

June 2024

Published Papers

Including:

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



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

Integrated Quality and Performance Report

Month of Publication: May 2024

Data up to: April 2024

	Page
Executive Summary	3
Success, Priorities, Opportunities, Risks and Threats (SPORT)	8
Summary Dashboard	12

Domain	Metric	Executive Lead	Page
Safe	Infection Control	Chief Nurse	13
	Patient Falls	Chief Nurse	16
	Pressure Injuries	Chief Nurse	18
	Essential Training	Director of People	20
	Nurse Staffing Levels	Chief Nurse	21
	VTE Risk Assessment	Medical Director	22
	Deteriorating Patient	Medical Director	23
Caring	Friends & Family Test	Chief Nurse	26
	Monthly Patient Survey	Chief Nurse	27
	Patient Complaints	Chief Nurse	29
Responsive	Emergency Care Standards	Chief Operating Officer	31
	Delayed Discharges	Chief Operating Officer	39
	Referral To Treatment (RTT)	Chief Operating Officer	41
	Cancelled Operations	Chief Operating Officer	48
	Cancer Waiting Times	Chief Operating Officer	49
	Diagnostic Waits	Chief Operating Officer	52
	Outpatient Measures	Chief Operating Officer	56
	Outpatient Overdue Follow-Ups	Chief Operating Officer	60

Domain	Metric	Executive Lead	Page
Effective	Mortality (SHMI/HSMR)	Medical Director	61
	Fracture Neck of Femur	Medical Director	65
	Mixed Sex Accommodation	Chief Nurse	67
	Maternity Services	Chief Nurse	68
Well-Led	Staffing Levels – Agency Usage	Director of People	69
	Staffing Levels – Turnover	Director of People	70
	Staffing Levels – Vacancies	Director of People	72
	Staff Sickness	Director of People	74
	Staff Appraisal	Director of People	76
Use of Resources	Average Length of Stay	Chief Operating Officer	78
	Finance Executive Summary	Director of Finance	79
	Financial Performance	Director of Finance	80

	Page
Care Quality Commission Ratings	81
Explanation of SPC Charts	83
Trust Scorecards	84

Quality and Safety

The Summary Hospital Mortality Indicator (SHMI) for UHBW for the 12 months January to December 2023 was 92.1 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100. The Hospital Standardised Mortality Ratio (HSMR) for the 12 months to January 2024 for UHBW was 91.3, below the National Peer figure of 92.8.

The trust saw 14 cases of Clostridium difficile in April. There are several potential contributory factors for increased risk of Clostridioides Difficile infection, the most important ones being antibiotic prescribing and appropriate standards of cleanliness including commodes and toilet areas. The trust has had no reportable cases of MRSA for April 2024 so far.

For VTE risk assessment, performance in this domain remains fairly static at 77%. A detailed update to the VTE improvement plan has been presented to the Quality and Outcomes Committee and Patient Safety Group this month. A meeting to look specifically at Careflow Medicines Management (an electronic prescribing and medicines administration system) and VTE risk assessments is taking place in May. Meetings with the patient safety leads for divisions are planned to look at specific actions to support divisions.

In April, there were 41 patients eligible for the Best Practice Tariff (BPT) for Fracture Neck of Femur: 18 in Bristol and 23 in Weston. For the 36 hour time to surgery standard, 26/41 patients (63%) achieved the standard. For the 72-hour time to Ortho-geriatric assessment, 35/41 patients (85%) achieved the standard.

Our People

Vacancy reduced to 0.5% (58.8 FTE) compared to 2.7% (333.6 FTE) in the previous month. The reduction was largely due to a reduction in recorded funded FTE, this is common in the first month of the new financial year as the budgets are in the process of being set for 24/25.

Recruitment focus:

- A targeted recruitment campaign went live for the Weston site. The Trust hosted a successful online Junior Clinical Fellow Recruitment Evening, 50 doctors attended this informative session with presentations about the different clinical services and job opportunities at the Weston General Hospital.
- Children's services hosted the first recruitment event for Nursing Associates and a newly qualified nursing event took place for paediatric services with 15 offers issued
- A Trust recruitment event was also held for adult and children Oncology and Haematology services, with four candidates offered roles.
- Collaborative recruitment events across BNSSG include: An event to attract newly qualified and experienced registered nurses, over 80 people attended and an AHP recruitment event which resulted in offers to nine Occupational Therapists and eight Physiotherapists.

Turnover at 11.4% was sustained. There is continued focus on supporting colleagues with Visa renewals. Stability index increased to 84.3% compared to 83.9%, which reflects the retention of staff and the new joiners to UHBW in 2023/24 completing their first year of service.

Sickness absence remained static at 4.3%. The workforce report details the actions taking place including the management of stress and the new Health and Wellness policy. Appraisal compliance reduced to 78.6% compared with 78.8%. An extensive engagement programme of work has commenced and identified 3 priority actions. Reducing the form length, quality conversations and form length.

Statutory and Mandatory training has increased and is above target 90.8%, with rates increased across ten of the eleven core skills titles, with fire safety remaining static but above target. Leadership training 62% against a target of 75%. A 10% improvement could be achieved if managers complete the on-line training that accompanies the workshop.

Agency usage is 1%, on target and reduced by 15.8 FTE on the previous month. It remains a priority focus area as reflected in the Patient First Corporate Projects. Bank usage is on target at 7.2%, usage reduced by 85.9 FTE, which reflects the higher than average bank usage that is normally reported in March, which coincides with the end of the annual leave year.

Appraisal compliance reduced to 78.6% compared with 78.8%. An extensive engagement programme of work has commenced and identified 3 priority actions. Reducing the form length, quality conversations and form length.

Timely Care

A continued high rate of bed occupancy in April (BRI: 105.2% and Weston 96%) coupled with high non-elective demand has continued to impact non-elective services, although progress has been noted against a number of performance measures.

Planned Care - At the end of April 2024, no patients were waiting over 104 weeks, and the Trust continues to maintain zero 104-week Referral To Treatment (RTT) breaches, with no patient waiting longer than 104 weeks since February 2023.

Significant progress was made in reducing the number of patients waiting over 78 weeks in the last six months of 22/23, the number decreasing from 877 in December 2022 to 166 in March 2023 and further reducing through 2023/24 (15 at end of April 2024). The sustained improvement noted during April reflects the continued impact of Divisional recovery plans and the number of patients waiting 78+ weeks is now limited to a small number of specialties (Paediatric Dental, 7; Ophthalmology (Cornea Graft), 7; Paediatric Urology, 1;). Each of these 15 patients are planned to be treated during May 2024.

The Trust have forecast that there will be no patients waiting longer than 65 weeks for treatment by the end of September 2024, in line with NHS England (NHSE) 2024/25 Operational Planning ambition. Due to a national supply issue of cornea graft material, Ophthalmology is one of the more challenged specialties and the delivery of this trajectory is largely contingent upon the receipt of sufficient supply of cornea graft material. The trajectory that has been agreed reflects assurances provided by the NHSE South West Regional Team that there is expected to be improvements in provision from June 2024, following a new national contract for the supply of corneal graft material between NHSE and NHS Blood and Transplant (NHSBT). At the end of September 2023, the number of patients waiting longer than 65 weeks had increased to 2,183 against an operating plan trajectory of no more than 1,260. Improvements have been made since the end of Q2 2023/24 and, at the end of the April 2024, the number of patients waiting in excess of 65 weeks has reduced to 246 against the NHSE trajectory of 236.

Cancer - The Trust continues to comply with the Faster Diagnosis Standard and is already performing above the NHSE target of 77%, set as part of the Operational Planning Guidance for 2024/25, reporting 80.4% for March 2024. The 62-day referral to treatment standard performed above NHSE's 70% target for a fourth consecutive month in March (76.7%), and performance against the 31-day decision to treat to treatment standard remained greater than 90% although below the compliance threshold of 96% due to the continued impact of clearing backlogs caused by industrial action. The Trust expects to continue to improve against each of the three cancer standards during 2024/25.

At the end of April 2023, the Trust reported that 71.8% of patients were waiting less than six weeks for a diagnostic test. Improvements were made throughout 2023/24 and, at the end of March 2024, 81.9% of patients were waiting six weeks, against a trajectory of 83.3%. This represented a deterioration from the reported performance in February 2024 (85.7%), which had exceeded the year-end target with the deterioration largely driven by growth in demand for one modality, echocardiography. During April, performance dropped again to 78.9% and affected modalities are finalising recovery plans to address the current performance challenges.

Reporting Month: April 2024

Timely Care (continued)

Urgent Emergency Care - Across the key emergency department and flow measures, a deterioration in performance has been noted between August and December 2023 following an improvement leading up to July which, when compared to previous months, was an exceptionally improved position. This is broadly due to slower flow through the hospitals driven largely by the increased bed occupancy rate, through increased NEL admissions. During Q4 improvements had been noted across some of the Urgent Emergency Care measures.

The Length of Stay (LoS) benefits continuing into 2024/25 (15.2% reduction in LoS) derived from initiatives such as Every Minute Matters, Same Day Emergency Care (SDEC) development and the Transfer of Care Hubs mobilisation, have largely been subsumed by a 15% increase in Non-elective admissions.

During April, 68.5% of attendances spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission, compared to 69.1% in March, 63.4% in February, 64.7% in January. During March there was an increased focus on delivery of the four standard of care, following a national ask to achieve 76.% as a March exit position. A 'command and control light' structure was mobilised with actions taken across all Divisions to support delivery. This focus has continued into April and the Trust achieved 75.2% performance in April, which includes an uplift of 6.6% as our proportionate allocation from type 3 performance (system UTC and MIU activity).

The number of patients spending 12 hours or more in ED during April was reported as 4.1% (3.6% in March, 4% in February, 4.3% in January), following a period of deterioration during Q3 (October, 3.8%; November, 4.7%; December 5.0%). It should be noted that performance against this measure has improved from the same period last year (4.7% April 2023) and the Trust continues to progress actions to deliver and sustain the NHSE target (2%). High bed occupancy levels continue to impact timely flow across all sites; BRI 105.2% and WGH 96%.

The proportion of ambulance handovers within 15 minutes has dropped slightly in April (32.7%) compared to March (34.4%) following a period of sustained improvement (February, 27.4%; January, 27.8%; December, 26.3%). The improvement noted since December follows the predictable deterioration between July (51.4%) and October (20.6%) due to the impacts of the constrained flow (i.e. more NEL admissions coming in and increased bed occupancy), particularly noticeable on the BRI site. An improved performance has been seen for ambulance handovers within 30 minutes, with April reporting 68.1% compared with January (62.3%), February (63.2%) and March (64.7%). Whilst at Trust level ED attendances are currently tracking above 2019/20 levels, 'Ambulance conveyed' arrivals as a sub-set of attendances are up c13% compared to the same period last year.

During March, the average daily number of patients in hospital with no criteria to reside (NCTR) was 158, a slight increase from March (157) although a reduction from the volumes reported in the previous three months (February 162, January 160, December, 159). Work is underway to review the focus of the Discharge to Assess Transformation Programme to identify key schemes for 2024/25 - the system NCTR ambition of 15%, alongside a bed occupancy of 92% has been agreed, and now individual acute site targets are being reverse engineered.

Financial Position

The position at the end of April is a net deficit of £2,600k against a breakeven plan. Significant variances in the year-to-date position include: the value of elective income behind plan by £1,300k and a shortfall on savings delivery of £1,277k.

In April the Trust has spent £104k on costs associated with Internationally Educated Nurses (IENs).

Pay expenditure in April is c£500k higher than March at £61,650k and £2,032k higher than plan due to higher medical staffing costs.

Agency expenditure in month is £1,573k, compared with £1,946k in March. Bank expenditure in month is £5,711k, compared with £4,863k in February.

Total operating income is broadly in line with plan.

Reporting Month: April 2024

Safe

Caring

Successes	Priorities
<ul style="list-style-type: none"> The Trust has had no reportable cases of MRSA for April 2024. The quality improvement project for cannulation in the BRI / WGH emergency departments continues. The MRSA short life working group is progressing. We are evaluating options to determine the most effective improvements to make which have been based on the data set from post infection reviews of cases. This group is chaired by a Divisional Director of Nursing (DDoN) with cross divisional support, Infection Prevention and Control and Microbiology. The UHBW Endoscopy Team contribution as part of the South West Collaborative to provide innovative workforce solution to support endoscopy training lists, has recently been recognised as winners at the HSJ Partnership awards as the Best Healthcare Provider Partnership. In April 2024 (for the combined inpatient wards) the Trust had rostered 317,747 expected nursing hours, against the number of actual hours worked of 335,287 giving an overall fill rate of 106%. Due to the increased number of Internationally Educated Nurses coming into the numbers and that wards are now generally recruited to turnover. 	<ul style="list-style-type: none"> An options appraisal for the implementation of new sepsis NICE guidance for adults has been completed and the recommended two phased approach to implementation has been approved. Development of sepsis implementation delivery plan is underway which will be taken forward as part of our Patient First Deteriorating Patient Improvement Programme. There were three events of mixed sex breaches affecting eight patients in April 2024. A Task and Finish Group has been set up to undertake a full Equality Impact Assessment review of the Managing Single Sex Accommodation Compliance Standard Operating Procedure, aiming to assist staff in applying guidance in practice.

Reporting Month: April 2024

Safe

Caring

Opportunities

- The Dementia Delirium and Falls Team with support from Alive Activities charity lead on the Dementia Garden Project. Weekly gardening sessions continue to be held at the BRI in the garden on level 5. Funding from the Bristol and Weston charity has been agreed for the Dementia Garden project to continue for another 12 months. The aim of the Dementia Garden project is to promote activity, engagement and wellbeing and improve patient experience.

Risks & Threats

New, or increased, patient safety risks:

- Emerging Risk 7320 - Risk that follow ups may be delayed and patients may come to harm due to differing data between Trust reports and CareFlow. Current score 16. Following an incident at the Bristol Eye Hospital, it has been recognised that inconsistencies in Trust systems for capturing cohorts of patients requiring follow up produces a risk that administration teams are unaware of all patients requiring follow-up appointments. A Task and Finish Group involving the Bristol Eye Hospital Management Team, Digital Services and the Trust Outpatient Service Manager has been convened to address this.
- Risk 7449 - Risk that medical equipment may fail increase potential for use error and issues of useability or not be available when needed. Current score-16. A recent Patient Safety Incident Investigation has identified that there is currently no overall Trustwide oversight of all medical equipment used on patients. A working group has been convened to address this risk and develop a Medical Equipment Management Strategy.

Reporting Month: April 2024

Responsive

Effective

Successes

- Sustained compliant performance (>75%) with the cancer faster diagnosis standard since December;
- Cancer 62-day performance continues to be above the national recovery standard of 70%
- Improved ambulance handover performance (under 30 minutes) across the last three months.
- 12 sub-modalities reported zero patients waiting more than 13 weeks. Overall, the diagnostic long waiters over 13 weeks reduced by more than 40% in April 2024.
- Neurophysiology diagnostics maintained zero over 13 weeks wait for the fourth consecutive month.
- Endoscopy (adults) patients waiting more than 13 weeks for a diagnostic test reduced for the 7th consecutive month.
- The Open Referral Summary Partial Booking report has been redeveloped to provide a better view of Onhold and Inactive reasons allowing for more targeted validation of waiting lists.
- Trust DNA rate is showing 4 months of sustained reduction reaching 6.0%. DrDoctor basic rescheduling functions have been rolled out across a number of specialities supporting this reduction.
- At the end of this month WGH has gone live with DrDoctor digital letters circa 220,000 letters have now been uploaded digitally

Priorities

- Ensure a minimum of 78% of patients are spending less than 4 hours in ED (by March 2025).
- To ensure that no more than 2% of patients attending ED are waiting more than 12 hours between arrival and discharge / admission / transfer.
- Ensuring all cancer patients are treated in a clinically safe timescale and the improved performance against all standards is sustained
- In line with national expectation, the Trust continues to work towards eliminating all 78ww breaches by the end of March 2024 and sustain this position.
- To support the reduction of patients waiting longer than 65 weeks by end of March 2024 and to ensure that where possible, there are no patients waiting for 65 week or over by end of Q1.
- Spring focus with four new priorities which relate to: mobilise delivery plan schemes in the pursuit of 52ww elimination; focus on reducing first outpatient waits in the 52ww cohort; Ensure all lists are being booked in order; focused house-keeping on patients who are on an appointment for booking list/ASI list/drop off list or pre/post RAS list.
- All RTT patients who are on a Trust waiting list should have administrative validation (patient contacted), technical validation (pathway validated in PAS) and clinical validation every 12 weeks as per the local access policy. There are plans in place to have 3 of the 5 RTT validators (funded via approved business case) in place by end of June.
- The Audiology (adults) and Echocardiography services have experienced exceptional challenges, especially since January 2024. The Service are reviewing all possible improvements actions and recovery of these modalities are a priority.
- The Trust was aiming to have zero patients waiting more than 13 weeks for a diagnostic test by March 2024, whilst this was not achieved, most modalities made improvements. Risks to performance improvement are noted, trajectories and plans that align to this ambition are being finalised for 24/25 with all Divisions.
- Roll out of DrDoctor basic rescheduling in progress, with a view to Trustwide delivery by July 2025. Benefits anticipated are a reduction in telephone volume, reduction in DNA rate and improvement in patient experience.
- System C are being contracted by digital services to support bulk closures for February with the aim of closing circa 40,000 patient pathways on Inactive, On-hold and Partial booking lists. The team are targeting further validation of these lists in Q1 with the aim of validating all patients reported as waiting above 12 months.

Reporting Month: April 2024

Responsive

Effective

Opportunities

- 4-hour and 12-hour ED performance improvement plans are in development. This includes a review of expected patient pathways (with speciality specific actions) and demand and capacity reviews.
- The Trust appointed a trust-wide Theatre Improvement Programme Lead in July 2023 and new clinical leadership roles have been established in the BRHC and BEH. Trust self-assessment underway against recently published GIRFT (Getting It Right First Time) guidelines.
- A task and finish group has been established, focussing on the management of elective cancellations.
- NHSE has released specialist advice commissioning framework. This includes a number of recommendations to improve the approach of referral, triage and specialist advice. This is framework is currently under review with system partners.
- With focus on the 52ww cohort and booking 75% of those patients for their first outpatient appointment by end of July, we will be better placed to reduce our waiting list size by March 2025 as per the trust's operating plan.
- Outpatient 2025 task and finish group are focussing on the accuracy of our call handling metrics and opportunities available of modernising the call handling platform.
- We have an opportunity to recruit five fixed term staff to launch our elective care hub. This team will form part of the corporate RTT team but will be focused on speaking to our patients whilst they remain on our waiting list. The purpose of the contacts will be to ensure that the patients are waiting well, that they are able to accept an appropriate appointment when one is made available to them, and that reasonable notice offers of appointments are being made.

Risks & Threats

- Increase in demand and lack of flow through hospitals impacting the ability to achieve key UEC performance standards
- Impact on cancer waiting times due to industrial action if further strikes occur (new 6-month mandate for strike action by junior doctors in place). This also has an impact on RTT patients who may be cancelled to ensure that the rebooking of Cancer patients takes priority.
- Backlogs in thoracic surgery for outpatients and surgery causing significant delays
- The trust are unable to treat all patients who are within the 65ww cohort by September 2024 (risk 7182)
- Ongoing risk of electronic Referral Service (e-RS) lists. Potential for patients to contribute to the RTT long wait position as 'Pop up' referrals. A trust wide SOP is in place to advise admin staff how to manage pop-ons and the escalation process that should be followed.
- Risk of outpatient follow up backlog volumes exceeding Trust capacity (trust risk 2244). Potential clinical risk associated with reduction of follow up activity increasing issues with follow up backlog position.
- Whilst Diagnostic performance for % under 6 weeks improved significantly until March 2024, diagnostic performance is currently challenged. Progress for the reduction of diagnostic long waiters continues to be challenging in key areas – but improvements were made in April 2024. Paediatric sub-modalities and modalities with niche constraints continue to impact the overall progress for diagnostic long waiters.
- Echocardiography performance is an increasing risk to the Trust's diagnostic performance. This is attributed to continuous rising demand, particularly for urgent patients and inpatients which impacts the capacity for routine patients. Further actions are being reviewed for the development of 24/25 recovery plans.
- Challenges in Sleep diagnostics are impacting diagnostic performance, especially for the long waiters reduction. The Sleep service is utilising significant additional capacity via insourcing to recover the backlog, and has also reviewed referral criteria for new patients. New patient GP referrals for out of area patients have also been temporarily restricted.

Reporting Month: April 2024

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

CQC Domain	Metric	Standard Achieved?	
Responsive	Emergency Care - 4 Hour Standard	Y	
	Delayed Discharges	N/A	
	Referral To Treatment	N	
	Referral to Treatment – Long Waits	P	
	Cancelled Operations	N	
	Cancer 31 Day Referral to Treatment	P	
	Cancer 62 Day Referral to Treatment	Y	
	Cancer 28 Day Faster Diagnosis	Y	
	Diagnostic Waits	N	
	Outpatient Measures	P	
	Outpatient Overdue Follow-Ups	N	
	Effective	Mortality (SHMI)	Y
		Mortality (HSMR)	N/A
Fracture Neck of Femur		P	
Mixed Sex Accommodation		N	
Maternity Services		N/A	

CQC Domain	Metric	Standard Achieved?
Well-Led	Staffing Levels – Agency Usage	Y
	Staffing Levels – Turnover	Y
	Staffing Levels – Vacancies	Y
	Staff Sickness	Y
	Staff Appraisal	N
	Use of Resources	Average Length of Stay
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

April 2024

N Not Achieved

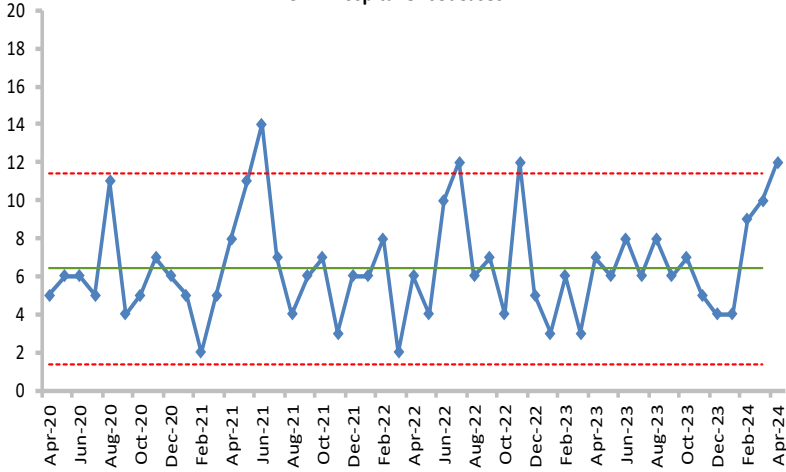
Standards:	<p>Infections are reported in two different categories for infections associated with hospital care:</p> <ol style="list-style-type: none"> 1. Hospital Onset – Healthcare Associated (HOHA). Patient is an inpatient in an acute trust and has 3 or more days between admission and a positive specimen. 2. Community Onset – Healthcare Associated (COHA). Patient returns a positive specimen within 28 days of discharge from an elective or emergency hospital admission. <p>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. Trajectories/targets for 2024/25 to be agreed.</p>
Performance:	<p>The trust saw 14 cases of Clostridium difficile in April these were apportioned as 12 HOHA and 2 COHA. There are several potential contributory factors for increased risk of Clostridioides Difficile infection, the most important ones being antibiotic prescribing and appropriate standards of cleanliness including commodes and toilet areas.</p>
Actions/Plan:	<ul style="list-style-type: none"> • The short life task finish focusing on C.Diff is underway and already identifying areas for improvement in the patients care pathways. The lead for this work is a DDoN. • C. Diff reviews have been streamlined in line with patient safety response principles to maximise timely learning and importantly key actions for improvement within a shortened timescale this remain under review. • The Operational Infection Control Group continues to scrutinise the cleaning standards audited with Divisions with a revised template being developed for the Division Matron's to report to 'track progress' when cleaning standards are not delivered collaboratively with the Facilities management team. • The implementation of electronic additional cleaning requests is rolling out and allowing for embedding of the cleaning risk categories are being delivered following the discharge of a patient with a known infection.
Ownership:	Chief Nurse

	Apr-24		2023/2024		2022/2023	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	5	0	25	7	23	4
Specialised Services	1	1	12	8	8	3
Surgery	0	0	4	1	11	1
Weston	3	1	27	9	27	7
Women's and Children's	3	0	12	2	8	3
Other	0	0	0	3	1	4
UHBW TOTAL	12	2	80	31	78	22

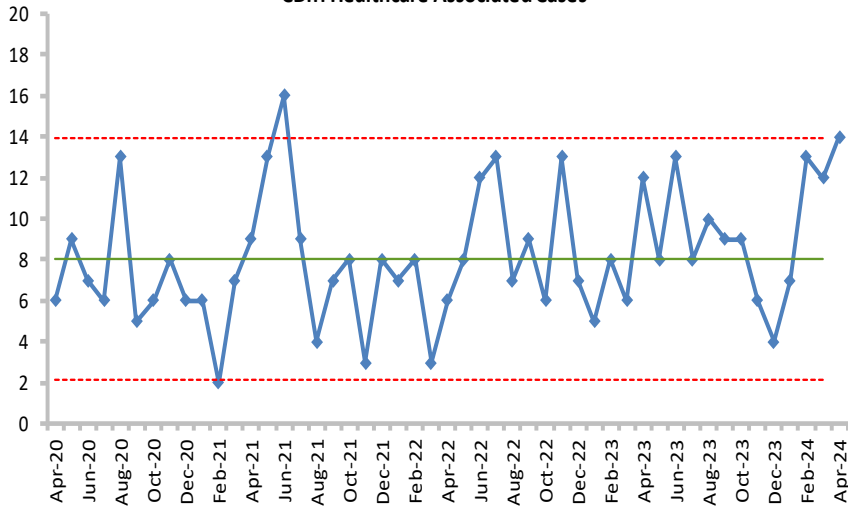
Infection Control – C.Difficile

April 2024

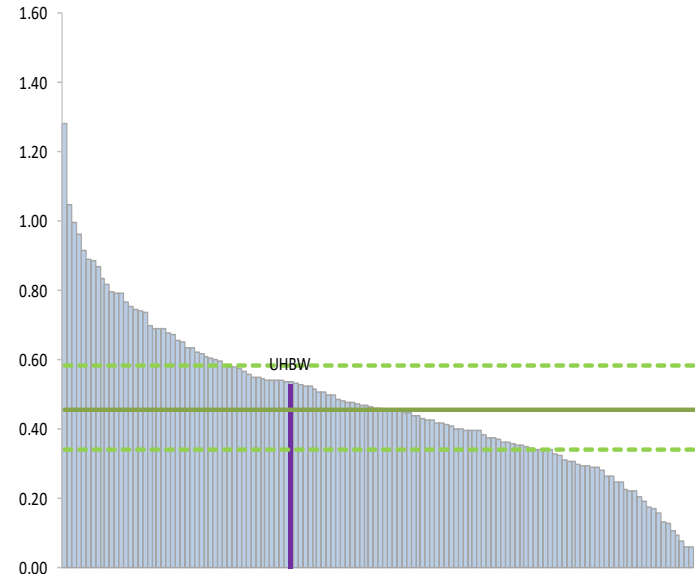
CDiff Hospital Onset Cases



CDiff Healthcare Associated Cases



Benchmarking - C.Diff Rate Per 1000 Beddays - April 2023 to March 2024



Infection Control - MRSA

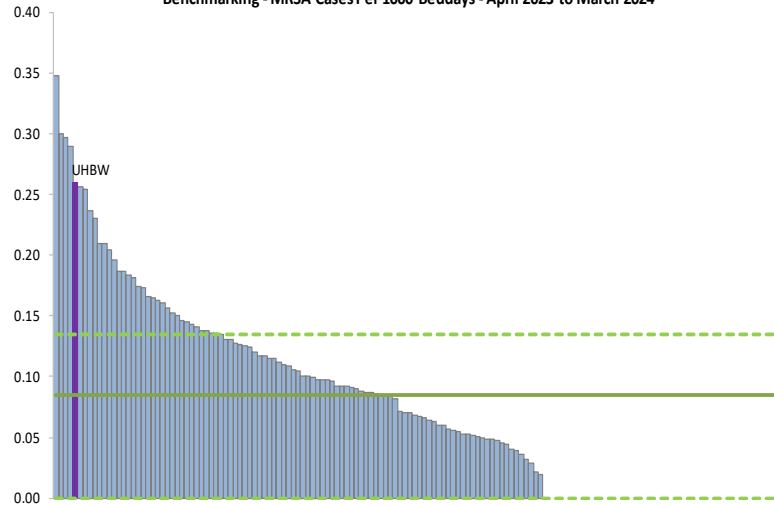
April 2024

Y Achieved

Standards:	The standard is to have zero Trust Apportioned MRSA cases. This is Hospital Onset cases only.
Performance:	The trust has had no reportable cases of MRSA for April 2024 so far there is no data to report.
Action/Plan:	<ul style="list-style-type: none"> The ongoing QI project for cannulation in BRI / WGH ED continues. The MRSA short life working group is underway. Various opportunities for improvement have been identified based on the data set from the post infection reviews of cases. This group is chaired by a Divisional Director of Nursing (DDoN) with cross divisional support, Infection Prevention and Control and Microbiology.
Ownership:	Chief Nurse

	Apr-24	2023/2024	2022/2023
Medicine	0	2	1
Specialised Services	0	0	1
Surgery	0	3	2
Weston	0	3	1
Women's and Children's	0	1	2
Other	0	0	0
UHBW TOTAL	0	9	7

Benchmarking - MRSA Cases Per 1000 Beddays - April 2023 to March 2024



Harm Free Care – Inpatient Falls

April 2024

Y Achieved

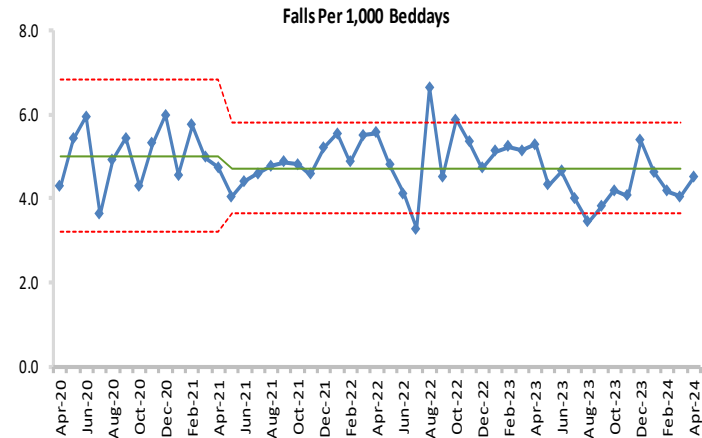
<p>Standards:</p>	<p>To reduce and sustain the number of falls per 1,000 bed days below the UHBW threshold of 4.8 and to reduce and sustain the number of falls resulting in moderate or higher level of harm to two or fewer per month.</p>
<p>Performance:</p>	<p>During April 2024: There have been 149 falls, which per 1000 bed days equates to 4.55. There were 105 falls at the Bristol site and 44 falls at the Weston site. There has been 1 fall with major harm.</p> <p>The number of falls in April 2024 (149) is higher than March 2024 (140). There is 1 one fall with major harm in April 2024, this is fewer than the previous month (5). Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register.</p>
<p>Action/Plan:</p>	<p>Steering group The Dementia Delerium 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 April the divisions of surgery and medicine provided an update, including patient stories and shared learning. Discussions and learning shared regarding medication for pain and correlation with falls risk and SWARM huddle documentation.</p> <p>Dementia, Delirium and Falls Team Workload of the DDF team continues to be reviewed in light of increasing complexity of patients being referred, multiple teaching and training sessions the team is delivering, as well as their continued input into quality improvement projects for prevention and management of falls as well as improving experience of care of those with dementia and delirium.</p> <p>The DDF team are participating in the National Audit of Dementia and continue to complete the National Audit of Inpatient Falls. The DDF team are leading on 3 Quality Improvement projects:</p> <ol style="list-style-type: none"> 1. Improving assessment and recording of Multi-Factorial Risk Assessment for patients. The Team are providing education support for increasing awareness of completing the MFRA. The team are currently working on a modified proforma to help improve completion and use of the document. 2. Review and update the Multi Factorial Risk Assessment document to embed Personalisation, Prediction, Prevention and Participation in falls prevention and management across the trust. 3. Improving mobilisation and preventing deconditioning in hospitals. The DDF team are involved with supporting the Active Hospitals project in the Every Minute Matters programme. <p>The DDF Team with support from Alive Activities charity lead on the Dementia Garden Project. Weekly gardening sessions continue to be held at the BRI in the garden on level 5. Funding from the Bristol and Weston charity has been agreed for the Dementia Garden project to continue for another 12 months. The aim of the Dementia Garden project is to promote activity, engagement and wellbeing and improve patient experience. A volunteer has recently joined the DDF Team to provide a befriending service to patients who have a cognitive impairment.</p> <p style="text-align: right;"><i>....continued over page</i></p>

Harm Free Care – Inpatient Falls

April 2024

Action/Plan (continued):	<p>Training</p> <p>The DDF Steering Group provides an Education Component. Bitesize education sessions are delivered to the group on relevant topics. On the 16th April 2024 the draft annual education plan was discussed, group members were invited to share opinions and suggestions for future education topics.</p> <p>The DDF team continue to deliver ‘in-place’ and simulation-based training for staff across the trust. The Quality Care in Dementia education day was successfully delivered on the 10th of May 2024 at the Academy, Weston General Hospital.</p> <p>In April 2024, 180 members of staff attended the training sessions.</p>
Ownership:	<p>Chief Nurse</p>

	Apr-24		2023/2024		2022/2023	
	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays	Falls	Per 1000 Beddays
Diagnostics and Therapies	2	333.33	38	246.75	21	291.67
Medicine	62	8.22	616	6.78	811	8.89
Specialised Services	15	2.93	237	3.82	259	4.12
Surgery	19	3.58	222	3.69	224	3.88
Weston	44	5.55	546	5.77	635	6.39
Women's and Children's	6	0.83	47	0.54	51	0.59
Other	1		11		5	
UHBW TOTAL	149	4.49	1717	4.32	2006	5.02



Harm Free Care – Pressure Injuries

April 2024

Y Achieved

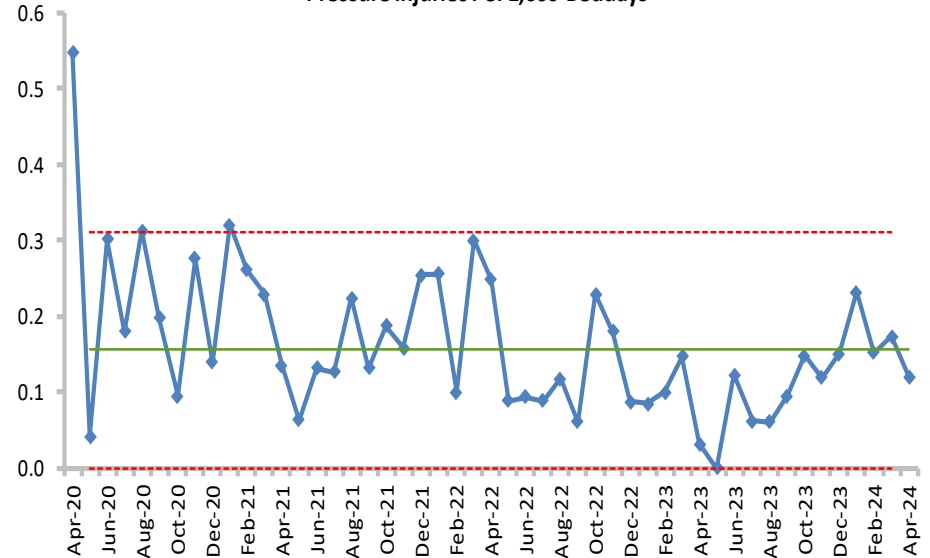
<p>Standards:</p>	<p>Pressure Injuries are classified as Category 1,2,3 or 4 depending on depth and skin/tissue loss, with category 4 the most severe. For this measure category 2, 3 and 4 are counted. There is an additional category referred to as “Unstageable”, where the final categorisation cannot 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.</p>
<p>Performance:</p>	<p>During April 2024, the rate of pressure injuries per 1,000 bed-days was 0.12 across UHBW. Across UHBW there were two unstageable pressure ulcers, one in Surgery Division (sacrum) and one in Weston (sacrum). Both patients were frail and elderly and receiving palliative / end of life care. There were two category 2 pressure injuries, one in Medicine Division (heel) and one in Children’s (heel).</p> <p>The theme of sacral and heel injuries is evident this month and this is a theme which continues to play through as thematic analysis captures these as the two most common areas for pressure damage occurrence.</p> <p>Adherence to Pressure Ulcer Care Plans remained inconsistent throughout April, though at Tissue Viability Nurse (TVN) review, patients were found to be nursed with appropriate pressure relieving measures in place.</p>
<p>Action/Plan:</p>	<ul style="list-style-type: none"> • TVN initiated Pressure Ulcer Care Plan monthly audit in Weston and Medicine. Results submitted to Divisions at end of each month. • Work with Divisional Matron leads to support with improvements to Pressure Ulcer Care Plan compliance. • Ongoing biannual face-to-face study days for staff across UHBW. • Ongoing twice monthly study days in Weston to roll out leg bandaging and update staff on pressure ulcer prevention, dressing selection and wound management. • Ongoing engagement with TV champions on wards to support good pressure prevention practice, including support, feedback, and wellbeing incentives. • Monthly Tissue Viability newsletter, quiz and UHBW TVN Twitter account sites focusing on key themes each month and delivering key messages to staff.
<p>Ownership:</p>	<p>Chief Nurse</p>

Harm Free Care – Pressure Injuries

April 2024

	Apr-24		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	1	0.133	12	0.132	13	0.142
Specialised Services	0	0	6	0.097	3	0.048
Surgery	1	0.189	9	0.15	12	0.208
Weston	1	0.126	15	0.159	22	0.221
Women's and Children's	1	0.139	3	0.035	1	0.012
Other	0		0		0	
UHBW TOTAL	4	0.12	45	0.113	51	0.128

Pressure Injuries Per 1,000 Beddays



April 2024

Y 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:	<ul style="list-style-type: none"> • A monthly update for the Core Skills titles shows an increase of 0.4%, from 90.4% to the current figure of 90.8%. Rates increased for ten of the eleven core skills titles – just Fire Safety displays no increase, remaining at 91.7%. • All divisions show an increase in the overall core skills rates when compared with last month, the lowest increase being 0.2% and the highest 0.6%. • The overall compliance rate for remaining essential training titles has also increased by 0.4%, from 91.4% to 91.8%. Of the individual titles in this section, 16 show increases, 4 no change, and 3 a decrease – with Medical & Dental induction displaying a significant decrease of -17.1%. • As with the core skills, the divisional compliance rates for the remaining titles have all increased when compared with the previous month.
Action/Plan:	<p>Oliver McGowan Mandatory Training (OMMT)</p> <ul style="list-style-type: none"> • OMMT is expected to be officially recognised as the ‘12th’ Core Skill in 2024. At point of writing, 9201 staff have now completed the eLearning, which reflects an all-staff engagement rate of 55.65% toward ‘part one’ of OMMT training. The eLearning must be completed before staff can attend the interactive ‘part two’ session and achieve full compliance.
Ownership:	Director of People

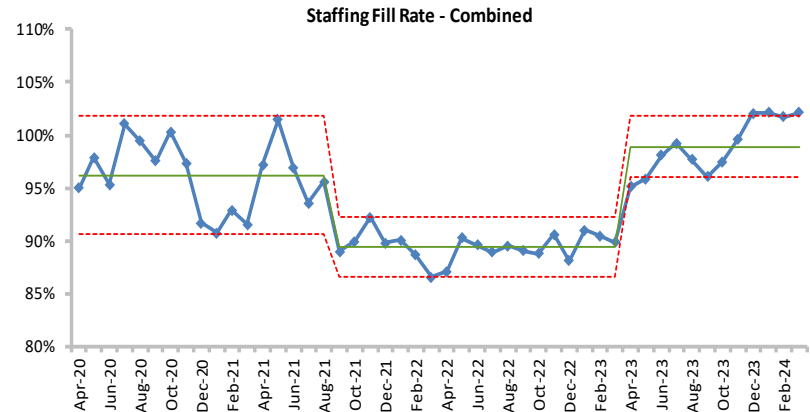
Nurse Staffing Levels

April 2024

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:	<ul style="list-style-type: none"> The report shows that in April 2024 (for the combined inpatient wards) the Trust had rostered 317,747 expected nursing hours, against the number of actual hours worked of 335,287 giving an overall fill rate of 106%. The band 5 vacancy rate continues to reduce and is now down to 13.2 WTE which equates to a vacancy level of 0.7% whilst the turnover rate increased marginally from 11.2 last month to 11.7% in April 2024. The overall fill rate is now above 106% due to the increased number of Internationally Educated Nurses coming into the numbers and that wards are now generally recruited to turnover.
Action/Plan:	<ul style="list-style-type: none"> The twice daily staffing meetings continue to monitor staffing levels across the hospitals to ensure optimal use of staff. Where indicated Allocate on Arrival assignments are being stood down. All off framework agency and break glass shift requests are now only authorised by the Chief Nurse/Deputy Chief Nurses in line with the national agency rate cap project. This has had a positive impact. Extra capacity and ED queue areas are increasing being covered from the substantive staff base rather than temporary staffing assignments (both bank and agency)
Ownership:	Chief Nurse

	Apr-24		
	Combined	RN	NA
Medicine	107.4%	111.3%	103.6%
Specialised Services	102.3%	91.2%	133.9%
Surgery	107.8%	109.9%	103.2%
Weston	107.5%	93.7%	123.7%
Women's and Children's	101.9%	101.1%	105.3%
UHBW TOTAL	105.4%	102.3%	111.3%

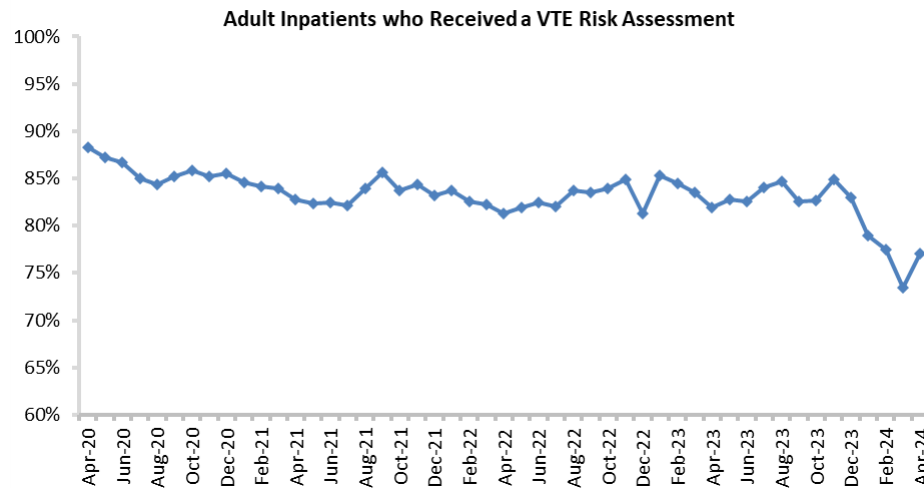


Venous Thromboembolism (VTE) Risk Assessment

April 2024

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:	Performance in this domain remains fairly static at 77.1%. This is since the change in recording implemented in January 2024. The underlying issues persist and are being worked through in the VTE improvement plan.
Action/Plan:	<p>A number of actions are in progress in line with the improvement plan:</p> <ul style="list-style-type: none"> • A detailed update to the VTE improvement plan has been presented to Quality and Outcomes Committee and Patient Safety Group this month. • A meeting to look specifically at Careflow Medicines Management (CMM) and VTE risk assessments is taking place in May to look at this aspect. CMM is a new electronic system for medicines prescribing and VTE risk assessments will be part of this. • Meetings with the patient safety leads for divisions planned to look at specific actions to support divisions.
Ownership:	Medical Director



Division	SubDivision	Number Risk		Percentage
		Assessed	Total Patients	Risk Assessed
Diagnostics and Therapies	Radiology	33	33	100.0%
Diagnostics and Therapies Total		33	33	100.0%
Medicine	Medicine	3,305	4,735	69.8%
Medicine Total		3,305	4,735	69.8%
Specialised Services	BHOC	2,539	2,654	95.7%
	Cardiac	367	589	62.3%
Specialised Services Total		2,906	3,243	89.6%
Surgery	Anaesthetics	20	23	87.0%
	Dental Services	134	214	62.6%
	ENT & Thoracics	235	417	56.4%
	GI Surgery	1,189	1,659	71.7%
	Ophthalmology	282	297	94.9%
	Trauma & Orthopaedics	171	404	42.3%
Surgery Total		2,031	3,014	67.4%
Women's and Children's	Women's Services	1,507	1,668	90.3%
Women's and Children's Total		1,507	1,668	90.3%
Grand Total		9,782	12,693	77.1%

Deteriorating Patient

February / March 2024

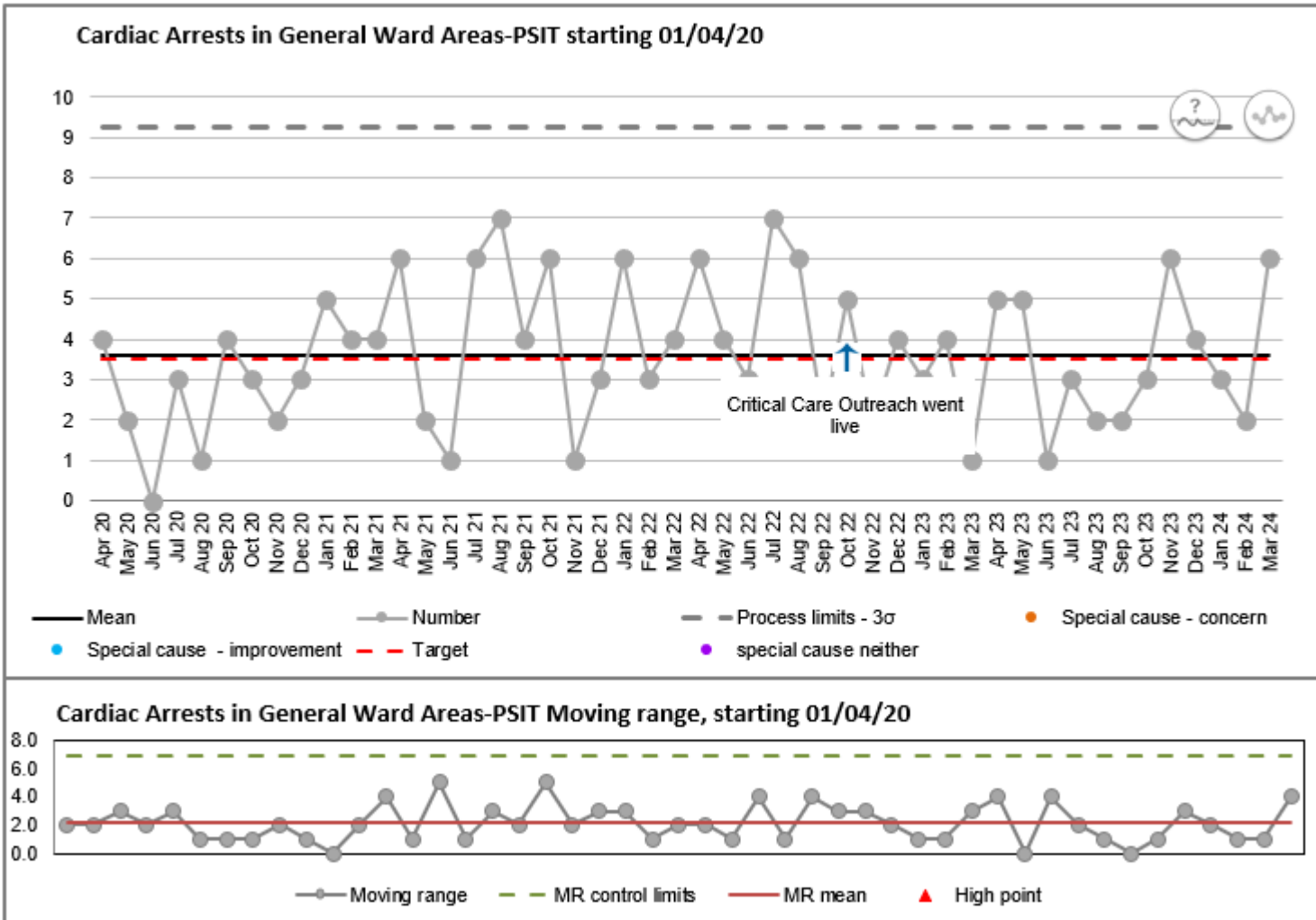
N/A *No Standard Defined*

Standards:	<p>Delayed recognition and response to patient deterioration is nationally recognised as one of the significant causes of avoidable harm. This is a long-term improvement programme (to March 2025) with several workstreams reported in more detail as part of the Patient First Deteriorating Patient corporate project. The programme includes: implementation of an adult critical care outreach team across the BRI main site (already in place in Weston General Hospital), a refresh of e-observations monitoring of patients' vital signs and supporting resources, use of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and monitoring pregnant patients in non-maternity settings. The number of cardiac arrests in general adult wards and unplanned adult Intensive Therapy Unit (ITU) admissions are the proxy outcome indicators for prompt recognition and response to patient deterioration.</p>
Performance:	<p>The number of cardiac arrests in general ward areas is one of the proxy outcomes measures for the deteriorating patient programme. This relates to adult in-patients in general wards. In March 2024 there were six cardiac arrests in general ward areas.</p> <p>Unplanned (ITU) admissions of adult inpatients is the second of the proxy outcome measures for the deteriorating patient programme and shows only patients with a National Early Warning Score (NEWS2) score of 5 or more; these patients are sampled because this audit aims to measure and identify improvements in the clinical outcomes for patients who deteriorated prior to being admitted to ITU. The mean for the year to date is 14.7 unplanned ITU admissions per month; figure for March 2024 is 14.</p> <p>The graph for unplanned ITU admissions CQUIN data (Commissioning for Quality and Innovation data) measures the percentage of adult patients who had an unplanned ITU admission had documented escalation and response within a certain time. Quarter 4 data is still being obtained.</p>
Action/Plan:	<p>Actions described below are being taken as part of our Deteriorating Patient Improvement Programme:</p> <ul style="list-style-type: none"> • Options appraisal for Sepsis NICE guidance completed; recommendation of two phased approach to implementation approved at Clinical Quality Group (CQG). Development of Sepsis implementation delivery plan underway. • Evaluation commenced on Recognising, Escalating and Responding to the Deteriorating Patient (Adult) eLearning. • Evaluation of the impact of Maternity and Obstetric Early Warning Scores in non-obstetric settings commenced (audit). • Review of data to inform 24/25 priorities relating to the Deteriorating Patient Programme under Patient First (Revised Deteriorating Patient Project Charter). • A3 Thinking using Patient First methodology has commenced on Escalation and Response.
Ownership:	<p>Medical Director</p>

Deteriorating Patient

February / March 2024

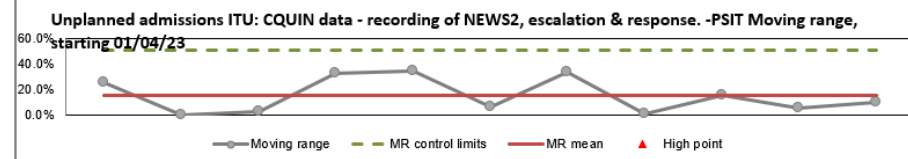
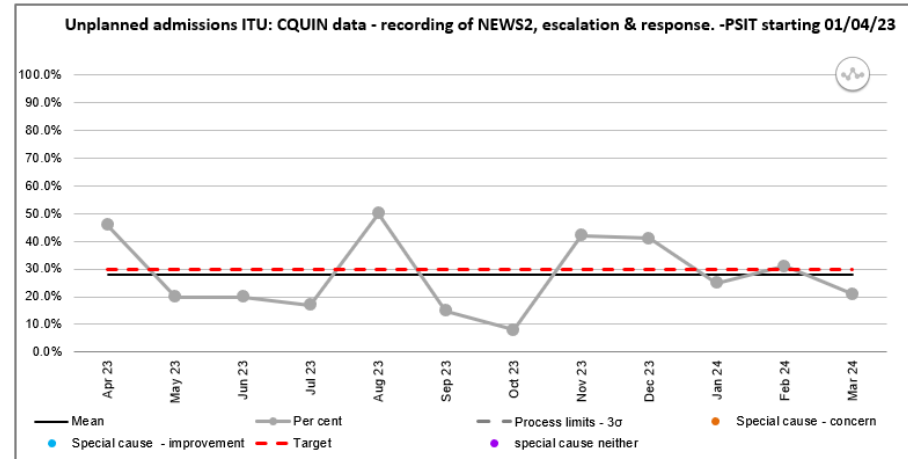
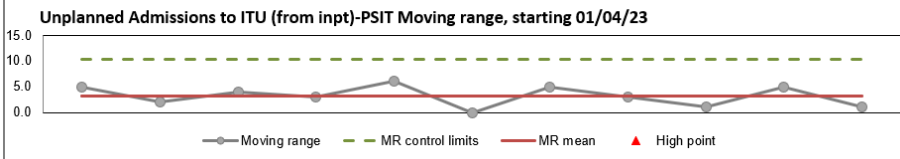
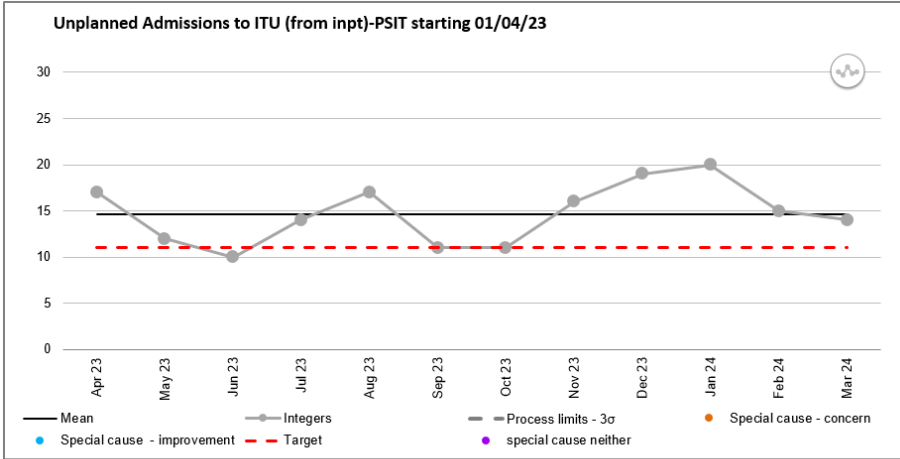
N/A No Standard Defined



Deteriorating Patient

February / March 2024

N/A No Standard Defined

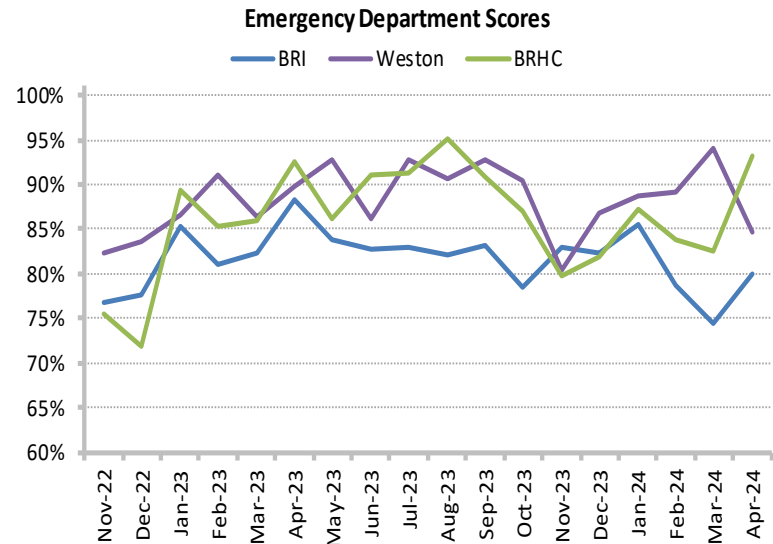
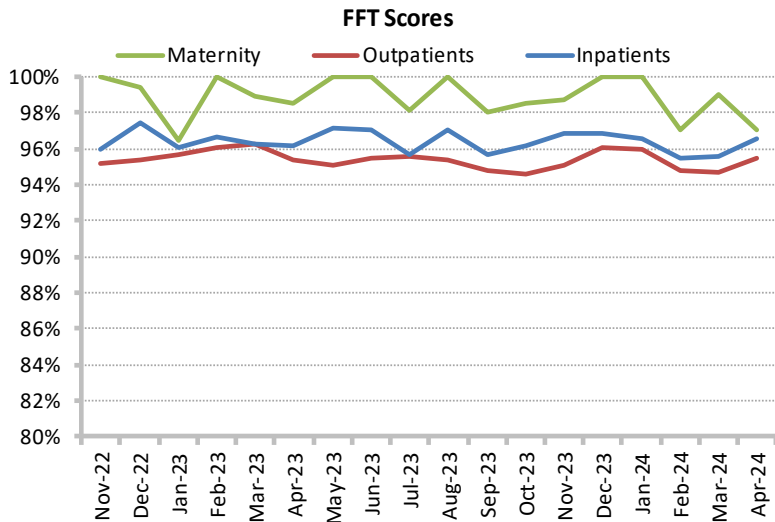


Friends and Family Test (FFT)

April 2024

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:	<p>We received 6,610 FFT responses from patients in April 2024, which an increase of 12% compared to the number of responses received in March 2024 (5,917).</p> <p>"FFT performance in April 2024:</p> <ul style="list-style-type: none"> • FFT scores for inpatients, day cases, maternity and outpatients remain positive (all 95% and above) and broadly consistent with March figures. • The overall FFT score for the Trust’s Emergency Departments was 88% (an increase from 85% reported in March 2024 and above the latest published (March 2024) national average FFT score for Emergency Departments (78%)."
Action/Plan:	Friends and Family Test data is uploaded into the Patient Feedback Hub for wards and departments to view routinely as part of local clinical governance arrangements.
Ownership:	Chief Nurse



Monthly Patient Survey

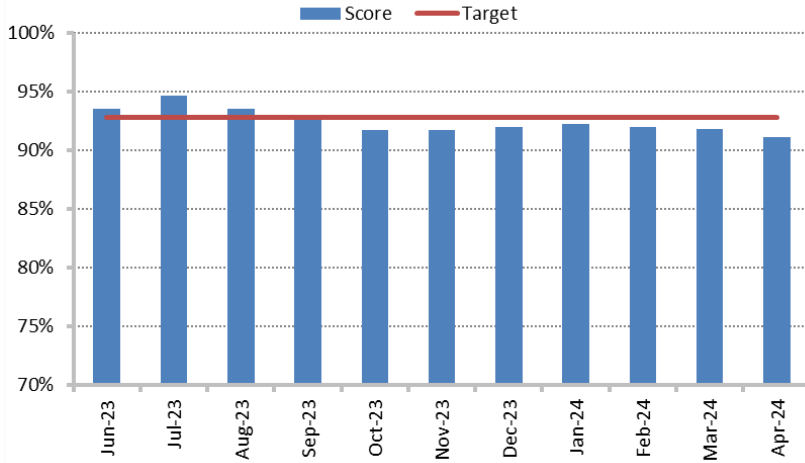
April 2024

P Partially Achieved

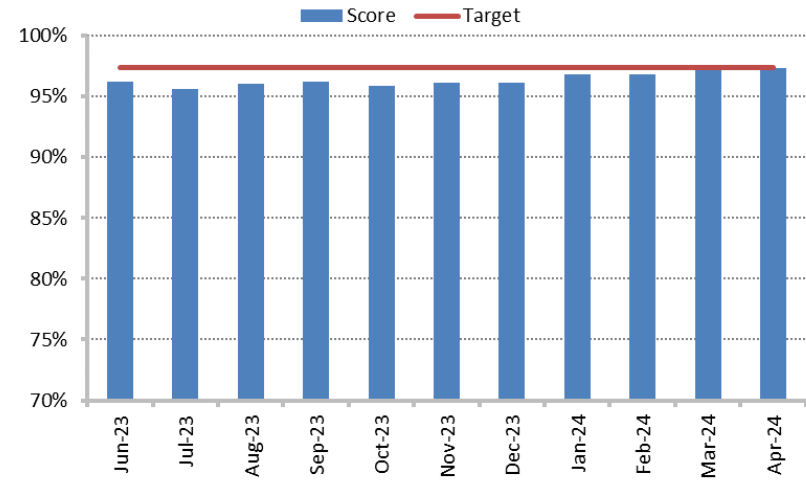
<p>Standards:</p>	<p>The Inpatient and Outpatient Experience Score metric is based on the survey question ‘Overall, how was your experience of our service?’. The score is based on the percentage of patients who responded to the monthly survey who rated their care as good or very good in the overall experience question. The target for this metric is for 98% of patients to rate their care as a good or above (via the monthly surveys) by the end of 2027/28 financial year against the baseline position for 2022/23. A five year trajectory has been agreed to reach the target. The current year target (2024/25) for inpatients and maternity services to achieve a score of 94.1% or higher, for outpatients the target is 97.5%.</p> <p>The communication experience metric is a composite indicator of 16 questions in the monthly inpatient survey that focuses on communication-related aspects of care. The target is a score of 88%. This metric has been developed to monitor the Patient First Experience of Care breakthrough objective. The metric includes questions on how well we involve patients in decisions about their care, how clearly we communicate with patients and keep them informed on what will happen next in their care, whether we treat patients with kindness and understanding and respect and dignity.</p> <p>These metrics are the Patient First True North metrics for the Experience of Care priority. Divisional level metrics are reported quarterly through the Experience of Care Group (EoCG) and Quality and Outcomes Committee (QOC). Patient First methodology will drive the programme of work required to turn the dial to reach the target for inpatients and maternity and therefore at this relatively early stage in the roll-out, we may expect to see initial under-performance.</p>
<p>Performance:</p>	<ul style="list-style-type: none"> • The rolling 3-month average inpatient experience to April 2024 was 91.3% (April score was 90.2%). Metric is below target for 2024/2025. • The rolling 3-month average for outpatient experience to April 2024 was 97.4% (April score was 97.3%). Metric is just below target for 2024/2025. • The rolling 3-month average for the inpatient communication metric experience to April 2024 was 83.1% (April score was 82.4%). Metric is below target for 2024/2025.
<p>Action/Plan:</p>	<p>Improving inpatient experience is a Patient First priority. The breakthrough objective focuses on improving communication between patients and staff because we know this is the biggest driver of overall experience. A new communication experience metric has been produced and ward-level analysis was shared with Divisions in January 2024 to support conversations on where to focus improvement efforts. To date, Medicine and Specialised Services have selected this as a priority area via Catch-ball and there is a focus on improving communication experience at Weston General Hospital.</p>
<p>Ownership:</p>	<p>Chief Nurse</p>

April 2024

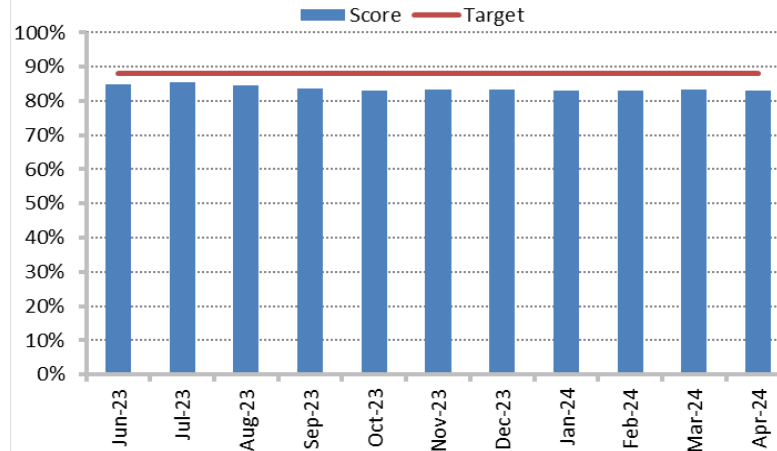
Inpatient Experience Score - Rolling Three Months



Outpatient Experience Score - Rolling Three Months



Inpatient Communication Score - Rolling Three Months



Patient Complaints

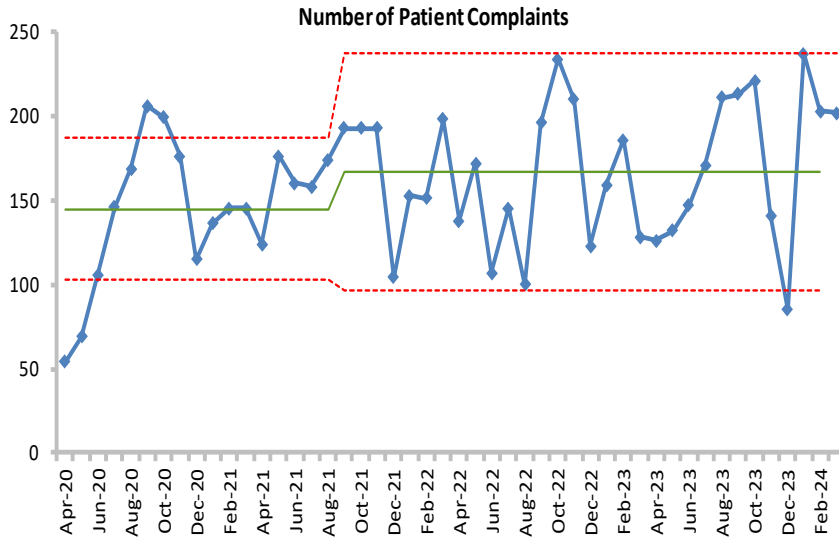
March 2024

P Partially Achieved

<p>Standards:</p>	<p>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%.</p>
<p>Performance:</p>	<ul style="list-style-type: none"> • 202 new complaints were received (51 Formal, 124 Informal and 27 PALS Concerns). • 91% of complaints received in March were acknowledged in line with national guidance (within three working days). • Responses for 43 Formal and 123 Informal complaints were sent out to complainants and seven PALS Concerns were responded to. • 72% of formal complaints and 77% of informal complaints were responded to by the deadline agreed with the complainant. <ul style="list-style-type: none"> ○ Of the 12 breaches of timescale for formal complaints, there were five for the Division of Medicine, two each for Specialised Services and Women & Children, and one each for Surgery, Trust Services and Weston Management Team. ○ 11 breaches were attributable to delays in the divisions and one was due to a delay in processing by the PALS & Complaints Team. • 100% of PALS Concerns were responded to by the deadline agreed with the enquirer/complainant. • Of the first responses sent out in January 2024, there was just one complaint where the complainant was dissatisfied with our response (this measure is reported two months in arrears). This represents 3.2% of the responses sent out that month. This is the second month in a row that the Trust has reported just one dissatisfied case.
<p>Action/Plan:</p>	<p>The PALS & Complaints Team continue to work closely with divisions to reduce the backlog of cases waiting to be allocated to a caseworker, although the long-term sickness absence of the team's only full-time administrator has impacted on the recovery as caseworkers have been redeployed to administrative duties to avoid a backlog building up at the front end of the process.</p>
<p>Ownership:</p>	<p>Chief Nurse</p>

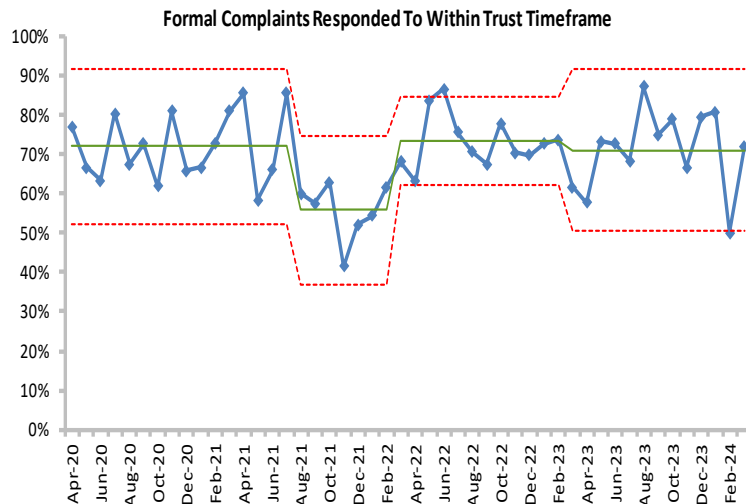
Patient Complaints

March 2024



Complaints Received: Mar-24

	Total	Formal	Informal	PALS Concerns
Diagnostics and Therapies	5	1	4	3
Medicine	39	8	25	8
Specialised Services	32	7	17	8
Surgery	60	13	38	11
Weston	12	10	2	0
Women's and Children's	45	12	30	3
Other	9	0	8	1
UHBW TOTAL	202	51	124	34



Formal Complaints Responses: Mar-24

	Within Target	Total Response	% Within Target	Attributable To Division
Diagnostics and Therapies	1	1	100%	0
Medicine	5	10	50%	5
Specialised Services	2	4	50%	2
Surgery	7	8	87.5%	1
Weston	4	5	80%	1
Women's and Children's	11	13	84.6%	1
Other	1	2	0.721	1
UHBW TOTAL	31	43	72.1%	11

April 2024

N Not Achieved

<p>Standards:</p>	<p>Time Spent in Department</p> <p>The total time spent in the emergency department (ED) measures from arrival time to discharge/admission time. There are two standards reported:</p> <ul style="list-style-type: none"> • The “4 Hour Standard”. This is the standard that has been reported in previous years and had a constitutional standard of 95%. For 2024/25, systems are required to return performance to 78% by March 2025, i.e. 78% of ED attendances should spend less than 4 hours in ED. UHBW is required to deliver 71.8% by March 2025 to contribute to the 78% system target. • The “12 Hour Standard”. This standard was introduced in 2023/24 and reports the proportion of patients attending ED who wait more than 12 hours from arrival to discharge, admission or transfer. This has an operational standard of no more than 2%. <p>Note: both these standards apply to all four emergency departments in the Trust.</p> <p>During April, 68.54% of patients attending ED spent less than 4 hours in an emergency department from arrival to discharge or admission. This has met the operational planning trajectory of 68.5% for April. The April performance for the "12 Hour Standard" shows a slight deterioration to 4.11%, compared to 3.65% in March, with 716 patients spending more than 12 hours in ED out of a total of 17,422 attendances.</p> <p>12 Hour Trolley Waits</p> <p>This metric relates to patients who are admitted from ED, and measures from the Decision To Admit (DTA) time to the Admission Time. This is a standard that has been reported in previous months and will continue to be reported in 2023/24.</p> <p>Ambulance Handovers</p> <p>Following handover between ambulance and ED the ambulance crew should be ready to accept new calls within 15 minutes. The two metrics reported are the number and percentage of handovers that are completed within 15 or 30 minutes. The current improvement targets are that 65% of handovers should be completed within 15 minutes and 95% within 30 minutes.</p>
<p>Performance:</p>	<p>During April, 68.54% of patients attending ED spent less than 4 hours in an emergency department from arrival to discharge or admission. This has met the operational planning trajectory of 68.5% for April. The April performance for the "12 Hour Standard" shows a slight deterioration to 4.11%, compared to 3.65% in March, with 716 patients spending more than 12 hours in ED out of a total of 17,422 attendances.</p> <p>During April, there were 350 12 Hour Trolley Waits, compared to 249 in March.</p> <p>Of the 3,862 ambulance handovers in April:</p> <ul style="list-style-type: none"> • 1,263 ambulance handovers were within 15 minutes which was 32.7% of all handovers. • 2,629 ambulance handovers were within 30 minutes which was 68.1% of all handovers.

April 2024

Actions:

Bristol Royal Infirmary (BRI)

- BRI ED attendances were 228.1 per day in April. This was the highest average number of daily attendances in 2023/24.
- Overall, ED 12-hour performance has deteriorated for last three quarters: 2.6% Quarter 2, 6.0% Quarter 3 and 6.3% Quarter 4. 12-hour breaches are due to admitted patients awaiting a hospital bed.
- There was reduction in the number of 12-hour trolley waits to 128 in April from 176 in March.
- Ambulance handover delays at BRI ED also decreased in April to 912 hours from 1487 hours in March. Ambulance handovers has improved in April, the ED team are reviewing Rapid Assessment and Treatment (RAT) process to ensure when ITA A (Immediate Triage Area A) is in use, patients are moving through the ITA quickly not to delay crews handing over. Senior nurse team are reviewing this process. There is also on-going work with SWAST with the sign off of handovers on XCAD to ensure crews are signing off as soon as handover completed.
- A pilot in Fast Flow in April focused on changing processes to manage flow, with greater leadership from Fast Flow Co-ordinator and ED Consultant. This pilot will continue as it showed improvement in patient wait times and patient experience.
- Division of Medicine also ran a perfect week in April across all wards and front door services, which demonstrated improved flow out of ED. Division of Medicine to share key learning and outcomes with teams.

Weston General Hospital (WGH)

- WGH attendances remained stable in April in comparison to March at 150 per day. Overall, there were 668 more ED attendances in April 2024 than in April 2023 (daily average attendance of 128 in April 2023).
- ED 4-hour performance deteriorated to 65% in April, with the cessation of some schemes to support the 76% challenge in March coupled with increased site pressures and Infection Prevention and Control (IPC) restrictions on the inpatient bed base having an impact on performance in April.
- 26 patients were seen in the acute medicine clinic in April, facilitating earlier discharge from the unit. For context, 28 patients were seen in March which was the first month this clinic ran, and the department expect the clinic to maintain this level going forward.
- The percentage of discharges home from the Older Persons Assessment Unit increased to 47% in April (from 44% in March and 25% in February).
- A pilot of direct admissions to assessment units commenced in late April facilitating movement earlier of patients from the Emergency Department into a ward bed. This is expected to improve 12-hour performance by allowing more long wait ED patients to be admitted before breaching 12 hours.

...continued over page

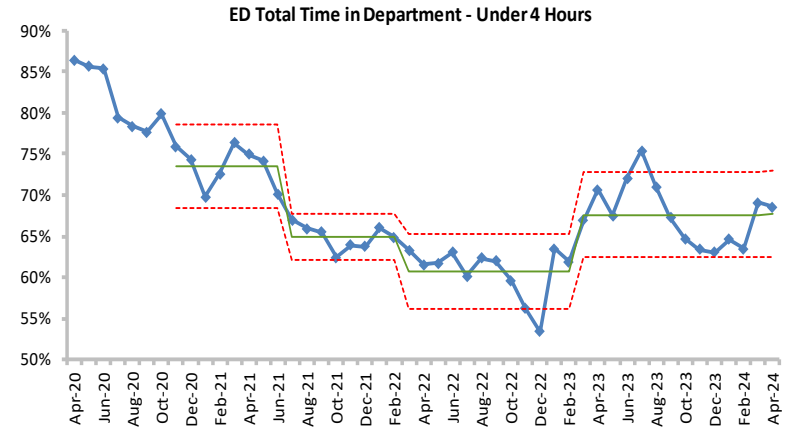
April 2024

<p>Actions (continued):</p>	<p>Bristol Royal Hospital for Children (BRHC): The department saw the highest attendance in April 2024 compared to 2023 and 2022 with an extra 425 attendances in April 2024 compared to April 2023. April performance was 86.7% which was improved performance compared to March 2024 78.5% and February 2024 73.1%. There were 4 12-hour breaches in March, a significant improvement in comparison to the last 2 months.</p> <p>A continued drive to improve performance in April has continued – preventing 4hr breaches, focusing on patient flow and timely assessment and treatment. The GP minor stream continues in the Outpatients Department and there is a funded workforce to continue improvement within the department.</p> <p>Community Emergency Medicine (CEM) Service: Following two pilots in 2022 and 2023 UHBW’s Community Emergency Medicine Service (CEM) launched the commissioned service in January 2024. Working in collaboration with South West Ambulance Service Trust (SWAST), senior Emergency Medicine Doctors from both UHBW and North Bristol Trust respond to 999 calls in the community and provide Emergency Department care at the point of need. The service also supports other paramedic crews, enabling the best care to be delivered to patients with complex presentations.</p> <p>CEMS focusses on patients with multiple co-morbidities or frailty. The services averages between 6-7 patients per shift, many of whom would normally have extended hospital admissions. Of the patients seen, an additional 58% can stay at home, with tailored management plans and treatment to meet their specific needs. Patients requiring hospital admission are referred directly to the specialist required, reducing ED attendances and ambulance queuing at hospital. The service currently runs Tuesday-Thursday, with an aspiration to expand shortly.</p> <p>A total of 392 patients seen between 2nd January and 1st May 2024, and their outcomes are:</p> <ul style="list-style-type: none"> • 144 patients: not conveyed to hospital and no referral onwards (36.73%) • 96 patients: not conveyed to hospital, community referral made (24.4%) • 39 patients: ED attendance, conveyed by SWAST (9.94%) • 31 patients: inpatient attendance, conveyed by SWAST (7.90%) • 19 patients: not conveyed, outpatient referral made (4.84%)
<p>Ownership:</p>	<p>Chief Operating Officer</p>

April 2024

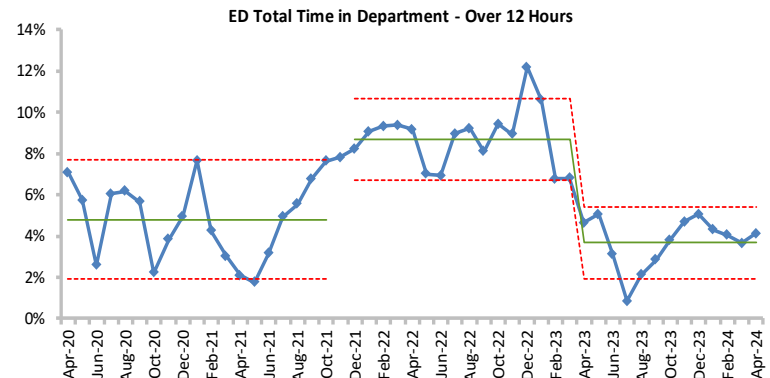
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	Apr-24	2023/24	2022/23
Bristol Royal Infirmary	51.96%	54.19%	46.14%
Bristol Children's Hospital	86.68%	75.64%	71.14%
Bristol Eye Hospital	95.02%	95.74%	95.97%
Weston General Hospital	64.91%	65.86%	55.05%
UHBW TOTAL	68.54%	67.58%	60.94%

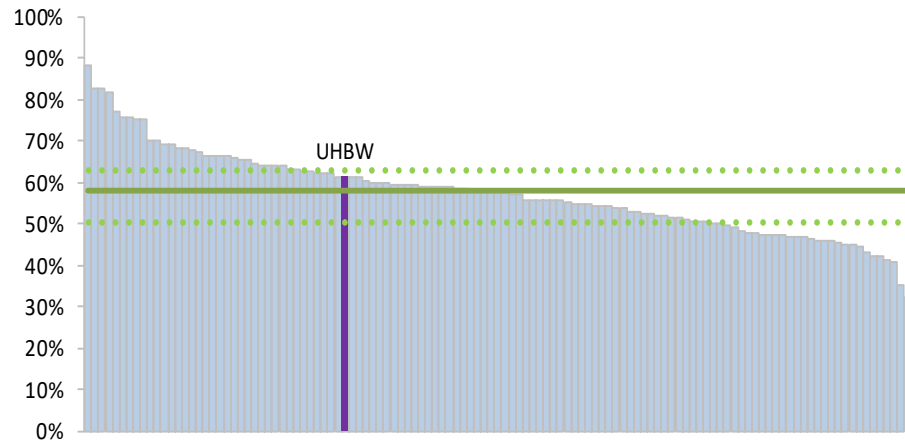


Patients Who Spend Over 12 Hours In ED (Arrival to Discharge/Admission)

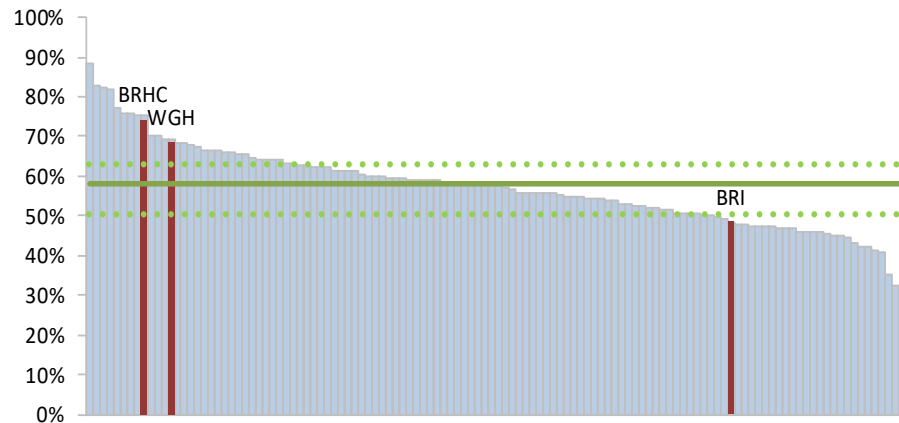
12 Hour Performance	Apr-24	2023/24	2022/23
Bristol Royal Infirmary	4.8%	5%	12%
Bristol Children's Hospital	0.1%	1.5%	2%
Bristol Eye Hospital	0%	0%	0%
Weston General Hospital	8.5%	5.7%	15%
UHBW TOTAL	4.1%	3.7%	8.7%



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



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

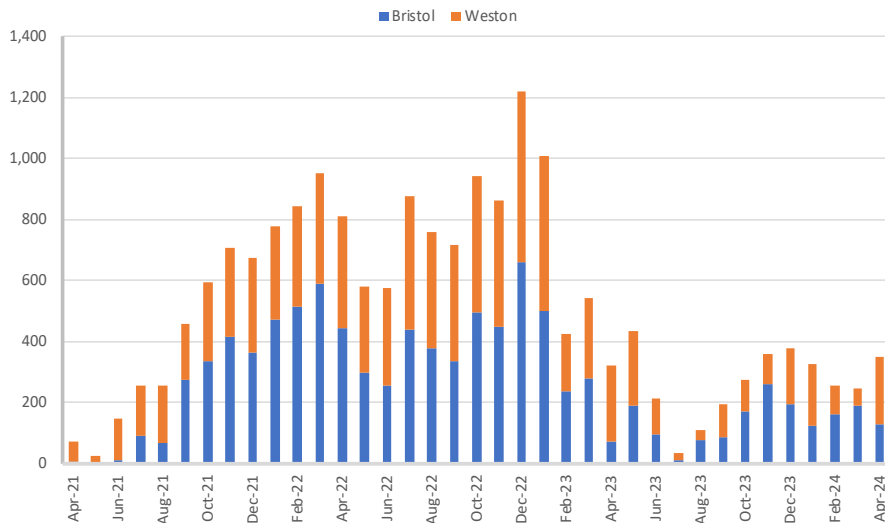


Note: The Benchmarking charts are national performance data for Type 1 Emergency Departments only. For UHBW this excludes the Eye Hospital.

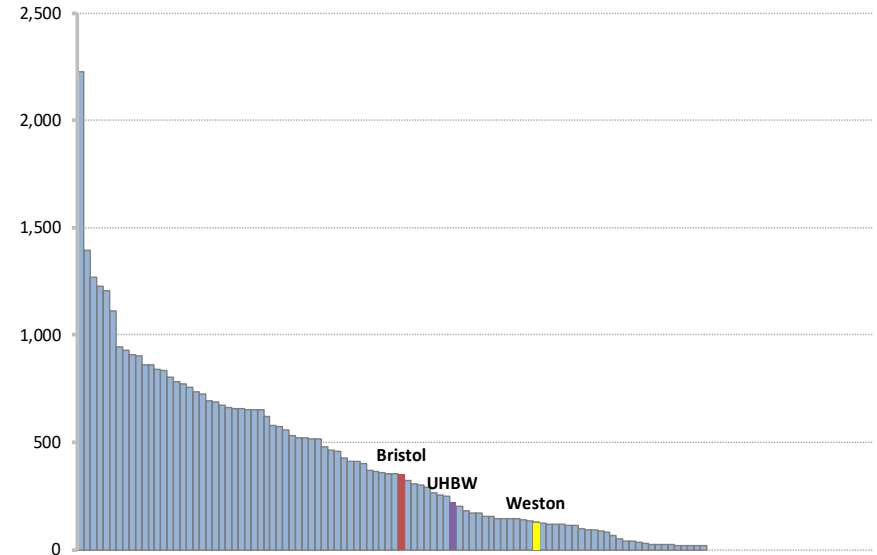
12 Hour Trolley Waits – Admitted Patients Who Spend 12+ Hours from Decision To Admit (DTA) Time to Admission Time

	2022/2023												2023/2024												2024/2025
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Bristol	443	297	257	437	379	334	496	449	659	500	235	278	74	192	95	11	79	89	172	259	195	125	164	189	129
Weston	366	282	319	441	379	383	445	413	558	506	192	267	250	243	119	23	33	104	104	102	181	202	91	60	221
UHBW	809	579	576	878	758	717	941	862	1217	1006	427	545	324	435	214	34	112	193	276	361	376	327	255	249	350

12 Hour Trolley Waits Per Month



Benchmarking - 12 Hour Trolley Waits - April 2024



Emergency Care – Ambulance Handovers

April 2024

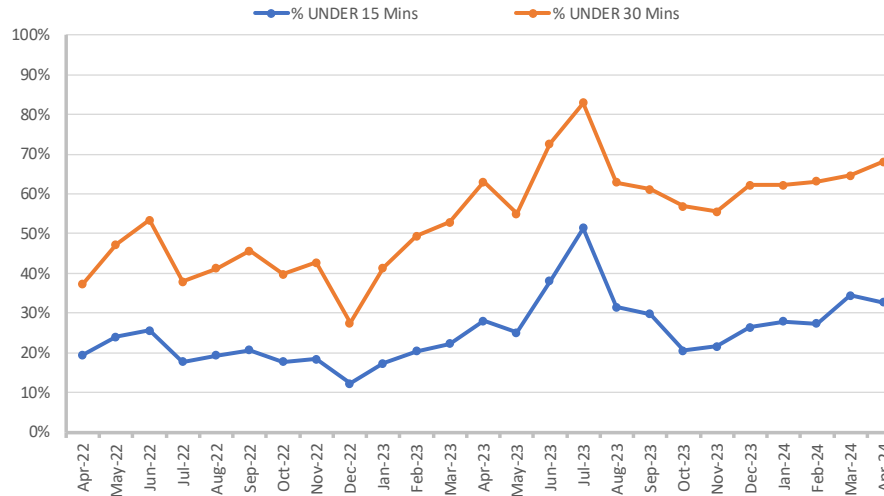
Ambulance Handovers

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.

Apr-24					
	Total Handovers	Under 15 Mins	% Under 15 Mins	Under 30 Mins	% Under 30 Mins
Bristol Royal Infirmary	2,481	719	29.0%	1,614	65.1%
Bristol Children's Hospital	419	296	70.6%	381	90.9%
Weston General Hospital	962	248	25.8%	634	65.9%
UHBW Total	3,862	1,263	32.7%	2,629	68.1%

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



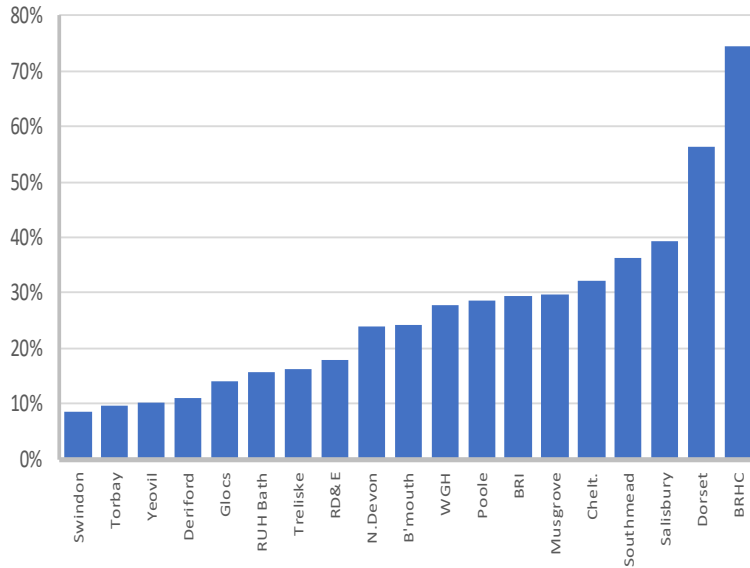
Emergency Care – Ambulance Handovers

April 2024

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.

Percentage of Handovers Under 15 Minutes - April 2024



	Total Handovers - South West - April 2024						
	Total Handovers	Under 15 Mins	% Under 15 Mins	Under 30 Mins	% Under 30 Mins	Over 1 Hour	Over 2 Hours
BRISTOL ROYAL HOSP FOR CHILDREN	160	119	74.4%	146	91.3%	4	0
BRISTOL ROYAL INFIRMARY	1,144	338	29.5%	758	66.3%	172	40
CHELTENHAM GENERAL HOSPITAL	177	57	32.2%	139	78.5%	10	1
DERRIFORD HOSPITAL	1,087	120	11.0%	255	23.5%	637	504
DORSET COUNTY HOSPITAL	668	377	56.4%	593	88.8%	25	10
GLOUCESTER ROYAL HOSPITAL	1,314	185	14.1%	493	37.5%	532	300
GREAT WESTERN HOSPITAL	796	69	8.7%	236	29.6%	403	290
MUSGROVE PARK HOSPITAL	1,147	342	29.8%	928	80.9%	37	6
NORTH DEVON DISTRICT HOSPITAL	675	162	24.0%	528	78.2%	7	1
POOLE HOSPITAL	1,011	289	28.6%	802	79.3%	27	4
ROYAL BOURNEMOUTH HOSPITAL	916	221	24.1%	642	70.1%	71	7
ROYAL DEVON AND EXETER WONFORD	1,262	225	17.8%	734	58.2%	169	30
ROYAL UNITED HOSPITAL - BATH	1,081	171	15.8%	403	37.3%	451	230
SALISBURY DISTRICT HOSPITAL	576	226	39.2%	414	71.9%	57	13
SOUTHMEAD HOSPITAL	1,374	499	36.3%	952	69.3%	154	32
TORBAY HOSPITAL	939	90	9.6%	300	31.9%	483	302
TRELISKE HOSPITAL	1,280	209	16.3%	505	39.5%	455	222
WESTON GENERAL HOSPITAL	429	119	27.7%	280	65.3%	76	50
YEOVIL DISTRICT HOSPITAL	591	60	10.2%	340	57.5%	124	59
SOUTH WEST TOTAL	16,627	3,878	23.3%	7,179	56.8%	3,894	2,101

Delayed Discharges (No Criteria to Reside)

April 2024

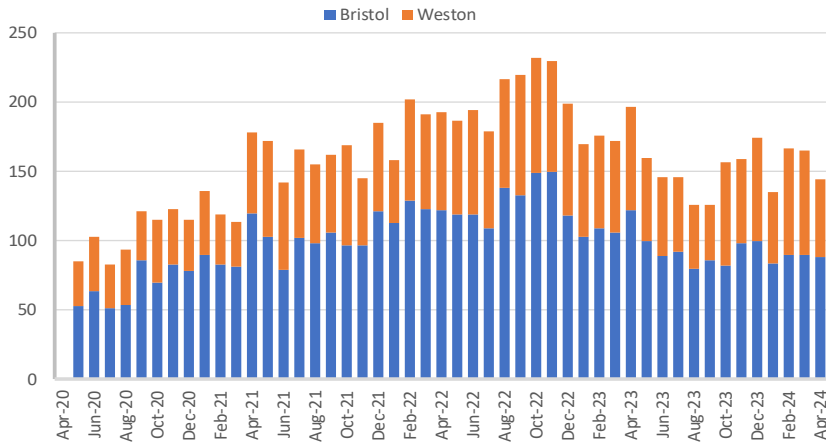
N/A No Standard Defined

<p>Standards:</p>	<p>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).</p>
<p>Performance:</p>	<ol style="list-style-type: none"> At the end of April there were 171 No Criteria To Reside (NCTR) patients in hospital: 108 in Bristol and 63 in Weston. During April, the daily average number of patients with no criteria reside was 158 (60 at Weston and 98 at Bristol). This is equivalent to saying 158 beds, on average, were occupied each day by NCTR patients. For April, the NCTR bed days occupied 18.1% of the total occupied bed days.
<p>Actions:</p>	<p>No Criteria To Reside (NCTR) and Transfer of Care Hub (ToCH)</p> <p>Applying the methodology of continuous improvement, the Transfer of Care Hubs are working on a number of core principles which align with the Every Minute Matters principle of respecting patients' time. This includes actions to reduce the number of people waiting in hospital for onward care, and the number of days they are delayed for:</p> <ul style="list-style-type: none"> Reduction in NCTR length of stay (particularly for the longest waiting patients), through weekly multi-disciplinary team (MDT) escalation reviews. Sirona recruitment ongoing at WGH, with Sirona still to establish a 7-day working model North Somerset Council have gaps but recruitment is underway Voluntary Sector supporting at both Transfer of Care Hub <p>A significant focus on the Transfer of Care Hubs is on transformation and improvement, with the following initiatives underway:</p> <ul style="list-style-type: none"> D2A are working with external consultancy Whole Systems Partnerships (WSP) to develop a demand and capacity modelling tool. Having achieved a 25% reduction in LOS against LGA baseline 21/22, saving 128 beds across the BNSSG acute bed base. Using this modelling tool, a new baseline is being calculated. 73 less community beds in use between March 23 and March 24 Significant shift away from nursing care home to more Home First options Increased flow in P1 pathway for patients going home requiring care Developing an action plan to reduce internal delays across both sites Working with health and social care partners to agree process measures to support a reduction in Length of Stay and shift towards Home First model. Improving the timeliness of referral to community providers via same day submission
<p>Ownership:</p>	<p>Chief Operating Officer</p>

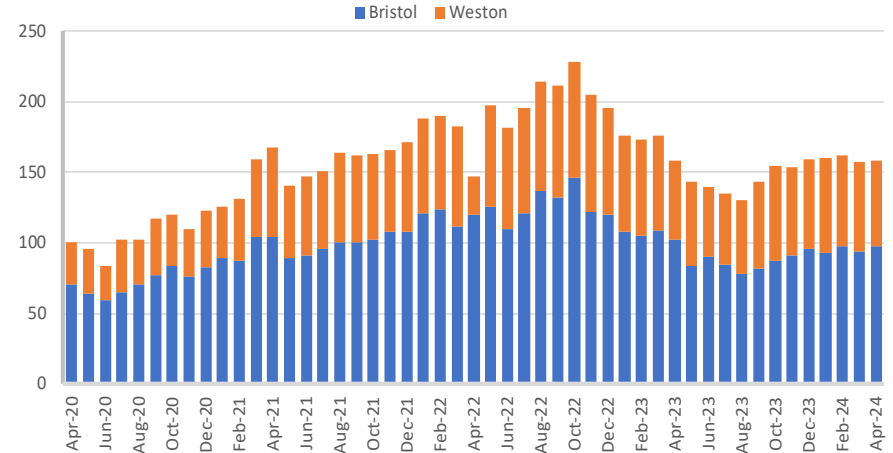
Delayed Discharges (No Criteria to Reside)

April 2024

Number of Patients - Last Thursday in the Month



Average Number of Beds Occupied by NCTR Patients



Bristol and Weston: Current Breakdown of Medically Fit For Discharge (MFFD) Patients, 15 May 2024

Pathway	Number of Patients	Percentage	7+ Days on Latest Pathway	14+ Days on Latest Pathway	21+ Days on Latest Pathway
Pathway 1	30	19.5%	0	0	0
Pathway 2	32	20.8%	5	1	0
Pathway 3	33	21.4%	10	9	5
Awaiting Decision	22	14.3%	0	0	0
Awaiting Referral	14	9.1%	1	0	0
Other	23	14.9%	9	5	3
Total	154		25	15	8

Pathway 1 – patients awaiting package of care

Pathway 2 – requiring rehabilitation or reablement

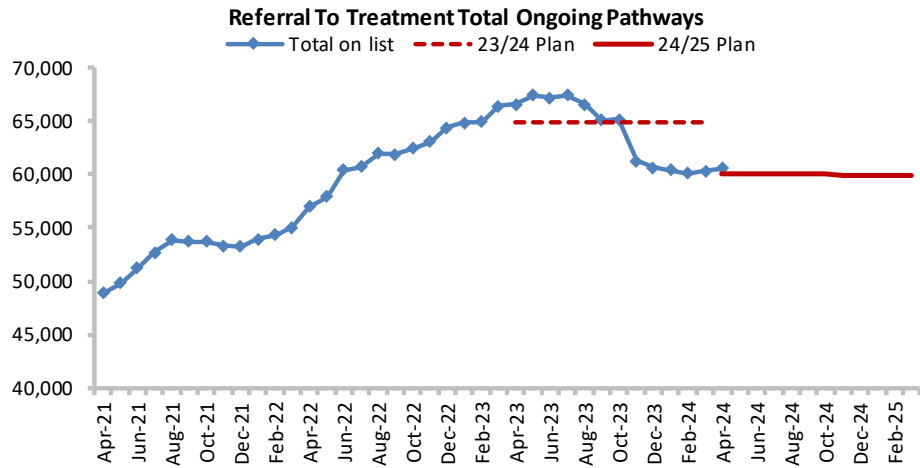
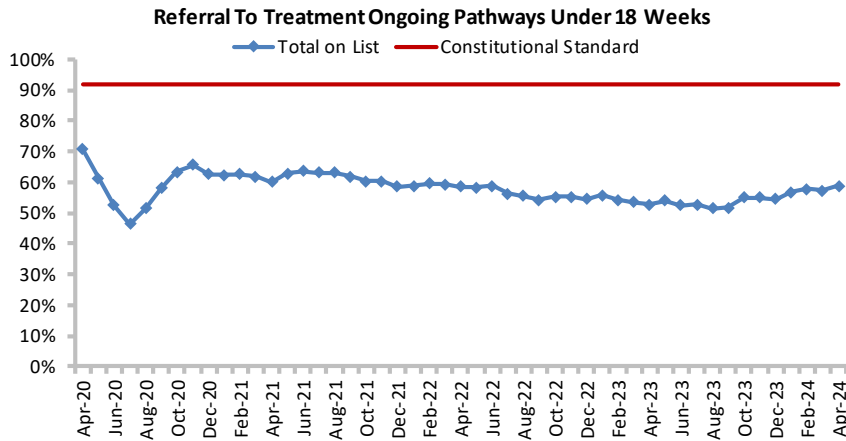
Pathway 3 – Nursing or Residential home required

Referral To Treatment

April 2024

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 2024/25. This had the total RTT waiting list reducing slightly from 60,013 at end of March 2024 to 59,881 by end of March 2025.
Performance:	At end of April, 58.8% of patients were waiting under 18 weeks. The total waiting list was 60,309 and the 18+ week backlog was 35,625
Actions:	Please refer to “Referral To Treatment Long Waits” section.
Ownership:	Chief Operating Officer

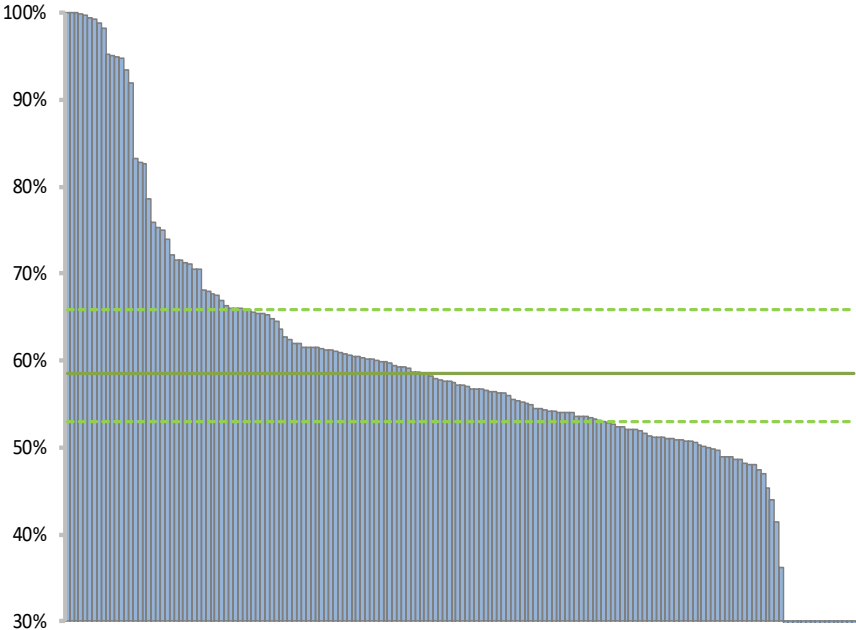


Referral To Treatment

April 2024

	Apr-24		
	Under 18 Weeks	Total Pathways	Performance
Diagnostics and Therapies	1,020	1,559	65.4%
Medicine	5,295	8,830	60.0%
Specialised Services	3,408	5,418	62.9%
Surgery	18,807	32,715	57.5%
Women's and Children's	7,095	12,047	58.9%
Other	0	0	
UHBW TOTAL	35,625	60,569	58.8%

Benchmarking RTT Percentage Under 18 Weeks - March 2024



Referral To Treatment – Long Waits

April 2024

P Partially Achieved

<p>Standards:</p>	<p>For 2023/24 the Operating Plan assumes that no patients will be waiting over 78 weeks. For 2024/25 the Operating Plan shows elimination of 65+ week waits by September and a reduction of 52+ week waits to 862 by end of March 2025.</p>
<p>Performance:</p>	<p>At the end of April:</p> <ul style="list-style-type: none"> • 2,344 patients were waiting 52+ weeks against the 2024/25 Operating Plan trajectory of 2,179. • 246 patients were waiting 65+ weeks against the 2024/25 Operating Plan trajectory of 236. • 15 patients were waiting 78+ weeks. • 0 patients were waiting 104+ weeks. <p>For 2024/25 the Operating Plan shows elimination of 65+ week waits by September and a reduction of 52+ week waits to 862 by end of March 2025.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • At the end of April 2024, there were no patients waiting over 104+ weeks. This is a sustained position, with February 2023 being the last time a patient was reported waiting 104 weeks or longer. • The Trust continues to work towards the elimination of any patient waiting longer than 78 weeks and plans developed with clinical divisions are being enacted to achieve this ambition. At the end of April, the Trust reported 15 patients who have waited 78 weeks or longer (7 patients in dental services, 7 cornea graft patients and 1 paediatric urology patient) all of whom are dated to be treated in May. • From the end of May 2024, it is forecast that there will be no patients waiting longer than 78 weeks, with the potential exception of patients awaiting cornea graft material. Due to a previously reported national shortage of cornea graft material, the Trust are unable to date these patients until the national supply issue is resolved. The Trust is expecting to receive further cornea graft material in June to commence treating the longest waiting patients and have advised NHS England the numbers of patients who remain waiting for graft material. • As part of the 2024/25 Annual Planning Process (APP), clinical divisions have developed plans to move towards the national ambition of no patient waiting longer than 65 weeks by end of September 2024. The number of patients waiting in excess of 65 weeks at the end of April was 246 against the trajectory of 236 which is an improvement on the March position when 257 patients were waiting 65 weeks or longer. • The Trust has established insourcing arrangements for outpatient services in oral surgery, oral medicine, gynaecology, sleep, respiratory medicine and dermatology and the dental service have recruited an additional orthodontics consultant and a paediatric cleft locum to increase the capacity within these services. Within dental services there continues to be a gap in the number of paediatric dentistry consultants, equating to 1.1 WTE. The dental management team are continuing to work with the UHBW Talent Team and have re-advertised for a paediatric dentistry consultant with a closing date of 15th April 2024 however this was unsuccessfully recruited to for a third time. The dental team are now recruiting a middle grade to fill some of the gap.

...continued over page

Referral To Treatment – Long Waits

April 2024

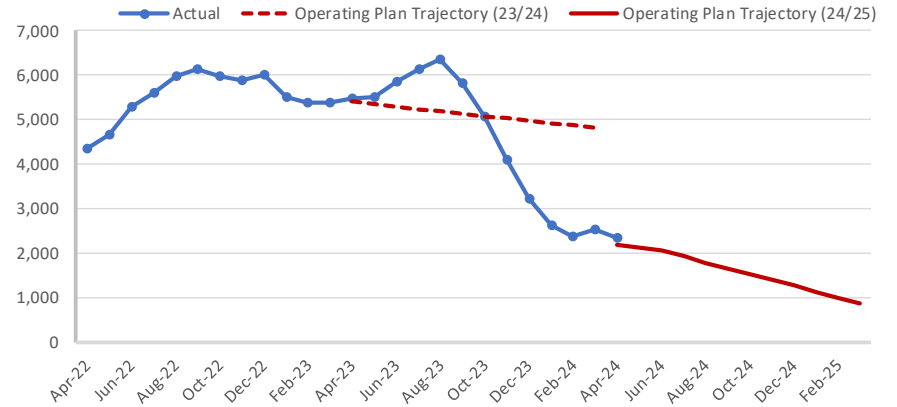
Actions (continued):	<ul style="list-style-type: none">• Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and Spire to support their recovery in cleft services and the service are using KPI Health as an insourcing provider for paediatric dental clinics and extractions which commenced January 2023, with schedules being provided each month.• Patients currently waiting for treatment dates are being contacted to ask if they would accept treatment at an alternative provider. Should patients consent, each patient is added to the NHS England Digital Mutual Aid system (DMAS).• The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives.• Where patients are too complex for transferring outside of the organisation for treatment under mutual aid arrangements, theatre schedules are under review via a theatre improvement programme to ensure that suitable capacity is available for the longest waiting patients. This continues to be a challenge due to the high volume of cancer cases, inpatient capacity, critical care capacity and staff shortages.• The Trust's Paediatric services are working with University Hospitals Plymouth (UHP) to repatriate paediatric patients who live within the UHP catchment area to Plymouth for treatment assuming that they are clinically appropriate and choose to transfer their care. UHP's paediatric theatre fully opened in January 2024 with a launch event on 15th May 2024 and a plan is pending approval with the relevant Integrated Care Board to re-open the Directory of Service (DoS) on the e-referral system to ensure that paediatric patients are referred to UHP in the first instance from the end of March 2024. Monthly meetings are underway with UHP to agree suitable patients to transfer. Patients who are too complex and/or are currently under follow-up care at the Bristol Children's Hospital will be transferred to UHBW following initial triage at UHP.
Ownership:	Chief Operating Officer

Referral To Treatment – Long Waits

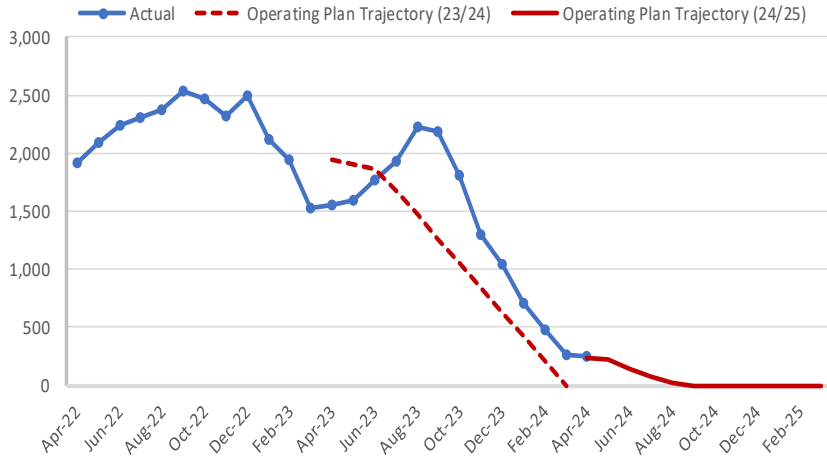
April 2024

	Apr-24		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	28	0	0
Medicine	204	3	0
Specialised Services	150	1	0
Surgery	1,514	160	14
Women's and Children's	448	82	1
Other	0	0	0
UHBW TOTAL	2,344	246	15

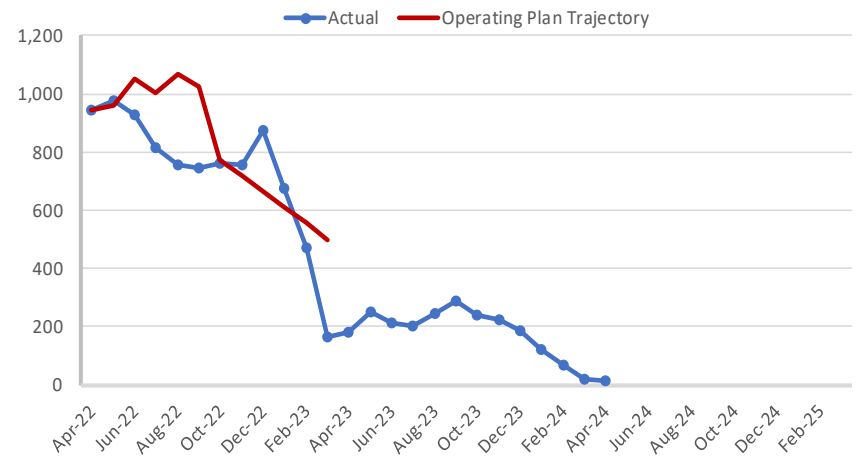
Number of Ongoing Patients Waiting 52+ Weeks at Month End



Number of Ongoing Patients Waiting 65+ Weeks at Month End

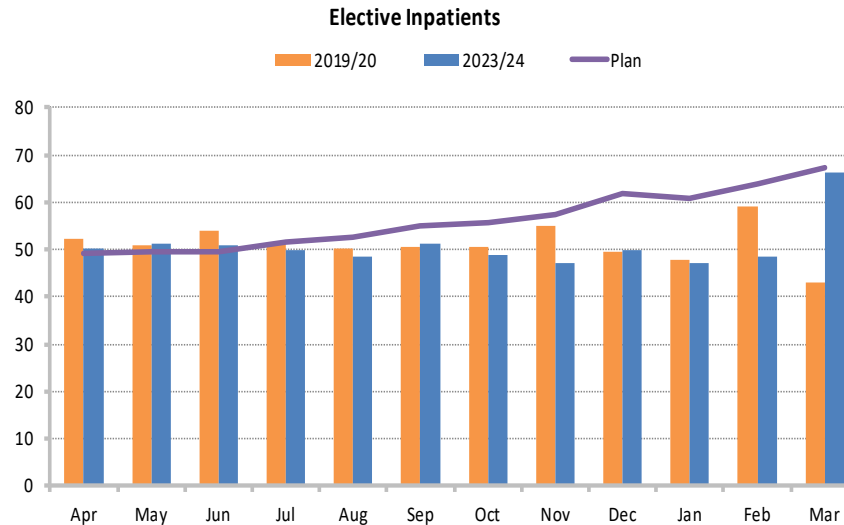


Number of Ongoing Patients Waiting 78+ Weeks at Month End



April 2024

**Activity Per Day, By Month and Year
(2024/25 reporting is in development)**

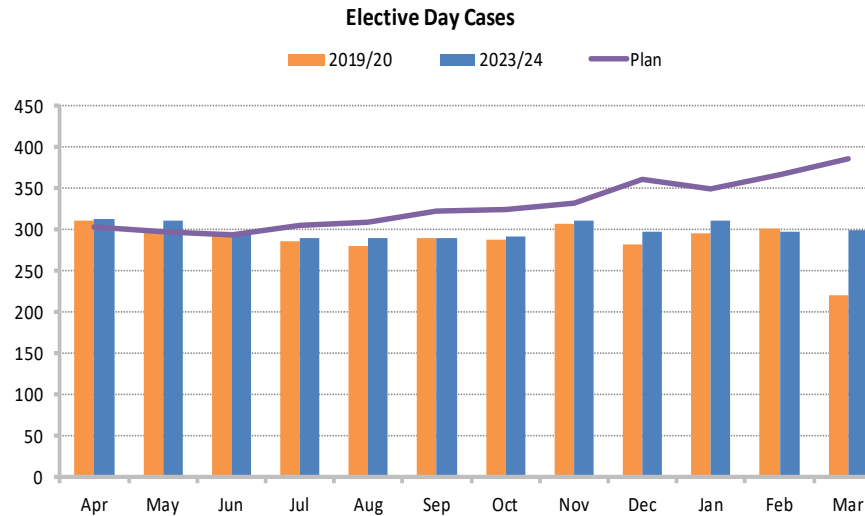


		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	52	51	54	51	50	50	51	55	49	48	59	43
2021/22	Actual Activity Per Day	44	49	43	44	38	37	34	38	35	37	41	43
2022/23	Actual Activity Per Day	47	45	47	43	44	44	49	47	44	46	46	44
2023/24	Actual Activity Per Day	50	51	51	50	48	51	49	47	50	47	49	66
	Planned Activity Per Day	49	49	50	52	53	55	56	57	62	61	64	67

2023/24 Activity: % of Plan	102%	104%	103%	96%	92%	93%	87%	82%	81%	78%	76%	99%
2023/24 Activity: % of 2019/20	96%	101%	94%	97%	96%	102%	96%	86%	101%	99%	82%	154%

April 2024

**Activity Per Day, By Month and Year
(2024/25 reporting is in development)**



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	311	297	298	287	281	289	288	308	283	295	301	222
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	259	295	289	282
2023/24	Actual Activity Per Day	314	311	294	289	290	289	292	312	298	311	298	299
	Planned Activity Per Day	303	297	294	306	309	322	324	332	361	350	367	386

2023/24 Activity: % of Plan	104%	104%	100%	94%	94%	90%	90%	94%	83%	89%	81%	77%
2023/24 Activity: % of 2019/20	101%	105%	99%	101%	103%	100%	101%	101%	106%	105%	99%	135%

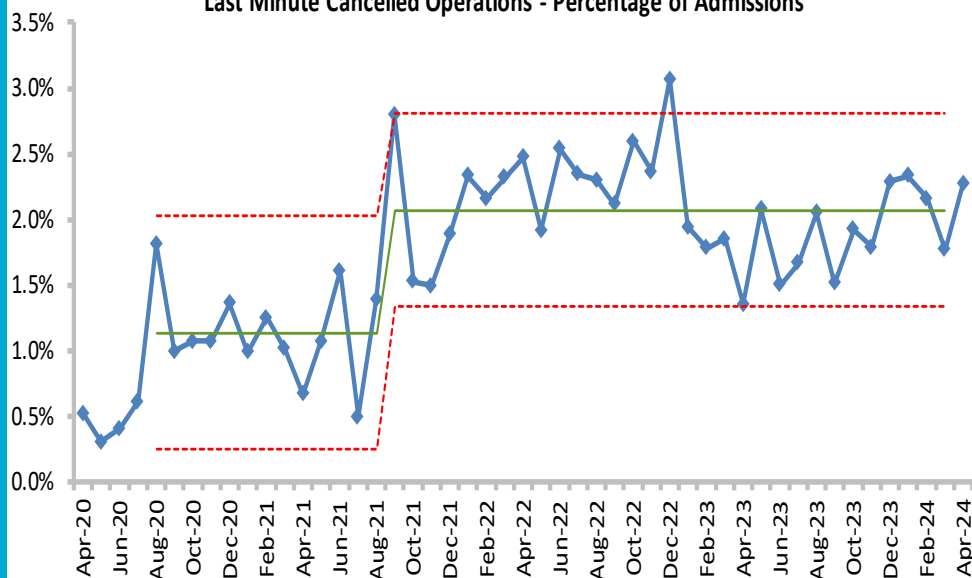
Cancelled Operations

April 2024

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 April, there were 175 Last Minute Cancellations (LMCs), which was 2.3% of elective admissions. Of the 133 cancelled in March, 95 (71.4%) 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

Last Minute Cancelled Operations - Percentage of Admissions



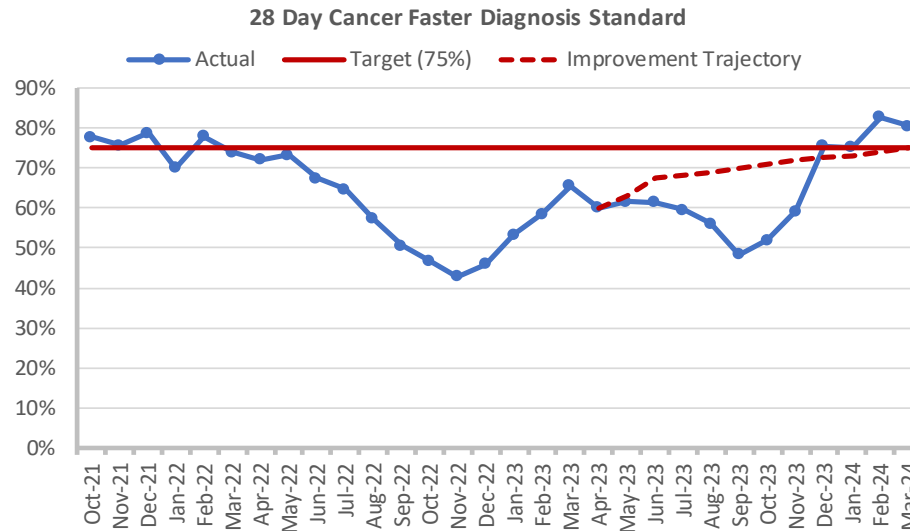
	Apr-24		
	LMCs	Number of Admissions	% of Admissions
Diagnostics and Therapies	0	33	0.0%
Medicine	29	1,077	2.7%
Specialised Services	27	2,681	1.0%
Surgery	64	2,756	2.3%
Women's and Children's	55	1,148	4.8%
Other	0	0	
UHBW TOTAL	175	7,695	2.3%

Cancer – 28 Day Faster Diagnosis

March 2024

G Achieved

Standards:	The standard measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients.
Performance:	In March, the Trust delivered 80.4% against the standard
Actions:	The Trust recovered performance against the national standard in December 2023 and has retained compliance since with increasing performance in every month. The Trust is already comfortably exceeding the 77% standard set for 24/25 financial year and expects to retain compliance provided there is no further industrial action.
Ownership:	Chief Operating Officer

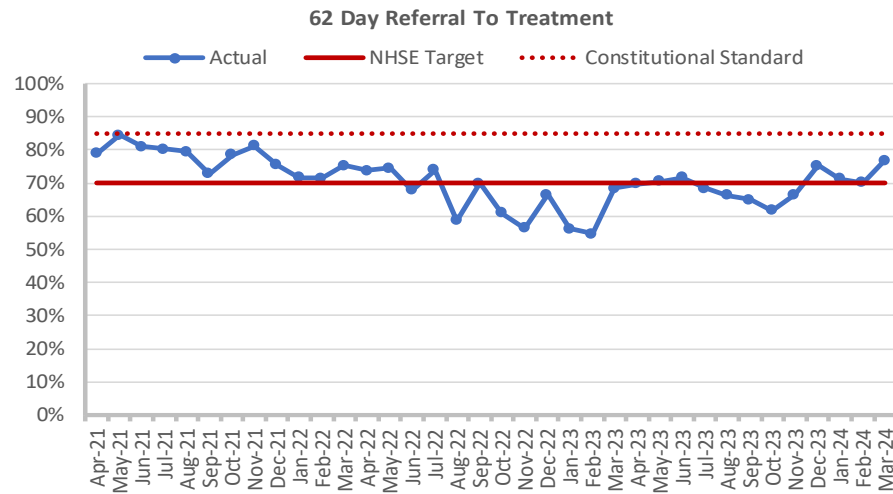


Cancer 62 Day referral to treatment

March 2024

N Not Achieved

Standards:	<p>Patients with cancer should start first definitive treatment within 62 days of referral from a GP, screening programme or upgrade by a consultant.</p> <p>The national standard is that 85% of patients should start their definitive treatment within this standard.</p> <p>NHSE has set an interim recovery target for providers of 70% by March 2024</p>
Performance:	<p>For March, 76.7% of patients were treated within 62 days.</p>
Actions:	<p>This standard was introduced in October 2023. The Trust continues to recover from backlogs created during the Covid pandemic and continued due to the impact of strike action. Several large backlogs, including dermatology and ENT, have been fully cleared, with good progress on others such as that in thoracic surgery. Clearing backlogs has a short term adverse effect on this standard, as overdue patients receive their treatments, but paves the way for compliant performance in the future. The Trust has performed comfortably above NHSE's recovery standard of 70% for the last four months and expects to sustain this. In the longer term, recovery to the national compliance threshold of 85% should be achievable, industrial action permitting.</p> <p>Actions include; providing additional lists and clinics (including through insourcing), increasing the range of investigations available at the one-stop clinics in gynaecology, and continual effective patient level waiting list management.</p>
Ownership:	<p>Chief Operating Officer</p>

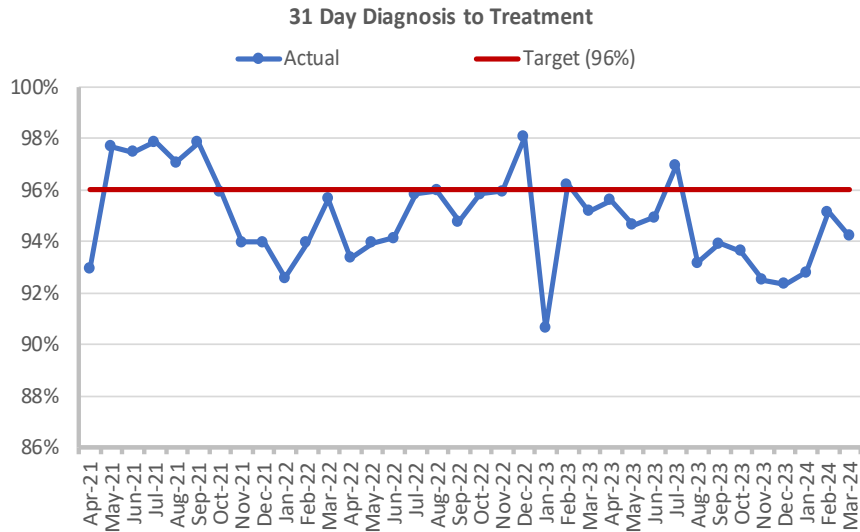


Cancer 31 day treatment standard

March 2024

N Not Achieved

Standards:	Patients with a cancer diagnosis should be treated within 31 days of a decision to treat, both for first and subsequent treatments. The national standard is that 96% of patients should be treated within this standard
Performance:	In March 2024, 94.2% of patients were treated within 31 days of decision to treat
Actions:	This standard was introduced in October 2023. The Trust is currently performing just below the national compliance threshold although continues to treat well over 90% patients in a timely way. The standard is non-compliant due to delays for surgical treatments, particularly in thoracic surgery, largely due to the impact of industrial action on major surgery capacity. Oncology treatments have a high compliance. Actions to improve the standard include putting on additional surgery lists, and joint working between the critical care units to minimise cancellations in the event of emergency pressures on bed capacity. The Trust is aiming to recover compliance by May 2024.
Ownership:	Chief Operating Officer



Diagnostic Waits

April 2024

N Not Achieved

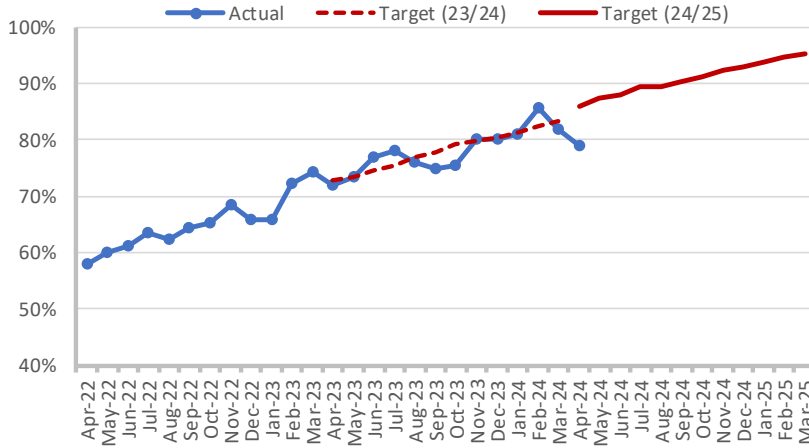
<p>Standards:</p>	<p>Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The constitutional standard is to achieve 95% and the 2024/25 operating plan submission shows recovery to 95% by March 2025.</p> <p>Trusts are also focussing on reducing long wait volumes, for patients waiting 13+ and 26+ weeks. Note there were no required national trajectories for these long wait measures in 2024/25.</p>
<p>Performance:</p>	<p>The Trust achieved 78.9% of patients waiting under 6 weeks for April.</p> <p>For the long wait metrics:</p> <ul style="list-style-type: none"> • 622 patients were waiting 13+ weeks. This is 3.8% of the total waiting list. • 118 patients were waiting 26+ weeks. This is 0.7% of the total waiting list.
<p>Actions:</p>	<ul style="list-style-type: none"> • At the end of April, diagnostic performance against the six week wait standard was reported as 78.9% against the operational planning trajectory of 85.8%. Despite the considerable improvements made in February and throughout 2023/24, the ambition for continued improvement in diagnostic performance was not achieved in April 2024. • Notably, 11 modalities/ sub-modalities maintained or improved from March 2024 performance, 13 modalities/ sub-modalities achieved at least 85% under 6 weeks and 6 sub-modalities achieved more than 99% under 6 weeks. • The reduced diagnostic long waiters over 13 weeks from 694 to 622 with most modalities reporting a reduction and long waiters over 26 weeks also reduced from 206 to 118 patients. The Trust had planned to clear all patients waiting over 26 weeks by October 2023 and ongoing efforts continue to eliminate any of these long waits before the end of 23/24, with the majority of the long waiters within Sleep Studies. Improvements are being made but challenges also remain in Paediatrics MRI, Endoscopy and Ultrasound as these modalities are highly specialist and cannot be outsourced. There are also challenges in Audiology adults and Sleep Studies but plans and actions are in place to recover. Diagnostic capacity throughout the year has been challenged by sickness in the workforce, further cancellations caused by industrial action (IA) and prioritisation of more clinically urgent patients. • Ultrasound performance did not improve in April 2024. Challenges remain, particularly within the paediatric service, and some capacity was unexpectedly lost due to staff sickness. The service continues to utilise outsourcing and insourcing to Independent Sector provider and improvement is expected, but outsourcing capacity in May is expected to reduce temporarily due to planned leave, which is likely to impact recovery. • Echocardiography performance has deteriorated, with the service experiencing increased urgent and inpatient demand for a prolonged period which is affecting elective capacity and recovery. The service is utilising core capacity across all sites to reduce waits and was expecting additional Community Diagnostic Centre (CDC) capacity, which has now been delayed to June/July 2024, impacting the recovery plans in place. The service is currently reviewing the additional capacity needed to recover the performance and, despite these challenges, was able to reduce the numbers of patients waiting more than 13 weeks and has zero patients waiting more than 26 weeks.

...continued over page

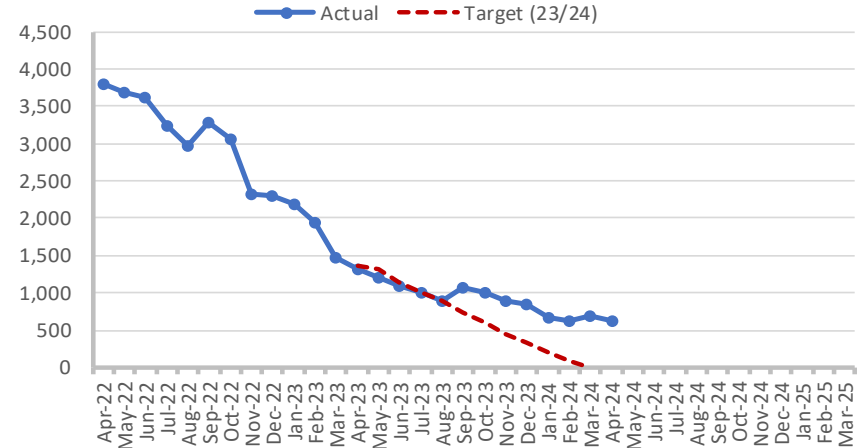
April 2024

Actions (continued):	<ul style="list-style-type: none">• Endoscopy (adults) performance against the six-week standard did not improve in April 2024, however patients waiting over 13 and 26 weeks continued to reduce from March 2024. The risks associated with performance include the impact of IA, ongoing complex patients queries and complex patients requiring their procedures under general anaesthetic (GA), where capacity is limited and prioritised for the most clinically urgent patients. Actions are in place to mitigate risk wherever possible, and it is positive that these modalities are sustainably improving waits for patients.• Performance and long waiters in Sleep Studies continues to be a challenge to diagnostic performance within the Trust. The service continues to use significant additional capacity to improve waiting times for patients and improvements are materialising following the extensive and sustained actions being taken. The position is expected to recover by Q3 2024/25 and is being monitored closely.• Previous industrial action has significantly impacted diagnostic performance, as has staff sickness and capacity constraints in highly specialist sub-modalities, particularly for patients requiring their procedures under GA. Modality-level diagnostic trajectories and plans for 24/25 are being finalised across the organisation and the Trust continues to utilise transferred capacity and outsourcing to the independent sector which are also integral to the 24/25 diagnostic recovery plans.
Owner	Chief Operating Officer

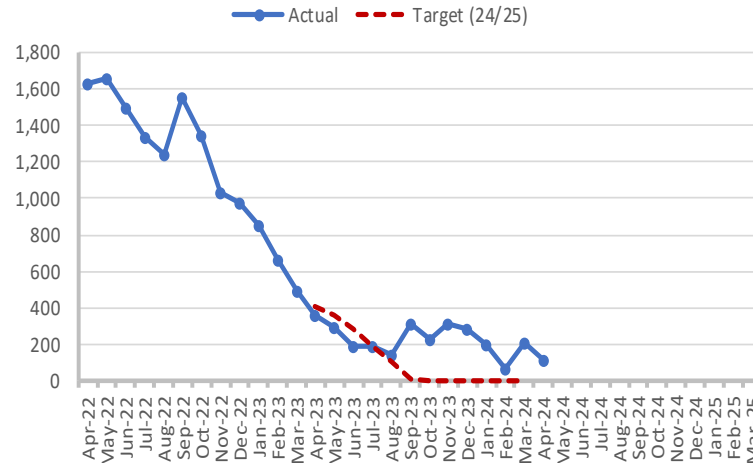
Diagnostics Percentage Waiting Under 6 Weeks



Diagnostics Numbers Waiting 13+ Weeks



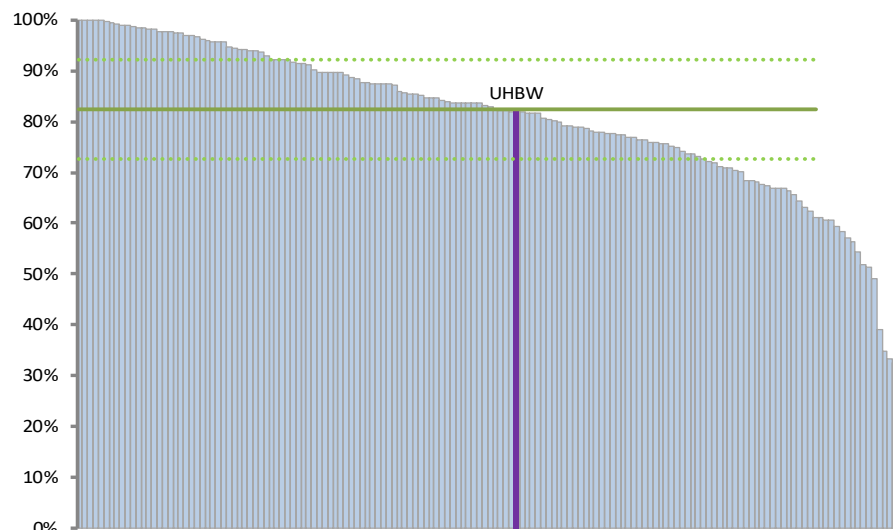
Diagnostics Numbers Waiting 26+ Weeks



End of April 2024

Modality	Total On List	Under 6 Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	1,537	309	80%	37	2%	0	0%
Colonoscopy	431	155	64%	60	14%	4	1%
Computed Tomography (CT)	2,520	261	90%	19	1%	3	0%
DEXA Scan	538	66	88%	2	0%	0	0%
Echocardiography	2,199	778	65%	5	0%	0	0%
Flexi Sigmoidoscopy	108	36	67%	15	14%	0	0%
Gastroscopy	382	153	60%	55	14%	5	1%
Magnetic Resonance Imaging (MRI)	2,864	413	86%	96	3%	16	1%
Neurophysiology	274	13	95%	0	0%	0	0%
Non-obstetric Ultrasound	5,281	1,170	78%	241	5%	7	0%
Sleep Studies	192	96	50%	92	48%	83	43%
Other	0	0		0		0	
UHBW TOTAL	16,326	3,450	78.9%	622	3.8%	118	0.7%

Benchmarking - Percentage Under 6 Weeks - March 2024



April 2024

P Partially Achieved

<p>Standards:</p>	<ul style="list-style-type: none"> • Proportion of outpatient consultations that are non-face-to-face (including those 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.
<p>Performance:</p>	<p>In April:</p> <ul style="list-style-type: none"> • 15.2% of outpatient attendances were delivered non-face-to-face in April – marginal decrease from March (15.7%). Of these, 8.8% were delivered as a video consultation, which is an increase from March 8.0%. • There were 3,143 Specialist advice responses in April, which covers the relevant Advice & Guidance (A&G) and Referral Assessment Services (RAS). This equates to 13.5% of all New outpatient attendances. Of these, 72% were responded to within 7 days of referral. • The Trust has a PIFU performance of 7.8% in April, i.e. 7.8% of all outpatient attendances are discharged/moved to a PIFU pathway as an outcome of the outpatient attendance. • At month end a national return is submitted in which additional data from referrals that have been discharged to PIFU are added in (i.e. patients moved to PIFU not as a result of an outpatient attendance). This gave a final Trust performance of 8.3% for April.
<p>Actions:</p>	<ul style="list-style-type: none"> • Primary Care Advice & Guidance (A&G) demand continues to increase against the Trust's capacity to deliver and, whilst Divisions have made a significant reduction in longest waiting requests, there are a number of resourcing challenges faced across the Trust impacting on delivery. The system has identified Respiratory as a priority speciality for A&G service development. Primary care are pushing back on any proposals to increase the number of RAS services. • NHS England has produced a commissioning framework for specialist advice this includes a number of recommendations to improve the approach of referral, triage and specialist advice. This is framework is currently under review with system partners. • The Trust PIFU delivery in April (7.8%) has reduced from March performance of 8.1%, this exceeds the Trust's stretch target of 7%. This places the UHBW in the top 25% of trusts nationally for PIFU activity. Changes in trust total attendances and a focus on the delivery of new patient activity results in fluctuations in PIFU 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 Trust average levels.
<p>Ownership:</p>	<p>Chief Operating Officer</p>

Outpatient Measures

April 2024

Apr-24

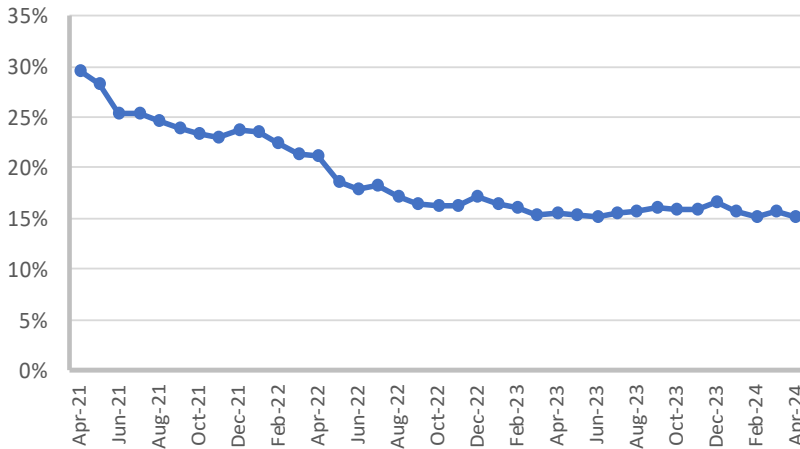
	Non Face To Face		Non Face To Face (Video)		Advice & Guidance		Advice & Guidance Responses		Patient Initiated Follow-Up	
	Total	% of All Attendances	Total	% of All Non Face To Face	Total Responses	% of New Attendances	Responses Within 7 Days	% Responses Within 7 Days	Total PIFU'ed Outcomes	% of All Attendances
Diagnostic & Therapy	1,041	9.8%	85	8.2%	27	0.6%	27	100.0%	2,703	25.3%
Medicine	2,158	24.6%	193	8.9%	766	23.9%	473	61.7%	561	6.3%
Specialised Services	4,172	29.4%	193	4.6%	958	33.9%	675	70.5%	305	2.1%
Surgery	2,055	7.9%	49	2.4%	588	8.9%	417	70.9%	1,204	4.6%
Women's & Children's	2,262	13.2%	513	22.7%	804	14.0%	682	84.8%	1,232	7.1%
TOTAL	11,688	15.2%	1,033	8.8%	3,143	13.5%	2,274	72.4%	6,005	7.8%

Note:

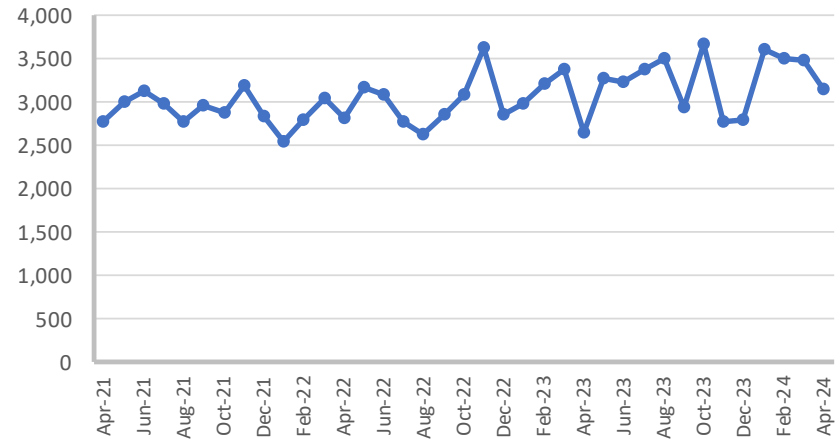
- PIFU data is showing outpatient appointments whose Outcome is Move or Discharge to PIFU. For the month-end national return, an additional component is identified from Referrals that are Moved/Discharged to PIFU outside of an appointment. See previous page.

April 2024

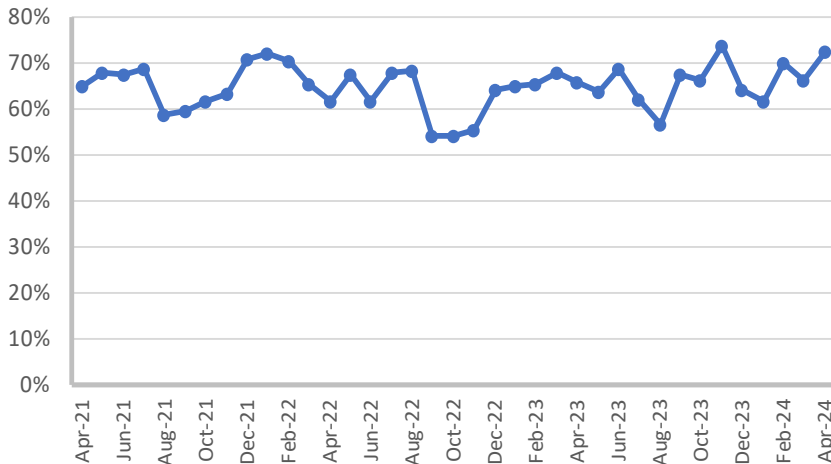
Outpatient Attendances - % Non Face To Face



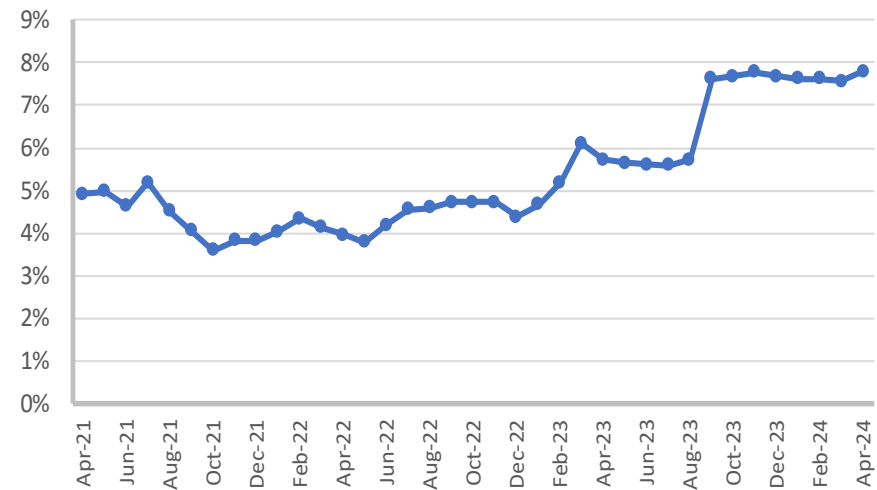
Number of Advice and Guidance Responses



Percentage of A&G Responses in 7 Days



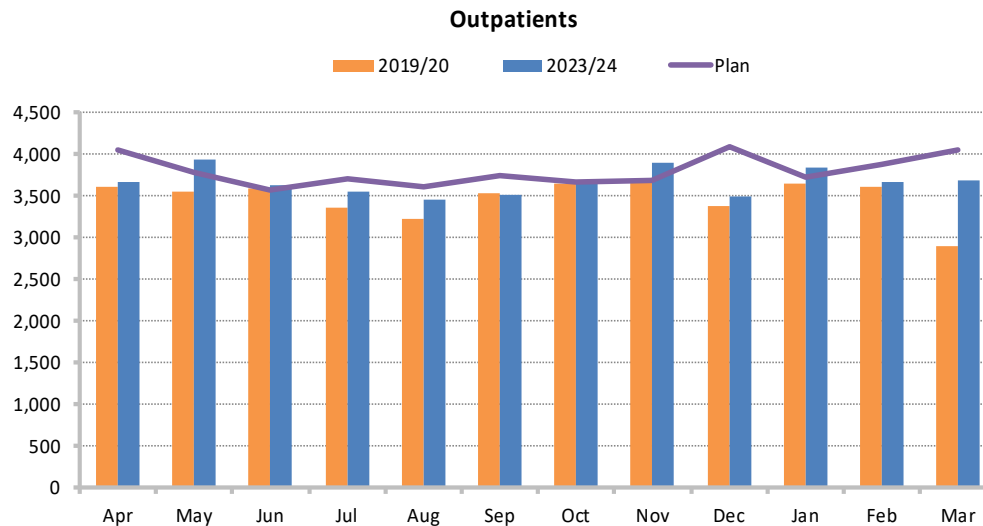
Percentage of Attendances with PIFU Outcome



Outpatient Activity – Restoration

April 2024

**Activity Per Day, By Month and Year – Outpatient Attendances
(2024/25 reporting is in development)**



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	Actual Activity Per Day	3,621	3,561	3,590	3,371	3,221	3,528	3,647	3,685	3,373	3,650	3,617	2,895
2021/22	Actual Activity Per Day	3,394	3,584	3,412	3,174	3,043	3,310	3,348	3,565	3,112	3,495	3,351	3,379
2022/23	Actual Activity Per Day	3,470	3,709	3,610	3,340	3,296	3,561	3,546	3,770	3,158	3,654	3,543	3,448
2023/24	Actual Activity Per Day	3,673	3,931	3,633	3,555	3,460	3,518	3,655	3,895	3,499	3,850	3,667	3,684
	Planned Activity Per Day	4,049	3,784	3,569	3,703	3,615	3,751	3,661	3,684	4,092	3,735	3,885	4,048

2023/24 Activity: % of Plan	91%	104%	102%	96%	96%	94%	100%	106%	86%	103%	94%	91%
2023/24 Activity: % of 2019/20	101%	110%	101%	105%	107%	100%	100%	106%	104%	105%	101%	127%

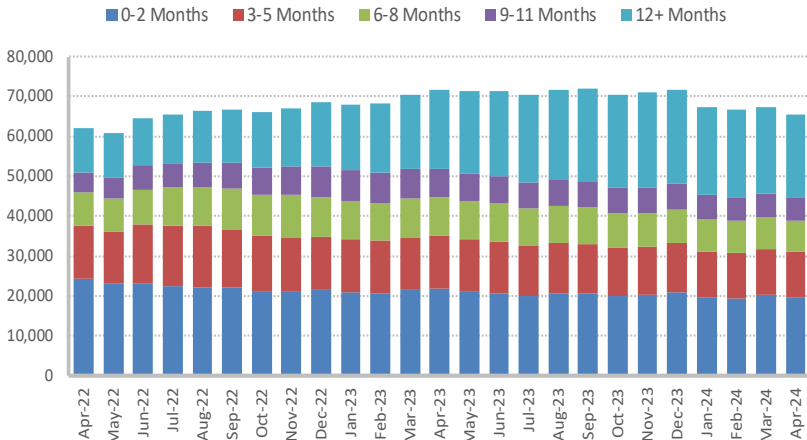
Outpatient Overdue Follow-Ups

April 2024

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 66,063 of which 20,693 (31.3%) were overdue by 6+ months and 31,403 (47.6%) were overdue by 12+ months.
Actions:	<p>A recent validation of the partial booking waiting list report noted the inclusion of new patient pathways alongside the follow-up pathways. The figures reported against this measure are intended to highlight the volume of follow-up pathways that are overdue and new patient pathways should therefore be excluded. The removal of the new patient pathways reduced the reported number of patients by circa 30,000 (December previously reported as 102k).</p> <p>Validation of the partial booking list will continue through Q1 with the continued aim of validating all patients over 12 months. The number of overdue follow up pathways has reduced from 35,767 in February to 31,403 in April.</p> <p>Central outpatients has rolled out of DrDoctor Quick Question to support the Trust’s partial booking process, offer patients alternative providers for mutual aid and validate outpatient waiting lists. This will support the reduction of the waiting list size.</p> <p>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.</p>
Ownership:	Chief Operating Officer

Overdue Follow-Ups By Number of Months Overdue



Apr-24	6+ Months		12+ Months		Total Overdue
	Number	Percentage	Number	Percentage	
Diagnostics & Therapies	4,734	64%	2,949	40%	7,418
Medicine	14,091	58%	9,515	39%	24,328
Specialised Services	3,309	47%	1,666	23%	7,103
Surgery	10,108	51%	5,989	30%	19,880
Women's and Children's	2,064	31%	601	9%	6,747
Other	0		0		0
UHBW TOTAL	34,306	52%	20,720	32%	65,476

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

December 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 January to December 2023 was 92.1 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

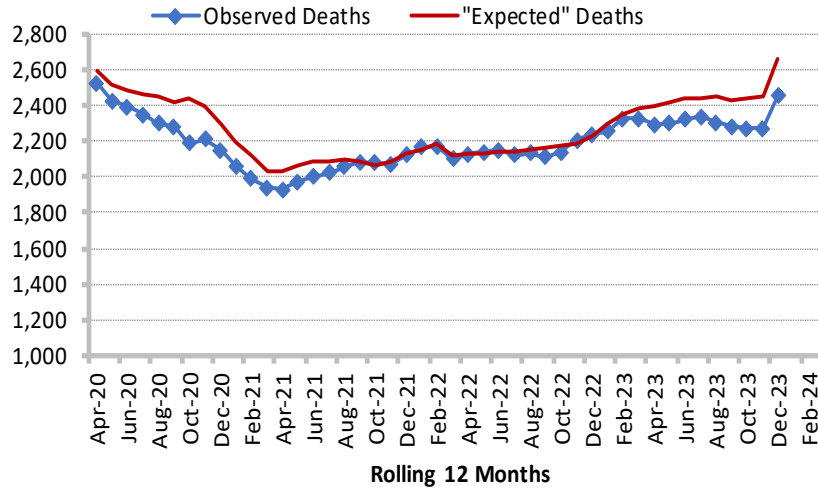
Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Jan-23	2,255	2,300	98.0
Feb-23	2,325	2,350	98.9
Mar-23	2,325	2,385	97.5
Apr-23	2,295	2,395	95.8
May-23	2,300	2,420	95.0
Jun-23	2,320	2,435	95.3
Jul-23	2,340	2,440	95.9
Aug-23	2,305	2,455	93.9
Sep-23	2,280	2,425	94.0
Oct-23	2,270	2,440	93.0
Nov-23	2,270	2,455	92.5
Dec-23	2,455	2,665	92.1

Mortality – SHMI (Summary Hospital-level Mortality Indicator)

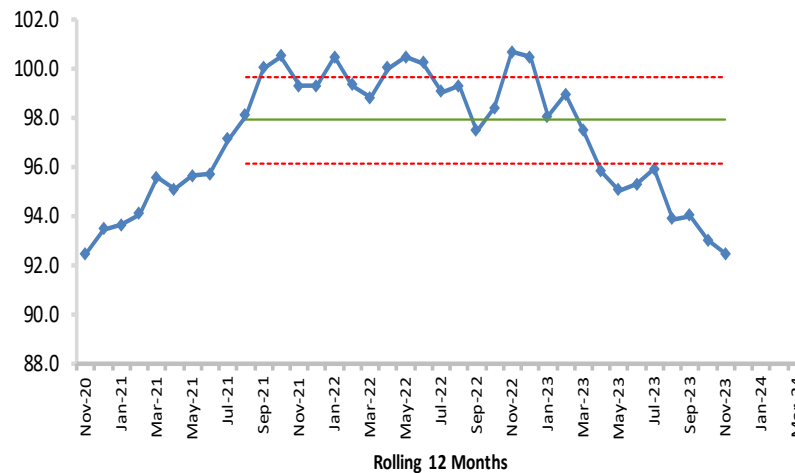


December 2023

Summary Hospital-level Mortality Indicator (SHMI)



Summary Hospital Mortality Indicator (SHMI) - National Monthly Data



Mortality – HSMR (Hospital Standardised Mortality Ratio)

January 2024

N/A No Standard Defined

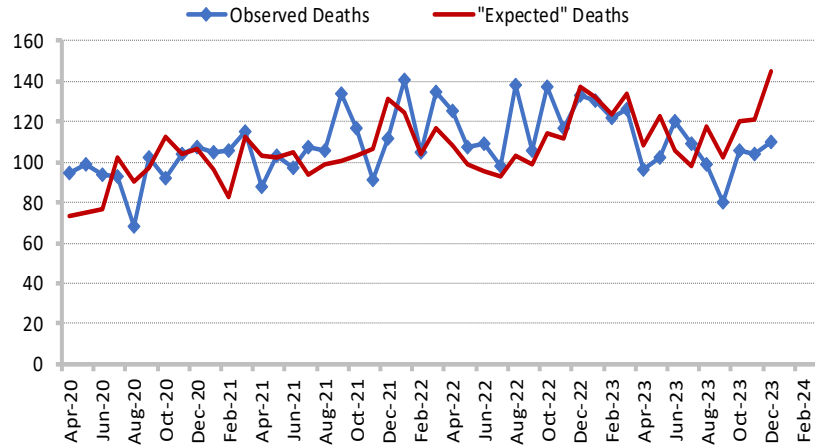
Standards:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same.
Performance:	<p>HSMR within CHKS for UHBW solely for the month of January 2024 was 92.8, meaning there were 11 fewer observed deaths (141) than the statistically calculated expected number of deaths (152). Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation.</p> <p>The HSMR for the 12 months to January 2024 for UHBW was 91.3, below the National Peer figure of 92.8.</p>
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
Feb-23	122	124.0	98.4
Mar-23	126	134.0	94.0
Apr-23	96	107.0	89.7
May-23	102	102.0	100.0
Jun-23	120	105.0	114.3
Jul-23	109	97.0	112.4
Aug-23	99	116.0	85.3
Sep-23	80	101.0	79.2
Oct-23	106	119.0	89.1
Nov-23	104	119.0	87.4
Dec-23	110	144.0	76.4
Jan-24	141	152.0	92.8

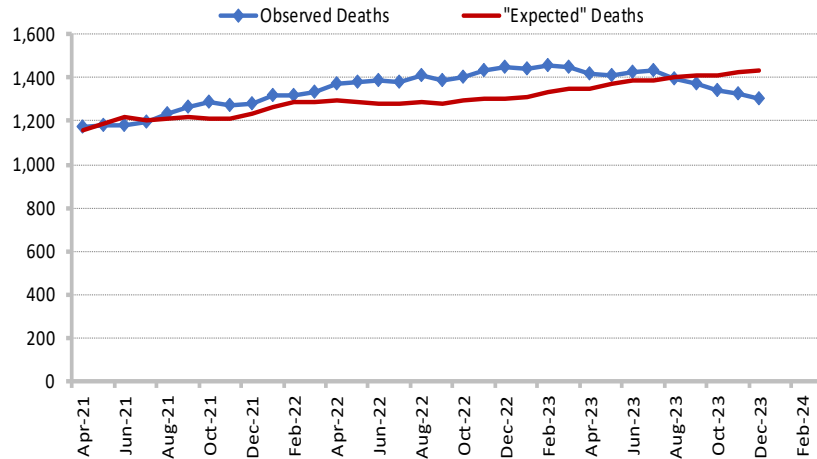
Mortality – HSMR (Hospital Standardised Mortality Ratio)

January 2024

Hospital Standardised Mortality Ratio (HSMR) - Monthly



Hospital Standardised Mortality Ratio (HSMR) - Rolling 12 Months



Fractured Neck of Femur (#NOF)

April 2024

P Partially 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:	<p>In April, there were 41 patients eligible for the Best Practice Tariff (BPT): 18 in Bristol and 23 in Weston. For the 36 hour time to surgery standard, 26/41 patients (63%) achieved the standard. For the 72-hour time to Ortho-geriatric assessment, 35/41 patients (85%) achieved the standard.</p> <p>At Bristol sites 18 patients were eligible for Best Practice Tariff:</p> <ul style="list-style-type: none"> • 6/18 (33%) patients had surgery in 36 hours. • 18/18 (100%) patients had an Ortho-geriatric review within 72 hours of admission. • 18/18 (100%) patients had a physiotherapy assessment on the day or day after surgery. • 6/18 (33%) patients received care that met all BPT standards. <p>At Weston General Hospital 23 patients were eligible for Best Practice Tariff:</p> <ul style="list-style-type: none"> • 20/23 (87%) had surgery within 36hrs of admission. • 17/23 (74%) had an Ortho-geriatrician assessment within 72hrs of admission. • 12/23 (52%) received care that met all BPT standards.
Action/Plan:	<p>Bristol:</p> <ul style="list-style-type: none"> • Use of Weston capacity to take cases when trauma is pressured at the BRI. This should improve time to theatre. • Use of automatic send to improve theatre utilisation • Use of limb reconstruction lists to take additional trauma where possible. • Trauma escalation Standard Operating Procedure (SOP) continues to be developed. • Discussion of compliance at Trauma & Orthopaedic audit and governance <p>Weston:</p> <ul style="list-style-type: none"> • Please note - other aspects of the BPT were missed this month, hence overall BPT lower than usual this month. Mainly due to the sole geriatrician being off sick for several days.
Ownership:	Medical Director

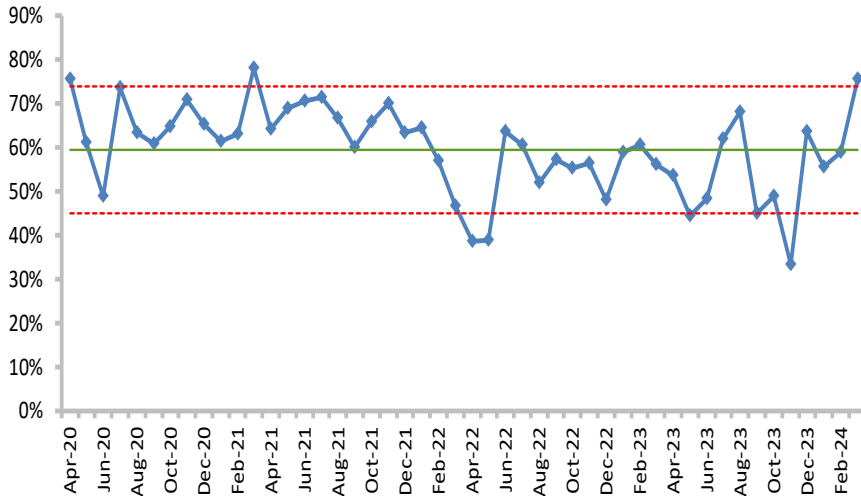
Fractured Neck of Femur (#NOF)

April 2024

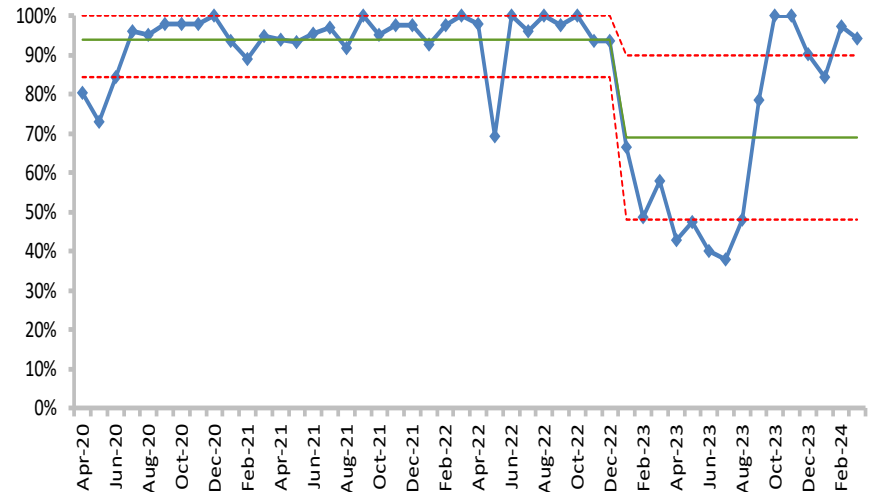
Apr-24

	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	18	6	33%	18	100%
Weston	23	20	87%	17	74%
TOTAL	41	26	63.4%	35	85.4%

Fracture Neck of Femur Patients Treated Within 36 Hours



Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours



Mixed Sex Accommodation Breaches

April 2024

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:	<ul style="list-style-type: none"> • There were three events of mixed sex breaches affecting eight patients in April 2024. • The three breaches occurred in theatre recovery in Bristol Royal Infirmary, affecting all eight patients. • These eight patients experienced mixed sex accommodation episodes as a result of a delay in transfer to inpatient wards, due to overall bed capacity. • All three events were reported as unjustified breaches on the national return.
Action/Plan:	<ol style="list-style-type: none"> 1. Implementation of flow and discharge improvement project to enable earlier bed availability 2. Clinical leads to undertake a refreshed view of clinical areas to evaluate consistent compliance with Single Sex Accommodation Guidance. Updated Single Sex Accommodation policy approved and uploaded onto MyStaff App. 3. Task and finish group set up to work through a full Equality Impact Assessment to review the Managing Single Sex Accommodation Compliance Standard Operating Procedure, aiming to assist staff in applying guidance in practice.
Ownership:	Chief Nurse

	2021	2022	2023	2024
Jan		0	0	7
Feb		0	0	9
Mar		0	0	19
Apr		0	0	8
May		0	5	
Jun		0	11	
Jul		0	17	
Aug		0	29	
Sep	0	0	7	
Oct	0	0	9	
Nov	0	0	7	
Dec	0	0	19	

Number of patients submitted in monthly Mixed Sex Accommodation (MSA) national return. Return started in September 2021.

April 2024

N/A *No Standard Defined*

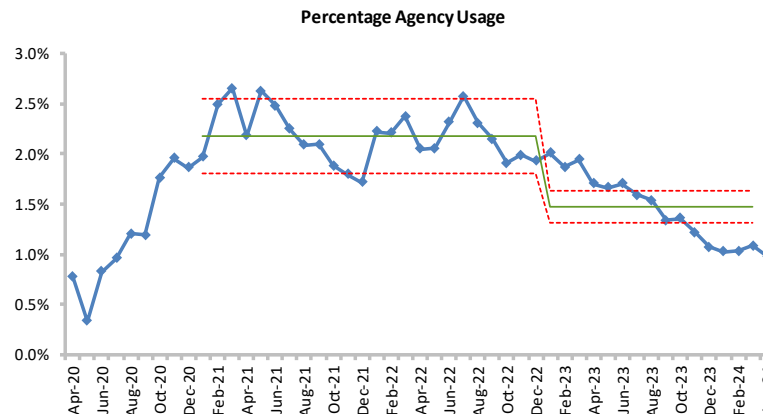
Standards:	The Perinatal Quality Surveillance Matrix (PQSM) provides additional quality surveillance of the maternity services at UHBW and has been developed following the recommendations made by the Ockenden report (2020) into maternity care at Shrewsbury and Telford Hospital Trust.
Performance:	During April the maternity service have had three incidents which have met the referral criteria for MNSI (Maternity and Newboard Safety Investigations). These were two babies who received therapeutic cooling following birth and one early neonatal death. Following an initial review by MNSI two of these cases have now been accepted to proceed to investigation (1 x cooling & 1 x neonatal death).
Action/Plan:	Year 6 of the CNST Maternity Incentive Scheme has now been launched, an initial review of the amended ten safety actions is now underway.
Ownership:	Chief Nurse

Workforce – Agency Usage

April 2024

Y 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 1.0%.
Performance:	Agency usage increased by 15.8 FTE to 127.3 FTE (1.0%). The only divisional increase was seen in Weston General Hospital, where usage increased to 24.1 FTE from 24.0 FTE in the previous month. There were reductions within six divisions. The largest divisional reduction was seen within Specialised Services, where usage reduced to 3.6 FTE from 11.9 FTE in the previous month.
Action/Plan:	<ul style="list-style-type: none"> • There were 42 new starters across the Bank in April, including 10 re-appointments. • The UHBW Bank team continues to work closely with the Acute Provider Collaborative to consider a Collaborative Bank. • To reduce the mental health nursing agency costs, the UHBW Bank have been onboarding mental health support workers (MHSW). The team are working closely with the Medicine division to hold training sessions for bank only healthcare support workers to convert them across MHSW roles. • System work continues at ICB level to drive the supply off framework nursing agency, adhering to cap compliance and working hard to reduce off framework. • Ongoing work continues to encourage the UHBW Bank as the employer of choice for temporary workers with an increased Band 5 Bank registered nurse rate and an improved bank experience in clinical areas. In April, 10 agency nurses were recruited onto UHBW Bank. • The Trust continues to encourage block bookings to reduce the use of last minute, non-framework reliance. In Medicine and Weston, this has been reduced to only one framework Mental health registered nurse per shift. • Active recruitment continues to substantive medical roles in the Weston Division to drive down the demand for high-cost agency usage
Ownership:	Director of People



Workforce – Turnover

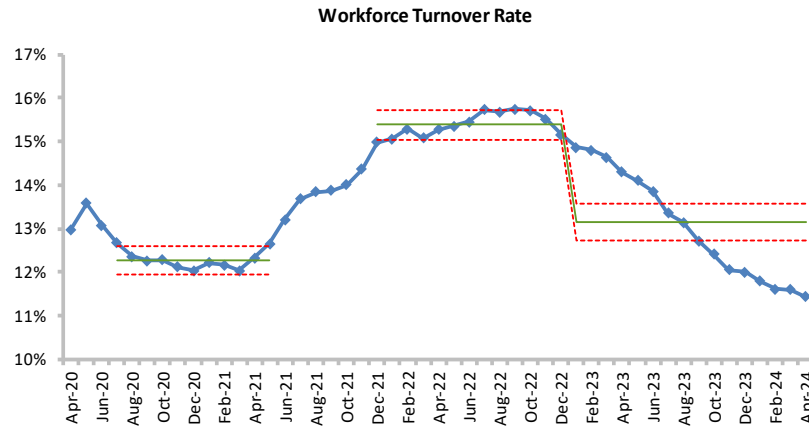
April 2024

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 12% turnover.
Performance:	<p>Turnover for the 12-month period was 11.4% compared with 11.4% the previous month.</p> <p>Four divisions saw reductions whilst three divisions saw increases and one division, Medicine, remained static in comparison to the previous month. The largest divisional reduction was seen within Trust Services, where turnover reduced by 0.95 percentage points to 9.33% compared with 10.28% the previous month. The largest divisional increase was seen within Weston General Hospital, where turnover increased by 0.83 percentage points to 11.26% compared with 10.42% the previous month.</p> <p>Six staff groups saw a reduction, two staff groups saw an increase, and one staff group, Nursing and Midwifery Registered, remained unchanged in comparison to the previous month. The largest staff group reduction was seen within Additional Clinical Services, where turnover reduced by 1.9 percentage points to 12.8% compared with 14.7% the previous month. The largest staff group increase was seen within Additional, Professional, Scientific and Technical, where turnover increased by 0.4 percentage points to 13.9% compared with 13.5% the previous month.</p>
Action/Plan:	<ul style="list-style-type: none"> • This month, the focus on supporting colleagues with Visa renewals continues. Work is underway to retain colleagues who are impacted by new immigration laws and to provide pastoral support where these changes mean they cannot continue to receive sponsorship such as support to find alternative Visas. Alongside this some FAQ's have been developed to ensure that colleagues who are sponsored are fully informed not just about the UHBW renewal process but where they can seek support for complex renewal issues in place of the pastoral care provided through their induction. • Respecting Everyone: A six-month review is underway to assess the impact of the introduction of the Respecting Everyone approach. Early indicators show that there has been an increase in the use of informal resolutions thus resolving conflict and sustaining working relationships supporting the retention of colleagues. • Staff Survey 2023: working in partnership with Divisions to support the development of the local culture and people plans. • The Quarter 1 Pulse Survey was live from 1 – 30 April 2024, with a response rate of 8.2%, the overall Trust engagement score was 6.9 in line with previous Pulse Surveys. The additional questions in the survey measured patient safety and evaluated the annual check-in appraisal process, which is being utilised as part of the appraisal development programme of work. • The annual recognising success awards take place on Friday 17th May 2023. Three hundred guest which include shortlisted and winners, long service colleagues and divisional guest will attend the event at Ashton Gate Football Stadium. • As part of a week of celebrations all 1428 nominees will receive a congratulations card week commencing 20th May. • People Strategy milestones: There are robust plans in place to improve retention within the EDI and Wellbeing Strategic Framework's, as well as the Engagement Strategic Action Plan, based on Staff Survey priorities. Activity against these plans are monitored in People Committee.
Ownership:	Director of People

Workforce – Turnover

April 2024



Workforce – Vacancies

April 2024

Y 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 5.0% vacancy.								
Performance:	<p>Overall vacancies reduced to 0.5% (58.8 FTE) compared to 2.7% (333.6 FTE) in the previous month. The reduction was largely due to a reduction in recorded funded FTE, this is common in the first month of the new financial year as the budgets are in the process of being set for 24/25.</p> <p>The largest divisional increase was seen in Facilities and Estates where vacancies increased to 76.3 FTE from 71.6 FTE in the previous month. The largest divisional reduction was seen in Women’s and Children’s, where the division moved into a position of being over-established by 92.6 FTE, compared with having a vacancy of from 26.7 FTE the previous month.</p> <p>Reductions were seen across all staff groups. The largest staff group reduction was seen in Nursing staff, where the staff group became over-established by 104.2 FTE, compared with having a vacancy of 45.9 FTE the previous month. The reductions are largely due to a reduction in funded FTE, which is common in the first month of the new financial year.</p> <p>Consultant vacancy has reduced to 30.4 FTE (3.8%) from 52.4 FTE (6.4%) in the previous month. Unregistered nursing vacancies can be broken down as follows:</p> <table border="1" data-bbox="285 788 680 916"> <thead> <tr> <th>Band</th> <th>Vacancy</th> </tr> </thead> <tbody> <tr> <td>AfC Band 2</td> <td>16.6 FTE</td> </tr> <tr> <td>AfC Band 3</td> <td>72.1 FTE</td> </tr> <tr> <td>AfC Band 4</td> <td>-200.8 FTE</td> </tr> </tbody> </table> <p>The band 4 over establishment is due to the large number of newly qualified nursing staff awaiting their NMC PINs. Once these staff become fully qualified and have received their PIN, this should reduce the band 4 over establishment, reduce the registered nursing vacancy position, and increase the unregistered nursing vacancy position, which is a much more accurate reflection of the nursing vacancy position.</p>	Band	Vacancy	AfC Band 2	16.6 FTE	AfC Band 3	72.1 FTE	AfC Band 4	-200.8 FTE
Band	Vacancy								
AfC Band 2	16.6 FTE								
AfC Band 3	72.1 FTE								
AfC Band 4	-200.8 FTE								
Action/Plan:	<ul style="list-style-type: none"> • The Trust received one Internationally Educated Midwife (IEM), who joined the Women’s Services. This concludes the International Recruitment programme of nurses and midwives. A total of 976 Internationally Educated Nurses (IENs) and six IEMs arrived at the Trust since the beginning of the programme. • The Children’s services hosted the first recruitment event for Nursing Associates. Eight candidates attended the event, and four were offered. These candidates are expected to start in the coming months when they obtain their registration. • A successful recruitment event was held in collaboration with the BNSSG system partners to attract newly qualified and experienced registered nurses to the organisations. Over 80 people attended the event to learn more about the registered nursing roles and job opportunities. • In the last month, the Trust held a specific recruitment event for adult and children Oncology and Haematology services. A total of four candidates attended the event and were offered a role. • A newly qualified nursing event took place for paediatric services in April. The day saw 16 candidates attend with 15 offers issued. 								

April 2024

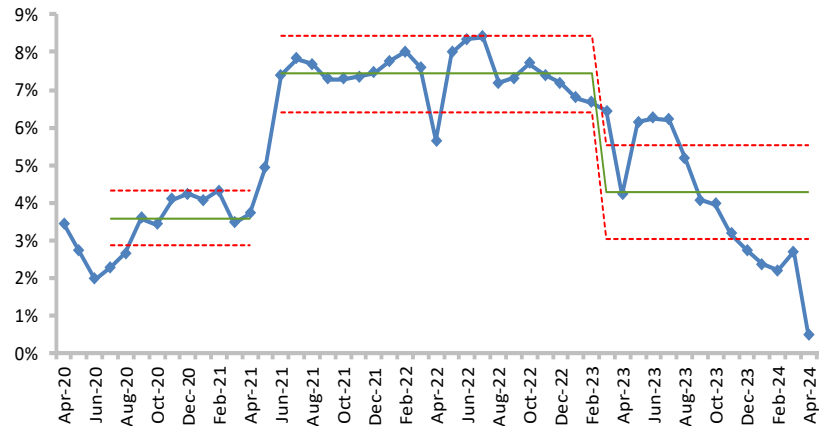
Action/Plan (continued):

- 29 substantive Healthcare Support Workers (HCSW) started in the Trust and another 48 were offered. One Bank Senior Healthcare Support Worker (HCSW) started in the Trust and another 16 were offered.
- 14 substantive Allied Health Professionals (AHPs) and 17 substantive Healthcare Scientists joined the Diagnostics and Therapies division.
- Following on from a survey to improve attraction of AHPs, work commenced in April to improve job adverts by implementing workshops for AHP hiring managers. This is a result from feedback of 30% of participants felt that current adverts do not provide a good understanding of the role.
- Following the BNSSG collaborative recruitment event that took place in early April, the Trust successfully offered nine Occupational Therapists and eight Physiotherapists which are all due to start by Q2.
- Two medical consultants started on the Weston site and two clinical fellows have been cleared for a start date in June.
- Three non-consultant grade doctors in Surgery were offered in Weston in April.
- Work continued to support the implementation of Healthy Weston 2. A targeted recruitment campaign went live to attract candidates to the Weston site. A social media campaign was also launched to promote Weston-Super-Mare as a place to live and work. Results to follow.
- In April, the Trust successfully hosted an online Junior Clinical Fellow Recruitment Evening. 50 doctors attended this informative session with presentations about the different clinical services and job opportunities at Weston. The session received very positive feedback.
- A social media campaign was launched through April for “Stress Awareness Month” where the Trust advertised the Workplace Wellbeing package offer and staff benefits to attract external applicants and promote UHBW as a place to work.

Ownership:

Director of People

Vacancy Rate (Vacancy FTE as Percent of Funded FTE)



Workforce – Staff Sickness

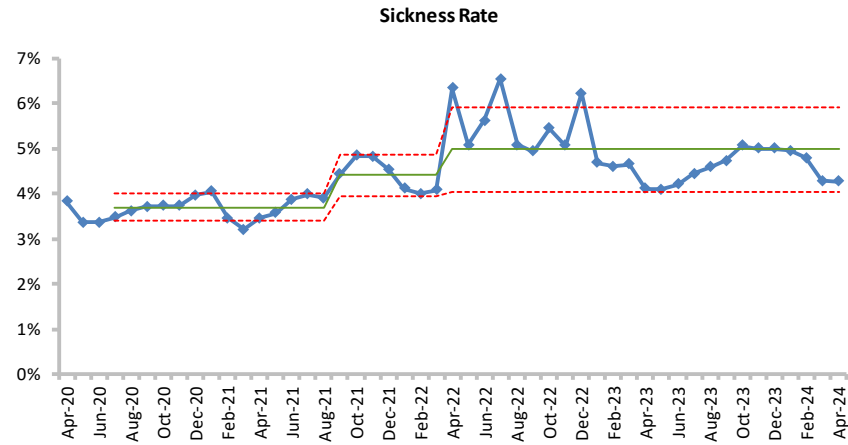
April 2024

Y Achieved

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2021/22, including Weston. The target is to have a maximum 5.0% sickness rate.
Performance:	<p>Sickness absence remained static at 4.3% compared with the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence.</p> <p>There were reductions within six divisions and there were two divisional increases. The largest divisional reduction was seen in Facilities and Estates, where sickness reduced by 0.2 percentage points to 5.2%, compared to 5.4% in the previous month. The largest divisional increase was seen in Weston General Hospital, where sickness increased by 0.4 percentage points to 5.4%, compared to 5.0% in the previous month.</p> <p>There were reductions within five staff groups, an increase in three staff groups, and one staff group remained static compared with the previous month. The largest staff group reduction was seen within Estates and Ancillary, reducing by 0.6 percentage points to 5.8% from 6.4% in the previous month. The largest staff group increase was seen within Nursing and Midwifery Unregistered, increasing by 0.6 percentage points to 6.5% from 5.7% in the previous month.</p>
Action/Plan:	<ul style="list-style-type: none"> • Mitigation of Datix risk 793: risk staff experience workplace stress was bolstered by the introduction of new training commenced on 10 April to equip managers with the knowledge and skills to undertake the Health and Safety Executive (HSE) Stress Management Process. • A joint application with North Bristol NHS Trust was submitted to the Department of Health and Social Care on 12 April for funding to deliver NHS regulation health checks as part of a national workplace cardiovascular pilot from May24-Mar25, resulting in the addition of cholesterol checking. • The Psychological Health Service facilitated a session on ‘Supporting Staff with Long-term Conditions’ on 16th April to colleagues undertaking a peer-support role e.g. wellbeing advocates. • An overview of the wellbeing programme was delivered to members of Able Plus staff network on 16 April to ensure colleagues engaging with this provision are signposted to timely support. • The People Learning and Development Group signed-off the 2023-24 collaborative workplace wellbeing action plan on 24 April. This comprises 28 milestones to improve workforce wellbeing. • A range of initiatives, tools and guidance was shared with colleagues in recognition of national Stress Awareness Month (April) including, promotion of in-house interventions and services, DWP Maximus ‘Access to work’ support service and a ‘Stress Explored’ webinar delivered on 30 April
Ownership:	Director of People

Workforce – Staff Sickness

April 2024



Workforce – Appraisal Compliance

April 2024

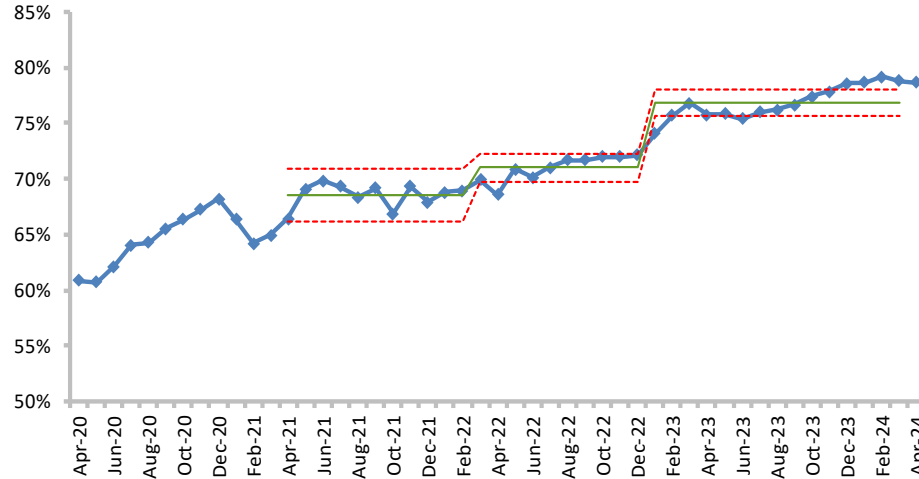
N Not Achieved

Standards:	Staff Appraisal is measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85%.
Performance:	Overall appraisal compliance reduced to 78.6% compared with 78.8% in the previous month. There were increases within two divisions. The largest divisional increase was seen within Weston General Hospital, increasing to 82.7% from 81.5% in the previous month. Reductions were seen in five divisions. The largest divisional reduction was within Trust Services, where compliance reduced to 79.8% from 80.7% in the previous month. No divisions are above the new KPI target.
Action/Plan:	<p>Appraisal is one of the key areas of focus for the Organisational Development team in response to the staff survey findings, which although showed an increase in compliance has demonstrated the Trust remains behind our benchmark group acute average (-0.3). The aim is to continue to close the gap in line with the acute best score (-0.95). In response to this an extensive engagement programme of work commenced in March using a number of interventions where nearly 10% of colleagues have engaged in providing feedback.</p> <p>The feedback identified three main priorities:</p> <ul style="list-style-type: none"> • Reducing form length - The form will be refreshed and go live first week of June, the form aims to go from 16 steps to 4 which, it is anticipated, will also improve the quality of the conversation. The mandatory elements of the form will sit in the essential training rather than be part of the appraisal, being replaced by an annual declaration 'check' rather than 6 number of steps. • Quality of conversation - The training is currently being reviewed with the Learning, Management and Coaching team to move the focus from process to behaviours and quality conversations, process training will become a session to complete prior to training. • Timely feedback - During the feedback sessions we explored the utilisation of the 'feedback' mechanism embedded within Kallidus perform and it was clear that this functionality is underutilised. A revised approach to this will be part of the re development of the form, signposting the feedback icon to gather feedback and use as a reflective tool.
Ownership:	Director of People

Workforce – Appraisal Compliance

April 2024

Workforce Appraisal Compliance (Non-Consultant)



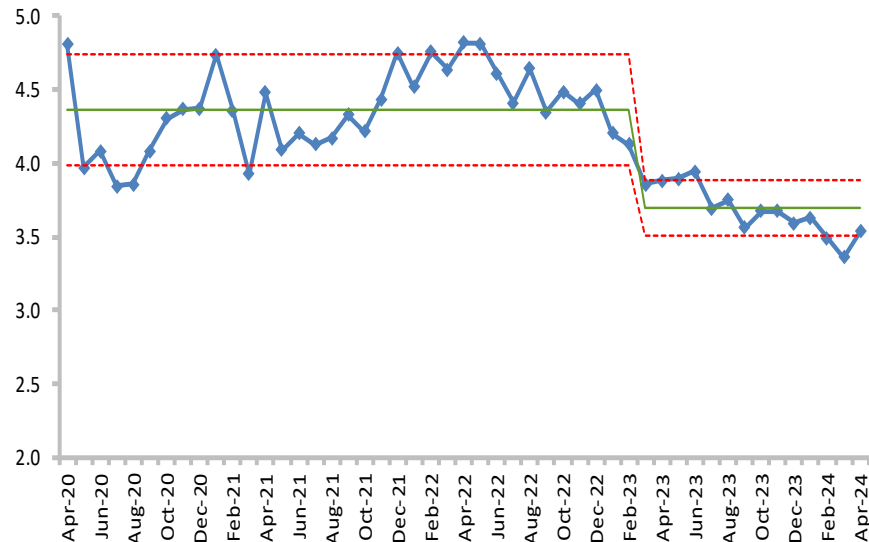
Average Length of Stay

April 2024

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 April there were 8,987 discharges at UHBW with an average length of stay of 3.54 days.
Action/Plan:	Current assumptions around length of stay are being reviewed as part of the 2024/25 operating plan submissions and demand & capacity reviews.
Ownership:	Chief Operating Officer

Average Length of Stay (Spell)



2024/25 YTD Income & Expenditure Position

- Net I&E deficit of £2,600k against a breakeven plan (excluding technical items).
- Total operating income is in line with plan at £99,865k.
- Total operating expenditure is £2,774k adverse to plan due to higher than planned pay costs at £2,032k and higher than planned non-pay expenditure at £742k. Depreciation and financing costs are broadly in line with plan.

Key Financial Issues

- *Recurrent savings delivery below plan* – Internal YTD CIP delivery is £1,987k or 61% of plan, of which recurrent savings are £1,256k, 38% of plan.
- *Delivery of elective activity below plan* – Value of elective activity is £1.4m behind plan at the end of April, primarily due to elective inpatients which are c10% below plan.
- *Corporate mitigations not delivered in full* – non-recurrent mitigations of £583k were delivered in April.

Strategic Risks

- The scale of the Trust's recurrent deficit and CDEL constraint presents a significant risk to the Trust's strategic ambitions. Further work is required to develop the mitigating strategies, whilst acknowledging the Systems strategic capital prioritisation process will have a major influence and bearing on how we take forward strategic capital, including, for example, the Joint Clinical Strategy. This risk is assessed as high.

Leadership Priorities and Oversight Framework



Reporting Month: April 2024

Trust Year to Date Financial Position

	Month 1		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	90,172	89,033	(1,139)
Other Operating Income	9,886	10,832	946
Total Operating Income	100,058	99,865	(193)
Employee Expenses	(59,618)	(61,650)	(2,032)
Other Operating Expenses	(35,974)	(36,671)	(697)
Depreciation (owned & leased)	(3,373)	(3,418)	(45)
Total Operating Expenditure	(98,965)	(101,739)	(2,774)
PDC	(1,210)	(1,208)	2
Interest Payable	(247)	(231)	16
Interest Receivable	292	481	189
Net Surplus/(Deficit) inc technicals	(72)	(2,831)	(2,759)
Remove Capital Donations, Grants, and Donated Asset Depreciation	72	231	159
Net Surplus/(Deficit) exc technicals	0	(2,600)	(2,600)

Key Facts:

- The position at the end of April is a net deficit of £2,600k against a breakeven plan.
- Significant variances in the year-to-date position include: the value of elective income behind plan by £1,300k and a shortfall on savings delivery of £1,277k.
- In April the Trust has spent £104k on costs associated with Internationally Educated Nurses (IENs).
- Pay expenditure in April is c£500k higher than March at £61,650k and £2,032k higher than plan due to higher medical staffing costs.
- Agency expenditure in month is £1,573k, compared with £1,946k in March. Bank expenditure in month is £5,711k, compared with £4,863k in February.
- Total operating income is broadly in line with plan.

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

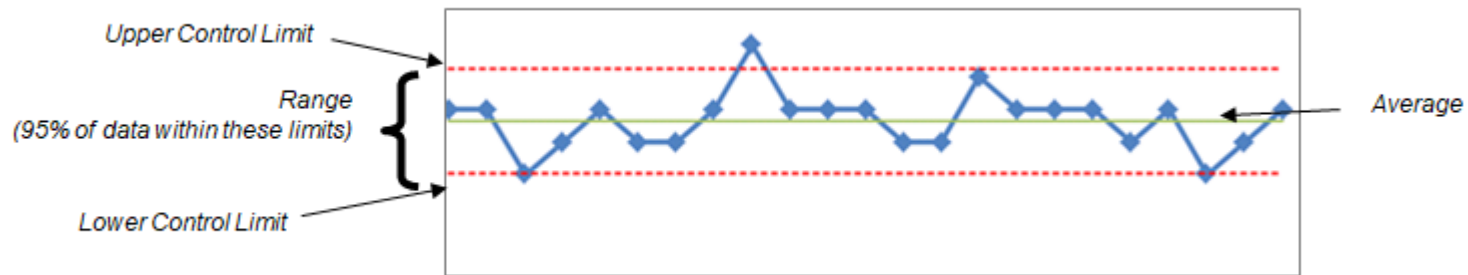
Rating for UHBW Bristol Main Site

	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

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



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																NHS University Hospitals Bristol and Weston NHS Foundation Trust			
SAFE DOMAIN																			
ID	Measure	23/24	24/25 YTD	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	23/24 Q2	23/24 Q3	23/24 Q4	24/25 Q1
Infection Control																			
DA01	MRSA Hospital Onset Cases	9	0	0	2	2	0	1	0	0	1	1	0	1	0	3	1	2	0
DA02	MSSA Hospital Onset Cases	37	0	3	5	3	0	3	5	1	4	5	0	6	0	6	10	11	0
DA03	CDiff Hospital Onset Healthcare Associated Cases	80	12	6	8	6	8	6	7	5	4	4	9	10	12	20	16	23	12
DA03A	CDiff Healthcare Associated Cases	111	14	8	13	8	10	9	9	6	4	7	13	12	14	27	19	32	14
DA06	EColi Hospital Onset Cases	67	0	5	5	6	4	6	6	6	3	5	10	8	0	16	15	23	0
Patient Falls																			
AB01	Falls Per 1,000 Beddays	4.32	4.49	4.31	4.63	4	3.43	3.8	4.18	4.05	5.38	4.62	4.17	4.04	4.49	3.74	4.53	4.28	4.49
	Numerator (Falls)	1717	149	150	150	129	112	119	141	136	178	159	137	140	149	360	455	436	149
	Denominator (Beddays)	397010	33209	34776	32366	32230	32684	31342	33715	33551	33100	34397	32838	34611	33209	96256	100366	101846	33209
AB06A	Total Number of Patient Falls Resulting in Harm	46	1	0	3	5	3	4	7	3	5	4	3	5	1	12	15	12	1
Pressure Injuries																			
DE01	Pressure Injuries Per 1,000 Beddays	0.113	0.12	0	0.124	0.062	0.061	0.096	0.148	0.119	0.151	0.233	0.152	0.173	0.12	0.073	0.139	0.187	0.12
	Numerator (Pressure Injuries)	45	4	0	4	2	2	3	5	4	5	8	5	6	4	7	14	19	4
	Denominator (Beddays)	397010	33209	34776	32366	32230	32684	31342	33715	33551	33100	34397	32838	34611	33209	96256	100366	101846	33209
DE02	Pressure Injuries - Grade 2	31	2	0	4	2	2	1	2	2	3	7	4	4	2	5	7	15	2
DE03	Pressure Injuries - Grade 3	11	2	0	0	0	0	1	2	2	2	1	1	2	2	1	6	4	2
DE04	Pressure Injuries - Grade 4	3	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1	0	0
VTE Risk Assessment																			
N01	Adult Inpatients who Received a VTE Risk Assessment	81.2%	83%	82.8%	82.6%	84%	84.7%	82.5%	82.7%	84.9%	83%	79%	77.5%	73.5%	83%	83.8%	83.5%	76.7%	83%
	Numerator (Number Risk Assessed)	101670	8109	7963	7986	7960	8390	7713	8199	8721	7647	10625	9613	9594	8109	24063	24567	29832	8109
	Denominator (Total Patients)	125206	9766	9620	9672	9476	9906	9348	9919	10277	9217	13453	12400	13059	9766	28730	29413	38912	9766
	<i>VTE Data is Bristol only</i>																		
Nurse Staffing Levels ("Fill Rate")																			
RP01	Staffing Fill Rate - Combined	98.9%	105.4%	95.8%	98.1%	99.2%	97.6%	96%	97.5%	99.7%	102%	102.1%	101.7%	102.1%	105.4%	97.6%	99.7%	102%	105.4%
	Numerator (Hours Worked)	3778597	334693.8	305222	300754	313448	315844	300764	320785	319715	331770	332487	312813	336064	334694	930056	972271	981365	334694
	Denominator (Hours Planned)	3818810	317421.7	318447	306664	315964	323455	313169	329065	320817	325156	325617	307482	329175	317422	952587	975037	962274	317422
RP02	Staffing Fill Rate - RN Shifts	95.6%	102.3%	93.6%	94.5%	93.6%	92.2%	90.8%	94.3%	98.3%	99.8%	99.2%	97.5%	98.6%	102.3%	92.2%	97.5%	98.4%	102.3%
	Numerator (Hours Worked)	2410826	211027.1	199955	194902	197635	198663	188990	201637	204229	210792	211463	197792	213135	211027	585288	616658	622391	211027
	Denominator (Hours Planned)	2521196	206352.8	213608	206254	211188	215555	208188	213904	207692	211141	213142	202892	216168	206353	634931	632737	632202	206353
RP03	Staffing Fill Rate - NA Shifts	105.4%	111.3%	100.4%	105.4%	110.5%	108.6%	106.5%	103.5%	102.1%	106.1%	107.6%	110%	108.8%	111.3%	108.5%	103.9%	108.8%	111.3%
	Numerator (Hours Worked)	1367770	123666.7	105267	105852	115813	117182	111774	119148	115487	120978	121024	115021	122929	123667	344768	355613	358974	123667
	Denominator (Hours Planned)	1297614	111068.8	104840	100410	104775	107900	104981	115161	113124	114014	112475	104590	113007	111069	317656	342300	330072	111069

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL

CARING DOMAIN



ID	Measure	23/24	24/25 YTD	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	23/24 Q2	23/24 Q3	23/24 Q4	24/25 Q1
Patient Surveys																			
P06A	Monthly Inpatient Survey - Standard of Care	92%	90.2%	95.4%	93.7%	94.8%	92.2%	91.7%	91.2%	92.3%	92.4%	92%	91.7%	91.6%	90.2%	92.9%	92.3%	91.8%	90.2%
P06B	Monthly Outpatient Survey - Standard of Care	97%	97.3%	95.4%	95.6%	95.7%	96.8%	96.2%	94.7%	97.6%	96.1%	96.8%	97.7%	97%	97.3%	96.3%	96.1%	97.2%	97.3%
Patient Complaints (Number Received)																			
T01	Number of Patient Complaints	2089	-	132	147	171	211	213	221	141	85	237	203	202	-	595	447	642	-
T01C	Patient Complaints - Formal	757	-	59	58	77	86	76	83	58	20	76	56	51	-	239	161	183	-
T01D	Patient Complaints - Informal	1221	-	73	89	94	125	137	138	83	65	111	113	124	-	356	286	348	-
Patient Complaints (Response Time)																			
T03A	Formal Complaints Responded To Within Trust Timeframe	71.6%	-	73.3%	72.5%	68.2%	87.2%	75%	78.9%	66.7%	79.4%	80.6%	50%	72.1%	-	76.5%	74.6%	69.4%	-
	Numerator (Responses Within Timeframe)	345	0	33	37	30	34	24	30	28	27	25	12	31	0	88	85	68	0
	Denominator (Total Responses)	482	0	45	51	44	39	32	38	42	34	31	24	43	0	115	114	98	0
T03B	Formal Complaints Responded To Within Divisional Timeframe	81.3%	-	84.4%	90.2%	77.3%	92.3%	90.6%	81.6%	69%	88.2%	87.1%	75%	79.1%	-	86.1%	78.9%	80.6%	-
	Numerator (Responses Within Timeframe)	392	0	38	46	34	36	29	31	29	30	27	18	34	0	99	90	79	0
	Denominator (Total Responses)	482	0	45	51	44	39	32	38	42	34	31	24	43	0	115	114	98	0
T05A	Informal Complaints Responded To Within Trust Timeframe	84.9%	-	78.8%	90.9%	82.6%	93.3%	88.9%	85.9%	82.6%	70.2%	88.4%	92.5%	77.2%	-	87.4%	81.2%	85.9%	-
	Numerator (Responses Within Timeframe)	768	0	52	60	57	42	40	61	100	33	38	135	95	0	139	194	268	0
	Denominator (Total Responses)	905	0	66	66	69	45	45	71	121	47	43	146	123	0	159	239	312	0
Patient Complaints (Dissatisfied)																			
T04C	Percentage of Responses where Complainant is Dissatisfied	9.64%	-	11.11%	17.65%	6.82%	5.13%	12.5%	7.9%	4.76%	11.77%	3.23%	-	-	-	7.83%	7.9%	3.23%	-
	Numerator (Number Dissatisfied)	40	0	5	9	3	2	4	3	2	4	1	0	0	0	9	9	1	0
	Denominator (Total Responses)	415	0	45	51	44	39	32	38	42	34	31	0	0	0	115	114	31	0

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL CARING DOMAIN

ID	Measure	23/24	24/25 YTD	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	23/24 Q2	23/24 Q3	23/24 Q4	24/25 Q1
Friends and Family Test (Inpatients and Day Cases)																			
P03A	Friends and Family Test Admitted Patient Coverage	26.5%	22.9%	23.4%	34.5%	25.3%	30.2%	24.9%	25.6%	27.3%	27.2%	28.4%	26.8%	17.8%	22.9%	26.8%	26.7%	24.3%	22.9%
	<i>Numerator (Total FFT Responses)</i>	22953	1681	1577	2506	1713	2143	1753	1866	2275	1902	2182	1999	1358	1681	5609	6043	5539	1681
	<i>Denominator (Total Eligible to Respond)</i>	86726	7354	6742	7268	6768	7086	7054	7299	8323	6997	7694	7460	7612	7354	20908	22619	22766	7354
P04A	Friends and Family Test Score - Inpatients/Day Cases	97.5%	97.4%	97.8%	98%	97.1%	97.8%	97.2%	97.1%	97.9%	97.9%	97.9%	96.7%	97.1%	97.4%	97.4%	97.7%	97.3%	97.4%
	<i>Numerator (Total "Positive" Responses)</i>	22318	1619	1542	2454	1652	2095	1701	1789	2224	1852	2131	1932	1317	1619	5448	5865	5380	1619
	<i>Denominator (Total Responses)</i>	22888	1662	1577	2504	1701	2142	1750	1842	2272	1892	2177	1998	1357	1662	5593	6006	5532	1662
Friends and Family Test (Emergency Department)																			
P03B	Friends and Family Test ED Coverage	7.3%	9.1%	4.9%	7.5%	7.5%	8.1%	8.5%	6%	6%	7%	8.1%	7.7%	7.7%	9.1%	8.1%	6.3%	7.8%	9.1%
	<i>Numerator (Total FFT Responses)</i>	10889	1133	645	959	890	945	1063	776	761	825	1021	952	1029	1133	2898	2362	3002	1133
	<i>Denominator (Total Eligible to Respond)</i>	148555	12487	13218	12706	11793	11638	12449	12997	12651	11704	12671	12369	13318	12487	35880	37352	38358	12487
P04B	Friends and Family Test Score - ED	87.7%	88.2%	88.3%	88.4%	89.9%	90.2%	89.7%	86.9%	83%	85.6%	88.5%	85%	84.8%	88.2%	89.9%	85.2%	86.1%	88.2%
	<i>Numerator (Total "Positive" Responses)</i>	9459	990	564	836	791	845	944	669	625	700	890	806	862	990	2580	1994	2558	990
	<i>Denominator (Total Responses)</i>	10780	1122	639	946	880	937	1052	770	753	818	1006	948	1017	1122	2869	2341	2971	1122
Friends and Family Test (Maternity)																			
P03C	Friends and Family Test MAT Coverage	11%	14.3%	6.8%	3.3%	14.5%	9.1%	13%	12.3%	18.2%	8%	7.6%	20%	7.8%	14.3%	12.1%	12.9%	11.7%	14.3%
	<i>Numerator (Total FFT Responses)</i>	1601	173	80	42	160	115	157	139	235	99	97	242	100	173	432	473	439	173
	<i>Denominator (Total Eligible to Respond)</i>	14589	1208	1183	1283	1103	1257	1212	1129	1292	1238	1276	1213	1276	1208	3572	3659	3765	1208
P04C	Friends and Family Test Score - Maternity	98.7%	97.1%	100%	100%	98.1%	100%	98.1%	98.6%	98.7%	100%	100%	97.1%	99%	97.1%	98.6%	98.9%	98.2%	97.1%
	<i>Numerator (Total "Positive" Responses)</i>	1580	166	80	42	157	115	154	137	232	99	97	235	99	166	426	468	431	166
	<i>Denominator (Total Responses)</i>	1601	171	80	42	160	115	157	139	235	99	97	242	100	171	432	473	439	171
Friends and Family Test (Outpatients)																			
P04D	Friends and Family Test Score - Outpatients	95.2%	95.5%	95.1%	95.4%	95.6%	95.4%	94.8%	94.6%	95.1%	96.1%	96%	94.8%	94.7%	95.5%	95.3%	95.3%	95.1%	95.5%
	<i>Numerator (Total FFT Responses)</i>	34789	3421	2464	3580	3211	2907	3197	2288	2734	2828	2684	3195	3226	3421	9315	7850	9105	3421
	<i>Denominator (Total Eligible to Respond)</i>	36526	3583	2592	3751	3359	3047	3373	2418	2875	2944	2796	3371	3405	3583	9779	8237	9572	3583

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN

ID	Measure	23/24	24/25 YTD	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	23/24 Q2	23/24 Q3	23/24 Q4	24/25 Q1
Emergency Department Performance																			
B01	ED Percentage Spending Under 4 Hours in Department <i>Numerator (Number Seen In Under 4 Hours)</i> <i>Denominator (Total Attendances)</i>	67.58%	68.54%	67.48%	72.07%	75.34%	71.03%	67.2%	64.72%	63.42%	63.01%	64.65%	63.45%	69.07%	68.54%	71.14%	63.74%	65.83%	68.54%
		138248	11941	11949	12138	12187	11311	11295	11594	11150	10408	11509	10857	13093	11941	34793	33152	35459	11941
		204558	17422	17708	16842	16175	15924	16807	17914	17581	16517	17802	17112	18955	17422	48906	52012	53869	17422
B06	ED 12 Hour Trolley Waits	3156	350	435	214	34	112	193	276	361	376	327	255	249	350	339	1013	831	350
Emergency Department Clinical Indicators																			
B02	ED Time to Initial Assessment - Under 15 Minutes <i>Numerator (Number Assessed Within 15 Minutes)</i> <i>Denominator (Total Attendances Needing Assessment)</i>	74.5%	68.3%	83.5%	78.5%	69%	67%	71.7%	74.2%	75.7%	75.7%	71.9%	71%	70.7%	68.3%	69.2%	75.2%	71.2%	68.3%
		31436	2371	3159	2569	2258	2320	2475	2729	2800	2662	2500	2348	2552	2371	7053	8191	7400	2371
		42171	3472	3784	3272	3274	3461	3453	3678	3701	3517	3478	3305	3609	3472	10188	10896	10392	3472
B03	ED Time to Start of Treatment - Under 60 Minutes <i>Numerator (Number Treated Within 60 Minutes)</i> <i>Denominator (Total Attendances)</i>	52.2%	52.3%	50.9%	55.1%	58.3%	58.9%	52.4%	49.5%	47.5%	50.3%	50.9%	48.4%	47.8%	52.3%	56.4%	49.1%	49%	52.3%
		102139	8688	8584	8906	9073	8966	8426	8451	8000	7942	8647	7875	8553	8688	26465	24393	25075	8688
		195557	16607	16859	16160	15576	15228	16081	17066	16843	15800	17003	16261	17893	16607	46885	49709	51157	16607
B04	ED Unplanned Re-attendance Rate <i>Numerator (Number Re-attending)</i> <i>Denominator (Total Attendances)</i>	3.2%	3.4%	3.3%	3.4%	2.9%	2.8%	2.8%	3.2%	3.3%	3.2%	3%	3.2%	3.8%	3.4%	2.8%	3.2%	3.4%	3.4%
		6565	584	592	566	468	438	476	581	575	524	540	544	723	584	1382	1680	1807	584
		204558	17422	17708	16842	16175	15924	16807	17914	17581	16517	17802	17112	18955	17422	48906	52012	53869	17422
B05	ED Left Without Being Seen Rate <i>Numerator (Number Left Without Being Seen)</i> <i>Denominator (Total Attendances)</i>	2.2%	2.3%	2.5%	2%	1.8%	1.6%	2.2%	2.6%	2.4%	2.2%	2.2%	2.3%	2.7%	2.3%	1.9%	2.4%	2.4%	2.3%
		4467	407	446	341	292	251	366	460	421	363	399	399	503	407	909	1244	1301	407
		204558	17422	17708	16842	16175	15924	16807	17914	17581	16517	17802	17112	18955	17422	48906	52012	53869	17422
Referral To Treatment Ongoing																			
A03	Referral To Treatment Ongoing Pathways Under 18 Weeks <i>Numerator (Number Under 18 Weeks)</i> <i>Denominator (Total Pathways)</i>	-	-	54%	52.4%	52.7%	51.5%	51.7%	55%	55.1%	54.5%	56.7%	57.7%	57.2%	58.8%	-	-	-	-
		0	0	36421	35209	35535	34282	33603	35868	33735	33081	34304	34713	34514	35625	0	0	0	0
		0	0	67447	67180	67451	66558	65056	65199	61278	60654	60449	60133	60309	60569	0	0	0	0
A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	-	-	5523	5865	6134	6348	5813	5075	4101	3215	2613	2358	2521	2344	-	-	-	-
A10	Referral To Treatment Ongoing Pathways Over 65 Weeks	-	-	1599	1765	1933	2222	2183	1806	1304	1048	706	475	257	246	-	-	-	-
A06A	Referral To Treatment Ongoing Pathways Over 78 Weeks	-	-	248	215	203	245	287	242	223	185	120	67	21	15	-	-	-	-
A06B	Referral To Treatment Ongoing Pathways Over 104 Weeks	-	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
Referral To Treatment Activity																			
A01A	Referral To Treatment Number of Admitted Clock Stops	35044	3020	3012	3310	2845	2773	2903	3083	3083	2432	3220	2999	2756	3020	8521	8598	8975	3020
A02A	Referral To Treatment Number of Non Admitted Clock Stops	125659	10122	10096	10657	10841	9743	10476	11781	13260	8921	11710	10451	9493	10122	31060	33962	31654	10122
A09	Referral To Treatment Number of Clock Starts	127010	12140	10714	10765	10574	10349	10310	11273	11342	8901	11234	11196	10983	12140	31233	31516	33413	12140

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	23/24	24/25 YTD	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	23/24 Q2	23/24 Q3	23/24 Q4	24/25 Q1
Diagnostic Waits																			
A05	Diagnostics Percentage Under 6 Weeks (15 Key Tests) <i>Numerator (Number Under 6 Weeks)</i> <i>Denominator (Total Waiting)</i>	-	-	73.46%	76.78%	78.02%	75.94%	74.92%	75.45%	80.18%	80.02%	81.04%	85.75%	81.94%	78.87%	-	-	-	-
		0	0	11273	11294	11831	10526	10319	10546	11029	10631	10787	12205	13032	12876	0	0	0	0
		0	0	15345	14709	15164	13860	13773	13977	13755	13286	13311	14234	15905	16326	0	0	0	0
A05J	Diagnostics (15 Key Tests) Numbers Waiting 13+ Weeks <i>Numerator (Number Over 13 Weeks)</i> <i>Denominator (Total Waiting)</i>	-	-	1200	1097	1007	886	1072	1002	896	849	658	633	694	622	-	-	-	-
		0	0	1200	1097	1007	886	1072	1002	896	849	658	633	694	622	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancer 28 Day Faster Diagnosis Standard																			
E05A	Cancer - 28 Day Faster Diagnosis <i>Numerator (Number of patients with diagnosis within 28 days)</i> <i>Denominator (Total patients)</i>	64%	-	61.5%	61.4%	59.5%	56%	48.4%	52%	59.1%	75.5%	75.2%	82.7%	80.4%	-	54.7%	61.4%	79.1%	-
		13434	0	1020	1145	1079	978	834	1002	1181	1218	1454	1306	1364	0	2891	3401	4124	0
		20975	0	1658	1864	1813	1745	1724	1926	1999	1614	1934	1580	1697	0	5282	5539	5211	0
Cancer 31 Day Diagnosis to Treatment																			
E10	Cancer - 31 Day Diagnosis To Treatment <i>Numerator (No. patients who commence Treatment within 31 days of decision to treat)</i> <i>Denominator (Total number of patients who commence Treatment)</i>	94.2%	-	94.7%	94.9%	97%	93.2%	93.9%	93.6%	92.5%	92.3%	92.8%	95.1%	94.2%	-	94.7%	92.4%	94%	-
		7440	0	690	674	700	683	617	704	679	543	761	784	699	0	2000	1222	2244	0
		7897	0	729	710	722	733	657	752	734	588	820	824	742	0	2112	1322	2386	0
Cancer 62 Day																			
E11	Cancer 62 Day Referral To Treatment <i>Numerator (No. cancer patients (with a decision to treat) who commence Treatment within 62 days of referral)</i> <i>Denominator (Total number of cancer patients (with a decision to treat) who commence Treatment.)</i>	70.2%	-	70.4%	71.7%	68.5%	66.3%	65%	61.8%	66.5%	75.2%	71.3%	70%	76.7%	-	66.6%	70.8%	72.6%	-
		1625.5	0	140.5	131.5	132.5	146.5	120	120.5	143	155	184	170.5	179.5	0	399	298	534	0
		2314	0	199.5	183.5	193.5	221	184.5	195	215	206	258	243.5	234	0	599	421	735.5	0
E07B	Cancer - Patients Waiting 62+ Days <i>Numerator</i> <i>Denominator</i>	-	-	238	179	233	222	270	282	204	222	192	156	155	-	-	-	-	-
		0	0	238	179	233	222	270	282	204	222	192	156	155	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL RESPONSIVE DOMAIN



ID	Measure	23/24	24/25 YTD	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	23/24 Q2	23/24 Q3	23/24 Q4	24/25 Q1
Last Minute Cancelled Operations																			
F01	Last Minute Cancelled Operations - Percentage of Admissions	1.87%	2.27%	2.08%	1.5%	1.67%	2.05%	1.51%	1.92%	1.79%	2.28%	2.33%	2.16%	1.77%	2.27%	1.75%	1.98%	2.09%	2.27%
	<i>Numerator (Number of LMCs)</i>	1649	175	151	115	119	154	107	145	141	151	185	159	133	175	380	437	477	175
	<i>Denominator (Total Elective Admissions)</i>	88078	7695	7277	7650	7129	7516	7080	7547	7882	6612	7937	7354	7523	7695	21725	22041	22814	7695
F02	Cancelled Operations Re-admitted Within 28 Days	75.6%	71.4%	84.3%	76.8%	75.7%	72.3%	74%	72%	79.3%	77.3%	66.2%	75.7%	71.7%	71.4%	74%	76.6%	71.5%	71.4%
	<i>Numerator (Number Readmitted Within 28 Days)</i>	1253	95	75	116	87	86	114	77	115	109	100	140	114	95	287	301	354	95
	<i>Denominator (Total LMCs)</i>	1658	133	89	151	115	119	154	107	145	141	151	185	159	133	388	393	495	133
Green To Go/Fit For Discharge																			
AQ06	No Criteria To Reside - Number of Patients (Month End Snapshot)	-	-	146	146	126	126	157	159	174	135	167	165	144	171	-	-	-	-
AQ07	No Criteria To Reside - Beddays Lost In Month	-	-	4441	4180	4181	4027	4265	4814	4611	4917	4950	4697	4856	4747	-	-	-	-
Outpatient Measures																			
R03	Outpatient Hospital Cancellation Rate	11.6%	11.3%	11.1%	11.2%	12.8%	11.5%	11.7%	11.4%	10.3%	11.8%	12.9%	10.6%	11.4%	11.3%	12%	11.1%	11.7%	11.3%
	<i>Numerator (Number of Hospital Cancellations)</i>	154461	13068	12401	12990	14086	12553	12603	13316	12460	11760	16205	11725	12037	13068	39242	37536	39967	13068
	<i>Denominator (Total Appointments)</i>	1330269	116041	111708	115473	109867	109474	108101	116851	121410	99278	125189	110897	105810	116041	327442	337539	341896	116041
R05	Outpatient DNA Rate	6.7%	6%	6.4%	6.7%	6.7%	6.6%	7.1%	6.9%	6.8%	7.4%	6.7%	6.5%	6.1%	6%	6.8%	7%	6.5%	6%
	<i>Numerator (Number of DNAs)</i>	62754	4996	5111	5436	5083	5065	5383	5712	6001	5114	5871	5167	4624	4996	15531	16827	15662	4996
	<i>Denominator (Total Attendances+DNAs)</i>	938586	82774	80069	81403	75581	77222	75930	82613	87993	68875	87370	79784	75333	82774	228733	239481	242487	82774
Overdue Partial Booking																			
R23B	Overdue Partial Booking Referrals - 6+ Months Overdue	-	-	37105	37510	37546	38487	39151	38638	38730	38405	35961	35767	35334	34306	-	-	-	-
R23C	Overdue Partial Booking Referrals - 9+ Months Overdue	-	-	27500	28165	28329	29255	29864	29919	30330	30121	27987	27844	27285	26502	-	-	-	-
R23D	Overdue Partial Booking Referrals - 12+ Months Overdue	-	-	20550	21244	21797	22602	23271	23199	23746	23503	21747	21998	21530	20720	-	-	-	-

Appendix – Trust Scorecards

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL

EFFECTIVE DOMAIN

ID	Measure	23/24	24/25 YTD	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	23/24 Q2	23/24 Q3	23/24 Q4	24/25 Q1
Mortality																			
X04	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	94.1	-	95	95.3	95.9	93.9	94	93	92.5	92.1	-	-	-	-	94.6	92.5	-	-
	<i>Numerator (Observed Deaths)</i>	20835	0	2300	2320	2340	2305	2280	2270	2270	2455	0	0	0	0	6925	6995	0	0
	<i>Denominator ("Expected" Deaths)</i>	22130	0	2420	2435	2440	2455	2425	2440	2455	2665	0	0	0	0	7320	7560	0	0
X02	Hospital Standardised Mortality Ratio (HSMR)	91.8	-	100	114.3	112.4	85.3	79.2	89.1	87.4	76.4	92.8	-	-	-	91.7	83.8	92.8	-
	<i>Numerator (Observed Deaths)</i>	1067	0	102	120	109	99	80	106	104	110	141	0	0	0	288	320	141	0
	<i>Denominator ("Expected" Deaths)</i>	1162	0	102	105	97	116	101	119	119	144	152	0	0	0	314	382	152	0
Fracture Neck of Femur (NOF)																			
U02	Fracture Neck of Femur Patients Treated Within 36 Hours	54.5%	63.4%	44.4%	48.3%	61.9%	68%	45.1%	49%	33.3%	63.5%	55.6%	59%	75.5%	63.4%	58%	49.3%	64.2%	63.4%
	<i>Numerator (Treated Within 36 Hrs)</i>	330	26	28	29	26	34	23	24	15	33	25	23	40	26	83	72	88	26
	<i>Denominator (Total Patients)</i>	605	41	63	60	42	50	51	49	45	52	45	39	53	41	143	146	137	41
U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	70.2%	85.4%	47.6%	40%	38.1%	48%	78.4%	100%	100%	90.4%	84.4%	97.4%	94.3%	85.4%	55.9%	96.6%	92%	85.4%
	<i>Numerator (Seen Within 72 Hrs)</i>	425	35	30	24	16	24	40	49	45	47	38	38	50	35	80	141	126	35
	<i>Denominator (Total Patients)</i>	605	41	63	60	42	50	51	49	45	52	45	39	53	41	143	146	137	41
U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.1%	43.9%	22.6%	19.2%	56.3%	40%	25.5%	46.9%	31.1%	51.9%	46.7%	56.4%	71.7%	43.9%	34.8%	43.8%	59.1%	43.9%
	<i>Numerator (Number achieved BPT)</i>	198	18	7	5	9	10	13	23	14	27	21	22	38	18	32	64	81	18
	<i>Denominator (Total Patients)</i>	459	41	31	26	16	25	51	49	45	52	45	39	53	41	92	146	137	41
Emergency Readmissions																			
C01	Emergency Readmissions Percentage	6.11%	-	5.72%	6.21%	6.17%	6.08%	6.06%	6.26%	5.75%	6.6%	6.8%	4.71%	6.81%	-	6.1%	6.19%	6.13%	-
	<i>Numerator (Re-admitted in 30 Days)</i>	11401	0	861	950	906	930	901	1002	950	995	1163	751	1149	0	2737	2947	3063	0
	<i>Denominator (Total Discharges)</i>	186556	0	15056	15287	14684	15294	14871	16015	16526	15064	17114	15954	16880	0	44849	47605	49948	0

Appendix – Trust Scorecards



INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	NHS			
WELL-LED DOMAIN																	University Hospitals Bristol and Weston NHS Foundation Trust			
ID	Measure	23/24	24/25 YTD	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	23/24 Q2	23/24 Q3	23/24 Q4	24/25 Q1	
Bank and Agency Usage																				
AF11A	Percentage Bank Usage	-	-	6.18%	6.22%	6.6%	7.42%	6.46%	6.71%	6.62%	6.63%	6.93%	7.19%	7.69%	7.17%	-	-	-	-	
	Numerator (Bank wte)	0	0	746.53	755.28	806.5	928.9	812.56	853.81	850.42	860.51	905.43	946.24	1018.53	932.62	0	0	0	0	
	Denominator (Total wte)	0	0	12080.7	12136	12215.5	12510.9	12587.6	12726.4	12842.5	12970.5	13056.4	13155	13243	12997.9	0	0	0	0	
AF11B	Percentage Agency Usage	-	-	1.66%	1.7%	1.59%	1.54%	1.34%	1.36%	1.22%	1.07%	1.02%	1.03%	1.08%	0.98%	-	-	-	-	
	Numerator (Agency wte)	0	0	200.86	206.7	193.88	192.11	168.39	173.08	156.68	138.94	133.25	136.01	143.14	127.34	0	0	0	0	
	Denominator (Total wte)	0	0	12080.7	12136	12215.5	12510.9	12587.6	12726.4	12842.5	12970.5	13056.4	13155	13243	12997.9	0	0	0	0	
Turnover																				
AF10	Workforce Turnover Rate	-	-	14.1%	13.8%	13.4%	13.1%	12.7%	12.4%	12%	12%	11.8%	11.6%	11.6%	11.4%	-	-	-	-	
	Numerator (Leavers in last 12 months)	0	0	1288.03	1268.05	1226.97	1217.1	1192.89	1176.72	1151.09	1151.03	1140.44	1131.47	1130.53	1118.62	0	0	0	0	
	Denominator (Average Staff in Post)	0	0	9137.7	9156.23	9190.15	9258.71	9375.85	9482.72	9553.32	9590.31	9675.33	9738.47	9743.3	9779.1	0	0	0	0	
Vacancy																				
AF07	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	-	-	6.1%	6.3%	6.2%	5.2%	4.1%	4%	3.2%	2.7%	2.4%	2.2%	2.7%	0.5%	-	-	-	-	
	Numerator (Vacancy wte, Funded minus actual)	0	0	727.97	745.49	742.43	623.68	490.51	481.81	388.59	336.46	291.31	270.16	333.63	58.85	0	0	0	0	
	Denominator (Actual WTE)	0	0	11861.3	11919.5	11957.5	12013.6	12097.2	12181.4	12224	12307.6	12309	12342.9	12414.9	11996.8	0	0	0	0	
Staff Sickness																				
AF02	Sickness Rate	4.6%	4.3%	4.1%	4.2%	4.4%	4.6%	4.7%	5.1%	5%	5%	4.9%	4.8%	4.3%	4.3%	4.6%	5%	4.7%	4.3%	
	Numerator (Total WTE Days Lost)	194602	15319.3	14196	14005.1	15391.3	16039	16188.5	18246.3	17633.9	18410.8	18267.9	16665.5	15985.1	15319.3	47618.8	54291.1	50918.6	15319.3	
	Denominator (Total WTE Days)	4224323	359744	346599	334012	346581	349955	342383	360953	352820	368845	369780	348226	373238	359744	1038919	1082618	1091245	359744	
Staff Appraisal																				
AF03	Workforce Appraisal Compliance (Non-Consultant)	-	-	75.8%	75.4%	76%	76.2%	76.6%	77.4%	77.8%	78.6%	78.6%	79.2%	78.8%	78.6%	-	-	-	-	
	Numerator (In-Date Appraisals)	0	0	8385	8377	8478	8572	8766	8987	9130	9269	9311	9427	9371	9347	0	0	0	0	
	Denominator (Total Staff)	0	0	11062	11114	11155	11252	11439	11609	11735	11795	11844	11909	11891	11885	0	0	0	0	

INTEGRATED PERFORMANCE REPORT - TRUST TOTAL																	NHS			
USE OF RESOURCES DOMAIN																	University Hospitals Bristol and Weston NHS Foundation Trust			
ID	Measure	23/24	24/25 YTD	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	23/24 Q2	23/24 Q3	23/24 Q4	24/25 Q1	
Average Length of Stay																				
I03	Average Length of Stay (Spell)	3.67	3.53	3.89	3.95	3.69	3.75	3.56	3.68	3.68	3.59	3.63	3.49	3.36	3.53	3.67	3.65	3.49	3.53	
	Numerator (Total Beddays)	387842	31767	32756	33019	30611	31758	29984	33276	33664	31807	35028	31781	34339	31767	92353	98747	101148	31767	
	Denominator (Total Discharges)	105663	8987	8414	8365	8294	8466	8427	9050	9158	8849	9645	9095	10222	8987	25187	27057	28962	8987	