

October 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: October 2024

Data up to: September 2024

Integrated Quality and Performance Report



Reporting Month: September 2024

INTRODUCTION

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

PRIORITY	CORPORATE OBJECTIVE	Page
Quality and Safety	Ensure our patients have access to timely and effective care, with a risk based approach to preventing patient harm in our urgent and elective pathways.	10
Our People	Deliver our workforce plans to develop new roles to retain and attract talent. Invest in high quality learning and development to retain colleagues and students. Ensure colleagues are safe and healthy by prioritising wellbeing and that everyone has a voice which counts and are treated with respect regardless of their personal characteristics.	22
Timely Care	Reduce ambulance handover delays and waiting time in emergency departments. Reduce delays for elective admissions and cancer treatment. Improve hospital flow with a focus on timely discharging.	29
Financial Performance	Year To Date Income & Expenditure Position. Recurrent savings delivery and delivery of elective activity recovery. Strategic Risks.	53

EXECUTIVE SUMMARY

Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months June 2023 to May 2024 was 93.4 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100.

HSMR within CHKS for UHBW solely for the month of June 2024 was 96.1, meaning there were four fewer observed deaths (102) than the statistically calculated expected number of deaths (106). Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation. The HSMR for the 12 months to June 2024 for UHBW was 88.1, below the National Peer figure of 90.4.

Clostridium Difficile cases for the month of September are 13. This is broken down into eight HOHA and five COHA this gives us a year-to-date total currently at 83 (53 HOHA and 30 COHA). The trust limit for 2024/25 is set to 109 cases by NHS England, giving UHBW a trajectory of 9.08 cases per month.

There have been three Methicillin Resistant Staph Aureus bacteraemias for the month of September. This now brings the Trust year to date total to five cases. The limit set by NHS England is zero.

Performance for recorded VTE risk assessments on CareFlow remains static at 76%, however manual spot check audits demonstrate slightly better performance than indicated by official figures. The manual audit also demonstrated that prescribing was accurate where a risk assessment was performed and also that 84% of patients audited where a risk assessment could not be found, did in fact have VTE prophylaxis prescribed suggesting that performance in terms of prescribing is better than official figures would show. There were only five hospital associated thrombosis events in September (fewer than usual) and no contributing factors were identified.

Fractured Neck of Femur

Bristol: Number of patients with hip fracture qualifying for best practice tariff (BPT) = 15

Patients who received surgery within 36 hours of admission= 3/15 (20%)

Patients who received an Ortho-Geriatric Review within 72 hours of admission= 15/15 (100%)

Predicted BPT for September 2024= 3/15 (20%)

Weston: Data is currently unavailable.

EXECUTIVE SUMMARY

Our People

Overall vacancies reduced to 3.2% (396.5 FTE) compared to 3.4% (425.3 FTE) in the previous month.

Turnover reduced to 11.4% compared with 11.5% the previous month.

Sickness absence increased to 4.2% compared with 4.1% the previous month.

Agency usage remains at 0.6% (76.9 FTE) against a target of 1% maximum. It remains a priority focus area as reflected in the Patient First Corporate Projects, with increased focus on reducing medical usage.

Bank usage reduced to 5.8% (by 84.2FTE) and is below the minimum target. For context the bank target has been set at a minimum level for the last 2 years because bank usage has been identified as a key enabler to the delivery of agency reductions. As agency reductions are achieved, a sustained reduction in bank usage is desirable. The bank and agency metrics must be considered together.

EXECUTIVE SUMMARY – TIMELY CARE

Timely Care

Bed occupancy remains high in September (BRI: 103.8% and Weston 98.0%) which, when coupled with high non-elective demand, continues to impact non-elective services, although good progress has been noted against a number of performance measures.

Planned Care - At the end of September 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 has also been made in reducing the number of patients waiting over 78 weeks, with no patients waiting 78 weeks at the end of September 2024; a position that is expected to be sustained in future months.

The Trust have forecast that there will be no patients waiting longer than 65 weeks for treatment by the end of November 2024. In agreement with NHSE this target excludes patients waiting for cornea graft surgery who are delayed due to national issues with the supply of sufficient graft material. From a challenged position last year, significant progress has been made against this standard and, whilst the number of patients waiting at the end of September 2024 is greater than had been forecast, the Trust remain confident that 65-week waits will be eliminated by the end of October, with the exception of the previously reported marginal drift in Dental.

As part of the 24/25 Operational Planning round NHSE requested the trust exclude Cornea Graft from planning assumptions given Cornea Graft nationally was compromised due to 'national supply issues' out-with the trusts control. Formal written confirmation was received. 22 Cornea Graft 65 week wait breaches are currently forecast for October. There is capacity to treat but access to graft material is still pending.

Cancer - The Trust continues to comply with the Faster Diagnosis Standard and is consistently performing above the NHSE target of 77%, set as part of the Operational Planning Guidance for 2024/25, reporting 77.6% for August 2024, the seventh consecutive month that performance has exceeded 77%. The 62-day referral to treatment standard performed above NHSE's 70% target for a ninth consecutive month in August (75.8%), and performance against the 31-day decision to treat to treatment standard surpassed the national target of 96%, reporting 98.1 % for August which was the highest performance in the South-West region. The Trust expects to sustain compliance against each of the three cancer standards during 2024/25 and improve further on the 62-day performance

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Reporting Month: September 2024

EXECUTIVE SUMMARY – TIMELY CARE

Timely Care (continued)

Diagnostics - Improvements were made throughout 2023/24 and, at the end of March 2024, 81.9% of patients were waiting six weeks or less for a diagnostic test, against a trajectory of 83.3%. During the first three months of 2024/25, performance had dropped but has started to improve in July (81.1%), now reporting a slight improvement to 83.3% at the end of September.

Urgent Emergency Care

Emergency Department (ED) - During September, 68.7% of attendances spent less than 4 hours in an ED, from arrival to discharge or admission, which is below the operational planning trajectory of 71.8% following a strong performance in August (73.5%) which was the highest performing month since July 2023. A continued focus on ED 4-hour performance has continued from March into Q1 and, when combined with the performance uplift of 6.6% (the proportionate allocation from system type 3 performance in September), the Trust achieved 75.3%.

The number of patients spending 12 hours or more in ED during September was reported as 3.4% (1.5% in August, 2.4% in July, 3.4% in June) against the national target of <2%. The Trust continues to progress actions to deliver and sustain the NHSE target (2%).

High bed occupancy levels >100% continue to impact timely flow across all sites, driven by ED attendances 4% above activity plan, and NEL admissions 5% above plan. During September, there were system level operational challenges, with the system declaring Opel 4 status for 7 days, due to all providers experiencing high activity levels.

Ambulance Handovers - The proportion of ambulance handovers within 15 minutes has dropped in September (33.4%) compared to August (41.7%) and July (36.9%) which follows a period of sustained improvement since December which had followed a predictable deterioration between July and October (20.6%) due to the impacts of the constrained flow. Similarly, performance for ambulance handovers within 30 minutes has dropped to 68.6% in September compared with August (79.4%) and July (74.8%).

No Criteria to Reside - During September, the average daily number of patients in hospital with no criteria to reside (NCtR) was 171, a slight increase from previous months (August 170; July 168; June 155; May 156), although the associated bed days are lower representing increased throughput. 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, with individual acute site targets set of 11% BRI and 19% WGH. The increased NEL admission demand has impacted across all discharge pathways; P1 to 3 supported discharges, alongside P0.

EXECUTIVE SUMMARY (continued)

Financial Position

In September, the Trust delivered a £1,107k surplus against a plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £6,603k (£7,710k at M5) against a breakeven plan. The Trust is therefore £6,603k adverse to plan. The cumulative YTD net deficit is 1.1% of total operating income.

Significant variances in the year-to-date position include: the value of elective income behind plan by £4,036k, a shortfall on savings delivery of £6,778k and £3,745k of pay pressures relating mainly to nursing and medical staff.

YTD pay expenditure at the end of September is £7,673k higher than plan as higher than planned medical staffing and nursing costs continue to cause concern across some divisions with continuing high pay costs in total across substantive, bank and agency staff.

Agency expenditure in month is £886k, compared with £1,242k in August. Bank expenditure reduced in month to £4,308k, from £4,772k in August. Total operating income is higher than plan by £9,128k. The shortfall in ERF is offset by higher than planned pass-through payments and additional other operating income.

The financial position of the clinical divisions, excluding industrial action funding allocated in September, is a deterioration of £1,229k in September, to a YTD overspend against budget of £13,749k or 2.8%.

Integrated Quality and Performance Report



University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: September 2024

SUMMARY SCORECARD – FINANCIAL YEAR 2024/25

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

			Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Infection Control: C.Diff Cases (Hospital Attributable)	Risks: 800 and 4651	Actual	14	10	14	13	19	13	-	-	-	-	-	-
		Trajectory	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3
Infection Control: MRSA Cases (Hospital Onset)	Risks: 800 and 4651	Actual	0	0	1	0	1	3	-	-	-	-	-	-
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Fracture NOF: Theatre Within 36 Hours		Actual	63.4%	61.1%	45.3%	59.3%	65.9%	20.0%	-	-	-	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Fracture NOF: Geriatrician Review Within 72 Hours		Actual	85.4%	94.4%	100.0%	86.4%	79.5%	100.0%	-	-	-	-	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
VTE Risk Assessment	Risk: 720	Actual	77.1%	75.3%	75.3%	76.7%	76.0%	76.1%	-	-	-	-	-	-
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usage	Risk: 674	Actual	1.0%	0.9%	0.8%	0.7%	0.6%	0.6%	-	-	-	-	-	-
		Trajectory	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%
Workforce: Turnover	Risk: 2694	Actual	11.5%	11.7%	11.8%	11.6%	11.5%	11.4%	-	-	-	-	-	-
		Trajectory	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
Workforce: Staff Sickness		Actual	4.3%	4.0%	4.1%	4.4%	4.0%	4.2%	-	-	-	-	-	-
		Trajectory	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Workforce: Staff Vacancy	Risk: 737	Actual	0.5%	2.4%	3.3%	4.1%	3.4%	3.2%	-	-	-	-	-	-
		Trajectory	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

			Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Summary Hospital Level Mortality Indicator (SHMI)		Actual	92.1	92.9	91.4	91.6	93.1	93.5						
		Trajectory	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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SUMMARY SCORECARD – FINANCIAL YEAR 2024/25

DOMAIN: “Timely Care”

		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Referral To Treatment 65+ Weeks	Risk: 801	Actual	246	232	237	184	155	72	-	-	-	-	-
	Trajectory	236	220	148	79	16	0	0	0	0	0	0	0
Referral To Treatment 52+ Weeks	Risk: 801	Actual	2,344	2,347	2,365	2,051	1,809	1,425	-	-	-	-	-
	Trajectory	2,179	2,114	2,049	1,917	1,785	1,653	1,521	1,389	1,257	1,125	993	862
Cancer 28 Day Faster Diagnosis Standard	Risk: 801	Actual	77.0%	80.1%	78.6%	77.1%	77.6%						
	Trajectory	75%	75%	75%	77%	77%	77%	77%	77%	77%	77%	77%	77%
Cancer Treated Within 62 Days	Risk: 801	Actual	73.2%	74.5%	79.5%	80.6%	75.8%						
	Trajectory	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	78.9%	78.2%	78.4%	81.1%	80.8%	83.3%	-	-	-	-	-
	Trajectory	85.8%	87.3%	88.1%	89.3%	89.4%	90.4%	91.1%	92.2%	92.8%	93.7%	94.6%	95.2%
Emergency Department: Percentage Spending Under 4 Hours in ED	Risks: 910 and 4700	Actual	68.5%	68.0%	69.3%	69.5%	73.5%	68.7%	-	-	-	-	-
	Trajectory	68.5%	69.0%	69.8%	70.5%	71.5%	71.8%	71.8%	71.8%	71.8%	71.8%	71.8%	71.8%
Emergency Department: Percentage Spending Over 12 Hours in ED	Risks: 910 and 4700	Actual	4.1%	3.9%	3.4%	2.4%	1.5%	3.4%	-	-	-	-	-
	Trajectory	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Emergency Department: Handovers Under 15 Minutes	Risks: 910 and 4700	Actual	32.7%	30.8%	35.0%	36.9%	41.7%	33.4%	-	-	-	-	-
	Trajectory	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
Emergency Department: Handovers Under 30 Minutes	Risks: 910 and 4700	Actual	68.1%	67.0%	71.7%	74.8%	79.4%	68.6%	-	-	-	-	-
	Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	15.8%	15.8%	16.3%	17.2%	16.5%	16.9%	-	-	-	-	-
	Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Every Minute Matters: Discharge Lounge Use (BRI and Weston)	Risk: 423	Actual	27.4%	27.0%	25.3%	28.3%	25.0%	28.6%	-	-	-	-	-
	Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	158	156	155	168	170	171	-	-	-	-	-
	Trajectory												

Integrated Quality and Performance Report



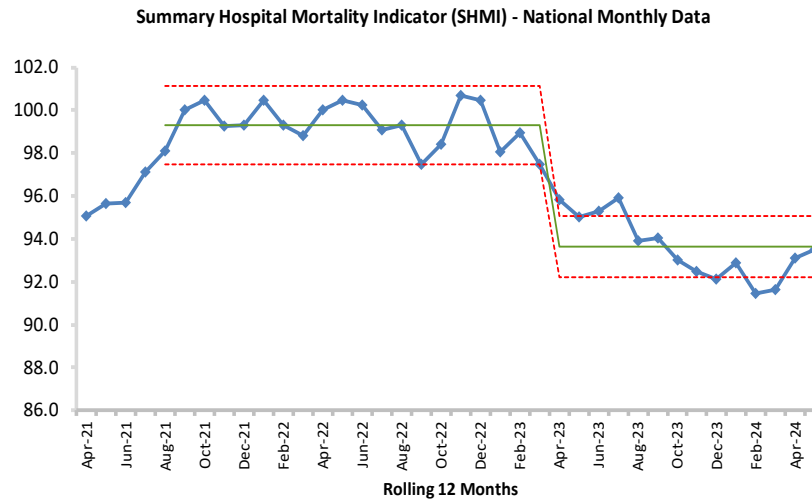
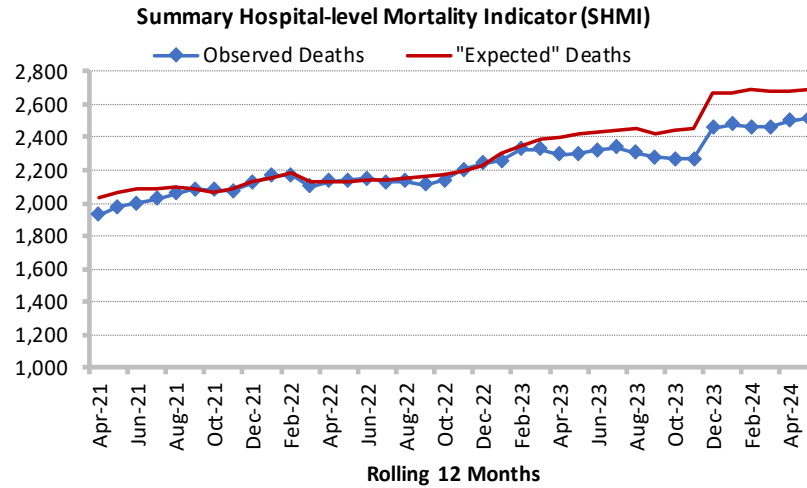
Reporting Month: May 2024

STANDARD		QUALITY AND SAFETY: MORTALITY - SHMI (Summary Hospital-level Mortality Indicator)
Background:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".	
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months June 2023 to May 2024 was 93.5 and in NHS Digital's "as expected" category.	
National Data:	UHBW's total is below the overall national peer group of English NHS trusts of 100.	
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.	
Risks:	No risk in current Board Assurance Framework.	

Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
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
Jan-24	2,480	2,670	92.9
Feb-24	2,460	2,690	91.4
Mar-24	2,460	2,685	91.6
Apr-24	2,500	2,685	93.1
May-24	2,515	2,690	93.5

STANDARD

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



Integrated Quality and Performance Report



Reporting Month: June 2024

STANDARD		QUALITY AND SAFETY: MORTALITY - HSMR (Hospital Standardised Mortality Ratio)
Background:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same. Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation.	
Performance:	HSMR within CHKS for UHBW solely for the month of June 2024 was 96.2, meaning there were four fewer observed deaths (102) than the statistically calculated expected number of deaths (106). Single monthly figures for HSMR are monitored in UHBW as an “early warning system” and are not valid for wider interpretation in isolation.	
National Data:	The HSMR for the 12 months to June 2024 for UHBW was 88.1, below the National Peer figure of 90.4.	
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.	
Risks:	No risk in current Board Assurance Framework.	

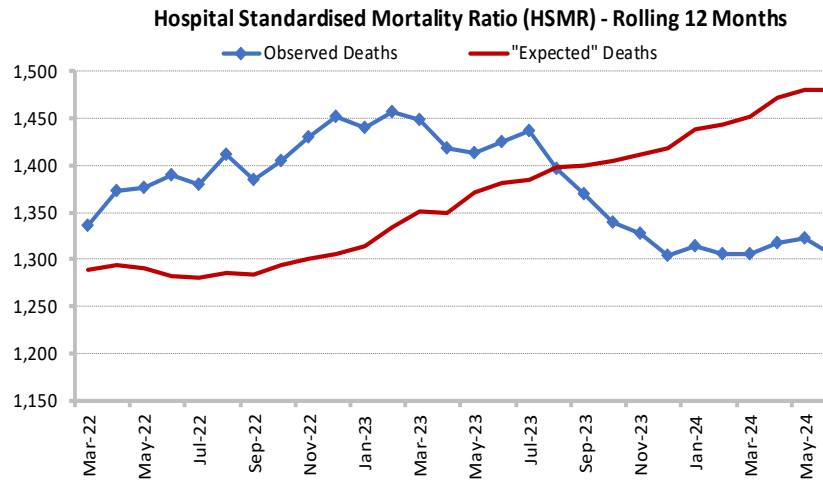
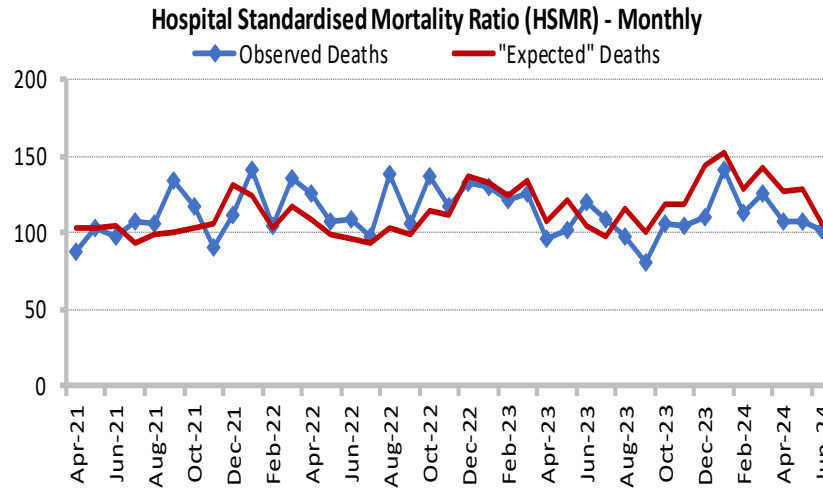
Month	Observed Deaths	"Expected" Deaths	HSMR
Jul-23	109	97.0	112.4
Aug-23	98	116.0	84.5
Sep-23	80	101.0	79.2
Oct-23	106	119.0	89.1
Nov-23	105	119.0	88.2
Dec-23	110	144.0	76.4
Jan-24	141	152.0	92.8
Feb-24	113	128.0	88.3
Mar-24	126	143.0	88.1
Apr-24	107	127.0	84.3
May-24	108	129.0	83.7
Jun-24	102	106.0	96.2

Integrated Quality and Performance Report

Reporting Month: June 2024

STANDARD

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



Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD		QUALITY AND SAFETY: INFECTION CONTROL – C.DIFFICILE AND MRSA
Background:	<p>For this section there are two infections reported: C.difficile and methicillin-resistant staphylococcus aureus (MRSA). Infections are reported in two different categories for infections associated with hospital care:</p> <ol style="list-style-type: none"> 1. Hospital Onset – Healthcare Associated (HOHA). Patient is an inpatient in an acute trust and has 3 or more days between admission and a positive specimen. 2. Community Onset – Healthcare Associated (COHA). Patient returns a positive specimen within 28 days of discharge from an elective or emergency hospital admission. <p>For C.difficile, two measures are reported: HOHA and COHA. For MRSA it is the HOHA cases only. The trust C.Diff limit for 2024/25 is set to 109 cases by NHS England, giving UHBW a trajectory of 9.08 cases per month. For MRSA, the expectation is to have zero cases.</p>	
Performance:	<p>C.Difficile: Clostridium Difficile cases for the month of September are 13. This is broken down into eight HOHA and five COHA this gives us a year-to-date total currently at 83 (53 HOHA and 30 COHA).</p> <p>MRSA: There have been three Methicillin Resistant Staph Aureus bacteraemias for the month of September. This now brings the Trust year to date total to five cases. The limit set by NHS England is zero.</p>	
National Data:	See next page.	
Actions:	<p>C.Difficile The C.Diff quality improvement group chaired by the Director of Nursing for Weston General Hospital, with the support of the Continuous Improvement Team and Infection Prevention & Control are collaborating on the cross Divisional working group for C Diff. The diagnostic phase is coming to a close. There are some areas for improvement in terms of actions for clinical care delivery but also in relation to the estate.</p> <p>MRSA The MRSA Quality Improvement Group is chaired by the Director of Nursing for Surgery, with the support of the Continuous Improvement Team and Infection Prevention & Control is a collaborative cross-divisional working group for MRSA Quality Improvement (QI). The diagnostic phase is coming to a close, some "Just Do It" and "quick wins" have been identified. The short term actions are:</p> <ul style="list-style-type: none"> • Delivery of a simplified and updated MRSA management pathway document with ward based updates. • Updated simplified prompt guide for the 'right MRSA patient to screen' supported by ward based training updates. • Updated and simplified 'How to decolonise' an MRSA colonised patient effectively. • Updated Wardview Board (from 21.10.24) with infection prevention and control columns added to flag significance of infections such as MRSA. 	
Risks:	Corporate Risk 6013 - Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia's (12)	

Integrated Quality and Performance Report

Reporting Month: September 2024

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

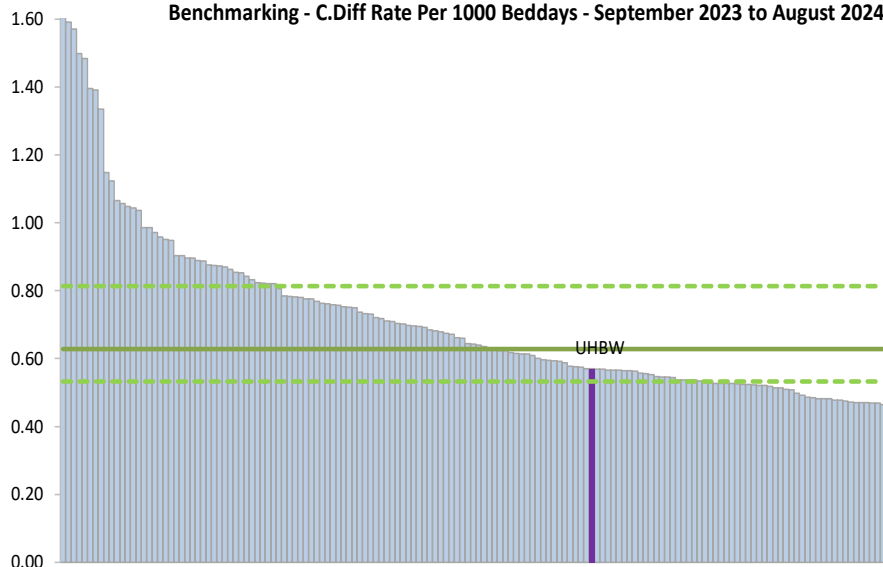
C.Difficile

	Sep-24		2024/2025		2023/2024	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	3	2	17	4	25	7
Specialised Services	0	0	9	8	12	8
Surgery	2	0	6	2	4	1
Weston	3	2	13	9	27	9
Women's and Children's	0	1	8	3	12	2
Other	0	0	0	1	0	3
UHBW TOTAL	8	5	53	30	80	31

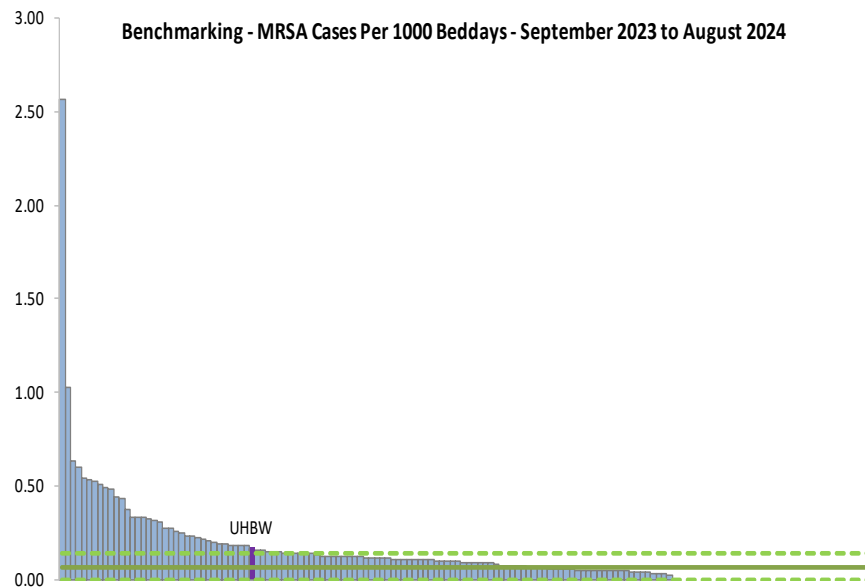
MRSA

	Sep-24	2024/2025	2023/2024
Medicine	0	2	2
Specialised Services	0	0	0
Surgery	1	1	3
Weston	1	1	3
Women's and Children's	1	1	1
Other	0	0	0
UHBW TOTAL	3	5	9

Benchmarking - C.Diff Rate Per 1000 Beddays - September 2023 to August 2024



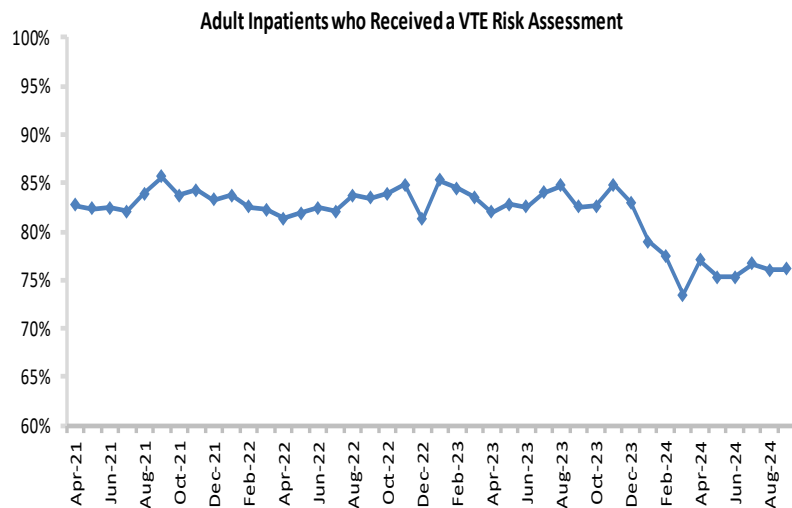
Benchmarking - MRSA Cases Per 1000 Beddays - September 2023 to August 2024



Integrated Quality and Performance Report

Reporting Month: September 2024

STANDARD	QUALITY AND SAFETY: VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT
Background:	Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two-thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thromboprophylaxis. The expectation for UHBW was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	Performance for recorded VTE risk assessments on CareFlow remains static at 76%, however manual spot check audits demonstrate slightly better performance than indicated by official figures. The manual audit also demonstrated that prescribing was accurate where a risk assessment was performed and also that 84% of patients audited where a risk assessment could not be found, did in fact have VTE prophylaxis prescribed suggesting that performance in terms of prescribing is better than official figures would show. There were only five hospital associated thrombosis events in September (fewer than usual) and no contributing factors were identified.
Actions:	<ul style="list-style-type: none"> Continue with manual audits. Flyer to all staff reminding of key messages and national thrombosis day on October 13th. We await the implementation of CMM to support better completion of the VTE risk assessments in an auditable fashion.
Risks:	Corporate Risk 4711 - Patients suffer harm or injury from preventable arterial thrombus (12) VTE (8)



Division	SubDivision	Number Risk		Percentage Risk
		Assessed	Total Patients	Assessed
Diagnostics and Therapies	Radiology	25	25	100.0%
Diagnostics and Therapies Total		25	25	100.0%
Medicine	Medicine	3,464	4,795	72.2%
Medicine Total		3,464	4,795	72.2%
Specialised Services	BHOC	2,639	2,768	95.3%
	Cardiac	302	537	56.2%
Specialised Services Total		2,941	3,305	89.0%
Surgery	Anaesthetics	23	24	95.8%
	Dental Services	108	198	54.5%
	ENT & Thoracics	177	409	43.3%
	GI Surgery	1,182	1,801	65.6%
	Ophthalmology	429	447	96.0%
	Trauma & Orthopaedics	130	380	34.2%
Surgery Total		2,049	3,259	62.9%
Women's and Children's	Children's Services	1	1	100.0%
	Women's Services	1,511	1,746	86.5%
Women's and Children's Total		1,512	1,747	86.5%
Grand Total		9,991	13,131	76.1%

Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD	QUALITY AND SAFETY: FRACTURE NECK OF FEMUR (#NOF)
Background:	Fractured neck of femur best practice comprises eight elements, all of which need to be provided within relevant time scales to demonstrate care provided to individual patients has met best practice standards. Two of the eight individual criteria are monitored in this report: time to theatre within 36 hours and ortho-geriatrician review within 72 hours. Both standards have a target of 90%.
Performance:	<p>In September, 15 patients were eligible for the Best Practice tariff (BPT) at the Bristol Royal Infirmary sites.</p> <ul style="list-style-type: none"> • Patients who received surgery within 36 hours of admission = 3/15 (20%) • Patients who received an Ortho-Geriatric Review within 72 hours of admission = 15/15 (100%) • Predicted BPT for September 2024 = 3/15 (20%) <p>Data for Weston General Hospital is currently unavailable.</p>
Actions:	<p>Bristol:</p> <ul style="list-style-type: none"> • Theatre capacity is being actively monitored and prioritised on a weekly basis across all specialties. • Poor results discussed in T&O Governance and Silver Trauma Steering Group meeting so ideas for improvement could be discussed. • Actively re-patriating patients to WGH to avoid breaches. • Trauma SOP signed off to allow the allocation of a "Golden Patient", enabling a prompt start. • Restart of automatic send. • Theatre Utilisation continues to be monitored each month.
Risks:	No risk in current Board Assurance Framework.

Integrated Quality and Performance Report



Reporting Month: September 2024

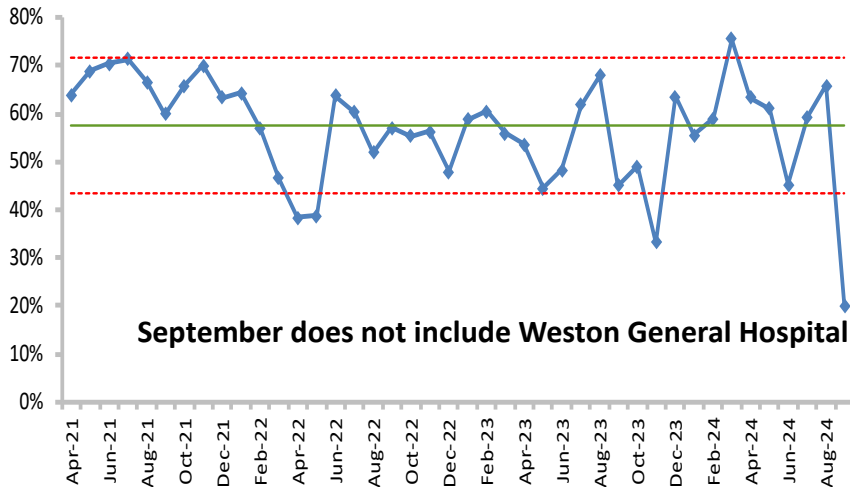
STANDARD

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

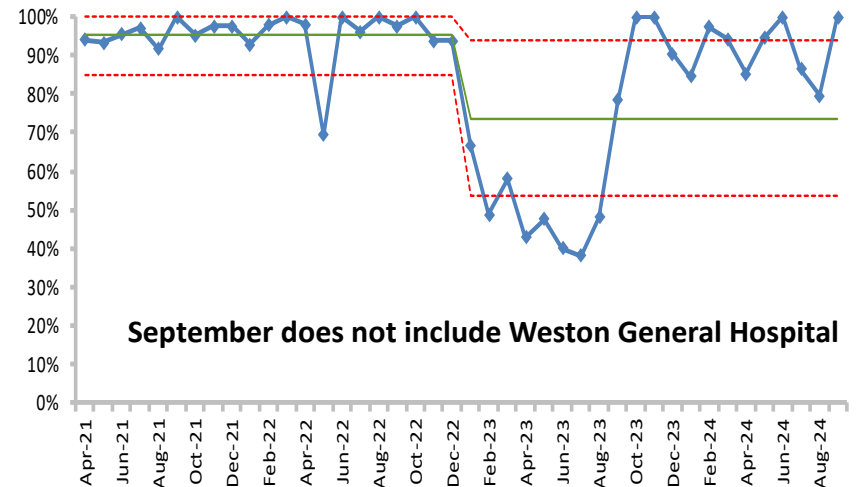
Sep-24

	Total Patients	36 Hours		72 Hours		Best Practice Tariff	
		Seen In Target	Percentage	Seen In Target	Percentage	Achieved All Elements	Percentage
Bristol Weston	15	3	20.0%	15	100.0%	3	20.0%
TOTAL	15	3	20.0%	15	100.0%	3	20.0%

Fracture Neck of Femur Patients Treated Within 36 Hours



Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours



Integrated Quality and Performance Report



Reporting Month: n/a

STANDARD	QUALITY AND SAFETY: DETERIORATING PATIENT
<p>Background:</p>	<p>Delayed recognition and response to patient deterioration is nationally recognised as one of the significant causes of avoidable harm. This is a long-term improvement programme with several workstreams reported in more detail as part of the Patient First Deteriorating Patient corporate project.</p> <p>The goal of the project is to increase effective and timely recognition, escalation, and response of potentially deteriorating patients, including the recognition of sepsis by March 2025.</p> <p>The formal implementation of the 2024 NICE Sepsis (adult) Guidance occurred end of July 2024, with the introduction of the new Sepsis Screening Tool and Pathway. As a result, the revised metrics are as follows:</p> <ul style="list-style-type: none"> • % Patients screened appropriately using the paper sepsis pathway • % Patients treated appropriately for sepsis
<p>Performance:</p>	<p>Developing countermeasure summary for Patient First, where data for the two metrics will be reported.</p>
<p>National Data:</p>	<p>N/A</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • Following the formal dissemination of the new Sepsis Screening Tool and Pathway for adults based on 2024 NICE guidance, the Patient Safety Improvement Team have been providing ongoing floor walking support in August and September to engage with clinical staff to further embed the new pathway in clinical practice. • August sepsis data collection onwards will be based on new triggers for sepsis screening in the 2024 guidance. Sepsis data is now visible to the Divisions to see baselines and impacts of planned improvement work. • The Patient Safety Improvement Team are working with BRI and Weston Emergency Departments to support sepsis data collection and test change ideas to improve timeliness of screening and treatment for patients at high risk of sepsis. • The updated "Recognition, Treatment, and Management of Sepsis" standard operating procedure based on the 2024 guidance has been approved. • The sepsis data is being used to support the wider Escalation and Response A3 thinking project. • We are seeking to have early conversations with colleagues in NBT and clinical engineering about whether a recent medical device innovation that is commercially under development has the potential to reduce inequalities that exist in oxygen saturation monitoring for patients who have darker skin.
<p>Risks:</p>	<p>Corporate Risk 589 - Patient deterioration is not recognised and responded to (15)</p>

Integrated Quality and Performance Report



Reporting Month: September 2024

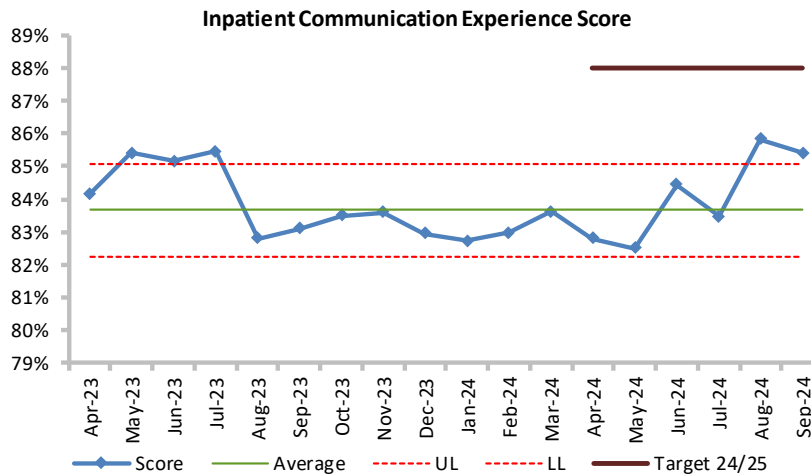
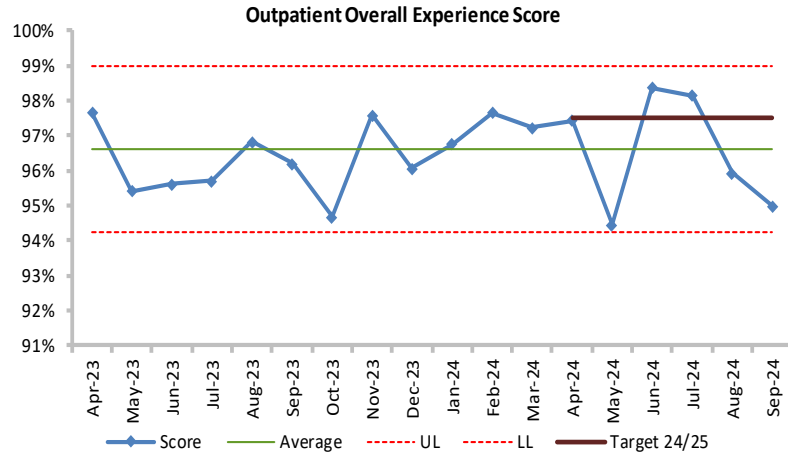
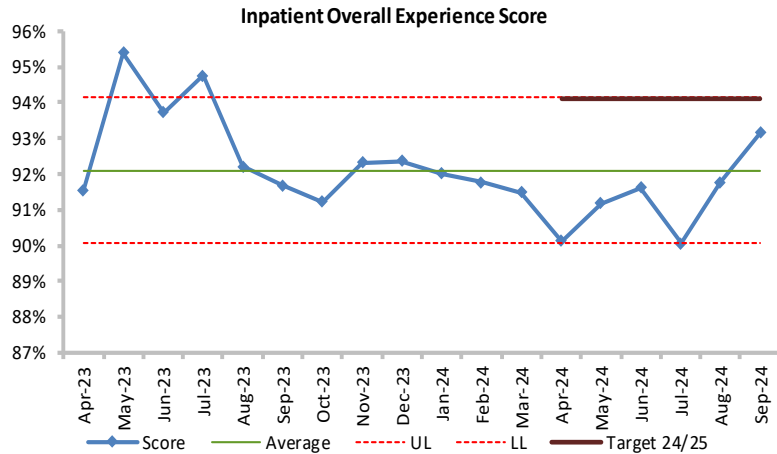
STANDARD	QUALITY AND SAFETY: PATIENT EXPERIENCE
<p>Background:</p>	<p>The Inpatient and Outpatient Experience Score metric is based on the survey question ‘Overall, how was your experience of our service?’. The score is based on the percentage of patients who responded to the monthly survey who rated 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>	<p>The rolling 3-month average inpatient experience to September 2024 was 92.2% (August score was 91.7%). Metric is below target for 2024/2025. The rolling 3-month average for outpatient experience to September 2024 was 96.5% (August score was 97.6%). Metric is below target for 2024/2025.</p> <p>The rolling 3-month average for the inpatient communication metric experience to September 2024 was 84.9% (August score was 84.5%). Metric is below target for 2024/2025.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> 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. The communication experience metric has been developed to support conversations on where to focus improvement efforts. Medicine and Specialised Services (who selected this as a priority area via Catch-ball) are developing counter measures that will drive improvement in participating wards as well as identifying quick win opportunities to improve experience of care. There is also a focus on improving communication experience at Weston General Hospital who have led the What Matters To You conversation tool roll-out.
<p>Risks:</p>	<p>No risk in current Board Assurance Framework.</p>

Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD QUALITY AND SAFETY: PATIENT EXPERIENCE (continued)



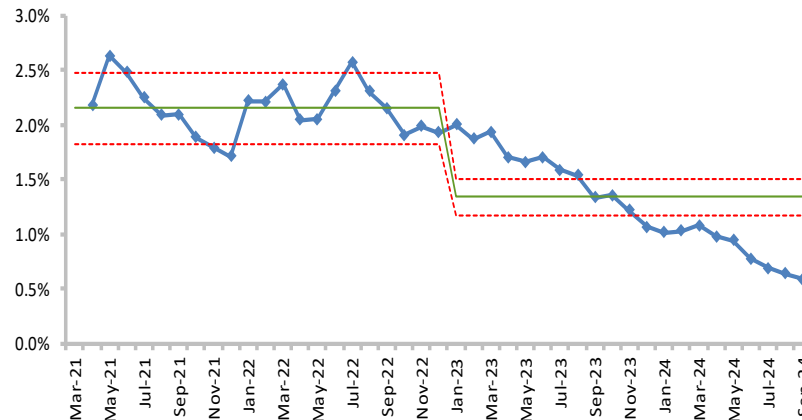
Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
<p>Performance:</p>	<p>Agency usage reduced by 6.4 FTE. There were increases within three divisions, the largest was within Women’s and Children’s, where usage increased to 41.3 FTE from 34.8 FTE in the previous month. There were reductions within three divisions. The largest divisional reduction was seen within Medicine, where usage reduced to 11.4 FTE from 23.3FTE in the previous month.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • A total of 50 new starters joined the bank in September for all staff groups which includes reappointments. • The UHBW Bank team continues to work closely with the Acute Provider Collaborative, since August there have been 18 bank workers from NBT work a CloudStaff shift at UHBW. • The team are continuing vision workshops weekly and are just signing off phase 1, which includes aligning processes of complaints and Short Notice Cancellations/Did Not Arrive placements. • The team have been working with system partners to consider procurement of a new agency tender for April 2025. • Active recruitment continues to Bank and substantive medical and nursing roles in the Weston Division to drive down the demand for high-cost agency usage. This is in addition to a focused piece of work to stop non-framework agency usage for medics across the Trust. • The Trust has reviewed sending shifts to agency and reducing timeframes to be able to do so. Approvals are in place to send bank shifts to agency.
<p>Risks:</p>	<p>No risk in current Board Assurance Framework.</p>

Percentage Agency Usage



Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
Performance:	<p>Turnover for the 12-month period reduced to 11.4% compared with 11.5% the previous month (updated figures). Four divisions saw reductions whilst the other four divisions saw increases in comparison to the previous month. The largest divisional reduction was seen within Trust Services, where turnover reduced by 0.5 percentage points to 10.0% compared with 10.5% the previous month. The largest divisional increase was seen within Weston General Hospital, where turnover increased by 0.5 percentage points to 13.8% compared with 13.3% the previous month. Six staff groups saw a reduction, and two staff groups saw an increase, in comparison to the previous month. Administrative and Clerical remained static. The largest staff group reduction was seen within Add Prof Scientific and Technic, where turnover reduced by 1.37 percentage points to 11.66% compared with 13.03% the previous month. The largest staff group increase was seen within Estates and Facilities, where turnover increased by 0.86 percentage points to 16.93% compared with 16.06% the previous month. Turnover rate for Band 5 nurses in September is 10.1% (compared with 10.8% for August).</p>
Actions:	<p>NHS Staff Survey 2024:</p> <ul style="list-style-type: none"> • Staff Survey 2024 launched 30 September and will be live until 29 November. • Comprehensive communications plan is underway with pre-launch and launch communications live via UHBW media platforms, as well as promotional resources displayed across the Trust, and divisional promotional packs. • Divisional Culture and People Plan check-in meetings scheduled to be undertaken during October and November with HRBP teams as part of the agreed engagement governance. <p>Recognition:</p> <ul style="list-style-type: none"> • Monitoring and Evaluation Form for the 2024 Recognising Success Awards has been completed, with the funding application for the 2025 Recognising Success Awards underway to submit to Bristol and Weston Hospitals Charity. <p>Admin and Clerical Workstream:</p> <ul style="list-style-type: none"> • A&C Focus Groups to take place in October to further understand colleagues lived experiences, expanding on the feedback gathered from the A&C survey.

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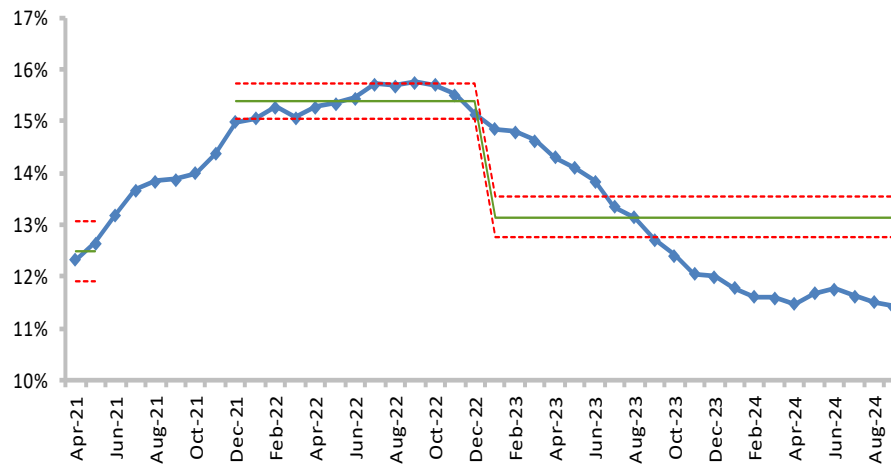
Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD		OUR PEOPLE: WORKFORCE STAFF TURNOVER
Actions (continued):	People Strategy milestones: <ul style="list-style-type: none"> • There are robust plans in place to improve retention within the EDI and Wellbeing Strategic Frameworks, as well as the Engagement Strategic Action Plan, based on Staff Survey priorities. Activity against these plans is monitored in People Committee. • Respecting Everyone work continues with a particular focus on enabling social justice through mediation. The cohort of mediators are working closely with HR Services to develop a new approach to round table conversations which will support the resolution of cases relating to protected characteristics. This will support the delivery of the Pro-Equity Patient First program and improve colleague experience alongside reducing costs relating to conflict. 	
Risks:	No risk in current Board Assurance Framework.	

Workforce Turnover Rate



Integrated Quality and Performance Report



Reporting Month: September 2024

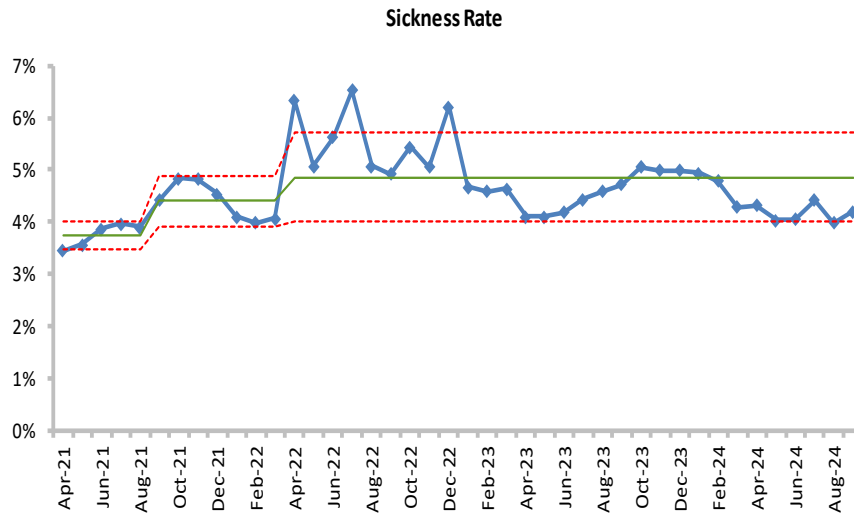
STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
<p>Performance:</p>	<p>Sickness absence increased to 4.2% compared with 4.0% the previous month, based on updated figures for both months. This figure is combined with Covid Related absence.</p> <p>There were reductions within two divisions and increases in the other six divisions, compared with the previous month.</p> <p>The largest divisional reduction was seen in Weston General Hospital, where sickness reduced by 0.7 percentage points to 3.9%, compared to 4.6% in the previous month.</p> <p>The largest divisional increase was seen in Diagnostics and Therapies, where sickness increased by 0.8 percentage points to 3.7%, compared to 2.9% in the previous month.</p> <p>There were reductions within two staff groups, increases in five, and one remained static compared to the previous month.</p> <p>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.</p> <p>The largest staff group increase was seen within Additional Professional Scientific and Technical, increasing by 0.65 percentage points to 4.74% from 4.08% in the previous month.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • 12 colleagues received 1:1 wellbeing information and guidance as part of a surgical ward round held on A413. • 32 Workplace Wellbeing Advocates attended a quarterly network meeting to receive an overview of the in-house psychological health offer and new pro-equity approach. • The Ambulatory team covering Meadow, Puzzle Wood, Carousel and Rainforest and Seashore wards received an overview of the wellbeing offer at an Away Day. • The Psychological Health Service facilitated a ‘Sexual Safety’ workshop in Weston to provide a confidential space for colleagues to explore feelings and experiences around sexual safety at work to drive improvements in how this is managed and supported. • The Trust launched a workplace cardiovascular health check pilot funded by the Department of Health and Social Care receiving over 170 colleague bookings as at the end of September. • 32 Workplace Wellbeing Advocates attended online menopause champion training delivered by the NHS England Menopause Lead. • The Psychological Health Service facilitated a session entitled, ‘Preparing yourself to have good conversations’ which was open to all colleagues who undertake a peer-support role e.g. wellbeing advocates. • 113 Workplace Wellbeing Advocates attended a live, online induction session by end of September to learn strategies to best perform the role and provide targeted support at team level. <p style="text-align: right;"><i>...continued over page</i></p>

Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD OUR PEOPLE: WORKFORCE STAFF SICKNESS	
Actions (continued):	<ul style="list-style-type: none"> The Health and Wellness Policy continues to be embedded across UHBW, further guidance relating to disability leave has been produced to aid management decision making and increase the number of disabled colleagues who can access reasonable adjustments such as disability leave to attend appointments. HR Services have been developing videos to aid colleagues when discussing their workplace adjustments with managers and continuing to provide drop-in sessions for managers to support the management of sickness absence. Additionally, the program relating to Respecting Everyone continues with further developments with regards to sexual safety and the mediation provision across UHBW.
Risks:	No risk in current Board Assurance Framework.



Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD OUR PEOPLE: WORKFORCE STAFF VACANCY

Performance:

Overall vacancies reduced to 3.2% (396.5 FTE) compared to 3.4% (425.3 FTE) in the previous month. The largest divisional change was seen in Medicine where the division's vacancy changed to 2.8 FTE, compared with an over establishment of -15.8 FTE the previous month. The largest divisional reduction was seen in Diagnostics and Therapies where the division reduced to 64.4 FTE, compared with having a vacancy of 89.1 FTE the previous month. The largest staff group reduction was seen in Nursing staff, where the staff group reduced to 73.7 FTE compared with having a vacancy of 115.2 FTE the previous month. The largest staff group change was seen in Medical staff, where the staff group vacancy changed to 4.5 FTE from an over establishment of -19.1 FTE the previous month. Consultant vacancy has increased to 43.0 FTE (5.3%) from 37.7 FTE (4.6%) in the previous month. Unregistered nursing vacancies can be broken down as follows:

Band	Vacancy
AfC Band 2	30.0 FTE
AfC Band 3	60.1 FTE
AfC Band 4	-42.8 FTE

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

Actions:

- Nursing Career pathway work continues with the voiceover completed on the 26th of September and awaiting the first storyboard draft from Medical Illustrations that is due to be reviewed week commencing 7th October. The project is due to launch and be completed by Mid-November.
- Planning continues for the next Newly Qualified Paediatric Nurse recruitment event will take place on the 12th of October. So far, we have 2 candidates confirmed attendance.
- Radio infomercials have been created to help with retention of our staff by promoting Career Clinics and going live on Bristol and Weston Hospital radio. Airing of the infomercial started in Bristol week commencing the 30th of September, Weston's airing schedule is to be confirmed.
- A Newly Qualified Midwifery Recruitment event took place with 15 in attendance. Interviews commenced 24th of September with 21 candidates being interviewed. Outcome of interviews expected mid-October.
- Bank Healthcare Support Workers (HCSWs) were invited to apply for substantive posts and following an interview process, 16 successful bank HCSWs were made substantive offers.
- 28 candidates were appointable to the role of a Healthcare Support Worker (HCSW). 30 HCSWs have completed recruitment checks and have start dates booked.

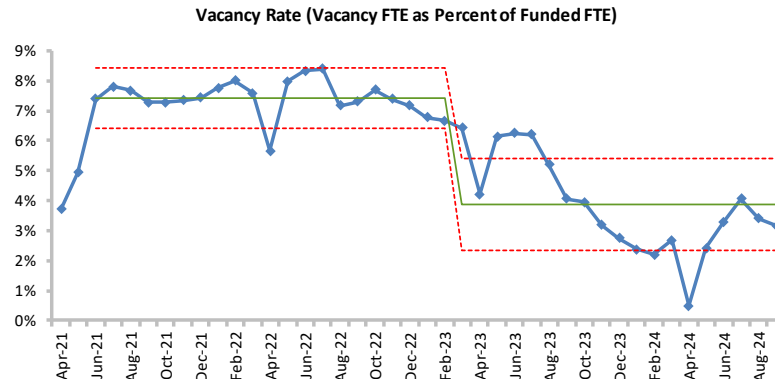
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Integrated Quality and Performance Report



Reporting Month: August 2024

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
<p>Actions (continued):</p>	<ul style="list-style-type: none"> • 37 substantive Allied Health Professionals (AHPs) and 20 substantive Healthcare Scientists joined the Diagnostics and Therapies division in the month of September. • 15 newly qualified AHP's joined the Trust in September, with six more to join across Q3. 15 newly qualified Pharmacists have been appointed through Q1-Q2, with 10 starting in the month of September. Further start dates have been booked through Q3. • The Trust began work on a talent attraction project for Pharmacy to help recruit to hard to fill roles. The project has four key streams: inclusive pharmacy recruitment video, pharmacy career pathways, social media campaign and a new pharmacy careers website. The project planning initiated in September with plans of completion by Q4. • The attraction and retention project within Radiology has continued. A website has been created for the career showcase campaign where stories of colleagues across Radiology will be shared. • In September, two consultants started in Emergency Medicine on the Weston site. One locum consultant grade doctor has been cleared to start in Weston Emergency Medicine in October. • Substantive Emergency Medicine consultant interviews are planned for the 8th of October. • In addition, one locum consultant grade doctor in Emergency Medicine was offered position in Weston. • The "Dial a job" campaign targeting consultants is currently live on the BMJ site and targeted emails have been sent to 3000 consultants registered on BMJ. • Substantive interviews for an Emergency Medicine and Care of the Elderly Consultant in Weston are scheduled to go ahead in November.
<p>Risks:</p>	<p>No risk in current Board Assurance Framework.</p>



Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
<p>Performance:</p>	<p>At the end of September:</p> <ul style="list-style-type: none"> • 1,425 patients were waiting 52+ weeks against the 2024/25 Operating Plan trajectory of 1,653. • 72 patients were waiting 65+ weeks against the 2024/25 Operating Plan trajectory of 0. • 0 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>National Data:</p>	<p>For August 2024, across all of England, 3.8% of the waiting list was waiting over 52 weeks. UHBW's performance was 3.1% (1,809 patients) which places UHBW as the 76th highest Trust out of 156 Trusts that reported RTT wait times.</p>
<p>Actions:</p>	<ul style="list-style-type: none"> • At the end of September 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 continued to work towards the elimination of any patient waiting longer than 78 weeks and at the end of September 2024 there were no patients waiting 78 weeks. A position that is expected to be maintained in future months. • From the end of August 2024, the Trust had forecast that there would 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 only able to date these patients once supply is allocated. At the end of September, sufficient material had been received to date all the Cornea graft patients in the month of September who would have breached at the end of the month. Until this national issue has resolved, the Trust will continue to follow the process to request material from the ocular tissue team. • On 22nd August, the Trust declared to NHS England that the planning assumptions for the elimination of 65-week breaches by end of September had been compromised by an unplanned drift in Oral Surgery & complex Orthodontic services due to increases in demand combined with unplanned workforce losses. At the end of September there were 72 patients waiting 65 weeks or longer, with 26 Cornea Graft patients, 43 in Dental and 3 Paediatric ENT (2 of which were a result of a Paediatric trauma transfer from RUH which displaced two routine cases over two days) which is an improvement on the end of August position when 155 breaches were reported. • The Trust has established insourcing arrangements for outpatient services in Paediatric Dentistry, Paediatric Oral surgery, Oral Medicine, Orthodontics and Maxillofacial. The dental service have also 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 1.4 WTE. Additional paediatric sessions have been provided to mitigate the activity gap, and the service is seeking to advertise for a fourth time in the autumn to coincide with the completion of the current specialist registrar training round. Dental have recruited an additional Oral Surgery consultant who joins the organization on 8th November to provide additional capacity.

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Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
Actions (continued):	<ul style="list-style-type: none">• Dental services also have additional Independent Sector capacity under contractual agreements with 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.• 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. A meeting is scheduled for 11th October to look at the capacity available to achieve the national ambition of eliminating waits of 52 weeks by end of March 2025.• The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives.
Risk:	Corporate Risk 7182 - Non-compliance with routine elective treatment within 65 weeks (12)

Integrated Quality and Performance Report

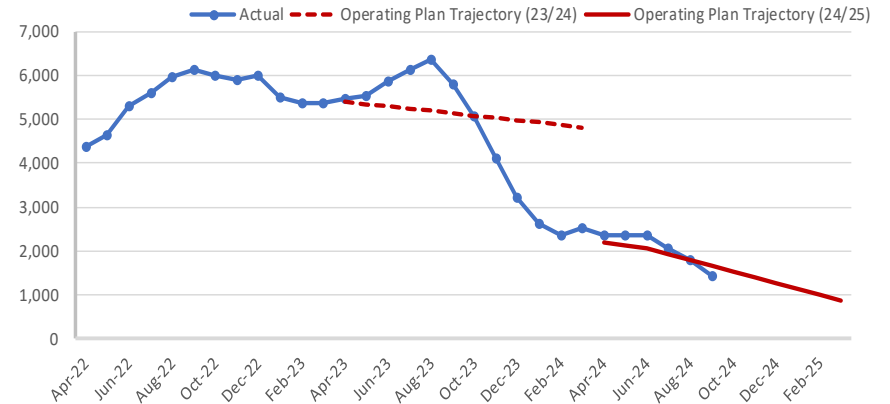


Reporting Month: September 2024

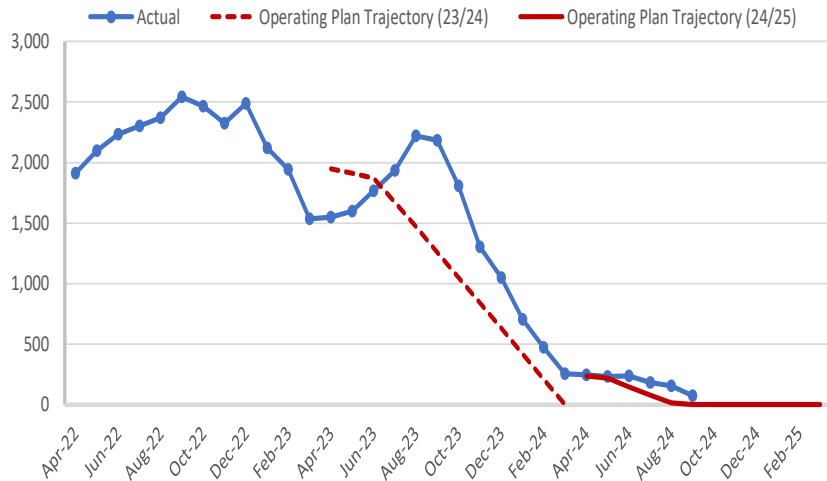
STANDARD REFERRAL TO TREATMENT (RTT) LONG WAITS

	Sep-24		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	16	0	0
Medicine	143	0	0
Specialised Services	142	0	0
Surgery	874	69	0
Women's and Children's	250	3	0
Other	0	0	0
UHBW TOTAL	1,425	72	0

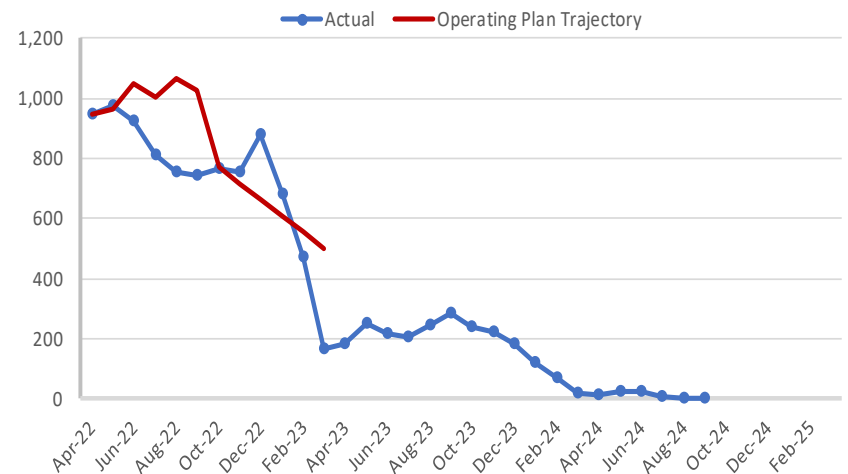
Number of Ongoing Patients Waiting 52+ Weeks at Month End



Number of Ongoing Patients Waiting 65+ Weeks at Month End



Number of Ongoing Patients Waiting 78+ Weeks at Month End



Integrated Quality and Performance Report



Reporting Month: August 2024

STANDARD	CANCER WAITING TIMES
Performance:	<p>All three cancer standards are reported a month in arrears.</p> <p>The “Faster Diagnosis Standard” (FDS) 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. In 2023/24, this time should not have exceeded 28 days for a minimum of 75% of patients. The NHS ambition is to deliver this for a minimum of 77% of patients by March 2025 and then 80% by March 2026. UHBW’s operating plan trajectory for 2024/25 was set at 75% in Quarter 1 and 77% in Quarters 2, 3 and 4. Performance in August was compliant at 77.6%</p> <p>The 62 Day Standard reports number of patients treated within 62 days of starting a suspected cancer pathway. The national constitutional standard is 85% and UHBW’s operating plan trajectory for 2024/25 was set at 70% each month. For August, 75.8% of patients were treated within 62 days.</p> <p>The 31 Day Standard reports number of patients treated within 31 days of the decision to treat. For August, 98.1% of patients were treated within 31 days, which is the highest performance in the South-West region. The national constitutional standard is 96%.</p>
National Data:	National data for patients treated within 62 days of starting a suspected cancer pathway is shown on the next page.
Actions:	<p>The Trust continues to comply with the Faster Diagnosis Standard, including with the 77% increased target for 24/25 financial year. The 62-day referral to treatment standard performed above NHSE's interim target for a ninth consecutive month with an ongoing improvement trend, and performance against the 31-day decision to treat to treatment standard sustains compliance.</p> <p>The actions to sustain and further improve this performance include; increasing operating theatre capacity through the new elective centre (from April 2025), expansion of the gynaecological cancer one-stop assessment clinics and continued rigorous waiting list management.</p>
Risk	<p>Corporate Risk 6782 - Non-compliance with the 28 day Faster Diagnosis cancer standard (16)</p> <p>Corporate Risk 5532 - Non-compliance with the 31 day cancer standard (12)</p>

	Aug-24		
	Within Target	Total Patients	% Achievement
28 Day Faster Diagnosis	1,507	1,941	77.6%
31 Day Standard	717	731	98.1%
62 Day Standard	177	233	75.8%

Integrated Quality and Performance Report

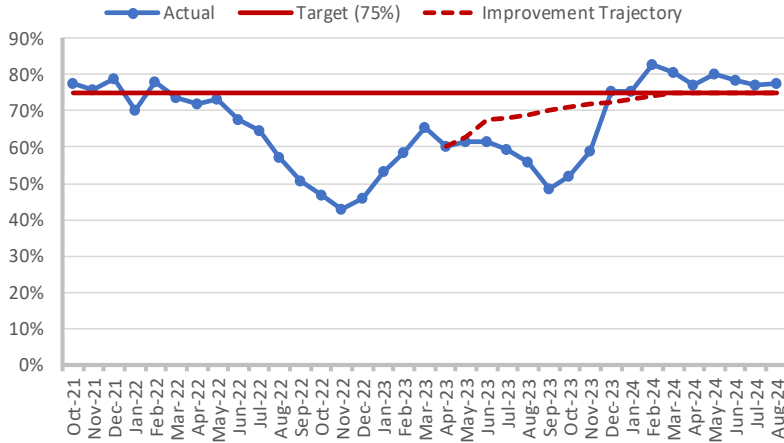


Reporting Month: August 2024

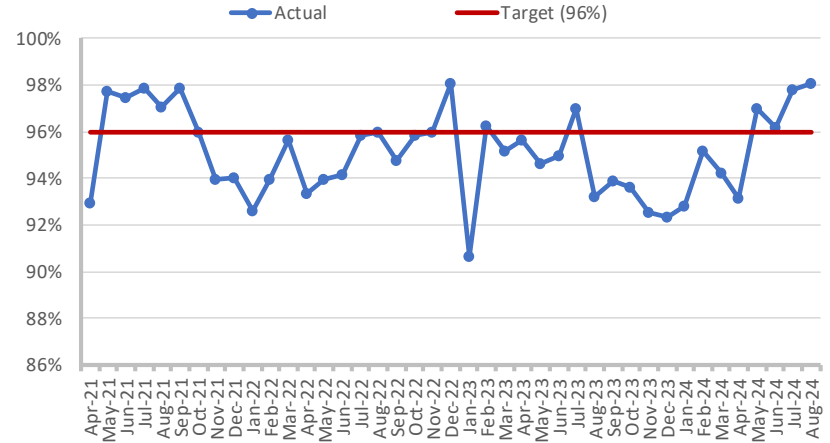
STANDARD

CANCER WAITING TIMES

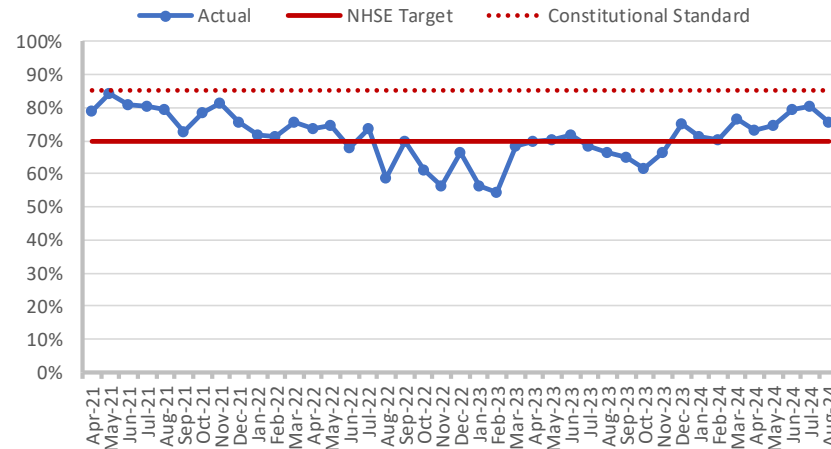
28 Day Cancer Faster Diagnosis Standard



31 Day Diagnosis to Treatment



62 Day Referral To Treatment



Integrated Quality and Performance Report



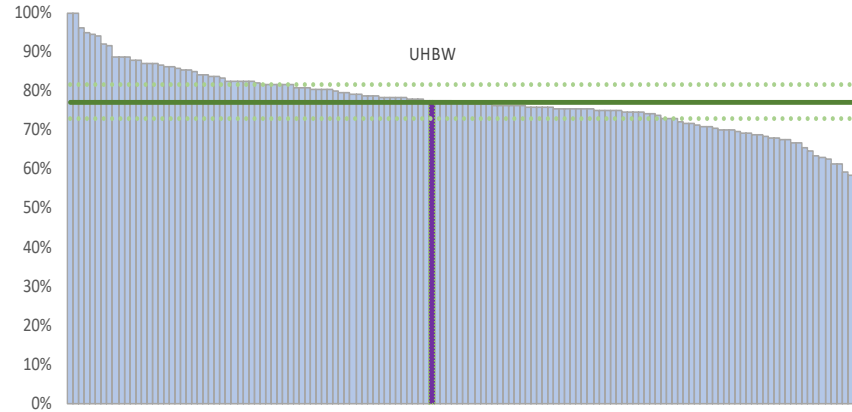
University Hospitals
Bristol and Weston
NHS Foundation Trust

Reporting Month: August 2024

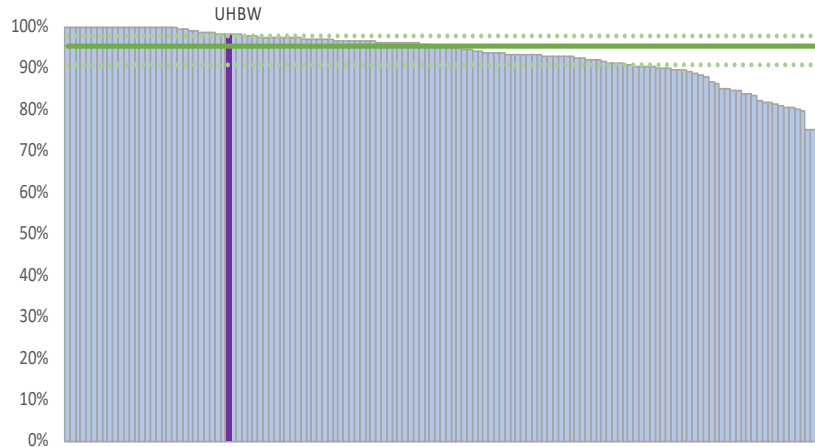
STANDARD

CANCER WAITING TIMES

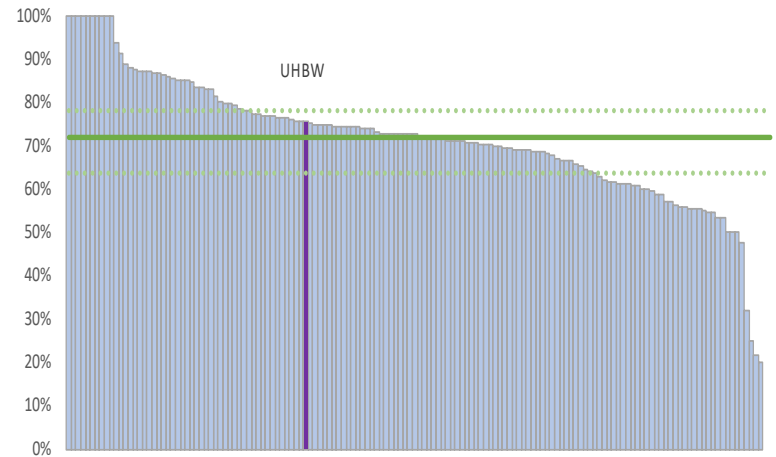
Benchmarking - 28 Day Faster Diagnosis Standard



Benchmarking - 31 Day Performance Distribution



Benchmarking - 62 Day Performance Distribution



Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD	DIAGNOSTIC WAITING TIMES
<p>Performance:</p>	<p>The ambition set as part of the Trust's operational planning submission for 2024/25 is that 90.4% of patients will be waiting under six weeks by end of September 2024. The Trust achieved 83.3% for September 2024. 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. As at the end of September:</p> <ul style="list-style-type: none"> • 432 patients were waiting 13+ weeks. This is 2.9% of the total waiting list. • 7 patients were waiting 26+ weeks. This is 0.05% of the total waiting list. <p>Note there were no required national trajectories for these long wait measures in 2024/25.</p>
<p>National Data:</p>	<p>For August 2024, the England total was 75.1% of the waiting list under six weeks. UHBW's performance was 80.8% which places UHBW 80th of 158 Trusts that reported diagnostic wait times.</p>
<p>Action/Plan:</p>	<ul style="list-style-type: none"> • At the end of September, performance against the six week wait standard was reported as 83.3% against the operational planning trajectory of 90.4%. • Considerable efforts have been made to improve performance for long wait patients and the number waiting over 13 weeks have improved from 694 at end of Mar-24 to 432 at end of September. The number of patients waiting 26+ weeks have reduced from 206 to 7 over the same time period. • Improvements in performance for September are noted across all modalities, with the exception of MRI and Neurophysiology. Challenges remain in Audiology, MRI and CT and actions are in place to recover which are yielding some positive results with further recover in these services expected through the remaining months of 2024/25. • Whilst improvement is noted in September, Audiology (adults) performance remains challenged. Recovery plans are in place and improvement to the national target is expected by Q3 24/25 with the use of different types of additional capacity to supplement the core capacity which has been maintained. • The deterioration in MRI performance is attributed to the adults Cardiac MRI service and General MRI, where there is an increasing level of demand and reduced uptake in undertaking additional lists over the summer period. The service is reviewing all possible actions to support recovery, however additional capacity needed for recovery of Cardiac MRI is very specialised adding an additional layer of complexity to the recovery plans. • CT performance is still challenged due to staff turnover. Recruitment has taken place with new starters due to join in the next month, and additional short-term actions are underway, including plans to outsource some CT cardiac to the independent sector. • Echocardiography performance continues to improve and is now ahead of trajectory, despite the service experiencing a sustained increase in urgent and inpatient demand which affects elective capacity and recovery. The service is utilising core capacity across all sites to reduce waits and it should be noted that expected additional Community Diagnostic Centre (CDC) capacity was delayed, impacting the recovery plans. • Performance and long waiters in Sleep Studies is improving well, and further improvements are expected in this modality. The service continues to use significant additional capacity to improve waiting times for patients and extensive actions continue to be undertaken to improve this service. The position is expected to recover during Q3 2024/25 and is being monitored closely, which includes an expected increase in referrals from Royal United Hospitals Bath over the next month.

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Integrated Quality and Performance Report

Reporting Month: September 2024

STANDARD		DIAGNOSTIC WAITING TIMES
Action/Plan (continued):	<ul style="list-style-type: none"> Improvements have also been noted in DEXA (100% in September) over the last 12 months because of an improved staffing position and commencement of the service at the CDC in April Endoscopy (adults) performance against the six-week standard has improved in September from August along with a reduction in patients waiting over 13 weeks. Actions are in place and further improvement is expected over the next few months and the service are anticipating the clearance of long waiters over 13 weeks by Q3 24/25. The risks associated with performance remain but are being mitigated as far as possible. Risks include ongoing complex patient queries, challenges in certain staffing groups, and complex patients requiring capacity which is limited and prioritised for the most clinically urgent patients. Diagnostic capacity year to date has been challenged by sickness and other workforce challenges and the prioritisation of more clinically urgent patients. Previous industrial action has significantly impacted diagnostic performance as the unrealised capacity generally cannot be recouped, pushing out recovery timelines. Capacity constraints in highly specialist sub-modalities, particularly for patients requiring their procedures under general anaesthetic, also significantly impacts diagnostic performance improvement. Modality-level diagnostic trajectories and plans for 24/25 are agreed across the organisation and the Trust continues to utilise insourcing and transferred capacity and outsourcing to the independent sector which are all integral to the 24/25 diagnostic recovery plans. 	
Risk:	n/a	

End of September 2024

Modality	Total On List	Under 6 Weeks		13+ Weeks		26+ Weeks	
		Number	Percentage	Number	Percentage	Number	Percentage
Audiology Assessments	1,052	204	81%	55	5%	0	0%
Colonoscopy	371	81	78%	18	5%	3	1%
Computed Tomography (CT)	2,997	534	82%	108	4%	0	0%
DEXA Scan	368	0	100%	0	0%	0	0%
Echocardiography	1,264	127	90%	1	0%	0	0%
Flexi Sigmoidoscopy	119	27	77%	3	3%	0	0%
Gastroscopy	327	74	77%	14	4%	2	1%
Magnetic Resonance Imaging (MRI)	3,658	825	77%	229	6%	1	0%
Neurophysiology	199	29	85%	2	1%	0	0%
Non-obstetric Ultrasound	4,473	568	87%	1	0%	0	0%
Sleep Studies	230	45	80%	1	0%	1	0%
Other	0	0		0		0	
UHBW TOTAL	15,058	2,514	83.3%	432	2.9%	7	0.05%

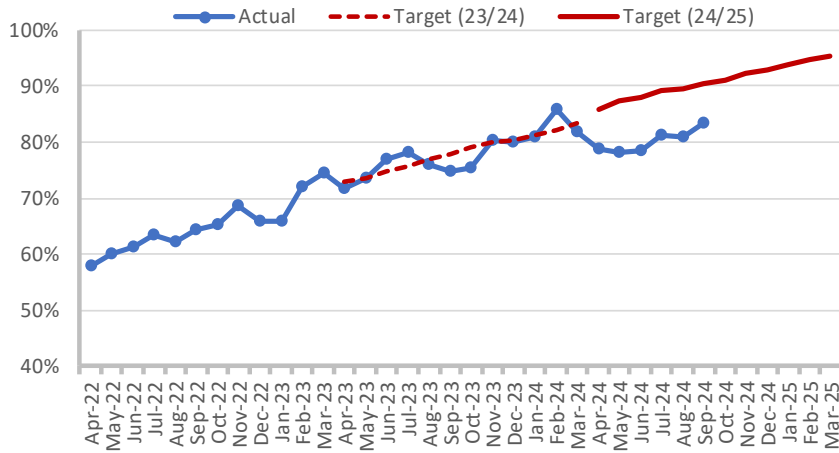
Integrated Quality and Performance Report



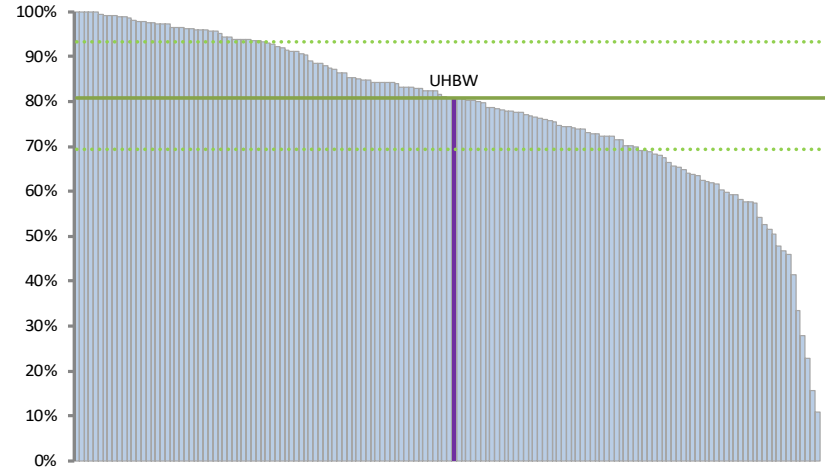
Reporting Month: September 2024

STANDARD DIAGNOSTIC WAITING TIMES

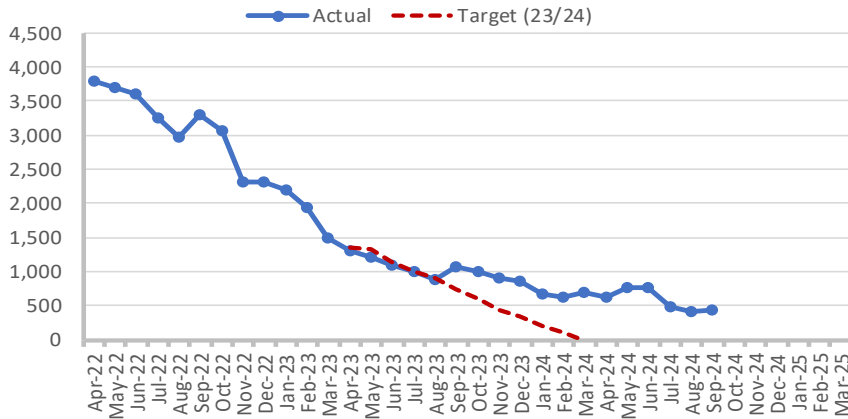
Diagnostics Percentage Waiting Under 6 Weeks



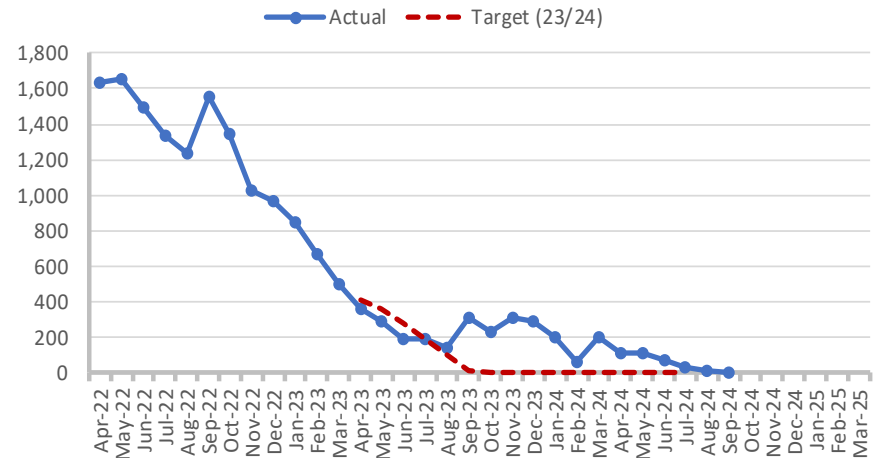
Benchmarking - Percentage Under 6 Weeks - August 2024



Diagnostics Numbers Waiting 13+ Weeks



Diagnostics Numbers Waiting 26+ Weeks



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

Performance

Waits in ED from arrival to discharge, admission or transfer

The total time spent in the emergency department (ED) measures from arrival time to discharge/admission time. There are two standards reported:

- 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%.

Note: both standards apply to all four emergency departments in the Trust.

During September, 68.7% of patients attending ED spent less than 4 hours in an emergency department from arrival to discharge or admission; this is below the operating trajectory of 71.8%. The September performance for the “12 Hour Standard” was 3.4% which does not meet the national target of not exceeding 2%.

Attendances

- BRI attendances were 6,663 in September (average 222 per day), which is more than the daily attendance figure of 209 seen in August and a 1.9% increase from September 2023 which averaged 218 attendances a day.
- Children’s Hospital attendances were 3,721 in September (average 124 per day). This is an increase from the 95 attendances per day in August and a 0.9% reduction from September 2023 which averaged 125 attendances a day.
- Weston Hospital attendances were 4,392 in September (average 146 per day). This is a decrease from the 152 attendances per day in August and a 1.2% increase from September 2023 which averaged 145 attendances per day.
- Eye Hospital attendances were 2,238 in September (75 per day), which is unchanged from August and a 2.9% increase from September 2023 which averaged 73 attendances per day.

12 Hour Trolley Waits

This metric relates to patients who are admitted from ED, and measures from the Decision To Admit (DTA) time to the Admission Time. During September, there were 261 12 Hour Trolley Waits, compared to 82 in August.

Ambulance Handovers

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.

Of the 3,845 ambulance handovers in September:

- 1,286 ambulance handovers were within 15 minutes which was 33.4% of all handovers.
- 2,639 ambulance handovers were within 30 minutes which was 68.6% of all handovers.

Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD

EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

National Data:

Ambulance Handovers: There are 19 hospitals in the South-West that the Ambulance Service reported data for September 2024, overall percentage of handovers under 15 minutes was 24.5% across these hospitals. The Children's Hospital ranked first (best performing) with 71.2% of handovers under 15 minutes, BRI was 5th highest at 35.6% and Weston was 8th highest at 28.2%.

ED 4 Hours: For Quarter 2 across all Type 1 Emergency Departments in England, 61.2% of patients were seen within 4 hours. UHBW was at 66.7%. The upper quartile was 67.6% (i.e. 25% of Emergency Departments achieved 67.6% or above in Quarter 2).

Actions:

Bristol Royal Infirmary (BRI)

- Daily ED attendances to BRI Emergency Department in September increased to 228 compared to 208 in August. Increase is primarily due to an increase in Fast Flow attendances in month.
- Overall, 4-hour performance at the BRI site was 49.5% in September and ED non admitted performance was 60.8% in September (down from 68.7% in August)
- 5.2% of patients waited over 12 hours in the department in September, an increase from 1.6% in August, a correlation with a deterioration in admitted performance.
- 952 hours were lost to ambulance handover delays in September which equates to an average of 31.7 hours per day; compared to August when 472 hours were lost (an average of 15.2 hours per day) and ambulance arrivals remained the same in September when comparing to August.
- ED is due to launch a perfect week with SWAST and senior ED nurse team to focus on handovers and XCAD sign off.
- There will be a continued reduction in ED SDEC provision due to ED consultant capacity.
- The Proactive Hospital Team, ED, Radiology and Portering Leads have completed a process map of current ED to CT pathway. The next step is to gather data and to observe the actual process on the shopfloor (GEMBA). GEMBA dates to be arranged for November 24 as the project group are still sourcing all appropriate data. Focus to improve CT diagnostic turnaround times and eliminate duplication
- The Proactive Hospital Team, ED, Radiology and Pathology have recently formed a project team to focus on pathology processes and turnaround times. Process Mapping event is planned for 24 October to outline current pathway and highlight any delays.
- The key aim is to review training required for the Patient Flow Coordinator role to embed processes and expectations of the 'Flow Out' Patient Flow Coordinator (PFC). ED leadership team is reflecting on visits to Weston ED and St Mary's to relaunch BRI PFC role. Developing ideas on an Admin & Clerical 4hr flow co-ordinator pilot to manage patient wait times in the department to reduce length of stay in ED and avoid 4-hour and 12-hour breaches.

Weston General Hospital (WGH)

- Attendances at Weston General Hospital ED decreased in September to an average of 147 per day (2024/25 av. 152) with a total of 4,401 attendances
- Performance against the 4-hour standard improved to 73%, compared to 71% in August and 70% in July.

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

Actions (continued):

Weston General Hospital (WGH) (continued)

- In contrast 12-hour performance deteriorated to 5% compared with 2% in August with increased numbers of patients waiting in ED overnight for beds.
- Ambulance handovers deteriorated to 26% in under 15 minutes with a total of 238 hours of lost ambulance time accumulated at the Weston site in September. Review of rapid assessment and treatment process underway to improve this.
- A total of 11% of ED attendances were seen in either Emergency Department Observation Unit or Clinical Decision Unit.
- Work to upskill ED consultants in frailty is starting in October to improve emergency care for frail patients. To support this work on collecting the Clinical Frailty Score (CFS) in ED is underway; 28% of patients over 75 had a CFS recorded.

Bristol Royal Hospital for Children (BRHC):

- September 2024 saw a total of 3,721 attendances to the Children’s Emergency Department (CED), with an average of 124 attendances per day. This daily figure is up significantly from August 2024 when the average daily attendance was 95 (2,958 overall).
- Figures from September 2023 show that there were 3,754 (125 average per day) attendances in the previous year, this is an attendance decrease of 0.89% which is significantly below the level of attendance that the department would expect to see, year on year. (Usually around 4% increase on previous year).
- CED 4-Hour performance in September 2024 was 83.2%, which is down from August 2024 performance of 92.4%.
- There were 10 x 12-Hour breaches in September 2024, this is up from the 2 x 12-Hour breaches in August 2024.

Key aims for the coming month are to review 12-hour breaches during a newly introduced weekly meeting.

Same Day Emergency Care (SDEC): The development of the SDEC offer across the Trust aims to redirect clinically appropriate patients away from Emergency Departments to support patient flow, reduce waiting times and minimise unnecessary admissions.

Surgical SDEC – BRI:
September reflects a mixed picture for the service, admissions sat at 400, a slight drop from August (429) but an increase when compared to July (354). The number of patients discharged home improved at 80.75%, an increase from August(77.86%), although Surgical SDEC has been challenged with 7-day reattends into the service reflecting a significant increase and reaching 40 in September (35 in August and 16 in July). Additionally, the average wait in ED tipped slightly over the 4-hour target sitting at 4.13 hours however it is noted that the average wait across Q2 reflected an average of 3.41 hours. Work is underway in recognition of the challenges the service is facing with focus being given to management of the number of ‘bring back’ patients and improvement of flow. It should also be noted that challenges arising from the limited footprint and access to senior decision makers has a limiting impact on improvement.

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Integrated Quality and Performance Report



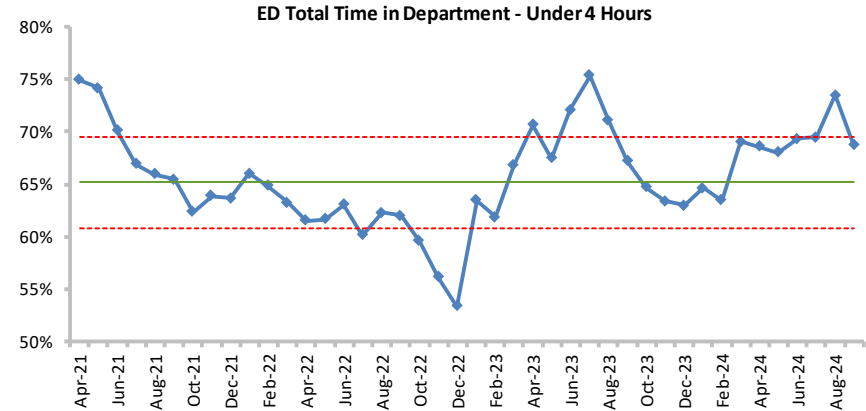
Reporting Month: September 2024

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
<p>Actions (continued):</p>	<p>Weston SDEC:</p> <ul style="list-style-type: none"> • In September SDEC activity increased to 764, an average of 25 per day, equating to 17% of ED attendances in total. • 487 patients were referred to SDEC from ED (11% of attendances). • 196 patients were seen in Surgical SDEC which was a slight deterioration from 224 Surgical attendances in August. • The admission rate for SDEC remains low at 7%. Missed SDEC opportunity review underway to identify any additional pathways that could be managed via SDEC. • Work on establishing a frailty SDEC is ongoing with and expected start date of December 2024. <p>Medical SDEC - BRI:</p> <ul style="list-style-type: none"> • Medical SDEC continues to deliver a 70-hour weekday and 24-hour weekend service, compliant with standard. • There has been a significant increase in activity seen in SDEC over the last two years. On average, SDEC saw 739 patients each month in 2023/24, an increase of 38% from an average of 535 patients each month in 2022/23. During 2024/45 SDEC has seen 717 patients (on average) each month. • SDEC saw 626 patients in September, which is a 3% increase from August (609). • The service saw 8% of front door attendances and 25% of patients on the medical take; the admission rate reduced to 21% from 26% in August, and the average length of stay in SDEC decreased to 4 hours 30 minutes in September. • The service continues to work on increasing the number of direct referrals from community and ambulance referrals into SDEC. September saw 43 ambulance referrals, an increase from August where we saw 36. <p>Key aims:</p> <ul style="list-style-type: none"> • Complete NHS England Self-assessment Tool for SDEC to identify opportunities for improvement. • Increase data accessibility on the SDEC dashboard . • Continued review of inappropriate activity within SDEC with movement of 2nd infusions to the weekend, to release clinic capacity in the week. • Increase direct referrals from the community – consider local implementation of Consultant Connect telemedicine system to better facilitate referral pathways. • Continue to monitor incomplete discharge summaries on the unit as we have seen an increase with the new rotation of doctors. • Review of SDEC SOP to set out expectations of time before a patient needs to be reviewed by a specialty if brought back to the unit by that specialty.
<p>Risks:</p>	<p>Corporate Risk 910 - That patients in BRI ED do not receive timely and effective care (20)</p>

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

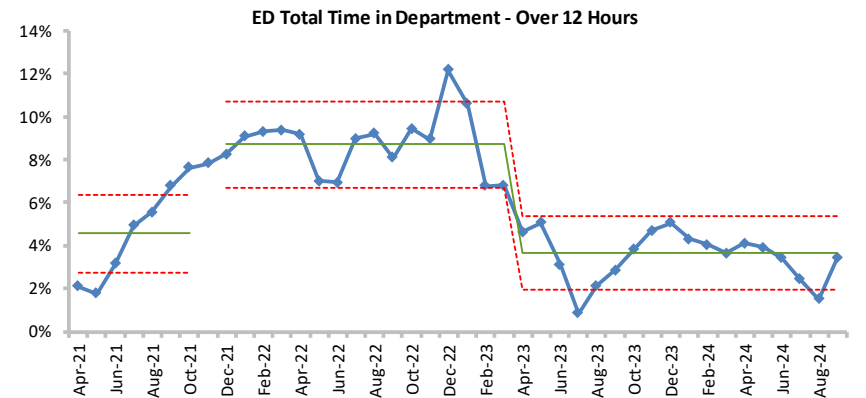
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	Sep-24	2024/25	2023/24
Bristol Royal Infirmary	49.5%	52.9%	54.2%
Bristol Children's Hospital	83.2%	83.8%	75.6%
Bristol Eye Hospital	93.9%	94.7%	95.7%
Weston General Hospital	72.7%	69.9%	65.9%
UHBW TOTAL	68.7%	69.5%	67.6%



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

12 Hour Performance	Sep-24	2024/25	2023/24
Bristol Royal Infirmary	5.2%	4.2%	5.0%
Bristol Children's Hospital	0.3%	0.3%	1.5%
Bristol Eye Hospital	0.0%	0.0%	0.0%
Weston General Hospital	5.1%	5.5%	5.7%
UHBW TOTAL	3.4%	3.1%	3.7%



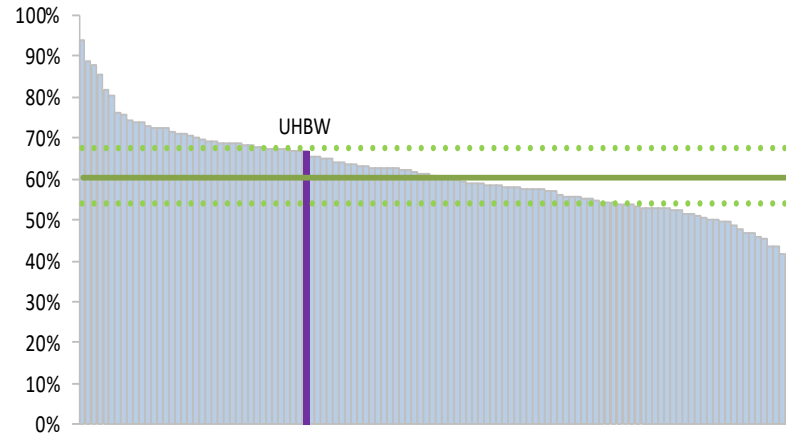
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Reporting Month: Quarter 2

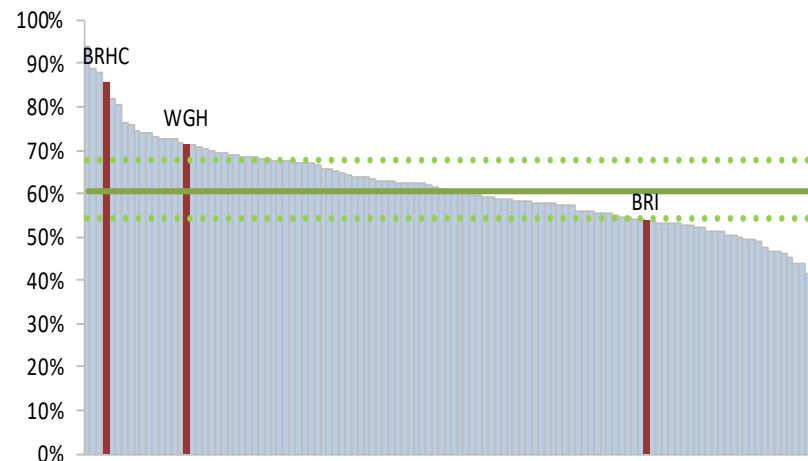
STANDARD

EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

Benchmarking - Type 1 ED 4 Hour Performance 2024/25 Quarter 2



Benchmarking - Type 1 ED 4 Hour Performance 2024/25 Quarter 2



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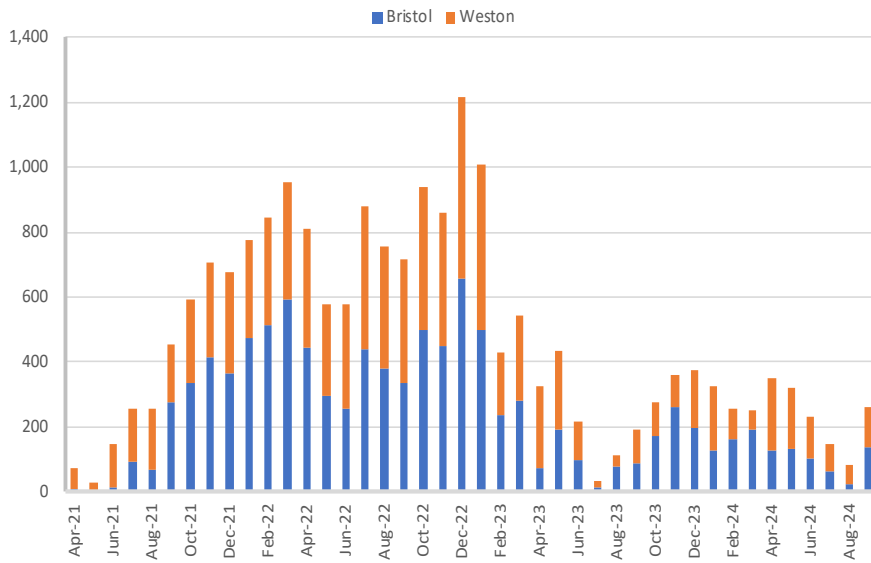
Reporting Month: September 2024

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

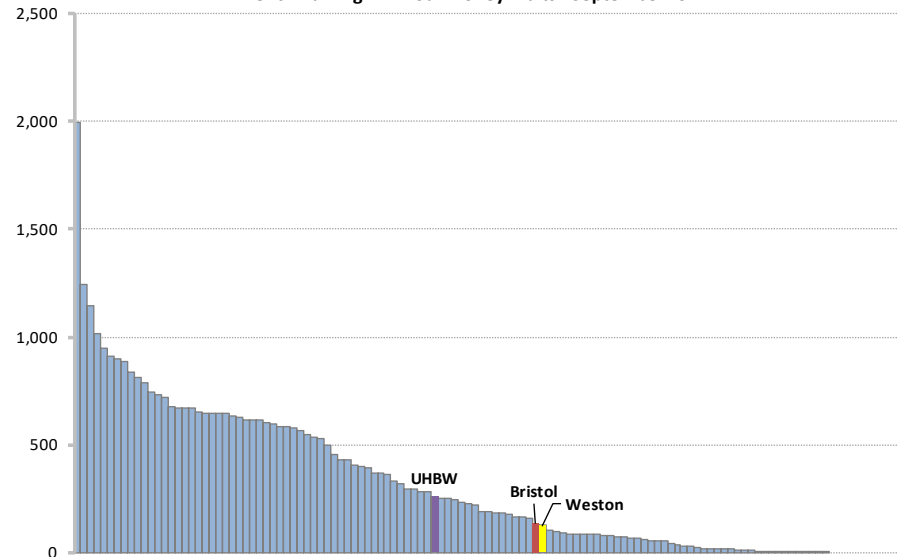
12 Hour Trolley Waits – Admitted Patients Who Spend 12+ Hours from Decision To Admit (DTA) Time to Admission Time

	2022/2023												2023/2024												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	May	Jun	Jul	Aug	Sep
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	131	104	61	23	137
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	190	126	85	59	124
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	321	230	146	82	261

12 Hour Trolley Waits Per Month



Benchmarking - 12 Hour Trolley Waits - September 2024



Integrated Quality and Performance Report



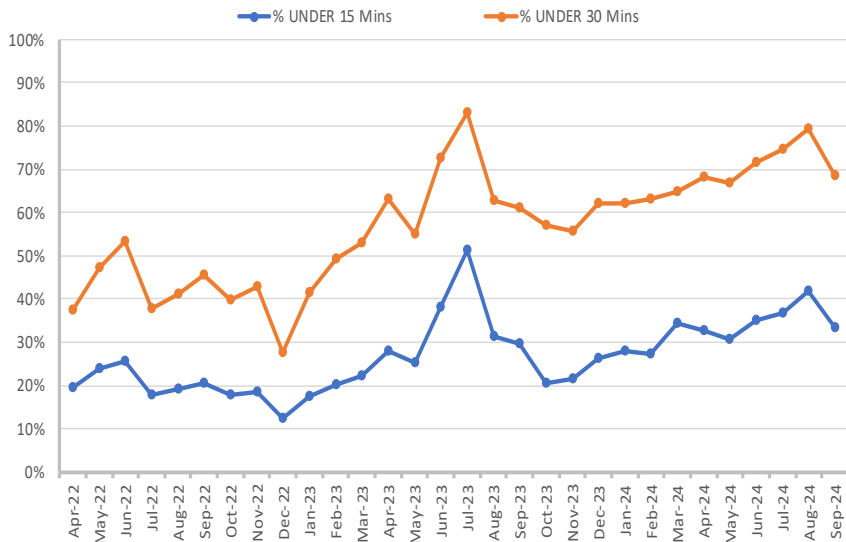
Reporting Month: September 2024

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

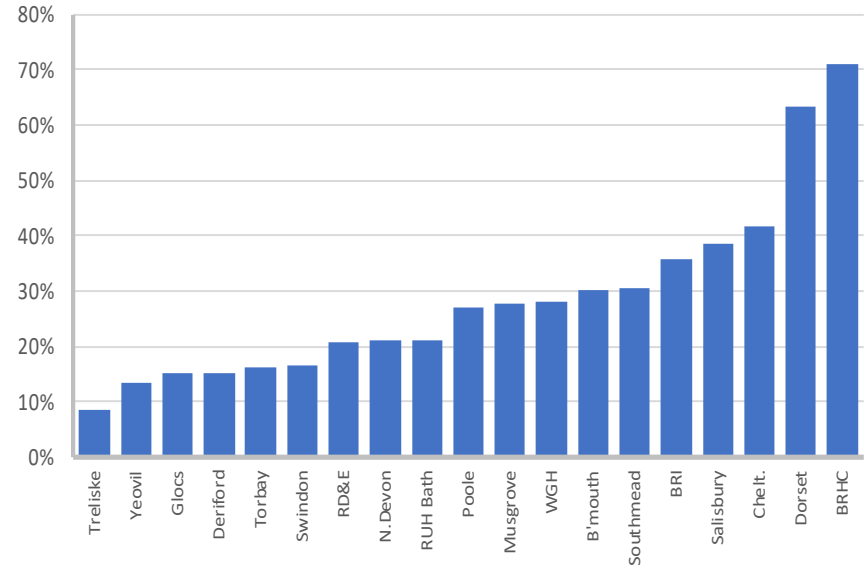
Ambulance Handovers

Sep-24							
	Total Handovers	Under 15 Mins	% Under 15 Mins	Under 30 Mins	% Under 30 Mins	Average Handover Time (Minutes)	Total Hours Above 15 Mins
Bristol Royal Infirmary	2,453	720	29.4%	1,496	61.0%	37.7	974
Bristol Children's Hospital	464	322	69.4%	429	92.5%	15.2	24
Weston General Hospital	928	244	26.3%	714	76.9%	29.6	238
UHBW Total	3,845	1,286	33.4%	2,639	68.6%	33.1	1,236

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



Percentage of Handovers Under 15 Minutes - September 2024

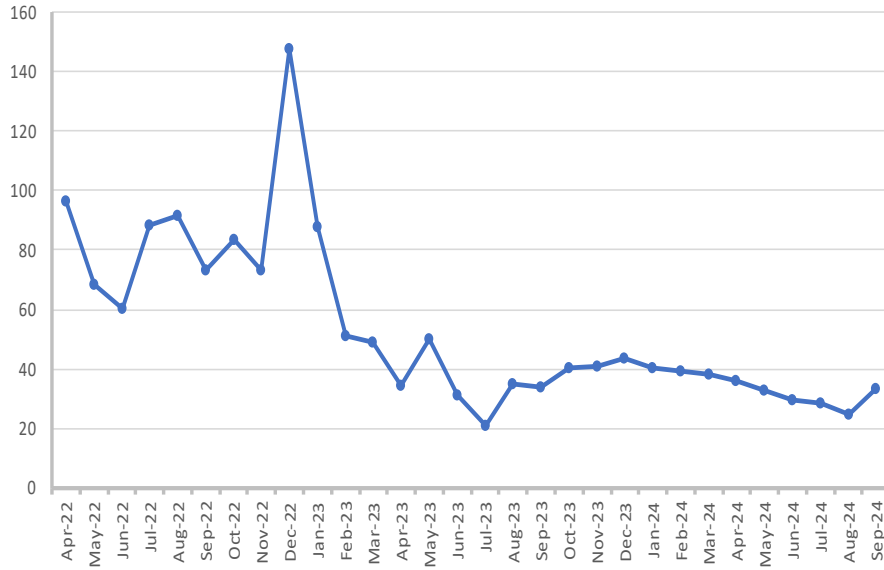


STANDARD

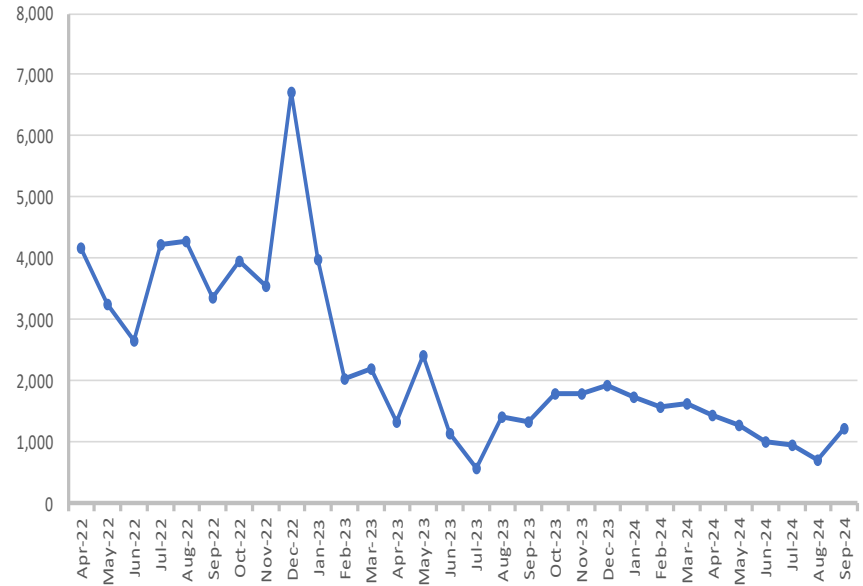
EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

Ambulance Handovers (continued)

Average Handover Time (Minutes)



Hours Lost: Handovers over 15 Minutes



Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD	EVERY MINUTE MATTERS
<p>Background:</p>	<p>The Every Minute Matters (EMM) programme has four work streams.</p> <ol style="list-style-type: none"> 1. Implementation of the SAFER bundle – including Estimated Date of Discharge EDD: A bundle of principles that advocates best practice in optimising flow. It includes early senior review, flow of patients from admission units to downstream wards before 10am, timely discharges and daily review of all patients with a length of stay greater than seven days. 2. Proactive Board Rounds: Focuses on implementing daily board rounds with a consistent structure that proactively progresses adult patients towards safe, timely discharge through effective multidisciplinary collaboration. 3. Criteria to Reside: Comprises 11 nationally defined criteria to ensure patients who require acute care are in the most appropriate bed. The criteria identify where patients no longer require acute care and can be discharged safely to their home or within the community. 4. Optimising use of the Discharge / Transition Lounge: Optimising the use of the discharge lounge so that it is embedded as a routine part of the inpatient pathway - freeing acute beds early for new unplanned admissions and elective activity.
<p>Performance:</p>	<ol style="list-style-type: none"> Percentage of patients with a “timely discharge” (before 12 noon). September had 16.9% of patients discharged before 12 noon (-0.3% when compared to August). The SAFER bundle standard is to achieve 33%, though the Trust are reviewing this as there is no longer evidence that this produces a "best in class" outcome. Using the Patient First methodology, the focus is on timely discharge to identify actions which will bring the discharge curve forwards. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In September 28.6% of eligible discharges went through the Weston or BRI Discharge Lounges, compared to 25.0% in August. This was 811 patients, averaging 38.6 patients per working day (excluding bank holidays). <ol style="list-style-type: none"> BRI achieved 28.9%, with 592 patients. This averages to 28.2 patients per working day (excluding bank holidays). Weston achieved 27.9% with 219 patients. This averages to 10.4 patients per working day (excluding bank holidays). At the end of September there were 186 No Criteria To Reside (NCTR) patients in hospital: 114 in Bristol and 72 in Weston. During September, 5,125 bed days were consumed by NCTR patients (1 bed day = 1 patient in bed at 12midnight). This gives a daily average number of patients with no criteria reside of 171 (71 at Weston and 100 at Bristol). This is equivalent to saying 171 beds, on average, were occupied each day by NCTR patients. For September, the NCTR bed days occupied 19.4% of the total occupied bed days.

STANDARD	EVERY MINUTE MATTERS
<p>Actions:</p>	<p>Timely Discharge</p> <p>Key priorities for Every Minute Matters (EMM) programme include:</p> <ul style="list-style-type: none"> • Proactive Board Rounds (PBR): business as usual for PBR includes observational reviews of board rounds by the EMM team, with feedback and coaching provided to support improvement. PBR are also observed as part of the Clinical Accreditation Programme with feedback and improvement plans integrated into this process. • Pathway 0 delays: current work on No Criteria to Reside reporting will continue and will support additional focus on delays in discharging patients via pathway 0 (routine discharges to patient's usual place of residence) • Wardview rationalisation and governance: Rollout of Wardview whiteboards at Weston is scheduled for 4th November. • Criteria Led Discharge (CLD): CLD resources and guidance are being updated and should be available by the end of October to support wider implementation ahead of Winter pressures. • Discharge Lounge: cross-site discharge lounge working group continue to explore improvement ideas to support Winter pressures. Review underway of capacity potential for Bristol Royal Hospital for Children's discharge waiting area. • Every Minute Matters strategy review: with the new Clinical Lead now in post, we have reviewed our portfolio of work to agree timings to move some workstreams to business as usual or completion. Scoping for work over the next three months to review opportunities for improvements in out of hours and weekend discharge planning. <p>Proactive Hospital Improvement Coach supported work:</p> <ul style="list-style-type: none"> • Interprofessional standards: Interprofessional standards work has been reframed to a 3-phase approach. Phase 1 focussed on enabling projects (ED to CT pathway review, Specialty referrals). • Specialty pathways review: incorporated as part of phase 1 of the IPS work. TORs drafted; ED specialty CAS card audit data collected. • ED/Radiology pathways: data collection now completed, and value stream mapping work is underway.

Integrated Quality and Performance Report



Reporting Month: September 2024

STANDARD	EVERY MINUTE MATTERS
<p>Actions (continued):</p>	<p>No Criteria To Reside (NCTR) and Transfer of Care Hub (ToCH)</p> <p>A significant focus for the Transfer of Care Hubs is transformation and improvement, with the following initiatives underway:</p> <ul style="list-style-type: none"> • The number of bed days associated with the ten longest waiting patients remaining in hospital who no longer require acute care has decreased from 1,063 in January to 617 in September. Efforts are ongoing to sustain and further reduce NCTR bed days. • Discharge To Assess (D2A) are working with external consultancy Whole Systems Partnerships (WSP) to develop a demand and capacity modelling tool. The Trust achieved a 25% reduction in Length of Stay (LoS) against Local Government Association baseline, saving 128 beds across the BNSSG acute bed base and we continue to work together with our partners to deliver the 25% length of stay stretch target across all pathways. • LoS across all pathways continues to improve with the exception of a slight dip in P2 performance. • As part of the Discharge and Flow recovery plan, The Integrated Care System (ICS) has procured additional capacity for care at home (P1), care in short term rehab units (P2) and care home capacity (P3) in a bid to support flow from hospital to the community and enable acute capacity for acute care. At present, ten P3 beds have been sourced by Bristol City Council, four South Gloucestershire beds and four North Somerset beds. P1 and P2 additional capacity remains the plan but not currently available. • The Home First Team has prioritised supporting the Trust to deliver improvements in timely discharge through the Golden Patient initiative ultimately supporting length of stay reduction and achievement of the ED 4-hour target. Timely discharges per month across all pathways have fluctuated within a range of 17% to 21% since April 23, Holding above 18% since May 24. • Golden Patient rollout has extended to seven wards (BRI) with significant clinical engagement which has resulted in two wards remaining above the 33% target since 5th August 2024 to date. Another ward had a baseline position of 13% and within two weeks of focussed work was subsequently achieving 67%. Weston has implemented Golden Patient across all wards. • The team have implemented a more detailed coding structure for all NCTR patients to provide more granularity which will provide us with better visibility of delays either internal or external. • The team will be developing operational processes to manage this new data to reduce delays with a refreshed escalation plan to minimise non-value adding days in patients' pathways.
<p>Risks:</p>	<p>n/a</p>

Integrated Quality and Performance Report

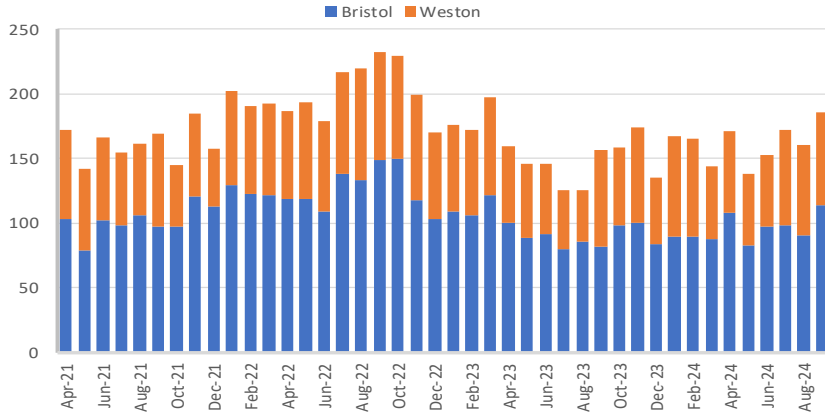


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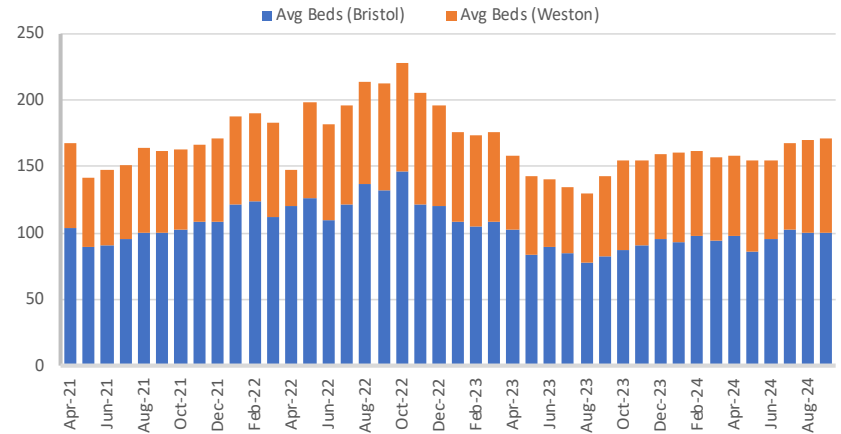
Reporting Month: September 2024

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

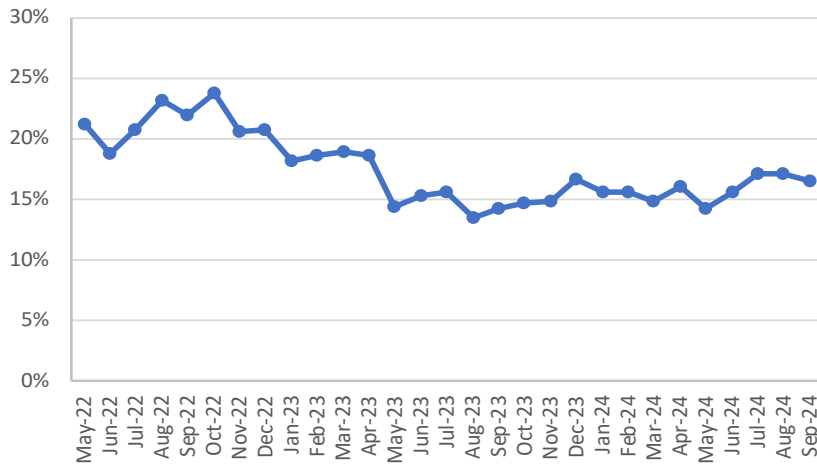
Number of Patients - Last Thursday in the Month



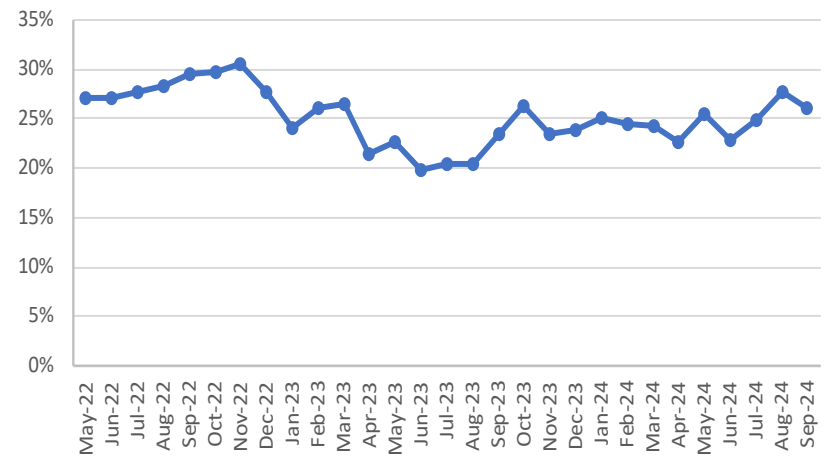
Average Number of Beds Occupied by NCTR Patients



NCTR Beddays as Percentage of All Beddays - Bristol



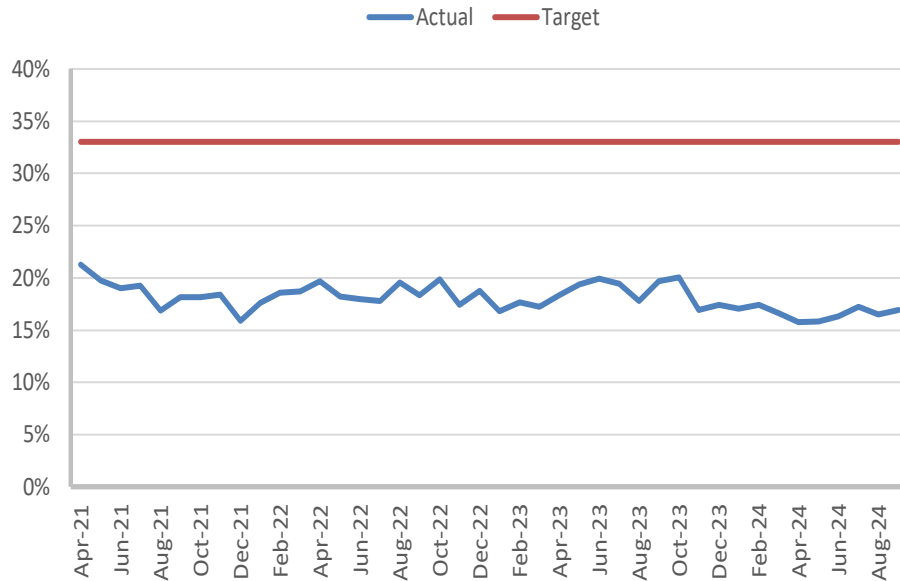
NCTR Beddays as Percentage of All Beddays - Weston



STANDARD EVERY MINUTE MATTERS - TIMELY DISCHARGE

Timely Discharge (Before 12 Noon)

Timely Discharges as a Percentage of all Discharges

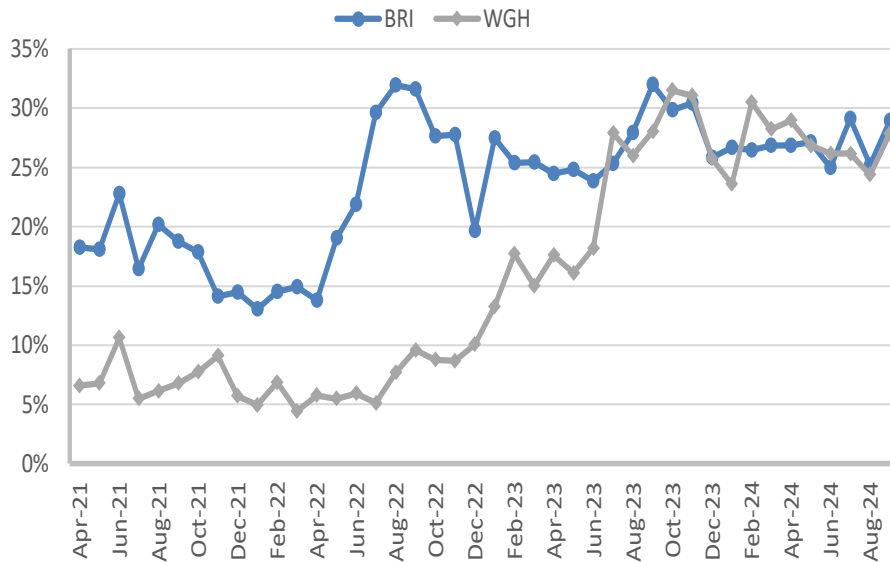


Summary of High Volume Specialties - September 2024

	Total Discharges	% Before Noon
Cardiac Surgery	109	2.8%
Cardiology	298	14.1%
Clinical Oncology	76	10.5%
Colorectal Surgery	78	12.8%
ENT	90	15.6%
Gastroenterology	100	17.0%
General Medicine	579	25.0%
General Surgery	281	8.2%
Geriatric Medicine	219	27.9%
Gynaecology	153	15.7%
Ophthalmology	72	30.6%
Paediatric Surgery	76	22.4%
Paediatrics	191	17.3%
Thoracic Medicine	149	12.8%
Trauma & Orthopaedics	192	18.8%
Upper GI Surgery	38	28.9%
UHBW TOTAL	3,776	16.9%

Discharge Lounge Use Summary

Percentage of Discharges Through the Discharge Lounge



Summary of High Volume Specialties - September 2024

	BRI	WGH	TOTAL
Accident & Emergency	9.1%	3.8%	7.0%
Cardiac Surgery	82.3%	-	82.3%
Cardiology	52.7%	25.0%	51.2%
Colorectal Surgery	30.8%	14.3%	29.2%
ENT	9.3%	-	9.3%
Gastroenterology	19.4%	24.6%	22.6%
General Medicine	27.2%	33.2%	29.8%
General Surgery	9.5%	20.3%	11.9%
Geriatric Medicine	46.2%	30.6%	42.7%
Hepatobiliary and Pancreatic Surgery	35.7%	-	35.7%
Maxillo Facial Surgery	4.0%	-	4.0%
Thoracic Medicine	23.1%	26.8%	24.5%
Thoracic Surgery	18.7%	-	18.7%
Trauma & Orthopaedics	18.2%	41.6%	27.3%
Upper GI Surgery	20.7%	50.0%	24.2%
UHBW TOTAL	28.9%	27.9%	28.6%

2024/25 YTD Income & Expenditure Position

- Net I&E deficit of £6,603k against a breakeven plan. The reduced deficit from £7,710k last month is because funding for industrial action costs of £1,072k has now been received.
- Total operating income is £9,128k ahead of plan due to higher than planned income from activities (£7,784k) and other operating income (£1,344k).
- Total operating expenditure is £17,505k adverse to plan due to higher than planned non-pay costs at £9,676k and higher than planned pay expenditure at £7,673k. Financing costs combined are £1,251k favourable to plan.

Key Financial Issues

- *Recurrent savings delivery below plan* – YTD CIP delivery is £13,326k, behind plan by £6,778k or 34%. Recurrent savings are £8,474k, 42% of plan.
- *Delivery of elective activity below plan* – elective activity must be delivered in line with plan. The cumulative YTD value of elective activity is £4.0m behind plan, a deterioration of £0.7m in September. A continuation of the YTD performance could result in a total loss of income of up to c£9.0m and would result in the Trust failing to meet the financial plan.
- *Failure to deliver the financial plan* – failure to deliver the savings and ERF requirement and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention. A forecast outturn assessment and System Peer Review has taken place during September per the BNSSG System Financial Forecast Outturn Change Protocol. The System has agreed that the break-even plan remains deliverable.

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: September 2024

Trust Year to Date Financial Position

	Month 6			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	90,234	95,515	5,281	543,296	551,080	7,784
Other Operating Income	9,886	9,422	(464)	59,316	60,660	1,344
Total Operating Income	100,120	104,938	4,818	602,612	611,740	9,128
Employee Expenses	(59,618)	(61,537)	(1,919)	(357,708)	(365,381)	(7,673)
Other Operating Expenses	(36,015)	(38,096)	(2,081)	(218,043)	(227,719)	(9,676)
Depreciation (owned & leased)	(3,395)	(3,395)		(20,304)	(20,460)	(156)
Total Operating Expenditure	(99,028)	(103,028)	(4,000)	(596,055)	(613,560)	(17,505)
PDC	(1,210)	(1,215)	(5)	(7,260)	(7,257)	3
Interest Payable	(247)	(220)	27	(1,482)	(1,362)	120
Interest Receivable	292	498	206	1,752	2,880	1,128
Net Surplus/(Deficit) inc technicals	(73)	972	1,045	(433)	(7,559)	(7,126)
Remove Capital Donations, Grants, and Donated Asset Depreciation	73	135	62	433	956	523
Net Surplus/(Deficit) exc technicals	0	1,107	1,107	0	(6,603)	(6,603)

Key Facts:

- In September, the Trust delivered a £1,107k surplus against a plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £6,603k (£7,710k at M5) against a breakeven plan. The Trust is therefore £6,603k adverse to plan. The cumulative YTD net deficit is 1.1% of total operating income.
- Significant variances in the year-to-date position include: the value of elective income behind plan by £4,036k, a shortfall on savings delivery of £6,778k and £3,745k of pay pressures relating mainly to nursing and medical staff.
- YTD pay expenditure at the end of September is £7,673k higher than plan as higher than planned medical staffing and nursing costs continue to cause concern across some divisions with continuing high pay costs in total across substantive, bank and agency staff.
- Agency expenditure in month is £886k, compared with £1,242k in August. Bank expenditure reduced in month to £4,308k, from £4,772k in August.
- Total operating income is higher than plan by £9,128k. The shortfall in ERF is offset by higher than planned pass-through payments and additional other operating income.
- The financial position of the clinical divisions, excluding industrial action funding allocated in September, is a deterioration of £1,229k in September, to a YTD overspend against budget of £13,749k or 2.8%.
- The most significant variances to budget in percentage and absolute terms are in the two Divisions in financial escalation: Surgery (£4,295k or 4.3%); and Women's & Children's (£6,826k or 6.2%).