

# August 2021

# Published Papers

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Including:

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

Quality and Outcomes Committee Chair's Report

Meeting of the Quality and Outcomes Committee on 3<sup>rd</sup> September 2021

Report Title	Integrated Quality & Performance Report
Report Author	James Rabbitts, Head of Performance Reporting Rob Presland, Associate Director of Performance Anne Reader, Head of Quality (Patient Safety) Deborah Tunnell, Associate Director of HR Operations
Executive Lead	Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer Quality – Deirdre Fowler, Chief Nurse and Midwife/William Oldfield, Medical Director Workforce – Alex Nestor, Interim Director of People Finance – Neil Kemsley, Director of Finance

<b>1. Report Summary</b>
To provide an overview of the Trust's performance on Quality, Workforce, Access and Finance standards.
<b>2. Key points to note</b> (Including decisions taken)
Please refer to Executive Summary for an overview.
<b>3. Risks</b> If this risk is on a formal risk register, please provide the risk ID/number.
Not applicable as this report is for information and assurance only, although risks referenced within the main body of the report.
<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.

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.



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

# Integrated Quality & Performance Report

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August 2021

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# Executive Summary

## Reporting Month: July 2021

Performance against NHS constitutional standards continues to remain extremely challenged following an exceptional period of operational pressures experienced during July (*Datix Risk ID 801 - Risk that one or more standards of the NHS Oversight Framework are not met*). The number of COVID patients diagnosed following admission to hospital increased to 83 which was the highest since February 2021, and the associated impact of higher community prevalence was also reflected in short term medical suspension due to COVID which increased to 2.5%, up from 1.3% in the previous month. Workforce related issues resulted in a higher number of red flag safe staffing incidents in the month, with an internal critical incident in place for most of the month.

In urgent care, Trust wide performance against the ED 4 hour standard reduced to 66.9%, with 255 trolley waits in excess of 12 hours and 45% of ambulance handovers delayed greater than 30 minutes. This was the most challenged period for performance since January 2021. Emergency inpatient admissions have now normalised against levels experienced in the summer of 2019. Mitigations in place include the Same Day Emergency Care service at the BRI which continues to be extended with the ambition of preventing up to 14 admissions to emergency inpatient beds per day, whilst recovery plans remain in place with system partner support to reduce ambulance handover delays. In July, there were on average 151 beds occupied by patients medically fit for discharge, with the number of patients waiting for Pathway 2 step down beds reaching an exceptional level of 31 patients in the middle of the month. An additional 15 beds at South Bristol Community Hospital are expected to be available by October 2021 to help with alleviating community capacity constraints. Urgent care pressures have contributed towards a downturn in elective activity in the month, with only 20% of cancelled activity in June rebooked during July. There was a fourth consecutive month of improvement for patients waiting greater than 52 weeks, with the list size reducing by 7% from the previous month, but this is expected to be short lived as it is linked to a lower number of clock starts a year ago. Outpatient activity remained on plan, but has been decreasing in recent weeks as clinics have been cancelled to support urgent care pressures, and latent demand continues to pose a threat to waiting list recovery. The impact of reduced clinics is shown in the number of overdue follow ups which increased by 9.34% from the previous month. The status of waiting lists is as follows:

- Referral to Treatment patients waiting 52+ weeks. At the end of July there were 2,893 patients waiting over a year for the start of treatment. However, overall referral to treatment waiting list size increased 3% from June and is currently 13,015 patients higher at the end of July when compared to March 2020 (pre-pandemic). Patients waiting 104 weeks is also on an upwards trajectory with 90 patients waiting at the end of July and a risk of further breaches as patients with greater clinical priority continue to be treated over more routine longer waiting patients;
- Diagnostic waiting lists, where 64.6% were waiting within the 6 week standard. Whilst diagnostic activity continues to exceed recovery trajectories and in many cases is performing better than at the same point last year, this is not sufficient to recover the backlog of waiting lists. 13 week breaches remain the current area for improvement as they represent one fifth of the entire wait list, and several waiting list initiatives are now in place over the summer;
- Outpatients, where 76,984 patients currently have a partial booking follow up status showing as overdue. This position deteriorated by 9.4% in July and independent advice on the best strategy to risk stratify and reduce the backlog of patients has now been received for both the Bristol and Weston sites. These recommendations are currently being reviewed by the Trust Outpatient leads and a plan will be developed for the remainder of the financial year including opportunities to increase patient initiated follow up, Advice and Guidance and non face to face activity; and
- Patients on a cancer pathway, where the number of patients waiting >62 and >104 days on a 62 day GP referred suspected cancer pathway are at pre pandemic levels. 2 week wait performance for urgent GP suspected cancer referrals did not deliver the national standard this month, although seasonal pressures in skin pathways are being managed well.

Over the coming weeks attention will move towards management of potential future COVID surges, Winter planning, elective recovery plan delivery and continuation of multi-year recovery plan development. Requirements to access Elective Recovery Fund incentives continue to be achieved.

Reporting Month: July 2021

Safe

Caring

## Successes

- An Emergency Department Dressings Pathway has been implemented to simplify clinical practice to redress wounds / pressure injuries and encourage timely skin checks on admission to the department.
- The international nurse recruitment and training programme is well underway with the first six cohorts of staff progressing through their OSCE examination and obtaining their professional registration.

## Priorities

- An alignment of falls documentation across the trust will be completed in September with the adoption of the UHBW Post Falls Checklist / Guidance document in Weston.
- The VTE Group is working with the digital Chief Clinical Information Officers (CCIOs), digital pharmacists and Medway team to establish and optimise compliance with VTE risk assessments.

Reporting Month: July 2021

Safe

Caring

Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>The Trust Falls lead is attending North Bristol NHS Trust Falls Academy in September to gain learning from this initiative and to develop a proposal for future education and learning within the Trust.</li> <li>Implementation of a bi-monthly tissue viability champion nurse meetings to support evidence based wound care practice – to commence from September 2021.</li> <li>Clostridium Difficile reduction work is commencing in September 2021 across the BNSSG. There will be a structured collaboration and a regional NHSE/I quality improvement collaborative.</li> </ul>	<p>Existing Known Risks:</p> <ul style="list-style-type: none"> <li>The past month has seen continued highly pressured demand on both emergency services and Inpatient areas across the Trust which has required close management of safe staffing to be balanced across all areas. There has been a significant increase in the number of lower than expected staffing incidents reported. This was attributed in part to a marked increase in the number of staff required to self-isolate due to being a Covid contact seen this month. A short term system wide BNSSG financial incentive was implemented on the 23<sup>rd</sup> July for a variety of staff groups to enhance safe staffing. A nurse staffing escalation process involving an executive led staffing huddle has been introduced to assist with decision making at times of severe staffing shortages.</li> </ul> <p>Key new Trust wide risks in the quality and patient safety domains:</p> <ul style="list-style-type: none"> <li>5422: Risk that treatment for patients requiring CPAP and BiPAP machines in sleep service will be delayed. This risk is linked to the previous 5351 risk and addresses an emerging risk that new patients awaiting CPAP and BIPAP may be delayed in receiving them due to device shortages caused by the withdrawal of the Phillips devices from the NHS supply chain due to the MHRA/ NPSA safety alert. Mitigations are in place to triage and clinically prioritise device allocation. Current score 8.</li> <li>5464: Risk that a patients will not be able to have a blood test required for diagnosis or treatment. This is an emerging risk due to an alert issued by NHS England in regard to a critical national shortage of several blood collection tubes from the supplier Becton Dickinson which may last up to 3 months. NHS Supply Chain are nationally managing the situation. Some alternative products have been purchased to help with the shortage. Users have been alerted to the shortage and asked to limit blood tests to those essential for the care of the patient. Paediatric tubes are not affected at the moment. Current Score 4.</li> </ul>

Reporting Month: July 2021

Responsive

Effective

Successes	Priorities
<ul style="list-style-type: none"> <li>Achievement of the first appointment standard, subsequent oncology treatment standards, and both 28 day faster diagnosis standards, in June 2021.</li> <li>The RTT month-end position associated with over 52-week waiters has reduced by a further 220 between June and July. Although the Trust continues to see an increase in 104-week wait breaches.</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring all cancer patients are treated in a clinically safe timescale throughout any 'third wave' of Covid over the summer, and secondly to maintain performance against the 'ongoing' cancer standards for numbers waiting (once clinical priority has been taken into account).</li> <li>The Community phlebotomy standard operating procedure is currently undergoing clinical review. A further deadline for deployment has been set for the 1<sup>st</sup> of Oct. The risk is being managed internally and with the BNSSG system. Risk has been escalated further with the BNSSG system due to lack of operational readiness of primary care (Datix Risk ID: 4715 Departmental). During July 897 delegated ICE requests have been sent to primary care following the new process.</li> <li>Increasing pressure on Advice and Guidance services to be raised with BNSSG CCG. Review of Dermatology Advice &amp; Guidance service currently in progress, Rheumatology A&amp;G service has been closed to routine referrals due to operational pressures (Datix Risk ID: 5347 Departmental). Further requests for service closures and restrictions expected.</li> <li>Careflow EPR (previously Medway) has been rolled out across the Trust, new functionality is currently disabled to allow testing during September/October for decisions to be made on what functions the Trust adopts. This will allow alignment with the Weston system and further support integration.</li> <li>Focus is required across all division to eradicate the 104-week breaches by end of March 2022. A draft trajectory has been shared with NHSE colleagues and based on the median number of clock stops in the previous 12 months this shows that performance is expected to deteriorate further due to ongoing clinical prioritisation of patients that need to be seen within 1 to 3 months. Further mitigations are currently being reviewed.</li> </ul>



Reporting Month: July 2021

Responsive

Effective

Opportunities	Risks & Threats
	<ul style="list-style-type: none"> <li>• Should recent levels of emergency pressures and staff absences due to Covid isolation requirements persist or increase, there will be a detrimental effect on cancer waiting time standard compliance. These issues particularly affect cancer pathway patients at low clinical risk from delay. (Datix Risk ID 42)</li> <li>• Increase in appointment slot issues (ASIs) dropping off waiting lists at 6 months, following a spike in Covid cases (Datix Risk ID: 4516 Divisional). Increases in Orthopaedics, ENT, Sleep and Genetics are being followed up with Divisions and additional safety nets being put in place within informatics systems.</li> <li>• Increasing pressure and waiting times for advice and guidance. Increasing concern regarding the sustainability of advice and guidance services in the face of increasing demand, alongside sustained referral and backlog demand. Work ongoing with commissioners to implement demand management initiatives such as temporary advice and guidance closures if required (Datix Risk ID: 5347 Departmental).</li> <li>• Non face to face activity has declined from 30% to 24% (Datix Risk ID: 5431 Departmental). Gate way criteria for ERF requires UHBW to deliver 25%. Risk raised with divisions through Outpatient Steering Group.</li> <li>• Due to pressures from the urgent care response, outpatient clinics have been rescheduled to provide staffing support to Wards. The numbers of patients overdue follow up appointments continues to increase as a result of limited clinical capacity (Datix Risk ID: 2244).</li> <li>• There is a risk that the RTT position will deteriorate further in Weston due to workforce caused by isolation requirement, lack of anaesthetic cover, insufficient nursing and therapies staff and summer holidays which is likely to result in further 104 week wait breaches. This is likely to also impact the trust objective to recover RTT performance to 65% against the 92% RTT standard by end of March 2022.</li> </ul>

Reporting Month: July 2021

## Well-Led

Successes	Priorities
<ul style="list-style-type: none"> <li>• 42 International Nurses have now passed their OSCE and will soon receive an NMC Pin. The Trust welcomed a further 15 international nurses in July, which takes the Trust to 75 arrivals in this financial year.</li> <li>• Senior Leadership Team agreement has been given for an increased ambition of a further 108 international nurses in 2021/22 and a cohort of 50 Trainee Nurse Associates/Nurse Associates.</li> <li>• Successful recruitment to the post of Vaccination Programme Lead to oversee implementation of the seasonal peer flu and COVID booster vaccination programmes.</li> <li>• The Trust values survey closed on 23<sup>rd</sup> July 2021 with over 2700 staff contributing their feedback and supporting the shaping of the new organisational values.</li> <li>• Corporate Education implemented QR codes to more effectively track and monitor inductee feedback of corporate inductions and updates.</li> </ul>	<ul style="list-style-type: none"> <li>• Recruiting to the required additional resources for both the Education and Resourcing team infrastructures to support the increased ambition for international recruitment.</li> <li>• Scoping of various options to support the ongoing accommodation need particularly for international doctors, nurses and AHPs.</li> <li>• Further opportunities for staff to contribute to shaping the Trust values through sessions being held in August and September, aimed at testing and refining outcomes from the values survey.</li> <li>• An Executive led 'Thank you' gifts and food delivery to critical ward areas in recognition of the extreme operational pressures.</li> <li>• A review of the Trust's Right to Work checking process is underway to ensure the most up to date knowledge and compliance within the Trust.</li> <li>• A close evaluation will be undertaken of the extended accelerator rates across all bank shifts in clinical settings in place until 31 August 2021.</li> </ul>

Reporting Month: July 2021

Well-Led

Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>The new quarterly Pulse Survey which has replaced the Staff Friends and Family Test took place for bank-only staff in July 2021 with a response rate of 5%.</li> <li>Review of the proposed clinical guideline (NICE) '<i>Tobacco: preventing uptake, promoting quitting and treating dependence</i>' has helped to shape the introduction of a new workplace smoking cessation service launching in August.</li> <li>There is an opportunity to acquire a new employee relations case management system which will provide self-service for managers, empowering them to resolve issues quickly and informally. The successful acquisition of this system is funding dependent.</li> <li>Compliance for Fire Safety updates, for those involved in progressive horizontal evacuations, is available by eLearning to allow for greater flexibility for staff to access the subject.</li> <li>Agreement to employ 8 Medical Support Workers (MSW's) in Medicine and Surgery (subject to recruitment) funded by NHSE until March 2022.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing increased use of high cost, non-framework nurse agency supply.</li> <li>Lack of affordable accommodation in Bristol and Weston for new starters, particularly those joining the Trust from overseas.</li> <li>There is risk to the achievement of the appraisal compliance target by September 2021, as agreed by the Senior Leadership Team.</li> <li>There is a risk to the Trust's ability to monitor employee relations data accurately due to the discontinuation of the existing case management system and lack of funding for a new system.</li> <li>Despite previous gains in compliance, within July, overall essential training compliance fell by 1% on the previous month. Compliance fell in 7 of the 11 core subjects, most notably in red RAG rated subjects: Fire Safety (81%); information Governance (79%); and Resus (65%).</li> <li>With no agreement yet given for capital and revenue bid submissions, significant delays will be seen with the roll out of e-rostering for Allied Health Professionals and sickness reporting in all non-rostered areas in the Trust.</li> </ul>

# Dashboard



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

Reporting Month: July 2021

CQC Domain	Metric	Standard Achieved?	CQC Domain	Metric	Standard Achieved?	CQC Domain	Metric	Standard Achieved?
Safe	Infection Control (C. diff)	N	Responsive	Emergency Care - 4 Hour Standard	N	Well-Led	Bank & Agency Usage	P
	Infection Control (MRSA)	N		Delayed Transfers of Care	N/A		Staffing Levels – Turnover	P
	Infection Control (E.Coli)	N/A		Referral To Treatment	N		Staffing Levels – Vacancies	N
	Serious Incidents	N/A		Referral to Treatment – 52 Weeks	P		Staff Sickness	P
	Patient Falls	P		Cancelled Operations	P		Staff Appraisal	N
	Pressure Injuries	Y		Cancer Two Week Wait	N	Use of Resources	Average Length of Stay	N/A
	Medicines Management	Y		Cancer 62 Days	N		Performance to Plan	N/A
	Essential Training	N		Cancer 104 Days	N/A		Divisional Variance	N/A
	Nurse Staffing Levels	N/A		Diagnostic Waits	N		Savings	N/A
	VTE Risk Assessment	N		Outpatient Measures	N			
Caring	Patient Surveys (Bristol)	Y	Effective	Outpatient Overdue Follow-Ups	N			
	Patient Surveys (Weston)	P		Mortality (SHMI)	Y			
	Friends & Family Test	N/A		Mortality (HSMR)	Y			
	Patient Complaints	P		Fracture Neck of Femur	P			
				30 Day Emergency Readmissions	P			

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

# Infection Control – C.Difficile



University Hospitals  
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NHS Foundation Trust

July 2021

**N** Not Achieved

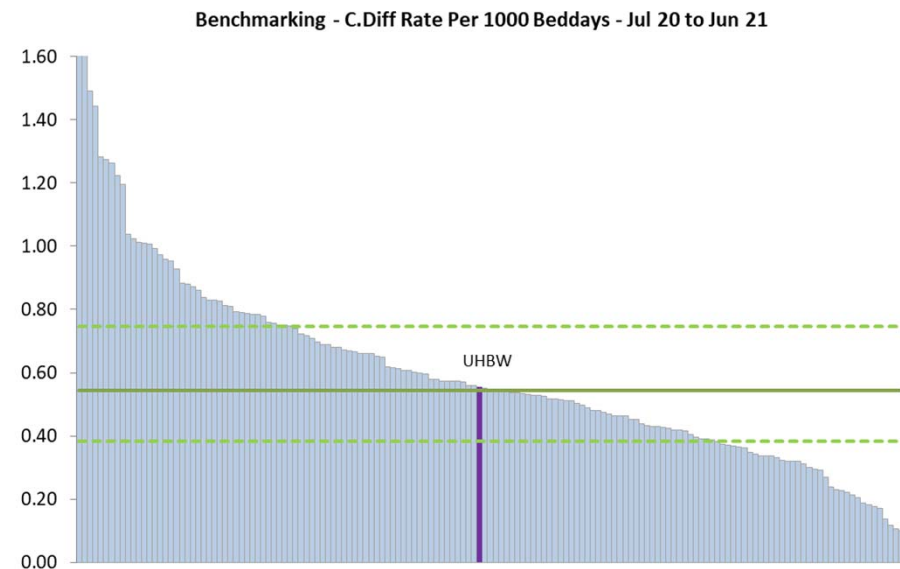
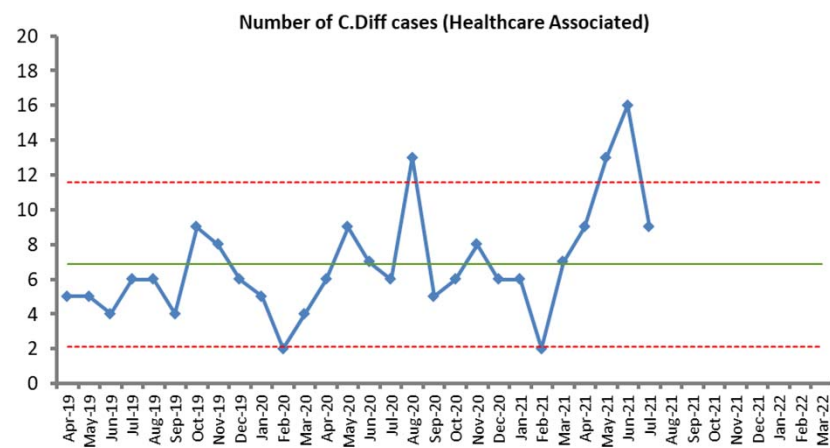
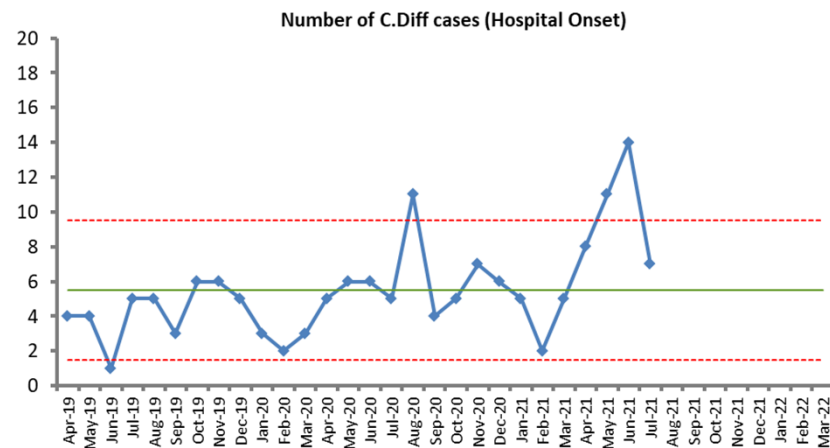
<b>Standards:</b>	A limit of cases for UHBW was not set for 2020/21 and has yet to be set for 2021/22. The limit is usually based on the previous financial year's outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year end position. A limit of 72 cases for UHBW (57 for Bristol plus 15 for Weston based on 2019/2020) as a whole for 2020/21 would give a trajectory of 6 cases a month. Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA) C.Difficile cases are attributed to the Trust. HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital.
<b>Performance:</b>	There were nine cases of C.Difficile attributed to UHBW in July 2021. Of the nine cases, seven were HOHA and two were COHA. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. Hospital Onset Healthcare Associated (HOHA) C. difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission).
<b>Commentary:</b>	<p>First sets of data including post infection reviews have been sent to the commissioners for the outstanding reviews Q4 19/20 and Q1 20/21 – this is for cases across the Trust. Further post-infection reviews will be scheduled to deal with each of the remaining outstanding quarters in 20/21. The outcomes of the reviews are awaited. Further post infection reviews will be forwarded to the CCG for Q2 and Q3 in September. Increased C. difficile cases have been identified across BNSSG including primary and secondary care but equally in both Bristol and Weston Trust sites. Actions taken:</p> <ul style="list-style-type: none"> <li>• Across the BNSSG there will be structured collaboration across organisations to commence in September 2021 and a regional NHSE/I quality improvement collaborative will be established.</li> <li>• Increased environmental auditing within areas of increased rates is taking place</li> <li>• Anti- microbial stewardship now restarted focusing on areas where C. difficile identified to ensure and support compliance with guidance, led by Pharmacy and Microbiology.</li> <li>• C. difficile weekly clinical review / ward rounds have started to focus on C. difficile patients in each Division.</li> </ul>
<b>Ownership:</b>	Chief Nurse

	Jul-21		2021/2022		2020/2021	
	HA	HO	HA	HO	HA	HO
Medicine	1	1	13	13	25	24
Specialised Services	4	2	12	10	23	18
Surgery	1	1	5	5	11	11
Weston	2	2	12	9	12	8
Women's and Children's	1	1	3	3	7	6
Other (Bristol)	0	0	2	0	3	0
<b>TOTAL</b>	<b>9</b>	<b>7</b>	<b>47</b>	<b>40</b>	<b>81</b>	<b>67</b>

HA = Healthcare Associated, HO = Hospital Onset

# Infection Control – C.Difficile

July 2021



# Infection Control - MRSA

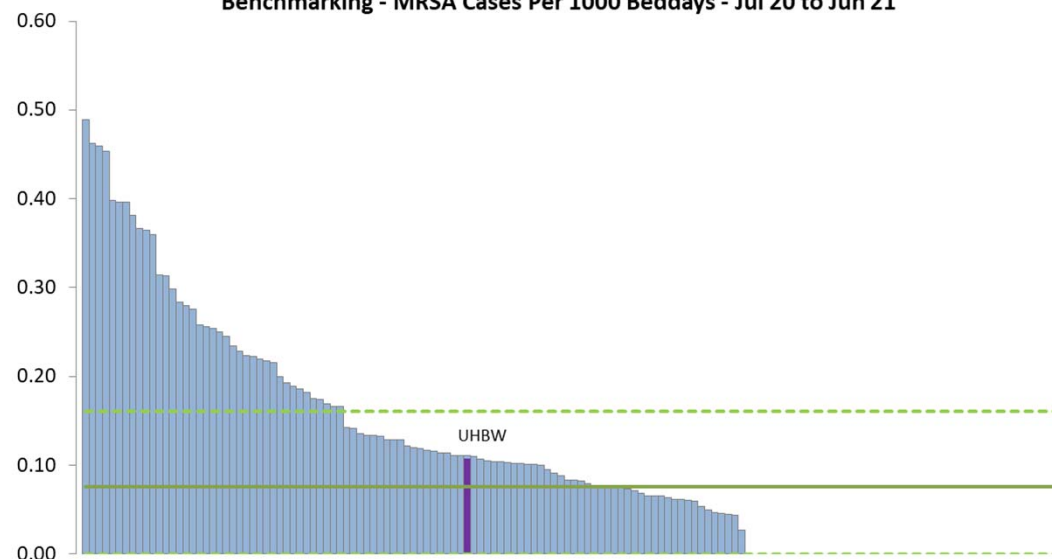
July 2021

**N** Not Achieved

<b>Standards:</b>	No Trust Apportioned MRSA cases. This is Hospital Onset cases only.
<b>Performance:</b>	There was one new cases of MRSA bacteraemia in UBHW in July 2021.
<b>Commentary:</b>	There was one new case of MRSA bacteraemia in UBHW in July 2021 (zero since Jan 2021). There have been none previously reported UBHW apportioned MRSA cases to date for 2021/22. The post infection review is being completed to identify preliminary learning
<b>Ownership:</b>	Chief Nurse

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

Benchmarking - MRSA Cases Per 1000 Beddays - Jul 20 to Jun 21



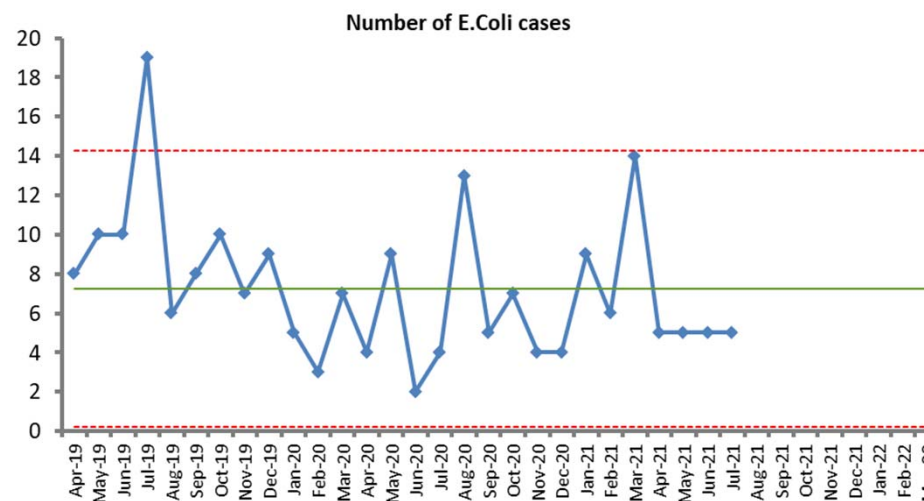
# Infection Control – E. Coli

July 2021

N/A No Standard Defined

<b>Standards:</b>	Enhanced surveillance of <i>Escherichia coli</i> ( <i>E.coli</i> ) bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemias are reported monthly to Public Health England (PHE). As a result in the national rise in <i>E.coli</i> bacteraemia rates, a more in-depth investigation into the source of the <i>E.coli</i> bacteraemias is initially undertaken by a member of the Infection Prevention and Control team. Reviews include identifying whether the patient has a urinary catheter and whether this could be a possible source of infection. If any lapses in care are identified at the initial review of each case, a more complete analysis of the patient's care is carried out by the ward manager through the incident reporting mechanism. There is a time lag between reported cases and completed reviews.
<b>Performance:</b>	There were five Hospital Onset cases in July, giving 20 cases year-to-date.
<b>Commentary:</b>	Urinary tract infection was identified as the likely source of the E.coli bacteraemia in one of the five identified cases. None of the cases were identified as urinary catheter related. Gastro-intestinal/intra-abdominal infections identified as the likely source of infection for two of the identified cases and remaining two were mostly likely related to oncology treatments.
<b>Ownership:</b>	Chief Nurse

	Jul-21	2021/2022	2020/2021
Medicine	0	3	27
Specialised Services	1	6	17
Surgery	1	5	21
Weston	3	6	9
Women's and Children's	0	0	7
<b>TOTAL</b>	<b>5</b>	<b>20</b>	<b>81</b>





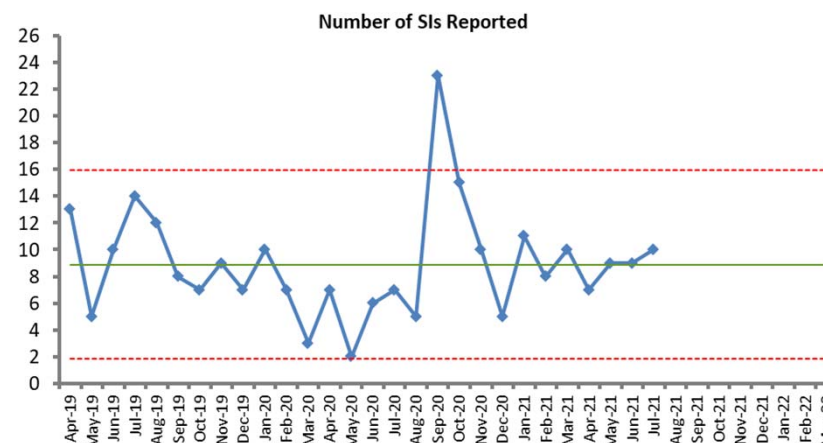
# Serious Incidents

July 2021

N/A No Standard Defined

<b>Standards:</b>	UHBW is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015. In 2021, a new Patient Safety Incident Response Framework is to be implemented in UHBW in 2021/22 following learning from early adopters.
<b>Latest Data:</b>	Ten serious incidents were reported in July 2021, see table below for divisional split. There was also one never event in the Medicine division reported in the month of July 2021 due to unintentional connection of patient requiring oxygen to an air flowmeter.
<b>Commentary:</b>	Two of the ten SIs were reported in July following the outcome of harm panel reviews into Hospital acquired COVID19 deaths, one incident involving 11 patients and one involving 13 patients. The remaining eight SIs comprised: one suboptimal care of a deteriorating patient, two maternity/ obstetric incidents, two diagnostic incidents including delay meeting SI criteria, one fall, one medication incident and the Never Event. An immediate internal alert has been issued and shared with staff following the Never Event. A new National Patient Safety Alert (NatPSA/2021/003/NHSPS) with a closure deadline of the 16 <sup>th</sup> November 2021 requires the removal of all air flowmeters from clinical use is being actioned trust wide and when signed off should eradicate the risk of a further related never events. The outcomes and improvement actions of all serious incident investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course.
<b>Ownership:</b>	Chief Nurse

	Jul-21	2021/2022	2020/2021
Medicine	3	10	31
Specialised Services	2	6	6
Surgery	0	6	13
Trust Services	0	0	1
Weston	3	5	50
Women's and Children's	2	8	8
<b>TOTAL</b>	<b>10</b>	<b>35</b>	<b>109</b>



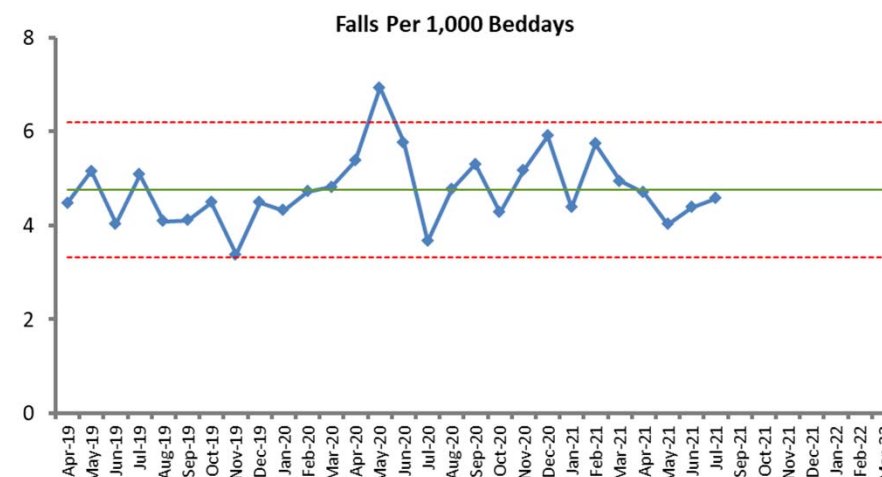
# Harm Free Care – Inpatient Falls

July 2021

**P** Partially Achieved

<b>Standards:</b>	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
<b>Performance:</b>	During July 2021, the rate of falls per 1,000 bed days was 4.58 across UHBW and remains within the statistical process control limits. Bristol rate was 4.50 and Weston rate was 4.85. There were 144 falls in total (110 in our Bristol Hospitals and 34 in the Division of Weston) . Four falls were reported in July as resulting moderate and above harm; one was major within Weston resulting in a fractured neck of femur, one was moderate in Weston, one was moderate in Medicine and one was moderate in Specialised services.
<b>Commentary:</b>	<p>There was a slight increase in the number of falls and resulting harm throughout the trust during July, the Divisions continue to review and investigate these falls in a timely way to ensure learning is obtained and shared.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>The post fall checklist and post falls guidance is set to replace the post falls swarm in Weston next month in order that the 2 sites will be aligned in their falls documentation.</li> <li>The Trust Falls lead is attending North Bristol Trust Falls Academy later this month to gain learning from this initiative and to develop a proposal for future education and learning within the Trust.</li> <li>Benchmarking of practice for recording falls has taken place across the South West to ensure consistency.</li> </ul>
<b>Ownership:</b>	Chief Nurse

	Jul-21	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	0	-
Medicine	68	8.10
Specialised Services	20	4.17
Surgery	17	4.29
Weston	34	4.85
Women's and Children's	5	0.68
<b>TRUST TOTAL</b>	<b>144</b>	<b>4.58</b>
<b>Bristol Subtotal</b>	<b>110</b>	<b>4.50</b>



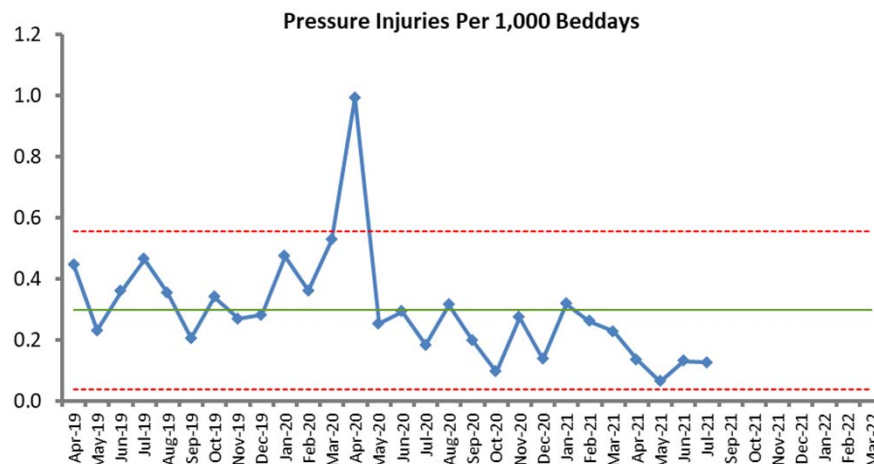
# Harm Free Care – Pressure Injuries

July 2021

**Y** Achieved

<b>Standards:</b>	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. Pressure Injuries are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2,3 and 4 are counted. There is an additional category referred to as “Unstageable”, where the final categorisation cannot be determined when the incident is reported. However the Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure.
<b>Performance:</b>	During July 2021, the rate of pressure injuries per 1,000 beddays was 0.13 across UHBW. There were four category 2 pressure injuries in total: two in Medicine Division and one each in Surgery and Weston Divisions. There were no category 3 or 4 pressure injuries.
<b>Commentary:</b>	<p>Two themes were identified with injuries to the buttocks and natal cleft region.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>• Monthly face to face pressure ulcer training open to all clinical staff.</li> <li>• Implementation of bi-monthly tissue viability champion nurse meetings to support evidence based wound care practice to commence from September 2021.</li> <li>• Key messages communicated to staff via the monthly training sessions and tissue viability newsletter including risk of pressure damage and need for regular re-positioning to manage pressure prevention care.</li> <li>• Emergency Department Dressings Pathway implemented to simplify clinical practice to redress wounds / pressure injuries and encourage timely skin checks on admission to the department.</li> <li>• Re-introduction of face to face study days in Bristol and Weston planned for October 2021.</li> </ul>
<b>Ownership:</b>	Chief Nurse

	Jul-21	
	Injuries	Per 1,000 Beddays
Diagnostics and Therapies	0	-
Medicine	2	0.24
Specialised Services	0	0.00
Surgery	1	0.25
Weston	1	0.14
Women's and Children's	0	0.00
<b>TRUST TOTAL</b>	<b>4</b>	<b>0.127</b>
<i>Bristol Subtotal</i>	<i>3</i>	<i>0.12</i>



# Medicines Management



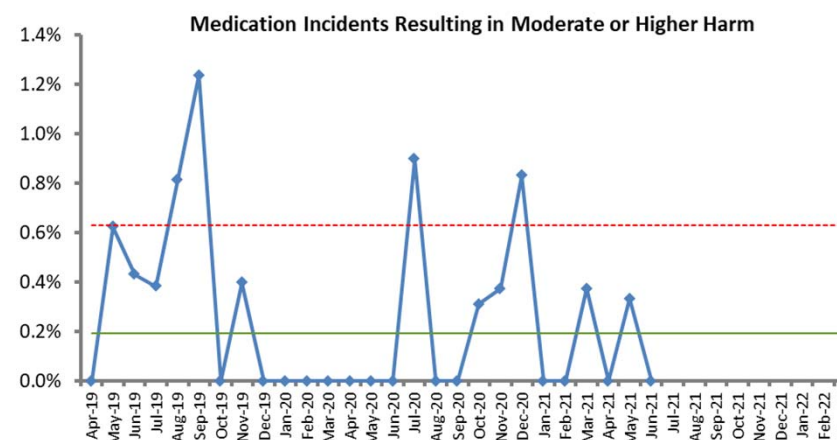
University Hospitals  
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June/July 2021

**Y** Achieved

<b>Standards:</b>	Number of medication errors resulting in moderate or greater harm to be below 0.5%, with an amber tolerance to 1%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
<b>Performance:</b>	There were no moderate harm incidents out of the 286 reported medication incidents in June. There were no omitted doses of critical medicine out of 440 patients audited in July. Omitted doses data was not collected in Weston. Data on omitted doses will be collected on a regular basis from October.
<b>Commentary:</b>	There are no underlying issues to report.
<b>Ownership:</b>	Medical Director

	Jun-21		
	Moderate or Higher harm	Total Audited	Percentage
Diagnostics and Therapies	0	0	-
Medicine	0	72	0.00%
Specialised Services	0	49	0.00%
Surgery	0	29	0.00%
Weston	0	28	0.00%
Women's and Children's	0	58	0.00%
Other/Not Known	0	50	-
<b>TRUST TOTAL</b>	<b>0</b>	<b>286</b>	<b>0.00%</b>



# Essential Training



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

July 2021

**N** Not Achieved

<b>Standards:</b>	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
<b>Performance:</b>	In July 2021, Essential Training overall compliance reduced to 84%, compared with 85% in the previous month (excluding Child Protection Level 3).
<b>Commentary:</b>	<p>July 2021 overall compliance for Core Skills (mandatory/statutory) training reduced compared with the previous month, at <b>84%</b> overall across the eleven programmes. No increases were seen in any of the eleven programmes. There were reductions in six programmes, all reducing by one percentage point. The remaining five programmes remained static compared with the previous month.</p> <p>Overall compliance for 'Remaining Essential Training' for Bristol and Weston remains at 90%.</p> <ul style="list-style-type: none"> <li>The new international registered nurses completed the online elements of the essential training programme during their period of self-isolation (weeks 1-2) with the 3 remaining subjects (patient safety, manual handling and resuscitation) completed during week 3 of the programme.</li> <li>Compliance for 'Speak Up' went 'live' and is being monitored alongside other essential training programmes. As a 'one-off' programme, compliance is accomplished via eLearning, with the first set of compliance data available in September reporting.</li> <li>Following feedback Patient Safety added additional update sessions for the remainder of 2021, as morning and late afternoon sessions (booked through Kallidus/OLM).</li> </ul>
<b>Ownership:</b>	Director of People

Essential Training	Jul-21	KPI
Equality, Diversity and Human Rights	91%	90%
Fire Safety	81%	90%
Health, Safety and Welfare (formerly Health & Safety)	91%	90%
Infection Prevention and Control	83%	90%
Information Governance	79%	95%
Moving and Handling (formerly Manual Handling)	81%	90%
NHS Conflict Resolution Training	88%	90%
Preventing Radicalisation	89%	90%
Resuscitation	65%	90%
Safeguarding Adults	88%	90%
Safeguarding Children	87%	90%

Essential Training	Jul-21	KPI
<b>UHBW NHS Foundation Trust</b>	<b>84%</b>	<b>90%</b>
Diagnostics & Therapies	89%	90%
Medicine	80%	90%
Specialised Services	84%	90%
Surgery	83%	90%
Women's & Children's	82%	90%
Trust Services	88%	90%
Facilities & Estates	91%	90%
Weston	84%	90%

# Nurse Staffing Levels

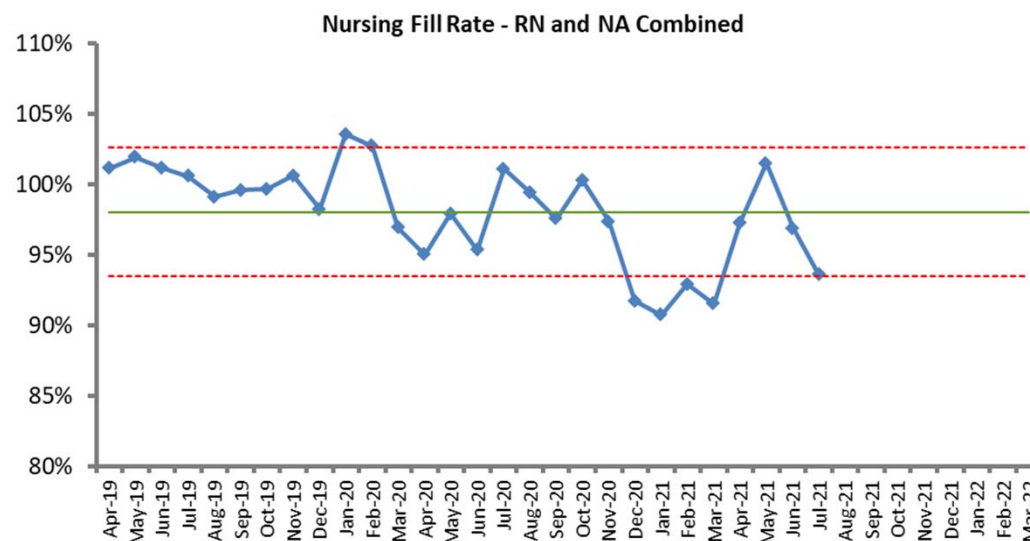
July 2021

**N/A** No Standard Defined

<b>Standards:</b>	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
<b>Performance:</b>	The report shows that in July 2021 (for the combined inpatient wards) the Trust had rostered 305,258 expected nursing hours, against the number of actual hours worked of 285,636 giving an overall fill rate of 94%. In addition, the trust had 85% cover for RN's on days and 91% RN cover for nights. The unregistered level of 99% for days and 115% for nights reflects the activity seen in July 2021.
<b>Commentary:</b>	<p>Underlying issues:</p> <ul style="list-style-type: none"> <li>The past month has seen continued highly pressured demand on both emergency services and Inpatient areas across the Trust which has required close management of safe staffing to be balanced across all areas. There has been a significant increase in the number of lower than expected staffing incidents reported which is reflective of staff being encouraged to report these incidents to ensure clear visibility. There was also a correspondingly higher number of red flag incidents reported compared to previous months. Each of these incidents are reviewed, investigated and feedback provided by the head of nursing.</li> <li>There was a marked increase in the number of staff requiring to self-isolate due to being a covid contact seen this month that has also contributed to the staffing pressures and ability for temporary staffing to provide fill.</li> <li>There are several wards who have consistently worked at staffing levels below their agreed establishment; In order to provide support to the wards, the practice education facilitators and the well-being nurses are ensuring support and visibility and providing advice and guidance in order to enhance staff morale and sign post the wellbeing resources.</li> <li>Due to the increased number of registered nurse vacancies in order to maintain safe staffing; the use of temporary agency staff has increased. The Trust has been working closely with the neutral vendor to support an increase in fill rate; however with the current supply the use of non-framework agencies has continued to be required.</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>The international nurse recruitment and training programme is well underway with the first six cohorts of staff progressing through their OSCE examination and obtaining their professional registration. The pipeline of registered nurses both national and international due to start over the next 3 months will make significant progress and impact on the number of vacancies across the Trust.</li> <li>The addition of a nurse staffing escalation process to include an Executive led huddle has been put in place when low staffing mitigations are not able to be achieved at the twice daily staffing meetings, these have occurred on 3 occasions in July and generated support and enhanced cover at the time.</li> <li>There is a trial underway to support cover for nurse staffing offering a 'work the hours you can' shift.</li> <li>A short term system wide BNSSG financial incentive was implemented on the 23<sup>rd</sup> July for a variety of staff groups to enhance safe staffing, the impact of this will be reported in the next month.</li> </ul>
<b>Ownership:</b>	Chief Nurse

# Nurse Staffing Levels

July 2021



## Staffing Fill Rates

	Jul-21		
	Total	RN	NA
Medicine	102.9%	93.3%	114.9%
Specialised Services	99.4%	84.9%	142.8%
Surgery	94.2%	88.0%	108.9%
Weston	93.9%	82.5%	107.5%
Women's and Children's	84.8%	88.8%	67.9%
<b>TRUST TOTAL</b>	<b>93.6%</b>	<b>87.9%</b>	<b>106.0%</b>



# Venous Thromboembolism Risk Assessment

July 2021

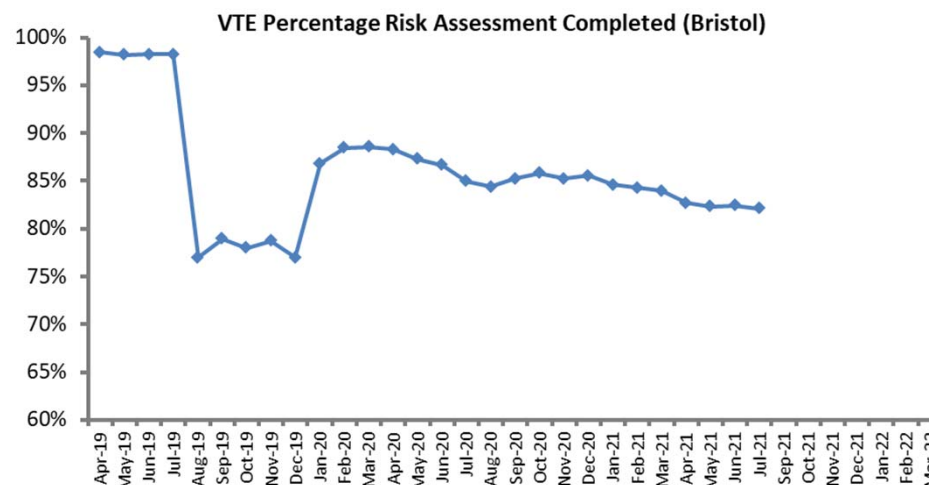
**N** Not Achieved

<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 thrombo-prophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation was to achieve 95% compliance, with an amber threshold to 90%.
<b>Performance:</b>	<p>In our Bristol hospitals, since August 2019, the VTE risk assessment is completed electronically for individual patients using the Medway system and combined with cohort assessments for low risk groups; for July 2021 the combined figure is 82.1% which has remained fairly static throughout 2020/21 and 2021/22 and remains below the lower control limit.</p> <p>In Weston General Hospital, VTE risk assessments are still completed on the paper drug chart and monitoring compliance is a challenge as it requires manual collection and review of charts. There have been two spot checks audits undertaken by the patient safety nurses, the most recent of which was in July 2021. The results demonstrate a 67% compliance with completion of the VTE risk assessment with 24 hours of admission and highlight the ongoing need for improvement in VTE risk assessment completion which is significantly below the national target.</p>
<b>Commentary:</b>	<p>At the time of the launch of digital VTE risk assessments; there was an expectation that a fully digital integrated system was imminent, whereby VTE risk assessments would be incorporated into admission or prescribing. However, there have been recurrent delays with the full digital roll out which has resulted in VTE risk assessment remaining as a standalone task in Medway. This is seen as the biggest barrier to achieve the expected compliance.</p> <p>Underlying issues and strategy:</p> <ul style="list-style-type: none"><li>• The VTE group is working with the digital CCIO's, digital pharmacists and Medway team to establish and to optimise compliance with VTE risk assessments (including by linking with the Careflow workspace). The digital CCIO's will also be working to continue to highlight the delays in the full digital roll out due to supplier issues with the aim to achieve a solution, realistic timelines and ensure it remains an achievable goal.</li><li>• The Patient Safety Improvement Nurses are identifying and opportunities for VTE improvement work until a digital solution is in place.</li><li>• The VTE lead will teach the Junior medical team about the importance of VTE prevention including risk assessment completion.</li></ul>
<b>Ownership:</b>	Medical Director



# Venous Thromboembolism Risk Assessment

July 2021



The table to the right shows July's Bristol data based on the admitting specialty.

Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Chemical Pathology	2	2	100.0%
	Radiology	18	18	100.0%
<b>Diagnostics and Therapies Total</b>		<b>20</b>	<b>20</b>	<b>100.0%</b>
Medicine	Medicine	1,634	2,411	67.8%
<b>Medicine Total</b>		<b>1,634</b>	<b>2,411</b>	<b>67.8%</b>
Specialised Services	BHOC	2,024	2,123	95.3%
	Cardiac	347	538	64.5%
<b>Specialised Services Total</b>		<b>2,371</b>	<b>2,661</b>	<b>89.1%</b>
Surgery	Adult ITU	1	1	100.0%
	Anaesthetics	14	14	100.0%
	Dental Services	99	120	82.5%
	ENT & Thoracics	166	270	61.5%
	GI Surgery	937	1,134	82.6%
	Ophthalmology	174	176	98.9%
<b>Surgery Total</b>		<b>1,533</b>	<b>1,869</b>	<b>82.0%</b>
Women's and Children's	Children's Services	27	37	73.0%
	Women's Services	1,616	1,771	91.2%
<b>Women's and Children's Total</b>		<b>1,643</b>	<b>1,808</b>	<b>90.9%</b>
<b>Bristol Total</b>		<b>7,201</b>	<b>8,769</b>	<b>82.1%</b>

# Friends and Family Test (FFT)

July 2021

N/A No Standard Defined

<b>Standards:</b>	The FFT question asks “Overall, how was your experience of our service?”. The proportion who reply “Good” or “Very Good” are classed as Positive Responses, and this is expressed as a percentage of total responses where a response was given. The Trust fully integrated the FFT approach across Bristol and Weston hospitals as of April 2021. FFT data are collected through a combination of online, SMS (for Emergency Departments and Outpatient Services), postal survey responses and FFT cards. There are no response rate targets set.
<b>Performance:</b>	We received 4,767 FFT responses in July 2021, which represents a 26% decrease from the number received in June 2021 (6,024). Please refer to the summary table on the next page for a breakdown of the FFT scores.
<b>Commentary:</b>	<p>Response Rate commentary:</p> <ul style="list-style-type: none"> <li>• There has been a decrease in response rates relating to maternity care which relates to birth and postnatal ward stays – there were no FFT cards received in time for processing for the monthly board report.</li> <li>• There is a decrease in response rates in Emergency Departments (ED) which correlates to the surge in activity seen in recent months.</li> <li>• Response rates for inpatients and day case attendances are similar to the position reported in June.</li> </ul> <p>Performance commentary:</p> <ul style="list-style-type: none"> <li>• ED FFT scores for the BRI and BRCH have deteriorated over the past 4 months which correlate to the surge in urgent care activity. They now stand at 78% for the BRI and 79% for BRCH. The Weston ED FFT score has deteriorated since last month and now stands at 79%. These scores are reflected through a relatively high volume of negative comments received during the period which primarily relate to waiting times, the environment (in particular in BRCH ED) and in attitude of staff (in particular reception staff).</li> <li>• Benchmarking data from NHS England shows the average ED FFT score in June 2021 was 79% (a deterioration from 82% in May 2021) – this suggests that the profile locally reflects trends seen nationally.</li> <li>• FFT scores for day cases, inpatients and outpatients are broadly positive and consistent with June figures.</li> <li>• Antenatal and postnatal maternity FFT scores remain positive.</li> </ul> <p>Actions:</p> <p>The Patient Experience Team have:</p> <ul style="list-style-type: none"> <li>• Shared FFT Emergency Department trend data via the Heads of Nursing to ensure there is operational oversight on the deteriorating patient experience in the Trust’s EDs and to offer support in reviewing key themes.</li> <li>• Escalated the lack of FFT responses in July for maternity birth and postnatal ward stays to the Head of Midwifery.</li> <li>• Introduced a text (SMS) FFT survey for patients seen at the BEH ED to gather feedback with the first results expected in the following Board report.</li> </ul>
<b>Ownership:</b>	Chief Nurse

# Friends and Family Test (FFT)



University Hospitals  
Bristol and Weston  
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July 2021

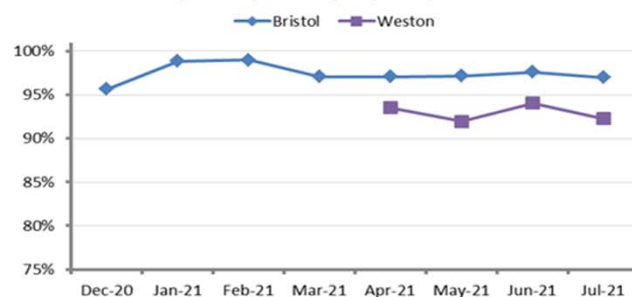
		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
Inpatients	Bristol	898	940	2,732	97.0%	34.4%
	Weston	227	250	623	92.3%	40.1%
	UHBW	1,125	1,190	3,355	96.0%	35.5%
Day Cases	Bristol	364	366	2,032	99.5%	18.0%
	Weston	312	314	542	99.4%	57.9%
	UHBW	676	680	2,574	99.4%	26.4%
Outpatients	Bristol	1,763	1,864		95.3%	
	Weston	195	210		93.8%	
	UHBW	1,958	2,074		95.2%	

TOTAL RESPONSES

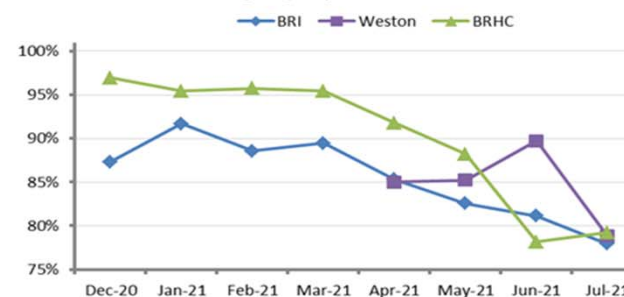
4,767

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
A&E	BRI	166	215	4,493	77.9%	4.8%
	BRHC	206	261	3,262	79.2%	8.0%
	BEH	0	0	1,823	-	0.0%
	Weston	242	307	2,807	78.8%	10.9%
	UHBW	614	783	12,385	78.7%	6.3%
Maternity	Antenatal	20	21	268	95.2%	7.8%
	Birth	0	0	454	-	0.0%
	Postnatal (ward)	0	0	444	-	0.0%
	Postnatal (community)	18	19	242	94.7%	7.9%
	UHBW	38	40	1,408	95.0%	2.8%

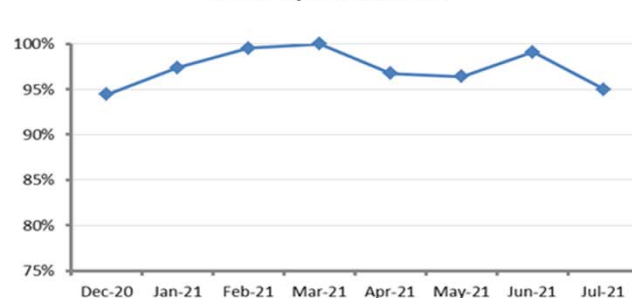
Inpatient (excluding Day Case) Scores



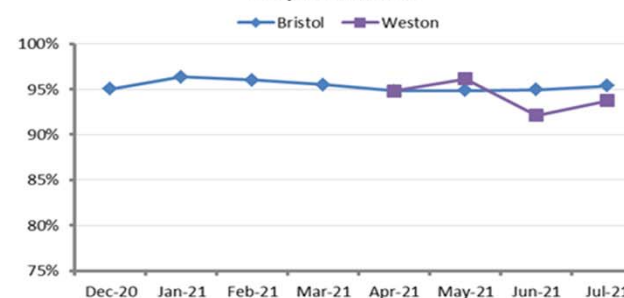
Emergency Department Scores



Maternity Services Scores



Outpatient Scores



# Patient Surveys (Bristol)

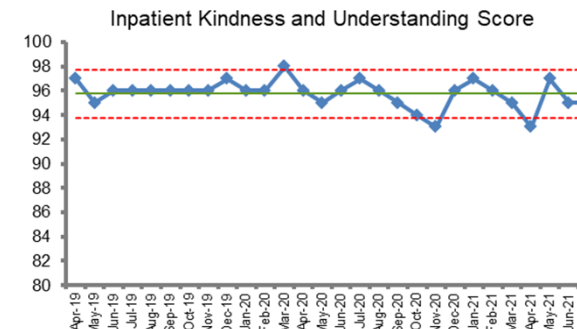
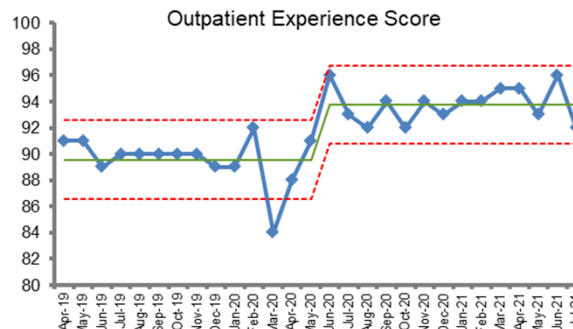
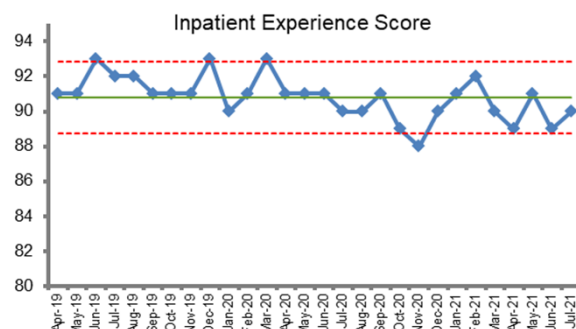


University Hospitals  
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July 2021

**Y** Achieved

<b>Standards:</b>	Please note this data relates to Bristol hospitals only. Data for Division of Weston is reported on the following page. For the inpatient and outpatient postal survey, five questions 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 2021: <ul style="list-style-type: none"> <li>Inpatient score was 90 (June was 89)</li> <li>Outpatient score was 92 (June was 96)</li> <li>Kindness and understanding score was 95 (June was 95)</li> </ul>
<b>Commentary:</b>	The latest (July) data exceeded the target thresholds. There is a downward trend in the inpatient experience tracker score for Division of Medicine which was below target (85) in Quarter 1 2021/22. The July figure stands at 83. Ward-level analysis of patient feedback has been provided to the Head of Nursing to better understand what areas of experience of care are most affected and where, and to identify what can be done to improve the position.
<b>Ownership:</b>	Chief Nurse



# Patient Surveys (Weston)



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

July 2021

**P** Partially Achieved

<b>Standards:</b>	Please note this data relates to Division of Weston only. 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 Trust target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
<b>Performance:</b>	For July 2021: <ul style="list-style-type: none"><li>• Inpatient score was 86 (June was 84)</li><li>• Outpatient score was 90 (June was 85)</li><li>• Kindness and understanding score was 93 (June was 95)</li></ul>
<b>Commentary:</b>	The inpatient score was just below the target level of 87. However this is the strongest performance since data collection commenced in April 2021. The Outpatient and Kindness & Understanding scores were both above target.
<b>Ownership:</b>	Chief Nurse

# Patient Complaints



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

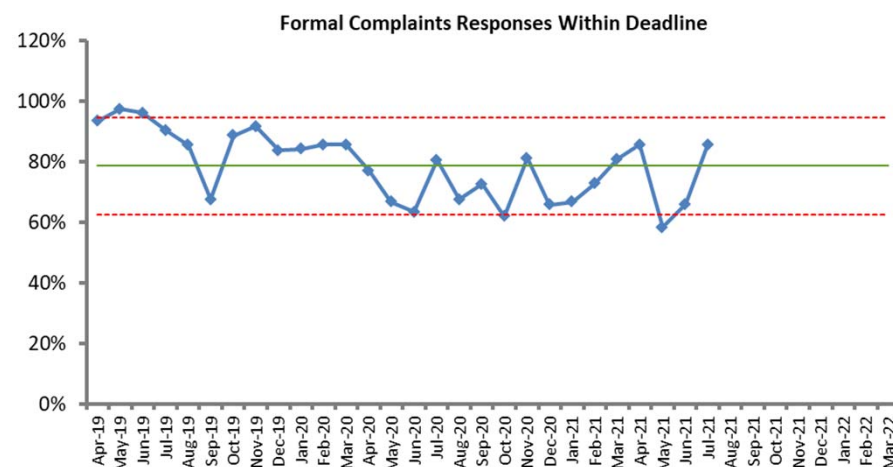
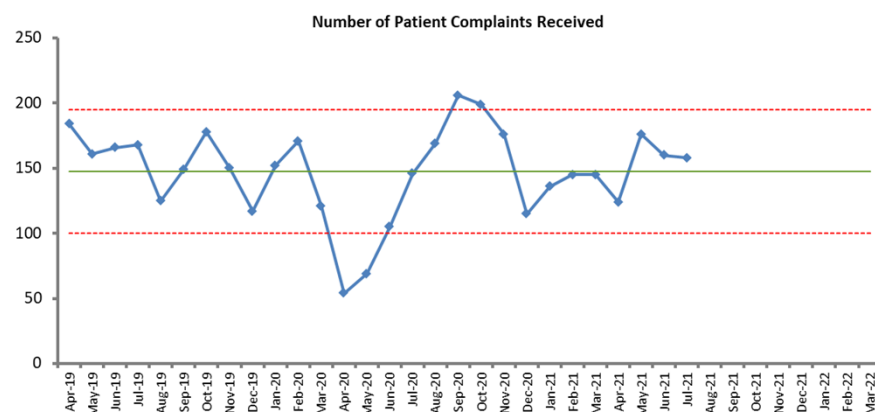
July 2021

**P** Partially Achieved

<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%. In addition the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.
<b>Performance:</b>	In July 2021: <ul style="list-style-type: none"> <li>• 158 Complaints were received (50 Formal and 108 Informal).</li> <li>• 86% of formal complaints (77 of 90) were responded to within the agreed timeframe</li> <li>• Divisions returned 77% (69 out of 90) of formal responses to the PSCT by the agreed deadline, compared with 73% in June and 60% in May - this is the deadline for responses to be returned to PSCT; seven working days prior to the deadline agreed with the complainant.</li> <li>• 93% of informal complaints (52 of 56) were responded to within the agreed timeframe, compared with 88% in June and 93% in May.</li> <li>• There were seven complaints reported where the complainant was dissatisfied with our response, which represents 9.7% of the 72 first responses sent out in May 2021 (this measure is reported two months in arrears).</li> </ul>
<b>Commentary:</b>	The overall response time performance of 86% is a notable improvement on the 66.3% reported in June 2021 but still below the 95% target. 12 of the 13 breaches were attributable to delays within the divisions, with one due to a delay during the checking process by the PSCT. There were seven breaches for the Division of Weston, four for the Division of Medicine, and one each for the Divisions of Specialised Services and Surgery. However, it should be noted that the single breach for Surgery was due to the delay in PSCT; if not for this they would have achieved 100%. The Divisions of Women & Children and Estates & Facilities had no breaches, with 100% of their responses being sent to complainants by the agreed date. The Divisions of Diagnostics & Therapies and Trust Services did not issue any formal responses in July 2021. The dissatisfied performance of 9.7% is a slight deterioration when compared with the 9.1% reported in June 2021 for responses sent out in April 2021. Note: At the time of submitting this report, this data had not yet been validated by Divisions.
<b>Ownership:</b>	Chief Nurse

# Patient Complaints

July 2021



## Complaints Received

	Jul-21	2021/2022	2020/2021
Diagnostics and Therapies	4	19	56
Medicine	28	120	385
Specialised Services	19	97	190
Surgery	29	140	406
Trust Services	2	11	56
Weston	28	82	250
Women's and Children's	41	129	273
Estates and Facilities	7	20	49
<b>TOTAL</b>	<b>158</b>	<b>618</b>	<b>1665</b>

## Responses Within Deadline

	Jul-21	
	% Within Deadline	Total Responses
Diagnostics and Therapies	0.0%	0
Medicine	81.8%	22
Specialised Services	92.9%	14
Surgery	94.1%	17
Trust Services	0.0%	0
Weston	50.0%	14
Women's and Children's	100.0%	19
Estates and Facilities	100.0%	4
<b>TOTAL</b>	<b>85.6%</b>	<b>90</b>

# Emergency Care – 4 Hour Standard

July 2021

**N** Not Achieved

<b>Standards:</b>	<p>Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2021/22 have not been agreed with NHS Improvement. There is also an expectation that no patient will wait more than 12 hours in ED after a decision to admit has been made, called "Trolley Waits". There is also an expectation that no Ambulance Handover will exceed 30 minutes.</p>
<b>Performance:</b>	<p>Trust level 4 hour performance for July was 66.9% across all four Emergency Departments (16,738 attendances and 5,536 patients waiting over 4 hours). There were 255 patients who had a Trolley wait in excess of 12 hours (91 in Bristol and 164 at Weston). Between 1<sup>st</sup> July and 15<sup>th</sup> August 2021 there were 2,736 Ambulance Handovers that exceeded 30 minutes across all departments. This represents 45% of all Handovers.</p>
<b>Commentary:</b>	<p><b>Bristol Royal Infirmary:</b></p> <p>Performance against the 4 hour standard deteriorated further in July to 49.3% (from 54.3 % in Jun) as attendances continued to average 215 per day which is unprecedented for this time of year (c.f. 179 per day in March). 12 hour trolley waits also increased dramatically from 12 to 82 breaches in reflecting challenging situation with urgent care across the BNSSG System driven by high demand and workforce shortages. Due to these exceptional circumstances the Trust was in "internal critical incident" status for 15 days in July.</p> <p>Achieving flow remains a key enabler to minimising overcrowding, ambulance queueing and long waits. Incident Triage Area, Ambulance Queuing and Admissions Overflow Standard Operating Procedures (SOPs) have been established along with increased nursing and medical staffing to support decompressing ED and reducing patient safety risks.</p> <p>The Same Day Emergency Care (SDEC) unit was established in July to support admission avoidance and decompressing the emergency department. This followed a successful pilot in Spring which diverted an average of 13 patients and avoided 4.6 admissions per day. The Trust is actively recruiting to enable the unit to expand from a 5 day to a 7 day service and increase operating hours from 8 hours to 14 hours per day.</p> <p>Walk-in activity has remained high resulting in frequent overcrowding in the Fast Flow waiting area which is a known driver of violence and aggression and poor infection prevention and control. Strict redirection of minor illness/injury to appropriate alternative services such as Urgent Treatment Centres, GPs and Pharmacies remains in place. Further work is being done with System partners to reduce avoidable attendances to the ED through improving access and signposting to alternatives to ED.</p> <p>The flow challenges have been exacerbated by the following factors:</p> <ul style="list-style-type: none"> <li>• Workforce shortages, particularly nursing, has meant that inpatient escalation beds could not be staffed, leading to patients being delayed in exiting the ED.</li> <li>• The delay in restoration of primary and community care services has driven an increase in activity to ED which is significantly above usual averages for June as well as ability to discharge patients into the community once medically fit.</li> </ul>



# Emergency Care – 4 Hour Standard

July 2021

## Commentary:

### **Bristol Royal Hospital for Children:**

4 hour performance was 77.3% in July with 4,090 attendances compared to June 2020 - 95% with 2,345 attendances and 2019 - 94% with 3,613 attendances. Attendances continue to rise. In addition, there were nine 12 Hour Trolley breaches in July.

The department has seen an increase in 4 hour breaches due to availability on the ward. During busy times, with the high volumes of attendances, social distancing within the waiting area is a significant problem. The department continues to use outpatient areas where possible but more patients presenting are of respiratory symptoms requiring cubicles. Patients requiring High Dependency beds has been impacting on flow in getting patients out of the emergency department.

### **Weston General Hospital:**

The Weston department's performance against the 4 hour standard was 71.3% during the month of July 2021. Although a slight decrease from the previous month at 72.14% the department has consistently remained in the 70's for performance for the last 4 months. Attendances to the department have increased for the 5<sup>th</sup> consecutive month in a row. The department has seen a decrease in GP referrals, and an increase in minor and major attendances.

Although the conversion rate to admissions was 19.6%, the volume of patients requiring admission led to the bedding of patients overnight in the Emergency Department regularly throughout the month. This then led to an increased number of 12 hour breaches totalling 164 in month.

July has been a challenging month across the system and flow throughout the division has been difficult especially following our reduced bed base. Work continues on the Medically Fit for Discharge patient which has been consistently high for a number of months. Streaming has continued in the Emergency Department to Clevedon Minor Injuries Unit (MIU), however on occasion this hasn't always been a streaming option that was available.

# Emergency Care – 4 Hour Standard

July 2021

<b>Commentary:</b>	<p><b>Bristol Eye Hospital:</b></p> <p>Performance in July was 98.0% versus 97.7 % in June. Attendances are slightly decreased this month, with 1834 in July compared with 1859 in June. There were 36 four hour breaches (an improvement on the previous month), 4 of which were under 4 hrs and 10 minutes.</p> <p>Staffing continues to be challenging, although the situation will improve from August changeover as the medical staffing gaps are reduced. The department has been unable to recruit an agency locum to backfill the service's rota gaps, however performance has been maintained despite not having this additional resource. ED is managing to cover by cancelling doctors timetabled commitments regularly, at short notice.</p> <p>The ED sister recruitment process was successful, with two existing ED nurses accepting the post on as a job share. 3 full time nurse practitioner posts and 1 fixed term 6 month Ophthalmic technician are out to advert.</p> <p>The new electronic patient record is becoming more established, and feedback from users since the June implementation has been very positive. The departmental dashboard is now operational, and supports the collaborative working between the BEH management team and the ED, who both work incredibly hard to ensure that the ED service is safe, well-staffed and to reduce patient waits.</p>
<b>Ownership:</b>	Chief Operating Officer

4 Hour Performance	Jul-21	2021/2022
Bristol Royal Infirmary	49.3%	55.7%
Bristol Children's Hospital	77.3%	83.4%
Bristol Eye Hospital	98.0%	98.0%
Weston General Hospital	71.3%	72.9%

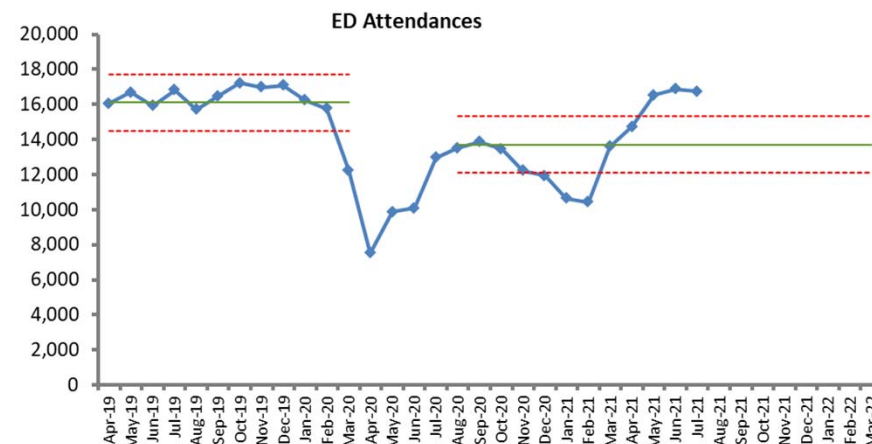
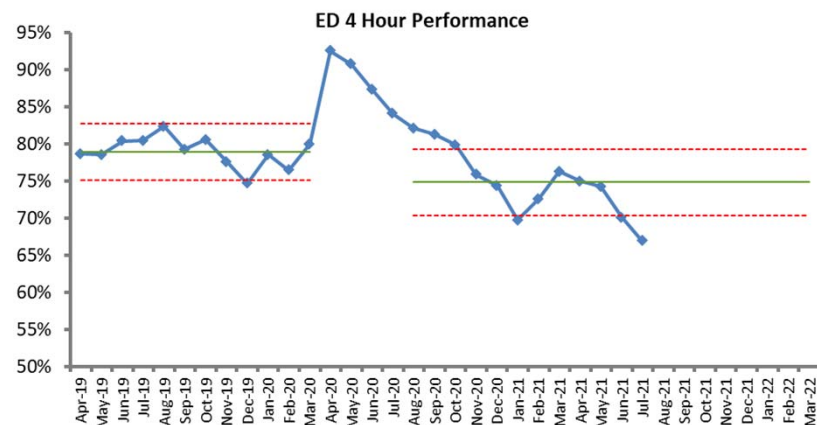
Total Attendances	Jul-21	2021/2022
Bristol Royal Infirmary	6,670	25,862
Bristol Children's Hospital	4,090	15,619
Bristol Eye Hospital	1,834	7,362
Weston General Hospital	4,144	16,012

# Emergency Care – 4 Hour Standard



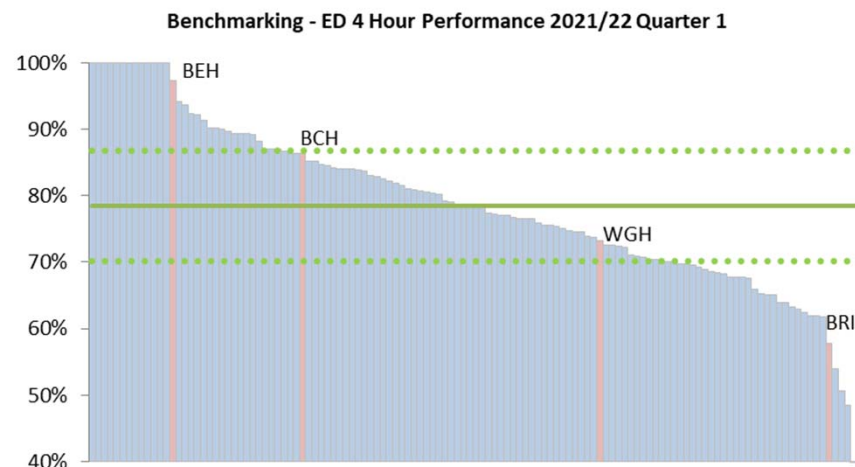
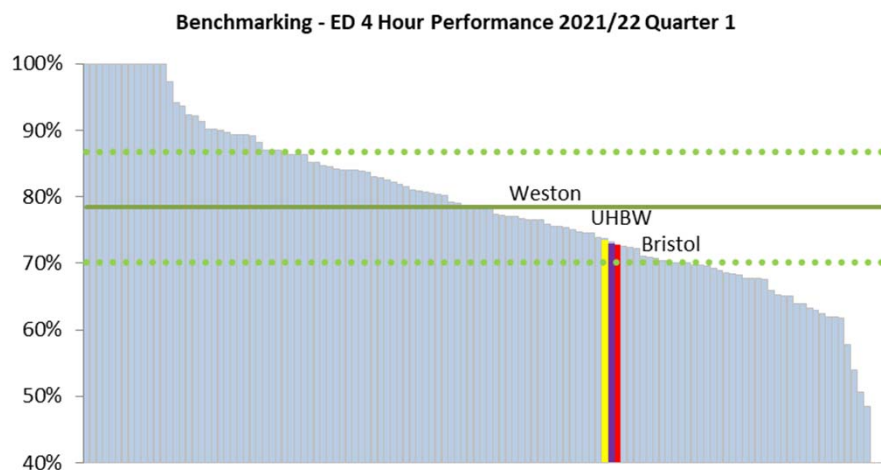
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July 2021



## Note:

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



# Emergency Care – 12 Hour Trolley Waits

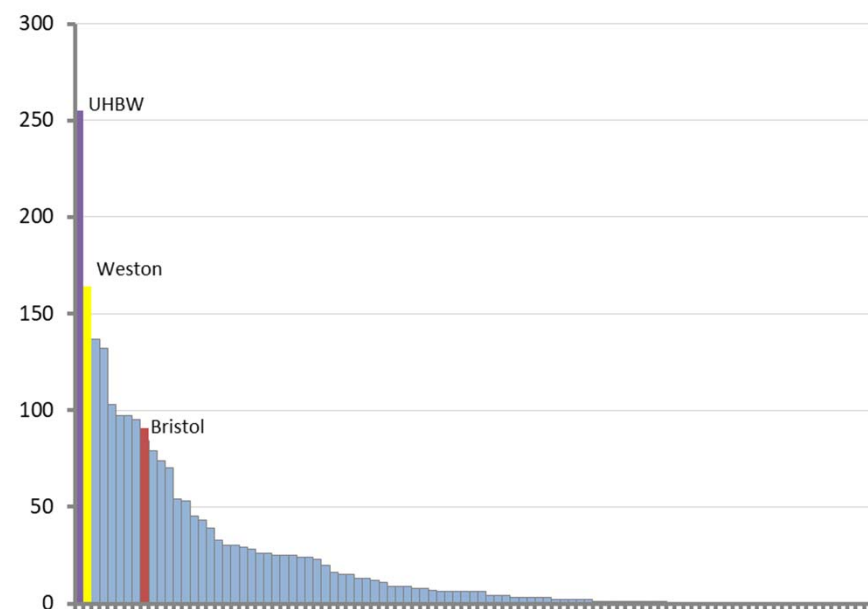
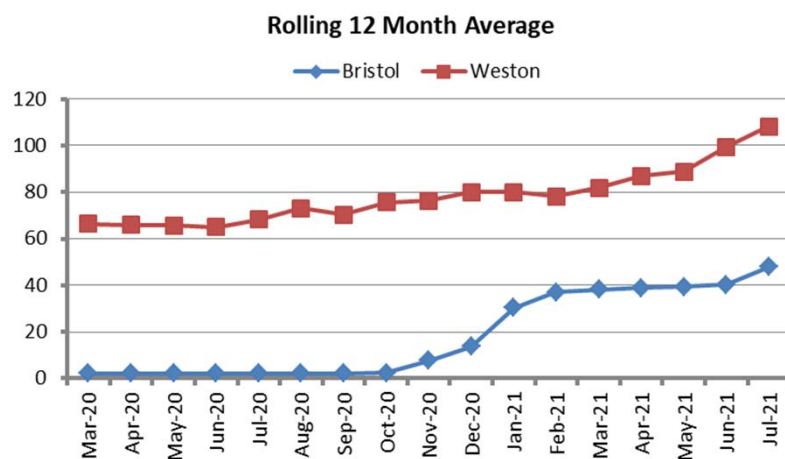
July 2021

## 12 Hour Trolley Waits

A supporting measure for Emergency Care is the “12 Hour Trolley Wait” standard. For all patients admitted from ED, this measures the time from the Decision To Admit (within ED) and the eventual transfer from ED to a hospital ward. The national quality standard is for zero breaches. Datix ID 5067 Risk that patients will come to harm when they wait over 12 hours to be admitted to an inpatient bed

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

Benchmarking - 12 Hour Trolley Waits - July 2021



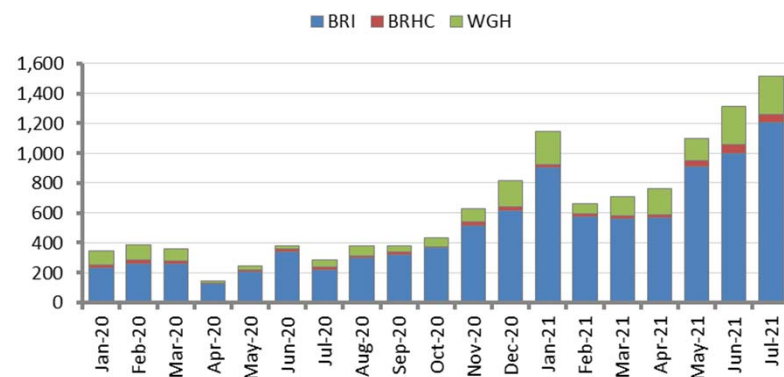
# Emergency Care – Ambulance Handovers

Quarter 2 2021/22

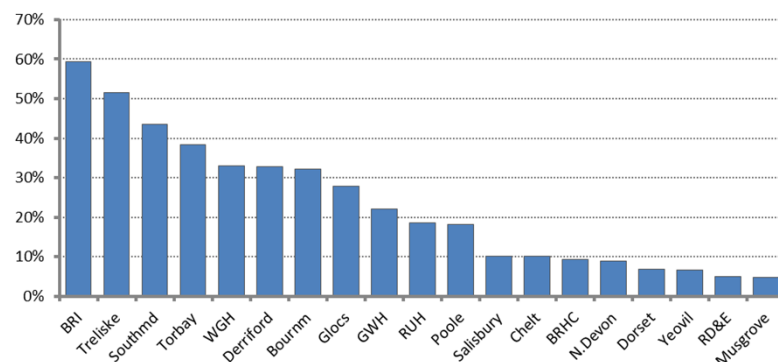
This data is supplied by the South Western Ambulance Service NHS Foundation Trust (SWASFT).

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

UHBW Chargeable Ambulance Handovers In Excess of 30 Minutes



Percentage of Handovers Over 30 Minutes (1st July to 15th August)



Total Ambulance Service Handovers - South West Region - 1st July to 15th August 2021

Hospital	Total Handovers	Number Over 30 Minutes	% Over 30 Minutes	Number Over 1 Hour	Number Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	938	88	9%	7	1
BRISTOL ROYAL INFIRMARY	3,627	2,157	59%	1,470	806
CHELTENHAM GENERAL HOSPITAL	757	77	10%	7	1
DERRIFORD HOSPITAL	5,029	1,650	33%	924	453
DORSET COUNTY HOSPITAL	2,465	168	7%	49	7
GLOUCESTER ROYAL HOSPITAL	5,514	1,541	28%	720	248
GREAT WESTERN HOSPITAL	3,832	846	22%	352	95
MUSGROVE PARK HOSPITAL	3,767	182	5%	22	0
NORTH DEVON DISTRICT HOSPITAL	2,264	200	9%	26	1
POOLE HOSPITAL	3,211	587	18%	191	56
ROYAL BOURNEMOUTH HOSPITAL	3,461	1,113	32%	415	97
ROYAL DEVON AND EXETER WONFORD	4,784	244	5%	7	1
ROYAL UNITED HOSPITAL - BATH	4,095	758	19%	322	108
SALISBURY DISTRICT HOSPITAL	1,803	184	10%	51	5
SOUTHMEAD HOSPITAL	4,628	2,010	43%	1,163	588
TORBAY HOSPITAL	3,616	1,389	38%	784	359
TRELISKE HOSPITAL	5,182	2,676	52%	1,644	818
WESTON GENERAL HOSPITAL	1,489	491	33%	317	163
YEovil DISTRICT HOSPITAL	2,152	145	7%	17	0
<b>All Hospitals Attended</b>	<b>62,614</b>	<b>16,506</b>	<b>26%</b>	<b>8,488</b>	<b>3,807</b>

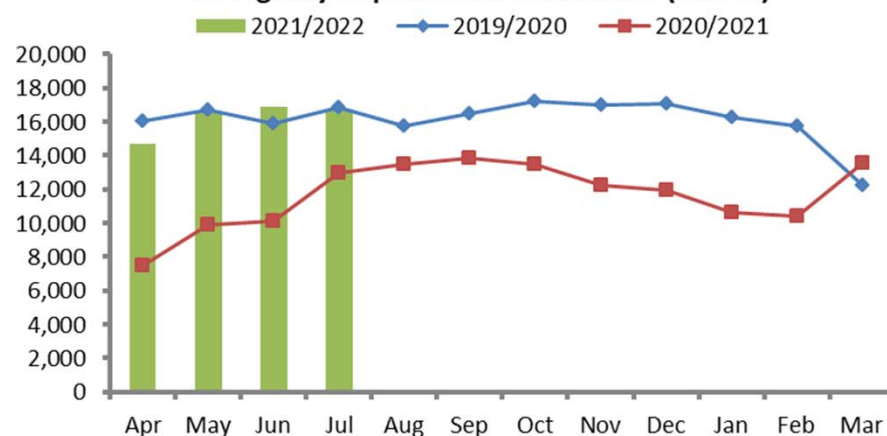
# Emergency Care – Supporting Information



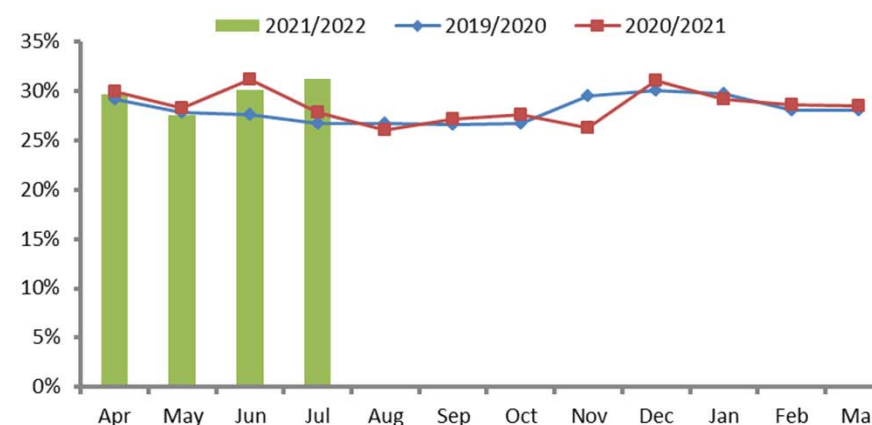
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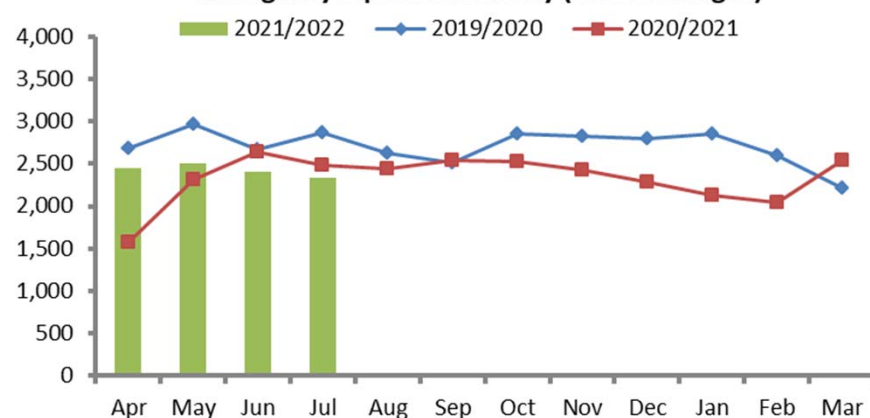
**Emergency Department Attendances (UHBW)**



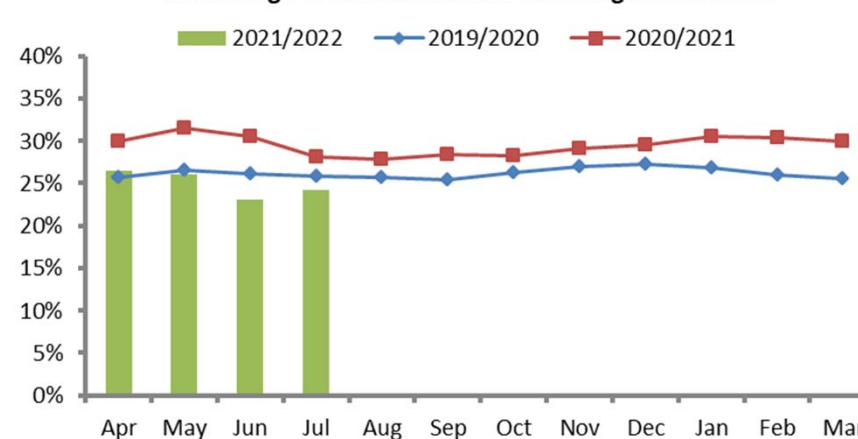
**Percentage of Emergency BRI Spells - Patients Aged 75+**



**Emergency Inpatient Activity (BRI Discharges)**



**Percentage of ED Attendances Resulting in Admission**



# Delayed Discharges



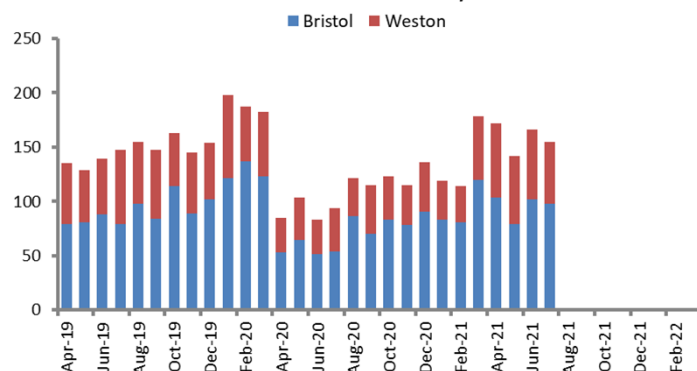
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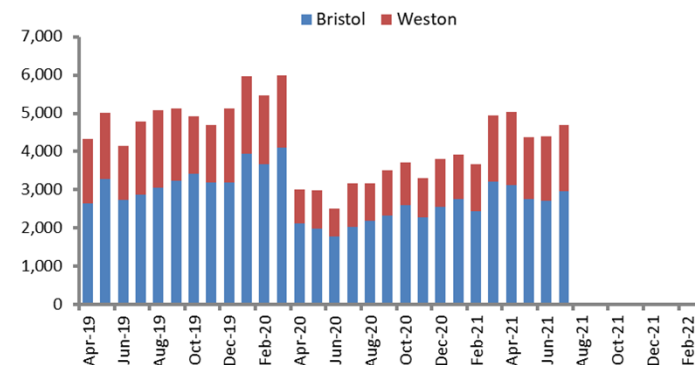
N/A No Standard Defined

<b>Standards:</b>	Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToC) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its Medically Fit For Discharge (MFFD) lists. These are patients whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge. Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3).
<b>Performance:</b>	At the end of July there were 155 MFFD patients in hospital: 98 in Bristol hospitals and 57 at Weston. There were 4,687 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 151 beds were occupied per day by MFFD patients.
<b>Commentary:</b>	<p>In July 2021, the demand across all the pathways in Bristol and Weston exceeded capacity:</p> <ul style="list-style-type: none"> <li>Pathway 1: At the end of July, there were 24 patients who did not meet the right to reside waiting for a P1 slot in Bristol. Referrals continued to exceed the number of slots available in the community due to increasing demand. Average timeframes: 10.1 days from admission to SRF and 16.4 days from SRF decision to discharge.</li> <li>Pathway 2: July evidenced the highest number of P2 waiters since the introduction of the D2A model at 31 patients in the middle of the month. Average timeframes: 11.8 days from admission to SRF and 8 days from SRF decision to discharge. Sirona's extensive recruitment programme is underway. It is anticipated that the remaining 15 beds at SBCH will re-open in October 2021.</li> <li>Pathway 3: New P3 contracts have been issued to care homes in Bristol (with particular focus on patients requiring complex dementia care) in an effort to meet demand. In July it took an average of 20.3 days from admission to SRF submission and 14.6 days from SRF decision to Discharge and on the last day of July there were 16 patients waiting for a P3 bed.</li> </ul>
<b>Ownership:</b>	Chief Operating Officer

Number of Patients - Last Thursday In Month



Number of Beddays Occupied In The Month



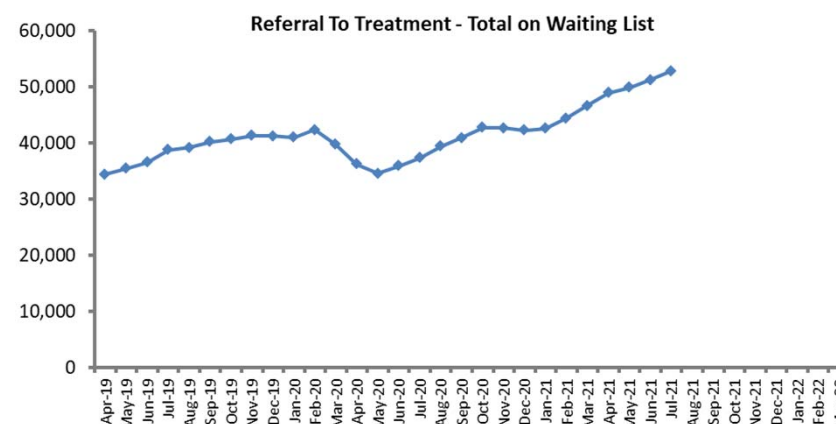
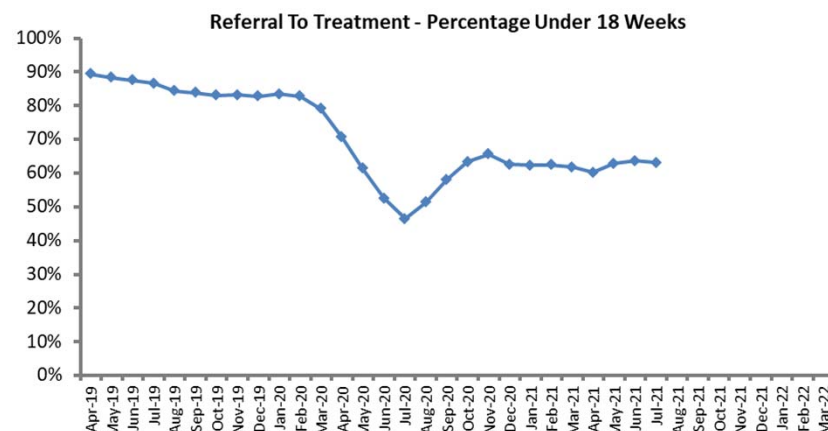


# Referral To Treatment

July 2021

**N** Not Achieved

<b>Standards:</b>	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks.
<b>Performance:</b>	At end of July, 63.1% of patients were waiting under 18 weeks. The total waiting list was 52,718 and the 18+ week backlog was 19,438. Comparing the end of March 2020 with the end of July 2021: <ul style="list-style-type: none"> <li>the overall wait list has increased by 13,015 patients. This is an increase of 33%.</li> <li>the number of patients waiting 18+ weeks increased by 11,149 patients. This is an increase of 135%.</li> </ul>
<b>Commentary:</b>	<p>The focus of discussions with divisions and wider system partners is on restoring of activity and clinically prioritising waiting lists. This will involve demand management, ensuring full utilisation of the available capacity in the independent sector and full utilisation of the extra lists that have been arranged through waiting list initiatives. Some Divisions have agreed a temporary enhanced rate for WLI initiatives and weekend lists have been arranged. A longer term plan around rate of pay for staff to do extra during the evening / weekends has been agreed as part of the Elective Accelerator Programme and will be reviewed again in September 2021..</p> <p>The largest Bristol increases in waiting list size, when compared with March 2020, are In Ophthalmology (4,524 increase, 108%), Adult ENT &amp; Thoracics (1,902, 79%). The Weston list has increased by 1,669 over the same time period, a 24% increase.</p> <p>The largest Bristol volumes of 18 +week backlog patients at the end of July are in Dental (4,394 patients), Ophthalmology (2,525), ENT &amp; Thoracics (1,885) and Paediatrics (1,773). Weston has 4,422 patients waiting 18+ weeks at the of July.</p>
<b>Ownership:</b>	Chief Operating Officer





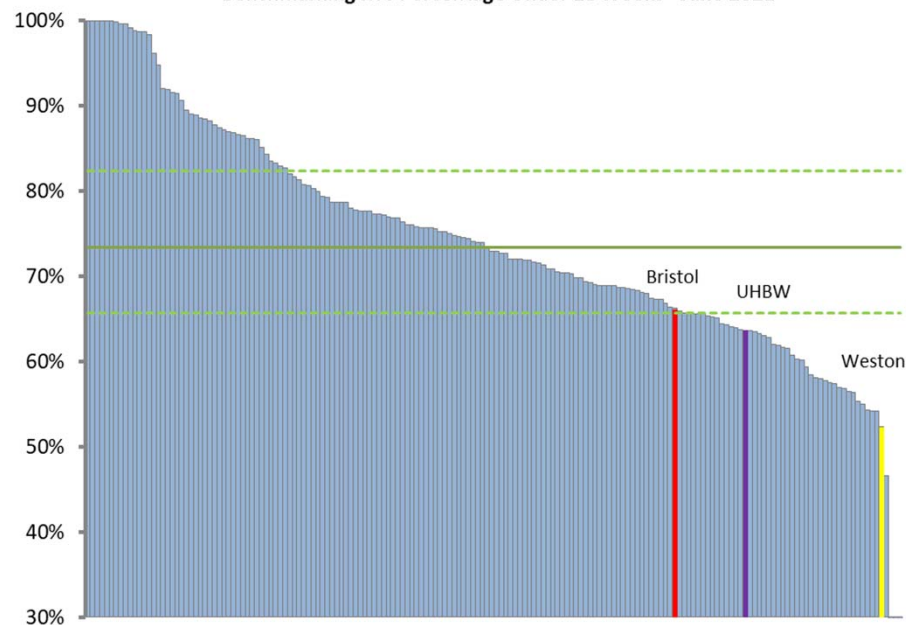
# Referral To Treatment



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June/July 2021

Benchmarking RTT Percentage Under 18 Weeks - June 2021



	Jul-21		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	309	309	100.0%
Medicine	4,296	5,265	81.6%
Specialised Services	3,401	4,783	71.1%
Surgery	15,859	26,458	59.9%
Weston	4,118	8,540	48.2%
Women's and Children's	5,297	7,363	71.9%
Other/Not Known	0	0	-
<b>TRUST TOTAL</b>	<b>33,280</b>	<b>52,718</b>	<b>63.1%</b>
<i>Bristol Subtotal</i>	<i>29,162</i>	<i>44,178</i>	<i>66.0%</i>

# Referral To Treatment – 52 Weeks



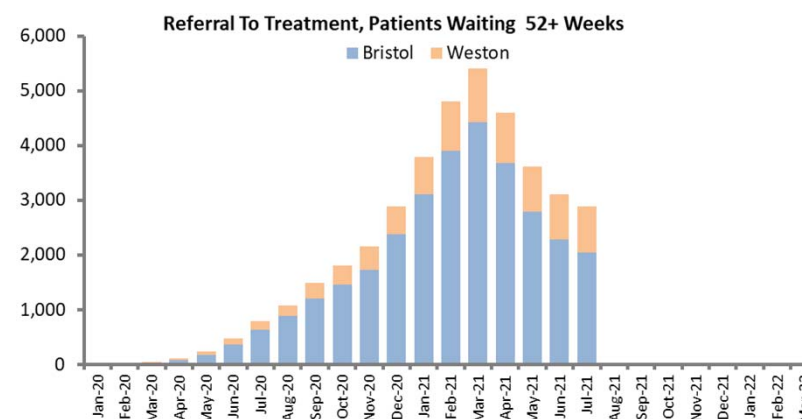
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July 2021

**P** Partially Achieved

<b>Standards:</b>	No patient should wait longer than 52 weeks for treatment
<b>Performance:</b>	At end of July 2,893 patients were waiting 52+ weeks; 2,043 across Bristol sites and 850 at Weston.
<b>Commentary:</b>	<p>Patients who are 52+ week breaches reduced by 221 patients from end of June to end of July. This is the fourth month of reduction however it is too early to tell if this is a downward trend due to the level of backlogs caused by the Covid-19 pandemic. However this fourth month of reduction demonstrates the importance of waiting list initiatives to reduce our backlog position. The demand and capacity modelling and trajectory setting for the next 6 months, which are being finalised, will demonstrate the short falls in our capacity to recover against the demand. Patients who have been clinically prioritised as urgent ("P2" prioritisation code, treatment within 1 month) is challenging but continues to be the focus when prioritising our patients for treatment and where capacity allows, long waiting patients will be added to the list. However, the Trust is still seeing an unprecedented number of breaches for more routine treatment which is likely to continue to grow.</p> <p>Clinical prioritisation of patients who are on the waiting list without a "to come in" date continues with processes in place to ensure this is now business as usual. 93% of the patients who are on the RTT admitted waiting list have now been clinically prioritised with 0.6% of those being assigned a P2 status. Offers of dates will be made for treatment in the independent sector where clinicians have practicing privilege rights, insourcing arrangements and waiting list initiatives. Previous challenges of theatre closures is becoming less of an issue as theatres are almost back to full capacity, however the challenge of anaesthetic cover, gaps in staff, social distancing restrictions, the increases in Covid cases and lack of ward beds continues to be an issue for routine patients. NHS England, and local commissioners, continue to request weekly reporting of patients waiting 78+ and 104+ week, as part of the drive to eradicate 104-week breaches at the end of March 2022. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list however the volumes of patients who have been clinically prioritised as requiring treatment within a month against the Royal College of Surgeons guidelines, still outweigh the capacity we have available to be able to offer this cohort a TCI date which currently doesn't give assurance that we will be able to eradicate the 104-week breaches within this timescale.</p>
<b>Ownership:</b>	Chief Operating Officer

	Jul-21		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	29	6	0
Specialised Services	229	66	7
Surgery	1,378	450	31
Weston	850	322	48
Women's and Children's	407	116	4
<b>TOTAL</b>	<b>2,893</b>	<b>960</b>	<b>90</b>
<i>Bristol</i>	<i>2,043</i>	<i>638</i>	<i>42</i>

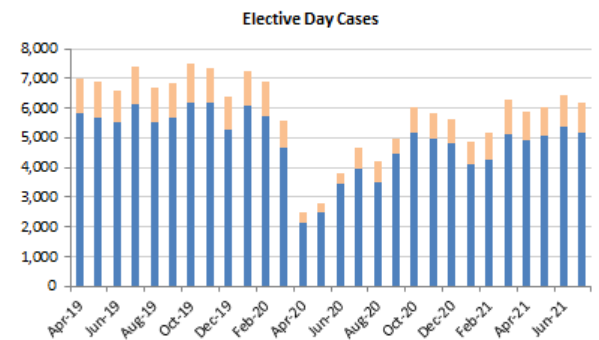
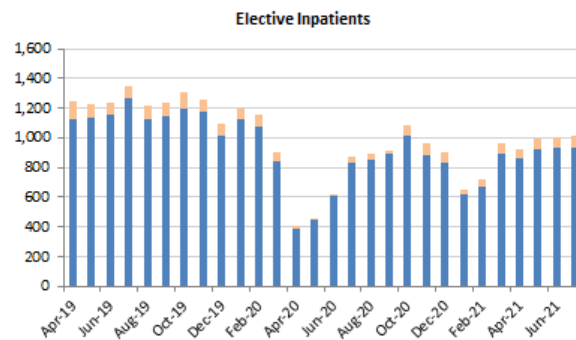
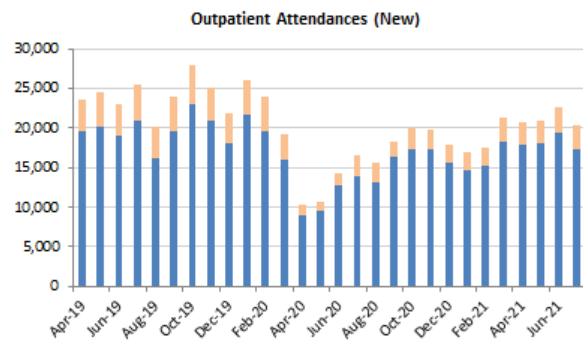
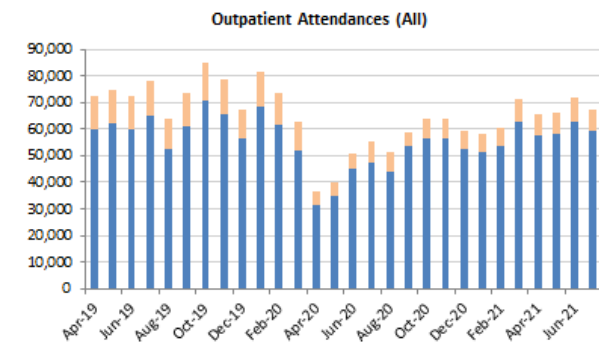
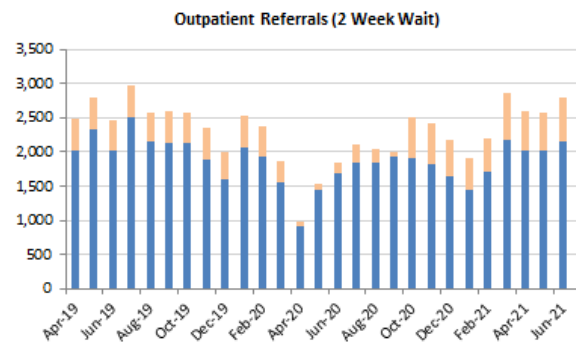
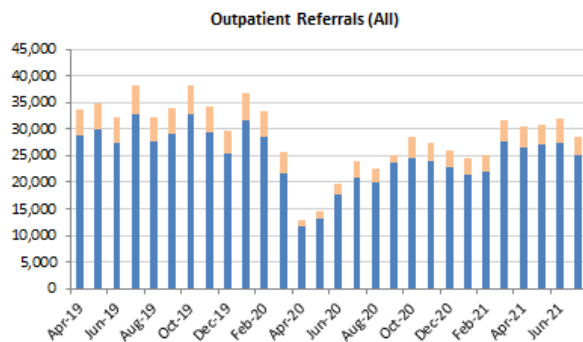


# Elective Activity and Referral Volumes

July 2021

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

■ Bristol ■ Weston



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

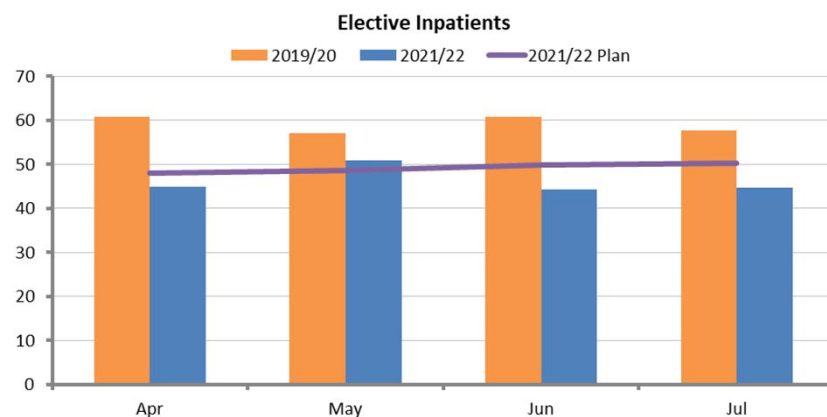
# Elective Activity – Restoration



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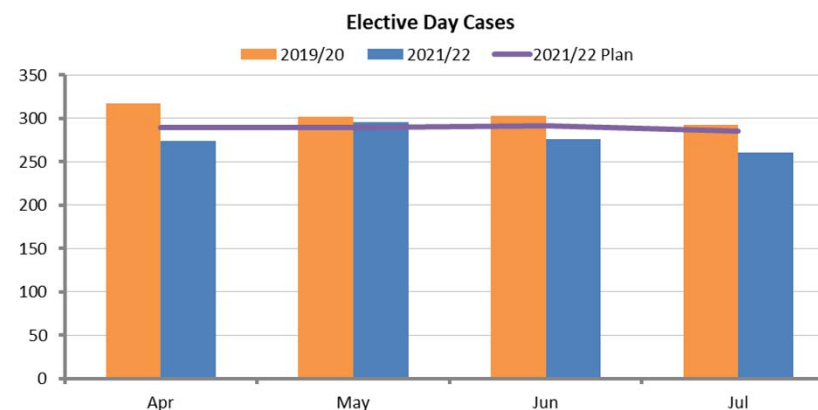
July 2021

## Activity Per Day, By Month and Year



		Apr	May	Jun	Jul
2021/22	Actual Activity Per Day	45	51	44	45
	Planned Activity Per Day	48	49	50	50
2019/20	Actual Activity Per Day	61	57	61	58

2021/22 Activity: % of Plan	93%	105%	89%	89%
2021/22 Activity: % of 2019/20	74%	89%	73%	77%



		Apr	May	Jun	Jul
2021/22	Actual Activity Per Day	275	296	276	261
	Planned Activity Per Day	289	289	291	286
2019/20	Actual Activity Per Day	318	302	303	292

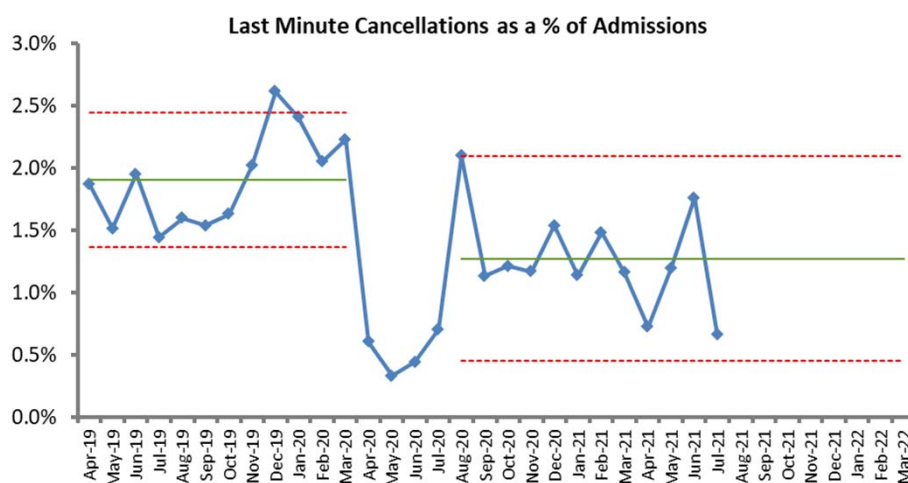
2021/22 Activity: % of Plan	95%	102%	95%	91%
2021/22 Activity: % of 2019/20	86%	98%	91%	89%

# Cancelled Operations

July 2021

**P** Partially Achieved

<b>Standards:</b>	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
<b>Performance:</b>	In July, there were 40 last minute cancellations, which was 0.7% of elective admissions. There were 31 cancellations at Bristol and 9 at Weston. Of the 108 cancelled in June, 21(19%) had been re-admitted within 28 days.
<b>Commentary:</b>	The number of last minute cancellations fell below the 0.8% threshold in July. However 28 day performance for June's last minute cancellations was only achieved for around 20% of patients due to pressures on elective capacity. Work is ongoing to ensure these patients re-booked. The most common cancellation reasons for July were "No HDU Beds" (12), "AM List over-ran" (7) and "Other clinically complicated Patient in theatre" (4). The largest Bristol volumes were in Paediatrics (10), General Surgery (7) and Cardiac (5). National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data.
<b>Ownership:</b>	Chief Operating Officer



	Jul-21		2021/2022	
	LMCs	% of Admissions	LMCs	% of Admissions
Medicine	0	0.00%	6	0.22%
Specialised Services	5	0.22%	68	0.76%
Surgery	13	0.73%	122	1.67%
Weston	9	2.84%	18	1.35%
Women's and Children's	13	1.44%	52	1.36%
Other/Not Known	0	-	0	-
<b>TRUST TOTAL</b>	<b>40</b>	<b>0.66%</b>	<b>266</b>	<b>1.10%</b>

# Cancer Two Week Wait

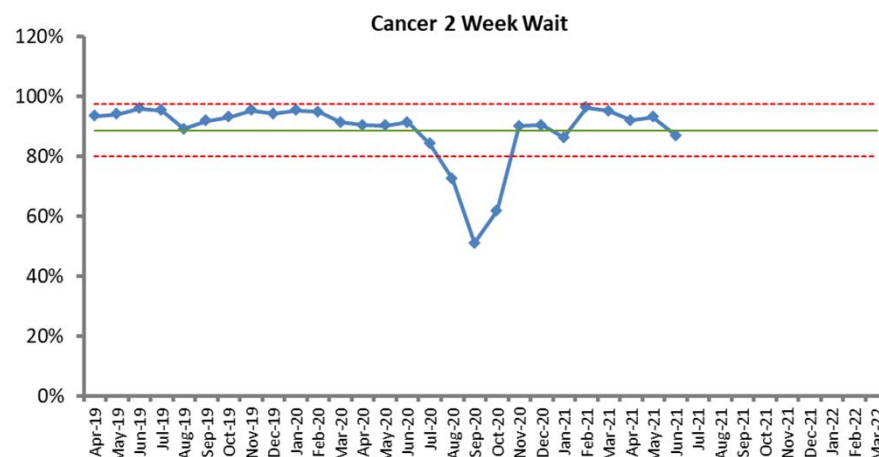


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June 2021

**N** Not Achieved

<b>Standards:</b>	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
<b>Performance:</b>	For June, 86.8% of patients were seen within 2 weeks. This is combined Bristol and Weston performance. Overall performance for Quarter 1 was 90.4%.
<b>Commentary:</b>	The standard was non-compliant in June (86.8% against a 93% standard). It is expected that compliance will continue to be challenging until all precautions and restrictions related to Covid are lifted. Capacity challenges have occurred in specific areas as a result of surges in demand, likely due to 'pent up' demand built during the lockdowns earlier in the year, and also due to the regional change to the colorectal pathway which has decreased the proportion of patients eligible for straight-to-test investigations. The Trust is contributing to the regional evaluation of this pathway however that will not be complete until May 2022.
<b>Ownership:</b>	Chief Operating Officer



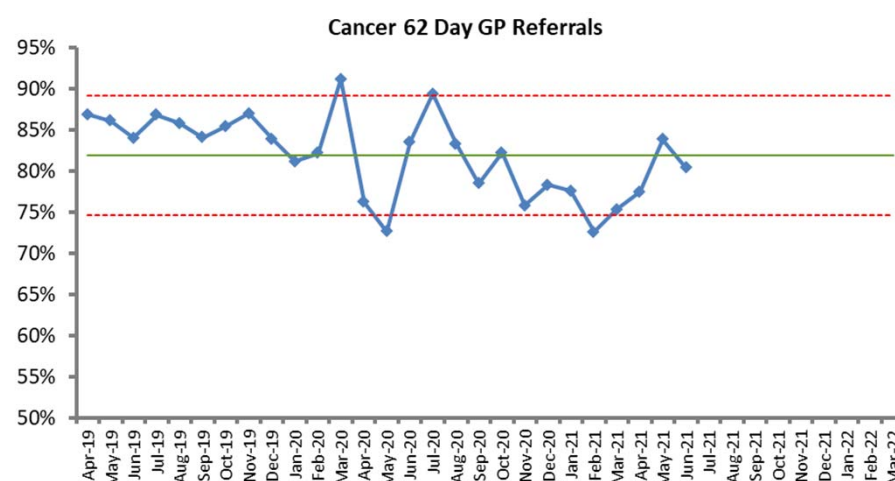
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	2	2	100.0%
Suspected children's cancer	14	14	100.0%
Suspected gynaecological cancers	138	155	89.0%
Suspected haematological malignancies	20	21	95.2%
Suspected head and neck cancers	397	495	80.2%
Suspected lower gastrointestinal cancers	197	279	70.6%
Suspected lung cancer	33	39	84.6%
Suspected skin cancers	785	816	96.2%
Suspected testicular cancer	2	2	100.0%
Suspected upper gastrointestinal cancers	124	156	79.5%
Suspected urological cancers excluding testicular	43	43	100.0%
<b>Grand Total</b>	<b>1,755</b>	<b>2,022</b>	<b>86.8%</b>

# Cancer 62 Days

June 2021

**N** Not Achieved

<b>Standards:</b>	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard. Datix ID 4060 Risk that delayed cancer outpatients and diagnostics during the Covid 19 Pandemic will affect cancer performance and outcomes
<b>Performance:</b>	For June, 80.5% of patients were seen within 62 days. This is combined Bristol and Weston performance. The overall Quarter 1 performance was 80.9%.
<b>Commentary:</b>	The standard was non-compliant in June (80.5% against an 85% standard). The majority of breaches were due to the impact of the Covid pandemic on capacity, patient choice, and medical deferrals. Achieving compliance with the 85% standard remains unlikely in the short term, particularly in light of ongoing emergency pressures and staff being obliged to isolate. Patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.
<b>Ownership:</b>	Chief Operating Officer

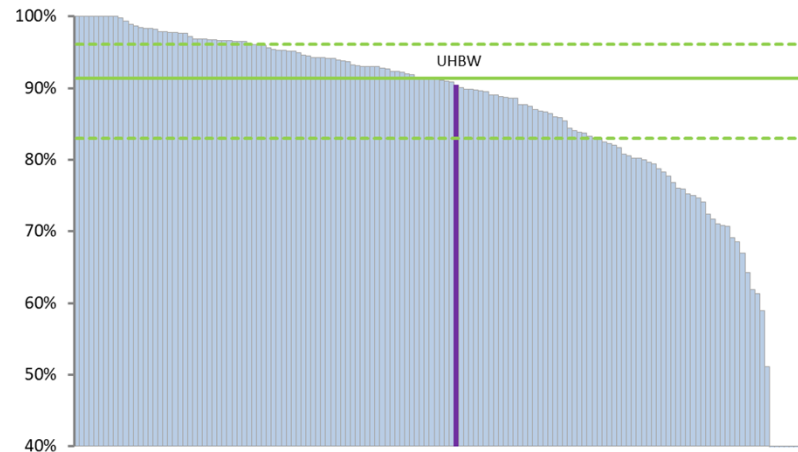


	Within Target	Total Pathways	Performance
Breast	3.5	4.0	87.5%
Gynaecological	1.5	6.0	25.0%
Haematological	7.5	8.5	88.2%
Head and Neck	13.0	17.5	74.3%
Lower Gastrointestinal	14.5	23.0	63.0%
Lung	13.0	17.5	74.3%
Other	1.0	1.0	100.0%
Sarcoma	1.0	2.0	50.0%
Skin	59.0	60.0	98.3%
Upper Gastrointestinal	5.0	6.5	76.9%
Urological	8.0	12.0	66.7%
31 Day GP	1.0	1.0	100.0%
<b>Grand Total</b>	<b>128.0</b>	<b>159.0</b>	<b>80.5%</b>

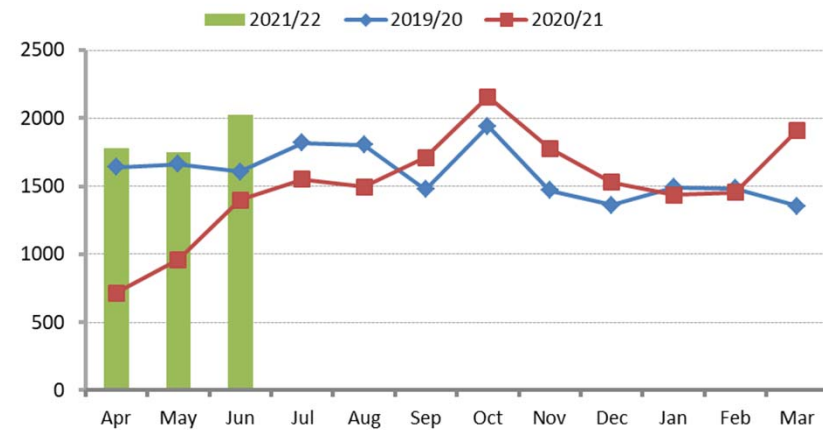


# Cancer – Additional Information

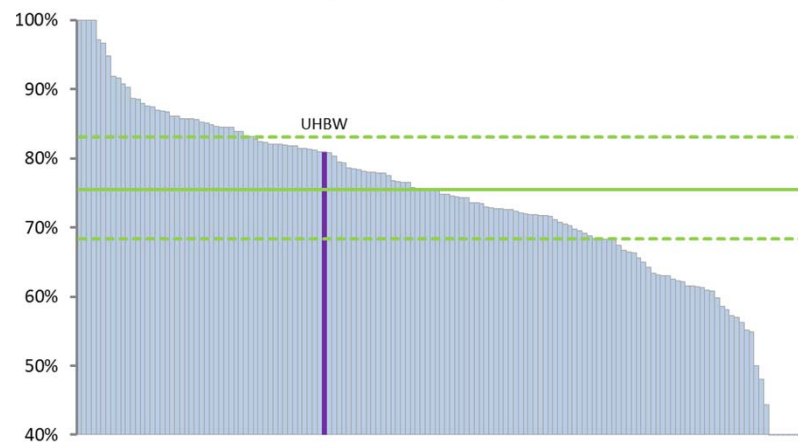
Benchmarking - 2 Week Wait Performance - 2021/22 Quarter 1



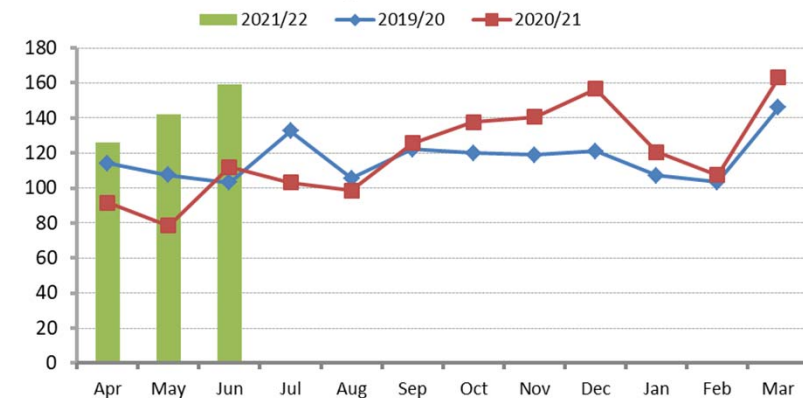
2 Week Wait - Patients Seen



Cancer 62 Day Performance - 2021/22 Quarter 1



62 Day - Patients Treated





# Cancer 104 Days

Snapshot taken: 8<sup>th</sup> August 2021

<b>Standards:</b>	This is not a constitutional standard but monitored by regulators in conjunction with the 62 day standard for cancer treatment after a GP referral for suspected cancer. Trusts are expected to have no patients waiting past day 104 on this pathway for inappropriate reasons (i.e. those other than patient choice or clinical reasons). The Trust has committed to sustaining <10 waiters for 'inappropriate' reasons.
<b>Performance:</b>	Prior to the Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons (i.e. those other than patient choice, clinical reasons, or recently received late referrals into the organisation). As at 8 <sup>th</sup> August 2021 there were 3 such waiters. This compares to a peak of 53 such waiters in early July.
<b>Commentary:</b>	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The number of such waiters remains low and stable. Avoiding harm from any long waits remains a top priority and is closely monitored. During this period of limited capacity due to the Covid outbreak, appropriate clinical prioritisation will adversely affect this standard as patients of lower clinical priority may wait for a longer period, to ensure those with high clinical priority are treated quickly. This is because cancer is a very wide range of illnesses with differing degrees of severity and risk and waiting time alone is not a good indicator of clinical urgency across cancer as a whole. An example of this is patients with potential thyroid cancers awaiting thyroidectomy, who have been clinically assessed as safe to wait for several more months (and most of whom will not ultimately have a cancer diagnosis), but who have exceeded the 104 day waiting time.
<b>Ownership:</b>	Chief Operating Officer

# Cancer – Patients Waiting 62+ Days

Snapshot taken: 8<sup>th</sup> August 2021

<b>Standards:</b>	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE have asked Trusts to return to/remain below 'pre-pandemic levels'. NHSE defines this as 180 patients for UHBW. Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.
<b>Performance:</b>	As at 8 <sup>th</sup> August the Trust had 161 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
<b>Commentary:</b>	The Trust is managing to remain below the limit of the 'pre-Covid' baseline. This is despite the usual very significant rise in dermatology demand over the summer, which had been expected to impact more on long waiting pathway numbers due to patient choice and medical deferrals alone. Rises remain possible in late summer/early autumn as these patients reach later stages of their pathways however given the level of disruption caused by the 'third wave' of Covid over the last month, maintaining the number of long waiters below the levels seen before the pandemic demonstrates the continued efforts to deliver cancer care despite the current challenges.
<b>Ownership:</b>	Chief Operating Officer

# Diagnostic Waits

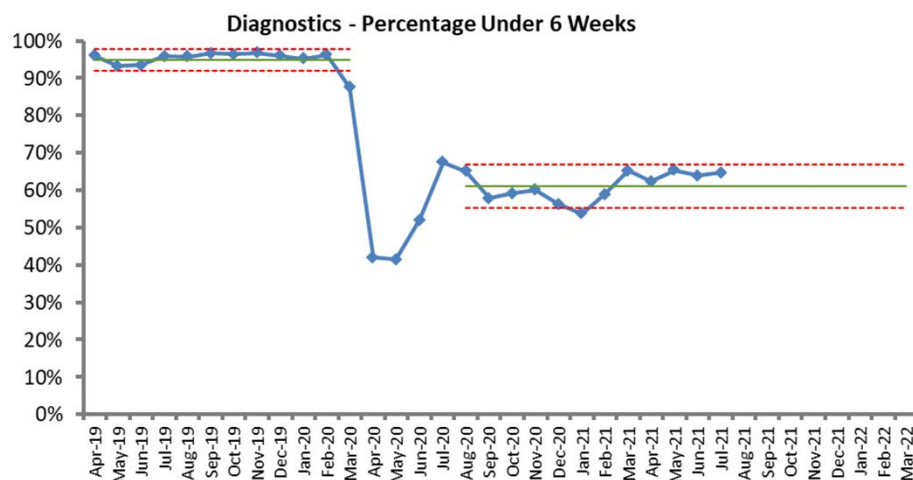


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July 2021

**N** Not Achieved

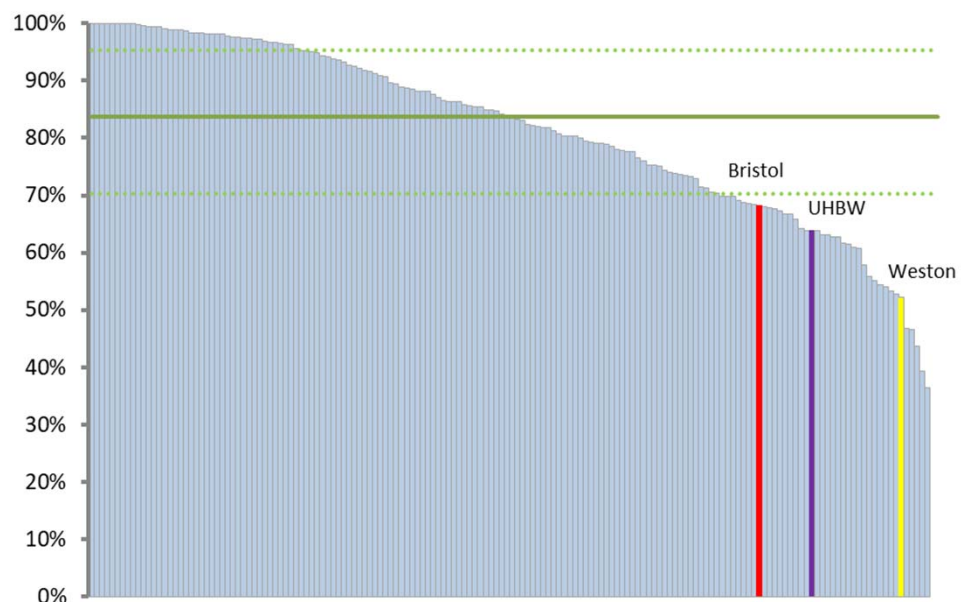
<b>Standards:</b>	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
<b>Performance:</b>	At end of July, 64.6% of patients were waiting under 6 week, with 14,119 patients in total on the list. This is Bristol and Weston combined.
<b>Commentary:</b>	<ul style="list-style-type: none"> <li>Diagnostic clinical prioritisation programme is progressing with diagnostic imaging modalities being reported according to the nationally defined categories. Further work required regarding non-CRIS specialties, and, in particular, endoscopy.</li> <li>Non obstetric ultrasound outsourced capacity procurement expecting to be awarded by 10 August with additional activity mobilised by September.</li> <li>Funding for additional theatre staff and WLIs to improve MRI paediatric GA pathway approved with W&amp;C Division via the accelerator programme</li> <li>CT scanner "early adopter" agreed for Weston demountable scanner. This is a capacity increase although the future location is TBC; c. 500 additional scans per month with first patients to be seen during w/c 6<sup>th</sup> September.</li> <li>Risk relating to blood tube national shortage (Datix ID 5464) currently being assessed for impact on diagnostics performance.</li> </ul>
<b>Ownership:</b>	Chief Operating Officer



	Jul-21		
	Under 6 Weeks	Total Pathways	Performance
Diagnostics and Therapies	4,984	6,215	80.2%
Medicine	104	191	54.5%
Specialised Services	1,264	2,188	57.8%
Surgery	494	1,176	42.0%
Weston	2,089	4,122	50.7%
Women's and Children's	188	227	82.8%
Other/Not Known	0	0	-
<b>TRUST TOTAL</b>	<b>9,123</b>	<b>14,119</b>	<b>64.6%</b>
<i>Bristol Subtotal</i>	<i>7,034</i>	<i>9,997</i>	<i>70.4%</i>

# Diagnostic Waits

Benchmarking - Percentage Under 6 Weeks - June 2021



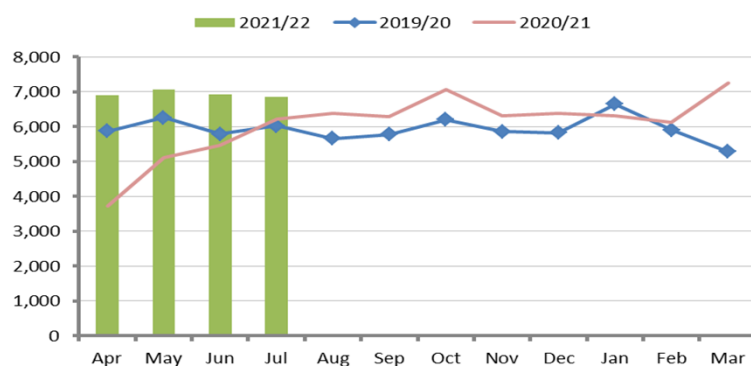
WESTON	6+ Weeks	Total On List	% Under 6	
			Weeks	13+ Weeks
Audiology - Audiology Assessments	0	23	100.0%	0
Cardiology - echocardiography	969	1,229	21.2%	654
Colonoscopy	134	182	26.4%	114
Computed Tomography	1	360	99.7%	0
Cystoscopy	342	451	24.2%	261
DEXA Scan	290	445	34.8%	167
Flexi sigmoidoscopy	20	39	48.7%	17
Gastroscopy	81	150	46.0%	68
Magnetic Resonance Imaging	3	434	99.3%	0
Non-obstetric ultrasound	193	809	76.1%	1
<b>Grand Total</b>	<b>2,033</b>	<b>4,122</b>	<b>50.7%</b>	<b>1,282</b>

BRISTOL	6+ Weeks	Total On List	% Under 6	
			Weeks	13+ Weeks
Audiology - Audiology Assessments	1	364	99.7%	0
Cardiology - echocardiography	318	1,312	75.8%	8
Colonoscopy	320	542	41.0%	280
Computed Tomography	268	1,245	78.5%	214
Cystoscopy	6	9	33.3%	1
DEXA Scan	61	354	82.8%	30
Flexi sigmoidoscopy	145	208	30.3%	112
Gastroscopy	249	491	49.3%	197
Magnetic Resonance Imaging	819	2,318	64.7%	486
Neurophysiology	1	130	99.2%	1
Non-obstetric ultrasound	749	2,979	74.9%	112
Respiratory physiology - sleep studies	26	45	42.2%	23
<b>Grand Total</b>	<b>2,963</b>	<b>9,997</b>	<b>70.4%</b>	<b>1,464</b>

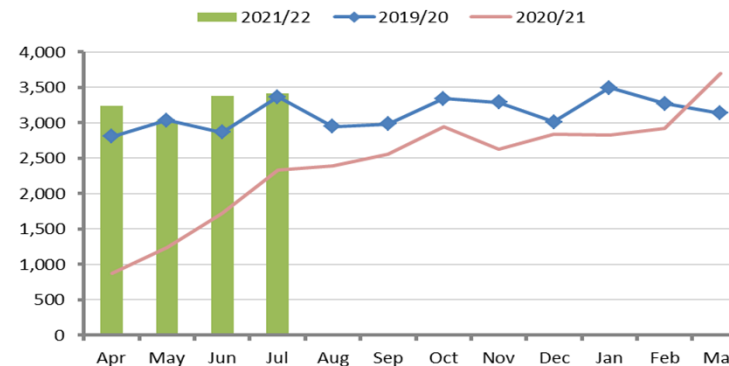
# Diagnostic Activity – Restoration

July 2021

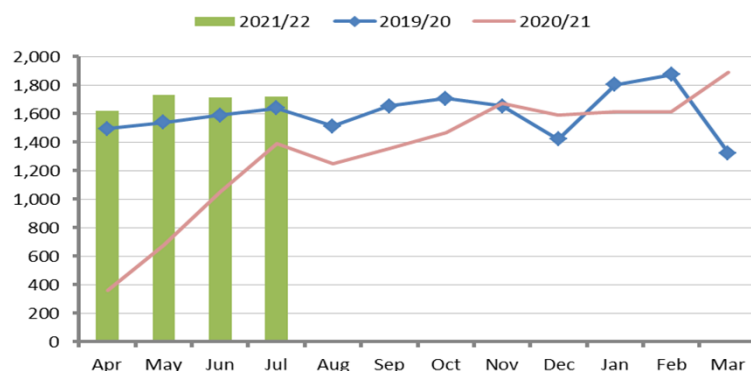
## Computed Tomography (CT)



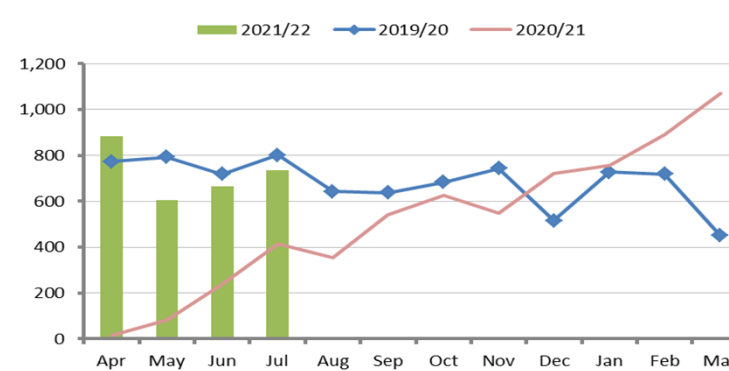
## Magnetic Resonance Imaging (MRI)



## Echocardiography



## Endoscopy (Gastroscopy, Colonoscopy, Flexi Sig)



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

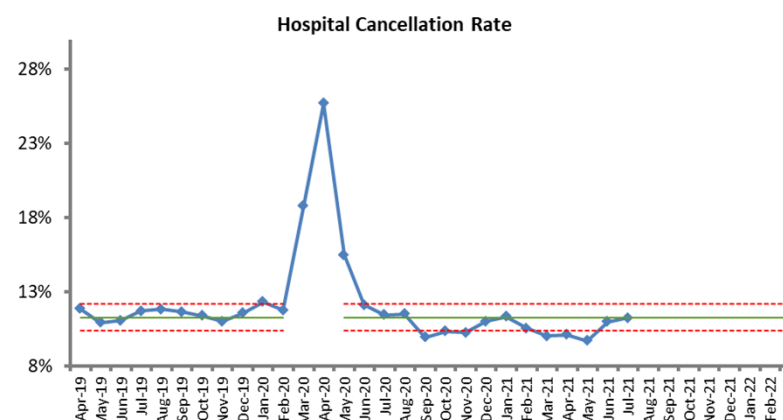
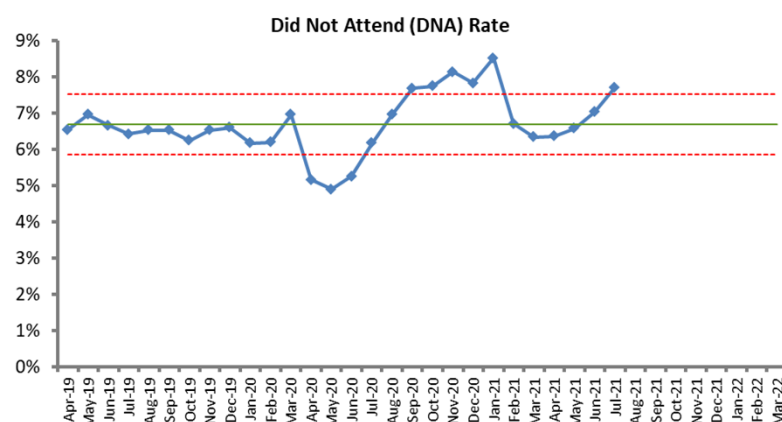
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Computed Tomography	118%	113%	120%	114%								
Magnetic Resonance Imaging	115%	99%	118%	101%								
Echocardiography	108%	113%	108%	105%								
Endoscopy	114%	76%	92%	92%								

# Outpatient Measures

July 2021

**N** Not Achieved

<b>Standards:</b>	<p>The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs</p> <p>The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made.</p> <p>The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%.</p> <p>For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.</p>
<b>Performance:</b>	<p>In July, the DNA Rate was 7.7% across Bristol and Weston, with 5,914 DNA'ed appointments.</p> <p>The hospital cancellation rate was 11.3% with 11,339 cancelled appointments</p>
<b>Commentary:</b>	<ul style="list-style-type: none"> <li>• Cancellation rates have continued to rise in July to 11.3% following a spike in Covid cases in June/July</li> <li>• DNA rates rose in June to 7.0%. This has been seen to increase further during July to 7.7% following a spike in Covid cases in June/July</li> <li>• The appointment centre and the access team are putting plans in place increase resources to promote attendance and reduce last minute patient cancellations.</li> </ul>
<b>Ownership:</b>	Chief Operating Officer

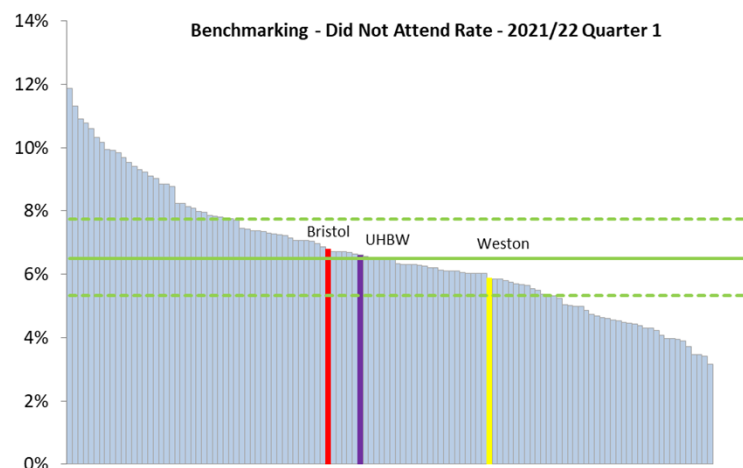


# Outpatient Measures



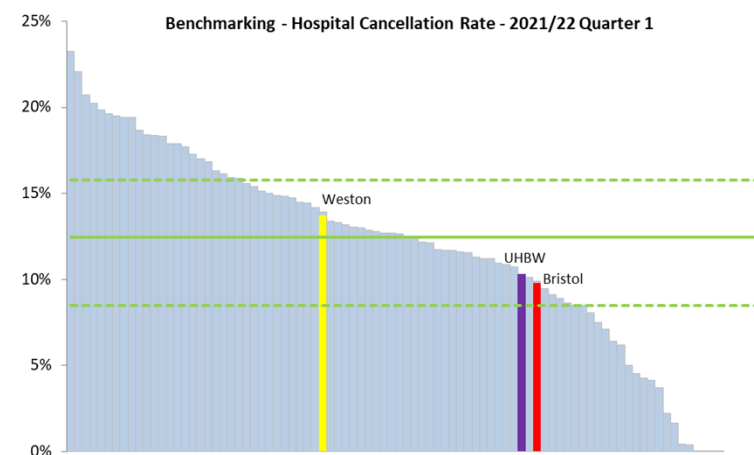
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Benchmarking - Did Not Attend Rate - 2021/22 Quarter 1



	Jul-21	
	DNAs	DNA Rate
Diagnostics and Therapies	475	6.4%
Medicine	856	10.7%
Specialised Services	569	4.8%
Surgery	1,889	8.9%
Weston	686	5.4%
Women's and Children's	1,439	9.2%
Other/Not Known	0	-
<b>TRUST TOTAL</b>	<b>5,914</b>	<b>7.7%</b>
<i>Bristol Subtotal</i>	<i>5,228</i>	<i>8.2%</i>

Benchmarking - Hospital Cancellation Rate - 2021/22 Quarter 1



	Jul-21	
	Cancellations	Rate
Diagnostics and Therapies	461	5.2%
Medicine	1,316	12.1%
Specialised Services	2,318	14.0%
Surgery	3,129	10.3%
Weston	2,013	15.9%
Women's and Children's	2,102	9.9%
Other/Not Known	0	-
<b>TRUST TOTAL</b>	<b>11,339</b>	<b>11.3%</b>
<i>Bristol Subtotal</i>	<i>9,326</i>	<i>10.6%</i>

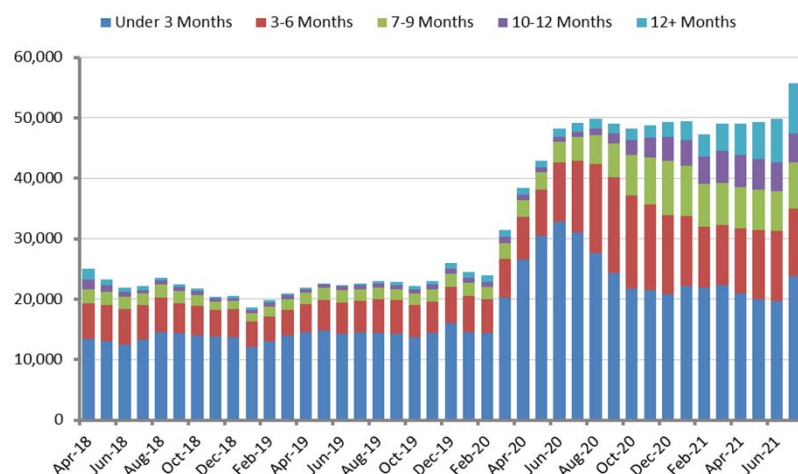
# Outpatient Overdue Follow-Ups

July 2021

**N** Not Achieved

<b>Standards:</b>	This measure looks at referrals where the patient is on a "Partial Booking List" at Bristol, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients.
<b>Performance:</b>	Total overdue at end of July was 76,984 of which 20,432 (27%) were overdue by 9+ months. Note that the Weston Data Quality Improvement Group reviewed the reporting of follow-ups and made a decision to use data direct from the Medway Patient Administration System, rather than validation spreadsheets maintained locally. This means historic trend data cannot be presented in a way that is consistent with the current methodology. The findings from an independent review to support with risk stratifying the UHBW overdue follow up backlog and advise upon improvement priorities is currently being reviewed by the UHBW Planned Care Board.
<b>Commentary:</b>	<ul style="list-style-type: none"> <li>Overdue follow up backlogs have continued to grow during July following a spike in Covid cases in June/July.</li> <li>Outpatient restoration activity has exceeded the 2021/22 plan delivering 102% in June 21 and has dropped further during July to 94% this is 85% of 2019/20 activity. Clinical capacity is not sufficient to manage follow up backlog demand as well as the ongoing new demand. Capacity is being focussed on the delivery of the most clinically urgent cases.</li> <li>Areas of largest areas of backlog seen in Sleep, Ophthalmology, T&amp;O and Respiratory. Discussions in progress with specialities to review the use of PIFU. Sleep recovery may be affected by risk relating to CPAP/BIPAP machine supply issues and recall (Datix ID 5422)</li> </ul>
<b>Ownership:</b>	Chief Operating Officer

Bristol - Overdue FollowUps, by number of months overdue



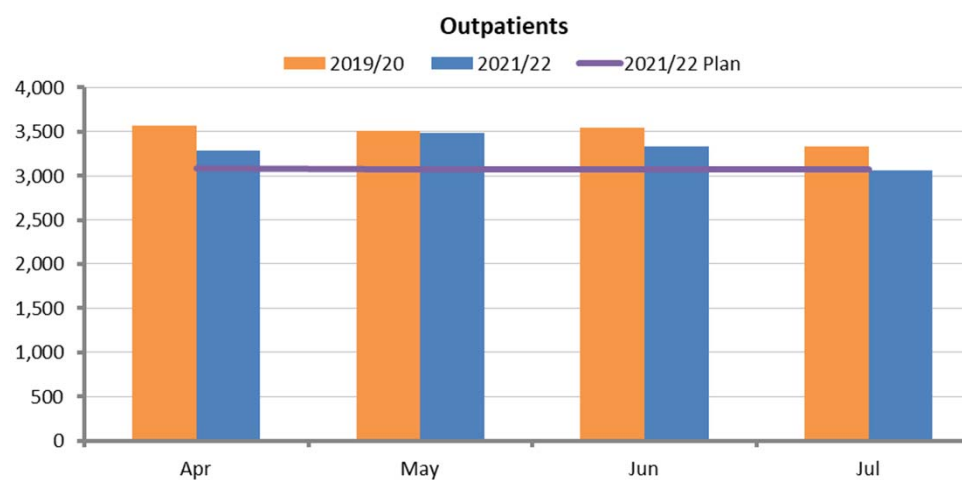
	Under 9 Months	9-11 Months	12+ Months	Total
Diagnostics & Therapies	2,579	2	7	2,588
Medicine	11,218	1,997	3,877	17,092
Specialised Services	5,363	330	481	6,174
Surgery	19,138	2,168	3,637	24,943
Weston	13,893	2,298	5,110	21,301
Women's and Children's	4,361	299	226	4,886
<b>UHBW TOTAL</b>	<b>56,552</b>	<b>7,094</b>	<b>13,338</b>	<b>76,984</b>
<b>Bristol Subtotal</b>	<b>42,659</b>	<b>4,796</b>	<b>8,228</b>	<b>55,683</b>



# Outpatient Activity – Restoration

July 2021

## Activity Per Day, By Month and Year – Outpatient Attendances



		Apr	May	Jun	Jul
2021/22	Actual Activity Per Day	3,289	3,483	3,327	3,059
	Planned Activity Per Day	3,085	3,068	3,078	3,068
2019/20	Actual Activity Per Day	3,568	3,507	3,544	3,327

2021/22 Activity: % of Plan	107%	114%	108%	100%
2021/22 Activity: % of 2019/20	92%	99%	94%	92%

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



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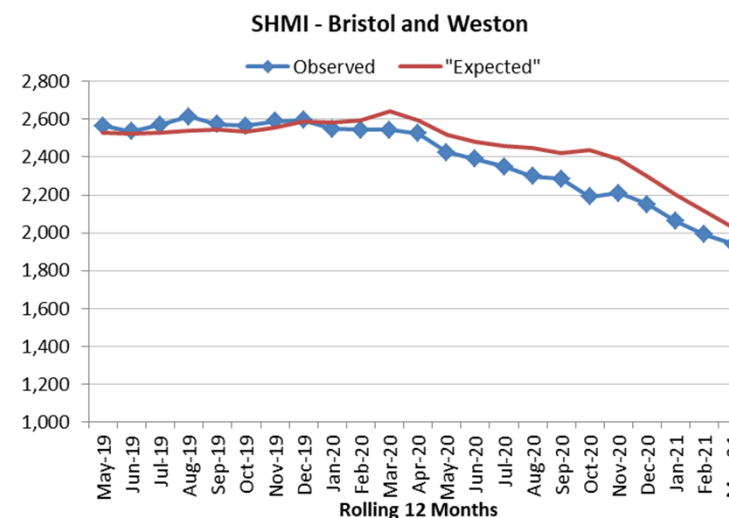
March 2021

A Achieved

<b>Standards:</b>	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. The most recent data is for the 12 months to November 2020 and is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".
<b>Performance:</b>	The Summary Hospital Mortality Indicator for UHBW for the 12 months to March 2021 and was 95.6 and in NHS Digital's "as expected" category. This is lower than the overall national peer group of English NHS trusts of 100.
<b>Commentary:</b>	Actions: The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
<b>Ownership:</b>	Medical Director

	UHBW		
Rolling 12	Observed	"Expected"	SHMI
Jun-20	2,390	2,480	96.4
Jul-20	2,350	2,460	95.5
Aug-20	2,300	2,450	93.9
Sep-20	2,285	2,420	94.4
Oct-20	2,190	2,440	89.8
Nov-20	2,210	2,390	92.5
Dec-20	2,150	2,300	93.5
Jan-21	2,060	2,200	93.6
Feb-21	1,990	2,115	94.1
Mar-21	1,940	2,030	95.6

*So Jan-21 represents 12 month period Feb-20 to Jan-21*



# Mortality – HSMR (Hospital Standardised Mortality Ratio)



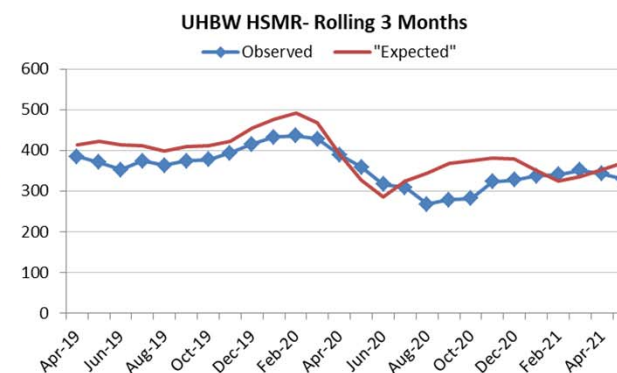
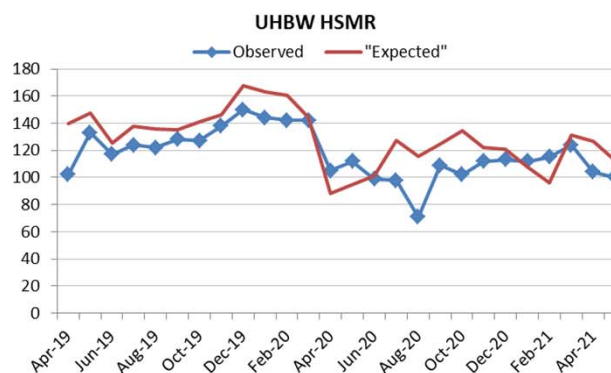
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May 2021

A Achieved

<b>Standards:</b>	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr.Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
<b>Performance:</b>	HSMR within CHKS for UHBW for the solely the month of May 2021 is 89, meaning there were fewer observed deaths (100) than the statistically calculated expected number of deaths (112.3). Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation. The HSMR for the 12 months to May 2021 for UHBW was 88.6 (National Peer: 90.0).
<b>Commentary:</b>	Actions: The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts.
<b>Ownership:</b>	Medical Director

	UHBW		
	Observed	"Expected"	HSMR
Jun-20	99	102	97.4
Jul-20	98	128	76.8
Aug-20	71	115	61.6
Sep-20	109	124	87.6
Oct-20	102	135	75.7
Nov-20	112	122	91.5
Dec-20	113	121	93.5
Jan-21	112	108	103.9
Feb-21	115	96	119.4
Mar-21	124	131	94.6
Apr-21	104	126	82.3
May-21	100	112	89.0



# Fractured Neck of Femur (NOF)

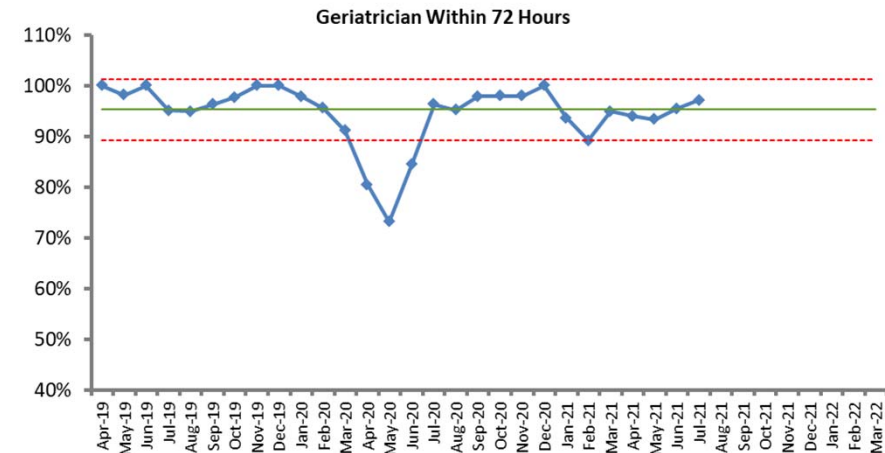
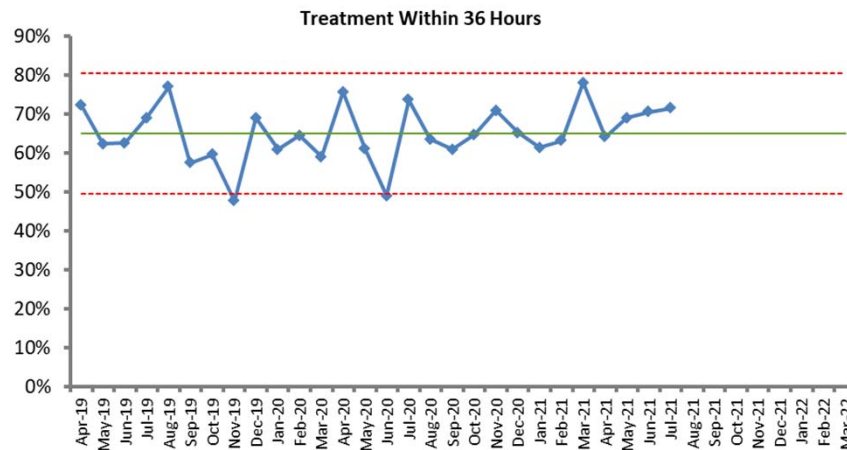
July 2021

**P** Partially Achieved

<b>Standards:</b>	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
<b>Performance:</b>	<p>In July 2021, there were 35 patients eligible for Best Practice Tariff (BPT) across UHBW (17 in Bristol and 18 in Weston.) Overall Best Practice Tariff performance was achieved for 29 out of 35 patients (83%).</p> <ul style="list-style-type: none"> <li>For the 36 hour standard, 71% achieved the standard (25 out of 35 patients)</li> <li>For the 72 hour standard, 97% achieved the standard (34 out of 35 patients)</li> </ul>
<b>Commentary:</b>	<p>Challenges to be addressed in Bristol:</p> <ul style="list-style-type: none"> <li>Difficulty accessing theatres to ensure consistent Fracture Neck of Femur theatre</li> <li>The BRI is witnessing an increase of demand on the trauma service as a result of national lockdowns being eased.</li> <li>Inability to address peaks in Fracture Neck of Femur demand.</li> </ul> <p>Actions being taken in Bristol:</p> <ul style="list-style-type: none"> <li>Getting It Right First Time (GIRFT) review completed, awaiting feedback from the report.</li> <li>Reinvigoration of the Silver Trauma meetings to address the ongoing issues with access to theatre.</li> <li>Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties.</li> <li>Any last minute cancellation from another specialty is usually then backfilled by trauma surgeons.</li> <li>Formal job planning completed and actioned to provide multi-specialist trauma cover each day.</li> </ul> <p>Challenges to be addressed in Weston (July issues):</p> <ul style="list-style-type: none"> <li>Three patients had delays to timely surgery because of their medical needs/requiring optimisation</li> <li>One patient breached time to surgery due to a full trauma list (only half day list was available). During the last 18 months, all day trauma lists have been available Monday to Friday. This has now been reduced to 3 full days and 2 half day trauma lists.</li> </ul> <p>Actions being taken in Weston</p> <ul style="list-style-type: none"> <li>Use emergency (CEPOD) lists where possible for extra capacity when trauma lists are full or limited</li> <li>Seek substantive and/or supporting cover for Ortho-geriatrician service</li> </ul>
<b>Ownership:</b>	Medical Director

# Fractured Neck of Femur (NOF)

July 2021



	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	17	11	65%	16	94%
Weston	18	14	78%	18	100%
<b>TOTAL</b>	<b>35</b>	<b>25</b>	<b>71.4%</b>	<b>34</b>	<b>97.1%</b>

# Readmissions

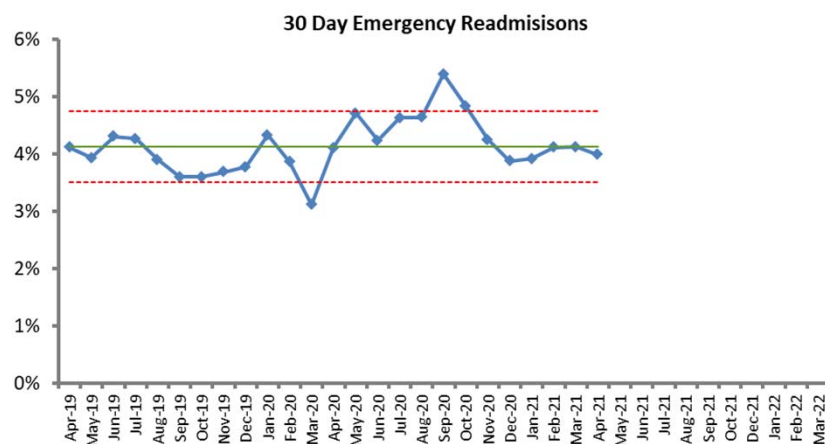


University Hospitals  
Bristol and Weston  
NHS Foundation Trust

June 2021

**P** Partially Achieved

<b>Standards:</b>	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
<b>Performance:</b>	In June, there were 13,887 discharges, of which 489 (3.5%) had an emergency re-admission within 30 days.
<b>Commentary:</b>	The review of Readmission methodologies across the two Trusts has not concluded due to other priorities. However, during 2021/22 the aim is for Readmissions to be managed and reviewed as part of the "Proactive Hospital" group which is being established. The aim of the group is to "deliver timely emergency and elective care by the optimal specialty in the ideal clinical location. All treatments go ahead as planned; no patient will have to queue for a bed or stay in hospital longer than is right for them." There are four strands: 1) Efficient Arrival, 2) Swift Assessment, 3) Seamless Admission and Transfer, and 4) Prompt Discharge. Readmissions will be reviewed as part of a balancing measure to ensure discharges are safe and do not generate inappropriate readmissions.
<b>Ownership:</b>	Chief Operating Officer



	Jun-21		
	Readmissions	Total Discharges	% Readmitted
Diagnostics and Therapies	1	24	4.2%
Medicine	213	2,346	9.1%
Specialised Services	29	2,727	1.1%
Surgery	84	2,665	3.2%
Weston	101	2,115	4.8%
Women's and Children's	61	4,010	1.5%
<b>TRUST TOTAL</b>	<b>489</b>	<b>13,887</b>	<b>3.5%</b>
<i>Bristol Subtotal</i>	<i>388</i>	<i>11,772</i>	<i>3.3%</i>

# Workforce – Bank and Agency Usage



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

July 2021

**P** Partially Achieved

<b>Standards:</b>	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
<b>Performance:</b>	In July 2021, total staffing was at 11,190 FTE. Of this, 5.9% was Bank (656 FTE) and 2.2% was Agency (251 FTE).
<b>Commentary:</b>	<p><b>Bank usage</b> increased by 81.2 FTE There were increases in all divisions, with the largest increase seen in Medicine, increasing to 137.2 FTE from 116.7 FTE in the previous month.</p> <p><b>Agency usage</b> reduced by 25.5 FTE There were increases in one division, Surgery, increasing to 34.1 FTE from 33.4 FTE in the previous month. There were reductions in five divisions, with the largest reduction seen in Weston, reducing to 77.2 FTE from 85.0 FTE in the previous month.</p> <ul style="list-style-type: none"> <li>• The temporary extension of accelerator rates for all bank shifts has seen an increase in bank fill, resulting in a reduction in agency demand.</li> <li>• A further 72 appointments and re-appointments have been made to the Trust Staff Bank across all staff groups.</li> <li>• Actual bank new starters increased by 25% from June to July across all staff groups.</li> <li>• The Bank summer recruitment campaign has seen 8 applications during the month of July, with the social media campaign now re-targeting non-clinical bank staff to support demand.</li> <li>• Work is ongoing to support the introduction of a new provider for medical agency locums across the Trust from September 2021, to help drive down costs and improve controls.</li> <li>• With the expiry of the current Neutral Vendor for nurse agency supply, a procurement process has commenced with System partners, with the awarded contract to commence in April 2022.</li> </ul>
<b>Ownership:</b>	Director of People

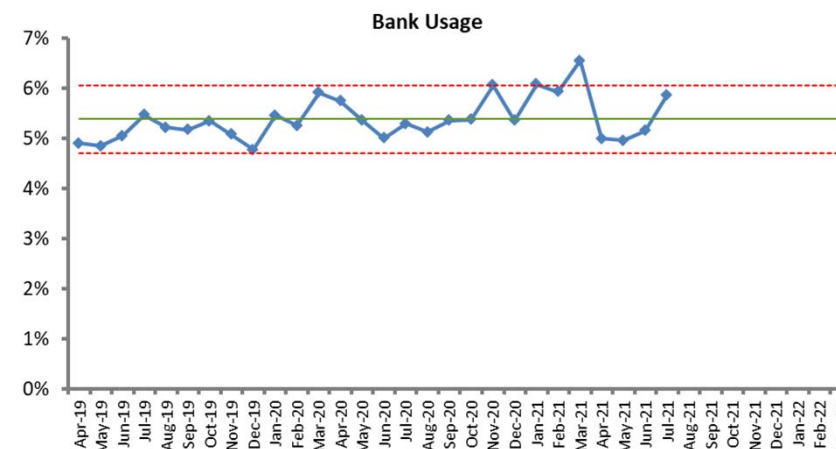
# Workforce – Bank and Agency Usage



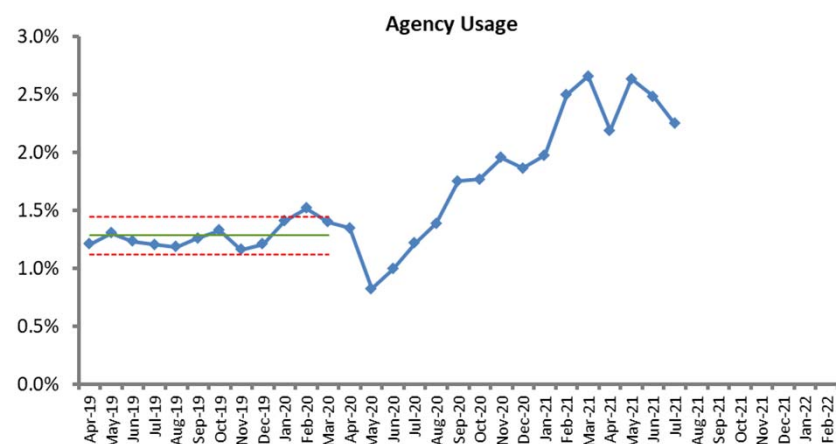
University Hospitals  
Bristol and Weston  
NHS Foundation Trust

July 2021

Bank	July FTE	July Actual %	KPI
<b>UHBW NHS Foundation Trust</b>	<b>655.6</b>	<b>5.9%</b>	<b>5.5%</b>
Diagnostics & Therapies	14.9	1.2%	2.0%
Medicine	137.2	9.6%	10.0%
Specialised Services	90.1	7.7%	6.0%
Surgery	97.7	5.1%	5.3%
Women's & Children's	60.6	2.7%	1.2%
Trust Services	35.4	3.1%	4.5%
Facilities & Estates	104.5	11.2%	8.0%
Weston	115.2	9.53%	10.00%



Agency	July FTE	July Actual %	KPI
<b>UHBW NHS Foundation Trust</b>	<b>251.3</b>	<b>2.2%</b>	<b>1.7%</b>
Diagnostics & Therapies	0.0	0.0%	0.9%
Medicine	78.6	5.5%	2.2%
Specialised Services	24.5	2.1%	1.0%
Surgery	34.1	1.8%	0.93%
Women's & Children's	26.1	1.2%	0.6%
Trust Services	5.7	0.5%	0.0%
Facilities & Estates	5.2	0.6%	3.9%
Weston	77.2	6.4%	5.2%





# Workforce – Turnover



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

July 2021

**N** Not Achieved

<b>Standards:</b>	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
<b>Performance:</b>	In July 2021, there had been 1186 leavers over the previous 12 months, with 8691 FTE staff in post on average over that period; giving a turnover of $1186 / 8691 = 13.6\%$ .
<b>Commentary:</b>	<p>Turnover for the 12 month period increased to 13.6% in July 2021 compared with 13.2% in the previous month. One division saw a reduction whilst seven divisions saw increases in turnover in comparison to the previous month.</p> <p>The largest divisional reduction was seen within Medicine, where turnover reduced by 0.1 percentage points to 18.7% compared with 18.8% the previous month. Women's and Children's had the largest divisional increase, rising from 10.3% to 11.0%.</p> <ul style="list-style-type: none"> <li>The HR Services review of the exit process continues with a view to introducing Stay Conversations and a revised, user friendly, manager led exit interview process.</li> <li>The flexible working and flexible retirement options packages developed as part of the NHSI Retention Programme late 2019, but paused due to the pandemic, are being reviewed as part of the focus to retain staff post pandemic.</li> <li>The Healthier Together Support Network is promoting a new online training for staff to learn how to manage stress and burnout.</li> <li>The newly launched website for the Healthier Together Support Network continues to be developed with staff stories and interactive functionality.</li> </ul>
<b>Ownership:</b>	Director of People

Turnover	Jul-21	KPI
<b>UHBW NHS Foundation Trust</b>	<b>13.6%</b>	<b>12.4%</b>
Diagnostics & Therapies	13.3%	11.1%
Medicine	18.7%	17.8%
Specialised Services	15.3%	13.5%
Surgery	13.6%	12.2%
Women's & Children's	11.0%	9.6%
Trust Services	10.4%	10.1%
Facilities & Estates	15.3%	13.3%
Weston	14.12%	14.06%



# Workforce – Vacancies



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

July 2021

**N** Not Achieved

<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 2021, funded establishment was 11,303 FTE, with 872 FTE as vacancies (7.8%).
<b>Commentary:</b>	<p>Overall vacancies increased to 7.8% compared to 7.4% in the previous month.</p> <p>The largest divisional increase was seen in Women's and Children's, where vacancies increased to 23.9 FTE from -10.8 the previous month. Part of this is due to a budget increase with increased infrastructure / posts in Safeguarding.</p> <p>The largest divisional reduction was seen in Medicine, where vacancies reduced to 131.7 FTE from 145.1 FTE the previous month.</p> <ul style="list-style-type: none"> <li>• Focus on the recruitment of international nurse recruitment continues. 75 registered nurses have now arrived in the Trust. These will be in Band 4 vacancies until they secure their NMC registration of which 42 have now successfully achieved full registration. The full impact on the Band 5 vacancy line will be seen in forthcoming months.</li> <li>• Successful offers to Weston medical vacancies in July; 4 Clinical Fellows (ST3+), 11 Clinical Fellow (ST1/2). 3 ED doctors were also offered in July and are currently undergoing pre-employment checks.</li> <li>• Launch of a promotional video for Weston medical staff, together with a specific web page and a social media campaign is planned for August 2021.</li> <li>• The Trust's first face to face nurse recruitment open day post Covid restrictions is being planned for October.</li> <li>• A recruitment media campaign is being developed to support the recruitment of ENPs, ACPs and registered nurses to staff the new Same Day Emergency Care Unit.</li> </ul>
<b>Ownership:</b>	Director of People

Vacancy	Jul-21	KPI
UHBW NHS Foundation Trust	7.8%	6.2%
Diagnostics & Therapies	3.0%	5.5%
Medicine	9.8%	6.5%
Specialised Services	9.9%	5.5%
Surgery	10.6%	4.5%
Women's & Children's	1.1%	5.0%
Trust Services	5.0%	4.9%
Facilities & Estates	12.1%	9.1%
Weston	15.2%	11.0%



# Workforce – Staff Sickness



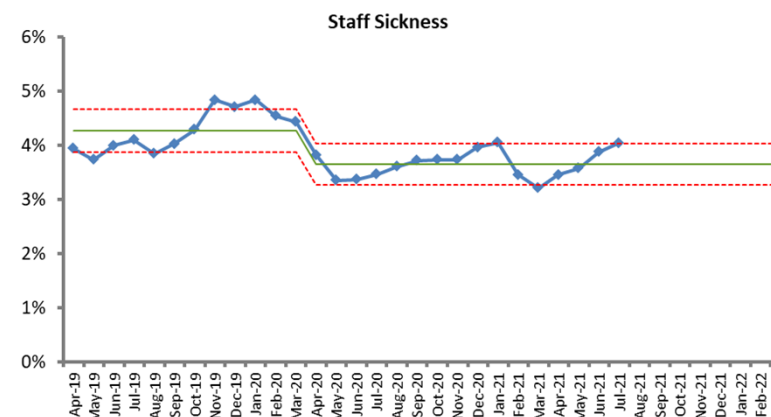
University Hospitals  
Bristol and Weston  
NHS Foundation Trust

July 2021

**P** Partially Achieved

<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 2021, total available FTE days were 318,939 of which 12,867 (4.0%) were lost to staff sickness.
<b>Commentary:</b>	<p>Sickness absence increased to 4.0% compared with 3.9% in the previous month, based on updated figures for both months. This figure now contains Long Covid sickness. It does NOT include Medical Suspension reporting.</p> <p>There were increases within six divisions; the largest divisional increase was seen in Trust Services, increasing by 0.6 percentage points to 3.4% from 2.8% the previous month. There were reductions within two divisions; the largest divisional reduction was seen in Women's and Children's, reducing by 0.2 percentage points to 3.9% from 3.8% the previous month.</p> <p>Medical Suspension continues to be the method used to record short-term Covid absences. During July, 2.5% of available FTE was lost to Medical Suspension compared to 1.3% the previous month: 0.6% Covid Sickness, 1.9% Covid Isolation/Shielding. Long Covid accounts for 0.1% of the sickness absence.</p> <ul style="list-style-type: none"> <li>The Long COVID Management Guide has been launched to support individuals and managers in dealing with symptoms and/or absence. This provision is hoped to be expanded by the Healthier Together Support Network through a system peer support network.</li> <li>Opportunity to engage colleagues and enhance awareness of the wellbeing offer and self-care techniques through the introduction of a package of new e-learning is to be launched in August.</li> <li>HR Services have led wellbeing conversations for the current Covid related staffing shortages, in order to ensure all staff who are absent from work due to sickness have received continuity in the support from the Trust during times of significant operational pressures.</li> </ul>
<b>Ownership:</b>	Director of People

Sickness	Jul-21	KPI
<b>UHBW NHS Foundation Trust</b>	<b>4.03%</b>	<b>3.96%</b>
Diagnostics & Therapies	3.4%	2.9%
Medicine	4.1%	4.4%
Specialised Services	3.8%	3.4%
Surgery	3.8%	4.0%
Women's & Children's	3.8%	3.7%
Trust Services	3.4%	3.5%
Facilities & Estates	5.4%	6.5%
Weston	5.5%	4.1%



# Workforce – Appraisal Compliance



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

July 2021

**N** Not Achieved

<b>Standards:</b>	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
<b>Performance:</b>	In July 2021, 7,091 members of staff were compliant out of 10,228 (69.3%).
<b>Commentary:</b>	<p>Overall appraisal compliance reduced to 69.3% from 69.9% compared to the previous month. All divisions are non-compliant. There were increases in four divisions, and reductions in the remaining four divisions. The largest divisional increase was within Weston, increasing to 65.0% from 64.4% in the previous month; The largest divisional reduction was seen within Specialised Services where compliance reduced to 79.4% compared with 82.1% in the previous month.</p> <ul style="list-style-type: none"> <li>Following agreement by the Senior Leadership Team of the appraisal recovery plan set out to support closing the appraisal compliance gap by September 2021; there is now a risk of achieving the compliance target. A further paper will go to the Senior Leadership Team in August to propose three further options to mitigate this risk.</li> </ul>
<b>Ownership:</b>	Director of People

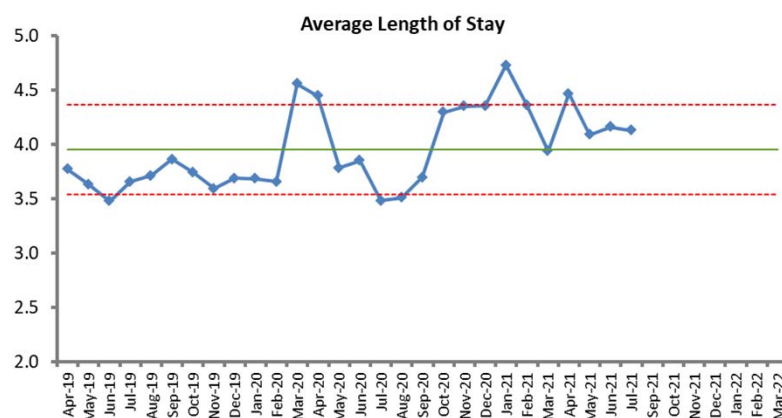
Appraisal (Non-Consultant)	Jul-21	Jun-21	KPI
<b>UHBW NHS Foundation Trust</b>	69.3%	69.9%	85.0%
Diagnostics & Therapies	75.4%	76.9%	85.0%
Medicine	59.3%	59.0%	85.0%
Specialised Services	79.4%	82.1%	85.0%
Surgery	55.0%	54.8%	85.0%
Women's & Children's	73.6%	73.4%	85.0%
Trust Services	75.7%	77.5%	85.0%
Facilities & Estates	74.7%	75.2%	85.0%
Weston	65.0%	64.4%	85.0%

# Average Length of Stay

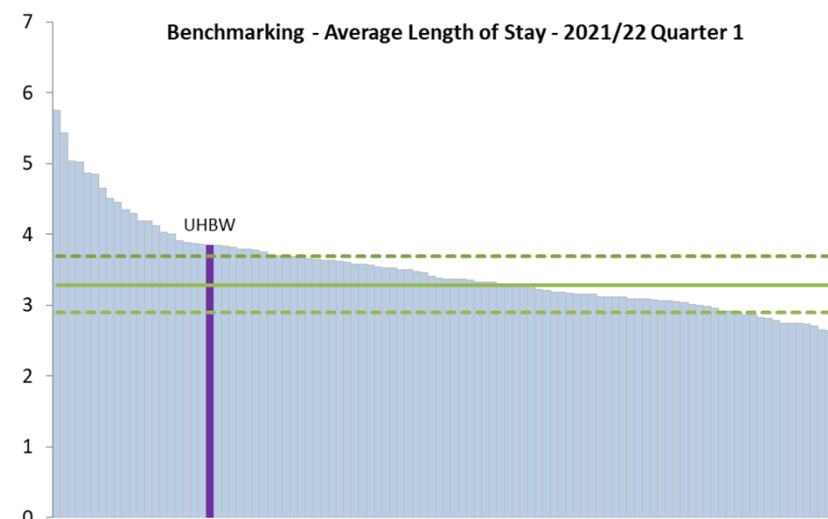
July 2021

N/A No Standard

<b>Standards:</b>	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
<b>Performance:</b>	In July there were 7,358 discharges at UHBW with an average length of stay of 4.13 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



	<b>Jul-21</b>
Medicine	4.8
Specialised Services	7.7
Surgery	3.8
Weston	7.0
Women's and Children's	2.1





# Finance – Executive Summary



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

July 2021

## YTD Income & Expenditure Position

- Net I&E surplus of £617k against a plan of break-even (excluding technical items).
- Total operating income is £700k adverse to plan due to higher than planned income from patient care activities of £3,684k (ERF over-performance), offset by lower than planned other operating income of £4,384k (relating to donations and commercial income).
- Operating expenses are £1,808k adverse to plan and is primarily due to lower than planned savings delivery (£2,153k adverse), higher than planned high cost drugs (£2,527k adverse) offset by slippage on planned revenue investments (£3,176k favourable).

## Key Financial Issues

- The Trust's financial position includes estimated ERF income and matching costs of £8,659k pending a system decision regarding the allocation of ERF at quarter 2. The level of ERF earnable by the Trust will reduce over the next quarter due to challenges with workforce and bed availability impacting on activity delivery as seen in June and July.
- Savings delivery of £2,659k or 55% of the plan. The savings forecast outturn indicates a shortfall in delivery of £6,645k. Although this will impact on the Trust's financial performance against plan it is not expected to lead to non-delivery of the break-even financial plan overall. More significantly, the forecast year-end recurrent savings delivery of £4,025k will have a material impact on the Trust's underlying financial position.

## Strategic Risks

Although the following items are not expected to have an impact in this financial year, further work is required to understand and mitigate:

- The Trust and BNSSG STP/system underlying financial deficit going into 2022/23;
- Agreeing an STP approach to future financial targets given UHBW's need to service past borrowing;
- Understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment;
- Re-assessing the implications of the financial arrangements relating to the merger and how that may have altered by changes in the national financial regime.

# Finance – Financial Performance



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

July 2021

## Trust Year to Date Financial Position

	Month 4			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	75,265	76,372	1,107	302,872	306,556	3,684
Other Operating Income	11,617	8,294	(3,322)	45,805	41,421	(4,384)
<b>Total Operating Income</b>	<b>86,882</b>	<b>84,666</b>	<b>(2,216)</b>	<b>348,677</b>	<b>347,977</b>	<b>(700)</b>
Employee Expenses	(47,832)	(47,402)	430	(191,326)	(189,630)	1,697
Other Operating Expenses	(32,364)	(33,220)	(855)	(132,187)	(135,478)	(3,291)
Depreciation (owned & leased)	(2,622)	(2,517)	105	(9,860)	(10,073)	(213)
<b>Total Operating Expenditure</b>	<b>(82,818)</b>	<b>(83,139)</b>	<b>(321)</b>	<b>(333,373)</b>	<b>(335,181)</b>	<b>(1,808)</b>
PDC	(1,072)	(1,071)	1	(4,286)	(4,286)	0
Interest Payable	(190)	(183)	7	(761)	(724)	37
Interest Receivable	0	0	0	0	0	0
Other Gains/(Losses)	0	0	0	0	(12)	(12)
<b>Net Surplus/(Deficit) inc technicals</b>	<b>2,802</b>	<b>273</b>	<b>(2,529)</b>	<b>10,257</b>	<b>7,774</b>	<b>(2,483)</b>
Remove Capital Donations, Grants & donated asset depreciation	(2,802)	(43)	2,759	(10,257)	(7,157)	3,100
<b>Net Surplus/(Deficit) exc technicals</b>	<b>0</b>	<b>230</b>	<b>230</b>	<b>0</b>	<b>617</b>	<b>617</b>

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

## Key Facts:

- The actual net income and expenditure position for July is a surplus of £230k against a plan of breakeven.
- YTD the net surplus is £617k (£387k last month) compared with the planned breakeven position.
- Pay expenditure remains broadly in line with June and favourable to plan at £1,697k or 0.8% YTD.
- Agency usage reduced in month due to supply constraints but was offset by increased bank usage. The requirement for additional temporary staff continues to be driven by vacancies, sickness or isolation. YTD agency expenditure was £10,000k, 5% of total pay costs.
- Day case and outpatient activity decreased in July by 5-8% compared with June whilst elective inpatient activity remained at similar levels.
- Emergency inpatient activity has remained fairly static since March 2021, at 88% of pre-pandemic volumes, despite the upward trend in A&E attendances.
- Births increased by 17% in July, compared to June.
- Other operating income is adverse to plan by £4,384k due to slower than planned pick up in commercial income and a difference between planned and received grant income of £2,965k.
- CIP achievement is 55%. £2,659k has been achieved against a target of £4,813k.
- Additional costs of Covid-19 are £3,636k at the end of July and continue to show a downward trend.

# 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:

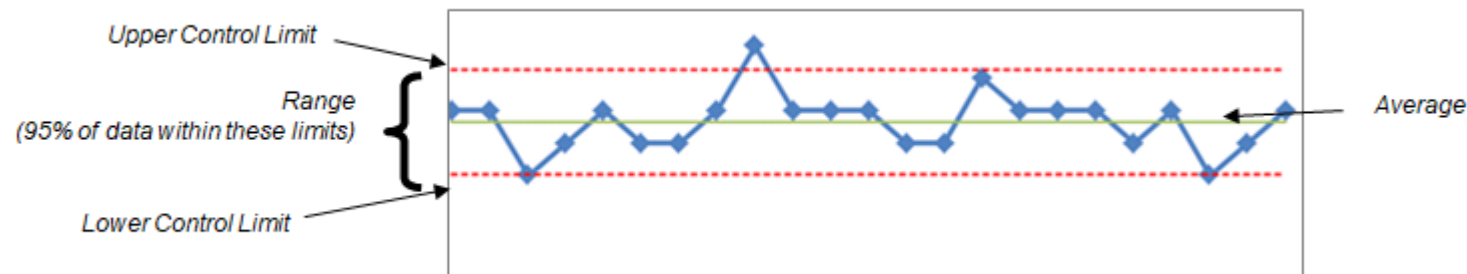
## Rating for acute services/acute trust

	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
<b>Overall trust</b>	Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Good ↑ May 2019	Outstanding ↔ May 2019	Outstanding ↔ May 2019



# 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

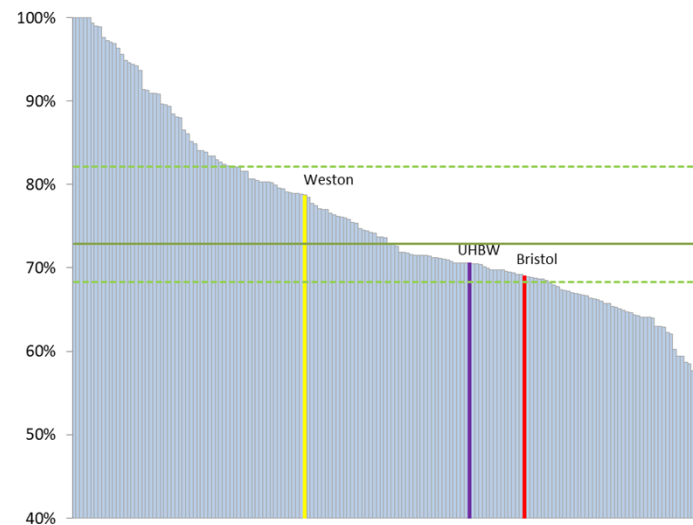


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "control limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

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

# Explanation of Benchmarking Charts

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



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

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

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

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

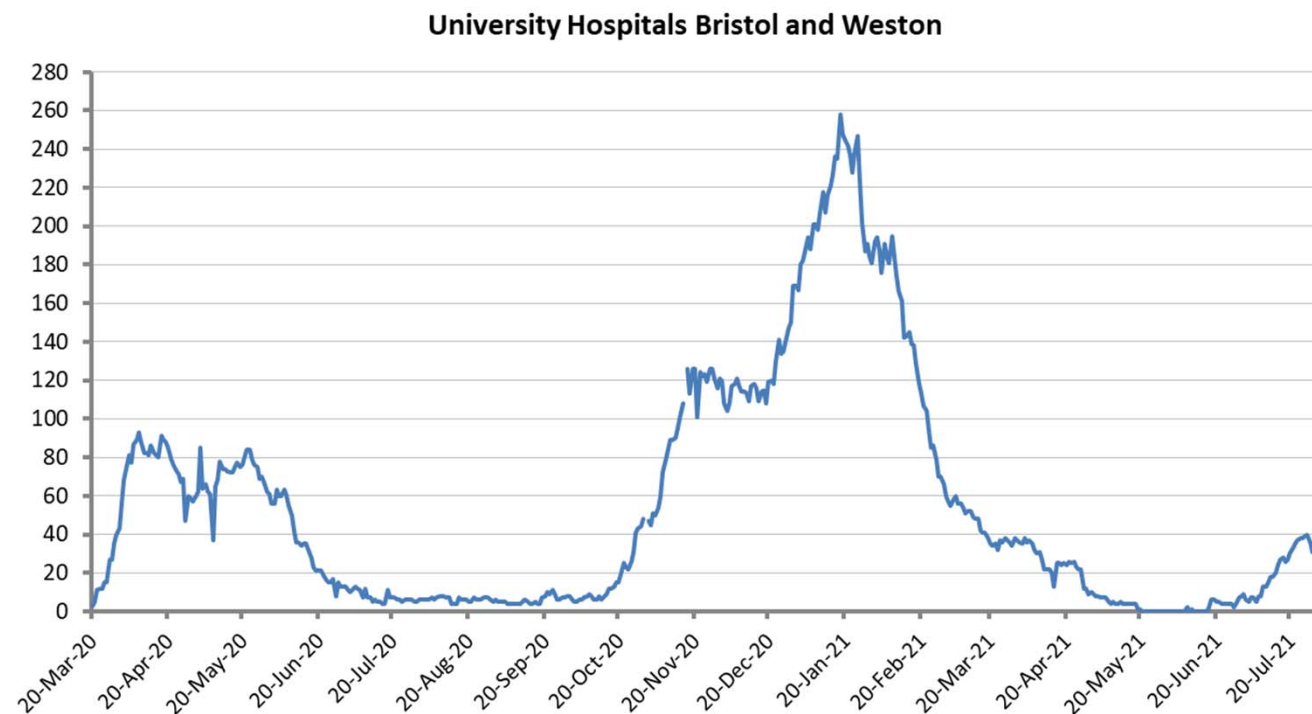
The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

# Appendix – Covid19 Summary

<b>Source:</b>	COVID-19 NHS Situation Report
<b>Publication Date:</b>	Published data, 12 <sup>th</sup> August 2021, from <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/</a>
<b>Ownership:</b>	Chief Operating Officer

## Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 5<sup>th</sup> August 2021.

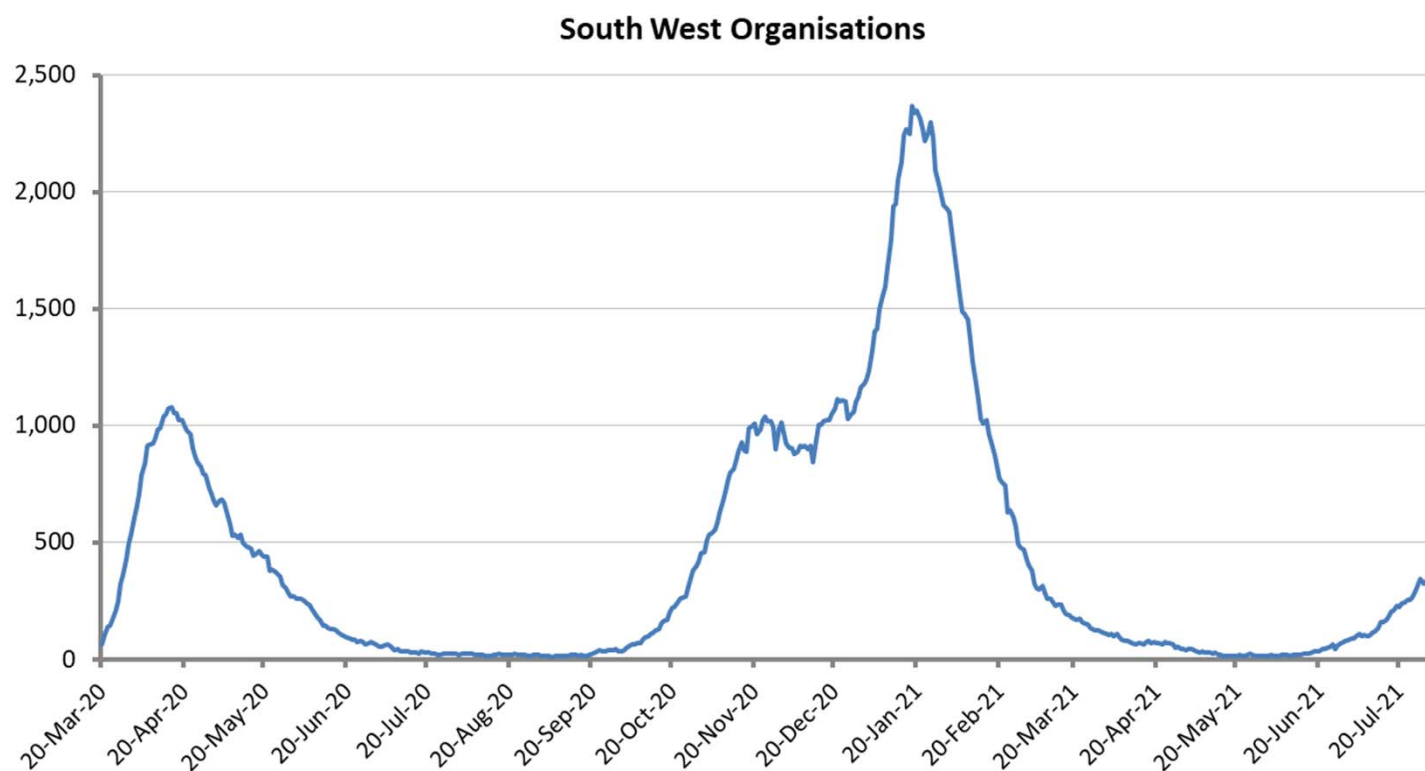


# Appendix – Covid19 Summary



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 12 <sup>th</sup> August 2021, from <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/</a>
Ownership:	Chief Operating Officer



# Appendix – Covid19 Summary

<b>Source:</b>	COVID-19 NHS Situation Report
<b>Publication Date:</b>	Retrieved on 18 <sup>th</sup> August 2021 from <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/</a>
<b>Commentary:</b>	Daily monitoring and reporting of all Covid -19 results is reviewed and approved by an Executive Director. The Trust undertakes rapid action when any cases are identified to prevent further spread with the dissemination of the Infection Prevention and Control Covid outbreak pack to ensure all cases are managed consistently with outbreak meetings set up and conducted in line with the Hospital Outbreak of infection policy.
<b>Ownership:</b>	Chief Nurse

Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				
		Community Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare- Associated	Hospital-Onset Definite Healthcare-Associated	TOTAL Diagnosed Following Admission
May-20	37					313
Jun-20	16					75
Jul-20	6	5	1	0	1	7
Aug-20	8	9	0	0	1	10
Sep-20	13	17	0	0	0	17
Oct-20	47	107	6	6	5	124
Nov-20	176	157	22	12	23	214
Dec-20	203	94	27	22	35	178
Jan-21	414	159	31	25	19	234
Feb-21	156	88	22	19	22	151
Mar-21	75	17	7	3	10	37
Apr-21	38	7	2	3	12	24
May-21	2	3	0	0	0	3
Jun-21	18	7	1	1	0	9
Jul-21	124	72	5	1	5	83
	1,333					1,479

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

# Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			
SAFE DOMAIN																			
ID	Measure	20/21	21/22 YTD	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
<b>Infection Control</b>																			
DA01	MRSA Hospital Onset Cases	4	1	0	1	1	0	0	1	0	0	0	0	0	1	1	1	0	1
DA02	MSSA Hospital Onset Cases	45	13	2	5	1	3	6	5	9	2	4	5	4	0	10	16	13	0
DA03	CDiff Hospital Onset Cases	67	40	11	4	5	7	6	5	2	5	8	11	14	7	18	12	33	7
DA03A	CDiff Healthcare Associated Cases	81	47	13	5	6	8	6	6	2	7	9	13	16	9	20	15	38	9
DA06	EColi Hospital Onset Cases	81	20	13	5	7	4	4	9	6	14	5	5	5	5	15	29	15	5
<b>Patient Falls</b>																			
AB01	Falls Per 1,000 Beddays	5.14	4.41	4.76	5.3	4.28	5.18	5.9	4.38	5.73	4.94	4.7	4.02	4.38	4.58	5.1	5	4.36	4.58
	Numerator (Falls)	1698	543	136	160	134	151	171	124	154	152	139	126	134	144	456	430	399	144
	Denominator (Beddays)	330253	122997	28557	30205	31336	29161	28979	28301	26872	30746	29584	31351	30587	31475	89476	85919	91522	31475
AB06A	Total Number of Patient Falls Resulting in Harm	23	12	1	1	4	3	1	3	3	2	5	1	2	4	8	8	8	4
<b>Pressure Injuries</b>																			
DE01	Pressure Injuries Per 1,000 Beddays	0.279	0.114	0.315	0.199	0.096	0.274	0.138	0.318	0.26	0.228	0.135	0.064	0.131	0.127	0.168	0.268	0.109	0.127
	Numerator (Pressure Injuries)	92	14	9	6	3	8	4	9	7	7	4	2	4	4	15	23	10	4
	Denominator (Beddays)	330253	122997	28557	30205	31336	29161	28979	28301	26872	30746	29584	31351	30587	31475	89476	85919	91522	31475
DE02	Pressure Injuries - Grade 2	84	12	9	6	0	8	4	8	7	7	4	1	3	4	12	22	8	4
DE03	Pressure Injuries - Grade 3	5	2	0	0	0	0	0	1	0	0	0	1	1	0	0	1	2	0
DE04	Pressure Injuries - Grade 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Serious Incidents</b>																			
S02	Number of Serious Incidents Reported	109	35	5	23	15	10	5	11	8	10	7	9	9	10	30	29	25	10
S01	Total Never Events	6	2	0	2	1	2	0	0	0	0	1	0	0	1	3	0	1	1
<b>Medication Errors</b>																			
WA01	Medication Incidents Resulting in Harm	0.25%	0.11%	0%	0%	0.31%	0.37%	0.83%	0%	0%	0.37%	0%	0.33%	0%	-	0.48%	0.13%	0.11%	-
	Numerator (Incidents Resulting In Harm)	8	1	0	0	1	1	2	0	0	1	0	1	0	0	4	1	1	0
	Denominator (Total Incidents)	3213	880	274	284	323	269	241	257	229	268	293	301	286	0	833	754	880	0
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medications	0.46%	0.16%	0.15%	0.54%	0.63%	0.68%	0.36%	1.43%	0.19%	0.35%	0%	0%	0.6%	0%	0.58%	0.46%	0.22%	0%
	Numerator (Number of Incidents)	26	3	1	3	3	3	1	3	1	2	0	0	3	0	7	6	3	0
	Denominator (Total Audited)	5638	1827	675	557	479	442	281	210	521	576	439	447	501	440	1202	1307	1387	440
<i>Omitted Doses is Bristol only</i>																			

# Appendix – Trust Scorecards



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			
SAFE DOMAIN																			
<div><div></div><div>University Hospitals Bristol and Weston NHS Foundation Trust</div></div>																			
ID	Measure	20/21	21/22 YTD	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
VTE Risk Assessment																			
N01	Adult Inpatients who Received a VTE Risk Assessment	85.4%	82.4%	84.4%	85.3%	85.8%	85.2%	85.5%	84.6%	84.3%	84%	82.7%	82.3%	82.5%	82.1%	85.5%	84.3%	82.5%	82.1%
	Numerator (Number Risk Assessed)	77073	28601	6151	7104	7525	7089	6925	6250	6217	7332	7012	7137	7251	7201	21539	19799	21400	7201
	Denominator (Total Patients)	90252	34711	7287	8333	8770	8317	8095	7386	7377	8732	8477	8671	8794	8769	25182	23495	25942	8769
VTE Data is Bristol only																			
Nurse Staffing Levels ("Fill Rate")																			
RP01	Staffing Fill Rate - Combined	95.8%	97.3%	99.4%	97.6%	100.3%	97.4%	91.7%	90.7%	92.9%	91.5%	97.2%	101.5%	96.9%	93.6%	96.4%	91.7%	98.5%	93.6%
	Numerator (Hours Worked)	3472575	1154537	296436	286125	306243	295331	294407	288541	266423	292106	283241	300816	284844	285636	895982	847070	868901	285636
	Denominator (Hours Planned)	3623484	1187107	298223	293298	305348	303349	321059	318057	286794	319187	291290	296455	294105	305258	929756	924037	881850	305258
RP02	Staffing Fill Rate - RN Shifts	92.7%	92.6%	94.9%	95.4%	98.6%	96.7%	89.4%	88.6%	89.9%	87.5%	92.4%	97.7%	92.7%	87.9%	94.8%	88.6%	94.3%	87.9%
	Numerator (Hours Worked)	2310640	757306	194533	191444	206329	200175	199025	194810	176959	192919	186768	199598	187080	184059	605529	564687	573446	184059
	Denominator (Hours Planned)	2492525	817667	204886	200675	209358	207114	222595	219755	196821	220486	202050	201360	201866	209391	639066	637062	608276	209391
RP03	Staffing Fill Rate - NA Shifts	102.7%	107.5%	109.2%	102.2%	104.1%	98.9%	96.9%	95.3%	99.4%	100.5%	108.1%	109.9%	106%	106%	99.9%	98.4%	108%	106%
	Numerator (Hours Worked)	1161934	397031	101903	94680.3	99914.8	95156.2	95381.5	93731.3	89463.7	99187.8	96472.6	101218	97763.7	101576	290452	282383	295454	101576
	Denominator (Hours Planned)	1130958	369440	93337.7	92622.9	95990.9	96235.3	98464.4	98302.4	89972.7	98700.3	89240.1	92095	92238.5	95866.7	290691	286975	273574	95866.7



# Appendix – Trust Scorecards



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

ID	Measure	20/21	21/22 YTD	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
<b>Patient Surveys (Bristol)</b>																			
P01D	Patient Survey (Bristol) - Patient Experience Tracker Score	#N/A	#N/A	90	91	89	88	90	91	92	90	89	91	89	90	90	91	90	90
P01G	Patient Survey (Bristol) - Kindness and Understanding	#N/A	#N/A	96	95	94	93	96	97	96	95	93	97	95	95	94	96	95	95
P01H	Patient Survey (Bristol) - Outpatient Tracker Score	#N/A	#N/A	92	94	92	94	93	94	94	95	95	93	96	92	93	94	95	92
<b>Patient Surveys (Weston)</b>																			
P02D	Patient Survey (Weston) - Patient Experience Tracker Score											84	85	84	86			84	86
P02G	Patient Survey (Weston) - Kindness and Understanding											92	92	95	93			93	93
P02H	Patient Survey (Weston) - Outpatient Tracker Score											90	94	85	90			89	90
<b>Patient Complaints (Number Received)</b>																			
T01	Number of Patient Complaints	1665	618	169	206	199	176	115	136	145	145	124	176	160	158	490	426	460	158
T01C	Patient Complaints - Formal	546	196	61	90	51	65	24	49	32	43	49	46	51	50	140	124	146	50
T01D	Patient Complaints - Informal	1119	422	108	116	148	111	91	87	113	102	75	130	109	108	350	302	314	108
<b>Patient Complaints (Response Time)</b>																			
T03A	Formal Complaints Responded To Within Trust Timeframe	71.5%	73.4%	67.4%	72.6%	61.9%	81%	65.8%	66.7%	72.7%	80.9%	85.5%	58.3%	65.9%	85.6%	69.1%	72.5%	68.4%	85.6%
	Numerator (Responses Within Timeframe)	442	224	31	53	39	47	48	46	32	38	47	42	58	77	134	116	147	77
	Denominator (Total Responses)	618	305	46	73	63	58	73	69	44	47	55	72	88	90	194	160	215	90
T03B	Formal Complaints Responded To Within Divisional Timeframe	76.7%	75.1%	71.7%	68.5%	71.4%	84.5%	67.1%	63.8%	77.3%	87.2%	92.7%	62.5%	72.7%	76.7%	73.7%	74.4%	74.4%	76.7%
	Numerator (Responses Within Timeframe)	474	229	33	50	45	49	49	44	34	41	51	45	64	69	143	119	160	69
	Denominator (Total Responses)	618	305	46	73	63	58	73	69	44	47	55	72	88	90	194	160	215	90
T05A	Informal Complaints Responded To Within Trust Timeframe	93%	91.8%	88.4%	90.9%	89.2%	93.9%	93.2%	97.6%	94.6%	88.7%	91.2%	94.4%	87.8%	92.9%	92.1%	92.9%	91.5%	92.9%
	Numerator (Responses Within Timeframe)	686	214	61	70	74	92	55	40	35	55	52	67	43	52	221	130	162	52
	Denominator (Total Responses)	738	233	69	77	83	98	59	41	37	62	57	71	49	56	240	140	177	56
<b>Patient Complaints (Dissatisfied)</b>																			
T04C	Percentage of Responses where Complainant is Dissatisfied	7.12%	9.45%	2.17%	9.59%	20.64%	1.72%	5.48%	2.9%	13.64%	2.13%	9.09%	9.72%	-	-	9.28%	5.63%	9.45%	-
	Numerator (Number Dissatisfied)	44	12	1	7	13	1	4	2	6	1	5	7	0	0	18	9	12	0
	Denominator (Total Responses)	618	127	46	73	63	58	73	69	44	47	55	72	0	0	194	160	127	0

# Appendix – Trust Scorecards



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	University Hospitals Bristol and Weston NHS Foundation Trust			
CARING DOMAIN																				
ID	Measure	20/21	21/22 YTD	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
<b>Friends and Family Test (Inpatients and Day Cases)</b>																				
P03A	Friends and Family Test Admitted Patient Coverage	17%	28.9%	-	-	-	-	11.6%	15.4%	19.1%	21.5%	20.8%	32.2%	31%	31.2%		11.6%	19%	28.1%	31.2%
	Numerator (Total FFT Responses)	3442	6882	0	0	0	0	620	662	913	1247	1222	1930	1960	1870		620	2822	5112	1870
	Denominator (Total Eligible to Respond)	20211	24178	0	0	0	0	5330	4295	4790	5796	5863	5994	6332	5989		5330	14881	18189	5989
P04A	Friends and Family Test Score - Inpatients/Day Cases	98.4%	97.6%	-	-	-	-	97.4%	99.1%	99.1%	98.1%	97.7%	97.7%	97.9%	97.2%		97.4%	98.6%	97.8%	97.2%
	Numerator (Total "Positive" Responses)	3346	6782	0	0	0	0	592	648	895	1211	1182	1882	1917	1801		592	2754	4981	1801
	Denominator (Total Responses)	3400	6947	0	0	0	0	608	654	903	1235	1210	1926	1959	1852		608	2792	5095	1852
<b>Friends and Family Test (Emergency Department)</b>																				
P03B	Friends and Family Test ED Coverage	7.4%	7%	-	-	-	-	8.5%	6.6%	6.6%	7.8%	6.2%	6.5%	8.7%	6.3%		8.5%	7.1%	7.3%	6.3%
	Numerator (Total FFT Responses)	1971	3179	0	0	0	0	572	407	401	591	537	774	1086	782		572	1399	2397	782
	Denominator (Total Eligible to Respond)	26539	45423	0	0	0	0	6760	6126	6094	7619	8598	11898	12542	12385		6760	19779	33038	12385
P04B	Friends and Family Test Score - ED	92.4%	83.7%	-	-	-	-	91.9%	93.5%	92%	92.5%	88%	85.6%	83.7%	78.7%		91.9%	92.7%	85.3%	78.7%
	Numerator (Total "Positive" Responses)	1811	2649	0	0	0	0	524	375	367	545	471	660	904	614		524	1287	2035	614
	Denominator (Total Responses)	1959	3166	0	0	0	0	570	401	399	589	535	771	1080	780		570	1389	2386	780
<b>Friends and Family Test (Maternity)</b>																				
P03C	Friends and Family Test MAT Coverage	15.8%	10.9%	-	-	-	-	5%	16.3%	31%	10.4%	7.4%	16.7%	20.8%	0%		5%	19.1%	15%	0%
	Numerator (Total FFT Responses)	240	181	0	0	0	0	18	62	119	41	29	69	83	0		18	222	181	0
	Denominator (Total Eligible to Respond)	1523	1659	0	0	0	0	362	381	384	396	392	413	400	454		362	1161	1205	454
P04C	Friends and Family Test Score - Maternity	99%	97.6%	-	-	-	-	94.4%	97.4%	99.5%	100%	96.7%	96.4%	99.1%	95%		94.4%	99.2%	97.8%	95%
	Numerator (Total "Positive" Responses)	381	445	0	0	0	0	17	74	205	85	59	133	215	38		17	364	407	38
	Denominator (Total Responses)	385	456	0	0	0	0	18	76	206	85	61	138	217	40		18	367	416	40
<b>Friends and Family Test (Outpatients)</b>																				
P04D	Friends and Family Test Score - Outpatients	95.7%	94.9%	-	-	-	-	95.1%	96.4%	96%	95.6%	94.8%	95%	94.7%	95.2%		95.1%	96%	94.8%	95.2%
	Numerator (Total FFT Responses)	8482	9147	0	0	0	0	2233	1701	2151	2397	2330	2549	2310	1958		2233	6249	7189	1958
	Denominator (Total Eligible to Respond)	8861	9637	0	0	0	0	2349	1765	2240	2507	2458	2682	2440	2057		2349	6512	7580	2057

# Appendix – Trust Scorecards




University Hospitals  
Bristol and Weston  
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	 University Hospitals Bristol and Weston NHS Foundation Trust			
RESPONSIVE DOMAIN																				
ID	Measure	20/21	21/22 YTD	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	
Emergency Department Performance																				
B01	ED Total Time in Department - Under 4 Hours <i>Numerator (Number Seen In Under 4 Hours)</i> <i>Denominator (Total Attendances)</i>	80.09%	71.42%	82.09%	81.24%	79.82%	75.84%	74.35%	69.72%	72.56%	76.27%	74.93%	74.2%	70.09%	66.93%	76.79%	73.14%	72.98%	66.93%	
		112178	46319	11092	11253	10740	9263	8865	7413	7570	10364	11032	12260	11825	11202	28868	25347	35117	11202	
		140062	64855	13512	13851	13455	12213	11924	10633	10433	13588	14723	16523	16871	16738	37592	34654	48117	16738	
B06	ED 12 Hour Trolley Waits	1440	500	68	6	87	201	247	468	195	102	71	28	146	255	535	765	245	255	
Emergency Department Clinical Indicators																				
B02	ED Time to Initial Assessment - Under 15 Minutes <i>Numerator (Number Assessed Within 15 Minutes)</i> <i>Denominator (Total Attendances Needing Assessment)</i>	81.1%	88.6%	79.7%	76.6%	73.6%	81.7%	78.7%	80.3%	82.2%	77.7%	88.8%	88.5%	88.1%	88.9%	77.8%	79.9%	88.5%	88.9%	
		53673	14411	5145	5014	4689	4748	4499	4167	4030	4838	3485	3920	3599	3407	13936	13035	11004	3407	
		66150	16274	6456	6543	6374	5814	5715	5190	4905	6227	3926	4430	4084	3834	17903	16322	12440	3834	
B03	ED Time to Start of Treatment - Under 60 Minutes <i>Numerator (Number Treated Within 60 Minutes)</i> <i>Denominator (Total Attendances)</i>	68%	49.8%	63.1%	58.3%	63.7%	70.1%	65.6%	68.5%	66.8%	64%	57.5%	52.4%	46.2%	43.6%	66.4%	66.2%	51.8%	43.6%	
		91353	31080	8364	5861	8490	8455	7731	7158	6813	8507	8289	8389	7474	6928	24676	22478	24152	6928	
		134421	62471	13259	10048	13319	12062	11776	10442	10203	13290	14409	16009	16179	15874	37157	33935	46597	15874	
B04	ED Unplanned Re-attendance Rate <i>Numerator (Number Re-attending)</i> <i>Denominator (Total Attendances)</i>	4.5%	4.5%	4.4%	4.4%	4.5%	5.4%	4.7%	4.9%	4.3%	4.6%	4.2%	4.7%	4.6%	4.3%	4.9%	4.6%	4.5%	4.3%	
		6243	2890	589	612	609	654	565	525	448	630	619	773	772	726	1828	1603	2164	726	
		139970	64854	13512	13973	13456	12216	11925	10636	10438	13592	14723	16523	16870	16738	37597	34666	48116	16738	
B05	ED Left Without Being Seen Rate <i>Numerator (Number Left Without Being Seen)</i> <i>Denominator (Total Attendances)</i>	1%	2%	1.2%	1.3%	1.2%	1%	1.1%	1%	1%	1%	1.2%	1.5%	2.3%	2.8%	1.1%	1%	1.7%	2.8%	
		1442	1288	158	174	161	121	135	103	104	140	181	244	393	470	417	347	818	470	
		140062	64855	13512	13851	13455	12213	11924	10633	10433	13588	14723	16523	16871	16738	37592	34654	48117	16738	
Referral To Treatment Ongoing																				
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks <i>Numerator (Number Under 18 Weeks)</i> <i>Denominator (Total Pathways)</i>	-	-	51.4%	58.1%	63.4%	65.6%	62.6%	62.3%	62.5%	61.7%	60.1%	62.8%	63.6%	63.1%	-	-	-	-	
		0	0	20216	23729	27022	27942	26416	26493	27685	28721	29401	31263	32579	33280	0	0	0	0	
		0	0	39363	40827	42654	42624	42222	42523	44314	46538	48902	49791	51198	52718	0	0	0	0	
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	25077	14223	1077	1500	1809	2164	2891	3790	4807	5409	4598	3618	3114	2893	6864	14006	11330	2893	
Referral To Treatment Activity																				
A01A	Referral To Treatment Number of Admitted Clock Stops	27415	10872	2202	2731	3583	3658	2817	2022	1966	2478	2526	2671	2930	2745	10058	6466	8127	2745	
A02A	Referral To Treatment Number of Non Admitted Clock Stops	88000	40992	5366	6944	9106	9178	9730	8935	8583	10237	9803	10149	11045	9995	28014	27755	30997	9995	
A09	Referral To Treatment Number of Clock Starts	116667	48803	8902	11150	12913	11900	10997	10312	11047	12990	12311	12419	13311	10762	35810	34349	38041	10762	
Diagnostic Waits																				
A05	Diagnostics 6 Week Wait (15 Key Tests) <i>Numerator (Number Under 6 Weeks)</i> <i>Denominator (Total Waiting)</i>	-	-	65.09%	57.78%	59.09%	60.08%	56.28%	53.65%	58.86%	65.15%	62.3%	65.34%	63.93%	64.61%	-	-	-	-	
		0	0	8285	8623	8628	8761	8563	7544	8388	9413	8738	9301	9197	9123	0	0	0	0	
		0	0	12728	14925	14602	14582	15215	14062	14252	14448	14025	14234	14387	14119	0	0	0	0	

# Appendix – Trust Scorecards



University Hospitals  
Bristol and Weston  
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INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	 University Hospitals Bristol and Weston NHS Foundation Trust			
RESPONSIVE DOMAIN																				
ID	Measure	20/21	21/22 YTD	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	
Cancer 2 Week Wait																				
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks	81.9%	90.4%	72.5%	51.1%	61.8%	90%	90.2%	86.2%	96.2%	95.1%	91.9%	93%	86.8%	-	78.9%	92.8%	90.4%	-	
	Numerator (Number Seen Within 2 Weeks)	14845	5018	1085	873	1332	1601	1379	1238	1401	1820	1632	1631	1755	0	4312	4459	5018	0	
	Denominator (Total Seen))	18125	5551	1497	1709	2157	1778	1528	1437	1456	1913	1776	1753	2022	0	5463	4806	5551	0	
Cancer 31 Day																				
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.1%	94.2%	98.4%	95.6%	97.8%	97%	95.5%	94%	92.2%	94%	89.9%	96.1%	96.2%	-	96.7%	93.4%	94.2%	-	
	Numerator (Number Treated Within 31 Days)	2971	862	246	262	270	260	298	249	259	328	258	274	330	0	828	836	862	0	
	Denominator (Total Treated)	3125	915	250	274	276	268	312	265	281	349	287	285	343	0	856	895	915	0	
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	99.4%	99.3%	98.8%	98.5%	99.3%	99.2%	99.3%	99.2%	100%	100%	97.4%	100%	100%	-	99.3%	99.8%	99.3%	-	
	Numerator (Number Treated Within 31 Days)	1516	424	166	128	140	129	151	124	137	158	112	155	157	0	420	419	424	0	
	Denominator (Total Treated)	1525	427	168	130	141	130	152	125	137	158	115	155	157	0	423	420	427	0	
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	84.1%	87.9%	92.3%	92.9%	91.5%	82.9%	80%	89.2%	64.6%	81.1%	78%	94%	91.2%	-	85%	77.5%	87.9%	-	
	Numerator (Number Treated Within 31 Days)	492	138	48	52	43	34	36	33	31	43	39	47	52	0	113	107	138	0	
	Denominator (Total Treated)	585	157	52	56	47	41	45	37	48	53	50	50	57	0	133	138	157	0	
Cancer 62 Day																				
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	78.7%	80.7%	83.2%	78.5%	82.2%	75.8%	78.3%	77.6%	72.6%	75.3%	77.5%	83.8%	80.4%	-	78.7%	75.3%	80.7%	-	
	Numerator (Number Treated Within 62 Days)	1130.5	344	82	98.5	113	106.5	122.5	93.5	78	123.5	98	119	127	0	342	295	344	0	
	Denominator (Total Treated)	1436.5	426.5	98.5	125.5	137.5	140.5	156.5	120.5	107.5	164	126.5	142	158	0	434.5	392	426.5	0	
E03B	Cancer 62 Day Referral To Treatment (Screenings)	57.1%	52%	85.7%	100%	100%	100%	27.3%	71.4%	28.6%	77.8%	52.9%	42.9%	57.9%	-	60%	59%	52%	-	
	Numerator (Number Treated Within 62 Days)	22	13	3	0.5	1	3.5	1.5	2.5	2	7	4.5	3	5.5	0	6	11.5	13	0	
	Denominator (Total Treated)	38.5	25	3.5	0.5	1	3.5	5.5	3.5	7	9	8.5	7	9.5	0	10	19.5	25	0	
E03C	Cancer 62 Day Referral To Treatment (Upgrades)	86.8%	87.2%	92.4%	90.4%	94%	88.2%	87.5%	80.7%	84.4%	76.7%	85.7%	91%	85.4%	-	89.9%	80.2%	87.2%	-	
	Numerator (Number Treated Within 62 Days)	583.5	163	54.5	51.5	55	41	56	46	62	74	48	50.5	64.5	0	152	182	163	0	
	Denominator (Total Treated)	672.5	187	59	57	58.5	46.5	64	57	73.5	96.5	56	55.5	75.5	0	169	227	187	0	
Last Minute Cancelled Operations																				
F01	Last Minute Cancelled Operations - Percentage of Admissions	1.15%	1.09%	2.09%	1.13%	1.21%	1.17%	1.54%	1.13%	1.48%	1.16%	0.72%	1.19%	1.76%	0.66%	1.3%	1.25%	1.24%	0.66%	
	Numerator (Number of LMCs)	637	266	87	59	72	66	84	53	74	70	42	72	112	40	222	197	226	40	
	Denominator (Total Elective Admissions)	55573	24284	4154	5220	5951	5656	5463	4672	5001	6039	5803	6034	6376	6071	17070	15712	18213	6071	
F02	Cancelled Operations Re-admitted Within 28 Days	83.4%	63.9%	96.8%	98.8%	91.1%	93%	88.5%	83.1%	67.3%	81.5%	100%	97.5%	82.6%	19.4%	91%	78.4%	92.3%	19.4%	
	Numerator (Number Readmitted Within 28 Days)	542	177	30	82	51	66	54	64	35	53	60	39	57	21	171	152	156	21	
	Denominator (Total LMCs)	650	277	31	83	56	71	61	77	52	65	60	40	69	108	188	194	169	108	



# Appendix – Trust Scorecards



University Hospitals  
Bristol and Weston  
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INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	 University Hospitals Bristol and Weston NHS Foundation Trust			
RESPONSIVE DOMAIN																				
ID	Measure	20/21	21/22 YTD	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	
Green To Go/Fit For Discharge (BRISTOL Only)																				
AQ06A	Green To Go List - Number of Patients (Acute)	-	-	99	96	97	97	125	107	103	168	172	142	166	155	-	-	-	-	
AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	22	19	26	18	11	12	11	10	0	0	0	0	-	-	-	-	
AQ07A	Green To Go List - Beddays (Acute)	-	-	2704	2973	3013	2745	3356	3572	3218	4540	5038	4384	4398	4687	-	-	-	-	
AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	464	528	698	564	458	340	445	398	0	0	0	0	-	-	-	-	
Outpatient Measures																				
R03	Outpatient Hospital Cancellation Rate	12.2%	10.6%	11.5%	9.9%	10.3%	10.3%	11%	11.3%	10.6%	10%	10.1%	9.7%	11%	11.3%	10.5%	10.6%	10.3%	11.3%	
	Numerator (Number of Hospital Cancellations)	121436	40780	8421	8785	9443	9607	9512	9866	9026	10100	9153	8877	11411	11339	28562	28992	29441	11339	
	Denominator (Total Appointments)	991907	386512	73097	88393	91339	93649	86470	87155	85492	100767	90420	91369	104003	100720	271458	273414	285792	100720	
R05	Outpatient DNA Rate	6.9%	6.9%	7%	7.7%	7.7%	8.1%	7.8%	8.5%	6.7%	6.3%	6.4%	6.6%	7%	7.7%	7.9%	7.1%	6.7%	7.7%	
	Numerator (Number of DNAs)	49604	20407	3831	4848	5292	5610	5029	5383	4295	4807	4441	4623	5429	5914	15931	14485	14493	5914	
	Denominator (Total Attendances+DNAs)	717015	294405	55092	63156	68473	69071	64312	63319	64094	75903	69929	70359	77348	76769	201856	203316	217636	76769	
Overdue Partial Booking (Bristol)																				
R22N	Overdue Partial Booking Referrals	33.5%	34.6%	35.2%	35.2%	34.7%	34.2%	35%	35.2%	34%	34.5%	34.2%	33.8%	33.9%	36.5%	34.6%	34.6%	34%	36.5%	
	Numerator (Number Overdue)	569656	203910	49821	49068	48149	48773	49352	49499	47199	49054	49008	49340	49879	55683	146274	145752	148227	55683	
	Denominator (Total Partial Booking)	1698619	588602	141426	139371	138847	142817	141025	140442	138821	142381	143376	145793	147031	152402	422689	421644	436200	152402	
R22R	Overdue Partial Bookings (9+ Months)	3.3%	7.9%	1.9%	2.4%	3.1%	3.7%	4.6%	5.2%	5.8%	6.9%	7.3%	7.7%	8.2%	8.5%	3.8%	6%	7.7%	8.5%	
	Numerator (Number Overdue 9+ Months)	55930	46731	2753	3318	4252	5274	6422	7365	8102	9799	10475	11206	12026	13024	15948	25266	33707	13024	
	Denominator (Total Partial Booking)	1698619	588602	141426	139371	138847	142817	141025	140442	138821	142381	143376	145793	147031	152402	422689	421644	436200	152402	
R22H	Overdue Partial Bookings (12+ Months)	1.5%	4.6%	1.1%	1.2%	1.3%	1.5%	1.8%	2.2%	2.6%	3.2%	3.6%	4.2%	4.9%	5.4%	1.5%	2.7%	4.3%	5.4%	
	Numerator (Number Overdue 12+ Months)	26161	26871	1569	1710	1808	2086	2557	3154	3627	4532	5220	6170	7253	8228	6451	11313	18643	8228	
	Denominator (Total Partial Booking)	1698619	588602	141426	139371	138847	142817	141025	140442	138821	142381	143376	145793	147031	152402	422689	421644	436200	152402	

# Appendix – Trust Scorecards



University Hospitals  
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INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	<div>NHS</div> <div>University Hospitals Bristol and Weston</div> <div>NHS Foundation Trust</div>			
EFFECTIVE DOMAIN																				
ID	Measure	20/21	21/22 YTD	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	
Mortality																				
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	94.4	-	93.9	94.4	89.8	92.5	93.5	93.6	94.1	95.6	-	-	-	-	91.9	94.4	-	-	
	Numerator (Observed Deaths)	26815	0	2300	2285	2190	2210	2150	2060	1990	1940	0	0	0	0	6550	5990	0	0	
	Denominator ("Expected" Deaths)	28400	0	2450	2420	2440	2390	2300	2200	2115	2030	0	0	0	0	7130	6345	0	0	
X02	Hospital Standardised Mortality Ratio (HSMR)	93.2	85.5	61.6	87.6	75.7	91.5	93.5	103.9	119.4	94.6	82.3	89	-	-	86.5	104.7	85.5	-	
	Numerator (Observed Deaths)	1272	204	71	109	102	112	113	112	115	124	104	100	0	0	327	351	204	0	
	Denominator ("Expected" Deaths)	1365.5	238.7	115.3	124.4	134.7	122.4	120.9	107.8	96.3	131.1	126.4	112.3	0	0	378	335.2	238.7	0	
Fracture Neck of Femur (NOF)																				
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	66.1%	68.4%	63.4%	60.9%	64.6%	70.8%	65.1%	61.3%	63%	78%	64%	68.9%	70.5%	71.4%	66.9%	69.1%	67.6%	71.4%	
	Numerator (Treated Within 36 Hrs)	358	119	26	28	31	34	28	19	29	46	32	31	31	25	93	94	94	25	
	Denominator (Total Patients)	542	174	41	46	48	48	43	31	46	59	50	45	44	35	139	136	139	35	
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	92.1%	94.8%	95.1%	97.8%	97.9%	97.9%	100%	93.5%	89.1%	94.9%	94%	93.3%	95.5%	97.1%	98.6%	92.6%	94.2%	97.1%	
	Numerator (Seen Within 72 Hrs)	499	165	39	45	47	47	43	29	41	56	47	42	42	34	137	126	131	34	
	Denominator (Total Patients)	542	174	41	46	48	48	43	31	46	59	50	45	44	35	139	136	139	35	
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	59%	63.8%	61%	52.2%	60.4%	64.6%	58.1%	61.3%	58.7%	69.5%	56%	66.7%	63.6%	71.4%	61.2%	64%	61.9%	71.4%	
	Numerator (Number achieved BPT)	320	111	25	24	29	31	25	19	27	41	28	30	28	25	85	87	86	25	
	Denominator (Total Patients)	542	174	41	46	48	48	43	31	46	59	50	45	44	35	139	136	139	35	
Emergency Readmissions																				
C01	Emergency Readmissions Percentage	4.41%	3.77%	4.64%	5.39%	4.82%	4.25%	3.87%	3.91%	4.11%	4.12%	3.98%	3.71%	3.52%	-	4.33%	4.05%	3.73%	4.45%	
	Numerator (Re-admitted in 30 Days)	6036	1609	524	688	658	545	477	427	471	565	523	507	489	0	1680	1463	1519	90	
	Denominator (Total Discharges)	136869	42713	11304	12766	13650	12830	12327	10908	11454	13727	13137	13667	13887	0	38807	36089	40691	2022	
Stroke Care																				
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	61%	55.6%	46.2%	48.6%	67.7%	71.7%	74.2%	66.7%	56.5%	58.5%	56.1%	48.7%	64.3%	-	71.3%	60.6%	55.6%	-	
	Numerator (Achieved Target)	250	69	12	18	21	33	23	20	13	24	32	19	18	0	77	57	69	0	
	Denominator (Total Patients)	410	124	26	37	31	46	31	30	23	41	57	39	28	0	108	94	124	0	
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	72.6%	62.9%	91.4%	69.8%	75.6%	68.3%	64.6%	66.7%	54.5%	52.7%	58.9%	64%	68.8%	60.9%	69.3%	56.8%	63.2%	60.9%	
	Numerator (Achieved Target)	393	122	32	37	34	41	31	20	18	29	43	32	33	14	106	67	108	14	
	Denominator (Total Patients)	541	194	35	53	45	60	48	30	33	55	73	50	48	23	153	118	171	23	

# Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																		<div>NHS</div> University Hospitals Bristol and Weston NHS Foundation Trust			
WELL-LED DOMAIN																					
ID	Measure	20/21	21/22 YTD	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2		
Bank and Agency Usage																					
AF11A	Percentage Bank Usage	-	-	5.12%	5.35%	5.37%	6.05%	5.35%	6.07%	5.93%	6.55%	4.99%	4.95%	5.15%	5.86%	-	-	-	-		
	Numerator (Bank wte)	0	0	631.74	657.77	595.03	675.77	595.4	683.53	671.71	758.25	560	552.21	574.41	655.6	0	0	0	0		
	Denominator (Total wte)	0	0	12331.8	12298.9	11076.1	11165.2	11126.2	11253.9	11335.3	11582.2	11232	11160.6	11163.1	11189.7	0	0	0	0		
AF11B	Percentage Agency Usage	-	-	1.38%	1.75%	1.77%	1.95%	1.86%	1.97%	2.49%	2.66%	2.18%	2.63%	2.48%	2.25%	-	-	-	-		
	Numerator (Agency wte)	0	0	170.64	215.35	195.62	218.18	207.2	221.92	282.54	307.47	245.28	293.62	276.8	251.31	0	0	0	0		
	Denominator (Total wte)	0	0	12331.8	12298.9	11076.1	11165.2	11126.2	11253.9	11335.3	11582.2	11232	11160.6	11163.1	11189.7	0	0	0	0		
Turnover																					
AF10	Workforce Turnover Rate	-	-	12.4%	12.3%	12.3%	12.1%	12%	12.2%	12.2%	12%	12.3%	12.7%	13.2%	13.6%	-	-	-	-		
	Numerator (Leavers in last 12 months)	0	0	1054.77	1052.86	1060.04	1050.79	1043.85	1061.5	1061.77	1049.15	1071.79	1099.6	1145.43	1185.78	0	0	0	0		
	Denominator (Average Staff in Post)	0	0	8536.69	8591.86	8634.62	8671.86	8670.64	8693.68	8731.51	8714.32	8692.17	8689.73	8678.28	8691.27	0	0	0	0		
Vacancy																					
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	2.7%	3.6%	3.4%	4.1%	4.2%	4.1%	4.3%	3.5%	3.7%	4.9%	7.4%	7.8%	-	-	-	-		
	Numerator (Vacancy wte, Funded minus actual)	0	0	281.27	379.66	363.63	438.49	455.28	437.35	468.72	378.03	401.23	534.8	821.88	871.8	0	0	0	0		
	Denominator (Actual WTE)	0	0	10579.2	10616.2	10649.1	10709.8	10778.9	10785.8	10849.8	10894.5	10828	10849.6	11133.8	11154.6	0	0	0	0		
Staff Sickness																					
AF02	Sickness Rate	3.6%	3.7%	3.6%	3.7%	3.7%	3.7%	4%	4%	3.4%	3.2%	3.5%	3.6%	3.9%	4%	3.8%	3.6%	3.6%	4%		
	Numerator (Total WTE Days Lost)	135412	46969	11391.6	11363	11849.1	11466.5	12633.9	12941.5	10047.9	10396.8	10750.9	11403	11947.8	12867.3	35949.4	33386.2	34101.6	12867.3		
	Denominator (Total WTE Days)	3740392	1258212	315893	305946	317549	307597	318980	319702	291312	324625	311261	319464	308612	318874	944125	935639	939337	318874		
Staff Appraisal																					
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	64.3%	65.5%	66.4%	67.2%	68.2%	66.4%	64.2%	64.9%	66.4%	69.1%	69.9%	69.3%	-	-	-	-		
	Numerator (In-Date Appraisals)	0	0	6484	6637	6747	6891	7005	6859	6728	6823	6905	7106	7159	7091	0	0	0	0		
	Denominator (Total Staff)	0	0	10090	10128	10167	10247	10277	10337	10477	10510	10392	10286	10248	10228	0	0	0	0		

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																		<div><div>NHS</div><div>University Hospitals Bristol and Weston NHS Foundation Trust</div></div>			
USE OF RESOURCES DOMAIN																					
ID	Measure	20/21	21/22 YTD	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2		
Average Length of Stay																					
J03	Average Length of Stay (Spell)	4.03	4.21	3.51	3.69	4.29	4.35	4.35	4.72	4.36	3.93	4.46	4.09	4.16	4.13	4.33	4.31	4.23	4.13		
	Numerator (Total Beddays)	317717	121229	26326	26723	31180	29087	28343	27360	26016	28069	31095	29921	29837	30376	88610	81445	90853	30376		
	Denominator (Total Discharges)	78741	28824	7507	7234	7262	6690	6512	5793	5969	7134	6969	7324	7173	7358	20464	18896	21466	7358		



## Meeting of the Board of Directors in Public – 30 September 2021

<b>Reporting Committee</b>	<b>Quality &amp; Outcomes Committee – meeting held on 3 September 2021</b>
<b>Chaired By</b>	<b>Julian Dennis, Non-Executive Director</b>
<b>Executive Lead</b>	<b>Mark Smith, Deputy Chief Executive and Chief Operating Officer Deirdre Fowler, Chief Nurse and Midwife William Oldfield, Medical Director</b>

### For Information

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

- The Deputy Chief Executive and Chief Operating Officer updated the Committee on restoration and recovery, noting that the Accelerator groups continued to focus on the delivery of schemes associated with both the UHBW Planned Care and Women and Children's Cells. NHSEI had extended the Elective Accelerator programme until the end of November 2021. Discussions were ongoing regarding the leadership of this extended programme as well as governance arrangements. In support of restoration and recovery, the Outpatient Redesign Programme had been updated with a focus on three key areas: community phlebotomy; validation, and patient-initiated follow-up (PIFU).
- The Committee heard from the Deputy Chief Executive and Chief Operating Officer regarding the development of the Trust's Data Quality Assurance Programme and specifically the work undertaken on the Weston Hospital site from December 2020 to August 2021. While the process was noted to be underway, no documented harm had yet been identified. The Committee thanked the team for the incredible amount of work undertaken.
- The Deputy Chief Nurse provided an updated assessment of the Trust against the Infection Prevention and Control (IPC) board assurance framework version 1.6, which incorporated NHS England key actions for infection prevention and control and testing for Boards to adopt. This now encompassed 114 elements including all the NHS England key actions, and of these elements 11 were at Amber (reduced from 18) and 2 unchanged at Red.
- The first quarterly report of the year regarding Serious Incidents (SI) was received, in order to provide assurance to the Committee regarding SI's reported and investigations completed in Q1 2021/22, including performance regarding timely reporting and investigating of SI's in line with national timescales and identification of learning themes. 23 SI's were reported within the first quarter, all of which were reported within the first 48 hours.
- The Committee considered the monthly Root Cause Analysis and nurse safe staffing reports for assurance. Concerns were echoed regarding high activity and reduced staffing levels, though an in year business case for a further 108 international nurses and nurse associates was noted to have been approved. Reflections regarding the success of the August pay incentives were shared.

### For Board Awareness, Action or Response

- The Committee reviewed the integrated quality and performance report, and it was reported performance against NHS constitutional standards remained extremely challenged following an exceptional period of operational pressures, in many areas mirroring or exceeding that of winter 2019. The number of COVID-19 patients diagnosed following admission to hospital had increased to 83 which was the highest since February 2021. Workforce related issues resulted in a higher number of red flag safe staffing incidents in the month, with an internal critical incident in place for most of the month, the fourth in year so far. The Committee reflected on the multifactorial nature of the current difficult operational position and the long term impact on the NHS.
- The Head of Quality (Patient Experience and Clinical Effectiveness) updated the Committee following three Care Quality Commission (CQC) inspections, Bristol Royal Infirmary Emergency Department, Weston General Hospital and the overall CQC Core Services and Well-Led Inspection. The progressing action plans for the first two were noted, and it was highlighted that the publication of the overall inspection was expected at the end of September.
- The Maternity Perinatal Quality Surveillance Matrix was received by the Committee, alongside a contemporary updated flagging that while there had been little change since the previous month, the Trust had declared itself non-compliant with the CNST standards due to delayed reporting of a neonatal death. An action plan to address was in place. Staffing issues within NICU over the previous weekend were highlighted, as were the ongoing issues regarding backlog in induction of labour noted the month prior. This had since been escalated with the Clinical Commissioning Group and the Chief Regional Midwife. In addition to the matrix, the Committee also received the Antenatal and Newborn Screening annual report. The Committee were disappointed to hear that a capital bid for equipment had been turned down and the Head of Nursing for Midwifery and Women's Services agreed to review the associated risk and submit to the next capital planning round.
- It was highlighted that the 6-monthly Trust Board Safe Staffing Report would be delayed due to the recent further wave of the pandemic which had resulted in several ward movements. This was now scheduled for November.

### Key Decisions and Actions

N/A

**Date of next meeting:**

**24 September 2021**