University Hospitals Bristol and Weston NHS Foundation Trust

July 2023
Published Papers

Including:

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

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University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality & Performance Report

June 2023

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Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months February 2022 to January 2023 was 98.0 and in NHS Digital's "as expected" category. This is below the overall national SHMI of 100 for our peer group of English NHS trusts.

There were eight Trust Apportioned C.difficile cases in May 2023, which is slightly above the monthly tolerance of 7.3 cases (to deliver a maximum of 88 cases for the year). There were no Trust apportioned MRSA case in May 2023.

May VTE risk assessment compliance remains relatively static at 82.8% (excludes Weston due to data feed issues). Appointment of a VTE lead is being progressed by the Chief Medical Officer team. The role is being creatively designed to support a successful appointment after previous attempts. Clinical expertise and prioritisation by a VTE lead is needed in order to make a step change in progress of the VTE workstream, medicines medical, pharmacy, patient safety and clinical digital and digital colleagues are progressing incorporating the electronic VTE risk assessment into Careflow Medicines Management system.

In May, there were 63 Fracture Neck Of Femur (NOF) patients. Of these 44% of patients had surgery within 36 hours and 48% received an Ortho-geriatrician assessment within 72 hours. This is below the 90% standard for both metrics. The Weston Ortho-geriatrician post remains vacant and unchanged. Lack of an Ortho-geriatrician and limited access to medical team support will cause surgical delays for patients who need medical optimisation. The Ortho-geriatrician post has been out to advert and closed with no short listable candidates.

Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: May 2023

Our People

Overall vacancies increased to 6.1% (728.0 Full Time Equivalents, FTEs) compared to 4.2% (485.1 FTE) in the previous month. The significant vacancy at band 2 and over-establishment at band 3 are due to the movement of healthcare support workers from band 2 to band 3. Staff have been moved but the funded establishment has not been transferred in the finance ledger yet. The work will be incorporated into budget setting for 2023/24 but has not yet been actioned. The combined (band 2 and 3) picture is unaffected. The band 4 over establishment is where there is a large number of newly qualified nursing staff awaiting their Nursing & Midwifery Council (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.

Turnover for the 12-month period to May reduced to 14.0% compared to 14.3% (updated figures) for the previous month. Listening/Stay events have taken place: 3 on Bristol Royal Infirmary site and 1 on Weston site. Themes include lack of flexible working, however due to low attendance consideration of alternative methods of engagement to take place. A review of retire and return process and updating of flexible retirement policy in light of pension changes is underway. A Task and Finish group has been set up to propose some guidance around cross site working.

Sickness absence remained static at 4.1% compared with the previous month. Work on reasonable adjustments continues to be positively received in the organisation with many staff completing Workplace Adjustments Passports. Work to move towards a new approach of supporting attendance in the workplace including a full review of the management of sickness absence and underlying health conditions is underway. This work is drawing on best practice from other Trusts such as Mersey Care and is due to be launched in December 2023.

Agency usage reduced by 2.8 Full Time Equivalents (FTEs) to 1.7%.

Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: May 2023

Timely Care

During May, improvements have been noted against a range of performance measures, while the impact of industrial action continues to challenge a number of areas.

On 23rd May 2023, confirmation was received from NHS England that the Trust had been de-escalated from the tiering process for elective performance (104 and 78 week waits) and cancer performance. This decision was made following review of recent performance improvement by NHS England national and regional colleagues, and as a result of positive progress towards our trust leadership priorities.

At the end of May 2023, no patients were waiting over 104 weeks. The Trust continues to maintain zero 104 week Referral To Treatment (RTT) breaches.

While the Trust were able to significantly reduce the number of patients waiting 78 weeks or longer during 2022/23, industrial action has contributed towards a deterioration in the Trust position and at the end of May 2023, there were 248 patients waiting longer than 78 weeks. The Trust continues to work towards eliminating any waits longer than 78 weeks.

At the end of May 2023, 1,599 patients were waiting longer than 65 weeks which is ahead of the operating plan trajectory of 1,910. As part of the 2023/24 Annual Planning Process (APP), clinical divisions are developing plans to move towards the national ambition of no patient waiting longer than 65 weeks by end of March 2024.

During May, there has been a deterioration in the number of patients waiting over 62 days on a cancer pathway. March had seen an improvement, with the Trust reporting 178 patients waiting 62 days or more, against the Cancer Alliance defined baseline of 180 patients. As predicted, industrial action across April and May reduced the Trust's capacity in terms of two week wait appointments, diagnostics and treatment, leading to the number of patients waiting over 62 days increasing to 238 at the end of May. It is anticipated that this will now recover by the end of July.

At the end of May, 73.5% of patients waiting for a diagnostics test had been waiting less than 6 weeks, with improvement noted across a range of diagnostic modalities. This reflects an ongoing improvement against this standard, with the Trust working towards the ambition that 85% of patients will be waiting 6 weeks or less for their diagnostic test by March 2024.

In May, 67.5% of attendances spent less than 4 hours in the Emergency Department (ED), from arrival to discharge or admission. This is ahead of the Operating Plan trajectory of 61% and was during a month in which there was a significant increase in demand.

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Executive Summary

Reporting Month: May 2023

Timely Care (continued)

While the proportion of ambulance handovers in excess of 15 minutes increased in May to 74.9% (72.1% in April), there has been an ongoing improvement noted across the last five months. Good progress is being made with a range of initiatives across adult services to reduce overcrowding, ambulance queueing and long waits including expansion of Same Day Emergency Care (SDEC) provision.

During May, the average daily number of patients with no criteria to reside (NCTR) was 143. This maintains ongoing improvement and is the best reported performance since May 2021.

Financial Position

At the end of May there is a net I&E deficit of £5,334k against a deficit plan(excluding technical items) of £4,419k. Total operating income is £6,249k favourable to plan due to higher than planned income from activities of £7,438k and lower than planned other operating income of £1,189k. Operating expenses are £8,217k adverse to plan due to higher pay and non-pay expenditure. Depreciation is broadly in line with plan. Technical and financing items are £1,053k favourable to plan.

The key issues underlying the financial position are recurrent savings delivery below plan – Trust-led CIP delivery is £2,088k or 70% of plan of which recurrent savings are £433k, 14% of plan. Failure to achieve the annual target of £27m (including transformational savings) in full may result in the Trust failing to meet the financial plan. Delivery of elective activity recovery below plan – elective activity must be delivered in line with plan. Failure to do so will result in a loss of income of up to c£30m which may result in the Trust not achieving its financial plan. Corporate mitigations not delivered in full – non-recurrent mitigations of c£25m must be achieved to support delivery of the plan. Failure to deliver the financial plan – failure to deliver the actions and therefore the financial plan will result in regulatory intervention and the risk of the Trust going into 'special measures'.

Reporting Month: May 2023

Safe | **Caring**

Successes

- There were no falls with harm in May 2023. The Dementia, Delirium and Falls (DDF) Specialist Nursing team is now fully recruited and are currently leading on three DDF quality improvement projects across the organisation:
    1. Improving assessment and recording of Multi-Factorial Risk Assessment for patients.
    2. Embedding Personalisation, Prediction, Prevention and Participation in falls prevention and management.
    3. Improving mobilisation and preventing deconditioning in hospitals. The team is involved with supporting the Active Hospitals project in the Every Minute Matters programme.

- During May 2023, the rate of pressure injuries per 1,000 bed-days was zero across UHBW. Across UHBW there were no hospital acquired pressure injuries category 2 or above. The Trust's Tissue Viability team have undertaken a number of quality improvement initiatives over the last few months to reach this position including: a monthly quiz, competitions, poster presentations and an audit of documentation standards.

- There were no medication errors resulting in moderate or greater harm in April. There were no omitted doses of critical medicines out of 208 patients audited in May.

Priorities

- The Trust has continued to see mixed sex related breaches in theatre recovery (BRI) reporting five in May 2023. The Operations team and Theatres Matron will lead a review of processes to improve bed allocation and communication with teams.

Reporting Month: May 2023

Safe | Caring

Opportunities	Risks & Threats
• The introduction of a mixed method approach for completion of the Trust's core patient satisfaction surveys (online via SMS in addition to traditional postal completion) in April 2023 has created the opportunity to hear the view of a broader and more representative range of patients. As part of Patient First, we are committed to creating opportunities for all patients, carers and parents of children in our care to give us feedback in ways that are accessible and appropriate to them.	• In May, there were 32 patients eligible for Best Practice Tariff (BPT) for fracture neck of femur orthopaedic surgery at Weston. For the 36 hour time to surgery standard, 20/32 patients (63%) achieved the standard. For the 72 hour time to Ortho-geri assessment, 0/32 patients (0%) achieved the standard. The Weston Ortho-geriatrician post remains vacant and unchanged. There is a risk that this will cause delays for patients requiring medical optimisation before theatre. The Ortho-geriatrician post has been out to advert and closed with no short listable candidates and further recruitment options are being considered. New, or increased, patient safety risks: • An emerging patient safety risk due to waiting list backlog delay related harms have been identified in May 2023. Reported incidents or received complaints include; accessing paediatric dentistry, hepatobiliary surgery and sleep service provision. • New live risks in May include: Risk 6683 Breast Oncology capacity leading to treatment delays, current score 16 and Risk 6683 Uro Oncology capacity leading to treatment delays current score 12.

SPORT

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: May 2023

Responsive | **Effective**

Successes	Priorities
• Cancer standards: the subsequent radiotherapy and chemotherapy standards and the faster diagnosis screening standard were achieved in April • The five NHS England funded RTT validators allocated to UHBW have now moved on to validation and data quality checking within specific specialties to further support 65 week wait recovery. • Trust Patient Initiated Follow Up (PIFU) data sets have been developed to include Long Term Condition PIFU data replicating national reporting. Trust performance is sustainably achieving the 5% national target. • Diagnostic patients waiting more than 26 weeks decreased again for the eighth consecutive month to 294. Endoscopy long waiters reduced for the seventh consecutive month to 158. • Eight diagnostic modalities improved in May 2023 for patients waiting less than 6 weeks, including MRI, CT and all endoscopy modalities.	• Ensuring all cancer patients are treated in a clinically safe timescale during industrial action and bank holidays, recovering the number of patients waiting >62 days on a GP pathway by July and adhering to the improvement trajectory for the faster diagnosis (combined) standard. • In line with national expectation, the trust will work towards eliminating all 78ww breaches and sustain this position. • To support the ambition of no patients waiting longer than 65 weeks by end of March 2024, divisions should continue to focus on RTT 'booking in order' reports that have been developed and ensure that all patients who will be 65-weeks wait at end of March have had their first outpatient appointment booked and attended. • The Outpatient Validation Team has made good progress with validation of inactive referrals and will continue to support divisions. • The Trust is aiming to have zero patients waiting more than 13 weeks for a diagnostic test by March 2024. Trajectories and plans that align to this ambition are currently being agreed with all Divisions.

SPORT

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: May 2023

Responsive | **Effective**

Opportunities

- Engagement with specialities to roll out DrDoctor 'Quick Question' and 'Assessment' quick reference guides and deployment check lists have been made available to support with standardised deployment.
- 4 hour and 12 hour ED performance improvement plans are in development for 2023/24. This includes a review of expected patient pathways (with speciality specific actions) and demand and capacity reviews.
- Medilogik is an Endoscopy Management System which is widely used within endoscopy services. The Trust has begun implementation of Medilogik within adult endoscopy services, which is expected to improve productivity, data quality, endoscopy performance and utilisation reporting.
- The Trust are developing the theatre improvement programme having recently agreed the roles required to support this.
- Review of Standard Operation Procedures relating to last-minute cancellations to reduce the risk of last-minute cancellations.
- Mobile diagnostic scanning capacity for the Weston locality commenced on 13th June for MRI and CT.
- Replacement of digital dictation software and rollout of digital noting.

Risks & Threats

- There is an ongoing impact on cancer waiting time standard compliance due to industrial action, bank holidays and Covid impact (Datix Risk ID 5532). This also has an impact on RTT elective care patients who may be cancelled to ensure that the rebooking of Cancer patients takes priority.
- Increase in suspected gynaecology cancer referrals above the rate by which capacity can be increased to deal with the increased demand. Referral rates increased by 11% in 2022 and a further 6% so far in 2023.
- There is a risk to cancer standard performance from capacity issues in dermatology due to high vacancies and high demand over the summer
- Ongoing risk of electronic Referral Service (e-RS) and Referral Assessment Service (RAS) lists. Potential for patients to contribute to the 65 week and 78 week long waiting position as 'Pop up' referrals (trust risk 4516).
- Ongoing risk of outpatient follow up backlog volumes exceeding trust capacity (trust risk 2244). The NHSE 2023/24 Priorities and Operational Planning Guidance includes an ambition to reduce outpatient follow ups by 25%. Potential clinical risk associated with reduction of follow up activity increasing issues with unvalidated follow up backlog position.
- Diagnostic performance improvement continues to be impacted by challenges and deliverables in other key areas.

Dashboard

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Reporting Month: May 2023

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

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

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

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

Infection Control – C.Difficile

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

N *Not Achieved*

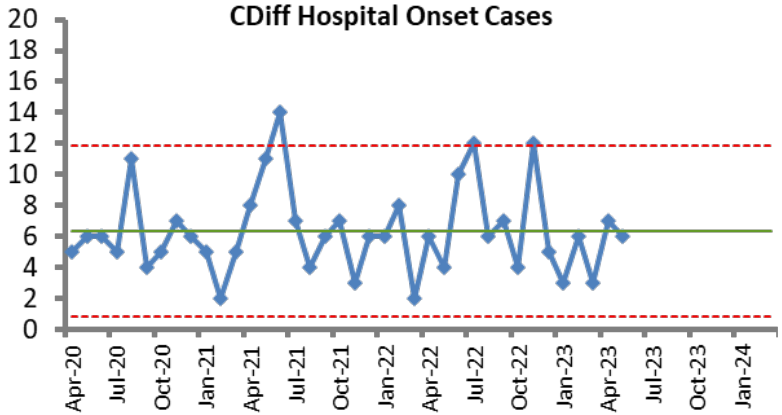
Standards:	Infections are reported in two different categories for infections associated with hospital care: 1. Hospital Onset – Healthcare Associated (HOHA). Patient is an inpatient in an acute trust and has 3 or more days between admission and a positive specimen. 2. Community Onset – Healthcare Associated (COHA). Patient returns a positive specimen within 28 days of discharge from an elective or emergency hospital admission. The limit of C.difficile cases for 2023/24 as set by NHS England is 88. This limit will give a maximum monthly number of approximately 7.3 cases.
Performance:	There have been six Trust HOHA and two COHA C.Difficile cases reported in May 2023. Therefore, a total of 13 HOHA and 7 COHA cases reported YTD in 2023/24.
Actions/Plan:	Contributory factors to C. Diff cases include poor prescribing practice of antibiotics (not within guidelines / protocols), compromised cleaning standards (including commodes and sluices if inadequately cleaned) or linked ribotyping of cases in a single geographical location. All C.difficile positive samples are sent for specialist ribotyping. Very few of the ribotyping results reveal causation linked to location. • The collaboration continues with regional NHS England colleagues focused on quality improvement. Separately the ICS are leading shared learning across provider organisations from the Trust post reviews infection reviews. A gap remains with community onset cases of C.difficile to identify if specific learning points can be achieved if a patient has received ongoing care delivered by primary care services. It has been agreed to start with a single patient review, sharing resource from the ICS and providers. • Ongoing Trust sluice auditing of cleanliness standards including commodes continues with recurrent themes being address around cleaning, Actichlor Plus (a chlorine disinfectant) use and information as well as the not using of 'I am clean' tape. • An investigation into the learning themes identified for 2022/2023 C.*difficile* cases was undertaken. These include patients' receiving multiple courses of antibiotics, albeit appropriately prescribed, history of gastrointestinal surgery, clinical equipment cleanliness in a few cases, poor compliance to completing the admission risk assessment on admission. There was not a causational link identified resulting in patients acquiring infection. There were five cases identified that if the stool sample had been sent in a timely manner, the cases would have been attributed as Community Onset Community Acquired (COCA). NB: in seven of HOHA cases 2022/2023 ribotyping results indicated that the patients did not have C.*difficile* infection
Ownership:	Chief Nurse

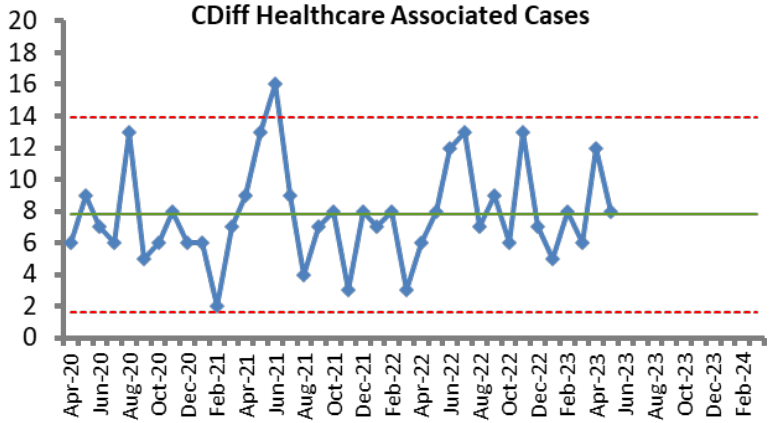
	May-23		2023/2024		2022/2023	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	1	0	3	2	23	4
Specialised Services	1	1	2	3	8	3
Surgery	0	0	1	0	11	1
Weston	3	1	6	2	27	7
Women's and Children's	1	0	1	0	8	3
Other	0	0	0	0	1	4
UHBW TOTAL	**6**	**2**	**13**	**7**	**78**	**22**

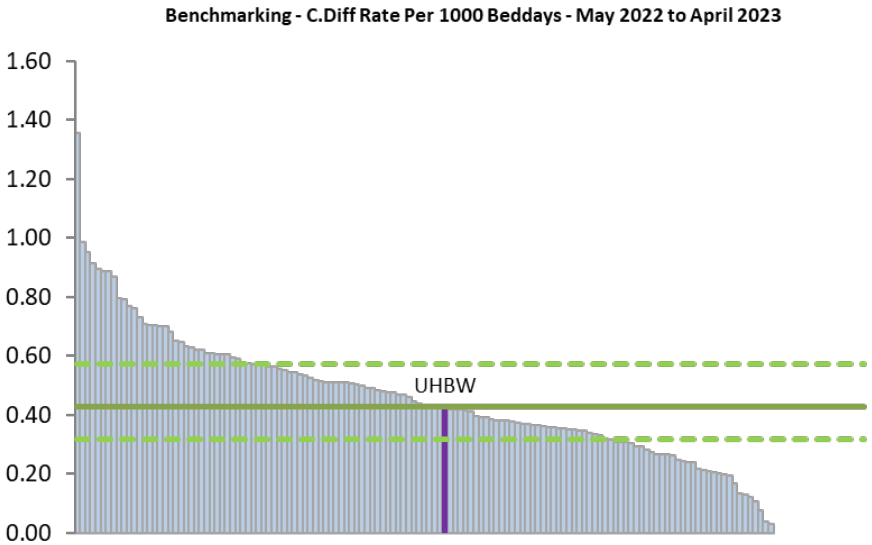
Infection Control – C.Difficile

University Hospitals Bristol and Weston NHS Foundation Trust

May 2023







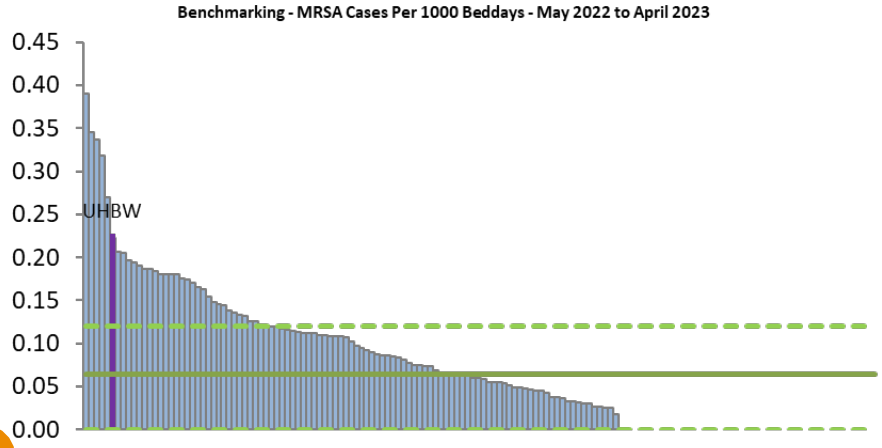
Infection Control - MRSA

May 2023

Y *Achieved*

Standards:	The standard is to have zero Trust Apportioned MRSA cases. This is Hospital Onset cases only.
Performance:	There have been zero trust-apportioned MRSA cases in May 2023. Therefore 1 trust apportioned case in 2023/24.
Action/Plan:	Underlying Issues: • Observationally the learning is that practice in cannula care could be improved in terms of skin cleaning and insertion records, use of correct resources, and ongoing care (including robust recording and at least twice cannula checks) with the priority being to remove the cannula if no longer required. • There is the need to consider if UHBW should use a best practice approach as a Peripheral Vascular Cannula (PVC) management bundle including insertion packs, a different approach to timed skin cleansing, minimal disconnection of lines, etc. • Intravenous (IV) line care is not the sole causation for MRSA or MSSA bacteraemia's occurring in hospital, but a significant risk. Actions: • The Vascular Access Group continue to focus on cross divisional learning with increasing momentum building with auditing of aseptic non-touch technique (ANTT) clinical practice for line care. • Earlier in the year, an exercise in the medical Same Day Emergency Care facility (SDEC) has seen intensive cannula and ANNT training delivered by a company with a product trial. The effect has seen improved clinical practice in cannula care. The project has now completed, and feedback will be provided summarising any gaps identified in clinical practice. • The MRSA screening guidance for the Trust has been updated and aligned across Bristol and Weston sites.
Ownership:	Chief Nurse

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



Infection Control – E. Coli

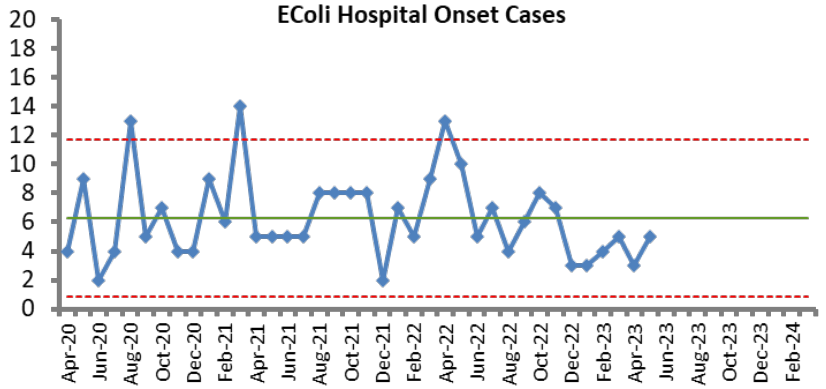
University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

Y *Achieved*

Standards:	Enhanced surveillance of Escherichia coli (E.coli) bacteraemia is mandatory for NHS acute trusts. Patient data of any bacteraemia are reported monthly to UK Health Security Agency (UKHSA) [previously Public Health England (PHE)]. As a result in the national rise in E.coli bacteraemia rates, a more in-depth investigation into the source of the E.coli bacteraemia are initially undertaken by a member of the Infection Prevention and Control team. Reviews include identifying whether the patient has a urinary catheter and whether this could be a possible source of infection. If any lapses in care are identified at the initial review of each case, a more complete analysis of the patient's care is carried out by the ward manager through the incident reporting mechanism. There is a time lag between reported cases and completed reviews. An annual limit of E.coli cases has now been confirmed with NHS England as 111 for 2023/24. This would give a trajectory of approximately 9.3 cases per month.
Performance:	There have been 5 cases of Hospital Onset E.coli reported in May 2023 (2 in Bristol and 3 in Weston), which brings the cumulative total to 8 YTD 2023/24.
Action/Plan:	The community prevalence of E.coli in urine and blood cultures cases has steadily increased throughout the previous year. • Urinary Tract Infection (UTI) improvement collaborative with the ICS - sharing findings. • Continued collaboration with North Bristol Trust & Sirona in the joint Trust continence group. • Ongoing performance monitored for the CQUIN in UTI antibiotic compliance management.
Ownership:	Chief Nurse

	May-23	2023/2024	2022/2023
Medicine	0	2	24
Specialised Services	0	0	15
Surgery	2	3	16
Weston	3	3	13
Women's and Children's	0	0	7
Other	0	0	0
UHBW TOTAL	**5**	**8**	**75**



Harm Free Care – Inpatient Falls

University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

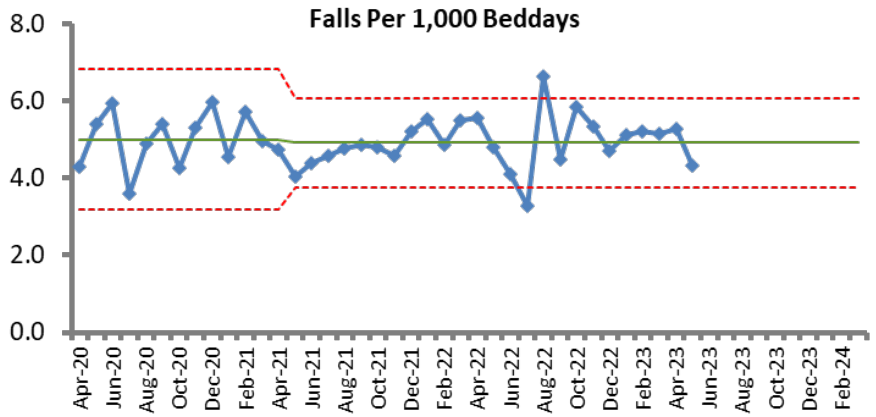
Y *Achieved*

Standards:	To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.
Performance:	During May 2023, there were 150 falls across the Trust, which per 1000 beddays equates to 4.31. There were 110 falls at the Bristol site and 40 at the Weston site. There were zero falls with moderate (or greater) harm. The number of falls in May 2023 (150) is less compared to April 2023 (166). There are no falls with harm in May 2023. Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register.
Action/Plan:	• The Dementia, Delirium and Falls (DDF) Steering Group continues to meet monthly and two of the divisions, in turn, present falls and dementia specific updates from their divisions. In May the divisions of Specialised Services and Diagnostics and Therapies provided an update including patient stories. • The DDF Steering Group provides an Education Component. Bitesize training sessions are delivered to the group and is open to all staff on relevant topics. A recap on Deprivation of Liberty Safeguarding was delivered at the meeting held on the 18th May. A curriculum for teaching topics over the next 12 months is in place. " • Dementia, Delirium and Falls Team: The DDF Team has a Band 8 Lead Practitioner in post. The team are currently recruiting for two Band 7 Practitioner posts across Bristol and Weston sites. • The DDF Team are leading on the Trust participation in the National Audit of Inpatient Falls. • Training: The DDF team continue to deliver 'in-place' and simulation-based training for staff across the trust. DDF team are also providing bitesize training sessions on wards across the trust. The DDF team are leading on three Quality Improvement (QI) projects: 1. Improving assessment and recording of Multi-Factorial Risk Assessment for patients. All referrals to the DDF team for the last three months have been audited to identify domains which require improvement and to identify training requirements. The team are in the process of analysing results of audit. Findings and themes will be shared at the Steering Group. 2. Embedding Personalisation, Prediction, Prevention and Participation in falls prevention and management across the Trust. 3. Improving mobilisation and preventing deconditioning in hospitals. The team is involved with supporting the Active Hospitals project in the Every Minute Matters programme.
Ownership:	Chief Nurse

Harm Free Care – Inpatient Falls

May 2023

	May-23		2023/2024		2022/2023	
	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays
Diagnostics and Therapies	1	62.5	6	315.79	21	291.67
Medicine	56	7.18	108	7.1	811	8.89
Specialised Services	25	4.69	40	4.01	259	4.12
Surgery	24	4.11	42	4.15	224	3.88
Weston	40	4.93	113	7	635	6.39
Women's and Children's	3	0.41	5	0.35	51	0.59
Other	1		2		5	
UHBW TOTAL	**150**	**4.31**	**316**	**4.78**	**2006**	**5.02**



Harm Free Care – Pressure Injuries

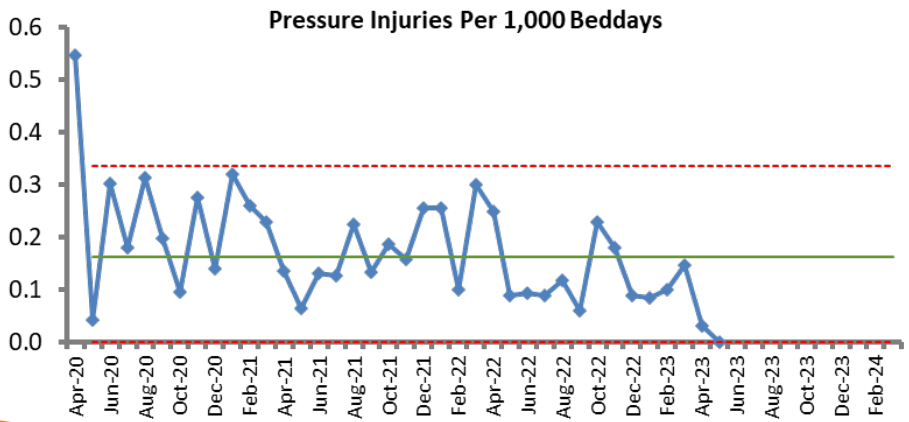
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

Y *Achieved*

Standards:	Pressure Injures are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2, 3 and 4 are counted. There is an additional category referred to as "Unstageable", where the final categorisation cannot be determined when the incident is reported. The Tissue Viability Team has agreed that these will be reported as Category 3 pressure injuries within this measure. The aim is to reduce and sustain the number of hospital acquired pressure injuries per 1,000 beddays below an improvement goal of 0.4. In addition, there should be no Category 3 or 4 injuries.
Performance:	During May 2023, the rate of pressure injuries per 1,000 bed-days was 0 across UHBW. Across UHBW there were zero category 2,3,4 or unstageable pressure injuries recorded.
Action/Plan:	• "Time to Care" Tissue Viability Competition. Monthly competition with one ward winner per month based on Tissue Viability Nurse (TVN) spot checks of Pressure Ulcer Care Plans. Current winners across Bristol and Weston site. • Auditing of wound care documentation across UHBW, beginning with Pressure Ulcer Care Plan audits in Weston to commence in April 2023. Audit results to be fed back to Divisional Matrons via Tissue Viability Steering Group. • New deep tissue injury education posters produced and disseminated to aid staff with identification and management of deep tissue injury. • Monthly tissue viability quiz open to all staff to encourage engagement. Winner announced and prize awarded at the end of each monthly. • Ward based micro teaching sessions continue to be offered to all staff with emphasis of practical learning "on the job" within the clinical area. • Emergency Department micro training across both sites with new interactive resource folder to be used by TVNs as a "on-the-spot" training aid. • Key themes continue to be disseminated via monthly TV Newsletter and UHBW Twitter account.
Ownership:	Chief Nurse

	May-23		2023/2024		2022/2023	
	Pressure Injuries	Per 1000 Beddays	Pressure Injuries	Per 1000 Beddays	Pressure Injuries	Per 1000 Beddays
Diagnostics and Therapies	0	0	0	0	0	0
Medicine	0	0	1	0.066	13	0.142
Specialised Services	0	0	0	0	3	0.048
Surgery	0	0	0	0	12	0.208
Weston	0	0	0	0	22	0.221
Women's and Children's	0	0	0	0	1	0.012
Other	0		0		0	
UHBW TOTAL	**0**	**0**	**1**	**0.015**	**51**	**0.128**



Medicines Management

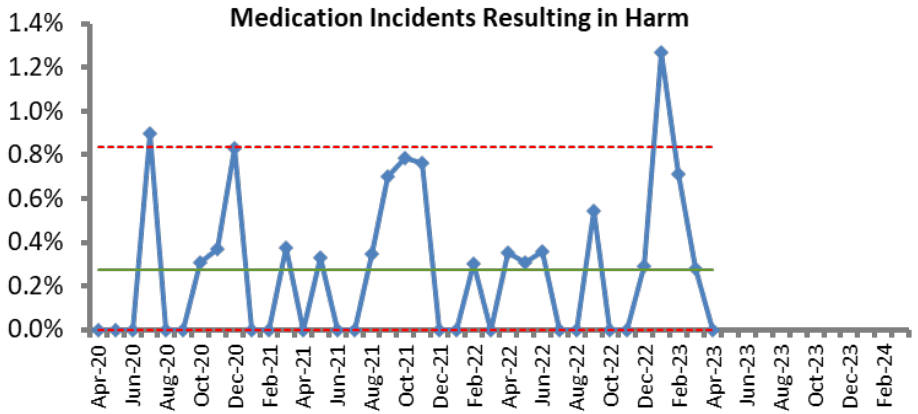
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

April / May 2023

Y *Achieved*

Standards:	Number of medication errors resulting in moderate or greater harm to be below 0.5%, with an amber tolerance to 1%. Please note this indicator is a month in arrears. Percentage of non-purposeful omitted doses of critical medicines to be below 0.75% of patients reviewed in the month.
Performance:	There were zero moderate harm incidents out of 306 reported medication incidents in April (0.0%). There were zero omitted doses of critical medicine out of 208 patients audited in May (0.0%).
Action/Plan:	n/a
Ownership:	Medical Director

	Apr-23		2023/2024		2022/2023	
	Harm Incidents	Total Reviewed	Harm Incidents	Total Reviewed	Harm Incidents	Total Reviewed
Diagnostics and Therapies	0	22	0	22	0	230
Medicine	0	55	0	55	7	662
Specialised Services	0	66	0	66	1	877
Surgery	0	37	0	37	1	572
Weston	0	32	0	32	1	301
Women's and Children's	0	94	0	94	3	1214
Other	0	0	0	0	0	12
UHBW TOTAL	**0**	**306**	**0**	**306**	**13**	**3868**
Percentage		**0.00%**		**0.00%**		**0.34%**



Essential Training

May 2023

P *Partially Achieved*

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	In May, overall compliance for both the eleven Core Skills (mandatory/statutory), as well as the wider essential training (specific to role), remained static at 89% and 88%, respectively (rounded figures – intention to report to a decimal point in next month's report). Four individual core skills improved by 1%, including Moving and Handling, which is now at 78%. Only two Divisions changed from the previous month – Specialised Services reduced by 1% to 88%, while Surgery improved by 1% to 86%. Weston remained at 89%, same as the previous April figure.
Action/Plan:	Oliver McGowan Mandatory Training ('OMMT' – Learning Disability and Autism training, required by recent Health and Care Act 2022 legislation) has been made available to all staff across the system on 5th June. The first part of the training is now accessible to all staff via Kallidus e-learning. Ultimately all staff will also need to attend a second part interactive session to achieve final compliance. Priority clinical staff are being identified to attend these sessions as there will be limited spaces available for UHBW staff, which will begin no earlier than September. These staff will be contacted and booked into the interactive sessions as dates are determined.
Ownership:	Director of People

Nurse Staffing Levels

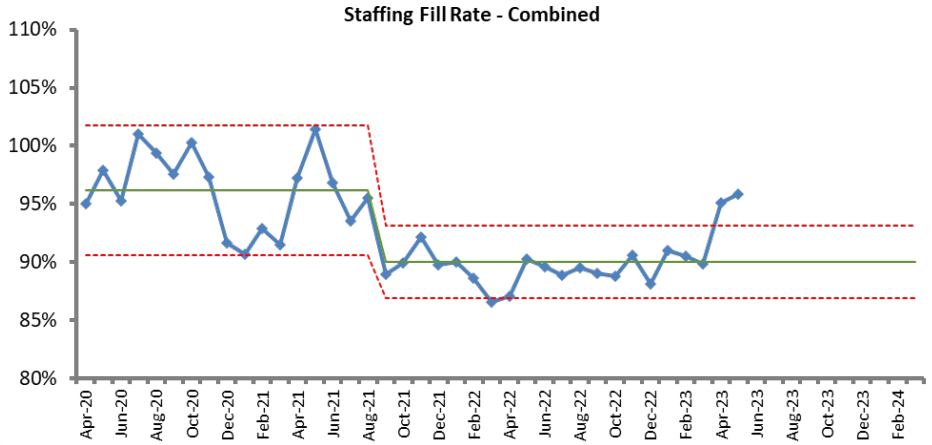
University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

N/A *No Standard Defined*

Standards:	It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board. The data is reported against Registered Nurse (RN) and Unregistered Nursing Assistant (NA) shifts.
Performance:	The report shows that in May 2023 (for the combined inpatient wards) the Trust had rostered 318,447 expected nursing hours, against the number of actual hours worked of 305,222 giving an overall fill rate of 95.8%.
Action/Plan:	Underlying Issues: • The band 5 vacancy rate has increased to 16.0% however the turnover rate decreased to 16.1%. • The band 2/3 vacancy rates remain in flux with the required adjustments now starting to show on rosters and in budget lines. • The pressure on the front door areas has eased a little this month and escalation capacity has not been required to the same degree or as regularly as in previous months. Actions: • The ongoing International Nurse recruitment programme continues to assist with a pipeline of nurses to support the local recruitment. • The Bank Office has commenced their relaunch with an improved basic rate of pay for band 5 Registered Nurses and some other attraction and retention initiatives for all bank staff. • The impact of the Agency Task group actions are beginning to demonstrate improvement. The bank fill rate increased to 46% this month with a corresponding reduction in agency usage in adult in-patient areas compared to previous month.
Ownership:	Chief Nurse

	May-23		
	Combined	**RN**	**NA**
Medicine	101.3%	98.5%	104.7%
Specialised Services	95.9%	89.5%	115.1%
Surgery	99.2%	100.3%	96.4%
Weston	99.6%	91.4%	109.2%
Women's and Children's	87%	89.9%	75.7%
UHBW TOTAL	**95.8%**	**93.6%**	**100.4%**



Venous Thromboembolism (VTE) Risk Assessment

University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

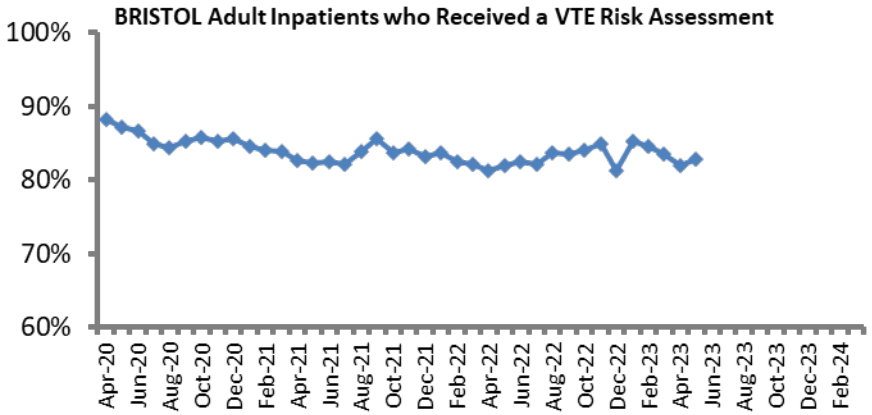
N *Not Achieved*

Standards:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of healthcare-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. The expectation is that UHBW will achieve 95% compliance, with an amber threshold to 90%.
Performance:	Recent VTE risk assessment compliance is 82.8% (excluding Weston due to data feed issues). Diagnostics and Therapies division continues to be 100% compliant. Change for all divisions was within 1%, with the exception of Medicine division, where compliance increased by 2.4% to 73.8%.
Action/Plan:	Underlying Issues: • Data feeds for VTE risk assessment reporting remain an issue. There currently remains no digital data feed for Weston patients as the Weston system is separate from the Bristol system, there remains a mixed economy with paper VTE risk assessments for maternity, and variation in the application of historic day case and low risk cohort exclusions. The VTE lead appointment is crucial to decision making to support improved data quality on VTE risk assessment from the Careflow Medicines Management system. • Whilst a thematic review of historic cases of Health Care Associated VTE for the purposes of learning and improvement has been completed, reviews of new cases are not currently being taken forward pending the VTE lead appointment. Actions: • Appointment of a VTE lead is being progressed by the Chief Medical Officer team. The role is being creatively designed to support a successful appointment after previous attempts. Clinical expertise and prioritisation by a VTE lead is needed in order to make a step change in progress of the VTE workstream, medicines medical, pharmacy, patient safety and clinical digital and digital colleagues are progressing incorporating the electronic VTE risk assessment into Careflow Medicines Management system.
Ownership:	Medical Director

Venous Thromboembolism (VTE) Risk Assessment

University Hospitals Bristol and Weston NHS Foundation Trust

May 2023



Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Radiology	25	25	100.0%
Diagnostics and Therapies Total		**25**	**25**	**100.0%**
Medicine	Medicine	2,200	2,981	73.8%
Medicine Total		**2,200**	**2,981**	**73.8%**
Specialised Services	BHOC	2,254	2,349	96.0%
	Cardiac	377	523	72.1%
Specialised Services Total		**2,631**	**2,872**	**91.6%**
Surgery	Anaesthetics	31	31	100.0%
	Dental Services	72	97	74.2%
	ENT & Thoracics	286	410	69.8%
	GI Surgery	976	1,206	80.9%
	Ophthalmology	298	301	99.0%
	Trauma & Orthopaedics	113	185	61.1%
Surgery Total		**1,776**	**2,230**	**79.6%**
Women's and Children's	Children's Services	25	30	83.3%
	Women's Services	1,306	1,482	88.1%
Women's and Children's Total		**1,331**	**1,512**	**88.0%**
Grand Total		**7,963**	**9,620**	**82.8%**

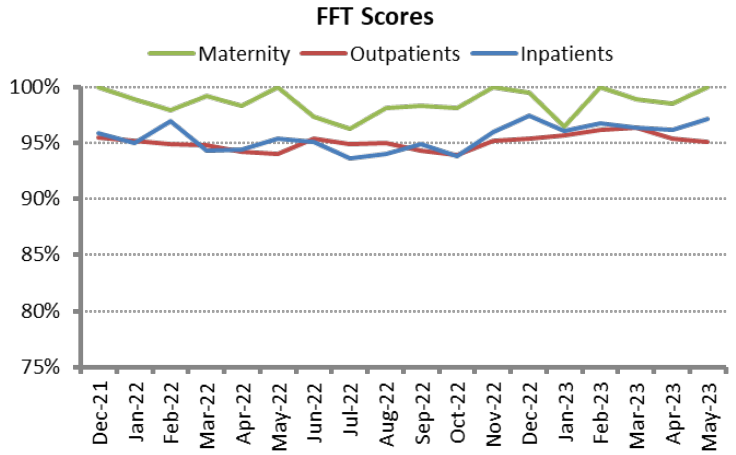
Friends and Family Test (FFT)

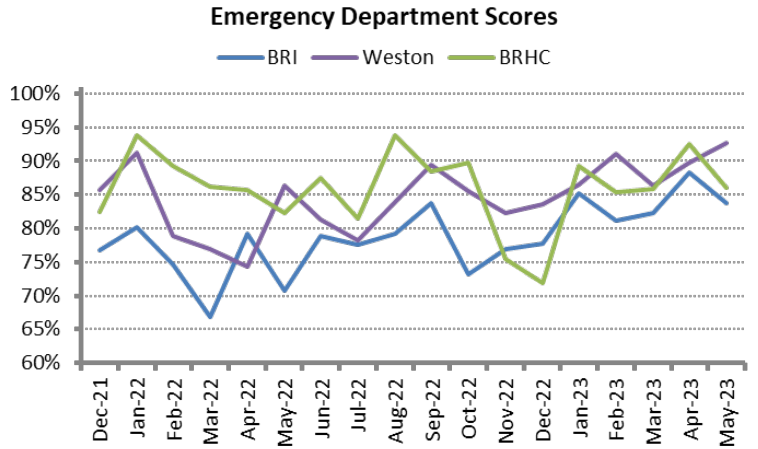
University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

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

Standards:	The FFT question asks "Overall, how was your experience of our service?". The Trust collects FFT data through a combination of online, postal survey responses, FFT cards and SMS (for Emergency Departments and Outpatient Services). There are no targets set.
Performance:	The Trust received 4,927 FFT responses from patients in May 2023, which is a decrease of 10% compared to the number of responses received in April (5,470). FFT performance: • FFT scores for inpatients, day cases, maternity and outpatients remain positive (all 90% and above) and broadly consistent with April figures. • The overall FFT score for the Trust's Emergency Departments in May 2023 was 88% which was above the latest published national average FFT score for Emergency Departments in February 2023 (80%).
Action/Plan:	In response to the lower than (long-term) average FFT scores for the Trust's Emergency Departments, weekly reports are sent from the Patient Experience Team to ED divisional leads with their FFT data for the previous week. This results in the data being reviewed in a timelier manner which supports with identifying opportunities for improvements.
Ownership:	Chief Nurse



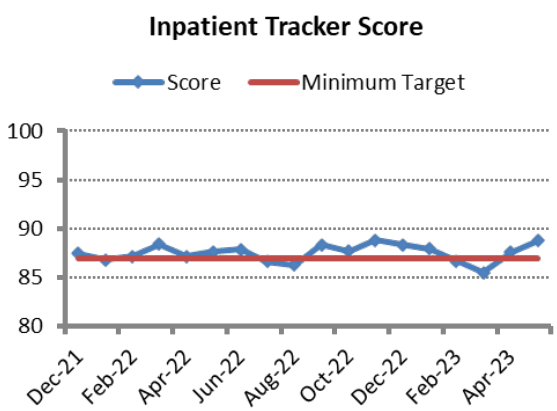


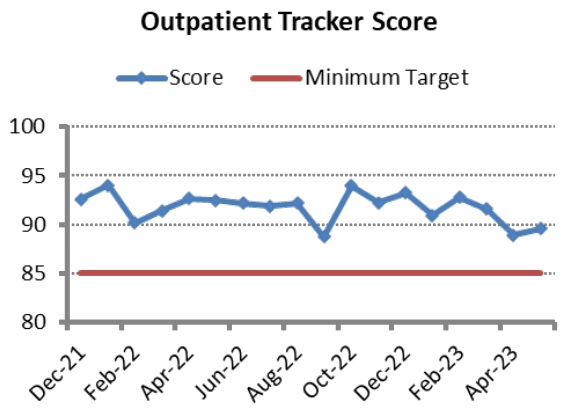
Monthly Patient Survey

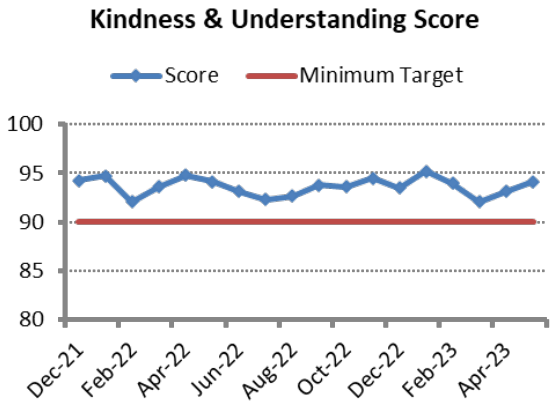
May 2023

Y *Achieved*

Standards:	Divisional level metrics are reported quarterly through the Experience of Care Group (ECG) and Quality Outcomes Committee (QOC). For the inpatient and outpatient postal survey, five questions relating to topics our patients have told us are most important to them are combined to give a score out of 100. For inpatients, the target is to achieve a score of 87 or more. For outpatients, the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target score of 90 or over.
Performance:	For May 2023: • Inpatient score was 89 (April was 88) which is above minimum target level. • Outpatient score was 90 (April was 89) which is above target. • Kindness and understanding score was 94 (April was 93) which is above target.
Action/Plan:	As of February 2023, the surveys moved to a mixed method approach for completion (online via SMS and postal completion) and we expect to see an increase in the number of completed responses by switching to this method. The change to survey methodology will change the demographic profile of respondents and it is assumed will therefore directly impact the experience score. Action: Experience of Care team to continue to analyse by age group and closely monitor the tracker score over the next quarter.
Ownership:	Chief Nurse



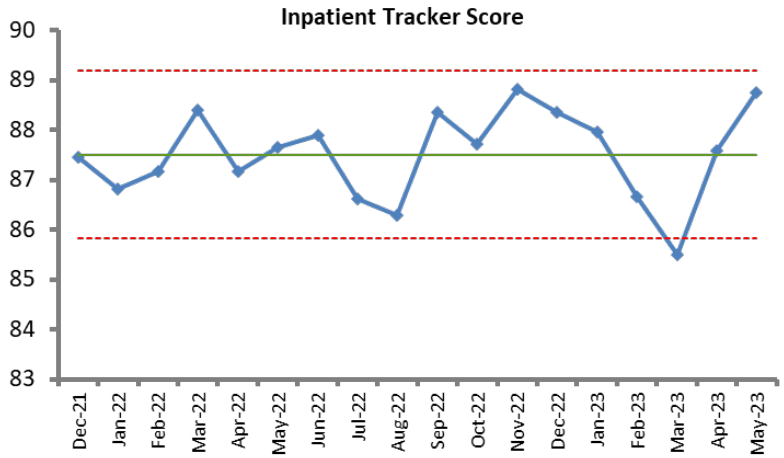


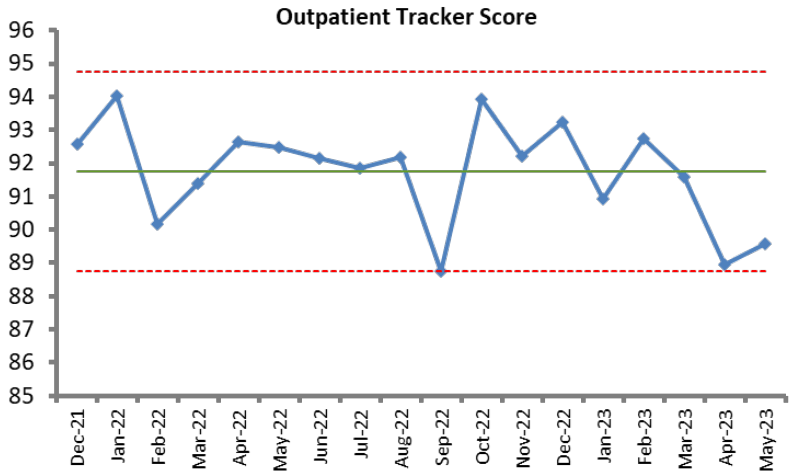


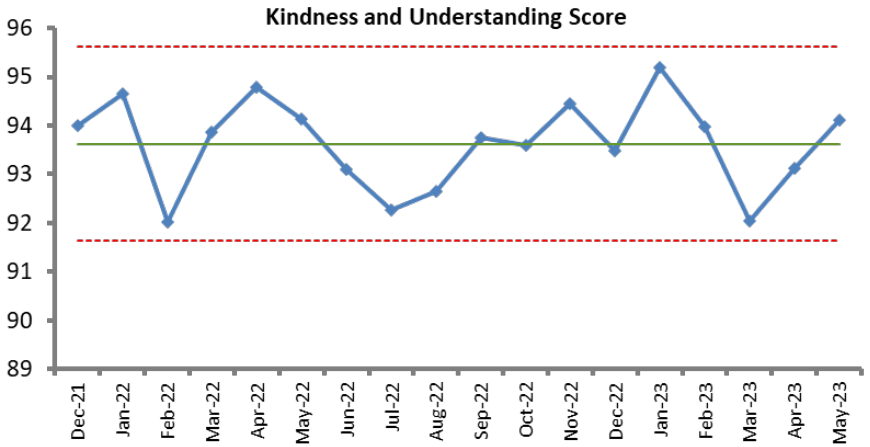
Monthly Patient Survey

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023







Patient Complaints

May 2023

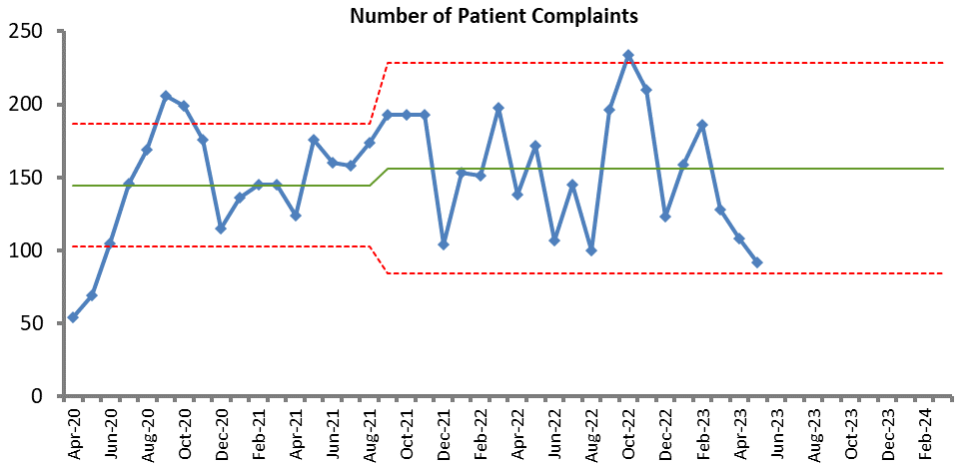
N ***Not Achieved***

Standards:	For all complaints (formal and informal), the Trust target is for 95% of responses to be sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. In addition, the requirement is for divisions to return their responses to the Patient Support & Complaints Team (PSCT) seven working days prior to the deadline agreed with the complainant. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance of 12%.
Performance:	In May 2023: • 92 Complaints were received (43 Formal and 49 Informal). • Responses for 45 Formal and 66 Informal complaints were sent out to complainants. • The Trust sent out 71.1% of formal responses within the agreed timeframe (32 of 45), compared to 55.9% in April 2023. • Divisions returned 82% (37 out of 45) of formal responses to the PSCT by the agreed deadline. • 77.3% of informal complaints (51 out of 66) were responded to within the agreed timeframe, compared to 84.1% in April 2023. • There were 6 complaints reported in May 2023 where the complainant was dissatisfied with the Trust's formal response, which represents 10.0% of the 60 responses sent out in March 2023 (this measure is reported two months in arrears).
Action/Plan:	92 Complaints were received in May, however due to an administrative backlog in the PSCT, this under-represents the true number of complaints received; the provisional total will need to be updated retrospectively once all complaints received in May have been logged onto the Datix database. It is estimated that the total number of new complaints is likely to be approximately 140. Of 13 breaches of timescale for formal complaints, five were for Women & Children, four were for Medicine, two were for Surgery and there was one breach each for Diagnostics & Therapies and Weston Management Team. 11 of the 13 breaches were attributable to delays in the divisions, with two due to a delay in PSCT processing the response. A total of eight formal responses also breached the internal deadline to be returned to the PSCT for checking.
Ownership:	Chief Nurse

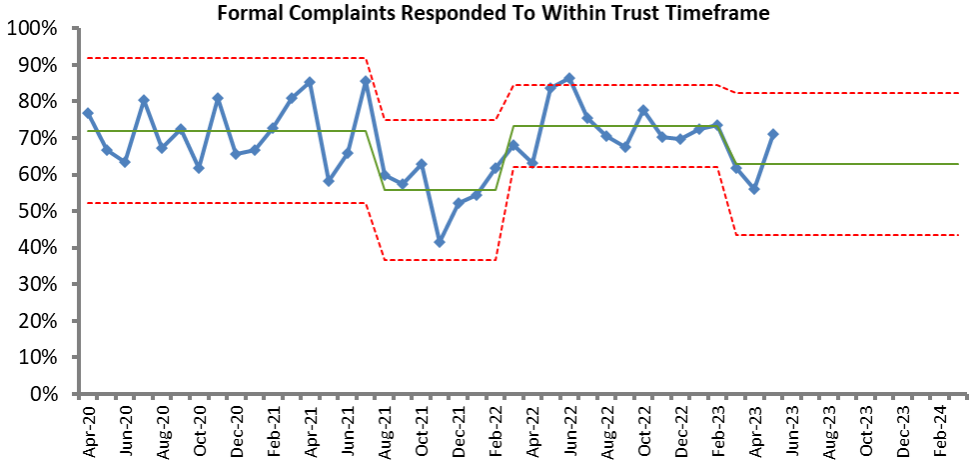
Patient Complaints

University Hospitals Bristol and Weston NHS Foundation Trust

May 2023



Complaints Received: May-23	Total	Formal	Informal
Diagnostics and Therapies	3	1	2
Medicine	24	13	11
Specialised Services	11	2	9
Surgery	27	13	14
Weston	12	10	2
Women's and Children's	10	4	6
Other	5	0	5
UHBW TOTAL	**92**	**43**	**49**



Formal Complaints Responses: May-23	Within Target	Total Responses	% Within Target	Attributable To Division
Diagnostics and Therapies	1	2	50%	1
Medicine	7	11	63.6%	4
Specialised Services	1	1	100%	0
Surgery	7	9	77.8%	1
Weston	8	9	88.9%	1
Women's and Children's	7	12	58.3%	4
Other	1	1	0.711	0
UHBW TOTAL	**32**	**45**	**71.1%**	**11**

Emergency Care

May 2023

N *Not Achieved*

Standards:	**Time Spent in Department** The total time spent in the Emergency Department (ED) measures from arrival time to discharge/admission time. There are two standards reported: 1. The "4 Hour Standard". This is the standard that has been reported in previous years and had a constitutional standard of 95%. For 2023/24, Trusts are now required to return performance to 76% by March 2024, i.e. 76% of ED attendances should spend less than 4 hours in ED. 2. The "12 Hour Standard". This is a new standard from April 2023. The target is to achieve no more than 2% exceeding 12 hours by March 2024. Note: these standards apply to all four Emergency Departments within the Trust. **12 Hour Trolley Waits** This standard is for patients who are admitted from ED, and measures from the Decision To Admit (DTA) time to the Admission Time. This is a standard that has been reported in previous months and will continue to be reported in 2023/24. **Ambulance Handovers** Ambulance handover refers to the process of moving a patient from an ambulance to an Emergency Department upon arrival at a hospital. The South Western Ambulance Service NHS Foundation Trust (SWASFT) provide data on all handovers to hospitals in the South West. The two metrics reported here are the number and percentage of handovers that exceed 15 or 30 minutes. The NHS Standard Contract sets the target that "all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes".
Performance:	Trust level 4 hour performance for May was 67.5% of patients spending less than 4 hours in ED across all four Emergency Departments. The end of May 2023 operating plan trajectory was 61.4%. Trust level 12 hour performance for May was 5.0% of patients spending over 12 hours in ED. The improvement trajectory for this standard is being developed. There were 435 12 Hour Trolley Waits in May 2023: 192 in Bristol and 243 at Weston. In May there were 3,999 ambulance handovers. Of these: • 2,995 ambulance handovers were in excess of 15 minutes which was 74.9% of all handovers. • 1,798 ambulance handovers were in excess of 30 minutes which was 45.0% of all handovers.

Actions:	A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including:
	• Expansion of Same Day Emergency Care (SDEC) provision, comprising:
	  ○ Expansion of Surgical SDEC capacity: Advanced Practitioner interviews planned w/c 5/6/23. Additional porter for SDEC has started to improve timely pulls from ED. SDEC coordinator role has embedded and the unit now has separate phones for the Surgical Trauma and Assessment Unit (STAU) and SDEC coordinator which is improving communications. A consultant lead is being appointed to in June.
	  ○ Development of the SDEC offer at Weston: 561 patients were seen in SDEC in May with a 4.8% admission rate. Daily attendances represents an additional of 1.7 patients daily compared to 173 in April. The ambulance service are now able to refer directly to SDEC. A new pathway has also been set up between Ashcombe, Early pregnancy Clinic and SDEC (patients are now attending SDEC at weekends). Work ongoing to increase direct admissions to SDEC from primary care.
	  ○ BRI medical SDEC had the best performing month of the year so far in May seeing 752 patients and 11% of ED attends (target 10%) whilst reducing the admission rate to 13% from 17% in April. ED consultant workforce now established and working on a 5-day cover for SDEC. Hybrid practitioner led SDEC model 4 week pilot commenced 7th June '23. Updated SWASFT and BrisDoc pathways at weekends to expected to commence July 2023.
	  ○ Cardiology SDEC commenced at the beginning of March and progress continues to be monitored. Suggested amendments to criteria are being developed.
	• A review and update of Internal Professional Standards is now underway. This is clinically led by the Deputy Medical Director and will involve co-production with specialties of a set of standards to support the best possible care for our patients. Planning workshop schedule for early July to support early engagement. Presentation to be delivered to Medical Leadership team on 19th June.
	• On 19 June in BRI a new Operational Hub model will be launched in the emergency department, which will co-locate an ED senior nurse, a clinical site manager and a senior ambulance operations officer to oversee and unblock issues related to ambulance offload or exit block out of ED.
	• 4 and 12 hour ED performance improvement plans are progressing. Of note this month is a review of expected patient pathways (with speciality specific actions) and demand and capacity reviews.
	• A further workstream is focusing on pathology turnaround times for ED. Pathology bundles have now been agreed and work with the ICE Team to upload the bundles to the requests system has commenced.

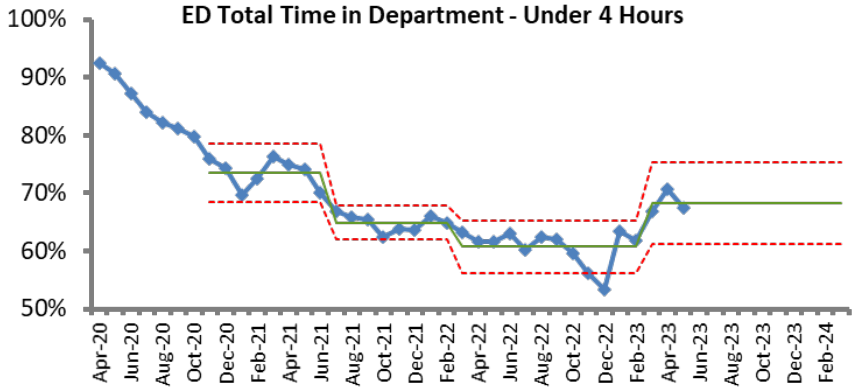
Ownership:	Chief Operating Officer

Emergency Care

May 2023

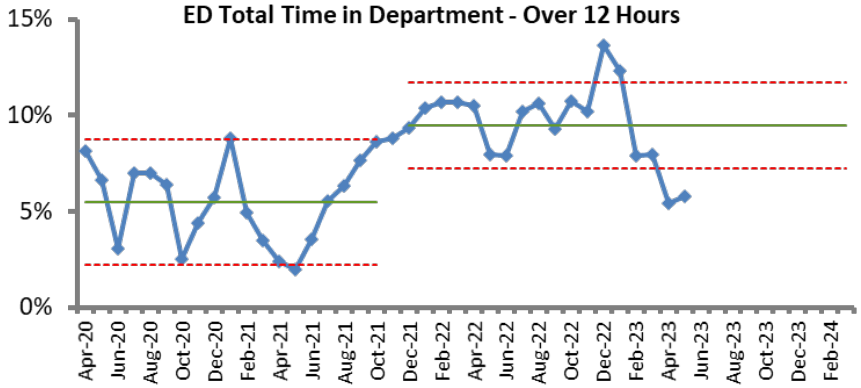
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	May-23	2023/24	2022/23
Bristol Royal Infirmary	53.62%	56.75%	46.14%
Bristol Children's Hospital	78.43%	79.94%	71.14%
Bristol Eye Hospital	94.73%	96.13%	95.97%
Weston General Hospital	64.45%	63.12%	55.05%
UHBW TOTAL	**67.48%**	**68.95%**	**60.94%**

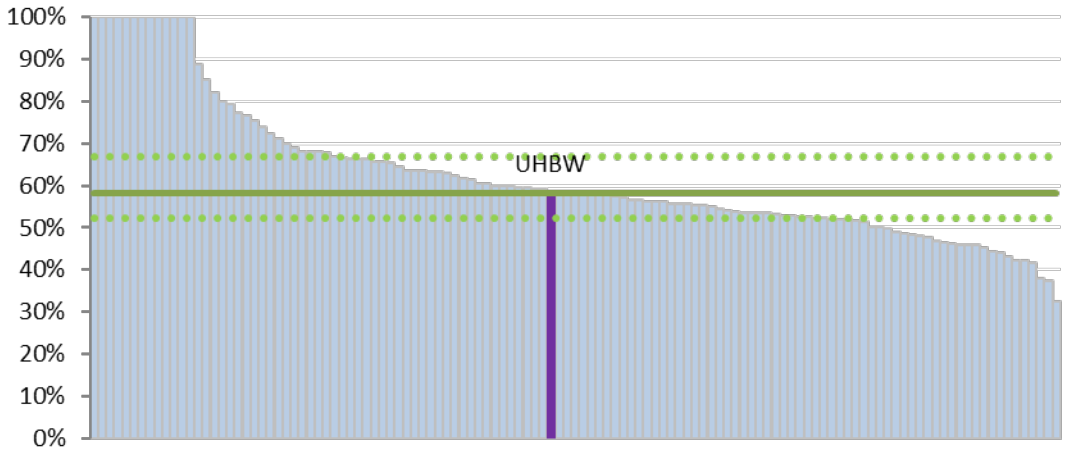


Patients Who Spend Over 12 Hours In ED (Arrival to Discharge/Admission)

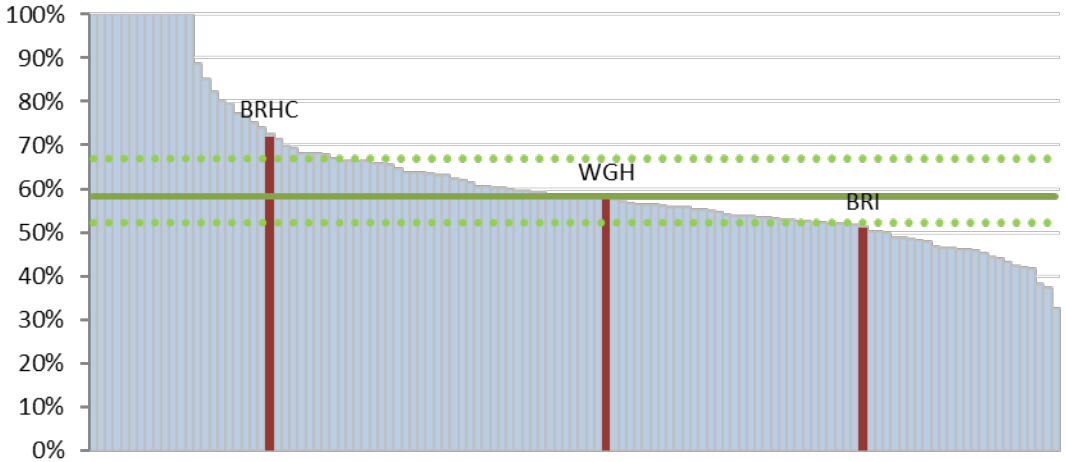
12 Hour Performance	May-23	2023/24	2022/23
Bristol Royal Infirmary	6.2%	5.4%	12%
Bristol Children's Hospital	1.3%	1.1%	2%
Bristol Eye Hospital	0%	0%	0%
Weston General Hospital	9.4%	10.2%	15%
UHBW TOTAL	**5%**	**4.9%**	**8.7%**



Benchmarking - ED 4 Hour Performance 2022/23 Quarter 4



Benchmarking - ED 4 Hour Performance 2022/23 Quarter 4



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

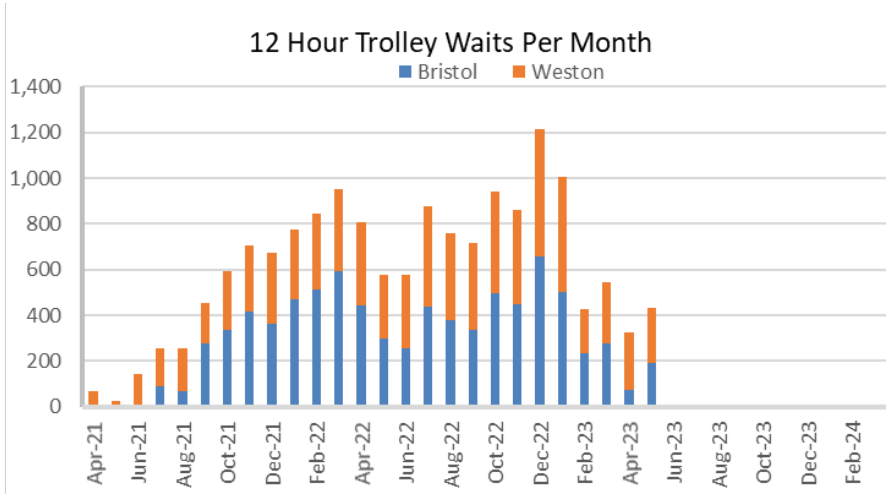
Emergency Care

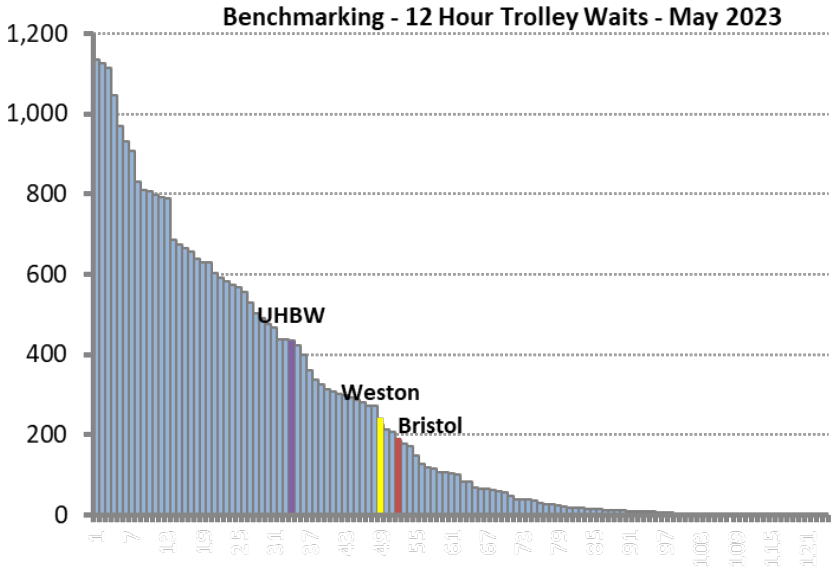
University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

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





Emergency Care – Ambulance Handovers

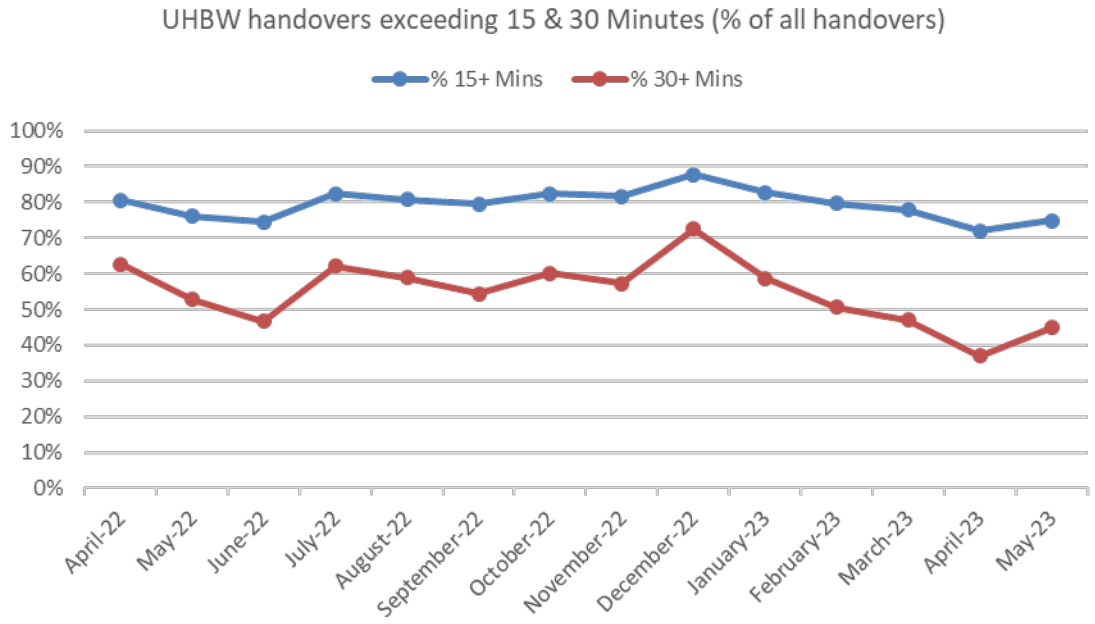
University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

Ambulance Handovers

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

May-23					
	Total Handovers	15+ Mins	% 15+ Mins	30+ Mins	% 30+ Mins
Bristol Royal Infirmary	2,521	2,048	81.2%	1,309	51.9%
Bristol Children's Hospital	525	148	28.2%	57	10.9%
Weston General Hospital	953	799	83.8%	432	45.3%
UHBW Total	**3,999**	**2,995**	**74.9%**	**1,798**	**45.0%**

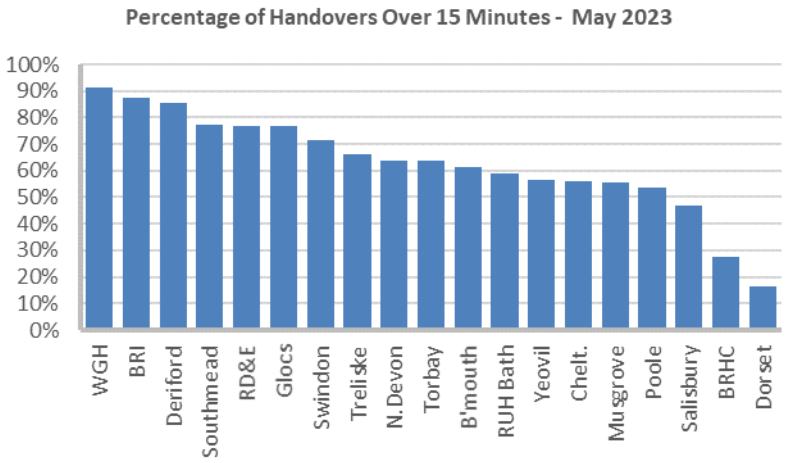


Emergency Care – Ambulance Handovers

University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

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



	Total Handovers - South West - May 2023						
	Total Handovers	Over 15 Mins	% Over 15 Mins	Over 30 Mins	% Over 30 Mins	Over 1 Hour	Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	175	48	27.4%	21	12.0%	7	1
BRISTOL ROYAL INFIRMARY	805	702	87.2%	548	68.1%	353	176
CHELTENHAM GENERAL HOSPITAL	180	101	56.1%	46	25.6%	8	1
DERRIFORD HOSPITAL	892	764	85.7%	645	72.3%	450	299
DORSET COUNTY HOSPITAL	503	82	16.3%	19	3.8%	3	0
GLOUCESTER ROYAL HOSPITAL	983	754	76.7%	535	54.4%	324	131
GREAT WESTERN HOSPITAL	631	452	71.6%	303	48.0%	159	83
MUSGROVE PARK HOSPITAL	852	475	55.8%	222	26.1%	88	18
NORTH DEVON DISTRICT HOSPITAL	473	302	63.8%	129	27.3%	31	5
POOLE HOSPITAL	693	372	53.7%	163	23.5%	68	40
ROYAL BOURNEMOUTH HOSPITAL	682	420	61.6%	249	36.5%	125	53
ROYAL DEVON AND EXETER WONFORD	975	750	76.9%	444	45.5%	154	23
ROYAL UNITED HOSPITAL - BATH	762	448	58.8%	257	33.7%	113	45
SALISBURY DISTRICT HOSPITAL	363	170	46.8%	73	20.1%	29	13
SOUTHMEAD HOSPITAL	1,003	775	77.3%	343	34.2%	129	42
TORBAY HOSPITAL	727	462	63.5%	226	31.1%	88	34
TRELISKE HOSPITAL	958	632	66.0%	454	47.4%	300	182
WESTON GENERAL HOSPITAL	328	300	91.5%	213	64.9%	151	99
YEOVIL DISTRICT HOSPITAL	455	257	56.5%	48	10.5%	4	0
SOUTH WEST TOTAL	**12,440**	**8,266**	**66.4%**	**4,938**	**39.7%**	**2,584**	**1,245**

Delayed Discharges (No Criteria to Reside)

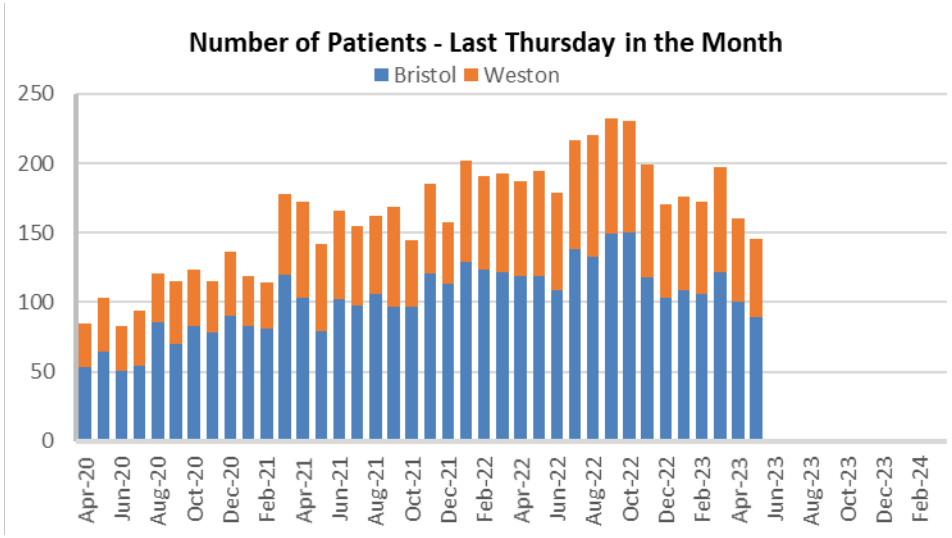
May 2023

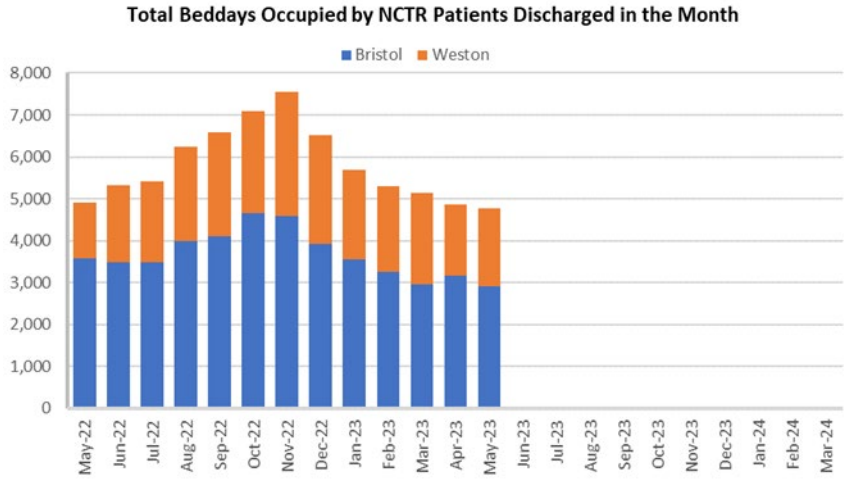
N/A ***No Standard Defined***

Standards:	Patients who are medically fit for discharge should wait a minimal amount of time in an acute bed. Pre-Covid, this was captured through Delayed Transfers of Care (DToC) data submitted to NHS England. This return has been discontinued but the Trust continues to capture delayed discharges through its No Criteria to Reside (NCTR) lists. These are patients whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable the discharge. Patients are transferred through one of three pathways; at home with support (Pathway 1), in community based sub-acute bed with rehab and reablement (Pathway 2) or in a care home sub-acute bed with recovery and complex assessment (pathway 3).
Performance:	1. At the end of May there were 146 No Criteria To Reside (NCTR) patients in hospital. 2. During May, the daily average number of patients with no criteria reside was 143. 3. Of the patients discharged during May, the total number of NCTR bed days was 4,772. This figure is calculated by counting the number of NCTR bed days for each patient discharged and is reported in the month that the patient was discharged.
Actions:	The demand across all the pathways in Bristol and Weston continued to exceed capacity in the community. A breakdown of May's performance is provided below: • Pathway 1 (P1): There were 255 discharges on P1 for May. 29 patients on the waiting list (BRI: 19 & WGH:10), 5 fewer than the previous month. The Integrated Discharge Service (IDS) is increasing engagement from system partners with the discharge Multi Disciplinary Team (MDT) meetings. The IDS continues to exploit opportunities for earlier discharge with the discharge support grant and family support. • Pathway 2 (P2): There were 60 P2 discharges in May with 12 patients on the waiting list (BRI: 4 & WGH: 8), 2 fewer than the previous month. Higher numbers in WGH due to lack of P2 beds in North Somerset. Work continues with MDT to reduce P2 to P1. • Pathway 3 (P3): 57 P3 discharges in May and 38 patients on the waiting list, (BRI: 32 & WGH: 10) 8 more than previous month. Time on the waiting list remains high. The IDS continues to meet with community partners to progress particularly complex patients and to review all P3 patients weekly. Reduction in transitional beds, paid for by the ICS, has led to an increase of pathway 3 waiters in hospital.
Ownership:	Chief Operating Officer

Delayed Discharges (No Criteria to Reside)

May 2023





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

Pathway	Number of Patients	Percentage	7+ Days on Latest Pathway	14+ Days on Latest Pathway	21+ Days on Latest Pathway
Pathway 1	27	20.3%	2	0	0
Pathway 2	19	14.3%	4	0	0
Pathway 3	31	23.3%	20	14	7
Awaiting Decision	26	19.5%	1	0	0
Awaiting Referral	15	11.3%	0	0	0
Other	15	11.3%	8	3	3
Total	**133**		**35**	**17**	**10**

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

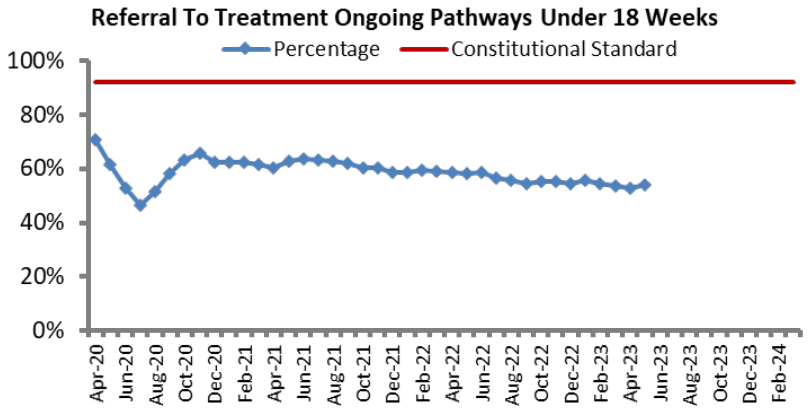
Referral To Treatment

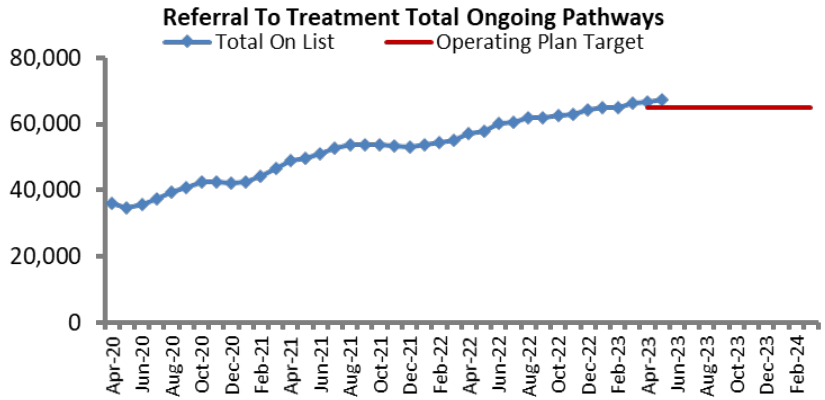
University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

N *Not Achieved*

Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national constitutional standard is that 92% or more of the patients should be waiting under 18 weeks. An RTT Recovery Plan was submitted to NHS England for 2023/24. This had the total RTT waiting list held at 64,847 patients.
Performance:	At end of May, 54.0% of patients were waiting under 18 weeks. The total waiting list was 67,447 and the 18+ week backlog was 31,026. So the end of May position for total list size exceeded the recovery trajectory. Comparing the end of April 2020 with the end of May 2023: • the overall wait list has increased by 31,235 patients. This is an increase of 86.3%. • the number of patients waiting 18+ weeks increased by 20,372 patients. This is an increase of 191%.
Actions:	Please refer to "Referral To Treatment Long Waits" section.
Ownership:	Chief Operating Officer

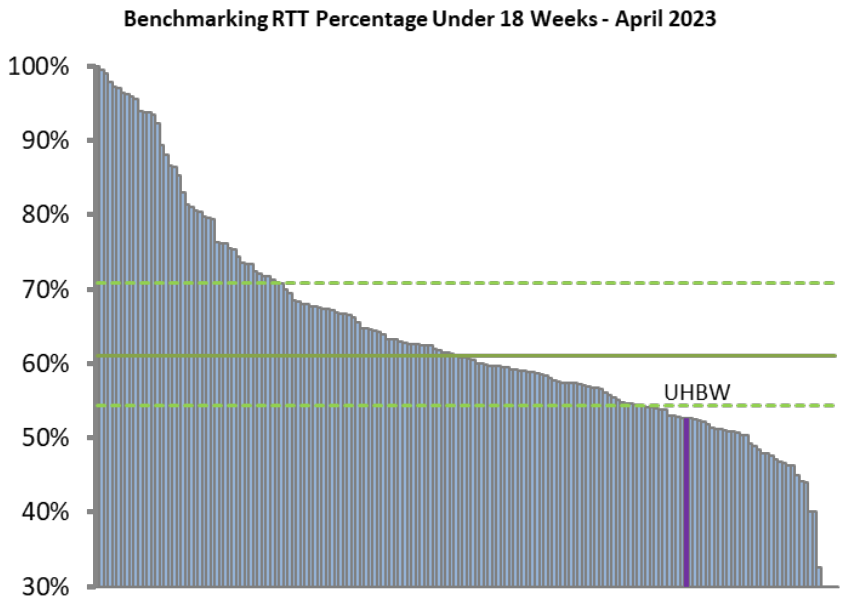




Referral To Treatment

May 2023

	May-23		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	1,534	1,896	80.9%
Medicine	6,025	11,149	54.0%
Specialised Services	3,835	5,416	70.8%
Surgery	18,326	36,857	49.7%
Women's and Children's	6,701	12,129	55.2%
Other	0	0	
UHBW TOTAL	**36,421**	**67,447**	**54.0%**



Referral To Treatment – Long Waits

University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

P *Partially Achieved*

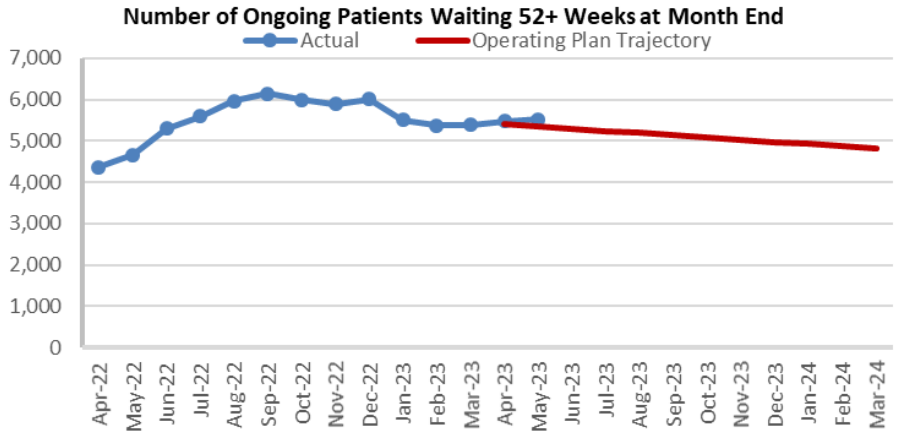
Standards:	Pre-Covid, the expectation was that no patient should wait longer than 52 weeks for treatment. For 2023/24 the Operating Plan assumes that no patients will be waiting over 78 weeks. The next national ambition is to have no patients waiting 65+ weeks by the end of March 2024.
Performance:	At the end of May: • 5,523 patients were waiting 52+ weeks against the Operating Plan trajectory of 5,347. • 1,599 patients were waiting 65+ weeks against the Operating Plan trajectory of 1,910. • 248 patients were waiting 78+ weeks. • 0 patients were waiting 104+ weeks.
Actions:	• At the end of May 2023, there were no patients waiting over 104+ weeks. • The Trust continues to work towards the elimination of any patient waiting longer than 78 weeks. At the end of May there were 248 patients waiting over 78 weeks, of which 38 related to cornea grafts. There is currently a national shortage of cornea graft material which is contributing to delays in treating these patients. There is a nationally led process to allocate graft material to Trusts based on the clinical priority and length of waiting time. • As part of the 2023/24 Annual Planning Process (APP), clinical divisions are developing plans to move towards the national ambition of no patient waiting longer than 65 weeks by end of March 2024. • Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and Spire to support their recovery in Cleft services. The service are also insourcing using KPI Health for paediatric dental clinics and extractions which commenced mid-January, with schedules being provided each month. The contract agreement with KPI Health has been extended for 2023/2024 • Within General Surgical Specialties, a locum has been secured and some consultants have provided additional weekend and evening time to help reduce care backlogs. The service has been working with Somerset Surgical Services (SSS) to support provision of additional treatment to be undertaken on the Weston site. To date, 269 patient have been identified as suitable for treatment at SSS, 146 have been contacted thus far, 68 have consented to be transferred and 123 remain to be contacted. The Trust continue to make contact with the remaining 123 patients. • The Trust are currently seeking locum support for dental services and have recently appointed a cleft locum starting on 23rd of June. In May there were adverts for a Restorative Dentistry Consultant with interviews scheduled in August 2023. • The Trust continues to contact patients who are waiting for treatment dates to ask if they would accept treatment at an alternative provider. Should patients consent, each patient is added to NHS England Digital Mutual Aid system (DMAS). • The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives. • Paediatric Urology Consultants have agreed to additional treatment lists and are booking patients into dates during June and July to ensure that there will be no Paediatric Urology patients waiting longer than 78 week by the end of July. • Where patients are too complex for transferring outside of the organisation for treatment under mutual aid arrangements, theatre schedules are being maximised across all sites to ensure that suitable capacity is available.
Ownership:	Chief Operating Officer

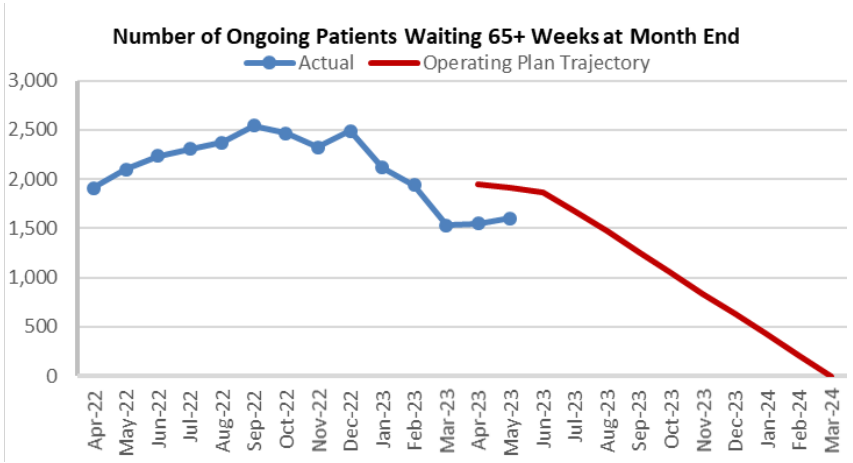
Referral To Treatment – Long Waits

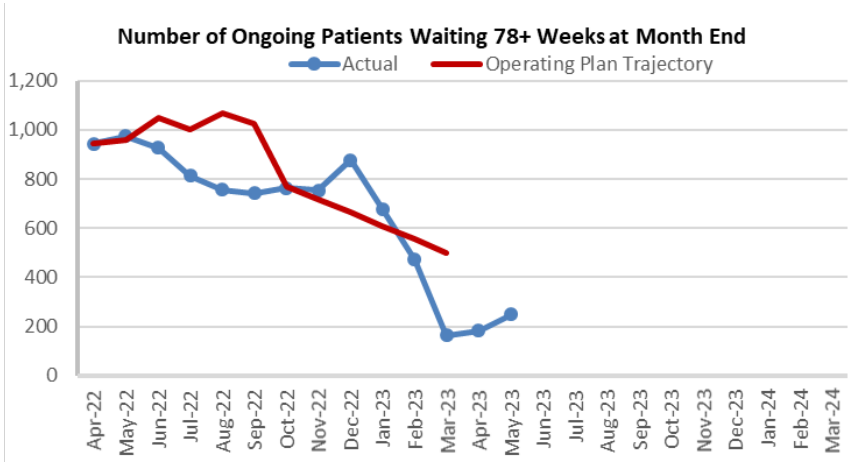
University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

	May-23		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	8	1	0
Medicine	915	178	3
Specialised Services	169	67	13
Surgery	3,582	1,082	184
Women's and Children's	849	271	48
Other	0	0	0
UHBW TOTAL	**5,523**	**1,599**	**248**



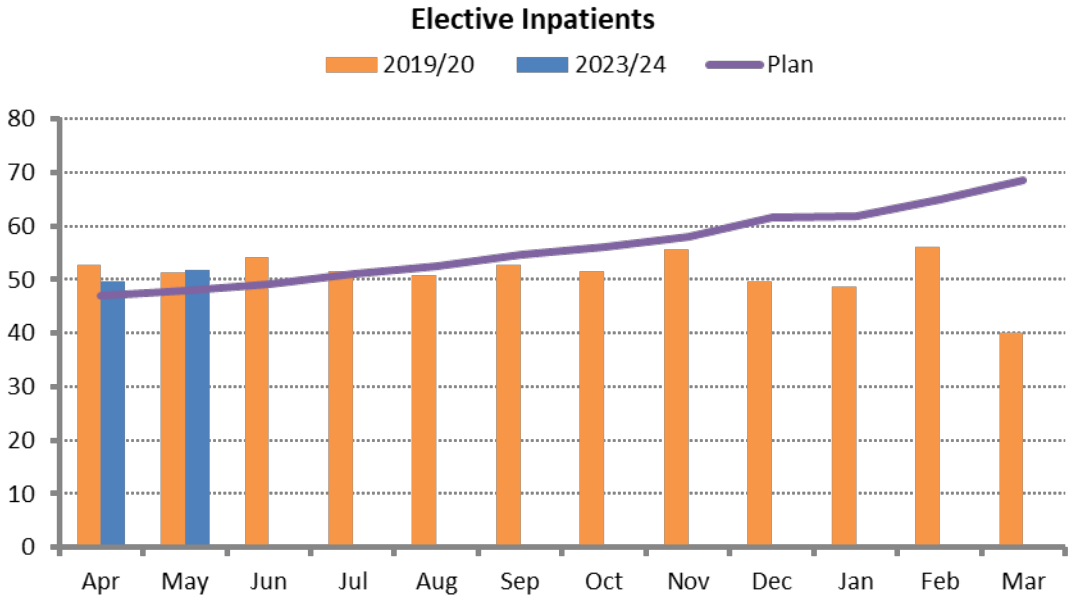




Elective Activity – Restoration

May 2023

Activity Per Day, By Month and Year



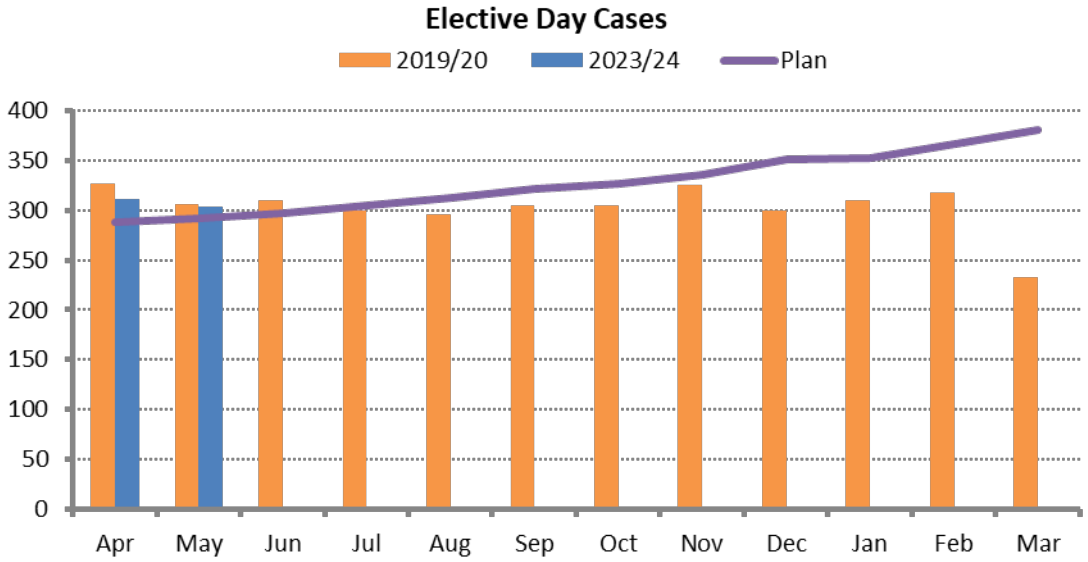
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	53	51	54	52	51	53	52	56	50	49	56	40
2021/22	Actual Activity Per Day	44	49	43	44	38	37	34	38	35	37	41	43
2022/23	Actual Activity Per Day	47	45	47	43	44	44	49	47	44	46	46	44
2023/24	Actual Activity Per Day	50	52										
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

2022/23 Activity: % of Plan	106%	108%										
2022/23 Activity: % of 2019/20	94%	101%										

Elective Activity – Restoration

May 2023

Activity Per Day, By Month and Year



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	327	306	310	299	296	304	304	326	299	310	318	232
2021/22	Actual Activity Per Day	274	297	275	261	271	269	264	271	250	277	266	260
2022/23	Actual Activity Per Day	276	280	282	269	281	282	286	294	260	296	289	274
2023/24	Actual Activity Per Day	311	303										
	Planned Activity Per Day	288	292	297	305	312	321	327	335	351	352	366	381

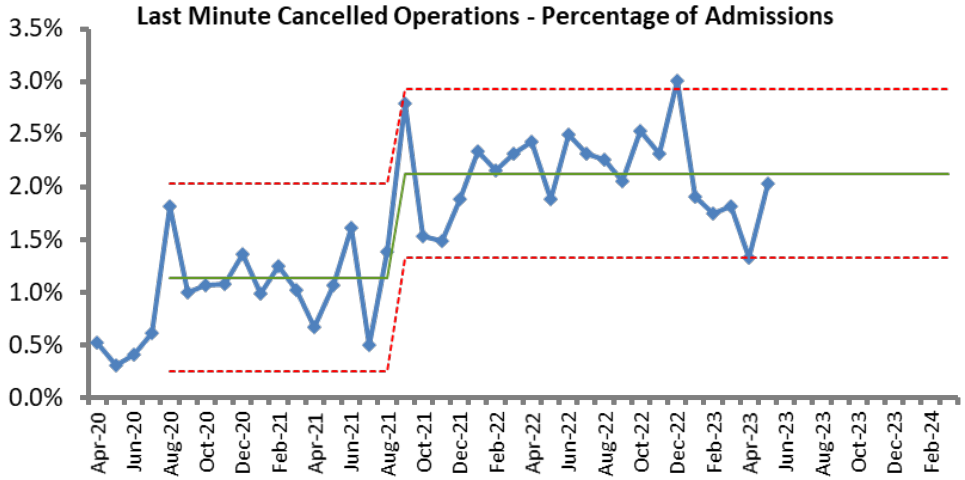
2022/23 Activity: % of Plan	108%	104%										
2022/23 Activity: % of 2019/20	95%	99%										

Cancelled Operations

May 2023

N *Not Achieved*

Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In May, there were 151 last minute cancellations, which was 2.0% of elective admissions. Of the 89 cancelled in April, 75 (84.3%) had been re-admitted within 28 days.
Actions:	Actions for reducing last minute cancellations are being delivered by the Theatre Productivity Programme.
Ownership:	Chief Operating Officer



	May-23		
	LMCs	Number of Admissions	% of Admissions
Diagnostics and Therapies	0	25	0.0%
Medicine	17	992	1.7%
Specialised Services	28	2,813	1.0%
Surgery	84	2,354	3.6%
Women's and Children's	22	1,093	2.0%
Other	0	166	
UHBW TOTAL	**151**	**7,443**	**2.0%**

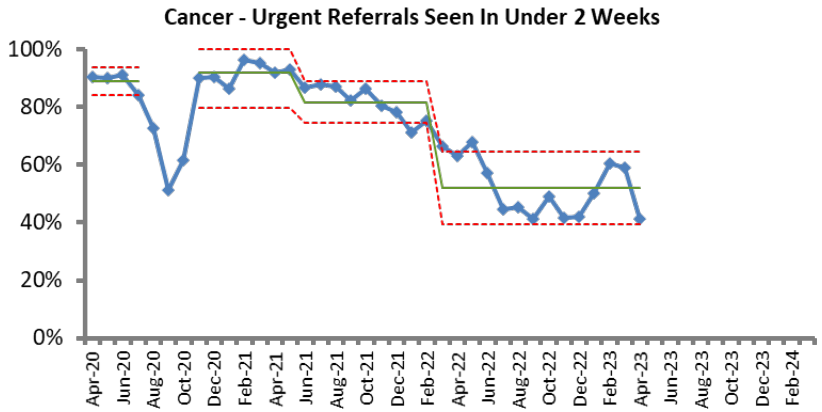
Cancer Two Week Wait

University Hospitals Bristol and Weston NHS Foundation Trust

April 2023

N *Not Achieved*

Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For April 41.4% of patients were seen within 2 weeks.
Actions:	The standard was non-compliant in April (41.4% against a 93% standard). Industrial action and capacity problems in colorectal endoscopy continue to impact attainment, with a particularly large impact from the six consecutive days lost to bank holidays and industrial action days. Actions to improve performance include increased staffing to reduce the endoscopy waiting times and national changes to pathways that should reduce demand in colorectal. It is not necessarily expected that compliance with the 93% standard will be attained. The focus for recovery in the 2023/24 financial year, as requested by the national team, is on the 28-day faster diagnosis standard (time from referral to diagnosis) and the Trust intends to recover compliance with that standard by the end of 2023/24. The first appointment standard is effectively considered obsolete (would have been removed had not Covid pandemic delayed NHSE's plans) as the 28-day standard is replacing it.
Ownership:	Chief Operating Officer



2 Week Wait - Apr-23

	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer (not listed)	5	5	100.0%
Suspected children's cancer	22	24	91.7%
Suspected gynaecological cancers	109	169	64.5%
Suspected haematological malignancies	5	17	29.4%
Suspected head and neck cancers	213	423	50.4%
Suspected lower gastrointestinal cancers	78	198	39.4%
Suspected lung cancer	32	40	80.0%
Suspected skin cancers	123	582	21.1%
Suspected upper gastrointestinal cancers	52	87	59.8%
Grand Total	**639**	**1545**	**41.4%**

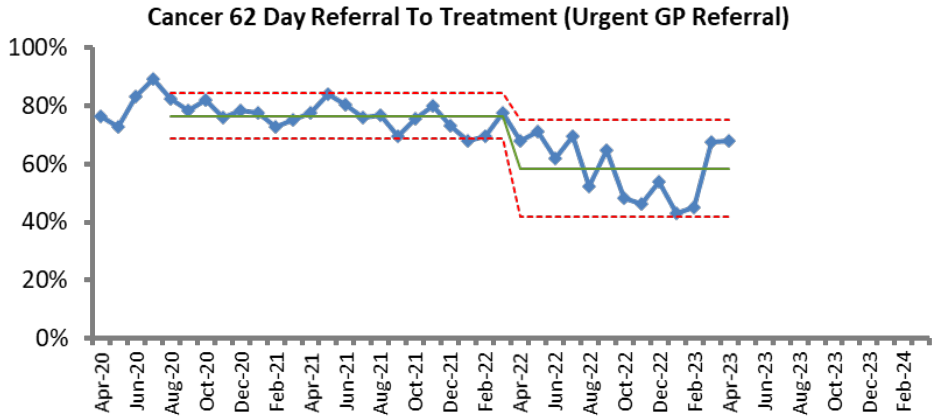
Cancer 62 Days

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

April 2023

N *Not Achieved*

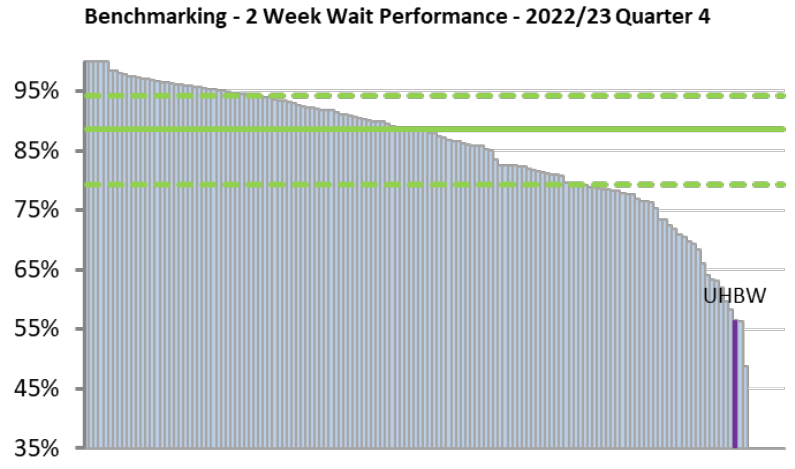
Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For April, 68.2% of patients were seen within 62 days.
Actions:	The standard was non-compliant in April(68.2% against an 85% standard). The Trust is still recovering from the impact of the Covid pandemic and clearing the backlogs associated with that, particularly in dermatology, is the reason for the underperformance. Industrial action is also impacting, particularly in this month due to the loss of activity which has reduced the volume of timely treatments to calculate the percentage performance from. Actions include recruitment into hard-to-fill posts and use of locums (where suitable locums can be sourced), additional lists and clinics, introduction of straight to test pathways in gynaecology and colorectal, a pilot of AI technology in dermatology, and continual effective patient level waiting list management. It is not forecast that the Trust will return to compliance in the short term due to ongoing challenges with industrial action however improvement against the standard is expected as backlog clearance is completed and ceases to impact.
Ownership:	Chief Operating Officer

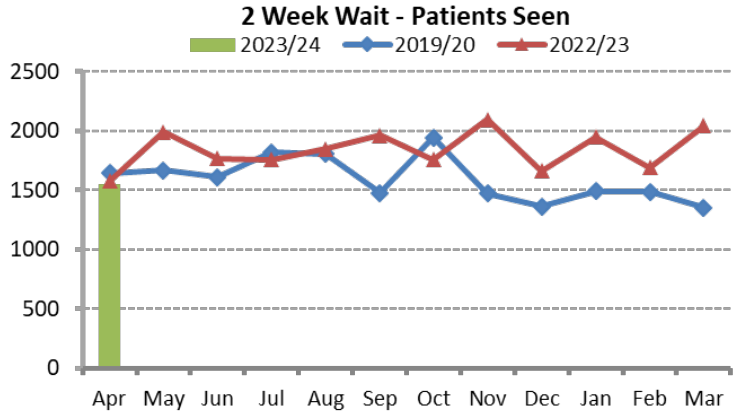


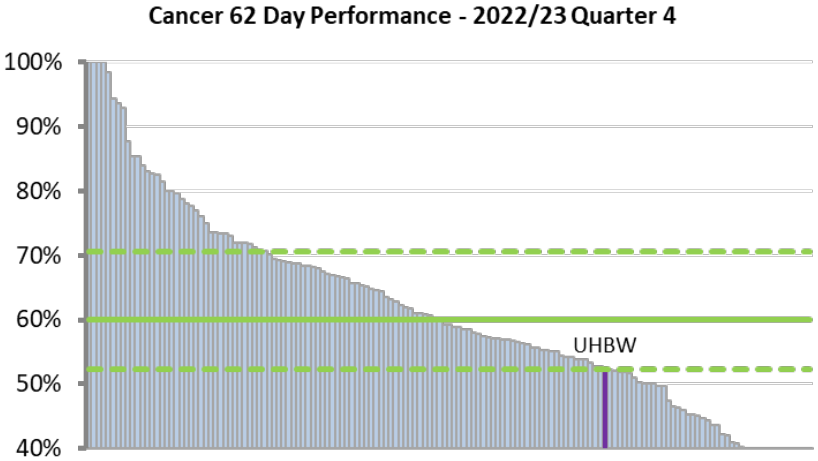
Cancer 62 Day - Apr-23

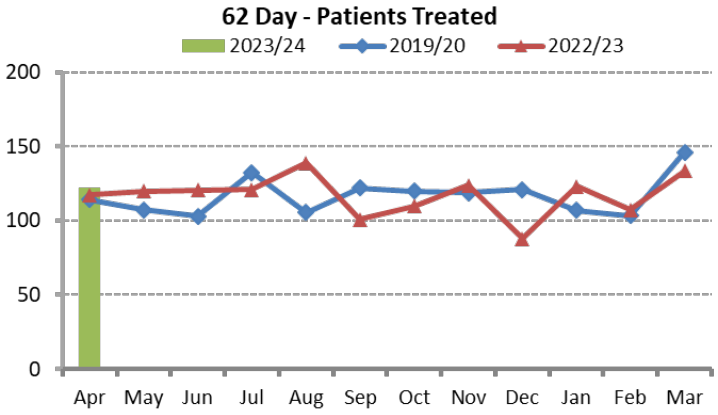
	Within Target	Total Pathways	Performance
Breast	2.0	3.5	57.1%
Childrens	1.0	1.0	100.0%
Haematological	8.0	10.0	80.0%
Head and Neck	8.0	12.0	66.7%
Lower Gastrointestinal	0.5	6.0	8.3%
Lung	8.0	18.0	44.4%
Other	1.0	1.0	100.0%
Sarcoma	2.0	2.0	100.0%
Skin	51.0	60.0	85.0%
Upper Gastrointestinal	2.0	5.5	36.4%
Urological	0.0	3.5	0.0%
Grand Total	**83.5**	**122.5**	**68.2%**

Cancer – Additional Information









Cancer – 28 Day Faster Diagnosis

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

April 2023

P *Partially Achieved*

Standards:	The standard measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. The standard is reported separately for GP referred and screening referred patients. This time should not exceed 28 days for a minimum of 75% patients. The 2023/24 planning submission shows UHBW returning to 75% by March 2024. The target for April is 50.0%.
Performance:	In April the Trust delivered 59.5% against the GP referred standard and 77.5% against the screening standard and 60.0% against the combined standard (screening and GP performance combined).
Actions:	The GP referred standard was below the compliance threshold in April (59.5%)but the screening standard complied (77.5%). The overall standard was 60.0%. The standard was adversely affected by the industrial action and bank holidays (6 consecutive days of these in the month) which reduced the volume of pathways ending in a timely way and thus reduced the percentage performance. The GP standard is largely being affected by the same issues as the two week wait first appointment standard with patients not being seen quickly enough at the start of the pathway in high volume specialities (particularly skin and colorectal) due to industrial action, capacity problems with endoscopy, and the ongoing late impact of the Covid pandemic. The Trust expects to recover the standard by the end of 23/24 financial year in line with the milestones required by NHS England. Actions to improve the position include ensuring prompt first appointments in high volume specialities and reducing waiting times for key diagnostic tests such as hysteroscopy, CT scan, ultrasound and endoscopy.
Ownership:	Chief Operating Officer

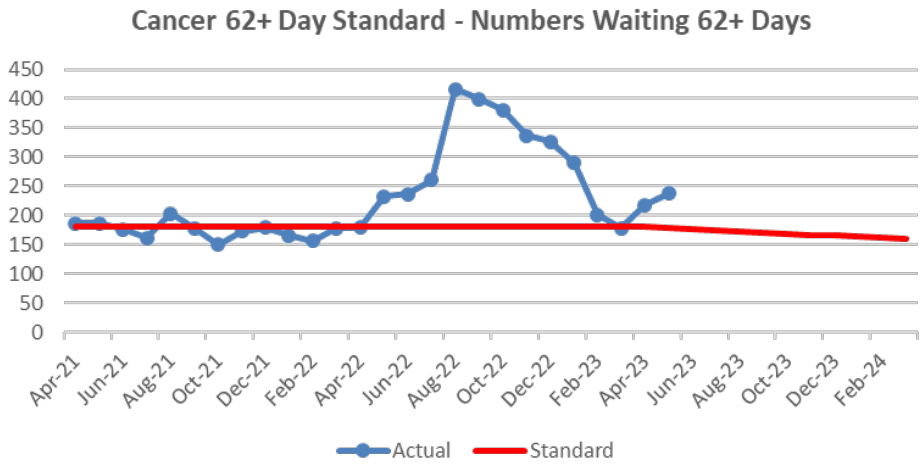
Month	Measure	Number Within 28 Days	Total Patients	Percentage Compliance
Jan-23	GP Referred	830	1,569	52.9%
	Screening	27	41	65.9%
	Combined	**857**	**1,610**	**53.2%**
Feb-23	GP Referred	860	1,502	57.3%
	Screening	73	94	77.7%
	Combined	**933**	**1,596**	**58.5%**
Mar-23	GP Referred	1,166	1,789	65.2%
	Screening	56	79	70.9%
	Combined	**1,222**	**1,868**	**65.4%**
Apr-23	GP Referred	822	1,381	59.5%
	Screening	31	40	77.5%
	Combined	**853**	**1,421**	**60.0%**

Cancer – Patients Waiting 62+ Days

University Hospitals Bristol and Weston NHS Foundation Trust

Snapshot taken: 4th June 2023

Standards:	This is one of the metrics being used by NHS England (NHSE) to monitor recovery from the impact of the Covid epidemic peak and is currently the principal standard of interest to NHSE. The Trust needs to reduce the number of patients waiting >62 days to <160 by the end of the 23/24 financial year. Note that the 62 day constitutional standard is based on patients who start treatment. This additional measure reviews the patients waiting on a 62 day pathway prior to treatment or confirmation of cancer diagnosis.
Performance:	As at 4th June the Trust had 238 patients waiting >62 days on a GP suspected cancer pathway, against a trajectory of <176.
Actions:	The Trust achieved the target for the end of 2022/23 in March although is currently off-track for 23/24 due to the impact of industrial action. The earliest the Trust is likely to return to trajectory is the end of July, however this is dependent on the timing and duration of any future industrial action.
Ownership:	Chief Operating Officer



Diagnostic Waits

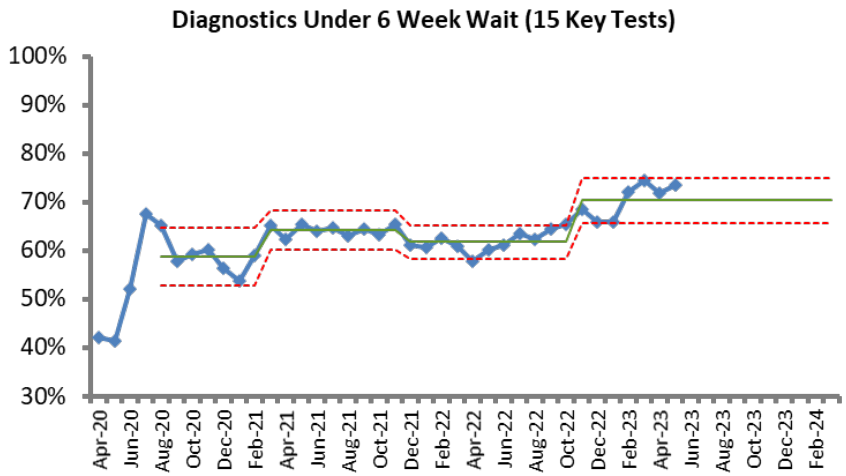
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

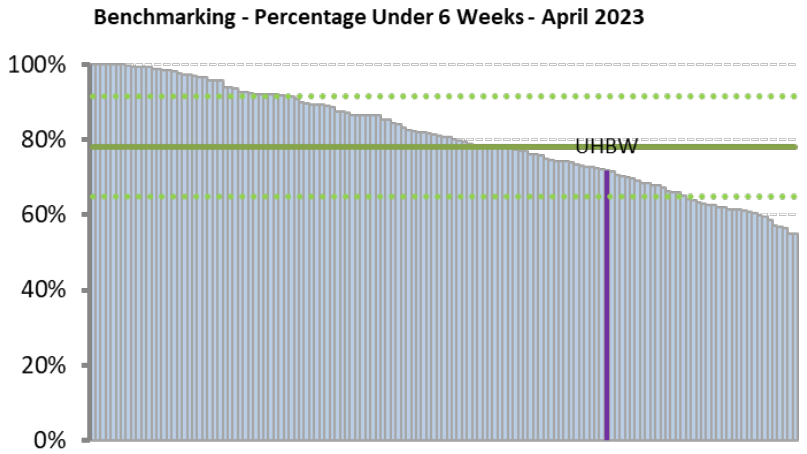
May 2023

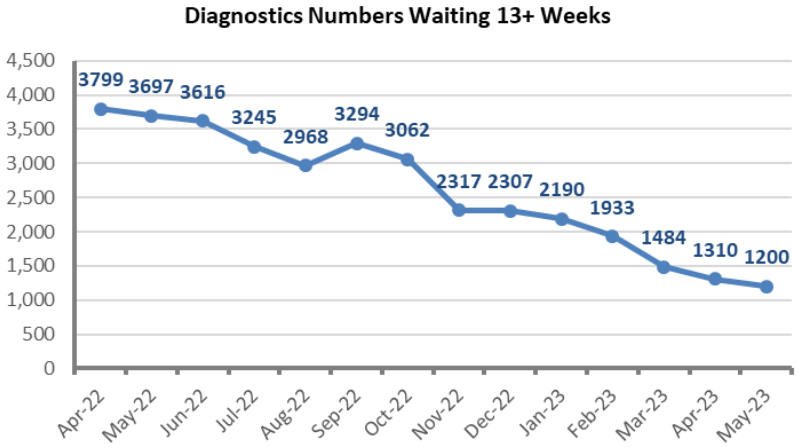
P *Partially Achieved*

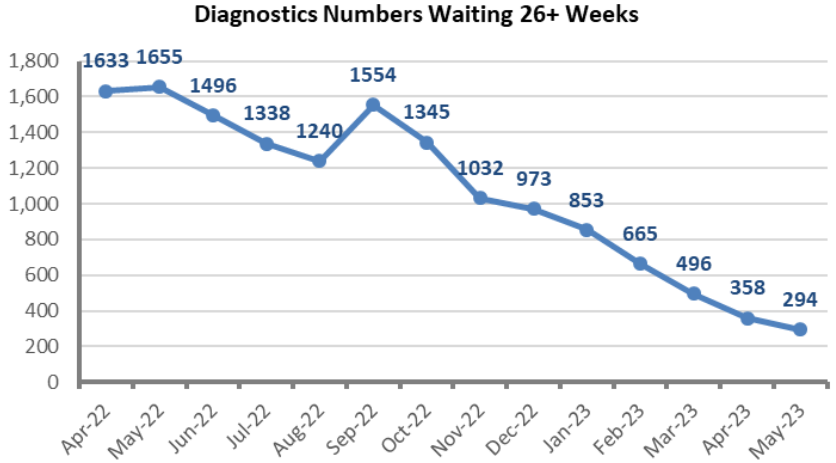
Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end. The UHBW operating plan submission sets an improvement trajectory of 83.3% by end of March 2024. There is a requirement to clear the 26+ week backlog by October 2023 and the 13+ week backlog by March 2024.
Performance:	At the end of May 2023: • 73.5% of patients were waiting under 6 weeks, against a recovery trajectory of 73.4% • there were a total of 294 patients waiting 26+ weeks which is 1.9% of the waiting list, against a recovery trajectory of 357. • there were a total of 1,200 patients waiting 13+ weeks which is 7.8% of the waiting list, against a recovery trajectory of 1,327.
Actions:	• Diagnostic performance improved to 73.5% in May 2023, from 71.8% in April 2023. Eight of the DM01 modalities improved in May, including CT, MRI, Colonoscopy, Flexi Sigmoidoscopy and Gastroscopy. • The Trust achieved the operating plan target to reduce long waiters to less than 500 over 26 weeks by March 2023. Long waiters have continued to reduce further in May for the 8th consecutive month, with 294 patients currently waiting over 26 weeks. 1,206 patients were waiting more than 13 weeks at the end of May 2023, which also reduced from 1,300 the previous month. • Modality level trajectories and plans for 23/24 are currently being agreed across the Trust. • Previous administrative challenges in MRI and non-obstetric ultrasound are improving and targeted work is ongoing to bolster resilience and ensure that improvement is sustained. Improvement in both modalities is expected to be seen throughout the year. • Dexa performance is starting to see improvement following workforce and capacity challenges in both sub-modalities. Recovery actions are in place and improvement is expected by September 2023. • Long waiters in Endoscopy (adults) continue to reduce for the seventh consecutive month and 6 week wait performance improved again in May 2023. Endoscopy performance remains a challenge, but the recovery actions are yielding the anticipated results. • Key risks to diagnostic performance and improvement are industrial action and complex patients needing general anaesthetic or theatre slots where capacity is more limited and prioritised for the most clinically urgent patients. • Endoscopy, CT and non-obstetric ultrasound plans are reliant on transfers and outsourcing to the independent sector. Whilst these plans are working well and have been in place for some time, there is a risk that UHBW are currently reliant on this additional capacity.
Ownership:	Chief Operating Officer

Diagnostic Waits









Diagnostic Waits

End of May 2023

Modality	Total On List	6+ Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	559	34	6%	7	1%	1	0%
Colonoscopy	505	260	51%	156	31%	84	17%
Computed Tomography (CT)	2,839	430	15%	44	2%	1	0%
DEXA Scan	892	443	50%	132	15%	4	0%
Echocardiography	1,613	296	18%	30	2%	0	0%
Flexi Sigmoidoscopy	155	86	55%	46	30%	11	7%
Gastroscopy	571	302	53%	209	37%	74	13%
Magnetic Resonance Imaging (MRI)	3,111	425	14%	175	6%	102	3%
Neurophysiology	217	2	1%	0	0%	0	0%
Non-obstetric Ultrasound	4,740	1,736	37%	381	8%	2	0%
Sleep Studies	143	58	41%	20	14%	15	10%
Other	0	0		0		0	
UHBW TOTAL	**15,345**	**4,072**	**26.5%**	**1,200**	**7.8%**	**294**	**1.9%**

Outpatient Measures

University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

P *Partially Achieved*

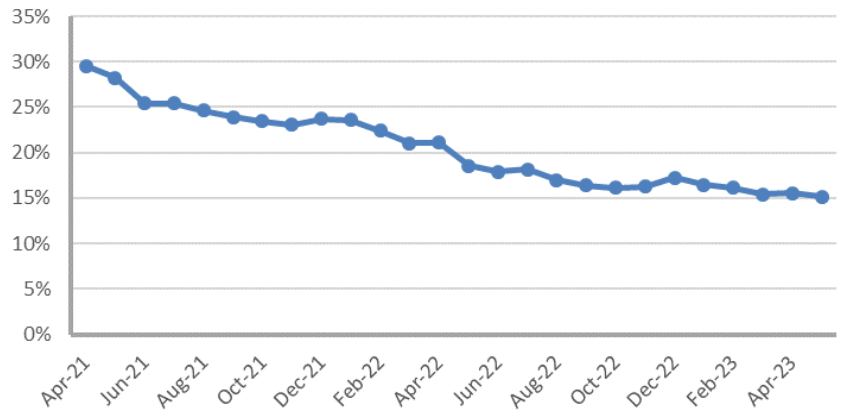
Standards:	• Proportion of outpatient consultations that are non face-to-face (including ones that are delivered by video, as opposed to telephone). The target is to have at least 25% delivered as non face-to-face. • Advice and Guidance (A&G) is a service within the electronic Referral Service (eRS) which allows a clinician to seek advice from another, providing digital communication between two clinicians: the "requesting" clinician and the provider of a service, the "responding" clinician. The aim is for a minimum of 16 advice and guidance requests to be delivered per 100 outpatient new attendances (i.e. 16%) • Patient Initiated Follow-Up (PIFU) is one possible outcome following an outpatient attendance. This gives patients and their carers the flexibility to arrange their follow-up appointments as and when they need them rather than the service booking a follow-up. The target is to have 5% of all outpatient attendances moved or discharged to a PIFU pathway.
Performance:	In May: • 15.2% of outpatient attendances were delivered non face-to-face. Of these, 8.3% were delivered as a video consultation. • There were 1,490 Advice & Guidance responses sent out, which was 6.4% of all new outpatient attendances. • From Quarter 3 2022/23, a second PIFU pathway for Long Term Conditions was established. When this is combined with the above "Discharged to PIFU" volume the Trust achieved a PIFU rate of 6.0% of outpatient attendances. Update: • For Advice & Guidance, the Integrated Care System combine A&G data with Referral Assessment Service (RAS) data to assess performance against the 16 % A&G standard. This is in-line with national guidance. With RAS data included the UHBW performance was 13% for 2023/24 and 14% for April 2023.
Actions:	• Informatics and eRS colleagues in the Trust are working on integrating the separate A&G data sets mentioned in the section above. This will allow in-depth analysis and reporting of these metrics in a way that is consistent with nationally reported data. For now, UHBW have Trust level estimates of the effect of combining these data sets, which are referred to below. • Advice and Guidance request activity is sustained at average levels during May. Divisions have made a significant reduction in longest waiting requests, although further improvement is required. There are a number of resourcing challenges faced across the Trust impacting on delivery. The system's Healthier Together programme has identified Respiratory as a priority speciality for A&G service development. • PIFU activity now includes Long Term Condition pathways. The Trust has sustained delivery of the 5% national target and achieved 6.0% for May 2023. This places the UHBW in the top 25% of trusts nationally for PIFU activity. The reduction in May's PIFU activity rate is the result of changes in trust total attendances and a focus on the delivery of new patient activity. • Non face-to-face activity levels are reflective of divisions increasing face to face activity to tackle backlogs. Non-Face to face video activity continues to be sustained at previous levels and during the industrial action period the Trust had seen increases in activity.
Ownership:	Chief Operating Officer

Outpatient Measures

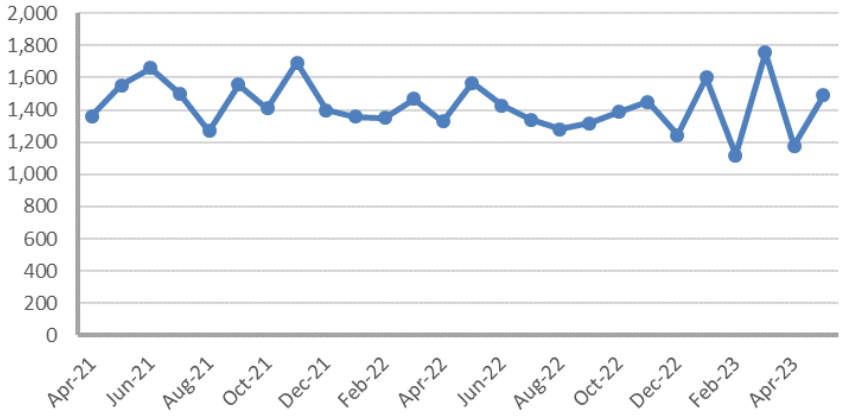
University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

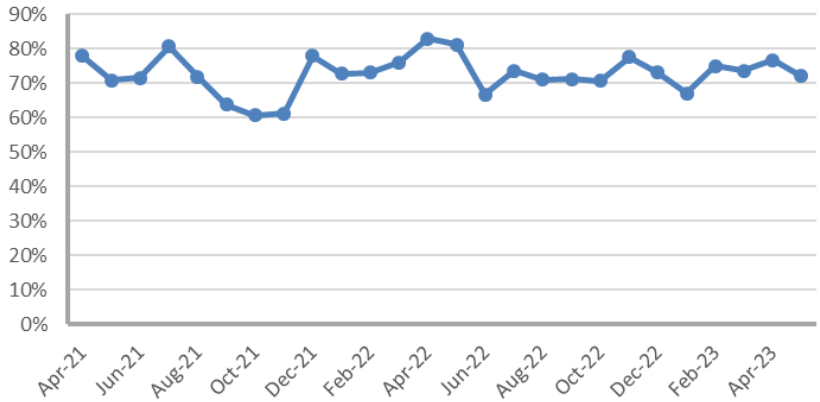
Outpatient Attendances - % Non Face To Face



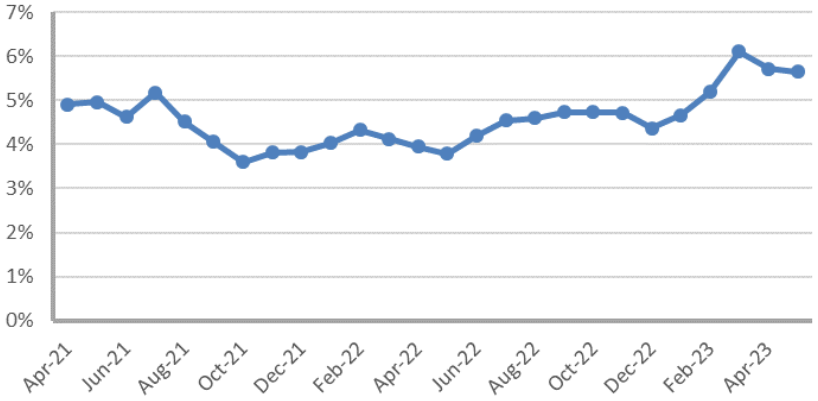
Number of Advice and Guidance Responses



Percentage of A&G Responses in 7 Days



Percentage of Attendances with PIFU Outcome



Outpatient Measures

University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

May-23

	Non Face To Face		Non Face To Face (Video)		Advice & Guidance		Advice & Guidance Responses		Patient Initiated Follow-Up	
	Total	% of All Attendances	Total	% of All Non Face To Face	Total Responses	% of New Attendances	Responses Within 7 Days	% Responses Within 7 Days	Total PIFU'ed Outcomes	% of All Attendances
Diagnostic & Therapy	946	9.6%	86	9.1%	41	0.9%	40	97.6%	1,067	12.3%
Medicine	2,227	26.9%	226	10.1%	293	10.0%	153	52.2%	222	3.1%
Specialised Services	4,384	31.7%	224	5.1%	369	15.1%	360	97.6%	374	3.1%
Surgery	1,694	6.8%	56	3.3%	165	3.0%	94	57.0%	476	2.1%
Weston	0		0		203	7.2%	154	75.9%	893	10.2%
Women's & Children's	1,815	11.4%	330	18.2%	419	8.7%	273	65.2%	1,146	7.7%
TOTAL	**11,066**	**15.2%**	**922**	**8.3%**	**1,490**	**6.4%**	**1,074**	**72.1%**	**4,178**	**5.7%**

Note:

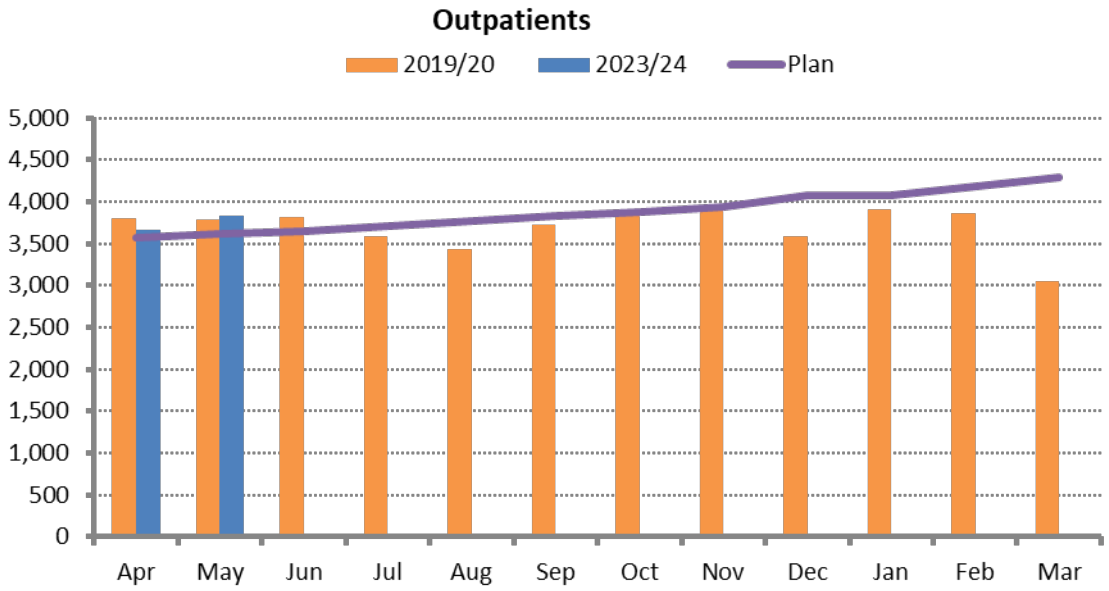
- Advice & Guidance does not include Referral Assessment Service (RAS) data
- PIFU data is only reporting patients who are discharged to PIFU, not the additional Long Term Conditions pathway.

Outpatient Activity – Restoration

University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

Activity Per Day, By Month and Year – Outpatient Attendances



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	3,797	3,784	3,821	3,590	3,439	3,721	3,886	3,945	3,586	3,901	3,861	3,056
2021/22	Actual Activity Per Day	3,432	3,630	3,454	3,211	3,079	3,349	3,387	3,606	3,146	3,537	3,391	3,422
2022/23	Actual Activity Per Day	3,470	3,711	3,611	3,342	3,296	3,562	3,547	3,772	3,159	3,656	3,545	3,417
2023/24	Actual Activity Per Day	3,665	3,835										
	Planned Activity Per Day	3,575	3,611	3,644	3,710	3,763	3,835	3,882	3,942	4,068	4,076	4,182	4,296

2022/23 Activity: % of Plan	103%	106%										
2022/23 Activity: % of 2019/20	97%	101%										

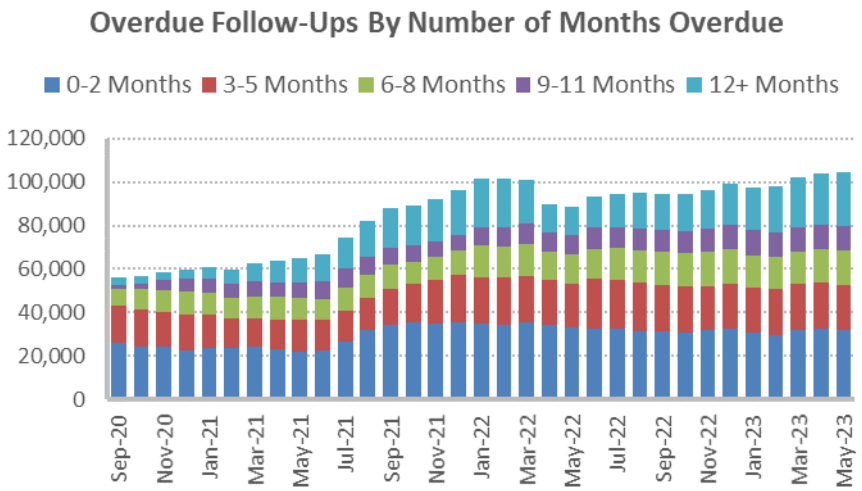
Outpatient Overdue Follow-Ups

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

N *Not Achieved*

Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. Datix 2244 Risk that long waits for Outpatient follow-up appointments results in harm to patients.
Performance:	Total overdue at end of April was 104.494 of which 51,736 (50%) were overdue by 6+ months and 24,954 (24%) were overdue by 12+ months.
Actions:	Validation has continued in May in response to the NHS England "Action on Outpatients Programme" with an ambition to develop a data set that better reflects outpatient demand, reducing the data quality issues associated with referrals that have not been discharged. Divisions continue to prioritise outpatient work in June to help support +65 Referral To Treatment (RTT) recovery. The Outpatient Validation Team has been appointed, to improve data quality in our outpatient and non-RTT waiting lists and has started work validating circa 16,000 referrals. It is anticipated that a proportion of these referrals will be able to be removed due to data quality issues. Pilots of DrDoctor Quick Question have demonstrated the applications ability to support the Trust's partial booking process, offer patients alternative providers for mutual aid and validate outpatient waiting lists. This will support the reduction of the waiting list size. The Trust is investigating the use of Earliest Clinically Appropriate Date (ECAD) and Latest Clinically Appropriate date (LCAD) to improve the identification and management of risks in patient waiting lists.
Ownership:	Chief Operating Officer



May-23	6+ Months		12+ Months		Total
	Number	Percentage	Number	Percentage	Overdue
Diagnostics & Therapies	8,149	48%	4,665	28%	16,846
Medicine	15,419	59%	8,451	32%	26,248
Specialised Services	6,615	48%	2,689	20%	13,659
Surgery	16,435	50%	6,939	21%	33,003
Weston	3,400	49%	1,766	25%	6,933
Women's and Children's	1,712	22%	439	6%	7,798
Other	6		5		7
UHBW TOTAL	**51,736**	**50%**	**24,954**	**24%**	**104,494**

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

January 2023

Y *Achieved*

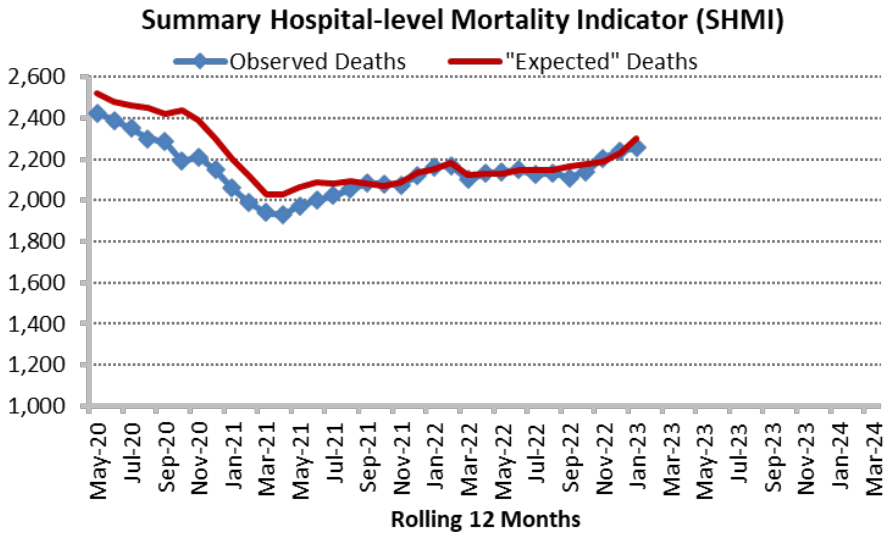
Standards:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months February 2022 to January 2023 was 98.0 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100.
Action/Plan:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
Ownership:	Medical Director

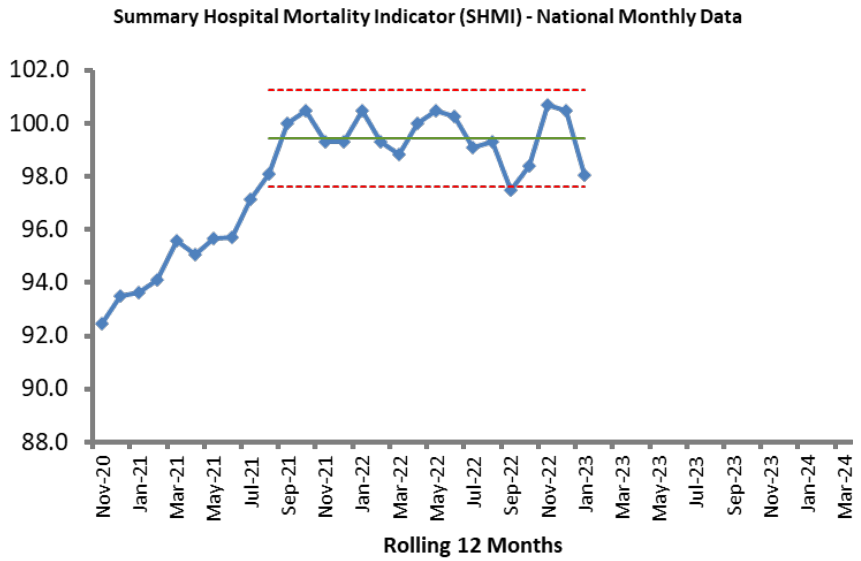
Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Feb-22	2,170	2,185	99.3
Mar-22	2,100	2,125	98.8
Apr-22	2,130	2,130	100.0
May-22	2,140	2,130	100.5
Jun-22	2,150	2,145	100.2
Jul-22	2,125	2,145	99.1
Aug-22	2,135	2,150	99.3
Sep-22	2,110	2,165	97.5
Oct-22	2,140	2,175	98.4
Nov-22	2,205	2,190	100.7
Dec-22	2,240	2,230	100.4
Jan-23	2,255	2,300	98.0

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

University Hospitals Bristol and Weston NHS Foundation Trust

January 2023





Mortality – HSMR (Hospital Standardised Mortality Ratio)

University Hospitals Bristol and Weston NHS Foundation Trust

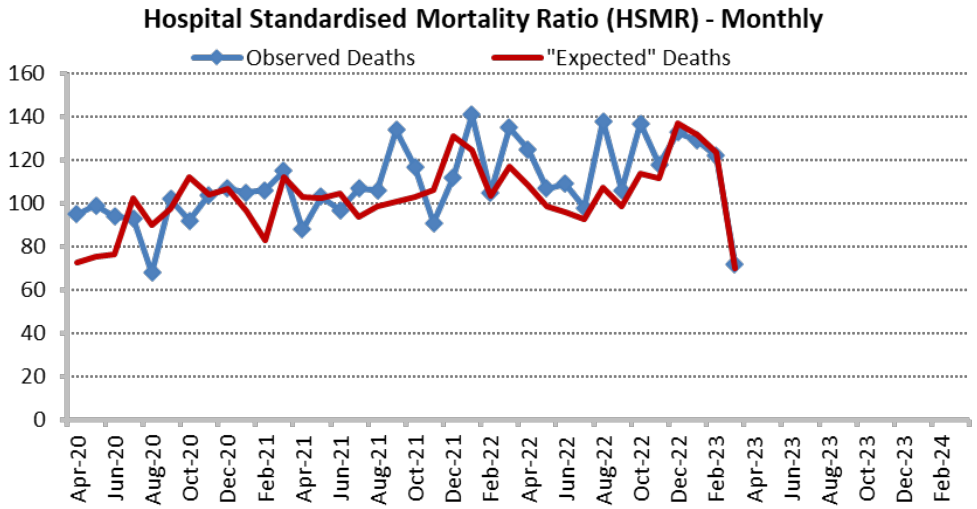
March 2023

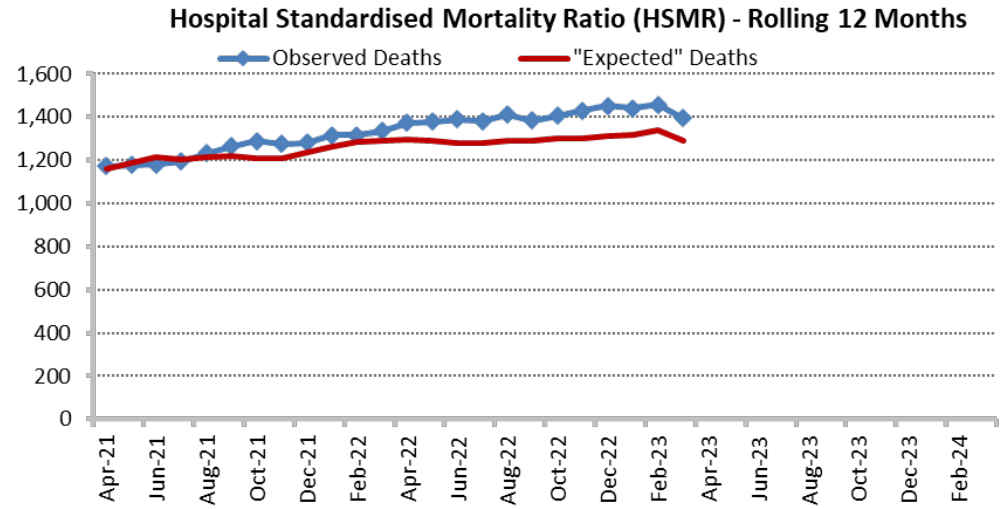
Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	HSMR within CHKS for UHBW solely for the month of March 2023 was 103.0, meaning there were more observed deaths (72) than the statistically calculated expected number of deaths (69.9). The HSMR for the 12 months to March 2023 for UHBW was 108.1, above the National Peer of 102.2. Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. Note that figures for the most recent month are likely to change when updated with revised and complete data (February now updated from 101.4 to 98.7).
Action/Plan:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.
Ownership:	Medical Director

Month	Observed Deaths	"Expected" Deaths	HSMR
Apr-22	125	108.6	115.1
May-22	107	98.7	108.4
Jun-22	109	95.8	113.8
Jul-22	98	92.9	105.5
Aug-22	138	107.5	128.4
Sep-22	106	98.5	107.6
Oct-22	137	113.9	120.3
Nov-22	118	111.5	105.8
Dec-22	133	137.0	97.1
Jan-23	129	131.7	97.9
Feb-23	122	123.6	98.7
Mar-23	72	69.9	103.0

Mortality – HSMR (Hospital Standardised Mortality Ratio)

March 2023





Fractured Neck of Femur (#NOF)

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

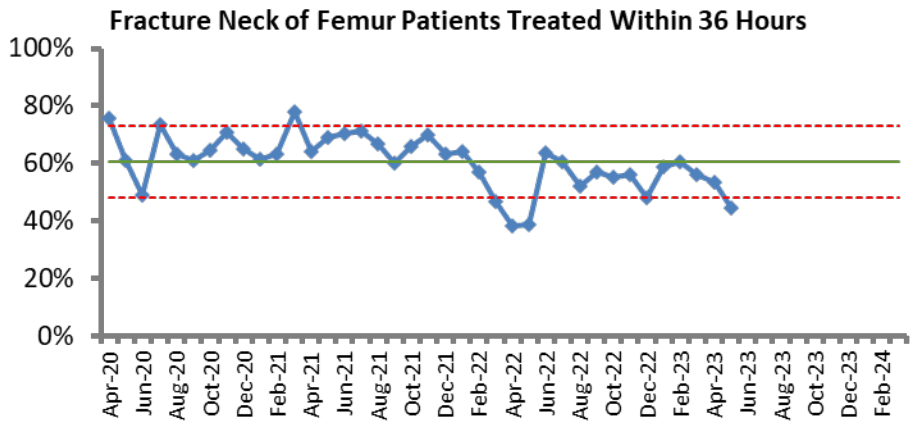
N *Not Achieved*

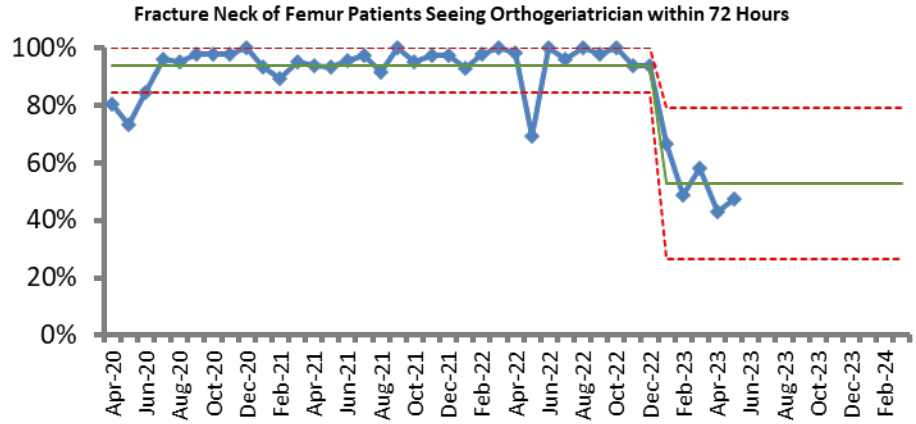
Standards:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	In May, there were 63 patients eligible for Best Practice Tariff (BPT) across UHBW (31 in Bristol and 32 in Weston). • For the 36-hour standard, 44.4% achieved the standard (28 out of 63 patients). • For the 72-hour standard, 47.6% achieved the standard (30 out of 63 patients).
Action/Plan:	Underlying Issues: • Difficulty accessing Bristol theatres to ensure consistent #NOF theatre, also challenges with theatre and anaesthetic staffing which is impacting on overall theatre capacity. This predominantly effects the ability to utilise extra theatres for trauma in the event of cancellations. • Difficulty starting on time in theatre and also some anecdotal reports that theatre efficiency is being lost at the end of the day due to staffing pressures and a reticence to start cases in case they overrun. • Lack of beds in the right area on the Bristol site to have patients seen quickly. This is exacerbated by outliers in the Trauma & Orthopaedic (T&O) wards which cause the service's own T&O patients to outlie into other surgical beds. • In Weston, surgery was delayed due to multiple patients needing medical optimisation, further diagnostic orthopaedic imaging or lack of theatre space/needing specific surgeon. Actions (Bristol): • Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties. • Any last-minute cancellation from another specialty is usually then backfilled by trauma surgeons. • Poor results discussed in T&O Governance & Silver trauma steering group meeting so ideas for improvement could be discussed. • Restart of "Automatic Send" so each theatre should be sending for their first patient without any delay. • Trauma Standard Operating Procedure (SOP) signed off to allow the allocation of a "Golden Patient", enabling a prompt start. Actions (Weston): • Extra theatre space is sometimes available via the shared Emergency (CEPOD) lists or cancelling elective orthopaedic surgery • The Ortho-geriatrician post remains vacant and unchanged. Lack of an Ortho-geriatrician and limited access to medical team support will cause surgical delays for patients who need medical optimisation. This post has been out to advert and closed with no shortlistable candidates.
Ownership:	Medical Director

Fractured Neck of Femur (#NOF)

May 2023

May-23		36 Hours		72 Hours	
	Total Patients	Seen In Target	Percentage	Seen In Target	Percentage
Bristol	31	8	26%	30	97%
Weston	32	20	63%	0	0%
TOTAL	**63**	**28**	**44.4%**	**30**	**47.6%**





Mixed Sex Accommodation Breaches

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

N *Not Achieved*

Standards:	There should be no clinically unjustified Mixed Sex Accommodation (MSA) breaches. There are some clinical circumstances where mixed sex accommodation can be justified. These are mainly confined to patients who need highly specialised care. Therefore, the description of an MSA breach refers to all patients in sleeping accommodation who have been admitted to hospital: A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
Performance:	There were five reported Mixed Sex Accommodation breaches in theatre recovery (Bristol Royal Infirmary) in May 2023. All five breaches have been reported as unjustified in the national return.
Action/Plan:	The breaches involved five patients who, following surgery, had experienced a delay in transfer to the planned specialist bed due to overall pressure on bed capacity. All five breaches have been reported as unjustified in the national return. Actions taken: • Follow-up meeting with Operations lead and Theatres Matron to review processes to improve bed allocation and communication with teams. • Briefing for Directors of Nursing to cascade for increased awareness of principles of Mixed Sex Accommodation compliance and approval processes. • Updating the Single Sex Accommodation policy.
Ownership:	Chief Nurse

Maternity Services

May 2023

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

Standards:	The Perinatal Quality Surveillance Matrix (PQSM) provides additional quality surveillance of the maternity services at UHBW and has been developed following the recommendations made by the Ockenden report (2020) into maternity care at Shrewsbury and Telford Hospital Trust.
Performance:	• The Trust has had verification that it has achieved compliance with all Clinical Negligence Scheme for Trusts (CNST) standards. • New Saving Babies Lives Care Bundle has implications for capacity and resource and non-compliance with the standards will affect CNST for next year. • There was one Healthcare Safety Investigation Branch (HSIB) referral of a patient who had an intra partum still birth. • Training compliance of Neonatal and Obstetric medical staff is currently not meeting the required 90% target for the maternity incentive scheme (CNST). • Good progress is being achieved with Ockenden Immediate and Essential actions to improve care (IEA's). Caesarean section rate around 40%.
Action/Plan:	Training Compliance is being addressed with the Clinical Director writing to all non-compliant staff . This is monitored through Care Quality Commission (CQC) fortnightly meetings. Implementation of Badger Net (Maternity system) will help with some of the outstanding Immediate and Essential Actions (IEAs) and IEAs are monitored at the perinatal transformation meeting.
Ownership:	Chief Nurse

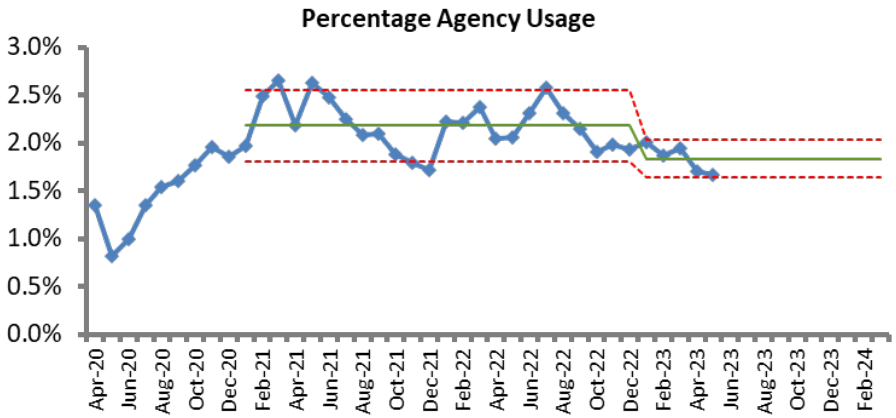
Workforce –Agency Usage

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

N *Not Achieved*

Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets (including Weston) for 2020/21. The maximum agency usage rate has been set at 1.8%.
Performance:	Agency usage reduced by 2.8 Full Time Equivalents (FTEs)to 1.7%. There were increases within two divisions. The largest divisional increase was seen in Women's and Children's, where usage increased to 49.9 FTE from 42.2 FTE in the previous month. There were reductions within four divisions. The largest divisional reduction was seen within Weston General Hospital, where usage reduced to 25.2 FTE from 32.1 FTE in the previous month.
Action/Plan:	• There were 96 new starters across the Bank in May. • A task and finish group has been set up to support the implementation of the new Band 5 clinical bank rate which goes live on 5th June. This workstream has a significant communication angle to not only showcase the increased bank rate but also the improved offering and experience for bank workers. The impact of these changes will be carefully monitored to show the impact on agency spend. • Work continues around the promotion of the refreshed Trust bank with an internal and external marketing campaign go live to promote this in Q1 and Q2. • The Trust continues to encourage 'block bookings' to reduce the use of last minute, non-framework reliance. • Active recruitment continues to substantive medical roles in the Weston Division to drive down the demand for high-cost agency usage. • The Trust continues to offer paid travel time for clinical staff as an incentive to encourage staff to pick up bank shifts at Weston to reduce agency reliance.
Ownership:	Director of People



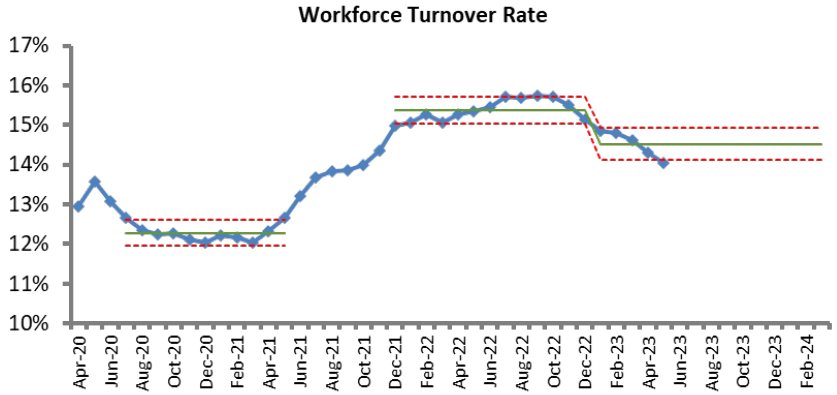
Workforce – Turnover

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

Y *Achieved*

Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The target is to have less than 15% turnover.
Performance:	Turnover for the 12-month period reduced to 14.0% compared to 14.3% (updated figures) for the previous month. • Six divisions saw a reduction whilst two divisions saw increases in turnover in comparison to the previous month. • The largest divisional reduction was seen within Women's and Children's, where turnover reduced by 0.6 percentage points to 13.5%. • One staff group saw an increase, whilst seven staff groups saw a reduction and one remained unchanged in comparison to the previous month. • The only staff group increase was seen within Additional Professional, Scientific and Technical, where turnover increased by 0.8 percentage points to 14.1% compared with 13.3% the previous month.
Action/Plan:	• Ongoing promotion of updated flexible working policy and agile/home working guidance. • Dedicated 'Flexible Working' page on Connect. • Plan to undertake drop-in sessions in each division to support and encourage discussions. • Listening/Stay events have taken place: 3 on BRI site 1 on Weston site (28/6 re-arranged from today due to IA) - themes include lack of flexible working, however due to low attendance consideration of alternative methods of engagement to take place. • Review of retire and return process and updating of flexible retirement policy in light of pension changes. • Task and Finish group set up to propose some guidance around cross site working - in excess expenses (by identifying a base) and payment of time are likely to be the recommendations. • Corporate induction refreshed to include expanded overview of the Trust wellbeing offer to ensure colleagues feel supported and valued from the start of their employee journey.
Ownership:	Director of People



Workforce – Vacancies

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

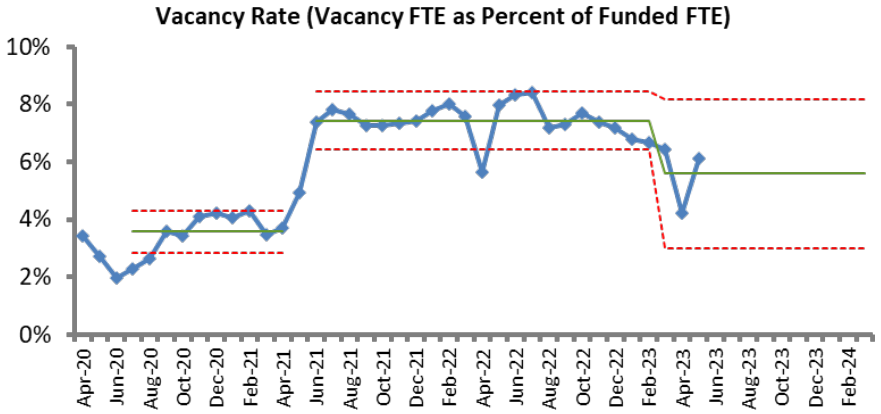
P *Partially Achieved*

Standards:	Vacancy levels are measured as the difference between the budgeted Full Time Equivalent (FTE) establishment and the actual Full Time Equivalent substantively employed figures, represented as a percentage, The Trust target is to have less than 7.0% vacancy.
Performance:	Overall vacancies increased to 6.1% (728.0 FTE) compared to 4.2% (485.1 FTE) in the previous month. • The largest divisional increase was seen in Surgery where vacancies increased to 216.0 FTE from 82.5 FTE in the previous month. • The largest divisional reduction was seen in Facilities and Estates, where vacancies reduced to 64.5 FTE from 81.4 FTE the previous month. • The largest staff group reduction was seen in Ancillary, where vacancies reduced to 109.5 FTE from 114.9 FTE the previous month. • The largest staff group increase was seen in Nursing, where vacancies increased to 369.7 FTE from 226.3 FTE the previous month. • Consultant vacancy has increased to 29.8 FTE (3.9%) from 17.0 FTE (2.3%) in the previous month. • Unregistered nursing vacancies can be broken down as follows: **Band** / **Vacancy** AfC Band 2 — 510.1 FTE AfC Band 3 — -339.7 FTE AfC Band 4 — -178.2 FTE The significant vacancy at band 2 and over-establishment at band 3 are due to the movement of healthcare support workers from band 2 to band 3. Staff have been moved but the funded establishment has not been transferred in the finance ledger yet. The work will be incorporated into budget setting for 2023/24 but has not yet been actioned. The combined (band 2 and 3) picture is unaffected. The band 4 over establishment is where there is a large number of newly qualified nursing staff awaiting their NMC PINs. Once these staff become fully qualified and have received their PIN, this should reduce the band 4 over establishment, reduce the registered nursing vacancy position, and increase the unregistered nursing vacancy position, which is a much more accurate reflection of the nursing vacancy position. This month is a transitional month with a significant amount of budget amendments for the new financial year, therefore producing swings in vacancy comparison figures to the previous month.
Action/Plan:	• 26 new internationally educated nurses joined the Trust in the month of May. • A second face to face recruitment trip to India took place in May and 75 offers were made to internationally educated nurses. • The total of internationally educated nurses that have joined the organisation since the programme began is now at 629, with a further 30 nurses planned to arrive in June. • 432 internationally educated nurses have now received their Nursing & Midwifery Council (NMC) PIN. *…continued over page*

Workforce – Vacancies

May 2023

Action/Plan (continued):	• 48 substantive Healthcare Support Workers (HCSW) started in the Trust during May and another 22 have been offered. • After receiving over 300 applications for the Registered Nurse Degree Apprenticeship (RNDA), the Trust shortlisted nearly 200 applicants to be interviewed in the month of June. • Following on from the 16 candidates that were shortlisted for the Trainee Nursing Associate (TNA) Programme, the Trust offered 11 Adult TNA's to start in October. The advert is now back out and shortlisted candidates will be interviewed in June. • The Trust welcomed one international Radiographer in May and have a further two candidates due to arrive at the end of June. • The interview assessment day for the system wide AHP recruitment event alongside NBT and Sirona took place on 11th May and was a huge success, with nine Occupational Therapist candidates and 46 Physiotherapist candidates attending in total. The Trust successfully recruited to the three Physiotherapy vacancies. Further planning is in progress across the three partner organisations following candidate and interviewee feedback so that any necessary improvements for future events can be made. • 12 substantive Allied Health Professionals and five substantive Healthcare Scientists joined the Diagnostics and Therapies division in the month of May. • The Talent team collaborated with the Integrated Discharge Unit in the organisation of the Home First Recruitment Days on June 10th and 17th. The day will welcome prospective candidates and showcase the opportunities available within our organisation. Results to follow. • Two clinical fellows started in Weston in the month of May. A further four non-consultant grade doctors and one consultant were cleared for start dates in June. • In the month of May, the Trust offered a further four Clinical Fellows and one consultant across the Weston site and ten non-consultant grade doctors are currently going through pre-employment checks for the Weston site to support Rota gaps. • A further mass recruitment event is being organised to take place in July to address administrative vacancies across the organisation.
Ownership:	Director of People



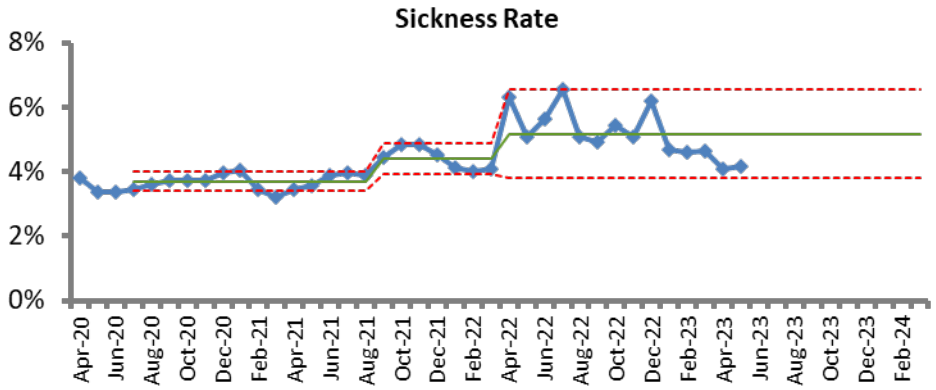
Workforce – Staff Sickness

University Hospitals Bristol and Weston NHS Foundation Trust

May 2023

Y *Achieved*

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2021/22, including Weston. The target is to have a maximum 6.1% sickness rate. The red threshold is 0.5 percentage points over this.
Performance:	Sickness absence remained static at 4.1% compared with the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence. • There were reductions within three divisions, the largest divisional reduction was seen within Diagnostics and Therapies, reducing by 0.2 percentage points to 2.6%, compared to 2.8& in the previous month. • There were increase within four divisions, the largest divisional increase was seen within Women's and Children's, increasing by 0.3 percentage points to 4.3%, compared to 4.0% in the previous month.
Action/Plan:	• Work on reasonable adjustments continues to be positively received in the organisation with many staff completing Workplace Adjustments Passports. Work to move towards a new approach of supporting attendance in the workplace including a full review of the management of sickness absence and underlying health conditions is underway. This work is drawing on best practice from other Trusts such as Mersey Care and is due to be launched in December 2023. • Workplace menopause mini conference delivered to 107 colleagues on 31 May (in person) with the event recording accessible to our 76% female workforce and managers Trust wide to provide proactive support and advice on staying well and managing symptoms in the workplace. • The Trust signed the national 'Menopause Pledge' to publicly demonstrate its commitment to the provision of comprehensive resources and interventions to support those experiencing menopause. • Nine workplace wellbeing bitesize eLearning programmes each containing a link to a new promotional poster encouraging the learner to access the full range of sessions that are designed to protect and promote high level wellbeing of staff and colleagues through compassionate peer support.
Ownership:	Director of People



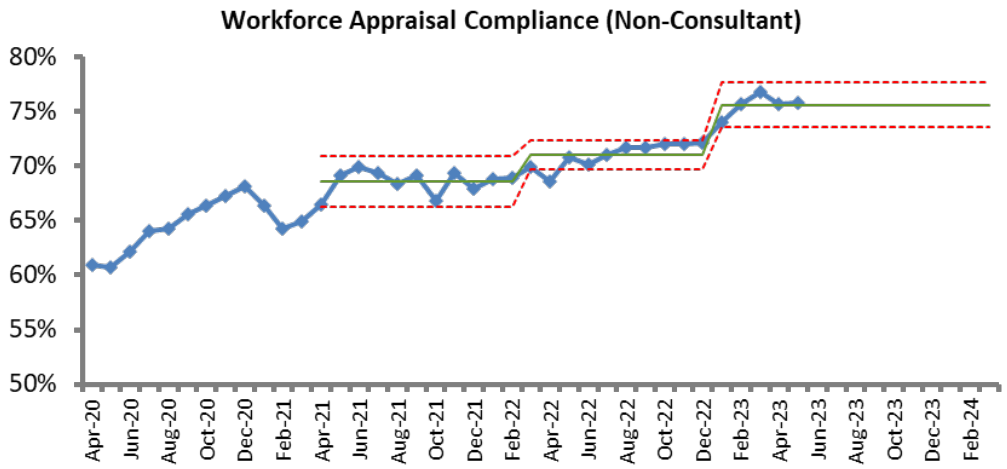
Workforce – Appraisal Compliance

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

N *Not Achieved*

Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 81%.
Performance:	Overall appraisal compliance increased to 75.8%, compared with 75.7% in the previous month. • There were increases within five divisions. The largest divisional increase was seen within Surgery, increasing to 67.5% from 65.7% in the previous month. • There were reductions within three divisions. The largest divisional reduction was seen within Facilities and Estates, reducing to 71.8% from 73.6% in the previous month. • Three divisions are above the new target (Medicine, Specialised Services and Weston General Hospital).
Action/Plan:	The programme of work to improve the quality of appraisal conversations focus has been on the following actions: • Development of a programme of work to audit review and update appraisal conversation resources to be completed by end of Quarter 1. • The Quarter 1 and 2 People Pulse in April and July 2023 will measure the impact of the new `check in form` trust wide and the feedback will be utilised to review and update the `check in` form in Quarter 3. • Development of bite size resources to improve the quality of appraisals delivered via Newsbeat and messages to managers launched mid-May. • Introduction and launch of new check in appraisal e-learning to provide access to interactive resources, launched end of May.
Ownership:	Director of People

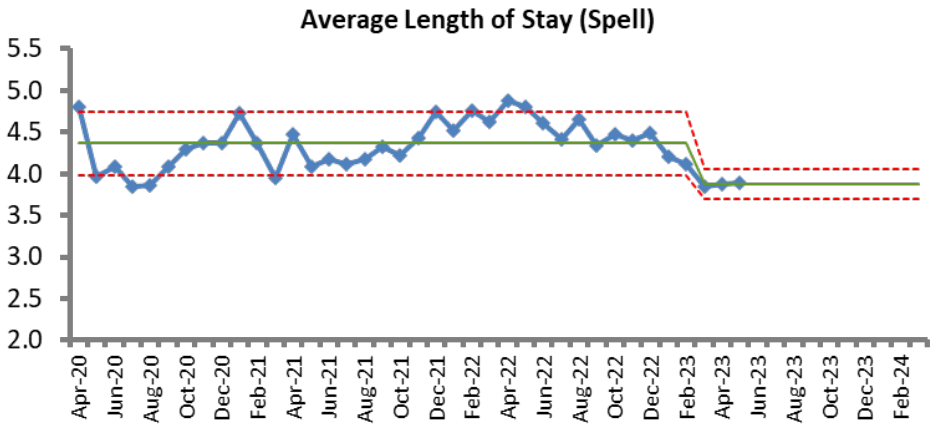


Average Length of Stay

May 2023

N/A *No Standard Defined*

Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In May there were 8,426 discharges at UHBW with an average length of stay of 3.9 days.
Action/Plan:	Current assumptions around length of stay are being reviewed as part of the 2023/24 operating plan submissions and demand & capacity reviews.
Ownership:	Chief Operating Officer



Finance – Executive Summary

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

N/A *No Standard Defined*

YTD Income & Expenditure Position	• Net I&E deficit of £5,334k against a deficit plan of £4,419k (excluding technical items). • Total operating income is £6,249k favourable to plan due to higher than planned income from activities of £7,438k and lower than planned other operating income of £1,189k. • Operating expenses are £8,217k adverse to plan due to higher pay and non-pay expenditure. Depreciation is broadly in line with plan. • Technical and financing items are £1,053k favourable to plan.
Key Financial Issues	• *Recurrent savings delivery below plan* – Trust-led CIP delivery is £2,088k or 70% of plan, of which recurrent savings are £433k, 14% of plan. Failure to achieve the annual target of £27m (including transformational savings) in full may result in the Trust failing to meet the financial plan. • *Delivery of elective activity recovery below plan* – elective activity must be delivered in line with plan. Failure to do so will result in a loss of income of up to c£30m which may result in the Trust not achieving its financial plan. • *Corporate mitigations not delivered in full* – non-recurrent mitigations of c£25m must be achieved to support delivery of the plan. • *Failure to deliver the financial plan* – failure to deliver the actions and therefore the financial plan will result in regulatory intervention and the risk of the Trust going into 'special measures'.
Strategic Risks	• Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the business case in December 2023; • Understanding the risks and mitigations associated with the capital regime; and how the CDEL limit and system prioritisation restricts future strategic capital investment – pending completion of the Trust's capital plan for 2023/24 and 2024/25. • Understanding the implications of the Trust's recurrent deficit of c£60m, the requirement to implement a 3 year Financial Recovery Plan to address the recurrent deficit and the impact this will have on future investment decisions and autonomy.

Finance – Financial Performance

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

May 2023

N/A *No Standard Defined*

Trust Year to Date Financial Position

	Month 2			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	81,542	88,675	7,133	160,966	168,404	7,438
Other Operating Income	9,273	9,130	(143)	18,546	17,357	(1,189)
Total Operating Income	**90,815**	**97,804**	**6,989**	**179,512**	**185,761**	**6,249**
Employee Expenses	(55,550)	(60,516)	(4,966)	(111,100)	(115,981)	(4,881)
Other Operating Expenses	(33,767)	(35,272)	(1,505)	(65,474)	(68,685)	(3,211)
Depreciation (owned & leased)	(2,909)	(3,029)	(120)	(5,817)	(5,942)	(125)
Total Operating Expenditure	**(92,226)**	**(98,818)**	**(6,592)**	**(182,391)**	**(190,608)**	**(8,217)**
PDC	(1,037)	(1,038)	(1)	(2,074)	(2,075)	(1)
Interest Payable	(221)	(230)	(9)	(442)	(448)	(6)
Interest Receivable	250	721	471	500	1,236	736
Other Gains/(Losses)	0	0	0	0	0	0
Net Surplus/(Deficit) inc technicals	**(2,419)**	**(1,560)**	**859**	**(4,895)**	**(6,134)**	**(1,239)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	261	175	(86)	476	800	324
Net Surplus/(Deficit) exc technicals	**(2,158)**	**(1,385)**	**773**	**(4,419)**	**(5,334)**	**(915)**

Key Facts:

- The position at the end of May is a net deficit of £5,334k against a deficit plan of £4,419k.
- During May, the Trust spent £1,135k on costs associated with internationally educated nurses.
- Pay expenditure in May is c£5,000k higher than plan. This is mainly driven by the Agenda for Change pay award and the additional costs of industrial action.
- Agency expenditure in month is £2,219k, compared with £2,415k in April. Overall, agency expenditure in month is 4% of total pay costs.
- Other operating expenditure is c£1,500k higher than plan in May. This is mainly due to higher than planned expenditure on clinical supplies, reflecting increases in activity levels ahead of plan during the month. The run rate is c£2,000k higher than last month as a result of higher spend on high-cost drugs.
- Operating income is ahead plan in May by c£7,000k, of which c£5,000k relates to income expected for the pay award. Other Operating Income remains marginally behind plan in May and YTD as a result of lower than planned income from other government bodies.
- Trust-led CIP achievement at the end of May is 70% of plan at £2,088k (excludes transformation savings).

Care Quality Commission Rating

University Hospitals Bristol and Weston NHS Foundation Trust

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

Rating for acute services/acute trust

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

Care Quality Commission Rating

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Rating for UHBW Bristol Main Site

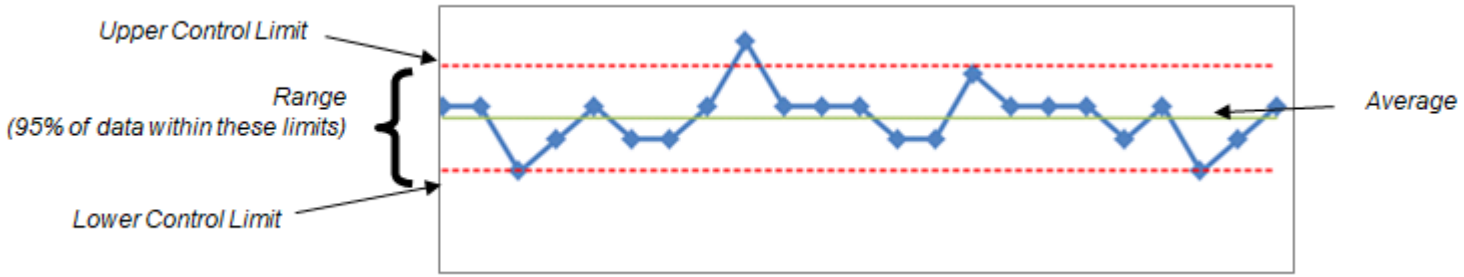
	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021
Services for children & young people	Good Aug 2019	Outstanding Aug 2019	Good Aug 2019	Good Aug 2019	Outstanding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

Rating for Weston General Hospital

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

Explanation of SPC Charts

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



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

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

Appendix – Trust Scorecards

NHS University Hospitals Bristol and Weston NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
SAFE DOMAIN

ID	Measure	22/23	23/24 YTD	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Infection Control																			
DA01	MRSA Hospital Onset Cases	7	1	0	0	0	1	0	1	1	2	1	1	1	0	1	2	4	1
DA02	MSSA Hospital Onset Cases	40	5	1	4	3	2	3	2	6	6	2	4	2	3	9	11	12	5
DA03	CDiff Hospital Onset Healthcare Associated Cases	78	13	10	12	6	7	4	12	5	3	6	3	7	6	25	21	12	13
DA03A	CDiff Healthcare Associated Cases	100	20	12	13	7	9	6	13	7	5	8	6	12	8	29	26	19	20
DA06	EColi Hospital Onset Cases	75	8	5	7	4	6	8	7	3	3	4	5	3	5	17	18	12	8
Patient Falls																			
AB01	Falls Per 1,000 Beddays	5.02	4.78	4.11	3.27	6.63	4.49	5.86	5.34	4.71	5.11	5.23	5.14	5.29	4.31	4.8	5.31	5.16	4.78
	Numerator (Falls)	*2006*	*316*	*132*	*110*	*224*	*147*	*204*	*178*	*160*	*179*	*157*	*175*	*166*	*150*	*481*	*542*	*511*	*316*
	Denominator (Beddays)	*399403*	*66176*	*32131*	*33622*	*33784*	*32774*	*34817*	*33329*	*34001*	*35010*	*30047*	*34035*	*31400*	*34776*	*100180*	*102147*	*99092*	*66176*
AB06A	Total Number of Patient Falls Resulting in Harm	32	4	4	3	4	2	0	3	2	4	3	3	4	0	9	5	10	4
Pressure Injuries																			
DE01	Pressure Injuries Per 1,000 Beddays	0.128	0.015	0.093	0.089	0.118	0.061	0.23	0.18	0.088	0.086	0.1	0.147	0.032	0	0.09	0.166	0.111	0.015
	Numerator (Pressure Injuries)	51	1	3	3	4	2	8	6	3	3	3	5	1	0	9	17	11	1
	Denominator (Beddays)	399403	66176	32131	33622	33784	32774	34817	33329	34001	35010	30047	34035	31400	34776	100180	102147	99092	66176
DE02	Pressure Injuries - Grade 2	35	0	2	3	1	1	6	4	2	0	2	3	0	0	5	12	5	0
DE03	Pressure Injuries - Grade 3	15	0	1	0	3	1	2	1	1	3	1	2	0	0	4	4	6	0
DE04	Pressure Injuries - Grade 4	1	1	0	0	0	0	0	1	0	0	0	0	1	0	0	1	0	1
Serious Incidents																			
S02	Number of Serious Incidents Reported	110	9	7	15	11	4	8	6	9	10	10	13	5	4	30	23	33	9
S01	Total Never Events	3	0	0	0	1	1	0	0	1	0	0	0	0	0	2	1	0	0
Medication Errors																			
WA01	Medication Incidents Resulting in Harm	0.34%	0%	0.36%	0%	0%	0.54%	0%	0%	0.29%	1.27%	0.71%	0.28%	0%	-	0.22%	0.09%	0.74%	0%
	Numerator (Incidents Resulting In Harm)	13	0	1	0	0	2	0	0	1	4	2	1	0	0	2	1	7	0
	Denominator (Total Incidents)	3868	306	281	233	327	369	352	402	345	315	280	357	306	0	929	1099	952	306
WA03	Non-Purposeful Omitted Doses of the Listed Critical Medicati	1.28%	0.59%	0.65%	0.92%	0.55%	1.11%	1.46%	1.63%	1.93%	1.44%	2.7%	0%	1.53%	0%	0.87%	1.65%	1.45%	0.59%
	Numerator (Number of Incidents)	32	2	2	2	1	2	4	3	4	4	4	0	2	0	5	11	8	2
	Denominator (Total Audited)	2496	339	310	217	181	180	275	184	207	278	148	126	131	208	578	666	552	339
	Omitted Doses is Bristol only																		

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
SAFE DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	22/23	23/24 YTD	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
VTE Risk Assessment																			
N01	**Adult Inpatients who Received a VTE Risk Assessment**	**83.3%**	**82.4%**	**82.4%**	**82.1%**	**83.7%**	**83.5%**	**84%**	**84.9%**	**81.3%**	**85.3%**	**84.5%**	**83.5%**	**82%**	**82.8%**	**83.1%**	**83.5%**	**84.4%**	**82.4%**
	Numerator (Number Risk Assessed)	90491	15261	6961	7185	7733	7515	7800	8313	7090	8275	7648	8263	7298	7963	22433	23203	24186	15261
	Denominator (Total Patients)	108671	18519	8443	8754	9238	8998	9287	9793	8721	9702	9050	9892	8899	9620	26990	27801	28644	18519
	VTE Data is Bristol only																		
Nurse Staffing Levels ("Fill Rate")																			
RP01	**Staffing Fill Rate - Combined**	**89.4%**	**95.5%**	**89.6%**	**88.9%**	**89.5%**	**89%**	**88.8%**	**90.6%**	**88.1%**	**91%**	**90.5%**	**89.9%**	**95.1%**	**95.8%**	**89.2%**	**89.1%**	**90.5%**	**95.5%**
	Numerator (Hours Worked)	3300874	594150	274066	278745	276739	264846	275080	267774	278778	291334	259089	285095	288928	305222	820330	821632	835517	594150
	Denominator (Hours Planned)	3690840	622248	305839	313556	309158	297416	309923	295639	316396	320196	286306	317181	303801	318447	920131	921958	923683	622248
RP02	**Staffing Fill Rate - RN Shifts**	**87.9%**	**94.3%**	**86.4%**	**86.6%**	**86.4%**	**86.3%**	**87%**	**89.7%**	**87%**	**90.2%**	**90.4%**	**91.3%**	**95.1%**	**93.6%**	**86.4%**	**87.9%**	**90.7%**	**94.3%**
	Numerator (Hours Worked)	2206554	391588	181058	185823	183165	175504	184489	181698	186364	193742	173638	193453	191632	199955	544492	552551	560833	391588
	Denominator (Hours Planned)	2510909	415072	209624	214676	211906	203467	211978	202570	214205	214786	191997	211789	201465	213608	630049	628752	618572	415072
RP03	**Staffing Fill Rate - NA Shifts**	**92.7%**	**97.8%**	**96.7%**	**94%**	**96.2%**	**95.1%**	**92.5%**	**92.5%**	**90.4%**	**92.6%**	**90.6%**	**87%**	**95.1%**	**100.4%**	**95.1%**	**91.8%**	**90%**	**97.8%**
	Numerator (Hours Worked)	1094320	202562	93007.8	92922.4	93574.4	89341.5	90590.9	86075.5	92414.3	97591.3	85451	91641.5	97295.6	105267	275838	269081	274684	202562
	Denominator (Hours Planned)	1179931	207176	96215.1	98880.3	97252	93949	97945.2	93068.8	102192	105410	94309.5	105392	102336	104840	290081	293206	305111	207176

Appendix – Trust Scorecards

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INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
CARING DOMAIN

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ID	Measure	22/23	23/24 YTD	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Patient Surveys																			
P01D	Patient Surve - Patient Experience Tracker Score	#N/A	#N/A	88	87	86	88	88	89	88	88	87	85	88	89	87	88	87	88
P01G	Patient Survey - Kindness and Understanding	#N/A	#N/A	93	92	93	94	94	94	93	95	94	92	93	94	93	94	94	93
P01H	Patient Survey - Outpatient Tracker Score	#N/A	#N/A	92	92	92	89	94	92	93	91	93	92	89	90	91	93	92	89
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	1898	200	107	145	100	196	234	210	123	159	186	128	108	92	441	567	473	200
T01C	Patient Complaints - Formal	679	88	10	59	45	91	92	107	51	90	64	47	45	43	195	250	201	88
T01D	Patient Complaints - Informal	1219	112	97	86	55	105	142	103	72	69	122	81	63	49	246	317	272	112
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	71.9%	62.5%	86.5%	75.6%	70.5%	67.4%	77.8%	70.3%	69.6%	72.5%	73.7%	61.7%	55.9%	71.1%	71%	72.1%	69%	62.5%
	Numerator (Responses Within Timeframe)	*442*	*65*	*32*	*31*	*43*	*29*	*35*	*45*	*39*	*37*	*42*	*37*	*33*	*32*	*103*	*119*	*116*	*65*
	Denominator (Total Responses)	*615*	*104*	*37*	*41*	*61*	*43*	*45*	*64*	*56*	*51*	*57*	*60*	*59*	*45*	*145*	*165*	*168*	*104*
T03B	Formal Complaints Responded To Within Divisional Timeframe	79.5%	71.2%	89.2%	85.4%	70.5%	81.4%	86.7%	75%	73.2%	78.4%	84.2%	76.7%	62.7%	82.2%	77.9%	77.6%	79.8%	71.2%
	Numerator (Responses Within Timeframe)	*489*	*74*	*33*	*35*	*43*	*35*	*39*	*48*	*41*	*40*	*48*	*46*	*37*	*37*	*113*	*128*	*134*	*74*
	Denominator (Total Responses)	*615*	*104*	*37*	*41*	*61*	*43*	*45*	*64*	*56*	*51*	*57*	*60*	*59*	*45*	*145*	*165*	*168*	*104*
T05A	Informal Complaints Responded To Within Trust Timeframe	86.6%	80.6%	88.4%	87%	84.7%	88%	86.9%	80.4%	96.7%	86%	89.2%	78.5%	84.1%	77.3%	86.7%	86.7%	83.7%	80.6%
	Numerator (Responses Within Timeframe)	*755*	*104*	*61*	*47*	*50*	*66*	*93*	*82*	*59*	*43*	*58*	*73*	*53*	*51*	*163*	*234*	*174*	*104*
	Denominator (Total Responses)	*872*	*129*	*69*	*54*	*59*	*75*	*107*	*102*	*61*	*50*	*65*	*93*	*63*	*66*	*188*	*270*	*208*	*129*
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	11.54%	-	10.81%	7.32%	13.11%	13.95%	6.67%	14.06%	8.93%	15.69%	14.04%	10%	-	-	11.72%	10.3%	13.1%	-
	Numerator (Number Dissatisifed)	*71*	*0*	*4*	*3*	*8*	*6*	*3*	*9*	*5*	*8*	*8*	*6*	*0*	*0*	*17*	*17*	*22*	*0*
	Denominator (Total Responses)	*615*	*0*	*37*	*41*	*61*	*43*	*45*	*64*	*56*	*51*	*57*	*60*	*0*	*0*	*145*	*165*	*168*	*0*

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ID	Measure	22/23	23/24 YTD	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Friends and Family Test (Inpatients and Day Cases)																			
P03A	Friends and Family Test Admitted Patient Coverage	27.9%	24.7%	21.9%	29.3%	23.7%	34.5%	23%	26.6%	26.2%	30.2%	27.3%	34.3%	26.1%	23.4%	29.2%	25.3%	30.8%	24.7%
	Numerator (Total FFT Responses)	*19959*	*3256*	*1161*	*1608*	*1407*	*2073*	*1403*	*1799*	*1470*	*1951*	*1727*	*2503*	*1679*	*1577*	*5088*	*4672*	*6181*	*3256*
	Denominator (Total Eligible to Respond)	*71625*	*13165*	*5295*	*5490*	*5949*	*6015*	*6105*	*6768*	*5617*	*6453*	*6328*	*7303*	*6423*	*6742*	*17454*	*18490*	*20084*	*13165*
P04A	Friends and Family Test Score - Inpatients/Day Cases	96.8%	97.5%	96.2%	95.5%	96.3%	96.2%	95.3%	97.4%	97.8%	97.6%	97.7%	97.6%	97.2%	97.8%	96%	96.9%	97.6%	97.5%
	Numerator (Total "Positive" Responses)	*19283*	*3171*	*1094*	*1535*	*1355*	*1993*	*1336*	*1753*	*1438*	*1901*	*1680*	*2439*	*1629*	*1542*	*4883*	*4527*	*6020*	*3171*
	Denominator (Total Responses)	*19916*	*3253*	*1137*	*1608*	*1407*	*2071*	*1402*	*1799*	*1470*	*1947*	*1720*	*2499*	*1676*	*1577*	*5086*	*4671*	*6166*	*3253*
Friends and Family Test (Emergency Department)																			
P03B	Friends and Family Test ED Coverage	7.3%	6.9%	7.1%	9.7%	6.9%	5.5%	7%	7.1%	7.6%	8.5%	8.1%	6.9%	9.3%	4.9%	7.4%	7.3%	7.8%	6.9%
	Numerator (Total FFT Responses)	*10759*	*1668*	*922*	*1262*	*824*	*658*	*903*	*944*	*969*	*896*	*882*	*838*	*1023*	*645*	*2744*	*2816*	*2616*	*1668*
	Denominator (Total Eligible to Respond)	*147593*	*24259*	*12988*	*13050*	*11935*	*12024*	*12890*	*13209*	*12701*	*10532*	*10910*	*12230*	*11041*	*13218*	*37009*	*38800*	*33672*	*24259*
P04B	Friends and Family Test Score - ED	84.2%	90.2%	84.6%	81.5%	87.1%	88.3%	84.4%	80.2%	79%	88.9%	87.3%	86.7%	91.4%	88.3%	84.8%	81.1%	87.6%	90.2%
	Numerator (Total "Positive" Responses)	*8990*	*1491*	*778*	*1020*	*708*	*574*	*759*	*754*	*751*	*790*	*764*	*722*	*927*	*564*	*2302*	*2264*	*2276*	*1491*
	Denominator (Total Responses)	*10673*	*1653*	*920*	*1252*	*813*	*650*	*899*	*940*	*951*	*889*	*875*	*833*	*1014*	*639*	*2715*	*2790*	*2597*	*1653*
Friends and Family Test (Maternity)																			
P03C	Friends and Family Test MAT Coverage	12.8%	9.3%	6.7%	15.9%	8.5%	27.2%	8.1%	5.6%	14.3%	13.3%	12.9%	7.4%	12%	6.8%	17.4%	9.2%	11.2%	9.3%
	Numerator (Total FFT Responses)	*1854*	*215*	*76*	*187*	*107*	*355*	*104*	*73*	*175*	*170*	*139*	*92*	*135*	*80*	*649*	*352*	*401*	*215*
	Denominator (Total Eligible to Respond)	*14442*	*2310*	*1138*	*1176*	*1256*	*1307*	*1279*	*1315*	*1222*	*1274*	*1076*	*1240*	*1127*	*1183*	*3739*	*3816*	*3590*	*2310*
P04C	Friends and Family Test Score - Maternity	98.4%	99.1%	97.4%	96.3%	98.1%	98.3%	98.1%	100%	99.4%	96.5%	100%	98.9%	98.5%	100%	97.7%	99.1%	98.3%	99.1%
	Numerator (Total "Positive" Responses)	*1823*	*213*	*74*	*180*	*105*	*349*	*102*	*73*	*174*	*164*	*139*	*91*	*133*	*80*	*634*	*349*	*394*	*213*
	Denominator (Total Responses)	*1853*	*215*	*76*	*187*	*107*	*355*	*104*	*73*	*175*	*170*	*139*	*92*	*135*	*80*	*649*	*352*	*401*	*215*
Friends and Family Test (Outpatients)																			
P04D	Friends and Family Test Score - Outpatients	95.1%	95.2%	95.4%	94.9%	95%	94.3%	93.9%	95.2%	95.3%	95.7%	96.1%	96.3%	95.4%	95.1%	94.8%	94.8%	96.1%	95.2%
	Numerator (Total FFT Responses)	*29784*	*4939*	*2236*	*3137*	*3004*	*1691*	*2326*	*2475*	*2396*	*2525*	*2888*	*3203*	*2475*	*2464*	*7832*	*7197*	*8616*	*4939*
	Denominator (Total Eligible to Respond)	*31317*	*5187*	*2345*	*3307*	*3163*	*1793*	*2478*	*2601*	*2513*	*2639*	*3005*	*3326*	*2595*	*2592*	*8263*	*7592*	*8970*	*5187*

Appendix – Trust Scorecards

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Emergency Department Performance																			
B01	ED Percentage Spending Under 4 Hours in Department	60.94%	68.95%	63.04%	60.15%	62.31%	62.01%	59.59%	56.17%	53.41%	63.45%	61.9%	66.88%	70.67%	67.48%	61.46%	56.41%	64.18%	68.95%
	Numerator (Number Seen In Under 4 Hours)	*117907*	*22706*	*10420*	*10075*	*9658*	*9776*	*10064*	*9652*	*8900*	*9343*	*9180*	*11118*	*10757*	*11949*	*29509*	*28616*	*29641*	*22706*
	Denominator (Total Attendances)	*193471*	*32929*	*16528*	*16751*	*15500*	*15765*	*16888*	*17183*	*16662*	*14726*	*14831*	*16625*	*15221*	*17708*	*48016*	*50733*	*46182*	*32929*
B06	ED 12 Hour Trolley Waits	9315	759	576	878	758	717	941	862	1217	1006	427	545	324	435	2353	3020	1978	759
Emergency Department Clinical Indicators																			
B02	ED Time to Initial Assessment - Under 15 Minutes	79.6%	83.8%	77.2%	76.8%	76.2%	79.3%	79.6%	80.6%	82%	81.3%	83.3%	82.6%	84.2%	83.5%	77.4%	80.7%	82.4%	83.8%
	Numerator (Number Assessed Within 15 Minutes)	*30225*	*6223*	*2460*	*2460*	*2385*	*2515*	*2532*	*2716*	*2316*	*2503*	*2629*	*2892*	*3064*	*3159*	*7360*	*7564*	*8024*	*6223*
	Denominator (Total Attendances Needing Assessment)	*37948*	*7423*	*3188*	*3203*	*3131*	*3171*	*3180*	*3370*	*2823*	*3077*	*3156*	*3502*	*3639*	*3784*	*9505*	*9373*	*9735*	*7423*
B03	ED Time to Start of Treatment - Under 60 Minutes	45.7%	54.7%	42.4%	41.6%	49%	47.9%	45.2%	38.6%	38.5%	56%	48.9%	54.1%	58.9%	50.9%	46.1%	40.8%	53.1%	54.7%
	Numerator (Number Treated Within 60 Minutes)	*83634*	*17300*	*6623*	*6550*	*7194*	*7136*	*7122*	*6221*	*5987*	*7947*	*6945*	*8674*	*8716*	*8584*	*20880*	*19330*	*23566*	*17300*
	Denominator (Total Attendances)	*182846*	*31646*	*15624*	*15755*	*14683*	*14887*	*15764*	*16106*	*15540*	*14181*	*14192*	*16028*	*14787*	*16859*	*45325*	*47410*	*44401*	*31646*
B04	ED Unplanned Re-attendance Rate	3.1%	3.7%	3.1%	3.3%	3.1%	2.8%	2.8%	3.1%	3.7%	3%	3.3%	3.1%	3.8%	3.6%	3.1%	3.2%	3.1%	3.7%
	Numerator (Number Re-attending)	*5953*	*1210*	*506*	*552*	*478*	*442*	*468*	*535*	*611*	*440*	*490*	*512*	*577*	*633*	*1472*	*1614*	*1442*	*1210*
	Denominator (Total Attendances)	*193471*	*32929*	*16528*	*16751*	*15500*	*15765*	*16888*	*17183*	*16662*	*14726*	*14831*	*16625*	*15221*	*17708*	*48016*	*50733*	*46182*	*32929*
B05	ED Left Without Being Seen Rate	3.1%	2%	3.4%	4.2%	2.9%	2.6%	3.5%	3.8%	4.3%	2.1%	2.6%	2.2%	1.5%	2.5%	3.2%	3.9%	2.3%	2%
	Numerator (Number Left Without Being Seen)	*6076*	*672*	*562*	*703*	*446*	*411*	*584*	*659*	*720*	*306*	*389*	*370*	*226*	*446*	*1560*	*1963*	*1065*	*672*
	Denominator (Total Attendances)	*193471*	*32929*	*16528*	*16751*	*15500*	*15765*	*16888*	*17183*	*16662*	*14726*	*14831*	*16625*	*15221*	*17708*	*48016*	*50733*	*46182*	*32929*
Referral To Treatment Ongoing																			
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	58.8%	56.4%	55.6%	54.3%	55.3%	55.2%	54.4%	55.6%	54.3%	53.5%	52.7%	54%	-	-	-	-
	Numerator (Number Under 18 Weeks)	*0*	*0*	*35494*	*34238*	*34453*	*33625*	*34560*	*34795*	*34983*	*36070*	*35224*	*35480*	*35042*	*36421*	*0*	*0*	*0*	*0*
	Denominator (Total Pathways)	*0*	*0*	*60404*	*60738*	*62010*	*61870*	*62462*	*63041*	*64359*	*64847*	*64929*	*66379*	*66543*	*67447*	*0*	*0*	*0*	*0*
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	-	-	5298	5591	5970	6141	5989	5888	6011	5498	5371	5383	5472	5523	-	-	-	-
A06A	Referral To Treatment Ongoing Pathways Over 78 Weeks	-	-	926	813	756	743	763	755	877	678	471	165	182	248	-	-	-	-
A06B	Referral To Treatment Ongoing Pathways Over 104 Weeks	-	-	236	131	97	58	39	33	26	8	0	1	0	0	-	-	-	-
Referral To Treatment Activity																			
A01A	Referral To Treatment Number of Admitted Clock Stops	31921	5640	2520	2488	2651	2603	2746	3018	2145	3042	2820	3200	2628	3012	7742	7909	9062	5640
A02A	Referral To Treatment Number of Non Admitted Clock Stops	114329	18326	8907	8352	10331	9200	9790	10630	8279	11217	9322	10459	8230	10096	27883	28699	30998	18326
A09	Referral To Treatment Number of Clock Starts	126600	20083	10482	9388	10968	9466	10198	11225	9156	11861	10433	12409	9369	10714	29822	30579	34703	20083

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Diagnostic Waits																			
A05	Diagnostics Percentage Under 6 Weeks (15 Key Tests)	-	-	61.22%	63.5%	62.21%	64.46%	65.34%	68.51%	65.79%	65.88%	72.12%	74.33%	71.84%	73.46%	-	-	-	-
	Numerator (Number Under 6 Weeks)	*0*	*0*	*9821*	*10430*	*9572*	*11331*	*11077*	*11436*	*10750*	*11022*	*12318*	*12883*	*11918*	*11273*	*0*	*0*	*0*	*0*
	Denominator (Total Waiting)	*0*	*0*	*16042*	*16426*	*15387*	*17577*	*16952*	*16692*	*16339*	*16731*	*17080*	*17333*	*16589*	*15345*	*0*	*0*	*0*	*0*
A05J	Diagnostics (15 Key Tests) Numbers Waiting 13+ Weeks	-	-	3616	3245	2968	3294	3062	2317	2307	2190	1933	1484	1310	1200	-	-	-	-
	Numerator (Number Over 13 Weeks)	*0*	*0*	*3616*	*3245*	*2968*	*3294*	*3062*	*2317*	*2307*	*2190*	*1933*	*1484*	*1310*	*1200*	*0*	*0*	*0*	*0*
	Denominator (Total Waiting)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Cancer 2 Week Wait																			
E01A	Cancer - Urgent Referrals Seen In Under 2 Weeks	51.7%	41.4%	57.2%	44.6%	45.2%	41.1%	49.1%	41.6%	41.9%	50.3%	60.5%	59%	41.4%	-	43.6%	44.1%	56.5%	41.4%
	Numerator (Number Seen Within 2 Weeks)	*11409*	*639*	*1010*	*784*	*835*	*806*	*862*	*870*	*696*	*978*	*1021*	*1204*	*639*	*0*	*2425*	*2428*	*3203*	*639*
	Denominator (Total Seen))	*22074*	*1545*	*1765*	*1757*	*1848*	*1959*	*1757*	*2093*	*1660*	*1946*	*1688*	*2040*	*1545*	*0*	*5564*	*5510*	*5674*	*1545*
Cancer 31 Day																			
E02A	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	92.6%	93.1%	92.9%	93.9%	93.9%	91%	94.6%	93.4%	98.3%	88.4%	92.8%	92.9%	93.1%	-	93%	95.2%	91.3%	93.1%
	Numerator (Number Treated Within 31 Days)	*3213*	*258*	*260*	*278*	*278*	*253*	*316*	*281*	*236*	*281*	*245*	*302*	*258*	*0*	*809*	*833*	*828*	*258*
	Denominator (Total Treated)	*3468*	*277*	*280*	*296*	*296*	*278*	*334*	*301*	*240*	*318*	*264*	*325*	*277*	*0*	*870*	*875*	*907*	*277*
E02B	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98%	98.7%	94.8%	98.5%	100%	100%	100%	99.4%	100%	90.2%	99.4%	98.7%	98.7%	-	99.5%	99.8%	95.7%	98.7%
	Numerator (Number Treated Within 31 Days)	*1799*	*148*	*145*	*134*	*138*	*149*	*150*	*177*	*139*	*175*	*162*	*154*	*148*	*0*	*421*	*466*	*491*	*148*
	Denominator (Total Treated)	*1835*	*150*	*153*	*136*	*138*	*149*	*150*	*178*	*139*	*194*	*163*	*156*	*150*	*0*	*423*	*467*	*513*	*150*
E02C	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	84.6%	88.7%	80%	88.9%	85.9%	87.7%	84.2%	88.7%	87.2%	72.3%	93.5%	83.6%	88.7%	-	87.4%	86.7%	84.1%	88.7%
	Numerator (Number Treated Within 31 Days)	*581*	*47*	*44*	*48*	*55*	*57*	*48*	*55*	*41*	*34*	*58*	*51*	*47*	*0*	*160*	*144*	*143*	*47*
	Denominator (Total Treated)	*687*	*53*	*55*	*54*	*64*	*65*	*57*	*62*	*47*	*47*	*62*	*61*	*53*	*0*	*183*	*166*	*170*	*53*
Cancer 62 Day																			
E03A	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	57.8%	68.2%	61.8%	69.4%	52.2%	64.9%	48.2%	46.4%	54%	43.1%	45.1%	67.4%	68.2%	-	61.5%	49.1%	52.6%	68.2%
	Numerator (Number Treated Within 62 Days)	*811.5*	*83.5*	*74.5*	*84*	*72.5*	*65.5*	*53*	*57.5*	*47.5*	*53*	*48.5*	*90*	*83.5*	*0*	*222*	*158*	*191.5*	*83.5*
	Denominator (Total Treated)	*1405*	*122.5*	*120.5*	*121*	*139*	*101*	*110*	*124*	*88*	*123*	*107.5*	*133.5*	*122.5*	*0*	*361*	*322*	*364*	*122.5*
E03B	Cancer 62 Day Referral To Treatment (Screenings)	55.6%	25%	25%	50%	50%	50%	85.7%	44.4%	75%	40%	66.7%	85.7%	25%	-	50%	71%	66.7%	25%
	Numerator (Number Treated Within 62 Days)	*27.5*	*1*	*1*	*2*	*2*	*1*	*6*	*2*	*3*	*2*	*2*	*6*	*1*	*0*	*5*	*11*	*10*	*1*
	Denominator (Total Treated)	*49.5*	*4*	*4*	*4*	*4*	*2*	*7*	*4.5*	*4*	*5*	*3*	*7*	*4*	*0*	*10*	*15.5*	*15*	*4*
E03C	Cancer 62 Day Referral To Treatment (Upgrades)	79.5%	77.8%	82.6%	85%	77.6%	78.9%	76.4%	77.4%	88.7%	78.4%	73.4%	68.4%	77.8%	-	80.5%	79.8%	73.4%	77.8%
	Numerator (Number Treated Within 62 Days)	*582*	*38.5*	*50*	*48*	*38*	*48.5*	*61.5*	*48*	*43*	*60*	*40*	*52*	*38.5*	*0*	*134.5*	*152.5*	*152*	*38.5*
	Denominator (Total Treated)	*732.5*	*49.5*	*60.5*	*56.5*	*49*	*61.5*	*80.5*	*62*	*48.5*	*76.5*	*54.5*	*76*	*49.5*	*0*	*167*	*191*	*207*	*49.5*

Appendix – Trust Scorecards

NHS University Hospitals Bristol and Weston NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
RESPONSIVE DOMAIN

NHS University Hospitals Bristol and Weston NHS Foundation Trust

ID	Measure	22/23	23/24 YTD	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions	2.21%	1.69%	2.49%	2.31%	2.26%	2.05%	2.53%	2.31%	3.01%	1.9%	1.75%	1.82%	1.32%	2.03%	2.21%	2.59%	1.82%	1.69%
	Numerator (Number of LMCs)	*1892*	*240*	*171*	*157*	*167*	*148*	*186*	*180*	*189*	*142*	*122*	*142*	*89*	*151*	*472*	*555*	*406*	*240*
	Denominator (Total Elective Admissions)	*85408*	*14172*	*6860*	*6794*	*7382*	*7207*	*7361*	*7792*	*6285*	*7458*	*6987*	*7821*	*6729*	*7443*	*21383*	*21438*	*22266*	*14172*
F02	Cancelled Operations Re-admitted Within 28 Days	80.9%	84.4%	88.8%	81.3%	82.2%	82.6%	79.1%	82.3%	75.6%	74.1%	84.5%	76.2%	84.5%	84.3%	82%	79%	77.9%	84.4%
	Numerator (Number Readmitted Within 28 Days)	*1539*	*195*	*119*	*139*	*129*	*138*	*117*	*153*	*136*	*140*	*120*	*93*	*120*	*75*	*406*	*406*	*353*	*195*
	Denominator (Total LMCs)	*1902*	*231*	*134*	*171*	*157*	*167*	*148*	*186*	*180*	*189*	*142*	*122*	*142*	*89*	*495*	*514*	*453*	*231*
Green To Go/Fit For Discharge (BRISTOL Only)																			
AQ06A	Medically Fit For Discharge - Number of Patients (Acute)	-	-	179	217	220	232	230	199	170	176	172	197	160	146	-	-	-	-
AQ06B	Medically Fit For Discharge - Number of Patients (Non Acute)	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
AQ07A	Medically Fit For Discharge - Beddays (Acute)	-	-	5457	6069	6645	6366	7079	6144	6063	5436	4862	5460	4755	4441	-	-	-	-
AQ07B	Medically Fit For Discharge - Beddays (Non-Acute)	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate	11.2%	11.9%	11%	11.5%	10.9%	11.1%	10.7%	11%	12.4%	10%	11.6%	13%	12.8%	11.1%	11.1%	11.4%	11.6%	11.9%
	Numerator (Number of Hospital Cancellations)	*141540*	*24804*	*11458*	*9579*	*11317*	*12489*	*11556*	*13171*	*12109*	*10922*	*11867*	*15353*	*12369*	*12435*	*33385*	*36836*	*38142*	*24804*
	Denominator (Total Appointments)	*1262387*	*209035*	*104204*	*83563*	*103929*	*112026*	*107774*	*119211*	*97369*	*109399*	*102281*	*117666*	*96751*	*112284*	*299518*	*324354*	*329346*	*209035*
R05	Outpatient DNA Rate	7.1%	6.3%	7.8%	8%	7.3%	7.3%	6.9%	6.8%	7.4%	6.8%	6.4%	6.7%	6.3%	6.4%	7.5%	7%	6.6%	6.3%
	Numerator (Number of DNAs)	*63485*	*9336*	*5735*	*4726*	*5362*	*5581*	*5182*	*5735*	*4864*	*5352*	*4580*	*5463*	*4204*	*5132*	*15669*	*15781*	*15395*	*9336*
	Denominator (Total Attendances+DNAs)	*888700*	*147431*	*73799*	*59397*	*73578*	*76457*	*75539*	*84627*	*65392*	*79035*	*71968*	*81200*	*66877*	*80554*	*209432*	*225558*	*232203*	*147431*
Overdue Partial Booking																			
R23B	Overdue Partial Booking Referrals - 6+ Months Overdue	-	-	38250	39561	41002	41843	42779	44124	46047	45837	46728	48925	50496	51736	-	-	-	-
R23C	Overdue Partial Booking Referrals - 9+ Months Overdue	-	-	24259	24946	26346	26485	27293	28613	30607	30951	32265	34012	35217	35899	-	-	-	-
R23D	Overdue Partial Booking Referrals - 12+ Months Overdue	-	-	14615	15333	16307	16760	17209	18031	19082	19503	20679	22658	23916	24954	-	-	-	-

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
EFFECTIVE DOMAIN

ID	Measure	22/23	23/24 YTD	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Mortality																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	99.4	-	100.2	99.1	99.3	97.5	98.4	100.7	100.4	98	-	-	-	-	98.6	99.8	98	-
	Numerator (Observed Deaths)	*21630*	*0*	*2150*	*2125*	*2135*	*2110*	*2140*	*2205*	*2240*	*2255*	*0*	*0*	*0*	*0*	*6370*	*6585*	*2255*	*0*
	Denominator ("Expected" Deaths)	*21760*	*0*	*2145*	*2145*	*2150*	*2165*	*2175*	*2190*	*2230*	*2300*	*0*	*0*	*0*	*0*	*6460*	*6595*	*2300*	*0*
X02	Hospital Standardised Mortality Ratio (HSMR)	108.1	-	113.8	105.5	128.4	107.6	120.3	105.8	97.1	97.9	98.7	103	-	-	114.4	107.1	99.3	-
	Numerator (Observed Deaths)	*1394*	*0*	*109*	*98*	*138*	*106*	*137*	*118*	*133*	*129*	*122*	*72*	*0*	*0*	*342*	*388*	*323*	*0*
	Denominator ("Expected" Deaths)	*1289.6*	*0*	*95.8*	*92.9*	*107.5*	*98.5*	*113.9*	*111.5*	*137*	*131.7*	*123.6*	*69.9*	*0*	*0*	*298.9*	*362.4*	*325.2*	*0*
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	53.5%	48.7%	63.6%	60.4%	51.9%	57.1%	55.3%	56.3%	47.9%	58.8%	60.5%	56%	53.6%	44.4%	56.5%	53.1%	58.3%	48.7%
	Numerator (Treated Within 36 Hrs)	*310*	*58*	*28*	*32*	*27*	*24*	*26*	*27*	*23*	*30*	*26*	*28*	*30*	*28*	*83*	*76*	*84*	*58*
	Denominator (Total Patients)	*579*	*119*	*44*	*53*	*52*	*42*	*47*	*48*	*48*	*51*	*43*	*50*	*56*	*63*	*147*	*143*	*144*	*119*
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	85.3%	45.4%	100%	96.2%	100%	97.6%	100%	93.8%	93.8%	66.7%	48.8%	58%	42.9%	47.6%	98%	95.8%	58.3%	45.4%
	Numerator (Seen Within 72 Hrs)	*494*	*54*	*44*	*51*	*52*	*41*	*47*	*45*	*45*	*34*	*21*	*29*	*24*	*30*	*144*	*137*	*84*	*54*
	Denominator (Total Patients)	*579*	*119*	*44*	*53*	*52*	*42*	*47*	*48*	*48*	*51*	*43*	*50*	*56*	*63*	*147*	*143*	*144*	*119*
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.8%	27.6%	61.4%	60.4%	50%	42.9%	38.1%	40%	39.3%	44.8%	52.4%	44.8%	33.3%	22.6%	51.7%	39.2%	46.8%	27.6%
	Numerator (Number achieved BPT)	*195*	*16*	*27*	*32*	*26*	*18*	*8*	*10*	*11*	*13*	*11*	*13*	*9*	*7*	*76*	*29*	*37*	*16*
	Denominator (Total Patients)	*445*	*58*	*44*	*53*	*52*	*42*	*21*	*25*	*28*	*29*	*21*	*29*	*27*	*31*	*147*	*74*	*79*	*58*
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	4.37%	6.04%	3.48%	3.88%	4.02%	4.18%	4.2%	4.2%	4.5%	5.49%	5.31%	5.73%	6.04%	-	4.03%	4.29%	5.52%	6.04%
	Numerator (Re-admitted in 30 Days)	*7404*	*843*	*465*	*526*	*566*	*594*	*608*	*638*	*601*	*832*	*750*	*906*	*843*	*0*	*1686*	*1847*	*2488*	*843*
	Denominator (Total Discharges)	*169441*	*13969*	*13344*	*13546*	*14072*	*14196*	*14491*	*15183*	*13360*	*15166*	*14127*	*15797*	*13969*	*0*	*41814*	*43034*	*45090*	*13969*
Stroke Care																			
O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	57.4%	-	39.3%	54.1%	45.8%	80%	44.8%	77.8%	58.8%	73.7%	66.7%	0%	-	-	60.4%	57.8%	68.6%	-
	Numerator (Achieved Target)	*156*	*0*	*11*	*20*	*11*	*24*	*13*	*14*	*10*	*14*	*10*	*0*	*0*	*0*	*55*	*37*	*24*	*0*
	Denominator (Total Patients)	*272*	*0*	*28*	*37*	*24*	*30*	*29*	*18*	*17*	*19*	*15*	*1*	*0*	*0*	*91*	*64*	*35*	*0*
O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	57%	-	58.1%	43.2%	50%	66.7%	37.9%	61.1%	70.6%	68.4%	53.3%	100%	-	-	52.7%	53.1%	62.9%	-
	Numerator (Achieved Target)	*180*	*0*	*25*	*16*	*12*	*20*	*11*	*11*	*12*	*13*	*8*	*1*	*0*	*0*	*48*	*34*	*22*	*0*
	Denominator (Total Patients)	*316*	*0*	*43*	*37*	*24*	*30*	*29*	*18*	*17*	*19*	*15*	*1*	*0*	*0*	*91*	*64*	*35*	*0*

Appendix – Trust Scorecards

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
WELL-LED DOMAIN

ID	Measure	22/23	23/24 YTD	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Bank and Agency Usage																			
AF11A	Percentage Bank Usage	-	-	5.96%	6.24%	5.9%	5.57%	5.77%	6.12%	6.13%	6.24%	6.28%	6.71%	6%	6.18%	-	-	-	-
	Numerator (Bank wte)	*0*	*0*	*682.2*	*717.68*	*684.96*	*646.18*	*672.62*	*721.23*	*724.13*	*745.37*	*750.61*	*812.14*	*717.83*	*746.53*	*0*	*0*	*0*	*0*
	Denominator (Total wte)	*0*	*0*	*11437.3*	*11501.6*	*11613.5*	*11598.6*	*11663*	*11785.2*	*11823.1*	*11940.7*	*11959.9*	*12106.9*	*11955.5*	*12080.7*	*0*	*0*	*0*	*0*
AF11B	Percentage Agency Usage	-	-	2.31%	2.57%	2.31%	2.15%	1.91%	1.99%	1.93%	2.01%	1.87%	1.94%	1.7%	1.66%	-	-	-	-
	Numerator (Agency wte)	*0*	*0*	*264.81*	*296.09*	*267.86*	*249.43*	*222.57*	*234.09*	*228.24*	*239.58*	*223.54*	*234.88*	*203.69*	*200.86*	*0*	*0*	*0*	*0*
	Denominator (Total wte)	*0*	*0*	*11437.3*	*11501.6*	*11613.5*	*11598.6*	*11663*	*11785.2*	*11823.1*	*11940.7*	*11959.9*	*12106.9*	*11955.5*	*12080.7*	*0*	*0*	*0*	*0*
Turnover																			
AF10	Workforce Turnover Rate	-	-	15.4%	15.7%	15.7%	15.7%	15.7%	15.5%	15.1%	14.9%	14.8%	14.6%	14.3%	14%	-	-	-	-
	Numerator (Leavers in last 12 months)	*0*	*0*	*1354.29*	*1382.31*	*1381.77*	*1398.69*	*1404.45*	*1390.51*	*1354.41*	*1338.54*	*1340.07*	*1327.62*	*1301.72*	*1281.85*	*0*	*0*	*0*	*0*
	Denominator (Average Staff in Post)	*0*	*0*	*8767.88*	*8789.78*	*8811.58*	*8883.23*	*8939.92*	*8964.8*	*8941.02*	*9008.95*	*9054.05*	*9074.66*	*9101.82*	*9133.27*	*0*	*0*	*0*	*0*
Vacancy																			
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	8.3%	8.4%	7.2%	7.3%	7.7%	7.4%	7.2%	6.8%	6.7%	6.4%	4.2%	6.1%	-	-	-	-
	Numerator (Vacancy wte, Funded minus actual)	*0*	*0*	*953.51*	*962.15*	*824.27*	*843.65*	*896.89*	*864.56*	*840.09*	*797.08*	*784.85*	*760.19*	*485.11*	*727.97*	*0*	*0*	*0*	*0*
	Denominator (Actual WTE)	*0*	*0*	*11443.8*	*11449.9*	*11484.9*	*11546.7*	*11664.7*	*11694.4*	*11710.8*	*11752.8*	*11770.6*	*11820*	*11519.1*	*11861.3*	*0*	*0*	*0*	*0*
Staff Sickness																			
AF02	Sickness Rate	5.3%	4.1%	5.6%	6.5%	5.1%	4.9%	5.4%	5.1%	6.2%	4.7%	4.6%	4.6%	4.1%	4.2%	5.5%	5.6%	4.6%	4.1%
	Numerator (Total WTE Days Lost)	*207884*	*27863.1*	*17611.3*	*21066.5*	*16521.6*	*15762.2*	*18032.4*	*16298.2*	*20792.8*	*15691.4*	*13988.8*	*15841.8*	*13572.4*	*14290.8*	*53350.3*	*55123.4*	*45521.9*	*27863.1*
	Denominator (Total WTE Days)	*3889565*	*675022*	*313529*	*322577*	*325551*	*319669*	*331278*	*321996*	*334843*	*336038*	*304716*	*341414*	*330930*	*344092*	*967796*	*988117*	*982169*	*675022*
Staff Appraisal																			
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	70.2%	71%	71.6%	71.7%	72%	72%	72.1%	74%	75.7%	76.8%	75.7%	75.8%	-	-	-	-
	Numerator (In-Date Appraisals)	*0*	*0*	*7294*	*7402*	*7482*	*7529*	*7633*	*7666*	*7702*	*7984*	*8228*	*8406*	*8305*	*8385*	*0*	*0*	*0*	*0*
	Denominator (Total Staff)	*0*	*0*	*10397*	*10426*	*10443*	*10507*	*10600*	*10649*	*10681*	*10783*	*10869*	*10949*	*10968*	*11062*	*0*	*0*	*0*	*0*

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL
USE OF RESOURCES DOMAIN

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

ID	Measure	22/23	23/24 YTD	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1
Average Length of Stay																			
J03	Average Length of Stay (Spell)	4.42	3.89	4.61	4.41	4.65	4.34	4.48	4.4	4.48	4.21	4.12	3.85	3.88	3.89	4.47	4.45	4.05	3.89
	Numerator (Total Beddays)	*393548*	*62709*	*31485*	*31210*	*32803*	*32203*	*34262*	*34709*	*33565*	*34299*	*31223*	*32741*	*29932*	*32777*	*96216*	*102536*	*98263*	*62709*
	Denominator (Total Discharges)	*89068*	*16135*	*6833*	*7073*	*7054*	*7414*	*7656*	*7887*	*7485*	*8156*	*7585*	*8499*	*7709*	*8426*	*21541*	*23028*	*24240*	*16135*