

October 2021

Published Papers

Including:

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

Quality and Outcomes Committee Chair's Report

Audit Committee Chair's Report

Meeting of the Board of Directors in Private on 29 October 2021

| | |
|-----------------------|--|
| Report Title | Integrated Quality & Performance Report |
| Report Author | James Rabbitts, Head of Performance Reporting Rob Presland, Associate Director of Performance Anne Reader/Julie Crawford, Head/Deputy 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/Emma Redfern, Interim Medical Director Workforce – Alex Nestor, Interim Director of People Finance – Neil Kemsley, Director of Finance and Information |

| 1. Report Summary | | | | | | | | | | | | |
|---|---|--------------------------|------------------|---|-------------------------|-----------|---|--------------------------|-----------|---|---|-------------|
| To provide an overview of the Trust’s performance on Quality, Workforce, Access and Finance standards. | | | | | | | | | | | | |
| 2. Key points to note <i>(Including decisions taken)</i> | | | | | | | | | | | | |
| Please refer to Executive Summary for an overview. The Quality and Outcomes Committee should also note the key operating plan requirements mandated by NHS England and NHS Improvement for the period October 2021 to March 2022, also known as the period H2 ¹ . This includes: For Planned Care: | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>H2 Requirement</th> <th>Trust September Position</th> <th>Risk of Delivery</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Eliminating waits of over 104 weeks by March 2022 except where patients choose to wait longer (‘P5’ and ‘P6’ patients); </td> <td>173 x 104 week breaches</td> <td>High Risk</td> </tr> <tr> <td> <ul style="list-style-type: none"> Hold or where possible reduce the number of patients waiting over 52 weeks; </td> <td>3,110 x 52 week breaches</td> <td>High Risk</td> </tr> <tr> <td> <ul style="list-style-type: none"> Stabilise waiting lists around the level seen at the end of September 2021; </td> <td>Overall RTT incomplete list size at 53,697.</td> <td>Medium Risk</td> </tr> </tbody> </table> | H2 Requirement | Trust September Position | Risk of Delivery | <ul style="list-style-type: none"> Eliminating waits of over 104 weeks by March 2022 except where patients choose to wait longer (‘P5’ and ‘P6’ patients); | 173 x 104 week breaches | High Risk | <ul style="list-style-type: none"> Hold or where possible reduce the number of patients waiting over 52 weeks; | 3,110 x 52 week breaches | High Risk | <ul style="list-style-type: none"> Stabilise waiting lists around the level seen at the end of September 2021; | Overall RTT incomplete list size at 53,697. | Medium Risk |
| H2 Requirement | Trust September Position | Risk of Delivery | | | | | | | | | | |
| <ul style="list-style-type: none"> Eliminating waits of over 104 weeks by March 2022 except where patients choose to wait longer (‘P5’ and ‘P6’ patients); | 173 x 104 week breaches | High Risk | | | | | | | | | | |
| <ul style="list-style-type: none"> Hold or where possible reduce the number of patients waiting over 52 weeks; | 3,110 x 52 week breaches | High Risk | | | | | | | | | | |
| <ul style="list-style-type: none"> Stabilise waiting lists around the level seen at the end of September 2021; | Overall RTT incomplete list size at 53,697. | Medium Risk | | | | | | | | | | |

¹ <https://www.england.nhs.uk/wp-content/uploads/2021/09/C1400-2122-priorities-and-operational-planning-guidance-oct21-march21.pdf>

| | | |
|--|---|-------------|
| <ul style="list-style-type: none"> A minimum of 12 advice and guidance requests should be delivered per 100 outpatient first attendances, or equivalent via other triage approaches, by March 2022 | Metric definition under review, but likely to be compliant. | Medium Risk |
| <ul style="list-style-type: none"> Ensure that patient-initiated follow-up (PIFU) is in place for at least five major outpatient specialties, moving or discharging 1.5% of all outpatient attendances to PIFU pathways by December 2021, and 2% by March 2022. | Metric definition under review, but likely to be compliant as currently 4%. | Low Risk |
| <ul style="list-style-type: none"> Continue to grow remote outpatient attendances where clinically appropriate with an overall share of at least 25% | 24% as at end of September. | Medium Risk |
| <ul style="list-style-type: none"> Return the number of people waiting for longer than 62 days to the level we saw in February 2020 (based on the overall national average) by March 2022 | Compliant (under 180 patients, which was the baseline position) | Medium Risk |
| <ul style="list-style-type: none"> Meet the Faster Diagnosis Standard (FDS) from Q3, ensuring at least 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing. | Achieved in most recent reporting period. | Low Risk |

For Urgent Care:

| H2 Requirement | Trust September Position | Risk of Delivery |
|---|---------------------------------------|------------------|
| <ul style="list-style-type: none"> Reduce the number and duration of ambulance to hospital handover delays within the system | 48% over 30 mins for UHBW (Quarter 2) | High Risk |
| <ul style="list-style-type: none"> Eliminate 12-hour waits in EDs | 456 x 12 hour breaches | High Risk |
| <ul style="list-style-type: none"> Ensure safe and timely discharge of those patients | On average 163 beds occupied by | High Risk |

| | | |
|--|---------------------------------------|--|
| without clinical criteria to reside in an acute hospital, especially individuals on Pathway 0 | medically fit for discharge patients. | |
| <p>There are a number of other workforce, finance and quality requirements for NHS delivery in the guidance and these can be found here.²</p> | | |
| 3. Risks 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. | | |
| 4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i> | | |
| <ul style="list-style-type: none"> This report is for Assurance. | | |
| 5. History of the paper Please include details of where paper has <u>previously</u> been received. | | |
| | | |
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| | | |

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.

² Ibid



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

Integrated Quality & Performance Report

October 2021

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University Hospitals
Bristol and Weston
NHS Foundation Trust

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Executive Summary

Reporting Month: September 2021

Performance against NHS constitutional standards continues to remain extremely challenged, with the exceptional period of operational pressures reported since July continuing into September (*Datix Risk ID 801 - Risk that one or more standards of the NHS Oversight Framework are not met*). COVID patients diagnosed following admission to hospital continued to increase with 104 reported during September, which was 18% higher than August and at the highest level since February 2021. There were 39 beds occupied with COVID patients at the end of September, which was 3.9% of the total occupied beds. Trust wide performance against the Emergency Department 4 hour target remains steady at 65.5%, although there were 456 trolley waits in excess of 12 hours and 48% of ambulance handovers were delayed greater than 30 minutes in Quarter 2. UHBW 12 hour trolley wait performance is currently the most challenged nationally, with the Bristol site recording 31% more breaches than the peak of the January 2021 second wave of COVID (65 additional breaches). In September, there were also on average 163 beds occupied by patients medically fit for discharge, which has affected flow. Mitigations in place include extension of the Same Day Emergency Care service at the BRI, review of Infection Prevention and Control guidelines, development of vanguard units for ambulance cohorting and integrated discharge service developments including improved weekend working processes. A BNSSG review of domiciliary care provision has also been commissioned to alleviate pressures in acute beds and discharge to assess pathways.

Urgent care pressures continue to affect elective activity, with elective inpatient activity only at 72% of the monthly plan and the Trust wide last minute cancellation rate spiking at 3.34% (209 last minute cancellations). The number of patients waiting greater than 52 weeks also increased for the second month in a row, with the list size increasing by 185 patients. Outpatient activity is currently above plan and volumes increased for the first time in four months, with the future outlook for recovery looking positive following the opening of the Eye Diagnostic Hub within the Education Centre in October. This is expected to deliver an additional 500 outpatient procedures by November and will help with recovering backlogs. The status of waiting lists is as follows:

- Referral to Treatment patients waiting 104+ weeks. At the end of September there were 173 patients waiting over two years for the start of treatment, an increase in 53 patients from the previous month. The Trust has developed a strategy targeted at reducing 104 week breaches towards the ambition of zero by March 2022 and 34 long waiting orthopaedic patients were transferred for treatment in the Independent Sector in September. The overall incomplete RTT wait list size showed a marginal month on month reduction, although 52 week wait breaches increased by 185 patients (6.3% compared to August).
- Diagnostic waiting lists, where 64.5% 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, with unscheduled care also impacting on capacity for planned activity. Performance remains particularly challenged in CT Cardiac, MRI Cardiac, MRI Paediatrics, echocardiography and Dexa scans.
- Outpatients, where 89,262 patients currently have a partial booking follow up status showing as overdue. This position deteriorated by a further 5.9% in September and the Trust has approved additional waiting list validation activity targeted at clinically higher risk areas to reduce delays and look for alternative methods of follow up under the Personalised Follow Up programme, including Patient Initiated follow up; and
- Patients on a cancer pathway, where the number of patients waiting >62 and >104 days on a 62 day GP referred suspected cancer pathway are at pre pandemic levels. 2 week wait performance for urgent GP suspected cancer referrals did not deliver the national standard this month, and actions are underway to evaluate the colorectal pathway to improve accessibility to straight to test pathways before March 2022.

The Trust remains focused on developing credible elective recovery plans in response to nationally mandated operating plan guidance for October 2021 to March 2022 (H2) but at the same time we are preparing for a difficult Winter during which patient safety and staff wellbeing are at the forefront of recovery ambitions.

Reporting Month: September 2021

Safe

Caring

Successes

- A multi-disciplinary Quality Improvement Project involving the Pharmacy, Digital services, VTE clinical leads and the Patient Safety Improvement Nursing Team has successfully developed and launched a new drug chart across Bristol hospital sites. A further launch to complete the implementation at Weston General Hospital will follow in November 2021.
- The Trust has also welcomed 66 newly qualified students who have taken up posts in both Adult and Children's services. The impact of these students and the International Nurse recruits will be more evident in October/November when they have completed their induction periods.

Priorities

- Pressure Ulcer and Wound Care training sessions planned from November as part of "Ward Survival Study Days" for newly recruited International Nurses.
- The Dementia, Delirium and Falls team are working closely with the Medicine Division to create action plans and support improvements in wards with higher falls rates. This includes joint working on the wards with newly appointed registered and non-registered nursing staff.

Reporting Month: September 2021

Safe

Caring

| Opportunities | Risks & Threats |
|--|---|
| <ul style="list-style-type: none"> A joint Dementia, Delirium and Falls study day is planned for December 2021; this will be an opportunity to refresh the focus on falls with clinical staff, but with an emphasis on supporting patients with a cognitive impairment. Infection Prevention & Control: Clostridium Difficile. A structured collaboration commenced in September 2021 across the BNSSG provider organisations, facilitated by the CCG. A regional NHSE/I quality improvement collaborative is being established. | <ul style="list-style-type: none"> The sustained strain on the nursing staff has precipitated a further significant increase in 'lower than expected staffing incidents' being reported. Most wards have consistently worked at staffing levels below their agreed establishment throughout September and the impact on staff cannot be underestimated; to provide support and reassurance to these areas. The Chief Nurse has written to all ward staff to acknowledge the workplace difficulties and reassure staff that the Trust will support them when working with low staffing levels There have been 57 Clostridium difficile cases for 2021/22 year to date in the trust which mean we are likely exceed trajectory. Anti- microbial stewardship reviews led by Pharmacy/ Microbiology have now restarted which is focusing on areas where Clostridium difficile infection has been identified to ensure compliance with guidance. <p>Key new risks in the quality and patient safety domains:</p> <ul style="list-style-type: none"> The existing Risk 5351 has now been divided into two risks described below describing the existing and new patient risk. Risk 5351: Risk that Patients may suffer harm from continuing to use Phillips CPAP/ BIPAP devices identified in the MHRA NPSA Safety Alert may suffer. This risk affects existing patients who use these devices and refers to the replacement of foam that has been found to degrade over time and requires replacement. Until this replacement is undertaken this will remain an existing risk. Current score 4. Risk 5422: Risk that treatment for new patients requiring CPAP and BIPAP machines may be delayed. Due to the withdrawal of Phillips devices from the NHS supply chain alternative devices have had to be sourced which has been limited in supply, this poses a risk to new patients, this is mitigated by prioritisation based upon clinical risk. Current score 8 |

Reporting Month: September 2021

Responsive

Effective

Successes

- Cancer standards: achievement of the first appointment, subsequent oncology treatment and both 28 day faster diagnosis standards were achieved in August 2021.
- Operational planning guidance (H2) set a new target of 2% of outpatient discharges being Patient Initiated Follow Up (PIFU). The trust is achieving over 4% on nationally submitted returns.
- Digital patient programme procurement has been completed with a successful bidder to be confirmed.
- The Elective Accelerator Programme Health Check has been completed for over 75 business cases; focussing on delivery in the remainder of the financial year.
- The Eye Diagnostic Hub opened on 18th October in the Education Centre and expects to see up to 500 patients per week in November.

Priorities

- Operational delivery for October 2021 to March 2022 requires elimination of 104 week breaches and the stabilisation of 52 week waits and the overall incomplete RTT waiting list. The end of September 104 week breaches were confirmed as 173 and the mitigated forecast is 294 breaches. A specialty level targeted improvement plan is being coordinated by the COO team and Divisions to improve this trajectory towards the nationally mandated zero breaches ambition.
- Ensuring all cancer patients are treated in a clinically safe timescale during the ongoing emergency pressures and over winter, and secondly to maintain performance against the 'ongoing' cancer standards for numbers waiting (once clinical priority has been taken into account).
- The Community phlebotomy standard operating procedure (SOP) has been signed off through SLTDG, Clinical cabinet and Healthier together exec. Programme deadline of 31st of Oct for full implementation with trust wide communications planned W/C 18th Oct. Since July 3131, delegated ICE requests have been sent to primary care following the new process.
- Urgent care performance continues to be extremely challenged, with 4 hour performance, ambulance handover and 12 hour trolley waits subject to cross system improvement focus.
- Overdue follow ups continue to grow as a result of outpatient clinics being cancelled to support patient flow through our acute hospital sites. Risk stratification and divisional engagement underway to inform Trust wide action plan for improvement.

Reporting Month: September 2021

Responsive

Effective

Opportunities

- Planning guidance for second half of 2021/22 has added waiting list validation to trust outpatient priorities of PIFU, Non-face to face and Advice & Guidance. Early discussions with the national waiting list validation programme indicate that P criteria will be extended to non-admitted pathways, with this activity to be delivered in late Feb/early March. There is an opportunity for the trust to get ahead of this programme and manage organisational risks (Datix Risk ID:2244) Planning bids submitted for funding to support waiting list validation and digital patient procurement programme.
- A project has been initiated this period to improve the management of minor pathways in BRI ED and a business case to extend Discharge to Assess Capacity is to be reviewed again by the Healthier Together Executive in October.
- Proof of concept for the transfer of long waiting arthroplasty patients has been completed with the Independent Sector helping to reduce the Trust 104 week breach position by 31 patients. Independent Sector opportunities for inter provider transfer continue to be reviewed.
- Ongoing optimisation of Careflow electronic patient record to enable improvement and consistency in waiting list management across all sites.

Risks & Threats

- 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).
- 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). H2 Planning guidance sets Non face to face activity target of 25%. Trust non face to face activity has plateaued at 24% (Datix Risk ID: 5431 Departmental). Risk raised with divisions through Outpatient Steering Group and tactical meetings.
- H2 planning guidance sets A&G activity target of 12% of referrals to be A&G requests. Trust currently achieving 25%. Continued pressure on Advice and Guidance services raised with BNSSG CCG. Decline in 7 day response times of 80% in July to 70% in Sept (Datix Risk ID: 5347 Departmental). Further requests for service closures and restrictions expected.
- Lack of capacity to recover non-obstetric ultrasound backlog (adults and paediatrics) has been exacerbated by a reduction in outsourcing capacity, where a provider recently procured is no longer able to fulfil commitments owing to competing contractual commitments with other Trusts. Alternative strategies are being developed including re-assessment of the market.
- There is a risk that should ICI continues, the social distancing rules are not relaxed and that all theatres are not available due to staff shortages or other pressures, that the Trust will not achieve the 104ww recovery position

Reporting Month: September 2021

Well-Led

| Successes | Priorities |
|--|---|
| <ul style="list-style-type: none"> • There were Corporate Inductions held every week in September, inducting approx.107 new clinical staff and 40 Nursing Assistants into the Trust. • The Trust’s first in person Adult NQ nurse open day since the start of Covid was a success with 14 attendees and 10 offers on the day. • The team welcomed a further 18 overseas registered nurses in September. • NHS Annual Staff Survey 2021 has launched running from 4th October 2021 until 26th November 2021 providing staff with an opportunity to voice their experiences at work. • A successful Workforce Summit was held with the Trust’s Senior Leadership Team in September, collectively agreeing a number of high impact strategic priorities supporting workforce challenges and risks. | <ul style="list-style-type: none"> • Implementing the workplace wellbeing Winter Booster plan to support the Trust ‘Campaign for Renewal’ programme. • Marking and celebrating Black History Month with a virtual conference on 21 October 2021 supported by a photo exhibition on both Bristol and Weston sites celebrating staff from Black communities. • Moving forward at pace with the international refugee/displaced nurse recruitment pilot, with a cohort of 5 nurses set to join the Trust, initially as Health Care Support Worker’s, in February 2022. • The launch of creating a resolution focused culture is set for the coming weeks with news articles, e-learning and face to face training opportunities for managers. • Implementation of a new reporting system which will allow deeper dives into sickness absence, pulling out themes and referring managers for interventions as appropriate. • Marking national menopause month with an interactive online conference in October. Open to all colleagues to increase confidence in holding wellbeing conversations and the management of symptoms within the workplace. |

Reporting Month: September 2021

Well-Led

| Opportunities | Risks & Threats |
|---|--|
| <ul style="list-style-type: none"> • The Equality, Diversity and Inclusion Advocate recruitment campaign has commenced with the aim to recruit 200 advocates in the next year. • Shaping the new Trust values continues with online voting, offering staff a final opportunity to select their values of choice. The finalised values will be shared with SLT and next steps agreed at Trust Board at the end of October 2021. • The Trust is piloting its first in-house OSCE Bootcamp for the Trust’s new international nurses, teaming up with trainers from the external supplier to help deliver the programme in partnership. • There is an opportunity to work collaboratively with BNSSG System Partners to form a bank of independent investigators. This will create cost savings and also support the wider change in focus from disciplinary to resolution and learning outcomes. • Work is progressing with the BNSSG Aligning Pay Task & Finish Group to agree a pay/incentive framework for bank and additional hours shifts across the region. | <ul style="list-style-type: none"> • Due to the continuing operational pressures there remains a risk to appraisal compliance reaching target. • The Annual Staff Survey 2021 response rates may be negatively affected due to the internal critical incident and ongoing operational pressures. • Ongoing increased use of high cost, non-framework nurse agency supply. • Lack of affordable accommodation for international recruits particularly where bringing family members. Students at Bristol universities are now living in Bath and Weston due to the severe housing shortage in Bristol. • The NMC’s SLA of 10 days to return a PIN for international nurses is currently not being met. The waiting time currently is over 30 days following the completion of the OSCE examination. • The risk of right to work data integrity continues, however a reduction in anomalies has been realised and work continues to audit the records of all employees affected. |

Dashboard

Reporting Month: September 2021

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

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

Infection Control – C.Difficile



September 2021

P Partially Achieved

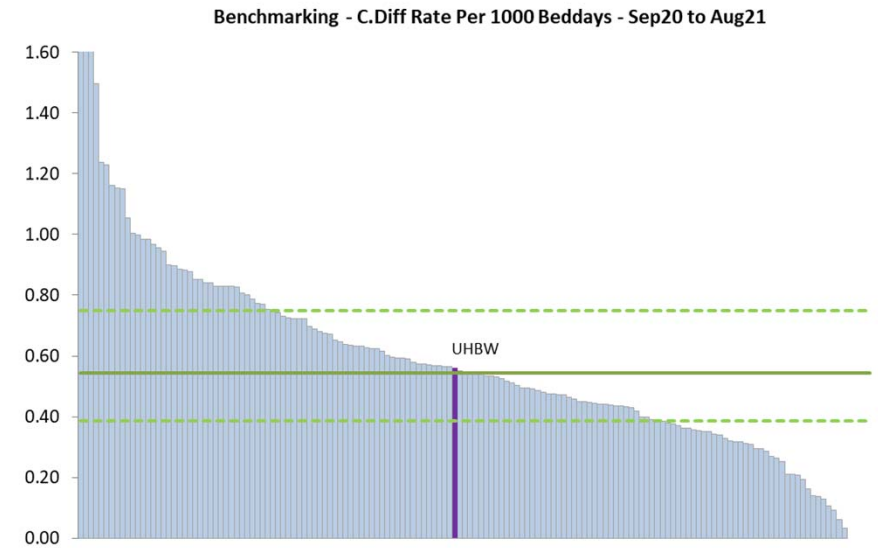
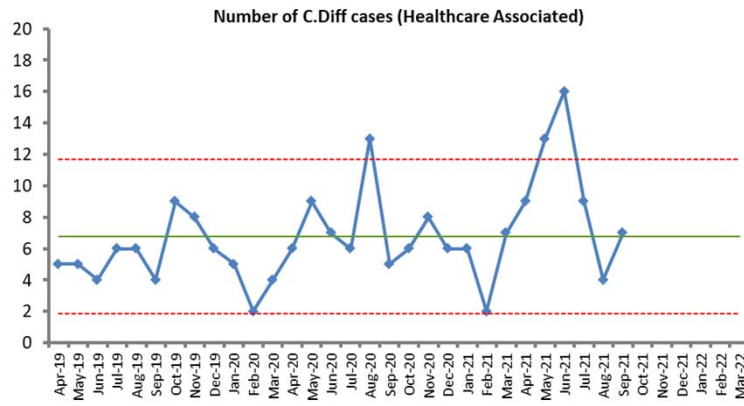
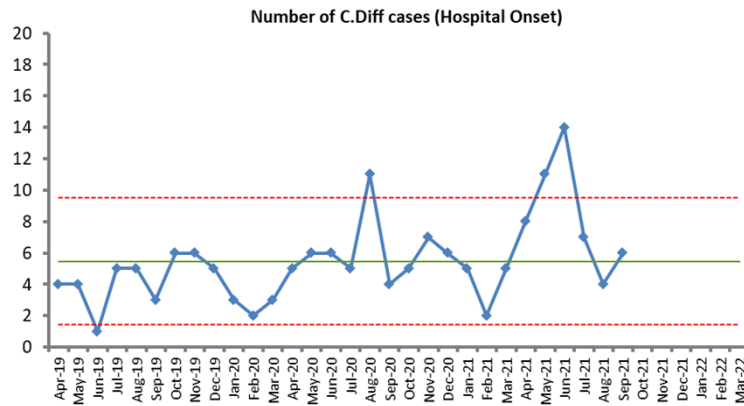
| | |
|---------------------|--|
| Standards: | A limit of cases for UHBW was not set for 2020/21 and has yet to be set for 2021/22. The limit is usually based on the previous financial year's outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year 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. |
| Performance: | There were six cases of C. difficile which were HOHA have been identified in UHBW in September 2021, with one COHA cases reported. Each case requires a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. Hospital Onset Healthcare Associated (HOHA) C-Difficile cases are attributed to the Trust after patients have been admitted for two days (day 3 of admission.). To date we have 58 clostridium difficile cases for 2021/22 which mean we are likely to exceed the trajectory. |
| Commentary: | Further post-infection reviews are scheduled to deal with each of the remaining outstanding quarters in 20/21. Increased cases have been identified across both Bristol and Weston sites. Actions taken: <ul style="list-style-type: none"> • A structured collaboration commenced in September 2021 across the BNSSG provider organisations, facilitated by the CCG and a regional NHSE/I quality improvement collaborative is being established. • Increased environmental auditing within areas of increased rates is taking place. • Anti- microbial stewardship reviews led by Pharmacy/ Microbiology have now restarted which is focusing on areas where C-Difficile infection has been identified to ensure compliance with guidance. • Microbiology weekly clinical reviews are focussing on C-Difficile patients in each division. |
| Ownership: | Chief Nurse |

| | Sep-21 | | 2021/2022 | | 2020/2021 | |
|------------------------|----------|----------|-----------|-----------|-----------|-----------|
| | HA | HO | HA | HO | HA | HO |
| Medicine | 2 | 2 | 17 | 17 | 25 | 24 |
| Specialised Services | 1 | 1 | 14 | 12 | 23 | 18 |
| Surgery | 0 | 0 | 6 | 6 | 11 | 11 |
| Weston | 2 | 1 | 14 | 10 | 12 | 8 |
| Women's and Children's | 2 | 2 | 5 | 5 | 7 | 6 |
| Other (Bristol) | 0 | 0 | 2 | 0 | 3 | 0 |
| TOTAL | 7 | 6 | 58 | 50 | 81 | 67 |

HA = Healthcare Associated, HO = Hospital Onset

Infection Control – C.Difficile

September 2021



Infection Control - MRSA

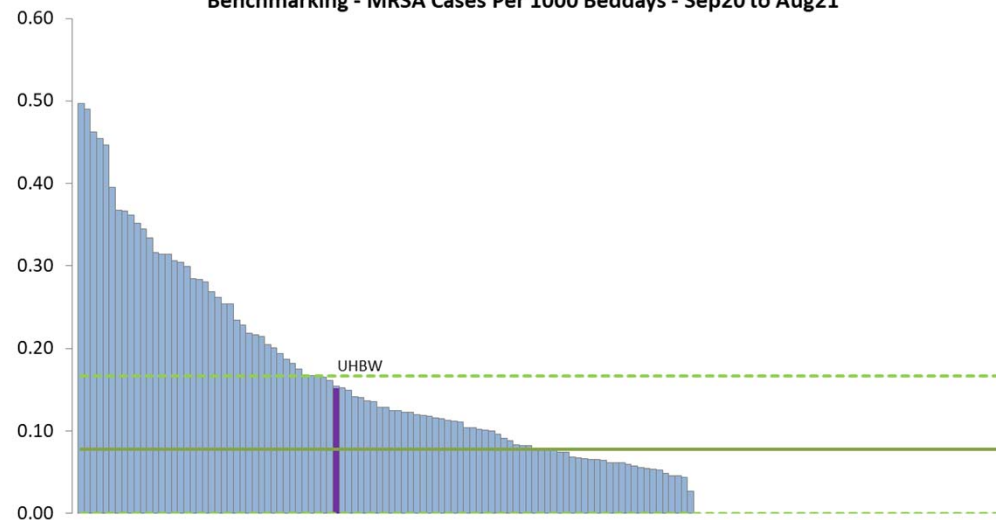
September 2021

Y Achieved

| | |
|---------------------|--|
| Standards: | No Trust Apportioned MRSA cases. This is Hospital Onset cases only. |
| Performance: | There were no new cases of MRSA bacteraemia in UBHW in September 2021. |
| Commentary: | There has been one case this year (in July). The source of this bacteraemia is thought to be attributed to an intravenous line infection; the formal post infection review outcome is awaited. |
| Ownership: | Chief Nurse |

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

Benchmarking - MRSA Cases Per 1000 Beddays - Sep20 to Aug21



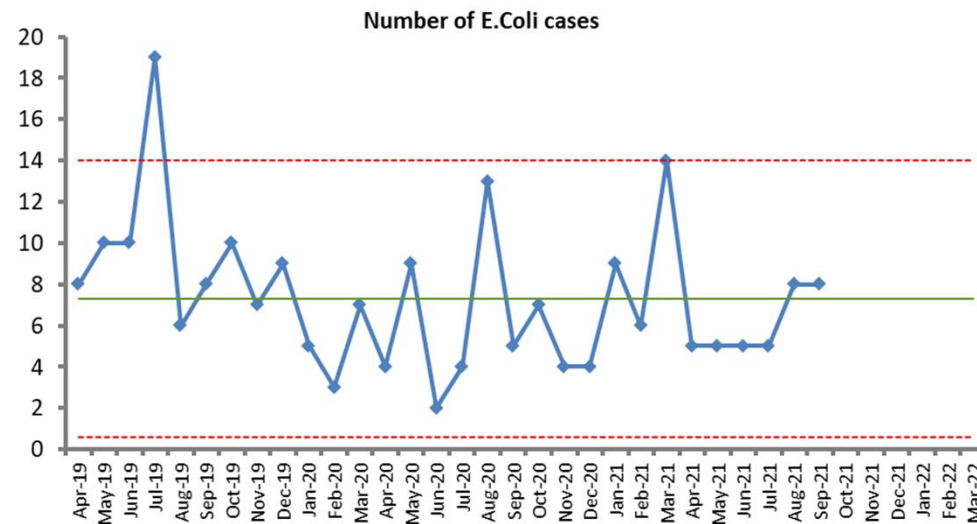
Infection Control – E. Coli

September 2021

N/A No Standard Defined

| | |
|---------------------|---|
| Standards: | Enhanced surveillance of <i>Escherichia coli (E.coli)</i> bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemias are reported monthly to Public Health England (PHE). As a result in the national rise in <i>E.coli</i> bacteraemia rates, a more in-depth investigation into the source of the <i>E.coli</i> bacteraemias is initially undertaken by a member of the Infection Prevention and Control team. Reviews include identifying whether the patient has a urinary catheter and whether this could be a possible source of infection. If any lapses in care are identified at the initial review of each case, a more complete analysis of the patient’s care is carried out by the ward manager through the incident reporting mechanism. There is a time lag between reported cases and completed reviews. |
| Performance: | There were eight Hospital Onset cases in September, giving 36 cases year-to-date. |
| Commentary: | The community prevalence of E.coli cases has been noted to be increasing throughout this year. A Urinary Tract Infection (UTI) was identified as the potential source of E.coli bacteraemia in one of the five identified cases. The remaining cases the source of infection were not established. None of the cases were identified as urinary catheter related. |
| Ownership: | Chief Nurse |

| | Sep-21 | 2021/2022 | 2020/2021 |
|------------------------|----------|-----------|-----------|
| Medicine | 1 | 7 | 27 |
| Specialised Services | 1 | 9 | 17 |
| Surgery | 3 | 10 | 21 |
| Weston | 2 | 8 | 9 |
| Women's and Children's | 1 | 2 | 7 |
| TOTAL | 8 | 36 | 81 |



Serious Incidents (SI)

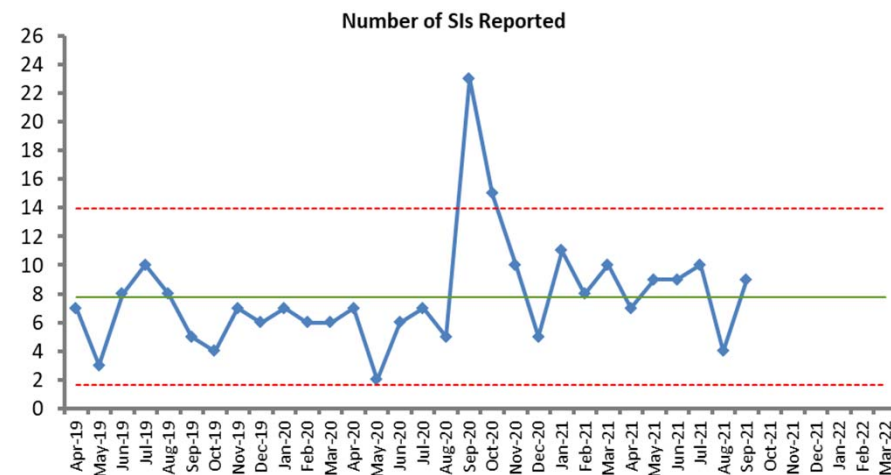


September 2021

N/A No Standard Defined

| | |
|---------------------|--|
| Standards: | UHBW is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015. In 2021, a new Patient Safety Incident Response Framework is to be implemented in UHBW in 2021/22 following learning from early adopters. |
| Latest Data: | Nine serious incidents were reported in September 2021. There was one Never Events reported in the month of September 2021: Wrong implant/prosthesis, Surgical/Invasive procedure meeting SI Criteria. |
| Commentary: | Of the nine Serious Incidents reported, one was a combined Specialised Services/ Medicine SI due to patients that have died likely due to hospital acquired COVID-19 identified at the May Harm Panel. One of the Weston SIs was due to patients identified at Weston hospital as likely to have died due to hospital acquired COVID-19 at the May Harm Panel. These SI's comprise of: three slip trip and fall meeting SI criteria, two Healthcare associated infection/ Infection control incident meeting SI criteria (COVID-19), two treatment delay meeting SI criteria, one Surgical/ invasive procedure incident meeting SI criteria. The outcomes and improvement actions of all serious incident investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course. |
| Ownership: | Chief Nurse |

| | Sep-21 | 2021/2022 | 2020/2021 |
|--------------------------|----------|-----------|------------|
| Medicine | 5 | 17 | 31 |
| Specialised Services | 0 | 6 | 6 |
| Surgery | 0 | 6 | 13 |
| Trust Services | 0 | 0 | 1 |
| Weston | 2 | 8 | 50 |
| Women's and Children's | 1 | 10 | 8 |
| Other/Multiple Divisions | 1 | 1 | 0 |
| TOTAL | 9 | 48 | 109 |



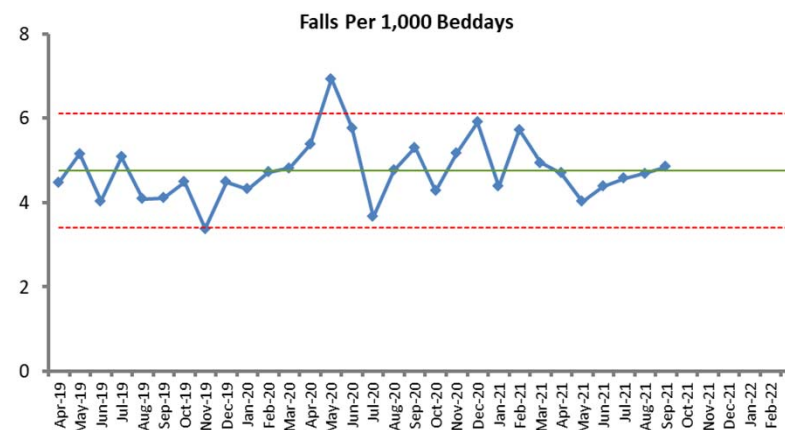
Harm Free Care – Inpatient Falls

September 2021

P Partially Achieved

| | |
|---------------------|--|
| Standards: | To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month. |
| Performance: | During September 2021, the rate of falls per 1,000 bed days was 4.84 across UHBW and remains within the statistical process control limits. Bristol rate was 4.72 and Weston rate was 5.23. There were 147 falls in total (110 in our Bristol Hospitals and 37 in the Division of Weston) . There were two falls with major harm, both in the Medicine Division at the Bristol site. |
| Commentary: | <p>The number of falls has stayed similar to August, however it is noted that there was an increase in falls with those with a cognitive impairment, approximately 30% of all falls compared to 20% last month. There has been continued operational pressures and staff shortages across the Trust which has proved challenging with an increase in the numbers of patients requiring enhanced care observation. The Divisions continue to manage those patients at risk of falls and review and investigate these falls as timely as possible to ensure learning is obtained and shared.</p> <p>Actions:</p> <ul style="list-style-type: none"> • The Dementia, Delirium and Falls team are working closely with the Medicine Division to create action plans and support improvements in wards with higher falls rates. This includes joint working on the wards with newly appointed registered and non-registered nursing staff. • A joint Dementia, Delirium and Falls study day is planned for December 2021; this will be an opportunity to refresh the focus on falls with clinical staff, but with an emphasis on supporting patients with a cognitive impairment. • The Dementia, Delirium and Falls team are working with the Practice Education Facilitators to help embed good practice in falls prevention. • The format and agenda of the Falls Steering Group is being reviewed to move towards learning and action based meeting, based on the North Bristol Trust model. The aim is to hold monthly falls sessions but to integrate a quarterly Dementia / Delirium element as the two are interlinked. This will be discussed at the October steering group, with a view to commencing the new format in the New Year. |
| Ownership: | Chief Nurse |

| | Sep-21 | |
|---------------------------|------------|-------------------|
| | Falls | Per 1,000 Beddays |
| Diagnostics and Therapies | 1 | - |
| Medicine | 56 | 6.87 |
| Specialised Services | 30 | 7.03 |
| Surgery | 18 | 4.78 |
| Weston | 37 | 5.23 |
| Women's and Children's | 5 | 0.70 |
| Other/Not Known | 0 | - |
| TRUST TOTAL | 147 | 4.84 |
| <i>Bristol Subtotal</i> | <i>110</i> | <i>4.72</i> |



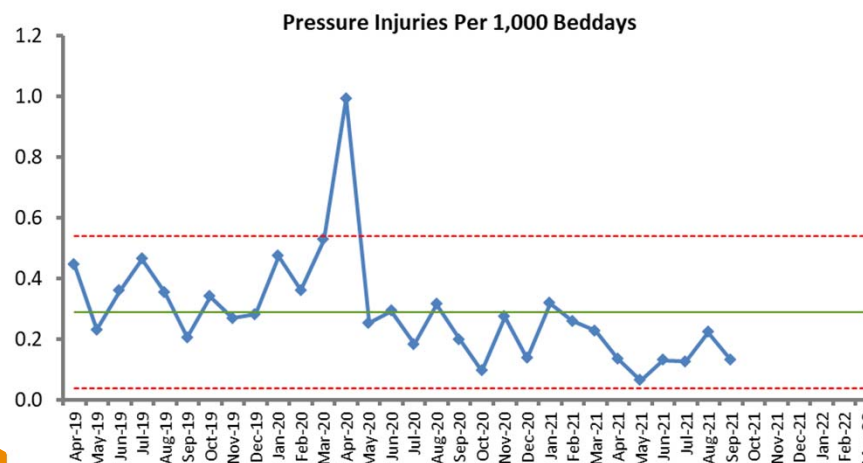
Harm Free Care – Pressure Injuries

September 2021

P Partially Achieved

| | |
|---------------------|---|
| Standards: | To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. Pressure Injuries are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2,3 and 4 are counted. There is an additional category referred to as “Unstageable”, where the final categorisation cannot be determined when the incident is reported. However the Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure. |
| Performance: | During September 2021, the rate of pressure injuries per 1,000 beddays was 0.13 across UHBW. Across UHBW there were a total of three category 2 pressure injuries which were in Weston Division (coccyx, spine and heel). There was one category 3 injury (sacrum) in Weston Division. An investigation is underway for this incident. |
| Commentary: | <p>Actions:</p> <ul style="list-style-type: none"> • Monthly face to face pressure ulcer training open to all clinical staff to include increasing awareness about importance of accurate and timely completion of pressure ulcer, wound care and re-positioning documentation. • New 1:1 15 minute Micro teaching sessions offered to staff – posters encourage staff to contact the team to arrange at their convenience. • Extension of Why Wait Campaign named “Pillow Talk” –explaining the simplicity of using pillows to effectively off-load the sacral /spinal region. • Key messages communicated to staff via the monthly training sessions and newsletters including importance of preventative measures to reduce the risk of medical device related pressure injuries and the importance of regular re-positioning to manage pressure prevention care. • Re-introduction of face to face study days in Bristol and Weston planned from November 2021. • Pressure Ulcer and Wound Care training sessions planned from November as part of “Ward Survival Study Days” for newly recruited International Nurses. |
| Ownership: | Chief Nurse |

| | Sep-21 | |
|---------------------------|----------|-------------------|
| | Injuries | Per 1,000 Beddays |
| Diagnostics and Therapies | 0 | - |
| Medicine | 0 | 0.00 |
| Specialised Services | 0 | 0.00 |
| Surgery | 0 | 0.00 |
| Weston | 4 | 0.57 |
| Women's and Children's | 0 | 0.00 |
| Other/Not Known | 0 | - |
| TRUST TOTAL | 4 | 0.132 |
| <i>Bristol Subtotal</i> | <i>0</i> | <i>0.00</i> |



Medicines Management

Aug/Sep 2021

P Partially Achieved

| | |
|---------------------|--|
| Standards: | 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. |
| Performance: | BRISTOL: There were one moderate harm incidents out of the 248 reported medication incidents in August (0.40%). There were three omitted doses of critical medicine out of 273 patients audited in September (1.1%). WESTON: There were no moderate harm incidents out of 39 (0.0%) reported medication incidents in August. An omitted doses audit was undertaken in Weston over the August bank holiday weekend. The audit applied the same methodology that is used in the Bristol sites for the monthly omitted doses data collection. 203 patients were audited and 8 omitted doses of critical medicines were identified (3.9%). There were 4 occurrences of blank administration boxes, and this involved 3 anticoagulants and one antibiotic. There were 4 occurrences where the medicine was not available on the ward. This related to one controlled drug, one insulin and two antibiotic administrations. |
| Commentary: | <p>The moderate harm incident involved an oral anticancer medicine that had been prescribed at too high a dose for the patient's weight. The patient subsequently experienced a grade 4 thrombocytopenia requiring admission to hospital for a platelet transfusion. This incident is undergoing further investigation.</p> <p>The omitted doses of critical medicine were for two antiepileptic medicines and one medicine for Parkinson's disease. In two cases, the drug was not given and was ordered from pharmacy but had been available as stock on the ward so there was no reason for the omitted dose to occur. In the third case, a dose had been amended so had not been given. The pharmacist ordered and delivered the medication which was then given around an hour late.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Action to improve the availability of medicines out of hours is to produce a flowchart to help staff identify the stepwise process that they need to follow to obtain the medicine. • The UHBW drug chart will be launched in Weston in November. This includes a page to prescribe all anticoagulants which will aid with the administration as the page should be routinely checked. The training for use of the new drug chart will include the requirement that anticoagulants are all prescribed on one specific page, and will include the use of the new numbering format for omitted doses, as well as a reminder that all administration must always be recorded including when the dose is intentionally withheld. • The audit will be presented to medicines governance group so that a robust action plan can be agreed to reduce the number of omissions of critical medicines and a re-audit date also agreed. |
| Ownership: | Medical Director |

Essential Training



September 2021

N Not Achieved

| | |
|---------------------|---|
| Standards: | Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston. |
| Performance: | In September 2021, Essential Training overall compliance reduced to 84%, compared with 85% in the previous month (excluding Child Protection Level 3). |
| Commentary: | <p>September 2021 overall compliance for Core Skills (mandatory/statutory) training reduced compared with the previous month, at 84% overall across the eleven programmes. There were reductions in four programmes: Fire Safety decreased by 2%, while Information Governance, Resuscitation, and Safeguarding Adults all decreased by 1% each.</p> <p>There was a 1% increase in NHS Conflict Resolution, to 89% from the previous month.</p> <p>The remaining six programmes remained static compared with the previous month. Overall compliance for 'Remaining Essential Training' for Bristol and Weston remained static at 85%.</p> <ul style="list-style-type: none"> The Corporate Education team have published an updated version of their FAQ's, providing a helpful guidance on a wide range of common queries. Details of the Kallidus Learn migration project are being published in close collaboration with the Trust Comms team, tracking the continuing close work with Kallidus and BNSSG partners, in relation to functionality and aligned ways-of-working. |
| Ownership: | Director of People |

| Essential Training | Sep-21 | KPI |
|---|--------|-----|
| Equality, Diversity and Human Rights | 91% | 90% |
| Fire Safety | 79% | 90% |
| Health, Safety and Welfare (formerly Health & Safety) | 91% | 90% |
| Infection Prevention and Control | 84% | 90% |
| Information Governance | 78% | 95% |
| Moving and Handling (formerly Manual Handling) | 80% | 90% |
| NHS Conflict Resolution Training | 89% | 90% |
| Preventing Radicalisation | 90% | 90% |
| Resuscitation | 65% | 90% |
| Safeguarding Adults | 87% | 90% |
| Safeguarding Children | 87% | 90% |

| Essential Training | Sep-21 | KPI |
|----------------------------------|------------|------------|
| UHBW NHS Foundation Trust | 84% | 90% |
| Diagnostics & Therapies | 88% | 90% |
| Medicine | 82% | 90% |
| Specialised Services | 84% | 90% |
| Surgery | 82% | 90% |
| Women's & Children's | 81% | 90% |
| Trust Services | 88% | 90% |
| Facilities & Estates | 89% | 90% |
| Weston | 85% | 90% |

Nurse Staffing Levels

September 2021

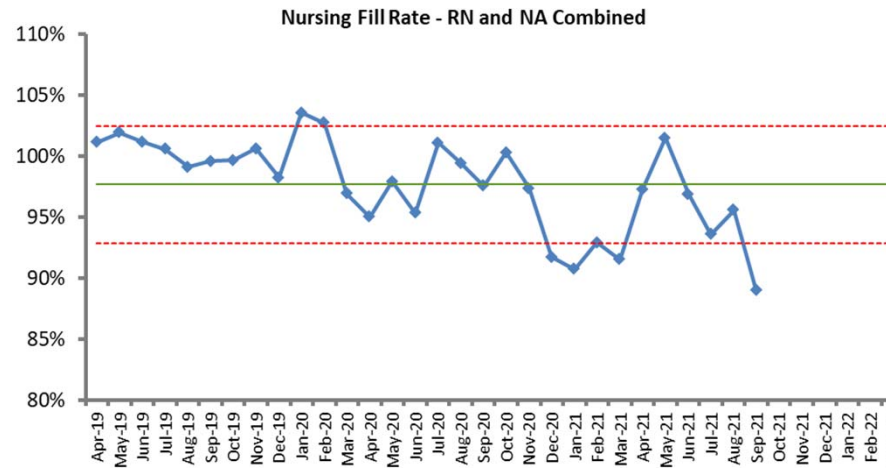
N/A *No Standard Defined*

| | |
|---------------------|--|
| Standards: | It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts. |
| Performance: | The report shows that in September 2021 (for the combined inpatient wards) the Trust had rostered 296,280 expected nursing hours, against the number of actual hours worked of 263,605 giving an overall fill rate of 89.0%. |
| Commentary: | <p>Underlying issues:</p> <ul style="list-style-type: none"> • The ongoing impact of the pandemic on the way the Trust operates, with fluctuating levels of patients with COVID-19 and the marked increased Emergency Department attendances both in adults and in children’s services continues to put significant pressure on all areas across the Trust. This has required close management of nurse staffing to be balanced with the risk of opening additional bed capacity against patients waiting to be admitted into the Emergency department. • This sustained strain on the nursing staff has precipitated a further significant increase in ‘lower than expected staffing incidents’ being reported. We anticipate that many occasions remain unreported due to constraints on nursing time to do so. This is directly related to the number of times nurse staffing has been below the planned level and staff have had to manage an increased workload with reduced resources. • All divisions continue to encourage staff to report these incidents to ensure clear visibility. The correspondingly higher number of red flag incidents reported compared to previous months has continued in September compared to the peak seen in August as the impact of vacancies, staff leave, sickness and COVID reason reduce the availability of staff in both the hospital and the agencies. Each of these incidents are reviewed, investigated and feedback provided by the heads of nursing. • Most wards have consistently worked at staffing levels below their agreed establishment throughout September and the impact on staff cannot be underestimated; to provide support and reassurance to these areas the Chief Nurse has written to all ward staff to acknowledge the workplace difficulties and reassure staff that the Trust will support them when working with low staffing levels . • Due to the increased number of registered nurse vacancies in order to maintain safe staffing; the use of temporary agency staff has increased, the Trust has been working closely with the neutral vendor to support an increase in fill rate; however with the current available supply the use of non-framework agencies has been required. <p>Actions:</p> <ul style="list-style-type: none"> • The international nurse recruitment and training programme is now well established with more cohorts moving through the programme. A total of 50 newly registered nurses are now working on the wards having just completed their supernumerary period. • The Trust has also welcomed 66 newly qualified students who have taken up posts in both Adult and Children’s services, the impact of these and the International Nurse recruits will be more evident in October/November as they will then have completed all their induction periods. • There has been a second Non-Medical Workforce session to progress the key components of ongoing Registered Nurse recruitment, plans for the Health Care Support Worker and Advanced Nursing Roles. • The Trust continues to look at viable incentives for both substantive and temporary staff to encourage additional working however; these are currently having a limited effect as the workforce is reluctant to commit to extra sessions. Currently being assessed by executive team. |
| Ownership: | Chief Nurse |

Nurse Staffing Levels



September 2021



Staffing Fill Rates

| | Sep-21 | | |
|------------------------|--------------|--------------|--------------|
| | Total | RN | NA |
| Medicine | 92.6% | 86.1% | 101.1% |
| Specialised Services | 87.2% | 81.0% | 106.5% |
| Surgery | 89.2% | 83.2% | 104.5% |
| Weston | 90.7% | 80.1% | 103.1% |
| Women's and Children's | 86.1% | 87.3% | 78.9% |
| TRUST TOTAL | 89.0% | 84.4% | 99.6% |

Venous Thromboembolism (VTE) Risk Assessment



University Hospitals
Bristol and Weston
NHS Foundation Trust

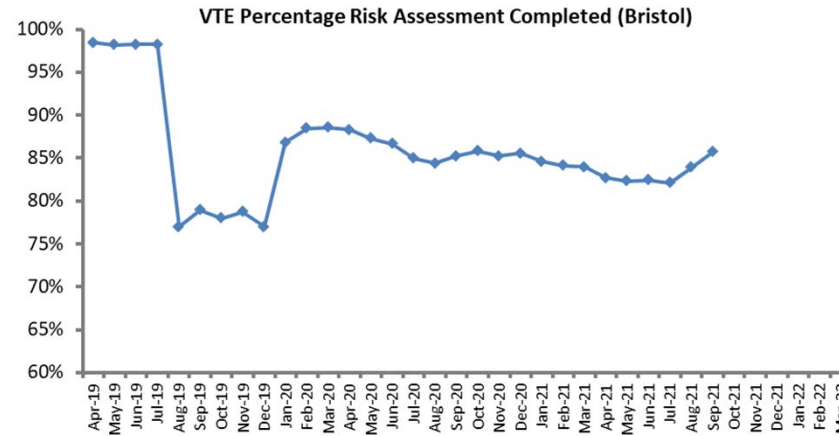
September 2021

N Not Achieved

| | |
|---------------------|---|
| Standards: | Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thrombo-prophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation was to achieve 95% compliance, with an amber threshold to 90%. |
| Performance: | In our Bristol hospitals, since August 2019, the VTE risk assessment is completed electronically using the Medway system; the most recent figure for September 2021 is 85.7% which has remained fairly static throughout 2021/22. 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 2 spot checks performed by the patient safety improvement nurses, the most recent of which was in July 2021 demonstrated a 67% compliance with VTE risk assessment completion. The results highlight the ongoing need for improvement in VTE risk assessment completion which is significantly below the national target. |
| Commentary: | 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. Underlying issues and strategy: <ul style="list-style-type: none"> • A successful project involving the Pharmacy, Digital services, VTE clinical leads and the Patient safety Improvement Nurses has successfully launched a new drug chart at the Bristol sites which will be followed by a further launch in November in Weston. A prompt on this new drug chart points to the completion of the Careflow risk assessment prior to prescribing. • VTE risk assessment will move to the Careflow electronic patient record (EPR) system at Weston in November 2021 facilitating increased reporting oversight. • An alignment of low molecular weight heparin (LMWH) VTE prescribing guidance across the trust will be undertaken in November 2021 across all sites. • Weston and Bristol VTE leads are delivering focused training to the junior doctors as part of the new trust wide roll out of the new drug chart/ electronic VTE assessment launch in Weston. |
| Ownership: | Medical Director |

Venous Thromboembolism Risk Assessment

September 2021



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

| Division | SubDivision | Number Risk | | Percentage Risk |
|--|-----------------------|--------------|----------------|-----------------|
| | | Assessed | Total Patients | Assessed |
| Diagnostics and Therapies | Chemical Pathology | 2 | 2 | 100.0% |
| | Radiology | 18 | 18 | 100.0% |
| Diagnostics and Therapies Total | | 20 | 20 | 100.0% |
| Medicine | Medicine | 1,745 | 2,313 | 75.4% |
| Medicine Total | | 1,745 | 2,313 | 75.4% |
| Specialised Services | BHOC | 2,134 | 2,212 | 96.5% |
| | Cardiac | 339 | 502 | 67.5% |
| Specialised Services Total | | 2,473 | 2,714 | 91.1% |
| Surgery | Anaesthetics | 14 | 14 | 100.0% |
| | Dental Services | 75 | 97 | 77.3% |
| | ENT & Thoracics | 168 | 244 | 68.9% |
| | GI Surgery | 1,059 | 1,201 | 88.2% |
| | Ophthalmology | 164 | 164 | 100.0% |
| | Trauma & Orthopaedics | 142 | 160 | 88.8% |
| Surgery Total | | 1,622 | 1,880 | 86.3% |
| Women's and Children's | Children's Services | 27 | 42 | 64.3% |
| | Women's Services | 1,530 | 1,685 | 90.8% |
| Women's and Children's Total | | 1,557 | 1,727 | 90.2% |
| Grand Total | | 7,417 | 8,654 | 85.7% |

Friends and Family Test (FFT)



September 2021

N/A No Standard Defined

| | |
|---------------------|--|
| Standards: | The FFT question asks “Overall, how was your experience of our service?”. The proportion who reply “Good” or “Very Good” are classed as Positive Responses, and this is expressed as a percentage of total responses where a response was given. The Trust fully integrated the FFT approach across Bristol and Weston hospitals as of April 2021. FFT data are collected through a combination of online, SMS (for Emergency Departments and Outpatient Services), postal survey responses and FFT cards. There are no targets set. |
| Performance: | <p>We received 6,321 FFT responses in September 2021, which represents an 13% increase in the number of responses received in August 2021 (5,604) and is the highest monthly total since FFT was restarted in December 2020.</p> <p>Please refer to the summary table on the next page for a breakdown of the FFT scores.</p> <ul style="list-style-type: none"> • BRI ED FFT score has deteriorated in September (continuing a trend for the past 6 months) which correlates to the surge in urgent care activity. The score for September is 71%. The latest available benchmarking data from NHS England is from July 2021 and shows the average ED FFT score was 76% – this suggests that the profile locally at BRI ED reflects trends seen nationally; • BRCH ED FFT score dipped in September to 85% (August was 89%). Improvement work has been taking place by BRCH following patient feedback with actions including an improved cleaning regime, a focus on patient communication, staff attitude and ensuring staff feel supported, particularly during times of increased demand; • Weston ED FFT score has dipped in September to 83% (July was 85%). • FFT scores for maternity, day cases, and outpatients are extremely positive and consistent with August figures; • FFT scores for inpatients have declined slightly across Bristol and Weston sites in September, however are still broadly positive (both above 90%). |
| Commentary: | <p>Response rates for FFT in the adult and children’s Emergency Departments (ED) are low. There has been a trend during 2021/22 whereby low FFT response rates correlate to months with high demand on E.Ds. Longer waits and high demand may impact on public appetite to provide feedback when prompted. For context, a text message is sent to all patients or parents attending our EDs where we have a mobile number recorded on the patient record. In September, for BRI ED this equated to 48% of patients seen and for BRCH ED this accounted for 73% of parents seen. In total, we sent 7,716 messages to patients attending our emergency departments asking for them to provide feedback in September. We are therefore asking a significant proportion of patients seen to provide feedback on their experience of care.</p> <p>Actions:</p> <ul style="list-style-type: none"> • The Patient Experience Team have shared FFT Emergency Department trend data via the Heads of Nursing to ensure there is operational oversight on patient experience in the Trust’s EDs and to offer support in reviewing key themes. |
| Ownership: | Chief Nurse |

Friends and Family Test (FFT)



University Hospitals
Bristol and Weston
NHS Foundation Trust

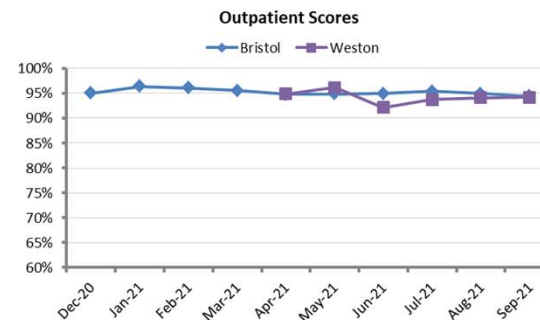
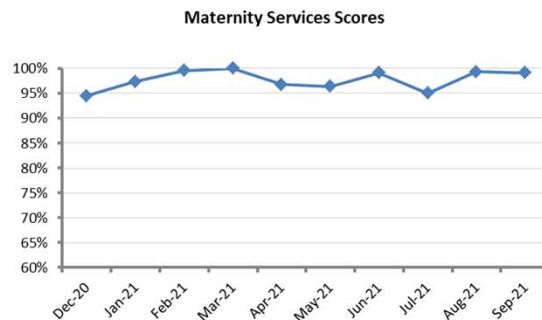
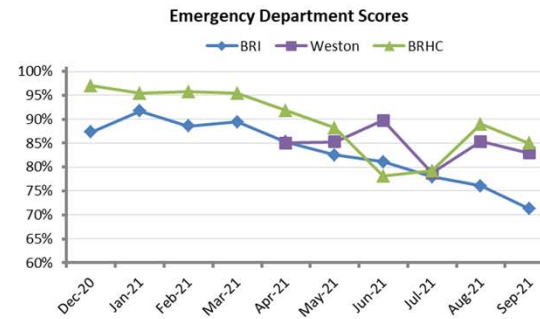
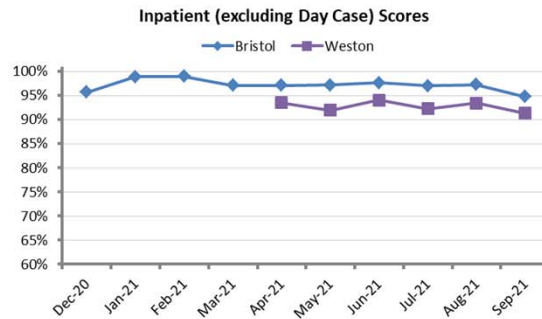
September 2021

| | | Positive Response | Total Response | Total Eligible | % Positive | Response Rate |
|-------------|---------|-------------------|----------------|----------------|------------|---------------|
| Inpatients | Bristol | 831 | 894 | 2,522 | 94.8% | 35.4% |
| | Weston | 211 | 235 | 660 | 91.3% | 35.6% |
| | UHBW | 1,042 | 1,129 | 3,182 | 94.0% | 35.5% |
| Day Cases | Bristol | 370 | 376 | 2,086 | 99.2% | 18.0% |
| | Weston | 279 | 282 | 513 | 99.3% | 55.0% |
| | UHBW | 649 | 658 | 2,599 | 99.2% | 25.3% |
| Outpatients | Bristol | 3,023 | 3,242 | | 94.4% | |
| | Weston | 307 | 333 | | 94.2% | |
| | UHBW | 3,330 | 3,575 | | 94.4% | |

| | | Positive Response | Total Response | Total Eligible | % Positive | Response Rate |
|-----------|-----------------------|-------------------|----------------|----------------|------------|---------------|
| A&E | BRI | 124 | 175 | 4,389 | 71.3% | 4.0% |
| | BRHC | 181 | 214 | 3,447 | 85.0% | 6.2% |
| | BEH | 206 | 213 | 1,953 | 96.7% | 10.9% |
| | Weston | 203 | 246 | 2,713 | 82.9% | 9.1% |
| | UHBW | 714 | 848 | 12,502 | 84.5% | 6.8% |
| Maternity | Antenatal | 21 | 21 | 298 | 100.0% | 7.0% |
| | Birth | 26 | 30 | 419 | 96.3% | 7.2% |
| | Postnatal (ward) | 25 | 25 | 410 | 100.0% | 6.1% |
| | Postnatal (community) | 35 | 35 | 307 | 100.0% | 11.4% |
| | UHBW | 107 | 111 | 1,434 | 99.1% | 7.7% |

TOTAL RESPONSES

6,321

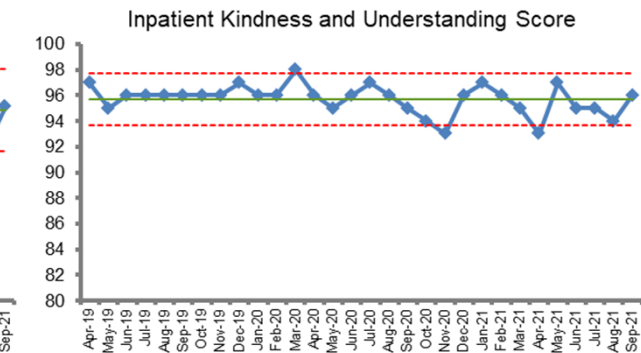
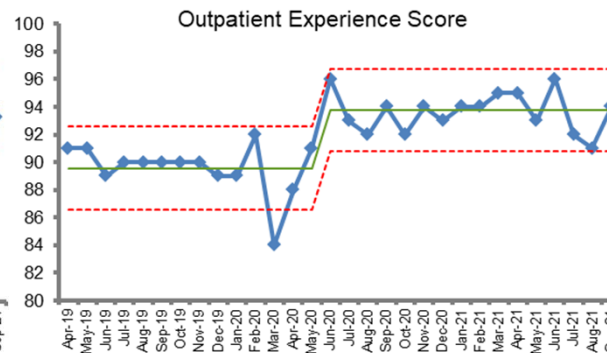
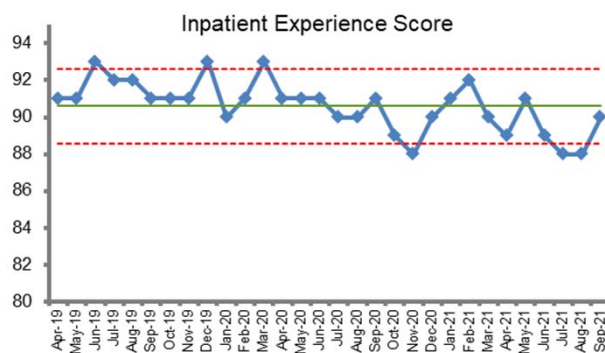


Patient Surveys (Bristol)

September 2021

Y Achieved

| | |
|---------------------|--|
| Standards: | Please note this data relates to Bristol hospitals only. Data for Division of Weston is reported on the following page. For the inpatient and outpatient postal survey, five questions about topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over. |
| Performance: | For September 2021: <ul style="list-style-type: none"> • Inpatient score was 90 (August was 88) • Outpatient score was 94 (August was 91) • Kindness and understanding score was 96 (August was 94) |
| Commentary: | The latest (September) data exceeded the target thresholds. The inpatient experience tracker score for Division of Medicine has been below target since the start 2021/22 but has recovered slightly in August to 85 (from 82 in July). 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. |
| Ownership: | Chief Nurse |



Patient Surveys (Weston)

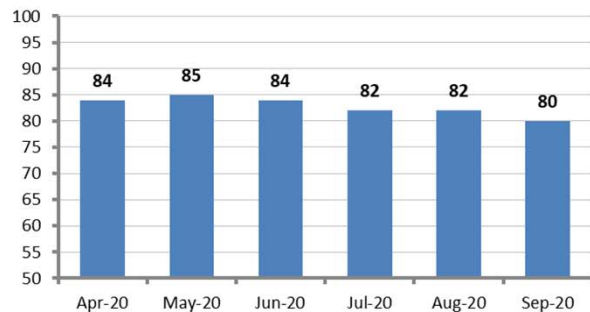


September 2021

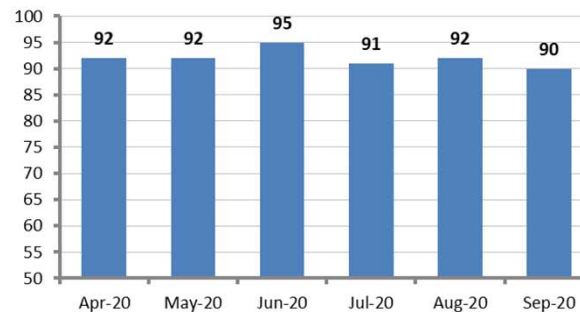
P Partially Achieved

| | |
|---------------------|--|
| Standards: | 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. |
| Performance: | For September 2021: <ul style="list-style-type: none"> • Inpatient score was 80, which is below target (August was 82) • Outpatient score was 90 (August was 92) • Kindness and understanding score was 90 (August was 92) |
| Commentary: | Ward-level analysis of patient feedback will be prepared by the Patient Experience Manager and 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. |
| Ownership: | Chief Nurse |

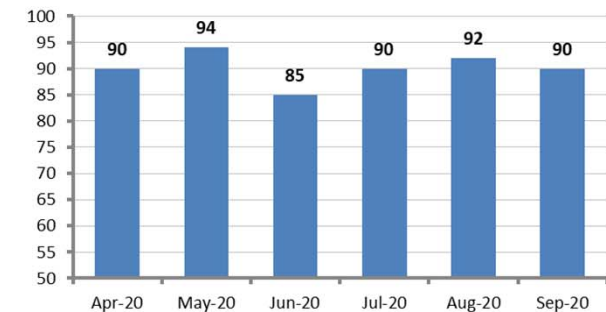
Inpatient Tracker Score (Weston)



Kindness & Understanding Score (Weston)



Outpatient Tracker Score (Weston)



Patient Complaints



September 2021

P Partially Achieved

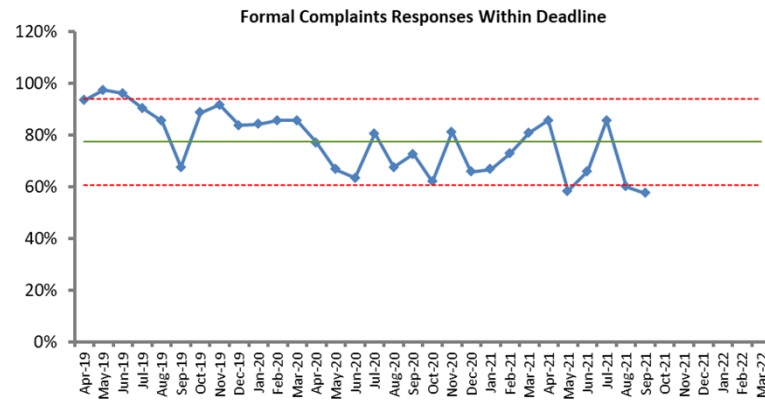
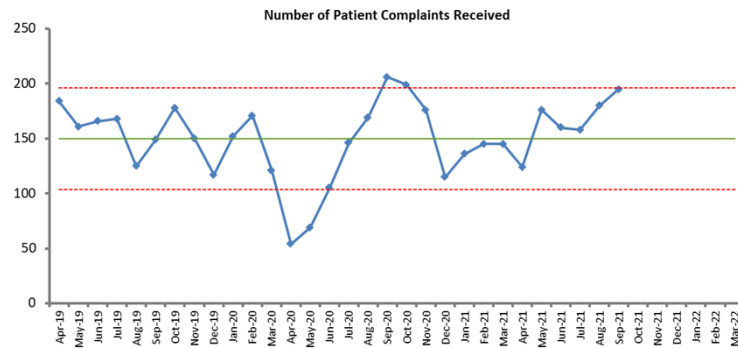
| | |
|---------------------|---|
| Standards: | For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. In addition the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%. |
| Performance: | In September 2021: <ul style="list-style-type: none"> • 195 Complaints were received (22 Formal and 173 Informal). • Responses for 80 Formal and 57 Informal complaints were sent out to the complainants in September • 58% of formal complaints (46 out of 80) were responded to within the agreed timeframe. This is a further deterioration on the 60% reported in August and 86% reported in July 2021, and significantly below the 95% target • Divisions returned 73% (58 out of 80) of formal responses to the PSCT by the agreed deadline, compared with 71% in August and 77% in July . This is the deadline for responses to be returned to PSCT; seven working days prior to the deadline agreed with the complainant. • 86% of informal complaints (49 of 57) were responded to within the agreed timeframe, compared with 87% in August and 93% in July. • There were seven complaints reported where the complainant was dissatisfied with our response, which represents 7.8% of the 90 first responses sent out in July 2021 (this measure is reported two months in arrears). |
| Commentary: | 30 of the 34 Formal breaches were attributable to delays within the divisions, with three due to a delay during the checking process by the Patient Support & Complaints Team (PSCT) and one due to a delay during the Executive signing process. There were 17 breaches for the Division of Weston, five for the Divisions of Medicine, four each for Specialised Services and Women & Children, two for Surgery and one each for Diagnostics & Therapies and Trust Services. However, it should be noted that neither of the breaches for the Division of Surgery were attributable to delays within the Division. |
| Ownership: | Chief Nurse |

Patient Complaints



University Hospitals
Bristol and Weston
NHS Foundation Trust

September 2021



Complaints Received

| | Sep-21 | 2021/2022 | 2020/2021 |
|---------------------------|------------|------------|-------------|
| Diagnostics and Therapies | 13 | 36 | 56 |
| Medicine | 41 | 202 | 385 |
| Specialised Services | 22 | 133 | 190 |
| Surgery | 53 | 240 | 406 |
| Trust Services | 4 | 15 | 56 |
| Weston | 22 | 131 | 250 |
| Women's and Children's | 37 | 211 | 273 |
| Estates and Facilities | 3 | 25 | 49 |
| TOTAL | 195 | 993 | 1665 |

Responses Within Deadline

| | Sep-21 | |
|---------------------------|-------------------|-----------------|
| | % Within Deadline | Total Responses |
| Diagnostics and Therapies | 100.0% | 1 |
| Medicine | 58.3% | 12 |
| Specialised Services | 55.6% | 9 |
| Surgery | 85.7% | 14 |
| Trust Services | 0.0% | 1 |
| Weston | 32.0% | 25 |
| Women's and Children's | 73.3% | 15 |
| Estates and Facilities | 66.7% | 3 |
| TOTAL | 57.5% | 80 |

Emergency Care – 4 Hour Standard



September 2021

N Not Achieved

| | |
|---------------------|--|
| Standards: | Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2021/22 have not been agreed with NHS Improvement. There is also an expectation that no patient will wait more than 12 hours in ED after a decision to admit has been made, called “Trolley Waits”. There is also an expectation that no Ambulance Handover will exceed 30 minutes. |
| Performance: | Trust level 4 hour performance for September was 65.5% across all four Emergency Departments (16,654 attendances and 5,751 patients waiting over 4 hours). There were 456 patients who had a Trolley wait in excess of 12 hours (276 in Bristol and 180 at Weston). Between 1 st July and 30 th September 2021 there were 5,550 Ambulance Handovers that exceeded 30 minutes across all departments. This represents 48% of all Handovers. |
| Commentary: | <p>Bristol Royal Infirmary:</p> <p>Performance against the 4 hour standard deteriorated in Sep to 46.6% (from 50.1 % in Aug) as average daily attendances have remained high at around 215 per day which is unprecedented for this time of year (c.f. 179 per day in March). 12 hour trolley waits have increased further again to 263 breaches in reflecting the highly challenging situation with urgent care across the BNSSG health and care system driven by high demand, workforce shortages and availability of supporting services in the community (e.g. social care to support discharge and primary care alternatives to hospital). Due to these exceptional circumstances the Trust has remained in “internal critical incident” status since 2nd September.</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 Medical SDEC (Same Day Emergency Care) service was expanded on 11th October both in terms of physical capacity and operating hours from 10-6 pm to 10am-10pm as part of the Trust strategy to reduce overcrowding in ED. This unit supports rapid assessment and treatment on the same day thus reduces bed pressures and overcrowding in ED. It is expected to deliver significant benefit in October. The next target is to increase from a 5 day to 7 day service.</p> <p>Strict redirection of minor illness/injury to appropriate alternative services such as Urgent Treatment Centres, GPs and pharmacy is embedded as business as usual. Further work is being done with System partners to reduce avoidable attendances to the ED through improving capacity, access and signposting to alternatives to ED.</p> |

Emergency Care – 4 Hour Standard

September 2021

Commentary:

Bristol Eye Hospital:

Performance dipped slightly in September to 95.9% compared to 96.1% in August. Attendances were slightly increased this month, with 1958 attendances in September compared with 1903 in August. The highest volume of attendances in one day was 92 patients with 13 patients together between 9am and 10am. Throughout the month, there were 80 four hour breaches, 50 were due to doctor delay, 17 for diagnostics, 9 Clinical, 3 speciality reviews, 1 bed (transfer to BRHC). Approximately 10% of patients are follow ups, increasing footfall, a dip dive is planned to review the effects on the department.

There is a significant impact to A&E productivity due to reduced medical staffing shown in the result of 50 breaches this month due to doctor delay. ED are losing a clinical fellow from the 18th November, this post is being interviewed 21st October and if appointed, there will be a lead time of 3 months causing further gap. Storage of on call cover, continues to be challenging.

The department remains 2 nursing staff down and 2 technicians down, with the tech roles going internally to offer development secondment but unfortunately closed with no applicants, and not out externally as only funded until early part of next year. Request for extra tech support has been escalated. Our reduction in technicians means that we are relying on outpatients to perform diagnostics which is leading to further internal delays.

The 2 staff nurses vacancies will be out to advert within the next week, hopefully to be in post by Jan/Feb 22. The loss in nursing staff is exclusively from more experienced nurses, this process is expected to continue as more nurses come to retirement in the next year. The BEH A&E is hoping to develop a band 7 nursing role to encourage more senior, experienced nursing skills.

The BEH A&E is also in the process of implementing an electronic patient record. This is not in use elsewhere in the hospital, yet. From analysing the first 3 months of use it appears to have increased wait times by approximately 14% and doubled the number of patients waiting over 4 hours, - compared to the 3 months prior to implementation. The BEH A&E is still having to request paper-notes as well as use the electronic patient record, - this means many of the efficiencies of electronic notes are being lost. However, it is unclear how much the above pressures are contributing to these metrics and how much is correlation and how much is causation.

Emergency Care – 4 Hour Standard

September 2021

Commentary:

Weston General Hospital:

The Weston Emergency Department's performance against the 4 hour standard has slightly improved at 68.1% during the month of September 2021. The department has been extremely busy with an increase in attendances and a constant requirement for patients to be bedded overnight in the ED with the one of the main issues being flow throughout the site. There has been a significant increase in GP referred patients with the highest number of referred patients seen in September for the last 3 months.

With the frequency of patient that were bedded overnight brought further challenges to the department around space and workforce issues. There have been long wait times for patients in ED whilst a suitable inpatient bed is arranged. These significant delays have resulted in a number of 12 hour breaches totalling 180 during September (vs 188 in August). 12 hour breaches in these situations were unavoidable.

On average 26.27% of Weston's bed base is occupied by patients that are Medically Fit For Discharge which equals to more than 1 in every 4 patients. Emergency Admissions via ED remained around the same, a high number of patients requiring admissions remain to be mostly medical however there were also an increase in elective admissions in September.

Streaming has continued within the Emergency Department to Clevedon Minor Injuries Unit (MIU), however on occasion this hasn't always been a streaming option that was available.

Challenges at Weston:

- Capacity to see patients that present to ED due to the constant use of ED to bed patients overnight
- Flow throughout the site due to 80% of discharges taking place after midday
- Workforce shortages, both nursing and medical

Emergency Care – 4 Hour Standard

September 2021

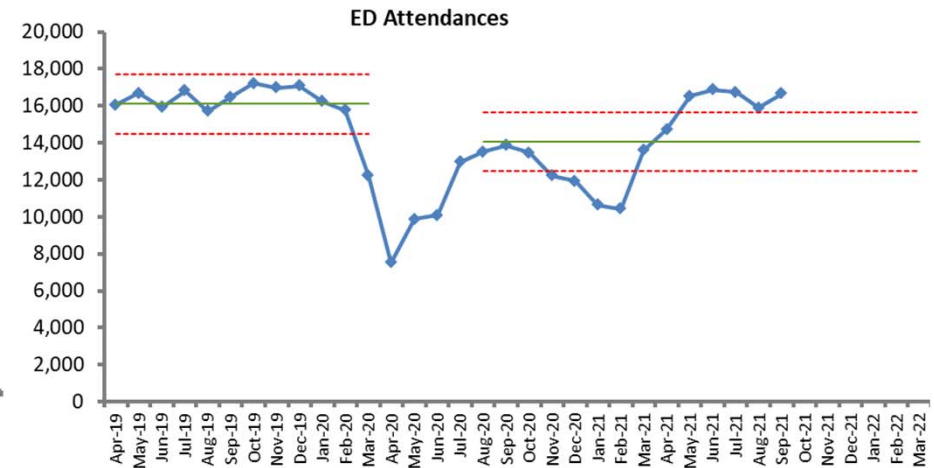
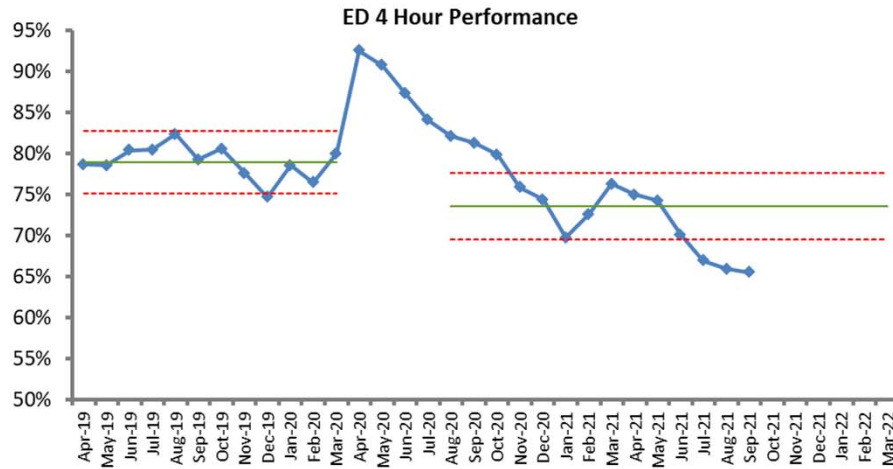
| | |
|--------------------|--|
| Commentary: | <p>Bristol Royal Hospital for Children: 4 hour performance was 77.1% in September with 4,305 attendances, compared with September 2019 – 89.5% with 3,776. Attendances continue to rise. In addition, there were seven 13 Hour Trolley breaches in September 2021.</p> <p>The department has seen an increase in 4 hour breaches due to availability of beds. During busy times, with the high volumes of attendances, social distancing within the waiting area is a significant problem. We have at times have 60 patients in our ED each with a parent. The department continues to use outpatient areas where possible, but more patients are presenting with respiratory symptoms and are requiring cubicles. Patients requiring High Dependency beds has been impacting on flow in getting patients out of the emergency department. Nursing and Medical staffing throughout the hospital have experienced high levels of absences due to sickness and isolating am hoping this will improve with the new COVID SOP. Patient/parents behaviour/language to staff is having an effect on staff wellbeing, senior management are supporting with this.</p> <p>Mental health attendances continue to be an added pressure and bed blockers. We are scoping the possibility of a holding bed area for patients that can be discharged home later in the day to free up a bed for admit a patient from ED.</p> |
| Ownership: | Chief Operating Officer |

| 4 Hour Performance | Sep-21 | 2021/2022 |
|-----------------------------|--------|-----------|
| Bristol Royal Infirmary | 46.6% | 53.2% |
| Bristol Children's Hospital | 77.1% | 81.4% |
| Bristol Eye Hospital | 95.9% | 97.3% |
| Weston General Hospital | 68.1% | 70.9% |

| Total Attendances | Sep-21 | 2021/2022 |
|-----------------------------|--------|-----------|
| Bristol Royal Infirmary | 6,362 | 38,552 |
| Bristol Children's Hospital | 4,305 | 23,581 |
| Bristol Eye Hospital | 1,958 | 11,223 |
| Weston General Hospital | 4,029 | 24,054 |

Emergency Care – 4 Hour Standard

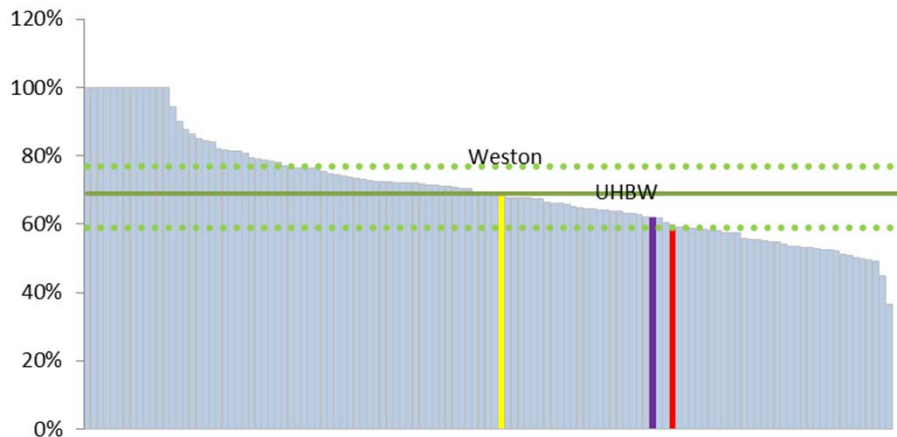
September 2021



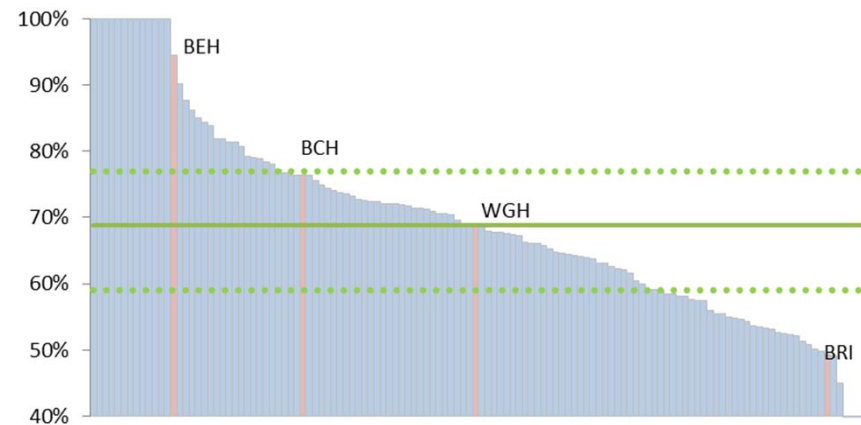
Note:

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

Benchmarking - ED 4 Hour Performance 2021/22 Quarter 2



Benchmarking - ED 4 Hour Performance 2021/22 Quarter 2



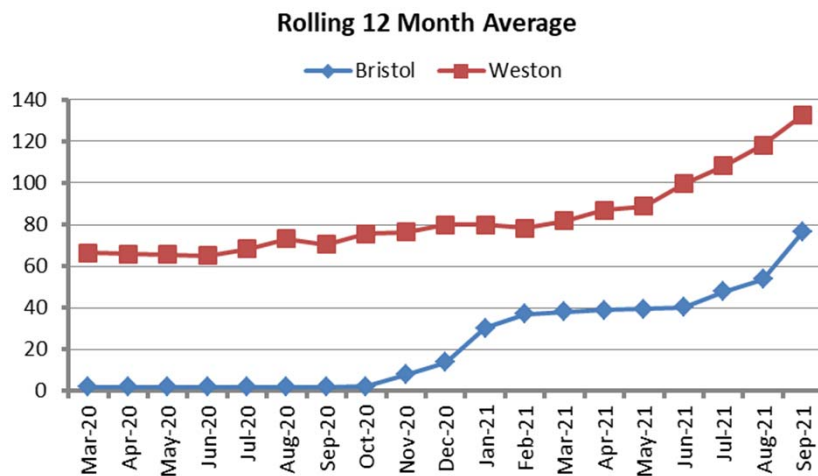
Emergency Care – 12 Hour Trolley Waits

September 2021

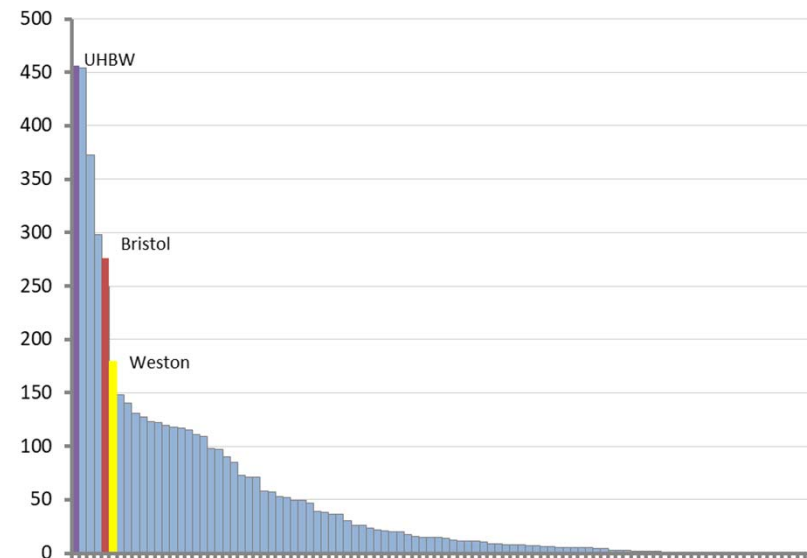
12 Hour Trolley Waits

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

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



Benchmarking - 12 Hour Trolley Waits - September 2021



Emergency Care – Ambulance Handovers

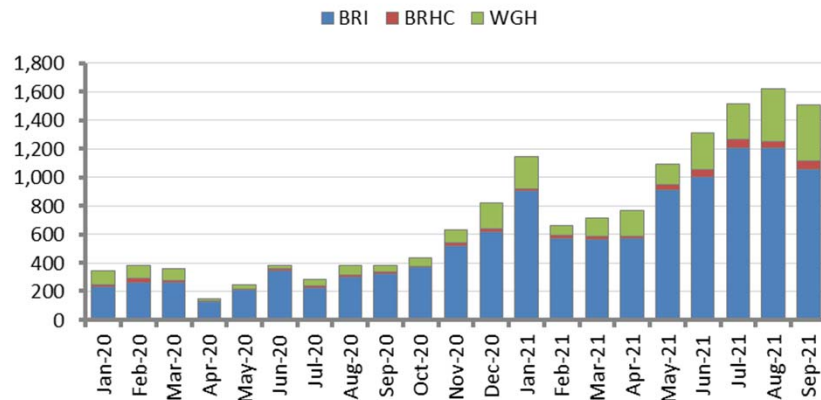


Quarter 2 2021/22

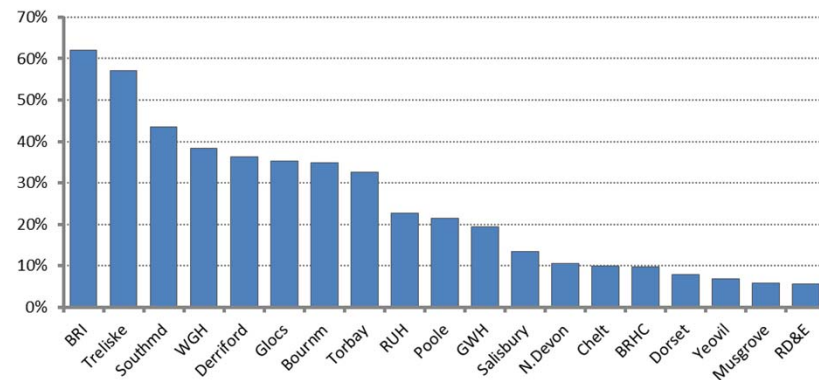
This data is supplied by the South Western Ambulance Service NHS Foundation Trust (SWASFT).

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 30th September)



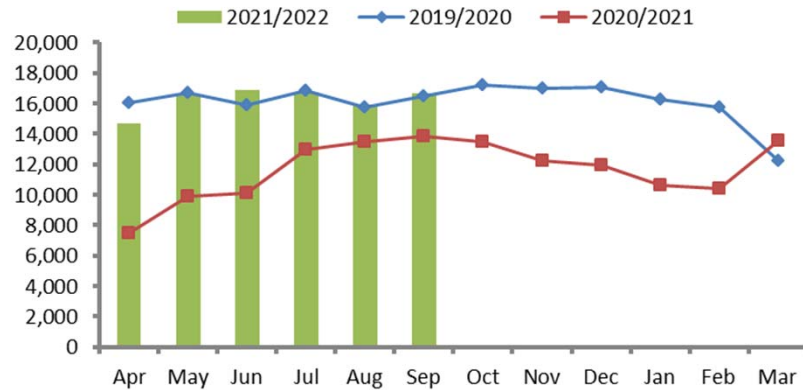
Total Ambulance Service Handovers - South West Region - 1st July to 30th September 2021

| Hospital | Total Handovers | Number Over 30 Minutes | % Over 30 Minutes | Number Over 1 Hour | Number Over 2 Hours |
|---------------------------------|-----------------|------------------------|-------------------|--------------------|---------------------|
| BRISTOL ROYAL HOSP FOR CHILDREN | 1,883 | 185 | 10% | 22 | 5 |
| BRISTOL ROYAL INFIRMARY | 6,839 | 4,239 | 62% | 2,946 | 1,739 |
| CHELTHENHAM GENERAL HOSPITAL | 1,603 | 159 | 10% | 21 | 2 |
| DERRIFORD HOSPITAL | 9,825 | 3,560 | 36% | 2,021 | 1,025 |
| DORSET COUNTY HOSPITAL | 4,737 | 370 | 8% | 115 | 20 |
| GLOUCESTER ROYAL HOSPITAL | 10,708 | 3,782 | 35% | 1,965 | 818 |
| GREAT WESTERN HOSPITAL | 7,452 | 1,446 | 19% | 566 | 149 |
| MUSGROVE PARK HOSPITAL | 7,297 | 431 | 6% | 64 | 3 |
| NORTH DEVON DISTRICT HOSPITAL | 4,362 | 458 | 10% | 62 | 3 |
| POOLE HOSPITAL | 6,147 | 1,315 | 21% | 484 | 130 |
| ROYAL BOURNEMOUTH HOSPITAL | 6,454 | 2,244 | 35% | 942 | 256 |
| ROYAL DEVON AND EXETER WONFORD | 9,404 | 526 | 6% | 14 | 2 |
| ROYAL UNITED HOSPITAL - BATH | 8,022 | 1,818 | 23% | 858 | 299 |
| SALISBURY DISTRICT HOSPITAL | 3,575 | 479 | 13% | 144 | 22 |
| SOUTHMEAD HOSPITAL | 8,882 | 3,859 | 43% | 2,200 | 1,016 |
| TORBAY HOSPITAL | 6,933 | 2,262 | 33% | 1,181 | 518 |
| TRELISKE HOSPITAL | 9,887 | 5,654 | 57% | 3,794 | 2,118 |
| WESTON GENERAL HOSPITAL | 2,936 | 1,126 | 38% | 735 | 396 |
| YEOVIL DISTRICT HOSPITAL | 4,116 | 279 | 7% | 31 | 2 |
| All Hospitals Attended | 121,062 | 34,192 | 28% | 18,165 | 8,523 |

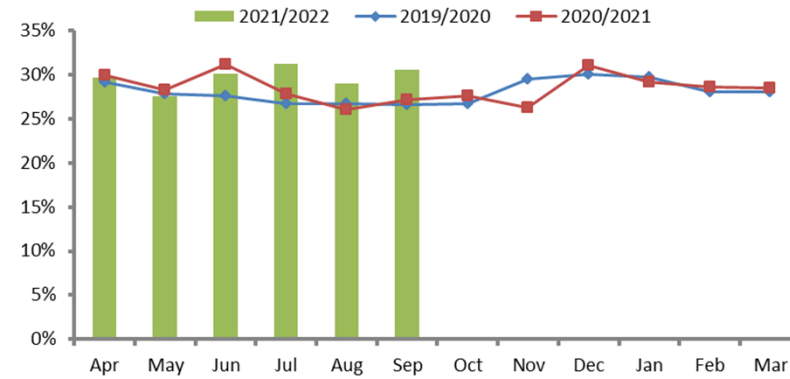
Emergency Care – Supporting Information

September 2021

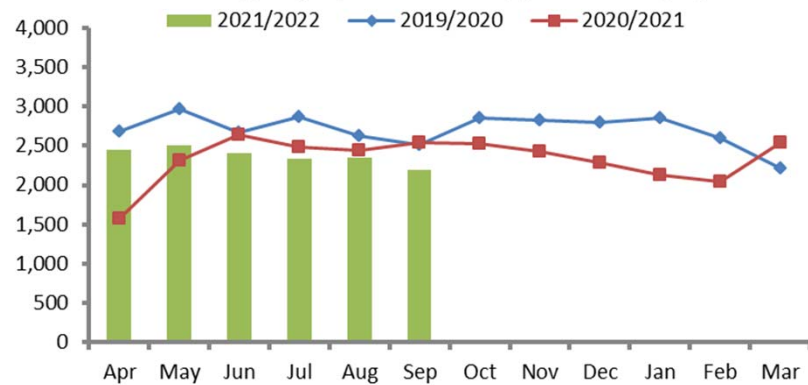
Emergency Department Attendances (UHBW)



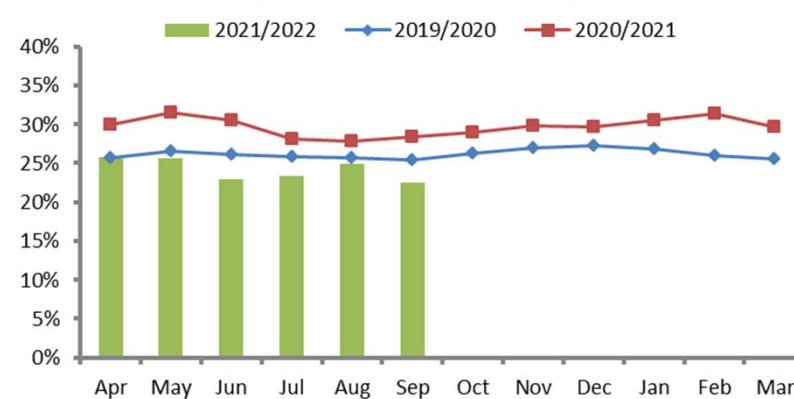
Percentage of Emergency BRI Spells - Patients Aged 75+



Emergency Inpatient Activity (BRI Discharges)



Percentage of ED Attendances Resulting in Admission

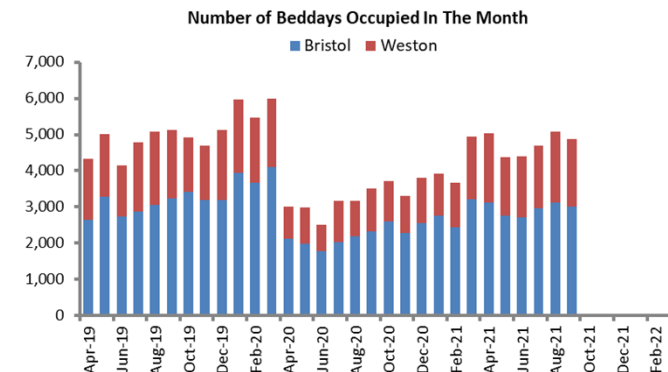
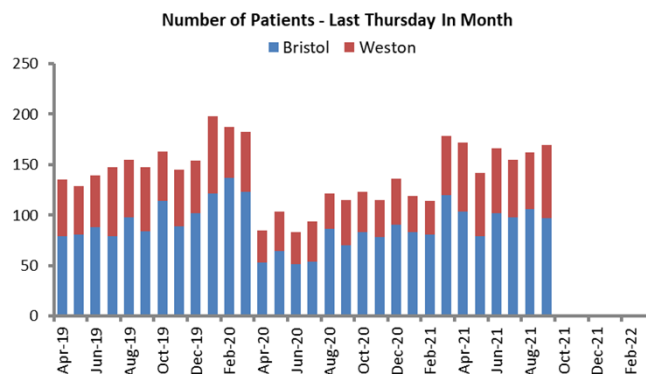


Delayed Discharges

September 2021

N/A No Standard Defined

| | |
|---------------------|--|
| Standards: | Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToc) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its Medically Fit For Discharge (MFFD) lists. These are patients whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge. Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3). |
| Performance: | At the end of September there were 169 MFFD patients in hospital: 97 in Bristol hospitals and 72 at Weston. There were 4,886 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 163 beds were occupied per day by MFFD patients. |
| Commentary: | <p>In September 2021, the demand across all the pathways in Bristol and Weston continued to exceed capacity:</p> <ul style="list-style-type: none"> • Pathway 1: Demand for slots in the community continued to exceed capacity. At the end of September there were 23 patients who did not meet the right to reside waiting for a P1 slot at the BRI. WGH: Pathway 1 turnover is consistent with 9 on the list and North Somerset offering discharge dates very quickly. • Pathway 2: there were 18 patients waiting at the end of August at the BRI. It is unclear when the remaining 15 beds at SBCH will re-open but Sirona's extensive recruitment programme is underway. WGH: Longer waiting times persist due to low numbers of beds available. 31 on the list. This has been an ongoing situation in North Somerset, however Somerset have also experienced bed shortages in recent weeks, pushing the overall numbers up. • Pathway 3: In September, there were 23 patients waiting for a P3 Bed at the BRI. There were 21 patients waiting for P3 in September, however 10 transitional beds were added, leading to a reduction in the overall waiters. 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. |
| Ownership: | Chief Operating Officer |



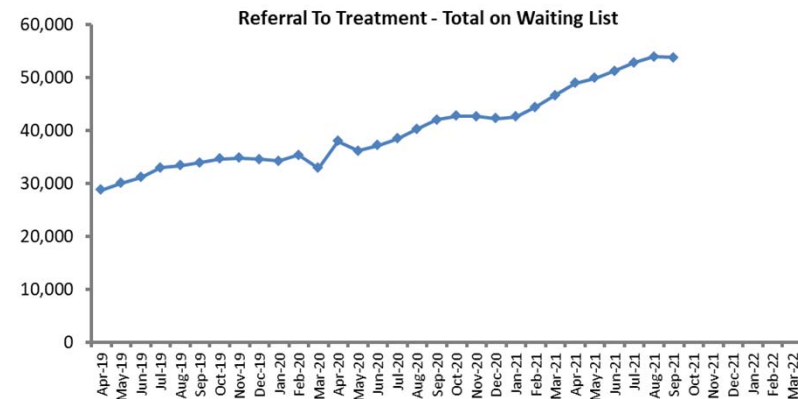
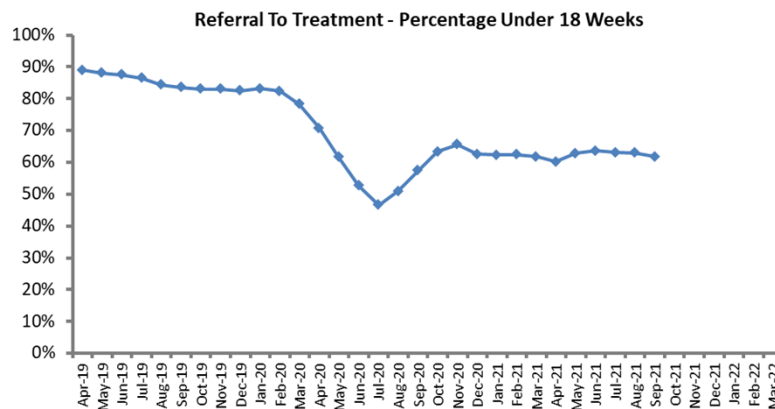
Referral To Treatment



September 2021

N Not Achieved

| | |
|---------------------|---|
| Standards: | The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. |
| Performance: | At end of September, 61.8% of patients were waiting under 18 weeks. The total waiting list was 53,697 and the 18+ week backlog was 20,532. Comparing the end of April 2020 with the end of September 2021: <ul style="list-style-type: none"> the overall wait list has increased by 15,803 patients . This is an increase of 42%. the number of patients waiting 18+ weeks increased by 9,429 patients. This is an increase of 85%. |
| Commentary: | The focus of discussions with divisions and wider system partners is eradication of patients who are currently 104 weeks wait by the end of March 2022. This will involve transfer of patients who are suitable to the independent sector and ensuring full utilisation of the available capacity internally is maximised with the use of extra lists that have been arranged through waiting list initiatives. The largest Bristol increases in waiting list size , when compared with April 2020, are In Ophthalmology (5,161increase, 131%), Adult ENT & Thoracics (2,673, 163%) and Dental Services (1,837 increase, 22% increase). The Weston list has increased by 894 over the same time period, a 13% increase. The largest Bristol volumes of 18 +week backlog patients at the end of September are in Dental (5,009 patients), Ophthalmology (2,757), ENT & Thoracics (1,788) and Paediatrics (2,081). Weston has 4,331 patients waiting 18+ weeks at the of September. |
| Ownership: | Chief Operating Officer |

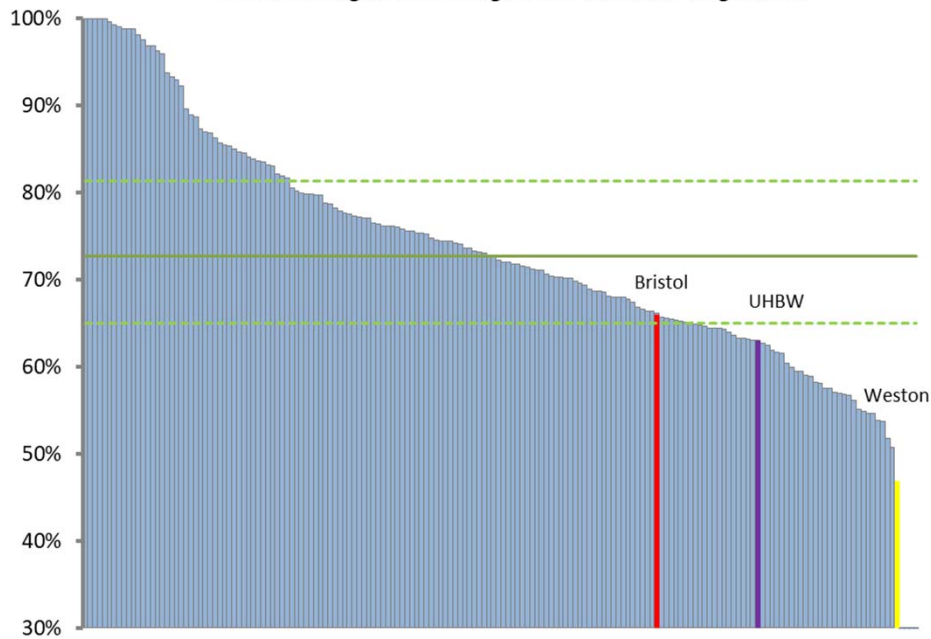


Referral To Treatment



August/September 2021

Benchmarking RTT Percentage Under 18 Weeks - August 2021



| | Sep-21 | | |
|---------------------------|----------------|----------------|--------------|
| | Under 18 Weeks | Total Pathways | Performance |
| Diagnostics and Therapies | 430 | 432 | 99.5% |
| Medicine | 4,075 | 5,106 | 79.8% |
| Specialised Services | 3,458 | 5,020 | 68.9% |
| Surgery | 16,251 | 27,410 | 59.3% |
| Weston | 3,723 | 8,054 | 46.2% |
| Women's and Children's | 5,228 | 7,675 | 68.1% |
| Other/Not Known | 0 | 0 | - |
| TRUST TOTAL | 33,165 | 53,697 | 61.8% |
| <i>Bristol Subtotal</i> | <i>29,442</i> | <i>45,643</i> | <i>64.5%</i> |

Referral To Treatment – 52 Weeks

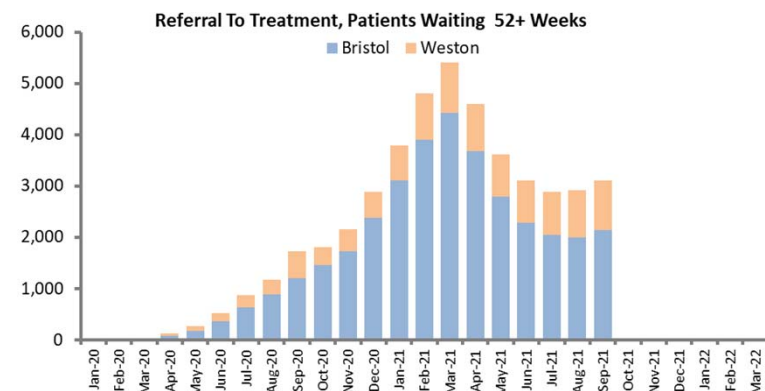


September 2021

N Not Achieved

| | |
|---------------------|--|
| Standards: | No patient should wait longer than 52 weeks for treatment |
| Performance: | At end of September 3,110 patients were waiting 52+ weeks; 2,143 across Bristol sites and 967 at Weston. This is an overall increase of 185 patients from the end of August position. |
| Commentary: | Although the 52 week waiters has previously shown reduction it is now showing an increase of circa 80 patients. This is due to the volume of long waiters in the lower weeks wait cohort tipping into the 52+ week cohort whilst divisions try to date the longer waiting patients. It is still extremely difficult to date the longer waiting patients who are waiting for routine operations when there is a lack of capacity due to the continual high demand of emergency and cancer admissions. This has been further exacerbated by the critical incident position across the Trust. The demand and capacity modelling and trajectory setting for the next 6 months, which are being finalised, will demonstrate the short falls in our capacity to recover against the demand. Clinical prioritisation of patients who are on the waiting list without a “to come in” date continues with processes in place to ensure this is now business as usual. 93% of the patients who are on the RTT admitted waiting list have now been clinically prioritised with 0.6% of those being assigned a P2 status. There is an offer of increased capacity within the independent sector and work is underway to review our long waiting patients who meet the criteria to have a transfer of care to the IS. 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 nursing and therapies 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 eradicate the 104-week breaches within this timescale. |
| Ownership: | Chief Operating Officer |

| | Sep-21 | | |
|---------------------------|--------------|--------------|------------|
| | 52+ Weeks | 78+ Weeks | 104+ Weeks |
| Diagnostics and Therapies | 0 | 0 | 0 |
| Medicine | 39 | 9 | 1 |
| Specialised Services | 202 | 67 | 23 |
| Surgery | 1,458 | 606 | 57 |
| Weston | 967 | 428 | 83 |
| Women's and Children's | 444 | 162 | 9 |
| TOTAL | 3,110 | 1,272 | 173 |
| <i>Bristol</i> | <i>2,143</i> | <i>844</i> | <i>90</i> |



Elective Activity and Referral Volumes

September 2021

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

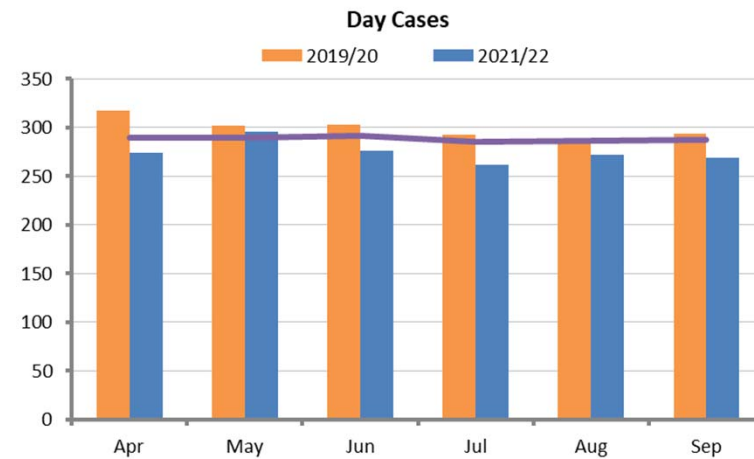
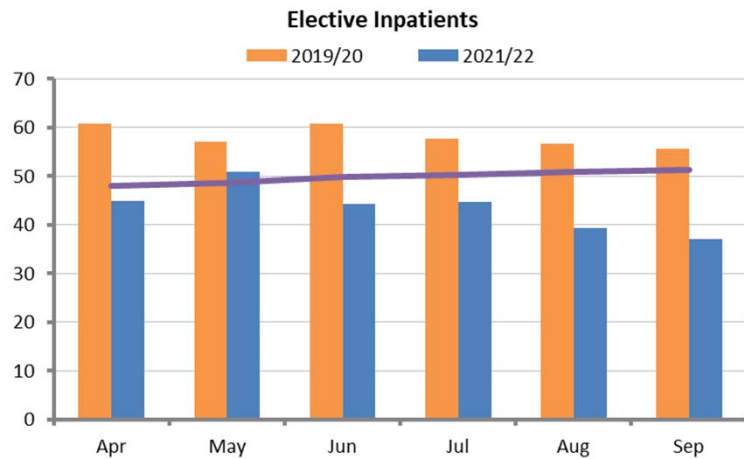


The above data is sourced from the Patient Administration Systems (PAS) and is not the final contracted activity that is used to assess restoration or Business As Usual (BAU) levels.

Elective Activity – Restoration

September 2021

Activity Per Day, By Month and Year



| | | Apr | May | Jun | Jul | Aug | Sep |
|--------------------------------|--------------------------|-----|------|-----|-----|-----|-----|
| 2021/22 | Actual Activity Per Day | 45 | 51 | 44 | 45 | 39 | 37 |
| | Planned Activity Per Day | 48 | 49 | 50 | 50 | 51 | 51 |
| 2019/20 | Actual Activity Per Day | 61 | 57 | 61 | 58 | 57 | 56 |
| 2021/22 Activity: % of Plan | | 93% | 105% | 89% | 89% | 77% | 72% |
| 2021/22 Activity: % of 2019/20 | | 74% | 89% | 73% | 78% | 70% | 67% |

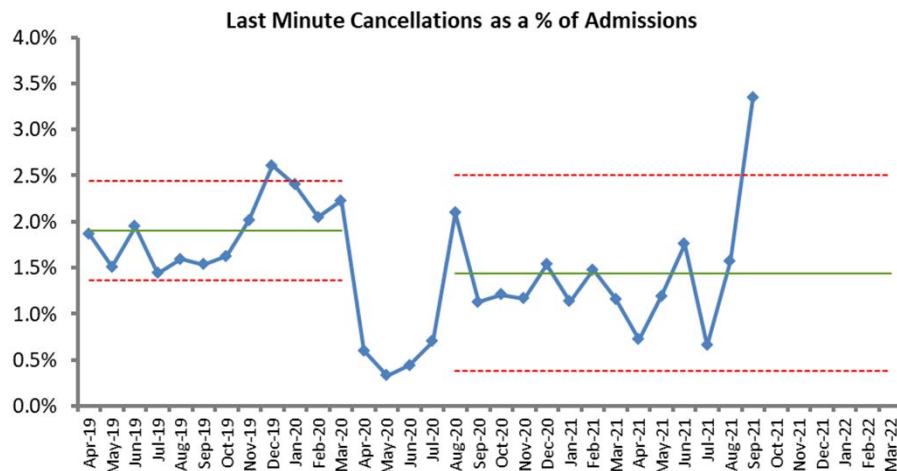
| | | Apr | May | Jun | Jul | Aug | Sep |
|--------------------------------|--------------------------|-----|------|-----|-----|-----|-----|
| 2021/22 | Actual Activity Per Day | 275 | 296 | 276 | 262 | 272 | 269 |
| | Planned Activity Per Day | 289 | 289 | 291 | 286 | 286 | 288 |
| 2019/20 | Actual Activity Per Day | 318 | 302 | 303 | 292 | 286 | 294 |
| 2021/22 Activity: % of Plan | | 95% | 102% | 95% | 92% | 95% | 94% |
| 2021/22 Activity: % of 2019/20 | | 86% | 98% | 91% | 90% | 95% | 91% |

Cancelled Operations

September 2021

N Not Achieved

| | |
|---------------------|---|
| Standards: | For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days |
| Performance: | In September, there were 209 last minute cancellations, which was 3.3% of elective admissions. There were 178 cancellations at Bristol and 31 at Weston. Of the 81 cancelled in August, 61 (75%) had been re-admitted within 28 days. |
| Commentary: | September saw a significant increase in cancellation volumes. This is due to uncertainty of elective capacity that will be available each day due to emergency pressures on the same capacity (beds). The amount of available capacity is not always known until the morning of the admission, hence the increase in last minute cancellations. The largest volumes in Bristol were in Ophthalmology (57), Cardiac/Cardiology (33), Paediatrics (22), General Surgery (22). The most common cancellation reasons in Bristol were Other Emergency Patient Prioritised (42), No Theatre Staff (24), No Ward Beds (23) and Reschedules/Postponed (22). National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data. |
| Ownership: | Chief Operating Officer |



| | Sep-21 | | 2021/2022 | |
|------------------------|------------|-----------------|------------|-----------------|
| | LMCs | % of Admissions | LMCs | % of Admissions |
| Medicine | 1 | 0.14% | 8 | 0.19% |
| Specialised Services | 33 | 1.38% | 116 | 0.85% |
| Surgery | 110 | 6.04% | 278 | 2.55% |
| Weston | 31 | 7.64% | 61 | 2.89% |
| Women's and Children's | 34 | 3.77% | 105 | 1.88% |
| Other/Not Known | 0 | - | 0 | - |
| TRUST TOTAL | 209 | 3.34% | 568 | 1.56% |

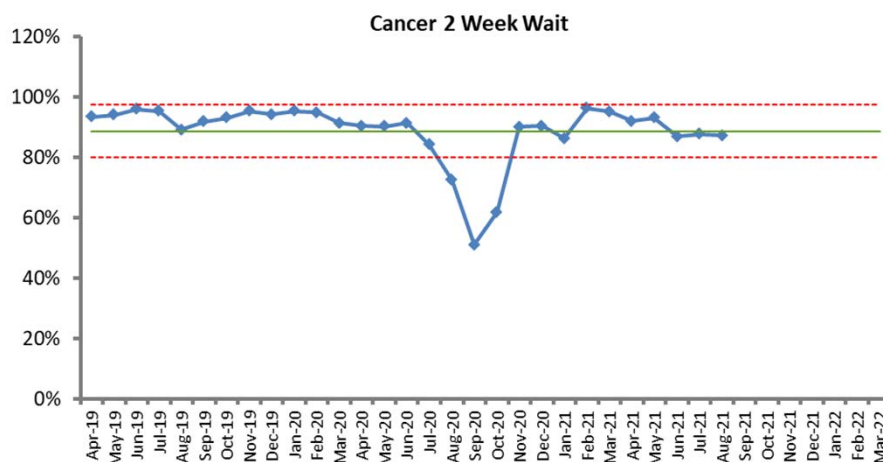
Cancer Two Week Wait



August 2021

N Not Achieved

| | |
|---------------------|--|
| Standards: | Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard |
| Performance: | For August, 87.1% of patients were seen within 2 weeks. This is combined Bristol and Weston performance. Overall performance for Quarter 1 was 90.4%. |
| Commentary: | The standard was non-compliant in August (87.1% against a 93% standard). It is expected that compliance will continue to be challenging until all precautions and restrictions related to Covid are lifted. Capacity challenges have occurred in specific areas as a result of surges in demand, likely due to 'pent up' demand built during the lockdowns earlier in the year, and also due to the regional change to the colorectal pathway and the impact of Covid on primary care practice which has decreased the proportion of patients eligible for straight-to-test investigations. The Trust is contributing to the regional evaluation of this pathway however that will not be complete until May 2022. |
| Ownership: | Chief Operating Officer |



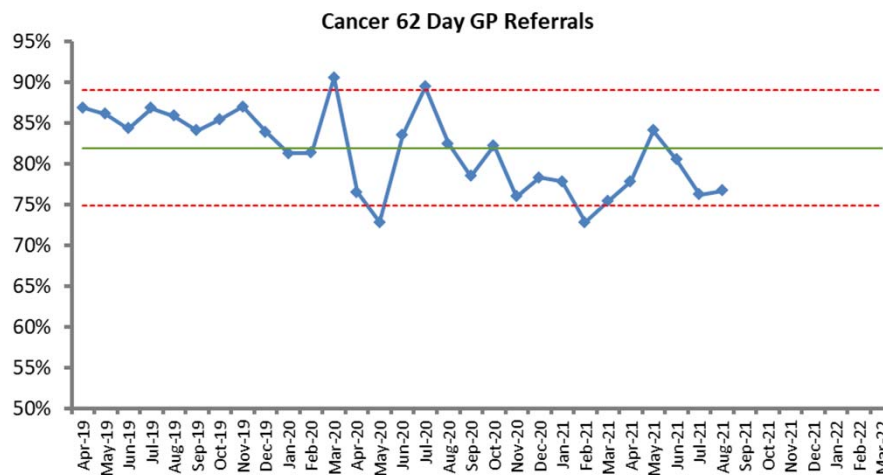
| | Under 2 Weeks | Total Pathways | Performance |
|---|---------------|----------------|--------------|
| Other suspected cancer (not listed) | 5 | 5 | 100.0% |
| Suspected children's cancer | 12 | 13 | 92.3% |
| Suspected gynaecological cancers | 158 | 172 | 91.9% |
| Suspected haematological malignancies | 12 | 13 | 92.3% |
| Suspected head and neck cancers | 291 | 322 | 90.4% |
| Suspected lower gastrointestinal cancers | 174 | 251 | 69.3% |
| Suspected lung cancer | 41 | 46 | 89.1% |
| Suspected skin cancers | 645 | 709 | 91.0% |
| Suspected testicular cancer | 1 | 1 | 100.0% |
| Suspected upper gastrointestinal cancers | 100 | 127 | 78.7% |
| Suspected urological cancers excluding testicular | 51 | 52 | 98.1% |
| Grand Total | 1,490 | 1,711 | 87.1% |

Cancer 62 Days

August 2021

N Not Achieved

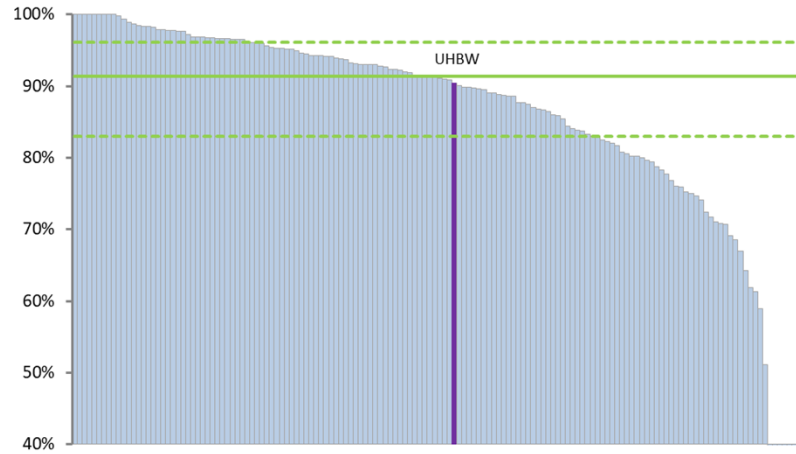
| | |
|---------------------|--|
| Standards: | Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard. Datix ID 4060 Risk that delayed cancer outpatients and diagnostics during the Covid 19 Pandemic will affect cancer performance and outcomes |
| Performance: | For August, 76.7% of patients were seen within 62 days. This is combined Bristol and Weston performance. The overall Quarter 1 performance was 80.9%. |
| Commentary: | The standard was non-compliant in August (76.7% against an 85% standard). The impact of the Covid pandemic on all areas of capacity continues to be at the root of the majority of potentially avoidable target breaches. Achieving compliance with the 85% standard remains unlikely in the short term, particularly in light of ongoing emergency pressures and staff being obliged to isolate. The majority of patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice, although a small number of cases of potential harm relating to delays have been identified in colorectal cancer patients recently. This is thought to be due to more patients presenting with a later stage of disease than in 'normal' times, who then have more complex diagnostic pathways and are at greater risk of harm from even a minimal delay. |
| Ownership: | Chief Operating Officer |



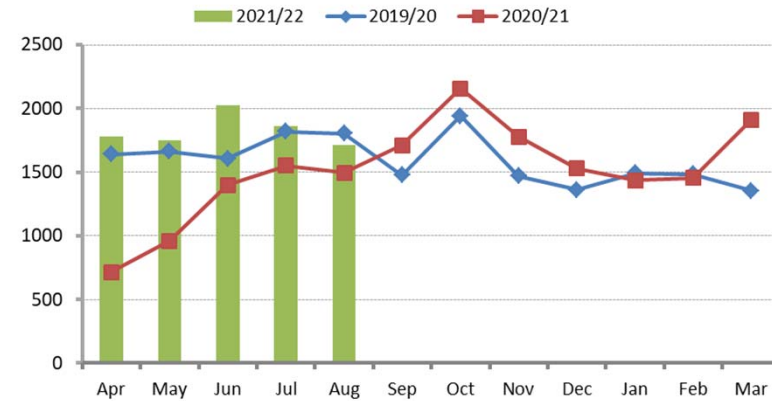
| | Within Target | Total Pathways | Performance |
|------------------------|---------------|----------------|--------------|
| Brain | 0.5 | 0.5 | 100.0% |
| Breast | 8.0 | 8.5 | 94.1% |
| Gynaecological | 4.0 | 5.5 | 72.7% |
| Haematological | 3.0 | 5.0 | 60.0% |
| Head and Neck | 6.0 | 8.0 | 75.0% |
| Lower Gastrointestinal | 6.0 | 15.0 | 40.0% |
| Lung | 6.0 | 6.5 | 92.3% |
| Other | 2.0 | 3.0 | 66.7% |
| Sarcoma | 0.0 | 1.0 | 0.0% |
| Skin | 45.0 | 50.0 | 90.0% |
| Upper Gastrointestinal | 3.5 | 7.0 | 50.0% |
| Urological | 8.0 | 10.0 | 80.0% |
| Grand Total | 92.0 | 120.0 | 76.7% |

Cancer – Additional Information

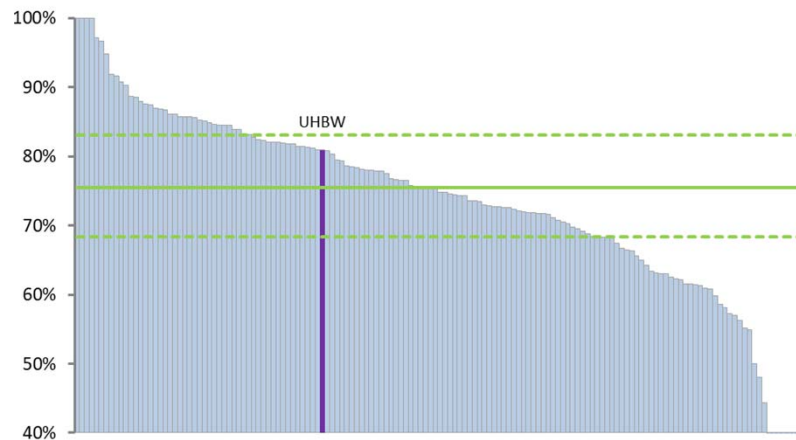
Benchmarking - 2 Week Wait Performance - 2021/22 Quarter 1



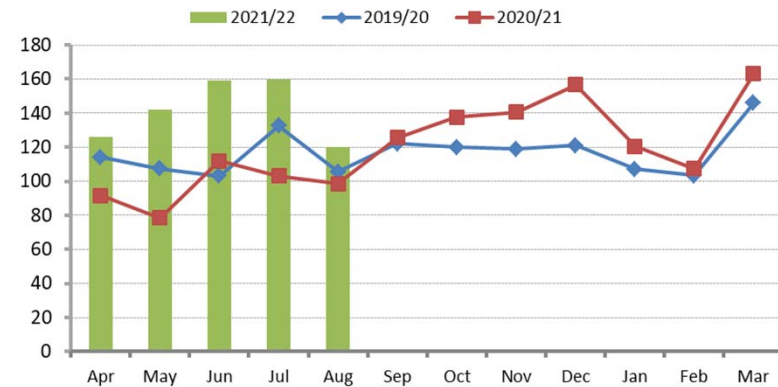
2 Week Wait - Patients Seen



Cancer 62 Day Performance - 2021/22 Quarter 1



62 Day - Patients Treated



Cancer 104 Days

Snapshot taken: 10th October 2021

| | |
|---------------------|--|
| Standards: | This is not a constitutional standard but monitored by regulators in conjunction with the 62 day standard for cancer treatment after a GP referral for suspected cancer. Trusts are expected to have no patients waiting past day 104 on this pathway for inappropriate reasons (i.e. those other than patient choice or clinical reasons). The Trust has committed to sustaining <10 waiters for 'inappropriate' reasons. |
| Performance: | Prior to the Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons (i.e. those other than patient choice, clinical reasons, or recently received late referrals into the organisation). As at 10 th October 2021 there were 3 such waiters. This compares to a peak of 53 such waiters in early July 2020. |
| Commentary: | The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons. The number of such waiters remains below this threshold, but has started to rise as the impact of Covid isolation and high emergency demand since July starts to show in the figures. Avoiding harm from any long waits remains a top priority and is closely monitored. During this period of limited capacity due to the Covid outbreak, appropriate clinical prioritisation will adversely affect this standard as patients of lower clinical priority may wait for a longer period, to ensure those with high clinical priority are treated quickly. This is because cancer is a very wide range of illnesses with differing degrees of severity and risk and waiting time alone is not a good indicator of clinical urgency across cancer as a whole. An example of this is patients with potential thyroid cancers awaiting thyroidectomy, who have been clinically assessed as safe to wait for several more months (and most of whom will not ultimately have a cancer diagnosis), but who have exceeded the 104 day waiting time. |
| Ownership: | Chief Operating Officer |

Cancer – Patients Waiting 62+ Days

Snapshot taken: 10th October 2021

| | |
|---------------------|--|
| Standards: | This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE has asked Trusts to return to/remain below 'pre-pandemic levels'. NHSE defines this as 180 patients for UHBW. Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis. |
| Performance: | As at 10 th October the Trust had 178 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180. |
| Commentary: | The Trust has remained just below the 'pre-Covid' baseline with the exception of one week in September. This position remains difficult to maintain due to the emergency pressures on the hospital and ongoing impact of Covid on services, however every effort is being made to minimise long waiting patients and, of those who do wait longer, ensure there is a low risk of harm from the delay. |
| Ownership: | Chief Operating Officer |

Diagnostic Waits

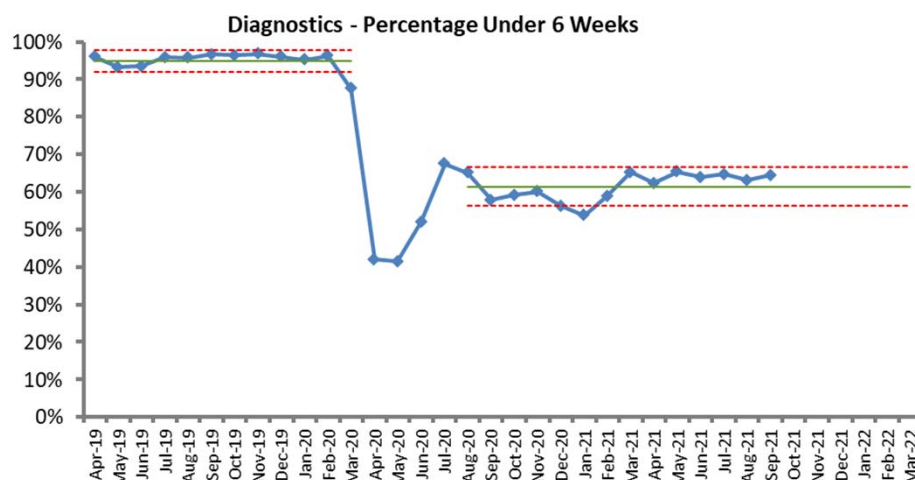


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NHS Foundation Trust

September 2021

N Not Achieved

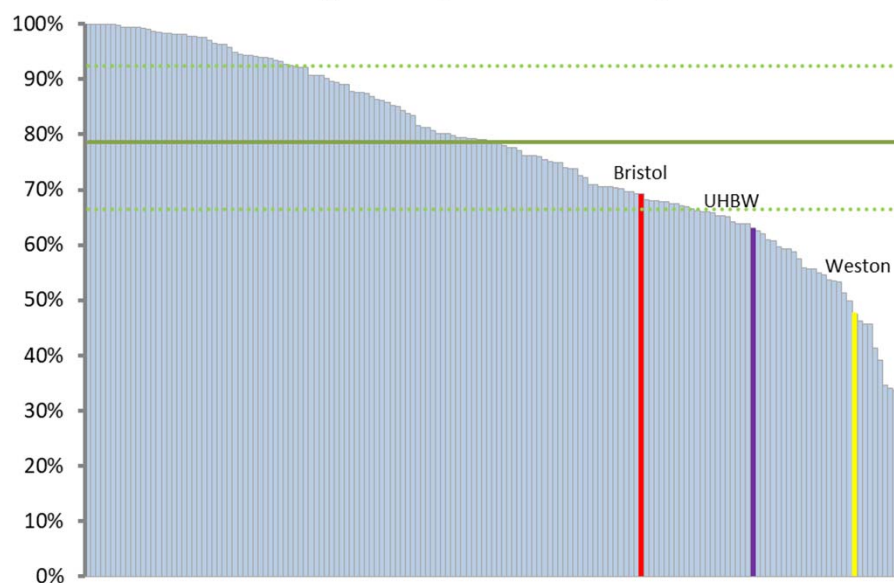
| | |
|---------------------|--|
| Standards: | Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end. |
| Performance: | At end of September, 64.5% of patients were waiting under 6 week, with 14,049 patients in total on the list. This is Bristol and Weston combined. |
| Commentary: | <ul style="list-style-type: none"> Diagnostic clinical prioritisation programme is progressing with diagnostic imaging modalities being reported according to the nationally defined categories. Further work required for some modalities, in particular, endoscopy. Non obstetric ultrasound outsourced capacity procurement completed but new risk relating to capacity of provider to deliver. Impact being quantified but may restrict access to a zero hours contract (one list per week) CT scanner “early adopter” operating at 1/3rd of plan in Weston due to radiographer staffing issues and lack of agency staffing. South Bristol Hospital CT scanner delayed until January 2022 due to delay in installation works. Business case to extend Biobank imaging capacity to end of March 2021 completed. Dexa scan performance in UHBW is poor and cross site collaboration is required between divisions to improve the long wait position. |
| Ownership: | Chief Operating Officer |



| | Sep-21 | | |
|---------------------------|---------------|----------------|--------------|
| | Under 6 Weeks | Total Pathways | Performance |
| Diagnostics and Therapies | 5,030 | 6,199 | 81.1% |
| Medicine | 110 | 217 | 50.7% |
| Specialised Services | 1,152 | 2,048 | 56.3% |
| Surgery | 502 | 1,166 | 43.1% |
| Weston | 2,086 | 4,203 | 49.6% |
| Women's and Children's | 177 | 216 | 81.9% |
| Other/Not Known | 0 | 0 | - |
| TRUST TOTAL | 9,057 | 14,049 | 64.5% |
| <i>Bristol Subtotal</i> | <i>6,971</i> | <i>9,846</i> | <i>70.8%</i> |

Diagnostic Waits

Benchmarking - Percentage Under 6 Weeks - August 2021



| | 6+ Weeks | 13+ Weeks | Total On List | % Under 6 Weeks |
|-----------------------------------|--------------|--------------|---------------|-----------------|
| WESTON - September 2021 | | | | |
| Audiology - Audiology Assessments | 0 | 0 | 0 | |
| Cardiology - echocardiography | 1,068 | 854 | 1,361 | 21.5% |
| Colonoscopy | 27 | 22 | 78 | 65.4% |
| Computed Tomography | 5 | 1 | 247 | 98.0% |
| Cystoscopy | 337 | 248 | 434 | 22.4% |
| DEXA Scan | 342 | 175 | 467 | 26.8% |
| Flexi sigmoidoscopy | 5 | 1 | 52 | 90.4% |
| Gastroscopy | 10 | 4 | 85 | 88.2% |
| Magnetic Resonance Imaging | 13 | 5 | 453 | 97.1% |
| Non-obstetric ultrasound | 310 | 63 | 1,026 | 69.8% |
| Grand Total | 2,117 | 1,373 | 4,203 | 49.6% |

| | 6+ Weeks | 13+ Weeks | Total On List | % Under 6 Weeks |
|--|--------------|--------------|---------------|-----------------|
| BRISTOL - September 2021 | | | | |
| Audiology - Audiology Assessments | 0 | 0 | 357 | 100.0% |
| Cardiology - echocardiography | 263 | 5 | 1,168 | 77.5% |
| Colonoscopy | 290 | 228 | 540 | 46.3% |
| Computed Tomography | 283 | 208 | 1,279 | 77.9% |
| Cystoscopy | 7 | 6 | 10 | 30.0% |
| DEXA Scan | 23 | 2 | 319 | 92.8% |
| Flexi sigmoidoscopy | 148 | 128 | 218 | 32.1% |
| Gastroscopy | 258 | 184 | 467 | 44.8% |
| Magnetic Resonance Imaging | 879 | 608 | 2,304 | 61.8% |
| Neurophysiology - peripheral neuroph | 0 | 0 | 116 | 100.0% |
| Non-obstetric ultrasound | 640 | 106 | 2,970 | 78.5% |
| Respiratory physiology - sleep studies | 84 | 82 | 98 | 14.3% |
| Grand Total | 2,875 | 1,557 | 9,846 | 70.8% |

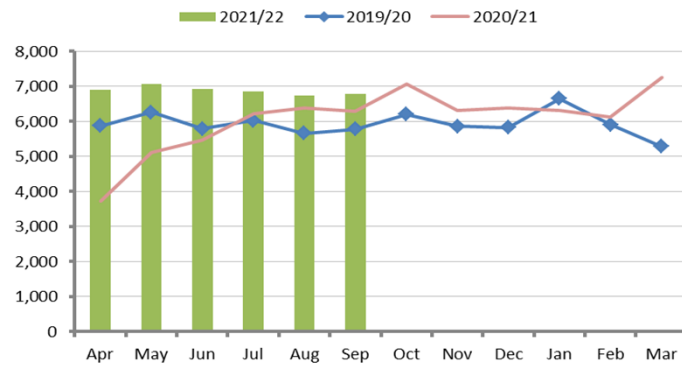
Diagnostic Activity – Restoration



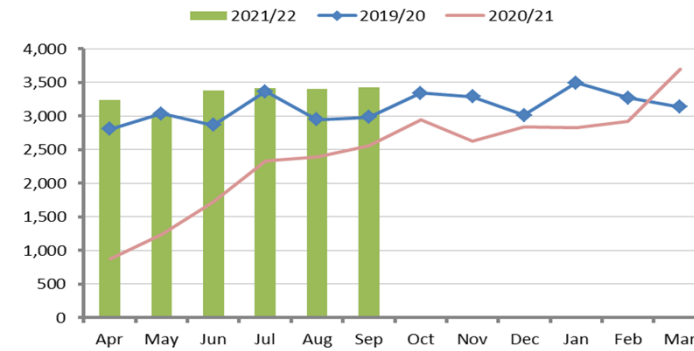
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Bristol and Weston
NHS Foundation Trust

September 2021

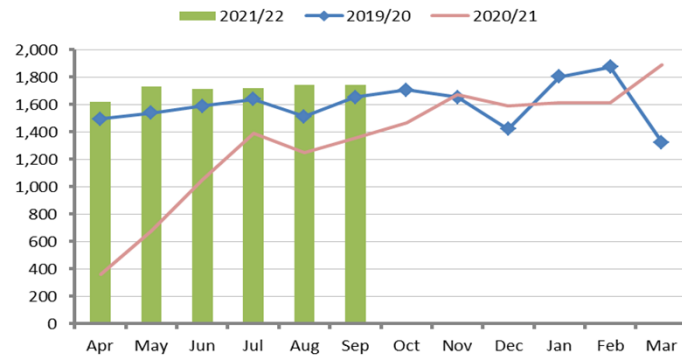
Computed Tomography (CT)



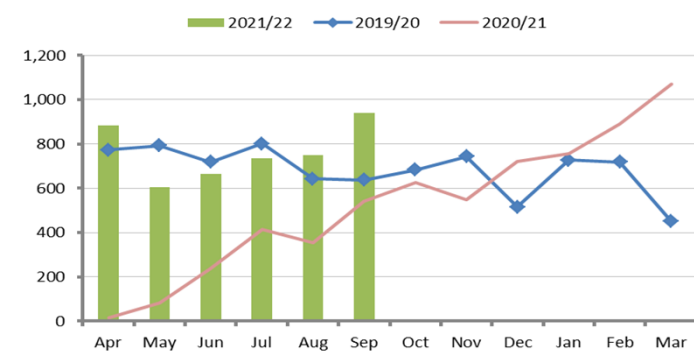
Magnetic Resonance Imaging (MRI)



Echocardiography



Endoscopy (Gastroscopy, Colonoscopy, Flexi Sig)



2021/22 as a Percentage of 2019/20

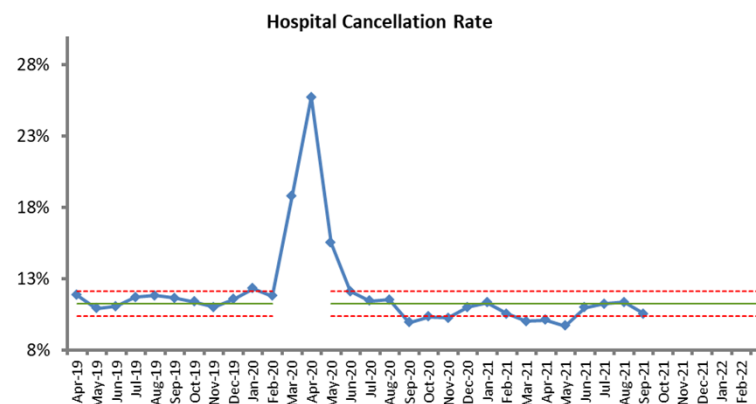
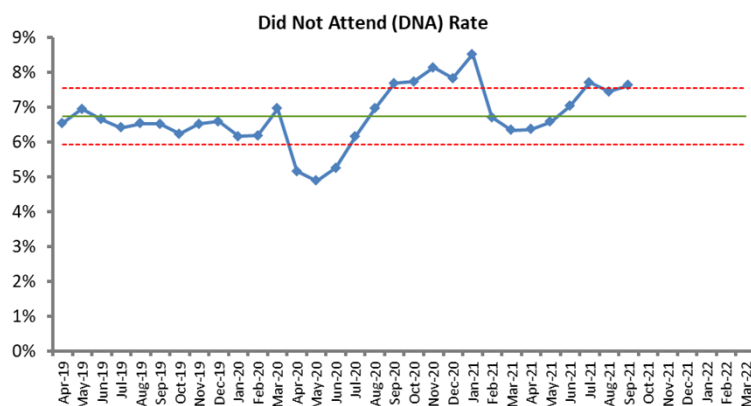
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------------------|------|------|------|------|------|------|-----|-----|-----|-----|-----|-----|
| Computed Tomography | 118% | 113% | 120% | 114% | 119% | 118% | | | | | | |
| Magnetic Resonance Imaging | 115% |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

Outpatient Measures

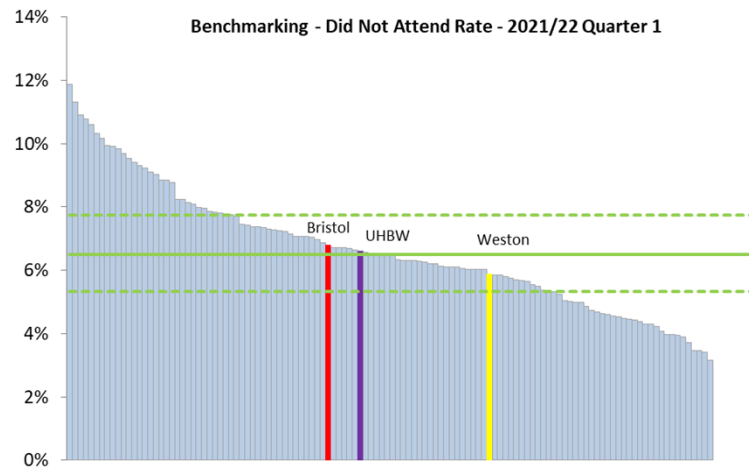
September 2021

N Not Achieved

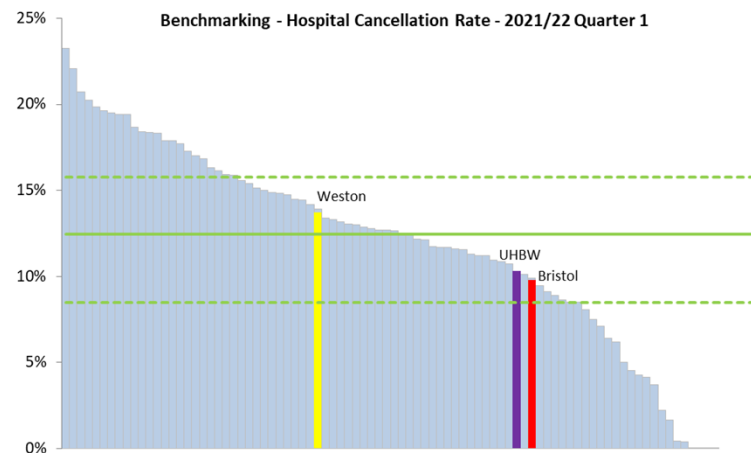
| | |
|---------------------|--|
| Standards: | <p>The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs</p> <p>The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made.</p> <p>The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%.</p> <p>For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.</p> |
| Performance: | <p>In September, the DNA Rate was 7.6% across Bristol and Weston, with 5,630 DNA'ed appointments.</p> <p>The hospital cancellation rate was 10.5% with 10,754 cancelled appointments</p> |
| Commentary: | <ul style="list-style-type: none"> • Cancellation rates have stabilised in September to 10.5% • DNA rates rose in June to 7.0%, this rose in July to 7.7% and has been sustained during August and September at 7.6%. This mirrors the urgent care response and the decline in non-face to face activity. • Issues with recruitment have delayed the appointment centre and the access team putting plans in place increase resources to promote attendance and reduce last minute patient cancellations. |
| Ownership: | Chief Operating Officer |



Outpatient Measures



| | Sep-21 | |
|---------------------------|--------------|-------------|
| | DNAs | DNA Rate |
| Diagnostics and Therapies | 431 | 5.6% |
| Medicine | 932 | 10.2% |
| Specialised Services | 583 | 5.4% |
| Surgery | 1,699 | 7.9% |
| Weston | 663 | 7.3% |
| Women's and Children's | 1,322 | 8.4% |
| Other/Not Known | 0 | - |
| TRUST TOTAL | 5,630 | 7.6% |
| <i>Bristol Subtotal</i> | <i>4,967</i> | <i>7.7%</i> |



| | Sep-21 | |
|---------------------------|---------------|--------------|
| | Cancellations | Rate |
| Diagnostics and Therapies | 450 | 4.9% |
| Medicine | 1,258 | 10.5% |
| Specialised Services | 2,469 | 15.0% |
| Surgery | 2,638 | 8.6% |
| Weston | 1,820 | 14.9% |
| Women's and Children's | 2,119 | 9.9% |
| Other/Not Known | 0 | - |
| TRUST TOTAL | 10,754 | 10.5% |
| <i>Bristol Subtotal</i> | <i>8,934</i> | <i>10.0%</i> |

Outpatient Overdue Follow-Ups

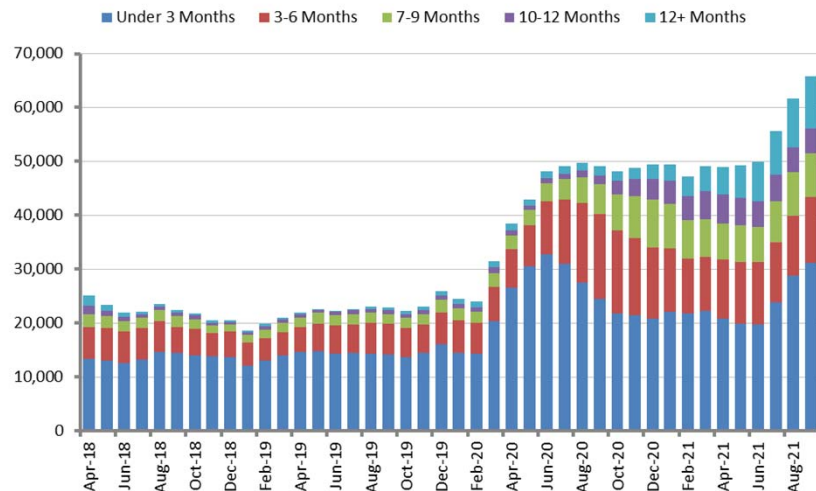


August 2021

N Not Achieved

| | |
|---------------------|---|
| Standards: | This measure looks at referrals where the patient is on a “Partial Booking List” at Bristol, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a “Date To Be Seen By”, from which the proportion that are overdue can be reported. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients. |
| Performance: | Total overdue at end of September was 89,262 of which 25,142 (28%) were overdue by 9+ months. |
| Commentary: | <ul style="list-style-type: none"> Overdue follow up backlogs have continued to grow during August as a result of outpatient cancellations to support the urgent care response June/July/August /Sept (Datix ID 2244). Outpatient restoration activity rebounded in September with 104% of activity delivered against the 2021/22 plan which is 91% of 2019/20 activity. Clinical capacity is not sufficient to manage follow up backlog demand as well as the ongoing new demand. Capacity is being focussed on the delivery of the most clinically urgent cases. National validation programme is expected in late February 2022. H2 bid submitted to support development of UHBW waiting list validation. Areas of largest areas of backlog seen in Sleep, Ophthalmology, T&O and Respiratory. Discussions in progress with specialities to review the use of PIFU. Sleep recovery may be affected by risk relating to CPAP/BIPAP machine supply issues and recall (Datix ID 5422) |
| Ownership: | Chief Operating Officer |

Bristol - Overdue FollowUps, by number of months overdue

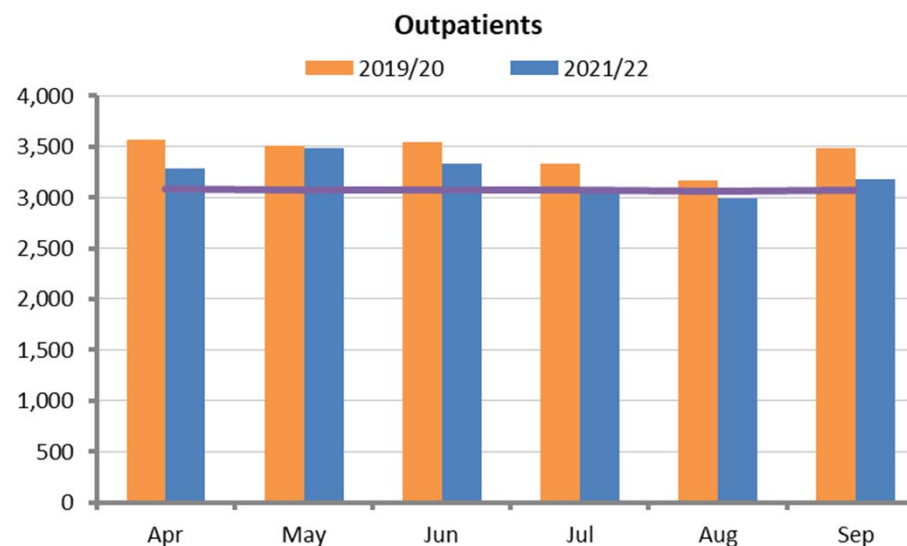


| | Under 9 Months | 9-11 Months | 12+ Months | Total |
|-------------------------|----------------|--------------|---------------|---------------|
| Diagnosics & Therapies | 4,308 | 36 | 22 | 4,366 |
| Medicine | 11,610 | 1,586 | 4,454 | 17,650 |
| Specialised Services | 6,652 | 435 | 505 | 7,592 |
| Surgery | 23,876 | 2,090 | 4,477 | 30,443 |
| Weston | 12,551 | 3,769 | 7,155 | 23,475 |
| Women's and Children's | 5,123 | 313 | 300 | 5,736 |
| UHBW TOTAL | 64,120 | 8,229 | 16,913 | 89,262 |
| <i>Bristol Subtotal</i> | <i>51,569</i> | <i>4,460</i> | <i>9,758</i> | <i>65,787</i> |

Outpatient Activity – Restoration

September 2021

Activity Per Day, By Month and Year – Outpatient Attendances



| | Apr | May | Jun | Jul | Aug | Sep | |
|---------|--------------------------|-------|-------|-------|-------|-------|-------|
| 2021/22 | Actual Activity Per Day | 3,289 | 3,484 | 3,327 | 3,099 | 2,985 | 3,178 |
| | Planned Activity Per Day | 3,085 | 3,068 | 3,078 | 3,068 | 3,057 | 3,068 |
| 2019/20 | Actual Activity Per Day | 3,568 | 3,507 | 3,544 | 3,327 | 3,162 | 3,487 |

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

Mortality – SHMI (Summary Hospital-level Mortality Indicator)



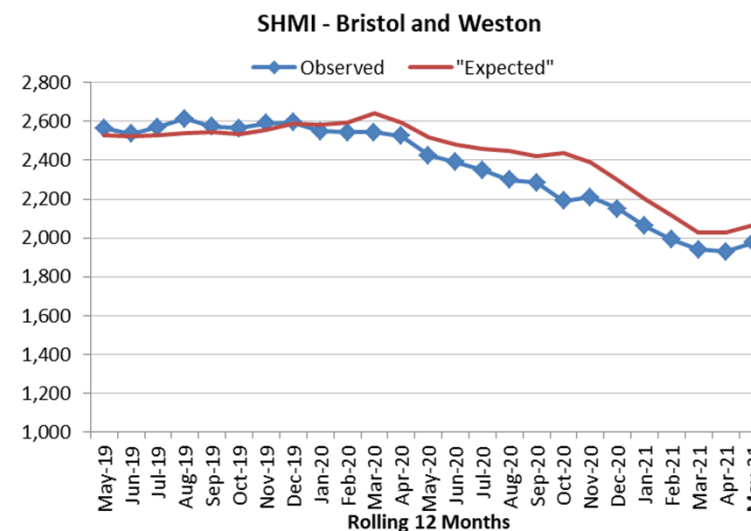
May 2021

A Achieved

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

| Rolling 12 | UHBW | | SHMI |
|------------|----------|------------|------|
| | Observed | "Expected" | |
| 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 |
| Apr-21 | 1,930 | 2,030 | 95.1 |
| May-21 | 1,975 | 2,065 | 95.6 |

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



Mortality – HSMR (Hospital Standardised Mortality Ratio)

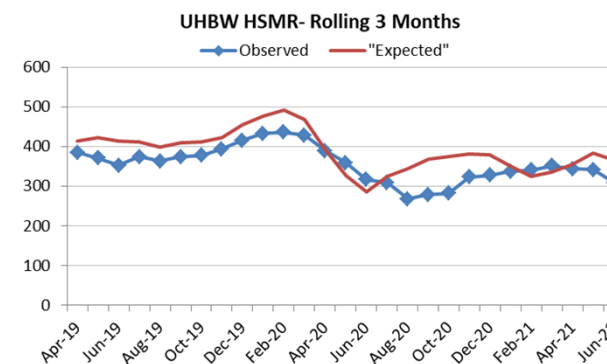
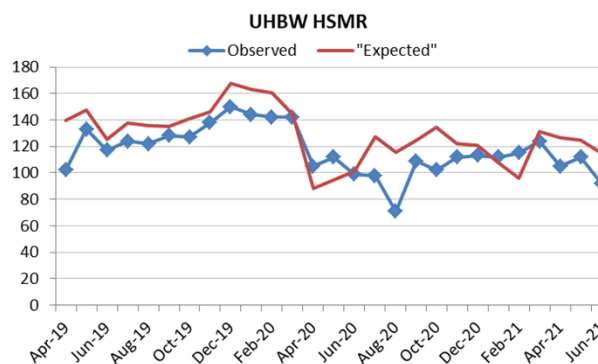


June 2021

A Achieved

| | |
|---------------------|---|
| Standards: | Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr.Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same. |
| Performance: | HSMR within CHKS for UHBW for the solely the month of June 2021 is 80, meaning there were fewer observed deaths (92) than the statistically calculated expected number of deaths (115). 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 June 2021 for UHBW was 87.4 (National Peer: 89.7). |
| Commentary: | Actions: The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required and investigating any identified alerts. |
| Ownership: | Medical Director |

| | UHBW | | |
|--------|----------|------------|-------|
| | Observed | "Expected" | HSMR |
| 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 | 105 | 127 | 83.0 |
| May-21 | 112 | 125 | 89.6 |
| Jun-21 | 92 | 115 | 80.0 |



Fractured Neck of Femur (NOF)



September 2021

P Partially Achieved

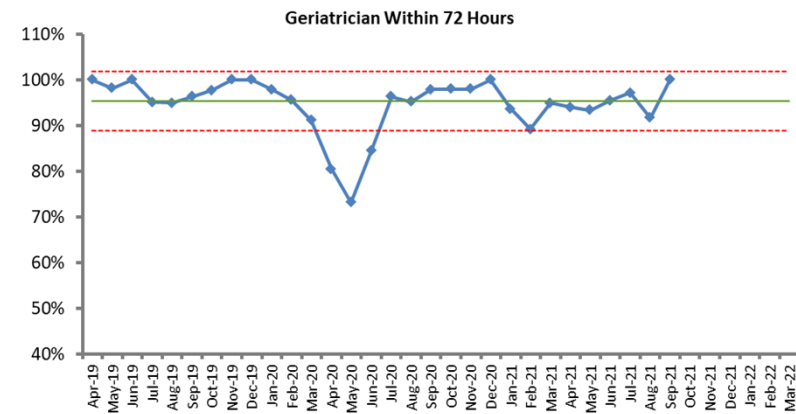
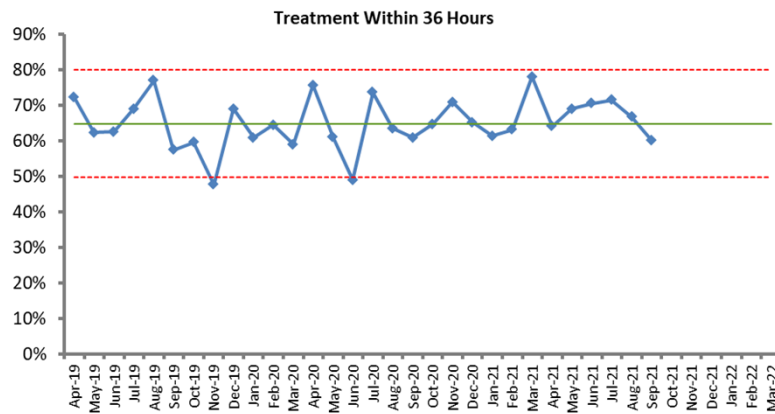
| | |
|---------------------|--|
| Standards: | Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%. |
| Performance: | <p>In September 2021, there were 40 patients eligible for Best Practice Tariff (BPT) across UHBW (27 in Bristol and 13 in Weston).</p> <ul style="list-style-type: none"> • For the 36 hour standard, 60% achieved the standard (24 out of 40 patients) • For the 72 hour standard, 100% achieved the standard (40 out of 40 patients) |
| Commentary: | <p>Challenges to be addressed in Bristol:</p> <ul style="list-style-type: none"> • There is continued difficulty in time to theatre in Bristol, mostly driven by the increase in general trauma demand to theatres for Fracture NOF patients and an inability to stand up more trauma theatres due to the necessity to maintain cancer theatre capacity and also a lack of available inpatient beds. The BRI is witnessing a sustained increase of demand on the trauma service as a result of national lockdowns being eased. • Inability to address peaks in Fracture NOF demand. • Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the T&O wards. <p>Actions being taken in Bristol:</p> <ul style="list-style-type: none"> • Getting It Right First Time (GIRFT) review completed, awaiting feedback from the report. • Reinvigoration of the Silver Trauma meetings to address the ongoing issues with access to theatre as well as developing a complete staffing picture for the service to ensure we have staff to meet demand. • Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties. • Any last minute cancellation from another specialty is usually then backfilled by trauma surgeons. • Formal job planning completed and actioned to provide multi-specialist trauma cover each day. <p>Challenges to be addressed in Weston:</p> <ul style="list-style-type: none"> • Limited theatre space due to half day lists on Tuesdays and Thursdays <p>Actions being taken in Weston:</p> <ul style="list-style-type: none"> • Use emergency lists (CEPOD) where possible for extra capacity when trauma lists are full or limited |
| Ownership: | Medical Director |

Fractured Neck of Femur (NOF)



University Hospitals
Bristol and Weston
NHS Foundation Trust

September 2021



| | Total Patients | 36 Hours | | 72 Hours | |
|--------------|----------------|----------------|--------------|----------------|---------------|
| | | Seen In Target | Percentage | Seen In Target | Percentage |
| Bristol | 27 | 13 | 48% | 27 | 100% |
| Weston | 13 | 11 | 85% | 13 | 100% |
| TOTAL | 40 | 24 | 60.0% | 40 | 100.0% |

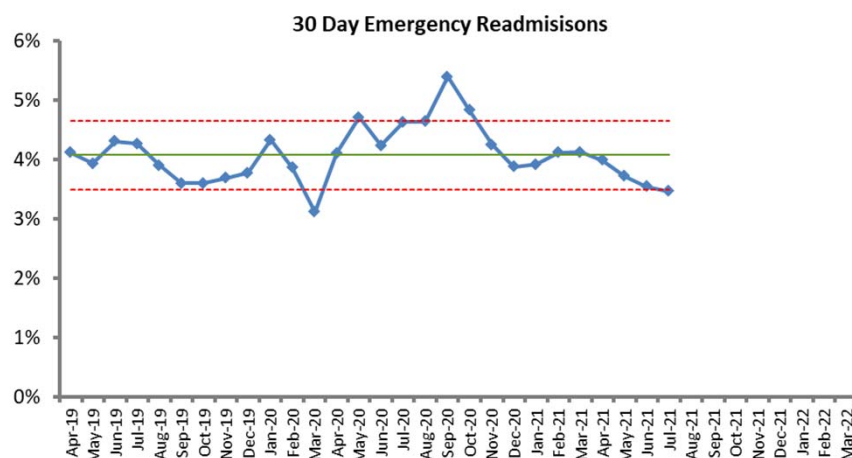
Readmissions



August 2021

A Achieved

| | |
|---------------------|---|
| Standards: | This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%. |
| Performance: | In August, there were 13,354 discharges, of which 420 (3.1%) had an emergency re-admission within 30 days. |
| Commentary: | The review of Readmission methodologies and future targets/trajectories across the two Trusts has not concluded. |
| Ownership: | Chief Operating Officer |



| | Aug-21 | | |
|---------------------------|--------------|------------------|--------------|
| | Readmissions | Total Discharges | % Readmitted |
| Diagnostics and Therapies | 0 | 22 | 0.0% |
| Medicine | 164 | 2,300 | 7.1% |
| Specialised Services | 27 | 2,666 | 1.0% |
| Surgery | 93 | 2,375 | 3.9% |
| Weston | 98 | 2,018 | 4.9% |
| Women's and Children's | 38 | 3,973 | 1.0% |
| Other/Not Known | 0 | 0 | - |
| TRUST TOTAL | 420 | 13,354 | 3.1% |
| <i>Bristol Subtotal</i> | <i>322</i> | <i>11,336</i> | <i>2.8%</i> |

Workforce – Bank and Agency Usage



September 2021

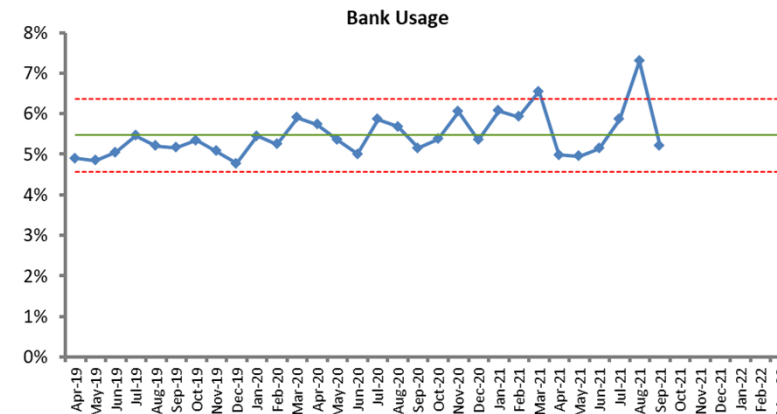
P Partially Achieved

| | |
|---------------------|---|
| Standards: | Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target. |
| Performance: | In September 2021, total staffing was at 11,252 FTE. Of this, 7.3% was Bank (587 FTE) and 2.1% was Agency (236 FTE). |
| Commentary: | <p>Bank usage reduced by 246.1 FTE. There were reductions in all divisions, with the largest reduction seen in Medicine, reducing to 108.8 FTE from 172.1 FTE in the previous month. During the month of August there was a financial incentive offered to staff to encourage bank usage in clinical divisional areas therefore prompting a large FTE increase therefore a large reduction was anticipated in September in comparison to the previous month.</p> <p>Agency usage reduced by 2.5 FTE. There were increases in four divisions, with the largest increase seen in Surgery, increasing to 35.9 FTE from 29.7 FTE in the previous month. There were reductions in two divisions, with the largest reduction seen in Weston, reducing to 62.8 FTE from 73.3 FTE in the previous month.</p> <ul style="list-style-type: none"> • A further 69 appointments and reappointments have been made to the Trust Staff Bank across all staff groups. Of the 204 people who joined the Bank in Q2, 120 have completed at least one shift across all staff groups. • The new neutral vendor for agency medical locum supply across the Trust is now live with an aim to deliver cost savings/avoidance and increased governance and assurance. • A review is currently underway in conjunction with BNSSG Partners to evaluate the accelerator rates in place across August. The newly formed BNSSG Pay and Incentives Group is also working collaboratively looking at rates and future incentive packages to increase Bank supply /additional hours being worked through the Bank in light of ongoing operational pressures. |
| Ownership: | Director of People |

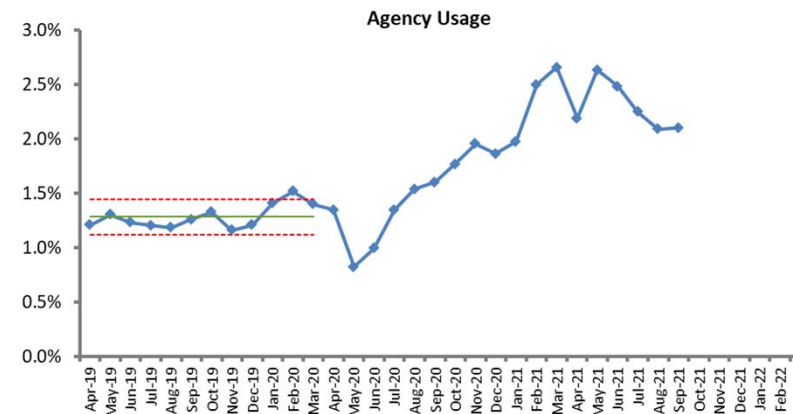
Workforce – Bank and Agency Usage

September 2021

| Bank | September FTE | September Actual % | KPI |
|----------------------------------|---------------|--------------------|-------------|
| UHBW NHS Foundation Trust | 587.4 | 5.2% | 5.6% |
| Diagnostics & Therapies | 16.1 | 1.3% | 2.0% |
| Medicine | 108.8 | 7.6% | 10.0% |
| Specialised Services | 64.9 | 5.7% | 6.0% |
| Surgery | 92.4 | 4.8% | 5.8% |
| Women's & Children's | 57.9 | 2.6% | 1.2% |
| Trust Services | 28.3 | 2.5% | 4.5% |
| Facilities & Estates | 95.1 | 10.5% | 8.0% |
| Weston | 123.8 | 10.3% | 10.00% |



| Agency | September FTE | September Actual % | KPI |
|----------------------------------|---------------|--------------------|-------------|
| UHBW NHS Foundation Trust | 236.0 | 2.1% | 1.8% |
| Diagnostics & Therapies | 2.1 | 0.2% | 0.9% |
| Medicine | 72.9 | 5.1% | 2.2% |
| Specialised Services | 19.4 | 1.7% | 1.0% |
| Surgery | 35.9 | 1.9% | 1.1% |
| Women's & Children's | 22.4 | 1.0% | 0.9% |
| Trust Services | 15.3 | 1.3% | 0.0% |
| Facilities & Estates | 5.2 | 0.6% | 3.9% |
| Weston | 62.8 | 5.20% | 5.17% |



Workforce – Turnover

September 2021

N Not Achieved

| | |
|---------------------|--|
| Standards: | Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory. |
| Performance: | In September 2021, there had been 1209 leavers over the previous 12 months, with 8732 FTE staff in post on average over that period; giving a turnover of $1209 / 8732 = 13.8\%$. |
| Commentary: | <p>Turnover for the 12 month period remained static at 13.8% in September 2021 compared with the previous month. Two divisions saw a reduction whilst five divisions saw increases in turnover in comparison to the previous month. The largest divisional reduction was seen within Women's and Children's, where turnover reduced by 0.7 percentage points to 10.9% compared with 11.6% the previous month. Weston had the largest divisional increase, rising from 14.6% to 15.4%.</p> <ul style="list-style-type: none"> To support staff during the significant operational pressures as they face ongoing challenges across winter, a workplace wellbeing Winter Booster plan has been developed as part of the Trust 'Campaign for Renewal' programme, with the priority of 'Staff First'. The Exit Interview process has been revised and includes a new emphasis on line managers engaging staff in the feedback process at the earliest opportunity; the point of resignation. Additionally, feedback from staff will now be shared routinely with Divisions in monthly reporting. Partnership working with the Healthier Together Staff Support Network is in place to support the Trust's international nurses with a training/reflective session focusing on psychoeducation and understanding emotional impact of transitions, adjustment and wellbeing, with the aim of supporting their moves to the UK and longer term retention with the Trust. |
| Ownership: | Director of People |

| Turnover | Sep-21 | KPI |
|----------------------------------|--------------|--------------|
| UHBW NHS Foundation Trust | 13.8% | 12.5% |
| Diagnostics & Therapies | 14.7% | 11.3% |
| Medicine | 18.9% | 17.3% |
| Specialised Services | 14.5% | 13.5% |
| Surgery | 13.1% | 12.6% |
| Women's & Children's | 10.9% | 9.7% |
| Trust Services | 10.78% | 10.82% |
| Facilities & Estates | 15.4% | 13.2% |
| Weston | 15.4% | 14.6% |



Workforce – Vacancies

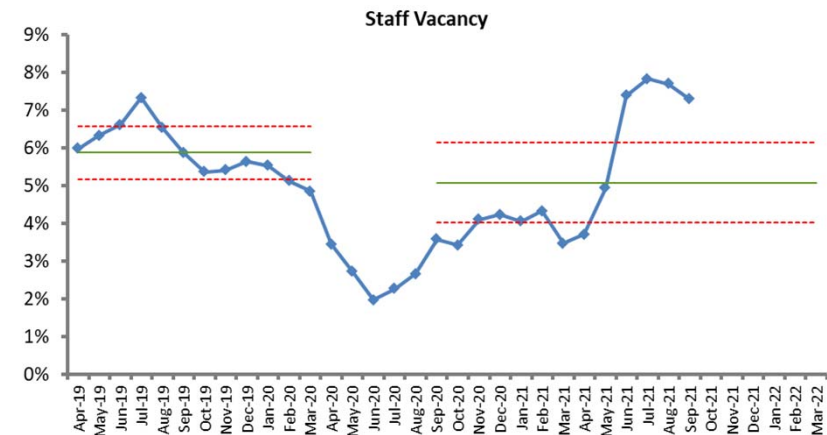


September 2021

N Not Achieved

| | |
|---------------------|---|
| Standards: | Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%. |
| Performance: | In September 2021, funded establishment was 11,389 FTE, with 819 FTE as vacancies (7.3%). |
| Commentary: | <p>Overall vacancies reduced to 7.3% compared to 7.7% in the previous month. The largest divisional increase was seen in Weston, where vacancies increased to 179.6 FTE from 165.5 FTE in the previous month. The largest divisional reduction was seen in Surgery, where vacancies reduced to 171.6 FTE from 196.9 FTE the previous month.</p> <ul style="list-style-type: none"> The Weston Division saw its first cohort of four Trainee Nurse Associates (TNAs) starting their course at Weston College. The Trust welcomed six newly qualified Radiographers to the Trust following a targeted recruitment campaign. A further 18 international nurses arrived during September taking the total to 111. Plans are in place to recruit a further 148 throughout the remainder of the financial year to achieve the year-end target of 258. 148 newly qualified nurses have been recruited and due to join the Trust before the end of December 2021. Plans are in place for the recruitment of the 2022 output with face to face nurse recruitment events. A Ward Clerk recruitment campaign is to go live to increase cover on in-patient areas across the twilight shift in response to the significant pressures. Nine Clinical Fellows are joining the Weston Division during October and three new Consultants are joining at the beginning of November. Plans are in place to reduce the Nursing Assistant vacancy position ahead of seasonal pressures, with 32 new starters during September and a further 65 candidates in the pipeline. |
| Ownership: | Director of People |

| Vacancy | Sep-21 | KPI |
|----------------------------------|-------------|-------------|
| UHBW NHS Foundation Trust | 7.3% | 6.2% |
| Diagnostics & Therapies | 1.8% | 5.5% |
| Medicine | 10.1% | 6.5% |
| Specialised Services | 9.7% | 5.5% |
| Surgery | 8.7% | 4.5% |
| Women's & Children's | 0.0% | 5.0% |
| Trust Services | 5.1% | 4.9% |
| Facilities & Estates | 14.0% | 9.1% |
| Weston | 15.0% | 11.0% |



Workforce – Staff Sickness

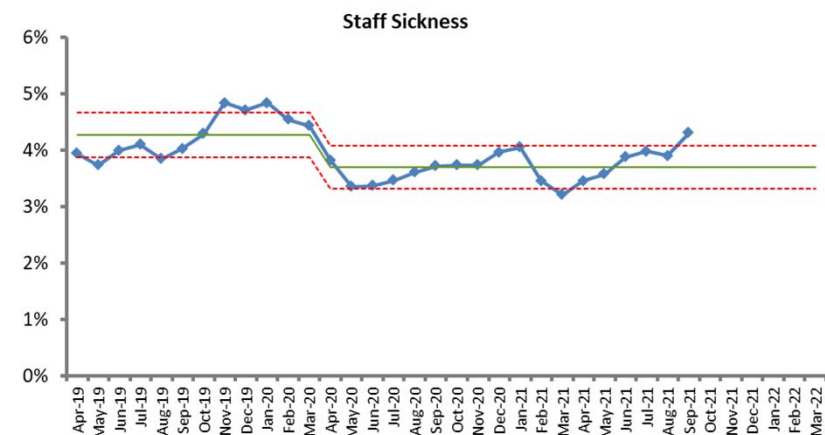


September 2021

P Partially Achieved

| | |
|---------------------|--|
| Standards: | Staff sickness is measured as a percentage of available Full Time Equivalent (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target. |
| Performance: | In September 2021, total available FTE days were 310,513 of which 13,358 (4.3%) were lost to staff sickness. |
| Commentary: | <p>Sickness absence increased to 4.3% 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. There were increases within seven divisions; the largest divisional increase was seen in Medicine, increasing by 0.9 percentage points to 5.5% from 4.6% the previous month. There were no reductions within any of the divisions, Trust Services remained static at 3.6%</p> <p>Medical Suspension continues to be the method used to record short-term Covid absences. During September, 1.6% of available FTE was lost to Medical Suspension compared to 1.8% the previous month: 0.6% Covid Sickness, 1.0% Covid Isolation/Shielding. Long Covid accounts for 0.1% of the sickness absence.</p> <ul style="list-style-type: none"> An onsite colleague health check introduced at the end of September is designed to assess behavioural risk factors such as obesity, physical inactivity, smoking, alcohol, and physiological risk factors such as high blood pressure and raised Body Mass Index (BMI). This provision, hosted within Occupational Health, is inclusive to all colleagues and aims to promote high level wellbeing and prevention of ill health. An increase in sickness absence has been realised this month. HR Services are making contact with line managers in order to support them with managing staff absence. This includes facilitating return to work plans, redeployment and ill health retirement processes. Long Covid continues to be a challenge. Several departments have seen long term absence as a result of this. The Trust is currently negotiating with its Staff Side partners an approach to the management of staff who are affected by Long Covid and are not able to return to work. |
| Ownership: | Director of People |

| Sickness | Sep-21 | KPI |
|----------------------------------|-------------|-------------|
| UHBW NHS Foundation Trust | 4.3% | 4.0% |
| Diagnostics & Therapies | 3.1% | 2.9% |
| Medicine | 5.5% | 4.4% |
| Specialised Services | 3.7% | 3.4% |
| Surgery | 4.8% | 4.0% |
| Women's & Children's | 4.1% | 3.7% |
| Trust Services | 3.4% | 3.5% |
| Facilities & Estates | 5.2% | 6.5% |
| Weston | 4.8% | 4.1% |



Workforce – Appraisal Compliance



September 2021

N Not Achieved

| | |
|---------------------|--|
| Standards: | Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide. |
| Performance: | In September 2021, 7,151 members of staff were compliant out of 10,339 (69.2%). |
| Commentary: | <p>Overall appraisal compliance increased to 69.2% from 68.3% compared to the previous month. All divisions are non-compliant.</p> <p>There were increases in six divisions, and reductions in the remaining two divisions. The largest divisional increase was within Medicine, increasing to 62.0% from 59.7% in the previous month; The largest divisional reduction was seen within Trust Services where compliance reduced to 71.4% compared with 72.8% in the previous month.</p> <ul style="list-style-type: none"> • Following the extension of appraisal compliance targets until December 2021, a revised set of Divisional data has been put in place to be reviewed at divisional reviews. • To support Managers and their staff during the critical operational pressures, interim forms are available across the Trust with the aim of encouraging a `conversation` approach to performance / feedback. • Monthly appraisal training has continued. |
| Ownership: | Director of People |

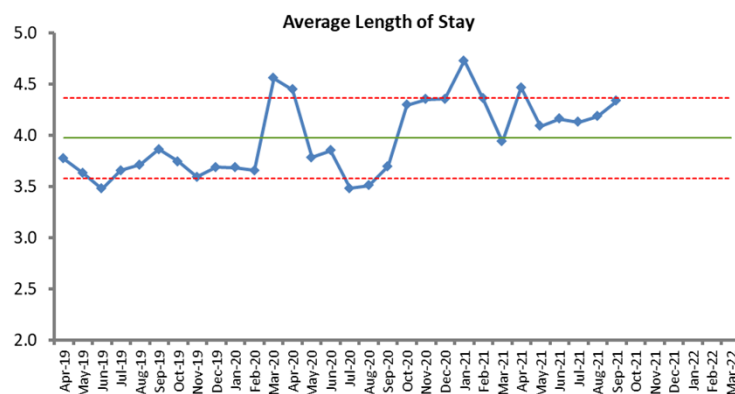
| Appraisal (Non-Consultant) | Sep-21 | Aug-21 | KPI |
|----------------------------------|--------|--------|-------|
| UHBW NHS Foundation Trust | 69.2% | 68.3% | 85.0% |
| Diagnostics & Therapies | 74.1% | 74.4% | 85.0% |
| Medicine | 62.0% | 59.7% | 85.0% |
| Specialised Services | 79.1% | 78.2% | 85.0% |
| Surgery | 56.6% | 54.7% | 85.0% |
| Women's & Children's | 74.0% | 73.3% | 85.0% |
| Trust Services | 71.4% | 72.8% | 85.0% |
| Facilities & Estates | 68.6% | 68.6% | 85.0% |
| Weston | 70.3% | 67.9% | 85.0% |

Average Length of Stay

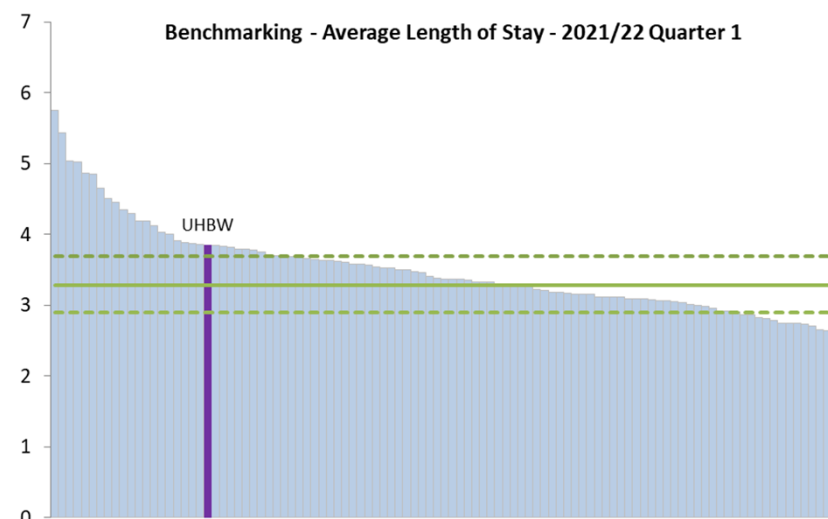
September 2021

N/A No Standard

| | |
|---------------------|--|
| Standards: | Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges. |
| Performance: | In September there were 6,481 discharges at UHBW with an average length of stay of 4.33 days. |
| Commentary: | Current assumptions around length of stay are being reviewed as part of the pathway reconfigurations resulting from the Covid pandemic. |
| Ownership: | Chief Operating Officer |



| | Sep-21 |
|------------------------|--------|
| Medicine | 5.5 |
| Specialised Services | 6.8 |
| Surgery | 4.6 |
| Weston | 6.5 |
| Women's and Children's | 2.3 |



Finance – Executive Summary



University Hospitals
Bristol and Weston
NHS Foundation Trust

September 2021

YTD Income & Expenditure Position

- Net I&E surplus of £961k against a plan of break-even (excluding technical items).
- Total operating income is £8,221k favourable to plan due to higher than planned income from patient care activities of £14,818k (pay ward funding, ERF and high cost drug spend), offset by lower than planned other operating income of £6,597k (relating to grant income).
- Operating expenses are £13,862k adverse to plan, primarily due to the impact of the pay award of £5,764k and high-cost drug expenditure of £9,666k.

Key Financial Issues

- The Trust's financial position includes estimated ERF income and matching costs of £9,220k pending a system decision regarding the allocation of ERF within the system. The Trust did not earn ERF in September due to ongoing challenges with bed availability.
- Savings delivery of £4,416k or 62% of the plan to date. The savings forecast outturn indicates a shortfall in delivery of £5,774k but it is not expected to lead to non-delivery of the break-even financial plan overall.
- With expenditure to date of £29,302k, delivery of the CDEL of £84,563k in the second half of the financial year will be very challenging.

Strategic Risks

- Although the following items are not expected to have a material impact in this financial year, work has either been completed, or is in hand, or pending to understand and mitigate:
- The Trust and BNSSG system underlying financial deficit going into 2022/23 - completed
 - The Trust and BNSSG system 2021/22 forecast outturn following receipt of the 2021/22 H2 funding envelopes – in hand;
 - Agreeing a system approach to future financial targets given UHBW's need to service past borrowing – pending – awaiting details regarding the 2022/23 financial regime;
 - Re-assessing the implications of the financial arrangements relating to the merger and how that may have altered by changes in the national financial regime – pending as above;
 - Understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – in-hand – subject to a system approach and CDEL brokerage discussions with NHSEI.

September 2021

Trust Year to Date Financial Position

| | Month 6 | | | 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 | 75,310 | 84,966 | 9,657 | 454,107 | 468,925 | 14,818 |
| Other Operating Income | 11,515 | 9,911 | (1,604) | 68,926 | 62,329 | (6,597) |
| Total Operating Income | 86,825 | 94,877 | 8,053 | 523,033 | 531,255 | 8,221 |
| Employee Expenses | (47,832) | (53,773) | (5,941) | (286,989) | (293,755) | (6,766) |
| Other Operating Expenses | (32,729) | (36,247) | (3,519) | (199,480) | (206,231) | (6,751) |
| Depreciation (owned & leased) | (2,298) | (2,274) | 24 | (13,237) | (13,583) | (346) |
| Total Operating Expenditure | (82,858) | (92,294) | (9,436) | (499,706) | (513,569) | (13,862) |
| PDC | (1,071) | (1,071) | 0 | (6,429) | (6,429) | 0 |
| Interest Payable | (190) | (171) | 19 | (1,142) | (1,061) | 81 |
| Interest Receivable | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Gains/(Losses) | 0 | 0 | 0 | 0 | (12) | (12) |
| Net Surplus/(Deficit) inc technicals | 2,705 | 1,341 | (1,364) | 15,756 | 10,184 | (5,572) |
| Remove Capital Donations, Grants & donated asset depreciation | (2,705) | (985) | 1,720 | (15,756) | (9,223) | 6,533 |
| Net Surplus/(Deficit) exc technicals | 0 | 356 | 356 | 0 | 961 | 961 |

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

Key Facts:

- The YTD net surplus is £961k (£606k last month) compared with the planned breakeven position.
- Pay expenditure is £3,421k higher in September than August and YTD is adverse to plan at £6,766k, mainly due to the pay award.
- Agency spend increased by £509k in month with bank costs reducing. Both returning to a level in line with the pre-August run rate.
- YTD agency expenditure is £14,678k, 5% of total pay costs.
- Other operating income is adverse to plan by £6,597k YTD primarily due to lower than planned grant income (£6,275k) relating to the Salix project.
- CIP achievement is 62%. £4,416k has been achieved against a target of £7,161k.
- Additional costs of Covid-19 are £5,651k YTD at the end of September, with a marginal reduction in month to £939k from £1,078k in August.

Care Quality Commission Rating - Bristol

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

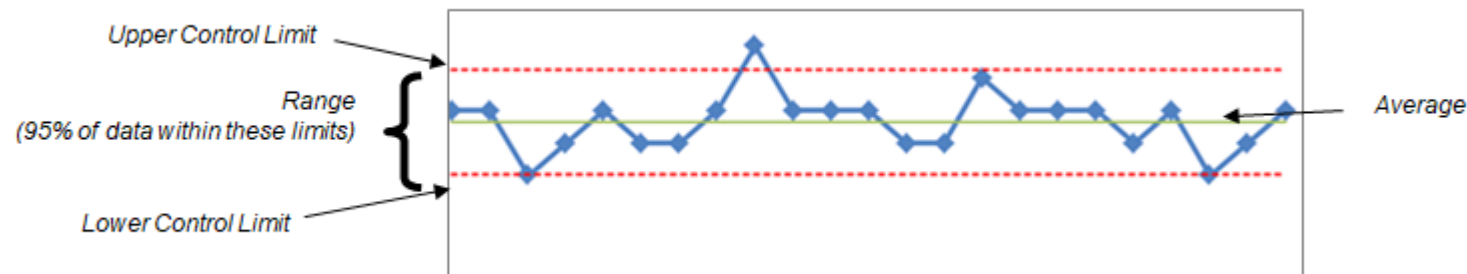
The overall rating was OUTSTANDING, and the breakdown by category is shown below:

Rating for acute services/acute trust

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

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

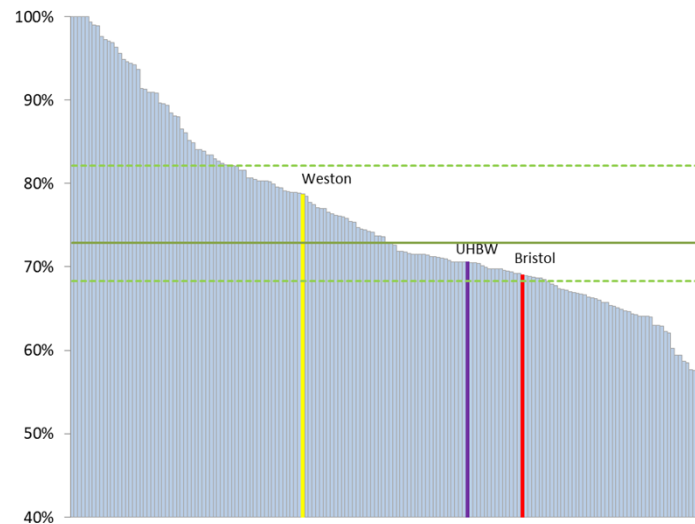


The blue line is the Trust’s monthly data and the green solid line is the monthly average for that data. The red dashed lines are called “control limits” and are derived from the Trust’s monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

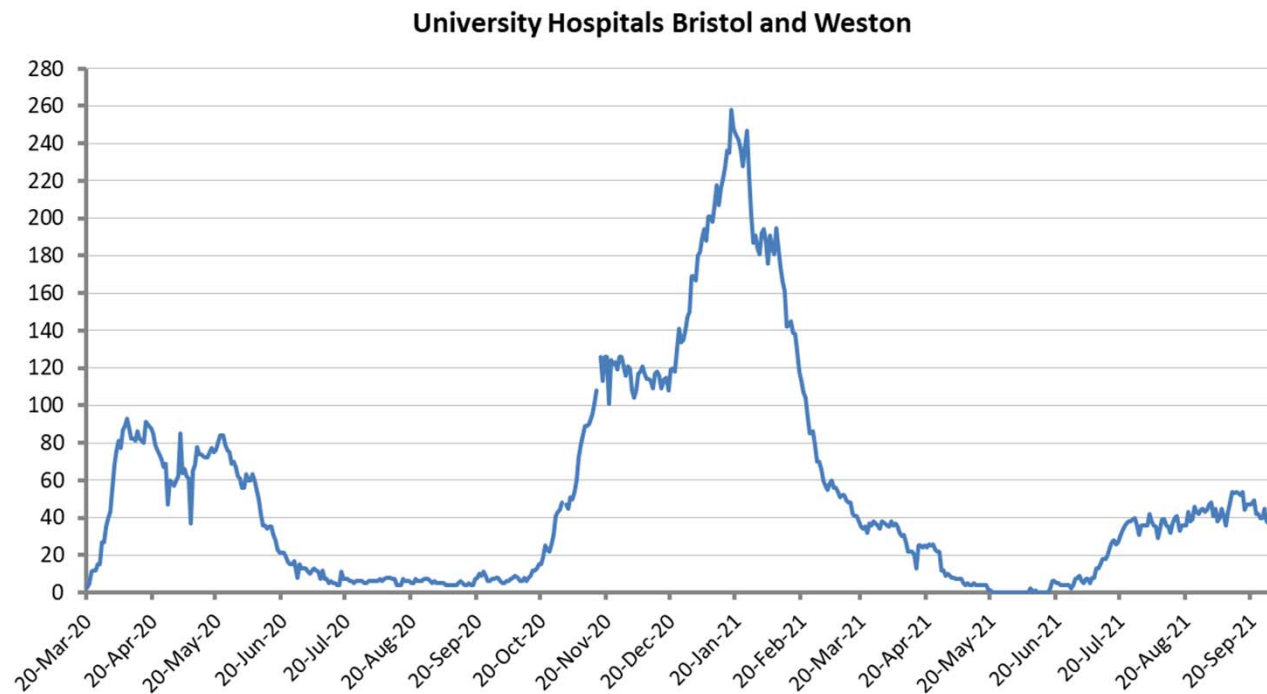
The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

Appendix – Covid19 Summary

| | |
|--------------------------|---|
| Source: | COVID-19 NHS Situation Report |
| Publication Date: | Published data, 14 th October 2021, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/ |
| Ownership: | Chief Operating Officer |

Bed Occupancy

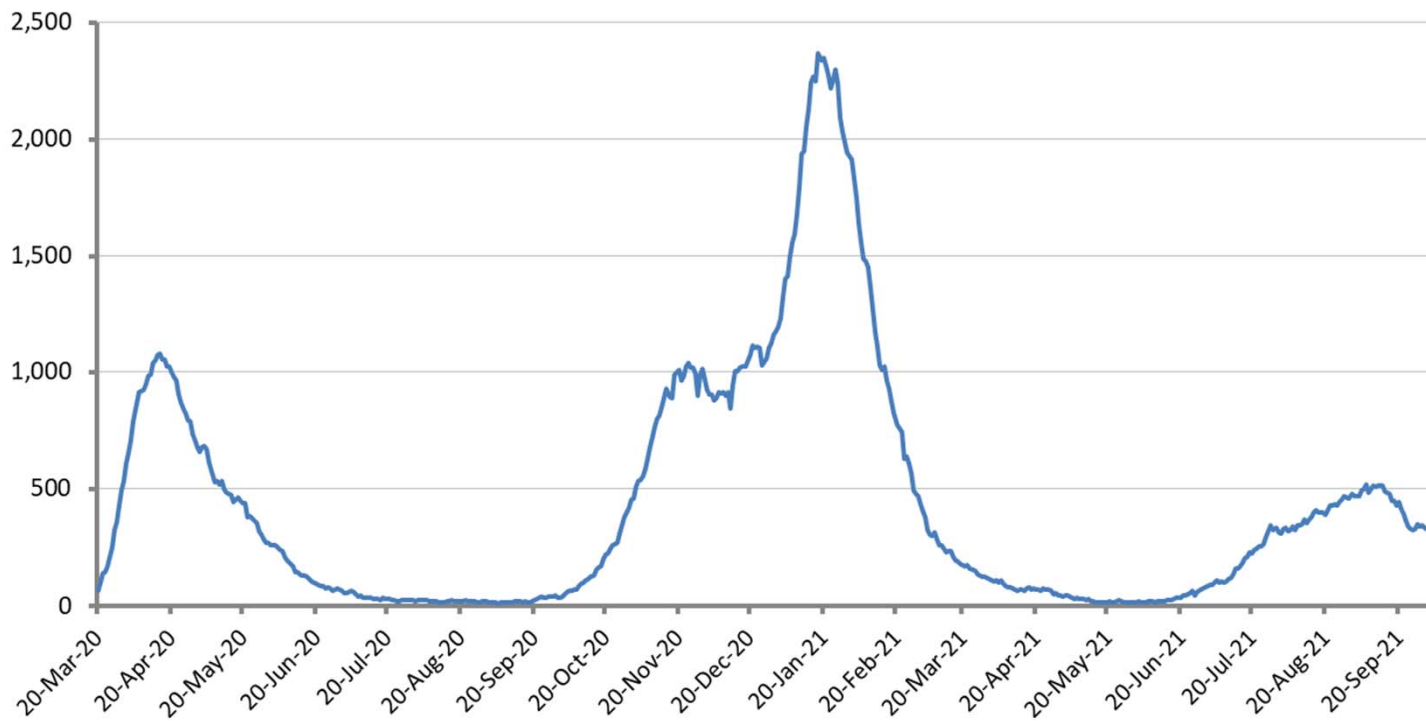
Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 7th October 2021.



Appendix – Covid19 Summary

| | |
|--------------------------|---|
| Source: | COVID-19 NHS Situation Report |
| Publication Date: | Published data, 14 th October 2021, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/ |
| Ownership: | Chief Operating Officer |

South West Organisations



Appendix – Covid19 Summary

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

| Month | Inpatients Admitted With Covid-19 | Inpatients Diagnosed With Covid-19 Following Admission | | | | TOTAL Diagnosed Following Admission |
|--------|-----------------------------------|--|--|---|---|-------------------------------------|
| | | Community Onset | Hospital-Onset Indeterminate Healthcare-Associated | Hospital-Onset Probable Healthcare-Associated | Hospital-Onset Definite Healthcare-Associated | |
| May-20 | 37 | | | | | 313 |
| Jun-20 | 16 | | | | | 75 |
| Jul-20 | 6 | 5 | 1 | 0 | 1 | 7 |
| Aug-20 | 8 | 9 | 0 | 0 | 1 | 10 |
| Sep-20 | 13 | 17 | 0 | 0 | 0 | 17 |
| Oct-20 | 47 | 107 | 6 | 6 | 5 | 124 |
| Nov-20 | 176 | 157 | 22 | 12 | 23 | 214 |
| Dec-20 | 203 | 94 | 27 | 22 | 35 | 178 |
| Jan-21 | 414 | 159 | 31 | 25 | 19 | 234 |
| Feb-21 | 156 | 88 | 22 | 19 | 22 | 151 |
| Mar-21 | 75 | 17 | 7 | 3 | 10 | 37 |
| Apr-21 | 38 | 7 | 2 | 3 | 12 | 24 |
| May-21 | 2 | 3 | 0 | 0 | 0 | 3 |
| Jun-21 | 18 | 7 | 1 | 1 | 0 | 9 |
| Jul-21 | 124 | 72 | 5 | 1 | 5 | 83 |
| Aug-21 | 130 | 64 | 13 | 6 | 5 | 88 |
| Sep-21 | 149 | 66 | 10 | 8 | 19 | 103 |
| | 1,612 | | | | | 1,670 |

- 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



University Hospitals
Bristol and Weston
NHS Foundation Trust

| INTEGRATED PERFORMANCE REPORT - TRUST TOTAL | | | | | | | | | | | | | | | | NHS University Hospitals Bristol and Weston NHS Foundation Trust | | | |
|---|---|--------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|----------|----------|----------|
| SAFE DOMAIN | | | | | | | | | | | | | | | | | | | |
| ID | Measure | 20/21 | 21/22 YTD | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | 20/21 Q3 | 20/21 Q4 | 21/22 Q1 | 21/22 Q2 |
| Infection Control | | | | | | | | | | | | | | | | | | | |
| DA01 | MRSA Hospital Onset Cases | 4 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 1 |
| DA02 | MSSA Hospital Onset Cases | 45 | 20 | 1 | 3 | 6 | 5 | 9 | 2 | 4 | 5 | 4 | 0 | 4 | 3 | 10 | 16 | 13 | 7 |
| DA03 | CDiff Hospital Onset Cases | 67 | 50 | 5 | 7 | 6 | 5 | 2 | 5 | 8 | 11 | 14 | 7 | 4 | 6 | 18 | 12 | 33 | 17 |
| DA03A | CDiff Healthcare Associated Cases | 81 | 58 | 6 | 8 | 6 | 6 | 2 | 7 | 9 | 13 | 16 | 9 | 4 | 7 | 20 | 15 | 38 | 20 |
| DA06 | EColi Hospital Onset Cases | 81 | 36 | 7 | 4 | 4 | 9 | 6 | 14 | 5 | 5 | 5 | 5 | 8 | 8 | 15 | 29 | 15 | 21 |
| Patient Falls | | | | | | | | | | | | | | | | | | | |
| AB01 | Falls Per 1,000 Beddays | 5.14 | 4.53 | 4.28 | 5.18 | 5.9 | 4.38 | 5.72 | 4.94 | 4.7 | 4.02 | 4.38 | 4.58 | 4.68 | 4.84 | 5.1 | 5 | 4.36 | 4.7 |
| | Numerator (Falls) | 1698 | 837 | 134 | 151 | 171 | 124 | 154 | 152 | 139 | 126 | 134 | 144 | 147 | 147 | 456 | 430 | 399 | 438 |
| | Denominator (Beddays) | 330286 | 184741 | 31336 | 29161 | 28979 | 28301 | 26905 | 30746 | 29584 | 31351 | 30587 | 31475 | 31380 | 30364 | 89476 | 85952 | 91522 | 93219 |
| AB06A | Total Number of Patient Falls Resulting in Harm | 23 | 18 | 4 | 3 | 1 | 3 | 3 | 2 | 5 | 1 | 2 | 4 | 4 | 2 | 8 | 8 | 8 | 10 |
| Pressure Injuries | | | | | | | | | | | | | | | | | | | |
| DE01 | Pressure Injuries Per 1,000 Beddays | 0.279 | 0.135 | 0.096 | 0.274 | 0.138 | 0.318 | 0.26 | 0.228 | 0.135 | 0.064 | 0.131 | 0.127 | 0.223 | 0.132 | 0.168 | 0.268 | 0.109 | 0.161 |
| | Numerator (Pressure Injuries) | 92 | 25 | 3 | 8 | 4 | 9 | 7 | 7 | 4 | 2 | 4 | 4 | 7 | 4 | 15 | 23 | 10 | 15 |
| | Denominator (Beddays) | 330286 | 184741 | 31336 | 29161 | 28979 | 28301 | 26905 | 30746 | 29584 | 31351 | 30587 | 31475 | 31380 | 30364 | 89476 | 85952 | 91522 | 93219 |
| DE02 | Pressure Injuries - Grade 2 | 87 | 20 | 3 | 8 | 4 | 8 | 7 | 7 | 4 | 1 | 3 | 4 | 5 | 3 | 15 | 22 | 8 | 12 |
| DE03 | Pressure Injuries - Grade 3 | 5 | 5 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 1 | 0 | 1 | 2 | 3 |
| DE04 | Pressure Injuries - Grade 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Serious Incidents | | | | | | | | | | | | | | | | | | | |
| S02 | Number of Serious Incidents Reported | 109 | 48 | 15 | 10 | 5 | 11 | 8 | 10 | 7 | 9 | 9 | 10 | 4 | 9 | 30 | 29 | 25 | 23 |
| S01 | Total Never Events | 6 | 3 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 3 | 0 | 1 | 2 |
| Medication Errors | | | | | | | | | | | | | | | | | | | |
| WA01 | Medication Incidents Resulting in Harm | 0.25% | 0.13% | 0.31% | 0.37% | 0.83% | 0% | 0% | 0.37% | 0% | 0.33% | 0% | 0% | 0.35% | - | 0.48% | 0.13% | 0.11% | 0.16% |
| | Numerator (Incidents Resulting In Harm) | 8 | 2 | 1 | 1 | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 4 | 1 | 1 | 1 |
| | Denominator (Total Incidents) | 3213 | 1496 | 323 | 269 | 241 | 257 | 229 | 268 | 293 | 301 | 286 | 329 | 287 | 0 | 833 | 754 | 880 | 616 |
| WA03 | Non-Purposeful Omitted Doses of the Listed Critical Med | 0.46% | 0.3% | 0.63% | 0.68% | 0.36% | 1.43% | 0.19% | 0.35% | 0% | 0% | 0.6% | 0% | 0.38% | 1.1% | 0.58% | 0.46% | 0.22% | 0.41% |
| | Numerator (Number of Incidents) | 26 | 7 | 3 | 3 | 1 | 3 | 1 | 2 | 0 | 0 | 3 | 0 | 1 | 3 | 7 | 6 | 3 | 4 |
| | Denominator (Total Audited) | 5638 | 2365 | 479 | 442 | 281 | 210 | 521 | 576 | 439 | 447 | 501 | 440 | 265 | 273 | 1202 | 1307 | 1387 | 978 |

Omitted Doses is Bristol only

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN



University Hospitals
Bristol and Weston
NHS Foundation Trust

| ID | Measure | 20/21 | 21/22 YTD | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-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% | 83.2% | 85.8% | 85.2% | 85.5% | 84.6% | 84.1% | 84% | 82.7% | 82.3% | 82.5% | 82.1% | 83.9% | 85.7% | 85.5% | 84.2% | 82.5% | 83.9% |
| | Numerator (Number Risk Assessed) | 77063 | 43109 | 7525 | 7089 | 6925 | 6250 | 6207 | 7332 | 7012 | 7137 | 7251 | 7201 | 7091 | 7417 | 21539 | 19789 | 21400 | 21709 |
| | Denominator (Total Patients) | 90252 | 51814 | 8770 | 8317 | 8095 | 7386 | 7377 | 8732 | 8477 | 8671 | 8794 | 8769 | 8449 | 8654 | 25182 | 23495 | 25942 | 25872 |
| | <i>VTE Data is Bristol only</i> | | | | | | | | | | | | | | | | | | |
| Nurse Staffing Levels ("Fill Rate") | | | | | | | | | | | | | | | | | | | |
| RP01 | Staffing Fill Rate - Combined | 95.8% | 95.6% | 100.3% | 97.4% | 91.7% | 90.7% | 92.9% | 91.5% | 97.2% | 101.5% | 96.9% | 93.6% | 95.6% | 89% | 96.4% | 91.7% | 98.5% | 92.7% |
| | Numerator (Hours Worked) | 3472575 | 1707104 | 306243 | 295331 | 294407 | 288541 | 266423 | 292106 | 283241 | 300816 | 284844 | 285636 | 288962 | 263605 | 895982 | 847070 | 868901 | 838203 |
| | Denominator (Hours Planned) | 3623484 | 1785792 | 305348 | 303349 | 321059 | 318057 | 286794 | 319187 | 291290 | 296455 | 294105 | 305258 | 302404 | 296280 | 929756 | 924037 | 881850 | 903942 |
| RP02 | Staffing Fill Rate - RN Shifts | 92.7% | 90.6% | 98.6% | 96.7% | 89.4% | 88.6% | 89.9% | 87.5% | 92.4% | 97.7% | 92.7% | 87.9% | 88.7% | 84.4% | 94.8% | 88.6% | 94.3% | 87% |
| | Numerator (Hours Worked) | 2310640 | 1116755 | 206329 | 200175 | 199025 | 194810 | 176959 | 192919 | 186768 | 199598 | 187080 | 184059 | 184918 | 174331 | 605529 | 564687 | 573446 | 543308 |
| | Denominator (Hours Planned) | 2492525 | 1232828 | 209358 | 207114 | 222595 | 219755 | 196821 | 220486 | 202050 | 204360 | 201866 | 209391 | 208549 | 206611 | 639066 | 637062 | 608276 | 624552 |
| RP03 | Staffing Fill Rate - NA Shifts | 102.7% | 106.8% | 104.1% | 98.9% | 96.9% | 95.3% | 99.4% | 100.5% | 108.1% | 109.9% | 106% | 106% | 110.9% | 99.6% | 99.9% | 98.4% | 108% | 105.5% |
| | Numerator (Hours Worked) | 1161934 | 590349 | 99914.8 | 95156.2 | 95381.5 | 93731.3 | 89463.7 | 99187.8 | 96472.6 | 101218 | 97763.7 | 101576 | 104044 | 89274.3 | 290452 | 282383 | 295454 | 294895 |
| | Denominator (Hours Planned) | 1130958 | 552964 | 95990.9 | 96235.3 | 98464.4 | 98302.4 | 89972.7 | 98700.3 | 89240.1 | 92095 | 92238.5 | 98866.7 | 93855.2 | 89669 | 290691 | 286975 | 273574 | 279391 |

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

| INTEGRATED PERFORMANCE REPORT - TRUST TOTAL | | | | | | | | | | | | | | | | | NHS University Hospitals Bristol and Weston NHS Foundation Trust | | | |
|---|---|-------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|---|----------|----------|--|
| CARING DOMAIN | | | | | | | | | | | | | | | | | | | | |
| ID | Measure | 20/21 | 21/22 YTD | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | 20/21 Q3 | 20/21 Q4 | 21/22 Q1 | 21/22 Q2 | |
| Patient Surveys (Bristol) | | | | | | | | | | | | | | | | | | | | |
| P01D | Patient Survey (Bristol) - Patient Experience Tracker Score | | | 89 | 88 | 90 | 91 | 92 | 90 | 89 | 91 | 89 | 88 | 88 | 90 | 90 | 91 | 90 | 90 | |
| P01G | Patient Survey (Bristol) - Kindness and Understanding | | | 94 | 93 | 96 | 97 | 96 | 95 | 93 | 97 | 95 | 95 | 94 | 96 | 94 | 96 | 95 | 95 | |
| P01H | Patient Survey (Bristol) - Outpatient Tracker Score | | | 92 | 94 | 93 | 94 | 94 | 95 | 95 | 93 | 96 | 92 | 91 | 94 | 93 | 94 | 95 | 92 | |
| Patient Surveys (Weston) | | | | | | | | | | | | | | | | | | | | |
| P02D | Patient Survey (Weston) - Patient Experience Tracker Score | | | | | | | | | 84 | 85 | 84 | 82 | 82 | 80 | | | 84 | 81 | |
| P02G | Patient Survey (Weston) - Kindness and Understanding | | | | | | | | | 92 | 92 | 95 | 91 | 92 | 90 | | | 93 | 91 | |
| P02H | Patient Survey (Weston) - Outpatient Tracker Score | | | | | | | | | 90 | 94 | 85 | 90 | 92 | 90 | | | 89 | 91 | |
| Patient Complaints (Number Received) | | | | | | | | | | | | | | | | | | | | |
| T01 | Number of Patient Complaints | 1665 | 993 | 199 | 176 | 115 | 136 | 145 | 145 | 124 | 176 | 160 | 158 | 180 | 195 | 490 | 426 | 460 | 533 | |
| T01C | Patient Complaints - Formal | 546 | 261 | 51 | 65 | 24 | 49 | 32 | 43 | 49 | 46 | 51 | 50 | 43 | 22 | 140 | 124 | 146 | 115 | |
| T01D | Patient Complaints - Informal | 1119 | 732 | 148 | 111 | 91 | 87 | 113 | 102 | 75 | 130 | 109 | 108 | 137 | 173 | 350 | 302 | 314 | 418 | |
| Patient Complaints (Response Time) | | | | | | | | | | | | | | | | | | | | |
| T03A | Formal Complaints Responded To Within Trust Timeframe | 71.5% | 68.3% | 61.9% | 81% | 65.8% | 66.7% | 72.7% | 80.9% | 85.5% | 58.3% | 65.9% | 85.6% | 60% | 57.5% | 69.1% | 72.5% | 68.4% | 68.2% | |
| | <i>Numerator (Responses Within Timeframe)</i> | 442 | 321 | 39 | 47 | 48 | 46 | 32 | 38 | 47 | 42 | 58 | 77 | 51 | 46 | 134 | 116 | 147 | 174 | |
| | <i>Denominator (Total Responses)</i> | 618 | 470 | 63 | 58 | 73 | 69 | 44 | 47 | 55 | 72 | 88 | 90 | 85 | 80 | 194 | 160 | 215 | 255 | |
| T03B | Formal Complaints Responded To Within Divisional Timeframe | 76.7% | 73.8% | 71.4% | 84.5% | 67.1% | 63.8% | 77.3% | 87.2% | 92.7% | 62.5% | 72.7% | 76.7% | 70.6% | 72.5% | 73.7% | 74.4% | 74.4% | 73.3% | |
| | <i>Numerator (Responses Within Timeframe)</i> | 474 | 347 | 45 | 49 | 49 | 44 | 34 | 41 | 51 | 45 | 64 | 69 | 60 | 58 | 143 | 119 | 160 | 187 | |
| | <i>Denominator (Total Responses)</i> | 618 | 470 | 63 | 58 | 73 | 69 | 44 | 47 | 55 | 72 | 88 | 90 | 85 | 80 | 194 | 160 | 215 | 255 | |
| T05A | Informal Complaints Responded To Within Trust Timeframe | 93% | 90% | 89.2% | 93.9% | 93.2% | 97.6% | 94.6% | 88.7% | 91.2% | 94.4% | 87.8% | 92.9% | 86.7% | 86% | 92.1% | 92.9% | 91.5% | 88.4% | |
| | <i>Numerator (Responses Within Timeframe)</i> | 686 | 315 | 74 | 92 | 55 | 40 | 35 | 55 | 52 | 67 | 43 | 52 | 52 | 49 | 221 | 130 | 162 | 153 | |
| | <i>Denominator (Total Responses)</i> | 738 | 350 | 83 | 98 | 59 | 41 | 37 | 62 | 57 | 71 | 49 | 56 | 60 | 57 | 240 | 140 | 177 | 173 | |
| Patient Complaints (Dissatisfied) | | | | | | | | | | | | | | | | | | | | |
| T04C | Percentage of Responses where Complainant is Dissatisfied | 7.12% | 9.18% | 20.64% | 1.72% | 5.48% | 2.9% | 13.64% | 2.13% | 9.09% | 9.72% | 10.23% | 7.78% | - | - | 9.28% | 5.63% | 9.77% | 7.78% | |
| | <i>Numerator (Number Dissatisfied)</i> | 44 | 28 | 13 | 1 | 4 | 2 | 6 | 1 | 5 | 7 | 9 | 7 | 0 | 0 | 18 | 9 | 21 | 7 | |
| | <i>Denominator (Total Responses)</i> | 618 | 305 | 63 | 58 | 73 | 69 | 44 | 47 | 55 | 72 | 88 | 90 | 0 | 0 | 194 | 160 | 215 | 90 | |

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN



| ID | Measure | 20/21 | 21/22 YTD | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | 20/21 Q3 | 20/21 Q4 | 21/22 Q1 | 21/22 Q2 |
|---|--|-------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|----------|----------|----------|
| Friends and Family Test (Inpatients and Day Cases) | | | | | | | | | | | | | | | | | | | |
| P03A | Friends and Family Test Admitted Patient Coverage | 17% | 29.1% | - | - | 11.6% | 15.4% | 19.1% | 21.5% | 20.8% | 32.2% | 31% | 31.2% | 28.3% | 30.9% | 11.6% | 19% | 28.1% | 30.1% |
| | <i>Numerator (Total FFT Responses)</i> | 3442 | 10404 | 0 | 0 | 620 | 662 | 913 | 1247 | 1222 | 1930 | 1960 | 1870 | 1635 | 1787 | 620 | 2822 | 5112 | 5292 |
| | <i>Denominator (Total Eligible to Respond)</i> | 20211 | 35741 | 0 | 0 | 5330 | 4295 | 4790 | 5796 | 5863 | 5994 | 6332 | 5989 | 5782 | 5781 | 5330 | 14881 | 18189 | 17552 |
| P04A | Friends and Family Test Score - Inpatients/Day Cases | 98.4% | 97.3% | - | - | 97.4% | 99.1% | 99.1% | 98.1% | 97.7% | 97.7% | 97.9% | 97.2% | 97.4% | 96% | 97.4% | 98.6% | 97.8% | 96.9% |
| | <i>Numerator (Total "Positive" Responses)</i> | 3346 | 10065 | 0 | 0 | 592 | 648 | 895 | 1211 | 1182 | 1882 | 1917 | 1801 | 1592 | 1691 | 592 | 2754 | 4981 | 5084 |
| | <i>Denominator (Total Responses)</i> | 3400 | 10343 | 0 | 0 | 608 | 654 | 903 | 1235 | 1210 | 1926 | 1959 | 1852 | 1634 | 1762 | 608 | 2792 | 5095 | 5248 |
| Friends and Family Test (Emergency Department) | | | | | | | | | | | | | | | | | | | |
| P03B | Friends and Family Test ED Coverage | 7.4% | 7.4% | - | - | 8.5% | 6.6% | 6.6% | 7.8% | 6.2% | 6.5% | 8.7% | 6.3% | 9.9% | 6.8% | 8.5% | 7.1% | 7.3% | 7.6% |
| | <i>Numerator (Total FFT Responses)</i> | 1971 | 5166 | 0 | 0 | 572 | 407 | 401 | 591 | 537 | 774 | 1086 | 782 | 1139 | 848 | 572 | 1399 | 2397 | 2769 |
| | <i>Denominator (Total Eligible to Respond)</i> | 26539 | 69482 | 0 | 0 | 6760 | 6126 | 6034 | 7619 | 8598 | 11898 | 12542 | 12385 | 11557 | 12502 | 6760 | 19779 | 33038 | 36444 |
| P04B | Friends and Family Test Score - ED | 92.4% | 84.2% | - | - | 91.9% | 93.5% | 92% | 92.5% | 88% | 85.6% | 83.7% | 78.7% | 85.6% | 84.5% | 91.9% | 92.7% | 85.3% | 83.3% |
| | <i>Numerator (Total "Positive" Responses)</i> | 1811 | 4333 | 0 | 0 | 524 | 375 | 367 | 545 | 471 | 660 | 904 | 613 | 971 | 714 | 524 | 1287 | 2035 | 2298 |
| | <i>Denominator (Total Responses)</i> | 1959 | 5144 | 0 | 0 | 570 | 401 | 399 | 589 | 535 | 771 | 1080 | 779 | 1134 | 845 | 570 | 1389 | 2386 | 2758 |
| Friends and Family Test (Maternity) | | | | | | | | | | | | | | | | | | | |
| P03C | Friends and Family Test MAT Coverage | 15.8% | 10.6% | - | - | 5% | 16.3% | 31% | 10.4% | 7.4% | 16.7% | 20.8% | 0% | 12.8% | 7.2% | 5% | 19.1% | 15% | 6.5% |
| | <i>Numerator (Total FFT Responses)</i> | 240 | 265 | 0 | 0 | 18 | 62 | 119 | 41 | 29 | 69 | 83 | 0 | 54 | 30 | 18 | 222 | 181 | 84 |
| | <i>Denominator (Total Eligible to Respond)</i> | 1523 | 2499 | 0 | 0 | 362 | 381 | 384 | 396 | 392 | 413 | 400 | 454 | 421 | 419 | 362 | 1161 | 1205 | 1294 |
| P04C | Friends and Family Test Score - Maternity | 99% | 98.2% | - | - | 94.4% | 97.4% | 99.5% | 100% | 96.7% | 96.4% | 99.1% | 95% | 99.3% | 99.1% | 94.4% | 99.2% | 97.8% | 98.6% |
| | <i>Numerator (Total "Positive" Responses)</i> | 381 | 697 | 0 | 0 | 17 | 74 | 205 | 85 | 59 | 133 | 215 | 38 | 145 | 107 | 17 | 364 | 407 | 290 |
| | <i>Denominator (Total Responses)</i> | 385 | 710 | 0 | 0 | 18 | 76 | 206 | 85 | 61 | 138 | 217 | 40 | 146 | 108 | 18 | 367 | 416 | 294 |
| Friends and Family Test (Outpatients) | | | | | | | | | | | | | | | | | | | |
| P04D | Friends and Family Test Score - Outpatients | 95.7% | 94.8% | - | - | 95.1% | 96.4% | 96% | 95.6% | 94.8% | 95% | 94.7% | 95.2% | 94.8% | 94.4% | 95.1% | 96% | 94.8% | 94.7% |
| | <i>Numerator (Total FFT Responses)</i> | 8482 | 15000 | 0 | 0 | 2233 | 1701 | 2151 | 2397 | 2330 | 2549 | 2310 | 1958 | 2523 | 3330 | 2233 | 6249 | 7189 | 7811 |
| | <i>Denominator (Total Eligible to Respond)</i> | 8861 | 15826 | 0 | 0 | 2349 | 1765 | 2240 | 2507 | 2458 | 2682 | 2440 | 2057 | 2660 | 3529 | 2349 | 6512 | 7580 | 8246 |

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

| INTEGRATED PERFORMANCE REPORT - TRUST TOTAL | | | | | | | | | | | | | | | | | NHS | | | |
|---|---|--------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--|----------|----------|--|
| RESPONSIVE DOMAIN | | | | | | | | | | | | | | | | | University Hospitals Bristol and Weston NHS Foundation Trust | | | |
| ID | Measure | 20/21 | 21/22 YTD | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-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% | 69.5% | 79.82% | 75.84% | 74.35% | 69.72% | 72.56% | 76.27% | 74.93% | 74.2% | 70.09% | 66.93% | 65.91% | 65.47% | 76.79% | 73.14% | 72.98% | 66.11% | |
| | | 112177 | 67703 | 10739 | 9263 | 8865 | 7413 | 7570 | 10364 | 11032 | 12260 | 11825 | 11202 | 10481 | 10903 | 28867 | 25347 | 35117 | 32586 | |
| | | 140061 | 97410 | 13454 | 12213 | 11924 | 10633 | 10433 | 13588 | 14723 | 16523 | 16871 | 16738 | 15901 | 16654 | 37591 | 34654 | 48117 | 49293 | |
| B06 | ED 12 Hour Trolley Waits | 1440 | 1213 | 87 | 201 | 247 | 468 | 195 | 102 | 71 | 28 | 146 | 255 | 257 | 456 | 535 | 765 | 245 | 968 | |
| 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> | 85.5% | 86.9% | 87.3% | 87.3% | 88.5% | 87.2% | 89.1% | 89.4% | 88.9% | 88.5% | 88.2% | 89.5% | 84% | 80.9% | 87.7% | 88.6% | 88.5% | 85% | |
| | | 46663 | 20284 | 3520 | 3349 | 3360 | 3256 | 3005 | 3471 | 3476 | 3920 | 3599 | 3407 | 3164 | 2718 | 10229 | 9732 | 10995 | 9289 | |
| | | 54582 | 23351 | 4033 | 3838 | 3797 | 3732 | 3373 | 3884 | 3908 | 4427 | 4082 | 3808 | 3768 | 3358 | 11668 | 10989 | 12417 | 10934 | |
| B03 | ED Time to Start of Treatment - Under 60 Minutes <i>Numerator (Number Treated Within 60 Minutes)</i> <i>Denominator (Total Attendances)</i> | 67.9% | 49.1% | 63.6% | 67% | 66% | 69% | 67.5% | 64.9% | 58.3% | 53% | 46.9% | 44.4% | 46.8% | 46% | 65.5% | 67% | 52.5% | 45.7% | |
| | | 90834 | 45244 | 8403 | 8023 | 7731 | 7158 | 6813 | 8507 | 8289 | 8389 | 7474 | 6928 | 7029 | 7135 | 24157 | 22478 | 24152 | 21092 | |
| | | 133798 | 92090 | 13209 | 11974 | 11713 | 10368 | 10088 | 13117 | 14208 | 15824 | 15936 | 15599 | 15005 | 15518 | 36896 | 33573 | 45968 | 46122 | |
| B04 | ED Unplanned Re-attendance Rate <i>Numerator (Number Re-attending)</i> <i>Denominator (Total Attendances)</i> | 3.7% | 2.9% | 3.3% | 3.7% | 3.2% | 3.2% | 2.8% | 2.9% | 2.7% | 3.2% | 3.1% | 3% | 2.7% | 2.6% | 3.4% | 3% | 3% | 2.8% | |
| | | 5113 | 2815 | 438 | 453 | 377 | 342 | 292 | 399 | 398 | 527 | 520 | 494 | 435 | 441 | 1268 | 1033 | 1445 | 1370 | |
| | | 139952 | 97410 | 13454 | 12213 | 11924 | 10633 | 10433 | 13588 | 14723 | 16523 | 16871 | 16738 | 15901 | 16654 | 37591 | 34654 | 48117 | 49293 | |
| B05 | ED Left Without Being Seen Rate <i>Numerator (Number Left Without Being Seen)</i> <i>Denominator (Total Attendances)</i> | 1.2% | 2.7% | 1.5% | 1.5% | 1.4% | 1.3% | 1.2% | 1.4% | 1.6% | 1.8% | 2.8% | 3.1% | 3% | 3.6% | 1.5% | 1.3% | 2.1% | 3.3% | |
| | | 1692 | 2622 | 201 | 181 | 169 | 143 | 126 | 194 | 240 | 295 | 480 | 526 | 484 | 597 | 551 | 463 | 1015 | 1607 | |
| | | 140061 | 97410 | 13454 | 12213 | 11924 | 10633 | 10433 | 13588 | 14723 | 16523 | 16871 | 16738 | 15901 | 16654 | 37591 | 34654 | 48117 | 49293 | |
| 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> | - | - | 63.4% | 65.6% | 62.6% | 62.3% | 62.5% | 61.7% | 60.1% | 62.8% | 63.6% | 63.1% | 63% | 61.8% | - | - | - | - | |
| | | 0 | 0 | 27022 | 27942 | 26416 | 26493 | 27685 | 28719 | 29402 | 31263 | 32579 | 33280 | 33914 | 33165 | 0 | 0 | 0 | 0 | |
| | | 0 | 0 | 42654 | 42624 | 42222 | 42523 | 44314 | 46532 | 48902 | 49791 | 51198 | 52718 | 53855 | 53697 | 0 | 0 | 0 | 0 | |
| A06 | Referral To Treatment Ongoing Pathways Over 52 Weeks | - | - | 1809 | 2164 | 2891 | 3790 | 4807 | 5409 | 4598 | 3618 | 3114 | 2893 | 2925 | 3110 | - | - | - | - | |
| Referral To Treatment Activity | | | | | | | | | | | | | | | | | | | | |
| A01A | Referral To Treatment Number of Admitted Clock Stops | 27415 | 15960 | 3583 | 3658 | 2817 | 2022 | 1966 | 2478 | 2526 | 2671 | 2930 | 2746 | 2504 | 2583 | 10058 | 6466 | 8127 | 7833 | |
| A02A | Referral To Treatment Number of Non Admitted Clock Stops | 87999 | 58392 | 9106 | 9178 | 9730 | 8935 | 8583 | 10237 | 9802 | 10149 | 11045 | 9996 | 8069 | 9331 | 28014 | 27755 | 30996 | 27396 | |
| A09 | Referral To Treatment Number of Clock Starts | 116601 | 74167 | 12911 | 11862 | 10996 | 10307 | 11039 | 12979 | 12308 | 12419 | 13667 | 12501 | 11535 | 11737 | 35769 | 34325 | 38394 | 35773 | |
| Diagnostic Waits | | | | | | | | | | | | | | | | | | | | |
| A05 | Diagnostics Under 6 Week Wait (15 Key Tests) <i>Numerator (Number Under 6 Weeks)</i> <i>Denominator (Total Waiting)</i> | - | - | 59.09% | 60.08% | 56.28% | 53.65% | 58.86% | 65.15% | 62.3% | 65.34% | 63.93% | 64.61% | 63.08% | 64.47% | - | - | - | - | |
| | | 0 | 0 | 8628 | 8760 | 8563 | 7544 | 8388 | 9413 | 8738 | 9301 | 9197 | 9123 | 8617 | 9057 | 0 | 0 | 0 | 0 | |
| | | 0 | 0 | 14601 | 14580 | 15215 | 14062 | 14252 | 14448 | 14025 | 14234 | 14387 | 14119 | 13661 | 14049 | 0 | 0 | 0 | 0 | |

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

| INTEGRATED PERFORMANCE REPORT - TRUST TOTAL | | | | | | | | | | | | | | | | | | NHS | | | |
|---|---|--------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|----------|--|----------|--|--|
| RESPONSIVE DOMAIN | | | | | | | | | | | | | | | | | | University Hospitals Bristol and Weston NHS Foundation Trust | | | |
| ID | Measure | 20/21 | 21/22 YTD | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-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% | 89.2% | 61.8% | 90% | 90.2% | 86.2% | 96.2% | 95.1% | 91.9% | 93% | 86.8% | 87.7% | 87.1% | - | 78.9% | 92.8% | 90.4% | - | | |
| | <i>Numerator (Number Seen Within 2 Weeks)</i> | 14845 | 8142 | 1332 | 1601 | 1379 | 1238 | 1401 | 1820 | 1632 | 1631 | 1755 | 1634 | 1490 | 0 | 4312 | 4459 | 5018 | 0 | | |
| | <i>Denominator (Total Seen)</i> | 18125 | 9126 | 2157 | 1778 | 1528 | 1437 | 1456 | 1913 | 1776 | 1753 | 2022 | 1864 | 1711 | 0 | 5463 | 4806 | 5551 | 0 | | |
| Cancer 31 Day | | | | | | | | | | | | | | | | | | | | | |
| E02A | Cancer - 31 Day Diagnosis To Treatment (First Treatments) | 95.1% | 95.2% | 97.8% | 97% | 95.5% | 94% | 92.2% | 94% | 89.9% | 96.1% | 96.2% | 97.2% | 96.1% | - | 96.7% | 93.4% | 94.2% | - | | |
| | <i>Numerator (Number Treated Within 31 Days)</i> | 2971 | 1442 | 270 | 260 | 298 | 249 | 259 | 328 | 258 | 274 | 330 | 311 | 269 | 0 | 828 | 836 | 862 | 0 | | |
| | <i>Denominator (Total Treated)</i> | 3125 | 1515 | 276 | 268 | 312 | 265 | 281 | 349 | 287 | 285 | 343 | 320 | 280 | 0 | 856 | 895 | 915 | 0 | | |
| E02B | Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug) | 99.4% | 99.3% | 99.3% | 99.2% | 99.3% | 99.2% | 100% | 100% | 97.4% | 100% | 100% | 99.4% | 99.3% | - | 99.3% | 99.8% | 99.3% | - | | |
| | <i>Numerator (Number Treated Within 31 Days)</i> | 1516 | 726 | 140 | 129 | 151 | 124 | 137 | 158 | 112 | 155 | 157 | 157 | 145 | 0 | 420 | 419 | 424 | 0 | | |
| | <i>Denominator (Total Treated)</i> | 1525 | 731 | 141 | 130 | 152 | 125 | 137 | 158 | 115 | 155 | 157 | 158 | 146 | 0 | 423 | 420 | 427 | 0 | | |
| E02C | Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery) | 84.1% | 88.9% | 91.5% | 82.9% | 80% | 89.2% | 64.6% | 81.1% | 78% | 94% | 91.2% | 92.7% | 88.1% | - | 85% | 77.5% | 87.9% | - | | |
| | <i>Numerator (Number Treated Within 31 Days)</i> | 492 | 241 | 43 | 34 | 36 | 33 | 31 | 43 | 39 | 47 | 52 | 51 | 52 | 0 | 113 | 107 | 138 | 0 | | |
| | <i>Denominator (Total Treated)</i> | 585 | 271 | 47 | 41 | 45 | 37 | 48 | 53 | 50 | 50 | 57 | 55 | 59 | 0 | 133 | 138 | 157 | 0 | | |
| Cancer 62 Day | | | | | | | | | | | | | | | | | | | | | |
| E03A | Cancer 62 Day Referral To Treatment (Urgent GP Referral) | 78.7% | 79.1% | 82.2% | 76% | 78.3% | 77.8% | 72.8% | 75.4% | 77.8% | 84% | 80.5% | 76.2% | 76.7% | - | 78.8% | 75.4% | 80.9% | - | | |
| | <i>Numerator (Number Treated Within 62 Days)</i> | 1136.5 | 562.5 | 113 | 107.5 | 122.5 | 94.5 | 79 | 124 | 100 | 121 | 128 | 121.5 | 92 | 0 | 343 | 297.5 | 349 | 0 | | |
| | <i>Denominator (Total Treated)</i> | 1443.5 | 711 | 137.5 | 141.5 | 156.5 | 121.5 | 108.5 | 164.5 | 128.5 | 144 | 159 | 159.5 | 120 | 0 | 435.5 | 394.5 | 431.5 | 0 | | |
| E03B | Cancer 62 Day Referral To Treatment (Screenings) | 57.1% | 55.1% | 100% | 100% | 27.3% | 71.4% | 28.6% | 77.8% | 52.9% | 42.9% | 57.9% | 86.7% | 41.7% | - | 60% | 59% | 52% | - | | |
| | <i>Numerator (Number Treated Within 62 Days)</i> | 22 | 24.5 | 1 | 3.5 | 1.5 | 2.5 | 2 | 7 | 4.5 | 3 | 5.5 | 6.5 | 5 | 0 | 6 | 11.5 | 13 | 0 | | |
| | <i>Denominator (Total Treated)</i> | 38.5 | 44.5 | 1 | 3.5 | 5.5 | 3.5 | 7 | 9 | 8.5 | 7 | 9.5 | 7.5 | 12 | 0 | 10 | 19.5 | 25 | 0 | | |
| E03C | Cancer 62 Day Referral To Treatment (Upgrades) | 86.8% | 88.8% | 94% | 88.2% | 87.5% | 80.7% | 84.4% | 76.7% | 85.7% | 91% | 85.4% | 89.7% | 93.1% | - | 89.9% | 80.2% | 87.2% | - | | |
| | <i>Numerator (Number Treated Within 62 Days)</i> | 583.5 | 273.5 | 55 | 41 | 56 | 46 | 62 | 74 | 48 | 50.5 | 64.5 | 56.5 | 54 | 0 | 152 | 182 | 163 | 0 | | |
| | <i>Denominator (Total Treated)</i> | 672.5 | 308 | 58.5 | 46.5 | 64 | 57 | 73.5 | 96.5 | 56 | 55.5 | 75.5 | 63 | 58 | 0 | 169 | 227 | 187 | 0 | | |
| Last Minute Cancelled Operations | | | | | | | | | | | | | | | | | | | | | |
| F01 | Last Minute Cancelled Operations - Percentage of Admissions | 1.15% | 1.56% | 1.21% | 1.17% | 1.54% | 1.13% | 1.48% | 1.16% | 0.72% | 1.19% | 1.76% | 0.66% | 1.57% | 3.34% | 1.3% | 1.25% | 1.24% | 1.87% | | |
| | <i>Numerator (Number of LMCs)</i> | 637 | 568 | 72 | 66 | 84 | 53 | 74 | 70 | 42 | 72 | 112 | 40 | 93 | 209 | 222 | 197 | 226 | 342 | | |
| | <i>Denominator (Total Elective Admissions)</i> | 55572 | 36458 | 5951 | 5656 | 5463 | 4672 | 5000 | 6039 | 5803 | 6034 | 6376 | 6071 | 5921 | 6253 | 17070 | 15711 | 18213 | 18245 | | |
| F02 | Cancelled Operations Re-admitted Within 28 Days | 83.4% | 66.8% | 91.1% | 93% | 88.5% | 83.1% | 67.3% | 81.5% | 100% | 97.5% | 82.6% | 19.4% | 71% | 75.3% | 91% | 78.4% | 92.3% | 47.3% | | |
| | <i>Numerator (Number Readmitted Within 28 Days)</i> | 542 | 260 | 51 | 66 | 54 | 64 | 35 | 53 | 60 | 39 | 57 | 21 | 22 | 61 | 171 | 152 | 156 | 104 | | |
| | <i>Denominator (Total LMCs)</i> | 650 | 389 | 56 | 71 | 61 | 77 | 52 | 65 | 60 | 40 | 69 | 108 | 31 | 81 | 188 | 194 | 169 | 220 | | |

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



| ID | Measure | 20/21 | 21/22 YTD | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | 20/21 Q3 | 20/21 Q4 | 21/22 Q1 | 21/22 Q2 |
|---|---|---------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|----------|----------|----------|
| Green To Go/Fit For Discharge (BRISTOL Only) | | | | | | | | | | | | | | | | | | | |
| AQ06A | Medically Fit For Discharge - Number of Patients (Acute) | - | - | 97 | 97 | 125 | 107 | 103 | 168 | 172 | 142 | 166 | 155 | 162 | 169 | - | - | - | - |
| AQ06B | Medically Fit For Discharge - Number of Patients (Non Acute) | - | - | 26 | 18 | 11 | 12 | 11 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - |
| AQ07A | Medically Fit For Discharge - Beddays (Acute) | - | - | 3013 | 2745 | 3356 | 3572 | 3218 | 4540 | 5038 | 4384 | 4398 | 4687 | 5093 | 4886 | - | - | - | - |
| AQ07B | Medically Fit For Discharge - Beddays (Non-Acute) | - | - | 698 | 564 | 458 | 340 | 445 | 398 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | - |
| Outpatient Measures | | | | | | | | | | | | | | | | | | | |
| R03 | Outpatient Hospital Cancellation Rate <i>Numerator (Number of Hospital Cancellations)</i> <i>Denominator (Total Appointments)</i> | 12.2% | 10.7% | 10.3% | 10.3% | 11% | 11.3% | 10.5% | 10% | 10.1% | 9.7% | 11% | 11.3% | 11.4% | 10.5% | 10.5% | 10.6% | 10.3% | 11% |
| | | 121392 | 62217 | 9440 | 9606 | 9508 | 9862 | 9037 | 10096 | 9153 | 8877 | 11411 | 11339 | 10683 | 10754 | 28554 | 28995 | 29441 | 32776 |
| | | 991263 | 582432 | 91282 | 93597 | 86421 | 87100 | 85656 | 100725 | 90420 | 91369 | 104003 | 100720 | 93959 | 101961 | 271300 | 273481 | 285792 | 296640 |
| R05 | Outpatient DNA Rate <i>Numerator (Number of DNAs)</i> <i>Denominator (Total Attendances+DNAs)</i> | 6.9% | 7.1% | 7.7% | 8.1% | 7.8% | 8.5% | 6.7% | 6.3% | 6.4% | 6.6% | 7% | 7.7% | 7.4% | 7.6% | 7.9% | 7.1% | 6.7% | 7.6% |
| | | 49634 | 30949 | 5287 | 5608 | 5026 | 5382 | 4365 | 4807 | 4441 | 4623 | 5429 | 5914 | 4912 | 5630 | 15921 | 14554 | 14493 | 16456 |
| | | 717514 | 434335 | 68429 | 69037 | 64275 | 63278 | 65157 | 75876 | 69929 | 70359 | 77348 | 76769 | 66019 | 73911 | 201741 | 204311 | 217636 | 216699 |
| Overdue Partial Booking (Bristol) | | | | | | | | | | | | | | | | | | | |
| R22N | Overdue Partial Booking Referrals <i>Numerator (Number Overdue)</i> <i>Denominator (Total Partial Booking)</i> | 33.5% | 37% | 34.7% | 34.2% | 35% | 35.2% | 34% | 34.5% | 34.2% | 33.8% | 33.9% | 36.5% | 40.4% | 42.5% | 34.6% | 34.6% | 34% | 39.8% |
| | | 569656 | 331329 | 48149 | 48773 | 49352 | 49499 | 47199 | 49054 | 49008 | 49340 | 49879 | 55683 | 61632 | 65787 | 146274 | 145752 | 148227 | 183102 |
| | | 1698619 | 895811 | 138847 | 142817 | 143025 | 140442 | 138821 | 142381 | 143376 | 145793 | 147091 | 152402 | 152396 | 154813 | 422689 | 421644 | 436200 | 459611 |
| R22R | Overdue Partial Bookings (9+ Months) <i>Numerator (Number Overdue 9+ Months)</i> <i>Denominator (Total Partial Booking)</i> | 3.3% | 8.3% | 3.1% | 3.7% | 4.6% | 5.2% | 5.8% | 6.9% | 7.3% | 7.7% | 8.2% | 8.5% | 9% | 9.2% | 3.8% | 6% | 7.7% | 8.9% |
| | | 55930 | 74642 | 4252 | 5274 | 6422 | 7365 | 8102 | 9799 | 10475 | 11206 | 12026 | 13024 | 13693 | 14218 | 15948 | 25266 | 33707 | 40935 |
| | | 1698619 | 895811 | 138847 | 142817 | 143025 | 140442 | 138821 | 142381 | 143376 | 145793 | 147091 | 152402 | 152396 | 154813 | 422689 | 421644 | 436200 | 459611 |
| R22H | Overdue Partial Bookings (12+ Months) <i>Numerator (Number Overdue 12+ Months)</i> <i>Denominator (Total Partial Booking)</i> | 1.5% | 5.1% | 1.3% | 1.5% | 1.8% | 2.2% | 2.6% | 3.2% | 3.6% | 4.2% | 4.9% | 5.4% | 6% | 6.3% | 1.5% | 2.7% | 4.3% | 5.9% |
| | | 26161 | 45698 | 1808 | 2086 | 2557 | 3154 | 3627 | 4532 | 5220 | 6170 | 7253 | 8228 | 9069 | 9758 | 6451 | 11313 | 18643 | 27055 |
| | | 1698619 | 895811 | 138847 | 142817 | 143025 | 140442 | 138821 | 142381 | 143376 | 145793 | 147091 | 152402 | 152396 | 154813 | 422689 | 421644 | 436200 | 459611 |

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

| INTEGRATED PERFORMANCE REPORT - TRUST TOTAL | | | | | | | | | | | | | | | | | NHS | | | |
|---|--|--------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--|----------|----------|--|
| EFFECTIVE DOMAIN | | | | | | | | | | | | | | | | | University Hospitals Bristol and Weston NHS Foundation Trust | | | |
| ID | Measure | 20/21 | 21/22 YTD | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-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 | 95.4 | 89.8 | 92.5 | 93.5 | 93.6 | 94.1 | 95.6 | 95.1 | 95.6 | - | - | - | - | 91.9 | 94.4 | 95.4 | - | |
| | Numerator (Observed Deaths) | 26815 | 3905 | 2190 | 2210 | 2150 | 2060 | 1990 | 1940 | 1930 | 1975 | 0 | 0 | 0 | 0 | 6550 | 5990 | 3905 | 0 | |
| | Denominator ("Expected" Deaths) | 28400 | 4095 | 2440 | 2390 | 2300 | 2200 | 2115 | 2090 | 2090 | 2065 | 0 | 0 | 0 | 0 | 7130 | 6345 | 4095 | 0 | |
| X02 | Hospital Standardised Mortality Ratio (HSMR) | 93.2 | 84.3 | 75.7 | 91.5 | 93.5 | 103.9 | 119.4 | 94.6 | 83 | 89.6 | 80 | - | - | - | 86.5 | 104.7 | 84.3 | - | |
| | Numerator (Observed Deaths) | 1272 | 309 | 102 | 112 | 113 | 112 | 115 | 124 | 105 | 112 | 92 | 0 | 0 | 0 | 327 | 351 | 309 | 0 | |
| | Denominator ("Expected" Deaths) | 1365.5 | 365.5 | 134.7 | 122.4 | 120.9 | 107.8 | 96.3 | 131.1 | 126.5 | 125 | 115 | 0 | 0 | 0 | 378 | 335.2 | 365.5 | 0 | |
| Fracture Neck of Femur (NOF) | | | | | | | | | | | | | | | | | | | | |
| U02 | Fracture Neck of Femur Patients Treated Within 36 Hours | 66.1% | 66.8% | 64.6% | 70.8% | 65.1% | 61.3% | 63% | 78% | 64% | 68.9% | 70.5% | 71.4% | 66.7% | 60% | 66.9% | 69.1% | 67.6% | 65.8% | |
| | Numerator (Treated Within 36 Hrs) | 358 | 167 | 31 | 34 | 28 | 19 | 29 | 46 | 32 | 31 | 31 | 25 | 24 | 24 | 98 | 94 | 94 | 73 | |
| | Denominator (Total Patients) | 542 | 250 | 48 | 48 | 43 | 31 | 46 | 59 | 50 | 45 | 44 | 35 | 36 | 40 | 139 | 136 | 139 | 111 | |
| U03 | Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours | 92.1% | 95.2% | 97.9% | 97.9% | 100% | 93.5% | 89.1% | 94.9% | 94% | 93.3% | 95.5% | 97.1% | 91.7% | 100% | 98.6% | 92.6% | 94.2% | 96.4% | |
| | Numerator (Seen Within 72 Hrs) | 499 | 238 | 47 | 47 | 43 | 29 | 41 | 56 | 47 | 42 | 42 | 34 | 33 | 40 | 137 | 126 | 131 | 107 | |
| | Denominator (Total Patients) | 542 | 250 | 48 | 48 | 43 | 31 | 46 | 59 | 50 | 45 | 44 | 35 | 36 | 40 | 139 | 136 | 139 | 111 | |
| U04 | Fracture Neck of Femur Patients Achieving Best Practice Tariff | 59% | 61.2% | 60.4% | 64.6% | 58.1% | 61.3% | 58.7% | 69.5% | 56% | 66.7% | 63.6% | 71.4% | 50% | 60% | 61.2% | 64% | 61.9% | 60.4% | |
| | Numerator (Number achieved BPT) | 320 | 153 | 29 | 31 | 25 | 19 | 27 | 41 | 28 | 30 | 28 | 25 | 18 | 24 | 85 | 87 | 86 | 67 | |
| | Denominator (Total Patients) | 542 | 250 | 48 | 48 | 43 | 31 | 46 | 59 | 50 | 45 | 44 | 35 | 36 | 40 | 139 | 136 | 139 | 111 | |
| Emergency Readmissions | | | | | | | | | | | | | | | | | | | | |
| C01 | Emergency Readmissions Percentage | 4.41% | 3.57% | 4.81% | 4.21% | 3.9% | 3.91% | 4.13% | 4.12% | 4.05% | 3.76% | 3.54% | 3.4% | 3.15% | - | 4.32% | 4.06% | 3.78% | 3.27% | |
| | Numerator (Re-admitted in 30 Days) | 6089 | 2429 | 656 | 540 | 481 | 427 | 473 | 565 | 532 | 514 | 491 | 472 | 420 | 0 | 1677 | 1465 | 1537 | 892 | |
| | Denominator (Total Discharges) | 136884 | 67941 | 13651 | 12890 | 12328 | 10912 | 11457 | 13729 | 13138 | 13669 | 13887 | 13893 | 13354 | 0 | 38809 | 36098 | 40694 | 27247 | |
| Stroke Care | | | | | | | | | | | | | | | | | | | | |
| O01 | Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour | 61% | 56.3% | 67.7% | 71.7% | 74.2% | 66.7% | 56.5% | 58.5% | 56.1% | 48.7% | 64.3% | 59.4% | 55.6% | - | 71.3% | 60.6% | 55.6% | - | |
| | Numerator (Achieved Target) | 250 | 103 | 21 | 33 | 23 | 20 | 13 | 24 | 32 | 19 | 18 | 19 | 15 | 0 | 77 | 57 | 69 | 0 | |
| | Denominator (Total Patients) | 410 | 183 | 31 | 46 | 31 | 30 | 23 | 41 | 57 | 39 | 28 | 32 | 27 | 0 | 108 | 94 | 124 | 0 | |
| O02 | Stroke Care: Percentage Spending 90%+ Time On Stroke Unit | 72.6% | 63.6% | 75.6% | 68.3% | 64.6% | 66.7% | 54.5% | 52.7% | 58.9% | 64% | 68.8% | 63.6% | 66.7% | - | 69.3% | 56.8% | 63.2% | 64.6% | |
| | Numerator (Achieved Target) | 393 | 161 | 34 | 41 | 31 | 20 | 18 | 29 | 43 | 32 | 33 | 35 | 18 | 0 | 106 | 67 | 108 | 53 | |
| | Denominator (Total Patients) | 541 | 253 | 45 | 60 | 48 | 30 | 33 | 55 | 73 | 50 | 48 | 55 | 27 | 0 | 153 | 118 | 171 | 82 | |

Appendix – Trust Scorecards



University Hospitals
Bristol and Weston
NHS Foundation Trust

| INTEGRATED PERFORMANCE REPORT - TRUST TOTAL | | | | | | | | | | | | | | | | | NHS University Hospitals Bristol and Weston NHS Foundation Trust | | | |
|---|---|---------|-----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|---|----------|----------|--|
| WELL-LED DOMAIN | | | | | | | | | | | | | | | | | | | | |
| ID | Measure | 20/21 | 21/22 YTD | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | 20/21 Q3 | 20/21 Q4 | 21/22 Q1 | 21/22 Q2 | |
| Bank and Agency Usage | | | | | | | | | | | | | | | | | | | | |
| AF11A | Percentage Bank Usage | - | - | 5.37% | 6.05% | 5.35% | 6.07% | 5.93% | 6.55% | 4.99% | 4.95% | 5.15% | 5.86% | 7.29% | 5.22% | - | - | - | - | |
| | Numerator (Bank wte) | 0 | 0 | 595.03 | 675.77 | 595.4 | 683.53 | 671.71 | 758.25 | 560 | 552.21 | 574.41 | 655.6 | 833.54 | 587.41 | 0 | 0 | 0 | 0 | |
| | Denominator (Total wte) | 0 | 0 | 11076.1 | 11165.2 | 11126.2 | 11253.9 | 11335.3 | 11582.2 | 11232 | 11160.6 | 11163.1 | 11189.7 | 11429.3 | 11252.4 | 0 | 0 | 0 | 0 | |
| AF11B | Percentage Agency Usage | - | - | 1.77% | 1.95% | 1.86% | 1.97% | 2.49% | 2.66% | 2.18% | 2.63% | 2.48% | 2.25% | 2.09% | 2.1% | - | - | - | - | |
| | Numerator (Agency wte) | 0 | 0 | 195.62 | 218.18 | 207.2 | 221.92 | 282.54 | 307.47 | 245.28 | 293.62 | 276.8 | 251.31 | 238.53 | 236.02 | 0 | 0 | 0 | 0 | |
| | Denominator (Total wte) | 0 | 0 | 11076.1 | 11165.2 | 11126.2 | 11253.9 | 11335.3 | 11582.2 | 11232 | 11160.6 | 11163.1 | 11189.7 | 11429.3 | 11252.4 | 0 | 0 | 0 | 0 | |
| Turnover | | | | | | | | | | | | | | | | | | | | |
| AF10 | Workforce Turnover Rate | - | - | 12.3% | 12.1% | 12% | 12.2% | 12.2% | 12% | 12.3% | 12.7% | 13.2% | 13.7% | 13.8% | 13.8% | - | - | - | - | |
| | Numerator (Leavers in last 12 months) | 0 | 0 | 1060.04 | 1050.79 | 1043.85 | 1061.5 | 1061.77 | 1049.15 | 1071.79 | 1099.6 | 1145.43 | 1188.94 | 1204.66 | 1209.07 | 0 | 0 | 0 | 0 | |
| | Denominator (Average Staff in Post) | 0 | 0 | 8634.62 | 8671.86 | 8670.64 | 8693.68 | 8731.51 | 8714.32 | 8692.17 | 8689.73 | 8678.28 | 8691.24 | 8700.47 | 8731.89 | 0 | 0 | 0 | 0 | |
| Vacancy | | | | | | | | | | | | | | | | | | | | |
| AF07 | Vacancy Rate (Vacancy FTE as Percent of Funded FTE) | - | - | 3.4% | 4.1% | 4.2% | 4.1% | 4.3% | 3.5% | 3.7% | 4.9% | 7.4% | 7.8% | 7.7% | 7.3% | - | - | - | - | |
| | Numerator (Vacancy wte, Funded minus actual) | 0 | 0 | 363.63 | 438.49 | 455.28 | 437.35 | 468.72 | 378.03 | 401.23 | 534.8 | 821.88 | 871.8 | 861.83 | 818.56 | 0 | 0 | 0 | 0 | |
| | Denominator (Actual WTE) | 0 | 0 | 10649.1 | 10709.8 | 10778.9 | 10785.8 | 10849.8 | 10894.5 | 10828 | 10849.6 | 11133.8 | 11154.6 | 11219.1 | 11247.5 | 0 | 0 | 0 | 0 | |
| Staff Sickness | | | | | | | | | | | | | | | | | | | | |
| AF02 | Sickness Rate | 3.6% | 3.8% | 3.7% | 3.7% | 4% | 4% | 3.4% | 3.2% | 3.5% | 3.6% | 3.9% | 4% | 3.9% | 4.3% | 3.8% | 3.6% | 3.6% | 4.1% | |
| | Numerator (Total WTE Days Lost) | 135412 | 72568.9 | 11849.1 | 11466.5 | 12633.9 | 12941.5 | 10047.9 | 10396.8 | 10750.9 | 11403 | 11947.8 | 12669 | 12440.4 | 13357.9 | 35949.4 | 33386.2 | 34101.6 | 38467.3 | |
| | Denominator (Total WTE Days) | 3740392 | 1887896 | 317549 | 307597 | 318980 | 319702 | 291312 | 324625 | 311261 | 319464 | 308612 | 318912 | 319164 | 310483 | 944125 | 935639 | 939337 | 948559 | |
| Staff Appraisal | | | | | | | | | | | | | | | | | | | | |
| AF03 | Workforce Appraisal Compliance (Non-Consultant) | - | - | 66.4% | 67.2% | 68.2% | 66.4% | 64.2% | 64.9% | 66.4% | 69.1% | 69.9% | 69.3% | 68.3% | 69.2% | - | - | - | - | |
| | Numerator (In-Date Appraisals) | 0 | 0 | 6747 | 6891 | 7005 | 6859 | 6728 | 6823 | 6905 | 7106 | 7159 | 7091 | 6994 | 7151 | 0 | 0 | 0 | 0 | |
| | Denominator (Total Staff) | 0 | 0 | 10167 | 10247 | 10277 | 10337 | 10477 | 10510 | 10392 | 10286 | 10248 | 10228 | 10233 | 10339 | 0 | 0 | 0 | 0 | |

| INTEGRATED PERFORMANCE REPORT - TRUST TOTAL | | | | | | | | | | | | | | | | | NHS University Hospitals Bristol and Weston NHS Foundation Trust | | | |
|---|--------------------------------|--------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|---|----------|----------|--|
| USE OF RESOURCES DOMAIN | | | | | | | | | | | | | | | | | | | | |
| ID | Measure | 20/21 | 21/22 YTD | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-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 | 4.22 | 4.29 | 4.35 | 4.35 | 4.72 | 4.36 | 3.93 | 4.46 | 4.09 | 4.16 | 4.13 | 4.18 | 4.33 | 4.33 | 4.31 | 4.23 | 4.21 | |
| | Numerator (Total Beddays) | 317703 | 180374 | 31180 | 29087 | 28343 | 27360 | 26002 | 28069 | 31095 | 29921 | 29837 | 30376 | 28956 | 30189 | 88610 | 81431 | 90853 | 89521 | |
| | Denominator (Total Discharges) | 78740 | 42712 | 7262 | 6690 | 6512 | 5793 | 5968 | 7134 | 6969 | 7324 | 7173 | 7358 | 6922 | 6966 | 20464 | 18895 | 21466 | 21246 | |

Meeting of the Board of Directors – 29 October 2021

| | |
|----------------------------|--|
| Reporting Committee | Quality & Outcomes Committee – October Meeting |
| Chaired By | Julian Dennis, Non-Executive Director |
| Executive Lead | Mark Smith, Deputy Chief Executive and Chief Operating Officer Deirdre Fowler, Chief Nurse and Midwife Emma Redfern, Interim Medical Director |

For Information

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

- An update on the Surgical Elective Position was presented, providing an assessment of the pressures of demand and the impact of capacity constraints on the Trust's elective surgical services at a divisional level. Despite the sobering situation, the Committee felt the paper provided assurance that the organisation understood the problem and proposed mitigations.
- Reporting from the Clinical Quality Group Meeting was received and noted.
- A progress report against Quality Objectives was received by the Committee, highlighting that at the end of quarter 2 four of the five objectives were rated as being 'blue' (commenced and on-plan) and one was rated 'amber' (commenced but behind schedule). The Committee queried the level of lay representatives.
- The first quarterly report of the year regarding Learning from Deaths was received, describing the structures of the learning from deaths programme across the Trust and introducing the newly embedded Medical Examiner's office. Risks were highlighted in relation to the smooth interface between the Medical Examiner and Trust Teams as well as the absence of a Weston mortality lead in post.
- The Committee received Quarterly Inquest Report for quarter 2 which sought to provide assurance in relation to the management of risks arising out of clinical negligence claims, third party liability claims, inquests and healthcare advice managed by the Legal Team. Executives shared their intention to speak with the coroner to provide context on current organisational pressures to ensure that cases were judged proportionately.
- The results of the National Urgent and Emergency Care Patient Survey were received, and while responses and benchmarking were positive, the response rate had reduced, and the limitation of this survey was that data had become historic considering the survey was undertaken a year prior.
- The Committee considered both the Quarter 2 report on Strategic and Corporate Clinical Quality Risks and Corporate Objectives for assurance. Risks were noted in relation to the pause in expansion of Quality Improvement Bronze training, the Weston Service Model, and capacity within the Emergency Department. Progress against corporate objectives was noted to be on track, with planned incorporation of the Campaign Plan and Patients First noted.

For Board Awareness, Action or Response

- The Committee reviewed the integrated Quality and Performance report, with performance against NHS constitutional standards remaining extremely challenged following an exceptional period of operational pressures. An ethical framework to support prioritisation was noted to be in development. The Committee acknowledged the pressure caused by the rising number of COVID-19 cases in children as well as the number of Medically fit for Discharge patients, reflecting on whether any more could be done to discharge these patients safely. The Chief Nurse and Midwife cautioned that while the Clostridium Difficile target had been reduced it was likely that the Trust had exceeded the year-to-date position. The Committee noted that staff shortages were now impacting on a number of nurse sensitive indicators e.g. falls.
- In readiness for the upcoming months, the Committee were presented with the Trust's Winter Plan as a key underpinning of the urgent care work stream within the campaign plan. Content had been driven by divisions but also contained the response to anticipated COVID-19 modelling for the rest of the period. The Committee endorsed the winter plan and this would move to Board for final approval.
- The Committee received its monthly update on the Maternity Perinatal Quality Surveillance Matrix with the Chief Nurse and Midwife highlighting the unprecedented levels of activity with increases in induction of labour and premature babies. Positively, increases in the number of women receiving continuity of care were noted. The Care Quality Commission (CQC) were noted as scheduled to visit St Michael's Hospital later in the week yet concerns remained regarding plumbing and sewerage at the site. It was agreed that the Board required greater oversight of backlog maintenance.
- The Committee considered the monthly Root Cause Analysis and nurse safe staffing reports for assurance. The Chief Nurse and Midwife flagged that the Nursing and Midwifery Council were not achieving their 10 day KPI to provide nurse pins, with delays of up to 30 days post OSCE exam. It was suggested that Chief Nurses across the system would write to the NMC to request remedial action. The Committee discussed budgeted establishment, with the Chief Nurse emphasising that more staff than budgeted was necessary with increasing acuity.
- Routine review of the Committee's workplan prompted discussion around whether the Board had appropriate oversight of NICE and MHRA and it was agreed that a quarterly report would come to the Committee.

Key Decisions and Actions

N/A

Date of next meeting: 25 October 2021

Meeting of the Board of Directors on 29 October 2021

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

For Information

- An update report on Estates and Facilities compliance and fire was received, with the Director of Estates and Facilities updating the Committee on current actions being undertaken to address risks, mainly relating to fire, alongside a timescale for mitigation actions to be completed, where possible. The Committee questioned the attainability of a programme completion date of 2022.
- The annual Data Security and Protection Toolkit for 2020/21 was received by the Committee. A number of gaps in compliance had been identified and therefore a full action plan would be taken to the Trust's Risk Management Group alongside recommendations from the recent internal audit.
- A verbal update on policies and procedures was received, with the Trust in the process of investigating a new document management system alongside revising the Policy for management of procedural documents. The Committee acknowledged the impact and potential benefits of the work underway.
- The Committee received and noted the following internal audit reports:
 - Data Security and Protection Toolkit Final Report
 - Risk Management
 - Consultants Additional Payment Claims
 As well as the ASW Assurance Consortium Annual Report.
- The Committee received regular updates on the following:
 - Losses and special payments
 - Single tender actions
 - Clinical audit forward plan
 - Counter Fraud Progress Reports
 - Committee Chair reports to describe the work of the other Board Committees including the Quality and Outcomes Committee, People Committee and the Finance & Digital Committee.
 The relationship between Committees was discussed, and it was agreed that a universal agenda item across meetings to prompt reflection on recent audit findings may be helpful.
- The Committee also reflected on its role and effectiveness utilising the findings from the recent annual self-assessment exercise alongside review of the Committee Terms of Reference and Audit Committee Business Cycle. No specific actions were identified in response to the self-assessment exercise, however minor amendments to the Terms of Reference and Business cycle from the Committee chair would be proposed outside of the meeting.

For Board Awareness, Action or Response

- The Committee received the Board Assurance Framework, which sought to provide assurance in relation to the achievement of the Trust's strategic objectives and that any risks to their achievement were being adequately mitigated or controlled. The Committee reviewed the total number of risks, including the four attributed to it, and requested the Head of Risk and Information encourage greater population of risk actions. The Committee also requested detail regarding attribution and management of risks associated with changes in Trust staff and assessment as to whether they were appropriate.

- The Committee undertook a detailed review of the Strategic and Corporate Operational Risk Registers, considering risks in relation Trust operations being negatively impacted by the pandemic, fire safety compliance and establishing and maintaining good governance processes. The Committee requested further review of governance processes, in particular whether these were fully integrated and effectively implemented across the organisation, as well as how an update on how risks were being mitigated and tolerated over time.

- The risks and benefits of the integration with Weston were considered as part of the regular quarterly update. The Committee discussed the Weston management model, and concerns were raised regarding the information on integration of corporate services. It was agreed that this would be relayed to the Director of Strategy and Transformation.

Key Decisions and Actions

There are no key decisions or actions to report to the Board.

Additional Chair Comments

Date of next meeting:

24 January 2022