

June 2021

Published Papers

Including:

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

Quality and Outcomes Committee Chair's Report

Integrated Quality & Performance Report

June 2021

Executive Summary

Reporting Month: May 2021

Performance against NHS constitutional standards remains extremely challenged during the month of May, but elective activity recovery across all points of delivery continues to improve and was above the national 75% elective restoration fund target for May. The number of patients waiting greater than 52 weeks dropped for the second consecutive month time since the beginning of the pandemic and both elective inpatient and day case activity volumes were above plan. The main threat to ongoing recovery is unscheduled care demand, where an increase in ambulance attendances and poor flow continues to put pressure on the bed base and urgent care access standards across all sites including adults and children.

There was a further 61% drop in the number of incidents where patients were delayed from being admitted to a Ward by more than 12 hours from a decision to admit, and published data for May shows the Trust as reporting the 6th highest number of breaches nationally. 34% of ambulance handovers in the Bristol Royal Infirmary were also reported to have been delayed by more than 30 minutes from 1st April to 13th June 2021, which worsened from 30% in April and is the highest in the South West and the second highest nationally. Ambulance handovers over 1 hour are currently the worst nationally at the BRI and a rapid improvement plan is being developed with partners and supported by NHS Improvement and NHS England to support recovery. 4 hour performance was at 74.2% during May and all sites have reported an increase in the daily number of emergency department attendances for the third month running, although emergency admissions remain suppressed compared to previous years and the conversion rate to admission is lower than that experienced during the first wave of the pandemic. At the end of May, 142 beds were occupied by patients medically fit for discharge, and discharges in the month of March showed 4,384 bed days lost in the month. The risk of demand outstripping capacity for transfer pathways remains across all discharge to assess pathways, although additional rehabilitation beds at South Bristol Community Hospital are expected to become available at the end of June to relieve some pressure on flow.

The scale of elective and outpatient backlogs that have developed over the last year continue to be a major challenge. These include:

- Referral to Treatment patients waiting 52+ weeks. At the end of May there were 3,618 patients waiting over a year for the start of treatment, which is the second consecutive month of improvement. However, overall referral to treatment waiting list sizes are 10,008 higher in May when compared to March 2020 and 48 patients are waiting over 2 years with a risk of further breaches due to the lack of elective pathways in specialties such as orthopaedics;
- Diagnostic waiting lists, where 65.3% were waiting within the 6 week standard. Whilst diagnostic activity continues to exceed recovery trajectories and in many cases is performing better than at the same point last year, this is not sufficient to recover the backlog of waiting lists. 13 week breaches remain the current area of focus with endoscopy, echocardiography and DEXA scans being a priority area for improvement; and
- Outpatients, where 70,617 patients currently have a partial booking follow up status showing as overdue. Source Group have been commissioned to risk stratify the backlog and advise upon priority areas for improvement and this is expected to be completed for Bristol and Weston sites in June.

Waiting times for patients on cancer pathways have improved with regards to inpatient surgical treatments but issues remain for low clinical priority cases (e.g. Thyroidectomies) and several specialties are not in a position to return to treating all patients within the 31 day first definitive treatment target. The need to recover cancer performance for these lower risk patients is being balanced against the need to treat very long waiting and/or urgent non-cancer patients. Whilst diagnostic and outpatient procedures are not as badly affected as major surgery, Covid has still impacted the waiting times for these patients. The Trust has until the end of the financial year to recover all cancer waiting time standards and initially the focus is on 31 day and 104 day. The risk of pent up demand materialising and impacting upon two week wait performance in areas already under pressure such as skin pathways is also being closely monitored.

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Reporting Month: May 2021

Safe

Caring

Successes	Priorities
<ul style="list-style-type: none"> • The Trust received a CQC core services inspection on 8th-9th June. Initial CQC feedback relating to medical care on the Bristol site and Outpatient services on the Weston site was very positive (however, also see risks and threats in relation to medical care on the Weston site). • The intensive recruitment of Nursing Assistants has assisted with a significant reduction in the number of vacancies in this staff group. • The digital malfunction that prevented VTE risk assessments completed in ED on Medway following through to the ward has been identified and resolved. • The task and finish group set up by the Falls Steering Group has met and agreed changes to the Datix form and falls checklist when reporting a fall ensuring that required immediate actions following a fall are fully collated. • Patient Safety Update training has commenced delivery in Weston in May 2021. 	<ul style="list-style-type: none"> • An education programme for post falls care involving the SIM team, the manual handling and falls team has been devised and will be implemented over the next few months; this will be provided initially to areas with high fall rates. • A virtual meeting has been arranged with North Bristol NHS Trust Falls Lead and the chair and vice chair of the Falls Steering Group to share and learn from good practice across Bristol and to develop a closer working relationship going forward. • A surgical never events summit has been confirmed for 13th September for sharing learning and improvement actions across all theatre and interventional environments. • The Patient Experience Team will liaise with Bristol Eye Hospital to ensure the Friends and Family Test is restarted in the BEH Emergency Department as soon as possible. • A Trust-wide launch of new tissue viability care pathways, including <i>Moisture Associated Skin Damage</i>, <i>Dressing Selection</i>, <i>Leg Ulcer</i> and <i>Skin Tear</i> Pathways is planned for July 2021.

Reporting Month: May 2021

Safe

Caring

Opportunities	Risks & Threats
<ul style="list-style-type: none"> • The Trust has welcomed 45 international nurses who have started since April, with their orientation , OSCE training and induction programmes all now well underway. • Face to face training with monthly pressure ulcer refresher sessions will, start in July 2021. • An education programme for post falls care involving the SIM team, the manual handling and falls team has been devised and will be implemented over the next few months, this will be provided initially to areas of high fall rates. 	<p>Key new risks in the quality and patient safety domains:</p> <ul style="list-style-type: none"> • 4711: Risk that patients suffer harm or injury from preventable arterial thrombus. Doses of medicines administered to patients for venous and arterial thromboprophylaxis vary according to whether the patient is at risk of venous or arterial thrombus. Incidents have occurred where anticoagulation for arterial CVA was switched to anticoagulation for venous thromboprophylaxis. • 5071: Risk of lack of Trust wide Harm Panel. There is a large backlog of patients due to Covid suspension of this that have not had a harm panel review. Patients are being prioritised for clinical follow-up review according to their risk of to minimise the risk of harm. • 5255: Risk that a national shortage of IV safety cannulas could lead to insufficient cannula supplies compromising patient safety. Withdrawal of BD safety and non-safety IV cannula due to a national safety alert which have caused a significant reduction in cannula available in the NHS supply. Actions to mitigate risk by centralising the order and issuing of cannula in adult services and the procurement of alternative products in Paediatrics. • Unstageable pressure injuries are reported as serious incidents (SIs), but to date do not feature in the board bed day data. A review of the way in which we report unstageable pressure injuries has recently been conducted. Unstageable pressure injuries will now be counted in the board bed day data it is important to note there may be some increase in reported tissue viability SI's.

Reporting Month: May 2021

Responsive

Effective

Successes

- Between April and May 2021, the Trust has reduced the cohort of patients waiting over 52 weeks by 980.
- A paper 'The impact of increased outpatient telehealth during COVID-19: Retrospective analysis of patient survey and routine activity data from a major healthcare system in England.' Has been published in the International Journal of Health Planning and Management (28th April 2021) following the introduction of Attend Anywhere for non face to face outpatients.
- The Trust has secured capital and non-recurring revenue funding to support elective recovery through the BNSSG accelerator programme. Cycle 1 projects are now moving into the delivery phase and Cycle 2 pipeline ideas are now being generated to go further.
- The subsequent radiotherapy standard continues to be compliant.
- The number of patients waiting >62 days on a cancer GP referred pathway remains below the pre-Covid baseline

Priorities

- The mandated Diagnostic waiting list clinical prioritisation program has been launched by NHSE/I and a Trustwide working group has been established. The requirement is to ensure that all patients on a diagnostic waiting list have been clinically prioritised by the end of August 2021.
- To resolve medicines management issues identified by the Community phlebotomy standard operating procedure. The SOP conforms to formulary/shared care arrangements. It has become apparent that this is not a reflection of customary practice across trust Specialities and a risk is being managed with regards to the go live date of 1st July.
- Increasing pressure on Advice and Guidance services to be raised with BNSSG CCG. Review of Dermatology Advice & Guidance service currently in progress.
- Improvement against the 31 day cancer decision-to-treat to treatment standards for surgery and first definitive treatment, and continuing to treat all cancer patients in a clinically safe timescale
- To conclude the Weston Division open referral validation exercise and transition towards business as usual management of data quality issues across the Trust. This includes improved compliance with the nationally mandated Waiting List Minimum Data set return.

Reporting Month: May 2021

Responsive

Effective

Opportunities	Risks & Threats
<ul style="list-style-type: none"> • In advance of the implementation of the new Medway version, there is an opportunity to review and bring in line the Trustwide on-hold reasons that we currently use. The ability to have appropriate on-hold reasons with review date assigned will allow the Trust to report patients with an on-hold status who are due the next steps and those that are overdue the next steps. The Trustwide on-hold reasons are under review and are being monitored by the planned care steering group. • There is an opportunity to increase patient initiated follow up following the risk stratification of the Trust follow up pending lists including on hold patients. A project is expected to be initiated in July 2021 once the results of the follow up deconstruction report have been provided for both Bristol and Weston. • There is scope to go further with regards to innovation supporting elective recovery, with outpatient activity and productivity being a big area of opportunity, especially in areas such as Ophthalmology and in the Colorectal specialties of the Weston Division. 	<ul style="list-style-type: none"> • Due to the Patient Access Policy having expired, there is a risk that staff are not appropriately managing access to our services or managing the patient pathway in line with the national requirements. Risk 5237 has been added to the risk register to highlight the gaps. The RTT Performance Lead is working with relevant NBT and BNSSG colleagues to commence the review and re-write of the policy. • Cancer performance over the summer may be impacted if demand increases above normal variation due to 'pent up demand' as lockdown eases. This is a particular risk for dermatology services which always see a large seasonal increase in demand in the same time period. Services are being encouraged to have contingency plans to enable capacity to be flexed up in response to demand surges, although it is recognised that such flexibility is limited whilst Covid precautions are needed. • Increase in appointment slot issues (ASIs) dropping off waiting lists at 6 months, following a spike in Covid cases. Increases in Orthopaedics, ENT, Sleep and Genetics are being followed up with Divisions and additional safety nets being put in place within informatics systems. • Increasing pressure and waiting times for advice and guidance. Increasing concern regarding the sustainability of advice and guidance services in the face of increasing demand, alongside sustained referral and backlog demand. Work ongoing with commissioners to implement demand management initiatives such as temporary advice and guidance closures if required.

Reporting Month: May 2021

Well-Led

Successes	Priorities
<ul style="list-style-type: none"> • 24 overseas nurses commenced in May, taking the Trust total to 42 of the 150 expected by the end of December. • The first substantive Emergency Medicine consultant has been appointed to the Weston Division. • The Allocate HealthRoster System Merge to create one single database for staffing across the merged Trust was completed successfully without any major operational impact. • Final submission of the workforce plan for 2021/22 to NHSE/I has been made as part of the Trust's annual operating planning process (OPP). • The implementation of ESR (Employee Staff Record) for Employee Relations case management has successfully launched. A review reporting process can now be implemented. • The Trust's Workplace Wellbeing Advocate Network continues to successfully expand its membership across all Divisions. Opportunities are being explored to recruit an advocate in every team within all Divisions. 	<ul style="list-style-type: none"> • Development of a business case to support an increased ambition around international nurse recruitment for the Weston Division. • Delivery of the year 2 Workplace Wellbeing Strategic Framework action plan and delivery of the year 2 D&I Strategic Framework action plan in partnership with stakeholders, • Launch of the new quarterly staff survey 'People Pulse'. • Establishing a Physician Associate Working Group to manage and enhance the development of the role. • Revised detailed implementation plan to be completed for medical e-rostering roll out to track progress through to project completion by March 2022. • Commencement of scoping work to maximise the workforce dataset now available to the Trust following the renegotiation of the Allocate contract, supporting improved access to management information. • Undertaking a tendering process for increased mediation provision in support of the Resolution Focussed Culture programme.

Reporting Month: May 2021

Well-Led

Opportunities

- An invitation to showcase UHBW's approach to the 'Pause - Reflect - Recover' initiative at the One City decompression event in June, supporting public and private sector organisations to facilitate a similar approach.
- The purchase of extra licenses for Allocate HealthRoster to provide the required license base to support the Trust's e-rostering aspirations. This includes e-Rostering rollout to Allied Health Professionals and sickness reporting to every staff group.
- A suite of eLearning for volunteers is being reviewed for implementation which results in attainment of a recognised Volunteer Certificate.
- ESR (Employee Staff Record) and third party Occupational Health and Learning Management Training interface projects have commenced. Aimed at Doctors in Training, this will allow for ease of movement between Trusts.
- The Weston Terms & Conditions Group has been formed to support the reduction in high cost, local pay agreements and to establish pay controls.
- The Consultant additional hours payment has been increased to support the Accelerator programme and ongoing impact of Covid in clinical areas.

Risks & Threats

- There is risk of limited accommodation provision and increased flight costs with the restrictions lifted for overseas recruits to travel from India.
- Ongoing and significant increased use of high cost, non-framework nurse agency supply.
- Ongoing challenge of attracting medical candidates to the Weston Division.
- Appraisal compliance remains a risk with ongoing under performance against target.
- Continued under performance of essential training compliance on specific subject areas, such as resuscitation compliance negatively impacts upon overall levels.
- Divisional Rota Co-ordinator turnover is a risk to the medical e-rostering roll out. The lack of continuity gives rise to the risk of departments, who having gone live, not continuing with use of the system.

Reporting Month: May 2021

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

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

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

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

Infection Control – C.Difficile

May 2021

N Not Achieved

Standards:	<p>A limit of cases for UHBW was not set for 2020/21 and has yet to be set for 2021/2022. The limit is usually based on the previous financial year's outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year end position. A limit of 72 cases for UHBW (57 for Bristol plus 15 for Weston based on 2019/2020) as a whole for 2020/21 would give a trajectory of 6 cases a month.</p> <p>Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA) C.Difficile cases are attributed to the Trust. HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital.</p>
Performance:	There were thirteen cases of C. difficile attributed to UHBW in May 2021. Of the thirteen cases, eleven were HOHA and two were COHA.
Commentary:	<p>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.)</p> <p>First sets of data including post infection reviews have been sent to the commissioners for the outstanding reviews Q4 19/20 and Q1 20/21 – this is for cases across the Trust. Further post-infection reviews will be scheduled to deal with each of the remaining outstanding quarters in 20/21. Increased cases have been identified across both Bristol and Weston sites</p> <p>Actions taken:</p> <ul style="list-style-type: none"> Increased environmental auditing within areas of increased rates Anti- microbial stewardship now restarted focusing on areas where C difficile identified to ensure and support compliance with guidance
Ownership:	Chief Nurse

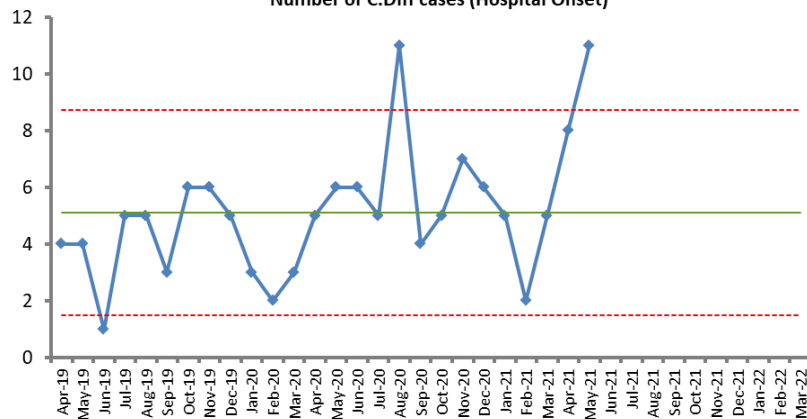
	May-21		2021/2022		2020/2021	
	HA	HO	HA	HO	HA	HO
Medicine	3	3	6	6	25	24
Specialised Services	3	3	5	5	23	18
Surgery	3	3	3	3	11	11
Weston	2	1	6	4	12	8
Women's and Children's	1	1	1	1	7	6
Other (Bristol)	1	0	1	0	3	0
TOTAL	13	11	22	19	81	67

HA = Healthcare Associated, HO = Hospital Onset

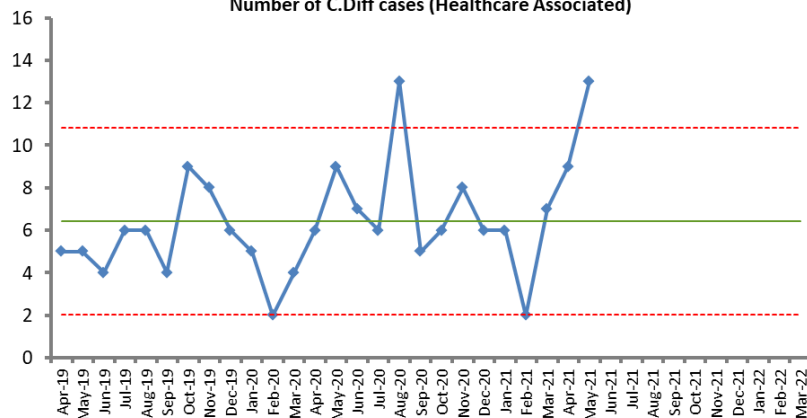
Infection Control – C.Difficile

May 2021

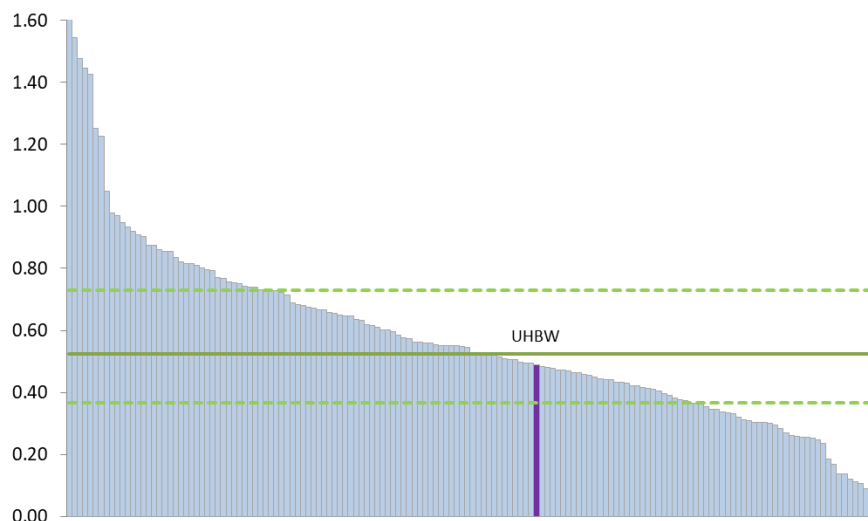
Number of C.Diff cases (Hospital Onset)



Number of C.Diff cases (Healthcare Associated)



Benchmarking - C.Diff Rate Per 1000 Beddays - May20 to Apr 21



Infection Control - MRSA

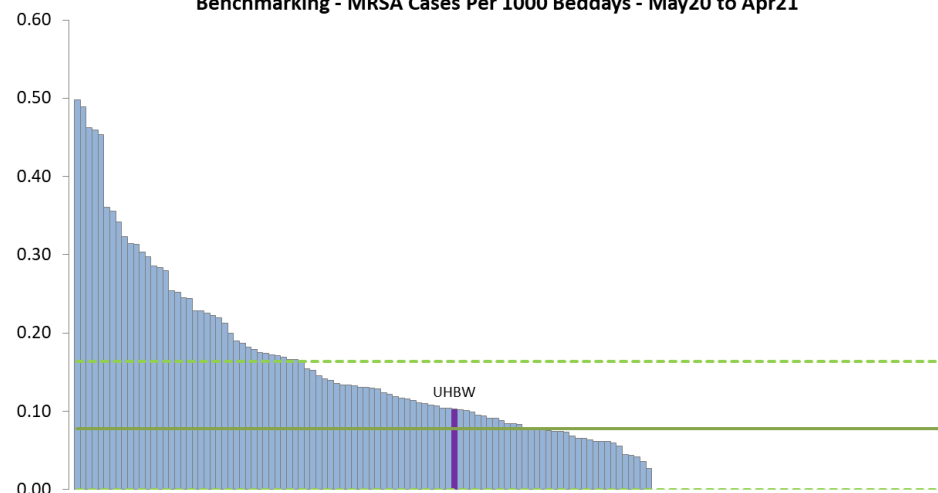
May 2021

Y Achieved

Standards:	No Trust Apportioned MRSA cases. This is Hospital Onset cases only.
Performance:	There were no new cases of MRSA bacteraemia in UBHW in May 2021.
Commentary:	There have been no Hospital Onset cases in the first two months of 2021/22. There were four reported MRSA cases for the whole 2020/21.
Ownership:	Chief Nurse

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

Benchmarking - MRSA Cases Per 1000 Beddays - May20 to Apr21



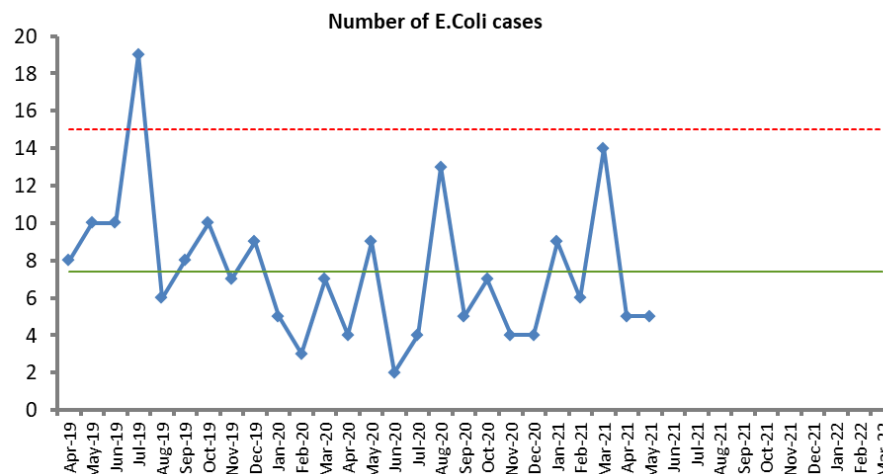
Infection Control – E. Coli

May 2021

N/A No Standard Defined

Standards:	Enhanced surveillance of <i>Escherichia coli</i> (<i>E.coli</i>) bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemias are reported monthly to Public Health England (PHE). As a result in the national rise in <i>E.coli</i> bacteraemia rates, a more in-depth investigation into the source of the <i>E.coli</i> bacteraemias 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.
Performance:	There were 5 Hospital Onset cases in May, giving 10 cases year-to-date.
Commentary:	Urinary tract infections were identified as the source of the E.coli bacteraemia in one of the five identified. None of the cases were identified as urinary catheter related. Two patients had no known source one in Women's & Children. and one (Weston), and two hepatobiliary source (Surgery).
Ownership:	Chief Nurse

	May-21	2021/2022	2020/2021
Medicine	1	1	27
Specialised Services	1	4	17
Surgery	2	3	21
Weston	1	2	9
Women's and Children's	0	0	7
TOTAL	5	10	81



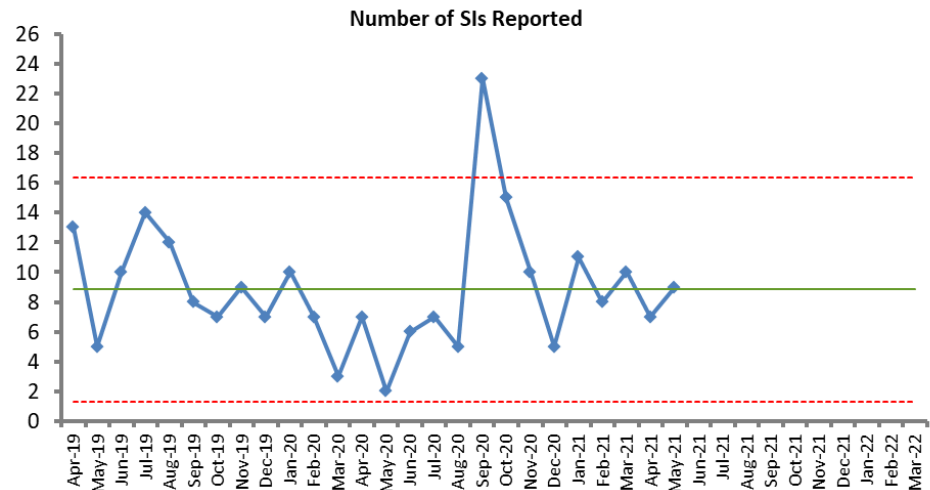
Serious Incidents

May 2021

N/A No Standard Defined

Standards:	UHBW is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015. In 2021, a new Patient Safety Incident Response Framework is to be implemented in UHBW in 2021/22 following learning from early adopters.
Latest Data:	Nine serious incidents were reported in May 2021, two in the Division of Medicine, two in the Division of Surgery, one in the Division of Specialised Services, one in Weston and three in Women's and Children's Division.
Commentary:	The nine incidents comprised two delays in responding to maternity emergency/ deterioration, one infection control (three linked cases), one maternal death (cardiac arrest in the community), one medication related error, one unstageable pressure injury, one unexpected death, one failure to recognise deterioration, one due to delay in follow-up due to Covid. No never events reported in month. The outcomes and improvement actions of all serious incident investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course.
Ownership:	Chief Nurse

	May-21	2021/2022	2020/2021
Medicine	2	4	31
Specialised Services	1	1	6
Surgery	2	5	13
Trust Services	0	0	1
Weston	1	1	50
Women's and Children's	3	5	8
TOTAL	9	16	109



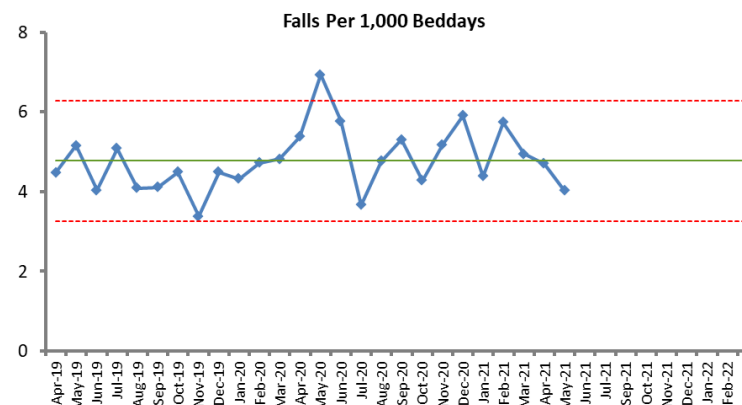
Harm Free Care – Inpatient Falls

May 2021

Y Achieved

Standards:	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
Performance:	During May 2021, the rate of falls per 1,000 bed days was 4.02 across UHBW and remains within the statistical process control limits. There were 126 falls in total (104 in our Bristol Hospitals and 22 in the Division of Weston). One fall (Division of Weston) resulted in moderate or a higher level of harm, and is subject to a patient safety incident investigation.
Commentary:	<p>There was another small decline in the overall number of falls over the past month: 139 in April to 126 in May.</p> <p>Actions:</p> <ul style="list-style-type: none"> The task and finish group set up by the Falls Steering Group has met and agreed changes to the Datix form and falls checklist when reporting a fall. These changes ensure that the recommendations required immediately following a fall are fully collated. The Falls policy has been amended to clarify that 'assisted to floor' are classed as falls within the Trust. The amended version is due to be approved by the Falls and Dementia Operational group in June. An education programme for post falls care involving the SIM team, the manual handling and falls team has been devised and will be implemented over the next few months, this will be provided initially to areas of high fall rates. A virtual meeting has been arranged with North Bristol Trust Falls Lead and the chair and vice chair of the Falls Steering Group to share and learn from good practice across Bristol and to develop a closer working relationship going forward.
Ownership:	Chief Nurse

	May-21	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	2	-
Medicine	75	9.23
Specialised Services	12	2.41
Surgery	12	3.05
Weston	22	3.10
Women's and Children's	2	0.28
TRUST TOTAL	126	4.02
<i>Bristol Subtotal</i>	<i>104</i>	<i>4.29</i>



Harm Free Care – Pressure Injuries

May 2021

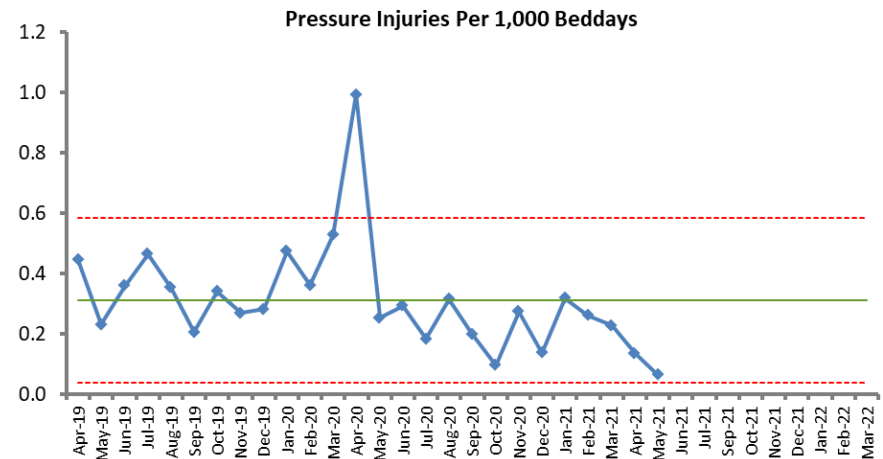
Y *Achieved*

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. 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. This has been implemented from this month and will be in place going forward. Whilst there is no clear national or local guidance on how unstageable injuries are reported, the rationale for this change is to draw alignment across Serious Incident reporting, Pressure Injury KPIs and across system partners & North Bristol Trust.
Performance:	During May 2021, the rate of pressure injuries per 1,000 beddays was 0.064 across UHBW. There was one category 2 pressure injury to a heel (Weston division) and one Unstageable injury to the heel (Medicine division).
Commentary:	<p>An investigation is underway for the unstageable pressure injury.</p> <p>It is important to note that the inclusion of unstageable pressure injuries will have some impact on figures. Over the twelve months of 2020/21 there were fourteen unstageable injuries reported across UHBW. Two of these injuries were associated with medical devices (CPAP masks); both were on the nasal bridge. One, a critically unwell patient with Covid-19, the other was an elderly patient admitted with acute exacerbation of severe respiratory disease. The remaining eleven injuries developed in elderly patients with significant co-morbidities.</p> <p>The Tissue Viability Team work proactively with staff to identify areas for improvement to reduce the number of pressure injuries across the Trust. Weston hospital developed and implemented a specific Pressure Injury Recovery Work Plan and there are a number of ongoing actions in place (as outlined in this report) to reduce pressure injury occurrence.</p> <p>All sites actions:</p> <ul style="list-style-type: none"> • Continue to deliver “hot spot” face to face targeted training for staff. • Face to face training with monthly pressure ulcer refresher sessions from July 2021. • Implement bi-monthly tissue viability champion nurse meetings to support evidence based wound care practice. • Trust wide launch of new tissue viability care pathways, including <i>Moisture Associated Skin Damage</i>, <i>Dressing Selection</i>, <i>Leg Ulcer</i> and <i>Skin Tear</i> Pathways in July 2021. • Poster campaign for Emergency Department nurses and wards to highlight the importance of removing leg bandages and perform skin checks within six hours of patient admission. • Monitor monthly pressure ulcer audit via Perfect Ward. <p>Weston Hospital specific actions:</p> <ul style="list-style-type: none"> • Targeted tissue viability training to ward staff. • Embedding best practice in use of heel ‘off-loading’ equipment for vulnerable patients. • Tissue Viability team continue to support staff in completing pressure ulcer prevention and wound assessment documentation. • Pressure Injury RCA findings to be shared at Ward Sister Governance meetings to encourage division wide learning from SI’s.
Ownership:	Chief Nurse

Harm Free Care – Pressure Injuries

May 2021

	May-21	
	Injuries	Per 1,000 Beddays
Diagnostics and Therapies	0	-
Medicine	1	0.12
Specialised Services	0	0.00
Surgery	0	0.00
Weston	1	0.14
Women's and Children's	0	0.00
TRUST TOTAL	2	0.064
<i>Bristol Subtotal</i>	<i>1</i>	<i>0.04</i>

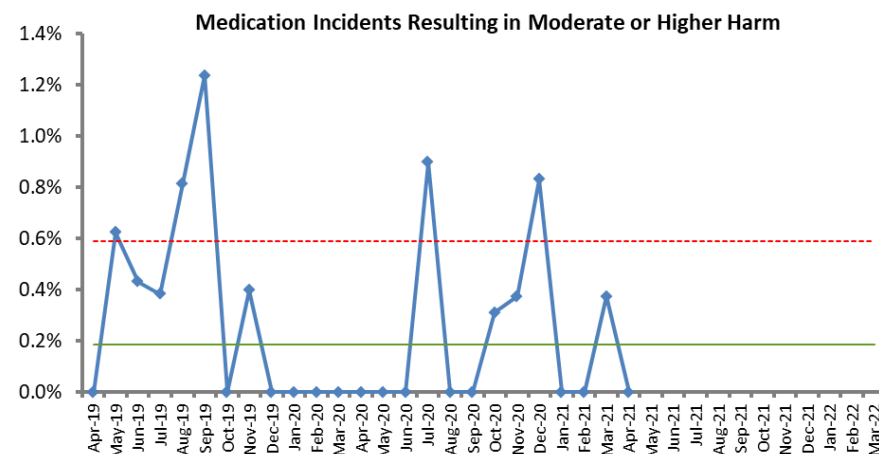


Apr/May 2021

Y Achieved

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There were no moderate harm incidents out of the 293 reported medication incidents in April. There were no omitted doses of critical medicine out of 447 Patients audited in May.
Commentary:	Omitted doses data was not collected in Weston. Data on omitted doses will be collected on a regular basis from October. There were no issues related to the data this month. No actions in addition to those ongoing on a monthly basis were identified this month.
Ownership:	Medical Director

	Apr-21		
	Moderate or Higher harm	Total Audited	Percentage
Diagnostics and Therapies	0	0	-
Medicine	0	64	0.00%
Specialised Services	0	68	0.00%
Surgery	0	28	0.00%
Weston	0	26	0.00%
Women's and Children's	0	46	0.00%
Other/Not Known	0	61	-
TRUST TOTAL	0	293	0.00%



May 2021

P Partially Achieved

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	In May 2021, Essential Training overall compliance increased to 85%, compared with 84% in the previous month (excluding Child Protection Level 3).
Commentary:	<p>In May 2021 overall essential training compliance increased upon the previous month to 85%, across the 11 core programmes. There were increases in three of eleven programmes, with only Infection Prevention and Control falling 1% to 83%. Despite increases in compliance essential training compliance remains low in specific subject areas, such as resuscitation, information governance and manual handling. Overall compliance for 'Remaining Essential Training' is at 90% for both Bristol and Weston programmes.</p> <ul style="list-style-type: none"> Individual action plans have been completed for essential training subjects below the Trust target of 90%. Risk register entries are attached to the plans which were reviewed by subject leads and Corporate Education to support innovation and change in the style of delivery, target audience, assessment methodology etc. Monthly divisional compliance reports continue to develop increased granularity and visual impact of reporting, at subject level, staff group, probationary period and prolonged non-compliance. Corporate Education provides a rolling programme of 'Managers' Forums' through which managers can suggest improvements and innovations to essential training compliance.
Ownership:	Director of People

Essential Training	May-21	KPI
Equality, Diversity and Human Rights	90%	90%
Fire Safety	82%	90%
Health, Safety and Welfare (formerly Health & Safety)	91%	90%
Infection Prevention and Control	83%	90%
Information Governance	81%	95%
Moving and Handling (formerly Manual Handling)	81%	90%
NHS Conflict Resolution Training	89%	90%
Preventing Radicalisation	90%	90%
Resuscitation	66%	90%
Safeguarding Adults	88%	90%
Safeguarding Children	87%	90%

Essential Training	May-21	KPI
UHBW NHS Foundation Trust	85%	90%
Diagnostics & Therapies	90%	90%
Medicine	80%	90%
Specialised Services	85%	90%
Surgery	84%	90%
Women's & Children's	83%	90%
Trust Services	88%	90%
Facilities & Estates	91%	90%
Weston	85%	90%

Nurse Staffing Levels

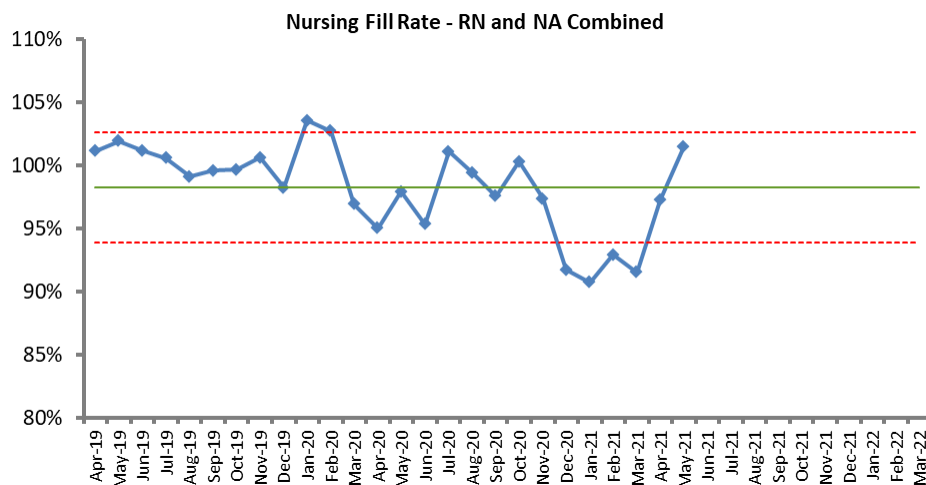
May 2021

N/A *No Standard Defined*

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
Performance:	The report shows that in May 2021 (for the combined inpatient wards) the Trust had rostered 296,455 expected nursing hours, against the number of actual hours worked of 300,816 giving an overall fill rate of 101.5%.
Commentary:	<p>The combined figures for UHBW in May 2021 show that the trust had 96% cover for RN's on days and 99% RN cover for nights. The unregistered level of 106% for days and 115% for nights reflects the activity seen in May 2021.</p> <p>The increased NA fill rate was the result of continued NA specialist assignments to safely care for confused or mentally unwell patients in adults particularly at night.</p> <p>Actions that continued:</p> <ul style="list-style-type: none">• In order to manage the nurse staffing safely there was an increase in the use of temporary staffing generally in clinical areas with block bookings in place to support continuity of staff.• There has been an ongoing requirement for agency RMN booking across the organisation in response to the increased psychiatric patients being cared for in the Trust; the heads of nursing are reviewing.• There has been an increase in demand for agency usage to assist in staffing the ongoing requirement for escalation areas to remain open and support ward teams recover from the pandemic.• The Trust has welcomed 45 international nurses who have started since April, with their orientation, OSCE training and induction programmes all now well underway. There has been an impact on the International Nurse Recruitment programme due to the Covid situation in India, with 27 nurse's ready and awaiting confirmation of being able to fly, the announcement this week that the pause can be lifted is welcomed and flights are in the process of being rescheduled.• The intensive recruitment of Nursing Assistants has assisted with a significant reduction in the number of vacancies in this staff group and there is now a robust programme of both pastoral and apprenticeship support planned to ensure retention of these staff and maintain an ongoing recruitment process to enable to cover to turnover.
Ownership:	Chief Nurse

Nurse Staffing Levels

May 2021



Staffing Fill Rates

	May-21		
	Total	RN	NA
Medicine	105.3%	99.3%	112.8%
Specialised Services	99.8%	94.2%	117.9%
Surgery	101.7%	94.4%	119.7%
Weston	103.3%	92.8%	115.9%
Women's and Children's	98.4%	102.0%	81.7%
TRUST TOTAL	101.5%	97.7%	109.9%

Venous Thromboembolism Risk Assessment

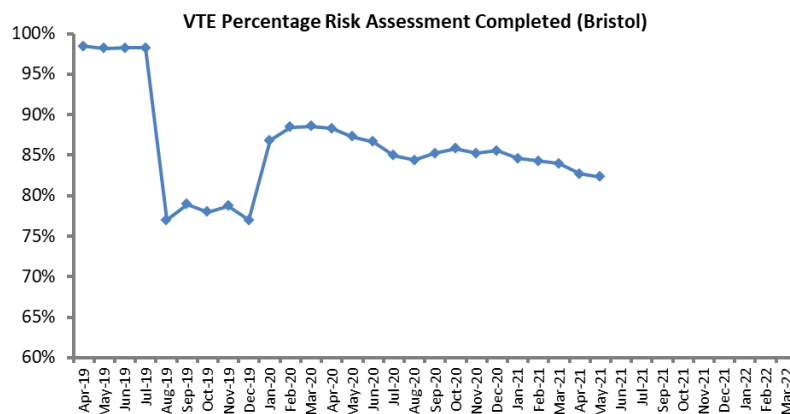
May 2021

N Not Achieved

Standards:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thrombo-prophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, since August 2019, the VTE risk assessment is completed electronically using the Medway system; the most recent figure for May 2021 is 82.3% which has remained fairly static throughout 2020/21 and remains below the lower control limit. In Weston General Hospital the previous paper based data collection system ceased at the end of March 2020. The results of a spot check audit of compliance was reported in March.
Commentary:	<p>At the time of the launch of digital VTE risk assessments; there was an expectation that a fully digital integrated system was imminent, whereby VTE risk assessments would be incorporated into admission or prescribing. However, there have been recurrent delays with the full digital roll out which has resulted in VTE risk assessment remaining as a standalone task in Medway. This is seen as the biggest barrier to achieve the expected compliance.</p> <p>Underlying issues:</p> <ul style="list-style-type: none">• The VTE Group has started meeting again.• A consultant VTE lead for Weston has been confirmed who will link in with the Bristol VTE lead to discuss potential improvement opportunities.• The VTE group is working with the digital CICOs, digital pharmacists and Medway team to find ways to optimise compliance with VTE risk assessments (including by linking with the Careflow workspace). The digital CICOs will also be working to continue to highlight the unacceptable delays in the full digital roll out due to supplier issues with the aim to achieve a solution, realistic timelines and ensure it remains an achievable goal.• A Quality Improvement Project is underway to improve VTE risk assessment in Trauma and Orthopaedics on the Bristol site.• The Medway communication error fix has been achieved which ensures that VTE assessments completed in ED feed through to the inpatient areas. Following this fix the Patient Safety Improvement Nurses are identifying opportunities for VTE improvement work with regard to improving VTE risk assessment compliance.
Ownership:	Medical Director

Venous Thromboembolism Risk Assessment

May 2021



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

Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Chemical Pathology	2	2	100.0%
	Radiology	22	22	100.0%
Diagnostics and Therapies Total		24	24	100.0%
Medicine	Medicine	1,737	2,500	69.5%
Medicine Total		1,737	2,500	69.5%
Specialised Services	BHOC	1,868	1,952	95.7%
	Cardiac	393	531	74.0%
Specialised Services Total		2,261	2,483	91.1%
Surgery	Anaesthetics	10	10	100.0%
	Dental Services	101	120	84.2%
	ENT & Thoracics	178	316	56.3%
	GI Surgery	985	1,223	80.5%
	Ophthalmology	204	211	96.7%
	Trauma & Orthopaedics	124	141	87.9%
Surgery Total		1,602	2,021	79.3%
Women's and Children's	Children's Services	25	40	62.5%
	Women's Services	1,488	1,603	92.8%
Women's and Children's Total		1,513	1,643	92.1%
Grand Total		7,137	8,671	82.3%

Friends and Family Test (FFT)

May 2021

N/A No Standard Defined

Standards:	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 response rate targets set.
Performance:	We received 5,539 FFT responses in May 2021, which represents a positive 29% increase in the number of responses received in April 2021 (4,300). The overall scores and response rates are shown in the table below.
Commentary:	The Patient Experience Team will liaise with Bristol Eye Hospital to understand why they have not yet recommenced FFT in the BEH Emergency Department and work with them to ensure FFT is restarted as soon as possible.
Ownership:	Chief Nurse

		Positive Response	Total Response	Total Eligible	%Positive	Response Rate
Inpatients	Bristol	921	951	2,700	97.2%	35.2%
	Weston	171	187	686	91.9%	27.3%
	UHBW	1,092	1,138	3,386	96.3%	33.6%
Day Cases	Bristol	571	573	2,125	99.7%	27.0%
	Weston	219	219	483	100.0%	45.3%
	UHBW	790	792	2,608	99.7%	30.4%
Outpatients	Bristol	2,174	2,306		94.9%	
	Weston	375	391		96.2%	
	UHBW	2,549	2,697		95.0%	

TOTAL RESPONSES	5,539
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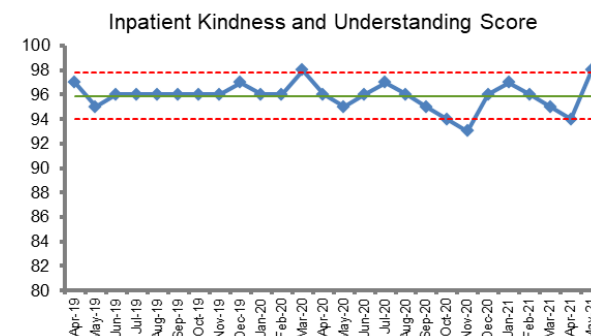
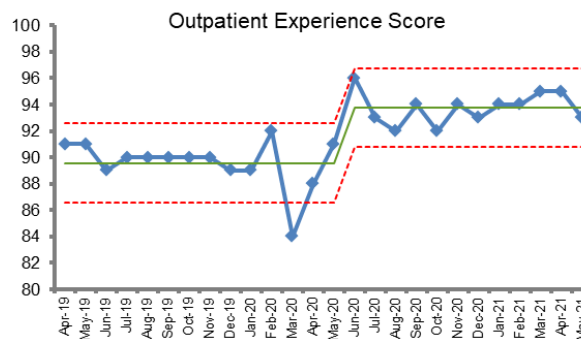
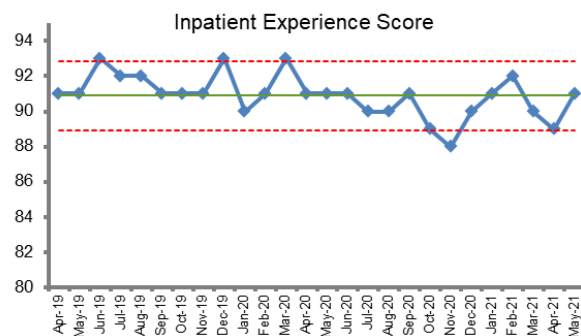
		Positive Response	Total Response	Total Eligible	%Positive	Response Rate
A&E	BRI	189	229	4,303	82.5%	5.3%
	BRHC	269	306	3,056	88.2%	10.0%
	BEH	0	0	1,860	-	0.0%
	Weston	202	239	2,679	85.2%	8.9%
	UHBW	660	774	11,898	85.6%	6.5%
Maternity	Bristol	133	138	1,359	96.4%	

Patient Surveys (Bristol)

May 2021

Y Achieved

Standards:	Please note this data relates to Bristol hospitals only. Data for Division of Weston is reported on the following page. For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	For May 2021: <ul style="list-style-type: none"> Inpatient score was 91 (April was 89) Outpatient score was 93 (April was 95) Kindness and understanding score was 98 (April was 94)
Commentary:	The latest (May) data exceeded the target thresholds.
Ownership:	Chief Nurse



Patient Surveys (Weston)

May 2021

Y Achieved

Standards:	<p>Please note this data relates to Division of Weston only. Following the successful extension of the postal survey programme, this is the first time postal survey data for patients seen at Weston General Hospital (WGH) has been reported.</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>
Performance:	<p>For May 2021:</p> <ul style="list-style-type: none">• Inpatient score was 87 (April was 84)• Outpatient score was 93 (April was 90)• Kindness and understanding score was 94 (April was 91)
Commentary:	<p>The latest (May) data exceeded the target thresholds.</p> <p>As this is the early stages of reporting postal survey data for patients seen at WGH, the Patient Experience team will work to build a more detailed understanding of any key themes, and build the data over time to look at trends.</p>
Ownership:	Chief Nurse

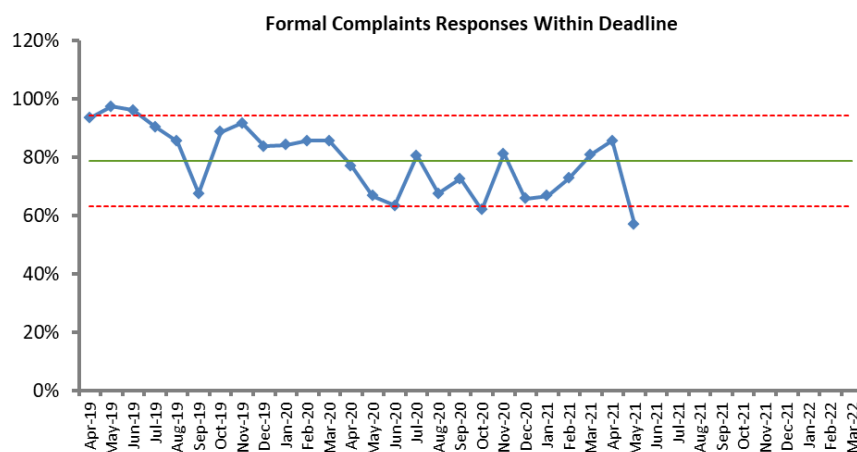
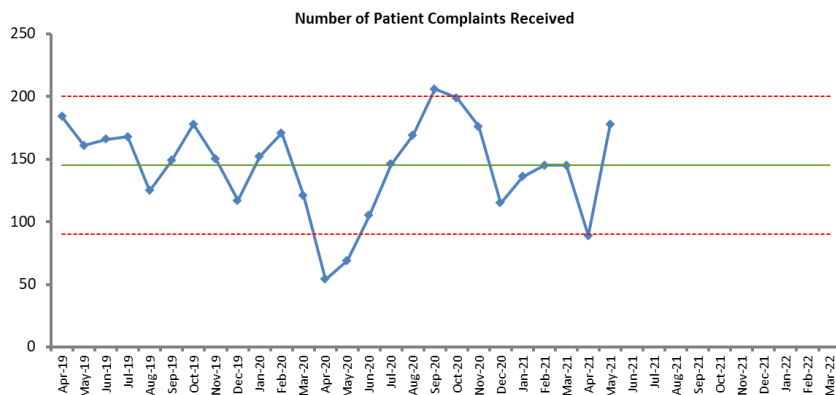
May 2021

P Partially Achieved

Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. In addition the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.
Performance:	<ul style="list-style-type: none"> In May 2021, 57% of formal complaints (41 of 72) were responded to within the agreed timeframe Divisions returned 60% (43 of 72) of formal responses to the PSCT by the agreed deadline, compared with 89.8% in April and 87% in March - this is the deadline for responses to be returned to PSCT; seven working days prior to the deadline agreed with the complainant. 93% of informal complaints (67 of 72) were responded to within the agreed timeframe in May 2021, compared with 89% in April and 89% in March 2021. There were two breaches each for the Divisions of Specialised Services and Weston and one for Medicine. There was just one complaint reported in May 2021 where the complainant was dissatisfied with our response, which represents 2.1% of the 47 first responses sent out in March 2021 (this measure is reported two months in arrears). This is a marked improvement on the 13.6% reported in April 2021 for responses sent out in February 2021.
Commentary:	<p>The Response Time standard for formal complaints saw a significant deterioration on the 88.1% reported in April and 81% reported in March 2021. 27 of the 31 breaches were attributable to delays within the divisions, three were due to delays during Executive sign-off and one was due to delays during the checking process by the Patient Support & Complaints Team (PSCT). There were 11 breaches for the Division of Weston, 10 for the Division of Medicine, five for the Division of Surgery, two for Trust Services and one each for Specialised Services, Women & Children and Estates & Facilities. The Division of Diagnostics & Therapies achieved 100% of responses sent out on time. It should be noted that only two of the five breaches for Surgery were attributable to divisional delays and the one breach for Women & Children was due to a delay during the Executive sign-off process.</p> <p><i>NB: At the time of submitting this report, this data had not yet been validated by Divisions.</i></p>
Ownership:	Chief Nurse

Patient Complaints

May 2021



Complaints Received

	May-21	2021/2022	2020/2021
Diagnostics and Therapies	5	9	56
Medicine	26	52	385
Specialised Services	35	51	190
Surgery	48	64	406
Trust Services	2	2	56
Weston	18	32	250
Women's and Children's	38	50	273
Estates and Facilities	6	7	49
TOTAL	178	267	1665

Responses Within Deadline

	May-21	
	% Within Deadline	Total Responses
Diagnostics and Therapies	100.0%	1
Medicine	54.5%	22
Specialised Services	83.3%	6
Surgery	66.7%	15
Trust Services	0.0%	2
Weston	0.0%	11
Women's and Children's	92.9%	14
Estates and Facilities	0.0%	1
TOTAL	56.9%	72

Emergency Care – 4 Hour Standard

May 2021

N Not Achieved

Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 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.
Performance:	Trust level 4 hour performance for May was 74.2% across all four Emergency Departments (16,523 attendances and 4,263 patients waiting over 4 hours). There were 28 patients who had a Trolley wait in excess of 12 hours (4 in Bristol and 24 at Weston). Between 1 st April and 16 th June 2021 there were 2,734 Ambulance Handovers that exceeded 30 minutes across all departments. This represents 26% of all Handovers.
Commentary:	<p>Bristol Royal Infirmary</p> <p>Performance against the 4 hour standard was 57.4% in May, a deterioration from 62.2% in April. Attendances averaged 215 per day in May which is unprecedented for this time of year (c.f. 179 per day in March). 12 hour trolley waits decreased further to 4 compared to 9 breaches in April.</p> <p>Walk-in activity has continued to escalate resulting in frequent overcrowding in the Fast Flow waiting area which is a known driver of violence and aggression, poor patient experience and reduced infection control and prevention. Walk-in demand has been especially pronounced on Mondays and Tuesdays. Redirection to the Urgent Treatment Centre (UTC) at South Bristol hospital resumed in May in recognition of increasing minor illness/injury demand. However due to high demand across the system, redirection is periodically halted if demand at the UTC becomes high. Messaging to the public to raise awareness of alternatives to Emergency Department attendance has been used through social media as well as a system led radio campaign.</p> <p>Achieving flow remains a key enabler to minimising overcrowding, ambulance queueing and long waits. Incident Triage Area, Ambulance Queuing and Admissions Overflow Standard Operating Procedures (SOPs) have been established along with increased nursing and medical staffing to support decompressing ED and reducing patient safety risks.</p> <p>The flow challenges have been exacerbated by the following factors:</p> <ul style="list-style-type: none">• Workforce shortages, particularly nursing, has meant that inpatient escalation beds could not consistently be staffed• The delay in restoration of some primary and community care services has driven an increase in activity to ED which is significantly above usual averages for May.

May 2021

Commentary:

Bristol Royal Hospital for Children:

4 hour performance was 88.5% in May which is down from the 91% in April.

Attendances continue to rise with May 2021 averaging 125 attendances per day, compared to 106 per day in April 2021 and 64 per day in May 2020. For comparison with pre-Covid; May 2019 saw an average of 120 attendances per day at the Children's Hospital.

Weston General Hospital:

During the month of May 21 the department saw an increase in walk in attendances combined with an increase in Ambulance arrivals. Performance against the 4 hour target also improved at 77.0% (vs 70.8% in April). At the beginning of May the Division had 7 patients with COVID19, this decreased throughout the month leaving 1 clinically COVID on 31st May. Harptree Ward was converted from blue to green enabling the use of green capacity by 25 beds.

Weston have continued with its streaming and redirection work at the front door. The Division have also been trialling the Abbott COVID testing in comparison to Cepheid tests results with the hope to use this method which will support flow throughout the hospital. Flow throughout the division has been challenging with an average of 51 patients on the green to go list which is large proportion of the bed base. There has been a decrease in the number of 12 hour breaches for the 2nd month in a row at 24 in month. This was due to the ward reconfiguration and decrease in Covid-19 patients.

Emergency Care – 4 Hour Standard

May 2021

Commentary:

Bristol Eye Hospital:

BEH attendances are increasing again this month, with 1867 in May versus 1802 in April.

Performance decreased slightly from last month with 36 four hour breaches (performance in May 98.07% versus 98.93% in April). As per previous commentaries, this is predominantly due to diagnostic delay (19/36 breaches) with patients having to attend BRI for ultrasounds and neuroimaging. 7 patients were admitted from ED to the ward.

Other ED's over the trust have been under great pressure and BEH is trying to problem solve earlier to avoid early closure and will escalate to Silver and CSM before doing so. Staffing continues to be difficult at times and the ED Sister is leaving in July compounding staffing challenges in the future.

The planned rollout of a new electronic patient went live from 14 June. The ED dashboard is being created, trying to include data for patients going to the BRI for diagnostic real time.

Ownership:

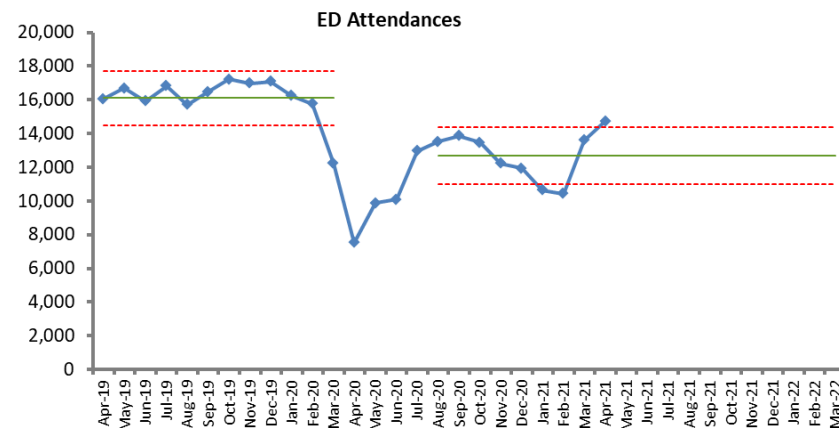
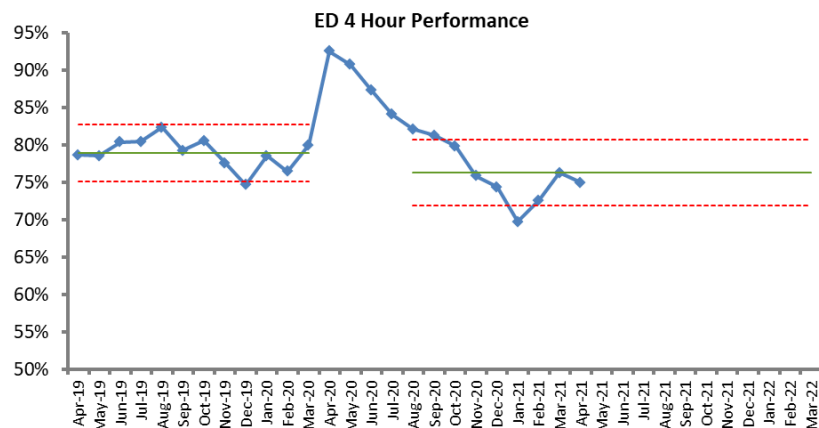
Chief Operating Officer

4 Hour Performance	May-21	2021/2022
Bristol Royal Infirmary	57.4%	59.7%
Bristol Children's Hospital	88.5%	89.6%
Bristol Eye Hospital	98.1%	98.2%
Weston General Hospital	77.0%	74.1%

Total Attendances	May-21	2021/2022
Bristol Royal Infirmary	6,669	12,749
Bristol Children's Hospital	3,890	7,065
Bristol Eye Hospital	1,867	3,669
Weston General Hospital	4,097	7,763

Emergency Care – 4 Hour Standard

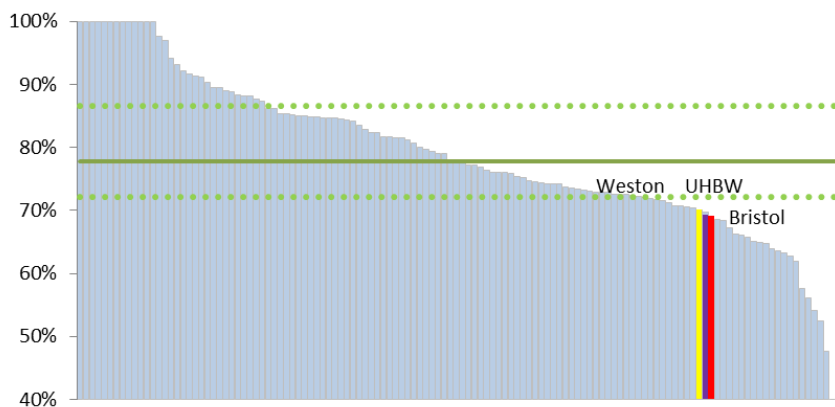
May 2021



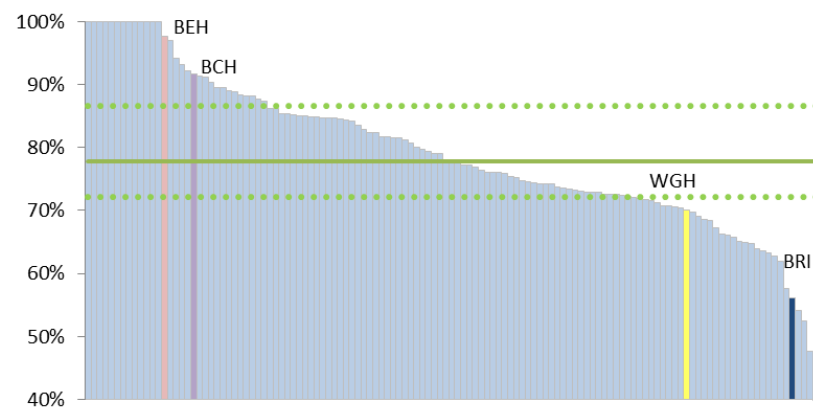
Note:

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

Benchmarking - ED 4 Hour Performance 2020/21 Quarter 4



Benchmarking - ED 4 Hour Performance 2020/21 Quarter 4



Emergency Care – 12 Hour Trolley Waits

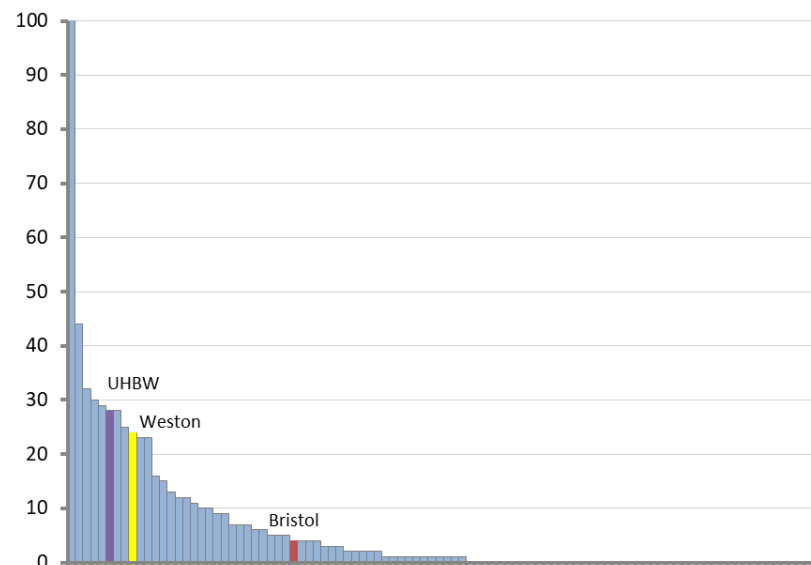
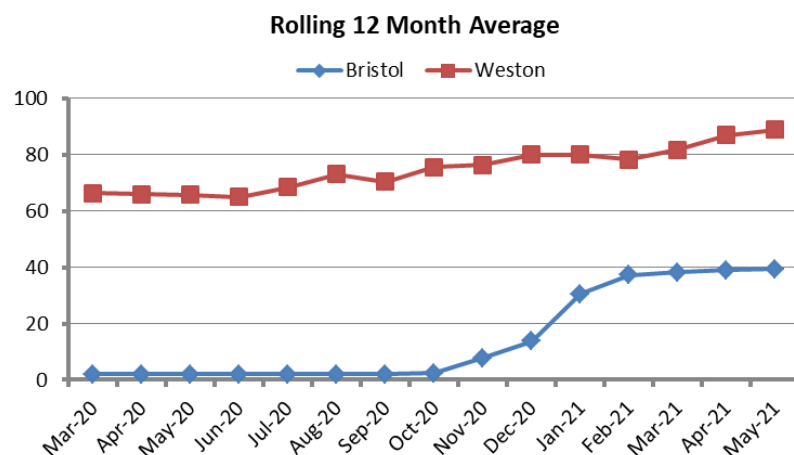
May 2021

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.

	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										
Weston	0	1	7	58	68	6	84	135	168	257	113	84	62	24										
UHBW	0	1	7	58	68	6	87	201	247	468	195	102	71	28										

Benchmarking - 12 Hour Trolley Waits - May2021



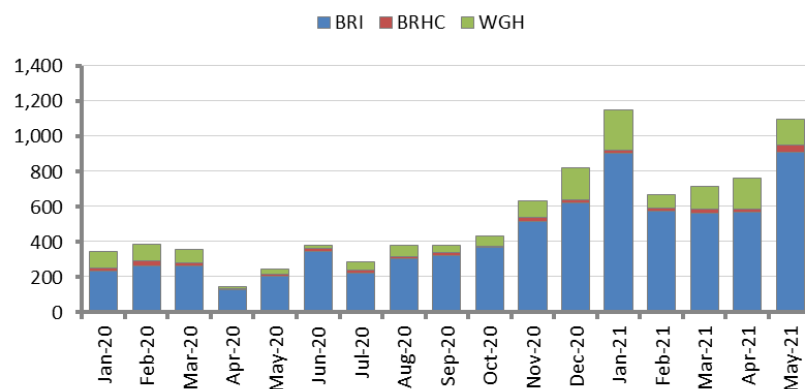
Emergency Care – Ambulance Handovers

Quarter 1 2021/22

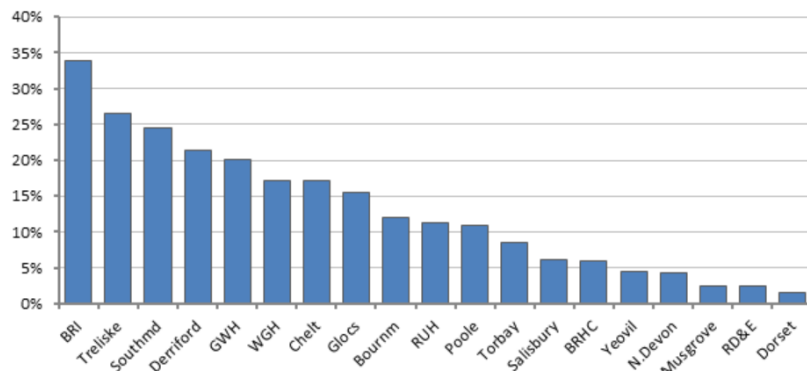
This data is supplied by the South Western Ambulance Service NHS Foundation Trust (SWASFT).

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

UHBW Chargeable Ambulance Handovers In Excess of 30 Minutes



Percentage of Handovers Over 30 Minutes (1st April to 13th June)



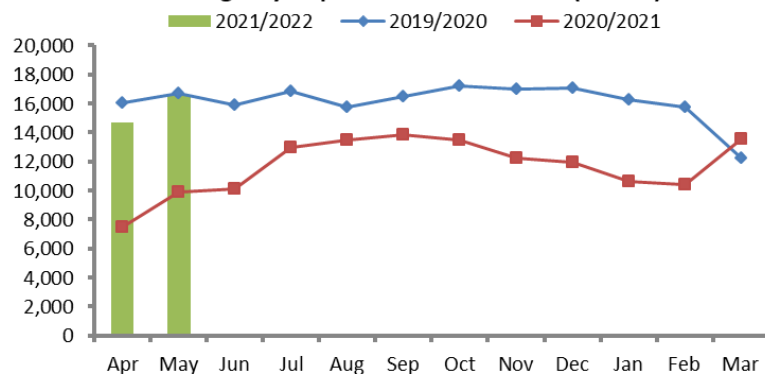
Total Ambulance Service Handovers - South West Region - 1st April to 13th June 2021

Hospital	Total Handovers	Number Over 30 Minutes	% Over 30 Minutes	Number Over 1 Hour	Number Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	1,603	96	6%	16	1
BRISTOL ROYAL INFIRMARY	6,493	2,195	34%	1,170	435
CHELTENHAM GENERAL HOSPITAL	275	47	17%	5	2
DERRIFORD HOSPITAL	9,157	1,952	21%	904	263
DORSET COUNTY HOSPITAL	4,145	65	2%	12	0
GLOUCESTER ROYAL HOSPITAL	10,371	1,610	16%	467	101
GREAT WESTERN HOSPITAL	6,580	1,322	20%	567	160
MUSGROVE PARK HOSPITAL	6,389	154	2%	7	0
NORTH DEVON DISTRICT HOSPITAL	3,715	157	4%	12	0
POOLE HOSPITAL	5,551	602	11%	115	19
ROYAL BOURNEMOUTH HOSPITAL	5,908	707	12%	123	3
ROYAL DEVON AND EXETER WONFORD	8,166	196	2%	7	1
ROYAL UNITED HOSPITAL - BATH	7,170	811	11%	262	47
SALISBURY DISTRICT HOSPITAL	3,172	193	6%	29	3
SOUTHMEAD HOSPITAL	8,412	2,069	25%	888	216
TORBAY HOSPITAL	6,356	543	9%	153	21
TRELISKE HOSPITAL	9,281	2,455	26%	1,283	534
WESTON GENERAL HOSPITAL	2,579	443	17%	218	82
YEovil DISTRICT HOSPITAL	3,571	158	4%	19	0
All Hospitals Attended	108,894	15,775	14%	6,257	1,888

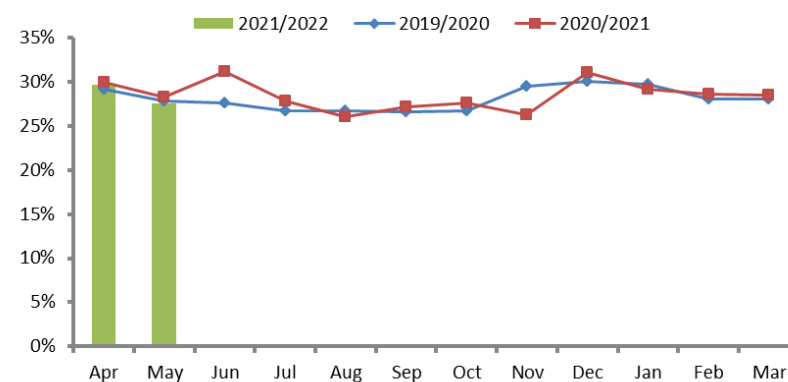
Emergency Care – Supporting Information

May 2021

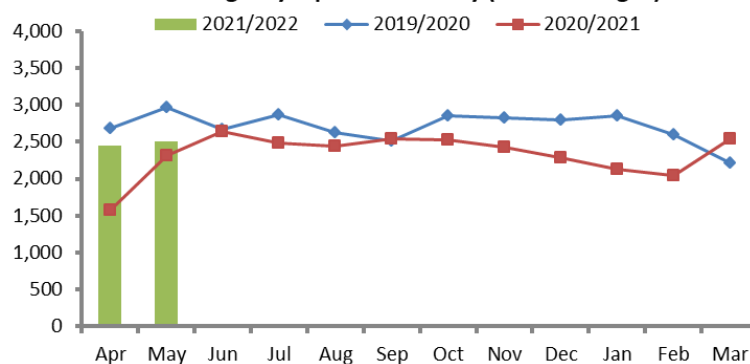
Emergency Department Attendances (UHBW)



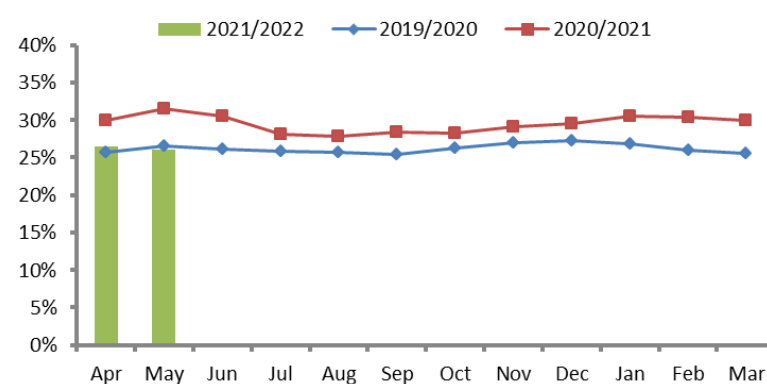
Percentage of Emergency BRI Spells - Patients Aged 75+



Emergency Inpatient Activity (BRI Discharges)



Percentage of ED Attendances Resulting in Admission

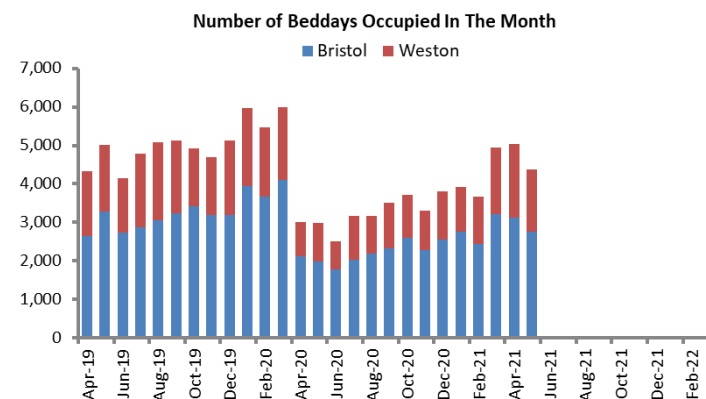
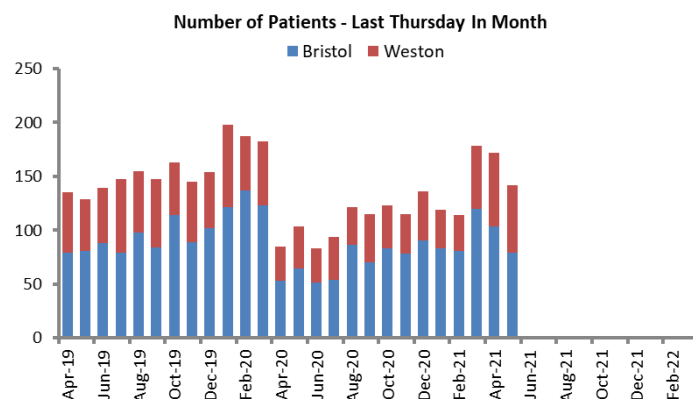


Delayed Discharges

May 2021

N/A No Standard Defined

Standards:	Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToc) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its Medically Fit For Discharge (MFFD) lists. These are patients whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge. Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3).
Performance:	At the end of May there were 142 MFFD patients in hospital: 79 in Bristol hospitals and 63 at Weston. There were 4,384 beddays consumed in total in March (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 141 beds were occupied per day by MFFD patients.
Commentary:	<p>Demand for all the pathways in Bristol continues to exceed capacity in May 2021:</p> <ul style="list-style-type: none"> Pathway 1 referrals regularly exceeded the number of slots available as referrals were consistently at significantly higher levels than expected. Pathway 2 capacity remained limited due to the temporary reduction in rehabilitation beds at South Bristol Community Hospital. Sirona are running an extensive recruitment programme (operating at 50% capacity), they aim to be fully operational at the end of June 2021. Pathway 3 continues to experience significant pressures in Bristol, particularly for complex patients requiring dementia care. This has increased since the reduction in 'surge' P3 beds commissioned during Covid. New Pathway 3 contracts are being issued to care homes to try and meet the specific demand. It will take a while for those to come online as current patients have to be discharged.
Ownership:	Chief Operating Officer

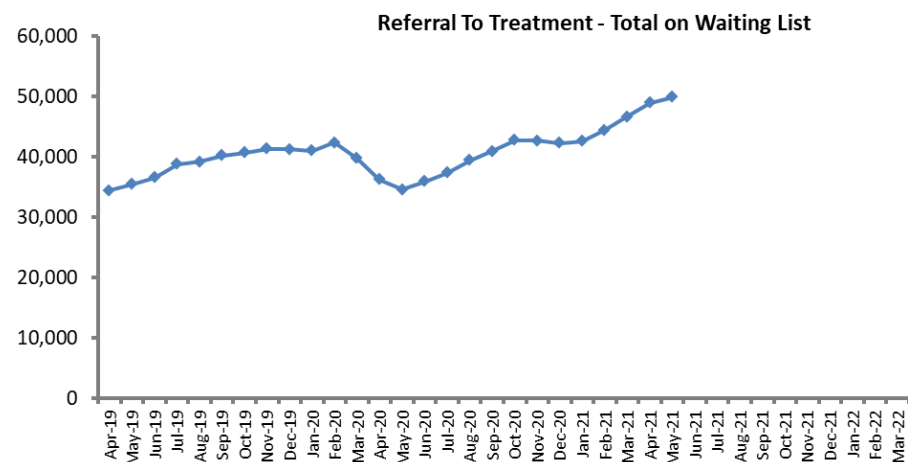
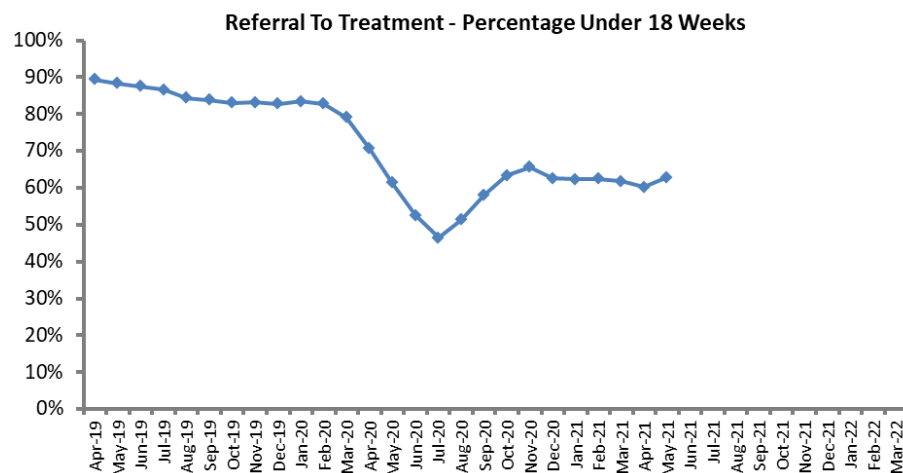


Referral To Treatment

May 2021

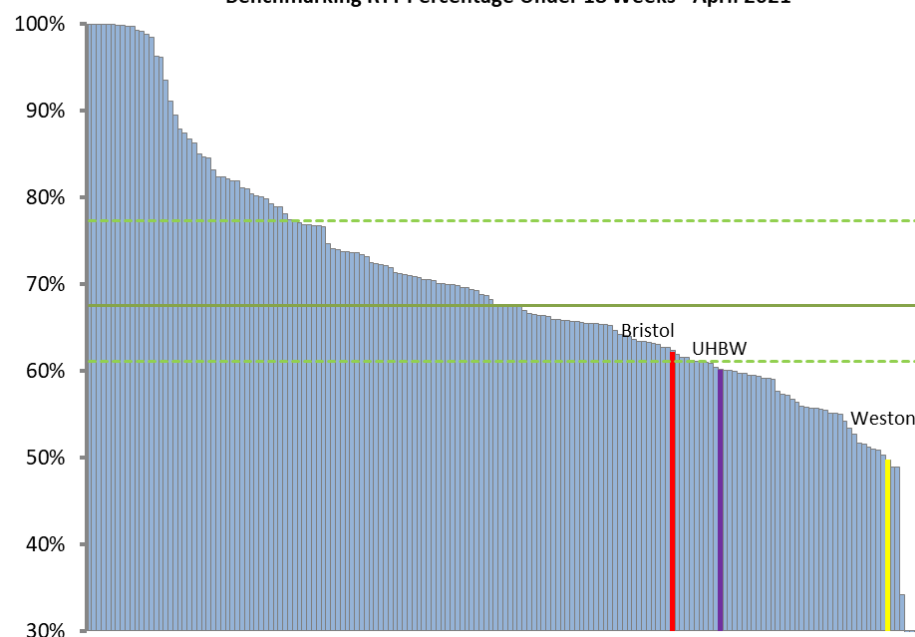
N Not Achieved

Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued guidance that Trusts should aim to reduce the overall waiting list size, with Trusts being expected to reduce from the end of January 2020 volume. The combined waiting list was 40,911 (34,229 at Bristol and 6,682 at Weston).
Performance:	At end of May, 62.8% of patients were waiting under 18 weeks. The total waiting list was 49,791 and the 18+ week backlog was 18,528.
Commentary:	<p>The focus of discussions with divisions and wider system partners is on restoring of activity and clinically prioritising waiting lists. This will involve demand management, ensuring full utilisation of the available capacity in the independent sector and full utilisation of the extra lists that have been arranged through waiting list initiatives. Some Divisions have been agreed a temporary enhanced rate for WLI initiatives and weekend lists have been arranged, however an Executive decision to agree a longer term plan around rate of pay for consultants to do extra during the evening / weekends is still required.</p> <p>Compared to end of March 2020, the overall wait list has increased by 10,088 patients at end of May 2021. The largest Bristol increases are in Ophthalmology (4,374 increase), Adult ENT & Thoracics (1,508). The Weston list has increased by 1,125 over the same time period. The largest Bristol volumes of 18 week backlog patients at the end of May are in Dental (3,970 patients), Ophthalmology (2,622), ENT & Thoracics (1,924) and Paediatrics (1,720). Weston has 3,848 patients waiting 18+ weeks at the of May.</p>
Ownership:	Chief Operating Officer



May 2021

Benchmarking RTT Percentage Under 18 Weeks - April 2021



	May-21		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	243	244	99.6%
Medicine	3,857	4,597	83.9%
Specialised Services	3,113	4,553	68.4%
Surgery	15,068	25,581	58.9%
Weston	4,148	7,996	51.9%
Women's and Children's	4,834	6,820	70.9%
Other/Not Known	0	0	-
TRUST TOTAL	31,263	49,791	62.8%
<i>Bristol Subtotal</i>	<i>27,115</i>	<i>41,795</i>	<i>64.9%</i>

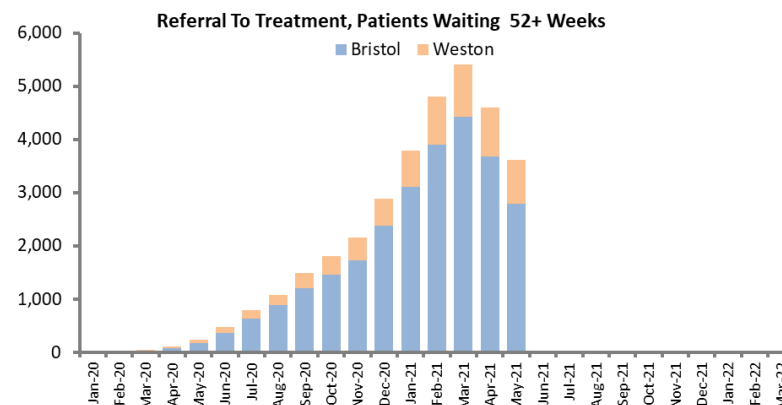
Referral To Treatment – 52 Weeks

May 2021

N Not Achieved

Standards:	No patient should wait longer than 52 weeks for treatment
Performance:	At end of May 3,618 patients were waiting 52+ weeks; 2,796 across Bristol sites and 822 at Weston.
Commentary:	<p>Patients who are 52+ week breaches reduced by 980 patients from end of April to End of May being the second month of reduction as March to April showed a circa 700 reduction however it is too early to tell if this is a downward trend due to the level of backlogs caused by the Covid-19 pandemic. However this second month of reduction demonstrates the importance of waiting list initiatives to reduce our backlog position. The demand and capacity modelling and trajectory setting for the next 6 months are almost finalised and will demonstrate the short falls in our capacity to recover against the demand. Patients who have been clinically prioritised as P2 patients who require treatment within one month is challenging but continues to be the focus when prioritising our patients for treatment and where capacity allows, long waiting patients will be added to the list, but we are still seeing an unprecedented number of breaches for more routine treatment which is likely to continue to grow. 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 have been waiting 18+ weeks have now been clinically prioritised with 0.6% of those being assigned a P2 status. Offers of dates will be made for treatment in the independent sector where clinicians have practicing privilege rights, insourcing arrangements and waiting list initiatives. Previous challenges of theatre closures is becoming less of an issue as theatres are almost back to full capacity, however the challenge of distancing restrictions and lack of ward beds continues to be an issue for routine patients. NHS England, and local commissioners, continue to request weekly reporting of patients waiting 78+ and 104+ week, as part of the drive to reduce the overall numbers waiting over a year. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list however the volumes of patients who have been clinically prioritised as requiring treatment within a month against the Royal College of Surgeons guidelines, still out way the capacity we have available to be able to offer this cohort a TCI date.</p>
Ownership:	Chief Operating Officer

	May-21		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	21	3	0
Specialised Services	306	73	2
Surgery	2,021	401	20
Weston	822	241	23
Women's and Children's	448	84	3
TOTAL	3,618	802	48



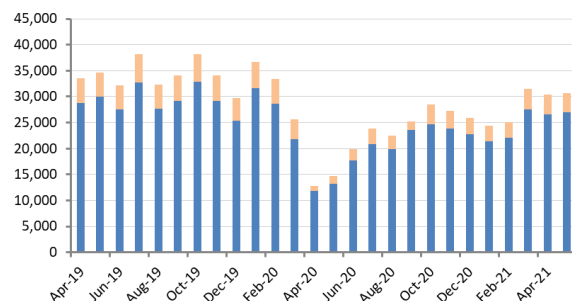
Elective Activity and Referral Volumes

May 2021

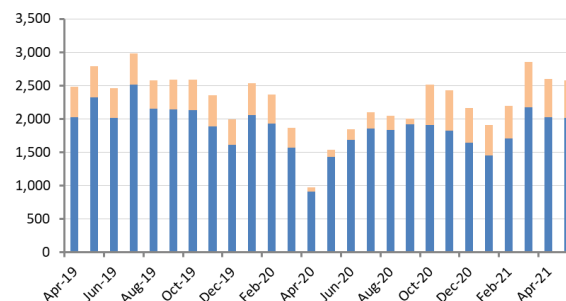
BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO MAY 2021

■ Bristol ■ Weston

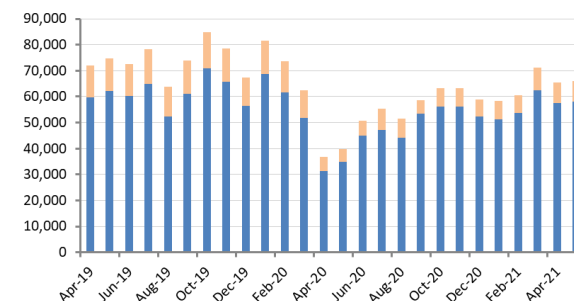
Outpatient Referrals (All)



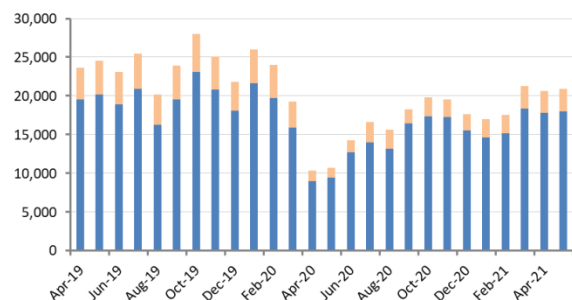
Outpatient Referrals (2 Week Wait)



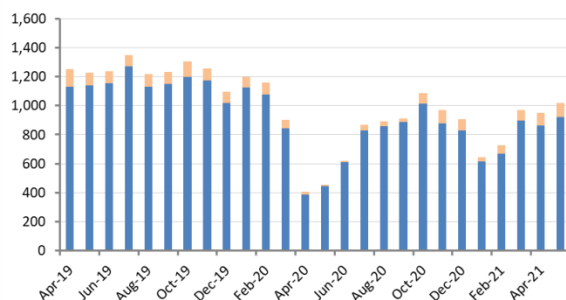
Outpatient Attendances (All)



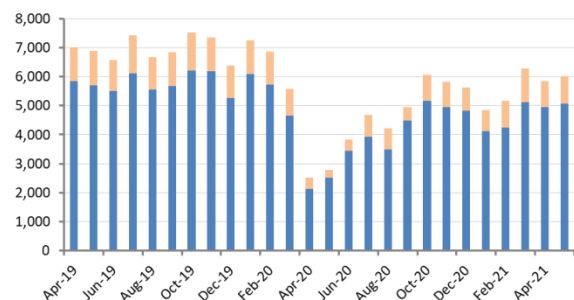
Outpatient Attendances (New)



Elective Inpatients



Elective Day Cases



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

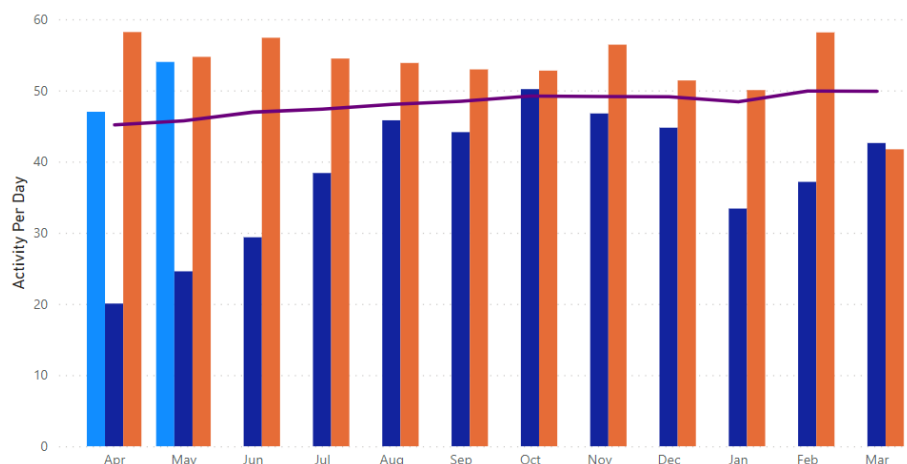
Elective Activity – Restoration

May 2021

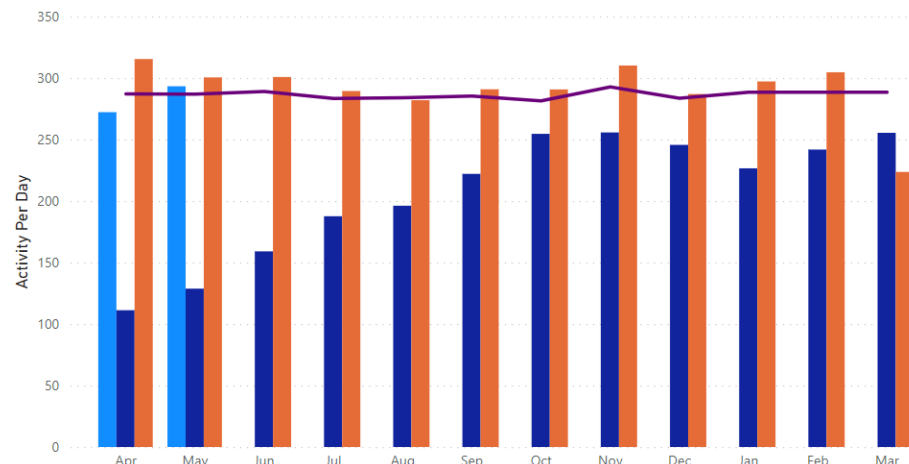
Activity Per Day, By Month and Year

● 2021/22 ● 2020/21 ● 2019/20 ● 2021/22 Plan

Elective Inpatients



Elective Day Cases



		Apr	May
2021/22	Actual Activity Per Day	47	54
	Planned Activity Per Day	45	46
2019/20	Actual Activity Per Day	58	55

2021/22 Activity: % of Plan		104%	117%
2021/22 Activity: % of 2019/20		81%	98%

		Apr	May
2021/22	Actual Activity Per Day	272	293
	Planned Activity Per Day	287	287
2019/20	Actual Activity Per Day	315	300

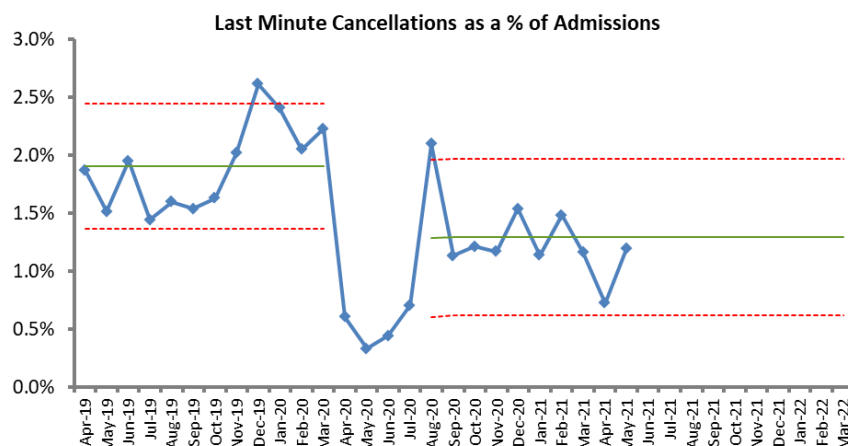
2021/22 Activity: % of Plan		95%	102%
2021/22 Activity: % of 2019/20		86%	98%

Cancelled Operations

May 2021

P Partially Achieved

Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In May, there were 72 last minute cancellations, which was 1.2% of elective admissions. Of the 40 cancelled in April, 39 (97.5%) had been re-admitted within 28 days.
Commentary:	April saw last minute cancellations fall below the target of 0.8% of elective admissions for the first time since July 2020. Performance deteriorated in May to 1.2% but is still below the red threshold of 1.5%. The most common cancellation reasons for May were "Other Emergency Patient Prioritised" (16), No Beds Available (12) and Equipment Failure (9). The largest Bristol volumes were in Cardiac (22), Ophthalmology (16) and General Surgery (13). National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data.
Ownership:	Chief Operating Officer



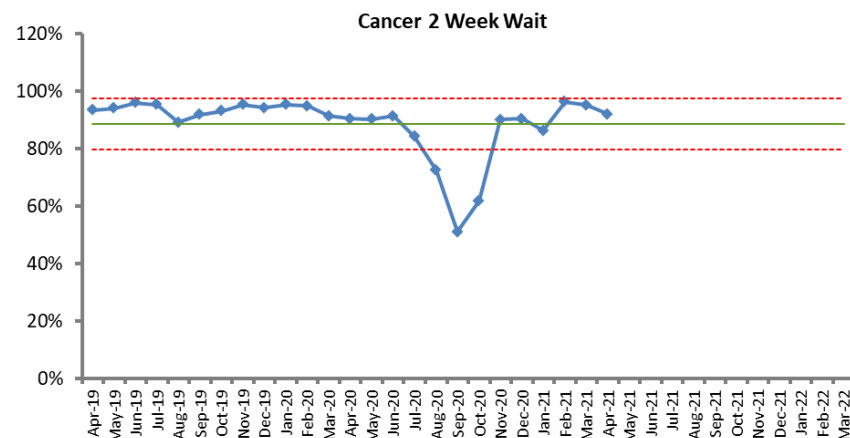
	May-21		2021/2022	
	LMCs	% of Admissions	LMCs	% of Admissions
Medicine	0	0.00%	0	0.00%
Specialised Services	22	1.01%	38	0.87%
Surgery	38	2.05%	57	1.60%
Weston	3	0.85%	5	0.78%
Women's and Children's	9	0.94%	14	0.72%
Other/Not Known	0	-	0	-
TRUST TOTAL	72	1.19%	114	0.96%

Cancer Two Week Wait

April 2021

N Not Achieved

Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For April, 91.9% of patients were seen within 2 weeks. This is combined Bristol and Weston performance.
Commentary:	The standard was non-compliant in April (91.9% against a 93% standard). It is expected that compliance will continue to be challenging until all precautions and restrictions related to Covid are lifted. Over half of breaches of the standard are due to patient choice. The next largest cause of 'breaches' was endoscopy capacity, which continues to be impacted by the need to take precautions against Covid. There may also be a deterioration in performance in July when new pathways for colorectal cancer are implemented – although these will enable more timely care in future and will be better for patients by reducing the number of visits to the hospital.
Ownership:	Chief Operating Officer



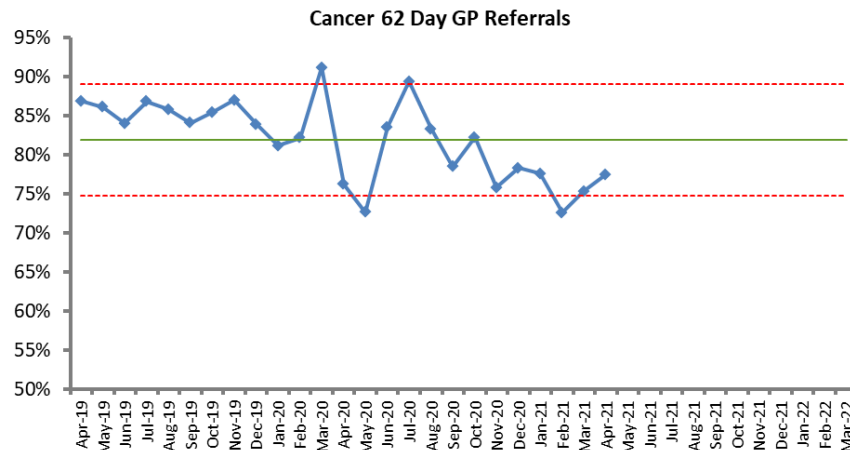
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	1	2	50.0%
Suspected children's cancer	13	14	92.9%
Suspected gynaecological cancers	162	173	93.6%
Suspected haematological malignancies	20	21	95.2%
Suspected head and neck cancers	445	467	95.3%
Suspected lower gastrointestinal cancers	188	234	80.3%
Suspected lung cancer	39	44	88.6%
Suspected skin cancers	570	598	95.3%
Suspected testicular cancer	4	4	100.0%
Suspected upper gastrointestinal cancers	136	156	87.2%
Suspected urological cancers excluding testicular	54	63	85.7%
Grand Total	1,632	1,776	91.9%

Cancer 62 Days

April 2021

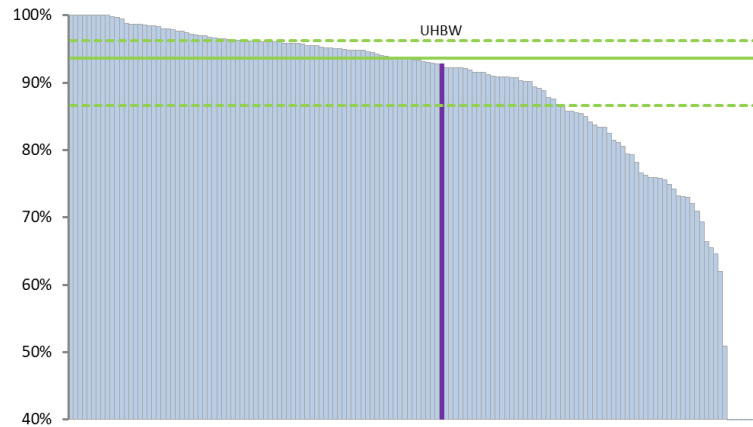
N Not Achieved

Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For April, 77.8% of patients were seen within 62 days. This is combined Bristol and Weston performance.
Commentary:	The standard was non-compliant in April (77.8% against an 85% standard). The majority of breaches were due to the impact of the Covid pandemic on capacity, patient choice, and medical deferrals. . Achieving compliance with the 85% standard remains unlikely in the short term but improvement to >80% performance should be possible by quarter 2 provided no significant 'third wave' of Covid occurs. Patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.
Ownership:	Chief Operating Officer

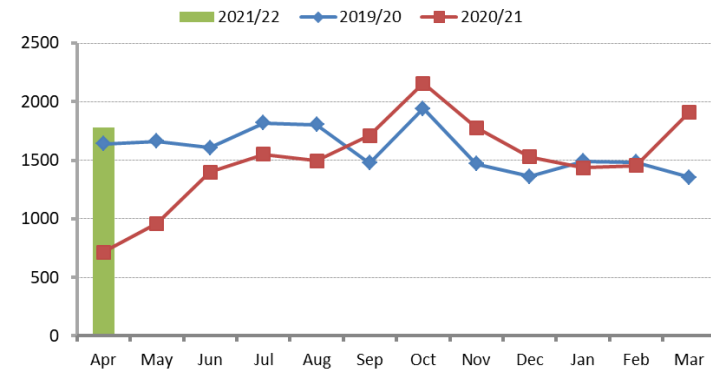


	Within Target	Total Pathways	Performance
Breast	2.0	2.0	100.0%
Gynaecological	3.0	6.0	50.0%
Haematological	3.5	3.5	100.0%
Head and Neck	7.5	10.5	71.4%
Lower Gastrointestinal	11.0	19.5	56.4%
Lung	11.0	16.5	66.7%
Sarcoma	1.0	2.0	50.0%
Skin	48.0	49.0	98.0%
Upper Gastrointestinal	6.5	8.5	76.5%
Urological	4.5	9.0	50.0%
Grand Total	98.0	126.0	77.8%

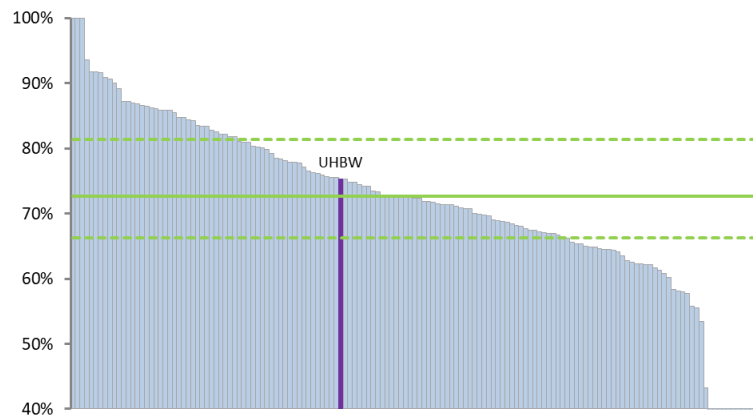
Benchmarking - 2 Week Wait Performance - 2020/21 Quarter 4



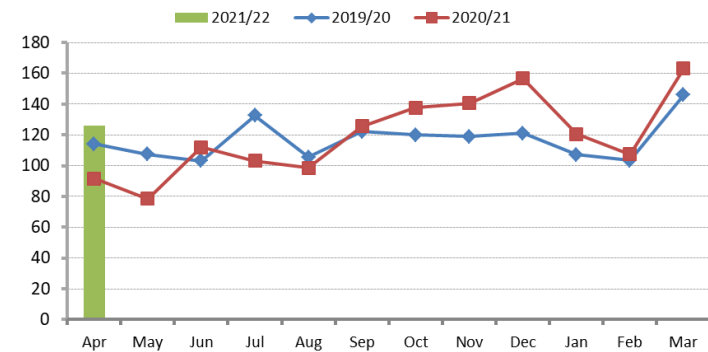
2 Week Wait - Patients Seen



Cancer 62 Day Performance - 2020/21 Quarter 4



62 Day - Patients Treated



Snapshot taken: 13th June 2021

Standards:	This is not a constitutional standard but monitored by regulators in conjunction with the 62 day standard for cancer treatment after a GP referral for suspected cancer. Trusts are expected to have no patients waiting past day 104 on this pathway for inappropriate reasons (i.e. those other than patient choice or clinical reasons). The Trust has committed to sustaining <10 waiters for 'inappropriate' reasons.
Performance:	Prior to the Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons (i.e. those other than patient choice, clinical reasons, or recently received late referrals into the organisation). As at 13 th June 2021 there were 2 such waiters. This compares to a peak of 53 such waiters in early July.
Commentary:	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The number of such waiters remains stable. Avoiding harm from any long waits remains a top priority and is closely monitored. During this period of limited capacity due to the Covid outbreak, appropriate clinical prioritisation will adversely affect this standard as patients of lower clinical priority may wait for a longer period, to ensure those with high clinical priority are treated quickly. This is because cancer is a very wide range of illnesses with differing degrees of severity and risk and waiting time alone is not a good indicator of clinical urgency across cancer as a whole. An example of this is patients with potential thyroid cancers awaiting thyroidectomy, who have been clinically assessed as safe to wait for several more months (and most of whom will not ultimately have a cancer diagnosis), but who have exceeded the 104 day waiting time.
Ownership:	Chief Operating Officer

Cancer – Patients Waiting 62+ Days

Snapshot taken: 13th June 2021

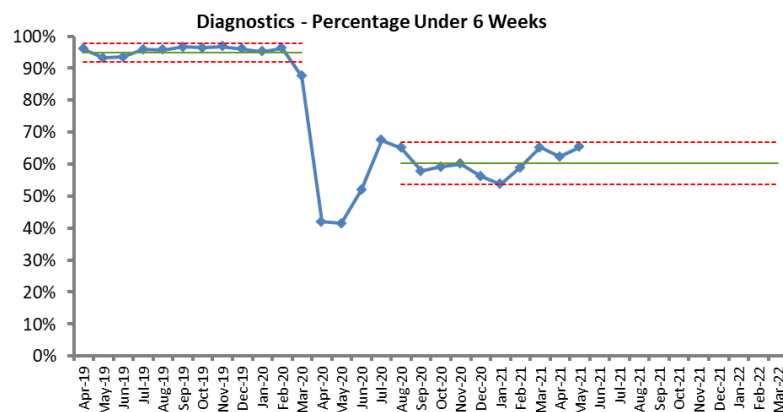
Standards:	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE have asked Trusts to return to 'pre-pandemic levels'. NHSE defines this as 180 patients for UHBW. Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.
Performance:	As at 16 th May the Trust had 187 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
Commentary:	The Trust is close to the 'pre-Covid' baseline. The figures for the week reported here are unvalidated due to staff leave and as such the true figure would be below the 180 baseline. Cancer waiting lists and processes have not been designed to report against 'ongoing' targets as these were brought in during the pandemic as a short term measure, as such reporting accurate figures requires a significant amount of additional manual validation.
Ownership:	Chief Operating Officer

Diagnostic Waits

May 2021

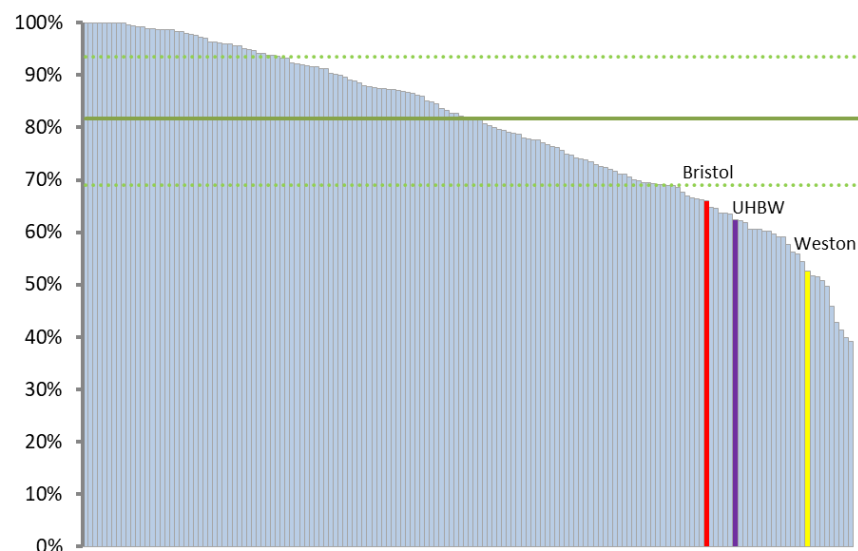
N Not Achieved

Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of May, 65.3% of patients were waiting under 6 week, with 14,282 patients in total on the list. This is Bristol and Weston combined.
Commentary:	<ul style="list-style-type: none"> Short term staffing issues in Paediatric Radiology during June to August could affect 6 week breach performance. At the end of June currently forecasting 50+ breaches of the standard compared to normal. Mitigations in place including clinical meeting postponement and seeking locum support. Data Quality issues in the Weston data set for Endoscopy have now been resolved, with the next area of focus on echo cardiography and Cystoscopy. Weston echo cardiography recovery plan in development. Trajectories for reducing 13 week breaches across all modalities underway for agreement by the end of Quarter 1 2021/22. National diagnostic waiting list validation exercise launched. Priority to review modalities where 50% waiting over 6 weeks by end of July, and then remainder of the list by end of August. Project capacity now confirmed with transformation team to enable delivery. Co-design workshops commencing with system partners and likely to be some slippage beyond initial July deadline.
Ownership:	Chief Operating Officer



	May-21		
	Under 6 Weeks	Total Pathways	Performance
Diagnostics and Therapies	5,002	6,254	80.0%
Medicine	64	274	23.4%
Specialised Services	1,421	2,287	62.1%
Surgery	482	1,342	35.9%
Weston	2,100	3,822	54.9%
Women's and Children's	232	255	91.0%
Other/Not Known	0	0	-
TRUST TOTAL	9,301	14,234	65.3%
<i>Bristol Subtotal</i>	<i>7,201</i>	<i>10,412</i>	<i>69.2%</i>

Benchmarking - Percentage Under 6 Weeks - April 2021



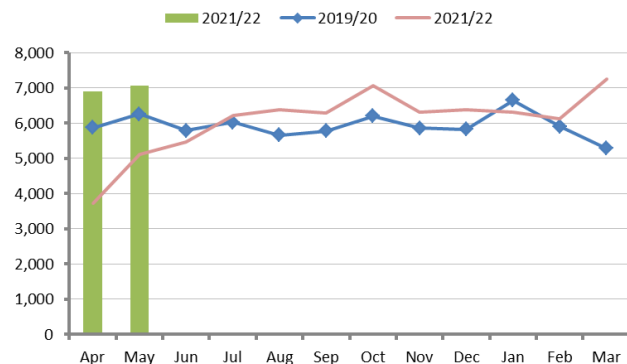
WESTON	Total On		% Under 6	
	6+ Weeks	List	Weeks	13+ Weeks
Audiology - Audiology Assessments	0	42	100.0%	0
Cardiology - echocardiography	776	1,105	29.8%	471
Colonoscopy	155	213	27.2%	147
Computed Tomography	5	358	98.6%	0
Cystoscopy	328	444	26.1%	225
DEXA Scan	299	417	28.3%	184
Flexi sigmoidoscopy	19	40	52.5%	16
Gastroscopy	87	168	48.2%	75
Magnetic Resonance Imaging	0	384	100.0%	0
Non-obstetric ultrasound	53	651	91.9%	0
Grand Total	1,722	3,822	54.9%	1,118

BRISTOL	Total On		% Under 6	
	6+ Weeks	List	Weeks	13+ Weeks
Audiology - Audiology Assessments	2	449	99.6%	1
Cardiology - echocardiography	344	1,484	76.8%	7
Colonoscopy	402	576	30.2%	350
Computed Tomography	236	1,170	79.8%	172
Cystoscopy	0	5	100.0%	0
DEXA Scan	170	366	53.6%	90
Flexi sigmoidoscopy	145	240	39.6%	103
Gastroscopy	334	581	42.5%	279
Magnetic Resonance Imaging	756	2,137	64.6%	372
Neurophysiology - peripheral neurophysi	0	148	100.0%	0
Non-obstetric ultrasound	782	3,198	75.5%	340
Respiratory physiology - sleep studies	40	58	31.0%	1
Grand Total	3,211	10,412	69.2%	1,715

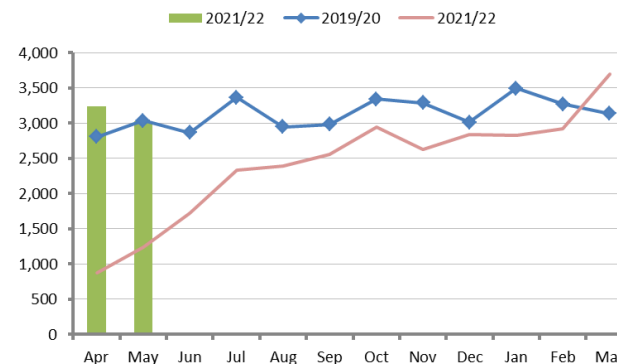
Diagnostic Activity – Restoration

May 2021

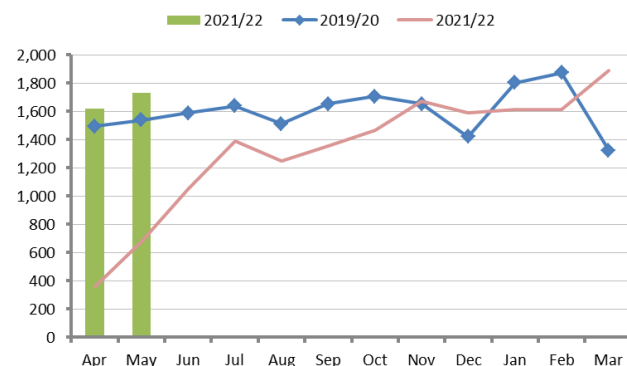
Computed Tomography (CT)



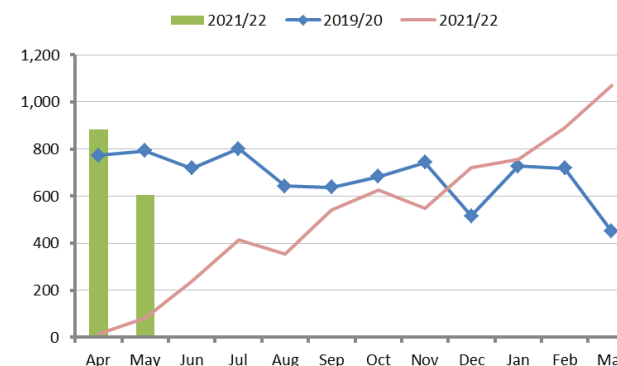
Magnetic Resonance Imaging (MRI)



Echocardiography



Endoscopy



2021/22 as a Percentage of 2019/20

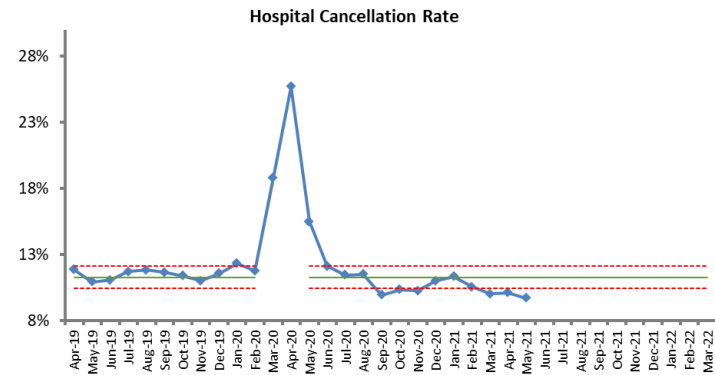
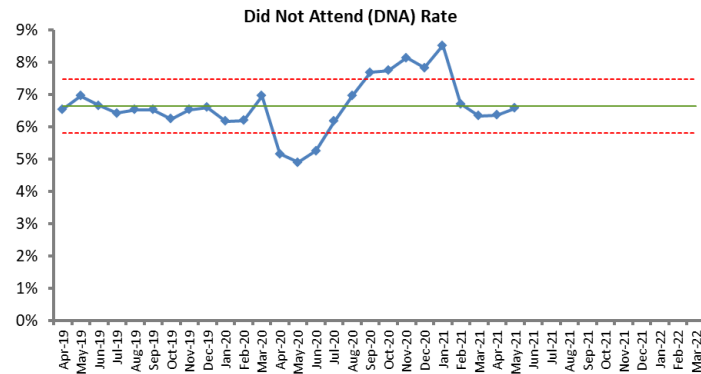
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Computed Tomography	118%	113%										
Magnetic Resonance Imaging	115%	99%										
Echocardiography	108%	113%										
Endoscopy	114%	76%										

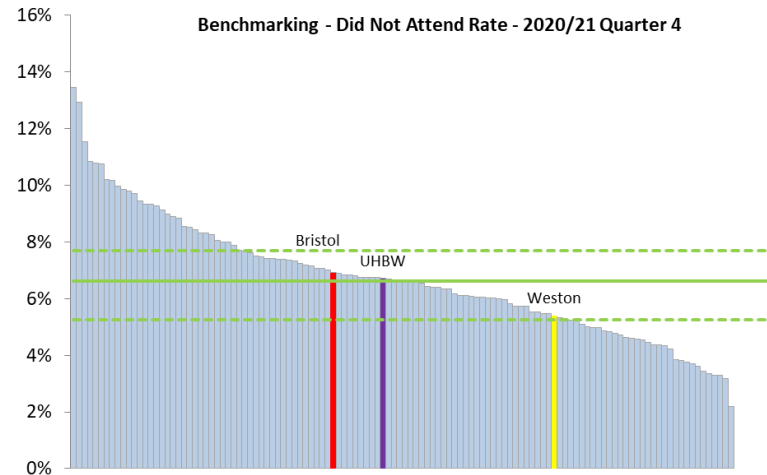
Outpatient Measures

May 2021

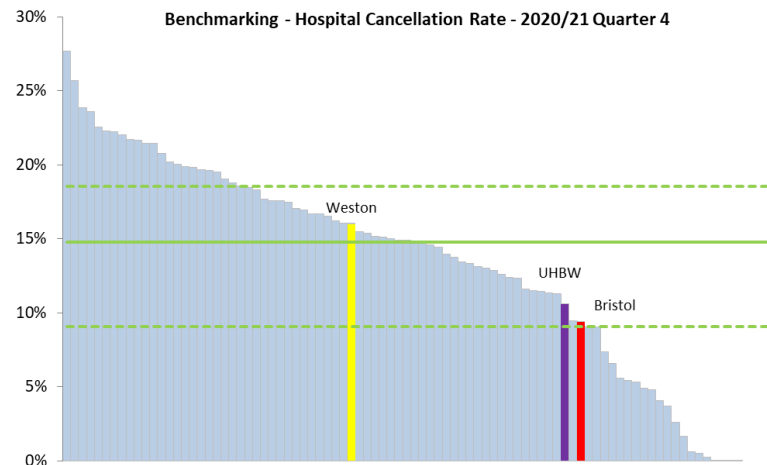
Y Achieved

Standards:	<p>The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs</p> <p>The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made.</p> <p>The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%.</p> <p>For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.</p>
Performance:	<p>In May, the DNA Rate was 6.6% across Bristol and Weston, with 4,623 DNA'd appointments.</p> <p>The hospital cancellation rate was 9.7% with 8,877 hospital cancelled appointments</p>
Commentary:	<ul style="list-style-type: none"> Acceleration of Outpatient activity is in progress. Cancellation rates are tracking below the trust average rates 10.6% DNA rates reduced to 6.6 % in May following a spike in January relating to the peak of COVID cases. Envoy, the trusts text message reminder system, Continues to support patient attendance.
Ownership:	Chief Operating Officer





	May-21	
	DNAs	DNA Rate
Diagnostics and Therapies	319	4.3%
Medicine	813	10.2%
Specialised Services	504	4.5%
Surgery	1,406	7.0%
Weston	534	6.1%
Women's and Children's	1,047	7.1%
Other/Not Known	0	-
TRUST TOTAL	4,623	6.6%
<i>Bristol Subtotal</i>	<i>4,089</i>	<i>6.6%</i>



	May-21	
	Cancellations	Rate
Diagnostics and Therapies	317	3.6%
Medicine	798	8.1%
Specialised Services	2,240	14.7%
Surgery	2,328	8.6%
Weston	1,497	13.0%
Women's and Children's	1,697	8.9%
Other/Not Known	0	-
TRUST TOTAL	8,877	9.7%
<i>Bristol Subtotal</i>	<i>7,380</i>	<i>9.2%</i>

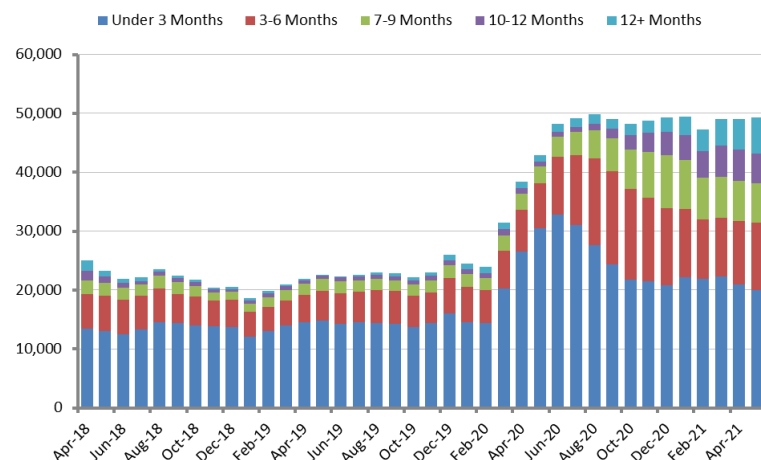
Outpatient Overdue Follow-Ups

May 2021

N Not Achieved

Standards:	This measure looks at referrals where the patient is on a “Partial Booking List” at Bristol, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a “Date To Be Seen By”, from which the proportion that are overdue can be reported.
Performance:	Total overdue at end of May was 49,340 of which 18,581 were overdue by 9+ months. Note that the Weston Data Quality Improvement Group reviewed the reporting of follow-ups and made a decision to use data direct from the Medway Patient Administration System, rather than validation spreadsheets maintained locally. This means historic trend data cannot be presented in a way that is consistent with the current methodology. Source Group have been commissioned to risk stratify the overdue follow up backlog and advise upon improvement priorities.
Commentary:	<ul style="list-style-type: none"> As a result of the COVID -19 response there has been a loss of capacity in outpatients for follow up appointments, this is observed trust wide. Outpatient activity has not exceeded pre-Covid levels, except in March 2021. Data for May shows Outpatients around 91% of May 2019 levels. This will not be 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. Areas of largest areas of backlog seen in Sleep, Ophthalmology, T&O and Respiratory. Discussions in progress with specialities to review the use of PIFU
Ownership:	Chief Operating Officer

Bristol - Overdue FollowUps, by number of months overdue

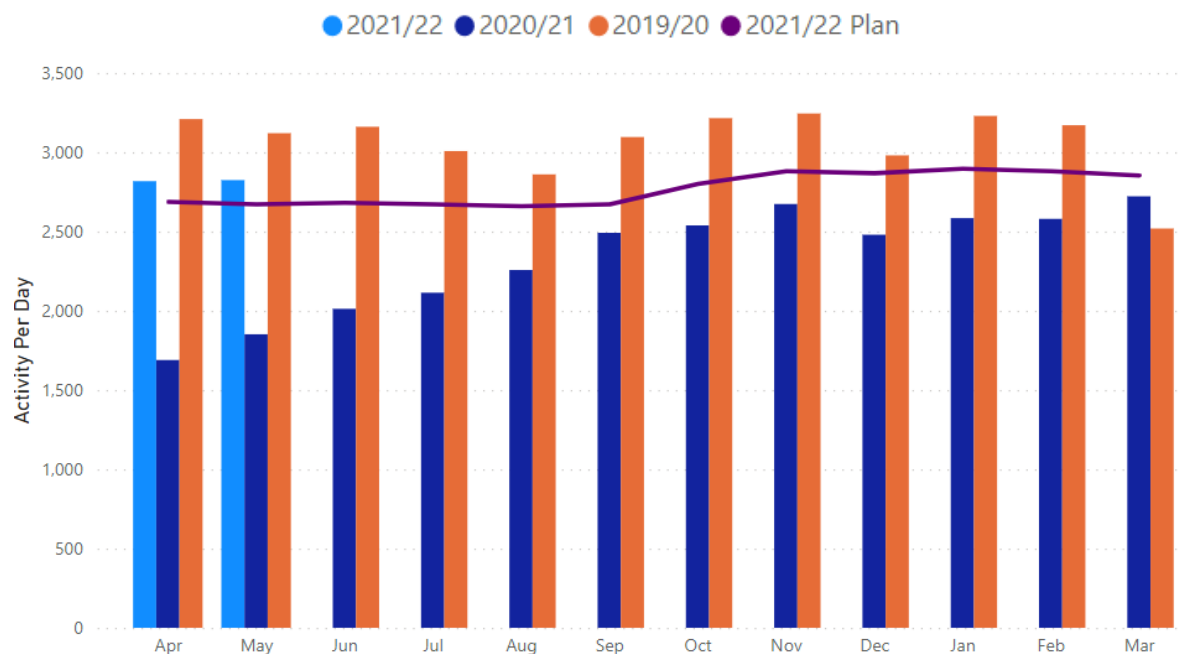


	Under 9 Months	9-11 Months	12+ Months	Total
Diagnostics & Therapies	1,479	1	0	1,480
Medicine	10,517	2,048	2,863	15,428
Specialised Services	4,581	212	416	5,209
Surgery	17,555	2,555	2,749	22,859
Weston	13,902	2,196	5,179	21,277
Women's and Children's	4,002	220	142	4,364
UHBW TOTAL	52,036	7,232	11,349	70,617
<i>Bristol Subtotal</i>	<i>38,134</i>	<i>5,036</i>	<i>6,170</i>	<i>49,340</i>

Outpatient Activity – Restoration

May 2021

Activity Per Day, By Month and Year – Outpatient Attendances



		Apr	May
2021/22	Actual Activity Per Day	2,818	2,824
	Planned Activity Per Day	2,687	2,671
2019/20	Actual Activity Per Day	3,209	3,120

2021/22 Activity: % of Plan		105%	106%
2021/22 Activity: % of 2019/20		88%	91%

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

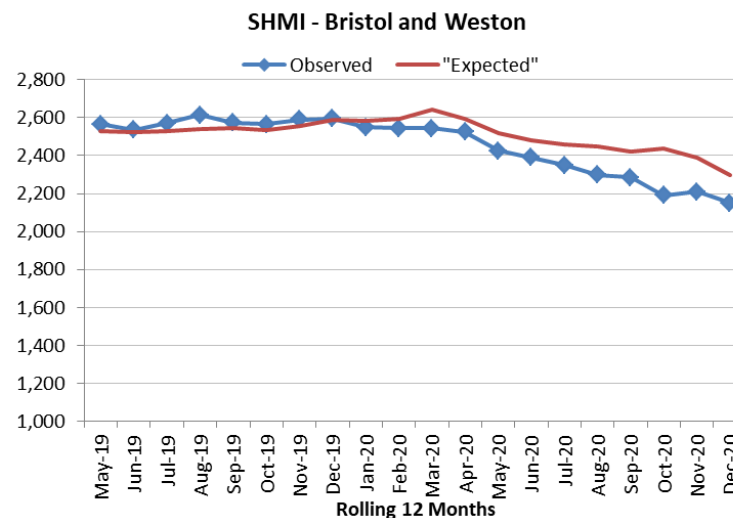
January 2021

A Achieved

Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. The most recent data is for the 12 months to November 2020 and is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is “as expected”.
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months to January 2021 and was 93.6 and in NHS Digital’s “as expected” category. This is lower than the overall national peer group of English NHS trusts of 100.
Commentary:	Actions: The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

	UHBW		
Rolling 12	Observed	"Expected"	SHMI
Apr-20	2,525	2,595	97.3
May-20	2,425	2,520	96.2
Jun-20	2,390	2,480	96.4
Jul-20	2,350	2,460	95.5
Aug-20	2,300	2,450	93.9
Sep-20	2,285	2,420	94.4
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

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



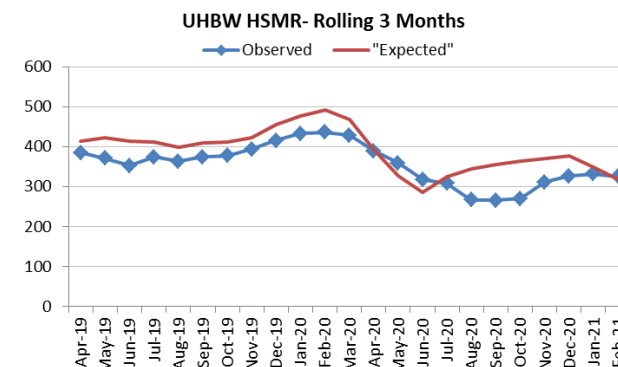
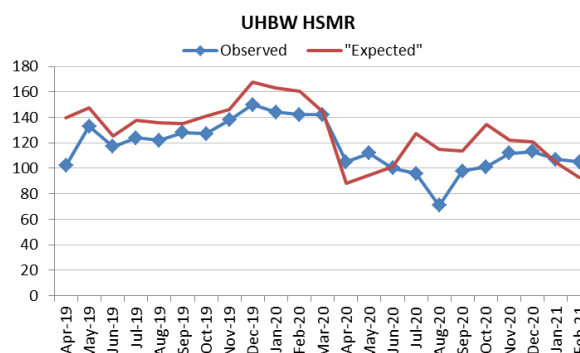
Mortality – HSMR (Hospital Standardised Mortality Ratio)

February 2021

P Partially Achieved

Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr.Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR within CHKS for UHBW for the solely the month of February 2021 is 113.0, meaning there were more observed deaths (105) than the statistically calculated expected number of deaths (92.5). Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation.
Commentary:	<p>Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation. Review of rolling 12 month HSMR shows the Trust to be consistently below 100 since December 2018 with an HSMR of 94.1 for the 12 month period to February 2021.</p> <p>Actions:</p> <ul style="list-style-type: none"> The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
Ownership:	Medical Director

	UHBW		
	Observed Deaths	"Expected" Deaths	HSMR
Apr-20	105	88	118.9
May-20	112	95	118.1
Jun-20	100	101	98.6
Jul-20	96	127	75.4
Aug-20	71	115	61.9
Sep-20	98	114	86.3
Oct-20	101	134	75.2
Nov-20	112	122	91.5
Dec-20	113	121	93.5
Jan-21	107	104	102.6
Feb-21	105	93	113.0



Fractured Neck of Femur (NOF)

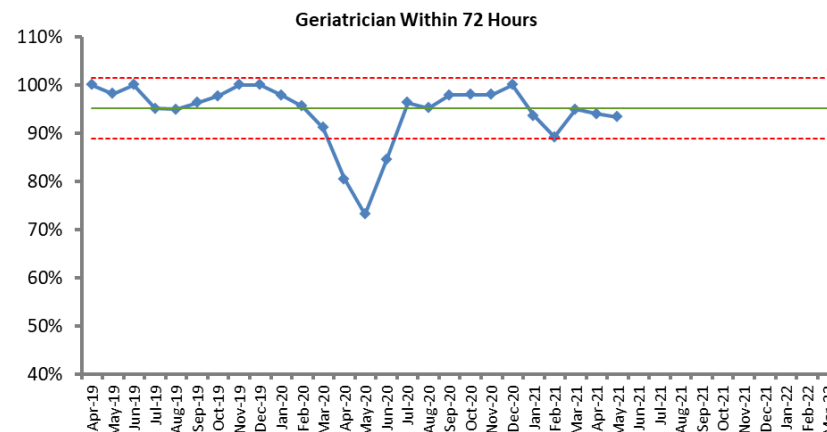
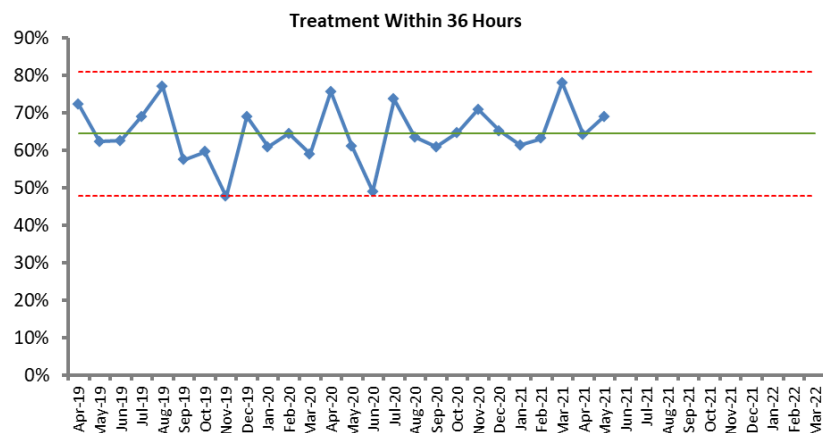
May 2021

P Partially Achieved

Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	In May 2021, there were 45 patients eligible for Best Practice Tariff (BPT) across UHBW (26 in Bristol and 19 in Weston.) Overall Best Practice Tariff performance was achieved for 30 out of 45 patients (67%). 64% was achieved in April 2021. 69% (31 patients) received surgery within 36 hours and 93% (42 patients) had ortho-geriatrician review within 72 hours.
Commentary:	<p>In Bristol, there is continued difficulty in time to theatre in Bristol, mostly driven by the increase in general trauma demand to theatres for #NOF patients. We have also experienced more peaks of #NOF patients, seeing two or three present on the same day, therefore making it much more difficult to meet the target without the ability to stand up extra Trauma lists due to theatre capacity constraints.</p> <p><u>Challenges to be addressed in Bristol:</u></p> <ul style="list-style-type: none"> • Availability of specialist surgeon is still a challenge. • Difficulty accessing theatres to ensure consistent #NOF theatre • The BRI is witnessing an increase of demand on the trauma service as a result of national lockdowns being eased. • Inability to address peaks in #NOF demand. <p><u>Actions being taken in Bristol:</u></p> <ul style="list-style-type: none"> • GIRFT review completed, awaiting feedback from report. • Reinvigoration of the Silver Trauma meetings to address the ongoing issues with access to theatre. • Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties. • Formal job planning completed and actioned to provide multi-specialist trauma cover each day. • Additional trauma lists have been stood up on bank holidays and on any dropped elective list to ensure maximum capacity. <p><u>Challenges to be addressed in Weston:</u></p> <ul style="list-style-type: none"> • Access to theatre due to other trauma or shared operating theatres especially at weekends • Availability of specialist surgeon due to fracture type complication or specialist surgery kit required • Unavoidable medical issues preventing timely surgery • No supporting cover available for Ortho-geriatrician who took 1 week of annual leave in April <p><u>Actions being taken in Weston</u></p> <ul style="list-style-type: none"> • Continue to allow full day trauma operating to allow for prioritisation of these patients on trauma lists. Provide short notice additional theatre capacity and allow extra surgeon availability when demand is required. • Seek substantive and/or supporting cover for ortho-geriatrician service • Weston has re-invigorated the direct admit overnight pathway for #NOF patients to support other units in areas.
Ownership:	Medical Director

Fractured Neck of Femur (NOF)

May 2021



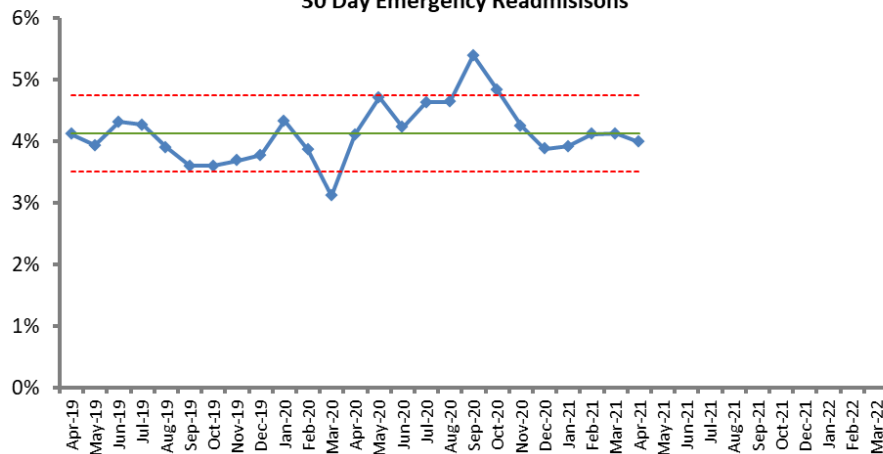
	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	26	14	54%	25	96%
Weston	19	17	89%	17	89%
TOTAL	45	31	69%	42	93%

April 2021

N Not Achieved

Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In April, there were 13,138 discharges, of which 523 (4.0%) had an emergency re-admission within 30 days.
Commentary:	The review of Readmission methodologies across the two Trusts has not concluded due to other priorities. However, during 2021/22 the aim is for Readmissions to be managed and reviewed as part of the "Proactive Hospital" group which is being established. The aim of the group is to "deliver timely emergency and elective care by the optimal specialty in the ideal clinical location. All treatments go ahead as planned; no patient will have to queue for a bed or stay in hospital longer than is right for them." There are four strands: 1) Efficient Arrival, 2) Swift Assessment, 3) Seamless Admission and Transfer, and 4) Prompt Discharge. Readmissions will be reviewed as part of a balancing measure to ensure discharges are safe and do not generate inappropriate readmissions.
Ownership:	Chief Operating Officer

30 Day Emergency Readmissions



	Apr-21		
	Readmissions	Total Discharges	% Readmitted
Diagnostics and Therapies	0	14	0.0%
Medicine	236	2,354	10.0%
Specialised Services	28	2,609	1.1%
Surgery	95	2,359	4.0%
Weston	102	1,912	5.3%
Women's and Children's	62	3,890	1.6%
TRUST TOTAL	523	13,138	4.0%
<i>Bristol Subtotal</i>	<i>421</i>	<i>11,226</i>	<i>3.8%</i>

Workforce – Bank and Agency Usage

May 2021

P Partially Achieved

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In May 2021, total staffing was at 11,160 FTE. Of this, 4.9% was Bank (552 FTE) and 2.6% was Agency (294 FTE).
Commentary:	<p>Bank usage reduced by 7.8 FTE. There were increases in three divisions, with the largest increase seen in Surgery, increasing to 90.7 FTE from 83.3 FTE in the previous month. There were reductions in five divisions, with the largest reduction seen in Medicine, reducing to 109.7 FTE from 119.0 FTE in the previous month</p> <p>Agency usage increased by 48.3 FTE. There were increases in seven divisions, with the largest increase seen in Facilities and Estates, increasing to 43.5 FTE from 26.9 FTE in the previous month. There was a reduction in one division, seen in Weston, reducing to 73.5 FTE from 75.3 FTE in the previous month.</p> <ul style="list-style-type: none">• A further 99 appointments and reappointments have been made to the Trust Staff Bank across all staff groups.• The tender process has closed for a new supplier of medical agency locums across Bristol and Weston with seven companies delivering presentations in June with a view to the new provider commencing in August 2021.• A review is being undertaken of Bank incentives with the aim of increasing bank supply in light of the ongoing significant staffing challenges, service pressures and also in readiness for a potential third Covid wave.• Work is commencing through the BNSSG & Bath collaboration group to commence a procurement process to appoint a new provider of nursing agency supply from April 2022.• The Summer Bank recruitment campaign is now live with an aim of growing the Bank pool and reducing agency usage.
Ownership:	Director of People

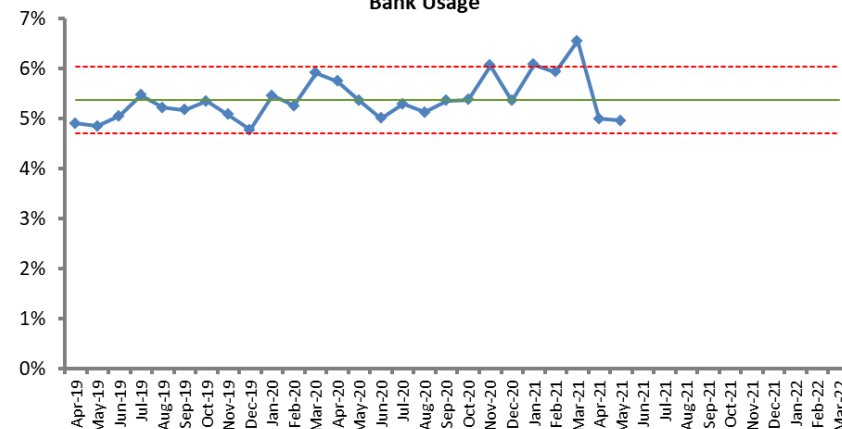
Workforce – Bank and Agency Usage

May 2021

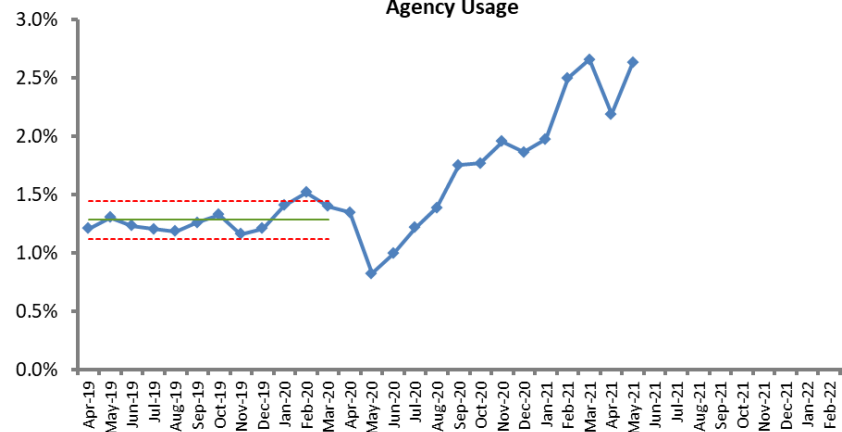
Bank	May FTE	May Actual %	KPI
UHBW NHS Foundation Trust	552.2	4.9%	5.5%
Diagnostics & Therapies	14.4	1.2%	2.0%
Medicine	109.7	8.0%	10.0%
Specialised Services	58.7	5.2%	6.0%
Surgery	90.7	4.8%	5.2%
Women's & Children's	45.9	2.1%	1.2%
Trust Services	32.2	2.9%	4.5%
Facilities & Estates	79.6	8.3%	8.0%
Weston	121.0	10.04%	10.00%

Agency	May FTE	May Actual %	KPI
UHBW NHS Foundation Trust	293.6	2.6%	1.7%
Diagnostics & Therapies	3.6	0.3%	0.8%
Medicine	77.6	5.6%	2.2%
Specialised Services	21.4	1.9%	1.0%
Surgery	32.0	1.7%	1.17%
Women's & Children's	40.1	1.8%	0.8%
Trust Services	2.0	0.2%	0.0%
Facilities & Estates	43.5	4.5%	3.9%
Weston	73.5	6.1%	5.2%

Bank Usage



Agency Usage



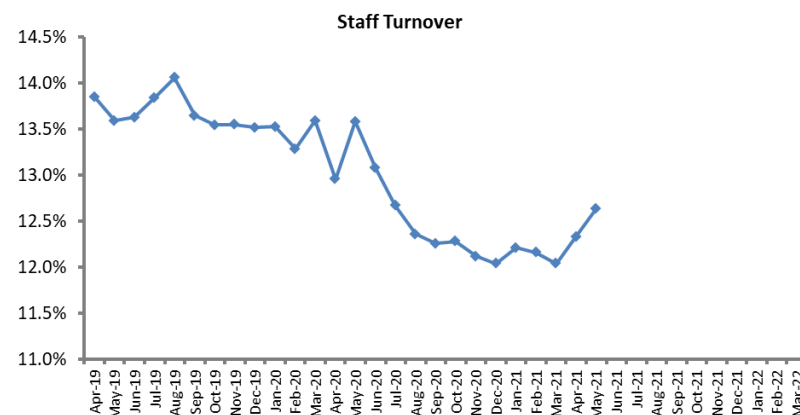
Workforce – Turnover

May 2021

P Partially Achieved

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In May 2021, there had been 1097 leavers over the previous 12 months, with 8678 FTE staff in post on average over that period; giving a turnover of $1097 / 8678 = 12.6\%$.
Commentary:	<p>Turnover increased to 12.6% compared with 12.3% in the previous month. Two divisions saw reductions whilst six divisions saw increases in turnover in comparison to the previous month. The largest divisional reduction was seen within Weston, where turnover reduced by 0.6 percentage points compared with the previous month. Surgery had the largest divisional increase, rising from 11.4% to 12.0%.</p> <ul style="list-style-type: none"> The wellbeing section in the Trust's job description template has been updated to reflect the NHS People Plan requirement for line managers to undertake regular 'wellbeing conversations'. The Education Team is focussing on the development of role pathways and the pastoral care of Health Care Support Workers as part of a strategic programme for the recruitment and retention of this staff group. The HR Services Team is developing a Career Conversation tool to be rolled out with the revised exit process. Work is continuing to mitigate the risk of EU workers leaving on 30th June 2021. A good response rate from employees has been seen A corporate Culture and People plan has been developed to support divisional plans. Areas of focus are: A programme of work in partnership with Blue Goose to fully review the Trust values and leadership behaviours. Delivery of robust plans for wellbeing which includes embedding the positive behaviours framework and team interventions to provide staff with a safe space to check-in. Working in partnership with the Education team to build and shape the new leadership development offer. Delivery of the strategy plan for equality, diversity and inclusion, including a detailed plan for WRES/WDES. Developing plans in response to the staff survey and staff experience during the pandemic.
Ownership:	Director of People

Turnover	May-21	KPI
UHBW NHS Foundation Trust	12.6%	12.2%
Diagnostics & Therapies	11.6%	10.8%
Medicine	19.1%	18.2%
Specialised Services	14.0%	13.5%
Surgery	12.0%	11.9%
Women's & Children's	10.0%	9.5%
Trust Services	9.7%	9.3%
Facilities & Estates	14.0%	13.3%
Weston	13.7%	13.6%



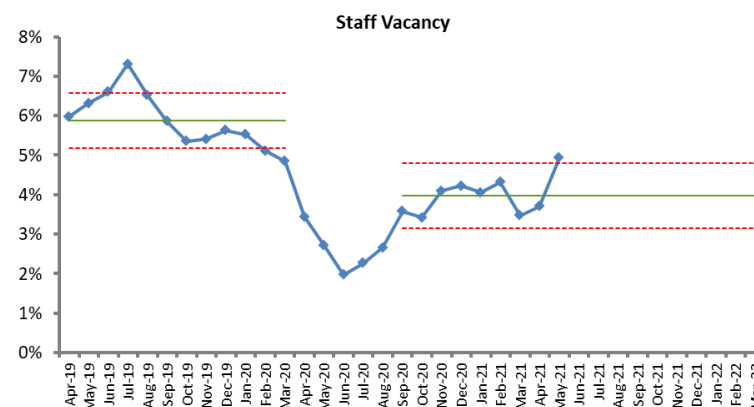
Workforce – Vacancies

May 2021

N Not Achieved

Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In May 2021, funded establishment was 10,850 FTE, with 535 FTE as vacancies (4.9%).
Commentary:	<p>Overall vacancies increased to 4.9% compared to 3.7% in the previous month. The largest divisional increase was seen in Surgery, where vacancies increased to 124.6 FTE from 83.0 the previous month. The largest divisional reduction was seen in Medicine, where vacancies reduced to 83.1 FTE from 120.0 FTE the previous month. The over-establishments within the divisions of Trust Services and Women's and Children's have the effect of lowering the overall total vacancy position for the Trust.</p> <ul style="list-style-type: none"> Ongoing focus on the recruitment of overseas nurses. Efforts are in place to quickly bring over the nurses from India now the Government restrictions have been lifted. Increased Health Care Support Worker (HCSW) recruitment is taking place with the reintroduction of face to face assessment centres. This resulted in a total of 20 substantive and 9 Bank offers made during May. The first of a series of workshops in the Weston Division has been delivered supporting managers and clinicians in understanding roles and responsibilities within the full end to end recruitment process. A creative film showcasing Weston as a place to live and work has been launched, supported by the recruitment website and innovative advertising, focussing on nursing opportunities. Production of a promotional video for medical vacancies and development of a marketing campaign is to commence in June. A pilot is being explored in Bristol for an Emergency Department Middle Grade doctor recruitment campaign targeting Spanish doctors. Benchmarking of workforce KPI's with partner Trusts is to be undertaken as part of the ongoing vacancy review work.
Ownership:	Director of People

Vacancy	May-21	KPI
UHBW NHS Foundation Trust	4.9%	3.9%
Diagnostics & Therapies	3.7%	3.9%
Medicine	6.5%	3.1%
Specialised Services	8.2%	2.3%
Surgery	6.5%	5.7%
Women's & Children's	-4.2%	-1.1%
Trust Services	-0.8%	0.8%
Facilities & Estates	10.3%	9.3%
Weston	15.6%	11.1%



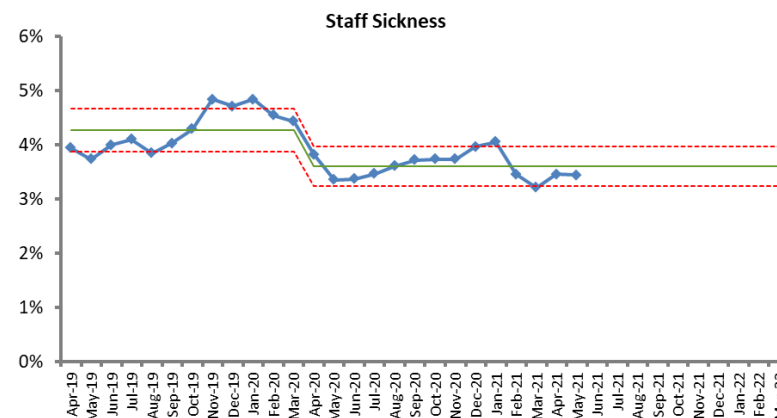
Workforce – Staff Sickness

May 2021

Y Achieved

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In May 2021, total available FTE days were 319,362 of which 10,977 (3.4%) were lost to staff sickness.
Commentary:	<p>Sickness absence reduced to 3.4% compared with 3.5% in the previous month, based on updated figures for both months. This figure now contains Long Covid sickness. It does NOT include Medical Suspension reporting.</p> <p>There were increases within four divisions; the largest divisional increase was seen in Trust Services, increasing by 0.4 percentage points to 2.9% from 2.4% the previous month. There were reductions within three divisions; the largest divisional reduction was seen in Facilities and Estates, reducing by 0.7 percentage points to 4.9% from 5.7% the previous month.</p> <p>Medical Suspension continues to be the method used to record short-term Covid absences. During May, 1.1% of available FTE was lost to Medical Suspension compared to 1.3% the previous month: 0.4% Covid Sickness, 0.7% Covid Isolation/Shielding. Long Covid is 0.1% of the sickness absence.</p> <ul style="list-style-type: none"> Wellbeing inductions were delivered to three cohorts of Overseas Nurses who joined UHBW in May 2021, providing an opportunity to share the latest resources and raise awareness of the support offer. Each Division has been issued with a summary of provision in place to support colleagues experiencing musculoskeletal (MSK) issues. Mental Health Awareness Week was publicised in Newsbeat and through a social media video, to promote multiple resources supporting education about different mental health conditions. A Frequently Asked Questions (FAQs) document is being developed to support line managers in managing Covid related absence, both long and short term. Sickness case management for doctors is now being supported within the HR Services function to ensure a high level of support and consistency.
Ownership:	Director of People

Sickness	May-21	KPI
UHBW NHS Foundation Trust	3.4%	3.7%
Diagnostics & Therapies	2.7%	2.8%
Medicine	3.8%	4.0%
Specialised Services	3.0%	3.3%
Surgery	3.6%	4.0%
Women's & Children's	3.5%	3.6%
Trust Services	2.9%	3.1%
Facilities & Estates	4.9%	5.3%
Weston	3.3%	4.1%



Workforce – Appraisal Compliance

May 2021

N Not Achieved

Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In May 2021, 7,103 members of staff were compliant out of 10,286 (69.1%).
Commentary:	<p>Overall appraisal compliance increased to 69.1% from 66.4% compared to the previous month. All divisions are non-compliant.</p> <p>There were increases in seven divisions, and reductions in the remaining one division. The largest divisional increase was within Trust Services, increasing to 75.5% from 67.1% in the previous month; Women's and Children's saw the only divisional reduction, where compliance reduced to 72.7% compared with 72.8% in the previous month.</p> <p>An appraisal recovery paper was presented and approved at the Senior Leadership Team in May. The paper focused on:</p> <ul style="list-style-type: none"> • Divisional trajectory compliance targets which are in place with the aim of closing the gap by the end of September 2021. • An interim form has been developed which is quicker and easier to use, to support improved compliance. This has been communicated via divisions and advice is available on HRWeb / Connect / Weston intranet.
Ownership:	Director of People

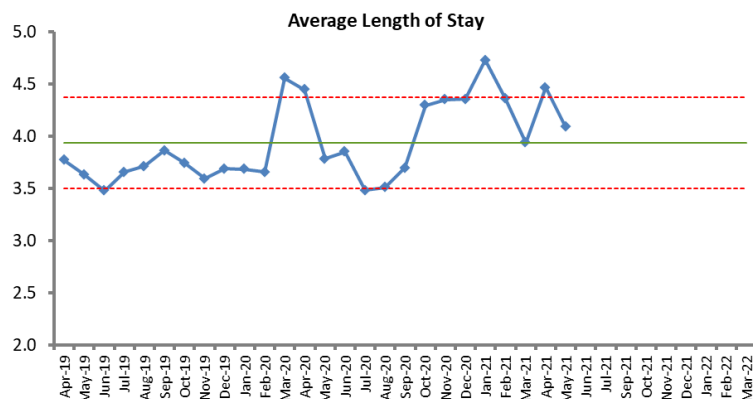
Appraisal (Non-Consultant)	May-21	Apr-21	KPI
UHBW NHS Foundation Trust	69.1%	66.4%	85.0%
Diagnostics & Therapies	73.6%	68.5%	85.0%
Medicine	56.0%	52.7%	85.0%
Specialised Services	83.2%	81.2%	85.0%
Surgery	52.3%	51.7%	85.0%
Women's & Children's	72.7%	72.8%	85.0%
Trust Services	75.5%	67.1%	85.0%
Facilities & Estates	75.7%	71.8%	85.0%
Weston	69.9%	69.2%	85.0%

Average Length of Stay

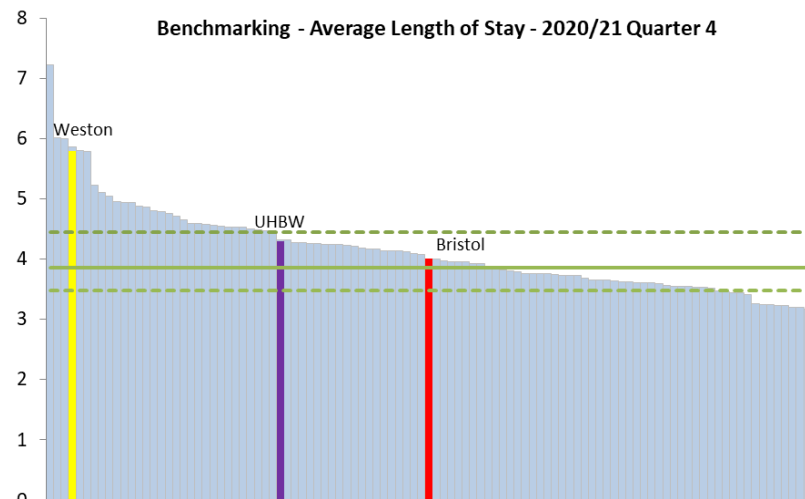
May 2021

N/A No Standard

Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In May there were 7,324 discharges at UHBW with an average length of stay of 4.09 days.
Commentary:	Length of stay monitoring will be overseen by the newly formed "Proactive Hospital" group. See Readmissions page for details.
Ownership:	Chief Operating Officer



	May-21
Medicine	4.7
Specialised Services	7.8
Surgery	3.9
Weston	6.0
Women's and Children's	2.2



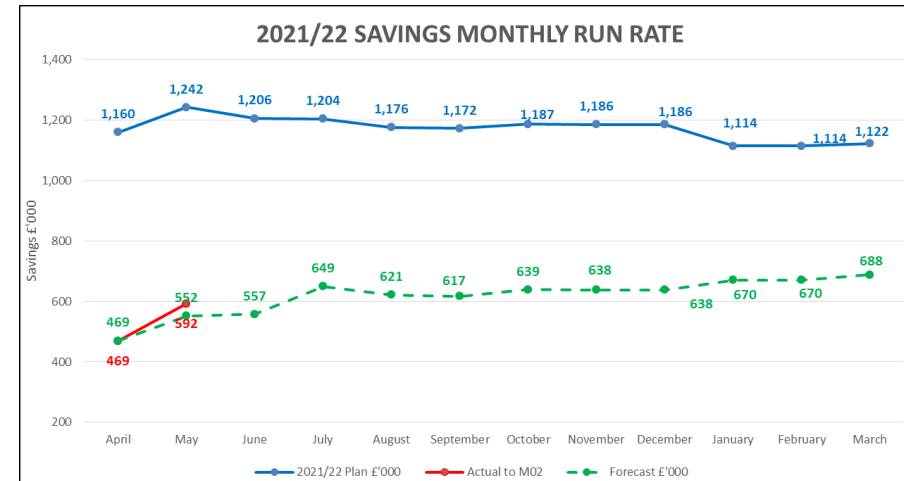
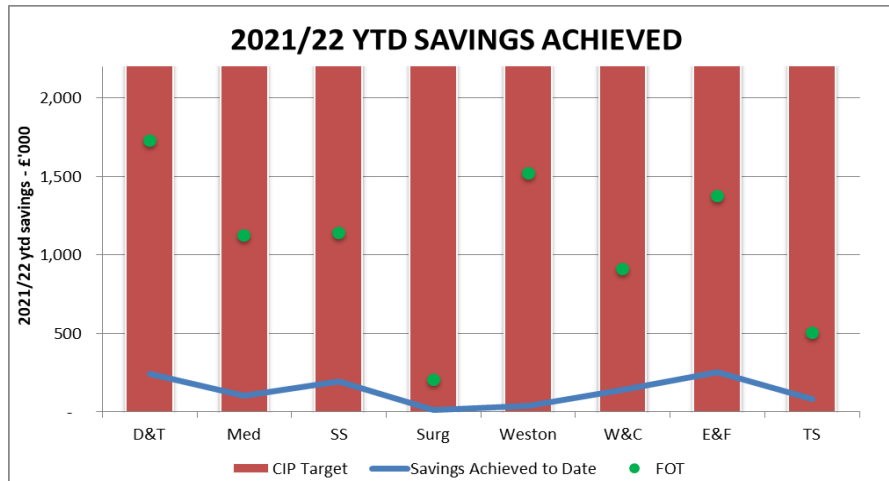
Finance – Performance to Plan

May 2021

Statement of comprehensive Income	Plan to date £000's	Actual to date £000's	Variance Favourable / (Adverse) £000's
Income from patient care activities	148,304	146,068	(2,236)
Other operating income	21,529	18,191	(3,338)
Total operating income	169,833	164,259	(5,574)
Employee expenses	(95,663)	(94,710)	953
Other operating expenses	(63,212)	(61,007)	2,205
Depreciation (owned & leased)	(4,825)	(5,058)	(233)
Total Operating Expenditure	(163,700)	(160,775)	2,925
PDC	(2,143)	(2,143)	0
Interest payable	(381)	(367)	14
Interest receivable	0	0	0
Net Surplus/(Deficit) inc technicals	3,609	974	(2,635)
Remove capital donations, grants and donated asset depreciation	(3,609)	(652)	2,957
Net Surplus/(Deficit) exc technicals	0	322	322

YTD Covid Spend/Income Loss £'000s												
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates	Trust Services	Other	Total	YTD May 2020	Difference
Nursing & Midwifery Pay	0	(42)	(67)	(33)	(65)	(167)	0	(57)	367	(64)	(1,472)	1,408
Medical Pay	0	(23)	(10)	(12)	(8)	(7)	0	(5)	(408)	(472)	(1,022)	550
Other Pay	(17)	0	(0)	(34)	(15)	0	(10)	(127)	0	(203)	(521)	318
Non Pay	(133)	(7)	(2)	(38)	(81)	(4)	(145)	(532)	(1)	(943)	(2,447)	1,503
Income from Operations	0	0	0	0	0	0	0	0	0	0	(13)	13
Income from Activities	0	0	(38)	0	(100)	(43)	(149)	0	0	(330)	(76)	(254)
Total	(150)	(72)	(117)	(117)	(268)	(221)	(305)	(720)	(41)	(2,012)	(5,550)	3,539

May 2021



Care Quality Commission Rating - Bristol

The Care Quality Commission (CQC) published their latest inspection report on 16th August 2019. Full details can be found here:

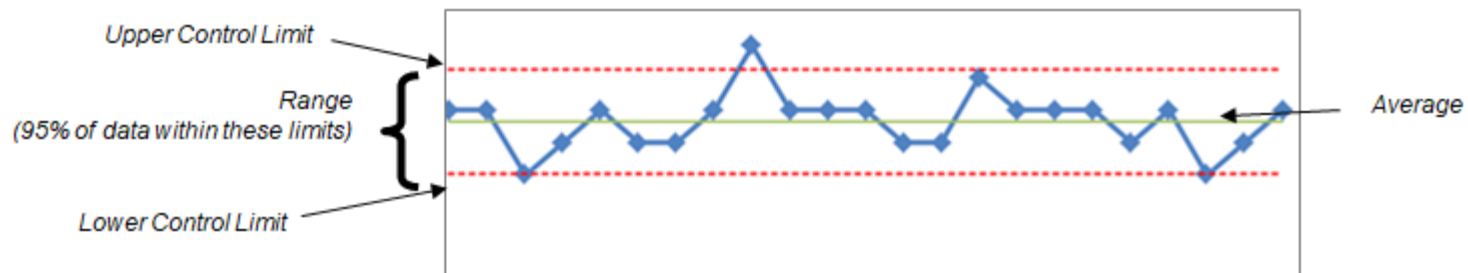
<https://www.cqc.org.uk/provider/RA7>

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

Rating for acute services/acute trust

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

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

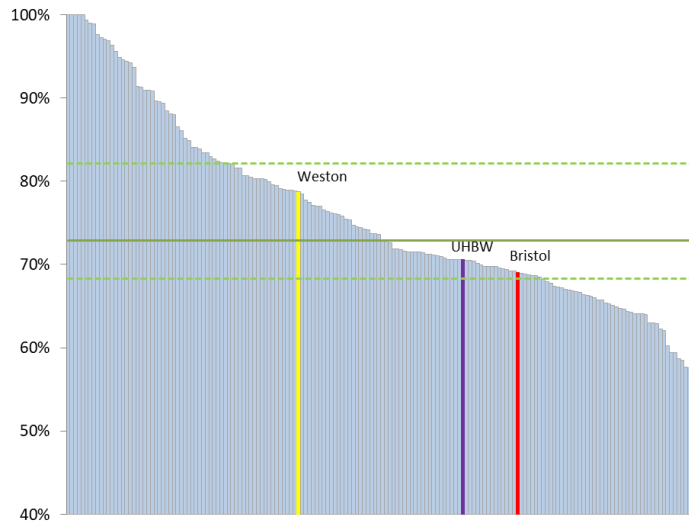


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "control limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

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

Explanation of Benchmarking Charts

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



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

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

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

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

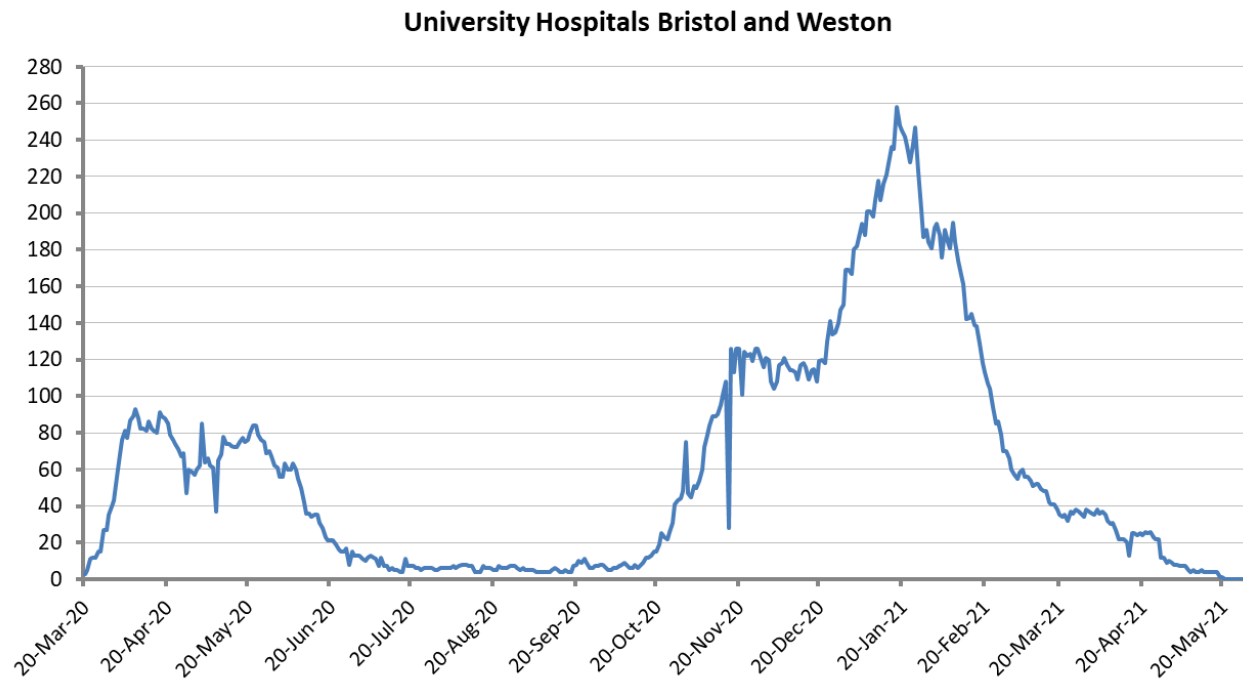
The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 10 th June 2021, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer

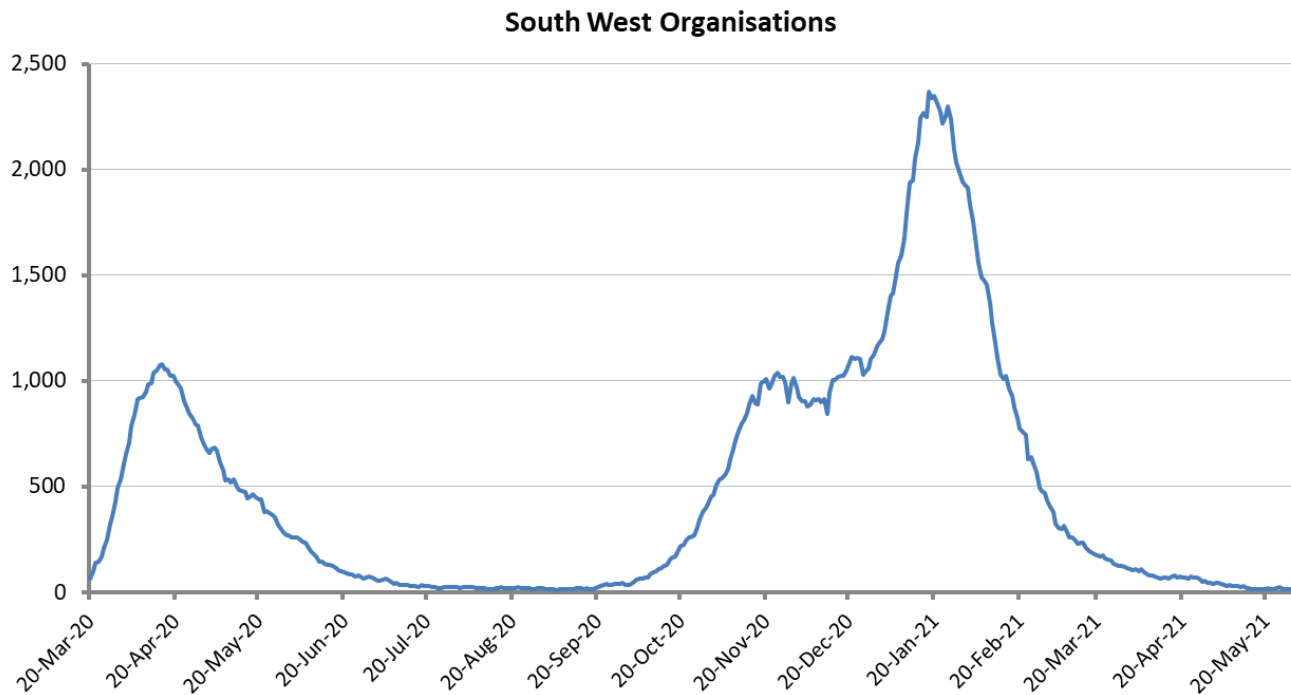
Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 3rd June 2021.



Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 10 th June 2021, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer



NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Source:	COVID-19 NHS Situation Report
Publication Date:	Retrieved on 20 th June 2021 from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Commentary:	Daily monitoring and reporting of all Covid -19 results is reviewed and approved by an Executive Director. The Trust undertakes rapid action when any cases are identified to prevent further spread with the dissemination of the Infection Prevention and Control Covid outbreak pack to ensure all cases are managed consistently with outbreak meetings set up and conducted in line with the Hospital Outbreak of infection policy.
Ownership:	Chief Nurse

Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				
		Community Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare- Associated	Hospital-Onset Definite Healthcare-Associated	TOTAL Diagnosed Following Admission
May-20	37					313
Jun-20	16					75
Jul-20	6	5	1	0	1	7
Aug-20	8	9	0	0	1	10
Sep-20	13	17	0	0	0	17
Oct-20	47	107	6	6	5	124
Nov-20	176	157	22	12	23	214
Dec-20	203	94	27	22	35	178
Jan-21	414	159	31	25	19	234
Feb-21	156	88	22	19	22	151
Mar-21	75	17	7	3	10	37
Apr-21	38	7	2	3	12	24
May-21	2	3	0	0	0	3
	1,189					1,387

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

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			
SAFE DOMAIN																			
ID	Measure	20/21	21/22 YTD	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Infection Control																			
DA01	MRSA Hospital Onset Cases	4	0	0	0	0	1	1	0	0	1	0	0	0	0	1	1	1	0
DA02	MSSA Hospital Onset Cases	45	9	4	3	2	5	1	3	6	5	9	2	4	5	10	10	16	9
DA03	CDiff Hospital Onset Cases	67	19	6	5	11	4	5	7	6	5	2	5	8	11	20	18	12	19
DA03A	CDiff Healthcare Associated Cases	81	22	7	6	13	5	6	8	6	6	2	7	9	13	24	20	15	22
DA06	EColi Hospital Onset Cases	81	10	2	4	13	5	7	4	4	9	6	14	5	5	22	15	29	10
Patient Falls																			
AB01	Falls Per 1,000 Beddays	5.14	4.35	5.77	3.66	4.76	5.3	4.28	5.18	5.9	4.38	5.73	4.94	4.7	4.02	4.6	5.1	5	4.35
	Numerator (Falls)	1698	265	138	100	136	160	134	151	171	124	154	152	139	126	396	456	430	265
	Denominator (Beddays)	330253	60935	23917	27319	28557	30205	31336	29161	28979	28301	26872	30746	29584	31351	86081	89476	85919	60935
AB06A	Total Number of Patient Falls Resulting in Harm	23	6	1	1	1	1	4	3	1	3	3	2	5	1	3	8	8	6
Pressure Injuries																			
DE01	Pressure Injuries Per 1,000 Beddays	0.279	0.098	0.293	0.183	0.315	0.199	0.096	0.274	0.138	0.318	0.26	0.228	0.135	0.064	0.232	0.168	0.268	0.098
	Numerator (Pressure Injuries)	92	6	7	5	9	6	3	8	4	9	7	7	4	2	20	15	23	6
	Denominator (Beddays)	330253	60935	23917	27319	28557	30205	31336	29161	28979	28301	26872	30746	29584	31351	86081	89476	85919	60935
DE02	Pressure Injuries - Grade 2	84	5	5	5	9	6	0	8	4	8	7	7	4	1	20	12	22	5
DE03	Pressure Injuries - Grade 3	5	1	2	0	0	0	0	0	0	1	0	0	0	1	0	0	1	1
DE04	Pressure Injuries - Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents																			
S02	Number of Serious Incidents Reported	109	16	6	7	5	23	15	10	5	11	8	10	7	9	35	30	29	16
S01	Total Never Events	6	1	0	1	0	2	1	2	0	0	0	0	1	0	3	3	0	1
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.25%	0%	0%	0.9%	0%	0%	0.31%	0.37%	0.83%	0%	0%	0.37%	0%	-	0.34%	0.48%	0.13%	0%
	Numerator (Incidents Resulting In Harm)	8	0	0	3	0	0	1	1	2	0	0	1	0	0	3	4	1	0
	Denominator (Total Incidents)	3213	293	283	335	274	284	323	269	241	257	229	268	293	0	893	833	754	293
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medications	0.46%	0%	0.26%	0.49%	0.15%	0.54%	0.63%	0.68%	0.36%	1.43%	0.19%	0.35%	0%	0%	0.39%	0.58%	0.46%	0%
	Numerator (Number of Incidents)	26	0	2	4	1	3	3	3	1	3	1	2	0	0	8	7	6	0
	Denominator (Total Audited)	5638	886	770	825	675	557	479	442	281	210	521	576	439	447	2057	1202	1307	886
<i>Omitted Doses is Bristol only</i>																			
VTE Risk Assessment																			
N01	Adult Inpatients who Received a VTE Risk Assessment	85.4%	82.5%	86.7%	85%	84.4%	85.3%	85.8%	85.2%	85.5%	84.6%	84.3%	84%	82.7%	82.3%	84.9%	85.5%	84.3%	82.5%
	Numerator (Number Risk Assessed)	77073	14149	6369	6566	6151	7104	7525	7089	6925	6250	6217	7332	7012	7137	19821	21539	19799	14149
	Denominator (Total Patients)	90252	17148	7349	7726	7287	8333	8770	8317	8095	7386	7377	8732	8477	8671	23346	25182	23495	17148
<i>VTE Data is Bristol only</i>																			

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN



University Hospitals
Bristol and Weston
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Nurse Staffing Levels ("Fill Rate")																			
RP01	Staffing Fill Rate - Combined	95.8%	99.4%	95.3%	101.1%	99.4%	97.6%	100.3%	97.4%	91.7%	90.7%	92.9%	91.5%	97.2%	101.5%	99.4%	96.4%	91.7%	99.4%
	Numerator (Hours Worked)	3472575	584057	278873	302850	296436	286125	306243	295331	294407	288541	266423	292106	283241	300816	885411	895982	847070	584057
	Denominator (Hours Planned)	3623484	587745	292584	299683	298223	293298	305348	303349	321059	318057	286794	319187	291290	296455	891204	929756	924037	587745
RP02	Staffing Fill Rate - RN Shifts	92.7%	95.1%	91.2%	97.2%	94.9%	95.4%	98.6%	96.7%	89.4%	88.6%	89.9%	87.5%	92.4%	97.7%	95.9%	94.8%	88.6%	95.1%
	Numerator (Hours Worked)	2310640	386367	183315	199195	194533	191444	206329	200175	199025	194810	176959	192919	186768	199598	585172	605529	564687	386367
	Denominator (Hours Planned)	2492525	406410	201036	204937	204886	200675	209358	207114	222595	219755	196821	220486	202050	204360	610498	639066	637062	406410
RP03	Staffing Fill Rate - NA Shifts	102.7%	109%	104.4%	109.4%	109.2%	102.2%	104.1%	98.9%	96.9%	95.3%	99.4%	100.5%	108.1%	109.9%	107%	99.9%	98.4%	109%
	Numerator (Hours Worked)	1161934	197691	95557.8	103655	101903	94680.3	99914.8	95156.2	95381.5	93731.3	89463.7	99187.8	96472.6	101218	300239	290452	282383	197691
	Denominator (Hours Planned)	1130958	181335	91548.7	94745.6	93337.7	92622.9	95990.9	96235.3	98464.4	98302.4	89972.7	98700.3	89240.1	92095	280706	290691	286975	181335

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN

ID	Measure	20/21	21/22 YTD	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Patient Surveys																			
P01D	Patient Survey (Bristol) - Patient Experience Tracker Score			91	90	90	91	89	88	90	91	92	90	89	91	90	90	91	90
P01G	Patient Survey (Bristol) - Kindness and Understanding			96	97	96	95	94	93	96	97	96	95	94	98	96	94	96	95
P01H	Patient Survey (Bristol) - Outpatient Tracker Score			96	93	92	94	92	94	93	94	94	95	95	93	93	93	94	94
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1665	267	105	146	169	206	199	176	115	136	145	145	89	178	521	490	426	267
T01C	Patient Complaints - Formal	546	77	44	58	61	90	51	65	24	49	32	43	31	46	209	140	124	77
T01D	Patient Complaints - Informal	1119	190	61	88	108	116	148	111	91	87	113	102	58	132	312	350	302	190
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	71.5%	69.3%	63.3%	80.4%	67.4%	72.6%	61.9%	81%	65.8%	66.7%	72.7%	80.9%	85.5%	56.9%	73.5%	69.1%	72.5%	69.3%
	Numerator (Responses Within Timeframe)	442	88	19	41	31	53	39	47	48	46	32	38	47	41	125	134	116	88
	Denominator (Total Responses)	618	127	30	51	46	73	63	58	73	69	44	47	55	72	170	194	160	127
T03B	Formal Complaints Responded To Within Divisional Timeframe	76.7%	74%	96.7%	90.2%	71.7%	68.5%	71.4%	84.5%	67.1%	63.8%	77.3%	87.2%	92.7%	59.7%	75.9%	73.7%	74.4%	74%
	Numerator (Responses Within Timeframe)	474	94	29	46	33	50	45	49	49	44	34	41	51	43	129	143	119	94
	Denominator (Total Responses)	618	127	30	51	46	73	63	58	73	69	44	47	55	72	170	194	160	127
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	7.12%	-	6.67%	9.8%	2.17%	9.59%	20.64%	1.72%	5.48%	2.9%	13.64%	2.13%	-	-	7.65%	9.28%	5.63%	-
	Numerator (Number Dissatisfied)	44	0	2	5	1	7	13	1	4	2	6	1	0	0	13	18	9	0
	Denominator (Total Responses)	618	0	30	51	46	73	63	58	73	69	44	47	0	0	170	194	160	0

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			
RESPONSIVE DOMAIN																			
ID	Measure	20/21	21/22 YTD	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Emergency Department Performance																			
B01	ED Total Time in Department - Under 4 Hours <i>Numerator (Number Seen In Under 4 Hours)</i> <i>Denominator (Total Attendances)</i>	80.09%	74.54%	87.31%	84.05%	82.09%	81.24%	79.82%	75.84%	74.35%	69.72%	72.56%	76.27%	74.93%	74.2%	82.43%	76.79%	73.14%	74.54%
		112178	23292	8811	10900	11092	11253	10740	9263	8865	7413	7570	10364	11032	12260	33245	28868	25347	23292
		140062	31246	10092	12969	13512	13851	13455	12213	11924	10633	10433	13588	14723	16523	40332	37592	34654	31246
B06	ED 12 Hour Trolley Waits	1440	152	7	58	68	6	87	201	247	468	195	102	71	81	132	535	765	152
Emergency Department Clinical Indicators																			
B02	ED Time to Initial Assessment - Under 15 Minutes <i>Numerator (Number Assessed Within 15 Minutes)</i> <i>Denominator (Total Attendances Needing Assessment)</i>	81.1%	88.6%	88.8%	82.3%	79.7%	76.6%	73.6%	81.7%	78.7%	80.3%	82.2%	77.7%	88.8%	88.5%	79.5%	77.8%	79.9%	88.6%
		53673	7405	3585	5241	5145	5014	4689	4748	4499	4167	4030	4838	3485	3920	15400	13936	13035	7405
		66150	8356	4035	6368	6456	6543	6374	5814	5715	5190	4905	6227	3926	4430	19367	17903	16322	8356
B03	ED Time to Start of Treatment - Under 60 Minutes <i>Numerator (Number Treated Within 60 Minutes)</i> <i>Denominator (Total Attendances)</i>	68%	54.8%	68.1%	65.4%	63.1%	58.3%	63.7%	70.1%	65.6%	68.5%	66.8%	64%	57.5%	52.4%	62.6%	66.4%	66.2%	54.8%
		91353	16678	6767	8362	8364	5861	8490	8455	7731	7158	6813	8507	8289	8389	22587	24676	22478	16678
		134421	30418	9941	12793	13259	10048	13319	12062	11776	10442	10203	13290	14409	16009	36100	37157	33935	30418
B04	ED Unplanned Re-attendance Rate <i>Numerator (Number Re-attending)</i> <i>Denominator (Total Attendances)</i>	4.5%	4.5%	3.3%	4.4%	4.4%	4.4%	4.5%	5.4%	4.7%	4.9%	4.3%	4.6%	4.2%	4.7%	4.4%	4.9%	4.6%	4.5%
		6243	1392	328	567	589	612	609	654	565	525	448	630	619	773	1768	1828	1603	1392
		139970	31246	9927	12847	13512	13973	13456	12216	11925	10636	10438	13592	14723	16523	40332	37597	34666	31246
B05	ED Left Without Being Seen Rate <i>Numerator (Number Left Without Being Seen)</i> <i>Denominator (Total Attendances)</i>	1%	1.4%	1%	1.2%	1.2%	1.3%	1.2%	1%	1.1%	1%	1%	1%	1.2%	1.5%	1.2%	1.1%	1%	1.4%
		1442	425	98	152	158	174	161	121	135	103	104	140	181	244	484	417	347	425
		140062	31246	10092	12969	13512	13851	13455	12213	11924	10633	10433	13588	14723	16523	40332	37592	34654	31246
Referral To Treatment Ongoing																			
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks <i>Numerator (Number Under 18 Weeks)</i> <i>Denominator (Total Pathways)</i>	-	-	52.6%	46.5%	51.4%	58.1%	63.4%	65.6%	62.6%	62.3%	62.5%	61.7%	60.1%	62.8%	-	-	-	-
		0	0	18842	17319	20216	23729	27022	27942	26416	26493	27685	28721	29401	31263	0	0	0	0
		0	0	35847	37270	39363	40827	42654	42624	42222	42523	44314	46538	48902	49791	0	0	0	0
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	25077	8216	475	796	1077	1500	1809	2164	2891	3790	4807	5409	4598	3618	3373	6864	14006	8216
Referral To Treatment Activity																			
A01A	Referral To Treatment Number of Admitted Clock Stops	27415	5197	1754	2319	2202	2731	3583	3658	2817	2022	1966	2478	2526	2671	7252	10058	6466	5197
A02A	Referral To Treatment Number of Non Admitted Clock Stops	88000	19952	4712	5680	5366	6944	9106	9178	9730	8935	8583	10237	9803	10149	17990	28014	27755	19952
A09	Referral To Treatment Number of Clock Starts	116667	24730	7421	9347	8902	11150	12913	11900	10997	10312	11047	12990	12311	12419	29399	35810	34349	24730
Diagnostic Waits																			
A05	Diagnostics 6 Week Wait (15 Key Tests) <i>Numerator (Number Under 6 Weeks)</i> <i>Denominator (Total Waiting)</i>	-	-	51.97%	67.49%	65.09%	57.78%	59.09%	60.08%	56.28%	53.65%	58.86%	65.15%	62.3%	65.34%	-	-	-	-
		0	0	5227	8093	8285	8623	8628	8761	8563	7544	8388	9413	8738	9301	0	0	0	0
		0	0	10058	11991	12728	14925	14602	14582	15215	14062	14252	14448	14025	14234	0	0	0	0

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN

ID	Measure	20/21	21/22 YTD	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks <i>Numerator (Number Seen Within 2 Weeks)</i> <i>Denominator (Total Seen)</i>	81.9% 14845 18125	91.9% 1632 1776	91.2% 1275 1398	84.2% 1306 1551	72.5% 1085 1497	51.1% 873 1709	61.8% 1332 2157	90% 1601 1778	90.2% 1379 1528	86.2% 1238 1437	96.2% 1401 1456	95.1% 1820 1913	91.9% 1632 1776	- 0 0	68.6% 3264 4757	78.9% 4312 5463	92.8% 4459 4806	91.9% 1632 1776
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	95.1% 2971 3125	89.9% 258 287	95% 207 218	96% 217 226	98.4% 246 250	95.6% 262 274	97.8% 270 276	97% 260 268	95.5% 298 312	94% 249 265	92.2% 259 281	94% 328 349	89.9% 258 287	- 0 0	96.7% 725 750	96.7% 828 856	93.4% 836 895	89.9% 258 287
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	99.4% 1516 1525	97.4% 112 115	99.2% 118 119	100% 116 116	98.8% 166 168	98.5% 128 130	99.3% 140 141	99.2% 129 130	99.3% 151 152	99.2% 124 125	100% 137 137	100% 158 158	97.4% 112 115	- 0 0	99% 410 414	99.3% 420 423	99.8% 419 420	97.4% 112 115
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	84.1% 492 585	78% 39 50	72.7% 40 55	89.1% 41 46	92.3% 48 52	92.9% 52 56	91.5% 43 47	82.9% 34 41	80% 36 45	89.2% 33 37	64.6% 31 48	81.1% 43 53	78% 39 50	- 0 0	91.6% 141 154	85% 113 133	77.5% 107 138	78% 39 50
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	78.7% 1130.5 1436.5	77.5% 98 126.5	83.5% 93.5 112	89.3% 92 103	83.2% 82 98.5	78.5% 98.5 125.5	82.2% 113 137.5	75.8% 106.5 140.5	78.3% 122.5 156.5	77.6% 93.5 120.5	72.6% 78 107.5	75.3% 123.5 164	77.5% 98 126.5	- 0 0	83.3% 272.5 327	78.7% 342 434.5	75.3% 295 392	77.5% 98 126.5
E03B	Cancer 62 Day Referral To Treatment (Screenings) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	57.1% 22 38.5	52.9% 4.5 8.5	0% 0 3	0% 0 1	85.7% 3 3.5	100% 0.5 0.5	100% 1 1	100% 3.5 3.5	27.3% 1.5 5.5	71.4% 2.5 3.5	28.6% 2 7	77.8% 7 9	52.9% 4.5 8.5	- 0 0	70% 3.5 5	60% 6 10	59% 11.5 19.5	52.9% 4.5 8.5
E03C	Cancer 62 Day Referral To Treatment (Upgrades) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	86.8% 583.5 672.5	85.7% 48 56	93.2% 34.5 37	89.4% 42 47	92.4% 54.5 59	90.4% 51.5 57	94% 55 58.5	88.2% 41 46.5	87.5% 56 64	80.7% 46 57	84.4% 62 73.5	76.7% 74 96.5	85.7% 48 56	- 0 0	90.8% 148 163	89.9% 152 169	80.2% 182 227	85.7% 48 56
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions <i>Numerator (Number of LMCs)</i> <i>Denominator (Total Elective Admissions)</i>	1.15% 637 55573	0.96% 114 11837	0.44% 17 3829	0.7% 32 4549	2.09% 87 4154	1.13% 59 5220	1.21% 72 5951	1.17% 66 5656	1.54% 84 5463	1.13% 53 4672	1.48% 74 5001	1.16% 70 6039	0.72% 42 5803	1.19% 72 6034	1.28% 178 13923	1.3% 222 17070	1.25% 197 15712	0.96% 114 11837
F02	Cancelled Operations Re-admitted Within 28 Days <i>Numerator (Number Readmitted Within 28 Days)</i> <i>Denominator (Total LMCs)</i>	83.4% 542 650	99% 99 100	88.9% 8 9	76.5% 13 17	96.8% 30 31	98.8% 82 83	91.1% 51 56	93% 66 71	88.5% 54 61	83.1% 64 77	67.3% 35 52	81.5% 53 65	100% 60 60	97.5% 39 40	95.4% 125 131	91% 171 188	78.4% 152 194	99% 99 100

Appendix – Trust Scorecards


INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN


ID	Measure	20/21	21/22 YTD	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Delayed Transfers of Care (DToc)																			
Q01A	Acute Delayed Transfers of Care - Patients	60	-	14	13	10	4	-	-	-	-	-	-	-	-	27	-	-	-
Q01B	Acute Delayed Transfers of Care - Beddays	1902	-	396	350	335	251	-	-	-	-	-	-	-	-	936	-	-	-
Q02A	Non-Acute Delayed Transfers of Care - Patients	18	-	1	0	1	-	-	-	-	-	-	-	-	-	1	-	-	-
Q02B	Non-Acute Delayed Transfers of Care - Beddays	521	-	88	32	40	10	-	-	-	-	-	-	-	-	82	-	-	-
Green To Go/Fit For Discharge (BRISTOL Only)																			
AQ06A	Green To Go List - Number of Patients (Acute)	-	-	71	86	99	96	97	97	125	107	103	168	172	142	-	-	-	-
AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	12	8	22	19	26	18	11	12	11	10	0	0	-	-	-	-
AQ07A	Green To Go List - Beddays (Acute)	-	-	2107	2582	2704	2973	3013	2745	3356	3572	3218	4540	5038	4384	-	-	-	-
AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	403	588	464	528	698	564	458	340	445	398	0	0	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate	12.2%	9.9%	12.1%	11.5%	11.5%	9.9%	10.3%	10.3%	11%	11.3%	10.6%	10%	10.1%	9.7%	10.9%	10.5%	10.6%	9.9%
	Numerator (Number of Hospital Cancellations)	121436	18030	8477	8785	8421	8785	9443	9607	9512	9866	9026	10100	9153	8877	25991	28562	28992	18030
	Denominator (Total Appointments)	991907	181789	70010	76680	73097	88393	91339	93649	86470	87155	85492	100767	90420	91369	238170	271458	273414	181789
R05	Outpatient DNA Rate	6.9%	6.5%	5.3%	6.2%	7%	7.7%	7.7%	8.1%	7.8%	8.5%	6.7%	6.3%	6.4%	6.6%	6.9%	7.9%	7.1%	6.5%
	Numerator (Number of DNAs)	49604	9064	2809	3625	3831	4848	5292	5610	5029	5383	4295	4807	4441	4623	12304	15931	14485	9064
	Denominator (Total Attendances+DNAs)	717015	140288	53504	58844	55092	63156	68473	69071	64312	63319	64094	75903	69929	70359	177092	201856	203316	140288
Overdue Partial Booking (Bristol)																			
R22N	Overdue Partial Booking Referrals	33.5%	34%	33.6%	34.6%	35.2%	35.2%	34.7%	34.2%	35%	35.2%	34%	34.5%	34.2%	33.8%	35%	34.6%	34.6%	34%
	Numerator (Number Overdue)	569656	98348	48234	49150	49821	49068	48149	48773	49352	49499	47199	49054	49008	49340	148039	146274	145752	98348
	Denominator (Total Partial Booking)	1698619	289169	143472	142016	141426	139371	138847	142817	141025	140442	138821	142381	143376	145793	422813	422689	421644	289169
R22R	Overdue Partial Bookings (9+ Months)	3.3%	7.5%	1.6%	1.7%	1.9%	2.4%	3.1%	3.7%	4.6%	5.2%	5.8%	6.9%	7.3%	7.7%	2%	3.8%	6%	7.5%
	Numerator (Number Overdue 9+ Months)	55930	21681	2256	2357	2753	3318	4252	5274	6422	7365	8102	9799	10475	11206	8428	15948	25266	21681
	Denominator (Total Partial Booking)	1698619	289169	143472	142016	141426	139371	138847	142817	141025	140442	138821	142381	143376	145793	422813	422689	421644	289169
R22H	Overdue Partial Bookings (12+ Months)	1.5%	3.9%	0.9%	1%	1.1%	1.2%	1.3%	1.5%	1.8%	2.2%	2.6%	3.2%	3.6%	4.2%	1.1%	1.5%	2.7%	3.9%
	Numerator (Number Overdue 12+ Months)	26161	11390	1341	1419	1569	1710	1808	2086	2557	3154	3627	4532	5220	6170	4698	6451	11313	11390
	Denominator (Total Partial Booking)	1698619	289169	143472	142016	141426	139371	138847	142817	141025	140442	138821	142381	143376	145793	422813	422689	421644	289169

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			
EFFECTIVE DOMAIN																			
ID	Measure	20/21	21/22 YTD	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
Mortality																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	94.4	-	96.4	95.5	93.9	94.4	89.8	92.5	93.5	93.6	-	-	-	-	94.6	91.9	93.6	-
	Numerator ("Expected" Deaths)	22885	0	2390	2350	2300	2285	2190	2210	2150	2060	0	0	0	0	6935	6550	2060	0
	Denominator (Deaths)	24255	0	2480	2460	2450	2420	2440	2390	2300	2200	0	0	0	0	7330	7130	2200	0
X02	Hospital Standardised Mortality Ratio (HSMR)	92.2	-	98.6	75.4	61.9	86.3	75.2	91.5	93.5	102.6	113	-	-	-	74.5	86.3	107.5	-
	Numerator ("Expected" Deaths)	1120	0	100	96	71	98	101	112	113	107	105	0	0	0	265	326	212	0
	Denominator (Deaths)	1214.95	0	101.43	127.28	114.66	113.6	134.33	122.43	120.9	104.32	92.9	0	0	0	355.54	377.66	197.22	0
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	66.1%	66.3%	48.9%	73.6%	63.4%	60.9%	64.6%	70.8%	65.1%	61.3%	63%	78%	64%	68.9%	66.4%	66.9%	69.1%	66.3%
	Numerator (Treated Within 36 Hrs)	358	63	22	39	26	28	31	34	28	19	29	46	32	31	93	93	94	63
	Denominator (Total Patients)	542	95	45	53	41	46	48	48	43	31	46	59	50	45	140	139	136	95
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	92.1%	93.7%	84.4%	96.2%	95.1%	97.8%	97.9%	97.9%	100%	93.5%	89.1%	94.9%	94%	93.3%	96.4%	98.6%	92.6%	93.7%
	Numerator (Seen Within 72 Hrs)	499	89	38	51	39	45	47	47	43	29	41	56	47	42	135	137	126	89
	Denominator (Total Patients)	542	95	45	53	41	46	48	48	43	31	46	59	50	45	140	139	136	95
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	59%	61.1%	40%	69.8%	61%	52.2%	60.4%	64.6%	58.1%	61.3%	58.7%	69.5%	56%	66.7%	61.4%	61.2%	64%	61.1%
	Numerator (Number achieved BPT)	320	58	18	37	25	24	29	31	25	19	27	41	28	30	86	85	87	58
	Denominator (Total Patients)	542	95	45	53	41	46	48	48	43	31	46	59	50	45	140	139	136	95
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	4.41%	3.97%	4.23%	4.62%	4.64%	5.39%	4.82%	4.25%	3.87%	3.91%	4.11%	4.12%	3.98%	3.88%	4.9%	4.33%	4.05%	3.97%
	Numerator (Re-admitted in 30 Days)	6036	602	422	547	524	688	658	545	477	427	471	565	523	79	1759	1680	1463	602
	Denominator (Total Discharges)	136884	15173	9989	11831	11304	12766	13651	12830	12328	10912	11457	13729	13138	2035	35901	38809	36098	15173
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	61%	56.1%	71.4%	51.4%	46.2%	48.6%	67.7%	71.7%	74.2%	66.7%	56.5%	58.5%	56.1%	-	49%	71.3%	60.6%	56.1%
	Numerator (Achieved Target)	250	32	30	18	12	18	21	33	23	20	13	24	32	0	48	77	57	32
	Denominator (Total Patients)	410	57	42	35	26	37	31	46	31	30	23	41	57	0	98	108	94	57
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	72.6%	59.5%	82%	82.6%	91.4%	69.8%	75.6%	68.3%	64.6%	66.7%	54.5%	52.7%	58.9%	63.6%	79.9%	69.3%	56.8%	59.5%
	Numerator (Achieved Target)	393	50	41	38	32	37	34	41	31	20	18	29	43	7	107	106	67	50
	Denominator (Total Patients)	541	84	50	46	35	53	45	60	48	30	33	55	73	11	134	153	118	84

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	 University Hospitals Bristol and Weston NHS Foundation Trust			
WELL-LED DOMAIN																				
ID	Measure	20/21	21/22 YTD	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	
Bank and Agency Usage																				
AF11A	Percentage Bank Usage	-	-	5%	5.29%	5.12%	5.35%	5.37%	6.05%	5.35%	6.07%	5.93%	6.55%	4.99%	4.95%	-	-	-	-	
	Numerator (Bank wte)	0	0	548.58	651.44	631.74	657.77	595.03	675.77	595.4	683.53	671.71	758.25	560	552.21	0	0	0	0	
	Denominator (Total wte)	0	0	10966.5	12327.3	12331.8	12298.9	11076.1	11165.2	11126.2	11253.9	11335.3	11582.2	11232	11160.6	0	0	0	0	
AF11B	Percentage Agency Usage	-	-	1%	1.21%	1.38%	1.75%	1.77%	1.95%	1.86%	1.97%	2.49%	2.66%	2.18%	2.63%	-	-	-	-	
	Numerator (Agency wte)	0	0	109.17	149.62	170.64	215.35	195.62	218.18	207.2	221.92	282.54	307.47	245.28	293.62	0	0	0	0	
	Denominator (Total wte)	0	0	10966.5	12327.3	12331.8	12298.9	11076.1	11165.2	11126.2	11253.9	11335.3	11582.2	11232	11160.6	0	0	0	0	
Turnover																				
AF10	Workforce Turnover Rate	-	-	13.1%	12.7%	12.4%	12.3%	12.3%	12.1%	12%	12.2%	12.2%	12%	12.3%	12.6%	-	-	-	-	
	Numerator (Leavers in last 12 months)	0	0	1113.62	1080.09	1054.77	1052.86	1060.04	1050.79	1043.85	1061.5	1061.77	1049.15	1071.79	1096.58	0	0	0	0	
	Denominator (Average Staff in Post)	0	0	8518.68	8525.3	8536.69	8591.86	8634.62	8671.86	8670.64	8693.68	8731.51	8714.32	8692.17	8678.46	0	0	0	0	
Vacancy																				
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	2%	2.3%	2.7%	3.6%	3.4%	4.1%	4.2%	4.1%	4.3%	3.5%	3.7%	4.9%	-	-	-	-	
	Numerator (Vacancy wte, Funded minus actual)	0	0	207.53	239.45	281.27	379.66	363.63	438.49	455.28	437.35	468.72	378.03	401.23	534.8	0	0	0	0	
	Denominator (Actual WTE)	0	0	10516.3	10557.9	10579.2	10616.2	10649.1	10709.8	10778.9	10785.8	10849.8	10894.5	10828	10849.6	0	0	0	0	
Staff Sickness																				
AF02	Sickness Rate	3.6%	3.4%	3.4%	3.5%	3.6%	3.7%	3.7%	3.7%	4%	4%	3.4%	3.2%	3.5%	3.4%	3.6%	3.8%	3.6%	3.4%	
	Numerator (Total WTE Days Lost)	135412	21728.8	10417.9	11025	11391.6	11363	11849.1	11466.5	12633.9	12941.5	10047.9	10396.8	10750.9	10978	33779.7	35949.4	33386.2	21728.8	
	Denominator (Total WTE Days)	3740392	630623	309671	318330	315893	305946	317549	307597	318980	319702	291312	324625	311261	319362	940169	944125	935639	630623	
Staff Appraisal																				
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	62.1%	64.1%	64.3%	65.5%	66.4%	67.2%	68.2%	66.4%	64.2%	64.9%	66.4%	69.1%	-	-	-	-	
	Numerator (In-Date Appraisals)	0	0	6240	6482	6484	6637	6747	6891	7005	6859	6728	6823	6905	7106	0	0	0	0	
	Denominator (Total Staff)	0	0	10044	10116	10090	10128	10167	10247	10277	10337	10477	10510	10392	10286	0	0	0	0	

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	 University Hospitals Bristol and Weston NHS Foundation Trust			
USE OF RESOURCES DOMAIN																				
ID	Measure	20/21	21/22 YTD	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	
Average Length of Stay																				
J03	Average Length of Stay (Spell)	4.03	4.27	3.85	3.48	3.51	3.69	4.29	4.35	4.35	4.72	4.36	3.93	4.46	4.09	3.56	4.33	4.31	4.27	
	Numerator (Total Beddays)	317717	61016	23889	26599	26326	26723	31180	29087	28343	27360	26016	28069	31095	29921	79648	88610	81445	61016	
	Denominator (Total Discharges)	78741	14293	6204	7639	7507	7234	7262	6690	6512	5793	5969	7134	6969	7324	22380	20464	18896	14293	

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

Reporting Committee	Quality & Outcomes Committee – meeting held on 24th June 2021
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Mark Smith, Chief Operating Officer and Deputy Chief Executive Deirdre Fowler, Chief Nurse William Oldfield, Medical Director

For Information

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

- The Committee reviewed the integrated quality and performance report, and it was reported that the hospitals continued to be very busy. The Children's Emergency Department had seen the highest number of patients ever in a day the previous week, and attendances were consistently significantly above the usual predicted numbers on a daily basis. The Adult Emergency Departments also continued to be busy with delays to ambulance handovers. Mortality ratios continued to be within the expected levels. Concern remained about compliance with Venous thromboembolism (VTE) Risk Assessment on admission and the mixed use of electronic and paper recording was understood to be affecting compliance. The move to a solely electronic method, aligned to the electronic prescribing system, would support enhanced compliance with the standard. The Deputy Chief Executive and Chief Operating Officer and Medical Director agreed to review some of the safety KPIs in the IQPR.
- The Committee considered updates on the ongoing CQC inspection of the Trust, as well as reports on previous CQC inspections and completion of recommendations. In relation to the Emergency Department inspection at the Bristol Royal Infirmary, the Committee sought assurance about the recruitment into clinical roles and whether the risks to the department and patient safety were being regularly reviewed. The Committee were assured that progress was being made to recruit into consultant and middle grade roles, however supply was difficult. Further assurance would be provided in relation to the regularity of risk review.
- The Committee considered the monthly Root Cause Analyses and nurse safe staffing reports for assurance.
- The Deputy Chief Executive and Chief Operating Officer provided an update on the Restoration Programme to address the waiting lists for elective care, the governance of the programme and the Trust's role in the system Elective Accelerator Site. There was a detailed discussion on the Restoration mandate that would be followed up outside the meeting. The Medical Director provided assurance to the Committee on the process to review patients on the waiting lists to minimise any potential harm.
- The Committee received the Annual Safeguarding Report which now included patients with Learning Difficulties following the integration of the service with the Safeguarding Team. The Committee noted the report and the associated Corporate Risks which included a lack of Tier 4 CAMHS beds, rates of compliance with Safeguarding Training

and the amount of time that patients being detained under Section 136 of the Mental Health Act were spending in the Emergency Department. The Committee also noted the response of the Trust and System to emerging concerns through the pandemic, which included where there were trends identified in relation to non-accidental injuries and the promotion of the ICON initiative to support parents.

For Board Awareness, Action or Response

- The Committee considered the Annual Complaints Report and Annual Safeguarding Reports which will now be published on the Trust website.
- The Board should be aware of the on-going pressures in the Emergency Departments, and the impact this is having on SWAST and the Trust, and the ability to discharge patients and ensure flow through the hospital.

Key Decisions and Actions

N/A

Date of next meeting:

26 July 2021