



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

# Integrated Quality & Performance Report

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January 2023

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## Quality and Safety

There were three Hospital Onset Hospital Acquired cases of E.coli, fifteen cases of Community Onset Community Acquired and two cases of Community Onset Hospital Acquired in December 2022. A trust wide catheter/ prevalence audit of compliance with best practice has been completed the findings of which will be reported shortly. There has been a decrease in Hospital Onset Hospital Acquired cases of Clostridium Difficile over the month of December (2 cases) when compared to the previous month of November 2022 (5 cases). There has been one trust-apportioned MRSA case in December 2022. There have been three Trust apportioned case of MRSA bacteraemia in UBHW reported in the year-to-date 2022/23. An observation of vascular device management has been undertaken by Becton Dickenson device manufacturer, the Infection, Prevention & Control team are awaiting the findings of this audit.

The Summary Hospital Mortality Indicator for UHBW for the 12 months September 2021 to August 2022 was 99.3 and in NHS Digital's "as expected" category. This is slightly below the overall national peer group of English NHS trusts of 100.

Recent VTE risk assessment compliance remains relatively static at 81.3% though is at the lowest level since April (excludes Weston due to data feed issues). There is a requirement for the Trust VTE metric data (logic for the 'not at-risk cohort') to be clinically reviewed and agreed as correct for a merged Trust, prior to sign off by Medical Directors Team. The clinical review has been requested but has not yet occurred; once this has been completed this will resolve the data feed issue. Recruitment for new VTE Lead role has commenced interviews scheduled for February 2023.

## Our People

The Trust's vacancy rate has reduced to 7.2% this month but remains above target (which is less than 7%). The vacancy rate has reduced in registered nursing to 10.7% and is now close to target (10.0%) but has increased for band 2 and 3 unregistered nursing to 19.4% which is significantly above the target of 15%. Consultant vacancy has increased to 4.1% from 4.0%.

Turnover for the 12-month period reduced to 15.0% compared to 15.5% (updated figures) for the previous month meaning turnover is on track. The largest staff group increase was seen within Allied Health Professionals, where turnover increased by 1.1 percentage points to 17.7% compared with 16.6% the previous month. The largest staff group reduction was seen within Administrative and Clerical, where turnover reduced by 1.4 percentage points to 16.6% compared with 18.0% the previous month. Turnover rate for Band 5 nurses reduced slightly to 17.6%.

Sickness absence increased to 6.2% compared with 5.4% in the previous month, based on updated figures for both months.

Agency usage has reduced to 1.9% which is slightly above the 1.8% and bank usage has increased to 6.1% nearing the target of 6.3% target.

Compliance for the eleven Core Skills (mandatory/statutory) remained static at 87%, for the fourth consecutive month. Although overall compliance has been static for several months, most of the core skills have achieved or exceeded their 90% compliance targets. Recognising this, the People and Education Group supported the lowering of the risk score for Risk 921 - risk that staff are not compliant with their essential training' - from 12 to 9.

## Timely Care

At the end of December 2022, there were 26 patients waiting over 104+ weeks. The number of patients waiting over 104 weeks at the end of January 2023 is forecast to be 6. This forecast accounts for patients that have tipped over the threshold of 104+ weeks waiting in the month. The Trust will be in a position to have eliminated waiting times 104+ weeks at the end of February and will be able to sustain this position going forward.

At the end of December 2022, there were 877 patients over 78+ weeks against a trajectory for improvement of 663. There was an increase in the size of the backlog in December related to seasonal factors and industrial action which displaced more clinically urgent procedures. We are currently forecasting a backlog of no greater than 300 patients waiting 78+ weeks at the end of March. Plans are being developed with the Divisions to improve performance towards the ambition of eliminating 78+ week waits from the end of March 2023.

There has been improvement in the number of patients waiting over 62 days on a cancer pathway. There has been a week to week reduction in this backlog towards our Cancer Alliance defined baseline of 180 patients by the end of March 2023. At the end of December 2022, the Trust reported 326 patients over 62 days against a trajectory of 400. Skin remains the most significant performance risk given the scale of the backlog and difficulty recruiting to locum posts. Gynaecology is also very challenged given the significant and sustained increase in referrals received by the service.

Emergency Department (ED) pressures continue in December 2022. There were 1,217 patients who had a Trolley wait in excess of 12 hours in December across the Emergency Departments compared to 862 in November. There were 3,031 ambulance handovers in December and of these 87.7% were in excess of 15 minutes. Delayed discharges remain a pressure on flow, and in December, on average, 196 beds were occupied per day by No Criteria To Reside (NCTR) patients.

The Every Minute Matters (EMM) programme roll out has now been completed across all adult wards in scope: focussing on ward based flow and discharge processes. Job descriptions are now being developed for substantive clinical lead and improvement practitioner roles to support the ongoing sustainability of the programme. The expansion of SDEC (Same Day Emergency Care) provision is continuing, including expansion of Surgical SDEC capacity and development of the SDEC offer at Weston. BRI Medical SDEC has recorded a seventh consecutive month of performance improvement with 769 patients seen through SDEC in November 2022 (73% increase from the Feb 22).

## 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 has been 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 December there is a net I&E deficit of £3,572k against a planned deficit of £6,162k (excluding technical items). Total operating income is £27,987k favourable to plan due to higher than planned income from activities of £30,858k, offset by lower than planned other operating income of £2,871k. Operating expenses are £33,745k adverse to plan primarily due to higher pay expenditure (£23,853k adverse), offset by lower than planned depreciation expenditure of £1,373k. Other non-pay expenditure is £11,265k higher than plan.

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 – Trusted CIP delivery is £11,345k or 100% of plan. Full year forecast delivery is £15,737k or 105% of plan of which recurrent savings are £8,316k, 56% 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.

Safe

Caring

## Successes

- Two Healthcare Support Workers in the Bristol Royal Hospital for Children have won a Chief Nursing Officer Award which recognises contributions of support workers who consistently demonstrate NHS values in their every day roles.
- The lay advisor Patient Safety Partners have been recruited and will commence induction in January 2023. They will start their roles in full from March 2023. They will provide an invaluable new perspective and contribution to the development of patient safety in the Trust.

## Priorities

- The Band 5 vacancy level for December was 15.1%, this is a slight increase compared to 14.6% in November. The International Recruitment Team welcomed over 20 new qualified nurses this month to commence their period of induction, familiarisation and experiential learning.
- During December 2022, the rate of pressure injuries per 1,000 bed-days was 0.088 across UHBW significantly below the improvement goal of 0.4 with no grade 3 or 4 pressure injuries recorded in the month. The Tissue Viability team following recommendations made from recent serious incidents investigations have been working with the Trust front door areas to ensure that at risk patients or patients attending with existing pressure injuries are recognised and managed from admission.
- Significant planning and mitigation was under taken in December to ensure both staff and patients remained safe during the two days of industrial action. All the front door areas across adult and children's services remain under significant pressure with additional capacity being brought on stream with minimal additional resources.

Reporting Month: December 2022

Safe

Caring

Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>During December 2022 there were 160 patient falls (4.71 per 1,000 bed days), 107 at the Bristol site and 53 at the Weston site. There were two falls with moderate harm. The Dementia, Delirium and Falls Team Lead Practitioner and the Practitioner for Weston General Hospital commence in post in January 2023.</li> <li>Advertisement for new VTE Lead role is now out for recruitment. Interviews are scheduled for early February 2023.</li> </ul>	<ul style="list-style-type: none"> <li>Nine serious incidents were reported in December 2022 including one wrong implant never event in paediatric neurosurgery. There have been three never events in UHBW year to date all of which relate to surgical invasive procedures and which are currently subject to patient safety incident investigations.</li> </ul> <p>New Risks:</p> <ul style="list-style-type: none"> <li>New risk 6477: Risk that the Trust is unable to achieve a 100% compliance rate for resuscitation training, current score 9. This risk replaces the previous Trust Corporate risk 2857. It reflects that the resuscitation team are fully recruited , booking of training has been simplified and training provision exceeds requirement. The new risk is about enabling staff to attend resuscitation training while the Trust continue to experience ongoing staffing and operational pressures.</li> </ul>

Reporting Month: December 2022

Responsive

Effective

## Successes

- Cancer standards: the subsequent radiotherapy, subsequent chemotherapy, and screening faster diagnosis standards were compliant in November (cancer data is a month in arrears, so November is the latest finalised month). The Trust is also achieving its improvement trajectory for patients waiting over 62 days on a GP suspected cancer pathway.
- Diagnostic performance in Echocardiography is continuing to perform better than trajectory.
- Four diagnostic modalities/ sub-modalities met the 99% standard in December 2022. A further ten modalities/ sub-modalities achieved or exceeded the 75% target which is to be achieved by March 2023.
- The trust has achieved 4.9% of attendances outcomed as Patient Initiated follow up (PIFU) this month and is on trajectory for achieving the March 2023 target of 5%. This progress has been made by including Long Term Condition PIFU activity in the data.

## 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 under 62 days on a GP suspected cancer pathway to pre-pandemic levels by end of March 2023.
- Priorities for RTT are to eliminate 104ww breaches by end of February and sustain this position.
- National requirement is to clear all patients who are or will be a 78ww RTT breach by end of March 2023. Specialities with the largest breach volumes have been attending performance meetings with the Chief Operating Officer to ensure that this position is achieved, these meetings will continue weekly through to March.
- All specialities should be booking appointment for all patients that are in the e-Referral Service (eRS) drop off lists that are at risk of breaching 78ww at the end of March.
- Identification of clinical and programme management resources to support the delivery of the Outpatient programme in line with the Trust's Outpatient Strategy and the national outpatients programme 'Action on Outpatients'.
- Following successful pilots of DrDoctor 'Quick Question' functionality, rapid roll out is planned to support waiting list validation and patient communications for mutual aid.



Reporting Month: December 2022

Responsive

Effective

## Opportunities

- The national team have launched a digital mutual aid system (DMAS) which is where all NHS providers should request mutual aid support required. UHBW have signed up to use the system.
- NHS England have provided funding for 15 RTT validators, equally shared between UHBW, NBT and Devon and will work remotely to support the RTT validation work. This contract will be held between UHBW and SCW - NHS South, Central and West and funded by NHS England. The contract is due to commence in February and runs until May 2023.
- A new Theatres Dashboard is being developed to support the Theatre Efficiency Group and align with approaches adopted by the Model Hospital national benchmarking suite. This will allow the Trust to understand current activity and performance and assess productivity and efficiency opportunities in the future.
- Echocardiography performance is improving and there has been validation of the Weston waiting list enabling more accurate reporting of performance. Validation will be continued until Weston Echocardiography is also integrated in the Radiology clinical system (CRIS) which is used in Bristol. Integration with CRIS is planned to be implemented in Quarter 1 2023/24.
- DrDoctor 'Quick Question' and 'Assessments' modules, following successful pilots, present a number of opportunities to automate contacting patients and collating responses for specialities to action. DrDoctor 'Quick Question' can be used to ask large numbers of our patient waiting lists if they are waiting well, if they would like to retain their appointments or if they would consider being transferred to another provider. DrDoctor 'Assessments' provides the opportunity to send patients structured questionnaires to support clinical prioritisation, establishment of condition baseline or to support patients progress remotely on Patient Initiated Follow-Up (PIFU) pathways. DrDoctor 'Digital Letters' is now being piloted in the Trust. This will give patients access all of their appointment correspondents electronically through the portal. Letters provide to patients will be in a PDF format which will allow them to change fonts, backgrounds and through third party applications translate correspondents.

## 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 5532).
- Steady and steep increase in suspected gynaecology cancer referrals, with a gradual rise of 50% since spring 2022, outstripping the ability to increase capacity at the same rate.
- Additional capacity for outpatient clinics are required to ensure there is sufficient capacity to clear all patients within the 78ww breach cohort before end of March. This requires urgent expediting to achieve the national requirement for zero breaches at the end of March.
- Endoscopy (adults) remains one of the top priorities and risks in Diagnostic performance and recovery for UHBW. The Endoscopy waiting list backlog continued to reduce steadily in December for both Weston and Bristol, despite the winter pressures. This improvement is being supported by additional administrative validation of the longest waiting patients. Utilisation of core, insourced and outsourced capacity remains a significant risk recovery in these modalities. The action plan continues to be developed by the Division of Surgery. Four project workstreams are being established to focus on key areas of the Endoscopy (adults) recovery action plan, these will drive improvement in Administration and booking, JAG (Joint Advisory Group) accreditation, Digital and Capital.

Reporting Month: December 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	Y
	Pressure Injuries	P
	Medicines Management	P
	Essential Training	P
	Nurse Staffing Levels	N/A
	VTE Risk Assessment	N
Caring	Patient Surveys	Y
	Friends & Family Test	N/A
	Patient Complaints	P

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)
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	Y
	Staffing Levels – Vacancies	P
	Staff Sickness	P
	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

December 2022

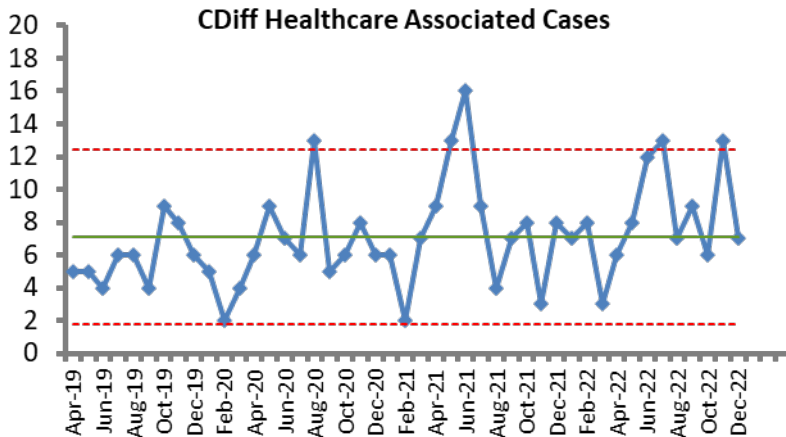
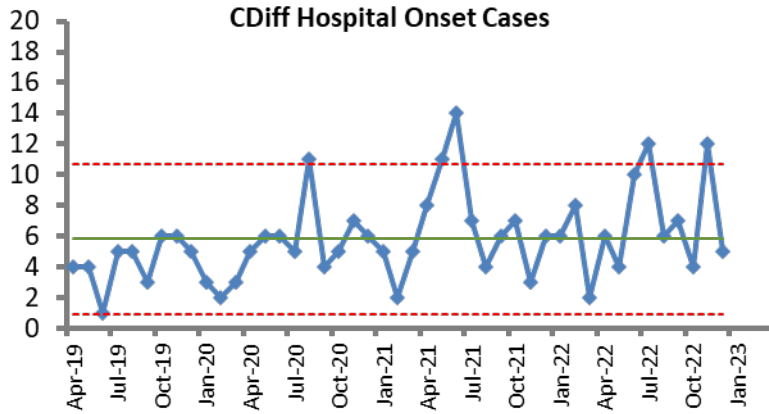
**Y** *Achieved*

<b>Standards:</b>	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.
<b>Performance:</b>	There have been 5 Trust reported HOHA and 2 COHA cases reported in December 2022. There has been a decrease in HOHA cases over the month of December when compared to the previous month of November 2022.
<b>Actions/Plan:</b>	A structured collaboration commenced in the September 2021 is ongoing across the local provider organisations facilitated by the CCG and a regional NHS England quality improvement collaborative is ongoing, with close collaboration with the ICS which plan to start post infection reviews of community acquired C.difficile cases in the nearer future.
<b>Ownership:</b>	Chief Nurse

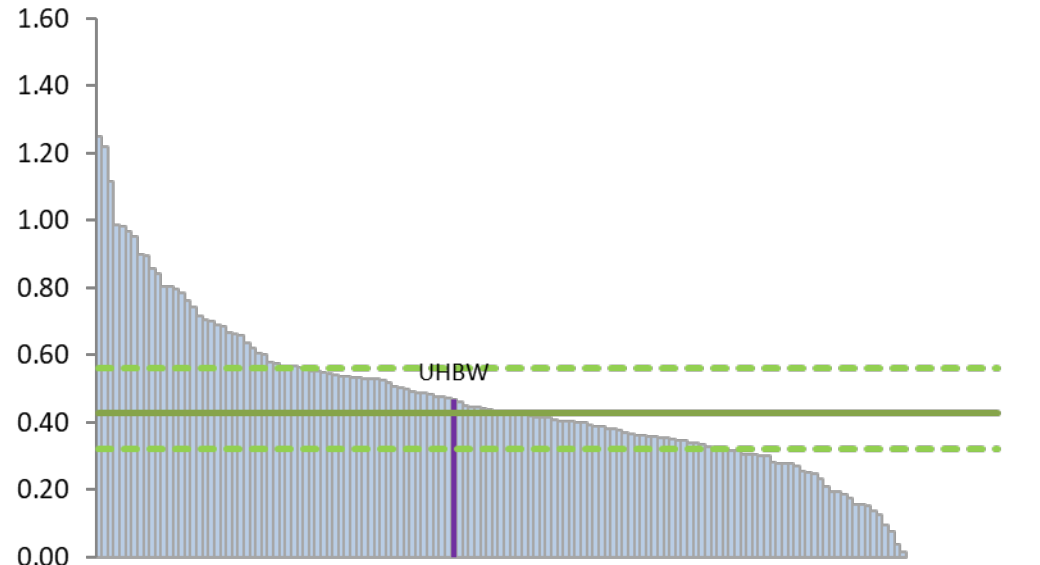
	Dec-22		2022/2023		2021/2022	
	HA	HO	HA	HO	HA	HO
Medicine	3	3	20	17	32	31
Specialised Services	0	0	6	5	16	12
Surgery	0	0	12	11	13	13
Weston	4	2	29	25	19	14
Women's and Children's	0	0	11	8	12	12
Other	0	0	3	0	3	0
<b>UHBW TOTAL</b>	<b>7</b>	<b>5</b>	<b>81</b>	<b>66</b>	<b>95</b>	<b>82</b>

# Infection Control – C.Difficile

December 2022



Benchmarking - C.Diff Rate Per 1000 Beddays - December 2021 to November 2022



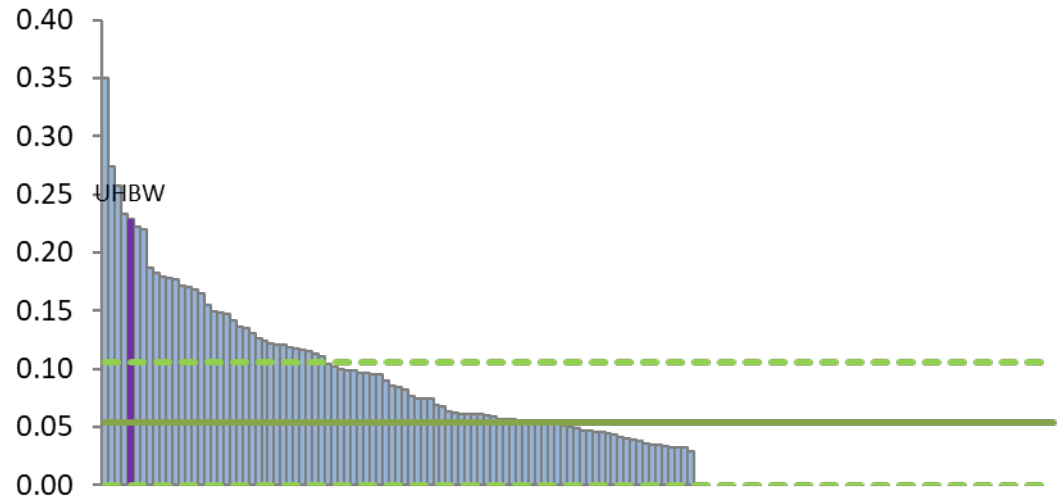
December 2022

**N** Not Achieved

<b>Standards:</b>	The standard is to have zero Trust Apportioned MRSA cases. This is Hospital Onset cases only.
<b>Performance:</b>	There has been 1 trust-apportioned MRSA case in December 2022. Therefore 3 trust apportioned cases in 2022 / 23.
<b>Action/Plan:</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 bacteraemia's.</li> <li>• A regional collaborative led by 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.</li> <li>• An observation of vascular device management has been undertaken by BD. IP&amp;C are awaiting the findings.</li> </ul>
<b>Ownership:</b>	Chief Nurse

	Dec-22	2022/2023	2021/2022
Medicine	0	0	6
Specialised Services	0	1	0
Surgery	0	1	0
Weston	0	0	0
Women's and Children's	1	1	1
Other	0	0	0
<b>UHBW TOTAL</b>	<b>1</b>	<b>3</b>	<b>7</b>

Benchmarking - MRSA Cases Per 1000 Beddays - December 2021 to November 2022



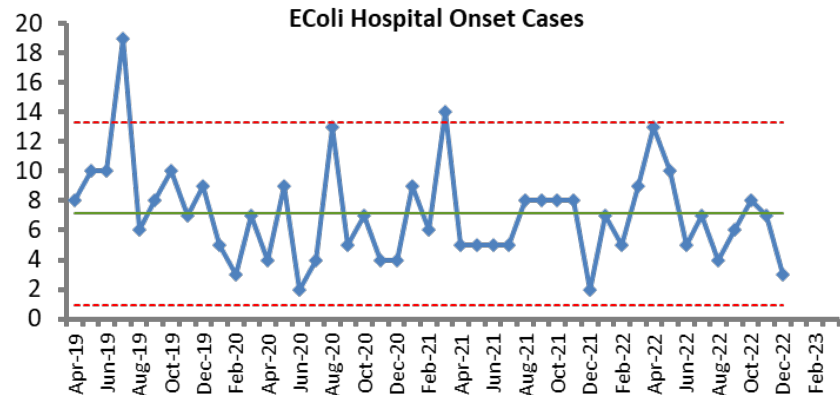
# Infection Control – E. Coli

December 2022

**Y** Achieved

<b>Standards:</b>	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.
<b>Performance:</b>	There have been 3 cases of Hospital Onset E.coli reported in December 2022, which brings the cumulative total to 63 YTD 2022/23. The community prevalence of E.coli cases has continued to increase throughout this year.
<b>Action/Plan:</b>	The outcome of the Trustwide catheter use/prevalence audit, an audit of compliance with best practice, is in progress. Data collection has been completed, analysis of findings is being undertaken.
<b>Ownership:</b>	Chief Nurse

	Dec-22	2022/2023	2021/2022
Medicine	1	21	19
Specialised Services	1	12	16
Surgery	0	12	15
Weston	0	12	18
Women's and Children's	1	6	7
Other	0	0	0
<b>UHBW TOTAL</b>	<b>3</b>	<b>63</b>	<b>75</b>



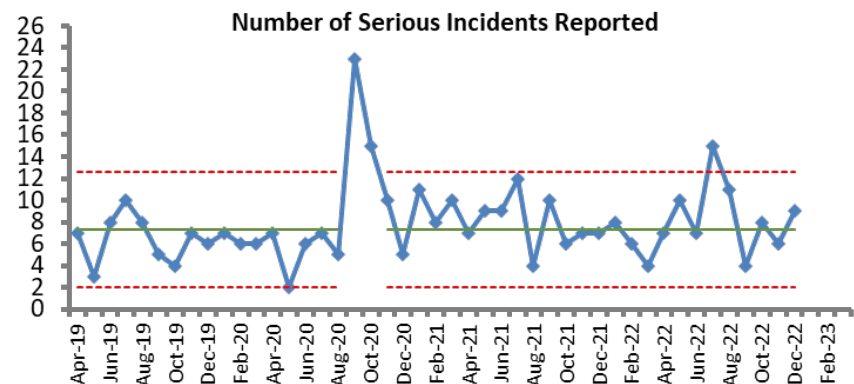
# Serious Incidents (SIs)

December 2022

N/A *No Standard Defined*

<b>Standards:</b>	UHBW is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015.
<b>Performance:</b>	Nine serious incidents (SI's) were reported in December 2022; three were declared in Medicine Division, two in Surgery Division, two in Women's and Children's and one in Diagnostics and Therapies. One incident related to both the Specialised Services and Medicine Divisions. These serious incidents comprised four Diagnostic incidents, two Treatment delays, one Pressure ulcer, one Medication Incident and one Surgical/invasive procedure incident; the latter also resulted in a Never Events being declared, giving a total of three year to date.
<b>Action/Plan:</b>	<p>In 2022/23 the new National Patient Safety Strategy will be implemented across the trust. This will include the introduction of the Patient Safety Incidence Response Framework (PSIRF) replacing the previous Serious Incident Framework, the introduction of the new Learning from Patient Safety Events (LFPSE) replacing the National Reporting and Learning System (NRLS) to enhance reporting and analysis of the themes of Patient safety incidents. Introduction of Patient Safety Partners will attend Patient Safety Group and work as a patient and public voice in the organisation.</p> <p>As a result of the change to the Patient Safety Incident Response Framework (PSIRF), identification and investigation of serious incidents will be replaced by investigating fewer types of incidents meeting nationally mandated requirements, a focus on locally identified key patient safety risks and a range of more agile local learning responses.</p> <p>Newly identified serious incidents are under investigation. The outcomes of these investigations will be reported to the Quality and Outcomes Committee in due course.</p>
<b>Ownership:</b>	Chief Nurse

	Dec-22	2022/2023	2021/2022
Medicine	3	16	29
Specialised Services	1	10	8
Surgery	2	13	9
Weston	0	17	22
Women's and Children's	2	18	19
Other	1	3	2
<b>UHBW TOTAL</b>	<b>9</b>	<b>77</b>	<b>89</b>



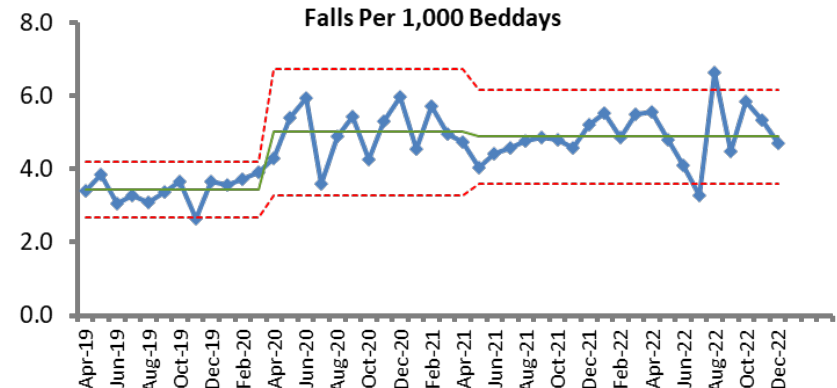
# Harm Free Care – Inpatient Falls

December 2022

**Y** Achieved

<b>Standards:</b>	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
<b>Performance:</b>	During December 2022, there were 160 falls across the Trust, which per 1000 beddays equates to 4.71. There were 107 falls at the Bristol site and 53 at the Weston site. There were two falls with moderate (or greater) harm.
<b>Action/Plan:</b>	<p>The number of falls in December (160) is less compared to November (178). The number of falls with harm remains similar to previous months. Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. The Dementia, Delirium and Falls (DDF) Team was operating on reduced capacity due to the band 8a and band 7 posts being vacant. Recruitment has been completed for the posts in Bristol and in Weston.</p> <ul style="list-style-type: none"> <li>Steering group: The DDF steering group continues to meet monthly and two of the divisions, in turn, present falls and dementia specific updates from their divisions. In December the divisions of Women and Children's and Weston provided an update.</li> <li>Dementia, Delirium and Falls Team: The DDF Team lead practitioner (band 8a) started in post on the 9th of January 2023. The practitioner in Weston (band 7 – is expected to start on the 16 January 2023).</li> <li>Quality Improvement: When the DDF team is fully in place, the team will lead on 3 QI projects: 1. Improving assessment and recording of Multi-Factorial Risk Assessment for patients. 2. Embedding Personalisation, Prediction, Prevention and Participation in falls prevention and management across the Trust. 3. Improving mobilisation and preventing deconditioning in hospitals. The Team will also lead on the Trust participation in the National Audit of Inpatient Falls.</li> <li>Training: The DDF team continue to support 'in-place' and simulation-based training for ward staff, this has been severely limited in the past few months due to staffing issues within the Team. An Education event is being planned for April 2023 for Dementia and Falls champions.</li> </ul>
<b>Ownership:</b>	Chief Nurse

	Dec-22		2022/2023		2021/2022	
	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays
Diagnostics and Therapies	2	-	14	229.51	15	277.78
Medicine	55	7.14	608	8.84	775	9.03
Specialised Services	21	4.16	191	3.98	244	3.99
Surgery	25	5.02	175	4.07	243	4.58
Weston	53	6.19	462	6.16	461	5.38
Women's and Children's	4	0.53	40	0.62	55	0.64
Other	0		5		8	
<b>UHBW TOTAL</b>	<b>160</b>	<b>4.71</b>	<b>1495</b>	<b>4.98</b>	<b>1801</b>	<b>4.83</b>





# Harm Free Care – Pressure Injuries

December 2022

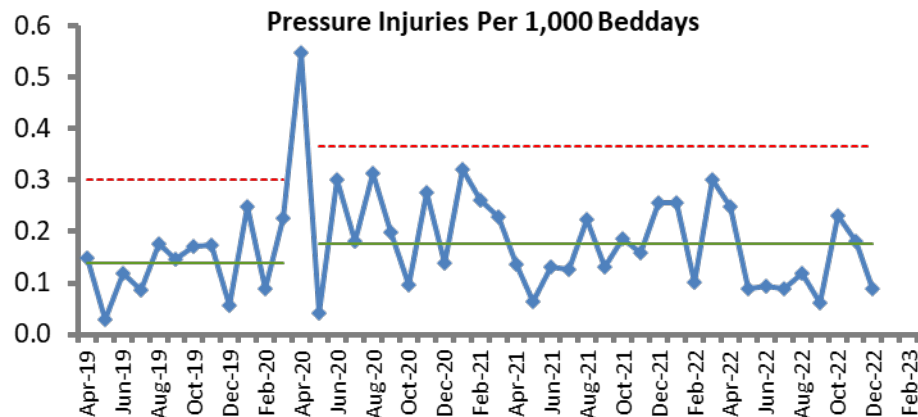
**P** Partially Achieved

<p><b>Standards:</b></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><b>Performance:</b></p>	<p>During December 2022, the rate of pressure injuries per 1,000 bed-days was 0.088 across UHBW. Across UHBW there was a total of two category 2 pressure injuries, one in Medicine Division and one in Weston Division. Both injuries were to the sacrum. Both patients had been in hospital over a month. One of the patients was receiving end of life care. There was one unstageable pressure injury in Weston Division (sacral-coccygeal region). This injury initially developed as suspected deep tissue damage. The patient had complex learning disabilities and multiple co-morbidities.</p>
<p><b>Action/Plan:</b></p>	<p>The ongoing theme of sacral-coccygeal pressure injuries has continued into December, though overall numbers have reduced from those in November. The Tissue Viability Nursing (TVN) team have noted some continued improvements in nursing documentation especially with adherence to pressure ulcer care plans.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>• Tissue Viability monthly staff quiz reinstated to help to encourage and engage staff with all aspects of tissue viability and pressure injury prevention.</li> <li>• 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.</li> <li>• Ward based micro teaching sessions continue to be offered to all staff with emphasis of practical learning “on the job” within the clinical area.</li> <li>• Paediatric wound care conference planning for summer 2023 – event planning underway within the TVN Team to organise this.</li> <li>• Trust wide Tissue Viability Study Day May 2023 – preparation underway.</li> <li>• Key themes continue to be disseminated via monthly TV Newsletter and UHBW Twitter account.</li> </ul>
<p><b>Ownership:</b></p>	<p>Chief Nurse</p>

# Harm Free Care – Pressure Injuries

December 2022

	Dec-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
Medicine	1	0.13	10	0.145	16	0.186
Specialised Services	0	0	2	0.042	3	0.049
Surgery	0	0	9	0.209	13	0.245
Weston	2	0.233	18	0.24	31	0.362
Women's and Children's	0	0	1	0.015	2	0.023
Other	0		0		0	
<b>UHBW TOTAL</b>	<b>3</b>	<b>0.088</b>	<b>40</b>	<b>0.133</b>	<b>65</b>	<b>0.174</b>

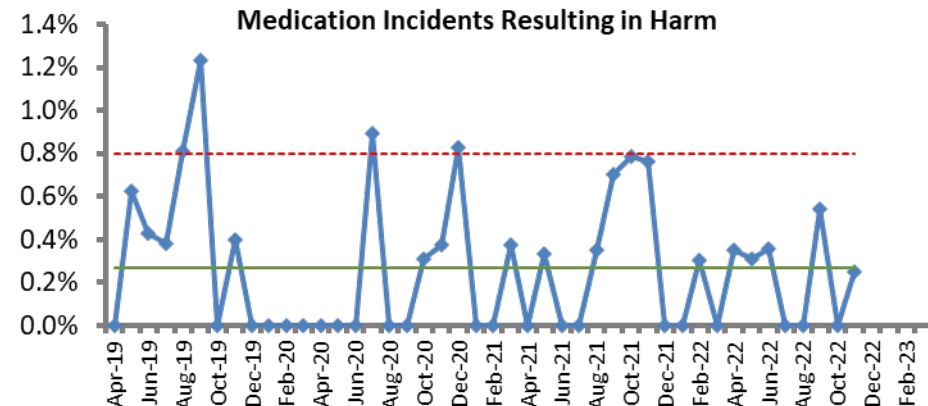


November / December 2022

**P** Partially Achieved

<b>Standards:</b>	Number of medication errors resulting in moderate or greater harm to be below 0.5%, with an amber tolerance to 1%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
<b>Performance:</b>	There was one moderate harm incident out of 402 reported medication incidents in November (0.25%). There were four omitted doses of critical medicine out of 207 patients audited in December (1.9%).
<b>Action/Plan:</b>	<p>Underlying Issues:</p> <ul style="list-style-type: none"> <li>An unexpected death involving a patient who's drug chart was misplaced on return from pharmacy and did not have the timely prescribing of a replacement chart subsequently missed two doses of antibiotics is awaiting a Rapid incident review by the Trust Executive.</li> <li>Of the four reported omitted doses, one dose of Parkinson's medicine had been given but not signed as given. An antiepileptic was not given as it was not on the ward. Two other medicines (one anticoagulant and one Parkinson's medicine) were not given as the drug chart was untidy and it was not clear that the dose was due.</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>The dose of anticoagulant missed due to untidy chart was given when the chart was re-written. All other omitted doses were highlighted to the nurse in charge.</li> </ul>
<b>Ownership:</b>	Medical Director

	Nov-22		2022/2023		2021/2022	
	Harm Incidents	Total Reviewed	Harm Incidents	Total Reviewed	Harm Incidents	Total Reviewed
Diagnostics and Therapies	0	16	0	155	1	236
Medicine	0	57	1	432	3	771
Specialised Services	0	81	0	555	2	815
Surgery	0	70	1	402	2	507
Weston	1	45	2	220	2	374
Women's and Children's	0	132	2	798	1	1108
Other	0	1	0	9	0	16
<b>UHBW TOTAL</b>	<b>1</b>	<b>402</b>	<b>6</b>	<b>2571</b>	<b>11</b>	<b>3827</b>
Percentage		<b>0.25%</b>		<b>0.23%</b>		<b>0.29%</b>



December 2022

**P** Partially Achieved

<b>Standards:</b>	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
<b>Performance:</b>	In December, overall compliance for the eleven Core Skills (mandatory/statutory) remained static at 87%, for the fourth consecutive month.
<b>Action/Plan:</b>	<p>Holidays and strike actions in December may have inhibited the usual take-up of training, as seven of eleven programmes remained static, three reduced by 1% each, and only Moving and Handling (M&amp;H) improved by 2% from the previous month (now 72%). A planned change of update frequency, from 3 years to 2, for M&amp;H level 2 (patient handling), will be postponed from original 31 January target date, to facilitate the change in refresher period. An additional M&amp;H trainer is now in post and is increasing the volume of M&amp;H updates, particularly at Weston.</p> <p>Although overall compliance has been in stasis for several months, the majority of the core skills have achieved or exceeded their 90% compliance targets. Recognising this, the People and Education Group, in their 14<sup>th</sup> December meeting, supported the lowering of the risk score for Risk 921 - 'risk that staff are not compliant with their essential training' - from 12 to 9.</p> <p><i>Resus</i> remains lowest at 65% overall, with no change in compliance from previous month. Individual Risk Register entries have been established for both Resus and Moving and Handling. As control actions, these separate risks and their updates will be particularly monitored by the Corporate Education Group going forward, as will compliance improvement action plans and analysis for Divisions and areas with least compliance, to support additional or bespoke training in these areas.</p> <p>Divisional performance: Ground was both gained and lost, as three of eight Divisions improved compliance by 1%, three remained static, and two reduced by 1%. Surgery stayed lowest at 84%, same as previous month.</p>
<b>Ownership:</b>	Director of People

# Nurse Staffing Levels

December 2022

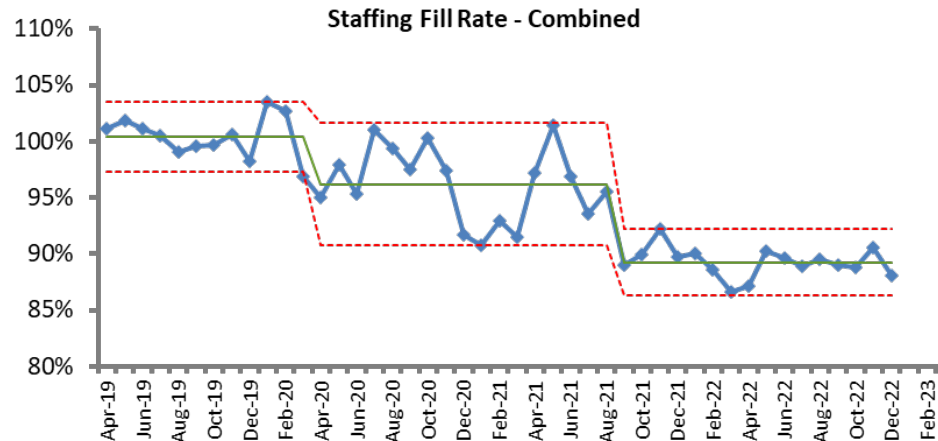
**N/A** *No Standard Defined*

<b>Standards:</b>	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
<b>Performance:</b>	The report shows that in December 2022 (for the combined inpatient wards) the Trust had rostered 316,396 expected nursing hours, against the number of actual hours worked of 278,777 giving an overall fill rate of 88.1%.
<b>Action/Plan:</b>	<p>Underlying Issues:</p> <ul style="list-style-type: none"> <li>• Significant planning and mitigation was under taken in December to ensure both staff and patients remained safe during the two days of industrial action.</li> <li>• All the front door areas in adults and children’s remain under significant pressure with additional capacity being brought on stream with minimal additional resources.</li> <li>• The main ward areas continue to balance the staffing risks across the Trust utilising an increased level of 'Allocate on Arrival' shifts.</li> <li>• The changes in Band 2/Band 3 is coming to a conclusion, the workforce impact of these changes will be reviewed after 3 months.</li> <li>• The Band 5 vacancy level for December was 15.1%, this is a slight increase compared to 14.6% in November.</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>• A number of incentives were brought in over the Christmas period to support the various teams over a very busy period. The impact of these is being reviewed.</li> <li>• The International Recruitment team welcomes over 20 new recruits this month to commence their period of induction, familiarisation and experiential learning.</li> <li>• The Trust has commenced a partnership with an external provider to allow staff to opt-in to access a significant proportion of their net pay. This will reduce the time for staff to wait for bank payments.</li> </ul>
<b>Ownership:</b>	Chief Nurse

# Nurse Staffing Levels

December 2022

	Dec-22		
	Combined	RN	NA
Medicine	93.1%	94.4%	91.6%
Specialised Services	89.2%	86.6%	97%
Surgery	86%	84%	91.1%
Weston	90.9%	86.3%	96.1%
Women's and Children's	83%	85%	74.4%
<b>UHBW TOTAL</b>	<b>88.1%</b>	<b>87%</b>	<b>90.4%</b>

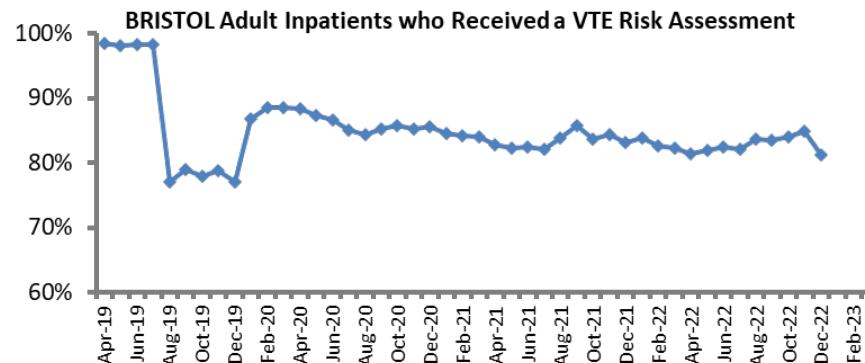


# Venous Thromboembolism (VTE) Risk Assessment

December 2022

**N** Not Achieved

<b>Standards:</b>	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of 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%.
<b>Performance:</b>	Recent VTE risk assessment compliance remains relatively static at 81.3% though is at the lowest level since April (excludes Weston due to data feed issues). Of note, Diagnostics and Therapies compliance continues to be 100%, Specialised services has reduced slightly to 91.0%, Medicine has reduced by 7.8 % to 70.4% and Women’s and Children’s has decreased slightly to 87.1%. VTE Risk Assessment compliance remains below expected levels.
<b>Action/Plan:</b>	<ul style="list-style-type: none"> <li>• Risk 720 Risk that VTE risk assessments are not completed, current score is 8 high risk, recently updated to reflect work being undertaken and work required to support improvements to VTE prevention.</li> <li>• Advertisement for new VTE Lead role live. Interviews scheduled for 6th February 2023.</li> <li>• Discussions with digital services regarding Careflow Medicines Management (CMM) system and the correlation with VTE Risk Assessments to support improved compliance (and safe practice) continues. CMM Clinical Reference Group meetings commenced, and VTE Risk Assessments to be addressed as part of scope.</li> <li>• Patient Safety Improvement Team undertaking Thematic Analysis of historical (Apr 2021 - Nov 2022) Hospital Acquired VTE. Report to be submitted to February Patient Safety Group Meeting.</li> <li>• There is a requirement for the Trust VTE metric data (logic for the ‘not at-risk cohort’) to be clinically reviewed and agreed as correct for a merged Trust, prior to sign off by Medical Directors Team. Clinical review requested but has not yet occurred that will resolve the data feed issues once completed.</li> </ul>
<b>Ownership:</b>	Medical Director



# Venous Thromboembolism (VTE) Risk Assessment

December 2022

Division	SubDivision	Number Risk		Percentage Risk
		Assessed	Total Patients	Assessed
Diagnostics and Therapies	Chemical Pathology	2	2	100.0%
	Radiology	17	17	100.0%
<b>Diagnostics and Therapies Total</b>		<b>19</b>	<b>19</b>	<b>100.0%</b>
Medicine	Medicine	1,780	2,528	70.4%
<b>Medicine Total</b>		<b>1,780</b>	<b>2,528</b>	<b>70.4%</b>
Specialised Services	BHOC	2,272	2,358	96.4%
	Cardiac	265	429	61.8%
	Clinical Genetics	1	1	100.0%
<b>Specialised Services Total</b>		<b>2,538</b>	<b>2,788</b>	<b>91.0%</b>
Surgery	Anaesthetics	18	18	100.0%
	Dental Services	78	107	72.9%
	ENT & Thoracics	191	333	57.4%
	GI Surgery	780	986	79.1%
	Ophthalmology	224	236	94.9%
	Trauma & Orthopaedics	109	153	71.2%
<b>Surgery Total</b>		<b>1,400</b>	<b>1,833</b>	<b>76.4%</b>
Women's and Children's	Children's Services	20	31	64.5%
	Women's Services	1,333	1,522	87.6%
<b>Women's and Children's Total</b>		<b>1,353</b>	<b>1,553</b>	<b>87.1%</b>
<b>Grand Total</b>		<b>7,090</b>	<b>8,721</b>	<b>81.3%</b>



# Friends and Family Test (FFT)

December 2022

N/A No Standard Defined

<b>Standards:</b>	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.
<b>Performance:</b>	<p>The Trust received 5,213 FFT responses from patients in December 2022, which is a small decrease of 4% compared to the number of responses received in November (5,446).</p> <p>FFT scores for inpatients, day cases, maternity and outpatients remain positive (all 90% and above) and broadly consistent with November figures. In terms of Emergency Department (ED) FFT performance in December 2022:</p> <ul style="list-style-type: none"> <li>• Bristol Royal Infirmary ED score has seen an increase to 78% (from 77% in November).</li> <li>• Weston ED reports a score of 84%, an increase from the score of 82% in November.</li> <li>• Children’s Hospital ED score has seen a further decline (in comparison to the Trust’s other EDs) to 72% (from 75% in November).</li> <li>• Eye Hospital ED score remains the same at 95%.</li> </ul>
<b>Action/Plan:</b>	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.
<b>Ownership:</b>	Chief Nurse

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
Inpatients	UHBW	1,018	1,044	3,257	97.5%	32.1%
Day Cases	UHBW	452	458	2,412	98.7%	19.0%
Outpatients	UHBW	2,396	2,567		95.3%	
A&E	BRI	174	230	3,778	77.7%	6.1%
	BRHC	280	395	4,327	71.8%	9.1%
	BEH	124	135	1,755	95.4%	7.7%
	Weston	173	209	2,841	83.6%	7.4%
	UHBW	751	969	12,701	79.0%	7.6%

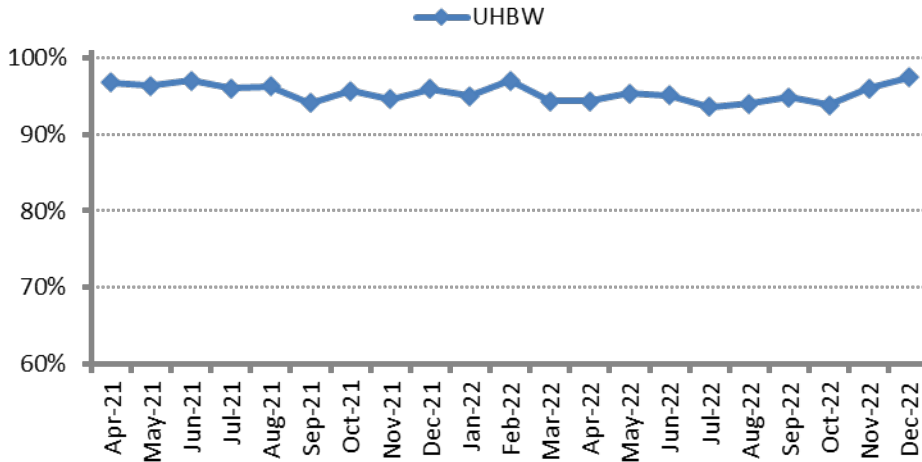
		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
Maternity	Antenatal	28	28	217	100.0%	12.9%
	Birth	69	69	377	100.0%	18.3%
	Postnatal (ward)	64	65	380	98.5%	17.1%
	Postnatal (community)	13	13	248	100.0%	5.2%
	UHBW	174	175	1,222	99.4%	14.3%

TOTAL RESPONSES **5,213**

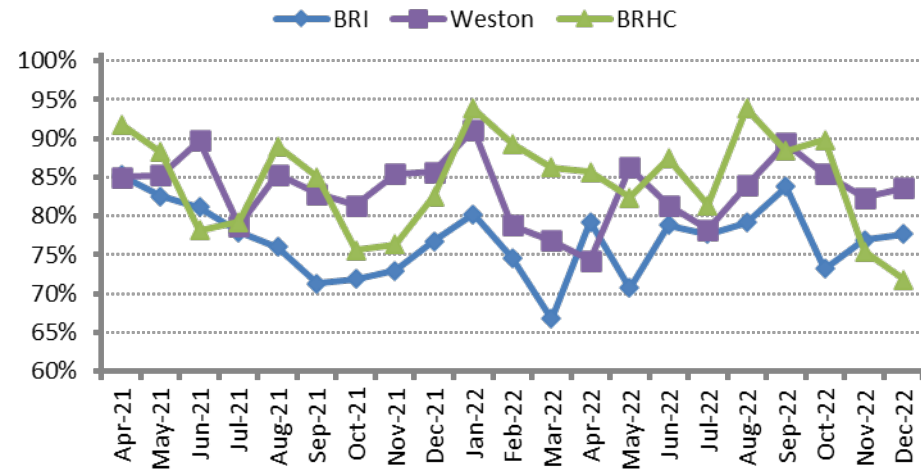
# Friends and Family Test (FFT)

December 2022

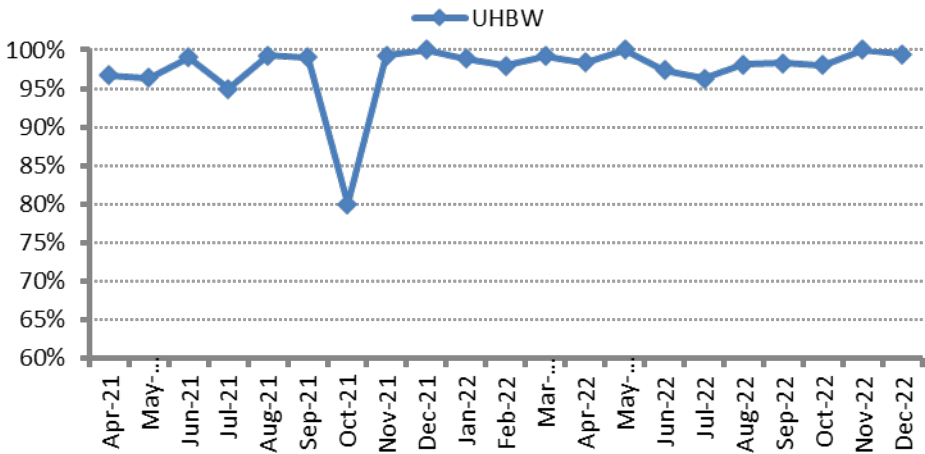
### Inpatient (excluding Day Case) Scores



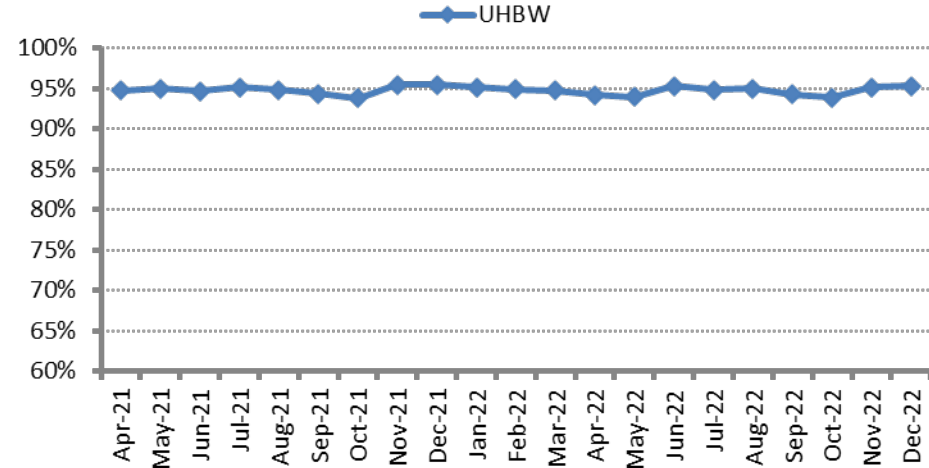
### Emergency Department Scores



### Maternity Services Scores



### Outpatient Scores



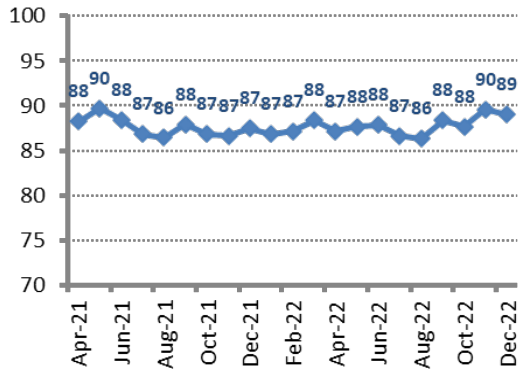
# Patient Surveys

December 2022

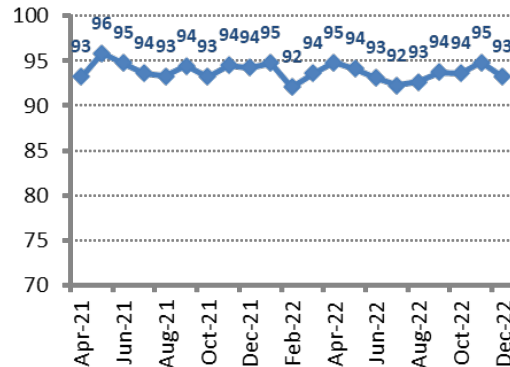
**Y** Achieved

<b>Standards:</b>	<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>
<b>Performance:</b>	<p>For December 2022:</p> <ul style="list-style-type: none"> <li>Inpatient score was 89 (November was 90) which is above minimum target level.</li> <li>Outpatient score was 94 (November was 93) which is above target.</li> <li>Kindness and understanding score was 93 (November was 95) which is above target.</li> </ul>
<b>Action/Plan:</b>	<p>Due to the postal strikes during November and December 2022, our survey data was below reportable thresholds for November's IQPR. Therefore data for both November and December 2022 is reported for the first time as below.</p> <p>Please note there are still lower than expected returns for the surveys for December due to the postal strikes and sampling earlier in the month due to the Christmas period. Therefore these figures should be treated with some caution. Next month, the figures for December will be updated to allow for surveys that came in post-reporting deadline.</p>
<b>Ownership:</b>	Chief Nurse

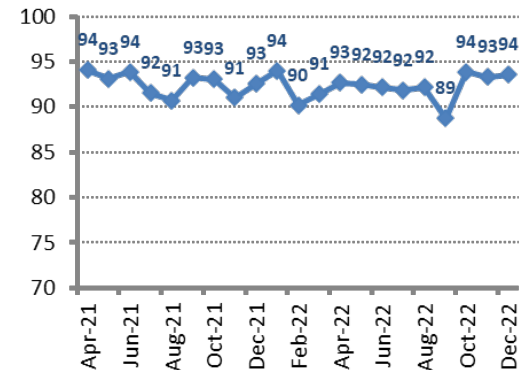
**Inpatient Tracker Score**



**Kindness & Understanding Score**



**Outpatient Tracker Score**



# Patient Complaints

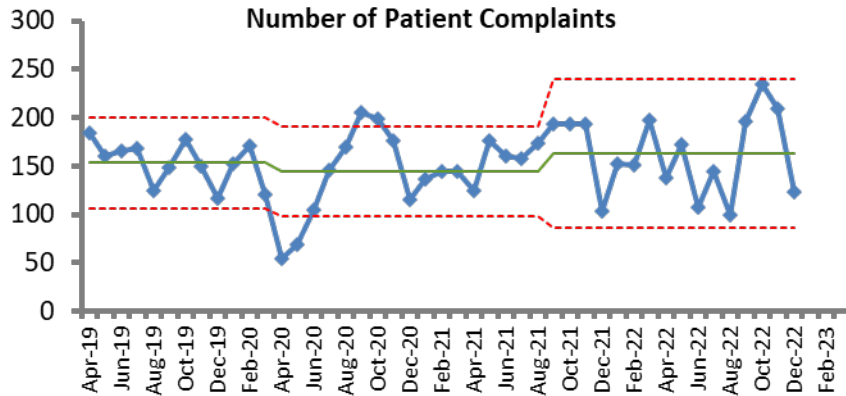
December 2022

**P** Partially Achieved

<p><b>Standards:</b></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 &amp; Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.</p>
<p><b>Performance:</b></p>	<p>In December 2022:</p> <ul style="list-style-type: none"> <li>• 123 Complaints were received (51 Formal and 72 Informal).</li> <li>• Responses for 56 Formal and 61 Informal complaints were sent out to complainants. This is almost half the number received in November.</li> <li>• The Trust sent out 70% of formal responses within the agreed timeframe (39 of 56). 12 breaches of the deadline were attributable to delays in the divisions, 3 breaches to Execs and 2 to the Patient Support and Complaints Team.</li> <li>• Divisions returned 70% (39 out of 56) of formal responses to the PSCT by the agreed deadline. This is the deadline for the responses to be returned to PSCT, seven working days prior to the deadline agreed with the complainant.</li> <li>• 97% of informal complaints (59 out of 61) were responded to within the agreed timeframe, which is an improvement compared to the 80% achieved in November 2022.</li> <li>• There were 3 complaints where the complainant was dissatisfied with our response, which represents 6.67% of the 45 first responses sent out in October 2022 (this measure is reported two months in arrears). This is an improvement on the 14% reported in November and is below 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 3 dissatisfied cases reported in December 2022, there were two for the Division of Medicine and one for Trust Services.</li> </ul>
<p><b>Action/Plan:</b></p>	<p>-</p>
<p><b>Ownership:</b></p>	<p>Chief Nurse</p>

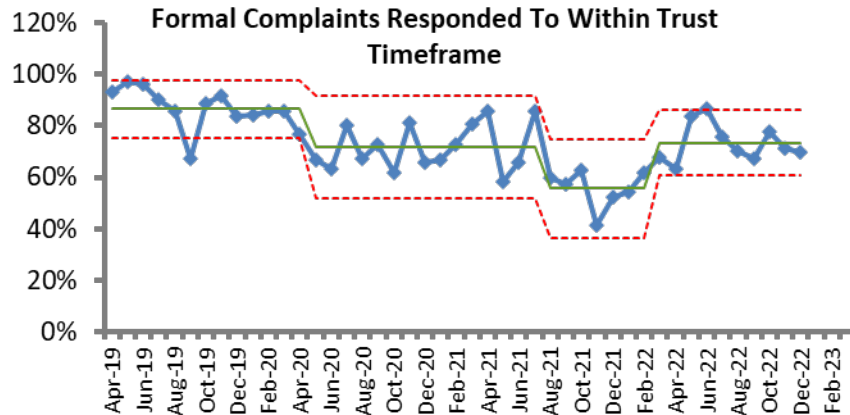
# Patient Complaints

December 2022



## Complaints Received: Dec-22

	Total	Formal	Informal
Diagnostics and Therapies	7	0	7
Medicine	26	12	14
Specialised Services	21	6	15
Surgery	25	6	19
Weston	15	14	1
Women's and Children's	22	12	10
Other	7	1	6
<b>UHBW TOTAL</b>	<b>123</b>	<b>51</b>	<b>72</b>



## Formal Complaints Responses: Dec-22

	Within Target	Total Responses	% Within Target	Attributable To Division
Diagnostics and Therapies	0	1	0%	1
Medicine	8	10	80%	1
Specialised Services	2	4	50%	2
Surgery	12	14	85.7%	1
Weston	9	16	56.3%	7
Women's and Children's	8	11	72.7%	2
Other	0	0	0.696	0
<b>UHBW TOTAL</b>	<b>39</b>	<b>56</b>	<b>69.6%</b>	<b>14</b>

# Emergency Care – 4 Hour Standard

December 2022

**N** Not Achieved

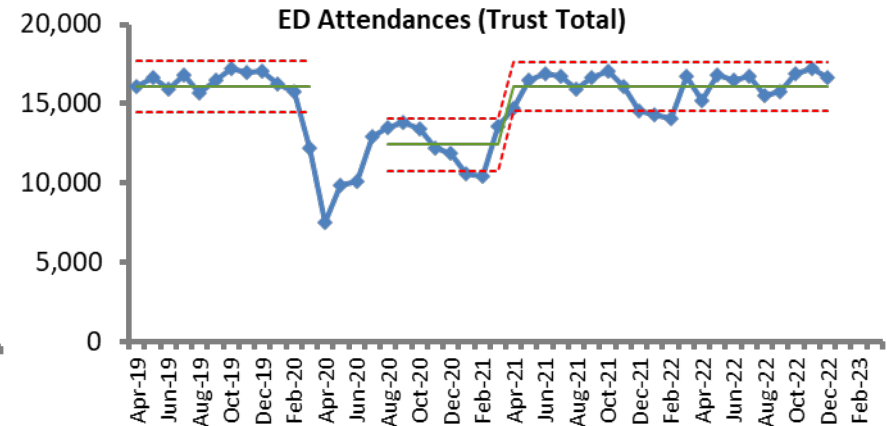
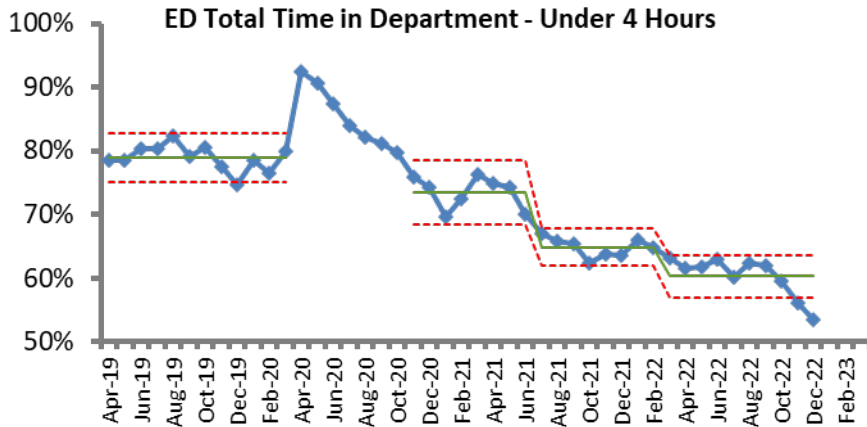
<p><b>Standards:</b></p>	<p>Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. There is also an expectation that no patient will wait more than 12 hours in ED after a decision to admit has been made, called “Trolley Waits”. There is also an expectation that no Ambulance Handover will exceed 30 minutes.</p>
<p><b>Performance:</b></p>	<p>Trust level 4 hour performance for December was 53.41% across all four Emergency Departments. There were 1,217 patients who had a Trolley wait in excess of 12 hours in December In December there were 2,659 ambulance handovers in excess of 15 minutes which was 87.7% of all handovers. In December there were 2,197 ambulance handovers in excess of 30 minutes which was 72.5% of all handovers.</p>
<p><b>Actions:</b></p>	<p>A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including:</p> <ul style="list-style-type: none"> <li>• The Every Minute Matters (EMM) roll out has now been completed across all adult wards in scope focussing on ward based flow and discharge processes. Job descriptions are now being developed for substantive clinical lead and improvement practitioner roles to support the ongoing sustainability of the programme.</li> <li>• Expansion of SDEC (Same Day Emergency Care) provision including:             <ul style="list-style-type: none"> <li>○ Expansion of Surgical SDEC capacity – recruitment is in train.</li> <li>○ BRI Medical SDEC has recorded 7th consecutive months of performance improvement with 769 patients seen through SDEC in Nov 22 (73% increase from the Feb 22). During weekdays, SDEC sees on average 27 patients per day (excluding clinic patients) which is equivalent to 12.5% of ED attendances. Medical SDEC has also driven a 38% reduction (from 208 to 150 patients per month) in medically expected patients arriving at ED.</li> <li>○ Cardiology SDEC implementation – start date revised to Quarter 4 pending recruitment. Plans to co-locate with Medical SDEC model.</li> <li>○ Development of the SDEC offer at Weston, building on the work of the current team including twice daily huddles in ED to ensure all appropriate patients are seen in the unit. Acceptance criteria have been broadened to ensure maximum usage of the space.. Weekend opening has now been trialled, and unit now open 0800-2200 Monday to Friday. The new operational model has seen an increase of EDD attendances seen in SDEC from 2.2% in April '22, to 8.7% for the month 16<sup>th</sup> Dec-16<sup>th</sup> Jan, with 93.5% discharged home.</li> </ul> </li> <li>• Expected patients at BRI and Weston, including review of clinic spaces for specialty expected patients, and internal communications to maximise use of existing pathways. The ENT treatment room has been re-established in A701 and A400 Queue has now opening for up to six patients. Automated monitoring now possible via the Urgent Care Dashboard.</li> <li>• Acute Frailty model at BRI has resulted in a 50% increase in patients reviewed compared to November 2022.</li> <li>• Repurposing of ward space at Weston to develop an observations unit to decompress ED. 6 beds now allocated and in use.</li> <li>• Rapid Patient reviews for patients over 7 days in hospital: weekly meetings ongoing at BRI for Medicine and Surgery Divisions. Rapid patients reviews in Weston ED underway to prevent admissions.</li> <li>• In Children’s Hospital, significant work in ongoing to redesign urgent care pathways in order to better accommodate the significant increase in demand at the ED front door. A specific minors stream project is being progressed (£74,000 funding awarded) for a test of concept model.</li> </ul>
<p><b>Ownership:</b></p>	<p>Chief Operating Officer</p>

# Emergency Care – 4 Hour Standard

December 2022

4 Hour Performance	Dec-22	2022/23	2021/22
Bristol Royal Infirmary	42.09%	44.66%	50.41%
Bristol Children's Hospital	54.31%	70.93%	78.01%
Bristol Eye Hospital	96.6%	95.45%	96.96%
Weston General Hospital	49.82%	54.25%	67.28%
<b>UHBW TOTAL</b>	<b>53.41%</b>	<b>59.93%</b>	<b>66.79%</b>

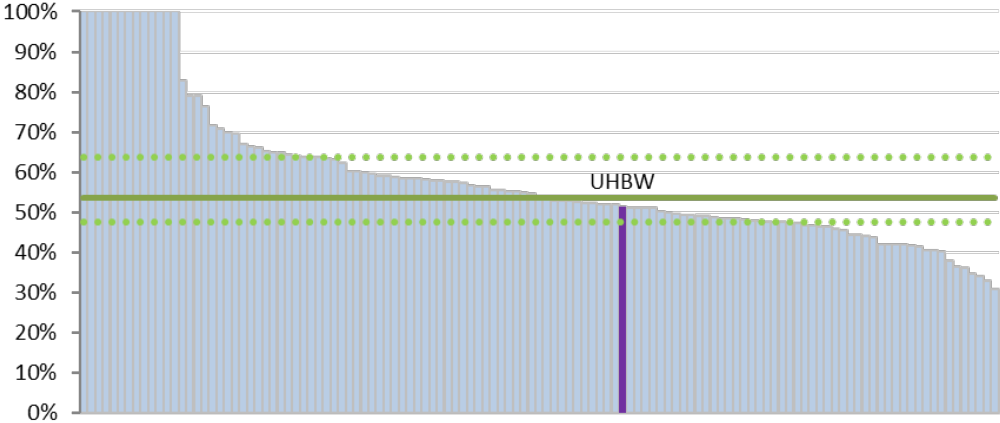
Average Daily Attendances	Dec-22	2022/23	2021/22
Bristol Royal Infirmary	197	230	205
Bristol Children's Hospital	172	154	129
Bristol Eye Hospital	59	74	61
Weston General Hospital	127	145	126
<b>UHBW TOTAL</b>	<b>555</b>	<b>603</b>	<b>521</b>



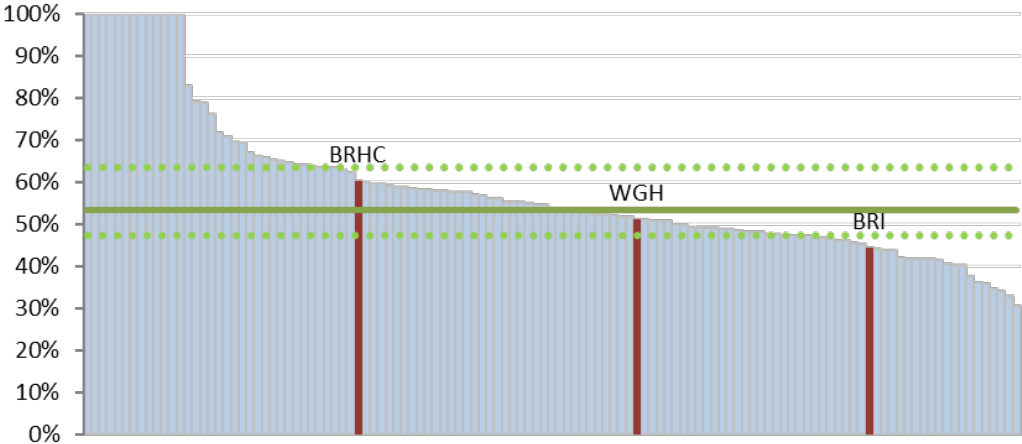
**Note:**  
The above charts cover all four Emergency Departments. The Benchmarking charts on the next page is national performance data for Type 1 Emergency Departments only. For UHBW this excludes the Eye Hospital.

# Emergency Care – 4 Hour Standard

Benchmarking - ED 4 Hour Performance 2022/23 Quarter 3



Benchmarking - ED 4 Hour Performance 2022/23 Quarter 3





# Emergency Care – 12 Hour Trolley Waits

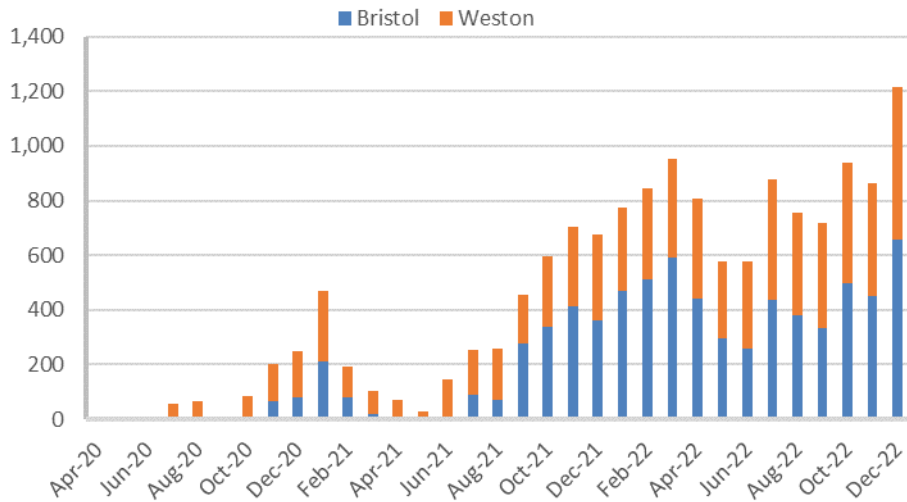
December 2022

## 12 Hour Trolley Waits

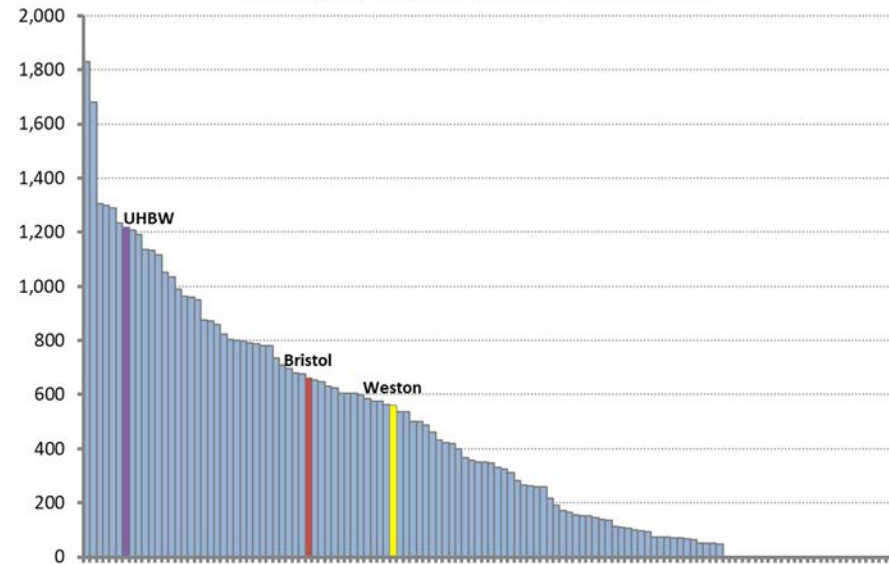
A supporting measure for Emergency Care is the “12 Hour Trolley Wait” standard. For all patients admitted from ED, this measures the time from the Decision To Admit (within ED) and the eventual transfer from ED to a hospital ward. The national quality standard is for zero breaches. Datix ID 5067 Risk 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	449	659			
Weston	62	24	134	164	188	180	257	291	313	304	330	361	366	282	319	441	379	383	445	413	558			
<b>UHBW</b>	<b>71</b>	<b>28</b>	<b>146</b>	<b>255</b>	<b>257</b>	<b>456</b>	<b>594</b>	<b>706</b>	<b>676</b>	<b>776</b>	<b>844</b>	<b>952</b>	<b>809</b>	<b>579</b>	<b>576</b>	<b>878</b>	<b>758</b>	<b>717</b>	<b>941</b>	<b>862</b>	<b>1217</b>			

12 Hour Trolley Waits Per Month



Benchmarking - 12 Hour Trolley Waits - December 2022



# Emergency Care – Ambulance Handovers

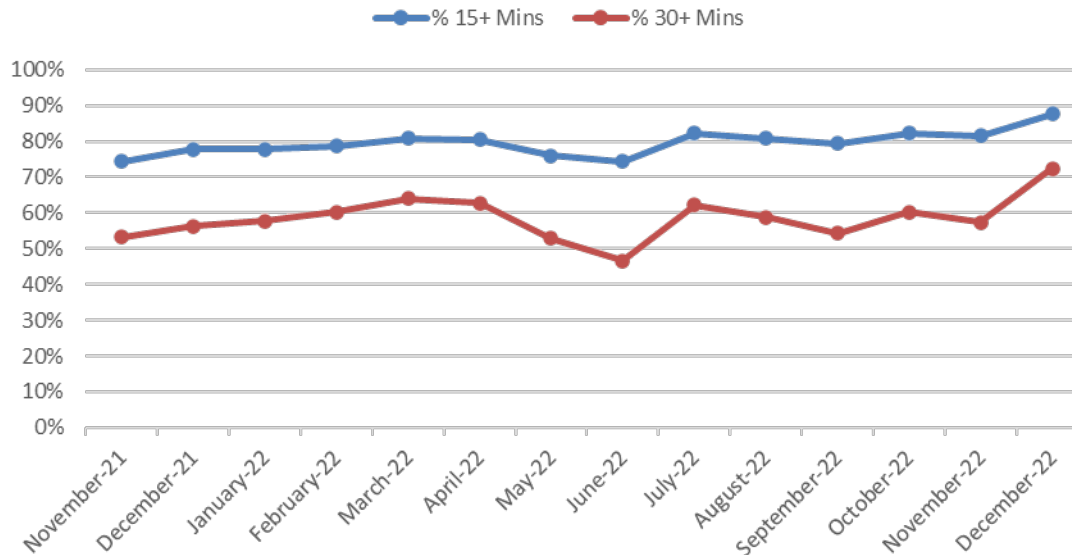
December 2022

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.

Dec-22					
	Total Handovers	15+ Mins	% 15+ Mins	30+ Mins	% 30+ Mins
Bristol Royal Infirmary	1842	1695	92.0%	1505	81.7%
Bristol Children's Hospital	475	294	61.9%	150	31.6%
Weston General Hospital	714	670	93.8%	542	75.9%
<b>UHBW Total</b>	<b>3031</b>	<b>2659</b>	<b>87.7%</b>	<b>2197</b>	<b>72.5%</b>

UHBW handovers exceeding 15 & 30 Minutes (% of all handovers)



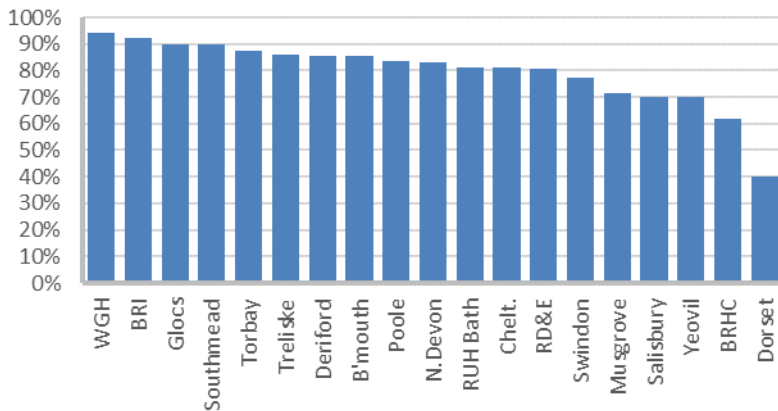
# Emergency Care – Ambulance Handovers

December 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 - December 2022



	Total Handovers - South West - December 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	474	294	62.0%	150	31.6%	28	3
BRISTOL ROYAL INFIRMARY	1,778	1,638	92.1%	1,448	81.4%	1,108	745
CHELTENHAM GENERAL HOSPITAL	445	361	81.1%	236	53.0%	119	51
DERRIFORD HOSPITAL	1,727	1,477	85.5%	1,254	72.6%	966	744
DORSET COUNTY HOSPITAL	1,327	532	40.1%	312	23.5%	173	77
GLOUCESTER ROYAL HOSPITAL	2,273	2,045	90.0%	1,708	75.1%	1,274	874
GREAT WESTERN HOSPITAL	1,477	1,143	77.4%	872	59.0%	647	490
MUSGROVE PARK HOSPITAL	2,158	1,539	71.3%	1,012	46.9%	573	283
NORTH DEVON DISTRICT HOSPITAL	1,242	1,030	82.9%	713	57.4%	409	198
POOLE HOSPITAL	1,811	1,515	83.7%	1,112	61.4%	720	488
ROYAL BOURNEMOUTH HOSPITAL	1,734	1,482	85.5%	1,202	69.3%	828	559
ROYAL DEVON AND EXETER WONFORD	2,435	1,965	80.7%	1,394	57.2%	758	387
ROYAL UNITED HOSPITAL - BATH	1,845	1,497	81.1%	1,214	65.8%	968	695
SALISBURY DISTRICT HOSPITAL	972	680	70.0%	442	45.5%	286	195
SOUTHMEAD HOSPITAL	2,062	1,850	89.7%	1,412	68.5%	992	705
TORBAY HOSPITAL	1,592	1,393	87.5%	1,142	71.7%	895	651
TRELISKE HOSPITAL	2,202	1,895	86.1%	1,705	77.4%	1,366	986
WESTON GENERAL HOSPITAL	695	653	94.0%	525	75.5%	391	288
YEOVIL DISTRICT HOSPITAL	1,213	847	69.8%	450	37.1%	223	110
<b>SOUTH WEST TOTAL</b>	<b>29,462</b>	<b>23,836</b>	<b>80.9%</b>	<b>18,303</b>	<b>62.1%</b>	<b>12,724</b>	<b>8,529</b>

# Delayed Discharges (No Criteria to Reside)

December 2022

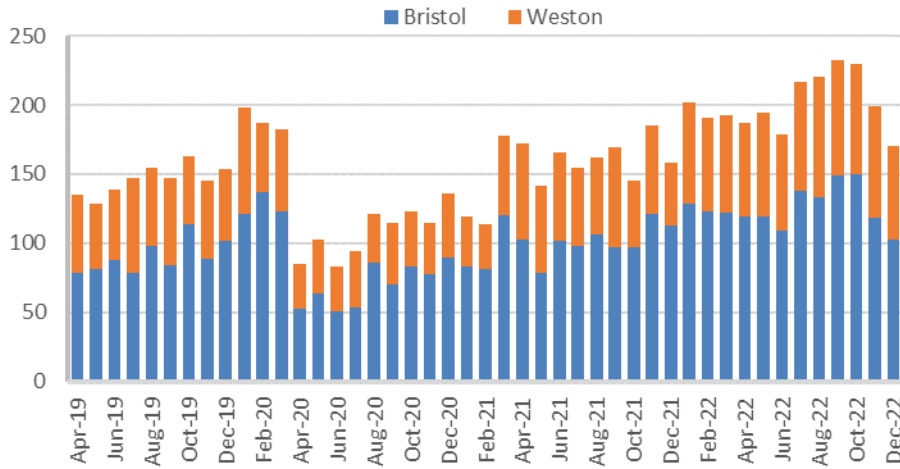
N/A No Standard Defined

<b>Standards:</b>	Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToc) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its 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).
<b>Performance:</b>	At the end of December there were 170 NCR patients in hospital. There were 6,063 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 196 beds were occupied per day by NCR patients..
<b>Actions:</b>	The demand across all the pathways in Bristol and Weston continued to exceed capacity in the community. A breakdown of December's performance is provided below: <ul style="list-style-type: none"><li>• Pathway 1 (P1): In the BRI there were 19 patients waiting for P1 and 5 patients at WGH (10 less than the previous month). IDS continues to exploit opportunities with the discharge support grant, earlier discharges with family support and discharging appropriate patients to the Care Hotel. The IDS also increasing engagement with the discharge Multi Disciplinary Team (MDT) meetings.</li><li>• Pathway 2 (P2): Waiting list remained static in December, BRI: 23 patients and WGH: 18. Higher numbers in WGH due to lack of P2 beds in North Somerset. Work continues with MDT to reduce P2 to P1.</li><li>• Pathway 3 (P3): The P3 waiting list lower than previous months, however time on the waiting list remains high: 16 patients in the BRI and 6 patients at WGH. Additional P3 beds were brought online by commissioner in December to support flow. At the end of December there were 13 fewer patients on the waiting list than in November. 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.</li></ul>
<b>Ownership:</b>	Chief Operating Officer

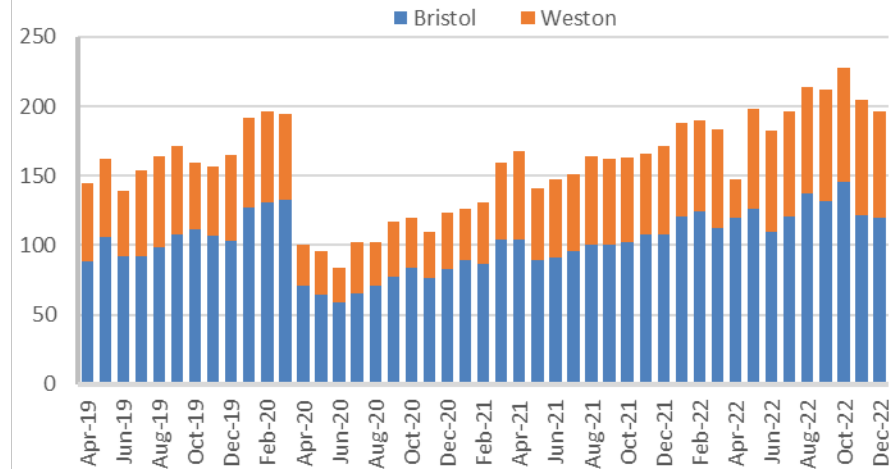
# Delayed Discharges (No Criteria to Reside)

December 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, 18 January 2023

Pathway	Number of Patients	Percentage	7+ Days on Latest Pathway	14+ Days on Latest Pathway	21+ Days on Latest Pathway
Pathway 1	18	9.5%	0	0	0
Pathway 2	41	21.7%	15	4	1
Pathway 3	37	19.6%	18	4	1
Awaiting Decision	58	30.7%	17	1	1
Awaiting Referral	19	10.1%	1	0	0
Other	16	8.5%	11	5	4
<b>Total</b>	<b>189</b>		<b>62</b>	<b>14</b>	<b>7</b>

Pathway 1 – patients awaiting package of care

Pathway 2 – requiring rehabilitation or reablement

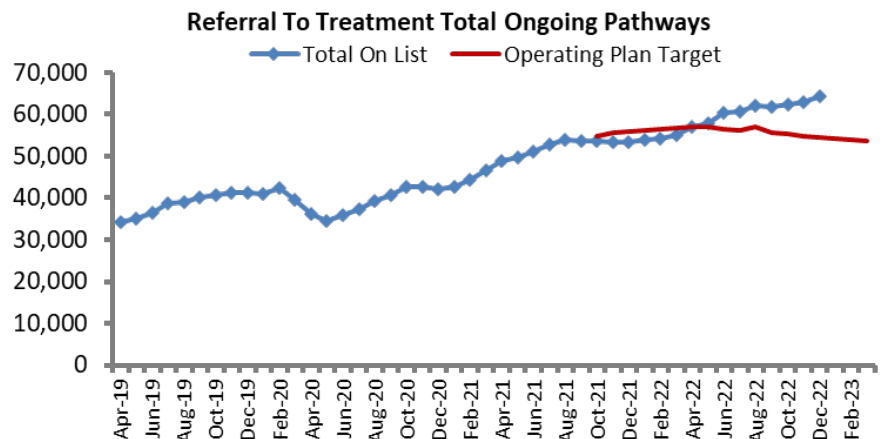
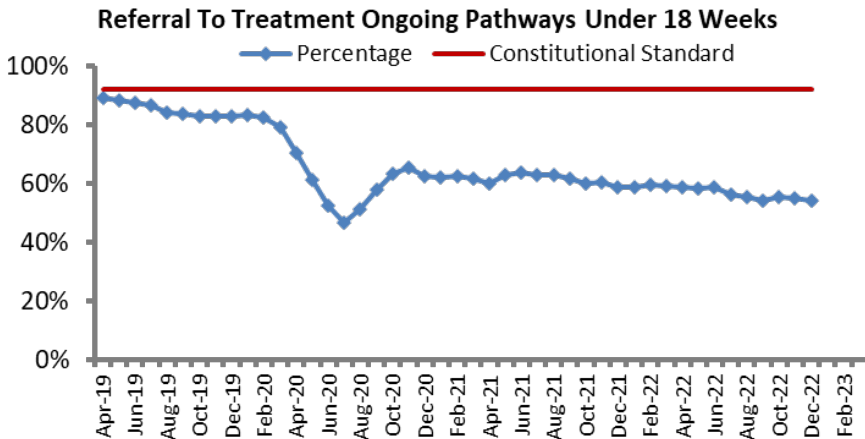
Pathway 3 – Nursing or Residential home required

# Referral To Treatment

December 2022

**N** Not Achieved

<b>Standards:</b>	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. A recovery trajectory was submitted to NHS England for 2022/23. The end of September target list size was 55,581.
<b>Performance:</b>	At end of December, 54.4% of patients were waiting under 18 weeks. The total waiting list was 64,359 and the 18+ week backlog was 29,376. So the end of December position for total list size exceeded the recovery trajectory. Comparing the end of April 2020 with the end of December 2022: <ul style="list-style-type: none"> <li>the overall wait list has increased by 28,147 patients. This is an increase of 77.7%.</li> <li>the number of patients waiting 18+ weeks increased by 18,722 patients. This is an increase of 176%.</li> </ul>
<b>Actions:</b>	Please refer to “Referral To Treatment Long Waits” section.
<b>Ownership:</b>	Chief Operating Officer

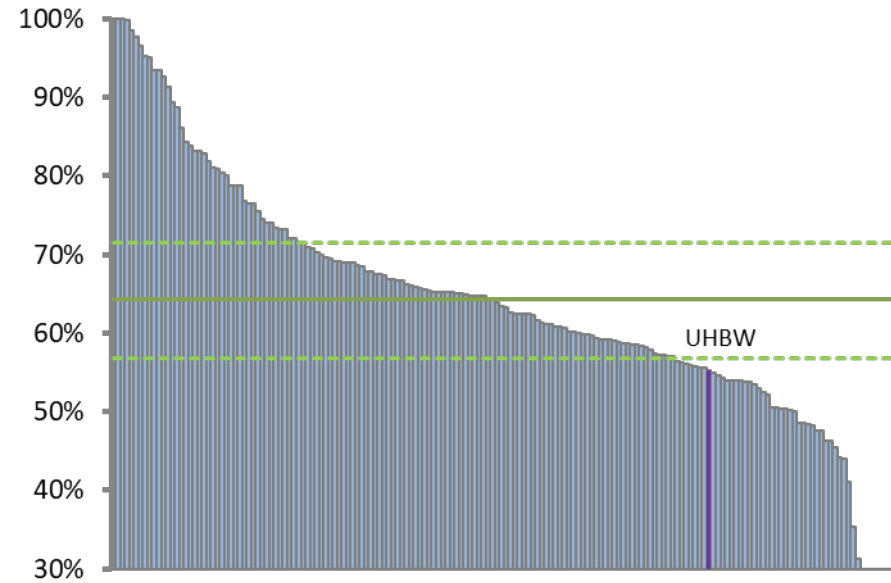


# Referral To Treatment

December 2022

	Dec-22		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	1,073	1,224	87.7%
Medicine	5,627	10,038	56.1%
Specialised Services	3,511	5,094	68.9%
Surgery	18,601	36,663	50.7%
Women's and Children's	6,171	11,340	54.4%
Other	0	0	
<b>UHBW TOTAL</b>	<b>34,983</b>	<b>64,359</b>	<b>54.4%</b>

Benchmarking RTT Percentage Under 18 Weeks - November 2022



# Referral To Treatment – Long Waits

December 2022

**P** Partially Achieved

<b>Standards:</b>	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.
<b>Performance:</b>	<p>At the end of December:</p> <ul style="list-style-type: none"> <li>• 6,011 patients were waiting 52+ weeks against a target of 4,539.</li> <li>• 877 patients were waiting 78+ weeks against a target of 663.</li> <li>• 26 patients were waiting 104+ weeks against a target of 72.</li> </ul>
<b>Actions:</b>	<ul style="list-style-type: none"> <li>• Plans to eliminate waiting 104+ week waits are being developed. There are weekly deep dive discussions with the Divisions / Specialties with the greatest care backlogs led by the Interim Chief Operating Officer. The focus is on providing assurance that the waiting time backlogs can be addressed in a sustainable manner.</li> <li>• There is also a focus on achieving the elimination of 78+ week waits by the end of March 2023. The largest cohorts of patients that could breach this threshold relate to the Division of Surgery with a smaller cohort of breaches in Paediatric services. In the Division of Surgery, Colorectal, Upper Gastrointestinal (GI) and Dental services hold the largest volumes.</li> <li>• We have seen an increase in the 78+ week backlog in December attributable to seasonal factors and the recent industrial action which displaced more clinically urgent procedures.</li> <li>• Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and St Joseph's to support their recovery in some areas and insourcing using KPI Health for paediatric dental extractions commences mid-January.</li> <li>• In Surgical specialities, there is some long-term sickness and locums have been secured to support and some consultants have provided additional weekend and evening time to help reduce care backlogs.</li> <li>• The Trust continues to contact patients who are waiting for treatment dates to ask if they would accept treatment at an alternative provider. For Paediatric patients, the department continues to send suitable patients to University Hospitals Plymouth (UHP) for treatment.</li> <li>• Internally we continue to bolster additional capacity through other insourcing providers and waiting list initiatives. Recent agency pay enhancements made to theatre staff in Adult and Paediatric services, have seen an uptake of additional lists which will support not only the 104+ week patients, but also those patients who are waiting 78+ weeks and who need to be treated by end of March 2023.</li> <li>• Where patients are too complex for transferring outside the organisation for treatment under mutual aid arrangements, we are maximising our theatre scheduling across all sites and ensure that suitable capacity is available for our longest waiting breaches. Although this continues to be a challenge due to the high volumes of cancer cases, inpatient capacity constraints (including High Dependency) and staff shortages to bring these patients in for treatment.</li> </ul>
<b>Ownership:</b>	Chief Operating Officer

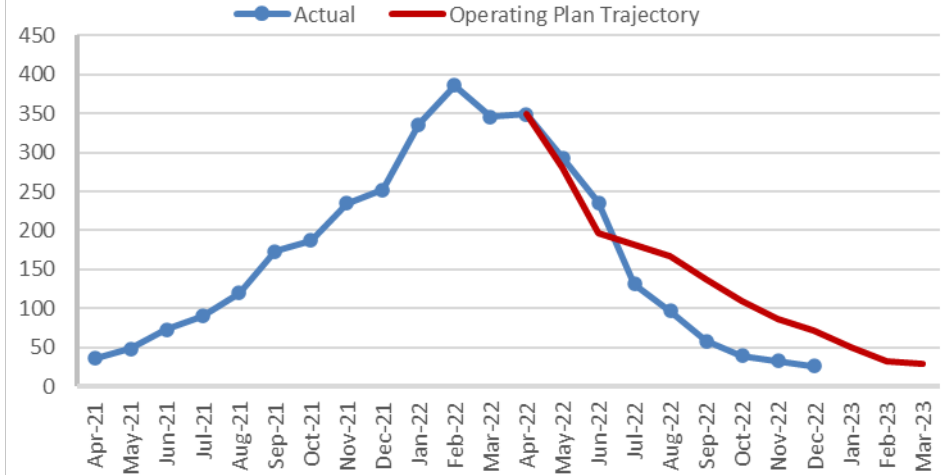


# Referral To Treatment – Long Waits

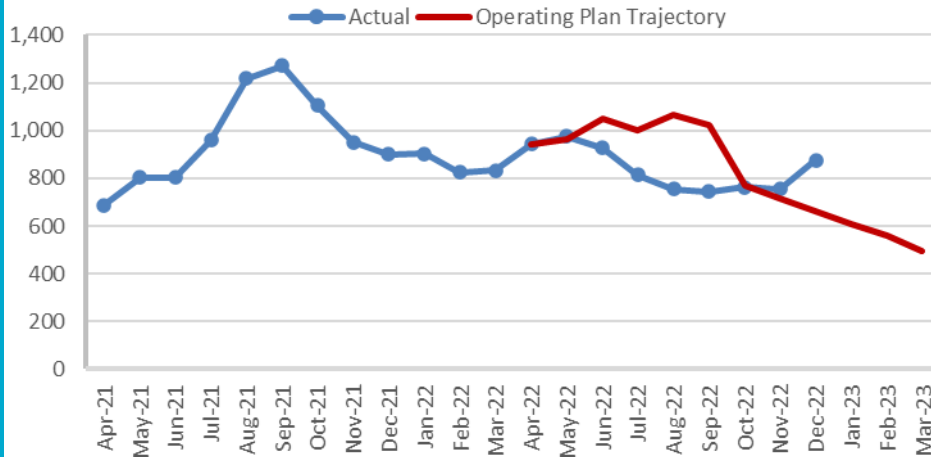
December 2022

	Dec-22		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	5	2	0
Medicine	593	66	0
Specialised Services	148	3	0
Surgery	4,335	617	21
Women's and Children's	930	189	5
Other	0	0	0
<b>UHBW TOTAL</b>	<b>6,011</b>	<b>877</b>	<b>26</b>

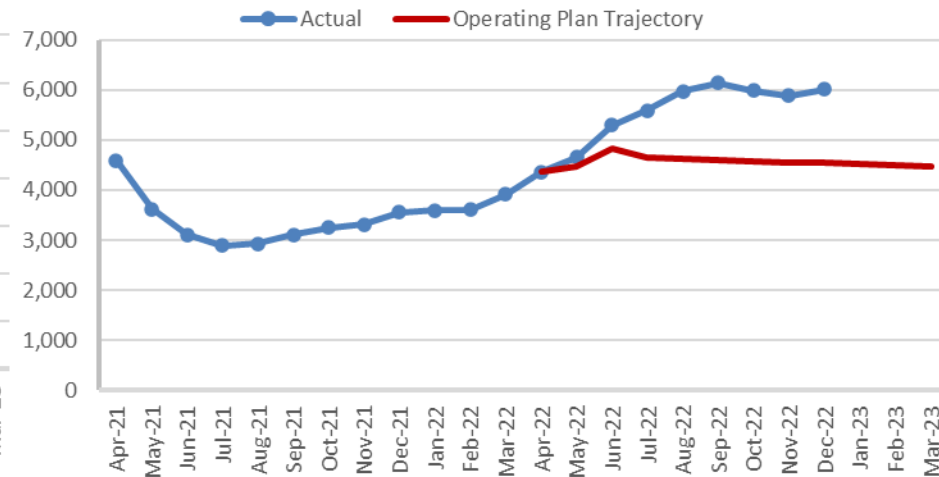
Number of Ongoing Patients Waiting 104+ Weeks at Month End



Number of Ongoing Patients Waiting 78+ Weeks at Month End

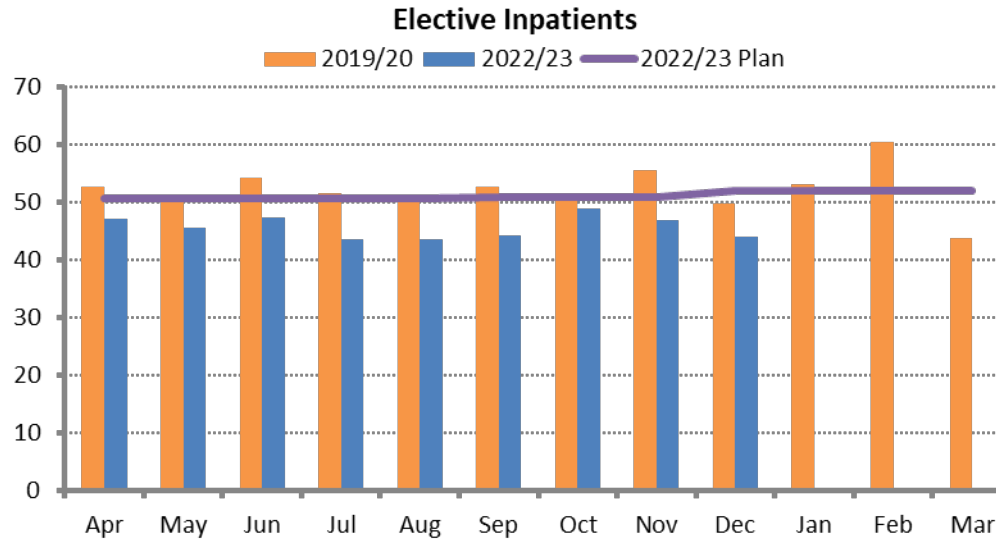


Number of Ongoing Patients Waiting 52+ Weeks at Month End



December 2022

Activity Per Day, By Month and Year

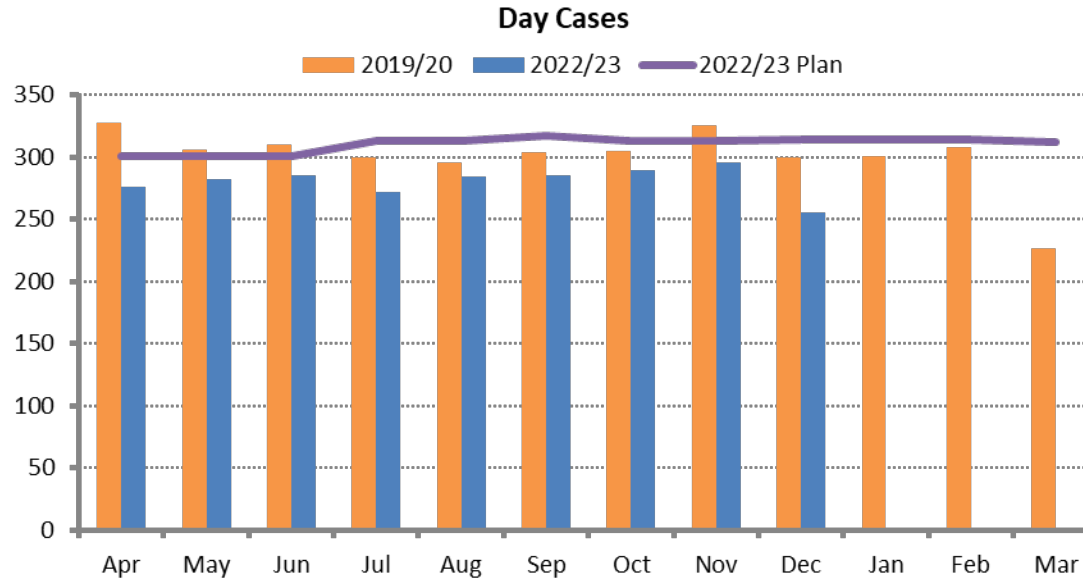


		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	53	51	54	52	51	53	52	56	50	53	60	44
2021/22	Actual Activity Per Day	44	49	43	44	38	37	34	38	35	38	41	44
2022/23	Actual Activity Per Day	47	45	47	43	44	44	49	47	44			
	Planned Activity Per Day	51	51	51	51	51	51	51	51	52	52	52	52

2022/23 Activity: % of Plan	93%	90%	93%	86%	86%	87%	96%	92%	85%			
2022/23 Activity: % of 2019/20	89%	88%	87%	84%	86%	84%	95%	85%	88%			

December 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	326	299	301	307	226
2021/22	Actual Activity Per Day	274	297	275	261	271	269	264	271	250	280	266	259
2022/23	Actual Activity Per Day	276	282	285	272	284	286	290	295	255			
	Planned Activity Per Day	301	301	301	313	313	317	313	313	314	314	314	312

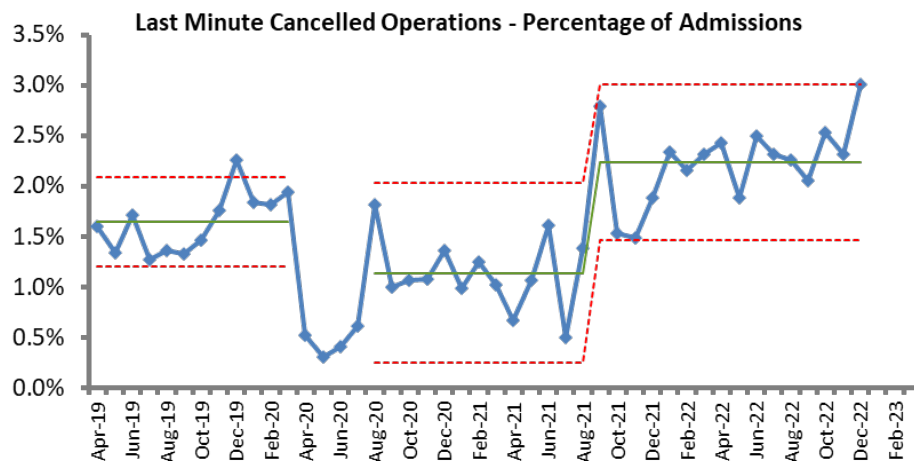
2022/23 Activity: % of Plan	92%	94%	95%	87%	91%	90%	92%	94%	81%			
2022/23 Activity: % of 2019/20	84%	92%	92%	91%	96%	94%	95%	91%	85%			

# Cancelled Operations

December 2022

**N** Not Achieved

<b>Standards:</b>	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
<b>Performance:</b>	In December, there were 189 last minute cancellations, which was 3.0% of elective admissions. Of the 180 cancelled in November, 136 (75.6%) had been re-admitted within 28 days.
<b>Actions:</b>	Actions for reducing last minute cancellations are being delivered by the Theatre Productivity Programme.
<b>Ownership:</b>	Chief Operating Officer



	Dec-22		
	LMCs	Number of Admissions	% of Admissions
Diagnostics and Therapies	0	19	0.0%
Medicine	18	796	2.3%
Specialised Services	25	2,632	0.9%
Surgery	110	1,791	6.1%
Women's and Children's	36	922	3.9%
Other	0	125	
<b>UHBW TOTAL</b>	<b>189</b>	<b>6,285</b>	<b>3.0%</b>

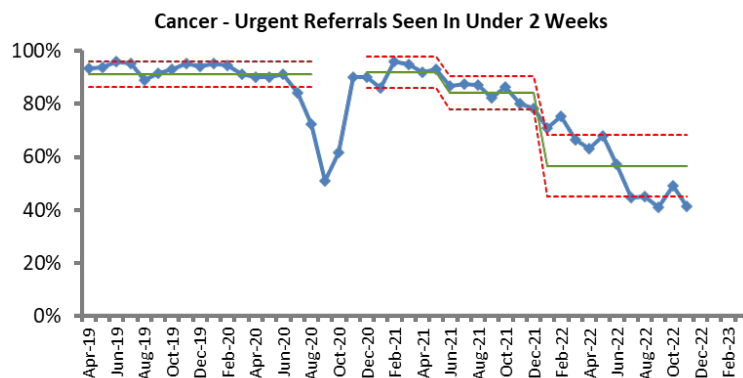
# Cancer Two Week Wait

November 2022

**N** Not Achieved

<b>Standards:</b>	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
<b>Performance:</b>	For November, 41.6% of patients were seen within 2 weeks. Overall performance for Quarter 1 was 62.9%. The overall performance for Quarter 2 was 43.6%.
<b>Actions:</b>	The standard was non-compliant in November (41.6% 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 financial year. The Trust has introduced more straight to test pathways and the national changes to referral criteria for colorectal cancer should help longer term performance. The 14 day standard is considered outdated and is likely to be retired in 2023.
<b>Ownership:</b>	Chief Operating Officer

2 Week Wait - Nov-22



	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	4	6	66.7%
Suspected children's cancer	16	18	88.9%
Suspected gynaecological cancers	111	183	60.7%
Suspected haematological malignancies	13	18	72.2%
Suspected head and neck cancers	442	506	87.4%
Suspected lower gastrointestinal cancers	131	345	38.0%
Suspected lung cancer	23	27	85.2%
Suspected skin cancers	26	866	3.0%
Suspected upper gastrointestinal cancers	104	124	83.9%
<b>Grand Total</b>	<b>870</b>	<b>2,093</b>	<b>41.6%</b>

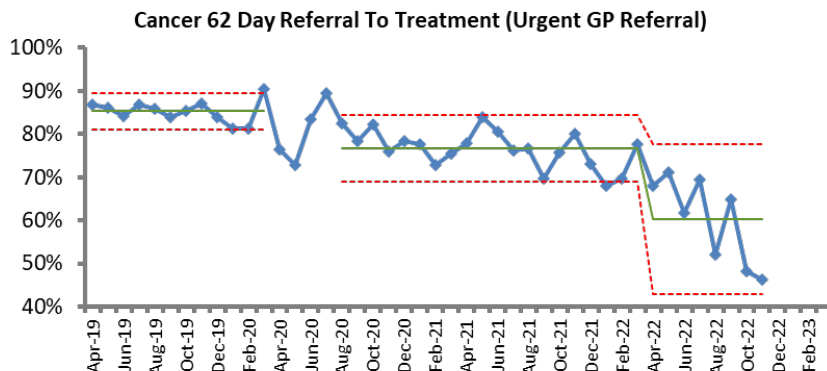
# Cancer 62 Days

November 2022

**N** Not Achieved

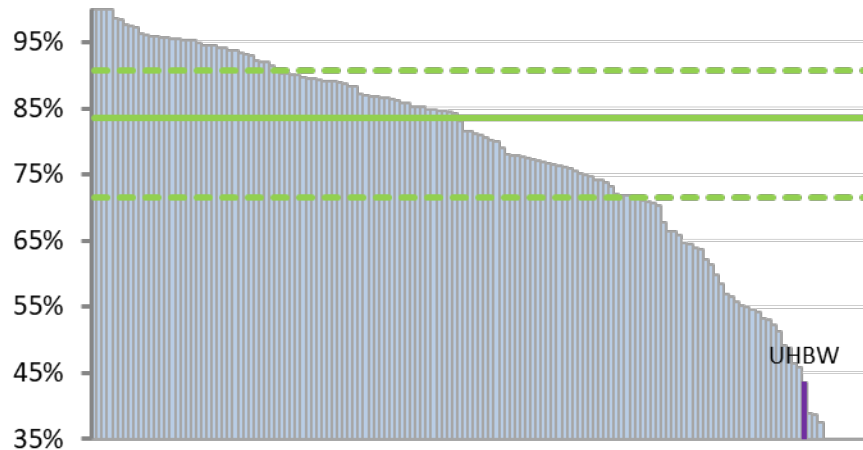
<b>Standards:</b>	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
<b>Performance:</b>	For November, 46.4% of patients were seen within 62 days. The overall Quarter 1 performance was 66.9%. The overall Quarter 2 performance was 61.4%.
<b>Actions:</b>	The standard was non-compliant in November (46.4% 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. 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.
<b>Ownership:</b>	Chief Operating Officer

Cancer 62 Day - Nov-22

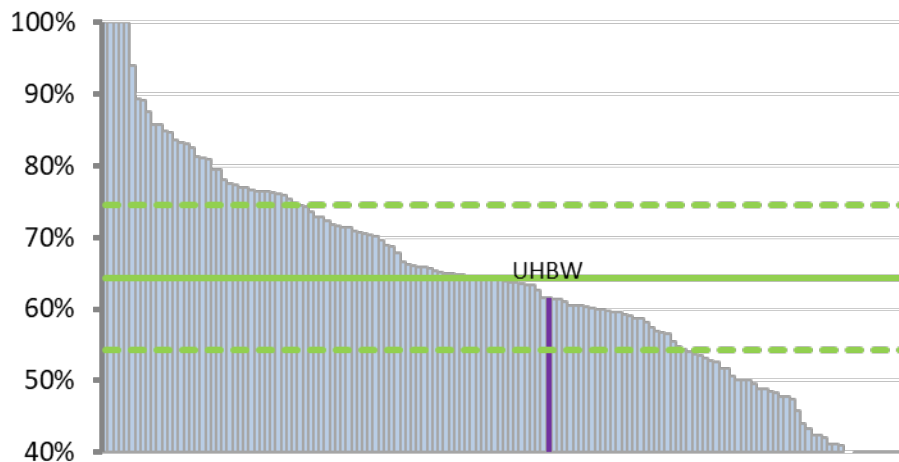


	Within Target	Total Pathways	Performance
Brain	0.0	0.5	0.0%
Breast	2.5	2.5	100.0%
Gynaecological	1.5	13.0	11.5%
Haematological	9.0	10.0	90.0%
Head and Neck	7.5	14.0	53.6%
Lower Gastrointestinal	4.5	14.0	32.1%
Lung	9.5	12.0	79.2%
Other	2.0	3.0	66.7%
Skin	13.0	41.0	31.7%
Upper Gastrointestinal	7.5	11.5	65.2%
Urological	0.5	2.5	20.0%
<b>Grand Total</b>	<b>57.5</b>	<b>124.0</b>	<b>46.4%</b>

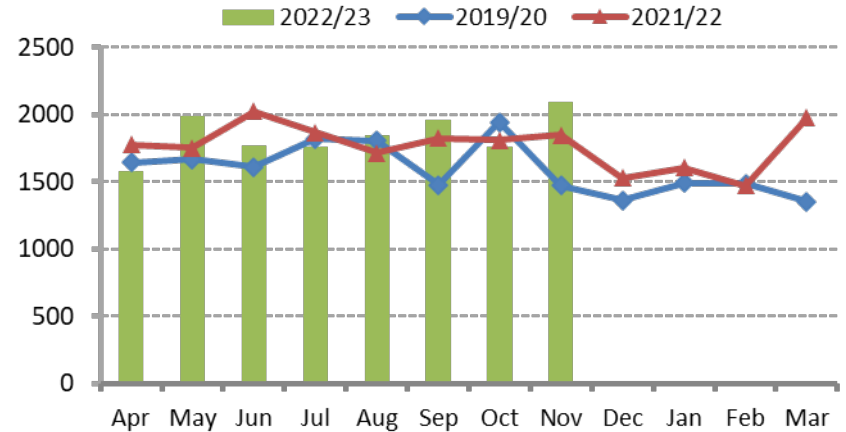
**Benchmarking - 2 Week Wait Performance - 2022/23 Quarter 2**



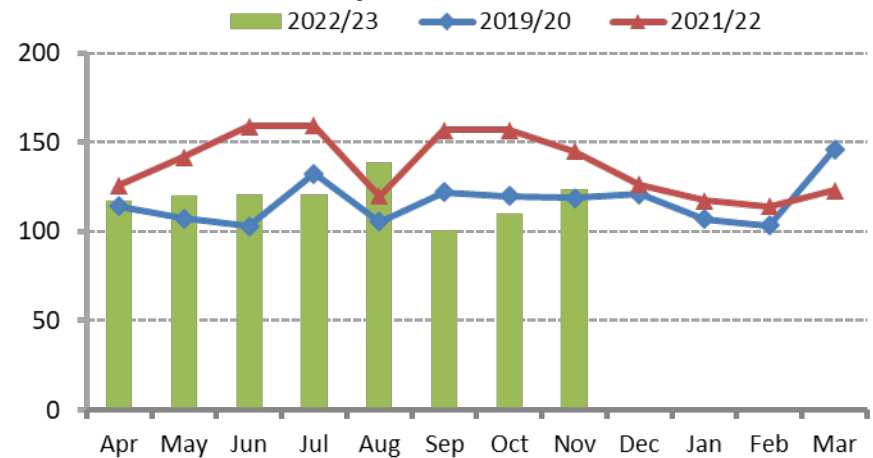
**Cancer 62 Day Performance - 2022/23 Quarter 2**



**2 Week Wait - Patients Seen**



**62 Day - Patients Treated**



# Cancer – 28 Day Faster Diagnosis

November 2022

**N** Not Achieved

<b>Standards:</b>	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.
<b>Performance:</b>	In November the Trust delivered 41.3% against the GP referred standard and 83.1% 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.
<b>Actions:</b>	The GP referred standard was below the compliance threshold this month. The screening standard did achieve compliance, despite the low denominator and skewed casemix affecting this 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 nationally 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.
<b>Ownership:</b>	Chief Operating Officer

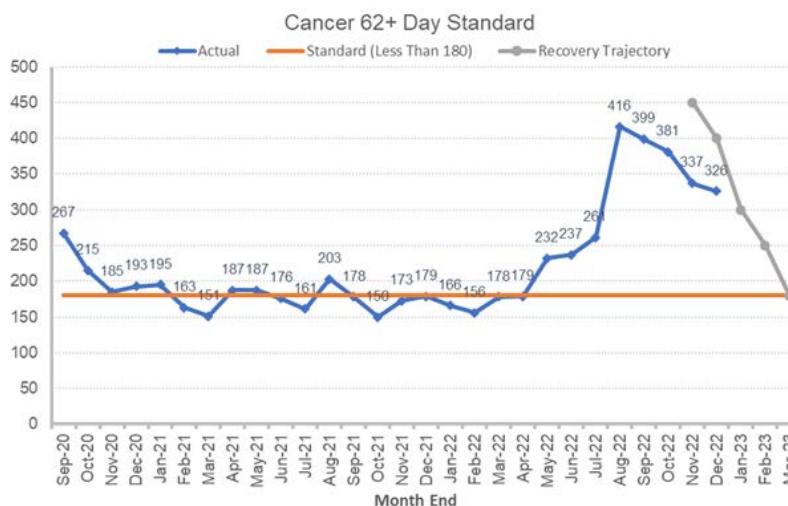
Month	Measure	Number Within 28		Percentage Compliance
		Days	Total Patients	
Aug-22	GP Referred	995	1,747	57.0%
	Screening	43	65	66.2%
	<b>Combined</b>	<b>1,038</b>	<b>1,812</b>	<b>57.3%</b>
Sep-22	GP Referred	811	1,621	50.0%
	Screening	35	53	66.0%
	<b>Combined</b>	<b>846</b>	<b>1,674</b>	<b>50.5%</b>
Oct-22	GP Referred	727	1,586	45.8%
	Screening	39	52	75.0%
	<b>Combined</b>	<b>766</b>	<b>1,638</b>	<b>46.8%</b>
Nov-22	GP Referred	725	1,756	41.3%
	Screening	54	65	83.1%
	<b>Combined</b>	<b>779</b>	<b>1,821</b>	<b>42.8%</b>



# Cancer – Patients Waiting 62+ Days

Snapshot taken: 1<sup>st</sup> January 2023

<b>Standards:</b>	<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>
<b>Performance:</b>	As at 1 <sup>st</sup> January the Trust had 326 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.
<b>Actions:</b>	<p>The Trust continues to exceed (i.e. not comply with) the 'pre-Covid baseline' but remains well ahead of its recovery trajectory, and the expected deterioration due to reduction in activity and increase in patient choice to defer over the festive period has been lower than expected. 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. Several of these areas are also impacted by high vacancy rates both in the speciality teams and in supporting teams e.g. theatre nursing. The Trust is working to recover performance by March 2023 and this remains achievable. 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>
<b>Ownership:</b>	Chief Operating Officer



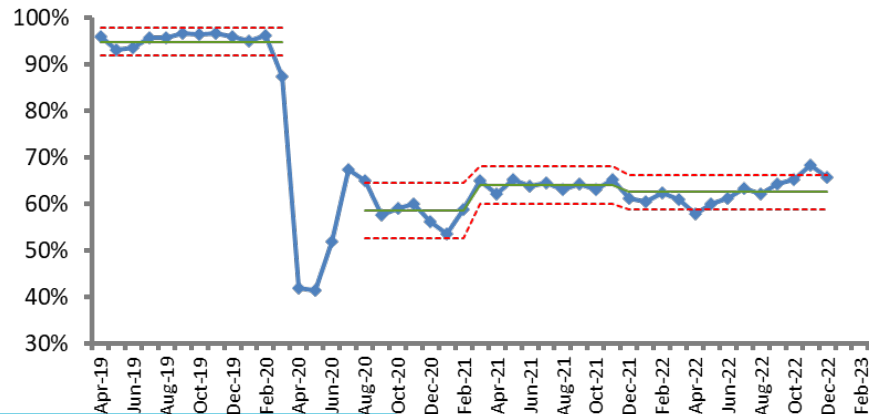
# Diagnostic Waits

December 2022

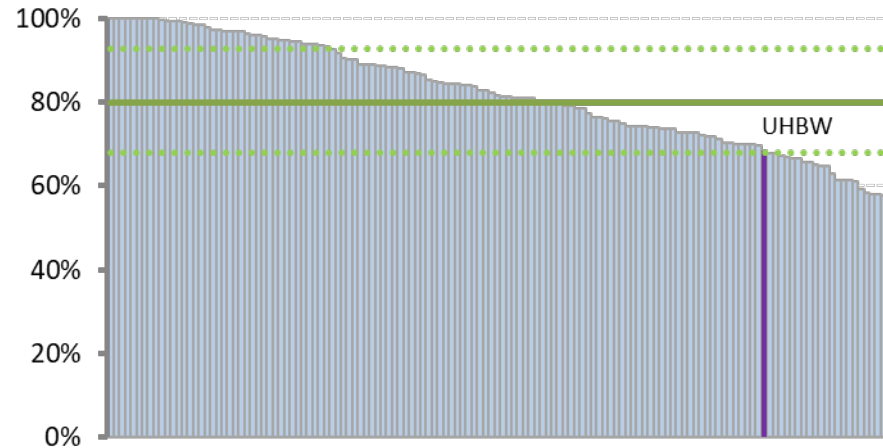
**N** Not Achieved

<b>Standards:</b>	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end. 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.
<b>Performance:</b>	At end of December, 65.8% of patients were waiting under 6 weeks, with 16,339 patients in total on the list. There were a total of 973 patients waiting 26+ weeks which is 6.0% of the waiting list.
<b>Actions:</b>	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. The trust did not achieve the agreed trajectory in December 2022. Although the trajectory for reduction in long waiters was not achieved, the numbers of patients waiting more than 26 weeks continues to reduce. There has been some performance deterioration in MRI adults, CT adults and non-obstetric ultrasound adults, however these do not pose significant risk to the overall recovery plans for these modalities. Audiology adults has previously been on track and above trajectory but there has been a dip in performance last month. This is not expected to be a long term deterioration. Endoscopy performance remains the most significant risk to 6 week performance and recovery in diagnostics. Long waiters in endoscopy are reducing and performance did not further deteriorate in December 2022. The actions to recovery in Endoscopy 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.
<b>Ownership:</b>	Chief Operating Officer

Diagnosics Under 6 Week Wait (15 Key Tests)



Benchmarking - Percentage Under 6 Weeks - November 2022



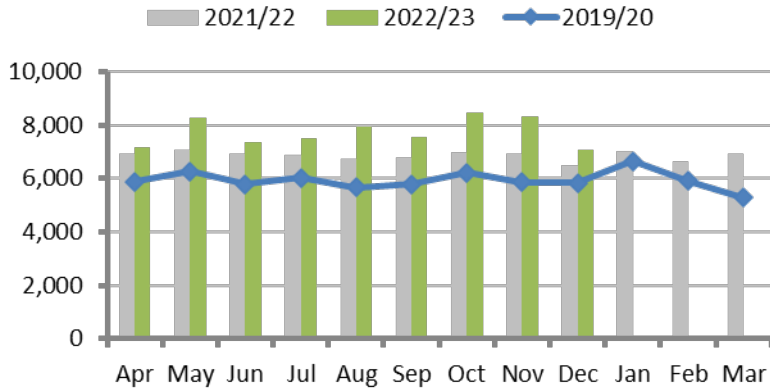
End of December 2022

Modality	Total On List	6+ Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	615	49	8%	3	0%	0	0%
Colonoscopy	981	649	66%	539	55%	352	36%
Computed Tomography (CT)	2,824	551	20%	118	4%	1	0%
DEXA Scan	754	324	43%	101	13%	2	0%
Echocardiography	1,882	806	43%	167	9%	1	0%
Flexi Sigmoidoscopy	306	210	69%	178	58%	108	35%
Gastroscopy	887	591	67%	431	49%	296	33%
Magnetic Resonance Imaging (MRI)	3,054	696	23%	293	10%	148	5%
Neurophysiology	129	0	0%	0	0%	0	0%
Non-obstetric Ultrasound	4,772	1,650	35%	420	9%	12	0%
Sleep Studies	135	63	47%	57	42%	53	39%
Other	0	0		0		0	
<b>UHBW TOTAL</b>	<b>16,339</b>	<b>5,589</b>	<b>34.2%</b>	<b>2,307</b>	<b>14.1%</b>	<b>973</b>	<b>6.0%</b>

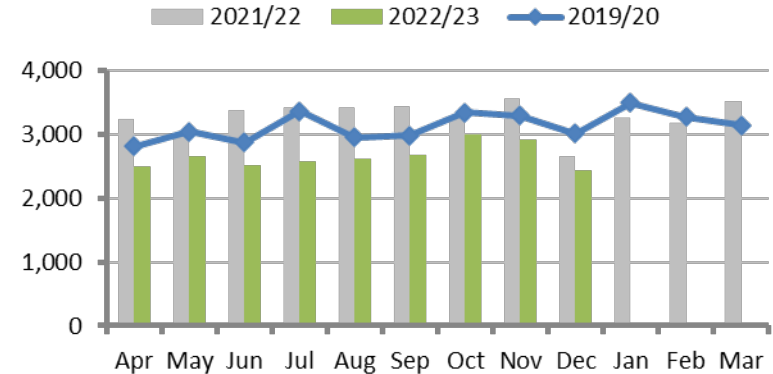
# Diagnostic Activity – Restoration

December 2022

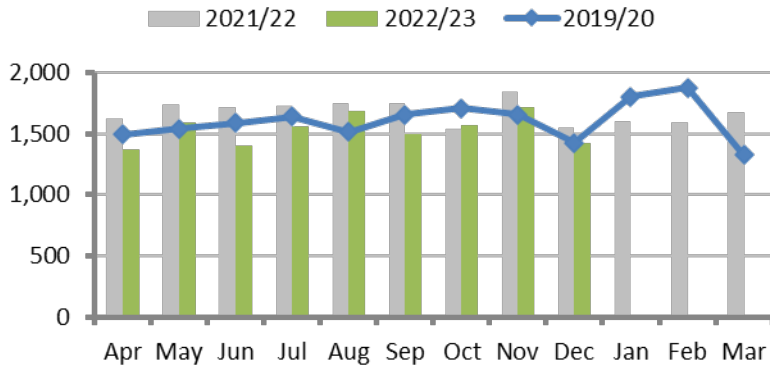
## Computed Tomography (CT)



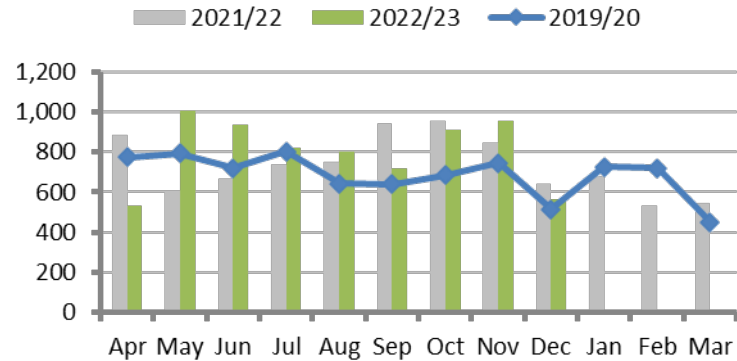
## Magnetic Resonance Imaging (MRI)



## 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%	142%	121%			
Magnetic Resonance Imaging	89%	87%	88%	77%	89%	90%	90%	89%	81%			
Echocardiography	91%	103%	88%	95%	111%	91%	92%	104%	100%			
Endoscopy	69%	127%	130%	102%	125%	113%	133%	128%	109%			

# Outpatient Measures

December 2022

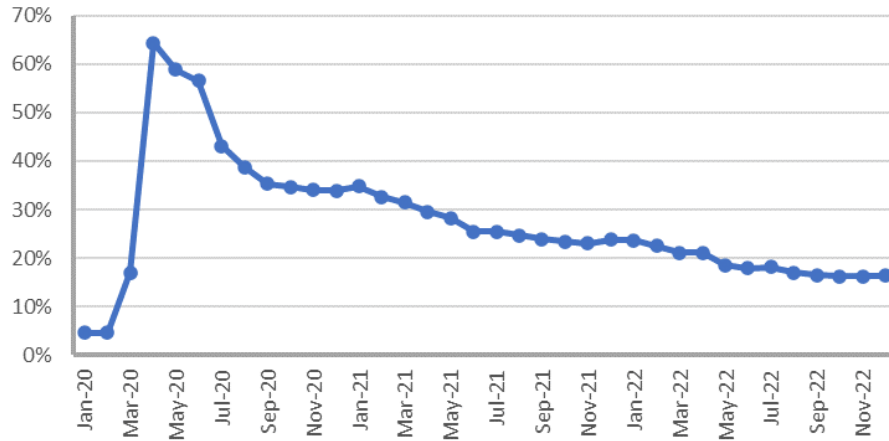
**N** Not Achieved

<b>Standards:</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Advice and Guidance (A&amp;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%)</li> <li>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.</li> </ul>
<b>Performance:</b>	<p>In December:</p> <ul style="list-style-type: none"> <li>17.2% of outpatient attendances were delivered non face-to-face. Of these, 8.4% were delivered as a video consultation.</li> <li>There were 1,242 Advice &amp; Guidance Responses sent out, which was 7.2% of all New outpatient attendances. NHS England now includes Referral Assessment Services as A&amp;G activity and when this activity is included the trust exceeds 15% (Target 12%)</li> <li>There were 2,288 outpatient attendances that were outcome as PIFU, which was 4.0% of all outpatient attendances.</li> </ul>
<b>Actions:</b>	<p>PIFU activity can now include Long term condition pathways. These went live in quarter 3 alongside the existing “Discharged to PIFU” pathways. Off-line analysis shows that if this was included, PIFU performance would increase to 4.9%. Trust performance reports need to be updated to give an accurate ongoing position including this activity. Engagement continues with specialities to develop PIFU further in the trust.</p> <p>Non face-to-face activity is reflective of divisions increasing face to face activity to tackle backlogs. Non-Face to face video activity has now increased back to pre-cut over levels.</p> <p>Advice and Guidance request activity has fallen in December, this is reflective of a larger than expected seasonal dip in activity. Divisions have been making progress with reducing longest waiting 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&amp;G service development for 2022/23.</p>
<b>Ownership:</b>	Chief Operating Officer

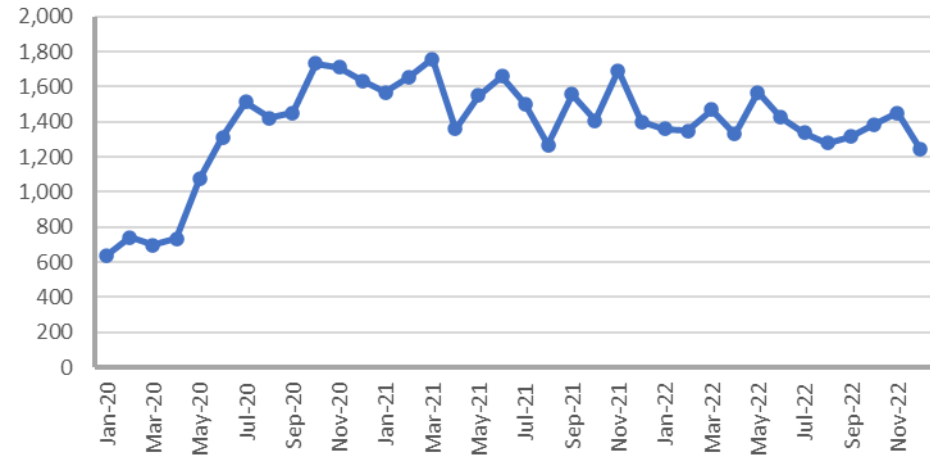
	Non Face To Face		Non Face To Face (Video)		Advice & Guidance		Advice & Guidance Responses		Patient Initiated Follow-Up	
	Total	% of All Attendances	Total	% of All Non Face To Face	Total Responses	% of New Attendances	Responses Within 7 Days	% Responses Within 7 Days	Total PIFU'ed Outcomes	% of All Attendances
Diagnostic & Therapy	908	12.8%	129	14.2%	44	1.3%	44	100.0%	340	5.5%
Medicine	2,019	28.8%	215	10.6%	238	11.2%	148	62.2%	154	2.8%
Specialised Services	4,299	34.6%	221	5.1%	235	12.6%	232	98.7%	255	2.6%
Surgery	1,473	7.3%	26	1.8%	153	3.4%	113	73.9%	373	2.1%
Weston	0		0		127	6.3%	111	87.4%	495	8.0%
Women's & Children's	1,671	12.4%	281	16.8%	445	13.0%	260	58.4%	671	5.5%
<b>TOTAL</b>	<b>10,370</b>	<b>17.2%</b>	<b>872</b>	<b>8.4%</b>	<b>1,242</b>	<b>7.2%</b>	<b>908</b>	<b>73.1%</b>	<b>2,288</b>	<b>4.0%</b>

December 2022

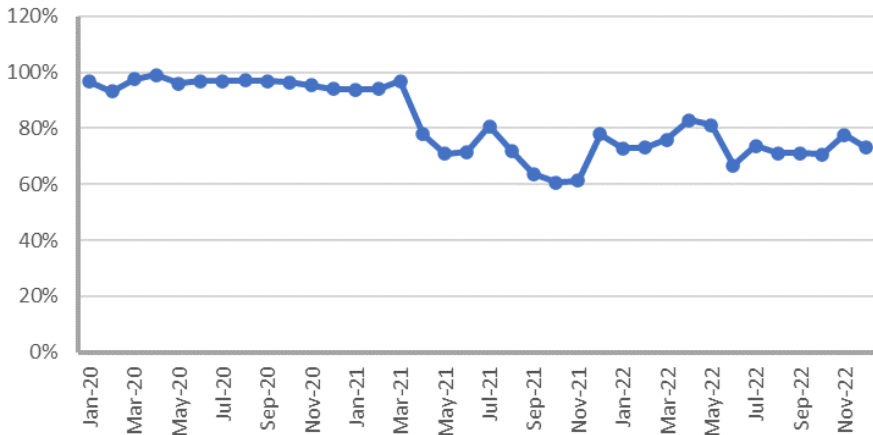
**Outpatient Attendances - % Non Face To Face**



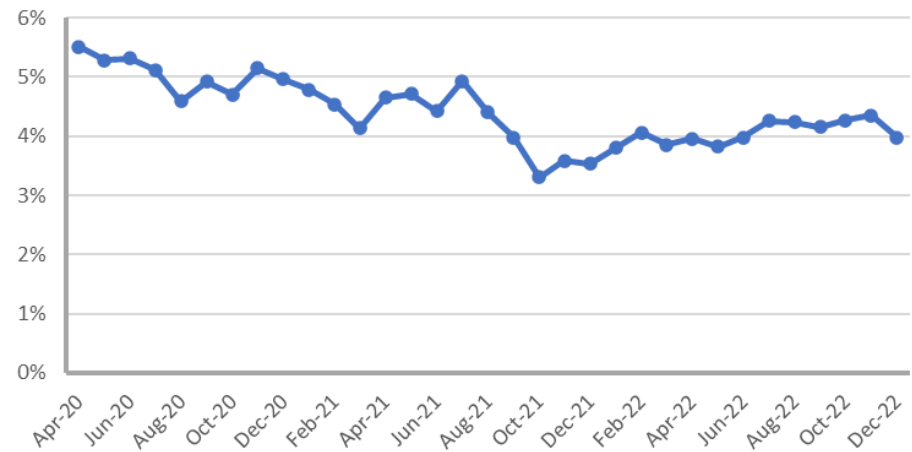
**Number of Advice and Guidance Responses**



**Percentage of A&G Responses in 7 Days**

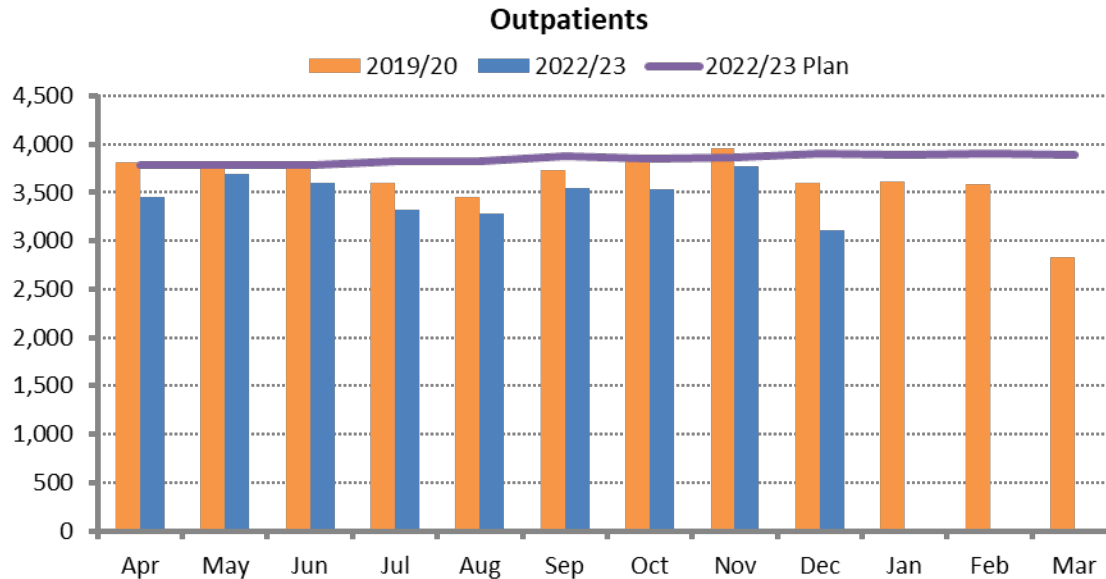


**Percentage of Attendances with PIFU Outcome**



December 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	3,803	3,790	3,827	3,597	3,446	3,729	3,894	3,953	3,593	3,615	3,584	2,835
2021/22	Actual Activity Per Day	3,437	3,636	3,460	3,217	3,087	3,355	3,394	3,611	3,153	3,571	3,384	3,383
2022/23	Actual Activity Per Day	3,451	3,690	3,594	3,325	3,278	3,545	3,532	3,772	3,105			
	Planned Activity Per Day	3,785	3,785	3,785	3,829	3,827	3,881	3,849	3,864	3,896	3,893	3,896	3,886
2022/23 Activity: % of Plan		91%	97%	95%	87%	86%	91%	92%	98%	80%			
2022/23 Activity: % of 2019/20		91%	97%	94%	92%	95%	95%	91%	95%	86%			

# Outpatient Overdue Follow-Ups

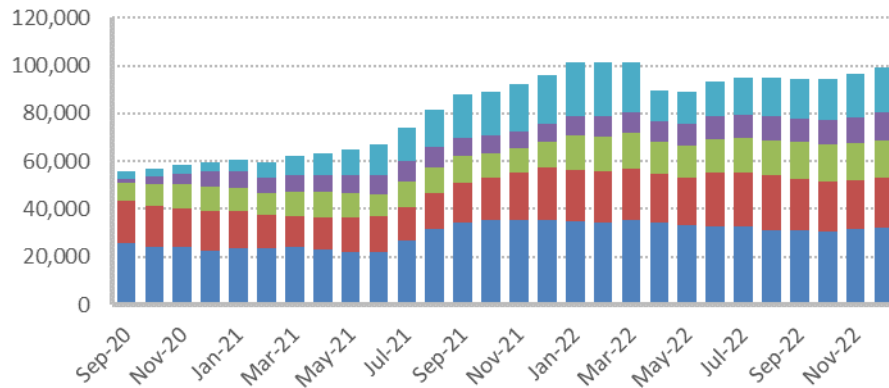
December 2022

**N** Not Achieved

<b>Standards:</b>	This measure looks at referrals where the patient is on a “Partial Booking List”, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a “Date To Be Seen By”, from which the proportion that are overdue can be reported. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients.
<b>Performance:</b>	Total overdue at end of December was 99,433 of which 46,047 (46%) were overdue by 6+ months and 19,082 (19%) were overdue by 12+ months.
<b>Actions:</b>	Validation has continued in December in response to the NHS England “Action on Outpatients Programme” with the overall aim to end-up with a data set that is genuine and reflects outpatient demand rather than data quality issues with referrals that have not been discharged. Divisions have been asked to continue to prioritise outpatient work in December and January to help support 78+ and 52+ Referral To Treatment (RTT) recovery.
<b>Ownership:</b>	Chief Operating Officer

## Overdue Follow-Ups By Number of Months Overdue

■ 0-2 Months ■ 3-5 Months ■ 6-8 Months ■ 9-11 Months ■ 12+ Months



Dec-22	6+ Months		12+ Months		Total Overdue
	Number	Percentage	Number	Percentage	
Diagnostics & Therapies	6,685	46%	2,779	19%	14,447
Medicine	13,012	52%	5,924	24%	24,873
Specialised Services	6,285	47%	2,335	17%	13,504
Surgery	15,453	46%	6,205	19%	33,315
Weston	3,013	48%	1,418	23%	6,224
Women's and Children's	1,594	23%	416	6%	7,061
Other	5		5		9
<b>UHBW TOTAL</b>	<b>46,047</b>	<b>46%</b>	<b>19,082</b>	<b>19%</b>	<b>99,433</b>



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

August 2022

**P** Partially Achieved

<b>Standards:</b>	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. 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”.
<b>Performance:</b>	The Summary Hospital Mortality Indicator for UHBW for the 12 months September 2021 to August 2022 was 99.3 and in NHS Digital’s “as expected” category. This is slightly below the overall national peer group of English NHS trusts of 100.
<b>Action/Plan:</b>	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
<b>Ownership:</b>	Medical Director

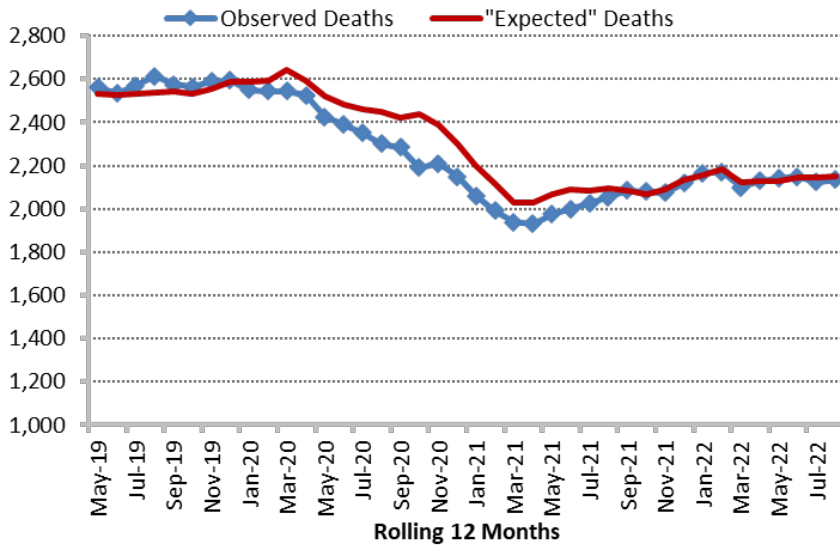
Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Sep-21	2,085	2,085	100.0
Oct-21	2,080	2,070	100.5
Nov-21	2,075	2,090	99.3
Dec-21	2,120	2,135	99.3
Jan-22	2,165	2,155	100.5
Feb-22	2,170	2,185	99.3
Mar-22	2,100	2,125	98.8
Apr-22	2,130	2,130	100.0
May-22	2,140	2,130	100.5
Jun-22	2,150	2,145	100.2
Jul-22	2,125	2,145	99.1
Aug-22	2,135	2,150	99.3

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

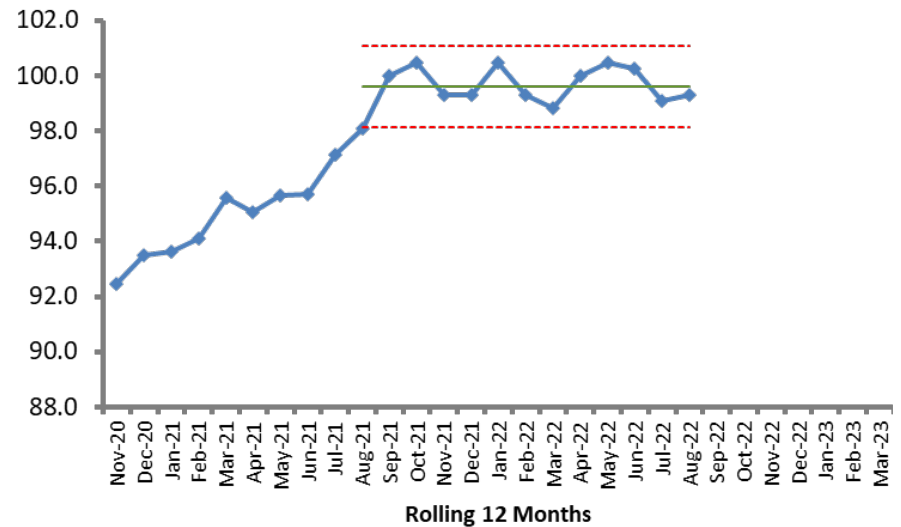
August 2022

**P** Partially Achieved

Summary Hospital-level Mortality Indicator (SHMI)



Summary Hospital Mortality Indicator (SHMI) - National Monthly Data



# Mortality – HSMR (Hospital Standardised Mortality Ratio)

October 2022

**N** Not Achieved

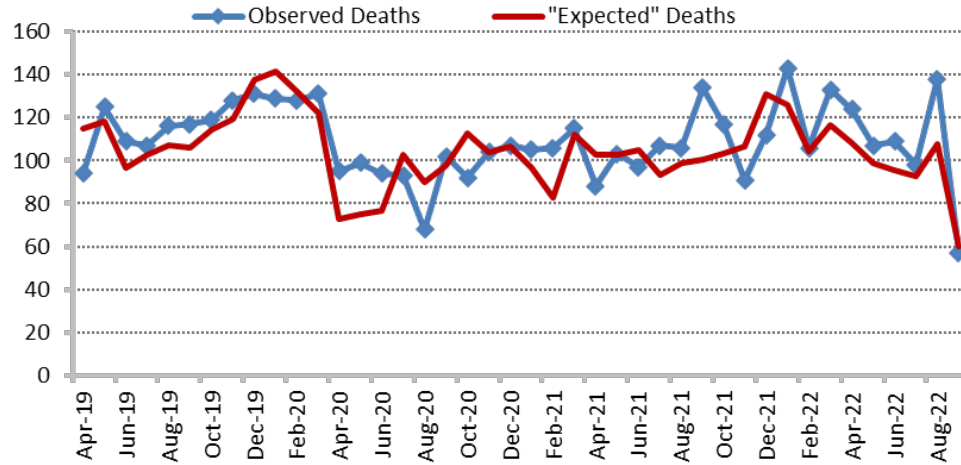
<b>Standards:</b>	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
<b>Performance:</b>	HSMR within CHKS for UHBW solely for the month of September 2022 was 94.7, meaning there were fewer observed deaths (57) than the statistically calculated expected number of deaths (60.2). 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 September 2022 for UHBW was 106.9 above the National Peer of 100.8.
<b>Action/Plan:</b>	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
<b>Ownership:</b>	Medical Director

Month	Observed Deaths	"Expected" Deaths	HSMR
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	95.6	114.0
Jul-22	98	92.9	105.5
Aug-22	138	107.4	128.5
Sep-22	57	60.2	94.7

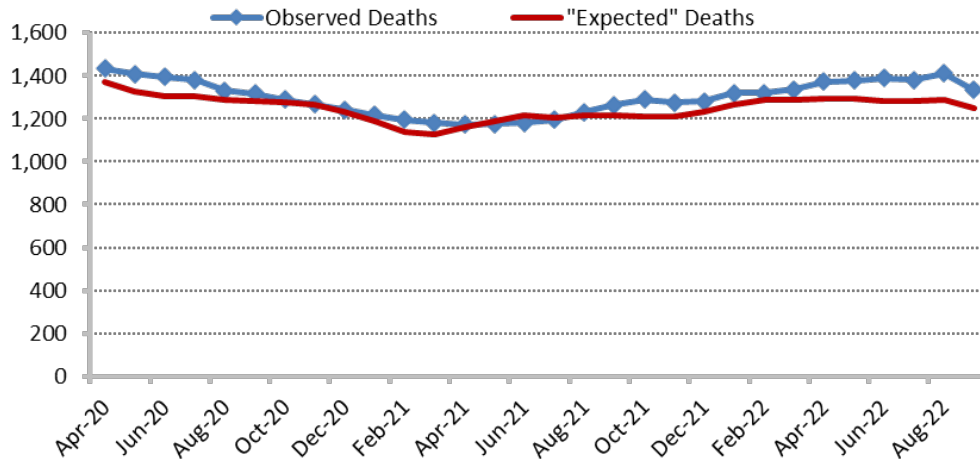
# Mortality – HSMR (Hospital Standardised Mortality Ratio)

October 2022

### Hospital Standardised Mortality Ratio (HSMR) - Monthly



### Hospital Standardised Mortality Ratio (HSMR) - Rolling 12 Months



# Fractured Neck of Femur (#NOF)

December 2022

**P** Partially Achieved

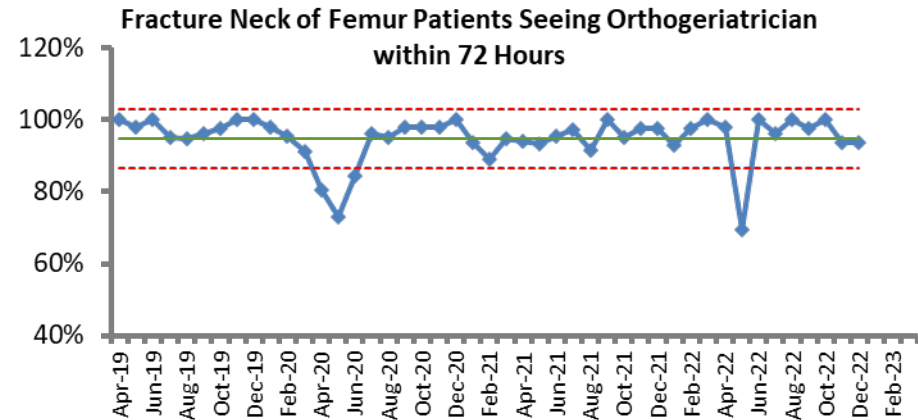
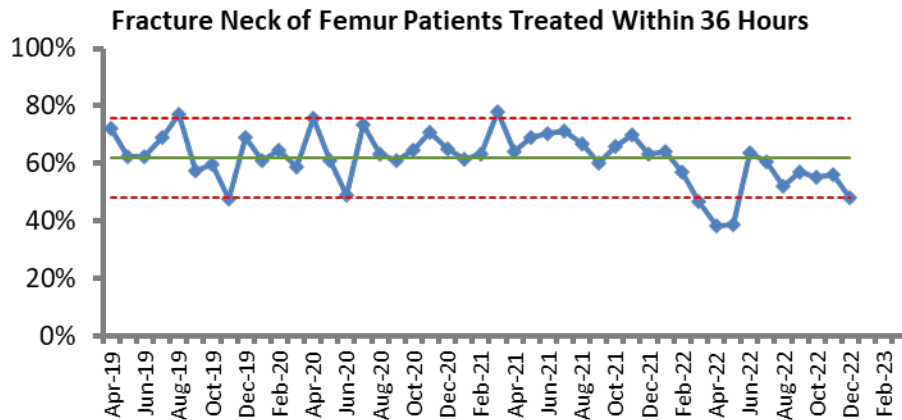
<b>Standards:</b>	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
<b>Performance:</b>	<p>In December, there were 48 patients eligible for Best Practice Tariff (BPT) across UHBW (28 in Bristol and 20 in Weston).</p> <ul style="list-style-type: none"> <li>• For the 36 hour standard, 47.9% achieved the standard (23 out of 48 patients).</li> <li>• For the 72 hour standard, 93.8% achieved the standard (45 out of 48 patients).</li> </ul>
<b>Action/Plan:</b>	<p>Underlying Issues (Bristol):</p> <ul style="list-style-type: none"> <li>• There is continued difficulty in time to theatre in Bristol, mostly driven by the increase in general trauma demand to theatres for #NOF patients and an inability to stand up more trauma theatres due to the necessity to maintain cancer theatre capacity, a lack of available inpatient beds and significant theatre staffing challenges. This difficulty of staffing issues in theatres is resulting in the trauma team being unable to stand up extra trauma lists in place of cancelled cancer cases.</li> <li>• Difficulty starting on time in theatre and also some anecdotal reports that theatre efficiency is being lost at the end of the day due to staffing pressures and a reticence to start cases in case they overrun.</li> <li>• Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the Trauma &amp; Orthopaedic (T&amp;O) wards which cause our own T&amp;O patients to outlie into other surgical beds.</li> <li>• Pressure on staffing resulting in cancelled lists and an inability to run extra trauma.</li> </ul> <p>Actions (Bristol):</p> <ul style="list-style-type: none"> <li>• Extra trauma is run on Limb reconstruction elective lists.</li> <li>• Extra trauma is run when cases are cancelled due to bed issues (where staffing allows).</li> </ul> <p>Underlying Issues (Weston):</p> <ul style="list-style-type: none"> <li>• The Ortho-geriatrician role has been vacant since 9<sup>th</sup> December 2022 and no replacement has been appointed. Three patients did not receive an assessment in December but this figure will increase in the following months if no-one is in post.</li> <li>• Surgery delays due to increased trauma caseload. In December, there were 5 #NOFs admitted in one 24 hour period. Staffing (theatres and wards) and implant kit issues were also to blame for other short notice surgical delays.</li> <li>• Four additional patients did not receive a Physiotherapy assessment within 24 hours of surgery. This was due to no physiotherapist being available on a weekday (caseload demands) or not available on the weekend due to rota timings.</li> </ul> <p>Actions (Weston):</p> <ul style="list-style-type: none"> <li>• Ortho-geriatrician recruitment to replace the current vacant post has failed to find suitable applicants after two rounds ,further recruitment options are being considered. Agency cover may be another option we will have to explore.</li> <li>• Extra trauma capacity is available (where possible) on cancelled elective or emergency/CEPOD lists.</li> </ul>
<b>Ownership:</b>	Medical Director

# Fractured Neck of Femur (#NOF)

December 2022

Dec-22

	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	28	12	43%	28	100%
Weston	20	11	55%	17	85%
<b>TOTAL</b>	<b>48</b>	<b>23</b>	<b>47.9%</b>	<b>45</b>	<b>93.8%</b>



# Mixed Sex Accommodation Breaches

December 2022

A *Achieved*

<b>Standards:</b>	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.
<b>Performance:</b>	There were six reported Mix Sex Accommodation breaches in December 2022. All six occurred in Theatre recovery. This was not an avoidable breach and so was not reported in the national return.
<b>Action/Plan:</b>	Prior to any mixed sex accommodation breach there is a full review of all patient areas. Escalation bed capacity remains open causing pressures on delivery of the MSA standard. A review of single sex accommodation in escalation areas is ongoing.
<b>Ownership:</b>	Chief Nurse

December 2022

N/A *No Standard Defined*

<b>Standards:</b>	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.
<b>Performance:</b>	<ul style="list-style-type: none"> <li>• Average number of women who give birth all gestations from 22 weeks was 402 per month over the year 2022.</li> <li>• Average induction of labour rate for 2022 was 30.9% with an average overall caesarean section rate of 37.9% for 2022 (16.3% elective/21.6% emergency).</li> <li>• There were 6 perinatal deaths in December.</li> <li>• Achieved Clinical Negligence Scheme for Trusts (CNST) safety standards for year 4.</li> <li>• 121 care in labour achieved 100% of the time.</li> <li>• Five Datix incidents due to staffing in Neonatal Intensive Care Unit (NICU).</li> </ul>
<b>Action/Plan:</b>	<p>Underlying Issues:</p> <ul style="list-style-type: none"> <li>• The service continues to experience sporadic capacity issues with flow of inductions of labour.</li> <li>• Challenge to obtain accurate data regarding number of recorded incidents when women are transferred to other providers due to capacity constraints within the unit, or any in-utero transfers whether accepted or declined.</li> <li>• Central Delivery Suite (CDS) continued to be busy in December but there were no recorded Datix regarding staffing or service provision.</li> <li>• Capacity on NICU is challenging which effects NICU ability to accept tertiary referrals.</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>• Recording of in-utero transfers for premature babies has been escalated to the National Neonatal Network as this data used to be recorded by them.</li> <li>• CDS matron asked to remind staff to Datix if there are any delayed inductions of labour.</li> </ul>
<b>Ownership:</b>	Chief Nurse

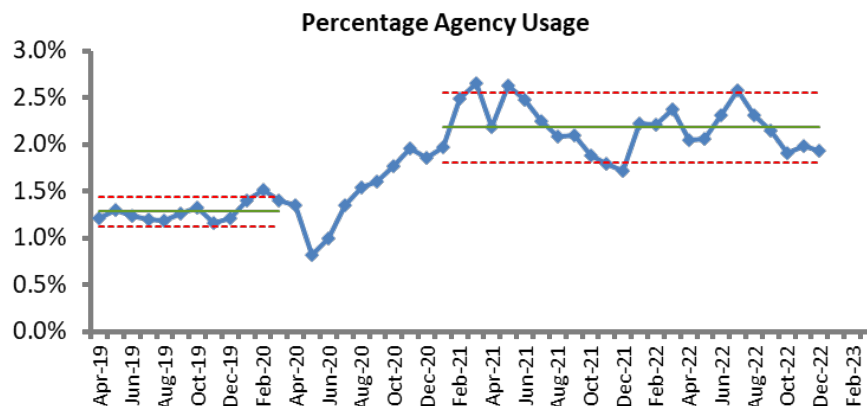


# Workforce – Agency Usage

December 2022

**N** Not Achieved

<b>Standards:</b>	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%.
<b>Performance:</b>	Agency usage reduced by 5.8 FTE to 1.9%. There was an increase within one division, Medicine, increasing to 98.0 FTE from 90 FTE in the previous month. There were reductions within six divisions, with the largest reduction seen in Surgery, reducing to 31.6 FTE from 37.5 FTE in the previous month.
<b>Action/Plan:</b>	<p>Actions taken to mitigate agency usage and encourage bank use instead are:</p> <ul style="list-style-type: none"> <li>• There were 67 new starters across the bank in December consisting of the following: 17 Admin and Clerical staff inclusive of 6 reappointments, 3 Cleaning and Catering staff inclusive of 1 reappointments, 2 Porters, 6 Sterile Services Technicians, 14 Registered Nurses inclusive of 13 reappointments, 4 Allied Health Professionals and 21 Healthcare Support Workers inclusive of 5 reappointments.</li> <li>• Work is currently underway to relaunch a rebrand of the Trust bank this will involve collaboration with the medical illustration team to produce a recruitment video to promote working for the bank.</li> <li>• The Trust continues to encourage “block bookings” to reduce the use of last minute, non-framework reliance.</li> <li>• The Trust continues to offer paid travel time for clinical staff as an incentive to encourage staff to pick up bank shifts at Weston to reduce agency reliance.</li> <li>• Work continues both at system and Trust level to reduce high-cost agency usage with 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</li> </ul>
<b>Ownership:</b>	Director of People

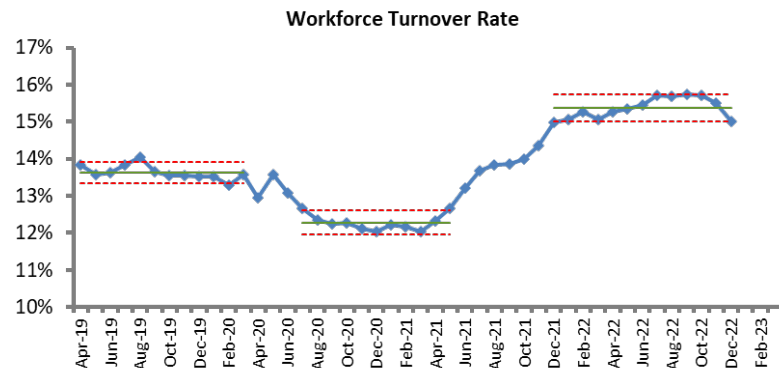


# Workforce – Turnover

December 2022

**Y** Achieved

<b>Standards:</b>	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The target is to have less than 15% turnover.
<b>Performance:</b>	<p>Turnover for the 12-month period reduced to 15.0% compared to 15.5% (updated figures) for the previous month. One division saw an increase whilst six divisions saw a reduction in turnover, and one remained static in comparison to the previous month.</p> <ul style="list-style-type: none"> <li>• The largest divisional increase was seen within Diagnostics and Therapies, where turnover increased by 0.3 percentage points to 16.8%.</li> <li>• The largest divisional reduction was seen within Trust Services, where turnover reduced by 2.1 percentage points to 15.6%.</li> <li>• Two staff groups saw an increase whilst seven staff groups saw a reduction in turnover in comparison to the previous month.</li> <li>• The largest staff group increase was seen within Allied Health Professionals, where turnover increased by 1.1 percentage points to 17.7%.</li> <li>• The largest staff group reduction was seen within Administrative and Clerical, where turnover reduced by 1.4 percentage points to 16.6%.</li> <li>• Turnover rate for Band 5 nurses December is 17.6%.</li> </ul>
<b>Action/Plan:</b>	<ul style="list-style-type: none"> <li>• The corporate Wellbeing team continues to prioritise outreach and engagement activity to improve awareness and access to wellbeing interventions at the point of need. In December, dedicated sessions were delivered to newly recruited Junior Doctors and Internationally Educated Nurse cohorts.</li> <li>• Weston Wellbeing and Freedom to Speak Up Champions were invited to input into the design phase of the pending onsite Wellbeing Hub for optimal engagement and sustainability.</li> <li>• Following a successful relaunch of the exit process, requests for leavers feedback conversations increased to 18 in December, an increase of 17 on the previous month. This provides a very positive start to the relaunch of leaver’s feedback and valuable insights into the narrative behind the questionnaire data. Several individual elements of feedback have now been passed to Divisions in order to inform learning from colleague experience.</li> </ul>
<b>Ownership:</b>	Director of People



December 2022

**P** Partially Achieved

<b>Standards:</b>	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.								
<b>Performance:</b>	<p>Overall vacancies reduced to 7.2% (840.1 FTE) compared to 7.4% (864.6 FTE) in the previous month.                  The largest divisional increase was seen in Weston General Hospital where vacancies increased to 53.1 FTE from 49.1 FTE in the previous month.                  The largest divisional reduction was seen in Specialised Services, where vacancies reduced to 103.6 FTE from 110.3 FTE the previous month.                  The largest staff group reduction was seen in Nursing, where vacancies reduced to 430.4 FTE from 460.4 FTE the previous month.                  The largest staff group increase was seen in Allied Health / Scientific Professions, where vacancies increased to 82.3 FTE from 73.2 FTE the previous month.                  Consultant vacancy has increased to 31.3 FTE (4.1%) from 29.8 FTE (4.0%) in the previous month.                  Unregistered nursing vacancies can be broken down as follows:</p> <table border="1" data-bbox="600 629 1010 741"> <thead> <tr> <th>Band</th> <th>Vacancy</th> </tr> </thead> <tbody> <tr> <td>AfC Band 2</td> <td>153.3 FTE</td> </tr> <tr> <td>AfC Band 3</td> <td>43.5 FTE</td> </tr> <tr> <td>AfC Band 4</td> <td>-140.3 FTE</td> </tr> </tbody> </table> <p>The band 4 over establishment is where there is a large number of newly qualified nursing staff awaiting their Nursing &amp; 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.</p>	Band	Vacancy	AfC Band 2	153.3 FTE	AfC Band 3	43.5 FTE	AfC Band 4	-140.3 FTE
Band	Vacancy								
AfC Band 2	153.3 FTE								
AfC Band 3	43.5 FTE								
AfC Band 4	-140.3 FTE								
<b>Action/Plan:</b>	<p>Work taking place to reduce the vacancy rate is as follows:</p> <ul style="list-style-type: none"> <li>• 22 Apprentice Healthcare Support Worker (HCSW) candidates continue to complete their pre-employment checks with a start date scheduled on the 6th January for their Weston college apprenticeship inductions.</li> <li>• 20 substantive Healthcare Support Workers started in the Trust during December and another 17 have been offered and are due to start in the new few months.</li> <li>• A second UHBW mass recruitment event will take place in Q4 for Healthcare Support Workers to reduce current vacancy rates and increase attraction to these roles. Work is also underway to develop a system wide mass recruitment event due to be held in March 2023.</li> <li>• 21 new international nurses joined the Trust in December and 301 nurses have now received their NMC PIN since the programme began in April 2021. The Trust is holding its first international nurse recruitment event in India in January 2023 to develop a candidate pipeline for 23/24. Work is now underway to develop an international nurse recruitment plan for the new financial year.</li> <li>• The first in-person Children’s nursing event of the calendar year will take place on the 7th of January.</li> </ul> <p style="text-align: right;"><i>...continued over page</i></p>								

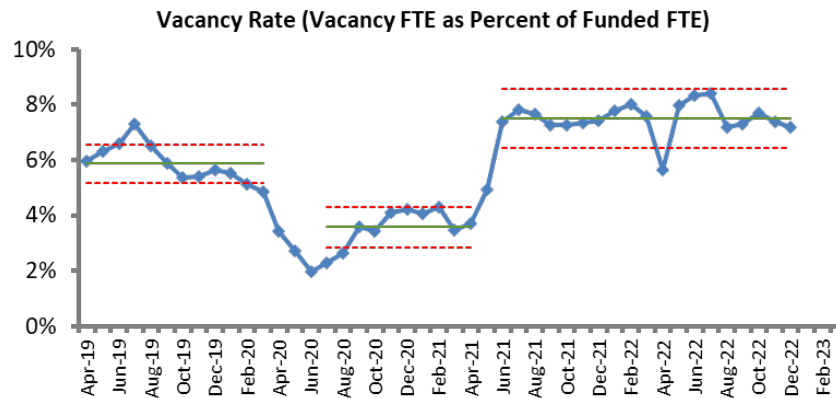
December 2022

**Action/Plan (continued):**

- 96 candidates have registered to attend the upcoming admin and clerical recruitment open day which will take place on 10th January 2023 to address the underlying A&C vacancy position.
- A Locum Consultant in Trauma and Orthopaedics and four non-consultant grade doctors started in Weston in the month of December. A further four clinical fellows were cleared for start dates in January.
- In the month of December, the Trust offered two Clinical Fellows and 15 non-consultant grade doctors are currently going through pre-employment checks for the Weston site to support rota gaps.
- The Trust have appointed four Radiographers as part of the collaborative international recruitment of AHPs with our systems partners. These candidates are currently progressing through their pre-employment checks.
- The Newly Qualified Radiographer recruitment campaign has so far made six offers of employment with work on-going to reach the target of 21 WTE.

**Ownership:**

Director of People

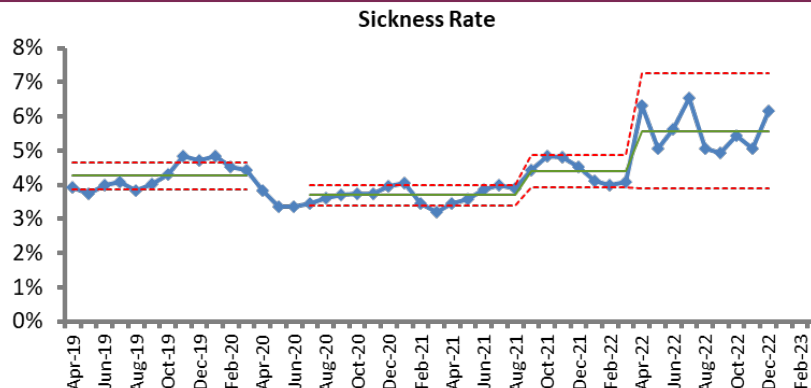


# Workforce – Staff Sickness

December 2022

**P** Partially Achieved

<b>Standards:</b>	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 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.
<b>Performance:</b>	<p>Sickness absence increased to 6.2% compared with 5.4% 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"> <li>• There were no divisional reductions compared to the previous month.</li> <li>• There were increases within all eight divisions, the largest divisional increase was seen within Medicine and Women’s and Children’s, both increasing by 1.5 percentage points to 7.2% and 6.0%, respectively, compared to the previous month.</li> <li>• There were no staff group reductions compared to the previous month.</li> <li>• There were increases within all nine staff groups, the largest staff group increase was seen within Nursing and Midwifery Registered increasing to 10.2% from 7.2% compared to the previous month.</li> </ul>
<b>Action/Plan:</b>	<ul style="list-style-type: none"> <li>• Supporting attendance clinics have been introduced by HR Services with a view to ensuring that the management of sickness absence is effective in both reducing absence and ensuring that colleagues who have health conditions are supported in their working lives. The launch of a reasonable adjustments passport is fundamental to ensuring that colleagues receive appropriate adjustments to both their workplaces and attendance management as appropriate.</li> <li>• A programme to develop closer linkage between corporate workplace wellbeing and Divisions is underway to encourage positive attitudes towards promotion of the workplace wellbeing offer; understanding the correlation between work and the health of colleagues and how formalised support can help to prevent unnecessary sickness and absence, presenteeism and health-related job loss.</li> <li>• National Staff Survey 2022: The first available preliminary results will be presented to People Committee in January 2023 with the full results made available following the release of the embargo in March 2023.</li> </ul>
<b>Ownership:</b>	Director of People



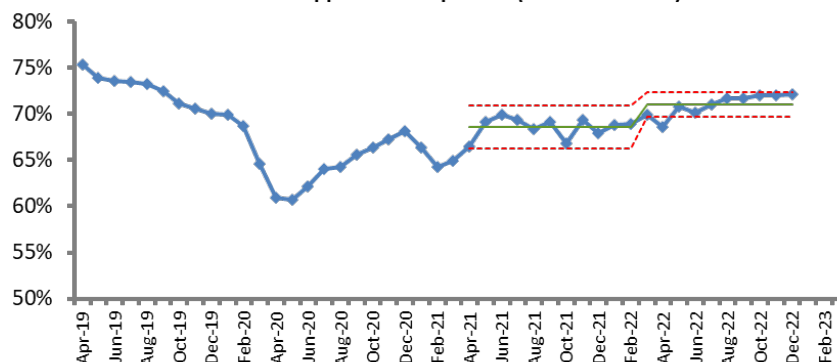
# Workforce – Appraisal Compliance

December 2022

**N** Not Achieved

<b>Standards:</b>	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 77%.
<b>Performance:</b>	Overall appraisal compliance increased to 72.1% in December, compared with 72.0% in the previous month. There were increases within four divisions, and reductions within four divisions. The largest divisional increase was seen within Diagnostics and Therapies, increasing to 70.6% from 68.2% in the previous month. The largest divisional reduction was within Women’s and Children’s, reducing to 71.3% from 72.6% in the previous month. Three divisions are above the new KPI target.
<b>Action/Plan:</b>	<ul style="list-style-type: none"> <li>The impact of the new “check in” form will be measured in the National Staff Survey 2022 indicators in March 2023 and in the Quarterly People Pulse in April 2023.</li> <li>The development of new e-learning providing 24/7 user access to “check in” training is underway and will be available from February 2023.</li> <li>To support an uplift in appraisal compliance and reassurance on approach to “check in” conversations the Organisational Development (OD) team have attended a number of Divisional workforce and OD meetings.</li> </ul>
<b>Ownership:</b>	Director of People

Workforce Appraisal Compliance (Non-Consultant)

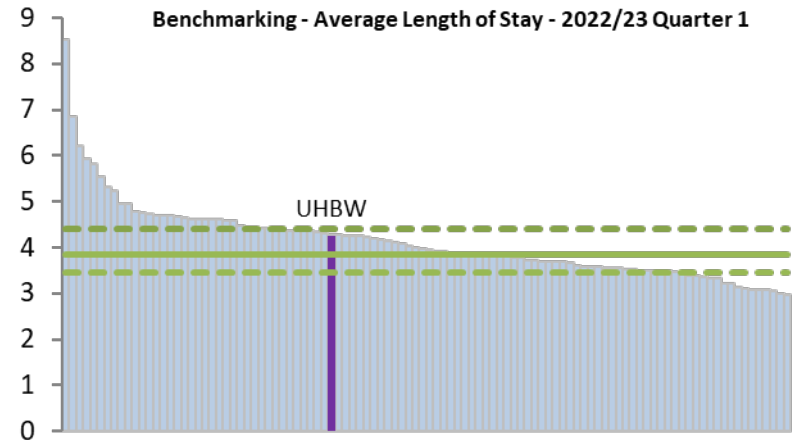
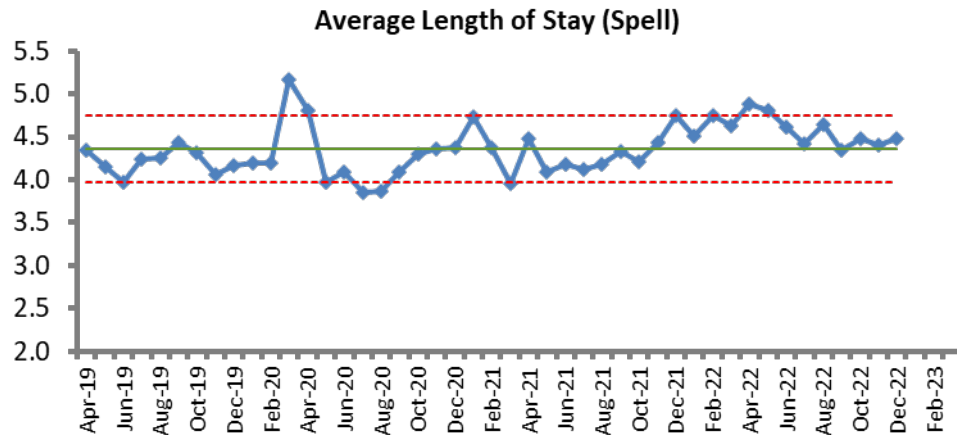


# Average Length of Stay

December 2022

N/A No Standard Defined

<b>Standards:</b>	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
<b>Performance:</b>	In December there were 33,565 discharges at UHBW with an average length of stay of 4.5 days.
<b>Action/Plan:</b>	Current assumptions around length of stay are being reviewed as part of the 2022/23 operating plan submissions and demand & capacity reviews.
<b>Ownership:</b>	Chief Operating Officer





December 2022

N/A No Standard Defined

## YTD Income & Expenditure Position

- Net I&E deficit of £3,572k against a planned deficit of £6,162k (excluding technical items).
- Total operating income is £27,987k favourable to plan due to higher than planned income from activities of £30,858k offset by lower than planned other operating income of £2,871k.
- Operating expenses are £33,745k adverse to plan primarily due to higher pay expenditure (£23,853k adverse), offset by lower than planned depreciation expenditure of £1,373k. Other non-pay expenditure is £11,265k higher than plan.
- Technical and financing items are £8,347k favourable to plan.

## Key Financial Issues

- *Recurrent savings delivery below plan* – YTD Trust-led CIP delivery is £11,345k or 100% of plan. Full year forecast delivery is £15,737k or 105% of plan of which recurrent savings are £8,316k, 56% 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 case in Q4;
- 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.



December 2022

N/A No Standard Defined

	Month 9			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	77,727	84,431	6,704	695,636	726,495	30,858
Other Operating Income	9,027	9,311	283	83,866	80,995	(2,871)
<b>Total Operating Income</b>	<b>86,754</b>	<b>93,741</b>	<b>6,987</b>	<b>779,503</b>	<b>807,490</b>	<b>27,987</b>
Employee Expenses	(50,915)	(53,386)	(2,472)	(456,455)	(480,308)	(23,853)
Other Operating Expenses	(31,294)	(41,710)	(10,416)	(291,461)	(302,725)	(11,265)
Depreciation (owned & leased)	(4,747)	(4,711)	36	(28,258)	(26,885)	1,373
<b>Total Operating Expenditure</b>	<b>(86,955)</b>	<b>(99,807)</b>	<b>(12,852)</b>	<b>(776,174)</b>	<b>(809,919)</b>	<b>(33,745)</b>
PDC	(1,037)	(1,037)	(0)	(9,335)	(9,335)	0
Interest Payable	(244)	(226)	18	(2,195)	(2,141)	54
Interest Receivable	29	406	376	264	1,832	1,568
Other Gains/(Losses)	0	(762)	(762)	0	(812)	(812)
<b>Net Surplus/(Deficit) inc technicals</b>	<b>(1,453)</b>	<b>(7,685)</b>	<b>(6,232)</b>	<b>(7,938)</b>	<b>(12,885)</b>	<b>(4,947)</b>
Remove Capital Donations, Grants, and Donated Asset Depreciation	202	7,831	7,629	1,776	9,313	7,537
<b>Net Surplus/(Deficit) exc technicals</b>	<b>(1,251)</b>	<b>146</b>	<b>1,397</b>	<b>(6,162)</b>	<b>(3,572)</b>	<b>2,590</b>

## Forecast Outturn Position

- As discussed at the Trust's Board meeting in October 2022, the Trust has been forecasting an unmitigated financial risk of £5.5m.
- During Q3, divisions have continued to make further progress against their financial recovery plans.
- The Trust has also benefitted from additional non-recurrent income from the ICB and NHSE Specialised Services.
- On this basis the forecast outturn will continue to be a breakeven position

## Key Facts

- The position at the end of December is a net deficit of £3,572k, £2,590k lower than the planned deficit of £6,162k.
- YTD expenditure on International Recruitment is c£3.8m. The cost of F1 cover at Weston at the end of December is estimated at £1,125k.
- Pay expenditure is £53,386k in December, c£1,000k lower than last month. YTD expenditure is adverse to plan by £23,853k, 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 £2,445k, compared with £2,462k in November and c£163k lower than plan. Overall, agency expenditure is 5% of total pay costs.
- Other operating expenditure is c£2,000k higher in December than last month and £10,416k higher than plan. The variance to plan is mainly due to an impairment of c£7,100k. This is excluded from the NHSE adjusted net deficit position as a technical item.
- Operating income is favourable to plan by £27,987k. 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 a rates rebate which is being reported as a non-pay benefit rather than income.
- Income from Patient Care Activities is £30,858k favourable to plan. This includes c£7,200k of ESRF income above plan and c£10,000k additional funding to support the pay award. The balance is due to high cost drugs and additional Commissioner funded investments.
- Trust-led CIP achievement is 100% of plan at £11,345k.

# Care Quality Commission Rating - Bristol



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

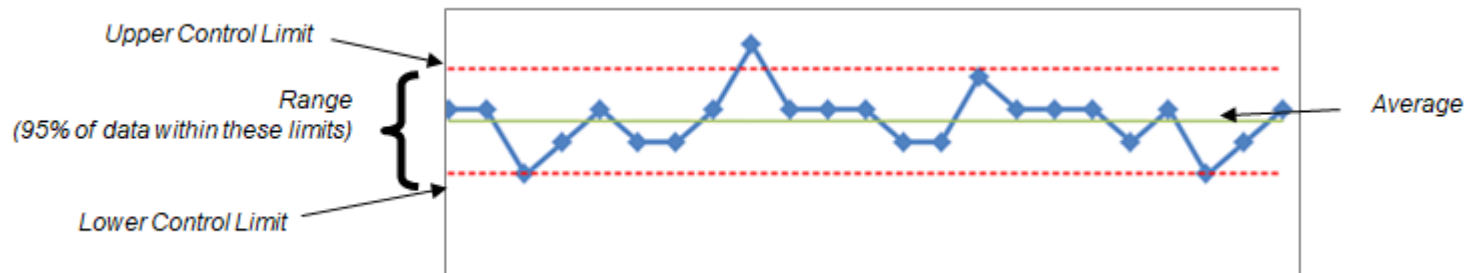
<https://www.cqc.org.uk/provider/RA7>

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

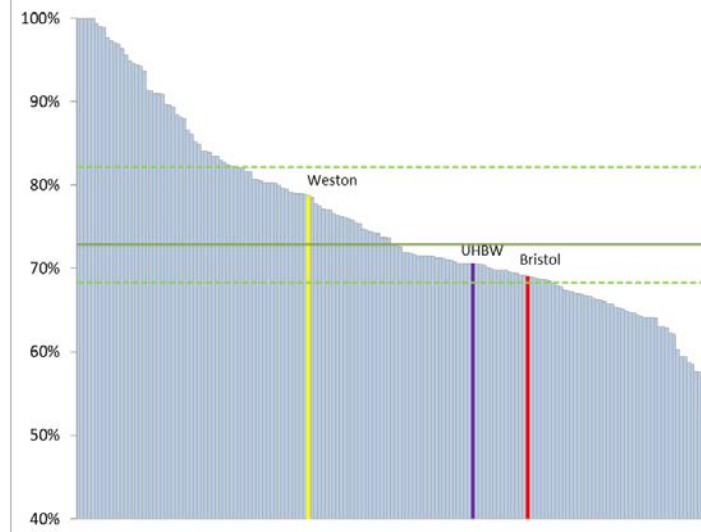
In the previous sections, some of the metrics are being presented using Statistical Process Control (SPC) charts. An example chart is shown below



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

<b>Source:</b>	COVID-19 NHS Situation Report
<b>Publication Date:</b>	Published data, 12 <sup>th</sup> January 2023, from <a href="https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/">https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/</a>
<b>Ownership:</b>	Chief Operating Officer

## Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 5<sup>th</sup> January 2023.

University Hospitals Bristol and Weston

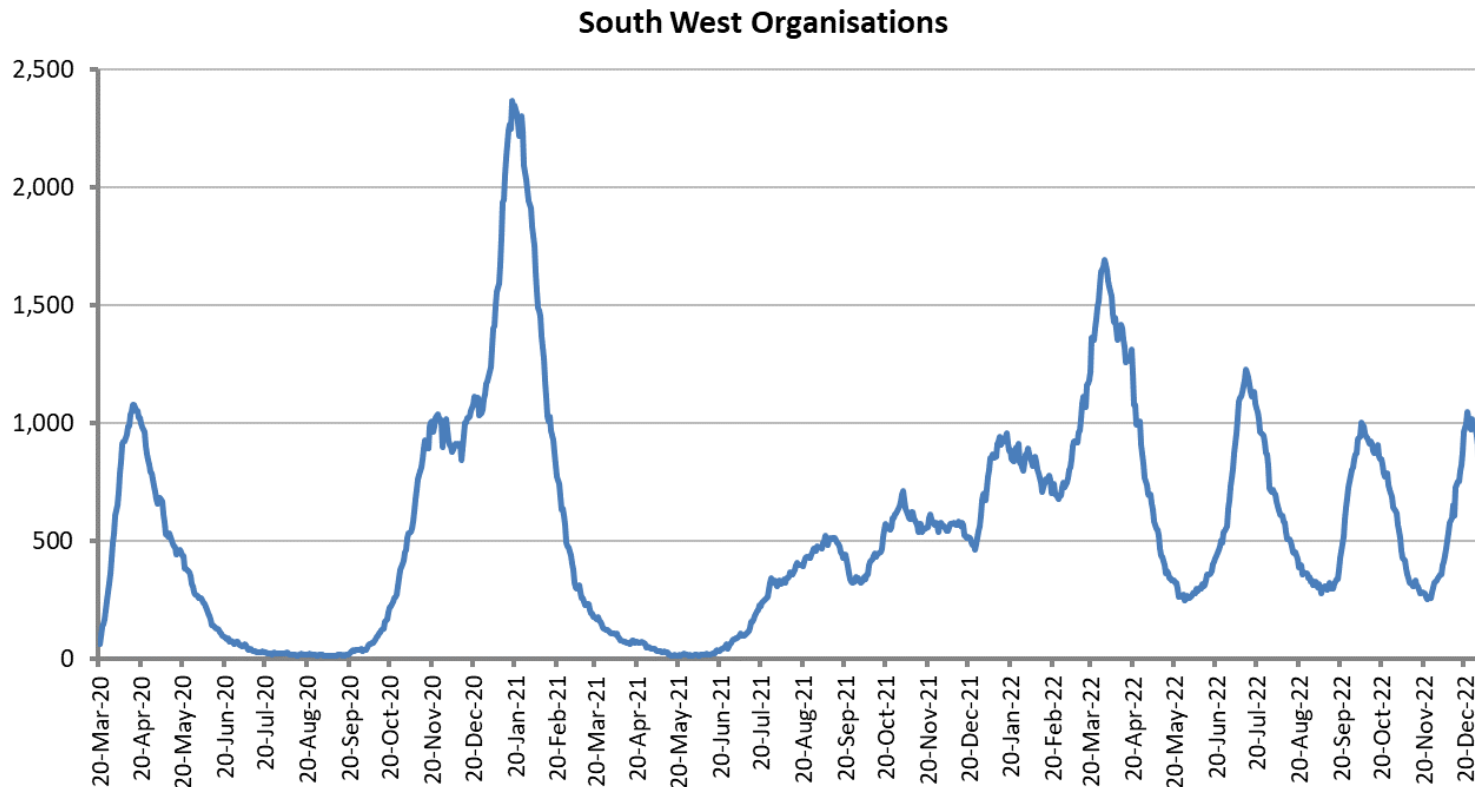


# Appendix – Covid19 Summary

<b>Source:</b>	COVID-19 NHS Situation Report
<b>Ownership:</b>	Chief Operating Officer

## Bed Occupancy

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



# Appendix – Covid19 Summary

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

Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				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
Nov-22	45	33	16	17	24	90
Dec-22	109	53	48	54	98	253
	<b>3,724</b>					<b>3,952</b>

- 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

<b>Source:</b>	<p>The 2022/2023 COVID-19 Booster Programme commenced at UHBW on 7<sup>th</sup> September and the Seasonal Influenza Vaccination Programme on 26<sup>th</sup> September 2022. Delivery is ongoing.</p> <p>These figures are based on the data recorded at the point of vaccine administration at UHBW sites and also the data reported in Foundry, which cross-matches immunisation events against the Electronic Staff Record (ESR).</p>
<b>Performance:</b>	See table below.
<b>Action/Plan:</b>	<p>NHS England and NHS Improvement have set out the following three priorities for the year ahead:</p> <ol style="list-style-type: none"> <li>1. Continued access to COVID-19 vaccination. As a minimum, all acute trusts are expected to deliver vaccinations to staff and patients.</li> <li>2. Delivery of an autumn COVID-19 and Flu vaccination campaign; and</li> <li>3. Development of detailed contingency plans to rapidly increase capacity, if required.</li> </ol> <p>The Programme Team continues 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 local, regional and national progress, with the impact of vaccine fatigue being evident across all settings.</p>
<b>Ownership:</b>	Chief Nurse/Director of People

**UHBW Staff Vaccinated (all sites)**

	Total in Cohort	Seasonal Influenza		COVID-19 Booster	
		Total Uptake	Total Uptake %	Total Uptake	Total Uptake %
<b>To 19th Oct 2022</b>	14,650	2,813	19.2%	3,644	24.9%
<b>To 31st Oct 2022</b>	14,821	4,407	29.7%	4,652	31.4%
<b>To 13th Dec 2022</b>	14,815	7,293	49.2%	7,130	48.1%
<b>To 1st Jan 2023</b>	15,077	7,617	50.5%	7,309	48.5%



# Appendix – Weston Renewal

Critical Success Factor	Objective	Status	Movement since last report
Delivery Streams	Clinical Services Integration completed	G	↑
	Design and set up the Weston General Hospital team and new management arrangements	C	↑
Workforce & OD	Weston based consultant job plans reviewed	R	▬
	Premium Payment controls process standardised and applied to Weston Division	C	↑
	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	G	↑
Cultural Integration	Monitor the embedding of UHBW values and behaviours	G	▬
Benefits Realisation Monitoring	Year 3 Financial Mitigations achieved	A	▬
	Realisation of Y3 expected programme benefits	C	↑
	Integration programme transition to business as usual	C	↑

Critical Success Factor	Objective	Status	Movement since last report
Business Function	PTIP Corporate services benefits realised and planned changes completed	C	↑
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	C	↑

↑	Upwards movement	R	Not Achieved
▬	No movement	A	Delayed/Partially Achieved
↓	Downwards movement	G	On Track
		C	Complete

## Overview

- This is the IPR report covering the month until end December 22 (end of quarter 3)
- It is the last planned IPR report, as the decision to formally close the programme is going to Executive Committee and Trust Board in February 2023.
- A 3 months review has been undertaken to ensure that the new management arrangements at Weston have bedded in and support the delivery of the next phase of integration. This was broadly positive with good cooperation between divisions in order to ensure good continuity of service.

## Post programme oversight

- Ongoing management and monitoring of benefits realisation beyond year three has been agreed. The Executive Committee is the accountable committee overseeing benefits realisation, with a new Post Integration Oversight Subgroup (PIOG), jointly chaired by the executive managing director and chief operating officer.
- NHSEI has confirmed that there are no additional post-merger review requirements, over and above normal Trust business-as-usual performance monitoring

## Risks and benefits

- With six benefits now realised and sustained to date, and a further four predicted to realise in the next 12 months, the programme is ahead of the expected trajectory. The Transformation Team will provide quarterly benefits realisation updates.
- Over the period of the programme, the risk profile associated with merger and integration has reduced and there are now no remaining very high risks. Of the 11 remaining integration programme risks, 6 risks have been closed in the last quarter, and 2 have been transferred. There are 4 live risks at the end of December 22, all with plans to either be closed or re-assigned to other owners and monitoring groups.

## Workforce

- The trajectories for recruitment and retention of medical and nursing staff in post were set at the point of merger in April 2020, and adjusted in 2021. They are expected to be further adjusted following approval of the Healthy Weston 2 workforce and recruitment plans, and as work on the acute internal medicine (AIM) plans with NBT is further developed.
- The International recruitment programme for registered nurses continues to be successful with: 147 now offered for the Weston site and 117 in post since April 2021 (101 of which have now received their NMC pin).
- As part of a campaign to go further with international recruitment, 13 more nurses will arrive in Q4.
- Non consultant grade doctor posts continue to show good levels of recruitment, assisted by targeted programmes. However consultant recruitment remains a challenge. In December 22, 1 Locum Consultant in Trauma and Orthopaedics joined the Weston site. The Trust is currently out to advert for Consultant Grade doctors across four specialities.

## **Key Actions over the next 4 weeks**

- Complete the governance and decision making process to close the Integration programme.
- Take steps to agree and transfer ongoing responsibilities to business as usual owners and teams.
- Closure of programme risk register
- Approval of the final post merger assurance report (internal and public version)
- Continue to work through the remaining issues log

## **Issues being managed**

- Adverse impact of divisional team availability as a result of the staff strike days and normal winter operational pressures
- Engaging Divisions to continue to implement their post transfer speciality plans to embed team level integration
- Retaining divisional commitment to maintaining their management presence on site at Weston
- Ongoing service continuity will require good collaboration between divisions and the Weston General Hospital team in order to manage gaps in operational capacity.

# Appendix – Weston Renewal

## 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 (including 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 has been undertaken to ensure that the new arrangements have bedded in and support the delivery on the next phase of integration

# Appendix – Trust Scorecards

## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN

ID	Measure	21/22	22/23 YTD	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
<b>Infection Control</b>																			
DA01	MRSA Hospital Onset Cases	7	3	3	0	1	0	0	0	0	0	1	0	1	1	4	0	1	2
DA02	MSSA Hospital Onset Cases	41	28	4	2	5	3	4	1	4	3	2	3	2	6	11	8	9	11
DA03	CDiff Hospital Onset Cases	82	66	6	8	2	6	4	10	12	6	7	4	12	5	16	20	25	21
DA03A	CDiff Healthcare Associated Cases	95	81	7	8	3	6	8	12	13	7	9	6	13	7	18	26	29	26
DA06	EColi Hospital Onset Cases	75	63	7	5	9	13	10	5	7	4	6	8	7	3	21	28	17	18
<b>Patient Falls</b>																			
AB01	Falls Per 1,000 Beddays	4.83	4.98	5.54	4.85	5.51	5.55	4.79	4.11	3.27	6.63	4.49	5.86	5.34	4.71	5.31	4.82	4.8	5.31
	<i>Numerator (Falls)</i>	1801	1495	173	145	183	179	161	132	110	224	147	204	178	160	501	472	481	542
	<i>Denominator (Beddays)</i>	373046	300311	31229	29867	33241	32236	33617	32131	33622	33784	32774	34817	33329	34001	94337	97984	100180	102147
AB06A	Total Number of Patient Falls Resulting in Harm	35	21	3	2	4	1	3	4	3	4	2	0	2	2	9	8	9	4
<b>Pressure Injuries</b>																			
DE01	Pressure Injuries Per 1,000 Beddays	0.174	0.133	0.256	0.1	0.301	0.248	0.089	0.093	0.089	0.118	0.061	0.23	0.18	0.088	0.223	0.143	0.09	0.166
	<i>Numerator (Pressure Injuries)</i>	65	40	8	3	10	8	3	3	3	4	2	8	6	3	21	14	9	17
	<i>Denominator (Beddays)</i>	373046	300311	31229	29867	33241	32236	33617	32131	33622	33784	32774	34817	33329	34001	94337	97984	100180	102147
DE02	Pressure Injuries - Grade 2	53	30	6	3	8	8	3	2	3	1	1	6	4	2	17	13	5	12
DE03	Pressure Injuries - Grade 3	11	9	2	0	2	0	0	1	0	3	1	2	1	1	4	1	4	4
DE04	Pressure Injuries - Grade 4	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
<b>Serious Incidents</b>																			
S02	Number of Serious Incidents Reported	89	77	8	6	4	7	10	7	15	11	4	8	6	9	18	24	30	23
S01	Total Never Events	3	3	0	0	0	0	0	0	0	1	1	0	0	1	0	0	2	1
<b>Medication Errors</b>																			
WA01	Medication Incidents Resulting in Harm	0.29%	0.23%	0%	0.3%	0%	0.35%	0.31%	0.36%	0%	0%	0.54%	0%	0.25%	-	0.11%	0.34%	0.22%	0.13%
	<i>Numerator (Incidents Resulting In Harm)</i>	11	6	0	1	0	1	1	1	0	0	2	0	1	0	1	3	2	1
	<i>Denominator (Total Incidents)</i>	3827	2571	299	330	280	283	324	281	233	327	369	352	402	0	909	888	929	754
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medications	0.36%	1.23%	0%	1.27%	1.92%	1.06%	1.98%	0.65%	0.92%	0.55%	1.11%	1.46%	1.63%	1.93%	1.01%	1.14%	0.87%	1.65%
	<i>Numerator (Number of Incidents)</i>	13	24	0	2	2	2	4	2	2	1	2	4	3	4	4	8	5	11
	<i>Denominator (Total Audited)</i>	3603	1944	135	158	104	188	202	310	217	181	180	275	184	207	397	700	578	666

Omitted Doses is Bristol only

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN



ID	Measure	21/22	22/23 YTD	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
<b>VTE Risk Assessment</b>																			
N01	<b>Adult Inpatients who Received a VTE Risk Assessment</b>	<b>83.3%</b>	<b>82.9%</b>	<b>83.8%</b>	<b>82.6%</b>	<b>82.2%</b>	<b>81.3%</b>	<b>81.9%</b>	<b>82.4%</b>	<b>82.1%</b>	<b>83.7%</b>	<b>83.5%</b>	<b>84%</b>	<b>84.9%</b>	<b>81.3%</b>	<b>82.8%</b>	<b>81.9%</b>	<b>83.1%</b>	<b>83.5%</b>
	Numerator (Number Risk Assessed)	85085	66305	6784	6569	7393	6584	7124	6961	7185	7733	7515	7800	8313	7090	20746	20669	22433	23203
	Denominator (Total Patients)	102202	80027	8099	7956	8990	8095	8698	8443	8754	9238	8998	9287	9793	8721	25045	25236	26990	27801
<i>VTE Data is Bristol only</i>																			
<b>Nurse Staffing Levels ("Fill Rate")</b>																			
RP01	<b>Staffing Fill Rate - Combined</b>	<b>92.5%</b>	<b>89.1%</b>	<b>90.1%</b>	<b>88.6%</b>	<b>86.6%</b>	<b>87.1%</b>	<b>90.3%</b>	<b>89.6%</b>	<b>88.9%</b>	<b>89.5%</b>	<b>89%</b>	<b>88.8%</b>	<b>90.6%</b>	<b>88.1%</b>	<b>88.4%</b>	<b>89%</b>	<b>89.2%</b>	<b>89.1%</b>
	Numerator (Hours Worked)	3350220	2465357	280381	253025	273197	264544	284785	274066	278745	276739	264846	275080	267774	278778	806604	823395	820330	821632
	Denominator (Hours Planned)	3621399	2767157	311348	285546	315542	303724	315506	305839	313556	309158	297416	309923	295639	316396	912437	925068	920131	921958
RP02	<b>Staffing Fill Rate - RN Shifts</b>	<b>88.3%</b>	<b>87%</b>	<b>86%</b>	<b>85%</b>	<b>83.5%</b>	<b>85.4%</b>	<b>88%</b>	<b>86.4%</b>	<b>86.6%</b>	<b>86.4%</b>	<b>86.3%</b>	<b>87%</b>	<b>89.7%</b>	<b>87%</b>	<b>84.8%</b>	<b>86.6%</b>	<b>86.4%</b>	<b>87.9%</b>
	Numerator (Hours Worked)	2213205	1645721	186980	167746	181617	177267	190352	181058	185823	183165	175504	184489	181698	186364	536343	548678	544492	552551
	Denominator (Hours Planned)	2505201	1892337	217493	197421	217502	207596	216316	209624	214676	211906	203467	211978	202570	214205	632416	633535	630049	628752
RP03	<b>Staffing Fill Rate - NA Shifts</b>	<b>101.9%</b>	<b>93.7%</b>	<b>99.5%</b>	<b>96.8%</b>	<b>93.4%</b>	<b>90.8%</b>	<b>95.2%</b>	<b>96.7%</b>	<b>94%</b>	<b>96.2%</b>	<b>95.1%</b>	<b>92.5%</b>	<b>92.5%</b>	<b>90.4%</b>	<b>96.5%</b>	<b>94.2%</b>	<b>95.1%</b>	<b>91.8%</b>
	Numerator (Hours Worked)	1137015	819636	93401	85278.9	91580.9	87276.4	94432.7	93007.8	92922.4	93574.4	89341.5	90590.9	86075.5	92414.3	270261	274717	275838	269081
	Denominator (Hours Planned)	1116197	874820	93854.7	88125.3	98040.6	96127.9	99190	96215.1	98880.3	97252	93949	97945.2	93068.8	102192	280021	291533	290081	293206

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN



ID	Measure	21/22	22/23 YTD	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
<b>Patient Surveys</b>																			
P01D	Patient Surve - Patient Experience Tracker Score	#N/A	#N/A	87	87	88	87	88	88	87	86	88	88	90	89	87	88	87	89
P01G	Patient Survey - Kindness and Understanding	#N/A	#N/A	95	92	94	95	94	93	92	93	94	94	95	93	93	94	93	94
P01H	Patient Survey - Outpatient Tracker Score	#N/A	#N/A	94	90	91	93	92	92	92	92	89	94	93	94	92	92	91	94
<b>Patient Complaints (Number Received)</b>																			
T01	Number of Patient Complaints	1977	1425	153	151	198	138	172	107	145	100	196	234	210	123	502	417	441	567
T01C	Patient Complaints - Formal	517	478	61	53	40	12	11	10	59	45	91	92	107	51	154	33	195	250
T01D	Patient Complaints - Informal	1460	947	92	98	158	126	161	97	86	55	105	142	103	72	348	384	246	317
<b>Patient Complaints (Response Time)</b>																			
T03A	Formal Complaints Responded To Within Trust Timeframe	62.8%	73.1%	54.3%	61.7%	68%	63.2%	83.7%	86.5%	75.6%	70.5%	67.4%	77.8%	71.4%	69.6%	61.2%	75.9%	71%	72.6%
	Numerator (Responses Within Timeframe)	573	326	44	58	51	36	36	32	31	43	29	35	45	39	153	104	103	119
	Denominator (Total Responses)	913	446	81	94	75	57	43	37	41	61	43	45	63	56	250	137	145	164
T03B	Formal Complaints Responded To Within Divisional Timeframe	73.4%	78.9%	69.1%	73.4%	76%	75.4%	88.4%	89.2%	85.4%	70.5%	81.4%	86.7%	74.6%	69.6%	72.8%	83.2%	77.9%	76.2%
	Numerator (Responses Within Timeframe)	670	352	56	69	57	43	38	33	35	43	35	39	47	39	182	114	113	125
	Denominator (Total Responses)	913	446	81	94	75	57	43	37	41	61	43	45	63	56	250	137	145	164
T05A	Informal Complaints Responded To Within Trust Timeframe	88.6%	87.4%	89.4%	86.8%	86.1%	91.7%	87.7%	88.4%	87%	84.7%	88%	86.9%	79.6%	96.7%	87.4%	89.3%	86.7%	86.3%
	Numerator (Responses Within Timeframe)	676	581	59	46	68	66	57	61	47	50	66	93	82	59	173	184	163	234
	Denominator (Total Responses)	763	665	66	53	79	72	65	69	54	59	75	107	103	61	198	206	188	271
<b>Patient Complaints (Dissatisfied)</b>																			
T04C	Percentage of Responses where Complainant is Dissatisfied	9.2%	10.7%	11.11%	8.51%	10.67%	10.53%	11.63%	10.81%	7.32%	13.11%	13.95%	6.67%	-	-	10%	10.95%	11.72%	6.67%
	Numerator (Number Dissatisfied)	84	35	9	8	8	6	5	4	3	8	6	3	0	0	25	15	17	3
	Denominator (Total Responses)	913	327	81	94	75	57	43	37	41	61	43	45	0	0	250	137	145	45

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN



ID	Measure	21/22	22/23 YTD	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
<b>Friends and Family Test (Inpatients and Day Cases)</b>																			
P03A	Friends and Family Test Admitted Patient Coverage	27.7%	26.7%	31.9%	22.5%	25.3%	23.9%	31%	21.9%	29.3%	23.7%	34.5%	23%	26.6%	26.2%	26.6%	25.8%	29.2%	25.3%
	<i>Numerator (Total FFT Responses)</i>	18610	13778	1580	1021	1357	1135	1722	1161	1608	1407	2073	1403	1799	1470	3958	4018	5088	4672
	<i>Denominator (Total Eligible to Respond)</i>	67156	51541	4949	4546	5365	4752	5550	5295	5490	5949	6015	6105	6768	5617	14860	15597	17454	18490
P04A	Friends and Family Test Score - Inpatients/Day Cases	97.2%	96.5%	96.6%	98.5%	96.5%	96.1%	96.9%	96.2%	95.5%	96.3%	96.2%	95.3%	97.4%	97.8%	97%	96.5%	96%	96.9%
	<i>Numerator (Total "Positive" Responses)</i>	17993	13263	1512	1005	1308	1090	1669	1094	1535	1355	1993	1336	1753	1438	3825	3853	4883	4527
	<i>Denominator (Total Responses)</i>	18520	13750	1566	1020	1356	1134	1722	1137	1608	1407	2071	1402	1799	1470	3942	3993	5086	4671
<b>Friends and Family Test (Emergency Department)</b>																			
P03B	Friends and Family Test ED Coverage	8.8%	7.1%	11.2%	9.9%	9.3%	6.5%	6.8%	7.1%	9.7%	6.9%	5.5%	7%	7.1%	7.6%	10.1%	6.8%	7.4%	7.3%
	<i>Numerator (Total FFT Responses)</i>	12161	8143	1161	1037	1168	773	888	922	1262	824	658	903	944	969	3366	2583	2744	2816
	<i>Denominator (Total Eligible to Respond)</i>	138397	113921	10405	10494	12587	11970	13154	12988	13050	11935	12024	12890	13209	12701	33486	38112	37009	38800
P04B	Friends and Family Test Score - ED	84%	83.1%	90.3%	84.3%	81.4%	82.8%	83.1%	84.6%	81.5%	87.1%	88.3%	84.4%	80.2%	79%	85.3%	83.5%	84.8%	81.1%
	<i>Numerator (Total "Positive" Responses)</i>	10176	6714	1046	873	947	636	734	778	1020	708	574	759	754	751	2866	2148	2302	2264
	<i>Denominator (Total Responses)</i>	12111	8076	1158	1036	1164	768	883	920	1252	813	650	899	940	951	3358	2571	2715	2790
<b>Friends and Family Test (Maternity)</b>																			
P03C	Friends and Family Test MAT Coverage	8.5%	13.4%	8.4%	4.1%	10.2%	17.1%	17.7%	6.7%	15.9%	8.5%	27.2%	8.1%	5.6%	14.3%	7.6%	13.7%	17.4%	9.2%
	<i>Numerator (Total FFT Responses)</i>	1355	1453	92	48	127	181	195	76	187	107	355	104	73	175	267	452	649	352
	<i>Denominator (Total Eligible to Respond)</i>	15875	10852	1100	1159	1248	1056	1103	1138	1176	1256	1307	1279	1315	1222	3507	3297	3739	3816
P04C	Friends and Family Test Score - Maternity	98.6%	98.4%	98.9%	97.9%	99.2%	98.3%	100%	97.4%	96.3%	98.1%	98.3%	98.1%	100%	99.4%	98.9%	98.9%	97.7%	99.1%
	<i>Numerator (Total "Positive" Responses)</i>	1332	1429	91	47	126	177	195	74	180	105	349	102	73	174	264	446	634	349
	<i>Denominator (Total Responses)</i>	1351	1452	92	48	127	180	195	76	187	107	355	104	73	175	267	451	649	352
<b>Friends and Family Test (Outpatients)</b>																			
P04D	Friends and Family Test Score - Outpatients	94.9%	94.7%	95.1%	94.9%	94.8%	94.2%	94%	95.4%	94.9%	95%	94.3%	93.9%	95.2%	95.3%	95%	94.6%	94.8%	94.8%
	<i>Numerator (Total FFT Responses)</i>	31167	21168	3381	1942	2864	2181	1722	2236	3137	3004	1691	2326	2475	2396	8187	6139	7832	7197
	<i>Denominator (Total Eligible to Respond)</i>	32858	22347	3554	2046	3021	2315	1832	2345	3307	3163	1793	2478	2601	2513	8621	6492	8263	7592



# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	21/22	22/23 YTD	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
<b>Emergency Department Performance</b>																			
B01	ED Total Time in Department - Under 4 Hours	66.79%	59.93%	66%	64.83%	63.26%	61.51%	61.69%	63.04%	60.15%	62.31%	62.01%	59.59%	56.17%	53.41%	64.62%	62.09%	61.46%	56.41%
	<i>Numerator (Number Seen In Under 4 Hours)</i>	127045	88266	9450	9134	10589	9370	10351	10420	10075	9658	9776	10064	9652	8900	29173	30141	29509	28616
	<i>Denominator (Total Attendances)</i>	190223	147289	14317	14090	16738	15234	16778	16528	16751	15500	15765	16888	17183	16662	45145	48540	48016	50733
B06	ED 12 Hour Trolley Waits	5761	7337	776	844	952	809	579	576	878	758	717	941	862	1217	2572	1964	2353	3020
<b>Emergency Department Clinical Indicators</b>																			
B02	ED Time to Initial Assessment - Under 15 Minutes	83.5%	78.7%	82%	75.5%	77%	75.9%	80.5%	77.2%	76.8%	76.2%	79.3%	79.6%	80.6%	82%	78.3%	78%	77.4%	80.7%
	<i>Numerator (Number Assessed Within 15 Minutes)</i>	35034	22201	2583	2116	2220	2144	2673	2460	2460	2385	2515	2532	2716	2316	6919	7277	7360	7564
	<i>Denominator (Total Attendances Needing Assessment)</i>	41980	28213	3150	2802	2885	2825	3322	3188	3203	3131	3171	3180	3370	2823	8837	9335	9505	9373
B03	ED Time to Start of Treatment - Under 60 Minutes	48.3%	43.4%	54.8%	49.9%	44.1%	44.8%	43.3%	42.4%	41.6%	49%	47.9%	45.2%	38.6%	38.5%	49.3%	43.4%	46.1%	40.8%
	<i>Numerator (Number Treated Within 60 Minutes)</i>	86759	60068	7471	6630	6875	6420	6815	6623	6550	7194	7136	7122	6221	5987	20976	19858	20880	19330
	<i>Denominator (Total Attendances)</i>	179463	138445	13643	13291	15581	14333	15753	15624	15755	14683	14887	15764	16106	15540	42515	45710	45325	47410
B04	ED Unplanned Re-attendance Rate	2.9%	3.1%	2.6%	2.7%	2.8%	2.8%	2.9%	3.1%	3.3%	3.1%	2.8%	2.8%	3.1%	3.7%	2.7%	2.9%	3.1%	3.2%
	<i>Numerator (Number Re-attending)</i>	5453	4511	366	377	474	433	486	506	552	478	442	468	535	611	1217	1425	1472	1614
	<i>Denominator (Total Attendances)</i>	190223	147289	14317	14090	16738	15234	16778	16528	16751	15500	15765	16888	17183	16662	45145	48540	48016	50733
B05	ED Left Without Being Seen Rate	3%	3.4%	2.7%	2.8%	4.5%	2.5%	3.3%	3.4%	4.2%	2.9%	2.6%	3.5%	3.8%	4.3%	3.4%	3.1%	3.2%	3.9%
	<i>Numerator (Number Left Without Being Seen)</i>	5776	5011	384	401	758	379	547	562	703	446	411	584	659	720	1543	1488	1560	1963
	<i>Denominator (Total Attendances)</i>	190223	147289	14317	14090	16738	15234	16778	16528	16751	15500	15765	16888	17183	16662	45145	48540	48016	50733
<b>Referral To Treatment Ongoing</b>																			
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	58.7%	59.5%	59.2%	58.6%	58.3%	58.8%	56.4%	55.6%	54.3%	55.3%	55.2%	54.4%	-	-	-	-
	<i>Numerator (Number Under 18 Weeks)</i>	0	0	31662	32309	32555	33440	33791	35494	34238	34453	33625	34560	34795	34983	0	0	0	0
	<i>Denominator (Total Pathways)</i>	0	0	53909	54305	55021	57019	57940	60404	60738	62010	61870	62462	63041	64359	0	0	0	0
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	-	-	3599	3604	3920	4362	4654	5298	5591	5970	6141	5989	5888	6011	-	-	-	-
A06A	Referral To Treatment Ongoing Pathways Over 78 Weeks	-	-	903	824	833	944	975	926	813	756	743	763	755	877	-	-	-	-
A06B	Referral To Treatment Ongoing Pathways Over 104 Weeks	-	-	336	386	346	349	293	236	131	97	58	39	33	26	-	-	-	-
<b>Referral To Treatment Activity</b>																			
A01A	Referral To Treatment Number of Admitted Clock Stops	30226	22859	2227	2322	2530	2144	2544	2520	2488	2651	2603	2746	3018	2145	7079	7208	7742	7909
A02A	Referral To Treatment Number of Non Admitted Clock Stops	113401	83331	8742	8444	9692	8127	9715	8907	8352	10331	9200	9790	10630	8279	26878	26749	27883	28699
A09	Referral To Treatment Number of Clock Starts	140873	91897	10584	10568	11556	9414	11600	10482	9388	10968	9466	10198	11225	9156	32708	31496	29822	30579



# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	21/22	22/23 YTD	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
<b>Diagnostic Waits</b>																			
A05	Diagnostics Percentage Under 6 Weeks (15 Key Tests) <i>Numerator (Number Under 6 Weeks)</i> <i>Denominator (Total Waiting)</i>	- 0 0	- 0 0	60.55% 9175 15154	62.52% 9738 15576	60.95% 10124 16610	57.89% 9564 16521	60.1% 9508 15819	61.22% 9821 16042	63.5% 10430 16426	62.21% 9572 15387	64.46% 11331 17577	65.34% 11077 16952	68.51% 11436 16692	65.79% 10750 16339	- 0 0	- 0 0	- 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>	- 0 0	- 0 0	3240 3240 0	3349 3349 0	3372 3372 0	3799 3799 0	3697 3697 0	3616 3616 0	3245 3245 0	2968 2968 0	3294 3294 0	3062 3062 0	2317 2317 0	2307 2307 0	- 0 0	- 0 0	- 0 0	- 0 0
<b>Cancer 2 Week Wait</b>																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks <i>Numerator (Number Seen Within 2 Weeks)</i> <i>Denominator (Total Seen)</i>	82.4% 17444 21179	50.9% 7510 14740	71% 1140 1605	75.4% 1110 1472	66.5% 1313 1974	63% 992 1574	68% 1351 1987	57.2% 1010 1765	44.6% 784 1757	45.2% 835 1848	41.1% 806 1959	49.1% 862 1757	41.6% 870 2093	- 0 0	70.5% 3563 5051	63% 3353 5326	43.6% 2425 5564	45% 1732 3850
<b>Cancer 31 Day</b>																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	93.4% 3323 3557	92.6% 2149 2321	91.1% 246 270	89.6% 259 289	93.5% 259 277	89.6% 232 259	90.6% 251 277	92.9% 260 280	93.9% 278 296	93.9% 278 296	91% 253 278	94.6% 316 334	93.4% 281 301	- 0 0	91.4% 764 836	91.1% 743 816	93% 809 870	94% 597 635
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	99.3% 1793 1806	98.8% 1169 1183	97.3% 143 147	99.3% 148 149	99.3% 152 153	97.7% 126 129	100% 150 150	94.8% 145 153	98.5% 134 136	100% 138 138	100% 149 149	100% 150 150	99.4% 177 178	- 0 0	98.7% 443 449	97.5% 421 432	99.5% 421 423	99.7% 327 328
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	85.1% 570 670	84.5% 397 470	73.5% 50 68	80% 40 50	82.1% 55 67	83.3% 45 54	76.3% 45 59	80% 44 55	88.9% 48 54	85.9% 55 64	87.7% 57 65	84.2% 48 57	88.7% 55 62	- 0 0	78.4% 145 185	79.8% 134 168	87.4% 160 183	86.6% 103 119
<b>Cancer 62 Day</b>																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	76% 1254.5 1651	60.1% 572.5 953	68.1% 80 117.5	69.7% 79.5 114	77.6% 95.5 123	68.1% 80 117.5	71.3% 85.5 120	61.8% 74.5 120.5	69.4% 84 121	52.2% 72.5 139	64.9% 65.5 101	48.2% 53 110	46.4% 57.5 124	- 0 0	71.9% 255 354.5	67% 240 358	61.5% 222 361	47.2% 110.5 234
E03B	Cancer 62 Day Referral To Treatment (Screenings) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	50.3% 44.5 88.5	47.5% 14.5 30.5	39.1% 4.5 11.5	60% 3 4.5	55.6% 2.5 4.5	0% 0 3.5	33.3% 0.5 1.5	25% 1 4	50% 2 4	50% 2 4	50% 1 2	85.7% 6 7	44.4% 2 4.5	- 0 0	47.6% 10 21	16.7% 1.5 9	50% 5 10	69.6% 8 11.5
E03C	Cancer 62 Day Referral To Treatment (Upgrades) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	85.1% 614.5 722	81.1% 387 477	86.2% 47 54.5	75% 45 60	71.9% 48.5 67.5	90.8% 49.5 54.5	82.9% 43.5 52.5	82.6% 50 60.5	85% 48 56.5	77.6% 38 49	78.9% 48.5 61.5	76.4% 61.5 80.5	77.4% 48 62	- 0 0	77.2% 140.5 182	85.4% 143 167.5	80.5% 134.5 167	76.8% 109.5 142.5

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	21/22	22/23 YTD	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
<b>Last Minute Cancelled Operations</b>																			
F01	Last Minute Cancelled Operations - Percentage of Admissions <i>Numerator (Number of LMCs)</i> <i>Denominator (Total Elective Admissions)</i>	1.65%	2.35%	2.33%	2.16%	2.32%	2.43%	1.88%	2.49%	2.31%	2.26%	2.05%	2.53%	2.31%	3.01%	2.27%	2.26%	2.21%	2.59%
		1313	1486	149	135	165	154	134	171	157	167	148	186	180	189	449	459	472	555
		79837	63142	6385	6251	7114	6347	7114	6860	6794	7382	7207	7361	7792	6285	19750	20321	21383	21438
F02	Cancelled Operations Re-admitted Within 28 Days <i>Numerator (Number Readmitted Within 28 Days)</i> <i>Denominator (Total LMCs)</i>	79.6%	81.8%	82.8%	89.4%	90.8%	79.6%	87%	88.8%	81.3%	82.2%	82.6%	79.1%	82.3%	75.6%	88.1%	85%	82%	79%
		899	1186	82	127	118	121	134	119	139	129	138	117	153	136	327	374	406	406
		1129	1449	99	142	130	152	154	134	171	157	167	148	186	180	371	440	495	514
<b>Green To Go/Fit For Discharge (BRISTOL Only)</b>																			
AQ06A	Medically Fit For Discharge - Number of Patients (Acute)	-	-	202	191	193	187	194	179	217	220	232	230	199	170	-	-	-	-
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)	-	-	5825	5307	5675	4408	6117	5457	6069	6645	6366	7079	6144	6063	-	-	-	-
AQ07B	Medically Fit For Discharge - Beddays (Non-Acute)	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
<b>Outpatient Measures</b>																			
R03	Outpatient Hospital Cancellation Rate <i>Numerator (Number of Hospital Cancellations)</i> <i>Denominator (Total Appointments)</i>	10.8%	11.1%	11.1%	11.2%	11.8%	11.5%	9.8%	11%	11.5%	10.9%	11.1%	10.7%	11%	12.4%	11.4%	10.7%	11.1%	11.4%
		129922	103398	11265	10928	13425	10975	10744	11458	9579	11317	12489	11556	13171	12109	35618	33177	33385	36836
		1202123	933041	101103	97506	113500	95439	109526	104204	83563	103929	112026	107774	119211	97369	312109	309169	299518	324354
R05	Outpatient DNA Rate <i>Numerator (Number of DNAs)</i> <i>Denominator (Total Attendances+DNAs)</i>	7.3%	7.3%	7.5%	7.4%	7.3%	7.3%	7.4%	7.8%	8%	7.3%	7.3%	6.9%	6.8%	7.4%	7.4%	7.5%	7.5%	7%
		64643	48090	5530	5184	5872	4981	5924	5735	4726	5362	5581	5182	5735	4864	16586	16640	15669	15781
		885592	656497	73806	70276	80092	67879	79829	73799	59397	73578	76457	75539	84627	65392	224174	221507	209432	225558
<b>Overdue Partial Booking</b>																			
R23B	Overdue Partial Booking Referrals - 6+ Months Overdue	-	-	45267	45301	44354	34730	35523	38250	39561	41002	41843	42779	44124	46047	-	-	-	-
R23C	Overdue Partial Booking Referrals - 9+ Months Overdue	-	-	30789	30902	29480	21406	22095	24259	24946	26346	26485	27293	28613	30607	-	-	-	-
R23D	Overdue Partial Booking Referrals - 12+ Months Overdue	-	-	22389	22380	20621	13032	13340	14615	15333	16307	16760	17209	18031	19082	-	-	-	-

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL EFFECTIVE DOMAIN



ID	Measure	21/22	22/23 YTD	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
<b>Mortality</b>																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	98.3	99.8	100.5	99.3	98.8	100	100.5	100.2	99.1	99.3	-	-	-	-	99.5	100.2	99.2	-
	Numerator (Observed Deaths)	24780	10680	2165	2170	2100	2130	2140	2150	2125	2135	0	0	0	0	6435	6420	4260	0
	Denominator ("Expected" Deaths)	25210	10700	2155	2185	2125	2130	2130	2145	2145	2150	0	0	0	0	6465	6405	4295	0
X02	Hospital Standardised Mortality Ratio (HSMR)	103.6	112.4	113.7	101.8	113.9	114.5	108.5	114	105.5	128.5	94.7	-	-	-	110.2	112.4	112.5	-
	Numerator (Observed Deaths)	1337	633	143	106	133	124	107	109	98	138	57	0	0	0	382	340	293	0
	Denominator ("Expected" Deaths)	1290.5	563	125.8	104.1	116.8	108.3	98.6	95.6	92.9	107.4	60.2	0	0	0	346.7	302.5	260.5	0
<b>Fracture Neck of Femur (NOF)</b>																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	63.4%	52%	64.3%	56.8%	46.6%	38.5%	38.8%	63.6%	60.4%	51.9%	57.1%	55.3%	56.3%	47.9%	54.9%	46.2%	56.5%	53.1%
	Numerator (Treated Within 36 Hrs)	327	226	27	25	27	20	19	28	32	27	24	26	27	23	79	67	83	76
	Denominator (Total Patients)	516	435	42	44	58	52	49	44	53	52	42	47	48	48	144	145	147	143
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.1%	94.3%	92.9%	97.7%	100%	98.1%	69.4%	100%	96.2%	100%	97.6%	100%	93.8%	93.8%	97.2%	89%	98%	95.8%
	Numerator (Seen Within 72 Hrs)	496	410	39	43	58	51	34	44	51	52	41	47	45	45	140	129	144	137
	Denominator (Total Patients)	516	435	42	44	58	52	49	44	53	52	42	47	48	48	144	145	147	143
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	58.7%	43.2%	52.4%	54.5%	44.8%	30.8%	20.4%	61.4%	60.4%	50%	42.9%	38.1%	40%	39.3%	50%	36.6%	51.7%	39.2%
	Numerator (Number achieved BPT)	303	158	22	24	26	16	10	27	32	26	18	8	10	11	72	53	76	29
	Denominator (Total Patients)	516	366	42	44	58	52	49	44	53	52	42	21	25	28	144	145	147	74
<b>Emergency Readmissions</b>																			
C01	Emergency Readmissions Percentage	2.4%	3.89%	2.38%	2.56%	0%	3.5%	3.51%	3.48%	3.88%	4.02%	4.18%	4.2%	4.2%	-	1.58%	3.5%	4.03%	4.2%
	Numerator (Re-admitted in 30 Days)	3863	4315	299	316	0	439	479	465	526	566	594	608	638	0	615	1383	1686	1246
	Denominator (Total Discharges)	161255	110991	12577	12341	13928	12525	13634	13344	13546	14072	14196	14491	15183	0	38846	39503	41814	29674
<b>Stroke Care</b>																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.7%	55.5%	52.2%	67.9%	52.8%	53.6%	53.8%	39.3%	54.1%	45.8%	80%	44.8%	77.8%	-	57.5%	48.8%	60.4%	57.4%
	Numerator (Achieved Target)	229	122	12	19	19	15	14	11	20	11	24	13	14	0	50	40	55	27
	Denominator (Total Patients)	404	220	23	28	36	28	26	28	37	24	30	29	18	0	87	82	91	47
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	63.7%	55.3%	65.8%	67.4%	58.2%	62.2%	60.9%	58.1%	43.2%	50%	66.7%	37.9%	61.1%	-	63.2%	60.3%	52.7%	46.8%
	Numerator (Achieved Target)	369	146	25	29	32	23	28	25	16	12	20	11	11	0	86	76	48	22
	Denominator (Total Patients)	579	264	38	43	55	37	46	43	37	24	30	29	18	0	136	126	91	47

# Appendix – Trust Scorecards



## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL WELL-LED DOMAIN



ID	Measure	21/22	22/23 YTD	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
<b>Bank and Agency Usage</b>																			
AF11A	Percentage Bank Usage	-	-	5.89%	5.92%	6.34%	5.25%	5.48%	5.96%	6.24%	5.9%	5.57%	5.77%	6.12%	6.13%	-	-	-	-
	<i>Numerator (Bank wte)</i>	0	0	673.48	675.59	731.9	597.39	623.17	682.2	717.68	684.96	646.18	672.62	721.23	724.13	0	0	0	0
	<i>Denominator (Total wte)</i>	0	0	11441.8	11411.2	11549.9	11386.6	11365.8	11437.3	11501.6	11613.5	11598.6	11663	11785.2	11823.1	0	0	0	0
AF11B	Percentage Agency Usage	-	-	2.22%	2.21%	2.38%	2.05%	2.06%	2.31%	2.57%	2.31%	2.15%	1.91%	1.99%	1.93%	-	-	-	-
	<i>Numerator (Agency wte)</i>	0	0	254.06	252.3	274.31	233.34	233.71	264.81	296.09	267.86	249.43	222.57	234.09	228.24	0	0	0	0
	<i>Denominator (Total wte)</i>	0	0	11441.8	11411.2	11549.9	11386.6	11365.8	11437.3	11501.6	11613.5	11598.6	11663	11785.2	11823.1	0	0	0	0
<b>Turnover</b>																			
AF10	Workforce Turnover Rate	-	-	15.1%	15.3%	15.1%	15.3%	15.3%	15.4%	15.7%	15.7%	15.7%	15.7%	15.5%	15%	-	-	-	-
	<i>Numerator (Leavers in last 12 months)</i>	0	0	1325.46	1348.96	1327.93	1342.88	1348.97	1354.29	1382.31	1381.77	1398.69	1404.45	1390.51	1341.93	0	0	0	0
	<i>Denominator (Average Staff in Post)</i>	0	0	8806.01	8826.58	8812.96	8794.68	8792.34	8767.88	8789.78	8811.58	8883.23	8939.92	8964.8	8941.74	0	0	0	0
<b>Vacancy</b>																			
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	7.8%	8%	7.6%	5.7%	8%	8.3%	8.4%	7.2%	7.3%	7.7%	7.4%	7.2%	-	-	-	-
	<i>Numerator (Vacancy wte, Funded minus actual)</i>	0	0	885.13	912.16	865.82	632.1	912.48	953.51	962.15	824.27	843.65	896.89	864.56	840.09	0	0	0	0
	<i>Denominator (Actual WTE)</i>	0	0	11399.4	11395.5	11409.5	11187.9	11421.4	11443.8	11449.9	11484.9	11546.7	11664.7	11694.4	11710.8	0	0	0	0
<b>Staff Sickness</b>																			
AF02	Sickness Rate	4.1%	5.6%	4.1%	4%	4.1%	6.3%	5.1%	5.6%	6.5%	5.1%	4.9%	5.4%	5.1%	6.2%	4.1%	5.7%	5.5%	5.6%
	<i>Numerator (Total WTE Days Lost)</i>	156985	162175	13318.3	11745.4	13289.5	19814.2	16463.3	17611.3	21066.5	16521.6	15762.2	18032.4	16298.2	20604.8	38353.2	53888.9	53350.3	54935.4
	<i>Denominator (Total WTE Days)</i>	3798329	2907467	324179	294304	326222	313517	324437	313529	322577	325551	319669	331278	321996	334914	944705	951483	967796	988187
<b>Staff Appraisal</b>																			
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	68.8%	68.9%	69.9%	68.6%	70.8%	70.2%	71%	71.6%	71.7%	72%	72%	72.1%	-	-	-	-
	<i>Numerator (In-Date Appraisals)</i>	0	0	7157	7182	7304	7123	7360	7294	7402	7482	7529	7633	7666	7702	0	0	0	0
	<i>Denominator (Total Staff)</i>	0	0	10400	10424	10446	10390	10391	10397	10426	10443	10507	10600	10649	10681	0	0	0	0

## INTEGRATED PERFORMANCE REPORT - TRUST TOTAL USE OF RESOURCES DOMAIN



ID	Measure	21/22	22/23 YTD	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
<b>Average Length of Stay</b>																			
J03	Average Length of Stay (Spell)	4.38	4.55	4.51	4.75	4.63	4.88	4.81	4.61	4.41	4.65	4.34	4.48	4.4	4.48	4.63	4.76	4.47	4.45
	<i>Numerator (Total Beddays)</i>	364169	295285	28517	30161	33354	31816	33232	31485	31210	32803	32203	34262	34709	33565	92032	96533	96216	102536
	<i>Denominator (Total Discharges)</i>	83120	64828	6319	6345	7205	6518	6908	6833	7073	7054	7414	7656	7887	7485	19869	20259	21541	23028