

January 2023

Published Papers

Including:

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

Quality and Outcomes Committee Chair's Report



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

Integrated Quality & Performance Report

December 2022

Reporting Month: November 2022

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Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months August 2021 to July 2022 was 99.2 and in NHS Digital's "as expected" category. This is slightly below the overall national peer group of English NHS trusts of 100.

In November VTE risk assessment compliance remains relatively static at 84.9% (excluding Weston due to data feed issues), Diagnostics and Therapies compliance continues to be 100%, Specialised services has increased slightly to 91.8% and Medicine has increased by 1.2 % to 78.2%. Women's and Children's has decreased slightly to 88.2%. This data should be viewed with caution as data inconsistencies have been identified with digital data feeds by the Digital Services team. The Patient safety Improvement team and the Associate Medical Director Patient Safety have met in the month and have agreed further recommendations and actions for VTE prevention that will be taken forward to strengthen this workstream.

The numbers of Clostridium Difficile cases has increased in November when compared to the month of October 2022, this is not beyond the expected monthly variance. On investigation it was found that antibiotic prescribing protocols had been followed appropriately and that an increased risk of Clostridium difficile was seen in patients who longer hospital stays are, who are older, with complex health requirements and comorbidities.

There has been one Trust acquired MRSA cases in November 2022. There have been two cases of MRSA bacteraemia in UBHW in the year-to-date 2022/23. Trust screening policies for MRSA and MSSA has been updated and will be sent to Infection Control Group for approval in January 2023. The Vascular access group continue to focus on cross Divisional learning to ensure best practice in Vascular device management and to help reduce levels of bacteraemia.

Our People

The Trust's vacancy rate has reduced to 7.4% this month but remains above target (which is less than 7%). The vacancy rate has increased in registered nursing to 10.9% and remains static for band 2 and 3 unregistered nursing at 18.6% which above the target of 15%. Consultant vacancy has reduced to 4.0% from 5.7%.

Turnover for the 12-month period reduced to 15.5% compared to 15.7% (updated figures) for the previous month. The largest staff group increase was seen within Healthcare Scientists, where turnover increased by 1.1 percentage points to 14.5% compared with 13.4% the previous month. Turnover rate for Band 5 nurses remains a hotspot 17.9%.

Agency usage has increased to 2.0% which is above the 1.8% and bank usage has increased to 6.1% nearing the target of 6.3% target.

Overall compliance for Core Skills (mandatory and statutory training) remained static at 87% the same as the previous two months, although there was upward movement again in most of the individual programmes. Eight of eleven have achieved or exceeded 90% compliance targets.

Compliance for the wider essential training (specific to role training) improved by 1% overall, to match core skills compliance at 87%. Overall subject compliance is now above the Trust target (90%) in eleven of these twenty-three subjects, two more having achieved target compliance since October.

Timely Care

At the end of November 2022, there were 33 patients waiting over 104 weeks. The number of patients waiting over 104 weeks at the end of December 2022 is forecast to be 27. This forecast accounts for patients that have tipped over the threshold of 104 weeks waiting in the month. The majority of these patients are clinically complex (16), with a smaller proportion having elected to delay their treatment (6), or that have been accepted for transfer to another NHS Trust and are awaiting a date for their surgery (5). There is a considerable focus on expediting the treatment of these remaining long waiting patients. The 78 week care backlog is at 755 patients against a trajectory for improvement of 717 at the end of November 2022. Plans are being developed with the clinical divisions, and, in particular, the mobilisation of additional outsourcing activity in dental specialties.

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 November 2022, the Trust reported 337 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.

Emergency Department (ED) pressures continue in November 2022, with the Bristol Royal Infirmary and Weston General Hospital reporting 88.0% and 87.6 % of all ambulance handovers taking more than 15 minutes. This compares to 72.7% across the South West. UHBW also reported 862 twelve-hour trolley waits in November, down from 941 in October. To support ED flow, pre-emptive boarding is being expanded across adult divisions and there is expansion of SDEC (Same Day Emergency Care) provision.

As part of the Every Minute Matters (EMM) programme, MCAP has been rolled out to all 40 wards. MCAP is the digital system that determines whether a patient is in the right bed for their care, whether there is a delay in their pathway, and what their next care location should be.

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 three months review will be undertaken to ensure that the new arrangements have bedded in and support the delivery on the next phase of integration. The Integration Programme is working on formal closure in February 2023 and agreement of the post programme oversight arrangements.

Financial Performance

At the end of November there is a net I&E deficit of £3,718k against a planned deficit of £4,911k (excluding technical items). Total operating income is £21,000k favourable to plan due to higher than planned income from activities of £24,154k, offset by lower than planned other operating income of £3,154k. Operating expenses are £20,893k adverse to plan primarily due to higher pay expenditure (£21,381k adverse), offset by lower than planned depreciation expenditure of £1,337k. Other non-pay expenditure is £849k 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 – Trust-led CIP delivery is £9,722k or 96% of plan. Full year forecast delivery is £15,662k or 105% of plan of which recurrent savings are £8,354k, 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.

Reporting Month: November 2022

Safe

Caring

Successes

- The Tissue Viability team recently ran a Tissue Viability “Cake Off” competition for staff as part of November’s International Stop the Pressure Day. The team had some wonderful entries from across the divisions and enjoyed judging the cakes and visiting wards with educational resources aimed to raise awareness of pressure injury prevention across the trust.

Priorities

- There has been one Trust apportioned MRSA cases in November 2022. There has been two cases of MRSA bacteraemia in UBHW in the year to date 2022/23. Screening policies for MRSA and MSSA has been updated and will be sent to Infection Control Group for approval in January 2023. The Vascular access group continue to focus on cross Divisional learning to ensure best practice in Vascular device management and to help reduce levels of bacteraemia's.
- To achieve the Ockenden Report recommendation for a bereavement pathway Women's and Children's Division have successfully recruited a neonatal nurse and a midwife to the bereavement lead post as a job share, post holders will commence in post in February 2023.

Reporting Month: November 2022

Safe

Caring

Opportunities	Risks & Threats
<ul style="list-style-type: none"> In January 2023 the new Dementia, Delirium and Falls (DDF) team Lead Practitioner and the Weston and Bristol site DDF practitioners will commence in post. The new team members will provide an opportunity to commence significant Quality Improvement (QI) projects within the worksteam. The DDF practitioner at Weston will be leading a QI project on improving assessment and recording of Multi-Factorial Risk Assessment for patients. The DDF lead practitioner will lead a project on embedding Personalisation, Prediction, Prevention and Participation in falls prevention and management across the Trust. The DDF practitioner at Bristol will initially lead on the Trust National Audit on Inpatient Falls. In Maternity services the Continuity of Care (CoC) teams have been launched to prioritise the most vulnerable women, 35% on expectant mothers are on the a CoC pathway. 51.8% of BAME women are on this pathway and 54.4 % women who live in an area of high deprivation. A new Diversity and Inclusion Practice Education Facilitator is now in post who will work to raise awareness to improve inclusivity and accessibility of care. 	<ul style="list-style-type: none"> The Trust continues to balance the risks to patient safety of staffing gaps by moving staff from their base wards at very short notice to cover other clinical areas or to support the Emergency Department. The demand for extra capacity, boarding patients and requirement to reduce the ambulance queues remains requiring additional staffing to maintain safe care at all times. The nurses strike in December required significant planning and continued staff movements across all services to maintain patient safety. <p>New or increased patient safety risks:</p> <ul style="list-style-type: none"> A new emerging risks is Risk 6400: Risk that the Trust is without a working direct dictation system, current score 8. The Trust Big Hand contract expires on 31 December 2022 which cannot be renewed, a temporary contract extension has been agreed until March 2023. A new supplier has been agreed although transfer to the new system may require further extensions to prevent service disruption.

Reporting Month: November 2022

Responsive

Effective

Successes

- Cancer standards: the subsequent radiotherapy and subsequent chemotherapy standards were compliant in October (cancer data is a month in arrears, so October 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.
- The number of patients waiting 104+ weeks (2+ years) continues to reduce month on month. The end of November position was 33 which was a slight improved end of October position of 39.
- Echocardiography diagnostic performance is continuing to improve. This modality is exceeding the agreed trajectory and the numbers of longest waiters has reduced significantly year to date. There were 664 patients waiting more than 26 weeks in April 2022, this has improved to 23 in November 2022.
- Audiology and Magnetic Resonance Imaging (MRI) diagnostic waits are also continuing to exceed their trajectories and several sub-modalities continue to achieve the 99% diagnostic standard.
- The Every Minute Matters programme is live and nearing completion of roll out across 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.
- Bristol Royal Infirmary Medical SDEC (Same Day Emergency Care) has seen a further increase in patients seen (13% increase in November). This increases proportion of expected patients seen in SDEC instead of Emergency Department.
- The Trust uses a system called DrDoctor to conduct video consultations with patients and communicate with primary care. There is a 'Quick Question' (sending patients questions with yes/no answers) pilot in progress with dermatology supporting monitoring of patients in primary care.
- A DrDoctor 'Assessments' (sending patients questionnaires or forms) pilot is in progress with Physiotherapy supporting the collection of patient Quality Outcome Data.
- MCAP is a digital system that determines whether a patient is in the right bed for their care, whether there is a delay in their pathway, and what their next care location should be. This tool is now online in all 40 wards and the program is on track to sign off all wards at the end of January 2023.

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.
- Chief Operating Officer (COO) led 104+ week recovery meetings are currently taking place on a weekly basis with divisions is to have clear focus and plans in place to eliminate 104 week breaches in a sustainable way.
- The national requirement is to have zero patients waiting 78+ weeks at the end of March 2023. The Trust revised trajectory shows the number of breaches at the end of March to be 497 and the requirement is for the Divisions to work up a plan to improve this position and provide assurance when this will be zero.
- Clinician focus is requested to support timely clinical review of patients who are electing to delay their routine treatment to support early clinical decisions that are required for the patient. This will allow timely booking of the next steps or decisions to actively monitor the patient if clinically appropriate to do so under "choice" guidance.
- Endoscopy remains one of the top priorities in Diagnostic performance and recovery. Plans and actions are in place which are addressing the issues in area such as workforce, capacity, training and the digital systems. Whilst these will take time to yield the progress expected, improvements are being made. Endoscopy continues to utilise mutual aid and additional capacity, where available.
- Recruitment of Outpatient validation team to support the Outpatient validation programme, and additional RTT validators in response to the growth in our waiting list.

Reporting Month: November 2022

Responsive

Effective

Opportunities

- Updated cancer pathway documents have been released by NHS England to set out how diagnosis within 14 days and 28 days can be achieved for colorectal and skin cancer services. A paper is being prepared for Cancer Steering Group to consider any changes that need to be made to our cancer pathways in light of this updated guidance.
- Progress DrDoctor 'Digital Letters' (patients can choose to access their letters through an online portal) pilot in Ophthalmology supporting patients to access letters through the DrDoctor portal in a format that reflects their needs.
- In the Children's Hospital, significant work is ongoing to redesign urgent care pathways in order to better accommodate the significant increase in demand at the Emergency Department front door. A specific minors stream project is being progressed (£74,000 funding awarded) for a test of concept model.
- Expansion of Surgical SDEC (Same Day Emergency Care) capacity. Recruitment to staff this is currently underway.
- Development of the SDEC offer at Weston, building on the work of the current team, including twice daily huddles to ensure all appropriate patients are seen in the unit. Acceptance criteria have been broadened to ensure maximum usage of the space. Working to establish staffing for an 8am to 12pm day, 7 days a week.
- The MCAP tool is now online in 40 wards (see "Success" section). Opportunities to review the data as part of the Every Minute Matters programme to identify areas for improvement.

Risks & Threats

- There is an ongoing impact on cancer waiting time standard compliance due to the high Covid sickness in early summer, which coupled with high vacancy rates and increased demand has created a backlog in three high volume areas. There is an ongoing risk of impact from further Covid prevalence 'surges' and of potential impact from winter pressures and strike action. (Datix Risk ID 42).
- There is an ongoing impact on the ability to clear the long waiting routine patients due to the high volumes of cancer patients requiring most of the capacity. With this, staff absences, vacancy rates and the planned nursing strikes may prevent recovery of long waiting patients and backlog clearance of 104ww and 78ww in a suitable timescale to meet the national team expectation. Largest area of risk remains in adult surgical specialties, dental services, and paediatric services.
- To support recovery of the long waiting backlogs in Dental services an insourcing agreement has been set-up with KPI Health to commence in January. There has been a delay in the onboarding of staff which has resulted in the commencement date slipping and this in turn is likely to provide a risk to clearance of the backlog. There is a risk that the activity they can provide prior to the end of March will not be enough to clear the backlog. Dental management colleagues are also exploring additional Waiting List Initiatives to support the recovery further.
- Due to additional activity on evenings and weekend across the Trust, there is a risk the Central Sterile Supply Department (CSSD) services will be pressured with cleaning and returning of kit. Conversations are underway relating to additional kit that may require procuring and/or external cleaning of the kit.

Reporting Month: November 2022

CQC Domain	Metric	Standard Achieved?
Safe	Infection Control (C. diff)	N
	Infection Control (MRSA)	N
	Infection Control (E.Coli)	Y
	Serious Incidents	N/A
	Patient Falls	N
	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	N

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

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

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

Infection Control – C.Difficile

November 2022

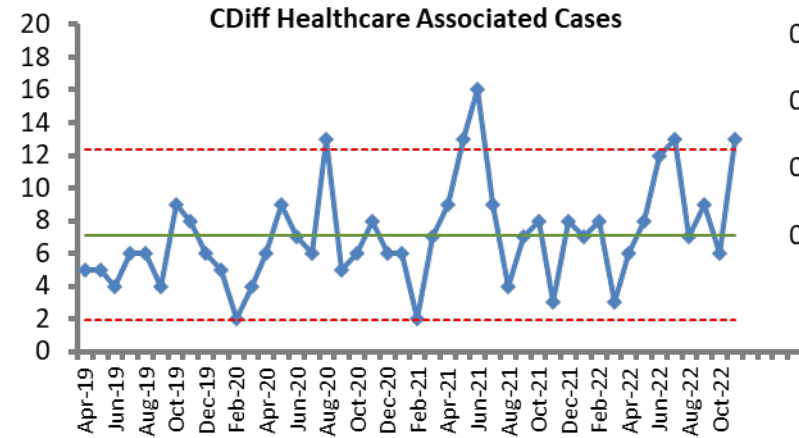
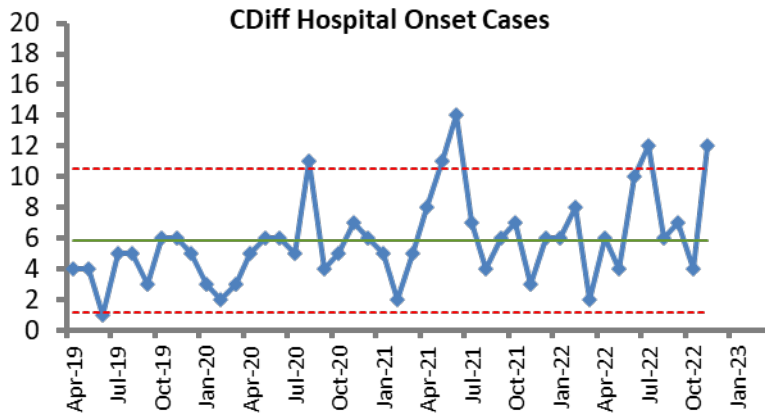
N Not Achieved

Standards:	<p>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.</p> <p>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.</p>
Performance:	<p>There have been 12 Trust reported HOHA and 1 COHA cases reported in November 2022. Therefore with a total of 13 COHA and 61 HOHA cases reported YTD in 2022/23. It is of note of the 12 cases that are defined as hospital acquired, 4 were relapses or re-sampled so 8 were new cases identified. Each case is reviewed by our commissioners for Hospital Onset Healthcare Associated (HOHA). C.difficile cases are attributed to the Trust after patients have been admitted for 2 days (day 3 of admission).</p>
Actions/Plan:	<p>Underlying Issues:</p> <ul style="list-style-type: none"> Variance month on month in cases has been identified across both Bristol and Weston sites. The numbers of HOHA C.Difficile cases has increased in November when compared to the month of October 2022. It is of note that three cases were re-sampled after 28 days and one case was a relapse of symptoms, that should be excluded from the incidence of new cases but are within the reported numbers. Antibiotic prescribing protocols were followed appropriately. The patients who are C.Difficile positive, generally this does link to patients who are longer hospital stays, who are older, with complex health requirements and comorbidities. <p>Actions taken:</p> <ul style="list-style-type: none"> A structured collaboration commenced in the September 2021 is ongoing across the local provider organisations facilitated by the ICS and a regional NHS England. Quality improvement collaborative is ongoing, with close collaboration with the ICS. Post infection reviews of community acquired C.difficile cases are planned to be completed by the ICS with the support of provider organisations. C.difficile wards round continue weekly at Weston, with MDT collaboration lead by the Infection control Dr's and IPC. This needs to be reviewed for the BRI with a lead Dr identified to progress.
Ownership:	Chief Nurse

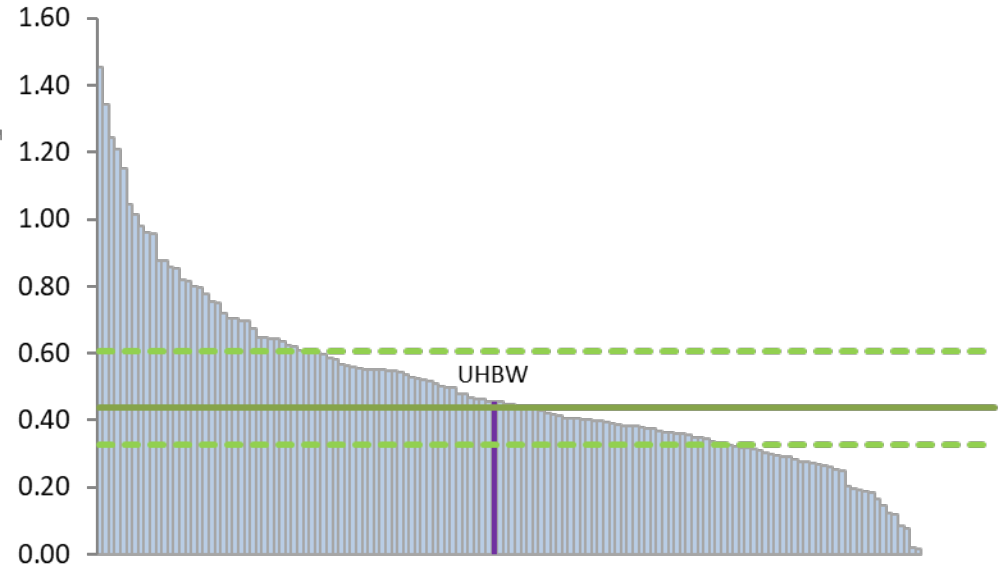
	Nov-22		2022/2023		2021/2022	
	HA	HO	HA	HO	HA	HO
Medicine	2	2	17	14	32	31
Specialised Services	0	0	6	5	16	12
Surgery	5	5	12	11	13	13
Weston	3	3	25	23	19	14
Women's and Children's	3	2	11	8	12	12
Other	0	0	3	0	3	0
UHBW TOTAL	13	12	74	61	95	82

Infection Control – C.Difficile

November 2022



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

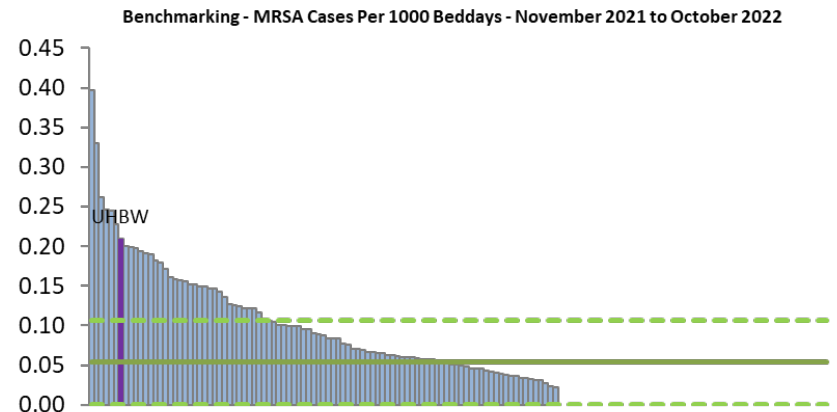


November 2022

N Not Achieved

Standards:	The standard is to have zero Trust Apportioned MRSA cases. This is Hospital Onset cases only.
Performance:	There has been one trust-apportioned MRSA case in November 2022. Therefore two trust apportioned cases in 2022 / 23.
Action/Plan:	<p>Underlying Issues:</p> <ul style="list-style-type: none"> • Policies and guidelines need to be refreshed to be aligned across the organisation including screening requirements. There is a re-focusing on indwelling vascular device management as a focus on improvements in care. <p>Actions:</p> <ul style="list-style-type: none"> • Screening policies for MRSA and MSSA has been updated and will be sent to Infection Control Group for approval in January 2023. • The Vascular access group continue to focus on cross Divisional learning to ensure best practice in Vascular device management and to help reduce levels of bacteraemia. • 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. • An observation of vascular device management has been undertaken. Infection Prevention & Control team are awaiting the findings. • The MRSA / MSSA screening guidelines for Weston have been reviewed and waiting final ratification to align with UHBW.
Ownership:	Chief Nurse

	Nov-22	2022/2023	2021/2022
Medicine	0	0	6
Specialised Services	1	1	0
Surgery	0	1	0
Weston	0	0	0
Women's and Children's	0	0	1
Other	0	0	0
UHBW TOTAL	1	2	7



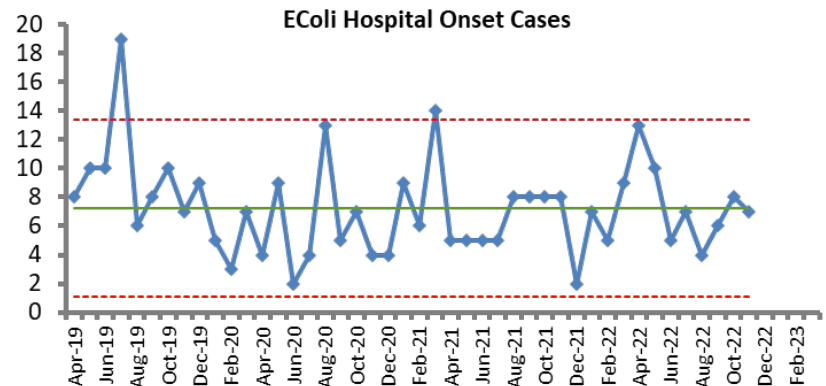
Infection Control – E. Coli

November 2022

Y Achieved

Standards:	Enhanced surveillance of Escherichia coli (E.coli) bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemia are reported monthly to Public Health England (PHE). As a result in the national rise in E.coli bacteraemia rates, a more in-depth investigation into the source of the E.coli bacteraemia are initially undertaken by a member of the Infection Prevention and Control team. Reviews include identifying whether the patient has a urinary catheter and whether this could be a possible source of infection. If any lapses in care are identified at the initial review of each case, a more complete analysis of the patient’s care is carried out by the ward manager through the incident reporting mechanism. There is a time lag between reported cases and completed reviews. An annual limit of E.coli cases has now been confirmed with NHS England as 119 for 2022/23. This would give a trajectory of approximately 9.9 cases per month.
Performance:	There have been 7 cases of Hospital Onset E.coli reported in November 2022 (5 in Bristol and 2 in Weston), which brings the cumulative total to 60 YTD 2022/23.
Action/Plan:	The community prevalence of E.coli cases has continue to increase throughout this year. The outcome of the Trustwide catheter use/prevalence audit, an audit of compliance with best practice will be completed by January 2023 and reported at the Trusts Infection Control Group.
Ownership:	Chief Nurse

	Nov-22	2022/2023	2021/2022
Medicine	2	20	19
Specialised Services	2	11	16
Surgery	1	12	15
Weston	2	12	18
Women's and Children's	0	5	7
Other	0	0	0
UHBW TOTAL	7	60	75



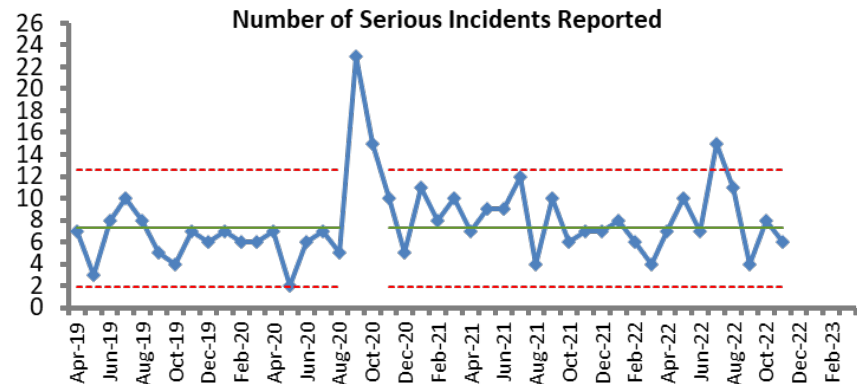
Serious Incidents (SIs)

November 2022

N/A No Standard Defined

Standards:	UHBW is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015.
Performance:	Six serious incidents (SI's) were reported in November 2022; three were declared in Medicine Division, one in Specialised Services Division, one in Surgery Division and one in Weston. These serious incidents comprised two Pressure Ulcers, one Diagnostic Incident, one Surgical/invasive procedure incident, one Treatment delay and one Slip/trip/fall. There were no Never Events declared during the month, two Never events currently year to date.
Action/Plan:	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. The two patient safety partners have been recruited and will commence induction in the January. The PSIRF Patient Safety Priorities have been identified following a situational analysis, discussion and agreement with the senior leadership team, they will inform the development of the first incident response plan for the Trust. The transfer to LFPSE is currently delayed awaiting confirmation of the date of the required upgrade of the Datix system in order to be LFPSE compliant. In recognition of delays experienced nationally of gaining the required software upgrades from the Incident management system provider (Datix) the change deadline to become LFPSE compliant has been extended until September 2023.
Ownership:	Chief Nurse

	Nov-22	2022/2023	2021/2022
Medicine	3	13	29
Specialised Services	1	9	8
Surgery	1	11	9
Weston	1	17	22
Women's and Children's	0	16	19
Other	0	2	2
UHBW TOTAL	6	68	89



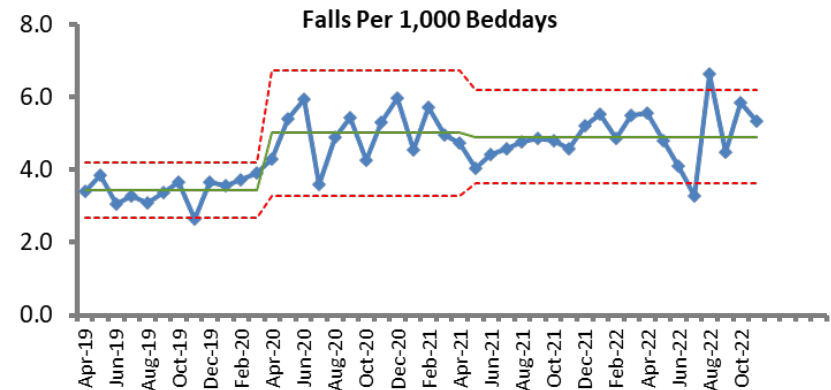
Harm Free Care – Inpatient Falls

November 2022

N Not Achieved

Standards:	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
Performance:	During November 2022, there were 178 falls across the Trust, which per 1000 beddays equates to 5.34. There were 121 falls at the Bristol site and 57 at the Weston site. There were two falls with moderate (or greater) harm.
Action/Plan:	<p>The number of falls in November (178) is less compared to October (204). 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 is 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"> 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 November the divisions of Diagnostics & Therapies and Specialised Services provided an update and discussed common themes. Dementia, Delirium and Falls Team: Recruitment process has been completed and offers are in place for the DDF Team lead practitioner (band 8a – expected start date of 9th January 2023) and practitioner in Weston (band 7 – expected start date of 16 January 2023) roles. The DDF Team practitioner at the Bristol site commenced in her post on the 7th of November. Quality Improvement: When the new dementia, delirium and falls practitioner at Weston (band 7) is in place, they will be tasked with leading a QI project on improving assessment and recording of Multi-Factorial Risk Assessment for patients. The dementia, delirium and falls lead practitioner (band 8a) will lead a project on embedding Personalisation, Prediction, Prevention and Participation in falls prevention and management across the Trust. The DDF practitioner at Bristol (band 7) will initially lead on the Trust National Audit on Inpatient Falls. Training: The DDF team continue to support 'in-place' and simulation-based training for ward staff, however, this has been severely limited in November due to staffing issues within the Team.
Ownership:	Chief Nurse

	Nov-22		2022/2023		2021/2022	
	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays
Diagnostics and Therapies	0	-	12	196.72	15	277.78
Medicine	78	10.38	553	9.05	775	9.03
Specialised Services	22	4.19	170	3.96	244	3.99
Surgery	17	3.56	150	3.94	243	4.58
Weston	57	6.92	409	6.16	461	5.38
Women's and Children's	4	0.53	36	0.63	55	0.64
Other	0		5		8	
UHBW TOTAL	178	5.34	1335	5.01	1801	4.83



Harm Free Care – Pressure Injuries

November 2022

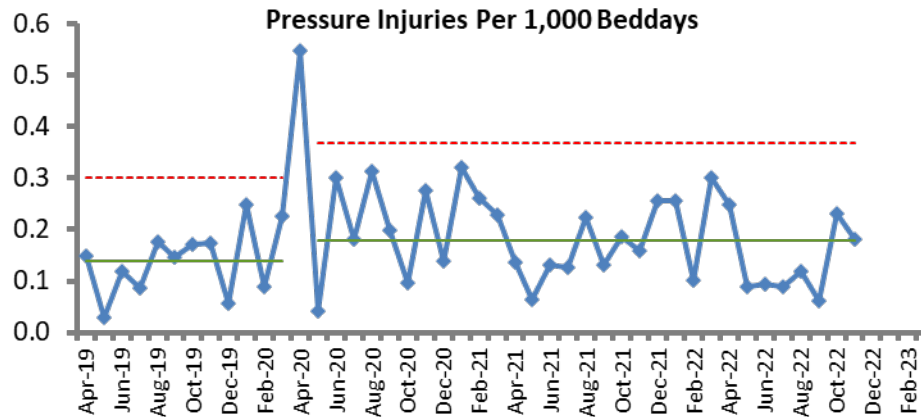
P Partially Achieved

<p>Standards:</p>	<p>Pressure Injuries are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2, 3 and 4 are counted. There is an additional category referred to as “Unstageable”, where the final categorisation cannot be determined when the incident is reported. The Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure. The aim is to reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. In addition there should be no Category 3 or 4 injuries.</p>
<p>Performance:</p>	<p>During November 2022, the rate of pressure injuries per 1,000 bed-days was 0.18 across UHBW. Across UHBW there was a total of four category 2 pressure injuries. One each, in Specialised Services, Surgery, Medicine and Weston. Each of the four injuries were to the coccyx. One of the patients was receiving end of life care. The other three patients were elderly with multiple co-morbidities. They had all been inpatients for approximately one month prior to development of the pressure injury. There was one category 4 pressure injury to the lower limb / ankle in Medicine Division, this injury was the result of bandage damage. There was one unstageable pressure ulcer in Weston (sacrum), the patient in question was elderly with multiple co-morbidities. The injury initially developed as suspected deep tissue damage but subsequently evolved.</p>
<p>Action/Plan:</p>	<p>The ongoing theme of sacral-coccygeal pressure injuries has continued into November, though there have been some improvements in nursing documentation noted with a number of these injuries. The Tissue Viability (TV) team recently ran a Tissue Viability “Cake Off” competition for staff as part of November’s International Stop the Pressure Day. The team had some wonderful entries from across the divisions and enjoyed judging the cakes and visiting wards with educational resources aimed to raise awareness of pressure injury prevention across the trust.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Specific tissue viability training guide for Practice Education Facilitators (PEFs) to enable the PEF teams to support the TV Team with tailored ward-based tissue viability training – rolled out early November. • Re-circulation of the “Bottoms Up” and “Pillow Talk” poster campaigns to support staff with recognising the importance of regular re-positioning using pillows to support and understanding the anatomy of the sacral-coccygeal / buttock regions. • SBAR submitted to Weston management team to increase the number of dynamic pressure relieving mattresses on site as part of the ongoing trial. • Ward based micro teaching sessions continue to be offered to all staff with emphasis of practical learning “on the job” within the clinical area. • Paediatric wound care conference planning for summer 2023 – event planning underway within the TV Team to organise this. • Key themes continue to be disseminated via monthly TV Newsletter and UHBW Twitter account.
<p>Ownership:</p>	<p>Chief Nurse</p>

Harm Free Care – Pressure Injuries

November 2022

	Nov-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	2	0.266	9	0.147	16	0.186
Specialised Services	1	0.19	2	0.047	3	0.049
Surgery	1	0.21	9	0.237	13	0.245
Weston	2	0.243	16	0.241	31	0.362
Women's and Children's	0	0	1	0.018	2	0.023
Other	0		0		0	
UHBW TOTAL	6	0.18	37	0.139	65	0.174

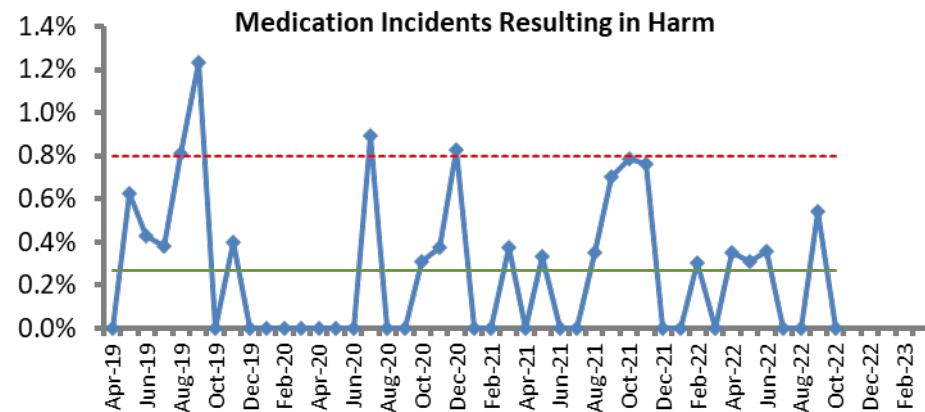


October/ November 2022

P Partially Achieved

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%, with an amber tolerance to 1%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There were zero moderate harm incidents out of 352 reported medication incidents in October (0.0%). There were three omitted doses of critical medicine out of 184 patients audited in November (1.6%).
Action/Plan:	One reported omitted dose of anticoagulant had been given but not signed for. One dose of antiepileptic was not available on the ward and was not ordered from pharmacy. One dose of antibiotic was missed probably during a ward transfer. All doses actually omitted were given as soon as they were identified. Due doses of critical medicines need to be included as part of the handover.
Ownership:	Medical Director

	Oct-22		2022/2023		2021/2022	
	Harm Incidents	Total Reviewed	Harm Incidents	Total Reviewed	Harm Incidents	Total Reviewed
Diagnostics and Therapies	0	17	0	139	1	236
Medicine	0	56	1	375	3	771
Specialised Services	0	67	0	474	2	815
Surgery	0	63	1	332	2	507
Weston	0	22	1	175	2	374
Women's and Children's	0	125	2	666	1	1108
Other	0	2	0	8	0	16
UHBW TOTAL	0	352	5	2169	11	3827
Percentage		0.00%		0.23%		0.29%



November 2022

P *Partially Achieved*

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	<p>Core Skills:</p> <ul style="list-style-type: none"> • In November, overall compliance for the eleven Core Skills (mandatory/statutory) remained static at 87%, the same as the previous two months, although there was upward movement again in most of the individual programmes. Eight of the eleven core skills improved by 1% each and eight of eleven have achieved or exceeded 90% compliance targets. • Compliance for three programmes remained the same as October, but these three are among the eight that have already attained or exceeded 90% compliance. • Moving and Handling (M&H) improved to 70% (+1%), and although Resus remains in the 60% compliance range, it also improved by 1% (now at 65%). • Notably, there were no decreases in any core skills programme. <p>Remaining Essential Training:</p> <ul style="list-style-type: none"> • Compliance for the wider essential training (specific to role training) improved by 1% overall, to match core skills compliance at 87%. Overall subject compliance is now above the Trust target (90%) in eleven of these twenty-three subjects, two more having achieved target compliance since October. • Six of eight divisions improved compliance by 1% each, one remained static (Weston at 88%), and although only Estates and Facilities decreased by 1%, it is still at 91% compliance.
Action/Plan:	-
Ownership:	Director of People

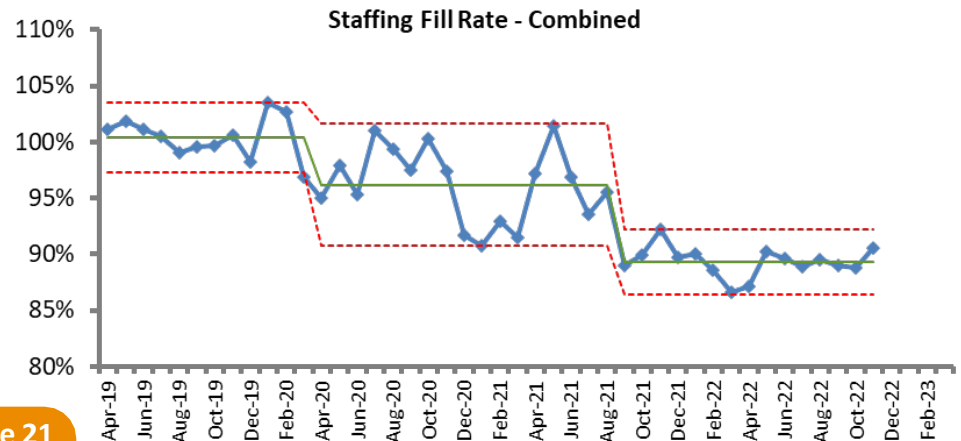
Nurse Staffing Levels

November 2022

N/A No Standard Defined

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
Performance:	The report shows that in November 2022 (for the combined inpatient wards) the Trust had rostered 295,639 expected nursing hours, against the number of actual hours worked of 267,774 giving an overall fill rate of 91%.
Action/Plan:	<p>Underlying Issues:</p> <ul style="list-style-type: none"> The Trust continues to balance the risks to patient safety of staffing gaps by moving staff from their base wards at very short notice to cover other clinical areas or to support the Emergency Department. The demand for extra capacity, boarding patients and requirement to reduce the ambulance queues remains requiring additional staffing to maintain safe care at all times. The band 5 vacancy level this month has decreased marginally from 14.8% to 14.6% as more Internationally Educated Nurses complete all their prerequisite training. The children's hospital continues to experience significant vacancies across the division. The nurses strike this month required significant planning and continued staff movements across all services to maintain patient safety. <p>Actions:</p> <ul style="list-style-type: none"> Incentives for covering the 'Allocate on Arrival' shifts continues and the number of shifts available increased to support the continued pressures covering the front door services. A full review of incentives and the overall uptake of these is planned in the New Year. The Agency Group reviewed the relevant data set to identify the significant drivers to use in reducing high cost agency in wards.
Ownership:	Chief Nurse

	Nov-22		
	Combined	RN	NA
Medicine	94.8%	94.7%	94.8%
Specialised Services	93.3%	89.3%	106.7%
Surgery	88.1%	86.5%	92.3%
Weston	94.4%	90.3%	99.2%
Women's and Children's	85.5%	88.7%	71.5%
UHBW TOTAL	90.6%	89.7%	92.5%

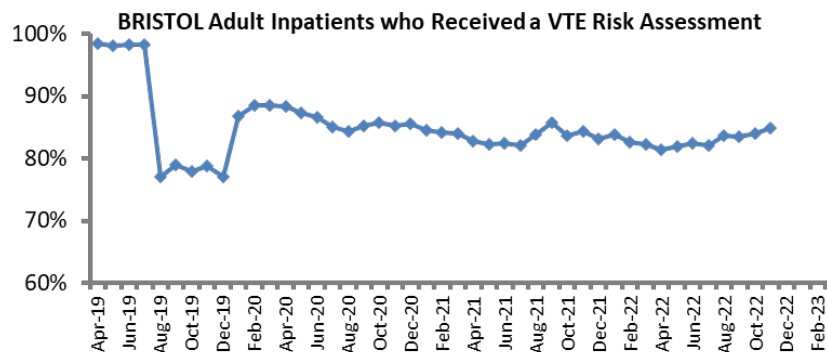


Venous Thromboembolism (VTE) Risk Assessment

November 2022

N Not Achieved

Standards:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of healthcare-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. The expectation is that UHBW will achieve 95% compliance, with an amber threshold to 90%.
Performance:	Recent VTE risk assessment compliance remains relatively static at 84.9% (excluding Weston due to data feed issues). Of note, Diagnostics and Therapies compliance continues to be 100%, Specialised services has increased slightly to 91.8% and Medicine has increased by 1.2 % to 78.2%. Women’s and Children’s has decreased slightly to 88.2%. VTE Risk Assessment compliance remains below expected levels. Risk 720: The risk that VTE Risk Assessments are not completed remains on the corporate risk register.
Action/Plan:	<ul style="list-style-type: none"> VTE prevention (identified problems and aims; outlining progress to date and outstanding actions required) discussed with Associate Medical Director. Further recommendations and actions taken forward by Associate Medical Director and Patient Safety Improvement Team. Risk 720 Risk that VTE risk assessments are not completed, current score is 8 high risk, currently being updated to reflect work being undertaken and work required to support improvements to VTE prevention. This is being done in conjunction with Risk Manager. VTE Lead Role Jon Description being developed to support recruitment of new VTE Lead. New VTE Lead will be informed of requirements as outlined in first point. Discussions with digital services regarding Careflow Medicines Management system and the correlation with VTE Risk Assessments to support improved compliance continues. There is currently 90+ outstanding historic Hospital Acquired VTE investigations that require completing. SBAR proposal for how to deal with/action these being drafted for presentation to PSG in December. Trust VTE metric data requires clinical review and agreement prior to sign off by Medical Directors Team. Clinical review requested, but has not yet occurred; escalated to Associate Medical Director.
Ownership:	Medical Director



Venous Thromboembolism (VTE) Risk Assessment

November 2022

Division	SubDivision	Number Risk		Percentage
		Assessed	Total Patients	Risk Assessed
Diagnostics and Therapies	Chemical Pathology	1	1	100.0%
	Radiology	30	30	100.0%
	Therapies	1	1	100.0%
Diagnostics and Therapies Total		32	32	100.0%
Medicine	Medicine	2,128	2,722	78.2%
Medicine Total		2,128	2,722	78.2%
Specialised Services	BHOC	2,330	2,424	96.1%
	Cardiac	364	510	71.4%
Specialised Services Total		2,694	2,934	91.8%
Surgery	Anaesthetics	24	24	100.0%
	Dental Services	122	163	74.8%
	ENT & Thoracics	225	355	63.4%
	GI Surgery	1,065	1,304	81.7%
	Ophthalmology	386	403	95.8%
	Trauma & Orthopaedics	162	183	88.5%
Surgery Total		1,984	2,432	81.6%
Women's and Children's	Children's Services	32	39	82.1%
	Women's Services	1,443	1,634	88.3%
Women's and Children's Total		1,475	1,673	88.2%
Grand Total		8,313	9,793	84.9%

Friends and Family Test (FFT)

November 2022

N/A No Standard Defined

Standards:	The FFT question asks “Overall, how was your experience of our service?”. The Trust collects FFT data through a combination of online, postal survey responses, FFT cards and SMS (for Emergency Departments and Outpatient Services). There are no targets set.
Performance:	<p>We received 5,446 FFT responses from patients in November 2022, which is an increase of 11% compared to the number of responses received in October (4,905).</p> <p>FFT scores for inpatients, day cases, maternity and outpatients remain positive (all 90% and above) and broadly consistent with October figures. The inpatient FFT score for Weston has gone back up to above 96% following last month’s drop below 90% for the first time (89% in October). In terms of ED FFT performance in November 2022:</p> <ul style="list-style-type: none"> • Bristol Royal Infirmary score has seen an increase to 77% (from 73% in October); • Weston reports a score of 82% (a decrease from the score of 85% in October); • Children’s Hospital score has seen the biggest decrease (in comparison to the Trust’s other EDs) to 75% (from 90% in October) • Eye Hospital score has seen a slight increase to 95% (from 93% in October).
Action/Plan:	In response to the lower than (long-term) average FFT scores for the Trust’s Emergency Departments, weekly reports are sent from the Patient Experience Team to ED divisional leads with their FFT data for the previous week. This results in the data being reviewed in a timelier manner which supports with identifying opportunities for improvements.
Ownership:	Chief Nurse

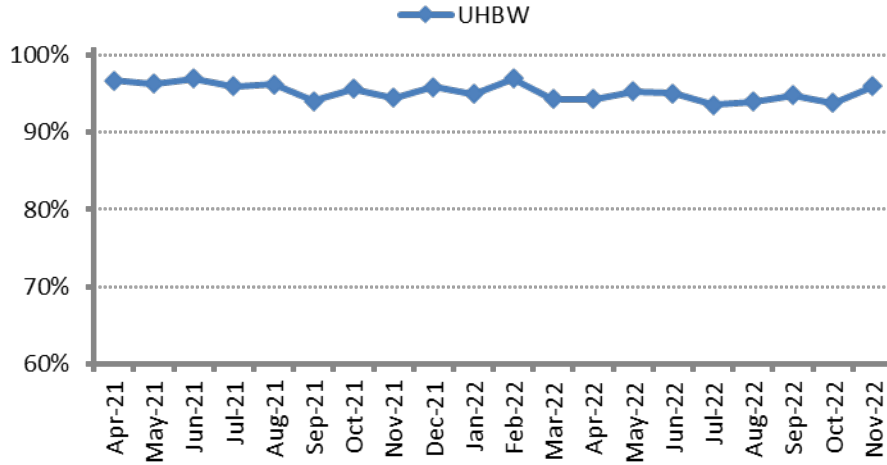
		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
Inpatients	UHBW	931	970	3,358	96.0%	28.9%
Day Cases	UHBW	822	829	3,410	99.2%	24.3%
Outpatients	UHBW	2,475	2,630		95.2%	
A&E	BRI	183	239	4,083	76.9%	5.9%
	BRHC	255	340	4,026	75.4%	8.4%
	BEH	120	126	2,125	95.2%	5.9%
	Weston	196	239	2,975	82.4%	8.0%
	UHBW	754	944	13,209	80.2%	7.1%

		Positive Response	Total Response	Total Eligible	% Positive	Response Rate
Maternity	Antenatal	10	10	201	100.0%	5.0%
	Birth	30	30	405	100.0%	7.4%
	Postnatal (ward)	27	27	408	100.0%	6.6%
	Postnatal (community)	6	6	301	100.0%	2.0%
	UHBW	73	73	1,315	100.0%	5.6%
TOTAL RESPONSES		5,446				

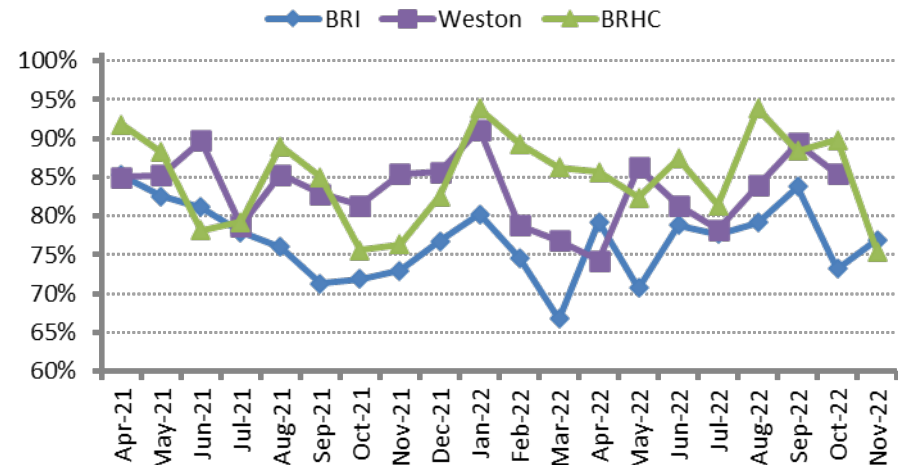
Friends and Family Test (FFT)

November 2022

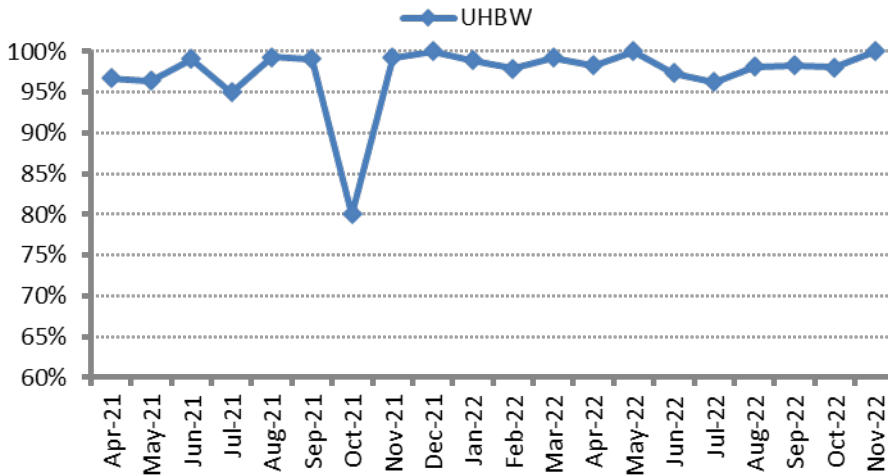
Inpatient (excluding Day Case) Scores



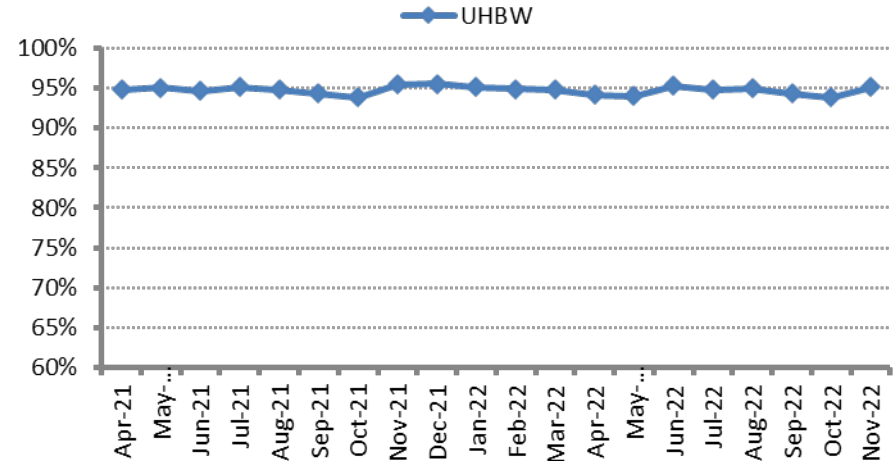
Emergency Department Scores



Maternity Services Scores



Outpatient Scores



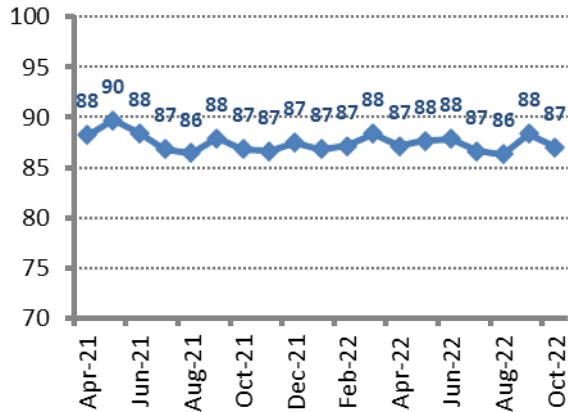
Patient Surveys

October 2022

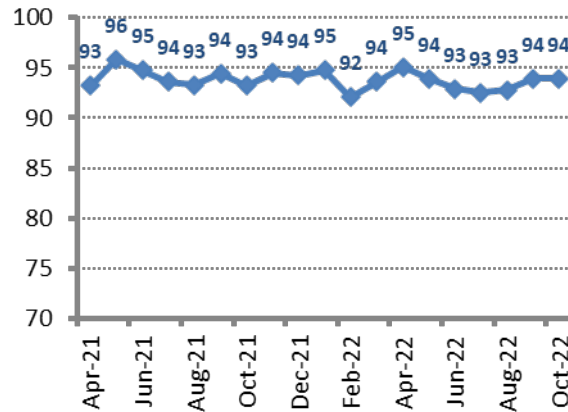
Y Achieved

Standards:	<p>Please note that reporting for monthly patient survey data for Bristol hospital sites and Division of Weston has been integrated from April 2022. Therefore, there is a single set of metrics for the Trust. Divisional level metrics are reported quarterly through the Patient Experience Group (PEG) and Quality Outcomes Committee (QOC).</p> <p>For the inpatient and outpatient postal survey, five questions relating to topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.</p>
Performance:	<p>For October 2022:</p> <ul style="list-style-type: none"> • Inpatient score was 87 (September was 88) which is at minimum target level. • Outpatient score was 94 (September was 89) which is above target. • Kindness and understanding score was 94 (September was 94) which is above target.
Action/Plan:	<p>Due to the postal strikes during November and December 2022, the Trust’s survey data is currently below reportable thresholds. Data for November 2022 will be reported alongside December 2022 in next month’s IQPR.</p>
Ownership:	<p>Chief Nurse</p>

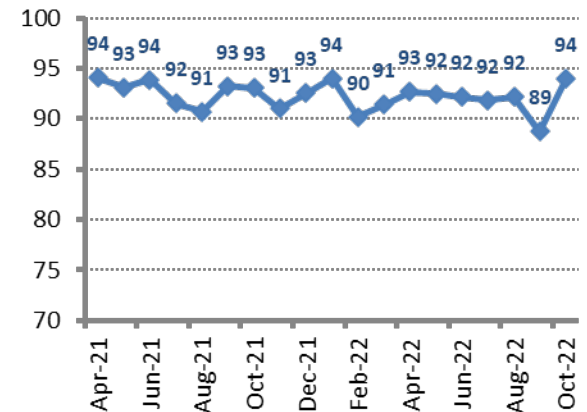
Inpatient Tracker Score



Kindness & Understanding Score



Outpatient Tracker Score



Patient Complaints

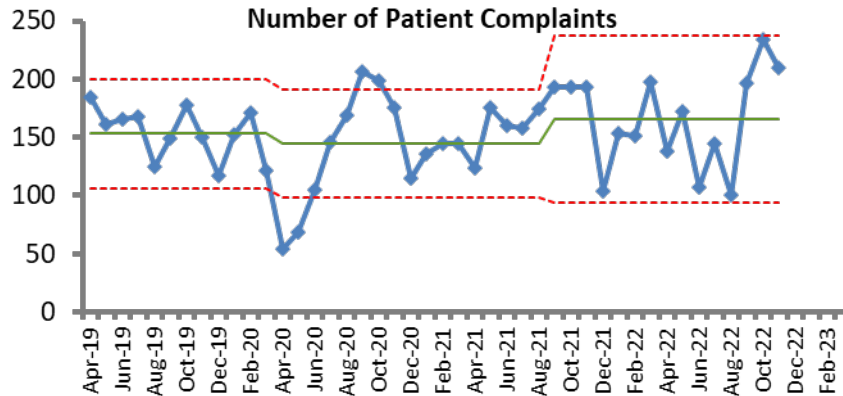
November 2022

N Not Achieved

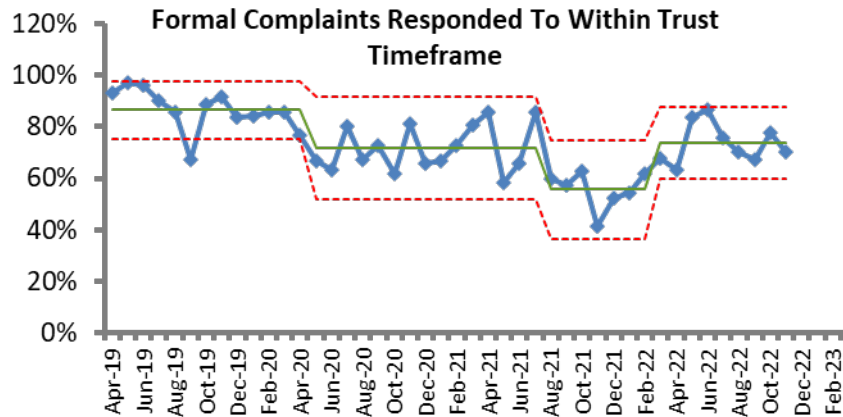
Standards:	<p>For all complaints (formal and informal), the Trust target is for 95% of responses to be sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. In addition the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant.</p> <p>Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.</p>
Performance:	<p>In November 2022:</p> <ul style="list-style-type: none"> • 210 Complaints were received (107 Formal and 103 Informal). This is a similarly high number to the highest recorded since records commenced in October 2022 (234). • Responses for 64 Formal and 102 Informal complaints were sent out to complainants. • The Trust sent out 70% of formal responses within the agreed timeframe (45 of 64). This is a deterioration on the 78% reported in October 2022. All 19 breaches of deadline were attributable to delays in the divisions. • Divisions returned 72% (46 out of 64) of formal responses to the PSCT by the agreed deadline, which is also a deterioration on the 87% reported in October 2022. This is the deadline for the responses to be returned to PSCT, seven working days prior to the deadline agreed with the complainant. • 80% of informal complaints (82 out of 102) were responded to within the agreed timeframe, compared with 87% reported in October 2022. • There were six complaints where the complainant was dissatisfied with our response, which represents 14% of the 43 first responses sent out in September 2022 (this measure is reported two months in arrears). This is a further deterioration on the 7% reported in September and 13% in October 2022 and is above the Trust's target of no more than 8% of complainants advising us that they were unhappy with our response to their complaint. Of the six dissatisfied cases reported in November 2022, there were two each for the Division of Medicine and Weston Management Team, and one each for the Divisions of Surgery and Women & Children
Action/Plan:	-
Ownership:	Chief Nurse

Patient Complaints

November 2022



Complaints Received: Nov-22	Total	Formal	Informal
Diagnostics and Therapies	14	5	9
Medicine	39	16	23
Specialised Services	27	12	15
Surgery	58	29	29
Weston	16	13	3
Women's and Children's	45	30	15
Other	11	2	9
UHBW TOTAL	210	107	103



Formal Complaints Responses: Nov-22	Within Target	Total Responses	% Within Target	Attributable To Division
Diagnostics and Therapies	0	0	-	0
Medicine	9	11	81.8%	2
Specialised Services	4	7	57.1%	3
Surgery	8	10	80%	2
Weston	5	16	31.3%	11
Women's and Children's	16	17	94.1%	1
Other	3	3	0.703	0
UHBW TOTAL	45	64	70.3%	19

Emergency Care – 4 Hour Standard

November 2022

N Not Achieved

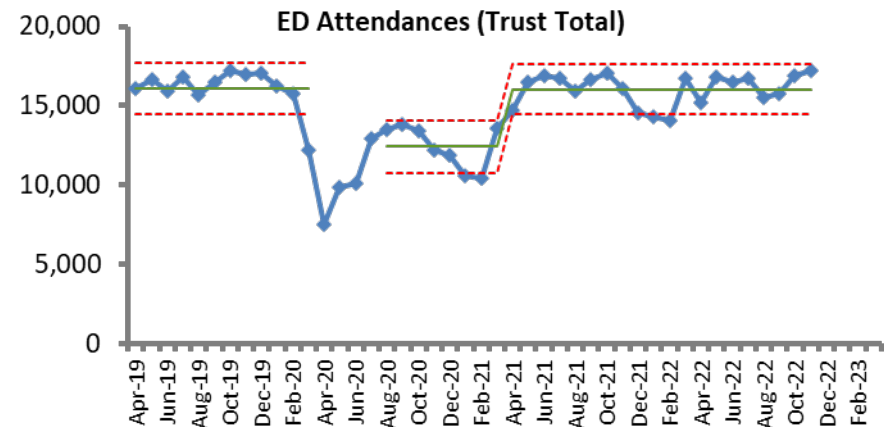
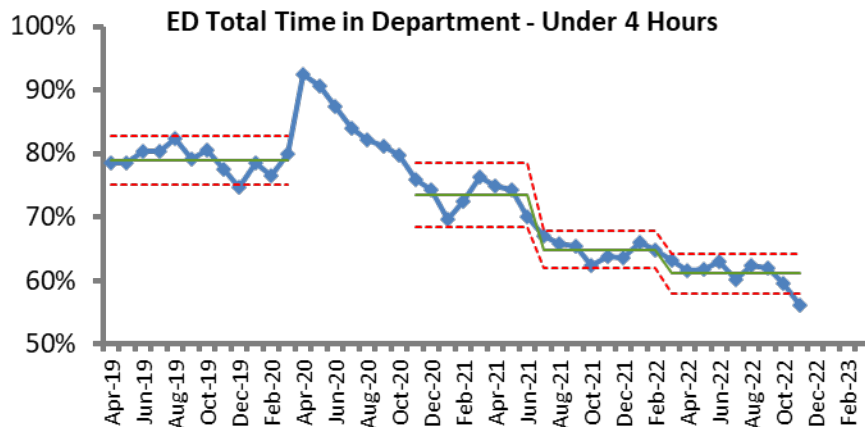
Standards:	<p>Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours.</p> <p>There is also an expectation that no patient will wait more than 12 hours in ED after a decision to admit has been made, called “Trolley Waits”.</p> <p>There is also an expectation that no Ambulance Handover will exceed 30 minutes.</p>
Performance:	<p>Trust level 4 hour performance for November was 56.17% across all four Emergency Departments.</p> <p>There were 862 patients who had a Trolley wait in excess of 12 hours in November.</p> <p>In November there were 2,950 ambulance handovers in excess of 15 minutes which was 81.6% of all handovers.</p> <p>In November there were 2,071 ambulance handovers in excess of 30 minutes which was 57.3% of all handovers.</p>
Actions:	<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"> • The Every Minute Matters (EMM) programme is live and nearing completion of roll out across 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. • Pre-emptive boarding is being expanded across adult divisions. • Expansion of SDEC (Same Day Emergency Care) provision including: <ul style="list-style-type: none"> • Expansion of Surgical SDEC capacity – recruitment is in train. • BRI Medical SDEC has seen a further increase in patients seen (13% increase in November). Successfully increasing proportion of expected patients seen in SDEC instead of ED, and increasing number of SWASFT referrals. • Cardiology SDEC implementation – recruitment almost complete with start date estimated for Feb 2023. • Development of the SDEC offer at Weston, building on the work of the current AEC 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. working to establish staffing for an 8am –12pm, 7 days a week. • Expected patients at BRI and Weston, including review of clinic spaces for specialty expected patients, and internal communications to maximise use of existing pathways – this work is being expedited as part of SWASFT industrial action planning. • Repurposing of ward space at Weston to develop an observations unit to decompress ED. Ward moves complete with work ongoing to develop clinical model for observation unit. • Rapid Patient reviews for patients over 7 days in hospital - weekly meetings ongoing at BRI for Medicine and Surgery Divisions, with MDT • Rapid patients reviews in Weston ED underway to prevent admissions. • In BRHC 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.
Ownership:	<p>Chief Operating Officer</p>

Emergency Care – 4 Hour Standard

November 2022

4 Hour Performance	Nov-22	2022/23	2021/22
Bristol Royal Infirmary	45.81%	44.96%	50.41%
Bristol Children's Hospital	56.29%	73.58%	78.01%
Bristol Eye Hospital	93.59%	95.33%	96.96%
Weston General Hospital	52.03%	54.79%	67.28%
UHBW TOTAL	56.17%	60.76%	66.79%

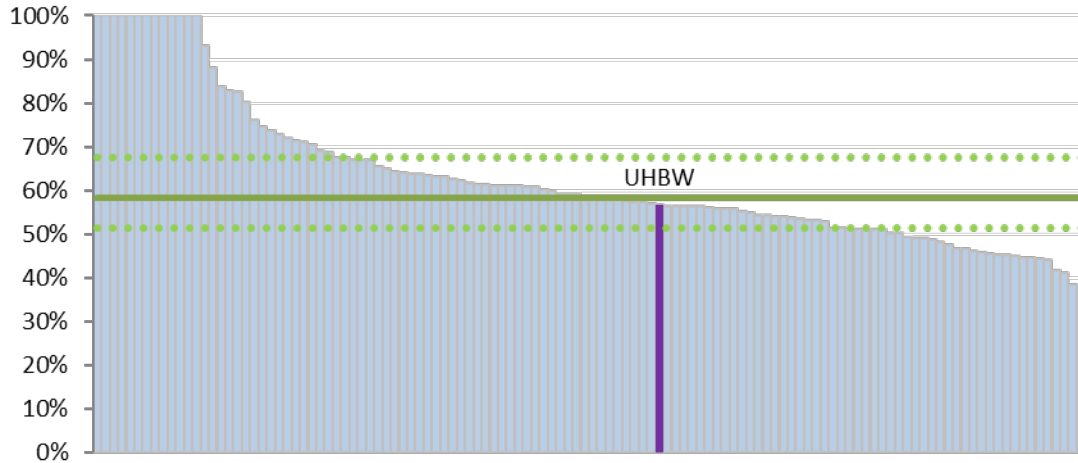
Average Daily Attendances	Nov-22	2022/23	2021/22
Bristol Royal Infirmary	207	206	205
Bristol Children's Hospital	165	133	129
Bristol Eye Hospital	71	67	61
Weston General Hospital	130	129	126
UHBW TOTAL	573	535	521



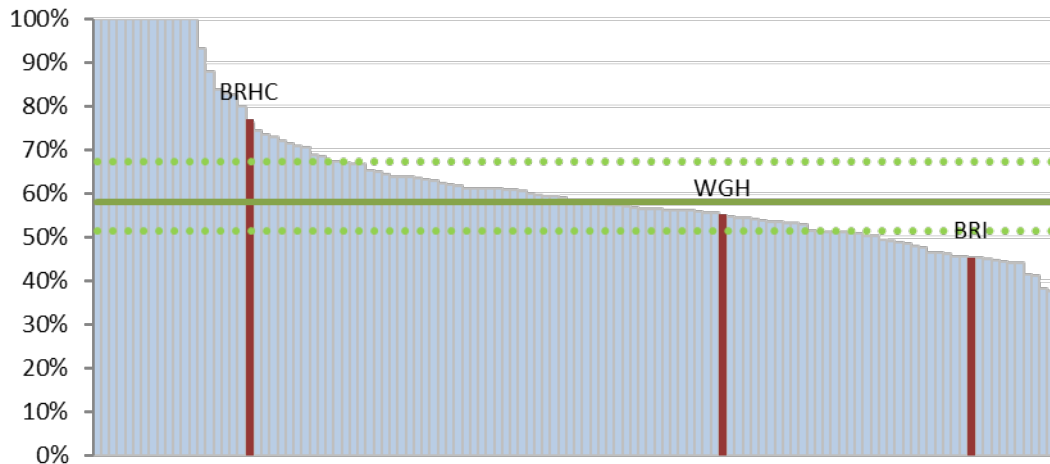
Note:
The above charts cover all four Emergency Departments. The Benchmarking charts on the next page is national performance data for Type 1 Emergency Departments only. For UHBW this excludes the Eye Hospital.

Emergency Care – 4 Hour Standard

Benchmarking - ED 4 Hour Performance 2022/23 Quarter 2



Benchmarking - ED 4 Hour Performance 2022/23 Quarter 2



Emergency Care – 12 Hour Trolley Waits

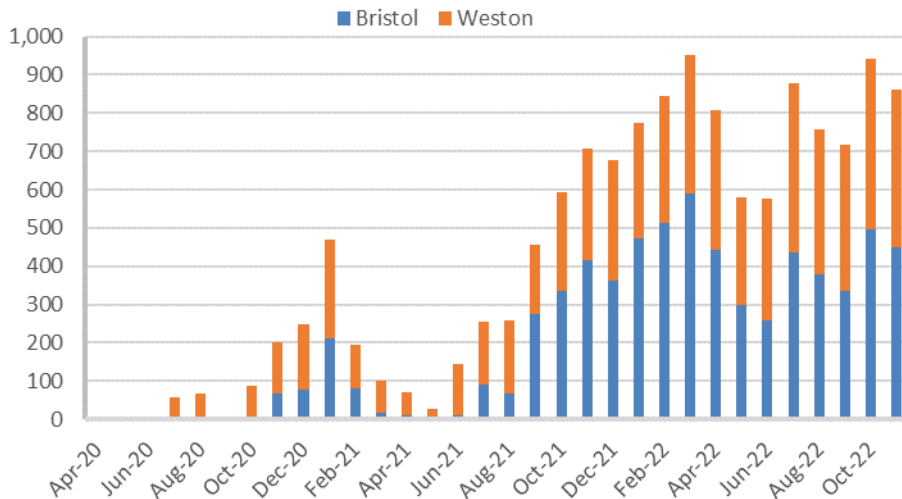
November 2022

12 Hour Trolley Waits

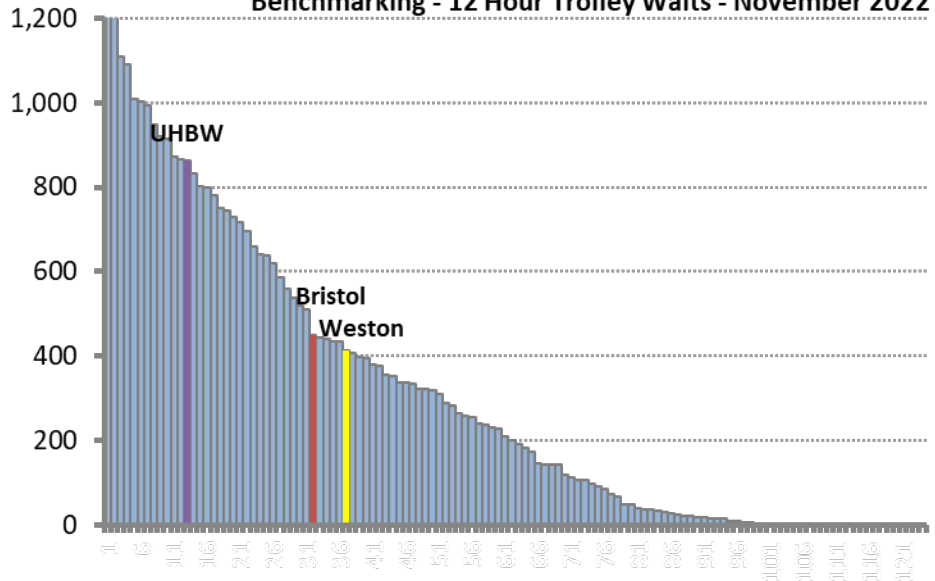
A supporting measure for Emergency Care is the “12 Hour Trolley Wait” standard. For all patients admitted from ED, this measures the time from the Decision To Admit (within ED) and the eventual transfer from ED to a hospital ward. The national quality standard is for zero breaches. Datix ID 5067 Risk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

12 Hour Trolley Waits Per Month



Benchmarking - 12 Hour Trolley Waits - November 2022



Emergency Care – Ambulance Handovers

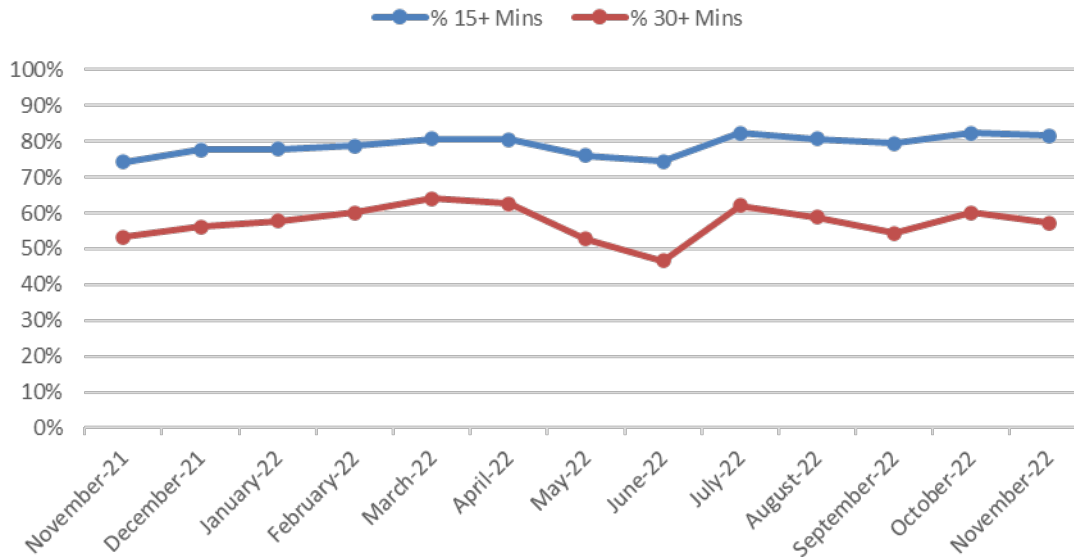
November 2022

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.

Nov-22					
	Total Handovers	15+ Mins	% 15+ Mins	30+ Mins	% 30+ Mins
Bristol Royal Infirmary	2130	1874	88.0%	1402	65.8%
Bristol Children's Hospital	663	356	53.7%	152	22.9%
Weston General Hospital	822	720	87.6%	517	62.9%
UHBW Total	3615	2950	81.6%	2071	57.3%

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



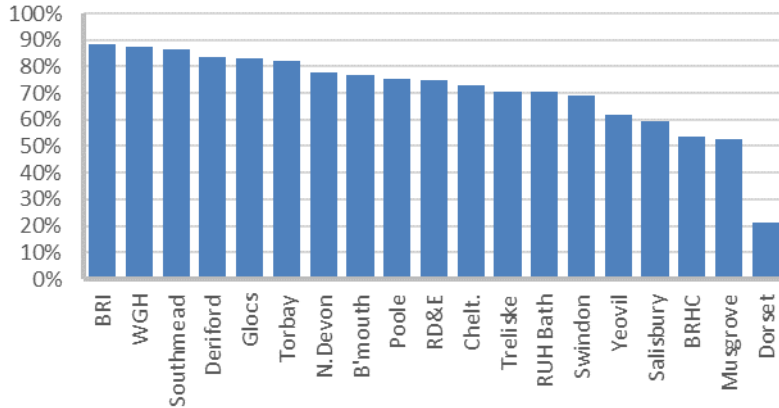
Emergency Care – Ambulance Handovers

November 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 - November 2022



Total Handovers - South West - November 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	662	356	53.8%	152	23.0%	30	2
BRISTOL ROYAL INFIRMARY	2,106	1,857	88.2%	1,385	65.8%	808	415
CHELTENHAM GENERAL HOSPITAL	538	393	73.0%	225	41.8%	79	16
DERRIFORD HOSPITAL	2,149	1,799	83.7%	1,524	70.9%	1,158	852
DORSET COUNTY HOSPITAL	1,385	292	21.1%	101	7.3%	31	8
GLOUCESTER ROYAL HOSPITAL	2,839	2,365	83.3%	1,692	59.6%	892	280
GREAT WESTERN HOSPITAL	1,789	1,240	69.3%	840	47.0%	596	410
MUSGROVE PARK HOSPITAL	2,301	1,213	52.7%	506	22.0%	139	14
NORTH DEVON DISTRICT HOSPITAL	1,258	978	77.7%	565	44.9%	257	88
POOLE HOSPITAL	1,911	1,437	75.2%	886	46.4%	477	277
ROYAL BOURNEMOUTH HOSPITAL	1,944	1,489	76.6%	1,047	53.9%	582	253
ROYAL DEVON AND EXETER WONFORD	2,711	2,036	75.1%	1,290	47.6%	519	94
ROYAL UNITED HOSPITAL - BATH	2,433	1,712	70.4%	1,054	43.3%	588	253
SALISBURY DISTRICT HOSPITAL	1,099	652	59.3%	309	28.1%	133	46
SOUTHMEAD HOSPITAL	2,519	2,184	86.7%	1,494	59.3%	838	440
TORBAY HOSPITAL	1,825	1,501	82.2%	1,098	60.2%	773	487
TRELISKE HOSPITAL	2,675	1,893	70.8%	1,415	52.9%	942	617
WESTON GENERAL HOSPITAL	821	719	87.6%	516	62.9%	303	200
YEOVIL DISTRICT HOSPITAL	1,284	792	61.7%	257	20.0%	69	15
SOUTH WEST TOTAL	34,249	24,908	72.7%	16,356	47.8%	9,214	4,767

Delayed Discharges (No Criteria to Reside)

November 2022

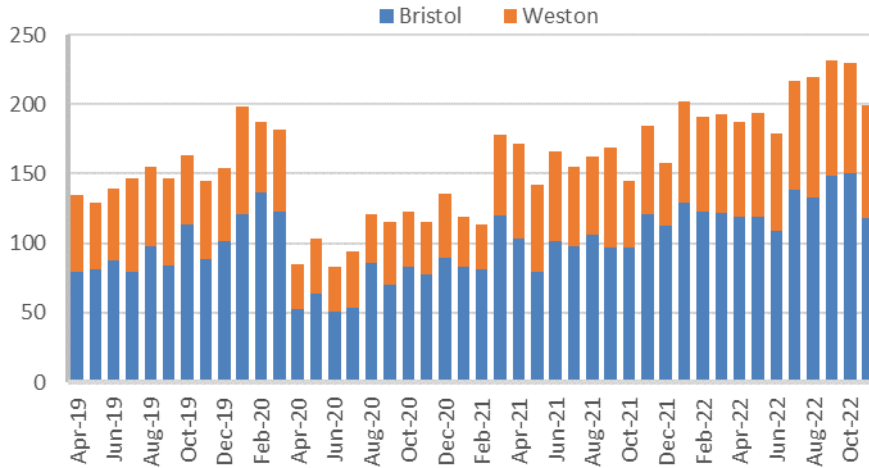
N/A *No Standard Defined*

Standards:	Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToc) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its No Criteria to Reside (NCTR) lists. These are patients whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge. Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3).
Performance:	At the end of November there were 199 NCR patients in hospital. There were 6,144 beddays consumed in total in the month (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 205 beds were occupied per day by NCR patients.
Actions:	The demand across all the pathways in Bristol and Weston continued to exceed capacity in the community. A breakdown of November's performance is provided below: <ul style="list-style-type: none">• Pathway 1 (P1): In the BRI there were 25 patients who did not meet the criteria to reside and in Weston there were 15 patients. IDS continues to exploit opportunities with the discharge support grant, earlier discharges with family support and increasing engagement with the discharge Multi Disciplinary Team (MDT) meetings.• Pathway 2 (P2): Waiting list remained static in November, BRI: 16 patients and WGH: 25. Higher numbers in WGH due to lack of P2 beds in North Somerset. Work continues with MDT to reduce P2 to P1.• Pathway 3 (P3): The P3 waiting list lower than previous months, however time on the waiting list remains high, 23 patients in the BRI and 12 patients at WGH. The Integrated Discharge Service (IDS) continues to meet with community partners to progress particularly complex patients. Reduction in transitional beds, paid for by the ICS, has led to an increase of pathway 3 waiters in hospital.
Ownership:	Chief Operating Officer

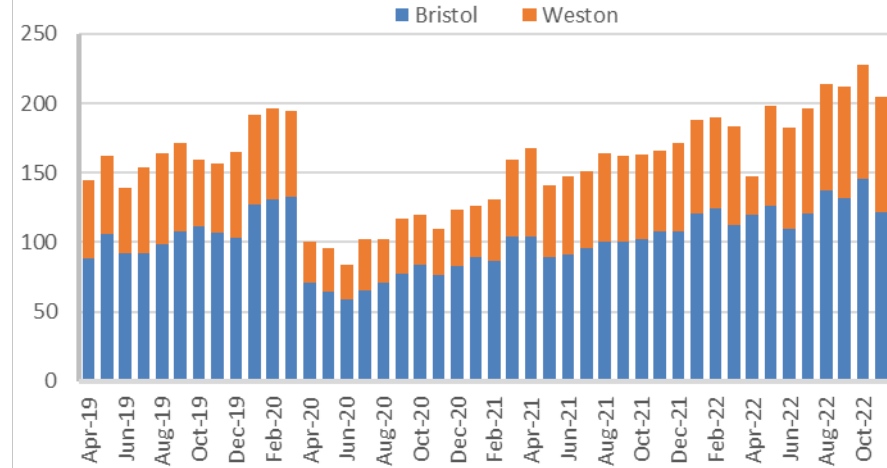
Delayed Discharges (No Criteria to Reside)

November 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, 15 December 2022

Pathway	Number of Patients	Percentage	7+ Days on Latest Pathway	14+ Days on Latest Pathway	21+ Days on Latest Pathway
Pathway 1	53	23.9%	12	1	1
Pathway 2	53	23.9%	24	8	4
Pathway 3	32	14.4%	19	7	4
Awaiting Decision	43	19.4%	6	0	0
Awaiting Referral	17	7.7%	3	0	0
Other	24	10.8%	16	8	7
Total	222		80	24	16

Pathway 1 – patients awaiting package of care

Pathway 2 – requiring rehabilitation or reablement

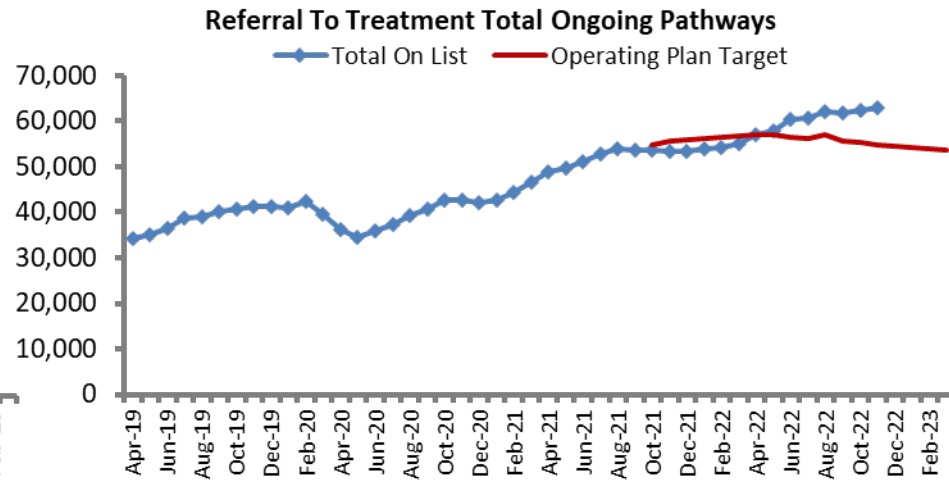
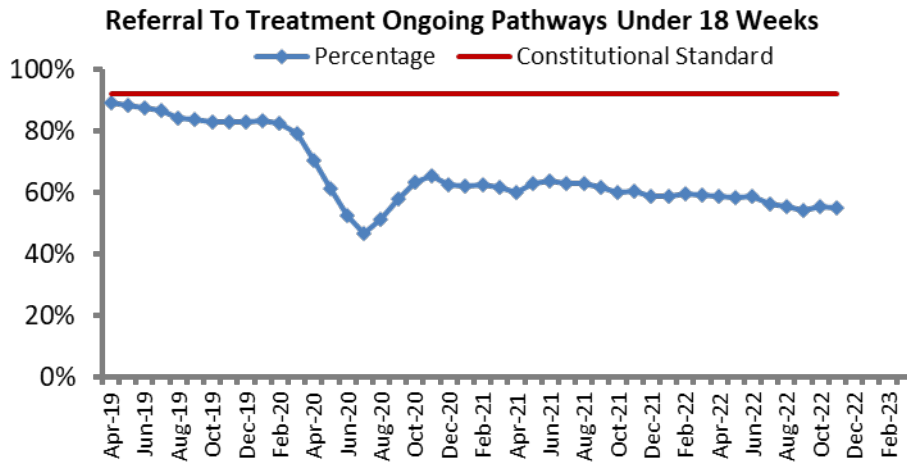
Pathway 3 – Nursing or Residential home required

Referral To Treatment

November 2022

N Not Achieved

Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. A recovery trajectory was submitted to NHS England for 2022/23. The end of November target list size was 54,883.
Performance:	At end of November, 55.2% of patients were waiting under 18 weeks. The total waiting list was 63,041 and the 18+ week backlog was 28,246. So the end of November position for total list size exceeded the recovery trajectory. Comparing the end of April 2020 with the end of November 2022: <ul style="list-style-type: none"> the overall wait list has increased by 26,829 patients. This is an increase of 74%. the number of patients waiting 18+ weeks increased by 17,592 patients. This is an increase of 165%.
Actions:	Please refer to “Referral To Treatment Long Waits” section.
Ownership:	Chief Operating Officer

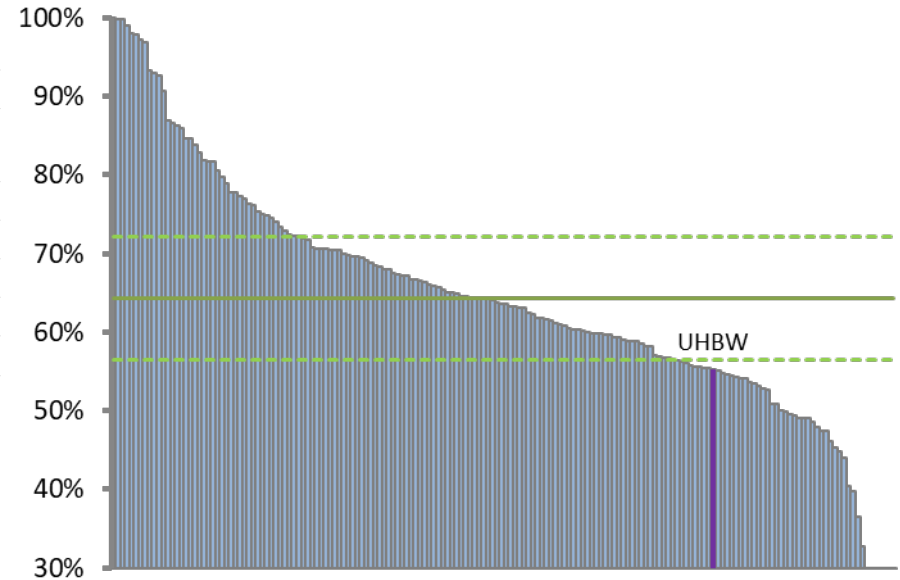


Referral To Treatment

November 2022

	Nov-22		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	1,163	1,302	89.3%
Medicine	5,372	9,486	56.6%
Specialised Services	3,597	5,122	70.2%
Surgery	18,336	35,741	51.3%
Women's and Children's	6,327	11,390	55.5%
Other	0	0	
UHBW TOTAL	34,795	63,041	55.2%

Benchmarking RTT Percentage Under 18 Weeks - October 2022



Referral To Treatment – Long Waits

November 2022

P Partially Achieved

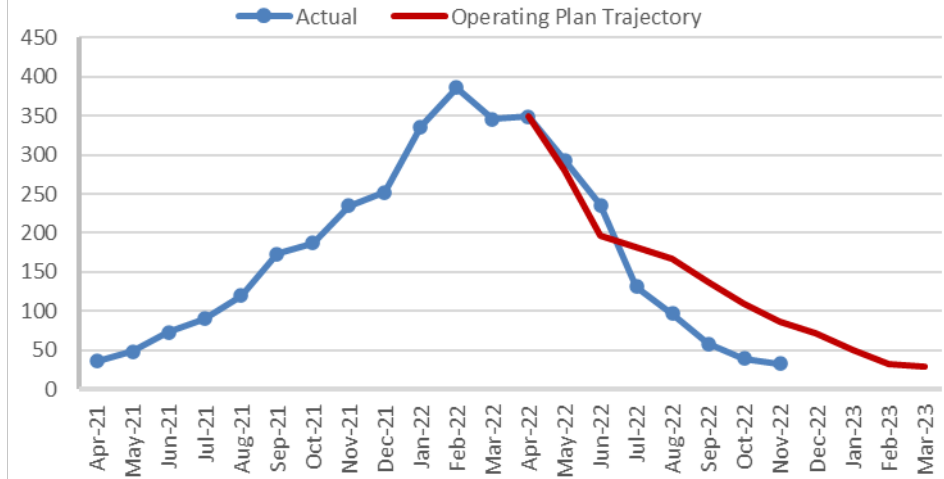
Standards:	Pre-Covid, the expectation was that no patient should wait longer than 52 weeks for treatment. As part of the Elective Recovery Programme Trusts have submitted trajectories to March 2023 for 52+, 78+ and 104+ weeks wait.
Performance:	<p>At the end of November:</p> <ul style="list-style-type: none"> • 5,888 patients were waiting 52+ weeks against a target of 4,559. • 755 patients were waiting 78+ weeks against a target of 717. • 33 patients were waiting 104+ weeks against a target of 87.
Actions:	<ul style="list-style-type: none"> • Plans to clear patients who are currently 104+ weeks remains challenging and divisions are currently meeting with the Chief Operating Officer on a weekly basis. The requirement is to provide assurance of plans to eliminate 104+ week waits in a sustainable way. The largest risk of breaches is in the Division of Surgery with a smaller cohort of breaches in Paediatric services. In the Division of Surgery, Colorectal, Upper Gastrointestinal (GI) and Dental services hold the largest volumes. • Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and St Joseph’s to support their recovery in some areas. In January, they will commence insourcing using KPI Health. • In Surgical specialities, there is some long-term sickness whereby locums are hoped to be secured to support and some consultants have provided additional weekend and evening time to help reduce care backlogs. Upper GI continues to be challenged due to the volume of cancer cases that continue to take priority. However, the additional locum support will provide additional capacity in this area. • The Trust continues to contact patients who are waiting for treatment dates to ask if they would accept treatment at an alternative provider. However, this can be a problem as the longest waiting patients generally require treatment at UHBW with their current consultant. However, for Paediatric patients, the department continues to request mutual aid support via colleagues at University Hospitals Plymouth (UHP) where a further four patients will be treated in January. • Internally we continue to bolster additional capacity through GLANSO 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 over 78 weeks and who need to be treated by end of March 2023. • Where patients are too complex for transferring outside the organisation for treatment under mutual aid arrangements, focus should be on maximising our theatre scheduling across all sites and ensure that suitable capacity is available for our longest waiting breaches. This continues to be a challenge due to the high volumes of cancer cases, inpatient capacity constraints (including High Dependency) and staff shortages to bring these patients in for treatment.
Ownership:	Chief Operating Officer

Referral To Treatment – Long Waits

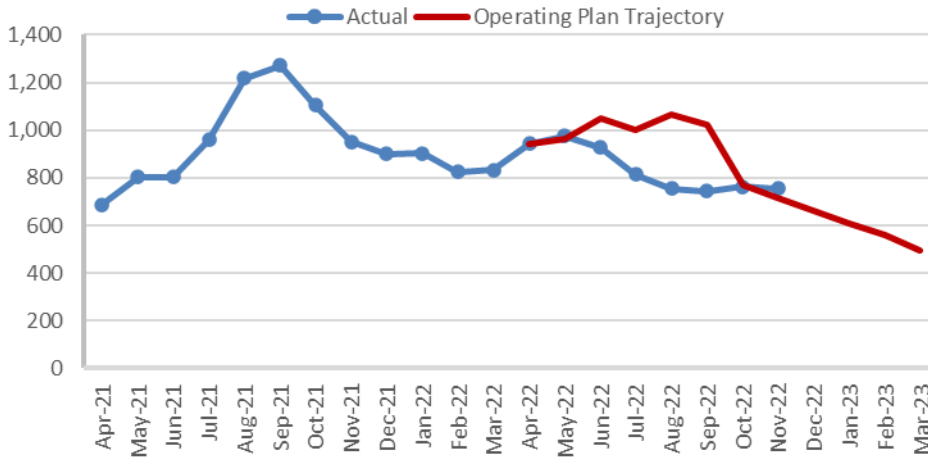
November 2022

	Nov-22		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	3	2	0
Medicine	563	44	0
Specialised Services	158	5	0
Surgery	4,231	565	30
Women's and Children's	933	139	3
Other	0	0	0
UHBW TOTAL	5,888	755	33

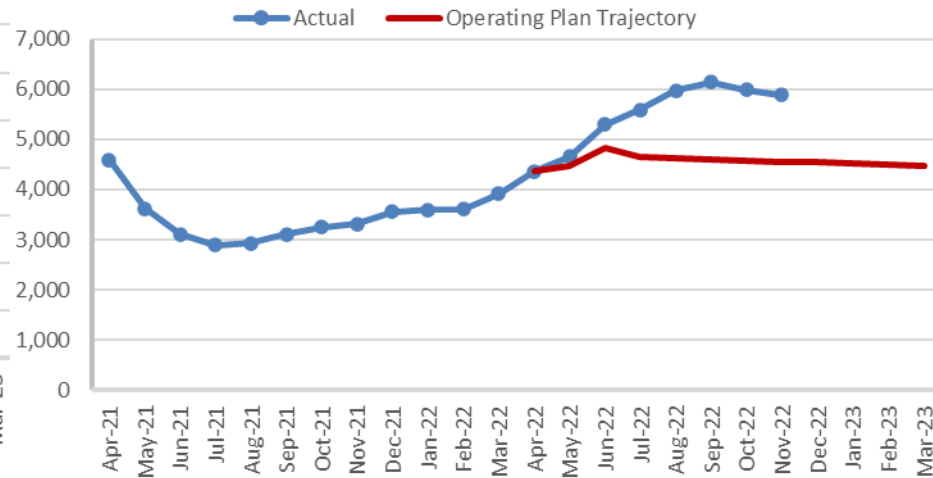
Number of Ongoing Patients Waiting 104+ Weeks at Month End



Number of Ongoing Patients Waiting 78+ Weeks at Month End



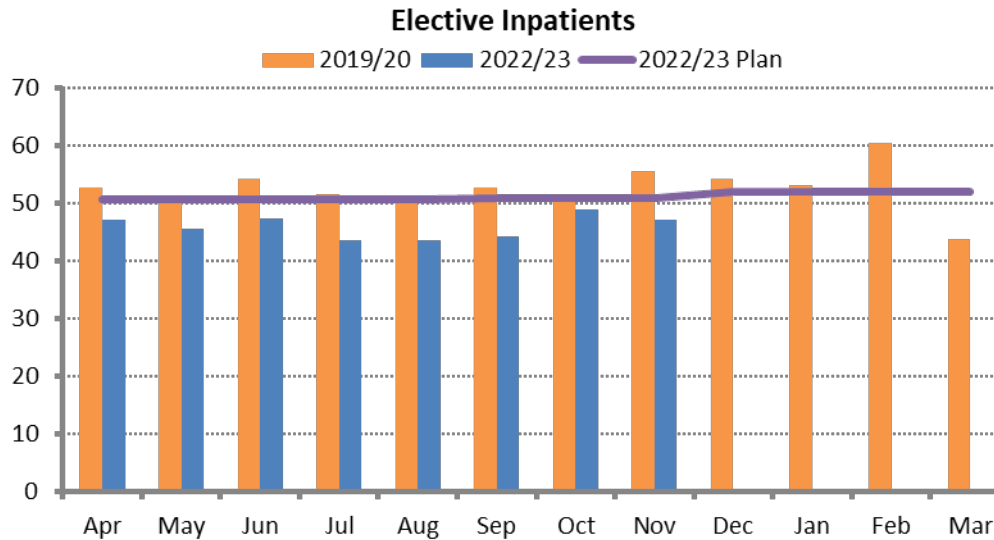
Number of Ongoing Patients Waiting 52+ Weeks at Month End



Elective Activity – Restoration

November 2022

Activity Per Day, By Month and Year



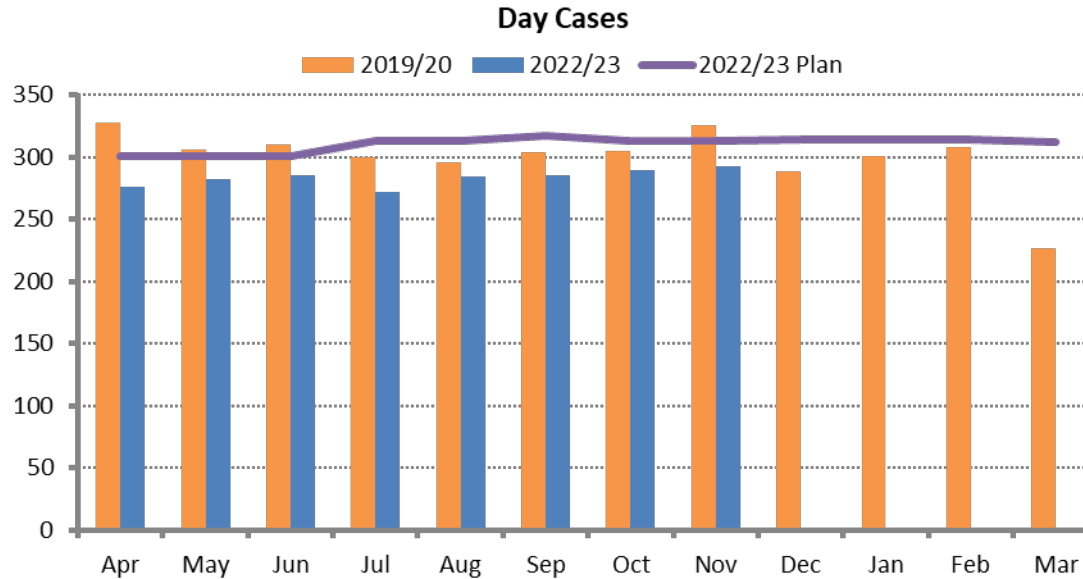
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	53	51	54	52	51	53	52	56	54	53	60	44
2021/22	Actual Activity Per Day	44	49	43	44	38	37	34	38	35	38	41	44
2022/23	Actual Activity Per Day	47	45	47	43	44	44	49	47				
	Planned Activity Per Day	51	51	51	51	51	51	51	51	52	52	52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

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

Elective Activity – Restoration

November 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	288	301	307	226
2021/22	Actual Activity Per Day	274	297	275	261	271	269	264	271	253	280	266	259
2022/23	Actual Activity Per Day	276	282	285	272	284	286	290	292				
	Planned Activity Per Day	301	301	301	313	313	317	313	313	314	314	314	312

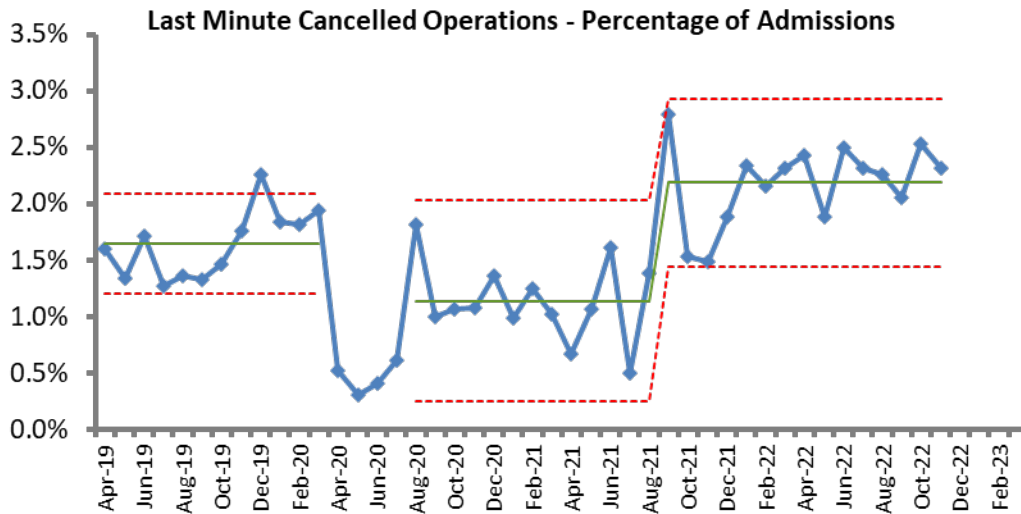
2022/23 Activity: % of Plan	92%	94%	95%	87%	91%	90%	92%	93%				
2022/23 Activity: % of 2019/20	84%	92%	92%	91%	96%	94%	95%	90%				

Cancelled Operations

November 2022

N Not Achieved

Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In November, there were 180 last minute cancellations, which was 2.3% of elective admissions. Of the 186 cancelled in October, 153 (82%) had been re-admitted within 28 days.
Actions:	Actions for reducing last minute cancellations are being delivered by the Theatre Productivity Programme.
Ownership:	Chief Operating Officer



	Nov-22		
	LMCs	Number of Admissions	% of Admissions
Diagnostics and Therapies	0	30	0.0%
Medicine	22	990	2.2%
Specialised Services	39	2,862	1.4%
Surgery	81	2,570	3.2%
Women's and Children's	38	1,157	3.3%
Other	0	183	
UHBW TOTAL	180	7,792	2.3%

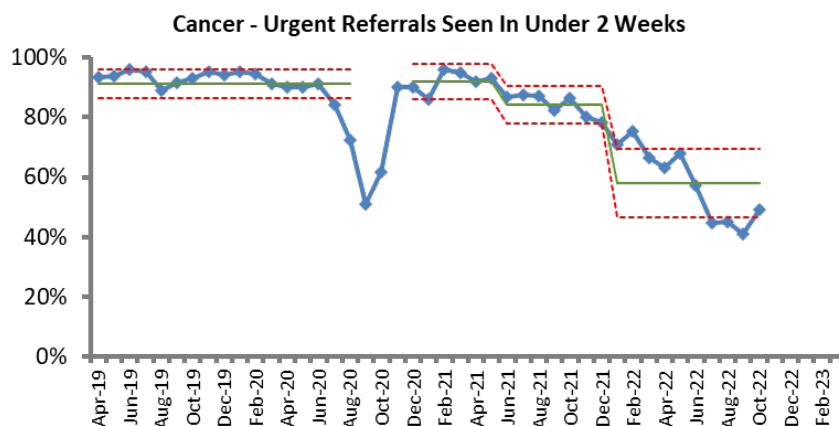
Cancer Two Week Wait

October 2022

N Not Achieved

Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For October, 49.1% of patients were seen within 2 weeks. Overall performance for Quarter 1 was 62.9%. The overall performance for Quarter 2 was 43.6%.
Actions:	The standard was non-compliant in October (49.1% against a 93% standard). Very high Covid sickness in June and July, particularly affecting the high volume specialities of skin and colorectal, has caused this deterioration, creating a backlog that is challenging to clear in light of ongoing vacancies and ad hoc sickness. Actions to improve performance include appointment of locums in relevant areas to clear the backlogs. Significant progress is being made in both areas, although initially this can cause a deterioration in performance as the longer waiting patients get seen. It will be some time before the backlogs are decreased sufficiently to meet the 2 week standard and compliance is unlikely in this calendar year. Introduction of straight-to-test pathways in Weston colorectal and ongoing work at regional level on primary-secondary care colorectal cancer referral pathways will support longer term improvement and sustainability.
Ownership:	Chief Operating Officer

2 Week Wait - Oct-22



	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	4	4	100.0%
Suspected breast cancer	1	1	100.0%
Suspected children's cancer	11	12	91.7%
Suspected gynaecological cancers	150	202	74.3%
Suspected haematological malignancies	11	11	100.0%
Suspected head and neck cancers	403	459	87.8%
Suspected lower gastrointestinal cancers	116	340	34.1%
Suspected lung cancer	26	30	86.7%
Suspected skin cancers	16	551	2.9%
Suspected upper gastrointestinal cancers	124	147	84.4%
Grand Total	862	1,757	49.1%

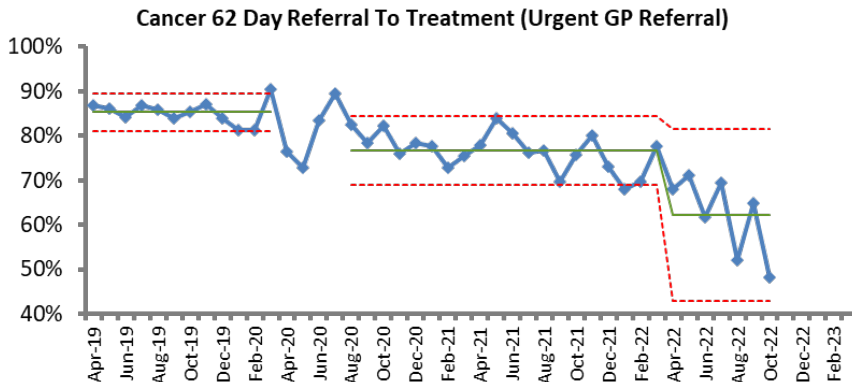
Cancer 62 Days

October 2022

N Not Achieved

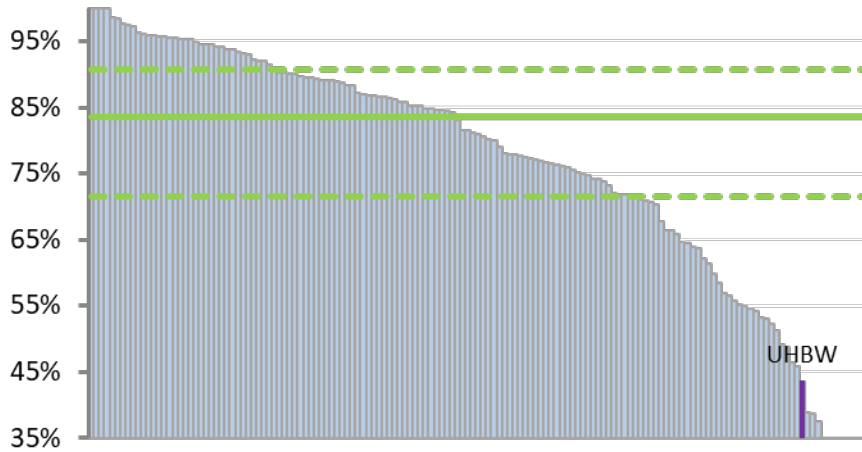
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For October, 48.2% of patients were seen within 62 days. The overall Quarter 1 performance was 66.9%. The overall Quarter 2 performance was 61.4%.
Actions:	<p>The standard was non-compliant in October (48.2% against an 85% standard). The impact of the Covid pandemic on all areas of capacity continues to be at the root of the majority of potentially avoidable target breaches. Achieving compliance with the 85% standard remains unlikely in the intermediate term, as backlogs created by high Covid sickness will take months to finish impacting on the retrospective performance position. There remains the risk of further ‘surges’ of high Covid prevalence which could delay recovery, along with the risk of impact from potential strikes or excessive winter pressures. The majority of patients continue to be treated within clinically safe timescales with clinical safety review embedded into waiting list management practice.</p> <p>Actions include recruitment into hard-to-fill posts and use of locums (where suitable locums can be sourced), additional lists and clinics, introduction of straight to test pathways in gynaecology and colorectal, a pilot of AI technology in dermatology, and continual effective patient level waiting list management.</p>
Ownership:	Chief Operating Officer

Cancer 62 Day - Oct-22

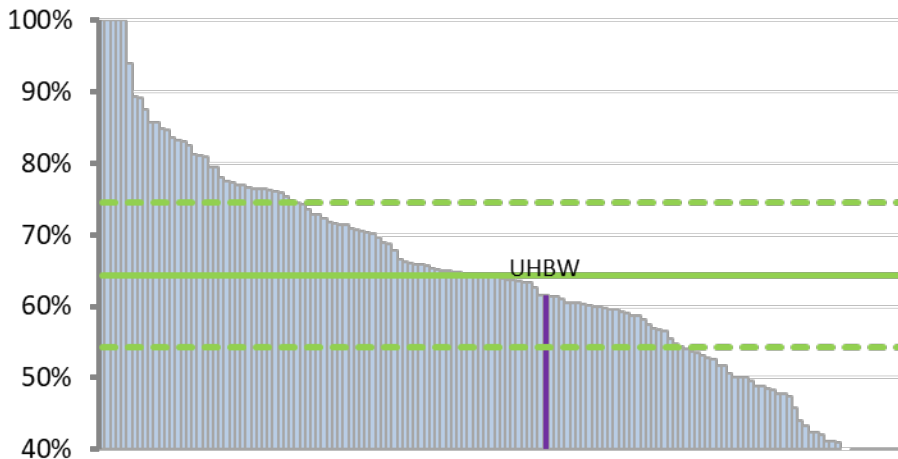


	Within Target	Total Pathways	Performance
Breast	0.5	2.0	25.0%
Gynaecological	3.5	8.0	43.8%
Haematological	5.5	6.5	84.6%
Head and Neck	5.0	11.0	45.5%
Lower Gastrointestinal	2.5	8.5	29.4%
Lung	8.0	15.0	53.3%
Skin	24.5	47.0	52.1%
Testicular	1.0	1.0	100.0%
Upper Gastrointestinal	2.5	9.0	27.8%
Urological	0.0	2.0	0.0%
Grand Total	53.0	110.0	48.2%

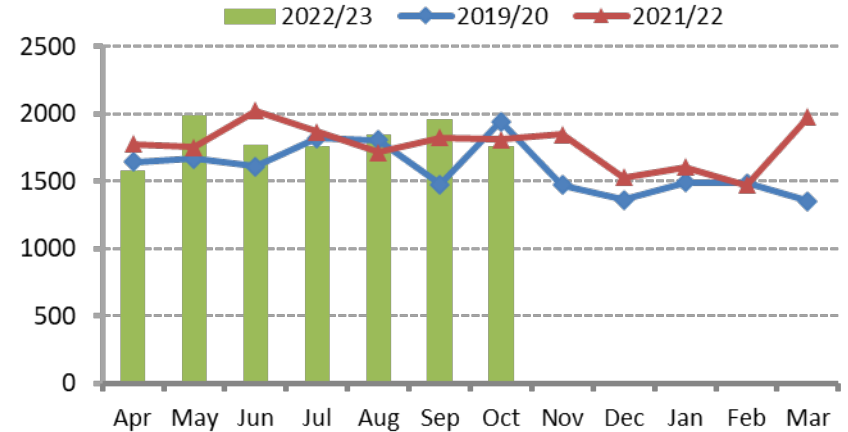
Benchmarking - 2 Week Wait Performance - 2022/23 Quarter 2



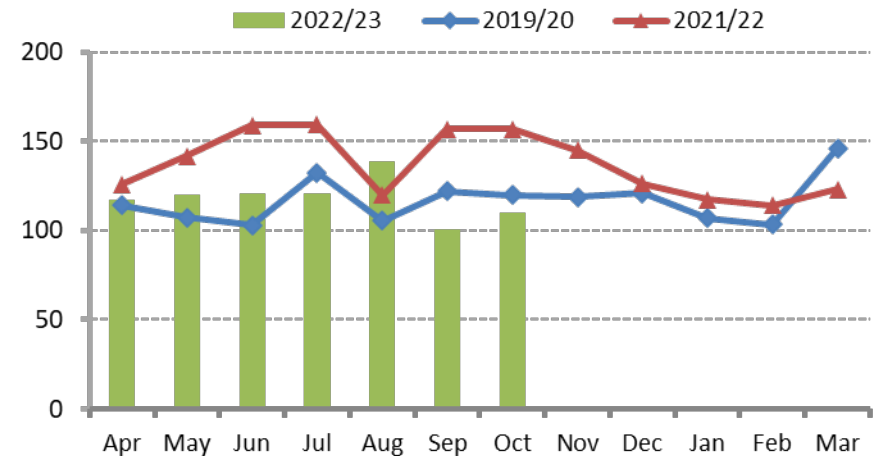
Cancer 62 Day Performance - 2022/23 Quarter 2



2 Week Wait - Patients Seen



62 Day - Patients Treated



Cancer – 28 Day Faster Diagnosis

October 2022

N Not Achieved

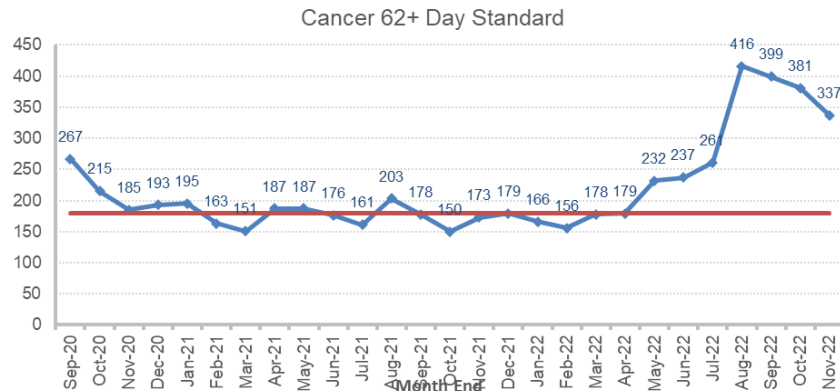
Standards:	The standard measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. The standard is reported separately for GP referred and screening referred patients.
Performance:	In October the Trust delivered 45.8% against the GP referred standard and 75.0% against the screening standard. Quarter 1 overall delivered 71.9% against the GP referred standard and 49.7% against the screening standard. Quarter 2 overall delivered 57.0% against the GP referred standard and 64.8% against the screening standard.
Actions:	The GP referred standard was below the compliance threshold this month. The screening standard 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.
Ownership:	Chief Operating Officer

Month	Measure	Number Within 28		Percentage Compliance
		Days	Total Patients	
Jul-22	GP Referred	962	1,488	64.7%
	Screening	40	64	62.5%
	Combined	1,002	1,552	64.6%
Aug-22	GP Referred	995	1,747	57.0%
	Screening	43	65	66.2%
	Combined	1,038	1,812	57.3%
Sep-22	GP Referred	811	1,621	50.0%
	Screening	35	53	66.0%
	Combined	846	1,674	50.5%
Oct-22	GP Referred	727	1,586	45.8%
	Screening	39	52	75.0%
	Combined	766	1,638	46.8%

Cancer – Patients Waiting 62+ Days

Snapshot taken: 4th December 2022

Standards:	<p>This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak and is currently the principal standard of interest to NHSE. NHSE has asked Trusts to return to/remain below 'pre-pandemic levels'. NHSE defines this as 180 patients for UHBW.</p> <p>Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.</p>
Performance:	<p>As at 4th December the Trust had 337 patients waiting >62 days on a GP suspected cancer pathway, against a baseline of 180.</p>
Actions:	<p>The Trust continues to exceed (i.e. not comply with) the 'pre-Covid baseline' but has comfortably achieved its improvement trajectory for the month and indeed is currently nearly 6 weeks ahead of trajectory although we expect to see a short term deterioration over Christmas due to patient choice and the bank holidays, which will bring us more in line with the trajectory figure when we report at month end. Very high staff sickness due to Covid in June and July coupled with high demand, particularly in the high volume specialities of colorectal, dermatology and gynaecology, has created backlogs. The Trust is working to recover performance by March 2023. Several of these areas are also impacted by high vacancy rates both in the speciality teams and in supporting teams e.g. theatre nursing. Locums have been appointed to address some of these backlogs although recruitment and retention remains a problem in some of the relevant areas due to national shortages of staff in these specialities. Recovery is also dependent on there not being further severe service disruption as a result of further Covid prevalence surges, excessive winter pressures, or potential strikes. The two strike dates in December are unlikely to be sufficiently impactful to prevent recovery by end of March, but if more dates go ahead in January, the level of disruption is likely to reach the level where the recovery trajectory cannot be delivered.</p>
Ownership:	<p>Chief Operating Officer</p>

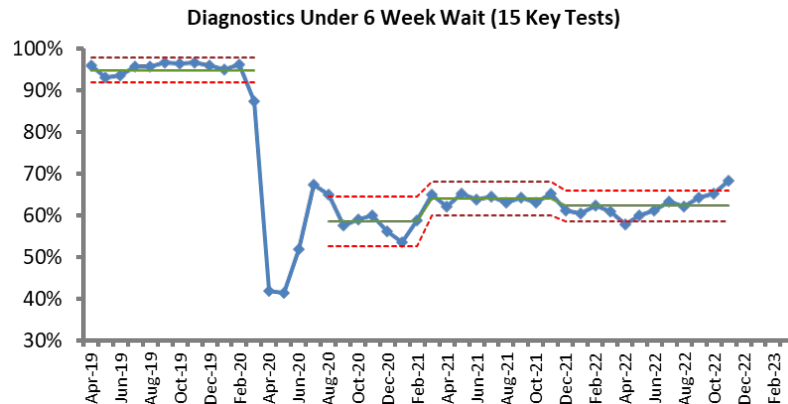


Diagnostic Waits

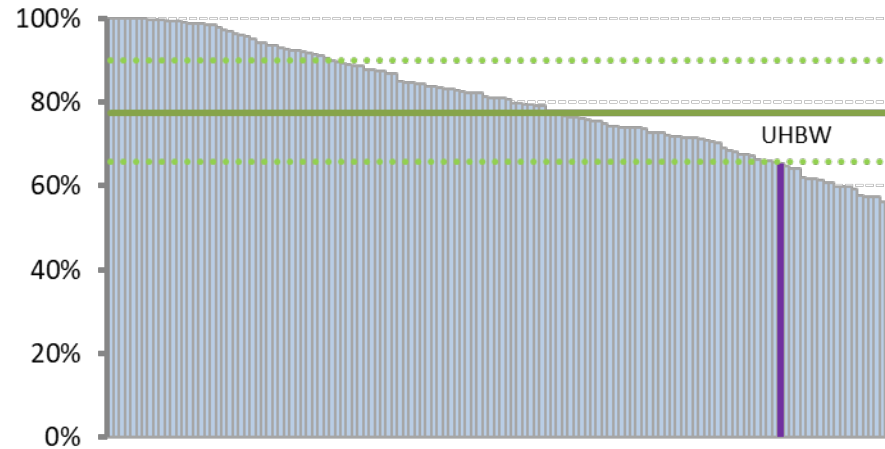
November 2022

N Not Achieved

Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end. The 2022/23 recovery plans require 75% to be achieved by end of March 2023. In addition Trusts are expected to clear their 26+ week backlog by March 2023.
Performance:	At end of November, 68.5% of patients were waiting under 6 weeks, with 16,692 patients in total on the list. There were a total of 1,032 patients waiting 26+ weeks which is 6.2% of the waiting list.
Actions:	The Trust is aiming to ensure all patients are waiting less than 26 weeks for a diagnostic test by March 2023 (i.e. to eliminate long waiters) and aiming to achieve 75% compliance with the 6 week wait standard. The trust did not achieve the agreed trajectory in November 2022, however performance is improving. The numbers of longest waiting patients are also decreasing. The diagnostic hotspots are in Endoscopy, non-obstetric ultrasound and MRI. However Echocardiography is continuing to improve well and is tracking better than trajectory. Endoscopy performance remains the most significant risk to 6 week performance and recovery in diagnostics. There are a number of plans and actions in place in Endoscopy. These will take time to yield the progress expected, but improvements are being seen in this modality. Some niche areas of MRI are improving slower than plan, but this modality is still expected to achieve by March 2023. Recovery plans and progress for all modalities is monitored closely, with specific focus on high volume and niche areas. The Trust continues to utilise mutual aid and additional capacity, where available, to aid recovery plans in challenged modalities.
Ownership:	Chief Operating Officer



Benchmarking - Percentage Under 6 Weeks - October 2022



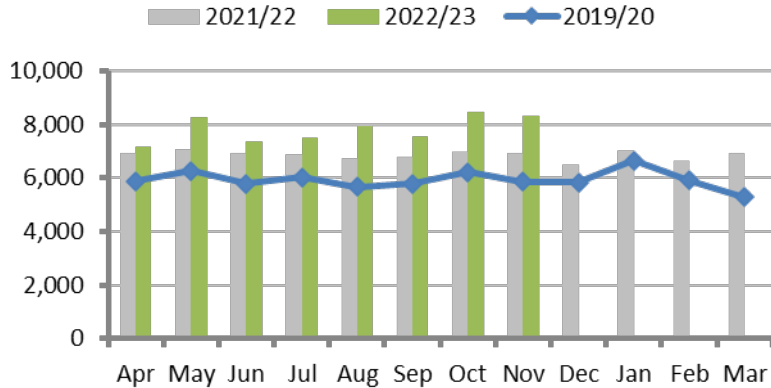
End of November 2022

Modality	Total On List	6+ Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	712	16	2%	1	0%	0	0%
Colonoscopy	982	682	69%	543	55%	360	37%
Computed Tomography (CT)	2,589	430	17%	71	3%	0	0%
DEXA Scan	728	275	38%	57	8%	1	0%
Echocardiography	2,140	947	44%	234	11%	23	1%
Flexi Sigmoidoscopy	310	243	78%	192	62%	126	41%
Gastroscopy	875	582	67%	470	54%	314	36%
Magnetic Resonance Imaging (MRI)	3,188	512	16%	329	10%	159	5%
Neurophysiology	164	0	0%	0	0%	0	0%
Non-obstetric Ultrasound	4,880	1,509	31%	371	8%	8	0%
Sleep Studies	124	60	48%	49	40%	41	33%
Other	0	0		0		0	
UHBW TOTAL	16,692	5,256	31.5%	2,317	13.9%	1,032	6.2%

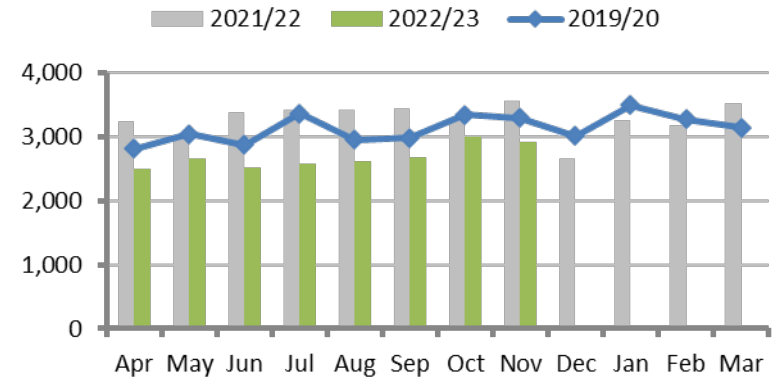
Diagnostic Activity – Restoration

November 2022

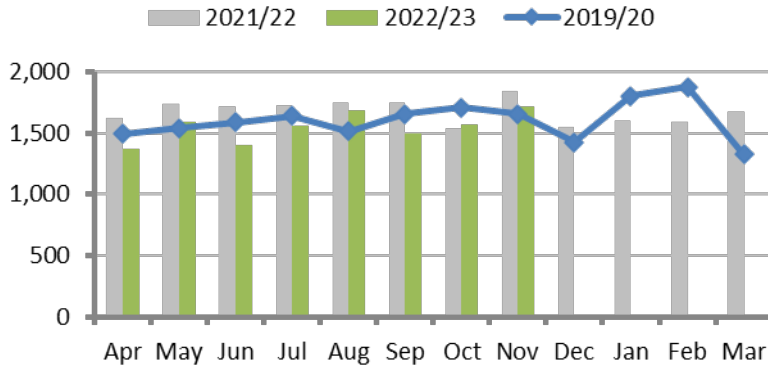
Computed Tomography (CT)



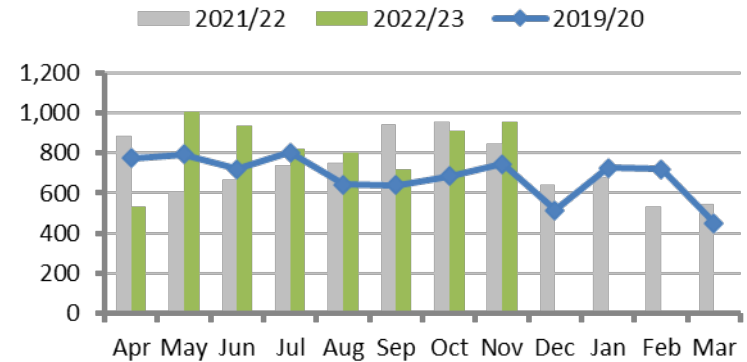
Magnetic Resonance Imaging (MRI)



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

November 2022

N Not Achieved

Standards:	<ul style="list-style-type: none"> • Proportion of outpatient consultations that are non face-to-face (including ones that are delivered by video, as opposed to telephone). The target is to have at least 25% delivered as non face-to-face. • Advice and Guidance (A&G) is a service within the electronic Referral Service (eRS) which allows a clinician to seek advice from another, providing digital communication between two clinicians: the “requesting” clinician and the provider of a service, the “responding” clinician. The aim is for a minimum of 12 advice and guidance requests to be delivered per 100 outpatient new attendances (i.e. 12%) • Patient Initiated Follow-Up (PIFU) is one possible outcome following an outpatient attendance. This gives patients and their carers the flexibility to arrange their follow-up appointments as and when they need them rather than the service booking a follow-up. The target is to have 5% of all outpatient attendances moved or discharged to a PIFU pathway.
Performance:	<p>In November:</p> <ul style="list-style-type: none"> • 16.3% of outpatient attendances were delivered non face-to-face. Of these, 9.7% were delivered as a video consultation. • There were 1,451 Advice & Guidance Responses sent out, which was 6.1% of all New outpatient attendances. • There were 3,412 outpatient attendances that were outcome as PIFU, which was 4.4% of all outpatient attendances.
Actions:	<ul style="list-style-type: none"> • November PIFU activity has remained similar to October (4.3%) of outpatient attendances. Engagement continues with specialities to develop PIFU further in the trust. Long term condition PIFU pathways have been deployed trust-wide development of trust reporting is required to capture the new pathway activity. • Non face-to-face activity 16.3% in November (17% in August). This is reflective of divisions increasing face to face activity to tackle backlogs. DrDoctor activity has identified potential under reporting of video consultation appointment outcomes in trust data. • Advice and Guidance request activity has increased October to November and this is reflective of extending waiting times for responses and increasing backlogs of requests. 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&G service development for 2022/23. • NHSE now includes Referral Assessment Services as A&G activity
Ownership:	<p>Chief Operating Officer</p>

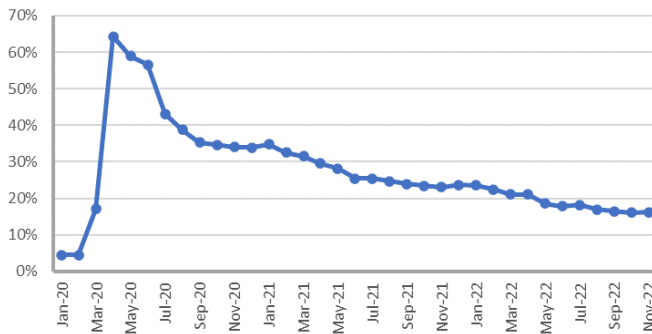
Outpatient Measures

November 2022

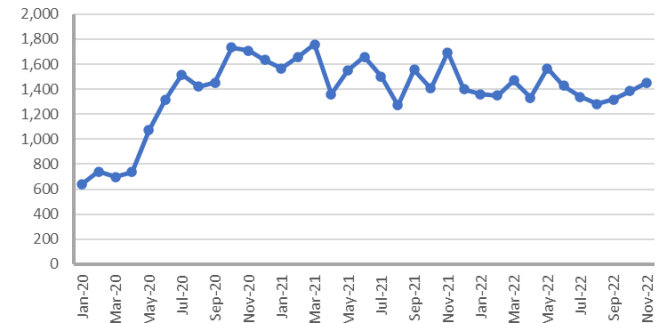
Nov-22

	Non Face To Face		Non Face To Face (Video)		Advice & Guidance		Advice & Guidance Responses		Patient Initiated Follow-Up	
	Total	% of All Attendances	Total	% of All Non Face To Face	Total Responses	% of New Attendances	Responses Within 7 Days	% Responses Within 7 Days	Total PIFU'ed Outcomes	% of All Attendances
Diagnostic & Therapy	1,343	13.4%	237	17.6%	72	1.6%	72	100.0%	568	6.3%
Medicine	2,759	29.0%	333	12.1%	255	8.3%	152	59.6%	198	2.5%
Specialised Services	4,948	34.5%	298	6.0%	305	11.7%	295	96.7%	357	2.8%
Surgery	1,750	6.3%	39	2.2%	164	2.7%	139	84.8%	499	2.0%
Weston	0		0		163	5.7%	147	90.2%	730	8.4%
Women's & Children's	1,948	11.7%	326	16.7%	492	10.2%	322	65.4%	1,060	6.8%
TOTAL	12,748	16.3%	1,233	9.7%	1,451	6.1%	1,127	77.7%	3,412	4.4%

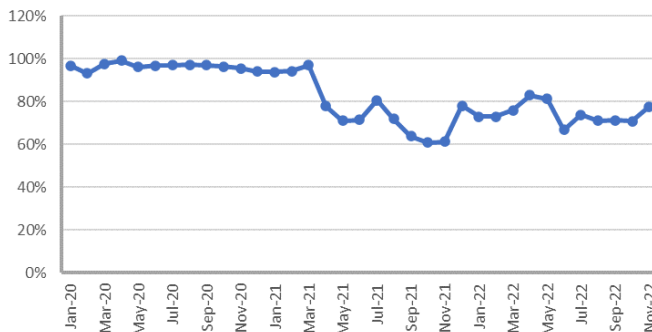
Outpatient Attendances - % Non Face To Face



Number of Advice and Guidance Responses



Percentage of A&G Responses in 7 Days



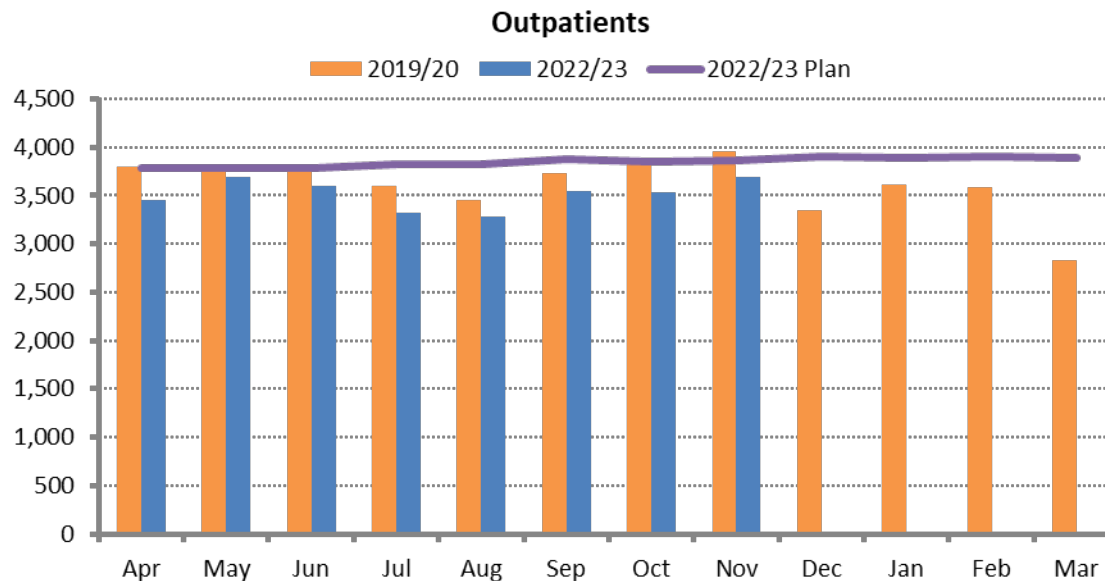
Percentage of Attendances with PIFU Outcome



Outpatient Activity – Restoration

November 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	3,789	3,826	3,596	3,445	3,728	3,893	3,952	3,343	3,615	3,584	2,835
2021/22	Actual Activity Per Day	3,439	3,637	3,461	3,219	3,088	3,356	3,395	3,612	3,167	3,571	3,384	3,383
2022/23	Actual Activity Per Day	3,451	3,690	3,594	3,325	3,278	3,545	3,532	3,694				
	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%	96%				
2022/23 Activity: % of 2019/20		91%	97%	94%	92%	95%	95%	91%	93%				

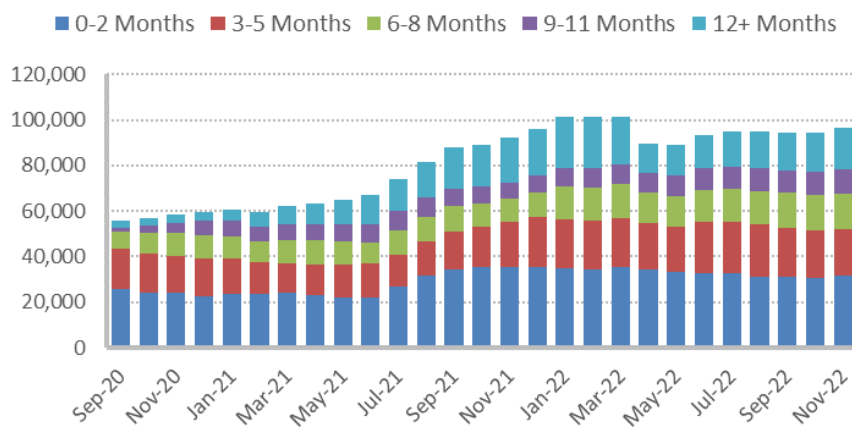
Outpatient Overdue Follow-Ups

November 2022

N Not Achieved

Standards:	This measure looks at referrals where the patient is on a “Partial Booking List”, which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a “Date To Be Seen By”, from which the proportion that are overdue can be reported. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients.
Performance:	Total overdue at end of November was 96,335 of which 44,124 (46%) were overdue by 6+ months and 18,031 (19%) were overdue by 12+ months.
Actions:	<ul style="list-style-type: none"> Validation has continued in November in response to the NHSE '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 November to December to help support 78+ and 52+ Referral To Treatment (RTT) recovery.
Ownership:	Chief Operating Officer

Overdue Follow-Ups By Number of Months Overdue



Nov-22	6+ Months		12+ Months		Total Overdue
	Number	Percentage	Number	Percentage	
Diagnostics & Therapies	6,258	45%	2,338	17%	13,962
Medicine	12,638	52%	5,694	24%	24,101
Specialised Services	6,053	45%	2,225	17%	13,417
Surgery	14,619	46%	5,963	19%	32,028
Weston	2,929	49%	1,365	23%	6,010
Women's and Children's	1,622	24%	441	6%	6,809
Other	5		5		8
UHBW TOTAL	44,124	46%	18,031	19%	96,335

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

July 2022

P Partially Achieved

Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is “as expected”.
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months July 2021 to June 2022 was 99.1 and in NHS Digital’s “as expected” category. This is slightly below the overall national peer group of English NHS trusts of 100.
Action/Plan:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
Ownership:	Medical Director

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Aug-21	2,055	2,095	98.1
Sep-21	2,085	2,085	100.0
Oct-21	2,080	2,070	100.5
Nov-21	2,075	2,090	99.3
Dec-21	2,120	2,135	99.3
Jan-22	2,165	2,155	100.5
Feb-22	2,170	2,185	99.3
Mar-22	2,100	2,125	98.8
Apr-22	2,130	2,130	100.0
May-22	2,140	2,130	100.5
Jun-22	2,150	2,145	100.2
Jul-22	2,125	2,145	99.1

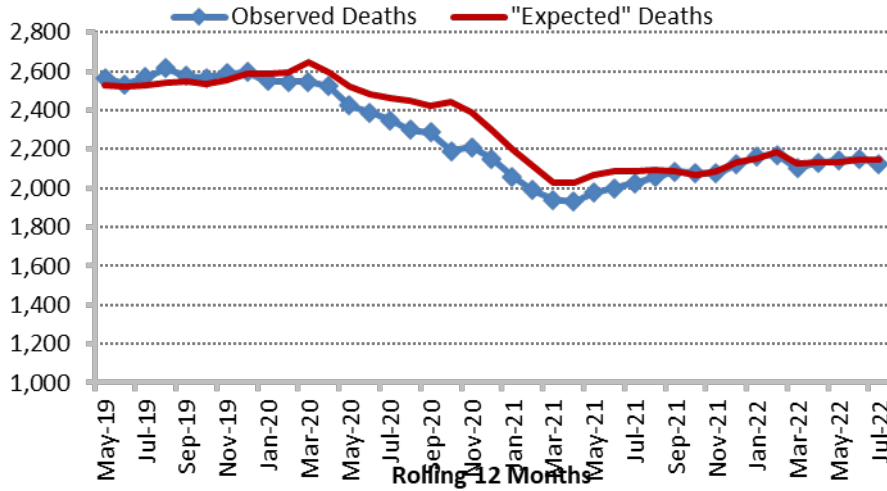
Mortality – SHMI (Summary Hospital-level Mortality Indicator)



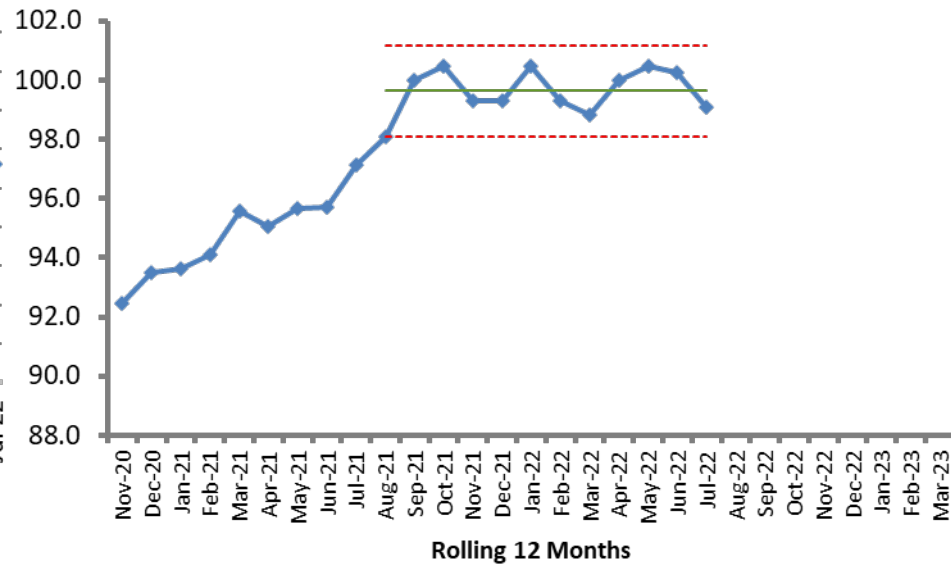
July 2022

P Partially Achieved

Summary Hospital-level Mortality Indicator (SHMI)



Summary Hospital Mortality Indicator (SHMI) - National Monthly Data



Mortality – HSMR (Hospital Standardised Mortality Ratio)

September 2022

N Not Achieved

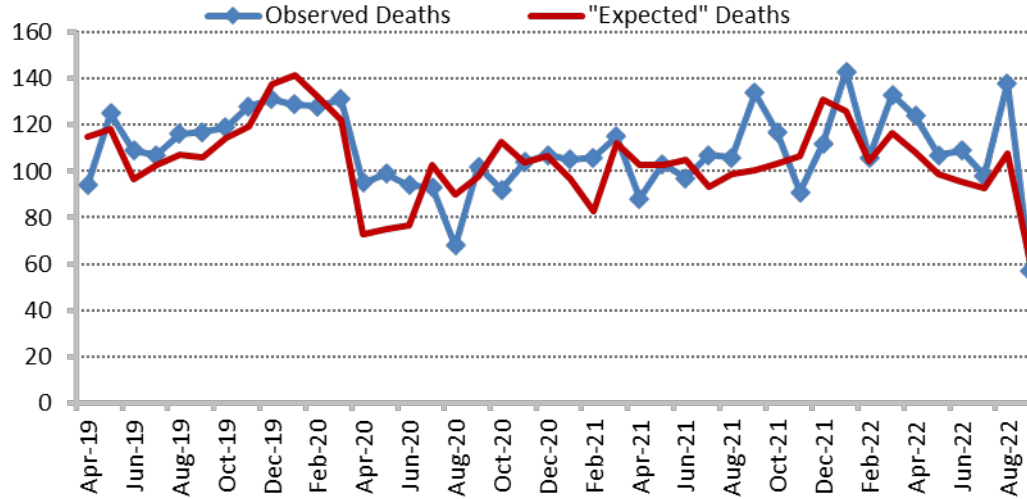
Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR within CHKS for UHBW solely for the month of 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.
Action/Plan:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
Ownership:	Medical Director

Month	Observed Deaths	"Expected" Deaths	HSMR
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

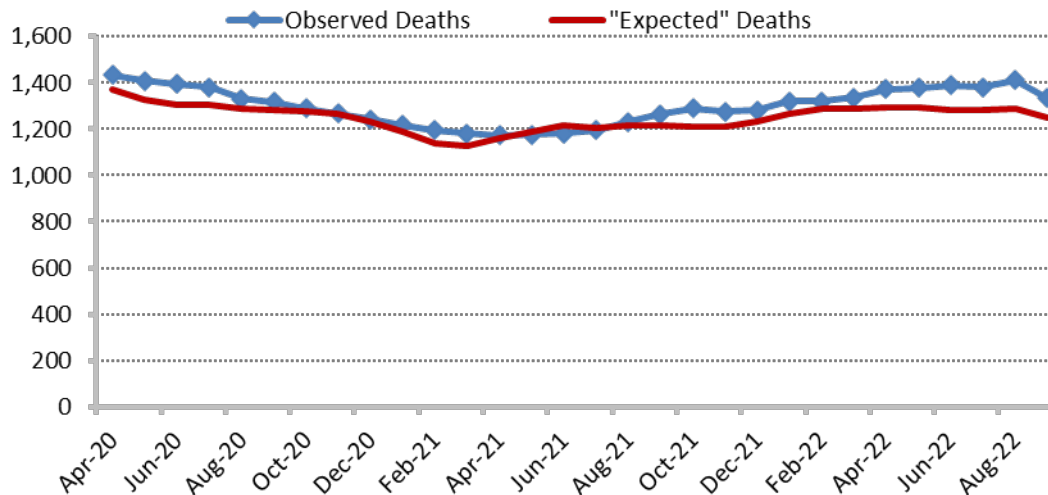
Mortality – HSMR (Hospital Standardised Mortality Ratio)

September 2022

Hospital Standardised Mortality Ratio (HSMR) - Monthly



Hospital Standardised Mortality Ratio (HSMR) - Rolling 12 Months



Fractured Neck of Femur (#NOF)

November 2022

P Partially Achieved

Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	<p>In November, there were 48 patients eligible for Best Practice Tariff (BPT) across UHBW (25 in Bristol and 23 in Weston).</p> <ul style="list-style-type: none"> For the 36 hour standard, 56.3% achieved the standard (27 out of 48 patients). For the 72 hour standard, 93.8% achieved the standard (45 out of 48 patients).
Action/Plan:	<p>Underlying Issues (Bristol):</p> <ul style="list-style-type: none"> There is continued difficulty in time to theatre in Bristol, mostly driven by the increase in general trauma demand to theatres for #NOF patients and an inability to stand up more trauma theatres due to the necessity to maintain cancer theatre capacity. This difficulty is compounded by recent staffing issues in theatres resulting in the trauma team being unable to stand up extra trauma lists in place of cancelled cancer cases. Difficulty accessing theatres to ensure consistent #NOF theatre, also challenges with theatre and anaesthetic staffing which is impacting on overall theatre capacity. This predominantly effects the ability to utilise extra theatres for trauma in the event of cancellations. Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the Trauma & Orthopaedic (T&O) wards which cause our own T&O patients to outlie into other surgical beds. Extreme pressure on staffing resulting in cancelled lists and an inability to run extra trauma. <p>Weston breaches of the 36-hour standard due to:</p> <ol style="list-style-type: none"> multiple neck of femurs being admitted in one 24hour period plus other trauma and only a limited number of trauma cases being able to be operated within the constraints of set start/finish times no theatre space available at a weekend. Weston has to share the one staffed emergency theatre with general surgery on Saturdays and Sundays so a fractured NOF had to wait due to an emergency laparotomy taking priority. <p>Weston breaches of the 72 standard due to:</p> <ol style="list-style-type: none"> one patient was initially admitted under the medical team and missed the 72hrs target because of other medical issues and delay in diagnosis/assessment of the fractured hip. <p>Actions Taken:</p> <ul style="list-style-type: none"> Extra weekend trauma lists at Waiting List Initiative (WLI) rates set up in Bristol when trauma board gets too big. Extra Locum shifts offered to juniors when the bed base is pressured and we are experiencing an increase in trauma outliers. Use of elective or CEPOD (emergency) lists at Weston where possible
Ownership:	Medical Director

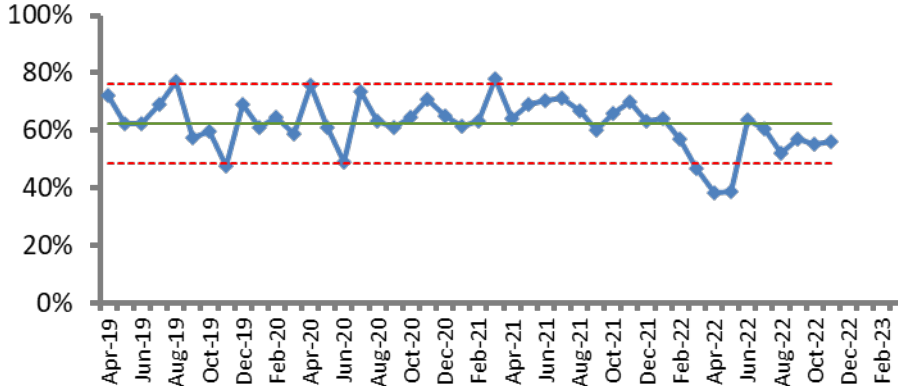
Fractured Neck of Femur (#NOF)

November 2022

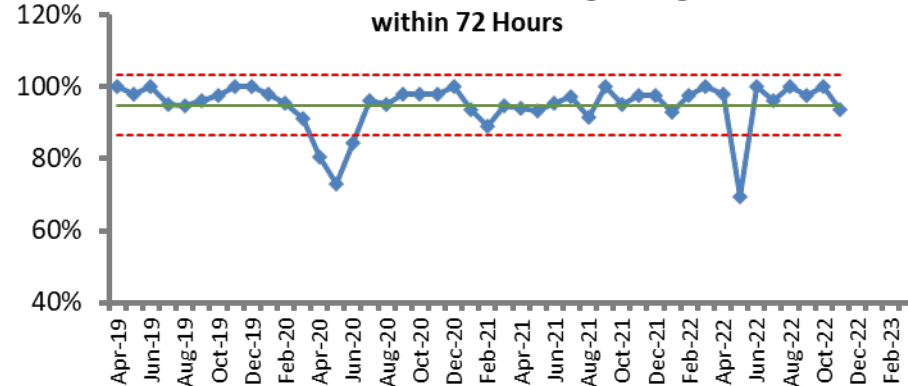
Nov-22

	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	25	10	40%	23	92%
Weston	23	17	74%	22	96%
TOTAL	48	27	56.3%	45	93.8%

Fracture Neck of Femur Patients Treated Within 36 Hours



Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours



Mixed Sex Accommodation Breaches

November 2022

A *Achieved*

Standards:	There should be no clinically unjustified Mixed Sex Accommodation (MSA) breaches. There are some clinical circumstances where mixed sex accommodation can be justified. These are mainly confined to patients who need highly specialised care. Therefore, the description of an MSA breach refers to all patients in sleeping accommodation who have been admitted to hospital: A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
Performance:	There was one Mixed Sex Accommodation breach in November 2022 involving five patients in Theatre recovery. This was not an avoidable breach and so was not reported in the national return.
Action/Plan:	Continue to maintain privacy and dignity for all patients impacted and resolve accommodation issues within 24hrs of the breach occurring.
Ownership:	Chief Nurse

November 2022

N/A *No Standard Defined*

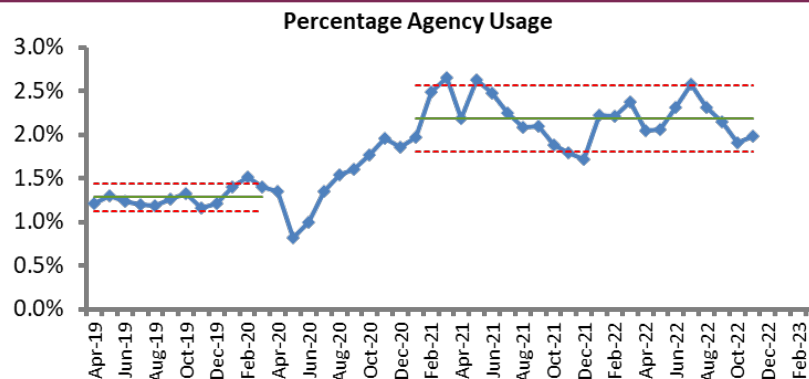
Standards:	The Perinatal Quality Surveillance Matrix (PQSM) provides additional quality surveillance of the maternity services at UHBW and has been developed following the recommendations made by the Ockenden report (2020) into maternity care at Shrewsbury and Telford Hospital Trust.
Performance:	<ul style="list-style-type: none"> • 1 to 1 care in labour was achieved 100% of the time. • The unassisted birth rate in November increased slightly but remains lower than it has been for the majority of 2022, whilst the caesarean section rate reduced slightly but remains higher than it has been for the majority of 2022. • No new Healthcare Safety Investigation Branch (HSIB) referrals were accepted in November and no serious incidents were recorded.
Action/Plan:	<p>Underlying Issues:</p> <ul style="list-style-type: none"> • Maternity Incentive Scheme (CNST) 10 safety standards were achieved, 1 to 1 care in labour was achieved 100% of the time and all eligible premature babies received antenatal corticosteroids and magnesium sulphate for lung support and neuro protection as part of the Saving Babies Lives Care Bundle, precept programme. • The maternity unit asked on eight occasions neighbouring units to accept women whose inductions were delayed due to activity and acuity in the unit. There were 9 recorded Datix for delayed inductions where the numbers of women waiting to be induced ranged between 5-15 per day between 1st and 29th November. • There were 22 workforce incidents recorded in November. 12 related to NICU staffing, 10 related to CDS staffing. In addition, seven related to theatres reduced staffing affecting theatre lists for elective and emergency work. Staffing continues to be challenged with sickness absence. Monitored and staffing supported through escalation plans to maintain patient safety. • There has been an increase in women presenting to the service who are unable to get a booking appointment until 13-14 weeks of pregnancy. This has resulted in a delay in antenatal screening. The antenatal screening team (ANST) are currently undertaking a monthly audit to review this issue. This will be discussed with the community matron every month. <p>Actions taken:</p> <ul style="list-style-type: none"> • The Continuity of Care (CoC) teams have been launched to prioritise the most vulnerable women having this pathway of care: 35% on a CoC pathway. 51.8% of BAME women are on this pathway and 54.4 % women who live in an area of high deprivation. The Diversity and Inclusion Practice Education Facilitator is now in post, raising awareness to improve inclusivity, for example, monthly celebration dates shared; 'what's in a name?' (how to pronounce names correctly stickers) launched in November. • Ockenden Implementation Board meeting has been renamed 'Perinatal Transformation Board' to have oversight of progress with recommendations from all recent and future national reports. • To achieve the Ockenden Report bereavement pathway recommendation maternity have recruited a neonatal nurse and a midwife to the bereavement lead post, as a job share, 1 whole time equivalent (wte). Post holders due to start in February • UHBW , the Maternity Voices Partnership (MVP) and North Bristol Trust have recognised an increased incidence of women choosing to "Free Birth" which has been escalated to the Regional Chief Midwife and the National Maternity Team and are working together to increase the women's awareness of the increased risk in some circumstances when making this choice. This has included a successful initial meeting to build greater links with local birth doulas.
Ownership:	Chief Nurse

Workforce – Agency Usage

November 2022

N Not Achieved

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets (including Weston) for 2020/21. The maximum agency usage rate has been set at 1.8%.
Performance:	Agency usage increased by 11.5 Full Time Equivalents (FTE) to 1.99%. There were increases within four divisions, with the largest increase seen in Medicine, increasing to 90.0 FTE from 80.5 FTE in the previous month. There were reductions within two divisions, with the largest reduction seen in Surgery, reducing to 37.5 FTE from 43.4 FTE in the previous month.
Action/Plan:	<p>Actions taken to mitigate agency usage and encourage bank use instead are:</p> <ul style="list-style-type: none"> • There were 49 new starters across the Bank in November consisting of the following: 17 Admin and Clerical staff including seven reappointments, 4 Cleaning and Catering staff including three reappointments, 3 Clinical photographers, 13 Registered Nurses including 12 reappointments, 4 Allied Health Professionals including one reappointment, 24 Healthcare Support Workers including three reappointments. • Work is currently underway to relaunch the rebrand of the Trust bank including a new name, logo and a revised approach to recruitment. • A bank specific social media campaign has commenced, “Flexible Fridays” sharing key information such as; joining the bank, the benefits of bank work and what roles sit within this workforce. • The Emergency Department has introduced a temporary measure of allocate on arrival 50% enhancement for all clinical shifts worked. • The Trust continues to encourage “block bookings” to reduce the use of last minute, non-framework reliance. • Active recruitment continues to substantive medical roles in the Weston Division to drive down the demand for high-cost agency usage. • The Trust continues to offer paid travel time for clinical staff as an incentive to encourage staff to pick up bank shifts at Weston to reduce agency reliance. • 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.
Ownership:	Director of People



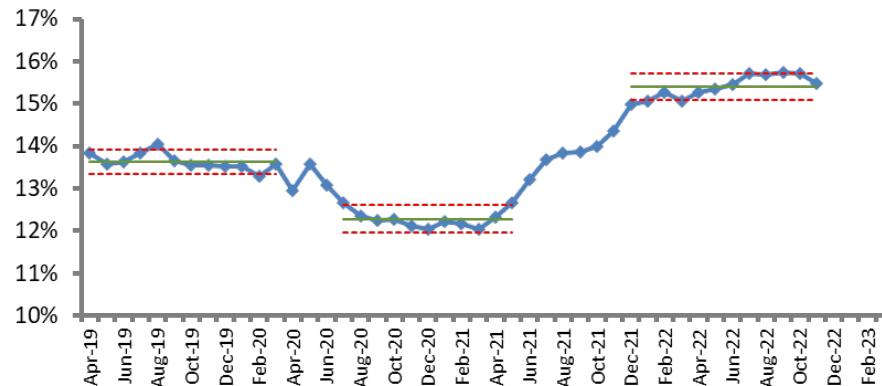
Workforce – Turnover

November 2022

P Partially Achieved

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The target is to have less than 15% turnover.
Performance:	<p>Turnover for the 12-month period to November reduced to 15.5% compared to 15.7% (updated figures) for the previous month. Two divisions saw an increase whilst five divisions saw a reduction in turnover in comparison to the previous month.</p> <ul style="list-style-type: none"> • The largest divisional increase was seen within Medicine, where turnover increased by 0.1 percentage points to 15.8% (15.7% previous month). • The largest divisional reduction was seen within Weston, where turnover reduced by 1.9 percentage points to 15.4% (17.4% previous month). • Two staff groups saw an increase whilst seven staff groups saw a reduction in turnover in comparison to the previous month. • The largest staff group increase was seen within Healthcare Scientists, where turnover increased by 1.1 percentage points to 14.5% (13.4% previous month). • The largest staff group reduction was seen within Medical and Dental, where turnover reduced by 0.8 percentage points to 7.2% (8.0% previous month). • Turnover rate for Band 5 nurses November is 17.9%.
Action/Plan:	<ul style="list-style-type: none"> • A suite of exit process guidance has been developed and was launched in November. The new process and resources have received good feedback so far and although it has only been live for three weeks, a significant increase in demand for leaver’s feedback conversations has occurred. Eight requests for these conversations have been fulfilled within three weeks which is 7 times higher than last month. HR Services are now working with HRBP’s and line managers should continue to publicise these new resources and increase completion rates.
Ownership:	Director of People

Workforce Turnover Rate



November 2022

N Not Achieved

Standards:	Vacancy levels are measured as the difference between the budgeted Full Time Equivalent (FTE) establishment and the actual Full Time Equivalent substantively employed figures, represented as a percentage, The Trust target is to have less than 7.0% vacancy.								
Performance:	<p>Overall vacancies reduced to 7.4% (864.6 FTE) compared to 7.7% (896.9 FTE) in the previous month.</p> <ul style="list-style-type: none"> • The largest divisional increase was in Women’s and Children’s where vacancies increased to 124.9 FTE from 113.83 FTE in the previous month. • The largest divisional reduction was in Surgery, where vacancies reduced to 205.3 FTE from 230.5 FTE in the previous month. • The largest staff group reduction was in Allied Health / Scientific Professions, where vacancies reduced to 73.2 FTE from 91.5 FTE in the previous month. • The largest staff group increase was in Nursing, where vacancies increased to 460.4 FTE from 442.1 FTE in the previous month. • Consultant vacancy has reduced to 29.8 FTE (4.0%) from 42.6 FTE (5.7%) in the previous month. <p>Unregistered nursing vacancies can be broken down as follows:</p> <table border="1" data-bbox="556 686 981 801"> <thead> <tr> <th>Band</th> <th>Vacancy</th> </tr> </thead> <tbody> <tr> <td>AfC Band 2</td> <td>160.5 FTE</td> </tr> <tr> <td>AfC Band 3</td> <td>27.8 FTE</td> </tr> <tr> <td>AfC Band 4</td> <td>-108.9 FTE</td> </tr> </tbody> </table> <p>The band 4 over establishment is where we have a large number of newly qualified nursing staff awaiting their NMC PINs. Once these staff become fully qualified and have received their PIN, this should reduce the band 4 over establishment, reduce the registered nursing vacancy position, and increase the unregistered nursing vacancy position, which is a much more accurate reflection of the nursing vacancy position.</p>	Band	Vacancy	AfC Band 2	160.5 FTE	AfC Band 3	27.8 FTE	AfC Band 4	-108.9 FTE
Band	Vacancy								
AfC Band 2	160.5 FTE								
AfC Band 3	27.8 FTE								
AfC Band 4	-108.9 FTE								
Action/Plan:	<p>Key updates to address the vacancy rate in the current period are as follows:</p> <ul style="list-style-type: none"> • The Trust’s first Health Care Support Worker (HCSW) apprenticeship specific assessment centre took place during November and resulted in 25 offers across Bristol, Weston and Children’s. • 21 substantive HCSW started in the Trust during November and a further 43 have been offered and are due to start over the next few months. • 25 new international nurses joined the Trust in November and 285 nurses have now received their NMC PIN since the programme began. • Following the successful pilot earlier in the year plans are now underway for a second admin and clerical recruitment open day which will take place on 10th January 2023 to address the underlying A&C vacancy position. 								

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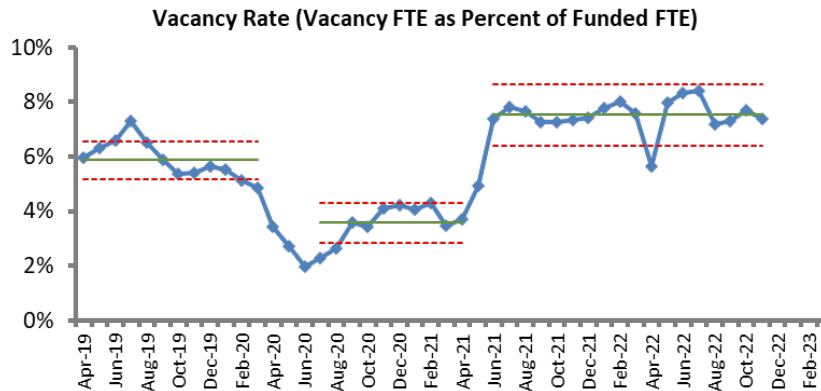
November 2022

Action/Plan (continued):

- Three non-consultant grade doctors joined the Trust at our Weston site in the month of November and a further two were cleared for start dates in December.
- In the month of November, the Trust offered nine Clinical Fellows, four Specialty Doctors and two Locum Consultants across the Weston site and 20 non-consultant grade doctors are currently going through pre-employment checks for the Weston site to support rota gaps.
- The Trust have appointed three Radiographers as part of the collaborative international recruitment of AHPs with our systems partners. The OT department are currently reviewing CVs and planning on holding interviews in December.

Ownership:

Director of People

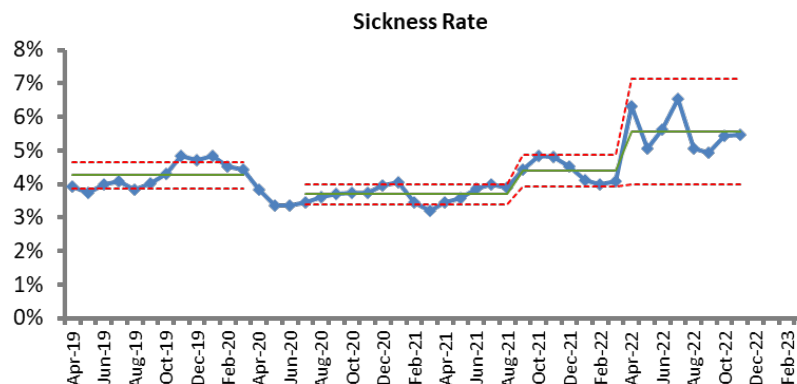


Workforce – Staff Sickness

November 2022

A *Achieved*

Standards:	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.
Performance:	<p>Sickness absence remained static at 5.46% compared with the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence.</p> <ul style="list-style-type: none"> • There were reductions in five divisions, the largest divisional reduction was within Medicine, where sickness reduced to 6.1% (from 6.7%). • There were increases in three divisions, the largest divisional increase was within Diagnostics and Therapies, increasing to 4.7% (from 3.8%). • There were reductions in three staff groups, the largest reduction was in Nursing and Midwifery Unregistered, reducing to 7.8% (from 8.2%). • There were increases in five staff groups, the largest staff group increase was in Healthcare Scientists increasing to 4.6% (from 3.4%).
Action/Plan:	<ul style="list-style-type: none"> • HR Services are trialling a new approach to supporting line managers in managing attendance. Clinics have been set up to ensure that all cases are reviewed and adjustments and temporary redeployments are considered at the earliest opportunity. This will be rolled out across the Trust if it proves successful. • Workplace Wellbeing Advocates (500+) have been consulted with to seek improvement to a series of self-care guides comprising topics on Coping with trauma, Menopause, Switching off from work and other titles aimed at giving proactive and preventative strategies to manage personal wellbeing and reduce ill health. • National Staff Survey 2022: the live survey has now closed with preliminary reporting available in January with formal reporting in March 2023. The reporting release dates are dependent on the confirmation release date from the NHS Co-ordination Centre.
Ownership:	Director of People



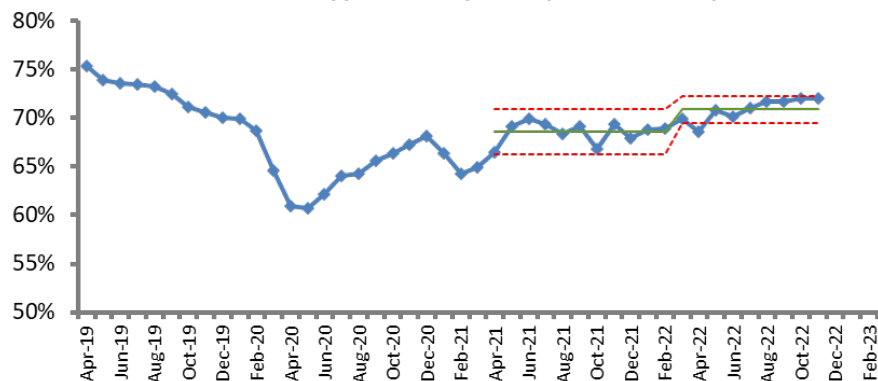
Workforce – Appraisal Compliance

November 2022

N Not Achieved

Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 77%.
Performance:	Overall appraisal compliance remained static at 72.0% compared to the previous month. <ul style="list-style-type: none"> • There were increases within six divisions, and reductions within two divisions. • The largest divisional increase was seen within Surgery, increasing to 59.3% from 57.1% in the previous month. • The largest divisional reduction was within Facilities and Estates, reducing to 77.8% from 84.0% in the previous month. • Three divisions are above the new KPI target.
Action/Plan:	<ul style="list-style-type: none"> • The successful launch of the new `check in conversation` appraisal format in September has received positive feedback. The impact of the new form will be measured in the National Staff Survey 2022 indicators in March 2023 and in Q1 Quarterly People Pulse in April 2023. • The revised Appraisal Policy to accommodate the new approach to appraisal conversations has now been ratified at Trust Policy Group. • The recommendation report to consider an `appraisal window` has been developed with a decision to review this proposal in April 2023. The postponement is to support current operational and workforce issues being experienced in the organisation.
Ownership:	Director of People

Workforce Appraisal Compliance (Non-Consultant)

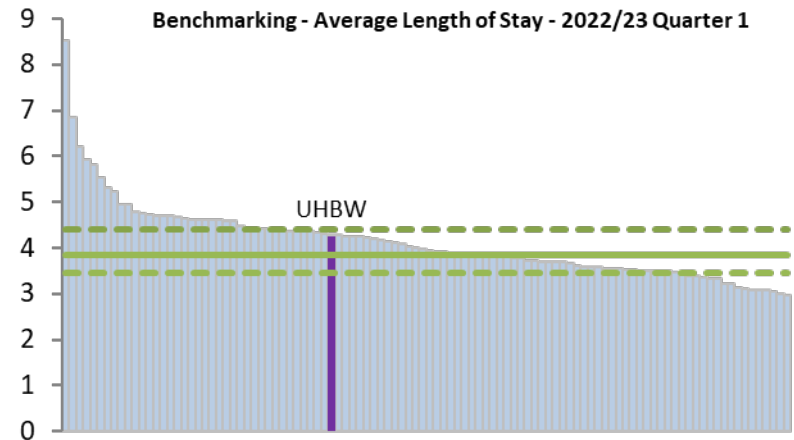
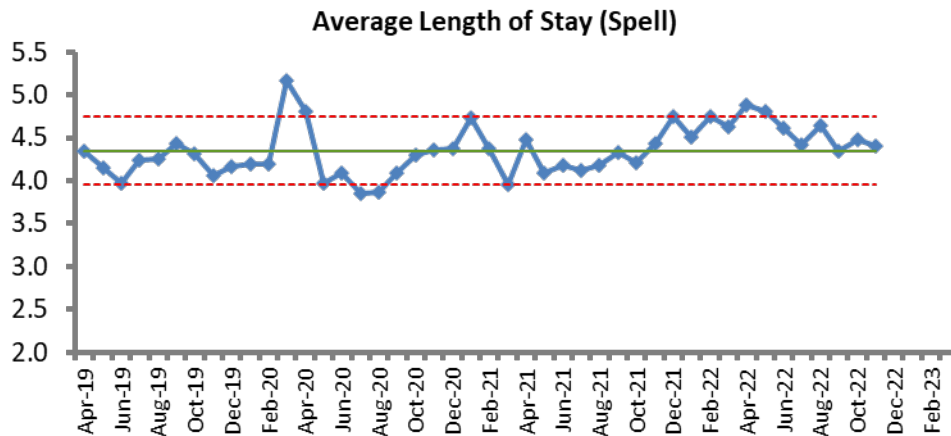


Average Length of Stay

November 2022

N/A No Standard

Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In November there were 34,709 discharges at UHBW with an average length of stay of 4.4 days.
Action/Plan:	Current assumptions around length of stay are being reviewed as part of the 2022/23 operating plan submissions and demand & capacity reviews.
Ownership:	Chief Operating Officer



November 2022

N/A No Standard

YTD Income & Expenditure Position

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

Key Financial Issues

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

Strategic Risks

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

November 2022

N/A No Standard

	Month 8			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000's	£000's	Favourable/ (Adverse) £000's	£000's	£000's	Favourable/ (Adverse) £000's
Income from Patient Care Activities	77,280	86,805	9,526	617,909	642,064	24,154
Other Operating Income	9,027	9,381	354	74,839	71,684	(3,154)
Total Operating Income	86,307	96,186	9,879	692,748	713,748	21,000
Employee Expenses	(50,906)	(54,471)	(3,565)	(405,541)	(426,922)	(21,381)
Other Operating Expenses	(34,390)	(39,681)	(5,291)	(260,167)	(261,015)	(849)
Depreciation (owned & leased)	(1,651)	(1,312)	339	(23,511)	(22,174)	1,337
Total Operating Expenditure	(86,946)	(95,464)	(8,517)	(689,219)	(710,111)	(20,893)
PDC	(1,037)	(1,037)	0	(8,298)	(8,298)	0
Interest Payable	(244)	(236)	8	(1,951)	(1,915)	36
Interest Receivable	29	315	286	235	1,427	1,192
Other Gains/(Losses)	0	0	0	0	(50)	(50)
Net Surplus/(Deficit) inc technicals	(1,891)	(235)	1,656	(6,485)	(5,200)	1,285
Remove Capital Donations, Grants, and Donated Asset Depreciation	202	43	(159)	1,574	1,482	(92)
Net Surplus/(Deficit) exc technicals	(1,689)	(192)	1,497	(4,911)	(3,718)	1,193

Forecast Outturn Position

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

Key Facts:

- The position at the end of December is a net deficit of £3,718k, £1,193k lower than the planned deficit of £4,911k.Y
- TD expenditure on International Recruitment is c£3.4m. The cost of F1 cover at Weston at the end of November is estimated at £1,000k.
- Pay expenditure is £54,471k in November, c£550k higher than last month. YTD expenditure is adverse to plan by £21,381k, 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 £2,462k, comparable to October and c£147k lower than plan. Overall, agency expenditure is 5% of total pay costs.
- Operating income is favourable to plan by £21,000k. The adverse position on 'Other Operating Income' is driven by lower than expected income levels for research and, non-patient care activities. The plan also included provision for a rates rebate which is being reflected as a non-pay benefit rather than income.
- Income from Patient Care Activities is £24,154k favourable to plan. This includes c£6,400k of ESRF income and c£9,000k additional funding to support the pay award. The balance is due to high cost drugs and Commissioner investments.
- Trust-led CIP achievement is 96% of plan. £9,722k has been achieved against a target of £10,165k, a shortfall of £443k.

Care Quality Commission Rating - Bristol



The Care Quality Commission (CQC) published their latest inspection report on 16th-24th August 2022. Full details can be found here:
<https://api.cqc.org.uk/public/v1/reports/e29a1285-b9f7-4147-80f0-2dab0ce54cc1?20221012070445>

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 Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021
Weston General Hospital	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Central Health Clinic	Good Dec 2014	Not rated	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Overall trust	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021

Care Quality Commission Rating - Bristol



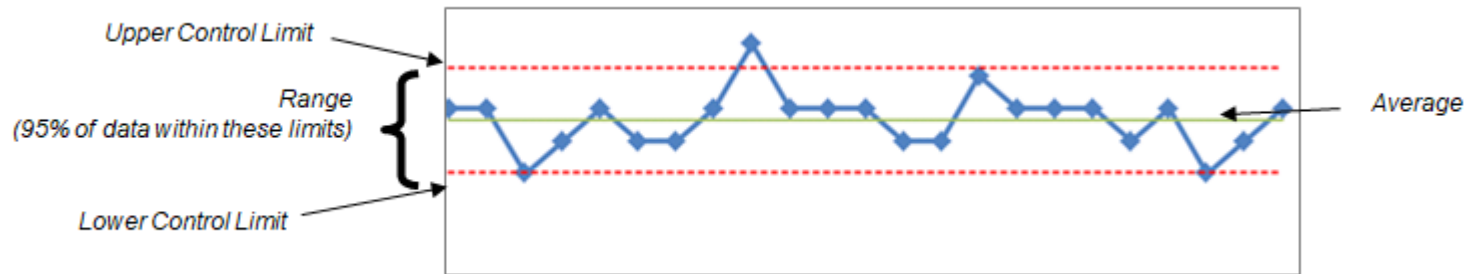
Rating for UHBW Bristol Main Site

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021
Services for children & young people	Good Aug 2019	Outstanding Aug 2019	Good Aug 2019	Good Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019
Critical care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014
End of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Outpatients and diagnostic imaging	Good Mar 2017	Not rated	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Surgery	Good Aug 2019	Good Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019
Urgent and emergency services	Requires improvement Aug 2019	Good Aug 2019	Outstanding Aug 2019	Requires improvement Aug 2019	Good Aug 2019	Requires improvement Aug 2019
Maternity	Requires improvement Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019
Overall	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021

Rating for Weston General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement ↑ Oct 2022	Good ↑ Oct 2022	Good ↔ Oct 2022	Requires Improvement ↔ Oct 2022	Good ↑↑ Oct 2022	Requires Improvement ↑ Oct 2022
Outpatients	Good Nov 2021	Not rated	Good Nov 2021	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021
Overall	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated

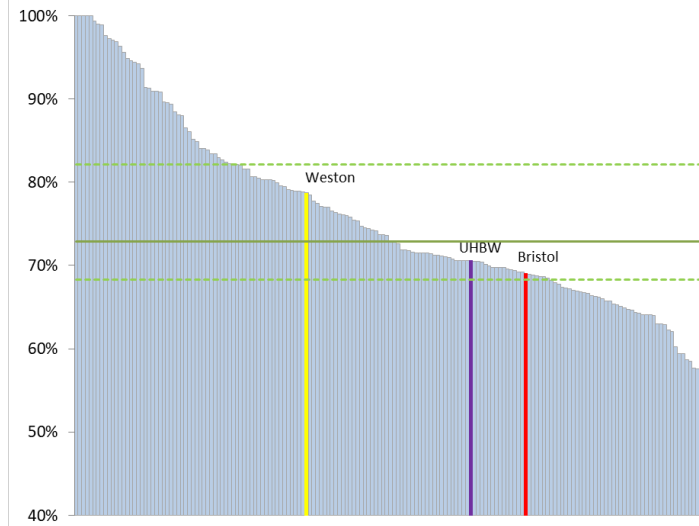
In the previous sections, some of the metrics are being presented using Statistical Process Control (SPC) charts. An example chart is shown below



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

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

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



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

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

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

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

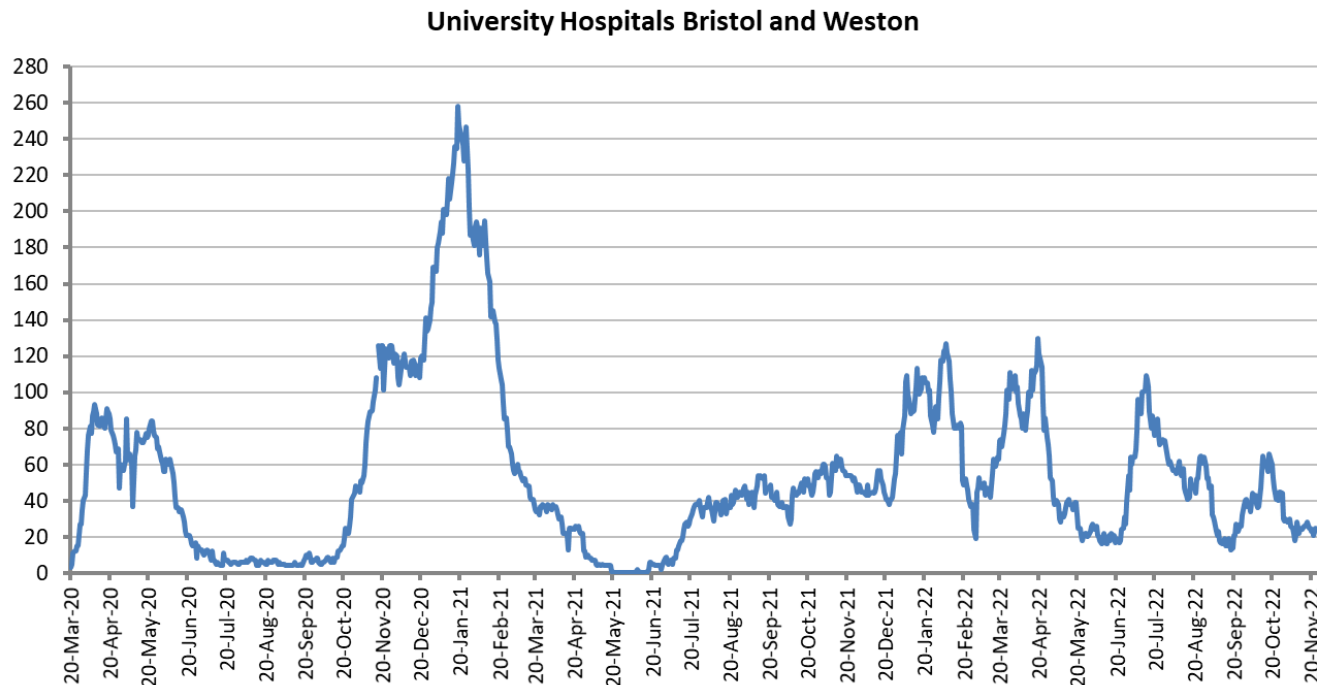
The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report
Publication Date:	Published data, 8 th December 2022, from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/
Ownership:	Chief Operating Officer

Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 1st December 2022.

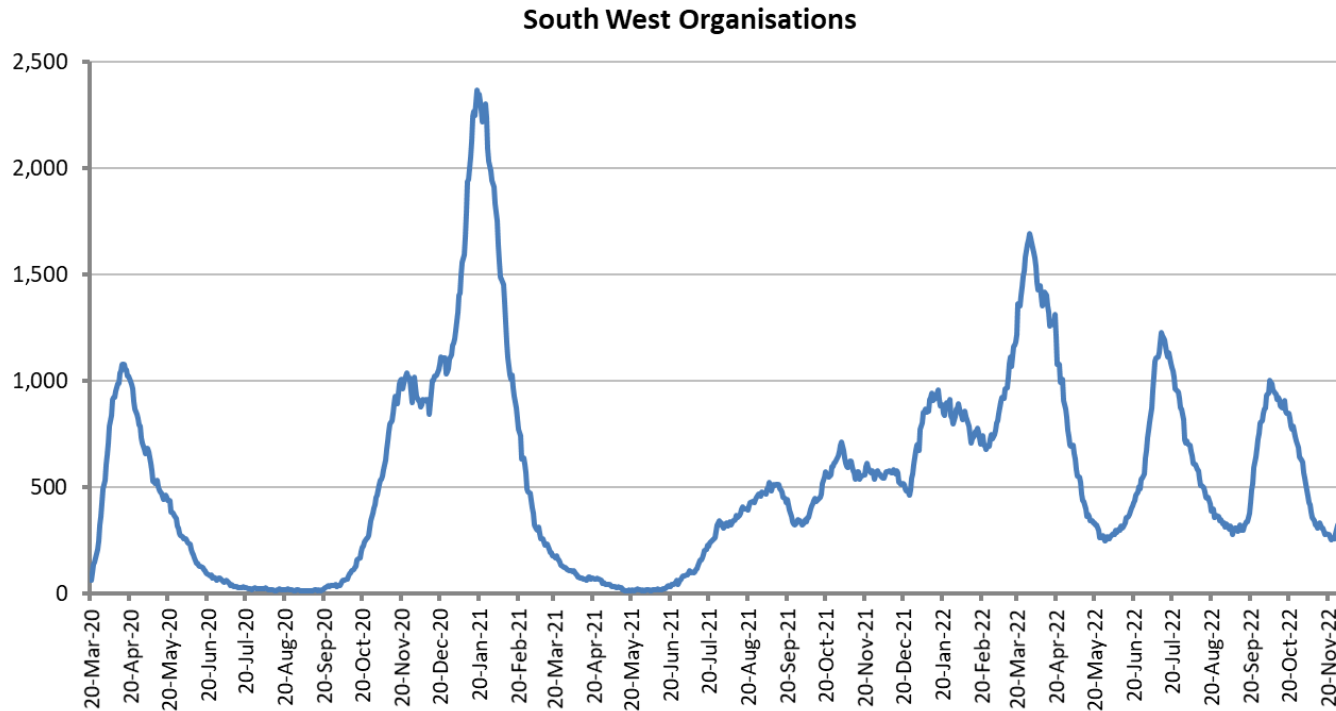


Appendix – Covid19 Summary

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

Bed Occupancy

Total beds occupied by confirmed Covid-19 patients as at 8am each day. Data from the “COVID-19 NHS Situation Report”. Data up to 1st December 2022.



Appendix – Covid19 Summary

Source:	COVID-19 NHS Situation Report. Retrieved on 18 th December 2022.
Action/Plan:	The Trust undertakes rapid action when any cases are identified to prevent further spread with the dissemination of the Infection Prevention and Control Covid outbreak pack to ensure all cases are managed consistently with outbreak meetings set up and conducted in line with the Hospital Outbreak of infection policy.
Ownership:	Chief Nurse

Month	Inpatients Admitted With Covid-19	Inpatients Diagnosed With Covid-19 Following Admission				TOTAL Diagnosed Following Admission
		Community Onset	Hospital-Onset Indeterminate Healthcare-Associated	Hospital-Onset Probable Healthcare-Associated	Hospital-Onset Definite Healthcare-Associated	
May-Dec 20	506					938
Jan-21	414	159	31	25	19	234
Feb-21	156	88	22	19	22	151
Mar-21	75	17	7	3	10	37
Apr-21	38	7	2	3	12	24
May-21	2	3	0	0	0	3
Jun-21	18	7	1	1	0	9
Jul-21	124	72	5	1	5	83
Aug-21	130	64	13	6	5	88
Sep-21	149	66	10	8	19	103
Oct-21	174	74	7	5	15	101
Nov-21	189	68	8	4	11	91
Dec-21	194	76	16	14	16	122
Jan-22	269	129	37	24	45	235
Feb-22	216	75	33	13	23	144
Mar-22	181	124	33	29	36	226
Apr-22	201	108	46	37	64	255
May-22	66	41	11	9	21	82
Jun-22	73	46	8	8	10	72
Jul-22	187	95	36	37	63	231
Aug-22	87	40	29	30	62	161
Sep-22	54	35	16	11	22	84
Oct-22	67	44	19	15	57	135
Nov-22	45	33	16	17	24	90
	3,615					3,699

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

Appendix – Vaccination Programme Summary



Source:	These figures are based on the data recorded at the point of vaccine administration at UHBW sites and also seasonal influenza vaccinations administered elsewhere and self-reported. They include vaccinations administered across all settings in UHBW Hospital Hubs, patient wards and clinics, and peer-to-peer flu vaccination activity, as well as a proportion of seasonal influenza vaccinations for UHBW staff administered at other sites. The actual proportion of UHBW staff vaccinated will be higher than these figures show, because of the limitations of this self-reporting.
Timeframe:	The 2022/2023 COVID-19 Booster Programme commenced at UHBW on 7 th September and the Seasonal Influenza Vaccination Programme on 26 th September 2022. Delivery is ongoing.
Action/Plan:	<p>NHS England and NHS Improvement have set out the following three priorities for the year ahead:</p> <ol style="list-style-type: none"> 1. Continued access to COVID-19 vaccination. As a minimum, all acute trusts are expected to deliver vaccinations to staff and patients. 2. Delivery of an autumn COVID-19 and Flu vaccination campaign; and 3. Development of detailed contingency plans to rapidly increase capacity, if required. <p>The Programme Team 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>
Ownership:	Chief Nurse/Director of People

UHBW Staff Vaccinated (all sites)

	Total In Cohort	Seasonal Influenza		COVID19 Booster	
		Total Uptake	Total Uptake %	Total Uptake	Total Uptake %
To 19th Oct 2022	14,650	2,813	19.2%	3,644	24.9%
To 31st Oct 2022	14,821	4,407	29.7%	4,652	31.4%
To 13th Dec 2022	14,815	7,293	49.2%	7,130	48.1%

Appendix – Weston Renewal

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

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

↑	Upwards movement
—	No movement
↓	Downwards movement

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

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 (inc. AEC, AMU)
 - Medical Secretaries
 - Reception Teams
 - Theatres and the Day Case Unit
 - Outpatients (Main, Quantock & Orthopaedics)
 - Emergency Department
 - Care of the Elderly and Frailty (until integration completed)
 - Stroke Services
- A 3 months review will be undertaken to ensure that the new arrangements have bedded in and support the delivery on the next phase of integration.
- The Integration Programme is working on formal closure in February 2023 and agreement of the post programme oversight arrangements.

Appendix – Health Inequalities

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

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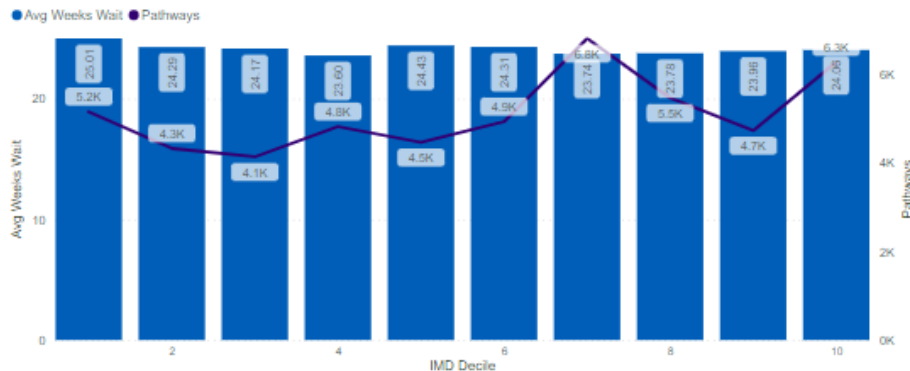
**Commentary
(continued):**

Improvement priorities for the next period are:

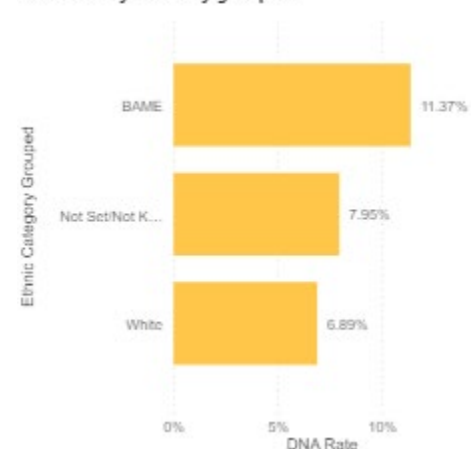
1. Agree the process and timeline for developing the Trust's EDI / Health inequalities strategy for patients together with staff, lay representatives and community organisations.
2. To develop a clinically led improvement plan in response to the insights provided for the baseline data from the waiting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

Chief Nurse/Deputy Chief Executive and Chief Operating Officer

Average weeks wait and pathways by IMD decile

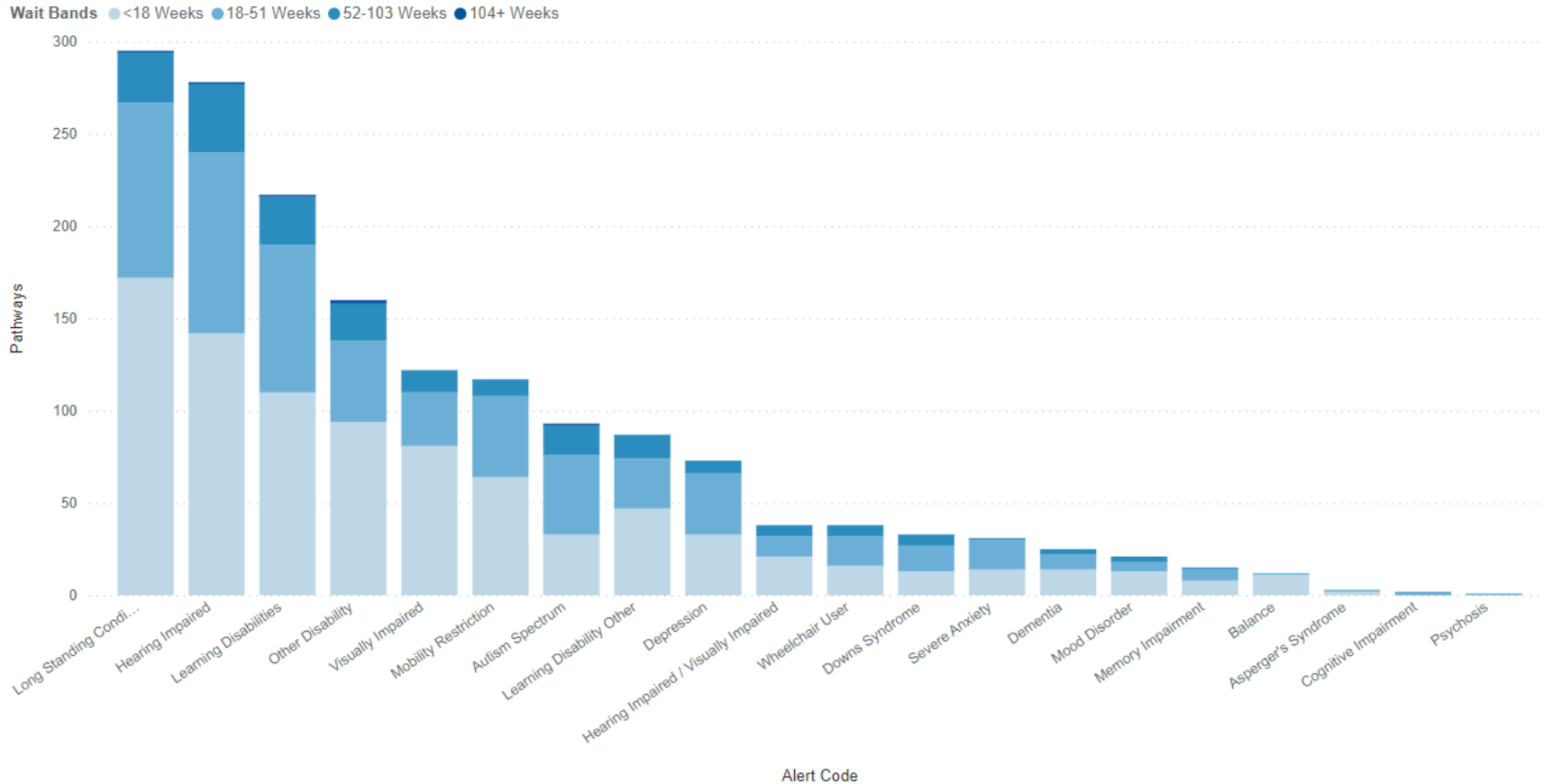


DNA rate by ethnicity grouped



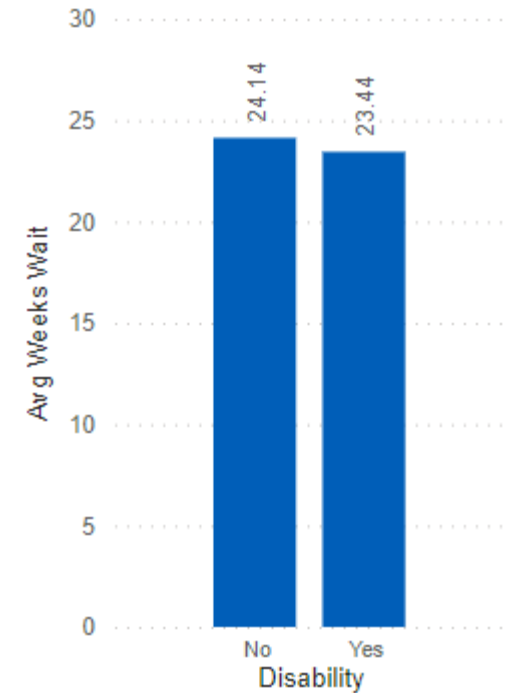
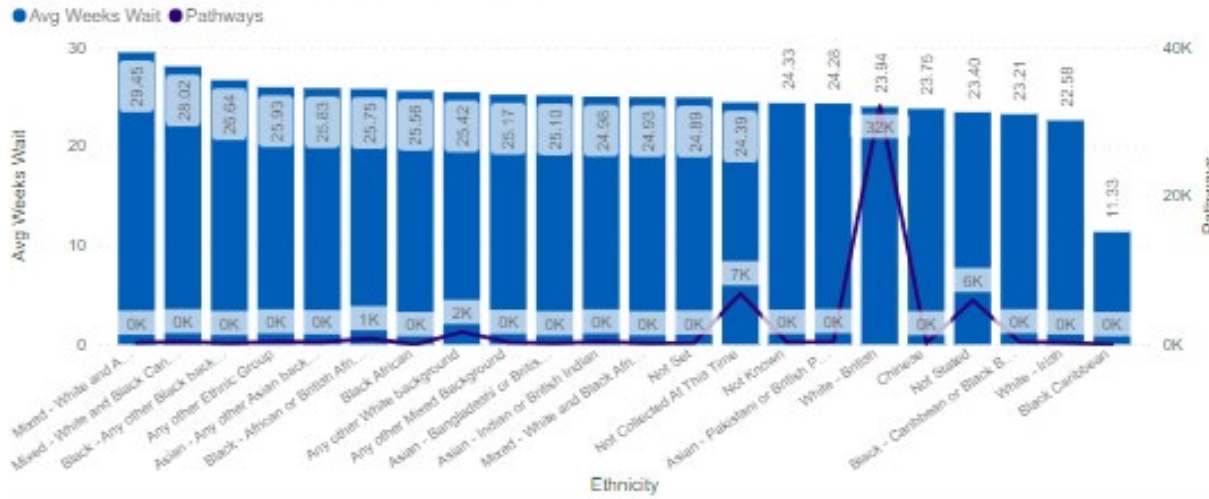
Appendix – Health Inequalities

Distribution of Pathways by Alert Code and Wait Band

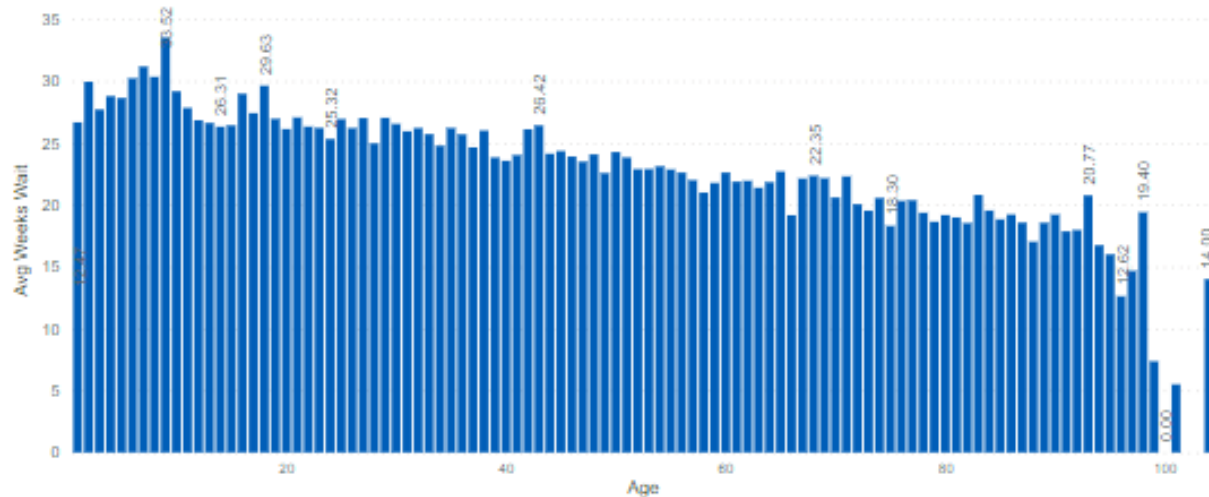


Appendix – Health Inequalities

Average weeks wait and pathways by ethnicity



Average weeks wait by age



Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																University Hospitals Bristol and Weston NHS Foundation Trust			
SAFE DOMAIN																			
ID	Measure	21/22	22/23 YTD	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Infection Control																			
DA01	MRSA Hospital Onset Cases	7	2	2	3	0	1	0	0	0	0	0	1	0	1	4	0	1	1
DA02	MSSA Hospital Onset Cases	41	22	1	4	2	5	3	4	1	4	3	2	3	2	11	8	9	5
DA03	CDiff Hospital Onset Cases	82	61	6	6	8	2	6	4	10	12	6	7	4	12	16	20	25	16
DA03A	CDiff Healthcare Associated Cases	95	74	8	7	8	3	6	8	12	13	7	9	6	13	18	26	29	19
DA06	EColi Hospital Onset Cases	75	60	2	7	5	9	13	10	5	7	4	6	8	7	21	28	17	15
Patient Falls																			
AB01	Falls Per 1,000 Beddays	4.83	5.01	5.2	5.54	4.85	5.51	5.55	4.79	4.11	3.27	6.63	4.49	5.86	5.34	5.31	4.82	4.8	5.61
	<i>Numerator (Falls)</i>	1801	1335	163	173	145	183	179	161	132	110	224	147	204	178	501	472	481	382
	<i>Denominator (Beddays)</i>	373046	266310	31351	31229	29867	33241	32236	33617	32131	33622	33784	32774	34817	33329	94337	97984	100180	68146
AB06A	Total Number of Patient Falls Resulting in Harm	35	19	6	3	2	4	1	3	4	3	4	2	0	2	9	8	9	2
Pressure Injuries																			
DE01	Pressure Injuries Per 1,000 Beddays	0.174	0.139	0.255	0.256	0.1	0.301	0.248	0.089	0.093	0.089	0.118	0.061	0.23	0.18	0.223	0.143	0.09	0.205
	<i>Numerator (Pressure Injuries)</i>	65	37	8	8	3	10	8	3	3	3	4	2	8	6	21	14	9	14
	<i>Denominator (Beddays)</i>	373046	266310	31351	31229	29867	33241	32236	33617	32131	33622	33784	32774	34817	33329	94337	97984	100180	68146
DE02	Pressure Injuries - Grade 2	53	28	7	6	3	8	8	3	2	3	1	1	6	4	17	13	5	10
DE03	Pressure Injuries - Grade 3	11	8	1	2	0	2	0	0	1	0	3	1	2	1	4	1	4	3
DE04	Pressure Injuries - Grade 4	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Serious Incidents																			
S02	Number of Serious Incidents Reported	89	68	7	8	6	4	7	10	7	15	11	4	8	6	18	24	30	14
S01	Total Never Events	3	2	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2	0
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.29%	0.23%	0%	0%	0.3%	0%	0.35%	0.31%	0.36%	0%	0%	0.54%	0%	-	0.11%	0.34%	0.22%	0%
	<i>Numerator (Incidents Resulting In Harm)</i>	11	5	0	0	1	0	1	1	1	0	0	2	0	0	1	3	2	0
	<i>Denominator (Total Incidents)</i>	3827	2169	361	299	330	280	283	324	281	233	327	369	352	0	909	888	929	352
WA03	Non-Purposeful Omitted Doses of the Listed Critical Meds	0.36%	1.15%	0%	0%	1.27%	1.92%	1.06%	1.98%	0.65%	0.92%	0.55%	1.11%	1.46%	1.63%	1.01%	1.14%	0.87%	1.52%
	<i>Numerator (Number of Incidents)</i>	13	20	0	0	2	2	2	4	2	2	1	2	4	3	4	8	5	7
	<i>Denominator (Total Audited)</i>	3603	1737	278	135	158	104	188	202	310	217	181	180	275	184	397	700	578	459

Omitted Doses is Bristol only

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL SAFE DOMAIN



ID	Measure	21/22	22/23 YTD	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
VTE Risk Assessment																			
N01	Adult Inpatients who Received a VTE Risk Assessment	83.3%	83%	83.2%	83.8%	82.6%	82.2%	81.3%	81.9%	82.4%	82.1%	83.7%	83.5%	84%	84.9%	82.8%	81.9%	83.1%	84.5%
	Numerator (Number Risk Assessed)	85085	59215	6816	6784	6569	7393	6584	7124	6961	7185	7733	7515	7800	8313	20746	20669	22433	16113
	Denominator (Total Patients)	102202	71306	8189	8099	7956	8990	8095	8698	8443	8754	9238	8998	9287	9793	25045	25236	26990	19080
<i>VTE Data is Bristol only</i>																			
Nurse Staffing Levels ("Fill Rate")																			
RP01	Staffing Fill Rate - Combined	92.5%	89.2%	89.8%	90.1%	88.6%	86.6%	87.1%	90.3%	89.6%	88.9%	89.5%	89%	88.8%	90.6%	88.4%	89%	89.2%	89.6%
	Numerator (Hours Worked)	3350220	2186579	282203	280381	253025	273197	264544	284785	274066	278745	276739	264846	275080	267774	806604	823395	820330	542854
	Denominator (Hours Planned)	3621399	2450760	314390	311348	285546	315542	303724	315506	305839	313556	309158	297416	309923	295639	912437	925068	920131	605562
RP02	Staffing Fill Rate - RN Shifts	88.3%	87%	86.8%	86%	85%	83.5%	85.4%	88%	86.4%	86.6%	86.4%	86.3%	87%	89.7%	84.8%	86.6%	86.4%	88.3%
	Numerator (Hours Worked)	2213205	1459357	188697	186980	167746	181617	177267	190352	181058	185823	183165	175504	184489	181698	536343	548678	544492	366188
	Denominator (Hours Planned)	2505201	1678132	217364	217493	197421	217502	207596	216316	209624	214676	211906	203467	211978	202570	632416	633535	630049	414548
RP03	Staffing Fill Rate - NA Shifts	101.9%	94.1%	96.4%	99.5%	96.8%	93.4%	90.8%	95.2%	96.7%	94%	96.2%	95.1%	92.5%	92.5%	96.5%	94.2%	95.1%	92.5%
	Numerator (Hours Worked)	1137015	727222	93505.8	93401	85278.9	91580.9	87276.4	94432.7	93007.8	92922.4	93574.4	89341.5	90590.9	86075.5	270261	274717	275838	176666
	Denominator (Hours Planned)	1116197	772628	97025.7	93854.7	88125.3	98040.6	96127.9	99190	96215.1	98880.3	97252	93949	97945.2	93068.8	280021	291533	290081	191014

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN



ID	Measure	21/22	22/23 YTD	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Patient Surveys (Bristol)																			
P01D	Patient Surve - Patient Experience Tracker Score			87	87	87	88	87	88	88	87	86	88	87		87	88	87	87
P01G	Patient Survey - Kindness and Understanding			94	95	92	94	95	94	93	92	93	94	94		93	94	93	94
P01H	Patient Survey - Outpatient Tracker Score			93	94	90	91	93	92	92	92	92	89	94		92	92	91	94
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1977	1302	104	153	151	198	138	172	107	145	100	196	234	210	502	417	441	444
T01C	Patient Complaints - Formal	517	427	32	61	53	40	12	11	10	59	45	91	92	107	154	33	195	199
T01D	Patient Complaints - Informal	1460	875	72	92	98	158	126	161	97	86	55	105	142	103	348	384	246	245
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	62.8%	73.4%	52.2%	54.3%	61.7%	68%	63.2%	83.7%	86.5%	75.6%	70.5%	67.4%	77.8%	70.3%	61.2%	75.9%	71%	73.4%
	<i>Numerator (Responses Within Timeframe)</i>	573	287	36	44	58	51	36	36	32	31	43	29	35	45	153	104	103	80
	<i>Denominator (Total Responses)</i>	913	391	69	81	94	75	57	43	37	41	61	43	45	64	250	137	145	109
T03B	Formal Complaints Responded To Within Divisional Timeframe	73.4%	79.8%	76.8%	69.1%	73.4%	76%	75.4%	88.4%	89.2%	85.4%	70.5%	81.4%	86.7%	71.9%	72.8%	83.2%	77.9%	78%
	<i>Numerator (Responses Within Timeframe)</i>	670	312	53	56	69	57	43	38	33	35	43	35	39	46	182	114	113	85
	<i>Denominator (Total Responses)</i>	913	391	69	81	94	75	57	43	37	41	61	43	45	64	250	137	145	109
T05A	Informal Complaints Responded To Within Trust Timeframe	88.6%	86.6%	84.6%	89.4%	86.8%	86.1%	91.7%	87.7%	88.4%	87%	84.7%	88%	86.9%	80.4%	87.4%	89.3%	86.7%	83.7%
	<i>Numerator (Responses Within Timeframe)</i>	676	522	66	59	46	68	66	57	61	47	50	66	93	82	173	184	163	175
	<i>Denominator (Total Responses)</i>	763	603	78	66	53	79	72	65	69	54	59	75	107	102	198	206	188	209
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	9.2%	11.35%	10.14%	11.11%	8.51%	10.67%	10.53%	11.63%	10.81%	7.32%	13.11%	13.95%	-	-	10%	10.95%	11.72%	-
	<i>Numerator (Number Dissatisfied)</i>	84	32	7	9	8	8	6	5	4	3	8	6	0	0	25	15	17	0
	<i>Denominator (Total Responses)</i>	913	282	69	81	94	75	57	43	37	41	61	43	0	0	250	137	145	0

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN



ID	Measure	21/22	22/23 YTD	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Friends and Family Test (Inpatients and Day Cases)																			
P03A	Friends and Family Test Admitted Patient Coverage	27.7%	26.8%	26.3%	31.9%	22.5%	25.3%	23.9%	31%	21.9%	29.3%	23.7%	34.5%	23%	26.6%	26.6%	25.8%	29.2%	24.9%
	<i>Numerator (Total FFT Responses)</i>	18610	12308	1352	1580	1021	1357	1135	1722	1161	1608	1407	2073	1403	1799	3958	4018	5088	3202
	<i>Denominator (Total Eligible to Respond)</i>	67156	45924	5137	4949	4546	5365	4752	5550	5295	5490	5949	6015	6105	6768	14860	15597	17454	12873
P04A	Friends and Family Test Score - Inpatients/Day Cases	97.2%	96.3%	97.3%	96.6%	98.5%	96.5%	96.1%	96.9%	96.2%	95.5%	96.3%	96.2%	95.3%	97.4%	97%	96.5%	96%	96.5%
	<i>Numerator (Total "Positive" Responses)</i>	17993	11825	1315	1512	1005	1308	1090	1669	1094	1535	1355	1993	1336	1753	3825	3853	4883	3089
	<i>Denominator (Total Responses)</i>	18520	12280	1351	1566	1020	1356	1134	1722	1137	1608	1407	2071	1402	1799	3942	3993	5086	3201
Friends and Family Test (Emergency Department)																			
P03B	Friends and Family Test ED Coverage	8.8%	7.1%	9.9%	11.2%	9.9%	9.3%	6.5%	6.8%	7.1%	9.7%	6.9%	5.5%	7%	7.1%	10.1%	6.8%	7.4%	7.1%
	<i>Numerator (Total FFT Responses)</i>	12161	7174	1051	1161	1037	1168	773	888	922	1262	824	658	903	944	3366	2583	2744	1847
	<i>Denominator (Total Eligible to Respond)</i>	138397	101220	10640	10405	10494	12587	11970	13154	12988	13050	11935	12024	12890	13209	33486	38112	37009	26099
P04B	Friends and Family Test Score - ED	84%	83.7%	85.1%	90.3%	84.3%	81.4%	82.8%	83.1%	84.6%	81.5%	87.1%	88.3%	84.4%	80.2%	85.3%	83.5%	84.8%	82.3%
	<i>Numerator (Total "Positive" Responses)</i>	10176	5963	891	1046	873	947	636	734	778	1020	708	574	759	754	2866	2148	2302	1513
	<i>Denominator (Total Responses)</i>	12111	7125	1047	1158	1036	1164	768	883	920	1252	813	650	899	940	3358	2571	2715	1839
Friends and Family Test (Maternity)																			
P03C	Friends and Family Test MAT Coverage	8.5%	13.3%	7.2%	8.4%	4.1%	10.2%	17.1%	17.7%	6.7%	15.9%	8.5%	27.2%	8.1%	5.6%	7.6%	13.7%	17.4%	6.8%
	<i>Numerator (Total FFT Responses)</i>	1355	1278	96	92	48	127	181	195	76	187	107	355	104	73	267	452	649	177
	<i>Denominator (Total Eligible to Respond)</i>	15875	9630	1334	1100	1159	1248	1056	1103	1138	1176	1256	1307	1279	1315	3507	3297	3739	2594
P04C	Friends and Family Test Score - Maternity	98.6%	98.3%	100%	98.9%	97.9%	99.2%	98.3%	100%	97.4%	96.3%	98.1%	98.3%	98.1%	100%	98.9%	98.9%	97.7%	98.9%
	<i>Numerator (Total "Positive" Responses)</i>	1332	1255	96	91	47	126	177	195	74	180	105	349	102	73	264	446	634	175
	<i>Denominator (Total Responses)</i>	1351	1277	96	92	48	127	180	195	76	187	107	355	104	73	267	451	649	177
Friends and Family Test (Outpatients)																			
P04D	Friends and Family Test Score - Outpatients	94.9%	94.6%	95.5%	95.1%	94.9%	94.8%	94.2%	94%	95.4%	94.9%	95%	94.3%	93.9%	95.2%	95%	94.6%	94.8%	94.5%
	<i>Numerator (Total FFT Responses)</i>	31167	18772	2023	3381	1942	2864	2181	1722	2236	3137	3004	1691	2326	2475	8187	6139	7832	4801
	<i>Denominator (Total Eligible to Respond)</i>	32858	19834	2118	3554	2046	3021	2315	1832	2345	3307	3163	1793	2478	2601	8621	6492	8263	5079

Appendix – Trust Scorecards

		INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																RESPONSIVE DOMAIN			
ID	Measure	21/22	22/23 YTD	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3		
Emergency Department Performance																					
B01	ED Total Time in Department - Under 4 Hours	66.79%	60.76%	63.69%	66%	64.83%	63.26%	61.51%	61.69%	63.04%	60.15%	62.31%	62.01%	59.59%	56.17%	64.62%	62.09%	61.46%	57.87%		
	<i>Numerator (Number Seen In Under 4 Hours)</i>	127045	79366	9284	9450	9134	10589	9370	10351	10420	10075	9658	9776	10064	9652	29173	30141	29509	19716		
	<i>Denominator (Total Attendances)</i>	190223	130627	14578	14317	14090	16738	15234	16778	16528	16751	15500	15765	16888	17183	45145	48540	48016	34071		
B06	ED 12 Hour Trolley Waits	5761	6120	676	776	844	952	809	579	576	878	758	717	941	862	2572	1964	2353	1803		
Emergency Department Clinical Indicators																					
B02	ED Time to Initial Assessment - Under 15 Minutes	83.5%	78.3%	78.5%	82%	75.5%	77%	75.9%	80.5%	77.2%	76.8%	76.2%	79.3%	79.6%	80.6%	78.3%	78%	77.4%	80.1%		
	<i>Numerator (Number Assessed Within 15 Minutes)</i>	35034	19885	2541	2583	2116	2220	2144	2673	2460	2460	2385	2515	2532	2716	6919	7277	7360	5248		
	<i>Denominator (Total Attendances Needing Assessment)</i>	41980	25390	3235	3150	2802	2885	2825	3322	3188	3203	3131	3171	3180	3370	8837	9335	9505	6550		
B03	ED Time to Start of Treatment - Under 60 Minutes	48.3%	44%	50%	54.8%	49.9%	44.1%	44.8%	43.3%	42.4%	41.6%	49%	47.9%	45.2%	38.6%	49.3%	43.4%	46.1%	41.9%		
	<i>Numerator (Number Treated Within 60 Minutes)</i>	86759	54081	6921	7471	6630	6875	6420	6815	6623	6550	7194	7136	7122	6221	20976	19858	20880	13343		
	<i>Denominator (Total Attendances)</i>	179463	122905	13841	13643	13291	15581	14333	15753	15624	15755	14683	14887	15764	16106	42515	45710	45325	31870		
B04	ED Unplanned Re-attendance Rate	2.9%	3%	2.9%	2.6%	2.7%	2.8%	2.8%	2.9%	3.1%	3.3%	3.1%	2.8%	2.8%	3.1%	2.7%	2.9%	3.1%	2.9%		
	<i>Numerator (Number Re-attending)</i>	5453	3900	421	366	377	474	433	486	506	552	478	442	468	535	1217	1425	1472	1003		
	<i>Denominator (Total Attendances)</i>	190223	130627	14578	14317	14090	16738	15234	16778	16528	16751	15500	15765	16888	17183	45145	48540	48016	34071		
B05	ED Left Without Being Seen Rate	3%	3.3%	2.7%	2.7%	2.8%	4.5%	2.5%	3.3%	3.4%	4.2%	2.9%	2.6%	3.5%	3.8%	3.4%	3.1%	3.2%	3.6%		
	<i>Numerator (Number Left Without Being Seen)</i>	5776	4291	397	384	401	758	379	547	562	703	446	411	584	659	1543	1488	1560	1243		
	<i>Denominator (Total Attendances)</i>	190223	130627	14578	14317	14090	16738	15234	16778	16528	16751	15500	15765	16888	17183	45145	48540	48016	34071		
Referral To Treatment Ongoing																					
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	58.6%	58.7%	59.5%	59.2%	58.6%	58.3%	58.8%	56.4%	55.6%	54.3%	55.3%	55.2%	-	-	-	-		
	<i>Numerator (Number Under 18 Weeks)</i>	0	0	31208	31662	32309	32555	33440	33791	35494	34238	34453	33625	34560	34795	0	0	0	0		
	<i>Denominator (Total Pathways)</i>	0	0	53253	53909	54305	55021	57019	57940	60404	60738	62010	61870	62462	63041	0	0	0	0		
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	-	-	3558	3599	3604	3920	4362	4654	5298	5591	5970	6141	5989	5888	-	-	-	-		
A06A	Referral To Treatment Ongoing Pathways Over 78 Weeks	-	-	900	903	824	833	944	975	926	813	756	743	763	755	-	-	-	-		
A06B	Referral To Treatment Ongoing Pathways Over 104 Weeks	-	-	252	336	386	346	349	293	236	131	97	58	39	33	-	-	-	-		
Referral To Treatment Activity																					
A01A	Referral To Treatment Number of Admitted Clock Stops	30226	20714	2162	2227	2322	2530	2144	2544	2520	2488	2651	2603	2746	3018	7079	7208	7742	5764		
A02A	Referral To Treatment Number of Non Admitted Clock Stops	113401	75052	8030	8742	8444	9692	8127	9715	8907	8352	10331	9200	9790	10630	26878	26749	27883	20420		
A09	Referral To Treatment Number of Clock Starts	140873	82741	9892	10584	10568	11556	9414	11600	10482	9388	10968	9466	10198	11225	32708	31496	29822	21423		

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	21/22	22/23 YTD	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Diagnostic Waits																			
A05	Diagnostics Percentage Under 6 Weeks (15 Key Tests) <i>Numerator (Number Under 6 Weeks)</i> <i>Denominator (Total Waiting)</i>	-	-	61.14%	60.55%	62.52%	60.95%	57.89%	60.1%	61.22%	63.5%	62.21%	64.46%	65.34%	68.51%	-	-	-	-
		0	0	8881	9175	9738	10124	9564	9508	9821	10430	9572	11331	11077	11436	0	0	0	0
		0	0	14525	15154	15576	16610	16521	15819	16042	16426	15387	17577	16952	16692	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>	-	-	3180	3240	3349	3372	3799	3697	3616	3245	2968	3294	3062	2317	-	-	-	-
		0	0	3180	3240	3349	3372	3799	3697	3616	3245	2968	3294	3062	2317	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks <i>Numerator (Number Seen Within 2 Weeks)</i> <i>Denominator (Total Seen)</i>	82.4%	52.5%	78.3%	71%	75.4%	66.5%	63%	68%	57.2%	44.6%	45.2%	41.1%	49.1%	-	70.5%	63%	43.6%	49.1%
		17444	6640	1194	1140	1110	1313	992	1351	1010	784	835	806	862	0	3563	3353	2425	862
		21179	12647	1525	1605	1472	1974	1574	1987	1765	1757	1848	1959	1757	0	5051	5326	5564	1757
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	93.4%	92.5%	89.5%	91.1%	89.6%	93.5%	89.6%	90.6%	92.9%	93.9%	93.9%	91%	94.6%	-	91.4%	91.1%	93%	94.6%
		3323	1868	256	246	259	259	232	251	260	278	278	253	316	0	764	743	809	316
		3557	2020	286	270	289	277	259	277	280	296	296	278	334	0	836	816	870	334
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	99.3%	98.7%	100%	97.3%	99.3%	99.3%	97.7%	100%	94.8%	98.5%	100%	100%	100%	-	98.7%	97.5%	99.5%	100%
		1793	992	164	143	148	152	126	150	145	134	138	149	150	0	443	421	421	150
		1806	1005	164	147	149	153	129	150	153	136	138	149	150	0	449	432	423	150
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery) <i>Numerator (Number Treated Within 31 Days)</i> <i>Denominator (Total Treated)</i>	85.1%	83.8%	86%	73.5%	80%	82.1%	83.3%	76.3%	80%	88.9%	85.9%	87.7%	84.2%	-	78.4%	79.8%	87.4%	84.2%
		570	342	43	50	40	55	45	45	44	48	55	57	48	0	145	134	160	48
		670	408	50	68	50	67	54	59	55	54	64	65	57	0	185	168	183	57
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	76%	62.1%	73.1%	68.1%	69.7%	77.6%	68.1%	71.3%	61.8%	69.4%	52.2%	64.9%	48.2%	-	71.9%	67%	61.5%	48.2%
		1254.5	515	92.5	80	79.5	95.5	80	85.5	74.5	84	72.5	65.5	53	0	255	240	222	53
		1651	829	126.5	117.5	114	123	117.5	120	120.5	121	139	101	110	0	354.5	358	361	110
E03B	Cancer 62 Day Referral To Treatment (Screenings) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	50.3%	48.1%	55.6%	39.1%	60%	55.6%	0%	33.3%	25%	50%	50%	50%	85.7%	-	47.6%	16.7%	50%	85.7%
		44.5	12.5	2.5	4.5	3	2.5	0	0.5	1	2	2	1	6	0	10	1.5	5	6
		88.5	26	4.5	11.5	5	4.5	3.5	1.5	4	4	4	2	7	0	21	9	10	7
E03C	Cancer 62 Day Referral To Treatment (Upgrades) <i>Numerator (Number Treated Within 62 Days)</i> <i>Denominator (Total Treated)</i>	85.1%	81.7%	82%	86.2%	75%	71.9%	90.8%	82.9%	82.6%	85%	77.6%	78.9%	76.4%	-	77.2%	85.4%	80.5%	76.4%
		614.5	339	50	47	45	48.5	49.5	43.5	50	48	38	48.5	61.5	0	140.5	143	134.5	61.5
		722	415	61	54.5	60	67.5	54.5	52.5	60.5	56.5	49	61.5	80.5	0	182	167.5	167	80.5

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	21/22	22/23 YTD	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions <i>Numerator (Number of LMCs)</i> <i>Denominator (Total Elective Admissions)</i>	1.65%	2.28%	1.89%	2.33%	2.16%	2.32%	2.43%	1.88%	2.49%	2.31%	2.26%	2.05%	2.53%	2.31%	2.27%	2.26%	2.21%	2.42%
		1313	1297	115	149	135	165	154	134	171	157	167	148	186	180	449	459	472	366
		79837	56857	6094	6385	6251	7114	6347	7114	6860	6794	7382	7207	7361	7792	19750	20321	21383	15153
F02	Cancelled Operations Re-admitted Within 28 Days <i>Numerator (Number Readmitted Within 28 Days)</i> <i>Denominator (Total LMCs)</i>	79.6%	82.7%	80.9%	82.8%	89.4%	90.8%	79.6%	87%	88.8%	81.3%	82.2%	82.6%	79.1%	82.3%	88.1%	85%	82%	80.8%
		899	1050	76	82	127	118	121	134	119	139	129	138	117	153	327	374	406	270
		1129	1269	94	99	142	130	152	154	134	171	157	167	148	186	371	440	495	334
Green To Go/Fit For Discharge																			
AQ06A	Medically Fit For Discharge - Number of Patients (Acute)	-	-	158	202	191	193	187	194	179	217	220	232	230	199	-	-	-	-
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)	-	-	5293	5825	5307	5675	4408	6117	5457	6069	6645	6366	7079	6144	-	-	-	-
AQ07B	Medically Fit For Discharge - Beddays (Non-Acute)	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate <i>Numerator (Number of Hospital Cancellations)</i> <i>Denominator (Total Appointments)</i>	10.8%	10.9%	10.9%	11.1%	11.2%	11.8%	11.5%	9.8%	11%	11.5%	10.9%	11.1%	10.7%	11%	11.4%	10.7%	11.1%	10.9%
		129922	91289	10380	11265	10928	13425	10975	10744	11458	9579	11317	12489	11556	13171	35618	33177	33385	24727
		1202123	835672	95111	101103	97506	113500	95439	109526	104204	83563	103929	112026	107774	119211	312109	309169	299518	226985
R05	Outpatient DNA Rate <i>Numerator (Number of DNAs)</i> <i>Denominator (Total Attendances+DNAs)</i>	7.3%	7.3%	7.7%	7.5%	7.4%	7.3%	7.3%	7.4%	7.8%	8%	7.3%	7.3%	6.9%	6.8%	7.4%	7.5%	7.5%	6.8%
		64643	43226	5327	5530	5184	5872	4981	5924	5735	4726	5362	5581	5182	5735	16586	16640	15669	10917
		885592	591105	69124	73806	70276	80092	67879	79829	73799	59397	73578	76457	75539	84627	224174	221507	209432	160166
Overdue Partial Booking																			
R23B	Overdue Partial Booking Referrals - 6+ Months Overdue	-	-	38734	45267	45301	44354	34730	35523	38250	39561	41002	41843	42779	44124	-	-	-	-
R23C	Overdue Partial Booking Referrals - 9+ Months Overdue	-	-	27861	30789	30902	29480	21406	22095	24259	24946	26346	26485	27293	28613	-	-	-	-
R23D	Overdue Partial Booking Referrals - 12+ Months Overdue	-	-	20528	22389	22380	20621	13032	13340	14615	15333	16307	16760	17209	18031	-	-	-	-

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL EFFECTIVE DOMAIN



ID	Measure	21/22	22/23 YTD	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
Mortality																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	98.3	99.9	99.3	100.5	99.3	98.8	100	100.5	100.2	99.1	-	-	-	-	99.5	100.2	99.1	-
	Numerator (Observed Deaths)	24780	8545	2120	2165	2170	2100	2130	2140	2150	2125	0	0	0	0	6435	6420	2125	0
	Denominator ("Expected" Deaths)	25210	8550	2135	2155	2185	2125	2130	2130	2145	2145	0	0	0	0	6465	6405	2145	0
X02	Hospital Standardised Mortality Ratio (HSMR)	103.6	112.4	85.4	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	112	143	106	133	124	107	109	98	138	57	0	0	382	340	293	0
	Denominator ("Expected" Deaths)	1290.5	563	131.1	125.8	104.1	116.8	108.3	98.6	95.6	92.9	107.4	60.2	0	0	346.7	302.5	260.5	0
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	63.4%	52.5%	63.4%	64.3%	56.8%	46.6%	38.5%	38.8%	63.6%	60.4%	51.9%	57.1%	55.3%	56.3%	54.9%	46.2%	56.5%	55.8%
	Numerator (Treated Within 36 Hrs)	327	203	26	27	25	27	20	19	28	32	27	24	26	27	79	67	83	53
	Denominator (Total Patients)	516	387	41	42	44	58	52	49	44	53	52	42	47	48	144	145	147	95
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.1%	94.3%	97.6%	92.9%	97.7%	100%	98.1%	69.4%	100%	96.2%	100%	97.6%	100%	93.8%	97.2%	89%	98%	96.8%
	Numerator (Seen Within 72 Hrs)	496	365	40	39	43	58	51	34	44	51	52	41	47	45	140	129	144	92
	Denominator (Total Patients)	516	387	41	42	44	58	52	49	44	53	52	42	47	48	144	145	147	95
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	58.7%	43.5%	58.5%	52.4%	54.5%	44.8%	30.8%	20.4%	61.4%	60.4%	50%	42.9%	38.1%	40%	50%	36.6%	51.7%	39.1%
	Numerator (Number achieved BPT)	303	147	24	22	24	26	16	10	27	32	26	18	8	10	72	53	76	18
	Denominator (Total Patients)	516	338	41	42	44	58	52	49	44	53	52	42	21	25	144	145	147	46
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	2.4%	3.84%	2.35%	2.38%	2.56%	0%	3.5%	3.51%	3.48%	3.88%	4.02%	4.18%	4.2%	-	1.58%	3.5%	4.03%	4.2%
	Numerator (Re-admitted in 30 Days)	3863	3677	299	299	316	0	439	479	465	526	566	594	608	0	615	1383	1686	608
	Denominator (Total Discharges)	161255	95808	12726	12577	12341	13928	12525	13634	13344	13546	14072	14196	14491	0	38846	39503	41814	14491
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.7%	53.5%	62.5%	52.2%	67.9%	52.8%	53.6%	53.8%	39.3%	54.1%	45.8%	80%	44.8%	-	57.5%	48.8%	60.4%	44.8%
	Numerator (Achieved Target)	229	108	20	12	19	19	15	14	11	20	11	24	13	0	50	40	55	13
	Denominator (Total Patients)	404	202	32	23	28	36	28	26	28	37	24	30	29	0	87	82	91	29
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	63.7%	54.9%	54.3%	65.8%	67.4%	58.2%	62.2%	60.9%	58.1%	43.2%	50%	66.7%	37.9%	-	63.2%	60.3%	52.7%	37.9%
	Numerator (Achieved Target)	369	135	25	25	29	32	23	28	25	16	12	20	11	0	86	76	48	11
	Denominator (Total Patients)	579	246	46	38	43	55	37	46	43	37	24	30	29	0	136	126	91	29

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL WELL-LED DOMAIN

ID	Measure	21/22	22/23 YTD	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
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Bank and Agency Usage

AF11A	Percentage Bank Usage	-	-	5.41%	5.89%	5.92%	6.34%	5.25%	5.48%	5.96%	6.24%	5.9%	5.57%	5.77%	6.12%	-	-	-	-
	<i>Numerator (Bank wte)</i>	0	0	613.65	673.48	675.59	731.9	597.39	623.17	682.2	717.68	684.96	646.18	672.62	721.23	0	0	0	0
	<i>Denominator (Total wte)</i>	0	0	11335.8	11441.8	11411.2	11549.9	11386.6	11365.8	11437.3	11501.6	11613.5	11598.6	11663	11785.2	0	0	0	0
AF11B	Percentage Agency Usage	-	-	1.71%	2.22%	2.21%	2.38%	2.05%	2.06%	2.31%	2.57%	2.31%	2.15%	1.91%	1.99%	-	-	-	-
	<i>Numerator (Agency wte)</i>	0	0	194.3	254.06	252.3	274.31	233.34	233.71	264.81	296.09	267.86	249.43	222.57	234.09	0	0	0	0
	<i>Denominator (Total wte)</i>	0	0	11335.8	11441.8	11411.2	11549.9	11386.6	11365.8	11437.3	11501.6	11613.5	11598.6	11663	11785.2	0	0	0	0

Turnover

AF10	Workforce Turnover Rate	-	-	15%	15.1%	15.3%	15.1%	15.3%	15.3%	15.4%	15.7%	15.7%	15.7%	15.7%	15.5%	-	-	-	-
	<i>Numerator (Leavers in last 12 months)</i>	0	0	1314.78	1325.46	1348.96	1327.93	1342.88	1348.97	1354.29	1382.31	1381.77	1398.69	1404.45	1387.32	0	0	0	0
	<i>Denominator (Average Staff in Post)</i>	0	0	8775.91	8806.01	8826.58	8812.96	8794.68	8792.34	8767.88	8789.78	8811.58	8883.23	8939.92	8963.31	0	0	0	0

Vacancy

AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	7.4%	7.8%	8%	7.6%	5.7%	8%	8.3%	8.4%	7.2%	7.3%	7.7%	7.4%	-	-	-	-
	<i>Numerator (Vacancy wte, Funded minus actual)</i>	0	0	846.11	885.13	912.16	865.82	632.1	912.48	953.51	962.15	824.27	843.65	896.89	864.56	0	0	0	0
	<i>Denominator (Actual WTE)</i>	0	0	11373.9	11399.4	11395.5	11409.5	11187.9	11421.4	11443.8	11449.9	11484.9	11546.7	11664.7	11694.4	0	0	0	0

Staff Sickness

AF02	Sickness Rate	4.1%	5.6%	4.5%	4.1%	4%	4.1%	6.3%	5.1%	5.6%	6.5%	5.1%	4.9%	5.4%	5.5%	4.1%	5.7%	5.5%	5.5%
	<i>Numerator (Total WTE Days Lost)</i>	156985	142862	14788.6	13318.3	11745.4	13289.5	19814.2	16463.3	17611.3	21066.5	16521.6	15762.2	18032.4	17590.9	38353.2	53888.9	53350.3	35623.3
	<i>Denominator (Total WTE Days)</i>	3798329	2572962	325937	324179	294304	326222	313517	324437	313529	322577	325551	319669	331278	322404	944705	951483	967796	653682

Staff Appraisal

AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	67.9%	68.8%	68.9%	69.9%	68.6%	70.8%	70.2%	71%	71.6%	71.7%	72%	72%	-	-	-	-
	<i>Numerator (In-Date Appraisals)</i>	0	0	7066	7157	7182	7304	7123	7360	7294	7402	7482	7529	7633	7666	0	0	0	0
	<i>Denominator (Total Staff)</i>	0	0	10403	10400	10424	10446	10390	10391	10397	10426	10443	10507	10600	10649	0	0	0	0

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL USE OF RESOURCES DOMAIN

ID	Measure	21/22	22/23 YTD	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
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Average Length of Stay

J03	Average Length of Stay (Spell)	4.38	4.56	4.75	4.51	4.75	4.63	4.88	4.81	4.61	4.41	4.65	4.34	4.48	4.4	4.63	4.76	4.47	4.44
	<i>Numerator (Total Beddays)</i>	364169	261720	31642	28517	30161	33354	31816	33232	31485	31210	32803	32203	34262	34709	92032	96533	96216	68971
	<i>Denominator (Total Discharges)</i>	83120	57343	6663	6319	6345	7205	6518	6908	6833	7073	7054	7414	7656	7887	19869	20259	21541	15543

Meeting of the Trust Board of Directors in public – January 2023

Reporting Committee	Quality and Outcomes Committee – Meeting held 22 December 2022
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Jane Farrell Chief Operating Officer Deirdre Fowler, Chief Nurse and Midwife Stuart Walker, Medical Director

For Information

From Matters Arising.

It was agreed that reports on the development and use of the discharge lounge would now be included in the “every minute matters” reporting domain.

Following a question from Jayne Mee at the last meeting of the committee, a full explanation was given to QOC concerning how an assessment of a patient’s dietary requirements is initiated and undertaken, particularly if they have dietary problems/allergies.

A summary of current VTE assessments was discussed and assurance was given that VTE assessments are being undertaken, but recording these assessments has been problematic. The solution remains the implementation of the electronic prescribing module.

Clinical and Service Quality Compliance and Performance.

The IQPR continued to show some improvements in cancer waiting times. These data were discussed in some detail and assurance sought that focus will remain on reducing backlogs and that a risk based approach is implemented for assessment of those on waiting lists.

It was also reported that front door pressure remains very high, particularly in children’s A&E and that outpatient clinics had to be cancelled to provide waiting room space.

An increase in the number of Clostridium difficile cases was also reported from Weston with ribo typing showing a link between the strains isolated. There have been no more cases since the initial outbreak and QOC was assured that a full investigation had been undertaken. It was reported that a small outbreak had been identified due to the to sink provision in Draycott Ward. It was reported introducing sinks in the bays would mean losing bed capacity and so was not feasible on the balance of risks at the present time.

Benchmarking, Learning and Quality Improvement.

A number of patient complaints reports were considered. There was a small increase in complaints in October and November but the usual decrease in December is still expected. There were no themes identified.

The patient experience report was also considered and discussed in detail. Concerns were raised as to how the committee can gain assurance that the learning identified in these reports is being applied and disseminated through the trust. How are the outcomes of this learning being measured. It was explained that the learning and implementation are monitored at divisional level. QOC was assured that the focus remains on creating a kind, responsive and caring culture and that divisions remain focussed on implementing the learning.

Key Decisions and Actions

IQPR – item on Theatre Utilisation to come back to a future meeting

CQC Action Plan – wording of future recommendations to be considered to ensure that a SMART approach is adopted.

Date of next meeting:

27 January 2023