

# August 2020

# Published Papers

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Including:

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

## Meeting of the Quality and Outcomes Committee on 27<sup>th</sup> August 2020

<b>Report Title</b>	<b>Integrated Performance Report</b>
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<b>Executive Lead</b>	<b>Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer Quality – Carolyn Mills, Chief Nurse/William Oldfield, Medical Director Workforce – Matt Joint, Director of People</b>

<b>1. Report Summary</b>	
[To provide an overview of the Trust's performance on Quality, Workforce and Access standards.]	
<b>2. Key points to note</b> (Including decisions taken)	
Please refer to Executive summary.	
<b>3. Risks</b> If this risk is on a formal risk register, please provide the risk ID/number.	
<b>4. Advice and Recommendations</b> (Support and Board/Committee decisions requested):	
<ul style="list-style-type: none"> <li>This report is for <b>Assurance</b>.</li> </ul>	
<b>5. History of the paper</b> Please include details of where paper has <u>previously</u> been received.	
<b>[Name of Committee/Group/Board]</b>	<b>[Insert Date paper was received]</b>

### Recommendation Definitions:

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

# Integrated Performance Report

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August 2020

Reporting Month: July 2020

## Impact of Covid-19

Performance continues to be significantly impacted by the Covid outbreak, with lower levels of activity and lengthening waiting times.

Elective activity volumes, across all work types, are demonstrating some recovery. Month-on-month, from April to July, the volumes have increased but are still below 2019 levels. See graphs on Page 30. There remain considerable constraints on outpatient, diagnostic and theatre capacity, related primarily to social distancing and staffing, which is adversely affecting scheduling and productivity.

Demand, in the form of GP referrals, is also rising and work with local commissioners indicates that, at the current rate, GP referrals will return to 90% of 2019 levels by November 2020.

There are a number of significant backlogs that have developed during the Covid outbreak and the resulting reduction in activity. These include:

- Referral To Treatment patients waiting 52+ weeks. As at end of July there were 796 patients waiting over a year for the start of treatment, compared to 52 patients at the end of March 2020.
- The overall Referral To Treatment waiting list size is increasing, following two months of significantly reduced referrals in April and May. At end of July the list was at 37,264; a rise of 2,700 (8%) from end of May.
- The number of outpatients whose follow-up is overdue has doubled. It was 20,986 at the start of April 2019 and it is now 49,150.

The number of attendances in the Emergency Departments has started to normalise. In April 2020, the Trust saw 46% of the 2019 average monthly attendances. By July 2020 this was up to 79%.

The focus, within the Trust and with system-wide partners, is on providing capacity to: a) meet emergency demand that is returning to pre-Covid levels, b) to meet elective demand and manage the differing priorities between cancer, urgent and routine work, c) address the backlogs that have arisen during the Covid pandemic, d) be prepared for possible increases in Covid cases.

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Reporting Month: July 2020

Safe

Caring

Successes	Priorities
<ul style="list-style-type: none"> <li>Procurement of a digital monitoring and audit tool for quality indicators to support quality improvement activities.</li> <li>Reduction in the overall number of falls (from 138 in June to 100 in July) and no falls resulting in moderate or higher level of harm in our Bristol hospitals in the context of an increase in the number of beddays in July compared to June.</li> <li>Monthly audits have identified no medication incidents causing moderate or higher level of harm since November 2019.</li> </ul>	<ul style="list-style-type: none"> <li>Review the detail behind mortality indicators to further understand the Trust's position with regard to the impact of the Covid-19 pandemic.</li> <li>Commence patient surveys at Weston in the absence of any patient survey data</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>To re-establish Hospital Associated VTE reviews and data flows.</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare associated infection indicators remain subject to validation by commissioners which has been delayed by the Covid pandemic. As a result the limit for the number of Clostridium Difficile cases for 2020/21 has yet to be set.</li> <li>Data quality of the quality metrics from Weston site included in this report. Planned work to address risks to data quality through due diligence process has been delayed due to COVID 19 and operational priorities.</li> </ul>

Reporting Month: July 2020

Responsive

Effective

Successes	Priorities
<ul style="list-style-type: none"> <li>Attend Anywhere (video consultation) now has 988 registered users. UHBW is delivering an average of 500 consultations per week via this service, this volume has stabilised over July after showing an increase from the start of the year.</li> <li>Advice and Guidance survey results from primary care and acute trust clinicians demonstrates that A&amp;G has been well received and is positively supporting referral management in primary care.</li> <li>Sustained compliance with the subsequent radiotherapy and subsequent chemotherapy cancer treatment standards</li> <li>Rapid and sustained fall in the numbers of patients waiting more than 104 days on a suspected cancer GP referred pathway</li> <li>The reconfiguration of the Emergency Department footprints to enable the Covid recovery phase is embedded operationally; patients continue to be managed in pathways defined as non-symptomatic and symptomatic</li> </ul>	<ul style="list-style-type: none"> <li>Continued improvement of performance against the cancer waiting time standards, within the limitations imposed by Covid precautions, with an emphasis on reducing long waiters (over 104 days) and recovering the 31 day standards</li> <li>Implementation of phased plan for the restoration of elective services including theatres, outpatients and diagnostic services.</li> <li>An action plan has been produced to address issues relating to RTT data quality in Weston. This plan is targeted on large cohorts of sampling and cleaning referral data to effectively manage the data migration into Medway PAS. The Intensive Support Team will provide support and guidance once we have written to them outlining our requirements.</li> <li>Outpatients whose appointment was put On Hold due to Covid-19 has decreased from 4,046 to 3,442. Patients continue to be clinically prioritised and dates offered where capacity allows.</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>As part of the implementation of Medway PAS at Weston, there is an opportunity to test new functionality prior to roll out across the organisation. A demonstration by System C has been arranged via 3 sessions on 30<sup>th</sup> September and 1<sup>st</sup> October to allow readiness for new functionality across the Bristol sites</li> <li>An outpatient Dermatology referral task and finish group has commenced. Focusing on triage and routing of referrals.</li> <li>Requirement gathering has begun through the digital patient group. The focus is on commissioning a BNSSG wide digital solution including patient portal for correspondence etc.</li> <li>Work is being undertaken with system partners to consider various options to reduce the number of patients needing to attend the ED</li> </ul>	<ul style="list-style-type: none"> <li>Achievement of the cancer standards remains unlikely whilst restrictions on services due to Covid-19 precautions remain</li> <li>The effects of maintaining social distancing in ED is impacting ambulance handover performance and also managing the waiting area for Fast Flow patients. This remains a safety and patient experience concern</li> <li>The ability to socially distance patients waiting to be seen in the waiting area for the BRI Emergency Department Fast flow stream has become challenging,.</li> <li>There continues to be a significant increase in 52-week breaches with end of July position showing 796 breaches across UHBW. It is anticipated that this number will continue to increase because of capacity constraints.</li> <li>Due to social distancing rules, the Trust has reduced capacity for routine patients due to the prioritising of Cancer and Urgent patients. This continues to prevent recovery of the Referral To Treatment (RTT) position.</li> </ul>

Reporting Month: July 2020

## Well-Led

Successes	Priorities
<ul style="list-style-type: none"> <li>• Launch of the new Supporting Attendance training for managers with both face to face and virtual sessions available.</li> <li>• <i>'Cultural awareness for an inclusive workplace'</i> has been launched to support the D&amp;I Strategy. To date over 100 staff have accessed this eLearning.</li> <li>• Nearly 900 staff have accessed the eLearning <i>'Covid19: Your emotional wellbeing'</i> as part of the wellbeing offer.</li> <li>• Successful seasonal rotation of doctors in training with all fully cleared ahead of their start day.</li> <li>• The Employee Staff Record (ESR) Merge at the end of July between Bristol and Weston.</li> <li>• Condensed corporate inductions continued throughout July; two such inductions took place with 96 new starters successfully joining the Trust.</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment to the vacancies in the HR Employee Services team to create resilience with service delivery.</li> <li>• Commencement of HR Consultations under the Corporate Services Integration programme (specifically Employee Services, Medical HR and Recruitment).</li> <li>• Finalise the <i>Nip it in the Bud</i> and <i>Investigating Officers training</i> to launch sessions later this year.</li> <li>• Communications and implementation of the new unified bank rates across Bristol and Weston, taking effect from 1<sup>st</sup> September.</li> <li>• Ongoing review of pay provisions for staff who have been shielding or have been redeployed, beyond the end of the current pay protection at the end of September.</li> <li>• Inaugural Programme Board meeting setting the strategic oversight of the Allocate System merger between Bristol and Weston.</li> <li>• Secure funding and approval to engage Allocate Software to fast track the medical eRostering rollout to capitalise on the benefits evidenced through the use of HealthRoster for the Covid rosters</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Working with Culture Weston to create promotional film to sell 'Weston' and the Trust which aims to showcase all of the opportunities the division has to offer.</li> <li>• The National WRES team launched the WRES pilot with the Board which is the first step on the cultural programme for the Trust which will commence in the autumn.</li> <li>• The <i>'Working from home'</i> survey has received over 1000 responses to date. Closing on 28<sup>th</sup> August, this data will help inform the Trust's longer term approach to flexible working as outlined in the NHS People Plan.</li> <li>• Early commencement of the new Business Development Manager in APOHS to ensure a comprehensive handover from the present incumbent pre-retirement at the end of September 2020</li> </ul>	<ul style="list-style-type: none"> <li>• Employee relations case work volumes have significantly increased (e.g. grievances projecting a 119% increase in volumes from last year).</li> <li>• After a significant reduction during the pandemic, there is a rise in high cost nurse agency supply as operational activity increases.</li> <li>• Ongoing Trust-wide appraisal compliance. All divisions are non-compliant.</li> <li>• Continued risk to deliver the D&amp;I Strategy and associated work plan with the ongoing D&amp;I Manager vacancy.</li> <li>• Bristol and Weston's individual compliance figures for the 11 core skills programmes reduced by 1% in the past month; Bristol to 88%, and Weston to 85%.</li> </ul>



# Dashboard

Reporting Month: July 2020

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

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

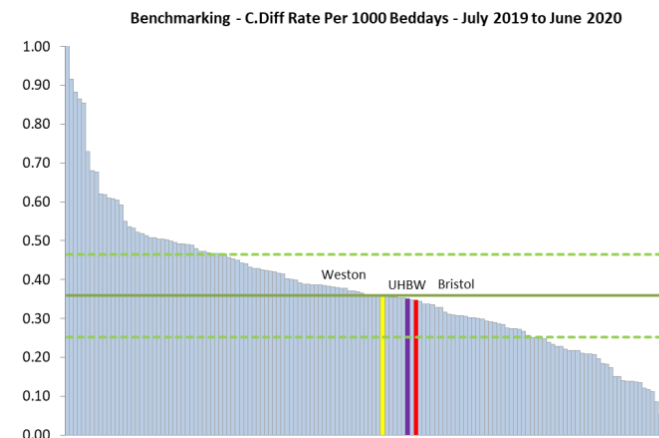
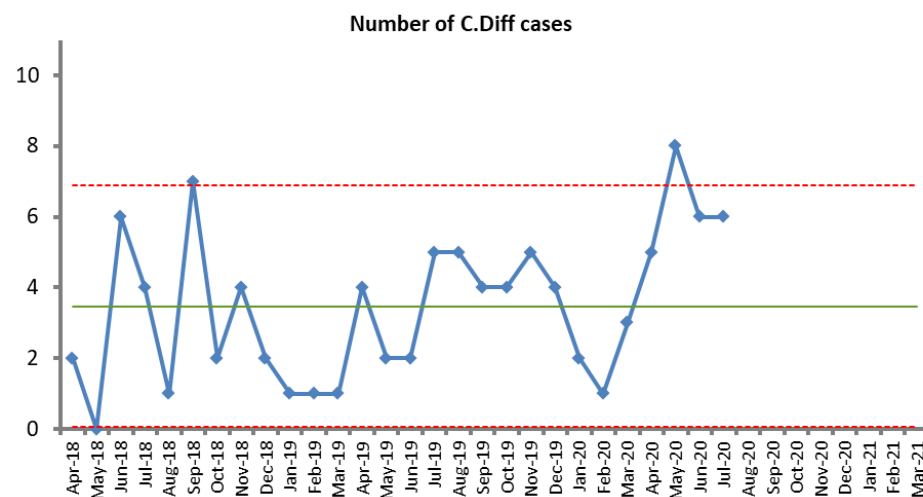
CQC Domain	Metric	Standard Achieved?
Well-Led	Bank & Agency Usage	P
	Staffing Levels – Turnover	Y
	Staffing Levels – Vacancies	Y
	Staff Sickness	Y
	Staff Appraisal	N
Use of Resources	Average Length of Stay	Y
	Performance to Plan	N/A
	Divisional Variance	N/A
	Savings	N/A

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

# Infection Control – C.Difficile

Reporting Period: July 2020

<b>Standards:</b>	The limit of C. Difficile cases for 2019/20 was 57 cases for UH Bristol. The limit for UHBW has not yet been set for 2020/21 as it will be based on 2019/20 outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year end position. A limit of 57 cases would give a trajectory of 4-5 cases a month.
<b>Performance:</b>	There were six cases of hospital-onset, healthcare associated (HOHA) C diff in July 2020, four in our Bristol hospitals and two in Weston Hospital.
<b>Commentary:</b>	Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. HOHA C.Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission.) The benchmarking data of cases per 1,000 beddays in the twelve months to June 2020 shows UBHW to be just below the median. There has been no commissioner review of C.Difficile cases during the Covid pandemic.
<b>Ownership:</b>	Chief Nurse



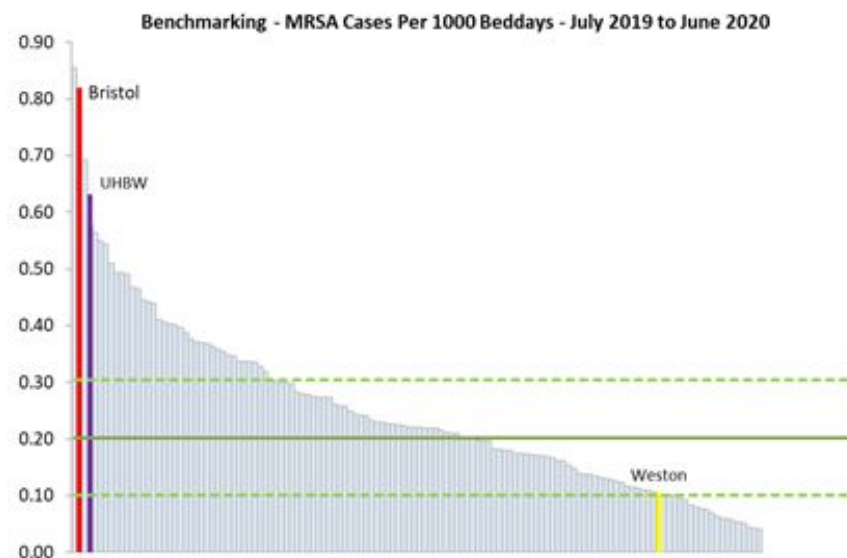
	Jul-20	2020/2021
Medicine	3	10
Specialised Services	0	4
Surgery	1	5
Weston	2	4
Women's and Children's	0	2
<b>TOTAL</b>	<b>6</b>	<b>25</b>

# Infection Control - MRSA

Reporting Period: July 2020

<b>Standards:</b>	No Trust Apportioned MRSA cases.
<b>Performance:</b>	There were no MRSA bacteraemia cases in UBHW in July 2020, and there has been one to date for 2020/21.
<b>Commentary:</b>	Following review by commissioners, learning from any identified lapse in care is shared with divisions to inform any new improvement actions.
<b>Ownership:</b>	Chief Nurse

	Jul-20	2020/2021
Medicine	0	0
Specialised Services	0	0
Surgery	0	0
Weston	0	0
Women's and Children's	0	1
<b>TOTAL</b>	<b>0</b>	<b>1</b>

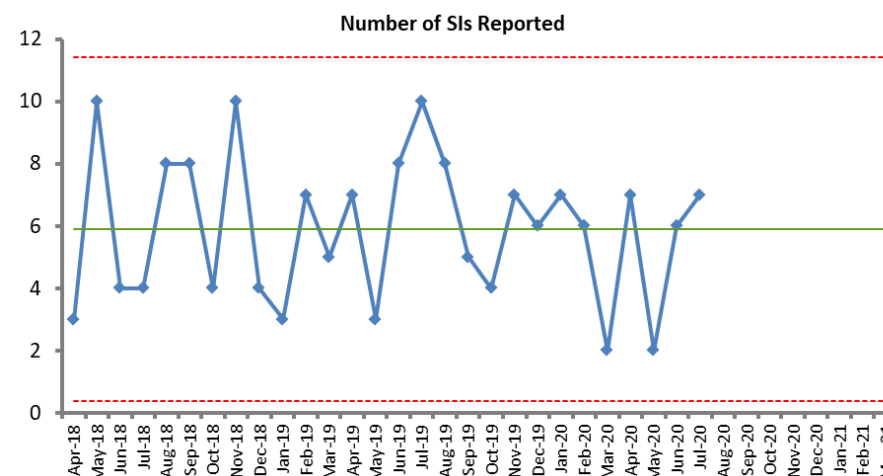


# Serious Incidents

Reporting Period: July 2020

<b>Standards:</b>	UHBW is committed to identifying, reporting and investigating Serious Incidents (SIs) and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents 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 NHS providers following learning from early adopters in 2020.
<b>Latest Data:</b>	From April 2020 this is a combined figure for both Bristol and Weston sites across UHBW as a newly merged organisation. Seven serious incidents were reported in July 2020, three on the Bristol sites and four on the Weston site, including one never event.
<b>Commentary:</b>	<p>In Bristol the reported serious incidents comprise: one pressure injury, one treatment delay and one medical device related incident. In Weston the reported serious incidents comprise: one pressure injury, one in-patient fall, one treatment delay and one medical device related incident. The medical device related incident met the criteria for a never event: unintentional connection of a patient requiring oxygen to an air flowmeter. The number of reported serious incidents is showing common cause variation. Category 3 pressure injuries, and falls leading to significant harm are the most frequently reported incident types across both sites.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>• Please see separate sections in this report on falls and pressure injuries.</li> <li>• Serious incident investigations are conducted in order to understand the significant contributory factors that led to the incident, identifying lessons learned and mitigating actions. The outcomes of these investigations are reported to the Quality and Outcomes Committee (a sub-committee of the Board.)</li> </ul>
<b>Ownership:</b>	Chief Nurse

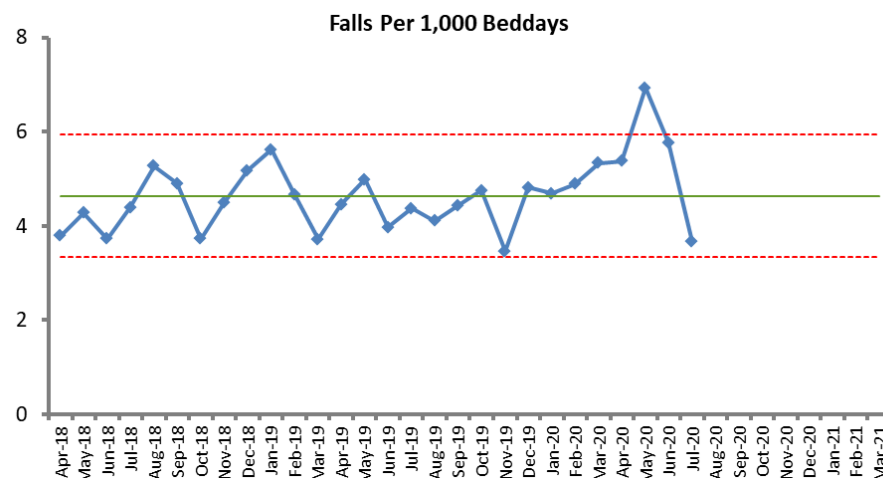
	Jul-20	2020/2021
Medicine	0	4
Specialised Services	0	0
Surgery	3	4
Weston	4	12
Women's and Children's	0	2
<b>TOTAL</b>	<b>7</b>	<b>22</b>



# Harm Free Care – Inpatient Falls

Reporting Period: July 2020

<b>Standards:</b>	To reduce and sustain the number of falls per 1,000 beddays below the national benchmark of 4.8 and to reduce and sustain the number of falls resulting moderate or higher level of harm to 2 or fewer per month.
<b>Performance:</b>	During July, the rate of falls per 1,000 beddays was 3.66 across UHBW (3.73 in our Bristol hospitals and 3.40 in Weston General Hospital.) For 2019/20 as a whole the rate of falls per 1,000 beddays was 4.52 in UH Bristol. There were 100 falls in UHBW in July 2020, one of which resulted in moderate or higher level of harm. This fall occurred in Weston General Hospital, a nurse was with patient at the time and was unable to prevent it happening.
<b>Commentary:</b>	<p>Patient beddays increased in July as services restarted post Covid, and number of falls decreased (from 138 in June to 100 in July) resulting in a reduction in rate of falls from 5.77 to 3.66 across UHBW.</p> <ul style="list-style-type: none"> <li>An operational group has been established to plan the delivery of training and education to support staff in services which were reconfigured in June, whilst recognising this has to be achieved differently.</li> <li>Support from the Education team will be sought to support this work. We will address via our annual falls work plan improvements in communication and handover around patients' falls' risks and prevention strategies, especially for patients experiencing a number of ward moves. Work to address this is planned for September.</li> <li>The Trust will continue to work with system partners on falls prevention via a falls network, once this collaborative work has restarted.</li> </ul>
<b>Ownership:</b>	Chief Nurse



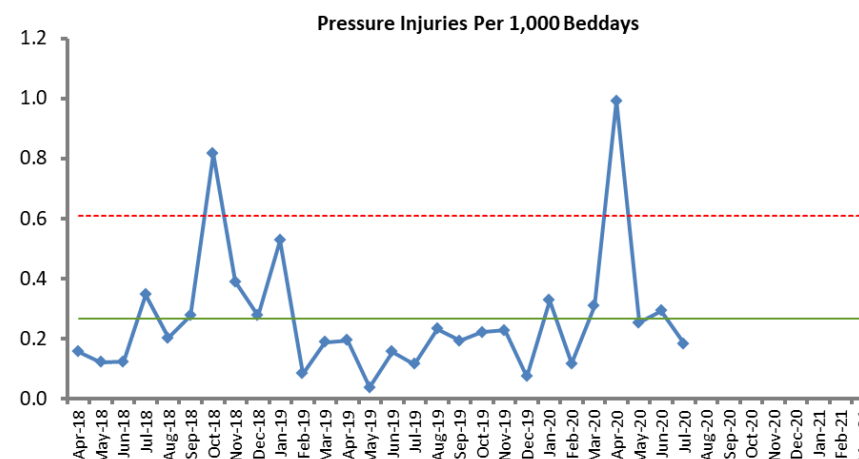
	Jul-20	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	3	-
Medicine	54	7.11
Specialised Services	12	2.87
Surgery	10	3.03
Weston	20	3.40
Women's and Children's	1	0.16
<b>TRUST TOTAL</b>	<b>100</b>	<b>3.66</b>

# Harm Free Care – Pressure Injuries

Reporting Period: July 2020

<b>Standards:</b>	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4.
<b>Performance:</b>	During July 2020, the rate of pressure injuries per 1,000 beddays was 0.18 across UHBW (0.19 in our Bristol hospitals and 0.17 in Weston General Hospital.) For 2019/20 as a whole the rate of pressure injuries per 1,000 beddays was 0.18 in UH Bristol. There were five pressure injuries in UHBW in July 2020, all category 2 pressure injuries (one in Weston and four in Bristol). There were no category 3 or 4 pressure injuries.
<b>Commentary:</b>	<p>Actions:</p> <ul style="list-style-type: none"> <li>Scoping the “fresh eyes” review of pressure injuries by the Deputy Director of Nursing (Transformation) has commenced. This project is intended to identify any additional learning and risk reduction opportunities.</li> <li>The Division of Weston have set up a Pressure Injury Prevention Group, membership of which includes tissue viability nurses across the Trust.</li> <li>Targeted training in hot spot areas.</li> <li>Updating intranet pages with training resources available</li> <li>Benchmarking training materials for children’s services with Alder Hey and Great Ormond Street Hospitals, including medical device related incidents</li> <li>Face to face monthly pressure injury prevention teaching from September</li> </ul>
<b>Ownership:</b>	Chief Nurse

	Jul-20	
	Pressure Injuries	Per 1000 Beddays
Medicine	3	0.44
Specialised Services	0	0.09
Surgery	1	0.37
Weston	1	0.17
Women's and Children's	0	0.09
<b>TOTAL</b>	<b>5</b>	<b>0.18</b>

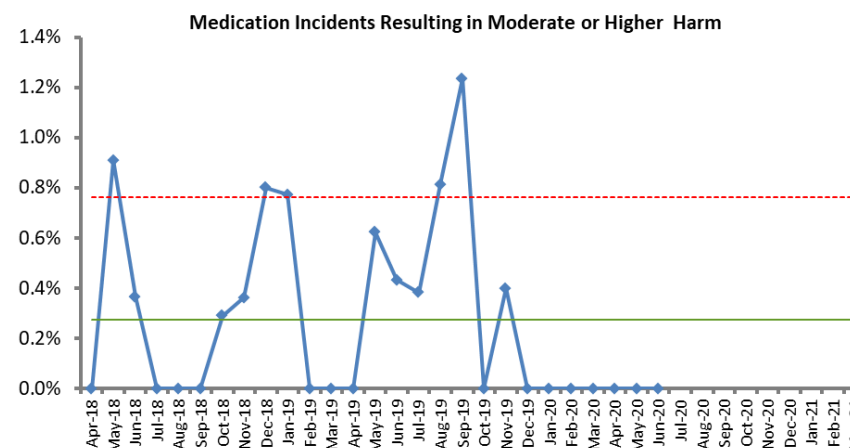


# Medicines Management

Reporting Period: June/July 2020

<b>Standards:</b>	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.
<b>Performance:</b>	No moderate harm medication incidents were reported in June 2020 across UHBW (0%), out of 260 and 20 incidents reported in Bristol and Weston respectively. Unintentional omitted doses of critical medicines were identified in four patients out of 825 patient drug charts audited at the Bristol sites (0.48%) in July. For 2019/20 as a whole the percentage of omitted medicines was 0.41% in UH Bristol.
<b>Commentary:</b>	The omitted medicines identified in three cases (one dose of antibiotic, two of enoxaparin) were unavailable on the ward, so the nurse was shown the drug finder for accessing medication out of hours. A fourth omitted dose was an IV antibiotic where IV access was difficult and there had been a delay in cannulating the patient and the dose had not been given. Actions: <ul style="list-style-type: none"> <li>To continue to share learning from medication incidents across UHBW via safety bulletins, safety briefs, training opportunities</li> <li>To continue to highlight to ward staff how to obtain non-ward stock newly prescribed medicines out of hours</li> </ul>
<b>Ownership:</b>	Chief Nurse

	Jun-20		
	Moderate or Higher Harm Incidents	Total Audited	Percentage
Bristol	0	260	0.00%
Weston	0	20	0.00%
<b>TOTAL</b>	<b>0</b>	<b>280</b>	<b>0.00%</b>



# Essential Training

Reporting Period: July 2020

<b>Standards:</b>	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
<b>Performance:</b>	In July 2020, Essential Training overall compliance remained static at 88% compared to the previous month (excluding Child Protection Level 3).
<b>Commentary:</b>	<p>July 2020 compliance for Core Skills (mandatory/statutory) training remained static at 88% overall across the eleven programmes. There were reductions in six of the programmes, where compliance reduced by one percentage point. The remaining five programmes saw no change.</p> <p>Overall compliance for 'Remaining Essential Training' reduced to 92% compared to the previous month. This figure continues to exclude Weston data. However, There were notable improvements in compliance for several programmes within the wider portfolio of 'remaining essential training', including Corpak NG tube, (+3%), Prevent Awareness (+4%), and ReSPECT Awareness (+3%).</p> <p>Activities in the last month include:</p> <ul style="list-style-type: none"> <li>In July, the CQC post-inspection compliance improvement plan actioned the creation of separate Risk Register entries for any ET programme yet to meet its target compliance. The risks will now have Corporate Education Group monitoring oversight.</li> <li>Fire Safety training received particular attention, planning for additional training to clinical staff, particularly in the area of patient evacuation.</li> </ul>
<b>Ownership:</b>	Director of People

Essential Training	Jul-20	KPI
Equality, Diversity and Human Rights	96%	90%
Fire Safety	83%	90%
Health, Safety and Welfare (formerly Health & Safety)	91%	90%
Infection Prevention and Control	85%	90%
Information Governance	84%	95%
Moving and Handling (formerly Manual Handling)	87%	90%
NHS Conflict Resolution Training	90%	90%
Preventing Radicalisation	92%	90%
Resuscitation	75%	90%
Safeguarding Adults	90%	90%
Safeguarding Children	90%	90%

Essential Training	Jul-20	KPI
<b>UHBW NHS Foundation Trust</b>	<b>88%</b>	<b>90%</b>
Diagnostics & Therapies	92%	90%
Medicine	86%	90%
Specialised Services	89%	90%
Surgery	88%	90%
Women's & Children's	86%	90%
Trust Services	89%	90%
Facilities & Estates	90%	90%
Weston	85%	90%



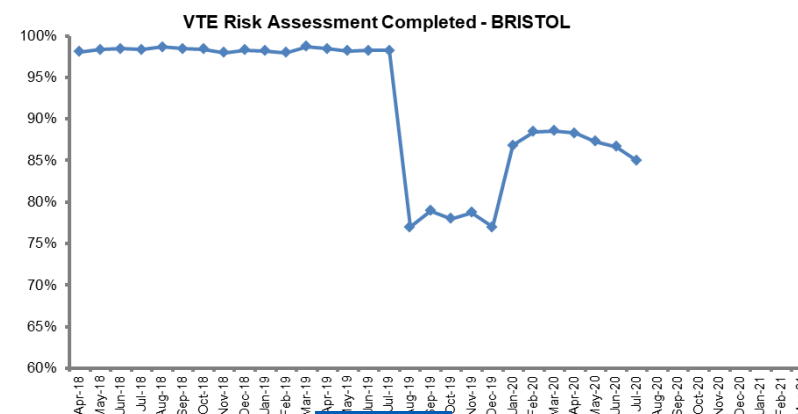
# Venous Thromboembolism Risk Assessment

Reporting Period: July 2020

<b>Standards:</b>	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
<b>Performance:</b>	In our Bristol hospitals, the VTE risk assessment is completed electronically using the Medway system. In Weston General Hospital there is a paper based VTE risk assessment. For July, Bristol achieved 85.0%. Weston captures the data quarterly and the latest data (Quarter 4 2019/20) saw Weston averaging 89% per month.
<b>Commentary:</b>	<p>At Bristol, there was a change in reporting methodology from August 2019. Prior to this point, compliance was captured by a question as part of the discharge process; with staff having to search patient records to ascertain if a risk assessment had been completed. From August an on-line VTE Risk Assessment tool was rolled-out which enabled compliance to be measured by the presence of a completed online assessment, rather than an answer to a Yes/No question during the discharge process. From 2020, this was rolled-out to other areas that had not gone live in phase 1. This was managed by a VTE Steering Group with decisions on changes to reporting approved by the Medical Director. A bid for a VTE nurse to support patient and staff education in VTE prevention was not prioritised for 2020/21. Actions:</p> <ul style="list-style-type: none"> <li>From 1<sup>st</sup> August 2020, the consultant haematologist who has been the VTE lead for UH Bristol has been covering the vacant VTE lead role in Weston General Hospital providing consistent medical leadership for VTE across UHBW.</li> <li>When electronic medicines prescribing and administration is implemented, there could be an opportunity to include a force function for completion of VTE risk assessment.</li> </ul>
<b>Ownership:</b>	Medical Director

Bristol - VTE Risk Assessment Performance

	Jul-20		
	Assessment Done	Total Patients	Performance
Diagnostics and Therapies	20	20	100.0%
Medicine	1,958	2,428	80.6%
Specialised Services	2,071	2,210	93.7%
Surgery	1,166	1,560	74.7%
Women's and Children's	1,351	1,508	89.6%
<b>TOTAL</b>	<b>6,566</b>	<b>7,726</b>	<b>85.0%</b>



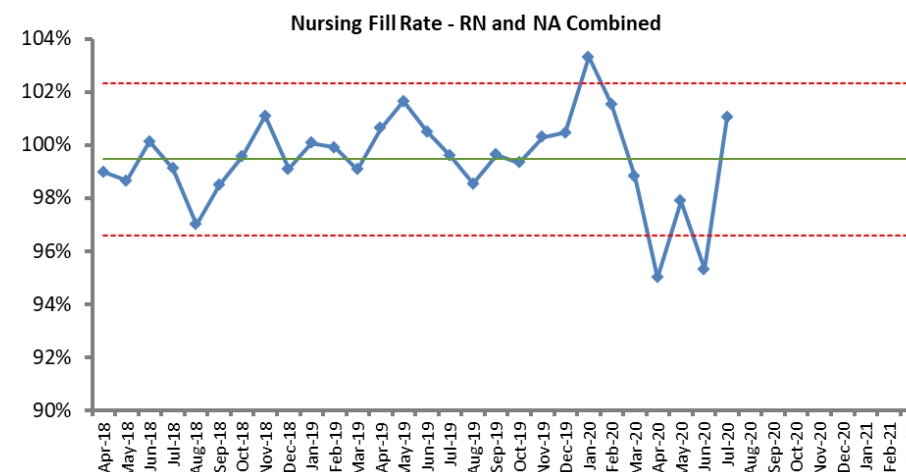
# Nurse Staffing Levels

Reporting Period: July 2020

<b>Standards:</b>	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board.
<b>Performance:</b>	The report shows that in July 2020, UHBW had rostered 299683 expected nursing, midwifery and nursing assistants' hours in the inpatient areas, the number of actual hours worked recorded on the system was 302851. This gave an overall fill rate of 101.1% for UHBW.
<b>Commentary:</b>	Overall for July 2020, the trust had 96% cover for RN's on days and 98% RN cover for nights. The unregistered level of 108% for days and 112% for nights reflects the activity seen in July 2020. This was due primarily to the Covid reconfiguration on wards and NA specialist assignments to safely care for confused or mentally unwell patients in adults at night.
<b>Ownership:</b>	Chief Nurse

## Staffing Fill Rates: Jul-20

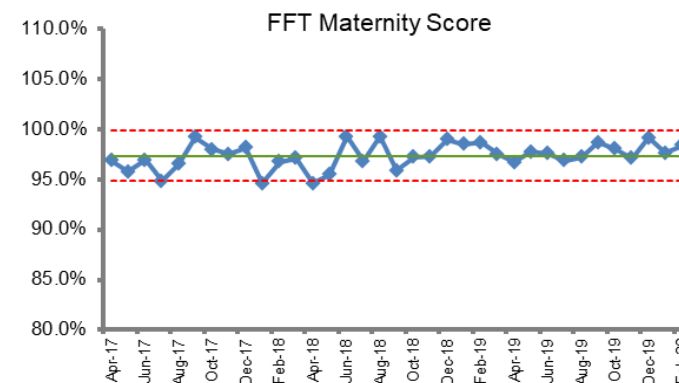
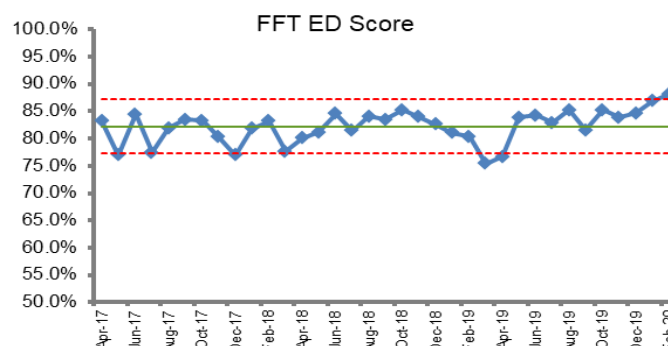
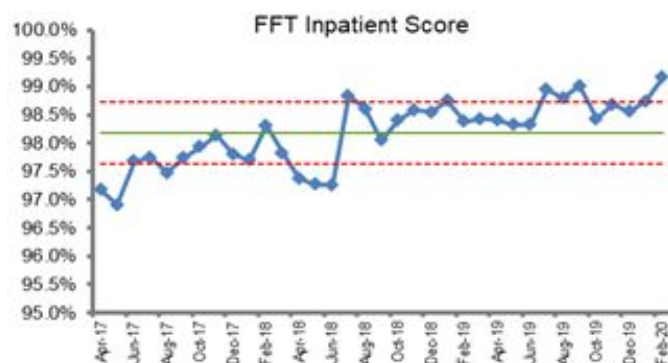
	Total	RNs	NAs
Medicine	103.9%	97.0%	112.7%
Specialised Services	104.2%	97.3%	124.4%
Surgery	100.3%	95.7%	112.0%
Weston	104.2%	97.2%	112.0%
Women's and Children's	96.1%	98.1%	86.9%
<i>Bristol Divisions</i>	<i>100.4%</i>	<i>97.2%</i>	<i>108.4%</i>
<b>TRUST TOTAL</b>	<b>101.1%</b>	<b>97.2%</b>	<b>109.4%</b>



# Friends and Family Test

Reporting Month: February 2020

<b>Standards:</b>	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 70%.
<b>Performance:</b>	Nationally the Friends and Family Test has been suspended during the Covid-19 pandemic. The last data reported was February 2020, and the data and charts below show the Bristol data up to that point.
<b>Commentary:</b>	Nationally the Friends and Family Test has been suspended during Covid-19.
<b>Ownership:</b>	Chief Nurse

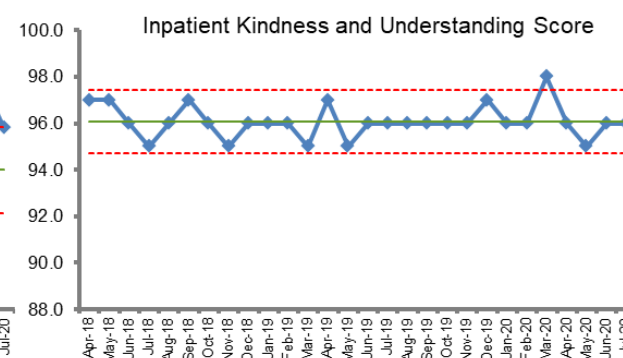
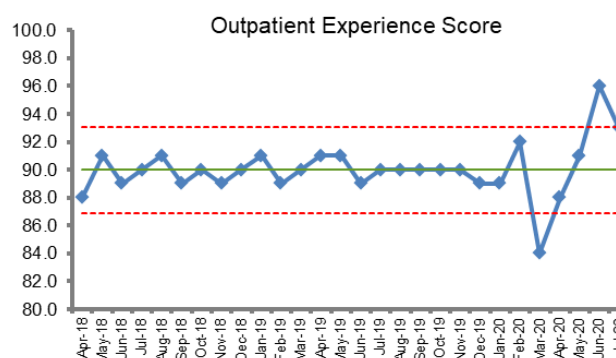
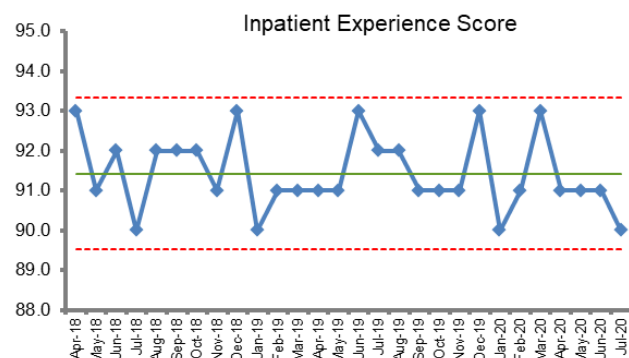


	Response Rate		Score	
	Feb-20	2019/2020	Feb-20	2019/2020
<b>Inpatients</b>				
Medicine	34.1%	39.7%	99.8%	98.1%
Surgery	32.4%	35.0%	98.9%	98.9%
Specialised Services	37.5%	38.0%	99.2%	98.8%
Women's and Children's	31.2%	31.1%	99.0%	98.7%
<b>TOTAL</b>	<b>33.1%</b>	<b>35.5%</b>	<b>99.2%</b>	<b>98.7%</b>
<b>Emergency Department</b>				
Bristol Royal Infirmary	6.9%	10.8%	78.8%	69.1%
Children's Hospital	16.4%	16.8%	81.6%	83.3%
Eye Hospital	30.8%	27.2%	96.8%	95.9%
<b>TOTAL</b>	<b>15.4%</b>	<b>16.6%</b>	<b>88.1%</b>	<b>84.0%</b>
<b>Maternity</b>				
<b>TOTAL</b>	<b>21.8%</b>	<b>26.5%</b>	<b>98.4%</b>	<b>97.6%</b>

# Patient Surveys

Reporting Month: July 2020

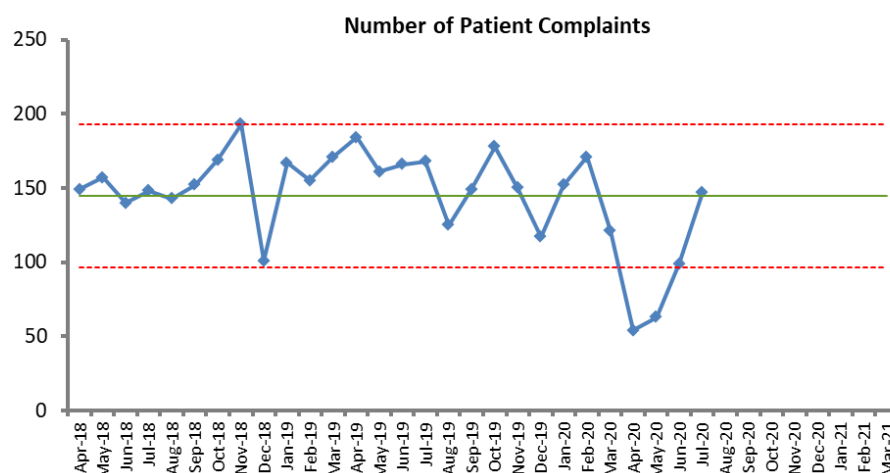
<b>Standards:</b>	For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
<b>Performance:</b>	For July 2020, the inpatient score was 90/100, for outpatients it was 93. For the kindness and understanding question it was 96. This is data for Bristol hospitals only, as the survey has not yet been implemented at Weston General Hospital.
<b>Commentary:</b>	<p>Inpatient and outpatient headline measures exceeded their minimum target levels, indicating the continued provision of a positive inpatient experience at the Trust's Bristol hospital sites.</p> <p>A detailed analysis of themes arising from patient feedback is reviewed in the Trust's Patient Experience Group and any improvement actions agreed with divisions. The suspension of the Friends and Family Test by NHS England during the Covid-19 pandemic has meant that Weston General Hospital does not currently have any regular, hospital-wide patient survey programme. Restoration of a local patient survey (which includes the national FFT question) at Weston General Hospital is planned from September 2020.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>The extension of the Bristol postal survey programme to Weston General Hospital is currently being discussed with the IM&amp;T Department. This will require a new process will need to be developed to draw survey samples from the Weston Medway system once implemented later in 2020.</li> </ul>
<b>Ownership:</b>	Chief Nurse



# Patient Complaints

Reporting Month: July 2020

<b>Standards:</b>	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance (Red) of 12%.
<b>Performance:</b>	In July 2020, 80% of formal complaints (41 out of 51) were responded to within timeframe, an improvement on the 63% reported in June 2020. In total, 92% (67 out of 73) of informal responses were responded to by the agreed deadline, compared with 98% in June 2020. There were no dissatisfied complaints in May 2020 (this measure is reported two months in arrears).
<b>Commentary:</b>	<p>Six of the 10 breaches of the formal complaints response time were attributable to delays during the Executive sign-off process, following the introduction of a new electronic sign-off process. This did not work as well as anticipated and we have now reverted to sending responses to the Executives in signing books until an alternative system can be decided upon. Divisions returned 90% of formal responses to the PSCT by the agreed deadline compared with 97% in June 2020.</p> <p>There were no dissatisfied complaints in May 2020. Only 10 formal responses were sent out in May, and none of these complainants has come back to the Trust to say that they were unhappy with their response at the time of this report. This compares with 4.1% in April 2020 and 4.2% reported in March 2020. Actions:</p> <ul style="list-style-type: none"> <li>Assessing options for an alternative new electronic sign off process of formal complaint responses</li> </ul>
<b>Ownership:</b>	Chief Nurse

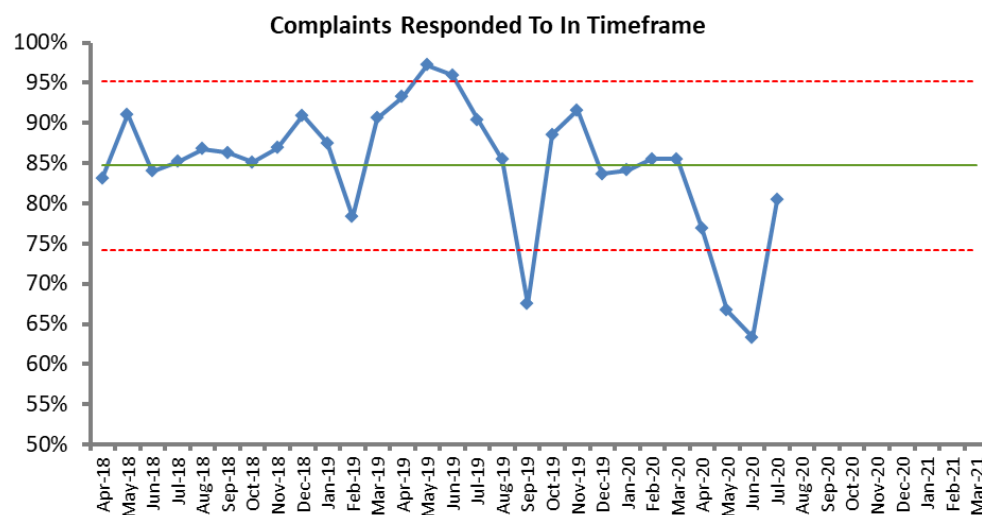


**Number of Complaints Received**

	Jul-20	2020/2021
Diagnostics and Therapies	6	13
Facilities and Estates	3	14
Medicine	34	93
Specialised Services	14	42
Surgery	36	93
Trust Services	5	20
Weston	27	33
Women's and Children's	22	55
<b>TOTAL</b>	<b>147</b>	<b>363</b>

# Patient Complaints

Reporting Month: July 2020



## Responses In Timeframe

	% In Timeframe	Number of Responses
Diagnostics and Therapies	0%	0
Facilities and Estates	0%	1
Medicine	56%	9
Specialised Services	100%	5
Surgery	79%	14
Trust Services	100%	2
Weston	80%	10
Women's and Children's	100%	10

# Emergency Care – 4 Hour Standard

Reporting Month: July 2020

<b>Standards:</b>	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2020/21 have not been agreed with NHS Improvement.
<b>Performance:</b>	Trust level performance for July was 84.0% across all four Emergency Departments (12,969 attendances and 2069 patients waiting over 4 hours).
<b>Commentary:</b>	<p><b>Bristol Royal Infirmary</b></p> <p>In July attendances continued to increase as a consequence of the lifting of Covid-19 lockdown arrangements and the opening of city centre restaurants and pubs. Increased attendances have been seen in both self-presenting patients to the Fast Flow area and those being conveyed by ambulance. Overall attendances are now closer to levels pre Covid-19.</p> <p>The reconfiguration of the departments foot print to enable delivery of the required national emergency patient pathways for the Covid-19 recovery phase is embedded operationally, and being kept under review as any new guidance is received. Emergency patients continue to be managed in pathways defined as non-symptomatic and symptomatic for Covid-19. ED remains the point of arrival for all symptomatic GP expected patients which has effectively consumed the relocation capacity increase. To support the overall reduction in acute medical beds A413 (Acute Medicine Unit) has increased its capacity into the adjoining outpatient area, increasing both trolley and fit to sit capacity for patients being admitted via the non-symptomatic medical take. Additional capital proposals have been submitted, under the new Covid funding arrangements to support further reconfiguration of the wider ED footprint and A413 to optimise available space.</p> <p>As ambulance queuing of arriving patients is no longer feasible due to social distancing, the impact of the lost capacity continues to impact ambulance handover performance which remains a safety and patient experience concern. Work is being undertaken with system partners to consider various options to reduce the number of patients needing to attend the ED. In addition an internal Trust group has been established to explore options to redirect self-presenting patients on arrival, to services most suitable to their clinical needs.</p> <p>Incidents of crowding due to surges in arrivals and compromised flow in some patient pathways have increased in line with activity. The ability to socially distance patients waiting to be seen in the waiting area for the Fast flow stream has become particularly challenging, is recognised as a risk and options to address this are being explored.</p> <p>Numbers of patients presenting in mental health crisis continue to increase, a picture reflected nationally. Many patients with mental health presentations are experiencing significant delays ahead of being able to access onward mental health services and system wide work is being undertaken to address this. Unfortunately staff continue to be exposed to high levels of violence and aggression from patients and relatives and the Division has developed new actions in relation to this, including a new poster campaign.</p>

# Emergency Care – 4 Hour Standard

Reporting Month: July 2020

## Commentary:

### Bristol Royal Hospital for Children:

Attendances continue to rise month on month since April, but attendances in July were still only 65% of those seen last year. 4 hour performance improved again to around 95%, with an average triage time of 23 minutes and average time for patients to be seen of 70 minutes. The use of Sunflower Ward an observation unit has increased and is working well.

The department has recently changed its red and blue areas to east and west and continue to stream paediatric patients through the creation of the separate waiting areas, to maintain social distancing.

BRHC winter plans will mean ED will have 2 trollies + 2 cubicles in Carousel Outpatients, to allow for social distancing to be maintained with increasing patient numbers, with an additional 3 cubicles from 13:00 each day when the Emergency Department gets busier. We continue to run a weekly divisional operational group to discuss options to manage the ED during winter whilst still obtaining social distancing and flow within the main hospital.

Following a review by Infection Prevention and Control and the ward reconfigurations, the net loss was 32 beds across the division of Women's and Children's.

### Bristol Eye Hospital

In July, BEH ED attendances increased by 15.58% on June attendances. The total number of breaches decreased from 22 in June to 16 in July and performance against the 4 hour target was 99.07%. BEH ED continues to offer a telephone advice line to patients and referrers to minimise attendances to the department.

Following advice from Infection Control, waiting space within part of outpatients and ED and been reconfigured to allow social distancing of "one metre plus". This reconfiguration has allowed most of the ED queue to be brought inside the building, significantly improving patient experience.

The Division is awaiting a decision on whether capital funding can be provided to create a permanent ED Blue zone. The creation of a permanent Blue zone will release outpatient space that is required to fully restore outpatient services, as well as providing a safe and efficient model for seeing possible COVID patients.



# Emergency Care – 4 Hour Standard

Reporting Month: July 2020

## Commentary:

### Weston General Hospital

Since the hospital re-opened on 18<sup>th</sup> June the Emergency Department have seen a rapid increase in the number of attendances. Throughout the month of July 2020 the attendances fluctuated daily however we have seen just under three times the patients in comparison to June 2020, some days hitting (winter) pre-covid attendance numbers. The departments recognise that the patients attending are of high acuity which has influenced the high conversion rates throughout the month.

Adhering to the national guidance for COVID19 a review of the inpatient bed base was conducted where 43 beds were removed from the site. Following this reduction flow has been extremely challenging which has led to patients remaining bedded within the Emergency Department overnight also 12 hour breaches have occurred. Unfortunately when patients are bedded overnight this contributes to poor flow within the ED following day because of limited space to see patients.

The number of confirmed COVID19 patients has remained low throughout the month of July therefore we plan to relocate the blue ward elsewhere to enable us to utilise the available beds we are able to use. There are plans for a further review of the beds to take place.

In comparison to the previous 3 months we have received a significantly higher number of Ambulance conveyances to the department which are now at pre-covid numbers. We continue to have surges throughout the day with a large proportion of conveyances being in the late afternoon. There are plans to meet with SWAST with the view to review and align where possible the pathways

In July we conducted a mock Care Quality Commission (CQC) visit followed by an official CQC visit whereby we have received informal verbal feedback which was extremely positive. We await the written feedback in due course.

## Ownership:

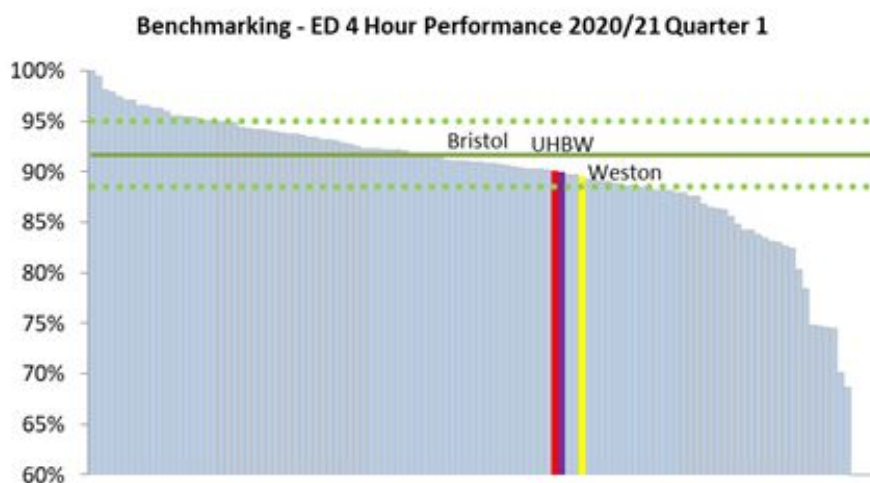
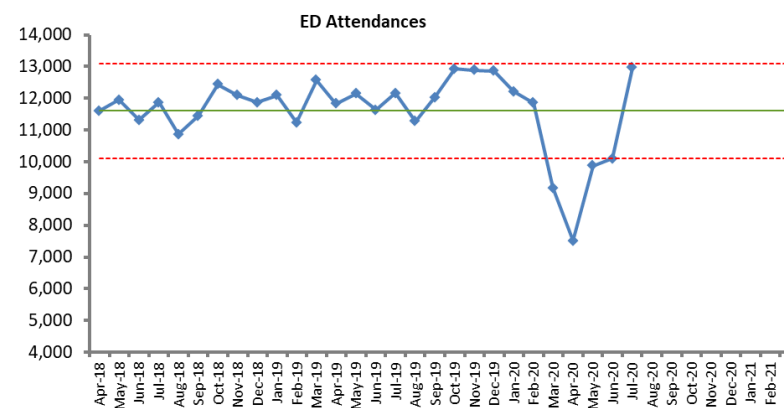
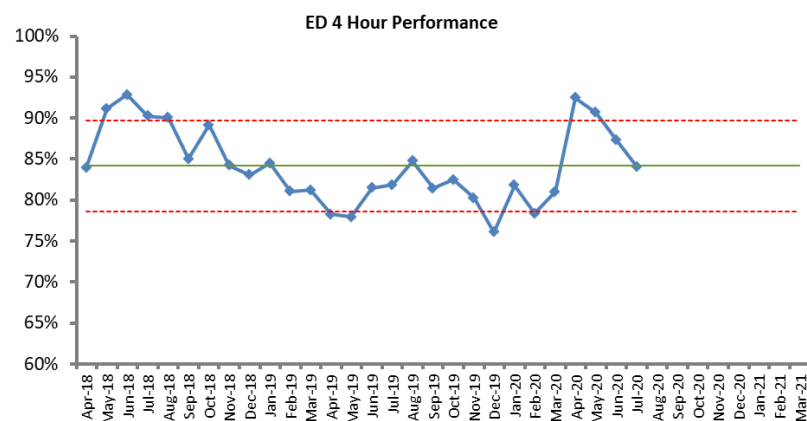
Chief Operating Officer

4 Hour Performance	Jul-20	2020/2021
Bristol Royal Infirmary	76.8%	83.7%
Bristol Children's Hospital	95.1%	92.7%
Bristol Eye Hospital	99.2%	99.1%
Weston General Hospital	80.3%	85.8%

Total Attendances	Jul-20	2020/2021 Year To Date	2019 Monthly Average
Bristol Royal Infirmary	4,143	15,118	6,190
Bristol Children's Hospital	2,230	7,491	3,849
Bristol Eye Hospital	1,708	5,443	2,095
Weston General Hospital	3,509	8,814	4,258

# Emergency Care – 4 Hour Standard

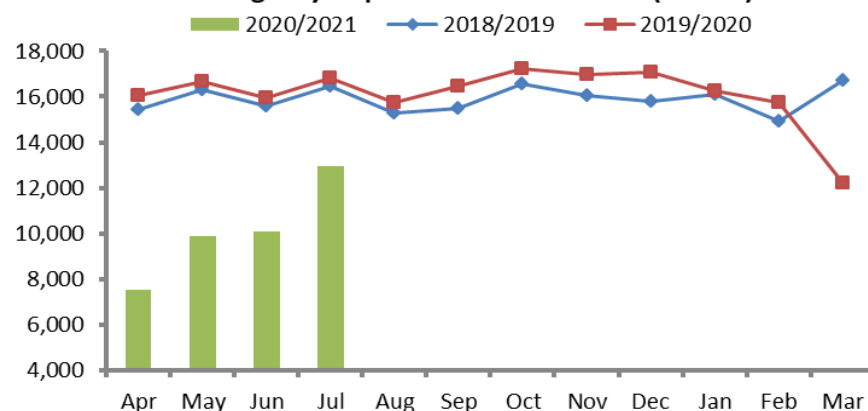
Reporting Month: July 2020



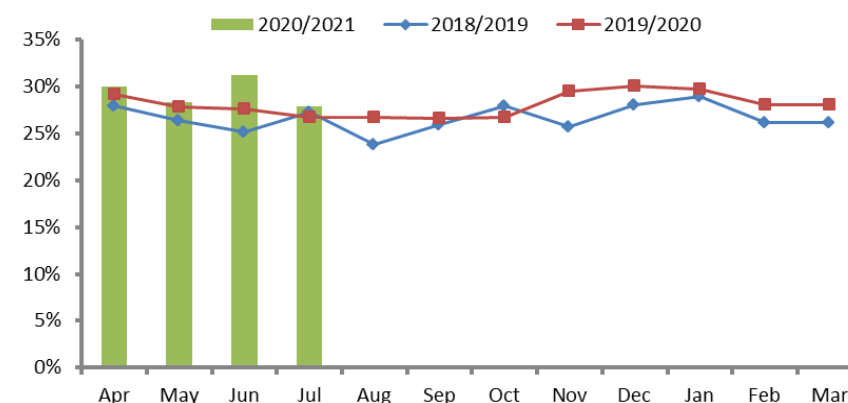
# Emergency Care – Supporting Information

Reporting Month: July 2020

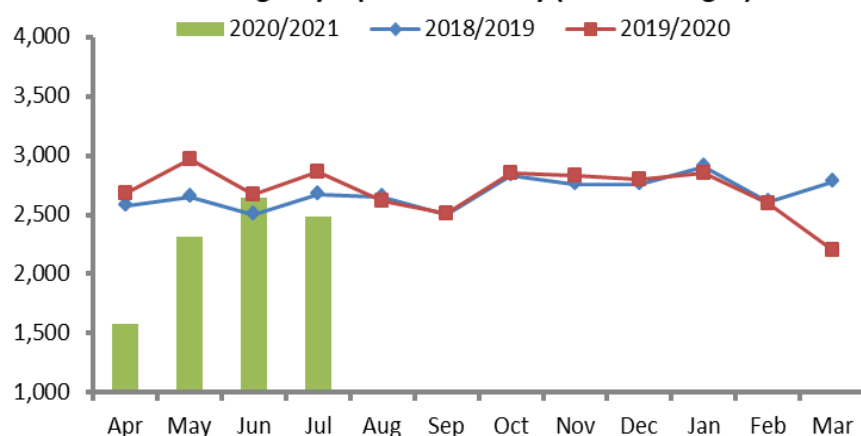
**Emergency Department Attendances (UHBW)**



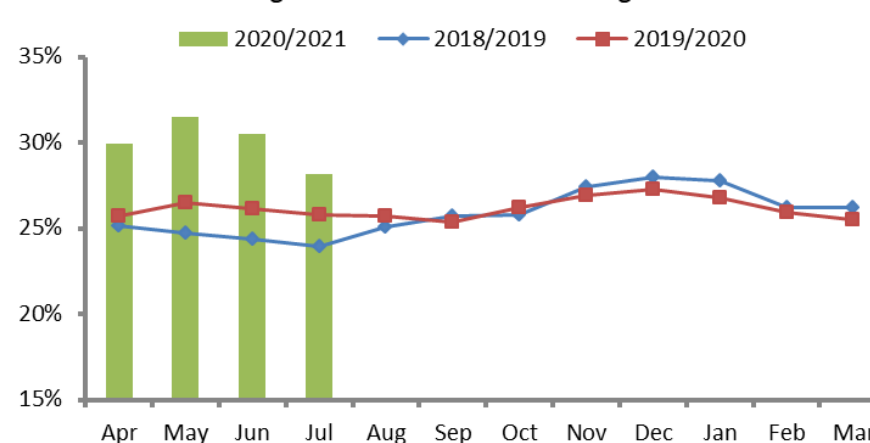
**Percentage of Emergency BRI Spells - Patients Aged 75+**



**Emergency Inpatient Activity (BRI Discharges)**



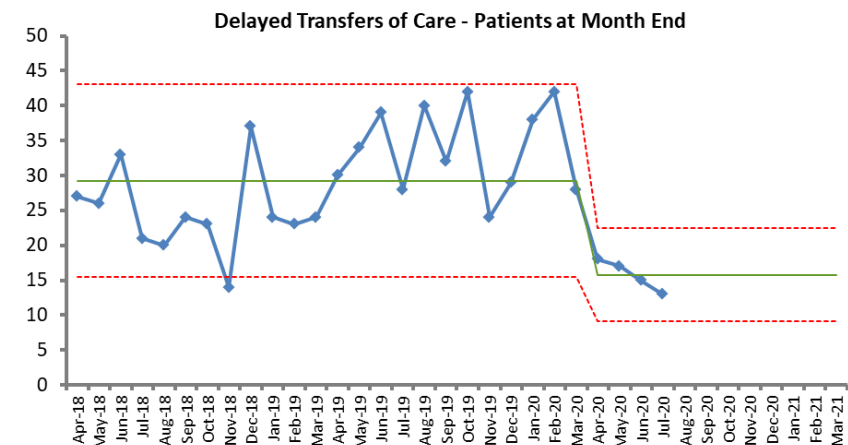
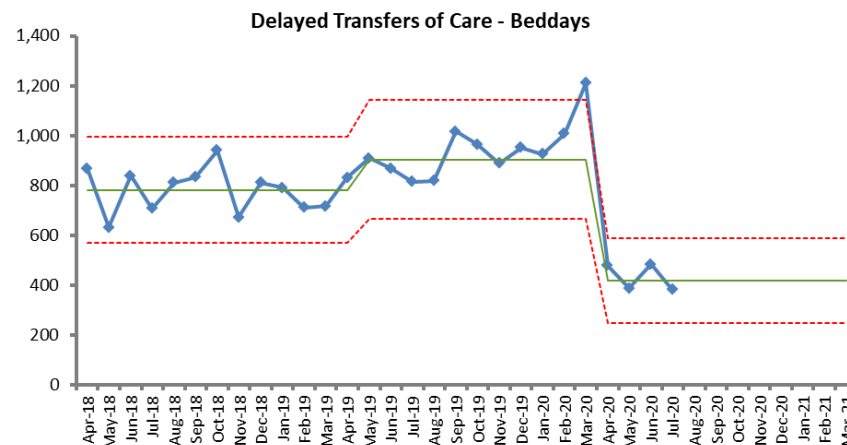
**Percentage of ED Attendances Resulting in Admission**



# Delayed Transfers of Care

Reporting Month: July 2020

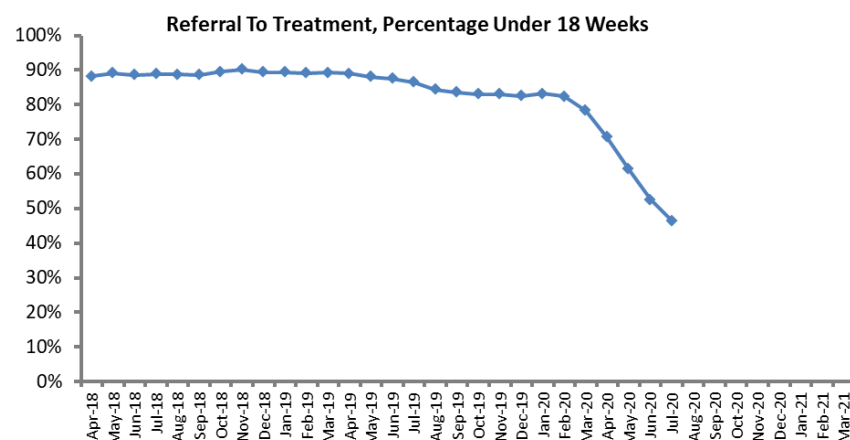
<b>Standards:</b>	Patients who are medically fit for discharge should wait a “minimal” amount of time in an acute bed.
<b>Performance:</b>	At the end of July there were 13 Delayed Transfer of Care patients across Bristol and Weston. There were 4 at Bristol, 0 at South Bristol and 9 at Weston. There were 382 beddays consumed by DToC patients. There were 163 beddays at Bristol (including 32 at South Bristol) and 219 at Weston.
<b>Commentary:</b>	The Integrated Discharge Service (IDS) managed 321 Single Referral Forms (SRFs) in July 2020: 95 Pathway 1/Homefirst, 47 Pathway 2 (29 of which were for South Bristol Hospital) and 32 Pathway 3. 87 referrals were managed for other commissioners. 32 Continuing Health Care Fast Tracks (CHCFT) assessments were completed by the team in July. The IDS continued to manage all of the COVID discharge SitRep submissions for all the wards in the Trust on a daily basis (including weekends). Care Home Selection (CHS) managed 2 referrals for self-funding patients in July. CHS aim to reduce delays for self-funding patients with long term care needs by sourcing placements in either an intermediate care setting or at home.
<b>Ownership:</b>	Chief Operating Officer



# Referral To Treatment

Reporting Month: July 2020

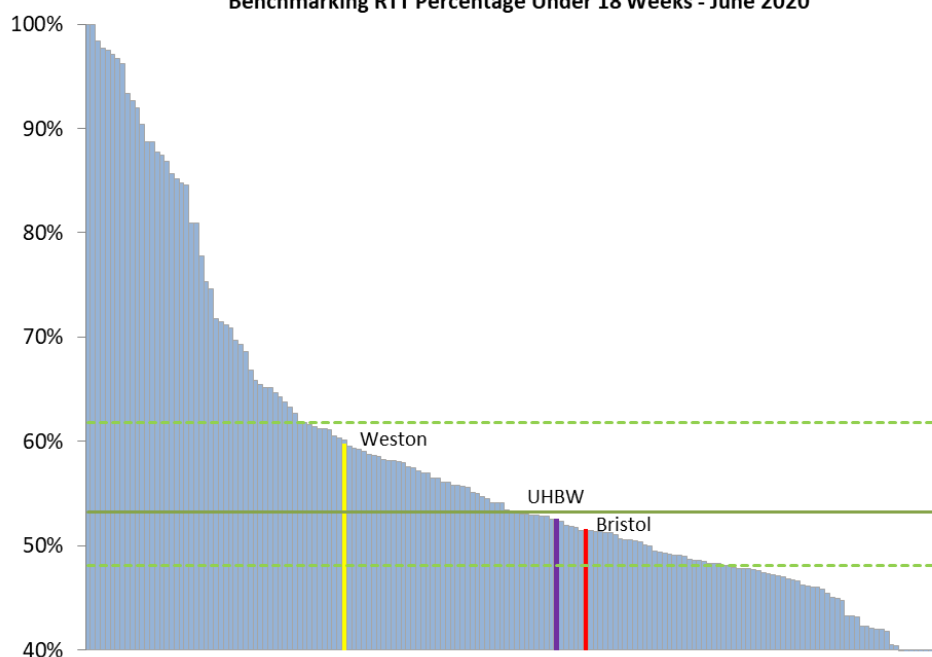
<b>Standards:</b>	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued guidance that Trusts 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).
<b>Performance:</b>	At end of July, 46.5% of patients were waiting under 18 weeks. The total waiting list was 37,264.
<b>Commentary:</b>	During the initial response to the Covid-19 pandemic, the Trust followed national guidance in suspending routine patient appointments and procedures. The focus was on ensuring the appropriate safety netting for patients that had their attendance cancelled or deferred. Where capacity permits, restart of routine electives has commenced with the prioritising long waiting patients first. The Trust continues to follow government guidelines with social distancing and continues to clinically prioritise those patients who are waiting for an outpatient or inpatient appointment. The Trust continues to use the independent sector and as part of the phase 3 recovery plans are in place to use this capacity to help restore elective activity as part of a national contract, for theatre, cardiac catheter and diagnostic activity
<b>Ownership:</b>	Chief Operating Officer



# Referral To Treatment

Reporting Month: July 2020

Benchmarking RTT Percentage Under 18 Weeks - June 2020



	Jul-20		
	Under 18 Wks	Total Waiting	Performance
Diagnostics and Therapies	22	28	78.6%
Medicine	2,230	3,128	71.3%
Specialised Services	2,243	4,080	55.0%
Surgery	7,102	19,635	36.2%
Weston	2,217	4,285	51.7%
Women's and Children's	3,505	6,108	57.4%
<b>TOTAL</b>	<b>17,319</b>	<b>37,264</b>	<b>46.5%</b>

# Referral To Treatment – 52 Weeks

Reporting Month: July 2020

<b>Standards:</b>	No patient should wait longer than 52 weeks for treatment
<b>Performance:</b>	At end of June, 796 patients were waiting 52+ weeks.
<b>Commentary:</b>	The majority of the potential 52 week breach patients that were dated prior to the Covid-19 pandemic were cancelled due to the need to free-up capacity for Covid patients. This has resulted in an unprecedented number of breaches; and continues to grow during the pandemic. Where capacity allows the longest waiting patients are being offered dates for treatment in the independent sector however some patients are still declining dates either due to the 14-day isolation period required by the IS or due to the nervousness of having surgery during the pandemic.
<b>Ownership:</b>	Chief Operating Officer

	<b>Jul-20</b>
Diagnostics and Therapies	0
Medicine	6
Specialised Services	124
Surgery	406
Weston	153
Women's and Children's	107
<b>TOTAL</b>	<b>796</b>

Weston	
Cardiology	4
Colorectal Surgery	5
Gastroenterology	1
General Surgery	3
Gynaecology	2
Ophthalmology	3
Respiratory Medicine	3
Trauma & Orthopaedics	111
Upper Gastrointestinal Surgery	3
Urology	18
<b>Weston Total</b>	<b>153</b>

Bristol	
Cardiac Surgery	5
Cardiology	89
Clinical Genetics	30
Colorectal Surgery	27
Dental Medicine Specialties	16
Dermatology	6
ENT	9
Gastroenterology	7
Gynaecology	8
Hepatobiliary and Pancreatic Surgery	1
Maxillo Facial Surgery	45
Ophthalmology	68
Oral Surgery	100
Orthodontics	9
Paediatric Burns Care	1
Paediatric Cardiology	1
Paediatric Dentistry	34
Paediatric Dermatology	1
Paediatric Ear Nose and Throat	32
Paediatric Gastroenterology	1
Paediatric Maxillo-facial Surgery	4
Paediatric Neurosurgery	5
Paediatric Ophthalmology	38
Paediatric Plastic Surgery	8
Paediatric Respiratory Medicine	2
Paediatric Surgery	9
Paediatric Trauma and Orthopaedics	6
Paediatric Urology	33
Restorative Dentistry	4
Thoracic Surgery	10
Trauma & Orthopaedics	17
Upper GI Surgery	17
<b>Bristol Total</b>	<b>643</b>

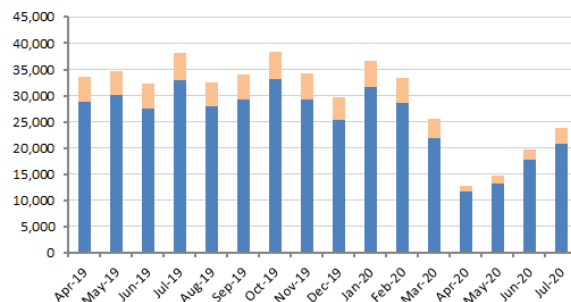
# Elective Activity – Supporting Information

Reporting Month: July 2020

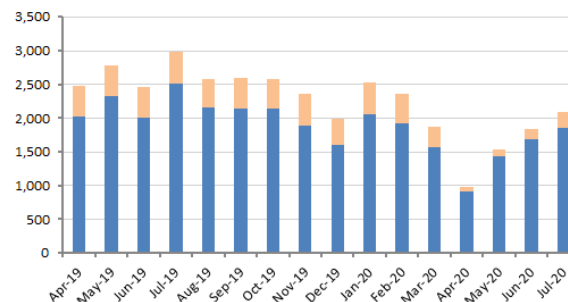
BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO JULY 2020

■ Bristol ■ Weston

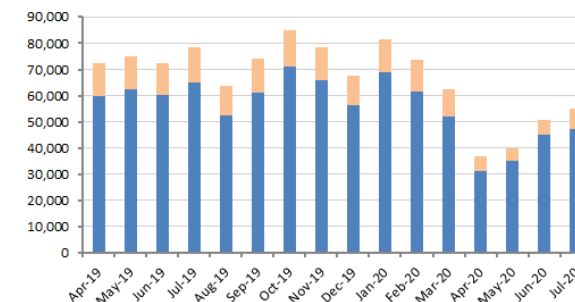
Outpatient Referrals (All)



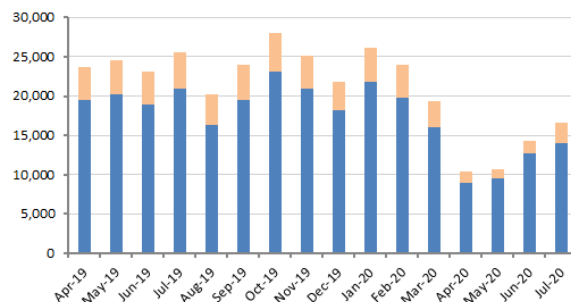
Outpatient Referrals (2 Week Wait)



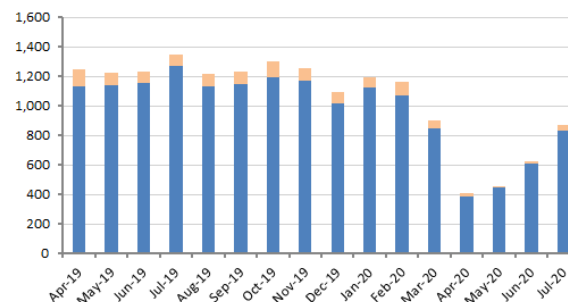
Outpatient Attendances (All)



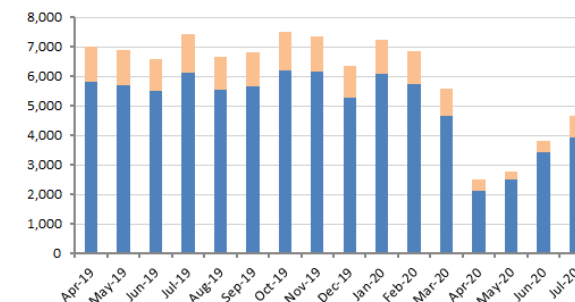
Outpatient Attendances (New)



Elective Inpatients



Elective Day Cases

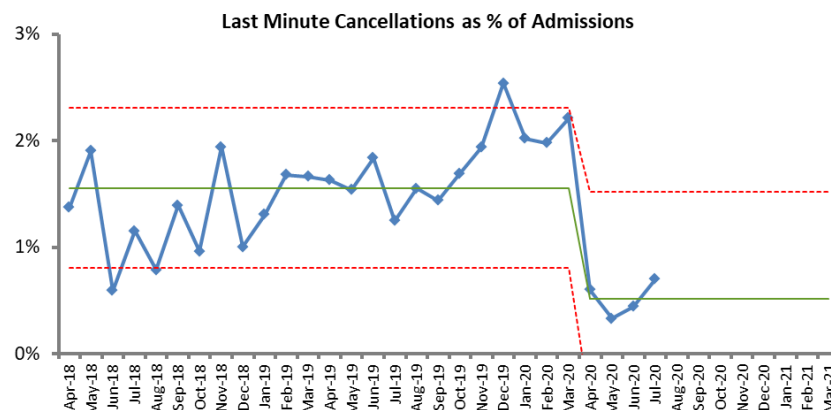




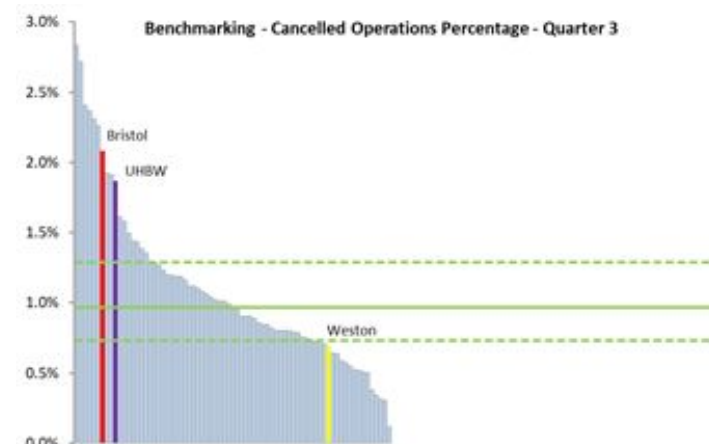
# Cancelled Operations

Reporting Month: July 2020

<b>Standards:</b>	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
<b>Performance:</b>	In July, there were 32 last minute cancellations, which was 0.7% of elective admissions. Of the 17 cancelled in June, 13 (77%) had been re-admitted within 28 days.
<b>Commentary:</b>	The significant reduction in elective activity due to Covid resulted in far fewer last minute cancellations. Bristol averaged 116 and Weston averaged 14 per month in 2019/20. National reporting of Cancelled Operations was suspended from Quarter 4 due to the Covid pandemic; so latest benchmarking data is for Quarter 3 2019/20.
<b>Ownership:</b>	Chief Operating Officer



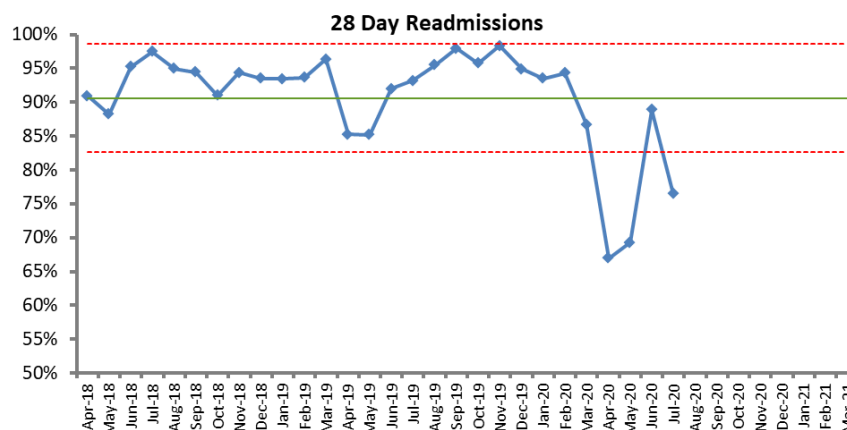
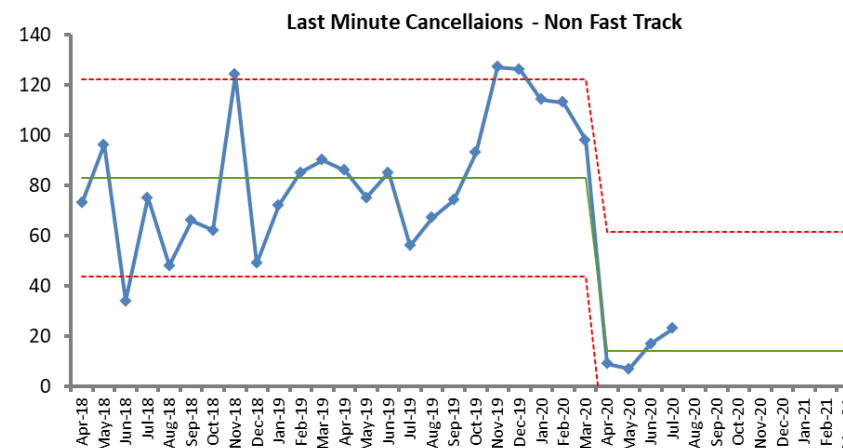
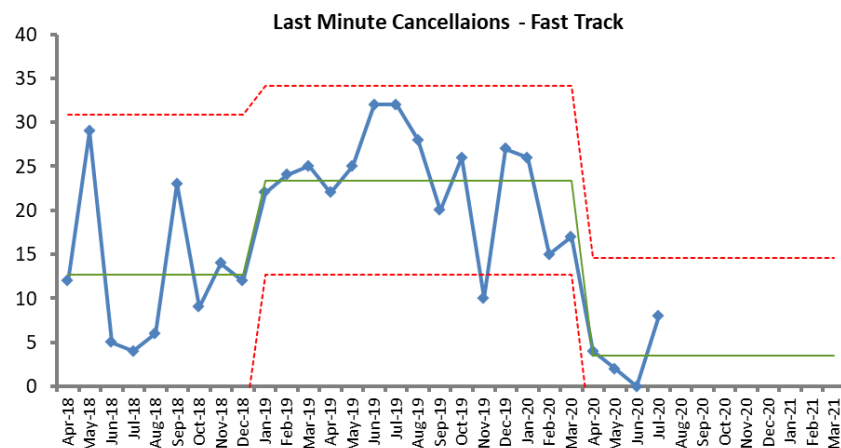
LAST MINUTE CANCELLATIONS	Jul-20	2020/2021
Diagnostics and Therapies	0	0
Medicine	0	4
Specialised Services	12	31
Surgery	13	15
Weston	1	2
Women's and Children's	6	20
<b>TRUST TOTAL</b>	<b>32</b>	<b>72</b>



# Cancelled Operations

Reporting Month: July 2020

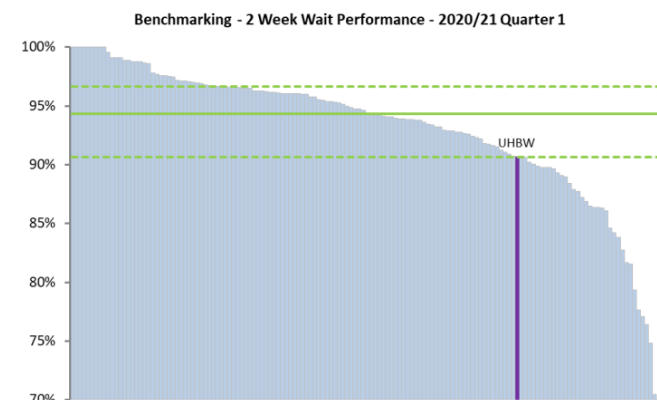
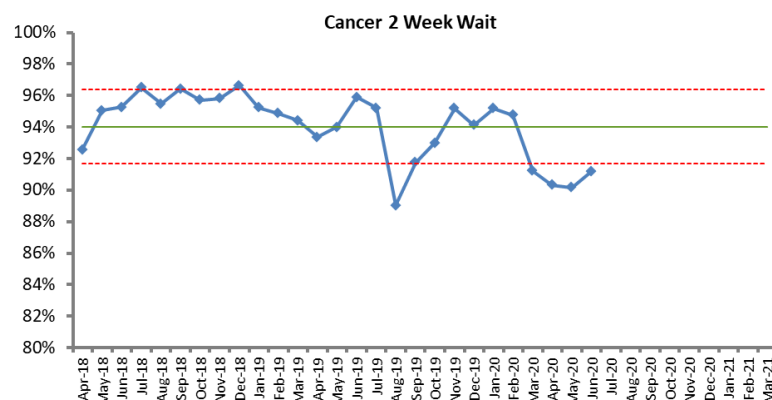
Bristol data only



# Cancer Two Week Wait

Reporting Month: June 2020

<b>Standards:</b>	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
<b>Performance:</b>	For June, 91.2% of patients were seen within 2 weeks. Please note that the data presented is the combined Bristol and Weston performance from April onwards.
<b>Commentary:</b>	The standard was not achieved in June due to the impact of Covid restrictions on capacity, patients choosing to attend after deferring during the outbreak peak, and patients attending for endoscopies delayed during the elective service suspension. The standard is expected to remain non-compliant whilst restrictions relating to Covid-19 remain in place, due to their impact on endoscopy capacity and patient choice.
<b>Ownership:</b>	Chief Operating Officer



**2 Week Wait - Jun-20**

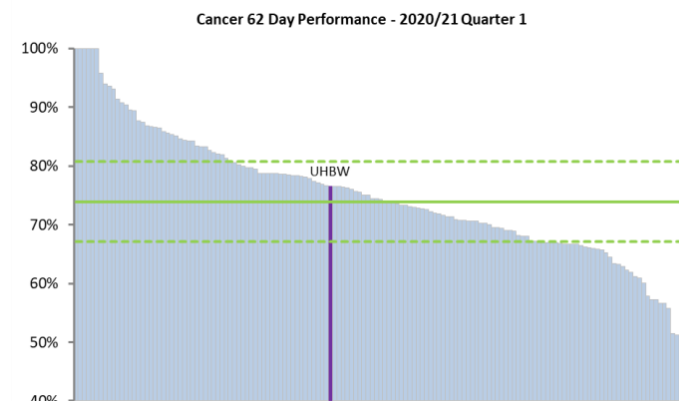
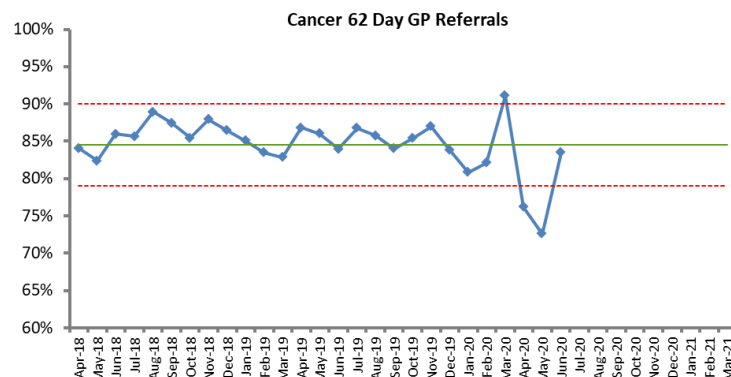
	Under 2 Weeks	Total Pathways	Performance
Suspected children's cancer	18	18	100.0%
Suspected gynaecological cancers	132	142	93.0%
Suspected haematological malignancies excluding	14	14	100.0%
Suspected head and neck cancers	331	337	98.2%
Suspected lower gastrointestinal cancers	186	243	76.5%
Suspected lung cancer	19	20	95.0%
Suspected skin cancers	501	502	99.8%
Suspected upper gastrointestinal cancers	61	105	58.1%
Suspected urological cancers (excluding testicular)	13	17	76.5%
<b>Grand Total</b>	<b>1,275</b>	<b>1,398</b>	<b>91.2%</b>



# Cancer 62 Days

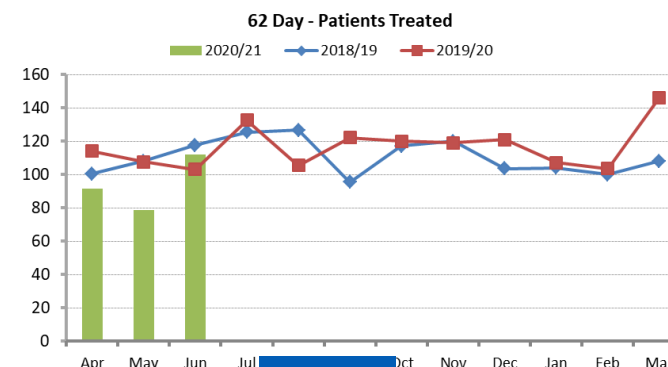
Reporting Month: June 2020

<b>Standards:</b>	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
<b>Performance:</b>	For June, 83.5% of patients were seen within 62 days. Please note that the data presented is the combined Bristol and Weston performance from April onwards
<b>Commentary:</b>	The standard was not compliant in June, due to the impact of the Covid-19 outbreak on services, which directly accounted for over 50% of the breaches and was a factor in many more. Delays for clinical reasons and Covid impact on capacity were the two largest causes of breaches. The standard is unlikely to attain compliance until restrictions relating to Covid-19 are fully lifted, due to the impact on capacity, patient choice and the pre-procedure 14 day isolation periods adding to pathway duration.
<b>Ownership:</b>	Chief Operating Officer



**Cancer 62 Day - Jun-20**

	Within Target	Total Pathways	Performance
Breast	3.0	3.0	100.0%
Gynaecological	9.5	10.5	90.5%
Haematological	6.0	8.5	70.6%
Head and Neck	5.0	5.0	100.0%
Lower Gastrointestinal	6.0	10.0	60.0%
Lung	6.0	9.5	63.2%
Other	2.0	2.0	100.0%
Skin	45.5	48.0	94.8%
Suspected children's cancer	0.0	0.0	
Upper Gastrointestinal	7.0	12.0	58.3%
Urological	1.5	1.5	100.0%
<b>Grand Total</b>	<b>93.5</b>	<b>112.0</b>	<b>83.5%</b>



Responsive

Page 34

# Cancer 104 Days

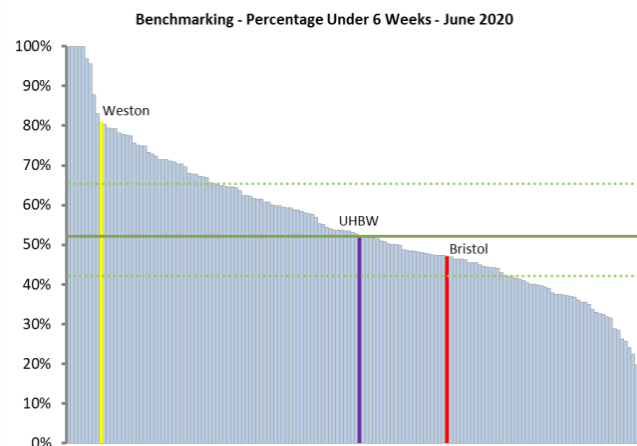
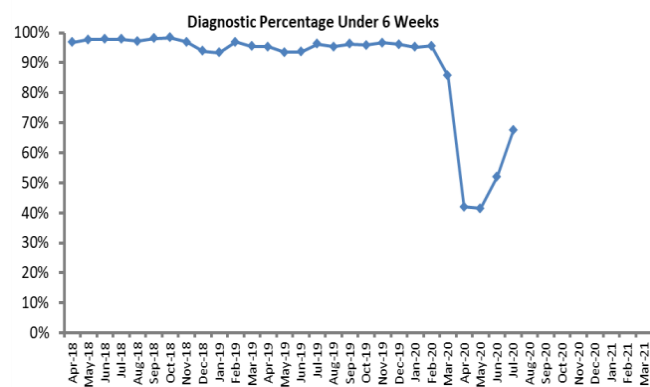
Reporting Month: Snapshot taken 9<sup>th</sup> August 2020

<b>Standards:</b>	This is not a constitutional standard but monitored by regulators in conjunction with the 62 day standard for cancer treatment after a GP referral for suspected cancer. Trusts are expected to have no patients waiting past day 104 on this pathway for inappropriate reasons (i.e. those other than patient choice or clinical reasons).
<b>Performance:</b>	Prior to the Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons (i.e. those other than patient choice, clinical reasons, or recently received late referrals into the organisation). As at 9 <sup>th</sup> August 2020 there were 7 such waiters. This is a marked fall from 53 such waiters in early July. The Trust is aiming to return to zero inappropriate waiters by the end of September and is expecting to achieve this ahead of that timescale, provided there is no Covid 'second peak' which impacts significantly on service provision.
<b>Commentary:</b>	The remaining 'inappropriate' waiters are awaiting endoscopy or other surgical procedures and cannot be dated rapidly due to the impact on capacity of the Covid outbreak. 104day waiters are monitored and reported weekly and waiting list management processes have been refocussed to enhance oversight of this cohort of patients at the current time. All patients in this cohort are regularly clinically reviewed to check for potential harm from their waiting time, with action taken as appropriate if risk is identified. The majority of patients in this group will go on to have cancer excluded. To date, nine patients have been identified as at risk of harm due to their waiting time, of which 3 are still waiting (one of whom is declining to attend at present and two of whom are progressing along their pathways with tests booked). Potential harm is recorded as an incident and investigated under the Trust's incident process.
<b>Ownership:</b>	Chief Operating Officer

# Diagnostic Waits

Reporting Month: July 2020

<b>Standards:</b>	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
<b>Performance:</b>	At end of July, 67.5% of patients were waiting under 6 week, with 11,991 patients in total on the waiting list. This is Bristol and Weston combined.
<b>Commentary:</b>	The Diagnostic wait time standard has been impacted significantly by the Covid-19 pandemic. Most low clinical priority elective diagnostics have been cancelled to allow capacity to be re-allocated to diagnostic work for Covid-19 inpatients. Activity levels have started to increase. MRI and Ultrasound are at 70% of 2019 levels with CT around 90% (based on July activity). Endoscopy activity is around 55% of 2019 levels. The overall waiting list size has increased by 4,400 from end of April to end of July 2020. This reflects the re-commencement of diagnostic referrals but with activity levels currently below 2019 levels. Additional diagnostic capacity is being utilised for Endoscopy, MRI, CT and Ultrasound at Prime Endoscopy, St Joseph's Newport, South Bristol Hospital, Cossham hospital, the Nuffield and the Spire.
<b>Ownership:</b>	Chief Operating Officer



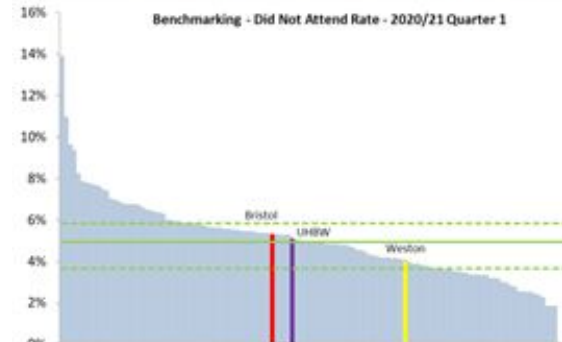
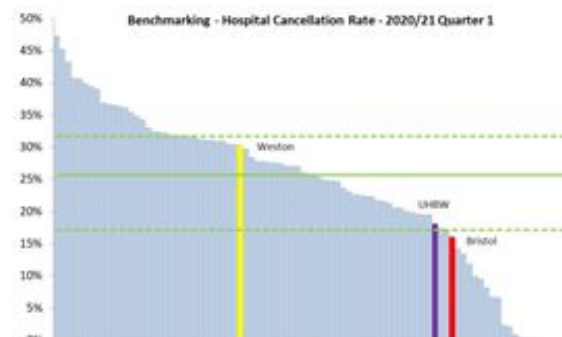
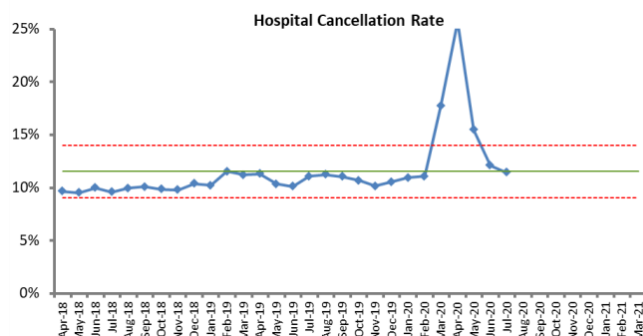
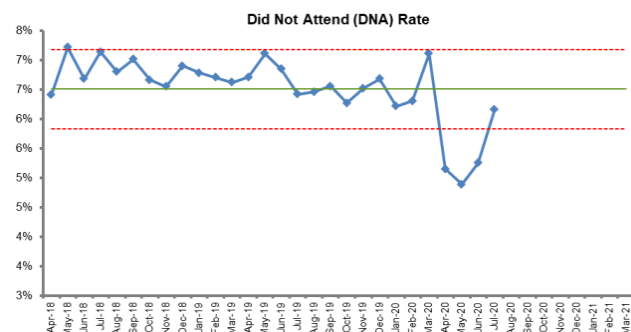
	Jul-20		
	Under 6 Weeks	Total On List	% Under 6 Weeks
Audiology	256	362	71%
Colonoscopy	246	844	29%
CT	1,076	1,496	72%
Cystoscopy	38	39	97%
DEXA Scan	352	560	63%
Echocardiography	850	1,275	67%
Flexi Sigmoidoscopy	110	295	37%
Gastroscopy	309	866	36%
MRI	1,803	2,624	69%
Neurophysiology	79	97	81%
Sleep Studies	0	1	0%
Ultrasound	2,974	3,532	84%
<b>TOTAL</b>	<b>8,093</b>	<b>11,991</b>	<b>67.5%</b>

Weston	2,016	2,522	80%
Bristol	6,077	9,469	64%

# Outpatient Measures

Reporting Month: July 2020

<b>Standards:</b>	The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.
<b>Performance:</b>	In July the DNA Rate was 6.2% across Bristol and Weston, with 3625 DNA'ed appointments. The Hospital Cancellation Rate was 11.5% with 11499 hospital cancelled appointments.
<b>Commentary:</b>	The exceptional Hospital Cancellation rate in May and June reflects the impact of the Covid-19 pandemic, as significant numbers of appointments were cancelled or re-arranged to free staff capacity and resources for the expected Covid cases. Of the appointments that were not cancelled, the DNA rate fell significantly, beyond the historic process limits (see chart below) but is returning to prev-Covid levels in July (see chart below)
<b>Ownership:</b>	Chief Operating Officer



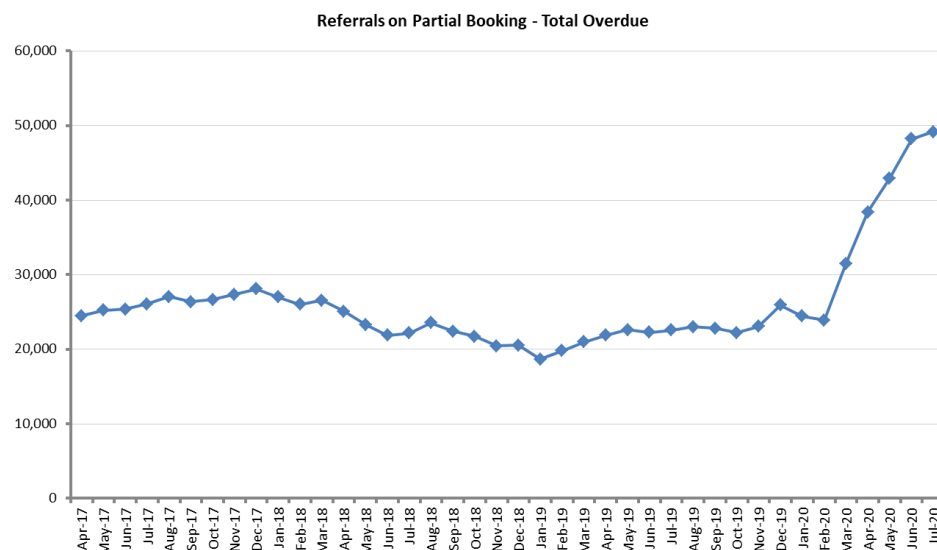
	Jul-20	
	DNAs	DNA Rate
Diagnostics and Therapies	307	5.0%
Medicine	700	10.6%
Specialised Services	503	4.8%
Surgery	856	6.1%
Weston	437	4.8%
Women's and Children's	822	6.6%

	Jul-20	
	Cancellations	Rate
Diagnostics and Therapies	351	4.9%
Medicine	1,064	12.6%
Specialised Services	1,941	13.4%
Surgery	1,185	6.6%
Weston	2,492	21.7%
Women's and Children's	1,752	10.3%

# Outpatient Overdue Follow-Ups

Reporting Month: July 2020

<b>Standards:</b>	This measure looks at referrals where the patient is on a "Partial Booking List", 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.
<b>Performance:</b>	As at end of July, number overdue by 12+ months is 1419 and overdue by 9+ months is 357. The total number of overdue patients has doubled since the start of 2020. Data is Bristol only.
<b>Commentary:</b>	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. The focus is on four specialties: Ophthalmology, Dental, Trauma & Orthopaedics and Clinical Genetics.
<b>Ownership:</b>	Chief Operating Officer



		Apr-19	Jul-19	Oct-19	Jan-20	Apr-20	Jul-20
Outpatients Overdue by 12+ Months	Diagnostics and Therapies	0	0	0	0	0	0
	Medicine	3	3	1	4	3	27
	Specialised Services	0	90	274	418	378	181
	Surgery	61	91	243	487	763	1,192
	Women's and Children's	150	0	5	0	11	19
	<b>TRUST TOTAL 12+ months</b>	<b>214</b>	<b>184</b>	<b>523</b>	<b>909</b>	<b>1,155</b>	<b>1,419</b>
Outpatients Overdue by 9+ Months	Diagnostics and Therapies	0	0	0	0	0	3
	Medicine	4	4	5	27	208	162
	Specialised Services	181	323	503	619	555	293
	Surgery	264	450	630	1,052	1,371	1,805
	Women's and Children's	349	111	62	63	67	94
	<b>TRUST TOTAL 9+ months</b>	<b>798</b>	<b>888</b>	<b>1200</b>	<b>1761</b>	<b>2201</b>	<b>2357</b>



# Mortality - SHMI

Reporting Month: March 2020

<b>Standards:</b>	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. Each publication covers a rolling 12 months. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".
<b>Performance:</b>	Prior to March 2020, NHS Digital published data for Bristol and Weston separately. From the March 2020 data set, it was combined data. The Summary Hospital Mortality Indicator for 12 months to March 2020 was 96.2 This is in NHS Digital's "as expected" category.
<b>Commentary:</b>	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
<b>Ownership:</b>	Medical Director

Rolling 12 Month SHMI

	UHBW			Bristol			Weston		
	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI
Feb-19				1,790	1,675	106.9	790	900	87.8
Mar-19				1,765	1,635	108.0	780	880	88.6
Apr-19				1,750	1,645	106.4	775	875	88.6
May-19				1,755	1,650	106.4	810	880	92.0
Jun-19				1,730	1,650	104.8	805	875	92.0
Jul-19				1,755	1,655	106.0	815	875	93.1
Aug-19				1,765	1,660	106.3	850	880	96.6
Sep-19				1,720	1,670	103.0	865	875	98.9
Oct-19				1,705	1,665	102.4	860	870	98.9
Nov-19				1,720	1,690	101.8	870	865	100.6
Dec-19				1,720	1,715	100.3	875	875	100.0
Jan-20				1,685	1,715	98.3	865	870	99.4
Feb-20				1,665	1,720	96.8	880	875	100.6
Mar-20	2,545	2,645	96.2						

# Mortality - HSMR

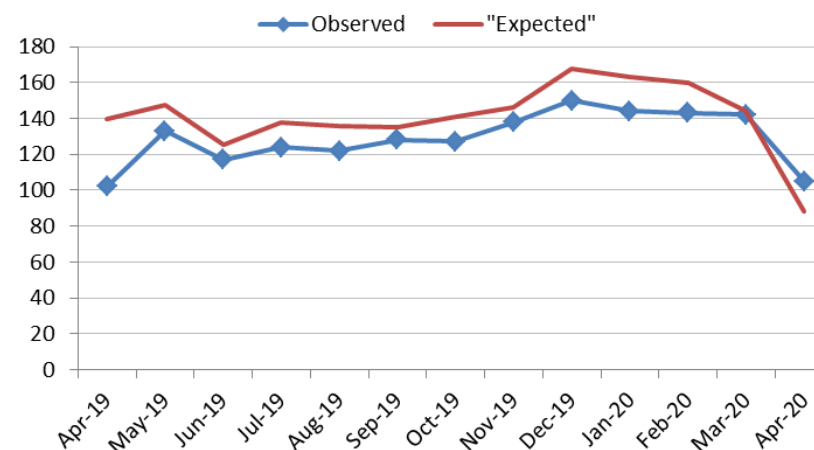
Reporting Month: April 2020

<b>Standards:</b>	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
<b>Performance:</b>	HSMR for April 2020 was 119.4 for UHBW as a whole, comprising 110 for our Bristol hospitals and 135 for Weston General Hospital (un-rebased). The increase in HSMR in April is in line with the increase seen in other hospitals and the HSMR of 119 is the same as the peer average. For the 12 months to April 2020 the combined figure is 93 (94 for Bristol and 91 for Weston).
<b>Commentary:</b>	<p>The statistical modelling for current risk based mortality indicators was not designed for a pandemic situation making interpretation difficult.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>The Trust Quality Intelligence Group will be investigating the HSMR increase in detail as well as other mortality indicators, including SHMI when this is available for April 2020.</li> </ul>
<b>Ownership:</b>	Medical Director

HSMR Monthly Data

	UHBW		
	Observed	"Expected"	HSMR
Apr-19	102	140	72.9
May-19	133	148	90.0
Jun-19	117	126	93.2
Jul-19	124	138	90.1
Aug-19	122	136	89.9
Sep-19	128	135	94.6
Oct-19	127	141	90.0
Nov-19	138	146	94.4
Dec-19	150	168	89.4
Jan-20	144	163	88.4
Feb-20	143	160	89.4
Mar-20	142	144	98.6
Apr-20	105	88	119.4

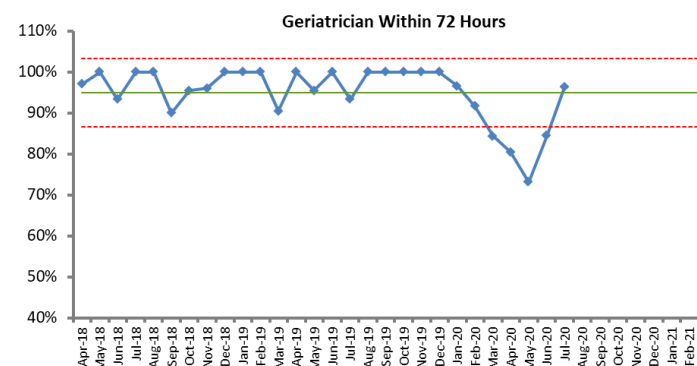
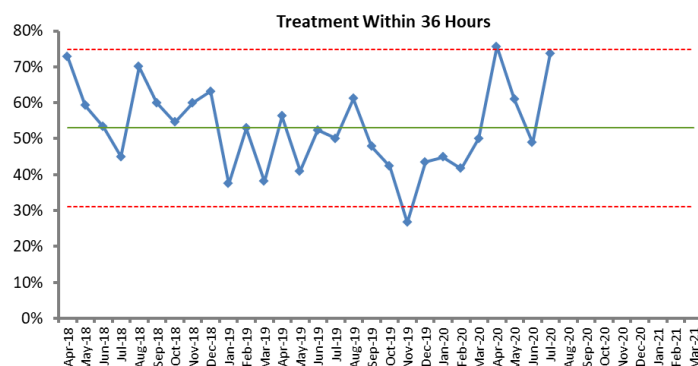
UHBW HSMR



# Fractured Neck of Femur (NOF)

Reporting Month: July 2020

<b>Standards:</b>	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours.
<b>Performance:</b>	In July, there were 53 fracture neck of femur discharges that were eligible for Best Practice Tariff (BPT) across Bristol and Weston (30 at Bristol and 23 at Weston). For the 36 hour target, 74% (39 patients) were seen with target. For the 72 hour target, 96% (51 patients) were seen within target.
<b>Commentary:</b>	<p>One of the key enablers for improvement is recruitment of consultants to support the provision of more timely surgery. During Covid-19, recruitment to consultant posts continues as best it can. The recruitment is still on target of having three more consultants join the Trauma and Orthopaedic team in August. Three locum Trauma and Orthopaedic consultants have been successfully interviewed and recruited to on the 15th July 2020. This is a significant step in moving towards a more robust service. We anticipate these consultants can start in the next 6-8 weeks and are talking to their current employers in an attempt to secure early releases. Actions:</p> <ul style="list-style-type: none"> <li>The management teams covering Trauma and Orthopaedics for Weston and Bristol have agreed to set up a small working group to investigate how the two sites can work more closely together.</li> </ul>
<b>Ownership:</b>	Medical Director

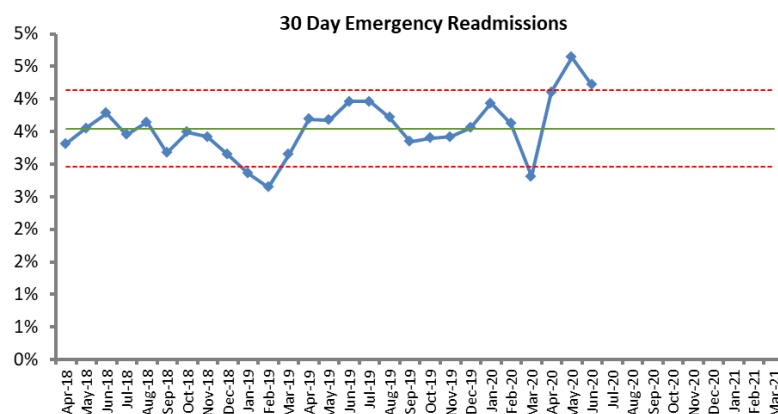


	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	30	20	67%	28	93%
Weston	23	19	83%	23	100%
<b>TOTAL</b>	<b>53</b>	<b>39</b>	<b>74%</b>	<b>51</b>	<b>96%</b>

# Readmissions

Reporting Month: June 2020

<b>Standards:</b>	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
<b>Performance:</b>	In June, there were 9,989 discharges, of which 421 (4.2%) had an emergency re-admission within 30 days.
<b>Commentary:</b>	Divisional breakdown is shown in the table below. From April, Weston's discharges are included in the overall total.
<b>Ownership:</b>	Chief Operating Officer



Readmissions (based on month of Discharge)

	Jun-20		
	Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	1	18	5.6%
Medicine	242	2,561	9.4%
Specialised Services	31	2,147	1.4%
Surgery	71	1,408	5.0%
Weston	33	778	4.2%
Women's and Children's	43	3,077	1.4%
<b>TOTAL</b>	<b>421</b>	<b>9,989</b>	<b>4.2%</b>

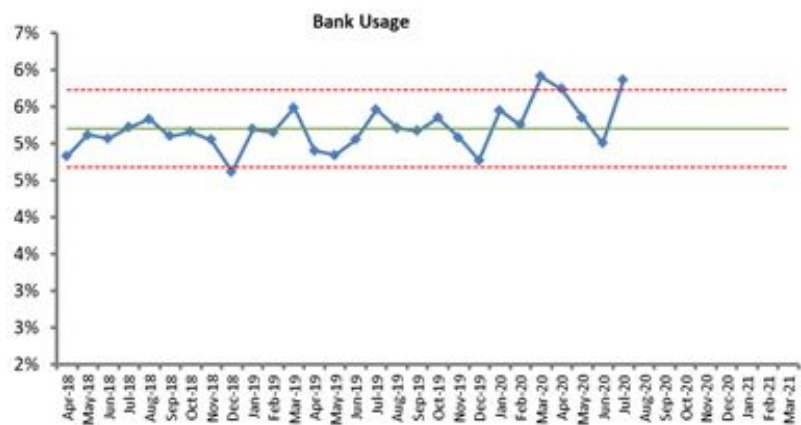
# Workforce – Bank and Agency Usage

Reporting Period: July 2020

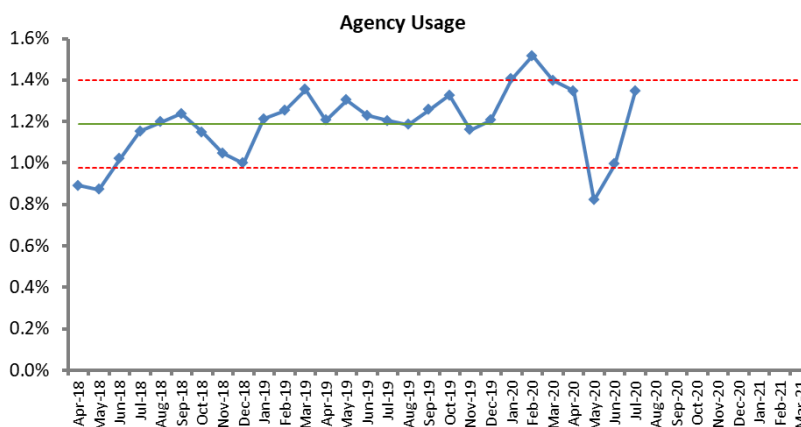
<b>Standards:</b>	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
<b>Performance:</b>	In July 2020 total staffing was at 11120 FTE. Of this, 5.9% was Bank (651FTE) and 1.3% was Agency (150 FTE).
<b>Commentary:</b>	<p><b>Bank usage</b> increased by 102.9 FTE. Increases were seen in all division, with the largest divisional increase seen in Weston, increasing to 157.1 FTE compared to 102.6 FTE in the previous month.</p> <p><b>Agency usage</b> increased by 40.4 FTE. The largest divisional increase was seen in Weston, increasing to 57.0 FTE compared to 31.5 FTE in the previous month. The largest divisional reduction was seen in Diagnostics &amp; Therapies, reducing to 1.8 FTE from 2.4 FTE the previous month. During the month of July, both the Bristol and Weston Employee Staff Record (ESR) and finance ledger systems have merged. This has seen some cost centres within Weston moving to sit in corresponding divisions i.e. Trust Services and Estates &amp; Facilities. Whilst the substantive workforce numbers now come from the newly merged ledger, the bank and agency FTE for Weston are not yet recorded on the ledger, so these figures continue to be derived from other sources, as in previous months.</p> <p><b>Activities in the last month include:</b></p> <ul style="list-style-type: none"> <li>• 69 appointments and reappointments were made to the Trust Staff Bank in July across all staff groups, supporting the aim to reduce reliance on agency supply.</li> <li>• Ongoing successful recruitment to the medical locum bank has seen a further 10 new registrations during July.</li> <li>• High cost, non-framework nurse agency supply increased during July, predominantly across the Weston Division. Demand for lower cost framework nurse agency supply also increased during the month predominantly due to operational pressures across the Trust.</li> </ul>
<b>Ownership:</b>	Director of People

# Workforce – Bank and Agency Usage

Reporting Period: July 2020



Bank	July FTE	July Actual %	KPI
<b>UHBW NHS Foundation Trust</b>	<b>651.4</b>	<b>5.9%</b>	<b>5.0%</b>
Diagnostics & Therapies	25.2	2.3%	1.3%
Medicine	156.5	10.6%	10.3%
Specialised Services	71.1	6.4%	6.0%
Surgery	97.7	5.2%	5.3%
Women's & Children's	60.2	2.8%	1.9%
Trust Services	32.1	3.0%	3.0%
Facilities & Estates	51.5	5.8%	6.7%
Weston	157.1	11.0%	6.1%

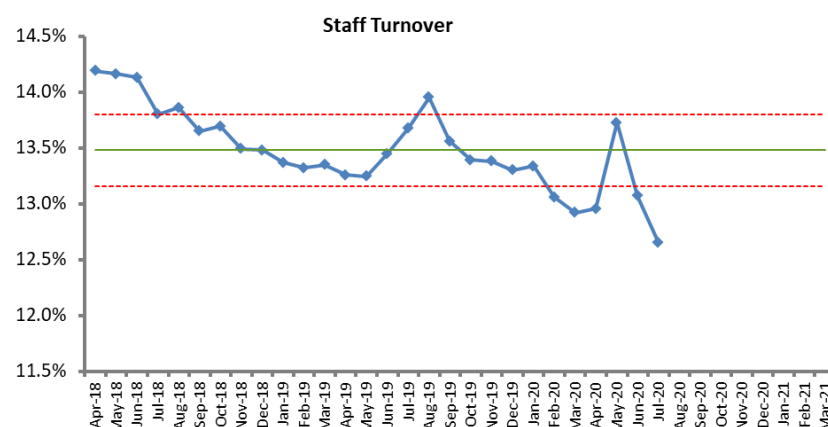


Agency	July FTE	July Actual %	KPI
<b>UHBW NHS Foundation Trust</b>	<b>149.6</b>	<b>1.3%</b>	<b>1.6%</b>
Diagnostics & Therapies	1.8	0.2%	0.9%
Medicine	53.1	3.6%	2.5%
Specialised Services	9.5	0.9%	1.0%
Surgery	13.6	0.7%	0.9%
Women's & Children's	9.2	0.4%	0.6%
Trust Services	0.0	0.0%	0.2%
Facilities & Estates	5.4	0.6%	0.2%
Weston	57.0	4.0%	5.1%

# Workforce – Turnover

Reporting Period: July 2020

<b>Standards:</b>	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
<b>Performance:</b>	In July 2020, there had been 1078 leavers over the previous 12 months, with 8524 FTE staff in post on average over that period; giving a Turnover of $1078 / 8524 = 12.7\%$ .
<b>Commentary:</b>	<p>Turnover reduced to 12.7% compared with last month. One division remained static whilst all other divisions saw reductions in turnover in comparison to the previous month.</p> <p>The largest divisional reduction was seen within Medicine, reducing to 14.5% from 15.3% the previous month.</p> <p>During the month of July, both the Bristol and Weston Employee Staff Record (ESR) and finance ledger systems have been merged. This has seen some cost centres within Weston moving to sit in corresponding divisions i.e. Trust Services and Estates &amp; Facilities.</p> <p>The division of Weston had previously reported turnover in June to be 14.1% but this month has been updated to 21.3%. This is due to a reporting process change where TUPE staff leavers had previously been excluded but have now been included to fall in line with Bristol processes.</p> <p><b>Activities in the last month include:</b></p> <ul style="list-style-type: none"> <li>Exit Questionnaires continue to be analysed and fed-back to Divisional HRBP's for information.</li> <li>Flexible working, flexible retirement options and the Internal Staff Transfer Scheme are key initiatives to be launched across UHBW in September as part of the NHSE/I Retention Programme.</li> </ul>
<b>Ownership:</b>	Director of People

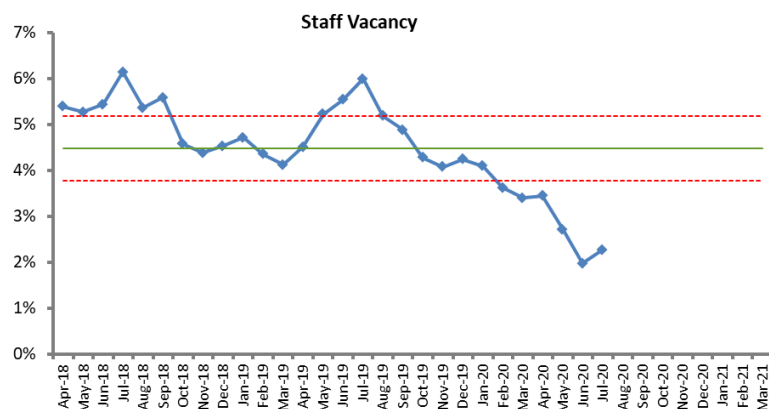


Turnover	Jul-20	KPI
<b>UHBW NHS Foundation Trust</b>	<b>12.7%</b>	<b>13.1%</b>
Diagnostics & Therapies	11.8%	12.6%
Medicine	14.5%	15.3%
Specialised Services	12.3%	13.3%
Surgery	11.9%	13.2%
Women's & Children's	9.9%	11.0%
Trust Services	8.4%	12.3%
Facilities & Estates	13.5%	12.7%
Weston	21.1%	14.9%

# Workforce – Vacancies

Reporting Period: July 2020

<b>Standards:</b>	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%.
<b>Performance:</b>	In July 2020, funded establishment was 10,672 FTE, with 353 FTE as vacancies (2.3%).
<b>Commentary:</b>	<p>Overall vacancies increased to 2.3% compared to 2.0% in the previous month. During the month of July, both the Bristol and Weston Employee Staff Record (ESR) and finance ledger systems have been merged. This has seen some cost centres within Weston moving to sit in corresponding divisions i.e. Trust Services and Estates &amp; Facilities. The largest divisional changes were seen in Trust Services, Facilities and Estates and Weston, largely due to the movement of cost centres between those divisions when the systems were merged. Aside from those changes, the largest divisional reduction was seen in Specialised Services, where vacancies reduced to 24.4 FTE from 32.0 FTE the previous month. The largest divisional increase was seen in Medicine, vacancies increased to 12.3 FTE from 3.9 FTE the previous month. There are two over-establishments within the divisions of Women's and Children's and Trust Services. This has the effect of lowering the overall total vacancy position for the Trust.</p> <p><b>Activities in the last month include:</b></p> <ul style="list-style-type: none"> <li>• A virtual nurse Open Day Webinar campaign developed with 79 people signed up to date to attend.</li> <li>• Weston EU Nurse recruitment event held in conjunction with the Trust's EU agency partner saw 16 people attend.</li> <li>• Nurse Hotspot attraction plans created for Respiratory, Critical Care and ED, with interventions in place for all.</li> <li>• Interviews conducted with 3 appointments made for Weston ED middle grades.</li> <li>• Return to Practice - September cohort shortlisted, tested and ready for interview (8 candidates).</li> </ul>
<b>Ownership:</b>	Director of People



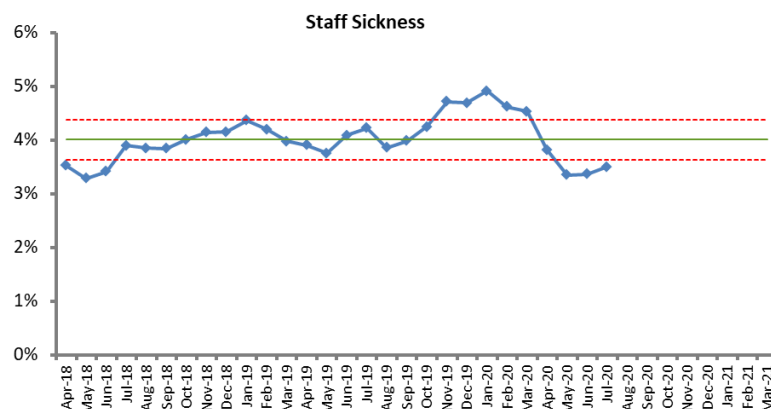
Vacancy	Jul-20	KPI
<b>UHBW NHS Foundation Trust</b>	<b>2.3%</b>	<b>5.6%</b>
Diagnostics & Therapies	3.6%	5.5%
Medicine	1.0%	6.5%
Specialised Services	2.3%	5.5%
Surgery	3.5%	4.5%
Women's & Children's	-4.7%	1.0%
Trust Services	-1.0%	4.9%
Facilities & Estates	10.3%	9.1%
<b>Weston</b>	<b>8.3%</b>	<b>10.9%</b>



# Workforce – Staff Sickness

Reporting Period: July 2020

<b>Standards:</b>	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.
<b>Performance:</b>	In July 2020, total available FTE days were 318,976 of which 11,176 (3.5%) were lost to staff sickness.
<b>Commentary:</b>	<p>Sickness absence increased to 3.5% compared with 3.4% the previous month, based on updated figures for both months. All divisions are within their target for the month. There were increases within four divisions. The largest divisional increase was seen within Facilities and Estates, increasing by 0.6 percentage points to 6.5% from 5.9% the previous month. There were reductions within four divisions. The largest divisional reduction was seen within Trust Services, reducing by 0.2 percentage points to 2.1% from 2.3% the previous month.</p> <p>This does NOT include Medical Suspension reporting. Medical Suspension does not count towards an employee's sickness entitlement. Medical Suspension continues to be the method used to record Covid-19 absences, and these are not included within sickness absence reporting. During July, 2.7% (including Weston) of available FTE was lost to Medical Suspension compared to 3.2% the previous month (excluding Weston): 0.5% Covid-19 Sickness, 2.1% Covid-19 Isolation/Shielding. This month's figures include both Bristol and Weston.</p> <p>During the month of July, both the Bristol and Weston Employee Staff Record (ESR) and finance ledger systems have been merged. This has seen some cost centres within Weston moving to sit in corresponding divisions i.e. Trust Services and Estates &amp; Facilities.</p> <p><b>Activities in the last month include:</b></p> <ul style="list-style-type: none"> <li>Supporting Attendance training is now available in through Face to Face interactive sessions, Virtual (Webex) training sessions and eLearning.</li> <li>A 'Healthy Teams' Covid edition guidance has been created for Managers to better understand impacts of the pandemic on staff wellbeing.</li> </ul>
<b>Ownership:</b>	Director of People



Sickness	Jul-20	KPI
<b>UHBW NHS Foundation Trust</b>	<b>3.5%</b>	<b>4.0%</b>
Diagnostics & Therapies	2.7%	3.0%
Medicine	3.8%	4.4%
Specialised Services	3.1%	3.4%
Surgery	4.0%	4.0%
Women's & Children's	2.8%	3.7%
Trust Services	2.1%	3.5%
Facilities & Estates	6.5%	6.7%
Weston	4.0%	4.1%

# Workforce – Appraisal Compliance

Reporting Period: July 2020

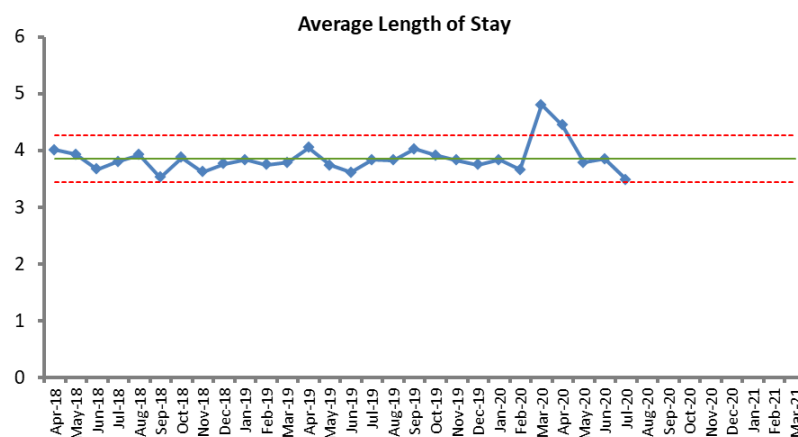
<b>Standards:</b>	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
<b>Performance:</b>	In July 2020, 6,482 members of staff were compliant out of 10,116 (64.1%).
<b>Commentary:</b>	<p>Overall appraisal compliance increased to 64.1% from 62.1% compared to the previous month. All divisions are non-compliant. There were increases in four divisions, the largest increase seen within Weston, increasing to 81.9% from 61.8% the previous month. The largest divisional reduction was seen within Estates and Facilities, reducing to 59.8% from 63.5% the previous month.</p> <p>During the month of July, both the Bristol and Weston Employee Staff Record (ESR) and finance ledger systems have been merged. This has seen some cost centres within Weston moving to sit in corresponding divisions i.e. Trust Services and Estates &amp; Facilities.</p> <p>Furthermore, as part of the ESR technical merge, where possible, the processing of Weston workforce data has been brought in line with Bristol processes. As a result of this, there are larger than expected step changes in some divisions notably Weston, Trust Services and Estates &amp; Facilities, however, the overall Trust position remains in line with the previous month. The division of Weston have benefited from the inclusion of substantive new starters being included as compliant to fall in line with Bristol where new starters are given 12 months grace and included as compliant.</p> <p><b>Activities in the last month include:</b></p> <ul style="list-style-type: none"> <li>Appraisal compliance continues to remain below target despite recovery plans being in place; these plans are being reviewed at monthly performance reviews.</li> <li>Each Division is focusing on appraisal completion as one of the key organisational priorities. Non-compliance data will support with local hotspot targeting.</li> <li>A corporate plan has been developed to support divisional plans alongside strengthened reporting reminders for managers.</li> </ul>
<b>Ownership:</b>	Director of People

Appraisal (Non-Consultant)	Jul-20	Jun-20	KPI
<b>UHBW NHS Foundation Trust</b>	64.1%	62.1%	85.0%
Diagnostics & Therapies	59.8%	58.7%	85.0%
Medicine	54.0%	56.0%	85.0%
Specialised Services	82.8%	79.3%	85.0%
Surgery	50.8%	50.8%	85.0%
Women's & Children's	64.2%	65.9%	85.0%
Trust Services	66.8%	66.0%	85.0%
Facilities & Estates	59.8%	63.5%	85.0%
Weston	81.9%	61.8%	85.0%

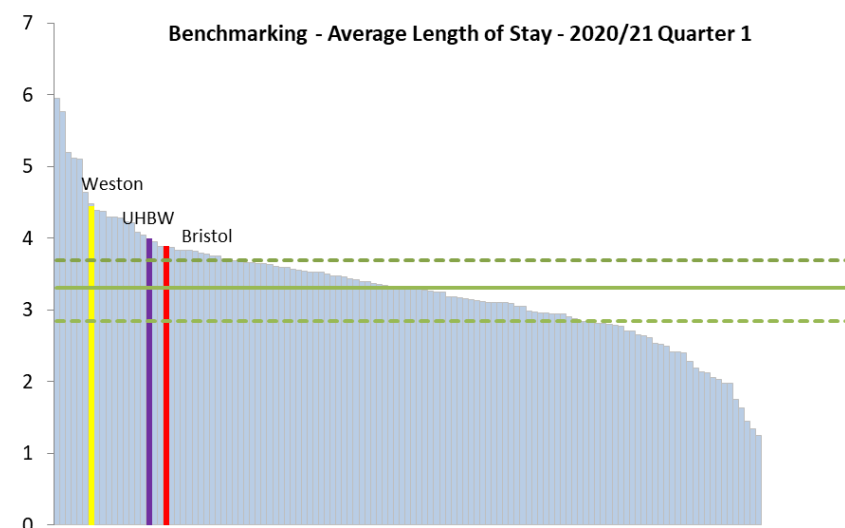
# Average Length of Stay

Reporting Month: July 2020

<b>Standards:</b>	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
<b>Performance:</b>	In July there were 5,757 discharges at Bristol with an average length of stay of 3.5 days. For Weston there were 1,882 discharges with an average length of stay of 3.5 days. The overall average length of stay for UHBW was 3.48 days.
<b>Commentary:</b>	Current assumptions around length of stay are being reviewed as part of the pathway reconfigurations resulting from the Covid pandemic.
<b>Ownership:</b>	Chief Operating Officer



	Jul-20
Medicine	4.23
Specialised Services	6.47
Surgery	3.36
Weston	3.50
Women's and Children's	2.23



# Finance – Performance to Plan

Reporting Month: July 2020

Performance to NHSI Plan	Plan to date  £m	Actual to date  £m	Variance to date favourable/ (adverse) £m
Income from Activities	247.864	245.970	(1.894)
Income from Operations	48.222	46.853	(1.369)
Employee Expenses	(180.168)	(180.945)	(0.777)
Other Operating Expenses	(101.802)	(97.482)	4.320
Depreciation (owned & leased)	(9.572)	(9.526)	0.046
PDC	(3.972)	(4.075)	(0.103)
Interest Payable	(0.856)	(0.796)	0.060
Interest Receivable	0.284	0.001	(0.283)
<b>Reported Financial performance</b>	<b>0.000</b>	<b>(0.000)</b>	<b>(0.000)</b>
Depreciation (donated)	0.000	(0.625)	(0.625)
Donated Income	0.000	0.181	0.181
<b>Surplus/(deficit)</b>	<b>0.000</b>	<b>(0.444)</b>	<b>(0.444)</b>

# Finance – Divisional Variance

Reporting Month: July 2020

Year to Date Variance £'000 (Fav/(Adv)) - Excludes COVID										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston Clinical Division	Women's & Children's	Facilities & Estates (Weston and Bristol Sites)	Trust Services	Other	Total
Nursing & Midwifery	90	(1,019)	281	147	1,796	(65)	0	(44)		1,186
Medical & Dental Pay	113	(477)	(2)	(327)	454	(546)	0	(78)		(863)
Other Pay	145	(66)	(65)	34	(138)	(197)	182	309		204
Non Pay	430	(115)	1,901	1,806	1,499	1,107	(34)	(346)		6,248
Income from Activities	(15)	7	44	(114)	(54)	(193)	0	0		(325)
Income from Operations	(33)	65	198	(189)	(118)	105	(35)	(62)		(69)
<b>Total</b>	<b>730</b>	<b>(1,605)</b>	<b>2,357</b>	<b>1,357</b>	<b>3,439</b>	<b>211</b>	<b>113</b>	<b>(221)</b>	<b>0</b>	<b>6,381</b>

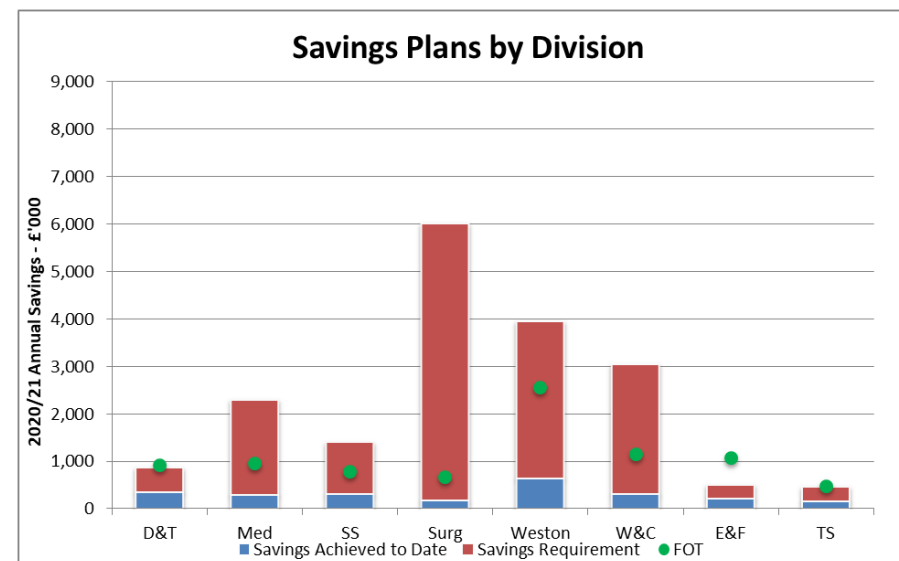
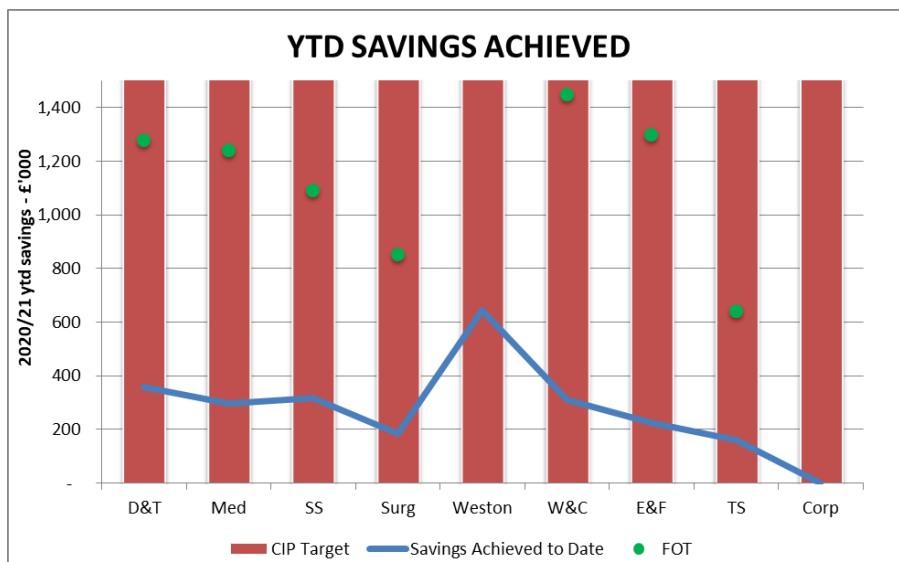
Year to Date COVID Spend/ Variance £'000 (Fav/(Adv))										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates (Weston and Bristol Sites)	Trust Services	Other	Total
Nursing & Midwifery	(6)	(733)	(366)	(422)	(680)	(958)	0	(16)		(3,164)
Medical & Dental Pay	(2)	(553)	(216)	(674)	(399)	(352)	0	(34)		(2,195)
Other Pay	(267)	(16)	(104)	(40)	(246)	(32)	(236)	(41)		(942)
Non Pay	(167)	(1,079)	(114)	(1,002)	(742)	(64)	(711)	(1,842)		(3,879)
Income from Activities	0	0	0	0	0	0	0	0		0
Income from Operations	(39)	0	(235)	0	(351)	0	(664)	(51)		(1,289)
<b>Total</b>	<b>(480)</b>	<b>(2,382)</b>	<b>(1,035)</b>	<b>(2,137)</b>	<b>(2,417)</b>	<b>(1,406)</b>	<b>(1,612)</b>	<b>(1,985)</b>	<b>0</b>	<b>(11,469)</b>

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

Total Trust COVID spend is higher as includes that recorded centrally and not attributed to a Division.

# Finance – Savings

Reporting Month: July 2020



# Care Quality Commission Rating - Bristol

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

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

## Rating for acute services/acute trust

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



# Care Quality Commission Rating - Weston

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

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

Ratings for Weston General Hospital

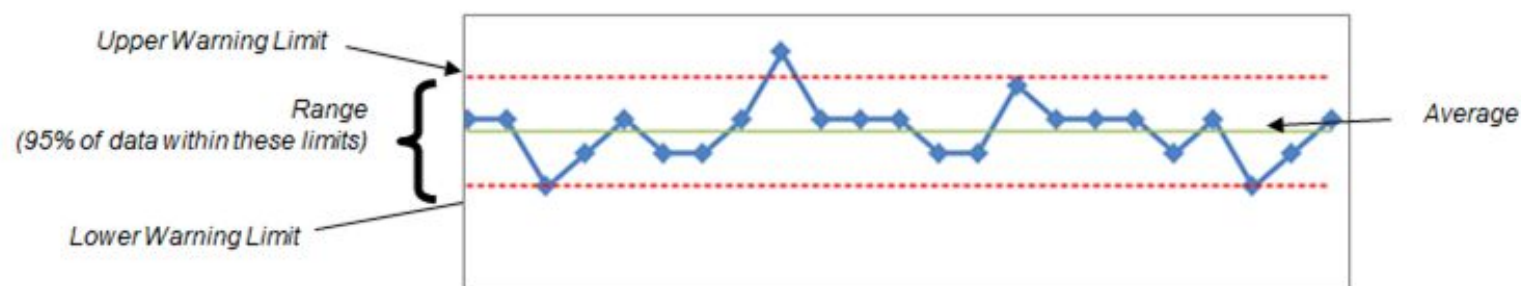
	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↔ Jun 2019	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement ↑ Jun 2019	Inadequate ↔ Jun 2019	Inadequate ↔ Jun 2019
Medical care (including older people's care)	Requires improvement ↔ Jun 2019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

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



# Explanation of SPC Charts

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

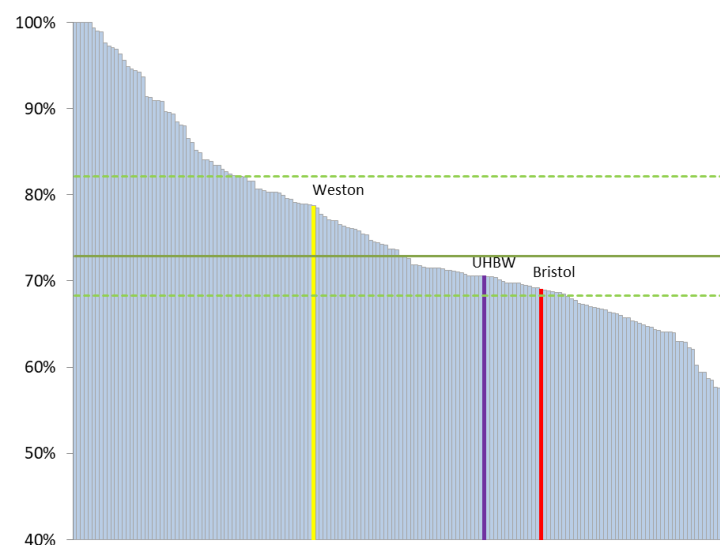


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "warning limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

			Annual		Monthly Totals												Quarterly Totals			
Topic	ID	Title	19/20	20/21 YTD	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	4	1	1	0	0	0	0	2	0	1	1	0	0	0	0	3	1	0
	DA02	MSSA Trust Apportioned Cases	48	9	5	4	4	3	3	5	2	1	0	4	2	3	10	8	6	3
	DA03	CDiff Trust Apportioned Cases	41	21	5	4	4	5	4	2	1	3	5	6	6	4	13	6	17	4
	DA06	EColi Trust Apportioned Cases	80	19	4	5	8	6	9	4	3	4	4	9	2	4	23	11	15	4
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.2%	98.1%	98%	97.9%	97.7%	97.7%	97.8%	97.6%	96.9%	98.3%	98.3%	98.5%	98.1%	97.8%	97.7%	97.6%	98.3%	97.8%
	DB02	Antibiotic Compliance	77.9%	78.7%	85.6%	82.1%	75.1%	73.8%	71.8%	74.9%	80.8%	88.7%	-	-	-	78.7%	73.5%	79.1%	-	78.7%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	96%	96%	95%	98%	97%	92%	-	-	-	98%	91%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	98%	98%	97%	99%	99%	98%	-	-	-	99%	96%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	96%	96%	98%	98%	97%	-	-	-	99%	97%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	73	10	8	5	4	7	6	7	6	2	3	1	3	3	17	15	7	3
	S02a	Number of Confirmed Serious Incidents	68	2	8	5	3	6	5	7	6	2	2	-	-	-	14	15	2	-
	S02b	Number of Serious Incidents Still Open	4	8	0	0	1	0	1	0	0	0	1	1	3	3	2	0	5	3
	S03	Serious Incidents Reported Within 48 Hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	95.9%	100%	100%	60%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S04	Serious Incident Investigations Completed Within Timescale	98.5%	58.8%	100%	100%	100%	100%	100%	100%	100%	100%	75%	71.4%	33.3%	100%	50%	100%	92.3%	60%
S04a	Overdue Exec Commissioned Non-SI Investigations	18	-	2	4	2	0	1	1	2	2	-	-	-	-	-	3	5	-	-
Never Events	S01	Total Never Events	4	0	1	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0
Patient Falls	AB01	Falls Per 1,000 Beddays	4.52	5.6	4.11	4.43	4.75	3.46	4.82	4.68	4.89	5.33	5.59	7.1	6.26	3.73	4.35	4.95	6.35	3.73
	AB06a	Total Number of Patient Falls Resulting in Harm	26	1	1	1	4	1	2	7	4	1	1	0	0	0	7	12	1	0
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.267	0.233	0.193	0.221	0.228	0.074	0.327	0.117	0.308	0.715	0.055	0.202	0.187	0.174	0.251	0.3	0.187
	DE02	Pressure Ulcers - Grade 2	49	19	4	3	5	6	2	9	2	7	11	1	3	4	13	18	15	4
	DE04A	Pressure Ulcers - Grade 3 or 4	8	1	2	2	1	0	0	0	1	0	0	0	1	0	1	1	1	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	86.6%	77%	78.9%	78%	78.7%	77%	86.8%	88.5%	88.6%	88.3%	87.3%	86.7%	85%	77.9%	87.9%	87.3%	85%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	93.4%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	N04	Number of Hospital Associated VTEs	38	-	10	1	2	0	3	0	8	-	-	-	-	-	5	8	-	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	3	-	1	0	0	0	0	0	0	-	-	-	-	-	0	0	-	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	20	-	5	1	2	0	2	0	8	-	-	-	-	-	4	8	-	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	86.9%	-	-	86.9%	-	-	87.9%	-	-	88.2%	-	-	-	-	87.9%	88.2%	-	-
Safety	Y01	WHO Surgical Checklist Compliance	99.9%	99.9%	100%	100%	99.9%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.8%	99.9%	100%	99.9%	99.9%	99.9%	100%
Medicines	WA01	Medication Incidents Resulting in Harm	0.33%	0%	0.81%	1.23%	0%	0.4%	0%	0%	0%	0%	0%	0%	0%	-	0.14%	0%	0%	-
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.41%	0.68%	0.24%	0%	0.26%	0.37%	0.27%	1.65%	0.21%	0.43%	-	0.99%	0.26%	0.97%	0.3%	0.92%	0.47%	0.97%

# Appendix – Bristol Scorecards



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Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			19/20	20/21 YTD	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	7.8%	8.7%	7.8%	7.6%	6.1%	7%	9.2%	8.2%	8.2%	8.1%	7.8%	9.9%	9.3%	7.8%	7.4%	8.2%	9.1%	7.8%
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.8%	20.5%	21.7%	21.4%	24%	23.3%	22.4%	24%	22.8%	21.8%	21.1%	18.5%	20%	22%	23.2%	22.9%	19.8%	22%
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9211	1887	708	713	870	873	781	850	731	611	356	394	511	626	2524	2192	1261	626
Staffing Levels	RP01	Staffing Fill Rate - Combined	100.3%	98.4%	98.5%	99.6%	99.3%	100.3%	100.5%	103.3%	101.5%	98.8%	94.2%	98.4%	100.4%	100.4%	100%	101.2%	97.7%	100.4%
Clinical Effectiveness																				
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Quarterly Data	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	102.1	-	106.3	103	102.4	101.8	100.3	98.3	96.8	96.2	-	-	-	-	101.5	97	-	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	90	119.4	89.9	94.6	90	94.4	89.4	88.4	89.4	98.6	119.4	-	-	-	91.2	91.9	119.4	-
Readmissions	C01	Emergency Readmissions Percentage	3.6%	4.27%	3.72%	3.35%	3.4%	3.42%	3.55%	3.93%	3.62%	2.81%	3.82%	4.71%	4.21%	-	3.46%	3.5%	4.27%	-
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	45.6%	54.3%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	41.7%	50%	68.8%	41.2%	41.9%	66.7%	36.7%	45.9%	48.4%	66.7%
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.3%	75.5%	100%	100%	100%	100%	100%	96.6%	91.7%	84.4%	62.5%	47.1%	80.6%	93.3%	100%	90.6%	67.2%	93.3%
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.5%	38.3%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	33.3%	37.5%	37.5%	17.6%	29%	60%	36.7%	38.8%	28.1%	60%
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.2%	61.8%	45.7%	54.3%	59.6%	52.6%	51.3%	57.1%	69.7%	60.5%	57.6%	54.3%	71.4%	-	54.8%	63.5%	61.8%	-
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	70.3%	85.5%	71.4%	69.6%	70.2%	68.4%	69.2%	78.6%	75.8%	65.8%	81.8%	85.7%	88.1%	-	69.4%	71.8%	85.5%	-
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	60.8%	70.3%	50%	81.8%	88.9%	55.6%	71.4%	58.8%	33.3%	37.5%	77.8%	50%	64.3%	100%	72%	47.1%	64.5%	100%
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83.2%	53.9%	88.3%	91%	85.9%	84.8%	79.6%	77.6%	78.6%	72.3%	49.4%	-	-	57.5%	83.3%	76.3%	49.4%	57.5%
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	89.6%	83.7%	76.9%	83.8%	89.7%	88.1%	86.5%	86.1%	88.9%	97.2%	92%	-	-	75%	88.1%	90.7%	92%	75%
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	85.2%	100%	100%	100%	60%	100%	100%	-	100%	100%	-	-	-	100%	71.4%	100%	-	100%
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9692	6980	547	887	794	633	1164	1423	699	911	1752	1722	1775	1731	2591	3033	5249	1731
Patient Experience																				
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	92	91	91	91	93	90	91	93	91	91	91	-	92	91	91	-
	P01g	Patient Survey - Kindness and Understanding	-	-	96	96	96	96	97	96	96	98	96	95	96	-	96	96	96	-
	P01h	Patient Survey - Outpatient Tracker Score	-	-	90	90	90	89	87	89	92	84	88	91	96	-	90	90	91	-
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.5%	-	36.2%	34.2%	36.2%	31%	35.3%	32.3%	33.1%	-	-	-	-	-	34.1%	32.7%	-	-
	P03b	Friends and Family Test ED Coverage	16.6%	-	18.2%	15.2%	16.9%	15.8%	16.6%	16.7%	15.4%	-	-	-	-	-	16.4%	16%	-	-
	P03c	Friends and Family Test MAT Coverage	26.5%	-	31.6%	16.5%	17.7%	36.1%	26.8%	28.2%	21.8%	-	-	-	-	-	26.6%	25.3%	-	-
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	98.7%	-	98.8%	99%	98.4%	98.7%	98.6%	98.7%	99.2%	-	-	-	-	-	98.5%	98.9%	-	-
	P04b	Friends and Family Test Score - ED	84%	-	85.2%	81.5%	85.2%	83.8%	84.6%	86.9%	88.1%	-	-	-	-	-	84.6%	87.5%	-	-
	P04c	Friends and Family Test Score - Maternity	97.6%	-	97.2%	98.7%	98.1%	97.1%	99.1%	97.7%	98.4%	-	-	-	-	-	98%	98%	-	-
Patient Complaints	T01	Number of Patient Complaints	1842	330	125	149	178	150	117	152	171	121	50	62	98	120	445	444	210	120
	T03a	Formal Complaints Responded To Within Trust Timeframe	88%	74.4%	85.4%	67.5%	88.6%	91.5%	83.6%	84.1%	85.5%	85.5%	75.5%	70%	65.5%	80.5%	88.3%	85%	71.6%	80.5%
	T03b	Formal Complaints Responded To Within Divisional Timeframe	91%	88.4%	93.8%	75%	90%	95.8%	83.6%	86.6%	90.3%	91.3%	85.7%	70%	96.6%	90.2%	90.3%	89.2%	87.5%	90.2%
	T05A	Informal Complaints Responded To Within Trust Timeframe	89.5%	96.5%	87.9%	90.3%	93.4%	83.3%	91.2%	92.4%	82.4%	100%	95.2%	100%	100%	92.5%	90.1%	91.9%	98.5%	92.5%
	T04c	Percentage of Responses where Complainant is Dissatisfied	7.51%	3.39%	4.17%	7.5%	5.71%	8.45%	5.46%	10.98%	1.61%	2.9%	4.08%	0%	-	-	6.63%	5.63%	3.39%	-

# Appendix – Bristol Scorecards



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Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	84.3%	83.6%	83%	83%	82.5%	83.2%	82.4%	78.3%	69.1%	59.6%	51.6%	45.8%	-	-	-	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	5216	5574	5866	5903	6028	5745	6223	7134	9489	11983	15242	17877	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	134	1277	9	5	4	5	10	15	11	30	78	184	372	643	19	56	634	643
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	211	219	202	219	282	305	315	411	772	1242	1832	2774	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93.5%	90.7%	89%	91.7%	93%	95.2%	94.1%	95.2%	94.7%	91.2%	90.3%	90.2%	91.2%	-	94%	93.8%	90.7%	-
	E01c	Cancer - Urgent Referrals Stretch Target	37.3%	44.7%	27.5%	33.7%	38.6%	37.8%	35.1%	49.7%	24.3%	18.8%	59.6%	45.9%	36.2%	-	37.3%	31.2%	44.7%	-
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.7%	93.3%	96.3%	94.4%	96.6%	97%	95.7%	92.3%	96.1%	97.4%	94.5%	89.8%	95%	-	96.4%	95.4%	93.3%	-
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.7%	99.6%	99%	97.1%	97.7%	99.2%	100%	98%	100%	99.1%	100%	100%	99.2%	-	98.9%	99%	99.6%	-
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	92.7%	81.9%	94.2%	91.7%	93.3%	92.3%	93.5%	94.5%	92.7%	92.5%	83.3%	90.2%	72.7%	-	93.1%	93.2%	81.9%	-
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.3%	98.2%	95.2%	96.2%	96.5%	96.8%	94.3%	94.5%	98.5%	99.5%	98%	97.1%	99.4%	-	95.9%	97.4%	98.2%	-
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.5%	78.1%	85.8%	84%	85.4%	87%	83.9%	80.8%	82.1%	91.1%	76.2%	72.6%	83.5%	-	85.4%	85.4%	78.1%	-
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.1%	25%	100%	85.7%	55.6%	53.8%	33.3%	36.4%	33.3%	81.8%	100%	-	0%	-	48.4%	51.6%	25%	-
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	86.7%	89.4%	87.1%	80.8%	82.9%	84%	89.2%	86.3%	83.9%	91.2%	84.5%	91.3%	93.2%	-	85.5%	87%	89.4%	-
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	41.5	-	6.5	3.5	3	4.5	2	4	3	0.5	-	-	-	-	9.5	7.5	-	-
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.79%	0.53%	1.55%	1.44%	1.69%	1.94%	2.54%	2.02%	1.98%	2.21%	0.57%	0.33%	0.45%	0.69%	2.03%	2.06%	0.44%	0.69%
	F01a	Number of Last Minute Cancelled Operations	1394	70	95	94	119	137	153	140	128	115	13	9	17	31	409	383	39	31
	F02	Cancelled Operations Re-admitted Within 28 Days	92.6%	69.5%	95.5%	97.9%	95.7%	98.3%	94.9%	93.5%	94.3%	86.7%	67%	69.2%	88.9%	76.5%	96.3%	91.7%	68.6%	76.5%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	2.08%	0.05%	1.6%	1.93%	2.6%	1.95%	2.24%	1.76%	1.85%	3.98%	0.31%	0%	0%	0%	2.26%	2.41%	0.08%	0%
	F07a	Number of Admissions Cancelled Day Before	1625	7	98	126	183	138	135	122	120	207	7	0	0	0	456	449	7	0
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	61.7%	63.2%	64.7%	60.5%	55.9%	68.4%	59%	64.1%	48.6%	53.8%	63.4%	62.9%	-	-	61.3%	55.8%	63.2%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	84.6%	85.5%	88.2%	83.7%	88.2%	94.7%	84.6%	92.3%	68.6%	66.7%	80.5%	91.4%	-	-	89.2%	76.1%	85.5%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	95.26%	96.21%	95.85%	96.65%	96.1%	95.22%	95.51%	85.73%	40.52%	39.22%	47.02%	64.32%	-	-	-	-
Outpatients	R03	Outpatient Hospital Cancellation Rate	11.4%	14.4%	11.2%	11.1%	10.7%	10.2%	10.6%	11%	11.1%	17.7%	23.5%	13.5%	10.5%	9.7%	10.5%	13.3%	16.1%	9.7%
	R05	Outpatient DNA Rate	6.6%	5.6%	6.5%	6.6%	6.3%	6.5%	6.7%	6.2%	6.3%	7.1%	5.4%	5.1%	5.3%	6.4%	6.5%	6.5%	5.3%	6.4%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.15	2.55	2.25	2.15	2.07	2.15	2.11	2.17	2.12	2.26	2.52	2.72	2.62	2.4	2.11	2.18	2.62	2.4
ERS	BC01	ERS - Available Slot Issues Percentage	17.4%	13.8%	16.9%	14.6%	17%	20.6%	18.7%	17.3%	18.6%	23.5%	12.3%	14.9%	-	-	18.6%	19.4%	13.8%	-
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	289	28	32	19	30	19	21	27	29	21	9	10	5	4	70	77	24	4
	Q02A	Non-Acute Delayed Transfers of Care - Patients	117	17	8	13	12	5	8	11	13	7	9	7	1	-	25	31	17	-
	Q01B	Acute Delayed Transfers of Care - Beddays	8304	845	654	783	708	590	731	713	790	962	278	238	198	131	2029	2465	714	131
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2902	471	165	233	257	298	220	212	217	249	201	150	88	32	775	678	439	32

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Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	75	58	83	69	75	95	107	87	32	46	39	46	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	23	26	31	20	27	26	30	36	21	18	12	8	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	2402	2393	2480	2388	2398	3166	2751	3110	1253	1450	1367	1437	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	659	840	948	812	784	776	907	1002	871	531	403	588	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.89	3.78	3.82	4.02	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.76	3.49	3.83	4.05	3.89	3.49
	J04D	Percentage Length of Stay 14+ Days	6.7%	6.2%	6.6%	6.8%	6.6%	6.2%	6.3%	6.6%	6.6%	8.4%	7.7%	5.2%	5.8%	6.5%	6.4%	7.1%	6.1%	6.5%
14 Day LOS Patients	J03	Average Length of Stay (Spell)	3.89	3.78	3.82	4.02	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.76	3.49	3.83	4.05	3.89	3.49
AMU	J35	Percentage of Cardiac AMU Wardstays	4.6%	0.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	0%	0.3%	1.3%	0%	5.5%	3.7%	0.5%	0%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	35%	100%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	-	100%	100%	-	35.7%	37%	100%	-

## Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	80.44%	88.66%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	87.36%	85.42%	79.63%	80.36%	90.05%	85.42%
This is measured against the national standard of 95%																				
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	80.44%	88.66%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	87.36%	85.42%	79.63%	80.36%	90.05%	85.42%
	BB07	BRI ED - Percentage Within 4 Hours	68.51%	83.69%	74.81%	70.93%	72.03%	70.87%	63.41%	69.93%	65.81%	69.2%	91%	89.84%	81.18%	76.81%	68.8%	68.25%	86.61%	76.81%
	BB03	BCH ED - Percentage Within 4 Hours	90.4%	92.72%	95.3%	89.51%	90.31%	85.94%	84.42%	93.11%	88.58%	90.47%	90.24%	90.27%	94.09%	95.1%	86.78%	90.76%	91.75%	95.1%
	BB04	BEH ED - Percentage Within 4 Hours	97.82%	99.05%	98.37%	97.4%	98.8%	96.84%	98.55%	97.04%	98.2%	98.74%	99.18%	99.31%	98.52%	99.25%	98.08%	97.91%	98.97%	99.25%
This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets																				
Trolley Waits	B06	ED 12 Hour Trolley Waits	25	0	0	0	0	0	8	11	1	5	0	0	0	0	8	17	0	0
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	96.8%	97.4%	98.4%	96.2%	98.8%	97.8%	94.6%	96%	96.3%	93.5%	99.3%	97.6%	95.8%	97.4%	97%	95.3%	97.4%	97.4%
	B02b	ED Time to Initial Assessment - Data Completeness	96.9%	97.2%	96.1%	98.2%	96.6%	98.3%	93.7%	96.1%	96.3%	96.2%	97.5%	97.4%	96.6%	97.4%	96.1%	96.2%	97.1%	97.4%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50.8%	72.5%	55.6%	50.9%	50.1%	48.4%	47.9%	55.3%	48.3%	62.3%	90.3%	78.6%	65.7%	63.1%	48.8%	54.7%	76.4%	63.1%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	98.6%	97.2%	96.7%	97.4%	97.2%	97.2%	97.6%	96.7%	97.2%	99.5%	99%	98.3%	98.1%	97.3%	97.2%	98.9%	98.1%
Others	B04	ED Unplanned Re-attendance Rate	3.7%	3.3%	3.3%	3.5%	3.9%	4.2%	4.2%	3.7%	4%	3.7%	3.3%	3.4%	2.9%	3.5%	4.1%	3.8%	3.2%	3.5%
	B05	ED Left Without Being Seen Rate	1.6%	0.9%	1.5%	1.9%	1.4%	1.4%	1.9%	1.3%	1.5%	1.2%	0.5%	0.7%	1%	1.2%	1.5%	1.4%	0.8%	1.2%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	352	-	25	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	4.6%	0.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	0%	0.3%	1.3%	0%	5.5%	3.7%	0.5%	0%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	35%	100%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	-	100%	100%	-	35.7%	37%	100%	-



# Appendix – Weston Scorecards

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
SAFE	CDiff Trust Apportioned Cases	14	4	0	2	0	2	2	4		
	MRSA Trust Apportioned Cases	2	0	0	0	0	0	-	-		
	Falls per 1,000 Beddays	4.13	4.55	4.82	6.36	3.41	3.40	4.99	4.55		
	Numerator	396	97	28	35	14	20	77	97		
	Denominator	95807	21301	5813	5506	4103	5879	15422	21301		
	Falls Resulting in Harm	8	3	1	0	1	1	2	3		
	Pressure Ulcers per 1,000 Beddays	0.93	0.89	1.72	0.91	0.73	0.17	1.17	0.89		
	Numerator	89	19	10	5	3	1	18	19		
	Denominator	95807	21301	5813	5506	4103	5879	15422	21301		
	Number of Category 2 Ulcers	79	16	9	4	2	1	15	16		
	Number of Category 3 Ulcers	10	3	1	1	1	0	3	3		
	Number of Category 4 Ulcers	1	0	0	0	0	0	-	-		
	Medication Incidents Resulting in Harm	n/a	0.00%	0.00%	0.00%	-	-	0.00%	-		
	Numerator		0	0	0	-	-	0	-		
	Denominator		43	18	25	-	-	43	43		
	Non-Purposeful Omitted Doses of the Listed Critical Medication	n/a	0.00%	-	-	-	-	-	-		
	Numerator	n/a	0	-	-	-	-	-	-		
	Denominator	n/a	0	-	-	-	-	-	-		
	Nurse Staffing Levels	101.63%	92.90%	98.88%	96.03%	72.31%	104.18%	89.19%	92.90%		
	Numerator	637802	201881	50670	56675	38566	55970	145911	201881		
	Denominator	627603	217321	51241	59021	53335	53724	163597	217321		
	Nurse Staffing Levels (RN)	94.19%	80.61%	82.83%	79.52%	64.09%	97.16%	75.57%	80.61%		
	Numerator	327860	97954	24263	26823	19306	27562	70392	97954		
	Denominator	348101	121518	29293	33732	30125	28368	93150	121518		
	Nurse Staffing Levels (NA)	110.89%	108.49%	120.31%	118.04%	83.01%	112.04%	107.21%	108.49%		
	Numerator	309942	103924	26406	29852	19259	28407	75517	103924		
	Denominator	279502	95792	21948	25289	23200	25355	70437	95792		
CARING	Patient Survey - Patient Experience Tracker Score	-	n/a	-	-	-	-	-	-		
	Patient Survey - Kindness and Understanding	-	n/a	-	-	-	-	-	-		
	Patient Survey - Outpatient Tracker Score	-	n/a	-	-	-	-	-	-		
	Number of Complaints Received	219	33	4	1	1	27	6	33		
	Number of Complaints Received (Formal)	0	30	2	4	5	19	11	30		
	Number of Complaints Received (Informal)	0	15	2	3	2	8	7	15		
	Formal Complaints Responded To Within Trust Timeframe	n/a	75%	100%	50%	0%	80%	67%	75%		
	Numerator		12	3	1	0	8	4	12		
	Denominator		16	3	2	1	10	6	16		

# Appendix – Weston Scorecards

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
CARING (cont.)	Formal Complaints Responded To Within Divisional Timeframe	n/a	93.75%	100%	100%	100%	90%	100%	93.75%		
	Numerator	n/a	15	3	2	1	9	6	15		
	Denominator	n/a	16	3	2	1	10	6	16		
	Formal Complaint Response Time Breaches Attributable to Division	n/a	1	0	1	0	0	1	1		
	Percentage of Responses where Complainant is Dissatisfied	n/a	0.00%	0.00%	-	-	-	-	-		
	Numerator	n/a	0	0	-	-	-	-	-		
	Denominator	n/a	4	4	-	-	-	4	4		
RESPONSIVE	ED 4 Hour Performance	74.44%	85.84%	93.24%	87.44%	86.97%	80.34%	89.48%	85.84%		
	Numerator	37389	7566	1835	1831	1081	2819	4747	7566		
	Denominator	50228	8814	1968	2094	1243	3509	5305	8814		
	RTT 18 Week Performance	85.52%	66.63%	78.72%	72.30%	59.79%	51.67%	70.97%	66.63%		
	Numerator	63283	12722	4314	3570	2621	2217	10505	12722		
	Denominator	74002	19093	5480	4938	4384	4291	14802	19093		
	52+ Week Breaches	79	353	36	61	103	153	200	353		
	Diagnostic 6 Week Wait	96.19%	76.68%	64.16%	64.96%	81.01%	79.94%	73.62%	76.68%		
	Numerator	24817	3983	299	482	1186	2016	1967	3983		
	Denominator	25799	5194	466	742	1464	2522	2672	5194		
	LMCs as Percentage of Admissions	3.50%	1.32%	2.63%	0.00%	0.00%	1.27%	1.39%	1.32%		
	Numerator	173	2	1	0	0	1	1	2		
	Denominator	4947	151	38	24	10	79	72	151		
	28 Day Readmissions	93.33%	-	-	-	-	-	-	-		
	Numerator	70	0	-	-	-	-	-	-		
	Denominator	75	0	-	-	-	-	-	-		
	Acute Delayed Transfers of Care - Patients	92	18	0	0	9	9	9	18		
	Non-Acute Delayed Transfers of Care - Patients	0	0	-	-	-	-	-	-		
	Acute Delayed Transfers of Care - Beddays	2888	417	0	0	198	219	198	417		
	Non-Acute Delayed Transfers of Care - Beddays	0	0	-	-	-	-	-	-		
	Outpatient Hospital Cancellation Rate	16.21%	27.96%	37.29%	27.76%	23.51%	21.67%	30.41%	27.96%		
	Numerator	35462	11460	4513	2397	2058	2492	8968	11460		
	Denominator	218805	40994	12104	8636	8755	11499	29495	40994		
	Outpatient DNA Rate	6.15%	4.30%	3.81%	3.56%	4.68%	4.84%	4.05%	4.30%		
	Numerator	9816	1198	252	194	315	437	761	1198		
	Denominator	159556	27851	6622	5457	6734	9038	18813	27851		



# Appendix – Weston Scorecards

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
EFFECTIVE	<b>Summary Hospital Mortality Indicator (SHMI) - National Monthly Data</b>	<b>859</b>	<b>450</b>	<b>152.70</b>	<b>135.15</b>	<b>103.72</b>	<b>58.15</b>				
	Numerator	616	187	65	59	24	39				
	Denominator	890	177	43	44	23	67				
	<b>Hospital Standardised Mortality Ratio (HSMR)</b>	<b>1032</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>		
	Numerator	543	0	-	-	-	-	-	-		
	Denominator	631	0	-	-	-	-	-	-		
	<b>Fracture Neck of Femur Patients Treated Within 36 Hours</b>	<b>82.35%</b>	<b>76.74%</b>	<b>80.00%</b>	<b>75.00%</b>	<b>64.29%</b>	<b>82.61%</b>	<b>74.60%</b>	<b>76.74%</b>		
	Numerator	224	66	20	18	9	19	47	66		
	Denominator	272	86	25	24	14	23	63	86		
	<b>Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours</b>	<b>97.79%</b>	<b>94.19%</b>	<b>92.00%</b>	<b>91.67%</b>	<b>92.86%</b>	<b>100.00%</b>	<b>92.06%</b>	<b>94.19%</b>		
	Numerator	266	81	23	22	13	23	58	81		
	Denominator	272	86	25	24	14	23	63	86		
	<b>Fracture Neck of Femur Patients Achieving Best Practice Tariff</b>	<b>72.43%</b>	<b>73.26%</b>	<b>0.76</b>	<b>0.67</b>	<b>0.64</b>	<b>0.83</b>	<b>69.84%</b>	<b>73.26%</b>		
	Numerator	197	63	19	16	9	19	44	63		
	Denominator	272	86	25	24	14	23	63	86		
	<b>Ward Outliers - Beddays Spent Outlying.</b>	<b>0</b>	<b>548</b>	<b>175</b>	<b>294</b>	<b>79</b>	<b>0</b>	<b>548</b>	<b>548</b>		
	<b>30 Day Emergency Readmissions</b>	<b>5.29%</b>	<b>5.66%</b>	<b>5.56%</b>	<b>4.15%</b>	<b>4.24%</b>	<b>7.15%</b>	<b>4.74%</b>	<b>5.66%</b>		
	Numerator	1579	278	68	43	33	134	144	278		
	Denominator	29825	4911	1223	1035	778	1875	3036	4911		
EFFICIENT	<b>Staff Sickness</b>	<b>4.13%</b>	<b>3.71%</b>	<b>3.73%</b>	<b>3.59%</b>	<b>3.54%</b>	<b>3.99%</b>	<b>3.62%</b>	<b>3.71%</b>		
	Numerator	21990	5567	1606	1285	1245	1431	4136	5567		
	Denominator	533060	150017	43100	35802	35214	35901	114116	150017		
	<b>Appraisal Compliance</b>	<b>71.37%</b>	<b>66.65%</b>	<b>63.58%</b>	<b>60.38%</b>	<b>61.78%</b>	<b>81.87%</b>	<b>61.91%</b>	<b>66.65%</b>		
	Numerator	11223	3241	770	730	797	944	2297	3241		
	Denominator	15724	4863	1211	1209	1290	1153	3710	4863		
	<b>Workforce Bank Usage</b>	<b>n/a</b>	<b>9.08%</b>	<b>9.82%</b>	<b>9.07%</b>	<b>6.52%</b>	<b>11.05%</b>	<b>8.50%</b>	<b>9.08%</b>		
	Numerator	n/a	572	162	151	103	157	415	572		
	Denominator	n/a	6307	1649	1662	1574	1422	4885	6307		
	<b>Workforce Agency Usage</b>	<b>n/a</b>	<b>3.53%</b>	<b>4.57%</b>	<b>3.54%</b>	<b>2.00%</b>	<b>4.01%</b>	<b>3.39%</b>	<b>3.53%</b>		
	Numerator	n/a	223	75	59	31	57	166	223		
	Denominator	n/a	6307	1649	1662	1574	1422	4885	6307		

# Appendix – Weston Scorecards

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
EFFICEINT (cont.)	<b>Workforce Turnover Rate</b>	<b>14.91%</b>	<b>18.68%</b>	<b>12.84%</b>	<b>21.21%</b>	<b>21.30%</b>	<b>21.10%</b>	<b>17.94%</b>	<b>18.68%</b>		
	Numerator	2546	769	160	203	205	202	567	769		
	Denominator	17073	4117	1244	956	960	957	3160	4117		
	<b>Workforce Vacancy Rate</b>	<b>12.64%</b>	<b>9.47%</b>	<b>11.19%</b>	<b>8.68%</b>	<b>9.53%</b>	<b>8.28%</b>	<b>9.80%</b>	<b>9.47%</b>		
	Numerator	2571	577	178	138	152	109	468	577		
	Denominator	20334	6089	1590	1590	1592	1317	4772	6089		
	<b>Average Length of Stay</b>	<b>3.34</b>	<b>4.10</b>	<b>3.70</b>	<b>5.40</b>	<b>4.50</b>	<b>3.50</b>	<b>4.49</b>	<b>4.10</b>		
	Numerator	99654	20144	4561	5585	3497	6501	13643	20144		
	Denominator	29825	4918	1223	1035	778	1882	3036	4918		
ACCESS	<b>ED 12 Hour Trolley Waits</b>	<b>796</b>	<b>66</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>58</b>	<b>8</b>	<b>66</b>		
	<b>ED Time to Initial Assessment - Under 15 Minutes</b>	<b>2</b>	<b>75.98%</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>79.94%</b>	<b>75.98%</b>		
	Numerator	5750	6697	1687	1643	911	2456	4241	6697		
	Denominator	10984	8814	1968	2094	1243	3509	5305	8814		
	<b>ED Time to Start of Treatment - Under 60 Minutes</b>	<b>57.96%</b>	<b>83.53%</b>	<b>99.64%</b>	<b>87.92%</b>	<b>84.79%</b>	<b>71.42%</b>	<b>91.54%</b>	<b>83.53%</b>		
	Numerator	6366	7362	1961	1841	1054	2506	4856	7362		
	Denominator	10984	8814	1968	2094	1243	3509	5305	8814		
	<b>ED Unplanned Re-attendance Rate</b>	<b>6.19%</b>	<b>6.76%</b>	<b>6.59%</b>	<b>6.71%</b>	<b>6.31%</b>	<b>7.03%</b>	<b>6.58%</b>	<b>6.76%</b>		
	Numerator	3122	580	130	144	68	238	342	580		
	Denominator	50459	8583	1972	2146	1078	3387	5196	8583		
	<b>ED Left Without Being Seen Rate</b>	<b>2.29%</b>	<b>0.71%</b>	<b>0.20%</b>	<b>0.62%</b>	<b>0.48%</b>	<b>1.14%</b>	<b>0.43%</b>	<b>0.71%</b>		
	Numerator	1148	63	4	13	6	40	23	63		
	Denominator	50228	8814	1968	2094	1243	3509	5305	8814		
QUALITY	<b>MSSA Trust Apportioned Cases</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>		
	<b>Number of Serious Incidents Reported</b>	<b>32</b>	<b>12</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>12</b>		
	<b>Total Never Events</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	-	<b>1</b>		
	<b>Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour</b>	<b>n/a</b>	<b>37.50%</b>	-	-	<b>37.50%</b>	-	<b>37.50%</b>	<b>37.50%</b>		
	Numerator	n/a	3	-	-	3	-	3	3		
	Denominator	n/a	8	-	-	8	-	8	8		
	<b>Stroke Care: Percentage Spending 90%+ Time On Stroke Unit</b>	<b>77.58%</b>	<b>64.86%</b>	<b>83.33%</b>	-	<b>50.00%</b>	<b>45.45%</b>	<b>73.08%</b>	<b>64.86%</b>		
	Numerator	173	24	15	-	4	5	19	24		
	Denominator	223	37	18	-	8	11	26	37		
	<b>High Risk TIA Patients Starting Treatment Within 24 Hours</b>	<b>64.42%</b>	<b>64.86%</b>	<b>55.56%</b>	<b>44.44%</b>	<b>60.00%</b>	<b>85.71%</b>	<b>52.17%</b>	<b>64.86%</b>		
	Numerator	134	24	5	4	3	12	12	24		
	Denominator	208	37	9	9	5	14	23	37		
	<b>VTE Risk Assessment</b>	<b>93.83%</b>	-	-	-	-	-	-	-		
	Numerator	24069	-	-	-	-	-	-	-		
	Denominator	25653	-	-	-	-	-	-	-		