University Hospitals Bristol and Weston NHS Foundation Trust

August 2023 Published Papers

Including:

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

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University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality & Performance Report

July 2023

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NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

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Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2023

Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months March 2022 to February 2023 was 99.1 and in NHS Digital's "as expected" category. This is below the overall national SHMI of 100 for our peer group of English NHS trusts.

There have been eight Trust Hospital Onset Hospital Acquired and five Trust Community Onset Hospital Acquired Clostridium Difficile (C.diff) cases reported in June 2023. Contributory factors to cases include patients receiving multiple courses of antibiotics, (although prescribed appropriately within guidelines and protocols), patient previously positive with C.diff infection. No ribotyping results reveal causation linked to location. A theme of new staff / influx of agency staff unaware of documentation requirements leading to poor completion of risk assessments and records. There were two trust apportioned MRSA cases in June 2023, there are three trust apportioned cases in 2023/24 year to date. The MRSA screening guidance for the Trust has been updated and aligned across Bristol and Weston sites. A repeat MRSA screening audit against the trust policy, will be carried out to identify any areas of good practice and where improvement is required.

VTE risk assessment compliance remained stable but below required compliance standards at 82.6% (excluding Weston due to data feed issues) in June 2023. Diagnostics and Therapies division continues to be 100% compliant. A new Trust wide VTE medical lead has been appointed (due to commence in October 2023) which provides an opportunity to progress the VTE compliance priorities in the organisation.

In June, 34 patients were eligible for the Best Practice Tariff (BPT) #NOF at Weston. Time to surgery - 23/34 patients, 68%, achieved the 36hr time to surgery target. 0/34 patients, 0%, had an ortho-geriatrician assessment completed. In Weston surgery was delayed due to multiple patients requiring medical optimisation (vacant orthogeriatrician post remains unfilled), further diagnostic orthopaedic imaging or lack of theatre space/needing specific surgeon. At Bristol sites in June, there were 26 patients eligible for BPT. For the 36hr time to surgery standard, 6/26 patients (23%) achieved the standard. For the 72 hr time to orthogeriatrician assessment, 24/26 patients (92%) achieved the standard. Active repatriation of Weston patients is occurring to prevent tariff breaches.

Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2023

Our People

The vacancy position has been adjusted in line with the ledger, and in May this increased to 6.3% from 6.1% in the previous month. The Registered N&M vacancy rate is 10.4% compared to 11.7% in the same period for 22/33. There continues to be a healthy pipeline of Internationally Educated Nurses (IENs) joining the Trust over the next nine months.

Turnover for the 12-month period reduced to 13.8%, compared to 14.1% (adjusted figure) for the previous month. Six divisions saw a reduction whilst two divisions saw increases in comparison to the previous month. The largest divisional reduction was seen within Estates and Facilities, where turnover reduced by 0.8 percentage points to 14.2% compared with 15% the previous month.

Sickness absence has increased from 4.1% to .4.2%, however there has been a reduction in Estates and Facilities, reducing from 7.1% to 6.7%, and increases across three divisions with the largest increase in Medicine from 4.0 % to 4.8%.

Overall appraisal compliance reduced to 75.4%, compared to 75.8% in the previous month, and there is a programme of work to improve the quality of appraisals conversations and a revised KPI of 81% for the new financial year for divisions to meet.

Mandatory training levels have remained static but are close to the 90% target at 88.9% compliance.

Agency usage remained static 1.7%, whilst Bank usage saw a slight increase from 6.1% to 6.2%.

Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2023

Timely Care

During June, there has been improvement against a range of performance measures, while the impact of industrial action continues to challenge a number of areas.

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

In Quarter 4 of 2022/23, the Trust made significant progress in reducing the number of patients waiting over 78 weeks, bringing the number down from 877 in December 2022 to 166 in March 2023. Progress was also made during this period in narrowing the range of specialties that have care backlogs over 78 weeks.

The recent industrial action has made progress towards elimination of these care backlogs more challenging, with the number of patients reported to be waiting over 78 weeks rising to 248 in May and subsequently falling to 215 in June. Work continues to mitigate the impact of lost capacity and it is anticipated that there will be further reductions in July to 200. Whilst the number of patients waiting over 78 weeks is forecast to rise in August, the Trust is anticipating a sustained reduction from September and continues to work towards an elimination of patients waiting over 78 weeks in Q3 2023/24.

At the end of June 2023, 1,765 patients were waiting longer than 65 weeks which is ahead of the operational planning trajectory of 1,870 and an improvement on the position reported six months ago when 2,490 patients were waiting in excess of 65 weeks. As part of the 2023/24 Annual Planning Process, clinical divisions have developed plans to move towards the national ambition of no patient waiting longer than 65 weeks by end of March 2024.

In Q2-4 of 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 a recovery to below the 62-day baseline set for the Trust by NHS England.

The recent industrial action has made progress towards further reducing the number of patients waiting over 62 days more challenging, with the number of patients reported to be waiting over this threshold increasing to 238 in May and subsequently falling to 179 in June 2023. Performance has been sustained in July but is anticipated to deteriorate into August because of the loss of treatment capacity resulting from the industrial action. Work will continue to mitigate against any impact and towards the new target of 160 by March 2024.

…continued over page

Timely Care (continued)

Improvement has been made against the diagnostic six week wait standard. At the end of June, 76.8% of patients waiting for a diagnostic test had been waiting less than six weeks, with progress noted across a range of diagnostic modalities. This is ahead of the operational planning forecast and reflects an ongoing improvement against this standard. This is the best performance against this standard since March 2020 and the Trust continues to work towards the ambition that 85% of patients will be waiting six weeks or less for their diagnostic test by March 2024.

The Proactive Hospital Programme continues to run a range of initiatives focussing on ambulance handover, ED crowding and inpatient flow and discharge.

During June, 72.1% of attendances spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission. Performance against this standard continues to improve each month this year and is ahead of the operational planning trajectory of 62.2% with June being the highest performing month since May 2021. The Trust is on-track to achieving the March 2024 target of 76% of patients waiting less than 4 hours in ED.

The number of patients spending 12 hours or more in ED also improved significantly in June 2023. The national ambition is that no more than 2% of patients spend 12 hours or more in ED and June saw the performance improve to 3.1%, the best reported position in the last two years.

The proportion of ambulance handovers in excess of 15 minutes has been improving over the last seven months, with June reporting a much-improved position of 62% (74.9% in May). A similarly improved position was noted for ambulance handovers in excess of 30 minutes, with June reporting 27.3% compared to 45% in May. It is anticipated that further improvements will be seen as the various initiatives are deployed more widely over the coming months at the BRI and Weston.

During June, the average daily number of patients in hospital with no criteria to reside (NCTR) was 139. This maintains ongoing improvement and is the best reported performance since May 2021. The range of schemes implemented continues to have a positive impact on this standard.

The Transfer of Care Hub is currently being recruited to (c90% posts have been offered) and the Trust are working through the expected bed benefits from the fully established model.

Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2023

Financial Position

At the end of quarter 1 there is a net Income & Expenditure (I&E) deficit of £6.5m against a deficit plan (excluding technical items) of £4.4m. The adverse position against plan of £2.1m is primarily due to the shortfall in CIP delivery to date of £0.8m and the estimated financial impact of industrial action at £1.3m.

The three key issues affecting the delivery of the annual financial plan are:

- Savings delivery – the forecast for CIP delivery this year is £15.4m against a plan of £27.0m. Failure to achieve the CIP plan in full this year may result in the Trust failing to meet the financial plan;
- Delivery of elective activity recovery – elective activity must be delivered in line with the approved plan. Failure to do so will result in a loss of income of up to c£30m which may result in the Trust not achieving its financial plan. At the end of quarter 1, the value of elective activity is £2.8m ahead of plan; and
- Corporate mitigations delivery – non-recurrent mitigations of c£25m must be achieved to support delivery of the plan.

Failure to deliver the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention by NHS England.

Reporting Month: June 2023

Safe | **Caring**

Successes	Priorities
• The Trust successfully moved to the new national Patient Safety incident Response Framework on 1st July 2023. This gives us the opportunity and flexibility to direct our resources to our key patient safety risks. It enables us to gain in-depth insight into weaknesses in our systems for keeping people safer and to make improvements in the best ways to reduce patient safety risk. This involves as range of proportionate learning responses, rather than a "one size fits all" approach of the past. It also gives us the opportunity to enhance how we engage with and involve patients, families and staff in understanding these key risks and designing improvements. It supports a just and restorative patient safety culture for those affected by incidents.	• There were two trust apportioned MRSA cases in June 2023. Therefore there are three trust apportioned cases in 2023/24 year to date. The Vascular Access Group continue to focus on cross divisional learning with increasing momentum building with auditing of aseptic non-touch technique (ANTT) clinical practice for line care. The MRSA screening guidance for the Trust has been updated and aligned across Bristol and Weston sites. A repeat MRSA screening audit against the trust policy, will be carried out to identify any areas of good practice and where improvement is required. • VTE risk assessment compliance remained stable but below required compliance standards at 82.6% (excluding Weston due to data feed issues) in June 2023. Diagnostics and Therapies division continues to be 100% compliant. A new Trust VTE medical lead has been appointed (due to commence in October 2023) which provides leadership to progress the VTE prevention priorities in the organisation.

Reporting Month: June 2023

Safe | **Caring**

Opportunities

- There were three falls with harm in June 2023. We have successfully recruited to Dementia, Delirium and Falls Practitioner roles: one in Weston and one in Bristol. The Bristol post is to cover a secondment with the new staff member due to commence in post in August 2023. This will enable the falls improvement work to be taken forward with more pace. All referrals to the Dementia, Delirium and Falls team for three months have been reviewed to identify domains which require prioritising for improvement and to identify key training requirements.
- The improved basic rate of pay for RN's working bank shifts has been positively received and there has been some reduction in agency use in Divisions. Another cohort of 26 Internationally Educated Nurses has been welcomed into the Trust this month.

Risks & Threats

Analysis of the new Maternity Incentive Scheme (Year 5) Clinical Negligence Scheme for Trusts (CNST) standards is in progress. Two new risks to achieving compliance have been identified:

1. The full implementation of Saving Babies' Lives Care Bundle for scanning of pregnant people. This is to due to current capacity, training and staffing restraints in the ultrasound scanning department.
2. A requirement for additional training meaning approximately 50% more time for staff to be released from providing care to attend training than is currently required.

New, or increased, patient safety risks

Two new risks identified within the patient safety domain are:

- Risk 5972- Risk of delays in evacuating clinical areas in an emergency, current score 15. This risk identifies that the current trust shelter and evacuation plan has expired and is need of an update, there is no readily available trust wide tool for staff to use in an emergency or training in place for this. Action to undertake system exercises are scheduled to gain insight and learning to update the existing policies and develop training resources.
- Risk 6669 - Risk that imaging will be misinterpreted given that Royal United Hospital in Bath (RUH) imaging is no longer available by peer to peer sharing, current score 16. A recent patient safety investigation has identified a risk that imaging undertaken at RUH is no longer readily available to view in UHBW. The system now relies on prior awareness of the radiologist of previous imaging undertaken at RUH and requires active importing of these images. Feedback to system providers has been given to raise this issue as we are a tertiary provider requiring access to imaging undertaken at this Trust.

SPORT

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: June 2023

Responsive | **Effective**

Successes	Priorities
• Cancer standards: the subsequent radiotherapy and chemotherapy standards and the faster diagnosis screening standard were achieved in May and the Trust met its trajectory for number of waiters >62 days on a GP referred cancer pathway as at 09/07/23. • The five NHS England funded RTT validators allocated to UHBW have now moved on to validation and data quality checking within specific specialties to further support 65 week wait recovery. • Following successful pilots, DrDoctor 'Quick Question' and 'Assessments' are being deployed further through the Trust. • On average 80,000 DrDoctor appointment message reminders are being sent each month, double the amount sent by the previous message reminder. 69% of outpatient clinics are using the system, an increase of 10% and Q1 average DNA rate has reduced to 6.4% from 7.1%. • Performance against the diagnostic 6-week target has improved to 76.8% - the highest level since March 2020. • Diagnostic long waiters over 26 weeks have reduced for the 9th consecutive month, long waiters over 13 weeks have reduced for the 7th consecutive month. • Endoscopy continues to make significant improvements in performance, long waiters in these modalities overall have reduced for the 9th consecutive month. • Performance against the ED 4-hour and 12-hour standard have continued to improve, reporting the best performance for two years. • June saw a continued reduction in the delays associated with ambulance handovers.	• Ensuring all cancer patients are treated in a clinically safe timescale during industrial action • In line with national expectation, the trust continues to work towards eliminating all 78ww breaches and sustain this position. • To support the ambition of no patients waiting longer than 65 weeks by end of March 2024, divisions should continue to focus on RTT 'booking in order' reports that have been developed and ensure that all patients who will be 65-weeks wait at end of March have had their first outpatient appointment booked and attended. • The Outpatient Validation Team has made good progress with validation of inactive referrals and will continue to support divisions. Priority areas identified through the Outpatient Steering Group. • Appointment of programme resources in progress to support the roll out of DrDoctor functions across the trust • Appointment of programme resources in progress to support the roll out of Outpatient transformation priorities across the trust • Pilot of DrDoctor digital clinical letters planned to go live in July • The Trust is aiming to have zero patients waiting more than 13 weeks for a diagnostic test by March 2024. Trajectories and plans that align to this ambition are currently being agreed with all Divisions. • Deployment of Careflow clinical noting and M*Modal to 50% of Trust specialities

SPORT

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: June 2023

Responsive | **Effective**

Opportunities

- 4-hour and 12-hour ED performance improvement plans are in development for 2023/24. This includes a review of expected patient pathways (with speciality specific actions) and demand and capacity reviews.
- The Trust are developing the theatre improvement programme having recently agreed the roles required to support this and are in the process of appointing a Theatre Improvement Programme Manager.
- Review of Standard Operation Procedures to reduce risk of theatre cancellations.
- Mobile diagnostic scanning capacity for the Weston locality commenced on 13th June for MRI and CT.
- Replacement of digital dictation software and rollout of digital noting.
- Echocardiography is currently implementing a new patient administration system (PAS) in the Weston service. The change will support productivity in the administrative functions, and better waiting list management. Implementation is expected to be completed by October 2023.
- Medilogik is an Endoscopy Management System which is widely used within endoscopy services. The Trust has begun implementation of Medilogik within adult endoscopy services, which is expected to improve productivity, data quality, endoscopy performance and utilisation reporting.

Risks & Threats

- There is an ongoing impact on cancer waiting time standard compliance due to industrial action. This also has an impact on RTT elective care patients who may be cancelled to ensure that the rebooking of Cancer patients takes priority.
- Increase in suspected gynaecology cancer referrals above the rate by which capacity can be increased to deal with the increased demand. Referral rates increased by 11% in 2022 and a further 6% so far in 2023.
- There is a risk to cancer standard performance from capacity issues in dermatology due to high vacancies and high demand over the summer
- Ongoing risk of electronic Referral Service (e-RS) and Referral Assessment Service (RAS) lists. Potential for patients to contribute to the 104-week, 78-week and 65-week waiting position as 'Pop up' referrals.
- Ongoing risk of outpatient follow up backlog volumes exceeding trust capacity (trust risk 2244). The NHSE 2023/24 Priorities and Operational Planning Guidance includes an ambition to reduce outpatient follow ups by 25%. Potential clinical risk associated with reduction of follow up activity increasing issues with follow up backlog position.
- Diagnostic performance improvement continues to be impacted by challenges and deliverables in other key areas, including impact from periods of industrial action Clinically urgent and cancer patients will continue to be prioritised in the capacity available. Outsourcing to the independent sector will also continue for Endoscopy (adults) and non-obstetric ultrasound.

Dashboard

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: June 2023

CQC Domain	Metric	Standard Achieved?
Safe	Infection Control (C. diff)	P
	Infection Control (MRSA)	N
	Infection Control (E.Coli)	Y
	Serious Incidents	N/A
	Patient Falls	P
	Pressure Injuries	Y
	Medicines Management	Y
	Essential Training	P
	Nurse Staffing Levels	N/A
	VTE Risk Assessment	N
Caring	Monthly Patient Survey	Y
	Friends & Family Test	N/A
	Patient Complaints	N

CQC Domain	Metric	Standard Achieved?
Responsive	Emergency Care - 4 Hour Standard	P
	Delayed Discharges	N/A
	Referral To Treatment	N
	Referral to Treatment – Long Waits	P
	Cancelled Operations	N
	Cancer Two Week Wait	N
	Cancer 62 Days	N
	Cancer 28 Day Faster Diagnosis	N
	Diagnostic Waits	P
	Outpatient Measures	P
	Outpatient Overdue Follow-Ups	N
Effective	Mortality (SHMI)	Y
	Mortality (HSMR)	N/A
	Fracture Neck of Femur	N
	Mixed Sex Accommodation	Y
	Maternity Services	N/A

CQC Domain	Metric	Standard Achieved?
Well-Led	Staffing Levels – Agency Usage	N
	Staffing Levels – Turnover	Y
	Staffing Levels – Vacancies	P
	Staff Sickness	Y
	Staff Appraisal	N
Use of Resources	Average Length of Stay	N/A
	Performance to Plan	N/A
	Divisional Variance	N/A
	Savings	N/A

N	Not Achieved
P	Partially Achieved
Y	Achieved
N/A	Standard Not Defined

Infection Control – C.Difficile

June 2023

P *Partially Achieved*

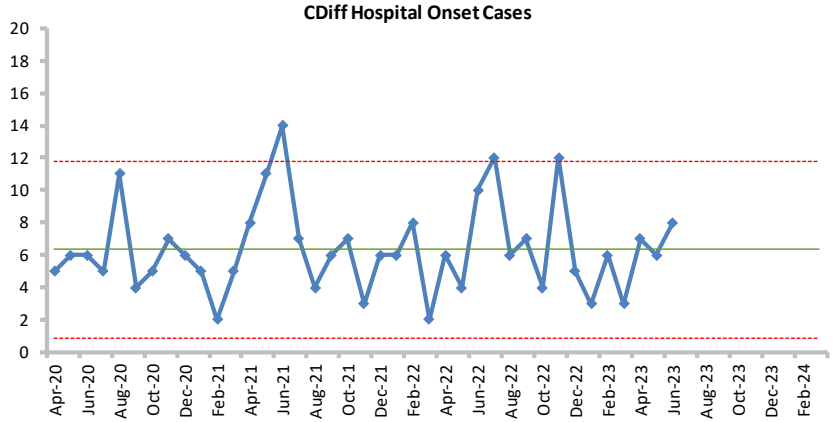
Standards:	Infections are reported in two different categories for infections associated with hospital care: 1. Hospital Onset – Healthcare Associated (HOHA). Patient is an inpatient in an acute trust and has 3 or more days between admission and a positive specimen. 2. Community Onset – Healthcare Associated (COHA). Patient returns a positive specimen within 28 days of discharge from an elective or emergency hospital admission. 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.
Performance:	There have been eight Trust HOHA and five COHA C.Difficile cases reported in June 2023. The reported Year To Date (YTD) in 2023/24 is 21 Hospital Onset cases and 33 Hospital Attributable cases.
Actions/Plan:	Contributory factors to C. difficile cases include patients receiving multiple courses of antibiotics, (although prescribed appropriately within guidelines and protocols), patient previously positive with C.difficile infection. All C.difficile positive samples are sent for specialist ribotyping. No ribotyping results reveal causation linked to location. A theme of new staff / influx of agency staff unaware of documentation requirements leading to poor completion of risk assessments and records. Although this was not a causative factor in the patients' acquisition of C. difficile. Actions: • The collaboration continues with regional NHS England colleagues focused on quality improvement. Separately the ICS are leading shared learning across provider organisations from the Trust post reviews infection reviews. A gap remains with community onset cases of C.difficile to identify if specific learning points can be achieved if a patient has received ongoing care delivered by primary care services. It has been agreed to start with a single patient review, sharing resource from the ICS and providers. • Ongoing Trust sluice auditing of cleanliness standards including commodes continues with recurrent themes being address around cleaning, Actichlor Plus (a chlorine disinfectant) use and information as well as the not using of 'I am clean' tape.
Ownership:	Chief Nurse

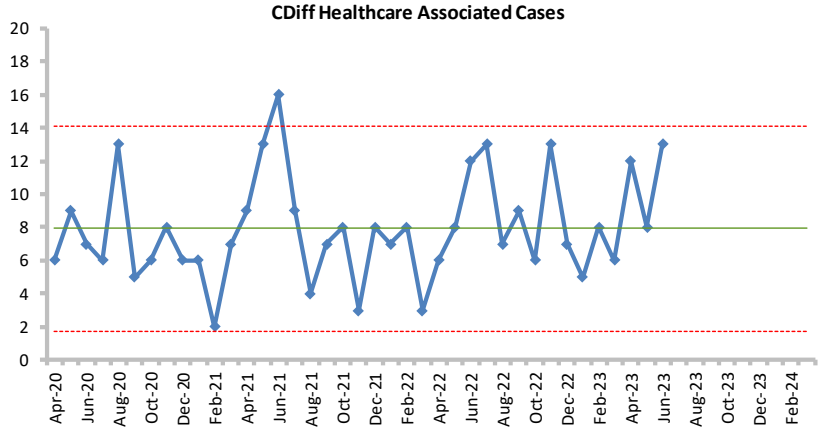
	Jun-23		2023/2024		2022/2023	
	HOHA	**COHA**	**HOHA**	**COHA**	**HOHA**	**COHA**
Medicine	4	1	7	3	23	4
Specialised Services	0	2	2	5	8	3
Surgery	1	0	2	0	11	1
Weston	3	0	9	2	27	7
Women's and Children's	0	0	1	0	8	3
Other	0	2	0	2	1	4
UHBW TOTAL	**8**	**5**	**21**	**12**	**78**	**22**

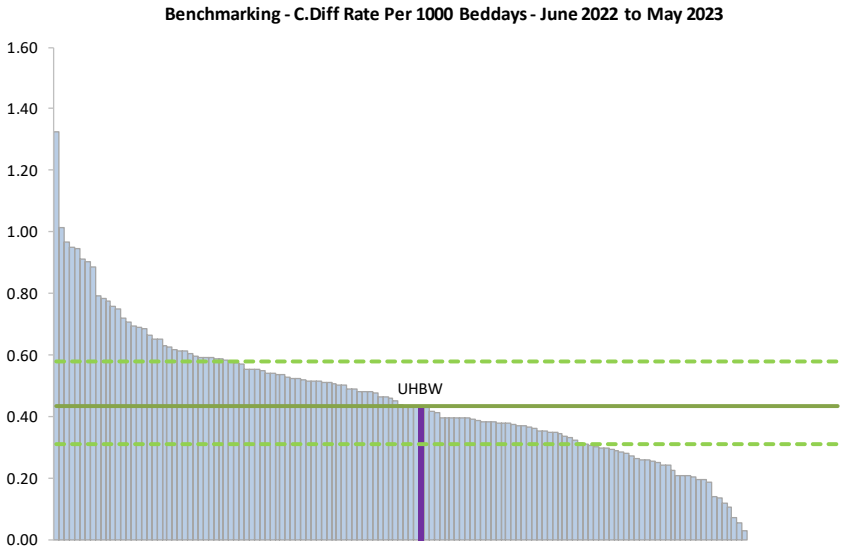
Infection Control – C.Difficile

University Hospitals Bristol and Weston NHS Foundation Trust

June 2023







Infection Control - MRSA

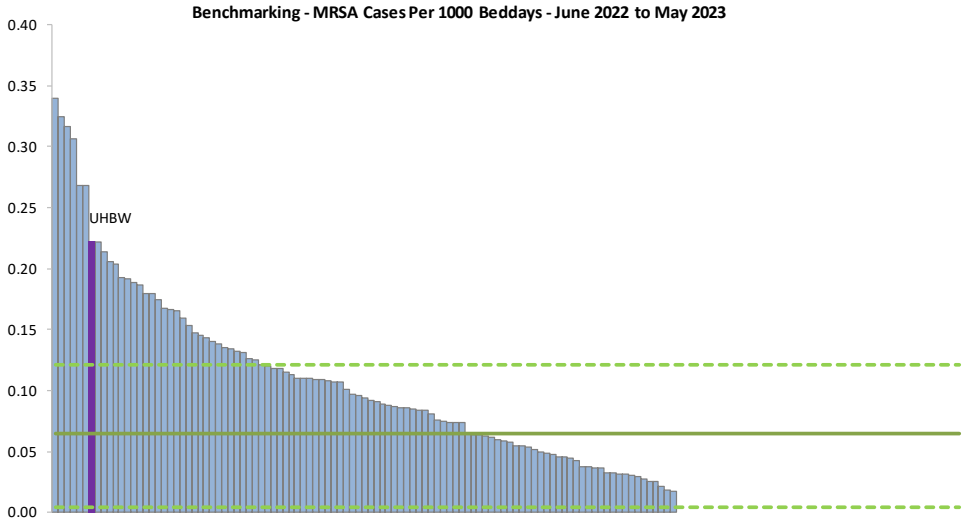
University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

N *Not Achieved*

Standards:	The standard is to have zero Trust Apportioned MRSA cases. This is Hospital Onset cases only.
Performance:	There have been two trust-apportioned MRSA cases in June 2023. Therefore 3 trust apportioned cases in 2023/24.
Action/Plan:	• Initial investigation has indicated that phlebitis surrounding a cannula may be indicated in one case. • Post infection review meetings are planned to review findings of the investigations. • The Vascular Access Group continue to focus on cross divisional learning with increasing momentum building with auditing of aseptic non-touch technique (ANTT) clinical practice for line care. • The MRSA screening guidance for the Trust has been updated and aligned across Bristol and Weston sites. A repeat MRSA screening audit against the trust policy, will be carried out to identify any areas of good practice and where improvement is required.
Ownership:	Chief Nurse

	Jun-23	2023/2024	2022/2023
Medicine	0	0	1
Specialised Services	0	0	1
Surgery	0	1	2
Weston	1	1	1
Women's and Children's	1	1	2
Other	0	0	0
UHBW TOTAL	**2**	**3**	**7**



Infection Control – E. Coli

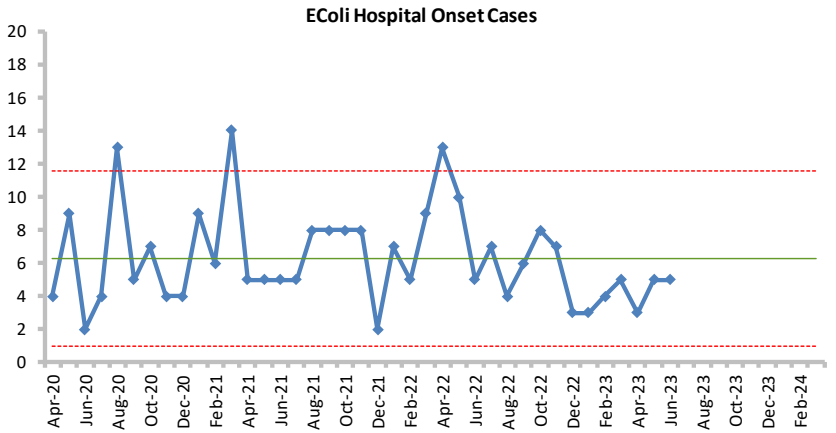
University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

Y *Achieved*

Standards:	Enhanced surveillance of Escherichia coli (E.coli) bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemia are reported monthly to UK Health Security Agency (UKHSA) [previously Public Health England (PHE)]. As a result, in the national rise in E.coli bacteraemia rates, a more in-depth investigation into the source of the E.coli bacteraemia are initially undertaken by a member of the Infection Prevention and Control team. Reviews include identifying whether the patient has a urinary catheter and whether this could be a possible source of infection. If any lapses in care are identified at the initial review of each case, a more complete analysis of the patient's care is carried out by the ward manager through the incident reporting mechanism. There is a time lag between reported cases and completed reviews. An annual limit of E.coli cases has now been confirmed with NHS England as 111 for 2023/24. This would give a trajectory of approximately 9.3 cases per month.
Performance:	There have been 5 cases of Hospital Onset E.coli reported in June 2023 (all 5 in Bristol), which brings the cumulative total to 13 YTD 2023/24.
Action/Plan:	The community prevalence of E.coli in urine and blood cultures continues to rise steadily. In June 2023 there were 34 community-onset community acquired E.coli bacteraemias. • Urinary Tract Infection (UTI) improvement collaborative with the Integrated Care System with sharing of findings. • Continued collaboration with North Bristol Trust & Sirona in the joint Trust continence group. • Ongoing performance monitored for the CQUIN in UTI antibiotic compliance management.
Ownership:	Chief Nurse

	Jun-23	2023/2024	2022/2023
Medicine	3	5	24
Specialised Services	1	1	15
Surgery	1	4	16
Weston	0	3	13
Women's and Children's	0	0	7
Other	0	0	0
UHBW TOTAL	**5**	**13**	**75**



Harm Free Care – Inpatient Falls

June 2023

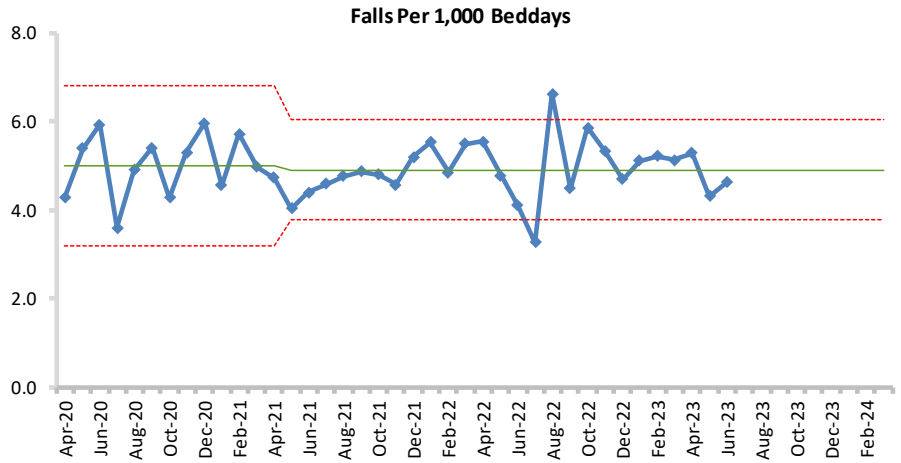
P *Partially Achieved*

Standards:	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
Performance:	During June 2023, there were 150 falls across the Trust, which per 1000 beddays equates to 4.63. There were 105 falls at the Bristol site and 45 at the Weston site. There were three falls with moderate (or greater) harm.
Action/Plan:	The number of falls in June 2023 (150) is the same as in May 2023 (150). There are 3 falls with harm in June 2023. Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. Steering Group: • The Dementia, Delirium and Falls (DDF) steering group continues to meet monthly and two of the divisions, in turn, present falls and dementia specific updates from their divisions. In June the divisions of Weston and Women's and Children provided an update including patient stories. • Recruitment to the Dementia, Delirium and Falls Practitioner roles (band 7) is complete at Weston and for a fixed-term role at the Bristol site. The DDF practitioners are due to commence in post in August 2023. Quality Improvement Plans: The DDF team continue to complete the National Audit of Inpatient Falls and are leading on 3 Quality Improvement projects: 1. Improving assessment and recording of Multi-Factorial Risk Assessment for patients. All referrals to the DDF team for three months (Mar 2023-May 2023) have been audited to identify domains which require improvement and to identify training requirements. The team are in the process of analysing results of audit. Findings and themes will be shared at the Steering Group. 2. Review and update the Multi Factorial Risk Assessment document to embed Personalisation, Prediction, Prevention and Participation in falls prevention and management across the trust. 3. Improving mobilisation and preventing deconditioning in hospitals. The team is involved with supporting the Active Hospitals project in the Every Minute Matters programme - which has a planned start date in September across 4 pilot inpatient wards. Training: • The DDF Steering Group provides an Education Component. Bitesize training sessions are delivered to the group on relevant topics. Education session on 13th June provided a recap on the completion of the MFRA including Lying and standing Blood pressure. Non steering group members are welcome to attend these education sessions. • The DDF team continue to deliver 'in-place' and simulation-based training for staff across the trust. DDF team are providing bitesize training sessions on wards across the trust. In June 2023, 117 members of staff attended the training sessions.
Ownership:	Chief Nurse

Harm Free Care – Inpatient Falls

June 2023

	Jun-23		2023/2024		2022/2023	
	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays
Diagnostics and Therapies	1	333.33	7	318.18	21	291.67
Medicine	53	7	161	7.06	811	8.89
Specialised Services	24	4.75	64	4.26	259	4.12
Surgery	20	4.31	62	4.2	224	3.88
Weston	45	5.95	158	6.67	635	6.39
Women's and Children's	4	0.58	9	0.43	51	0.59
Other	3		5		5	
UHBW TOTAL	**150**	**4.63**	**466**	**4.73**	**2006**	**5.02**



Harm Free Care – Pressure Injuries

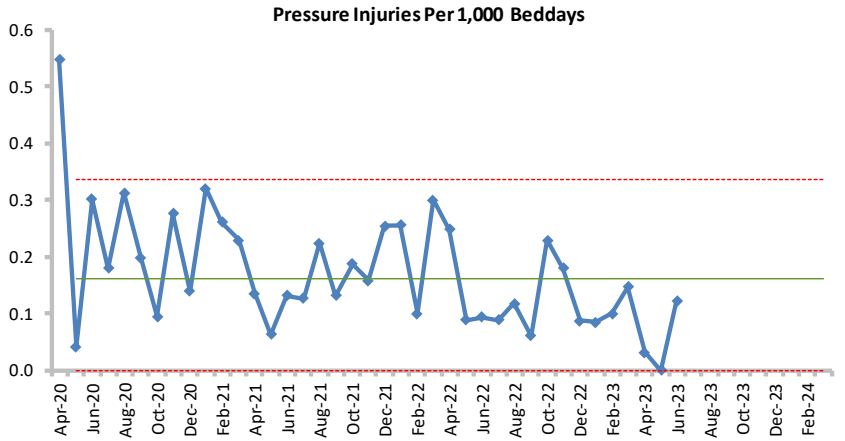
University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

Y *Achieved*

Standards:	Pressure Injures are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2, 3 and 4 are counted. There is an additional category referred to as "Unstageable", where the final categorisation cannot be determined when the incident is reported. The Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure. The aim is to reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. In addition, there should be no Category 3 or 4 injuries.
Performance:	During June 2023, the rate of pressure injuries per 1,000 bed-days was 0.124 across UHBW. Across UHBW there were four category 2 pressure injuries. Two in Specialised Services and two in Weston. All four injuries were to the sacral-coccygeal area. All patients in question were elderly with numerous co-morbidities. Three out of the four patients had all appropriate pressure relieving measures in place with prompt reporting and good documentation in the Pressure Ulcer Care Plan at time of TVN review.
Action/Plan:	• The audit of wound care documentation across UHBW, beginning with Pressure Ulcer Care Plans, has been completed in Weston with feedback to clinical departments and Divisional team. The Audit results will also be fed back Tissue Viability Steering Group in July. Clinical areas considered to have the highest risk of pressure related skin damage will be prioritised for the next stage of the audit. • Ongoing monthly tissue viability quiz open to all staff to encourage engagement. Winner announced and prize awarded at end of each month. • Ward based micro teaching sessions continue to be offered to all staff with emphasis of practical learning "on the job" within the clinical area. • Emergency Department micro training across both sites with new interactive resource folder to be used by TVNs as a "on-the-spot" training aid. • Key themes continue to be disseminated via monthly TV Newsletter and UHBW Twitter account.
Ownership:	Chief Nurse

	Jun-23		2023/2024		2022/2023	
	Pressure Injuries	Per 1000 Beddays	Pressure Injuries	Per 1000 Beddays	Pressure Injuries	Per 1000 Beddays
Diagnostics and Therapies	0	0	0	0	0	0
Medicine	0	0	1	0.044	13	0.142
Specialised Services	2	0.396	2	0.133	3	0.048
Surgery	0	0	0	0	12	0.208
Weston	2	0.264	2	0.084	22	0.221
Women's and Children's	0	0	0	0	1	0.012
Other	0		0		0	
UHBW TOTAL	**4**	**0.124**	**5**	**0.051**	**51**	**0.128**



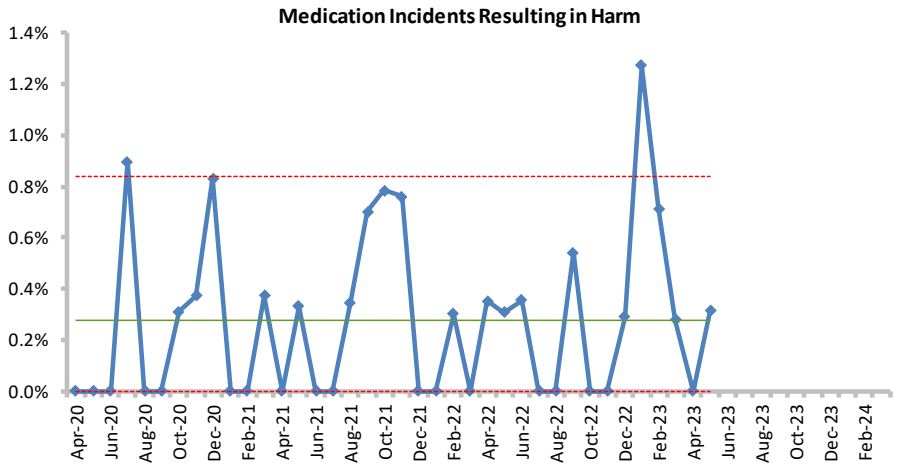
Medicines Management

May / June 2023

Y *Achieved*

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%, with an amber tolerance to 1%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There was one moderate harm incident out of 318 reported medication incidents in May (0.31%). There was one omitted dose of critical medicine out of 339 patients audited in June (0.29%).
Action/Plan:	• The moderate harm incident related to an intravenous infusion of a medicine that was running at 12 times the prescribed rate / dose. Infusion rate errors have recently been highlighted as an area for concern across the Trust. • The omitted dose of critical medicine referred to an antiepileptic medicine that was not available on the ward. It was ordered urgently and given late but had not been ordered in advance despite the drug chart being marked as a critical medicine. • A rapid incident review meeting occurred, and several learning points were identified. The incident was classified as a serious incident and an action plan is being completed to address the learning identified.
Ownership:	Medical Director

	May-23		2023/2024		2022/2023	
	Harm Incidents	Total Reviewed	Harm Incidents	Total Reviewed	Harm Incidents	Total Reviewed
Diagnostics and Therapies	0	13	0	35	0	230
Medicine	0	62	0	117	7	662
Specialised Services	0	55	0	121	1	877
Surgery	0	53	0	90	1	572
Weston	0	20	0	52	1	301
Women's and Children's	1	115	1	209	3	1214
Other	0	0	0	0	0	12
UHBW TOTAL	**1**	**318**	**1**	**624**	**13**	**3868**
Percentage		**0.31%**		**0.16%**		**0.34%**



Essential Training

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

June 2023

P *Partially Achieved*

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	At the end of Quarter 1 (June data), Essential Training compliance figures are being carried out to one decimal point, to ensure complete accuracy against the RAG rating scale, and to be consistent with other performance dashboard statistics. As such, overall compliance for both the eleven Core Skills (mandatory/statutory), as well as the wider essential training (specific to role), are now at 88.9% and 87.7%, respectively.
Action/Plan:	**Core Skills:** In comparing current core skills programme compliance against the final quarter of 2022 - 23 (March data), only Moving and Handling (+2% to 78.8%), and Resus (+2% to 69.2%) made small gains since last the quarter. These two programmes, however, along with Info Governance and Infection Prevention and Control (IPC) are the only core skills that are not meeting their target compliance of 90% or better. Information Governance is currently 90.4% but has a target of 95%. IPC is at 89.1%, slightly under 90% target. The other seven remaining core skills, although experiencing slight decreases since the end of last quarter are still maintaining their target compliance of 90% or better. **Divisional Performance:** Again, in comparing this quarter's closing figures, against those of final quarter of 2022-23, only one division, Surgery, has made an increase of 1% to 86.3%. Others have stayed static or dropped by 1% (D&T), 2% (Estates and Facilities), or 3% (Weston) **Resus Task and Finish Group:** A multi-discipline Task and Finish Group, headed by Divisional Director of Professions (D&T), is being formed to review and improve Resus compliance. First meeting on 28 July will concentrate on context, known barriers and direction.
Ownership:	Director of People

Nurse Staffing Levels

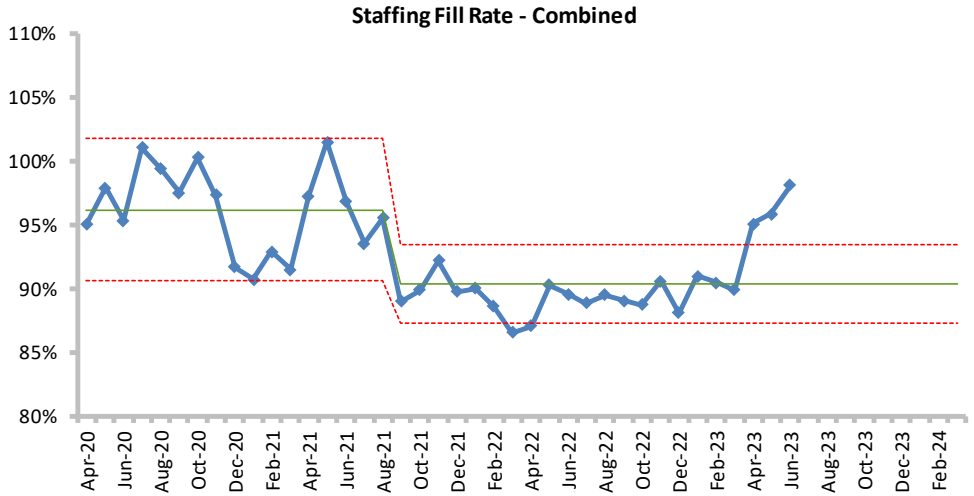
University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

N/A *No Standard Defined*

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here, and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
Performance:	The report shows that in June 2023 (for the combined inpatient wards) the Trust had rostered 306,664 expected nursing hours, against the number of actual hours worked of 300,754 giving an overall fill rate of 98.1%.
Action/Plan:	• The band 5 vacancy rate increased marginally to 16.1% from 16.0% whilst the turnover rate remained at 16.1% for June. • The band 2/3 vacancy rates have now stabilised and are now starting to show on rosters and in budget lines. The HCSW gap is 171 WTE currently with the Band 2 turnover running at 24.9 % down from 26.8% and Band 3 turnover up to 13.8% compared to 12.4% in May. • The pressure on the front door areas has eased a little this month however escalation capacity is still required to support the clinical services adding an additional strain on the nursing staff. • Another cohort of 26 Internationally Educated Nurses has been welcomed into the Trust this month. • The improved basic rate of pay for RN's working bank shifts has been positively received and there have been some reduction in agency use in Divisions.
Ownership:	Chief Nurse

	Jun-23		
	Combined	**RN**	**NA**
Medicine	106.9%	104.6%	109.6%
Specialised Services	95.1%	88.1%	116.1%
Surgery	103.7%	101.9%	108%
Weston	102.9%	95.7%	111.4%
Women's and Children's	85.7%	87%	80.3%
UHBW TOTAL	**98.1%**	**94.5%**	**105.4%**



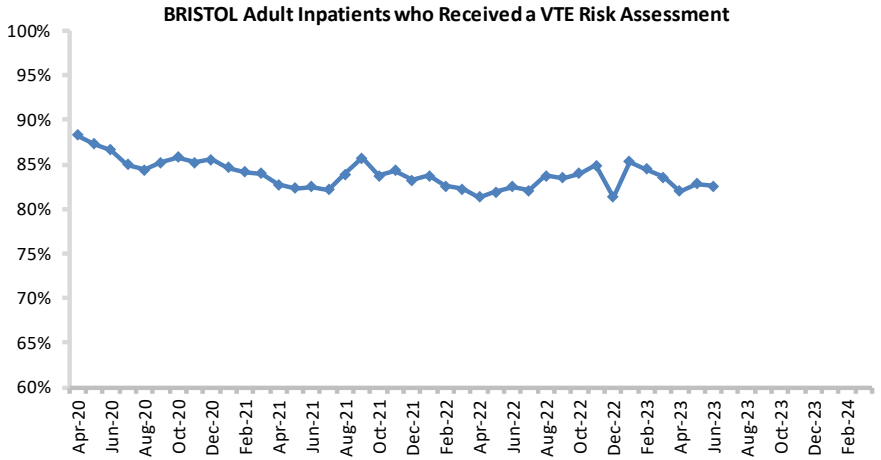
Venous Thromboembolism (VTE) Risk Assessment

University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

N *Not Achieved*

Standards:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of healthcare-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. The expectation is that UHBW will achieve 95% compliance, with an amber threshold to 90%.
Performance:	Recent VTE risk assessment compliance remains stable at 82.6% (excluding Weston due to data feed issues). Diagnostics and Therapies division continues to be 100% compliant. Change for all divisions between May and June was within 1%.
Action/Plan:	• The successful appointment of a new VTE lead (due to commence October 2023) will provide clinical expertise and prioritisation needed in order to make a step change in progress of the VTE workstream, medicines medical, pharmacy, patient safety and clinical digital and digital colleagues are progressing incorporating the electronic VTE risk assessment into Careflow Medicines Management system. • Review of VTE data metric required to establish agreed cohorts and exclusions for VTE risk assessment compliance; to enable accurate IQPR and ward data feeds (including assurance that areas that complete paper-based RAs are compliant). Initial scoping for this is being undertaken by the Patient Safety Improvement Team
Ownership:	Medical Director



Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Radiology	32	32	100.0%
Diagnostics and Therapies Total		**32**	**32**	**100.0%**
Medicine	Medicine	2,160	2,915	74.1%
Medicine Total		**2,160**	**2,915**	**74.1%**
Specialised Services	BHOC	2,257	2,326	97.0%
	Cardiac	337	497	67.8%
Specialised Services Total		**2,594**	**2,823**	**91.9%**
Surgery	Anaesthetics	17	18	94.4%
	Dental Services	125	146	85.6%
	ENT & Thoracics	283	408	69.4%
	GI Surgery	994	1,267	78.5%
	Ophthalmology	323	328	98.5%
	Trauma & Orthopaedics	124	202	61.4%
Surgery Total		**1,866**	**2,369**	**78.8%**
Women's and Children's	Children's Services	32	44	72.7%
	Women's Services	1,302	1,489	87.4%
Women's and Children's Total		**1,334**	**1,533**	**87.0%**
Grand Total		**7,986**	**9,672**	**82.6%**

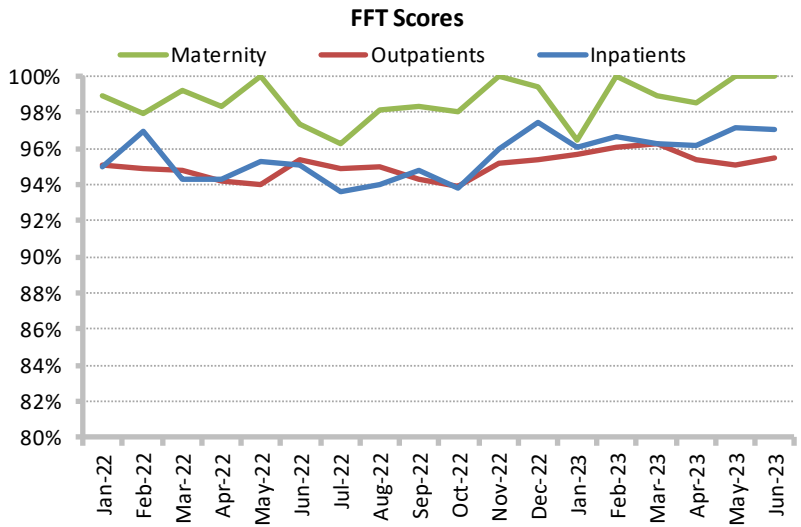
Friends and Family Test (FFT)

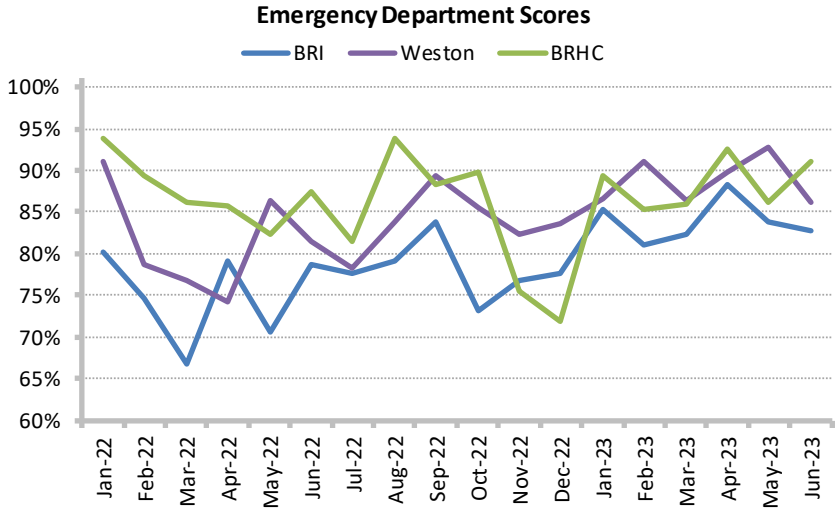
University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

N/A ***No Standard Defined***

Standards:	The FFT question asks "Overall, how was your experience of our service?". The Trust collects FFT data through a combination of online, postal survey responses, FFT cards and SMS (for Emergency Departments and Outpatient Services). There are no targets set.
Performance:	The Trust received 7,291 FFT responses from patients in June 2023, which is an increase of 48% compared to the number of responses received in May (4,927). This increase is due to a number of cards not reaching the supplier for processing in time for the May return and have been carried over to the reporting for June. FFT performance • FFT scores for inpatients, day cases, maternity and outpatients remain positive (all 90% and above) and broadly consistent with May figures. • The overall FFT score for the Trust's Emergency Departments in June 2023 was 88% which was above the latest published national average FFT score for Emergency Departments in February 2023 (80%).
Action/Plan:	n/a
Ownership:	Chief Nurse





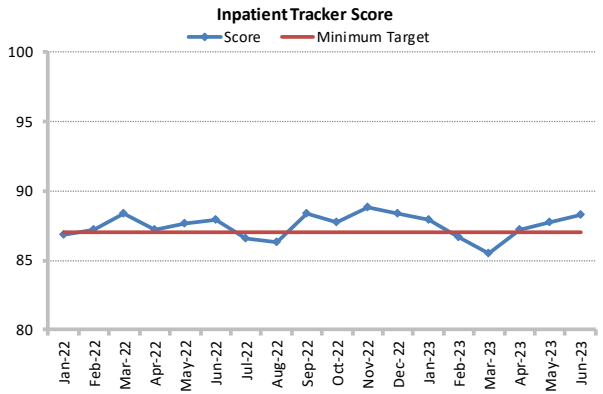
Monthly Patient Survey

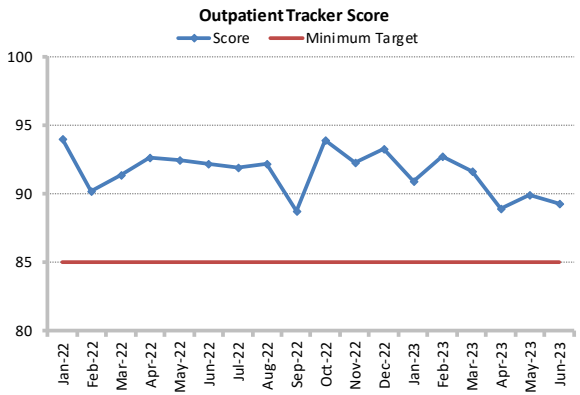
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

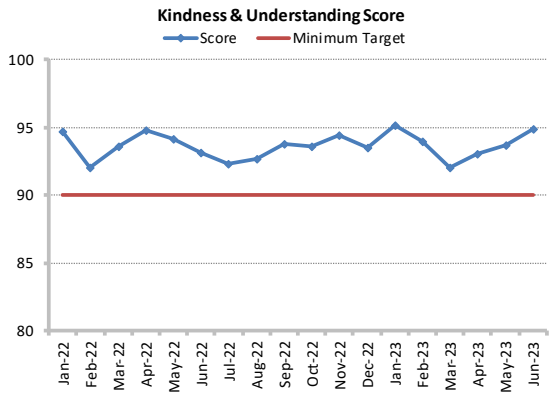
June 2023

Y *Achieved*

Standards:	There is a single set of metrics for the Trust. Divisional level metrics are reported quarterly through the Patient Experience Group (PEG) and Quality Outcomes Committee (QOC). For the inpatient and outpatient postal survey, five questions relating to topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients, the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	For June 2023: • Inpatient score was 88 (May was 88) – above target • Outpatient score was 89 (May was 90) – above target • Kindness and understanding score was 95 (May was 94) – above target
Action/Plan:	n/a
Ownership:	Chief Nurse



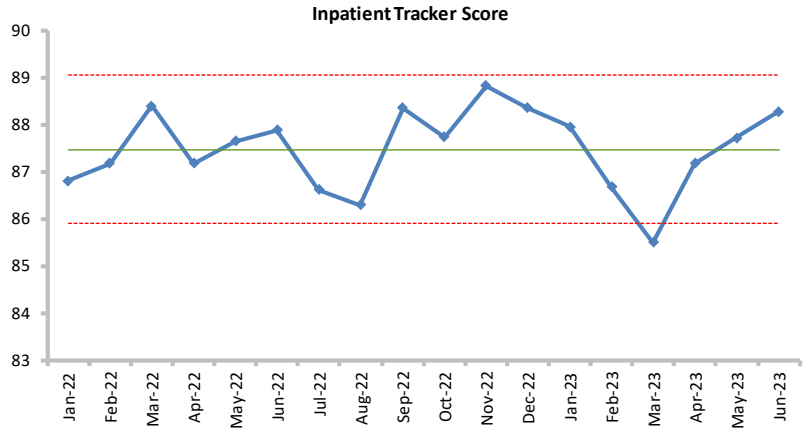


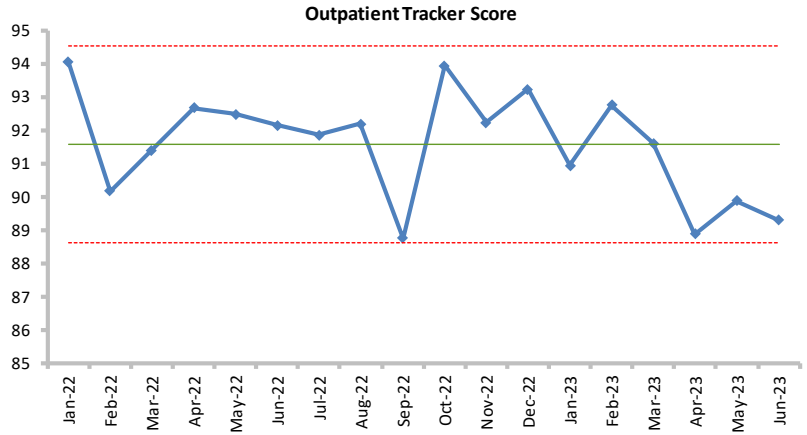


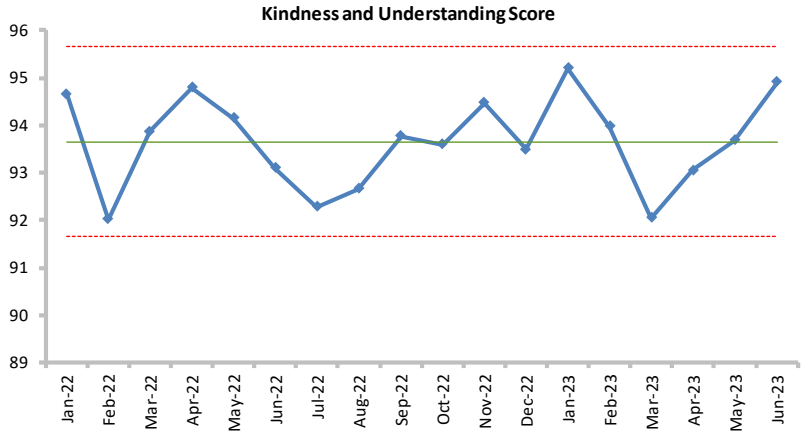
Monthly Patient Survey

University Hospitals Bristol and Weston NHS Foundation Trust

June 2023







Patient Complaints

June 2023

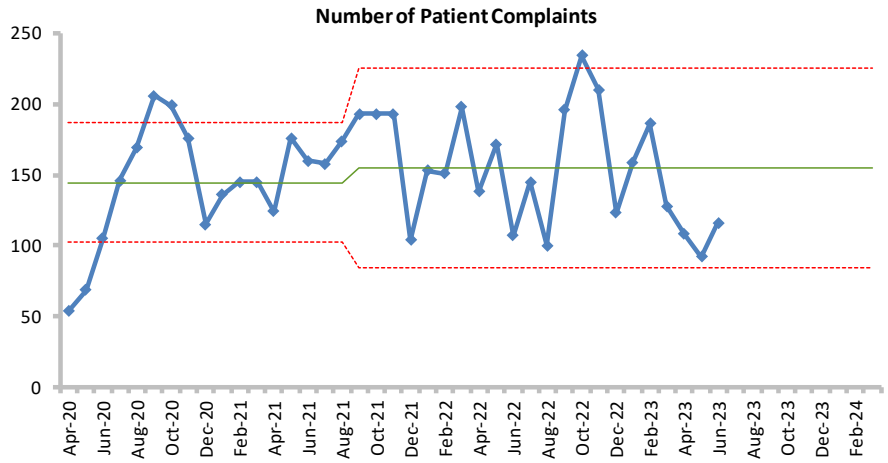
N ***Not Achieved***

Standards:	For all complaints (formal and informal), the Trust target is for 95% of responses to be sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. In addition, the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.
Performance:	In June 2023: • 116 Complaints were received (37 Formal and 79 Informal). • Responses for 51 Formal and 66 Informal complaints were sent out to complainants. • The Trust sent out 72.5% of formal responses within the agreed timeframe (37 out of 51). • Divisions returned 90% (46 out of 51) of formal responses to the PSCT by the agreed deadline. • 91% of informal complaints (60 out of 66) were responded to within the agreed timeframe. • There were 7 formal complaints responded to in April 2023 where the complainant was subsequently dissatisfied with the Trust's response, which represents 11.9% of the 59 responses sent out in April 2023 (this measure is reported two months in arrears).
Action/Plan:	Due to an ongoing administrative backlog in the PSCT, this slightly under-represents the true number of complaints received; the provisional total will need to be updated retrospectively once all complaints received in June have been logged onto the Datix database. It is estimated that the total number of new complaints is likely to be approximately 125. Of the 14 breaches of timescale for formal complaints, three were for Weston Management Team, four were for the Division of Medicine, three were for Surgery, two were for Women's and Children's and two were for Specialised Services. 10 of the 14 breaches were attributable to delays in the divisions, with four due to delays in the PSCT processing the response. A total of five formal responses also breached the internal deadline to be returned to the PSCT for checking.
Ownership:	Chief Nurse

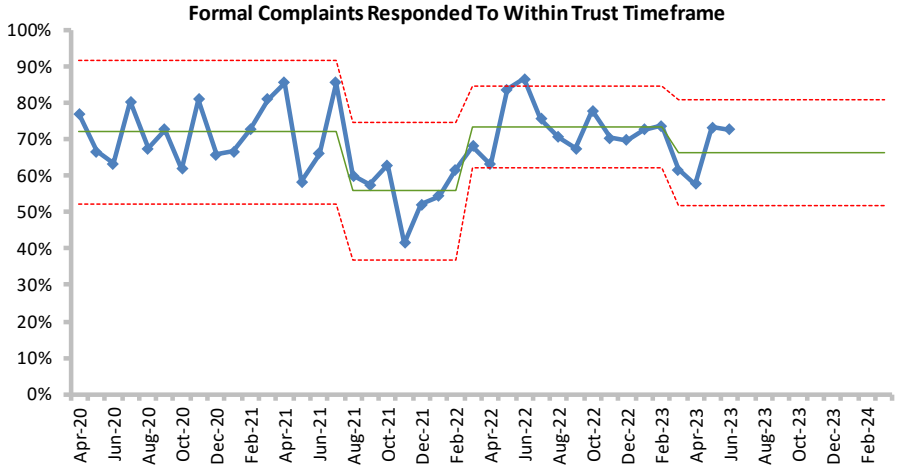
Patient Complaints

University Hospitals Bristol and Weston NHS Foundation Trust

June 2023



Complaints Received: Jun-23	Total	Formal	Informal
Diagnostics and Therapies	7	0	7
Medicine	32	12	20
Specialised Services	9	0	9
Surgery	27	6	21
Weston	16	14	2
Women's and Children's	20	4	16
Other	5	1	4
UHBW TOTAL	**116**	**37**	**79**



Formal Complaints Responses: Jun-23	Within Target	Total Response	% Within Target	Attributable To Division
Diagnostics and Therapie	1	1	100%	0
Medicine	7	11	63.6%	3
Specialised Services	5	7	71.4%	2
Surgery	8	11	72.7%	2
Weston	6	9	66.7%	3
Women's and Children's	9	11	81.8%	0
Other	1	1	0.725	0
UHBW TOTAL	**37**	**51**	**72.5%**	**10**

Emergency Care

June 2023

P *Partially Achieved*

Standards:	**Time Spent in Department** The total time spent in the Emergency Department (ED) measures from arrival time to discharge/admission time. There are two standards reported: 1. The "4 Hour Standard". This is the standard that has been reported in previous years and had a constitutional standard of 95%. For 2023/24, Trusts are now required to return performance to 76% by March 2024, i.e. 76% of ED attendances should spend less than 4 hours in ED. 2. The "12 Hour Standard". This is a new standard from April 2023. The target is to achieve no more than 2% exceeding 12 hours by March 2024. Note: these standards apply to all four Emergency Departments within the Trust. **12 Hour Trolley Waits** This standard is for patients who are admitted from ED, and measures from the Decision To Admit (DTA) time to the Admission Time. This is a standard that has been reported in previous months and will continue to be reported in 2023/24. **Ambulance Handovers** Ambulance handover refers to the process of moving a patient from an ambulance to an Emergency Department upon arrival at a hospital. The South Western Ambulance Service NHS Foundation Trust (SWASFT) provide data on all handovers to hospitals in the South West. The two metrics reported here are the number and percentage of handovers that exceed 15 or 30 minutes. The NHS Standard Contract sets the target that "all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes".
Performance:	Trust level 4 hour performance for June was 72.1% of patients spending less than 4 hours in ED across all four Emergency Departments. The end of June 2023 operating plan trajectory was 62.2%. Trust level 12 hour performance for June was 3.1% of patients spending over 12 hours in ED. The improvement trajectory for this standard is being developed. There were 214 12 Hour Trolley Waits in June 2023: 95 in Bristol and 119 at Weston. In June there were 3,746 ambulance handovers. Of these: • 2,323 ambulance handovers were in excess of 15 minutes which was 62.0% of all handovers. • 1,023 ambulance handovers were in excess of 30 minutes which was 27.3% of all handovers.

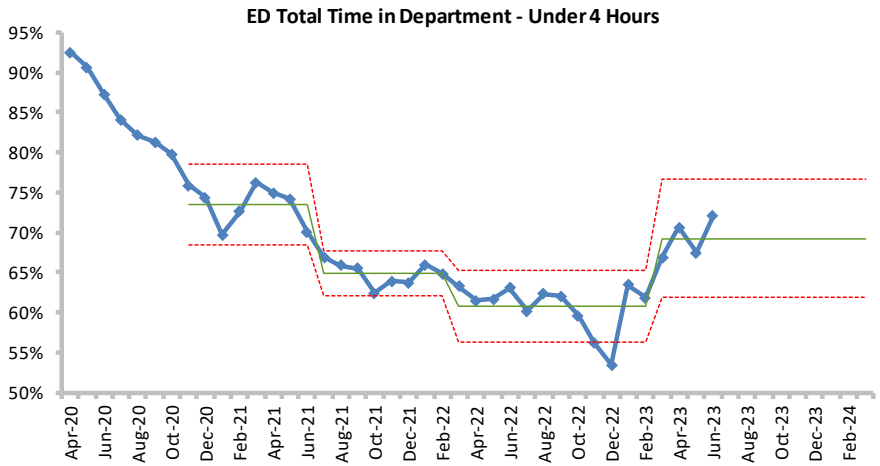
Actions:	A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including: • Expansion of Same Day Emergency Care (SDEC) provision, comprising: • Expansion of Surgical SDEC capacity: Additional porter for SDEC has started to improve timely pulls from ED. SDEC coordinator role has embedded and the unit now has separate phones for the Surgical Trauma and Assessment Unit (STAU) and SDEC coordinator which is improving communications. A consultant lead is being appointed to. • Development of the SDEC offer at Weston: 608 patients were seen in Weston SDEC in June with a 7.7% admission rate, averaging 20.2 patient per day which is the highest number to date in 2023. Funding has now been confirmed for the nursing workforce in SDEC and adverts are live. SDEC team are also in reaching to find suitable patients from medical take and are reviewing activity patterns throughout the day to ensure most efficient workforce cover to meet demand. • Medical SDEC in the BRI saw 672 patients in June 2023, which was 9% of ED attends across the month and 22% of the Medical Take. 17% of all patients seen were admitted. The average Length of Stay in SDEC in June was 04:26 hours compared to 04:20 hours in May. A focus on SWAST referrals this month will continue. Frailty in-reach to be explored. The SDEC practitioner lead model trial began on June 7th and finished on June 30th. 84 of the patients seen during the month of June were seen by the Advanced Clinical Practitioners (12.5% of total). • Cardiac SDEC Pilot started March 2023 with ongoing development of the model. A review and update of Internal Professional Standards (IPS) is now underway following an A3 approach. This follows advice from the NHSE UEC Regional team that Trusts where IPS have been co-created and embedded have seen the biggest improvements across emergency care standards. Workshops with clinical teams are scheduled for September 2023. Standards from other Acute Trusts have been reviewed to support baselining exercises, and engagement work planned for August. On 19 June in BRI a new Operational Hub model was launched in the Emergency Department, which has co-located an ED senior nurse, a clinical site manager and a senior ambulance operations officer to oversee and unblock issues related to ambulance offload or exit block out of ED. Alongside the Operational Hub, the ambulance offload process within BRI ED has been redesigned and the two schemes taken together are gripping and reducing handover lost minutes exponentially. Work will start in July on reviewing the ambulance offload process at Weston, with an ambition to make similar levels of improvement to lost minutes. A further workstream is focusing on pathology turnaround times for ED. Pathology bundles have now been agreed and work with the ICE Team to upload the bundles to the requests system has commenced. A triage flow-diagram has been produced to guide investigation selection at triage for common clinical presentations presenting to Fast Flow to streamline investigations being taken at triage. This is now pending approval.
Ownership:	Chief Operating Officer

Emergency Care

June 2023

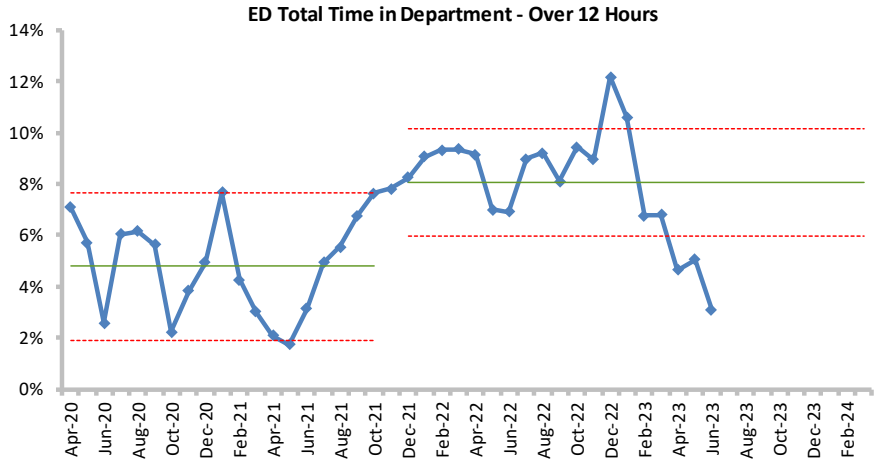
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	Jun-23	2023/24	2022/23
Bristol Royal Infirmary	60.61%	58.03%	46.14%
Bristol Children's Hospital	85.1%	81.68%	71.14%
Bristol Eye Hospital	95.85%	96.03%	95.97%
Weston General Hospital	64.76%	63.69%	55.05%
UHBW TOTAL	**72.07%**	**70.01%**	**60.94%**



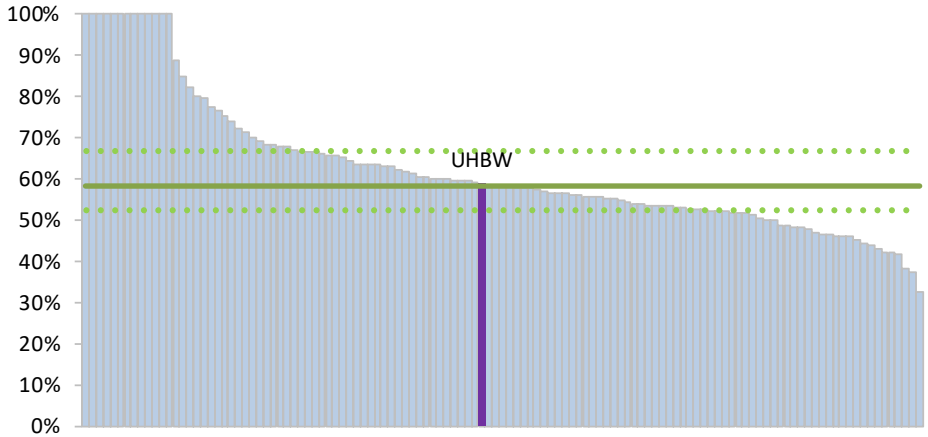
Patients Who Spend Over 12 Hours In ED (Arrival to Discharge/Admission)

12 Hour Performance	Jun-23	2023/24	2022/23
Bristol Royal Infirmary	3.8%	4.8%	12%
Bristol Children's Hospital	0.4%	0.9%	2%
Bristol Eye Hospital	0%	0%	0%
Weston General Hospital	6.1%	8.8%	15%
UHBW TOTAL	**3.1%**	**4.3%**	**8.7%**

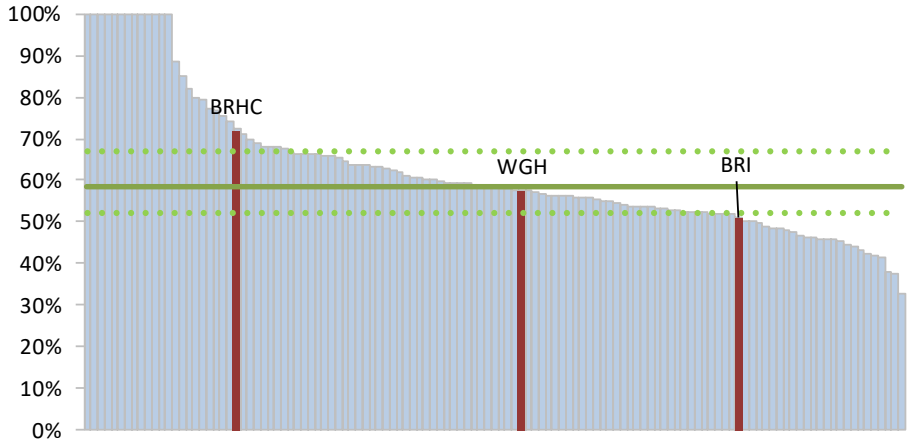


Emergency Care

Benchmarking - Type 1 ED 4 Hour Performance 2022/23 Quarter 4



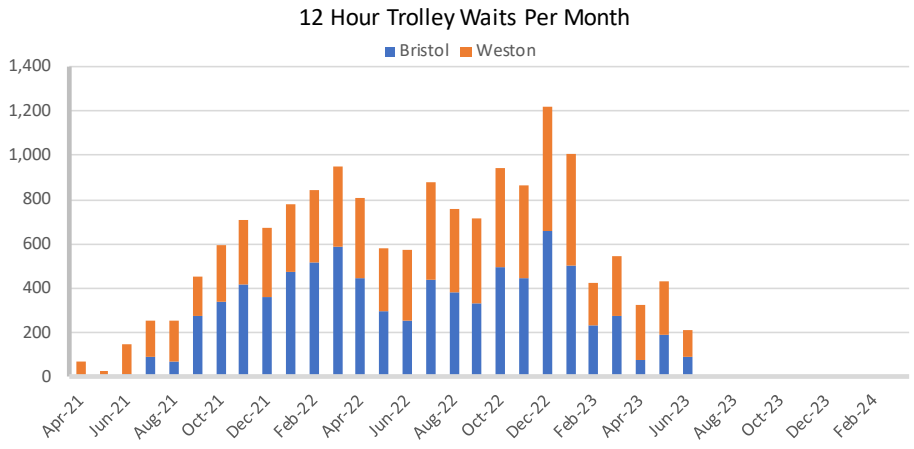
Benchmarking - Type 1 ED 4 Hour Performance 2022/23 Quarter 4

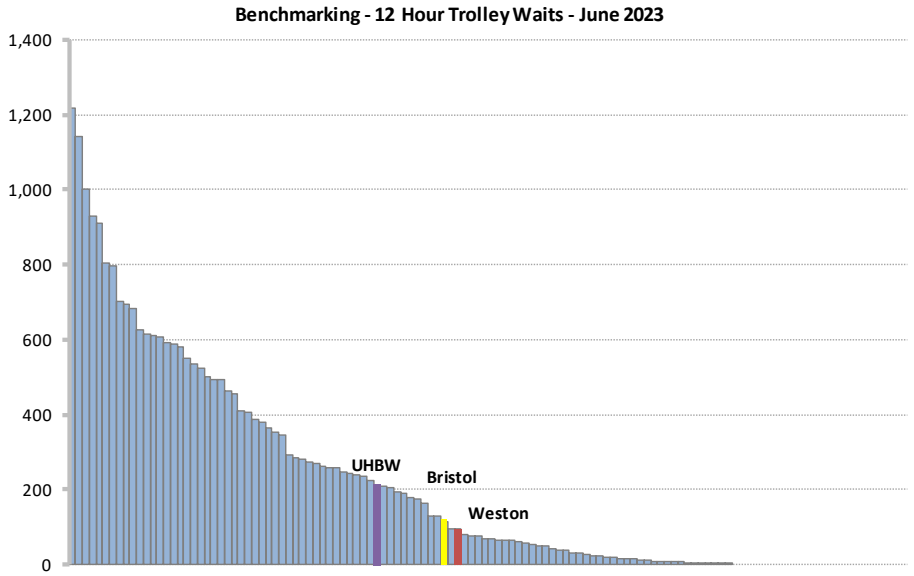


Note: The Benchmarking charts are national performance data for Type 1 Emergency Departments only. For UHBW this excludes the Eye Hospital.

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									
Weston	366	282	319	441	379	383	445	413	558	506	192	267	250	243	119									
UHBW	**809**	**579**	**576**	**878**	**758**	**717**	**941**	**862**	**1217**	**1006**	**427**	**545**	**324**	**435**	**214**									





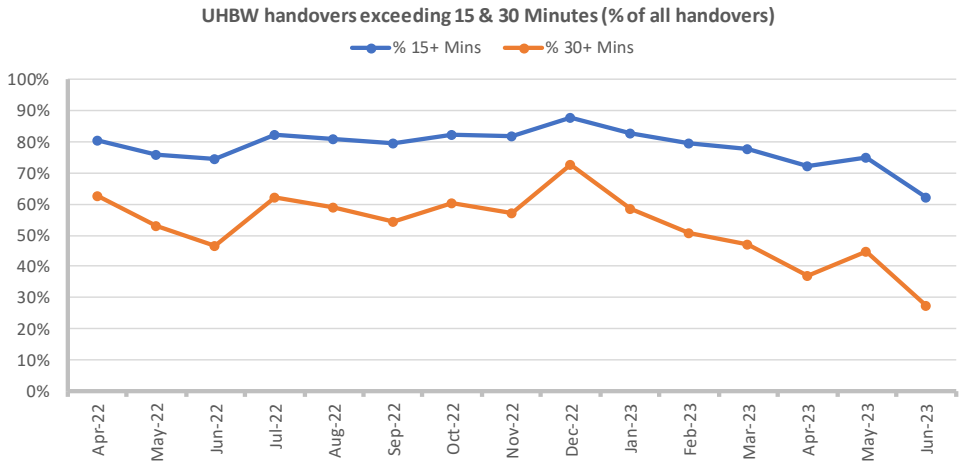
Emergency Care – Ambulance Handovers

June 2023

Ambulance Handovers

This data is supplied by the South Western Ambulance Service NHS Foundation Trust (SWASFT).
The Handover Time is measured from 5 minutes after the ambulance arrives at the hospital and ends at the time that both clinical and physical care of a patient is handed over from SWASFT staff to hospital staff. This time is not just the time that a verbal handover is conducted; it also includes the time taken to transfer the patient to a hospital chair, bed or trolley.

Jun-23					
	Total Handovers	15+ Mins	% 15+ Mins	30+ Mins	% 30+ Mins
Bristol Royal Infirmary	2,340	1,421	60.7%	619	26.5%
Bristol Children's Hospital	474	148	31.2%	46	9.7%
Weston General Hospital	932	754	80.9%	358	38.4%
UHBW Total	**3,746**	**2,323**	**62.0%**	**1,023**	**27.3%**

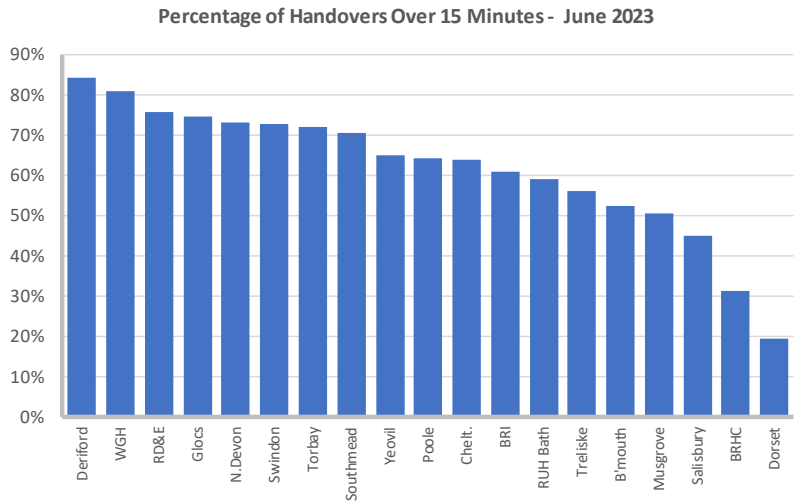


Emergency Care – Ambulance Handovers

University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

This data is supplied by the South Western Ambulance Service NHS Foundation Trust (SWASFT).
The data for all Trusts is a daily update and so totals will be slightly lower than the data in the previous slide which is a rolling 5 week update.



	Total Handovers - South West - June 2023						
	Total Handovers	Over 15 Mins	% Over 15 Mins	Over 30 Mins	% Over 30 Mins	Over 1 Hour	Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	178	59	33.1%	20	11.2%	2	0
BRISTOL ROYAL INFIRMARY	948	696	73.4%	309	32.6%	128	51
CHELTENHAM GENERAL HOSPITAL	209	140	67.0%	77	36.8%	27	3
DERRIFORD HOSPITAL	1,134	1,000	88.2%	846	74.6%	572	318
DORSET COUNTY HOSPITAL	594	132	22.2%	41	6.9%	14	5
GLOUCESTER ROYAL HOSPITAL	1,150	874	76.0%	635	55.2%	411	221
GREAT WESTERN HOSPITAL	774	556	71.8%	342	44.2%	208	102
MUSGROVE PARK HOSPITAL	993	502	50.6%	204	20.5%	53	1
NORTH DEVON DISTRICT HOSPITAL	569	356	62.6%	118	20.7%	19	4
POOLE HOSPITAL	826	495	59.9%	195	23.6%	71	23
ROYAL BOURNEMOUTH HOSPITAL	812	429	52.8%	210	25.9%	83	23
ROYAL DEVON AND EXETER WONFORD	1,152	880	76.4%	536	46.5%	218	25
ROYAL UNITED HOSPITAL - BATH	902	593	65.7%	388	43.0%	239	128
SALISBURY DISTRICT HOSPITAL	461	193	41.9%	68	14.8%	29	13
SOUTHMEAD HOSPITAL	1,165	827	71.0%	320	27.5%	95	23
TORBAY HOSPITAL	842	680	80.8%	489	58.1%	334	187
TRELISKE HOSPITAL	1,189	725	61.0%	533	44.8%	349	218
WESTON GENERAL HOSPITAL	377	319	84.6%	170	45.1%	69	35
YEOVIL DISTRICT HOSPITAL	474	308	65.0%	116	24.5%	25	3
SOUTH WEST TOTAL	**14,749**	**9,764**	**66.2%**	**5,617**	**38.1%**	**2,946**	**1,383**

Delayed Discharges (No Criteria to Reside)

June 2023

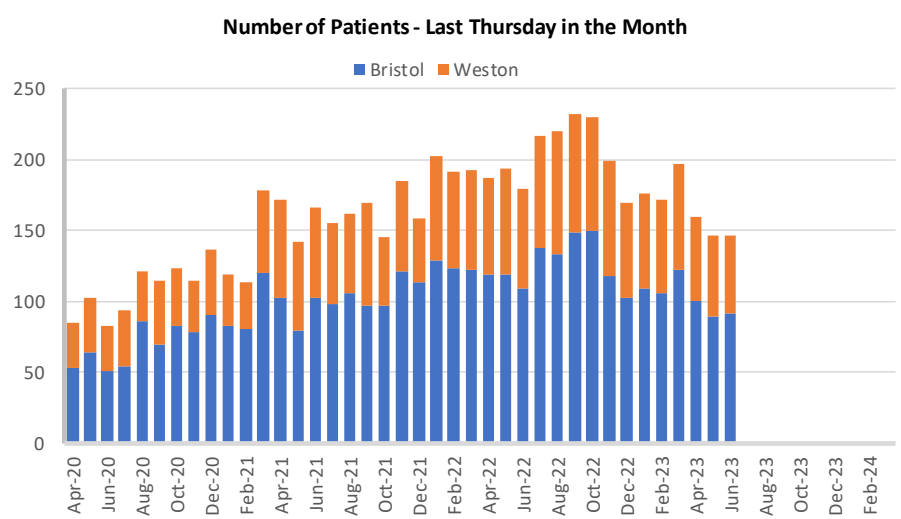
N/A ***No Standard Defined***

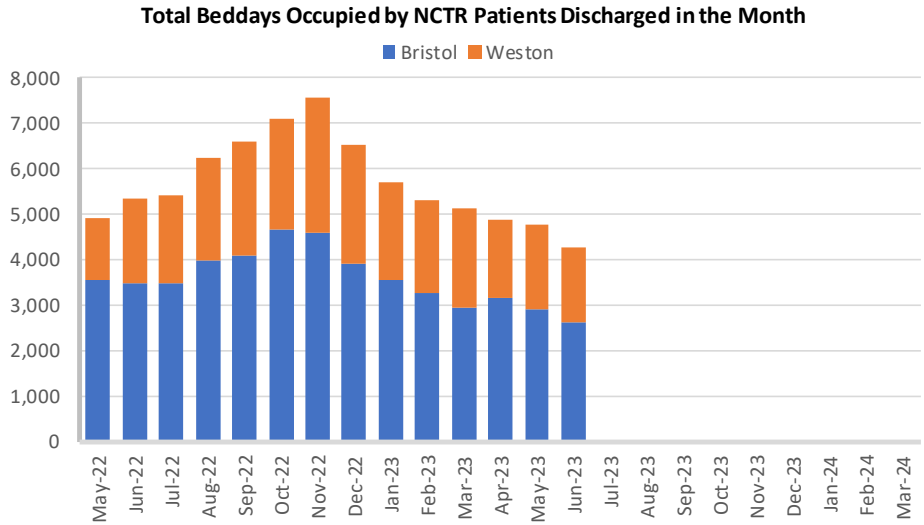
Standards:	Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToC) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its No Criteria to Reside (NCTR) lists. These are patients whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge. Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3).
Performance:	1. At the end of June there were 146 No Criteria To Reside (NCTR) patients in hospital. 2. During June, the daily average number of patients with no criteria reside was 139. 3. Of the patients discharged during June, the total number of NCTR bed days was 4,276. This figure is calculated by counting the number of NCTR bed days for each patient discharged and is reported in the month that the patient was discharged.
Actions:	The demand across all the pathways in Bristol and Weston continued to exceed capacity in the community. A breakdown of June's performance is provided below: • Pathway 1 (P1): There were 217 discharges on P1 for June. 31 patients on the waiting list (BRI: 24 & WGH:7), 2 fewer than the previous month. The Integrated Discharge Service (IDS) is increasing engagement from system partners with the discharge Multi-Disciplinary Team (MDT) meetings. The IDS continues to exploit opportunities for earlier discharge with the discharge support grant and family support. • Pathway 2 (P2): There were 60 P2 discharges in June with 23 patients on the waiting list at the end of the month (BRI: 9 & WGH: 14). Work continues with MDT to reduce P2 to P1. Reduction community beds, underway (reduction of 99 beds across BNSSG by Oct 23). • Pathway 3 (P3): 67 P3 discharges in June and 33 patients on the waiting list, (BRI: 26 & WGH: 7) 5 more than previous month. Time on the waiting list remains high. The IDS continues to meet with community partners to progress particularly complex patients and to review all P3 patients weekly. Reduction community beds, underway (reduction of 99 beds across BNSSG by Oct 23).
Ownership:	Chief Operating Officer

Delayed Discharges (No Criteria to Reside)

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

June 2023





Bristol and Weston: Current Breakdown of Medically Fit For Discharge (MFFD) Patients, 13 July 2023

Pathway	Number of Patients	Percentage	7+ Days on Latest Pathway	14+ Days on Latest Pathway	21+ Days on Latest Pathway
Pathway 1	35	26.1%	4	1	0
Pathway 2	22	16.4%	4	1	0
Pathway 3	28	20.9%	17	2	2
Awaiting Decision	27	20.1%	0	0	0
Awaiting Referral	11	8.2%	0	0	0
Other	11	8.2%	6	3	3
Total	**134**		**31**	**7**	**5**

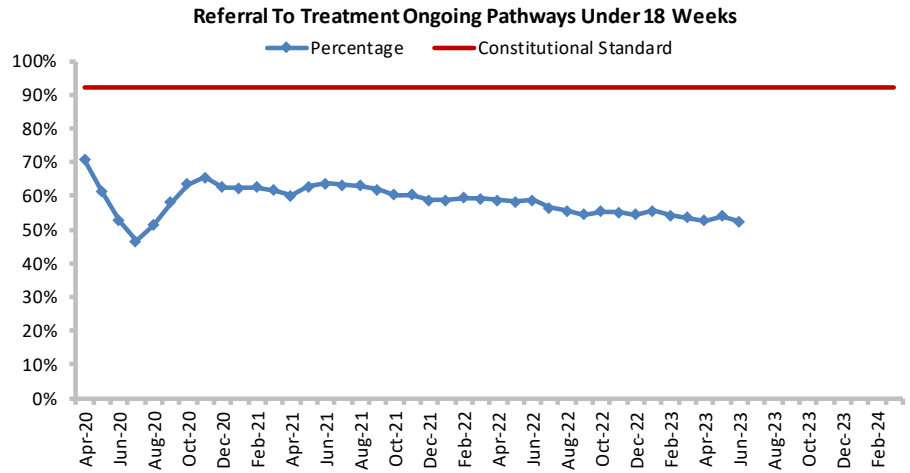
Pathway 1 – patients awaiting package of care
Pathway 2 – requiring rehabilitation or reablement
Pathway 3 – Nursing or Residential home required

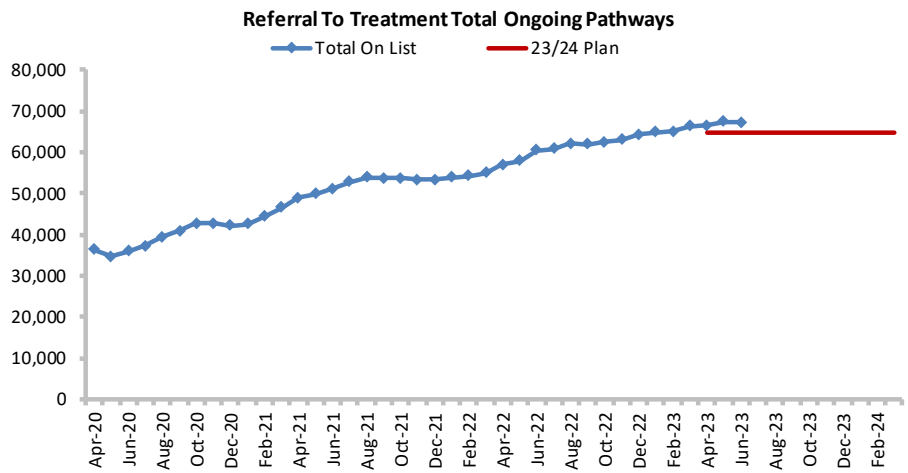
Referral To Treatment

June 2023

N *Not Achieved*

Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national constitutional standard is that 92% or more of the patients should be waiting under 18 weeks. An RTT Recovery Plan was submitted to NHS England for 2023/24. This had the total RTT waiting list held at 64,847 patients.
Performance:	At end of June, 52.4% of patients were waiting under 18 weeks. The total waiting list was 67,180 and the 18+ week backlog was 31,971. So the end of June position for total list size exceeded the recovery trajectory. Comparing the end of April 2020 with the end of June 2023: • the overall wait list has increased by 30,968 patients. This is an increase of 85.5%. • the number of patients waiting 18+ weeks increased by 21,317 patients. This is an increase of 200%.
Actions:	Please refer to "Referral To Treatment Long Waits" section.
Ownership:	Chief Operating Officer



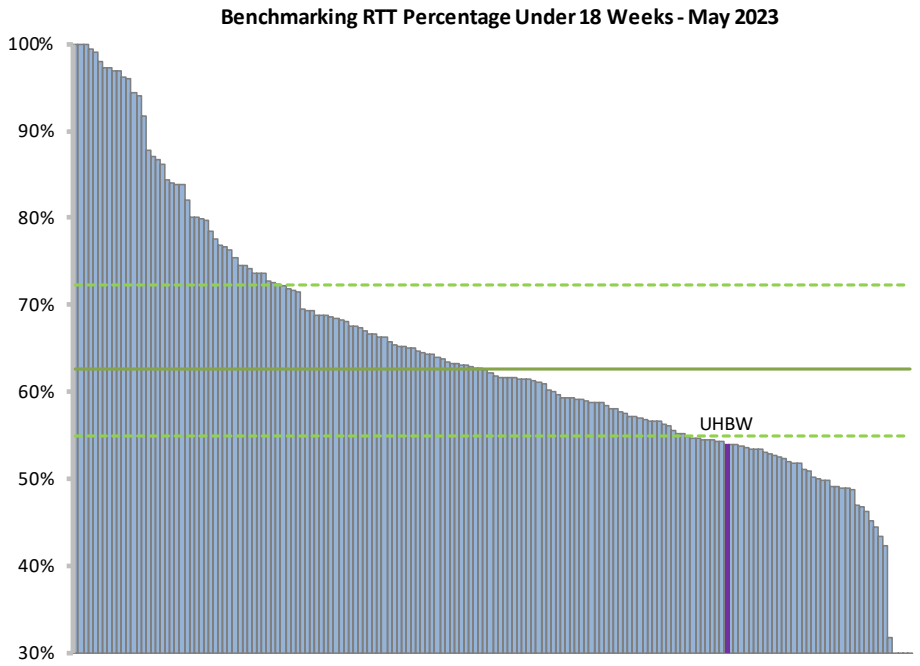


Referral To Treatment

University Hospitals Bristol and Weston NHS Foundation Trust

May/June 2023

	Jun-23		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	1,668	2,054	81.2%
Medicine	5,693	11,029	51.6%
Specialised Services	3,539	5,237	67.6%
Surgery	17,911	36,815	48.7%
Women's and Children's	6,398	12,045	53.1%
Other	0	0	
UHBW TOTAL	**35,209**	**67,180**	**52.4%**



Referral To Treatment – Long Waits

University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

P *Partially Achieved*

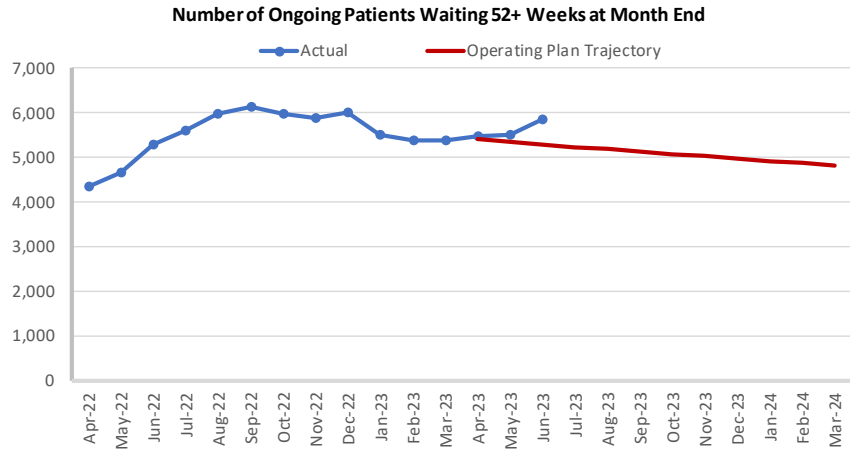
Standards:	Pre-Covid, the expectation was that no patient should wait longer than 52 weeks for treatment. For 2023/24 the Operating Plan assumes that no patients will be waiting over 78 weeks. The next national ambition is to have no patients waiting 65+ weeks by the end of March 2024.
Performance:	At the end of June: • 5,865 patients were waiting 52+ weeks against the Operating Plan trajectory of 5,294. • 1,765 patients were waiting 65+ weeks against the Operating Plan trajectory of 1,870. • 215 patients were waiting 78+ weeks. • 0 patients were waiting 104+ weeks.
Actions:	• At the end of June 2023, there were no patients waiting over 104+ weeks. This is a sustained position, with March 2023 being the last time a patient was reported waiting 104 weeks or longer. • The Trust continues to work towards the elimination of any patient waiting longer than 78 weeks and had shown improvement throughout 2022/23. Industrial action contributed towards a deterioration in the reported position at the end of May, when May 248 patients were waiting in excess of 78 weeks. This position has improved in June, with the number of patients waiting 78 weeks or longer reducing to 215. The Trust continues to work towards reducing long waits and is developing a trajectory that will set the ambition to eliminate 78 week waits. • Of the 215 patients waiting 78 weeks or longer at the end of June, 28 related to cornea grafts. There is currently a national shortage of cornea graft material which is contributing to delays in treating these patients. There is a nationally led process to allocate graft material to Trusts based on the clinical priority and length of waiting time. • As part of the 2023/24 Annual Planning Process (APP), clinical divisions have developed plans to move towards the national ambition of no patient waiting longer than 65 weeks by end of March 2024. The number of patients waiting in excess of 65 weeks at the end of June was 1,765 which is ahead of the operational planning trajectory of 1,870. • Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and Spire to support their recovery in Cleft services. The service are also insourcing using KPI Health for paediatric dental clinics and extractions which commenced mid-January, with schedules being provided each month. The contract agreement with KPI Health has been extended for 2023/2024 • Within General Surgical Specialties, a locum has been secured and some consultants have provided additional weekend and evening time to help reduce care backlogs. The service has been working with Somerset Surgical Services (SSS) to support provision of additional treatment to be undertaken on the Weston site. To date, 269 patient have been identified as suitable for treatment at SSS, 146 have been contacted thus far, 126 have consented to be transferred and the service continue to contact patients to transfer 200 patients in total. • The Trust appointed a cleft locum who started on 23rd June and in May there were adverts for a Restorative Dentistry Consultant with interviews scheduled in August 2023.
Ownership:	Chief Operating Officer

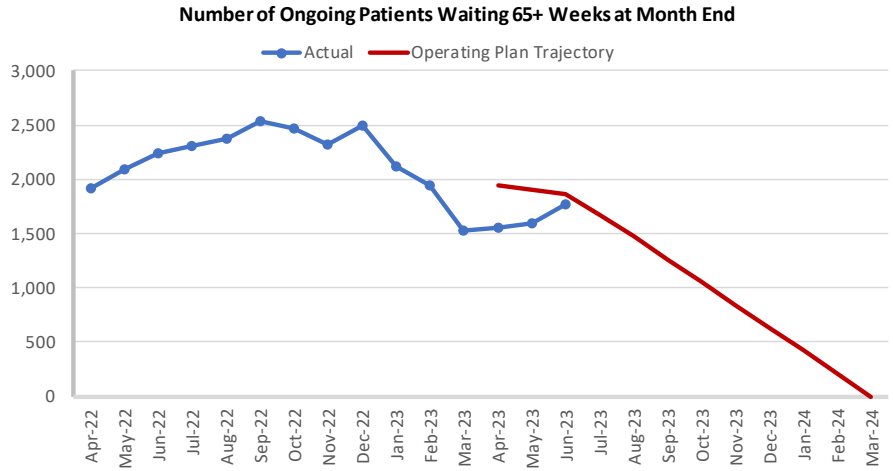
Referral To Treatment – Long Waits

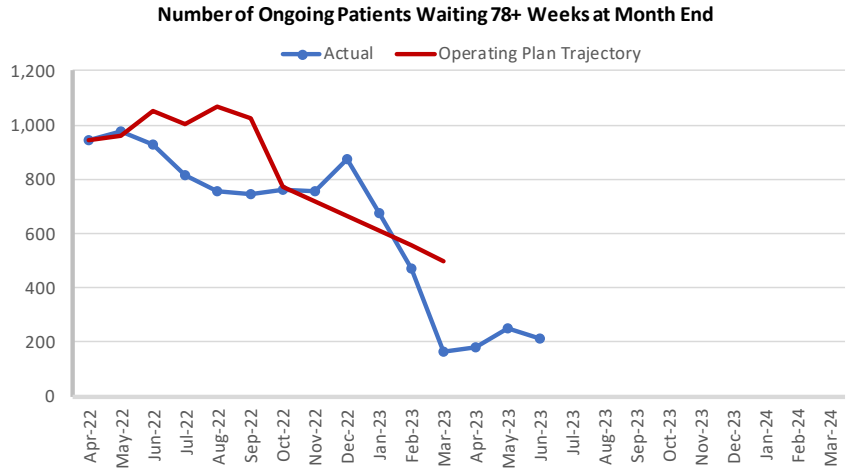
University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

	Jun-23		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	1	1	0
Medicine	1,075	232	0
Specialised Services	169	71	18
Surgery	3,766	1,203	170
Women's and Children's	854	258	27
Other	0	0	0
UHBW TOTAL	**5,865**	**1,765**	**215**



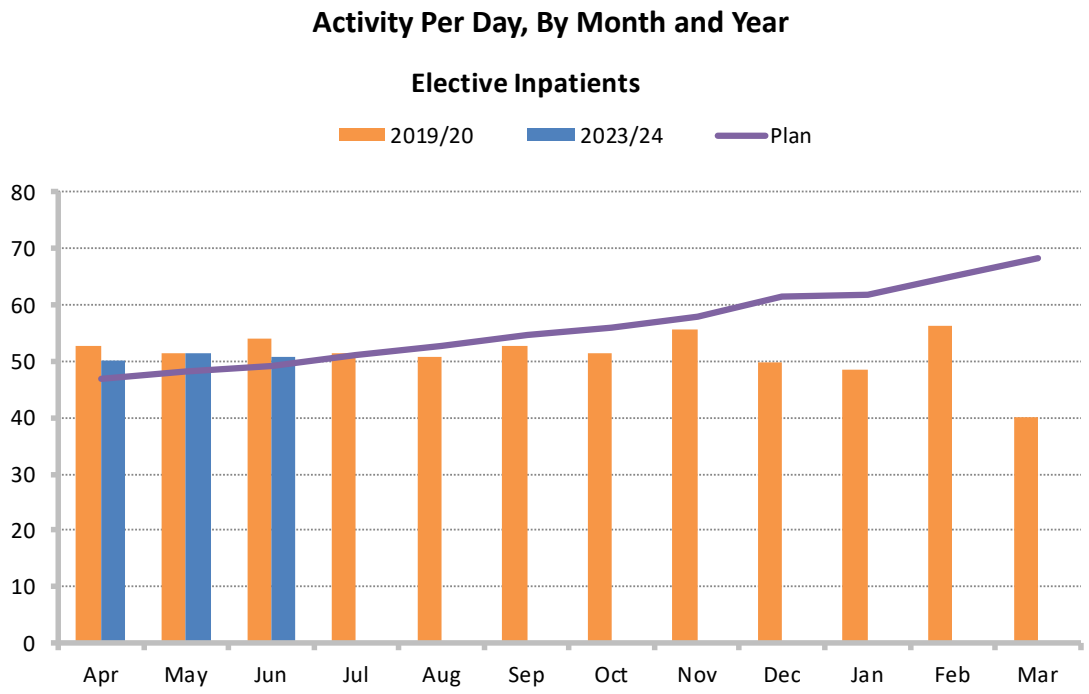




Elective Activity – Restoration

University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

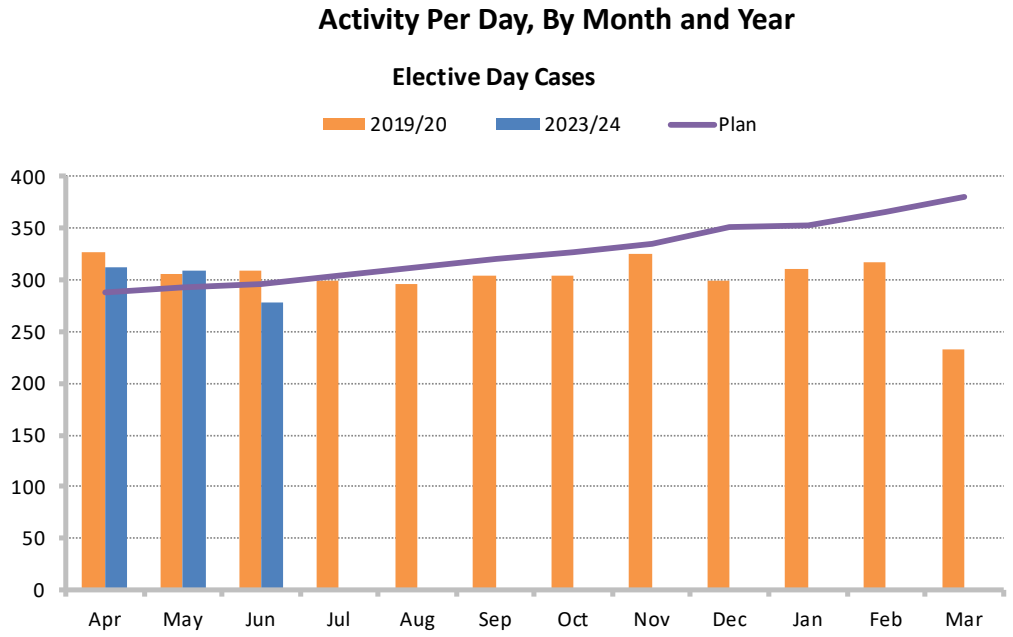


		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	53	51	54	52	51	53	52	56	50	49	56	40
2021/22	Actual Activity Per Day	44	49	43	44	38	37	34	38	35	37	41	43
2022/23	Actual Activity Per Day	47	45	47	43	44	44	49	47	44	46	46	44
2023/24	Actual Activity Per Day	50	52	51									
	Planned Activity Per Day	47	48	49	51	53	55	56	58	62	62	65	68

2023/24 Activity: % of Plan	107%	107%	103%									
2023/24 Activity: % of 2019/20	95%	100%	94%									

Elective Activity – Restoration

June 2023



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	327	306	310	299	296	304	304	326	299	310	318	232
2021/22	Actual Activity Per Day	274	297	275	261	271	269	264	271	250	277	266	260
2022/23	Actual Activity Per Day	276	280	282	269	281	282	286	294	260	296	289	274
2023/24	Actual Activity Per Day	312	309	279									
	Planned Activity Per Day	288	292	297	305	312	321	327	335	351	352	366	381

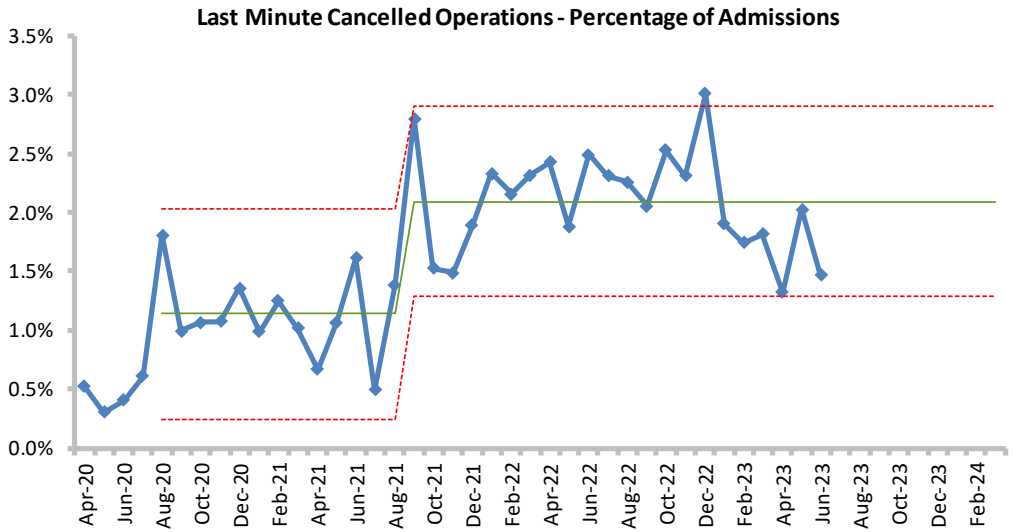
2023/24 Activity: % of Plan	108%	106%	94%									
2023/24 Activity: % of 2019/20	95%	101%	90%									

Cancelled Operations

June 2023

N *Not Achieved*

Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In June, there were 115 last minute cancellations, which was 1.5% of elective admissions. Of the 151 cancelled in May, 116 (76.8%) had been re-admitted within 28 days.
Actions:	Actions for reducing last minute cancellations are being delivered by the Theatre Productivity Programme.
Ownership:	Chief Operating Officer



	Jun-23		
	LMCs	Number of Admissions	% of Admissions
Diagnostics and Therapies	0	32	0.0%
Medicine	13	1,046	1.2%
Specialised Services	15	2,775	0.5%
Surgery	61	2,555	2.4%
Women's and Children's	26	1,242	2.1%
Other	0	193	
UHBW TOTAL	**115**	**7,843**	**1.5%**

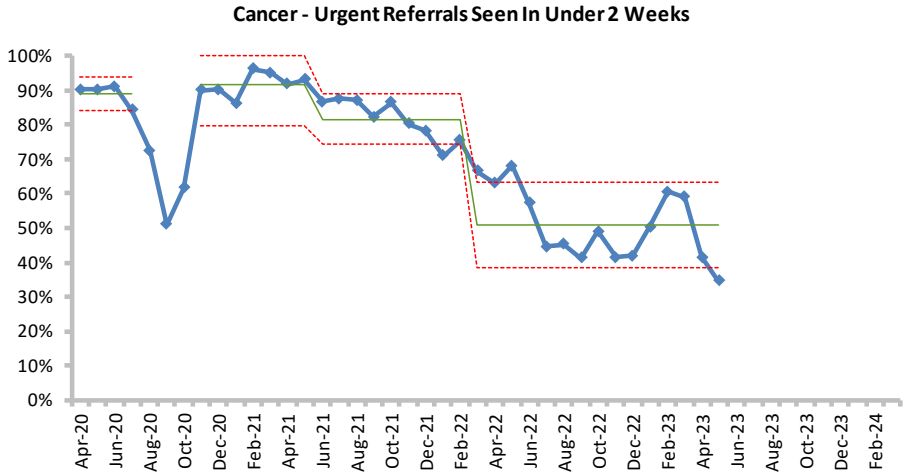
Cancer Two Week Wait

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

N *Not Achieved*

Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For May, 34.5% of patients were seen within 2 weeks.
Actions:	The standard was non-compliant in May (34.5% against a 93% standard). This has reduced from April's performance of 41.4%, as patients delayed by April's industrial actions finished pathways out of target in May. Industrial action and capacity problems in dermatology and endoscopy due to staff vacancies and sickness continue to impact on the standard. Actions to improve performance include use of locums and continued recruitment attempts to address staff shortages, and conversion of routine capacity where possible to reduce the impact of industrial action. It is not necessarily expected that compliance with the 93% standard will be attained. The focus for recovery in the 2023/24 financial year, as requested by the national team, is on the 28-day faster diagnosis standard (time from referral to diagnosis) and the Trust intends to recover compliance with that standard by the end of 2023/24. The first appointment standard is effectively considered obsolete (would have been removed had not Covid pandemic delayed NHSE's plans) as the 28-day standard is replacing it.
Ownership:	Chief Operating Officer



2 Week Wait - May-23

	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	3	3	100.0%
Suspected children's cancer	24	25	96.0%
Suspected gynaecological cancers	111	213	52.1%
Suspected haematological malignancies	12	17	70.6%
Suspected head and neck cancers	193	559	34.5%
Suspected lower gastrointestinal cancers	115	269	42.8%
Suspected lung cancer	27	41	65.9%
Suspected skin cancers	75	598	12.5%
Suspected upper gastrointestinal cancers	74	112	66.1%
Grand Total	**634**	**1837**	**34.5%**

Cancer 62 Days

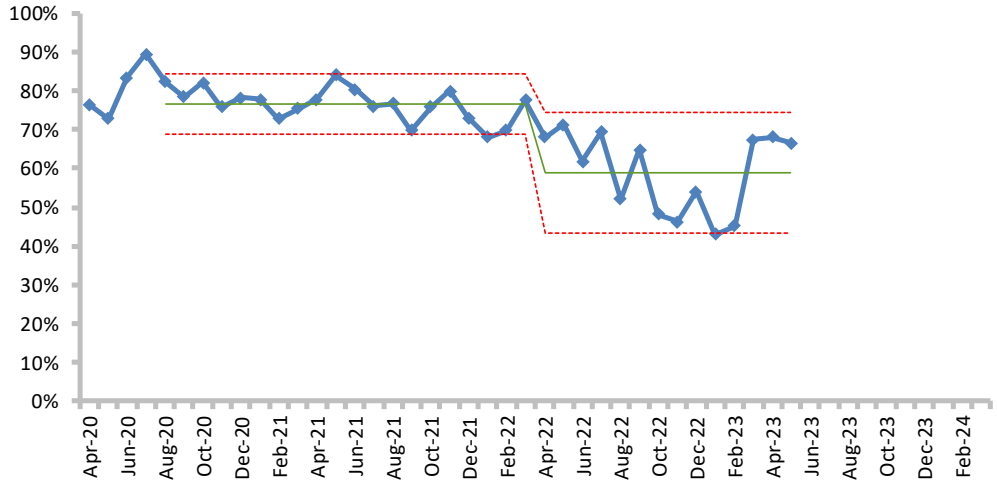
University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

N *Not Achieved*

Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For May, 66.7% of patients were seen within 62 days.
Actions:	The standard was non-compliant in May (66.7% against an 85% standard). This has slightly reduced from April's 68.2%. The main causes of this underperformance were the impact of industrial action, and capacity shortages in skin, gynaecology and colorectal services due to increased demand, vacancies and staff sickness. Actions include recruitment into hard-to-fill posts and use of locums (where suitable locums can be sourced), additional lists and clinics, introduction of straight to test pathways in gynaecology and colorectal, a pilot of AI technology in dermatology, and continual effective patient level waiting list management. It is not forecast that the Trust will return to compliance in the short term due to ongoing challenges with industrial action however improvement against the standard is expected as backlog clearance is completed and ceases to impact.
Ownership:	Chief Operating Officer

Cancer 62 Day Referral To Treatment (Urgent GP Referral)

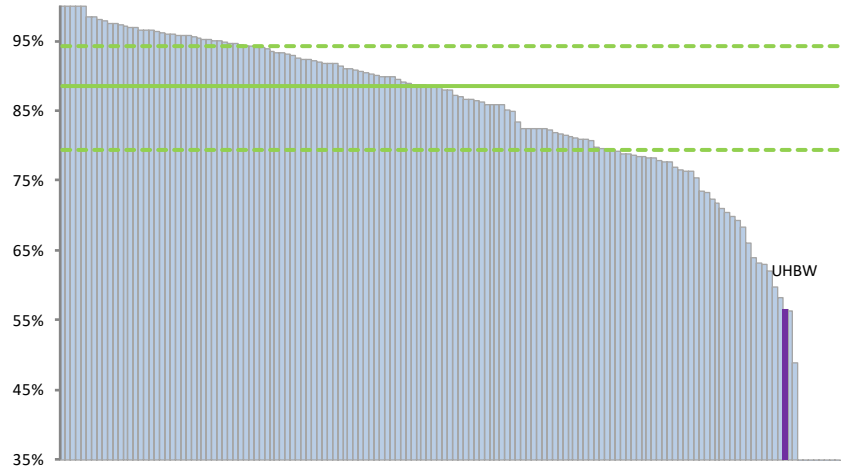


Cancer 62 Day - May-23

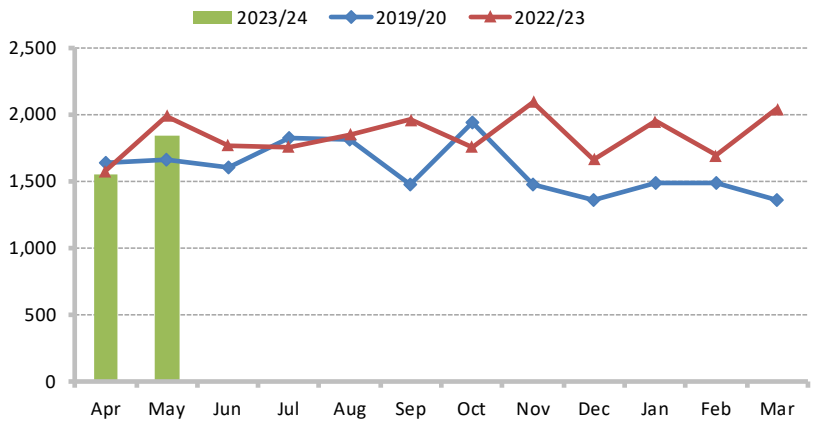
	Within Target	Total Pathways	Performance
Acute leukaemia	0.5	1.0	50.0%
Breast	2.5	3.0	83.3%
Gynaecological	1.0	11.0	9.1%
Haematological	4.5	7.5	60.0%
Head and Neck	5.0	8.0	62.5%
Lower Gastrointestinal	5.0	13.0	38.5%
Lung	11.0	15.5	71.0%
Other	1.0	1.0	100.0%
Sarcoma	2.0	2.0	100.0%
Skin	40.0	47.0	85.1%
Upper Gastrointestinal	8.5	9.5	89.5%
Urological	0.0	3.0	0.0%
Grand Total	**81.0**	**121.5**	**66.7%**

Cancer – Additional Information

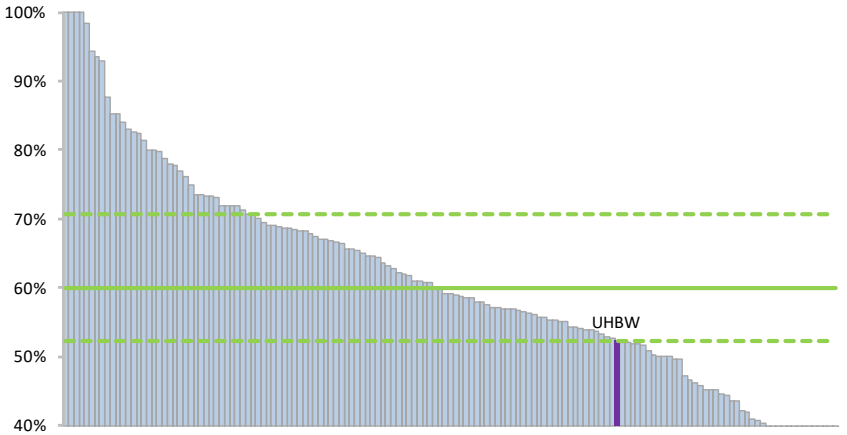
Benchmarking - 2 Week Wait Performance - 2022/23 Quarter 4



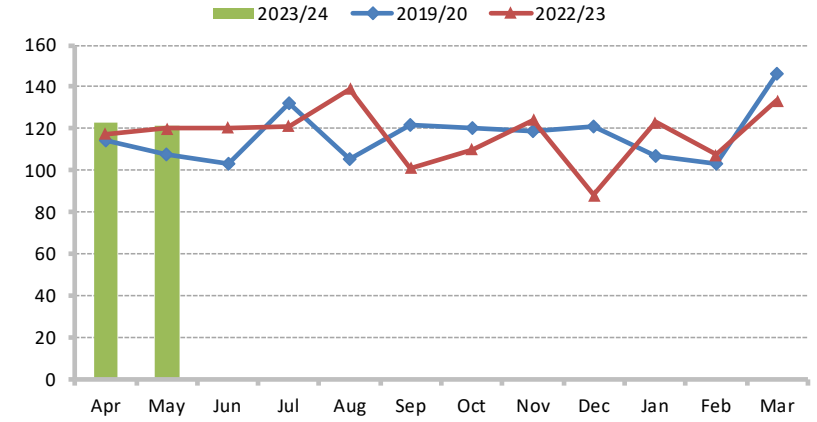
2 Week Wait - Patients Seen



Benchmarking: Percentage Treated Within 62 Days of GP Referral - 2022/23 Quarter 4



62 Day - Patients Treated



Cancer – 28 Day Faster Diagnosis

May 2023

N *Not Achieved*

Standards:	The standard measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. The standard is reported separately for GP referred and screening referred patients.
Performance:	In May, the Trust delivered 62.4% against the GP referred standard and 44.4% against the screening standard and 61.5% against the combined standard (screening and GP performance combined).
Actions:	The combined standard was non-compliant in May. This is an improvement from April's performance of 60.0% against the combined standard, which was affected by a low denominator due to strikes and a high volume of legacy breaches in skin. The standard was adversely affected by the industrial action, having been previously on a strong improvement trajectory. However, the performance did exceed the Trust's original forecast trajectory, which means recovery by the end of the financial year is still attainable, dependent on impact of future industrial action. The causes for underperformance are delays for first appointments and early pathway diagnostic tests in the high-volume specialities of skin, gynaecology and colorectal. These are due to high demand, industrial action, staff sickness and high vacancies. Industrial action has exacerbated these issues and also caused temporary underperformance in other, usually high performing, areas such as head and neck. Actions to improve the position include ensuring prompt first appointments in high volume specialities and reducing waiting times for key diagnostic tests such as hysteroscopy, CT scan, ultrasound and endoscopy.
Ownership:	Chief Operating Officer

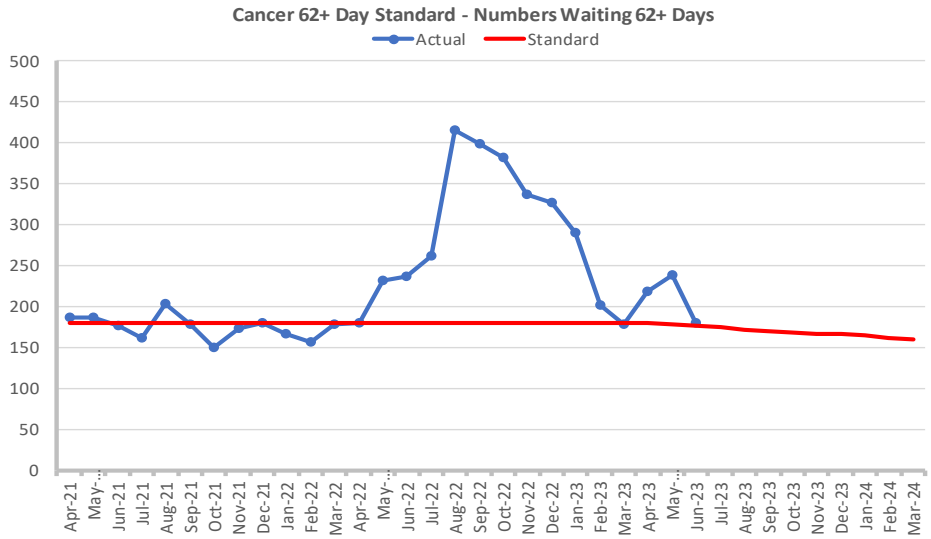
Month	Measure	Number Within 28 Days	Total Patients	Percentage Compliance
Feb-23	GP Referred	860	1,502	57.3%
	Screening	73	94	77.7%
	Combined	**933**	**1,596**	**58.5%**
Mar-23	GP Referred	1,166	1,789	65.2%
	Screening	56	79	70.9%
	Combined	**1,222**	**1,868**	**65.4%**
Apr-23	GP Referred	822	1,381	59.5%
	Screening	31	40	77.5%
	Combined	**853**	**1,421**	**60.0%**
May-23	GP Referred	984	1,577	62.4%
	Screening	36	81	44.4%
	Combined	**1,020**	**1,658**	**61.5%**

Cancer – Patients Waiting 62+ Days

University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

Standards:	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak and is currently the principal standard of interest to NHSE. The Trust needs to reduce the number of patients waiting 62+ days to under 160 by the end of the 23/24 financial year. Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.
Performance:	As at end of June the Trust had 179 patients waiting 62+ days on a GP suspected cancer pathway, against a trajectory of less than or equal to 176.
Actions:	The Trust is currently on target for this metric, although performance is expected to deteriorate across July due to the impact of industrial action.
Ownership:	Chief Operating Officer



Diagnostic Waits

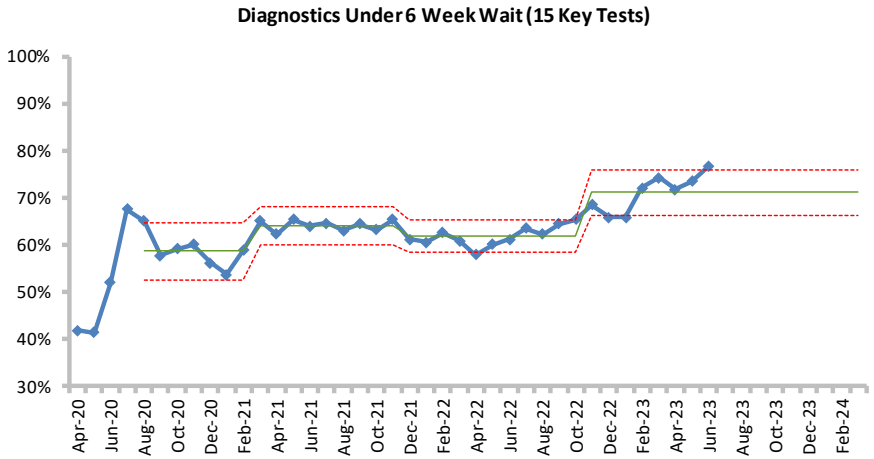
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

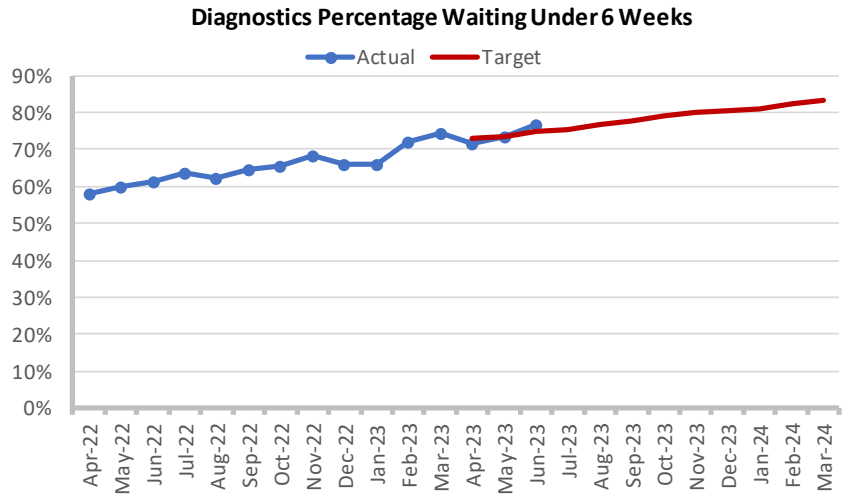
June 2023

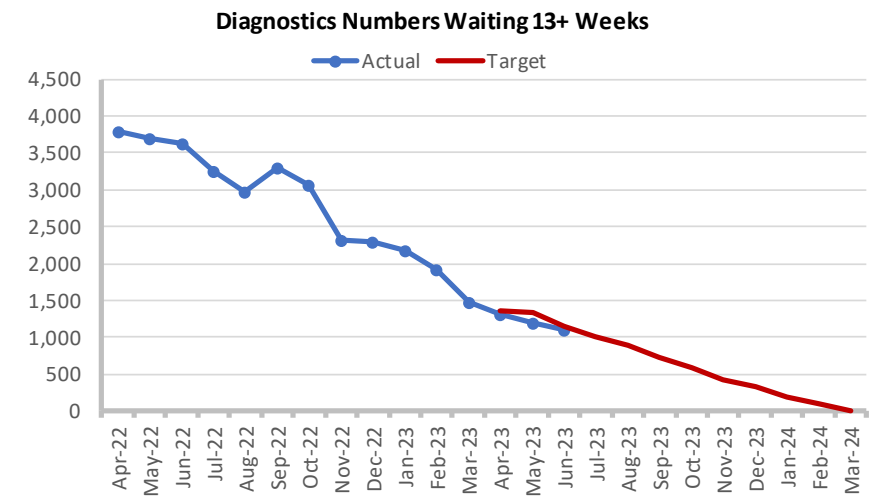
P *Partially Achieved*

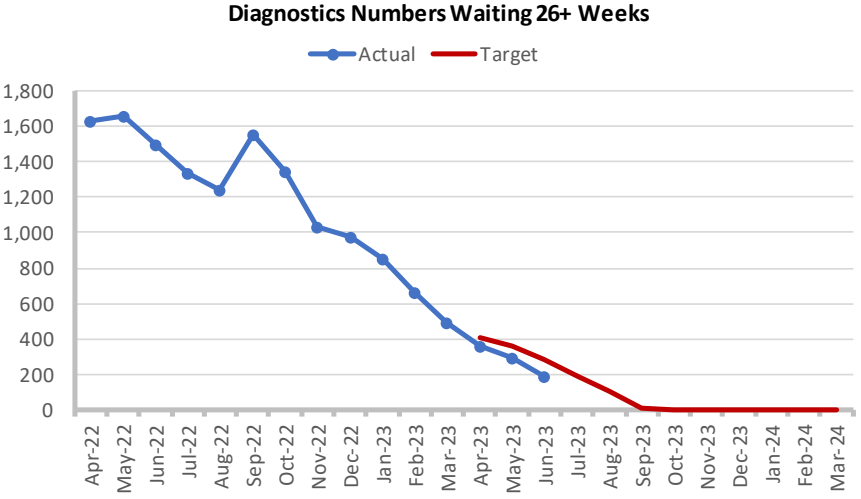
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end. The UHBW operating plan submission sets an improvement trajectory of 83.3% by end of March 2024. There is a requirement to clear the 26+ week backlog by October 2023 and the 13+ week backlog by March 2024.
Performance:	At the end of June 2023: • 76.8% of patients were waiting under 6 weeks, against a recovery trajectory of 74.7% • there were a total of 192 patients waiting 26+ weeks which is 1.3% of the waiting list, against a recovery trajectory of 281. • there were a total of 1,105 patients waiting 13+ weeks which is 7.5% of the waiting list, against a recovery trajectory of 1,148.
Actions:	• Diagnostic performance against the six week wait standard improved to 76.8% in June from 73.5% in May 2023. This is ahead of the performance trajectory set as part of the operational planning submission and the strongest performance since March 2020. Performance improved across a total of 18 modalities/sub-modalities during June 2023. • Whilst the impact of industrial action may adversely impact performance, the Trust is in a strong position to achieve the March 2024 target of 83.3% of patients waiting less than six weeks for a diagnostic test. • The Trust also exceeded the trajectories for DM01 long-waiters reduction, with 192 patients waiting over 26 weeks and 1,105 patients waiting over 13 weeks. This is the 9th consecutive month that 26+ week waiters have reduced, and the 7th consecutive month that 13+ week waiters have reduced. • Previous administrative challenges in MRI and non-obstetric ultrasound are improving and targeted work is ongoing to bolster resilience in these areas. Both modalities improved their performance in June against the six-week standard, and sustained improvement in all sub-modalities is expected to be seen throughout the year through delivery of the Divisions' diagnostic recovery plans. • Overall, Dexa performance improved further following workforce and capacity challenges in both sub-modalities earlier in the year. However, one sub-modality was impacted by a waiting list / administration issue. The issue is now fully resolved and better resilience is in place to prevent reoccurrence. Recovery actions are in place and improvement is expected by Q3 23/24. • Long waiters in Endoscopy (adults) continue to reduce and 6-week wait performance improved again in June 2023. Endoscopy performance improved in June 2023 to the highest level since March 2020, long waiters also reduced for the 9th consecutive month. • Modality-level trajectories and plans for 23/24 have been agreed across the Trust. The key risks to diagnostic performance and improvement are industrial action and complex patients needing general anaesthetic or theatre slots where capacity is more limited and prioritised for the most clinically urgent patients. The Trust continues to utilise transferred capacity and outsourcing to the independent sector which are integral to the diagnostic recovery plans for 23/24.
Ownership:	Chief Operating Officer

Diagnostic Waits





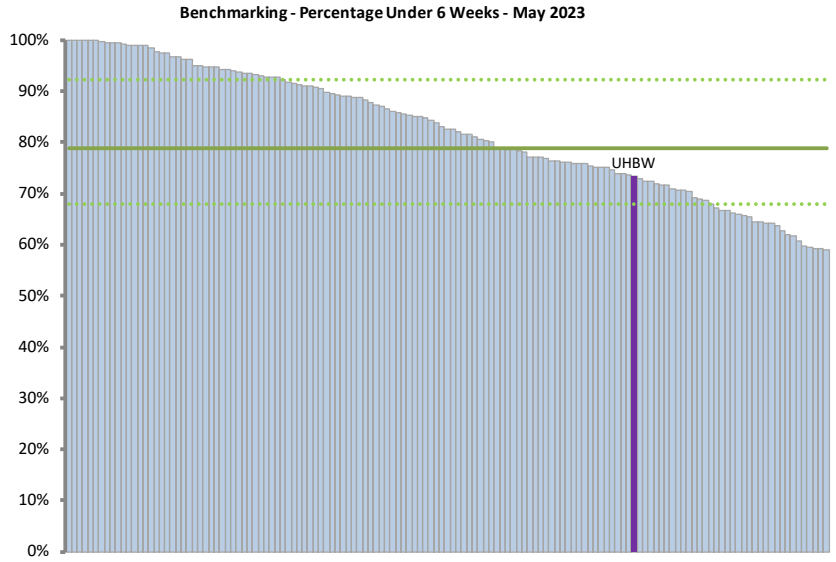




Diagnostic Waits

End of June 2023

Modality	Total On List	6+ Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	503	18	4%	6	1%	1	0%
Colonoscopy	394	201	51%	117	30%	35	9%
Computed Tomography (CT)	2,418	307	13%	4	0%	1	0%
DEXA Scan	958	432	45%	129	13%	8	1%
Echocardiography	1,750	358	20%	41	2%	2	0%
Flexi Sigmoidoscopy	99	60	61%	45	45%	11	11%
Gastroscopy	454	212	47%	127	28%	25	6%
Magnetic Resonance Imaging (MRI)	2,901	346	12%	180	6%	87	3%
Neurophysiology	242	3	1%	0	0%	0	0%
Non-obstetric Ultrasound	4,854	1,428	29%	424	9%	4	0%
Sleep Studies	136	50	37%	24	18%	17	13%
Other	0	0		0		0	
UHBW TOTAL	**14,709**	**3,415**	**23.2%**	**1,097**	**7.5%**	**191**	**1.3%**



Outpatient Measures

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

June 2023

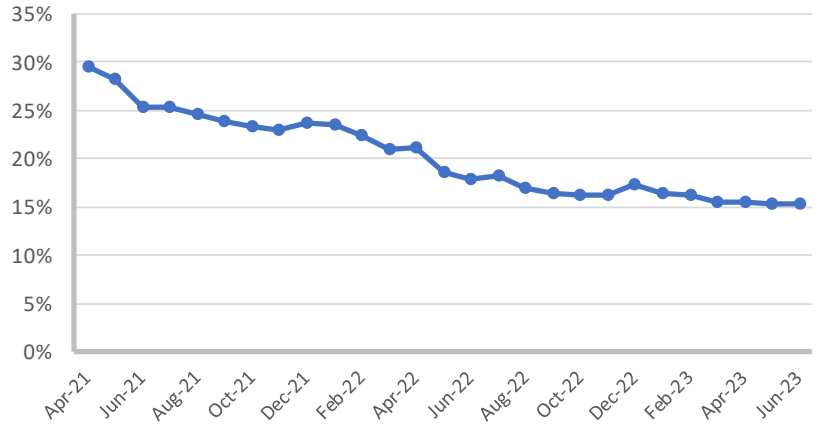
P *Partially Achieved*

Standards:	• Proportion of outpatient consultations that are non face-to-face (including ones that are delivered by video, as opposed to telephone). The target is to have at least 25% delivered as non face-to-face. • Advice and Guidance (A&G) is a service within the electronic Referral Service (eRS) which allows a clinician to seek advice from another, providing digital communication between two clinicians: the "requesting" clinician and the provider of a service, the "responding" clinician. The aim is for a minimum of 16 advice and guidance requests to be delivered per 100 outpatient new attendances (i.e. 16%) • Patient Initiated Follow-Up (PIFU) is one possible outcome following an outpatient attendance. This gives patients and their carers the flexibility to arrange their follow-up appointments as and when they need them rather than the service booking a follow-up. The target is to have 5% of all outpatient attendances moved or discharged to a PIFU pathway.
Performance:	In June: • 15.1% of outpatient attendances were delivered non face-to-face. Of these, 1.1% were delivered as a video consultation. • There were 1,684 Advice & Guidance responses sent out, which was 7.2% of all new outpatient attendances. • Through Q1 of 2023 the Trust has sustained PIFU performance of above 6% Update: • For Advice & Guidance, the Integrated Care System combine A&G data with Referral Assessment Service (RAS) data to assess performance against the 16 % A&G standard. This is in-line with national guidance. The Trust is only able to report on A&G activity without RAS data included
Actions:	• Informatics and eRS colleagues in the Trust are working on integrating the separate A&G data sets mentioned in the section above. This will allow in-depth analysis and reporting of these metrics in a way that is consistent with nationally reported data. For now, UHBW have Trust level estimates of the effect of combining these data sets, which are referred to below. • Advice and Guidance request activity is sustained at average levels during June. Divisions have made a significant reduction in longest waiting requests, although further improvement is required. There are a number of resourcing challenges faced across the Trust impacting on delivery. The system's Healthier Together programme has identified Respiratory as a priority speciality for A&G service development. • The Trust has sustained delivery of the 5% PIFU national target and achieved 6.0% for June 2023. This places the UHBW in the top 25% of trusts nationally for PIFU activity. The reduction in May and June PIFU activity rate is the result of changes in trust total attendances and a focus on the delivery of new patient activity. • Non face-to-face activity levels are reflective of divisions increasing face to face activity to tackle backlogs. Non-Face to face video activity continues to be sustained at previous levels and during the industrial action period the Trust had seen increases in activity.
Ownership:	Chief Operating Officer

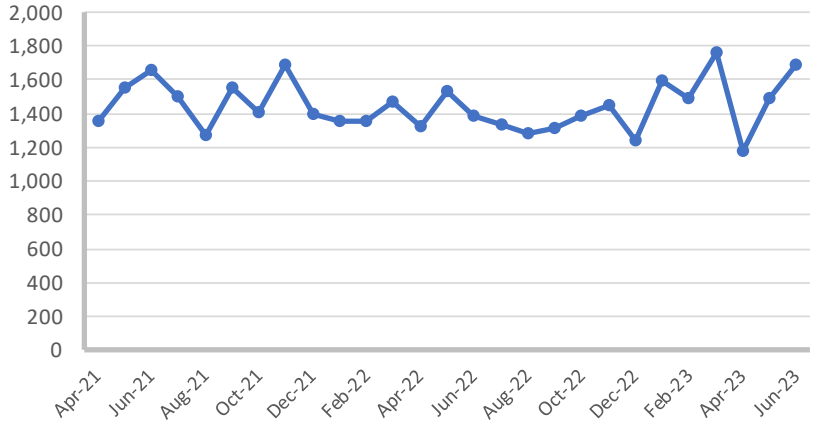
Outpatient Measures

June 2023

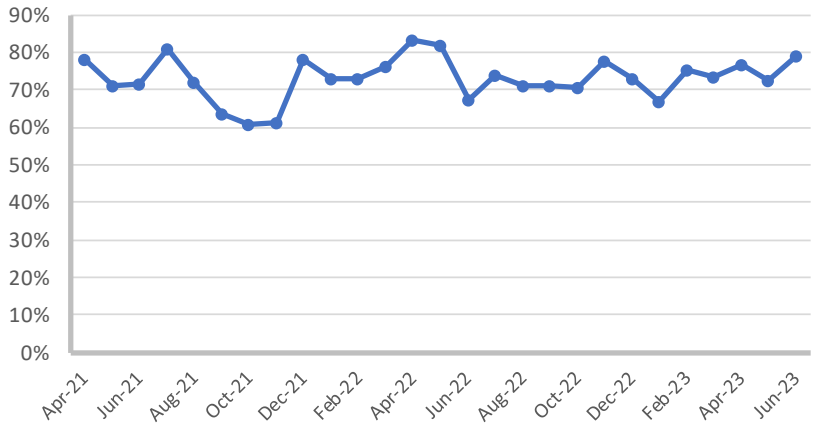
Outpatient Attendances - % Non Face To Face



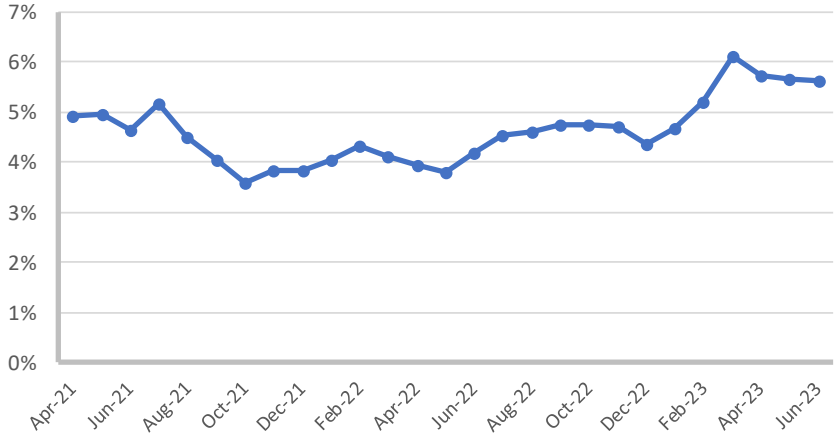
Number of Advice and Guidance Responses



Percentage of A&G Responses in 7 Days



Percentage of Attendances with PIFU Outcome



Outpatient Measures

June 2023

Jun-23

	Non Face To Face		Non Face To Face (Video)		Advice & Guidance		Advice & Guidance Responses		Patient Initiated Follow-Up	
	Total	% of All Attendances	Total	% of All Non Face To Face	Total Responses	% of New Attendances	Responses Within 7 Days	% Responses Within 7 Days	Total PIFU'ed Outcomes	% of All Attendances
Diagnostic & Therapy	927	9.7%	102	11.0%	48	1.0%	41	85.4%	1,420	14.5%
Medicine	2,231	27.4%	217	9.7%	351	11.7%	233	66.4%	339	4.0%
Specialised Services	4,306	33.5%	273	6.3%	542	17.3%	538	99.3%	316	2.3%
Surgery	1,711	6.6%	52	3.0%	172	2.6%	146	84.9%	946	3.5%
Weston	0		0		0		0		0	
Women's & Children's	1,861	11.7%	282	15.2%	578	10.2%	377	65.2%	1,221	7.3%
TOTAL	**11,036**	**15.2%**	**926**	**8.4%**	**1,691**	**7.3%**	**1,335**	**78.9%**	**4,242**	**5.6%**

Note:

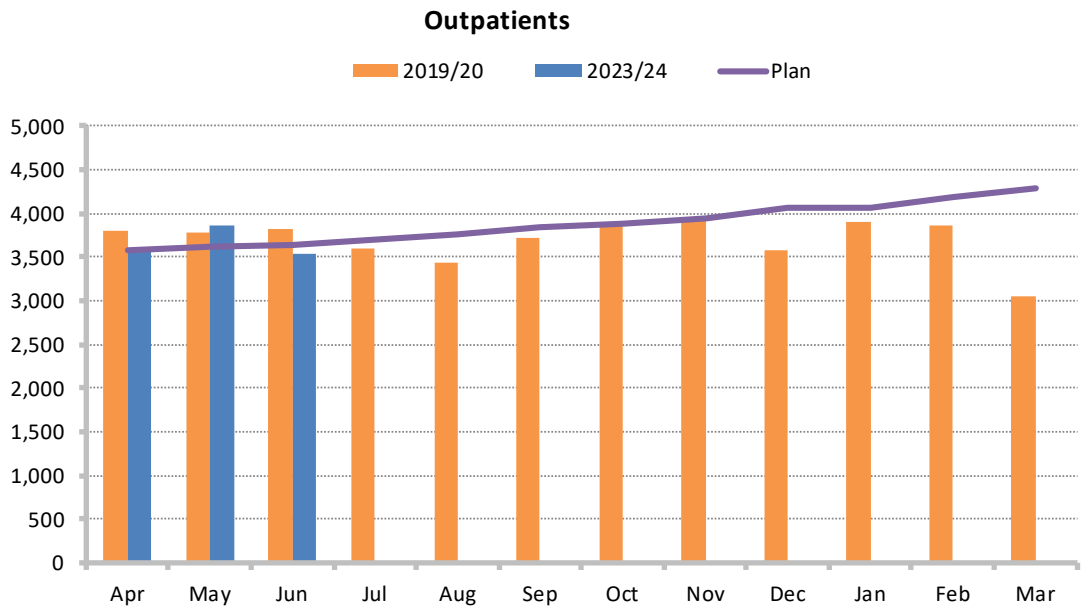
- Advice & Guidance does not include Referral Assessment Service (RAS) data
- PIFU data is showing outpatient appointments whose Outcome is Move or Discharge to PIFU. For the month-end national return, an additional component is identified from Referrals that are Moved/Discharged to PIFU outside of an appointment. This brought overall PIFU performance up to 6.0% for June.

Outpatient Activity – Restoration

University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

Activity Per Day, By Month and Year – Outpatient Attendances



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	3,797	3,784	3,821	3,590	3,439	3,721	3,886	3,945	3,586	3,901	3,861	3,056
2021/22	Actual Activity Per Day	3,432	3,630	3,454	3,211	3,079	3,349	3,387	3,606	3,146	3,537	3,391	3,422
2022/23	Actual Activity Per Day	3,470	3,711	3,611	3,342	3,296	3,562	3,547	3,772	3,159	3,656	3,545	3,417
2023/24	Actual Activity Per Day	3,603	3,855	3,530									
	Planned Activity Per Day	3,575	3,611	3,644	3,710	3,763	3,835	3,882	3,942	4,068	4,076	4,182	4,296

2023/24 Activity: % of Plan	101%	107%	97%									
2023/24 Activity: % of 2019/20	95%	102%	92%									

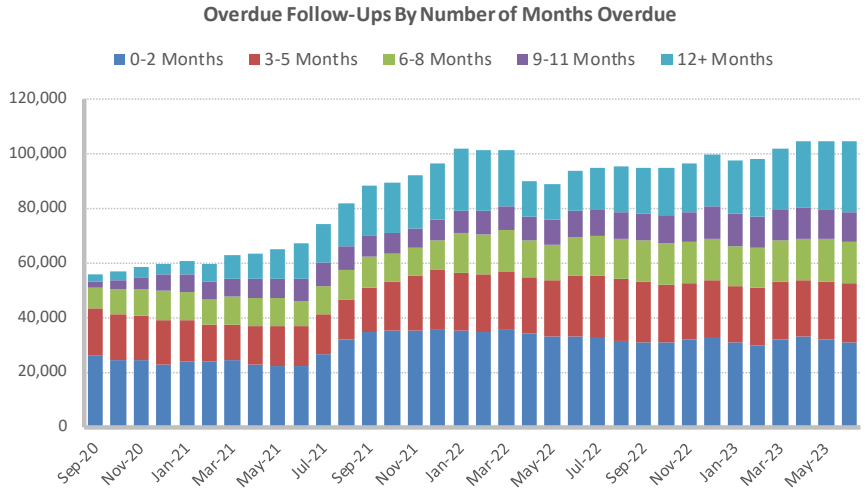
Outpatient Overdue Follow-Ups

University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

N *Not Achieved*

Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients.
Performance:	Total overdue at end of June was 104,611 of which 52,202 (50%) were overdue by 6+ months and 25,917 (25%) were overdue by 12+ months.
Actions:	Validation has continued in June in response to the NHS England "Action on Outpatients Programme" with an ambition to develop a data set that better reflects outpatient demand, reducing the data quality issues associated with referrals that have not been discharged. Divisions continue to prioritise outpatient work in July to help support +65 Referral To Treatment (RTT) recovery. The Outpatient Validation Team has been appointed and has made progress to improve data quality in our outpatient and non-RTT waiting lists and has started work validating circa 16,000 referrals. It is anticipated that a proportion of these referrals will be able to be removed due to data quality issues. Central outpatients has started the roll out of DrDoctor Quick Question to support the Trust's partial booking process, offer patients alternative providers for mutual aid and validate outpatient waiting lists. This will support the reduction of the waiting list size. The Trust is investigating the use of Earliest Clinically Appropriate Date (ECAD) and Latest Clinically Appropriate date (LCAD) to improve the identification and management of risks in patient waiting lists.
Ownership:	Chief Operating Officer



Jun-23	6+ Months		12+ Months		Total
	Number	Percentage	Number	Percentage	Overdue
Diagnostics & Therapies	8,107	47%	4,834	28%	17,281
Medicine	15,836	60%	8,820	33%	26,344
Specialised Services	6,339	46%	2,630	19%	13,766
Surgery	16,703	52%	7,321	23%	32,284
Weston	3,479	50%	1,855	27%	6,895
Women's and Children's	1,732	22%	452	6%	8,034
Other	6		5		7
UHBW TOTAL	**52,202**	**50%**	**25,917**	**25%**	**104,611**

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

February 2023

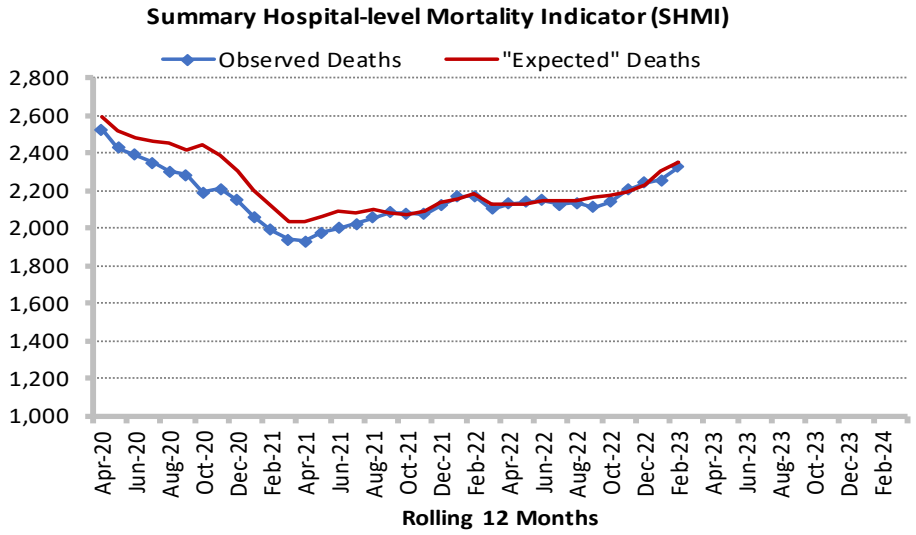
Y *Achieved*

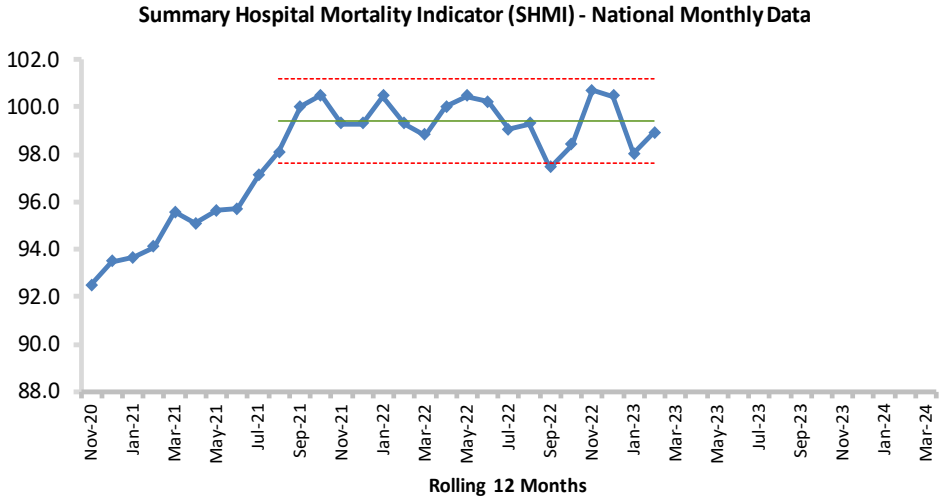
Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations 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 March 2022 to February 2023 was 98.9 and in NHS Digital's "as expected" category. This is below the overall national SHMI of 100 for our peer group of English NHS trusts.
Action/Plan:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
Ownership:	Medical Director

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Mar-22	2,100	2,125	98.8
Apr-22	2,130	2,130	100.0
May-22	2,140	2,130	100.5
Jun-22	2,150	2,145	100.2
Jul-22	2,125	2,145	99.1
Aug-22	2,135	2,150	99.3
Sep-22	2,110	2,165	97.5
Oct-22	2,140	2,175	98.4
Nov-22	2,205	2,190	100.7
Dec-22	2,240	2,230	100.4
Jan-23	2,255	2,300	98.0
Feb-23	2,325	2,350	98.9

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

February 2023





Mortality – HSMR (Hospital Standardised Mortality Ratio)

University Hospitals Bristol and Weston NHS Foundation Trust

March 2023

N/A *No Standard Defined*

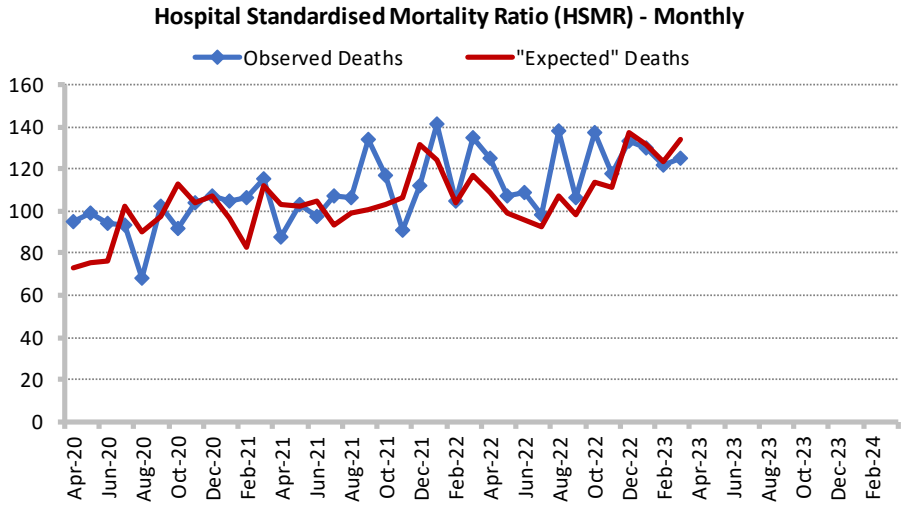
Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR within CHKS for UHBW solely for the month of March 2023 was 93.1, meaning there were nine fewer observed deaths (125) than the statistically calculated expected number of deaths (134). Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. Note that figures for the most recent month are likely to change when updated with revised and complete data (March now updated from 103.1 to 93.04). The HSMR for the 12 months to March 2023 for UHBW was 107.4, above the National Peer of 100.8.
Action/Plan:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
Ownership:	Medical Director

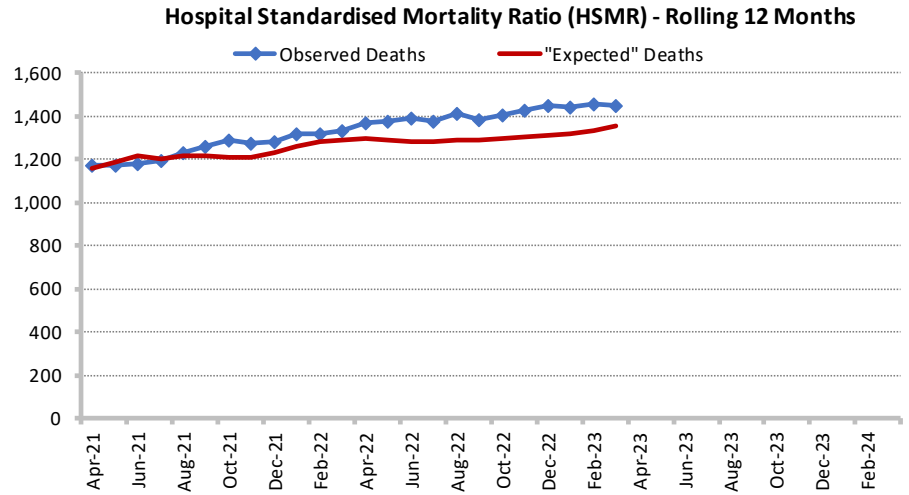
Month	Observed Deaths	"Expected" Deaths	HSMR
Apr-22	125	108.6	115.1
May-22	107	98.7	108.4
Jun-22	109	95.8	113.8
Jul-22	98	92.9	105.5
Aug-22	138	107.5	128.4
Sep-22	106	98.5	107.6
Oct-22	137	113.9	120.3
Nov-22	118	111.5	105.8
Dec-22	133	137.0	97.1
Jan-23	130	131.8	98.6
Feb-23	122	123.7	98.6
Mar-23	125	134.3	93.1

Mortality – HSMR (Hospital Standardised Mortality Ratio)

University Hospitals Bristol and Weston NHS Foundation Trust

March 2023





Fractured Neck of Femur (#NOF)

June 2023

N *Not Achieved*

Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	In June, there were 60 patients eligible for Best Practice Tariff (BPT) across UHBW (26 in Bristol and 34 in Weston). • For the 36-hour standard, 48.3% achieved the standard (29 out of 60 patients). • For the 72-hour standard, 40.0% achieved the standard (24 out of 60 patients).
Action/Plan:	Underlying Issues (Bristol): • Difficulty accessing theatres to ensure consistent #NOF theatre, also challenges with theatre and anaesthetic staffing which is impacting on overall theatre capacity. This predominantly effects the ability to utilise extra theatres for trauma in the event of cancellations. • Difficulty starting on time in theatre and also some anecdotal reports that theatre efficiency is being lost at the end of the day due to staffing pressures and a reticence to start cases in case they overrun. • Lack of beds in the right area to have patients seen quickly. This is exacerbated by outliers in the Trauma & Orthopaedic (T&O) wards which cause T&O patients to outlie into other surgical beds. Underlying Issues (Weston): • In Weston, surgery was delayed due to multiple patients needing medical optimisation, further diagnostic orthopaedic imaging or lack of theatre space/needing specific surgeon. Actions (Bristol): • Theatre capacity is being actively monitored and prioritised on a weekly basis across all specialties. • Any last-minute cancellation from another specialty is usually then backfilled by trauma surgeons. • Poor results discussed in T&O Governance & Silver trauma steering group meeting so ideas for improvement could be discussed. • Restart of “Automatic Send" so each theatre should be sending for their first patient without any delay. • Trauma Standard Operating Procedure (SOP) signed off to allow the allocation of a “Golden Patient”, enabling a prompt start. • Actively re-patriating patients to Weston to avoid breaches. Actions (Weston): • Extra theatre space is sometimes available via the shared Emergency (CEPOD) lists or cancelling elective orthopaedic surgery. • The ortho-geriatrician post remains vacant and unchanged. Lack of an Ortho-geriatrician and limited access to medical team support will cause surgical delays for patients who need medical optimisation. This post has been out to advert and closed with no shortlistable candidates.
Ownership:	Medical Director

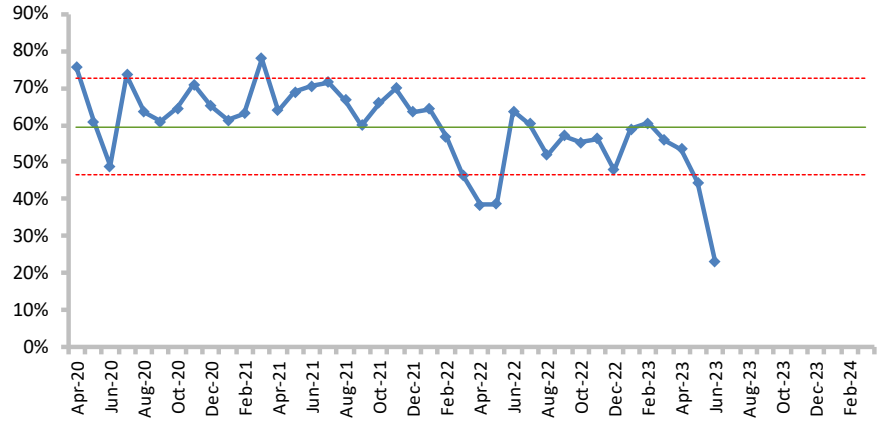
Fractured Neck of Femur (#NOF)

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

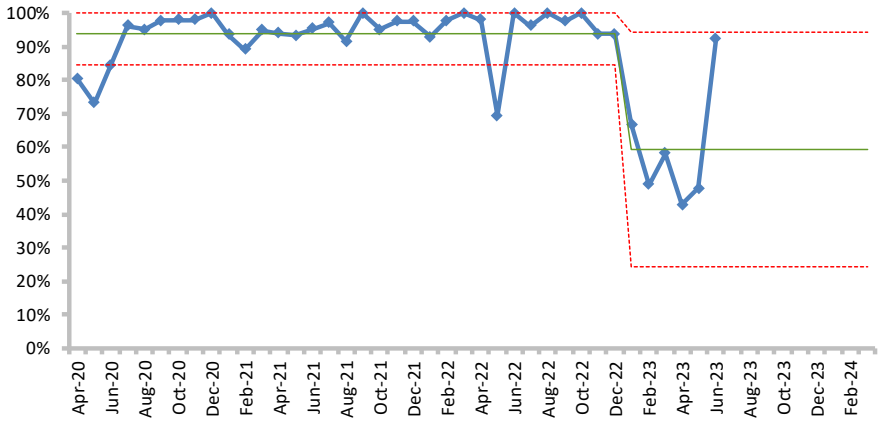
June 2023

	Jun-23				
		36 Hours		72 Hours	
	Total Patients	Seen In Target	Percentage	Seen In Target	Percentage
Bristol	26	6	23%	24	92%
Weston	34	23	68%	0	0%
TOTAL	**60**	**29**	**48.3%**	**24**	**40.0%**

Fracture Neck of Femur Patients Treated Within 36 Hours



Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours



Mixed Sex Accommodation Breaches

June 2023

N *Not Achieved*

Standards:	There should be no clinically unjustified Mixed Sex Accommodation (MSA) breaches. There are some clinical circumstances where mixed sex accommodation can be justified. These are mainly confined to patients who need highly specialised care. Therefore, the description of an MSA breach refers to all patients in sleeping accommodation who have been admitted to hospital: A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
Performance:	There were four reported Mixed Sex Accommodation breaches in theatre recovery (Bristol Royal Infirmary) and escalation bed area in June 2023. The breaches involved eleven patients. These patients experienced a delay in transfer to specialist beds due to overall pressure on bed capacity. All eleven breaches have been reported as unjustified breaches in the national return.
Action/Plan:	• Share updated operational Standard Operating Procedure (SOP) with staff to record and manage mixed sex accommodation breaches. • Review patient information to acknowledge a mixed sex accommodation breach.
Ownership:	Chief Nurse

Maternity Services

June 2023

N/A ***No Standard Defined***

Standards:	The Perinatal Quality Surveillance Matrix (PQSM) provides additional quality surveillance of the maternity services at UHBW and has been developed following the recommendations made by the Ockenden report (2020) into maternity care at Shrewsbury and Telford Hospital Trust.
Performance:	• Analysis of the new Maternity Incentive Scheme (year 5) Clinical Negligence Scheme for Trusts (CNST) standards is in progress. Safety action six which relates to the implementation of Saving Babies' Lives Care Bundle Version three poses highest risk due to current ultrasound scanning department capacity, training and staffing restraints. In addition, Safety action eight which relates to the provision of local training has delivery and staffing implications due to a required increase in training by approximately 50%. • Progress towards the Ockenden Immediate and Essential actions (IEAs) continue to be prioritised. • There were no new Healthcare Safety Investigation Branch (HSIB) referrals in June. • Neonatal and Obstetric medical staff training compliance remains below the required 90% target for the maternity incentive scheme (CNST), general compliance with the fetal wellbeing study day has fallen this month - this is an area of focus for the practice development team.
Action/Plan:	Ongoing monitoring of training compliance being monitored through the fortnightly CQC meeting. Drive to complete BadgerNet (Maternity IT system) training for a minimum of 90% of clinical staff prior to system launch (scheduled for September 2023), this included incentives for staff to attend training sessions in their own time.
Ownership:	Chief Nurse

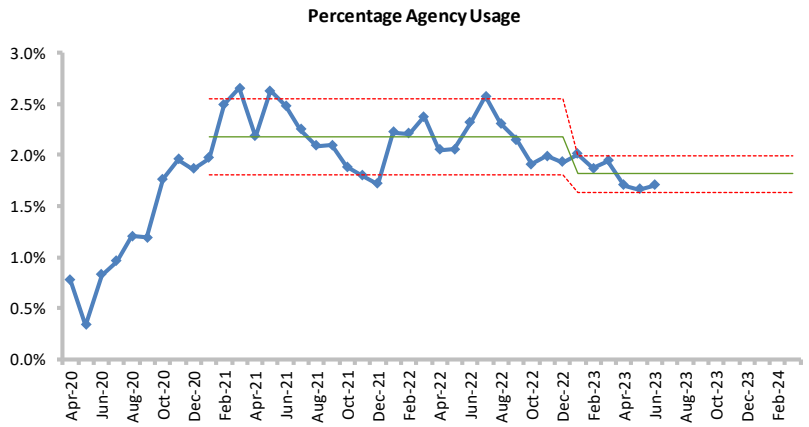
Workforce –Agency Usage

University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

N *Not Achieved*

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets (including Weston) for 2020/21. The maximum agency usage rate has been set at 1.8%.
Performance:	Agency usage increased by 5.8 FTE to 1.7%. There were increases within three divisions. The largest divisional increase was seen in Medicine, where usage increased to 101.7 FTE from 91.3 FTE in the previous month. There were reductions within three divisions. The largest divisional reduction was seen within Women's and Children's, where usage reduced to 42.5 FTE from 49.9 FTE in the previous month.
Action/Plan:	• There were 83 new starters across the Bank in June consisting of the following: 9 Admin and Clerical staff and 1 re-appointment, 8 Cleaning and Catering staff including 1 re-appointment, 1 Porter, 9 Registered Nurses including 8 re-appointments, 1 Occupational Therapist, 1 Cardiac Physiologist, 1 Maternity Assistant, 1 DXA technician, 1 re-appointed Doctor, 1 re-appointed Physiotherapist, 2 re-appointed Pharmacists and 48 Healthcare Support Workers including 3 re-appointments. • Work continues to promote the UHBW Bank as a place to work for people looking for a flexible and supported work option to support the Trust as part of a wider programme of work to drive down the Trust's reliance on agency. • 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. o Monthly recruitment will commence for the admin and clerical bank, this will include a monthly advert followed by an assessment centre, this new model is due to launch in July 2023 – results to follow.
Ownership:	Director of People



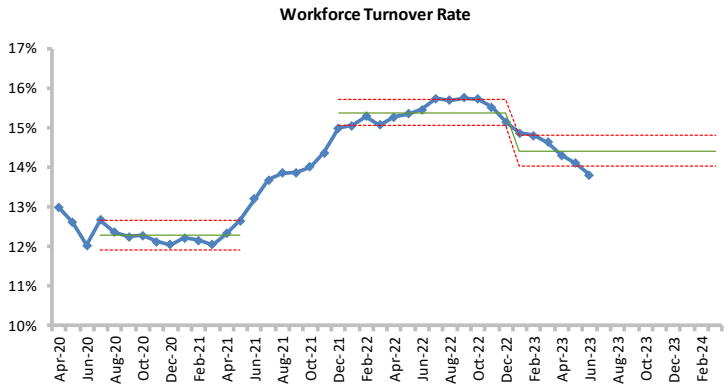
Workforce – Turnover

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

June 2023

Y *Achieved*

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The target is to have less than 14% turnover.
Performance:	Turnover for the 12-month period reduced to 13.8% compared to 14.1% (updated figures) for the previous month. Six divisions saw a reduction whilst two divisions saw increases in turnover in comparison to the previous month. The largest divisional reduction was seen within Facilities and Estates, where turnover reduced by 0.8 percentage points to 14.2% compared with 15.0% the previous month. The largest divisional increase was seen within Weston General Hospital, where turnover increased by 0.4 percentage points to 12.4% compared with 12.0% the previous month.
Action/Plan:	• The division of Weston will continue to hold a lived experiences group which includes listening events and monthly meetings to review initiatives and actions to improve the lived experiences of our BAME staff. • Engagement: A programme of work has been developed to understand the key drivers for colleagues providing feedback, and to benchmark nationally with the top percentile NHS Trust. • Quarter 2 Pulse Survey: Communications plan in place to launch the Q2 Pulse Survey, from 3rd – 30th July, to measure the organisational engagement score whilst also evaluating the annual check-in appraisal conversation. This feedback will be used to review the annual check-in form in Quarter 3, to better meet the needs of colleagues. • Staff Survey 2023: Prior to launch in Quarter 3, a data review is in place to ensure all eligible colleagues are included in the Staff Survey, and relevant heatmaps are produced for teams and services. • Recognition: The Recognition Framework launched in June, which shapes an inclusive and authentic recognition programme for the Trust, with the aim of having a positive impact on engagement, retention, and performance.
Ownership:	Director of People



Workforce – Vacancies

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

June 2023

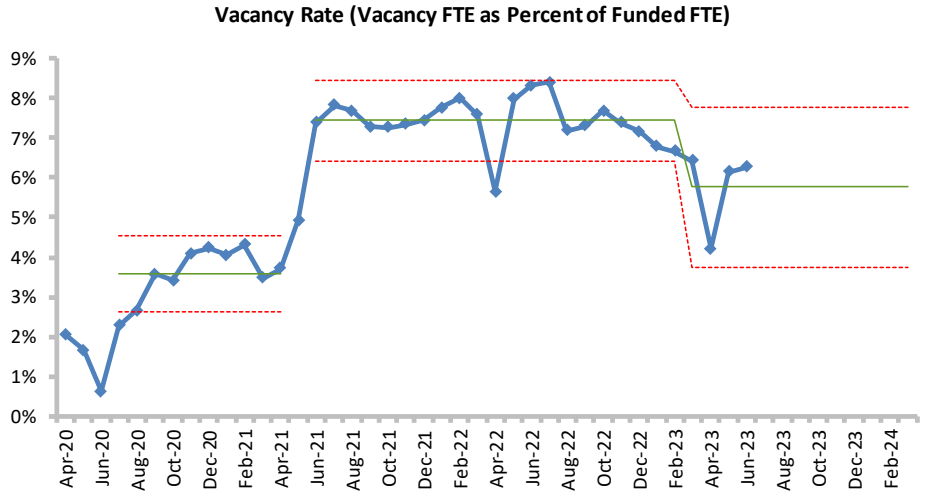
P *Partially Achieved*

Standards:	Vacancy levels are measured as the difference between the budgeted Full Time Equivalent (FTE) establishment and the actual Full Time Equivalent substantively employed figures, represented as a percentage, The Trust target is to have less than 6.0% vacancy.
Performance:	Overall vacancies increased to 6.3% (745.5 FTE) compared to 6.1% (728.0 FTE) in the previous month. • The largest divisional increase was seen in Surgery where vacancies increased to 238.7 FTE from 216.0 FTE in the previous month. • The largest divisional reduction was seen in Women's and Children's, where vacancies reduced to 96.6 FTE from 106.4 FTE the previous month. • The largest staff group reduction was seen in Admin and Clerical, where vacancies reduced to 146.9 FTE from 159.2 FTE the previous month. • The largest staff group increase was seen in Medical, where vacancies increased to 50.8 FTE from 12.9 FTE the previous month. • Consultant vacancy has increased to 34.7 FTE (4.5%) from 29.8 FTE (3.9%) in the previous month. Unregistered nursing vacancies can be broken down as follows: **Band** / **Vacancy** AfC Band 2 — 219.3 FTE AfC Band 3 — -47.7 FTE AfC Band 4 — -183.5 FTE The significant vacancy at band 2 and over-establishment at band 3 are due to the movement of healthcare support workers from band 2 to band 3. Staff have been moved but the funded establishment has not been transferred in the finance ledger yet. The work will be incorporated into budget setting for 2023/24 but has not yet been actioned. The combined (band 2 and 3) picture is unaffected. The band 4 over establishment is where there is a large number of newly qualified nursing staff awaiting their NMC PINs. Once these staff become fully qualified and have received their PIN, this should reduce the band 4 over establishment, reduce the registered nursing vacancy position, and increase the unregistered nursing vacancy position, which is a much more accurate reflection of the nursing vacancy position.
Action/Plan:	• A further 25 new Internationally Educated Nurses joined the Trust in the month of June. • The Trust has an overseas recruitment trip which is being planned for August 2023, with the aim of making 100 offers to support the ambitious target for 2023. This will be the third overseas recruitment trip the Trust has completed since the programme began. • 649 Internationally Educated Nurses have now arrived at the Trust since the programme began, with a further 31 due to arrive in July. • 24 substantive Healthcare Support Workers (HCSW) started in the Trust during June and another 25 have been offered with start dates to be agreed. • After a successful campaign for the two and four year Registered Nurse Degree Apprenticeship (RNDA), 25 candidates have been offered for the two-year accelerated course and 65 candidates have passed the interview for the full course. • After re-advertising for the Trainee Nursing Associate (TNA) apprenticeship, 10 candidates have been shortlisted and are due to be invited to interview in July. *…continued over page*

Workforce – Vacancies

June 2023

Action/Plan (continued):	• The Trust welcomed one international Radiographer in June and have a further three candidates due to arrive at the end of July. Radiology also welcomed three Newly Qualified Radiographers in the month of June. • Ten substantive Allied Health Professionals and three substantive Healthcare Scientists joined the Diagnostics and Therapies division in the month of June. • One Reporting Sonographer has completed their pre-employment checks in the month of June and is scheduled to start at the beginning of July. A second Reporting Sonographer candidate has been appointed and is awaiting their visa. The department are hoping for this candidate to start in August. • The Trust is holding a third mass recruitment event for admin and clerical recruitment which will take place in July. There are over 200 candidates registered for the event – final results to follow. • In June, the Trust held two recruitment events in Bristol and Weston to support The Home First Team. On the day 100% of the vacancies for the Band 3 Discharge and Flow Coordinator positions were recruited to. Recruitment to the Band 6 nurse posts continue as part of this initiative. • Four clinical fellows and one consultant started in Weston in the month of June. A further two non-consultant grade doctors and two consultants were cleared for start dates in July. • In the month of June, the Trust offered a further four Clinical Fellows and one consultant across the Weston site and nine non-consultant grade doctors are currently going through pre-employment checks for the Weston site to support rota gaps.
Ownership:	Director of People



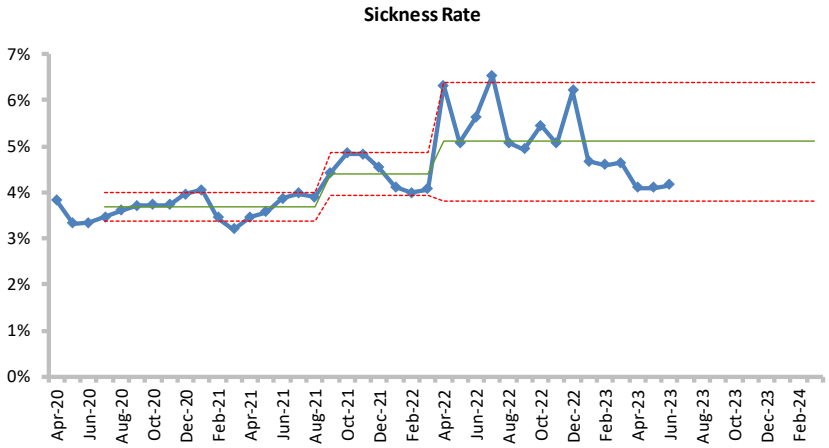
Workforce – Staff Sickness

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

June 2023

Y *Achieved*

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2021/22, including Weston. The target is to have a maximum 5.0% sickness rate.
Performance:	Sickness absence increased to 4.2% compared with 4.1% the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence. There were reductions within two divisions, the largest divisional reduction was seen within Facilities and Estates, reducing by 0.5 percentage points to 6.7%, compared to 7.1% in the previous month. There were increase within three divisions, the largest divisional increase was seen within Medicine, increasing by 0.7 percentage points to 4.8%, compared to 4.0% in the previous month.
Action/Plan:	• Work has commenced on reviewing line manager guidance to support sickness management with a view to providing more informal support with less HR involvement, enabling better local resolution. • Workplace Wellbeing SharePoint launched on 8th June to act as a single place of access - from any internet device via link/QR code; replaces Bristol and Weston intranet content into single platform. • Annual workplace wellbeing survey conducted 12th to 30th June to ascertain wellbeing status of colleagues per division and to highlight issues to address and improve wellbeing and attendance. 865 responses are being analysed in July to inform strategic improvement plans from Quarter 2. • A Strategy Focus session held at the Workplace Wellbeing Steering Group on 22nd June overviewed the staff support services offered by the Psychological Health Service – this is one example of the proactive measures to reduce workplace stress and associated psychological ill health/absence.
Ownership:	Director of People



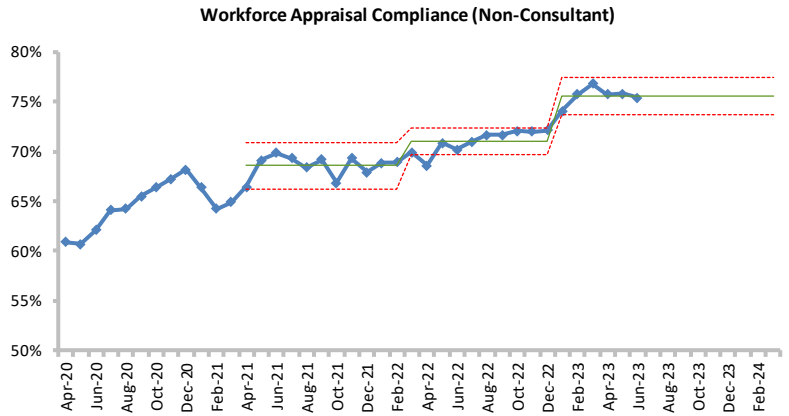
Workforce – Appraisal Compliance

NHS University Hospitals Bristol and Weston NHS Foundation Trust

June 2023

N *Not Achieved*

Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 81%.
Performance:	Overall appraisal compliance reduced to 75.4%, compared with 75.8% in the previous month. There were increases within three divisions. The largest divisional increase was seen within Diagnostic and Therapies, increasing to 75.6% from 73.8% in the previous month. There were reductions within five divisions. The largest divisional reduction was seen within Facilities and Estates, reducing to 69.3% from 71.8% in the previous month. Three divisions remain above the new KPI target (Medicine, Specialised Services and Weston General Hospital).
Action/Plan:	The programme of work to improve the quality of appraisal conversations focus has been on the following actions: • Two e-learning courses have been created for both colleagues and managers to support the need for out of hours access to training, which launched in June. • Development of new resources to support the resources audit review. • Updated the appraisal page on HRWeb to provide a clearer message to colleagues. • Implemented monthly messages in Newsbeat and emails to managers to promote the annual check-in resources and support quality conversations. • The Quarter 2 Pulse Survey will be launching next month – 3rd – 30th July, which will evaluate the annual check-in appraisal form. The feedback will be utilised to review the 'check in' form in Quarter 3.
Ownership:	Director of People

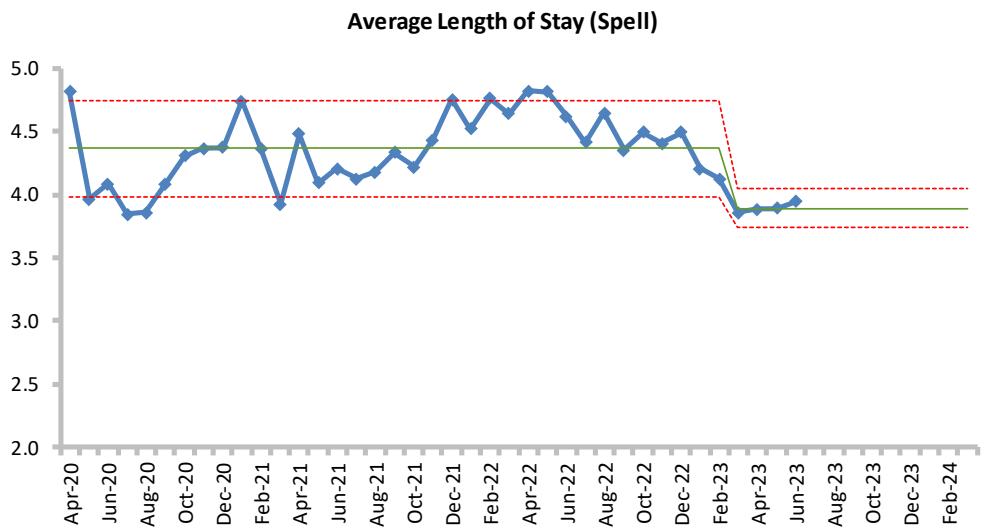


Average Length of Stay

June 2023

N/A *No Standard Defined*

Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In June there were 8,372 discharges at UHBW with an average length of stay of 3.9 days.
Action/Plan:	Current assumptions around length of stay are being reviewed as part of the 2023/24 operating plan submissions and demand & capacity reviews.
Ownership:	Chief Operating Officer



Finance – Executive Summary

June 2023

N/A *No Standard Defined*

YTD Income & Expenditure Position	• Net I&E deficit of £6,536k against a deficit plan of £4,383k (excluding technical items). • Total operating income is £9,189k favourable to plan due to higher than planned income from activities of £9,435k and lower than planned other operating income of £245k. • Operating expenses are £12,964k adverse to plan due to higher pay and non-pay expenditure. Depreciation is broadly in line with plan. • Financing items are £1,622k favourable to plan mainly due to interest receivable.
Key Financial Issues	• *Recurrent savings delivery below plan* – Trust-led CIP delivery is £3,896k or 83% of plan, of which recurrent savings are £1,563k, 33% of plan. Failure to achieve the annual target of £27m (including transformational savings) in full may result in the Trust failing to meet the financial plan. • *Delivery of elective activity recovery below plan* – elective activity must be delivered in line with plan. Failure to do so will result in a loss of income of up to c£30m which may result in the Trust not achieving its financial plan. At the end of quarter 1, the value of elective activity is £2.8m ahead of plan. • *Corporate mitigations not delivered in full* – non-recurrent mitigations of c£25m must be achieved to support delivery of the plan. • *Failure to deliver the financial plan* – failure to deliver the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention.
Strategic Risks	• Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the business case in December 2023; • Understanding the operational risks and mitigations associated with the Trust's legacy estate and how the CDEL limit and system prioritisation restricts future strategic capital investment – pending completion of the Trust's draft medium term capital plan in October 2023; • Understanding the implications of the Trust's recurrent revenue deficit of c£60m, i.e. the requirement to present a medium-term financial plan in October 2023 to address the Trust's recurrent deficit and the impact this will have on future clinical strategy and Trust autonomy.

Finance – Financial Performance

June 2023

N/A *No Standard Defined*

Trust Year to Date Financial Position

	Month 3			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	82,795	84,792	1,997	243,761	253,196	9,435
Other Operating Income	9,273	10,217	944	27,819	27,574	(245)
Total Operating Income	**92,068**	**95,009**	**2,941**	**271,580**	**280,769**	**9,189**
Employee Expenses	(55,550)	(56,993)	(1,443)	(166,650)	(172,974)	(6,324)
Other Operating Expenses	(32,803)	(36,067)	(3,264)	(98,277)	(104,752)	(6,475)
Depreciation (owned & leased)	(2,909)	(2,949)	(40)	(8,726)	(8,891)	(165)
Total Operating Expenditure	**(91,262)**	**(96,009)**	**(4,747)**	**(273,653)**	**(286,617)**	**(12,964)**
PDC	(1,037)	(1,037)	(0)	(3,111)	(3,112)	(1)
Interest Payable	(221)	(236)	(15)	(663)	(684)	(21)
Interest Receivable	250	856	606	750	2,093	1,343
Other Gains/(Losses)	0	(23)	(23)	0	(23)	(23)
Net Surplus/(Deficit) inc technicals	**(202)**	**(1,440)**	**(1,238)**	**(5,097)**	**(7,574)**	**(2,477)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	238	238	0	714	1,038	324
Net Surplus/(Deficit) exc technicals	**36**	**(1,202)**	**(1,238)**	**(4,383)**	**(6,536)**	**(2,153)**

Key Facts

- The position at the end of June is a net deficit of £6,536k against a deficit plan of £4,383k. The adverse position against plan of £2,153k is primarily due to the shortfall in CIP delivery to date of £774k and the estimated financial impact of industrial action at £1,368k.
- Year-to-date, the Trust spent £1,688k on costs associated with internationally educated nurses.
- Pay expenditure in June is £1,443k higher than plan. This is mainly driven by the Agenda for Change pay award actioned in June and the additional staffing costs of covering the industrial action.
- Agency expenditure in month is £2,389k, compared with £2,219k in May. Overall, agency expenditure in month is 4% of total pay costs.
- Other operating expenditure is £3,264k higher than plan in June. This is mainly due to higher than planned expenditure on clinical supplies and a shortfall in CIP delivery.
- Operating income is ahead plan in June by £2,941k, of which c£1,000k relates to additional income for the pay award. Other Operating Income is £944k ahead of plan in month in part due to high additional research income.
- Trust-led CIP achievement at the end of June is 83% of plan at £3,896k (excludes UEC transformation savings).

Care Quality Commission Rating

University Hospitals Bristol and Weston NHS Foundation Trust

The Care Quality Commission (CQC) published their latest inspection report on 16th-24th August 2022. Full details can be found here: https://api.cqc.org.uk/public/v1/reports/e29a1285-b9f7-4147-80f0-2dab0ce54cc1?20221012070445

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
South Bristol NHS Community Hospital	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
UHBW Bristol Main Site	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021
Weston General Hospital	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Central Health Clinic	Good Dec 2014	Not rated	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Overall trust	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021

Care Quality Commission Rating

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Rating for UHBW Bristol Main Site

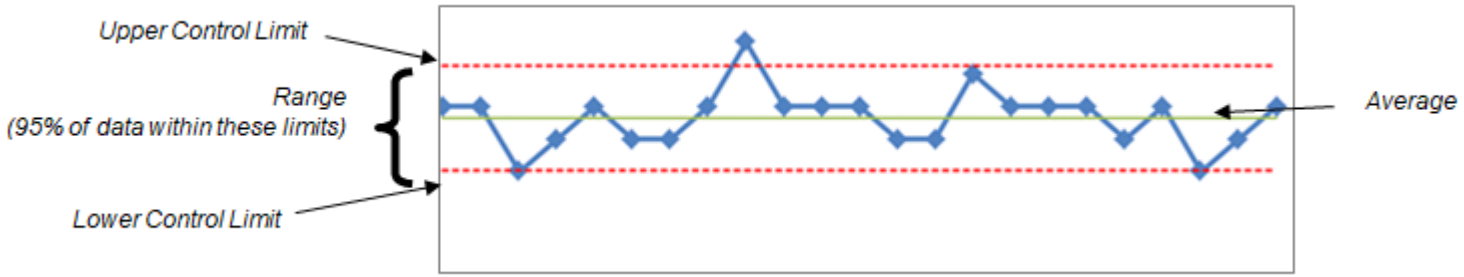
	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021
Services for children & young people	Good Aug 2019	Outstanding Aug 2019	Good Aug 2019	Good Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019
Critical care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014
End of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Outpatients and diagnostic imaging	Good Mar 2017	Not rated	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Surgery	Good Aug 2019	Good Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019
Urgent and emergency services	Requires improvement Aug 2019	Good Aug 2019	Outstanding Aug 2019	Requires improvement Aug 2019	Good Aug 2019	Requires improvement Aug 2019
Maternity	Requires improvement Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019
Overall	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021

Rating for Weston General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement ↑ Oct 2022	Good ↑ Oct 2022	Good →← Oct 2022	Requires Improvement →← Oct 2022	Good ↑↑ Oct 2022	Requires Improvement ↑ Oct 2022
Outpatients	Good Nov 2021	Not rated	Good Nov 2021	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021
Overall	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated

Explanation of SPC Charts

In the previous sections, some of the metrics are being presented using Statistical Process Control (SPC) charts. An example chart is shown below



The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "control limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all future data points will lie between these two limits.

If a process changes, then the limits can be re-calculated and a "step change" will be observed. There are different signals to look for, to identify if a process has changed. Examples would be a run of 7 data points going up/down or 7 data points one side of the average. These step changes should be traceable back to a change in operational practice, changes to flow, patient choice or demand changes; they do not occur by chance.

Appendix – Trust Scorecards

NHS University Hospitals Bristol and Weston NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
SAFE DOMAIN

NHS University Hospitals Bristol and Weston NHS Foundation Trust

ID	Measure	22/23	23/24 YTD	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Infection Control																			
DA01	MRSA Hospital Onset Cases	7	3	0	0	1	0	1	1	2	1	1	1	0	2	1	2	4	3
DA02	MSSA Hospital Onset Cases	40	10	4	3	2	3	2	6	6	2	4	2	3	5	9	11	12	10
DA03	CDiff Hospital Onset Healthcare Associated Cases	78	21	12	6	7	4	12	5	3	6	3	7	6	8	25	21	12	21
DA03A	CDiff Healthcare Associated Cases	100	33	13	7	9	6	13	7	5	8	6	12	8	13	29	26	19	33
DA06	EColi Hospital Onset Cases	75	13	7	4	6	8	7	3	3	4	5	3	5	5	17	18	12	13
Patient Falls																			
AB01	Falls Per 1,000 Beddays	5.02	4.73	3.27	6.63	4.49	5.86	5.34	4.71	5.11	5.23	5.14	5.29	4.31	4.63	4.8	5.31	5.16	4.73
	Numerator (Falls)	*2006*	*466*	*110*	*224*	*147*	*204*	*178*	*160*	*179*	*157*	*175*	*166*	*150*	*150*	*481*	*542*	*511*	*466*
	Denominator (Beddays)	*399403*	*98542*	*33622*	*33784*	*32774*	*34817*	*33329*	*34001*	*35010*	*30047*	*34035*	*31400*	*34776*	*32366*	*100180*	*102147*	*99092*	*98542*
AB06A	Total Number of Patient Falls Resulting in Harm	32	7	3	4	2	0	3	2	4	3	3	4	0	3	9	5	10	7
Pressure Injuries																			
DE01	Pressure Injuries Per 1,000 Beddays	0.128	0.051	0.089	0.118	0.061	0.23	0.18	0.088	0.086	0.1	0.147	0.032	0	0.124	0.09	0.166	0.111	0.051
	Numerator (Pressure Injuries)	51	5	3	4	2	8	6	3	3	3	5	1	0	4	9	17	11	5
	Denominator (Beddays)	399403	98542	33622	33784	32774	34817	33329	34001	35010	30047	34035	31400	34776	32366	100180	102147	99092	98542
DE02	Pressure Injuries - Grade 2	35	4	3	1	1	6	4	2	0	2	3	0	0	4	5	12	5	4
DE03	Pressure Injuries - Grade 3	15	0	0	3	1	2	1	1	3	1	2	0	0	0	4	4	6	0
DE04	Pressure Injuries - Grade 4	1	1	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0	1
Serious Incidents																			
S02	Number of Serious Incidents Reported	110	9	15	11	4	8	6	9	10	10	13	5	4	-	30	23	33	9
S01	Total Never Events	3	0	0	1	1	0	0	1	0	0	0	0	0	-	2	1	0	0
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.34%	0.16%	0%	0%	0.54%	0%	0%	0.29%	1.27%	0.71%	0.28%	0%	0.31%	-	0.22%	0.09%	0.74%	0.16%
	Numerator (Incidents Resulting In Harm)	13	1	0	0	2	0	0	1	4	2	1	0	1	0	2	1	7	1
	Denominator (Total Incidents)	3868	624	233	327	369	352	402	345	315	280	357	306	318	0	929	1099	952	624
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medicati	1.28%	0.44%	0.92%	0.55%	1.11%	1.46%	1.63%	1.93%	1.44%	2.7%	0%	1.53%	0%	0.3%	0.87%	1.65%	1.45%	0.44%
	Numerator (Number of Incidents)	32	3	2	1	2	4	3	4	4	4	0	2	0	1	5	11	8	3
	Denominator (Total Audited)	2496	678	217	181	180	275	184	207	278	148	126	131	208	339	578	666	552	678
	Omitted Doses is Bristol only																		

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
SAFE DOMAIN

ID	Measure	22/23	23/24 YTD	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
VTE Risk Assessment																			
N01	**Adult Inpatients who Received a VTE Risk Assessment**	**83.3%**	**82.5%**	**82.1%**	**83.7%**	**83.5%**	**84%**	**84.9%**	**81.3%**	**85.3%**	**84.5%**	**83.5%**	**82%**	**82.8%**	**82.6%**	**83.1%**	**83.5%**	**84.4%**	**82.5%**
	Numerator (Number Risk Assessed)	90491	23247	7185	7733	7515	7800	8313	7090	8275	7648	8263	7298	7963	7986	22433	23203	24186	23247
	Denominator (Total Patients)	108671	28192	8754	9238	8998	9287	9793	8721	9702	9050	9892	8899	9620	9673	26990	27801	28644	28192
	VTE Data is Bristol only																		
Nurse Staffing Levels ("Fill Rate")																			
RP01	**Staffing Fill Rate - Combined**	**89.4%**	**96.3%**	**88.9%**	**89.5%**	**89%**	**88.8%**	**90.6%**	**88.1%**	**91%**	**90.5%**	**89.9%**	**95.1%**	**95.8%**	**98.1%**	**89.2%**	**89.1%**	**90.5%**	**96.3%**
	Numerator (Hours Worked)	3300874	894904	278745	276739	264846	275080	267774	278778	291334	259089	285095	288928	305222	300754	820330	821632	835517	894904
	Denominator (Hours Planned)	3690840	928912	313556	309158	297416	309923	295639	316396	320196	286306	317181	303801	318447	306664	920131	921958	923683	928912
RP02	**Staffing Fill Rate - RN Shifts**	**87.9%**	**94.4%**	**86.6%**	**86.4%**	**86.3%**	**87%**	**89.7%**	**87%**	**90.2%**	**90.4%**	**91.3%**	**95.1%**	**93.6%**	**94.5%**	**86.4%**	**87.9%**	**90.7%**	**94.4%**
	Numerator (Hours Worked)	2206554	586489	185823	183165	175504	184489	181698	186364	193742	173638	193453	191632	199955	194902	544492	552551	560833	586489
	Denominator (Hours Planned)	2510909	621326	214676	211906	203467	211978	202570	214205	214786	191997	211789	201465	213608	206254	630049	628752	618572	621326
RP03	**Staffing Fill Rate - NA Shifts**	**92.7%**	**100.3%**	**94%**	**96.2%**	**95.1%**	**92.5%**	**92.5%**	**90.4%**	**92.6%**	**90.6%**	**87%**	**95.1%**	**100.4%**	**105.4%**	**95.1%**	**91.8%**	**90%**	**100.3%**
	Numerator (Hours Worked)	1094320	308415	92922.4	93574.4	89341.5	90590.9	86075.5	92414.3	97591.3	85451	91641.5	97295.6	105267	105852	275838	269081	274684	308415
	Denominator (Hours Planned)	1179931	307586	98880.3	97252	93949	97945.2	93068.8	102192	105410	94309.5	105392	102336	104840	100410	290081	293206	305111	307586

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
CARING DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	22/23	23/24 YTD	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Patient Surveys																			
P01D	Patient Surve - Patient Experience Tracker Score			87	86	88	88	89	88	88	87	85	87	88	88	87	88	87	88
P01G	Patient Survey - Kindness and Understanding			92	93	94	94	94	93	95	94	92	93	94	95	93	94	94	94
P01H	Patient Survey - Outpatient Tracker Score			92	92	89	94	92	93	91	93	92	89	90	89	91	93	92	89
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1898	316	145	100	196	234	210	123	159	186	128	108	92	116	441	567	473	316
T01C	Patient Complaints - Formal	679	125	59	45	91	92	107	51	90	64	47	45	43	37	195	250	201	125
T01D	Patient Complaints - Informal	1219	191	86	55	105	142	103	72	69	122	81	63	49	79	246	317	272	191
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	71.9%	67.1%	75.6%	70.5%	67.4%	77.8%	70.3%	69.6%	72.5%	73.7%	61.7%	57.6%	73.3%	72.5%	71%	72.1%	69%	67.1%
	Numerator (Responses Within Timeframe)	*442*	*104*	*31*	*43*	*29*	*35*	*45*	*39*	*37*	*42*	*37*	*34*	*33*	*37*	*103*	*119*	*116*	*104*
	Denominator (Total Responses)	*615*	*155*	*41*	*61*	*43*	*45*	*64*	*56*	*51*	*57*	*60*	*59*	*45*	*51*	*145*	*165*	*168*	*155*
T03B	Formal Complaints Responded To Within Divisional Timeframe	79.5%	80%	85.4%	70.5%	81.4%	86.7%	75%	73.2%	78.4%	84.2%	76.7%	67.8%	84.4%	90.2%	77.9%	77.6%	79.8%	80%
	Numerator (Responses Within Timeframe)	*489*	*124*	*35*	*43*	*35*	*39*	*48*	*41*	*40*	*48*	*46*	*40*	*38*	*46*	*113*	*128*	*134*	*124*
	Denominator (Total Responses)	*615*	*155*	*41*	*61*	*43*	*45*	*64*	*56*	*51*	*57*	*60*	*59*	*45*	*51*	*145*	*165*	*168*	*155*
T05A	Informal Complaints Responded To Within Trust Timeframe	86.6%	85.1%	87%	84.7%	88%	86.9%	80.4%	96.7%	86%	89.2%	78.5%	87.3%	77.3%	90.9%	86.7%	86.7%	83.7%	85.1%
	Numerator (Responses Within Timeframe)	*755*	*166*	*47*	*50*	*66*	*93*	*82*	*59*	*43*	*58*	*73*	*55*	*51*	*60*	*163*	*234*	*174*	*166*
	Denominator (Total Responses)	*872*	*195*	*54*	*59*	*75*	*107*	*102*	*61*	*50*	*65*	*93*	*63*	*66*	*66*	*188*	*270*	*208*	*195*
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	11.38%	11.86%	7.32%	13.11%	13.95%	6.67%	14.06%	8.93%	15.69%	12.28%	10%	11.86%	-	-	11.72%	10.3%	12.5%	11.86%
	Numerator (Number Dissatisifed)	*70*	*7*	*3*	*8*	*6*	*3*	*9*	*5*	*8*	*7*	*6*	*7*	*0*	*0*	*17*	*17*	*21*	*7*
	Denominator (Total Responses)	*615*	*59*	*41*	*61*	*43*	*45*	*64*	*56*	*51*	*57*	*60*	*59*	*0*	*0*	*145*	*165*	*168*	*59*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
CARING DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	22/23	23/24 YTD	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Friends and Family Test (Inpatients and Day Cases)																			
P03A	Friends and Family Test Admitted Patient Coverage	27.9%	28.2%	29.3%	23.7%	34.5%	23%	26.6%	26.2%	30.2%	27.3%	34.3%	26.1%	23.4%	34.5%	29.2%	25.3%	30.8%	28.2%
	Numerator (Total FFT Responses)	*19959*	*5762*	*1608*	*1407*	*2073*	*1403*	*1799*	*1470*	*1951*	*1727*	*2503*	*1679*	*1577*	*2506*	*5088*	*4672*	*6181*	*5762*
	Denominator (Total Eligible to Respond)	*71625*	*20433*	*5490*	*5949*	*6015*	*6105*	*6768*	*5617*	*6453*	*6328*	*7303*	*6423*	*6742*	*7268*	*17454*	*18490*	*20084*	*20433*
P04A	Friends and Family Test Score - Inpatients/Day Cases	96.8%	97.7%	95.5%	96.3%	96.2%	95.3%	97.4%	97.8%	97.6%	97.7%	97.6%	97.2%	97.8%	98%	96%	96.9%	97.6%	97.7%
	Numerator (Total "Positive" Responses)	*19283*	*5625*	*1535*	*1355*	*1993*	*1336*	*1753*	*1438*	*1901*	*1680*	*2439*	*1629*	*1542*	*2454*	*4883*	*4527*	*6020*	*5625*
	Denominator (Total Responses)	*19916*	*5757*	*1608*	*1407*	*2071*	*1402*	*1799*	*1470*	*1947*	*1720*	*2499*	*1676*	*1577*	*2504*	*5086*	*4671*	*6166*	*5757*
Friends and Family Test (Emergency Department)																			
P03B	Friends and Family Test ED Coverage	7.3%	7.1%	9.7%	6.9%	5.5%	7%	7.1%	7.6%	8.5%	8.1%	6.9%	9.3%	4.9%	7.5%	7.4%	7.3%	7.8%	7.1%
	Numerator (Total FFT Responses)	*10759*	*2627*	*1262*	*824*	*658*	*903*	*944*	*969*	*896*	*882*	*838*	*1023*	*645*	*959*	*2744*	*2816*	*2616*	*2627*
	Denominator (Total Eligible to Respond)	*147593*	*36965*	*13050*	*11935*	*12024*	*12890*	*13209*	*12701*	*10532*	*10910*	*12230*	*11041*	*13218*	*12706*	*37009*	*38800*	*33672*	*36965*
P04B	Friends and Family Test Score - ED	84.2%	89.5%	81.5%	87.1%	88.3%	84.4%	80.2%	79%	88.9%	87.3%	86.7%	91.4%	88.3%	88.4%	84.8%	81.1%	87.6%	89.5%
	Numerator (Total "Positive" Responses)	*8990*	*2327*	*1020*	*708*	*574*	*759*	*754*	*751*	*790*	*764*	*722*	*927*	*564*	*836*	*2302*	*2264*	*2276*	*2327*
	Denominator (Total Responses)	*10673*	*2599*	*1252*	*813*	*650*	*899*	*940*	*951*	*889*	*875*	*833*	*1014*	*639*	*946*	*2715*	*2790*	*2597*	*2599*
Friends and Family Test (Maternity)																			
P03C	Friends and Family Test MAT Coverage	12.8%	7.2%	15.9%	8.5%	27.2%	8.1%	5.6%	14.3%	13.3%	12.9%	7.4%	12%	6.8%	3.3%	17.4%	9.2%	11.2%	7.2%
	Numerator (Total FFT Responses)	*1854*	*257*	*187*	*107*	*355*	*104*	*73*	*175*	*170*	*139*	*92*	*135*	*80*	*42*	*649*	*352*	*401*	*257*
	Denominator (Total Eligible to Respond)	*14442*	*3593*	*1176*	*1256*	*1307*	*1279*	*1315*	*1222*	*1274*	*1076*	*1240*	*1127*	*1183*	*1283*	*3739*	*3816*	*3590*	*3593*
P04C	Friends and Family Test Score - Maternity	98.4%	99.2%	96.3%	98.1%	98.3%	98.1%	100%	99.4%	96.5%	100%	98.9%	98.5%	100%	100%	97.7%	99.1%	98.3%	99.2%
	Numerator (Total "Positive" Responses)	*1823*	*255*	*180*	*105*	*349*	*102*	*73*	*174*	*164*	*139*	*91*	*133*	*80*	*42*	*634*	*349*	*394*	*255*
	Denominator (Total Responses)	*1853*	*257*	*187*	*107*	*355*	*104*	*73*	*175*	*170*	*139*	*92*	*135*	*80*	*42*	*649*	*352*	*401*	*257*
Friends and Family Test (Outpatients)																			
P04D	Friends and Family Test Score - Outpatients	95.1%	95.3%	94.9%	95%	94.3%	93.9%	95.2%	95.3%	95.7%	96.1%	96.3%	95.4%	95.1%	95.4%	94.8%	94.8%	96.1%	95.3%
	Numerator (Total FFT Responses)	*29784*	*8519*	*3137*	*3004*	*1691*	*2326*	*2475*	*2396*	*2525*	*2888*	*3203*	*2475*	*2464*	*3580*	*7832*	*7197*	*8616*	*8519*
	Denominator (Total Eligible to Respond)	*31317*	*8938*	*3307*	*3163*	*1793*	*2478*	*2601*	*2513*	*2639*	*3005*	*3326*	*2595*	*2592*	*3751*	*8263*	*7592*	*8970*	*8938*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	22/23	23/24 YTD	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Emergency Department Performance																			
B01	ED Percentage Spending Under 4 Hours in Department	60.94%	70.01%	60.15%	62.31%	62.01%	59.59%	56.17%	53.41%	63.45%	61.9%	66.88%	70.67%	67.48%	72.07%	61.46%	56.41%	64.18%	70.01%
	Numerator (Number Seen In Under 4 Hours)	*117907*	*34844*	*10075*	*9658*	*9776*	*10064*	*9652*	*8900*	*9343*	*9180*	*11118*	*10757*	*11949*	*12138*	*29509*	*28616*	*29641*	*34844*
	Denominator (Total Attendances)	*193471*	*49771*	*16751*	*15500*	*15765*	*16888*	*17183*	*16662*	*14726*	*14831*	*16625*	*15221*	*17708*	*16842*	*48016*	*50733*	*46182*	*49771*
B06	ED 12 Hour Trolley Waits	9315	973	878	758	717	941	862	1217	1006	427	545	324	435	214	2353	3020	1978	973
Emergency Department Clinical Indicators																			
B02	ED Time to Initial Assessment - Under 15 Minutes	79.6%	82.2%	76.8%	76.2%	79.3%	79.6%	80.6%	82%	81.3%	83.3%	82.6%	84.2%	83.5%	78.5%	77.4%	80.7%	82.4%	82.2%
	Numerator (Number Assessed Within 15 Minutes)	*30225*	*8792*	*2460*	*2385*	*2515*	*2532*	*2716*	*2316*	*2503*	*2629*	*2892*	*3064*	*3159*	*2569*	*7360*	*7564*	*8024*	*8792*
	Denominator (Total Attendances Needing Assessment)	*37948*	*10695*	*3203*	*3131*	*3171*	*3180*	*3370*	*2823*	*3077*	*3156*	*3502*	*3639*	*3784*	*3272*	*9505*	*9373*	*9735*	*10695*
B03	ED Time to Start of Treatment - Under 60 Minutes	45.7%	54.8%	41.6%	49%	47.9%	45.2%	38.6%	38.5%	56%	48.9%	54.1%	58.9%	50.9%	55.1%	46.1%	40.8%	53.1%	54.8%
	Numerator (Number Treated Within 60 Minutes)	*83634*	*26206*	*6550*	*7194*	*7136*	*7122*	*6221*	*5987*	*7947*	*6945*	*8674*	*8716*	*8584*	*8906*	*20880*	*19330*	*23566*	*26206*
	Denominator (Total Attendances)	*182846*	*47806*	*15755*	*14683*	*14887*	*15764*	*16106*	*15540*	*14181*	*14192*	*16028*	*14787*	*16859*	*16160*	*45325*	*47410*	*44401*	*47806*
B04	ED Unplanned Re-attendance Rate	3.1%	3.6%	3.3%	3.1%	2.8%	2.8%	3.1%	3.7%	3%	3.3%	3.1%	3.8%	3.6%	3.5%	3.1%	3.2%	3.1%	3.6%
	Numerator (Number Re-attending)	*5953*	*1803*	*552*	*478*	*442*	*468*	*535*	*611*	*440*	*490*	*512*	*577*	*633*	*593*	*1472*	*1614*	*1442*	*1803*
	Denominator (Total Attendances)	*193471*	*49771*	*16751*	*15500*	*15765*	*16888*	*17183*	*16662*	*14726*	*14831*	*16625*	*15221*	*17708*	*16842*	*48016*	*50733*	*46182*	*49771*
B05	ED Left Without Being Seen Rate	3.1%	2%	4.2%	2.9%	2.6%	3.5%	3.8%	4.3%	2.1%	2.6%	2.2%	1.5%	2.5%	2%	3.2%	3.9%	2.3%	2%
	Numerator (Number Left Without Being Seen)	*6076*	*1013*	*703*	*446*	*411*	*584*	*659*	*720*	*306*	*389*	*370*	*226*	*446*	*341*	*1560*	*1963*	*1065*	*1013*
	Denominator (Total Attendances)	*193471*	*49771*	*16751*	*15500*	*15765*	*16888*	*17183*	*16662*	*14726*	*14831*	*16625*	*15221*	*17708*	*16842*	*48016*	*50733*	*46182*	*49771*
Referral To Treatment Ongoing																			
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	56.4%	55.6%	54.3%	55.3%	55.2%	54.4%	55.6%	54.3%	53.5%	52.7%	54%	52.4%	-	-	-	-
	Numerator (Number Under 18 Weeks)	*0*	*0*	*34238*	*34453*	*33625*	*34560*	*34795*	*34983*	*36070*	*35224*	*35480*	*35042*	*36421*	*35209*	*0*	*0*	*0*	*0*
	Denominator (Total Pathways)	*0*	*0*	*60738*	*62010*	*61870*	*62462*	*63041*	*64359*	*64847*	*64929*	*66379*	*66543*	*67447*	*67180*	*0*	*0*	*0*	*0*
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	-	-	5591	5970	6141	5989	5888	6011	5498	5371	5383	5472	5523	5865	-	-	-	-
A06A	Referral To Treatment Ongoing Pathways Over 78 Weeks	-	-	813	756	743	763	755	877	678	471	165	182	248	215	-	-	-	-
A06B	Referral To Treatment Ongoing Pathways Over 104 Weeks	-	-	131	97	58	39	33	26	8	0	1	0	0	0	-	-	-	-
Referral To Treatment Activity																			
A01A	Referral To Treatment Number of Admitted Clock Stops	31921	8950	2488	2651	2603	2746	3018	2145	3042	2820	3200	2628	3012	3310	7742	7909	9062	8950
A02A	Referral To Treatment Number of Non Admitted Clock Stops	114329	28983	8352	10331	9200	9790	10630	8279	11217	9322	10459	8230	10096	10657	27883	28699	30998	28983
A09	Referral To Treatment Number of Clock Starts	126600	30848	9388	10968	9466	10198	11225	9156	11861	10433	12409	9369	10714	10765	29822	30579	34703	30848

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	22/23	23/24 YTD	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Diagnostic Waits																			
A05	Diagnostics Percentage Under 6 Weeks (15 Key Tests)	-	-	63.5%	62.21%	64.46%	65.34%	68.51%	65.79%	65.88%	72.12%	74.33%	71.84%	73.46%	76.78%	-	-	-	-
	Numerator (Number Under 6 Weeks)	*0*	*0*	*10430*	*9572*	*11331*	*11077*	*11436*	*10750*	*11022*	*12318*	*12883*	*11918*	*11273*	*11294*	*0*	*0*	*0*	*0*
	Denominator (Total Waiting)	*0*	*0*	*16426*	*15387*	*17577*	*16952*	*16692*	*16339*	*16731*	*17080*	*17333*	*16589*	*15345*	*14709*	*0*	*0*	*0*	*0*
A05J	Diagnostics (15 Key Tests) Numbers Waiting 13+ Weeks	-	-	3245	2968	3294	3062	2317	2307	2190	1933	1484	1310	1200	1097	-	-	-	-
	Numerator (Number Over 13 Weeks)	*0*	*0*	*3245*	*2968*	*3294*	*3062*	*2317*	*2307*	*2190*	*1933*	*1484*	*1310*	*1200*	*1097*	*0*	*0*	*0*	*0*
	Denominator (Total Waiting)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks	51.7%	37.6%	44.6%	45.2%	41.1%	49.1%	41.6%	41.9%	50.3%	60.5%	59%	41.4%	34.5%	-	43.6%	44.1%	56.5%	37.6%
	Numerator (Number Seen Within 2 Weeks)	*11409*	*1273*	*784*	*835*	*806*	*862*	*870*	*696*	*978*	*1021*	*1204*	*639*	*634*	*0*	*2425*	*2428*	*3203*	*1273*
	Denominator (Total Seen))	*22074*	*3382*	*1757*	*1848*	*1959*	*1757*	*2093*	*1660*	*1946*	*1688*	*2040*	*1545*	*1837*	*0*	*5564*	*5510*	*5674*	*3382*
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	92.6%	92.7%	93.9%	93.9%	91%	94.6%	93.4%	98.3%	88.4%	92.8%	92.9%	93.1%	92.4%	-	93%	95.2%	91.3%	92.7%
	Numerator (Number Treated Within 31 Days)	*3213*	*549*	*278*	*278*	*253*	*316*	*281*	*236*	*281*	*245*	*302*	*258*	*291*	*0*	*809*	*833*	*828*	*549*
	Denominator (Total Treated)	*3468*	*592*	*296*	*296*	*278*	*334*	*301*	*240*	*318*	*264*	*325*	*277*	*315*	*0*	*870*	*875*	*907*	*592*
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	99.4%	98.5%	100%	100%	100%	99.4%	100%	90.2%	99.4%	98.7%	98.7%	100%	-	99.5%	99.8%	95.7%	99.4%
	Numerator (Number Treated Within 31 Days)	*1799*	*307*	*134*	*138*	*149*	*150*	*177*	*139*	*175*	*162*	*154*	*148*	*159*	*0*	*421*	*466*	*491*	*307*
	Denominator (Total Treated)	*1835*	*309*	*136*	*138*	*149*	*150*	*178*	*139*	*194*	*163*	*156*	*150*	*159*	*0*	*423*	*467*	*513*	*309*
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	84.6%	83.8%	88.9%	85.9%	87.7%	84.2%	88.7%	87.2%	72.3%	93.5%	83.6%	88.7%	79.3%	-	87.4%	86.7%	84.1%	83.8%
	Numerator (Number Treated Within 31 Days)	*581*	*93*	*48*	*55*	*57*	*48*	*55*	*41*	*34*	*58*	*51*	*47*	*46*	*0*	*160*	*144*	*143*	*93*
	Denominator (Total Treated)	*687*	*111*	*54*	*64*	*65*	*57*	*62*	*47*	*47*	*62*	*61*	*53*	*58*	*0*	*183*	*166*	*170*	*111*
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	57.8%	67.4%	69.4%	52.2%	64.9%	48.2%	46.4%	54%	43.1%	45.1%	67.4%	68.2%	66.7%	-	61.5%	49.1%	52.6%	67.4%
	Numerator (Number Treated Within 62 Days)	*811.5*	*164.5*	*84*	*72.5*	*65.5*	*53*	*57.5*	*47.5*	*53*	*48.5*	*90*	*83.5*	*81*	*0*	*222*	*158*	*191.5*	*164.5*
	Denominator (Total Treated)	*1405*	*244*	*121*	*139*	*101*	*110*	*124*	*88*	*123*	*107.5*	*133.5*	*122.5*	*121.5*	*0*	*361*	*322*	*364*	*244*
E03B	Cancer 62 Day Referral To Treatment (Screenings)	55.6%	33.3%	50%	50%	50%	85.7%	44.4%	75%	40%	66.7%	85.7%	25%	40%	-	50%	71%	66.7%	33.3%
	Numerator (Number Treated Within 62 Days)	*27.5*	*3*	*2*	*2*	*1*	*6*	*2*	*3*	*2*	*2*	*6*	*1*	*2*	*0*	*5*	*11*	*10*	*3*
	Denominator (Total Treated)	*49.5*	*9*	*4*	*4*	*2*	*7*	*4.5*	*4*	*5*	*3*	*7*	*4*	*5*	*0*	*10*	*15.5*	*15*	*9*
E03C	Cancer 62 Day Referral To Treatment (Upgrades)	79.5%	78%	85%	77.6%	78.9%	76.4%	77.4%	88.7%	78.4%	73.4%	68.4%	77.8%	78.2%	-	80.5%	79.8%	73.4%	78%
	Numerator (Number Treated Within 62 Days)	*582*	*96*	*48*	*38*	*48.5*	*61.5*	*48*	*43*	*60*	*40*	*52*	*38.5*	*57.5*	*0*	*134.5*	*152.5*	*152*	*96*
	Denominator (Total Treated)	*732.5*	*123*	*56.5*	*49*	*61.5*	*80.5*	*62*	*48.5*	*76.5*	*54.5*	*76*	*49.5*	*73.5*	*0*	*167*	*191*	*207*	*123*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	22/23	23/24 YTD	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions	2.21%	1.61%	2.31%	2.26%	2.05%	2.53%	2.31%	3.01%	1.9%	1.75%	1.82%	1.32%	2.03%	1.47%	2.21%	2.59%	1.82%	1.61%
	Numerator (Number of LMCs)	*1892*	*355*	*157*	*167*	*148*	*186*	*180*	*189*	*142*	*122*	*142*	*89*	*151*	*115*	*472*	*555*	*406*	*355*
	Denominator (Total Elective Admissions)	*85408*	*22015*	*6794*	*7382*	*7207*	*7361*	*7792*	*6285*	*7458*	*6987*	*7821*	*6729*	*7443*	*7843*	*21383*	*21438*	*22266*	*22015*
F02	Cancelled Operations Re-admitted Within 28 Days	80.9%	81.4%	81.3%	82.2%	82.6%	79.1%	82.3%	75.6%	74.1%	84.5%	76.2%	84.5%	84.3%	76.8%	82%	79%	77.9%	81.4%
	Numerator (Number Readmitted Within 28 Days)	*1539*	*311*	*139*	*129*	*138*	*117*	*153*	*136*	*140*	*120*	*93*	*120*	*75*	*116*	*406*	*406*	*353*	*311*
	Denominator (Total LMCs)	*1902*	*382*	*171*	*157*	*167*	*148*	*186*	*180*	*189*	*142*	*122*	*142*	*89*	*151*	*495*	*514*	*453*	*382*
Green To Go/Fit For Discharge (BRISTOL Only)																			
AQ06A	Medically Fit For Discharge - Number of Patients (Acute)	-	-	217	220	232	230	199	170	176	172	197	160	146	146	-	-	-	-
AQ06B	Medically Fit For Discharge - Number of Patients (Non Acute)	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
AQ07A	Medically Fit For Discharge - Beddays (Acute)	-	-	6069	6645	6366	7079	6144	6063	5436	4862	5460	4755	4441	4180	-	-	-	-
AQ07B	Medically Fit For Discharge - Beddays (Non-Acute)	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate	11.2%	11.6%	11.5%	10.9%	11.1%	10.7%	11%	12.4%	10%	11.6%	13%	12.8%	11.1%	11.3%	11.1%	11.4%	11.6%	11.6%
	Numerator (Number of Hospital Cancellations)	*141540*	*37865*	*9579*	*11317*	*12489*	*11556*	*13171*	*12109*	*10922*	*11867*	*15353*	*12369*	*12435*	*13061*	*33385*	*36836*	*38142*	*37865*
	Denominator (Total Appointments)	*1262387*	*325103*	*83563*	*103929*	*112026*	*107774*	*119211*	*97369*	*109399*	*102281*	*117666*	*96751*	*112284*	*116068*	*299518*	*324354*	*329346*	*325103*
R05	Outpatient DNA Rate	7.1%	6.4%	8%	7.3%	7.3%	6.9%	6.8%	7.4%	6.8%	6.4%	6.7%	6.3%	6.4%	6.7%	7.5%	7%	6.6%	6.4%
	Numerator (Number of DNAs)	*63485*	*14786*	*4726*	*5362*	*5581*	*5182*	*5735*	*4864*	*5352*	*4580*	*5463*	*4204*	*5132*	*5450*	*15669*	*15781*	*15395*	*14786*
	Denominator (Total Attendances+DNAs)	*888700*	*229329*	*59397*	*73578*	*76457*	*75539*	*84627*	*65392*	*79035*	*71968*	*81200*	*66877*	*80554*	*81898*	*209432*	*225558*	*232203*	*229329*
Overdue Partial Booking																			
R23B	Overdue Partial Booking Referrals - 6+ Months Overdue	-	-	39561	41002	41843	42779	44124	46047	45837	46728	48925	50496	51736	52202	-	-	-	-
R23C	Overdue Partial Booking Referrals - 9+ Months Overdue	-	-	24946	26346	26485	27293	28613	30607	30951	32265	34012	35217	35899	36929	-	-	-	-
R23D	Overdue Partial Booking Referrals - 12+ Months Overdue	-	-	15333	16307	16760	17209	18031	19082	19503	20679	22658	23916	24954	25917	-	-	-	-

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
EFFECTIVE DOMAIN

ID	Measure	22/23	23/24 YTD	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Mortality																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	99.4	-	99.1	99.3	97.5	98.4	100.7	100.4	98	-	-	-	-	-	98.6	99.8	98	-
	Numerator (Observed Deaths)	*21630*	*0*	*2125*	*2135*	*2110*	*2140*	*2205*	*2240*	*2255*	*0*	*0*	*0*	*0*	*0*	*6370*	*6585*	*2255*	*0*
	Denominator ("Expected" Deaths)	*21760*	*0*	*2145*	*2150*	*2165*	*2175*	*2190*	*2230*	*2300*	*0*	*0*	*0*	*0*	*0*	*6460*	*6595*	*2300*	*0*
X02	Hospital Standardised Mortality Ratio (HSMR)	106.9	-	105.5	128.4	107.6	120.3	105.8	97.1	98.6	98.6	93.1	-	-	-	114.4	107.1	96.7	-
	Numerator (Observed Deaths)	*1448*	*0*	*98*	*138*	*106*	*137*	*118*	*133*	*130*	*122*	*125*	*0*	*0*	*0*	*342*	*388*	*377*	*0*
	Denominator ("Expected" Deaths)	*1354.2*	*0*	*92.9*	*107.5*	*98.5*	*113.9*	*111.5*	*137*	*131.8*	*123.7*	*134.3*	*0*	*0*	*0*	*298.9*	*362.4*	*389.8*	*0*
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	53.5%	44.1%	60.4%	51.9%	57.1%	55.3%	56.3%	47.9%	58.8%	60.5%	56%	53.6%	44.4%	23.1%	56.5%	53.1%	58.3%	44.1%
	Numerator (Treated Within 36 Hrs)	*310*	*64*	*32*	*27*	*24*	*26*	*27*	*23*	*30*	*26*	*28*	*30*	*28*	*6*	*83*	*76*	*84*	*64*
	Denominator (Total Patients)	*579*	*145*	*53*	*52*	*42*	*47*	*48*	*48*	*51*	*43*	*50*	*56*	*63*	*26*	*147*	*143*	*144*	*145*
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	85.3%	53.8%	96.2%	100%	97.6%	100%	93.8%	93.8%	66.7%	48.8%	58%	42.9%	47.6%	92.3%	98%	95.8%	58.3%	53.8%
	Numerator (Seen Within 72 Hrs)	*494*	*78*	*51*	*52*	*41*	*47*	*45*	*45*	*34*	*21*	*29*	*24*	*30*	*24*	*144*	*137*	*84*	*78*
	Denominator (Total Patients)	*579*	*145*	*53*	*52*	*42*	*47*	*48*	*48*	*51*	*43*	*50*	*56*	*63*	*26*	*147*	*143*	*144*	*145*
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.8%	25%	60.4%	50%	42.9%	38.1%	40%	39.3%	44.8%	52.4%	44.8%	33.3%	22.6%	19.2%	51.7%	39.2%	46.8%	25%
	Numerator (Number achieved BPT)	*195*	*21*	*32*	*26*	*18*	*8*	*10*	*11*	*13*	*11*	*13*	*9*	*7*	*5*	*76*	*29*	*37*	*21*
	Denominator (Total Patients)	*445*	*84*	*53*	*52*	*42*	*21*	*25*	*28*	*29*	*21*	*29*	*27*	*31*	*26*	*147*	*74*	*79*	*84*
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	4.37%	5.84%	3.88%	4.02%	4.18%	4.2%	4.2%	4.5%	5.49%	5.31%	5.73%	6.04%	5.66%	-	4.03%	4.29%	5.52%	5.84%
	Numerator (Re-admitted in 30 Days)	*7404*	*1704*	*526*	*566*	*594*	*608*	*638*	*601*	*832*	*750*	*906*	*843*	*861*	*0*	*1686*	*1847*	*2488*	*1704*
	Denominator (Total Discharges)	*169441*	*29192*	*13546*	*14072*	*14196*	*14491*	*15183*	*13360*	*15166*	*14127*	*15797*	*13969*	*15223*	*0*	*41814*	*43034*	*45090*	*29192*
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	57.4%	-	54.1%	45.8%	80%	44.8%	77.8%	58.8%	73.7%	66.7%	0%	-	-	-	60.4%	57.8%	68.6%	-
	Numerator (Achieved Target)	*156*	*0*	*20*	*11*	*24*	*13*	*14*	*10*	*14*	*10*	*0*	*0*	*0*	*0*	*55*	*37*	*24*	*0*
	Denominator (Total Patients)	*272*	*0*	*37*	*24*	*30*	*29*	*18*	*17*	*19*	*15*	*1*	*0*	*0*	*0*	*91*	*64*	*35*	*0*
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	57%	-	43.2%	50%	66.7%	37.9%	61.1%	70.6%	68.4%	53.3%	100%	-	-	-	52.7%	53.1%	62.9%	-
	Numerator (Achieved Target)	*180*	*0*	*16*	*12*	*20*	*11*	*11*	*12*	*13*	*8*	*1*	*0*	*0*	*0*	*48*	*34*	*22*	*0*
	Denominator (Total Patients)	*316*	*0*	*37*	*24*	*30*	*29*	*18*	*17*	*19*	*15*	*1*	*0*	*0*	*0*	*91*	*64*	*35*	*0*

Appendix – Trust Scorecards

NHS University Hospitals Bristol and Weston NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
WELL-LED DOMAIN

ID	Measure	22/23	23/24 YTD	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Bank and Agency Usage																			
AF11A	Percentage Bank Usage	-	-	6.24%	5.9%	5.57%	5.77%	6.12%	6.13%	6.24%	6.28%	6.71%	6%	6.18%	6.11%	-	-	-	-
	Numerator (Bank wte)	*0*	*0*	*717.68*	*684.96*	*646.18*	*672.62*	*721.23*	*724.13*	*745.37*	*750.61*	*812.14*	*717.83*	*746.53*	*743.28*	*0*	*0*	*0*	*0*
	Denominator (Total wte)	*0*	*0*	*11501.6*	*11613.5*	*11598.6*	*11663*	*11785.2*	*11823.1*	*11940.7*	*11959.9*	*12106.9*	*11955.5*	*12080.7*	*12158.5*	*0*	*0*	*0*	*0*
AF11B	Percentage Agency Usage	-	-	2.57%	2.31%	2.15%	1.91%	1.99%	1.93%	2.01%	1.87%	1.94%	1.7%	1.66%	1.7%	-	-	-	-
	Numerator (Agency wte)	*0*	*0*	*296.09*	*267.86*	*249.43*	*222.57*	*234.09*	*228.24*	*239.58*	*223.54*	*234.88*	*203.69*	*200.86*	*206.7*	*0*	*0*	*0*	*0*
	Denominator (Total wte)	*0*	*0*	*11501.6*	*11613.5*	*11598.6*	*11663*	*11785.2*	*11823.1*	*11940.7*	*11959.9*	*12106.9*	*11955.5*	*12080.7*	*12158.5*	*0*	*0*	*0*	*0*
Turnover																			
AF10	Workforce Turnover Rate	-	-	15.7%	15.7%	15.7%	15.7%	15.5%	15.1%	14.9%	14.8%	14.6%	14.3%	14.1%	13.8%	-	-	-	-
	Numerator (Leavers in last 12 months)	*0*	*0*	*1382.31*	*1381.77*	*1398.69*	*1404.45*	*1390.51*	*1354.41*	*1338.54*	*1340.07*	*1327.62*	*1301.72*	*1288.03*	*1264.26*	*0*	*0*	*0*	*0*
	Denominator (Average Staff in Post)	*0*	*0*	*8789.78*	*8811.58*	*8883.23*	*8939.92*	*8964.8*	*8941.02*	*9008.95*	*9054.05*	*9074.66*	*9101.82*	*9137.7*	*9154.52*	*0*	*0*	*0*	*0*
Vacancy																			
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	8.4%	7.2%	7.3%	7.7%	7.4%	7.2%	6.8%	6.7%	6.4%	4.2%	6.1%	6.3%	-	-	-	-
	Numerator (Vacancy wte, Funded minus actual)	*0*	*0*	*962.15*	*824.27*	*843.65*	*896.89*	*864.56*	*840.09*	*797.08*	*784.85*	*760.19*	*485.11*	*727.97*	*749.61*	*0*	*0*	*0*	*0*
	Denominator (Actual WTE)	*0*	*0*	*11449.9*	*11484.9*	*11546.7*	*11664.7*	*11694.4*	*11710.8*	*11752.8*	*11770.6*	*11820*	*11519.1*	*11861.3*	*11958.1*	*0*	*0*	*0*	*0*
Staff Sickness																			
AF02	Sickness Rate	5.3%	4.1%	6.5%	5.1%	4.9%	5.4%	5.1%	6.2%	4.7%	4.6%	4.6%	4.1%	4.1%	4.2%	5.5%	5.6%	4.6%	4.1%
	Numerator (Total WTE Days Lost)	*207884*	*41814.4*	*21066.5*	*16521.6*	*15762.2*	*18032.4*	*16298.2*	*20792.8*	*15691.4*	*13988.8*	*15841.8*	*13572.4*	*14196*	*14046*	*53350.3*	*55123.4*	*45521.9*	*41814.4*
	Denominator (Total WTE Days)	*3889565*	*1014875*	*322577*	*325551*	*319669*	*331278*	*321996*	*334843*	*336038*	*304716*	*341414*	*330930*	*346599*	*337346*	*967796*	*988117*	*982169*	*1014875*
Staff Appraisal																			
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	71%	71.6%	71.7%	72%	72%	72.1%	74%	75.7%	76.8%	75.7%	75.8%	75.4%	-	-	-	-
	Numerator (In-Date Appraisals)	*0*	*0*	*7402*	*7482*	*7529*	*7633*	*7666*	*7702*	*7984*	*8228*	*8406*	*8305*	*8385*	*8377*	*0*	*0*	*0*	*0*
	Denominator (Total Staff)	*0*	*0*	*10426*	*10443*	*10507*	*10600*	*10649*	*10681*	*10783*	*10869*	*10949*	*10968*	*11062*	*11114*	*0*	*0*	*0*	*0*

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
USE OF RESOURCES DOMAIN

ID	Measure	22/23	23/24 YTD	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Average Length of Stay																			
J03	Average Length of Stay (Spell)	4.42	3.91	4.41	4.64	4.35	4.49	4.41	4.49	4.2	4.12	3.85	3.88	3.89	3.94	4.47	4.46	4.06	3.91
	Numerator (Total Beddays)	*392552*	*95654*	*31204*	*32673*	*32193*	*34212*	*34677*	*33512*	*34201*	*31202*	*32718*	*29850*	*32777*	*33027*	*96070*	*102401*	*98121*	*95654*
	Denominator (Total Discharges)	*88878*	*24488*	*7072*	*7038*	*7404*	*7625*	*7870*	*7458*	*8139*	*7568*	*8489*	*7690*	*8426*	*8372*	*21514*	*22953*	*24196*	*24488*