

Welcome to UHBW's Annual Members Meeting 2022/23

Agenda

| | | |
|--------|-----|---|
| 5.15pm | 1. | Welcome and introductions – Jayne Mee, Chair of University Hospitals Bristol and Weston NHS Foundation Trust |
| | 2. | Minutes of the previous meeting – Jayne Mee, Chair |
| 5:20pm | 3. | Independent Auditors’ Report – Jonathan Brown and Duncan Laird, KPMG |
| 5:25pm | 4a. | Presentation of Annual Report & Accounts for 2022/23 – Eugene Yafele, Chief Executive and Neil Kemsley, Chief Financial Officer |
| 5.55pm | 4b | Highlights from the Quality Report for 2022/23 – Deirdre Fowler, Chief Nurse and Midwife |
| 6.15pm | 5. | Governor/Membership Report – Mo Phillips and Janis Purdy |
| 6.25pm | 6. | Patient First – Guest speakers – Paula Clarke, Executive Managing Director Weston General Hospital |
| 6.55pm | 7. | Q&A with the Trust Board – Jayne Mee, Chair |



Auditor's Annual Report 2022/23

University Hospitals Bristol & Weston NHS Foundation Trust

27 June 2023

Key contacts

Your key contacts in connection with this report are:

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This report is addressed to University Hospitals Bristol & Weston NHS Foundation Trust (the Trust) and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

Summary

Introduction

This Auditor's Annual Report provides a summary of the findings and key issues arising from our 2022-23 audit of University Hospitals Bristol & Weston NHS Foundation Trust (the 'Trust'). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:

Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).

Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.

Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.

Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

| | |
|------------------------|---|
| Accounts | <p>We issued an unqualified opinion on the Trust's accounts on 27 June 2023. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust.</p> <p>We have provided further details of the key risks we identified and our response on page 6.</p> |
| Annual report | <p>We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust.</p> <p>We confirmed that the Governance Statement had been prepared in line with the DHSC requirements.</p> |
| Value for money | <p>We are required to report if we identify any significant weaknesses in the arrangements the Trust has in place to achieve value for money.</p> <p>We have nothing to report in this regard.</p> |
| Other reporting | <p>We did not consider it necessary to issue any other reports in the public interest.</p> |

Accounts Audit

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

| Risk | Findings |
|--|---|
| <p><i>Valuation of land and buildings</i></p> <p>Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with a 'modern equivalent asset'.</p> <p>The Trust engages an expert valuer to provide a valuation of land and buildings at year end.</p> | <p>We did not identify any material misstatements relating to this risk.</p> <p>We considered the estimate to be balanced based on the procedures performed to challenge key assumptions within the valuation, including the use of relevant indices and assumptions of how a modern equivalent asset would be developed.</p> |
| <p><i>Fraudulent expenditure recognition</i></p> <p>Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. We recognised this risk over the completeness of non-pay expenditure at year end.</p> | <p>We completed substantive testing including reviewing transactions around the period end to confirm the correct recognition criteria, investigating a sample of variances within the Agreement of Balance exercise and performing sample testing of accruals made at year end to identify potential high risk transactions, which were then agreed to supporting documentation.</p> <p>We identified a misstatement relating to an accrual for additional pension contributions which has been corrected by management.</p> |
| <p><i>Management override of controls</i></p> <p>We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.</p> | <p>Our audit methodology incorporates the risk of management override as a default significant risk.</p> <p>We assessed the design and implementation of controls over the posting of journals including post-closing adjustments. We also selected journals that were considered high risk, through applying specific risk based criteria, to test and agreed these journals to supporting documentation.</p> <p>We did not identify any material misstatements or raise any recommendations relating to this risk.</p> |

Value for money

Introduction

We consider whether there are sufficient arrangements in place for the Trust for each of the elements that make up value for money. Value for money relates to ensuring that resources are used efficiently in order to maximise the outcomes that can be achieved.

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

Further details of our value for money responsibilities can be found in the Audit Code of Practice at Code of Audit Practice (nao.org.uk).

Matters that informed our risk assessment

The table below provides a summary of the external sources of evidence that were utilised in forming our risk assessment as to whether there were significant risks that value for money was not being achieved:

| Source | Detail |
|-----------------------------------|--|
| Care Quality Commission rating | The last CQC inspection maintained the Trust's overall rating as Good. |
| Single Oversight Framework rating | The Trust, along with the rest of BNSSG ICS, is allocated to segment 3. |
| Governance statement | There were no significant control deficiencies identified in the governance statement. |
| Head of Internal Audit opinion | Significant assurance that there is a generally sound system of internal control. |

Commentary on arrangements

We have set out on the following pages commentary on how the arrangements in place at the Trust compared to the expected systems that would be in place in the sector.

Summary of findings

We have set out in the table below the outcomes from our procedures against each of the domains of value for money:

| Domain | Risk assessment | Summary of arrangements |
|---|---------------------------------|--------------------------------------|
| Financial sustainability | No significant risks identified | No significant weaknesses identified |
| Governance | No significant risks identified | No significant weaknesses identified |
| Improving economy, efficiency and effectiveness | No significant risks identified | No significant weaknesses identified |

Value for money

Financial sustainability

Description

This relates to ensuring that the Trust has sufficient arrangements in place to be able to continue to provide its services within the resources available to it.

We considered the following areas as part of assessing whether sufficient arrangements were in place:

- How the Trust sets its financial plans to ensure services can continue to be delivered;
- How financial performance is monitored and actions identified where it is behind plan; and
- How financial risks are identified and actions to manage risks implemented.

Commentary on arrangements

Whilst the Trust was funded to a break even position during covid, the revised arrangements require more robust financial management. The introduction of an Integrated Care system (ICS) break even target also increased the pressure on the Trust to deliver a strong financial performance to contribute to the wider system position.

University Hospitals Bristol & Weston NHS Foundation Trust (UHBW) is a member of the Bristol, North Somerset and South Gloucestershire (BNSSG) ICS, and, as a part of the ICS, shares responsibility for any deficit across the system. For 2022/23, the system reported that the ICS delivered a surplus of £0.3m against a planned breakeven position.

The initial 2022/23 financial plans were constructed based on appropriate local and national planning assumptions. Divisions are asked to review their financial positions and identify current year cost pressures, which are then included in divisional operating plans. The Trust's Senior Leadership Team signs off the approved investments for inclusion in the final financial plan prior to review and approval from the Finance and Digital Committee (FDC) and Trust Board.

A Cost Improvement Plan (CIP) target of £22.3 million was assigned when planning for 2022/23, split between £14.9 million of Trust savings and £7.4 million of system savings. At year end, £15.8 million of Trust savings had been achieved (although only £6.4 million of this was considered to be recurrent) but no system savings had been delivered as the Trust took the decision to maintain bed capacity. The reliance on non-recurrent funding creates additional pressures on future years. Whilst we acknowledge the challenges to deliver recurrent savings, the Trust should ensure there remains a focus on these rather than non-recurrent items.

We found effective arrangements for the alignment of financial, workforce and operational plans. During the financial planning process, medium/long term plans are aligned to the budgets which are approved by budget holders. Budget holders also have joint ownership of workforce and operational plans, which ensures alignment of key planning documents within the Trust.

We found that the Trust has an appropriate reporting framework in place. The financial performance of the Trust is reported each month to the Finance and Digital Committee with identification of risks within the position. There was evidence of discussion and challenge by the Committee. A summary report is then provided to Board.

The Trust has identified the financial risk relating to the funding of the Trust's strategic capital programme on the Strategic Risk Register reported to the Audit Committee and the Board. The risk recognises that Trust's 2023/24 revenue plan is break-even, however, the Trust's underlying or recurrent deficit is estimated at £55m and mitigation of this position will require action with an agreed three-year Financial Recovery Plan.

Value for money

Governance

Description

This relates to the arrangements in place for overseeing the Trust's performance, identifying risks to achievement of its objectives and taking key decisions.

We considered the following areas as part of assessing whether sufficient arrangements were in place:

- Processes for the identification and management of strategic risks;
- Decision making framework for assessing strategic decisions;
- Processes for ensuring compliance with laws and regulations;
- How controls in key areas are monitored to ensure they are working effectively.

Commentary on arrangements

We consider the Trust to have effective processes in place to monitor and assess risk. The Trust's Board Assurance Framework is formed of two elements: assurance around the achievement of the Trust's strategic objectives; and, assurance that any risks to the achievement of the strategic objectives are being adequately mitigated or controlled. The second element is addressed by the Strategic Risk Register, which is reviewed by the Risk Management Group, the Senior Leadership Team and reported quarterly to the Audit Committee and then the Trust Board.

This is supplemented by the Corporate Risk Register, which contains those significant risks identified as having a potential impact on the Corporate Objectives, including risks identified at Divisional level. A 5 x 5 scoring matrix is used by the Trust to score risks. Through our attendance at Audit Committees, we have observed effective challenge provided by Non-Executive Directors.

The effectiveness of internal controls is monitored by the Audit Committee, through reporting from Internal Audit and Local Counter Fraud. The programme of work for each organisation is approved at the start of the financial year by the Audit Committee, following input by the lead director. Any recommendations raised by Internal Audit or the Local Counter Fraud teams are reported to the Audit Committee. Our attendance at Audit Committee and review of the Audit Committee papers confirmed that there were appropriate discussions and follow up of recommendations for both Internal Audit and Local Counter Fraud.

The Trust has numerous policies which clearly outline the expected behaviour of staff members in relation to areas such as Gifts and Hospitality, Whistleblowing Policy and Managing Conflicts of Interest. All policies have been approved in line with their review requirements. These policies continued to apply throughout the period.

The Trust has a staff code of conduct and staff handbook in place, as per the standards of conduct and business behaviour policy. Specific guidance is in place for teams and managers via standards of behaviour for these roles. Overall compliance with legislation, laws & regulations is monitored by an annual review of license conditions reported to Board. A register of interests is in place together with a policy for gifts and hospitality. The Trust conducts regular monitoring on new entries to the register with these taken for review to the Audit Committee.

Key strategic decisions are made via the Trust's governance process. A scheme of delegation is in place which sets out where different decisions/approvals should take place. Key decisions are made through management and escalation processes for such matters at divisional operational, executive management and Board level. The Standing Financial Instructions and Scheme of Delegation provide guidance for authorisation limits and responsibility for decision making.

Value for money

Improving economy, efficiency and effectiveness

| Description | Commentary on arrangements |
|---|---|
| <p>This relates to how the Trust seeks to improve its systems so that it can deliver more for the resources that are available to it.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> ▪ The planning and delivery of efficiency plans to achieve savings in how services are delivered; ▪ The use of benchmarking information to identify areas where services could be delivered more effectively; ▪ Monitoring of non-financial performance to assess whether objectives are being achieved; and ▪ Management of partners and subcontractors. | <p>Cost Improvement Plan (CIP) performance is managed and monitored via monthly meetings with each division and also review at the Trust's Cost Savings Delivery meeting chaired by the Director of Finance and attended by Divisional Directors, Finance managers and various other Executive Directors and Heads of corporate services, allowing the Trust to assess the level of value for money being achieved.</p> <p>Operational Performance is monitored through the weekly Operational Performance Group and monthly through the Finance and Digital Committee, and bi-monthly through the Board. A detailed Integrated Performance Report has been developed to ensure all key metrics are reported through to the Board. Our review of Board minutes and the weekly operating performance group reports found an appropriate level of review and challenge.</p> <p>The Trust forms part of the BNSSG ICS and members of the Board and Leadership team are integrated within the governance of the system. The Trust's Chief Executive is the joint lead for the Healthier Together BNSSG ICS and are reports to the Board via the CEO's update. The activities of the ICS are monitored by the Healthier Together Chief Executive Group, the Healthier Together Director of Finance Group and the Healthier Together Deputy Director of Finance Group. This ensures the Trust is integrated into key system decisions and feeds back to the Trust via relevant Board, Committee and operational/clinical meetings. Planning is performed at an ICS level as well as considering the individual entities that make up the ICS, with the aim of achieving financial sustainability at a system level, although there also remains a focus on achieving financial balance at a organisational level.</p> <p>A breakeven plan for 2023/24 for the BNSSG ICS was submitted in March but this includes significant challenges and savings not yet identified.</p> |



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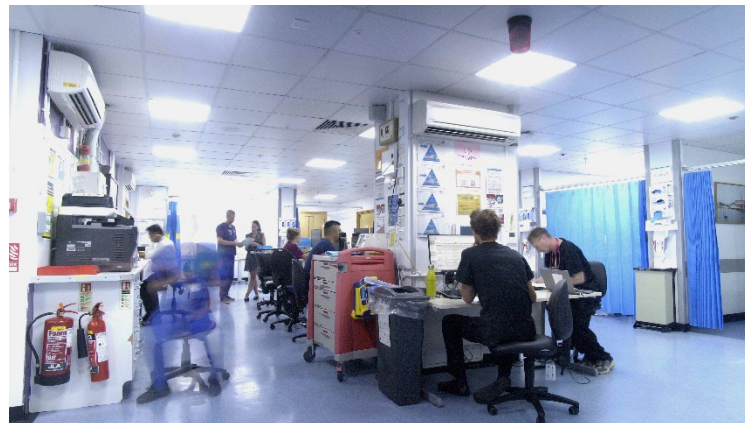
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2022/23 Annual Report

Professor Eugene Yafele
Chief Executive

2022-23

- Pressure
- Progress
- Pride
- People
- Patient First



We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Inspected and rated

Good



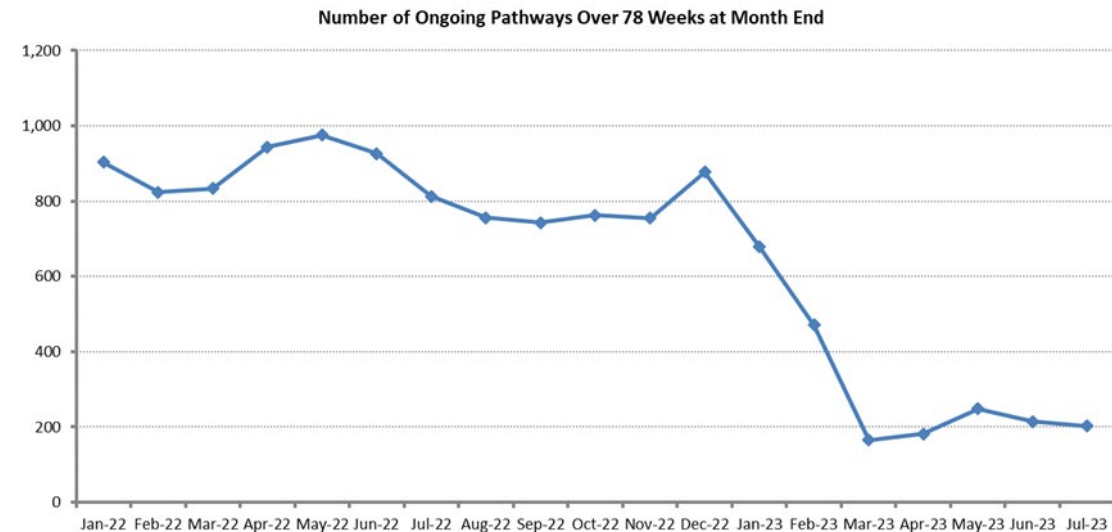
Performing under pressure

- Industrial Action
- Winter Pressures
- Increase in Emergency Department attendance - 193,471
- Tackling discharge and flow - £6.35m ICS investment including:
 - Every Minute Matters
 - Expansion of SDEC



Progress – treatment waiting times

- Eliminated 104 week waits
- 82% reduction in number of patients waiting 78 weeks
- 178 patients waiting 62+ days on GP suspected cancer pathway
- Diagnostic waiting times improving
- £3.7m investment in 2 surgical robots



Pride – success and innovation

- Weston General Hospital's improved CQC rating – 3/5 areas assessed now rated Good
- BRI ED ranked 9th in 2022 National Urgent and Emergency Care Survey
- ECMO Service
- Alright my Liver?
- ED Hepatitis C pilot
- AccessAble guides



Pride – industry recognition



Oncology volunteer, Hilary Emery, who was given both a Queen's Platinum Jubilee award and a Platinum Champion volunteer award for her invaluable work at Weston General Hospital's Haematology & Oncology Day Unit.

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Research Matron Nic Manning and Paediatric Research Sister Helen Pluess-Hall were both awarded places on the National Institute for Health and Care Research Senior Research Leaders programme.



Sustainability Team won the Decarbonisation Project Award at the Energy Management Awards.



Diagnostic Assessment Hub Project team won The Future NHS Award in the South West Parliamentary Awards.



Supporting our people

Financial Wellbeing



VIOLENCE REDUCTION TEAM

Have you experienced violence, aggression, verbal abuse, disorder or criminal damage at work?

We can help

The Violence Reduction team is here to:

Support

- Contact
- Listen
- Advise



Review

- Assess
- Plan
- Respond



Investigate

- Explore
- Gather
- Collaborate



Flexible Working



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Suicide Prevention

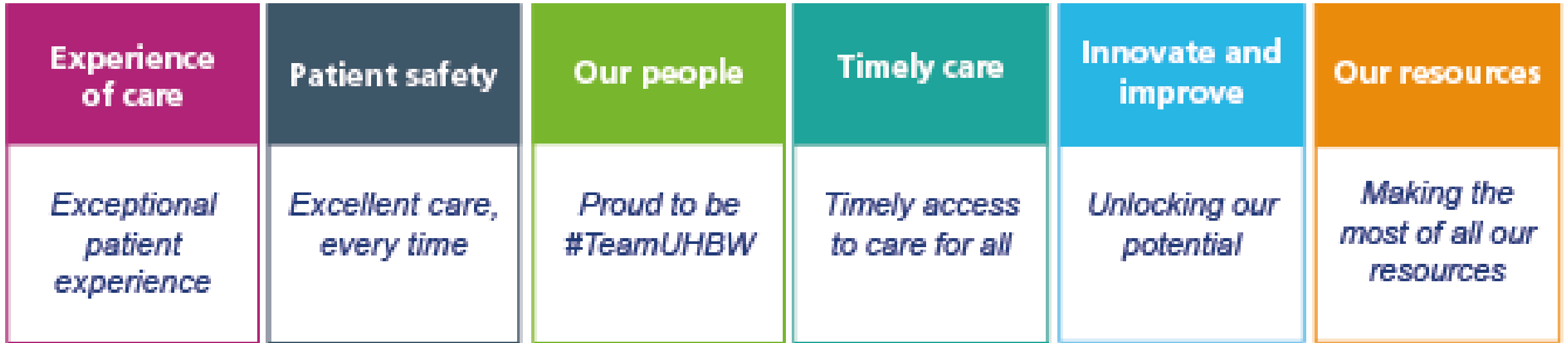


Inspected and rated

Good



Looking into the future – Patient First



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2022/23 Annual Accounts & Financial Performance

Neil Kemsley
Chief Financial Officer

Setting the Context

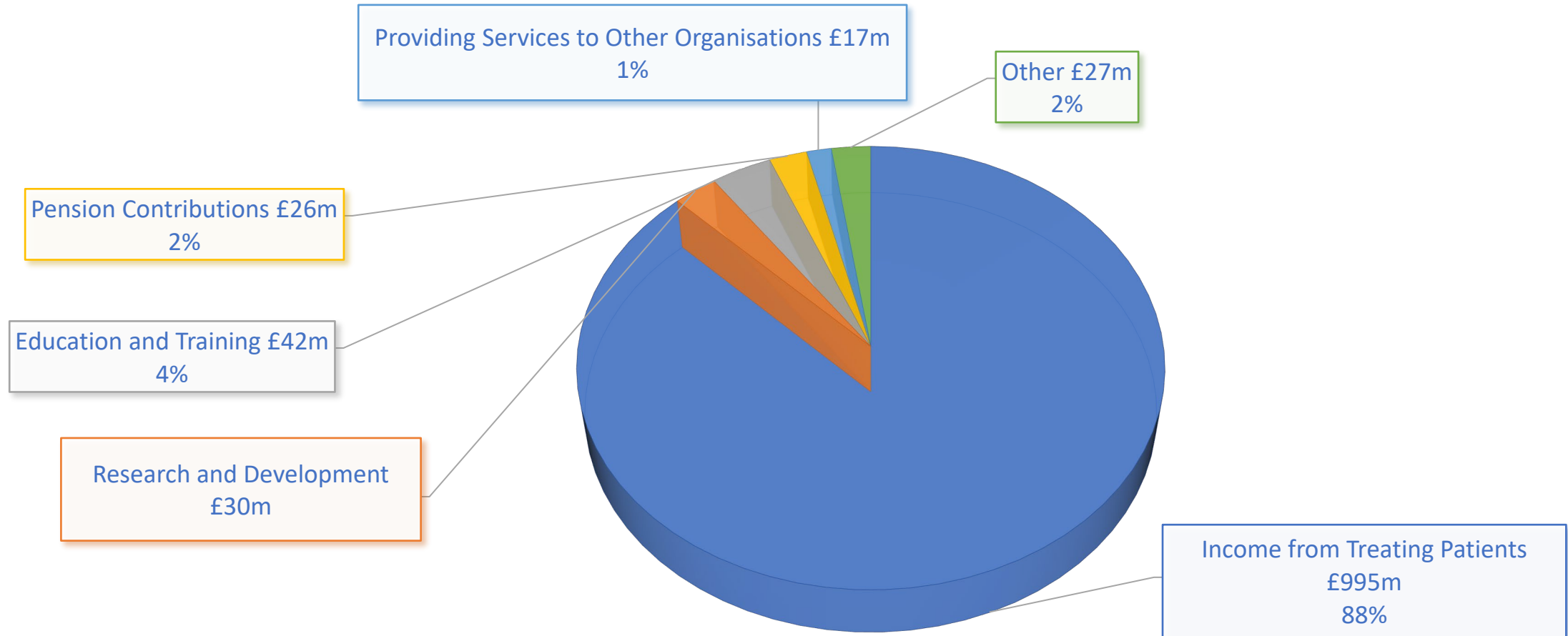
- Similar to 2021/22 - emphasis on financial balance at both system and organisation level
- Funding available to incentivise recovery of elective activity back to 2019/20 volumes
- Continued support for on-going costs of the Pandemic but significantly lower than 2021/22
- Increased focus on productivity and cost control
- Continued expectation that systems return to funding levels set out in the NHS Long Term Plan

2022/23 Overview

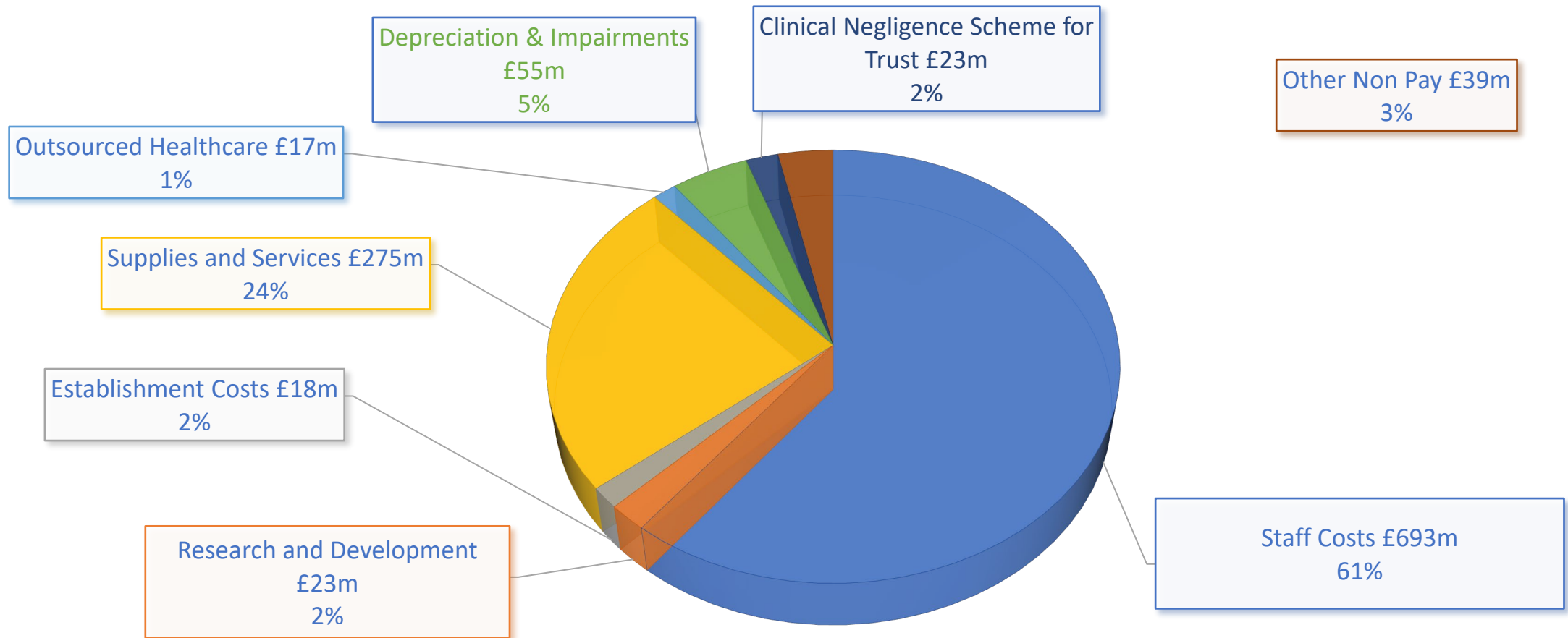
| Metric | Plan (£m) | Actual (£m) | Variance (£m) |
|-----------------------|-----------|-------------|---------------|
| Income | 1,040 | 1,137 | 97 |
| Expenditure | (1,028) | (1,143) | (115) |
| Core Surplus | 12 | (6) | (18) |
| Allowable Adjustments | (12) | 6 | 18 |
| Surplus/(Deficit) | 0 | 0 | 0 |
| Savings Delivery | 15 | 16 | 1 |
| Cash at End of Year | 130 | 128 | (2) |
| Capital Investment | 65 | 60 | (5) |

- Unqualified audit opinion
- 20th year of breakeven or better (before technical items)
- Achieved the system capital allocation (CDEL) of £54m

Income £1,137m

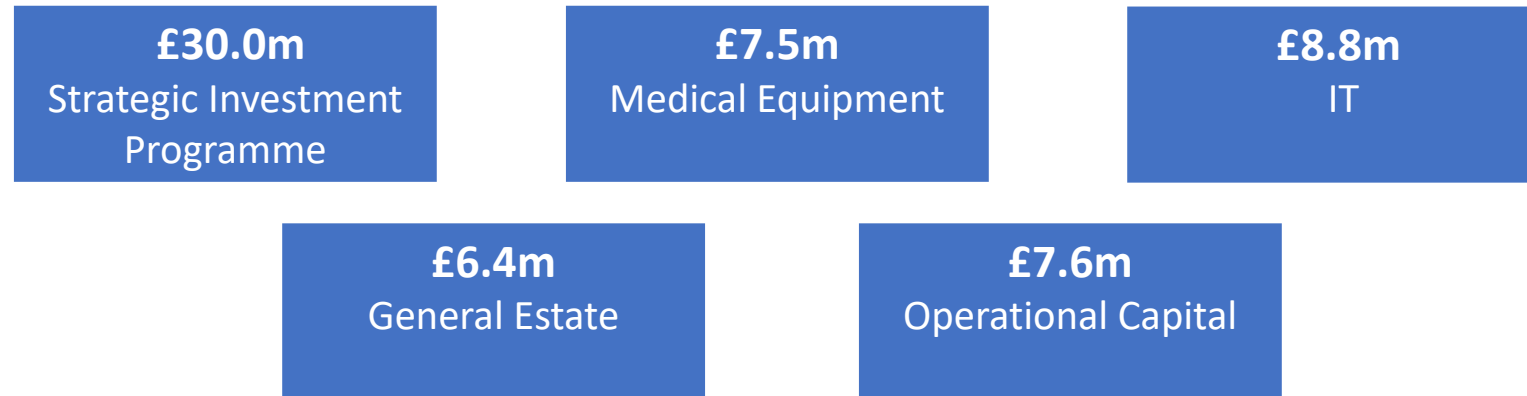


Expenditure £1,143m



Capital Investment

➤ Capital spend of £60.3m includes:



❖ Total investment of £231m since 2019/20

❖ Further £54m planned for 2023/24

Capital Investment Highlights

£11.9m

Purchase of Bristol
Dental Hospital

£3.7m

Two Surgical
Robots to support
improved
outcomes for
patients and
increase capacity
for elective activity

£7.5m

Medical equipment
to support increase
in elective activity
to pre-pandemic
levels

£7.3m

Expansion and
development of
adult intensive care
facilities

2023/24 – Forward View

- Two-year system funding envelope for revenue and capital
- Re-introduction of variable payments for elective activity
- Ambitious Trust and system plan with stretching financial, activity and performance targets
- Renewed focus on elective recovery, productivity improvement and recurrent savings delivery
- Need to identify and deliver on new financial improvement and productivity opportunities
- Expectation of a breakeven position at organisation and system level, with a reduction in the underlying deficit

Quality Account 2022/23

Prof. Deirdre Fowler
Chief Nurse and Midwife

Outline of Presentation

Looking back:

- Corporate quality objectives 2022/23
- Clinical accreditation

Looking ahead:

- Corporate quality objectives 2023/24
- Patient First

Looking back: Corporate quality objectives 2022/23

- Board decision in Spring 2022 to roll forward two existing objectives:
 - Delivering the NHS Patient Safety Strategy (Year 2)
 - Improving patient experience of discharge from hospital (Year 2)
- And add three new ones:
 - Developing and delivering a new vision for post-pandemic volunteering
 - Developing a new Trust strategy for Healthcare Inequalities, with a focus on Equality Diversity & Inclusion for patients and communities
 - ‘Waiting Well’

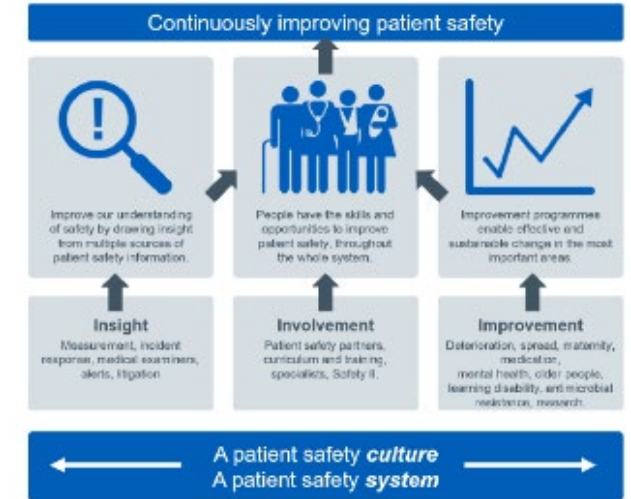
2022/23 Objectives

Delivering the NHS Patient Safety Strategy (Year 2)



Goals for 2022/23 achieved

- Patient Safety Incident Response Plan (PSIRP) produced
- Centralised patient safety incident investigation team recruited
- Patient Safety Partners (lay members) successfully recruited
- National Patient Safety Syllabus training available for staff and Level 1 mandated for all new UHBW staff
- New resources to support a 'Just and Restorative' learning response to incidents have been launched, including a podcast



2022/23 Objectives

Improving patient experience of discharge from hospital (Year 2)

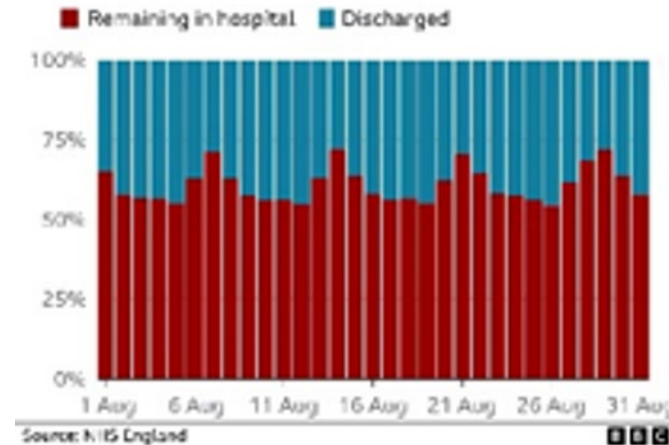


Goals for 2022/23 achieved

- 40 inpatient wards have completed 12-week '**Every Minute Matters**' programme, focussing on releasing time and enabling most effective use of time
- Improving weekend discharge – learning from BRI weekend discharge event (also replicated in Weston) with multi-disciplinary input, including support from NHS@Home
- Criteria Led Discharge – using clinical parameters to guide discharge planning
- Estimated Date of Discharge – focus on timely discharge for patients anticipated to be ready for discharge within next three days
- Transfer of Care Document – encouraging integrated working across health and social care

More than half of patients ready to leave hospital are not discharged

Daily figures for English hospitals, August 2022



2022/23 Objectives

Developing and delivering a new vision for post-pandemic volunteering

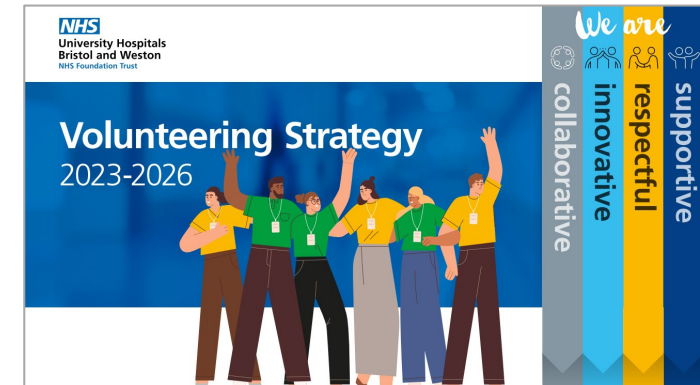


Achieved

We have agreed four goals we will deliver over the next three years:

- Create a vibrant and varied volunteering programme that mirrors the rich diversity of our communities
- Develop innovative roles that put the patient and staff experience at the forefront of what we do
- Embed our volunteering programme as a visible and valued part of #TeamUHBW
- Unlock the potential of volunteers, with opportunities that reward and recognise their value

https://www.uhbristol.nhs.uk/media/4352988/uhbw_volunteer_strategy_2023-2026.pdf



2022/23 Objectives

Waiting Well

Goals for 2022/23 achieved



- Health Matters 'Waiting Well' event inviting patients, staff, public to talk about concerns and ways of managing expectations. Key feedback themes to tackle include frustration, worry and feeling abandoned.
- Received presentation from VitaHealth to help us consider how best to signpost patients to mental health / talking therapies support.
- Launch of Waiting Well webpage on Trust's internet site – provides information for patients about waiting for their hospital appointment, how to keep well while they wait, and preparing for surgery. It also signposts patients to other sources of information including the national My Planned Care website, our pre-procedure optimisation (prehabilitation) services, and our AccessAble guides to our hospitals <https://www.uhbw.nhs.uk/p/about-us/waiting-for-your-appointment-or-procedure>
- Prototype model developed for communication with patients
- Pilot assessment of use of C2Ai tool to prioritise patients and aid pre-operative optimisation of patients awaiting surgery



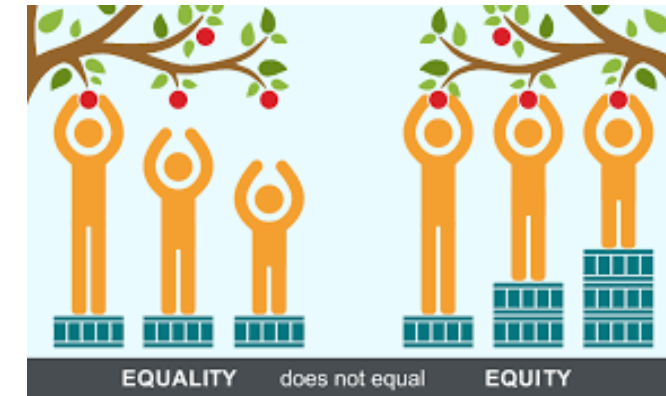
2022/23 Objectives

Developing a new Trust strategy for Healthcare Inequalities, with a focus on Equality Diversity & Inclusion for patients and communities

Achieved

We have agreed five objectives we will deliver over the next two years:

- Improve access to, experience of and outcomes from our services
- Collaborate with the Integrated Care System to tackle health inequalities
- Foster organisational capability, creating the foundation to drive forwards our health equity programme
- Build the confidence and skills of our people to meet the needs of our diverse patient population
- Develop patient EDI data and intelligence to inform planning and priority setting



Clinical Accreditation

- New in 2022/23
- Systematic monitoring, assessing and improvement of quality of care given at ward or department level
- 143 standards grouped around core quality and leadership themes
- 66 clinical areas reviewed in 2022/23
- 'Gold' accreditation achieved in 7 areas; 'Silver' in all others
- Variation in clinical practice identified and reduced, releasing more time for staff to focus on direct patient care
- An opportunity for clinical teams to show they are proud to care and to celebrate their achievements
- Assurance for our patients that we are striving for excellence
- Multi-professional assessment teams have felt engaged, increasing their job satisfaction and connection to front-line care

Corporate Quality Objectives 2023/24

- We are rolling forward three existing objectives:
 - Delivering the NHS Patient Safety Strategy (Year 3)
 - Improving patient experience of discharge from hospital (Year 3)
 - Waiting well (Year 2)
- Plus, new Patient First objectives for patient safety and experience of care:
 - Improving experience of care through better communication
 - Effective and timely recognition, escalation and response to improve the care of patients whose condition is at risk of deteriorating

Governors' and Membership Report

Mo Phillips – Lead Governor

Janis Purdy – Public Governor

Who are Governors?

DIALOGUE WITH THE COMMUNITY AND STAFF

MANAGING THE BUSINESS



MEMBERS COUNCIL OF GOVERNORS

CHAIR

BOARD OF DIRECTORS OPERATIONAL SERVICES

Members of the public, patients and staff

Works with the Board of Directors

CHAIRS THE TRUST BOARD AND THE COUNCIL OF GOVERNORS

Made up of Executive Directors and Non-executive Directors

Manages the business and day-to-day running of the Trust



We are
supportive
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innovative
collaborative.
We are UHBW.

Inspected and rated

Good



What do governors do?

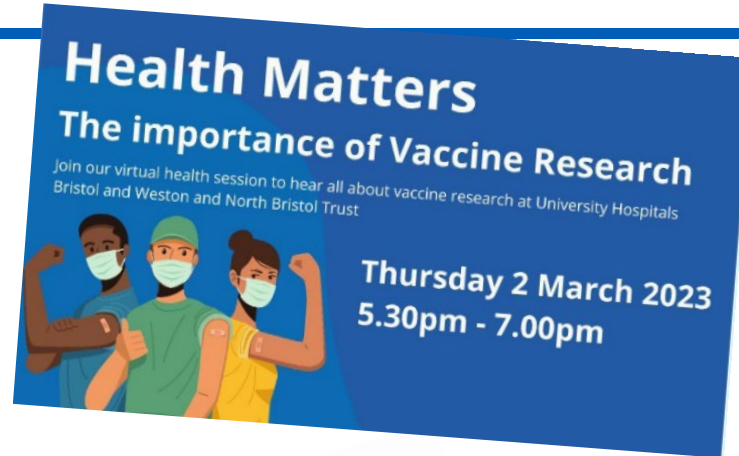
- Discussion with Non-Executive Directors and Executive Directors – asking questions, challenging and clarifying;
- Giving views on changes and appointments at the Trust;
- Decision-making e.g. appointment of NEDs, Chair and Chief Executive, Business Cases and changes to the Trust Constitution;
- Monitoring progress of the Membership Strategy.

What have Governors done in the last 12 months?

- Approved changes to the Trust Constitution, the Marlborough Hill Strategic Business Case, and appointment of Non-executive Directors;
- Received the closure of the Integration of University Hospitals Bristol and Weston Area Health Trust Report;
- Received updates on the financial plans for the financial year, the Quality Objectives for 2022-2023, and heard from various departments within the Trust on key challenges and successes;
- Heard from the Corporate Governance Team on the progress against the Membership Strategy for 2020-2023;
- Discussed with Non-executive Directors various 'hot topics' including equality and diversity, wellbeing, performance metrics and digital presence;
- Received a tour from the Sustainability Team to hear about green objectives and initiatives.

What else do Governors do?

Health Matters
events



Monthly
membership
e-newsletter



Attendance at
Trust events



We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Hospital
Walk-rounds



PLACE
inspections



Training and
development



Our Current Membership

- 3,743 public members and 15,681 staff members (06/09/2023).
- 61% of our public members have an email address linked to their account and receive monthly newsletters on the work of the Trust and an introduction from a Governor.
- Membership remains broadly **representative** of the population that we serve. Analysis takes place annually.
- The Trust continued to implement the objectives of its 2020-23 Membership Strategy in the year - engaging with members and updating membership data.

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respectful
innovative
collaborative.
We are UHBW.



Inspected and rated

Good



2024-2027 Membership Strategy

Objectives in the 2024-2027 membership strategy will include:

- Raising awareness of the membership with Integrated Care System partners by utilising new networks;
- Communicating and engaging with harder to reach areas of the community to boost membership;
- Continuing to have the voice of our members heard through the Trust and the Board of Directors;
- Developing the role of the Governor to meet and exceed the statutory duties to support our members.



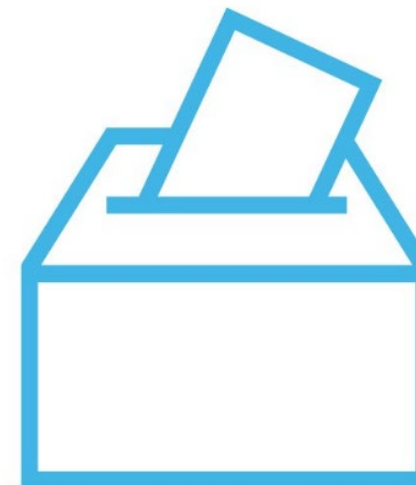
Governor Elections Report 2023

- Elections took place March-May 2023 for 11 governor seats.
- One seat was uncontested (South Gloucestershire), and one was unfilled (Staff – Medical and Dental).
- New Public Governors took up office in June 2023.
- A new appointed governor for the Joint Union Committee also took up office in June 2023.
- There were no elections planned for 2024; although the team are planning for an extraordinary election to fill the unfilled seat from the latest election and one seat in the Public – Rest of England and Wales Constituency.

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#TeamUHBW



Key focus for Governors going forward into 2023/24



University Hospitals
Bristol and Weston
NHS Foundation Trust

- **Wellbeing support** for all staff along with **staff retention initiatives**.
- **Patient discharges**.
- **Membership Strategy** and the actions required to meet objectives.
- **Integration and collaboration** with other stakeholders within the **Integrated Care System** and its impact on local issues.
- **Digital advances**.
- **Patient First**.

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Patient First

Patients at the heart of everything we do

A sustainable approach to continuous improvement for UHBW

Paula Clarke, Executive Managing Director

What does a 'Patient First' Trust look like?

Not just tools and routines... it's a mindset



**Involves
Everyone**



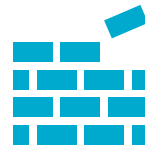
**Better
Focus**



**A Culture of
Improvement**



**Provides
Structure**



**Builds on
Strengths**



**Supportive
Leadership**

Experience of care

| Experience of care | |
|--|--|
| <i>Exceptional patient experience</i> | |
| Our vision: <i>What do we aspire to?</i> | Together, we will deliver person-centred, compassionate and inclusive care every time, for everyone. |
| Our goal: <i>What does that look like?</i> | We will be in the top 10% of NHS organisations for providing an outstanding experience for all our patients as reported by them and as recognised by our staff. |
| Our 3-5 year target: <i>How will we know we are getting there?</i> | 98% or more of inpatients will rate their care as good or above. Feedback will be representative of the patients we care for. We will be in the top 10% of non-specialist acute trusts: for staff recommending our organisation for treatment of a friend or relative. |
| Our 12 month breakthrough objective: <i>What will move us forward fastest?</i> | We will improve experience of care through better communication. |
| Our measure: <i>How will we monitor progress against our breakthrough objective?</i> | Monthly inpatient and maternity surveys. |

Patient safety

| Patient safety | |
|--|--|
| <i>Excellent care, every time</i> | |
| Our vision: <i>What do we aspire to?</i> | Together, we will consistently deliver the highest quality, safe and effective care to all our patients. |
| Our goal: <i>What does that look like?</i> | Building on the many things we do well to keep our patients safe, we will reduce avoidable patient harm events - aspiring for zero avoidable harm, and further developing a “no blame” and “just culture.” |
| Our 3-5 year target: <i>How will we know we are getting there?</i> | 10% reduction in avoidable harm events year on year. |
| Our 12 month breakthrough objective: <i>What will move us forward fastest?</i> | Consistency in the early recognition of sepsis. |
| Our measure: <i>How will we monitor progress against our breakthrough objective?</i> | Quarterly review of harm events. |

Our People

| <p>Our people</p> <p><i>Proud to be #TeamUHBW</i></p> | |
|---|---|
| <p>Our vision:</p> <p><i>What do we aspire to?</i></p> | Together, we will make UHBW the best place to work. |
| <p>Our goal:</p> <p><i>What does that look like?</i></p> | We will improve the employment experience of all our colleagues to retain our valuable people. |
| <p>Our 3-5 year target:</p> <p><i>How will we know we are getting there?</i></p> | We will be in the top 10% of NHS organisations for staff recommending us as a place to work, a 5% improvement year on year. |
| <p>Our 12 month breakthrough objective:</p> <p><i>What will move us forward fastest?</i></p> | Staff turnover is no more than 14% in 2023/24 and our Divisions meet the staff group targets set. |
| <p>Our measure:</p> <p><i>How will we monitor progress against our breakthrough objective?</i></p> | <p>Trust and Divisional staff turnover data.</p> <p>Annual Staff Survey results.</p> |

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collaborative.
We are UHBW.



Timely Care

| Timely care | |
|--|---|
| Timely access to care for all | |
| Our vision: <i>What do we aspire to?</i> | Together, we will provide timely access to care for all patients, meeting their individual needs. |
| Our goal: <i>What does that look like?</i> | By streamlining flow & reducing variation we will eliminate avoidable delays across access pathways. |
| Our 3-5 year target: <i>How will we know we are getting there?</i> | A 10% year on year improvement in ambulance handover times as a measure of improved patient flow through our hospitals. |
| Our 12 month breakthrough objective: <i>What will move us forward fastest?</i> | 33% of our patients who are ready for discharge leave by 12 midday. |
| Our measure: <i>How will we monitor progress against our breakthrough objective?</i> | Monthly & quarterly review of ambulance handover data. |

Innovate and Improve

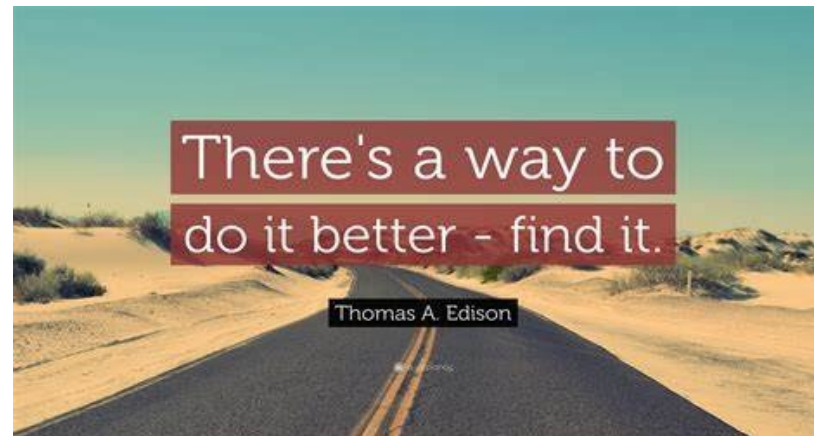
| Innovate & improve | |
|--|---|
| Unlocking our potential | |
| Our vision: <i>What do we aspire to?</i> | Together, we will drive improvement every day, engaging our staff and patients in research and innovative ways of working to unlock our full potential. |
| Our goal: <i>What does that look like?</i> | We will be in the top 10% of NHS organisations for our staff stating they can easily make improvements in their area of work. |
| Our 3-5 year target: <i>How will we know we are getting there?</i> | A 2% improvement year-on-year in staff reporting they are able to make improvements. |
| Our 12 month breakthrough objective: <i>What will move us forward fastest?</i> | Consistency in undertaking weekly fire evacuation checks in every division and department. |
| Our measure: <i>How will we monitor progress against our breakthrough objective?</i> | % of planned fire evacuation checks reported as completed Monthly analysis of fire evacuation checks received from fire wardens |

Our Resources

| Our resources | |
|--|---|
| Using our resources wisely | |
| Our vision: <i>What do we aspire to?</i> | Together, we will reduce waste and increase productivity to be in a strong financial position to release resources and reinvest in our staff, our services and our environment. |
| Our goal: <i>What does that look like?</i> | To achieve a 1% income and expenditure surplus from 2025/26 onwards, creating a recurrent source of funding for strategic investment. |
| Our 3-5 year target: <i>How will we know we are getting there?</i> | Year-on-year improvement to deliver a circa £10 million Income & Expenditure surplus. We will treat more patients with elective care needs, exceeding 2019/20 activity levels. |
| Our 12 month breakthrough objective: <i>What will move us forward fastest?</i> | No breakthrough objective in 2023/24. |
| Our measure: <i>How will we monitor progress against our breakthrough objective?</i> | Not applicable in 2023/24. |

Building a Continuous Improvement Culture

Building a continuous improvement culture is not a turnaround project or a quick fix, it's a journey which never really ends, requiring commitment, investment, persistence and leadership behaviours that enable and empower.



Removing the rocks in our shoes

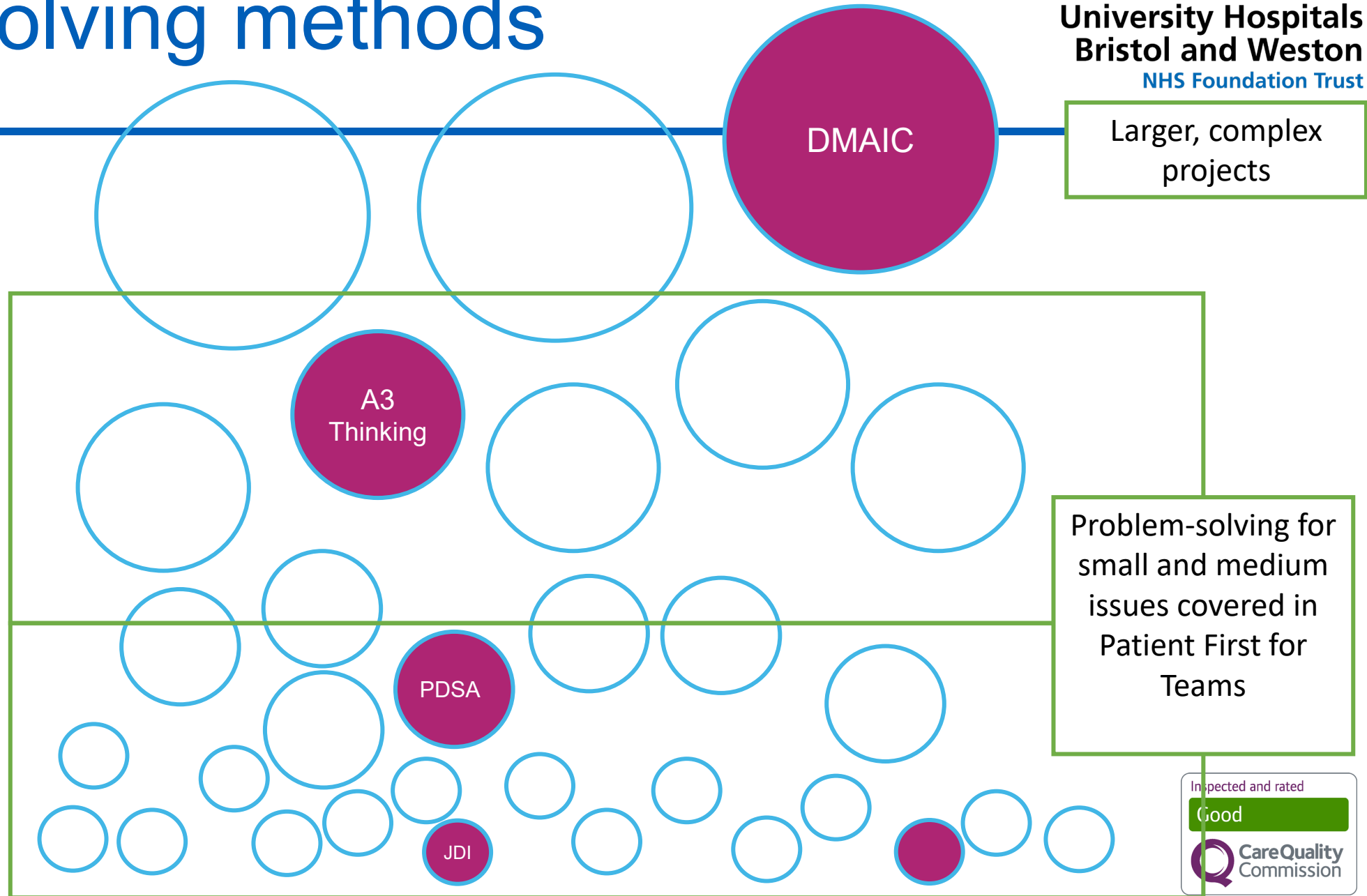
“It isn’t the
mountains to climb
that wears you out;
it’s the **pebble in
your shoe**”
Muhammed Ali

Problem solving methods

Large Issues-
Boulders

Medium Issues-
Stones

Small Issues -
Pebbles



Supporting our teams to improve and communicating improvements

Collaboration and teamwork



Improvement
huddles



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| UHBW DIVISIONAL SCORECARD: Medicine | |
|--|--|
| Jul-22 | |
| REFERRAL TO TREATMENT | |
| A06 Referral To Treatment Ongoing Pathways Over 52 | 487 493 600 488 563 593 |
| A10 Referral To Treatment Ongoing Pathways Over 65 | 236 250 295 183 201 199 |
| A06A Referral To Treatment Ongoing Pathways Over 78 | 70 57 53 47 44 66 |
| DIAGNOSTICS | |
| A05 Diagnostics Percentage Under 6 Weeks (15 Key Tc) | 71.08% 44.44% 32.03% 34.26% 63.76% 64% |
| A05J Diagnostics (15 Key Tests) Numbers Waiting 10- V | 24 33 223 119 49 60 |
| A05L Diagnostics (15 Key Tests) Numbers Waiting 26- W | 14 27 203 110 41 55 |
| CANCER (DIVISIONAL) | |
| E06A Cancer (Divisional) - 21 Day Treatment Standards | 94.1% 95.1% 89.3% 87.7% 93.2% 95.2% |
| E06B Cancer (Divisional) - 28 Day Faster Diagnosis Sta | 38.2% 48% 64.9% 84.6% 89.2% 80.7% |
| E06C Cancer (Divisional) - 14 Day Suspected Cancer St | 16% 8.5% 9.8% 7.6% 4.9% 4.8% |
| OUTPATIENTS: eRS | |
| BC02B Number on the A&I List Waiting 3+ Months | 583 570 451 512 623 63 |

Scorecards

How we communicate
performance against priorities

Progress
Boards

How we communicate our
improvements



Inspected and rated

Good

UHBW Improvement Examples



Ensuring a balance of information is available in shared waiting rooms for women awaiting scans for pregnancy, infertility, miscarriage or foetal anomalies



Paediatric MRI simulator rocket used by paediatric radiology to prepare children for scans

Scalp cooling machines used during chemotherapy at Weston Oncology and Haematology Unit



Relocation of Emergency Department welcome desk to enable faster booking in times and release of ambulance crews

Enabling parents to comfort and support their babies during hospital transfers, using a sling that has been specially adapted to allow kangaroo care style (cuddle).



What is A3 thinking?



A 9-step **problem-solving approach**



‘A3’ means a **summary** of your problem-solving and improvement must fit on a sheet of A3 paper.



But the focus is on the ‘Thinking’, which involves...



Staff **working together** to reach **agreement** about what the problem is and what to do about it




Data to help prioritise and improve



Finding the **root cause of the problem**, to prevent “band-aid” solutions



- Credible, sequential **problem-solving** approach, focused on getting to the root causes of a problem
- Uses **data** to prioritise improvement and drive decision making
- **Collaborative** to build consensus about the problem and improvement
- A3 is the size of paper, but the emphasis is on the **Thinking**

|  University Hospitals Bristol and Weston <small>NHS Foundation Trust</small> | Improvement Project A3 Title | A3 Lead | Start Date | Version | True North Alignment – Tick all impacted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | Experience of Care | Patient Safety | Our People | Timely Care | Innovate and Improve | Our Resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STEP 1: PROBLEM STATEMENT Background: Problem: Impact: | | STEP 4: TOP CONTRIBUTORS & ROOT CAUSES <table border="1"> <thead> <tr> <th>Contributor</th> <th>Root Cause</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | | | Contributor | Root Cause | | | | | | | | | | | | | | | | | | | | | STEP 7: SUMMARY ACTION PLAN <table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>When</th> <th>Complete</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | Action | Lead | When | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STEP 2: CURRENT SITUATION <div> </div> | | STEP 5: REFINED PROBLEM STATEMENT Background Problem: Impact: | | | STEP 8: PROGRESS & SUSTAIN <div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | STEP 6: OPPORTUNITIES & COUNTERMEASURES <table border="1"> <thead> <tr> <th>Root Causes</th> <th>Countermeasure</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | | | Root Causes | Countermeasure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STEP 3: GOAL and TARGET GOAL TARGET | | | | | STEP 9: INSIGHTS & IMPACT Project rating: /10. Outcome: <table border="1"> <thead> <tr> <th>Went well</th> <th>Do differently</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table> | | | | | Went well | Do differently | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Went well | Do differently | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Testimonials

“Patient First will enable us to standardise our approach and enable new opportunities to work in a different way whilst focusing on continuous improvement and learning through the process.

I hope we can give this the time it needs to embed and make it a success across the organisation.”

Bethany Shirt Deputy Director of Nursing – Bristol Royal Hospital for Children (BRHC)

Thank you and Questions