

September 2022 Published Papers

Including:

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

Quality and Outcomes Chair's Report

Meeting of the Quality and Outcomes Committee on Friday, 26 August 2022

Report Title	Integrated Quality & Performance Report (IQPR)
Report Author	Rob Presland, Associate Director of Performance James Rabbitts, Head of Performance Reporting Anne Reader/Julie Crawford, Head/Deputy Head of Quality (Patient Safety) Laura Brown, Head of HR Information Services
Executive Lead	Overview and Access – Mark Smith, Deputy Chief Executive and Chief Operating Officer Quality – Deirdre Fowler, Chief Nurse/Stuart Walker, Medical Director Workforce – Emma Wood, Director of People Finance – Neil Kemsley, Director of Finance and Information

1. Report Summary
To provide an overview of the Trust's performance on quality and access standards.
2. Key points to note <i>(Including decisions taken)</i>
<p>An additional report called "Leadership Priorities and Oversight Framework" has been submitted along with the usual IQPR. This new report provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2022/23 and the Trust Leadership priorities.</p> <p>Further information is contained within the existing Integrated Quality and Performance Report (IQPR) and is available to read in the Reading Room on Admincontrol.</p>
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
None.
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>
<ul style="list-style-type: none"> • This report is for Assurance.
5. History of the paper Please include details of where paper has previously been received.
N/A



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

Leadership Priorities and Oversight Framework

August 2022

Leadership Priorities and Oversight Framework



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: July 2022

EXECUTIVE SUMMARY

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.

Trust wide attendances at A&E reduced slightly in July, although year to date volumes remain close to levels seen in 2019/20. Children's A&E however is experiencing exceptional demand with attendances in July over 20% higher than the levels seen two years ago. Trust wide emergency inpatients remain suppressed compared to 2019/20 but the average number of beds lost to patients with no criteria to reside increased to 197 this month, with the number of patients reported at the end of the month one of the highest on record. The consequences of lower admissions but significantly higher delayed discharges creates poor flow, meaning that 9 out of 10 ambulance handovers in the BRI were delayed more than 15 minutes in July, with Trust wide 12 hour trolley waits spiking to levels last seen during February and March 2022.

The Trust Proactive Hospital programme is overseeing actions to improve ambulance handover, flow and discharge transformation. Actions include improving resilience of capacity required for patients waiting for a Ward bed outside of ED, automatic alerting of delays and implementation of clinically led decompression checklists across ED locations. The Trust also launched a 12-week flow and discharge improvement event called Every Minute Matters which includes the implementation of the SAFER bundle to create early flow from the Wards, re-establishment of Discharge Lounges and the standardisation of processes for no criteria to reside reviews which includes expansion of the Making Care Appropriate for Patients (MCAP tool). The Trust is also progressing actions at a system level through the Discharge to Assess programme which aims to reduce delays by promoting "home first" and increasing community capacity for care at home.

Improvements to flow remain a critical enabler to supporting all aspects of performance recovery in 2022/23, where currently several NHS constitutional standards are not being met (*Datix Risk ID 801 - Risk that one or more standards of the NHS Oversight Framework are not met*). July's activity levels for day case, elective inpatient and outpatients were all below planned levels due to the combined effects of sickness, COVID and vacancies which have affected the staffing of theatres. The elective recovery programme continues to focus on the reduction of patients waiting longer than two years for treatment and at the end of July there were 131 patients waiting for treatment, the majority of which were due to choice. Plans are now extending to focus on patients waiting longer than 18 months, with a national "Super September" initiative being designed to concentrate on reducing long waits for patients who don't need an admission, in addition to the ongoing focus on elective inpatient or day case activity recovery. Alternative sources of capacity including mutual aid and outsourcing continue to be utilised.

Diagnostic performance remained steady in July but is still well below constitutional standard at 63.4% within 6 weeks, with endoscopy capacity and recovery in echo and Cardiac MRI being a key priority to recover backlogs. Staffing shortages in several high volume specialities continue to affect cancer performance, with attempts to recruit replacement permanent or locum staff unsuccessful due to national shortages.

Leadership Priorities and Oversight Framework



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: July 2022

SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

			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								
		Trajectory	902	961	981	1,137	1,225	1,313	1,401	1,489	1,577	1,665	1,753	1,951
Referral To Treatment 104+ Weeks	Risk: 801	Actual	349	293	236	131								
		Trajectory	336	281	197	182	167	138	109	87	72	50	33	29
Cancer 62+ Days	Risk: 801	Actual	179	232	237	261								
		Trajectory	180	180	180	180	180	180	180	180	180	180	180	180
Cancer Treated Within 62 Days	Risk: 801	Actual	68.1%	71.3%	61.8%									
		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%								
		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								
		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								
		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%								
		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%	19.8%								
		Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Every Minute Matters: BRI Discharge Lounge Use	Risk: 423	Actual	13.8%	19.0%	21.9%	29.6%								
		Trajectory												
Every Minute Matters: No Criteria To Reside Beddays	Risk: 423	Actual	4,408	6,117	5,457	6,069								
		Trajectory												

Leadership Priorities and Oversight Framework



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: July 2022

SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

			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	Risks: 800 and 4651	Actual	6	8	12	13								
		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	Risks: 800 and 4651	Actual	0	0	0	0								
		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%								
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Serious Incidents: Numbers Reported		Actual	7	10	7	15								
		Trajectory												
Workforce: Agency Usgae	Risk: 674	Actual	2.0%	2.1%	2.3%	2.6%								
		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%	15.5%								
		Trajectory	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%
Workforce: Staff Sickness		Actual	6.3%	5.1%	5.6%	4.6%								
		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%								
		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								
		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

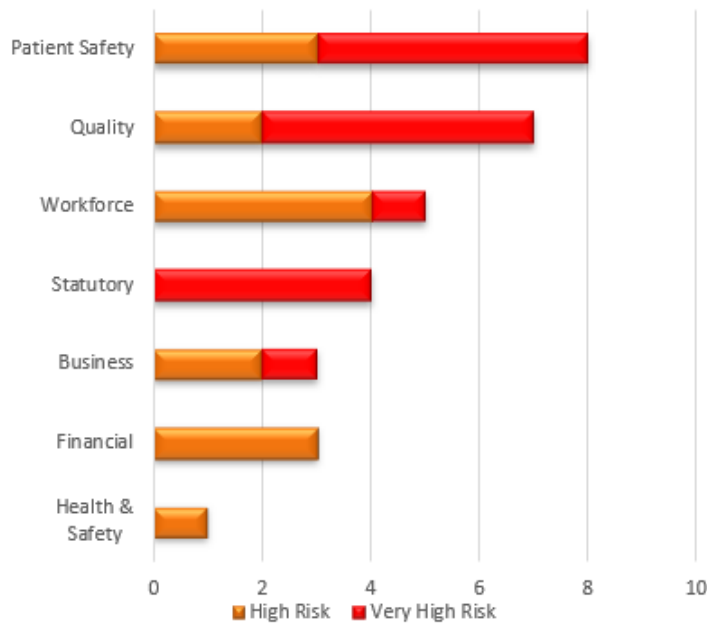
Reporting Month: July 2022

CORPORATE RISKS

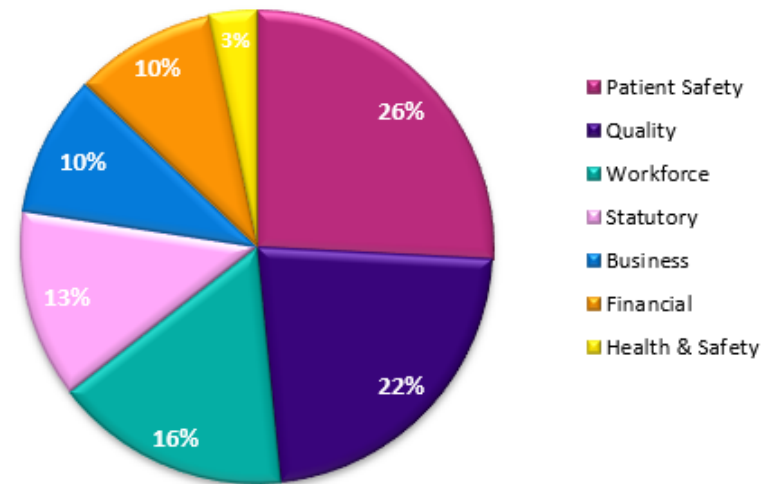
ID	Corporate Risks Timeline	Q1	Q2	Q3	Q4	Q1		6month Forecast	Target
		21/22	21/22	21/22	21/22	22/23			
423	Risk that demand for inpatient admission exceeds available bed capacity	16	16	20	20	20	↔	TBC	8
801	Risk that the six oversight themes within the NHS System Oversight Framework 2021/22 are not met	20	20	20	20	20	↔	TBC	8
1595	Risk that patients suffering from mental health disorders spend prolonged periods of time in Adult ED	12	12	9	16	20	↑	TBC	8
910	Risk that patients in ED do not receive timely and effective care		20	20	20	20	↔	TBC	6
2244	Risk that long waits for Outpatient follow-up appointments results in harm to patients	16	16	16	20	20	↔	TBC	4
4651	Risk that Covid -19 is transmitted between patients and staff within the Trust	15	15	20	20	20	↔	TBC	9
5477	Risk that nurse staffing levels will not be met			20	20	20	↔	TBC	6
972	Risk that the Trust is non-compliant with Fire Safety Regulations	16	16	16	16	16	↔	TBC	4
1035	Risk that operations are cancelled and performance targets breached	20	20	20	16	16	↔	TBC	4
2264	Risk that delays in commencing induction of labour increases perinatal morbidity and mortality	15	15	15	16	16	↔	TBC	3
3763	Risk that the Trust may not meet standards to ensure compliance with CQC Regulations	16	16	16	16	16	↔	TBC	6
5032	Risk that national patient safety strategy requirements are not delivered in UHBW				16	16	↔	TBC	6
800	Risk that Trust operations are negatively impacted by (COVID-19) pandemic	12	12	12	15	15	↔	TBC	9
856	Risk that the emotional & mental health needs of children and young people are not fully met	15	12	15	15	15	↔	TBC	8
4700	Risk that a patient may deteriorate whilst being held in the ambulance bay	15	15	15	15	15	↔	TBC	3
960	Risk that the NEWS2 escalation protocol is not followed correctly			15	15	15	↔	TBC	5
422	Risk that patients and staff experience violent or aggressive behaviour	12	12	12	12	12	↔	TBC	8
674	Risk that use of agencies who are non-compliant with national pricing caps does not reduce	12	12	12	12	12	↔	TBC	4
793	Risk that staff experience work-related stress	12	12	12	12	12	↔	TBC	9
921	Risk that staff are not fully compliant with their Essential Training	12	12	12	12	12	↔	TBC	6
1598	Risk that patients suffer harm or injury from preventable falls	12	12	12	12	12	↔	TBC	8
2639	Risk that staff are not fully compliant with their appraisal requirements	12	12	12	12	12	↔	TBC	3
3115	Risk that clinical decision making may be based upon incomplete information	12	12	12	12	12	↔	TBC	4
3369	Risk that the interface between the Trust and UoB will impact on the working and teaching environment	12	12	12	12	12	↔	TBC	8
4539	Risk that Trust performance and delivery of corporate objectives may be adversely affected	12	12	12	12	12	↔	TBC	6
4748	Risk that rates of substantive clinical staffing across WGH are insufficient	16	12	12	12	12	↔	TBC	8
2614	Risk that patient care and experience is affected due to being cared for in extra capacity locations	8	8	8	10	10	↔	TBC	4
3394	Risk that Occupational Health provision is inadequate to service the Organisation	15	9	9	9	9	↔	TBC	6
2695	Risk that the Trust fails to establish and maintain robust governance processes	6	6	6	6	9	↑	TBC	6
291	Risk that critical IT equipment fails and cannot be restored	8	8	8	8	8	↔	TBC	4
720	Risk that VTE risk assessments are not completed	12	12	8	8	8	↔	TBC	4

CORPORATE RISKS

Corporate Risks by Domain and Risk Level



Corporate Risks by Domain



Leadership Priorities and Oversight Framework



Reporting Month: July 2022

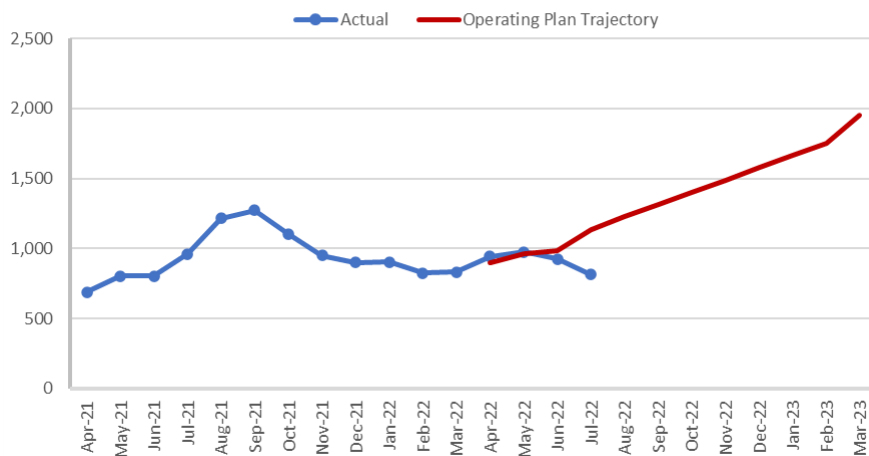
STANDARD		RFERRAL TO TREATMENT (RTT) LONG WAITS
Performance:	At the end of July 2022 <ul style="list-style-type: none"> • 5,591 patients were waiting 52+ weeks against a target of 3,652. • 813 patients were waiting 78+ weeks against a target of 1,137. • 131 patients were waiting 104+ weeks against a target of 182. 	
National Data:	For June 2022, the England total was 5.4% of the waiting list was waiting over 52 weeks. UHBW's performance was 8.8% which places UHBW as the 17 th highest Trust out of 168 Trusts that report RTT wait times.	
Actions:	<ul style="list-style-type: none"> • Implementing plans to clear patients who are currently 104 weeks by end of September 2022. This will require focus on transferring suitable patients to the independent sector, making the best use of internal capacity by ensuring full utilisation is maximised and to bolster additional capacity through Glanso and waiting list initiatives. • Where patients are too complex for transferring outside the organisation under mutual aid arrangements for treatment at another specialist centre for treatment, 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 lack of bed/HDU capacity and staff shortages due to an increase in Covid positive cases to bring these patients in for treatment. The requirement from NHSE and the local CCG is to demonstrate that we have explored all options for our long waiting patients to be treated before by the end of September. • Theatre productivity programme implementation and re-established Theatre User Groups, Trust wide dashboard and extension of FourEyes Insight contract to include paediatric specialties. This is jointly funded by the region and UHBW. This will drive improvement opportunities in theatres including touch time utilisation and reduce late starts. • Implementation of revised booking in order guidance to ensure patients at risk of waiting 104ww or who have already breached 104ww are prioritised for booking once the P1, P2 cohort have been dated. Some additional elective inpatient capacity has been created internally with the lifting of the P2 cap and patients are now being booked into available theatre slots in July, reducing the overall number of long waiting patients without a plan. 	
Risk:	801: Risk that the six oversight themes within the NHS System Oversight Framework 2021/22 are not met	

Leadership Priorities and Oversight Framework

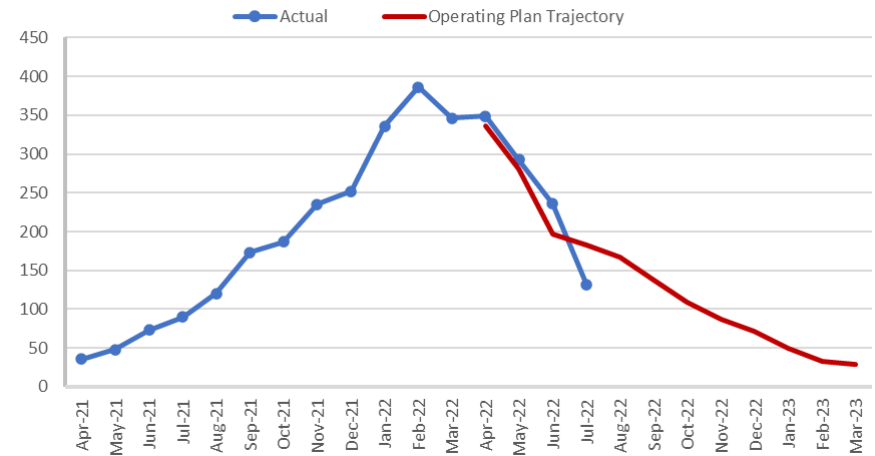


Reporting Month: July 2022

Number of Ongoing Patients Waiting 78+ Weeks at Month End



Number of Ongoing Patients Waiting 104+ Weeks at Month End

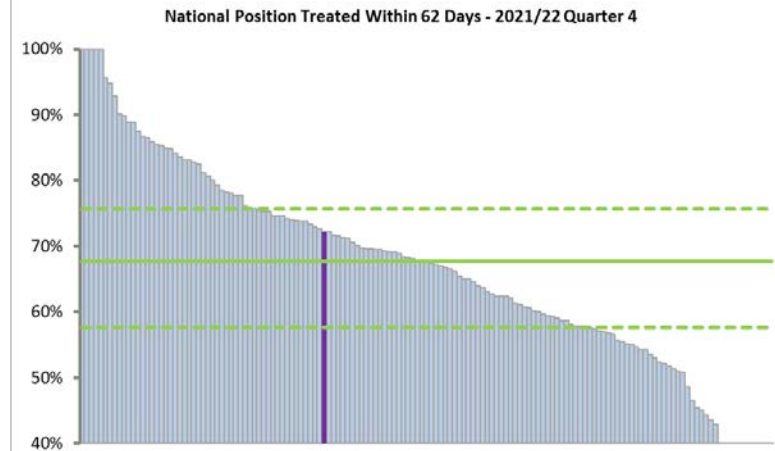
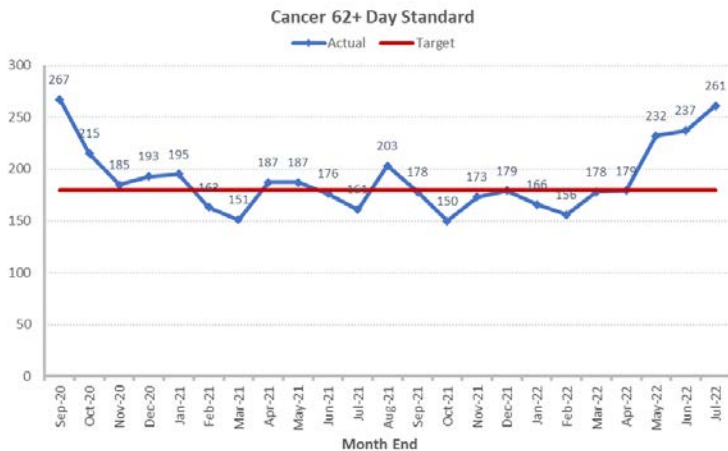


Leadership Priorities and Oversight Framework



Reporting Month: June/July 2022

STANDARD	CANCER PATIENTS WAITING 62+ DAYS
<p>Performance:</p>	<p>As at end of July, the Trust had 261 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 June, 61.8% of patients were seen within 62 days. This is against a constitutional standard of 85%.</p>
<p>National Data:</p>	<p>National data for patients treated within 62 days of an urgent GP referral is shown below. Latest national data for Quarter 4 2021/22 shows UHBW at 72.2% against an England total of 63.9%.</p>
<p>Actions:</p>	<p>Actions include targeted validation work, recruitment into hard to fill posts and demand management review with commissioners to make best use of scarce clinical resources in the system, especially in areas such as skin pathway and lower GI.</p> <p>The Trust is continues to exceed (i.e. not comply with) the 'pre-Covid baseline'. This is due to demand having returned to (and in some areas, exceeded) pre-pandemic levels, whilst capacity remains restricted by the pandemic's impact. It should be noted that out of the whole cancer waiting list, the <i>proportion</i> of long waiters has not changed significantly from when the numbers were compliant (and compares favourably to other providers nationally). Very high staff sickness due to Covid in June and July means the numbers of long waiters are likely to increase in coming weeks due to delays in multiple services as a result of staff absence. Patients being unwell with Covid is also a factor, as patients cannot be admitted for tests and treatments until recovered from the illness. It is therefore very unlikely that the Trust will regain compliance with the baseline until late autumn at the earliest (exact timings dependent on the Covid prevalence levels). Locums are being sought in two of the most pressured areas to assist with improvement, this solution will depend on suitable locums being available, given these are national shortage areas.</p>
<p>Risk:</p>	<p>801: Risk that the six oversight themes within the NHS System Oversight Framework 2021/22 are not met</p>

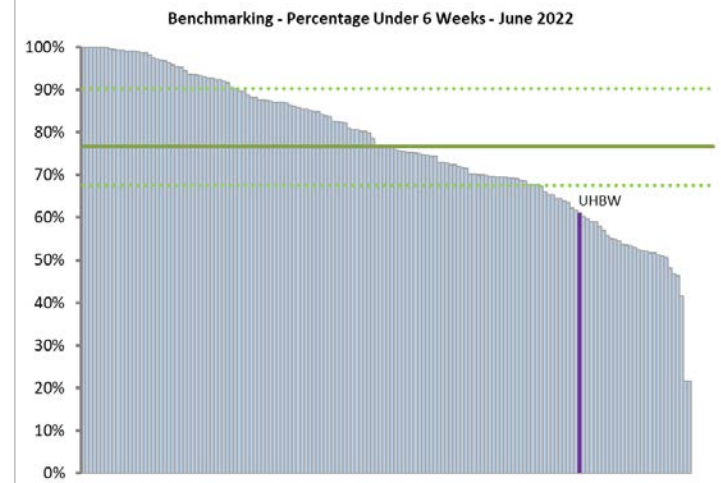
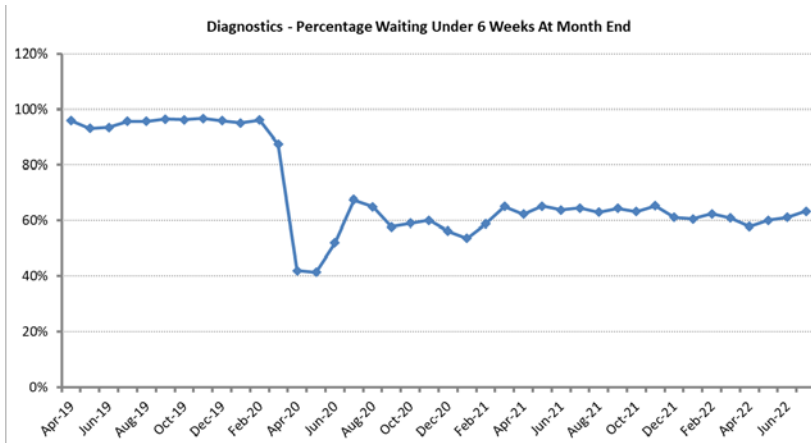


Leadership Priorities and Oversight Framework



Reporting Month: July 2022

STANDARD		DIAGNOSTIC WAITING TIMES
Performance:	At end of July, 63.4% of patients were waiting under 6 weeks. The constitutional standard is 99%. The recovery plan requires Trusts to return to 75% by March 2023. The end of July target is 63%. There were a total of 1,359 patients waiting 26+ weeks which was 8% of the waiting list. There is a requirement to clear the 26+ week backlog by March 2023, with UHBW's operating plan submission showing us getting to 500 patients by March 2023.	
National Data:	For June 2022, the England total was 71.5% of the waiting list was under 6 weeks. UHBW's performance was 61.2% which places UHBW as the 130 th lowest Trust out of 158 Trusts that report diagnostic wait times.	
Action/Plan:	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 pressure points for the 6 weeks Diagnostic standard continue to be in endoscopy, echocardiography, Non-obstetric ultrasound and MRI sub-modalities. The niche constraints in the MRI Paediatric General Anaesthetic (GA) pathway are being explored with mutual aid requested from the South West region. Additional capacity (e.g. Independent Sector capacity) is integral to recovery in ultrasound, endoscopy and echocardiography modalities, and the Trust continues to work closely with other providers to maximise this capacity wherever possible. Actions are focused on developing and implementing recovery plans for all modalities but with a specific focus on endoscopy (waiting list and planned patients).	
Risk:	801: Risk that the six oversight themes within the NHS System Oversight Framework 2021/22 are not met	



Leadership Priorities and Oversight Framework



Reporting Month: July 2022

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS
<p>Performance:</p>	<p>There were 878 patients who had a Trolley wait in excess of 12 hours in July. In July there were 2,813 ambulance handovers in excess of 15 minutes which was 82% of all handovers. In July there were 2,124 ambulance handovers in excess of 30 minutes which was 62% of all handovers. The NHS Standard Contract sets the target that “all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes”.</p>
<p>National Data:</p>	<p>For Ambulance Handover data there are 19 Trusts in the South West that the Ambulance Service cover. For July 2022, overall number of handovers over 15 minutes was 69.9% across the South West. The BRI was the highest at 90% and Weston was 5th highest at 84%. In July 2022, 103 Trusts reported 12 hour trolley waits (29,317 in total). UHBW was the 5th highest Trust with 878.</p>
<p>Actions:</p>	<p>UHBW specific actions are due to be reviewed at an extraordinary Urgent Care Steering Group on 19th August 2022. Current actions are managed via SORT and include:</p> <ul style="list-style-type: none"> • Embedding use of Queue’s A & B in BRI – actions related to staffing and criteria (11 trolley spaces). Requires trust wide support to staff as an “always event”. • Roll-out Careflow alerts in BRI for 60 min and 120 min handover delays, and bed transfer delays >15 mins and >30 mins (if successful, roll-out at Weston) • Roll-out swabbing SOP for use of Knightstone ward at Weston for wider surgical patient cohort (c 5 beds) • Develop and PDSA an ED decompression checklist for Weston ED • Lobbying national team to support extension of medical SDEC to 7 days and also piloting Cardiology SDEC model <p>System specific actions are also in place with UHBW involvement. These target improvements to the front door plan (e.g. system workshop on direct SWAST access to non-ED acute pathways undertaken on 21st July), non-complex system discharges plan (to maximise flow into P0 pathways, focusing on weekend discharge and discharge by noon activities, although 7/7 staffing a constraint) and complex discharge (improving flow in P1-P3, including workforce plan as part of D2A business case for enhanced capacity and capability).</p>
<p>Risks:</p>	<p>910: Risk that patients in ED do not receive timely and effective care 4700: Risk that a patient may deteriorate whilst being held in the ambulance bay</p>

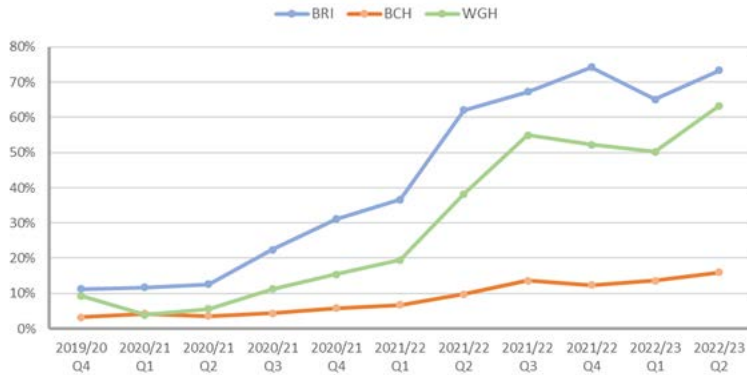
Leadership Priorities and Oversight Framework



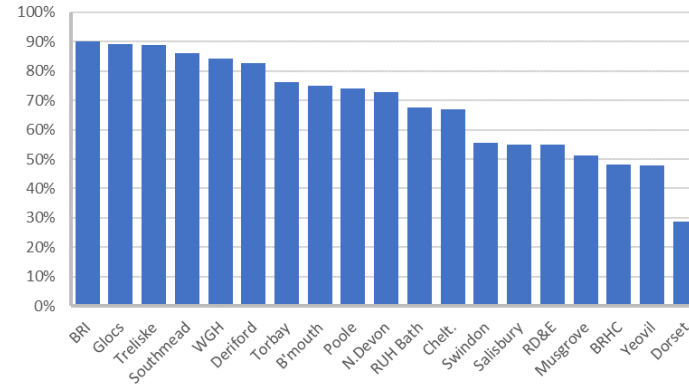
Reporting Month: July 2022

Ambulance Handovers

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

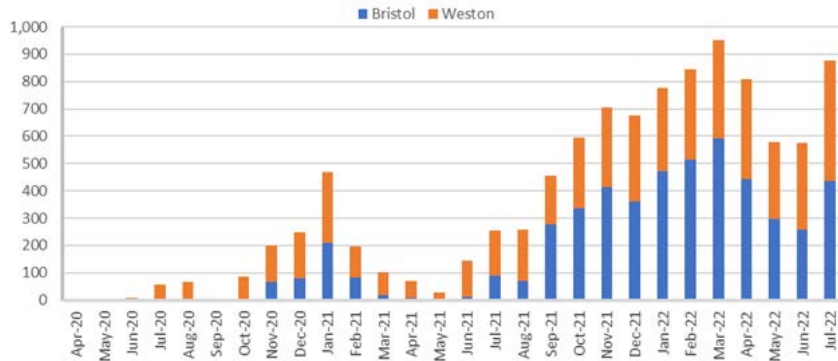


Percentage of Handovers Over 15 Minutes - July 2022

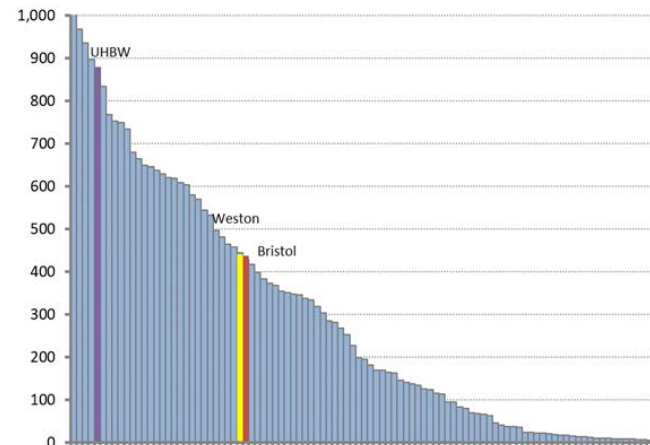


12 Hour Trolley Waits

12 Hour Trolley Waits Per Month



Benchmarking - 12 Hour Trolley Waits - July 2022



Leadership Priorities and Oversight Framework



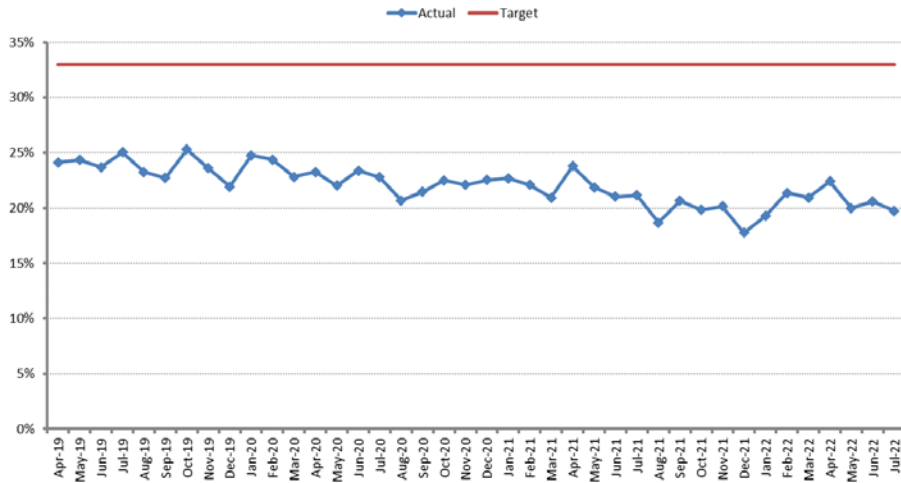
Reporting Month: July 2022

STANDARD		EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)
Performance:	<p>Three metrics are reported as the high-level priorities:</p> <ol style="list-style-type: none"> 1. Percentage of patients with a “timely discharge” (before 12 noon). July had 20% discharged before 12 noon. The system-level standard is to achieve 33%. 2. Percentage of patients discharged via the BRI Discharge Lounge. In July 29.6% of eligible BRI discharges went through the Discharge Lounge. This was 371 patients, averaging 18 patients per day. 3. Number of beddays occupied by No Criteria To Reside (NCTR) patients. In July there were 6,069 beddays occupied by NCTR patients. This means, on average, 196 beds were occupied per day by NCTR patients. 	
Actions:	<p>The Every Minute Matters Programme (EMM) is about ensuring that every minute of every day contributes meaningfully to progressing patient’s care plans. The programme has four workstreams:</p> <ul style="list-style-type: none"> • Implementation of the SAFER bundle • Proactive Board rounds • Discharge Lounge / transition lounge utilisation • Estimated Date of Discharge (EDD) and No Criteria to reside reviews (using the Making Care Appropriate for Patients Tool). <p>All adult inpatient wards will be taken through the programme and in three phases between July 2022 and January 2023.</p> <p>The Trust is also part of the system wide Discharge to Assess programme. The high level actions in the workplan to support flow this Winter include:</p> <ul style="list-style-type: none"> • Increasing P1 discharge pathway capacity (home with support) by implementing a system wide workforce plan • Improving P1 grip and operational delivery in partnership with the community provider and local councils • Driving shift from P3 pathways (nursing home support) to P1 (Home First) • Combining Discharge to Assess and frailty virtual ward resource • Ongoing PDSA and redesign work with partners to integrate care and help more people to get home when hospital care is no longer required. <p>The Trust is also monitoring benefits realised from the programme including ambitions to discharge 33% of patients before 12 noon and increase the proportion of discharges at weekends compared to weekdays.</p>	
Risks:	<p>423: Risk that demand for inpatient admission exceeds available bed capacity</p>	

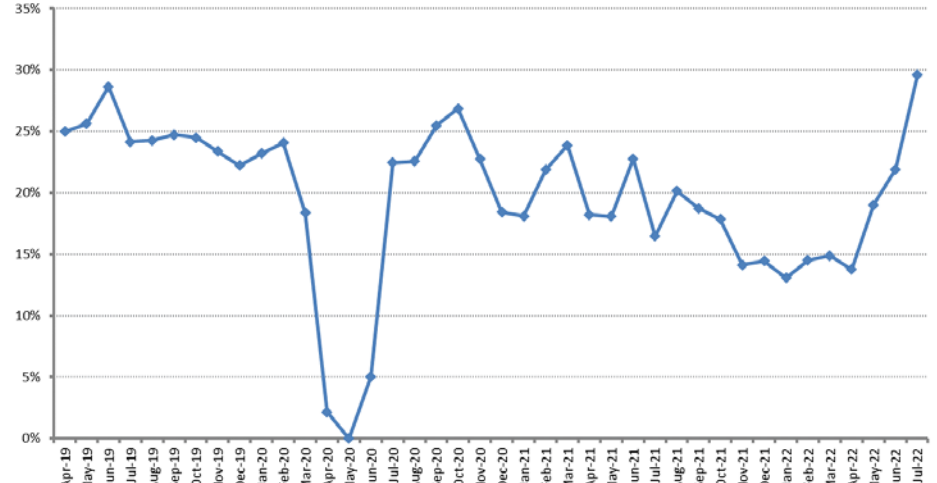
Leadership Priorities and Oversight Framework

Reporting Month: July 2022

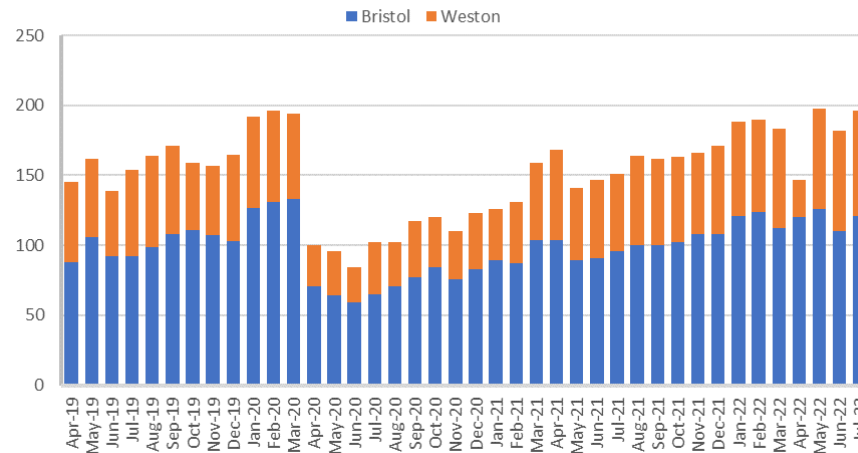
Timely Discharges - As a Percentage of All Discharges



Percentage of Discharges Through the BRI Discharge Lounge



Average Number of Beds Occupied by NCTR Patients



Leadership Priorities and Oversight Framework

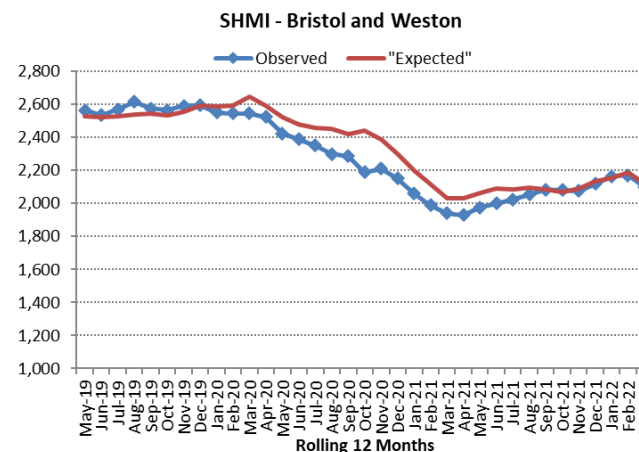


Reporting Month: March 2022

STANDARD	MORTALITY - SHMI (SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR)
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months April 2021 to March 2022 was 98.8 and in NHS Digital's "as expected" category.
National Data:	UHBW's total is slightly below the overall national peer group of English NHS trusts of 100.
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
Risks:	tbc

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Jun-21	2,000	2,090	95.7
Jul-21	2,025	2,085	97.1
Aug-21	2,055	2,095	98.1
Sep-21	2,085	2,085	100.0
Oct-21	2,080	2,070	100.5
Nov-21	2,075	2,090	99.3
Dec-21	2,120	2,135	99.3
Jan-22	2,165	2,155	100.5
Feb-22	2,170	2,185	99.3
Mar-22	2,100	2,125	98.8

Note: Nov-21 represents 12 month period Dec-20 to Nov-21



Leadership Priorities and Oversight Framework



Reporting Month: July 2022

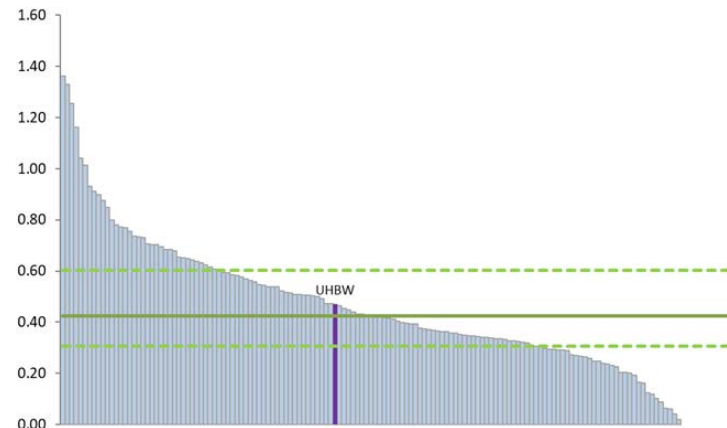
STANDARD	INFECTION CONTROL– C.DIFFICILE AND MRSA
Performance:	<p>There were thirteen Hospital Attributable cases of C-Difficile in July 2022. The limit of Clostridium Difficile cases for 2022/2023 as set by NHS England is 89. This limit will give a trajectory of approximately 7.4 cases a month.</p> <p>There have been no trust-apportioned MRSA cases in July 2022. The expectation is that there will be zero cases each month.</p>
National Data:	See next page.
Actions:	<p>C.Diff:</p> <ul style="list-style-type: none"> • Increased environmental auditing within areas of increased rates is taking place. • A structured collaboration commenced in September 2021 across the BNSSG provider organisations facilitated by the CCG and a regional NHSE/I quality improvement collaborative is being established. • An updated IPC education plan in clinical departments has begun. <p>MRSA:</p> <ul style="list-style-type: none"> • The vascular access group was restarted in March to help reduce levels of bacteraemia. A regional collaborative led by NHSE/I for improved vascular device management linked to reduced levels of bacteraemia has commenced. • An improvement plan is to be developed.
Risks:	<p>800: Risk that Trust operations are negatively impacted by (COVID-19) pandemic</p> <p>4651: Risk that Covid -19 is transmitted between patients and staff within the Trust</p>

C.Difficile

	Jul-22		2022/2023		2021/2022	
	HA	HO	HA	HO	HA	HO
Medicine	4	3	11	9	32	31
Specialised Services	2	2	3	3	16	12
Surgery	1	1	5	4	13	13
Weston	5	5	13	13	19	14
Women's and Children's	1	1	5	3	12	12
Other	0	0	2	0	3	0
UHBW TOTAL	13	12	39	32	95	82

HA = Healthcare Associated, HO = Hospital Onset

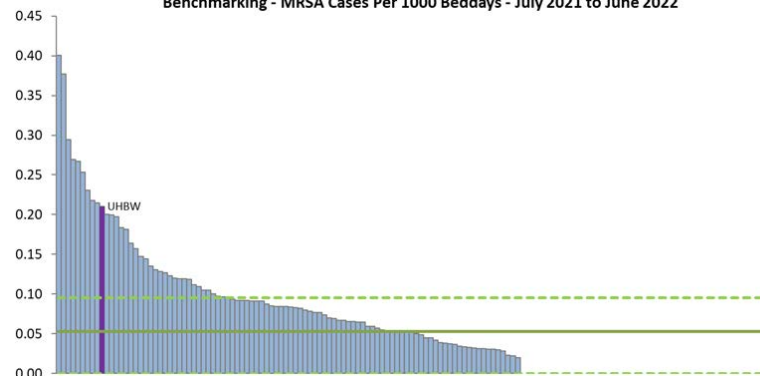
Benchmarking - C.Diff Rate Per 1000 Beddays - July 2021 to June 22



MRSA

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

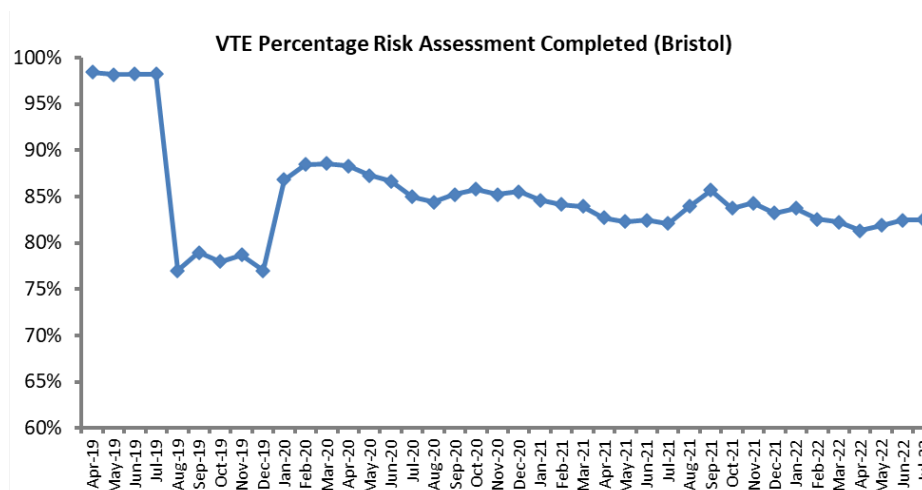
Benchmarking - MRSA Cases Per 1000 Beddays - July 2021 to June 2022



Leadership Priorities and Oversight Framework

Reporting Month: July 2022

STANDARD	VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT
<p>Performance:</p>	<p>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%. Recent performance is relatively unchanged 82.5% (excluding Weston).</p>
<p>Actions:</p>	<p>Ongoing work in collaboration with Medical Director is required to address these issues:</p> <ul style="list-style-type: none"> • Agreement on accountability/responsibility for VTE RA compliance. • Review scope and membership of VTE & Anti-coagulant group and where that group reports. • Review of data (clear expectations/standards at UHBW relating to compliance and NICE guidance; data feeds to ensure clarity on compliance within divisions; use of VTE dashboards; use of cohort reporting). • Review of education/training. • HAVTE reviews are complete for Weston, but themed analysis is pending completion of Bristol reviews due to capacity of pharmacy team currently involved. This has been escalated to identify alternative process.
<p>Risks:</p>	<p>720: Risk that VTE risk assessments are not completed</p>

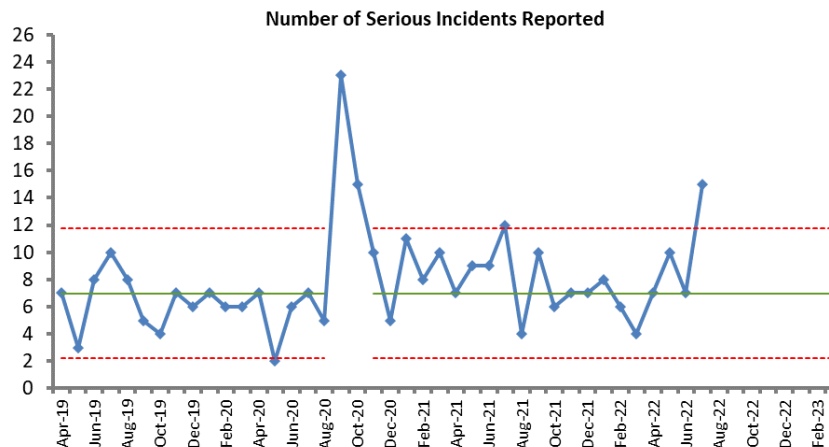


Leadership Priorities and Oversight Framework

Reporting Month: July 2022

STANDARD	SERIOUS INCIDENTS
Performance:	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. Fifteen serious incidents (SI's) were reported in July 2022.
Actions:	In 2022/23, the new Patient Safety Incident Response Framework (PSIRF) is to be implemented and an initial scoping exercise including stakeholder workshops and a situational analysis to identify Patient Safety priorities in the organisation have been undertaken. The introduction of PSIRF will include: <ul style="list-style-type: none"> the appointment of Patient Safety Partners by December 2022 who will provide an invaluable patient and public perspective for Patient Safety at UHBW, the introduction of a new national Learning From Patient Safety Events (LFPSE) reporting system that will replace its predecessor NRLS. The deadline to complete the changeover is March 2023. Initial work to complete both projects within timescale is underway.
Risks:	tbc

	Jul-22	2022/2023	2021/2022
Medicine	7	9	29
Specialised Services	0	2	8
Surgery	3	7	9
Trust Services	0	0	0
Weston	1	10	22
Women's and Children's	3	9	19
Other/Multiple Divisions	1	2	1
TOTAL	15	39	88



Alignment of People Leadership priorities to People Strategy



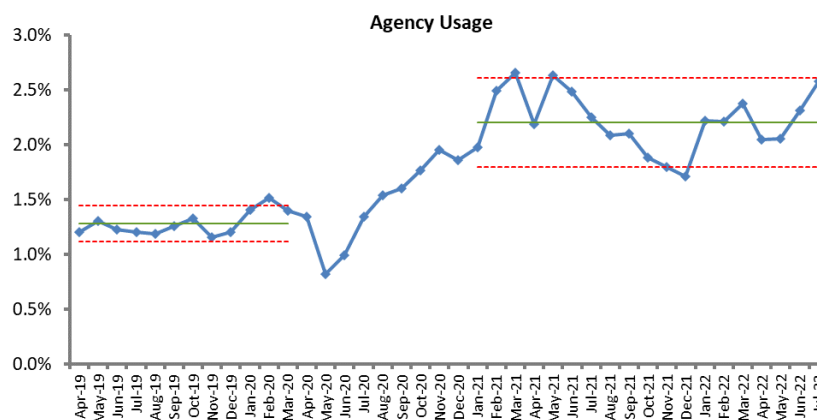
Measures of success



Leadership Priorities and Oversight Framework

Reporting Month: July 2022

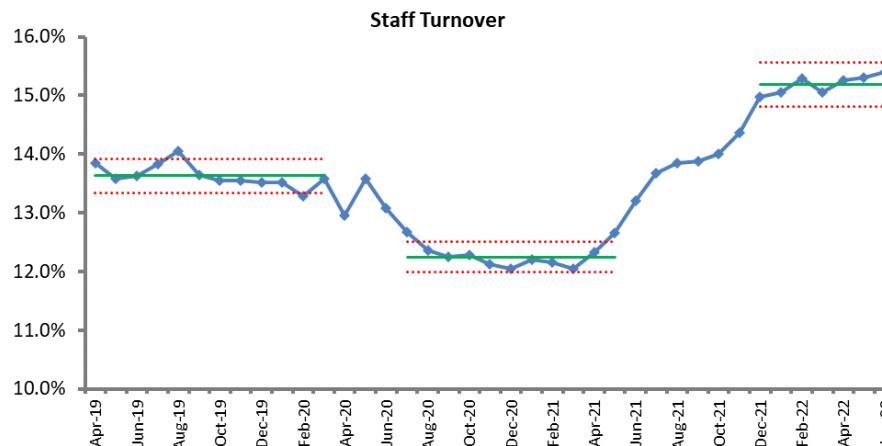
STANDARD	WORKFORCE AGENCY USAGE
Performance:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets (including Weston) for 2020/21. The maximum agency usage rate has been set at 1.8%. Agency usage for July was 2.6%
Actions:	<p>Actions taken to mitigate agency usage and encourage bank use instead are:</p> <ul style="list-style-type: none"> • Active recruitment continues to substantive medical roles in the Weston Division to drive down the demand for high-cost agency usage. • The Trust is currently offering paid travel time for clinical staff as an incentive to encourage staff to pick up shifts at our Weston site • The allocation team within Resourcing continue to promote “Allocate on arrival” shifts for clinical staff which offer a 30% rate increase. • The Trust is currently offering paid travel time for clinical staff as an incentive to encourage staff to pick up bank shifts at Weston to reduce agency reliance. • The Trust are exploring the re-introduction of tighter agency controls to provide greater scrutiny of agency approval. • There is a new system-wide working group being established to focus on driving down agency expenditure (also bank rates and neutral vendor management), as part of a new set of working groups reporting into the ICS People Programme Board chaired by UHBW Chief Executive.
Risks:	674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce



Leadership Priorities and Oversight Framework

Reporting Month: July 2022

STANDARD	WORKFORCE STAFF TURNOVER
Performance:	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. Turnover for the 12 month period remained static at 15.5% in July 2022 compared with updated figures for the previous month.
Actions:	There are several work programmes progressing to address colleague experience and improve retention: <ul style="list-style-type: none"> The exit process task and finish group will focus on implementation of the policy following the correct governance route. The group will now focus on next steps and priorities following the policy review.
Risk:	Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce

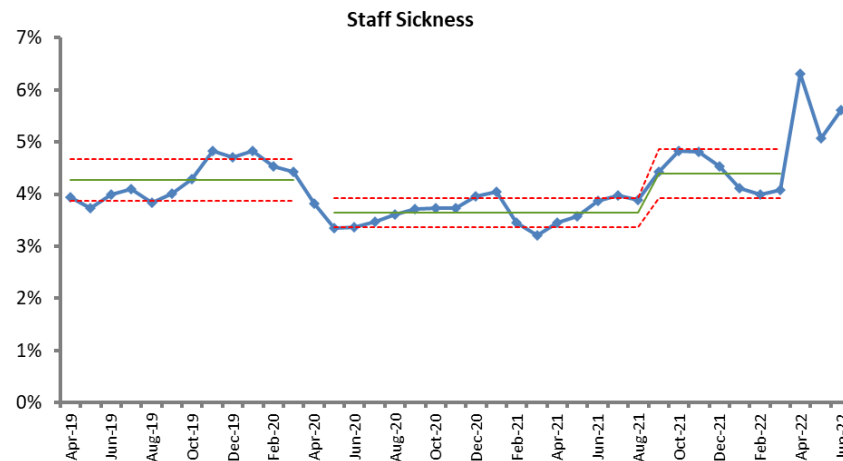


Leadership Priorities and Oversight Framework



Reporting Month: July 2022

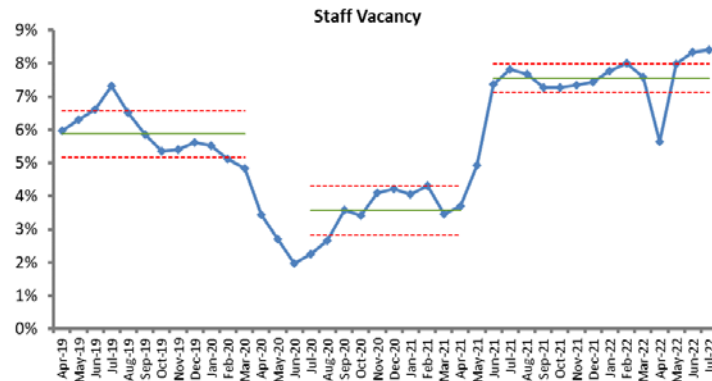
STANDARD	WORKFORCE STAFF SICKNESS
Performance:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2021/22, including Weston. The target is to have a maximum 6.1% sickness rate. The red threshold is 0.5 percentage points over this. Sickness absence fell to 4.6% in July 2022. This figure is now combined with Covid Related absence.
Actions:	<ul style="list-style-type: none"> • A draft of the Supporting Attendance Policy has been circulated for wider feedback and is continuing to receive feedback from focus groups with staff and relevant staff networks. • HR Services continue to support and advise managers on the supporting attendance policy. This include signposting staff to the wellbeing support available in the Trust.
Risks:	tbc



Leadership Priorities and Oversight Framework

Reporting Month: July 2022

STANDARD	WORKFORCE STAFF VACANCY
Performance:	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. Overall vacancies increased to 8.4% in July.
Actions:	Key updates to address the vacancy rate in the current period are as follows: <ul style="list-style-type: none"> • The Radiology department are currently exploring collaborative international recruitment for Radiographers, working with North Bristol Trust and Sirona, the department has been given sign off to recruit 15 plain film radiographers. • The Talent team is currently organising an administrative recruitment event taking place in September, to help drive down the vacancy rate. • Following on from the Indeed recruitment event, 13 HCSW's that were offered on the day have now started within the Trust, 12 candidates have booked their start date and 32 candidates are still currently going through pre-employment checks • The TNA assessment centre ended with 13 offers on the day and the Trust are going back out to advert in August to boost numbers for the October cohort with UWE. • Filming for the Trust's new TNA promotional film has started in Weston, the last filming day is due to take place in August. • 33 international nurses joined the Trust during July, taking the total nurses arrived up to 335. 209 international nurses have now received their NMC PIN. • The Trust held another newly qualified adult nurse open day on 6th July: 16 nursing students attended and 9 offers were made on the day. • A social media campaign is underway to promote Band 6 Rotational Midwife roles, and a Band 5 and 6 Midwifery open day which is due to take place on 31st August.
Risks:	Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff



Leadership Priorities and Oversight Framework



Reporting Month: July 2022

WESTON INTEGRATION

Critical Success Factor	Objective	Status	Movement since last report	Critical Success Factor	Objective	Status	Movement since last report	
Delivery Streams	Clinical Services Integration completed	A	—	Business Function	PTIP Corporate services benefits realised and planned changes completed	G	—	
	Design and set up the Weston General Hospital team and new management arrangements	G	—		Policies & Processes	Appropriate clinical and corporate policies are aligned across the Trust on single DMS	A	↑
Workforce & OD	Weston based consultant job plans reviewed	R	—	Estates & Facilities		Weston Estate improved through backlog maintenance programme (Y3)	G	—
	Premium Payment controls process standardised and applied to Weston Division	R	—		IT & Technologies	Align clinical digital systems convergence programme with clinical integration	G	—
	Achieve the proposed Recruitment trajectories for Medical and Nursing posts	A	—	Risk Management		Monitor, mitigate and support the ongoing management of the risks of integration	G	—
	Achieve the proposed reduction in staff turnover rate on Weston Site	A	—					
	People Systems Integration completed	G	↑					
Cultural Integration	Monitor the embedding of UHBW values and behaviours	G	↑					
	Year 3 Financial Mitigations achieved	G	—					
Benefits Realisation Monitoring	Realisation of Y3 expected programme benefits	G	—					
	Integration programme transition to business as usual	G	—					

↑	Upwards movement	R	Not Achieved
—	No movement	A	Delayed/partially achieved
↓	Downwards movement	G	Achieved/On Track

Leadership Priorities and Oversight Framework

Reporting Month: July 2022

WESTON INTEGRATION – PROGRESS AGAINST CLINICAL SERVICES INTEGRATION PLAN

	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)	OOD office	Completed	01 Jul 21
	Cancer Personalised Care & Support	SS	Completed	01 Jul 21
	Patient Flow	OOD office	Completed	01 Nov 21
	Booking and access	OOD	Completed	01 July 2022
D&T	Radiology	D&T	Completed	01 August 2022
	Orthotics	TBC	Completed	01 August 2022
Surgery	Critical Care	Surgery	In progress - on track	17th October 22
	Anaesthesia & Pre-op	Surgery	In progress - on track	17th October 22
	Ophthalmology	Surgery	In progress - on track	17th October 22
	Endoscopy	Surgery	In progress - on track	17th October 22
	General Surgery including GI	Surgery	In progress - on track	17th October 22
	Trauma and Orthopaedics	Surgery	In progress - on track	17th October 22
	ENT	Surgery	In progress - on track	17th October 22
	MDT Co ordinators	Surgery	In progress - on track	17th October 22
Medicine	Gastroenterology & Hep	Medicine	In progress - on track	17th October 22
	Rheumatology (inc. Fracture Liaison)	Medicine	In progress - on track	17th October 22
	Respiratory medicine	Medicine	In progress - on track	17th October 22
	Diabetes & Endocrinology	Medicine	In progress - on track	17th October 22
	Care of the Elderly (inc. Stroke & Frailty)	Medicine	In progress - on track	No date agreed
SS	Haematology and Oncology	SS	In progress - on track	17th October 22
	Cardiology (inc. physiology)	SS	In progress - on track	17th October 22

Key Points:

- 1 service has transferred in month.
- 16 clinical services will have integrated UHBW-wide by 1st August 22
- A further 14 services are on plan to integrate on 17th October this year
- Supporting this change, new management arrangements come into force from 17th October, with the Weston General Hospital Team providing Emergency care, acute medicine, care of the elderly and stroke services, plus Theatres, Wards and Outpatients.
- The management of change process (staff consultation) concludes at the end of July, in preparation for the new arrangements to be implemented in October 22.

Recovery Actions:

- Continue to work closely with the Weston Managing Director to support individual Clinical Services Integrations through weekly divisional meetings.
- Working closely with the Deputy Divisional Directors to agree what is required to run a safe, integrated service.
- Develop and approve the governance arrangements for the future Weston management arrangements.

FINANCIAL SUMMARY

YTD Income & Expenditure Position

- Net I&E deficit of £5,087k against a planned deficit of £2,519k (excluding technical items).
- Total operating income is £1,960k adverse to plan due to lower than planned other operating income of £4,496k, offset by higher than planned income from activities of £2,536k.
- Operating expenses are £1,001k adverse to plan primarily due to higher pay expenditure (£6,414k adverse), the shortfall in Trust CIP delivery of £1,542k, offset by lower than planned depreciation expenditure of £480k and lower than planned other non-pay expenditure of £4,351k.
- Technical and financing items are £384k favourable to plan.

Key Financial Issues

- *Savings delivery below plan* – Trust-led CIP delivery is £3,738k or 71% of plan. Full year forecast delivery is £11,558k or 77% of plan of which recurrent savings are £5,741k, 38% of plan.
- *Lower than planned elective activity* – if overall elective activity continues below plan there will be a reduction in ESRF income which could contribute to the Trust not meeting its plan.
- *Pay costs higher than plan* – pay expenditure must be maintained within divisional and corporate budgets.
- *Forecast overspend against divisional budgets* – divisional forecasts will be monitored monthly and recovery plans developed where overspends are not acceptable.

Strategic Risks

- Agreeing an approach to future financial targets and allocation of system envelopes - pending work to understand the systems medium-term financial outlook;
- Assessment and implications of the financial arrangements relating to Healthy Weston – pending completion of a Full Business Case/(s) 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- pending as above.

Leadership Priorities and Oversight Framework

Reporting Month: July 2022

TRUST YEAR TO DATE FINANCIAL POSITION

	Month 4			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	77,743	10	307,877	310,414	2,536
Other Operating Income	11,490	8,481	(3,009)	38,666	34,170	(4,496)
Total Operating Income	89,223	86,224	(2,999)	346,543	344,583	(1,960)
Employee Expenses	(50,890)	(51,638)	(748)	(201,882)	(208,296)	(6,414)
Other Operating Expenses	(32,789)	(28,891)	3,898	(130,557)	(125,624)	4,933
Depreciation (owned & leased)	(3,133)	(2,984)	149	(12,395)	(11,915)	480
Total Operating Expenditure	(86,812)	(83,513)	3,299	(344,833)	(345,834)	(1,001)
PDC	(1,037)	(1,037)	(0)	(4,149)	(4,149)	0
Interest Payable	(244)	(239)	5	(976)	(967)	9
Interest Receivable	29	146	117	117	469	351
Other Gains/(Losses)	0	0	0	0	(19)	(19)
Net Surplus/(Deficit) inc technicals	1,159	1,581	422	(3,297)	(5,917)	(2,620)
Remove Capital Donations, Grants, and Donated Asset Depreciation	196	196		778	830	52
Net Surplus/(Deficit) exc technicals	1,355	1,777	422	(2,519)	(5,087)	(2,568)

Key Facts:

- The position at the end of July is a net deficit of £5,087k, £2,568k higher than the planned deficit of £2,519k.
- Pay expenditure is £51,638k in July, c£200k lower than June. YTD expenditure is adverse to plan by £6,414k, mainly due to enhanced rates of pay, the cost of escalation capacity, F1 junior doctors costs and international recruitment costs.
- Agency expenditure in month is £2,983k, c£150k lower than June and c£600k higher than plan. Overall, agency expenditure is 6% of total pay costs.
- Operating income is adverse to plan by £1,960k. The adverse position on 'Other Operating Income' is driven by lower than expected income levels for research, education 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 £2,536k favourable to plan. This includes c£3,200k of ESRF income.
- Trust-led CIP achievement is 71% of plan. £3,738k has been achieved against a target of £5,279k, a shortfall of £1,542k.
- Additional costs of Covid-19 are £488k, a reduction of £80k from £568k incurred in June.

Meeting of the Trust Board of Directors in Public on 11 October 2022

Reporting Committee	Quality and Outcomes Committee – Meeting held 26 August 2022
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Mark Smith, Deputy Chief Executive and Chief Operating Officer Deirdre Fowler, Chief Nurse and Midwife Stuart Walker, Medical Director

For Information	
Clinical and Service Quality Compliance and Performance.	
<p>Mark Smith presented the first draft of the new IQPR which was a further valuable development of the Trust’s integrated quality and performance report. The new report now included “trajectories” that will allow easy tracking of progress. The report also covers actions and risks.</p> <p>NHS England had also published a “must do” list of required reports. As expected, this covered waiting lists, cancer and safety.</p> <p>Significant staffing issues were reported within the main theatre complex of the Bristol Royal Infirmary due to sickness absence which had impacted on the clearance of patient backlogs and cancer performance would be impacted due to long term sickness at Weston General Hospital in dermatology and colorectal. However, it was noted there had been an excellent improvement in discharge through the discharge lounge which was now opening earlier for patients.</p>	
Benchmarking, Learning and Quality Improvement.	
<p>The Care Quality Commission (CQC) letter reporting their observations following their subsequent review of Weston General Hospital was discussed. It was noted that an improvement plan would be developed once the final report had been received. The final report would be presented to the Board in due course.</p> <p>Anne Reader presented an update on the National safety strategy and implementation for serious incident investigations and application of learning. A clear plan and programme was in development which will result in fewer investigations but the investigations that are undertaken will be in greater depth.</p> <p>The Committee received the Infection Prevention and Control Annual Report for 2021 - 2022 which summarised the Trust’s performance in the key Infection Prevention and Control standards for that period and talked about how well the Trust had adjusted to a new way of working during the pandemic.</p>	
Key Decisions and Actions	
N/A	
Date of next meeting:	11 October 2022