

# March 2023

# Published Papers

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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

# Leadership Priorities and Oversight Framework

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February 2023

# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

## INTRODUCTION

This report provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2022/23 and the Trust Leadership priorities. Further information within the full Integrated Quality and Performance Report (IQPR) is available in the reading room to provide additional background detail if required.

PRIORITY	CORPORATE OBJECTIVE	Page
<b>Quality and Safety</b>	Ensure our patients have access to timely and effective care, with a risk based approach to preventing patient harm in our urgent and elective pathways	10
<b>Our People</b>	Deliver our workforce plans to develop new roles to retain and attract talent. Invest in high quality learning and development to retain colleagues and students. Ensure colleagues are safe and healthy by prioritising wellbeing and that everyone has a voice which counts, and are treated with respect regardless of their personal characteristics.	16
<b>Timely Care</b>	Reduce ambulance handover delays. Eliminate the number of patients waiting over 78, 104 week waits and cancer delays. Outpatient follow-up activity levels compared with 2019/20 baseline. Increase specialist surgery activity.	23
<b>Financial Performance</b>	Divisional performance v budget (or agreed control total if different). Identify and implement recurring CIP delivery v 22/23 target. ESRF related activity (value) v 19/20 baseline.	36

## EXECUTIVE SUMMARY

### Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months October 2021 to September 2022 was 97.4 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100.

Recent VTE risk assessment compliance remains relatively static at 85.3% although this is below expected levels. However 85.3% is at the highest level year to date, following the low seen in December 2022 (excludes Weston due to data feed issues). Recent advertisement for a Trust VTE lead has failed to attract applicants and an exploration of alternative recruitment strategies are being explored. Careflow Medicines Management Clinical Reference Group meetings have commenced in regard to the relaunch of electronic prescribing and medicines administration (EPMA) in the Trust. VTE Risk Assessments will be addressed as part of scope.

There were five cases of Clostridium difficile and two cases of MRSA in the month of January 2023. There have been 86 hospital attributed clostridium difficile cases 2023/23 year to date against the limit for C-difficile cases as set by NHS England for 2022/23 of 89 cases.

### Our People

The Trust's vacancy rate has reduced again to 6.8% this month and is now below target (which is less than 7%). The vacancy rate in registered nursing remains at 10.7%, close to target (10.0%). The Band 2 and 4 Unregistered Nursing vacancy rate is skewed this month by the rebanding exercise which took place in January, and will be resolved next month. Consultant vacancy rate has reduced to 3.9%.

All staff Turnover for the 12-month period reduced again to 14.8% so now meets the 15.0% target. The only staff group increase was seen within Allied Health Professionals, where turnover increased again to 18.1% against a target of 14.5%. All other staff groups are now meeting or close to meeting their targets. Turnover rate for Band 5 nurses reduced slightly again to 17.2%.

Sickness absence reduced to 4.7% compared with 6.2% in the previous month, based on updated figures for both months.

Agency usage has increased to 2.0% which is above the 1.8% target and bank usage has increased again to 6.2% meaning we are now close to the 6.3% target.

Compliance for the eleven Core Skills (mandatory/statutory) increased to 88%, for the fourth consecutive month so is now close to the 90% target. The two core skills with lowest compliance - Moving and Handling (73%) and Resuscitation (66%) - each made 1% improvements in January.

## EXECUTIVE SUMMARY (continued)

### Timely Care

At the end of January 2023, there were 8 patients waiting over 104+ weeks, compared to 349 at the end of April 2022. The Trust will be in a position to have eliminated waiting times 104+ weeks at the end of February and will be able to sustain this position going forward.

At the end of January 2023, there were 678 patients over 78 weeks against a trajectory for improvement of 610. This was a reduction from the end of December 2022 where 877 patients had been waiting over 78 weeks. The Trust are currently forecasting a backlog of no greater than 95 patients waiting 78+ weeks at the end of March. Plans are being developed with the Divisions to improve performance towards the ambition of eliminating 65+ week waits during the next financial year, 2023/24.

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 January 2023, the Trust reported 290 patients over 62 days, compared to 326 at the end of December 2022. Cancer performance standards – both ongoing and statutory – are being negatively affected by backlogs in three high volume specialities; skin, gynaecology and colorectal. All three suffered very high staff absence in June and July due to Covid, coupled with increased demand. This caused backlogs which are challenging to clear in light of national staffing shortages in these areas, underlying vacancies, and in some cases ongoing demand well above expected levels.

Emergency Department (ED) pressures continue in January 2023. There were 1,006 patients who had a Trolley wait in excess of 12 hours in January across the Emergency Departments. This was lower than the 1,217 reported in January but was above the monthly average of 765 between April and November 2022. Ambulance handovers in excess of 15 minutes remain high (83% of all handovers taking 15+ minutes).

The Every Minute Matters (EMM) roll out has now been completed across all adult wards in scope. This programme focusses 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.

## EXECUTIVE SUMMARY (continued)

### Financial Performance

At the end of January there is a net I&E deficit of £2,379k against a planned deficit of £7,485k (excluding technical items). Total operating income is £33,541k favourable to plan due to higher than planned income from activities of £33,067k, offset by lower than planned other operating income of £2,526k. Operating expenses are £34,087k adverse to plan primarily due to higher pay expenditure (£26,448k adverse), offset by lower than planned depreciation expenditure of £1,857k. Other non-pay expenditure is £9,492k 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 £12,785k or 100% of plan. Full year forecast delivery is £15,699k or 102% of plan of which recurrent savings are £8,059k, 54% 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 forecasts. 3) Forecast overspend against divisional budgets and achievement of divisional control totals – divisional forecasts continue to be monitored monthly and recovery plans have been implemented where overspends are not acceptable.

# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

## SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

### DOMAINS:

“Quality and Safety”

“Our People”

			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Infection Control: C.Diff Cases (Hospital Attributable)	Risks: 800 and 4651	Actual	6	8	12	13	7	9	6	13	7	5		
		Trajectory	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4
Infection Control: MRSA Cases (Hospital Onset)	Risks: 800 and 4651	Actual	0	0	0	0	0	1	0	1	1	2		
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
VTE Risk Assessment	Risk: 720	Actual	81.3%	81.9%	82.4%	82.5%	83.7%	83.5%	84.0%	84.9%	81.3%	85.3%		
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usage	Risk: 674	Actual	2.0%	2.1%	2.3%	2.6%	2.3%	2.2%	1.9%	2.0%	1.9%	2.0%		
		Trajectory	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
Workforce: Turnover	Risk: 2694	Actual	15.3%	15.3%	15.4%	15.7%	15.7%	15.7%	15.7%	15.5%	15.1%	14.8%		
		Trajectory	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%
Workforce: Staff Sickness		Actual	6.3%	5.1%	5.6%	6.5%	5.1%	4.9%	5.4%	5.5%	6.2%	4.7%		
		Trajectory	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
Workforce: Staff Vacancy	Risk: 737	Actual	5.7%	8.0%	8.3%	8.4%	7.2%	7.3%	7.7%	7.4%	7.2%	6.8%		
		Trajectory	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%

			Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Summary Hospital Level Mortality Indicator (SHMI)		Actual	99.3	100.5	99.3	98.8	100.0	100.5	100.2	99.1	99.3	97.5		
		Trajectory	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

## SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

### DOMAIN: Timely Care

			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Referral To Treatment 78+ Weeks	Risk: 801	Actual	944	975	926	813	756	743	763	755	877	678		
		Trajectory	944	961	1,050	1,002	1,066	1,025	770	717	663	610	557	497
Referral To Treatment 104+ Weeks	Risk: 801	Actual	349	293	236	131	97	58	39	33	26	8		
		Trajectory	336	281	197	182	167	138	109	87	72	50	33	29
Cancer 62+ Days	Risk: 801	Actual	179	232	237	261	416	399	381	337	326	290		
		Trajectory	180	180	180	180	180	180	450	450	400	300	250	180
Cancer Treated Within 62 Days	Risk: 801	Actual	68.1%	71.3%	61.8%	69.4%	52.2%	64.9%	48.2%	46.4%	54.0%			
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	57.9%	60.1%	61.2%	63.5%	62.2%	64.5%	65.3%	68.5%	65.8%	65.9%		
		Trajectory	58%	60%	62%	63%	65%	66%	68%	70%	71%	72%	73%	75%
Diagnostics: Number Waiting 26+ Weeks	Risk: 801	Actual	1,633	1,655	1,496	1,359	1,240	1,554	1,345	1,032	973	853		
		Trajectory	1,654	1,676	1,474	1,304	1,174	1,076	901	802	743	676	613	500
Emergency Department: 12 Hour Trolley Waits	Risks: 910 and 4700	Actual	809	579	576	878	758	717	941	862	1,217	1,006		
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Department: Handovers Over 15 Minutes	Risks: 910 and 4700	Actual	80.5%	76.0%	74.4%	82.3%	80.8%	79.4%	82.3%	81.6%	87.7%	82.7%		
		Trajectory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	22.4%	20.0%	20.6%	19.7%	21.6%	20.9%	22.3%	19.6%	21.8%	19.9%		
		Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Every Minute Matters: Discharge Lounge Use (BRI and Weston)	Risk: 423	Actual	11.2%	14.5%	16.9%	21.8%	24.7%	24.8%	21.6%	22.0%	16.6%	22.6%		
		Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	147	197	182	196	214	212	228	205	196	175		
		Trajectory												



# Leadership Priorities and Oversight Framework



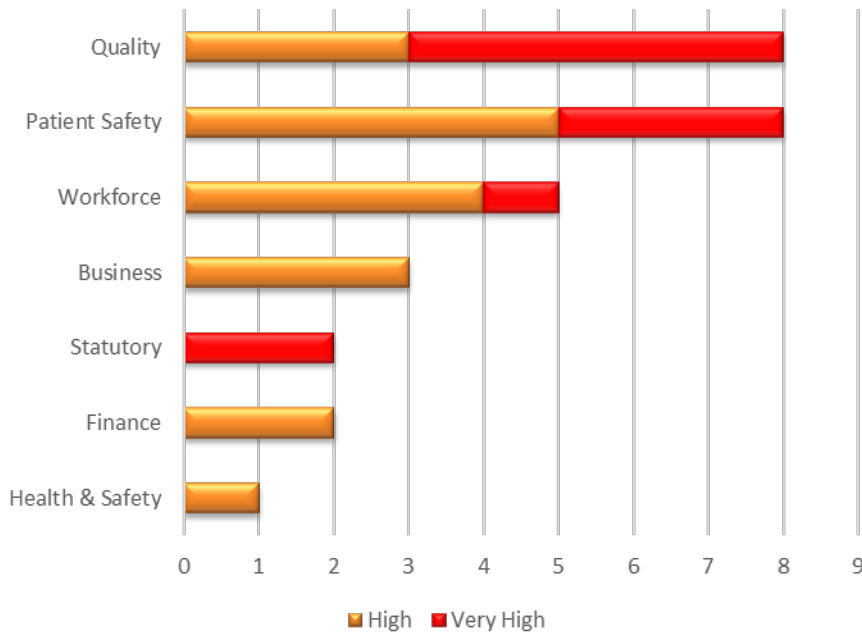
As at 10 Feb 2023

## CORPORATE RISKS

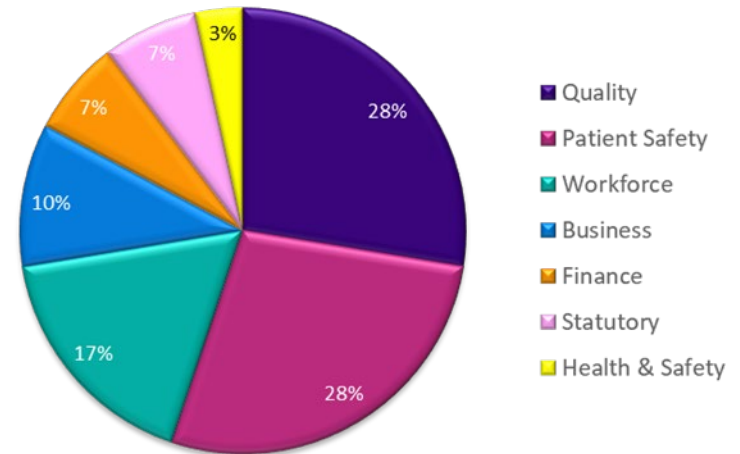
ID	Corporate Risks, Current Scores over time	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Feb 2023	Move- ment	Target
801	Risk that the requirements of the NHS System Oversight Framework 2021/22 are not	20	20	20	20	20	↔	8
423	Risk that demand for inpatient admission exceeds available bed capacity	20	20	20	20	20	↔	8
2244	Risk that long waits for Outpatient follow-up appointments results in harm to patients	20	20	20	20	20	↔	4
972	Risk that the Trust is non-compliant with Fire Safety Regulations	16	16	16	16	16	↔	4
1035	Risk that operations are cancelled and performance targets breached	16	16	16	16	16	↔	4
2264	Risk that delays in commencing induction of labour increases perinatal morbidity and	16	16	16	16	16	↔	4
910	Risk that patients in ED do not receive timely and effective care	20	20	20	20	15	↓	6
5477	Risk that nurse staffing levels will not be met	20	20	20	15	15	↔	6
4700	Risk that a patient may deteriorate whilst being held in the ambulance bay	15	15	15	15	15	↔	3
856	Risk that the emotional & mental health needs of children and young people are not	15	15	15	15	15	↔	8
588	Risk that patient deterioration is not identified and responded to	12	12	15	15	15	↔	5
1595	Risk that patients suffering from mental health disorders are in Adult ED for prolonged	16	20	20	20	12	↓	8
6145	Risk that the new national guidance on HCSW duties will impact the quality of care				12	12	↔	6
422	Risk that patients and staff experience violent or aggressive behaviour	12	12	12	12	12	↔	6
674	Risk that use of agencies who are non-compliant with national pricing caps does not	12	12	12	12	12	↔	4
793	Risk that staff experience work-related stress	12	12	12	12	12	↔	9
2639	Risk that staff are not fully compliant with their appraisal requirements	12	12	12	12	12	↔	6
4748	Risk that rates of substantive clinical staffing across WGH are insufficient	12	12	12	12	12	↔	8
1598	Risk that patients suffer harm or injury from preventable falls	12	12	12	12	12	↔	8
2614	Risk that patient care and experience is affected due to being cared for in extra	10	10	12	10	10	↔	4
6502	Risk that Industrial action will impact on the ability to maintain patient safety				10	10	↔	5
921	Risk that staff are not fully compliant with their Essential Training	12	12	12	9	9	↔	6
800	Risk that Trust operations are negatively impacted by (COVID-19) pandemic	15	15	9	9	9	↔	9
4651	Risk that Covid -19 is transmitted between patients and staff within the Trust	20	20	12	9	9	↔	9
2695	Risk that the Trust fails to establish and maintain robust governance processes	6	9	9	9	9	↔	6
3369	Risk that the UoB relationship will impact the quality of the teaching environment	12	12	12	8	8	↔	4
4539	Risk that Trust performance and delivery of corporate objectives may be adversely	12	12	12	8	8	↔	4
291	Risk that critical IT equipment fails and cannot be restored	8	8	8	8	8	↔	8
720	Risk that VTE risk assessments are not completed	8	8	8	8	8	↔	8

## CORPORATE RISKS

Corporate Risks by Domain and Risk Level



Corporate Risks by Domain



# Leadership Priorities and Oversight Framework



Reporting Month: September 2022

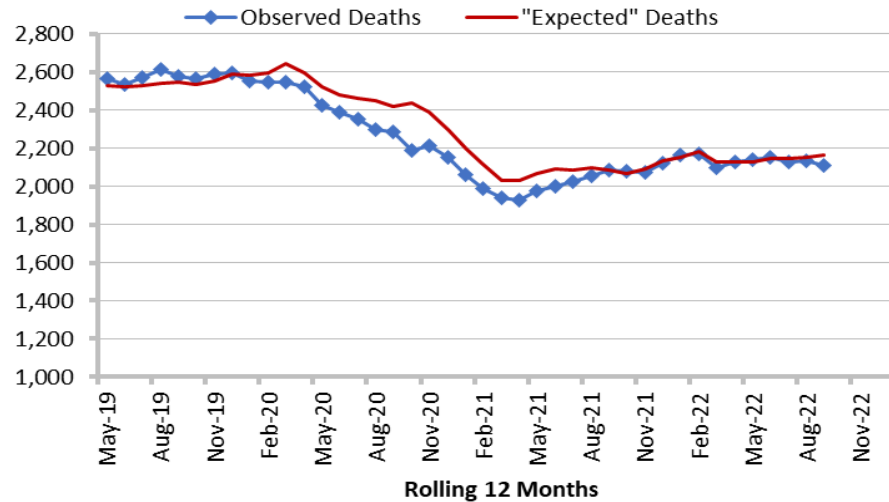
STANDARD		QUALITY AND SAFETY: MORTALITY - SHMI (SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR)
<b>Background:</b>	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".	
<b>Performance:</b>	The Summary Hospital Mortality Indicator for UHBW for the 12 months October 2021 to September 2022 was 97.5 and in NHS Digital's "as expected" category.	
<b>National Data:</b>	UHBW's total is below the overall national peer group of English NHS trusts of 100.	
<b>Actions:</b>	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.	
<b>Risks:</b>	tbc	

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Oct-21	2,080	2,070	100.5
Nov-21	2,075	2,090	99.3
Dec-21	2,120	2,135	99.3
Jan-22	2,165	2,155	100.5
Feb-22	2,170	2,185	99.3
Mar-22	2,100	2,125	98.8
Apr-22	2,130	2,130	100.0
May-22	2,140	2,130	100.5
Jun-22	2,150	2,145	100.2
Jul-22	2,125	2,145	99.1
Aug-22	2,135	2,150	99.3
Sep-22	2,110	2,165	97.5

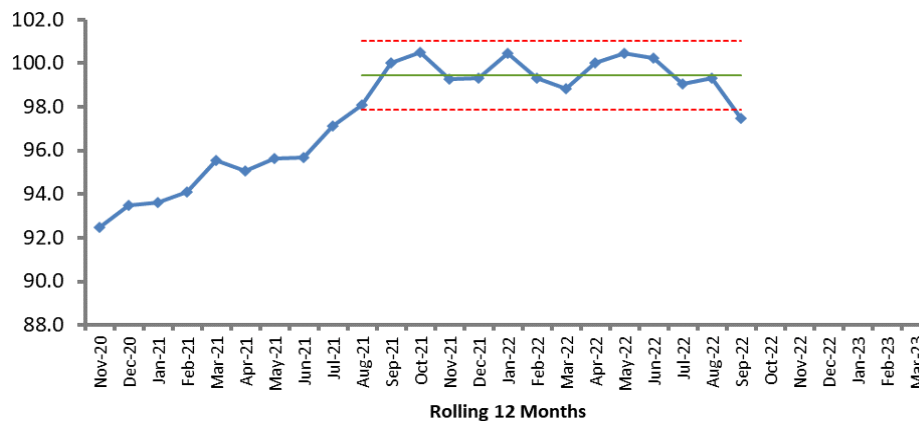
STANDARD

QUALITY AND SAFETY: MORTALITY - SHMI (SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR)

Summary Hospital-level Mortality Indicator (SHMI)



Summary Hospital Mortality Indicator (SHMI) - National Monthly Data



# Leadership Priorities and Oversight Framework

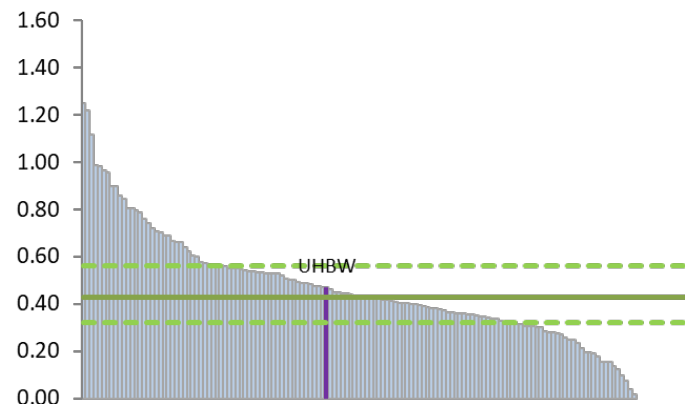
Reporting Month: January 2023

STANDARD		QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
<b>Background:</b>	<p>For this section there are two infections reported: C.difficile and methicillin-resistant Staphylococcus aureus (MRSA). Infections are reported in two different categories for infections associated with hospital care:</p> <ol style="list-style-type: none"> <li>1. Hospital Onset – Healthcare Associated (HOHA). Patient is an inpatient in an acute trust and has 3 or more days between admission and a positive specimen.</li> <li>2. Community Onset – Healthcare Associated (COHA). Patient returns a positive specimen within 28 days of discharge from an elective or emergency hospital admission.</li> </ol> <p>For C.difficile, two measures are reported: HOHA and COHA. For MRSA it is the HOHA cases only. 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. For MRSA the expectation is to have zero cases.</p>	
<b>Performance:</b>	<p>There have been three HOHA and two COHA C.Difficile cases reported in January 2023. The reported Year To Date (YTD) in 2022/23 is 69 HOHA cases and 17 COHA cases. This gives 86 Hospital Attributable cases overall. There were two MRSA case in January 2023. Therefore five cases in 2022/23 Year To Date.</p>	
<b>National Data:</b>	<p>See next page.</p>	
<b>Actions:</b>	<p><b>C.Difficile</b> There has been decrease in HOHA cases over the month of January 2023 when compared to the month of December 2022. A structured collaboration commenced in September 2021 is ongoing across the local provider organisations, facilitated by the CCG and a regional NHS England quality improvement collaborative is ongoing, with close collaboration with the ICS which plan to start post reviews of community acquired C.difficile cases in the nearer future.</p> <p><b>MRSA</b> Policies and guidelines need to be refreshed to be aligned across the organisation including screening requirements. There is a re-focusing on indwelling vascular device management as a focus on improvements in care.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>• The vascular access group continue to focus on cross-divisional learning to assure best practice in Vascular device management and to help reduce levels of bacteraemia's.</li> <li>• A regional collaborative led by NHS England for improved vascular device management linked to reducing bacteraemia's associated has been established. An improvement plan is under development at a local level.</li> <li>• An observation of vascular device management has been undertaken. Infection Prevention &amp; Control team are awaiting the findings.</li> </ul>	
<b>Risks:</b>	<p>800: Risk that Trust operations are negatively impacted by (COVID-19) pandemic 4651: Risk that Covid -19 is transmitted between patients and staff within the Trust</p>	

## C.Difficile

	Jan-23		2022/2023		2021/2022	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	2	1	19	4	31	1
Specialised Services	0	0	5	1	12	4
Surgery	0	0	11	1	13	0
Weston	1	0	26	4	14	5
Women's and Children's	0	0	8	3	12	0
Other	0	1	0	4	0	3
<b>UHBW TOTAL</b>	<b>3</b>	<b>2</b>	<b>69</b>	<b>17</b>	<b>82</b>	<b>13</b>

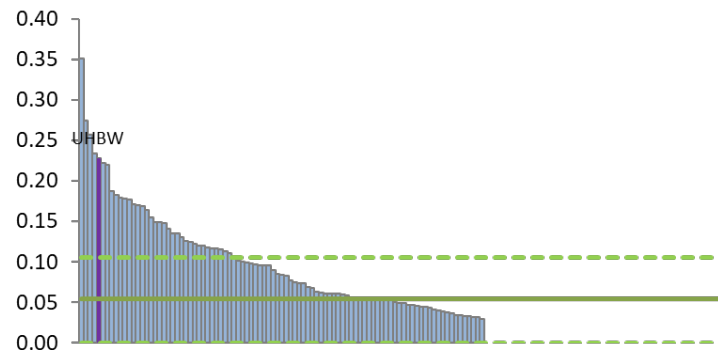
Benchmarking - C.Diff Rate Per 1000 Beddays - December 2021 to November 2022



## MRSA

	Jan-23	2022/2023	2021/2022
Medicine	1	1	6
Specialised Services	0	1	0
Surgery	0	1	0
Weston	0	0	0
Women's and Children's	1	2	1
Other	0	0	0
<b>UHBW TOTAL</b>	<b>2</b>	<b>5</b>	<b>7</b>

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



# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

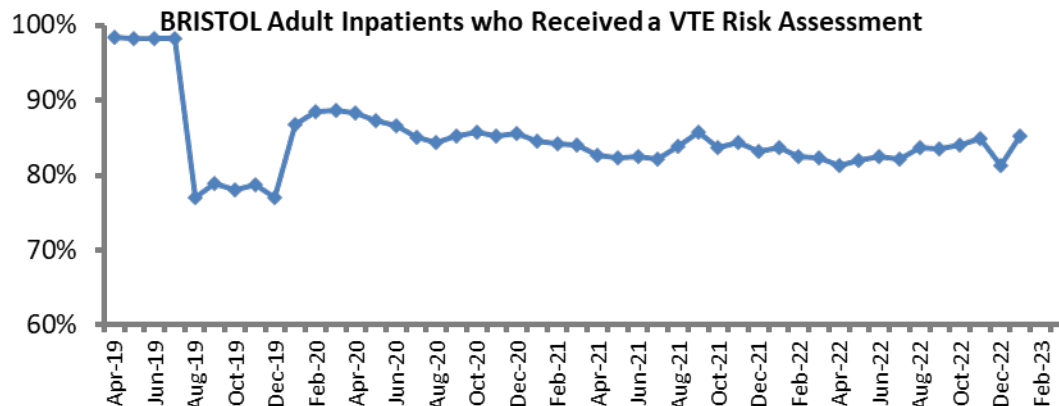
STANDARD		QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT
<b>Background:</b>	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. The expectation for UHBW was to achieve 95% compliance, with an amber threshold to 90%.	
<b>Performance:</b>	Recent VTE risk assessment compliance remains relatively static at 85.3%, though is now at the highest level year to date, following the low seen in December 2022 (excludes Weston due to data feed issues). Of note, Diagnostics and Therapies compliance continues to be 100%, Specialised services has increased slightly to 91.9%, Medicine has increased by 5.7 % to 76.1% and Women's and Children's has increased by 3% to 90.1%. VTE Risk Assessment compliance remains below expected levels.	
<b>Actions:</b>	<p>VTE Risk Assessment compliance remains below expected levels. As part of preparation for the implementation of the Careflow Medicines Management electronic prescribing system, options for electronic VTE risk assessment are being reviewed. The VTE lead post remains vacant: the post is being re-advertised externally having received no expressions of interest from an internal advert. VTE metric data requires review, agreement and sign off in order to align UHBW VTE compliance data since the introduction of electronic VTE risk assessments in Weston.</p> <p>Actions taken:</p> <ul style="list-style-type: none"> <li>• Ongoing discussions with digital services regarding Careflow Medicines Management (CMM) system and the correlation with VTE Risk Assessments to support improved compliance (and safe practice) continues. CMM Clinical Reference Group meetings commenced, and VTE Risk Assessments addressed as part of scope. Options appraisal for VTE processes within CMM will be presented to CMM Board for decision on how to progress.</li> <li>• VTE lead remains vacant. The post is being re-advertised externally having received no expressions of interest from an internal advert.</li> <li>• Patient Safety Improvement Team have undertaken a Thematic Analysis of historical Hospital Acquired VTE. Report to be submitted to February Patient Safety Group Meeting.</li> <li>• There is a requirement for the Trust VTE metric data (logic for the 'not at-risk cohort') to be clinically reviewed and agreed as correct for a merged Trust, prior to sign off by Medical Directors Team. Clinical review requested but has not yet occurred that will resolve the data feed issues once completed.</li> </ul>	
<b>Risks:</b>	720: Risk that VTE risk assessments are not completed	

# Leadership Priorities and Oversight Framework

Reporting Month: January 2023

**STANDARD**

**QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT**



Division	SubDivision	Number Risk		Percentage Risk
		Assessed	Total Patients	Assessed
Diagnostics and Therapies	Chemical Pathology	1	1	100.0%
	Radiology	30	30	100.0%
<b>Diagnostics and Therapies Total</b>		<b>31</b>	<b>31</b>	<b>100.0%</b>
Medicine	Medicine	2,115	2,781	76.1%
<b>Medicine Total</b>		<b>2,115</b>	<b>2,781</b>	<b>76.1%</b>
Specialised Services	BHOC	2,396	2,478	96.7%
	Cardiac	398	562	70.8%
<b>Specialised Services Total</b>		<b>2,794</b>	<b>3,040</b>	<b>91.9%</b>
Surgery	Anaesthetics	11	11	100.0%
	Dental Services	87	121	71.9%
	ENT & Thoracics	277	369	75.1%
	GI Surgery	1,014	1,196	84.8%
	Ophthalmology	367	376	97.6%
	Trauma & Orthopaedics	124	162	76.5%
<b>Surgery Total</b>		<b>1,880</b>	<b>2,235</b>	<b>84.1%</b>
Women's and Children's	Children's Services	24	31	77.4%
	Women's Services	1,431	1,584	90.3%
<b>Women's and Children's Total</b>		<b>1,455</b>	<b>1,615</b>	<b>90.1%</b>
<b>Grand Total</b>		<b>8,275</b>	<b>9,702</b>	<b>85.3%</b>

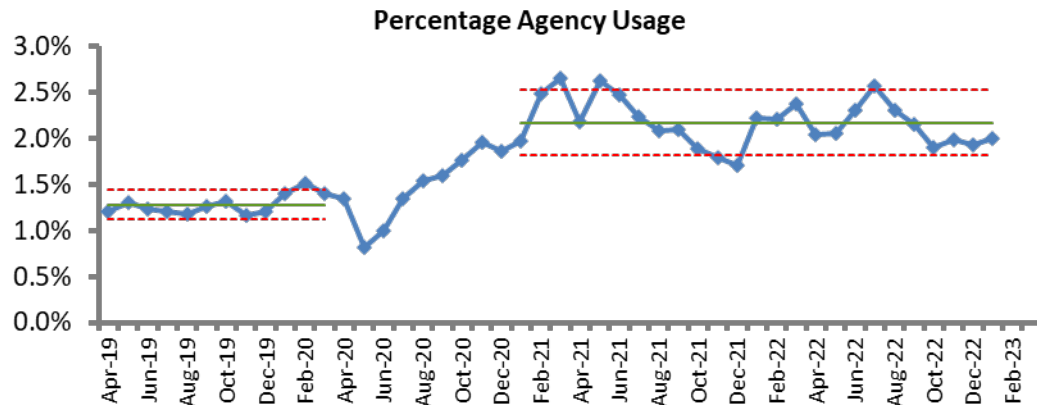


# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
<b>Performance:</b>	Agency usage increased by 11.3 FTE (Full Time Equivalents) to 2.0%. There were increases within six divisions. The largest increase was seen in Women’s and Children’s, increasing to 39.2 FTE from 33.1 FTE in the previous month. There was a reduction within one divisions, Diagnostics and Therapies, where usage reduced to 0 FTE from 0.3 FTE in the previous month.
<b>Actions:</b>	<p>Actions taken to mitigate agency usage and encourage bank use instead are:</p> <ul style="list-style-type: none"> <li>• There were 66 new starters across the bank in December consisting of the following: 12 Admin and Clerical staff inclusive of one reappointment, Five Cleaning and Catering staff, One Porter, One Sterile Services Technician, Seven Registered Nurses inclusive of two reappointments, Two Allied Health Professionals inclusive of one reappointment and 38 Healthcare Support Workers inclusive of ten reappointments.</li> <li>• The Emergency Department, PICU and Starlight in BRCH has introduced a temporary measure of allocate on arrival 50% enhancement for all clinical shifts worked.</li> <li>• The Trust continues to encourage “block bookings” to reduce the use of last minute, non-framework reliance.</li> <li>• Active recruitment continues to substantive medical roles in the Weston Division to drive down the demand for high-cost agency usage.</li> <li>• The Trust continues to offer paid travel time for clinical staff as an incentive to encourage staff to pick up bank shifts at Weston to reduce agency reliance.</li> <li>• The temporary staffing team have reviewed and improved their onboarding process to increase efficiency and are now seeing agency staff cleared and working the next day.</li> <li>• Work continues both at system and Trust level to reduce high-cost agency usage with a Trust wide Patient First initiative supported by the Transformation Team.</li> </ul>
<b>Risks:</b>	674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce

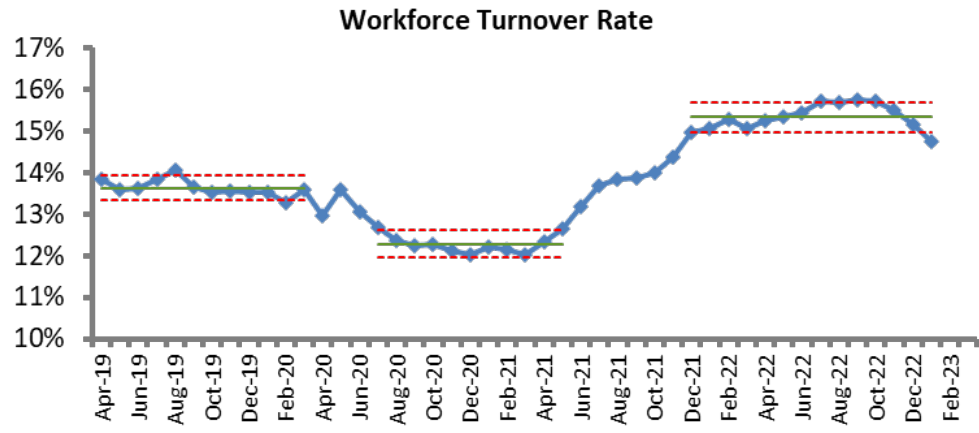


# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
<p><b>Performance:</b></p>	<p>Turnover for the 12-month period reduced to 14.8% compared to 15.1% (updated figures) for the previous month.</p> <ul style="list-style-type: none"> <li>• One division saw an increase whilst seven divisions saw a reduction in turnover in comparison to the previous month.</li> <li>• The largest divisional increase was seen within Diagnostics and Therapies, where turnover increased by 0.4 percentage points to 17.4% compared with 17.0% the previous month.</li> <li>• The largest divisional reduction was seen within Trust Services, where turnover reduced by 1.2 percentage points to 14.4% compared with 15.6% the previous month.</li> <li>• One staff group saw an increase whilst six staff groups saw a reduction and one remained static in comparison to the previous month.</li> <li>• The largest staff group increase was seen within Allied Health Professionals, where turnover increased by 0.4 percentage points to 18.1% compared with 17.7% the previous month.</li> <li>• The largest staff group reductions were seen within Administrative and Clerical and Nursing and Midwifery Unregistered, where turnover reduced in each by 0.8 percentage points to 15.9% and 16.4%, respectively, compared the previous month.</li> <li>• Turnover rate for Band 5 nurses January is 17.2%.</li> </ul>
<p><b>Actions:</b></p>	<p>Actions being taken to reduce turnover include:</p> <ul style="list-style-type: none"> <li>• The success of the relaunch of the exit process continues 22 completions of the survey in the month of January. This continues to provide a very positive opportunity for employees to share valuable insights into their experience working at UHBW. Elements of feedback continue to be passed to Divisions in order to inform learning from colleague experience.</li> </ul>
<p><b>Risk:</b></p>	<p>Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce</p>



# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
<b>Performance:</b>	<p>Sickness absence reduced to 4.7% compared with 6.2% in the previous month, based on updated figures for both months. This figure is now combined with Covid Related absences.</p> <ul style="list-style-type: none"> <li>• There were no divisional increases compared to the previous month.</li> <li>• There were reductions within all eight divisions, the largest divisional reduction was seen within Medicine, reducing by 2.3 percentage points to 5.1%, compared to the previous month.</li> <li>• There were no staff group increases compared to the previous month.</li> <li>• There were reductions within all nine staff groups. The largest staff group reduction was seen within Additional Clinical Services, reducing to 6.0% from 9.4% compared to the previous month.</li> </ul>
<b>Actions:</b>	<p>Actions taken to reduce sickness absence and improve wellbeing include:</p> <ul style="list-style-type: none"> <li>• HR Services continue to support Divisions with the management of sickness absence, through regular meetings and HR clinics that have been set up. This ensures that managers have the benefit of ongoing advice in how to assist them in reducing their sickness absence and ensuring that colleagues are supported appropriately. A review will shortly be commencing to assess the how information regarding reasonable adjustments is made available to managers. This will ensure that colleagues receive appropriate adjustments to both their workplaces and attendance management as appropriate.</li> <li>• Workplace Wellbeing team collaborated with BNSSG Liver Outreach Service to screen for liver disease via a short risk factor assessment, followed by capillary blood tests for viral hepatitis and/or a FibroScan. 71 colleagues attended a drop-in clinic in Weston (1 day) and all appointments held in Bristol were fully booked over a 3-day programme resulting in additional health checks secured on 9 February (Weston) and 14 March and 15 May (Bristol).</li> <li>• January saw the greatest number of colleagues accessing a 1:1 health check (91) with the Workplace Wellbeing Nurse since its inception in October 2021 with 45x regular health checks, 29x menopause 1:1 check-in's, 14, men's health check and 3x very brief advice on smoking cessation.</li> <li>• Staff Survey 2022 preliminary results highlights have been shared with People Committee on 24th January 2022. The reported results were cascaded Trust wide to the Divisional Triumvirate which included the addition of the local teams and service 'heatmaps' The National staff survey remains under embargo and results should not be shared externally until this is lifted in March, date yet to be confirmed.</li> <li>• A project plan is in train between the Organisational Development team and Bristol and Weston Purchasing Consortium to re-procure an Employee Assistance Programme from 1 July 2023. Internal subject experts have been enlisted to ensure the highest level of service is commissioned to effectively meet Trust needs in line with statutory and best practice requirements.</li> </ul>
<b>Risks:</b>	tbc

# Leadership Priorities and Oversight Framework

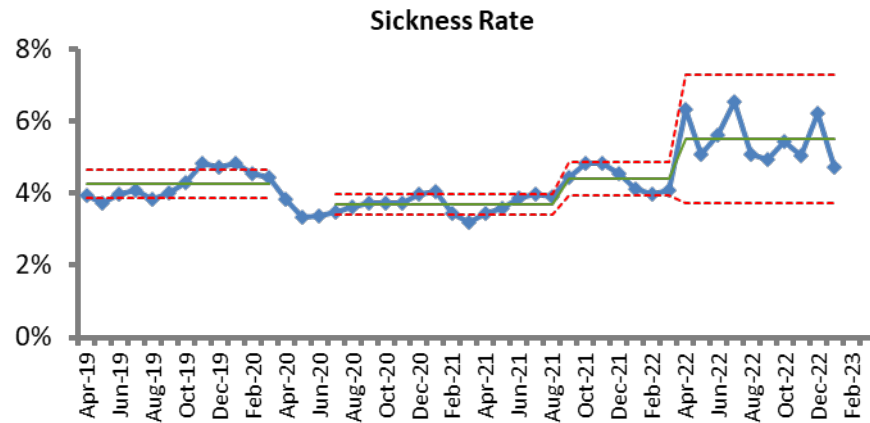


University Hospitals  
Bristol and Weston  
NHS Foundation Trust

Reporting Month: January 2023

STANDARD

OUR PEOPLE: WORKFORCE STAFF SICKNESS



# Leadership Priorities and Oversight Framework

Reporting Month: January 2023

## STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

### Performance:

Overall vacancies reduced to 6.8% (797.1 FTE) compared to 7.2% (840.1 FTE) in the previous month.

- The largest divisional increase was seen in Women's and Children's where vacancies increased to 130.3 FTE from 122.9 FTE in the previous month.
- The largest divisional reduction was seen in Surgery, where vacancies reduced to 179.1 FTE from 203.8 FTE the previous month.
- Reductions were seen in all staff groups.
- The largest staff group reduction was seen in Allied Health / Scientific Professions, where vacancies reduced to 60.9 FTE from 82.3 FTE the previous month.
- Consultant vacancy has reduced to 29.4 FTE (3.9%) from 31.3 FTE (4.1%) in the previous month.

Unregistered nursing vacancies can be broken down as follows:

Band	Vacancy
AfC Band 2	509.2 FTE
AfC Band 3	-332.5 FTE
AfC Band 4	-130.5 FTE

The significant vacancy at band 2 and over-establishment at band 3 are due to the movement of healthcare support workers from band 2 to band 3. Staff have been moved but the funded establishment has not been transferred in the finance ledger yet. The work is due to be done during month 11, so the true position should be reflected in the next report. The combined (band 2 and 3) picture is unaffected.

The band 4 over establishment is where there is 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.

### Actions:

Work taking place to reduce the vacancy rate is as follows:

- The Trust travelled to India for an in-person nurse recruitment campaign in January. Over four days the team conducted 123 interviews and made 110 offers. This number is made up of 20 for children's and 90 for adult nursing.
- 26 new IENs joined the Trust in the month of January.
- 44 substantive Healthcare Support Workers (HCSW) started in the Trust during January and another 42 have been offered and will start in the next couple of months.
- Planning is the final stages for the HCSW Hiring Event on the 15th February where the new nursing entry pathway will be implemented.
- The Trust continues to support the planning for the second system wide HCSW event which will take place in March 2023.

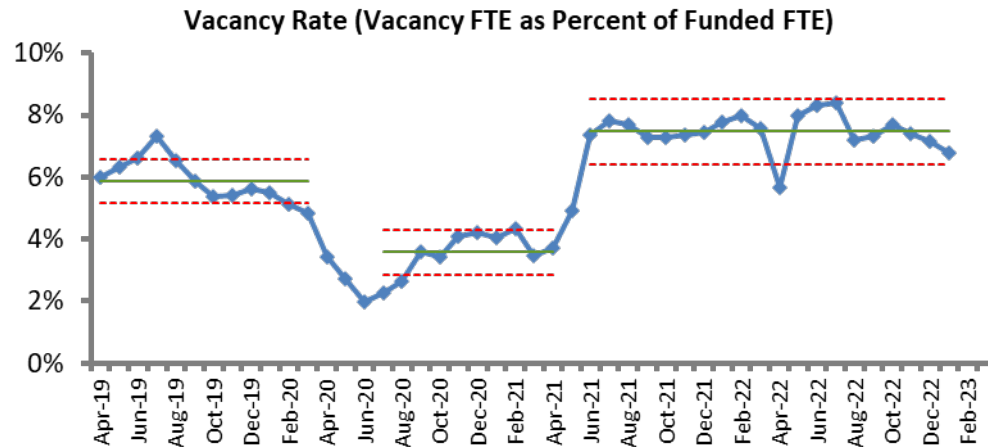
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# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
<p><b>Actions (continued):</b></p>	<ul style="list-style-type: none"> <li>The Trust has introduced a new Trainee Senior Healthcare Support Worker role that fast tracks candidates who already have a Level 3 qualification, to work at a competent band 3 level within their first 3 months in the trust to enable them to apply for the TNA programme sooner.</li> <li>The assessment centre for the March 2023 Trainee Nursing Associate cohort took place in January, 34 candidates attended the day, and 27 offers were made.</li> <li>As part of the collaborative international recruitment of AHPs with the Trust’s systems partners, the Radiology department have now made seven offers to Band 5 Plain Film Radiographers.</li> <li>Three non-consultant grade doctors started in Weston in the month of January. A further five clinical fellows and one locum consultant were cleared for start dates in February.</li> <li>The Trust held its second administrative hiring event at the beginning of January which resulted in 32 offers to clerical roles around the Trust. Planning is now underway for the next administrative hiring event to take place, to continue to support the current vacancy gaps Trust wide.</li> </ul>
<p><b>Risks:</b></p>	<p>Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff</p>



# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

STANDARD		OUR PEOPLE: STAFF VACCINATION (Covid19 Booster and Seasonal Influenza)
<b>Performance:</b>	<p>The 2022/2023 COVID-19 Booster Programme commenced at UHBW on 7<sup>th</sup> September and the Seasonal Influenza Vaccination Programme on 26<sup>th</sup> September 2022. Delivery is ongoing.</p> <p>These figures are based on the data recorded at the point of vaccine administration at UHBW sites and also the data reported in Foundry, which cross-matches immunisation events against ESR.</p>	
<b>Actions:</b>	<p>NHS England and NHS Improvement have set out the following three priorities for the year ahead:</p> <ol style="list-style-type: none"> <li>1. Continued access to COVID-19 vaccination. As a minimum, all acute trusts are expected to deliver vaccinations to staff and patients.</li> <li>2. Delivery of an autumn COVID-19 and Flu vaccination campaign; and</li> <li>3. Development of detailed contingency plans to rapidly increase capacity, if required.</li> </ol> <p>The Programme Team continues to evolve and improve the services' processes, share success and address challenges in partnership with the Bristol, North Somerset and South Gloucestershire (BNSSG) Vaccination Programme.</p> <p>UHBW progress is in alignment with local, regional and national progress, with the impact of vaccine fatigue being evident across all settings.</p>	
<b>Risks:</b>	<p>800: Risk that Trust operations are negatively impacted by the Covid19 pandemic.</p>	

UHBW Staff Vaccinated (all sites)

	Total in Cohort	Seasonal Influenza		COVID-19 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%
To 1st Jan 2023	15,077	7,617	50.5%	7,309	48.5%
To 31st Jan 2023	15,207	7,938	52.2%	7,592	49.9%

# Leadership Priorities and Oversight Framework

Reporting Month: January 2023

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
<b>Performance:</b>	At the end of January: <ul style="list-style-type: none"> <li>• 5,498 patients were waiting 52+ weeks against a target of 4,518.</li> <li>• 678 patients were waiting 78+ weeks against a target of 610.</li> <li>• 8 patients were waiting 104+ weeks against a target of 50.</li> </ul>
<b>National Data:</b>	For December 2022, the England total was 5.6% of the waiting list waiting over 52 weeks. UHBW's performance was 9.3% (5,888 patients) which places UHBW as the 15 <sup>th</sup> highest Trust out of 168 Trusts that report RTT wait times.
<b>Actions:</b>	<ul style="list-style-type: none"> <li>• There is a focus on achieving the elimination of 78+ week waits by the end of March 2023. The Trust is currently predicting 95 patients waiting 78+ weeks at the end of March 2023. The largest cohorts of patients that could breach this threshold relate to the Division of Surgery with a smaller cohort of breaches in Paediatric services. In the Division of Surgery, Colorectal, Upper Gastrointestinal (GI) and Paediatric Dentistry services hold the largest volumes.</li> <li>• As part of the 2023/24 Annual Planning Process (APP), divisions are developing plans to move towards the national ambition to eliminate 65+ week waits by end of March 2024.</li> <li>• Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and St Joseph's to support their recovery in some areas and insourcing using KPI Health for paediatric dental extractions which commenced mid-January and treatment schedules have been provided through to the end of March 2023.</li> <li>• There is some long-term sickness within General Surgical specialities. Locums have been secured to support and some consultants have provided additional weekend and evening time to help reduce care backlogs.</li> <li>• The Trust continues to contact patients who are waiting for treatment dates to ask if they would accept treatment at an alternative provider. For Paediatric patients, the department continues to give suitable patients the choice of transferring their care to University Hospitals Plymouth (UHP) for treatment. In the summer of 2023, UHP will be opening an additional theatre which will be used to support the transfer of paediatric patients from UHBW who live within the peninsula. There has been little capacity provided nationally to support the paediatric patients who have agreed to be transferred to alternative providers.</li> <li>• The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives. Recent agency pay enhancements made to theatre staff in Adult and Paediatric services, have seen an uptake of additional lists which will support not only the 104+ week patients, but also those patients who are waiting 78+ weeks and who need to be treated by end of March 2023.</li> <li>• Where patients are too complex for transferring outside of the organisation for treatment under mutual aid arrangements, theatre schedules are being maximised across all sites to ensure that suitable capacity is available for the longest waiting patients. This continues to be a challenge due to the high volumes of cancer cases, inpatient capacity constraints (including High Dependency) and staff shortages to bring these patients in for treatment.</li> </ul>
<b>Risk:</b>	801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met

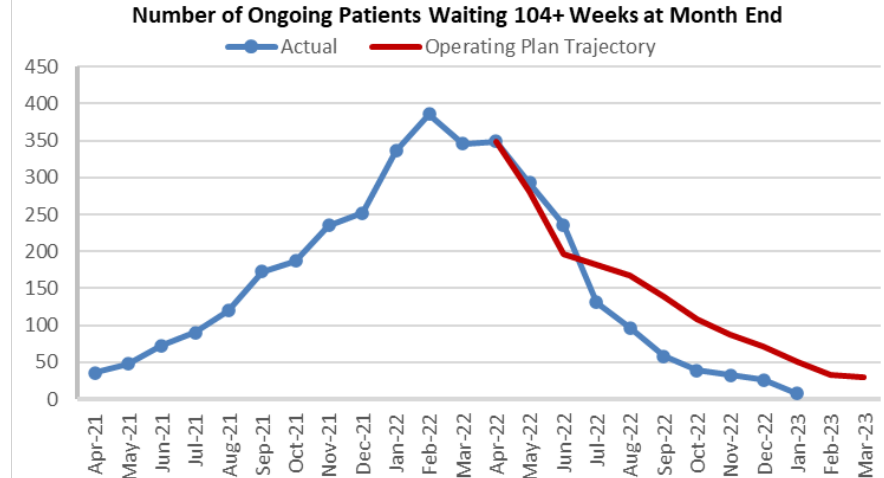
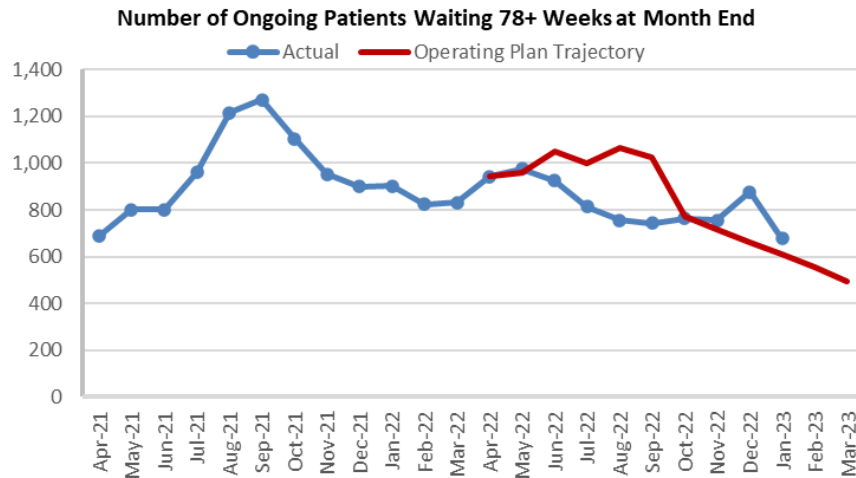
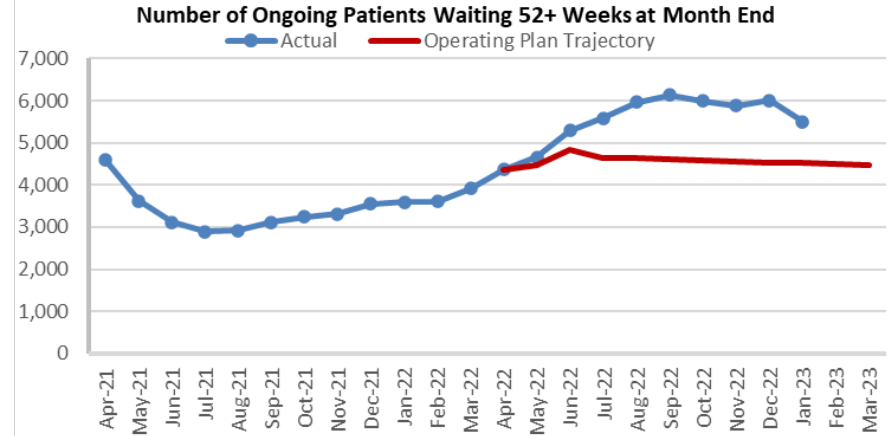


# Leadership Priorities and Oversight Framework

Reporting Month: January 2023

## STANDARD REFERRAL TO TREATMENT (RTT) LONG WAITS

	Jan-23		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	2	1	0
Medicine	609	50	0
Specialised Services	164	14	0
Surgery	3,851	449	6
Women's and Children's	872	164	2
Other	0	0	0
<b>UHBW TOTAL</b>	<b>5,498</b>	<b>678</b>	<b>8</b>



Note: The "Operating Plan Trajectory" was submitted to NHS England in early 2022/23.

# Leadership Priorities and Oversight Framework



Reporting Month: Dec 2022/Jan 2023

STANDARD	CANCER PATIENTS WAITING 62+ DAYS
<b>Performance:</b>	<p>As at end of January, the Trust had 290 patients waiting 62+ days on a GP suspected cancer pathway. The Trust has a target of not exceeding 180 patients.</p> <p>The performance for patients treated within 62 days of an urgent GP referral is also reported but is a month in arrears. For December, 54% of patients were seen within 62 days. Performance across Quarter 1 was 66.9%, Quarter 2 was 61.4% and Quarter 3 performance was 49%. The “Faster Diagnosis Standard” (FDS) is also reported, which 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. In December 46% of 1,444 patients achieved this standard.</p>
<b>National Data:</b>	<p>National data for patients treated within 62 days of an urgent GP referral is shown on the next page.</p> <p>Latest national data for Quarter 2 2022/23 shows UHBW at 61.5% against an England average of 61.3%. This puts UHBW 84<sup>th</sup> out of 145 Trusts.</p>
<b>Actions:</b>	<p>Cancer performance standards, both ongoing and statutory, are being negatively affected by backlogs in three high volume specialities; skin, gynaecology and colorectal. All three specialties suffered very high staff absence in June and July due to Covid, coupled with increased demand. This has caused backlogs which are challenging to clear in light of national staffing shortages, underlying vacancies, and in some cases ongoing demand well above expected levels. Locums have been used to reduce the backlog, which has now mostly cleared although, as these delays are in the earlier part of the pathway, it takes some time to translate into recovery of the ongoing standards and, as longer waiting patients are being seen, this can cause a short-term deterioration of the retrospective standards reported in the period.</p> <p>In December the Trust achieved the subsequent oncology treatment standards and the first definitive treatment standard for all modalities.</p> <p>The Trust has continued to comply with the recovery trajectory for the ongoing position for end of December and end of January. Achievement of the milestones for February and March is at some risk due to the disruption caused by industrial action and the difficulty recruiting sufficient locums in dermatology and oncology to complete the action plan supporting the recovery trajectory. The Trust does expect to see ongoing improvement against the standard.</p> <p>The actions to improve the ongoing standard will also improve the retrospectively reported standards, as all are measuring different aspects of the same pathway, therefore a single action plan is in place for all.</p> <p>Patient safety is at the heart of all performance management in cancer and is being maintained.</p>
<b>Risk:</b>	<p>801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met</p>

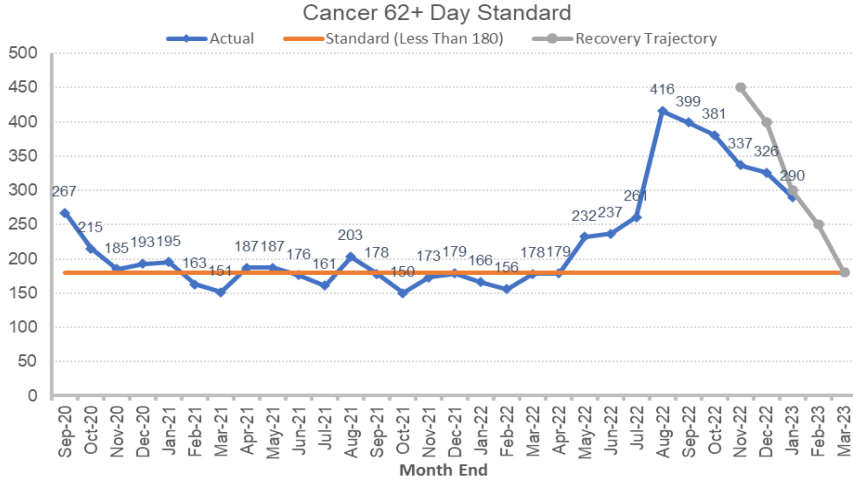
# Leadership Priorities and Oversight Framework



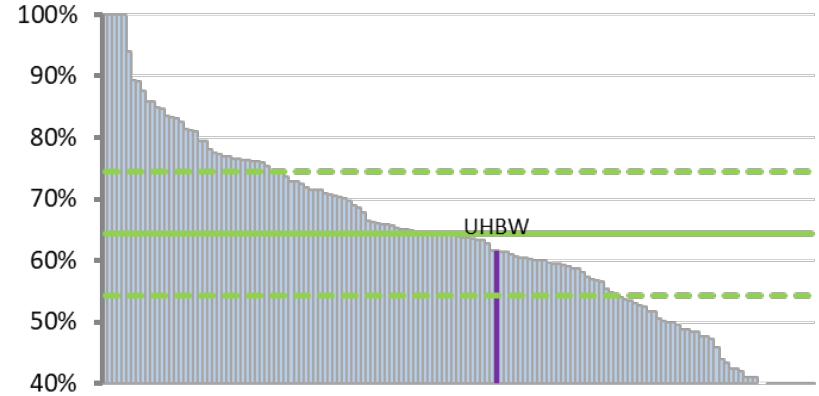
Reporting Month: Dec 2022/Jan 2023

## STANDARD

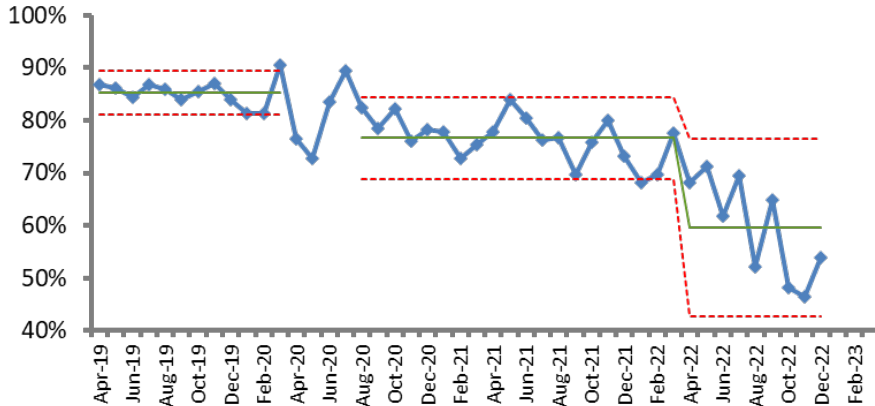
## CANCER PATIENTS WAITING 62+ DAYS



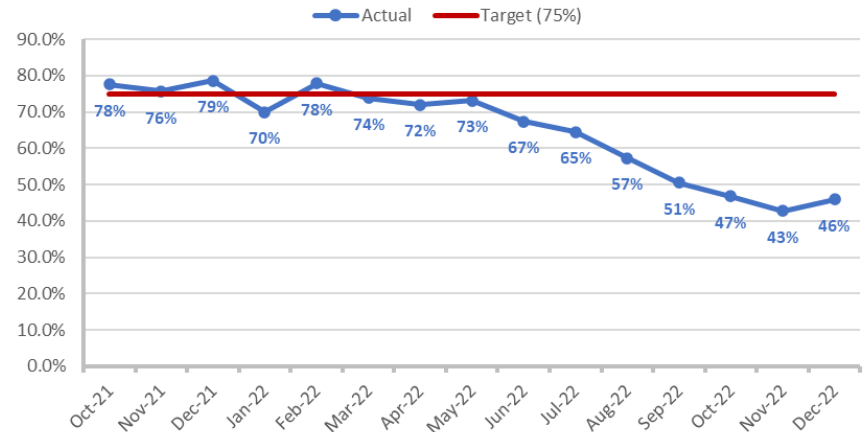
## Cancer 62 Day Performance - 2022/23 Quarter 2



## Cancer 62 Day Referral To Treatment (Urgent GP Referral)



## 28 Day Faster Diagnosis Standard



# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

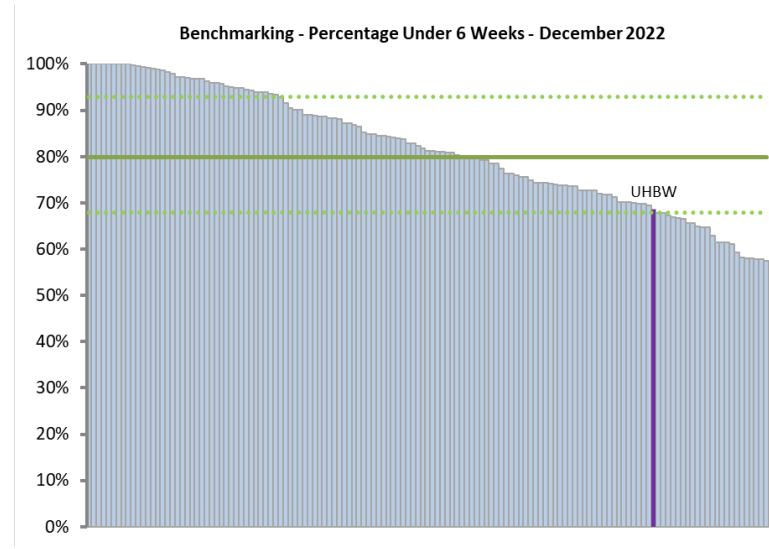
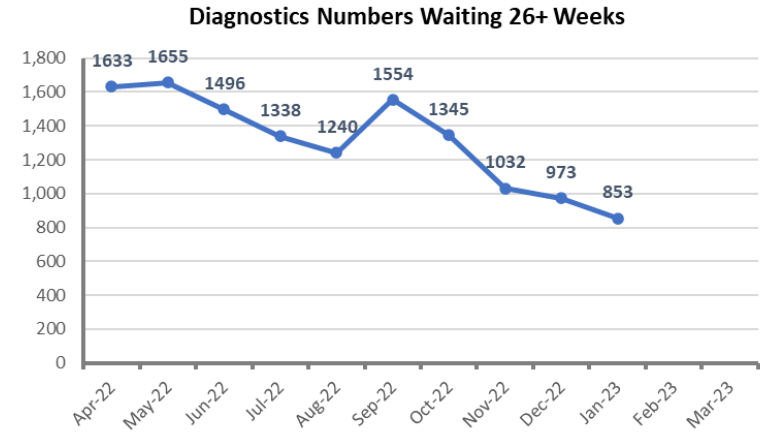
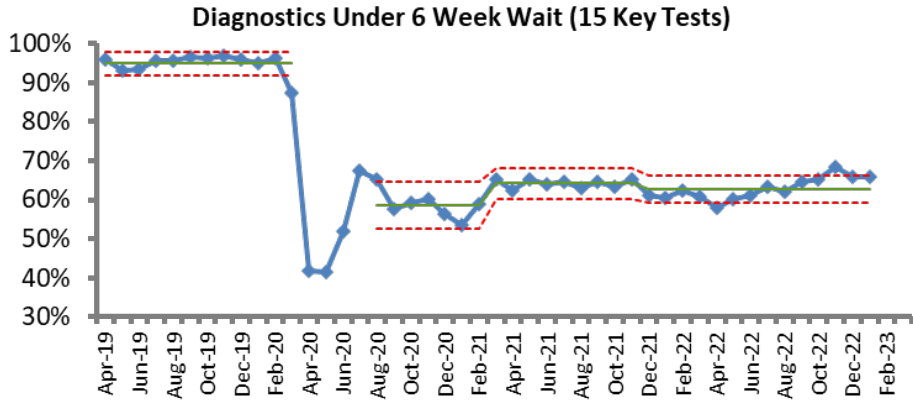
STANDARD	DIAGNOSTIC WAITING TIMES
<b>Performance:</b>	<p>At end of January, 65.9% of patients were waiting under 6 weeks. The constitutional standard is 99%. The operational planning requirement was for Trusts to return to 75% by March 2023. The target for the end of January was 72%.</p> <p>There were a total of 853 patients waiting 26+ weeks which is 5.1% of the waiting list. There is a requirement to clear the 26+ week backlog by March 2023, with UHBW's operating plan submission set at 500 patients by March 2023. The target for end of January was 676.</p>
<b>National Data:</b>	<p>For December 2022, the England total reported 72.5% of the waiting list under 6 weeks. The Trust's performance was 68.5%, placing UHBW as the 37<sup>th</sup> lowest of the 155 Trusts that report diagnostic wait times.</p>
<b>Action/Plan:</b>	<p>The Trust is aiming to ensure all patients are waiting less than 26 weeks for a diagnostic test by March 2023 and aiming to achieve 75% compliance with the 6 week wait standard. The Trust did not achieve the agreed trajectories in January 2023, however the percentage under 6 weeks was maintained and did not deteriorate further, and long waiters over 26 weeks continues to reduce since September 2022.</p> <p>Performance in Audiology improved from the deterioration reported in December 2022. Echocardiology continued to improve and is ahead of trajectory for both the percentage under 6 weeks and reduction of long waiters. Non-obstetric ultrasound for adults improved, however further work is needed for paediatrics and plans are in place for additional capacity, with improvement anticipated by the end of March 2023. MRI performance has been impacted by capacity constraints in December and January, particularly in paediatrics. As a result, MRI paediatrics is not currently recovering as per trajectory. Plans are in place but this modality is a risk which is being managed closely with all possible actions being taken. MRI adults is showing improvement from the deterioration in December 2022, and progress against plans will be monitored closely. CT deteriorated slightly in January 2023 and the increase in non-cardiac referrals has been sustained which is a challenge. Plans are in place, but improvement is not expected immediately due to this increased demand and niche constraints with highly specialist CT scans. Endoscopy performance remains the most significant risk to 6 week performance and recovery in diagnostics. Long waiters in endoscopy are reducing for the third consecutive month, but performance did deteriorate in January 2023. The actions to recover in Endoscopy will take time to yield the progress expected. The Trust continues to utilise mutual aid and additional capacity, where available, to aid recovery plans in challenged modalities.</p>
<b>Risk:</b>	<p>801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met</p>

# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

## STANDARD DIAGNOSTIC WAITING TIMES



# Leadership Priorities and Oversight Framework



University Hospitals  
Bristol and Weston  
NHS Foundation Trust

Reporting Month: January 2023

STANDARD

DIAGNOSTIC WAITING TIMES

End of January 2023

Modality	Total On List	6+ Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	679	15	2%	0	0%	0	0%
Colonoscopy	895	626	70%	500	56%	316	35%
Computed Tomography (CT)	3,182	725	23%	186	6%	3	0%
DEXA Scan	789	349	44%	132	17%	0	0%
Echocardiography	1,774	550	31%	46	3%	6	0%
Flexi Sigmoidoscopy	269	185	69%	139	52%	75	28%
Gastroscopy	845	558	66%	411	49%	241	29%
Magnetic Resonance Imaging (MRI)	3,160	786	25%	281	9%	145	5%
Neurophysiology	157	0	0%	0	0%	0	0%
Non-obstetric Ultrasound	4,869	1,866	38%	458	9%	34	1%
Sleep Studies	112	49	44%	37	33%	33	29%
Other	0	0		0		0	
<b>UHBW TOTAL</b>	<b>16,731</b>	<b>5,709</b>	<b>34.1%</b>	<b>2,190</b>	<b>13.1%</b>	<b>853</b>	<b>5.1%</b>

# Leadership Priorities and Oversight Framework

Reporting Month: January 2023

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS
<p><b>Performance:</b></p>	<p>There were 1,006 patients who had a Trolley wait in excess of 12 hours in January in the Emergency Department (ED). In January there were 3,252 ambulance handovers. Of these</p> <ul style="list-style-type: none"> <li>• 2,689 ambulance handovers were in excess of 15 minutes which was 82.7% of all handovers,</li> <li>• 1,907 ambulance handovers were in excess of 30 minutes which was 58.6% of all handovers.</li> </ul> <p>The NHS Standard Contract sets the target that “all handovers between ambulance and A&amp;E must take place within 15 minutes with none waiting more than 30 minutes”.</p>
<p><b>National Data:</b></p>	<p>For Ambulance Handover data there are 19 Trusts in the South West that the Ambulance Service cover. For January 2023, overall number of handovers over 15 minutes was 70.9% across the South West. The BRI was the 2nd highest at 87.8% and Weston was the highest at 88.8%. In January 2023, 113 Trusts reported 12 hour trolley waits (42,696 in total). UHBW was the 7<sup>th</sup> highest Trust with 1,006.</p>
<p><b>Actions:</b></p>	<p>A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including:</p> <ul style="list-style-type: none"> <li>• The Every Minute Matters (EMM) roll out has now been completed across all adult wards in scope focussing on ward based flow and discharge processes. Job descriptions are now being developed for substantive clinical lead and improvement practitioner roles to support the ongoing sustainability of the programme.</li> <li>• Expansion of SDEC (Same Day Emergency Care) provision including:             <ul style="list-style-type: none"> <li>○ Expansion of Surgical SDEC capacity – recruitment is in train and funding for substantive posts approved.</li> <li>○ There has been a 13.1% increase in the number of patients seen through medical SDEC (710 in January compared to 628 in December). There has also been an increase in the percentage of the medical take seen through SDEC.</li> <li>○ Cardiology SDEC implementation, due to launch in March, expanding the cohort of patients who can be treated on the same day.</li> <li>○ Development of the SDEC offer at Weston, building on the work of the current team including twice daily huddles in ED to ensure all appropriate patients are seen in the unit. Acceptance criteria have been broadened to ensure maximum usage of the space with early improvements also seen for door to needle time for neutropenic patients. Weekend opening is now confirmed until April 2023, with additional work ongoing to continue the weekend offer. 503 patients were seen in Weston SDEC in January 2023, compared to 191 in December 2022.</li> </ul> </li> <li>• Expected patients at BRI and Weston, including review of clinic spaces for specialty expected patients, and internal communications to maximise use of existing pathways. The ENT treatment room has been re-established in A701 and A400 Queue has now opening for up to six patients. Automated monitoring now possible via the Urgent Care Dashboard.</li> <li>• Community Emergency Medicine Service (CEMS) phase 2 is now approaching completion (17<sup>th</sup> Feb). Of 229 patients seen face to face by the service (as of end of January) , 165 required input from CEMS clinicians, and of these only 13.3% attended ED. Telephone advice was also provided for 70 SWASFT crews patients – of these only 24% attended ED. Awaiting commissioning decision regarding ongoing funding for permanent service from September 2023.</li> </ul>

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# Leadership Priorities and Oversight Framework



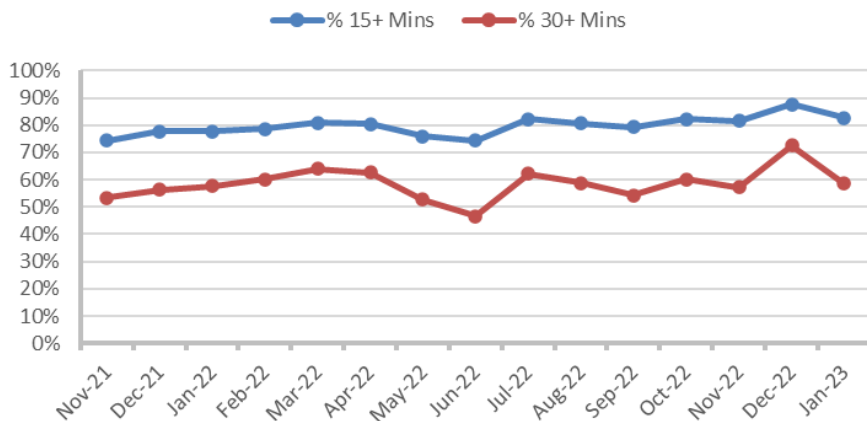
Reporting Month: January 2023

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS
<b>Actions (continued):</b>	<ul style="list-style-type: none"> <li>The Weston ED observation and assessment unit (6 beds) is now open and in use. A new monitoring dashboard is in development to review impacts and flow through the unit.</li> <li>Rapid Patient reviews for patients over 7 days in hospital: weekly meetings ongoing.</li> <li>Rapid patients reviews in Weston ED underway to prevent admissions.</li> <li>A review of BRI fast flow processes has been completed within the support of Proactive Hospital Improvement Coaches with the focus of improving 4 hour performance and wait times. Process mapping has been completed and key areas of focus for PDSA improvement projects are being finalised.</li> </ul>
<b>Risks:</b>	<p>910: Risk that patients in ED do not receive timely and effective care</p> <p>4700: Risk that a patient may deteriorate whilst being held in the ambulance bay</p>

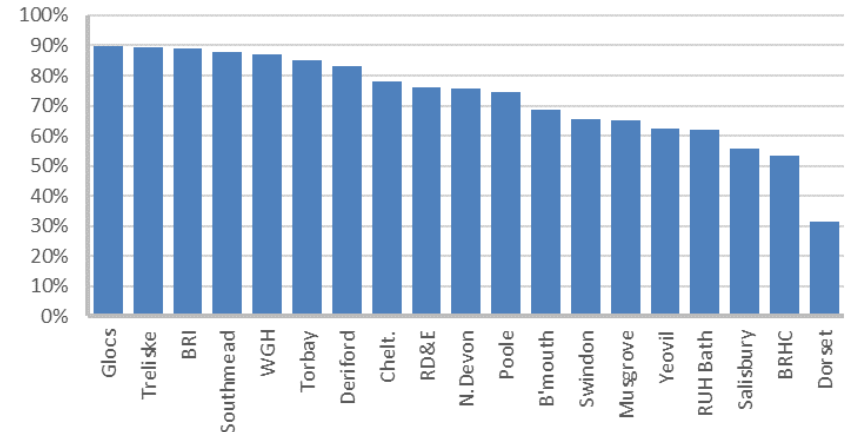
## Ambulance Handovers

Jan-23					
	Total Handovers	15+ Mins	% 15+ Mins	30+ Mins	% 30+ Mins
Bristol Royal Infirmary	1991	1747	87.7%	1320	66.3%
Bristol Children's Hospital	476	244	51.3%	106	22.3%
Weston General Hospital	785	698	88.9%	481	61.3%
<b>UHBW Total</b>	<b>3252</b>	<b>2689</b>	<b>82.7%</b>	<b>1907</b>	<b>58.6%</b>

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



Percentage of Handovers Over 15 Minutes - January 2023





# Leadership Priorities and Oversight Framework

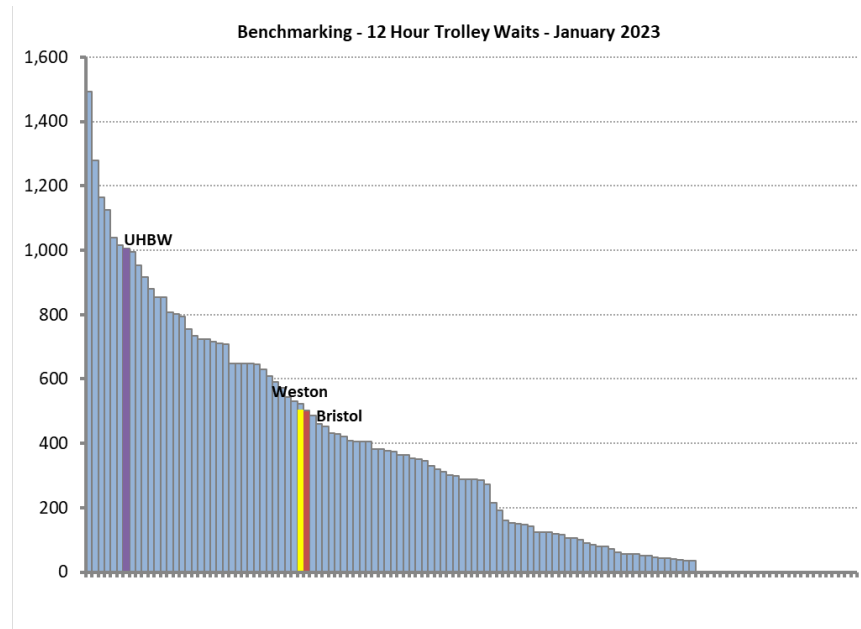
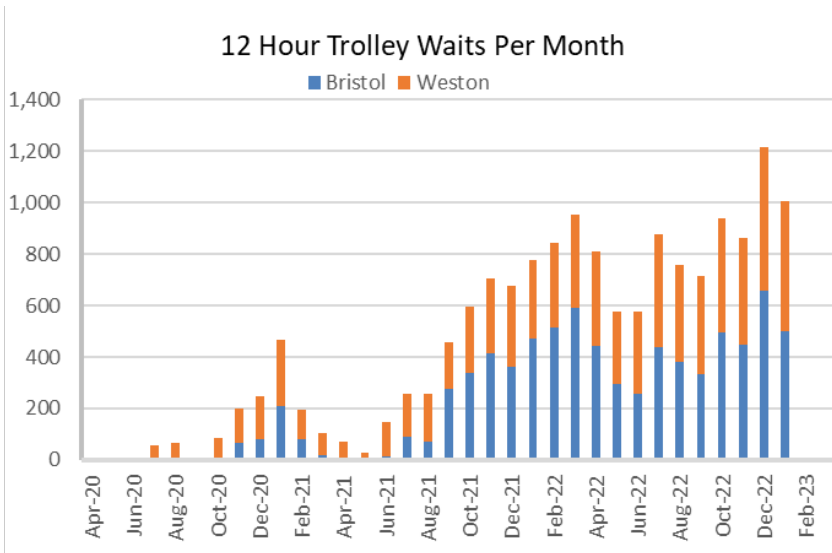


Reporting Month: January 2023

## STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS

### 12 Hour Trolley Waits

	2021/2022												2022/2023											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	9	4	12	91	69	276	337	415	363	472	514	591	443	297	257	437	379	334	496	449	659	500		
Weston	62	24	134	164	188	180	257	291	313	304	330	361	366	282	319	441	379	383	445	413	558	506		
<b>UHBW</b>	<b>71</b>	<b>28</b>	<b>146</b>	<b>255</b>	<b>257</b>	<b>456</b>	<b>594</b>	<b>706</b>	<b>676</b>	<b>776</b>	<b>844</b>	<b>952</b>	<b>809</b>	<b>579</b>	<b>576</b>	<b>878</b>	<b>758</b>	<b>717</b>	<b>941</b>	<b>862</b>	<b>1217</b>	<b>1006</b>		



# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)	
<b>Background:</b>	<p>The Every Minute Matters (EMM) programme has four work streams.</p> <ol style="list-style-type: none"> <li><b>1. Implementation of the SAFER bundle – including Estimated Date of Discharge EDD:</b> A bundle of principles that advocates best practice in optimising flow. It includes early senior review, flow of patients from admission units to downstream wards before 10am, timely discharges and daily review of all patients with a length of stay greater than seven days.</li> <li><b>2. Proactive Board Rounds:</b> Focuses on implementing daily board rounds with a consistent structure that proactively progresses adult patients towards safe, timely discharge through effective multidisciplinary collaboration.</li> <li><b>3. Criteria to Reside - Using the MCAP tool:</b> Comprises 11 nationally defined criteria to ensure patients who require acute care are in the most appropriate bed. The criteria identify where patients no longer require acute care and can be discharged safely to their home or within the community. 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.</li> <li><b>4. Optimising use of the Discharge / Transition Lounge:</b> Optimising the use of the discharge lounge so that it is embedded as a routine part of the inpatient pathway - freeing acute beds early for new unplanned admissions and elective activity.</li> </ol>
<b>Performance:</b>	<p>Three metrics are reported as the high-level priorities:</p> <ol style="list-style-type: none"> <li>1. Percentage of patients with a “timely discharge” (before 12 noon). January had 19.9% discharged before 12 noon. The system-level standard is to achieve 33%.</li> <li>2. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In January 22.6% of eligible discharges went through the Weston or BRI Discharge Lounges. This was 447 patients, averaging 21.3 patients per working day.             <ol style="list-style-type: none"> <li>a. BRI achieved 27.4%, with 359 patients. This averages to 17.1 patients per working day.</li> <li>b. Weston achieved 13.2% with 88 patients. This averages to 4.2 patients per working day.</li> </ol> </li> <li>3. At the end of January there were 176 No Criteria To Reside (NCTR) patients in hospital.</li> <li>4. There were 5,436 beddays consumed in total in January by NCTR patients (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 175 beds were occupied per day by NCTR patients.</li> </ol>
<b>Actions:</b>	<ul style="list-style-type: none"> <li>• The MCAP tool has been refined and now incorporated into AMAT for Business As Usual working. AMAT is a tool to capture the data quality scores for the MCAP data. Daily reporting emails have been adjusted to ensure that relevant teams are being notified of pertinent delays, including new Transport and Mental health reports.</li> </ul>

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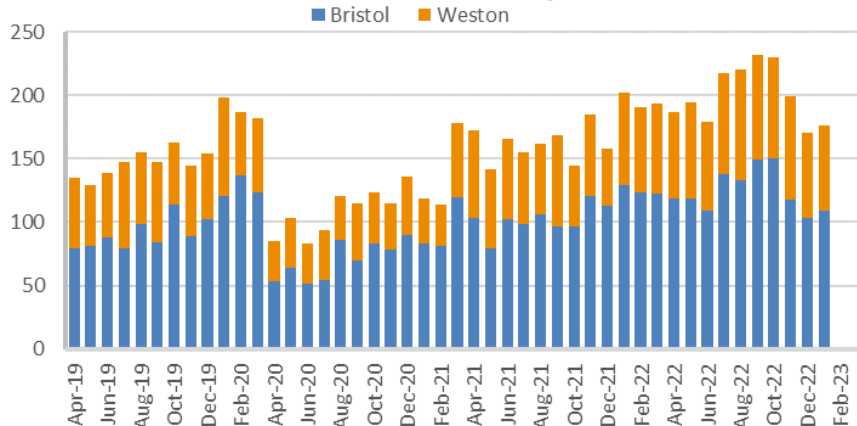
# Leadership Priorities and Oversight Framework

Reporting Month: January 2023

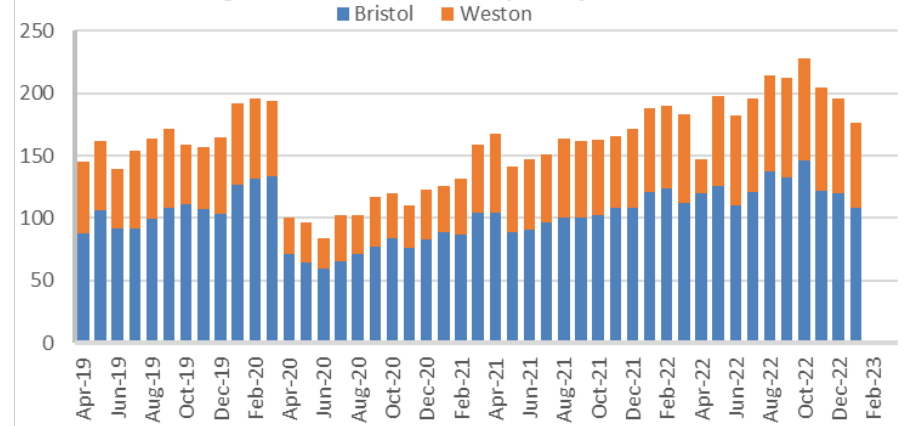
STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)	
<b>Actions (continued):</b>	<ul style="list-style-type: none"> <li>Proactive Board and Ward Rounds e-learning module is now live on the Trust's training system, Kallidus. Uptake will be monitored via the EMM Task and Finish Group.</li> <li>The Patient First business case was successful on securing funding for the Proactive Hospital Improvement Coach and analyst roles and to become permanent posts.</li> <li>EMM divisional oversight meetings are now underway in the division of surgery and plans are underway to embed these within other divisions and within a new governance structure at Weston Hospital. Data packs will be provided to teams on a monthly basis.</li> <li>Criteria Led Discharge in Cardiology: the project group are progressing with testing phase and a pilot is planned for launch in March 2023.</li> <li>An Every Minute Matters weekend discharge event was held on the 4<sup>th</sup> February which tested interventions to support progression of care plans and discharges. Learning and outcomes have been reviewed and an action plan is being developed to address findings and support in planning of future events.</li> </ul>
<b>Risks:</b>	423: Risk that demand for inpatient admission exceeds available bed capacity

## No Criteria To Reside (NCTR) Summary

Number of Patients - Last Thursday in the Month



Average Number of Beds Occupied by NCTR Patients



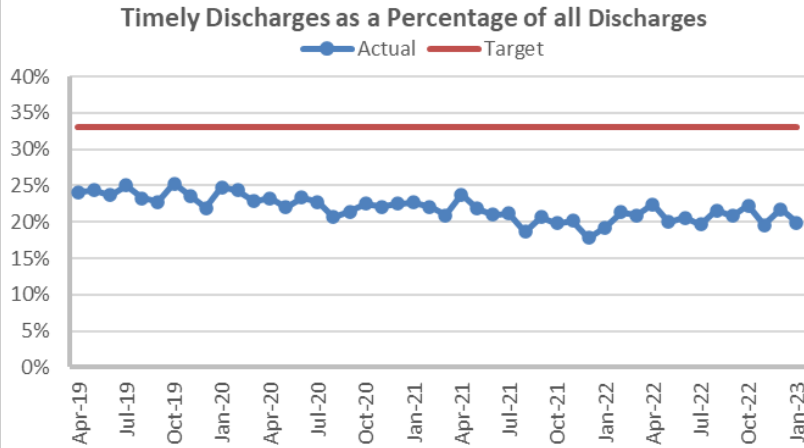
# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

## STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)

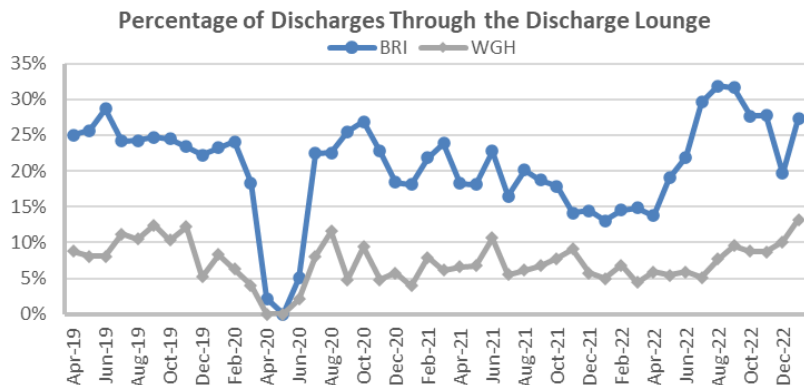
### Timely Discharge Summary



### Summary of High Volume Specialties - January 2023

	Total Discharges	% Before Noon
Cardiac Surgery	79	8.9%
Cardiology	284	20.8%
Clinical Oncology	59	18.6%
Colorectal Surgery	122	14.8%
ENT	99	13.1%
Gastroenterology	60	26.7%
General Medicine	824	14.4%
General Surgery	82	14.6%
Geriatric Medicine	310	27.7%
Gynaecology	157	17.8%
Ophthalmology	67	38.8%
Paediatric Surgery	79	31.6%
Paediatrics	197	24.4%
Thoracic Medicine	146	13.7%
Trauma & Orthopaedics	191	20.9%
Upper GI Surgery	78	17.9%
<b>UHBW TOTAL</b>	<b>3,639</b>	<b>19.9%</b>

### Discharge Lounge Use Summary



### Summary of High Volume Specialties - January 2023

	BRI	WGH	TOTAL
Accident & Emergency	13.6%	0.0%	13.3%
Cardiac Surgery	66.7%	-	66.7%
Cardiology	47.2%	21.1%	44.7%
Colorectal Surgery	14.7%	27.3%	16.3%
ENT	11.8%	-	11.8%
Gastroenterology	33.3%	14.3%	25.7%
General Medicine	24.3%	13.3%	17.8%
General Surgery	20.0%	7.0%	9.4%
Geriatric Medicine	29.8%	12.8%	26.8%
Hepatobiliary and Pancreatic Surgery	34.2%	-	34.2%
Maxillo Facial Surgery	12.9%	-	12.9%
Thoracic Medicine	17.3%	7.5%	13.9%
Thoracic Surgery	29.4%	0.0%	28.6%
Trauma & Orthopaedics	14.6%	20.3%	17.0%
Upper GI Surgery	20.9%	18.2%	20.4%
<b>UHBW TOTAL</b>	<b>27.4%</b>	<b>13.2%</b>	<b>22.6%</b>

# Leadership Priorities and Oversight Framework



Reporting Month: January 2023

## FINANCIAL SUMMARY

### YTD Income & Expenditure Position

- Net I&E deficit of £2,379k against a planned deficit of £7,485k (excluding technical items).
- Total operating income is £33,541k favourable to plan due to higher than planned income from activities of £33,067k offset by lower than planned other operating income of £2,526k.
- Operating expenses are £34,087k adverse to plan primarily due to higher pay expenditure (£26,448k adverse), offset by lower than planned depreciation expenditure of £1,857k. Other non-pay expenditure is £9,492k higher than plan.
- Technical and financing items are £8,652k favourable to plan, of which £7,100k nets off a non pay adverse variance for an impairment.

### Key Financial Issues

- *Recurrent savings delivery below plan* – YTD Trust-led CIP delivery is £12,785k or 102% of plan. Full year forecast delivery is £15,699k or 105% of plan of which recurrent savings are £8,059k, 54% 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 forecasts.
- *Forecast overspend against divisional budgets and achievement of divisional control totals* – divisional forecasts continue to be monitored monthly and recovery plans have been implemented where overspends are not acceptable.

### Strategic Risks

- Agreeing an approach to future financial targets and allocation of system envelopes – on-going work to understand the systems medium-term financial outlook;
- Assessment and implications of the financial arrangements relating to Healthy Weston – pending completion of a business case in Q4;
- Continue to understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – on-going medium-term financial outlook and system prioritisation process.
- Understanding the implications of not delivering the financial plan, the impact this may have on future investment opportunities and the ability to maintain autonomy- on-going Financial Recovery Plan implemented from September.

# Leadership Priorities and Oversight Framework

Reporting Month: January 2023

## TRUST YEAR TO DATE FINANCIAL POSITION

	Month 10			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	77,733	79,942	2,209	773,369	806,437	33,067
Other Operating Income	9,027	9,372	345	92,894	90,367	(2,526)
<b>Total Operating Income</b>	<b>86,760</b>	<b>89,314</b>	<b>2,554</b>	<b>866,263</b>	<b>896,804</b>	<b>30,541</b>
Employee Expenses	(50,915)	(53,510)	(2,595)	(507,370)	(533,818)	(26,448)
Other Operating Expenses	(34,783)	(33,010)	1,772	(326,243)	(335,736)	(9,492)
Depreciation (owned & leased)	(1,340)	(860)	480	(29,598)	(27,745)	1,853
<b>Total Operating Expenditure</b>	<b>(87,037)</b>	<b>(87,380)</b>	<b>(342)</b>	<b>(863,211)</b>	<b>(897,298)</b>	<b>(34,087)</b>
PDC	(1,037)	(1,037)	0	(10,373)	(10,373)	0
Interest Payable	(244)	(228)	16	(2,439)	(2,370)	69
Interest Receivable	29	434	405	293	2,267	1,973
Other Gains/(Losses)	0	619	619	0	(193)	(193)
<b>Net Surplus/(Deficit) inc technicals</b>	<b>(1,529)</b>	<b>1,722</b>	<b>3,251</b>	<b>(9,467)</b>	<b>(11,163)</b>	<b>(1,696)</b>
Remove Capital Donations, Grants, and Donated Asset Depreciation	206	(529)	(735)	1,982	8,784	6,802
<b>Net Surplus/(Deficit) exc technicals</b>	<b>(1,323)</b>	<b>1,193</b>	<b>2,516</b>	<b>(7,485)</b>	<b>(2,379)</b>	<b>5,106</b>

### Forecast Outturn Position

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

### Key Facts:

- The position at the end of January is a net deficit of £2,379k, £5,106k lower than the planned deficit of £7,485k.
- YTD expenditure on International Recruitment is c£4.2m. The cost of F1 cover at Weston at the end of January is estimated at £1,250k.
- Pay expenditure is £53,510k in January, c£150k higher than last month. YTD expenditure is adverse to plan by £26,448k, 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 £2,628k, compared with £2,445k in December and in line with plan. Overall, agency expenditure is 5% of total pay costs.
- Other operating expenditure is £8,700k lower in January than last month and £1,772k lower than plan. The lower in month expenditure is mainly due to an impairment of £7,100k during December.
- Operating income is favourable to plan by £30,541k. The adverse position on 'Other Operating Income' is due a rates rebate which is being reported as a non-pay benefit rather than income.
- Income from Patient Care Activities is £33,067k favourable to plan. This includes c£8,000k of ESRF income above plan and c£11,100k additional funding to support the pay award. The balance is due to high cost drugs and various, additional Commissioner funded investments.
- Trust-led CIP achievement is 102% of plan at £12,785k.

Meeting of the Trust Board of Directors in PRIVATE – 23<sup>rd</sup> February 2023

Reporting Committee	Quality and Outcomes Committee
Chaired By	Sue Balcombe, Non-Executive Director
Executive Lead	Jane Farrell, Interim Chief Operating Officer Deirdre Fowler, Chief Nurse and Midwife Stuart Walker, Chef Medical Officer

**For Information**

**Elective Recovery of Paediatric Services** - the committee received details of the key services where there are currently delays being experienced. The committee were assured that systems and processes were in place to minimise harm and address any concerns. This includes Thematic Harm Reviews.

**Urgent and Emergency Care** – staffing in Children’s ED is particularly challenging but there is a detailed recruitment plan in place with open days and virtual interviews. The committee were assured that there were very minimal delays in ambulance handovers in the department.

**Safer Staffing** – the committee noted an improved fill rate of 91%, stable turnover and a good pipeline of overseas nurses. Of particular note was the significant reduction in registered nurse vacancies in Weston hospital - from 26% to around 2% since merger.

**Clinical Genetics Service** – the committee received a report on this regional service detailing the challenges faced including significantly increased workload, difficulty recruiting specialist consultants and ensuring appropriate facilities. A detailed action plan to mitigate the risks is being implemented which includes new ways of working and estates work.

**Infection Prevention and Control** – it is likely that the Trust will breach its C.Diff target in line with many other Trusts. We are working collaboratively across the ICB to ensure the learning is shared and consistent. The policy and implementation of the National Cleaning Standards across the Trust is being reviewed to ensure that it is being interpreted and used consistently across all areas.

**Maternity Services** – the committee received the results of the National Maternity Survey and noted the significant improvement. This follows the implementation of a detailed plan developed collaboratively with all staff which is monitored by the Women’s Experience Group. There is still more work to do, particularly in the post-natal period.

**The Emergency Planning Response and Resilience** Annual Report detailed the assurance process to measure the Trusts compliance with EPRR standards. Significant work is underway to review Business Escalation Plans to include testing their effectiveness and training events.



Key Decisions and Actions	
The committee <b>approved</b> the new Patient Safety Incident Response Plan. Thanks go to the Patient Safety Team for the considerable amount of work undertaken.	
<b>Date of next meeting:</b>	<b>29<sup>th</sup> March 2023</b>