

December 2023

Published Papers

Including:

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



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

Performance Report

Month of Publication: November 2023

Data up to: October 2023

INTRODUCTION

This report provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2023/24 and the Trust Leadership priorities. Further information within the full Integrated Quality and Performance Report (IQPR) is available in the reading room to provide additional background detail if required.

PRIORITY	CORPORATE OBJECTIVE	Page
Quality and Safety	Ensure our patients have access to timely and effective care, with a risk based approach to preventing patient harm in our urgent and elective pathways	14
Our People	Deliver our workforce plans to develop new roles to retain and attract talent. Invest in high quality learning and development to retain colleagues and students. Ensure colleagues are safe and healthy by prioritising wellbeing and that everyone has a voice which counts, and are treated with respect regardless of their personal characteristics.	26
Timely Care	Reduce ambulance handover delays and waiting time in emergency departments Reduce delays for elective admissions and cancer treatment Improve hospital flow with a focus on timely discharging.	31
Financial Performance	Year To Date Income & Expenditure Position. Recurrent savings delivery and delivery of elective activity recovery. Strategic Risks.	53

EXECUTIVE SUMMARY

Quality and Safety

Although our SHMI is well below the national peer and within NHS England's "as expected" range at 95.3 in the 12 months to June 2023, our HSMR for July 2023 is 117.2 with a 12 month rolling average of 107.2. Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. A deep dive into HSMR was reported to the Quality and Outcomes Committee in July 2023 and identified that high rates of ED overcrowding corresponded with times when HSMR was a concern and that improvements in palliative care coding were required. We will remain vigilant in our routine more detailed surveillance of mortality indicators and undertake more detailed analysis if required. This routine mortality surveillance is reported to the Trust Clinical Quality Group and any concerns are highlighted to the Quality and Outcomes Committee.

There is a risk we will not achieve the limit set by NHS England of 88 cases of Clostridium Difficile in 2023/24 as we have had 69 cases in the first seven months of the year. As we go into the Winter period the risk is heightened due to the potential impact of increased antibiotic prescribing on Clostridium Difficile prevalence. There were nine reported cases for Clostridium Difficile in October. The breakdown for these are two COHA and seven HOHA. This is higher than the projected monthly figure of 7.3 within the 4 week period. Audit data is now more easily available to focus on commode cleaning and improved labelling of cleaned equipment with additional actions being taken around cleanliness in high risk areas.

There were no cases reported for MRSA bacteraemia in October. This continues the trust 2023/24 year to date figures currently at six in total with actions focussed improving line care and a specific quality improvement project in emergency departments.

Recent VTE risk assessment compliance remains relatively stable at 82.7% however work is commencing on reviewing the VTE data metrics to establish agreed cohorts and exclusion criteria for VTE risk assessment compliance, which will enable accurate data for IQPR/reporting. The new VTE lead has commenced in post and is focussing actions describe in the individual VTE indicator report.

Fractured Neck of Femur best practice tariff continues to show challenges in time to theatre with only 22% patients receiving surgery within 36 hours in October in the BRI and 73% in Weston. Under Patient First there is a corporate services project to improve overall theatre utilisation to 85% over the next 12 to 18 months as well as local actions detailed in the individual reports on these indicators,

Deteriorating patient: October 2023 there were three cardiac arrests in adult general ward areas. There is ongoing work with data refinement following which an improvement goal will be set. In August 2023 there were 17 unplanned ITU admissions. The 2023/24 CQUIN delivery target for unplanned ITU admissions is to be below 30% of deteriorating patients (who meet the nationally prescribed criteria comprising the denominator) having an unplanned ITU admission. For Q2 2023/24 the percentage was 29.4% compared to 30.5% in Q1.

EXECUTIVE SUMMARY

Our People

The vacancy position has reduced from 4.1% in September to 4 % in October. The Trust received the biggest cohort of Internationally Educated Nurses (IEN) to date, with 58 arrivals. This leaves 43 nurses to arrive in November to take the Trust up to the first target of 320 nurses. A further 60 IEN's are scheduled to arrive across December and January to take the Trust to its final target of 380 for the 23/24 financial year. A total of 831 IENs have arrived at the Trust since the beginning of the programme.

18 Registered Nurse Degree Apprentices (RNDA), 31 Accelerated Registered Nurse Degree Apprentices (ARNDA) and 13 Trainee Nursing Associates (TNA) have started their apprenticeship programme in October. As in previous reports the significant over establishment for unregistered nurses at band 4 is due to the large number of newly qualified nursing staff awaiting their NMC PINs. Once these staff become fully qualified and have received their PIN, this should reduce the band 4 over establishment, reduce the registered nursing vacancy position, and increase the unregistered nursing vacancy position, which is a much more accurate reflection of the nursing vacancy position.

The Talent team delivered a successful mass recruitment event for admin and clerical staff at Ashley Down College. 152 candidates attended and 22 offers were made on the day. A further 29 candidates were added to a talent pool. This style of recruitment event organised by the Trust, aims to increase the diversity of the candidate pool.

Turnover for the 12-month period reduced to 12.3 % compared to 12.7% in the previous month, seven divisions saw a reduction whilst no divisions saw an increase and one division remained static in comparison to the previous month. The largest divisional reduction was seen within Specialised Services, where turnover reduced by 1.1 percentage points to 10.64% compared with 11.75% the previous month. There were no divisional increases.

Sickness absence has increased from 4.7% to 5.1% in October, there was a reduction within one division, Facilities and Estates, where sickness reduced by 0.6 percentage points to 7.6% compared to 8.2% in the previous month. There were increases within all other Divisions. The largest Divisional reduction was seen within Specialised Services, increasing to 4.9% compared with 4.1% in the previous month. This increase has been reported across the system and is currently expected to be due to seasonal causes.

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EXECUTIVE SUMMARY

Our People (continued)

Overall compliance for the eleven Core Skills reduced to 89.2% from the previous month's 90.2%. Each of the eleven core skills reduced slightly, largely attributed to the August intake of 300 Medical and Dental Staff now contributing to the compliance baseline. Compliance reduced slightly in five of seven divisions, offset by slight improvements in D&T and Facilities and Estates. Weston remained static at 90.6%. To date, over 6,300 staff have completed the initial Oliver McGowan Mandatory Training (OMMT).

Agency usage has reduced further to 1.4%, strict controls are in place internally. There were 79 new starters across the Bank in October, including 21 re-appointments. In the last month, the Trust has reduced the notice that it puts out Tier 1 nursing agency shifts from one week to 72 hours. In addition, the Trust has also stopped using Tier 3 nursing agencies in an attempt to drive down agency spend. System work continues at ICB level to drive the supply of lower cost framework nursing agency supply with a renewed focus on developing a plan to deliver cap compliant agency supply.

Bank usage at month seven is 6.7%. Bank usage increased 41.2 FTE from the previous month and there were 86 new starters across the Bank in September. There were increases seen within six divisions and two divisions reduced usage compared with the previous month. The largest divisional increase was within Medicine, where usage increased to 216.6 FTE compared with 197.6 FTE in the previous month, this correlates with the increase in substantive nursing within this division. The largest reduction was seen within Facilities and Estates where usage reduced to 125 FTE compared with 143.8 FTE, this correlates with a reduction in sickness absence which had driven the previous increase.

EXECUTIVE SUMMARY

Timely Care

Industrial Action continues to impact workforce resilience and access during October. In addition, the increase in non-elective demand experienced in August and September has continued into October, reflected in an increase in bed occupancy (BRI 93.5% July to 102.8% Oct; WGH 89% July to 94.1% Oct), No Criteria To Reside patients and a commensurate impact on flow and thereby non-elective performance. Improvements delivered through a variety of flow improvements schemes, including Every Minute Matters and Health Weston phase 1, have led to a reduction in length of stay in the first seven months of the year (BRI 13.6%; WGH 20.2%) but these bed benefits have been counteracted by the increase in demand, exceeding 2023/24 operational planning assumptions. This has impacted both planned and urgent and emergency performance and, whilst in urgent and emergency care, there has been marginal deterioration across the last three months against key flow metrics, the scale of overall improvement Month 1-7 has been largely maintained, and recovery and delivery at year end still attainable. Key headlines are below.

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

Significant progress had been made in reducing the number of patients waiting over 78 weeks in the last 6 months of 2022/23, reducing the number down from 877 in December 2022 to 166 in March 2023, now 242 at end of October (down from 287 in September). The improvement noted during October reflects the impact of Divisional recovery plans which forecast an accelerated reduction through the remaining four months of the year. With the abatement of industrial action, the number of patients waiting 78 weeks or longer is expected to be eliminated by end of January 2024 for all specialties with the exception of paediatric dental and cornea graft. The continued national shortage of material is contributing towards the delay in treating cornea graft patients, although it is anticipated that there will be no patients within this specialty waiting beyond 78 weeks by the end of February 2024. The number of paediatric dental patients waiting in excess of 78 weeks is expected to further reduce during Q4, with the Trust continuing to make use of insourcing arrangements. The Trust position is in keeping with the national context where the compounding impact of recurrent Industrial Action has inhibited progress against full elimination.

Up until June 2023, the Trust were on track to achieve the national ambition of no patients waiting longer than 65 weeks by end of March 2024. The impact of Industrial Action has predictably contributed towards a deterioration and, at the end of September 2023, the number of patients waiting longer than 65 weeks increased to 2,183 against an operating plan trajectory of no more than 1,260. Improvements have been made through October and, at the end of the October the number of patients waiting in excess of 65 weeks has reduced to 1,806 against a trajectory of 1,050. Work continues to recover and ameliorate the impact of Industrial Action to deliver the national ambition.

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EXECUTIVE SUMMARY

Timely Care (continued)

Through 2022/23, the Trust made sustained progress in reducing the number of patients on a cancer pathway waiting over 62 days. The number of patients waiting over 62 days was reduced from a peak of 416 patients in August 2022 to 178 patients in March 2023. This reflected achievement of the 62-day baseline set for the Trust by NHS England. During 2023/24, alongside other planned care pathways and targets, Industrial Action has had a commensurate impact on Cancer and the number of patients waiting over 62 days. At the end of May the number of patients waiting 62 days or longer had increased to 238 and volumes have fluctuated in the months since (179 June, 233 in July, 222 August, 270 September). Due to the continued impact of Industrial Action, at the end of October the position had deteriorated to 282 patients. Efforts will continue to mitigate against any impact and the Trust continue to work towards the target of 160 by March 2024.

The Faster Diagnosis Standard measures from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, told that cancer is excluded, or has a decision to treat for a possible cancer. Performance against the trajectory was met during March 2023 but has deteriorated in the six months since, with September reporting 48.4% (June 61.6%, July 59.5%, August 56%). The performance has been impacted by a combination of Industrial Action and the impact of the Trust being unable to withdraw the mutual aid support being provided to Somerset NHS FT for dermatology. Now that mutual aid arrangements with Somerset have ceased, compliance with the 75% standard by the end of the financial year is still attainable, dependent on impact of future industrial action.

At the end of April 2023, the Trust reported that 71.8% of patients were waiting less than six weeks for a diagnostic test. Improvement had been made each month since and, at the end of July, the position had improved to 78%. During the last three months, the Trust's focus on the recovery of other areas predictably impacted the diagnostic six-week wait standard and performance at the end of September deteriorated to 74.9%, against the operating planning trajectory of 77.8%. October has seen a marginal improvement (75.5%) and the Trust remain on track to deliver the ambition that 83.3% of patients will be waiting six weeks or less for their diagnostic test by March 2024.

Across the key emergency department and flow measures, a deterioration in performance has been noted since July which, when compared to previous months, was an exceptionally improved position. This is broadly due to slower flow through the hospitals driven largely by the increased bed occupancy rate (BRI 102.8% / WGH 94.1% in October compared to BRI 93.5% and Weston 89% in July). The Length of Stay (LoS) benefits (15.9% reduction in LoS) derived from initiatives such as Every Minute Matters, SDEC development and the Transfer of Care Hubs mobilisation, have been subsumed by a 15.5% increase in Non-elective admissions.

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EXECUTIVE SUMMARY

Timely Care (continued):

During October, 64.7% of attendances spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission, compared to 75.3% in July, 71% in August and 67.2% in September. This was largely driven by "exit block" out of the emergency departments resulting from the increased bed occupancy / non-elective described above. Work continues to recover this position during November, and will mean the Trust remains on-track to achieve the March 2024 target of 76% of patients waiting less than 4 hours in ED.

The number of patients spending 12 hours or more in ED during October was reported as 3.8%, against the target of 2%. Whilst this is a deterioration from August (2.1%) and September (2.8%), significant improvement has been made against this standard over the last few months and the Trust continues to progress actions to deliver and sustain the NHSE year-end target (2%).

The proportion of ambulance handovers within 15 minutes had been improving between January 2023 and July 2023, with a much-improved position of 51.4% reported in July (38% in June). Between August and October, this position predictably deteriorated (20.6% in October) because of the impacts of the constrained flow, particularly noticeable on the BRI site where handover performance and been so significantly better in July. A similar performance was noted for ambulance handovers within 30 minutes, with October reporting 56.9%, compared with September (61.2), August (62.9%), July (82.9%), June (72.7%) and May (55%). Whilst at Trust level ED attendances are currently tracking above 2019/20 levels, 'Ambulance conveyed' arrivals as a sub-set of attendances are up c16% compared to the same period last year.

During October, the average daily number of patients in hospital with no criteria to reside (NCTR) increased to 155 (142 in September). The deterioration has been impacted due to flow constraints relating to Local Authority and Sirona community services and non-recurrent funding has been agreed to provide bridging capacity in home care to support patients and improve flow. Ongoing improvement had been achieved over several months leading up to September and a range of schemes implemented are expected to continue to have a positive impact on this standard, including the ongoing establishment of the two Transfer of Care Hubs, within which c83% of the 33 WTE new UHBW staff are now in post.

EXECUTIVE SUMMARY (continued)

Financial Position

At the end of October there is a net I&E deficit of £13,710k against a deficit plan(excluding technical items) of £7,566k. Total operating income is £19,690k favourable to plan due to higher than planned income from activities of £12,598k and higher than planned other operating income of £7,092k. Operating expenses are £27,257k adverse to plan due to higher pay expenditure (£14,648k) and non-pay expenditure (£12,753k). Depreciation is broadly in line with plan. The estimated cost of industrial action for May to October (at £3,263k) remains unfunded by NHSE. However, this is expected to be addressed following the announcement of national funding. Technical and financing items are £1,883k favourable to plan mainly due to interest receivable.

The key issues underlying the financial position are recurrent savings delivery below plan – Internal CIP delivery is £11,387k or 103% of plan of which recurrent savings are £4,595k, 42% 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 could result in a loss of income of up to c£30m which may jeopardise the ability of the Trust achieve its financial plan At M7, the value of elective activity is £5.1m behind plan. Corporate mitigations not delivered in full – non-recurrent mitigations of c£25m are required to support delivery of the plan At M7, the corporate mitigations are on track. Failure to deliver the financial plan – failure to deliver the actions and therefore the financial plan of break-even will constitute a breach of statutory duty and will result in regulatory intervention.

Performance Report



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2023

SUMMARY SCORECARD – FINANCIAL YEAR 2023/24

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

			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Infection Control : C.Diff Cases (Hospital Attributable)	Risks: 800 and 4651	Actual	12	8	13	8	10	9	9	-	-	-	-	-
		Trajectory	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3
Infection Control : MRSA Cases (Hospital Onset)	Risks: 800 and 4651	Actual	1	0	2	2	0	1	0	-	-	-	-	-
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Fracture NOF: Theatre Within 36 Hours		Actual	53.6%	44.4%	48.3%	61.9%	68.0%	45.1%	49.0%	-	-	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Fracture NOF: Geriatrician Review Within 72 Hours		Actual	42.9%	47.6%	40.0%	38.1%	48.0%	78.4%	100.0%	-	-	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
VTE Risk Assessment	Risk: 720	Actual	82.0%	82.8%	82.6%	84.0%	84.7%	82.5%	82.7%	-	-	-	-	-
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usage	Risk: 674	Actual	1.7%	1.7%	1.7%	1.6%	1.5%	1.3%	1.4%	-	-	-	-	-
		Trajectory	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%
Workforce: Turnover	Risk: 2694	Actual	14.3%	14.1%	13.8%	13.4%	13.1%	12.7%	12.3%	-	-	-	-	-
		Trajectory	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
Workforce: Staff Sickness		Actual	4.1%	4.1%	4.2%	4.4%	4.6%	4.7%	5.1%	-	-	-	-	-
		Trajectory	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Workforce: Staff Vacancy	Risk: 737	Actual	4.2%	6.1%	6.3%	6.2%	5.2%	4.1%	4.0%	-	-	-	-	-
		Trajectory	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

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



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: October 2023

SUMMARY SCORECARD – FINANCIAL YEAR 2023/24

DOMAIN: “Timely Care”

			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Referral To Treatment 78+ Weeks	Risk: 801	Actual	182	248	215	203	245	287	242	-	-	-	-	-
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Referral To Treatment 65+ Weeks	Risk: 801	Actual	1,549	1,599	1,765	1,933	2,222	2,183	1,806	-	-	-	-	-
		Trajectory	1,950	1,910	1,870	1,670	1,470	1,260	1,050	840	630	420	210	0
Cancer 62+ Days	Risk: 801	Actual	218	238	179	233	222	270	282	-	-	-	-	-
		Trajectory	180	178	176	174	172	170	168	166	166	164	162	160
Cancer Treated Within 62 Days	Risk: 801	Actual	68.2%	66.7%	66.0%	69.0%	64.8%	59.1%	-	-	-	-	-	-
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	71.8%	73.5%	76.8%	78.0%	75.9%	74.9%	75.5%	-	-	-	-	-
		Trajectory	72.9%	73.4%	74.7%	75.6%	76.8%	77.8%	79.1%	79.9%	80.4%	81.2%	82.3%	83.3%
Diagnostics: Number Waiting 26+ Weeks	Risk: 801	Actual	358	294	191	188	146	311	232	-	-	-	-	-
		Trajectory	411	357	281	188	102	9	0	0	0	0	0	0
Emergency Department: Percentage Spending Under 4 Hours	Risks: 910 and 4700	Actual	70.7%	67.5%	72.1%	75.3%	71.0%	67.2%	64.7%	-	-	-	-	-
		Trajectory	60.5%	61.4%	62.2%	63.1%	64.0%	64.8%	66.6%	68.3%	70.0%	71.7%	73.5%	76.0%
Emergency Department: Percentage Spending Over 12 Hours	Risks: 910 and 4700	Actual	4.7%	5.0%	3.1%	0.9%	2.1%	2.8%	3.8%	-	-	-	-	-
		Trajectory	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Emergency Department: Handovers Under 15 Minutes	Risks: 910 and 4700	Actual	28.0%	25.1%	38.0%	51.4%	31.5%	29.7%	20.6%	-	-	-	-	-
		Trajectory	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
Emergency Department: Handovers Under 30 Minutes	Risks: 910 and 4700	Actual	63.0%	55.0%	72.7%	82.9%	62.9%	61.2%	56.9%	-	-	-	-	-
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	18.3%	19.4%	19.9%	19.4%	17.8%	19.7%	20.1%	-	-	-	-	-
		Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Every Minute Matters: Discharge Lounge Use (BRI and Weston)	Risk: 423	Actual	22.3%	22.1%	21.9%	26.2%	27.3%	30.7%	30.4%	-	-	-	-	-
		Trajectory												

Performance Report



Final Quarter 2 Position

CORPORATE RISKS

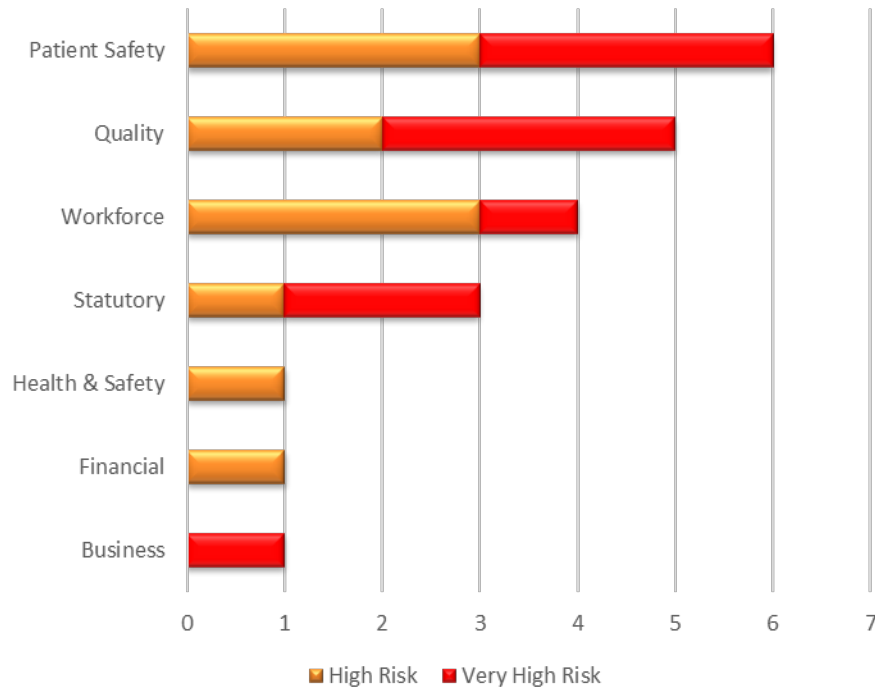
ID	Corporate Risks, Projected Mitigation	2023/24				2024/25				2025/26				2026/27		
		Q1		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
2244	Long waits for Outpatient follow-up appointments	20	↔	20	12	→	4									
910	Patients in ED do not receive timely and effective care	16	↔	16	16	15	→	6								
972	Fire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

*denotes that the risk has achieved its target

! denotes that the target assessment is above tolerance

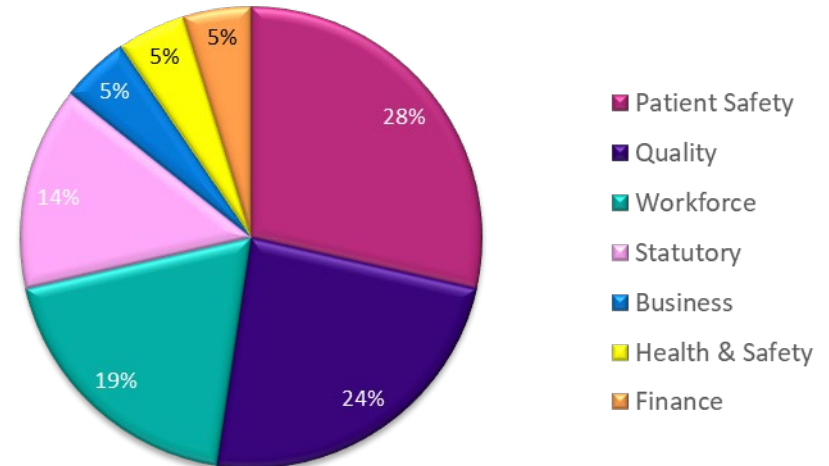
CORPORATE RISKS

Corporate Risks by Domain and Risk Level



Corporate Risks by Domain

n=21



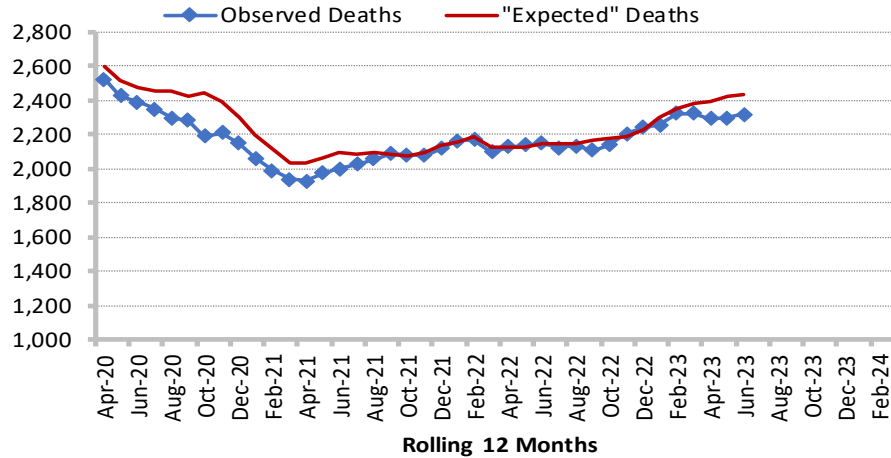
STANDARD		QUALITY AND SAFETY: MORTALITY - SHMI (Summary Hospital-level Mortality Indicator)
Background:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided 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 July 2022 to June 2023 was 95.3 and in NHS Digital’s “as expected” category.	
National Data:	UHBW’s total is below the overall national peer group of English NHS trusts of 100.	
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.	

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Jul-22	2,125	2,145	99.1
Aug-22	2,135	2,150	99.3
Sep-22	2,110	2,165	97.5
Oct-22	2,140	2,175	98.4
Nov-22	2,205	2,190	100.7
Dec-22	2,240	2,230	100.4
Jan-23	2,255	2,300	98.0
Feb-23	2,325	2,350	98.9
Mar-23	2,325	2,385	97.5
Apr-23	2,295	2,395	95.8
May-23	2,300	2,420	95.0
Jun-23	2,320	2,435	95.3

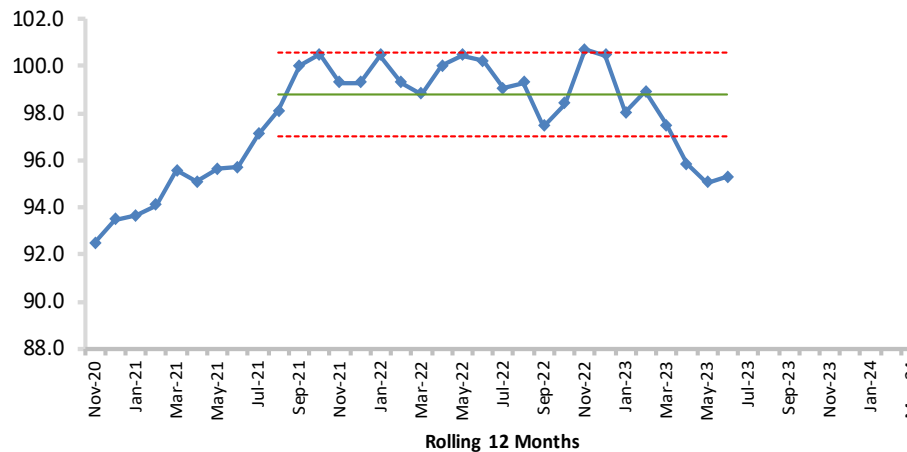
STANDARD

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

Summary Hospital-level Mortality Indicator (SHMI)



Summary Hospital Mortality Indicator (SHMI) - National Monthly Data



Performance Report



Reporting Month: July 2023

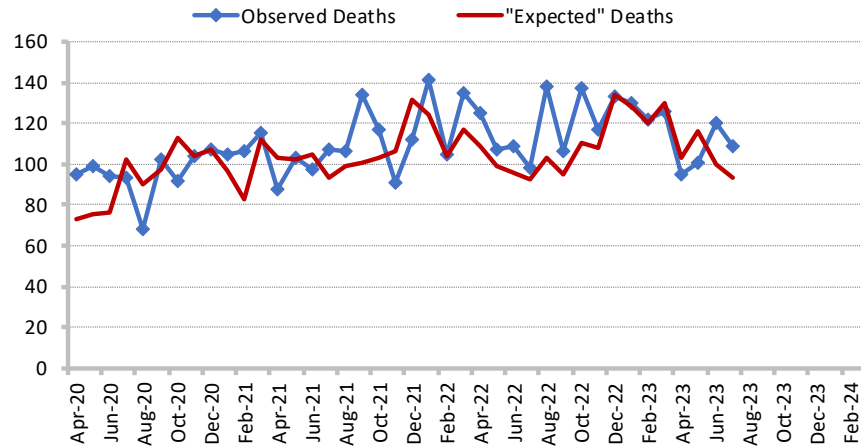
STANDARD		QUALITY AND SAFETY: MORTALITY - HSMR (Hospital Standardised Mortality Ratio)
Background:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same. Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation.	
Performance:	HSMR within CHKS for UHBW solely for the month of July 2023 was 117.2, meaning there were 16 more observed deaths (109) than the statistically calculated expected number of deaths (93). Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation.	
National Data:	The HSMR for the 12 months to July 2023 for UHBW was 107.2, above the National Peer of 103.1.	
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.	

Month	Observed Deaths	"Expected" Deaths	HSMR
Aug-22	138	103.0	134.0
Sep-22	106	95.0	111.6
Oct-22	137	110.0	124.5
Nov-22	117	108.0	108.3
Dec-22	133	134.0	99.3
Jan-23	130	128.0	101.6
Feb-23	122	120.0	101.7
Mar-23	126	130.0	96.9
Apr-23	95	103.0	92.2
May-23	101	116.0	87.1
Jun-23	120	100.0	120.0
Jul-23	109	93.0	117.2

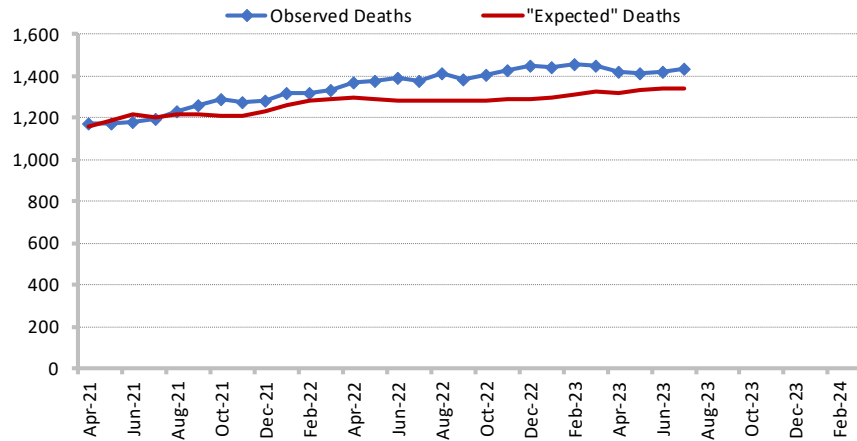
STANDARD

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

Hospital Standardised Mortality Ratio (HSMR) - Monthly



Hospital Standardised Mortality Ratio (HSMR) - Rolling 12 Months



STANDARD		QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Background:	<p>For this section there are two infections reported: C.difficile and methicillin-resistant Staphylococcus aureus (MRSA). Infections are reported in two different categories for infections associated with hospital care:</p> <ol style="list-style-type: none"> 1. Hospital Onset – Healthcare Associated (HOHA). Patient is an inpatient in an acute trust and has 3 or more days between admission and a positive specimen. 2. Community Onset – Healthcare Associated (COHA). Patient returns a positive specimen within 28 days of discharge from an elective or emergency hospital admission. <p>For C.difficile, two measures are reported: HOHA and COHA. For MRSA it is the HOHA cases only. The limit of C.difficile cases for 2023/24 as set by NHS England is 88. This limit will give a maximum monthly number of approximately 7.3 cases. For MRSA, the expectation is to have zero cases.</p>	
Performance:	<p>C.Difficile</p> <p>There were nine reported cases for Clostridium Difficile in October. The breakdown for these are two COHA and seven HOHA. This is higher than the projected monthly figure of 7.3 within the 4-week period. The trust year to date figures show as 69.</p> <ul style="list-style-type: none"> • There are different potential causes of Clostridium difficile infection and the most important ones are antibiotic prescribing and appropriate standards of cleanliness including commodes and toilet areas. • Cleaning standards are generally compliant in low risk (FR2) areas but in the high-risk areas (FR1) full compliance has not been achieved consistently. This is actively scrutinised by the Operational Infection Control Group with Divisions, and the Facilities team. <p>MRSA</p> <p>There are no cases reported for MRSA bacteraemia in October. This continues the trust 2023/24 year to date figures currently at six in total. Underlying issues:</p> <ul style="list-style-type: none"> • Progress with vascular access improvement work continues. • The Infection Prevention and control team are working with procurement to agree a Peripheral Venous Catheter (PVC) insertion pack to be used Trust wide, with its implementation to include enhanced training across the organisation about Aseptic non-touch technique (ANTT) practice. • The outcomes of Aseptic non-touch technique (ANTT) auditing is awaited. 	
National Data:	See next page.	
Actions:	<p>C.Difficile</p> <ul style="list-style-type: none"> • Detailed analysis of the cases is underway to review current reported by location with actions from Divisions for improvements. It is of note that ribotyping of specific types of C.diff is only now being undertaken when clusters are identified. • Internal audit of cleaning standards has been undertaken for assurance of the cleaning auditing approach we use in UHBW. • Commode cleaning and sluice auditing is embedded with AmAT and reporting is being developed for Division as a key priority for C.diff improvement that commode are robustly cleaned and that green tape / stickers are used effectively. 	

STANDARD	QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
	<p>MRSA</p> <ul style="list-style-type: none"> • First stage of improvement work is underway with adult Emergency Department's with lead senior doctor involvements to review practice with a QI approach. • Policy and guidance documents around Central venous catheters (CVC) and Peripheral venous catheters (PVC) care have been reviewed, updated and are in the process of cascade to clinical teams. • Implementation in Weston of the use of Vitalpack cannula checks has been delivered collaboratively with the WGH clinical team with structured regular auditing.
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>

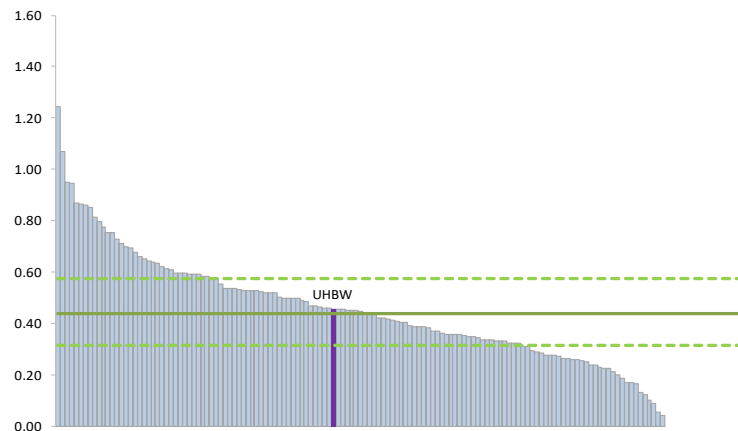
C.Difficile

	Oct-23		2023/2024		2022/2023	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	2	0	17	4	23	4
Specialised Services	1	0	9	6	8	3
Surgery	0	0	2	1	11	1
Weston	3	1	13	6	27	7
Women's and Children's	1	1	7	2	8	3
Other	0	0	0	2	1	4
UHBW TOTAL	7	2	48	21	78	22

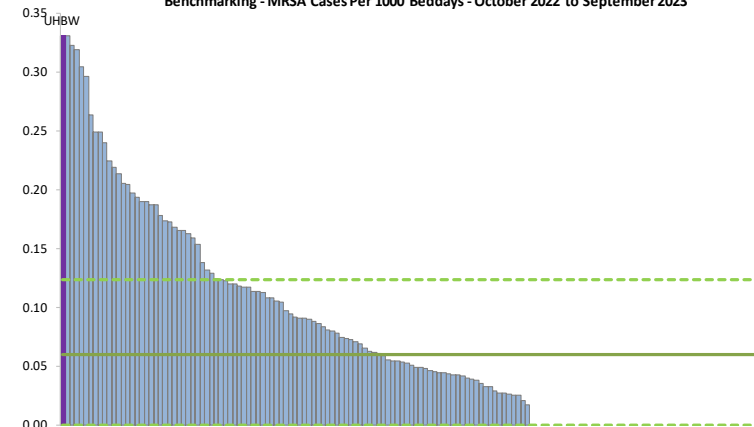
MRSA

	Oct-23	2023/2024	2022/2023
Medicine	0	1	1
Specialised Services	0	0	1
Surgery	0	2	2
Weston	0	2	1
Women's and Children's	0	1	2
Other	0	0	0
UHBW TOTAL	0	6	7

Benchmarking - C.Diff Rate Per 1000 Beddays - October 2022 to September 2023

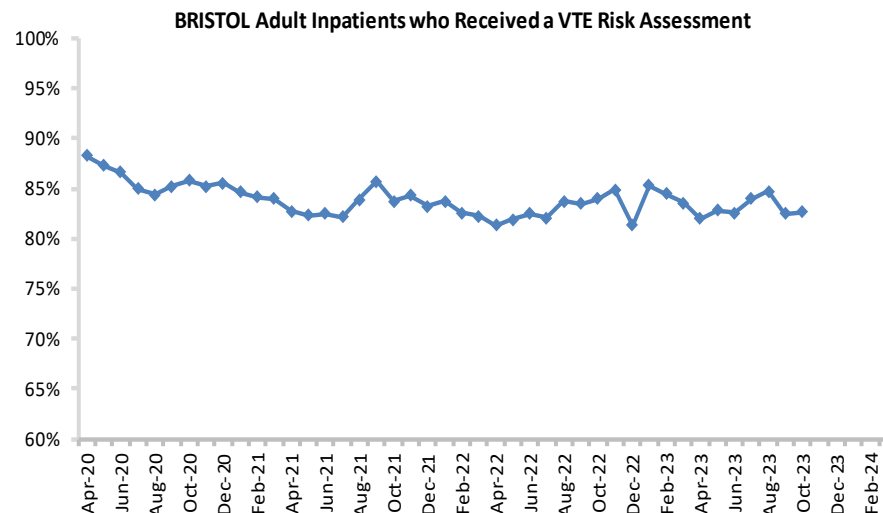


Benchmarking - MRSA Cases Per 1000 Beddays - October 2022 to September 2023



Reporting Month: October 2023

STANDARD	QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT
Background:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. The expectation for UHBW was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	Recent VTE risk assessment compliance remains relatively stable at 82.7% (excluding Weston due to data feed issues). Diagnostics and Therapies division continues to be 100% compliant, whilst Specialised Services and Surgery divisions have both seen improved compliance, increasing by 1.2% and 1.7% respectively. Medicine and Women's and Children's division each saw a slight reduction in compliance, decreasing by 1.3% and 1.9% respectively.
Actions:	<ul style="list-style-type: none"> • New VTE Lead in post 1st October 2023. • VTE and Anticoagulation Steering Group (VTESAG) Terms of Reference reviewed and revised to ensure correct membership, governance and reporting structure of VTE; first VTESAG meeting due to take place 13th December. • Review of obsolete and existing guidance planned. • Work will commence on reviewing the VTE data metrics to establish agreed cohorts and exclusion criteria for VTE risk assessment compliance, which will enable accurate data for IQPR/reporting.
Risks:	Corporate Risk 720: Risk that VTE risk assessments are not completed



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

Division	SubDivision	Number Risk		Percentage
		Assessed	Total Patients	Risk Assessed
Diagnostics and Therapies	Radiology	39	39	100.0%
Diagnostics and Therapies Total		39	39	100.0%
Medicine	Medicine	2,205	2,993	73.7%
Medicine Total		2,205	2,993	73.7%
Specialised Services	BHOC	2,311	2,409	95.9%
	Cardiac	346	496	69.8%
Specialised Services Total		2,657	2,905	91.5%
Surgery	Anaesthetics	23	23	100.0%
	Dental Services	125	153	81.7%
	ENT & Thoracics	271	356	76.1%
	GI Surgery	978	1,241	78.8%
	Ophthalmology	416	423	98.3%
	Trauma & Orthopaedics	153	225	68.0%
Surgery Total		1,966	2,421	81.2%
Women's and Children's	Children's Services	21	31	67.7%
	Women's Services	1,311	1,530	85.7%
Women's and Children's Total		1,332	1,561	85.3%
Grand Total		8,199	9,919	82.7%

Reporting Month: October 2023

STANDARD	QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)
<p>Background:</p>	<p>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%.</p>
<p>Performance:</p>	<p>In October, there were 49 patients eligible for the Best Practice Tariff (BPT): 23 in Bristol and 26 in Weston. For the 36hr time to surgery standard, 24/49 patients (49%) achieved the standard. For the 72-hour time to Ortho-geriatric assessment, 49/49 patients (100%) achieved the standard. 23/49 (47%) achieved BPT.</p> <p>At Bristol sites 23 patients were eligible for Best Practice Tariff in October 2023; 5/23 (22%) achieved all the targets for the BPT. At Weston there were 26 eligible patients discharged; 18/26 achieved overall BPT = 69%.</p>
<p>Actions:</p>	<p>Underlying Issues (Weston): 6 patients missed the surgery target. 5/6 was due to theatre capacity. 1 patient missed due to medical issues and needed optimisation before a safe operation could proceed. Elective and CEPOD lists are occasionally available to support increased trauma demand. Limited by staffing and theatre space to offer any more options.</p> <p>Actions (Bristol):</p> <ul style="list-style-type: none"> • Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties. • Poor results discussed in T&O Governance & Silver trauma steering group meeting so ideas for improvement could be discussed. • Actively re-patriating patients to WGH to avoid breaches. • Trauma SOP signed off to allow the allocation of a "Golden Patient", enabling a prompt start. • Restart of Automatic send. <p>Actions (Weston):</p> <ul style="list-style-type: none"> • Elective and CEPOD lists are used to operate on patients with fractured neck of femur where possible but staffing and theatre space limits other opportunities.
<p>Risks:</p>	<p>924: Risk that there is a delay in hip fracture patients accessing surgery within 36 hours of admission. 1834: Risk of failure to achieve best practice tariff and good quality care for patients with #NOF</p>

Performance Report

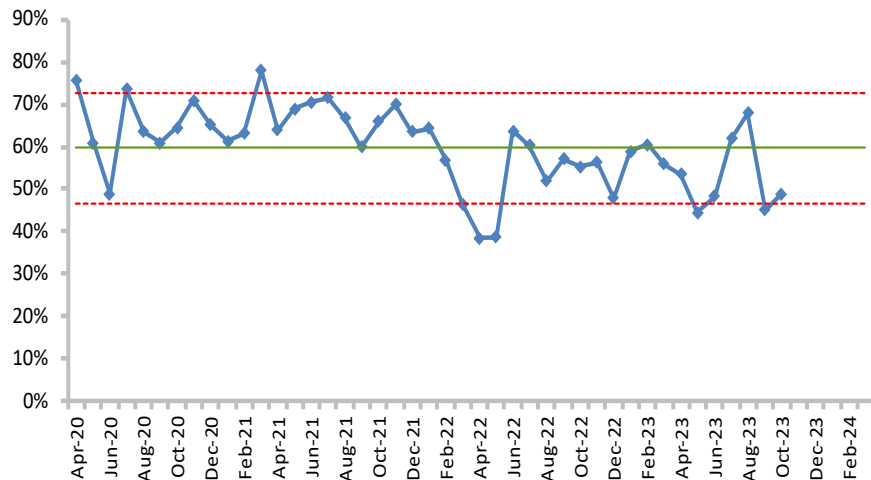
Reporting Month: October 2023

STANDARD

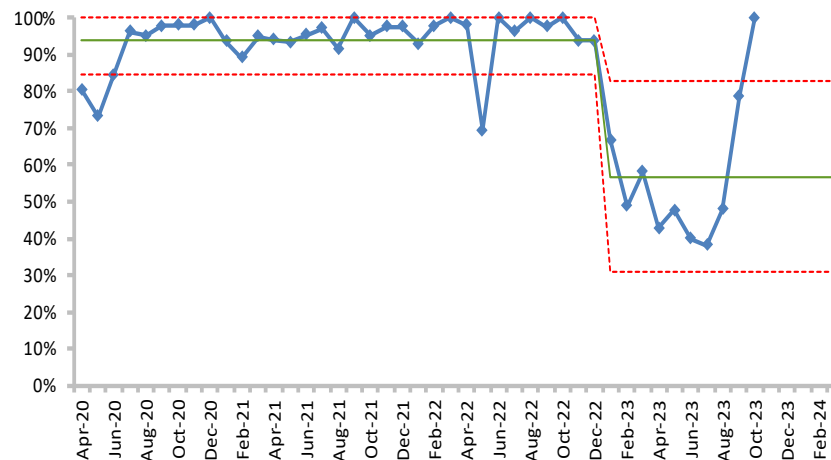
QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)

	Oct-23				
	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	23	5	22%	23	100%
Weston	26	19	73%	26	100%
TOTAL	49	24	49.0%	49	100.0%

Fracture Neck of Femur Patients Treated Within 36 Hours



Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours



Reporting Month: September/October 2023

STANDARD		QUALITY AND SAFETY: DETERIORATING PATIENT
Background:	<p>Delayed recognition and response to patient deterioration is nationally recognised as one of the significant causes of avoidable harm. This is a long-term improvement programme (to March 2025) with several workstreams reported in more detail as part of the Patient First Deteriorating Patient corporate project. The programme includes implementation of an adult critical care outreach team across the BRI main site (already in place in Weston General Hospital), a refresh of e-observations monitoring of patients' vital signs and supporting resources, use of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and monitoring pregnant patients in non-maternity settings. The number of cardiac arrests in general adult wards and unplanned adult ITU admissions are the proxy outcome indicators for prompt recognition and response to patient deterioration.</p>	
Performance:	<p>The graph for unplanned ITU admissions has altered to show only results from April 23 onwards. This is because the national sampling method for the unplanned ITU admissions (inpatient) outcome measure was altered between 22-23 and 23-24. For 22-23 reporting, all patients regardless of their NEWS2 score were included if they were classed as an unplanned admission; for 23-24 reporting, only patients with a NEWS2 score of ≥ 5 are included in the figure given in the graph. Patients with a NEWS2 score (≥ 5) are sampled because this audit aims to measure and identify improvements in the clinical outcomes for patients who deteriorated prior to being admitted to ITU. Providing data from April 23 onwards ensures consistency and transparency with reporting.</p> <p>In October 2023 there were three cardiac arrests in general ward areas. There is ongoing work with data refinement following which an improvement goal will be set.</p> <p>In September 2023 there were 11 unplanned ITU admissions. The 2023/24 CQUIN delivery target for unplanned ITU admissions is for fewer than 30% of unplanned ITU admissions to be patients with NEWS2 score of 5 or greater (with some nationally set exclusions). For Q2 2023/24 the percentage was 29.4% compared to 30.5% in Q1. Actions described below are being taken as part of our Deteriorating Patient Improvement Programme.</p>	
National Data:	N/A	
Actions:	<ul style="list-style-type: none"> • New Recognising, Escalating and Responding to the Deteriorating Patient (Adult) eLearning package has been disseminated and advertised to staff required to undertake this as mandatory training. • Communications published via Connect for ReSPECT/ReSPECT Plus, update ReSPECT induction video (doctors) and development of ReSPECT eLearning. • Care of pregnant and post-partum patients in non-obstetric settings SOP went live 13th November (including review and update of maternal sepsis pathway). • Targeted 'train the trainer' session on Modified Obstetric Early Warning Score (MOEWS) for Adult Practice Education Facilitators (PEFs) (clinical areas where data suggests highest proportion of pregnant patients attend). 	

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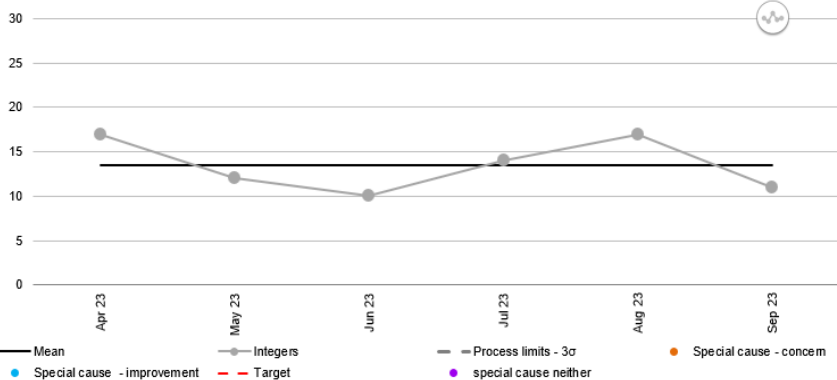
STANDARD

QUALITY AND SAFETY: DETERIORATING PATIENT

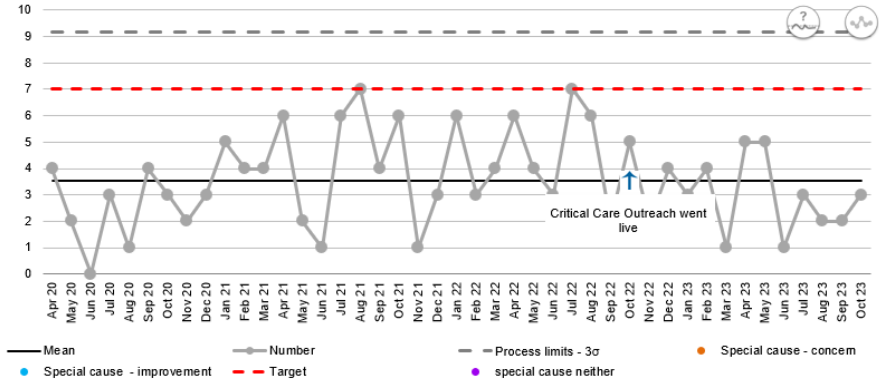
Actions (continued):

- Development of bespoke 'care of pregnant patients and use of MOEWS in non-obstetric settings' eLearning package.
- Deteriorating Patient proforma trial, aiming to improve documentation during a period of deterioration.
- Requirement to utilise CCOT metrics alongside Patient Safety Improvement Team (PSIT) measures for improvement to ascertain the impact of CCOT referrals on ITU processes.
- Incorporation of data (measures for improvement) in all areas of governance – reporting/ escalation – to aid transparency and drive progress.

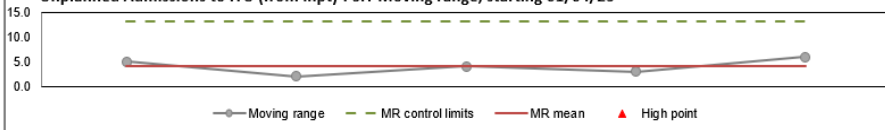
Unplanned Admissions to ITU (from inpt)-PSIT starting 01/04/23



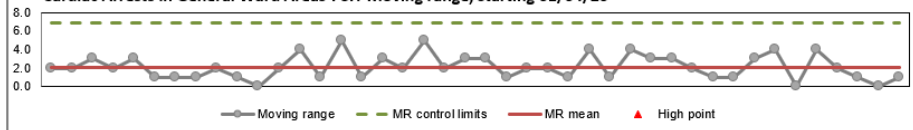
Cardiac Arrests in General Ward Areas-PSIT starting 01/04/20



Unplanned Admissions to ITU (from inpt)-PSIT Moving range, starting 01/04/23



Cardiac Arrests in General Ward Areas-PSIT Moving range, starting 01/04/20



Performance Report



Reporting Month: October 2023

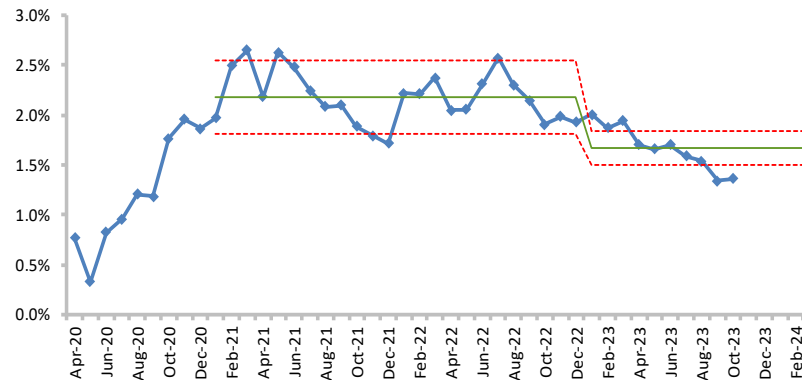
STANDARD OUR PEOPLE: WORKFORCE AGENCY USAGE

Performance: Agency usage increased by 4.7 FTE. There were increases within three divisions. The largest divisional increase was seen in Women’s and Children’s, where usage increased to 52.2 FTE from 40.8 FTE in the previous month. There were reductions within four divisions. The largest divisional reduction was seen within Medicine, where usage reduced to 57.2 FTE from 65.5 FTE in the previous month.

- Actions:** Actions taken to mitigate agency usage and encourage bank use during October are:
- There were 79 new starters across the Bank in October, including 21 re-appointments.
 - The Bank team held a successful "Thank the Bank Day" in October with visits to the different wards and departments to celebrate the contribution of the bank workforce.
 - System work continues at ICB level to drive the supply of lower cost framework nursing agency supply with a renewed focus on developing a plan to deliver cap compliant agency supply.
 - In the last month, the Trust has reduced the notice that it puts out Tier 1 nursing agency shifts from one week to 72 hours. In addition, the Trust has also stopped using Tier 3 nursing agencies in an attempt to drive down agency spend.
 - The bank team hosted a children’s nurse agency engagement day in October in an effort to try and drive an increase in the lower cost agency supply and as a result reduce the Trusts spend on agency nurses in the Children’s hospital.
 - Ongoing work continues to encourage the UHBW Bank as the employer of choice for temporary workers with an increased Band 5 Bank RN rate and an improved bank experience in clinical areas.
 - The Trust continues to encourage “block bookings” to reduce the use of last minute, non-framework reliance.
 - Active recruitment continues to substantive medical roles in the Weston Division to drive down the demand for high-cost agency usage.
 - The Trust continues to offer school hour and twilight shifts in a small number of clinical areas within the division of Medicine as a pilot to reduce the number of unfilled shifts, this is in place for both registered and unregistered nursing workers.

Risks: Corporate Risk 674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce

Percentage Agency Usage

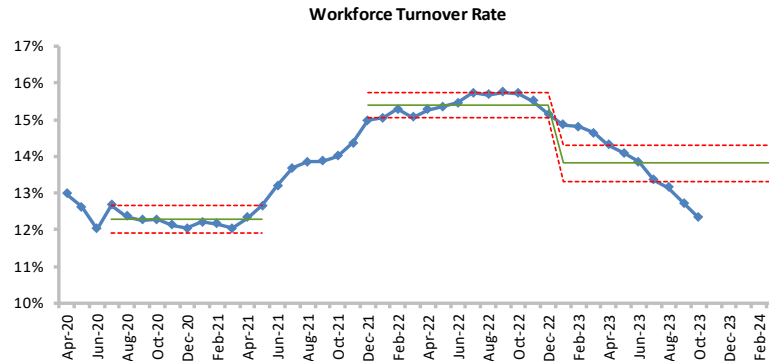


Performance Report



Reporting Month: October 2023

STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
<p>Performance:</p>	<p>Turnover for the 12-month period reduced to 12.3% compared to 12.7% (updated figures) for the previous month. Seven divisions saw a reduction whilst no divisions saw an increase in turnover, and one remained static in comparison to the previous month. The largest divisional reduction was seen within Specialised Services, where turnover reduced by 1.1 percentage points to 10.64% compared with 11.75% the previous month. There were no divisional increases, Medicine division remained static. Five staff groups saw a reduction and two staff groups saw an increase in comparison to the previous month. The largest staff group reduction was seen within Healthcare Scientists, where turnover reduced by 1.6 percentage points to 9.52% compared with 11.17% the previous month. The largest staff group increase was seen within Medical and Dental, where turnover increased by 0.5 percentage points to 4.6% compared with 4.1% the previous month. Turnover rate for Band 5 nurses in October is 13.4% (compared with 14.1% for September).</p>
<p>Actions:</p>	<p>Work taking place during October to reduce turnover is as follows:</p> <ul style="list-style-type: none"> • A report highlighting exit feedback is being collated and presented at the Trust Recruitment and Retention Group for assessment of themes and actions required. This will shape the actions of the group going forward in support of the retention agenda. • Staff Survey 2023: A robust and communications plan has been developed to maximise the response rate. Working collaboratively with divisions to provide up to date response rates, to drive local completion rates and highlight areas of focus to increase response rates. • As part of the programme of work to aid retention, a recognition brochure has been developed for colleagues to promote the recognition benefits of working in the organisation which will be distributed trust wide, with a particular focus on induction. Currently awaiting sign off and launch of the new organisational branding. • Funding application for the Recognising Success awards has been submitted to Bristol and Weston Hospitals Charity with a project plan in place to commence preparations in November. • In preparation of the launch of the Respecting Everyone Policy and suite of resources in November, 20 online roadshows were delivered to almost 500 colleagues Trust wide to provide awareness in anticipation of the new early resolution framework to improve staff experience.
<p>Risk:</p>	<p>Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce</p>

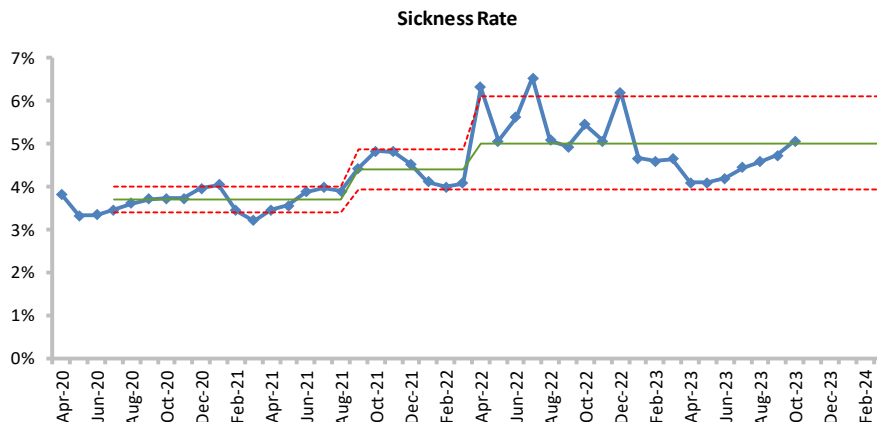


Performance Report



Reporting Month: October 2023

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
<p>Performance:</p>	<p>Sickness absence increased to 5.1% compared with 4.7% the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence. There was a reduction within one division, Facilities and Estates, where sickness reduced by 0.6 percentage points to 7.6%, compared to 8.2% in the previous month. There were increases within all other divisions. The largest divisional increase was seen within Specialised Services, increasing to 4.9%, compared with 4.1% in the previous month. There were reductions within four staff groups. The largest staff group reduction was seen within Estates and Ancillary, reducing to 8.7% from 9.0% in the previous month. There were increases within the other four staff groups. The largest staff group increase was seen within Healthcare Scientists, increasing by 1.4 percentage points to 4.0% from 2.6% in the previous month.</p>
<p>Actions:</p>	<p>Work taking place during October to reduce and manage sickness absence is as follows:</p> <ul style="list-style-type: none"> • A workplace menopause conference held in October was attended by 108 colleagues and provided proactive advice and signposting to support symptom management within the workplace. • A webinar to overview services provided by the Avon Partnership Occupational Health Service was delivered to 50+ colleagues in October. The aim is to promote early intervention and uptake. • The Workplace Wellbeing April-September 2023 biannual report summarises activities undertaken to support and protect colleagues throughout the employee journey and includes the strategic objectives and milestones to achieve in the next 6 months. • The Supporting Attendance Policy has been amended to remove mandatory HR presence at all meeting stages therefore managers are able to meet with colleagues who have high levels of absences in a quicker timescale in a more informal and supportive way. This policy is now in its final stages of ratification and will be launched alongside the reasonable adjustment process in January 2024. The policy includes Disability Leave which has been nationally recognised as good practice in terms of supporting those with long term health conditions and disabilities in the workplace. • The Reasonable Adjustment passport has been reviewed and will be relaunched in January. This will include a simplified route for staff to request more complex adjustments and a multidisciplinary group that can review requests that are not accommodated and/or have funding issues.



STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

Performance:

Overall vacancies reduced to 4.0% (481.8 FTE) compared to 4.1% (490.5 FTE) in the previous month. The largest divisional increase was seen in Surgery where vacancies increased to 203.3 FTE from 182.4 FTE in the previous month. The largest divisional reduction was seen in Women's and Children's, where vacancies reduced to 14.0 FTE from 27.9 FTE the previous month. The largest staff group reduction was seen in Nursing, where vacancies reduced to 198.1 FTE from 269.9 FTE the previous month. The over establishment in Medical staff reduced to -4.4 FTE (over-establishment) from -72.3 FTE (over-establishment) FTE the previous month. Consultant vacancy has increased to 35.8 FTE (4.5%) from 24.7 FTE (3.1%) in the previous month. Unregistered nursing vacancies can be broken down as follows:

Band	Vacancy
AfC Band 2	99.2 FTE
AfC Band 3	56.9 FTE
AfC Band 4	-212.6 FTE

One Division is still to make the necessary adjustments to realign the band 2 and 3 Health Care Support Worker vacancy position. This is planned for action in November.

The band 4 over establishment is due to the large number of newly qualified nursing staff awaiting their NMC PINs. Once these staff become fully qualified and have received their PIN, this should reduce the band 4 over establishment, reduce the registered nursing vacancy position, and increase the unregistered nursing vacancy position, which is a much more accurate reflection of the nursing vacancy position.

Actions:

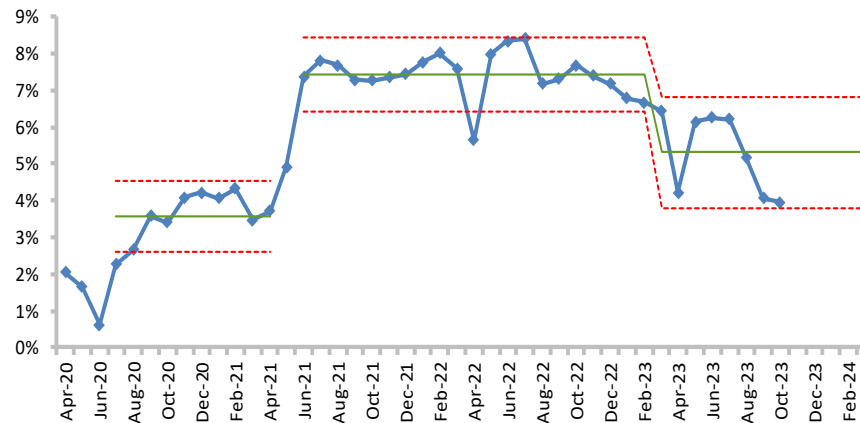
Work taking place to reduce the vacancy rate during October is as follows:

- The Trust received the biggest cohort of Internationally Educated Nurses (IEN) to date, with 58 arrivals. This leaves 43 nurses to arrive in November to take the Trust up to the first target of 320 nurses. A further 60 IEN's are scheduled to arrive across December and January to take the Trust to its final target of 380 for the 23/24 financial year.
- A total of 831 IENs have arrived at the Trust since the beginning of the programme.
- The Trust held a Newly Qualified Nurse Expo at the Bristol Heart Institute for both Adults and Children's nurses. In total 56 students attended of whom six candidates were interviewed and offered on the day, and further 11 candidates completed an application. Other attendees are being followed up to see if they wish to apply for a role with the Trust.
- The Return to Practice Nurse campaign went live in October to encourage former Adult & Children's nurses to return to the profession. A social media campaign was launched to promote this recruitment. Results to follow.
- 29 substantive Healthcare Support Workers (HCSW) started in the Trust during the month of October and a further 18 have been offered.
- 18 Registered Nurse Degree Apprentices (RNDA), 31 Accelerated Registered Nurse Degree Apprentices (ARNDA) and 13 Trainee Nursing Associates (TNA) have started their apprenticeship programme.

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STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
<p>Actions (continued):</p>	<ul style="list-style-type: none"> • 12 Apprentice HCSW's are currently going through pre-employment checks and will be starting in the Trust at the start of December on their Level 3 Health and Social Care Apprenticeship. • The Talent team delivered a successful mass recruitment event for admin and clerical staff at Ashley Down College. 152 candidates attended and 22 offers were made on the day. A further 29 candidates were added to a talent pool. This was the fifth mass recruitment event organised by the Trust to recruit to admin roles and help increase the diversity of the candidate pool. • A Locum Consultant in Diabetes and Endocrinology and a Locum Consultant in Orthopaedic Trauma Surgery started in Weston. A further four clinical fellows were cleared for start dates in November. • Two consultant grade doctors and one specialist doctor in Emergency Medicine were offered in Weston. The Trust also appointed to the final six Clinical Fellows vacancies in Medicine Weston. These recent appointments will bring the SHO and middle grade rotas to full establishment, an unprecedented position since the merger. • 28 substantive Allied Health Professionals and 24 substantive Healthcare Scientists joined the Diagnostics and Therapies division in October. • One Internationally Educated Occupational Therapist started in the Trust with another confirmed to start in November. This is part of the continued collaborative AHP international recruitment with the ICB system partners. • One Internationally Educated Radiographer joined and five further radiographers are confirmed to start in November. • The Pastoral team welcomed eight International Medical Graduates (IMGs) to the Bristol site and one to the Weston site in October.
<p>Risks:</p>	<p>Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff</p>

Vacancy Rate (Vacancy FTE as Percent of Funded FTE)



Performance Report



Reporting Month: October 2023

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
<p>Performance:</p>	<p>At the end of October:</p> <ul style="list-style-type: none"> • 5,075 patients were waiting 52+ weeks against the Operating Plan trajectory of 5,082. • 1,806 patients were waiting 65+ weeks against the Operating Plan trajectory of 1,050. • 242 patients were waiting 78+ weeks. • 0 patients were waiting 104+ weeks. <p>For 2023/24 the Operating Plan assumes that no patients will be waiting over 78 weeks. The next national ambition is to have no patients waiting 65+ weeks by the end of March 2024.</p> <p>NB: dispensation for industrial action continues to inform the revision of in-year trajectories.</p>
<p>National Data:</p>	<p>For September 2023, across all of England, 5.2% of the waiting list was waiting over 52 weeks. UHBW's performance was 8.9% (5,813 patients) which places UHBW as the 12th highest Trust out of 168 Trusts that reported RTT wait times.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • At the end of October 2023, there were no patients waiting over 104+ weeks. This is a sustained position, with February 2023 being the last time a patient was reported waiting 104 weeks or longer. • The Trust continues to work towards the elimination of any patient waiting longer than 78 weeks and plans developed with clinical divisions are being enacted in order to achieve this ambition, although a combination of industrial action along with a higher presentation of trauma cases within paediatric services has impacted performance against the plans. Despite these challenges, at the end of October the number of patients waiting more than 78 weeks had reduced to 242 from 287 in September and the Trust continues to work towards reducing long waits through specific initiatives including the expansion of insourcing in clinical genetics, and dental specialties where there are recognised national challenges. • Of the 242 patients waiting 78 weeks or longer at the end of October, 9 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 October was 1,806 against the operating planning trajectory of 1,050, which is an improvement on the September position when 2,183 patients were waiting 65 weeks or longer. <p>Actions being taken to reduce the number of long waiting patients includes:</p> <ul style="list-style-type: none"> • Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and Spire to support their recovery in Cleft services. The service are also insourcing using KPI Health for paediatric dental clinics and extractions which commenced mid-January, with schedules being provided each month. The contract agreement with KPI Health has been extended for 2023/2024. • The Trust has established insourcing arrangements for outpatient services in oral surgery, oral medicine, gynaecology, sleep, respiratory medicine and dermatology.

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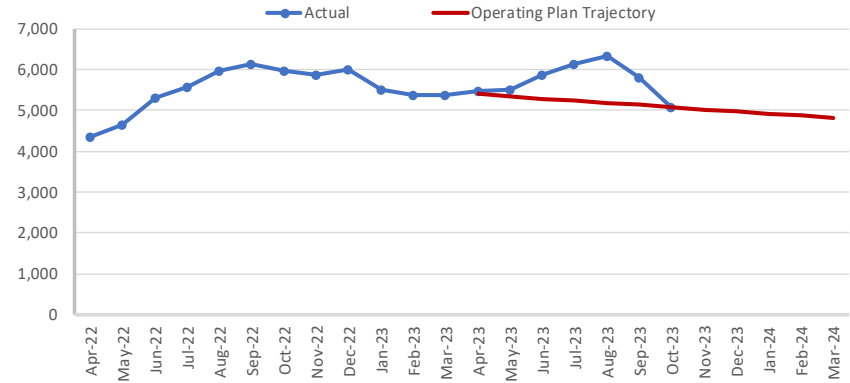
Reporting Month: October 2023

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

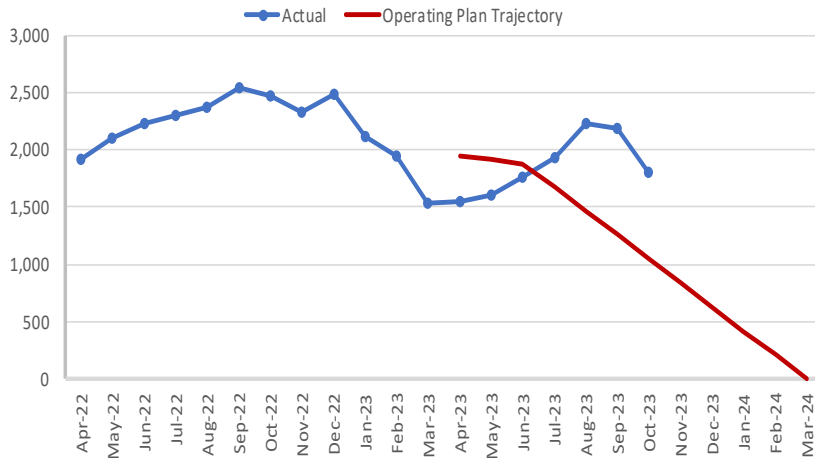
STANDARD REFERRAL TO TREATMENT (RTT) LONG WAITS

	Oct-23		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	1	0	0
Medicine	890	238	0
Specialised Services	175	55	18
Surgery	3,185	1,225	187
Women's and Children's	824	288	37
Other	0	0	0
UHBW TOTAL	5,075	1,806	242

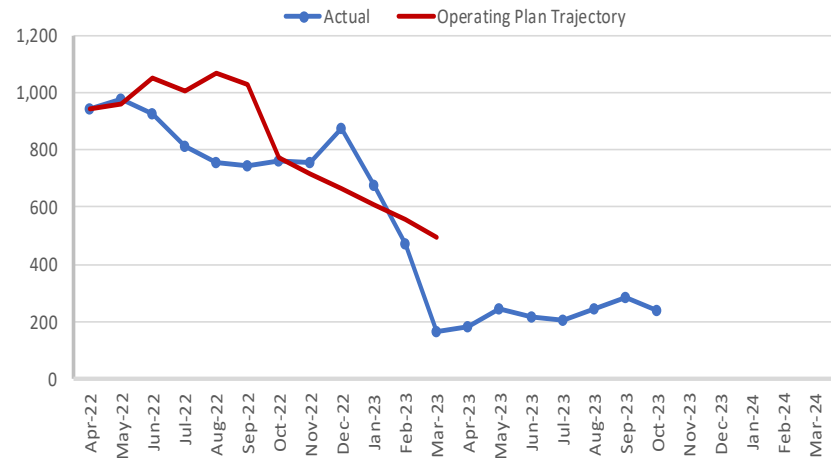
Number of Ongoing Patients Waiting 52+ Weeks at Month End



Number of Ongoing Patients Waiting 65+ Weeks at Month End



Number of Ongoing Patients Waiting 78+ Weeks at Month End



Reporting Month: Sep/Oct 2023

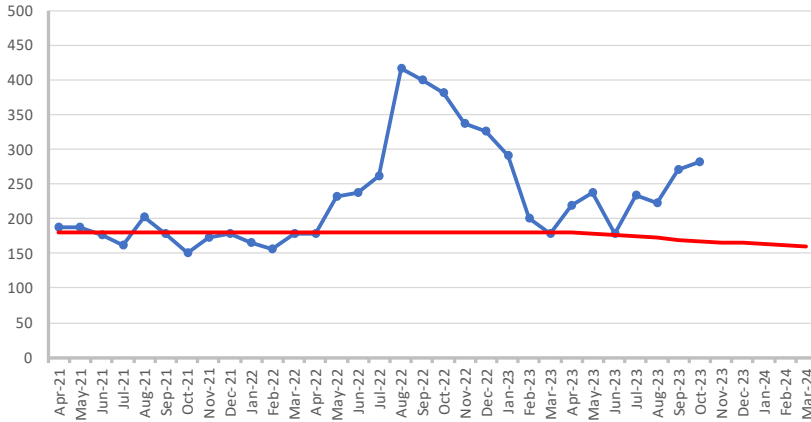
STANDARD	CANCER WAITING TIMES
<p>Performance:</p>	<p>At the end of October, the Trust had 282 patients waiting 62+ days on a GP suspected cancer pathway. The Trust has an operating planning trajectory of not exceeding 168 patients at the end of October 2023, reducing to 160 by March 2024.</p> <p>The performance for patients treated within 62 days of an urgent GP referral is reported a month in arrears. For September, 59.1% of patients were seen within 62 days. The national constitutional standard remains at 85%.</p> <p>The “Faster Diagnosis Standard” (FDS) is also reported a month in arrears, and this measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. The Trust’s improvement trajectory returns to 75% by March 2024. Performance in September was 48.4% against a revised improvement trajectory of 70%.</p>
<p>National Data:</p>	<p>National data for patients treated within 62 days of an urgent GP referral is shown on the page 10. Latest national data for quarter 2 2023/24 shows UHBW at 64.8% against an England average of 61.6%. This puts UHBW 71st out of 139 Trusts.</p>
<p>Actions:</p>	<p>The Trust was compliant with the trajectory for patients waiting 62+ days on a GP suspected cancer pathway at the start of July, but that since deteriorated with the impact of industrial action. Performance is in a repeating pattern of improving and then falling sharply following each period of industrial action. At the end of October, the number waiting 62+ days was 282, an increase from the position reported at the end of September (270), although the position has started to improve into November. The Trust continues to strive to reduce the number of long waiting patients, working towards the operational planning target of no more than 160 patients waiting 62+ days by the end of March 2024. Actions focus on replacing activity lost to industrial action and continue to concentrate on reducing waits in gynaecology, lower GI and skin through use of locums, outsourcing and additional permanent capacity where required.</p> <p>Performance against the Faster Diagnosis Standard was met during March 2023 but has deteriorated in the six months since, with September reporting 48% (August 56%, July 59.5%). The performance has been impacted by a combination of industrial action and the impact of the Trust having been unable to cease the mutual aid support being provided to Somerset NHS FT for dermatology until November. Recovery to compliance with the 75% standard by the end of the financial year is still attainable although increasingly challenging, dependent on impact of future industrial action.</p> <p>Actions to improve the position include ensuring prompt first appointments in high volume specialities and reducing waiting times for key diagnostic tests such as hysteroscopy, CT, ultrasound and endoscopy. As referenced above, the predicted under-performance against trajectory due to ongoing issues in dermatology was resolved with mutual aid arrangements with Somerset NHS FT ceasing from 1st November. It will take some time for the existing patients pathways to complete and as such the full impact of this improvement will not be seen until Q4.</p> <p style="text-align: right;"><i>...continued over page</i></p>

STANDARD	CANCER WAITING TIMES
<p>Actions (continued):</p>	<p>During September, the Trust achieved the subsequent radiotherapy and subsequent chemotherapy treatment standards. The faster diagnosis standard for screening and the 62 day standard for screening were also achieved. Performance against the other retrospective standards remains non-compliant due to the impact of industrial action.</p> <p>The Trust continues to work towards delivering its improvement action plan although progress on most has been negated by the impact of industrial action where, for example, additional capacity is being used to replace that lost to strikes, rather than as intended to improve the position. As there have been no periods of industrial action since early October, improvements have started to be seen as services begin to recover and actions have been taken to improve focus on increased activity to clear the backlogs in a number of specialties, including dermatology, gynaecology, ENT and endoscopy. This increase, which is above that already planned pre-industrial action, is being achieved through insourcing and use of locums and it should be noted that the gynaecology service is also working to increase the proportion of patients eligible for one-stop clinics.</p> <p>Patient safety is at the heart of all performance management in cancer and is being maintained.</p> <p>It should be noted that the statutory cancer standards are due to change from October's performance (the next IQPR report). There will be a single standard each for 28 day, 62 day, and 31 day performance. All patients eligible to be reported under the existing rules will continue to be reported in the relevant new standard's figures.</p>
<p>Risk:</p>	<p>Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met</p>

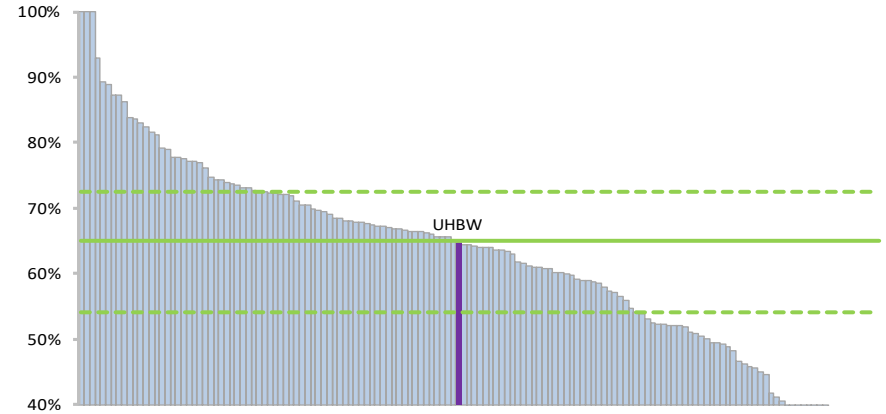
STANDARD

CANCER WAITING TIMES

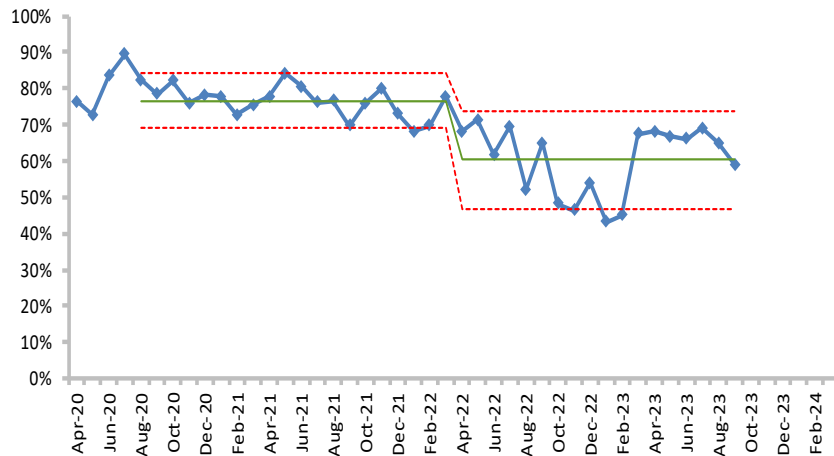
Cancer 62+ Day Standard - Numbers Waiting 62+ Days



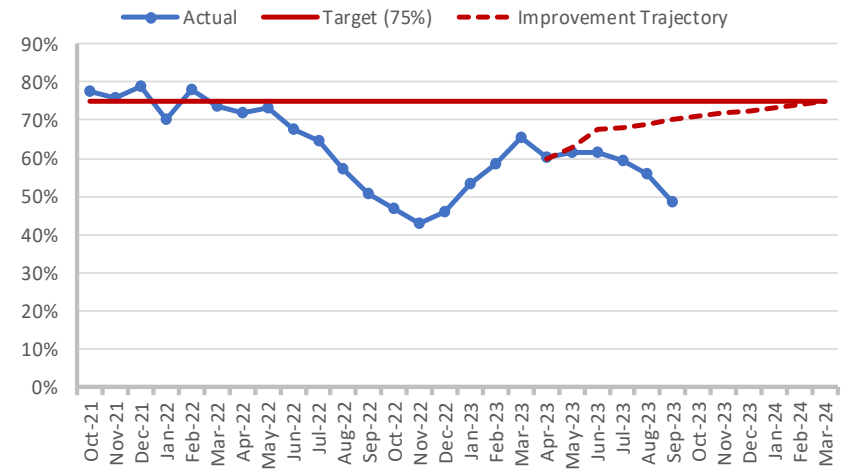
Benchmarking: Percentage Treated Within 62 Days of GP Referral - 2023/24 Quarter 2



Cancer 62 Day Referral To Treatment (Urgent GP Referral)



28 Day Cancer Faster Diagnosis Standard



Performance Report



Reporting Month: October 2023

STANDARD	DIAGNOSTIC WAITING TIMES
<p>Performance:</p>	<p>The ambition set as part of the Trust's operational planning submission is that 83.3% of patients will be waiting under six weeks by end of March 2024. As at the end of October, 75.5% of patients had been waiting under 6 weeks, against a performance trajectory of 79.1%.</p> <p>At the end of October 2023, there were a total of 232 patients waiting 26+ weeks which is 1.7% of the waiting list. The target was to have zero patients waiting 26+ weeks by October 2023.</p> <p>At the end of October 2023, there were a total of 1002 patients waiting 13+ weeks which is 7.2% of the waiting list. The target for end of October was 591 and an expectation to have zero patients waiting 13+ weeks by March 2024.</p>
<p>National Data:</p>	<p>For September 2023, the England total was 72.8% of the waiting list under six weeks. UHBW's performance was 74.9% which places UHBW 90th of 155 Trusts that reported diagnostic wait times.</p>
<p>Action/Plan:</p>	<ul style="list-style-type: none"> At the end of October, diagnostic performance against the six week wait standard was reported as 75.5% against the operational planning trajectory of 79.1%. This is an improvement on the position reported in September (74.9%) and October also saw a reduction in the number of patients waiting over 13 and 26 weeks, with 23 modalities/sub-modalities improving on the September reported performance. The number of patients waiting beyond 26 weeks reduced in October to 232 from 311 in September and, whilst the Trust had planned to clear all patients waiting over 26 weeks by October 2023, ongoing efforts continue to eliminate any waits greater than 26 weeks. Challenges in the Sleep Service present a significant risk to diagnostic performance, along with the continued impact of industrial action, sickness in niche sub-modalities, and capacity constraints, particularly for patients requiring their procedures under general anaesthetic (GA) Endoscopy (adults) performance against the six-week standard continues to improve well ahead of the trajectory to 57.6%, although the elimination of patients waiting over 26 weeks is challenging and performance did not improve in October for the second consecutive month. This is attributed to capacity challenges in the service, impact of IA and ongoing complex patients queries and complex patients requiring their procedures under GA, where capacity is limited and prioritised for the most clinically urgent patients. Ongoing challenges remain, with actions in place to mitigate risk wherever possible. Challenges in Non-obstetric ultrasound have previously been noted as potential risks to overall diagnostic performance, particularly in reducing to zero patients waiting over 13 weeks by March 2024. This modality saw a slight deterioration in performance in October and an increase of long waiters. The Division continues to consider other opportunities which may help to improve performance in this service. A digital mutual aid system (DMAS) request is also live requesting mutual aid for the adult ultrasound patients from other local suitable providers. Performance and long waiters in Sleep Studies poses the most significant risk and challenge to diagnostic performance. The service is using additional capacity to improve performance and waiting times for patients and mutual aid from other providers has been explored. Some improvements are materialising but the issues in this service are considerably complex and will require extensive and sustained actions across key areas. Service-wide demand and capacity modelling is being undertaken over Quarter 3 along with the development of recovery trajectories.

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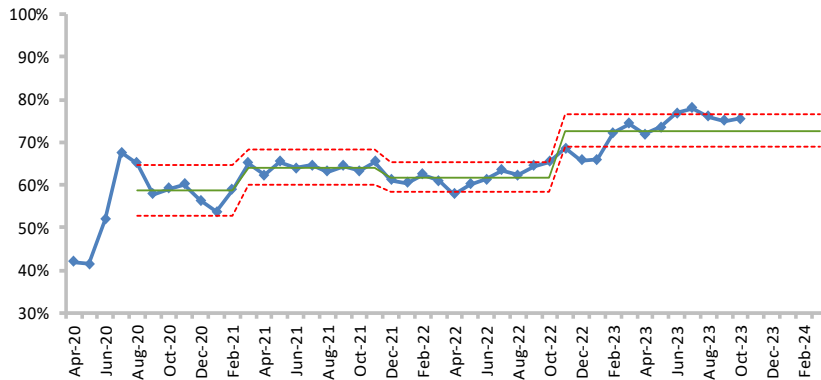
Performance Report



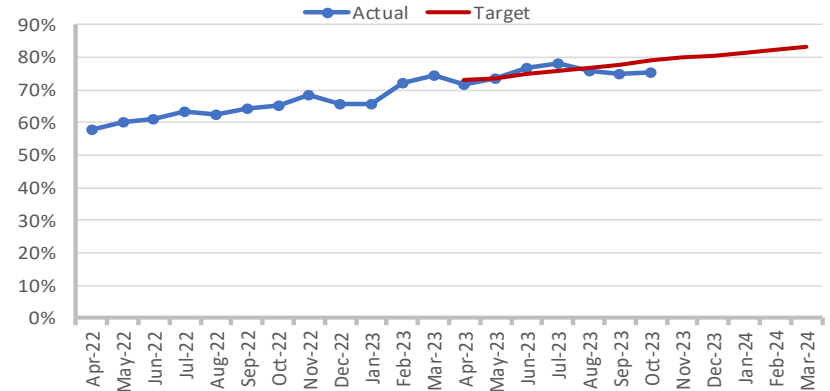
Reporting Month: October 2023

STANDARD	DIAGNOSTIC WAITING TIMES
Action/Plan (continued):	<ul style="list-style-type: none"> Modality-level diagnostic trajectories and plans for 23/24 are in place across the Trust. The other 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 and the growing waiting list in the Sleep Service. The Trust continues to utilise transferred capacity and outsourcing to the independent sector which are integral to the diagnostic recovery plans for 23/24.
Risk:	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

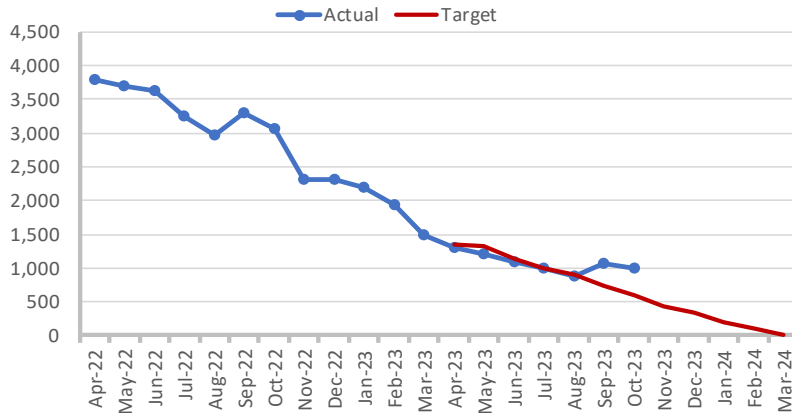
Diagnostics Under 6 Week Wait (15 Key Tests)



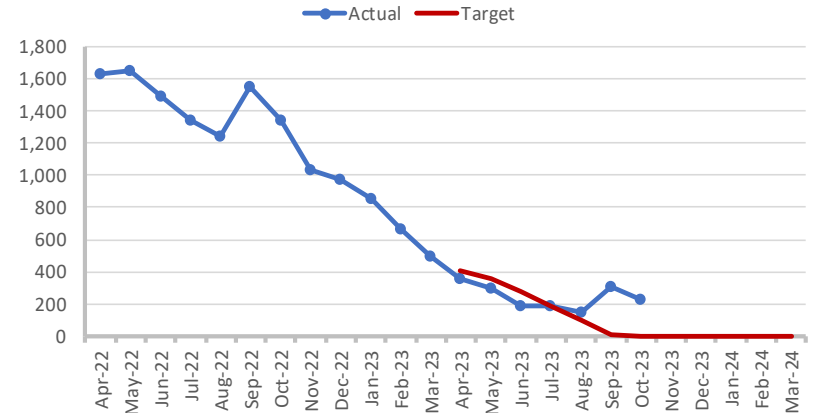
Diagnostics Percentage Waiting Under 6 Weeks



Diagnostics Numbers Waiting 13+ Weeks



Diagnostics Numbers Waiting 26+ Weeks



Performance Report

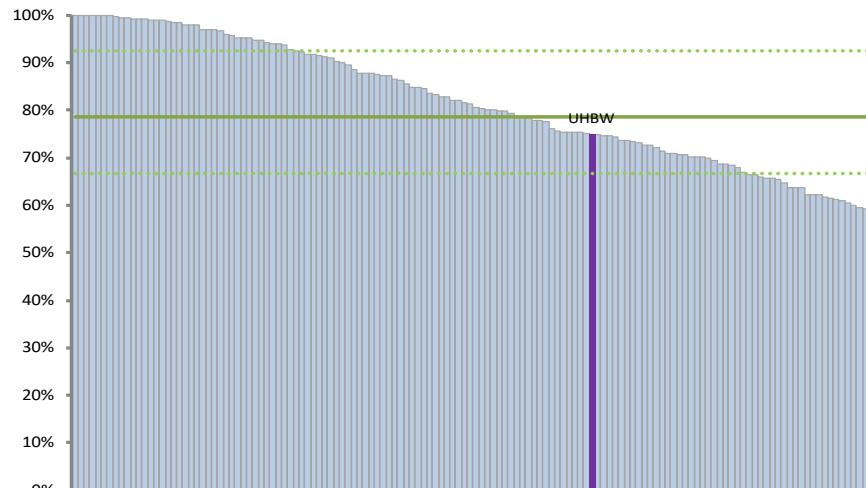
Reporting Month: October 2023

STANDARD DIAGNOSTIC WAITING TIMES

End of October 2023

Modality	Total On List	Under 6 Weeks			13+ Weeks		26+ Weeks	
		Number	Percentage	Mar24 Target	Number	Percentage	Number	Percentage
Audiology Assessments	533	15	97%	97%	1	0%	0	0%
Colonoscopy	441	203	54%	53%	135	31%	57	13%
Computed Tomography (CT)	1,846	115	94%	81%	26	1%	1	0%
DEXA Scan	553	160	71%	68%	13	2%	0	0%
Echocardiography	1,926	528	73%	85%	6	0%	0	0%
Flexi Sigmoidoscopy	134	64	52%	53%	41	31%	9	7%
Gastroscopy	498	218	56%	55%	124	25%	26	5%
Magnetic Resonance Imaging (MRI)	2,499	294	88%	95%	138	6%	49	2%
Neurophysiology	207	11	95%	99%	1	0%	0	0%
Non-obstetric Ultrasound	5,175	1,730	67%	83%	427	8%	1	0%
Sleep Studies	165	93	44%	51%	90	55%	89	54%
Other	0	0			0		0	
UHBW TOTAL	13,977	3,431	75.5%	83.3%	1,002	7.2%	232	1.7%

Benchmarking - Percentage Under 6 Weeks - September 2023



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

Performance	<p>Waits in ED from arrival to discharge, admission or transfer</p> <p>The total time spent in the emergency department (ED) measures from arrival time to discharge/admission time. There are two standards reported:</p> <ol style="list-style-type: none"> 1. The “4 Hour Standard”. This is the standard that has been reported in previous years and had a constitutional standard of 95%. For 2023/24, Trusts are required to return performance to 76% by March 2024, i.e. 76% of ED attendances should spend less than 4 hours in ED. 2. The “12 Hour Standard”. This standard has a new definition from April 2023 related to the proportion of patients attending ED who wait more than 12 hours from arrival to discharge, admission or transfer, with an operational standard of no more than 2%. <p>Note: both these standards apply to all four emergency departments in the Trust.</p> <p>During October, 64.7% of attendances spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission. This is below the operational planning trajectory of 66.6% for October. The October performance for the "12 Hour Standard" showing a deterioration to 3.8%, compared to 2.8% in September. Both metrics have been impacted by increased bed occupancy during October of 103% BRI and 94% Weston (compared to 93.5% and 89% respectively in July when 12-hour performance was 0.9%). The links between occupancy and four-hour performance are well established, for example in 2022 Health Foundation analysis found a 1% increase in occupancy decreases the probability of achieving the four-hour target by 9.5%.</p> <ul style="list-style-type: none"> • Weston ED attendances slightly decreased in October (4,264), compared to August (4,506) and September (4,342). However monthly admissions from WGH ED peaked in October (1,471), the highest monthly figure year to date. April to September average 1,208 admissions per month. • BRI ED attendances have shown a month on month increase since July 2023 (increase of 8.7% between July and October 2023). • Monthly admissions from BRI ED peaked in October (2,525), the highest monthly figure year to date. April to September average 2,369 admissions per month. <p>12 Hour Trolley Waits</p> <p>This metric is for patients who are admitted from ED, and measures from the Decision To Admit (DTA) time to the Admission Time. This is a standard that has been reported in previous months and will continue to be reported in 2023/24.</p> <p>During October, there were 276 12 Hour Trolley Waits: 172 in Bristol and 104 at Weston, which is a deterioration from the 193 reported in September, again linked to the flow constraints resulting from increased occupancy.</p> <p>Ambulance Handovers</p> <p>Following handover between ambulance and ED the ambulance crew should be ready to accept new calls within 15 minutes. The two metrics reported are the number and percentage of handovers that are completed within 15 or 30 minutes. The current improvement targets are that 65% of handovers should be completed within 15 minutes and 95% within 30 minutes.</p> <p>Of the 4,108 ambulance handovers in October:</p> <ul style="list-style-type: none"> • 845 ambulance handovers were within 15 minutes which was 21% of all handovers • 2,336 ambulance handovers were within 30 minutes which was 57% of all handovers.
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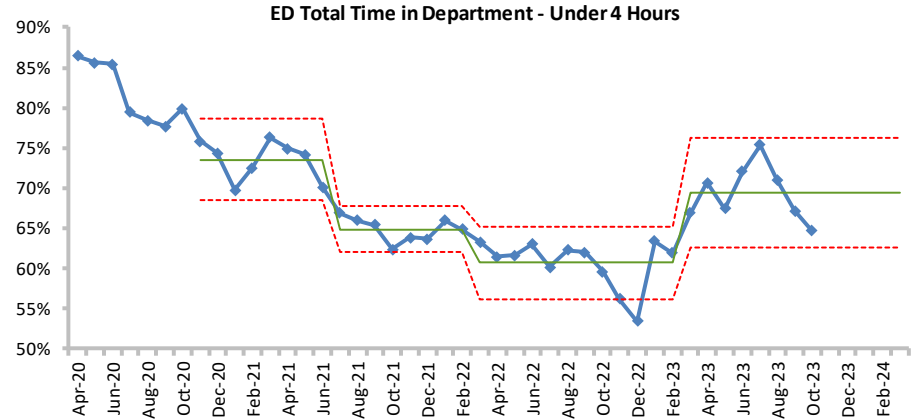
STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
<p>National Data</p>	<p>There are 19 hospitals in the South-West that the Ambulance Service report data for. For October 2023, overall percentage of handovers under 15 minutes was 22.1% across these hospitals. The chart on page 20 shows the distribution: BRHC ranked 2nd highest with 41.8% of handovers under 15 minutes, BRI was 8th highest at 25.3% and Weston was 4th lowest at 9.8%.</p> <p>ED 4-hour national performance is shown on page 18.</p>
<p>Actions:</p>	<p>No Criteria to Reside (NCTR) bed days have also increased which will be contributing to reduced flow. Community delays leading to No Criteria Reside bed days were higher in October 2023 than any month since March 2023. Constraints in flow improved in October with increased discharges across all pathways (74 more discharges in total than in September). However, there was an increase in Acute LoS for D2A patients due to staffing and flow constraints in community services (both Sirona and LA’s). Non recurrent funding has been agreed to purchase “bridging capacity” in home care to support patients moving from Sirona’s Pathway 1 caseload whilst ongoing arrangements for their care are put in place by social care colleagues.</p> <p>A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including:</p> <ul style="list-style-type: none"> • Processing mapping is planned to progress Internal Professional Standards relaunch, which will focus on specialty referral processes from Emergency Departments. • The next phase of launch for the new ‘Care Traffic Control’ dashboard has been agreed in surgery division. Developed by the clinical site management team; this aims to give greater oversight of patient flow, supporting site teams to minimise delays. • A 12-hour improvement plan has also been reviewed (covering BRI and Weston EDs). This now includes a planned review of timeliness of decision to admit, visual management opportunities, refresh of the daily flow workbook and daily flow meeting structures. • In Weston ED, work is continuing to refine and refresh internal escalation processes and action cards around 4-hour performance and ambulance delays • Weston Emergency Department Observation Unit (EDOU) pilot is progressing well, with increasing numbers of patients using the unit. EDOU staffing will be deemed as essential shift for cover. • Within Weston ED, temporary funding has been approved for a new, dedicated ED porter to reduce delays in patient movements and investigations. • Front door audits are planned for week commencing 27th November 2023 at both BRI and WGH EDs in conjunction with SWASFT and Sirona Urgent Care Response Team. The aims are to understand any delays in ambulance handovers and ensure consideration of use of admission avoidance pathways by SWASFT. • Within BRI, a demand and capacity review is under way which will inform workforce strategy plan to bolster weekend staffing. <p style="text-align: right;"><i>...continued over page</i></p>

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
<p>Actions (continued):</p>	<p>Same Day Emergency Care (SDEC)</p> <p>The development of the SDEC offer across the Trust aims to redirect clinically appropriate patients away from Emergency Departments to support patient flow, reduce waiting times and minimise unnecessary admissions.</p> <ul style="list-style-type: none"> • Surgical SDEC - BRI, October data reflected the highest monthly number of admissions (360) to SDEC in 2023 to date, compared with September (329) and August (324). The average wait in ED prior to SDEC visit in October was 3hr21min, a consistent improvement from 3hr38min in September and 3hr56min in August, despite the higher number of patients seen. Admission rates from SSDEC have also shown a month on month decrease; from 25.3% in August to 22.2% in September, to 20.0% in October 2023. These positive improvements are reflective of case mix and the recent introduction of an additional dedicated porter and a dedicated SDEC coordinator that supports the management of flow. Two Advanced Practitioner roles also started in post during September and October. • Weston: October data reflected the improvement on monthly number of admissions (653), compared with September (570) and August (518). It is noted that hospital admission rates from Weston SDEC have increased in October (10.1%) when compared to August 7.7% and September 6.1%. This increase is a consequence of the unit seeing an increasingly acute patient cohort that appropriately benefits from SDEC specific services. The average wait in Weston ED prior to SDEC visit in October was 1hr20min, an improvement from 1hr58min in September. A new direct to SDEC pathway will be available from 27th November for surgical patients, to support in ED avoidance. • BRI Medical SDEC: BRI have extended the trial pathway to admit non-ambulant expected patients via medical SDEC to support decompression of ED majors. The initial pilot enabled a proportion of patients who would otherwise have been admitted, to be converted to Same Day Emergency Care. October data reflected the highest monthly number of admissions to SDEC (826) to date, compared with September (766) and August (659). Inpatient admission rates from BRI Medical SDEC have remained stable for the last quarter (20.6% August, 20.0% September and 20.2% October). Wait times in ED prior to medical SDEC visit have also remained stable (August 1hr52min, September: 2hr6min, October 1hr55min).
<p>Risks:</p>	<p>Corporate Risk 910: Risk that patients in ED do not receive timely and effective care 4700: Risk that a patient may deteriorate whilst being held in the ambulance bay</p>

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

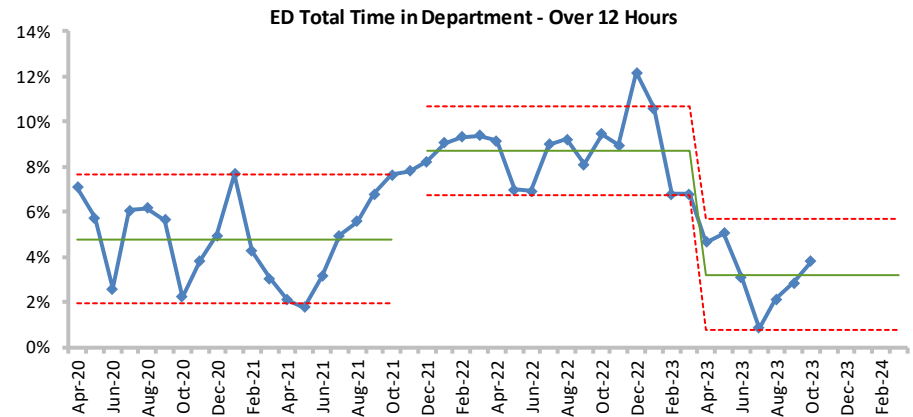
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	Oct-23	2023/24	2022/23
Bristol Royal Infirmary	53.51%	57.6%	46.14%
Bristol Children's Hospital	66.1%	79.9%	71.14%
Bristol Eye Hospital	94.52%	95.59%	95.97%
Weston General Hospital	64.26%	65.51%	55.05%
UHBW TOTAL	64.72%	69.67%	60.94%

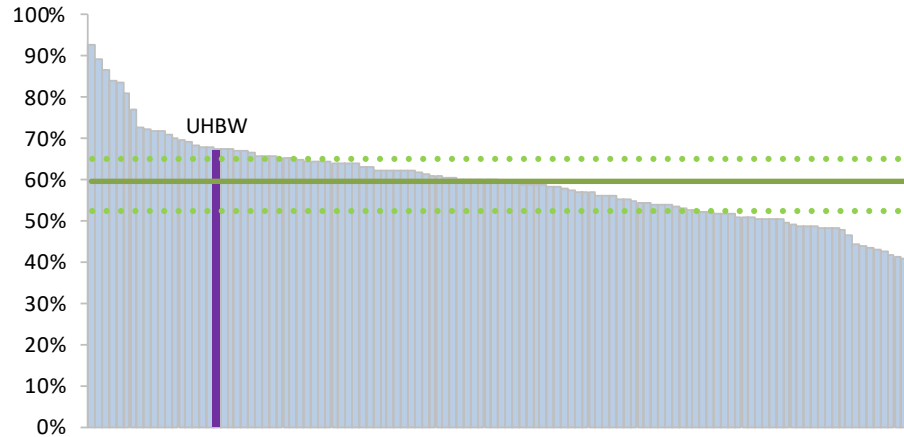


Patients Who Spend Over 12 Hours In ED (Arrival to Discharge/Admission)

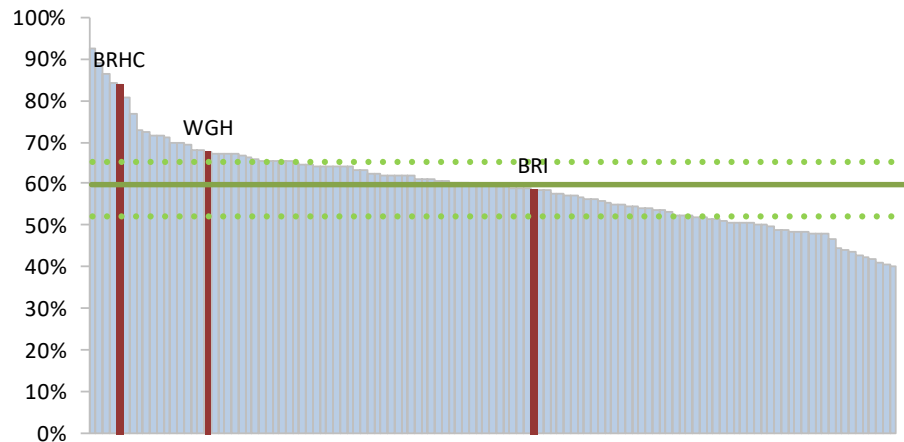
12 Hour Performance	Oct-23	2023/24	2022/23
Bristol Royal Infirmary	5.1%	3.9%	12%
Bristol Children's Hospital	2.9%	1.1%	2%
Bristol Eye Hospital	0%	0%	0%
Weston General Hospital	4.9%	5.7%	15%
UHBW TOTAL	3.8%	3.2%	8.7%



Benchmarking - Type 1 ED 4 Hour Performance 2023/24 Quarter 2



Benchmarking - Type 1 ED 4 Hour Performance 2023/24 Quarter 2

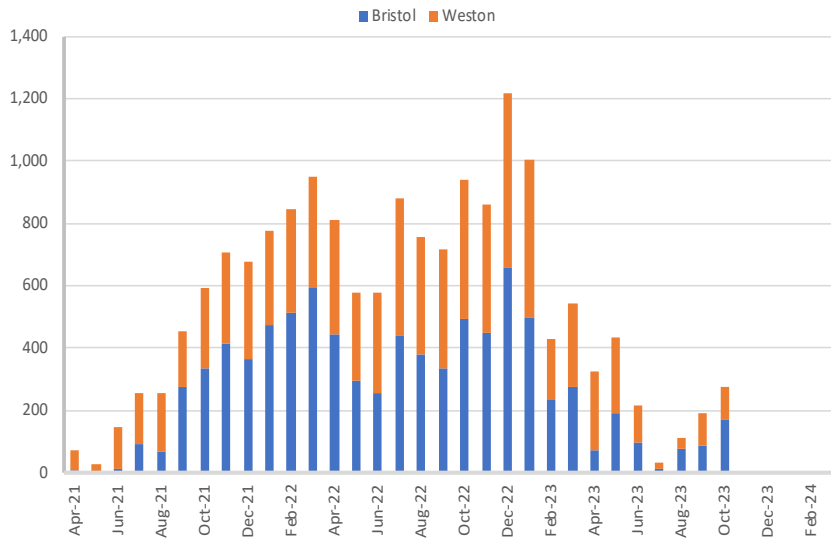


STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

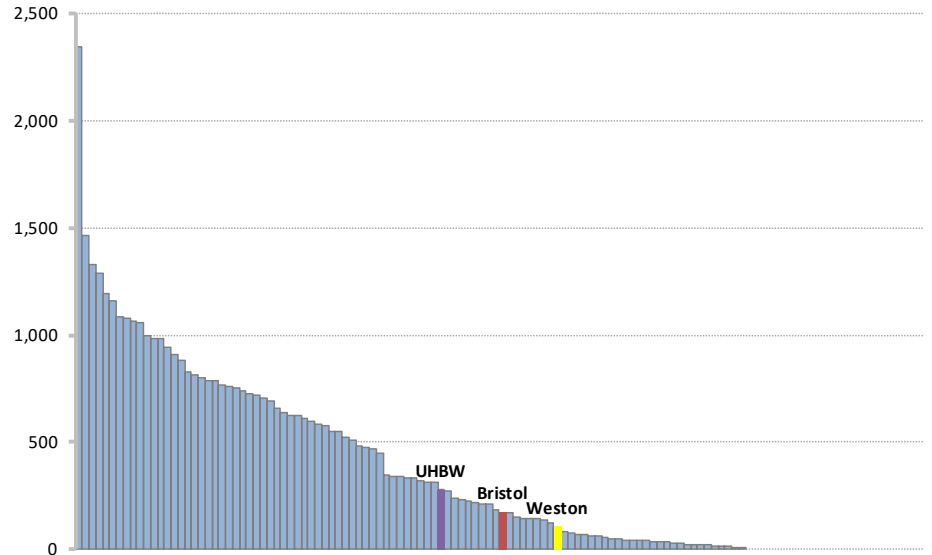
12 Hour Trolley Waits – Admitted Patients Who Spend 12+ Hours from Decision To Admit (DTA) Time to Admission Time

	2022/2023												2023/2024											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	443	297	257	437	379	334	496	449	659	500	235	278	74	192	95	11	79	89	172					
Weston	366	282	319	441	379	383	445	413	558	506	192	267	250	243	119	23	33	104	104					
UHBW	809	579	576	878	758	717	941	862	1217	1006	427	545	324	435	214	34	112	193	276					

12 Hour Trolley Waits Per Month



Benchmarking - 12 Hour Trolley Waits - October 2023

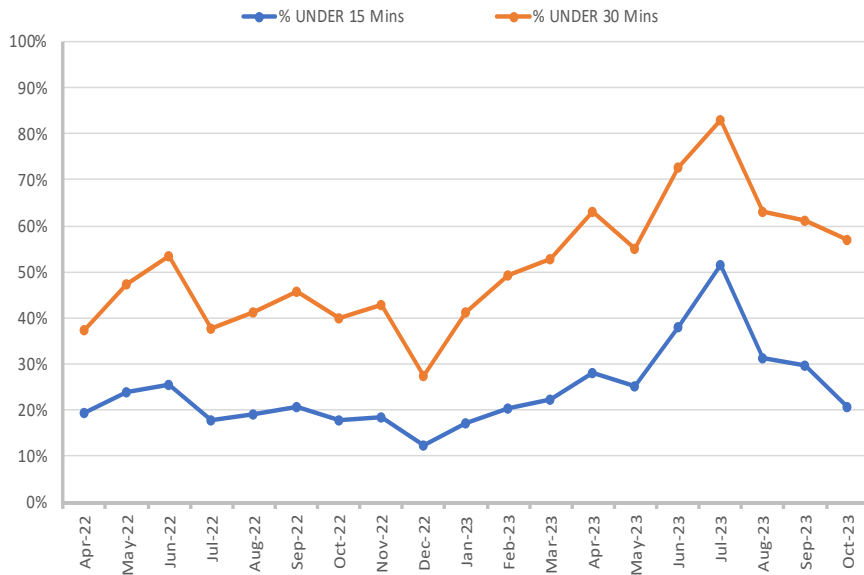


STANDARD EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

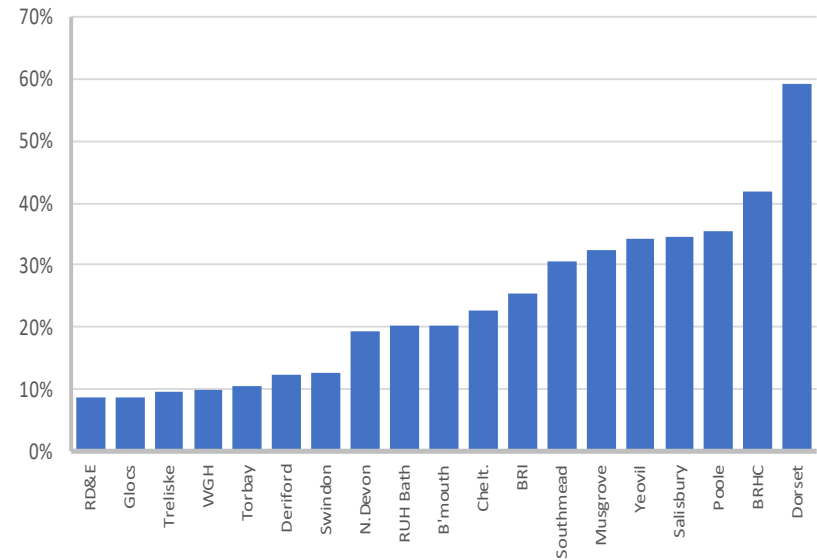
Ambulance Handovers

Oct-23					
	Total Handovers	Under 15 Mins	% Under 15 Mins	Under 30 Mins	% Under 30 Mins
Bristol Royal Infirmary	2,529	525	20.8%	1,396	55.2%
Bristol Children's Hospital	638	246	38.6%	507	79.5%
Weston General Hospital	941	74	7.9%	433	46.0%
UHBW Total	4,108	845	20.6%	2,336	56.9%

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



Percentage of Handovers Under 15 Minutes - October 2023



STANDARD	EVERY MINUTE MATTERS
<p>Background:</p>	<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.
<p>Performance:</p>	<p>Three metrics are reported as the high-level priorities:</p> <ol style="list-style-type: none"> Percentage of patients with a “timely discharge” (before 12 noon). October had 20.1% discharged before 12 noon (19.7% in September). The SAFER bundle standard is to achieve 33%, though we are reviewing this as there is no longer evidence that this produces a “best in class” outcome. Using the Patient First methodology, the focus is on timely discharge to identify actions which will bring the discharge curve forwards. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In October 30.4% of eligible discharges went through the Weston or BRI Discharge Lounges, compared to 30.7% in September. This was 691 patients, averaging 31.4 patients per working day. <ol style="list-style-type: none"> BRI achieved 29.8%, with 456 patients. This averages to 20.7 patients per working day. Weston achieved 31.5% with 235 patients. This averages to 10.7 patients per working day. At the end of October there were 159 No Criteria To Reside (NCTR) patients in hospital: 98 in Bristol and 61 in Weston During October, the daily average number of patients with no criteria reside was 155. This is equivalent to saying 155 beds, on average, were occupied each day by NCTR patients. This was 68 beds in Weston and 87 in Bristol.

STANDARD

EVERY MINUTE MATTERS

Actions:

Timely Discharge

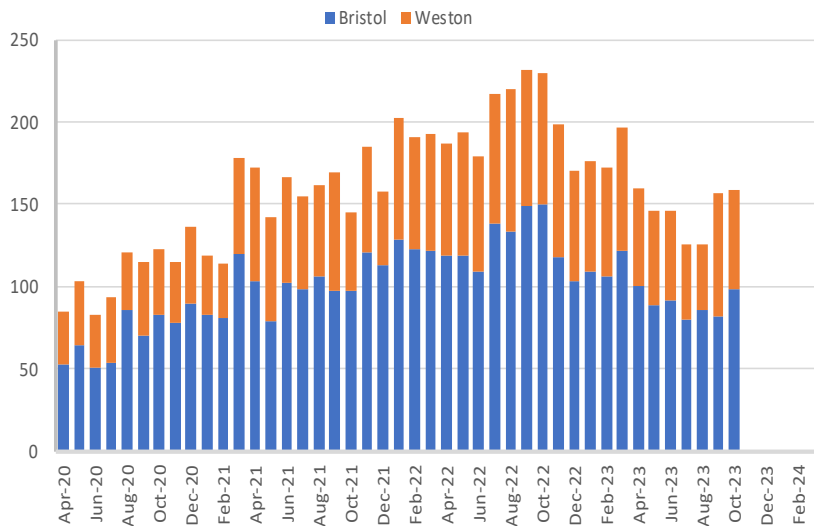
- Active Hospitals due to launch in November 2023, with focus on six ward of getting up and dressed in the morning and eating main meals at a table.
- Weekend discharges: work continuing to establish a weekend discharges baseline review to include staffing, clinical pathways and operational services available during weekdays vs weekends.
- Discharge lounge usage: 24/7 model live in Bristol from 13/11/2023. Task and Finish group remain responsible for communication, data monitoring and improvement actions relating to discharge lounge usage.
- Key priorities for Every Minute Matters (EMM) programme include:
 - Evolution of oversight and data reporting to ensure decision making is data driven (using Patient First methodology).
 - Ensuring that clearly defined metrics are in place, developed, implemented and communicated.
 - Plans to strengthen links between Digital Hospital Programme Board with EMM programme to ensure operational and clinical joint working relating to digital solutions.
 - Alignment of EMM with other programmes including clinical accreditation and Home First.
 - Develop and initiate EMM roll out plans for BRHC.
- Value Stream Mapping for 'to take away' (TTA) medications: to add to the work already undertaken, usage of TTA prepacks is now being reviewed to inform the scoping of possible improvement work
- Tap to Transfer (digital bed management): rollout and support continues in Medicine Division with rollout to be extended to Surgery Division in November
- Criteria Led Discharge (CLD) work continues within additional Medicine wards and preparation of a CLD toolkit for wider usage
- No Criteria to Reside (NCTR) group now established. Admission criteria has now been simplified across all NCTR wards and aligned across Divisions. The group is continuing to monitor demand and capacity to understand any further changes needed to the NCTR process
- Ward Standard Operating Procedures now collated and process established to standardise information across all wards and present the information in a 1-2 page document.

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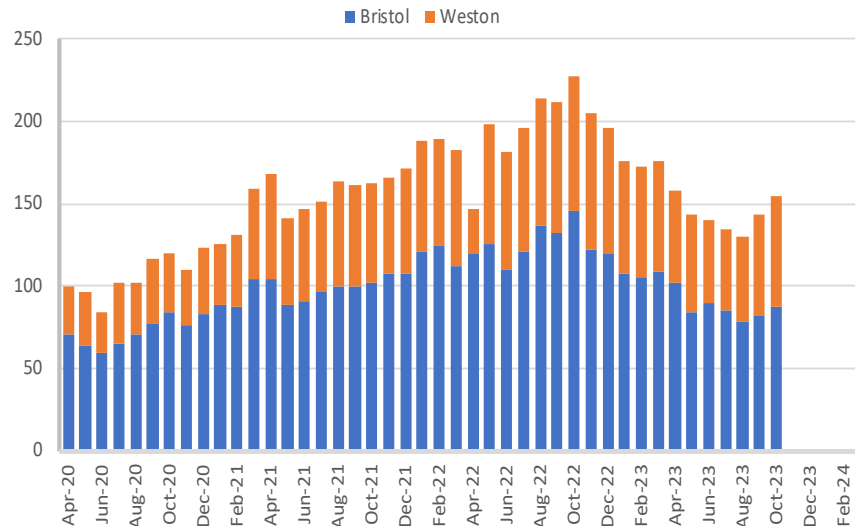
STANDARD	EVERY MINUTE MATTERS
<p>Actions (continued):</p>	<p>No Criteria To Reside (NCTR) and Transfer of Care Hub (ToCH)</p> <p>A programme of continuous improvement is in place, managed through the Trust's Integrated Discharge Group, which mirrors the Every Minute Matters core principle of respecting patients' time. This includes actions to reduce the number of people waiting in hospital for onward care, and the number of days they are delayed for:</p> <ul style="list-style-type: none"> • Reduction in NCTR length of stay (particularly for the longest waiting patients), through weekly multi-disciplinary team (MDT) escalation reviews. • Establishing two Transfer of Care Hubs with system partners at BRI and Weston, with c83% of new UHBW colleagues in post, and partner colleagues coming in to post over the coming weeks and months. • A significant focus on the Transfer of Care Hubs is on transformation and improvement, with the following initiatives underway: <ul style="list-style-type: none"> ○ BNSSG pathway redesign workshops concluded at the end of October and will result in findings being shared and a programme of improvement agreed on by all Transfer of Care hub partners (statutory and voluntary sector). ○ Learning and support from Barnsley Local Authority (cited as the best nationally for hospital discharge). Work is underway to frame the improvement actions we want to implement across BNSSG based on a recent visit to Barnsley. ○ Acute therapies and discharge team workshops (UHBW and NBT joint events) to align and describe our acute Trust approaches to discharge and working with partners in the Transfer of Care Hubs. ○ Implementation of the D2A winter plan, including additional bridging capacity in Pathway 1 and spot purchased beds on Pathways 2 and 3. ○ Further PDSA cycles of the navigation process, taking learning from the recent UHBW event at Weston and NBT event at Southmead – the aim is to engender a "homefirst" approach across all teams and reduce reliance on bed-based care on discharge. ○ Review of the Transfer of Care Document across BNSSG to simplify and redesign the form to ensure that it is fit for purpose.
<p>Risks:</p>	<p>Strategic Risk 423: Risk that demand for inpatient admission exceeds available bed capacity. 6789 and 6788: Risk that a Bristol and Weston location for Transfer of Care Hub site will not be found. 6874: Risk that ways of working are not changed ToCH partners will operate in silo impeding the teams ability to discharge patients.</p>

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

Number of Patients - Last Thursday in the Month



Average Number of Beds Occupied by NCTR Patients



STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE

Timely Discharge (Before 12 Noon)

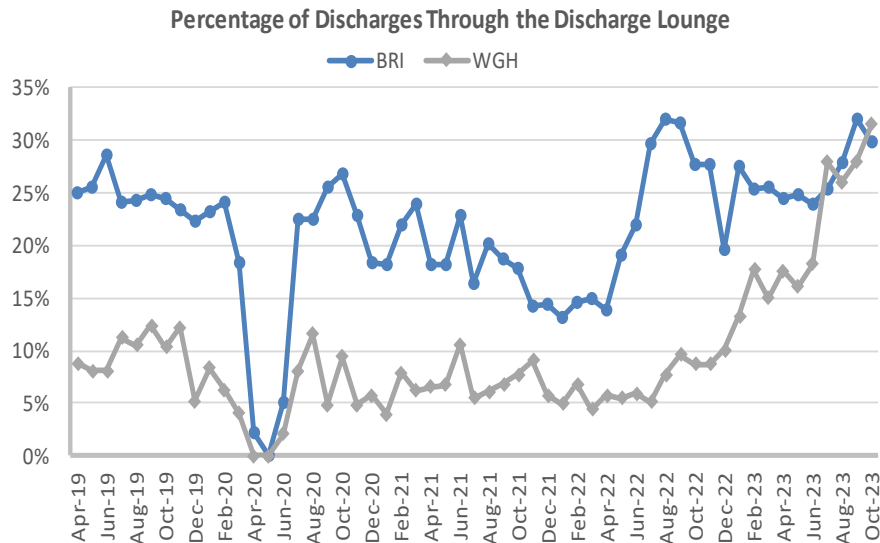
Summary of High Volume Specialties - October 2023

	Total Discharges	% Before Noon
Cardiac Surgery	117	9.4%
Cardiology	299	17.7%
Clinical Oncology	74	8.1%
Colorectal Surgery	107	11.2%
ENT	96	16.7%
Gastroenterology	145	17.9%
General Medicine	699	20.7%
General Surgery	219	8.2%
Geriatric Medicine	251	41.4%
Gynaecology	152	22.4%
Ophthalmology	58	36.2%
Paediatric Surgery	73	41.1%
Paediatrics	283	22.3%
Thoracic Medicine	161	16.8%
Trauma & Orthopaedics	184	29.3%
Upper GI Surgery	39	12.8%
UHBW TOTAL	3,902	20.1%

Timely Discharges as a Percentage of all Discharges



Discharge Lounge Use Summary



Summary of High Volume Specialties - October 2023

	BRI	WGH	TOTAL
Accident & Emergency	14.8%	0.0%	12.5%
Cardiac Surgery	75.6%	-	75.6%
Cardiology	48.9%	25.0%	46.9%
Colorectal Surgery	30.6%	36.4%	31.5%
ENT	3.1%	-	3.1%
Gastroenterology	21.1%	25.0%	23.8%
General Medicine	23.6%	28.2%	26.2%
General Surgery	11.1%	36.5%	21.0%
Geriatric Medicine	41.8%	43.6%	42.1%
Hepatobiliary and Pancreatic Surgery	41.4%	-	41.4%
Maxillo Facial Surgery	15.6%	-	15.6%
Thoracic Medicine	18.8%	19.6%	19.1%
Thoracic Surgery	33.3%	-	33.3%
Trauma & Orthopaedics	16.2%	58.7%	37.6%
Upper GI Surgery	33.3%	33.3%	33.3%
UHBW TOTAL	29.8%	31.5%	30.4%

FINANCIAL SUMMARY

YTD Income & Expenditure Position

- Net I&E deficit of £13,710k against a deficit plan of £7,566k (excluding technical items).
- Total operating income is £19,690k favourable to plan due to higher than planned income from activities of £12,598k and higher than planned other operating income of £7,092k.
- Operating expenses are £27,257k adverse to plan due to higher pay expenditure (£14,648k) and non-pay expenditure (£12,753k). Depreciation is broadly in line with plan.
- The estimated cost of industrial action for May to October (at £3,263k) remains unfunded by NHSE in the reported position. However, this is expected to be addressed following the recent announcement of national funding.
- Financing items are £1,883k favourable to plan mainly due to interest receivable.

Key Financial Issues

- *Recurrent savings delivery below plan* – internal CIP delivery is £11,387k or 103% of plan, of which recurrent savings are £4,595k, 42% of plan. Failure to achieve the annual target of £27m (including transformational savings) 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 could result in a loss of income of up to c£30m, which may jeopardise the ability of the Trust to achieve its financial plan. At M7, the value of elective activity is £5.1m behind plan (£2.8m behind last month).
- *Corporate mitigations not delivered in full* – non-recurrent mitigations of c£25m are required to support the delivery of the plan. At M7, the corporate mitigations are on track.
- *Failure to deliver the break-even financial plan* – failure to deliver the actions and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention.

Strategic Risks

- Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the business case;
- Understanding the operational risks and mitigations associated with the Trust's legacy estate and how the CDEL limit and system prioritisation restricts future strategic capital investment – pending completion of the ICB and Trust draft medium term capital plan in January 2024;
- An assessment of the Trust's recurrent revenue deficit of c£75m at March 2024 is provided on page 6.

TRUST YEAR TO DATE FINANCIAL POSITION

Trust Year to Date Financial Position

	Month 7			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	90,257	90,758	501	592,332	604,930	12,598
Other Operating Income	8,416	12,026	3,610	63,197	70,289	7,092
Total Operating Income	98,673	102,784	4,111	655,529	675,219	19,690
Employee Expenses	(59,838)	(59,573)	265	(398,180)	(412,828)	(14,648)
Other Operating Expenses	(36,420)	(40,329)	(3,909)	(238,832)	(251,585)	(12,753)
Depreciation (owned & leased)	(3,010)	(2,947)	63	(20,694)	(20,550)	144
Total Operating Expenditure	(99,268)	(102,849)	(3,581)	(657,706)	(684,963)	(27,257)
PDC	(1,037)	(1,652)	(615)	(7,259)	(7,875)	(616)
Interest Payable	(221)	(229)	(8)	(1,547)	(1,604)	(57)
Interest Receivable	250	574	324	1,750	4,306	2,556
Other Gains/(Losses)	0	0	0	0	(120)	(120)
Net Surplus/(Deficit) inc technicals	(1,603)	(1,372)	231	(9,233)	(15,037)	(5,804)
Remove Capital Donations, Grants, and Donated Asset Depreciation	239	81	(158)	1,667	1,327	(340)
Net Surplus/(Deficit) exc technicals	(1,364)	(1,291)	73	(7,566)	(13,710)	(6,144)

Key Facts:

- The position at the end of October is a net deficit of £13,711k against a deficit plan of £7,566k. The adverse position against plan of £6,145k, remains unchanged from last month.
- The adverse variance is due to the estimated cost of industrial action for May to October at £3,263k, a shortfall on Elective Recovery Funding of £5,100k, a shortfall on savings delivery of £2,600k offset by interest receivable at £2,556k and additional other operating income of £2,200k.
- YTD, the Trust has spent £4,315k on costs associated with Internationally Educated Nurses (IENs).
- Pay expenditure in October is similar to last month at £59,573k.
- Agency expenditure in month is £2,140k, compared with £2,080k in September. Bank expenditure in month is £3,701k, compared with £3,416k in September.
- YTD, pay expenditure is £14,648k above plan, mainly due to the costs of industrial action (£3,997k) and a significantly higher number of substantive staff in post and higher than plan bank and agency spend combined.
- Total operating income is £19,690k higher than plan YTD. c£12,600k is a result of an increase to the block element of Aligned Payment Incentive (API) contract income and additional income from commissioner investments being higher than planned. c£7,000k relates to other operating income, including income received from HEE and services provided to other organisations.
- The financial position of the clinical divisions deteriorated by £1,159k in October to a YTD overspend against budget of £6,927k or 1.3% (excluding the cost of industrial action). Estates and Facilities also deteriorated, ending the month £712k or 1.8% over budget, excluding industrial action.
- Surgery (£449k), Women's & Children's (£425k) and Diagnostics & Therapies (£138k) had the largest deterioration during the month.