

April 2024

Published Papers

Including:

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



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

Integrated Quality and Performance Report

Month of Publication: March 2024

Data up to: February 2024

Integrated Quality & Performance Report



Reporting Month: February 2024

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	13
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.	27
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.	33
Financial Performance	Year To Date Income & Expenditure Position. Recurrent savings delivery and delivery of elective activity recovery. Strategic Risks.	57

EXECUTIVE SUMMARY

Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months November 2022 to October 2023 was 93.0 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100. The Hospital Standardised Mortality Ratio (HSMR) solely for the month of November 2023 was 87.0, meaning there were 15 fewer observed deaths (104) than the statistically calculated expected number of deaths (119). Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. The HSMR for the 12 months to November 2023 for UHBW was 91.2, below the National Peer figure of 93.9.

The Trust saw 13 cases of Clostridium Difficile (C. diff) in February the breakdown for these are nine Hospital Onset Hospital Acquired and four Community Onset Hospital Acquired. This now brings the Trusts year to date apportioned number to 99. The short life task finish focusing on C.Diff is underway and already identifying areas for improvement in the patients care pathways.

February 2024 had no additional MRSA cases reported. There have now been eight cases YTD for 2023/24. The MRSA short life working group is underway. Various opportunities for improvement have been identified based on the data set from the post infection reviews of cases. This group is chaired by a Deputy Director of Nursing with cross Divisional support, Infection Prevention & Control and Microbiology representation.

There has been no increase in incidents or hospital acquired VTE and no evidence of additional harm in February 2024. A Trust wide action plan was presented to Quality Outcomes Committee in February and is in the process of being implemented. There are some notable areas of good practice especially maternity and haematology which the Trust can take additional learning from.

In February, there were 39 Fracture Neck of Femur (NOF) patients eligible for the Best Practice Tariff (BPT): 23 in Bristol and 16 in Weston. For the 36 hour time to surgery standard, 23/39 patients (58%) achieved the standard. For the 72-hour time to Ortho-geriatric assessment, 38/39 patients (97%) achieved the standard. 22/39 (56%) achieved all aspects of the Best Practice Tariff.

EXECUTIVE SUMMARY

Our People

Overall vacancies reduced to 2.2% in February (270.2 Full Time Equivalents, FTE) compared to 2.4% (291.3 FTE) in January. Work continued to prepare the arrival of the last three internationally educated nurses and midwives planned to join the Trust in March. Their arrival will conclude the Internationally Educated Nurse (IEN) recruitment programme for 2023-2024. A Newly Qualified Adult Nurse Expo took place in February in Bristol, leading to twelve offers and nine more career discussions in the pipeline. 28 Trainee Nursing Associates and 37 Registered Nurse Degree Apprentices candidates completed their pre-employment checks and enrolled onto the educational programme in February and will be starting at the beginning of March. As in previous reports the 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.

Turnover for the 12-month period reduced to 11.6% compared to 11.7% (updated figures) for the previous month. A robust communication plan is in place to cascade the National Staff Survey results across the Trust once the external embargo is lifted, including 'you said, we did' style campaign. The stability index improved to 83.1% compared to 82.9% the previous month based on a Trust total Permanent FTE of 10288.4 FTE of which 8551.9 FTE have been part of the Trust for one year or more. As per previous reports it is important to interpret the reduction in the stability score, i.e. the increased numbers of workers with less than one years' service, within the context of the growth of the total workforce, the improved vacancy position and a period of reduced turnover. As part of the Patient First Breakthrough Objective further work is being undertaken to understand the impact of the movement of staff during the past 12 months, this includes retire and returners.

Sickness absence reduced to 4.8% from 4.9% in January, based on updated figures for both months. A Measles Outbreak Planning Workforce Subgroup released FAQ's and Risk Assessment to promote optimum protection from measles.

Agency usage remains at 1.0% and on target. System work continues at 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. Work also continues within the BNSSG partners to review the current cap rates and reduce them by the 1st April 2024. Bank usage increased to 7.2% from 6.9% in January against a minimum usage target level of 7%. This equates to an increase of 40.8 FTE. There were 70 new starters across the Bank in February, including 20 re-appointments.

Integrated Quality and Performance Report



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2024

EXECUTIVE SUMMARY

Timely Care

Whilst Industrial Action continued during February, improvement has been noted across a range of measures during the month and, whilst a high rate of bed occupancy (BRI: 108.6% and Weston 95.9%) coupled with an increase in non-elective demand has continued to impact non-elective services in particular, progress has been noted against some of those associated non-elective performance measures.

Planned Care - At the end of February 2024, 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.

Significant progress was made in reducing the number of patients waiting over 78 weeks in the last six months of 2022/23, the number decreasing from 877 in December 2022 to 166 in March 2023, now 67 at end of February 2024. The further improvement noted during February reflects the continued impact of Divisional recovery plans which forecast a continued reduction through the remaining 4 weeks of the year and the number of patients waiting 78+ weeks is expected to be eliminated by end of Q4 for all specialties except for paediatric dental (17 patients), GI surgery (1 patient) and Urology (1 patient). Each of these 19 patients are planned to be treated during April 2024.

Up until June 2023, the Trust was on track to achieve the national expectation that no patient should be 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 September 2023, the number of patients waiting longer than 65 weeks increased to 2,183 against an operating plan trajectory of no more than 1,260. Improvements have been made since the end of Q2 and, at the end of the January, the number of patients waiting in excess of 65 weeks has reduced to 475 against a revised trajectory of 652. The Trust expects to meet the NHS England trajectory for 2023/24 of no more than 392 patients waiting 65 weeks or longer by the end of March 2024, although this is may be impacted by continued Industrial Action.

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. During 2023/24, alongside other planned care pathways and targets, Industrial Action has had an 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 following. Due to the continued impact of Industrial Action, at the end of October the position had deteriorated to 282 patients, but significant improvement through the last four months has resulted in the number reducing to 156 at the end of February, ahead of trajectory and achieving the target of 160 by March 2024. It is anticipated that this position will be maintained, and possibly improved during March.

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EXECUTIVE SUMMARY

Timely Care (continued)

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 and then deteriorated in the following six months (June 61.6%, July 59.5%, August 56%, September 48.4%). Significant improvement has been noted against this measure since September despite continued industrial action and performance during January was reported as 75.2%, which is ahead of both the in-month trajectory of 73% and 2023/24 year-end target of 75%. The successful implementation of a cancer services recovery plan and the cessation of mutual aid arrangements with Somerset have been key to the improvement noted and the Trust is in a good position to maintain this performance and achieve the national target of 75% by end of March 2024.

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%, but during the subsequent two months, the Trust's focus on the recovery of other areas predictably impacted the diagnostic six-week wait standard and performance at the end of September deteriorated to 74.9%, against the operating planning trajectory of 77.8%. Since September, an improvement has been seen against this standard, with 85.7% of patients waiting six weeks or less at the end of February, against a trajectory of 82.3%. The target set through the Trust operating plan was that 83.3% of patients will be waiting six weeks or less for their diagnostic test by end of March 2024 and it is anticipated that recent performance will be maintained and will exceed that target by the end of 2023/24.

Urgent Emergency Care - Across the key emergency department and flow measures, a deterioration in performance has been noted between August and December following an improvement leading up to July which, when compared to previous months, was an exceptionally improved position. This is broadly due to slower flow through the hospitals driven largely by the increased bed occupancy rate, through increased NEL admissions. During January and February improvements have been noted across some of the Urgent Emergency Care measures and work continues to meet the national targets by end of March 2024.

The Length of Stay (LoS) benefits (15.5% reduction in LoS) derived from initiatives such as Every Minute Matters, Same Day Emergency Care (SDEC) development and the Transfer of Care Hubs mobilisation, have largely been subsumed by a 14.8% increase in Non-elective admissions.

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Reporting Month: February 2024

EXECUTIVE SUMMARY

Timely Care (continued)

During February, 63.4% of attendances spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission, compared to 64.7% in January (63.4% in November, 63% in December). There continues to be focus on SDEC utilisation across both sites; BRI Medical SDEC saw 827 in February, and Weston 675 (BRI medical 896 Jan, Weston 860 Jan), noting the reduction in days within February. We continue to see increased ED Observation Unit usage on the Weston site, with a new seated CDU area being mobilised. Frailty SDEC was mobilised mid-January on the BRI site, this continues to embed with focus on decompressing the Emergency Department and improving the number of patients we are able to ambulate same day.

The number of patients spending 12 hours or more in ED during February was reported as 4% (4.3% in January), following a period of deterioration during Q3 (October, 3.8%; November, 4.7%; December 5.0%). It should be noted that performance against this measure has improved from the same period last year (6.8% February 2023) and the Trust continues to progress actions to deliver and sustain the NHSE year-end target (2%). The increased bed occupancy is directly responsible for the deterioration in 12 hour waits due to the impacts on flow out of the emergency departments into assessment units.

The proportion of ambulance handovers within 15 minutes has deteriorated slightly during February (27.4%) from January (27.8%) but an improvement is noted when compared with the previous three months (October 20.6%, November 21.5%, December 26.3%). The improvement noted since December follows the predictable deterioration between July (51.4%) and October due to the impacts of the constrained flow (i.e. more NEL admissions coming in and increased bed occupancy), particularly noticeable on the BRI site where occupancy levels have consistently been 108-110%. An improved performance has been seen for ambulance handovers within 30 minutes, with February reporting 63.2%, compared with November (55.6%), December (62.1%) and January (62.3%). Whilst at Trust level ED attendances are currently tracking above 2019/20 levels, 'Ambulance conveyed' arrivals as a sub-set of attendances are up c16% compared to the same period last year.

During February, the average daily number of patients in hospital with no criteria to reside (NCTR) was 162, an increase from the last three months (January 160, December, 159, November, 154). Patients on discharge pathway 2 (P2) have seen the greatest increase due to high NCTR numbers within Sirona's community bedded provision- a MADE event has been held within the P2 community capacity to create flow. There has been year on year improvement in total NCTR numbers (February 2023 NCTR @ 174) however numbers have now plateaued. Work is underway to review the focus of the Discharge to Assess Transformation Programme to identify key schemes for 2024/25.

EXECUTIVE SUMMARY

Financial Position

The position at the end of February is a net deficit of £10,773k against a deficit plan of £10,857k. The favourable position of £84k is an improvement of £4,438k from last month due to funding received from NHS England to support the costs of industrial action incurred from December to February. Significant variances in the year-to-date position of £84k favourable to include: the value of elective income being behind plan by £13,900k (of which £5,684k relates to the impact of industrial action); the £5,420k shortfall on savings delivery; better than planned interest receivable income of £3,588k; and additional operating income of £15,816k.

Year to Date, the Trust has spent £7,049k on costs associated with Internationally Educated Nurses (IENs).

Pay expenditure in February is £1,118k lower than January at £63,004k. £807k is associated with industrial action in February. Agency expenditure in month is £1,835k, compared with £1,819k in January. Bank expenditure in month is £4,292k, compared with £4,214k in January. Pay expenditure is £33,872k above plan, mainly due to a significantly higher than planned number of substantive staff in post, higher than planned bank and agency spend combined and costs associated with industrial action.

Total operating income is £58,618k higher than plan as result of an increase to the block element of Aligned Payment Incentive (API) contract income and additional income from commissioners including income received from Health Education England (HEE) and services provided to other organisations.

Integrated Quality & Performance Report



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2024

SUMMARY SCORECARD – FINANCIAL YEAR 2023/24

DOMAINS: “Quality and Safety” and “Our People”

			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Infection Control: C.Diff Cases (Hospital Attributable)	Risks: 800 and 4651	Actual	12	8	13	8	10	9	9	6	4	7	13	-
		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	1	0	0	1	1	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%	45.1%	49.0%	33.3%	63.5%	55.6%	34.8%	-
		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%	78.4%	100.0%	100.0%	90.4%	84.4%	95.7%	-
		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%	82.5%	82.7%	84.9%	83.0%	83.6%	82.7%	-
		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%	1.3%	1.4%	1.2%	1.1%	1.0%	1.0%	-
		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%	12.7%	12.4%	12.0%	12.0%	11.8%	11.6%	-
		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%	4.7%	5.1%	5.0%	5.0%	4.9%	4.8%	-
		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%	4.1%	4.0%	3.2%	2.7%	2.4%	2.2%	-
		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%

			Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Summary Hospital Level Mortality Indicator (SHMI)		Actual	100.4	98.0	98.9	97.5	95.8	95.0	95.3	95.9	93.9	94.0	93.0	-
		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

Integrated Quality and Performance Report



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2024

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	287	242	223	185	120	67	-
		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	2,183	1,806	1,304	1,048	706	475	-
		Original *	1,950	1,910	1,870	1,670	1,470	1,260	1,050	840	630	420	210	0
		Revised *								1,430	1,171	911	652	392
Cancer 62+ Days	Risk: 801	Actual	218	238	179	233	222	270	282	204	222	192	156	-
		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%	69.0%	64.8%	59.1%	61.8%	66.5%	75.2%	71.3%	-	-
		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%	74.9%	75.5%	80.2%	80.0%	81.0%	85.7%	-
		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	311	232	315	288	199	66	-
		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%	67.2%	64.7%	63.4%	63.0%	64.7%	63.4%	-
		Trajectory	60.5%	61.4%	62.2%	63.1%	64.0%	64.8%	66.6%	68.3%	70.0%	71.7%	73.5%	76.0%
Emergency Department: Percentage Spending Over 12 Hours	Risks: 910 and 4700	Actual	4.7%	5.0%	3.1%	0.9%	2.1%	2.8%	3.8%	4.7%	5.0%	4.3%	4.0%	-
		Trajectory	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Emergency Department: Handovers Under 15 Minutes	Risks: 910 and 4700	Actual	28.0%	25.1%	38.0%	51.4%	31.5%	29.7%	20.6%	21.5%	26.3%	27.8%	27.4%	-
		Trajectory	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
Emergency Department: Handovers Under 30 Minutes	Risks: 910 and 4700	Actual	63.0%	55.0%	72.7%	82.9%	62.9%	61.2%	56.9%	55.6%	62.1%	62.3%	63.2%	-
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	18.3%	19.4%	19.9%	19.4%	17.8%	19.7%	20.1%	17.0%	17.4%	17.1%	17.4%	-
		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%	30.7%	30.4%	30.6%	25.8%	25.8%	27.5%	-
		Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	159	143	139	135	130	142	155	154	159	160	162	-
		Trajectory												

* Original is the trajectory submitted to NHS England at the start of 2023/24. A revised trajectory was submitted in November 2023

Integrated Quality & Performance Report

Draft Quarter 4 Position

CORPORATE RISKS

ID	Corporate Risks, Projected Mitigation	2023/24			2024/25				2025/26				2026/27	2027/28
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
2244	Long waits for Outpatient follow-up appointments	20	20	↔	20	15	15	4						
910	Patients in ED do not receive timely and effective care	16	16	↑	20		6							
6744	Patients attending with Stroke will not receive specialist care			NEW	20									tbc
972	Compliance with Regulatory Reform (Fire Safety) Order 2005	16	16	↔	16	16	16							4
2264	Delays in commencing induction of labour	16	16	↔	16	16	16	4						
1035	Cancelled operations, breached performance targets	16	16	↔	16		4							
588	Patient deterioration is not identified and responded to	15	15	↔	15		5							
856	Emotional and mental health needs of children and YP	15	15	↔	15	15	15	8						
292	Trust is impacted by a cyber incident	15	15	↔	15	15	15							tbc
6691	Medicines are not stored securely	15	15	↔	15	12	9	6						
5477	Nurse staffing levels	15	12	↓	9	6								
1595	Mental health patients in Adult ED for prolonged periods	12	12	↔	12		8							
422	Patients and staff experience V&A	12	12	↔	12	9	9	6						
674	Agency use - national pricing caps	12	12	↔	12	4								
1598	Patients suffer harm or injury from preventable falls	12	12	↔	12		9!							
2639	Staff compliance with appraisal requirements	12	12	↔	12	6								
2695	Robust governance processes	12	12	↔	12	8								
5520	Health inequalities exacerbated for patients on waiting list	12	12	↔	12	12	12	6						
793	Staff experience work-related stress	12	12	↓	9!*									
6502	Industrial action impacts on patient safety	9	9	↔	9		5							
921	Staff compliance with their Essential Training	9	9	↔	9	9	9	6						
2614	Patients being cared for in extra capacity locations	8	8	↑	10	8	6							
720	VTE prevention and management	8	8	↔	8	8	6	4						

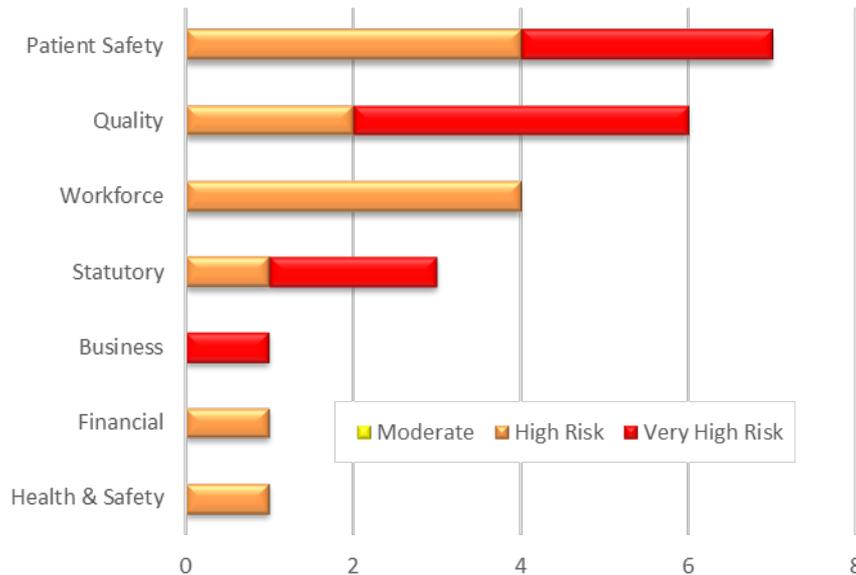
* denotes that the target score has been achieved

! denotes that the target assessment is above tolerance

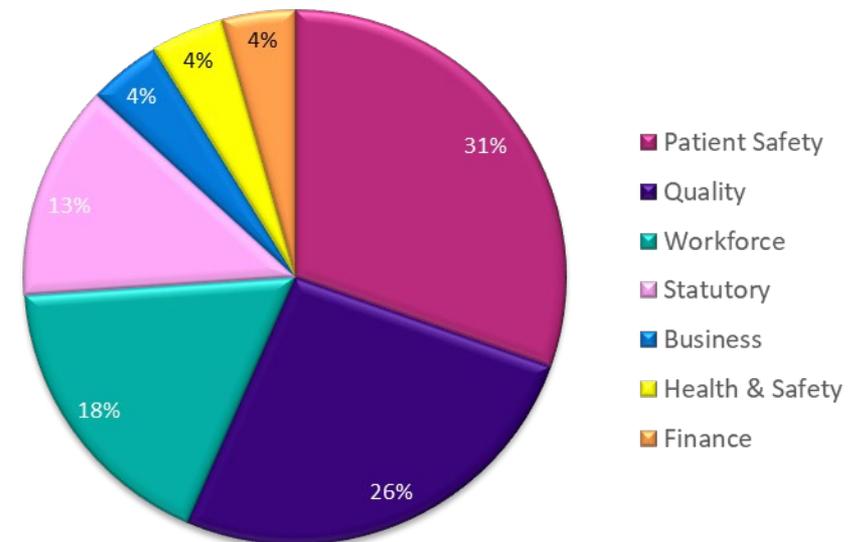
red font denotes that the target date has elapsed

CORPORATE RISKS

Corporate Risks by Domain and Risk Level



Corporate Risks by Domain n=23



Integrated Quality & Performance Report



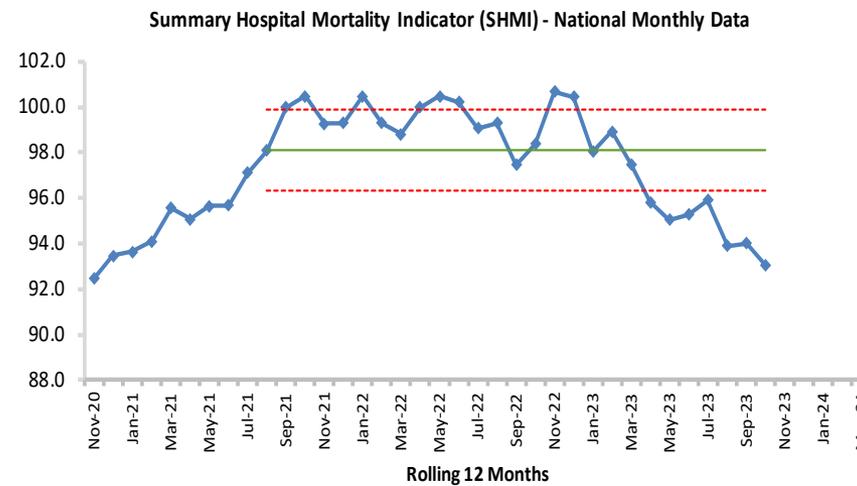
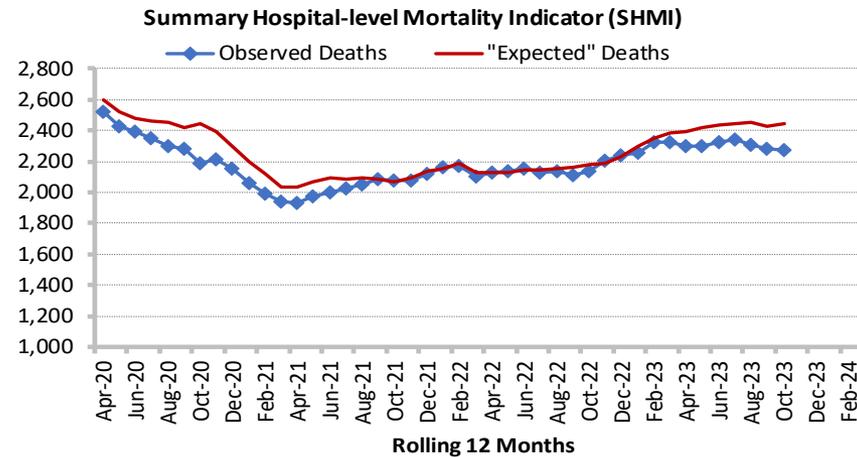
Reporting Month: October 2023

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 November 2022 to October 2023 was 93.0 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100.	
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
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
May-23	2,300	2,420	95.0
Jun-23	2,320	2,435	95.3
Jul-23	2,340	2,440	95.9
Aug-23	2,305	2,455	93.9
Sep-23	2,280	2,425	94.0
Oct-23	2,270	2,440	93.0

STANDARD

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



Integrated Quality & Performance Report



Reporting Month: November 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 November 2023 was 87.4, meaning there were 15 fewer observed deaths (104) than the statistically calculated expected number of deaths (119). Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation.	
National Data:	The HSMR for the 12 months to November 2023 for UHBW was 91.2, below the National Peer figure of 93.9.	
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.	

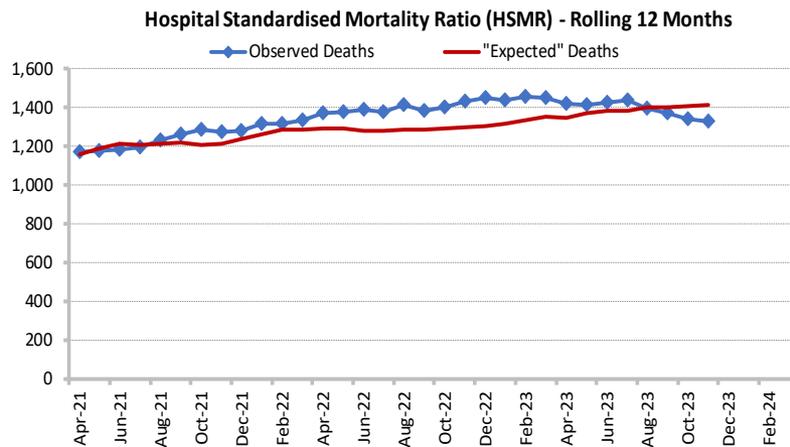
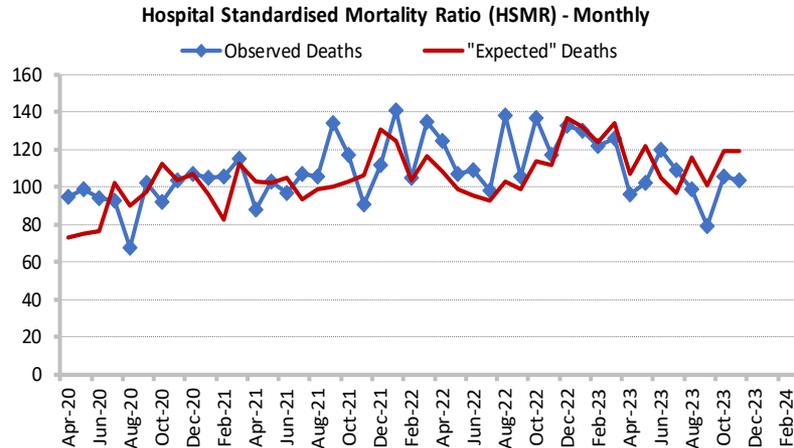
Month	Observed Deaths	"Expected" Deaths	HSMR
Dec-22	133	137.0	97.1
Jan-23	130	132.0	98.5
Feb-23	122	124.0	98.4
Mar-23	126	134.0	94.0
Apr-23	96	107.0	89.7
May-23	102	122.0	83.6
Jun-23	120	105.0	114.3
Jul-23	109	97.0	112.4
Aug-23	99	116.0	85.3
Sep-23	79	101.0	78.2
Oct-23	106	119.0	89.1
Nov-23	104	119.0	87.4

Integrated Quality & Performance Report

Reporting Month: November 2023

STANDARD

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



Integrated Quality & Performance Report



Reporting Month: February 2024

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>C.Difficile: The Trust saw 13 cases of C.Difficile in February the breakdown for these are nine HOHA and four COHA. This now brings the Trusts year to date apportioned number to 99. There are several potential contributory factors for increased risk of Clostridioides Difficile infection, the most important ones being antibiotic prescribing and appropriate standards of cleanliness including commodes and toilet areas.</p> <p>MRSA: February had no additional MRSA cases reported. There have now been eight cases YTD for 2023/24. Progress with vascular access improvement work continues with the focused work around education.</p>	
National Data:	See next page.	
Actions:	<p>C.Difficile</p> <ul style="list-style-type: none"> • C. Diff reviews have been streamlined in line with patient safety response principles to maximise timely learning and importantly key actions for improvement within a shortened timescale this remain under review. • The Operational Infection Control Group continues to scrutinise the cleaning standards audited with Divisions with a revised template being developed for the Division Matron's to report to 'track progress' when cleaning standards are not delivered collaboratively with the Facilities management team. • The implementation of electronic additional cleaning requests is rolling out and allowing for embedding of the cleaning risk categories are being delivered following the discharge of a patient with a known infection. 	

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Integrated Quality & Performance Report

Reporting Month: February 2024

STANDARD		QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Actions (continued):	MRSA	<ul style="list-style-type: none"> The MRSA short life working group is underway. Various opportunities for improvement have been identified based on the data set from the post infection reviews of cases. This group is chaired by a Deputy Director of Nursing with cross Divisional support, Infection Prevention and Microbiology representation. The ongoing QI project for cannulation in BRI / WGH ED continues.
Risks:		8 00: 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

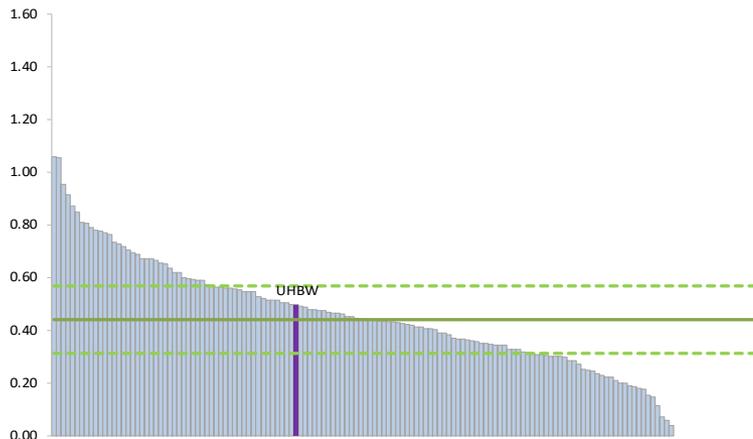
C.Difficile

	Feb-24		2023/2024		2022/2023	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	2	1	19	7	23	4
Specialised Services	2	2	12	8	8	3
Surgery	0	0	4	1	11	1
Weston	4	0	24	7	27	7
Women's and Children's	1	0	11	2	8	3
Other	0	0	0	3	1	4
UHBW TOTAL	9	4	70	29	78	22

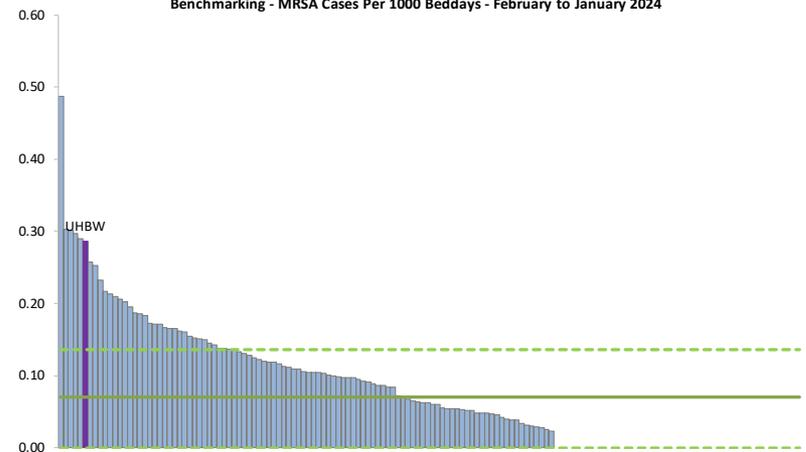
MRSA

	Feb-24	2023/2024	2022/2023
Medicine	0	2	1
Specialised Services	0	0	1
Surgery	0	3	2
Weston	0	2	1
Women's and Children's	0	1	2
Other	0	0	0
UHBW TOTAL	0	8	7

Benchmarking - C.Diff Rate Per 1000 Beddays - February to January 2024



Benchmarking - MRSA Cases Per 1000 Beddays - February to January 2024



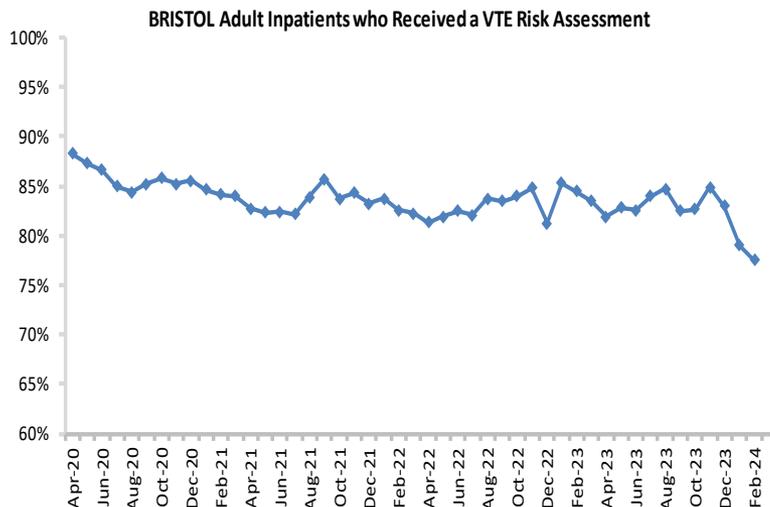
Integrated Quality & Performance Report



Reporting Month: February 2024

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:	As indicated in the previous report, the Trust has now updated all the data feeds from Business Intelligence Team to include all relevant patients from across the whole trust. This now includes Weston data. This change in data was applied from January 2024. Data prior to January 2024 remains as reported previously. As expected figures are lower than previously reported at 77.5% for February. There has been no increase in incidents or hospital acquired VTE and no evidence of additional harm. There are some notable areas of good practice especially maternity and haematology which we can take additional learning from.
Actions:	<ul style="list-style-type: none"> A Trust-wide action plan was presented to the Quality and Outcomes Committee (QOC) in February and is in the process of being implemented. This is being overseen by VTE steering group. Additional support for the programme to enable a multidisciplinary approach has been agreed and is being actioned currently. Whilst the implementation of CMM will provide additional improvement, a number of actions have been identified to support improvement until this is in place.
Risks:	Corporate Risk 720: Risk that VTE risk assessments are not completed



Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Radiology	28	28	100.0%
Diagnostics and Therapies Total		28	28	100.0%
Medicine	Medicine	3,331	4,650	71.6%
Medicine Total		3,331	4,650	71.6%
Other Division	Other Directorate	1	1	100.0%
Other Division Total		1	1	100.0%
Specialised Services	BHOC	2,491	2,611	95.4%
	Cardiac	337	520	64.8%
Specialised Services Total		2,828	3,131	90.3%
Surgery	Anaesthetics	24	31	77.4%
	Dental Services	135	184	73.4%
	ENT & Thoracics	202	443	45.6%
	GI Surgery	1,083	1,558	69.5%
	Ophthalmology	345	359	96.1%
	Trauma & Orthopaedics	142	336	42.3%
Surgery Total		1,931	2,911	66.3%
Women's and Children's	Children's Services	2	2	100.0%
	Women's Services	1,492	1,677	89.0%
Women's and Children's Total		1,494	1,679	89.0%
Grand Total		9,613	12,400	77.5%

Integrated Quality & Performance Report

Reporting Month: February 2024

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:	<p>In February, there were 39 patients eligible for the Best Practice Tariff (BPT): 23 in Bristol and 16 in Weston. For the 36 hour time to surgery standard, 23/39 patients (58%) achieved the standard. For the 72-hour time to Ortho-geriatric assessment, 38/39 patients (97%) achieved the standard. 22/39 (56%) achieved BPT.</p> <p>At Bristol sites 23 patients were eligible for Best Practice Tariff in February 2024.</p> <ul style="list-style-type: none"> • 8/23 35% had surgery within 36hrs of admission, • 22/23 96% had an ortho-geriatrician assessment within 72hrs of admission, • 22/23 96% Physio Assessment on the day or day after surgery, • 7/23 30% met all the requirements for BPT. <p>At Weston General Hospital 16 patients were eligible for Best Practice Tariff in February 2024.</p> <ul style="list-style-type: none"> • 15/16 94% had surgery within 36hrs of admission, • 16/16 100% had an ortho-geriatrician assessment within 72hrs of admission, • 15/16 94% met all the requirements for BPT. <p>The overall performance particularly that of the ortho-geriatrician assessment has been adversely affected by the recent industrial action.</p>
Actions:	<p>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 Trauma & Orthopaedics Governance & Silver trauma steering group so ideas for improvement could be discussed. • Actively re-patriating patients to Weston to avoid breaches. • Trauma Standard Operating Procedure (SOP) signed off to allow the allocation of a "Golden Patient", enabling a prompt start. • Restart of automatic send. • Trauma Escalation SOP to be reviewed to specifically outline escalation process. <p>Weston:</p> <ul style="list-style-type: none"> • Only one patient missed time to surgery. This patient needed a specific surgeon for the procedure so had to wait an additional night before the appropriate surgery could be performed.
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>

Integrated Quality & Performance Report



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2024

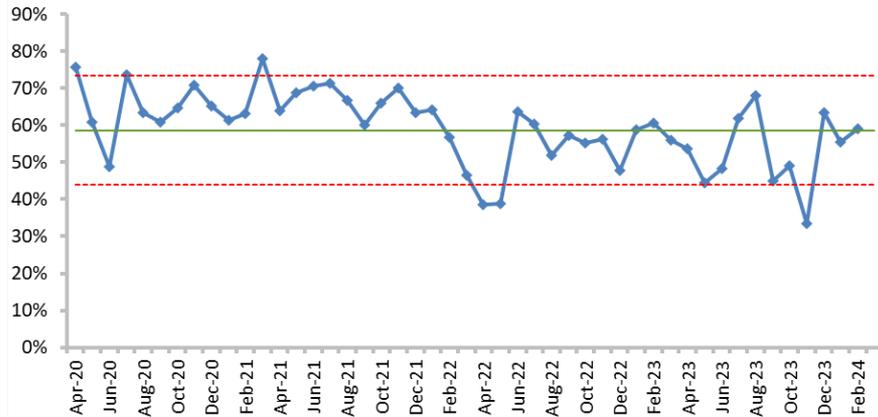
STANDARD

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

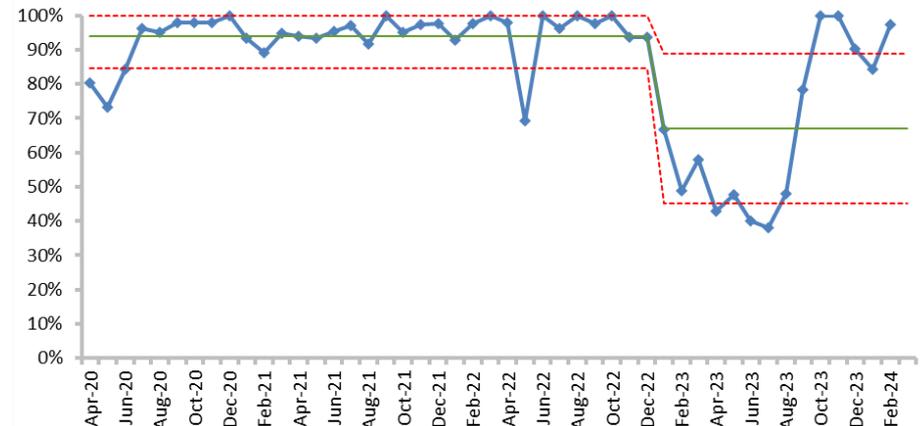
Feb-24

	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	23	8	35%	22	96%
Weston	16	15	94%	16	100%
TOTAL	39	23	59.0%	38	97.4%

Fracture Neck of Femur Patients Treated Within 36 Hours



Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours



Integrated Quality & Performance Report

Reporting Month: December 2023 - February 2024

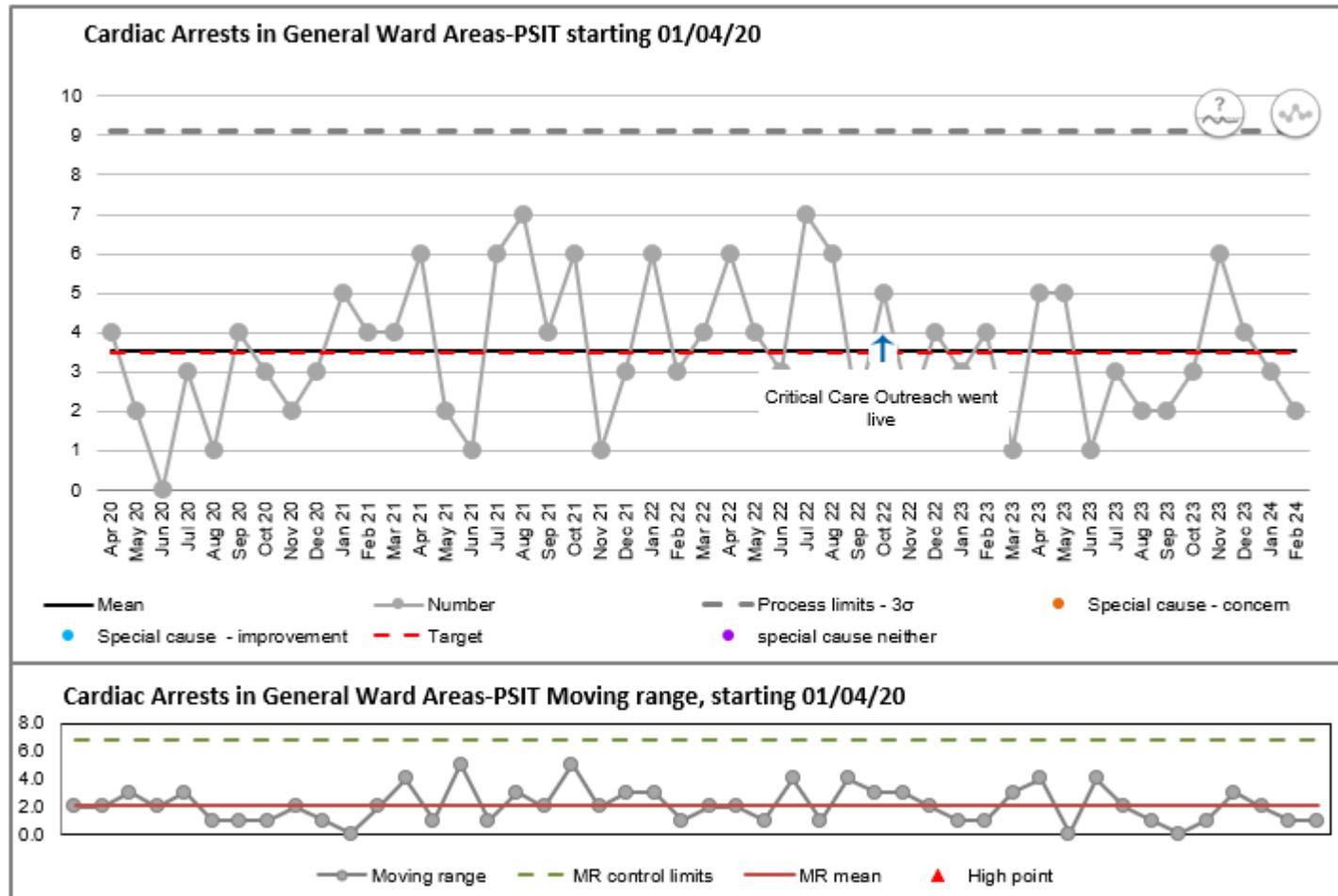
STANDARD	QUALITY AND SAFETY: DETERIORATING PATIENT
Background:	Delayed recognition and response to patient deterioration is nationally recognised as one of the significant causes of avoidable harm. This is a long-term improvement programme (to March 2025) with several workstreams reported in more detail as part of the Patient First Deteriorating Patient corporate project. The programme includes: implementation of an adult critical care outreach team across the BRI main site (already in place in Weston General Hospital), a refresh of e-observations monitoring of patients' vital signs and supporting resources, use of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and monitoring pregnant patients in non-maternity settings. The number of cardiac arrests in general adult wards and unplanned adult ITU admissions are the proxy outcome indicators for prompt recognition and response to patient deterioration.
Performance:	<ol style="list-style-type: none"> 1. The number of cardiac arrests in general ward areas is one of the proxy outcomes measures for the deteriorating patient programme. This relates to adult in-patients in general wards. In February 2024 there were two cardiac arrests in general ward areas. 2. Unplanned Intensive Therapy Unit (ITU) admissions, of adult inpatients, is the second of the proxy outcome measures for the deteriorating patient programme and shows only patients with a (National Early Warning Score (NEWS2) score of 5 or above; these patients are sampled because this audit aims to measure and identify improvements in the clinical outcomes for patients who deteriorated prior to being admitted to ITU. The mean for the year to date is 14.7 unplanned ITU admissions per month; figure for January 2024 is 20. 3. The graph for unplanned ITU admissions CQUIN data (Commissioning for Quality and Innovation data) measures the percentage of adult patients who had an unplanned ITU admissions had documented escalation and response within a certain time. In Quarter 3 the improvement goal of 30% was met (mean average).
National Data:	N/A
Actions:	<ul style="list-style-type: none"> • Tissue Viability Nurse (TVN) initiated Pressure Ulcer Care Plan monthly audit in Weston and Medicine. • Evaluate the impact of Modified Obstetric Early Warning Scores (MOEWS) in non-obstetric settings. • Evaluate the Recognising, Escalating and Responding to the Deteriorating Patient (Adult) eLearning. • Completion of ReSPECT eLearning. • Finalise End-of-Life eLearning. • Martha's Rule – continues to scope national approach and define options for delivery for UHBW. • Sepsis NICE clinical guideline updated January 2024; plan and agreement required in relation to compliance (options appraisal completed, awaiting decision on next steps). • Review of 24/25 strategic priorities relating to the Deteriorating Patient Programme under Patient First.

Integrated Quality & Performance Report

Reporting Month: December 2023 - February 2024

STANDARD

QUALITY AND SAFETY: DETERIORATING PATIENT

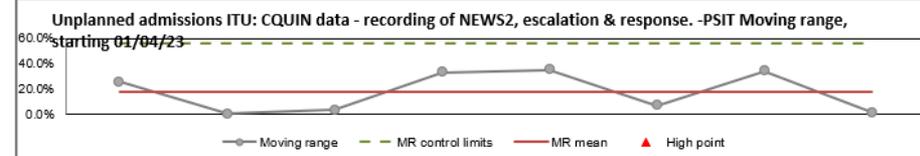
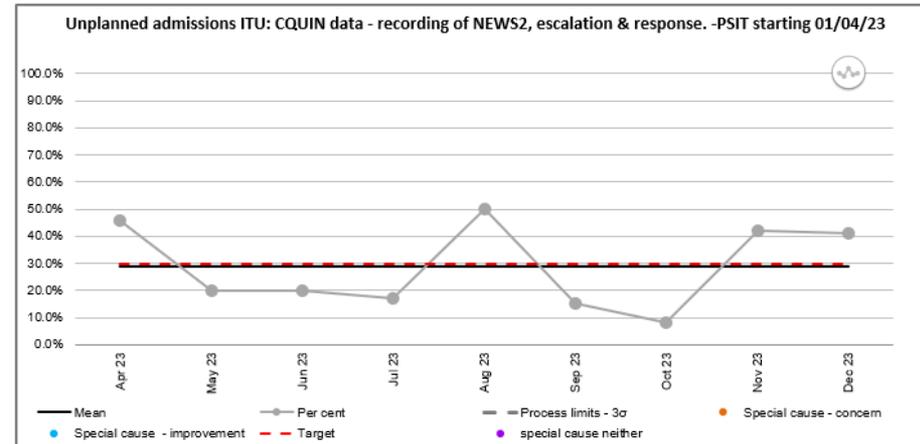
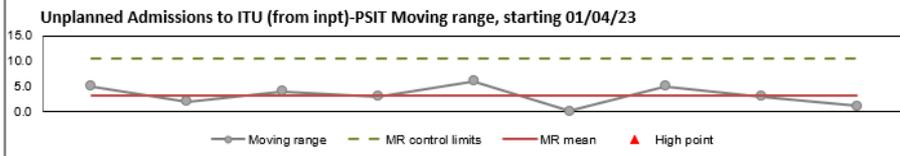
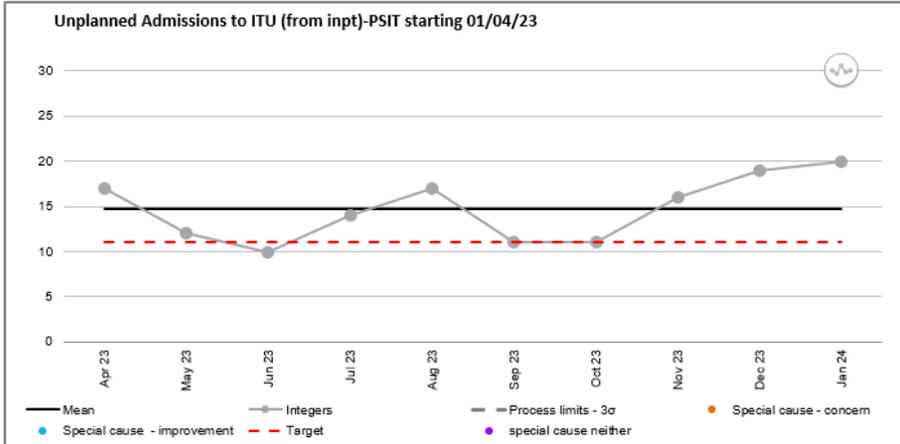


Integrated Quality & Performance Report



Reporting Month: December 2023 - February 2024

STANDARD QUALITY AND SAFETY: DETERIORATING PATIENT



Integrated Quality & Performance Report



Reporting Month: February 2024

STANDARD	QUALITY AND SAFETY: PATIENT EXPERIENCE
<p>Background:</p>	<p>Divisional level metrics are reported quarterly through the Experience of Care Group (EoCG) and Quality and Outcomes Committee (QOC).</p> <p>A new metric for inpatients and outpatients from the monthly patient survey programme is being reported for the second time in IQPR. This is the same metric as reported for the Patient First True North priority for Experience of Care. It replaces the 'Inpatient experience tracker' and 'Outpatient experience tracker'. The 'Kindness and Understanding' metric has also been removed. The new metric is based on the survey question 'Overall, how was your experience of our service?'. The score is based on the % of patients who responded to the monthly survey who rated their care as good or very good in the overall experience question.</p> <p>The target for this metric is for 98% of patients to rate their care as a good or above (via the monthly surveys) by the end of 2027/28 financial year against the baseline position for 2022/23. A five-year trajectory has been agreed to reach the target. The year one target (2023/24) for inpatients and maternity services is 92.8% or higher. For outpatient services the target is 97.4% or higher.</p> <p>This change represents a shift, whereby the focus is now on continuous improvement towards a target. Patient First methodology will drive the programme of work required to turn the dial to reach the target and therefore at this relatively early stage in the roll-out, the Trust may expect to see initial under-performance.</p>
<p>Performance:</p>	<ul style="list-style-type: none"> • Inpatient experience year-to-date (April to February) score is 92.6% (February score was 90.8%). Metric is just under target for 2023/2024. • Outpatient experience year-to-date (April to February) score is 96.4% (February score was 97.9%). Metric is just under target for 2023/2024.
<p>Actions:</p>	<ul style="list-style-type: none"> • Improving inpatient experience is a Patient First priority. The breakthrough objective focuses on improving communication between patients and staff because we know this is the biggest driver of overall experience. A new communication experience metric has been produced and ward-level analysis was shared with Divisions in January 2024 to support conversations on where to focus improvement efforts. To date, Medicine and Specialised Services have selected this as a priority area via Catch-ball. The communication experience metric will be reported via the IQPR from April 2024.

Integrated Quality & Performance Report

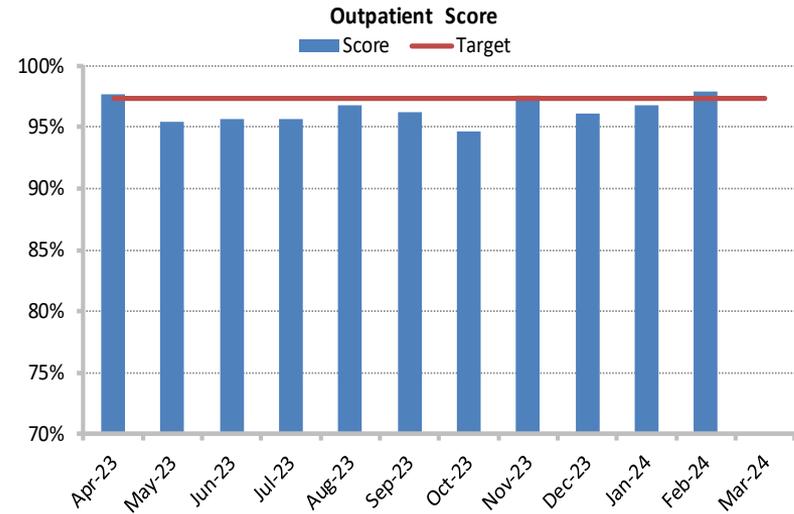
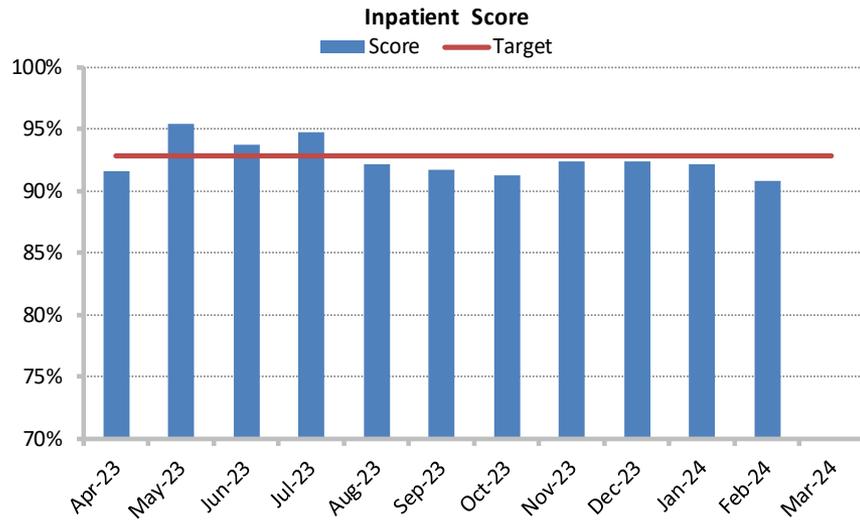


University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2024

STANDARD

QUALITY AND SAFETY: PATIENT EXPERIENCE (continued)

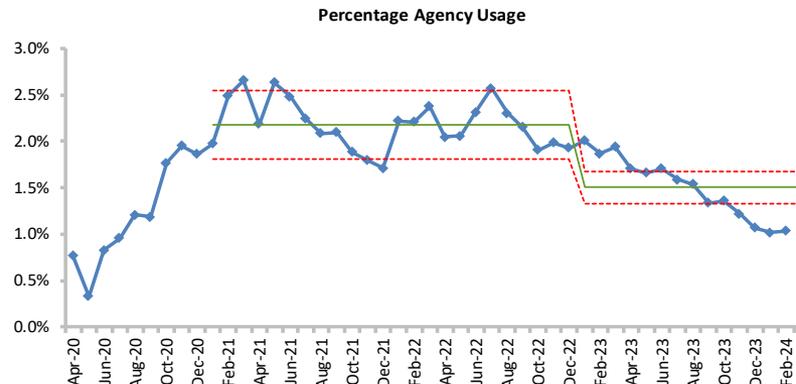


Integrated Quality & Performance Report



Reporting Month: February 2024

STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
<p>Performance:</p>	<p>Agency usage increased by 2.8 FTE (Full Time Equivalents) to 1.0%. There were increases within three divisions. The largest divisional increase was seen in Women’s and Children’s, where usage increased to 45.2 FTE from 37.8 FTE in the previous month. There were reductions within four divisions. The largest divisional reduction was seen within Weston General Hospital, where usage reduced to 15.3 FTE from 21.2 FTE in the previous month.</p>
<p>Actions:</p>	<p>Actions taken to mitigate agency usage and encourage bank use instead are:</p> <ul style="list-style-type: none"> • There were 70 new starters across the Bank in February, including 20 re-appointments. • The UHBW Bank team continues to work closely with the Acute Provider Collaborative to consider a Collaborative Bank. • To reduce agency costs the UHBW Bank have been onboarding Mental health support workers. • System work continues at system 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. • Agency workers continued to transfer onto Bank following the bank rates increase. To date 22 have joined UHBW Bank. • Work continues within the local system partners to review the current cap rates and reduce them by the 1st April 2024. • 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 and an improved bank experience in clinical areas. • The Trust continues to encourage “block bookings” to reduce the use of last minute, non-framework reliance. • Active recruitment continues to substantive medical roles in the Weston Division to drive down the demand for high-cost agency usage.
<p>Risks:</p>	<p>Corporate Risk 674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce</p>

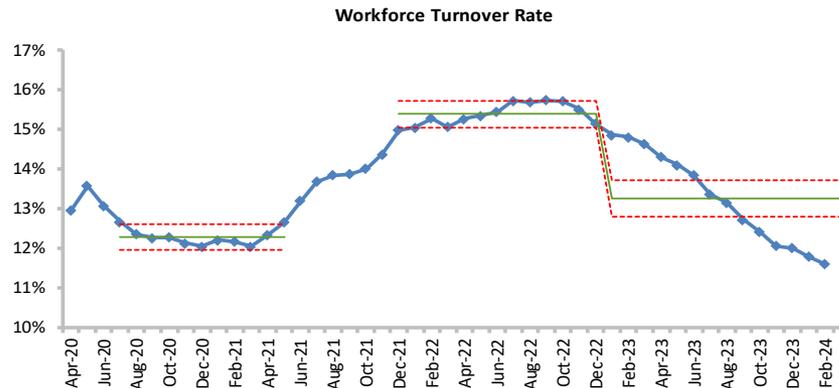


Integrated Quality & Performance Report



Reporting Month: February 2024

STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
<p>Performance:</p>	<p>Turnover for the 12-month period reduced to 11.6% compared to 11.8% (updated figures) for the previous month.</p> <ul style="list-style-type: none"> Seven divisions saw a reduction whilst one division, Women’s and Children’s, remained static in comparison to the previous month. There were no divisional increases. The largest divisional reduction was seen within Diagnostic and Therapies, where turnover reduced by 0.4 percentage points to 12.1% compared with 12.5% the previous month. Six staff groups saw a reduction, one staff group saw an increase, and two staff groups remained unchanged in comparison to previous month. The largest staff group reduction was seen within Additional Clinical Services, where turnover reduced by 1.1 percentage points to 15.2% compared with 16.2% the previous month. The only staff group increase was seen within Allied Health Professionals, where turnover increased by 0.1 percentage points to 11.8% compared with 11.7% the previous month.
<p>Actions:</p>	<p>Work taking place during February to reduce turnover is as follows:</p> <ul style="list-style-type: none"> Staff Survey 2023: In addition to the Preliminary Staff Survey results 2023 and following the receipt of the National Staff Survey benchmark report, a report has been produced. The national embargo and publication of national results will be lifted on 7th March 2024. A robust communication plan is in place to cascade the National Staff Survey results across the Trust once the external embargo is lifted on 7th March, including ‘you said, we did’ style campaign. Recognition: Nominations for the Recognising Success Awards were launched trust-wide on 7th February and are live until 10th March 2024. The annual event will be taking place on 17th May 2024. The Trust is moving from using Survey Monkey to Microsoft forms for providing leavers feedback. This makes it more accessible for employees and HR Services to manipulate data, trends and themes more effectively. The new forms will launch in the summer.
<p>Risk:</p>	<p>Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce</p>



Integrated Quality & Performance Report



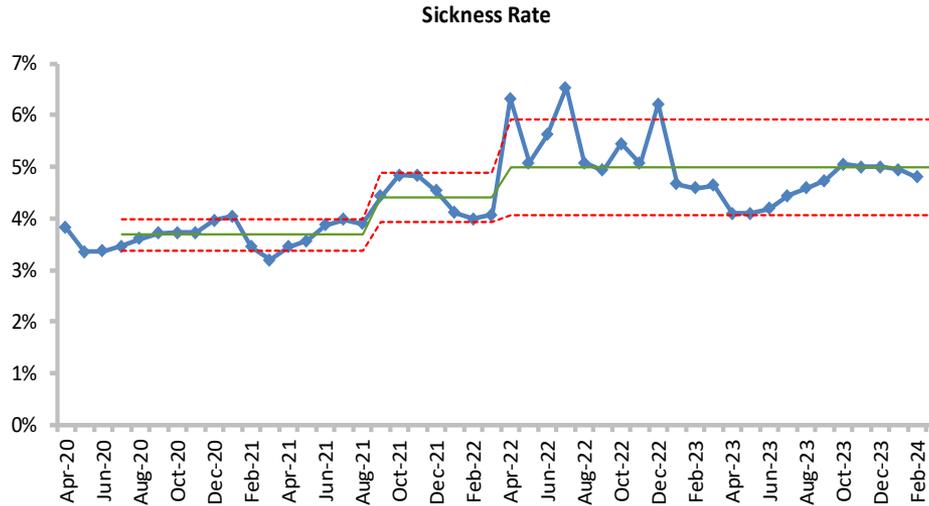
Reporting Month: February 2024

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
<p>Performance:</p>	<p>Sickness absence reduced to 4.8% compared with 4.9% the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence.</p> <ul style="list-style-type: none"> • There were reductions within six divisions. The largest divisional reduction was seen in Facilities and Estates, where sickness reduced by 0.6 percentage points to 6.45%, compared to 7.01% in the previous month. • There were increases within two divisions. The largest divisional increase was seen within Trust Services, where sickness increased by 0.3 percentage points to 4.8%, compared with 4.5% in the previous month. • There were reductions within seven staff groups. The largest staff group reduction was seen within Healthcare Scientists, reducing by 0.8 percentage points to 3.4% from 4.2% in the previous month. • There were increases within two staff groups. The largest staff group increase was seen within Additional Clinical Services, increasing by 0.8 percentage points to 5.9% from 5.1% in the previous month.
<p>Actions:</p>	<p>Work taking place during February to manage and reduce sickness absence is as follows:</p> <ul style="list-style-type: none"> • 20 colleagues attended a 'Time to Talk' event in the Education Centre on 1st February, promoting in-house mental health resources. This was followed by an in-person 'Menopause Cafe' delivered in Weston with a further café in Bristol on 16th February. • The Psychological Health Service facilitated a session on 'moral distresses on 8th February to colleagues undertaking a peer-support role, including Wellbeing, FTSU and EDI Advocates. • A self-assessment of the Trust workplace wellbeing programme was submitted to the 'North Somerset Healthy Workplaces Award' for achievement of their 'bronze' award. This is to be assessed by the Public Health team against evidence-based best practice. • A joint awareness session was held on 21st February at the BHI Atrium which led to 4 colleagues receiving an unscheduled health check at the time of the visit. • A Measles Outbreak Planning Workforce Subgroup released FAQ's and Risk Assessment to promote optimum protection from measles. Uptake of the MMR vaccine is encouraged at Trust and Divisional level, available from Vaccination Hub and Occupational Health Service sites. • A bespoke blood pressure clinic was delivered to 10 Porters on 29th February, resulting in 2 colleague referrals to the GP for further assessment. • The new Health and Wellness at Work policy has now launched and feedback from Able+ staff network members has been positive and management briefing sessions continue.

Integrated Quality & Performance Report



Reporting Month: February 2024



STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

Performance:

Overall vacancies reduced to 2.2% (270.2 FTE) compared to 2.4% (291.3 FTE) in the previous month.

- The largest divisional increase was seen in Trust Services where vacancies increased to 18.2 FTE from a position of being over-established by 6.2 FTE in the previous month.
- The largest divisional reduction was seen in Women's and Children's, where vacancies reduced to 6.0 FTE from 38.3 FTE the previous month.
- The largest staff group increase was seen in Medical and Dental, where vacancies increased to 0.8 FTE from a position of being over-established by 7.6 FTE in the previous month.
- The largest staff group reduction was seen in Nursing, where vacancies reduced to 17.3 FTE from 30.0 FTE the previous month.
- Consultant vacancy has increased to 50.8 FTE (6.3%) from 45.7 FTE (5.7%) in the previous month.
- Unregistered nursing vacancies can be broken down as follows:

Band	Vacancy
AfC Band 2	10.5 FTE
AfC Band 3	86.5 FTE
AfC Band 4	-247.1 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:

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

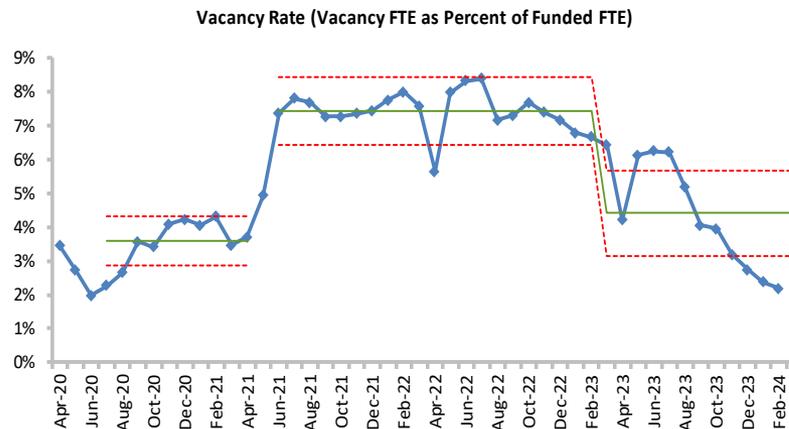
- During the month of February, work continued to prepare the arrival of the last three internationally educated nurses and midwives planned to join the Trust in March. Their arrival will conclude the Internationally Educated Nurse (IEN) recruitment programme for 2023-2024.
- In February, the Trust successfully conducted the third recruitment event of the year for paediatric newly qualified nurses. 80 candidates were interviewed and offered a position. Two further events are planned for March and April 2024.
- A Newly Qualified Adult Nurse Expo took place in February in Bristol, leading to twelve offers and nine more career discussions in the pipeline.
- Work has commenced to organise two new recruitment events for the Women's and Children's division, with a focus on nursing associates and on midwifery roles. The events are set to take place in March and April 2024.
- 22 substantive Healthcare Support Workers (HCSW) started in the Trust during the month of February and another 23 were offered.
- Work continued in February to improve the HCSW assessment centre model with the aim of enhancing the candidate experience through the assessment and selection process.
- 28 Trainee Nursing Associates and 37 Registered Nurse Degree Apprentices candidates completed their pre-employment checks and enrolled onto their educational programme in February and will be starting at the beginning of March.

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Integrated Quality & Performance Report

Reporting Month: February 2024

STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY	
Actions (continued):	<ul style="list-style-type: none"> 25 substantive Allied Health Professionals (AHPs) and 14 substantive Healthcare Scientists joined the Diagnostics and Therapies division in the month of February. A social media campaign for Newly Qualified Pharmacists was launched in February. Results to follow. Filming has commenced to promote the Adult Therapies service, highlighting all four professions to encourage more applicants. One substantive consultant grade doctor and four non consultant grade doctor started in the Weston site in the month of February. One consultant and two clinical fellows have been cleared for a start date in March. Two consultant grade doctors in Surgery and one in Medicine were offered in Weston in February. One non-consultant grade doctor in Medicine was also offered in February. Work has continued to support the implementation of Healthy Weston 2. Following the launch of the bespoke website, a targeted recruitment campaign is in its final stages and will go live in March to promote Healthy Weston vacancies and Weston as a place to live and work. A series of promotional videos for the upcoming Admin and Support services recruitment event have been filmed. These videos will be shared on the Trust's social media platforms in the weeks leading up to the event which is taking place on the 27th of March.
Risks:	Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff



Integrated Quality and Performance Report



Reporting Month: February 2024

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
<p>Performance:</p>	<p>At the end of February:</p> <ul style="list-style-type: none"> • 2,358 patients were waiting 52+ weeks against the Operating Plan trajectory of 4,870. • 475 patients were waiting 65+ weeks against the Operating Plan trajectory of 210. <ul style="list-style-type: none"> • Note the trajectory was revised towards the end of Quarter 3 to give an end of February target of 652. • 67 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. In November, the Trust declared to NHS England that we are likely to have 392 breaches within the 65+ week cohort at the end of March 2024. Those breaches were attributed as 120 in Paediatric dentistry, 35 in GI surgery, 144 in Paediatric ENT, Paediatric urology and Paediatric plastics and 93 Cornea graft patients (relating to national supply shortage). NB: dispensation for industrial action continues to inform the revision of in-year trajectories.</p>
<p>National Data:</p>	<p>For January 2024, across all of England, 4.4% of the waiting list was waiting over 52 weeks. UHBW's performance was 4.3% (2,613 patients) which places UHBW as the 58th 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 January 2024, 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 plans developed with clinical divisions are being enacted to achieve this ambition, although a combination of industrial action along with a higher presentation of accident and emergency attendances continue to make this challenging. Despite these challenges, at the end of February, the number of patients waiting more than 78 weeks had reduced to 67 from 120 in January. The Trust continues to work towards reducing long waits through specific initiatives including the expansion of insourcing within clinical genetics, dermatology, respiratory, sleep, gynaecology and dental specialties where there are recognised national challenges. • Of the 67 patients waiting 78 weeks or longer at the end of February, 12 related to cornea grafts, where 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 February was 475 against the revised trajectory of 652 which is an improvement on the January position when 706 patients were waiting 65 weeks or longer.

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Integrated Quality and Performance Report



Reporting Month: February 2024

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. • Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and Spire to support their recovery in cleft services and the service are using KPI Health as an insourcing provider for paediatric dental clinics and extractions which commenced January 2023, with schedules being provided each month. • The Trust has established insourcing arrangements for outpatient services in oral surgery, oral medicine, gynaecology, sleep, respiratory medicine and dermatology and the dental service have recruited an additional orthodontics consultant and a paediatric cleft locum to increase the capacity within these services. Within dental services there continues to be a gap in the number of paediatric dentistry consultants, equating to 1.1 WTE. The dental management team are continuing to work with the UHBW Talent Team and have re-advertised for a paediatric dentistry consultant with a closing date of 15th April 2024. • 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 the NHS England Digital Mutual Aid system (DMAS). • All patients who were waiting for 40 weeks or longer have been invited to register on the NHS England Patient Initiated Digital Mutual Aid System (PIDMAS) to be considered for treatment at an alternative provider, including independent sector providers. To date, 199 patients have requested to be considered but no alternative providers have been identified at this stage. • The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives. • 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. • The Trust's Paediatric services are working with University Hospitals Plymouth (UHP) to repatriate paediatric patients who live within the UHP catchment area to Plymouth for treatment assuming that they are clinically appropriate and choose to transfer their care. UHP's paediatric theatre fully opened in January 2024 and a plan is pending approval with the relevant Integrated Care Board to re-open the Directory of Service (DoS) on the e-referral system to ensure that paediatric patients are referred to UHP in the first instance from the end of March 2024. Patients who are too complex and/or are currently under follow-up care at the Bristol Children's Hospital will be transferred to UHBW following initial triage at UHP.
<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>

Integrated Quality and Performance Report

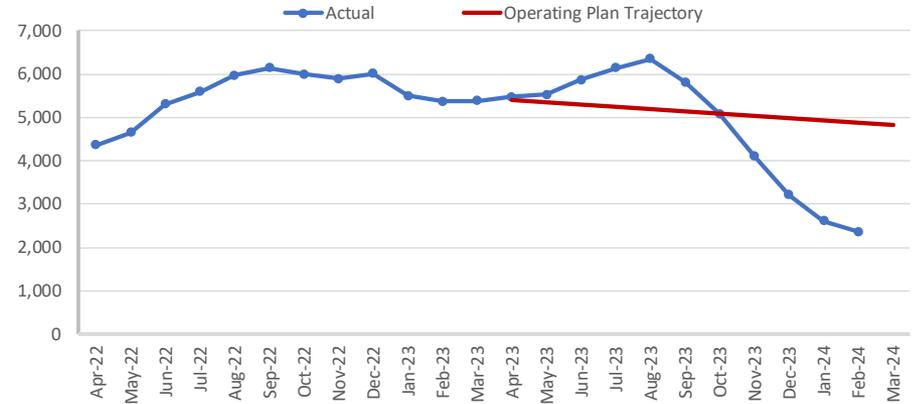


Reporting Month: February 2024

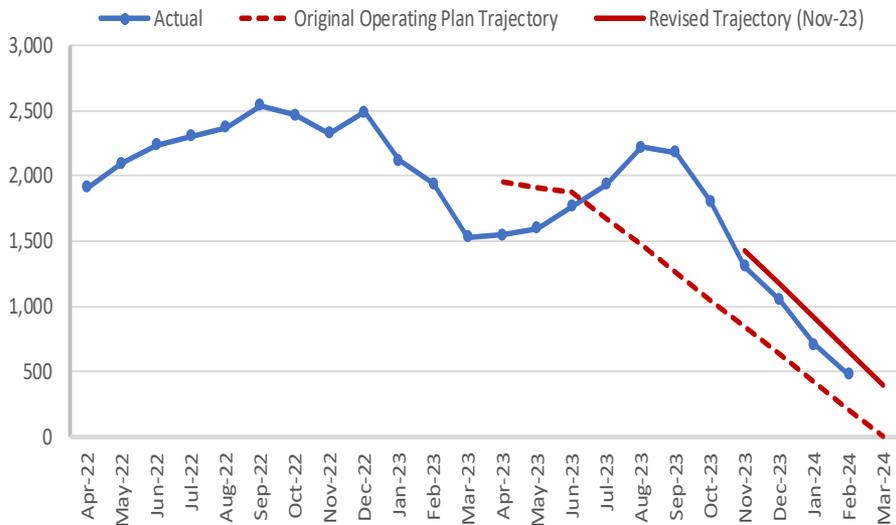
STANDARD REFERRAL TO TREATMENT (RTT) LONG WAITS

	Feb-24		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	1	0	0
Medicine	173	8	1
Specialised Services	91	3	0
Surgery	1,506	335	60
Women's and Children's	587	129	6
Other	0	0	0
UHBW TOTAL	2,358	475	67

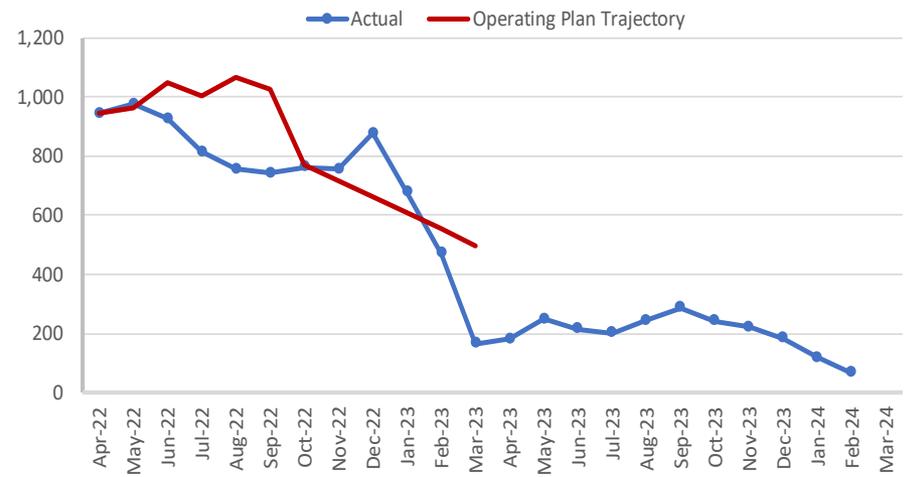
Number of Ongoing Patients Waiting 52+ Weeks at Month End



Number of Ongoing Patients Waiting 65+ Weeks at Month End



Number of Ongoing Patients Waiting 78+ Weeks at Month End



Integrated Quality and Performance Report



Reporting Month: January / February 2024

STANDARD	CANCER WAITING TIMES
Performance:	<p>As at the end of February, there were 156 patients waiting 62+ days on a GP suspected cancer pathway. The Trust has an operating planning trajectory of not exceeding 162 patients at the end of February 2024, reducing to 160 by the end of March 2024.</p> <p>The “Faster Diagnosis Standard” (FDS) is 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. Performance in January was compliant at 75.2%</p> <p>The performance for patients treated within 62 days of starting a suspected cancer pathway is reported a month in arrears. For January, 71.3% of patients were treated within 62 days, against the NHSE ambition of 70% by March 2024. The national constitutional standard is 85%.</p> <p>The performance for patients treated within 31 days of the decision to treat is reported a month in arrears. For January, 92.8% of patients were treated within 31 days. The national constitutional standard is 96%.</p>
National Data:	<p>National data for patients treated within 62 days of starting a suspected cancer pathway is shown on the next page.</p>
Actions:	<p>The Trust regained compliance with the standard for number of patients waiting greater than 62 days on a GP suspected cancer pathway as well as reporting a second consecutive month's compliance with the Faster Diagnosis Standard. The 62-day referral to treatment standard performed above NHSE's year-end target for a second consecutive month, and performance against the 31-day decision to treat to treatment standard remained greater than 90% although below the compliance threshold of 96% due to the impact of industrial action.</p> <p>The actions to sustain and further improve this performance includes the delivery of additional activity to clear the remaining backlogs caused by Covid and industrial action, a change to the early pathway for gynaecological cancer enabling a greater proportion of patients to be seen in a single 'one-stop' clinic and continued rigorous waiting list management.</p> <p>Patient safety is at the heart of all performance management in cancer.</p>
Risk	<p>Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met</p>

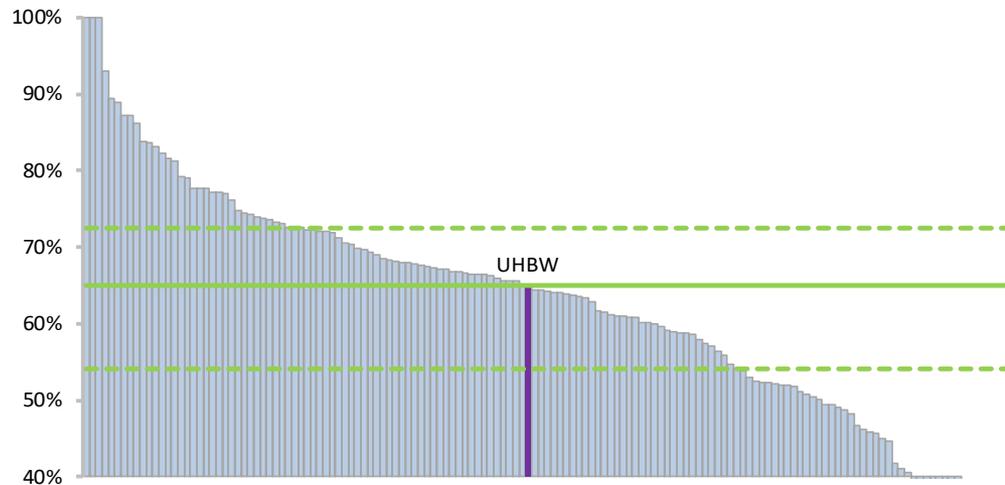
Integrated Quality and Performance Report



Reporting Month: January / February 2024

	Jan-24		
	Within Target	Total Patients	% Achievement
28 Day Faster Diagnosis	1,454	1,934	75.2%
31 Day Standard	761	820	92.8%
62 Day Standard	184	258	71.3%

Benchmarking: Percentage Treated Within 62 Days of GP Referral - 2023/24
Quarter 2



Integrated Quality and Performance Report

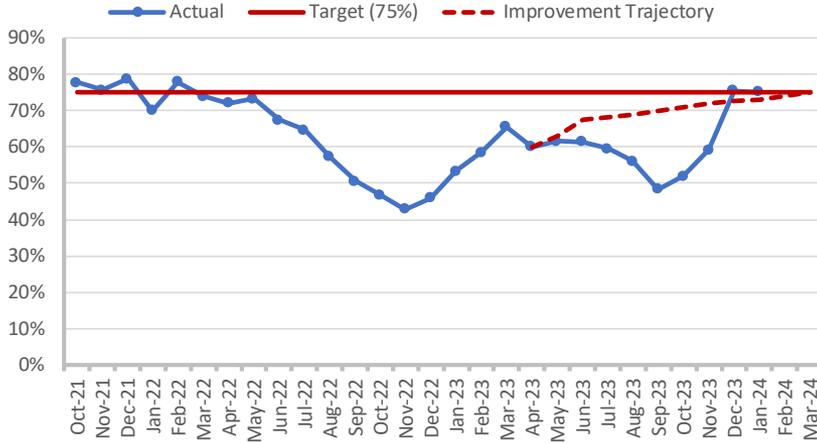


Reporting Month: January / February 2024

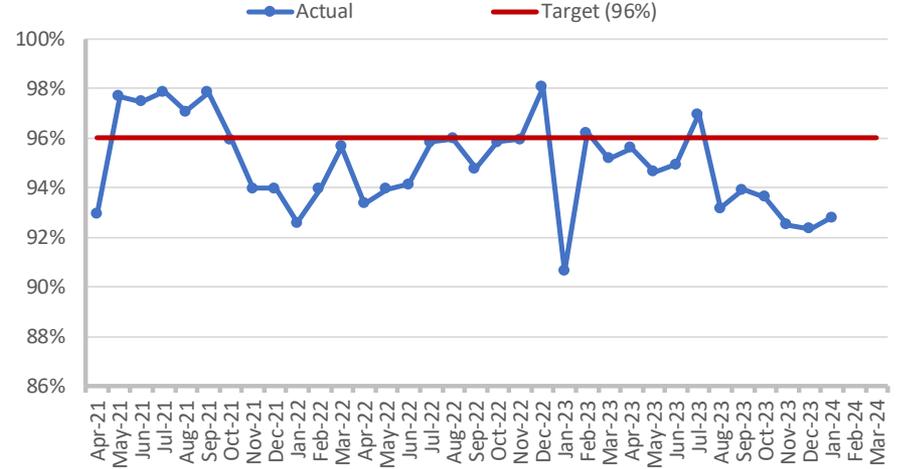
STANDARD

CANCER WAITING TIMES

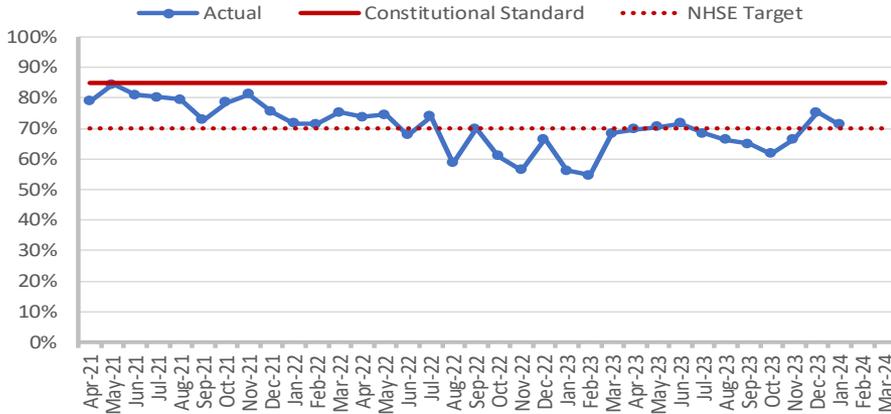
28 Day Cancer Faster Diagnosis Standard



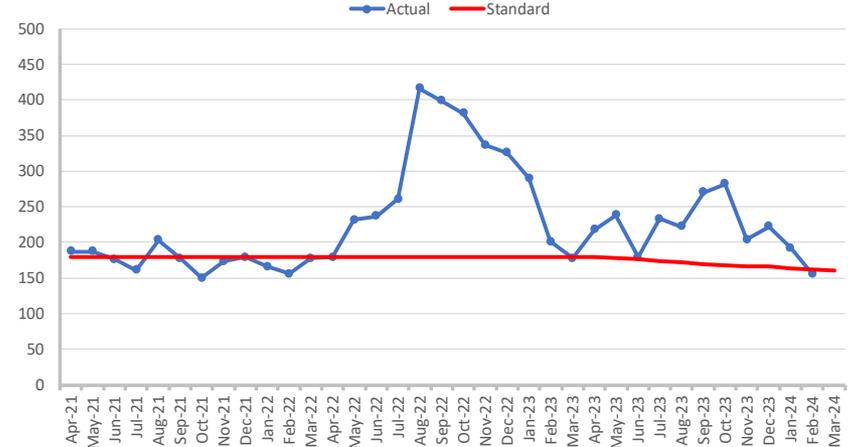
31 Day Diagnosis to Treatment



62 Day Referral To Treatment



Cancer 62+ Day Standard - Numbers Waiting 62+ Days



Integrated Quality and Performance Report



Reporting Month: February 2024

STANDARD	DIAGNOSTIC WAITING TIMES
<p>Performance:</p>	<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. At the end of February 2024, the Trust achieved 85.7%, against a performance trajectory of 82.3%.</p> <p>At the end of February 2024, there were a total of 66 patients waiting 26+ weeks which is 0.5% of the waiting list. The target was to have zero patients waiting 26+ weeks by October 2023.</p> <p>At the end of February 2024, there were a total of 633 patients waiting 13+ weeks which is 4.4% of the waiting list. The target for end of February 2024 was 96 and an expectation to have zero patients waiting 13+ weeks by March 2024.</p>
<p>National Data:</p>	<p>For January 2024, the England total was 72.8% of the waiting list under six weeks. UHBW's performance was 81.0% which places UHBW 74th of 155 Trusts that reported diagnostic wait times.</p>
<p>Action/Plan:</p>	<ul style="list-style-type: none"> • At the end of February, diagnostic performance against the six week wait standard was reported as 85.7% against the operational planning trajectory of 82.3%. Considerable improvement has been made despite the ongoing challenges, and UHBW has exceeded the year-end ambition. • The trajectories for reducing diagnostic long waiters over 13 and 26 weeks was not achieved, however February saw a further improvement from the previous 3 months' performance. At the end of November 2023: numbers waiting 13+ weeks was 896 (now at 633) and numbers waiting 26+ weeks was 315 (now at 66). • The Trust had planned to clear all patients waiting over 26 weeks by October 2023 and ongoing efforts continue to eliminate any of these long waits before the end of 23/24. Improvements are being made but challenges also remain in Paediatrics MRI, Endoscopy and Ultrasound as these modalities are niche and cannot be outsourced. Capacity also remains challenged by sickness in the workforce, further cancellations caused by industrial action (IA) and prioritisation of more clinically urgent patients. • Ultrasound performance has improved, although challenges remain, particularly within the paediatric service. • Echocardiography had previously been improving well but the service has been experiencing an unexpected increased demand for a prolonged period. The service is utilising core capacity across all sites to reduce waits and further additional capacity has also been used to regain performance against the six-week wait standard, which improved by 6% in February. • Endoscopy (adults) performance against the six-week standard continues to improve well ahead of the modality-specific trajectory to 65.6% and, although the elimination of patients waiting over 13 weeks and 26 weeks is challenging, the long waiters in Endoscopy adults did improve significantly in February. The risks associated with performance include the impact of IA, ongoing complex patients queries and complex patients requiring their procedures under general anaesthetic (GA), where capacity is limited and prioritised for the most clinically urgent patients. Actions are in place to mitigate risk wherever possible, and it is positive that these modalities are sustainably improving waits for patients. <p style="text-align: right;"><i>...continued over page</i></p>

Integrated Quality and Performance Report

Reporting Month: February 2024

STANDARD	DIAGNOSTIC WAITING TIMES
Action/Plan (continued):	<ul style="list-style-type: none"> Performance and long waiters in Sleep Studies continues to be the most significant risk and challenge to diagnostic performance within UHBW. The service is using significant additional capacity to improve waiting times for patients and improvements are materialising but the issues in this service are considerably complex and will require extensive and sustained actions across key areas. The recovery is expected to take 4-6 months and is being monitored closely. Recovery has been impacted by unexpected challenges such as the industrial action in February and short-term and long-term sickness, however improvements continue to be made. The continued impact of industrial action is a significant risk to diagnostic performance, as is the sickness in niche sub-modalities and capacity constraints, particularly for patients requiring their procedures under GA. These risks are being managed closely and mitigations are in place wherever possible. Modality-level diagnostic trajectories and plans for 23/24 are in place across the organisation and 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:	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

End of February 2024

Modality	Total On List	Under 6 Weeks			13+ Weeks		26+ Weeks	
		Number	Percentage	Mar24 Target	Number	Percentage	Number	Percentage
Audiology Assessments	1,037	78	92%	97%	2	0%	0	0%
Colonoscopy	361	124	66%	53%	78	22%	9	2%
Computed Tomography (CT)	2,526	126	95%	81%	39	2%	1	0%
DEXA Scan	336	19	94%	68%	5	1%	0	0%
Echocardiography	1,827	443	76%	85%	7	0%	0	0%
Flexi Sigmoidoscopy	110	55	50%	53%	21	19%	2	2%
Gastroscopy	415	152	63%	55%	67	16%	14	3%
Magnetic Resonance Imaging (MRI)	2,921	363	88%	95%	135	5%	28	1%
Neurophysiology	246	3	99%	99%	0	0%	0	0%
Non-obstetric Ultrasound	4,386	652	85%	83%	266	6%	5	0%
Sleep Studies	69	14	80%	51%	13	19%	7	10%
Other	0	0			0		0	
UHBW TOTAL	14,234	2,029	85.7%	83.3%	633	4.4%	66	0.5%

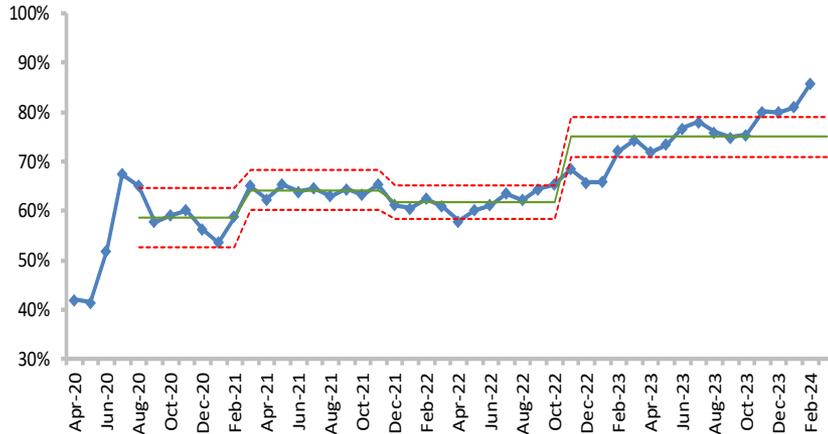
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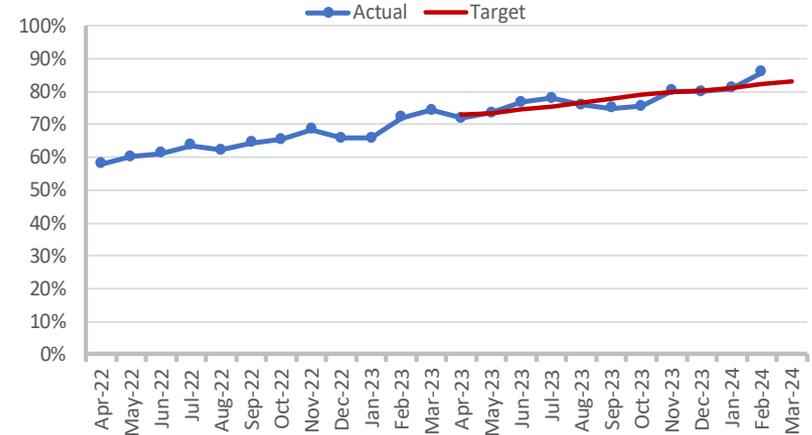
Reporting Month: February 2024

STANDARD DIAGNOSTIC WAITING TIMES

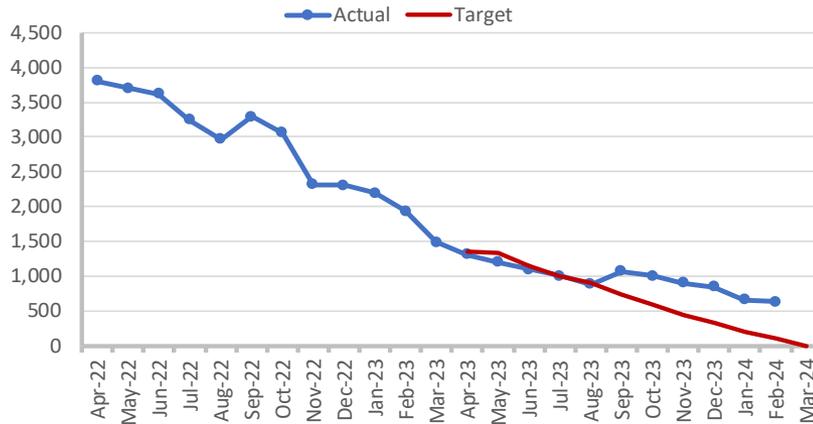
Diagnostics Under 6 Week Wait (15 Key Tests)



Diagnostics Percentage Waiting Under 6 Weeks



Diagnostics Numbers Waiting 13+ Weeks



Diagnostics Numbers Waiting 26+ Weeks



Integrated Quality and Performance Report

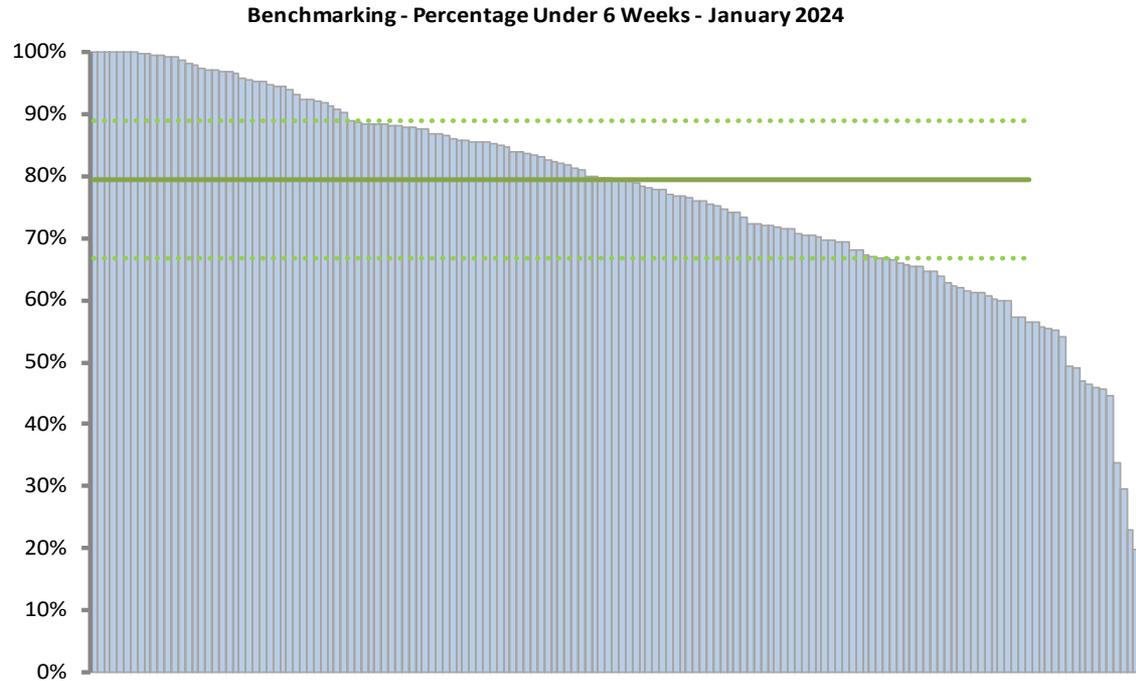


University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2024

STANDARD

DIAGNOSTIC WAITING TIMES



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

Performance

Waits in ED from arrival to discharge, admission or transfer

The total time spent in the emergency department (ED) measures from arrival time to discharge/admission time. There are two standards reported:

- 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.
- The “12 Hour Standard”. This standard has a new definition from April 2023 related to the proportion of patients attending ED who wait more than 12 hours from arrival to discharge, admission or transfer, with an operational standard of no more than 2%.

Note: both these standards apply to all four emergency departments in the Trust.

During February, 63.45% of patients attending ED spent less than 4 hours in an emergency department from arrival to discharge or admission. This is below the operational planning trajectory of 73.5% for February. The February performance for the "12 Hour Standard" shows an improvement to 4.0%, compared to 4.3% in January. Both metrics had been impacted by increased bed occupancy during previous months and it should be noted that performance against both the 4-hour and the 12-hour standard has significantly improved when compared to the same period last year.

- Weston ED attendances increased in February by 3.5% (145 per day compared to 140 in January), though average daily admissions reduced slightly from 55 per day to 51 per day. This is compared to 132 in December and a monthly average of 140 for April to October.
- BRI ED attendances increased in February by 2.2% (224 per day compared to 219 in January), and the number of daily admissions were similar to January (81.9 per day in February and 82.4 per day in January).
- Children’s Hospital attendances increased also increased in February (144 per day compared to 144 in January)

12 Hour Trolley Waits

This metric relates to 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. During February, there were 255 12 Hour Trolley Waits, compared to 327 in January.

Ambulance Handovers

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 are completed within 15 or 30 minutes. The current improvement targets are that 65% of handovers should be completed within 15 minutes and 95% within 30 minutes.

Of the 3,690 ambulance handovers in February:

- 1,010 ambulance handovers were within 15 minutes which was 27.4% of all handovers.
- 2,331 ambulance handovers were within 30 minutes which was 63.2% of all handovers.

Integrated Quality and Performance Report



Reporting Month: February 2024

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
<p>National Data:</p>	<p>Ambulance Handovers: There are 19 hospitals in the South-West that the Ambulance Service reported data for February 2024, overall percentage of handovers under 15 minutes was 21.1% across these hospitals. The Children's Hospital ranked second highest (best performing) with 56% of handovers under 15 minutes, BRI was 10th highest at 22% and Weston was 9th highest at 22%.</p> <p>ED 4 Hours: For Quarter 3 across all Type 1 Emergency Departments in England, 55.3% of patients were seen within 4 hours. UHBW was at 59%. The upper quartile was 60.1% (i.e. 25% of Emergency Departments achieved 60.1% or above in Quarter 3).</p>
<p>Actions:</p>	<p>ED 12-hour performance at Weston and BRI has shown a monthly deterioration since July. Trust 4-hour performance was 63.3% in February, compared to 64.6% in January.</p> <p>No Criteria to Reside (NCTR) bed days decreased during February compared with January, which will be supporting flow. Community delays leading to No Criteria Reside bed days were higher in February than January. Total discharges decreased in February (170 less discharges in total than in January). Discharges decreased across all pathways except Pathway 3 at BRI. Pathway 2 extra capacity has been funded until end of March 2024 in addition to the “bridging capacity” in home care to support patients moving from Sirona’s Pathway 1 caseload whilst ongoing arrangements for their care are put in place by social care colleagues.</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"> • A new set of Interprofessional Standards have been drafted and shared with staff, with UHBW replicating a regional approach to achieving a consensus agreement from staff. Achievement of these standards will be supported by ongoing Continuous Improvement approach. • In February 2024 75.57% of ambulance handovers took over 15 minutes to complete (in comparison to 87.72% in January). This has been an area of significant focus for the team and several actions regarding process and collaborative working with SWAST are underway to improve this further. • Work is ongoing within Weston Assessment Units (OPAU and AMU) to increase frailty score capture and identification of appropriate patients. Length of stay on AMU in February was 1.7 days, remaining stable in comparison to January (1.6 days). However, a lower proportion of patients were discharged home, with 73% of patients moving from AMU to another ward in the hospital. The establishment of an acute medicine clinic in early March is planned to increase the number of patients being discharged home from the unit. • Upgrades to the pneumatic tube system used to transport lab samples in BRI were completed in February, this has led to reduced delays associated with obtaining test results. • The BRI redirection overnight to eight UTC landing slots is being piloted in March, with an aim to reduce length of time in the department for other ED patients. • Transfer team has been implemented in March to support UEC performance and flow across the BRI site. • Expanded escalation areas remained in use in February and March to mitigate the risk of Ambulance Handover delays. • Within BRI, an initiative to support prioritisation of ED patient samples on arrival to the labs has been implemented. <p style="text-align: right;"><i>...continued over page</i></p>

Integrated Quality and Performance Report



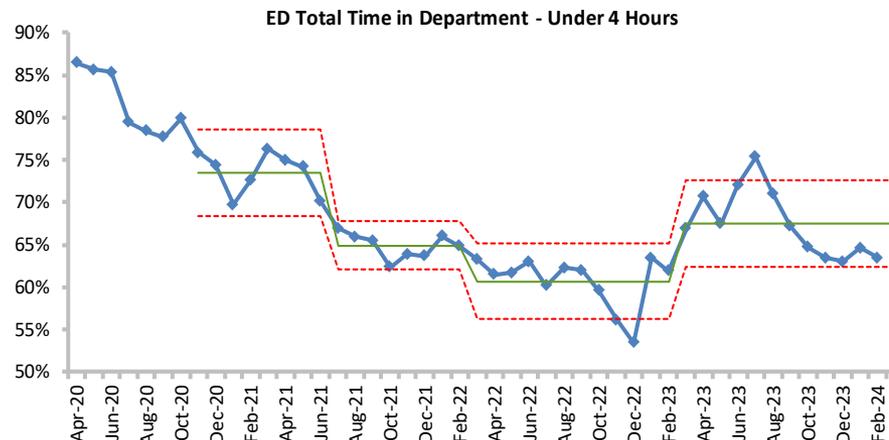
Reporting Month: February 2024

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
<p>Actions (continued):</p>	<p>Same Day Emergency Care (SDEC): The development of the SDEC offer across the Trust aims to redirect clinically appropriate patients away from Emergency Departments to support patient flow, reduce waiting times and minimise unnecessary admissions.</p> <p>Surgical SDEC – BRI: Surgical SDEC data shows 341 monthly admissions to the service in February which, when allowing for the number of days in the month, is similar to previous months (380 in January, 365 in December, 375 in November). The number of patients who attended ED and went on to Surgical SDEC decreased in February to 103 (1.6%) from 131 in January (1.9%), compared to 146 (2.3%) in December and 145 (2.2%) in November. A notes audit of expected patients is underway which will further inform this data. Admission rates from Surgical SDEC have increased in February to 22.2%, from 21.3% in January, compared to 19.7% in December and 22.7% in November.</p> <p>A space review continues to look for future opportunities for maximising use of existing estate and service expansion, whilst retaining options for escalation capacity. The Acute Surgical Navigator post-holder continues to work with NHS@Home teams to review and increase referrals via appropriate pathways. This progresses well as does work to design streamlined SDEC discharge summaries, which in turn supports timely discharges.</p> <p>Medical SDEC - BRI: Medical SDEC saw 838 patients in February 2024, a 7% decrease compared to January (897) although worth noting that the number per day is identical across the two months (28.9 per day). From 23rd March, infusions previously scheduled in the week are moving to the weekends in order to release weekday capacity and support ED flow. February saw 11% of front door attendances and 24% of the medical take, which is consistent with the previous month. The percentage of front door attendances met the 10% target once again this month, however the percentage of the medical take fell just short of the 25% target. The admission rate increased in February to 24% from 22% in January and the average length of stay in SDEC in January was 4hrs 38min compared to 4hrs 28min in January. A Frailty SDEC pathway also continues in pilot.</p> <p>Weston SDEC: Weston has been successful in a bid for £5 million in funds to relocate and refurbish the SDEC unit. February data shows a reduction in admissions in comparison to January (691 compared to 860) though February activity was still higher than any other month in 2023/24. Admission rates from SDEC saw a slight increase to 6% of attendances, from 5.3% in January (6.0% in December and 10.4% in November), suggesting a lower acuity cohort of patients seen through SDEC, which remains a priority focus for the working group.</p> <p>New surgical pathways for Weston SDEC are progressing well, with 181 surgical patients attending SDEC in February, compared to 228 in January (171 in December and 167 in November).</p>
<p>Risks:</p>	<p>Corporate Risk 910: Risk that patients in ED do not receive timely and effective care</p> <p>4700: Risk that a patient may deteriorate whilst being held in the ambulance bay</p>

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

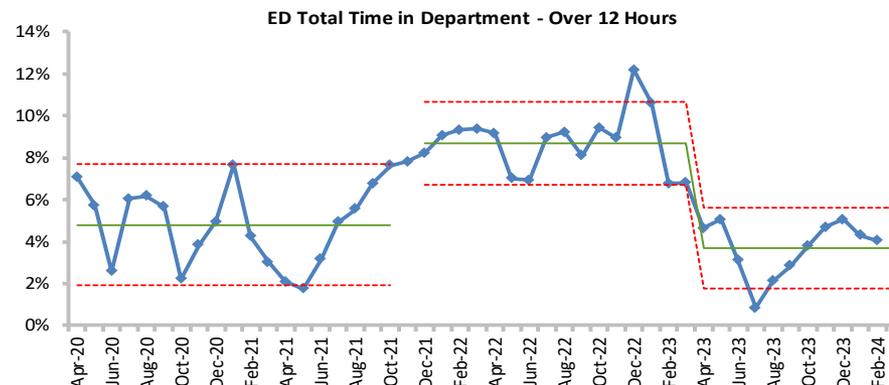
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	Feb-24	2023/24	2022/23
Bristol Royal Infirmary	47.14%	54.85%	46.14%
Bristol Children's Hospital	72.33%	75.31%	71.14%
Bristol Eye Hospital	94.23%	95.65%	95.97%
Weston General Hospital	63.33%	64.64%	55.05%
UHBW TOTAL	63.45%	67.43%	60.94%



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

12 Hour Performance	Feb-24	2023/24	2022/23
Bristol Royal Infirmary	6.5%	4.7%	12%
Bristol Children's Hospital	1.3%	1.6%	2%
Bristol Eye Hospital	0%	0%	0%
Weston General Hospital	5.2%	6.1%	15%
UHBW TOTAL	4%	3.7%	8.7%



Integrated Quality and Performance Report



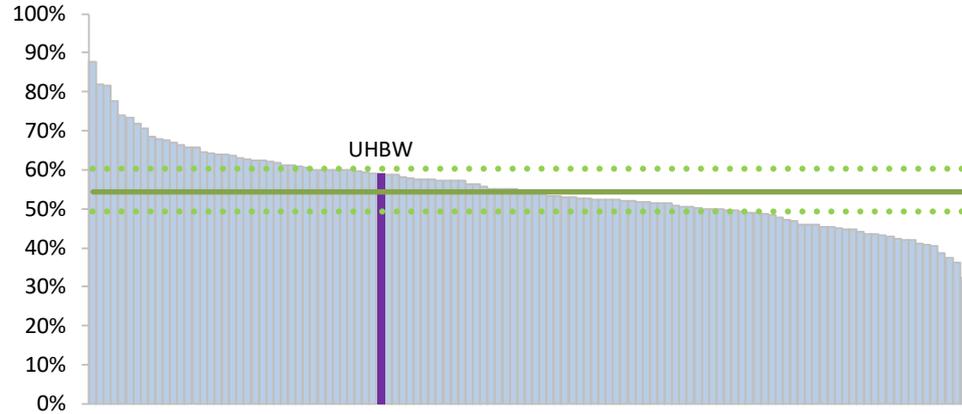
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Reporting Month: Quarter 3

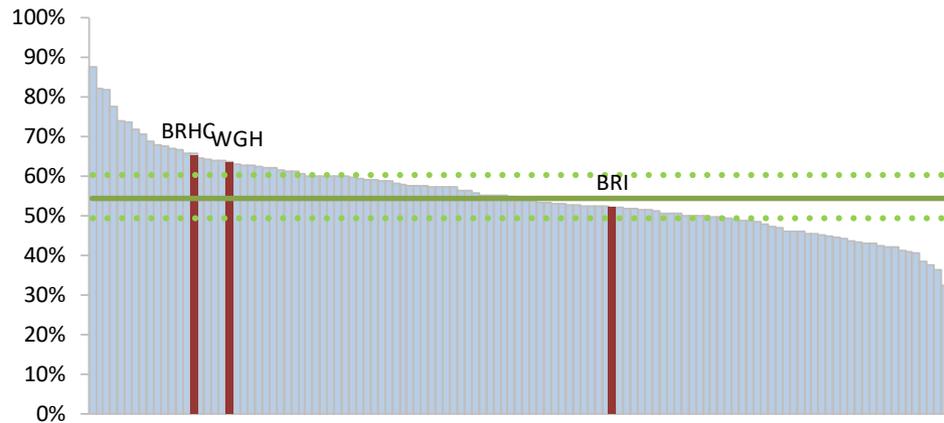
STANDARD

EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

Benchmarking - Type 1 ED 4 Hour Performance 2023/24 Quarter 3



Benchmarking - Type 1 ED 4 Hour Performance 2023/24 Quarter 3



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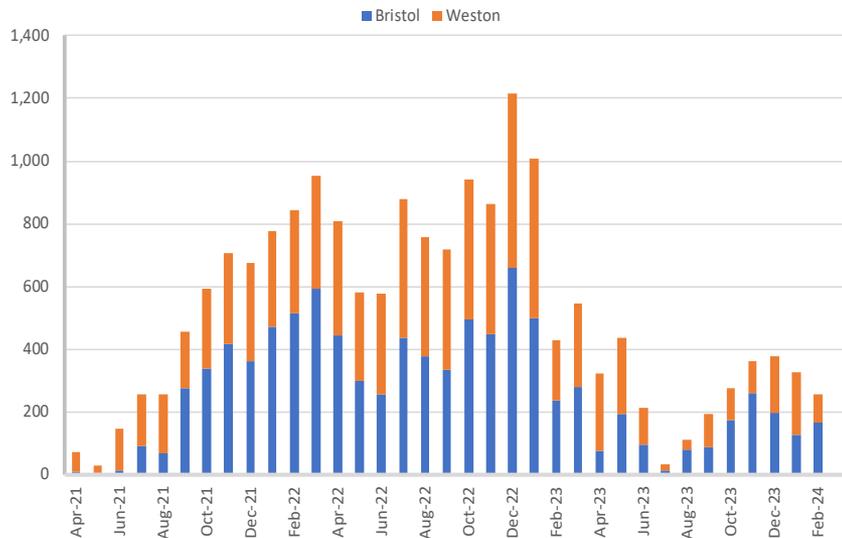
Reporting Month: February 2024

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

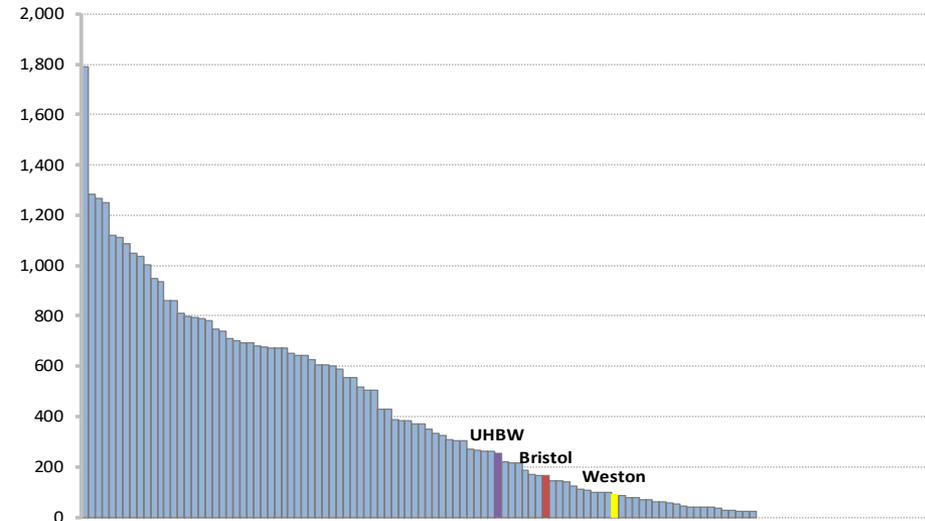
12 Hour Trolley Waits – Admitted Patients Who Spend 12+ Hours from Decision To Admit (DTA) Time to Admission Time

	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	89	172	259	195	125	164	
Weston	366	282	319	441	379	383	445	413	558	506	192	267	250	243	119	23	33	104	104	102	181	202	91	
UHBW	809	579	576	878	758	717	941	862	1217	1006	427	545	324	435	214	34	112	193	276	361	376	327	255	

12 Hour Trolley Waits Per Month



Benchmarking - 12 Hour Trolley Waits - February 2024



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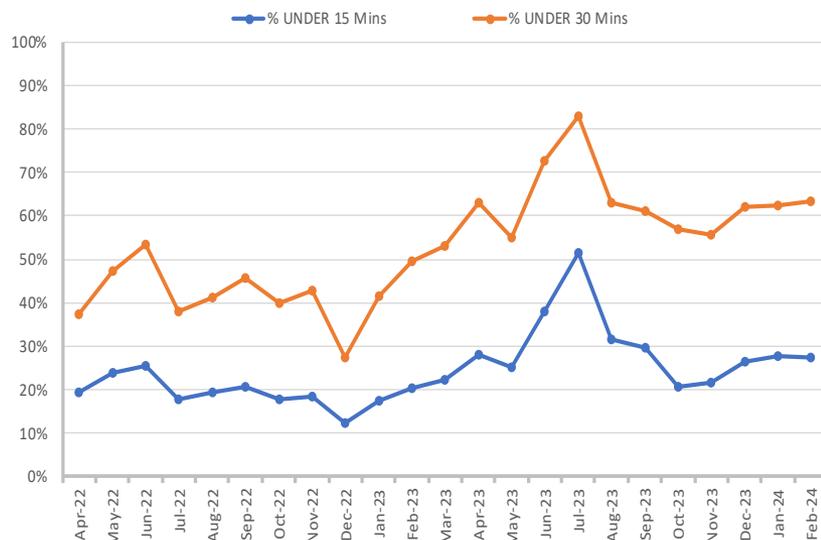
Reporting Month: February 2024

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

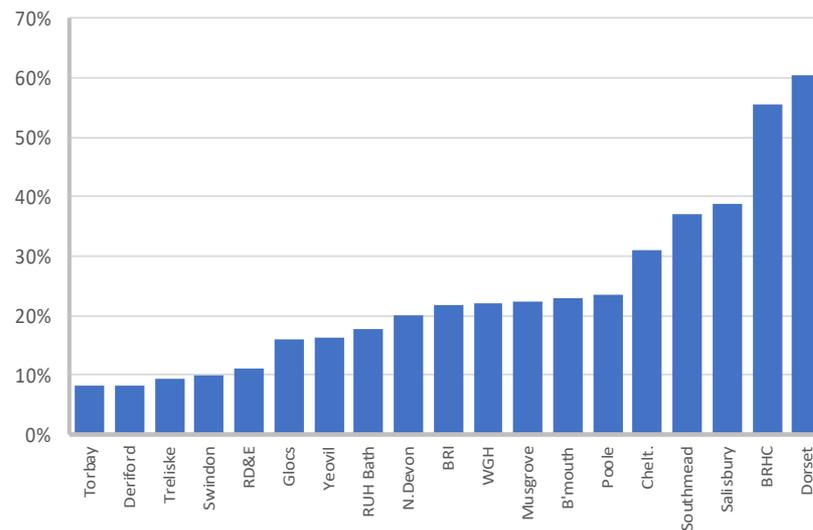
Ambulance Handovers

Feb-24							
	Total Handovers	Under 15 Mins	% Under 15 Mins	Under 30 Mins	% Under 30 Mins	Average Handover Time (Minutes)	Total Hours Above 15 Mins
Bristol Royal Infirmary	2,296	509	22.2%	1,274	55.5%	46.8	1,251
Bristol Children's Hospital	522	288	55.2%	458	87.7%	18.6	51
Weston General Hospital	872	213	24.4%	599	68.7%	32.6	268
UHBW Total	3,690	1,010	27.4%	2,331	63.2%	39.4	1,570

UHBW Handovers Under 15 & 30 Minutes (% of all Handovers)

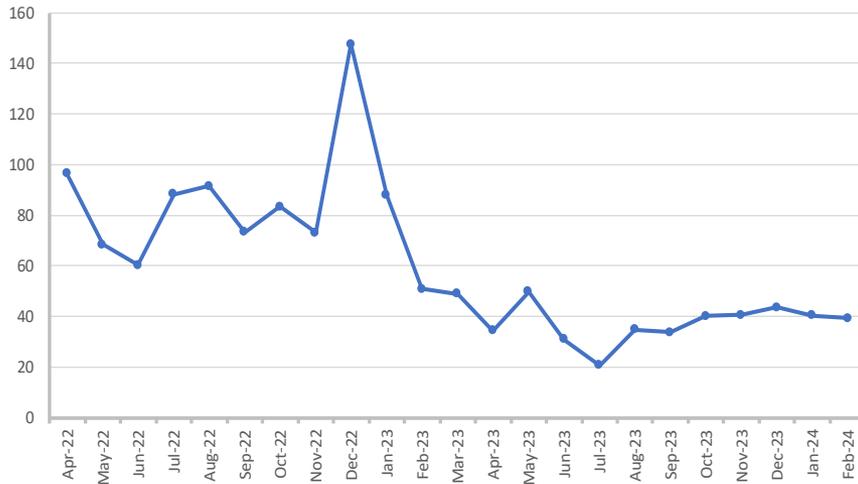


Percentage of Handovers Under 15 Minutes - February 2024

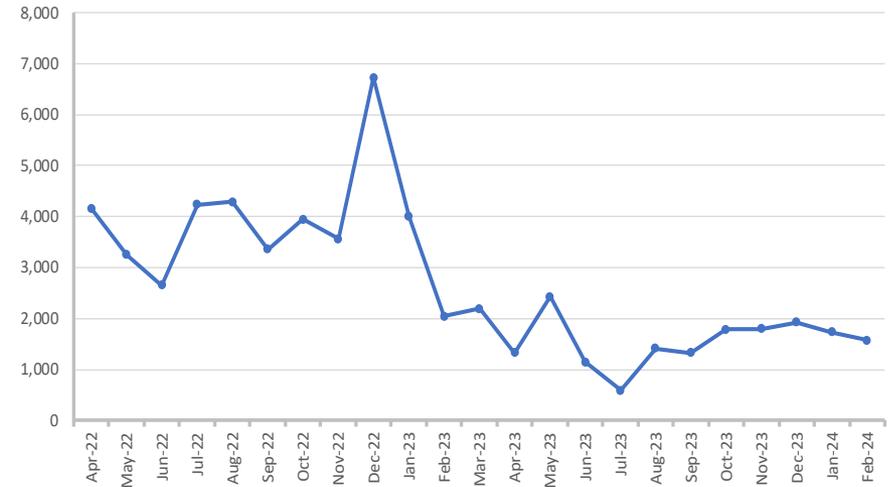


Ambulance Handovers (continued)

Average Handover Time (Minutes)



Hours Lost: Handovers over 15 Minutes



Integrated Quality and Performance Report



Reporting Month: February 2024

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:	<ol style="list-style-type: none"> 1. Percentage of patients with a “timely discharge” (before 12 noon). February had 17.4% discharged before 12 noon (17.1% in January). The SAFER bundle standard is to achieve 33%, though the Trust are reviewing this as there is no longer evidence that this produces a “best in class” outcome. Using the Patient First methodology, the focus is on timely discharge to identify actions which will bring the discharge curve forwards. 2. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In February 27.5% of eligible discharges went through the Weston or BRI Discharge Lounges, compared to 25.8% in December. This was 766 patients, averaging 36.4 patients per working day. <ol style="list-style-type: none"> a. BRI achieved 26.5%, with 549 patients. This averages to 26.1 patients per working day. b. Weston achieved 30.5% with 217 patients. This averages to 10.3 patients per working day. 3. At the end of February there were 163 No Criteria To Reside (NCTR) patients in hospital: 88 in Bristol and 75 in Weston. 4. During February, the daily average number of patients with no criteria reside was 162 (64 at Weston and 98 at Bristol). This is equivalent to saying 162 beds, on average, were occupied each day by NCTR patients. For February, the NCTR bed days occupied 18.2% of the total occupied bed days (24% for Weston and 16% for Bristol sites).

STANDARD

EVERY MINUTE MATTERS

Actions:

Timely Discharge

Key priorities for Every Minute Matters (EMM) programme include:

- Proactive Board Round (PBR) focus continues with several PDSA (Plan-Do-Study-Act) cycles completed on Steepholm. As a Surgical ward with input from different speciality doctors, it is challenging to hold a daily board round so these PDSAs are exploring how the outcomes can be achieved by working with the speciality teams during their ward rounds. Waterside continues to use the revised standard process with drop-in observation visits validating the ongoing work.
- The revised standard PBR process has now been rolled out on C808 (Respiratory ward) as the Medicine pilot. Ward teams are finding the focus on allocated next actions useful for progressing patient care and discharge.
- PDSA of the new board round clinical note is included in the work on Steepholm and C808.
- Criteria to Reside reporting: review of current process and alternatives underway with the aim of simplifying the reporting process where possible.
- Increased medical engagement: interviews for EMM Consultant Clinical Lead are due to take place in March. Chief Medical Office and EMM teams are meeting regularly to align any common areas.

Proactive Hospital Improvement Coach supported work:

- Active Hospitals: focus on education and communications over the last month. Activity trolley set up for trial on A605 (Care of the Elderly ward) and 'I CAN' poster design finalised with plans to roll out in April.
- Weekend Baseline review completed: recommendations to be taken to Planning and Delivery Board in April
- Discharge Lounge improvement group: current areas of focus include evaluation of new 24/7 operating model in Bristol; building on relationships; discharge lounge profiles with the aim to increase usage. Development of Discharge Lounge scorecard is underway to inform improvement work focus.
- Ward Standard Operating Procedures collated and streamlined for all Weston wards. BRI Medicine wards underway with request to Specialised Services and Surgery divisions to also complete
- Criteria Led Discharge (CLD): Cardiac Surgery and Cardiology pathways now embedded. Rollout of digitised process under-way in Weston and BRI Medicine wards. Surgery and BHOC assessing current CLD pathways before finalising rollout plans.
- Bed unoccupied time: review of bed availability and timely transfer of patients undertaken. Data reported to EMM programme group. Next steps and possible PDSA to be agreed.
- Discharge checklist: digital note built, and functional testing completed. Go live communication and education planned for April

Integrated Quality and Performance Report



Reporting Month: February 2024

STANDARD	EVERY MINUTE MATTERS
<p>Actions (continued):</p>	<p>No Criteria To Reside (NCTR) and Transfer of Care Hub (ToCH)</p> <p>Applying the methodology of continuous improvement, the Transfer of Care Hubs are working on a number of core principles which align with the Every Minute Matters 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 are delayed for:</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; <ul style="list-style-type: none"> • WGH Transfer of Care Hub location still to be established, provisional date May 2024 • Recruitment of acute staff continues with a number of vacancies at BRI Transfer of Care Hub • Bristol City Council fully recruited • Sirona recruitment ongoing at WGH, with Sirona still to establish a 7-day working model • North Somerset Council have gaps but recruitment is underway • Voluntary Sector supporting at both Transfer of Care Hub • A significant focus on the Transfer of Care Hubs is on transformation and improvement, with the following initiatives underway: <ul style="list-style-type: none"> ○ Delivering board round quality assurance and coaching and support to Home First Team. Education Facilitator to support training and development of the team, with a specific focus on ward-based staff to ensure discharges are being progressed in a timely manner; escalating where appropriate ○ Developing and implementing an action plan to support the 25% reduction in LOS and 40% shift in non-ideal discharge pathways. This will include a focus on earlier in the day discharges, targeting 33% before 12:00PM and timeliness of submission of referrals (Transfer of Care forms) - Target for 70% of Transfer of Care forms to be completed and submitted same day by 13:00pm. ○ Continuing to support acute flow by commissioning additional bridging capacity in Pathway 1 and block spot purchased beds on Pathways 2 and 3. Additionally, night sitting is in place to support more patients being able to return home. ○ Further PDSA cycles of the navigation process, taking learning from the recent UHBW event at Weston and NBT event at Southmead – the aim is to engender a "home first" approach across all teams and reduce reliance on bed-based care on discharge. ○ Embedding a process to use case studies with partners to learn and to develop new ways of working to improve our processes. For example, developing a Standard Operating Procedure for self-funding patients. ○ Developing locally agreed discharge codes with NBT which map to national codes to provide more granularity for reporting processes and to support ongoing commissioning.
<p>Risks:</p>	<p>Strategic Risk 423: Risk that demand for inpatient admission exceeds available bed capacity. 6789 and 6788: Risk that the Weston Transfer of Care Hub team will not be able to be co-located in a shared space, sufficient to meet the needs. 6874: Risk that ways of working are not changed ToCH partners will operate in silo impeding the team's ability to discharge patients.</p>

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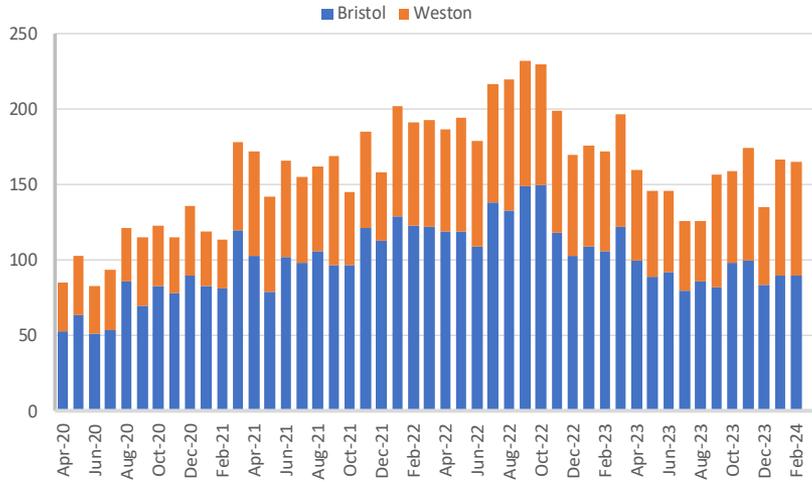


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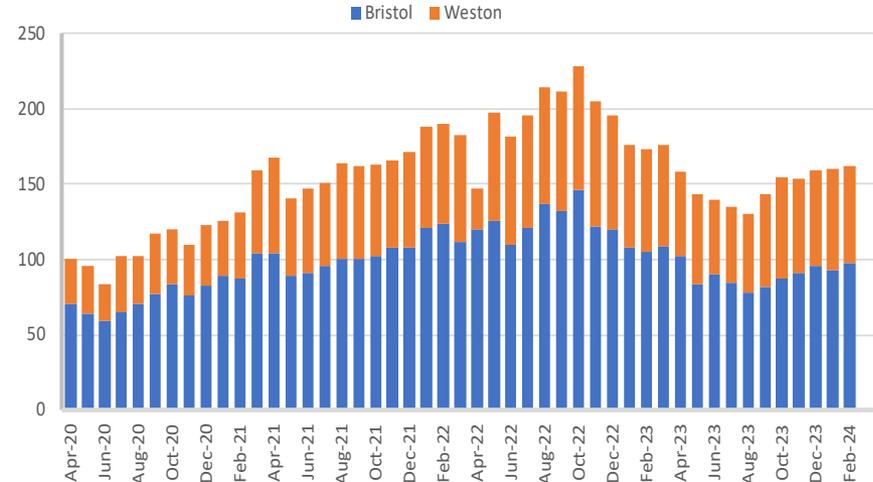
Reporting Month: February 2024

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

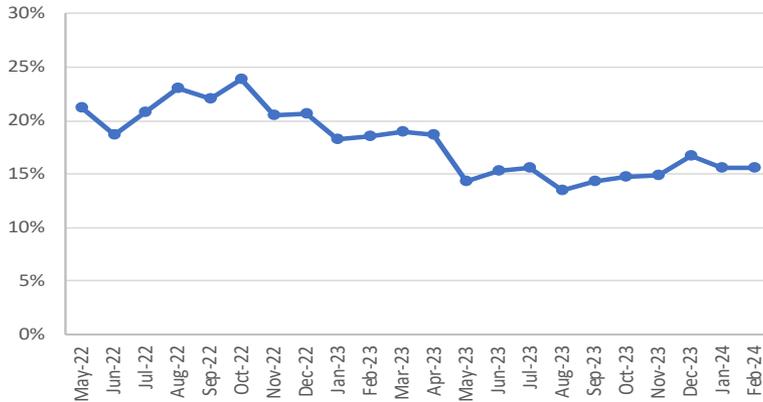
Number of Patients - Last Thursday in the Month



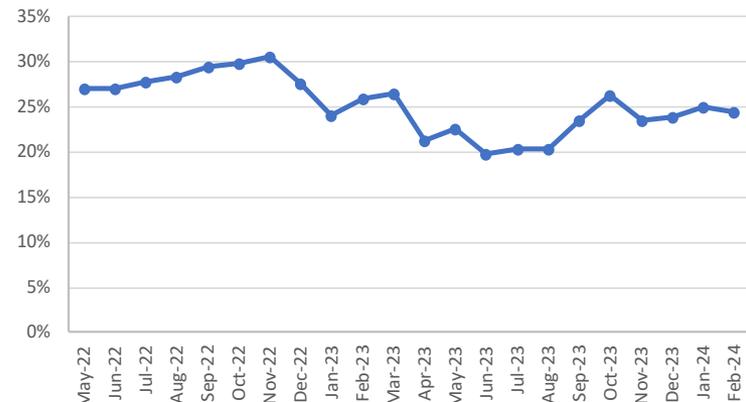
Average Number of Beds Occupied by NCTR Patients



NCTR Beddays as Percentage of All Beddays - Bristol



NCTR Beddays as Percentage of All Beddays - Weston



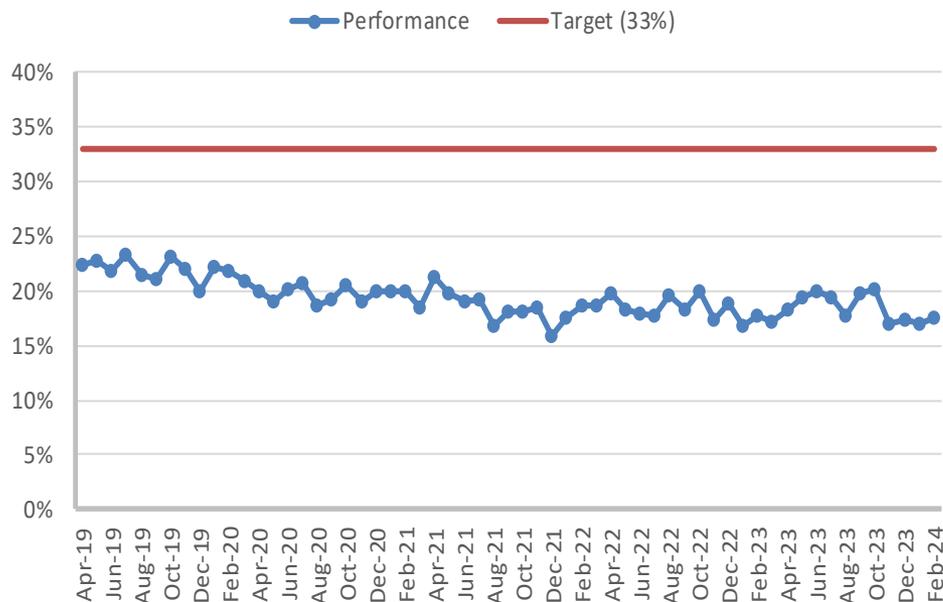
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Reporting Month: February 2024

STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE

Timely Discharge (Before 12 Noon)

Timely Discharges as a Percentage of all Discharges



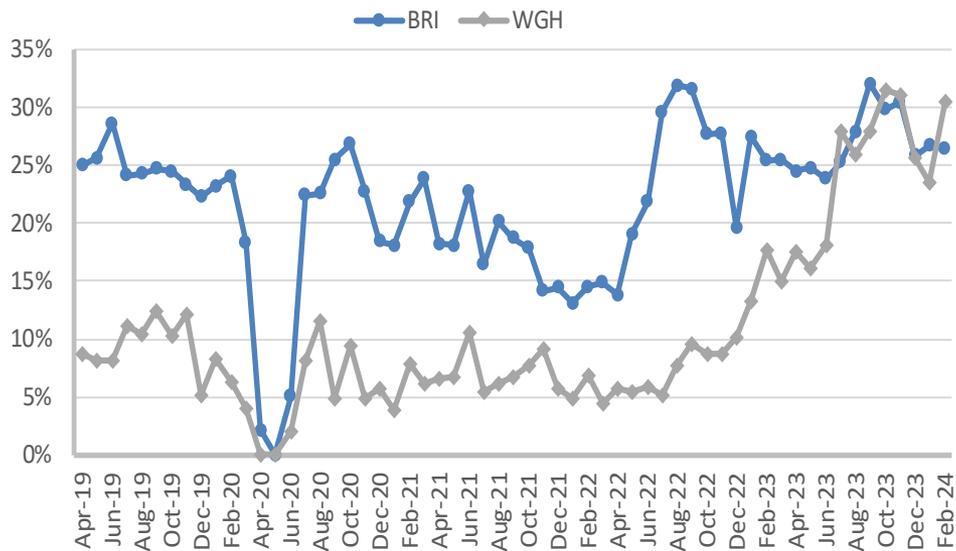
Summary of High Volume Specialties - February 2024

	Total Discharges	% Before Noon
Cardiac Surgery	96	10.4%
Cardiology	322	12.1%
Clinical Oncology	100	9.0%
Colorectal Surgery	66	13.6%
ENT	115	16.5%
Gastroenterology	105	17.1%
General Medicine	627	23.9%
General Surgery	197	16.2%
Geriatric Medicine	267	30.0%
Gynaecology	154	24.0%
Ophthalmology	78	29.5%
Paediatric Surgery	77	29.9%
Paediatrics	251	12.4%
Thoracic Medicine	166	16.3%
Trauma & Orthopaedics	160	26.3%
Upper GI Surgery	61	13.1%
UHBW TOTAL	3,903	17.4%

STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE

Discharge Lounge Use Summary

Percentage of Discharges Through the Discharge Lounge



Summary of High Volume Specialties - February 2024

	BRI	WGH	TOTAL
Accident & Emergency	12.9%	4.3%	11.6%
Cardiac Surgery	76.5%	-	76.5%
Cardiology	36.0%	31.6%	35.8%
Colorectal Surgery	30.4%	28.6%	30.2%
ENT	9.9%	-	9.9%
Gastroenterology	24.4%	18.2%	21.0%
General Medicine	25.8%	33.5%	30.1%
General Surgery	9.1%	26.0%	13.7%
Geriatric Medicine	39.9%	53.6%	42.9%
Hepatobiliary and Pancreatic Surgery	23.1%	-	23.1%
Maxillo Facial Surgery	4.3%	-	4.3%
Thoracic Medicine	24.1%	18.0%	22.2%
Thoracic Surgery	13.5%	-	13.5%
Trauma & Orthopaedics	27.6%	35.7%	30.8%
Upper GI Surgery	32.0%	22.2%	30.5%
UHBW TOTAL	26.5%	30.5%	27.5%

Integrated Quality & Performance Report



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: February 2024

FINANCIAL SUMMARY

YTD Income & Expenditure Position

- Net I&E deficit of £10,773k against a deficit plan of £10,857k (excluding technical items).
- Total operating income is £58,618k favourable to plan due to higher than planned income from activities of £43,996k and higher than planned other operating income of £14,623k.
- Operating expenses are £69,440k adverse to plan due to higher pay expenditure (£33,872k) and non-pay expenditure (£35,569k). Depreciation is in line with plan.
- Financing items are £2,423k favourable to plan mainly due to interest receivable.
- The impact of industrial action to the end of February has been funded by NHSE.

Key Financial Issues

- *Recurrent savings delivery below plan* – Internal YTD CIP delivery is £18,400k or 105% of plan, of which recurrent savings are £7,607k, 43% of plan.
- *Delivery of elective activity recovery below plan* – elective activity must be delivered in line with plan. At M11, the cumulative YTD value of elective activity is £13.9m behind plan, a deterioration of £3.0m in February. Of the £13.9m, c£5.7m relates to the estimated impact of industrial action. A continuation of February's performance could result in a total loss of income of up to £16m and may result in the Trust failing to deliver meet the financial plan.
- *Corporate mitigations not delivered in full* – non-recurrent mitigations of c£25m are required to support delivery of the plan. At M11, the corporate mitigations are on track.
- *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 Full Business Case (FBC) during quarter 4;
- 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 2024/25 capital plan in quarter 4;
- Understanding the implications of the Trust's recurrent revenue deficit. An assessment of the Trust's forecast outturn using M9 actuals has been completed. The forecast outturn remains break-even. The recurring revenue deficit is c£75m at 31st March 2024.

Integrated Quality & Performance Report

Reporting Month: February 2024

TRUST YEAR TO DATE FINANCIAL POSITION

Trust Year to Date Financial Position

	Month 11			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	87,468	96,418	8,950	940,944	984,940	43,996
Other Operating Income	8,416	10,059	1,643	96,861	111,484	14,623
Total Operating Income	95,884	106,477	10,593	1,037,805	1,096,423	58,618
Employee Expenses	(56,509)	(61,886)	(5,377)	(624,216)	(658,088)	(33,872)
Other Operating Expenses	(38,792)	(39,929)	(1,137)	(379,794)	(415,486)	(35,692)
Depreciation (owned & leased)	(1,236)	(1,075)	161	(36,187)	(36,064)	123
Total Operating Expenditure	(96,537)	(102,890)	(6,353)	(1,040,197)	(1,109,637)	(69,440)
PDC	(1,037)	(1,125)	(88)	(11,407)	(12,375)	(968)
Interest Payable	(221)	(230)	(9)	(2,431)	(2,545)	(114)
Interest Receivable	250	456	206	2,750	6,338	3,588
Other Gains/(Losses)	0	82	82	0	(83)	(83)
Net Surplus/(Deficit) inc technicals	(1,661)	2,770	4,431	(13,480)	(21,879)	(8,399)
Remove Capital Donations, Grants, and Donated Asset Depreciation	239	246	7	2,623	11,106	8,483
Net Surplus/(Deficit) exc technicals	(1,422)	3,016	4,438	(10,857)	(10,773)	84

Key Facts

- The position at the end of February is a net deficit of £10,773k against a deficit plan of £10,857k. The favourable position of £84k is an improvement of £4,438k from last month due to funding received from NHSE to support the costs of industrial action incurred from December to February.
- Significant variances in the year-to-date position of £84k favourable to include: the value of elective income being behind plan by £13,900k (of which £5,684k relates to the impact of industrial action); the £5,420k shortfall on savings delivery; better than planned interest receivable income of £3,588k; and additional operating income of £15,816k.
- YTD, the Trust has spent £7,049k on costs associated with Internationally Educated Nurses (IENs).
- Pay expenditure in February is £1,118k lower than January at £63,004k. £807k is associated with industrial action in February.
- Agency expenditure in month is £1,835k, compared with £1,819k in January. Bank expenditure in month is £4,292k, compared with £4,214k in January.
- YTD, pay expenditure is £33,872k above plan, mainly due to a significantly higher than planned number of substantive staff in post, higher than planned bank and agency spend combined and costs associated with industrial action.
- Total operating income is £58,618k higher than plan YTD as result of an increase to the block element of Aligned Payment Incentive (API) contract income and additional income from commissioners including income received from Health Education England (HEE) and services provided to other organisations.
- The financial position of the divisions shows an improvement of £505k in February, to a YTD overspend against budget of £12,237k or 1.4%. All industrial actions costs are now funded in Divisions.
- The most significant variances to budget are in Surgery (£3,905k), Women's & Children's (£4,226k) and Diagnostics & Therapies (£1,961k).