

October 2020

Published Papers

Including: Freedom to Speak Up report

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

Charity Committee Chair's Report

Quality and Outcomes Committee Chair's Report

Audit Committee Chair's Report

Meeting of the Board of Directors – 29 October 2020

Report Title	Freedom to Speak Up Q2 2020/21 Update Report
Report Author	Eric Sanders, Freedom to Speak Up Guardian
Executive Lead	Eric Sanders, Freedom to Speak Up Guardian

1. Report Summary	
To update the Board on the work of the Freedom to Speak Up Guardian.	
2. Key points to note <i>(Including decisions taken)</i>	
<ul style="list-style-type: none"> • The focus over the period has been on managing concerns, preparing for Speak Up month, establishing a training programme for the staff advocates and setting up a speaking up summit. • There has been a further increase in the number of concerns raised, with 32 received in Quarter 2. • The majority of concerns continue to relate to Attitude and Behaviours (14) with half of these including an element of bullying and harassment • Concerns have come from all areas of the Trust but the majority have been raised within the Weston Division (15). The rate of concerns per 1000 FTE is over 10 in the Weston Division compared with approx. 3 or less in other divisions. 	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
The risks associated with this report include: <i>None identified</i>	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> • This report is for INFORMATION • The Board is asked to NOTE the report 	
5. History of the paper Please include details of where paper has previously been received.	

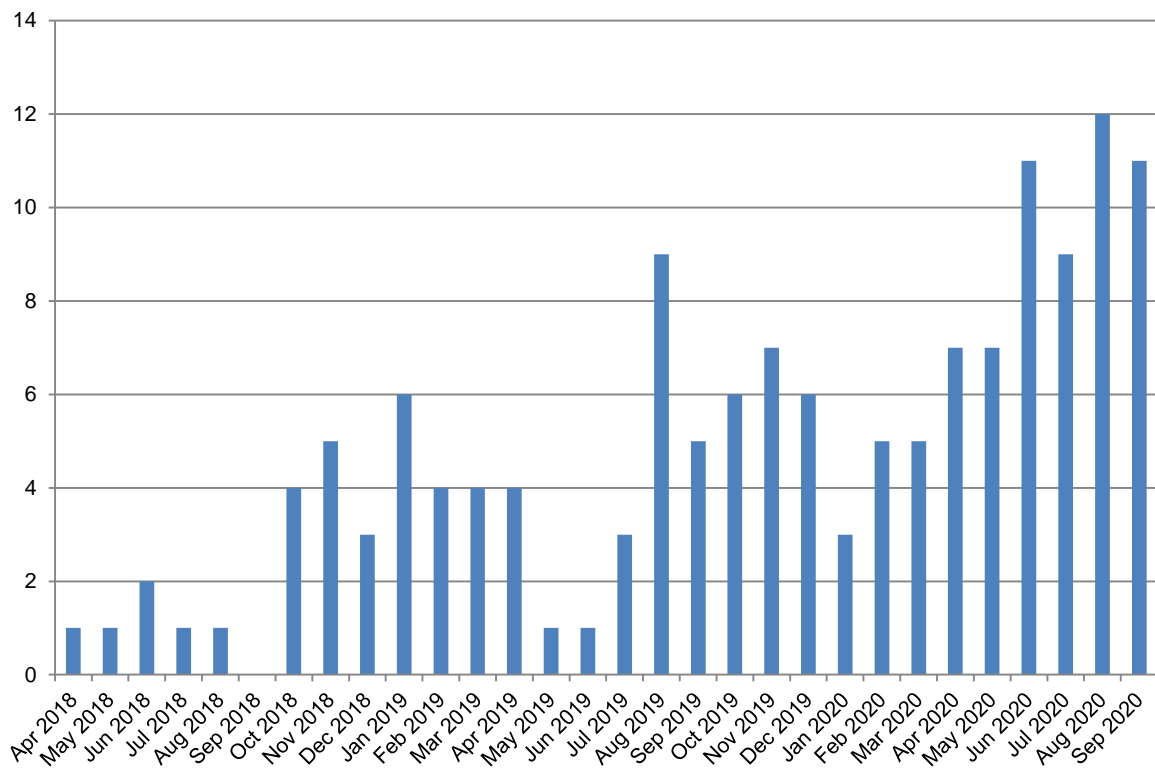
Q2 Freedom to Speak Up Report

1. Introduction

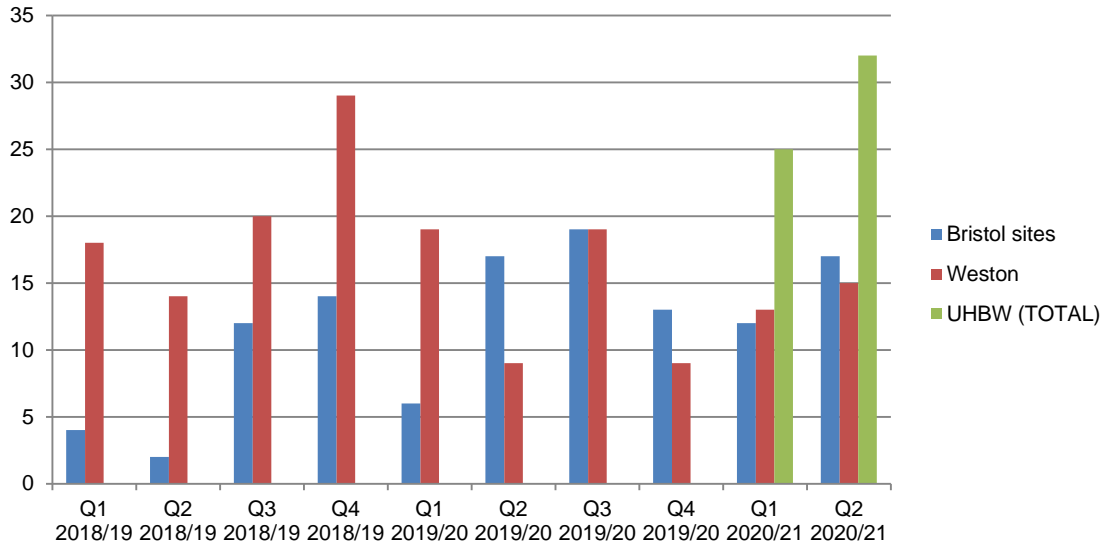
- 1.1. Freedom to Speak Up activity has increased again in the second quarter of the year – up from 25 concerns raised in Q1 to 32 concerns raised in Q2. As per Q1, just under half of the concerns in the quarter (15) have been raised in the division of Weston.
- 1.2. The Guardian is now supported by 72 advocates from across the Trust (up from 36 in October 2019). There was an increase in the number of advocates in the Weston division over the quarter as many of the former bullying and harassment ambassadors from Weston joined the advocate network.
- 1.3. There have been more opportunities to promote speaking up in the quarter by linking in with a campaign from the National Guardian's Office (Speak Up month) aimed at raising awareness throughout October of the work going on in organisations to make speaking up business as usual.

2. Numbers and themes of concerns

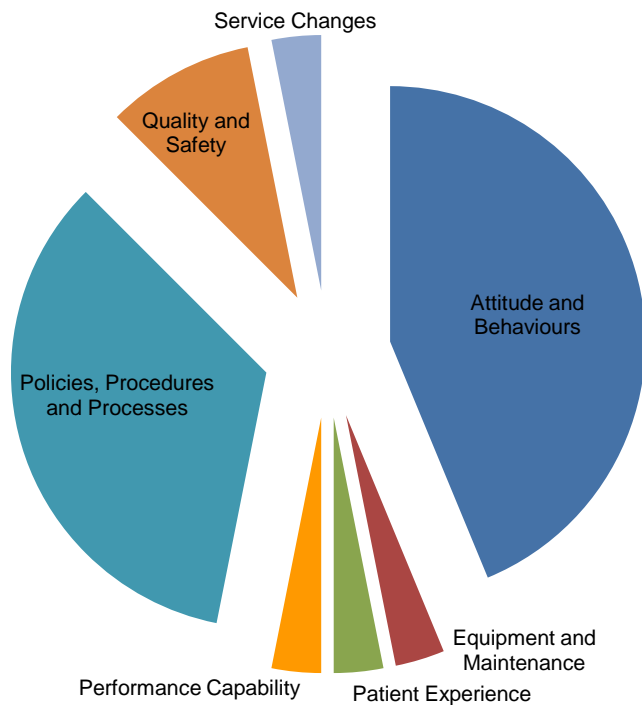
- 2.1. In relation to the number of concerns that have been raised, the graph below provides data by month from April 2018. This shows the continued increase in the overall number of cases. The current total number of concerns at the end of Q2 (57) surpasses the total number of cases received in the last financial year (55).



- 2.2. The chart below shows the numbers of concerns raised each quarter since Q1 2018/19 and the comparative number of concerns raised in Weston. This shows the historically higher number of concerns raised in Weston, and that the number of concerns raised from Bristol sites has remained fairly stable.



2.3. As per previous quarters, the majority of cases relate to attitude and behaviours (14) with seven of these cases including an element of bullying and harassment (22 per cent of all concerns). The next highest category relates to policies and procedure (11) followed by quality and safety (3). Nationally in 2019/20, 36 per cent of cases raised with Freedom to Speak Up Guardians included an element of bullying and harassment and 23 per cent an element of patient safety/quality.



2.4. Below is the breakdown of concerns measured against the FTE (permanent and fixed term temporary staff) and by number of advocates to allow for a more accurate comparison across the divisions:

Division	Number of concerns	Concerns per 1000 FTE (FTE at April 2020)	Number of FTSU staff advocates
Diagnostics & Therapies	2	1.9	6
Medicine	1	2.8	7
Specialised Services	3	2.9	10
Surgery	3	1.7	6
Trust Services	3	3.6	16
Estates and Facilities	2	2.8	3
Weston	15	10.5	12
Women's & Children's	3	1.5	12

2.5. The breakdown by staff group below shows the same professions are reporting concerns this quarter as last quarter.

Profession	Number of concerns	
	Q2	Q1
Administrative/clerical staff	13	5
Allied Healthcare Professionals	3	7
Cleaning/Catering/Maintenance/Ancillary staff	4	2
Nurses	11	9
Healthcare Assistants	1	2

2.6. In the 2019/20 National Guardian's Office Freedom to Speak Up annual report, nurses continued to account for the biggest portion (28 per cent) of cases raised with Freedom to Speak Up Guardians. Administrative and clerical workers accounted for the next biggest portion (19 per cent), AHPs (13 per cent), healthcare assistants (8 per cent), doctors (6 per cent) and midwives (2 per cent). Nationally fewer than 1 per cent of concerns were raised by dentists.

2.7. Individuals who raise concerns continue to be satisfied with the process and would speak up again if the need arose. Individuals who have raised concerns are now sent a short feedback form to comment on the speaking up process once their concern is closed.

2.8. Of the 32 cases raised in Q2, 15 were closed. A further seven cases remain open from earlier in the year. One case was raised anonymously.

3. Progress against the Freedom to Speak Up Strategy

Work continues to deliver the three objectives of the strategy:

Raising awareness

- 3.1. October is Speak Up month – an opportunity to continue to build awareness of speaking up at UHBW as part of a national campaign, supported by the National Guardian's Office. The campaign – #SpeakUpABC – will see 26 individuals (including UHBW staff advocates, other members of staff and our partners) share short quotes on what speaking up means to them. With limitations around face to face contact this year, awareness raising will be mainly online via social media and internal communications. Walkarounds by the Guardian will be kept to a minimum, however the 72 advocates across the Trust will be encouraged to share online materials, promote and talk about speaking up in their areas.
- 3.2. Twelve of the 72 advocates have completed a diversity and inclusion monitoring form for the purpose of understanding whether the network is reflective of our staff. The Guardian will continue to work with the advocates to gather this information and identify groups who are not represented in the network and may not be using the Freedom to Speak Up route as a result.
- 3.3. A second annual 'snapshot' survey about awareness of and attitudes towards speaking up (see Appendix 1) was circulated between June and August. Just over 300 responses were received from staff in all divisions (19 per cent from Diagnostics & Therapies down to 5 per cent from Estates and Facilities). The majority of responses were from admin/clerical staff (40 per cent), followed by nursing staff (25 per cent), AHPs (24 per cent), and doctors (7 per cent). The results of the survey were similar to last year in terms of levels of awareness of speaking up, though slightly higher for confidence in managers to hear concerns. A higher number of responses provided a much richer source of feedback, particularly around suggestions for improvements.
- 3.4. The key findings were as follows:
 - 85 per cent of respondents had heard of speaking up and 75 per cent felt they could raise a concern with their line manager. Reasons for not raising concerns with managers included: manager not listening or not taking concern seriously; nothing changing as a result; not having the relationship; blame and bullying culture; manager not having the skills to address concern.
 - Around 80 per cent felt that they work in an environment that supports speaking up either completely or to some extent. Suggestions to improve the speaking up culture at UHBW included:
 - tackling hierarchy
 - training for managers (particularly on how to handle poor behaviours including bullying and harassment)
 - managers respecting confidentiality
 - sanctions for continued poor behaviour
 - improved responsiveness to issues
 - changing culture in clinical roles away from 'not making a fuss'
 - senior managers leading by example
 - positive response to concerns.
 - 35 per cent of the respondents said they managed staff at the Trust. Of these respondents – over 90 per cent agreed or strongly agreed that they would know what to do if a staff member raised a concern; that they would respond positively to a concern raised with them and feedback to staff when issues have been resolved.

- Responses from managers around whether there is a clear process for resolving issues and whether they felt supported to deal with issues were more mixed.
- Of the 65 per cent of respondents who were not managers – 60 per cent agreed or strongly agreed that their managers responded positively to concerns. 56 per cent agreed or strongly agreed that their managers provided feedback on concerns or issues raised.

Building confidence

- 3.5. The first in-house training session for Freedom to Speak Up staff advocates took place on 15 October with seven advocates in attendance. The session, which ran in collaboration with the psychological health services team, was set up to provide a basic level of training for advocates. Once feedback from the first session has been received, the aim is to run training sessions monthly for the next six months in Bristol and Weston. This should ensure all the advocates have received the same basic training and have the skills they need to be able to effectively support staff.
- 3.6. The role of the Guardian is about being reactive to concerns but also proactive to support cultural change within organisation. In the quarter, two 'speaking up summits' were held to bring together individuals within the Trust whose key role is giving staff a voice. This included the Head of Patient Safety, JUC Chair, Guardian of Safe Working, Head of Employee Relations, Workplace Psychological Wellbeing Lead, Organisational Development (OD) Facilitator and Associate Director of Education.
- 3.7. The group discussed 10 'worry areas' in the Trust based on concerns raised via speaking up. Data is being gathered to determine whether case volumes are high in the areas of concern. This includes case volumes linked to grievances, bullying and harassment, disciplinary cases and incidences of short and long term sickness, alongside any workplace reviews and OD interventions carried out in these areas. This work may identify other areas of concern.
- 3.8. Key barriers to making improvements in worry areas discussed by the group included the following comments, which drew parallels with the feedback from staff gathered through the survey:
 - not addressing concerns quickly enough (particularly around poor behaviours/bullying)
 - culture of medical staff not raising concerns formally
 - interventions not seeing lasting change
 - managers not having the training or willingness (to hear and positively deal with concerns when they are raised)
 - lack of time for managers to undertake training
 - poor communication routes in the Trust.
- 3.9. Members of the summit agreed management training and development was essential for staff taking on or progressing into management roles. Actions from the summit included widening the data gathering exercise areas to include spikes in junior doctor exception reporting; areas where issues have been escalated from clinical placements or apprenticeships; areas where employees are accessing Care First; feedback from Happy App data and key staff survey data. The group agreed to a look back on a couple of areas with historic issues to try to determine the triggers.

- 3.10. The next steps for the group would be to link with HR Business Partners to share this data and identify what changes need to be made organisation-wide (in line with the Trust People Plan) to work together to enact lasting change.
- 3.11. As part of the strategy to improve understanding of the speaking up role, one further case study has been developed from a recent concern in partnership with the parties involved (see Appendix 2). This case study focuses on a concern raised by a clinical member of staff about how long the endoscopy theatres should be left before they could be safely cleaned. While there was a standard operating procedure in place, it was confusing and the key information about downtime was not simply conveyed. By speaking up the individual was able to get clear guidance in place and ensure they and colleagues were following the right process. The case study will be circulated to staff through internal communications channels and through the advocate network.
- 3.12. In terms of monitoring the quality of the speaking up process at the Trust, feedback forms have been sent to individuals who have spoken up, only two have been returned. The feedback form also includes the opportunity for individuals to share diversity information to enable monitoring of the reach of the service. Too few have been received to date to be useful for this purpose.

Training and support for managers and leaders

- 3.13. The speaking up summit, like the internal audit completed in July 2020, identified that work is required to improve leadership and management training at the Trust (the internal audit recommended the Trust look to deliver more training to managers on how to appropriately manage concerns). The Associate Director of Education will review training packages and their objectives when a new training lead is in post to ensure training is dynamic and meets the needs of different staff groups. Members of the speaking up summit agreed to support to this work.

4. Summary of learning

- 4.1. A summary of the learning for the Trust from the concerns raised in Q2 includes:
- Clarity around policies and processes – the need to clearly communicate the purpose of a policy or process and accountability for compliance (and when/why it may be necessary to divert from it).
 - The need for genuine collaborative working between Bristol and Weston sites following the merger.
 - Ensuring leaders and managers are demonstrating and role modelling expected behaviours.
 - Awareness of the continued impact of coronavirus on workers (in terms of appropriate adjustments, impact on capacity, and stress).

5. Forward look

- 5.1. Alongside the work to support staff who are raising concerns and ensure investigations are undertaken in a timely, fair, transparent and objective manner, the Guardian's focus over the next quarter will be on:
- Gathering data from multiple sources on 'worry areas' at the Trust and linking with the HR Business Partners and OD team to plan next steps. Determining 'trigger points' for areas of concerns based on historic examples.
 - Alongside case studies, sharing 'you said, we did' style feedback with advocates and wider staff groups on where speaking up has made a difference, to help build confidence in the process.
 - Reviewing feedback from the first in-house training session for the staff advocate network with a view to rolling it out on a monthly basis.

- Reviewing communication routes to the seldom heard staff groups, i.e. doctors, dentists, midwives.
- Ensuring key messages around speaking up are linked to other corporate initiatives (e.g. the focus on supporting positive behaviours, anti-bullying).
- Continuing to grow, support and develop the advocate network to include staff from seldom heard groups.
- Continuing to engage in the FTSU South West Regional Network, buddying up with regional guardians to share best practice.

6. Recommendation

6.1. The Board is asked to note the contents of the report.



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

Integrated Performance Report

October 2020

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Reporting Month: September 2020

Performance continues to be significantly impacted by the Covid outbreak, especially when activity levels are compared to same point in the previous year. However, elective activity continued to improve in September and in most cases was above the UHBW recovery trajectory submitted as part of the Phase 3 NHS recovery plan. Future recovery remains challenging due to the considerable constraints on outpatient, diagnostic and theatre capacity, related primarily to social distancing and staffing, which is adversely affecting scheduling and productivity.

The number of attendances in the Emergency Departments has stabilised over the past two months and remains lower than both the recovery trajectory and the activity levels from the same time last year. However, Trust level performance was below the NHS constitutional standard for 4 hour waits at 81.2% in September, reflecting ongoing challenges due to capacity, flow and reconfigured ED footprints in light of COVID. Non elective admissions continue to trend towards returning to the pre-COVID levels and in September 2020 were at 94% of the activity at the same point last year.

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

- Referral to Treatment patients waiting 52+ weeks. At the end of September there were 1,500 patients waiting over a year for the start of treatment, significantly above the 52 patients reported at the end of March 2020. The largest volumes are in Dental and Adult General Surgery which account for 60% of this backlog; and
- The overall Referral to Treatment waiting list size is increasing, following two months of significantly reduced referrals in April and May. At end of September the list size was 40,824, with 59% waiting under 18 weeks. The largest increases in waiting list size are in Ophthalmology (2,206 increase from April to September) and Adult General Surgery (869 increase from April to September).

The focus of the organisation during September was working with system partners to develop its phase 3 plans to support the restoration of services and to expedite the care of patients, that generally are relatively lower clinical priority, but have consequently been waiting for a long time on waiting lists. These plans are now moving into the mobilisation and delivery phase and if successful should see further improvements to activity and performance over the coming months. This however is balanced against the emerging threat of a COVID second wave, in addition to the usual winter pressures which can impact on non-elective admissions and therefore further reduce waiting times in the short to medium term.

Reporting Month: September 2020

Safe

Caring

Successes	Priorities
<ul style="list-style-type: none"> No medication incidents in August 2020 causing moderate or higher level of harm. 	<ul style="list-style-type: none"> To complete the individual investigations for the 18 patients who likely died from hospital acquired COVID 19 in Weston General Hospital by mid-November 2020. To address the current lack of VTE risk assessment data collection in Weston General Hospital post-merger and post-Covid pandemic. To re-establish support and engagement across UHBW as a whole to take forward improvements in VTE risk assessment compliance, to review and learn from hospital associated thromboses and to meet best practice quality standards.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Learning from pressure injury serious incident investigations, we are developing a plaster cast daily nursing care plan to reduce risk of cast related injuries. Electronic risk assessments for falls are due to be launched in the next month to aid accuracy and completeness of assessments. 	<ul style="list-style-type: none"> Data quality of the quality metrics from Weston site included in this report. Planned work to address risks to data quality through due diligence process has been delayed due to COVID 19 and operational priorities.

Reporting Month: September 2020

Responsive

Effective

Successes

- A new Patient Administration System (Medway PAS, supplied by SystemC) was implemented in Weston as a standalone system on 26th September as planned.
- Patients waiting over 104 days on a GP referred suspected cancer pathway for reasons other than patient choice, clinical reasons or late referral is being sustained at less than five patients.
- The 31 day first definitive treatment cancer standard was achieved in August
- The use of the admissions overflow area in the old BRI Emergency Department area has supported ambulance offloads by providing capacity for patients awaiting onward moves to the wards. This is now established and used 24/7.
- The Paediatric Emergency Department are running an “east” and “west” side and continue to stream paediatric patients through the creation of the separate waiting areas, to maintain social distancing.
- At Weston Hospital, a review of the inpatient bed base was conducted where 43 beds were removed from the site in June/July to meet Covid guidelines. This was further reviewed in August and 24 beds were put back into the wards. However Weston is still 14 beds down on last year.

Opportunities

- Weston’s version of Medway PAS has additional functionality that has been reviewed by approx. 30 staff in Bristol. There is now the opportunity to set up a task and finish group to plan implementation and training of the new functionality in Bristol. This will allow more robust tracking of patients who are awaiting their next steps in their pathway. Implementation will be approx. January 2021.
- Integration of the Bristol and Weston cancer registers. This will improve efficiency and enable more time for managing pathways.
- The Paediatric ED are due to expand into the “Carousel” Outpatient area as part of winter plans, this was due to start in October but is now starting in November due to delays with changes needing to be made with the outpatient clinic rooms.
- Work continues on the prioritised capital programme to further amend the BRI ED footprint to create a larger waiting space alongside creating additional capacity for both the ED and the acute medical unit with an aim to be able to commence some of this work during the Winter period.

Priorities

- Sustain minimal numbers (<10) of patients waiting over 104 days on a GP referred suspected cancer pathway for capacity reasons
- A clinical review of all of our long waiting patients has commenced. This is to ensure that the length of the patient wait has not changed the prioritisation need of their treatment. All of these patient will receive a letter regarding their delay commencing on 23rd October and will start with the longest waiting patients or those who are deemed clinically urgent. This is to allow a clinical discussion regarding any change in the patients symptoms.
- Return Elective and Diagnostic activity to pre-Covid levels during the remainder of 2020/21. As part of the “Phase 3” NHS recovery planning, divisions have reviewed activity plans and associated revenue and capital consequences for the year.
- There is additional focus on patients waiting 78+ weeks and 104+ weeks, alongside the existing 52+ week focus for Referral To Treatment patients. Additional details and exception reports are required by NHS England to ensure very long waiters (over 1 year) are reduced. There are 56 waiting 78+ weeks and two waiting 104+ weeks across Bristol and Weston at end of September 2020.

Risks & Threats

- Rising suspected cancer referrals combined with the restrictions imposed by Covid precautions make achieving the 14 day first appointment standard challenging
- Weston are still 14 beds down on last year which means that flow has been challenging. This has led to patients remaining bedded within the Emergency Department overnight. Whilst the number of 12 hour trolley wait breaches at Weston has improved in September, UHBW are still an outlier in the South West.
- Number of patients presenting in mental health crisis to adult and paediatric Emergency Departments continues to be high, compared to pre-Covid levels.
- There are risks to recovery of the over 52 week breach position for RTT: 1) Prioritising of cancer and urgent work over routine cases, 2) Redevelopment work will result in closure of some dental capacity over November/December, and 3) limited take up of Waiting List Initiatives (WLIs) in some specialties
- Data quality issues have emerged following the PAS implementation at Weston. A Data Quality Improvement Group has been set up to resolve these issues. NHSE/I have been briefed on the Trust strategy to resolve them due to its impact on performance reporting.

Reporting Month: September 2020

Well-Led

Successes

- The use of eLearning for the provision of face-to-face Fire Safety sessions on relevant learning plans saw 252 staff complete the eLearning session in the first week of implementation, increasing compliance for this group from 65% to 69%.
- The flu vaccination programme commenced 28th September with 204 vaccinators supporting delivery to meet a CQUIN target of 90% uptake of Frontline HealthCare Workers by 28th February 2021.
- Launch of the innovative 'Welcome Lunch Packs' for Newly Qualified Nurses by way of offering an effective welcome and on boarding to the Trust.
- A new manager e-learning session is under development to replicate the content from the successful '*Supporting wellbeing in your teams*' workshops delivered in 2019. This session will work in tandem with the existing e-learning session '*Supporting teams during Covid*'.
- 'Nip it in the bud' training has been launched in order to support managers in reducing the occurrence of formal disciplinary issues.

Priorities

- Providing divisional managers from the start of October with additional enhanced data on essential training (ET) compliance, focusing on new starters at their 3 month probationary stage and staff who have not maintained compliance for a required for 3 years or more.
- Implementation and delivery of the appraisal recovery plan working in partnership with stakeholders and divisions to focus on improved compliance, quality, alignment and reporting.
- Launch of the 'Supporting Positive Behaviours' communications plan from 5th October to enable staff to feel supported should they experience bullying and harassment at work.
- Finalise plans and the support package required for the delivery of the technical merge of the eRostering systems in Bristol and Weston which will result in a single database across the whole site. Merge planned for November 2020.
- Support the focus on medical rotas in preparation for a second pandemic wave.

Opportunities

- National staff survey 2020 campaign launched beginning of October and is open until 27th November 2020.
- Linkage to the NHSEI regional wellbeing network ensuring the Trust formulates an evidence-based response to the requirements of the national NHS People Plan.
- Funding agreed for the accelerated roll out of medical e-Rostering for Bristol. Refreshed project outline agreed. This will support the approach to medical rota design ahead of winter and pandemic surge pressures.
- NHSE/I bid made for financial support for overseas nurse recruitment. A collaborative approach with North Bristol Trust is being explored.
- Development of an options appraisal for the potential introduction of both financial and non-financial recruitment incentives.

Risks & Threats

- Appraisal compliance continues to be below target across all Divisions..
- Continued risk to deliver the Diversity & Inclusion Strategy and associated work plan with the ongoing D&I Manager vacancy.
- National Staff Survey response rate and engagement are at risk following the pandemic and the organisational merger with Weston Trust.
- The ability for overseas recruits to travel and relocate in the UK to work at UHBW remains a threat in light of Covid. EU countries being added and then removed from the quarantine list gives uncertainty.
- Significant external contract loss from Avon Partnership Occupational Health Service, putting the sustainability of the current service model at risk.
- The lack of capacity within the existing job matching process is a risk, particularly in light of the increasing amounts of formal change management processes.

Reporting Month: September 2020

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

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

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

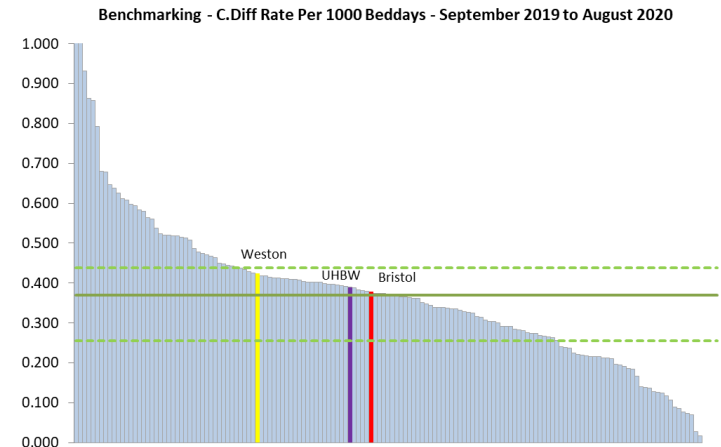
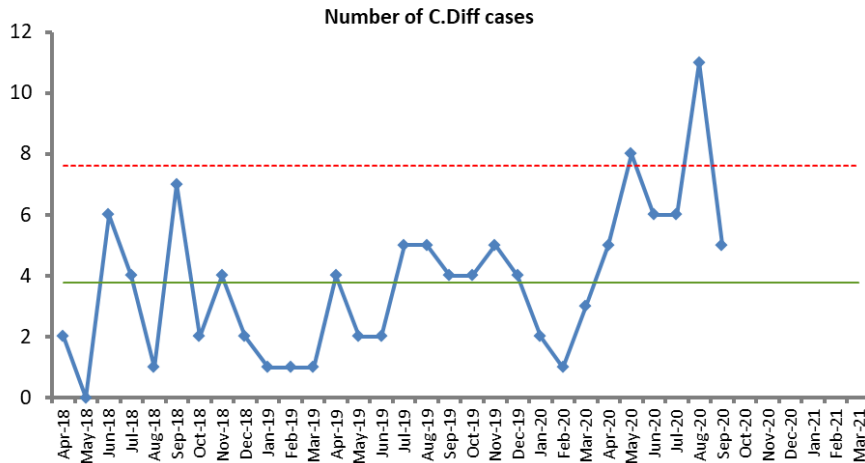
N	Not Achieved
P	Partially Achieved
Y	Achieved
N/A	Standard Not Defined

Infection Control – C.Difficile

September 2020

Y Achieved

Standards:	The limit of C. Difficile cases for 2019/20 was 57 cases for UH Bristol. The limit for UHBW has not yet been set for 2020/21 as it will be based on 2019/20 outturn, which requires all cases to have undergone commissioner validation prior to reaching a confirmed year end position. A limit of 57 cases would give a trajectory of 4-5 cases a month.
Performance:	There were five cases of hospital-onset, healthcare associated (HOHA) C diff in September 2020, four in our Bristol hospitals and one in Weston Hospital.
Commentary:	Pre-covid, each case required a review by our commissioners before determining whether it will be Trust apportioned if a lapse in care is identified. However, since February 2020 the commissioners have not undertaken reviews of C-Diff cases. The Chief Nurse is to meet with the commissioners to discuss the situation. The benchmarking data of cases per 1,000 beddays in the twelve months to August 2020 shows UBHW to be just above the median, when compared to all England Acute Trusts.
Ownership:	Chief Nurse



	Sep-20	2020/2021
Medicine	0	11
Specialised Services	2	8
Surgery	1	9
Weston	1	7
Women's and Children's	1	6
TOTAL	5	41

Infection Control - MRSA

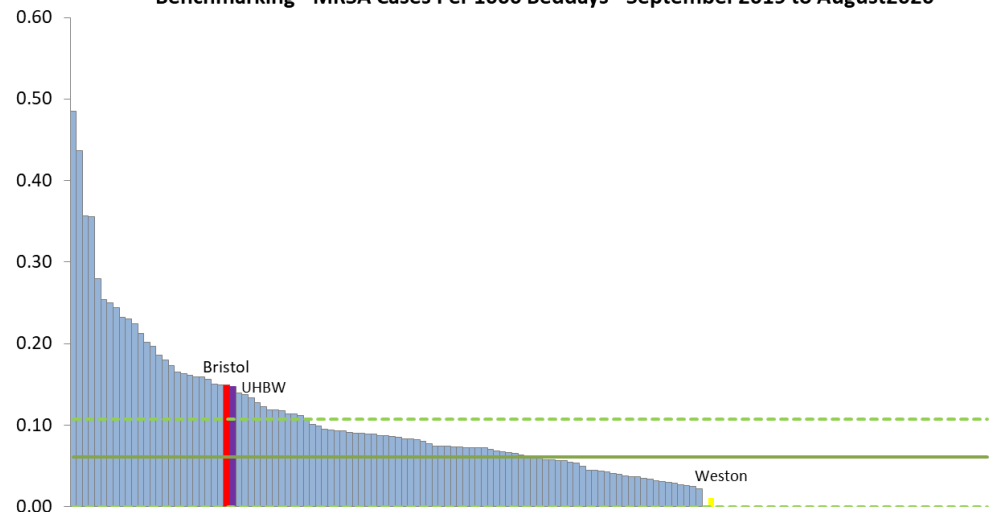
September 2020

N Not Achieved

Standards:	No Trust Apportioned MRSA cases.
Performance:	There was one MRSA bacteraemia cases in UBHW in September 2020, giving two cases to date for 2020/21.
Commentary:	The MRSA case for September occurred in the Division of Specialised Surgery. The incident involved a bone marrow transplant patient. This incident is subject to a review by the commissioners. Following review by commissioners, learning from any identified lapse in care is shared with divisions to inform any new improvement actions
Ownership:	Chief Nurse

	Sep-20	2020/2021
Medicine	0	0
Specialised Services	1	1
Surgery	0	0
Weston	0	0
Women's and Children's	0	1
TOTAL	1	2

Benchmarking - MRSA Cases Per 1000 Beddays - September 2019 to August 2020



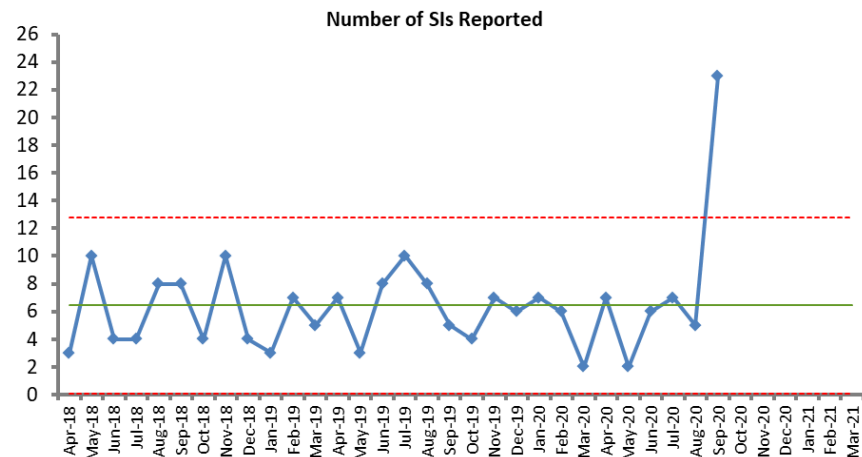
Serious Incidents

September 2020

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 NHS providers following learning from early adopters in 2020.
Latest Data:	Twenty three serious incidents were reported in September 2020. Eighteen of these involved patients who likely died from hospital acquired COVID 19 in Weston General Hospital identified following a harm panel review process. Of the remaining five serious incidents, three occurred on Bristol sites comprising one medication incident, one retained foreign object never event and one delayed diagnosis. In Weston, the two other reported serious incidents were a wrong site block never event and a delayed diagnosis.
Commentary:	The number of reported serious incidents is showing special cause variation in September, this is due to the eighteen serious incidents involving patients who likely died from hospital acquired COVID 19 in Weston General Hospital. Individual investigations for each incident are underway to identify any further learning in addition to that identified by the Trust's overarching investigation into an outbreak of Covid at Weston General Hospital in May 2020. The outcomes of these investigations will be reported to the Quality and Outcomes Committee (a sub-committee of the Board) in due course.
Ownership:	Chief Nurse

	Sep-20	2020/2021
Medicine	1	6
Specialised Services	0	0
Surgery	1	7
Trust Services	0	1
Weston	20	33
Women's and Children's	1	3
TOTAL	23	50

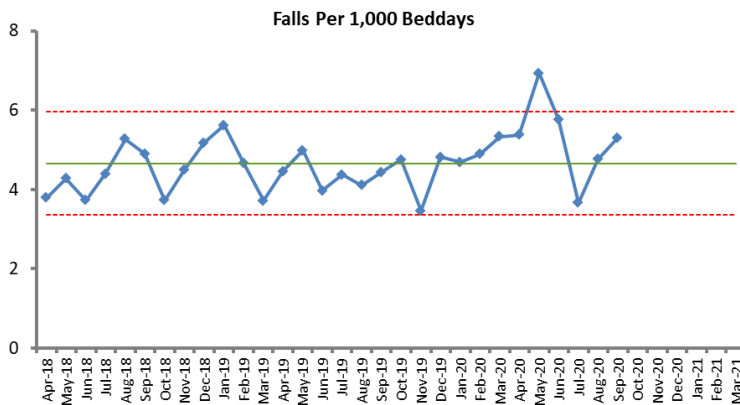


Harm Free Care – Inpatient Falls

September 2020

N Not Achieved

Standards:	To reduce and sustain the number of falls per 1,000 beddays below the national benchmark of 4.8 and to reduce and sustain the number of falls resulting moderate or higher level of harm to 2 or fewer per month.
Performance:	In September, the rate of falls per 1,000 beddays was 5.30 across UHBW (5.62 in our Bristol hospitals and 4.18 in Weston General Hospital). There were 160 falls in UHBW in September, one of which resulted in moderate or higher level of harm. The incident involved a patient who had an unwitnessed fall in a bathroom. This incident is subject to a root cause analysis investigation.
Commentary:	<p>Patient beddays continued to increase in September post Covid, and number of falls increased (from 136 in August to 160 in September) resulting in an increase in rate of falls from 4.76 to 5.30 across UHBW.</p> <ul style="list-style-type: none"> The Trust took an active role during Falls awareness week in September 2020 using a variety of methods of improving staff, patients and carers awareness of common risk factors for falls. This included: practical training sessions on common outcome measures used for balance, as well as a focused training session on the physiological risk factors for falls. Awareness training of grip strength as an indicator of frailty, an obstacle course to highlight the issues visually impaired patients with mobility issues have within our wards, a balance challenge and a quiz. Feedback and learning was also shared from a national virtual falls conference. The Operational Group have reviewed and updated the Adult Inpatient Falls preventative bundle and the electronic risk assessments for falls are due to be launched in the next month to aid accuracy and completeness of assessments. The Trust will continue to work with system partners on falls prevention via a falls network to ensure best practice, once this collaborative work has restarted.
Ownership:	Chief Nurse



	Sep-20	
	Falls	Per 1,000 Beddays
Diagnostics and Therapies	3	-
Medicine	90	10.53
Specialised Services	23	5.12
Surgery	10	2.79
Trust Services/Trustwide	0	-
Weston	28	4.18
Women's and Children's	6	0.87
TRUST TOTAL	160	5.30

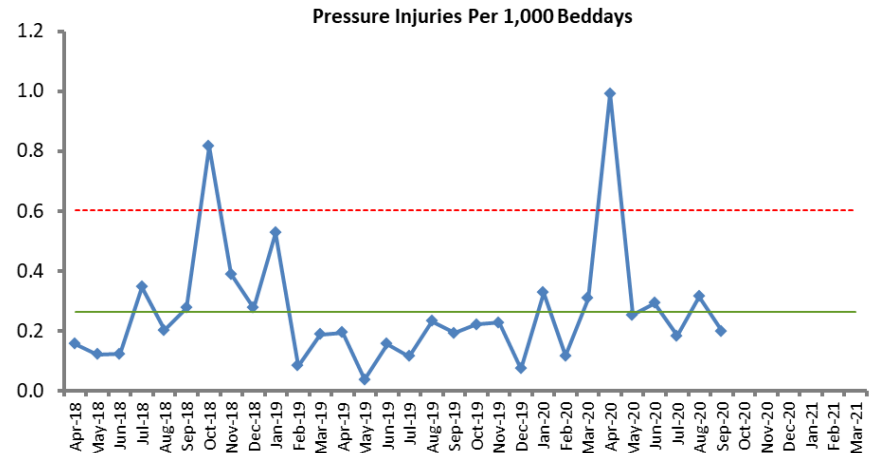
Harm Free Care – Pressure Injuries

September 2020

Y Achieved

Standards:	To reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4.
Performance:	In September 2020, the rate of pressure injuries per 1,000 beddays was 0.20 across UHBW (0.09 in our Bristol hospitals and 0.45 in Weston General Hospital.) There six pressure injuries in UHBW in September, all category 2 pressure injuries (four in Weston and two in Bristol). There were no category 3 or 4 pressure injuries.
Commentary:	<p>A review of processes across all divisions around access and care of dynamic mattresses has been completed to ensure provision in a timely manner. Actions, all sites:</p> <ul style="list-style-type: none"> • Implementation of Paediatric and Neonatal specific wound management flow charts. • Development of plaster cast daily nursing care plan - to reduce risk of cast related injuries. • Development of the Tissue Viability Connect Page – work ongoing to ensure a more user friendly version • Engage with TV champions across divisions to support good practice locally • Staff engagement through use of a monthly quiz, winners announced on a monthly basis – emphasis on recognising success. <p>Additional actions at Weston General Hospital:</p> <ul style="list-style-type: none"> • Re-establish staff training on pressure prevention, with current focus on the lower limb / heel and protective measures required. • Assurance work that wards have access to pressure prevention equipment including heel protectors • Implementation of care log documentation and pressure injury risk assessment documentation used in our Bristol hospitals.
Ownership:	Chief Nurse

	Sep-20	
	Pressure Injuries	Per 1000 Beddays
Medicine	0	0.33
Specialised Services	0	0.10
Surgery	2	0.51
Weston	4	0.45
Women's and Children's	0	0.06
TOTAL	6	0.20

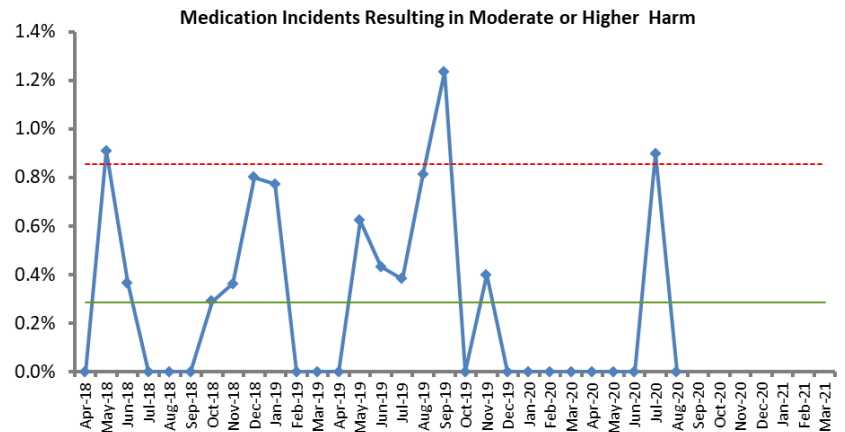


Aug/Sep 2020

Y Achieved

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There were no moderate harm incidents out of 252 medication incidents reported in our Bristol hospitals in August. There were also no moderate harm incidents out of 22 incidents reported in Weston General Hospital in August. Three omitted doses of critical medicines were identified in 557 patients audited in our Bristol hospitals in September (0.54%).
Commentary:	<p>The omitted doses in Bristol involved two doses of antiepileptic medication (one on ward A700, and one on ward C808). In both cases the medicines were ordered urgently for the patient. Both medicines involved are available in several wards and can be found out of hours using the 'drug finder' on the home page of connect.</p> <p>The third omitted dose related to a dose of insulin for a patient in South Bristol Community Hospital. The insulin was ordered urgently from pharmacy and sent in a taxi immediately. In Weston General Hospital data on omitted doses has not been collected since the suspension of the National NHS Medicines Safety Thermometer data collection in March 2020.</p> <p>Actions:</p> <ul style="list-style-type: none"> To continue to promote the availability of the 'drug finder' on the intranet which details which wards keep stocks of any medicine entered into the search field. Plans are being developed to restart local medicines safety audits in Weston General Hospital using the Perfect Ward App which
Ownership:	Medical Director

	Aug-20		
	Moderate or Higher Harm Incidents	Total Audited	Percentage
Bristol	0	252	0.00%
Weston	0	22	0.00%
TOTAL	0	274	0.00%



September 2020

P Partially Achieved

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	In September 2020, Essential Training overall compliance remained static at 86% compared to the previous month (excluding Child Protection Level 3).
Commentary:	<p>September 2020 compliance for Core Skills (mandatory/statutory) training remained static at 86% overall across the eleven programmes. There were reductions in two of the programmes, increases by 1 percentage point in two programmes, and no change in the remaining seven programmes.</p> <p>Overall compliance for 'Remaining Essential Training' remained static at 91%. This figure continues to exclude Weston data.</p> <ul style="list-style-type: none"> • Remaining Essential Training' compliance remained static at 91%, although there was a singular 15% drop for Medical/Dental Induction, as the target audience of new doctors increased sharply from 134 to 287 with the large August intake. This reduction in compliance reflects the gradual completion of essential training through distance learning. • A special eLearning update now augments provision of face-to-face (F2F) Fire Safety sessions on relevant learning plans. As per fire regulations, F2F sessions were stipulated for staff who may be involved in progressive horizontal evacuation. However, the strict F2F requirement has been temporarily waived due to the 'exceptional circumstances' imposed by Covid. The use of eLearning was approved by the Corporate Education Group on 28 September. In the first week following implementation, 252 staff completed the eLearning, increasing compliance for this group from 65% to 69%.
Ownership:	Director of People

Essential Training	Sep-20	KPI
Equality, Diversity and Human Rights	93%	90%
Fire Safety	80%	90%
Health, Safety and Welfare (formerly Health & Safety)	91%	90%
Infection Prevention and Control	85%	90%
Information Governance	83%	95%
Moving and Handling (formerly Manual Handling)	85%	90%
NHS Conflict Resolution Training	88%	90%
Preventing Radicalisation	90%	90%
Resuscitation	73%	90%
Safeguarding Adults	89%	90%
Safeguarding Children	89%	90%

Essential Training	Sep-20	KPI
UHBW NHS Foundation Trust	86%	90%
Diagnostics & Therapies	91%	90%
Medicine	83%	90%
Specialised Services	87%	90%
Surgery	86%	90%
Women's & Children's	84%	90%
Trust Services	88%	90%
Facilities & Estates	91%	90%
Weston	85%	90%

Venous Thromboembolism Risk Assessment

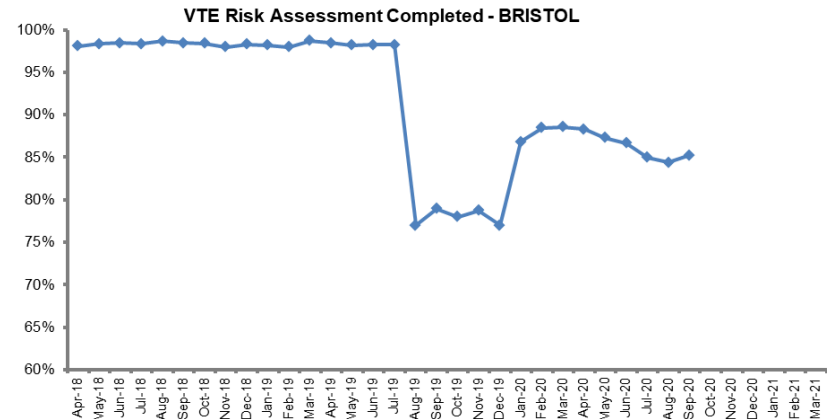
September 2020

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 thromboprophylaxis. From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	In our Bristol hospitals, the VTE risk assessment is completed electronically using the Medway system. For August, Bristol achieved 85.3%. In Weston General Hospital the previous paper based data collection system ceased at the end of March 2020. Alternative interim sample audits are planned, potentially via the Perfect Ward App, pending a longer term digital solution to capture data for all relevant patients.
Commentary:	Following a pause during the Covid pandemic, the VTE Group has restarted and has is refocussing on improving VTE risk assessment in Bristol and has identified a need for support in Weston General Hospital to recommence data collection to inform further action. When electronic medicines prescribing and administration is implemented, there could be an opportunity to include a force function for completion of VTE risk assessment.
Ownership:	Medical Director

Bristol - VTE Risk Assessment Performance

	Sep-20		
	Assessment Done	Total Patients	Performance
Diagnostics and Therapies	26	26	100.0%
Medicine	1,953	2,514	77.7%
Specialised Services	2,184	2,366	92.3%
Surgery	1,534	1,891	81.1%
Women's and Children's	1,407	1,536	91.6%
TOTAL	7,104	8,333	85.3%



Venous Thromboembolism Risk Assessment

September 2020

The table below shows September's data for specialties that had more than 50 patients requiring risk assessment. The specialty reported is the specialty the patient was admitted under.

Admitting Specialty	Percentage Risk Assessed	Total Patients
Thoracic Surgery	48%	61
Respiratory Medicine	51%	51
Upper GI Surgery	54%	212
Maxillo Facial Surgery	57%	58
Colorectal Surgery	65%	168
ENT	65%	209
Stroke and General Medicine	67%	185
General Medicine	69%	941
Cardiology	75%	388
Trauma & Ortho Surgery	76%	173
Gynaecology	80%	289
Adult Accident & Emergency	81%	755
Endocrinology	85%	65
Midwife Episode	91%	263
Rheumatology	95%	78
Clinical Haematology	95%	529
Medical Oncology	96%	441
Ophthalmology	96%	292
Clinical Oncology	96%	799
Obstetrics	96%	909
Dermatology	97%	251
Endoscopy	98%	611
Cardiac Surgery	99%	92
Gastroenterology	99%	137
Haemophilia	100%	50

Nurse Staffing Levels

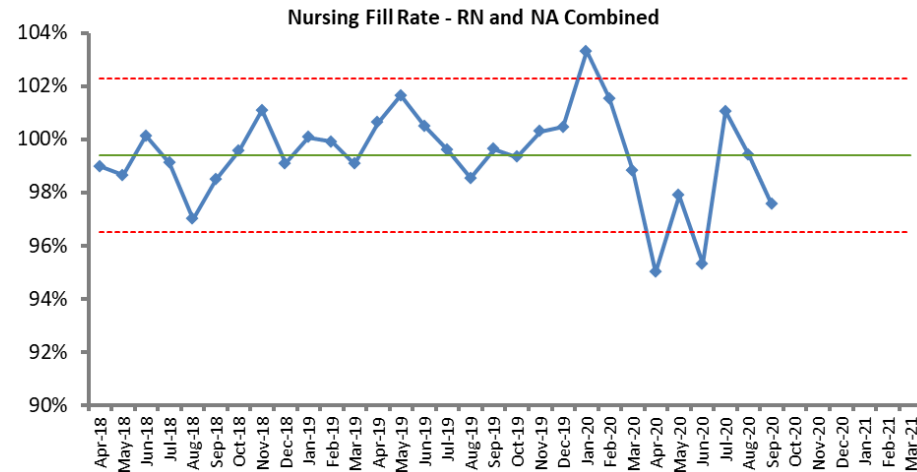
September 2020

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.
Performance:	The report shows that in September, UHBW had rostered 293,298 expected nursing, midwifery and nursing assistants' hours in the inpatient areas, the number of actual hours worked recorded on the system was 286,125. This gave an overall fill rate of 97.6% for UHBW.
Commentary:	Overall for September 2020, the trust had 94% cover for RN's on days and 96% RN cover for nights. The unregistered level of 98% for days and 107% for nights reflects the activity seen in September 2020. This was due primarily to the COVID reconfiguration on wards and NA specialist assignments to safely care for confused or mentally unwell patients in adults at night.
Ownership:	Chief Nurse

Staffing Fill Rates: Sep-20

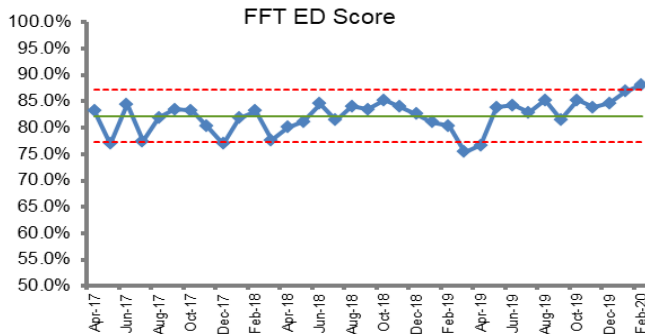
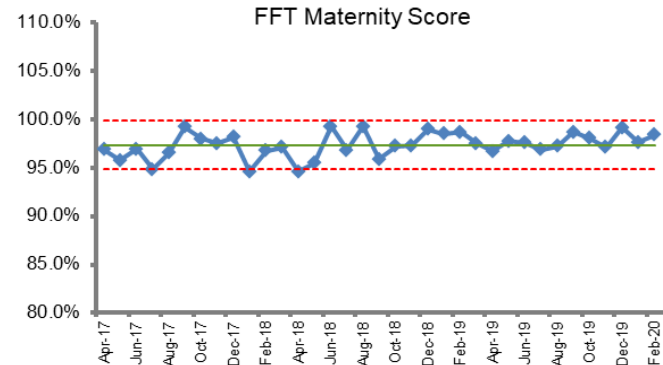
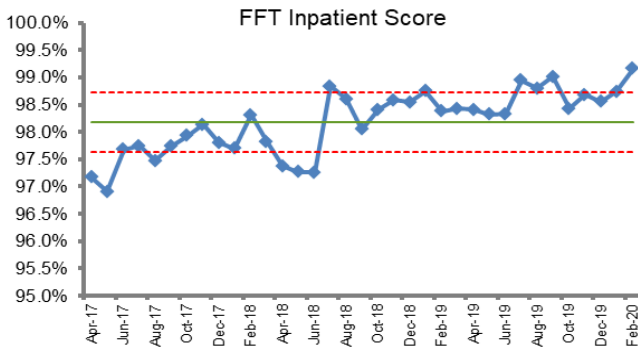
	Total	RNs	NAs
Medicine	100.6%	98.1%	103.9%
Specialised Services	98.7%	95.7%	107.3%
Surgery	99.6%	97.3%	105.2%
Weston	102.7%	92.4%	109.9%
Women's and Children's	90.4%	92.8%	79.0%
<i>Bristol Divisions</i>	<i>96.4%</i>	<i>95.3%</i>	<i>99.2%</i>
TRUST TOTAL	97.6%	94.9%	101.5%



Friends and Family Test

Reporting Month: February 2020

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



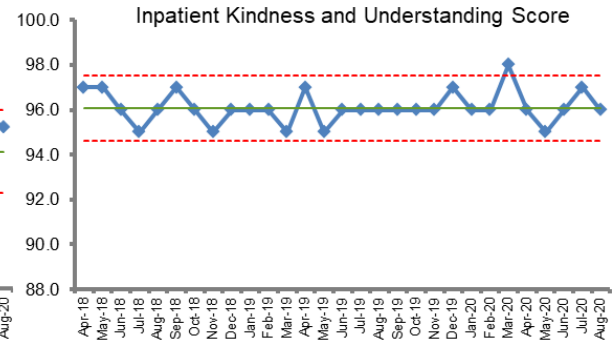
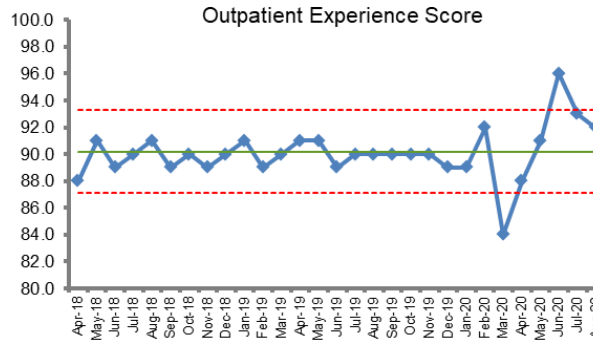
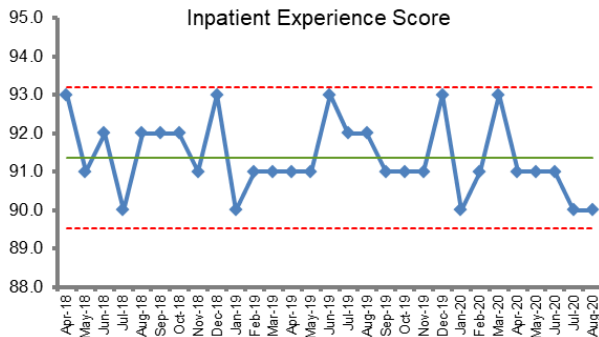
	Response Rate		Score	
	Feb-20	2019/2020	Feb-20	2019/2020
Inpatients				
Medicine	34.1%	39.7%	99.8%	98.1%
Surgery	32.4%	35.0%	98.9%	98.9%
Specialised Services	37.5%	38.0%	99.2%	98.8%
Women's and Children's	31.2%	31.1%	99.0%	98.7%
TOTAL	33.1%	35.5%	99.2%	98.7%
Emergency Department				
Bristol Royal Infirmary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

Patient Surveys

September 2020

Y Achieved

Standards:	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 2020, the inpatient score was 91/100, for outpatients it was 94. For the kindness and understanding question it was 95. This is data for Bristol hospitals only, as the survey has not yet been implemented at Weston General Hospital
Commentary:	<p>Inpatient and outpatient headline measures exceeded their minimum target levels, indicating the continued provision of a positive inpatient experience at the Trust’s Bristol hospital sites.</p> <p>A detailed analysis of themes arising from patient feedback is reviewed in the Trust’s Patient Experience Group and any improvement actions agreed with divisions. The suspension of the Friends and Family Test by NHS England during the Covid-19 pandemic has meant that Weston General Hospital does not currently have any regular, hospital-wide patient survey programme. Restoration of a local patient survey (which includes the national FFT question) at Weston General Hospital is planned from September 2020.</p> <p>Actions:</p> <ul style="list-style-type: none"> The extension of the Bristol postal survey programme to Weston General Hospital is currently being discussed with the IM&T Department. This will require a new process will need to be developed to draw survey samples from the Weston Medway system once implemented later in 2020.
Ownership:	Chief Nurse

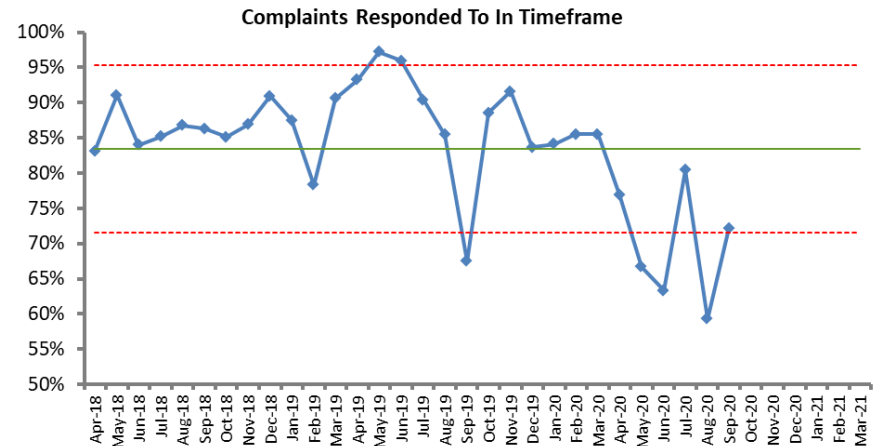
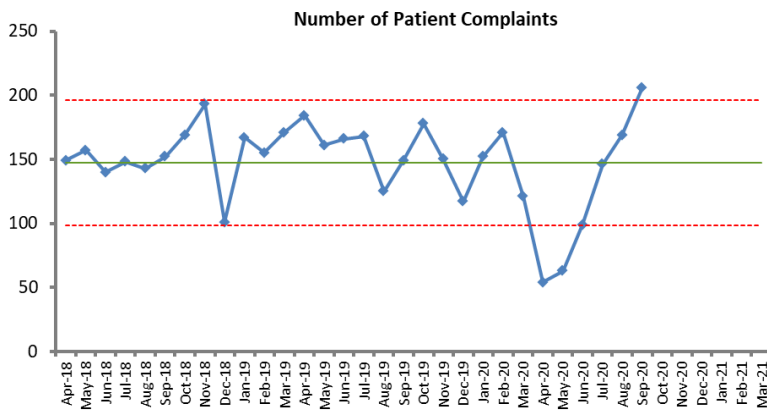


Patient Complaints

September 2020

N Not 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%. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance (Red) of 12%.
Performance:	In September, 72.2% of formal complaints (52 out of 72) were responded to within timeframe. There were four complaints where the complainant was dissatisfied with our response in September 2020, which represents 7.8% of first responses sent out in July 2020 (this measure is reported two months in arrears). This compares with 6.7% reported for June 2020.
Commentary:	The formal complaints response time is a slight improvement on the 67% reported in July 2020. Fifteen of the 20 breaches were attributable to delays within the divisions, four were caused by delays in the Patient Support & Complaints Team (PSCT) and one was due to a delay during the executive signing off process. Divisions returned 68% of formal responses to the PSCT by the agreed deadline, compared with 71% in August 2020 - this is the deadline for responses to be returned to PSCT seven working days prior to the deadline agreed with the complainant. Please note that divisional validation was not completed in time for inclusion this month, so divisional totals are not shown this month.
Ownership:	Chief Nurse



Emergency Care – 4 Hour Standard

September 2020

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 2020/21 have not been agreed with NHS Improvement.
Performance:	Trust level performance for September was 81.2% across all four Emergency Departments (13,794 attendances and 2,598 patients waiting over 4 hours).
Commentary:	<p>Bristol Royal Infirmary</p> <p>Attendances to the BRI ED have stabilised between August and September after recent increases post the initial covid lockdown period. Attendance levels have not yet returned to pre covid levels and can be sporadic through the week with some high attendance days (>200) versus some much lower demand days than would be usually expected for this time of year. Emergency patients continue to be streamed through symptomatic and non-symptomatic pathways and symptomatic GP referred patients continue with their entry point through the ED.</p> <p>Four hour access performance has deteriorated further in month with challenges related to surge and crowding in the ED and periods of poor flow due to the covid related ward and footprint changes resulting in a significant reduction in assessment capacity in medicine. Up to 50% of patients being admitted onwards from the ED breach the four hour standard which is reflective of the challenges related to capacity and flow. Staffing challenges continue especially in the nursing tiers with high vacancy rates across the specialities. Ambulance queuing on the ramp continues when capacity restraints cause an inability to off load and this remains a significant safety concern. The crowding checklist remains a useful tool and has been adapted to become an over-arching means to trigger escalation actions and improve flow. The use of the admissions overflow area in the old ED footprint has supported ambulance offloads by providing capacity for patients awaiting onward moves to the wards. This area is now established and used 24/7. Number of patients attending in mental health crisis continues to rise related to the impact of covid on the population and exacerbated by a reduced access to community services. Patients with mental health related attendances requiring onward admission can experience prolonged stays due to challenges accessing inpatient MH beds; a poor experience for this group of patients and impacts on the capacity challenges on the wards.</p> <p>Challenges remain around the ability to appropriately social distance patients in the ED waiting room and it is well recognised that these challenges contribute to increased levels of violence and aggression towards staff. Work continues on the prioritised capital programme to further amend the ED footprint to create a larger ED waiting space alongside creating additional capacity for both the ED and the acute medical unit with an aim to be able to commence some of this work during the Winter period.</p>

September 2020

Commentary:

Bristol Royal Hospital for Children:

Attendances continue to rise month on month since April; attendances are still increasing but still below compared to previous year, 4 hour performance remained high despite the numbers increase, with 91% of patients managed within 4 hours. The use of Sunflower Ward as an observation unit continues to work well. As the hospital bed base has been increasing, cubicles are becoming more challenging. There has also been an increase in mental health presentations to ED. With increase of attendances, at times it has been challenging to manage the waiting area to main social distancing.

The department are running an east and west side and continue to stream paediatric patients through the creation of the separate waiting areas, to maintain social distancing.

ED are due to expand into Carousel (Outpatients) as part of winter plans, this was due to start in October but is now starting in November due to delays with changes needing to be made within the outpatient clinic rooms. ED will continue to use Carousel where possible at escalation points, this will be afternoon/evenings and weekends, this is when the department has an increase in attendances.

At times children are having to come through to the main Children's hospital entrance due to ambulance queuing.

ED are working with commissioners to help consider other options to reduce the number of attendances to ED, the ED redirection working group continues to discuss opportunities/developments to reduce ED attendances. ED have created 2 new pathways for Eye and teeth to enable patients to go to the right place first time.

Bristol Eye Hospital

In September, ED attendances increased by 3% on August attendances. The total number of breaches deteriorated on the previous month, increasing from 19 in August to 38 in September (97.73%).

The ED Consultant has been on leave throughout September, therefore a slight deterioration was anticipated. The Consultant is now back at work, and weekly performance in each of the first three weeks of October has exceeded 98.5%. The Eye Hospital ED continues to offer a telephone advice line to patients and referrers to minimise attendances to the department, but staffing gaps do mean that it is not fully utilised.

Emergency Care – 4 Hour Standard



September 2020

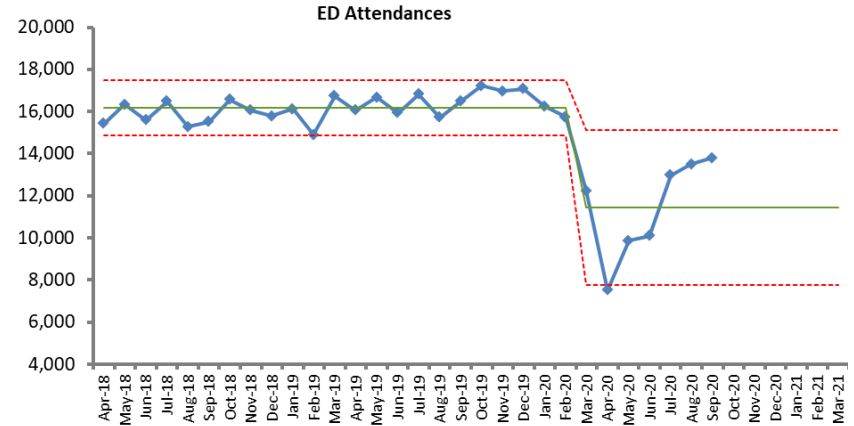
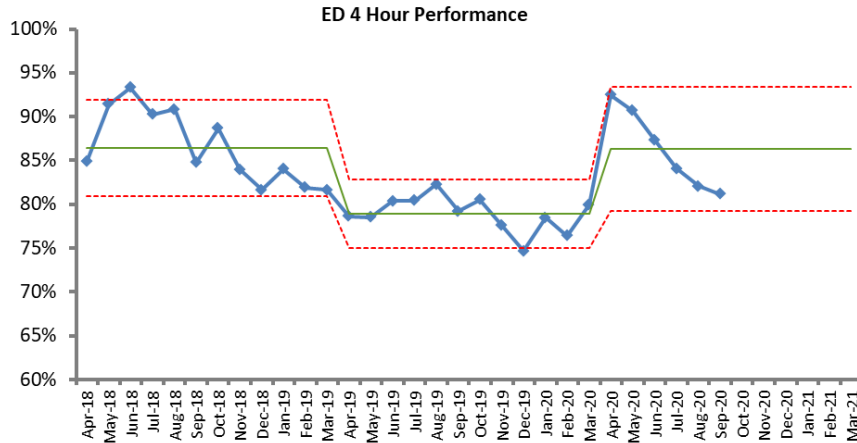
Commentary:	<p>Weston General Hospital</p> <p>Throughout the month of September 2020 the attendances fluctuated daily however we have seen 858 patients less in comparison to September 2019, however on some days hitting (winter) pre-covid attendance numbers. The department recognises that the patients attending are of high acuity which has influenced the high conversion rates throughout the last few months, which was 32.32% for September 2020. 4 hour performance for September 2020 was 84.5%, with the best performance day being Thursday 10th September at 98.1%.</p> <p>Adhering to the national guidance for COVID19 a review of the inpatient bed base was conducted where 43 beds were removed from the site in June/July. This was further reviewed in August and 24 beds were put back into the wards. Following this increase Weston is still 14 beds down on last year which means that flow has been challenging which has led to patients remaining bedded within the Emergency Department overnight, there were six 12 hour breaches that have occurred in September (over 2 days) although this was significantly lower than the previous month (68). When patients are bedded in the ED overnight this contributes to poor flow within the ED following day because of limited space to see the new patients.</p> <p>The number of confirmed COVID19 patients had remained low throughout the month of September and the Blue ward that was moved to another area has remained, this increased the availability of Amber/Green beds to assist flow through the Division.</p> <p>In comparison to the previous month we have received around the same number of ambulance conveyances to the department which are now at pre-covid numbers. We continue to have surges throughout the day with a large proportion of conveyances being in the late afternoon. The regular meetings with SWAST have now commenced, these are with the view to review the past monthly issues, and align where possible new pathways and on-going redirection work.</p>
Ownership:	Chief Operating Officer

4 Hour Performance	Sep-20	2020/2021
Bristol Royal Infirmary	69.1%	78.6%
Bristol Children's Hospital	90.7%	92.5%
Bristol Eye Hospital	97.7%	98.8%
Weston General Hospital	84.5%	84.8%

Total Attendances	Sep-20	2020/2021 Year To Date	2019 Monthly Average
Bristol Royal Infirmary	5,609	23,063	6,190
Bristol Children's Hospital	2,954	12,556	3,849
Bristol Eye Hospital	1,676	8,672	2,095
Weston General Hospital	3,555	16,051	4,258

Emergency Care – 4 Hour Standard

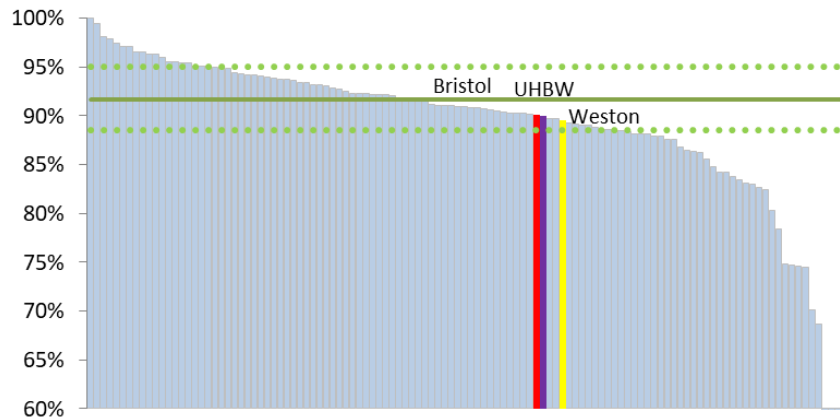
September 2020



Note:

Until last month, the above charts were Bristol data only up to March 2020 and then Weston was included from April; which was the month of the merger. However to make the trend data more meaningful, the above charts are now Bristol and Weston data for all months.

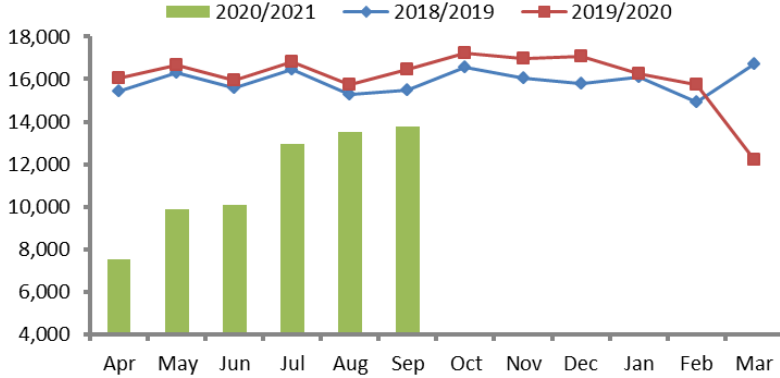
Benchmarking - ED 4 Hour Performance 2020/21 Quarter 1



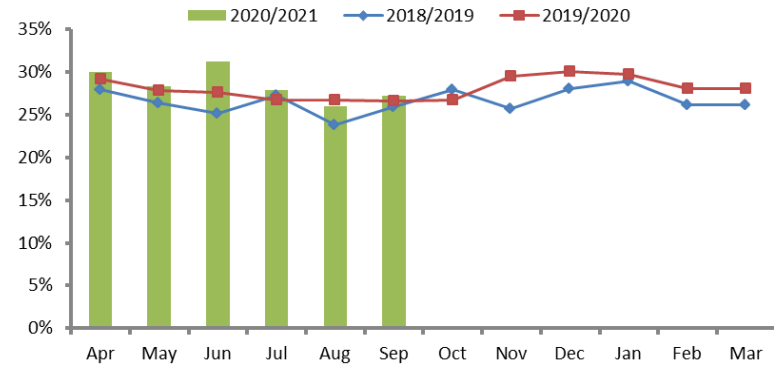
Emergency Care – Supporting Information

September 2020

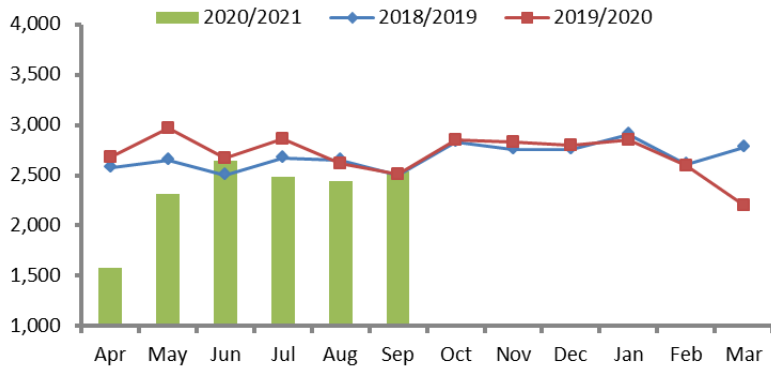
Emergency Department Attendances (UHBW)



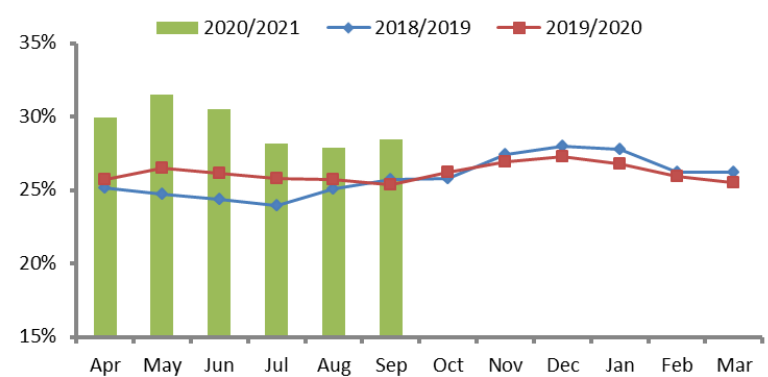
Percentage of Emergency BRI Spells - Patients Aged 75+



Emergency Inpatient Activity (BRI Discharges)



Percentage of ED Attendances Resulting in Admission

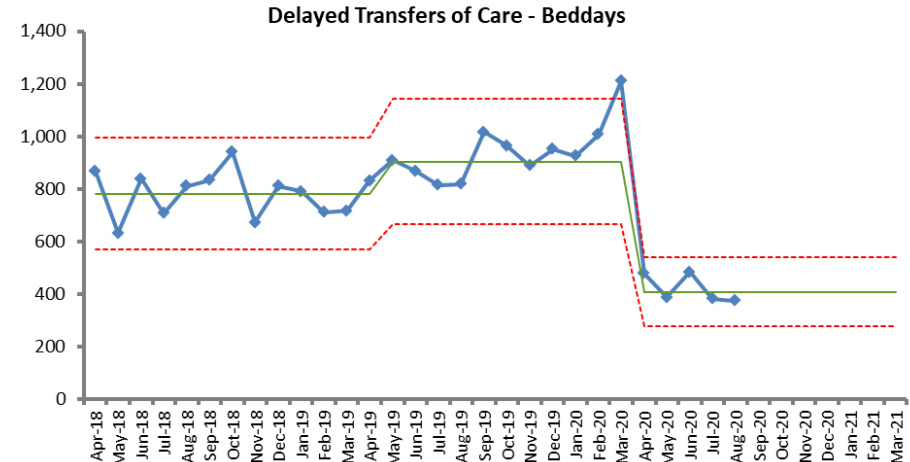
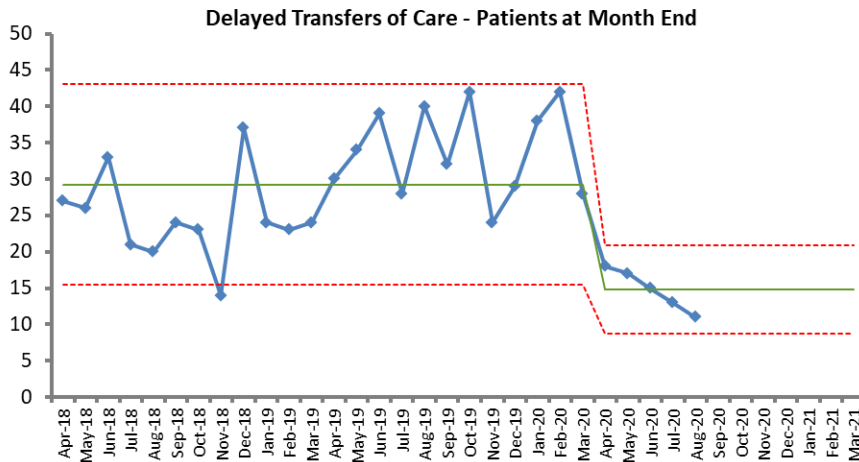


Delayed Transfers of Care

September 2020

N/A No Standard Defined

Standards:	Patients who are medically fit for discharge should wait a “minimal” amount of time in an acute bed.
Performance:	The requirement to report Delayed Transfers of Care (DToc) data to NHS England was discontinued during Covid and has not been re-instated. The Trust continues to capture delayed discharges on the “Green To Go” list but no longer counts the patients who would have previously been DToc because that requirement no longer exists. Therefore there is no DToc data for this month and the Trust is reviewing a more appropriate set of measures for delayed discharge reporting that should be in place for next month’s report.
Commentary:	The Integrated Discharge Service (IDS) managed 340 referrals in September 2020. 105 referrals for Pathway 1/HomeFirst, 44 for Pathway 2 (including SBCH), 48 for Pathway 3 and 12 for other (including BIRU). 80 referrals were managed from other commissioners. The IDS completed 35 Continuing Health Care Fast track Assessments (CHCFT). Care Home Selection (CHS) have taken on a patient liaison service in an attempt to keep a bed available for patients admitted through ED from a care/nursing home when they are ready to be discharged from hospital. The collation, quality checking and submission of the daily COVID discharge SitRep continues with the addition of a weekly submission (Thursdays) for patients with a length of stay of over14 days.
Ownership:	Chief Operating Officer

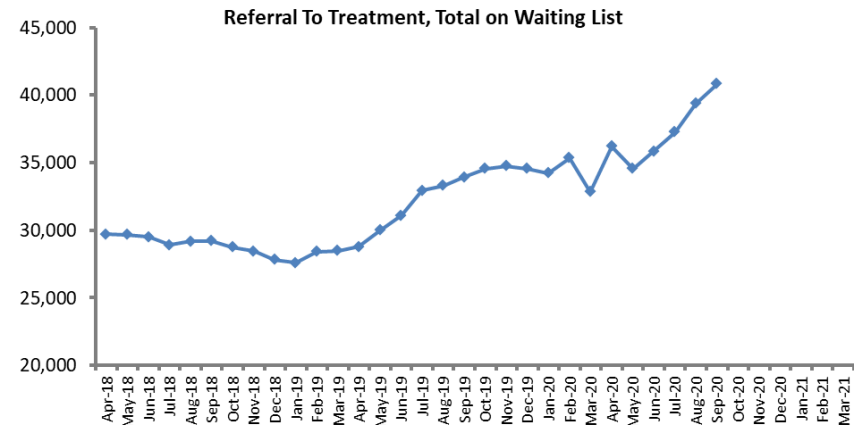
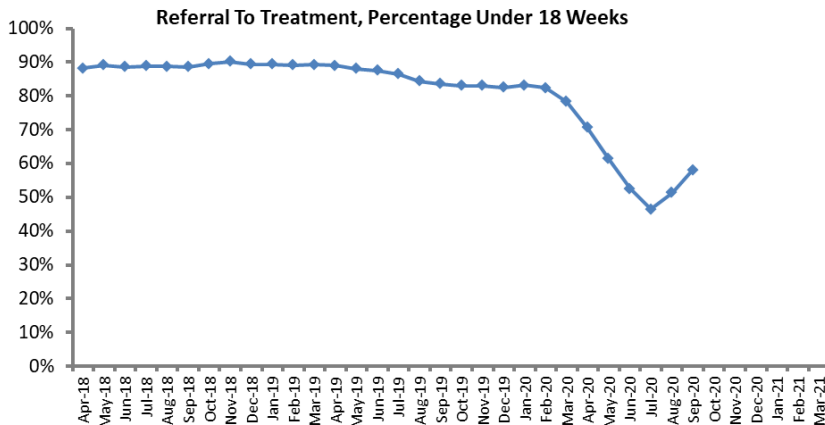


Referral To Treatment

September 2020

P Partially Achieved

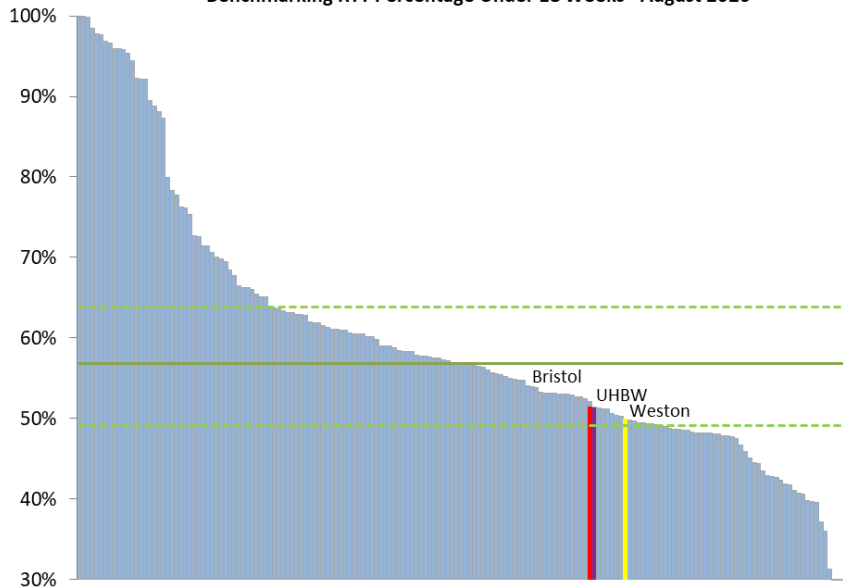
Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued guidance that Trusts should aim to reduce the overall waiting list size, with Trusts being expected to reduce from the end of January 2020 volume. The combined waiting list was 40,911 (34,229 at Bristol and 6,682 at Weston).
Performance:	At end of September, 58.1% of patients were waiting under 18 weeks. The total waiting list was 40,824. So the overall standard was Partially Achieved as waiting list size is below the January 2020 position. Note that the charts below are Bristol only to March 2020 and then Bristol and Weston combined from April.
Commentary:	The focus of discussions with divisions and wider system partners is on restoring of activity through the Phase 3 planning process. This will involve demand management, ensuring full utilisation of the available capacity in the independent sector and full utilisation of the extra lists that have been arranged through waiting list initiatives. The changes in rules around social distancing and length of time for self-isolation prior to admission is likely to support recovery. The largest increases in waiting list size, when comparing 31-Mar-20 to 30-Sep-20, are in Ophthalmology (2,206 increase), and Adult General Surgery (869 increase). The largest volumes of 18 week backlog patients are in Dental (5,995 patients, 40% of backlog), Ophthalmology (2,252 patients, 15% of backlog), Paediatrics (1,876 patients, 13% of backlog).
Ownership:	Chief Operating Officer



Referral To Treatment

September 2020

Benchmarking RTT Percentage Under 18 Weeks - August 2020



	Sep-20		
	Under 18 Wks	Total Waiting	Performance
Diagnostics and Therapies	47	47	100.0%
Medicine	3,471	3,890	89.2%
Specialised Services	2,606	4,220	61.8%
Surgery	10,533	21,414	49.2%
Weston	2,676	4,777	56.0%
Women's and Children's	4,395	6,476	67.9%
TOTAL	23,728	40,824	58.1%

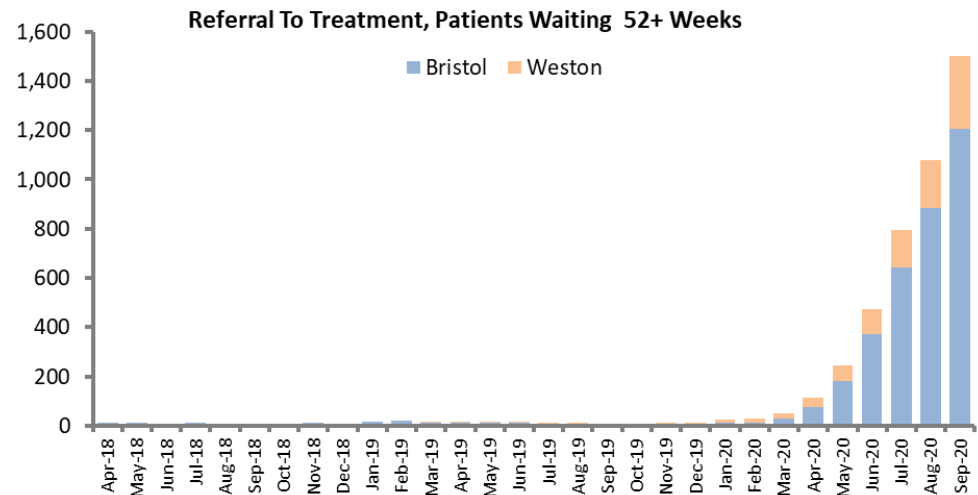
Referral To Treatment – 52 Weeks

September 2020

N Not Achieved

Standards:	No patient should wait longer than 52 weeks for treatment
Performance:	At end of September, 1500 patients were waiting 52+ weeks.
Commentary:	<p>The majority of the potential 52 week breach patients that were dated prior to the Covid-19 pandemic were cancelled due to the need to free-up capacity for Covid patients. With these cancellations and those patients that continue to wait to be dated this has resulted in an unprecedented number of breaches; and continues to grow. There are currently 2,617 undated patient who would breach 52+ weeks by end of November, with divisional plans showing that number to be 2,066 through additional capacity. The largest volumes are in Dental and Adult General Surgery which account for 60% of this backlog.</p> <p>Divisional planning through to March 2021 predicts 4,830 patients waiting 52+ weeks by end of the financial year. Clinical prioritisation of patients within this long waiting cohort has commenced, and patients will be offered dates based in order of priority. Offered of dates will be made for treatment in the independent sector or the additional capacity in place for the waiting list initiatives.</p> <p>NHS England, and local commissioners, have started to focus on patients waiting 78+ and 104+ week, as part of the drive to reduce the overall numbers waiting over a year. Weekly analysis and exception reporting is underway, alongside clinical validation of the waiting list.</p>
Ownership:	Chief Operating Officer

	Sep-20
Diagnostics and Therapies	0
Medicine	10
Specialised Services	240
Surgery	748
Weston	296
Women's and Children's	206
TOTAL	1500



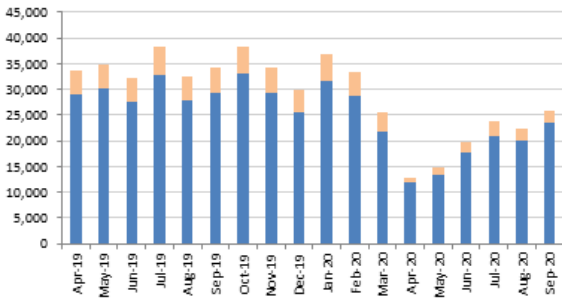
Elective Activity and Referral Volumes

September 2020

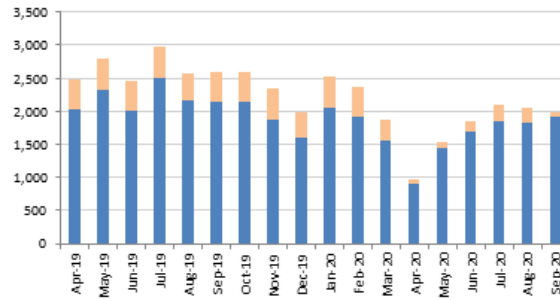
BRISTOL AND WESTON PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO SEPTEMBER 2020

■ Bristol ■ Weston

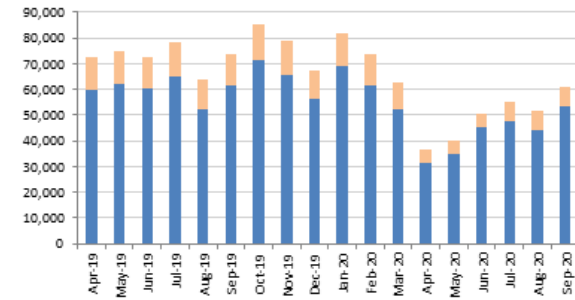
Outpatient Referrals (All)



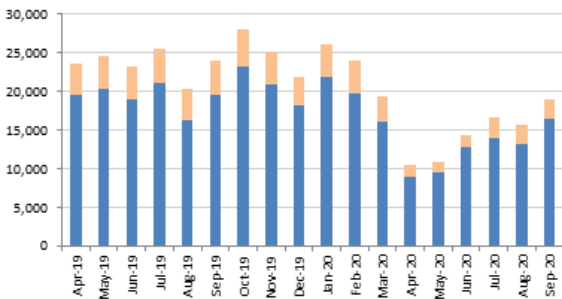
Outpatient Referrals (2 Week Wait)



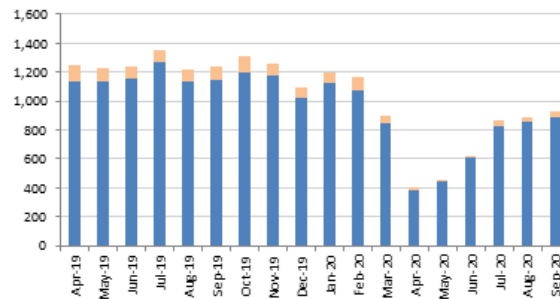
Outpatient Attendances (All)



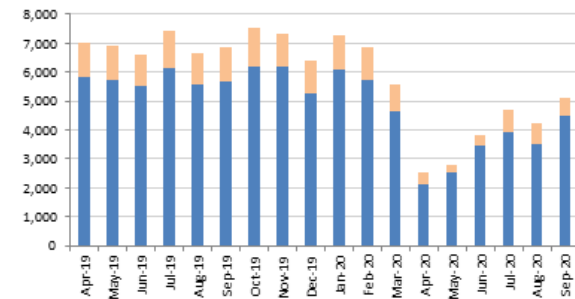
Outpatient Attendances (New)



Elective Inpatients



Elective Day Cases

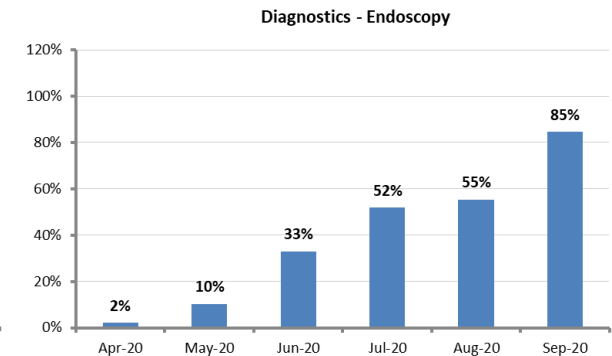
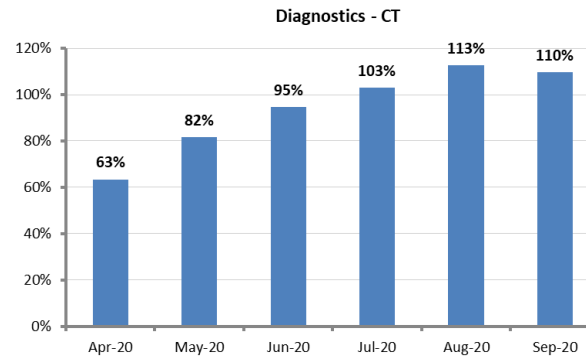
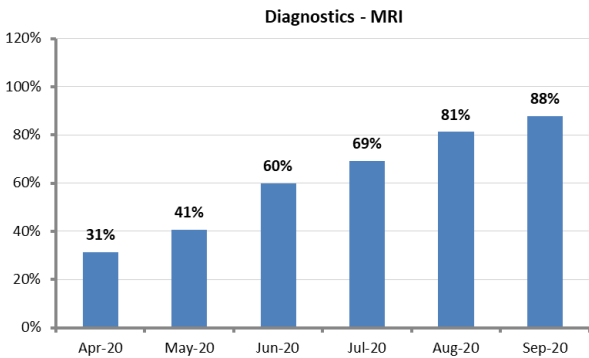
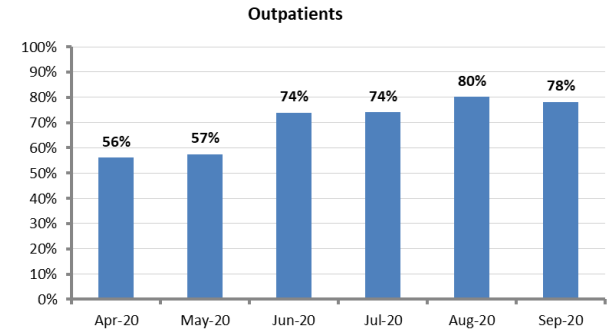
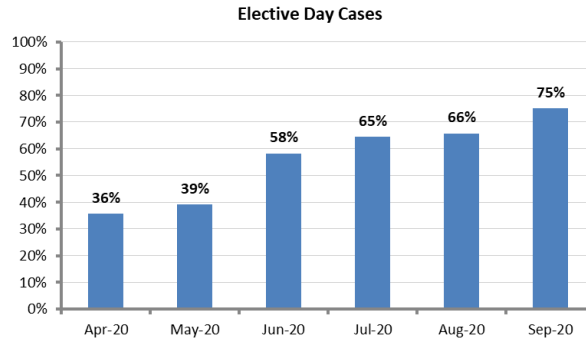
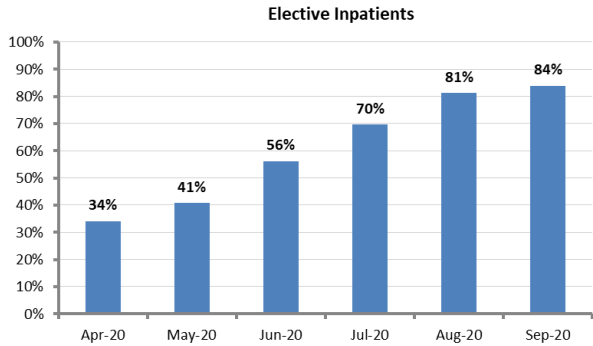


Elective Activity – Restoration

September 2020

As part of the Phase 3 planning process, NHS England are measuring “Business As Usual” percentages. This reports activity this year as a percentage of activity in the same month last year. So the August data below is August 2020 activity as a percentage of August 2019 activity.

Business As Usual (BAU) Percentages.

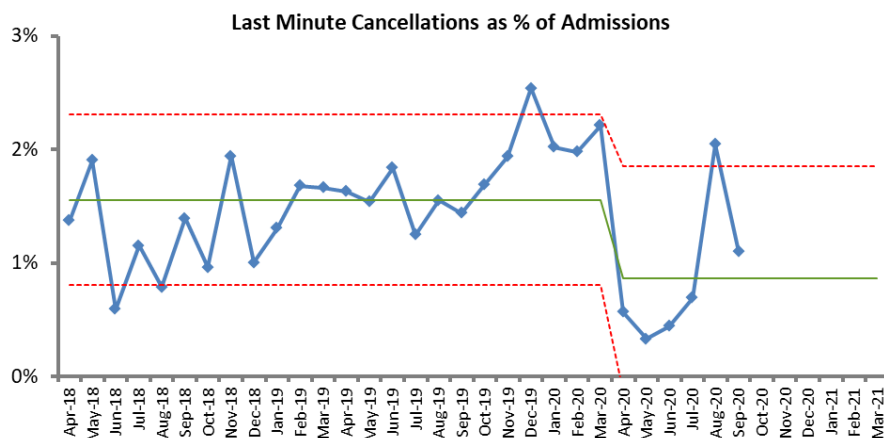


Cancelled Operations

September 2020

P Partially Achieved

Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In September, there were 59 last minute cancellations, which was 1.1% of elective admissions. Of the 83 cancelled in August, 82 (99%) had been re-admitted within 28 days.
Commentary:	The significant reduction in elective activity due to Covid resulted in far fewer last minute cancellations in April through to July. August and September has seen an increase. The most common cancellation reasons for September were "Other Patient Prioritised" (10), "AM List Over-ran" (9) and "No Beds Available" (6). The Trust achieved 95% of last month's LMCs being re-admitted within 28 days in September. National reporting of Cancelled Operations was suspended from Quarter 4, so there is no current benchmarking data.
Ownership:	Chief Operating Officer

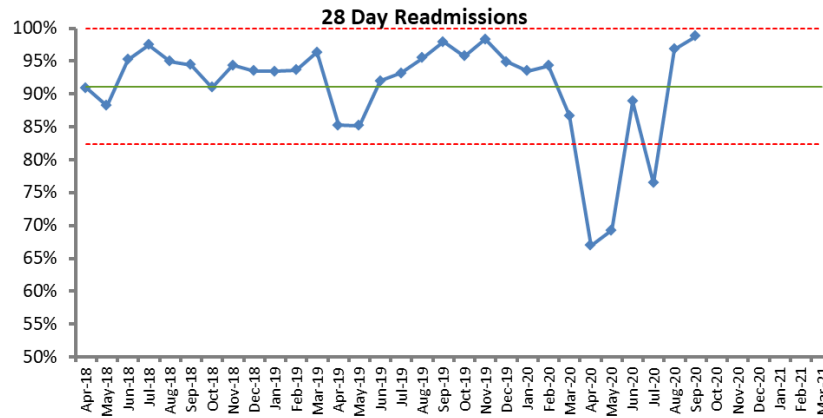
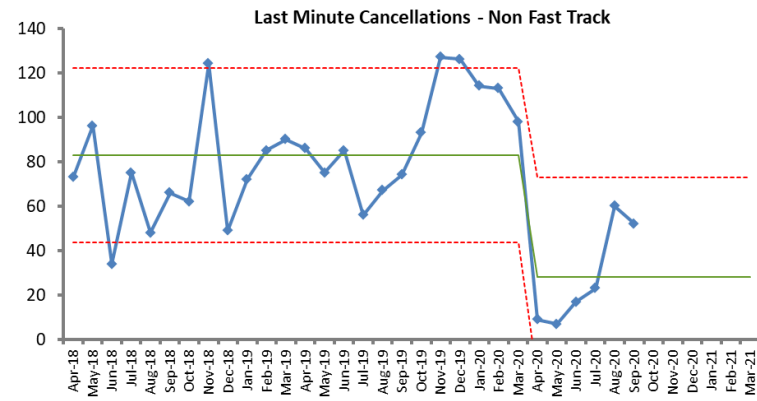
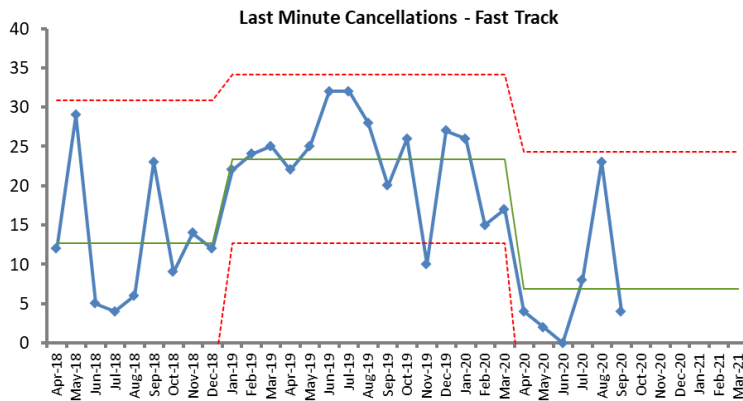


LAST MINUTE CANCELLATIONS	Sep-20	2020/2021
Diagnostics and Therapies	0	0
Medicine	0	6
Specialised Services	25	68
Surgery	16	85
Weston	3	9
Women's and Children's	15	50
TRUST TOTAL	59	218

Cancelled Operations

September 2020

Bristol data only

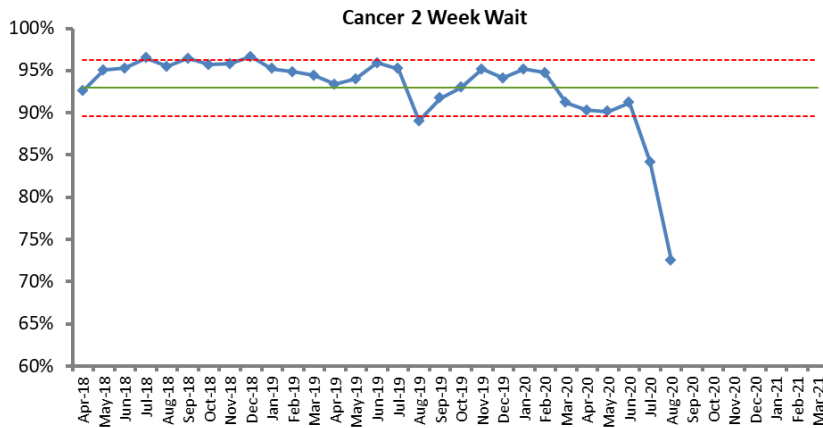


Cancer Two Week Wait

August 2020

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, 72.5% of patients were seen within 2 weeks. This is combined Bristol and Weston performance.
Commentary:	The standard remains non-compliant due to the impact of the Covid-19 outbreak and the ongoing precautions to reduce the risk of infection. Compliance is forecast to deteriorate considerably in September and October due to ongoing challenges with dermatology capacity after switching back to some face to face activity out of clinical necessity, coupled with a steep rise in referrals. In addition, the challenges of scheduling endoscopy within 14 days due to social distancing and the need for patients to isolate, and increased patient choice due to the inconveniences around the pandemic continue to be issues. All areas continue to work proactively to improve waiting times within the constraints imposed by managing the ongoing epidemic. It is unlikely compliance with the standard will be regained until all social distancing and Covid related restrictions are lifted.
Ownership:	Chief Operating Officer



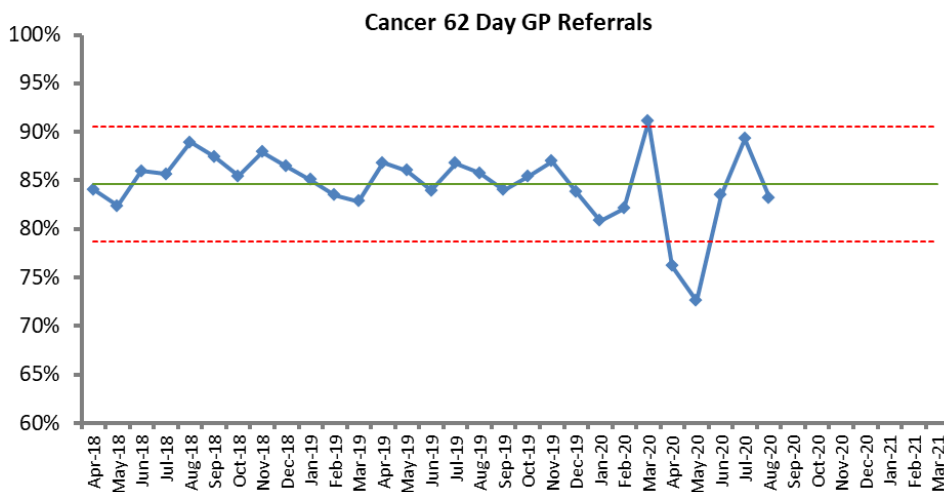
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	1	1	100.0%
Suspected children's cancer	11	11	100.0%
Suspected gynaecological cancers	156	165	94.5%
Suspected haematological malignancies excluding	20	20	100.0%
Suspected head and neck cancers	271	409	66.3%
Suspected lower gastrointestinal cancers	133	208	63.9%
Suspected lung cancer	20	20	100.0%
Suspected skin cancers	379	499	76.0%
Suspected upper gastrointestinal cancers	60	130	46.2%
Suspected urological cancers (excluding testicular	34	34	100.0%
Grand Total	1,085	1,497	72.5%

Cancer 62 Days

August 2020

N Not Achieved

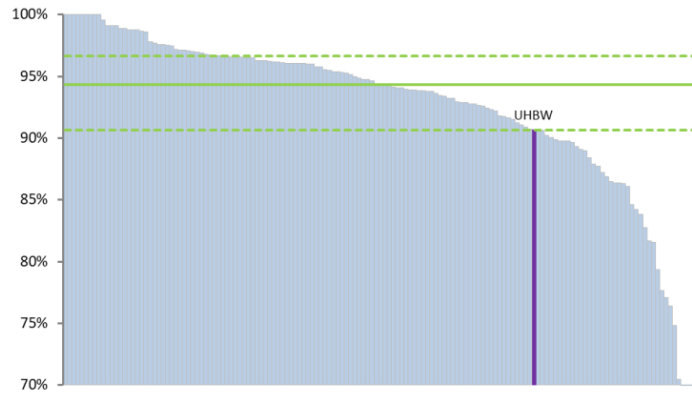
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For August, 83.2% of patients were seen within 62 days. This is combined Bristol and Weston performance.
Commentary:	The standard was non-compliant in August (83.2% against an 85% standard). All breaches for reasons within the Trust's control were due to the impact of the Covid pandemic, and several of those due to late referrals from other providers and patient choice will also have been affected by the outbreak. Surgical diagnostic delays were the most significant 'potentially avoidable' reason for breaches, due to the isolation periods required before tests as well as the impact on capacity and productivity of the measures to reduce risk of Covid transmission.
Ownership:	Chief Operating Officer



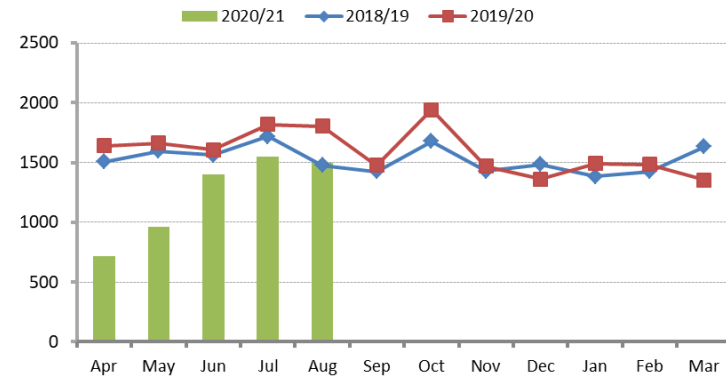
	Within Target	Total Pathways	Performance
Acute leukaemia	0.0	1.0	0.0%
Breast	2.5	2.5	100.0%
Gynaecological	5.5	9.5	57.9%
Haematological	5.0	6.0	83.3%
Head and Neck	5.5	10.5	52.4%
Lower Gastrointestinal	6.0	8.5	70.6%
Lung	1.0	3.0	33.3%
Other	1.5	1.5	100.0%
Sarcoma	1.5	1.5	100.0%
Skin	35.0	35.5	98.6%
Upper Gastrointestinal	13.0	13.0	100.0%
Urological	5.5	6.0	91.7%
Grand Total	82.0	98.5	83.2%

August 2020

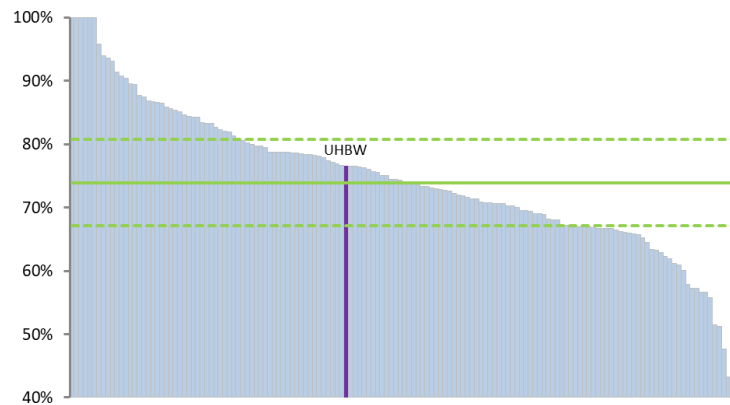
Benchmarking - 2 Week Wait Performance - 2020/21 Quarter 1



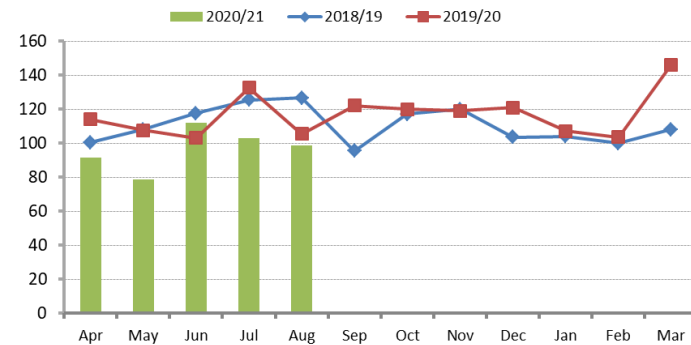
2 Week Wait - Patients Seen



Cancer 62 Day Performance - 2020/21 Quarter 1



62 Day - Patients Treated



Snapshot taken 4th October 2020

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).
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 4 th October 2020 there were zero such waiters. This fell from a peak of 53 such waiters in early July.
Commentary:	The Trust is aiming to sustain minimal (<10) waiters over 104 days on a GP referred cancer pathway for 'inappropriate' reasons, provided there is no Covid 'second peak' which impacts significantly on service provision. It is likely that total numbers of waiters over 104 days (for any reason) will remain higher than pre-pandemic whilst national precautions against the virus remain, due to higher levels of patient choice. Avoiding harm from any long waits remains a top priority and is closely monitored.
Ownership:	Chief Operating Officer

Cancer – Patients Waiting 62+ Days

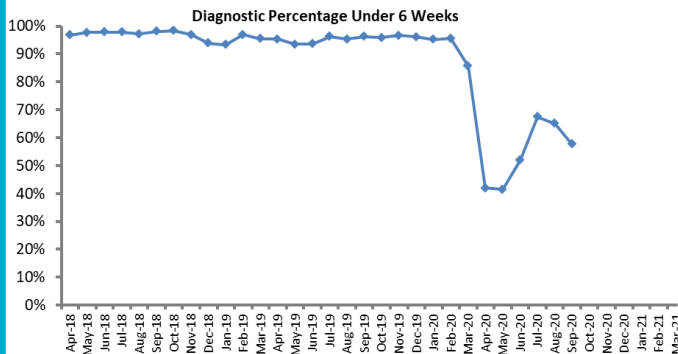
Snapshot taken 4th October 2020

Standards:	<p>This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak . NHSE have asked Trusts to return to 'pre-pandemic levels'. The exact measurement for this baseline has not been agreed by NHSE therefore the Trust is using the average weekly figures for February 2020 for internal monitoring .</p> <p>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.</p>
Performance:	<p>During February 2020 the Trust had an average of 141 patients waiting >62 days on a GP suspected cancer pathway. As at snapshot date, this figure was 267. This represents a slight increase from the start of the month, due to the greatly increased number of referrals over the summer (compared to the spring months) starting to feed through. It is anticipated that the position will stabilise over the next three months (assuming no second lockdown or additional serious impediment to service delivery occurs) as referral numbers stabilise.</p>
Commentary:	<p>It is important to note that the majority of patients on a '62 day cancer pathway' (93%) will eventually have cancer ruled out. A greater proportion of patients waiting for longer periods will be non-cancer patients, as patients with greater clinical urgency will be prioritised and patients whose symptoms are mild (or have gone) are more likely to choose to wait. As such the number of waiters in this category is not necessarily an indicator of a significant problem with waiting times for cancer patients. With demand rising and Covid precautions still in place, in particular isolation periods prior to some attendances, the current goal is to maintain the current waiting list size. Reduction from this size down to the pre-pandemic figure will depend on how great an impact Covid and other winter pressures have on services over the next months.</p>
Ownership:	<p>Chief Operating Officer</p>

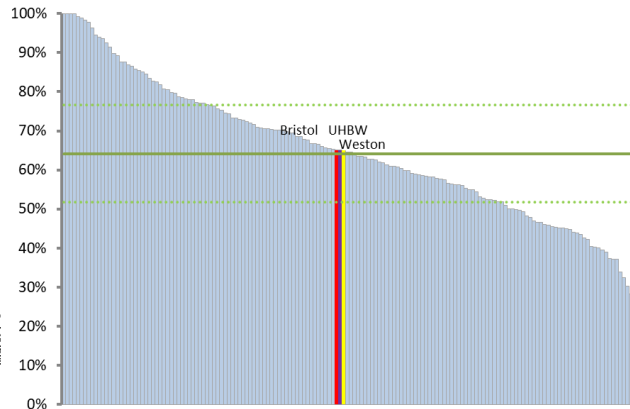
September 2020

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, 57.8% of patients were waiting under 6 week, with 14,924 patients in total on the list. This is Bristol and Weston combined.
Commentary:	<p>The implementation of a new Patient Administration System (PAS) at Weston required data quality checks of the diagnostic waiting lists that was above normal levels of validation. Due to this being a national submission, the Trust decided to submit data for Weston that had not been validated to the same level as in previous months. This resulted in an over-reporting of the waiting list and the number of six week breaches; as there wasn't sufficient time to review all the listings and confirm which were diagnostic and take them out of the reported numbers. Data Quality of the inpatient and outpatient diagnostic waiting list is being reviewed in October as part of Weston's newly-established data Quality Improvement Group; this was set-up to resolve outstanding issues arising from the implementation of the new PAS.</p> <p>The Bristol position was reasonably static compared to August: 6 week wait performance rose to 65.5% from 65.1% and the total list rose from 9981 to 10248.</p> <p>As part of the "Phase 3" planning round with commissioners and NHS England, Trusts have to develop plans to bring diagnostic activity back to 2019 levels ("Business As Usual") in four key diagnostic modalities: MRI, CT, Ultrasound and Endoscopy. As of August, CT is at 95%, MRI at 80%, Ultrasound at 67% and Endoscopy at 59% of "Business As Usual" levels. Please refer to Page 31 for the summary.</p>
Ownership:	Chief Operating Officer



Benchmarking - Percentage Under 6 Weeks - August 2020



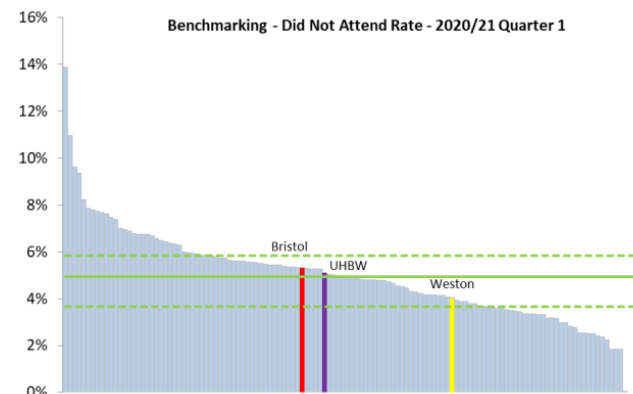
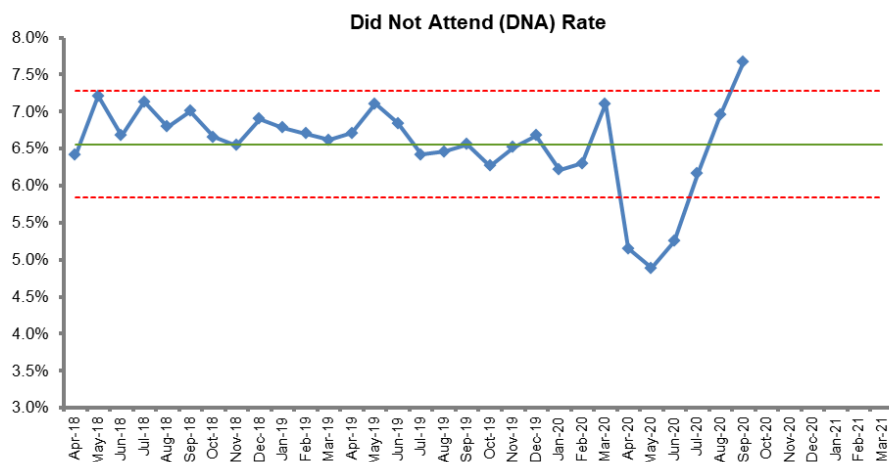
	Under 6 Weeks	Total On List	% Under 6 Weeks
Audiology	260	281	93%
Colonoscopy	332	1702	20%
CT	1378	1635	84%
Cystoscopy	45	290	16%
DEXA Scan	350	759	46%
Echocardiography	860	1568	55%
Flexi Sigmoidoscopy	102	513	20%
Gastroscopy	316	1483	21%
MRI	1948	2892	67%
Neurophysiology	91	92	99%
Sleep Studies	0	0	-
Ultrasound	2938	3709	79%
TOTAL	8,620	14,924	57.8%
Bristol	6,648	10,114	65.7%
Weston	1,972	4,810	41.0%

Outpatient Measures

September 2020

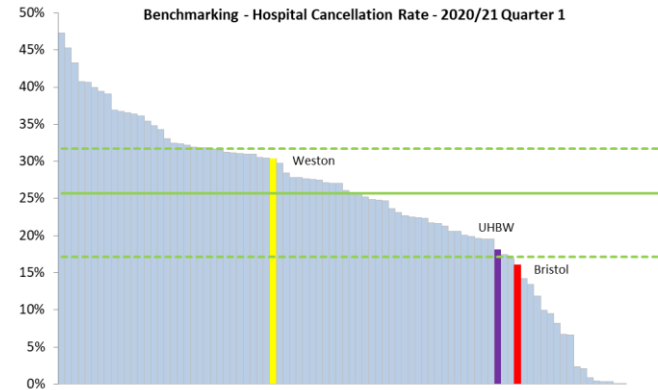
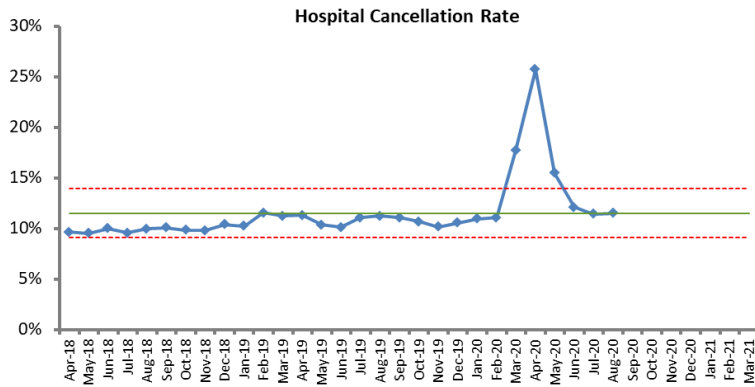
P Partially Achieved

Standards:	The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.
Performance:	In September the DNA Rate was 7.7% across Bristol and Weston, with 4848 DNA'ed appointments. Weston data for hospital-cancelled appointments was not available for September. The Bristol hospital cancellation rate was 8.9% (down from 9.9% in August).
Commentary:	The exceptional Hospital Cancellation rate in May and June reflects the impact of the Covid-19 pandemic, as significant numbers of appointments were cancelled or re-arranged to free staff capacity and resources for the expected Covid cases. Since then, Hospital Cancellation rates have returned to pre-Covid levels. September saw DNA Rates exceed normal limits (see chart below). The largest volumes were in Ophthalmology (721 DNAs, 8.6%) and Paediatrics (663 DNAs, 8.1%). Ophthalmology averaged 6% and Paediatrics averaged 7% pre-Covid. This will be monitored through Outpatient Steering Group to see changes in future months and assess causes.
Ownership:	Chief Operating Officer



	Sep-20	
	DNAs	DNA Rate
Diagnostics and Therapies	465	6.4%
Medicine	686	9.7%
Specialised Services	620	5.4%
Surgery	1,616	8.9%
Weston	389	6.8%
Women's and Children's	1,072	8.1%

August 2020



	Aug-20	
	Cancellations	Rate
Diagnostics and Therapies	381	5.5%
Medicine	1,000	13.5%
Specialised Services	1,758	13.5%
Surgery	1,236	6.5%
Weston	2,240	21.1%
Women's and Children's	1,806	11.3%

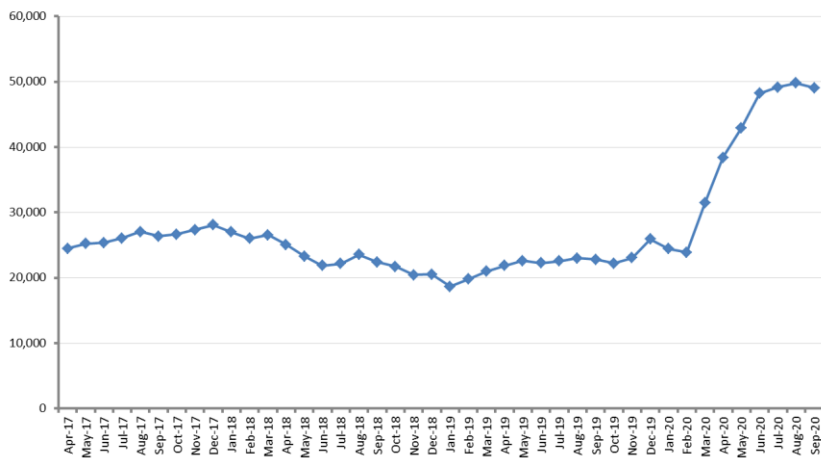
Outpatient Overdue Follow-Ups

September 2020

N Not Achieved

Standards:	This measure looks at referrals where the patient is on a “Partial Booking List” (Bristol) or a “Pending List” (Weston), which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a “Date To Be Seen By”, from which the proportion that are overdue can be reported.
Performance:	Numbers overdue by 9+ months is 3,318 at Bristol and 74 at Weston. The total overdue is 49,068 at Bristol and 11,704 at Weston. Please note trend data is not available for Weston; only the latest position..
Commentary:	As a result of the COVID -19 response there has been a loss of capacity in outpatients for follow up appointments, this is observed trust wide. Outpatient activity has increased to 68% of pre-covid levels, which is not sufficient to manage follow up backlog demand. Capacity is being focussed on the delivery of the most clinically urgent cases. The number of overdue follow-up patients at Bristol has risen by around 20,000 since January . That increase is predominantly in three specialties: 11,000 of that increase is in Ophthalmology, with 5,000 in Dental Services and 3,000 in Respiratory/Sleep Studies,
Ownership:	Chief Operating Officer

Referrals on Partial Booking - Total Overdue (Bristol)



		Bristol						
		Apr-19	Jul-19	Oct-19	Jan-20	Apr-20	Jul-20	Sep-20
Outpatients Overdue by 9+ Months	Diagnostics and Therapies	0	0	0	0	0	3	6
	Medicine	4	4	5	27	208	162	543
	Specialised Services	181	323	503	619	555	293	332
	Surgery	264	450	630	1,052	1,371	1,805	2,297
	Women's and Children's	349	111	62	63	67	94	140
	TRUST TOTAL 9+ months	798	888	1200	1761	2201	2357	3318

Pending List	Weston (14th Sept position)		
	9+ Months Overdue	Total Overdue	Total On List
Acute Paeds	0	227	605
Cardiology	0	2	360
Cardiothoracic	0	1	44
Colorectal	67	216	169
Diabetes	5	315	1,101
ENT	0	257	521
Gastroenterology	0	197	1,050
General Medicine	2	8	8
General Surgery	0	50	92
Gynae	0	60	212
Haematology	0	10	641
Lipid	0	0	109
Movement	0	1	198
Oncology	0	0	225
Ophthalmology	0	1,235	1,845
Orthopaedics	0	548	850
Respiratory	0	304	750
Rheumatology	0	401	1,779
Stroke	0	0	16
Trauma	0	0	82
Urology	0	52	1,047
TOTAL	74	3,884	11,704

Mortality - SHMI

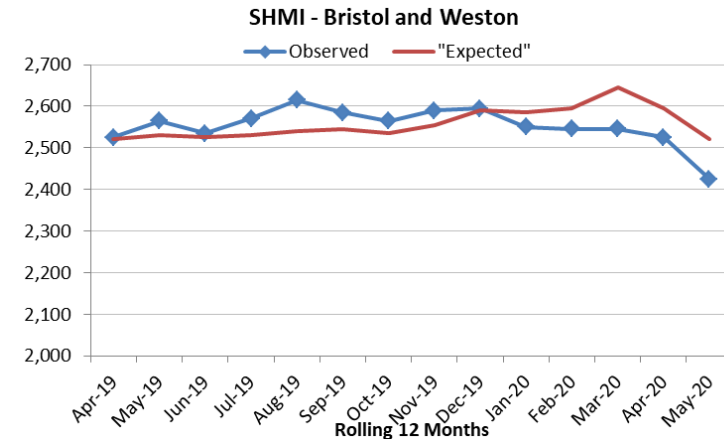
May 2020

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. Each publication covers a rolling 12 months. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is “as expected”.
Performance:	Prior to March 2020, NHS Digital published data for Bristol and Weston separately. From the March 2020 data set, it was combined data. The Summary Hospital Mortality Indicator for 12 months to May 2020 was 96.2. This is 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 Month SHMI

	UHBW			Bristol			Weston		
	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI
Apr-19	2,525	2,520	100.2	1,750	1,645	106.4	775	875	88.6
May-19	2,565	2,530	101.4	1,755	1,650	106.4	810	880	92.0
Jun-19	2,535	2,525	100.4	1,730	1,650	104.8	805	875	92.0
Jul-19	2,570	2,530	101.6	1,755	1,655	106.0	815	875	93.1
Aug-19	2,615	2,540	103.0	1,765	1,660	106.3	850	880	96.6
Sep-19	2,585	2,545	101.6	1,720	1,670	103.0	865	875	98.9
Oct-19	2,565	2,535	101.2	1,705	1,665	102.4	860	870	98.9
Nov-19	2,590	2,555	101.4	1,720	1,690	101.8	870	865	100.6
Dec-19	2,595	2,590	100.2	1,720	1,715	100.3	875	875	100.0
Jan-20	2,550	2,585	98.6	1,685	1,715	98.3	865	870	99.4
Feb-20	2,545	2,595	98.1	1,665	1,720	96.8	880	875	100.6
Mar-20	2,545	2,645	96.2						
Apr-20	2,525	2,595	97.3						
May-20	2,425	2,520	96.2						



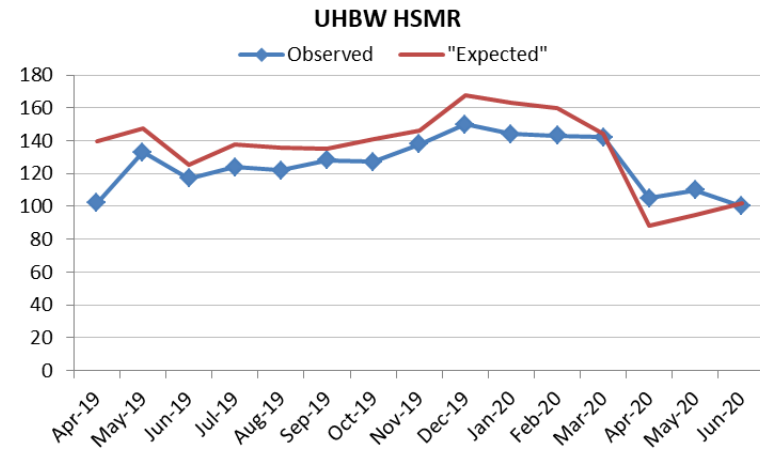
Mortality - HSMR

June 2020

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 for UHBW for the solely the month of June 2020 is 98.4; this is a reduction on the figure of 116.3 for May and is moving closer to the comparative national peer value.
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
Apr-19	102	140	72.9
May-19	133	148	90.0
Jun-19	117	126	93.2
Jul-19	124	138	90.1
Aug-19	122	136	89.9
Sep-19	128	135	94.6
Oct-19	127	141	90.0
Nov-19	138	146	94.4
Dec-19	150	168	89.4
Jan-20	144	163	88.4
Feb-20	143	160	89.4
Mar-20	142	144	98.6
Apr-20	105	88	119.1
May-20	110	95	116.3
Jun-20	100	102	98.4

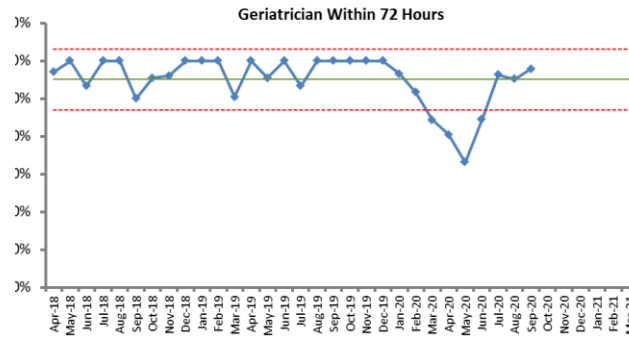
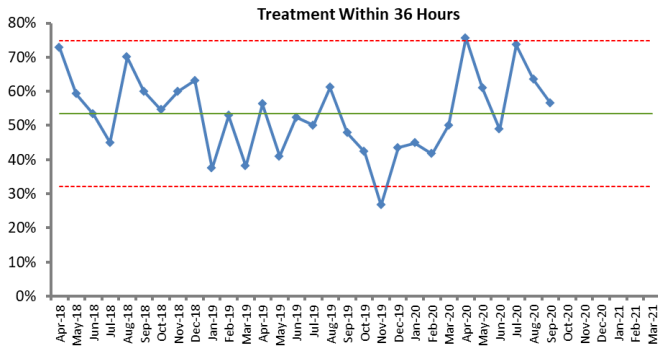


Fractured Neck of Femur (NOF)

September 2020

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.
Performance:	In September, there were 46 fracture neck of femur discharges that were eligible for Best Practice Tariff (BPT) across Bristol and Weston (24 at Bristol and 22 at Weston). For the 36 hour target, 57% (26 patients) were seen with target. For the 72 hour target, 98% (45 patients) were seen within target.
Commentary:	One of the key enablers for improvement is recruitment of consultants to support the provision of more timely surgery. During COVID-19, recruitment to consultant posts continued at a delayed rate. Three locum Trauma and Orthopaedic consultants have been successfully interviewed and recruited to on the 15th July 2020. This is a significant step in moving towards a more robust service. All new consultants have now started and a job planning round has been completed in order to change how we approach providing ward rounds, theatre sessions, fracture clinics and on call work. Actions: <ul style="list-style-type: none"> The management teams covering Trauma and Orthopaedics for Weston and Bristol have agreed to set up a small working group to investigate how the two sites can work more closely together. New "team" approach to on call has been implemented in September. This allows multi-specialism teams of consultants to be able to cover theatre, furthering our ability to complete fractured neck of femur surgery daily.
Ownership:	Medical Director

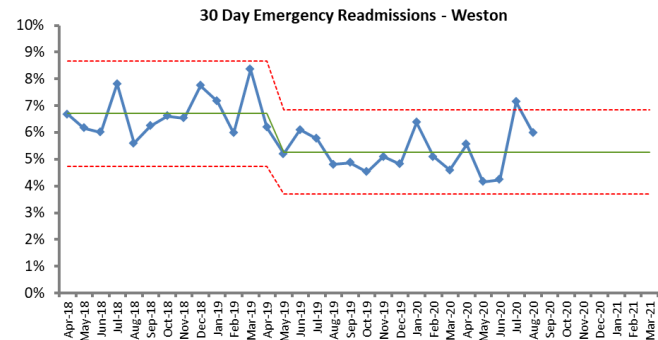
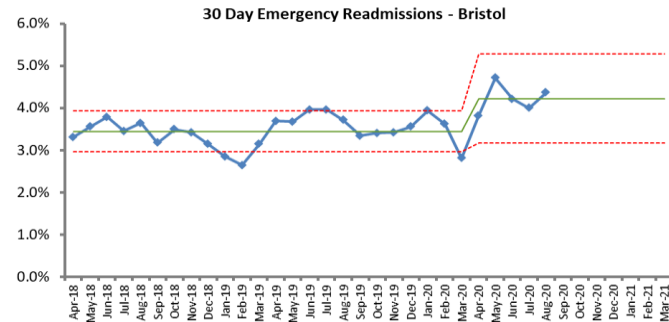
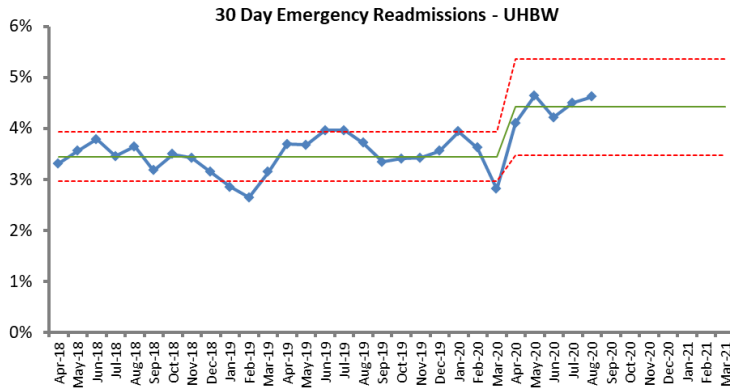


	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	24	8	33%	24	100%
Weston	22	18	82%	21	95%
TOTAL	46	26	57%	45	98%

August 2020

N Not Achieved

Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In August, there were 11,304 discharges, of which 522 (4.6%) had an emergency re-admission within 30 days. From April this is Bristol and Weston combined. The Bristol readmission rate was 4.4% and the Weston readmission rate was 6.0
Commentary:	There is an increase in Emergency Readmission rates since April, see UHBW run chart below. The Weston readmission rate has remained within normal limits, with a one-off spike in July. Bristol readmission rates exceeded normal limits from April which resulted in the combined UHBW step change. The driver for the change in Bristol data was the significant reduction in elective work, as elective activity does not usually generate an emergency readmission. As discussed last month, if August's elective activity had been at pre Covid levels, the overall readmission rate would've been 3.5% which would've been within normal limits.
Ownership:	Chief Operating Officer



Workforce – Bank and Agency Usage

September 2020

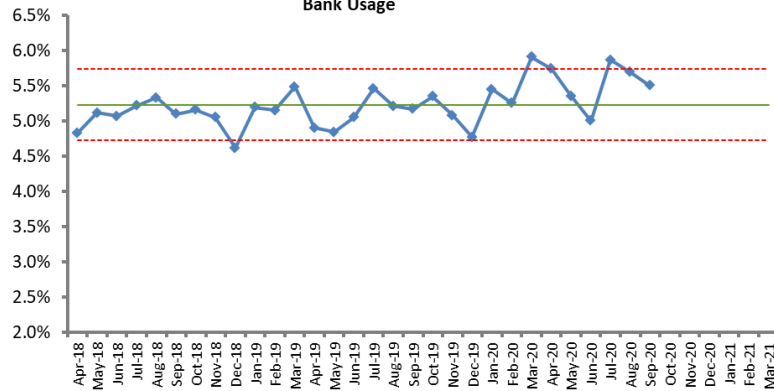
P Partially Achieved

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 2020 total staffing was at 11014 FTE. Of this, 5.5% was Bank (602 FTE) and 1.6% was Agency (176 FTE).
Commentary:	<p>Bank usage reduced by 29.3 FTE There were reductions in four divisions, with the largest divisional reduction seen in Weston, reducing to 113.7 FTE compared to 150.2 FTE in the previous month. Increases were seen in four divisions, with the largest divisional increase seen in Facilities and Estates, increasing to 93.4 FTE compared to 56.1 FTE in the previous month. The large shifts in divisional bank usage in comparison to previous month data for Facilities and Estates, Trust Services and Weston are all linked. This month processes have improved to correctly apportion bank staff working in Weston to their correct division.</p> <p>Agency usage increased by 4.9 FTE There were increases in four divisions. The largest divisional increase was seen in Weston, increasing to 61.4 FTE compared to 54.1 in the previous month. Reductions were seen in two divisions. The largest divisional reduction was seen in Specialised Services, reducing to 8.7 FTE from 14.5 FTE the previous month.</p> <ul style="list-style-type: none"> • A further 56 appointments / reappointments have been made to the Trust Staff Bank in September across all staff groups, supporting the aim to reduce reliance on agency supply. • Registered Nurse Bank registrations increased in September as a result of an internal campaign. • 6 new Bank Doctors employed via the ongoing external advert as part of the ongoing efforts to minimise high cost agency usage. • High cost non framework nurse agency supply increased further during September, due to operational pressures. Increased use of Tier 1 framework agency has also been seen in the last month. • Focus on long term, high costing medical locum agency use in the Weston Division continues.
Ownership:	Director of People

Workforce – Bank and Agency Usage

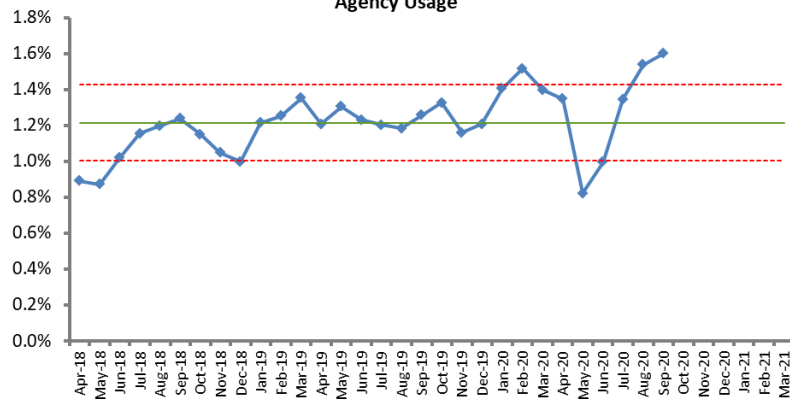
September 2020

Bank Usage



Bank	September FTE	September Actual %	KPI
UHBW NHS Foundation Trust	601.8	5.5%	4.9%
Diagnostics & Therapies	20.6	1.9%	1.4%
Medicine	151.1	11.1%	9.4%
Specialised Services	56.4	5.2%	5.4%
Surgery	79.2	4.3%	5.8%
Women's & Children's	60.6	2.9%	2.0%
Trust Services	26.9	2.2%	3.2%
Facilities & Estates	93.4	10.4%	6.7%
Weston	113.7	8.6%	6.1%

Agency Usage



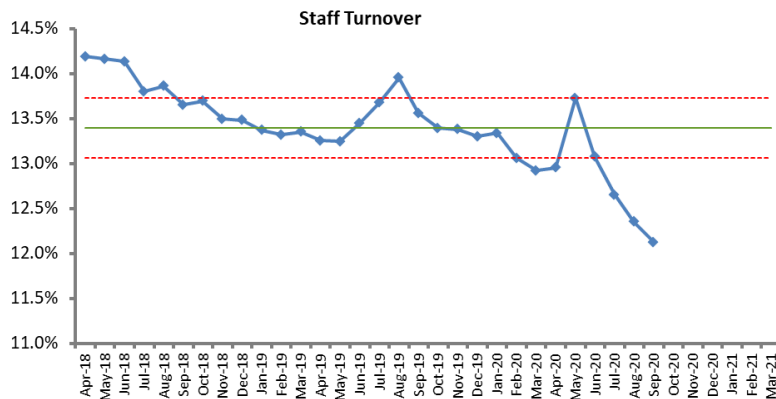
Agency	September FTE	September Actual %	KPI
UHBW NHS Foundation Trust	175.5	1.59%	1.62%
Diagnostics & Therapies	0.7	0.06%	0.9%
Medicine	69.9	5.1%	2.4%
Specialised Services	8.7	0.8%	0.7%
Surgery	19.4	1.05%	1.1%
Women's & Children's	10.0	0.5%	0.9%
Trust Services	0.0	0.0%	0.2%
Facilities & Estates	5.4	0.6%	0.2%
Weston	61.4	4.6%	5.1%

Workforce – Turnover

September 2020

Y 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 2020, there had been 1041 leavers over the previous 12 months, with 8585 FTE staff in post on average over that period; giving a turnover of $1041 / 8585 = 12.1\%$.
Commentary:	<p>Turnover reduced to 12.1% compared with 12.4% last month. Four divisions saw reductions whilst three divisions saw increases in turnover in comparison to the previous month, Specialised Services remained static.</p> <p>The largest divisional reduction was seen within Weston, reducing to 18.6% from 20.1% the previous month. Facilities and Estates had the largest divisional increasing, rising from 13.7% to 14.0%.</p> <ul style="list-style-type: none"> The exit process will be reviewed and refreshed by the new Head of Employee Services following a decline in uptake. Promotional activity in Newsbeat and at line manager training sessions/team meetings etc will continue A new STP working group relating to flexible working initiatives has commenced and the Head of Employee Services is representing UHBW on this. This will provide excellent system-wide opportunities to collaborate in the reduction of turnover and increase of flexible working initiatives.
Ownership:	Director of People



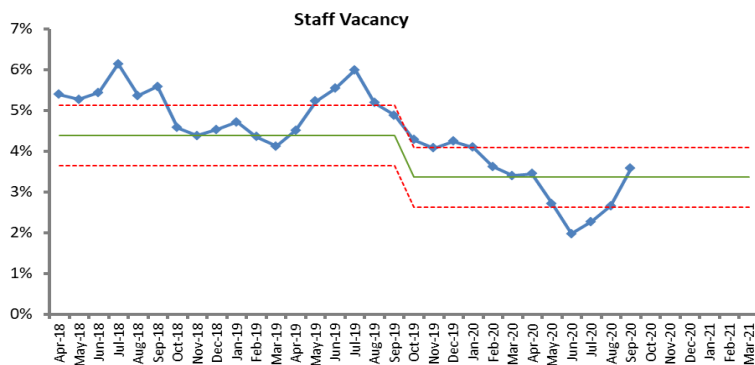
Turnover	Sep-20	KPI
UHBWNHS Foundation Trust	12.1%	13.1%
Diagnostics & Therapies	9.5%	12.4%
Medicine	14.5%	15.1%
Specialised Services	12.0%	13.3%
Surgery	11.0%	13.3%
Women's & Children's	10.6%	10.7%
Trust Services	8.3%	12.5%
Facilities & Estates	14.0%	12.8%
Weston	18.6%	15.2%

Workforce – Vacancies

September 2020

Y 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 2020, funded establishment was 10,616 FTE, with 380 FTE as vacancies (3.6%).
Commentary:	<p>Overall vacancies increased to 3.6% compared to 2.7% in the previous month. The largest divisional reduction was seen in Diagnostics and Therapies, where vacancies reduced to 19.4 FTE from 31.0 FTE the previous month. The largest divisional increase was seen in Weston, where vacancies increased to 149.6 FTE from 85.3 FTE the previous month. This marked increase in vacancies is the result of a combination of a delayed effect of the junior doctor rotations in August causing a reduction in staff in post, coupled with increases in funded establishment as a result of a skills mix exercise. There is an over-establishment within the division of Women's and Children's. This has the effect of lowering the overall total vacancy position for the Trust.</p> <ul style="list-style-type: none"> • Successful EU nurse recruitment for the Weston Division with 4 EU Nurses recruited and a further 2 more ready for interview. • Successful Bristol Emergency Department recruitment campaign for ED nurses has taken place using the new promotional film, resulting in 2 offers to date, with 2 more due to start, 10 still in shortlisting and 4 at interview stage. • Nurse Recruitment Lead for Weston Division is now appointed. • Promotion for a virtual Radiographer open day has been launched. • Bid for NHSE/I Funding has been submitted to support overseas nurse recruitment. • Weston medical vacancies continue to be validated with a programme of activities and interventions being over seen by the Medical Recruitment Group, sub group to the UHBW R&R Taskforce Steering Group. • Preparations for the collaborative virtual event with BNSSG partners with the aim of retaining and securing as many student nurses as possible.
Ownership:	Director of People



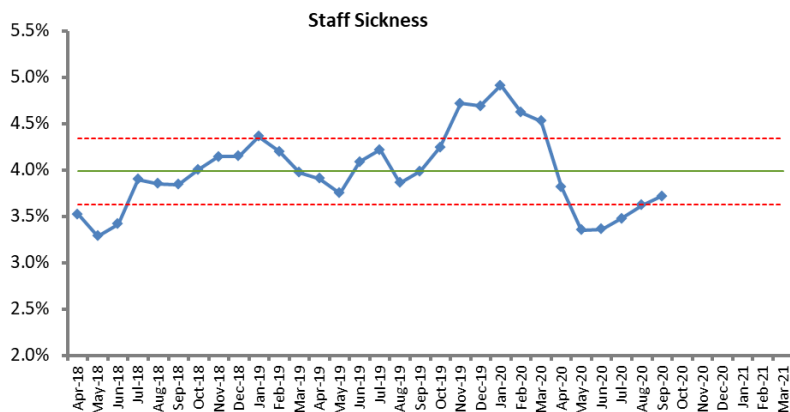
Vacancy	Sep-20	KPI
UHBWNHS Foundation Trust	3.6%	5.6%
Diagnostics & Therapies	1.8%	5.5%
Medicine	4.4%	6.5%
Specialised Services	3.9%	5.5%
Surgery	4.2%	4.5%
Women's & Children's	-3.3%	1.0%
Trust Services	1.2%	4.9%
Facilities & Estates	9.7%	9.1%
Weston	11.2%	10.9%

Workforce – Staff Sickness

September 2020

Y Achieved

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In September 2020, total available FTE days were 305,984 of which 11,379 (3.7%) were lost to staff sickness.
Commentary:	<p>Sickness absence increased to 3.7% compared with 3.6% the previous month, based on updated figures for both months. This does NOT include Medical Suspension reporting. There were increases within four divisions. The largest divisional increase was seen within Diagnostic and Therapies, increasing by 0.5 percentage points to 3.0% from 2.4% the previous month. There were reductions within four divisions. The largest divisional reduction was seen within Facilities and Estates, reducing by 0.4 percentage points to 6.1% from 6.6% the previous month. Medical Suspension continues to be the method used to record Covid-19 absences. During September, 1.4% of available FTE was lost to Medical Suspension compared to 1.7% the previous month: 0.4% Covid-19 Sickness, 0.9% Covid-19 Isolation/Shielding.</p> <ul style="list-style-type: none"> ▪ The robust plan for wellbeing continues to support staff with all aspects of their wellbeing. This month has seen a focus on physical wellbeing through the buzzer challenge and the collation of the results from the working from home survey to inform future interventions ▪ Between 28th to 30th September 3.5% of Frontline HealthCare Workers received a flu vaccination as part of the Trust wide vaccination programme which runs until the end of February. ▪ The level of sickness cases both long term and short term that are being supported by Employee Services is currently high. ▪ Supporting Attendance training sessions have been arranged in order to further reduce the amount of sickness in the Trust. Additionally, the development of management skills in this area will improve the experience of staff who are absent from work.
Ownership:	Director of People



Sickness	Sep-20	KPI
UHBW NHS Foundation Trust	3.7%	4.0%
Diagnosics & Therapies	3.0%	3.0%
Medicine	4.5%	4.4%
Specialised Services	2.8%	3.4%
Surgery	3.8%	4.0%
Women's & Children's	3.4%	3.7%
Trust Services	2.4%	3.5%
Facilities & Estates	6.1%	6.7%
Weston	4.3%	4.1%

Workforce – Appraisal Compliance

September 2020

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 2020, 6,637 members of staff were compliant out of 10,128 (65.5%).
Commentary:	<p>Overall appraisal compliance increased to 65.5% from 64.3% compared to the previous month. All divisions are non-compliant. There were increases in six divisions, the largest increase seen within Diagnostics and Therapies, increasing to 66.2% from 60.8% the previous month. The largest divisional reduction was seen within Women’s and Children’s, reducing to 64.9% from 65.3% the previous month.</p> <p>Key areas of focus include:</p> <ul style="list-style-type: none"> • The implementation of ‘real time’ monthly appraisal compliance reporting going live from October 2020 • A robust recovery plan to support the quality and culture of performance in the organisation • Local Divisional recovery plans and activities will be a focus at divisional reviews with the aim of closing the gap by end of December for AFC staff • Alignment of appraisal between Bristol and Weston to ensure the experience for staff is consistent and reporting is streamlined • Ongoing review and update of existing tools and resources for managers including online appraisal training for managers.
Ownership:	Director of People

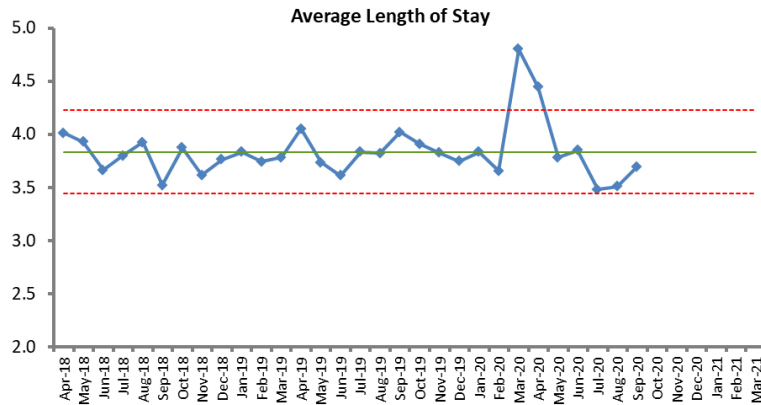
Appraisal (Non-Consultant)	Sep-20	Aug-20	KPI
UHBWNHS Foundation Trust	65.5%	64.3%	85.0%
Diagnostics & Therapies	66.2%	60.8%	85.0%
Medicine	54.3%	53.7%	85.0%
Specialised Services	81.4%	81.7%	85.0%
Surgery	50.4%	49.5%	85.0%
Women's & Children's	64.9%	65.3%	85.0%
Trust Services	67.7%	66.5%	85.0%
Facilities & Estates	68.9%	64.9%	85.0%
Weston	79.2%	78.9%	85.0%

Average Length of Stay

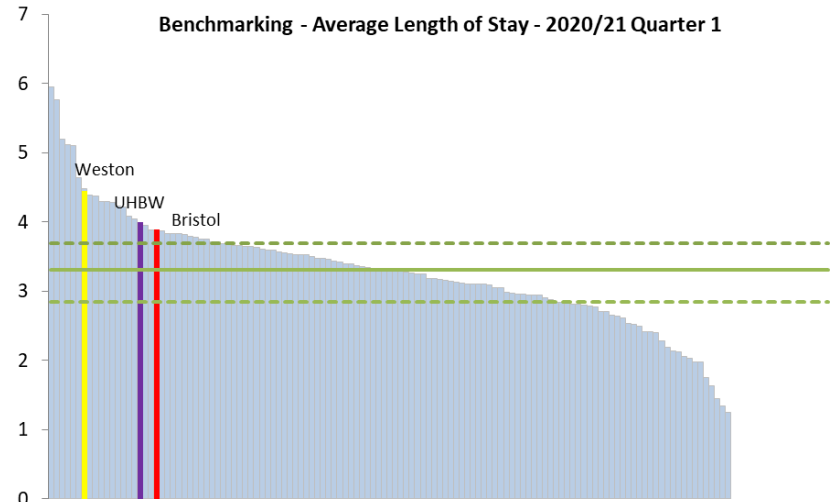
September 2020

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 7,234 discharges at Bristol with an average length of stay of 3.69 days. For Weston there were 1,244 discharges with an average length of stay of 3.5 days. For Bristol there were 5,990 discharges with an average length of stay of 3.7 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-20
Medicine	4.55
Specialised Services	7.18
Surgery	3.50
Weston	3.50
Women's and Children's	2.29



September 2020

Performance to NHSI Plan	Plan to date £m	Actual to date £m	Variance to date favourable/ (adverse) £m
Income from Activities	371.796	369.910	(1.886)
Income from Operations	72.333	72.944	0.611
Employee Expenses	(270.252)	(272.996)	(2.744)
Other Operating Expenses	(152.703)	(148.571)	4.132
Depreciation (owned & leased)	(14.358)	(14.235)	0.123
PDC	(5.958)	(5.878)	0.080
Interest Payable	(1.284)	(1.175)	0.109
Interest Receivable	0.426	0.001	(0.425)
Reported Financial performance	0.000	0.000	0.000
Depreciation (donated)	0.000	(0.941)	(0.941)
Donated Income	0.000	0.216	0.216
Surplus/(deficit)	0.000	(0.725)	(0.725)

September 2020

Year to Date Variance £'000 (Fav/(Adv))										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston Clinical Division	Women's & Children's	Facilities & Estates (Weston and Bristol)	Trust Services	Other	Total
Nursing & Midwifery	142	(1,530)	166	72	2,302	(54)	(0)	(46)	(4,872)	(3,820)
Medical & Dental Pay	121	(906)	(150)	(458)	265	(690)	0	(39)	(5,067)	(6,923)
Other Pay	185	(138)	(121)	(39)	9	(254)	239	416	(1,177)	(880)
Non Pay	371	(464)	2,495	2,344	2,273	1,435	(21)	(329)	(9,692)	(1,589)
Income from Activities	(20)	3	108	(188)	(80)	(85)	0	0	2,089	1,828
Income from Operations	0	69	86	(308)	(201)	65	(31)	(83)	(4,205)	(4,607)
Total	799	(2,966)	2,584	1,423	4,569	418	187	(81)	(22,924)	(15,991)

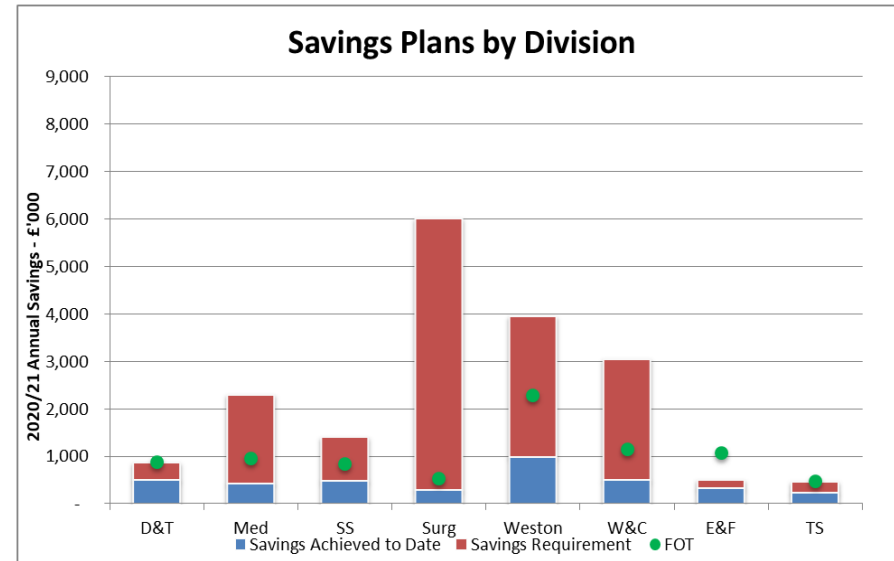
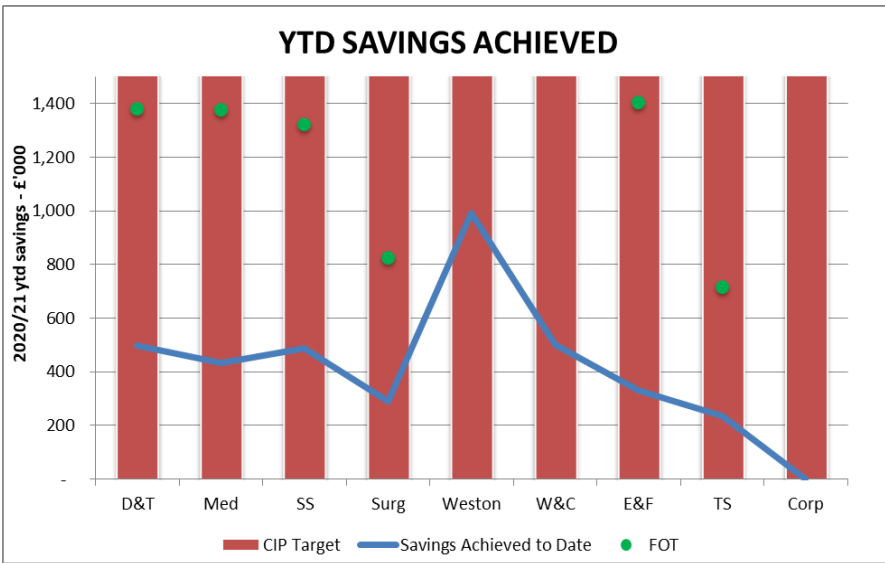
Budgets have not been fully reset to follow the new financial regime which is particularly shown in the variance seen on other where Trust wide risks are accounted for.

Year to Date COVID Spend/ Income Loss £'000										
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Weston	Women's & Children's	Facilities & Estates	Trust Services	Other	Total
Nursing & Midwifery	(6)	(1,508)	(431)	(543)	(750)	(1,155)	0	(43)	(186)	(4,622)
Medical & Dental Pay	(6)	(657)	(265)	(975)	(442)	(633)	0	(103)	(23)	(3,104)
Other Pay	(327)	(40)	(106)	(54)	(275)	(64)	(262)	(136)	(10)	(1,274)
Non Pay	(265)	(1,651)	(283)	(1,051)	(1,002)	(112)	(911)	(2,537)	(8)	(7,820)
Income from Activities	0	0	0	0	0	(218)	0	0	(13)	(231)
Income from Operations	(39)	0	(111)	0	(460)	0	(883)	(125)	0	(1,617)
Total	(642)	(3,856)	(1,197)	(2,623)	(2,929)	(2,182)	(2,056)	(2,942)	(240)	(18,667)

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

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

September 2020



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

Care Quality Commission Rating - Weston

The Care Quality Commission (CQC) published their latest inspection report on 26th June 2019. Full details can be found here:

<https://www.cqc.org.uk/provider/RA3>

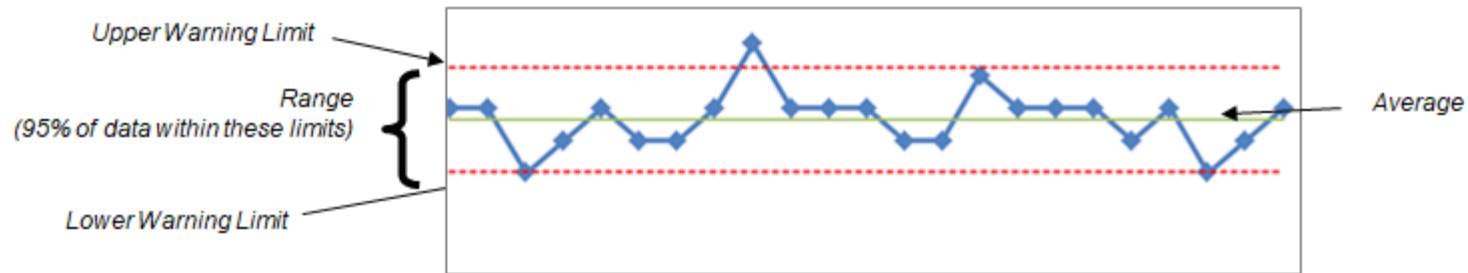
The overall rating was REQUIRES IMPROVEMENT, and the breakdown by category is shown below:

Ratings for Weston General Hospital

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

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

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

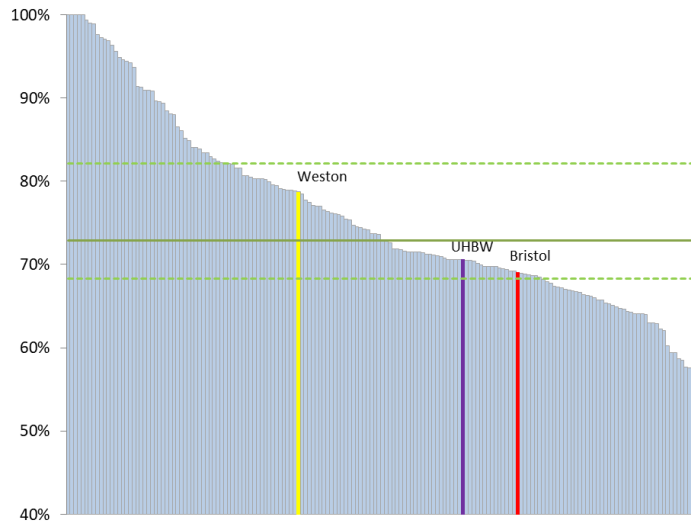


The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "warning limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all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

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

Explanation of Benchmarking Charts

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



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

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

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

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

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

Appendix – Bristol Scorecards



Topic	ID	Title	Annual		Monthly Totals									Quarterly Totals						
			19/20	20/21 YTD	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	4	2	0	0	0	2	0	1	1	0	0	0	0	0	0	3	1	1
	DA02	MSSA Trust Apportioned Cases	48	13	4	3	3	5	2	1	0	4	2	3	1	3	10	8	6	7
	DA03	CDiff Trust Apportioned Cases	41	34	4	5	4	2	1	3	5	6	6	4	9	4	13	6	17	17
	DA06	EColi Trust Apportioned Cases	80	35	8	6	9	4	3	4	4	9	2	4	11	5	23	11	15	20
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.2%	98.1%	97.7%	97.7%	97.8%	97.6%	96.9%	98.3%	98.3%	98.5%	98.1%	97.8%	97.8%	98.1%	97.7%	97.6%	98.3%	97.9%
	DB02	Antibiotic Compliance	77.9%	79.1%	75.1%	73.8%	71.8%	74.9%	80.8%	88.7%	-	-	-	78.7%	86.5%	77.3%	73.5%	79.1%	-	79.1%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	95%	98%	97%	92%	-	-	-	98%	91%	95%	91%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	97%	99%	99%	98%	-	-	-	99%	96%	98%	97%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	98%	98%	97%	-	-	-	99%	97%	97%	95%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	73	17	4	7	6	7	6	2	3	1	3	3	4	3	17	15	7	10
	S02a	Number of Confirmed Serious Incidents	68	7	3	6	5	7	6	2	2	1	3	1	-	-	14	15	6	1
	S02b	Number of Serious Incidents Still Open	4	10	1	0	1	0	0	0	1	0	0	2	4	3	2	0	1	9
	S03	Serious Incidents Reported Within 48 Hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	95.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S04	Serious Incident Investigations Completed Within Timescale	98.5%	63.6%	100%	100%	100%	100%	100%	75%	71.4%	33.3%	100%	50%	50%	100%	100%	100%	92.3%	60%
S04a	Overdue Exec Commissioned Non-SI Investigations	18	-	2	0	1	1	2	2	-	-	-	-	-	-	3	5	-	-	
Never Events	S01	Total Never Events	4	1	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	1
Patient Falls	AB01	Falls Per 1,000 Beddays	4.52	5.5	4.75	3.46	4.82	4.68	4.89	5.33	5.59	7.1	6.26	3.73	5.02	5.62	4.35	4.95	6.35	4.82
	AB06a	Total Number of Patient Falls Resulting in Harm	26	3	4	1	2	7	4	1	1	0	0	0	1	1	7	12	1	2
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.232	0.221	0.228	0.074	0.327	0.117	0.308	0.715	0.055	0.202	0.187	0.269	0.085	0.174	0.251	0.3	0.178
	DE02	Pressure Ulcers - Grade 2	49	27	5	6	2	9	2	7	11	1	3	4	6	2	13	18	15	12
	DE04A	Pressure Ulcers - Grade 3 or 4	8	1	1	0	0	0	1	0	0	0	1	0	0	0	1	1	1	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	86%	78%	78.7%	77%	86.8%	88.5%	88.6%	88.3%	87.3%	86.7%	85%	84.4%	85.3%	77.9%	87.9%	87.3%	84.9%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	93.4%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	N04	Number of Hospital Associated VTEs	38	-	2	0	3	0	8	-	-	-	-	-	-	-	5	8	-	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	3	-	0	0	0	0	0	-	-	-	-	-	-	-	0	0	-	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	20	-	2	0	2	0	8	-	-	-	-	-	-	-	4	8	-	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	86.9%	-	-	-	87.9%	-	-	88.2%	-	-	-	-	-	-	87.9%	88.2%	-	-
Safety	Y01	WHO Surgical Checklist Compliance	99.9%	99.9%	99.9%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.8%	99.9%	100%	99.9%	100%	99.9%	99.9%	99.9%	100%
Medicines	WA01	Medication Incidents Resulting in Harm	0.33%	0.17%	0%	0.4%	0%	0%	0%	0%	0%	0%	0%	0.69%	0%	-	0.14%	0%	0%	0.37%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.41%	0.42%	0.26%	0.37%	0.27%	1.65%	0.21%	0.43%	-	0.99%	0.26%	0.49%	0.15%	0.54%	0.3%	0.92%	0.47%	0.39%

Appendix – Bristol Scorecards



Topic	ID	Title	Annual		Monthly Totals									Quarterly Totals						
			19/20	20/21 YTD	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	4	2	0	0	0	2	0	1	1	0	0	0	0	1	0	3	1	1
	DA02	MSSA Trust Apportioned Cases	48	13	4	3	3	5	2	1	0	4	2	3	1	3	10	8	6	7
	DA03	CDiff Trust Apportioned Cases	41	34	4	5	4	2	1	3	5	6	6	4	9	4	13	6	17	17
	DA06	EColi Trust Apportioned Cases	80	35	8	6	9	4	3	4	4	9	2	4	11	5	23	11	15	20
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.2%	98.1%	97.7%	97.7%	97.8%	97.6%	96.9%	98.3%	98.3%	98.5%	98.1%	97.8%	97.8%	98.1%	97.7%	97.6%	98.3%	97.9%
	DB02	Antibiotic Compliance	77.9%	79.1%	75.1%	73.8%	71.8%	74.9%	80.8%	88.7%	-	-	-	78.7%	86.5%	77.3%	73.5%	79.1%	-	79.1%
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	96%	95%	98%	97%	92%	-	-	-	98%	91%	95%	91%	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	97%	99%	99%	98%	-	-	-	99%	96%	98%	97%	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	98%	98%	97%	-	-	-	99%	97%	97%	95%	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	73	17	4	7	6	7	6	2	3	1	3	3	4	3	17	15	7	10
	S02a	Number of Confirmed Serious Incidents	68	7	3	6	5	7	6	2	2	1	3	1	-	-	14	15	6	1
	S02b	Number of Serious Incidents Still Open	4	10	1	0	1	0	0	0	1	0	0	2	4	3	2	0	1	9
	S03	Serious Incidents Reported Within 48 Hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	95.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S04	Serious Incident Investigations Completed Within Timescale	98.5%	63.6%	100%	100%	100%	100%	100%	75%	71.4%	33.3%	100%	50%	50%	100%	100%	92.3%	60%	71.4%
S04a	Overdue Exec Commissioned Non-SI Investigations	18	-	2	0	1	1	2	2	-	-	-	-	-	-	3	5	-	-	
Never Events	S01	Total Never Events	4	1	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	1
Patient Falls	AB01	Falls Per 1,000 Beddays	4.52	5.5	4.75	3.46	4.82	4.68	4.89	5.33	5.59	7.1	6.26	3.73	5.02	5.62	4.35	4.95	6.35	4.82
	AB06a	Total Number of Patient Falls Resulting in Harm	26	3	4	1	2	7	4	1	1	0	0	0	1	1	7	12	1	2
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.232	0.221	0.228	0.074	0.327	0.117	0.308	0.715	0.055	0.202	0.187	0.269	0.085	0.174	0.251	0.3	0.178
	DE02	Pressure Ulcers - Grade 2	49	27	5	6	2	9	2	7	11	1	3	4	6	2	13	18	15	12
	DE04A	Pressure Ulcers - Grade 3 or 4	8	1	1	0	0	0	1	0	0	0	1	0	0	0	1	1	1	0
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	86%	78%	78.7%	77%	86.8%	88.5%	88.6%	88.3%	87.3%	86.7%	85%	84.4%	85.3%	77.9%	87.9%	87.3%	84.9%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	93.4%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	N04	Number of Hospital Associated VTEs	38	-	2	0	3	0	8	-	-	-	-	-	-	-	5	8	-	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	3	-	0	0	0	0	0	-	-	-	-	-	-	-	0	0	-	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	20	-	2	0	2	0	8	-	-	-	-	-	-	-	4	8	-	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	86.9%	-	-	-	87.9%	-	-	88.2%	-	-	-	-	-	-	87.9%	88.2%	-	-
Safety	Y01	WHO Surgical Checklist Compliance	99.9%	99.9%	99.9%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.8%	99.9%	100%	99.9%	100%	99.9%	99.9%	99.9%	100%
Medicines	WA01	Medication Incidents Resulting in Harm	0.33%	0.17%	0%	0.4%	0%	0%	0%	0%	0%	0%	0%	0.69%	0%	-	0.14%	0%	0%	0.37%
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.41%	0.42%	0.26%	0.37%	0.27%	1.65%	0.21%	0.43%	-	0.99%	0.26%	0.49%	0.15%	0.54%	0.3%	0.92%	0.47%	0.39%

Appendix – Bristol Scorecards

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			19/20	20/21 YTD	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	83%	83%	82.5%	83.2%	82.4%	78.3%	69.1%	59.6%	51.6%	45.8%	51.5%	58.4%	-	-	-	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	5866	5903	6028	5745	6223	7134	9489	11983	15242	17877	17113	14995	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	134	3364	4	5	10	15	11	30	78	184	372	643	883	1204	19	56	634	2730
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	202	219	282	305	315	411	772	1242	1832	2774	3811	4636	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93.5%	84.6%	93%	95.2%	94.1%	95.2%	94.7%	91.2%	90.3%	90.2%	91.2%	84.2%	72.5%	-	94%	93.8%	90.7%	78.4%
	E01c	Cancer - Urgent Referrals Stretch Target	37.3%	32.8%	38.6%	37.8%	35.1%	49.7%	24.3%	18.8%	59.6%	45.9%	36.2%	20.5%	21.7%	-	37.3%	31.2%	44.7%	21.1%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.7%	95%	96.6%	97%	95.7%	92.3%	96.1%	97.4%	94.5%	89.8%	95%	96%	98.4%	-	96.4%	95.4%	93.3%	97.3%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.7%	99.5%	97.7%	99.2%	100%	98%	100%	99.1%	100%	100%	99.2%	100%	98.8%	-	98.9%	99%	99.6%	99.3%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	92.7%	85.3%	93.3%	92.3%	93.5%	94.5%	92.7%	92.5%	83.3%	90.2%	72.7%	89.1%	92.3%	-	93.1%	93.2%	81.9%	90.8%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.3%	98%	96.5%	96.8%	94.3%	94.5%	98.5%	99.5%	98%	97.1%	99.4%	97.1%	98.7%	-	95.9%	97.4%	98.2%	97.8%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.5%	81.5%	85.4%	87%	83.9%	80.8%	82.1%	91.1%	76.2%	72.6%	83.5%	89.3%	83.2%	-	85.4%	85.4%	78.1%	86.4%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.1%	47.1%	55.6%	53.8%	33.3%	36.4%	33.3%	81.8%	100%	-	0%	0%	85.7%	-	48.4%	51.6%	25%	66.7%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	86.7%	90.2%	82.9%	84%	89.2%	86.3%	83.9%	91.2%	84.5%	91.3%	93.2%	89.4%	92.4%	-	85.5%	87%	89.4%	91%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	41.5	5.5	3	4.5	2	4	3	0.5	0	0	0	2	3.5	-	9.5	7.5	0	5.5
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.79%	0.93%	1.69%	1.94%	2.54%	2.02%	1.98%	2.21%	0.57%	0.33%	0.45%	0.69%	2.04%	1.1%	2.03%	2.06%	0.44%	1.25%
	F01a	Number of Last Minute Cancelled Operations	1394	209	119	137	153	140	128	115	13	9	17	31	83	56	409	383	39	170
	F02	Cancelled Operations Re-admitted Within 28 Days	92.6%	81.7%	95.7%	98.3%	94.9%	93.5%	94.3%	86.7%	67%	69.2%	88.9%	76.5%	96.8%	98.8%	96.3%	91.7%	68.6%	95.4%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	2.08%	0.66%	2.6%	1.95%	2.24%	1.76%	1.85%	3.98%	0.31%	0%	0%	0%	2.51%	0.75%	2.26%	2.41%	0.08%	1.03%
	F07a	Number of Admissions Cancelled Day Before	1625	147	183	138	135	122	120	207	7	0	0	0	102	38	456	449	7	140
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	61.7%	67.1%	55.9%	68.4%	59%	64.1%	48.6%	53.8%	63.4%	62.9%	67.6%	71.7%	-	-	61.3%	55.8%	64.6%	71.7%
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	84.6%	85%	88.2%	94.7%	84.6%	92.3%	68.6%	66.7%	80.5%	91.4%	89.2%	81.7%	-	-	89.2%	76.1%	86.7%	81.7%
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	95.85%	96.65%	96.1%	95.22%	95.51%	85.73%	40.52%	39.22%	47.02%	64.18%	65.11%	65.52%	-	-	-	-
Outpatients	R03	Outpatient Hospital Cancellation Rate	11.4%	12.6%	10.7%	10.2%	10.6%	11%	11.1%	17.7%	23.5%	13.5%	10.5%	9.7%	9.9%	8.9%	10.5%	13.3%	16.1%	9.4%
	R05	Outpatient DNA Rate	6.6%	6.3%	6.3%	6.5%	6.7%	6.2%	6.3%	7.1%	5.4%	5.1%	5.3%	6.4%	7.2%	7.8%	6.5%	6.5%	5.3%	7.2%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.15	2.45	2.07	2.15	2.11	2.17	2.12	2.26	2.52	2.72	2.62	2.4	2.37	2.25	2.11	2.18	2.62	2.33
ERS	BC01	ERS - Available Slot Issues Percentage	17.4%	13.8%	17%	20.6%	18.7%	17.3%	18.6%	23.5%	12.3%	14.9%	-	-	-	-	18.6%	19.4%	13.8%	-
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	289	33	30	19	21	27	29	21	9	10	5	4	4	-	70	77	24	-
	Q02A	Non-Acute Delayed Transfers of Care - Patients	117	18	12	5	8	11	13	7	9	7	1	0	1	-	25	31	17	-
	Q01B	Acute Delayed Transfers of Care - Beddays	8304	1036	708	590	731	713	790	962	278	238	198	131	143	-	2029	2465	714	-
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2902	521	257	298	220	212	217	249	201	150	88	32	40	-	775	678	439	-

Appendix – Bristol Scorecards

Topic	ID	Title	Annual		Monthly Totals											Quarterly Totals				
			19/20	20/21 YTD	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	83	69	75	95	107	87	32	46	39	46	64	51	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	31	20	27	26	30	36	21	18	12	8	22	19	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	2480	2388	2398	3166	2751	3110	1253	1450	1367	1437	1730	1788	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	948	812	784	776	907	1002	871	531	403	588	464	528	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.89	3.74	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.76	3.49	3.6	3.74	3.83	4.05	3.89	3.61
	J04D	Percentage Length of Stay 14+ Days	6.7%	6.3%	6.6%	6.2%	6.3%	6.6%	6.6%	8.4%	7.7%	5.2%	5.8%	6.5%	6.2%	6.9%	6.4%	7.1%	6.1%	6.5%
14 Day LOS Patients	J03	Average Length of Stay (Spell)	3.89	3.74	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.76	3.49	3.6	3.74	3.83	4.05	3.89	3.61
AMU	J35	Percentage of Cardiac AMU Wardstays	4.6%	0.3%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	0%	0.3%	1.3%	0%	0%	-	5.5%	3.7%	0.5%	0%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	35%	100%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	-	100%	100%	-	-	-	35.7%	37%	100%	-

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	80.44%	85.66%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	87.36%	85.42%	81.85%	80.02%	79.63%	80.36%	90.05%	82.36%
<i>This is measured against the national standard of 95%</i>																				
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	80.44%	85.66%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	87.36%	85.42%	81.85%	80.02%	79.63%	80.36%	90.05%	82.36%
	BB07	BRI ED - Percentage Within 4 Hours	68.51%	78.58%	72.03%	70.87%	63.41%	69.93%	65.81%	69.2%	91%	89.84%	81.18%	76.81%	71.67%	69.12%	68.8%	68.25%	86.61%	72.47%
	BB03	BCH ED - Percentage Within 4 Hours	90.4%	92.48%	90.31%	85.94%	84.42%	93.11%	88.58%	90.47%	90.24%	90.27%	94.09%	95.1%	93.83%	90.66%	86.78%	90.76%	91.75%	93.01%
	BB04	BEH ED - Percentage Within 4 Hours	97.82%	98.76%	98.8%	96.84%	98.55%	97.04%	98.2%	98.74%	99.18%	99.31%	98.52%	99.25%	98.82%	97.73%	98.08%	97.91%	98.97%	98.6%
<i>This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets</i>																				
Trolley Waits	B06	ED 12 Hour Trolley Waits	25	0	0	0	8	11	1	5	0	0	0	0	0	0	8	17	0	0
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	96.8%	96.2%	98.8%	97.8%	94.6%	96%	96.3%	93.5%	99.3%	97.6%	95.8%	97.4%	95.5%	92.7%	97%	95.3%	97.4%	95.2%
	B02b	ED Time to Initial Assessment - Data Completeness	96.9%	96.9%	96.6%	98.3%	93.7%	96.1%	96.3%	96.2%	97.5%	97.4%	96.6%	97.4%	95.7%	97.2%	96.1%	96.2%	97.1%	96.8%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50.8%	67.2%	50.1%	48.4%	47.9%	55.3%	48.3%	62.3%	90.3%	78.6%	65.7%	63.1%	59.4%	58.3%	48.8%	54.7%	76.4%	60.2%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	98.3%	97.4%	97.2%	97.2%	97.6%	96.7%	97.2%	99.5%	99%	98.3%	98.1%	97.4%	98.1%	97.3%	97.2%	98.9%	97.9%
Others	B04	ED Unplanned Re-attendance Rate	3.7%	3.2%	3.9%	4.2%	4.2%	3.7%	4%	3.7%	3.3%	3.4%	2.9%	3.5%	3.4%	2.9%	4.1%	3.8%	3.2%	3.3%
	B05	ED Left Without Being Seen Rate	1.6%	1%	1.4%	1.4%	1.9%	1.3%	1.5%	1.2%	0.5%	0.7%	1%	1.2%	1.3%	1.3%	1.5%	1.4%	0.8%	1.3%

Appendix – Weston Scorecards

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
SAFE	CDiff Trust Apportioned Cases	14	7	0	2	0	2	2	1	2	7		
	MRSA Trust Apportioned Cases	2	0	0	0	0	0	0	0	-	-		
	Falls per 1,000 Beddays	4.13	4.35	4.82	6.36	3.41	3.40	3.85	4.18	4.99	4.35		
	Numerator	396	149	28	35	14	20	24	28	77	149		
	Denominator	95807	34227	5813	5506	4103	5879	6229	6697	15422	34227		
	Falls Resulting in Harm	8	3	1	0	1	1	0	0	2	3		
	Pressure Ulcers per 1,000 Beddays	0.93	0.76	1.72	0.91	0.73	0.17	0.48	0.60	1.17	0.76		
	Numerator	89	26	10	5	3	1	3	4	18	26		
	Denominator	95807	34227	5813	5506	4103	5879	6229	6697	15422	34227		
	Number of Category 2 Ulcers	79	23	9	4	2	1	3	4	15	23		
	Number of Category 3 Ulcers	10	3	1	1	1	0	0	0	3	3		
	Number of Category 4 Ulcers	1	0	0	0	0	0	0	0	-	-		
	Medication Incidents Resulting in Harm	n/a	0.79%	0.00%	0.00%	0.00%	2.38%	0.00%	-	0.00%	0.79%		
	Numerator		1	0	0	0	1	0	-	0	1		
	Denominator		127	18	25	20	42	22	-	63	127		
	Non-Purposeful Omitted Doses of the Listed Critical Medication	n/a	0.00%	-	-	-	-	-	-	-	-		
	Numerator	n/a	0	-	-	-	-	-	-	-	-		
	Denominator	n/a	0	-	-	-	-	-	-	-	-		
	Nurse Staffing Levels	101.63%	96.53%	98.88%	96.03%	72.32%	104.18%	105.10%	102.70%	89.19%	96.53%		
	Numerator	637802	313251	50670	56675	38566	55970	56332	55038	145911	313251		
	Denominator	627603	324500	51241	59021	53325	53723	53601	53589	163587	324500		
	Nurse Staffing Levels (RN)	94.19%	85.24%	82.83%	79.52%	64.09%	97.16%	98.61%	92.42%	75.57%	85.24%		
	Numerator	327860	149361	24263	26823	19306	27562	28361	23046	70392	149361		
Denominator	348101	175217	29293	33732	30125	28368	28762	24937	93150	175217			
Nurse Staffing Levels (NA)	110.89%	109.41%	120.31%	118.04%	83.01%	112.04%	112.61%	109.89%	107.21%	109.41%			
Numerator	309942	152445	26406	29852	19259	28407	27971	20550	75517	152445			
Denominator	279502	139332	21948	25289	23200	25355	24839	18701	70437	139332			
CARING	Patient Survey - Patient Experience Tracker Score	-	n/a	-	-	-	-	-	-	-	-	-	
	Patient Survey - Kindness and Understanding	-	n/a	-	-	-	-	-	-	-	-	-	
	Patient Survey - Outpatient Tracker Score	-	n/a	-	-	-	-	-	-	-	-	-	
	Number of Complaints Received	219	68	4	1	1	27	35		6	68		
	Number of Complaints Received (Formal)	0	47	2	4	5	19	17		11	47		
	Number of Complaints Received (Informal)	0	33	2	3	2	8	18		7	33		
	Formal Complaints Responded To Within Trust Timeframe	n/a	50%	100%	50%	0%	80%	21%		67%	50%		
	Numerator		15	3	1	0	8	3		4	15		
	Denominator		30	3	2	1	10	14		6	30		

Appendix – Weston Scorecards

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
CARING	Formal Complaints Responded To Within Divisional Timeframe	n/a	77.27%	100%	100%	100%	90%	33%		100%	77.27%		
	Numerator	n/a	17	3	2	1	9	2		6	17		
	Denominator	n/a	22	3	2	1	10	6		6	22		
	Formal Complaint Response Time Breaches Attributable to Division	n/a	5	0	1	0	0	4		1	5		
	Percentage of Responses where Complainant is Dissatisfied	n/a	0.00%	0.00%	-	-	-	-	-	-	-		
	Numerator	n/a	0	0	-	-	-	-	-	-	-		
	Denominator	n/a	4	4	-	-	-	-	-	-	4	4	
RESPONSIVE	ED 4 Hour Performance	74.44%	84.82%	93.24%	87.44%	86.97%	80.34%	82.73%	84.47%	89.48%	84.82%		
	Numerator	37389	13615	1835	1831	1081	2819	3046	3003	4747	13615		
	Denominator	50228	16051	1968	2094	1243	3509	3682	3555	5305	16051		
	RTT 18 Week Performance	85.52%	62.39%	78.72%	72.30%	59.79%	51.67%	49.99%	56.00%	70.97%	62.39%		
	Numerator	63283	17432	4314	3570	2621	2217	2033	2677	10505	17432		
	Denominator	74002	27940	5480	4938	4384	4291	4067	4780	14802	27940		
	52+ Week Breaches	79	843	36	61	103	153	194	296	200	843		
	Diagnostic 6 Week Wait	96.19%	60.71%	64.16%	64.96%	81.01%	79.94%	65.02%	41.01%	73.62%	60.71%		
	Numerator	24817	7742	299	482	1186	2016	1786	1973	1967	7742		
	Denominator	25799	12752	466	742	1464	2522	2747	4811	2672	12752		
	LMCs as Percentage of Admissions	3.50%	2.47%	2.63%	0.00%	0.00%	1.27%	4.17%	2.54%	1.39%	2.47%		
	Numerator	173	9	1	0	0	1	4	3	1	9		
	Denominator	4947	365	38	24	10	79	96	118	72	365		
	28 Day Readmissions	93.33%	-	-	-	-	-	-	-	-	-		
	Numerator	70	0	-	-	-	-	-	-	-	-		
	Denominator	75	0	-	-	-	-	-	-	-	-		
	Acute Delayed Transfers of Care - Patients	92	27	0	0	9	9	6	3	9	27		
	Non-Acute Delayed Transfers of Care - Patients	0	0	-	-	-	-	-	-	-	-		
	Acute Delayed Transfers of Care - Beddays	2888	812	0	0	198	219	192	203	198	812		
	Non-Acute Delayed Transfers of Care - Beddays	0	0	-	-	-	-	-	-	-	-		
	Outpatient Hospital Cancellation Rate	16.21%	26.54%	37.29%	27.76%	23.51%	21.67%	21.08%	-	30.41%	26.54%		
	Numerator	35462	13700	4513	2397	2058	2492	2240	-	8968	13700		
	Denominator	218805	51620	12104	8636	8755	11499	10626	-	29495	51620		
Outpatient DNA Rate	6.15%	4.89%	3.81%	3.56%	4.68%	4.84%	5.58%	6.75%	4.05%	4.89%			
Numerator	9816	2040	252	194	315	437	453	389	761	2040			
Denominator	159556	41731	6622	5457	6734	9038	8121	5759	18813	41731			

Appendix – Weston Scorecards

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
EFFECTIVE	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	859	555	152.70	135.15	103.72	58.15	46.19	58.90				
	Numerator	616	235	65	59	24	39	27	21				
	Denominator	890	271	43	44	23	67	58	36				
	Hospital Standardised Mortality Ratio (HSMR)	1032	0	-	-	-	-	-	-	-	-		
	Numerator	543	0	-	-	-	-	-	-	-	-		
	Denominator	631	0	-	-	-	-	-	-	-	-		
	Fracture Neck of Femur Patients Treated Within 36 Hours	82.35%	77.78%	80.00%	75.00%	64.29%	82.61%	77.78%	81.82%	74.60%	77.78%		
	Numerator	224	98	20	18	9	19	14	18	47	98		
	Denominator	272	126	25	24	14	23	18	22	63	126		
	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	97.79%	95.24%	92.00%	91.67%	92.86%	100.00%	100.00%	95.45%	92.06%	95.24%		
	Numerator	266	120	23	22	13	23	18	21	58	120		
	Denominator	272	126	25	24	14	23	18	22	63	126		
	Fracture Neck of Femur Patients Achieving Best Practice Tariff	72.43%	73.02%	0.76	0.67	0.64	0.83	0.72	0.73	69.84%	73.02%		
	Numerator	197	92	19	16	9	19	13	16	44	92		
	Denominator	272	126	25	24	14	23	18	22	63	126		
Ward Outliers - Beddays Spent Outlying.	0	1843	175	294	79	437	518	340	548	1843			
30 Day Emergency Readmissions	5.29%	5.26%	5.56%	4.15%	4.24%	7.15%	5.98%	2.65%	4.74%	5.26%			
Numerator	1579	418	68	43	33	134	107	33	144	418			
Denominator	29825	7944	1223	1035	778	1875	1789	1244	3036	7944			
EFFICIENT	Staff Sickness	4.13%	3.93%	3.73%	3.59%	3.54%	3.99%	4.53%	4.28%	3.62%	3.93%		
	Numerator	21990	8664	1606	1285	1245	1431	1612	1485	4136	8664		
	Denominator	533060	220275	43100	35802	35214	35901	35574	34684	114116	220275		
	Appraisal Compliance	71.37%	70.68%	63.58%	60.38%	61.78%	81.87%	78.93%	79.16%	61.91%	70.68%		
	Numerator	11223	5093	770	730	797	944	914	938	2297	5093		
	Denominator	15724	7206	1211	1209	1290	1153	1158	1185	3710	7206		
	Workforce Bank Usage	n/a	9.18%	9.82%	9.07%	6.52%	11.05%	10.46%	8.33%	8.50%	9.18%		
	Numerator	n/a	836	162	151	103	157	150	114	415	836		
	Denominator	n/a	9107	1649	1662	1574	1422	1436	1364	4885	9107		
	Workforce Agency Usage	n/a	3.71%	4.57%	3.54%	2.00%	4.01%	3.77%	4.50%	3.39%	3.71%		
	Numerator	n/a	338	75	59	31	57	54	61	166	338		
	Denominator	n/a	9107	1649	1662	1574	1422	1436	1364	4885	9107		

Appendix – Weston Scorecards

Category	Measure	19/20	2021 YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
EFFICIENT	Workforce Turnover Rate	14.91%	18.88%	12.84%	21.21%	21.30%	21.10%	20.08%	18.56%	17.94%	18.88%		
	Numerator	2546	1146	160	203	205	202	195	183	567	1146		
	Denominator	17073	6070	1244	956	960	957	969	983	3160	6070		
	Workforce Vacancy Rate	12.64%	8.94%	11.19%	8.68%	9.53%	8.28%	6.48%	-	9.80%	8.94%		
	Numerator	2571	662	178	138	152	109	85	-	468	662		
	Denominator	20334	7405	1590	1590	1592	1317	1317	-	4772	7405		
	Average Length of Stay	3.34	3.80	3.70	5.40	4.50	3.50	3.20	3.50	4.49	3.80		
	Numerator	99654	30239	4561	5585	3497	6501	5748	4347	13643	30239		
Denominator	29825	7951	1223	1035	778	1882	1789	1244	3036	7951			
ACCESS	ED 12 Hour Trolley Waits	796	140	0	1	7	58	68	6	8	140		
	ED Time to Initial Assessment - Under 15 Minutes	2	71.33%	1	1	1	1	1	1	79.94%	71.33%		
	Numerator	5750	11490	1687	1643	911	2456	2496	2297	4241	11490		
	Denominator	10984	16108	1968	2094	1243	3509	3682	3612	5305	16108		
	ED Time to Start of Treatment - Under 60 Minutes	57.96%	71.85%	99.64%	87.92%	84.79%	71.42%	72.68%	30.80%	91.54%	71.85%		
	Numerator	6366	10833	1961	1841	1054	2506	2676	795	4856	10833		
	Denominator	10984	15077	1968	2094	1243	3509	3682	2581	5305	15077		
	ED Unplanned Re-attendance Rate	6.19%	7.16%	6.59%	6.71%	6.31%	7.03%	6.90%	8.33%	6.58%	7.16%		
	Numerator	3122	1145	130	144	68	238	254	311	342	1145		
	Denominator	50459	15999	1972	2146	1078	3387	3682	3734	5196	15999		
ED Left Without Being Seen Rate	2.29%	0.85%	0.20%	0.62%	0.48%	1.14%	0.92%	1.13%	0.43%	0.85%			
Numerator	1148	137	4	13	6	40	34	40	23	137			
Denominator	50228	16051	1968	2094	1243	3509	3682	3555	5305	16051			
QUALITY	MSSA Trust Apportioned Cases	5	4	0	1	0	0	1	2	1	4		
	Number of Serious Incidents Reported	32	33	4	1	3	4	1	20	8	33		
	Total Never Events	2	2	0	0	0	1	0	1	-	2		
	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	n/a	37.50%	-	-	37.50%	-	-	-	37.50%	37.50%		
	Numerator	n/a	3	-	-	3	-	-	-	3	3		
	Denominator	n/a	8	-	-	8	-	-	-	8	8		
	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	77.58%	66.13%	83.33%	-	50.00%	45.45%	88.89%	56.25%	73.08%	66.13%		
	Numerator	173	41	15	-	4	5	8	9	19	41		
	Denominator	223	62	18	-	8	11	9	16	26	62		
	High Risk TIA Patients Starting Treatment Within 24 Hours	64.42%	63.77%	55.56%	44.44%	60.00%	85.71%	83.33%	50.00%	52.17%	63.77%		
	Numerator	134	44	5	4	3	12	10	10	12	44		
	Denominator	208	69	9	9	5	14	12	20	23	69		
	VTE Risk Assessment	93.83%	-	-	-	-	-	-	-	-	-		
Numerator	24069	-	-	-	-	-	-	-	-	-			
Denominator	25653	-	-	-	-	-	-	-	-	-			

Meeting of the Board of Director – 29 October 2020

Reporting Committee	Quality & Outcomes Committee – October 2020
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Mark Smith, Chief Operating Officer and Deputy Chief Executive Carolyn Mills, Chief Nurse William Oldfield, Medical Director

For Information

The meeting considered a range of quality and access information including the Integrated Performance Report (IPR) and Root Cause Analysis Report. The following was highlighted and discussed:

- The current position in respect of Covid-19 was discussed and it was reported that incidence within the local community had seen a significant increase in recent weeks. This was mainly in the younger age groups at present but the number of hospital admissions had risen at both UHBW and NBT.
- The position at Weston Emergency Department was discussed and it was reported that efforts were ongoing to resolve the staffing issues there.
- The Committee received an overview of the work of the Clinical Audit & Effectiveness Team, Clinical Audit Group and clinical audit activity within the Trust as well as assurance around the changes, benefits and improvements made as a result of completed clinical audit projects undertaken during 2019/20.
- The Committee considered the clinical quality risks and the corporate objectives relevant to its remit for scrutiny and assurance. In respect of corporate objective 1, a query was raised regarding the use of mobile devices on ward rounds and the Medical Director undertook to check this point.

The Committee received the following reports for assurance:

- Monthly Nurse Safe Staffing Report.
- Infection Prevention Control Annual Report for Bristol
- Quarterly Inquest Report – Q2
- Quarterly Impact Assessment Report

For Board Awareness, Action or Response

It was reported that all the indicators showed that the Trust was now operating at almost its normal winter position, with attendances at ED normalised and bed occupancy at 102% the previous week. This was in the context of a reduced bed base as a result of the pandemic and the continuing efforts to restore elective activity. This was creating a great deal of pressure and stress for staff and efforts needed to be maintained to maintain their wellbeing.

Key Decisions and Actions

- Concern was expressed regarding the fill rate at the Bristol Eye Hospital Emergency Department and Carolyn Mills was asked to look into this.
- In respect of a pressure ulcer RCA, Anne Reader was asked to check whether intentional rounding took place in respect of this case.
- It was agreed that at its next meeting the Committee should consider a report on the availability of air mattresses as there were a number of issues which needed to be explored in this area.

Date of next meeting:

24 November 2020

Meeting of the Board of Directors on 29 October 2020

Reporting Committee	Audit Committee
Chaired By	David Armstrong, Non-Executive Director
Executive Lead	Neil Kemsley, Director of Finance and Information

For Information

- The Strategic and Operational Risk were reviewed and generated discussion of the associated mitigation actions. In particular the Committee challenged whether, in all instances, the risk mitigation approach addressed all aspects of the risk (eg Recruitment and Retention) and was deemed sufficient to achieve the stated target risk score.
- It was requested that all Risks are reviewed to ensure that Digital risks are now assigned to the newly constituted Finance & Digital Committee.
- The Committee received and noted 7 internal audit reports:
 - Quality & Performance Management – Outpatients
 - Medicines Management (WAHT)
 - Statutory Safety Regulations
 - Patient Safety: Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Assessments (MCA)
 - COVID-19 Core Governance Review
 - COVID-19 Financial Governance Review
 - Data Security Protection Toolkit (DSPT) Review
- Risks to the Weston integration programme were considered along with an update on progress against the Benefits Realisation Plan.

 During the ensuing discussion it was suggested that the reports received by the Audit Committee and Board should be consolidated to provide a holistic view of the integration programme – the overall scope of the programme, success criteria, short term objectives and the associated risks.
- External Audit Recommendations are now reviewed in each AC and the October Report showed that good progress has been made
- The review and management of Internal Audit Recommendations has been greatly enhanced, through the support of the Committee Chairs

For Board Awareness, Action or Response

Fire safety compliance was reviewed as part of the regular reporting of Estates and Facilities into the committee.

Whilst progress has been made, this continues to be an area of significant concern for the Committee and for Governors.

The Committee agreed an update should be provided for the Governors providing detailing current status and ongoing priorities.

Key Decisions and Actions

The committee reviewed the estates and fire risks and whilst the improved level of information was welcomed it was felt that there were still gaps in what was presented and that the report would benefit from further development (to provide a more simple and focused view of the work, risks and short term priorities).

The Chief Executive agreed to discuss this with the Deputy Chief Executive & Chief Operating Officer and the Director of Estates & Facilities to ensure the Committee received the totality of the information it required whilst in a simplified format.

The Committee reviewed the revised Terms of Reference and recommend the update to the Board for approval.

Date of next meeting:

26 January 2021

Meeting of the Board of Directors on 29 October 2020

Reporting Committee	Charity Committee - meeting held on 6 October 2020
Chaired By	Jeff Farrar, Chair
Executive Lead	Paula Clarke, Director of Strategy and Transformation

For Information

- The Committee received a presentation on the Trust's Arts and Culture Strategy from Anna Farthing, Arts Programme Director, who outlined the work undertaken during the Covid-19 pandemic and how the arts and culture programme could support effective arts and Health activities in Weston. The Committee welcomed the work undertaken to date in Weston and recognised the positive impact arts and culture could have on the wellbeing of patient and staff. The Arts Programme Director was asked to the Weston Divisional Director, The Director of Corporate Governance and the Director of Strategy and Transformation to discuss the specific challenges at Weston; how the Arts and Culture Strategy could be tailored to address these; and the types of bids for charitable funding that would support this.
- The Committee considered a summary of fund balances as at 31 August 2020, which stood at £593K, which represented an increase of £207k over the first five months of the year. This was largely as a result of a large single bequest of £150k that the charity had received in August.
- The Committee received and noted an update on the project to take the Charity to independent status and potential merger with Above & Beyond. The project was progressing well and in line with the plan. It was noted Above & Beyond's strategic refresh had not yet been shared with the Trust but it was due to be considered by the charity's Board of Trustees the following week. It was requested that the strategic refresh be shared with the Committee at the earliest opportunity, and the Director of Corporate Governance was asked to prepare a report for the Trust Board at the end of month setting out the timeline for the merger of the two charities.

Key Decisions and Actions

The Committee considered a number of applications for charitable funding and made the following decisions in respect of these:

- iPad and stand for Facilities staff to access Happy App (£512): Supported in principle but Director of Corporate Governance was asked to check if the iPads previously used by Weston Directors could be used instead.
- 3 places on Slimming World for Weston staff (£2,138): Approved. The Committee was happy to fund more places if the demand was there, and asked that the process for the allocation of places be checked to ensure fairness.



- Addition of counselling to OH provision at Weston (£12,416): Supported in principle but requested that there should be a consistency between Weston and Bristol and if this is funded centrally in Bristol the same should apply to Weston.
- Poet in Residence at Weston (£5,000): Approved.

Date of next meeting:

17 December 2020