

February 2024

Published Papers

Including:

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



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

Integrated Quality and Performance Report

Month of Publication: January 2024

Data up to: December 2023

Integrated Quality and Performance Report



Reporting Month: December 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	15
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.	28
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.	35
Financial Performance	Year To Date Income & Expenditure Position. Recurrent savings delivery and delivery of elective activity recovery. Strategic Risks.	60

EXECUTIVE SUMMARY

Quality and Safety

The Summary Hospital Mortality Indicator (SHMI) for UHBW for the 12 months September 2022 to August 2023 was 93.9 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100. The Hospital Standardised Mortality Ratio (HSMR) solely for the month of September 2023 was 78.4, meaning there were 22 fewer observed deaths (79) than the statistically calculated expected number of deaths (101). Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. The HSMR for the 12 months to September 2023 for UHBW was 97.8, slightly above the National Peer of 97.6.

Four cases of *Clostridioides Difficile* (C.diff) were reported in December. These four cases are all Hospital Onset, Hospital Acquired. This is still lower than the projected monthly cases for hospital acquired figures of 7.3 within the 4-week period. The trust year to date figures show as 79 against a limit of 88 for 2023/24. The Operational Infection Control Group is actively scrutinising the cleaning standards data with Divisions and is also reviewing the audit data for monthly commode cleaning, triangulated against the Trust wide cleaning audits. Further detail is provided in the main report.

One case has been reported for Methicillin-Resistant *Staphylococcus Aureus* (MRSA) bacteraemia in December. The trust 2023/24 year to date figures are currently at seven against a limit of zero. This case is likely linked to a urinary catheter. The work to improve urinary catheter and continence care, via a special interest group working collaboratively with North Bristol Trust & Sirona in ongoing.

Current reporting using historical methodology shows Venous Thromboembolism (VTE) risk assessment compliance to be reasonably static at 83% on the Bristol site. Review of the data and incorporating a standardised approach to measuring VTE risk assessment compliance across the Trust indicates that future VTE compliance reports are likely to be much lower - around 40%. However, audits undertaken manually indicate that VTE prescribing performance remains much better than the documentation of risk assessments with the majority of patients having the correct prophylaxis prescribed.

At Weston General Hospital in December, 23 patients were eligible for Best Practice Tariff (BPT). The time to surgery target was met for 21 patients (91%), 18 patients (78%) were seen within 72hrs of admission by the ortho-geriatrician, care for 15 patients overall (65%) achieved all the targets required for BPT. Three patients were seen by the ortho-geriatrician but breached the 72hr time due to late Friday/weekend admissions as no weekend cover is available. Two patients were not seen due to a lack of service resilience as the ortho-geriatrician is the only one in post meaning that cross cover is not available for sickness or annual leave. At Bristol sites, 29 patients were eligible for Best Practice Tariff in December 2023. Four patients (13%) received surgery within 36 hours, all 29 patients (100%) received an ortho-geriatrician review within 72hours, meaning care for four patients (13%) achieved all the targets for the BPT.

EXECUTIVE SUMMARY

Our People

In summary, the Performance data for December shows the following:

- Overall vacancies reduced to 2.7% in December (336.5 FTE) compared to 3.2% (388.6 FTE) in November.
- The Trust received a further cohort of Internationally Educated Nurses (IEN) with 46 arrivals. A total of 935 IENs have now arrived at the Trust since the beginning of the programme.
- In December, a successful assessment centre was conducted to recruit Registered Nursing Degree Apprentices (RNDAs) resulting in five offers. With these appointments, the Trust has achieved the target of recruiting 40 RNDAs this financial year.
- 48 substantive Healthcare Support Workers (HCSW) started in the Trust and another 15 were offered.
- 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.
- 15 substantive Allied Health Professionals (AHPs) and 11 substantive Healthcare Scientists joined the Diagnostics and Therapies division in the month of December.
- The Trust will welcome a final Internationally Educated Occupational Therapist in January. With this arrival, the Trust has secured a total of 19 Internationally Educated Allied Health Professional (AHPs) as part of the continued collaborative AHP international recruitment with the ICB system partners.
- The stability index improved to 82.7% compared to 82.5% the previous month based on a Trust total Permanent FTE of 10176.8 of which 8420.5 FTE have been part of the Trust for one year or more. As per the previous months report it is important to interpret the reduction in the stability score, i.e. the increased numbers of workers with less than one years' service, within the context of the growth of the total workforce, the improved vacancy position and a period of reduced turnover. As part of the Patient First Breakthrough Objective further work is being undertaken to understand the impact of the movement of staff during the past 12 months, this includes retire and returners.

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EXECUTIVE SUMMARY

Our People (continued)

- Turnover for the 12 month period reduced to 11.9% compared to 12.0% (updated figures) for the previous month.
- Sickness absence remained static at 5.0% compared with the previous month, based on updated figures for both months.
- Overall appraisal compliance increased to 78.6%, compared with 77.8% in the previous month.
- Overall compliance for the eleven Core Skills, when compared with end Q2, reduced slightly by 0.4%, ending Q3 at 89.8%.
- Agency usage reduced by 17.7 FTE and is now on target. System work continues at ICB level to drive the supply of lower cost framework nursing agency supply with a renewed focus on developing a plan to deliver cap compliant agency supply.
- The Trust Bank has launched the Allocate Loop app, which will enable staff to see availability of shifts and book onto them in a more accessible way.
- Agency workers continued to transfer onto Bank following the bank rates increase.
- Bank usage increased to 6.6% against a minimum usage target level of 7%. This equates to an increase of 10.1 FTE. There were 69 new starters across the Bank in December, including 17 re-appointments.

EXECUTIVE SUMMARY

Timely Care

The Industrial Action experienced during December, coupled with non-elective demand has continued to impact performance across a range of measures and, whilst bed occupancy has predictably reduced from November (December: 100.8% BRI and 93.4% Weston; November: 105.5% BRI and 95.8% Weston), this is a notable increase from the position reported in July (BRI 93.5% and Weston 89%). Whilst a number of performance measures have shown signs of improvement during December, industrial action and bed occupancy have had a consequent impact on timely flow and have impacted performance against some non-elective measures.

Improvements delivered through a variety of flow improvements schemes, including Every Minute Matters and Healthy Weston phase 1, have led to a reduction in length of stay in the first nine months of the year (BRI 13.3%; WGH 22.3%) but these bed benefits have been largely counteracted by the increase in demand, exceeding 2023/24 operational planning assumptions. This has impacted both planned and urgent and emergency care and, whilst some improvements have been noted in performance during December, Emergency Department waiting times have seen a deterioration across the last five months, although recovery and delivery at year end is still attainable.

Planned Care

At the end of December 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 continues to be made in reducing the number of patients waiting over 78 weeks in the last six months of 2022/23, reducing the number down from 877 in December 2022 to 166 in March 2023, now 185 at end of December (down from 223 at end of November). The improvement noted during December reflects the continued impact of Divisional recovery plans which forecast an accelerated reduction through the remaining three months of the year. The number of patients waiting 78+ weeks is expected to be eliminated by end of January 2024 for all specialties except for 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 the number of patients will reduce through Q4 and the number of paediatric dental patients waiting in excess of 78 weeks are also expected to further reduce during the final quarter of the year, with the Trust continuing to make use of insourcing arrangements.

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EXECUTIVE SUMMARY

Timely Care (continued)

Up until June 2023, the Trust was 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 Q3 and, at the end of the December, the number of patients waiting in excess of 65 weeks has reduced to 1,048 against an operational plan trajectory of 630. Whilst work continues to ameliorate the impact of Industrial Action and achieve the national ambition, the revised trajectory recently provided to NHS in response to the letter received on 8th November, is 1,171 by end of December, reducing to 392 by end of March 2024.

Through 2022/23, the Trust made sustained progress in reducing the number of patients on a cancer pathway waiting over 62 days. The number of patients waiting over 62 days was reduced from a peak of 416 patients in August 2022 to 178 patients in March 2023. This reflected achievement of the 62-day baseline set for the Trust by NHS England. During 2023/24, alongside other planned care pathways and targets, Industrial Action has had an impact on Cancer and the number of patients waiting over 62 days. At the end of May, the number of patients waiting 62 days or longer had increased to 238 and volumes have fluctuated in the months since. Due to the continued impact of Industrial Action, at the end of October the position had deteriorated to 282 patients, but significant improvement through November and December has resulted in the number of patients waiting over 62 days reducing to 222 at the end of December. 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 and then deteriorated in the following six months (June 61.6%, July 59.5%, August 56%, September 48.4%) before improving again during October (52%) and November (59.1%). 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.

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EXECUTIVE SUMMARY

Timely Care (continued)

At the end of April 2023, the Trust reported that 71.8% of patients were waiting less than six weeks for a diagnostic test. Improvement had been made each month since and, at the end of July, the position had improved to 78%, but during the subsequent two months, the Trust's focus on the recovery of other areas predictably impacted the diagnostic six-week wait standard and performance at the end of September deteriorated to 74.9%, against the operating planning trajectory of 77.8%. Q3 has seen an improvement against this standard, with 80.02% of patients waiting six weeks or less at the end of December, against a trajectory of 80.4% and the Trust anticipate delivering the ambition that 83.3% of patients will be waiting six weeks or less for their diagnostic test by March 2024.

Urgent Emergency Care

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, through increased NEL admissions. During November (and into December) there has been increased demand for cubicle capacity, due to patients presenting with respiratory illness, resulting in extended waits within the Emergency Department. In addition, there has been an increase in beds lost due to outbreaks, Covid19 and Norovirus, resulting in lost adult bed capacity across hospital sites.

This increased prevalence of infection has created challenges in using the discharge lounges (where infectious patients are unable to be isolated). This has in turn contributed to a deterioration in timely discharge performance during November (17%) and December (17.4%) compared to October (20%). The Length of Stay (LoS) benefits (16.6% reduction in LoS) derived from initiatives such as Every Minute Matters, SDEC development and the Transfer of Care Hubs mobilisation, have largely been subsumed by a 15.6% increase in Non-elective admissions.

During December, 63% of attendances spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission, compared to 75.3% in July (67.2% in September, 64.7% in October, 63.4% in November). This was largely driven by "exit block" out of the emergency departments resulting from the increased bed occupancy / non-elective demand described previously. A winter 'stretch' plan has been developed with Divisional teams, which includes additional front door queuing space and additional inpatient escalation capacity in order to mitigate the increased demand and support timely hospital flow.

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EXECUTIVE SUMMARY

Timely Care (continued)

The number of patients spending 12 hours or more in ED during December was reported as 5.0%, against the target of 2%. Whilst this is a deterioration from October (3.8%) and November (4.7%), improvement has been made against this standard during 2023/24, against a year-on-year comparison of 12%, and the Trust continues to progress actions to deliver and sustain the NHSE year-end target (2%). The increased bed occupancy is directly responsible for the deterioration in 12 hour waits due to the impacts on flow out of the emergency departments into assessment units, with some adult patients waiting in our ED's in excess of 24 hours.

The proportion of ambulance handovers within 15 minutes has improved during December (26.3%) when compared to the previous two months (October 20.6%, November 21.5%). The improvement noted over the last two months follows the predictable deterioration between July (51.4%) and October due to the impacts of the constrained flow (i.e. more NEL admissions coming in and increased bed occupancy), particularly noticeable on the BRI site. A similar, improved performance was noted for ambulance handovers within 30 minutes, with December reporting 62.1%, compared with October (56.9%) and November (55.6%). Whilst at Trust level ED attendances are currently tracking above 2019/20 levels, 'Ambulance conveyed' arrivals as a sub-set of attendances are up c17% compared to the same period last year.

During December, the average daily number of patients in hospital with no criteria to reside (NCTR) was 159, an increase from the last two months (November, 154 and October, 155). Local Authority and Sirona community services have been under pressure and non-recurrent funding has been agreed to provide bridging capacity in home care and purchase additional community beds. 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 with their additional 33 WTE UHBW staff and new ways of working across acute and community to reduce delays. It should be noted that performance against this measure over the winter relies on highly effective, integrated working and the ongoing effort to redesign ways of working at pace, hence significant concerns that, at best we will sustain the current NCTR position during Q4, rather than further improve.

EXECUTIVE SUMMARY

Financial Position

The position at the end of December is a net deficit of £9,606k against a deficit plan of £8,017k. The adverse position of £1,589k is a deterioration of £1,170k from last month due to the impact of industrial action during December.

The year-to-date position of £1,589k adverse to plan is primarily due to: the value of elective income being behind plan by £8,000k (of which £6,494k relates to the impact of industrial action); the £3,761k shortfall on savings delivery; £404k cost impact of industrial action; better than planned interest receivable income of £3,121k; and additional operating income of £7,455k.

Year To Date, the Trust has spent £6,034k on costs associated with Internationally Educated Nurses (IENs).

Pay expenditure in December is marginally higher than November and October at £60,560k.

Agency expenditure in month is £1,846k, compared with £1,968k in November. Bank expenditure in month is £3,724k, compared with £3,314k in November.

Year To Date, pay expenditure is £21,999k above plan, mainly due to a significantly higher than planned number of substantive staff in post, higher than planned bank and agency spend combined and costs associated with industrial action.

Total operating income is £39,041k higher than plan YTD as result of an increase to the block element of Aligned Payment Incentive (API) contract income and additional income from commissioners including income received from Health Education England (HEE) and services provided to other organisations.

The financial position of the divisions shows a deterioration of £465k in December excluding industrial action costs, to a YTD overspend against budget of £9,101k or 1.3% (excluding industrial action). The most significant variances to budget are in Surgery (£2,721k), Women's & Children's (£3,602k) and Diagnostics & Therapies (£1,162k).

Integrated Quality and Performance Report



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: December 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	6	4	-	-	-
		Trajectory	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3
Infection Control: MRSA Cases (Hospital Onset)	Risks: 800 and 4651	Actual	1	0	2	2	0	1	0	0	1	-	-	-
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Fracture NOF: Theatre Within 36 Hours		Actual	53.6%	44.4%	48.3%	61.9%	68.0%	45.1%	49.0%	33.3%	63.5%	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Fracture NOF: Geriatrician Review Within 72 Hours		Actual	42.9%	47.6%	40.0%	38.1%	48.0%	78.4%	100.0%	100.0%	90.4%	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
VTE Risk Assessment	Risk: 720	Actual	82.0%	82.8%	82.6%	84.0%	84.7%	82.5%	82.7%	84.9%	83.0%	-	-	-
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usage	Risk: 674	Actual	1.7%	1.7%	1.7%	1.6%	1.5%	1.3%	1.4%	1.2%	1.1%	-	-	-
		Trajectory	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%
Workforce: Turnover	Risk: 2694	Actual	14.3%	14.1%	13.8%	13.4%	13.1%	12.7%	12.4%	12.0%	11.9%	-	-	-
		Trajectory	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
Workforce: Staff Sickness		Actual	4.1%	4.1%	4.2%	4.4%	4.6%	4.7%	5.1%	5.0%	5.0%	-	-	-
		Trajectory	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Workforce: Staff Vacancy	Risk: 737	Actual	4.2%	6.1%	6.3%	6.2%	5.2%	4.1%	4.0%	3.2%	2.7%	-	-	-
		Trajectory	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

			Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Summary Hospital Level Mortality Indicator (SHMI)		Actual	100.4	98.0	98.9	97.5	95.8	95.0	95.3	95.9	93.9	-	-	-
		Trajectory	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Integrated Quality and Performance Report



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: December 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	223	185	-	-	-
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Referral To Treatment 65+ Weeks	Risk: 801	Actual	1,549	1,599	1,765	1,933	2,222	2,183	1,806	1,304	1,048	-	-	-
		Original *	1,950	1,910	1,870	1,670	1,470	1,260	1,050	840	630	420	210	0
		Revised *								1,430	1,171	911	652	392
Cancer 62+ Days	Risk: 801	Actual	218	238	179	233	222	270	282	204	222	-	-	-
		Trajectory	180	178	176	174	172	170	168	166	166	164	162	160
Cancer Treated Within 62 Days	Risk: 801	Actual	68.2%	66.7%	66.0%	69.0%	64.8%	59.1%	61.8%	66.5%	-	-	-	-
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	71.8%	73.5%	76.8%	78.0%	75.9%	74.9%	75.5%	80.2%	80.0%	-	-	-
		Trajectory	72.9%	73.4%	74.7%	75.6%	76.8%	77.8%	79.1%	79.9%	80.4%	81.2%	82.3%	83.3%
Diagnostics: Number Waiting 26+ Weeks	Risk: 801	Actual	358	294	191	188	146	311	232	315	288	-	-	-
		Trajectory	411	357	281	188	102	9	0	0	0	0	0	0
Emergency Department: Percentage Spending Under 4 Hours	Risks: 910 and 4700	Actual	70.7%	67.5%	72.1%	75.3%	71.0%	67.2%	64.7%	63.4%	63.0%	-	-	-
		Trajectory	60.5%	61.4%	62.2%	63.1%	64.0%	64.8%	66.6%	68.3%	70.0%	71.7%	73.5%	76.0%
Emergency Department: Percentage Spending Over 12 Hours	Risks: 910 and 4700	Actual	4.7%	5.0%	3.1%	0.9%	2.1%	2.8%	3.8%	4.7%	5.0%	-	-	-
		Trajectory	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Emergency Department: Handovers Under 15 Minutes	Risks: 910 and 4700	Actual	28.0%	25.1%	38.0%	51.4%	31.5%	29.7%	20.6%	21.5%	26.3%	-	-	-
		Trajectory	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
Emergency Department: Handovers Under 30 Minutes	Risks: 910 and 4700	Actual	63.0%	55.0%	72.7%	82.9%	62.9%	61.2%	56.9%	55.6%	62.1%	-	-	-
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	18.3%	19.4%	19.9%	19.4%	17.8%	19.7%	20.1%	17.0%	17.4%	-	-	-
		Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Every Minute Matters: Discharge Lounge Use (BRI and Weston)	Risk: 423	Actual	22.3%	22.1%	21.9%	26.2%	27.3%	30.7%	30.4%	30.6%	25.8%	-	-	-
		Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	159	143	139	135	130	142	155	154	159	-	-	-
		Trajectory												

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

Integrated Quality and Performance Report

DRAFT Quarter 3 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	↔	20	4									
910	Patients in ED do not receive timely and effective care	16	16	↔	16		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	↔	16	16	4								
588	Patient deterioration is not identified and responded to	15	15	↔	15		5								
856	Emotional and mental health needs of children and YP	15	15	↔	15	15	8!								
292	Trust is impacted by a cyber incident	NEW	15	↔	15	15									TBC
6691	Medicines are not stored securely	NEW	15	↔	15	12	9	6							
5477	Nurse staffing levels	15	15	↓	12	6	6								
1595	Mental health patients in Adult ED for prolonged periods	12	12	↔	12		8!								
422	Patients and staff experience V&A	12	12	↔	12		6								
674	Agency use - national pricing caps	12	12	↔	12		4								
793	Staff experience work-related stress	12	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	12	8								
5520	Health inequalities exacerbated for patients on waiting	12	12	↔	12										6
6502	Industrial action impacts on patient safety	9	9	↔	9	5									
921	Staff compliance with their Essential Training	9	9	↔	9	6									
2614	Patients being cared for in extra capacity locations	8	8	↔	8	8	6	4							
720	VTE prevention and management	8	8	↔	8		4								

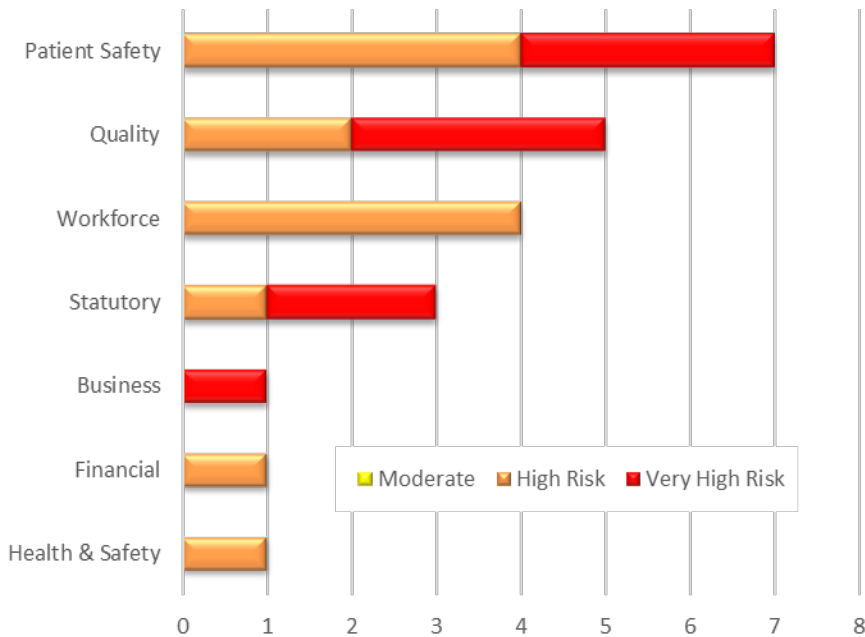
*denotes that the risk has achieved its target

! denotes that the target assessment is above tolerance

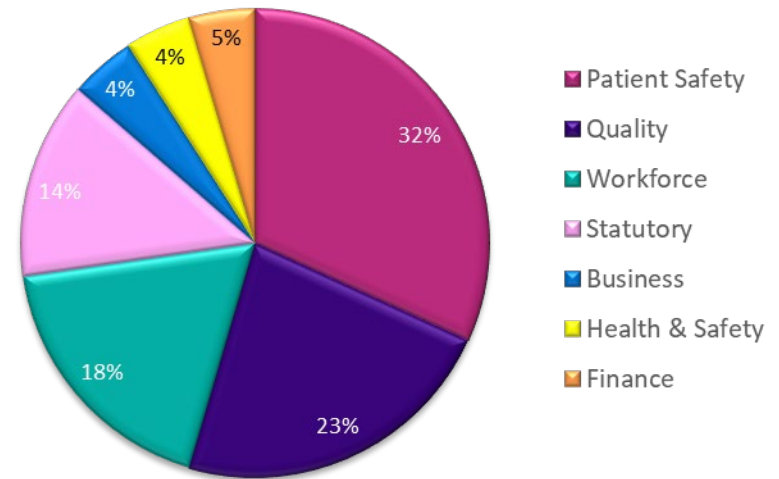
red font denotes that target date has elapsed

CORPORATE RISKS

Corporate Risks by Domain and Risk Level



Corporate Risks by Domain n=22



Integrated Quality and Performance Report

Reporting Month: August 2023

STANDARD		QUALITY AND SAFETY: MORTALITY - SHMI (Summary Hospital-level Mortality Indicator)
Background:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".	
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months September 2022 to August 2023 was 93.9 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100.	
National Data:	UHBW's total is below the overall national peer group of English NHS trusts of 100.	
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.	

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
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
Jul-23	2,340	2,440	95.9
Aug-23	2,305	2,455	93.9

Integrated Quality and Performance Report



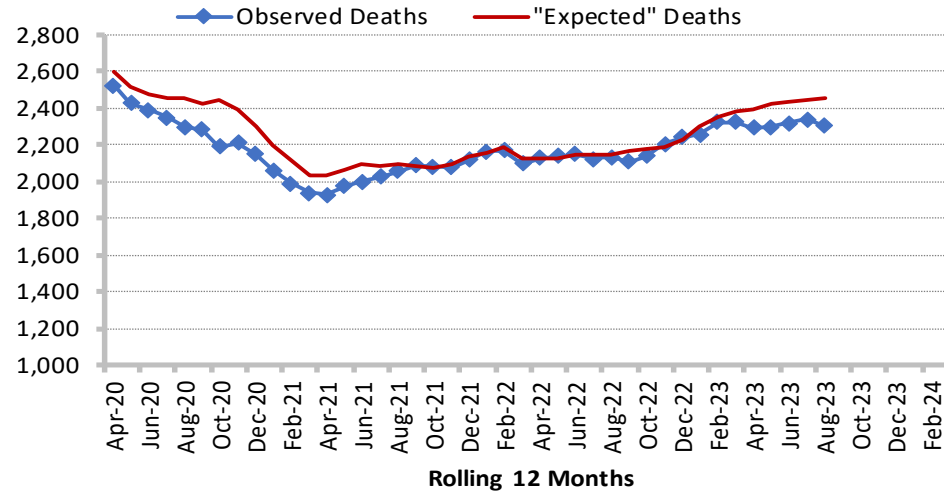
University Hospitals
Bristol and Weston
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Reporting Month: August 2023

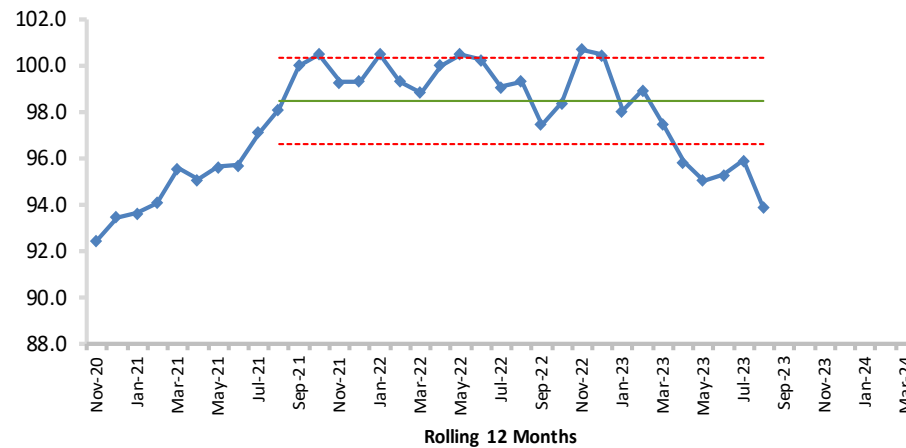
STANDARD

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

Summary Hospital-level Mortality Indicator (SHMI)



Summary Hospital Mortality Indicator (SHMI) - National Monthly Data



Integrated Quality and Performance Report

Reporting Month: September 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 September 2023 was 78.2, meaning there were 22 fewer observed deaths (79) than the statistically calculated expected number of deaths (101). 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 September 2023 for UHBW was 97.8, slightly above the national peer of 97.6.	
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
Oct-22	137	114.0	120.2
Nov-22	117	112.0	104.5
Dec-22	133	137.0	97.1
Jan-23	130	132.0	98.5
Feb-23	122	124.0	98.4
Mar-23	126	134.0	94.0
Apr-23	96	107.0	89.7
May-23	102	121.0	84.3
Jun-23	120	105.0	114.3
Jul-23	109	97.0	112.4
Aug-23	99	115.0	86.1
Sep-23	79	101.0	78.2

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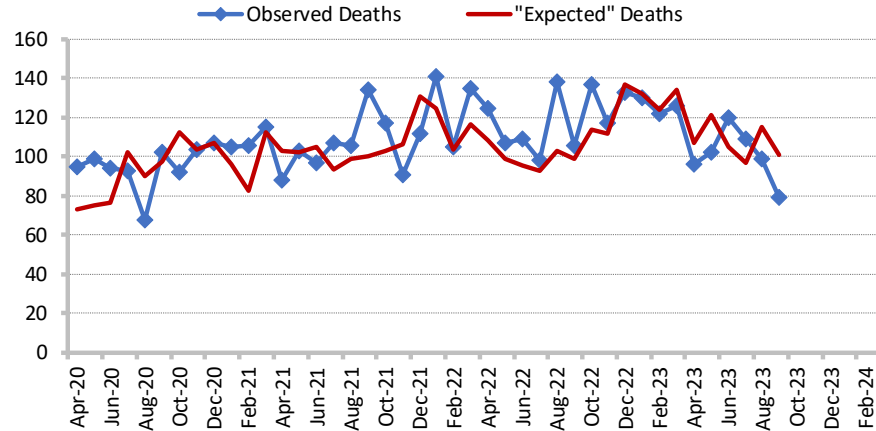


Reporting Month: September 2023

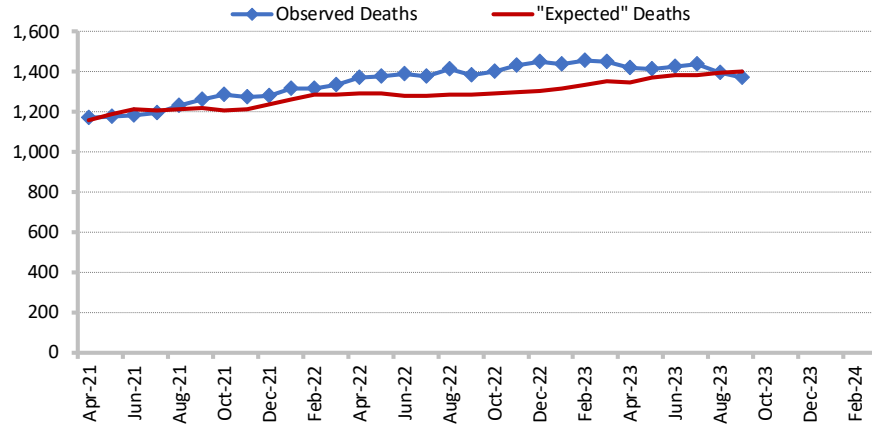
STANDARD

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

Hospital Standardised Mortality Ratio (HSMR) - Monthly



Hospital Standardised Mortality Ratio (HSMR) - Rolling 12 Months



Integrated Quality and Performance Report

Reporting Month: December 2023

STANDARD	QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
<p>Background:</p>	<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>
<p>Performance:</p>	<p>C.Difficile: Four cases were reported of Clostridioides Difficile in December. These four cases are all HOHA. This is still lower than the projected monthly cases for hospital acquired figures of 7.3 within the four-week period. The trust year to date figures show as 79. There are several potential contributory factors for increased risk of Clostridioides difficile infection, the most important ones being antibiotic prescribing and appropriate standards of cleanliness including commodes and toilet areas.</p> <p>MRSA: One case has been reported for MRSA bacteraemia in December. The trust 2023/24 year to date figures are currently at seven. Progress with vascular access improvement work continues with the focused work around education. Noticeably the MSSA numbers have reduced, but this has not yet extrapolated into improvement with MRSA.</p>
<p>National Data:</p>	<p>See next page.</p>
<p>Actions:</p>	<p>C.Difficile</p> <ul style="list-style-type: none"> • CDiff reviews have been streamlined in line with patient safety response principles to maximise timely learning and importantly key actions for improvement within a shortened timescale. • The Operational Infection Control Group is actively scrutinising the cleaning standards data with Divisions and is also reviewing the audit data for monthly commode cleaning, triangulated against the Trust wide cleaning audits. • The use of the green tape to designate items as having been cleaned has been identified as an area for improvement through internal audit of cleaning standards and will be addressed with individual Divisions seeking improvement. • The cleaning risk categories for audit and cleaning standards are being reviewed to assure that all clinical areas are audited with correct frequency but also receive the correct level of clinical cleaning.

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Integrated Quality and Performance Report

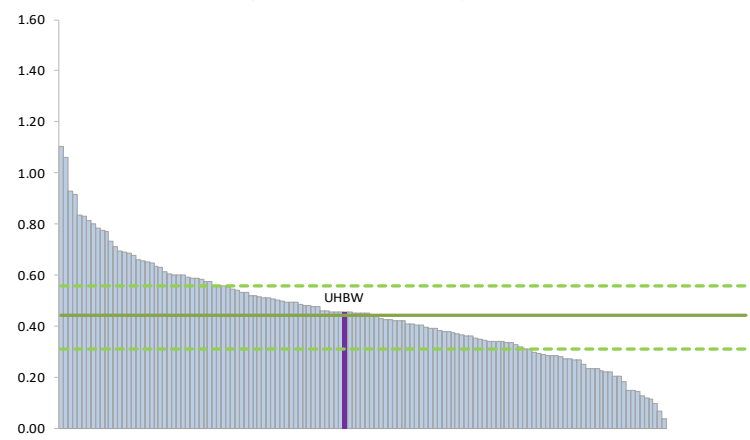
Reporting Month: December 2023

STANDARD		QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Actions (continued):	MRSA	<ul style="list-style-type: none"> The December case is likely linked to a urinary catheter, the work to improve urinary catheter and continence care, with a special interest group working collaboratively with NBT & Sirona in ongoing. One factor for increased risk of MRSA bacteraemia are invasive devices, particularly vascular lines such as cannulae or central lines. Cannulae are now audited monthly using AMaT with the data generated being reviewed through the Operational IPC group with divisional colleagues to identify areas for improvement. The way AMaT data is being shared with clinical teams is being worked through so that it can be meaningful.
Risks:	800: Risk that Trust operations are negatively impacted by (COVID-19) pandemic 4651: Risk that Covid -19 is transmitted between patients and staff within the Trust	

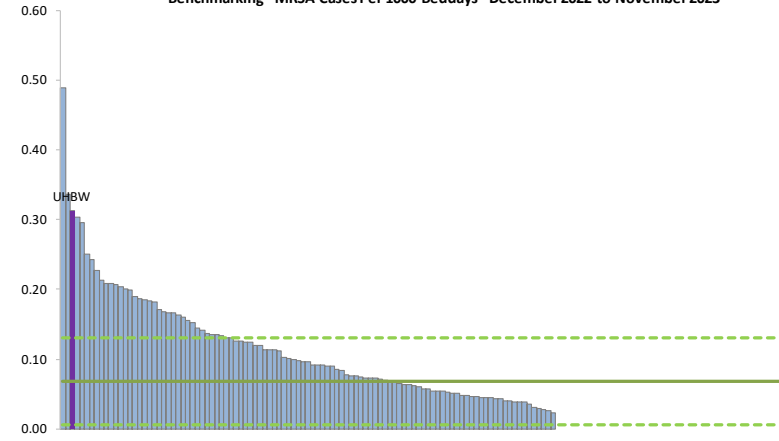
C.Difficile	Dec-23		2023/2024		2022/2023	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	0	0	17	5	23	4
Specialised Services	1	0	10	6	8	3
Surgery	0	0	3	1	11	1
Weston	2	0	18	6	27	7
Women's and Children's	1	0	9	2	8	3
Other	0	0	0	2	1	4
UHBW TOTAL	4	0	57	22	78	22

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

Benchmarking - C.Diff Rate Per 1000 Beddays - December 2022 to November 2023



Benchmarking - MRSA Cases Per 1000 Beddays - December 2022 to November 2023

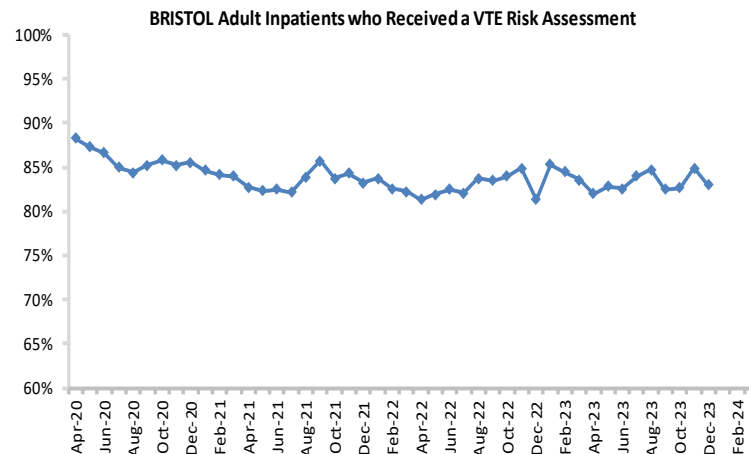


Integrated Quality and Performance Report



Reporting Month: December 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:	Current reporting using historical methodology shows the VTE risk assessment compliance to be reasonably static at 83% on the Bristol site. Review of the data and incorporating a standardised approach to measuring VTE risk assessment compliance across the Trust indicates that future VTE compliance reports are likely to be much lower - around 40%. However, audits undertaken manually indicate that VTE prescribing performance remains much better than the documentation of risk assessments with the majority of patients having the correct prophylaxis prescribed. The number of Healthcare Associated VTE (HAVTE) incidents across the organisation remains static at around six per month. The implementation of Careflow Medicines Management (CMM) will provide initial additional challenges to ensuring data is accurate during the cross over period when two recording systems are in use across the Trust.
Actions:	<ul style="list-style-type: none"> • The Business Intelligence (BI) team are undertaking a diagnostic review to ensure we understand the reason for the drop in compliance reported once the new standardisation is implemented. • From May 2024 thematic data from HAVTE incidents will be included quarterly in the IQPR report (Q4 2023/4 to be reported in May 2024). • Work is ongoing with the audit team and pharmacy to re-instate manual audits which can provide internal assurance as well as for upward reporting to NHS England. • Manual auditing will highlight areas for improvement. • The VTE team are actively engaged in the CMM process to support the accurate reporting and completion of VTE risk assessments on CMM.
Risks:	Corporate Risk 720: Risk that VTE risk assessments are not completed



Integrated Quality and Performance Report

Reporting Month: December 2023

STANDARD

QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT

Division	SubDivision	Number Risk		Percentage
		Assessed	Total Patients	Risk Assessed
Diagnostics and Therapies	Radiology	19	19	100.0%
Diagnostics and Therapies Total		19	19	100.0%
Medicine	Medicine	2,186	2,897	75.5%
Medicine Total		2,186	2,897	75.5%
Specialised Services	BHOC	2,031	2,135	95.1%
	Cardiac	356	481	74.0%
Specialised Services Total		2,387	2,616	91.2%
Surgery	Anaesthetics	31	32	96.9%
	Dental Services	108	134	80.6%
	ENT & Thoracics	288	388	74.2%
	GI Surgery	856	1,122	76.3%
	Ophthalmology	309	314	98.4%
	Trauma & Orthopaedics	114	188	60.6%
Surgery Total		1,706	2,178	78.3%
Women's and Children's	Children's Services	37	45	82.2%
	Women's Services	1,312	1,462	89.7%
Women's and Children's Total		1,349	1,507	89.5%
Grand Total		7,647	9,217	83.0%

Integrated Quality and Performance Report



Reporting Month: December 2023

STANDARD	QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)
Background:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	<p>In December, there were 52 patients eligible for the Best Practice Tariff (BPT): 29 in Bristol and 23 in Weston.</p> <p>For the 36hr time to surgery standard, 33/52 patients (64%) achieved the standard. For the 72-hour time to Ortho-geriatric assessment, 47/52 patients (90%) achieved the standard.</p>
Actions:	<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 Trauma & Orthopaedic Governance & Silver trauma steering group meeting so ideas for improvement could be discussed. • Actively re-patriating patients to Weston General Hospital to avoid breaches. • Trauma Standard Operating Procedure (SOP) signed off to allow the allocation of a "Golden Patient", enabling a prompt start. • Restart of automatic send. <p>Actions (Weston):</p> <ul style="list-style-type: none"> • Three patients were seen by the Ortho-geriatrician but breached the 72hr time due to late Friday/weekend admissions no weekend cover. Two patients were not seen due to a lack of service resilience as the ortho-geriatrician is the only one in post meaning that weekend cover / cross cover is not available additionally for sickness or annual leave. • Surgery breaches are minimised by utilising elective and emergency (CEPOD) lists where possible.
Risks:	<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>

Integrated Quality and Performance Report



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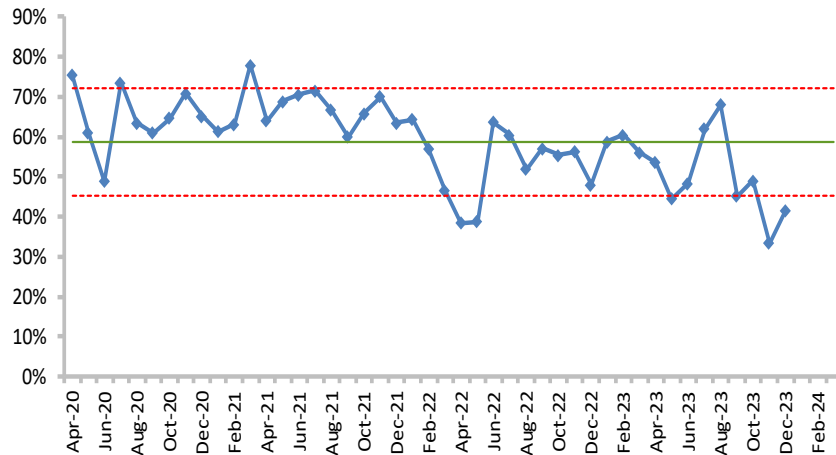
Reporting Month: December 2023

STANDARD

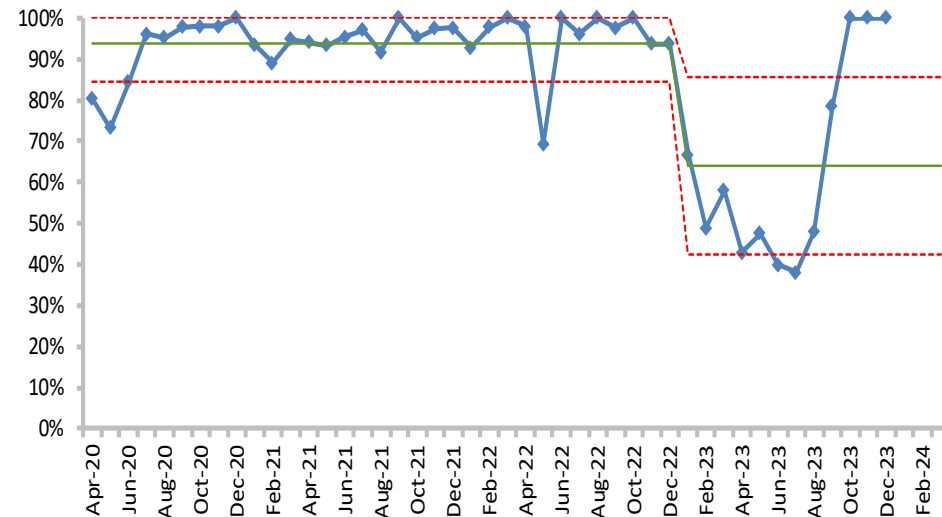
QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)

	Dec-23				
	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	29	12	41%	29	100%
Weston	23	21	91%	18	78%
TOTAL	52	33	63.5%	47	90.4%

Fracture Neck of Femur Patients Treated Within 36 Hours



Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours



Integrated Quality and Performance Report



University Hospitals
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Reporting Month: November/December 2023

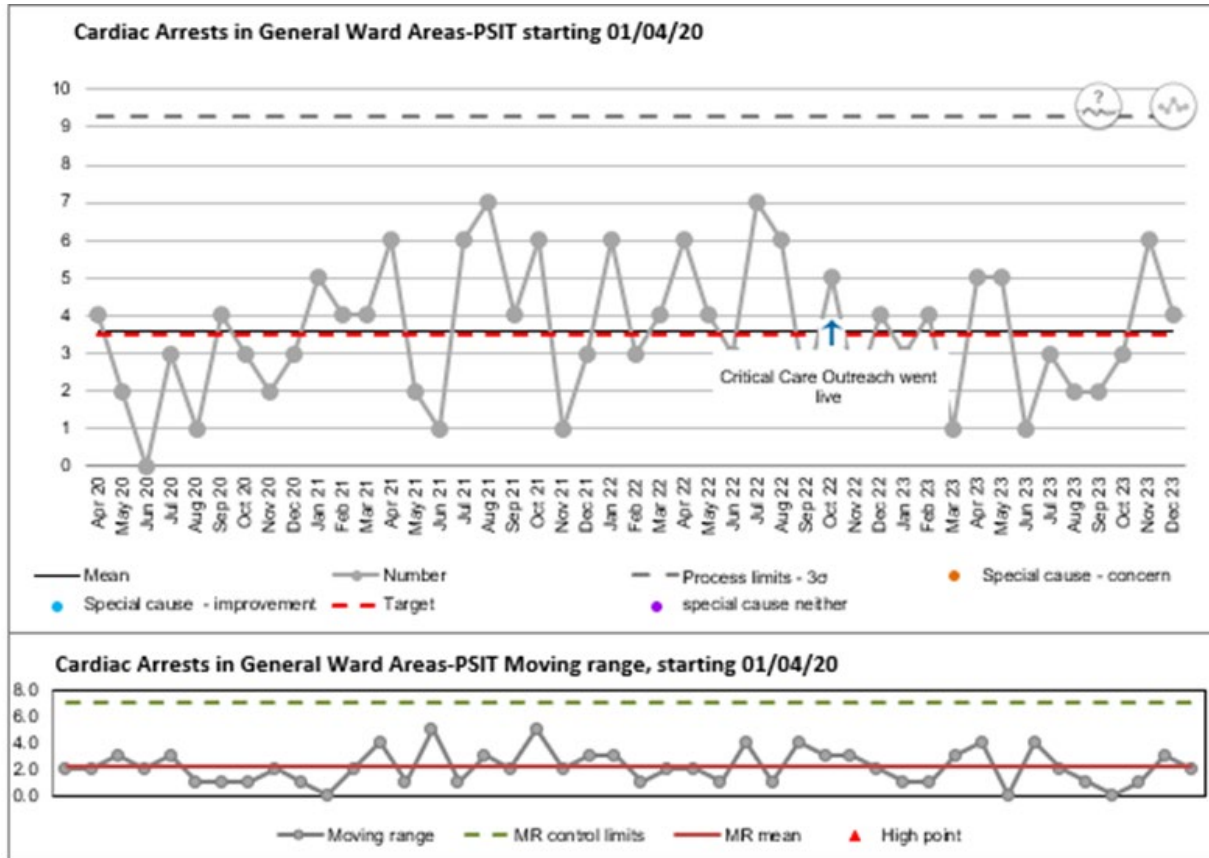
STANDARD	QUALITY AND SAFETY: DETERIORATING PATIENT
<p>Background:</p>	<p>Delayed recognition and response to patient deterioration is nationally recognised as one of the significant causes of avoidable harm. This is a long-term improvement programme (to March 2025) with several workstreams reported in 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> <p>Three improvement goal measures have been agreed.</p>
<p>Performance:</p>	<ol style="list-style-type: none"> The number of cardiac arrests in general ward areas is one of the proxy outcomes measures for the deteriorating patient programme. This relates to adult in-patients in general wards. <ul style="list-style-type: none"> An improvement goal for the year 2023/2024 has been calculated as 3.5 cardiac arrests per calendar month. This improvement goal is based on a 10% reduction year on year. In December 2023 there were four cardiac arrests in general ward areas. Unplanned ITU admissions (of adult inpatients) is the second of the proxy outcome measures for the deteriorating patient programme and shows only patients with a NEWS2 score of ≥ 5; these patients are sampled because this audit aims to measure and identify improvements in the clinical outcomes for patients who deteriorated prior to being admitted to ITU. <ul style="list-style-type: none"> An improvement goal for the year 2023/2024 has been calculated as 11 unplanned admissions per calendar month. This improvement goal is based on a 10% reduction year on year. The mean for the year to date is 13.5 unplanned ITU admissions per month, figures for October and November 2023, are 11 and 16 respectively. The graph for unplanned ITU admissions CQUIN data (Commissioning for Quality and Innovation data) measures the percentage of adult patients who had an unplanned ITU admissions had documented escalation and response within a certain time. <ul style="list-style-type: none"> The CQUIN improvement goal is 30%. The CQUIN data is submitted to NHS England quarterly and the 30% improvement goal was met in Q1 (30%) and was just under at 29% for Q2. Q3 data is still being obtained. Actions described below are being taken as part of our Deteriorating Patient Improvement Programme.
<p>Actions:</p>	<ul style="list-style-type: none"> Evaluate the impact of MOEWS in non-obstetric settings. Evaluate the Recognising, Escalating and Responding to the Deteriorating Patient (Adult) eLearning. Develop ReSPECT eLearning. Develop End-of-Life eLearning. Collaboration between UHBW Critical Care Outreach Teams (CCOT) to develop governance and accountability of automated real time alerts for high NEWS2 scores. Martha's Law/Call4Concern - scope national approach and define options for delivery. Request for addition of Sepsis NICE module on CareFlow Vitals (Adult Services), and improvements to reporting (Trustwide)

Integrated Quality and Performance Report

Reporting Month: November/December 2023

STANDARD

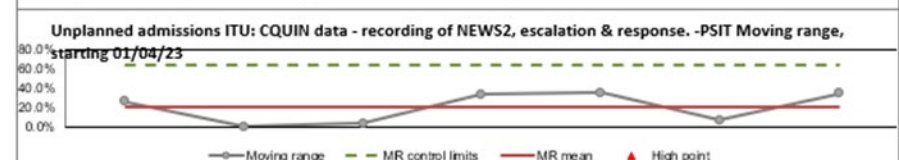
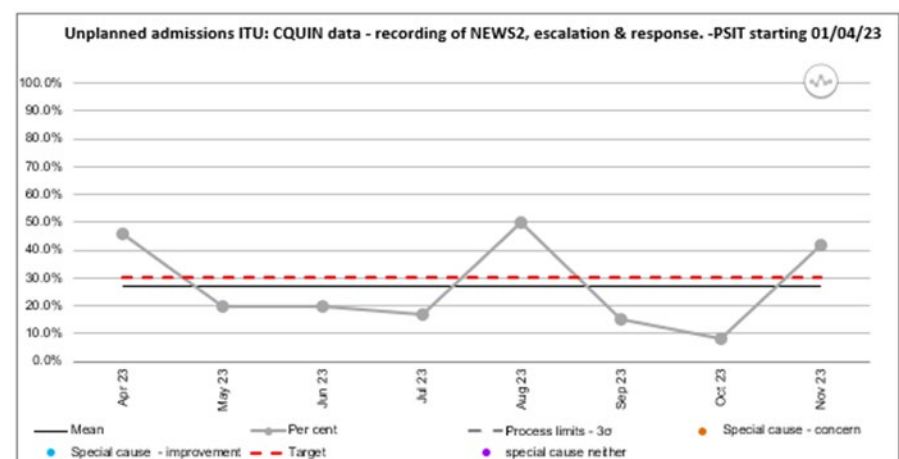
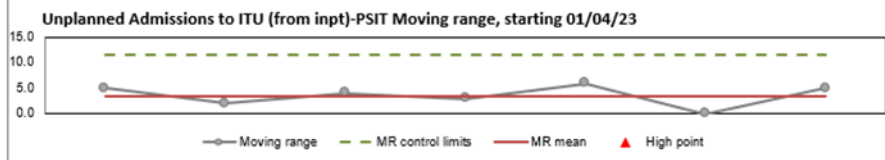
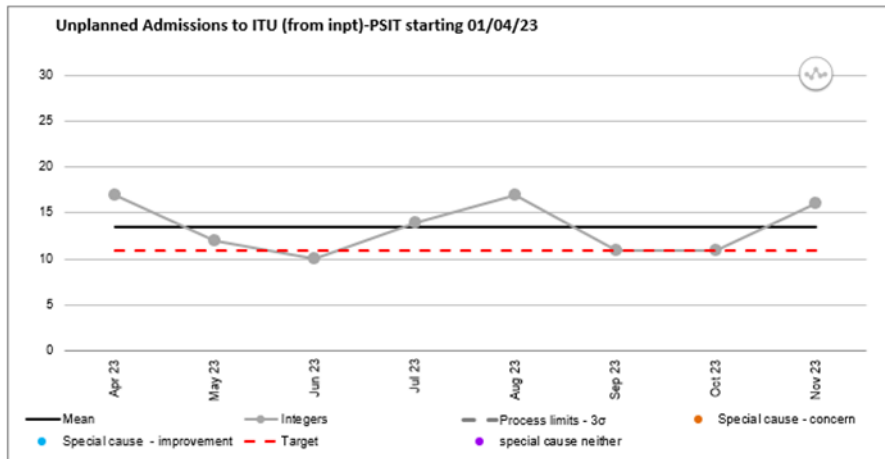
QUALITY AND SAFETY: DETERIORATING PATIENT (continued)



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STANDARD QUALITY AND SAFETY: DETERIORATING PATIENT



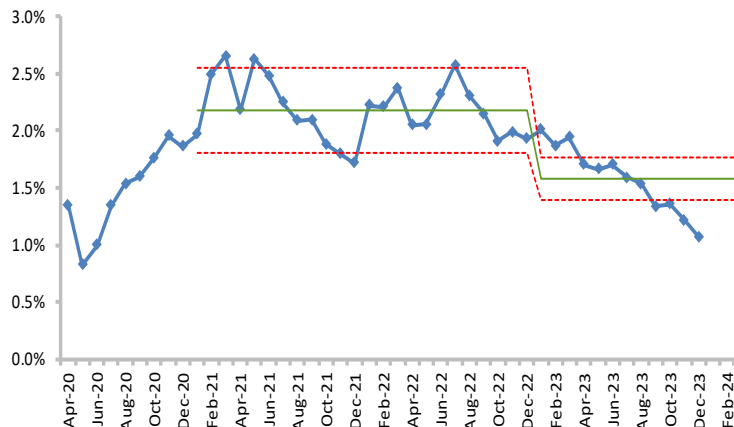
Integrated Quality and Performance Report



Reporting Month: December 2023

STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
<p>Performance:</p>	<p>Agency usage reduced by 17.7 FTE. There were increases within two divisions. The largest divisional increase was seen in Weston general Hospital, where usage increased to 14.1 FTE from 13.6 FTE in the previous month. There were reductions within four divisions. The largest divisional reduction was seen within Medicine, where usage reduced to 46.2 FTE from 51.2 FTE in the previous month.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • There were 69 new starters across the Bank in December, including 17 re-appointments. • 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. • The Trust Bank has launched the Allocate Loop app, which will enable staff to see availability of shifts and book onto them in a more accessible way. • Agency workers continued to transfer onto Bank following the bank rates increase. • Work continues within the BNSSG partners to review the current cap rates and reduce them by the beginning of 2024. • 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.
<p>Risks:</p>	<p>Corporate Risk 674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce</p>

Percentage Agency Usage



Integrated Quality and Performance Report



Reporting Month: December 2023

STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
<p>Performance:</p>	<p>Turnover for the 12-month period reduced to 11.9% compared to 12.0% (updated figures) for the previous month. Six divisions saw a reduction whilst one division saw an increase in turnover in comparison to the previous month. The largest divisional reduction was seen within Diagnostic and Therapies, where turnover reduced by 0.8 percentage points to 13.6% compared with 14.4% the previous month. The division of Weston General Hospital increased by 0.5 percentage point to 9.7% compared with 9.2% the previous month. Four staff groups saw a reduction and three staff groups saw an increase in comparison to the previous month. The largest staff group reduction was seen within Allied Health Professionals, where turnover reduced by 1.5 percentage points to 12.5% compared with 14.0% the previous month. The largest staff group increase was seen within Additional Clinical Services, where turnover increased by 1.48 percentage points to 17.24% compared with 15.76% the previous month. Turnover rate for Band 5 nurses in December is 12.1% (compared with 12.5% for November).</p>
<p>Actions:</p>	<p>Work taking place during December to reduce turnover is as follows:</p> <p>IEN Nurse Retention:</p> <ul style="list-style-type: none"> From January 2024, the first UHBW cohorts of Internationally Educated Nursing Recruits will reach three years' service with UHBW. This will mean that they reach the end of their repayment clause in their contracts and will need to renew their VISA's. HR Services are working closely with the IEN pastoral care team and the Resourcing Team to ensure that the VISA renewal process runs smoothly, and that information is provided ahead of the usual deadlines to reassure and retain this staff group. <p>Staff Survey 2023:</p> <ul style="list-style-type: none"> The preliminary Staff Survey 2023 results will be presented in a paper to People Committee in January 2024, with the full results made available following the release of the embargo in March 2024. The preliminary results are benchmarked against the other 62 Acute and Acute Community Trusts contracted with the organisation's provider, Picker, where the Trust has positioned 9th for overall positive score, placing in the top 15% of comparative organisations. <p>Quarter 4 Pulse Survey:</p> <ul style="list-style-type: none"> A communications plan is in place to launch the Q4 Pulse Survey, live from 8 – 31 January 2024, to measure the organisational engagement score, whilst also evaluating the Trust's recognition offer, and awareness of Respecting Everyone. <p>Recognition:</p> <ul style="list-style-type: none"> Preparations have commenced for the launch of the Recognising Success nominations process.
<p>Risk:</p>	<p>Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce</p>

Integrated Quality and Performance Report



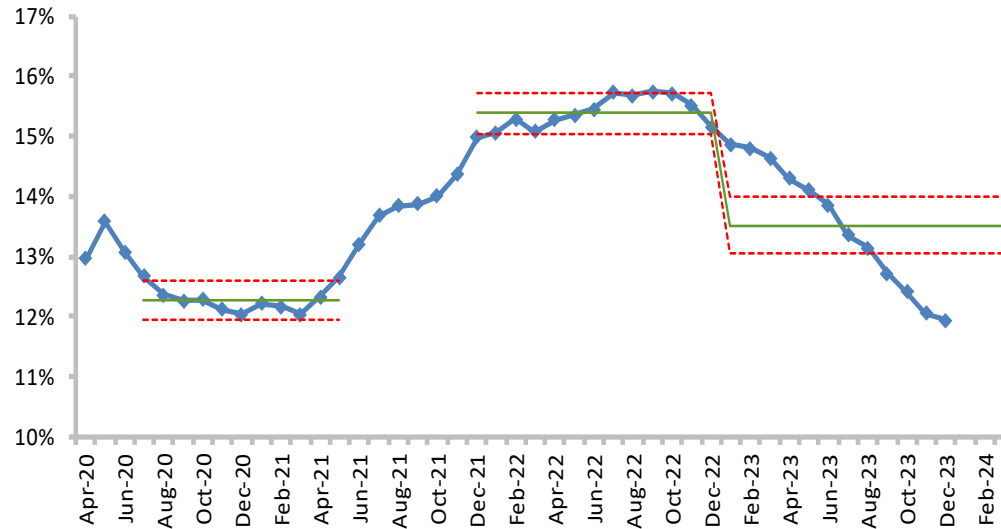
University Hospitals
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Reporting Month: December 2023

STANDARD

OUR PEOPLE: WORKFORCE STAFF TURNOVER

Workforce Turnover Rate



Integrated Quality and Performance Report



Reporting Month: December 2023

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
<p>Performance:</p>	<p>Sickness absence remained static at 5.0% compared with the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence.</p> <p>There were reductions within five divisions. The largest divisional reduction was seen in Surgery, where sickness reduced by 0.4 percentage points to 4.6%, compared to 5.0% in the previous month.</p> <p>There were increases within three divisions. The largest divisional increase was seen within Medicine, where sickness increased by 0.7 percentage points to 5.5%, compared with 4.8% in the previous month.</p> <p>There were reductions within four staff groups. The largest staff group reduction was seen within Additional Clinical Services, reducing to 5.6% from 7.1% in the previous month.</p> <p>There were increases within four staff groups. The largest staff group increase was seen within</p>
<p>Actions:</p>	<p>Work taking place during December to reduce and manage sickness absence is as follows:</p> <ul style="list-style-type: none"> • A Wellbeing event was held in the Weston Wellbeing Hub in December aimed at Facilities colleagues to support the delivery of a local workplace strategy including sickness absence reduction. • The People team Away day in December comprised an interactive workshop delivered by 'Art of Brilliance' covering positive psychology, resilience, mindfulness, leadership and emotional intelligence to foster a robust wellbeing culture within all People functions and their service users. • Work commenced in December to review sexual safety best practice, learning from South Western Ambulance Service Trust's (SWAST) implementation of NHS England Sexual Safety Charter. This programme sits within the Trust 'It Stops with Me' campaign – Respecting Everyone policy and suite of resources. • The Wellness Action Plan (WAP) was updated in December in partnership with the ABLE+ staff network and Divisional leads to ensure it remains a proactive tool to support attendance Trust wide. • Wellness at Work is a new approach to managing both health and sickness across the UHBW workforce. The Policy has been through a full review, drawing on feedback from colleagues, union representatives and the ABLE+ network. It places emphasis on supporting colleagues within the workplace. The Policy follows a similar approach to that of the Respecting Everyone Policy with guides and resources to enable managers to address health at work and attendance issues in a compassionate way.

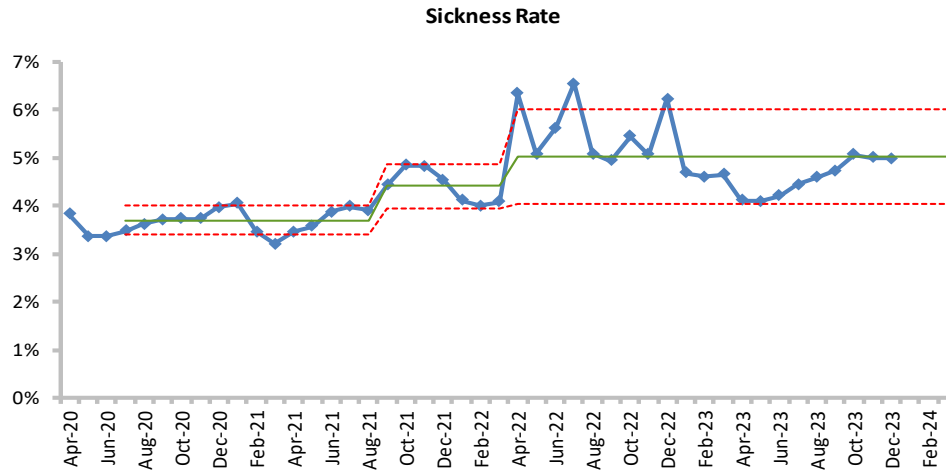
Integrated Quality and Performance Report



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STANDARD

OUR PEOPLE: WORKFORCE STAFF SICKNESS



Integrated Quality and Performance Report

Reporting Month: December 2023

STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

Performance:

Overall vacancies reduced to 2.7% (336.5 FTE) compared to 3.2% (388.6 FTE) in the previous month. The largest divisional increase was seen in Trust Services where vacancies increased to -22.3 FTE (over-establishment) from -49.3 FTE (over-establishment) in the previous month. The largest divisional reduction was seen in Medicine, where vacancies reduced to 11.7 FTE from 47.8 FTE the previous month. The largest staff group increase was seen in Ancillary, where vacancies increased to 108.8 FTE from 82.9 FTE the previous month. The largest staff group reduction was seen in Nursing, where vacancies reduced to 37.3 FTE from 140.6 FTE the previous month. Medical staff group is no longer over-established. Consultant vacancy has reduced to 42.0 FTE (5.2%) from 48.5 FTE (6.1%) in the previous month.

Band	Vacancy
AfC Band 2	9.1 FTE
AfC Band 3	104.8 FTE
AfC Band 4	-279.8 FTE

Actions:

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

- The Trust received another large cohort of Internationally Educated Nurses (IEN) with 46 arrivals. A total of 935 IENs have now arrived at the Trust since the beginning of the programme.
- A successful Critical Care Nurse recruitment campaign was launched in November. As a result, four senior nurses and one ECMO nurse were offered, and five promising candidates have scheduled interviews in January 2024 for the General Intensive Care Unit (GICU).
- An advertising campaign was launched to promote the three planned Children's Newly Qualified and Experienced Nursing Open days scheduled for January and February. The events have received a lot of interest, and the first two open days are already fully booked. Results to follow.
- Planning has commenced for the Children's Emergency Department open day which will take place on the 25th of January. The event is aimed at attracting Registered Nurses and Senior Healthcare Support Workers.
- In December, a successful assessment centre was conducted to recruit Registered Nursing Degree Apprentices (RNDAs) resulting in five offers. With these appointments, the Trust has achieved the target of recruiting 40 RNDAs this financial year.
- 48 substantive Healthcare Support Workers (HCSW) started in the Trust and another 15 were offered.
- The talent acquisition team have procured a new recruitment tool for HCSW's called 'Talk n Job', designed to support candidates to learn about the role before applying and register interest by scanning a QR code. This is due to go live in Q4.
- A new model for HCSW assessment centres has been designed and finalised in December and will be launched in January as part of the 2024 HCSW Recruitment Plan.
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Integrated Quality and Performance Report

Reporting Month: December 2023

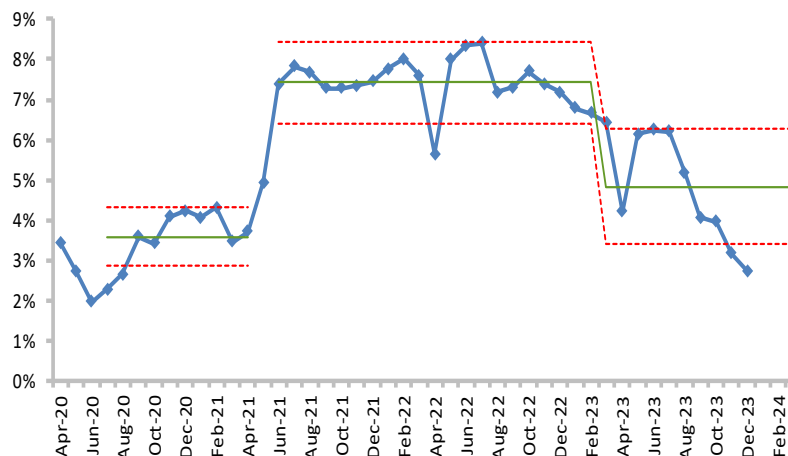
STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

Actions (continued):

- 15 substantive Allied Health Professionals (AHPs) and 11 substantive Healthcare Scientists joined the Diagnostics and Therapies division in the month of December.
- The Trust will welcome one final Internationally Educated Occupational Therapist in January. With this arrival, the Trust has secured a total of 19 Internationally Educated Allied Health Professional (AHPs) as part of the continued collaborative AHP international recruitment with the ICB system partners.
- Two non-consultant grade doctors started in the Weston site in the month of December. One consultant and one clinical fellow have been cleared for a start date in January.
- Two substantive consultant grade doctors in Emergency Medicine and Care of the Elderly, and one locum consultant in Anaesthesia, were offered in Weston in December. The Trust also appointed one junior clinical fellow in Medicine for the Weston site.
- Work continued to facilitate the implementation of Healthy Weston 2. The task and finish groups maintain bi-weekly meetings, focusing on Older Person Assessment Unit (OPAU) and Front Door services to monitor progress. Significant headway has been achieved with an offer recently extended to a consultant for the new OPAU.

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

Vacancy Rate (Vacancy FTE as Percent of Funded FTE)



Integrated Quality and Performance Report



Reporting Month: December 2023

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
<p>Performance:</p>	<p>At the end of December:</p> <ul style="list-style-type: none"> • 3,215 patients were waiting 52+ weeks against the Operating Plan trajectory of 4,976. • 1,048 patients were waiting 65+ weeks against the Operating Plan trajectory of 630. <ul style="list-style-type: none"> • Note the trajectory was revised towards the end of Quarter 3 to give an end of December target of 1,171. • 185 patients were waiting 78+ weeks. • 0 patients were waiting 104+ weeks. <p>For 2023/24 the Operating Plan assumes that no patients will be waiting over 78 weeks. The next national ambition is to have no patients waiting 65+ weeks by the end of March 2024. In November, the Trust declared to NHS England that we are likely to have 392 breaches within the 65ww cohort at the end of March 2024. Those breaches are attributed as 120 in Paediatric dentistry, 35 in GI surgery, 144 in paediatrics ENT, Urology and plastics and 93 Cornea graft patients (relating to national supply shortage)</p> <p>NB: dispensation for industrial action continues to inform the revision of in-year trajectories.</p>
<p>National Data:</p>	<p>For November 2023, across all of England, 4.8% of the waiting list was waiting over 52 weeks. UHBW's performance was 6.7% (4,101 patients) which places UHBW as the 21st highest Trust out of 169 Trusts that reported RTT wait times.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • At the end of December 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 to achieve this ambition, although a combination of industrial action along with a higher presentation of accident and emergency attendances continue to make this challenging. Despite these challenges, at the end of December the number of patients waiting more than 78 weeks had reduced to 185 from 223 in November and the Trust continues to work towards reducing long waits through specific initiatives including the expansion of insourcing in clinical genetics, dermatology, respiratory, sleep, gynaecology and dental specialties where there are recognised national challenges. • Of the 185 patients waiting 78 weeks or longer at the end of December, 26 related to cornea grafts, where there is currently a national shortage of cornea graft material which is contributing to delays in treating these patients. There is a nationally led process to allocate graft material to Trusts based on the clinical priority and length of waiting time. • As part of the 2023/24 Annual Planning Process (APP), clinical divisions have developed plans to move towards the national ambition of no patient waiting longer than 65 weeks by end of March 2024. The number of patients waiting in excess of 65 weeks at the end of December was 1,048 against the operating planning trajectory of 630 which is an improvement on the November position when 1,304 patients were waiting 65 weeks or longer. It should be noted that the recently revised trajectories, agreed in response to the NHSE letter received on 8th November, was 1,430 by end of November, reducing to 1,171 by end of December.

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Integrated Quality and Performance Report



Reporting Month: December 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. • Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and Spire to support their recovery in cleft services and the service are insourcing using KPI Health for paediatric dental clinics and extractions which commenced January 2023, with schedules being provided each month. • The Trust has established insourcing arrangements for outpatient services in oral surgery, oral medicine, gynaecology, sleep, respiratory medicine and dermatology and the dental service have also recruited an additional orthodontics consultant to increase the capacity within this service as well as a paediatric cleft locum. Within dental services there continues to be a gap in the number of paediatric dentistry consultants within the service, equating to 1.1 WTE. The dental management team are working with the UHBW talent team to re-advertise for a paediatric dentistry consultant. • 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). • All patients who were waiting for 40 weeks and above have been invited to register on the NHS England Patient Initiated Digital Mutual Aid System (PIDMAS) for consideration if they are suitable to be considered for treatment at an alternative provider, including independent sector providers. To date, 199 patients have requested to be considered but no alternative providers have been identified at this stage. • The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives. • Where patients are too complex for transferring outside of the organisation for treatment under mutual aid arrangements, theatre schedules are under review via a theatre improvement programme to ensure that suitable capacity is available for the longest waiting patients. This continues to be a challenge due to the high volume of cancer cases, inpatient capacity, rest restraints (including High Dependency) and staff shortages.
<p>Risk:</p>	<p>Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met</p>

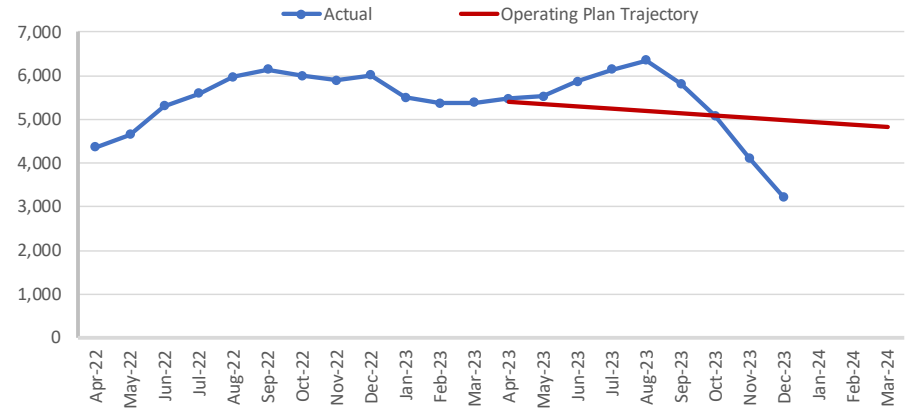
Integrated Quality and Performance Report

Reporting Month: December 2023

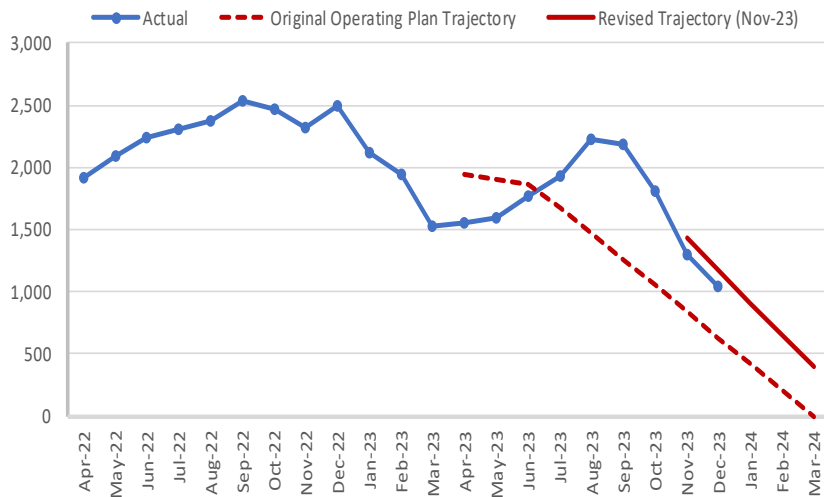
STANDARD REFERRAL TO TREATMENT (RTT) LONG WAITS

	Dec-23		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	214	48	2
Specialised Services	129	30	6
Surgery	2,319	813	163
Women's and Children's	553	157	14
Other	0	0	0
UHBW TOTAL	3,215	1,048	185

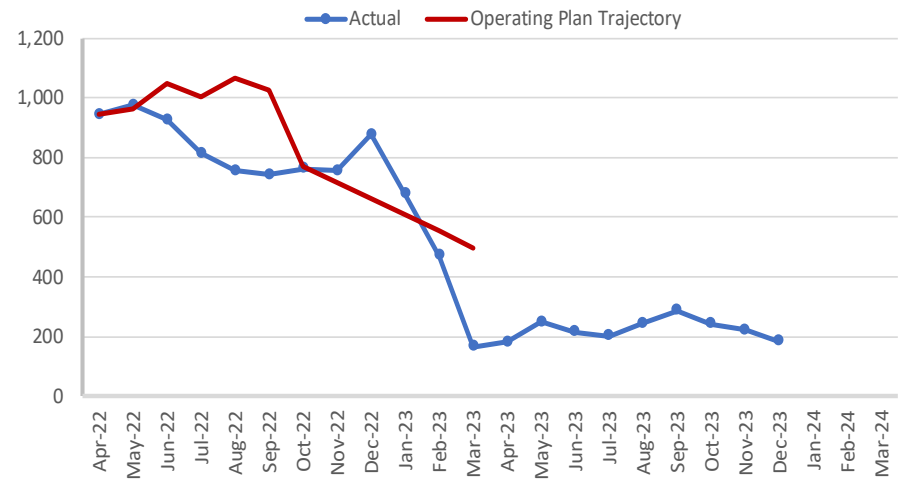
Number of Ongoing Patients Waiting 52+ Weeks at Month End



Number of Ongoing Patients Waiting 65+ Weeks at Month End



Number of Ongoing Patients Waiting 78+ Weeks at Month End



Integrated Quality and Performance Report



Reporting Month: December 2023

STANDARD	CANCER WAITING TIMES
<p>Performance:</p>	<p>As at the end of December, the Trust had 222 patients waiting >62 days on a GP suspected cancer pathway. The Trust has an operating planning trajectory of not exceeding 166 patients at the end of December 2023, reducing to 160 by March 2024.</p> <p>The “Faster Diagnosis Standard” (FDS) is reported a month in arrears, and this measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. The Trust’s improvement trajectory returns to 75% by March 2024. Performance in November was 59.1% against a revised improvement trajectory of 50%.</p> <p>Standards reported from November 2023</p> <p>The performance for patients treated within 62 days of starting a suspected cancer pathway is reported a month in arrears. For November, 66.5% of patients were treated within 62 days, against the NHSE ambition of 70% by March 2024. The national constitutional standard is 85%.</p> <p>The performance for patients treated within 31 days of the decision to treat is reported a month in arrears. For November, 92.5% of patients were treated within 31 days. The national constitutional standard is 96%.</p>
<p>National Data:</p>	<p>National data for patients treated within 62 days of starting a suspected cancer pathway is shown on the next page.</p>
<p>Actions:</p>	<p>The Trust was compliant with the trajectory for patients waiting 62+ days on a GP suspected cancer pathway at the start of July, but that deteriorated with the impact of industrial action and, when industrial action paused in the autumn, performance improved significantly. There was an expected deterioration over the festive period, however the impact of latest industrial action has also contributed. The Trust has started to recover more quickly than expected from this and the impact at UHBW has been less significant than in some other providers. The Trust continue to work towards the operational planning target and actions focus on replacing activity lost to industrial action and are concentrating on reducing waits in gynaecology, lower GI and skin through use of locums, outsourcing and additional permanent capacity where required. Further industrial action poses a risk to attaining the target in the required timescale.</p> <p>Performance against the Faster Diagnosis Standard was met during March 2023, deteriorated until September, and has started to rapidly improve with October reporting 52.0% and November 59.1%. The deterioration was due to 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 attainable, but 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. New mutual aid referrals to dermatology ceased from November.</p>

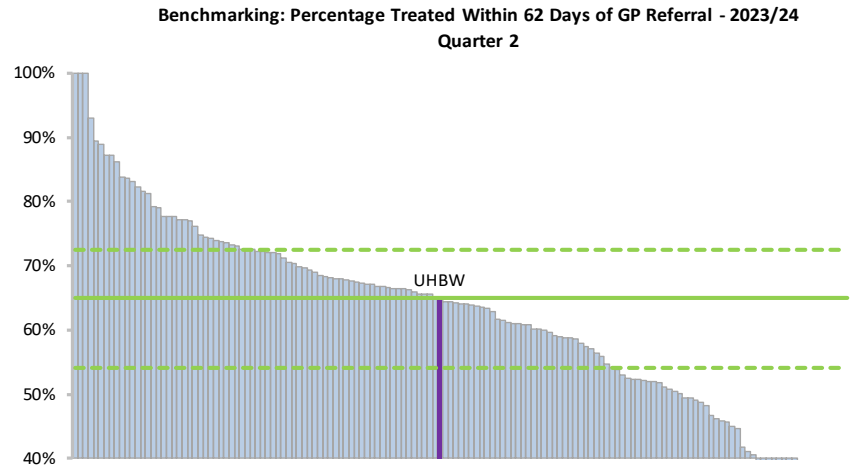
Integrated Quality and Performance Report



Reporting Month: Nov/Dec 2023

STANDARD	CANCER WAITING TIMES
Actions (continued):	<p>Two new cancer measures came into place in October 2023 and, alongside the Faster Diagnosis Standard, the Trust is currently non-compliant against these standards. The 'ongoing' standard for numbers of patients over 62 days on a GP suspected cancer pathway is also still in use until March 24.</p> <p>The Trust continues to work towards delivering its improvement action plan, which is equally applicable to the new standards, and significant progress was made during the pause in industrial action, including clearing the backlogs in dermatology and ENT a month ahead of plan. Actions focus on clearing backlogs and ensuring sufficient capacity in the five main challenged areas: dermatology, gynaecology, colorectal, thoracic surgery and head and neck.</p> <p>There is also work to expand the scope of gynaecology one stop clinics to make more patients eligible, with the new clinics starting on 19th February. The Trust is on track (indeed, well ahead of trajectory at present), to deliver the level of improvement required by NHS England by the end of March, however industrial action is a significant risk to that.</p> <p>Patient safety is at the heart of all performance management in cancer.</p>
Risk:	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

	Nov-23		
	Within Target	Total Patients	% Achievement
28 Day Faster Diagnosis	1,181	1,999	59.1%
31 Day Standard	679	734	92.5%
62 Day Standard	143	215	66.5%



Integrated Quality and Performance Report



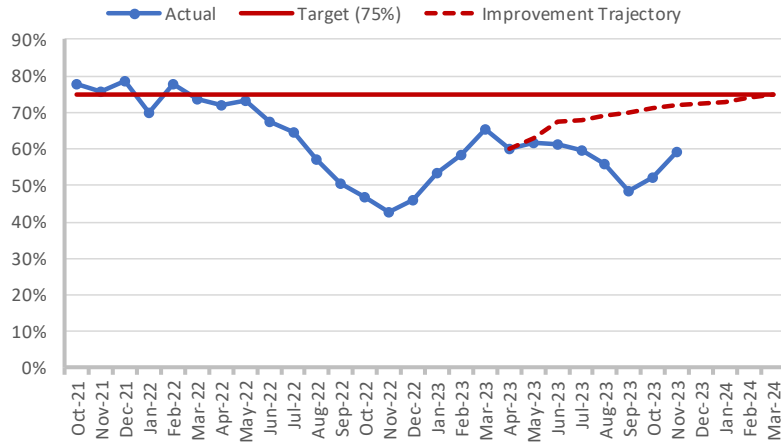
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: Nov/Dec 2023

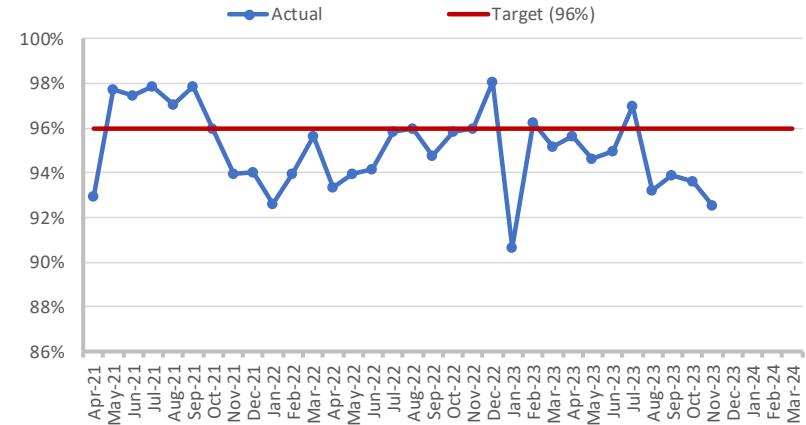
STANDARD

CANCER WAITING TIMES

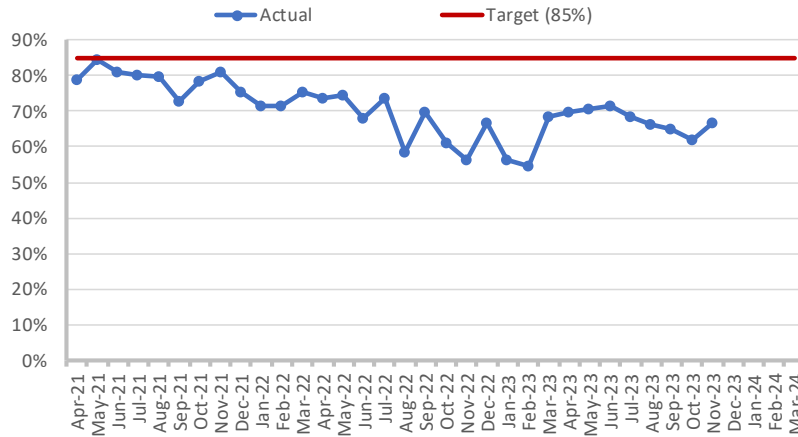
28 Day Cancer Faster Diagnosis Standard



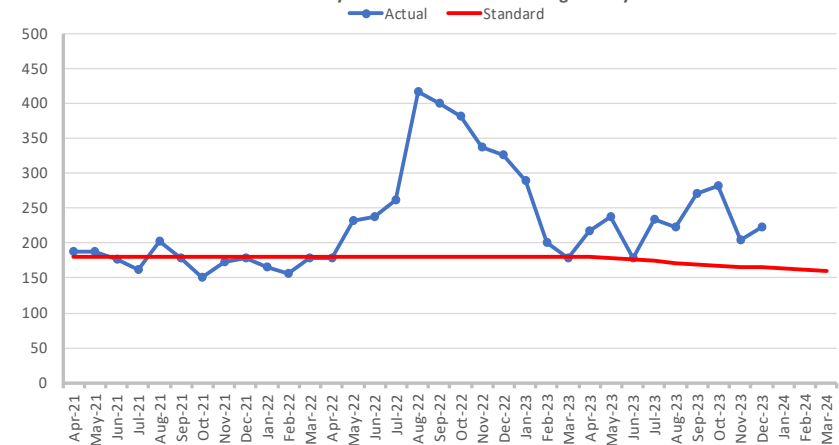
31 Day Diagnosis to Treatment



62 Day Referral To Treatment



Cancer 62+ Day Standard - Numbers Waiting 62+ Days



Integrated Quality and Performance Report



Reporting Month: December 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 December, 80.0% of patients had been waiting under 6 weeks, against a performance trajectory of 80.4%.</p> <p>At the end of December 2023, there were a total of 288 patients waiting 26+ weeks which is 2.2% of the waiting list. The target was to have zero patients waiting 26+ weeks by October 2023.</p> <p>At the end of December 2023, there were a total of 849 patients waiting 13+ weeks which is 6.4% of the waiting list. The target for end of December was 335 and an expectation to have zero patients waiting 13+ weeks by March 2024.</p>
<p>National Data:</p>	<p>For November 2023, the England total was 75.8% of the waiting list under six weeks. UHBW's performance was 80.2% which places UHBW 70th of 156 Trusts that reported diagnostic wait times.</p>
<p>Action/Plan:</p>	<ul style="list-style-type: none"> At the end of December, diagnostic performance against the six week wait standard was reported as 80.02% against the operational planning trajectory of 80.4%. Positively, the improvement made in November was sustained in December and eight modalities improved, achieved trajectory or maintained performance over 85% for waits under six weeks. The trajectories for reducing long diagnostic waiters over 13 and 26 weeks was not achieved, however December also saw a further improvement from November's performance. Three modalities reported zero patients waiting more than 13 weeks and eight modalities sustained performance or improved from November. The number of patients waiting beyond 26 weeks improved to 288 from 315 in November, noting that Sleep Studies has the largest number of patients waiting over 26 weeks. The Trust had planned to clear all patients waiting over 26 weeks by October 2023 and ongoing efforts continue to eliminate any waits greater than 26 weeks before the end of 23/24. Improvements are being made but challenges also remain in MRI paediatrics and Endoscopy paediatrics as these modalities are niche and cannot be outsourced and the capacity has been challenged by sickness in the workforce, further cancellations caused by industrial action (IA) and prioritisation of more clinically urgent patients. Non-obstetric ultrasound is also experiencing workforce challenges, but additional capacity is being utilised where available to recover the performance position and actions being taken are yielding the positive results that were anticipated. Whilst the risks are still present, especially for the paediatric service, this improvement evidences that the mitigations and actions in place are being managed closely to improve waits. Endoscopy (adults) performance against the six-week standard continues to improve well ahead of trajectory to 62.8% and although the elimination of patients waiting over 13 weeks and 26 weeks is challenging, the long waiters in Endoscopy adults did improve significantly in December. The risks remain and these include the impact of IA, ongoing complex patients queries and complex patients requiring their procedures under general anaesthetic (GA), where capacity is limited and prioritised for the most clinically urgent patients. Challenges remain, with actions in place to mitigate risks and it is positive that these modalities are sustainably improving waits for patients. <p style="text-align: right;"><i>...continued over page</i></p>

Integrated Quality and Performance Report



Reporting Month: December 2023

STANDARD	DIAGNOSTIC WAITING TIMES
Action/Plan (continued):	<ul style="list-style-type: none"> Performance and long waiters in Sleep Studies continues to be the most significant risk and challenge to diagnostic performance within UHBW. The service is using significant additional capacity to improve performance and waiting times for patients and mutual aid from other providers has been explored. Improvements are materialising but the issues in this service are considerably complex and will require extensive and sustained actions across key areas. The recovery is expected to take 4-6 months but is progressing well so far and is being monitored closely. Service-wide demand and capacity modelling is being undertaken to support the development of recovery trajectories for 24/25. Overall, the continued impact of industrial action is a significant risk to diagnostic performance, as is the sickness in niche sub-modalities and capacity constraints, particularly for patients requiring their procedures under GA. These risks are being managed closely and mitigations are in place wherever possible, with progress being made month on month. Modality-level diagnostic trajectories and plans for 23/24 are in place across the organisation and the Trust continues to utilise transferred capacity and outsourcing to the independent sector which are integral to the diagnostic recovery plans for 23/24.
Risk:	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

End of December 2023

Modality	Total On List	Under 6 Weeks			13+ Weeks		26+ Weeks	
		Number	Percentage	Mar24 Target	Number	Percentage	Number	Percentage
Audiology Assessments	523	25	95%	97%	0	0%	0	0%
Colonoscopy	407	149	63%	53%	94	23%	24	6%
Computed Tomography (CT)	2,226	98	96%	81%	29	1%	1	0%
DEXA Scan	461	93	80%	68%	9	2%	0	0%
Echocardiography	1,980	594	70%	85%	13	1%	0	0%
Flexi Sigmoidoscopy	126	61	52%	53%	38	30%	6	5%
Gastroscopy	486	195	60%	55%	113	23%	19	4%
Magnetic Resonance Imaging (MRI)	2,586	318	88%	95%	142	5%	45	2%
Neurophysiology	227	15	93%	99%	0	0%	0	0%
Non-obstetric Ultrasound	4,007	914	77%	83%	226	6%	11	0%
Sleep Studies	257	193	25%	51%	185	72%	182	71%
Other	0	0			0		0	
UHBW TOTAL	13,286	2,655	80.0%	83.3%	849	6.4%	288	2.2%

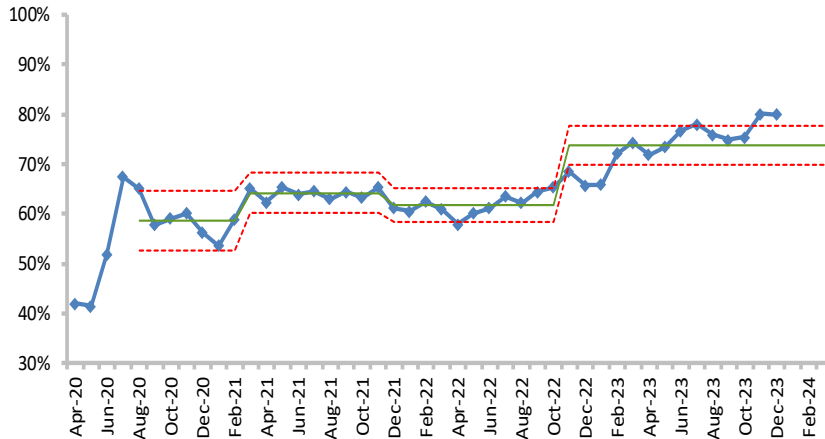
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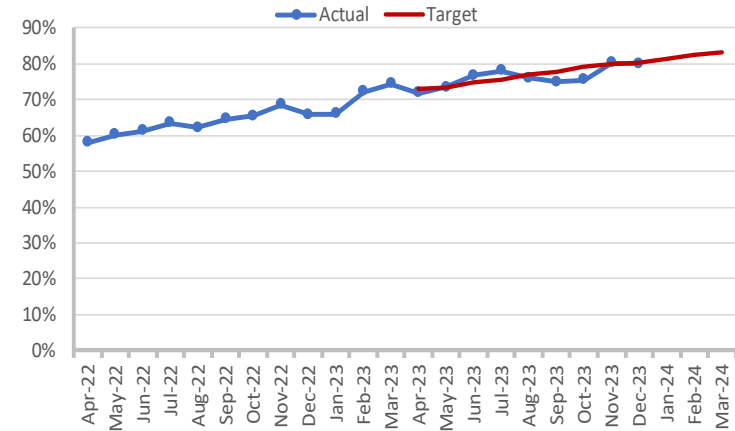
Reporting Month: December 2023

STANDARD DIAGNOSTIC WAITING TIMES

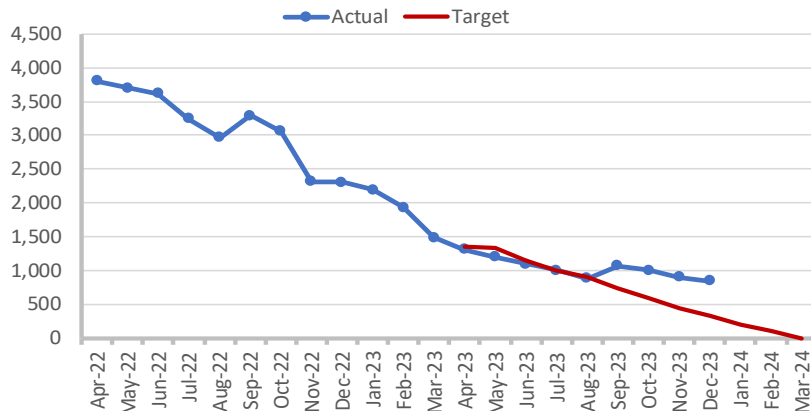
Diagnostics Under 6 Week Wait (15 Key Tests)



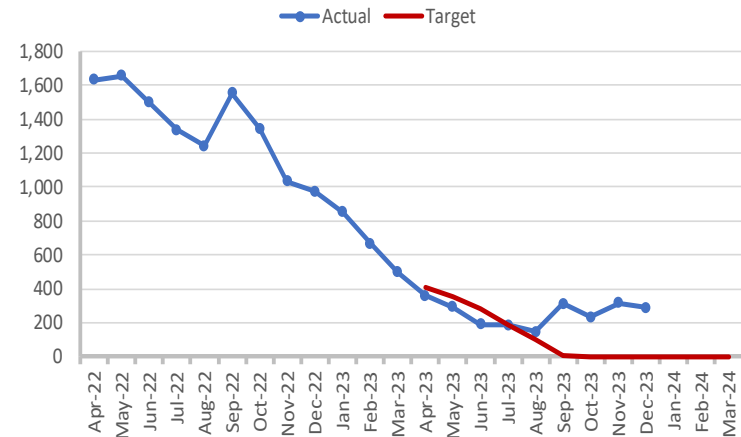
Diagnostics Percentage Waiting Under 6 Weeks



Diagnostics Numbers Waiting 13+ Weeks



Diagnostics Numbers Waiting 26+ Weeks



Integrated Quality and Performance Report

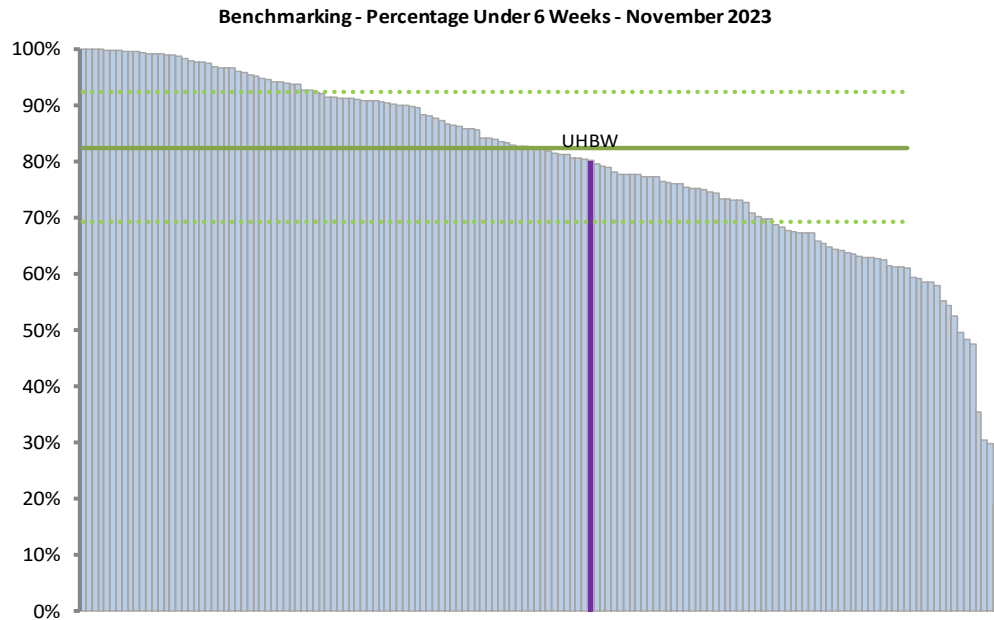


University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: December 2023

STANDARD

DIAGNOSTIC WAITING TIMES



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 December, 63% of patients attending ED spent less than 4 hours in an emergency department from arrival to discharge or admission. This is below the operational planning trajectory of 70% for December. The December performance for the "12 Hour Standard" also shows a slight deterioration to 5%, compared to 4.7% in November. Both metrics had been impacted by increased bed occupancy during previous months and it should be noted that performance against both the 4 hour and the 12-hour standard has significantly improved when compared to the same period last year.</p> <ul style="list-style-type: none"> • Weston ED attendances slightly decreased in December by 2.8% (4,088 compared to 4,206 in November), with December’s admissions from ED remaining high at 1,519. This is compared to 1,532 in November and a monthly average of 1,246 for April to October. • Having shown an increase of 8.7% between July and October 2023, BRI ED attendances reduced in December by 1.7% to 6,364. • Children’s Hospital attendances remained high in December at 4,110. This is down from November’s high-point of 4,689 but is above the monthly average of 3,540 for April to September. <p>12 Hour Trolley Waits</p> <p>This metric relates to patients who are admitted from ED, and measures from the Decision To Admit (DTA) time to the Admission Time. This is a standard that has been reported in previous months and will continue to be reported in 2023/24.</p> <p>During December, there were 376 12 Hour Trolley Waits: 195 in Bristol and 181 at Weston, which is a small deterioration from the 361 reported in November.</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 3,883 ambulance handovers in December:</p> <ul style="list-style-type: none"> • 1,021 ambulance handovers were within 15 minutes which was 26.3% of all handovers, • 2,410 ambulance handovers were within 30 minutes which was 62.1% of all handovers.
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Integrated Quality and Performance Report



Reporting Month: December 2023

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 reported data for December 2023, overall percentage of handovers under 15 minutes was 20.7% across these hospitals. The chart on page 20 shows the distribution: BRHC ranked 1st highest with 56.0% of handovers under 15 minutes, BRI was 5th highest at 26.7% and Weston was 2nd lowest at 9.7%.</p> <p>ED 4-hour national performance is shown on page 18.</p>
<p>Actions:</p>	<p>ED 12-hour performance at Weston and BRI has shown a monthly deterioration since July, however, when comparing performance to December 22/23, these departments are demonstrating a 12.8% and 10.7% year-on-year improvement, respectively.</p> <p>No Criteria to Reside (NCTR) bed days have increased during December, which will be contributing to reduced flow. Community delays leading to No Criteria Reside bed days were higher in December 2023 than any month since March 2023 and constraints in flow worsened in December with decreased discharges across all pathways (28 less discharges in total than in November) noting that there was a decrease in acute length of stay for Discharge to Assess (D2A) patients in Pathway 1 (patients returning home with package of care). 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. Length of stay for patients awaiting bedded facilities has slightly reduced across both sites.</p> <p>A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including:</p> <ul style="list-style-type: none"> • A new set of Internal Professional Standards has been drafted, and an approach has been planned to ensure Continuous Improvement projects are underway for all standards. Scoping work regarding specialty referrals is progressing and will be used to support teams to develop individualised targets to ensure timely care. • The next phase of the ‘Tap to Transfer’ process (supporting inpatient to inpatient transfers across divisions) is planned within surgery division with a confirmed go-live date in February. • In Weston, three new ED consultants are starting in post between January and March. • Weston’s new Emergency Department Observation Unit (EDOU) is progressing well, with increasing numbers of patients using the unit. In December, 237 patients were admitted to the unit, saving 1,273 hours of ED time. A new performance monitoring dashboard is now live, enabling monitoring of utilisation and benefits realisation moving forward. • Weston Older Persons Assessment Unit launched on 22nd November to improve quality and timeliness of care for frail patients admitted to WGH, improving flow from ED. 204 patients were admitted to OPAU during December, 24% of these patients were discharged from OPAU on a short stay pathway. • The Community Emergency Medicine Service (CEMS) has now launched following two previous pilots in 2023. This service will provide pre-hospital assessment and remote advice for ambulance crews, for patients where senior clinical decision making from ED clinicians will support reductions in unnecessary admissions and attendances to ED and increase the use of direct to specialty referral pathways.

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

Actions (continued):

- Clinically ready to proceed (CrTP) time stamps are being built into Urgent Care reporting systems, supporting a greater understanding of opportunities to reduce delays within Emergency Departments.
- Within BRI, work is commencing on a review of patient pathways requiring portering from front door departments (ED and SDEC) to radiology/imaging. The aims are to maximise efficiencies of these pathways and reduce delays to support flow.
- Capital funding has been secured to support upgrades to the POD system, which is the pneumatic tube system used to transport lab samples. Once the work is complete, this will reduce delays associated with obtaining test results.

Same Day Emergency Care (SDEC)

The development of the SDEC offer across the Trust aims to redirect clinically appropriate patients away from Emergency Departments to support patient flow, reduce waiting times and minimise unnecessary admissions. A review of time spent in ED before Same Day Emergency Care (SDEC) units is underway at BRI and Weston sites, with the aim of supporting timely access to SDEC units and decompressing ED.

Surgical SDEC – BRI: December data has shown that monthly admissions to surgical SDEC have remained stable at 365, compared to 375 in November and 360 in October. The number of ED attendances that go on to Surgical SDEC has seen a month on month increase since July 2023, with 324 in December (compared to 313 in November and 294 in October). Admission rates from surgical SDEC have decreased in December to 19.7% compared to 22.7% in November and 20.% in October. A space review is ongoing to look for future opportunities for maximising use of existing estate and service expansion.

Medical SDEC - BRI: BRI have extended the trial pathway to admit non-ambulant expected patients via medical SDEC to support decompression of ED majors, enabling a proportion of patients who would otherwise have been admitted, to be converted to Same Day Emergency Care. In December there were 754 patients seen within BRI Medical SDEC, which is a reduction compared to November (903) and October (826). During Industrial Action days, a limited SDEC service was operational due to staffing constraints, which accounts for this decrease and inpatient admission rates remained stable at 17.9%, compared to November (17.4%) and October (20.2%).

Wait times in ED prior to medical SDEC were higher in December (2hours 54 mins), compared to November (1hr59min) and October (1hr 55min). Work is ongoing to look in to this in more detail, however it is suggested that the periods of Industrial Action, longer waits in ED as a result of increased demand, and a greater number of SDEC suitable patient arriving outside of SDEC operating hours have contributed to this increase. Work is ongoing to remove semi-elective activity (e.g. infusions) out of the weekdays and into weekends, improving balance of demand and capacity.

A new frailty SDEC pathway was launched on 15th January, supporting specialist assessment and treatment of patients with frailty.

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Integrated Quality and Performance Report



Reporting Month: December 2023

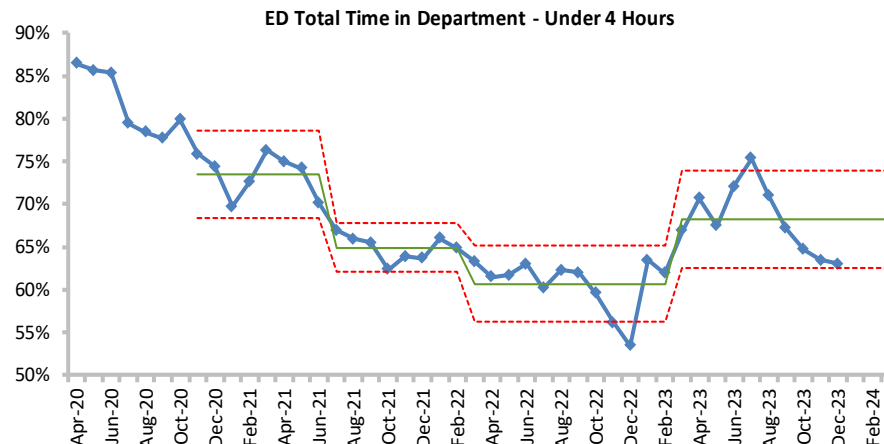
STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
<p>Actions (continued):</p>	<p>Weston SDEC: December data reflected an increase in the number of monthly admissions to the highest levels experienced by the department; 670 in December, compared with November (569) and October (653).</p> <p>It is noted that hospital admission rates from Weston SDEC reduced in December (5.9%), compared to October (10.4%) and November (10.4%). A review of 12-hour breaches with a zero-day length of stay is underway which will identify opportunities to increase scope of pathways of SDEC, which is being taken forward by the department clinical leads.</p> <p>The average wait in Weston ED prior to SDEC visit in December was 1 hr and 17mins, which remained stable compared to October (1hr 10min) and November (1 hour 21 min). Length of Stay within the SDEC department was also reduced in December to 3hrs 14 mins, compared to November (3hrs28min) and October (3hrs22min). New surgical pathways for Weston SDEC are progressing well, with 171 surgical patients going through the department, equating to 342 ED hours saved in December (and increase from 152 in November).</p>
<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

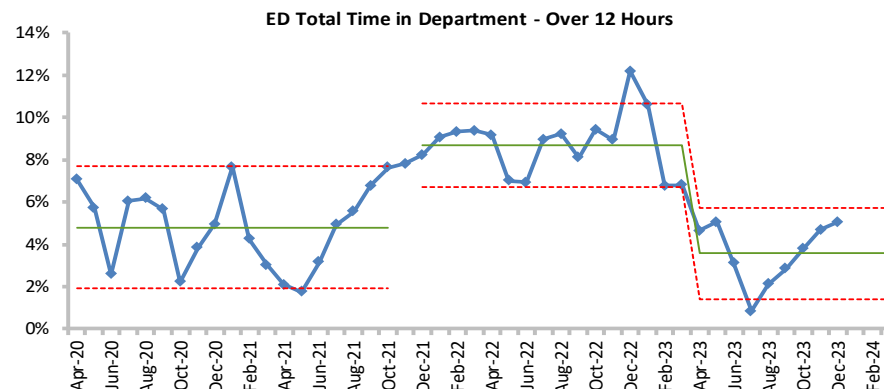
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	Dec-23	2023/24	2022/23
Bristol Royal Infirmary	50.82%	56.24%	46.14%
Bristol Children's Hospital	69.37%	76.18%	71.14%
Bristol Eye Hospital	95.96%	95.7%	95.97%
Weston General Hospital	59.81%	64.89%	55.05%
UHBW TOTAL	63%	68.21%	60.94%



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

12 Hour Performance	Dec-23	2023/24	2022/23
Bristol Royal Infirmary	6.3%	4.5%	12%
Bristol Children's Hospital	2.4%	1.6%	2%
Bristol Eye Hospital	0%	0%	0%
Weston General Hospital	8.1%	5.9%	15%
UHBW TOTAL	5%	3.6%	8.7%



Integrated Quality and Performance Report



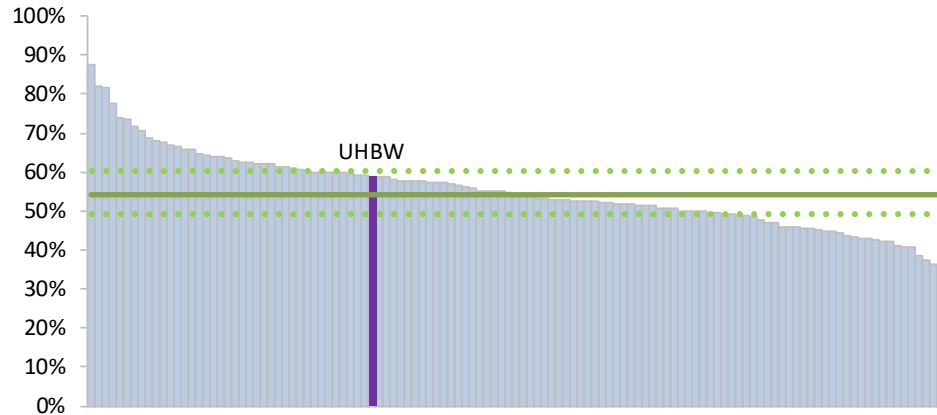
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Reporting Month: Quarter 3

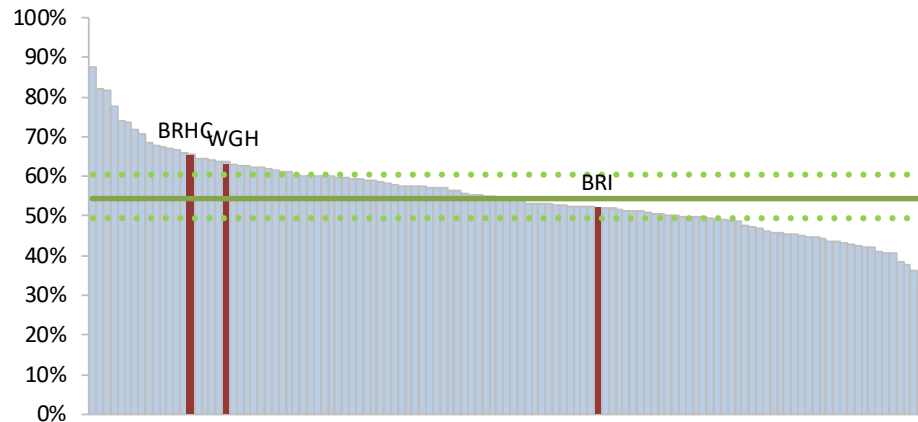
STANDARD

EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

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



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



Integrated Quality and Performance Report



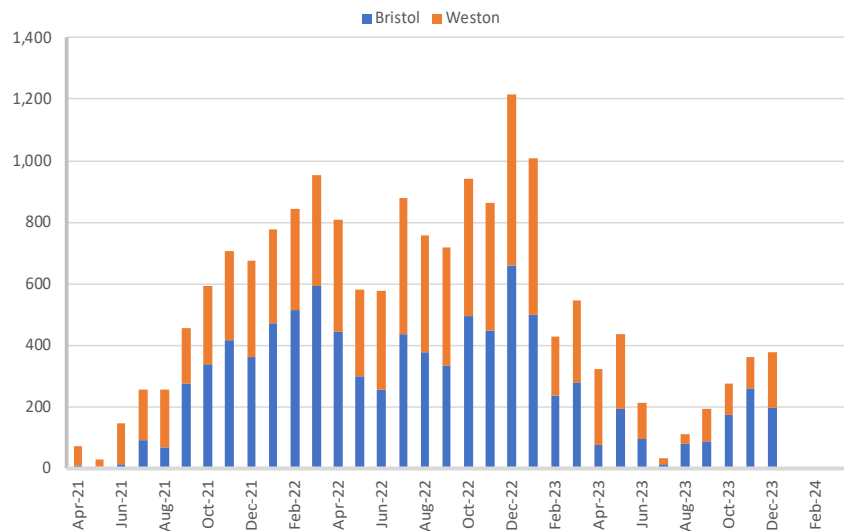
Reporting Month: December 2023

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

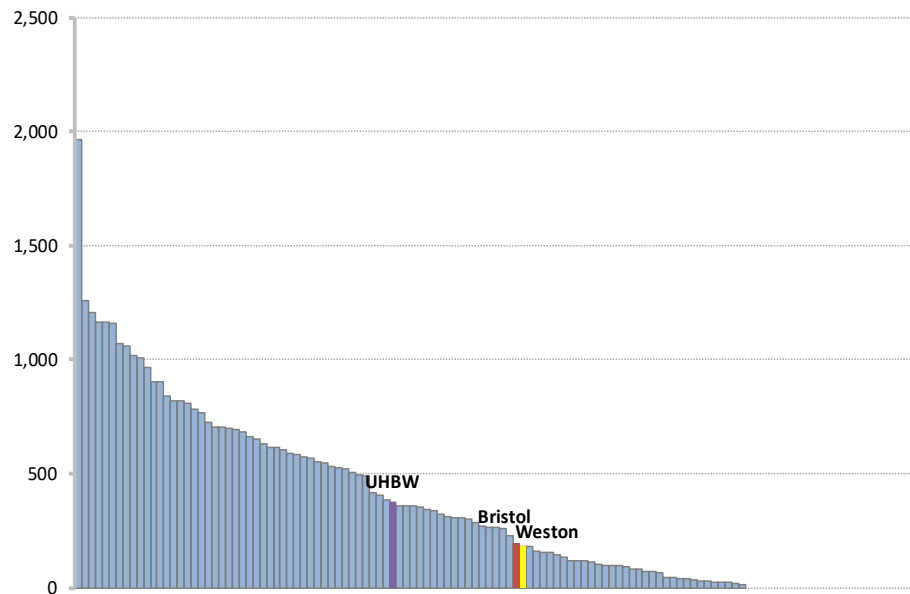
12 Hour Trolley Waits – Admitted Patients Who Spend 12+ Hours from Decision To Admit (DTA) Time to Admission Time

	2022/2023												2023/2024											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	443	297	257	437	379	334	496	449	659	500	235	278	74	192	95	11	79	89	172	259	195			
Weston	366	282	319	441	379	383	445	413	558	506	192	267	250	243	119	23	33	104	104	102	181			
UHBW	809	579	576	878	758	717	941	862	1217	1006	427	545	324	435	214	34	112	193	276	361	376			

12 Hour Trolley Waits Per Month



Benchmarking - 12 Hour Trolley Waits - December 2023



Integrated Quality and Performance Report



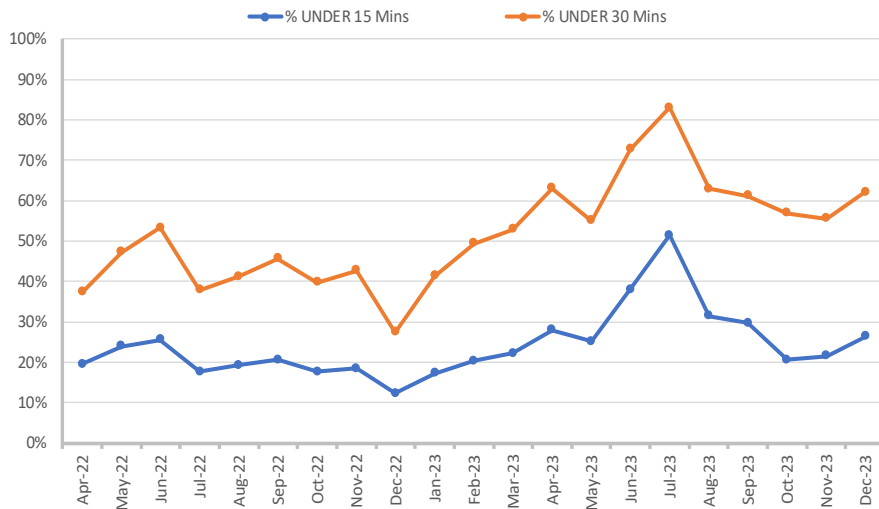
Reporting Month: December 2023

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

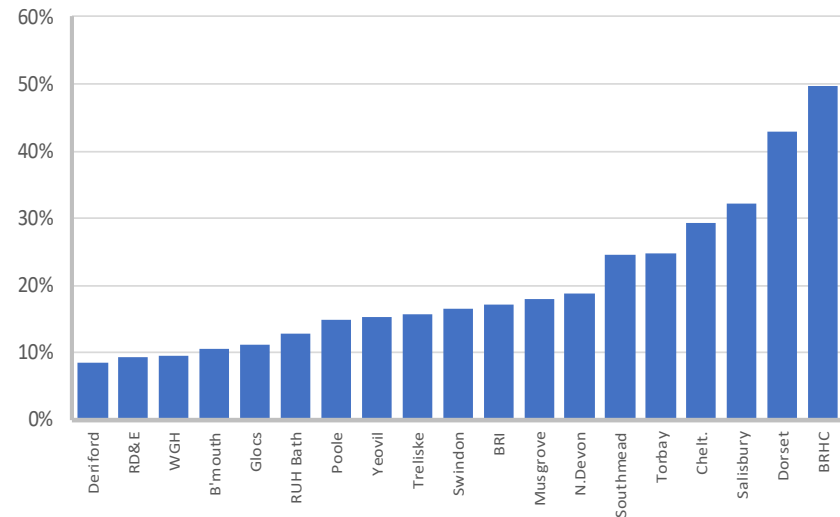
Ambulance Handovers

Dec-23							
	Total Handovers	Under 15 Mins	% Under 15 Mins	Under 30 Mins	% Under 30 Mins	Average Handover Time (Minutes)	Total Hours Above 15 Mins
Bristol Royal Infirmary	2,388	638	26.7%	1,420	59.5%	48.0	1,353
Bristol Children's Hospital	513	287	55.9%	457	89.1%	18.0	46
Weston General Hospital	982	96	9.8%	533	54.3%	46.6	523
UHBW Total	3,883	1,021	26.3%	2,410	62.1%	43.7	1,922

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



Percentage of Handovers Under 15 Minutes - December 2023

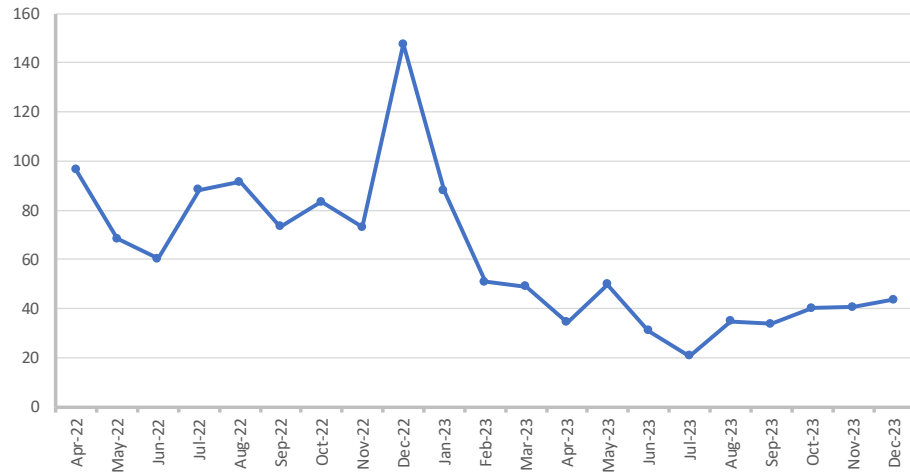


STANDARD

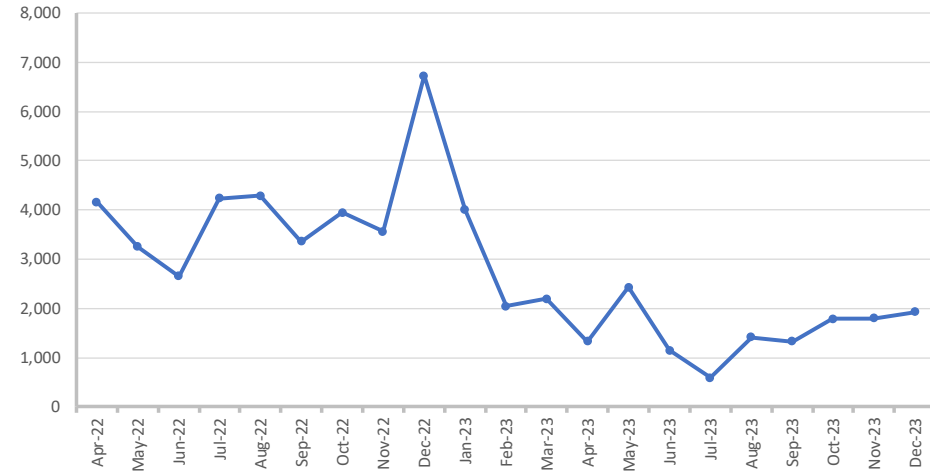
EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

Ambulance Handovers (continued)

Average Handover Time (Minutes)



Hours Lost: Handovers over 15 Minutes



Integrated Quality and Performance Report



Reporting Month: December 2023

STANDARD	EVERY MINUTE MATTERS
Background:	<p>The Every Minute Matters (EMM) programme has four work streams.</p> <ol style="list-style-type: none"> 1. Implementation of the SAFER bundle – including Estimated Date of Discharge EDD: A bundle of principles that advocates best practice in optimising flow. It includes early senior review, flow of patients from admission units to downstream wards before 10am, timely discharges and daily review of all patients with a length of stay greater than seven days. 2. Proactive Board Rounds: Focuses on implementing daily board rounds with a consistent structure that proactively progresses adult patients towards safe, timely discharge through effective multidisciplinary collaboration. 3. Criteria to Reside - Using the MCAP tool: Comprises 11 nationally defined criteria to ensure patients who require acute care are in the most appropriate bed. The criteria identify where patients no longer require acute care and can be discharged safely to their home or within the community. MCAP is the digital system that determines whether a patient is in the right bed for their care, whether there is a delay in their pathway, and what their next care location should be. 4. Optimising use of the Discharge / Transition Lounge: Optimising the use of the discharge lounge so that it is embedded as a routine part of the inpatient pathway - freeing acute beds early for new unplanned admissions and elective activity.
Performance:	<p>Three metrics are reported as the high-level priorities:</p> <ol style="list-style-type: none"> Percentage of patients with a “timely discharge” (before 12 noon). December had 17.4% discharged before 12 noon (17.0% in November). 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 December 25.8% of eligible discharges went through the Weston or BRI Discharge Lounges, compared to 30.6% in November. This was 705 patients, averaging 37.1 patients per working day. <ol style="list-style-type: none"> BRI achieved 25.8%, with 527 patients. This averages to 27.7 patients per working day. Weston achieved 25.7% with 178 patients. This averages to 9.3 patients per working day. At the end of December there were 135 No Criteria To Reside (NCTR) patients in hospital: 84 in Bristol and 51 in Weston. During December, the daily average number of patients with no criteria reside was 159 (63 at Weston and 96 at Bristol). This is equivalent to saying 159 beds, on average, were occupied each day by NCTR patients. For December, the NCTR bed days occupied 19.0% of the total occupied bed days.

STANDARD

EVERY MINUTE MATTERS

Actions:

Timely Discharge

- Key priorities for Every Minute Matters (EMM) programme include:
 - Evolution of the Proactive Board Round (PBR) process continuing on Waterside (Weston) and discussions underway with Surgery Division relating to wards with patients from multiple specialities where medics cannot routinely attend a morning board round. Joint working with North Bristol Trust (NBT) to review alignment of board round processes and to understand usage of Careflow Narrative and Flow module (already in use at NBT) due to start in January
 - Divisions are reviewing their EMM plans for the next quarter with support from EMM team
 - Plans to strengthen links between Digital Hospital Programme Board with EMM programme to ensure operational and clinical joint working relating to digital solutions have started with EMM team joining Careflow Medicines Management working groups
 - EMM at BRHC: focus on opportunities for timely discharge improvement on Caterpillar ward. Observations of Board Rounds on Penguin (surgical) ward postponed due to operational pressures – rescheduled for end of January
 - Increased medical engagement: no progress on Expressions of Interest for an EMM Medical Lead role (2 PAs per week) due to operational pressures
 - Active Hospitals is now underway, with focus on six wards. The main principles are getting patients up and dressed in the morning and where possible, facilitating meals at a table and chair. 'I can' boards are being developed to assist staff with knowing what support patients require with mobility, daily routine and communication.
- Weekend discharges: data from a weekend discharge baseline review was discussed at the EMM programme group in December. Work to complete the data set and further analysis needed before next steps are discussed and agreed
- Discharge lounge usage: 24/7 model now live in Bristol with early results under review. Weston discharge lounge drop in event taking place to educate ward staff on patient suitability and what the lounge can offer in order to continue to support usage of the lounge.
- Value Stream Mapping for 'to take away' (TTA) medications was reviewed at December EMM programme group. EMM team to ensure this work is linked into the rollout of Careflow Medicines Management. TTA Pre-pack usage being reviewed to identify any opportunities for improvements and a working group established with pharmacy to explore possible improvement projects.
- Tap to Transfer (digital bed management): deployment and support continues in Medicine Division and the rollout to Surgery Division is now scheduled for end of January.
- Criteria Led Discharge (CLD) work continues on selected Cardiology, Cardiac and Medicine pathways, with preparation of a CLD toolkit for wider rollout ready for launch in January.
- No Criteria to Reside (NCTR): recent reduction in NCTR bed base continues to be monitored as well as overall increase in NCTR patients within the bed base. Data review has taken place and meetings have been arranged with divisions to discuss demand and capacity for the NCTR bed base model.
- 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 within Weston. The same process is now underway at Bristol and will be presented at EMM meeting.

Integrated Quality and Performance Report

Reporting Month: December 2023

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, recruitment of acute staff continues with a number of gaps. Bristol City Council fully recruited, and Sirona recruitment completed with staff not yet in-post. North Somerset Council have gaps but recruitment is underway. Voluntary Sector supporting at both Transfer of Care Hubs. • 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"> ○ Establishment of an Education facilitator to support training and development of the team, with a specific focus on board rounds to support information sharing and safe timely discharges. ○ Aligning Transfer of Care Hub governance across BNSSG (bringing together UHBW, NBT and all system partners) to standardise approaches and share best practice. ○ Developing and implementing an action plan to support the 25% reduction in LOS and 40% shift in non-ideal discharge pathways. This will include a focus on earlier in the day discharges, multi-disciplinary discharges and timeliness of submission of referrals (Transfer of Care forms) ○ Implementation of the D2A winter plan, including additional bridging capacity in Pathway 1 and block spot purchased beds on Pathways 2 and 3. Additionally, night sitting is in place to support more patients being able to return home. ○ Further PDSA cycles of the navigation process, taking learning from the recent UHBW event at Weston and NBT event at Southmead – the aim is to engender a "home first" approach across all teams and reduce reliance on bed-based care on discharge.
<p>Risks:</p>	<p>Strategic Risk 423: Risk that demand for inpatient admission exceeds available bed capacity. 6789 and 6788: Risk that the Weston Transfer of Care Hub team will not be able to be co-located in a shared space, sufficient to meet the needs. 6874: Risk that ways of working are not changed ToCH partners will operate in silo impeding the teams ability to discharge patients.</p>

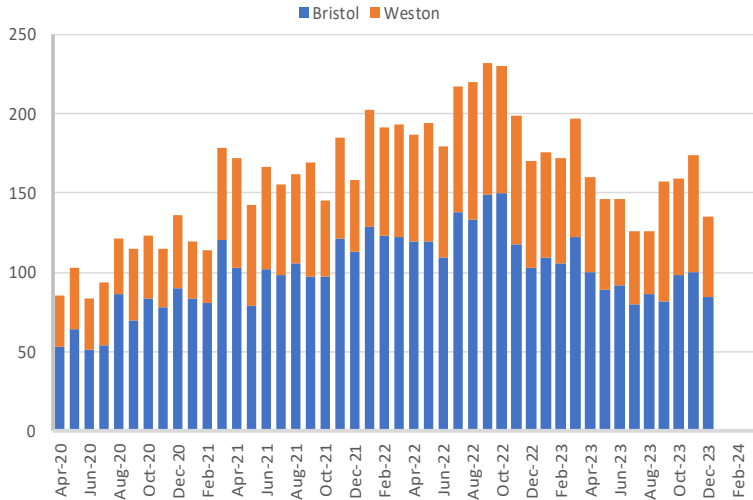
Integrated Quality and Performance Report



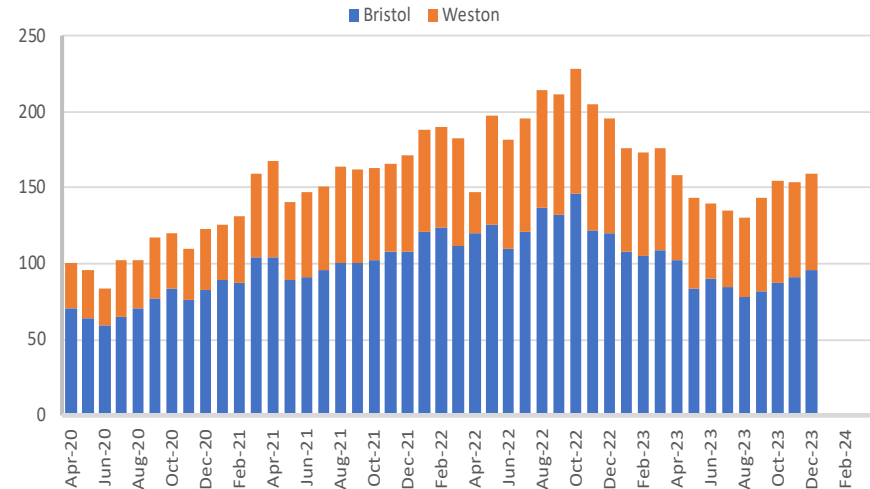
Reporting Month: December 2023

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

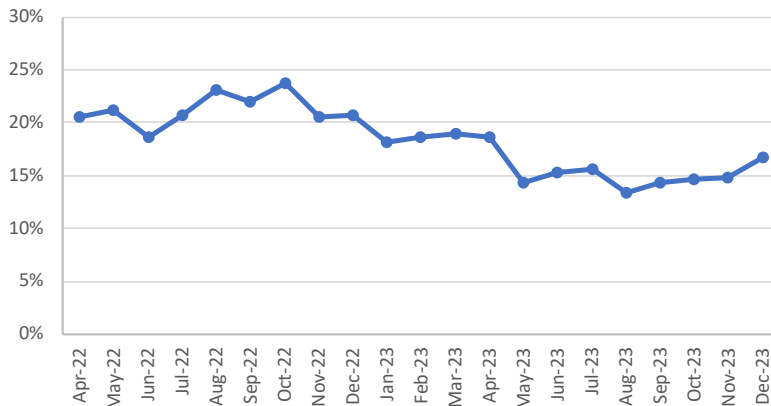
Number of Patients - Last Thursday in the Month



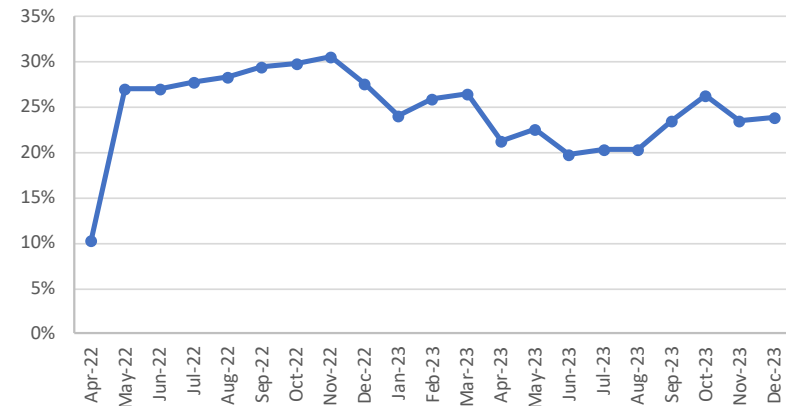
Average Number of Beds Occupied by NCTR Patients



NCTR Beddays as Percentage of All Beddays - Bristol



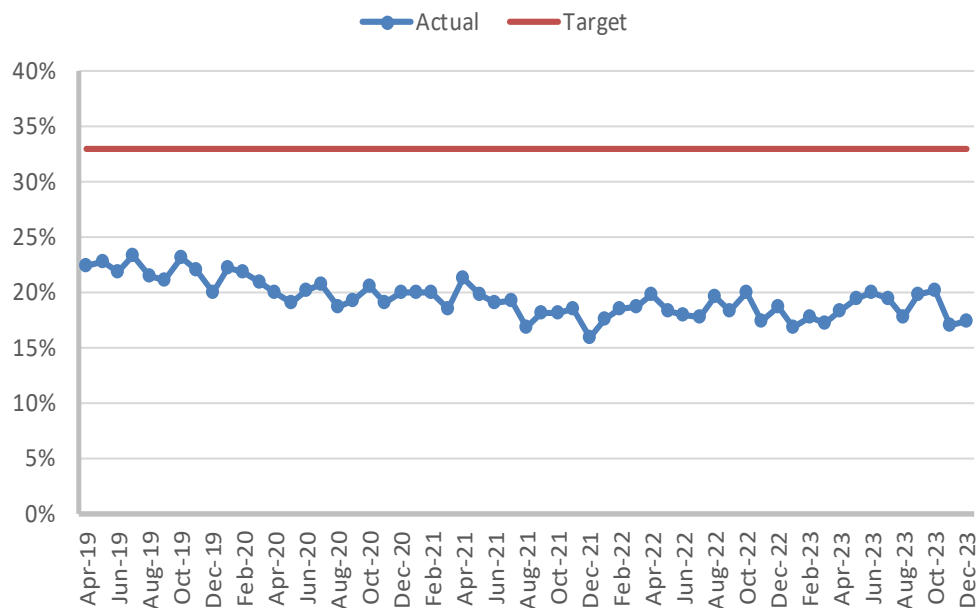
NCTR Beddays as Percentage of All Beddays - Weston



STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE

Timely Discharge (Before 12 Noon)

Timely Discharges as a Percentage of all Discharges

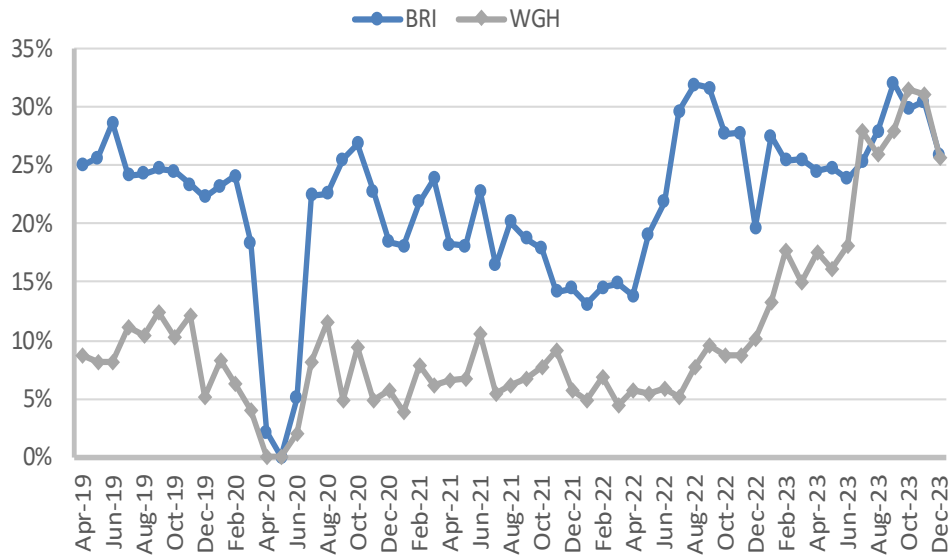


Summary of High Volume Specialties - December 2023

	Total Discharges	% Before Noon
Cardiac Surgery	115	12.2%
Cardiology	292	12.0%
Clinical Oncology	86	14.0%
Colorectal Surgery	69	4.3%
ENT	100	25.0%
Gastroenterology	99	17.2%
General Medicine	626	18.8%
General Surgery	243	7.8%
Geriatric Medicine	279	27.6%
Gynaecology	142	21.8%
Ophthalmology	62	33.9%
Paediatric Surgery	72	25.0%
Paediatrics	246	18.7%
Thoracic Medicine	168	17.3%
Trauma & Orthopaedics	198	24.2%
Upper GI Surgery	46	19.6%
UHBW TOTAL	3,836	17.4%

Discharge Lounge Use Summary

Percentage of Discharges Through the Discharge Lounge



Summary of High Volume Specialties - December 2023

	BRI	WGH	TOTAL
Accident & Emergency	14.6%	10.5%	14.1%
Cardiac Surgery	57.4%	-	57.4%
Cardiology	41.5%	33.3%	41.2%
Colorectal Surgery	30.5%	42.9%	31.8%
ENT	10.3%	-	10.3%
Gastroenterology	5.4%	26.5%	17.4%
General Medicine	19.6%	24.7%	22.3%
General Surgery	9.6%	22.6%	13.2%
Geriatric Medicine	45.1%	30.2%	41.7%
Hepatobiliary and Pancreatic Surgery	46.3%	-	46.3%
Maxillo Facial Surgery	8.2%	-	8.2%
Thoracic Medicine	21.2%	9.8%	18.2%
Thoracic Surgery	15.2%	-	15.2%
Trauma & Orthopaedics	15.6%	36.8%	24.3%
Upper GI Surgery	28.9%	50.0%	31.8%
UHBW TOTAL	25.8%	25.7%	25.8%

FINANCIAL SUMMARY

YTD Income & Expenditure Position

- Net I&E deficit of £9,606k against a deficit plan of £8,017k (excluding technical items).
- Total operating income is £39,041k favourable to plan due to higher than planned income from activities of £28,804k and higher than planned other operating income of £10,237k.
- Operating expenses are £51,235k adverse to plan due to higher pay expenditure (£21,999k) and non-pay expenditure (£29,457k). Depreciation is in line with plan.
- The estimated unfunded impact of industrial action in December is £1,218k.
- Financing items are £2,239k favourable to plan mainly due to interest receivable.

Key Financial Issues

- *Recurrent savings delivery below plan* – Internal CIP delivery is £15,123k or 106% of plan, of which recurrent savings are £6,162k, 43% of plan.
- *Delivery of elective activity recovery below plan* – elective activity must be delivered in line with plan. At M9, the cumulative YTD value of elective activity is £8.0m behind plan, a deterioration of £2.9m in December. Of the £8.0m, c£6.5m relates to the estimated impact of industrial action. A continuation of December's performance could result in a loss of income of up to c£17m and may result in the Trust failing to deliver meet the financial plan.
- *Corporate mitigations not delivered in full* – non-recurrent mitigations of c£25m are required to support delivery of the plan. At M9, the corporate mitigations are on track.
- *Failure to deliver the financial plan* – failure to deliver the actions and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention.

Strategic Risks

- Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the business case during quarter 4;
- Understanding the operational risks and mitigations associated with the Trust's legacy estate and how the CDEL limit and system prioritisation restricts future strategic capital investment – pending completion of the ICB and Trust draft medium term capital plan in quarter 4.

Integrated Quality and Performance Report



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: December 2023

TRUST YEAR TO DATE FINANCIAL POSITION

Trust Year to Date Financial Position

	Month 9			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000's	£000's	Favourable/ (Adverse) £000's	£000's	£000's	Favourable/ (Adverse) £000's
Income from Patient Care Activities	85,739	91,006	5,267	765,028	793,832	28,804
Other Operating Income	8,416	10,752	2,336	80,029	90,266	10,237
Total Operating Income	94,155	101,758	7,603	845,057	884,098	39,041
Employee Expenses	(56,509)	(60,560)	(4,051)	(511,198)	(533,197)	(21,999)
Other Operating Expenses	(34,668)	(48,557)	(13,889)	(308,235)	(337,692)	(29,457)
Depreciation (owned & leased)	(1,312)	(1,128)	184	(26,714)	(26,493)	221
Total Operating Expenditure	(92,489)	(110,245)	(17,756)	(846,147)	(897,382)	(51,235)
PDC	(1,037)	(1,125)	(88)	(9,333)	(10,125)	(792)
Interest Payable	(221)	(241)	(20)	(1,989)	(2,079)	(90)
Interest Receivable	250	510	260	2,250	5,371	3,121
Other Gains/(Losses)	0	(45)	(45)	0	(165)	(165)
Net Surplus/(Deficit) inc technicals	658	(9,387)	(10,045)	(10,162)	(20,283)	(10,121)
Remove Capital Donations, Grants, and Donated Asset Depreciation	239	9,114	8,875	2,145	10,677	8,532
Net Surplus/(Deficit) exc technicals	897	(273)	(1,170)	(8,017)	(9,606)	(1,589)

Key Facts

- The position at the end of December is a net deficit of £9,606k against a deficit plan of £8,017k. The adverse position of £1,589k is a deterioration of £1,170k from last month due to the impact of industrial action during December.
- The year-to-date position of £1,589k adverse to plan is primarily due to: the value of elective income being behind plan by £8,000k (of which £6,494k relates to the impact of industrial action); the £3,761k shortfall on savings delivery; £404k cost impact of industrial action; better than planned interest receivable income of £3,121k; and additional operating income of £7,455k.
- YTD, the Trust has spent £6,034k on costs associated with Internationally Educated Nurses (IENs).
- Pay expenditure in December is marginally higher than November and October at £60,560k.
- Agency expenditure in month is £1,846k, compared with £1,968k in November. Bank expenditure in month is £3,724k, compared with £3,314k in November.
- YTD, pay expenditure is £21,999k above plan, mainly due to a significantly higher than planned number of substantive staff in post, higher than planned bank and agency spend combined and costs associated with industrial action.
- Total operating income is £39,041k higher than plan YTD as result of an increase to the block element of Aligned Payment Incentive (API) contract income and additional income from commissioners including income received from Health Education England (HEE) and services provided to other organisations.
- The financial position of the divisions shows a deterioration of £465k in December excluding industrial action costs, to a YTD overspend against budget of £9,101k or 1.3% (excluding industrial action).
- The most significant variances to budget are in Surgery (£2,721k), Women's & Children's (£3,602k) and Diagnostics & Therapies (£1,162k).