing appraisal compliance across the Trust, piloting a ‘conversation’ approach to performance.</li> </ul>
<b>Ownership:</b>	Director of People

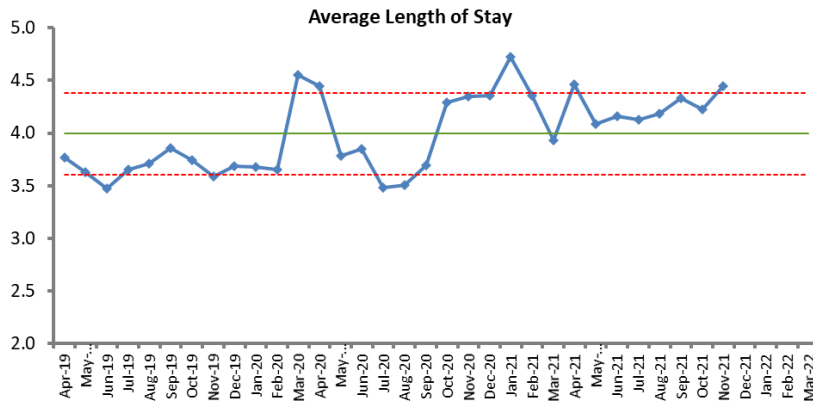
Appraisal (Non-Consultant)	Nov-21	Oct-21	KPI
<b>UHBW NHS Foundation Trust</b>	<b>69.3%</b>	66.8%	<b>85.0%</b>
Diagnostics & Therapies	77.0%	70.5%	85.0%
Medicine	63.0%	59.4%	85.0%
Specialised Services	76.8%	75.0%	85.0%
Surgery	55.0%	54.7%	85.0%
Women's & Children's	72.7%	72.0%	85.0%
Trust Services	72.1%	71.5%	85.0%
Facilities & Estates	73.0%	63.5%	85.0%
Weston	69.1%	69.8%	85.0%

# Average Length of Stay

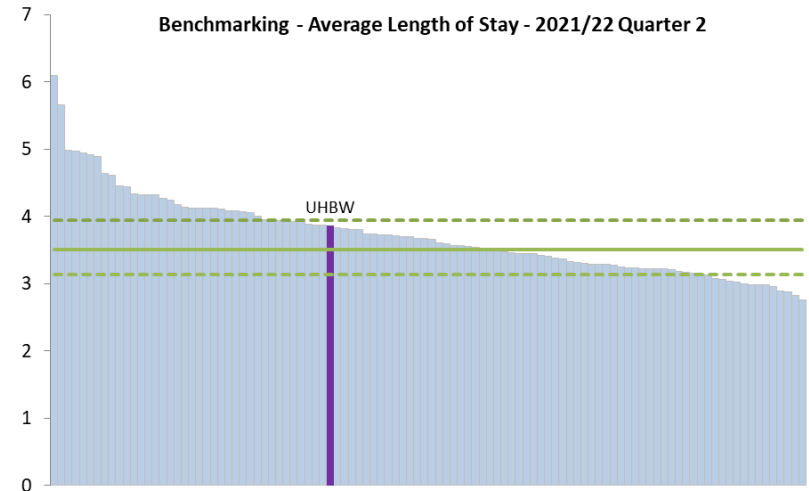
November 2021

N/A No Standard

<b>Standards:</b>	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.
<b>Performance:</b>	In November there were 31,142 discharges at UHBW with an average length of stay of 4.44 days.
<b>Commentary:</b>	Current assumptions around length of stay are being reviewed as part of the pathway reconfigurations resulting from the Covid pandemic.
<b>Ownership:</b>	Chief Operating Officer



	Nov-21
Medicine	5.1
Specialised Services	7.6
Surgery	4.2
Weston	7.5
Women's and Children's	2.4



November 2021

## YTD Income & Expenditure Position

- Net I&E surplus of £2,139k against a plan of break-even (excluding technical items).
- Total operating income is £5,908k favourable to plan due to higher than planned income from patient care activities of £10,777k (high cost drug spend), offset by lower than planned other operating income of £4,869k (relating to grant income).
- Operating expenses are £10,884k adverse to plan, primarily due to high-cost drug expenditure of £13,272k and the shortfall in CIP delivery of £2,876k, offset by lower than planned expenditure of activity-related non-pay of £4,677k.
- Technical and financing items are £6,783k favourable to plan mainly due to the profiling of grant income relating to the Salix decarbonisation scheme.

## Key Financial Issues

- The Trust's current forecast outturn assessment is a net I&E surplus of c£16m.
- The Trust's forecast position includes ERF income of £9,220k pending a system decision regarding the allocation of ERF within the system. The Trust did not earn ERF in November due to ongoing challenges with bed availability.
- Savings delivery of £7,120k or 71% of the plan to date. The savings forecast outturn indicates a shortfall in delivery of £4,538k.
- With capital expenditure to date of £37,213k, delivery of the CDEL of £87,504k in the remaining 4 months of the financial year remains very challenging. The forecast outturn is c£74m before mitigations.

## Strategic Risks

- Although the following items are not expected to have a material impact in this financial year, work has either been completed, or is in hand, or pending to understand and mitigate:
- Agreeing a system approach to future financial targets given UHBW's need to service past borrowing – pending – awaiting details regarding the 2022/23 financial regime;
  - Re-assessing the implications of the financial arrangements relating to the merger and how that may have altered by changes in the national financial regime – pending as above;
  - Understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – in-hand – subject to a system approach and CDEL brokerage discussions with NHSEI.

November 2021

## Trust Year to Date Financial Position

	Month 8			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	83,002	77,056	(5,946)	612,794	623,571	10,777
Other Operating Income	9,700	10,778	1,078	90,113	85,244	(4,869)
<b>Total Operating Income</b>	<b>92,701</b>	<b>87,834</b>	<b>(4,867)</b>	<b>702,907</b>	<b>708,815</b>	<b>5,908</b>
Employee Expenses	(57,104)	(49,962)	7,142	(391,925)	(393,137)	(1,212)
Other Operating Expenses	(33,695)	(32,780)	915	(266,422)	(276,342)	(9,920)
Depreciation (owned & leased)	(1,527)	(2,115)	(588)	(16,970)	(16,722)	248
<b>Total Operating Expenditure</b>	<b>(92,326)</b>	<b>(84,857)</b>	<b>7,469</b>	<b>(675,317)</b>	<b>(686,201)</b>	<b>(10,884)</b>
PDC	(813)	(1,007)	(194)	(8,314)	(8,056)	258
Interest Payable	(147)	(171)	(23)	(1,480)	(1,407)	72
Interest Receivable	0	0	0	0	0	0
Other Gains/(Losses)	0	1	1	0	2	2
<b>Net Surplus/(Deficit) inc technicals</b>	<b>(585)</b>	<b>1,800</b>	<b>2,385</b>	<b>17,797</b>	<b>13,153</b>	<b>(4,644)</b>
Remove Capital Donations, Grants, and Donated Asset Depreciation	585	(694)	(1,279)	(17,797)	(11,014)	6,783
<b>Net Surplus/(Deficit) exc technicals</b>	<b>0</b>	<b>1,106</b>	<b>1,106</b>	<b>0</b>	<b>2,139</b>	<b>2,139</b>

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

## Key Facts:

- The YTD net surplus is £2,139k (£1,033k last month) compared with the planned breakeven position.
- Pay expenditure is £542k higher in November than October due to an increase in substantive pay costs. YTD expenditure is adverse to plan at £1,212k. This shows a reduction from £8,354k in October as the plan now includes the impact of the pay award.
- Agency spend decreased by £76k in month with bank costs continuing the run rate of September and October.
- YTD agency expenditure is £19,423k, 5% of total pay costs.
- Operating income is favourable to plan by £5,908k, a reduction from £10,775k in October. This is due to income relating to the pay award and ERF now included in the plan following the H2 settlement.
- An over-performance on income from patient care activities driven by high cost drugs offset by other operating income, primarily due to lower than planned grant income (£5,323k).
- CIP achievement is 71%. £7,120k has been achieved against a target of £9,996k.
- Additional costs of Covid-19 are £7,288k YTD at the end of November, with a reduction in month to £748k from £890k in October.

# Care Quality Commission Rating - Bristol

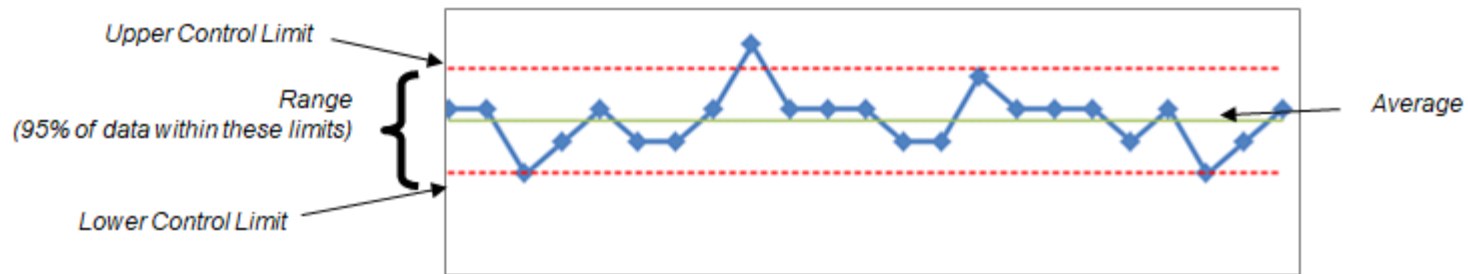
The Care Quality Commission (CQC) published their latest inspection report on 4<sup>th</sup> November 2021. Full details can be found here: <https://www.cqc.org.uk/provider/RA7>

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

## Rating for acute services/acute trust

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

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

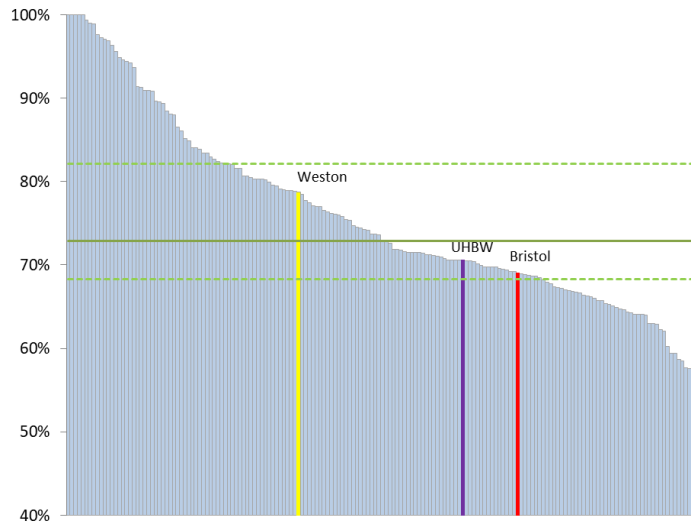


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "control limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

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



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



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

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

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

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

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

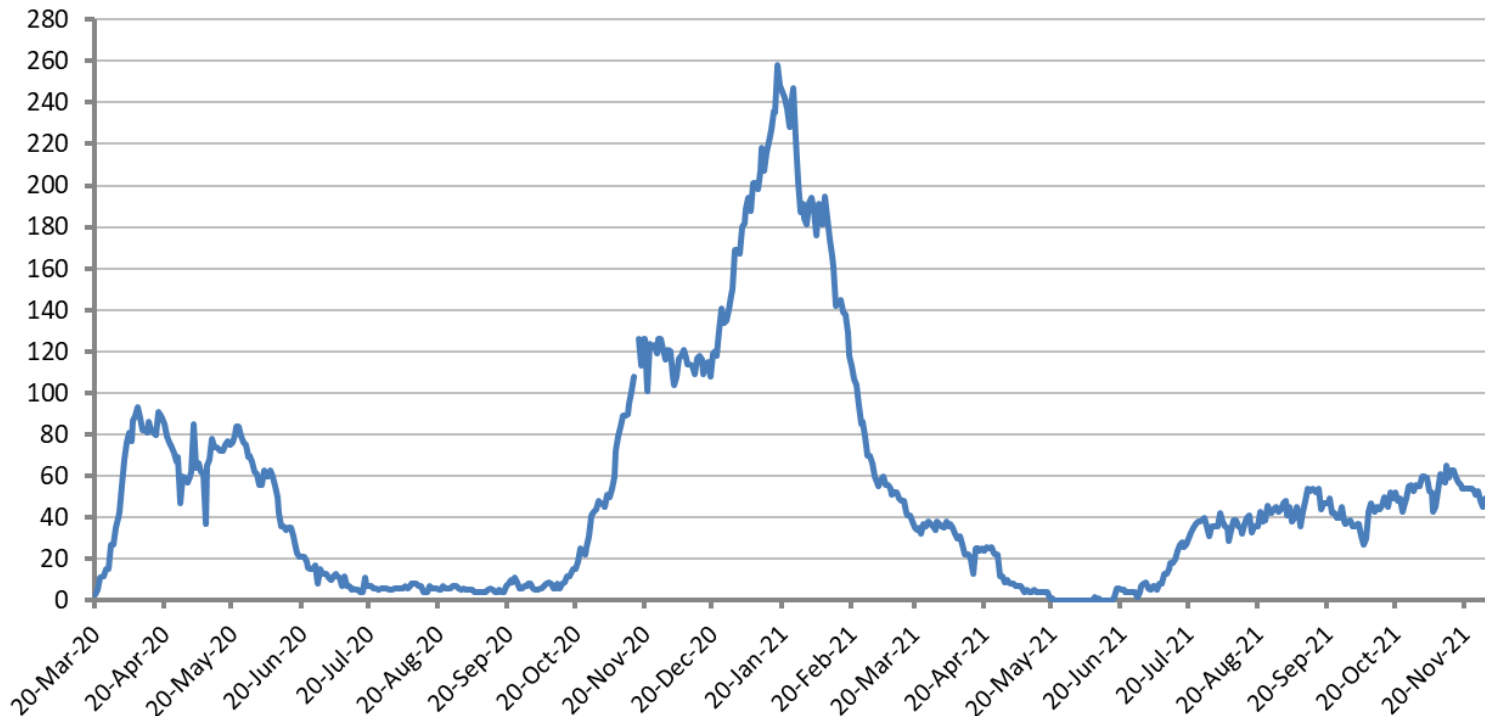
# Appendix – Covid19 Summary

<b>Source:</b>	COVID-19 NHS Situation Report
<b>Publication Date:</b>	Published data, 9 <sup>th</sup> December 2021, from <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/</a>
<b>Ownership:</b>	Chief Operating Officer

## Bed Occupancy

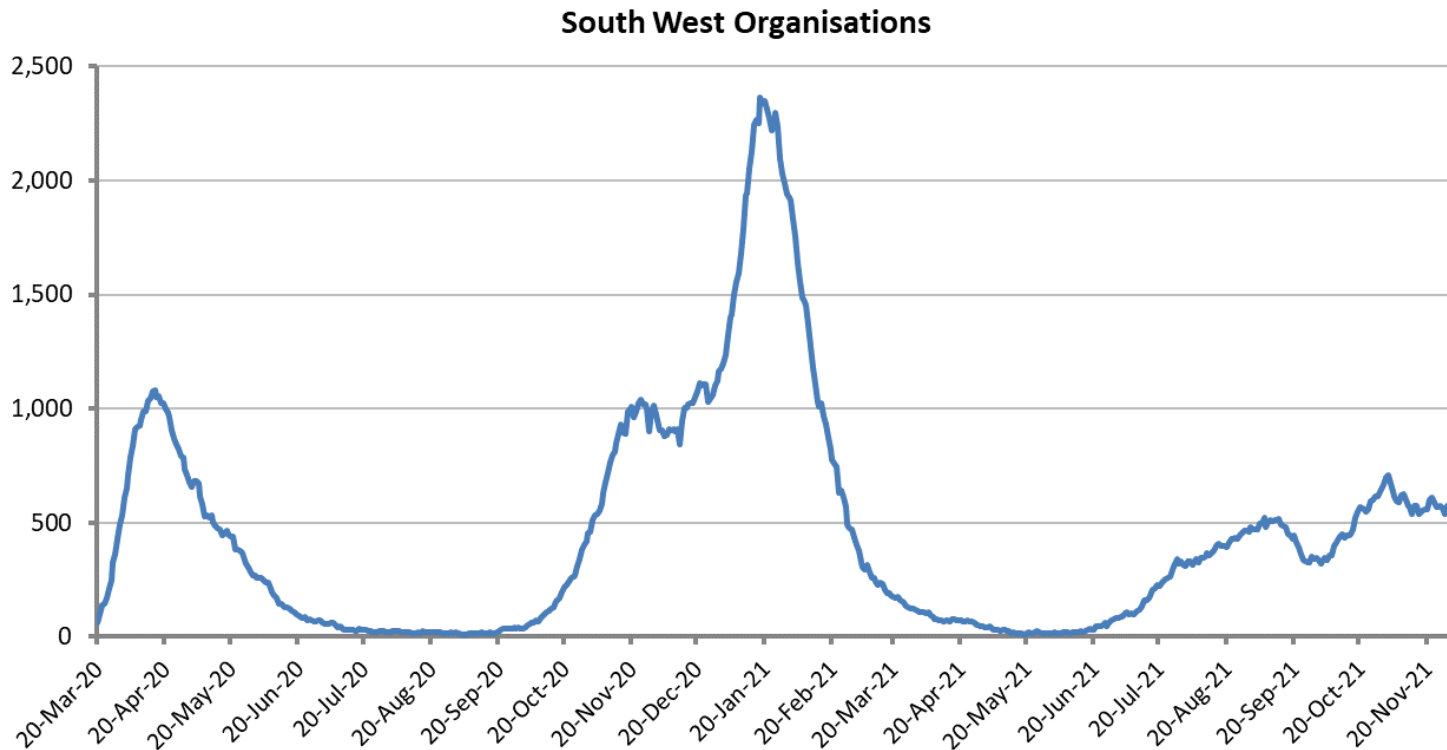
Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 2<sup>nd</sup> December 2021.

### University Hospitals Bristol and Weston



# Appendix – Covid19 Summary

<b>Source:</b>	COVID-19 NHS Situation Report
<b>Publication Date:</b>	Published data, 9 <sup>th</sup> December 2021, from <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/</a>
<b>Ownership:</b>	Chief Operating Officer



# Appendix – Covid19 Summary

<b>Source:</b>	COVID-19 NHS Situation Report
<b>Publication Date:</b>	Retrieved on 19 <sup>th</sup> December 2021 from <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/</a>
<b>Commentary:</b>	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.
<b>Ownership:</b>	Chief Nurse

Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				TOTAL Diagnosed Following Admission
		Community Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare-Associated	Hospital-Onset Definite Healthcare-Associated	
May-20	37					313
Jun-20	16					75
Jul-20	6	5	1	0	1	7
Aug-20	8	9	0	0	1	10
Sep-20	13	17	0	0	0	17
Oct-20	47	107	6	6	5	124
Nov-20	176	157	22	12	23	214
Dec-20	203	94	27	22	35	178
Jan-21	414	159	31	25	19	234
Feb-21	156	88	22	19	22	151
Mar-21	75	17	7	3	10	37
Apr-21	38	7	2	3	12	24
May-21	2	3	0	0	0	3
Jun-21	18	7	1	1	0	9
Jul-21	124	72	5	1	5	83
Aug-21	130	64	13	6	5	88
Sep-21	149	66	10	8	19	103
Oct-21	174	74	7	5	15	101
Nov-21	189	68	8	4	11	91
	<b>1,975</b>					<b>1,862</b>

- 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 – Immunisation Summary

<b>Source:</b>	“ImmForm”. This is a platform used by the Department of Health and Social Care, UK Health Security Agency and the NHS to collect data on vaccine uptake for immunisation programmes. Every month the Trust submits cumulative Flu and COVID-19 vaccination uptake data against an ImmForm frontline definition.
<b>Timeframe:</b>	Cumulative data to 30 <sup>th</sup> November 2021. Programme started in mid September 2021.
<b>Commentary:</b>	<p>Please note this uptake data only covers those staff who have had their vaccination at one of UHBW’s Hospital Hubs and who have consented to have their uptake information recorded. The 1<sup>st</sup> and 2<sup>nd</sup> COVID-19 dose mandate is likely to result in the Trust having greater oversight of staff vaccination records – including where staff have had their vaccinations outside the trust – and the Trust anticipates this will result in an increased overall uptake percentage in due course.</p> <p>The Trust Vaccination service is continuing to stand up satellite clinics to target those identified areas and Teams with low levels of vaccination uptake. We are also continuing to promote vaccinations via our Trust communication channels and through targeted educational sessions.</p>
<b>Ownership:</b>	Chief Nurse/Director of People

	No. of HCW involved with direct patient care	No. of HCW vaccinated with Flu	Flu % uptake	No. of HCW vaccinated with dose 1 COVID-19 vaccine	Dose 1 COVID-19 vaccination uptake	No. of HCW vaccinated with dose 2 COVID-19 vaccine	Dose 2 COVID-19 vaccination uptake	No. of HCW vaccinated with dose 3 (booster) COVID-19 vaccine	Booster COVID-19 vaccination uptake
Doctors	1,887	1,469	78%	1,667	88%	1,667	88%	1,667	88%
Qualified Nurses, midwives and health visitors	3,583	2,361	66%	2,294	64%	2,248	63%	2,248	63%
All other professionally qualified clinical staff	1,614	1,300	81%	1,356	84%	1,356	84%	1,356	84%
Support to clinical staff	4,584	1,382	30%	2,394	52%	2,354	51%	1,329	29%
<b>Total Number of HCWs involved with Direct Patient Care</b>	<b>11,668</b>	<b>6,512</b>	<b>56%</b>	<b>7,711</b>	<b>66%</b>	<b>7,625</b>	<b>65%</b>	<b>6,600</b>	<b>57%</b>

HCW = Health Care Workers

# Appendix – Immunisation Summary

The divisional totals for Covid19 Booster and Flu Vaccination uptake are shown below.  
Note that this covers all staff, so is a larger data set than submitted on the national ImmForm system (see last page).  
This data does not include all staff who have received a vaccination off site.

	Total Staff	Covid19 Booster		Flu Vaccination	
		Number	Percentage	Number	Percentage
Diagnostics & Therapies	1,386	898	65%	891	64%
Estates & Facilities	1,089	419	38%	293	27%
Medicine	1,381	1,237	90%	1,132	82%
Specialised Services	1,160	908	78%	907	78%
Surgery	2,069	1,345	65%	1,118	54%
Trust Services	2,573	725	28%	652	25%
Weston	1,237	855	69%	858	69%
Women's & Children's	2480	1463	59%	1649	66%
Other				20	
<b>TOTAL</b>	<b>13,375</b>	<b>7,850</b>	<b>59%</b>	<b>7,520</b>	<b>56%</b>

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN



ID	Measure	20/21	21/22 YTD	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
<b>Infection Control</b>																			
DA01	MRSA Hospital Onset Cases	4	1	0	1	0	0	0	0	0	1	0	0	0	0	1	0	1	0
DA02	MSSA Hospital Onset Cases	45	29	6	5	9	2	4	5	4	0	4	3	4	5	16	13	7	9
DA03	CDiff Hospital Onset Cases	67	60	6	5	2	5	8	11	14	7	4	6	7	3	12	33	17	10
DA03A	CDiff Healthcare Associated Cases	81	69	6	6	2	7	9	13	16	9	4	7	8	3	15	38	20	11
DA06	EColi Hospital Onset Cases	81	52	4	9	6	14	5	5	5	5	8	8	8	8	29	15	21	16
<b>Patient Falls</b>																			
AB01	Falls Per 1,000 Beddays	5.14	4.57	5.9	4.38	5.72	4.94	4.7	4.02	4.38	4.58	4.68	4.84	4.78	4.56	5	4.36	4.7	4.67
	<i>Numerator (Falls)</i>	1698	1135	171	124	154	152	139	126	134	144	147	147	154	144	430	399	438	298
	<i>Denominator (Beddays)</i>	330286	248547	28979	28301	26905	30746	29584	31351	30587	31475	31380	30364	32246	31560	85952	91522	93219	63806
AB06A	Total Number of Patient Falls Resulting in Harm	23	21	1	3	3	2	5	1	2	4	4	2	1	2	8	8	10	3
<b>Pressure Injuries</b>																			
DE01	Pressure Injuries Per 1,000 Beddays	0.279	0.145	0.138	0.318	0.26	0.228	0.135	0.064	0.131	0.127	0.223	0.132	0.186	0.157	0.268	0.109	0.161	0.171
	<i>Numerator (Pressure Injuries)</i>	92	36	4	9	7	7	4	2	4	4	7	4	6	5	23	10	15	11
	<i>Denominator (Beddays)</i>	330286	248907	28979	28301	26905	30746	29584	31351	30587	31475	31380	30364	32246	31920	85952	91522	93219	64166
DE02	Pressure Injuries - Grade 2	87	29	4	8	7	7	4	1	3	4	5	3	5	4	22	8	12	9
DE03	Pressure Injuries - Grade 3	5	6	0	1	0	0	0	1	1	0	2	1	0	1	1	2	3	1
DE04	Pressure Injuries - Grade 4	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
<b>Serious Incidents</b>																			
S02	Number of Serious Incidents Reported	109	63	5	11	8	10	7	9	9	12	4	9	6	7	29	25	25	13
S01	Total Never Events	6	3	0	0	0	0	1	0	0	1	0	1	0	0	0	1	2	0
<b>Medication Errors</b>																			
WA01	Medication Incidents Resulting in Harm	0.25%	0.32%	0.83%	0%	0%	0.37%	0%	0.33%	0%	0%	0.35%	0.7%	0.78%	-	0.13%	0.11%	0.33%	0.78%
	<i>Numerator (Incidents Resulting In Harm)</i>	8	7	2	0	0	1	0	1	0	0	1	2	3	0	1	1	3	3
	<i>Denominator (Total Incidents)</i>	3213	2163	241	257	229	268	293	301	286	329	287	285	382	0	754	880	901	382
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medications	0.46%	0.31%	0.36%	1.43%	0.19%	0.35%	0%	0%	0.6%	0%	0.38%	1.1%	0.44%	0.3%	0.46%	0.22%	0.41%	0.36%
	<i>Numerator (Number of Incidents)</i>	26	9	1	3	1	2	0	0	3	0	1	3	1	1	6	3	4	2
	<i>Denominator (Total Audited)</i>	5638	2928	281	210	521	576	439	447	501	440	265	273	225	338	1307	1387	978	563

Omitted Doses is Bristol only

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN



ID	Measure	20/21	21/22 YTD	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
<b>VTE Risk Assessment</b>																			
N01	<b>Adult Inpatients who Received a VTE Risk Assessment</b>	<b>85.4%</b>	<b>83.4%</b>	<b>85.5%</b>	<b>84.6%</b>	<b>84.1%</b>	<b>84%</b>	<b>82.7%</b>	<b>82.3%</b>	<b>82.5%</b>	<b>82.1%</b>	<b>83.9%</b>	<b>85.7%</b>	<b>83.7%</b>	<b>84.3%</b>	<b>84.2%</b>	<b>82.5%</b>	<b>83.9%</b>	<b>84%</b>
	Numerator (Number Risk Assessed)	77063	57523	6925	6250	6207	7332	7012	7137	7251	7201	7091	7417	7016	7398	19789	21400	21709	14414
	Denominator (Total Patients)	90252	68968	8095	7386	7377	8732	8477	8671	8794	8769	8449	8654	8380	8774	23495	25942	25872	17154
<i>VTE Data is Bristol only</i>																			
<b>Nurse Staffing Levels ("Fill Rate")</b>																			
RP01	<b>Staffing Fill Rate - Combined</b>	<b>95.8%</b>	<b>94.4%</b>	<b>91.7%</b>	<b>90.7%</b>	<b>92.9%</b>	<b>91.5%</b>	<b>97.2%</b>	<b>101.5%</b>	<b>96.9%</b>	<b>93.6%</b>	<b>95.6%</b>	<b>89%</b>	<b>89.9%</b>	<b>92.2%</b>	<b>91.7%</b>	<b>98.5%</b>	<b>92.7%</b>	<b>91.1%</b>
	Numerator (Hours Worked)	3472575	2261413	294407	288541	266423	292106	283241	300816	284844	285636	288962	263605	276499	277810	847070	868901	838203	554309
	Denominator (Hours Planned)	3623484	2394572	321059	318057	286794	319187	291290	296455	294105	305258	302404	296280	307464	301316	924037	881850	903942	608780
RP02	<b>Staffing Fill Rate - RN Shifts</b>	<b>92.7%</b>	<b>89.9%</b>	<b>89.4%</b>	<b>88.6%</b>	<b>89.9%</b>	<b>87.5%</b>	<b>92.4%</b>	<b>97.7%</b>	<b>92.7%</b>	<b>87.9%</b>	<b>88.7%</b>	<b>84.4%</b>	<b>86.7%</b>	<b>89.1%</b>	<b>88.6%</b>	<b>94.3%</b>	<b>87%</b>	<b>87.9%</b>
	Numerator (Hours Worked)	2310640	1488165	199025	194810	176959	192919	186768	199598	187080	184059	184918	174331	185524	185886	564687	573446	543308	371410
	Denominator (Hours Planned)	2492525	1655421	222595	219755	196821	220486	202050	204360	201866	209391	208549	206611	213872	208721	637062	608276	624552	422594
RP03	<b>Staffing Fill Rate - NA Shifts</b>	<b>102.7%</b>	<b>104.6%</b>	<b>96.9%</b>	<b>95.3%</b>	<b>99.4%</b>	<b>100.5%</b>	<b>108.1%</b>	<b>109.9%</b>	<b>106%</b>	<b>106%</b>	<b>110.9%</b>	<b>99.6%</b>	<b>97.2%</b>	<b>99.3%</b>	<b>98.4%</b>	<b>108%</b>	<b>105.5%</b>	<b>98.2%</b>
	Numerator (Hours Worked)	1161934	773248	95381.5	93731.3	89463.7	99187.8	96472.6	101218	97763.7	101576	104044	89274.3	90974.6	91924.3	282383	295454	294895	182899
	Denominator (Hours Planned)	1130958	739151	98464.4	98302.4	89972.7	98700.3	89240.1	92095	92238.5	95866.7	93855.2	89669	93591.6	92595	286975	273574	279391	186187



# Appendix – Trust Scorecards



		c														University Hospitals Bristol and Weston NHS Foundation Trust			
ID	Measure	20/21	21/22 YTD	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
<b>Patient Surveys (Bristol)</b>																			
P01D	Patient Survey (Bristol) - Patient Experience Tracker Score			90	91	92	90	89	91	89	88	88	89	87	87	91	90	88	87
P01G	Patient Survey (Bristol) - Kindness and Understanding			96	97	96	95	93	97	95	95	94	95	94	94	96	95	94	94
P01H	Patient Survey (Bristol) - Outpatient Tracker Score			93	94	94	95	95	93	96	92	90	94	93	-	94	95	92	93
<b>Patient Surveys (Weston)</b>																			
P02D	Patient Survey (Weston) - Patient Experience Tracker Score							84	85	84	82	81	83	84	82		84	82	84
P02G	Patient Survey (Weston) - Kindness and Understanding							92	92	95	90	92	92	91	92		93	91	92
P02H	Patient Survey (Weston) - Outpatient Tracker Score							90	94	85	90	92	88	95	-		89	90	95
<b>Patient Complaints (Number Received)</b>																			
T01	Number of Patient Complaints	1665	1371	115	136	145	145	124	176	160	158	174	193	193	193	426	460	525	386
T01C	Patient Complaints - Formal	546	331	24	49	32	43	49	46	51	50	45	24	27	39	124	146	119	66
T01D	Patient Complaints - Informal	1119	1040	91	87	113	102	75	130	109	108	129	169	166	154	302	314	406	320
<b>Patient Complaints (Response Time)</b>																			
T03A	Formal Complaints Responded To Within Trust Timeframe	71.5%	64.6%	65.8%	66.7%	72.7%	80.9%	85.5%	58.3%	65.9%	85.6%	60%	57.5%	63%	41.4%	72.5%	68.4%	68.2%	50.8%
	<i>Numerator (Responses Within Timeframe)</i>	442	384	48	46	32	38	47	42	58	77	51	46	34	29	116	147	174	63
	<i>Denominator (Total Responses)</i>	618	594	73	69	44	47	55	72	88	90	85	80	54	70	160	215	255	124
T03B	Formal Complaints Responded To Within Divisional Timeframe	76.7%	73.1%	67.1%	63.8%	77.3%	87.2%	92.7%	62.5%	72.7%	76.7%	70.6%	72.5%	72.2%	68.6%	74.4%	74.4%	73.3%	70.2%
	<i>Numerator (Responses Within Timeframe)</i>	474	434	49	44	34	41	51	45	64	69	60	58	39	48	119	160	187	87
	<i>Denominator (Total Responses)</i>	618	594	73	69	44	47	55	72	88	90	85	80	54	70	160	215	255	124
T05A	Informal Complaints Responded To Within Trust Timeframe	93%	89.7%	93.2%	97.6%	94.6%	88.7%	91.2%	94.4%	87.8%	92.9%	86.7%	86%	87.9%	89.9%	92.9%	91.5%	88.4%	89.1%
	<i>Numerator (Responses Within Timeframe)</i>	686	437	55	40	35	55	52	67	43	52	52	49	51	71	130	162	153	122
	<i>Denominator (Total Responses)</i>	738	487	59	41	37	62	57	71	49	56	60	57	58	79	140	177	173	137
<b>Patient Complaints (Dissatisfied)</b>																			
T04C	Percentage of Responses where Complainant is Dissatisfied	7.12%	9.57%	5.48%	2.9%	13.64%	2.13%	9.09%	9.72%	10.23%	7.78%	10.59%	10%	-	-	5.63%	9.77%	9.41%	-
	<i>Numerator (Number Dissatisfied)</i>	44	45	4	2	6	1	5	7	9	7	9	8	0	0	9	21	24	0
	<i>Denominator (Total Responses)</i>	618	470	73	69	44	47	55	72	88	90	85	80	0	0	160	215	255	0

# Appendix – Trust Scorecards



c																University Hospitals Bristol and Weston NHS Foundation Trust			
ID	Measure	20/21	21/22 YTD	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
<b>Friends and Family Test (Inpatients and Day Cases)</b>																			
P03A	Friends and Family Test Admitted Patient Coverage <i>Numerator (Total FFT Responses)</i> <i>Denominator (Total Eligible to Respond)</i>	17% 3442 20211	28.2% 13300 47159	11.6% 620 5330	15.4% 662 4295	19.1% 913 4790	21.5% 1247 5796	20.8% 1222 5863	32.2% 1930 5994	31% 1960 6332	31.2% 1870 5989	28.3% 1635 5782	30.9% 1787 5781	24.1% 1373 5701	26.6% 1523 5717	19% 2822 14881	28.1% 5112 18189	30.1% 5292 17552	25.4% 2896 11418
P04A	Friends and Family Test Score - Inpatients/Day Cases <i>Numerator (Total "Positive" Responses)</i> <i>Denominator (Total Responses)</i>	98.4% 3346 3400	97.2% 12853 13227	97.4% 592 608	99.1% 648 654	99.1% 895 903	98.1% 1211 1235	97.7% 1182 1210	97.7% 1882 1926	97.9% 1917 1959	97.2% 1801 1852	97.4% 1592 1634	96% 1691 1762	97.3% 1325 1362	96.1% 1463 1522	98.6% 2754 2792	97.8% 4981 5095	96.9% 5084 5248	96.7% 2788 2884
<b>Friends and Family Test (Emergency Department)</b>																			
P03B	Friends and Family Test ED Coverage <i>Numerator (Total FFT Responses)</i> <i>Denominator (Total Eligible to Respond)</i>	7.4% 1971 26539	8.2% 7744 94271	8.5% 572 6760	6.6% 407 6126	6.6% 401 6034	7.8% 591 7619	6.2% 537 8598	6.5% 774 11898	8.7% 1086 12542	6.3% 782 12385	9.9% 1139 11557	6.8% 848 12502	10.4% 1335 12799	10.4% 1243 11990	7.1% 1399 19779	7.3% 2397 33038	7.6% 2769 36444	10.4% 2578 24789
P04B	Friends and Family Test Score - ED <i>Numerator (Total "Positive" Responses)</i> <i>Denominator (Total Responses)</i>	92.4% 1811 1959	83.3% 6419 7706	91.9% 524 570	93.5% 375 401	92% 367 399	92.5% 545 589	88% 471 535	85.6% 660 771	83.7% 904 1080	78.7% 613 779	85.6% 971 1134	84.5% 714 845	80.5% 1071 1331	82.5% 1015 1231	92.7% 1287 1389	85.3% 2035 2386	83.3% 2298 2758	81.4% 2086 2562
<b>Friends and Family Test (Maternity)</b>																			
P03C	Friends and Family Test MAT Coverage <i>Numerator (Total FFT Responses)</i> <i>Denominator (Total Eligible to Respond)</i>	15.8% 240 1523	10.3% 344 3352	5% 18 362	16.3% 62 381	31% 119 384	10.4% 41 396	7.4% 29 392	16.7% 69 413	20.8% 83 400	0% 0 454	12.8% 54 421	7.2% 30 419	0% 0 432	18.8% 79 421	19.1% 222 1161	15% 181 1205	6.5% 84 1294	9.3% 79 853
P04C	Friends and Family Test Score - Maternity <i>Numerator (Total "Positive" Responses)</i> <i>Denominator (Total Responses)</i>	99% 381 385	98.4% 972 988	94.4% 17 18	97.4% 74 76	99.5% 205 206	100% 85 85	96.7% 59 61	96.4% 133 138	99.1% 215 217	95% 38 40	99.3% 145 146	99.1% 107 108	80% 4 5	99.3% 271 273	99.2% 364 367	97.8% 407 416	98.6% 290 294	98.9% 275 278
<b>Friends and Family Test (Outpatients)</b>																			
P04D	Friends and Family Test Score - Outpatients <i>Numerator (Total FFT Responses)</i> <i>Denominator (Total Eligible to Respond)</i>	95.7% 8482 8861	94.7% 20957 22119	95.1% 2233 2349	96.4% 1701 1765	96% 2151 2240	95.6% 2397 2507	94.8% 2330 2458	95% 2549 2682	94.7% 2310 2440	95.2% 1958 2057	94.8% 2523 2660	94.4% 3330 3529	93.9% 3022 3220	95.5% 2935 3073	96% 6249 6512	94.8% 7189 7580	94.7% 7811 8246	94.7% 5957 6293

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	20/21	21/22 YTD	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
<b>Emergency Department Performance</b>																			
B01	ED Total Time in Department - Under 4 Hours	80.09%	67.88%	74.35%	69.72%	72.56%	76.27%	74.93%	74.2%	70.09%	66.93%	65.91%	65.47%	62.38%	63.9%	73.14%	72.98%	66.11%	63.12%
	<i>Numerator (Number Seen In Under 4 Hours)</i>	112177	88588	8865	7413	7570	10364	11032	12260	11825	11202	10481	10903	10630	10255	25347	35117	32586	20885
	<i>Denominator (Total Attendances)</i>	140061	130500	11924	10633	10433	13588	14723	16523	16871	16738	15901	16654	17041	16049	34654	48117	49293	33090
B06	ED 12 Hour Trolley Waits	1440	2513	247	468	195	102	71	28	146	255	257	456	594	706	765	245	968	1300
<b>Emergency Department Clinical Indicators</b>																			
B02	ED Time to Initial Assessment - Under 15 Minutes	85.5%	85.5%	88.5%	87.2%	89.1%	89.4%	88.9%	88.5%	88.2%	89.5%	84%	80.9%	81.2%	80.2%	88.6%	88.5%	85%	80.7%
	<i>Numerator (Number Assessed Within 15 Minutes)</i>	46663	25574	3360	3256	3005	3471	3476	3920	3599	3407	3164	2718	2646	2644	9732	10995	9289	5290
	<i>Denominator (Total Attendances Needing Assessment)</i>	54582	29908	3797	3732	3373	3884	3908	4427	4082	3808	3768	3358	3260	3297	10989	12417	10934	6557
B03	ED Time to Start of Treatment - Under 60 Minutes	67.9%	47.8%	66%	69%	67.5%	64.9%	58.3%	53%	46.9%	44.4%	46.8%	46%	42.6%	45.3%	67%	52.5%	45.7%	43.9%
	<i>Numerator (Number Treated Within 60 Minutes)</i>	90834	58862	7731	7158	6813	8507	8289	8389	7474	6928	7029	7135	6696	6922	22478	24152	21092	13618
	<i>Denominator (Total Attendances)</i>	133798	123107	11713	10368	10088	13117	14208	15824	15936	15599	15005	15518	15733	15284	33573	45968	46122	31017
B04	ED Unplanned Re-attendance Rate	3.7%	2.9%	3.2%	3.2%	2.8%	2.9%	2.7%	3.2%	3.1%	3%	2.7%	2.6%	3.1%	2.9%	3%	3%	2.8%	3%
	<i>Numerator (Number Re-attending)</i>	5113	3815	377	342	292	399	398	527	520	494	435	441	528	472	1033	1445	1370	1000
	<i>Denominator (Total Attendances)</i>	139952	130500	11924	10633	10433	13588	14723	16523	16871	16738	15901	16654	17041	16049	34654	48117	49293	33090
B05	ED Left Without Being Seen Rate	1.2%	2.9%	1.4%	1.3%	1.2%	1.4%	1.6%	1.8%	2.8%	3.1%	3%	3.6%	4.3%	3%	1.3%	2.1%	3.3%	3.7%
	<i>Numerator (Number Left Without Being Seen)</i>	1692	3836	169	143	126	194	240	295	480	526	484	597	727	487	463	1015	1607	1214
	<i>Denominator (Total Attendances)</i>	140061	130500	11924	10633	10433	13588	14723	16523	16871	16738	15901	16654	17041	16049	34654	48117	49293	33090
<b>Referral To Treatment Ongoing</b>																			
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	62.6%	62.3%	62.5%	61.7%	60.1%	62.8%	63.6%	63.1%	63%	61.8%	60.2%	60.3%	-	-	-	-
	<i>Numerator (Number Under 18 Weeks)</i>	0	0	26416	26493	27685	28719	29402	31263	32579	33280	33914	33165	32353	32131	0	0	0	0
	<i>Denominator (Total Pathways)</i>	0	0	42222	42523	44314	46532	48902	49791	51198	52718	53855	53697	53743	53328	0	0	0	0
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	-	-	2891	3790	4807	5409	4598	3618	3114	2893	2925	3110	3248	3318	-	-	-	-
A06A	Referral To Treatment Ongoing Pathways Over 78 Weeks	-	-	179	240	316	515	687	802	802	960	1217	1272	1105	952	-	-	-	-
A06B	Referral To Treatment Ongoing Pathways Over 104 Weeks	-	-	8	11	19	27	36	48	73	90	120	173	187	235	-	-	-	-
<b>Referral To Treatment Activity</b>																			
A01A	Referral To Treatment Number of Admitted Clock Stops	27415	20985	2817	2022	1966	2478	2526	2671	2930	2746	2504	2583	2394	2631	6466	8127	7833	5025
A02A	Referral To Treatment Number of Non Admitted Clock Stops	87999	78493	9730	8935	8583	10237	9802	10149	11045	9996	8069	9331	9565	10536	27755	30996	27396	20101
A09	Referral To Treatment Number of Clock Starts	116601	98273	10996	10307	11039	12979	12308	12419	13667	12501	11535	11737	12029	12077	34325	38394	35773	24106

# Appendix – Trust Scorecards

## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN

ID	Measure	20/21	21/22 YTD	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
<b>Diagnostic Waits</b>																			
A05	Diagnostics Under 6 Week Wait (15 Key Tests)	-	-	56.28%	53.65%	58.86%	65.15%	62.3%	65.34%	63.93%	64.61%	63.08%	64.47%	63.27%	65.4%	-	-	-	-
	Numerator (Number Under 6 Weeks)	0	0	8563	7544	8388	9413	8738	9301	9197	9123	8617	9057	8937	9357	0	0	0	0
	Denominator (Total Waiting)	0	0	15215	14062	14252	14448	14025	14234	14387	14119	13661	14049	14125	14307	0	0	0	0
A05J	Diagnostics 13+ Week Wait (15 Key Tests)	-	-	24.79%	24.38%	24.12%	20.88%	20.76%	19.9%	19.59%	19.45%	20.32%	20.86%	22.43%	20.61%	-	-	-	-
	Numerator (Number Over 13 Weeks)	0	0	3772	3428	3437	3016	2911	2833	2819	2746	2776	2930	3169	2949	0	0	0	0
	Denominator (Total Waiting)	0	0	15215	14062	14252	14448	14025	14234	14387	14119	13661	14049	14125	14307	0	0	0	0
<b>Cancer 2 Week Wait</b>																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks	81.9%	87.8%	90.2%	86.2%	96.2%	95.1%	91.9%	93%	86.8%	87.7%	87.1%	82.3%	86.4%	-	92.8%	90.4%	85.7%	-
	Numerator (Number Seen Within 2 Weeks)	14845	11203	1379	1238	1401	1820	1632	1631	1755	1634	1490	1500	1561	0	4459	5018	4624	0
	Denominator (Total Seen)	18125	12755	1528	1437	1456	1913	1776	1753	2022	1864	1711	1822	1807	0	4806	5551	5397	0
<b>Cancer 31 Day</b>																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.1%	95.2%	95.5%	94%	92.2%	94%	89.9%	96.1%	96.2%	97.2%	96.1%	97.7%	93%	-	93.4%	94.2%	97%	-
	Numerator (Number Treated Within 31 Days)	2971	2037	298	249	259	328	258	274	330	311	269	301	294	0	836	862	881	0
	Denominator (Total Treated)	3125	2139	312	265	281	349	287	285	343	320	280	308	316	0	895	915	908	0
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	99.4%	99.5%	99.3%	99.2%	100%	100%	97.4%	100%	100%	99.4%	99.3%	100%	100%	-	99.8%	99.3%	99.6%	-
	Numerator (Number Treated Within 31 Days)	1516	1032	151	124	137	158	112	155	157	157	145	151	155	0	419	424	453	0
	Denominator (Total Treated)	1525	1037	152	125	137	158	115	155	157	158	146	151	155	0	420	427	455	0
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	84.1%	88.4%	80%	89.2%	64.6%	81.1%	78%	94%	91.2%	92.7%	88.1%	86%	88%	-	77.5%	87.9%	88.9%	-
	Numerator (Number Treated Within 31 Days)	492	334	36	33	31	43	39	47	52	51	52	49	44	0	107	138	152	0
	Denominator (Total Treated)	585	378	45	37	48	53	50	50	57	55	59	57	50	0	138	157	171	0
<b>Cancer 62 Day</b>																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	78.7%	77.2%	78.3%	77.8%	72.8%	75.4%	77.8%	84%	80.5%	76.2%	76.7%	69.7%	75.8%	-	75.4%	80.9%	74%	-
	Numerator (Number Treated Within 62 Days)	1136.5	791	122.5	94.5	79	124	100	121	128	121.5	92	109.5	119	0	297.5	349	323	0
	Denominator (Total Treated)	1443.5	1025	156.5	121.5	108.5	164.5	128.5	144	159	159.5	120	157	157	0	394.5	431.5	436.5	0
E03B	Cancer 62 Day Referral To Treatment (Screenings)	57.1%	54%	27.3%	71.4%	28.6%	77.8%	52.9%	42.9%	57.9%	86.7%	41.7%	33.3%	66.7%	-	59%	52%	52.9%	-
	Numerator (Number Treated Within 62 Days)	22	30.5	1.5	2.5	2	7	4.5	3	5.5	6.5	5	2	4	0	11.5	13	13.5	0
	Denominator (Total Treated)	38.5	56.5	5.5	3.5	7	9	8.5	7	9.5	7.5	12	6	6	0	19.5	25	25.5	0
E03C	Cancer 62 Day Referral To Treatment (Upgrades)	86.8%	88.2%	87.5%	80.7%	84.4%	76.7%	85.7%	91%	85.4%	89.7%	93.1%	85.2%	87.7%	-	80.2%	87.2%	89.4%	-
	Numerator (Number Treated Within 62 Days)	583.5	372.5	56	46	62	74	48	50.5	64.5	56.5	54	49	50	0	182	163	159.5	0
	Denominator (Total Treated)	672.5	422.5	64	57	73.5	96.5	56	55.5	75.5	63	58	57.5	57	0	227	187	178.5	0

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	20/21	21/22 YTD	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
<b>Last Minute Cancelled Operations</b>																			
F01	Last Minute Cancelled Operations - Percentage of Admissions <i>Numerator (Number of LMCs)</i> <i>Denominator (Total Elective Admissions)</i>	1.15%	1.59%	1.54%	1.13%	1.48%	1.16%	0.72%	1.19%	1.76%	0.66%	1.57%	3.34%	1.77%	1.58%	1.25%	1.24%	1.87%	1.67%
		637	763	84	53	74	70	42	72	112	40	93	209	99	96	197	226	342	195
		55572	48148	5463	4672	5000	6039	5803	6034	6376	6071	5921	6253	5605	6085	15711	18213	18245	11690
F02	Cancelled Operations Re-admitted Within 28 Days <i>Numerator (Number Readmitted Within 28 Days)</i> <i>Denominator (Total LMCs)</i>	83.4%	74.7%	88.5%	83.1%	67.3%	81.5%	100%	97.5%	82.6%	19.4%	71%	75.3%	87.1%	83.5%	78.4%	92.3%	47.3%	85.8%
		542	496	54	64	35	53	60	39	57	21	22	61	155	81	152	156	104	236
		650	664	61	77	52	65	60	40	69	108	31	81	178	97	194	169	220	275
<b>Green To Go/Fit For Discharge (BRISTOL ONLY)</b>																			
AQ06A	Medically Fit For Discharge - Number of Patients (Acute)	-	-	125	107	103	168	172	142	166	155	162	169	145	185	-	-	-	-
AQ06B	Medically Fit For Discharge - Number of Patients (Non Acute)	-	-	11	12	11	10	0	0	0	0	0	0	0	0	-	-	-	-
AQ07A	Medically Fit For Discharge - Beddays (Acute)	-	-	3356	3572	3218	4540	5038	4384	4398	4687	5093	4886	5043	4994	-	-	-	-
AQ07B	Medically Fit For Discharge - Beddays (Non-Acute)	-	-	458	340	445	398	0	0	0	0	0	0	0	0	-	-	-	-
<b>Outpatient Measures</b>																			
R03	Outpatient Hospital Cancellation Rate <i>Numerator (Number of Hospital Cancellations)</i> <i>Denominator (Total Appointments)</i>	12.2%	10.6%	11%	11.3%	10.5%	10%	10.1%	9.7%	11%	11.3%	11.4%	10.5%	10.8%	10.2%	10.6%	10.3%	11%	10.5%
		121392	84180	9508	9862	9037	10096	9153	8877	11411	11339	10683	10754	10755	11208	28995	29441	32776	21963
		991263	791568	86421	87100	85656	100725	90420	91369	104003	100720	93959	101961	99179	109957	273481	285792	296640	209136
R05	Outpatient DNA Rate <i>Numerator (Number of DNAs)</i> <i>Denominator (Total Attendances+DNAs)</i>	6.9%	7.2%	7.8%	8.5%	6.7%	6.3%	6.4%	6.6%	7%	7.7%	7.4%	7.6%	7.3%	7.4%	7.1%	6.7%	7.6%	7.3%
		49634	42351	5026	5382	4365	4807	4441	4623	5429	5914	4912	5630	5349	6053	14554	14493	16456	11402
		717514	589691	64275	63278	65157	75876	69929	70359	77348	76769	66019	73911	73308	82048	204311	217636	216699	155356
<b>Overdue Partial Booking (Bristol)</b>																			
R22N	Overdue Partial Booking Referrals <i>Numerator (Number Overdue)</i> <i>Denominator (Total Partial Booking)</i>	37.8%	51.4%	42.4%	43.3%	43%	43.9%	44.3%	44.7%	45.5%	48.8%	53.7%	56.9%	57.9%	58.4%	43.4%	44.8%	53.2%	58.1%
		642436	621418	59830	60840	59632	62531	63536	65102	66965	74339	81859	88093	89324	92200	183003	195603	244291	181524
		1698619	1208001	141025	140442	138821	142381	143376	145793	147031	152402	152396	154813	154355	157835	421644	436200	459611	312190
R22R	Overdue Partial Bookings (9+ Months) <i>Numerator (Number Overdue 9+ Months)</i> <i>Denominator (Total Partial Booking)</i>	4.7%	15%	7.2%	8.3%	9.3%	10.6%	11.5%	12.5%	14.1%	14.9%	16%	16.6%	16.7%	17%	9.4%	12.7%	15.8%	16.9%
		80414	180810	10223	11697	12974	15128	16431	18184	20680	22765	24325	25737	25837	26851	39799	55295	72827	52688
		1698619	1208001	141025	140442	138821	142381	143376	145793	147031	152402	152396	154813	154355	157835	421644	436200	459611	312190
R22H	Overdue Partial Bookings (12+ Months) <i>Numerator (Number Overdue 12+ Months)</i> <i>Denominator (Total Partial Booking)</i>	2.4%	9.9%	2.9%	3.6%	4.6%	5.9%	6.7%	7.6%	8.6%	9.3%	10.5%	11.9%	12%	12.4%	4.7%	7.6%	10.6%	12.2%
		40446	120155	4150	5009	6338	8340	9558	11051	12596	14202	16066	18456	18583	19643	19687	33205	48724	38226
		1698619	1208001	141025	140442	138821	142381	143376	145793	147031	152402	152396	154813	154355	157835	421644	436200	459611	312190

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL EFFECTIVE DOMAIN



ID	Measure	20/21	21/22 YTD	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
<b>Mortality</b>																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	94.4	95.9	93.5	93.6	94.1	95.6	95.1	95.6	95.7	97.1	-	-	-	-	94.4	95.5	-	-
	Numerator (Observed Deaths)	26815	7930	2150	2060	1990	1940	1930	1975	2000	2025	0	0	0	0	5990	5905	0	0
	Denominator ("Expected" Deaths)	28400	8270	2300	2200	2115	2030	2030	2065	2090	2085	0	0	0	0	6345	6185	0	0
X02	Hospital Standardised Mortality Ratio (HSMR)	93.2	91	93.5	103.9	119.4	94.6	82.4	88.5	79.9	96.8	86.8	115.1	-	-	104.7	83.5	99.3	-
	Numerator (Observed Deaths)	1272	680	113	112	115	124	105	111	109	111	109	135	0	0	351	325	355	0
	Denominator ("Expected" Deaths)	1365.5	746.9	120.9	107.8	96.3	131.1	127.5	125.4	136.4	114.7	125.6	117.3	0	0	335.2	389.3	357.6	0
<b>Fracture Neck of Femur (NOF)</b>																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	66.1%	65.9%	65.1%	61.3%	63%	78%	64%	68.9%	70.5%	71.4%	66.7%	60%	65.9%	55%	69.1%	67.6%	65.8%	62.3%
	Numerator (Treated Within 36 Hrs)	358	205	28	19	29	46	32	31	31	25	24	24	27	11	94	94	73	38
	Denominator (Total Patients)	542	311	43	31	46	59	50	45	44	35	36	40	41	20	136	139	111	61
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	92.1%	95.8%	100%	93.5%	89.1%	94.9%	94%	93.3%	95.5%	97.1%	91.7%	100%	97.6%	100%	92.6%	94.2%	96.4%	98.4%
	Numerator (Seen Within 72 Hrs)	499	298	43	29	41	56	47	42	42	34	33	40	40	20	126	131	107	60
	Denominator (Total Patients)	542	311	43	31	46	59	50	45	44	35	36	40	41	20	136	139	111	61
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	59%	61.4%	58.1%	61.3%	58.7%	69.5%	56%	66.7%	63.6%	71.4%	50%	60%	65.9%	55%	64%	61.9%	60.4%	62.3%
	Numerator (Number achieved BPT)	320	191	25	19	27	41	28	30	28	25	18	24	27	11	87	86	67	38
	Denominator (Total Patients)	542	311	43	31	46	59	50	45	44	35	36	40	41	20	136	139	111	61
<b>Emergency Readmissions</b>																			
C01	Emergency Readmissions Percentage	4.41%	3.44%	3.9%	3.91%	4.13%	4.12%	4.05%	3.76%	3.54%	3.4%	3.15%	3.17%	3.01%	-	4.06%	3.78%	3.24%	3.01%
	Numerator (Re-admitted in 30 Days)	6039	3259	481	427	473	565	532	514	491	472	420	433	397	0	1465	1537	1325	397
	Denominator (Total Discharges)	136884	94771	12328	10912	11457	13729	13138	13669	13887	13893	13354	13642	13188	0	36098	40694	40889	13188
<b>Stroke Care</b>																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	61%	56%	74.2%	66.7%	56.5%	58.5%	56.1%	48.7%	64.3%	59.4%	55.6%	58.3%	51.5%	-	60.6%	55.6%	-	51.5%
	Numerator (Achieved Target)	250	141	23	20	13	24	32	19	18	19	15	21	17	0	57	69	0	17
	Denominator (Total Patients)	410	252	31	30	23	41	57	39	28	32	27	36	33	0	94	124	0	33
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	72.6%	65.4%	64.6%	66.7%	54.5%	52.7%	58.9%	64%	68.8%	63.6%	66.7%	74.5%	68.6%	53.8%	56.8%	63.2%	68.2%	65.6%
	Numerator (Achieved Target)	393	238	31	20	18	29	43	32	33	35	18	35	35	7	67	108	88	42
	Denominator (Total Patients)	541	364	48	30	33	55	73	50	48	55	27	47	51	13	118	171	129	64

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL WELL-LED DOMAIN



ID	Measure	20/21	21/22 YTD	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
<b>Bank and Agency Usage</b>																			
AF11A	Percentage Bank Usage	-	-	5.35%	6.07%	5.93%	6.55%	4.99%	4.95%	5.15%	5.86%	7.29%	5.22%	5.24%	5.41%	-	-	-	-
	Numerator (Bank wte)	0	0	595.4	683.53	671.71	758.25	560	552.21	574.41	655.6	833.54	587.41	591.17	613.62	0	0	0	0
	Denominator (Total wte)	0	0	11126.2	11253.9	11335.3	11582.2	11232	11160.6	11163.1	11189.7	11429.3	11252.4	11292.1	11335.5	0	0	0	0
AF11B	Percentage Agency Usage	-	-	1.86%	1.97%	2.49%	2.66%	2.18%	2.63%	2.48%	2.25%	2.09%	2.1%	1.88%	1.79%	-	-	-	-
	Numerator (Agency wte)	0	0	207.2	221.92	282.54	307.47	245.28	293.62	276.8	251.31	238.53	236.02	212.91	203.34	0	0	0	0
	Denominator (Total wte)	0	0	11126.2	11253.9	11335.3	11582.2	11232	11160.6	11163.1	11189.7	11429.3	11252.4	11292.1	11335.5	0	0	0	0
<b>Turnover</b>																			
AF10	Workforce Turnover Rate	-	-	12%	12.2%	12.2%	12%	12.3%	12.7%	13.2%	13.7%	13.8%	13.9%	14%	14.3%	-	-	-	-
	Numerator (Leavers in last 12 months)	0	0	1043.85	1061.5	1061.77	1049.15	1071.79	1099.6	1145.43	1188.94	1204.66	1213.97	1229.95	1262.2	0	0	0	0
	Denominator (Average Staff in Post)	0	0	8670.64	8693.68	8731.51	8714.32	8692.17	8689.73	8678.28	8691.24	8700.47	8751.06	8782.27	8799.78	0	0	0	0
<b>Vacancy</b>																			
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	4.2%	4.1%	4.3%	3.5%	3.7%	4.9%	7.4%	7.8%	7.7%	7.3%	7.3%	7.4%	-	-	-	-
	Numerator (Vacancy wte, Funded minus actual)	0	0	455.28	437.35	468.72	378.03	401.23	534.8	821.88	871.8	861.83	818.56	822.74	834.57	0	0	0	0
	Denominator (Actual WTE)	0	0	10778.9	10785.8	10849.8	10894.5	10828	10849.6	11133.8	11154.6	11219.1	11247.5	11310.7	11353.1	0	0	0	0
<b>Staff Sickness</b>																			
AF02	Sickness Rate	3.6%	4.1%	4%	4%	3.4%	3.2%	3.5%	3.6%	3.9%	4%	3.9%	4.4%	4.8%	4.8%	3.6%	3.6%	4.1%	4.8%
	Numerator (Total WTE Days Lost)	135412	103881	12633.9	12941.5	10047.9	10396.8	10750.9	11403	11947.8	12669	12440.4	13743.5	15674.3	15251.8	33386.2	34101.6	38852.9	30926
	Denominator (Total WTE Days)	3740392	2527715	318980	319702	291312	324625	311261	319464	308612	318912	319164	310729	323982	315590	935639	939337	948805	639573
<b>Staff Appraisal</b>																			
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	68.2%	66.4%	64.2%	64.9%	66.4%	69.1%	69.9%	69.3%	68.3%	69.2%	66.8%	69.3%	-	-	-	-
	Numerator (In-Date Appraisals)	0	0	7005	6859	6728	6823	6905	7106	7159	7091	6994	7151	6965	7242	0	0	0	0
	Denominator (Total Staff)	0	0	10277	10337	10477	10510	10392	10286	10248	10228	10233	10339	10423	10446	0	0	0	0

## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL USE OF RESOURCES DOMAIN



ID	Measure	20/21	21/22 YTD	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3
<b>Average Length of Stay</b>																			
J03	Average Length of Stay (Spell)	4.03	4.25	4.35	4.72	4.36	3.93	4.46	4.09	4.16	4.13	4.18	4.33	4.22	4.44	4.31	4.23	4.21	4.33
	Numerator (Total Beddays)	317703	240762	28343	27360	26002	28069	31095	29921	29837	30376	28956	30189	29246	31142	81431	90853	89521	60388
	Denominator (Total Discharges)	78740	56646	6512	5793	5968	7134	6969	7324	7173	7358	6922	6966	6926	7008	18895	21466	21246	13934