



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

Integrated Quality & Performance Report

November 2022

Reporting Month: October 2022

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Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months July 2021 to June 2022 was 100.3 (100.5 to May 2022) and in NHS Digital's "as expected" category. This continues to be slightly above the overall national peer group of English NHS trusts of 100.

Infection Prevention & Control are re-focusing on indwelling vascular device management as a focus on improvements in care. A regional collaborative led by NHS England/Improvement (NHSE/I) for improved vascular device management linked to reducing bacteraemia's associated with vascular access device. An improvement plan is under development and an observation of vascular device management has been undertaken and UHBW are awaiting the findings.

Venous Thromboembolism (VTE) risk assessment compliance remains below the required standard of 95% compliance (84% in October 2022, 82.8% average year to date). Recruitment to a new VTE Lead for the trust will commence shortly with the role being open to a range of healthcare professions. The Careflow Medicines Management system (a new electronic prescribing medicines administration system) is due to start implementation from April 2023 and will provide opportunity to review how electronic VTE risk assessments can be linked to prescribing of thromboprophylaxis.

Our People

The Trust's vacancy rate has increased further this month to 7.7% and remains above target (which is less than 7%), however, it has reduced in the registered nursing and midwifery group and medical and dental. There have been increases in the unregistered nurse staff group and also ancillary which increased by 2%.

Turnover for the 12-month period remained static at 15.7% in October 2022 compared with updated figures for the previous month. Registered Nursing turnover increased to 15% and remains above target. Nursing B5 turnover has increased and remains a hotspot at 18.1%.

Agency usage remains slightly above the 1.8% target but has reduced to 1.9%. Bank usage has increased to 5.8% but is below the 6.3% target.

Overall compliance for Core Skills (mandatory and statutory training) remained static at 87%. Despite previous improvements, in October eight of the core skills programmes decreased by 1%, with only Moving and Handling increasing (by 2% from the previous month) to 69%. Compliance remaining static in October is largely impacted by the August large intake of medical and dental new starters. This group has moved into compliance reporting stage following a grace period of the first few months.

Two core skills continue to be in the 60% compliance range and accordingly are under close review for compliance improvement action planning. These are Moving and Handling and Resuscitation.

Timely Care

At the end of October 2022, there were 39 patients waiting over 104 weeks. The number of patients waiting over 104 weeks at the end of November 2022 is forecast to be 33. This forecast accounts for patients that have tipped over the threshold of 104 weeks waiting in the month. The majority of these patients are clinically complex (22), with a smaller proportion having elected to delay their treatment (8), or that have been accepted for transfer to another NHS Trust and are awaiting a date for their surgery (3). There is a considerable focus on expediting the treatment of these remaining long waiting patients. The 78 week care backlog is relatively stable with 763 patients waiting over this threshold at the end of October 2022, and plans for improvement are being developed with the clinical divisions.

Cancer performance continues to be highly challenged with an increase in two-week wait waiting times, resulting in an increase in the number of patients waiting over 62 days. The most significant growth relates to Lower GI, Skin and Gynaecology, which have been impacted by an increase in demand and short and long term sickness within the clinical teams. A recovery plan has been formulated and progress is being reviewed on a weekly basis. The number of patients waiting over 62 days is reducing week-on-week across the three specialties. However, Skin remains the most significant performance risk given the scale of the backlog and difficulty recruiting to locum posts.

Emergency Department pressures continue in October 2022, with the Bristol Royal Infirmary and Weston General Hospital reporting 89.8% and 85.4% of all ambulance handovers taking more than 15 minutes. This compares to 75.4% across the South West. UHBW also reported 941 twelve-hour trolley waits in October.

The Every Minute Matters (EMM) programme continues and its aim is to ensure that every day contributes meaningfully to progressing patient's care plans, so that no patient is in hospital longer than they need to be. All adult inpatient wards will be taken through the EMM programme in three phases between July 2022 - January 2023.

Weston Renewal

New Weston management and governance arrangements have been rolled out, with the Weston Division being replaced by the Weston General Hospital Team (WGH) and clinical divisions operating a further 14 clinical services at Weston as part of their wider cross trust portfolios. This means that over 90% of Trust clinical services across UHBW are integrated, with the Weston General Hospital team providing a range of services in partnership with the Trust divisions. A 3 months review will be undertaken to ensure that the new arrangements have bedded in and support the delivery on the next phase of integration.

Financial Performance

At the end of October there is a net I&E deficit of £3,525k against a planned deficit of £3,222k (excluding technical items). Total operating income is £11,121k favourable to plan due to higher than planned income from activities of £14,629, offset by lower than planned other operating income of £3,508k. Operating expenses are £12,375k adverse to plan primarily due to higher pay expenditure (£17,816k adverse), offset by lower than planned depreciation expenditure of £998k and lower than planned other non-pay expenditure of £4,443k.

The key issues underlying the financial position and the risk that the financial plan will not be achieved are: 1) Recurrent savings delivery below plan – Trust-led CIP delivery is £8,410k or 94% of plan. Full year forecast delivery is £15,675k or 105% of plan of which recurrent savings are £7,876k, 53% of plan. The shortfall in recurrent savings will need to be incorporated in the 2034/24 financial plan in addition to the 2023/24 target. 2) Pay costs higher than plan – pay expenditure must be maintained within divisional and corporate budgets. 3) Forecast overspend against divisional budgets and achievement of divisional control totals – divisional forecasts will be monitored monthly and recovery plans implemented where overspends are not acceptable.

Reporting Month: October 2022

Safe

Caring

Successes

- The Tissue Viability team recently hosted their bi-annual tissue viability study day for nursing staff with more than 60 attendees from across Bristol and Weston sites. The team have had excellent feedback from staff and provided the opportunity for a wide range of interactive teaching on pressure ulcer prevention and management in addition to other aspects of tissue viability and wound care.

Priorities

- In September, there were two moderate harm incidents out of 369 reported medication incidents (0.54%). In October, there were four omitted doses out of 275 patients audited (1.45%). Both medication incidents have been declared as serious incidents and will be undergoing full patient safety incident investigations.
- During October 2022, there was 204 falls across the Trust which was an increase from 149 in September, which per 1000 beddays equates to 4.49 (4.8 threshold). Although there were no falls which resulted in moderate harm or above. The Dementia Delirium and Falls Steering Group has oversight of improvement projects are underway in wards where increased falls incidence has been identified.

Reporting Month: October 2022

Safe

Caring

Opportunities

- The selection process for Patient Safety Partners will be completed in November. These roles are a requirement of the national Patient Safety Strategy for England and are a new addition to the existing involvement mechanisms for community partners in improving UHBW services. They will play a vital role providing a patient/carer/community perspective and will be supported to act as equal partners and members of our Trustwide Patient Safety Group.
- Following the results of the National Adult Inpatient Survey and discussion at Patient Experience Group, work is underway with Divisional Directors of Nursing to identify opportunities to improve patient experience of inpatient services. An improvement plan will be available in December 2022.

Risks & Threats

- VTE risk assessment compliance remains below the required standard of 95% compliance (84% in October 2022, 82.8% average YTD). Recruitment to a new VTE Lead for the trust will commence shortly with the role being open to a range of healthcare professions. The Careflow Medicines Management system (a new electronic prescribing medicines administration system) is due to start implementation from April 2023 and will provide opportunity to review how electronic VTE risk assessments can be linked to prescribing of thromboprophylaxis.
- On four occasions in October our maternity services attempted to divert admissions to neighbouring units due to staffing and acuity challenges. This risk is managed by daily escalation meetings to deploy staff resource to the most at risk areas supported by an on-going recruitment programme. Face to face training sessions are also cancelled, but this presents a different risk to not achieving the required training standards required by the Clinical Negligence Scheme for Trusts maternity incentive scheme.

New, or increased, patient safety risks

- A risk assessment is being finalised (Risk 6352) relating to the impact of potential industrial action in the trust on operational activity and increased associated patient safety risk. System wide resilience planning and exercises are underway to mitigate the impact and national derogations are in place to protect the delivery of essential and emergency services to protect patient safety.

Reporting Month: October 2022

Responsive

Effective

Successes

- Cancer standards: the subsequent radiotherapy and subsequent chemotherapy standards were compliant in September (cancer data is a month in arrears, so September is the latest finalised month). The Trust is also achieving its improvement trajectory for patients waiting >62 days on a GP suspected cancer pathway.
- The number of patients waiting more than two years for treatment reduced to 39 patients at the end of October (improved from 58 at end of September), with those waiting more than 78 weeks better (i.e. lower) than operating plan. The Trust has revised trajectories for recovery the over 78-week backlog and are currently prediction 497 breaches for the end March 2023.
- There are several Diagnostic sub-modalities across the trust that have fully recovered and are maintaining good performance to achieve the 6 week standard in October 2022. Although they are being off-set in the overall trust performance by under-achieving modalities, these services have done well to recover and maintain their performance.
- Numbers of outpatients waiting on ASI (Available Slot Issue) lists is beginning to reduce. These are patients who were unable to book their appointment from the Electronic Referral Service (ERS). Divisions will continue to be supported with overtime hours from the appointment centre into November.

Priorities

- Ensuring all cancer patients are treated in a clinically safe timescale during the continued pressure on the Trust from the pandemic and its longer term impact, and to recover the ongoing position of patients waiting <62 days on a GP suspected cancer pathway to pre-pandemic levels by end of March 23.
- Focus on clearance of all remaining 104+ week breaches and eliminate them by end of December 2022.
- Focus should move from 104+ week patients to booking patients who are 78+ weeks or at risk of being 78+ weeks at the end of March 2023. Sufficient capacity should be planned to ensure that the Trust achieves the end of March 2023 trajectory of 497 breaches.
- Where patients are delaying for treatment for long periods of time (i.e. more than 6 weeks) and have declined reasonable offers, clinical review should be undertaken to consider if the patients are safe to wait and should be moved to the suspended waiting list as part of the new choice guidance.
- Endoscopy is one of the top priorities in Diagnostic performance and recovery. Plans and actions are in place which will address the issues in area such as workforce, capacity, training and the digital systems. However these will take time to yield the progress expected. The Trust monitors progress and plans closely. Endoscopy continues to utilise mutual aid and additional capacity, where available.
- Development of divisional plans for next phase of NHSE 'Action on Outpatients' Programme. This will focus on referral management including the development of triage and Advice and Guidance services.

Reporting Month: October 2022

Responsive

Effective

Opportunities

- The Four Eyes Insight programme of theatre improvement concludes in early November 2022. This programme has focussed on improving scheduling processes in the BRI, BEH, BRHC and WGH. The Planned Care Steering Group will consider the final report from this programme and consider how best to manage our theatre improvement programme going forward.
- NHSE have provided additional funds to the Trust to support the delivery of our improved 78 week trajectory. This includes additional funding for endoscopy and paediatric dentistry. The latter will be delivered via an insourcing arrangement, and the divisional team is currently liaising with our procurement department.
- Updated cancer pathway documents have been released by NHSE to set out how diagnosis within 14 days and 28 days can be achieved for colorectal and skin cancer services. A paper is being prepared for Cancer Steering Group to consider any changes that need to be made to our cancer pathways in light of this updated guidance.

Risks & Threats

- There is an ongoing impact on cancer waiting time standard compliance due to the high Covid sickness in early summer, which coupled with high vacancy rates and increased demand has created a backlog in three high volume areas. There is an ongoing risk of impact from further Covid prevalence 'surges' and of potential impact from winter pressures and strike action. (Datix Risk ID 42).
- There is an ongoing impact on the ability to clear the long waiting routine patients due to the high volumes of cancer patients requiring most of the capacity. With this, staff absences, vacancy rates and the planned nursing strikes will prevent recovery of long waiting patients and backlog clearance of those patients waiting 78-weeks wait and above. Largest area of risk remains in Adult Surgical areas and Paediatric Services.
- The Trust identified an issue with the way that Sleep diagnostics have been reported. This has resulted in a significant under-reporting of diagnostic waiting times. A performance recovery plan and trajectory for diagnostic sleep studies is being agreed with BNSSG ICB. A backlog was caused by the pandemic and a global Continuous Positive Airway Pressure (CPAP) machine recall which has impacted clinic capacity in the Sleep service. Additional funding will be needed to recover in this modality and this funding has been requested from BNSSG ICB and NHSEI. The accurate waiting list and performance position is expected to be reported externally by the end of December 2022.

Reporting Month: October 2022

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

CQC Domain	Metric	Standard Achieved?	
Responsive	Emergency Care - 4 Hour Standard	N	
	Delayed Discharges	N/A	
	Referral To Treatment	N	
	Referral to Treatment – Long Waits	P	
	Cancelled Operations	N	
	Cancer Two Week Wait	N	
	Cancer 62 Days	N	
	Cancer 28 Day Faster Diagnosis	N	
	Diagnostic Waits	N	
	Outpatient Measures	N	
	Outpatient Overdue Follow-Ups	N	
	Effective	Mortality (SHMI)	P
		Mortality (HSMR)	N
Fracture Neck of Femur		P	
Mixed Sex Accommodation		Y	
Maternity Services		N/A	

CQC Domain	Metric	Standard Achieved?
Well-Led	Staffing Levels – Agency Usage	N
	Staffing Levels – Turnover	P
	Staffing Levels – Vacancies	N
	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

October 2022

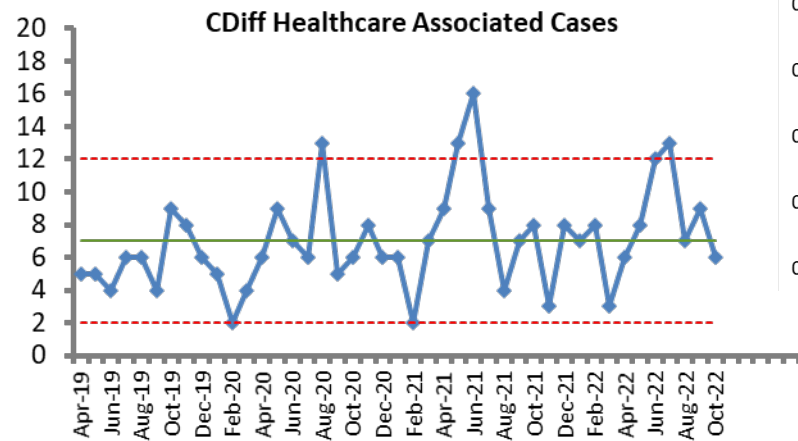
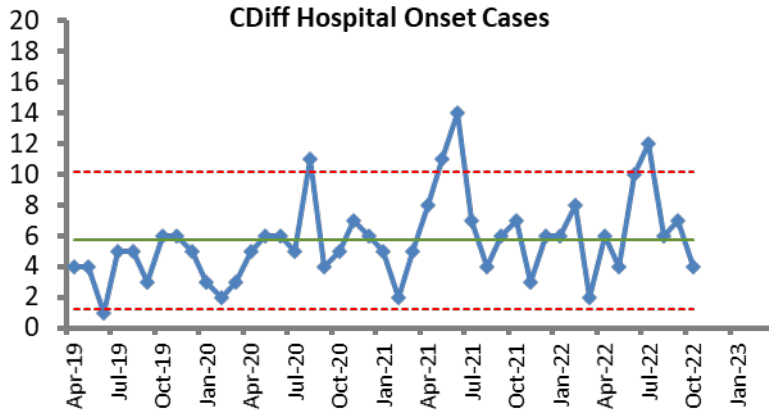
Y Achieved

Standards:	For this section, two measures are reported: Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA). HOHA cases include patients where C.Difficile is detected from Day 3 after admission. COHA cases include patients where C.Difficile is detected within 4 weeks of discharge from hospital. Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA) CDifficile cases are attributed to the Trust. The limit of Clostridium Difficile cases for 2022/2023 as set by NHS England is 89. This limit will give a trajectory of approximately 7.4 cases a month.
Performance:	There have been four Trust reported HOHA and two COHA cases reported in October 2022. Therefore with a total of 12 COHA and 49 HOHA cases reported YTD in 2022/23.
Actions/Plan:	Increased cases have been identified across both Bristol and Weston sites. However, there has been a decrease in HOHA cases over the month of October when compared to September 2022. A structured collaboration commenced in the September 2021 is on going across the local provider organisations facilitated by the CCG and a regional NHS England quality improvement collaborative is on going, with close collaboration with the ICS which plan to start post infection reviews of community acquired C.difficile cases in the nearer future.
Ownership:	Chief Nurse

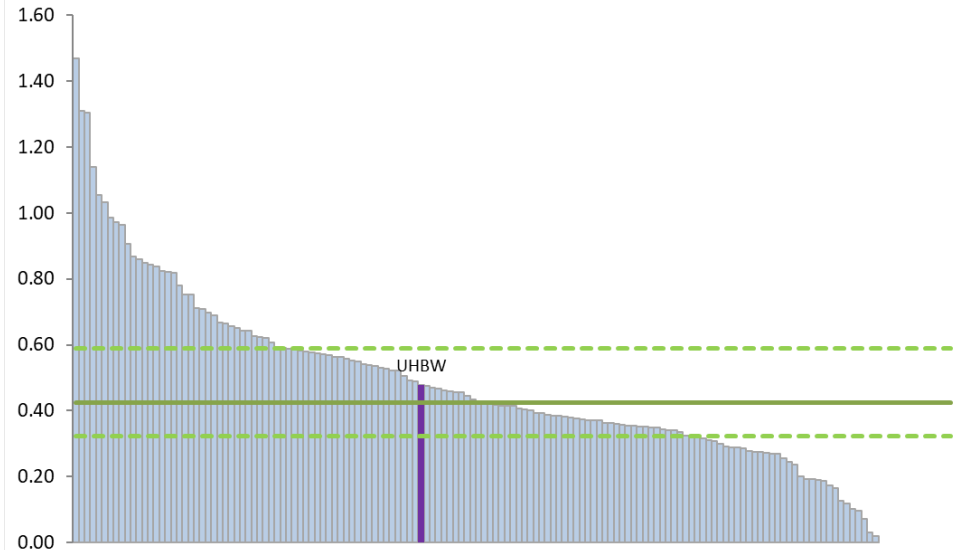
	Oct-22		2022/2023		2021/2022	
	HA	HO	HA	HO	HA	HO
Medicine	1	0	15	12	32	31
Specialised Services	2	1	6	5	16	12
Surgery	0	0	7	6	13	13
Weston	2	2	22	20	19	14
Women's and Children's	1	1	8	6	12	12
Other	0	0	3	0	3	0
UHBW TOTAL	6	4	61	49	95	82

Infection Control – C.Difficile

October 2022



Benchmarking - C.Diff Rate Per 1000 Beddays - October 2021 to September 2022



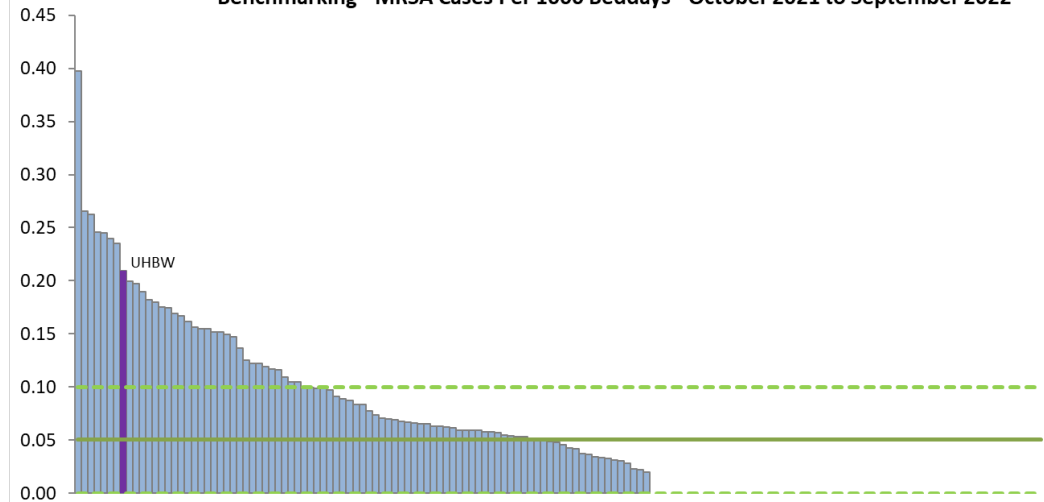
October 2022

Y Achieved

Standards:	The standard is to have zero Trust Apportioned MRSA cases. This is Hospital Onset cases only.
Performance:	There have been zero trust-apportioned MRSA cases in October 2022. Therefore one trust apportioned case in 2022 / 23.
Action/Plan:	<p>Policies and guidelines need to be refreshed to be aligned across the organisation including screening requirements. There is a re-focusing on indwelling vascular device management as a focus on improvements in care.</p> <p>The vascular access group continue to focus on cross Divisional learning to assure best practice in vascular device management and to help reduce levels of bacteraemias.</p> <p>A regional collaborative led by NHS England/Improvement (NHSE/I) for improved vascular device management linked to reducing bacteraemia's associated has been established. An improvement plan is under development at a local level.</p> <p>An observation of vascular device management has been undertaken and the Infection Prevention Team are awaiting the findings.</p>
Ownership:	Chief Nurse

	Oct-22	2022/2023	2021/2022
Medicine	0	0	6
Specialised Services	0	0	0
Surgery	0	1	0
Weston	0	0	0
Women's and Children's	0	0	1
Other	0	0	0
UHBW TOTAL	0	1	7

Benchmarking - MRSA Cases Per 1000 Beddays - October 2021 to September 2022



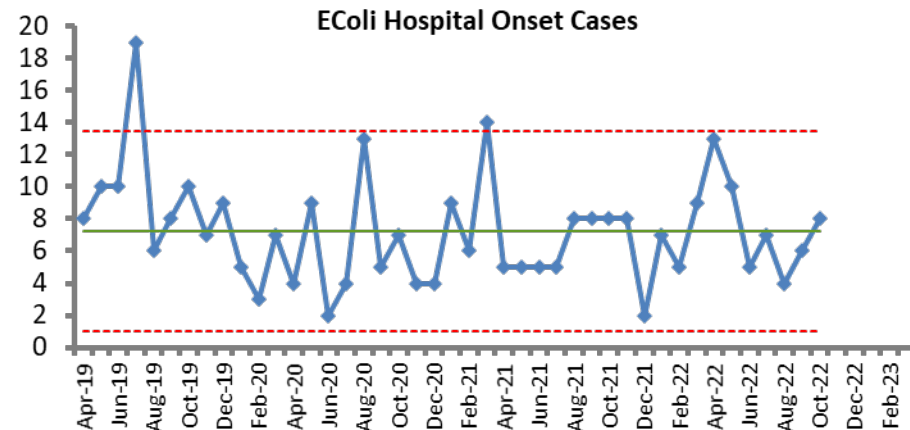
Infection Control – E. Coli

October 2022

Y Achieved

Standards:	Enhanced surveillance of Escherichia coli (E.coli) bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemia are reported monthly to Public Health England (PHE). As a result in the national rise in E.coli bacteraemia rates, a more in-depth investigation into the source of the E.coli bacteraemia are initially undertaken by a member of the Infection Prevention and Control team. Reviews include identifying whether the patient has a urinary catheter and whether this could be a possible source of infection. If any lapses in care are identified at the initial review of each case, a more complete analysis of the patient’s care is carried out by the ward manager through the incident reporting mechanism. There is a time lag between reported cases and completed reviews. An annual limit of E.coli cases has now been confirmed with NHS England as 119 for 2022/23. This would give a trajectory of approximately 9.9 cases per month.
Performance:	Eight cases of Hospital Onset E.coli were reported in October 2022 (four each in Bristol and Weston), which brings the cumulative total to 53 YTD 2022/23.
Action/Plan:	The community prevalence of E.coli cases has continued to increase throughout this year. The outcome of the Trustwide catheter use / prevalence audit, an audit of compliance with best practice will be completed by December 2022 and will be reported at the Trusts Infection Control Group.
Ownership:	Chief Nurse

	Oct-22	2022/2023	2021/2022
Medicine	1	18	19
Specialised Services	0	9	16
Surgery	2	11	15
Weston	4	10	18
Women's and Children's	1	5	7
Other	0	0	0
UHBW TOTAL	8	53	75



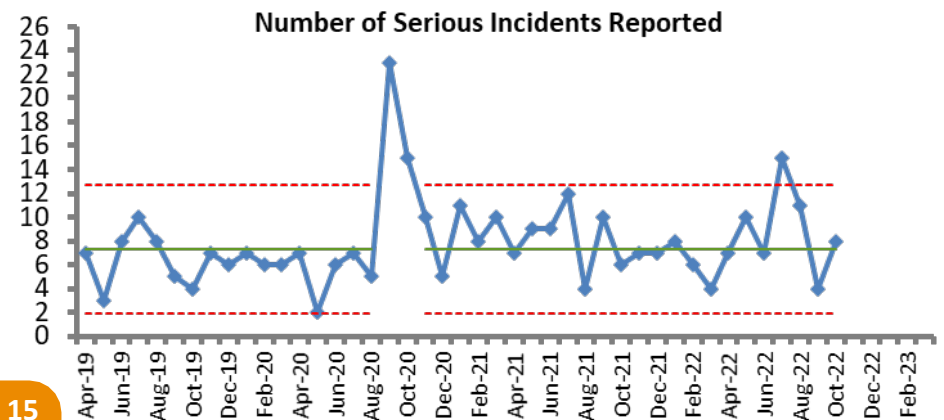
Serious Incidents (SIs)

October 2022

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.
Performance:	Eight serious incidents (SI's) were reported in October 2022; four were declared in Specialised Services Division, two in Women's & Children Division of which one in Women's and one in Children's, one in Medicine and one in Weston. These serious incidents comprised two Pressure Ulcers, two Diagnostic Incidents, one Surgical/invasive procedure incident, one Medication incident, one Maternity/Obstetric incident and one Sub-Optimal care of a deteriorating patient. There were no Never Events declared in the month, equating to two Never Events reported year to date 2022/23.
Action/Plan:	<p>In 2022/23 the new Patient Safety Strategy will be implemented in the organisation. This includes the introduction of the Patient Incidence Response Framework, the replacement of the National Reporting and Learning System (NRLS) by the Learning from Patient Safety Events (LFPSE) for enhanced reporting and analysis of the themes of Patient Safety Incidents and the introduction of Patient Safety Partners to the organisation who will act as a Patient and Public voice for Patient Safety. Stakeholder workshops continue. The recruitment of Patient Safety Partners is at interview stage and will be completed in November 2022.</p> <p>The Trusts Patient Safety Team have recently completed a situational analysis to inform the Trusts priorities for the adoption of the new Patient Safety Incident Response Framework (PSIRF) in 2023. PSIRF, unlike the previous serious incident framework, gives us the freedom to proactively focus our insight resource on where we think we will get the most benefit from learning which will convert to future improvement activity. The situational analysis will help the Trust to understand where the key weaknesses in our healthcare delivery systems that pose the most significant patient safety risks. These key risks will form the priorities of our first patient safety incident response plan to be presented and agreed by the Trusts Senior Leadership Team to agree priorities, in consideration of existing planned improvement workstreams.</p>
Ownership:	Chief Nurse

	Oct-22	2022/2023	2021/2022
Medicine	1	10	29
Specialised Services	4	8	8
Surgery	0	10	9
Weston	1	16	22
Women's and Children's	2	16	19
Other	0	2	2
UHBW TOTAL	8	62	89



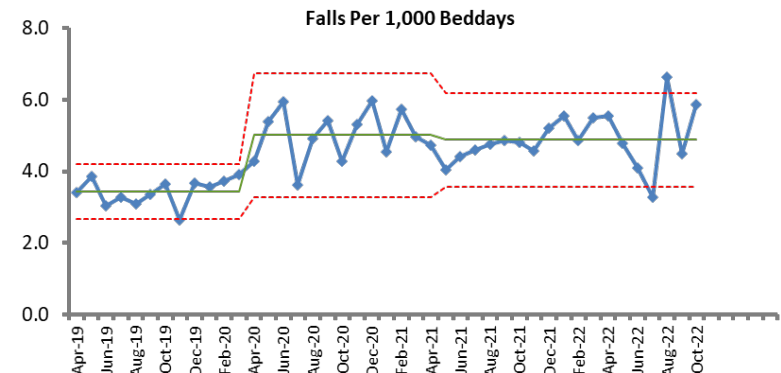
Harm Free Care – Inpatient Falls

October 2022

P Partially Achieved

Standards:	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
Performance:	During October 2022, there were 204 falls across the Trust, which per 1000 beddays equates to 5.86. There were 146 falls at the Bristol site and 58 at the Weston site. There were zero falls with moderate (or greater) harm.
Action/Plan:	<p>The Dementia, Delirium and Falls (DDF) team has continued to be operating on reduced capacity due to the band 8a and band 7 posts being vacant. Both posts have been recruited to with staff commencing in the next month.</p> <ul style="list-style-type: none"> The Dementia Delirium and Falls (DDF) steering group meeting continues to share learning across the Trust. This includes some Quality Improvement (QI) projects which are underway in wards where increased incidence of falls has been identified. A deep dive into repeated falls of the same patient is underway in order to ascertain any shared learning. Education for staff continues to be provided by the DDF team at the point of care and through simulation for ward based staff. The new DDF team leader and practitioners due to start in the next 2 months will bring additional capacity into the team to lead and undertake Quality improvement projects and help embed all aspects of falls prevention and management across the Trust.
Ownership:	Chief Nurse

	Oct-22		2022/2023		2021/2022	
	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays
Diagnostics and Therapies	0	0	12	196.72	15	277.78
Medicine	94	12.02	475	8.86	775	9.03
Specialised Services	22	3.86	148	3.93	244	3.99
Surgery	24	4.62	133	4	243	4.58
Weston	0	0	294	5.06	461	5.38
Women's and Children's	4	0.54	32	0.65	55	0.64
Other	60		63		8	
UHBW TOTAL	204	5.86	1157	4.97	1801	4.83



Harm Free Care – Pressure Injuries

October 2022

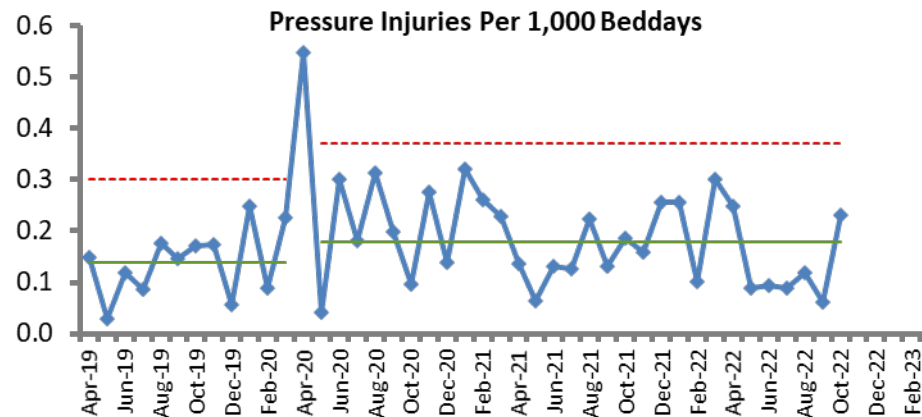
P Partially Achieved

<p>Standards:</p>	<p>Pressure Injuries are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2, 3 and 4 are counted. There is an additional category referred to as “Unstageable”, where the final categorisation cannot be determined when the incident is reported. The Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure. The aim is to reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. In addition there should be no Category 3 or 4 injuries.</p>
<p>Performance:</p>	<p>During October 2022, the rate of pressure injuries per 1,000 bed-days was 0.23 across UHBW. Across UHBW there was a total of six category 2 pressure injuries. Three of these injuries were in Weston (2 heels and one elbow), two in Medicine Division (coccyx and sacrum) and one in Surgery Division (spine). There were also two unstageable pressure injuries, both acquired in Medicine Division (ischial tuberosity and sacrum). Both unstageable injuries evolved from initial suspected deep tissue damage. The two patients had significant co-morbidities, and both died shortly after validation of the injuries.</p>
<p>Action/Plan:</p>	<p>October has seen an increase in hospital acquired pressure injuries from that seen in previous months. A theme has been identified with half of the injuries occurring to the sacral-coccygeal and buttock region. Incomplete documentation continues to be a theme in particular lack of detail on Pressure Ulcer Care Plans and gaps in re-positioning charts (Care Rounding Logs) noted.</p> <p>The Tissue Viability Nurse (TVN) team recently hosted their bi-annual tissue viability study day for nursing staff with more than 60 attendees from across Bristol and Weston sites. The team have had excellent feedback from staff and provided the opportunity for a wide range of interactive teaching on pressure ulcer prevention and management in addition to other aspects of tissue viability and wound care.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Specific tissue viability training guide for Practice Education Facilitators (PEFs) to enable the PEF teams to support the TVN Team with tailored ward-based tissue viability training – rolled out early November. • Re-circulation of the “Bottoms Up” and “Pillow Talk” poster campaigns to support staff with recognising the importance of regular re-positioning using pillows to support and understanding the anatomy of the sacral-coccygeal / buttock regions • International Stop the Pressure Day on 17th November – various activities and competitions to engage staff with all aspects of pressure ulcer prevention. • 15-minute micro teaching sessions continued to be offered to staff: tailored 1:1 sessions on the ward for individual staff members or small groups. • Paediatric wound care conference planning for summer 2023 – event planning underway within the TVN Team to organise this. • Key themes continue to be disseminated via monthly Tissue Viability Newsletter and UHBW Twitter account.
<p>Ownership:</p>	<p>Chief Nurse</p>

Harm Free Care – Pressure Injuries

October 2022

	Oct-22		2022/2023		2021/2022	
	Pressure Injuries	Per 1000 Beddays	Pressure Injuries	Per 1000 Beddays	Pressure Injuries	Per 1000 Beddays
Diagnostics and Therapies	0	0	0	0	0	0
Medicine	4	0.511	7	0.131	16	0.186
Specialised Services	0	0	1	0.027	3	0.049
Surgery	1	0.192	8	0.24	13	0.245
Weston	0	0	11	0.189	31	0.362
Women's and Children's	0	0	1	0.02	2	0.023
Other	3		3		0	
UHBW TOTAL	8	0.23	31	0.133	65	0.174

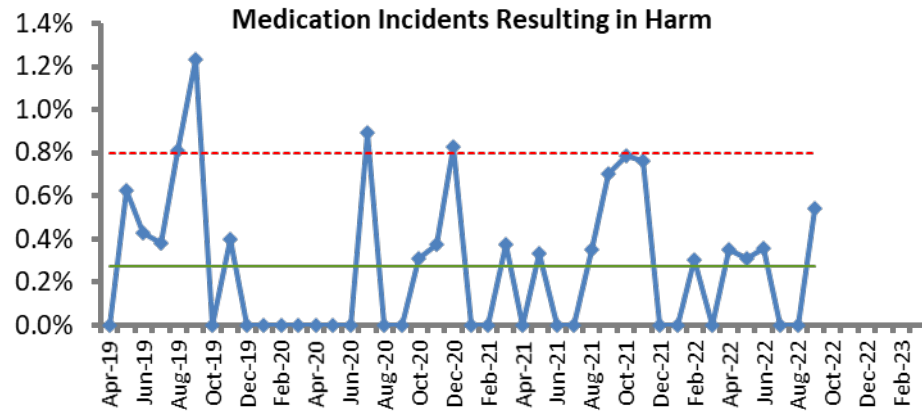


September/October 2022

N Not Achieved

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%, with an amber tolerance to 1%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There were two moderate harm incidents out of 369 reported medication incidents in September (0.54%). There were four omitted doses of critical medicine out of 275 patients audited in October (1.45%)
Action/Plan:	<ul style="list-style-type: none"> Both medication incidents have been declared as serious incidents and will be undergoing full patient safety incident investigations. One incident involves a dose of gentamicin that was given without the level being available. When the level returned it was high, so the medication should not have been given. The patient developed renal failure. The second incident relates to a patient who had irregular blood gas results. The arterial flush contained glucose and insulin was administered as a result. Three of the reported omitted doses were medication that were actually given but the administration was not signed for on the drug chart. The fourth omitted dose also related to an incomplete administration record, but it was not confirmed whether the dose had been given or omitted.
Ownership:	Medical Director

	Sep-22		2022/2023		2021/2022	
	Harm Incidents	Total Reviewed	Harm Incidents	Total Reviewed	Harm Incidents	Total Reviewed
Diagnostics and Therapies	0	17	0	122	1	236
Medicine	0	63	1	319	3	771
Specialised Services	0	78	0	407	2	815
Surgery	0	94	1	269	2	507
Weston	1	13	1	153	2	374
Women's and Children's	1	102	2	541	1	1108
Other	0	2	0	6	0	16
UHBW TOTAL	2	369	5	1817	11	3827
Percentage		0.54%		0.28%		0.29%



October 2022

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:	<p>In October, overall compliance for the eleven Core Skills (mandatory/statutory) remained static at 87%, same as the previous month. Despite previous improvements, in October eight of the core skills programmes decreased by 1%, with only Moving and Handling increasing (by 2% from the previous month) to 69%.</p> <p>Since quarter one of 22/23, overall compliance for the eleven core skills (mandatory/statutory) had been rising month on month. In September, there were improvements of 1% to 2% across all core skills subjects and eight subjects were at or above the Trust overall target grade (90%).</p> <p>Compliance remaining static in October is largely impacted by the August large intake of Medical/Dental new starters (approximately 300). This group has moved into compliance reporting stage following a grace period of the first few months. This is reflected in the parallel decrease in compliance in several divisions, the largest drop is in Medicine, now at 85% (-3% from previous month).</p>
Action/Plan:	<p>Two core skills continue to be in the 60% compliance range and accordingly are under close review for compliance improvement action planning, namely Resuscitation at 64% and Moving & Handling (M&H) at 69%.</p> <p>Resuscitation</p> <ul style="list-style-type: none"> Resus Level 2 Adult Basic Life Support (ABLS) is provided to most clinical new starters at induction, and in updates in sufficient volume to meet target numbers. Resus allows easy passporting of prior training (records must meet UK standard content and update frequencies), and they've particularly welcomed the prior level 2 ABLS accomplishment from newly qualified nurses arriving from University of West of England (UWE). The transfer of training records should come into full effect this month which will improve passporting efficiency for both Resus and Moving & Handling. Resus updates continue to experience high DNA rates, as much as 50% in some sessions, most often absences are cited to clinical pressures. The impact of DNAs within anyone one session is further exacerbated by national guidelines which determine the ratio of trainer to learners and therefore place a cap on the numbers attending a training session. <p>Moving & Handling (M&H)</p> <ul style="list-style-type: none"> As a partial mitigation, all M&H practical sessions, at both induction and updates, have moved back to pre-covid trainer/learner ratios (1/8), which have slightly increased spaces available in each session. M&H leads are planning training with divisional HR Business Partners, targeting staff groups in most need of updates, and a new trainer, now in post, will focus on meeting Weston compliance targets, sessions beginning in December.

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October 2022

**Action/Plan
(continued):**

- All clinical staff are reminded that the update frequency for M&H level 2 is currently set at three years but will align with the UK Core Skills national standard. Consequently, the update frequency will decrease from three to two years; change to be effective on 31 January 2023. All staff now in their third year of compliance must plan to update their M&H training in the next few months. A 'Minimal handler' level 2 eLearning programme is being developed, and staff identified in this audience will be able to achieve compliance via eLearning, alternating with practical training.

Compliance for the wider essential training (specific to role training) is static at 86%. Overall subject compliance is above the Trust target (90%) in nine of twenty-three subjects, and a further eight subjects close to target (i.e., within 1-5% of target). The most notable gain in this category in October was (corporate) induction (+18%) due to successful completion of induction and training for a large summer intake of clinical new starters, including scores of newly qualified nurses.

Ownership:

Director of People

Nurse Staffing Levels

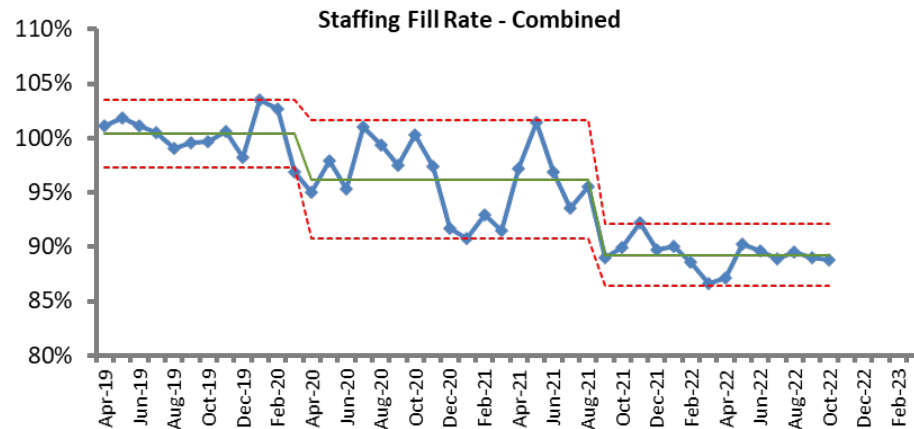
October 2022

N/A *No Standard Defined*

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
Performance:	The report shows that in October 2022 (for the combined inpatient wards) the Trust had rostered 309,923 expected nursing hours, against the number of actual hours worked of 275,080 giving an overall fill rate of 88.8%.
Action/Plan:	<p>Underlying Issues:</p> <ul style="list-style-type: none"> • The Trust continues to balance the risk of staffing gaps by moving staff from their base wards at very short notice to cover other clinical areas or to support the Emergency Department (ED) queue. • The level of vacancies in the Children’s Division remains high affecting the overall fill rates across the Division particularly in Children’s ED and Starlight Ward. • Due to staffing and operational pressures in Surgery the decision was taken to split Ward A700 into two distinct units A700 and A701 to align speciality requirements. • Health Care Support Worker (HCSW) vacancies in Specialised Services have increased this month despite increased efforts to recruit new staff. <p>Actions Taken:</p> <ul style="list-style-type: none"> • The Trust will complete the second Safer Nursing Care Tool Assessment in all areas again in November. • New incentives have been agreed for specialist areas to support increased uptake of bank shifts. • The agency task group undertook a planning session with key stakeholders to identify targeted actions to support the Trust in reducing the use of high cost agencies and increase bank usage. • Work has commenced on revising recruitment criteria to streamline entry requirements for accessing nursing based courses.
Ownership:	Chief Nurse

October 2022

	Combined	RN	NA
Medicine	91.5%	91.9%	91.1%
Specialised Services	93.5%	89.1%	108.6%
Surgery	90.2%	86.1%	100.2%
Weston	93.3%	88.2%	99%
Women's and Children's	80.9%	83.8%	68.2%
UHBW TOTAL	88.8%	87%	92.5%

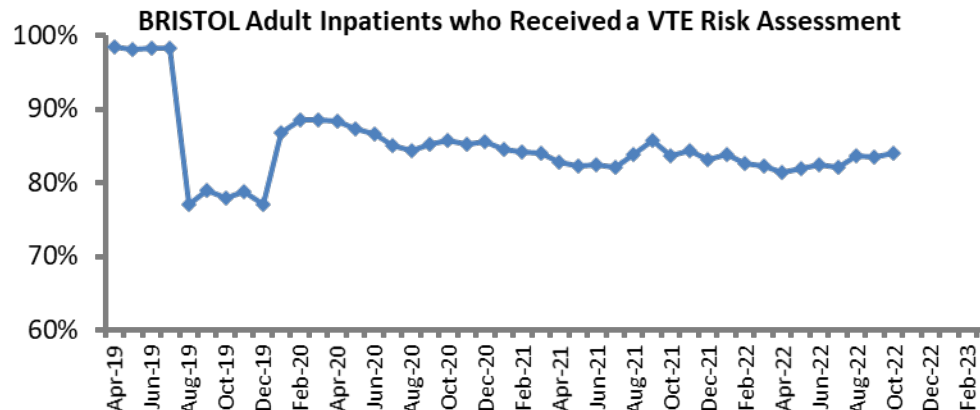


Venous Thromboembolism (VTE) Risk Assessment

October 2022

N Not Achieved

Standards:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of healthcare-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. The expectation is that UHBW will achieve 95% compliance, with an amber threshold to 90%.
Performance:	Recent VTE risk assessment compliance remains relatively static at 84.0% (excluding Weston due to data feed issues). Of note, Diagnostics and Therapies compliance continues to be 100% and Specialised services has increased to 91.3%. Medicine is at 77%, but this an increase of 1.2% since September. Women's and Children's has decreased by 1.8% to 88.8%. This data should be viewed with caution as data inconsistencies have been identified with digital data feeds by the Digital Services team. Risk 720: The risk that VTE Risk Assessments are not completed remains on the corporate risk register.
Action/Plan:	<ul style="list-style-type: none"> Table outlining VTE problems and aims (advising on progress to date and outstanding actions required) generated by Patient Safety Improvement Team, and shared with Associate Medical Director. Meeting planned for 17th November to discuss. Risk 720 Risk that VTE risk assessments are not completed, current score is 8 high risk, is currently being updated to reflect work being undertaken and work required to support improvements to VTE prevention. VTE Lead Role Job Description being developed to support recruitment of new VTE Lead. Discussions with Digital Services regarding Careflow Medicines Management system and the correlation with VTE Risk Assessments to support improved compliance.
Ownership:	Medical Director



Venous Thromboembolism (VTE) Risk Assessment

October 2022

Division	SubDivision	Number Risk		Percentage
		Assessed	Total Patients	Risk Assessed
Diagnostics and Therapies	Chemical Pathology	1	1	100.0%
	Radiology	24	24	100.0%
Diagnostics and Therapies Total		25	25	100.0%
Medicine	Medicine	2,033	2,639	77.0%
Medicine Total		2,033	2,639	77.0%
Specialised Services	BHOC	2,253	2,368	95.1%
	Cardiac	366	501	73.1%
Specialised Services Total		2,619	2,869	91.3%
Surgery	Anaesthetics	11	11	100.0%
	Dental Services	80	121	66.1%
	ENT & Thoracics	201	336	59.8%
	GI Surgery	970	1,199	80.9%
	Ophthalmology	268	272	98.5%
	Trauma & Orthopaedics	124	160	77.5%
Surgery Total		1,654	2,099	78.8%
Women's and Children's	Children's Services	19	29	65.5%
	Women's Services	1,450	1,626	89.2%
Women's and Children's Total		1,469	1,655	88.8%
Grand Total		7,800	9,287	84.0%

Friends and Family Test (FFT)

October 2022

N/A No Standard Defined

Standards:	The FFT question asks “Overall, how was your experience of our service?”. The Trust collects FFT data through a combination of online, postal survey responses, FFT cards and SMS (for Emergency Departments and Outpatient Services). There are no targets set.
Performance:	<p>The Trust received 4,905 FFT responses from patients in October 2022, which is in line with the number of responses received in September (4,907). FFT scores for inpatients, day cases, maternity and outpatients remain positive (all 90% and above) and broadly consistent with September figures.</p> <p>In terms of ED FFT performance in October 2022:</p> <ul style="list-style-type: none"> • Bristol Royal Infirmary (BRI) score has seen the biggest decrease, in comparison to the Trust’s other Eds, to 73%. This is from 84% in September. • Weston reports a score of 85%, a decrease from the score of 89% in September. • The Children’s Hospital score has seen an increase to 90%, from 88% in September. • The Eye Hospital score has seen a slight decrease to 93%, from 94% in September.
Action/Plan:	<ul style="list-style-type: none"> • The inpatient FFT score for Weston has dipped below 90% for the first time (89%). The Patient Experience Team are identifying which wards contribute to the lower FFT score in October 2022 and will discuss with the Weston General Hospital team by 30th November. • In response to the lower than (long-term) average FFT scores for the Trust’s Emergency Departments, weekly reports are sent from the Patient Experience Team to ED divisional leads with their FFT data for the previous week. This results in the data being reviewed in a timelier manner which supports with identifying opportunities for improvements.
Ownership:	Chief Nurse

		Positive Response	Total Response	Don't Know	Total Eligible	% Positive	Response Rate
Inpatients	UHBW	883	942	1	3,172	93.8%	29.7%
Day Cases	UHBW	453	461	2	2,933	98.7%	15.7%
Outpatients	UHBW	2,326	2,495	17		93.9%	
A&E	BRI	175	240	1	4,526	73.2%	5.3%
	BRHC	229	256	1	3,412	89.8%	7.5%
	BEH	108	116	0	2,005	93.1%	5.8%
	Weston	247	291	2	2,947	85.5%	9.9%
	UHBW	759	903	4	12,890	84.4%	7.0%

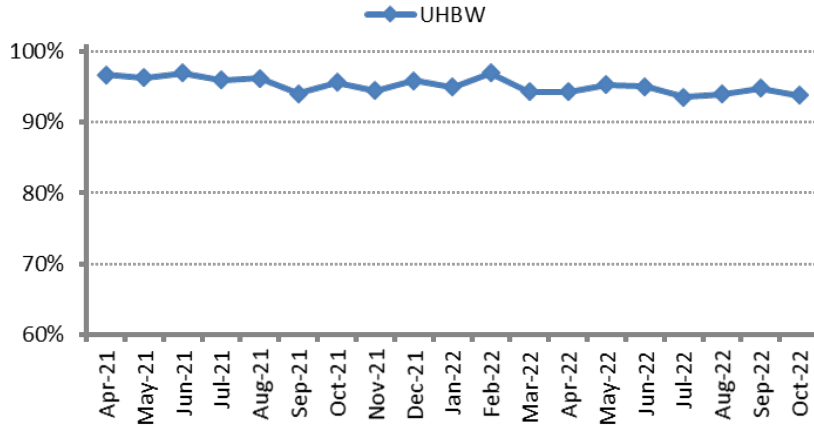
		Positive Response	Total Response	Don't Know	Total Eligible	% Positive	Response Rate
Maternity	Antenatal	17	17	0	190	100.0%	8.9%
	Birth	38	39	0	387	97.4%	10.1%
	Postnatal (ward)	33	34	0	390	97.1%	8.7%
	Postnatal (community)	14	14	0	312	100.0%	4.5%
	UHBW	102	104	0	1,279	98.1%	8.1%

TOTAL RESPONSES 4,905

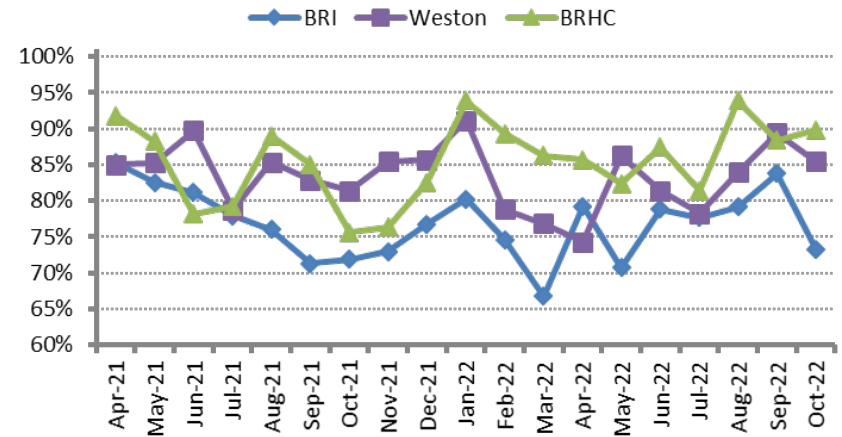
Friends and Family Test (FFT)

October 2022

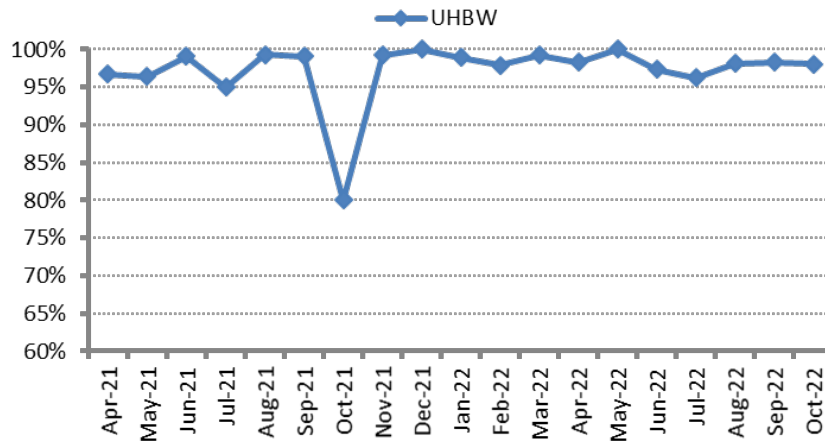
Inpatient (excluding Day Case) Scores



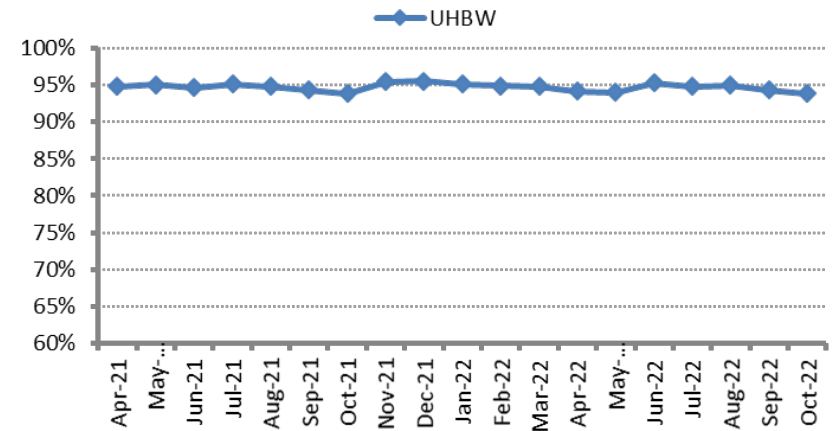
Emergency Department Scores



Maternity Services Scores



Outpatient Scores

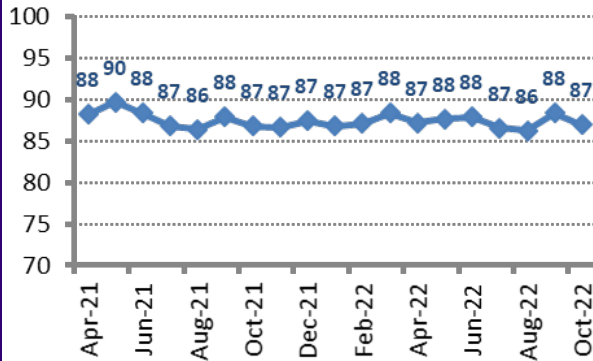


October 2022

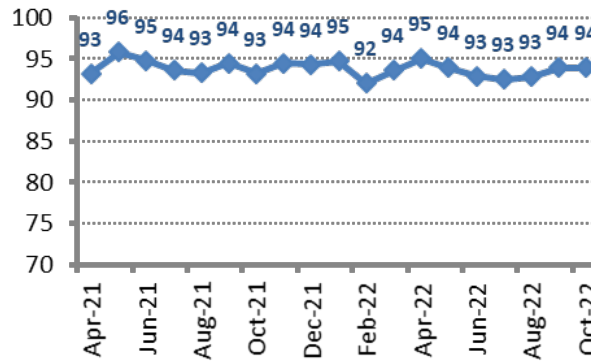
Y Achieved

Standards:	<p>Please note that reporting for monthly patient survey data for Bristol hospital sites and Division of Weston has been integrated from April 2022. Therefore, there is a single set of metrics for the Trust. Divisional level metrics are reported quarterly through the Patient Experience Group (PEG) and Quality Outcomes Committee (QOC).</p> <p>For the inpatient and outpatient postal survey, five questions relating to 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.</p>
Performance:	<p>For October 2022:</p> <ul style="list-style-type: none"> Inpatient score was 87 (September was 88) which is at minimum target level. Outpatient score was 94 (September was 89) which is above target. Kindness and understanding score was 94 (September was 94) which is above target.
Action/Plan:	<ul style="list-style-type: none"> Following the results of the National Adult Inpatient Survey and discussion at PEG on 17th November, work is underway with Divisional Directors of Nursing to identify opportunities to improve patient experience of inpatient services. An improvement plan will be shared with QOC in December 2022. The Patient First strategic theme on Patient Experience has a focus on improving inpatient experience.
Ownership:	Chief Nurse

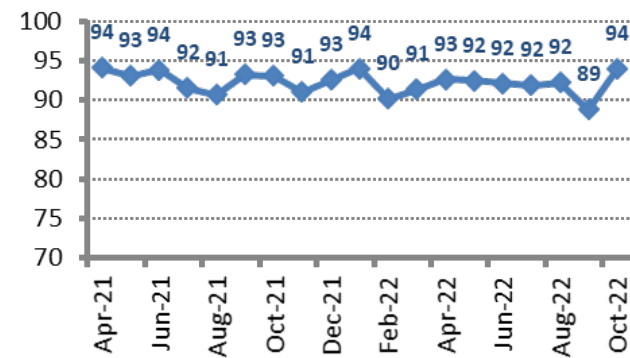
Inpatient Tracker Score



Kindness & Understanding Score



Outpatient Tracker Score



Patient Complaints

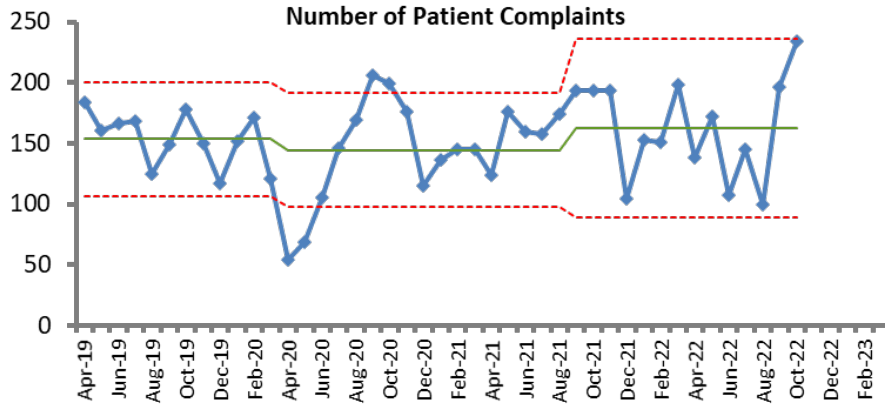
October 2022

N Not Achieved

<p>Standards:</p>	<p>For all complaints (formal and informal), the Trust target is for 95% of responses to be sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. In addition the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant.</p> <p>Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.</p>
<p>Performance:</p>	<p>In October 2022:</p> <ul style="list-style-type: none"> • 234 Complaints were received (92 Formal and 142 Informal). This is the highest number received in one month since records commenced. • Responses for 45 Formal and 107 Informal complaints were sent out to complainants. • The Trust sent out 78% of formal responses within the agreed timeframe (35 of 45), an improvement on the 67% reported in September 2022. Of the 10 breaches of deadline, eight were attributable to the divisions and two were due to delays in processing in the PSCT. • Divisions returned 87% (39 out of 45) of formal responses to the PSCT by the agreed deadline, which is an improvement on the 81% reported in September 2022. This is the deadline for the responses to be returned to PSCT, seven working days prior to the deadline agreed with the complainant. • 87% of informal complaints (93 out of 107) were responded to within the agreed timeframe, compared with 88% reported in September 2022. • There were eight complaints reported in October 2022 where the complainant was dissatisfied with the Trust's formal response, which represents 13.1% of the 61 responses sent out in August 2022 (this measure is reported two months in arrears). This is a deterioration on the 7.3% reported in September 2022 and is above the Trust's target of no more than 8% of complainants advising us that they were unhappy with our response to their complaint. Of the eight dissatisfied cases reported in October 2022, there were three for the Divisions of Surgery, two each for and Specialised Services and Medicine and one for Women & Children.
<p>Action/Plan:</p>	<p>-</p>
<p>Ownership:</p>	<p>Chief Nurse</p>

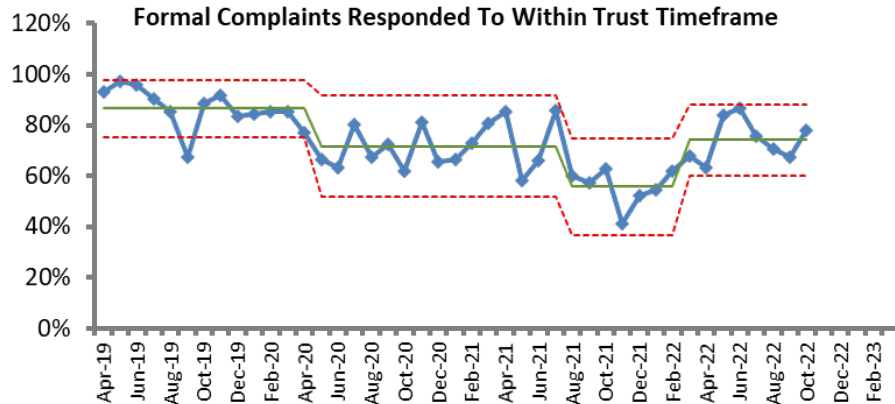
Patient Complaints

October 2022



Complaints Received: Oct-22

	Total	Formal	Informal
Diagnostics and Therapies	10	2	8
Medicine	63	19	44
Specialised Services	33	7	26
Surgery	44	17	27
Weston	21	16	5
Women's and Children's	47	25	22
Other	16	6	10
UHBW TOTAL	234	92	142



Formal Complaints Responses: Oct-22

	Within Target	Total Responses	% Within Target	Attributable To Division
Diagnostics and Therapies	2	2	100%	0
Medicine	8	9	88.9%	1
Specialised Services	3	4	75%	1
Surgery	9	12	75%	1
Weston	4	7	57.1%	3
Women's and Children's	8	10	80%	2
Other	1	1	0.778	0
UHBW TOTAL	35	45	77.8%	8

Emergency Care – 4 Hour Standard

October 2022

N Not Achieved

<p>Standards:</p>	<p>Measured as length of time spent in the Emergency Department (ED) from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours.</p> <p>There is also an expectation that no patient will wait more than 12 hours in ED after a decision to admit has been made, called “Trolley Waits”.</p> <p>There is also an expectation that no Ambulance Handover will exceed 30 minutes.</p>
<p>Performance:</p>	<p>Trust level 4 hour performance for October was 59.6% across all four Emergency Departments.</p> <p>There were 941 patients who had a Trolley wait in excess of 12 hours in October.</p> <p>In October there were 2,808 ambulance handovers in excess of 15 minutes which was 82% of all handovers.</p> <p>In October there were 2,053 ambulance handovers in excess of 30 minutes which was 60% of all handovers.</p>
<p>Actions:</p>	<p>Bristol Royal Infirmary:</p> <p>Average daily attendances increased dramatically to 217 (vs 206 in the previous month). Performance against the 4-hour standard in October remains low at 45%. The primary drivers are the lack of inpatient flow which is constrained by the availability of supporting services in the wider health and care system as well as workforce shortages. A particular challenge is the high numbers of No Criteria To Reside (NCTR) patients due to the lack of system capacity to support their care needs out of hospital. In October the BRI site had on average 103 beds per day were occupied by (NCTR) patients.</p> <p>The Trust is progressing a range of initiatives to reduce overcrowding, ambulance queueing and long waits including:</p> <ul style="list-style-type: none"> • Launch of the Every Minute Matters (EMM) programme to improve inpatient flow. • Pre-emptive boarding is being used where staffing allows to expedite admissions from ED. Work is underway to expand pre-emptive boarding to all inpatient areas with suitable physical capacity. • Improving effectiveness and efficiency of assessment units. • Expansion of SDEC (Same Day Emergency Care) provision including: <ul style="list-style-type: none"> ○ Surgical and Trauma Assessment Unit (STAU) has expanded seated capacity. ○ Medical SDEC has expanded from a 5 to 7 day service ○ Cardiology SDEC pilot due to commence from November ○ Development of a Frailty SDEC service.

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October 2022

**Actions
(continued):**

Bristol Royal Hospital for Children:

Performance against the 4-hour standard in October was 72.4%, which is a deterioration when compared to September (77.1%). October was a busier month based on attendances – with 4250 attendances in October vs 3677 in September. The department acquired 13 12-hour trolley breaches in October, compared to 15 in September. A lack of cubicles and ward beds continues to prevent timely transfer from the department following a Decision to Admit (DTA).

The Department implemented their winter plan improvements and are working closely with team to improve flow around the hospital. Focused work continues on timely assessment of specialty patients in Children’s Emergency Department, and in October the Department accrued 115 ‘Delay in Specialty Review’ breaches, which is a very slight improvement on September.

The Department continues to allocate overflow capacity in the Outpatients department where possible and have also been sourcing overflow capacity in the mornings to help decompress the department and allow timely treatment and discharge.

Weston General Hospital:

Performance against the 4 hour standard has deteriorated during the month of October at the Weston site to 52% (vs 56% in September) with an average daily attendance of 126 per day. The number of 12 hour trolley breaches increased with 445 in month which reflects the continued challenges with flow. High volumes of patients remain bedded in the Emergency Department overnight awaiting an inpatient bed, continuing to impact the department the following day with capacity to see new patients and flow. 30% of Weston's bed base remains occupied with no right to reside patients.

Key focuses within the Division:

- Improving capacity in the Emergency Department, including improving access to pathways from ED.
- Implementation of projects at the front door to further support de-escalation and redirection work ensuring patients are seen in the right healthcare setting, including Ambulatory Emergency Care (AEC) and working towards a Same Day Emergency Care (SDEC) model.
- Recruitment drive continuation in both medical and nurse staffing across the division.
- Improving Ambulance handover delays and queuing.
- Reduce the number of no right to reside patients.

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Emergency Care – 4 Hour Standard

October 2022

**Actions
(continued):**

Bristol Eye Hospital:

The Performance in October was improved to 95.5% compared with September was 94.5% , with 2017 attendances. There were 90 four-hour breaches a decrease from last month. No 12-hour breaches occurred.

Breach reasons were doctor delay (51), diagnostic delay (23) and clinical having treatment to avoid admission (15). One breach was awaiting speciality review. 19 of the four-hour breaches were over 30 minutes to nurse triage.

Doctor availability has been an issue due to sickness and gaps on the rota which has a knock on to all performance metrics as other commitments in Outpatient Departments and theatres are cancelled to cover the Emergency Department. The new clinical fellow is due to start on 5th December, supernumerary for first 2 weeks.

Ownership:

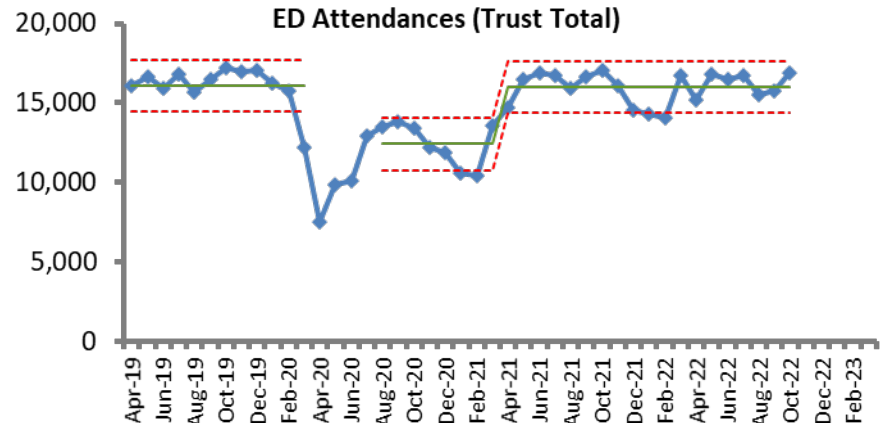
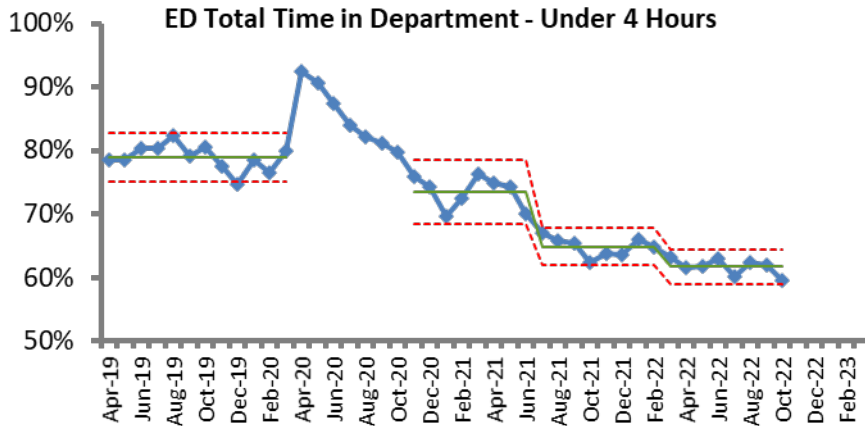
Chief Operating Officer

Emergency Care – 4 Hour Standard

October 2022

4 Hour Performance	Oct-22	2022/23	2021/22
Bristol Royal Infirmary	45.16%	44.84%	50.41%
Bristol Children's Hospital	72.35%	76.69%	78.01%
Bristol Eye Hospital	95.54%	95.59%	96.96%
Weston General Hospital	51.96%	55.18%	67.28%
UHBW TOTAL	59.59%	61.45%	66.79%

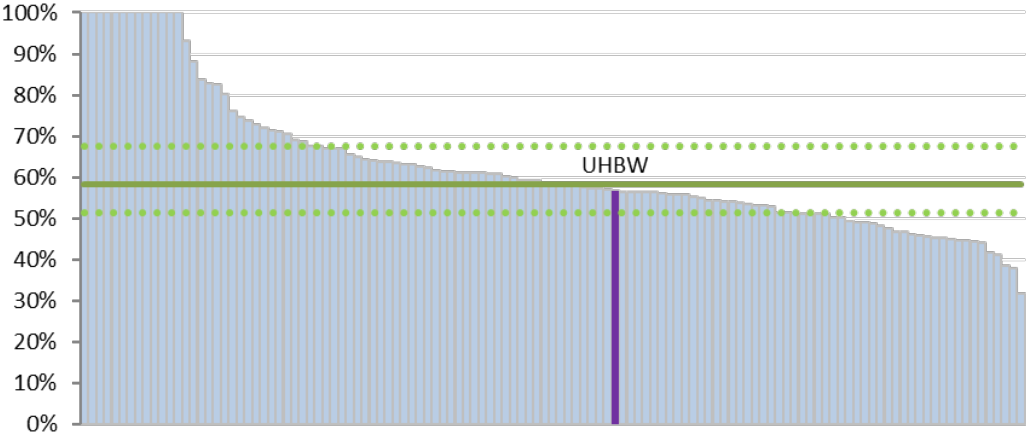
Average Daily Attendances	Oct-22	2022/23	2021/22
Bristol Royal Infirmary	217	206	205
Bristol Children's Hospital	137	128	129
Bristol Eye Hospital	65	67	61
Weston General Hospital	126	129	126
UHBW TOTAL	545	530	521



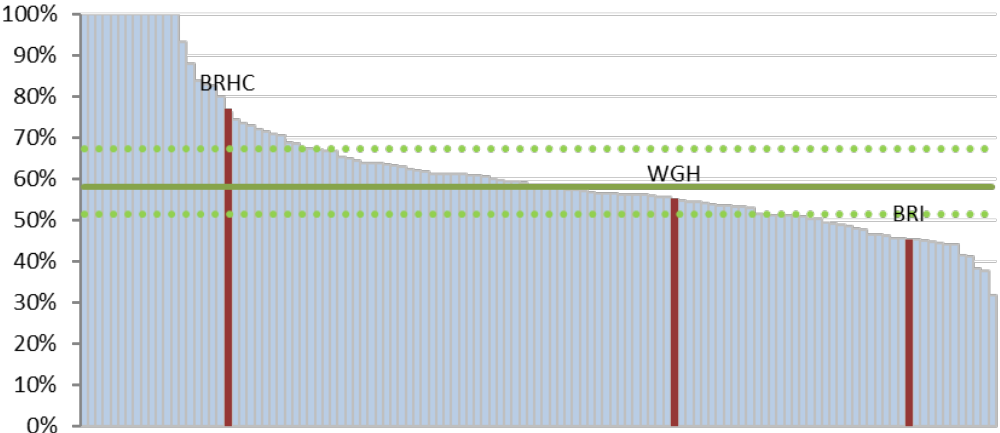
Note:
The above charts cover all four Emergency Departments. The Benchmarking charts on the next page is national performance data for Type 1 Emergency Departments only. For UHBW this excludes the Eye Hospital.

Emergency Care – 4 Hour Standard

Benchmarking - ED 4 Hour Performance 2022/23 Quarter 2



Benchmarking - ED 4 Hour Performance 2022/23 Quarter 2



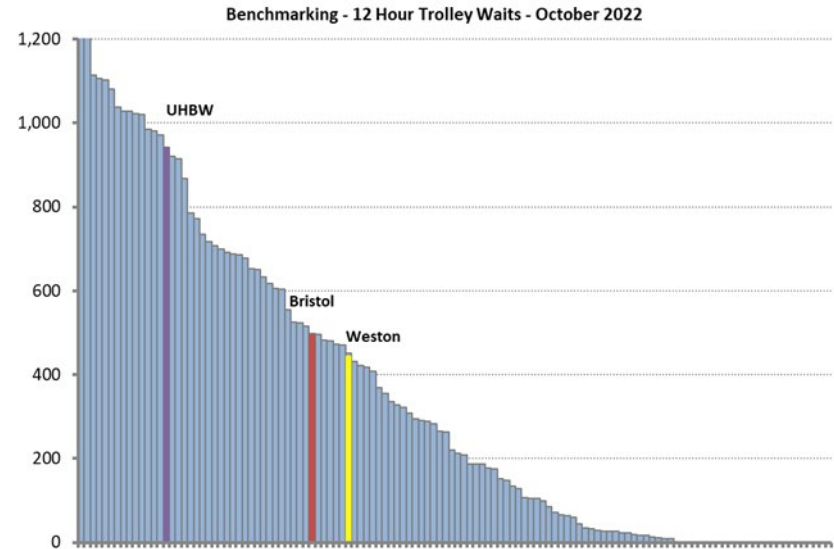
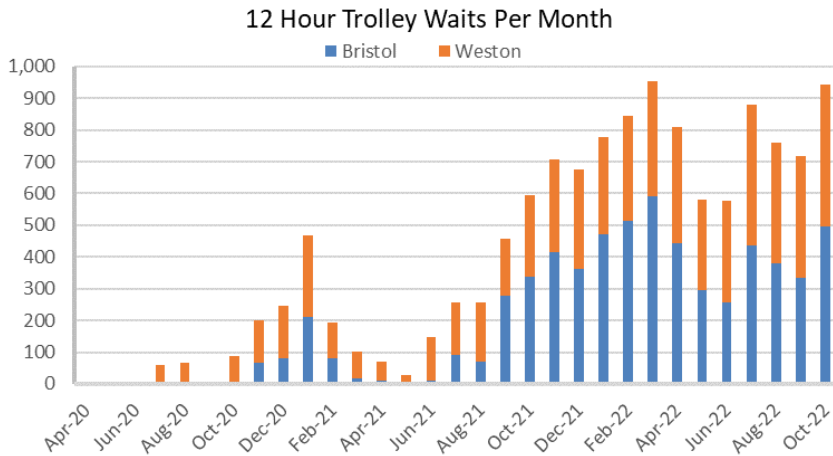
Emergency Care – 12 Hour Trolley Waits

October 2022

12 Hour Trolley Waits

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

	2021/2022												2022/2023											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	9	4	12	91	69	276	337	415	363	472	514	591	443	297	257	437	379	334	496					
Weston	62	24	134	164	188	180	257	291	313	304	330	361	366	282	319	441	379	383	445					
UHBW	71	28	146	255	257	456	594	706	676	776	844	952	809	579	576	878	758	717	941					



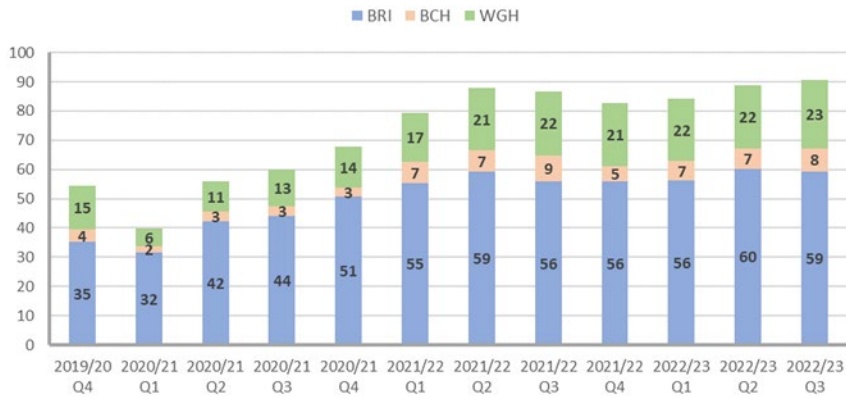
Emergency Care – Ambulance Handovers

October 2022

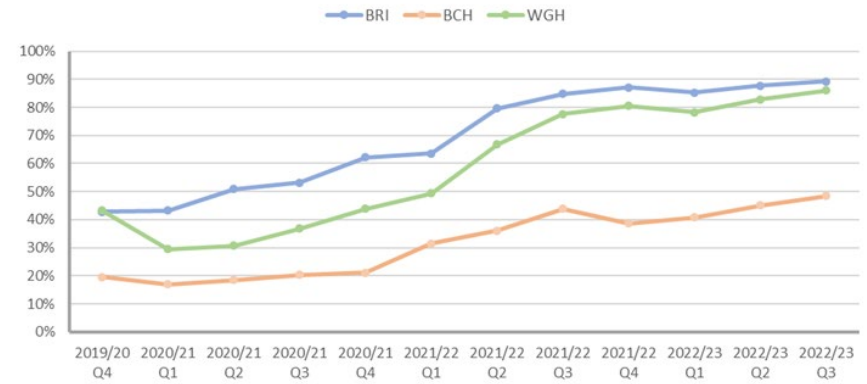
This data is supplied by the South Western Ambulance Service NHS Foundation Trust (SWASFT).

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

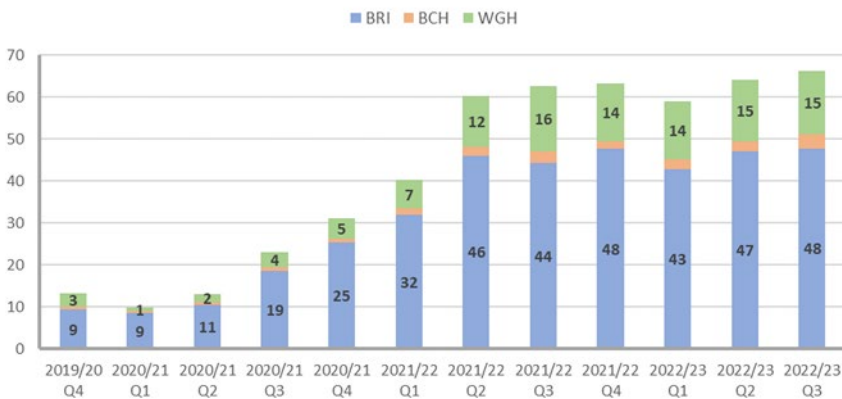
Handovers In Excess of 15 Minutes (Average Per Day)



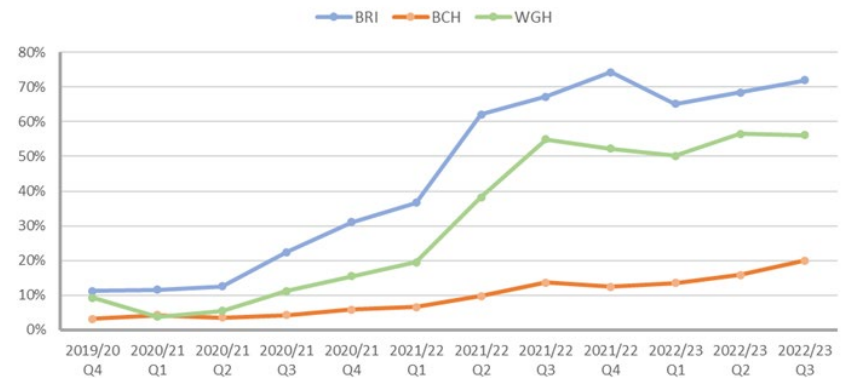
Handovers In Excess of 15 Minutes (As Percentage of All Handovers)



Handovers In Excess of 30 Minutes (Average Per Day)



Handovers In Excess of 30 Minutes (As Percentage of All Handovers)



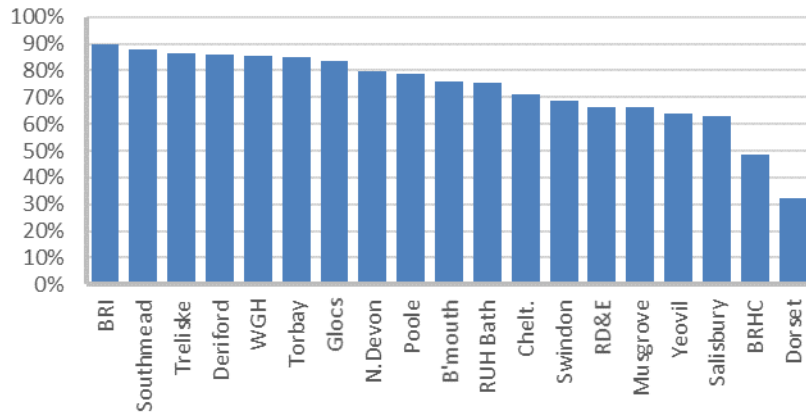
Emergency Care – Ambulance Handovers

October 2022

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

The data for all Trusts is a daily update and so totals will be slightly lower than the data in the previous slide which is a rolling 5 week update.

Percentage of Handovers Over 15 Minutes - October 2022



Total Handovers - South West - October 2022

	Total Handovers	Over 15 Mins	% Over 15 Mins	Over 30 Mins	% Over 30 Mins	Over 1 Hour	Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	462	225	48.7%	95	20.6%	11	1
BRISTOL ROYAL INFIRMARY	1,822	1,637	89.8%	1,319	72.4%	914	544
CHELTENHAM GENERAL HOSPITAL	474	338	71.3%	199	42.0%	107	34
DERRIFORD HOSPITAL	1,667	1,433	86.0%	1,243	74.6%	993	782
DORSET COUNTY HOSPITAL	1,316	426	32.4%	195	14.8%	92	30
GLOUCESTER ROYAL HOSPITAL	2,484	2,077	83.6%	1,576	63.4%	952	424
GREAT WESTERN HOSPITAL	1,630	1,117	68.5%	802	49.2%	582	372
MUSGROVE PARK HOSPITAL	2,015	1,334	66.2%	850	42.2%	445	186
NORTH DEVON DISTRICT HOSPITAL	1,152	919	79.8%	588	51.0%	301	98
POOLE HOSPITAL	1,640	1,291	78.7%	947	57.7%	629	385
ROYAL BOURNEMOUTH HOSPITAL	1,674	1,273	76.0%	922	55.1%	601	340
ROYAL DEVON AND EXETER WONFORD	2,465	1,640	66.5%	897	36.4%	300	88
ROYAL UNITED HOSPITAL - BATH	1,967	1,487	75.6%	1,040	52.9%	701	421
SALISBURY DISTRICT HOSPITAL	992	625	63.0%	383	38.6%	227	118
SOUTHMEAD HOSPITAL	2,334	2,047	87.7%	1,415	60.6%	866	477
TORBAY HOSPITAL	1,584	1,343	84.8%	1,072	67.7%	830	594
TRELISKE HOSPITAL	1,888	1,634	86.5%	1,445	76.5%	1,182	949
WESTON GENERAL HOSPITAL	760	649	85.4%	420	55.3%	259	156
YEOVIL DISTRICT HOSPITAL	1,125	721	64.1%	316	28.1%	103	24
SOUTH WEST TOTAL	29,451	22,216	75.4%	15,724	53.4%	10,095	6,023

Delayed Discharges (No Criteria to Reside)

October 2022

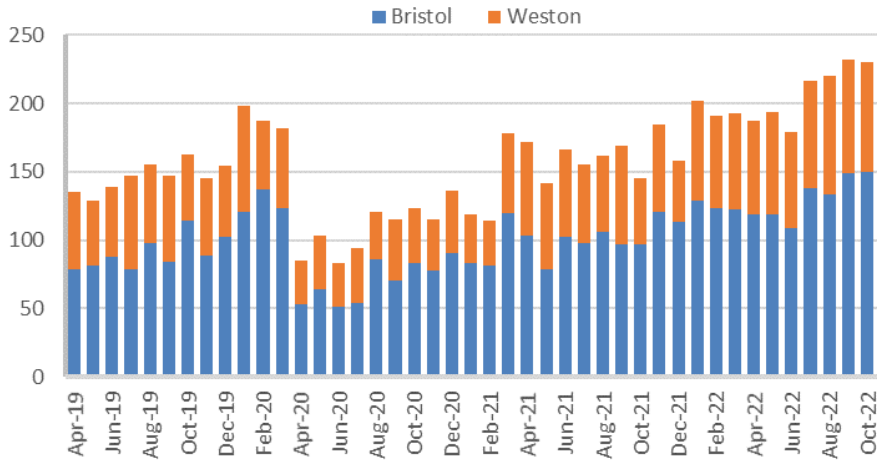
N/A No Standard Defined

Standards:	Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToc) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its No Criteria to Reside (NCTR) lists. These are patients whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge. Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3).
Performance:	At the end of October there were 230 NCR patients in hospital. There were 7,079 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 228 beds were occupied per day by NCR patients.
Actions:	<p>The demand across all the pathways in Bristol and Weston continued to exceed capacity in the community. A breakdown of October's performance is provided below:</p> <ul style="list-style-type: none"> • Pathway 1 (P1): In the BRI there were 25 patients who did not meet the criteria to reside and in Weston there were 13 patients. Work ongoing around opportunities with the discharge support grant, earlier discharges with family support and increasing engagement with the discharge Multi Disciplinary Team (MDT) meetings. • Pathway 2 (P2): Waiting list is static, BRI: 13 patients and WGH: 20. Higher numbers in WGH due to lack of P2 beds in North Somerset. Work continues with MDT to reduce P2 to P1. • Pathway 3 (P3): The P3 waiting list is consistently very high, 35 patients in the BRI and 27 patients at WGH. The Integrated Discharge Service (IDS) continues to meet with community partners to progress particularly complex patients. Reduction in transitional beds, paid for by the ICS, has led to an increase of pathway 3 waiters in hospital.
Ownership:	Chief Operating Officer

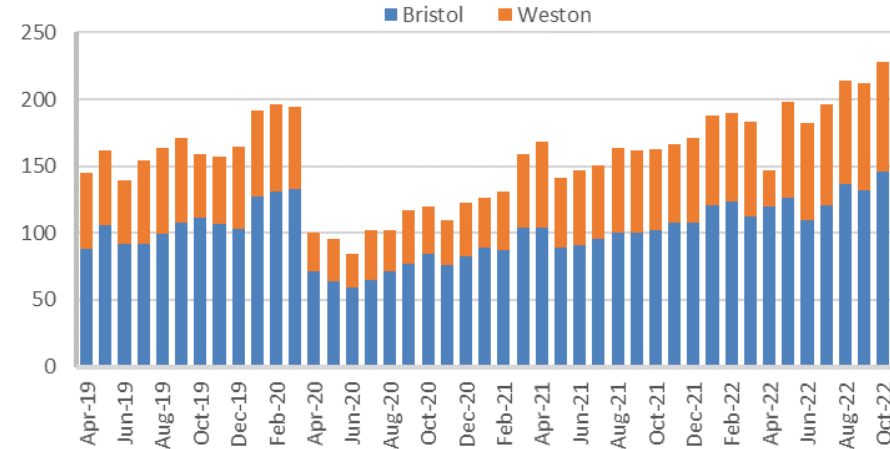
Delayed Discharges (No Criteria to Reside)

October 2022

Number of Patients - Last Thursday in the Month



Average Number of Beds Occupied by NCTR Patients



Bristol and Weston: Current Breakdown of Medically Fit For Discharge (MFFD) Patients, 16th November 2022

Pathway	Number of Patients	Percentage	7+ Days on Latest Pathway	14+ Days on Latest Pathway	21+ Days on Latest Pathway
Pathway 1	52	25.2%	13	7	2
Pathway 2	46	22.3%	15	4	2
Pathway 3	44	21.4%	21	13	10
Awaiting Decision	41	19.9%	8	1	1
Awaiting Referral	9	4.4%	2	0	0
Other	14	6.8%	1	1	0
Total	206		60	26	15

Pathway 1 – patients awaiting package of care
 Pathway 2 – requiring rehabilitation or reablement
 Pathway 3 – Nursing or Residential home required

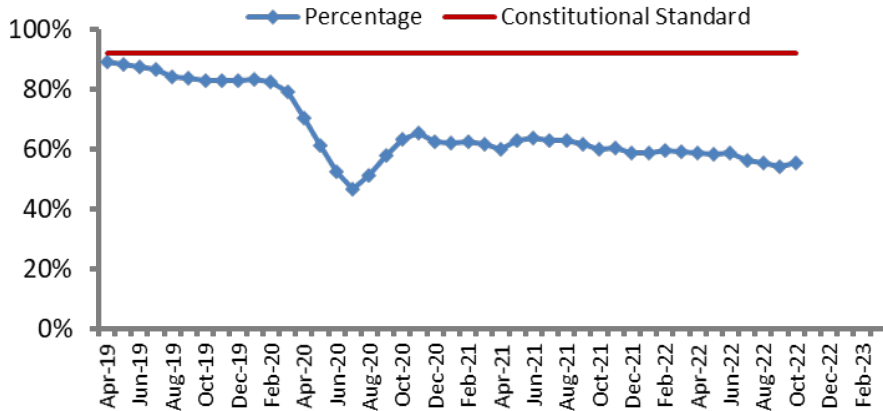
Referral To Treatment

October 2022

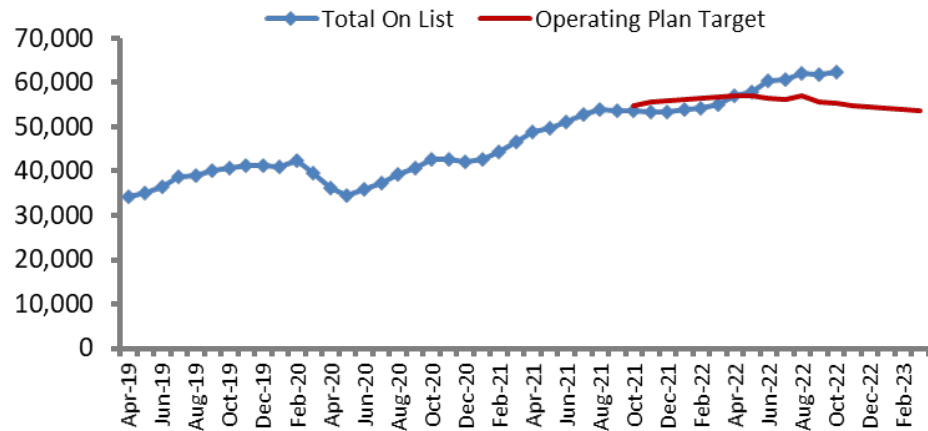
N Not Achieved

Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. A recovery trajectory was submitted to NHS England for 2022/23. The end of October target list size was 55,249.
Performance:	At end of October, 55.3% of patients were waiting under 18 weeks. The total waiting list was 62,462 and the 18+ week backlog was 27,902. So the end of September position for total list size exceeded the recovery trajectory. Comparing the end of April 2020 with the end of October 2022: <ul style="list-style-type: none"> the overall wait list has increased by 26,250 patients. This is an increase of 73%. the number of patients waiting 18+ weeks increased by 17,248 patients. This is an increase of 162%.
Actions:	Please refer to “Referral To Treatment Long Waits” section.
Ownership:	Chief Operating Officer

Referral To Treatment Ongoing Pathways Under 18 Weeks



Referral To Treatment Total Ongoing Pathways

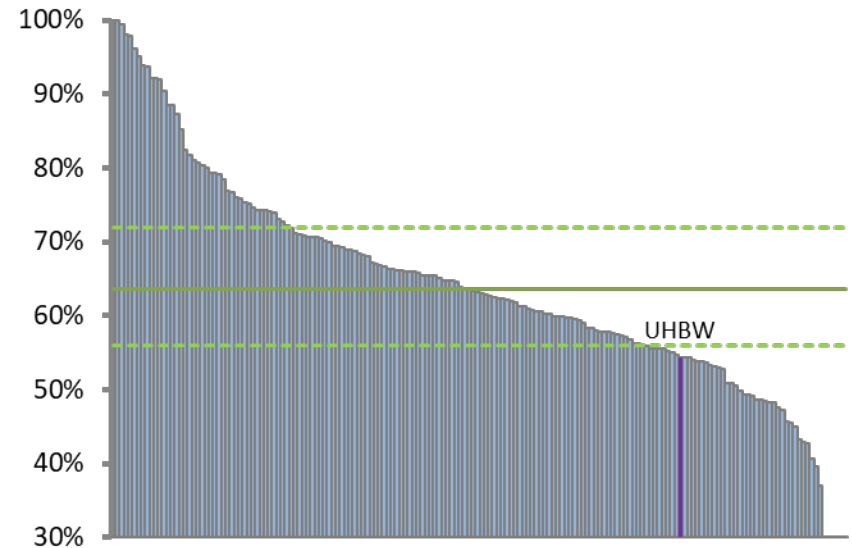


Referral To Treatment

October 2022

	Oct-22		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	917	1,029	89.1%
Medicine	5,543	9,412	58.9%
Specialised Services	3,645	5,271	69.2%
Surgery	18,358	35,577	51.6%
Women's and Children's	6,097	11,173	54.6%
Other	0	0	
UHBW TOTAL	34,560	62,462	55.3%

Benchmarking RTT Percentage Under 18 Weeks - September 2022



Referral To Treatment – Long Waits

October 2022

P Partially Achieved

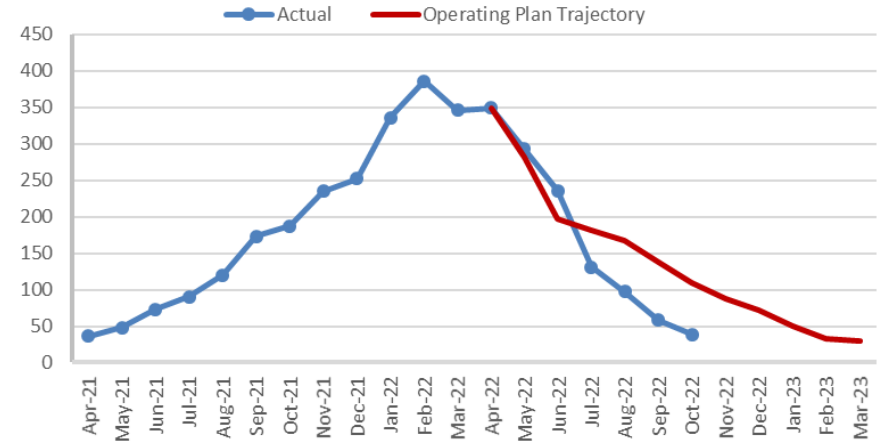
Standards:	Pre-Covid, the expectation was that no patient should wait longer than 52 weeks for treatment. As part of the Elective Recovery Programme Trusts have submitted trajectories to March 2023 for 52+, 78+ and 104+ weeks wait.
Performance:	<p>At the end of October:</p> <ul style="list-style-type: none"> • 5,989 patients were waiting 52+ weeks against a target of 4,585. • 763 patients were waiting 78+ weeks against a target of 770. • 39 patients were waiting 104+ weeks against a target of 109.
Actions:	<ul style="list-style-type: none"> • Plans to clear patients who are currently 104 weeks by end of October remains challenging. The largest risk of breaches is in the Division of Surgery with a smaller cohort of breaches in Paediatric services. In the Division of Surgery, Colorectal, Upper GI and Dental services hold the largest volumes. Dental services have additional capacity under contractual agreements with both Nuffield and St Joseph’s to support their recovery in some areas. Ad-hoc sessions were offered by our NBT colleagues in November for Colorectal cases, but only one session was suitable, a further two sessions have been offered which are under consideration. Upper GI clearance is challenging due to the volume of P2 cancer cases that continue to take priority. • We continue to contact patients who are waiting for treatment dates to ask if they would be acceptable to treatment at an alternative provider, however, this remains tricky as the longest waiting patients generally require treatment at UHBW with their current consultant. However, for Paediatric patients, we have requested mutual aid for 26 patients, nine of which have been transferred to university hospitals Plymouth (UHP) and awaiting TCI dates to be offered to those patients. • Internally we continue to look at bolstering additional capacity through Glanso and waiting list initiatives. Recent agency pay enhancements made to theatre staff in Paediatric services, have seen an uptake of additional lists which will support not only the 104ww patients, but also those patients who are 78ww who we need to clear by end of March 2023. These pay enhancements are also being offered in BRI adult theatres. • Where patients are too complex for transferring outside the organisation for treatment under mutual aid arrangements, focus should be on maximising our theatre scheduling across all sites and ensure that suitable capacity is available for our longest waiting breaches. This continues to be a challenge due to the high volumes of cancer cases, lack of bed/HDU capacity, staff shortages to bring these patients in for treatment.
Ownership:	Chief Operating Officer

Referral To Treatment – Long Waits

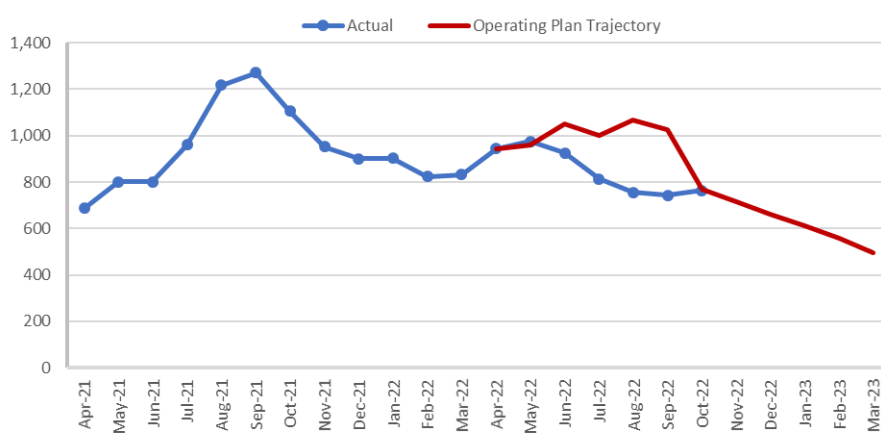
October 2022

	Oct-22		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	3	2	0
Medicine	488	47	0
Specialised Services	168	7	0
Surgery	4,331	529	35
Women's and Children's	999	178	4
Other	0	0	0
UHBW TOTAL	5,989	763	39

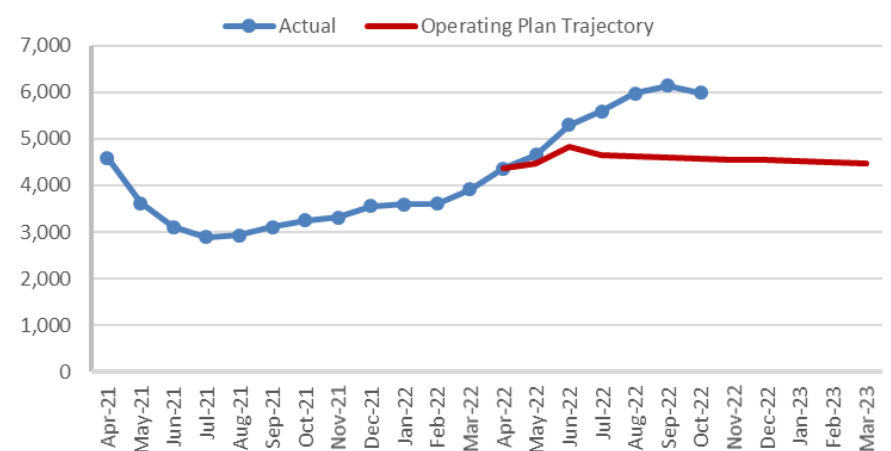
Number of Ongoing Patients Waiting 104+ Weeks at Month End



Number of Ongoing Patients Waiting 78+ Weeks at Month End

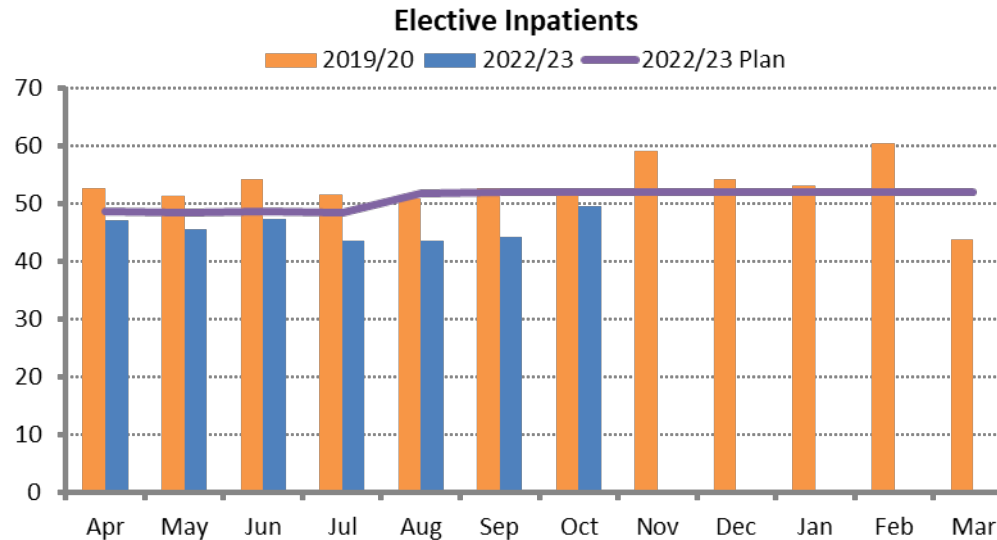


Number of Ongoing Patients Waiting 52+ Weeks at Month End



October 2022

Activity Per Day, By Month and Year

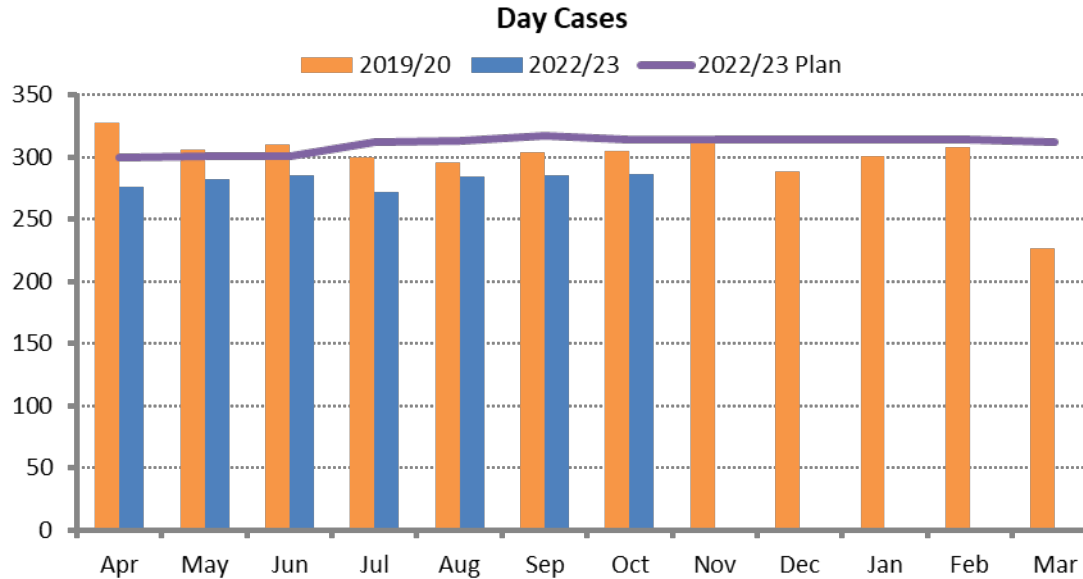


		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	53	51	54	52	51	53	52	59	54	53	60	44
2021/22	Actual Activity Per Day	44	49	43	44	38	37	34	39	35	38	41	44
2022/23	Actual Activity Per Day	47	45	47	43	44	44	49					
	Planned Activity Per Day	49	49	49	49	52	52	52	52	52	52	52	52

2022/23 Activity: % of Plan	97%	94%	97%	90%	84%	85%	95%						
2022/23 Activity: % of 2019/20	89%	88%	87%	84%	86%	84%	96%						

October 2022

Activity Per Day, By Month and Year



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	327	306	310	299	296	304	304	313	288	301	307	226
2021/22	Actual Activity Per Day	274	297	275	261	271	269	264	276	253	280	266	259
2022/23	Actual Activity Per Day	276	282	285	272	284	286	286					
	Planned Activity Per Day	300	301	301	312	313	317	314	314	314	314	314	312

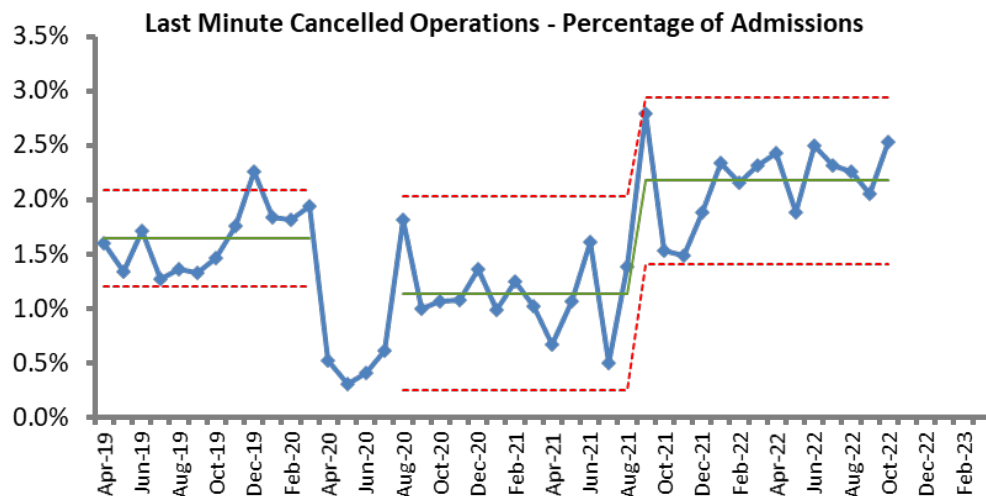
2022/23 Activity: % of Plan	92%	94%	95%	87%	91%	90%	91%						
2022/23 Activity: % of 2019/20	84%	92%	92%	91%	96%	94%	94%						

Cancelled Operations

October 2022

N Not Achieved

Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In October, there were 186 last minute cancellations, which was 2.5% of elective admissions. Of the 148 cancelled in September, 117 (79%) had been re-admitted within 28 days.
Actions:	Actions for reducing last minute cancellations are being delivered by the Theatre Productivity Programme.
Ownership:	Chief Operating Officer



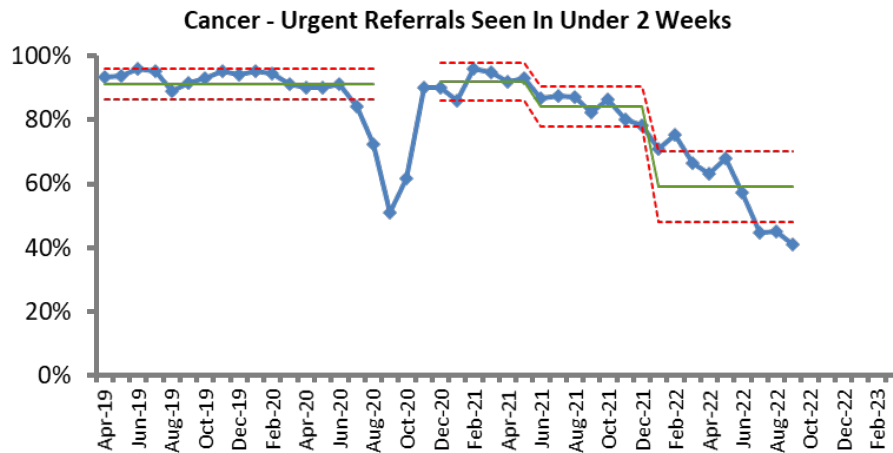
	Oct-22		
	LMCs	% of Admissions	Performance
Diagnostics and Therapies	0	24	0.0%
Medicine	23	913	2.5%
Specialised Services	37	2,789	1.3%
Surgery	98	2,395	4.1%
Women's and Children's	28	1,054	2.7%
Other	0	186	
UHBW TOTAL	186	7,361	2.5%

Cancer Two Week Wait

September 2022

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 September, 41.1% of patients were seen within 2 weeks. Overall performance for Quarter 1 was 62.9%. The overall performance for Quarter 2 was 43.6%.
Actions:	The standard was non-compliant in September (41.1% against a 93% standard). Very high Covid sickness in June and July, particularly affecting the high volume specialities of skin and colorectal, has caused this deterioration, creating a backlog that is challenging to clear in light of ongoing vacancies and ad hoc sickness. Actions to improve performance include appointment of locums in relevant areas to clear the backlogs. Significant progress is being made in both areas, although initially this can cause a deterioration in performance as the longer waiting patients get seen. It will be some time before the backlogs are decreased sufficiently to meet the 2 week standard and compliance is unlikely in this calendar year. Introduction of straight-to-test pathways in Weston colorectal and ongoing work at regional level on primary-secondary care colorectal cancer referral pathways will support longer term improvement and sustainability.
Ownership:	Chief Operating Officer



	Under 2 Weeks	Total Pathways	Performance
Suspected children's cancer	18	22	81.8%
Suspected gynaecological cancers	119	201	59.2%
Suspected haematological malignancies	10	23	43.5%
Suspected head and neck cancers	413	485	85.2%
Suspected lower gastrointestinal cancers	92	442	20.8%
Suspected lung cancer	22	25	88.0%
Suspected sarcomas	1	1	100.0%
Suspected skin cancers	43	634	6.8%
Suspected upper gastrointestinal cancers	87	125	69.6%
Grand Total	806	1,959	41.1%

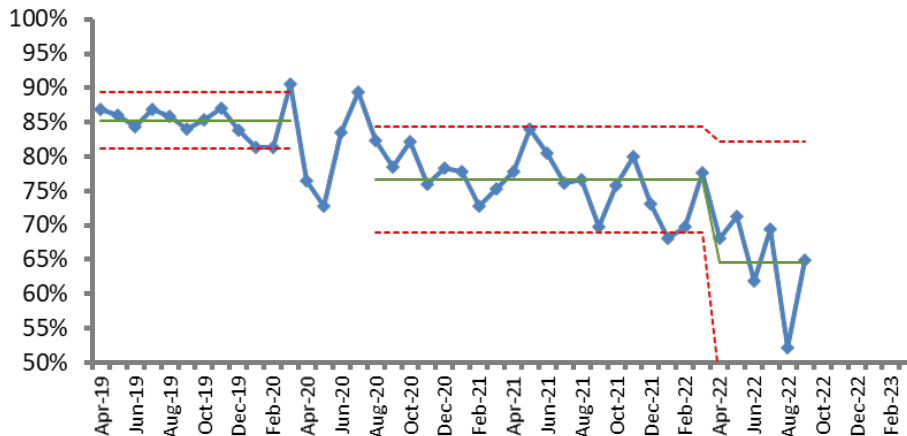
Cancer 62 Days

September 2022

N Not Achieved

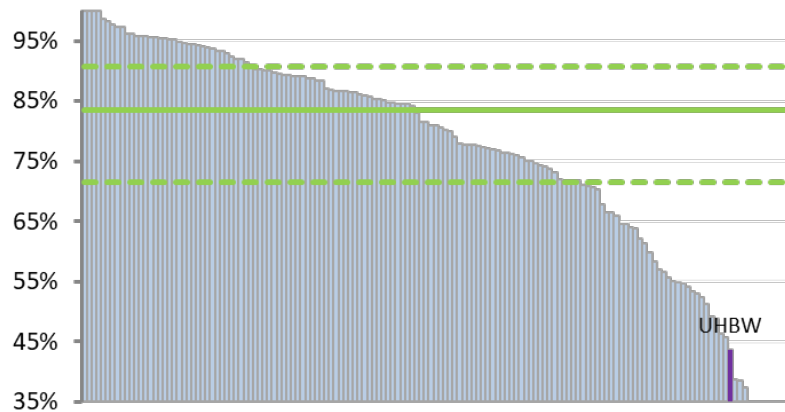
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For September, 64.9% of patients were seen within 62 days. The overall Quarter 1 performance was 66.9%. The overall Quarter 2 performance was 61.4%.
Actions:	<p>The standard was non-compliant in September (64.9% against an 85% standard). The impact of the Covid pandemic on all areas of capacity continues to be at the root of the majority of potentially avoidable target breaches. Achieving compliance with the 85% standard remains unlikely in the intermediate term, as backlogs created by high Covid sickness will take months to finish impacting on the retrospective performance position. There remains the risk of further 'surges' of high Covid prevalence which could delay recovery, along with the risk of impact from potential strikes or excessive winter pressures. The majority of patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.</p> <p>Actions include recruitment into hard-to-fill posts and use of locums (where suitable locums can be sourced), additional lists and clinics, introduction of straight to test pathways in gynaecology and colorectal, a pilot of AI technology in dermatology, and continual effective patient level waiting list management.</p>
Ownership:	Chief Operating Officer

Cancer 62 Day Referral To Treatment (Urgent GP Referral)

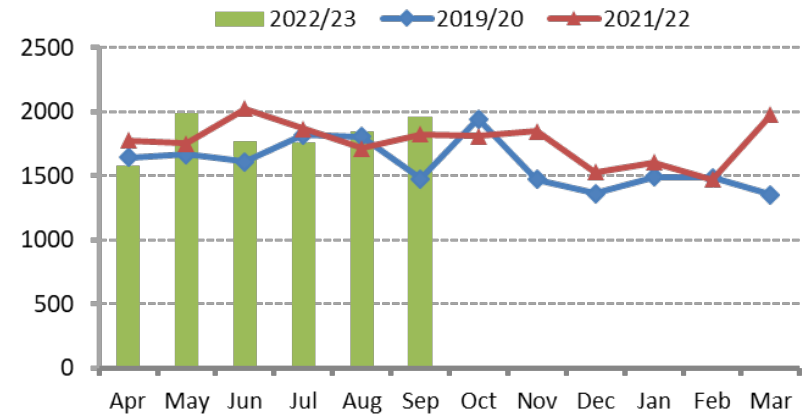


	Within Target	Total Pathways	Performance
Breast	2.5	2.5	100.0%
Gynaecological	0.0	4.0	0.0%
Haematological	5.0	10.0	50.0%
Head and Neck	7.0	11.0	63.6%
Lower Gastrointestinal	3.0	8.0	37.5%
Lung	6.5	8.0	81.3%
Other	2.0	2.0	100.0%
Sarcoma	2.0	2.0	100.0%
Skin	33.5	44.0	76.1%
Upper Gastrointestinal	4.0	6.5	61.5%
Urological	0.0	3.0	0.0%
Grand Total	65.5	101.0	64.9%

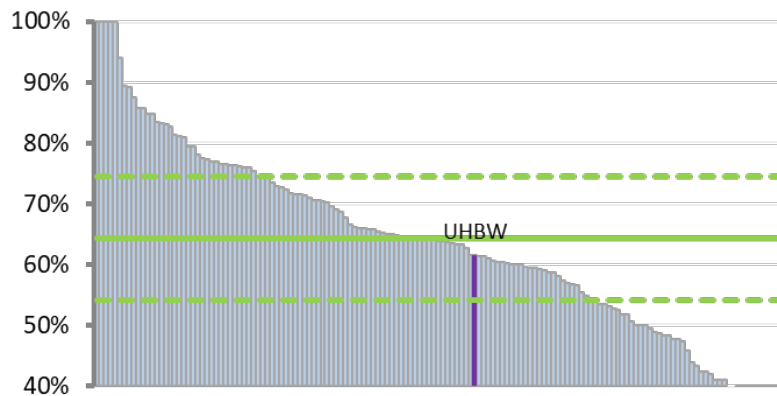
Benchmarking - 2 Week Wait Performance - 2022/23 Quarter 2



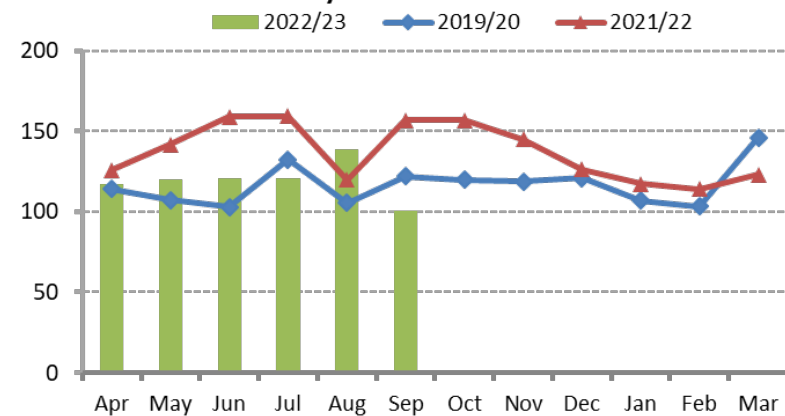
2 Week Wait - Patients Seen



Cancer 62 Day Performance - 2022/23 Quarter 2



62 Day - Patients Treated



Cancer – 28 Day Faster Diagnosis

September 2022

N Not Achieved

Standards:	The standard measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. The standard is reported separately for GP referred and screening referred patients.
Performance:	In September the Trust delivered 50.0% against the GP referred standard and 66.0% against the screening standard. Quarter 1 overall delivered 71.9% against the GP referred standard and 49.7% against the screening standard. Quarter 2 overall delivered 57.0% against the GP referred standard and 64.8% against the screening standard.
Actions:	The GP referred standard was below the compliance threshold this month. The screening standard, which has a low denominator and is mostly composed of colorectal patients, continues to be non-compliant. The standards are being impacted by capacity issues in several high volume specialities due to staff shortages. The screening standard is also affected by extremely high patient choice in the small patient cohort measured by the standard. The GP standard is largely being affected by the same issues as the two week wait first appointment standard with patients not being seen quickly enough at the start of the pathway in high volume specialities (particularly skin and colorectal) due to staff sickness during the latest Covid prevalence surge having created a backlog. Actions to improve the position are the same as for the first appointment standard with locums being appointment to tackle appointment backlogs and longer term pathway work regionally in colorectal. In addition, the introduction of straight to test pathways in gynaecology, two new radiologists who have recently started, and increased endoscopy capacity will support improvement against this standard as well.
Ownership:	Chief Operating Officer

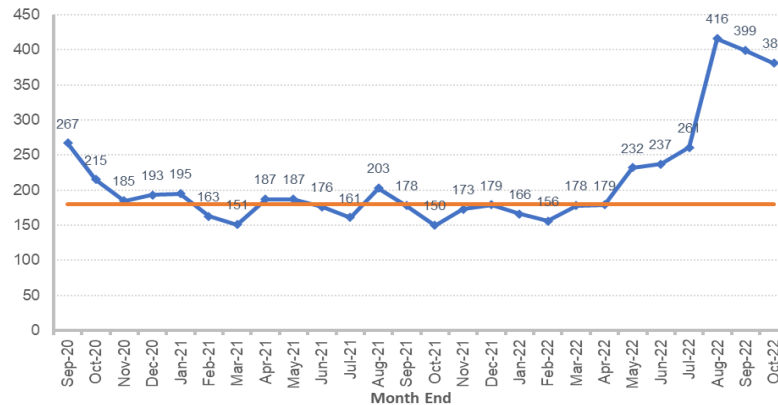
Month	Measure	Number Within 28 Days	Total Patients	Percentage Compliance
Jun-22	GP Referred	978	1,453	67.3%
	Screening	37	53	69.8%
	Combined	1,015	1,506	67.4%
Jul-22	GP Referred	962	1,488	64.7%
	Screening	40	64	62.5%
	Combined	1,002	1,552	64.6%
Aug-22	GP Referred	995	1,747	57.0%
	Screening	43	65	66.2%
	Combined	1,038	1,812	57.3%
Sep-22	GP Referred	811	1,621	50.0%
	Screening	35	53	66.0%
	Combined	846	1,674	50.5%

Cancer – Patients Waiting 62+ Days

Snapshot taken: 30th October 2022

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 and is currently the principal standard of interest to NHSE. NHSE has asked Trusts to return to/remain below 'pre-pandemic levels'. NHSE defines this as 180 patients for UHBW.</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:	As at 30 th October the Trust had 381 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
Actions:	<p>The Trust continues to exceed (i.e. not comply with) the 'pre-Covid baseline' but has comfortably achieved its improvement trajectory for the month. Very high staff sickness due to Covid in June and July coupled with high demand, particularly in the high volume specialities of colorectal, dermatology and gynaecology, has created backlogs. The Trust is working to recover performance by March 2023, with faster recovery not feasible due to the need to clear the backlog of waiting patients built up during this period whilst also managing the ongoing demand. Several of these areas are also impacted by high vacancy rates both in the speciality teams and in supporting teams e.g. theatre nursing. Locums have been appointed to address some of these backlogs although recruitment and retention remains a problem in some of the relevant areas due to national shortages of staff in these specialities. Recovery is also dependent on there not being further severe service disruption as a result of further Covid prevalence surges, excessive winter pressures, or potential strikes.</p>
Ownership:	Chief Operating Officer

Cancer 62+ Day Standard

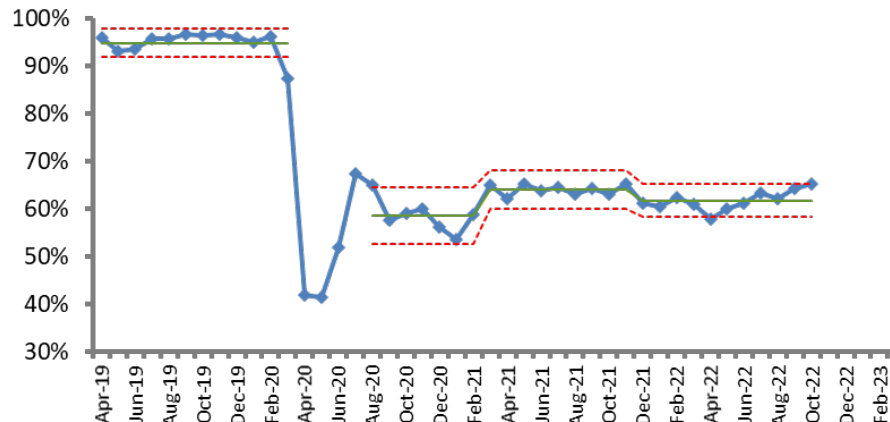


October 2022

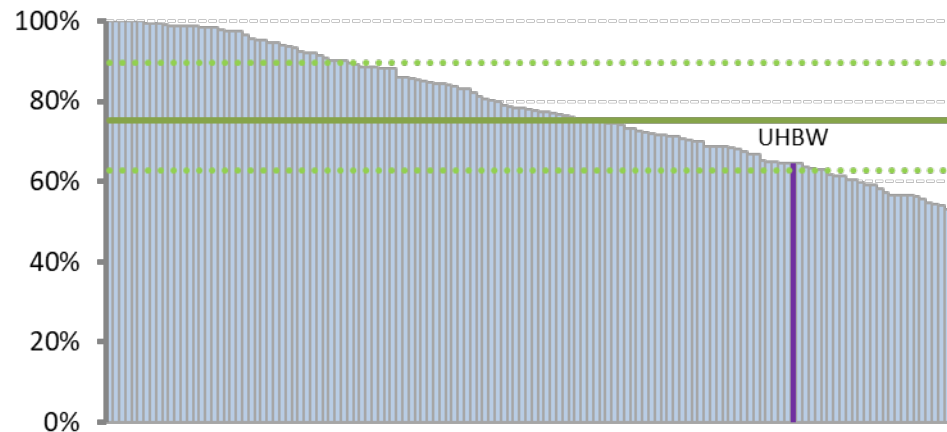
N Not Achieved

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. The 2022/23 recovery plans require 75% to be achieved by end of March 2023. In addition Trusts are expected to clear their 26+ week backlog by March 2023.
Performance:	At end of October, 65.3% of patients were waiting under 6 weeks, with 16,952 patients in total on the list. There were a total of 1,345 patients waiting 26+ weeks which is 7.9% of the waiting list.
Actions:	The Trust is aiming to ensure all patients are waiting less than 26 weeks for a diagnostic test by March 2023 (i.e. to eliminate long waiters) and aiming to achieve 75% compliance with the 6 week wait standard. Performance is largely unchanged in October 2022 with a slight improvement. The trust is not achieving the agreed trajectory currently. The same hotspots remain in Endoscopy, Echocardiology, non-obstetric ultrasound and MRI. Some niche areas of MRI are tracking slower than plan, but this is considered to be low risk as trajectories in this modality are still expected to achieve by March 2023. Non-obstetric ultrasound adults is experiencing staffing challenges which pose a risk, but there is a plan in place to remedy the concerns. Endoscopy performance remains the most significant risk to 6 week performance and recovery in diagnostics. There are a number of plans and actions in place in Endoscopy. However these will take time to yield the progress expected. Recovery plans and progress for all modalities is monitored closely, with specific focus on high volume and niche areas. The Trust continues to utilise mutual aid and additional capacity, where available, to aid recovery plans in challenged modalities.
Ownership:	Chief Operating Officer

Diagnosics Under 6 Week Wait (15 Key Tests)



Benchmarking - Percentage Under 6 Weeks - September 2022



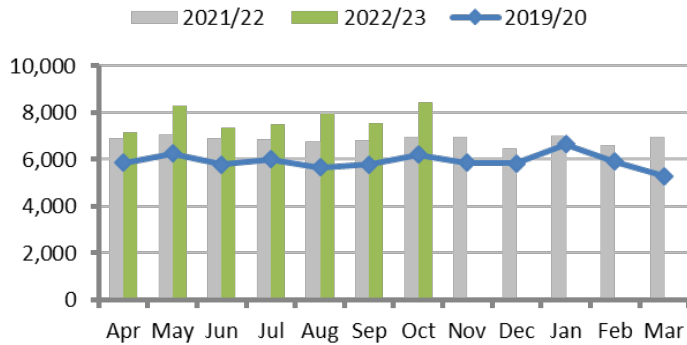
End of October 2022

Modality	Total On List	6+ Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	588	6	1%	2	0%	0	0%
Colonoscopy	1,062	724	68%	598	56%	397	37%
Computed Tomography (CT)	2,752	479	17%	81	3%	4	0%
DEXA Scan	746	295	40%	30	4%	0	0%
Echocardiography	2,697	1,433	53%	620	23%	135	5%
Flexi Sigmoidoscopy	340	251	74%	202	59%	147	43%
Gastroscopy	885	616	70%	510	58%	334	38%
Magnetic Resonance Imaging (MRI)	2,887	573	20%	430	15%	168	6%
Neurophysiology	134	0	0%	0	0%	0	0%
Non-obstetric Ultrasound	4,695	1,372	29%	471	10%	50	1%
Sleep Studies	166	126	76%	118	71%	110	66%
Other	0	0		0		0	
UHBW TOTAL	16,952	5,875	34.7%	3,062	18.1%	1,345	7.9%

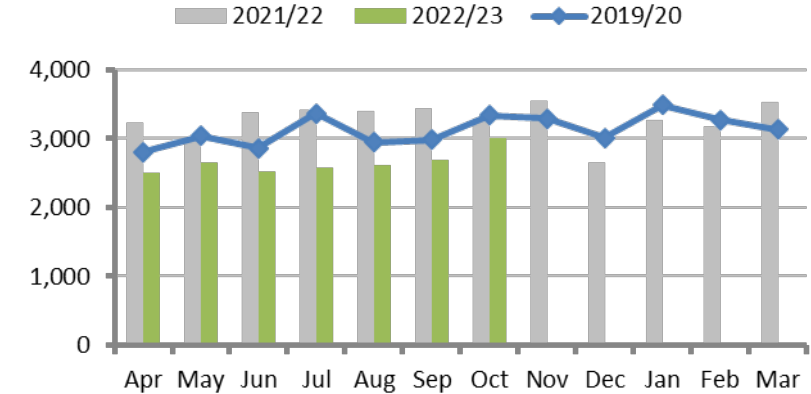
Diagnostic Activity – Restoration

October 2022

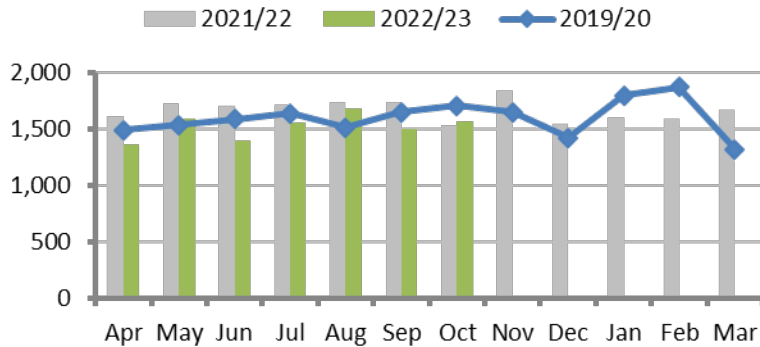
Computed Tomography (CT)



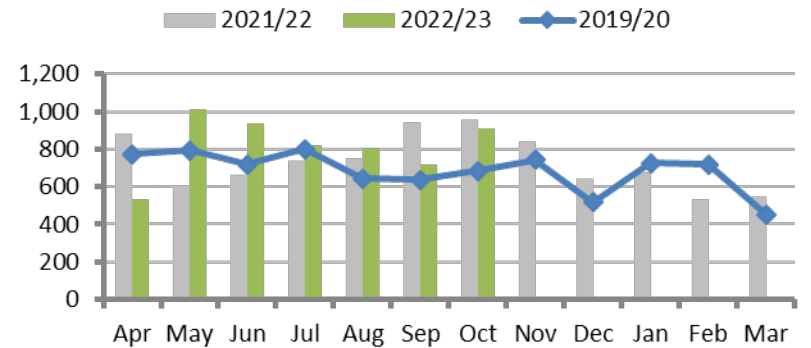
Magnetic Resonance Imaging (MRI)



Echocardiography



Endoscopy (Gastroscopy, Colonoscopy, Flexi Sig)



2022/23 as a Percentage of 2019/20	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Computed Tomography	122%	132%	127%	125%	141%	131%	136%					
Magnetic Resonance Imaging	89%	87%	88%	77%	89%	90%	90%					
Echocardiography	91%	103%	88%	95%	111%	91%	92%					
Endoscopy	69%	127%	130%	102%	125%	113%	133%					

Outpatient Measures

October 2022

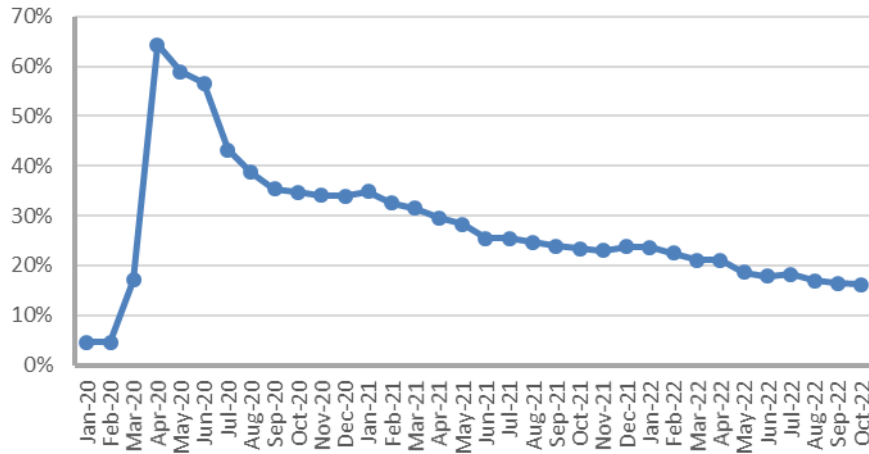
N Not Achieved

Standards:	<ul style="list-style-type: none"> Proportion of outpatient consultations that are non face-to-face (including ones that are delivered by video, as opposed to telephone). The target is to have at least 25% delivered as non face-to-face. Advice and Guidance (A&G) is a service within the electronic Referral Service (eRS) which allows a clinician to seek advice from another, providing digital communication between two clinicians: the “requesting” clinician and the provider of a service, the “responding” clinician. The aim is for a minimum of 12 advice and guidance requests to be delivered per 100 outpatient new attendances (i.e. 12%) Patient Initiated Follow-Up (PIFU) is one possible outcome following an outpatient attendance. This gives patients and their carers the flexibility to arrange their follow-up appointments as and when they need them rather than the service booking a follow-up. The target is to have 5% of all outpatient attendances moved or discharged to a PIFU pathway.
Performance:	<p>In October:</p> <ul style="list-style-type: none"> 16.2% of outpatient attendances were delivered non face-to-face. Of these, 9.7% were delivered as a video consultation. There were 1,386 Advice & Guidance Responses sent out, which was 6.6% of all New outpatient attendances. There were 2,985 outpatient attendances that were outcome as PIFU, which was 4.3% of all outpatient attendances.
Actions:	<ul style="list-style-type: none"> October PIFU activity remained similar to September (4.3%) of outpatient attendances. Engagement continues with specialities to develop PIFU further in the trust. Long term condition PIFU pathways have been deployed trust-wide development of trust reporting is required to capture the new pathway activity. Non face-to-face activity 16.2% in October (17% in August). This is reflective of divisions increasing face to face activity to tackle backlogs. DrDoctor activity has identified potential under reporting of video consultation appointment outcomes in trust data. Advice and Guidance request activity has increased September to October and this is reflective of extending waiting times for responses and increasing backlogs of requests. There are a number of resourcing challenges faced across the trust impacting on delivery. The system’s Healthier Together programme has identified the priority specialities for A&G service development for 2022/23. NHSE now includes Referral Assessment Services as A&G activity and this report will be changed to include this activity.
Ownership:	Chief Operating Officer

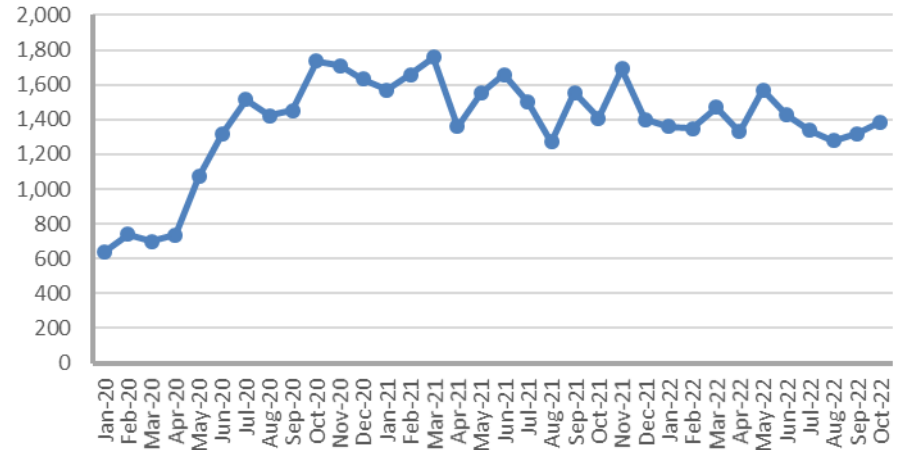
	Non Face To Face		Non Face To Face (Video)		Advice & Guidance		Advice & Guidance Responses		Patient Initiated Follow-Up	
	Total	% of All Attendances	Total	% of All Non Face To Face	Total Responses	% of New Attendances	Responses Within 7 Days	% Responses Within 7 Days	Total PIFU'ed Outcomes	% of All Attendances
Diagnostic & Therapy	1,211	13.5%	266	22.0%	55	1.4%	55	100.0%	459	5.8%
Medicine	2,352	30.7%	311	13.2%	262	10.9%	157	59.9%	199	3.1%
Specialised Services	4,193	32.9%	222	5.3%	244	11.2%	241	98.8%	268	2.4%
Surgery	1,658	6.6%	36	2.2%	216	3.9%	150	69.4%	500	2.2%
Weston	0		0		139	5.1%	119	85.6%	606	7.8%
Women's & Children's	1,791	11.9%	250	14.0%	470	10.9%	259	55.1%	953	6.7%
TOTAL	11,205	16.2%	1,085	9.7%	1,386	6.6%	981	70.8%	2,985	4.3%

October 2022

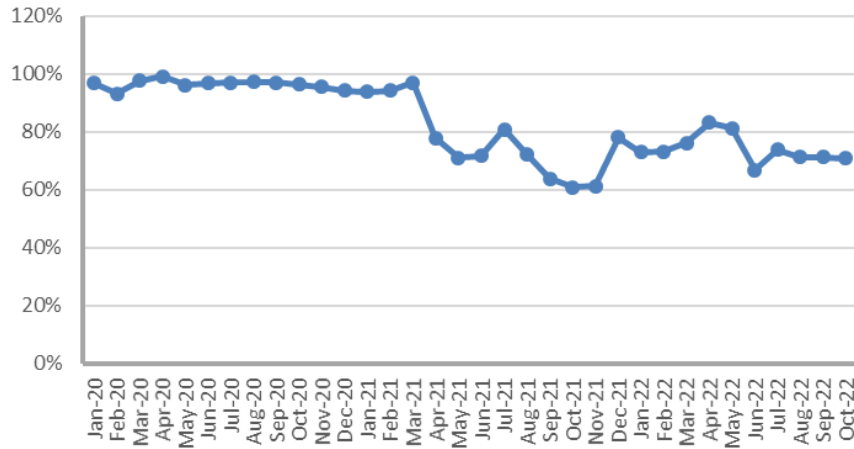
Outpatient Attendances - % Non Face To Face



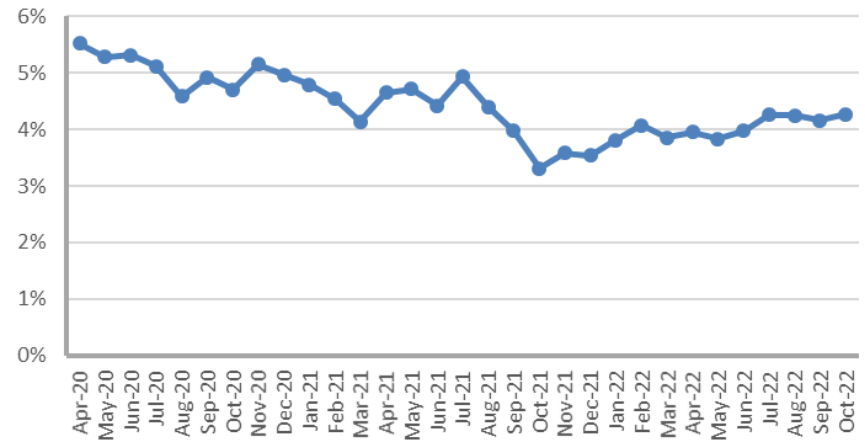
Number of Advice and Guidance Responses



Percentage of A&G Responses in 7 Days



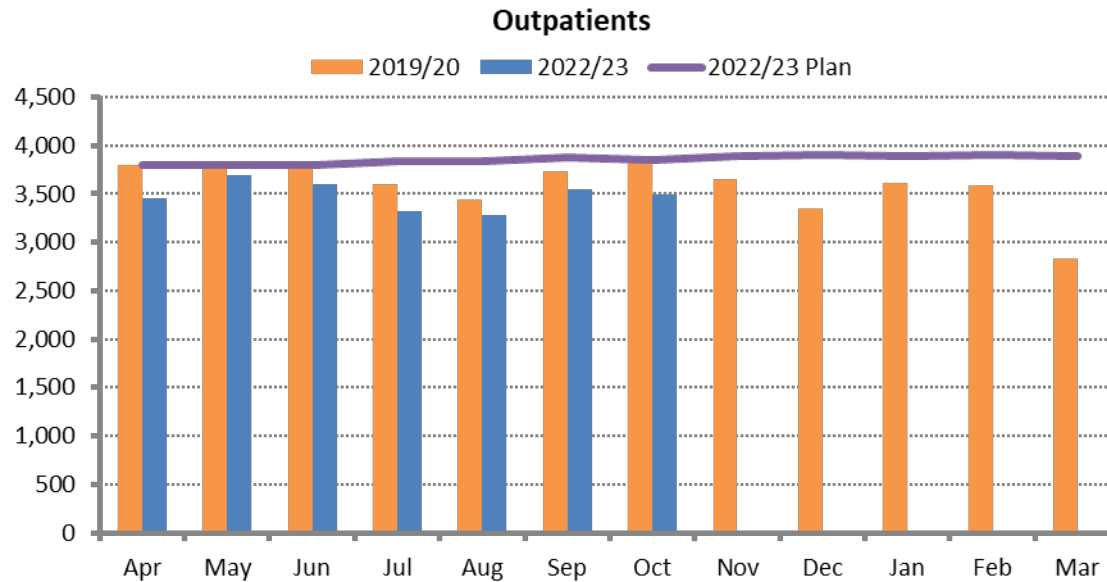
Percentage of Attendances with PIFU Outcome



Outpatient Activity – Restoration

October 2022

Activity Per Day, By Month and Year – Outpatient Attendances



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	3,802	3,788	3,826	3,595	3,444	3,727	3,892	3,657	3,343	3,615	3,584	2,835
2021/22	Actual Activity Per Day	3,439	3,638	3,462	3,219	3,089	3,357	3,396	3,638	3,167	3,571	3,384	3,383
2022/23	Actual Activity Per Day	3,451	3,690	3,594	3,325	3,278	3,545	3,493					
	Planned Activity Per Day	3,791	3,791	3,791	3,833	3,831	3,881	3,845	3,889	3,896	3,893	3,896	3,886
2022/23 Activity: % of Plan		91%	97%	95%	87%	86%	91%	91%					
2022/23 Activity: % of 2019/20		91%	97%	94%	92%	95%	95%	90%					

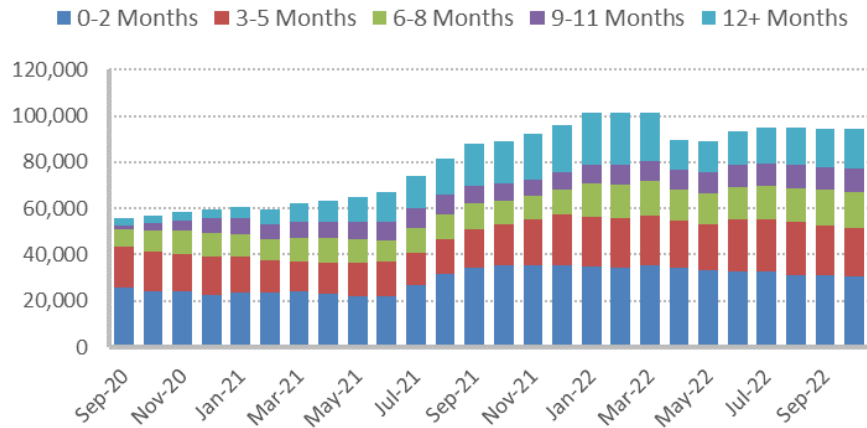
Outpatient Overdue Follow-Ups

October 2022

N Not Achieved

Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients.
Performance:	Total overdue at end of October was 94,541 of which 42,779 (45%) were overdue by 6+ months and 17,209 (18%) were overdue by 12+ months.
Actions:	<ul style="list-style-type: none"> Validation has continued in October in response to the NHSE 'Action on Outpatients Programme' with the overall aim to end-up with a data set that genuinely reflects outpatient demand rather than data quality issues with referrals that were not discharged. Divisions have been asked to continue to prioritise outpatient work in October to November to help support 78+ and 52+ Referral To Treatment (RTT) recovery. Is there follow-up capacity that can be used in the short-term to see RTT outpatients.
Ownership:	Chief Operating Officer

Overdue Follow-Ups By Number of Months Overdue



	6+ Months		12+ Months		Total Overdue
	Number	Percentage	Number	Percentage	
Diagnostics & Therapies	5,897	45%	1,792	14%	13,031
Medicine	12,154	51%	5,576	23%	23,878
Specialised Services	5,994	45%	2,122	16%	13,237
Surgery	14,316	45%	5,929	19%	31,570
Weston	2,836	45%	1,313	21%	6,333
Women's and Children's	1,577	24%	473	7%	6,483
Other	5		4		9
UHBW TOTAL	42,779	45%	17,209	18%	94,541

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

June 2022

P Partially 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. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is “as expected”.
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months July 2021 to June 2022 was 100.2 and in NHS Digital’s “as expected” category. This is slightly above the overall national peer group of English NHS trusts of 100.
Action/Plan:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts. In the previous Quality and Outcomes Committee, a request was made to include a Statistical Process Control (SPC) run chart. This is now included on the next page. The limits have only been applied from September 2021 when the SHMI appears to have stabilised.
Ownership:	Medical Director

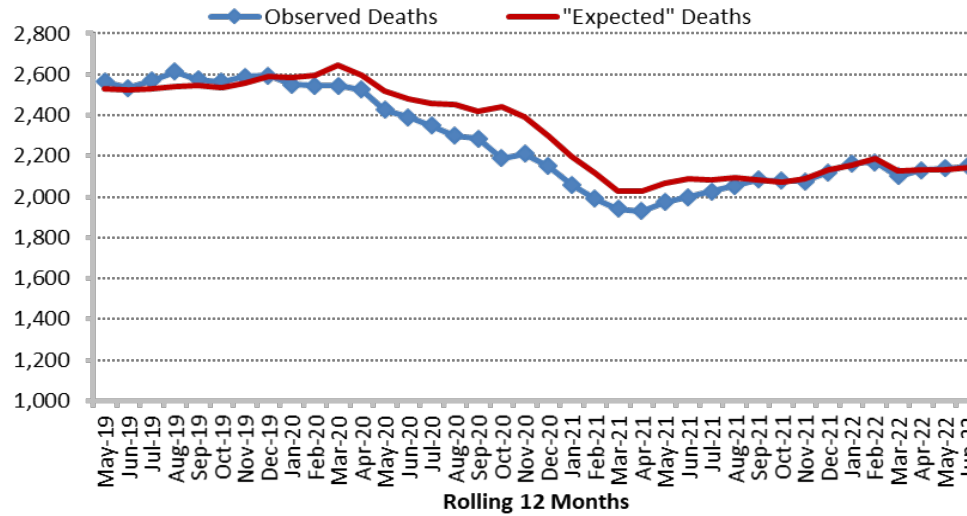
Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Jul-21	2,025	2,085	97.1
Aug-21	2,055	2,095	98.1
Sep-21	2,085	2,085	100.0
Oct-21	2,080	2,070	100.5
Nov-21	2,075	2,090	99.3
Dec-21	2,120	2,135	99.3
Jan-22	2,165	2,155	100.5
Feb-22	2,170	2,185	99.3
Mar-22	2,100	2,125	98.8
Apr-22	2,130	2,130	100.0
May-22	2,140	2,130	100.5
Jun-22	2,150	2,145	100.2

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

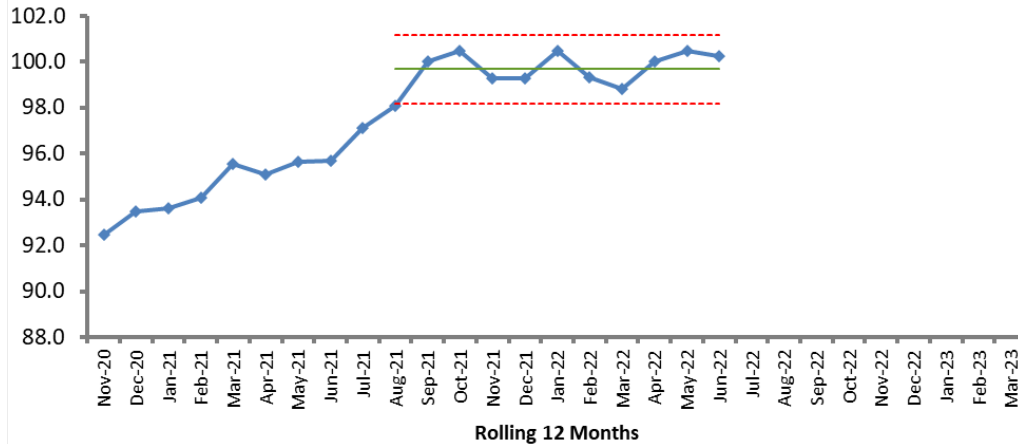
June 2022

P Partially Achieved

Summary Hospital-level Mortality Indicator (SHMI)



Summary Hospital Mortality Indicator (SHMI) - National Monthly Data



Mortality – HSMR (Hospital Standardised Mortality Ratio)

August 2022

N Not Achieved

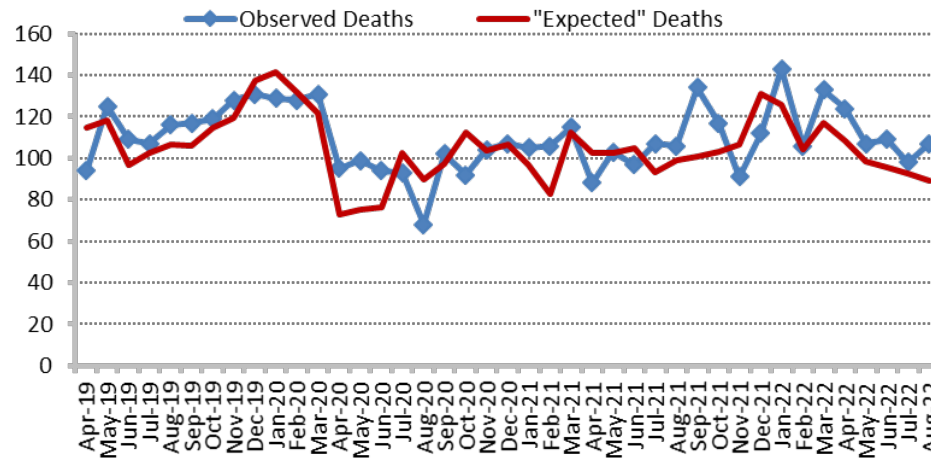
Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR within CHKS for UHBW solely for the month of August 2022 was 119.8, meaning there were more observed deaths (107) than the statistically calculated expected number of deaths (89). Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation. The HSMR for the 12 months to August 2022 for UHBW was 108.1 above the National Peer of 100.5.
Action/Plan:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
Ownership:	Medical Director

Month	Observed Deaths	"Expected" Deaths	HSMR
Sep-21	134	100.6	133.2
Oct-21	117	103.2	113.4
Nov-21	91	106.4	85.5
Dec-21	112	131.1	85.4
Jan-22	143	125.8	113.7
Feb-22	106	104.1	101.8
Mar-22	133	116.8	113.9
Apr-22	124	108.3	114.5
May-22	107	98.6	108.5
Jun-22	109	95.5	114.1
Jul-22	98	92.9	105.5
Aug-22	107	89.3	119.8

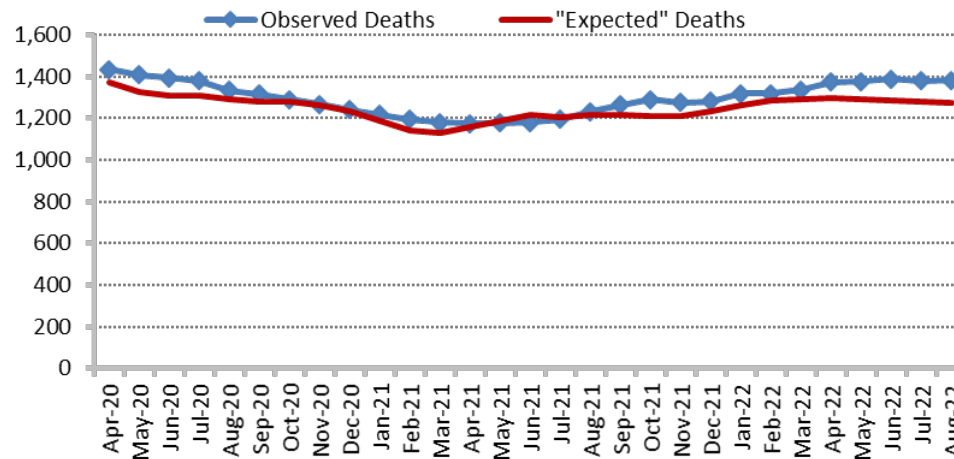
Mortality – HSMR (Hospital Standardised Mortality Ratio)

August 2022

Hospital Standardised Mortality Ratio (HSMR) - Monthly



Hospital Standardised Mortality Ratio (HSMR) - Rolling 12 Months



Fractured Neck of Femur (#NOF)

October 2022

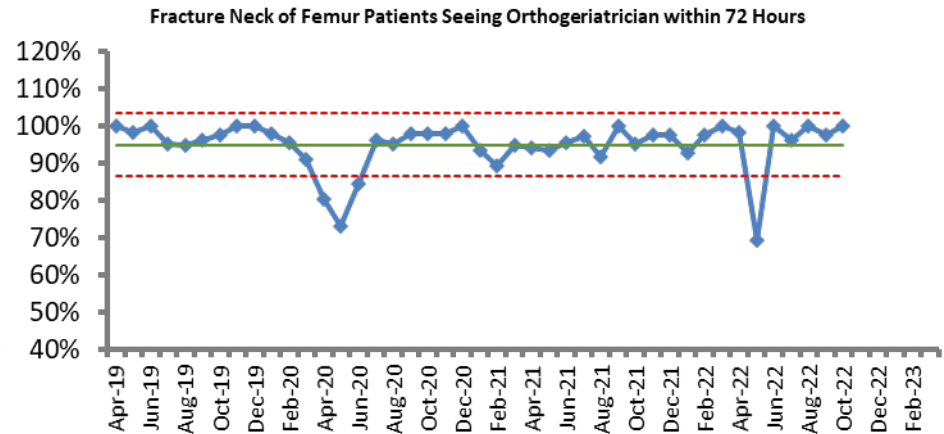
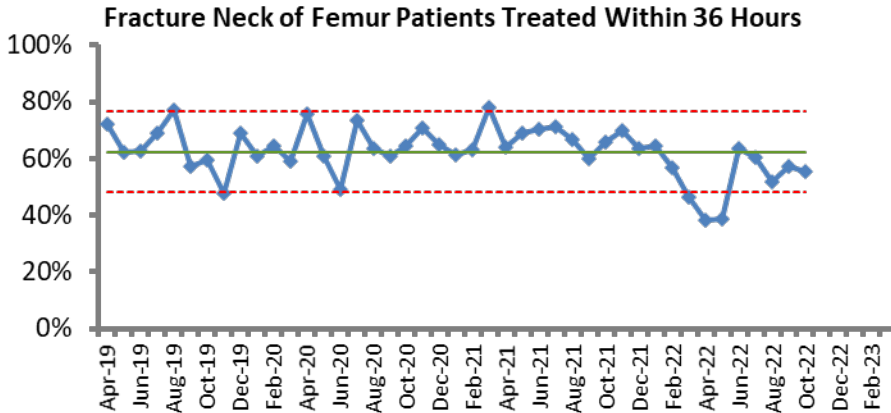
P Partially Achieved

Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	<p>In September, there were 47 patients eligible for Best Practice Tariff (BPT) across UHBW (21 in Bristol and 26 in Weston).</p> <ul style="list-style-type: none"> For the 36 hour standard, 55.3% achieved the standard (26 out of 47 patients). For the 72 hour standard, 100% achieved the standard (47 out of 47 patients).
Action/Plan:	<p>Underlying Issues (Bristol):</p> <ul style="list-style-type: none"> There is continued difficulty in time to theatre in the Bristol Royal Infirmary, mostly driven by the increase in general trauma (19-25 patients waiting for theatre) demand for #NOF patients, and an inability to stand up more trauma theatres. This difficulty is compounded by recent staffing issues in theatres resulting in the trauma team being unable to stand up extra trauma list in place of cancelled cancer cases. Difficulty accessing theatres to ensure consistent #NOF theatres and also challenges with theatre and anaesthetic staffing which is impacting on overall theatre capacity. This predominantly effects the ability to utilise extra theatres for trauma in the event of cancellations. Difficulty starting on time in theatres and also some anecdotal reports that theatre efficiency is being lost at the end of the day due to staffing pressures and reticence to start cases in case they overrun. Extreme pressure on staffing resulting in cancelled lists and an inability to run extra trauma. Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the Trauma & Orthopaedic (T&O) wards which causes our own T&O patients to outlie in other surgical beds. <p>Surgery delays at Weston this month were due to:</p> <ol style="list-style-type: none"> Patients waiting for specific Total Hip Replacement surgeon to be available on the trauma list, Surgery being cancelled at short notice due to theatre kit not being sterile or not returned in time from CSSD (Central Sterile Services Division), No theatre space at weekend due to shared lists with general surgeons, No theatre space on weekdays due to other trauma or multiple neck of femur fractures being admitted in one 24 hour period. <p>Actions Taken (Bristol):</p> <ul style="list-style-type: none"> Four Eyes Insight are undertaking a review of theatres to seek efficiency gain. Limb reconstruction elective lists are used for some trauma patients when the list is busy <p>Actions Taken (Weston):</p> <ul style="list-style-type: none"> An additional new Total Hip Replacement surgeon has been appointed and is due to start in December. Datix risks have been actioned for theatre kit issues. Use of Emergency (CEPOD) and electives lists when available for providing additional capacity.
Ownership:	Medical Director

Fractured Neck of Femur (#NOF)

October 2022

	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	21	8	38%	21	100%
Weston	26	18	69%	26	100%
TOTAL	47	26	55.3%	47	100.0%



Mixed Sex Accommodation Breaches

October 2022

A *Achieved*

Standards:	There should be no clinically unjustified Mixed Sex Accommodation (MSA) breaches. There are some clinical circumstances where mixed sex accommodation can be justified. These are mainly confined to patients who need highly specialised care. Therefore, the description of an MSA breach refers to all patients in sleeping accommodation who have been admitted to hospital: A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
Performance:	There are zero single sex accommodation incidents or breaches for October 2022
Action/Plan:	Continue to support staff to report incidents as required
Ownership:	Chief Nurse

October 2022

N/A *No Standard Defined*

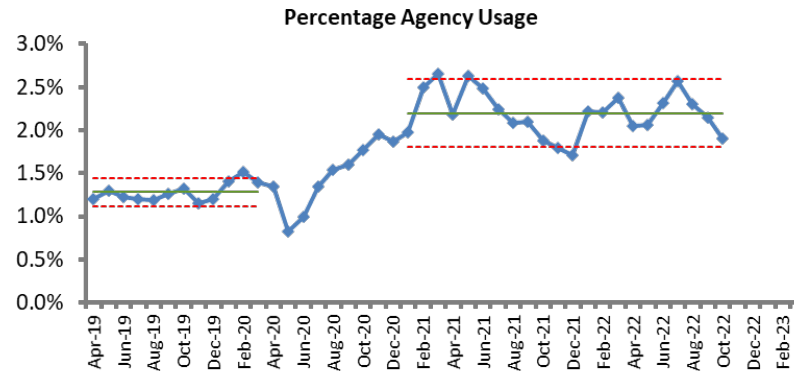
Standards:	The Perinatal Quality Surveillance Matrix (PQSM) provides additional quality surveillance of the maternity services at UHBW and has been developed following the recommendations made by the Ockenden report (2020) into maternity care at Shrewsbury and Telford Hospital Trust.
Performance:	<ul style="list-style-type: none"> • 1 to 1 care in labour was achieved 100% of the time. • The unassisted birth rate in October was at its lowest point this year, and the caesarean section rate in October was the highest month this year - with an increased rate of emergency c-section. • One incident was reported to Healthcare Safety Investigation Branch (HSIB) in October but was not accepted as did not meet the criteria as the mother was not in labour at the time of the incident. Two serious incidents were recorded:
Action/Plan:	<p>Underlying Issues:</p> <ul style="list-style-type: none"> • There was an increase in workforce Datix incidents recorded in October (42 in October compared with 23 in September). 19 related to Neonatal Intensive Care Unit (NICU) staffing, 10 related to Central Delivery Suite (CDS) staffing. • Maternity services remained under pressure in October and attempted to divert services 4 times in October due to staffing and acuity challenges. Staffing continues to be challenged with sickness across maternity and neonatal services, and acuity remains high. • There is an ongoing risk to achieving CNST (maternity incentive scheme) due to staff being pulled from training to support clinical areas. • There is a risk to the continued roll-out of continuity of carer due to vacancies within the service, and two teams remain paused due to vacancy and sickness within the teams. <p>Actions taken:</p> <ul style="list-style-type: none"> • Twice daily Monday to Friday flow meetings to support staffing escalation, redirecting staff resource as appropriate to maintain patient safety across all areas. The meeting is held once per day in the mornings on weekends and Bank Holidays. • Extra obstetric training sessions being offered in person and online alternative to support compliance and manage the ongoing risk to CNST attainment. • Ongoing recruitment drive to increase midwifery establishment. • Review of incidents, ongoing internal investigations in progress as required.
Ownership:	Chief Nurse

Workforce – Agency Usage

October 2022

N Not Achieved

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets (including Weston) for 2020/21. The maximum agency usage rate has been set at 1.8%.
Performance:	Agency usage reduced by 26.9 FTE to 1.9%. There were increases in three divisions, with the largest increase seen in Surgery, increasing to 43.4 FTE from 34.2 FTE in the previous month. There were reductions within three divisions, with the largest reduction seen in Trust Services, reducing to 6.6 FTE from 36.1 FTE in the previous month.
Action/Plan:	<ul style="list-style-type: none"> • There were 84 new starters across the bank in October • 19 Healthcare Support Workers inclusive of 15 reappointments • The Emergency Department has introduced a temporary measure of allocate on arrival 50% enhancement for all clinical shifts worked with an aim of increasing bank fill in this area. • The Trust continues to encourage “block bookings” to reduce the use of last minute, non-framework reliance. • Active recruitment continues to substantive medical roles in Weston General Hospital to drive down the demand for high-cost agency usage. • The Trust continues to offer paid travel time for clinical staff as an incentive to encourage staff to pick up bank shifts at Weston. • Work continues both at system and Trust level to reduce high-cost agency usage with the start of a Trust wide Patient First initiative supported by the Transformation Team. Initial changes such as the re-formatted bed meeting have already supported an initial reduction in agency usage.
Ownership:	Director of People



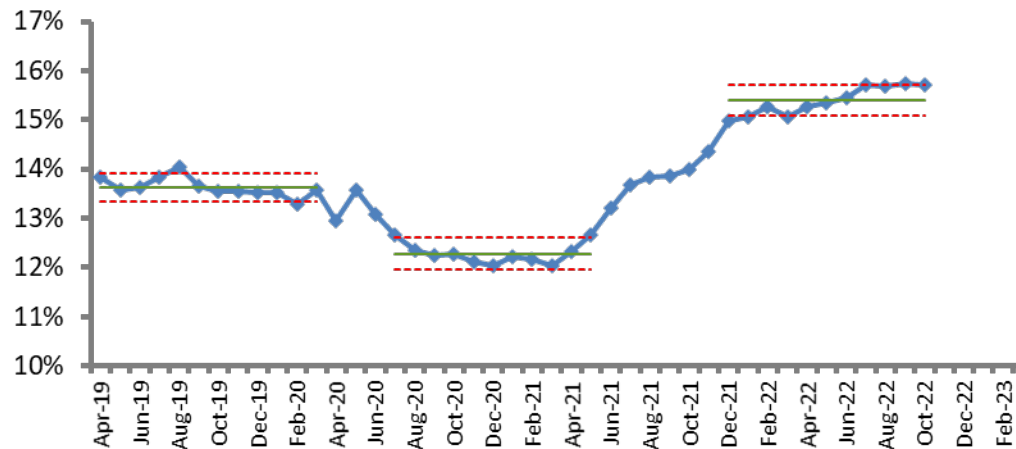
Workforce – Turnover

October 2022

P Partially Achieved

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The target is to have less than 15% turnover.
Performance:	Turnover for the 12-month period remained static at 15.7% in October 2022 compared with updated figures for the previous month. <ul style="list-style-type: none"> • Four divisions saw an increase whilst four divisions saw a reduction in turnover in comparison to the previous month. • The largest divisional increase was seen within Weston, where turnover increased by 0.9 percentage points to 17.3% compared with 16.4% the previous month. • The largest divisional reduction was seen within Diagnostics and Therapies, where turnover reduced by 1.1 percentage points to 16.6% compared with 17.7% the previous month.
Action/Plan:	<ul style="list-style-type: none"> • A suite of exit process guidance has been developed and will launch in November 2022, this includes videos, a new style survey, and monthly reporting of exit data to divisions to address hotspots. The information draws on the themes of the People Strategy and focusses on each leaver having a voice and a story. The materials also focus on returning to UHBW in the future. • Exit data will be provided to divisional HRBP's on a monthly basis for them to draw on this data in their divisional performance reviews. • The top 4 reasons for leaving have remained static between May and October this year. Retention activity is therefore focussed on these areas. They are; lack of career development, car parking, flexible working and stress/burnout.
Ownership:	Director of People

Workforce Turnover Rate



October 2022

N Not Achieved

Standards:	Vacancy levels are measured as the difference between the budgeted Full Time Equivalent (FTE) establishment and the actual Full Time Equivalent substantively employed figures, represented as a percentage, The Trust target is to have less than 7.0% vacancy.												
Performance:	<p>Vacancy levels are measured as the difference between the budgeted Full Time Equivalent (FTE) establishment and the actual Full Time Equivalent substantively employed figures, represented as a percentage, The Trust target is to have less than 7.0% vacancy.</p> <p>Overall vacancies increased to 7.7% (896.9 FTE) compared to 7.3% (843.7 FTE) in the previous month.</p> <ul style="list-style-type: none"> The largest divisional increase was seen in Surgery where vacancies increased to 230.5 FTE from 172.6 FTE in the previous month. Some of this movement will be due to the movement of some Weston cost centres into the division. The largest divisional reduction was seen in Weston, where vacancies reduced to 59.1 FTE from 110.9 FTE the previous month. Some of this change will be due to the movement of some cost centres out of the division. The largest staff group reduction was seen in Medical and Dental, where vacancies reduced to -1.8 FTE (over established) from 3.0 FTE the previous month. The staff group is back in and over established position. The largest staff group increase was seen in Ancillary, where vacancies increased to 153.1 FTE from 128.3 FTE the previous month. Consultant vacancy has reduced to 42.6 FTE (5.7%) from 44.5 FTE (5.9%) in the previous month. Unregistered nursing vacancies can be broken down as follows: <table border="1" data-bbox="517 768 1116 911"> <thead> <tr> <th>Band</th> <th>Vacancy FTE</th> <th>Vacancy %</th> </tr> </thead> <tbody> <tr> <td>AfC Band 2</td> <td>154.3 FTE</td> <td>20.2%</td> </tr> <tr> <td>AfC Band 3</td> <td>35.7 FTE</td> <td>13.9%</td> </tr> <tr> <td>AfC Band 4</td> <td>-109.6 FTE</td> <td>-187.8</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The band 4 over establishment is where there is a large number of newly qualified nursing staff awaiting their Nursing & Midwifery Council (NMC) PINs. Once these staff become fully qualified and have received their PIN, this should reduce the band 4 over establishment, reduce the registered nursing vacancy position, and increase the unregistered nursing vacancy position, which is a much more accurate reflection of the nursing vacancy position. 	Band	Vacancy FTE	Vacancy %	AfC Band 2	154.3 FTE	20.2%	AfC Band 3	35.7 FTE	13.9%	AfC Band 4	-109.6 FTE	-187.8
Band	Vacancy FTE	Vacancy %											
AfC Band 2	154.3 FTE	20.2%											
AfC Band 3	35.7 FTE	13.9%											
AfC Band 4	-109.6 FTE	-187.8											
Action/Plan:	<p>Key updates to address the vacancy rate in the current period are as follows:</p> <ul style="list-style-type: none"> A Weston General Hospital recruitment open day was held to promote the Healthcare Support Worker (HCSW) role. 12 candidates with experience within the care sector were offered a position on the day. 23 substantive HCSW started in the Trust during October and another 55 have been offered. 22 bank HCSW's also started last month and 67 bank HCSW's were appointed. <p style="text-align: right;"><i>...continued over page</i></p>												

October 2022

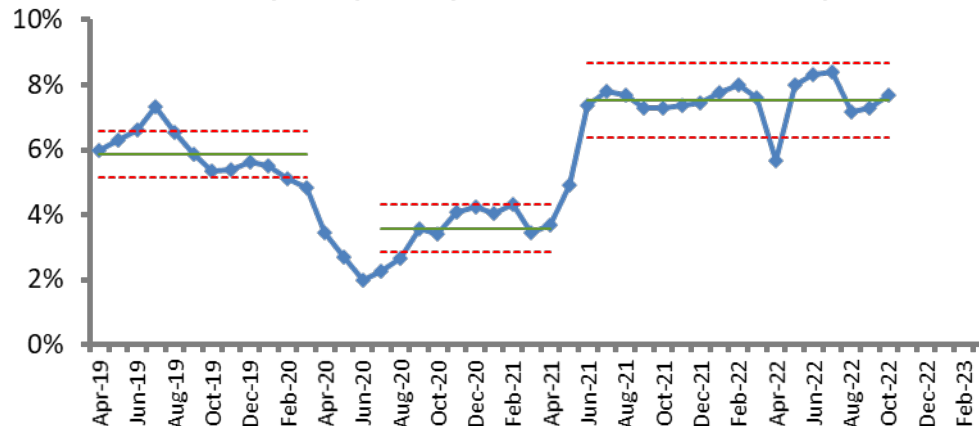
Action/Plan (continued):

- 17 new international nurses joined the Trust in October and 271 nurses have now received their NMC PIN since the programme began.
- The Trust held a Newly Qualified Nurse Open Day with 29 attendees, which is the best attendance to a face-to-face in-house recruitment event since the beginning of the pandemic. Interviews are currently in progress with results to follow.
- Four non-consultant grade doctors joined the Trust at our Weston site in the month of October and a further two were cleared for start dates in October.
- During October the Trust offered a further 13 Clinical Fellows across the Weston site and 20 non-consultant grade doctors are currently going through pre-employment checks for the Weston site to support rota gaps.
- As part of the collaborative international recruitment of AHP's with our system partners, the Radiology and Adult Therapies departments have started holding weekly interviews. So far, one Occupational Therapist and two Radiographers were appointed in October.
- A proactive social media campaign is now underway to address the significant increase in ancillary vacancies together with a package of recruitment interventions to fast-track candidates through the recruitment process.
- Following the successful pilot earlier in the year plans are now underway for a second admin and clerical recruitment open day with an aim of holding this in December to address the underlying vacancy position.

Ownership:

Director of People

Vacancy Rate (Vacancy FTE as Percent of Funded FTE)



October 2022

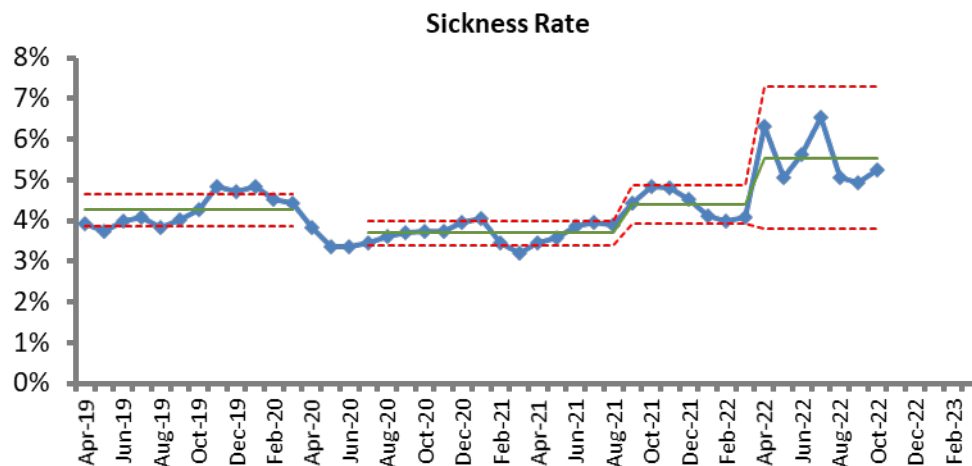
A *Achieved*

<p>Standards:</p>	<p>Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2021/22, including Weston. The target is to have a maximum 6.1% sickness rate. The red threshold is 0.5 percentage points over this.</p>
<p>Performance:</p>	<p>Sickness absence increased to 5.3% compared with 4.9% in the previous month, based on updated figures for both months. This figure is now combined with Covid related absence.</p> <ul style="list-style-type: none"> • There was a reduction within one division, Women’s and Children’s, where sickness reduced to 4.5% from 4.7% the previous month. • There were increases all other eight divisions, the largest divisional increase was seen within Facilities and Estates, increasing to 8.4% from 6.2%. • There were reductions within two groups, Allied Health Professionals and Healthcare Scientists, both reducing by 0.1 percentage points, to 3.4% and 2.9% respectively, compared to the previous month. • There were increases within the remaining eight staff groups, the largest staff group increase was seen within Estates and Ancillary increasing to 9.4% from 6.9% compared to the previous month
<p>Action/Plan:</p>	<ul style="list-style-type: none"> • A draft of the Supporting Attendance Policy has been circulated for wider feedback and is continuing to receive feedback from focus groups with staff and relevant staff networks. • Sickness absence case management is now being reported through divisional boards on a monthly basis, this enables the escalation of cases and early intervention for high-risk cases. • A new Workplace Adjustment passport has been created in order to enable smooth communications of adjustments as colleagues move throughout the trust. This will also enable a slicker approval process in support of the UHBW People strategy objective of making UHBW an excellent place to work. • The Trust Workplace Stress Policy (formerly Work-Related Stress) was reviewed by multidisciplinary stakeholders and will relaunch in November. • A Menopause Conference delivered on 18 October was attended by 79 colleagues. As part of the conference, attendees were informed that menopause related absence could now be captured in Healthroster for specific reasons: <ul style="list-style-type: none"> • Anxiety/stress/depression/other psychiatric illnesses • Other musculoskeletal problems • Headache/Migraine • Heart, cardiac & circulatory problems • Genitourinary & gynaecological disorders <p>This will allow data to be gathered and analysed to shape future offerings of support.</p>

...continued over page

October 2022

<p>Action/Plan (continued):</p>	<ul style="list-style-type: none"> • The National Staff Survey 3rd October – 25th November has launched with a robust and comprehensive communication plan across the organisation and locally in divisions. The current risk is low uptake of responses which is an indicator of lack of staff and leadership engagement. Staff Survey 2023 preliminary reporting will be available in January with formal reporting in March 2023, this is dependent on NHS Co Ordination Centre releasing the information. • The Equality Diversity and Inclusion talent management programme, Bridges, was launched at the UHBW Black History event in October. The programme attracted over 50 successful applicants from our BAME community with the first cohort programme commencing in November 2022 and the second cohort in February 2023. • The past twelve months has seen bimonthly exploration of each of the values. This will culminate with the delivery of Executive led videos which will be launched in November. The focus of the video suite is an executive reflection on each of the values.
<p>Ownership:</p>	<p>Director of People</p>



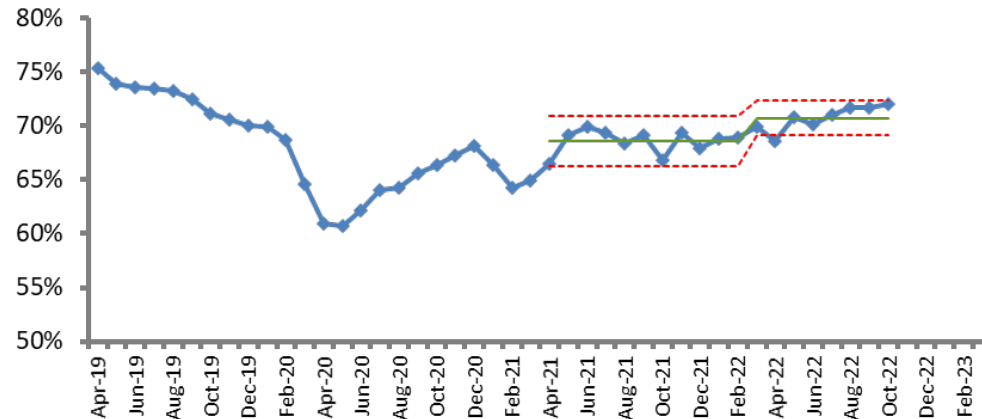
Workforce – Appraisal Compliance

October 2022

N Not Achieved

Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 77%.
Performance:	Overall appraisal compliance increased to 72.0% in October from 71.7% in the previous month. There were increases within three divisions, and reductions within five divisions. The largest divisional increase was seen within Weston, increasing to 68.6% from 64.8% in the previous month. The largest divisional reduction was within Trust Services, reducing to 75.6% from 77.1% in the previous month.
Action/Plan:	<ul style="list-style-type: none"> The successful launch of the new “check in conversation” appraisal format in September has received positive feedback. The impact of the new form will be measured in the National Staff Survey 2022 indicators in March 2023. Phase two of the programme of work will result in the development of improving resources available Trust wide, such as e-learning and reviewing bite size video catalogue, plus updating and verifying the Appraisal policy. A recommendation report is being developed to consider the impact of an “appraisal window” on compliance. The organisational development and leadership and management development teams will be working in collaboration to build a programme of work to embed the focus of inclusive conversations across the joint portfolio.
Ownership:	Director of People

Workforce Appraisal Compliance (Non-Consultant)

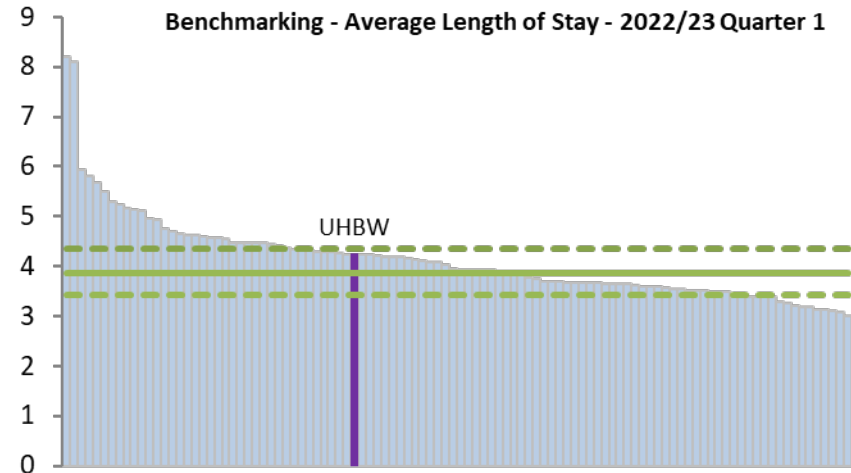
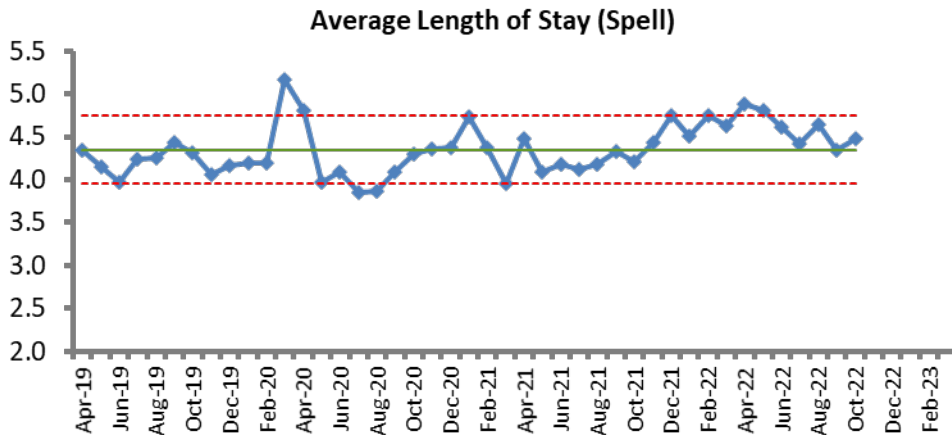


Average Length of Stay

October 2022

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 October there were 34,262 discharges at UHBW with an average length of stay of 4.48 days.
Action/Plan:	Current assumptions around length of stay are being reviewed as part of the 2022/23 operating plan submissions and demand & capacity reviews.
Ownership:	Chief Operating Officer



October 2022

N/A No Standard

YTD Income & Expenditure Position

- Net I&E deficit of £3,525k against a planned deficit of £3,222k (excluding technical items).
- Total operating income is £11,121k favourable to plan due to higher than planned income from activities of £14,629k offset by lower than planned other operating income of £3,508k.
- Operating expenses are £12,375k adverse to plan primarily due to higher pay expenditure (£17,816k adverse), offset by lower than planned depreciation expenditure of £998k and lower than planned other non-pay expenditure of £4,443k.
- Technical and financing items are £951k favourable to plan.

Key Financial Issues

- *Recurrent savings delivery below plan* – YTD Trust-led CIP delivery is £8,410k or 94% of plan. Full year forecast delivery is £15,675k or 105% of plan of which recurrent savings are £7,876k, 53% of plan. The shortfall in recurrent savings will need to be incorporated in the 2023/24 financial plan in addition to the 2023/24 target.
- *Pay costs higher than forecast* – pay expenditure must be maintained within divisional and corporate budgets.
- *Forecast overspend against divisional budgets and achievement of divisional control totals* – divisional forecasts will be monitored monthly and recovery plans implemented where overspends are not acceptable.

Strategic Risks

- Agreeing an approach to future financial targets and allocation of system envelopes – on-going work to understand the systems medium-term financial outlook;
- Assessment and implications of the financial arrangements relating to Healthy Weston – pending completion of a business cases by December 2022;
- Continue to understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – on-going medium-term financial outlook and system prioritisation process.
- Understanding the implications of not delivering the financial plan, the impact this may have on future investment opportunities and the ability to maintain autonomy- on-going Financial Recovery Plan implemented from September.

October 2022

N/A No Standard

	Month 7			YTD		
	Plan	Actual	Variance Favourable/ (Adverse)	Plan	Actual	Variance Favourable/ (Adverse)
	£000's	£000's	£000's	£000's	£000's	£000's
Income from Patient Care Activities	77,733	80,628	2,895	540,630	555,258	14,629
Other Operating Income	9,027	10,146	1,119	65,811	62,303	(3,508)
Total Operating Income	86,760	90,774	4,014	606,441	617,562	11,121
Employee Expenses	(50,906)	(53,924)	(3,018)	(354,635)	(372,451)	(17,816)
Other Operating Expenses	(32,842)	(32,251)	591	(225,777)	(221,334)	4,443
Depreciation (owned & leased)	(3,199)	(3,006)	193	(21,860)	(20,862)	998
Total Operating Expenditure	(86,946)	(89,180)	(2,234)	(602,272)	(614,648)	(12,375)
PDC	(1,037)	(1,037)	0	(7,261)	(7,261)	0
Interest Payable	(244)	(239)	5	(1,707)	(1,679)	28
Interest Receivable	29	247	218	205	1,111	906
Other Gains/(Losses)	0	0	0	0	(50)	(50)
Net Surplus/(Deficit) inc technicals	(1,438)	565	2,003	(4,594)	(4,964)	(370)
Remove Capital Donations, Grants, and Donated Asset Depreciation	202	198	(4)	1,372	1,439	67
Net Surplus/(Deficit) exc technicals	(1,236)	763	1,999	(3,222)	(3,525)	(303)

Forecast Outturn Position

- At the Trust Board meeting on the 11th October 2022 the Director of Finance advised the Board of the risks compared with the break-even plan.
- The position was discussed at the BNSSG ICS Directors of Finance meeting on 14th October 2022. It was agreed that both the Trust and the BNSSG ICB would each submit a break-even forecast outturn at this stage and keep the forecast outturn under review during quarter 3.

Key Facts:

- The position at the end of October is a net deficit of £3,525k, £303k higher than the planned deficit of £3,222k.
- YTD expenditure on International Recruitment is c£2.8m. The cost of F1 cover at Weston at the end of October is estimated at £875k.
- Pay expenditure is £53,924k in October, c£3,842k lower than last month due mainly to pay award arrears in September. YTD expenditure is adverse to plan by £17,816k, mainly due to the increase in the pay award beyond the planned 2% (offset by income), enhanced rates of pay, the cost of escalation capacity, F1 junior doctors costs and international recruitment costs.
- Agency expenditure in month is £2,481k, c£200k lower than September and c£130k lower than plan. Overall, agency expenditure is 5% of total pay costs.
- Operating income is favourable to plan by £11,121k. The adverse position on 'Other Operating Income' is driven by lower than expected income levels for research and, non-patient care activities. The plan also included provision for a rates rebate which is being reflected as a non-pay benefit rather than income.
- Income from Patient Care Activities is £14,629k favourable to plan. This includes c£5,600k of ESRF income not in the plan and c£7,500k additional funding to support the pay award.
- Trust-led CIP achievement is 94% of plan. £8,410k has been achieved against a target of £8,972k, a shortfall of £562k.

Care Quality Commission Rating

The Care Quality Commission (CQC) published their latest inspection report on 4th November 2021. Full details can be found here:

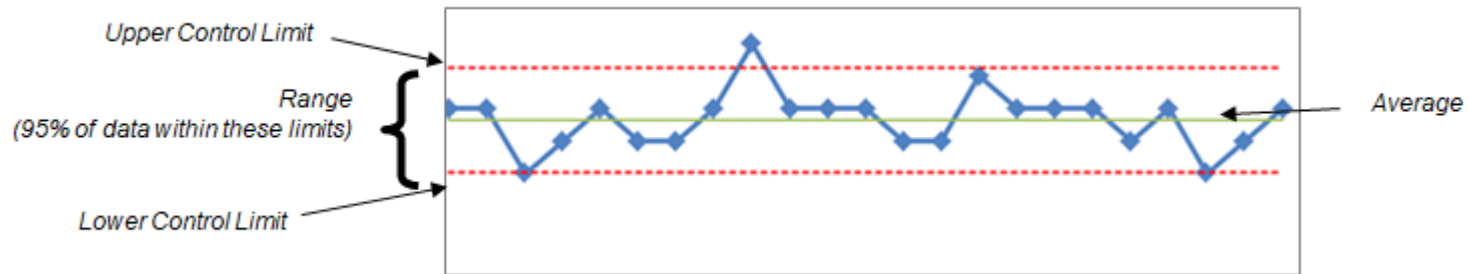
<https://www.cqc.org.uk/provider/RA7>

The overall rating was GOOD, and the breakdown by site is shown below:

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
South Bristol NHS Community Hospital	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
UHBW Bristol Main Site	Requires Improvement →← Oct 2021	Good →← Oct 2021	Outstanding →← Oct 2021	Good →← Oct 2021	Outstanding →← Oct 2021	Good ↓ Oct 2021
Weston General Hospital	Inadequate Oct 2021	Requires Improvement Oct 2021	Good Oct 2021	Requires Improvement Oct 2021	Inadequate Oct 2021	Inadequate Oct 2021
Central Health Clinic	Good Dec 2014	Not rated	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Overall trust	Requires Improvement →← Oct 2021	Good →← Oct 2021	Outstanding →← Oct 2021	Good →← Oct 2021	Good ↓ Oct 2021	Good ↓ Oct 2021

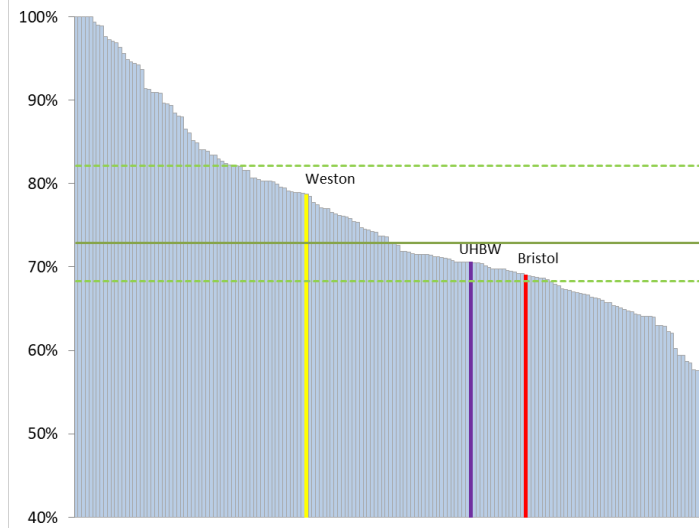
In the previous sections, some of the metrics are being presented using Statistical Process Control (SPC) charts. An example chart is shown below



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

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

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



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

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

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

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

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

Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 10 th November 2022, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer

Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 3rd November 2022.

University Hospitals Bristol and Weston

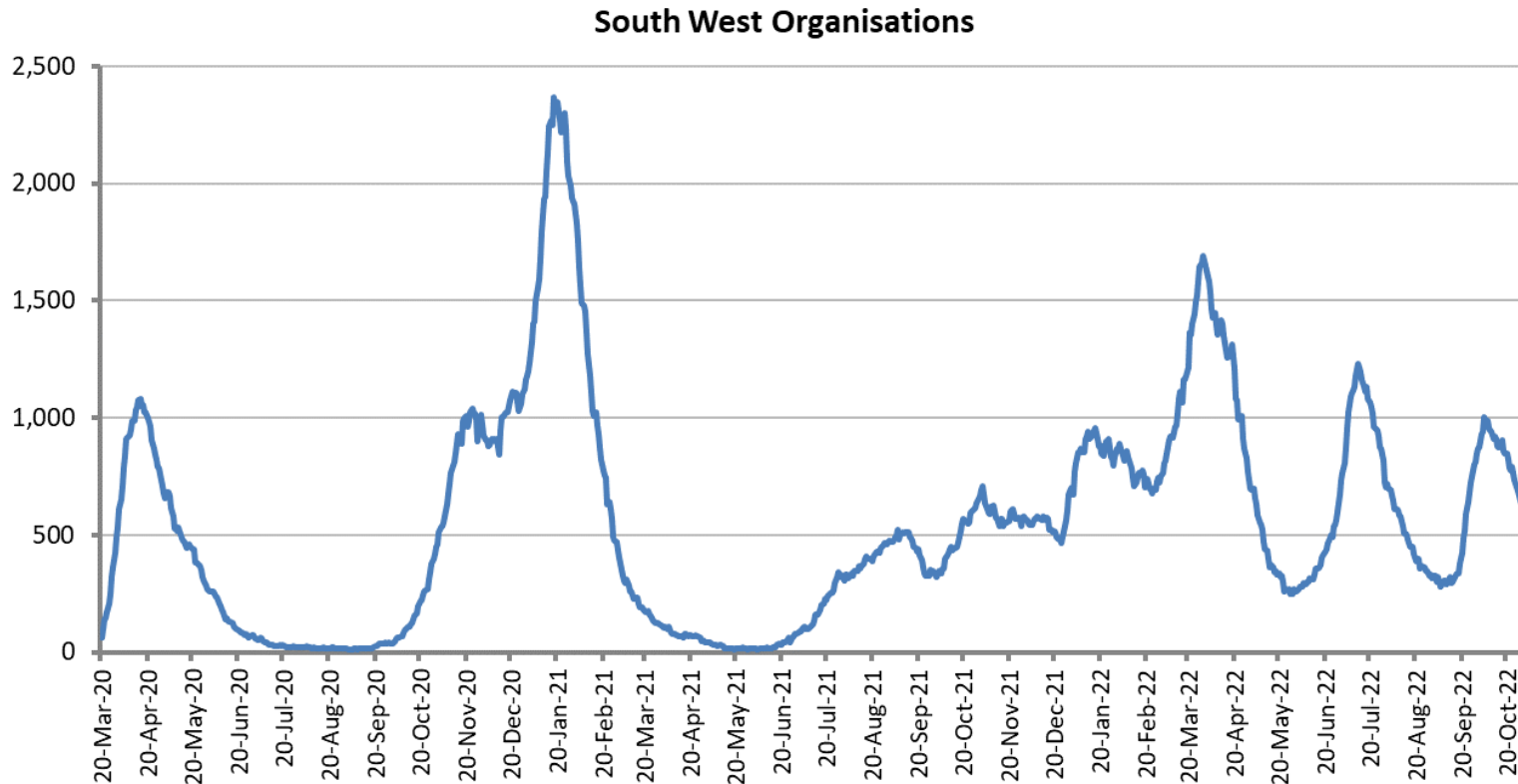


Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Ownership:	Chief Operating Officer

Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 3rd November 2022.



Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report. Retrieved on 8 th September 2022.
Action/Plan:	The Trust undertakes rapid action when any cases are identified to prevent further spread with the dissemination of the Infection Prevention and Control Covid outbreak pack to ensure all cases are managed consistently with outbreak meetings set up and conducted in line with the Hospital Outbreak of infection policy.
Ownership:	Chief Nurse

Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				TOTAL Diagnosed Following Admission
		Community Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare-Associated	Hospital-Onset Definite Healthcare-Associated	
May-Dec 20	506					938
Jan-21	414	159	31	25	19	234
Feb-21	156	88	22	19	22	151
Mar-21	75	17	7	3	10	37
Apr-21	38	7	2	3	12	24
May-21	2	3	0	0	0	3
Jun-21	18	7	1	1	0	9
Jul-21	124	72	5	1	5	83
Aug-21	130	64	13	6	5	88
Sep-21	149	66	10	8	19	103
Oct-21	174	74	7	5	15	101
Nov-21	189	68	8	4	11	91
Dec-21	194	76	16	14	16	122
Jan-22	269	129	37	24	45	235
Feb-22	216	75	33	13	23	144
Mar-22	181	124	33	29	36	226
Apr-22	201	108	46	37	64	255
May-22	66	41	11	9	21	82
Jun-22	73	46	8	8	10	72
Jul-22	187	95	36	37	63	231
Aug-22	87	40	29	30	62	161
Sep-22	54	35	16	11	22	84
Oct-22	67	44	19	15	57	135
	3,570					3,609

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

Appendix – Vaccination Programme Summary



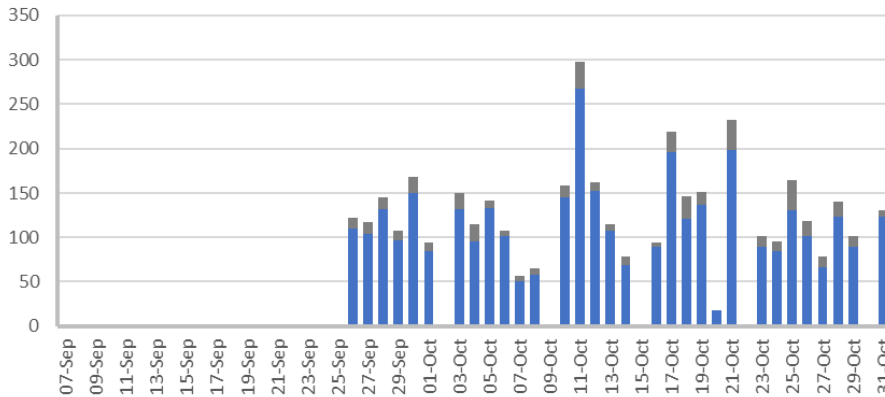
Source:	These figures are based on the data recorded at the point of vaccine administration; information on division and staff group are as provided by vaccine recipients at that point. These statistics include vaccinations administered across all settings in UHBW Hospital Hubs, patient wards and clinics, and peer-to-peer flu vaccination activity.
Timeframe:	The 2022/2023 COVID-19 Booster Programme commenced at UHBW on 7 th September and the Seasonal Influenza Vaccination Programme on 26 th September 2022.
Action/Plan:	<p>NHS England and NHS Improvement have set out the following three priorities for the year ahead:</p> <ol style="list-style-type: none"> 1. Continued access to COVID-19 vaccination; <ul style="list-style-type: none"> • As a minimum, all acute trusts are expected to deliver vaccinations to staff and patients. 2. Delivery of an autumn COVID-19 and Flu vaccination campaign; and 3. Development of detailed contingency plans to rapidly increase capacity, if required. <p>The Programme Team will also continue to evolve and improve the services' processes, share success and address challenges in partnership with the Bristol, North Somerset and South Gloucestershire (BNSSG) Vaccination Programme.</p> <p>UHBW progress is in alignment with national and regional progress.</p>
Ownership:	Chief Nurse/Director of People

Total to 31 Oct 2022	Total In Cohort	Seasonal Influenza		COVID19 Booster	
		Total Uptake	Total Uptake %	Total Uptake	Total Uptake %
UHBW Staff	14,821	4,407	29.7%	4,652	31.4%

Appendix – Immunisation Summary

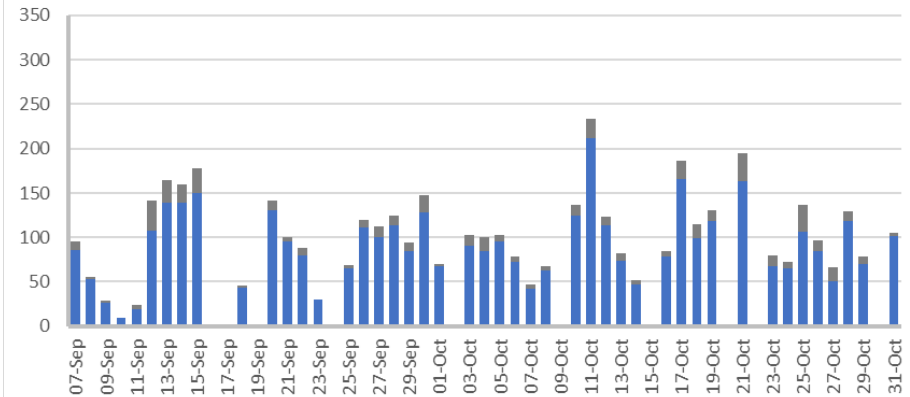
Seasonal Influenza Staff Vaccinations - Daily Totals

■ Frontline ■ Non Frontline

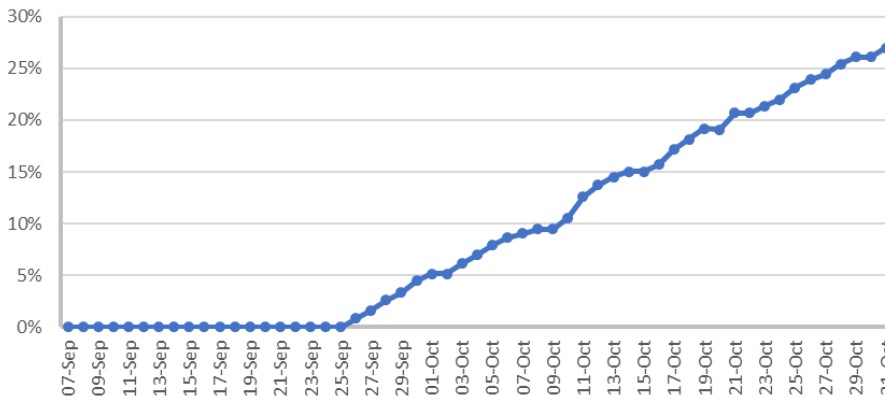


Covid19 Booster Phase 5 Staff Vaccinations - Daily Totals

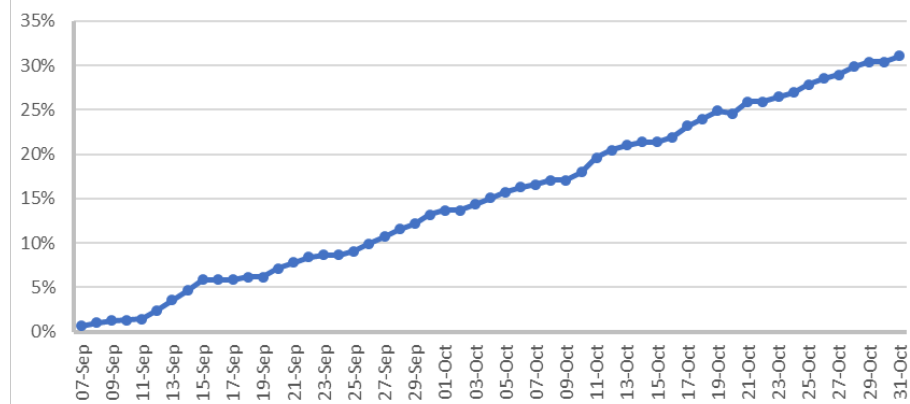
■ Frontline ■ Non Frontline



Seasonal Influenza Staff Vaccinations - % of Total Staff Vaccinated



Covid19 Booster Phase 5 Staff Vaccinations - % of Total Staff Vaccinated



Appendix – Weston Renewal

Critical Success Factor	Objective	Status	Movement since last report
Delivery Streams	Clinical Services Integration completed	A	—
	Design and set up the Weston General Hospital team and new management arrangements	G	—
Workforce & OD	Weston based consultant job plans reviewed	R	—
	Premium Payment controls process standardised and applied to Weston Division	R	—
	Achieve the proposed Recruitment trajectories for Medical and Nursing posts	A	—
	Achieve the proposed reduction in staff turnover rate on Weston Site	A	—
	People Systems Integration completed	A	↓
Cultural Integration	Monitor the embedding of UHBW values and behaviours	G	—
Benefits Realisation Monitoring	Year 3 Financial Mitigations achieved	G	—
	Realisation of Y3 expected programme benefits	G	—
	Integration programme transition to business as usual	G	—

Critical Success Factor	Objective	Status	Movement since last report
Business Function	PTIP Corporate services benefits realised and planned changes completed	G	—
Policies & Processes	Appropriate clinical and corporate policies are aligned across the Trust on single DMS	G	↑
Estates & Facilities	Weston Estate improved through backlog maintenance programme (Y3)	G	—
IT & Technologies	Align clinical digital systems convergence programme with clinical integration	G	—
Risk Management	Monitor, mitigate and support the ongoing management of the risks of integration	G	—

↑	Upwards movement
—	No movement
↓	Downwards movement

R	Not Achieved
A	Delayed/Partially Achieved
G	On Track
C	Complete

Progress Against Clinical Services Integration Plan

Clinical Services Integration Status				
	Service	Receiving Division	Status	planned date
Completed	Sexual Health	Medicine	Completed	1st Nov 20
	Laboratory Services	D&T	Completed	1st Nov 20
	Therapies	D&T	Completed	1st Nov 20
	Paediatrics	W&C	Completed	06 Apr 21
	Gynaecology	W&C	Completed	04 Oct 21
	Pharmacy	D&T	Completed	04 Oct 21
	Paediatrics	W&C	Completed	06 Apr 21
	Resus	D&T	Completed	01 Jul 21
	Audiology	D&T	Completed	01 Jul 21
	Palliative Care	SS	Completed	01 Nov 21
	Integrated Discharge Service (IDS)	COO office	Completed	01 Jul 21
	Cancer Personalised Care & Support	SS	Completed	01 Jul 21
	Patient Flow	COO office	Completed	01 Nov 21
	Booking and access	COO	Completed	01 July 2022
D&T	Radiology	D&T	Completed	01 August 2022
	Orthotics	TBC	Completed	01 August 2022
Surgery	Critical Care	Surgery	Completed	17th October 22
	Anaesthesia & Pre-op	Surgery	Completed	17th October 22
	Ophthalmology	Surgery	Completed	17th October 22
	Endoscopy	Surgery	Completed	17th October 22
	General Surgery including GI	Surgery	Completed	17th October 22
	Trauma and Orthopaedics	Surgery	Completed	17th October 22
	ENT	Surgery	Completed	17th October 22
	MDT Co ordinators	Surgery	Completed	17th October 22
Medicine	Gastroenterology & Hep	Medicine	Completed	17th October 22
	Rheumatology (inc. Fracture Liaison)	Medicine	Completed	17th October 22
	Respiratory medicine	Medicine	Completed	17th October 22
	Diabetes & Endocrinology	Medicine	Completed	17th October 22
SS	Haematology and Oncology	SS	Completed	17th October 22
	Cardiology (inc. physiology)	SS	Completed	17th October 22

Key Points:

- New Weston management and governance arrangements have been rolled out, with the Weston Division being replaced by the Weston General Hospital Team (WGH) and clinical divisions operating a further 14 clinical services at Weston as part of their wider cross trust portfolios.
- This means that over 90% of Trust clinical services across UHBW are integrated, with the Weston General Hospital team providing a range of services in partnership with the Trust divisions.
- The new arrangements cover responsibility for:
 - All wards
 - General nursing
 - Acute Medicine (inc. AEC, AMU)
 - Medical Secretaries
 - Reception Teams
 - Theatres and the Day Case Unit
 - Outpatients (Main, Quantock & Orthopaedics)
 - Emergency Department
 - Care of the Elderly and Frailty (until integration completed)
 - Stroke Services
- A 3 months review will be undertaken to ensure that the new arrangements have bedded in and support the delivery on the next phase of integration

Appendix – Health Inequalities

Source:	CareFlow PAS. Deprivation deciles are based on the Index of Multiple Deprivation 2019 (IMD 2019), which is the official measure of relative deprivation. Decile 1 represents the most deprived and Decile 10 represents the least deprived.
Timeframe:	Based on waiting list census as at 20 th September 2022. Next update due in December 2022.
Performance:	<p>Performance against our priorities for reducing health inequalities in elective recovery is as follows:</p> <ol style="list-style-type: none"> 1. Reducing the gap in the average length of waiting between the most and least deprived areas: Baseline (Apr 22) 1.54 weeks September 2022: 0.9 weeks Gap reducing 2. Reducing the gap in the average length of wait for people of colour compared to White British: Baseline (Apr 22) 1.52 weeks September 2022: 1.6 weeks Gap widening 3. Reducing the gap in the DNA rate for people of colour compared to White British: Baseline (Apr 22) 4.24% September 2022: 4.48% Gap widening 4. Reducing the gap in the average length of wait for people with a recorded disability compared to those without: Baseline (Apr 22) 3.47 weeks September 2022: -0.9 weeks Gap reducing
Action/Plan:	<p>Health inequalities are avoidable, unfair and systematic differences in health between different groups of people (Kings Fund, 2020). The NHS Health Inequalities Improvement Dashboard is currently being developed nationally and will provide key information for strategic indicators relating to health inequalities all in one place. This includes the five priority areas for narrowing health inequalities in the 2021-22 planning guidance and data for the five clinical areas in the Core20Plus5 approach. It will also include a public facing dashboard.</p> <p>The Delivery Plan for Tackling the COVID-19 backlog of elective care puts reducing inequalities at the core of recovery plans and performance monitoring and the Trust Health Inequalities Working Group has focused on establishing a dashboard to inform a “fair recovery” which is at the core of the NHS approach.</p> <p>To support the Trust in reviewing our current status and performance in relation to Equality, Diversity and Inclusion (EDI) for patients and communities, an independent baseline review was commissioned in late 2021. Public Health Action Support Team (PHAST), an independent social enterprise, completed the review between December 2021 and May 2022. The report was released to the Trust in June and shared with Executive Directors and Divisional Triumvirates. A Board seminar took place on 12th July where the recommendations from the baseline report were agreed in full and a discussion on priority areas took place.</p> <p>...continued over page</p>

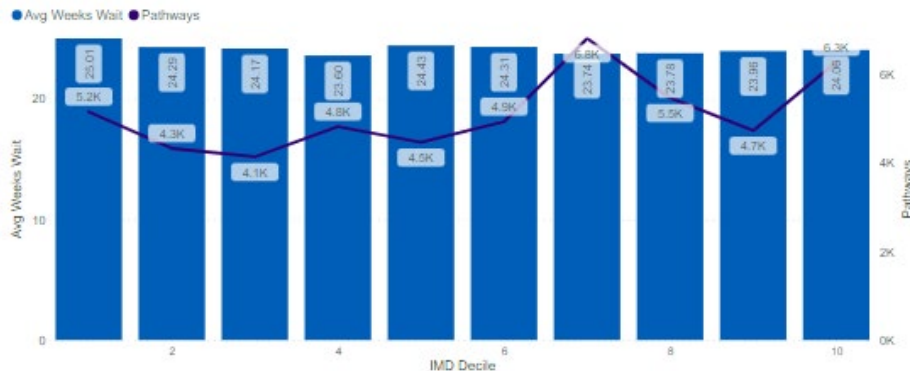
**Commentary
(continued):**

Improvement priorities for the next period are:

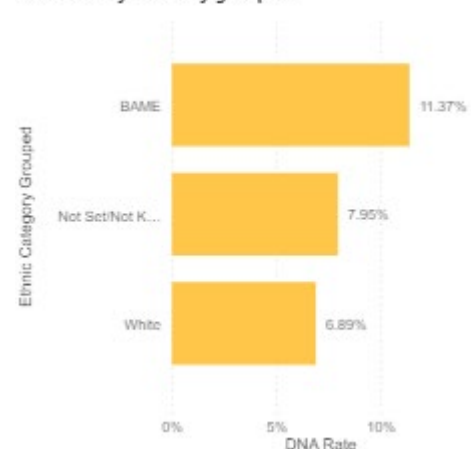
1. Agree the process and timeline for developing the Trust's EDI / Health inequalities strategy for patients together with staff, lay representatives and community organisations.
2. To develop a clinically led improvement plan in response to the insights provided for the baseline data from the waiting list analysis, including drill down into specialty level opportunities where there are opportunities for dialogue on ways to improve access for groups who may be more disadvantaged.
3. To further develop the Trust “waiting well” Quality Priority. This builds upon the deployment of My Planned Care to support patients while they wait, and will include the co-design of commitments the Trust will agree with patients to support patients and their carers to wait well and other initiatives to take positive action that supports reduction in health inequalities.
4. To complete initial findings from piloting artificial intelligence to support surgical triage of waiting lists (C2Ai) so that the risk of mortality, surgical complications or post-operative complications is not exacerbated by length of wait. This has potential to include analysis of demographic information and social determinants of health following the pilot phase.
5. Continuing to work in partnership with the BNSSG partners in the Integrated Care System to support broader objectives in reducing health inequalities through population health management.
6. To develop insight into how the Trust can mitigate digital exclusion in its access policies and procedures. This will specifically include an analysis of who is accessing face to face, telephone and video consultations, split by age, ethnicity and Index of Multiple Deprivation

Chief Nurse/Deputy Chief Executive and Chief Operating Officer

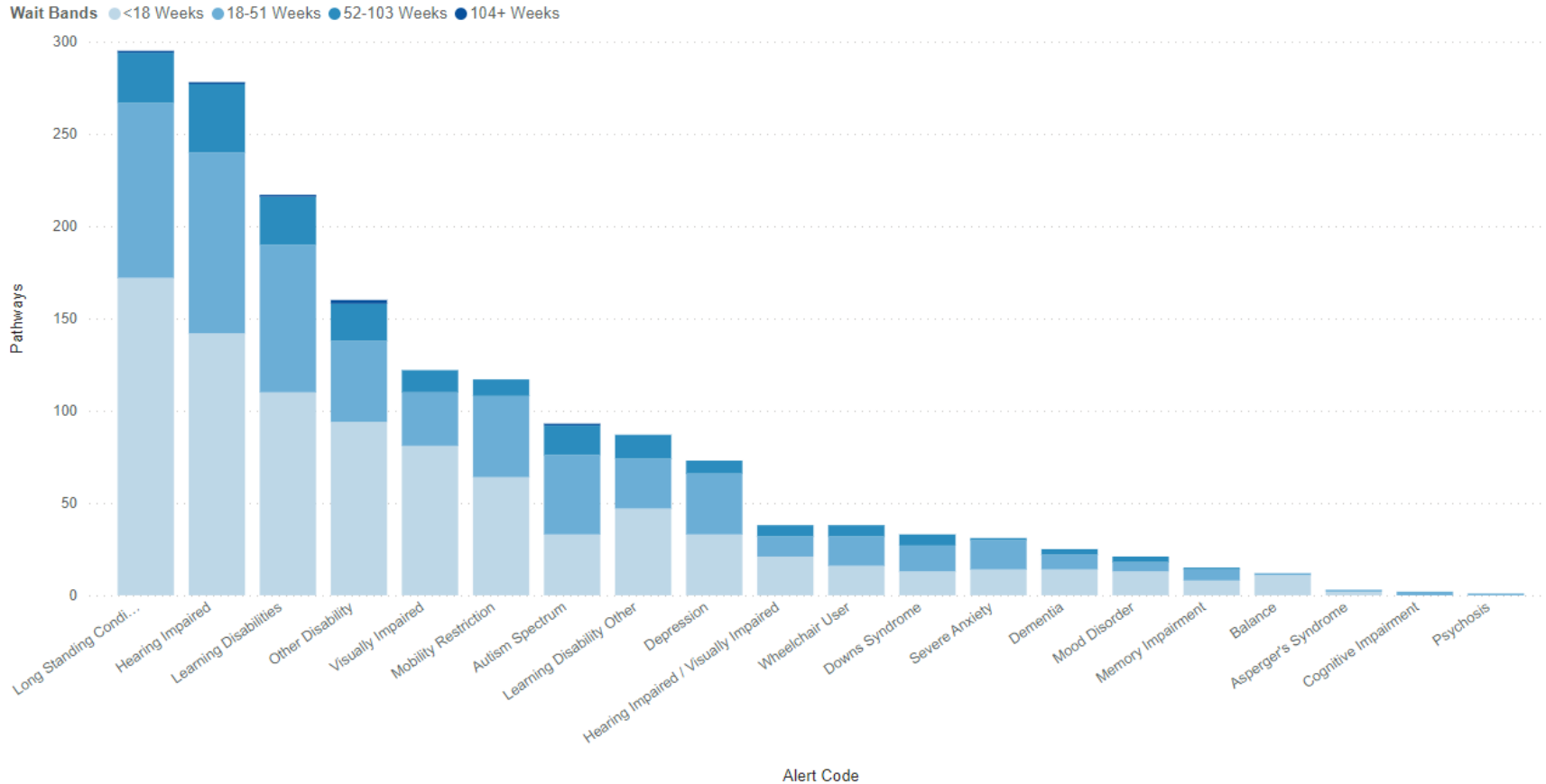
Average weeks wait and pathways by IMD decile



DNA rate by ethnicity grouped

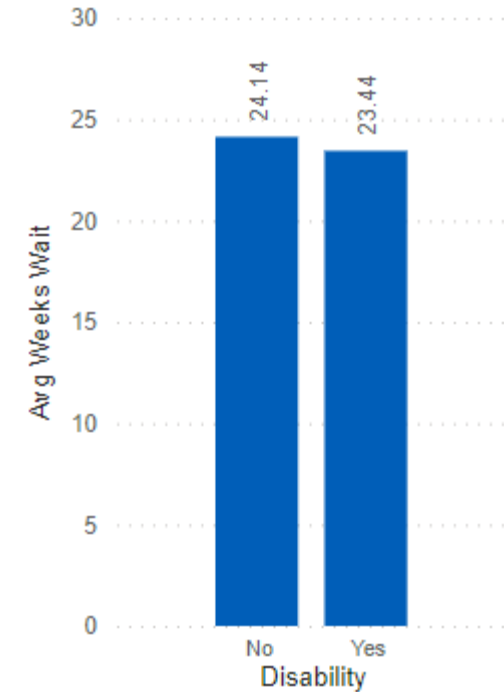
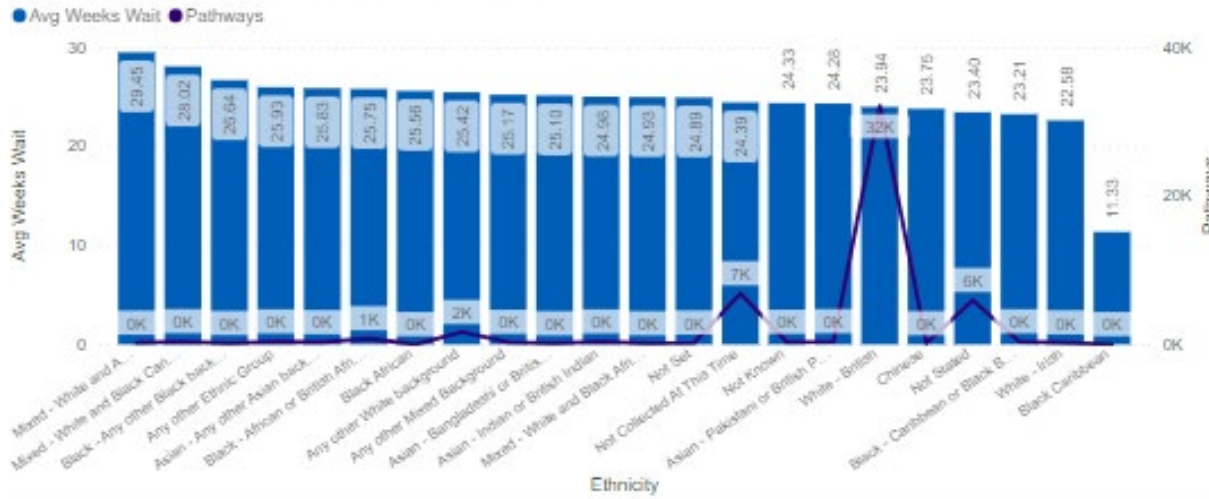


Distribution of Pathways by Alert Code and Wait Band

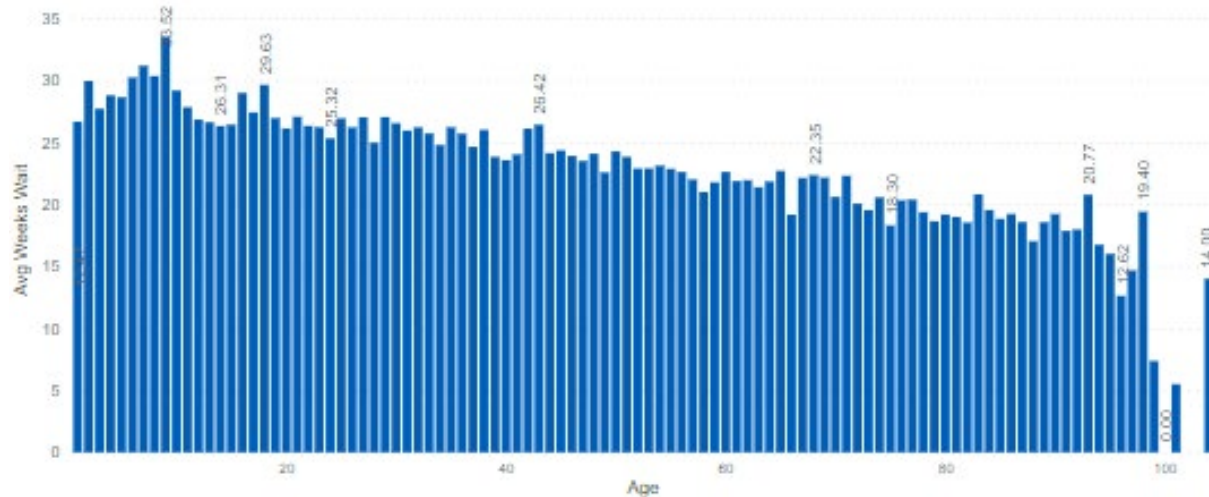


Appendix – Health Inequalities

Average weeks wait and pathways by ethnicity



Average weeks wait by age



Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																			
SAFE DOMAIN																			
ID	Measure	21/22	22/23 YTD	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Infection Control																			
DA01	MRSA Hospital Onset Cases	7	1	0	2	3	0	1	0	0	0	0	0	1	0	4	0	1	0
DA02	MSSA Hospital Onset Cases	41	20	5	1	4	2	5	3	4	1	4	3	2	3	11	8	9	3
DA03	CDiff Hospital Onset Cases	82	49	3	6	6	8	2	6	4	10	12	6	7	4	16	20	25	4
DA03A	CDiff Healthcare Associated Cases	95	61	3	8	7	8	3	6	8	12	13	7	9	6	18	26	29	6
DA06	EColi Hospital Onset Cases	75	53	8	2	7	5	9	13	10	5	7	4	6	8	21	28	17	8
Patient Falls																			
AB01	Falls Per 1,000 Beddays	4.83	4.97	4.57	5.2	5.54	4.85	5.51	5.55	4.79	4.11	3.27	6.63	4.49	5.86	5.31	4.82	4.8	5.86
	<i>Numerator (Falls)</i>	1801	1157	144	163	173	145	183	179	161	132	110	224	147	204	501	472	481	204
	<i>Denominator (Beddays)</i>	373046	232981	31479	31351	31229	29867	33241	32236	33617	32131	33622	33784	32774	34817	94337	97984	100180	34817
AB06A	Total Number of Patient Falls Resulting in Harm	35	17	1	6	3	2	4	1	3	4	3	4	2	0	9	8	9	0
Pressure Injuries																			
DE01	Pressure Injuries Per 1,000 Beddays	0.174	0.133	0.159	0.255	0.256	0.1	0.301	0.248	0.089	0.093	0.089	0.118	0.061	0.23	0.223	0.143	0.09	0.23
	<i>Numerator (Pressure Injuries)</i>	65	31	5	8	8	3	10	8	3	3	3	4	2	8	21	14	9	8
	<i>Denominator (Beddays)</i>	373046	232981	31479	31351	31229	29867	33241	32236	33617	32131	33622	33784	32774	34817	94337	97984	100180	34817
DE02	Pressure Injuries - Grade 2	53	24	4	7	6	3	8	8	3	2	3	1	1	6	17	13	5	6
DE03	Pressure Injuries - Grade 3	11	7	1	1	2	0	2	0	0	1	0	3	1	2	4	1	4	2
DE04	Pressure Injuries - Grade 4	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents																			
S02	Number of Serious Incidents Reported	89	62	7	7	8	6	4	7	10	7	15	11	4	8	18	24	30	8
S01	Total Never Events	3	2	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2	0
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.29%	0.27%	0.76%	0%	0%	0.3%	0%	0.35%	0.31%	0.36%	0%	0%	0.54%	-	0.11%	0.34%	0.22%	-
	<i>Numerator (Incidents Resulting In Harm)</i>	11	5	3	0	0	1	0	1	1	1	0	0	2	0	1	3	2	0
	<i>Denominator (Total Incidents)</i>	3827	1817	394	361	299	330	280	283	324	281	233	327	369	0	909	888	929	0
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medications	0.36%	1.09%	0.3%	0%	0%	1.27%	1.92%	1.06%	1.98%	0.65%	0.92%	0.55%	1.11%	1.46%	1.01%	1.14%	0.87%	1.46%
	<i>Numerator (Number of Incidents)</i>	13	17	1	0	0	2	2	2	4	2	2	1	2	4	4	8	5	4
	<i>Denominator (Total Audited)</i>	3603	1553	338	278	135	158	104	188	202	310	217	181	180	275	397	700	578	275

Omitted Doses is Bristol only

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																NHS University Hospitals Bristol and Weston NHS Foundation Trust			
SAFE DOMAIN																			
ID	Measure	21/22	22/23 YTD	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
VTE Risk Assessment																			
N01	Adult Inpatients who Received a VTE Risk Assessment	83.3%	82.8%	84.3%	83.2%	83.8%	82.6%	82.2%	81.3%	81.9%	82.4%	82.1%	83.7%	83.5%	84%	82.8%	81.9%	83.1%	84%
	Numerator (Number Risk Assessed)	85085	50902	7398	6816	6784	6569	7393	6584	7124	6961	7185	7733	7515	7800	20746	20669	22433	7800
	Denominator (Total Patients)	102202	61513	8774	8189	8099	7956	8990	8095	8698	8443	8754	9238	8998	9287	25045	25236	26990	9287
<i>VTE Data is Bristol only</i>																			
Nurse Staffing Levels ("Fill Rate")																			
RP01	Staffing Fill Rate - Combined	92.5%	89%	92.2%	89.8%	90.1%	88.6%	86.6%	87.1%	90.3%	89.6%	88.9%	89.5%	89%	88.8%	88.4%	89%	89.2%	88.8%
	Numerator (Hours Worked)	3350220	1918805	277810	282203	280381	253025	273197	264544	284785	274066	278745	276739	264846	275080	806604	823395	820330	275080
	Denominator (Hours Planned)	3621399	2155122	301316	314390	311348	285546	315542	303724	315506	305839	313556	309158	297416	309923	912437	925068	920131	309923
RP02	Staffing Fill Rate - RN Shifts	88.3%	86.6%	89.1%	86.8%	86%	85%	83.5%	85.4%	88%	86.4%	86.6%	86.4%	86.3%	87%	84.8%	86.6%	86.4%	87%
	Numerator (Hours Worked)	2213205	1277659	185886	188697	186980	167746	181617	177267	190352	181058	185823	183165	175504	184489	536343	548678	544492	184489
	Denominator (Hours Planned)	2505201	1475562	208721	217364	217493	197421	217502	207596	216316	209624	214676	211906	203467	211978	632416	633535	630049	211978
RP03	Staffing Fill Rate - NA Shifts	101.9%	94.3%	99.3%	96.4%	99.5%	96.8%	93.4%	90.8%	95.2%	96.7%	94%	96.2%	95.1%	92.5%	96.5%	94.2%	95.1%	92.5%
	Numerator (Hours Worked)	1137015	641146	91924.3	93505.8	93401	85278.9	91580.9	87276.4	94432.7	93007.8	92922.4	93574.4	89341.5	90590.9	270261	274717	275838	90590.9
	Denominator (Hours Planned)	1116197	679559	92595	97025.7	93854.7	88125.3	98040.6	96127.9	99190	96215.1	98880.3	97252	93949	97945.2	280021	291533	290081	97945.2

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN

ID	Measure	21/22	22/23 YTD	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Patient Surveys (Bristol)																			
P01D	Patient Surve - Patient Experience Tracker Score			87	87	87	87	88	87	88	88	87	86	88	87	87	88	87	87
P01G	Patient Survey - Kindness and Understanding			94	94	95	92	94	95	94	93	92	93	94	94	93	94	93	94
P01H	Patient Survey - Outpatient Tracker Score			91	93	94	90	91	93	92	92	92	92	89	94	92	92	91	94
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1977	1092	193	104	153	151	198	138	172	107	145	100	196	234	502	417	441	234
T01C	Patient Complaints - Formal	517	320	39	32	61	53	40	12	11	10	59	45	91	92	154	33	195	92
T01D	Patient Complaints - Informal	1460	772	154	72	92	98	158	126	161	97	86	55	105	142	348	384	246	142
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	62.8%	74%	41.4%	52.2%	54.3%	61.7%	68%	63.2%	83.7%	86.5%	75.6%	70.5%	67.4%	77.8%	61.2%	75.9%	71%	77.8%
	<i>Numerator (Responses Within Timeframe)</i>	573	242	29	36	44	58	51	36	36	32	31	43	29	35	153	104	103	35
	<i>Denominator (Total Responses)</i>	913	327	70	69	81	94	75	57	43	37	41	61	43	45	250	137	145	45
T03B	Formal Complaints Responded To Within Divisional Timeframe	73.4%	81.3%	70%	76.8%	69.1%	73.4%	76%	75.4%	88.4%	89.2%	85.4%	70.5%	81.4%	86.7%	72.8%	83.2%	77.9%	86.7%
	<i>Numerator (Responses Within Timeframe)</i>	670	266	49	53	56	69	57	43	38	33	35	43	35	39	182	114	113	39
	<i>Denominator (Total Responses)</i>	913	327	70	69	81	94	75	57	43	37	41	61	43	45	250	137	145	45
T05A	Informal Complaints Responded To Within Trust Timeframe	88.6%	87.8%	89.9%	84.6%	89.4%	86.8%	86.1%	91.7%	87.7%	88.4%	87%	84.7%	88%	86.9%	87.4%	89.3%	86.7%	86.9%
	<i>Numerator (Responses Within Timeframe)</i>	676	440	71	66	59	46	68	66	57	61	47	50	66	93	173	184	163	93
	<i>Denominator (Total Responses)</i>	763	501	79	78	66	53	79	72	65	69	54	59	75	107	198	206	188	107
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	9.2%	10.88%	7.14%	10.14%	11.11%	8.51%	10.67%	10.53%	11.63%	10.81%	7.32%	13.11%	-	-	10%	10.95%	10.78%	-
	<i>Numerator (Number Dissatisfied)</i>	84	26	5	7	9	8	8	6	5	4	3	8	0	0	25	15	11	0
	<i>Denominator (Total Responses)</i>	913	239	70	69	81	94	75	57	43	37	41	61	0	0	250	137	102	0

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN



ID	Measure	21/22	22/23 YTD	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Friends and Family Test (Inpatients and Day Cases)																			
P03A	Friends and Family Test Admitted Patient Coverage	27.7%	26.8%	26.6%	26.3%	31.9%	22.5%	25.3%	23.9%	31%	21.9%	29.3%	23.7%	34.5%	23%	26.6%	25.8%	29.2%	23%
	<i>Numerator (Total FFT Responses)</i>	18610	10509	1523	1352	1580	1021	1357	1135	1722	1161	1608	1407	2073	1403	3958	4018	5088	1403
	<i>Denominator (Total Eligible to Respond)</i>	67156	39156	5717	5137	4949	4546	5365	4752	5550	5295	5490	5949	6015	6105	14860	15597	17454	6105
P04A	Friends and Family Test Score - Inpatients/Day Cases	97.2%	96.1%	96.1%	97.3%	96.6%	98.5%	96.5%	96.1%	96.9%	96.2%	95.5%	96.3%	96.2%	95.3%	97%	96.5%	96%	95.3%
	<i>Numerator (Total "Positive" Responses)</i>	17993	10072	1463	1315	1512	1005	1308	1090	1669	1094	1535	1355	1993	1336	3825	3853	4883	1336
	<i>Denominator (Total Responses)</i>	18520	10481	1522	1351	1566	1020	1356	1134	1722	1137	1608	1407	2071	1402	3942	3993	5086	1402
Friends and Family Test (Emergency Department)																			
P03B	Friends and Family Test ED Coverage	8.8%	7.1%	10.4%	9.9%	11.2%	9.9%	9.3%	6.5%	6.8%	7.1%	9.7%	6.9%	5.5%	7%	10.1%	6.8%	7.4%	7%
	<i>Numerator (Total FFT Responses)</i>	12161	6230	1243	1051	1161	1037	1168	773	888	922	1262	824	658	903	3366	2583	2744	903
	<i>Denominator (Total Eligible to Respond)</i>	138397	88011	11990	10640	10405	10494	12587	11970	13154	12988	13050	11935	12024	12890	33486	38112	37009	12890
P04B	Friends and Family Test Score - ED	84%	84.2%	82.5%	85.1%	90.3%	84.3%	81.4%	82.8%	83.1%	84.6%	81.5%	87.1%	88.3%	84.4%	85.3%	83.5%	84.8%	84.4%
	<i>Numerator (Total "Positive" Responses)</i>	10176	5209	1015	891	1046	873	947	636	734	778	1020	708	574	759	2866	2148	2302	759
	<i>Denominator (Total Responses)</i>	12111	6185	1231	1047	1158	1036	1164	768	883	920	1252	813	650	899	3358	2571	2715	899
Friends and Family Test (Maternity)																			
P03C	Friends and Family Test MAT Coverage	8.5%	14.5%	19.6%	7.2%	8.4%	4.1%	10.2%	17.1%	17.7%	6.7%	15.9%	8.5%	27.2%	8.1%	7.6%	13.7%	17.4%	8.1%
	<i>Numerator (Total FFT Responses)</i>	1355	1205	273	96	92	48	127	181	195	76	187	107	355	104	267	452	649	104
	<i>Denominator (Total Eligible to Respond)</i>	15875	8315	1392	1334	1100	1159	1248	1056	1103	1138	1176	1256	1307	1279	3507	3297	3739	1279
P04C	Friends and Family Test Score - Maternity	98.6%	98.2%	99.3%	100%	98.9%	97.9%	99.2%	98.3%	100%	97.4%	96.3%	98.1%	98.3%	98.1%	98.9%	98.9%	97.7%	98.1%
	<i>Numerator (Total "Positive" Responses)</i>	1332	1182	271	96	91	47	126	177	195	74	180	105	349	102	264	446	634	102
	<i>Denominator (Total Responses)</i>	1351	1204	273	96	92	48	127	180	195	76	187	107	355	104	267	451	649	104
Friends and Family Test (Outpatients)																			
P04D	Friends and Family Test Score - Outpatients	94.9%	94.6%	95.5%	95.5%	95.1%	94.9%	94.8%	94.2%	94%	95.4%	94.9%	95%	94.3%	93.9%	95%	94.6%	94.8%	93.9%
	<i>Numerator (Total FFT Responses)</i>	31167	16297	2935	2023	3381	1942	2864	2181	1722	2236	3137	3004	1691	2326	8187	6139	7832	2326
	<i>Denominator (Total Eligible to Respond)</i>	32858	17233	3073	2118	3554	2046	3021	2315	1832	2345	3307	3163	1793	2478	8621	6492	8263	2478

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	NHS University Hospitals Bristol and Weston NHS Foundation Trust			
RESPONSIVE DOMAIN																				
ID	Measure	21/22	22/23 YTD	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	
Emergency Department Performance																				
B01	ED Total Time in Department - Under 4 Hours	66.79%	61.45%	63.9%	63.69%	66%	64.83%	63.26%	61.51%	61.69%	63.04%	60.15%	62.31%	62.01%	59.59%	64.62%	62.09%	61.46%	59.59%	
	<i>Numerator (Number Seen In Under 4 Hours)</i>	127045	69714	10255	9284	9450	9134	10589	9370	10351	10420	10075	9658	9776	10064	29173	30141	29509	10064	
	<i>Denominator (Total Attendances)</i>	190223	113444	16049	14578	14317	14090	16738	15234	16778	16528	16751	15500	15765	16888	45145	48540	48016	16888	
B06	ED 12 Hour Trolley Waits	5761	5258	706	676	776	844	952	809	579	576	878	758	717	941	2572	1964	2353	941	
Emergency Department Clinical Indicators																				
B02	ED Time to Initial Assessment - Under 15 Minutes	83.5%	78%	80.2%	78.5%	82%	75.5%	77%	75.9%	80.5%	77.2%	76.8%	76.2%	79.3%	79.6%	78.3%	78%	77.4%	79.6%	
	<i>Numerator (Number Assessed Within 15 Minutes)</i>	35034	17169	2644	2541	2583	2116	2220	2144	2673	2460	2460	2385	2515	2532	6919	7277	7360	2532	
	<i>Denominator (Total Attendances Needing Assessment)</i>	41980	22020	3297	3235	3150	2802	2885	2825	3322	3188	3203	3131	3171	3180	8837	9335	9505	3180	
B03	ED Time to Start of Treatment - Under 60 Minutes	48.3%	44.8%	45.3%	50%	54.8%	49.9%	44.1%	44.8%	43.3%	42.4%	41.6%	49%	47.9%	45.2%	49.3%	43.4%	46.1%	45.2%	
	<i>Numerator (Number Treated Within 60 Minutes)</i>	86759	47860	6922	6921	7471	6630	6875	6420	6815	6623	6550	7194	7136	7122	20976	19858	20880	7122	
	<i>Denominator (Total Attendances)</i>	179463	106799	15284	13841	13643	13291	15581	14333	15753	15624	15755	14683	14887	15764	42515	45710	45325	15764	
B04	ED Unplanned Re-attendance Rate	2.9%	3%	2.9%	2.9%	2.6%	2.7%	2.8%	2.8%	2.9%	3.1%	3.3%	3.1%	2.8%	2.8%	2.7%	2.9%	3.1%	2.8%	
	<i>Numerator (Number Re-attending)</i>	5453	3365	472	421	366	377	474	433	486	506	552	478	442	468	1217	1425	1472	468	
	<i>Denominator (Total Attendances)</i>	190223	113444	16049	14578	14317	14090	16738	15234	16778	16528	16751	15500	15765	16888	45145	48540	48016	16888	
B05	ED Left Without Being Seen Rate	3%	3.2%	3%	2.7%	2.7%	2.8%	4.5%	2.5%	3.3%	3.4%	4.2%	2.9%	2.6%	3.5%	3.4%	3.1%	3.2%	3.5%	
	<i>Numerator (Number Left Without Being Seen)</i>	5776	3632	487	397	384	401	758	379	547	562	703	446	411	584	1543	1488	1560	584	
	<i>Denominator (Total Attendances)</i>	190223	113444	16049	14578	14317	14090	16738	15234	16778	16528	16751	15500	15765	16888	45145	48540	48016	16888	
Referral To Treatment Ongoing																				
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	60.3%	58.6%	58.7%	59.5%	59.2%	58.6%	58.3%	58.8%	56.4%	55.6%	54.3%	55.3%	-	-	-	-	
	<i>Numerator (Number Under 18 Weeks)</i>	0	0	32131	31208	31662	32309	32555	33440	33791	35494	34238	34453	33625	34560	0	0	0	0	
	<i>Denominator (Total Pathways)</i>	0	0	53328	53253	53909	54305	55021	57019	57940	60404	60738	62010	61870	62462	0	0	0	0	
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	-	-	3318	3558	3599	3604	3920	4362	4654	5298	5591	5970	6141	5989	-	-	-	-	
A06A	Referral To Treatment Ongoing Pathways Over 78 Weeks	-	-	952	900	903	824	833	944	975	926	813	756	743	763	-	-	-	-	
A06B	Referral To Treatment Ongoing Pathways Over 104 Weeks	-	-	235	252	336	386	346	349	293	236	131	97	58	39	-	-	-	-	
Referral To Treatment Activity																				
A01A	Referral To Treatment Number of Admitted Clock Stops	30226	17696	2631	2162	2227	2322	2530	2144	2544	2520	2488	2651	2603	2746	7079	7208	7742	2746	
A02A	Referral To Treatment Number of Non Admitted Clock Stops	113401	64422	10536	8030	8742	8444	9692	8127	9715	8907	8352	10331	9200	9790	26878	26749	27883	9790	
A09	Referral To Treatment Number of Clock Starts	140873	71516	12077	9892	10584	10568	11556	9414	11600	10482	9388	10968	9466	10198	32708	31496	29822	10198	

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	21/22	22/23 YTD	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Diagnostic Waits																			
A05	Diagnostics Percentage Under 6 Weeks (15 Key Tests) <i>Numerator (Number Under 6 Weeks)</i> <i>Denominator (Total Waiting)</i>	-	-	65.4%	61.14%	60.55%	62.52%	60.95%	57.89%	60.1%	61.22%	63.5%	62.21%	64.46%	65.34%	-	-	-	-
		0	0	9357	8881	9175	9738	10124	9564	9508	9821	10430	9572	11331	11077	0	0	0	0
		0	0	14307	14525	15154	15576	16610	16521	15819	16042	16426	15387	17577	16952	0	0	0	0
A05J	Diagnostics (15 Key Tests) Numbers Waiting 13+ Weeks <i>Numerator (Number Over 13 Weeks)</i> <i>Denominator (Total Waiting)</i>	-	-	2949	3180	3240	3349	3372	3799	3697	3616	3245	2968	3294	3062	-	-	-	-
		0	0	2949	3180	3240	3349	3372	3799	3697	3616	3245	2968	3294	3062	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks <i>Numerator (Number Seen Within 2 Weeks)</i> <i>Denominator (Total Seen)</i>	82.4%	53.1%	80.3%	78.3%	71%	75.4%	66.5%	63%	68%	57.2%	44.6%	45.2%	41.1%	-	70.5%	63%	43.6%	-
		17444	5778	1484	1194	1140	1110	1313	992	1351	1010	784	835	806	0	3563	3353	2425	0
		21179	10890	1848	1525	1605	1472	1974	1574	1987	1765	1757	1848	1959	0	5051	5326	5564	0
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	93.4%	92.1%	89.9%	89.5%	91.1%	89.6%	93.5%	89.6%	90.6%	92.9%	93.9%	93.9%	91%	-	91.4%	91.1%	93%	-
		3323	1552	266	256	246	259	259	232	251	260	278	278	253	0	764	743	809	0
		3557	1686	296	286	270	289	277	259	277	280	296	296	278	0	836	816	870	0
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	99.3%	98.5%	98.7%	100%	97.3%	99.3%	99.3%	97.7%	100%	94.8%	98.5%	100%	100%	-	98.7%	97.5%	99.5%	-
		1793	842	154	164	143	148	152	126	150	145	134	138	149	0	443	421	421	0
		1806	855	156	164	147	149	153	129	150	153	136	138	149	0	449	432	423	0
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	85.1%	83.8%	84.2%	86%	73.5%	80%	82.1%	83.3%	76.3%	80%	88.9%	85.9%	87.7%	-	78.4%	79.8%	87.4%	-
		570	294	48	43	50	40	55	45	45	44	48	55	57	0	145	134	160	0
		670	351	57	50	68	50	67	54	59	55	54	64	65	0	185	168	183	0
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	76%	64.3%	80%	73.1%	68.1%	69.7%	77.6%	68.1%	71.3%	61.8%	69.4%	52.2%	64.9%	-	71.9%	67%	61.5%	-
		1254.5	462	116	92.5	80	79.5	95.5	80	85.5	74.5	84	72.5	65.5	0	255	240	222	0
		1651	719	145	126.5	117.5	114	123	117.5	120	120.5	121	139	101	0	354.5	358	361	0
E03B	Cancer 62 Day Referral To Treatment (Screenings) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	50.3%	34.2%	23.1%	55.6%	39.1%	60%	55.6%	0%	33.3%	25%	50%	50%	50%	-	47.6%	16.7%	50%	-
		44.5	6.5	1.5	2.5	4.5	3	2.5	0	0.5	1	2	2	1	0	10	1.5	5	0
		88.5	19	6.5	4.5	11.5	5	4.5	3.5	1.5	4	4	4	2	0	21	9	10	0
E03C	Cancer 62 Day Referral To Treatment (Upgrades) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	85.1%	83%	91.1%	82%	86.2%	75%	71.9%	90.8%	82.9%	82.6%	85%	77.6%	78.9%	-	77.2%	85.4%	80.5%	-
		614.5	277.5	51.5	50	47	45	48.5	49.5	43.5	50	48	38	48.5	0	140.5	143	134.5	0
		722	334.5	56.5	61	54.5	60	67.5	54.5	52.5	60.5	56.5	49	61.5	0	182	167.5	167	0

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	21/22	22/23 YTD	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	22/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions <i>Numerator (Number of LMCs)</i> <i>Denominator (Total Elective Admissions)</i>	1.65%	2.28%	1.49%	1.89%	2.33%	2.16%	2.32%	2.43%	1.88%	2.49%	2.31%	2.26%	2.05%	2.53%	2.27%	2.26%	2.21%	2.53%
		1313	1117	104	115	149	135	165	154	134	171	157	167	148	186	449	459	472	186
		79837	49065	6974	6094	6385	6251	7114	6347	7114	6860	6794	7382	7207	7361	19750	20321	21383	7361
F02	Cancelled Operations Re-admitted Within 28 Days <i>Numerator (Number Readmitted Within 28 Days)</i> <i>Denominator (Total LMCs)</i>	79.6%	82.8%	83.5%	80.9%	82.8%	89.4%	90.8%	79.6%	87%	88.8%	81.3%	82.2%	82.6%	79.1%	88.1%	85%	82%	79.1%
		899	897	81	76	82	127	118	121	134	119	139	129	138	117	327	374	406	117
		1129	1083	97	94	99	142	130	152	154	134	171	157	167	148	371	440	495	148
Green To Go/Fit For Discharge (BRISTOL Only)																			
AQ06A	Medically Fit For Discharge - Number of Patients (Acute)	-	-	185	158	202	191	193	187	194	179	217	220	232	230	-	-	-	-
AQ06B	Medically Fit For Discharge - Number of Patients (Non Acute)	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
AQ07A	Medically Fit For Discharge - Beddays (Acute)	-	-	4994	5293	5825	5307	5675	4408	6117	5457	6069	6645	6366	7079	-	-	-	-
AQ07B	Medically Fit For Discharge - Beddays (Non-Acute)	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate <i>Numerator (Number of Hospital Cancellations)</i> <i>Denominator (Total Appointments)</i>	10.8%	10.9%	10.2%	10.9%	11.1%	11.2%	11.8%	11.5%	9.8%	11%	11.5%	10.9%	11.1%	10.7%	11.4%	10.7%	11.1%	10.7%
		129922	78118	11390	10380	11265	10928	13425	10975	10744	11458	9579	11317	12489	11556	35618	33177	33385	11556
		1202123	716461	111593	95111	101103	97506	113500	95439	109526	104204	83563	103929	112026	107774	312109	309169	299518	107774
R05	Outpatient DNA Rate <i>Numerator (Number of DNAs)</i> <i>Denominator (Total Attendances+DNAs)</i>	7.3%	7.4%	7.3%	7.7%	7.5%	7.4%	7.3%	7.3%	7.4%	7.8%	8%	7.3%	7.3%	6.9%	7.4%	7.5%	7.5%	6.9%
		64643	37491	6106	5327	5530	5184	5872	4981	5924	5735	4726	5362	5581	5182	16586	16640	15669	5182
		885592	506478	83262	69124	73806	70276	80092	67879	79829	73799	59397	73578	76457	75539	224174	221507	209432	75539
Overdue Partial Booking																			
R23B	Overdue Partial Booking Referrals - 6+ Months Overdue	-	-	36938	38734	45267	45301	44354	34730	35523	38250	39561	41002	41843	42779	-	-	-	-
R23C	Overdue Partial Booking Referrals - 9+ Months Overdue	-	-	26849	27861	30789	30902	29480	21406	22095	24259	24946	26346	26485	27293	-	-	-	-
R23D	Overdue Partial Booking Referrals - 12+ Months Overdue	-	-	19642	20528	22389	22380	20621	13032	13340	14615	15333	16307	16760	17209	-	-	-	-

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL EFFECTIVE DOMAIN



ID	Measure	21/22	22/23 YTD	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Mortality																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	98.3	100.2	99.3	99.3	100.5	99.3	98.8	100	100.5	100.2	-	-	-	-	99.5	100.2	-	-
	Numerator (Observed Deaths)	24780	6420	2075	2120	2165	2170	2100	2130	2140	2150	0	0	0	0	6435	6420	0	0
	Denominator ("Expected" Deaths)	25210	6405	2090	2135	2155	2185	2125	2130	2130	2145	0	0	0	0	6465	6405	0	0
X02	Hospital Standardised Mortality Ratio (HSMR)	103.6	112.5	85.5	85.4	113.7	101.8	113.9	114.5	108.5	114.1	105.5	119.8	-	-	110.2	112.4	112.5	-
	Numerator (Observed Deaths)	1337	545	91	112	143	106	133	124	107	109	98	107	0	0	382	340	205	0
	Denominator ("Expected" Deaths)	1290.5	484.6	106.4	131.1	125.8	104.1	116.8	108.3	98.6	95.5	92.9	89.3	0	0	346.7	302.4	182.2	0
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	63.4%	51.9%	70%	63.4%	64.3%	56.8%	46.6%	38.5%	38.8%	63.6%	60.4%	51.9%	57.1%	55.3%	54.9%	46.2%	56.5%	55.3%
	Numerator (Treated Within 36 Hrs)	327	176	28	26	27	25	27	20	19	28	32	27	24	26	79	67	83	26
	Denominator (Total Patients)	516	339	40	41	42	44	58	52	49	44	53	52	42	47	144	145	147	47
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.1%	94.4%	97.5%	97.6%	92.9%	97.7%	100%	98.1%	69.4%	100%	96.2%	100%	97.6%	100%	97.2%	89%	98%	100%
	Numerator (Seen Within 72 Hrs)	496	320	39	40	39	43	58	51	34	44	51	52	41	47	140	129	144	47
	Denominator (Total Patients)	516	339	40	41	42	44	58	52	49	44	53	52	42	47	144	145	147	47
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	58.7%	43.8%	67.5%	58.5%	52.4%	54.5%	44.8%	30.8%	20.4%	61.4%	60.4%	50%	42.9%	38.1%	50%	36.6%	51.7%	38.1%
	Numerator (Number achieved BPT)	303	137	27	24	22	24	26	16	10	27	32	26	18	8	72	53	76	8
	Denominator (Total Patients)	516	313	40	41	42	44	58	52	49	44	53	52	42	21	144	145	147	21
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	2.4%	3.77%	2.57%	2.35%	2.38%	2.56%	0%	3.5%	3.51%	3.48%	3.88%	4.02%	4.18%	-	1.58%	3.5%	4.03%	-
	Numerator (Re-admitted in 30 Days)	3863	3069	358	299	299	316	0	439	479	465	526	566	594	0	615	1383	1686	0
	Denominator (Total Discharges)	161255	81317	13945	12726	12577	12341	13928	12525	13634	13344	13546	14072	14196	0	38846	39503	41814	0
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.7%	54.9%	54.5%	62.5%	52.2%	67.9%	52.8%	53.6%	53.8%	39.3%	54.1%	45.8%	80%	-	57.5%	48.8%	60.4%	-
	Numerator (Achieved Target)	229	95	18	20	12	19	19	15	14	11	20	11	24	0	50	40	55	0
	Denominator (Total Patients)	404	173	33	32	23	28	36	28	26	28	37	24	30	0	87	82	91	0
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	63.7%	57.1%	58.7%	54.3%	65.8%	67.4%	58.2%	62.2%	60.9%	58.1%	43.2%	50%	66.7%	-	63.2%	60.3%	52.7%	-
	Numerator (Achieved Target)	369	124	27	25	25	29	32	23	28	25	16	12	20	0	86	76	48	0
	Denominator (Total Patients)	579	217	46	46	38	43	55	37	46	43	37	24	30	0	136	126	91	0

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL WELL-LED DOMAIN



ID	Measure	21/22	22/23 YTD	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Bank and Agency Usage																			
AF11A	Percentage Bank Usage	-	-	5.41%	5.41%	5.89%	5.92%	6.34%	5.25%	5.48%	5.96%	6.24%	5.9%	5.57%	5.77%	-	-	-	-
	Numerator (Bank wte)	0	0	613.62	613.65	673.48	675.59	731.9	597.39	623.17	682.2	717.68	684.96	646.18	672.62	0	0	0	0
	Denominator (Total wte)	0	0	11335.5	11335.8	11441.8	11411.2	11549.9	11386.6	11365.8	11437.3	11501.6	11613.5	11598.6	11663	0	0	0	0
AF11B	Percentage Agency Usage	-	-	1.79%	1.71%	2.22%	2.21%	2.38%	2.05%	2.06%	2.31%	2.57%	2.31%	2.15%	1.91%	-	-	-	-
	Numerator (Agency wte)	0	0	203.34	194.3	254.06	252.3	274.31	233.34	233.71	264.81	296.09	267.86	249.43	222.57	0	0	0	0
	Denominator (Total wte)	0	0	11335.5	11335.8	11441.8	11411.2	11549.9	11386.6	11365.8	11437.3	11501.6	11613.5	11598.6	11663	0	0	0	0
Turnover																			
AF10	Workforce Turnover Rate	-	-	14.4%	15%	15.1%	15.3%	15.1%	15.3%	15.3%	15.4%	15.7%	15.7%	15.7%	15.7%	-	-	-	-
	Numerator (Leavers in last 12 months)	0	0	1264.87	1314.78	1325.46	1348.96	1327.93	1342.88	1348.97	1354.29	1382.31	1381.77	1398.69	1402.85	0	0	0	0
	Denominator (Average Staff in Post)	0	0	8804.04	8775.91	8806.01	8826.58	8812.96	8794.68	8792.34	8767.88	8789.78	8811.58	8883.23	8928.09	0	0	0	0
Vacancy																			
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	7.4%	7.4%	7.8%	8%	7.6%	5.7%	8%	8.3%	8.4%	7.2%	7.3%	7.7%	-	-	-	-
	Numerator (Vacancy wte, Funded minus actual)	0	0	834.57	846.11	885.13	912.16	865.82	632.1	912.48	953.51	962.15	824.27	843.65	896.89	0	0	0	0
	Denominator (Actual WTE)	0	0	11353.1	11373.9	11399.4	11395.5	11409.5	11187.9	11421.4	11443.8	11449.9	11484.9	11546.7	11664.7	0	0	0	0
Staff Sickness																			
AF02	Sickness Rate	4.1%	5.5%	4.8%	4.5%	4.1%	4%	4.1%	6.3%	5.1%	5.6%	6.5%	5.1%	4.9%	5.3%	4.1%	5.7%	5.5%	5.3%
	Numerator (Total WTE Days Lost)	156985	124839	15214.3	14788.6	13318.3	11745.4	13289.5	19814.2	16463.3	17611.3	21066.5	16521.6	15762.2	17599.9	38353.2	53888.9	53350.3	17599.9
	Denominator (Total WTE Days)	3798329	2253639	315563	325937	324179	294304	326222	313517	324437	313529	322577	325551	319669	334359	944705	951483	967796	334359
Staff Appraisal																			
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	69.3%	67.9%	68.8%	68.9%	69.9%	68.6%	70.8%	70.2%	71%	71.6%	71.7%	72%	-	-	-	-
	Numerator (In-Date Appraisals)	0	0	7242	7066	7157	7182	7304	7123	7360	7294	7402	7482	7529	7633	0	0	0	0
	Denominator (Total Staff)	0	0	10446	10403	10400	10424	10446	10390	10391	10397	10426	10443	10507	10600	0	0	0	0

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL USE OF RESOURCES DOMAIN



ID	Measure	21/22	22/23 YTD	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Average Length of Stay																			
J03	Average Length of Stay (Spell)	4.38	4.59	4.43	4.75	4.51	4.75	4.63	4.88	4.81	4.61	4.41	4.65	4.34	4.48	4.63	4.76	4.47	4.48
	Numerator (Total Beddays)	364169	227011	31069	31642	28517	30161	33354	31816	33232	31485	31210	32803	32203	34262	92032	96533	96216	34262
	Denominator (Total Discharges)	83120	49456	7008	6663	6319	6345	7205	6518	6908	6833	7073	7054	7414	7656	19869	20259	21541	7656