



Bridgewater
Community Healthcare
NHS Foundation Trust

Integrated Quality and Performance Report

Information Team

Reporting Period: November 2023 (Month 8)

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Introduction

The monthly Integrated Quality and Performance Report (IQPR) provides an overview of the Trust's performance against the balanced scorecard Key Performance Indicators (KPIs).

KPIs are grouped by Domain and Executive leads are tasked with ensuring the KPIs are relevant, achievable, measurable, monitored, and managed.

Indicators have been reviewed and refreshed to ensure that they are relevant and are in line with the System Oversight Framework metrics and the new service lines which are delivered.

This month's report describes activity in November 2023.



Within this Report

1. KPI Amendments

A significant number of KPIs have been amended in this report. These were agreed at the Finance and Performance Committee, the Quality and Safety Committee, the People Committee and the Trust Board. Details of the changes can be found in the papers that were presented.

2. Recommendations:

The Board are asked to:

- Accept this paper as assurance that indicators of performance in relation to operations, quality, people, and finance are being reviewed and appropriate actions taken to rectify any indicators which are reported as red.

Trust Overview

Executive Summary

Due to validation and review timescales for Cancer, the RAG rating on the dashboard for these indicators is based on Octobers validated position.

The indicator Proportion of Urgent Community Response referrals reached within two hours, the November figure is subject to change following the refresh submission in January.


The November figure for the indicator Data Quality Maturity index (DQMI) Quarterly published score (2 months in arrears), is based on August 2023 data.

Responsive (Operations)

There are 22 green indicators in month 8. There is one new red indicator this month pertaining to the ‘% of waiters over 52 weeks - consultant Led’ indicator.

There are several new indicators in this report particularly in relation to the mandated offer delivered by Health Visitors in the 0-19s services in Halton and Warrington. Performance against these indicators varies in the places which they are delivered due to challenges in engaging in parents.

There is a significant review of the delivery of the Community Paediatrics services and how we can look to transform these both internally and in conjunction with partners to manage the increasing number of referrals to the service.



Trust Overview

Executive Summary

Safe, High-Quality Care (Quality)

There are 24 green indicators in month 8. Some of the month 8 indicators have been impacted by the introduction of the Patient Safety Incident Response Framework (PSIRF). Compliance against these indicators will be monitored and the indicators will be reviewed to ensure that they enable performance against PSIRF to be reported accurately against the framework.

People

Three out of the seven people indicators are red in month 8. The indicators now include the short term and long-term sickness percentages. There is a positive position in relation to turnover which remains green in month and PDR compliance is also green in month.

Making Good Use of Resources (Finance)

There is a positive position reported in relation to finance with most indicators reporting as green. There is a focus on reducing the agency costs and there are plans in place to improve this from a dermatology perspective with a January implication. CIP plans are being developed for 2024-25.



Operations

Trust Scorecard

Operations																
Code	KPI Name	Target	Trend Line	Nov-22	Dec-22	Jan 23	Feb 23	Mar 23	Apr-23	May-23	Jun-23	Jul 23	Aug-23	Sep 23	Oct 23	Nov-23
OP02	Warrington Dermatology Cancer 2 week referrals (urgent GP)	93%		92.34% (▲)	94.39% (▲)	98.84% (▲)	99.55% (▲)	98.16% (▼)	96.82% (▼)	97.78% (▲)	98.59% (▲)	98.67% (▲)	98.42% (▼)	96.56% (▼)	96.63% (▲)	95.3% (▼)
OP03	Warrington Dermatology Cancer 31 day 2nd treatment comprising surgery	94%		100% (▶)	83.33% (▼)	100% (▲)	75% (▼)	100% (▲)	100% (▶)	71.43% (▼)	100% (▲)	100% (▶)	80% (▼)	100% (▲)	100% (▶)	100% (▶)
OP04	Warrington Dermatology Cancer 31 day wait from diagnosis to 1st treatment	96%		100% (▲)	100% (▶)	100% (▶)	83.33% (▼)	100% (▲)	100% (▶)	100% (▶)	92.86% (▼)	100% (▲)	100% (▶)	87.5% (▼)	90.91% (▲)	100% (▲)
OP05	Warrington Dermatology Cancer 62 day for 1st Treatment (urgent GP Referral)	85%		100% (▶)	100% (▶)	93.33% (▼)	87.5% (▼)	75% (▼)	77.27% (▲)	86.67% (▲)	95.83% (▲)	90% (▼)	87.5% (▼)	88.46% (▲)	93.75% (▲)	87.5% (▼)
OP06	28 day faster diagnosis	75%		73.02% (▼)	75.29% (▲)	75.95% (▲)	81.14% (▲)	91.01% (▲)	86.96% (▼)	82.91% (▼)	84.47% (▲)	87.57% (▲)	86.71% (▼)	89.74% (▲)	81.54% (▼)	87.61% (▲)
OP07	A&E: Total time in A&E (% of pts who have waited < 4hrs)	95%		87.43% (▼)	82.48% (▼)	93.72% (▲)	96.01% (▲)	98.1% (▲)	96.8% (▼)	97.53% (▲)	98.42% (▲)	97.2% (▼)	98.53% (▲)	96.84% (▼)	94.62% (▼)	94.74% (▲)
OP08	Total time in A&E 95th Percentile (Mins)	4 Hrs		05:11 (▼)	06:06 (▼)	04:27 (▲)	03:57 (▲)	03:31 (▲)	03:51 (▼)	03:52 (▼)	03:40 (▲)	03:51 (▼)	03:34 (▲)	03:48 (▼)	04:04 (▼)	04:04 (▼)
OP09	Total time in A&E Median (Mins)	4 Hrs							01:30 (▶)	01:30 (▲)	01:20 (▲)	01:32 (▼)	01:26 (▲)	01:27 (▼)	01:45 (▼)	01:32 (▲)
OP10	A&E Time to treatment decision (median) < 60 mins (Mins)	60 Mins		00:12 (▼)	00:14 (▼)	00:10 (▲)	00:08 (▲)	00:08 (▼)	00:09 (▼)	00:09 (▲)	00:08 (▲)	00:09 (▼)	00:07 (▲)	00:09 (▼)	00:09 (▼)	00:08 (▲)
OP11	A&E Time to treatment decision 95th percentile < 60 mins (Mins)	60 Mins							00:25 (▶)	00:25 (▼)	00:24 (▲)	00:27 (▼)	00:21 (▲)	00:23 (▼)	00:26 (▼)	00:25 (▲)
OP12	A&E Unplanned re attendance rate < 5%	5%		0% (▶)	0% (▶)	0% (▶)	0% (▶)	0% (▶)	0% (▶)	0.03% (▲)	0% (▼)	0.03% (▲)	0% (▼)	0% (▶)	0% (▶)	0% (▶)
OP13	A&E left without being seen <=5% (left before trx completed)	5%		0.27% (▼)	0.89% (▼)	0.13% (▲)	0.03% (▲)	0.09% (▼)	0.09% (▼)	0.18% (▼)	0.19% (▼)	0.06% (▲)	0.18% (▼)	0.08% (▲)	0.08% (▲)	0.26% (▼)
OP14	Percentage referred onto A+E (UTC)	5%							12.37% (▶)	13.02% (▼)	10.66% (▲)	12.17% (▼)	12.13% (▲)	12.33% (▼)	10.95% (▲)	9.86% (▲)
OP15	Data Quality Maturity Index (DQMI) (monthly internal reporting)	95%		99.83% (▶)	99.82% (▼)	99.71% (▼)	99.71% (▶)	99.73% (▲)	99.73% (▶)	99.7% (▼)	99.7% (▶)	99.72% (▲)	84.52% (▼)	84.15% (▼)	84.67% (▲)	84.75% (▲)
OP16	Data Quality Maturity index (DQMI) Quarterly published score (2 months in arrears)	95%		86.7% (▲)	56.4% (▼)	88.8% (▲)	88.7% (▼)	88.6% (▼)	89.4% (▲)	88.7% (▼)	88.8% (▲)	90.3% (▲)	90.8% (▲)	89.8% (▼)	91.1% (▲)	89.1% (▼)

Operations

Trust Scorecard

Operations																	
Code	KPI Name	Target	Trend Line	Nov 22	Dec 22	Jan-23	Feb 23	Mar-23	Apr 23	May-23	Jun 23	Jul 23	Aug-23	Sep 23	Oct 23	Nov 23	
OP32	Percentage of DNAs/Was not brought Childrens	3%		4.78% (▼)	5.46% (▼)	3.66% (▲)	4.99% (▼)	4.92% (▲)	5.33% (▼)	5.19% (▲)	5.24% (▼)	4.64% (▲)	6.32% (▼)	4.58% (▲)	4.45% (▲)	4.59% (▼)	
OP33	Percentage of DNAs/Was not brought Warrington Adults	3%		3.47% (▲)	3.71% (▼)	3.62% (▲)	3.02% (▲)	3.31% (▼)	3.55% (▼)	3.35% (▲)	3.45% (▼)	3.39% (▲)	3.39% (▲)	3.15% (▲)	3.53% (▼)	3.28% (▲)	
OP34	Percentage of DNAs/Was not brought Halton Adults	3%		0.93% (▲)	1.89% (▼)	1.9% (▼)	1.04% (▲)	0.98% (▲)	0.74% (▲)	0.86% (▼)	0.66% (▲)	0.89% (▼)	0.97% (▼)	1.23% (▼)	1.16% (▲)	1.18% (▼)	
OP35	Proportion of Urgent Community Response referrals reached within two hours	70%		97.14% (▼)	95.88% (▼)	94.92% (▼)	96.62% (▲)	88.81% (▼)	97.52% (▲)	91.07% (▼)	91.18% (▲)	97.3% (▲)	87.2% (▼)	91.6% (▲)	88.7% (▼)	81.5% (▼)	
OP36	Audiology Number of 6 weeks diagnostic breaches	0		4 (▼)	4 (►)	1 (▲)	5 (▼)	9 (▼)	67 (▼)	85 (▼)	77 (▲)	73 (▲)	87 (▼)	62 (▲)	98 (▼)	91 (▲)	
OP38	Referrals to plan - Childrens	95%		123.75% (▲)	121.82% (▲)	122.9% (▼)	122.8% (▲)	122.93% (▼)	92.83% (▲)	103.62% (▼)	110.95% (▼)	110.92% (▲)	107.48% (▲)	107.63% (▼)	108.23% (▼)	107.78% (▲)	
OP39	Referrals to plan - Warrington Adults	95%		81.58% (▼)	81.04% (▼)	81% (▼)	80.77% (▼)	80.45% (▼)	75.88% (▼)	78.75% (▲)	81.64% (▲)	81.27% (▼)	81.08% (▼)	80.48% (▼)	81.24% (▲)	81.09% (▼)	
OP40	Referrals to plan - Halton Adults	95%		102.13% (▲)	101.09% (▲)	100.83% (▲)	100.37% (▲)	99.42% (▼)	96% (▼)	94.95% (▼)	94.61% (▼)	92.73% (▼)	93.26% (▲)	92.37% (▼)	92.68% (▲)	92.47% (▼)	
OP41	% of patients waiting under 18 weeks RTT Non-Admitted (Incomplete pathway)	92%		35.29% (▼)	34.75% (▼)	39.76% (▲)	41.49% (▲)	57.99% (▲)	58.67% (▲)	67.55% (▲)	69.21% (▲)	65.29% (▼)	67.59% (▲)	65.39% (▼)	64.39% (▼)	58.88% (▼)	
OP42	% of waiters over 52 weeks consultant Led	0%		0.29% (▲)	0.28% (▲)	0.11% (▲)	0% (▲)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0.17% (▼)	0.03% (▲)	0.12% (▼)	0% (▲)	0.03% (▼)
OP43	% of waiters over 78 weeks consultant Led	0%		0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)
OP44	% of waiters over 104 weeks consultant Led	0%		0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)	0% (►)
OP45	All waiters % waiting over 52 weeks (also include Dental)	0%							0.57% (►)	0.69% (▼)	0.77% (▼)	0.96% (▼)	0.84% (▲)	0.78% (▲)	0.92% (▼)	1.01% (▼)	
OP46	All waiters % waiting under 18 weeks (also include Dental)	92%							69.49% (►)	71.53% (▲)	70.92% (▼)	70.79% (▼)	69.47% (▼)	69.23% (▼)	72.01% (▲)	67.56% (▼)	
OP48	Warrington Adults Activity Variance	3%		18.42% (▲)	18.96% (▼)	19% (▼)	19.23% (▼)	19.55% (▼)	24.12% (▼)	21.25% (▲)	18.36% (▲)	18.73% (▼)	18.92% (▼)	19.52% (▼)	18.76% (▲)	18.91% (▼)	
OP49	Warrington Childrens Activity Variance	3%		7.73% (▼)	5.81% (▲)	7.19% (▼)	7.98% (▼)	9.44% (▼)	4.95% (▲)	18.93% (▼)	28.77% (▼)	27.42% (▲)	21.31% (▲)	21.76% (▼)	24.42% (▼)	25.5% (▼)	
OP50	Halton Adults Activity Variance	3%		2.13% (▲)	1.09% (▲)	0.83% (▲)	0.37% (▲)	-0.58% (▲)	4% (▼)	5.05% (▼)	5.39% (▼)	7.27% (▼)	6.74% (▲)	7.63% (▼)	7.32% (▲)	7.53% (▼)	
OP51	Halton Childrens Activity Variance	3%		64.61% (▲)	63.76% (▲)	64.36% (▼)	62.26% (▲)	58.95% (▲)	26.72% (▲)	22.5% (▲)	19.91% (▲)	18.87% (▲)	18.74% (▲)	19.5% (▼)	21.97% (▼)	24.47% (▼)	

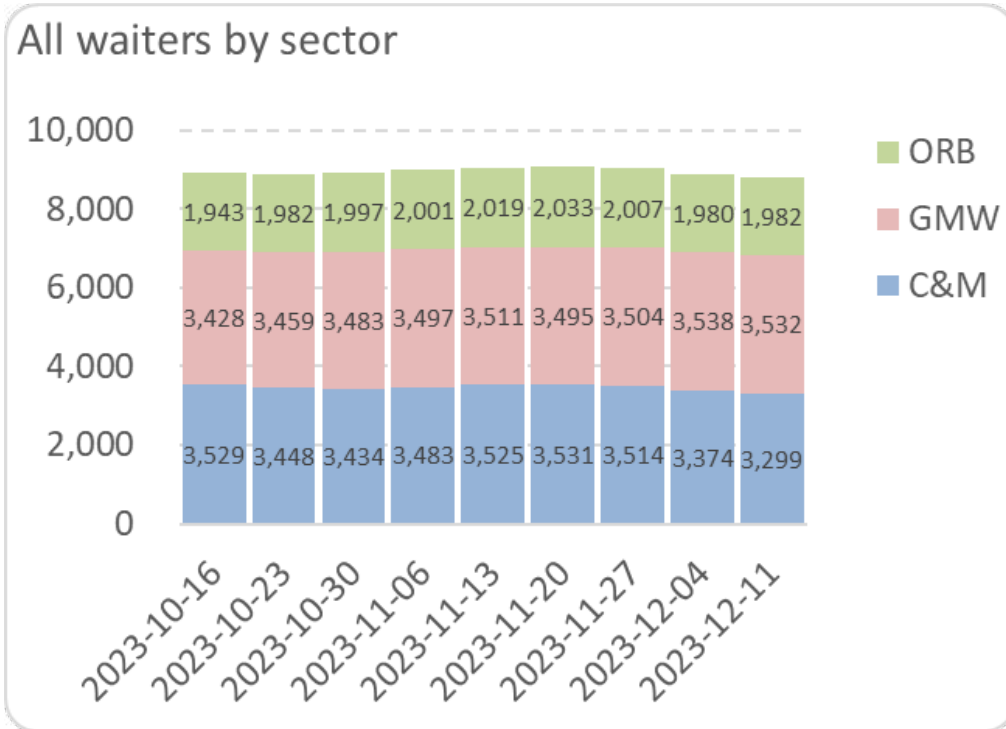
Operations

Trust Scorecard

Operations																
Code	KPI Name	Target	Trend Line	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
OP52	Number of mothers who received a first face to face antenatal contact with a health visitor at 28 weeks or above - Halton			27 (▼)			23 (▼)			66 (▲)			60 (▼)			37 (▼)
OP53	Percentage of births that receive a face to face NBV within 14 days by a Health Visitor - Halton	95%		74.64% (▲)			91.64% (▲)			87.55% (▼)			84.72% (▼)			84.15% (▼)
OP54	Percentage of children who received a 6-8 week review by the time they were 8 weeks - Halton	90%		79.87% (▲)			85.38% (▲)			91.21% (▲)			89.04% (▼)			80% (▼)
OP55	Percentage of children who turned 12 months in the quarter, who received a 12 month review, by the age of 12 months - Halton	85%		66.93% (▲)			89.11% (▲)			89.14% (▲)			82.93% (▼)			60.45% (▼)
OP56	Percentage of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months - Halton	85%		86.46% (▲)			90% (▲)			92.81% (▲)			92.68% (▼)			90.39% (▼)
OP57	Percentage of children who received a 2-2½ year review, by the age of 2½ years - Halton	90%		81.1% (▲)			69.55% (▼)			70.59% (▲)			71.26% (▲)			78.06% (▲)
OP58	Percentage of children who received a 2-2½ year review in the quarter, using ASQ 3 - Halton	90%		94.94% (▼)			93.25% (▼)			90.55% (▼)			86.53% (▼)			93.46% (▲)
OP59	Number of mothers who received a first face to face antenatal contact with a health visitor at 28 weeks or above - Warrington			53 (▼)			177 (▲)			267 (▲)			265 (▼)			279 (▲)
OP60	Percentage of births that receive a face to face NBV within 14 days by a Health Visitor - Warrington	95%		89.84% (▲)			93.13% (▲)			90.05% (▼)			94.27% (▲)			91.65% (▼)
OP61	Percentage of children who received a 6-8 week review by the time they were 8 weeks - Warrington	90%		97.51% (▲)			96.11% (▼)			95.75% (▼)			95.67% (▼)			96.91% (▲)
OP62	Percentage of children who turned 12 months in the quarter, who received a 12 month review, by the age of 12 months - Warrington	85%		90.34% (▼)			94.36% (▲)			94.63% (▲)			95.03% (▲)			96.35% (▲)
OP63	Percentage of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months - Warrington	85%		95.77% (▲)			95.61% (▼)			98.38% (▲)			98.11% (▼)			98.66% (▲)
OP64	Percentage of children who received a 2-2½ year review, by the age of 2½ years - Warrington	90%		93.62% (▲)			93.46% (▼)			94.46% (▲)			93.9% (▼)			94.93% (▲)
OP65	Percentage of children who received a 2-2½ year review in the quarter, using ASQ 3 - Warrington	90%		99.26% (▲)			99.63% (▲)			98.62% (▼)			98.21% (▼)			97.64% (▼)
OP66	Available Virtual Ward Capacity per 100,000 head of population											6.76 (▲)	6.52 (▼)	5.48 (▼)	8.42 (▲)	8.66 (▲)

Operations: Exception Reporting

Chart



Issue

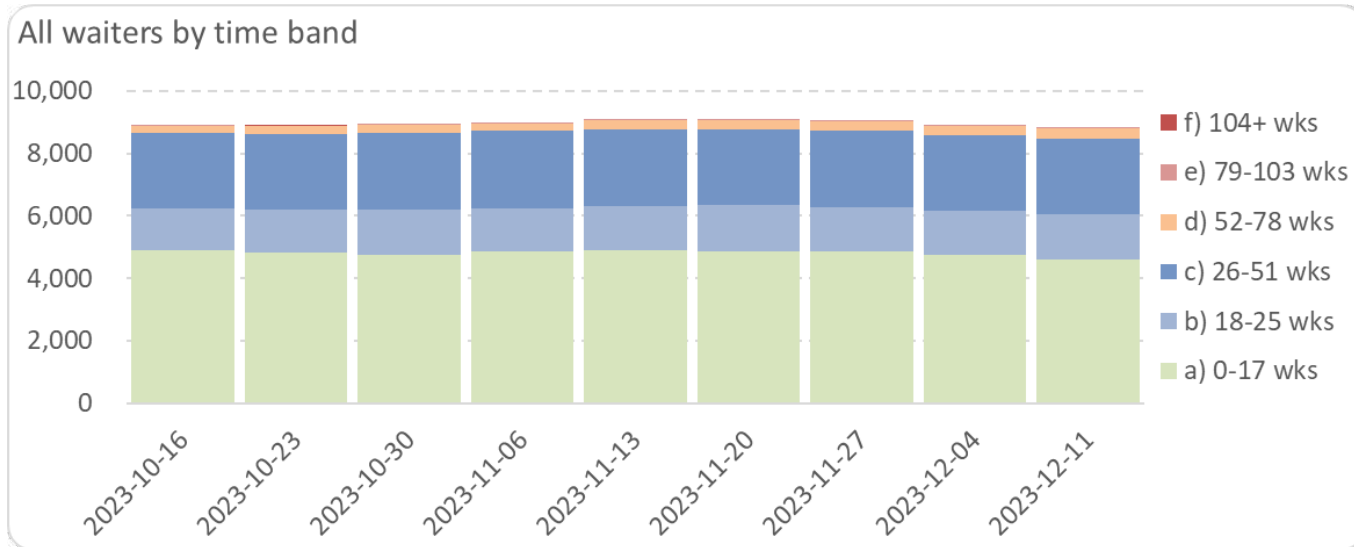
Dental - Patients waiting by Sector

The number of patients waiting for dental treatment has fallen slightly or remained consistent for all sectors.

Task and finish groups are in place to address some of the waiting list pressures.

Operations: Exception Reporting

Chart



Issue

Dental – Waiters by time band

There is a key focus within the service to manage any waiters over 65 weeks and those that will be waiting over 65 weeks by April 1st to ensure that we are within the national guidance of having no waiters over 65 weeks by 1st April.

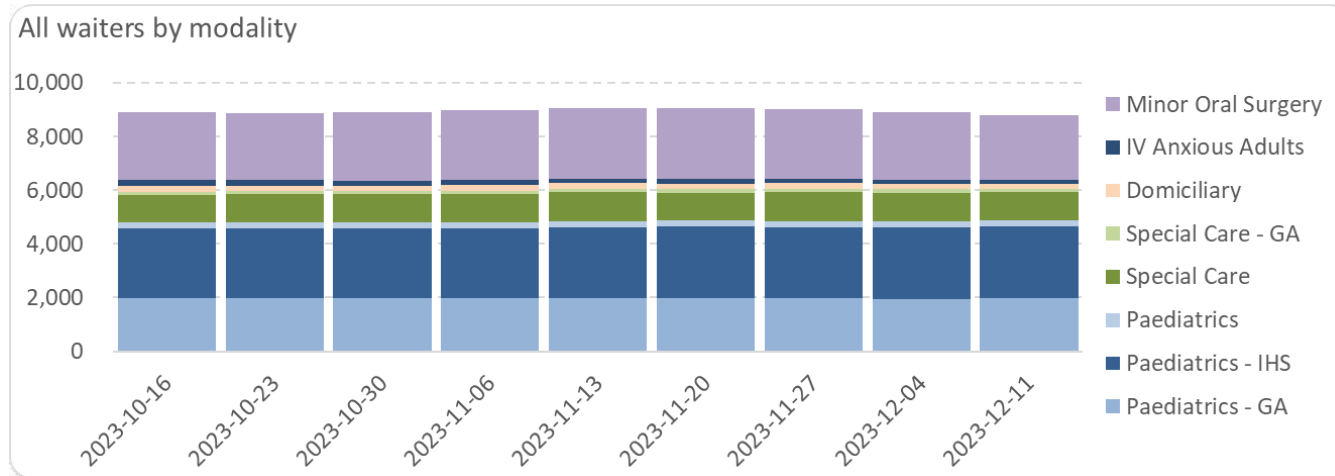
Operations: Exception Reporting

Dental – Waiters by time band

Snapshot date	a) 0-17 wks	b) 18-25 wks	c) 26-51 wks	d) 52-78 wks	e) 79-103 wks	f) 104+ wks
2023-10-16	4,895	1,339	2,423	238	5	0
2023-10-23	4,816	1,381	2,432	254	5	1
2023-10-30	4,766	1,426	2,464	252	6	0
2023-11-06	4,851	1,373	2,500	251	6	0
2023-11-13	4,913	1,384	2,482	271	5	0
2023-11-20	4,869	1,471	2,422	293	4	0
2023-11-27	4,876	1,416	2,429	299	5	0
2023-12-04	4,750	1,410	2,423	302	7	0
2023-12-11	4,618	1,448	2,425	313	9	0

Operations: Exception Reporting

Chart



Issue

Dental - Patients waiting by treatment

The number of patients on all treatment bands has remained consistent or has fallen slightly.

All treatment bands are monitored at the dental network finance, workforce and performance meetings.



Quality

Executive Summary

There are 8 Quality indicators reporting as red, 1 indicator reporting as amber and 24 green indicators in November 2023.

The 8 indicators which were red in November are as follows:

- % of incidents causing harm (levels 3-5) – Increase in Month
- % - Compliance with reporting time frames for StEIS within 48 hours – New in Month
- % of incidents that are medication incidents – Improvement in Month
- % of medication incidents that caused harm – No change in Month
- Percentage of risks identified as 12 or above – Improvement in Month
- % of all policies within review date – New in Month
- IPC assurance audit compliance – Improvement in Month
- Assessment and documentation of pressure ulcer risk (Community Hospital Inpatients) (CQUIN12) – Decrease in Quarter

The 1 indicator which was amber in November is as follows:

- Malnutrition screening for Community Hospital Inpatients (CQUIN14) – Decrease in Quarter
- 

Quality: Exception Reporting

Trust Scorecard

Quality																
Code	KPI Name	Target	Trend Line	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
QU01	Number of Never Events	0		0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)
QU05	% of incidents causing harm (levels 3-5)	2%		24.33% (▼)	22.53% (▲)	20.57% (▲)	26.05% (▼)	29.89% (▼)	18.58% (▲)	24.54% (▼)	23.04% (▲)	27.2% (▼)	19.89% (▲)	23.6% (▼)	23.82% (▼)	39.37% (▼)
QU09	% - Compliance with reporting time frames for StEIS within 48 hours	100%		100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	0% (▼)
QU10	RCA investigations compliance submitted to ICB within 60 day time frame	100%		100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)
QU11	DOC (Duty of Candour) - 10 day compliance (part 1)	100%		75% (▼)	75% (▶)	100% (▲)	100% (▶)	100% (▶)	100% (▶)	50% (▼)	100% (▲)	85.71% (▼)	100% (▲)	100% (▶)	100% (▶)	100% (▶)
QU14	% of incidents that are medication incidents	10%		9.25% (▲)	12.09% (▼)	8.61% (▲)	8.68% (▼)	11.21% (▼)	12.68% (▼)	8.62% (▲)	7.09% (▲)	13.5% (▼)	9.6% (▲)	7.64% (▲)	12.43% (▼)	10.1% (▲)
QU16	% of medication incidents that caused harm	2%		2.63% (▲)	0% (▲)	2.78% (▼)	3.45% (▼)	2.56% (▲)	2.33% (▲)	6.06% (▼)	0% (▲)	6.12% (▼)	0% (▲)	9.09% (▼)	9.52% (▼)	9.52% (▶)
QU18	Information Governance Training	95%		91.21% (▼)	91.47% (▲)	90.79% (▼)	88.59% (▼)	89.31% (▲)	88.86% (▼)	90.23% (▲)	91.83% (▲)	97.22% (▲)	97.26% (▲)	96.89% (▼)	98.15% (▲)	97.98% (▼)
QU19	Safeguarding Childrens Level 1	90%		92.55% (▲)	92.32% (▼)	92.68% (▲)	93.76% (▲)	93.99% (▲)	92.69% (▼)	93.89% (▲)	96.13% (▲)	98.46% (▲)	98.65% (▲)	98.49% (▼)	98.77% (▲)	99.23% (▲)
QU20	Safeguarding Childrens Level 2	90%		84.87% (▼)	85.94% (▲)	87.15% (▲)	89.61% (▲)	91.23% (▲)	89.97% (▼)	91.8% (▲)	94.24% (▲)	97.4% (▲)	98.58% (▲)	98.47% (▼)	99.33% (▲)	99.58% (▲)
QU21	Safeguarding Childrens Level 3	90%		83.77% (▲)	89.37% (▲)	86.44% (▼)	89.19% (▲)	93.13% (▲)	93.84% (▲)	94.6% (▲)	97.17% (▲)	98.18% (▲)	96.54% (▼)	96.21% (▼)	95.19% (▼)	95.5% (▲)
QU22	Safeguarding Adults Level 1	90%		92.9% (▲)	92.87% (▼)	93.49% (▲)	94.43% (▲)	94.79% (▲)	93.57% (▼)	94.82% (▲)	96.32% (▲)	98.39% (▲)	98.97% (▲)	98.56% (▼)	98.97% (▲)	99.29% (▲)
QU23	Safeguarding Adults Level 2	90%		77.18% (▲)	80.67% (▲)	83.45% (▲)	86.47% (▲)	88.86% (▲)	88.79% (▼)	90.83% (▲)	92.41% (▲)	97.07% (▲)	97.95% (▲)	98.17% (▲)	99.23% (▲)	99.32% (▲)
QU24	Safeguarding Adults Level 3	90%		69.21% (▼)	77.16% (▲)	76.26% (▼)	78.45% (▲)	76.09% (▼)	79.72% (▲)	83.6% (▲)	84.43% (▲)	92.01% (▲)	93.03% (▲)	92.94% (▼)	93.06% (▲)	94.55% (▲)
QU32	% of risks managed in line with policy	100%		87.07% (▼)	92.05% (▲)	98.73% (▲)	93.94% (▼)	84.21% (▼)	89.02% (▲)	73.48% (▼)	94.38% (▲)	88.21% (▼)	85.48% (▼)	88.2% (▲)	89.33% (▲)	91.94% (▲)
QU33	Percentage of risks identified as 12 or above	10%		17.01% (▼)	16.56% (▲)	12.1% (▲)	11.52% (▲)	12.87% (▼)	16.18% (▼)	14.36% (▲)	13.48% (▲)	15.38% (▼)	10.75% (▲)	10.67% (▲)	12.36% (▼)	11.29% (▲)
QU36	% of falls identified as serious	5%		0% (▶)	0% (▶)	0% (▶)	4% (▼)	4.76% (▼)	0% (▲)	0% (▶)	0% (▶)	0% (▶)	0% (▶)	6.25% (▼)	0% (▲)	0% (▶)
QU37	Falls per 1,000 bed days - bed based	14		11.72 (▲)	11.39 (▲)	8.65 (▲)	11.63 (▼)	6.7 (▲)	12.66 (▼)	5.71 (▲)	5.85 (▼)	9.71 (▼)	10.51 (▼)	15.15 (▼)	7.62 (▲)	10.18 (▼)

Quality: Exception Reporting

Trust Scorecard

Quality																
Code	KPI Name	Target	Trend Line	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
QU41	Total number of pressure ulcers	27		29 (▼)	25 (▲)	33 (▼)	31 (▲)	36 (▼)	15 (▲)	27 (▼)	15 (▲)	19 (▼)	11 (▲)	24 (▼)	18 (▲)	22 (▼)
QU46	% of Category 4 Pressure Ulcers acquired in Bridgewater	20%		0% (▶)	0% (▶)	3.03% (▼)	6.45% (▼)	0% (▲)	6.67% (▼)	0% (▲)	0% (▶)	0% (▶)	0% (▶)	0% (▶)	5.56% (▼)	0% (▲)
QU47	% of Cat 3 & Unstageable Pressure Ulcers acquired in Bridgewater	20%		17.24% (▼)	20% (▼)	21.21% (▼)	16.13% (▲)	25% (▼)	6.67% (▲)	0% (▲)	13.33% (▼)	26.32% (▼)	9.09% (▲)	0% (▲)	11.11% (▼)	4.55% (▲)
QU48	MRSA - Total Number of outbreaks (Community)	0		0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)
QU49	C.Diff - Total Number of outbreaks (Community)	0		0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)
QU50	E Coli- Total Number of outbreaks (Community)	0		0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)
QU51	Bacteraemia - Total Number of outbreaks	0		0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)	0 (▶)
QU55	Complaints that are managed within the policy timelines	100%							100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)
QU60	National Patient Safety Alerts opened and managed in line with policy timescales	100%		100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)	100% (▶)
QU62	% of all policies within review date	90%														87.64% (▶)
QU63	IPC assurance audit compliance	90%		72% (▶)	67.1% (▼)	90% (▲)	96% (▲)	78% (▼)	91% (▲)	81% (▼)	89% (▲)	89% (▶)	87% (▼)	89% (▲)	79% (▼)	81% (▲)
QU64	Record keeping Audit completion compliance	90%				94.82% (▲)			119.93% (▲)			96.89% (▼)			104.76% (▲)	
QU70	Overall CQC rating (Yearly)	Good			Requires Improvement (▶)											
QU72	Flu vaccinations for frontline healthcare workers (CQUIN01)	80%					59.89% (▶)			61.3% (▲)						
QU73	Malnutrition screening for Community Hospital Inpatients (CQUIN14)	90%		100% (▶)			100% (▶)			100% (▶)			100% (▶)			88.16% (▼)
QU74	Assessment, diagnosis and treatment of lower leg wounds (CQUIN13)	50%		39.6% (▲)			41.18% (▲)			66.67% (▲)			64.71% (▼)			85.51% (▲)
QU75	Assessment and documentation of pressure ulcer risk (Community Hospital Inpatients) (CQUIN12)	85%		100% (▶)			98.59% (▼)			100% (▲)			100% (▶)			46.05% (▼)

People

Executive Summary

Three out of seven People indicators are shown as red in November 2023.

The three indicators which were red in November are as follows:

- Percentage Overall organisation sickness rate (rolling) – Increase in Month
- Sickness absence rate (Actual) – Increase in Month
- % Short Term Absence – Increase in Month



People

Trust Scorecard

People																
Code	KPI Name	Target	Trend Line	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
PO01	% Headcount of new starters attending induction programme	95.00%		99.34% (▼)	99.74% (▲)	99.6% (▼)	99.8% (▲)	99.61% (▼)	99.36% (▼)	99.29% (▼)	99.36% (▲)	98.94% (▼)	99.68% (▲)	99.29% (▼)	99.62% (▲)	99.31% (▼)
PO02	Staff turnover (rolling)	12.00%		28.47% (▲)	28.54% (▼)	27.91% (▲)	27.61% (▲)	13.25% (▲)	12.69% (▲)	14.69% (▼)	12.04% (▲)	12.22% (▼)	12.3% (▼)	12.04% (▲)	10.89% (▲)	11.04% (▼)
PO03	% Overall Organisation Sickness rate (rolling)	5.50%		6.81% (▲)	6.75% (▲)	6.52% (▲)	6.41% (▲)	6.3% (▲)	6.07% (▲)	5.9% (▲)	5.89% (▲)	5.65% (▲)	5.66% (▼)	5.56% (▲)	5.63% (▼)	5.59% (▲)
PO04	Sickness absence rate (Actual)	5.50%		6.1% (▼)	7.11% (▼)	6.19% (▲)	5.26% (▲)	5.5% (▼)	5.16% (▲)	5.06% (▲)	5.24% (▼)	5.38% (▼)	5.45% (▼)	5.57% (▼)	5.94% (▼)	5.78% (▲)
PO05	% of staff with a current PDR	85.00%		67.44% (▲)	66.09% (▼)	70.13% (▲)	72.57% (▲)	70.56% (▼)	71.62% (▲)	72.85% (▲)	77.23% (▲)	91% (▲)	89.99% (▼)	87.59% (▼)	83.43% (▼)	88.06% (▲)
PO06	% Long Term Absence	Improvement in Month		3.98% (▲)	4.39% (▼)	4.36% (▲)	3.98% (▲)	3.82% (▲)	3.72% (▲)	3.85% (▼)	3.74% (▲)	3.85% (▼)	3.86% (▼)	4.04% (▼)	4.11% (▼)	3.52% (▲)
PO07	% Short Term Absence	Improvement in Month		2.17% (▼)	2.63% (▼)	1.9% (▲)	1.39% (▲)	1.6% (▼)	1.47% (▲)	1.25% (▲)	1.36% (▼)	1.3% (▲)	1.38% (▼)	1.5% (▼)	1.76% (▼)	2.26% (▼)

Finance

Month Eight Finance Report

The Trust was given the opportunity to revise the 2023/24 Plan during month 5, recognising the additional income and expenditure associated with the pay award. Some other minor changes were also made to adjust the plan, reflecting the year-to-date performance and amending the plan profiles accordingly. No change has been made to the overall breakeven planned position.

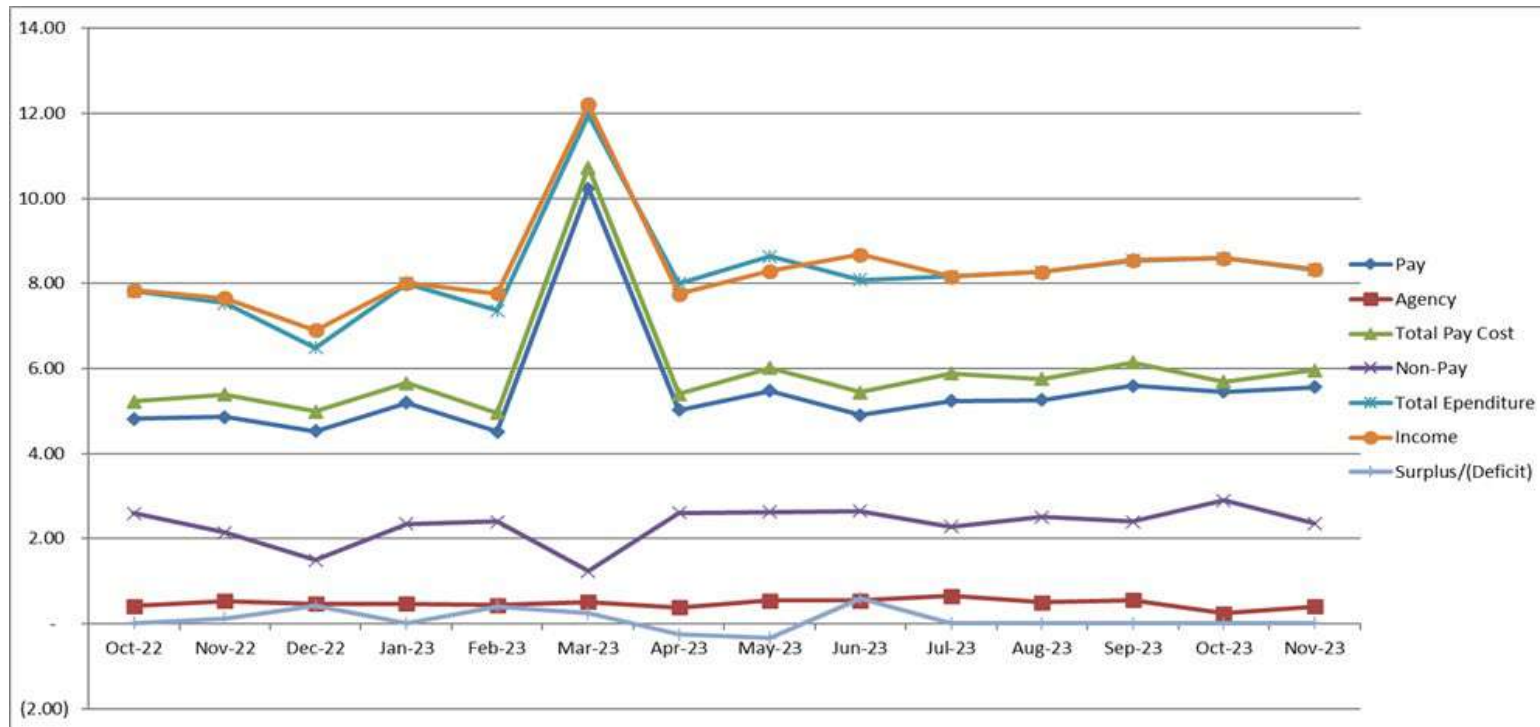
Summary Performance Month 08 2023-24	Month 8 Plan	Month 8 Actual	Month 8 Variance	YTD Plan	YTD Actual	YTD Variance	Full Year Plan	Forecast Outturn M12
	(£M)	(£M)	(£M)	(£M)	(£M)	(£M)	(£M)	(£M)
Income	(8.11)	(8.33)	● 0.22	(65.50)	(66.65)	● 1.14	(97.94)	(99.58)
Expenditure - Pay	5.46	5.56	▲ (0.10)	42.30	42.49	▲ (0.19)	64.15	64.15
Expenditure - Agency	0.24	0.40	▲ (0.16)	3.27	3.80	▲ (0.52)	4.22	4.72
Expenditure - Non Pay	2.39	2.79	▲ (0.40)	19.72	20.71	▲ (1.00)	29.26	31.19
EBITDA	(0.03)	0.41	▲ (0.44)	(0.22)	0.35	▲ (0.57)	(0.31)	0.48
Financing	0.03	(0.43)	● 0.45	0.21	(0.37)	● 0.58	0.31	(0.48)
Normalised (Surplus)/Deficit	(0.00)	(0.01)	● 0.01	(0.01)	(0.02)	● 0.01	0.00	(0.00)
Exceptional Costs	0.00	0.00	● 0.00	0.00	0.00	● 0.00	0.00	0.00
Net (Surplus)/Deficit after Exceptional Items	(0.00)	(0.01)	● 0.01	(0.01)	(0.02)	● 0.01	0.00	(0.00)
Other Adjustments	0.00	0.00	● 0.00	0.00	0.00	● 0.00	0.00	0.00
Adjusted Net (Surplus)/Deficit	(0.00)	(0.01)	● 0.01	(0.01)	(0.02)	● 0.01	0.00	(0.00)
CIP	0.43	0.53	● 0.10	3.43	3.43	▲ (0.00)	5.15	5.15
Capital	0.36	0.28	● 0.08	1.34	0.70	● 0.64	2.10	2.10
Cash	24.75	17.85	▲ (6.91)	24.75	17.85	▲ (6.91)	24.66	22.36
Use of Resources Metric	N/A	N/A		N/A	N/A		N/A	N/A

● Favourable Variance ▲ Adverse Variance

Finance

Key Headlines


Rolling Run Rates 2022/23 to 2023/24



Finance


CUMULATIVE PERFORMANCE AGAINST NHSE/I PLAN – BREAKEVEN FOR THE YEAR

2.1 The key headlines for month eight are as follows:

- The Trust is reporting a small surplus of £0.02m, slightly ahead of plan.
 - The Trust has a savings requirement of £5.15m (5.2%) in line with ICB instruction.
 - The Trust is reporting a year-to-date savings achievement of £3.43m against a plan of £3.43m.
 - Income is £66.65m for the year-to-date against a plan of £65.50m.
 - Expenditure is £66.63m against a plan of £65.50m.
 - Pay is £42.49m against a plan of £42.30m.
- 

Finance

CUMULATIVE PERFORMANCE AGAINST NHSE/I PLAN – BREAKEVEN FOR THE YEAR (continued)

- Agency spend £3.80m against a plan of £3.27m.
 - Non pay expenditure is £20.71m against a plan of £19.72m.
 - Capital charges are £0.58m below plan.
 - Capital expenditure is £0.70m at month eight, planned spend is £1.34m.
 - Cash is £17.85m.
- 

Appendix

Indicator	Detail
Operations	
Diagnostic waiting times – 6 weeks	All diagnostic tests need to be carried out within 6 weeks of the request for the test being made. The national target is 99% or over within 6 weeks.
Four-hour A&E Target	All patients who attend a Walk in Centre or Urgent Care Centre (A&E Type 4) should wait no more 4 hours from arrival to treatment/transfer/discharge. The national target is 95%.
Cancellation by Service	The Trust aspires to ensure that no patient will have their appointment cancelled. In exceptional circumstances, however the service may need to cancel patient appointments. In these instances, patients/carers will be contacted and offered an alternative appointment at their convenience acknowledging the maximum access times target.
Cancellation by patient	A patient cancellation or rescheduling request occurs when the patient contacts the service to cancel their appointment. Short notice cancellations i.e.: within 3 hours of appointment time should also be recorded as cancellation.



Bridgewater
Community Healthcare
NHS Foundation Trust

NHS Oversight Framework

File created on: 20/12/2023

Org Name Full	Aggregation Unit	Indicator	Period Frequency	Period	Value	Indicator Unit	Target	Registered Overage for previous period	Target confidence range	Score
BROOKWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST (BCT)	0000	0000	0000	2020-11	5 FTEs					100
	0000	0000	0000	2020-11	1 FTEs					100
	0000	0000	0000	2020-11	2 FTEs					100
	0000	0000	0000	2020-11	7.8%	11%			↑	100
	0000	0000	0000	2020-11	16%	20%			↓	100
	0000	0000	0000	2020-11	22%	21%			↑	100
	0000	0000	0000	2020-11	64%	77%			↓	95
	0000	0000	0000	2020-11	6.2%	6.0%			↑	100
	0000	0000	0000	2020-11	1.3%	1.4%			↑	100
	0000	0000	0000	2020-11	1.3%	1.4%			↑	100
	0000	0000	0000	2020-11	4.7%	5%			↑	100
	0000	0000	0000	2020-11	7.4%	6.5%			↑	100
	0000	0000	0000	2020-11	17.2%	16%			↑	100
	0000	0000	0000	2020-11	2.4%	2.4%			↑	100
	0000	0000	0000	2020-11	6.8%	6.1%			↓	95
	0000	0000	0000	2020-11	1.8%	1.2%			↑	100
	0000	0000	0000	2020-11	1.4%	1.1%			↑	100

Rank Banding

- Highest performing quartile
- Interquartile range
- Lowest performing quartile



**Bridgewater
Community Healthcare**
NHS Foundation Trust

Thank You



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