



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

Performance Report

September 2023

Performance Report



Reporting Month: August 2023

INTRODUCTION

This report provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2023/24 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
Quality and Safety	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	14
Our People	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.	24
Timely Care	Reduce ambulance handover delays and waiting time in emergency departments Reduce delays for elective admissions and cancer treatment Improve hospital flow with a focus on timely discharging.	29
Financial Performance	Year To Date Income & Expenditure Position. Recurrent savings delivery and delivery of elective activity recovery. Strategic Risks.	51

EXECUTIVE SUMMARY

Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months May 2022 to April 2023 was 95.8 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100. In addition, the Hospital Standardised Mortality Ratio (HSMR) is reported . For the month of May 2023, the HSMR was 87.2, meaning there were 14 fewer observed deaths (95) than the statistically calculated expected number of deaths (109). The HSMR for the 12 months to May 2023 for UHBW was 103.4, above the National Peer of 101.1.

There have been eight hospital onset hospital acquired (HOHA) cases and two community onset hospital acquired (COHA) cases of C.difficile reported in August. The Year to Date Total (YTD) in 2023/24 is 51 cases in the combined total of HOHA and COHA cases. The monthly clinical ward audits from August will include a section for the ward manager to review the sluice and commodes formally and report this as part of their quality schedule for the ward. The Methicillin-Resistant Staphylococcus Aureus (MRSA) limit set for 2023/24 is zero. In August there are no cases of MRSA bacteraemia. Year to Date (YTD) in 2023/24 with five reported cases in total. Policy and guidance documents around Central venous catheters (CVC) and Peripheral venous catheters (PVC) care have been reviewed, updated and are in the process of cascaded to clinical teams.

Recent Venous Thrombo-Embolism (VTE) risk assessment compliance remains relatively stable at 84.7% (excluding Weston due to data feed issues). Diagnostics and Therapies division continues to be 100% compliant, whilst Specialised Services and Surgery divisions have both seen improved compliance, increasing by 0.7% and 3.0% respectively. Medicine and Women's and Children's division each saw a slight reduction in compliance, decreasing by 0.7% and 1.3% respectively.

At the Bristol Royal Infirmary site in August, there were 25 patients eligible for the Best Practice Tariff (BPT) for the Fracture Neck of Femur (NOF) Pathway. For the 36 hour time to surgery standard, 11/25 patients (44%) achieved the standard. For the 72 hr. time to Ortho-geriatrician assessment, 24/25 patients (96%) achieved the standard. At the Weston site 25 patients were eligible for BPT, 92%, had surgery within 36 hrs of admission. 0% patients had an Ortho-geriatrician assessment. The two patients missed the 36 hour time to surgery because of theatre space/increased trauma. Elective or CEPOD lists were unable to be used on these two occasions. An Ortho-geriatrician has been appointed into the role from September 23. Therefore, from next month we will start to see the positive outcome to patient care and BPT figures.

EXECUTIVE SUMMARY

Our People

The vacancy position has reduced from 6.2% in July to 5.2% in August. In relation to Nursing and Midwifery we continue to have a healthy pipeline of Internationally Educated Nurses (IENs) joining the Trust over the next six months, with 37 IEN's joined during August. The Trust attended another international nurse recruitment trip in August, this time to Dubai and India. 95 offers were made to support the ambitious target for 2023. This was the fourth overseas recruitment trip since the IEN programme began. 719 IENs have now arrived at the Trust since the beginning of the programme, with an additional 52 due to arrive in September.

The significant over establishment for unregistered nurses at band 4 is due to the 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.

Turnover for the 12-month period reduced to 13.1 % compared to 13.4% in July, six divisions saw a reduction whilst two divisions saw increases in turnover in comparison to the previous month. The largest divisional reduction was seen within Medicine, where turnover reduced by 0.7 percentage points to 12.6% compared with 13.4% the previous month. The largest divisional increase was seen within Surgery, where turnover increased by 0.3 percentage points to 13.3% compared with 13.0% the previous month.

Sickness absence has increased from 4.4% to 4.6% in August, there was a reduction within one division, Medicine, where sickness reduced by 0.3 percentage points to 4.8%, compared to 5.0% in the previous month. There were increases within seven staff groups. The largest staff group increase was seen within Estates and Ancillary, increasing to 9.3% from 7.7% compared to the previous month. Following a retender exercise in Q1, a 2 year contract was awarded in August to Health Assured Employee Assistance Programme (EAP), replacing the existing programme.

Overall appraisal compliance increased to 76.2%, compared with 76.0% in the previous month. Against KPI of 81% There were increases within four divisions. The largest divisional increase was seen within Facilities and Estates, increasing to 74.0% from 68.9% in the previous month. There were reductions within four divisions. The largest divisional reduction was seen within Medicine, reducing to 81.1% from 83.7% in the previous month.

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EXECUTIVE SUMMARY

Our People (continued)

Mandatory training levels has achieved the target at 90.2% with overall compliance for the eleven Core Skills (mandatory/statutory) for the first time since April 2020 (at which time Essential Training compliance was severely affected by the clinical pressures brought on by the onset of Covid). In only two months since its commencement, over 4,200 staff have completed the Oliver McGowan Mandatory Training (OMMT) eLearning, this is part one of training required by all Trust staff.

Agency usage has reduced further to 1.5%, strict controls are also now in place internally to control agency usage and review through a Patient First approach led by the Deputy Chief Nurse. Ongoing work continues to encourage the UHBW Bank as the employer of choice for temporary workers with an increased Band 5 Bank RN rate, improved bank experience in clinical areas and another 'Thank the Bank' day planned for 2nd October.

Bank usage at month five is at 7.4%, an increase of 0.8% from the previous month. Bank usage increased by 122.4 FTE and there were 94 new starters across the Bank in August. There were increases seen within seven divisions and one division reduced usage compared with the previous month. The largest divisional increase was within Facilities and Estates, where usage increased to 142.5 FTE compared with 98.5 FTE in the previous month, this correlates with the increase in sickness during August for this division.

EXECUTIVE SUMMARY

Timely Care

During August, alongside Industrial Action continuing to impact on workforce resilience and access, there were some notable workforce challenges across Medicine in particular, that combined, undermined capacity and flow, with a commensurate impact on performance. This impacted both planned and urgent and emergency performance, albeit marginally in the overall scheme of things. In urgent and emergency care for example, whilst there has been marginal deterioration (from July) against key flow metrics, the scale of overall improvement in recent months has been maintained and the Trust remains on track to deliver year end expectations

Planned - At the end of August 2023, no patients were waiting over 104 weeks and the Trust continues to maintain zero 104-week Referral To Treatment (RTT) breaches, with no patient waiting longer than 104 weeks since February 2023.

In terms of 78 weeks, the Trust had largely held the significant progress in reducing the number of patients waiting over 78 weeks in the last 6 months of 2022/23, bringing the number down from 877 in December 2022 to 166 in March 2023, now 245 in August. Whilst August reflects another incremental deterioration in performance in recent months, the overall numbers remain relatively static and our position in keeping with the national context where the compounding impact of recurrent Industrial Action has inhibited progress against full elimination. The other area of note is the narrowing of the range of specialties that have care backlogs over 78 weeks to those that have been recognised by NHSE as being particularly complex or nationally challenged, e.g. Paediatric Dental and Corneal Graft.

Up until June 2023, the Trust were on track to achieve the national ambition of no patients waiting longer than 65 weeks by end of March 2024. The impact of Industrial Action has predictably contributed towards a deterioration and, at the end of August 2023, the number of patients waiting longer than 65 weeks increased to 2,222 against an operating plan trajectory of no more than 1,470. Work continues to recover and ameliorate the impact of Industrial Action to deliver the national ambition.

Through 2022/23, the Trust made sustained progress in reducing the number of patients on a cancer pathway waiting over 62 days. The number of patients waiting over 62 days was reduced from a peak of 416 patients in August 2022 to 178 patients in March 2023. This reflected achievement of the 62-day baseline set for the Trust by NHS England.

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EXECUTIVE SUMMARY

Timely Care (continued)

During 2023/24, alongside other planned care pathways and targets Industrial Action has had a commensurate impact on Cancer and the number of patients waiting over 62 days. At the end of May the number of patients waiting 62 days or longer had increased to 238 and volumes have fluctuated in the months since (179 June, 233 in July). Despite the continued impact of Industrial Action, at the end of August, the position had improved to 222 patients and, whilst performance is anticipated to deteriorate into September, due to the loss of treatment capacity resulting from the industrial action, work will continue to mitigate against any impact and towards the target of 160 by March 2024.

The Faster Diagnosis Standard measures from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, told that cancer is excluded, or has a decision to treat for a possible cancer.

Performance against the trajectory was met during March 2023 but has deteriorated in the four months since, with July reporting 59.5% (April: 60%, May: 61.5%, June 61.6%). The performance has been impacted by a combination of Industrial Action and the impact of the Trust being unable to cease the mutual aid support being provided to Somerset NHS FT for dermatology. Compliance with the 75% standard by the end of the financial year is still attainable, dependent on impact of future industrial action and on the provision of mutual aid to Somerset for dermatology ceasing at the end of October.

At the end of April 2023, the Trust reported that 71.8% of patients were waiting less than six weeks for a diagnostic test. Improvement had been made each month since and, at the end of July, the position had improved to 78%. During August, the Trust's focus on the recovery of other areas predictably impacted the diagnostic six-week wait standard and performance deteriorated to 75.9%, against the operating planning trajectory of 76.8%. However, the Trust remain on track to deliver the ambition that 83.3% of patients will be waiting six weeks or less for their diagnostic test by March 2024.

Across the key emergency department and flow measures, August saw a marginal deterioration in performance compared to previous months. This is broadly due to slower flow through the hospitals, for example Decision to Admit (DTA) to admission took longer than previous months and discharges by midday were lower than previous months. The slow flow is attributable to the impacts of the junior doctor changeover and ongoing industrial action.

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EXECUTIVE SUMMARY

Timely Care (continued)

During August, 71% of attendances spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission, compared to 75.3% in July. Work is underway to recover this position during September and October, and will mean the Trust remains on-track to achieve the March 2024 target of 76% of patients waiting less than 4 hours in ED.

The number of patients spending 12 hours or more in ED during August was reported as 2.1%, against the target of 2%. Whilst this was a deterioration from July (0.9%), significant improvement has been made against this standard over the last few months and the Trust continues to progress actions to deliver and sustain the NHSE year-end target (2%).

The proportion of ambulance handovers in excess of 15 minutes had been improving between January 2023 and July 2023, with a much-improved position of 48.6% reported in July (62% in June). During August, this position deteriorated to 68.5% because of the impacts of the constrained flow, particularly noticeable on the BRI site where handover performance and been so significantly better in July. A similar performance was noted for ambulance handovers in excess of 30 minutes, with August reporting 37.1% compared with July (17.1%), June (27.3%) and May (45%). The programme of improvement work being undertaken in partnership with SWAST continues, including a dedicated focus in the out of hours periods, with new initiatives due to start over the coming months.

During August, the average daily number of patients in hospital with no criteria to reside (NCTR) was 130. This maintains ongoing improvement and is the best reported performance since May 2021. The range of schemes implemented continues to have a positive impact on this standard.

The Transfer of Care Hub is currently being recruited to (c92% posts have been offered) and the Trust are working through the expected bed benefits from the fully established model.

EXECUTIVE SUMMARY

Financial Position

At the end of August there is a net I&E deficit of £11,266k against a deficit plan(excluding technical items) of £7,104k. Total operating income is £12,438k favourable to plan due to higher than planned income from activities of £10,406k and higher than planned other operating income of £2,032k. Operating expenses are £18,368k adverse to plan due to higher pay expenditure (£11,395k) and non-pay expenditure (£6,971k). Depreciation is broadly in line with plan. The estimated cost of industrial action for May to August (at £2,488k) remains unfunded. Technical and financing items are £1,866k favourable to plan mainly due to interest receivable.

The key issues underlying the financial position are recurrent savings delivery below plan – Internal CIP delivery is £7,364k or 94% of plan of which recurrent savings are £3,058k, 39% of plan. Failure to achieve the annual target of £27m (including transformational savings) in full will result in the Trust failing to meet the financial plan. Delivery of elective activity recovery below plan – elective activity must be delivered in line with plan. Failure to do so will result in a loss of income of up to c£30m which may result in the Trust not achieving its financial plan. Corporate mitigations not delivered in full – non-recurrent mitigations of c£25m must be achieved to support delivery of the plan. Failure to deliver the financial plan – failure to deliver the actions and therefore the financial plan of break-even will constitute a breach of statutory duty and will result in regulatory intervention.

Performance Report



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: August 2023

SUMMARY SCORECARD – FINANCIAL YEAR 2023/24

DOMAINS: “Quality and Safety” and “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	12	8	13	8	10	-	-	-	-	-	-	-
		Trajectory	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3
Infection Control: MRSA Cases (Hospital Onset)	Risks: 800 and 4651	Actual	1	0	2	2	0	-	-	-	-	-	-	-
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Fracture NOF: Theatre Within 36 Hours		Actual	53.6%	44.4%	48.3%	61.9%	68.0%	-	-	-	-	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Fracture NOF: Geriatrician Review Within 72 Hours		Actual	42.9%	47.6%	40.0%	38.1%	48.0%	-	-	-	-	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
VTE Risk Assessment	Risk: 720	Actual	82.0%	82.8%	82.6%	84.0%	84.7%	-	-	-	-	-	-	-
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usage	Risk: 674	Actual	1.7%	1.7%	1.7%	1.6%	1.5%	-	-	-	-	-	-	-
		Trajectory	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%
Workforce: Turnover	Risk: 2694	Actual	14.3%	14.1%	13.8%	13.4%	13.1%	-	-	-	-	-	-	-
		Trajectory	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
Workforce: Staff Sickness		Actual	4.1%	4.1%	4.2%	4.4%	4.6%	-	-	-	-	-	-	-
		Trajectory	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Workforce: Staff Vacancy	Risk: 737	Actual	4.2%	6.1%	6.3%	6.2%	5.2%	-	-	-	-	-	-	-
		Trajectory	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
Summary Hospital Level Mortality Indicator (SHMI)		Actual	100.4	98.0	98.9	97.5	95.8	-	-	-	-	-	-	-
		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

Performance Report



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SUMMARY SCORECARD – FINANCIAL YEAR 2023/24

DOMAIN: “Timely Care”

			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Referral To Treatment 78+ Weeks	Risk: 801	Actual	182	248	215	203	245	-	-	-	-	-	-	-
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Referral To Treatment 65+ Weeks	Risk: 801	Actual	1,549	1,599	1,765	1,933	2,222	-	-	-	-	-	-	-
		Trajectory	1,950	1,910	1,870	1,670	1,470	1,260	1,050	840	630	420	210	0
Cancer 62+ Days	Risk: 801	Actual	218	238	179	233	222	-	-	-	-	-	-	-
		Trajectory	180	178	176	174	172	170	168	166	166	164	162	160
Cancer Treated Within 62 Days	Risk: 801	Actual	68.2%	66.7%	66.0%	-	-	-	-	-	-	-	-	-
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	71.8%	73.5%	76.8%	78.0%	75.9%	-	-	-	-	-	-	-
		Trajectory	72.9%	73.4%	74.7%	75.6%	76.8%	77.8%	79.1%	79.9%	80.4%	81.2%	82.3%	83.3%
Diagnostics: Number Waiting 26+ Weeks	Risk: 801	Actual	358	294	191	188	146	-	-	-	-	-	-	-
		Trajectory	411	357	281	188	102	9	0	0	0	0	0	0
Emergency Department: Percentage Spending Under 4 Hours	Risks: 910 and 4700	Actual	70.7%	67.5%	72.1%	75.3%	71.0%	-	-	-	-	-	-	-
		Trajectory	61%	61%	62%	63%	64%	65%	67%	68%	70%	72%	73%	76%
Emergency Department: Percentage Spending Over 12 Hours	Risks: 910 and 4700	Actual	4.7%	5.0%	3.1%	0.9%	2.1%	-	-	-	-	-	-	-
		Trajectory	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Emergency Department: Handovers Over 15 Minutes	Risks: 910 and 4700	Actual	72.0%	74.9%	62.0%	48.6%	68.5%	-	-	-	-	-	-	-
		Trajectory	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
Emergency Department: Handovers Over 30 Minutes	Risks: 910 and 4700	Actual	37.0%	45.0%	27.3%	17.1%	37.1%	-	-	-	-	-	-	-
		Trajectory	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	21.2%	22.4%	22.7%	22.5%	19.6%	-	-	-	-	-	-	-
		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	22.3%	22.1%	21.9%	26.2%	27.3%	-	-	-	-	-	-	-
		Trajectory												

Performance Report

Final Quarter 1 Position

CORPORATE RISKS

ID	Corporate Risks, Projected Mitigation	22/23		2023/24				2024/25				2025/26				26/27
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
801	NHS System Oversight Framework	20	20	20			8									
2244	Long waits for Outpatient follow-up appointments	20	20	20	12	12		4								
910	Patients in ED do not receive timely and effective care	20	16	16				6								
972	Fire Safety Regulations	16	16	16	16	16										4
1035	Cancelled operations, breached performance targets cancelled	16	16	16		4										
2264	Delays in commencing induction of labour	16	16	16	16	16	4									
588	Patient deterioration is not identified and responded to	15	15	15	15	15		5								
856	Emotional and mental health needs of children and YP	15	15	15	15	15		8!								
5477	Nurse staffing levels	15	15	15	12	12	6									
1595	Mental health patients in Adult ED for prolonged periods	20	12	12				8!								
422	Patients and staff experience V&A	12	12	12			6									
674	Agency use - national pricing caps	12	12	12				4								
793	Staff experience work-related stress	12	12	12	12	9!										
1598	Patients suffer harm or injury from preventable falls	12	12	12	12	12		9!								
2639	Staff compliance with appraisal requirements	12	12	12	9	9	6									
2695	Robust governance processes	9	9	12	12	12	6									
5520	Health inequalities exacerbated for patients on waiting list	12	12	12												
6502	Industrial action impact on patient safety	10	20	9	5											
921	Staff compliance with their Essential Training	9	9	9	6											
2614	Patients being cared for in extra capacity locations	10	10	8	6	4										
720	VTE prevention and management	8	8	8			4									
291	Critical IT equipment fails	8	8	8*												

← History →

← Prediction →

*denotes that the risk has achieved its target

! denotes that the target assessment is above tolerance

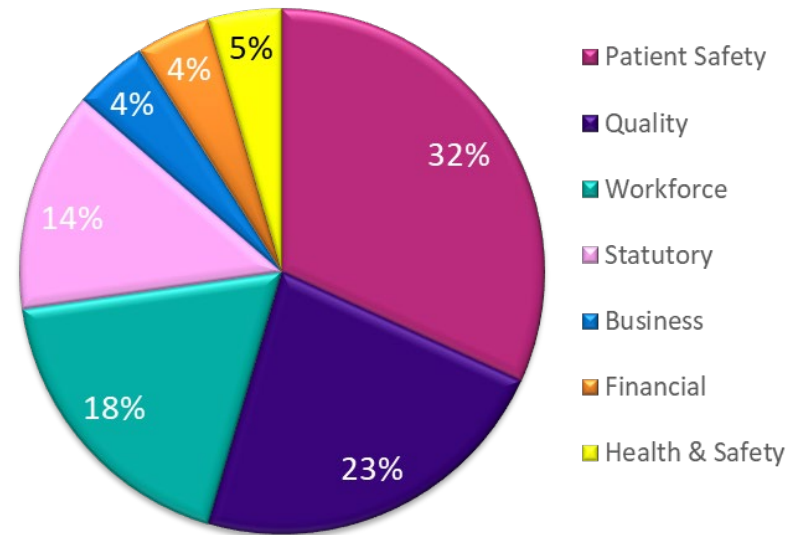
CORPORATE RISKS

Corporate Risks by Domain and Risk Level



Corporate Risks by Domain

n=22



Reporting Month: April 2023

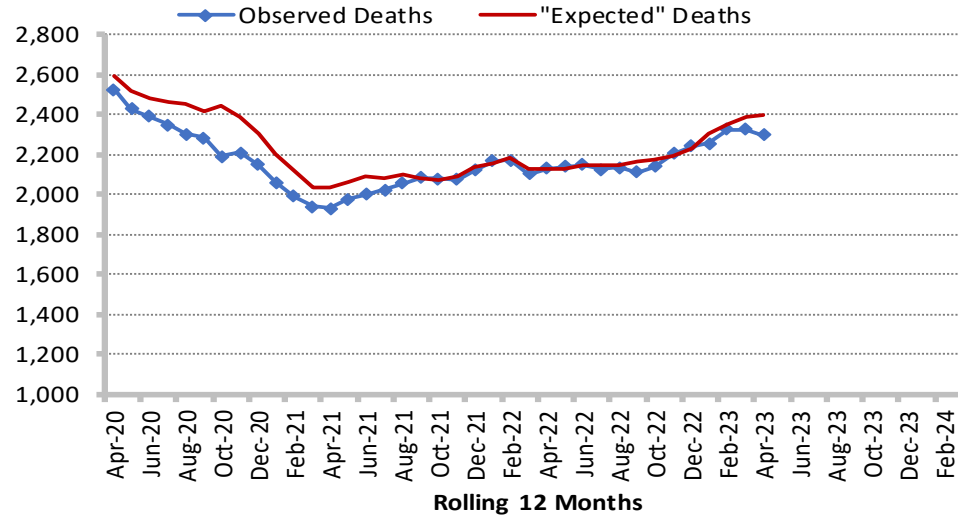
STANDARD		QUALITY AND SAFETY: MORTALITY - SHMI (Summary Hospital-level Mortality Indicator)
Background:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".	
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months May 2022 to April 2023 was 95.8 and in NHS Digital's "as expected" category.	
National Data:	UHBW's total is 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.	

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
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
Oct-22	2,140	2,175	98.4
Nov-22	2,205	2,190	100.7
Dec-22	2,240	2,230	100.4
Jan-23	2,255	2,300	98.0
Feb-23	2,325	2,350	98.9
Mar-23	2,325	2,385	97.5
Apr-23	2,295	2,395	95.8

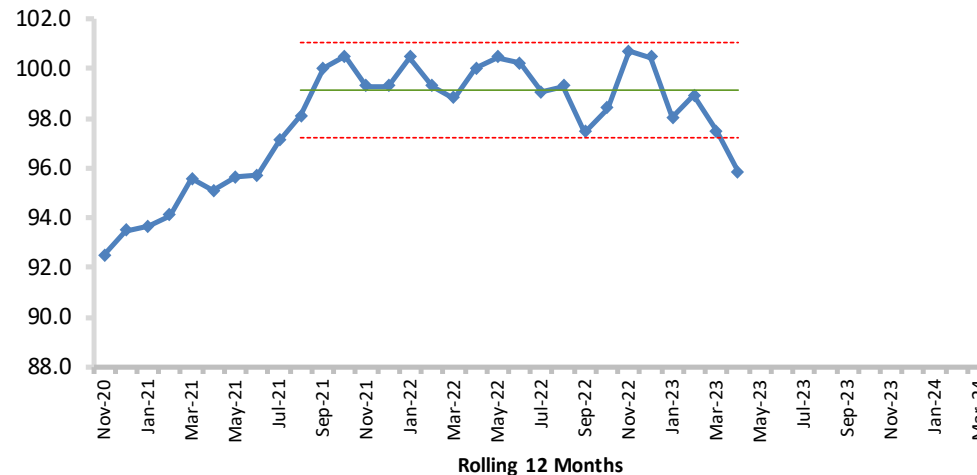
STANDARD

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

Summary Hospital-level Mortality Indicator (SHMI)



Summary Hospital Mortality Indicator (SHMI) - National Monthly Data



Performance Report



Reporting Month: May 2023

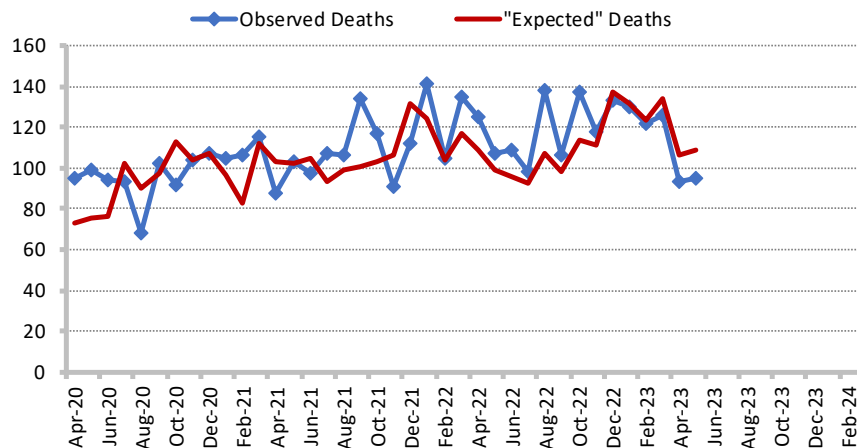
STANDARD		QUALITY AND SAFETY: MORTALITY - HSMR (Hospital Standardised Mortality Ratio)
Background:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same. Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation.	
Performance:	HSMR within CHKS for UHBW solely for the month of May 2023 was 87.2, meaning there were 14 fewer observed deaths (95) than the statistically calculated expected number of deaths (109.0).	
National Data:	The HSMR for the 12 months to May 2023 for UHBW was 103.4, above the National Peer of 101.1.	
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.	

Month	Observed Deaths	"Expected" Deaths	HSMR
Jun-22	109	95.8	113.8
Jul-22	98	92.9	105.5
Aug-22	138	107.5	128.4
Sep-22	106	98.5	107.6
Oct-22	137	113.9	120.3
Nov-22	118	111.5	105.8
Dec-22	133	137.0	97.1
Jan-23	130	131.8	98.6
Feb-23	122	123.7	98.6
Mar-23	126	134.3	93.8
Apr-23	93	106.4	87.4
May-23	95	109.0	87.2

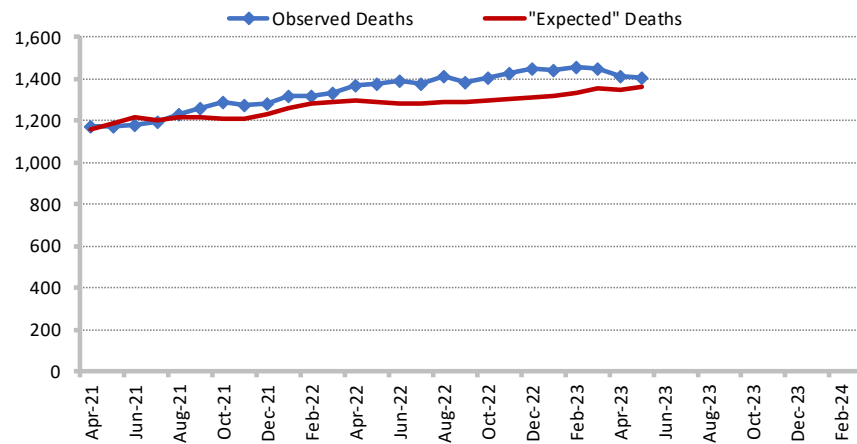
STANDARD

QUALITY AND SAFETY: MORTALITY - HSMR (Hospital Standardised Mortality Ratio)

Hospital Standardised Mortality Ratio (HSMR) - Monthly



Hospital Standardised Mortality Ratio (HSMR) - Rolling 12 Months



STANDARD		QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Background:	<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"> 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. 2. Community Onset – Healthcare Associated (COHA). Patient returns a positive specimen within 28 days of discharge from an elective or emergency hospital admission. <p>For C.difficile, two measures are reported: HOHA and COHA. For MRSA it is the HOHA cases only. The limit of C.difficile cases for 2023/24 as set by NHS England is 88. This limit will give a maximum monthly number of approximately 7.3 cases. For MRSA the expectation is to have zero cases.</p>	
Performance:	<p>There have been eight HOHA cases and two COHA cases reported in August. The Year to Date Total (YTD) in 2023/24 is 51 cases in the combined total of HOHA and COHA cases. In August there were no cases of MRSA bacteraemia. Year to Date (YTD) in 2023/24 has five reported cases in total.</p>	
National Data:	<p>See next page.</p>	
Actions:	<p>C.Difficile</p> <p>There are numerous potential causes of Clostridium difficile infection and the most important ones are antibiotic prescribing and appropriate standards of cleanliness including commodes and toilet areas. Cleaning standards are generally compliant in low risk (FR2) areas but in the high risk areas (FR1) full compliance has not been achieved consistently. This is actively scrutinised by the Operational Infection Control Group with Divisions, and the Facilities team.</p> <p>Actions taken:</p> <ul style="list-style-type: none"> • With the transition to the Patient Safety Incident Response Framework in UHBW will retain C.difficile reviews as an important focus, but in an improved and more responsive format. • The Infection Prevention and Control team (IPC) will continue regular sluice auditing. • Each Division has a schedule of monthly 'walk arounds' with an IPC nurse and the matron for the Division to review and consider IPC related practice. • The monthly clinical ward audits from August will include a section for the ward manager to review the sluice and commodes formally and report this as part of their quality schedule for the ward. <p>MRSA</p> <p>Progress with vascular access improvement work continues. The Infection Prevention and control team are working with procurement to agree a Peripheral Venous Catheter (PVC) insertion pack to be used Trust wide, with its implementation to include enhanced training across the organisation about Aseptic non-touch technique (ANTT) practice. The outcomes of Aseptic non-touch technique (ANTT) auditing is awaited.</p>	

Performance Report

Reporting Month: August 2023

STANDARD QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA

Actions (continued):

- First stage of improvement work is underway with adult Emergency Department's with lead senior doctor involvements to review practice with a Quality Improvement (QI) approach.
- Policy and guidance documents around Central venous catheters (CVC) and Peripheral venous catheters (PVC) care have been reviewed, updated and are in the process of cascade to clinical teams.

Risks:

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

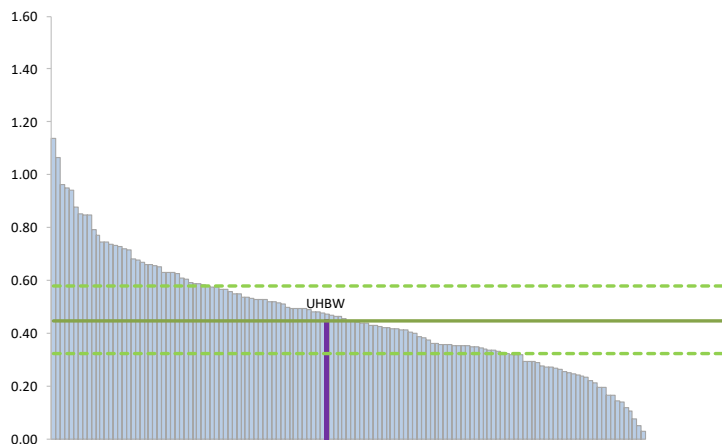
C.Difficile

	Aug-23		2023/2024		2022/2023	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	3	1	12	4	23	4
Specialised Services	3	0	7	5	8	3
Surgery	0	1	2	1	11	1
Weston	0	0	10	3	27	7
Women's and Children's	2	0	4	1	8	3
Other	0	0	0	2	1	4
UHBW TOTAL	8	2	35	16	78	22

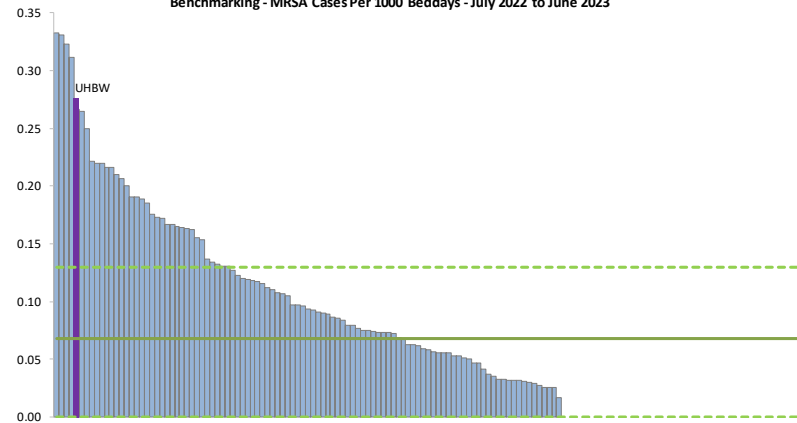
MRSA

	Aug-23	2023/2024	2022/2023
Medicine	0	1	1
Specialised Services	0	0	1
Surgery	0	1	2
Weston	0	2	1
Women's and Children's	0	1	2
Other	0	0	0
UHBW TOTAL	0	5	7

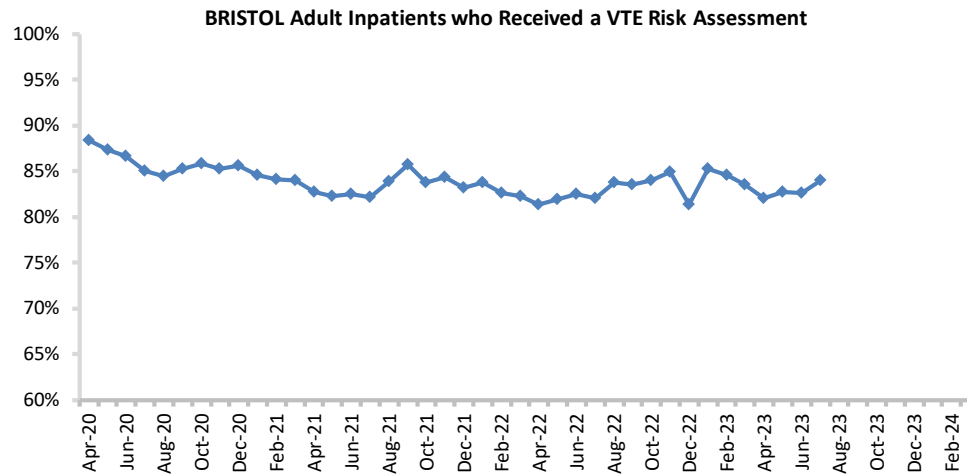
Benchmarking - C.Diff Rate Per 1000 Beddays - July 2022 to June 2023



Benchmarking - MRSA Cases Per 1000 Beddays - July 2022 to June 2023



STANDARD	QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT
Background:	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%.
Performance:	Recent VTE risk assessment compliance remains relatively stable at 84.7% (excluding Weston due to data feed issues). Diagnostics and Therapies division continues to be 100% compliant, whilst Specialised Services and Surgery divisions have both seen improved compliance, increasing by 0.7% and 3.0% respectively. Medicine and Women's and Children's division each saw a slight reduction in compliance, decreasing by 0.7% and 1.3% respectively.
Actions:	<ul style="list-style-type: none"> The successful appointment of a new VTE lead (due to commence October 2023) will provide clinical expertise and prioritisation needed in order to make a step change in progress of the VTE workstream. Pharmacy, patient safety and clinical and digital colleagues are progressing incorporating the electronic VTE risk assessment into Careflow Medicines Management system. The VTE data metric requires review once the new VTE lead is in post to agree a consistent approach for cohorts and exclusions for VTE risk assessment compliance in line with national guidance to enable accurate Board and ward data feeds. Initial scoping for this is being undertaken by the Patient Safety Improvement Team.
Risks:	Corporate Risk 720: Risk that VTE risk assessments are not completed



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

Division	SubDivision	Number Risk		Percentage
		Assessed	Total Patients	Risk Assessed
Diagnostics and Therapies	Radiology	20	20	100.0%
	Therapies	1	1	100.0%
Diagnostics and Therapies Total		21	21	100.0%
Medicine	Medicine	2,206	2,909	75.8%
Medicine Total		2,206	2,909	75.8%
Specialised Services	BHOC	2,502	2,577	97.1%
	Cardiac	378	525	72.0%
Specialised Services Total		2,880	3,102	92.8%
Surgery	Anaesthetics	15	15	100.0%
	Dental Services	134	158	84.8%
	ENT & Thoracics	299	384	77.9%
	GI Surgery	930	1,181	78.7%
	Ophthalmology	353	360	98.1%
	Trauma & Orthopaedics	118	174	67.8%
Surgery Total		1,849	2,272	81.4%
Women's and Children's	Children's Services	34	44	77.3%
	Women's Services	1,400	1,558	89.9%
Women's and Children's Total		1,434	1,602	89.5%
Grand Total		8,390	9,906	84.7%

Reporting Month: August 2023

STANDARD	QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)
Background:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	In August, there were 50 patients eligible for the Best Practice Tariff (BPT): 25 in Bristol and 25 in Weston. For the 36hr time to surgery standard, 34/50 patients (68%) achieved the standard. For the 72-hour time to Ortho-geriatric assessment, 24/50 patients (48%) achieved the standard.
Actions:	<p>Underlying Issues (Bristol):</p> <ul style="list-style-type: none"> • Difficulty accessing theatres to ensure consistent #NOF theatre – also challenges with theatre and anaesthetic staffing which is impacting on overall theatre capacity. This predominantly effects our ability to utilise extra theatres for trauma in the event of cancellations. • Difficulty starting on time in theatre and also some anecdotal reports that theatre efficiency is being lost at the end of the day due to staffing pressures and a reticence to start cases in case they overrun. • Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the Trauma & Orthopaedic (T&O) wards which cause our own T&O patients to outlie into other surgical beds. <p>Actions (Bristol):</p> <ul style="list-style-type: none"> • Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties. • Poor results discussed in T&O Governance & Silver trauma steering group meeting so ideas for improvement could be discussed. • Actively re-patriating patients to Weston Hospital to avoid breaches. • Trauma SOP signed off to allow the allocation of a "Golden Patient", enabling a prompt start. <p>Actions (Weston):</p> <ul style="list-style-type: none"> • An Ortho-geriatrician has been appointed into the role from September 2023. Therefore, from next month the service will start to see the positive outcome to patient care and BPT figures.
Risks:	<p>924: Risk that there is a delay in hip fracture patients accessing surgery within 36 hours of admission.</p> <p>1834: Risk of failure to achieve best practice tariff and good quality care for patients with #NOF</p>

Performance Report



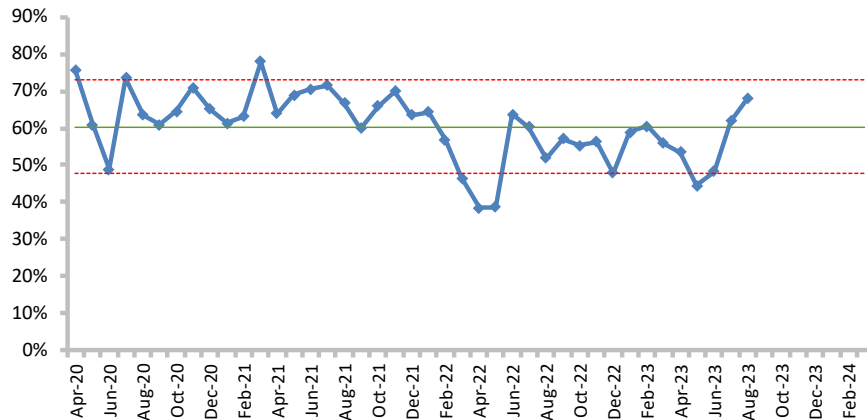
Reporting Month: August 2023

STANDARD

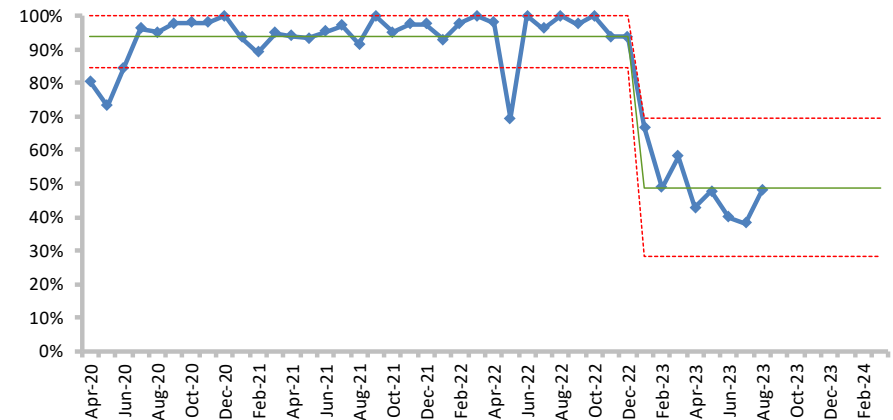
QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)

Aug-23					
	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	25	11	44%	24	96%
Weston	25	23	92%	0	0%
TOTAL	50	34	68.0%	24	48.0%

Fracture Neck of Femur Patients Treated Within 36 Hours



Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours



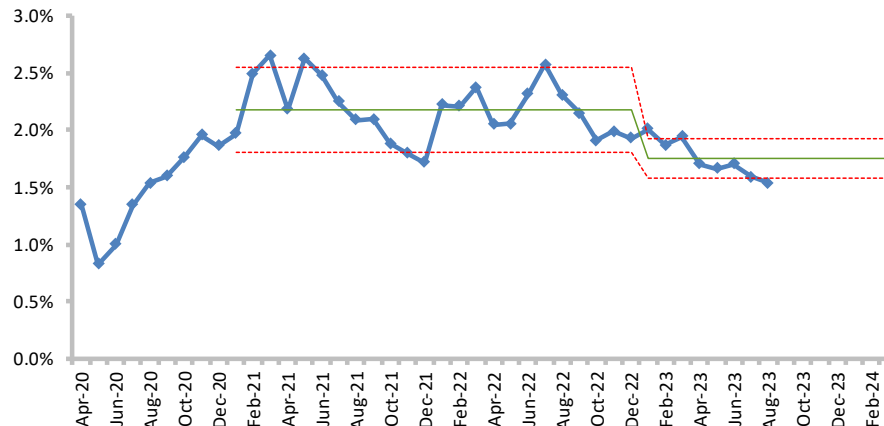
Performance Report



Reporting Month: August 2023

STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
<p>Performance:</p>	<p>Agency usage reduced by 1.8 Full Time Equivalents (FTE_ to 1.5%, or 192.1 FTE. There were increases within four divisions. The largest divisional increase was seen in Surgery, where usage increased to 38.1 FTE from 29.2 FTE in the previous month. There were reductions within two divisions. The largest divisional reduction was seen within Medicine, where usage reduced to 80.9 FTE from 90.0 FTE in the previous month.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • There were 94 new starters across the Bank in August. • System work continues at Integrated Care Board (ICB) level to drive the supply of lower cost framework nursing agency supply with a renewed focus on developing a plan to deliver cap compliant agency supply. • Strict controls are also now in place internally to control agency usage and review through a Patient First approach led by the Deputy Chief Nurse. • Ongoing work continues to encourage the UHBW Bank as the employer of choice for temporary workers with an increased Band 5 Bank Registered Nursing (RN) rate, improved bank experience in clinical areas and another ‘Thank the Bank’ day planned for 2nd October. • The Trust continues to encourage “block bookings” to reduce the use of last minute, non-framework reliance. • Active recruitment continues to substantive medical roles in Weston to drive down the demand for high-cost agency usage. • The Trust continues to offer paid travel time for clinical staff as an incentive for staff to pick up bank shifts at Weston to reduce agency reliance. • The Trust continues to offer school hour and twilight shifts in a small number of clinical areas within the division of Medicine as a pilot to reduce the number of unfilled shifts, this is in place for both registered and unregistered nursing workers. • Monthly recruitment will commence for the admin and clerical bank, this will include a monthly advert followed by an assessment centre.
<p>Risks:</p>	<p>Corporate Risk 674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce</p>

Percentage Agency Usage



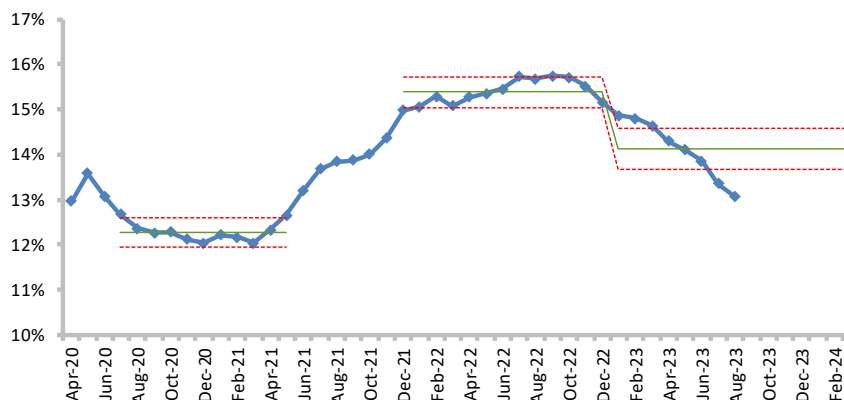
STANDARD OUR PEOPLE: WORKFORCE STAFF TURNOVER

Performance: Turnover for the 12-month period reduced to 13.1% compared to 13.4% (updated figures) for the previous month. Six divisions saw a reduction whilst two divisions saw increases in turnover in comparison to the previous month. The largest divisional reduction was seen within Medicine, where turnover reduced by 0.7 percentage points to 12.6% compared with 13.4% the previous month. The largest divisional increase was seen within Surgery, where turnover increased by 0.3 percentage points to 13.3% compared with 13.0% the previous month. The largest staff group reduction was seen within Additional Clinical Services, where turnover reduced by 1.8 percentage points to 15.5% compared with 17.3% the previous month. The largest staff group increase was seen within Add Prof Scientific and Technic, where turnover increased by 0.5 percentage points to 13.5% compared with 13.0% the previous month.

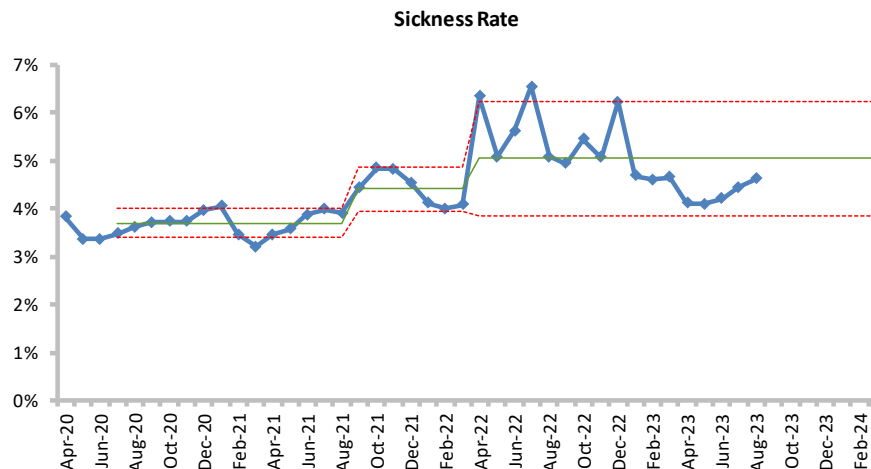
- Actions:**
- A review of the retire and return process including streamlining of the application and financial approval processes.
 - Administration and clerical retention task and finish group established with a view to gaining insight into reasons for leaving and activity to support retention.
 - The Quarter 2 Pulse Survey ran during July and the results showed that the organisational engagement score remained consistent with the previous Pulse Survey, and annual Staff Survey at 6.9 (out of 10). The additional questions evaluated the annual check-in form. The feedback has been utilised to improve the check-in form, which launched in August on Kallidus.
 - A report is being created to summarise the programme of engagement work to understand the key drivers for colleagues providing feedback, and to benchmark nationally with the top percentile of NHS Trusts. The recommendations presented will inform changes to the 2023 Staff Survey campaign.
 - Staff Survey data will be submitted in September, ahead of the survey launching in October 2023.

Risk: Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce

Workforce Turnover Rate



STANDARD		OUR PEOPLE: WORKFORCE STAFF SICKNESS
Performance:	<p>Sickness absence increased to 4.6% compared with 4.4% the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence.</p> <p>There was a reduction within one division, Medicine, where sickness reduced by 0.3 percentage points to 4.8%, compared to 5.0% in the previous month. Specialised Services remained static and there were increases within all other divisions. The largest divisional increase was seen within Facilities and Estates, increasing by 1.4 percentage points to 8.4%, compared to 7.1% in the previous month.</p> <p>There were reductions within two staff groups. The largest staff group reduction was seen within Medical and Dental, reducing to 1.4% from 1.8% compared to the previous month. There were increases within seven staff groups. The largest staff group increase was seen within Estates and Ancillary, increasing to 9.3% from 7.7% compared to the previous month.</p>	
Actions:	<ul style="list-style-type: none"> • A new Health and Sickness at work policy is currently being consulted on. This policy will incorporate best practice such as disability leave and a strengthened position on the escalation process for the agreement of reasonable adjustments in the workplace. • Following a retender exercise in Quarter 1, a 2 year contract was awarded in August to Health Assured Employee Assistance Programme (EAP), replacing the existing programme. This enhanced service will be overviewed to managers, teams, Divisional Committees and advocate networks throughout September. • Refreshed Health and Safety Executive management standards and new manager stress risk training is being progressed by the Safety team as part of mitigating action for Datix risk 793: risk that staff experience workplace stress. 	



STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

Performance:

Overall vacancies reduced to 5.2% (623.7 FTE) compared to 6.2% (742.4 FTE) in the previous month. The largest divisional increase was seen in Specialised Services where vacancies increased to 101.9 FTE from 100.0 FTE in the previous month. The largest divisional reduction was seen in Medicine, where vacancies reduced to 85.2 FTE from 115.0 FTE the previous month. The largest staff group reduction was seen in Medical, where vacancies reduced to -18.3 FTE (over established) from 60.3 FTE the previous month. The largest staff group increase was seen in Ancillary, where vacancies increased to 91.8 FTE from 90.3 FTE the previous month. Consultant vacancy has increased to 33.8 FTE (4.3%) from 22.8 FTE (3.0%) in the previous month. Unregistered nursing vacancies can be broken down as follows:

Band	Vacancy
AfC Band 2	82.6 FTE
AfC Band 3	62.7 FTE
AfC Band 4	-204.5 FTE

The band 4 over establishment is due to the 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:

- 37 new Internationally Educated Nurses (IEN) joined the Trust.
- The Trust attended another international nurse recruitment trip in August, this time to Dubai and India. 95 offers were made to support the ambitious target for 2023. This was the fourth overseas recruitment trip the Trust has completed since the IEN programme began.
- 719 IENs have now arrived at the Trust since the beginning of the programme, with an additional 52 due to arrive in September.
- Work has commenced to organise and promote the Newly Qualified Nurse Expos planned for October in Bristol and Weston. This includes the creation of a landing webpage and a social media campaign.
- The campaign for the second Healthcare Support Worker (HCSW) hiring event went live in August generating over 150 sign ups within the first two weeks, final planning for this event is taking place ready for the event on 12th September.
- 27 substantive HCSW started in the Trust and another 12 have been offered. 46 Bank HCSW started in the Trust during August and another 20 have been offered.
- The Trust has recruited 21 candidates onto the Trainee Nursing Associate (TNA) programme, these candidates are currently being onboarded to start in the Trust in late September.
- 20 out of the 40 candidates for the Registered Nurse Degree Apprenticeship (RNDA) are currently being onboarded and waiting to embark on their four-year journey in October to become a Registered Nurse. The other 20 candidates recruited will join the Trust in January 2024.
- 31 candidates are due to start the Accelerated two-year RNDA that will also start in October.

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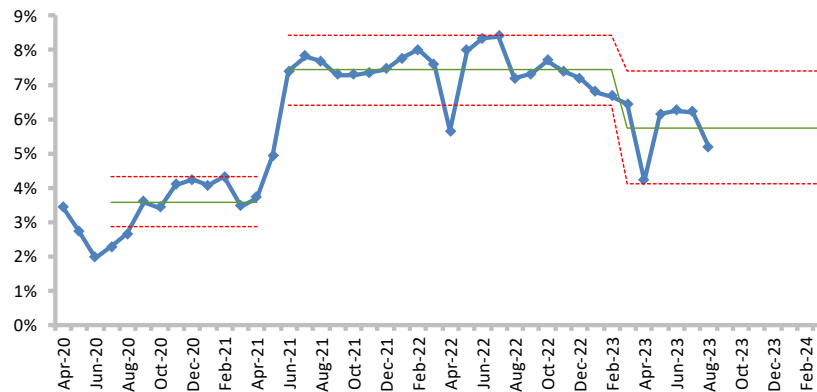
STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

Actions (continued):

- 13 substantive Allied Health Professionals and nine substantive Healthcare Scientists have joined Diagnostics and Therapies division as well as one Bank Healthcare Scientist.
- A further Reporting Sonographer candidate was appointed in August and another one completed their pre-employment checks and has a start date booked for September. This is the third appointment for the Ultrasound department in the last three months.
- The Adult Therapies department appointed one Internationally Educated Occupational Therapist as part of the collaborative AHP international recruitment with ICB system partners, with a start date confirmed for the end of September. The Trust also has a continuous advert live for Band 6 Rotational Occupational Therapists.
- The Trust welcomed two Internationally Educated Radiographers in August and have a further two candidates due to arrive at the end of September. Radiology also welcomed four Newly Qualified Radiographers in the month of August.
- Two clinical fellows and two career grade doctors have started in Weston. A further two clinical fellows were cleared for start dates in September.
- In the month of August, the Trust offered one further non-consultant grade doctor and one consultant across the Weston site and seven clinical fellows and two consultants are currently going through pre-employment checks for the Weston site to support rota gaps.
- Work is also underway with ICB system partners to hold a Bristol based nurse recruitment event in November.
- To address shortages in admin roles a mass recruitment event is being planned to take place in October.

Risks: Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff

Vacancy Rate (Vacancy FTE as Percent of Funded FTE)



Reporting Month: August 2023

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
<p>Performance:</p>	<p>At the end of August:</p> <ul style="list-style-type: none"> 6,348 patients were waiting 52+ weeks against the Operating Plan trajectory of 5,188. 2,222 patients were waiting 65+ weeks against the Operating Plan trajectory of 1,470. 245 patients were waiting 78+ weeks. 0 patients were waiting 104+ weeks. <p>For 2023/24 the Operating Plan assumes that no patients will be waiting over 78 weeks. The next national ambition is to have no patients waiting 65+ weeks by the end of March 2024.</p> <p>NB: dispensation for industrial action continues to inform the revision of in-year trajectories</p>
<p>National Data:</p>	<p>For July 2023, across all of England, 5.2% of the waiting list was waiting over 52 weeks. UHBW's performance was 9.1% (6,134 patients) which places UHBW as the 12th highest Trust out of 169 Trusts that reported RTT wait times.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> At the end of August 2023, there were no patients waiting over 104+ weeks. This is a sustained position, with February 2023 being the last time a patient was reported waiting 104 weeks or longer. The Trust continues to work towards the elimination of any patient waiting longer than 78 weeks and had shown improvement throughout 2022/23. Industrial action and higher presentation of trauma cases in paediatric services have contributed towards a deterioration in the reported position at the end of July, when there were 203 patients waiting in excess of 78 weeks. This position has deteriorated further in August, with the number of patients waiting 78 weeks or longer increasing to 245. The Trust continues to work towards reducing long waits through specific initiatives including the expansion of insourcing in clinical genetics and dental specialties where there are recognised national challenges. Of the 245 patients waiting 78 weeks or longer at the end of August, 11 related to cornea grafts. There is currently a national shortage of cornea graft material which is contributing to delays in treating these patients. There is a nationally led process to allocate graft material to Trusts based on the clinical priority and length of waiting time. As part of the 2023/24 Annual Planning Process (APP), clinical divisions have developed plans to move towards the national ambition of no patient waiting longer than 65 weeks by end of March 2024. The number of patients waiting in excess of 65 weeks at the end of August was 2,222 which shows a deterioration against the operational planning trajectory of 1,470. This is in part due to the deterioration in clearance of the 78+ week waits due to industrial action. <p>Actions being taken to reduce the number of long waiting patients includes:</p> <ul style="list-style-type: none"> Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and Spire to support their recovery in Cleft services. The service are also insourcing using KPI Health for paediatric dental clinics and extractions which commenced mid-January, with schedules being provided each month. The contract agreement with KPI Health has been extended for 2023/2024.

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Reporting Month: August 2023

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
<p>Actions (continued):</p>	<ul style="list-style-type: none"> • Within General Surgical Specialties, the service has been working with Somerset Surgical Services (SSS) to support provision of additional treatment to be undertaken on the Weston site. • The Trust has appointed a Restorative Dentistry Consultant from interviews that took place in August 2023. Interviews are also planned on 7th September for an additional Oral Medicine Consultant to support the backlogs in this service. • Patients currently waiting for treatment dates are being contacted to ask if they would accept treatment at an alternative provider. Should patients consent, each patient is added to NHS England Digital Mutual Aid system (DMAS). • The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives. • Paediatric Urology Consultants agreed to additional treatment lists and had booked patients into dates during July with the plan to ensure that there will be no Paediatric Urology patients waiting 78 weeks or longer at the end of July. However, due to BMA industrial action the patients who were booked on industrial action dates have had to be cancelled and although additional lists were arranged in August due to continued industrial actions and summer holidays, these dates were also stood down and will not be rescheduled until October. Due to further industrial action planned during September and the number of trauma cases that the service has experienced it is likely that there will be 43 paediatric patients waiting longer than 78 weeks at the end of September, five of whom will be Paediatric Urology patients. • Where patients are too complex for transferring outside of the organisation for treatment under mutual aid arrangements, theatre schedules are under review via a theatre improvement programme to ensure that suitable capacity is available for the longest waiting patients. This continues to be a challenge due to the high volume of cancer cases, inpatient capacity, rest restraints (including High Dependency) and staff shortages.
<p>Risk:</p>	<p>Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met</p>

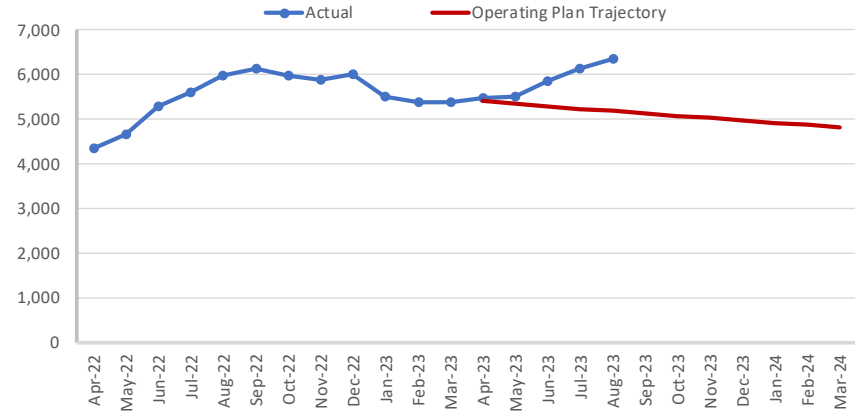
Performance Report

Reporting Month: August 2023

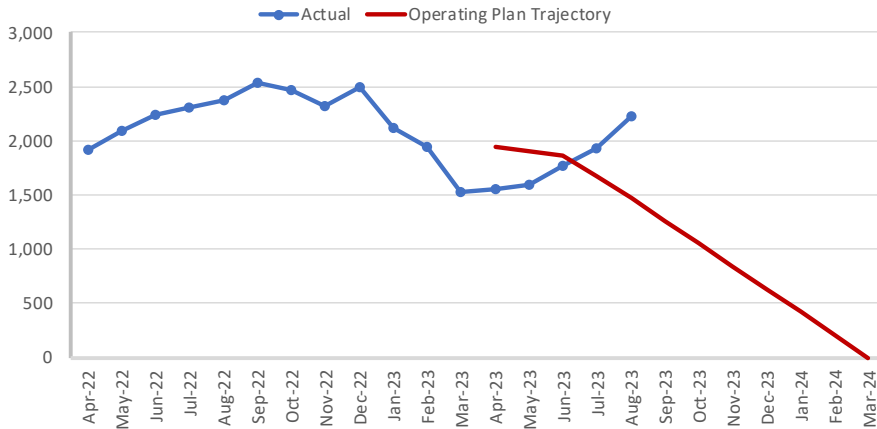
STANDARD REFERRAL TO TREATMENT (RTT) LONG WAITS

	Aug-23		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	3	0	0
Medicine	1,234	254	0
Specialised Services	225	97	35
Surgery	3,901	1,490	165
Women's and Children's	985	381	45
Other	0	0	0
UHBW TOTAL	6,348	2,222	245

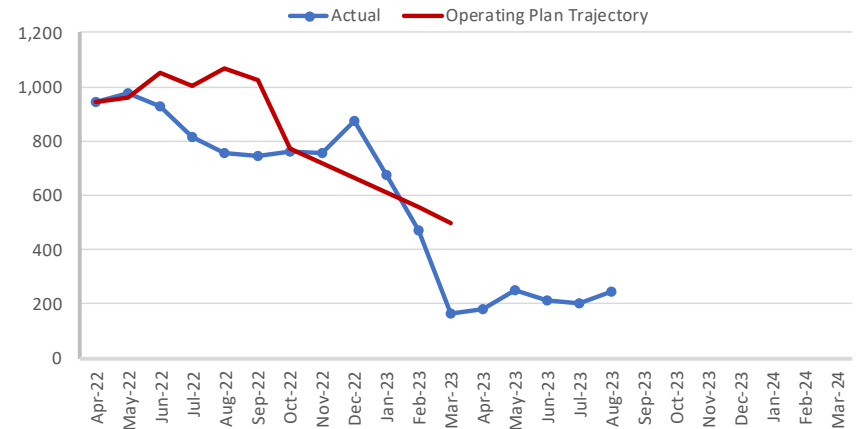
Number of Ongoing Patients Waiting 52+ Weeks at Month End



Number of Ongoing Patients Waiting 65+ Weeks at Month End



Number of Ongoing Patients Waiting 78+ Weeks at Month End



STANDARD	CANCER WAITING TIMES
<p>Performance:</p>	<p>At the end of August, the Trust had 222 patients waiting 62+ days on a GP suspected cancer pathway. The Trust has an operating planning trajectory of not exceeding 172 patients at the end of August 2023, reducing to 160 by March 2024.</p> <p>The performance for patients treated within 62 days of an urgent GP referral is reported a month in arrears. For July, 69.0% of patients were seen within 62 days. The national constitutional standard remains at 85%.</p> <p>The “Faster Diagnosis Standard” (FDS) is also reported a month in arrears, and this measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. The Trust’s improvement trajectory returns to 75% by March 2024. Performance in July was 59.5% against the improvement trajectory of 68.0%.</p>
<p>National Data:</p>	<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 1 2023/24 shows UHBW at 67.1% against an England average of 59.6%. This puts UHBW 47th out of 142 Trusts.</p>
<p>Actions:</p>	<p>The Trust was compliant with the trajectory for patients waiting 62+ days on a GP suspected cancer pathway at the start of July, but that deteriorated with the impact of industrial action. Performance is in a repeating pattern of improving and then falling sharply following each period of industrial action. At the end of August, the number waiting 62+ days was 222, better than at the end of July (233) but with the potential to decrease further as the full impact of August’s industrial action filters through to these figures. Due to further planned, industrial action in September and October, recovery of compliance is not expected until the end of the year and is likely to be further delayed if further industrial action takes place. The Trust continues to strive to reduce the number of long waiting patients, working towards the operational planning target of no more than 160 patients waiting 62+ days by the end of March 2024. Actions focus on replacing activity lost to industrial action and continue to concentrate on reducing waits in gynaecology, lower GI and skin through use of locums and additional permanent capacity where required.</p> <p>Performance against Faster Diagnosis Standard trajectory was met during March 2023 but has deteriorated in the four months since, with July reporting 59.5% (April: 60%, May: 61.5%, June 61.6%). The performance has been impacted by a combination of industrial action and the impact of the Trust being unable to cease the mutual aid support being provided to Somerset NHS FT for dermatology. Compliance with the 75% standard by the end of the financial year is still attainable, dependent on impact of future industrial action and on the provision of mutual aid to Somerset for dermatology ceasing at the end of October.</p> <p>Actions to improve the position include ensuring prompt first appointments in high volume specialities and reducing waiting times for key diagnostic tests such as hysteroscopy, CT, ultrasound and endoscopy. As referenced above, the predicted under-performance against trajectory due to ongoing issues in dermatology is being supported by NHS England.</p>

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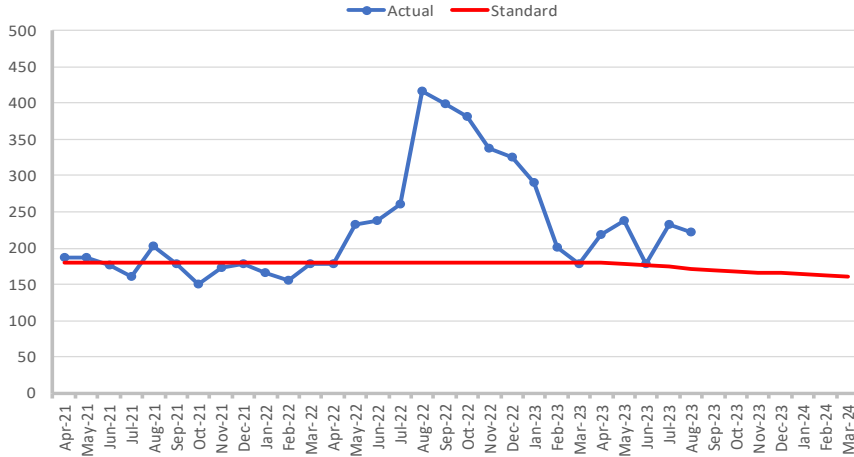
Reporting Month: Jul/Aug 2023

STANDARD	CANCER WAITING TIMES
<p>Actions (continued):</p>	<p>During July, the Trust continued to achieve the subsequent radiotherapy and subsequent chemotherapy treatment standards. The first definitive treatment standard was also attained, although it is possible this will be followed by a drop in August performance as complex patients displaced by industrial action come in for treatment. Despite the high levels of industrial action in July, the Trust started 702 treatments for cancer within the 31 days of decision to treat. Performance against the other retrospective standards remains non-compliant due to the impact of industrial action.</p> <p>The Trust continues to work towards delivering its improvement action plan which is progressing well, as demonstrated by the temporary recovery of the 62+ day standard between the periods of industrial action. Hysteroscopy capacity has been significantly increased at the Weston site. The Trust's nurse hysteroscopists will be attending a further training course in the autumn which will enable them to perform a greater range of hysteroscopic procedures and national changes to the colorectal referral pathway have been fully implemented and are now well embedded. The true positive impact of these actions is currently diluted by the impact of industrial action.</p>
<p>Risk:</p>	<p>Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met</p>

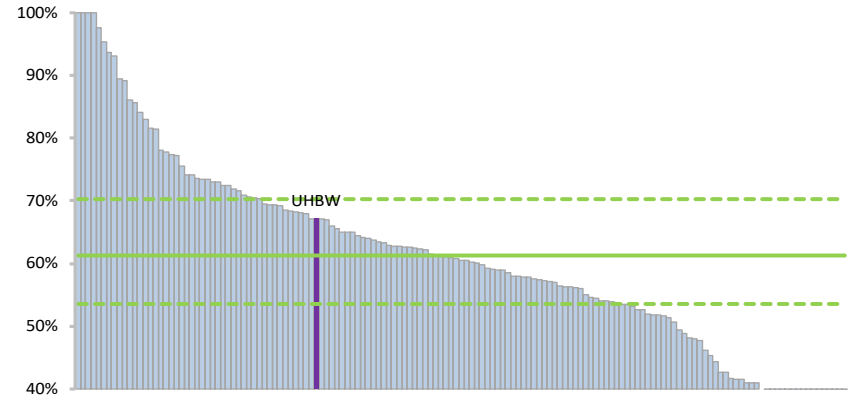
STANDARD

CANCER WAITING TIMES

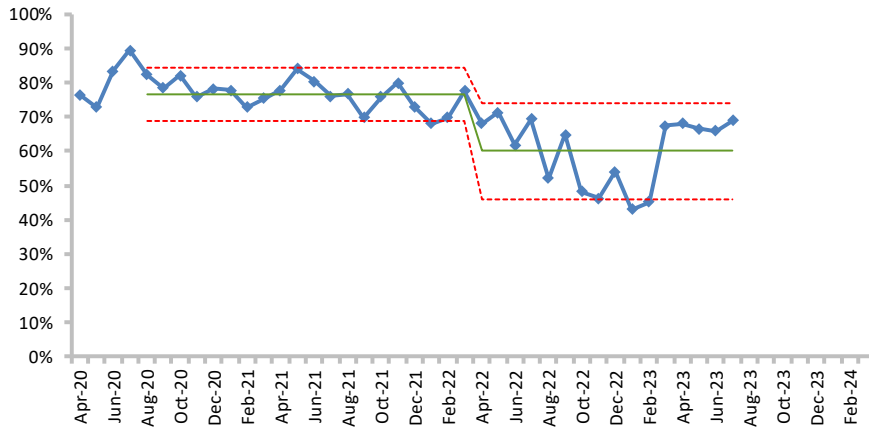
Cancer 62+ Day Standard - Numbers Waiting 62+ Days



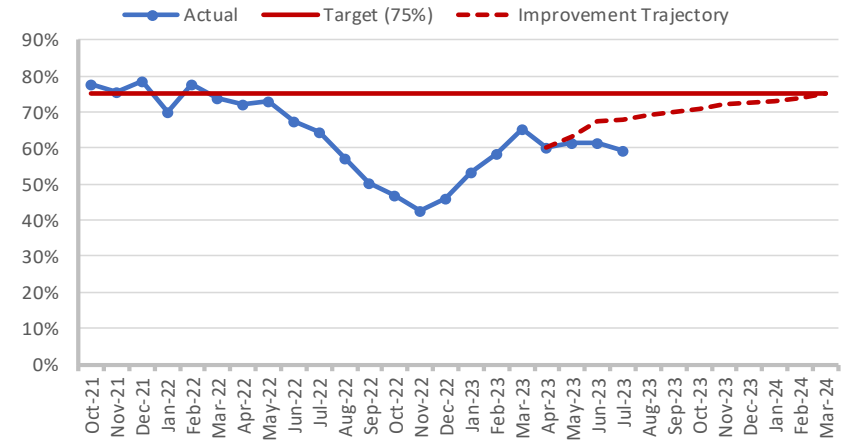
Benchmarking: Percentage Treated Within 62 Days of GP Referral - 2023/24 Quarter 1



Cancer 62 Day Referral To Treatment (Urgent GP Referral)



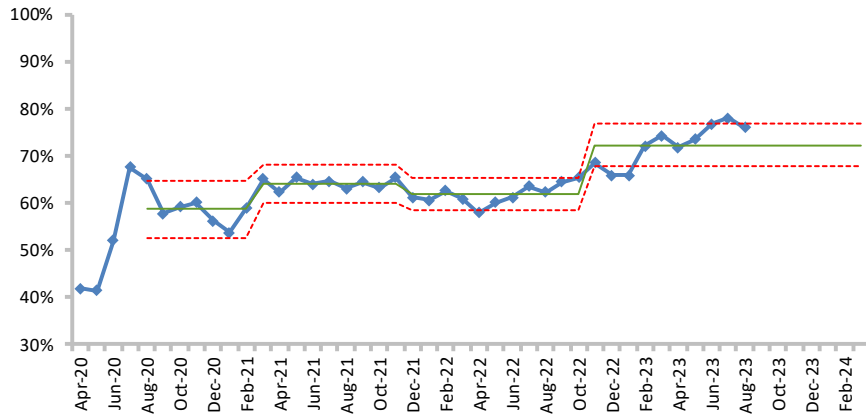
28 Day Cancer Faster Diagnosis Standard



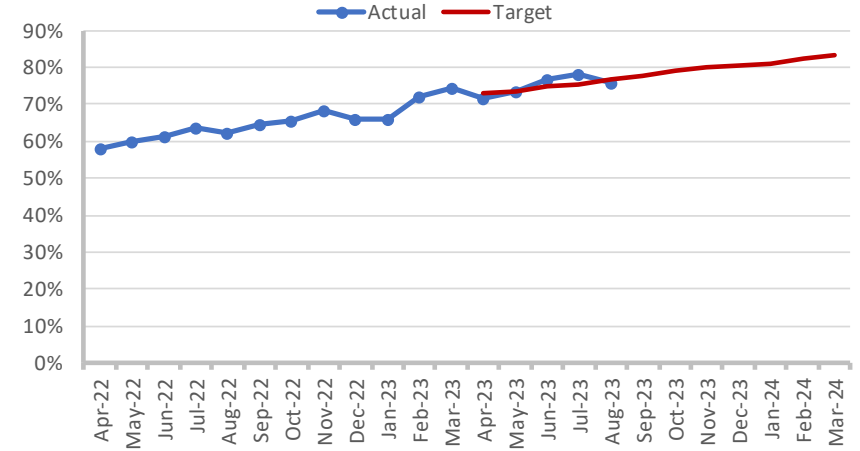
STANDARD	DIAGNOSTIC WAITING TIMES
Performance:	<p>The ambition set as part of the Trust's operational planning submission is that 83.3% of patients will be waiting under six weeks by end of March 2024. The performance trajectory set for end of August is 76.8%, against which the Trust achieved 75.9%.</p> <p>At the end of August 2023, there were a total of 146 patients waiting 26+ weeks which is 1.1% of the waiting list. The target for end of August was 102 and an expectation to have zero patients waiting 26+ weeks by October 2023.</p> <p>At the end of August 2023, there were a total of 886 patients waiting 13+ weeks which is 6.4% of the waiting list. The target for end of August was 900 and an expectation to have zero patients waiting 13+ weeks by March 2024.</p>
National Data:	<p>For July 2023, the England total was 73.7% of the waiting list under six weeks. UHBW's performance was 78.0% which places UHBW 78th of 156 Trusts that reported diagnostic wait times.</p>
Action/Plan:	<ul style="list-style-type: none"> • At the end of August, diagnostic performance against the six week wait standard was reported as 75.9% against the operational planning trajectory of 76.8%. Whilst August saw a deterioration from the position reported in July 2023 (78%), it should be noted that improvements have been made since April 2023. • Whilst four modalities did not improve against the six-week standard, five modalities did improve, and six modalities achieved the operating plan trajectories. As previously described, challenges continue in MRI, Non-obstetric ultrasound and Dexa. • For the 11th consecutive month, diagnostic long waiters reduced and the trajectory for patients waiting 13 weeks or longer was achieved. • Although patients waiting more than 26 weeks reduced in August, the trajectory was not achieved. The Trust had planned to clear all patients waiting over 26 weeks by October 2023, so there is risk that this target may not be achieved due to ongoing capacity pressures and continued industrial action across all diagnostic modalities. • Long waiters in Endoscopy (adults) continues to reduce and performance against the six-week standard improved significantly in August 2023. Despite this good improvement, ongoing challenges remain, with actions in place to mitigate risk wherever possible. Endoscopy (adults) is no longer the greatest risk to diagnostic performance. • Challenges in Non-obstetric ultrasound are acknowledged as potential risks to overall diagnostic performance, particularly in reducing to zero patients waiting over 13 weeks by March 2024. Despite this, long waiters over 13 and 26 weeks continue to reduce month on month. • The emerging risk to diagnostic performance and recovery sits within the Sleep modality. A Sleep Service Recovery Group has been established to support the service with their recovery efforts and the Division is currently working to further develop their Sleep Service recovery plans and performance improvement trajectories. • Modality-level trajectories and plans for 23/24 have been agreed across the Trust. The key risks to diagnostic performance and improvement are industrial action and complex patients needing general anaesthetic or theatre slots where capacity is more limited and prioritised for the most clinically urgent patients. The Trust continues to utilise transferred capacity and outsourcing to the independent sector which are integral to the diagnostic recovery plans for 23/24.
Risk:	<p>Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met</p>

STANDARD DIAGNOSTIC WAITING TIMES

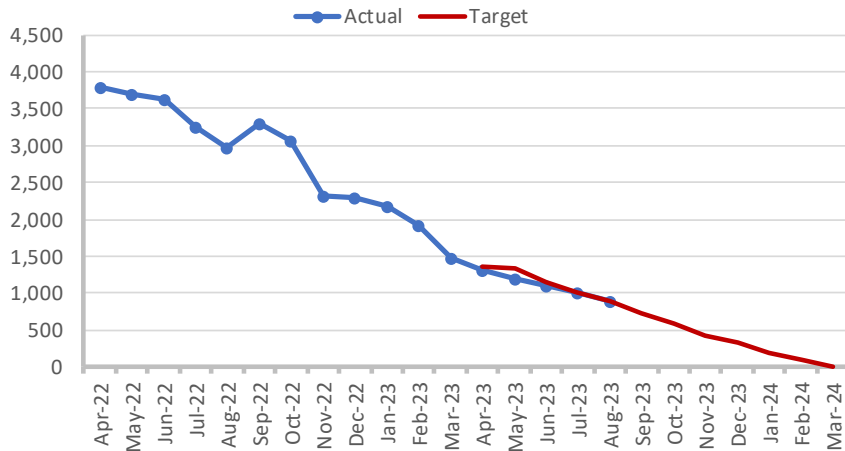
Diagnostics Under 6 Week Wait (15 Key Tests)



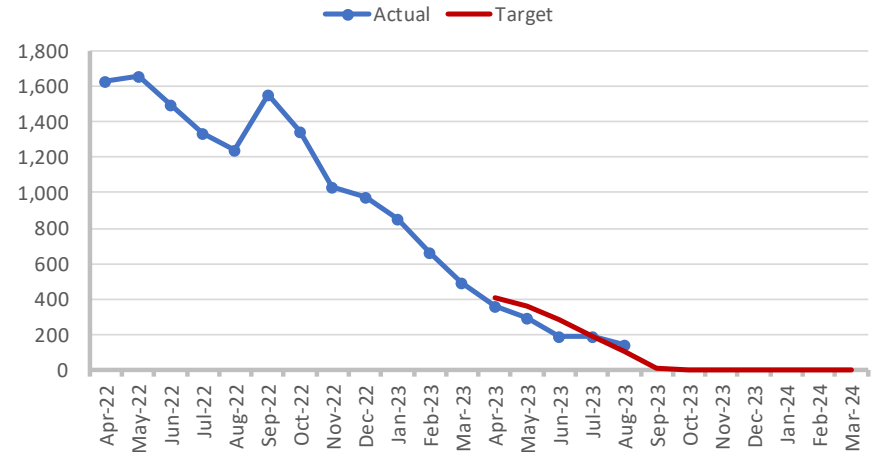
Diagnostics Percentage Waiting Under 6 Weeks



Diagnostics Numbers Waiting 13+ Weeks



Diagnostics Numbers Waiting 26+ Weeks



Performance Report

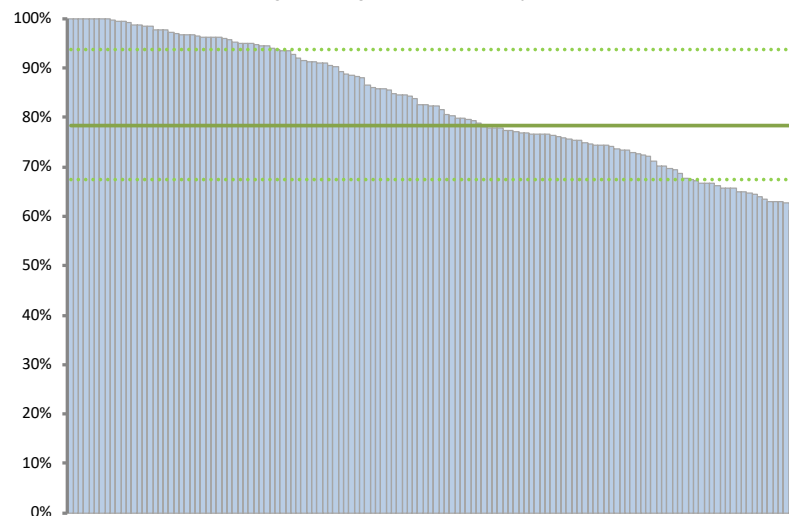
Reporting Month: August 2023

STANDARD DIAGNOSTIC WAITING TIMES

End of August 2023

Modality	Total On List	Under 6 Weeks			13+ Weeks		26+ Weeks	
		Number	Percentage	Mar24 Target	Number	Percentage	Number	Percentage
Audiology Assessments	403	12	97%	97%	1	0%	0	0%
Colonoscopy	412	203	51%	53%	136	33%	26	6%
Computed Tomography (CT)	1,931	153	92%	81%	23	1%	2	0%
DEXA Scan	778	376	52%	68%	99	13%	6	1%
Echocardiography	1,594	330	79%	85%	1	0%	0	0%
Flexi Sigmoidoscopy	122	67	45%	53%	36	30%	14	11%
Gastroscopy	473	209	56%	55%	114	24%	24	5%
Magnetic Resonance Imaging (MRI)	2,773	430	84%	95%	177	6%	58	2%
Neurophysiology	186	19	90%	99%	1	1%	0	0%
Non-obstetric Ultrasound	5,105	1,500	71%	83%	279	5%	1	0%
Sleep Studies	83	35	58%	51%	19	23%	15	18%
Other	0	0			0		0	
UHBW TOTAL	13,860	3,334	75.9%	83.3%	886	6.4%	146	1.1%

Benchmarking - Percentage Under 6 Weeks - July 2023



STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS & WAITS IN A&E FROM ARRIVAL TO DISCHARGE, ADMISSION OR TRANSFER

<p>Performance</p>	<p>Waits in ED from arrival to discharge, admission or transfer</p> <p>The total time spent in the emergency department (ED) measures from arrival time to discharge/admission time. There are two standards reported:</p> <ol style="list-style-type: none"> 1. The “4 Hour Standard”. This is the standard that has been reported in previous years and had a constitutional standard of 95%. For 2023/24, Trusts are required to return performance to 76% by March 2024, i.e. 76% of ED attendances should spend less than 4 hours in ED prior to admission or discharge. 2. The “12 Hour Standard”. This standard has a new definition from April 2023 related to the proportion of Service Users attending ED who wait more than 12 hours from arrival to discharge, admission or transfer, with an operational standard of no more than 2%. <p>Note: both these standards apply to all four emergency departments in the Trust.</p> <p>During August, 71.03% of attendances spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission. This is ahead of the operational planning trajectory of 64.0% for August.</p> <p>The national ambition is that no more than 2% of patients spend 12 hours or more in ED with August performance showing a deterioration to 2.1% of patients spending more than 12 hour in the Department (compared to 0.9% in July). Both metrics have been impacted by the ongoing industrial action and the change of house, with several of our key flow metrics deteriorating slightly during August, meaning it was more difficult to move patients in a timely way through the emergency departments.</p> <p>12 Hour Trolley Waits</p> <p>This metric is for patients who are admitted from ED, and measures from the Decision To Admit (DTA) time to the Admission Time. This is a standard that has been reported in previous months and will continue to be reported in 2023/24.</p> <p>During August, there were 112 12 Hour Trolley Waits: 79 in Bristol and 33 at Weston, which is a deterioration from the 34 reported in July.</p> <p>Ambulance Handovers</p> <p>Following handover between ambulance and ED the ambulance crew should be ready to accept new calls within 15 minutes. The two metrics reported are the number and percentage of handovers that exceed 15 or 30 minutes. 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>Of the 3,901 ambulance handovers in August:</p> <ul style="list-style-type: none"> • 2,674 ambulance handovers were in excess of 15 minutes which was 68.5% of all handovers (48.6% in July) • 1,447 ambulance handovers were in excess of 30 minutes which was 37.1% of all handovers (17.1% in July)
<p>National Data</p>	<p>There are 19 hospitals in the South-West that the Ambulance Service report data for. For August 2023, overall number of handovers over 15 minutes was 68.4% across these hospitals. The chart on page 20 shows the distribution: Weston was 2nd highest at 86%, BRI was 12th highest at 66% and BRHC was 2nd lowest at 43%.</p> <p>ED 4 hour national performance is shown on page 18.</p>

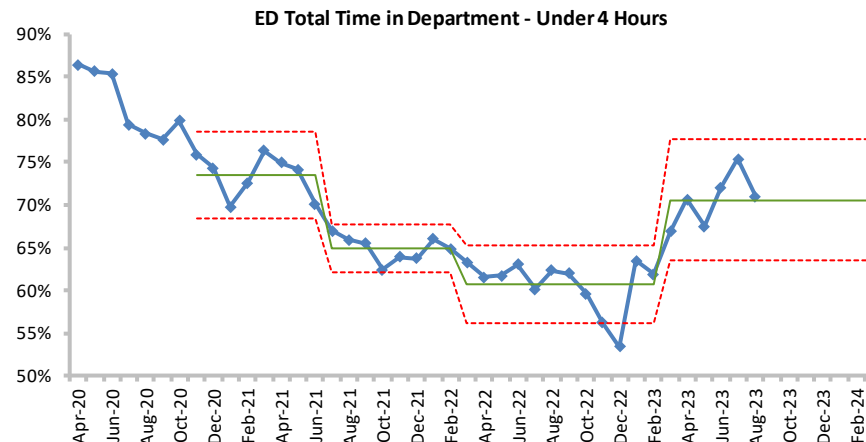
STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
<p>Actions:</p>	<p>A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including:</p> <ul style="list-style-type: none"> • Admissions into Surgical SDEC have increased from January, when there were 284 patients seen within SDEC compared with 324 in August. There has been a 5% decrease in admissions from July and length of stay within SDEC also increased from 63 minutes, to 91 minutes between July and August. New surgical Same Day Emergency Care (SDEC) project group has been established– priorities are progression towards a separation from Surgical and Trauma Assessment Unit (STAU) to support expansion, reducing time spent in ED prior to redirection to surgical SDEC, identification of opportunities within existing location, and winter planning. A business case for expansion is due to go through agreed governance routes in late September. • Development of the SDEC offer at Weston: 518 patients were seen in Weston SDEC in August compared to 546 in July (5.2% decrease). Admission rates from SDEC have remained stable for the past 3 months (7.5-7.7%), with length of stay within the department of between 2hours 45minutes and 3 hours since April 2023. Surgical Registrar due to start in SDEC in October to support increased surgical patient numbers through the unit. Weekend operational hours to be extended from 6pm to 10pm from October. Unit fully staffed. Limited referrals direct from SWASFT – ongoing actions to improve referral rates. • BRI Medical SDEC saw 638 patients in August, which was a 1.1% decrease compared to July (631). The admission rate was 17.5% compared to 17% in July. Ongoing work to increase SWASFT direct referrals, and longer-term plans for frailty in-reach provision. <p>A review and update of Internal Professional Standards (IPS) is now underway following an A3 approach. Workshops with clinical teams are scheduled for October 2023. In preparation, ‘GEMBA’ walks for ED and surgical take teams have been undertaken and 160 responses have been received for an IPS survey. Semi structured interviews are currently being conducted.</p> <p>In BRI ED:</p> <ul style="list-style-type: none"> • The recently expanded Immediate Triage Assessment Area (ITAA) based in majors' bays continues to support rapid ambulance handover performance however, when beds are filled with patients awaiting admission, this function cannot operate as intended. The average Decision to Admit to admission time increased from 173 to 281 minutes from July to August reflecting challenges in flow. • Demand and capacity work is ongoing with portering teams to ensure adequate cover for hot spots. • The new Nurse in Charge role has been implemented working alongside the shift coordinator with a focus on flow. ED teams are seeking continuous feedback and reviewing data to ensure best utilisation of the role. • A new triage streaming pilot is commencing in September 2023, which differentiates between patients with minor injury and illness with those who require a more complex treatment plan. This aims to minimise time in department for patients who require less complex assessment and treatment and ensures that the most appropriate staffing resource is allocated to all patients to facilitate timely treatment. <p style="text-align: right;"><i>...continued over page</i></p>

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
<p>Actions (continued):</p>	<ul style="list-style-type: none"> • A new triage process was implemented in July to flag certain presentations for early escalation, reducing time from arrival to seen and early intervention for high-risk patients. Evaluation of the process will be undertaken over the next three months but early indications are that this is having a positive impact. • CareFlow Handovers are live to the Assessment Units which reduces time in phone call handovers. This is due for expansion to other inpatient wards across BRI on 18 September. • The pilot to support direct admissions for non-ambulant patients to Acute Medical Unit is now live. • There were an additional 155 attendances to BRI ED in August compared to July. Average number of ambulance handovers was the highest in August for any month in 2023 at 82.8 per day, compared to 78.7 per day in July • 65% of ambulance handovers were over 15 mins, reflecting the challenges faced in operationalising the ITA A. Whilst this is a deterioration in performance from July when there were 39.4% of handovers in-excess of 15 minutes, this is an improvement on the position reported for January through to May (May performance, 81.1% of ambulance handovers in-excess of 15 minutes). • There were 237 12-hour breaches in August compared to 57 in July and 250 in June. • Junior doctor rotations may have impacted ED time key performance indicators whilst new staff are becoming familiarised with new departments. • 4-hour performance reduced to 55.7% in August, compared to 67% in July. <p>In Weston ED:</p> <ul style="list-style-type: none"> • Plans are progressing to develop a dedicated ED observations unit and options for reconfiguration of existing spaces within the ED footprint are being reviewed. • There were an additional 260 attendances to Weston ED in August compared to July. • Ambulances handovers over 15 minutes increased to 85% in August, compared to 77% in July. • There were 89 12-hour breaches in August compared to 79 in July, however this is still significantly reduced compared to preceding months. • 4-hour performance increased to 69.8% August compared to 68.2% in July; the best performance in 2023 to date.
<p>Risks:</p>	<p>Corporate Risk 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>

STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

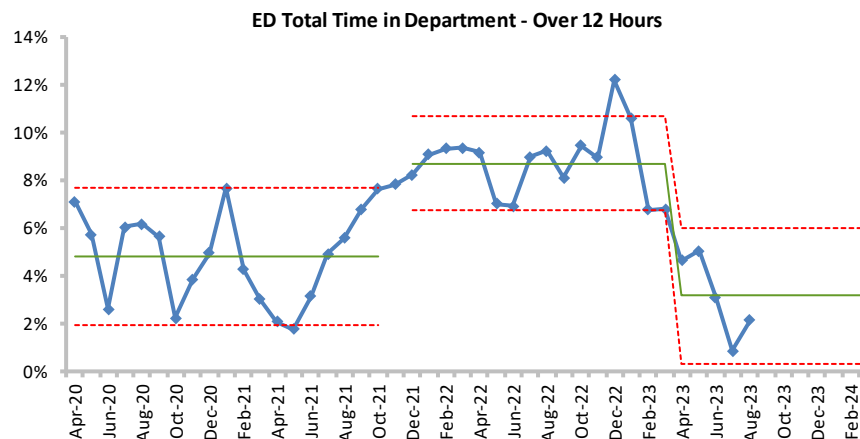
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	Aug-23	2023/24	2022/23
Bristol Royal Infirmary	55.62%	59.27%	46.14%
Bristol Children's Hospital	88.65%	83.92%	71.14%
Bristol Eye Hospital	96.96%	95.96%	95.97%
Weston General Hospital	69.77%	65.86%	55.05%
UHBW TOTAL	71.03%	71.26%	60.94%

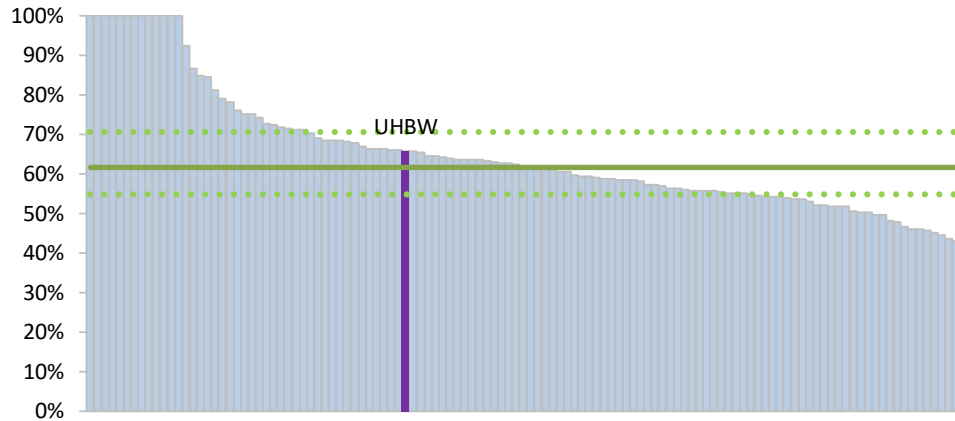


Patients Who Spend Over 12 Hours In ED (Arrival to Discharge/Admission)

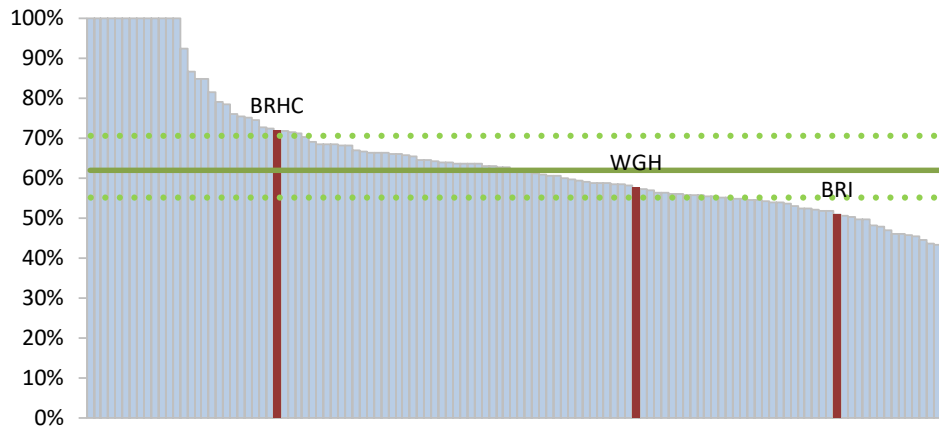
12 Hour Performance	Aug-23	2023/24	2022/23
Bristol Royal Infirmary	3.6%	3.8%	12%
Bristol Children's Hospital	0.4%	0.6%	2%
Bristol Eye Hospital	0%	0%	0%
Weston General Hospital	2.1%	6%	15%
UHBW TOTAL	2.1%	3.2%	8.7%



Benchmarking - Type 1 ED 4 Hour Performance 2023/24 Quarter 1



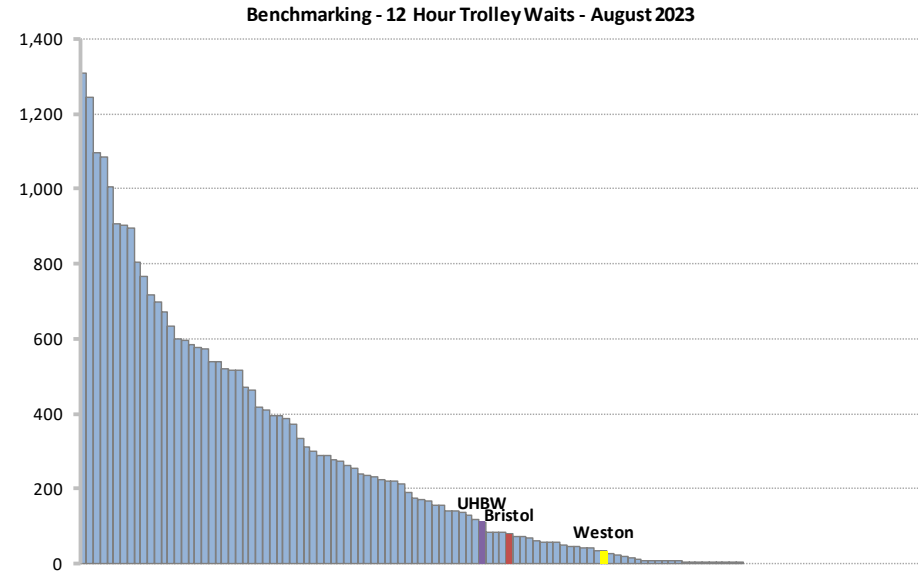
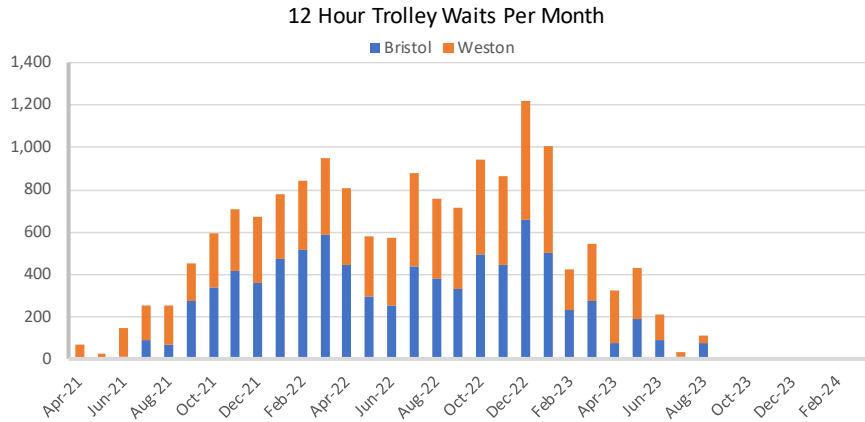
Benchmarking - Type 1 ED 4 Hour Performance 2023/24 Quarter 1



STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

12 Hour Trolley Waits – Admitted Patients Who Spend 12+ Hours from Decision To Admit (DTA) Time to Admission Time

	2022/2023												2023/2024											
	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	443	297	257	437	379	334	496	449	659	500	235	278	74	192	95	11	79							
Weston	366	282	319	441	379	383	445	413	558	506	192	267	250	243	119	23	33							
UHBW	809	579	576	878	758	717	941	862	1217	1006	427	545	324	435	214	34	112							



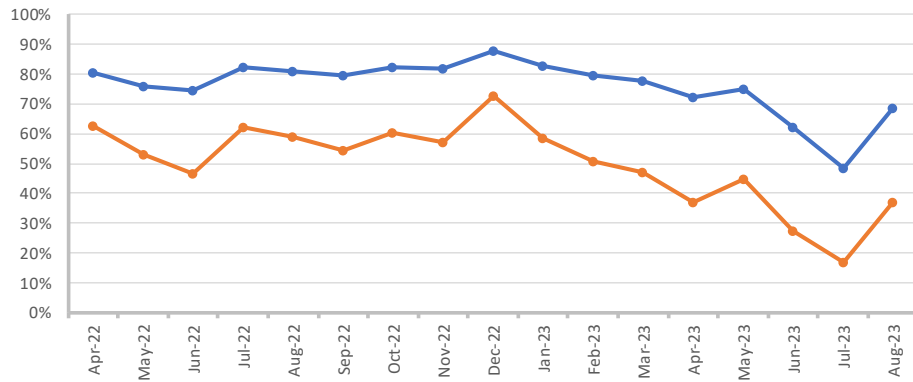
STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

Ambulance Handovers

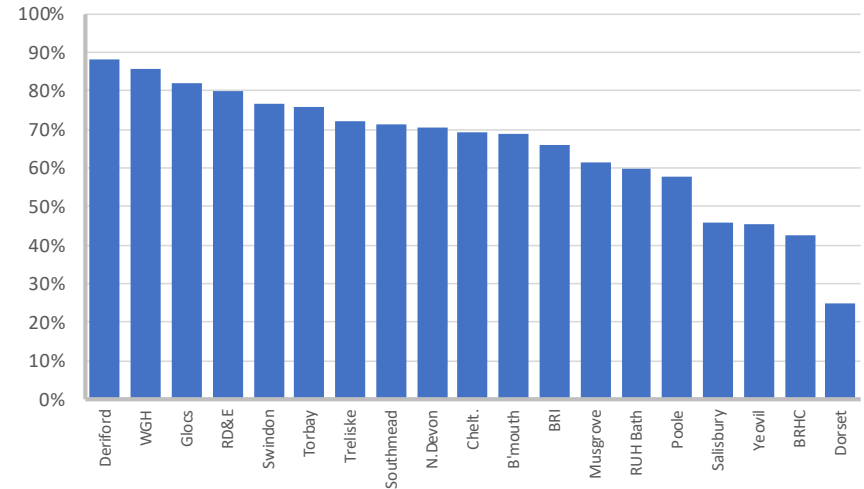
Aug-23					
	Total Handovers	15+ Mins	% 15+ Mins	30+ Mins	% 30+ Mins
Bristol Royal Infirmary	2,568	1,686	65.7%	1,000	38.9%
Bristol Children's Hospital	356	151	42.4%	45	12.6%
Weston General Hospital	977	837	85.7%	402	41.1%
UHBW Total	3,901	2,674	68.5%	1,447	37.1%

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

— % 15+ Mins — % 30+ Mins



Percentage of Handovers Over 15 Minutes - August 2023



STANDARD	EVERY MINUTE MATTERS
Background:	<p>The Every Minute Matters (EMM) programme has four work streams.</p> <ol style="list-style-type: none"> 1. Implementation of the SAFER bundle – including Estimated Date of Discharge EDD: 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. 2. Proactive Board Rounds: Focuses on implementing daily board rounds with a consistent structure that proactively progresses adult patients towards safe, timely discharge through effective multidisciplinary collaboration. 3. Criteria to Reside - Using the MCAP tool: 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. 4. Optimising use of the Discharge / Transition Lounge: 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.
Performance:	<p>Three metrics are reported as the high-level priorities:</p> <ol style="list-style-type: none"> Percentage of patients with a “timely discharge” (before 12 noon). August had 19.6% discharged before 12 noon (22.5% in July). The SAFER bundle standard is to achieve 33%. Using the Patient First methodology, the focus is on timely discharge to identify actions which will bring the discharge curve forwards. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In August 27.3% of eligible discharges went through the Weston or BRI Discharge Lounges, compared to 26.2% in July. This was 640 patients, averaging 29.1 patients per working day. <ol style="list-style-type: none"> BRI achieved 27.9%, with 437 patients. This averages to 19.9 patients per working day. Weston achieved 26.0% with 203 patients. This averages to 9.2 patients per working day. At the end of August there were 126 No Criteria To Reside (NCTR) patients in hospital: 86 in Bristol and 40 in Weston During August, the daily average number of patients with no criteria reside was 130. Of the patients discharged during August, the total number of NCTR bed days was 4,258. This figure is calculated by counting the number of NCTR bed days for each patient discharged and is reported in the month that the patient was discharged.

STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE

- Actions:**
- Active Hospitals-six pilot wards selected for launch in Q3. Environment audit has been completed and actions being defined which coincides with UHBW's 'clear the clutter' initiative. Comms being prepared to recruit Active Hospital champions. Sub groups still running to confirm priorities in preparation for planned launch in October.
 - Weekend discharges: sample review undertaken on 19th August reviewing patient's requirements over weekend, to be presented at next Every Minute Matters (EMM) meeting for agreement of next steps.
 - Discharge lounge: lead nurses from Weston and Bristol discharge lounges will be attending EMM programme group meetings and will be attending medicine flow meetings to refresh discharge lounge criteria. A focused recruitment event is being planned to support recruitment for Bristol Discharge lounge to support new 24/7 operational model. Seven-day working has now been established.
 - EMM Clinical Lead now in post. These roles will primarily support sustainability and embedding of continuous improvement approach of core EMM principles, including divisional oversight. Two Proactive Hospital Improvement Coaches have also joined the Transformation team on 11th August, supporting proactive hospital flow improvement initiatives. A yearly progress review has been undertaken and work plan for next year is being finalised.
 - Value stream mapping for 'to take away' medications: process steps identified and data capture underway with a pilot ward to map timings to each stage.
 - Tap to Transfer relaunch has been completed in Weston hospital. Significant improvements in communication (fewer phone calls and bleeps) and patient transfer times seen.
 - Plans to strengthen links between Digital Hospital Programme Board with EMM programme to ensure operational and clinical joint working relating to digital solutions.
 - Review of use of discharge checklists on adult inpatient wards completed. A simplified digital version of new discharge checklist has been developed in test environment for pilot.
 - Criteria Led Discharge (CLD):
 - Cardiac surgery: the cohort of patients that will be considered for CLD has been expanded.
 - TAVI: CLD pathways - has now gone live. Pacemaker go live planned for late September.
 - Blank clinical note for CLD (for custom criteria at individual patient level) will be piloted on Sandford ward.
 - An SBAR is being presented at Flow and Discharge Steering Group in September in response to a reduction in the number of No Criteria to Reside (NCTR) patients over the past year. This will present recommendations regarding the operational model of the NCTR wards. Project scoping initiated for a review of ward criteria SOPs with the aim of simplifying patient criteria for wards, supporting site team to allocate beds in a timely manner and supporting occupation and flow through inpatient bed base.
 - Board round training and support package for Discharge and Flow coordinators and members of the Home First Team due to commence October 2023. Review and amendment of validation criteria for Proactive Board Rounds underway to include discharge and flow coordinators participation and engagement, facilitating use of all available discharge support.

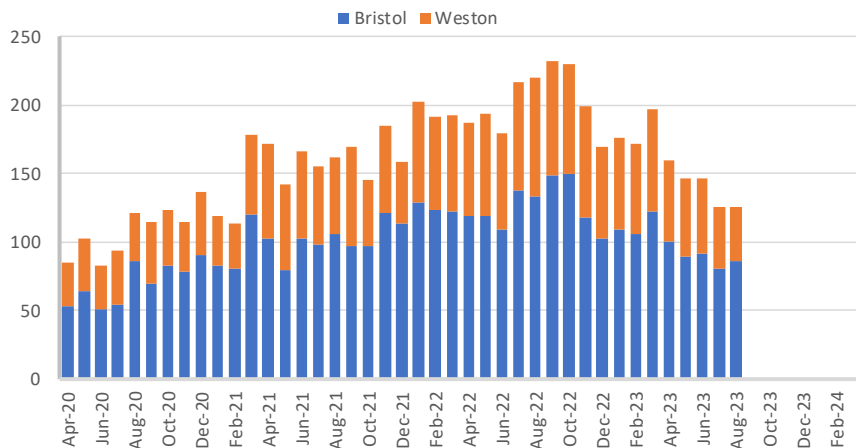
Risks: Strategic Risk 423: Risk that demand for inpatient admission exceeds available bed capacity

STANDARD EVERY MINUTE MATTERS - NO CRITERIA TO RESIDE (NCTR) AND TRANSFER OF CARE HUB (ToCH)	
Actions:	<p>A programme of continuous improvement is in place, managed through the Trust's Integrated Discharge Group, which mirrors the Every Minute Matters core principle of respecting patients' time. This includes actions to reduce the number of people waiting in hospital for onward care, and the number of days they experience this delay for.</p> <p><u>No Criteria to Reside (NCTR):</u></p> <ul style="list-style-type: none"> Reduction in NCTR length of stay (particularly for the longest waiting patients), through weekly multi-disciplinary team (MDT) escalation reviews. Establishing two Transfer of Care Hubs with system partners at BRI and Weston, with 77% of new posts recruited to date creating Home First Team. There will also be a pathway redesign and improvement element to the joint working which has already commenced, this will be system wide with NBT to ensure standard approach where possible. A shared vision and mission statement has just been signed off by all partners. Both ToCH's have realigned the workforce into 3 workstreams, Front door(ED and assessment units) Complex patients and Delayed patients 19 ward-based Discharge and Flow co-ordinators being recruited across UHBW(17/19 recruited) to support patients from admission to discharge and will extend to simple discharges (PO pts) <p><u>Bristol Transfer of Care Hub (ToCH):</u></p> <ul style="list-style-type: none"> 19/21 (90 %) of UHBW staff posts offered, all with start dates by end of September 2023. 7/7 working in September 2023 for UHBW staff. Priority is redesigning the operational model to be innovative. Move from a “we can’t” to a “ how can we” approach. 9 Discharge and Flow co-ordinators started <p><u>Weston Transfer of Care Hub (ToCH):</u></p> <ul style="list-style-type: none"> 9/9 (100%) of UHBW staff posts offered, with 6/9 (67%) in post by end of September 2023, and 100% by end November 2023. 7/7 working in September 2023 for UHBW staff North Somerset Council have 1 OT and 1 SW currently undergoing induction Priority is redesigning the operational model to be innovative. Move from a “we can’t” to a “ how can we” approach Navigation pilot in September at Weston (all partners working together) showed positive results in both reducing length of stay and enabling more people to be discharged back to their own homes straight from hospital. <p><u>Governance</u></p> <ul style="list-style-type: none"> System oversight group established with partners, led by UHBW Chief Operating Officer. Draft Memorandum of Collaboration with System partners for review and approval. Communication Strategy developed.
Risks:	<p>6789 and 6788: Risk that a Bristol and Weston location for Transfer of Care Hub site will not be found</p> <p>6874: Risk that ways of working are not changed ToCH partners will operate in silo impeding the teams ability to discharge patients.</p>

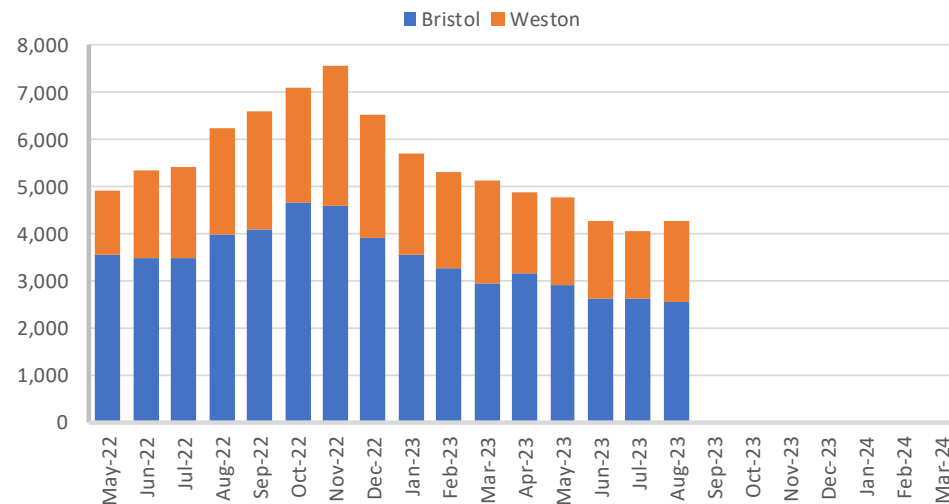
STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)

No Criteria To Reside (NCTR) Summary

Number of Patients - Last Thursday in the Month



Total Beddays Occupied by NCTR Patients Discharged in the Month



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

Timely Discharge (Before 12 Noon)

Timely Discharges as a Percentage of all Discharges

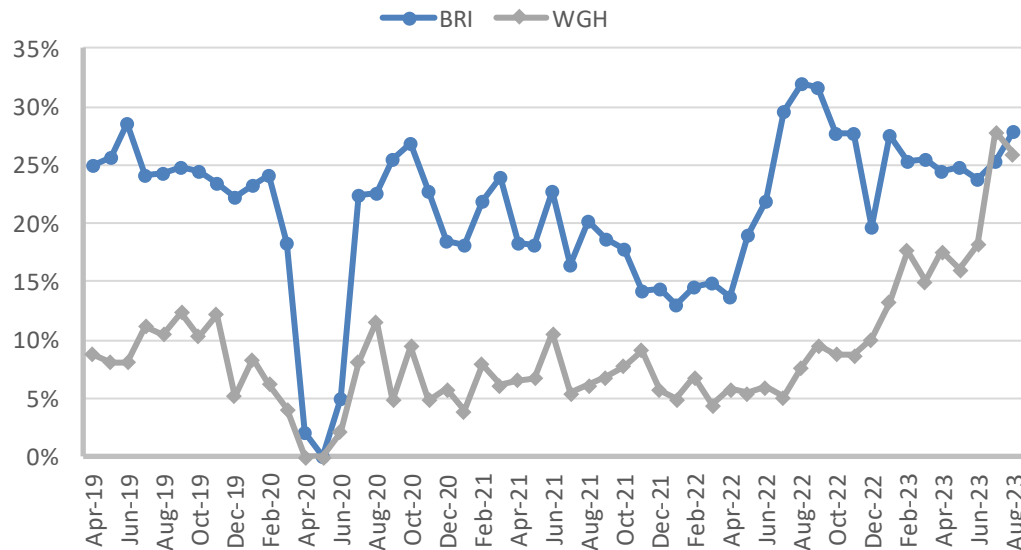


Summary of High Volume Specialties - August 2023

	Total Discharges	% Before Noon
Cardiac Surgery	112	8.0%
Cardiology	334	15.0%
Clinical Oncology	66	12.1%
Colorectal Surgery	121	11.6%
ENT	92	15.2%
Gastroenterology	125	16.0%
General Medicine	718	18.4%
General Surgery	196	16.8%
Geriatric Medicine	224	50.9%
Gynaecology	135	12.6%
Ophthalmology	85	40.0%
Paediatric Surgery	91	28.6%
Paediatrics	128	13.3%
Thoracic Medicine	156	10.3%
Trauma & Orthopaedics	193	26.4%
Upper GI Surgery	33	12.1%
UHBW TOTAL	3,787	19.6%

Discharge Lounge Use Summary

Percentage of Discharges Through the Discharge Lounge



Summary of High Volume Specialties - August 2023

	BRI	WGH	TOTAL
Accident & Emergency	29.2%	50.0%	30.3%
Cardiac Surgery	71.9%	-	71.9%
Cardiology	50.6%	23.5%	47.2%
Colorectal Surgery	22.5%	30.8%	23.5%
ENT	8.6%	-	8.6%
Gastroenterology	31.0%	30.2%	30.5%
General Medicine	20.6%	24.8%	23.2%
General Surgery	7.9%	26.2%	15.6%
Geriatric Medicine	31.4%	26.7%	30.7%
Hepatobiliary and Pancreatic Surgery	19.5%	-	19.5%
Maxillo Facial Surgery	14.6%	-	14.6%
Thoracic Medicine	8.2%	20.0%	12.6%
Thoracic Surgery	35.9%	-	35.9%
Trauma & Orthopaedics	20.7%	36.1%	27.4%
Upper GI Surgery	33.3%	0.0%	30.8%
UHBW TOTAL	27.9%	26.0%	27.3%

FINANCIAL SUMMARY

YTD Income & Expenditure Position

- Net I&E deficit of £11,266k against a deficit plan of £7,104k (excluding technical items).
- Total operating income is £12,438k favourable to plan due to higher than planned income from activities of £10,406k and higher than planned other operating income of £2,032k.
- Operating expenses are £18,368k adverse to plan due to higher pay expenditure (£11,395k) and non-pay expenditure (£6,971k). Depreciation is broadly in line with plan.
- The estimated cost of industrial action for May to August (at £2,488k) remains unfunded by NHSE.
- Financing items are £1,866k favourable to plan mainly due to interest receivable.

Key Financial Issues

- *Recurrent savings delivery below plan* – Internal CIP delivery is £7,364k or 94% of plan, of which recurrent savings are £3,058k, 39% of plan. Failure to achieve the annual target of £27m (including transformational savings) in full will result in the Trust failing to meet the financial plan.
- *Delivery of elective activity recovery below plan* – elective activity must be delivered in line with plan. Failure to do so will result in a loss of income of up to c£30m, resulting in the Trust not achieving its financial plan. At M5, the value of elective activity was £1.4m behind plan.
- *Corporate mitigations not delivered in full* – non-recurrent mitigations of c£25m must be achieved to support delivery of the plan.
- *Failure to deliver the financial plan* – failure to deliver the actions and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention.

Strategic Risks

- Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the business case in December 2023;
- Understanding the operational risks and mitigations associated with the Trust's legacy estate and how the CDEL limit and system prioritisation restricts future strategic capital investment – pending completion of the ICB and Trust draft medium term capital plan in October 2023;
- Understanding the implications of the Trust's recurrent revenue deficit of c£60m, i.e. the requirement to present a medium-term financial plan in October 2023 to address the Trust's recurrent deficit and the impact this will have on future clinical strategy and Trust autonomy.

TRUST YEAR TO DATE FINANCIAL POSITION

Trust Year to Date Financial Position

	Month 5			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	90,551	91,129	578	417,314	427,720	10,406
Other Operating Income	9,273	9,971	698	46,365	48,397	2,032
Total Operating Income	99,824	101,100	1,276	463,679	476,117	12,438
Employee Expenses	(61,060)	(62,315)	(1,255)	(282,388)	(293,783)	(11,395)
Other Operating Expenses	(36,432)	(37,212)	(780)	(169,939)	(176,910)	(6,971)
Depreciation (owned & leased)	(2,848)	(2,667)	181	(14,606)	(14,608)	(2)
Total Operating Expenditure	(100,340)	(102,194)	(1,854)	(466,933)	(485,301)	(18,368)
PDC	(1,037)	(1,037)	0	(5,185)	(5,186)	(1)
Interest Payable	(221)	(243)	(22)	(1,105)	(1,151)	(46)
Interest Receivable	250	507	257	1,250	3,186	1,936
Other Gains/(Losses)	0	0	0	0	(23)	(23)
Net Surplus/(Deficit) inc technicals	(1,524)	(1,867)	(343)	(8,294)	(12,358)	(4,064)
Remove Capital Donations, Grants, and Donated Asset Depreciation	238	47	(191)	1,190	1,092	(98)
Net Surplus/(Deficit) exc technicals	(1,286)	(1,820)	(534)	(7,104)	(11,266)	(4,162)

Key Facts

- The position at the end of August is a net deficit of £11,266k against a deficit plan of £7,104k. The adverse position against plan of £4,162k, a deterioration from last month of £534k.
- The variance is primarily due to the estimated cost of industrial action for May to August at £2,488k and the shortfall on savings delivery at £1,780k.
- YTD, the Trust has spent £2,843k on costs associated with internationally educated nurses.
- Pay expenditure in August is £3,821k higher than last month. This is driven by estimated YTD costs of the medical additional pay award (£3,000k), additional staffing costs of covering the industrial action (£877k), increased bank and agency costs and a higher number of substantive staff in post.
- Agency expenditure in month is £2,333k, compared with £2,064k in July. Bank expenditure in month is £3,742k, compared with £3,432k in July.
- YTD, pay expenditure is £11,351k above plan, due mainly to costs of industrial action (£3,221k), medical pay award (£3,000k) and a higher number of substantive staff in post.
- Total operating income is £6,851k higher than July. The main drivers are c£3,000k relating to the additional medical pay award and c£1,000k estimated ERF income to offset the cost of industrial action in April.
- The financial position of the clinical divisions deteriorated by £2,069k in August to a YTD overspend against budget of £8,411k or 2.3%. Excluding the cost of industrial action, this reduces to £5,230k or 1.4%. Estates and Facilities also deteriorated significantly, ending the month £782k or 2.7% over budget, excluding industrial action.
- Surgery (£651k), Weston (£447k) and Estates and Facilities (£530k) had the largest deterioration during the month.