

May 2023

Published Papers

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University Hospitals Bristol and Weston NHS Foundation Trust Performance Report



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

Performance Report

April 2023

INTRODUCTION

This report provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2022/23 and the Trust Leadership priorities. Further information within the full Integrated Quality and Performance Report (IQPR) is available in the reading room to provide additional background detail if required.

PRIORITY	CORPORATE OBJECTIVE	Page
Quality and Safety	Ensure our patients have access to timely and effective care, with a risk based approach to preventing patient harm in our urgent and elective pathways	11
Our People	Deliver our workforce plans to develop new roles to retain and attract talent. Invest in high quality learning and development to retain colleagues and students. Ensure colleagues are safe and healthy by prioritising wellbeing and that everyone has a voice which counts, and are treated with respect regardless of their personal characteristics.	20
Timely Care	Reduce ambulance handover delays. Eliminate the number of patients waiting over 78, 104 week waits and cancer delays. Outpatient follow-up activity levels compared with 2019/20 baseline. Increase specialist surgery activity.	27
Financial Performance	Divisional performance v budget (or agreed control total if different). Identify and implement recurring CIP delivery v 22/23 target. ESRF related activity (value) v 19/20 baseline.	42

EXECUTIVE SUMMARY

Quality and Safety

For Fracture Neck of Femur performance in March, 29 of the 35 patients discharged qualified for the Best Practice Tariff (BPT) at Bristol sites. 13/29 (45%) met the target of surgery within 36 hours of admission. 29/29 (100%) had an ortho-geriatric review within the target of 72 hours post admission. Staffing constraints, increased demand for general trauma and difficulty increasing trauma theatre capacity due to cancer surgery prioritisation have continued to affect performance. Extra trauma lists are run on limb reconstruction elective lists and when elective cases have been cancelled. At Weston sites 15/21 (71%) patients had surgery within 36 hours. Extra theatre space is available via emergency (CEPOD) lists or cancellation on elective lists when possible. 0/21 patients (0%) had an Ortho-geriatrician assessment this was due to a vacancy in this post following unsuccessful advertisement.

The Summary Hospital Mortality Indicator for UHBW for the 12 months December 2021 to November 2022 was 100.7 and in NHS Digital's "as expected" category. This is above the overall national peer group of English NHS trusts of 100.

Recent VTE risk assessment compliance remains relatively static at 83.5% (excludes Weston due to data feed issues). Diagnostics and Therapies Division continues to be 100% compliant. Medicine Division, Surgery Division and Women's and Children's Division have seen a slight reduction in compliance (change of -1.4% to 74%, -2.9% to 80.5% and -0.9% to 87.7% respectively), whilst Specialised Services has improved by 1.3% to 92.6%. VTE Risk Assessment compliance remains below expected levels. As part of preparation for the implementation of the Careflow Medicines Management (CMM) electronic prescribing system, options for electronic VTE risk assessment are being reviewed. The VTE lead post remains vacant following unsuccessful advertising readvertisement is planned.

There were three Hospital onset hospital acquired cases of Clostridium Difficile in March 2023 and three Community Onset Hospital Acquired cases reported that reveal a total case number of 100 in 2022/23 which has exceeded the NHS England target of 100. 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 infection reviews.

There has been one Trust apportioned MRSA case in March 2023. There have been seven Trust apportioned MRSA bacteraemia cases in UBHW reported in the year-to-date 2022/2023. An exercise in Medical Same Day Emergency care (SDEC) has seen intensive cannula and ANNT training delivered by a company with a product trial. The effect has seen improved clinical practice in cannula care. The project has now completed, and feedback will be provided summarising any gaps identified in clinical practice.

EXECUTIVE SUMMARY

Our People

The Trust's vacancy position has reduced again to 6.4% and has met the overall target of 7.0%. However there has been an increase in the Registered Nursing and Midwifery vacancy rate to 11.2% (from 10.4%). The Unregistered Nursing and Midwifery (band 2 & 3) vacancy rate has decreased to 16.7%.

Turnover overall has again reduced and is below target (15%). All areas have met or are close to this year's target, with the exception of Allied Health Professionals which remains significantly above target. Whilst Registered Nursing turnover is reduced again and now close to target at 14.0%, B5 Nursing turnover still remains a hotspot at 16.5% albeit having reduced since September 2022 when it was 18.1%. Admin and Clerical turnover has further reduced to 15.4% but is still above the target of 15.0%.

Sickness absence has increased slightly overall to 4.6% but remains below the target of 6.1%. Both Medical and Dental and Unregistered Nursing and Midwifery staff groups have increased.

Appraisal completion rates have increased to 76.8% from 75.7% and therefore is now very close to the current target of 77%.

Mandatory training levels have increased 2% to 89% and is now very close to the 90% target.

Agency usage has remained static at 1.9%. Bank usage has increased again has now met the 6.3% target at 6.7%.

EXECUTIVE SUMMARY (continued)

Timely Care

At the end of March 2023, there was one patient waiting over 104+ weeks who was delayed due to corneal graft material tearing resulting in the patient being rebooked for surgery. With the exception of this one patient, the Trust continues to maintain zero 104 week Referral To Treatment (RTT) breaches.

At the end of March 2023, there were 166 patients waiting longer than 78 weeks against the operating plan trajectory of 497. This was a reduction from the end of February 2023 where 471 patients had been waiting over 78 weeks. In March, there were 46 cancellations relating to industrial action for patients belonging to the 78+ week cohort which caused a deterioration in the end of March position. The Trust had previously forecast that there would be 172 patients waiting 78+ weeks at the end of March which included 42 Cornea graft Ophthalmology patients where there is a national supply issue. Plans are being developed with the Divisions to improve performance towards the ambition of eliminating 65+ week waits during the next financial year, 2023/24.

There has been improvement in the number of patients waiting over 62 days on a cancer pathway. There has been a week to week reduction in this backlog towards the Cancer Alliance defined baseline of 180 patients by the end of March 2023. At the end of March 2023, the Trust reported 178 patients over 62 days, compared to 255 at the end of February 2023.

During March, 66.9% of attendances spent less than 4 hours in the Emergency Department (ED), from arrival to discharge or admission. This is the highest reported position since July 2021.

There were 545 patients who had a trolley wait in excess of 12 hours in March in the Emergency Department (ED) which is an improvement from the 1,006 reported in January. 78% of ambulance handovers were in excess of 15 minutes, compared to 80% in February and 83% in January. 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.

EXECUTIVE SUMMARY (continued)

Financial Performance

At the end of March there is a net I&E surplus of £22k against a breakeven plan(excluding technical items). Total operating income is £96,714k favourable to plan due to higher than planned income from activities of £91,589k and higher than planned other operating income of £5,125k. Operating expenses are £115,355k adverse to plan primarily due to higher pay expenditure (£92,407k adverse), offset by lower than planned depreciation expenditure of £2,160k. Other non-pay expenditure is £25,107k higher than plan.

The key issue underlying the financial position is recurrent savings delivery below plan – Trust-led CIP delivery is £15,829k or 106% of plan of which recurrent savings are £8,071k, 54% of plan. The shortfall in recurrent savings is incorporated in the 2023/24 financial plan in addition to the 2023/24 target.

Performance Report



Reporting Month: March 2023

SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

DOMAINS:

“Quality and Safety”

“Our People”

			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Infection Control: C.Diff Cases (Hospital Attributable)	Risks: 800 and 4651	Actual	6	8	12	13	7	9	6	13	7	5	8	6
		Trajectory	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4
Infection Control: MRSA Cases (Hospital Onset)	Risks: 800 and 4651	Actual	0	0	0	0	0	1	0	1	1	2	1	1
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Fracture NOF: Theatre Within 36 Hours		Actual	38.5%	38.8%	63.6%	60.4%	51.9%	57.1%	55.3%	56.3%	47.9%	58.8%	60.5%	56.0%
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Fracture NOF: Geriatrician Review Within 72 Hours		Actual	98.1%	69.4%	100.0%	96.2%	100.0%	97.6%	100.0%	93.8%	93.8%	66.7%	48.8%	58.0%
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
VTE Risk Assessment	Risk: 720	Actual	81.3%	81.9%	82.4%	82.5%	83.7%	83.5%	84.0%	84.9%	81.3%	85.3%	84.5%	83.5%
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usage	Risk: 674	Actual	2.0%	2.1%	2.3%	2.6%	2.3%	2.2%	1.9%	2.0%	1.9%	2.0%	1.9%	1.9%
		Trajectory	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
Workforce: Turnover	Risk: 2694	Actual	15.3%	15.3%	15.4%	15.7%	15.7%	15.7%	15.7%	15.5%	15.1%	14.9%	14.8%	14.6%
		Trajectory	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%
Workforce: Staff Sickness		Actual	6.3%	5.1%	5.6%	6.5%	5.1%	4.9%	5.4%	5.5%	6.2%	4.7%	4.6%	4.6%
		Trajectory	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
Workforce: Staff Vacancy	Risk: 737	Actual	5.7%	8.0%	8.3%	8.4%	7.2%	7.3%	7.7%	7.4%	7.2%	6.8%	6.7%	6.4%
		Trajectory	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%

			Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Summary Hospital Level Mortality Indicator (SHMI)		Actual	99.3	100.5	99.3	98.8	100.0	100.5	100.2	99.1	99.3	97.5	98.4	100.7
		Trajectory	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Performance Report



Reporting Month: March 2023

SUMMARY SCORECARD – FINANCIAL YEAR 2022/23

DOMAIN: Timely Care

		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Referral To Treatment 78+ Weeks	Risk: 801	Actual	944	975	926	813	756	743	763	755	877	678	471	166
		Trajectory	944	961	1,050	1,002	1,066	1,025	770	717	663	610	557	497
Referral To Treatment 104+ Weeks	Risk: 801	Actual	349	293	236	131	97	58	39	33	26	8	0	1
		Trajectory	336	281	197	182	167	138	109	87	72	50	33	29
Cancer 62+ Days	Risk: 801	Actual	179	232	237	261	416	399	381	337	326	290	201	178
		Trajectory	180	180	180	180	180	180	450	450	400	300	250	180
Cancer Treated Within 62 Days	Risk: 801	Actual	68.1%	71.3%	61.8%	69.4%	52.2%	64.9%	48.2%	46.4%	54.0%	43.1%	45.1%	
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	57.9%	60.1%	61.2%	63.5%	62.2%	64.5%	65.3%	68.5%	65.8%	65.9%	72.1%	74.3%
		Trajectory	58%	60%	62%	63%	65%	66%	68%	70%	71%	72%	73%	75%
Diagnostics: Number Waiting 26+ Weeks	Risk: 801	Actual	1,633	1,655	1,496	1,359	1,240	1,554	1,345	1,032	973	853	665	606
		Trajectory	1,654	1,676	1,474	1,304	1,174	1,076	901	802	743	676	613	500
Emergency Department: Percentage Spending Over 4 Hours	Risks: 910 and 4700	Actual	61.5%	61.7%	63.0%	60.1%	62.3%	62.0%	59.6%	56.2%	53.4%	63.4%	61.9%	66.9%
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Emergency Department: 12 Hour Trolley Waits	Risks: 910 and 4700	Actual	809	579	576	878	758	717	941	862	1,217	1,006	427	545
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Department: Handovers Over 15 Minutes	Risks: 910 and 4700	Actual	80.5%	76.0%	74.4%	82.3%	80.8%	79.4%	82.3%	81.6%	87.7%	82.7%	79.7%	77.8%
		Trajectory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	22.4%	20.0%	20.6%	19.7%	21.6%	20.9%	22.3%	19.6%	21.8%	19.9%	20.7%	20.7%
		Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Every Minute Matters: Discharge Lounge Use (BRI and Weston)	Risk: 423	Actual	11.2%	14.5%	16.9%	21.8%	24.7%	24.8%	21.6%	22.0%	16.6%	22.6%	22.9%	22.0%
		Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	147	197	182	196	214	212	228	205	196	175	174	176
		Trajectory												

Performance Report

Quarter 4 Draft Position

CORPORATE RISKS

ID	Corporate Risks, Projected Mitigation	22/23		2023/24				2024/25				2025/26				26/27
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
291	Critical IT equipment fails	8	8*													
422	Patients and staff experience V&A	12	12	12			6									
588	Patient deterioration is not identified and responded to	15	15	15	15	12				5						
674	Agency use - national pricing caps	12	12	12		4										
720	VTE prevention and management	8	8				4									
793	Staff experience work-related stress	12	12	12	9!											
800	Trust operations impacted by (COVID-19) pandemic	9	9*													
801	NHS System Oversight Framework 2021/22	20	20				8									
856	Emotional and mental health needs of children and YP	15	15	15	15	8!										
910	Patients in ED do not receive timely and effective care	20	16	16					6							
921	Staff compliance with their Essential Training	9	9	6												
972	Fire Safety Regulations	16	16	16	16											4
1035	Cancelled operations, breached performance targets cancelled	16	16			4										
1595	Mental health patients in Adult ED for prolonged periods	20	12						8!							
1598	Patients suffer harm or injury from preventable falls	12	12	12	12			9!								
2244	Long waits for Outpatient follow-up appointments	20	20	16	12			4								
2264	Delays in commencing induction of labour	16	16	16			4									
2614	Patients being cared for in extra capacity locations	10	10	8	6		4									
2639	Staff compliance with appraisal requirements	12	12	12		6										
2695	Robust governance processes	9	9	6												
3369	UoB relationship impact the quality of the teaching environment	8	8	8	4											
4651	Covid -19 is transmitted within the Trust	9	9!*													
4700	Patients held in the ambulance bay	15	15													?
5477	Nurse staffing levels	15	15	15	12		6									
6145	New national guidance on HCSW duties	12	6*													
6502	Industrial action impact on patient safety	10	20	10	5											

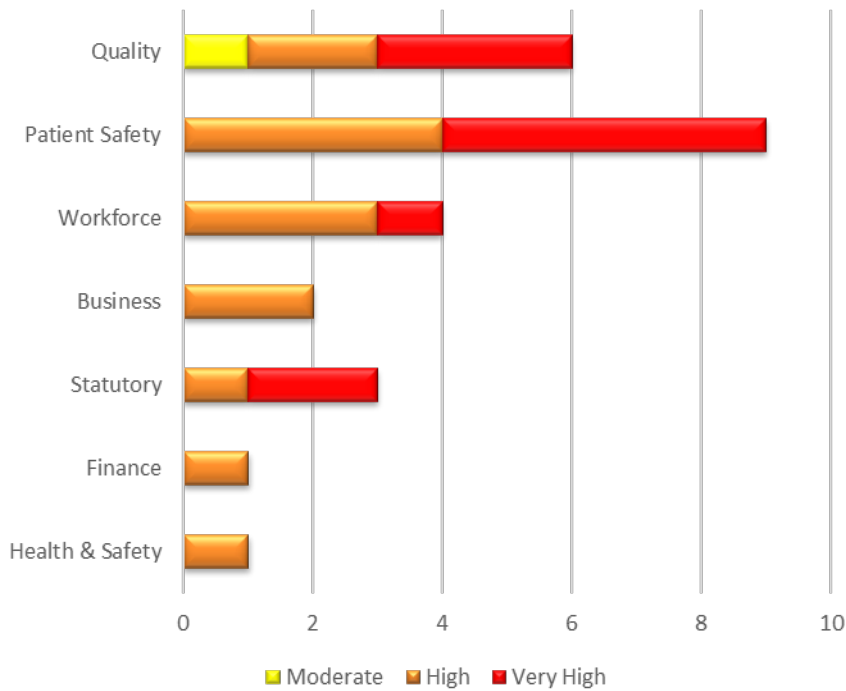
- * Risk has met the target score
- ? Date for achievement of target score to be agreed
- ! Target score is above the tolerance level for the risk domain

Changes in date of achievement of projected target score between Q3 and Q4

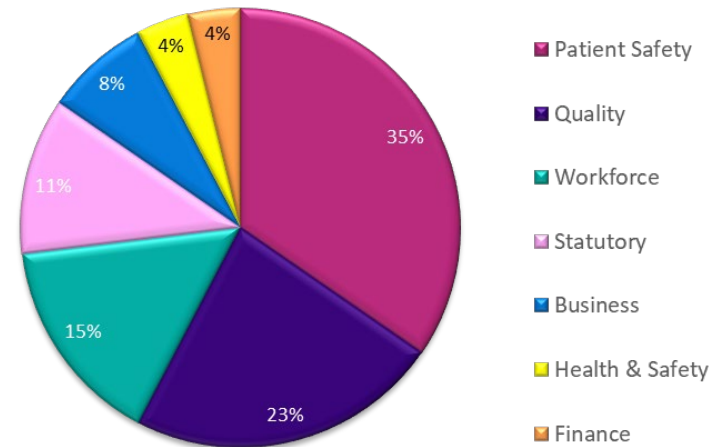
- Slippage of one quarter in reaching target score: Risks 5477, 2614, 2639, 2695 and 793
- Slippage of two quarters in reaching target score: Risk 588
- Change in target score: Risk 1598 (from 8 to 9)

CORPORATE RISKS

Corporate Risks by Domain and Risk Level



Corporate Risks by Domain

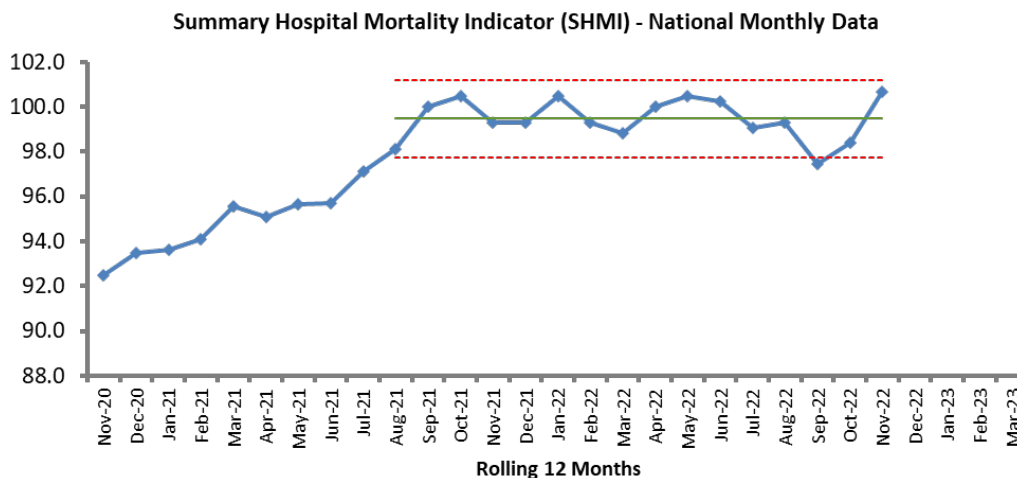
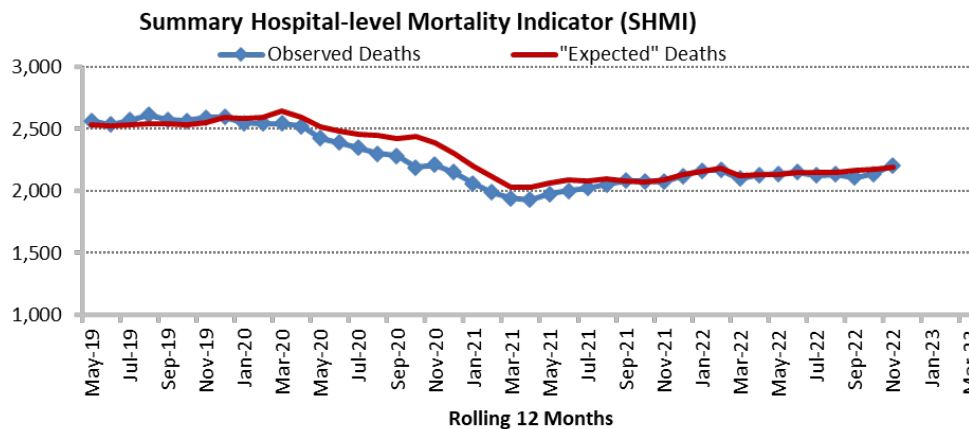


STANDARD		QUALITY AND SAFETY: MORTALITY - SHMI (SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR)
Background:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".	
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months December 2021 to November 2022 was 100.7 and in NHS Digital's "as expected" category.	
National Data:	UHBW's total is slightly above the overall national peer group of English NHS trusts of 100.	
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.	
Risks:	tbc	

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Dec-21	2,120	2,135	99.3
Jan-22	2,165	2,155	100.5
Feb-22	2,170	2,185	99.3
Mar-22	2,100	2,125	98.8
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

STANDARD

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



STANDARD		QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Background:	<p>For this section there are two infections reported: C.difficile and methicillin-resistant Staphylococcus aureus (MRSA). Infections are reported in two different categories for infections associated with hospital care:</p> <ol style="list-style-type: none"> 1. Hospital Onset – Healthcare Associated (HOHA). Patient is an inpatient in an acute trust and has 3 or more days between admission and a positive specimen. 2. Community Onset – Healthcare Associated (COHA). Patient returns a positive specimen within 28 days of discharge from an elective or emergency hospital admission. <p>For C.difficile, two measures are reported: HOHA and COHA. For MRSA it is the HOHA cases only. The limit of Clostridium Difficile cases for 2022/2023 as set by NHS England is 89. This limit will give a trajectory of approximately 7.4 cases a month. For MRSA the expectation is to have zero cases.</p>	
Performance:	<p>There have been three Trust HOHA and three COHA C.Difficile cases reported in March 2023. The reported Year To Date (YTD) in 2022/23 is 78 Hospital Onset cases and 100 Hospital Attributable cases. There was one trust-apportioned MRSA case in March 2023. Therefore seven trust apportioned cases in 2022/23 YTD.</p>	
National Data:	<p>See next page.</p>	
Actions:	<p>C.Difficile</p> <ul style="list-style-type: none"> • The change in reporting in the Integrated Care System (ICS) means that COHA and HOHA numbers are reported as Trust apportioned within our limit. The detail of lapses of care not being formally scrutinised in the way it was by the former CCG. Causation is primarily determined through poor prescribing practice of antibiotics (not within guidelines / protocols), compromised cleaning standards (including commodes and sluices if inadequately cleaned) or linked ribotyping of case in a geographical location. • All C.Difficile positive samples are sent for specialist ribotyping. Very few of the ribotyping results reveal causation linked to location. The exception was the reported outbreak in Weston in May / June 2022. • 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/diff 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 use and information as well as the not using of 'I am clean' tape. • A summary of learning from the information gleaned from post infection reviews will be prepared by the IPC team and shared formally YTD with CGQ. The opportunities to identify likely causation are often limited even if small gaps in care, such as appropriate stool sampling, have been identified. 	

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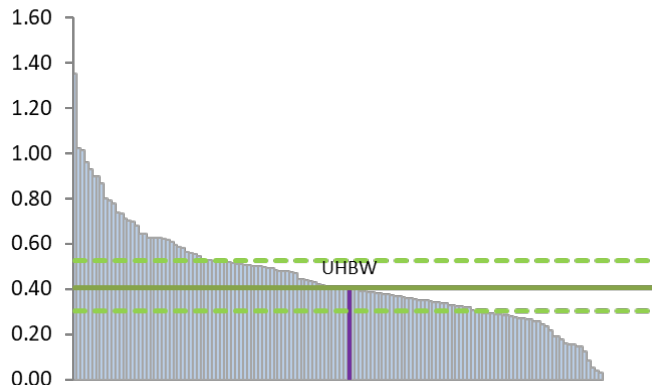
STANDARD		QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Actions (continued):	<p>MRSA</p> <ul style="list-style-type: none"> • Observationally the learning is that Infection Prevention and Control (IPC) practice in cannula care could be improved in terms of skin cleaning and insertion records, use of correct resources, and ongoing care (including robust recording and at least twice cannula checks) with the priority being to remove the cannula if no longer required. • There is the need to consider if UHBW should use a best practice approach as a PVC management bundle including insertion packs, a different approach to timed skin cleansing, minimal disconnection of lines, etc. • IV line care is not the sole causation for MRSA or MSSA bacteraemia's occurring in hospital, but a significant risk. • The vascular access group continue to focus on cross divisional learning with increasing momentum building with auditing of clinical practice for line care. • An exercise in medical Same Day Emergency Care (SDEC) has seen intensive cannula and associated training delivered by a company with a product trial. The effect has seen improved clinical practice in cannula care. The project has now completed, and feedback will be provided summarising any gaps identified in clinical practice. • The MRSA screening guidance for the Trust has been updated and refreshed with Weston Hospital now aligning to the Bristol based sites. 	
Risks:	<p>800: Risk that Trust operations are negatively impacted by (COVID-19) pandemic</p> <p>4651: Risk that Covid -19 is transmitted between patients and staff within the Trust</p>	

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

C.Difficile

	Mar-23		2022/2023		2021/2022	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	1	0	23	4	31	1
Specialised Services	1	2	8	3	12	4
Surgery	0	0	11	1	13	0
Weston	1	1	27	7	14	5
Women's and Children's	0	0	8	3	12	0
Other	0	0	1	4	0	3
UHBW TOTAL	3	3	78	22	82	13

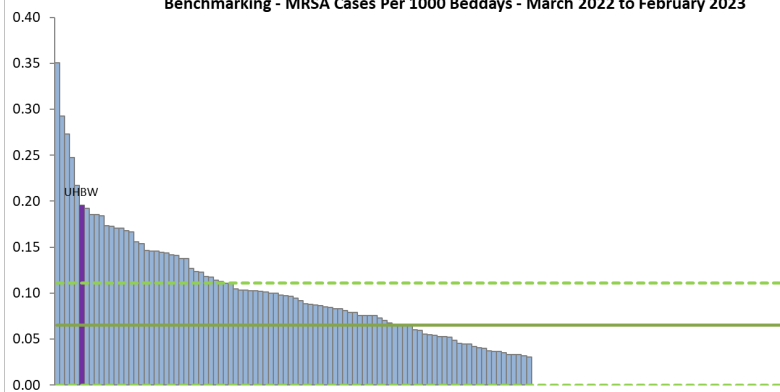
Benchmarking - C.Diff Rate Per 1000 Beddays - March 2022 to February 2023



MRSA

	Mar-23	2022/2023	2021/2022
Medicine	0	1	6
Specialised Services	0	1	0
Surgery	0	2	0
Weston	1	1	0
Women's and Children's	0	2	1
Other	0	0	0
UHBW TOTAL	1	7	7

Benchmarking - MRSA Cases Per 1000 Beddays - March 2022 to February 2023

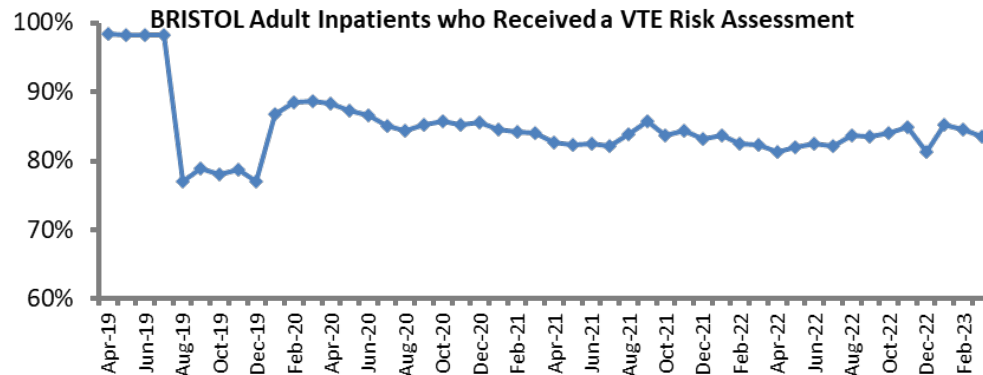


Reporting Month: March 2023

STANDARD	QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT
Background:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. The expectation for UHBW was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	Recent VTE risk assessment compliance remains relatively static at 83.5% (excludes Weston due to data feed issues). Diagnostics and Therapies Division continues to be 100% compliant. Medicine Division, Surgery Division and Women's and Children's Division have seen a slight reduction in compliance (change of -1.4% to 74%, -2.9% to 80.5% and -0.9% to 87.7% respectively), whilst Specialised Services has improved by 1.3% to 92.6%.
Actions:	<p>Underlying Issues:</p> <ul style="list-style-type: none"> • VTE Risk Assessment compliance remains below expected levels. As part of preparation for the implementation of the Careflow Medicines Management (CMM) electronic prescribing system, options for electronic VTE risk assessment are being reviewed. • VTE lead remains vacant. • VTE metric data requires review, agreement and sign off in order to align UHBW VTE compliance data. <p>Actions Taken:</p> <ul style="list-style-type: none"> • Ongoing discussions with digital services regarding Careflow Medicines Management (CMM) system and the correlation with VTE Risk Assessments to support improved compliance (and safe practice) continues. Options appraisal for VTE processes within CMM will be presented to CMM Board for decision on how to progress. • VTE lead remains vacant; plans to re-advertise. • Patient Safety Improvement Team undertook a Thematic Analysis of historical Hospital Acquired VTE. Report submitted and accepted at February Patient Safety Group Meeting. Thematic Analysis to be uploaded as evidence. Themes identified to inform education and improvements for VTE Prevention going forward. • There is a requirement for the Trust VTE metric data (logic for the 'not at-risk cohort') to be clinically reviewed and agreed as correct for a merged Trust, prior to sign off by Medical Directors Team. Meeting with previous VTE Lead to review what is required; action from meeting is to set up a working group to look at Day Case exclusions/defining a set of rules (cohort approach) for both sites.
Risks:	720: Risk that VTE risk assessments are not completed

STANDARD

QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT



Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Radiology	25	25	100.0%
Diagnostics and Therapies Total		25	25	100.0%
Medicine	Medicine	2,162	2,922	74.0%
Medicine Total		2,162	2,922	74.0%
Specialised Services	BHOC	2,418	2,490	97.1%
	Cardiac	410	564	72.7%
Specialised Services Total		2,828	3,054	92.6%
Surgery	Anaesthetics	16	16	100.0%
	Dental Services	72	108	66.7%
	ENT & Thoracics	296	420	70.5%
	GI Surgery	1,005	1,236	81.3%
	Ophthalmology	324	329	98.5%
	Trauma & Orthopaedics	117	165	70.9%
Surgery Total		1,830	2,274	80.5%
Women's and Children's	Children's Services	28	42	66.7%
	Women's Services	1,390	1,575	88.3%
Women's and Children's Total		1,418	1,617	87.7%
Grand Total		8,263	9,892	83.5%

Reporting Month: March 2023

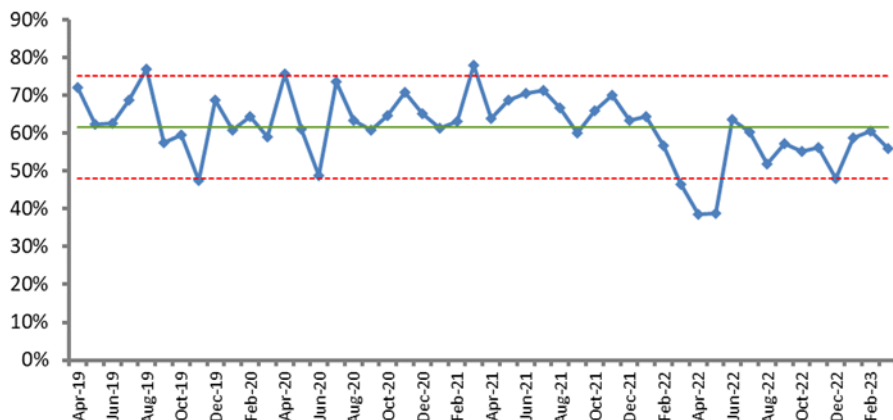
STANDARD	QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)
Background:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	<p>In March, there were 50 patients eligible for Best Practice Tariff (BPT) across UHBW (29 in Bristol and 21 in Weston).</p> <ul style="list-style-type: none"> For the 36 hour standard, 56% achieved the standard (28 out of 50 patients). For the 72 hour standard, 58% achieved the standard (29 out of 50 patients).
Actions:	<p>Underlying Issues (Bristol):</p> <ul style="list-style-type: none"> There is continued difficulty in time to theatre in Bristol driven by the increase in demand for general trauma. It is difficult to increase trauma theatre capacity whilst maintaining cancer theatre capacity. Staffing issues have resulted in an inability to run extra trauma lists. Bed pressures within the trust have compounded the problem with outliers being placed on Trauma & Orthopaedic wards. <p>Actions Taken (Bristol):</p> <ul style="list-style-type: none"> Extra trauma lists are run on limb reconstruction elective lists. Extra trauma lists have been run where elective cases have been cancelled due to bed pressures. <p>Underlying Issues (Weston):</p> <ul style="list-style-type: none"> Six patients missed the target time of 36 hours from admission to surgery. For four out of the six patients this was due to lack of theatre capacity and the remaining two patients had unavoidable medical issues that needed optimisation. None of the 21 patients had an Ortho-geriatrician assessment due to staff vacancy. <p>Actions Taken (Weston):</p> <ul style="list-style-type: none"> Extra theatre space is available via emergency (CEPOD) lists or cancellation on elective lists when possible. The Ortho-geriatrician post remains vacant and unchanged from previous months.
Risks:	<p>924: Risk that there is a delay in hip fracture patients accessing surgery within 36 hours of admission.</p> <p>1834: Risk of failure to achieve best practice tariff and good quality care for patients with #NOF</p>

STANDARD

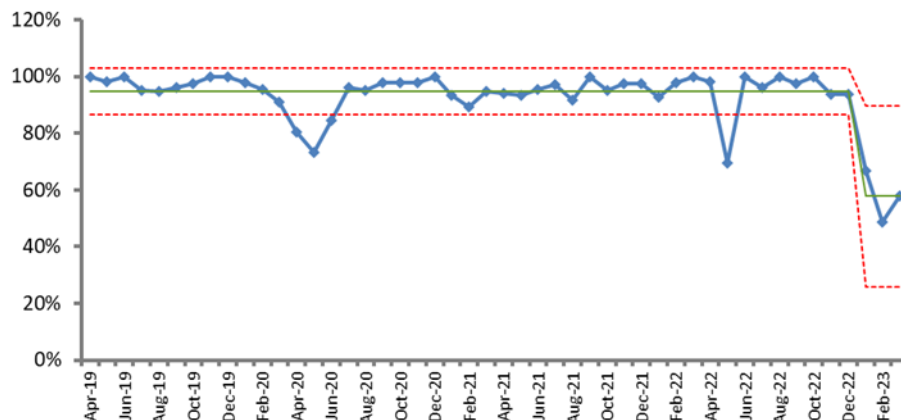
QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)

	Mar-23				
	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	29	13	45%	29	100%
Weston	21	15	71%	0	0%
TOTAL	50	28	56.0%	29	58.0%

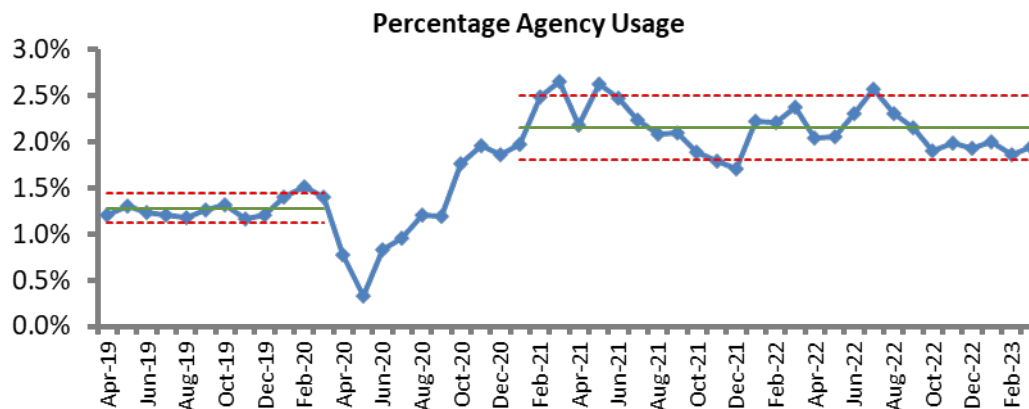
Fracture Neck of Femur Patients Treated Within 36 Hours



Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours



STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
<p>Performance:</p>	<p>Agency usage increased by 11.3 FTE (full time equivalents) to 1.9%. There were increases within three divisions. The largest divisional increase was seen in Women’s and Children’s, where usage increased to 51.1 FTE from 33.9 FTE in the previous month. There were reductions within three divisions. The largest divisional reduction was seen in Medicine, where usage reduced to 90.3 FTE from 97.5 FTE in the previous month.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • There were 54 new starters across the bank in March consisting of the following: 13 Admin and Clerical staff including 7 re-appointments, 9 Cleaning and Catering staff including 3 re-appointments, 2 Porters including 1 re-appointment, 1 re-appointed Perioperative Associate Practitioner, 2 Therapy Technicians, 10 Registered Nurses including 8 re-appointments, 2 Ophthalmic Technicians including 1 re-appointed Ophthalmic Technician, 1 re-appointed Midwife, 1 re-appointed ODP, 1 re-appointed Theatre Practitioner, 9 Healthcare Support Workers including 4 re-appointments and 3 re-appointed Doctors. • Paediatric Intensive Care has introduced a temporary measure of a shift enhancement for all clinical shifts worked. • A pilot of the introduction of school hour shifts for bank HCSW’s has commenced to drive down agency usage. This is being piloted on three medicine wards with a view of rolling this out further if successful. • 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. • The Trust continues to offer paid travel time for clinical staff as an incentive to encourage staff to pick up bank shifts at Weston to reduce agency reliance.
<p>Risks:</p>	<p>674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce</p>

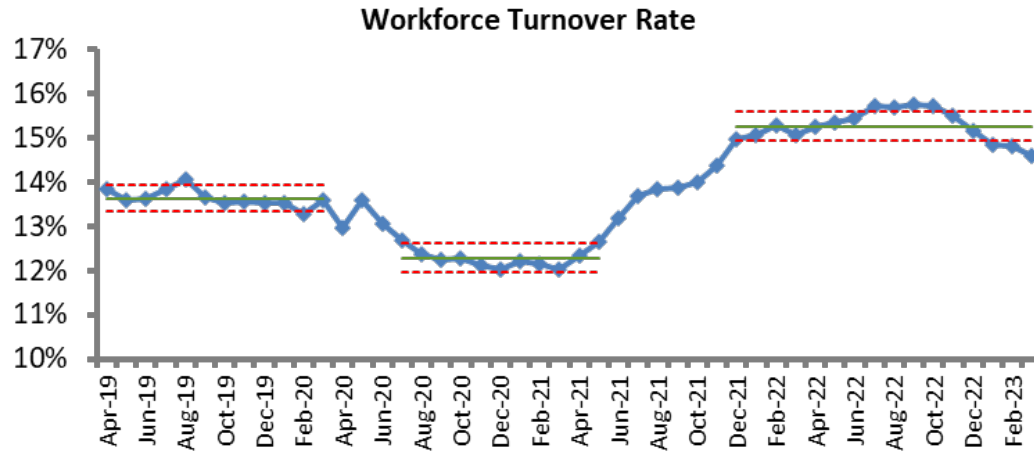


STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
<p>Performance:</p>	<p>Turnover for the 12-month period reduced to 14.6% compared to 14.8% (updated figures) for the previous month.</p> <ul style="list-style-type: none"> • Three divisions saw an increase whilst five divisions saw a reduction in turnover in comparison to the previous month. • The largest divisional increase was seen within Surgery, where turnover increased by 0.23 percentage points to 13.85% compared with 13.63% the previous month. • The largest divisional reduction was seen within Trust Services, where turnover reduced by 1.2 percentage points to 13.6% compared with 14.8% the previous month. • Four staff groups saw increases, whilst five staff groups saw a reduction in comparison to the previous month. • The largest staff group increase was seen within Additional Professional Scientific and Technical, where turnover increased by 1.0 percentage points to 13.0% compared with 12.0% the previous month. • The largest staff group reduction was seen within Healthcare Scientists, where turnover reduced by 1.0 percentage points to 13.3% compared with 14.3% the previous month.
<p>Actions:</p>	<p>Actions being taken to reduce turnover include:</p> <ul style="list-style-type: none"> • The Workplace Wellbeing team joined a system collaborative with leads across the local system as part of a regional NHS England retention programme. The group are taking a partnership approach to the provision of workplace menopause support aligned to an NHSE retention priority and to explore other opportunities to link respective wellbeing offers to promote workforce sustainability. • National Staff Survey results 2022: The National Bank Staff Surveys were delivered on 31st March 2023 with the local Trust results received in February. The development of the Divisional Culture and People Plans are in progress with draft reports available from the end of April 2023. • To reduce nurse turnover a £5 million bid has been approved in order for the Trust to recruit 240 Internationally Educated Nurses and 141 trainees (trainee Nurse Associated and Registered Degree Apprenticeships). This action will reduce vacancies and turnover. • Top 5 reasons for leaving are being addressed through the Trust's Retention Action Plan this includes, addressing issues such as developing a medical workforce strategy, developing and implementing a strategy around Ancillary & Clerical (A&C) retention with a Patient First approach. Maximising career development opportunities and implementing actions to address the top 5 reasons.
<p>Risk:</p>	<p>Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce.</p>

Reporting Month: March 2023

STANDARD

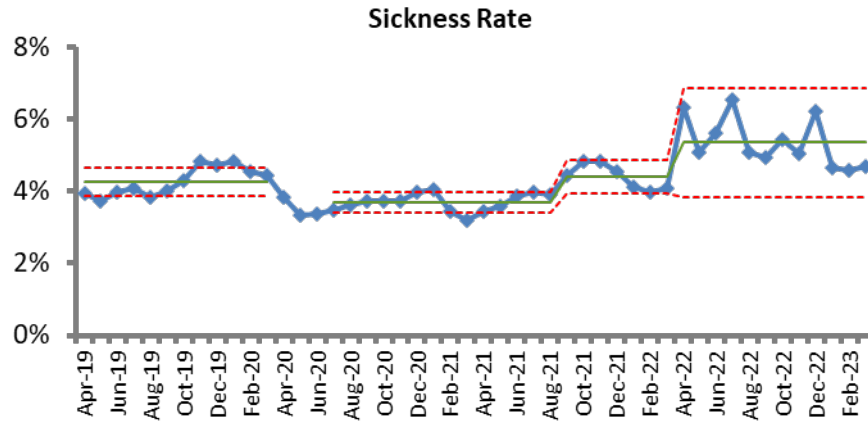
OUR PEOPLE: WORKFORCE STAFF TURNOVER



STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
<p>Performance:</p>	<p>Sickness absence increased to 4.6% compared with 4.5% in the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence.</p> <ul style="list-style-type: none"> • There were increases seen in four divisions, the largest divisional increase was seen in Trust Services, where sickness increased by 0.5 percentage points to 3.7%, compared to the previous month. • There were reductions within three divisions, the largest divisional reduction was seen within Specialised Services, reducing by 0.3 percentage points to 3.5%, compared to the previous month. • There were increases in four staff groups. The largest staff group increase was in Additional Professional Scientific and Technical, increasing by 0.6 percentage points to 4.1% compared to the previous month. • There were reductions within five staff groups. The largest staff group reduction was seen within, Healthcare Scientists, reducing to 3.0% from 3.3% compared to the previous month.
<p>Actions:</p>	<p>Proactive initiatives undertaken by the Workplace Wellbeing team in March:</p> <ul style="list-style-type: none"> • Refresh of 9 self-care titles in partnership with topic experts include: Understanding and Managing Menopause, Coping with Trauma and Eating Well. • Commencement of Workplace Wellbeing Advocate Network to ensure 450+ members are active in the role, providing team based information and peer support as part of our one-stop-shop culture. • Appointment of Workplace Wellbeing Lead (replacement), and Workplace Wellbeing Nurse to continue to deliver a range of health-checks and smoking cessation advice on a substantive basis. • Successful completion and Workplace Wellbeing Steering Group sign-off of the Workplace Wellbeing Strategic Framework plan 2022/23 and approval of Workplace Wellbeing Strategic Framework plan 2023/24. The October 2022-March 2023 biannual report comprises both plans and highlights key successes over this period. • The Supporting Attendance Policy review has established that there is a need for two policies, one to manage sickness absence and one to support attendance at work for those that have underlying or long-term health conditions. This is a fundamental change and will support the People strategy objective of making UHBW the best place to work and support a reduction in turnover of staff. • The Flexible and Agile Working policy has also recently been reviewed in order to support increased wellbeing at work and work life balance.
<p>Risks:</p>	<p>tbc</p>

Reporting Month: March 2023

STANDARD OUR PEOPLE: WORKFORCE STAFF SICKNESS



STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

Performance:

Overall vacancies reduced to 6.4% (760.2 FTE) compared to 6.7% (784.9 FTE) in the previous month.

- The largest divisional increase was seen in Weston General Hospital where vacancies increased to 54.4 FTE from 43.5 FTE in the previous month.
- The largest divisional reduction was seen in Surgery, where vacancies reduced to 173.1 FTE from 194.5 FTE the previous month.
- The largest staff group reduction was seen in Allied Health / Scientific Professions, where vacancies reduced to 33.6 FTE from 57.4 FTE the previous month.
- The largest staff group increase was seen in Nursing Staff, where vacancies increased to 437.5 FTE from 430.4 FTE the previous month.
- Consultant vacancy has reduced to 35.5 FTE (4.7%) from 42.1 FTE (5.5%) in the previous month.

Unregistered nursing vacancies can be broken down as follows:

Band	Vacancy
AfC Band 2	565.9 FTE
AfC Band 3	-395.6 FTE
AfC Band 4	-131.3 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, so the true position will be reflected in the next financial year. 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.

Actions:

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

- 44 new internationally educated nurses (IEN's) joined the Trust in the month of March. In addition the first three of five international midwives also started during March.
- The Trust travelled to Trinidad and Jamaica during March to hold face to face interviews to increase the diversity of the internationally educated nurse pipeline. 47 nurses were offered and seven radiographer offers were also made.
- A second recruitment trip to India is being scoped for May to keep the pipeline of international nurses strong for the new financial year.
- The Trust is attending the 'Nursing Times Live' Careers Fair taking place on 22nd April to target the domestic nursing supply.
- A Newly Qualified Nurse Expo is taking place on 28th April aimed at 3rd year nursing students to secure a registered nursing role at UHBW.
- A new recruitment campaign for the third HCSW apprenticeship cohort went live at the end of March.
- 30 substantive Healthcare Support Workers (HCSW) started in the Trust during March and another 32 have been offered.
- A second system wide mass recruitment event took place in March and resulted in 14 Healthcare Support Worker offers for the Trust.

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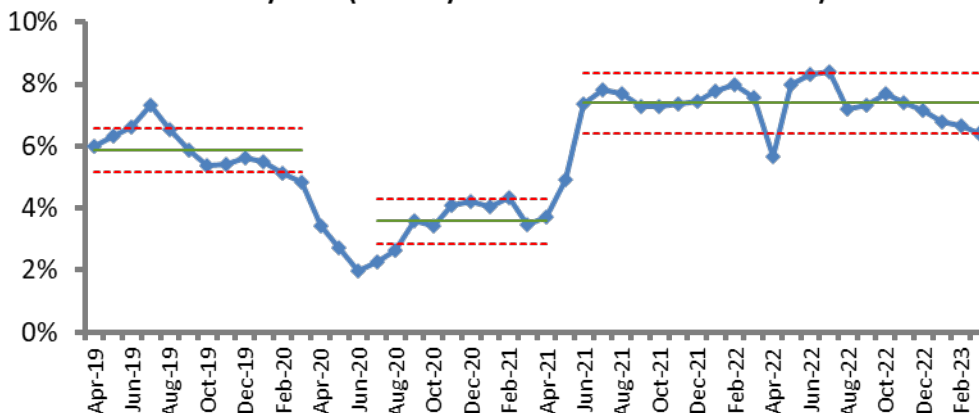
STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

Actions (continued):

- The Trainee Nursing Associate (TNA) recruitment campaign for the October 23 cohort has now been launched to proactively recruit to the newly agreed targets for the next financial year.
- The Registered Nursing Degree Apprenticeship (RNDA) accelerated programme is coming to an end and planning has commenced for the recruitment of a second cohort to start in autumn 2023.
- Five non-consultant grade doctors started in Weston in the month of March. A further three clinical fellows and one locum consultant were cleared for start dates in April.
- In the month of March, the Trust offered a further seven Clinical Fellows 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.
- Two of the Radiographers that were appointed through the collaborative international recruitment of AHPs arrived in the UK at the end of March and have joined the IEN's on their induction. One further radiographer is due to start in May with other candidates with start dates yet to be confirmed.
- Planning has started for a system wide recruitment event for AHPs with a specific focus on Physiotherapists and Occupational Therapists involving UHBW, Sirona and NBT. The event is due to take place in May.

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

Vacancy Rate (Vacancy FTE as Percent of Funded FTE)



Leadership Priorities and Oversight Framework



Reporting Month: March 2023

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
<p>Performance:</p>	<p>At the end of March:</p> <ul style="list-style-type: none"> • 5,383 patients were waiting 52+ weeks against the Operating Plan trajectory of 4,472. • 166 patients were waiting 78+ weeks against a Operating Plan trajectory of 497. • 1 patient was waiting 104+ weeks against a Operating Plan trajectory of 29.
<p>National Data:</p>	<p>For February 2023, the England total was 5.1% of the waiting list waiting over 52 weeks. UHBW's performance was 8.3% (5,371 patients) which places UHBW as the 15th highest Trust out of 170 Trusts that report RTT wait times.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • At the end of March 2023, there was one patient waiting over 104+ weeks who was delayed due to corneal graft material tearing resulting in the patient having their surgery rebooked. The position has reduced from 349 at the end of April 2022 and, with the exception of the one patient in March, the Trust continues to maintain zero 104 week breaches. • There is a focus on ensuring that no patients are waiting longer than 78 weeks beyond March 2023. At the end of March there were 166 patients waiting over 78 weeks, of which 38 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 a result of the British Medical Association (BMA) industrial action, there were approximately 220 admissions and 1,400 outpatient appointments cancelled. This resulted in the a deterioration of the forecast for patients waiting longer than 78 weeks at the end of March by 46. • As part of the 2023/24 Annual Planning Process (APP), clinical divisions are developing plans to move towards the national ambition to ensure that no patient waits longer than 65 weeks by end of March 2024. • Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and St Joseph's to support their recovery in some areas and insourcing using KPI Health for paediatric dental extractions which commenced mid-January, with schedules being provided through to the end of March 2023. The contract agreement with KPI Health has been extended into quarter 1 of 2023/24. • There is some long-term sickness within General Surgical specialities. Locums have been secured to support and some consultants have provided additional weekend and evening time to help reduce care backlogs. The service is looking at transferring approximately 200 patients to Somerset Surgical Services (SSS) for treatment to be undertaken on the Weston site. Patients who are currently on the Appointment Slot Issue (ASI) list will be contacted to ask for their consent to transfer them for treatment to SSS who can provide capacity within 4-6 weeks. • The Trust continues to contact patients who are waiting for treatment dates to ask if they would accept treatment at an alternative provider. For Paediatric patients, the department continues to give suitable patients the choice of transferring their care to University Hospitals Plymouth (UHP) for treatment. In the summer of 2023, UHP were planning on opening an additional theatre which UHBW could use to support the transfer of paediatric patients from UHBW who live within the peninsula, however the theatre has been further delayed beyond the summer. UHP have offered some support specifically for Paediatric Urology patients via an insourcing arrangement. There has been little capacity provided nationally to support the paediatric patients who have agreed to be transferred to alternative providers.

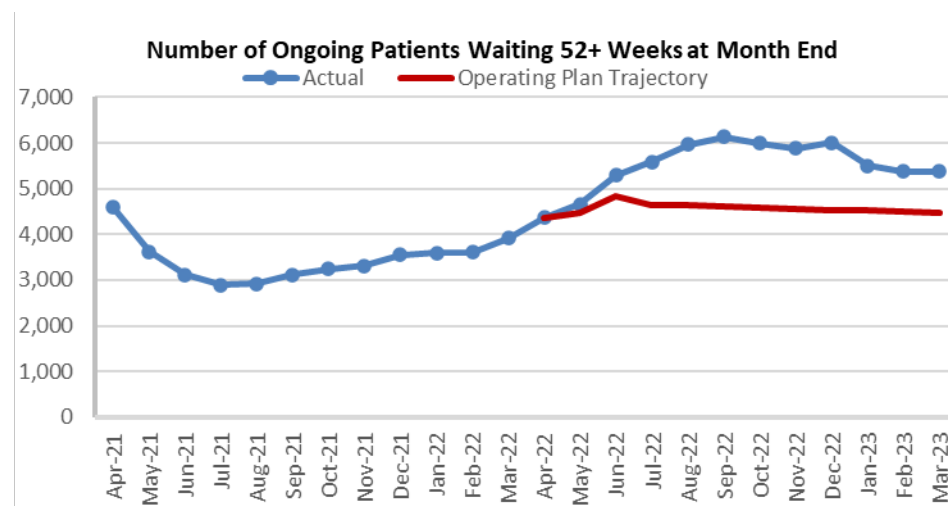
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Leadership Priorities and Oversight Framework

Reporting Month: March 2023

STANDARD	RFERRAL TO TREATMENT (RTT) LONG WAITS
Actions (continued):	<ul style="list-style-type: none"> The Trust are currently seeking locum support for dental services, in particular cleft, and have reached out via the cleft network. In April there will be adverts for both a Restorative Dentistry Consultant and a Paediatric Dentistry Consultant to extend the capacity in the team further. The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives. Recent agency pay enhancements made to theatre staff in Adult and Paediatric services, have seen an uptake of additional lists for those patients who are waiting 78+ weeks and who need to be treated by end of March 2023. Where patients are too complex for transferring outside of the organisation for treatment under mutual aid arrangements, theatre schedules are being maximised across all sites to ensure that suitable capacity is available for the longest waiting patients. This continues to be a challenge due to the high volumes of cancer cases, inpatient capacity constraints (including high dependency) and staff shortages.
Risk:	801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met

	Mar-23		
	52+ Weeks	78+ Weeks	104+ Weeks
Diagnostics and Therapies	2	0	0
Medicine	803	0	0
Specialised Services	161	3	0
Surgery	3,635	107	1
Women's and Children's	782	56	0
Other	0	0	0
UHBW TOTAL	5,383	166	1

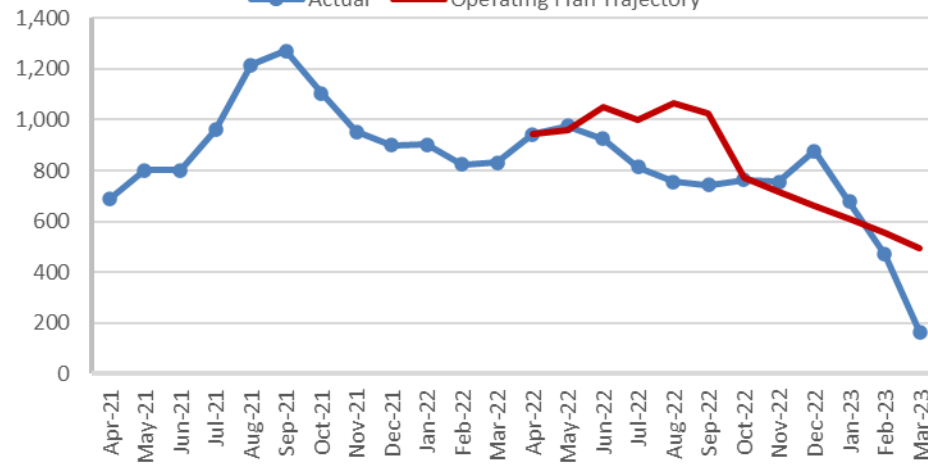


Leadership Priorities and Oversight Framework

Reporting Month: March 2023

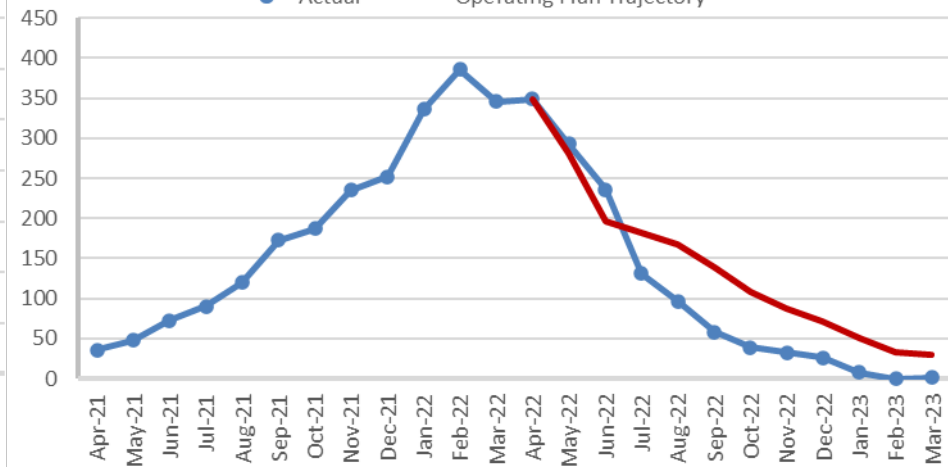
Number of Ongoing Patients Waiting 78+ Weeks at Month End

Actual Operating Plan Trajectory



Number of Ongoing Patients Waiting 104+ Weeks at Month End

Actual Operating Plan Trajectory



Leadership Priorities and Oversight Framework



Reporting Month: Feb/Mar 2023

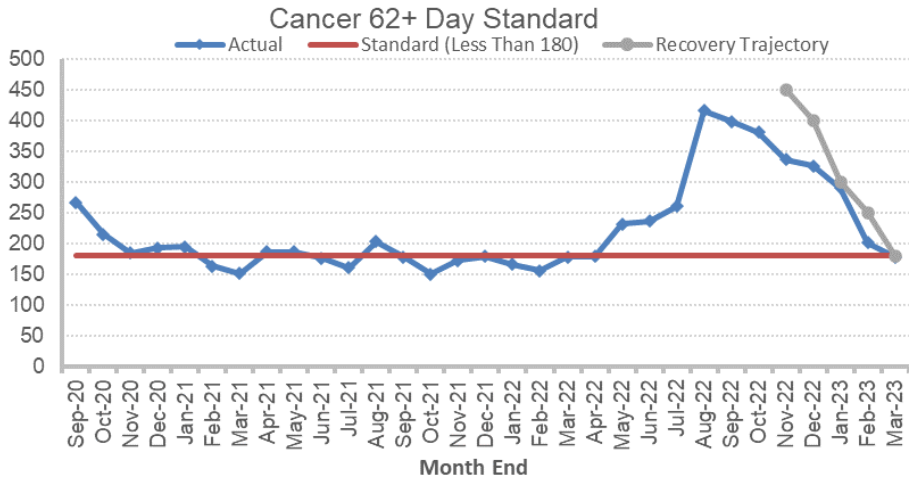
STANDARD	CANCER PATIENTS WAITING 62+ DAYS
Performance:	<p>As at end of March, the Trust had 178 patients waiting 62+ days on a GP suspected cancer pathway. The Trust has a target of not exceeding 180 patients.</p> <p>The performance for patients treated within 62 days of an urgent GP referral is also reported but is a month in arrears. For February, 45.1% of patients were seen within 62 days. Performance across Quarter 1 was 66.9%, Quarter 2 was 61.4% and Quarter 3 performance was 49.0%. The “Faster Diagnosis Standard” (FDS) is also reported, and this measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. Performance in February was 58.5% of 1,596 patients achieved this standard.</p>
National Data:	<p>National data for patients treated within 62 days of an urgent GP referral is shown on the next page.</p> <p>Latest national data for Quarter 3 2022/23 shows UHBW at 49.0% against an England average of 61.0%. This puts UHBW 119th out of 141 Trusts.</p>
Actions:	<p>The target for the ongoing standard for patients waiting over 62 days on GP referred cancer pathway was achieved at the end of March.</p> <p>In February, the Trust achieved the subsequent radiotherapy and subsequent chemotherapy treatment standards and the 28 day faster diagnosis screening standard. Performance against the other retrospective standards remains non-compliant due to the impact of clearing the backlogs caused by Covid in 2022 but improvement was seen particularly in the first appointment standard, which should herald a gradual improvement in the other standards.</p> <p>Industrial action and bank holidays pose a short-term threat to all standards, but the Trust is planning to recover promptly. A single action plan is in place for improving all standards, with the national focus shifting to achieving the faster diagnosis standard in 2023/24.</p> <p>Patient safety is at the heart of all performance management in cancer and is being maintained.</p>
Risk:	<p>801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met</p>

Leadership Priorities and Oversight Framework

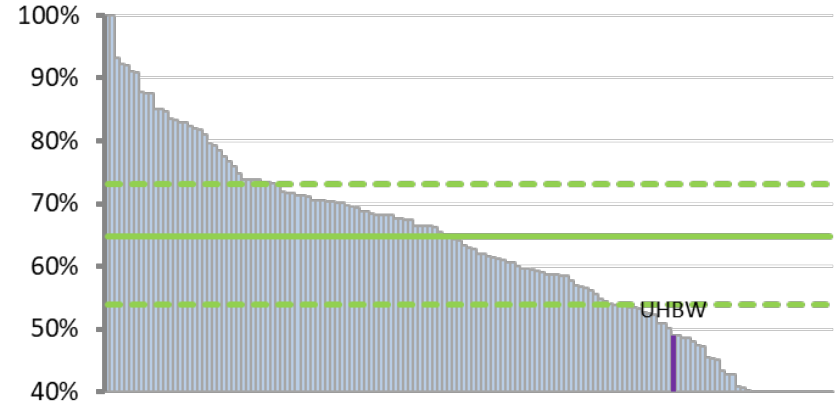


Reporting Month: Feb/Mar 2023

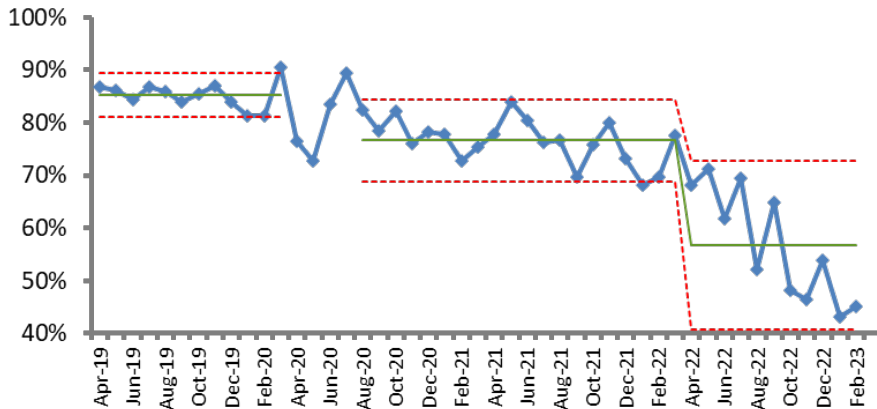
STANDARD CANCER PATIENTS WAITING 62+ DAYS



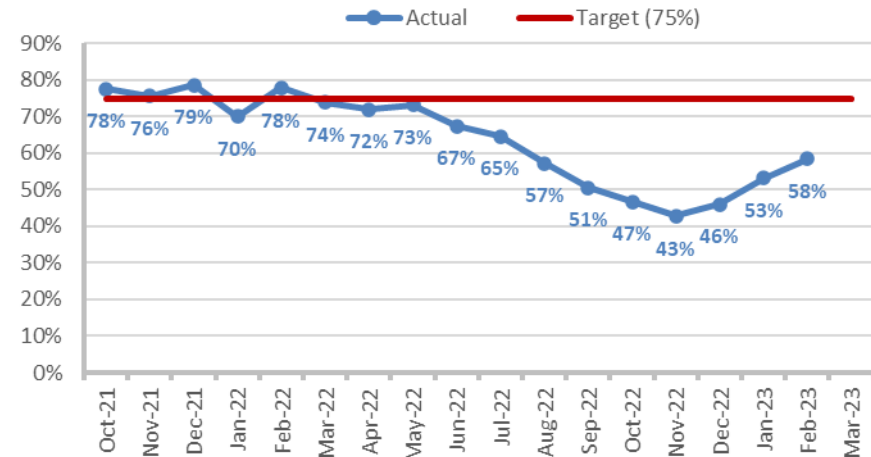
Cancer 62 Day Performance - 2022/23 Quarter 3



Cancer 62 Day Referral To Treatment (Urgent GP Referral)



28 Day Faster Diagnosis Standard



Leadership Priorities and Oversight Framework



Reporting Month: March 2023

STANDARD	DIAGNOSTIC WAITING TIMES
<p>Performance:</p>	<p>At end of March, 74.3% of patients were waiting under 6 weeks. The constitutional standard is 99%. The operational planning requirements was for Trusts to return to 75% by March 2023.</p> <p>There were a total of 496 patients waiting 26+ weeks which is 2.9% of the waiting list. There is a requirement to clear the 26+ week backlog by March 2023, with UHBW's operating plan submission at 500 patients by March 2023.</p>
<p>National Data:</p>	<p>For February 2023, the England total was 73.6% of the waiting list was under 6 weeks. UHBW's performance was 72.1% which places UHBW as the 46th lowest Trust out of 146 Trusts that report diagnostic wait times.</p>
<p>Action/Plan:</p>	<ul style="list-style-type: none"> • The Trust narrowly missed the 75% standard for patients waiting under 6 week at end of March 2023. The Trust achieved 74.3% against this standard. • The Trust achieved the operating plan target of fewer than 500 patients waiting 26+ weeks at end of March 2023. The Trust had 496 patients waiting 26+ weeks at the end of March. • MRI Paediatrics continue to outsource to another NHS Trust in the South West region which helps with the performance improvement in this niche sub-modality. Diagnostic performance across Adults CT, MRI and Non-obstetric Ultrasound has improved in March 2023, although challenges still exist, including the need to focus on Referral To Treatment (RTT) recovery. • Long waiters in endoscopy continue to reduce for the fifth consecutive month and 6 week wait performance improved in March 2023. Endoscopy recovery actions are taking time to yield progress and improvements expected, but improvements are emerging. • Junior doctors' industrial strikes have also deteriorated diagnostic performance in most modalities in March 2023, with cancer and clinically urgent patients prioritised. Endoscopy remains the most significant risk to the recovery of diagnostics performance, however some imaging modalities are also impacting on the Trust's diagnostic performance. • The Trust continues to utilise mutual aid and additional capacity, where available, to aid recovery plans in challenged modalities.
<p>Risk:</p>	<p>801: Risk that the six oversight themes within the NHS Oversight Framework for 2022/23 are not met</p>

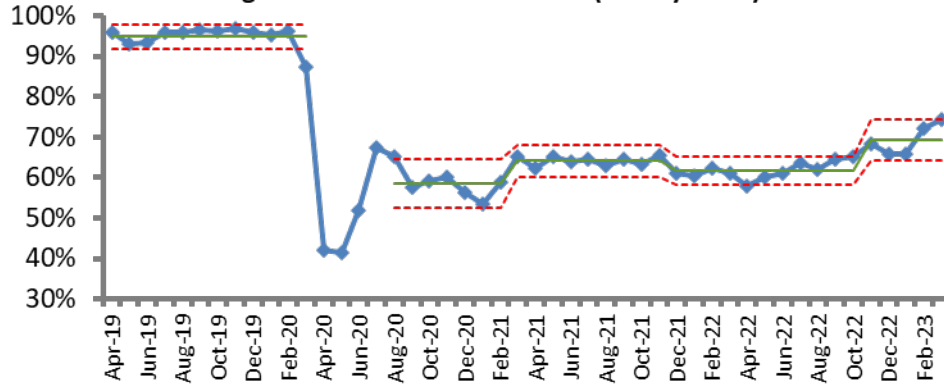
Leadership Priorities and Oversight Framework



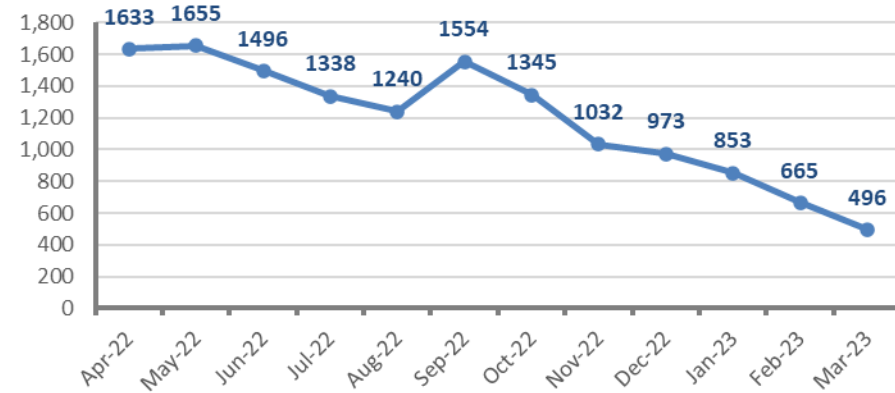
Reporting Month: March 2023

STANDARD DIAGNOSTIC WAITING TIMES

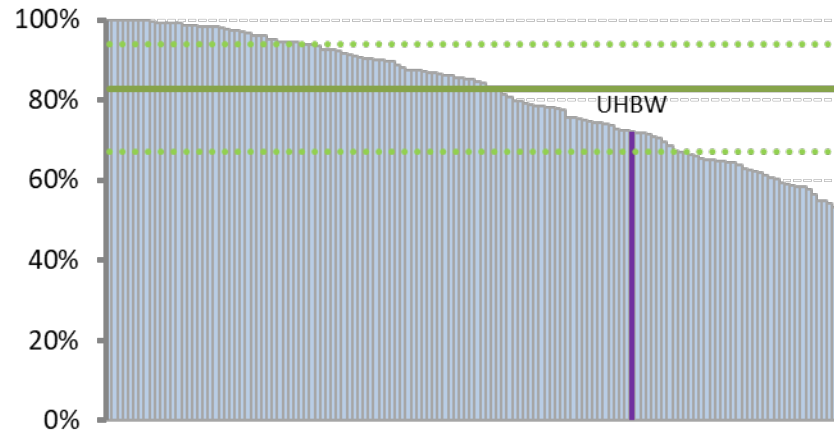
Diagnosics Under 6 Week Wait (15 Key Tests)



Diagnosics Numbers Waiting 26+ Weeks



Benchmarking - Percentage Under 6 Weeks - February 2023



Leadership Priorities and Oversight Framework



Reporting Month: March 2023

STANDARD DIAGNOSTIC WAITING TIMES

End of March 2023

Modality	Total On List	6+ Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	778	26	3%	8	1%	1	0%
Colonoscopy	597	351	59%	275	46%	150	25%
Computed Tomography (CT)	3,455	632	18%	80	2%	1	0%
DEXA Scan	979	506	52%	149	15%	1	0%
Echocardiography	1,717	330	19%	39	2%	0	0%
Flexi Sigmoidoscopy	232	139	60%	107	46%	59	25%
Gastroscopy	675	458	68%	321	48%	154	23%
Magnetic Resonance Imaging (MRI)	3,003	352	12%	190	6%	126	4%
Neurophysiology	178	2	1%	0	0%	0	0%
Non-obstetric Ultrasound	5,668	1,647	29%	309	5%	0	0%
Sleep Studies	51	7	14%	6	12%	4	8%
Other	0	0		0		0	
UHBW TOTAL	17,333	4,450	25.7%	1,484	8.6%	496	2.9%

Leadership Priorities and Oversight Framework

Reporting Month: March 2023

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS
<p>Performance:</p>	<p>Across all four sites, 66.9% of attendances in March spent less than 4 hours in the Emergency Department (ED), from arrival to discharge or admission. This is the highest reported position since July 2021. The national standard is that at least 95% of patients should spend under 4 hours. There were 545 patients who had a Trolley wait in excess of 12 hours in March in the Emergency Department. In March there were 3,722 ambulance handovers. Of these</p> <ul style="list-style-type: none"> • 2,896 ambulance handovers were in excess of 15 minutes which was 77.8% of all handovers. • 1,753 ambulance handovers were in excess of 30 minutes which was 47.1% of all handovers. <p>The NHS Standard Contract sets the target that “all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes”.</p>
<p>National Data:</p>	<p>For Ambulance Handover data there are 19 Trusts in the South West that the Ambulance Service cover. For March 2023, overall number of handovers over 15 minutes was 72.6% across the South West. The BRI was the 5th highest at 85.66% and Weston was the 4th highest at 85.68%. In March 2023, 124 Trusts reported 12 hour trolley waits (39,671 in total). UHBW was the 29th highest Trust with 545.</p>
<p>Actions:</p>	<p>A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including:</p> <ul style="list-style-type: none"> • Expansion of Same Day Emergency Care (SDEC) provision, comprising: <ul style="list-style-type: none"> ○ Expansion of Surgical SDEC capacity: recruitment is in train and funding for substantive posts approved. An Acute Surgical Hub (ASH) /SDEC working group has been set up to oversee all improvements to the SDEC service. A revised business case for ASH staffing is being finalised. ○ There has been a 20% increase in the number of patients seen through SDEC in March: 679 in March compared to 549 in February 2023. SDEC has also seen an increase in the percentage of ED attendances and Medical Take seen through the unit. The Acute Medical Unit (AMU) and SDEC team have started early evening huddles to minimise late closures. SDEC Practitioner Led model has been drawn up and due to start on the 2nd of May 2023. ○ Cardiology SDEC commenced at the beginning of March and progress continues to be monitored. Four Advanced Clinical Practitioners (ACPs) have been recruited for Cardiology SDEC. ○ Development of the SDEC offer at Weston: pulls from ED have now been increased to three times daily and the team is now fully staffed. The Ambulance Trust direct referral pathway is now approved and the Standard Operating Procedure (SOP) is signed off. Activity has remained stable in March (average of 17.2 patients daily) compared to January and February. This is a significant increase from 2022. • In BRI majors, shift coordinator action cards have now been developed to support with flow throughout the department. A ‘bronze flow coordinator’ pilot is also planned. The ED de-escalation checklist has also been reviewed to support in reducing and preventing crowding in the department. • 4 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. Next steps are to establish improvement trajectories based on the impact of each workstream. • Rapid Patient reviews are ongoing for admission avoidance from ED, and to support discharges for patients over 7 days in hospital.

Leadership Priorities and Oversight Framework

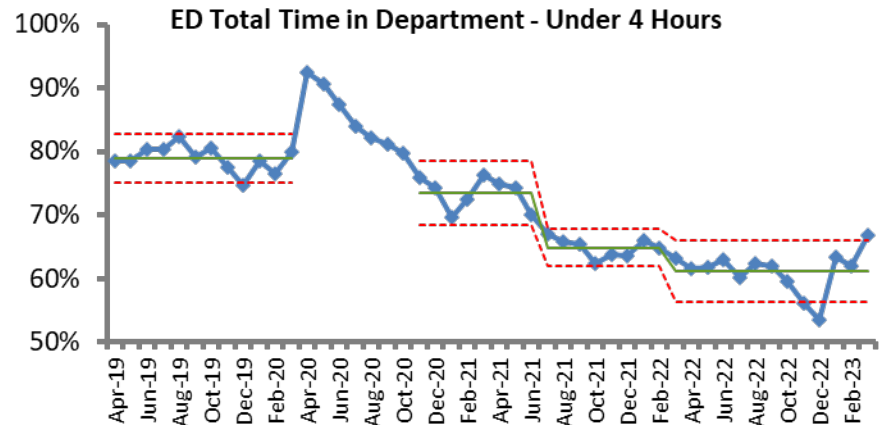


Reporting Month: March 2023

STANDARD		EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS
Actions (continued):	<ul style="list-style-type: none"> The Weston ED observation and assessment unit is now open and in use. A new monitoring dashboard is in development to review impacts and flow through the unit. in BRI fast flow. MDT board rounds are in place three times daily. An audit of fast flow attendances has been completed which showed 67% of patients being requires 'T2' triage. OOH/Overnight staffing models are being reviewed to include senior Dr presence where possible. Radiographer led discharge is being explored between ED leads and D&T teams - Cross regional project set up with University Hospitals Plymouth to look at developing pathways. A further workstream is focusing on pathology turnaround times for ED; a staff engagement session has taken place which will inform next steps. 	
Risks:	910: Risk that patients in ED do not receive timely and effective care 4700: Risk that a patient may deteriorate whilst being held in the ambulance bay	

4 Hour Standard (Total Time Spend in ED)

4 Hour Performance	Mar-23	2022/23	2021/22
Bristol Royal Infirmary	55.22%	46.14%	50.41%
Bristol Children's Hospital	73.9%	71.14%	78.01%
Bristol Eye Hospital	97.39%	95.97%	96.96%
Weston General Hospital	59.77%	55.05%	67.28%
UHBW TOTAL	66.88%	60.94%	66.79%



Leadership Priorities and Oversight Framework

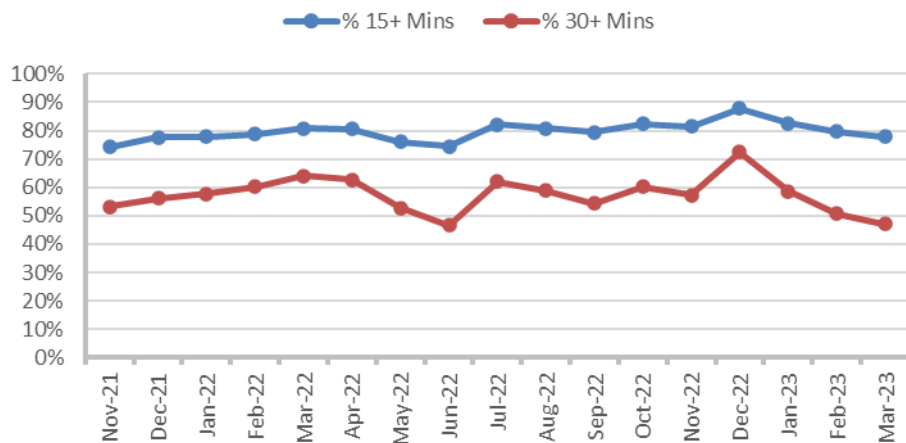


Reporting Month: March 2023

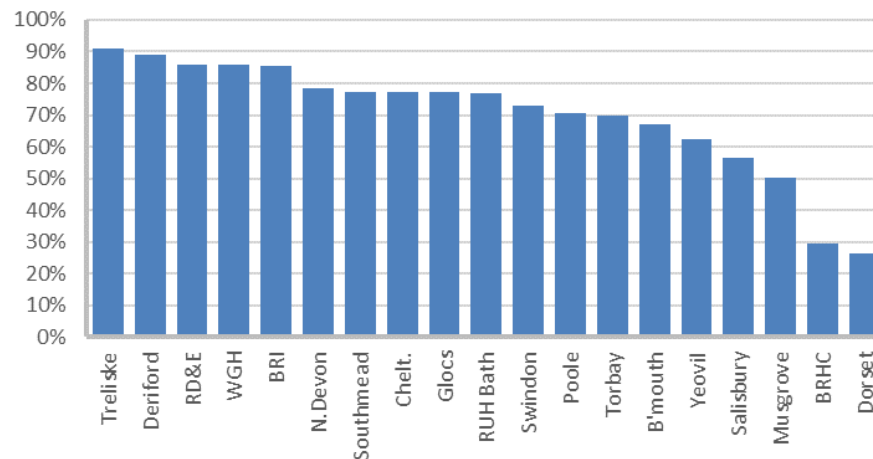
Ambulance Handovers

Mar-23					
	Total Handovers	15+ Mins	% 15+ Mins	30+ Mins	% 30+ Mins
Bristol Royal Infirmary	2213	1896	85.7%	1223	55.3%
Bristol Children's Hospital	543	167	30.8%	72	13.3%
Weston General Hospital	966	833	86.2%	458	47.4%
UHBW Total	3722	2896	77.8%	1753	47.1%

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



Percentage of Handovers Over 15 Minutes - March 2023



Leadership Priorities and Oversight Framework



Reporting Month: March 2023

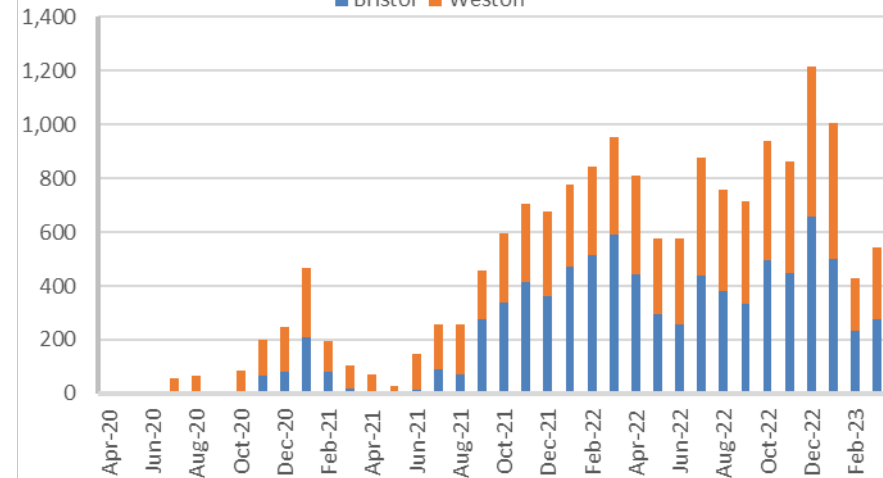
STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND 12 HOUR TROLLEY WAITS

12 Hour Trolley Waits

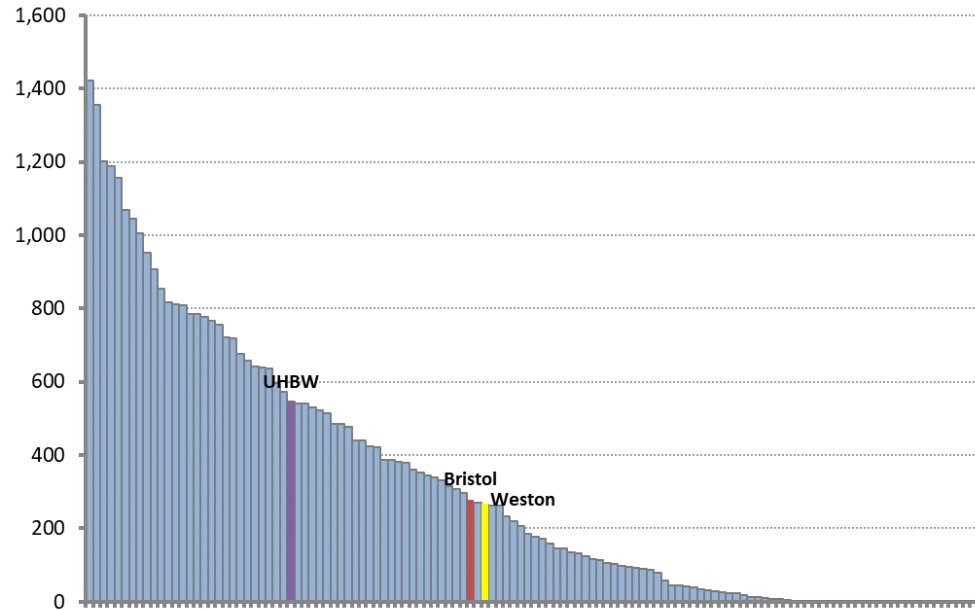
	2021/2022												2022/2023											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	9	4	12	91	69	276	337	415	363	472	514	591	443	297	257	437	379	334	496	449	659	500	235	278
Weston	62	24	134	164	188	180	257	291	313	304	330	361	366	282	319	441	379	383	445	413	558	506	192	267
UHBW	71	28	146	255	257	456	594	706	676	776	844	952	809	579	576	878	758	717	941	862	1217	1006	427	545

12 Hour Trolley Waits Per Month

■ Bristol ■ Weston



Benchmarking - 12 Hour Trolley Waits - March 2023



STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)	
Background:	<p>The Every Minute Matters (EMM) programme has four work streams.</p> <ol style="list-style-type: none"> 1. Implementation of the SAFER bundle – including Estimated Date of Discharge EDD: A bundle of principles that advocates best practice in optimising flow. It includes early senior review, flow of patients from admission units to downstream wards before 10am, timely discharges and daily review of all patients with a length of stay greater than seven days. 2. Proactive Board Rounds: Focuses on implementing daily board rounds with a consistent structure that proactively progresses adult patients towards safe, timely discharge through effective multidisciplinary collaboration. 3. Criteria to Reside - Using the MCAP tool: Comprises 11 nationally defined criteria to ensure patients who require acute care are in the most appropriate bed. The criteria identify where patients no longer require acute care and can be discharged safely to their home or within the community. MCAP is the digital system that determines whether a patient is in the right bed for their care, whether there is a delay in their pathway, and what their next care location should be. 4. Optimising use of the Discharge / Transition Lounge: Optimising the use of the discharge lounge so that it is embedded as a routine part of the inpatient pathway - freeing acute beds early for new unplanned admissions and elective activity.
Performance:	<p>Three metrics are reported as the high-level priorities:</p> <ol style="list-style-type: none"> 1. Percentage of patients with a “timely discharge” (before 12 noon). March had 20.7% discharged before 12 noon. The system-level standard is to achieve 33%. 2. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In March 22.0% of eligible discharges went through the Weston or BRI Discharge Lounges. This was 485 patients, averaging 21.1 patients per working day. <ol style="list-style-type: none"> a. BRI achieved 25.5%, with 375 patients. This averages to 16.3 patients per working day. b. Weston achieved 15.0% with 110 patients. This averages to 4.8 patients per working day. 3. At the end of March there were 197 No Criteria To Reside (NCTR) patients in hospital. 4. There were 5,460 beddays consumed in total in March by NCTR patients (1 bedday = 1 bed occupied at 12 midnight). This means, on average, 176 beds were occupied per day by NCTR patients.
Actions:	<ul style="list-style-type: none"> • MCAP validations and support for wards is being sustained with ongoing support from Proactive Hospital Coaches. This will mitigate the risk of not fully embedding business as usual operational processes whilst Clinical Lead and Improvement Practitioner roles recruitment is still in progress. • Proactive Board and Ward Rounds e-learning module is now live on the Trust’s training system, Kallidus. • Proactive Hospital Improvement coaches continue to provide data packs for EMM divisional oversight groups.

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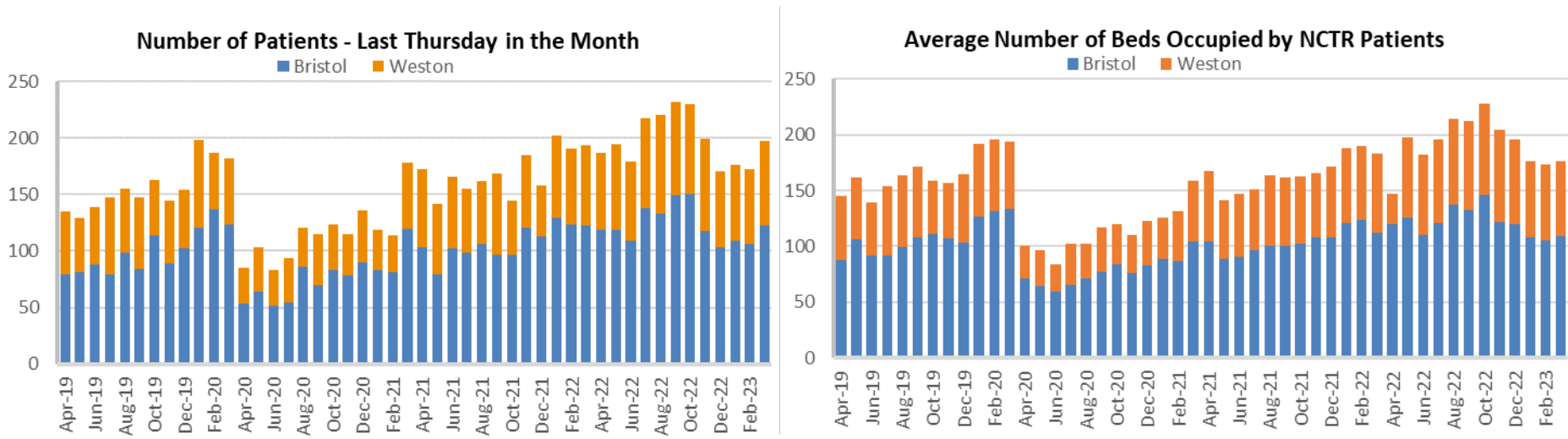
Leadership Priorities and Oversight Framework



Reporting Month: March 2023

STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE AND NO CRITERIA TO RESIDE (NCTR)	
Actions (continued):	<ul style="list-style-type: none"> Criteria Led Discharge (CLD) in Cardiology: Pilot phase is planned for Q1 in Cardiac Surgery only; TAVI and Pacemaker pathways will follow. Criteria led discharge pathways are now also being developed in A515 and A900. A new CLD clinical note has been developed in test system for 'undefined' patient pathways – where clinicians can describe the clinical criteria for discharge that need to be met. Scoping is underway to review how this may be adopted in assessment units. Chief Registrars in medicine are working on an A3 project, supported by Proactive Hospital teams, to target weekend discharges. Thorough data review is underway to determine wards where focused intervention may have the biggest impact. Qualitative feedback from weekend discharge shifts have been collated (GEMBA) and process mapping is also in progress – specifically looking at Friday preparations and AMU processes. A review of the current BRI medicine weekend discharge list on Care Flow is also underway. Weston Hospital is also beginning to use the weekend discharge care flow tags / lists in April 2023. A second weekend discharge event is planned for Saturday 22nd April at Weston hospital, with extended pharmacy hours, inpatient therapy support and additional medic cover. A new model of 'weekend huddles' is proposed to begin in April 2023, supported by Ops Matron teams and Proactive Hospital Improvement Coach. This will be run as a series of PDSA events following feedback from teams involved.
Risks:	423: Risk that demand for inpatient admission exceeds available bed capacity

No Criteria To Reside (NCTR) Summary

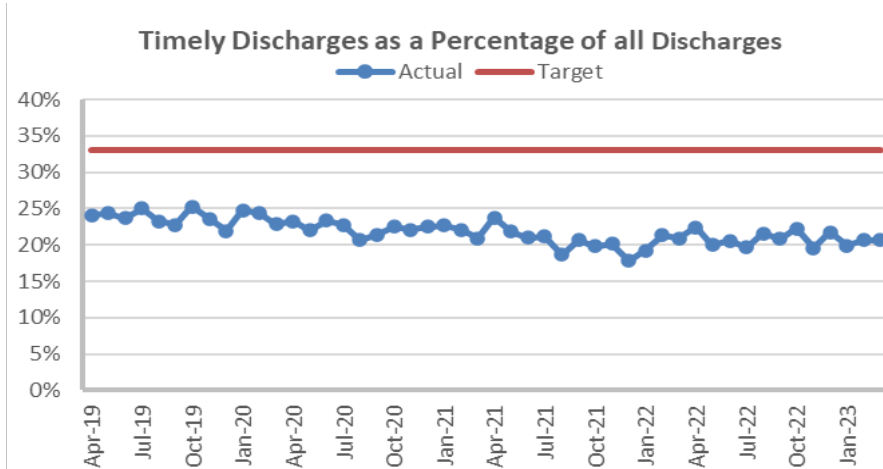


Leadership Priorities and Oversight Framework

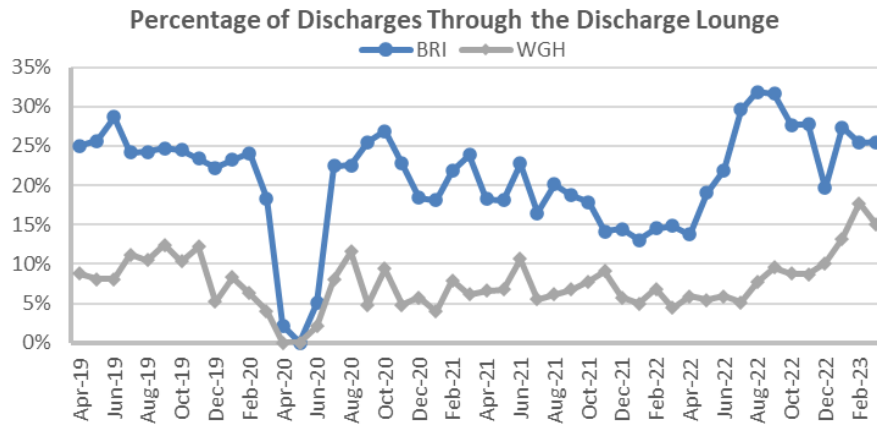
Reporting Month: March 2023

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

Timely Discharge Summary



Discharge Lounge Use Summary



Summary of High Volume Specialties - March 2023

	Total Discharges	% Before Noon
Cardiac Surgery	84	15.5%
Cardiology	342	17.8%
Clinical Oncology	71	32.4%
Colorectal Surgery	124	17.7%
ENT	110	15.5%
Gastroenterology	73	13.7%
General Medicine	758	19.0%
General Surgery	96	18.8%
Geriatric Medicine	271	35.4%
Gynaecology	163	21.5%
Ophthalmology	73	35.6%
Paediatric Surgery	81	38.3%
Paediatrics	189	10.1%
Thoracic Medicine	165	13.9%
Trauma & Orthopaedics	203	22.2%
Upper GI Surgery	130	10.8%
UHBW TOTAL	3,829	20.7%

Summary of High Volume Specialties - March 2023

	BRI	WGH	TOTAL
Accident & Emergency	9.2%	25.0%	10.1%
Cardiac Surgery	72.2%	-	72.2%
Cardiology	47.5%	6.3%	42.4%
Colorectal Surgery	18.9%	16.7%	18.6%
ENT	12.3%	-	12.3%
Gastroenterology	25.0%	6.3%	15.6%
General Medicine	17.7%	17.1%	17.3%
General Surgery	14.8%	22.0%	19.1%
Geriatric Medicine	31.8%	29.4%	31.3%
Hepatobiliary and Pancreatic Surgery	19.4%	0.0%	18.9%
Maxillo Facial Surgery	5.9%	-	5.9%
Thoracic Medicine	11.3%	2.4%	8.8%
Thoracic Surgery	13.0%	-	13.0%
Trauma & Orthopaedics	11.5%	12.5%	12.0%
Upper GI Surgery	21.9%	7.7%	18.2%
UHBW TOTAL	25.5%	15.0%	22.0%

FINANCIAL SUMMARY

YTD Income & Expenditure Position

- Net I&E surplus of £22k against a breakeven plan (excluding technical items).
- Total operating income is £96,714k favourable to plan due to higher than planned income from activities of £91,589k and higher than planned other operating income of £5,125k.
- Operating expenses are £115,355k adverse to plan primarily due to higher pay expenditure (£92,407k adverse), offset by lower than planned depreciation expenditure of £2,160k. Other non-pay expenditure is £25,107k higher than plan.
- Technical and financing items are £17,257k favourable to plan, of which £16,876k nets off a non pay adverse variance for impairments.

Key Financial Issues

- *Recurrent savings delivery below plan* – Trust-led CIP delivery is £15,829k or 106% of plan, of which recurrent savings are £8,071k, 54% of plan. The shortfall in recurrent savings is incorporated in the 2023/24 financial plan in addition to the 2023/24 target.

Strategic Risks

- Although the following items have not had a material impact in the 2022/23 financial year, work is continuing on understanding the impact in 2023/24 including:
- Agreeing an approach to future financial targets and allocation of system envelopes – on-going work to understand the systems medium-term financial outlook;
 - Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the business case in December 2023;
 - Continue to understanding the risks and mitigations associated with the new capital regime; and how the CDEL limit and system prioritisation could restrict future strategic capital investment – pending completion of the Trust's capital plan for 2023/24 and 2024/25.
 - Understanding the implications of the Trust's recurrent deficit of c£55m, the requirement to implement a 3 year Financial Recovery Plan to address the recurrent deficit and the impact this will have on future investment decisions and autonomy.

TRUST YEAR TO DATE FINANCIAL POSITION

	Month 12			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	79,818	127,636	47,819	929,536	1,021,125	91,589
Other Operating Income	9,029	14,928	5,898	110,951	116,075	5,125
Total Operating Income	88,847	142,564	53,717	1,040,486	1,137,201	96,714
Employee Expenses	(41,460)	(104,072)	(62,613)	(599,744)	(692,151)	(92,407)
Other Operating Expenses	(32,870)	(43,405)	(10,536)	(389,990)	(415,097)	(25,107)
Depreciation (owned & leased)	(3,290)	(3,083)	207	(38,126)	(35,966)	2,160
Total Operating Expenditure	(77,619)	(150,561)	(72,941)	(1,027,860)	(1,143,215)	(115,355)
PDC	(1,037)	(1,453)	(416)	(12,447)	(12,863)	(416)
Interest Payable	(244)	(232)	12	(2,927)	(2,818)	109
Interest Receivable	29	432	403	352	3,163	2,811
Other Gains/(Losses)	0	(906)	(906)	0	(1,099)	(1,099)
Net Surplus/(Deficit) inc technicals	9,976	(10,156)	(20,132)	(2,396)	(19,631)	(17,235)
Remove Capital Donations, Grants, and Donated Asset Depreciation	207	10,671	10,464	2,396	19,653	17,257
Net Surplus/(Deficit) exc technicals	10,183	515	(9,668)	0	22	22

Key Facts

- The position at the end of the 2022/23 financial year is a net surplus of £22k against a plan of breakeven.
- During 2022/23 the Trust spent £5.6m on International Recruitment and the estimated cost of F1 cover at Weston is £1,500k.
- Pay expenditure is £104,072k in March. This includes one-off costs of £25,888k relating to centrally funded pension costs and an estimate of £21,162k for the proposed pay settlement. Excluding, these costs, pay expenditure is £2,761k higher in month.
- Pay expenditure for the year is adverse to plan by £92,407k, mainly due to the additional pension contributions, increase in the pay award beyond the planned 2% and the latest proposed pay settlement, enhanced rates of pay, the cost of escalation capacity, F1 junior doctors costs and international recruitment costs.
- Agency expenditure in month is £2,981k, compared with £1,918k in February. Overall, agency expenditure in month is 1% of total pay costs. The total cost of agency in 2022/23 is 2% more than planned.
- Other operating expenditure is £7,449k higher in March than last month and £10,536k higher than plan. Is due to a technical adjustment which is then excluded from the overall financial performance. The full year adverse position is largely driven by technical adjustments.
- Operating income is favourable to the 2022/23 plan by £96,714k, an improvement of £53,717 from last month. This is mainly due to additional income for pension contributions (£25,888k) and income for the proposed pay settlement (£20,320k). Additional income was also received for agreed Commissioner developments.
- Trust-led CIP achievement for the year is 106% of plan at £15,829k.