University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday, 14 May 2024 at 13.45 – 16.45 in St James' Court, Bristol

AGENDA

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
Preliminary Business				
1.	Apologies for Absence	Information	Chair	13.45 *25mins*
2.	Declarations of Interest	Information	Chair	
3.	Patient Story	Information	Patient and Public Involvement Lead	
4.	Minutes of the Last Meeting: **12 March 2024**	Approval	Chair	
5.	Matters Arising and Action Log	Approval	Chair	
Strategic				
6.	Chief Executive's Report	Information	Interim Chief Executive	14.10 *10mins*
7.	Annual Financial Plan and Operating Plan	Information	Chief Financial Officer, Chief Operating Officer and Director of Business Development	14.20 *20mins*
8.	Annual Sustainability Strategy and Annual Sustainability Reporting	Information	Chief Financial Officer	14.40 *10mins*
9.	Patient First Strategic Priority Projects Update	Information	Executive Managing Director, WGH	14.50 *10mins*
10.	Digital Strategy	Information	Joint Chief Digital Information Officer	15.00 *5mins*
Quality and Performance				
11.	Quality and Outcomes Committee – Chair's Report	Information	Chair of the Quality and Outcomes Committee	15.05 *10mins*

We are supportive respectful innovative collaborative. We are UHBW.

University Hospitals Bristol and Weston NHS Foundation Trust

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
12.	Experience of Care Strategy	Approval	Chief Nurse and Midwife	15.15 *10mins*
BREAK 15.25 – 15.35				
13.	Integrated Quality Performance Report	Information	Chief Operating Officer/Chief Nurse and Midwife/Chief People Officer/Chief Medical Officer	15.35 *15mins*
14.	Maternity Assurance Report (including Maternity Serious Incidents)	Information	Chief Nurse and Midwife	15.50 *10mins*
15.	Learning From Deaths Quarterly Reports – Q3	Information	Chief Medical Officer	16.00 *5mins*
Financial Performance				
16.	Finance, Digital & Estates Committee Chair's Report	Information	Chair of the Finance, Digital & Estates Committee	16.05 *10mins*
17.	Monthly Finance Report	Information	Chief Financial Officer	16.15 *10mins*
People Management				
18.	People Committee Chair's Report	Information	Chair of the People Committee	16.25 *10 mins*
Governance				
19.	Audit Committee Chair's Report	Information	Chair of the Audit Committee	16.35 *5mins*
20.	Annual Review of Directors' Interests	Approval	Director of Corporate Governance	16.45 *5mins*
21.	Governors' Log of Communications	Information	Director of Corporate Governance	16.50 *2mins*
Concluding Business				

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NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
22.	Any Other Urgent Business – *Verbal Update*	Information	Chair	16.52
23.	Date and time of next meeting • **Tuesday, 09 July 2024**	Information	Chair	

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 14th May 2024

Report Title	**What Matters to Me – a Patient Story**
Report Author	**Tony Watkin – Patient and Public Involvement Lead**
Executive Lead	**Deirdre Fowler – Chief Nurse and Midwife**

1. Purpose

Patient stories reveal a great deal about the quality of our services, the opportunities we have for learning, and the effectiveness of systems and processes to manage, improve and assure quality.

The purpose of presenting a patient story to Board members is:

- To set a patient-focussed context for the meeting.
- For Board members to understand the impact of the lived experience for patients and for Board members to reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which clinicians work.

2. Key points to note *(Including any previous decisions taken)*

Our ability to listen to, reflect and learn from an individuals lived experience is important in the Board's understanding of the impact of the experience of care on people and how we grow both as people and as an organisation. Telling those stories can be extremely powerful, emotional and part of a process of personal resolution and closure.

In this story, Verity will talk about her sister Sarah and share an account of the care her sister received at UHBW whilst waiting for surgery for a liver lesion. In February 2021 Sarah received a diagnosis of a liver lesion and, following scans and tests, was referred for possible surgery at UHBW in July 2021. Following consultations in August that year, it was deemed that the lesion was operable and surgery was offered at UHBW and booked for September 2021. This surgery date and four subsequent dates for surgery at UHBW were cancelled. Sarah underwent surgery at The Royal Free Hospital in November 2021. Following surgery further scans undertaken in January 2022 detected suspicious growths and the onset of multiple liver lesions. Sarah passed away in May 2023.

In sharing her story, Verity will ask the Board to reflect on the stress both her late sister and family were placed under whilst waiting for surgery; dealing with the practical, emotional and psychological impact of a series of cancellations; and as her

sister's prognosis deteriorated, personally researching the treatment options available to Sarah. Verity will impress on the Board the importance of transparent and clear lines of communication between clinicians, other healthcare staff, patients and next of kin at a time of intense anxiety. She will challenge the Board to take practical steps to improve practice and lobby for change where there are blocks in doing so.
3. Strategic Alignment
This work aligns to the True North Experience of Care strategic priority.
4. Risks and Opportunities
None.
5. Recommendation
This report is for Information • The Board is asked to **NOTE** the report
6. History of the paper **Please include details of where paper has <u>previously</u> been received.**
N/A

University Hospitals Bristol and Weston NHS Foundation Trust

BOARD OF DIRECTORS (IN PUBLIC)

Minutes of the meeting held on Tuesday, 12 March 2024 at 13.45 – 16.45 in Elim Church, Bristol

Present

Board Members

Name	Job Title/Position
Jayne Mee	Chair
Stuart Walker	Interim Chief Executive
Arabel Bailey	Non-Executive Director
Sue Balcombe	Non-Executive Director
Rosie Benneyworth	Non-Executive Director
Paula Clarke	Executive Managing Director, Weston General Hospital
Neil Darvill	Chief Digital Information Officer
Jane Farrell	Chief Operating Officer
Deirdre Fowler	Chief Nurse and Midwife
Bernard Galton	Non-Executive Director
Emma Glynn	Associate Non-Executive Director
Marc Griffiths	Non-Executive Director
Susan Hamilton	Associate Non-Executive Director
Neil Kemsley	Chief Financial Officer
Rebecca Maxwell	Interim Chief Medical Officer
Jane Norman	Non-Executive Director
Roy Shubhabrata	Non-Executive Director
Martin Sykes	Non-Executive Director
Emma Wood	Chief People Officer & Deputy Chief Executive

In Attendance

Matthew Areskog	Head of Experience of Care and Inclusion (for Item 17: Under 16 Cancer Patient Experience Survey)
Beth Calverley	Poet in Residence (for Item 3: Patient Story)
Emily Judd	Corporate Governance Manager (minutes)
Rachel Hughes	Divisional Director of Nursing (for Item 17: Under 16 Cancer Patient Experience Survey)
Nicola Nelson	Deputy Director of Midwifery and Nursing Women's Services (for Item 9: Maternity Updates)
Eric Sanders	Director of Corporate Governance
Tony Watkin	Patient and Public Involvement Lead (for Item 3: Patient Story)
Sarah Windfeld	Director of Midwifery and Nursing (for Item 12: Maternity Updates)

The Chair opened the Meeting at 13.45

Minute Ref.	*Item*	*Actions*
01/03/24	**Welcome and Apologies for Absence**	
	Jayne Mee, Trust Chair, welcomed members of the Board to the meeting. Jayne informed attendees that the meeting would be recorded and published on the Trust's YouTube account for public access following the meeting.	

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	Furthermore, she advised Board members that should a fire occur, all attendees must follow the fire safety precautions of the meeting venue and follow signs to the nearest exit. Jayne noted that this was Jane Norman's last Public Board meeting and thanked her on behalf of the Board. Apologies of absence were received from Roy Shubhabrata, Non-Executive Director.	
02/33/24	**Declarations of Interest**	
	There were no new declarations of interest relevant to the meeting to note.	
03/03/24	**Patient Story**	
	Tony Watkin, Patient and Public Involvement Lead introduced the Patient Story which was a story set in the context of the Trust's emerging new Experience of Care strategy 2024-2029, that would be presented to Board for approval in May 2024. The story was about the experiences of care of patients on the Bristol Royal Infirmary Trauma and Orthopaedic wards A602 and A604, part of the Division of Surgery. The story was shared through the lens of the Trust's Poet in Residence, Beth Calverley, who visited sites around the Trust with a typewriter to hear patient stories and transformed them into poems. Beth had chosen three poems to read to the Board, and noted the poems were private to the patients but permission had been granted by them to be shared at this meeting. The poems were emotive and effectively captured how the Trust created environments that were person centred, compassionate, and offered inclusive care. Beth concluded by explaining how her role formed part of the Trust's Arts and Culture Programme. Jayne Mee, Chair, thanked Beth for the compassionate poems and opened the discussion up to questions from the Board. During the ensuing discussion the following questions were asked: • In response to a query from Susan Hamilton, Associate Non-Executive Director, Beth said when patients were alone or had relatives visiting, the conversations tended to be of a medical nature, so having someone asking them about who they were outside of a medical context with no preconceptions to reflect back to them, was a real honour. • Emma Glynn, Non-Executive Director thanked Beth for the work that was being done, which clearly supported the wider wellbeing of the Trust's patients. Emma reflected on the Trust's staff and whether they were given the opportunity to participate in the exercise which could boost morale as part of the wellbeing programme. Beth referred to the pandemic which had opened an opportunity for her to engage with staff who needed poetry as much as the patients, and Beth said staff engagement would feature in the upcoming "World Poetry Day". • Bernard Galton, Non-Executive Director thanked Beth for the fantastic poems and asked whether any would be published. Beth responded how the poems were very specific and she felt they would not be widely resonant, however would consider a specific hospital book. Beth added that all poems were given to the patient from the typewriter and she was aware that some patients had framed their poem.	

Minute Ref.	*Item*	*Actions*
	Jayne thanked Beth for the inspiring story and for everything she did for the Trust's patients. Jayne summarised that the Board fully supported the Arts and Culture Programme for the organisation. **RESOLVED that the Patient Story be received and noted for information**.	
04/03/24	**Minutes of the Last Meeting – 9th January 2024**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 9th January 2024. **RESOLVED that the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 9th January 2024 be approved as a true and accurate record.**	
05/33/23	**Matters Arising and Action Log**	
	1. 03/01/24: Trust Secretariat to link Marc Griffiths, Non-Executive Director to Common Ambition project. The Trust Secretariat has linked Marc Griffiths, Non-Executive Director with the Common Ambition Bristol project leads. **Action closed.** **2. 08/01/24: Interim Chief Medical Officer to investigate the upward trend for the Hospital Standardised Mortality Ratio (HSMR) with the Quality Intelligence Group and report back to the Quality and Outcomes Committee** Rebecca Maxwell, Interim Chief Medical Officer reported that the Quality and Outcomes Committee (QOC) received a deep dive presentation on HSMR at a meeting in 2023. It was noted that the Patient Safety Team would continue to monitor trends and the metric was also monitored through the performance report which was received regularly by QOC, and the mortality surveillance processes, with any issues being escalated. **Action closed.** **3. 21/01/24: Chief Finance Officer and Chief Operating Officer to update the Board on the potential impact of the transfer to a new outpatient dispensary service.** It was reported that the Trust did not anticipate any disruption during the transition period and considerable work has been undertaken and was ongoing between UHBW, Boots and Lloyds to ensure a smooth transfer of the service to the new provider. **Action closed.** **4. 17/11/23: Risk team/Director of Corporate Governance to review the strategic risk register due dates to provide full assurance to the Board.** Eric Sanders, Director of Corporate Governance, reported that the due dates were under constant review and should be updated by owners quarterly. The work would be undertaken again at the end of quarter 4 and Eric noted that the principal risks were being updated, which would be presented to the Board in new financial year. **Action closed.** **RESOLVED that the updates against the action log be noted.**	
06/03/24	**Chief Executive's Report**	

Minute Ref.	*Item*	*Actions*
	Stuart Walker, Interim Chief Executive, provided a verbal update on the following key issues: • **Industrial action**: The meeting report documented the latest update, and Stuart assured the Board that safe and effective care had been delivered to patients throughout this period within the Trust. • **Thirlwall Inquiry – Trust Response for Statements:** The Trust was expected to be contacted as part of this Inquiry and would ensure it fully engaged in any requests for information. • **Weston General Hospital - Same Day Emergency Care (SDEC):** The Trust has been awarded almost £5 million from NHS England to expand urgent and emergency care services at Weston General Hospital. The work that had been carried out to attract this investment was a testament to the staff working on site who had executed an excellent service provision. Of the 7,000 patients that had used the service so far, 95% were able to go home on the same day as receiving treatment and this would be a significant benefit to the population in the North Somerset region. There were no questions received from the Board. **RESOLVED that the Chief Executive's report be received and noted for information**.	
07/03/24	**Joint Clinical Strategy**	
	Stuart Walker, Interim Chief Executive, introduced the Joint Clinical Strategy to the Board and pointed them to the document which demonstrated the future clinical vision of UHBW and North Bristol NHS Trust (NBT), and the vision for the new hospital Group Model. It was noted that the final draft has been endorsed by the Board at the Board Development Day on 20 February 2024. Jayne Mee, Chair, thanked the teams that had been involved in developing the strategy and noted that it was purpose-built for clinicians and patients. During the ensuing discussion the following points were made: • Bernard Galton, Non-Executive Director, commended the strategy and the teams involved in building the strategy whilst also continuing to deliver 'business as usual'. • Rosie Benneyworth, Non-Executive Director thanked the teams for their hard work. Rosie highlighted the importance of considering other system partners as the strategy was brought to life, and Stuart flagged how the strategy had been built for the health needs to the local population by offering equitable access for the whole system. He noted that the strategy would support the system in the effective use of acute resources and capacity. Jayne asked the Board to approve the Joint Clinical Strategy on behalf of UHBW. Jayne noted that colleagues at NBT would be following the same governance process at their next Board meeting. There were no dissenting voices, and the Board approved the Joint Clinical Strategy for UHBW. **The Board APPROVED the Joint Clinical Strategy.**	
08/03/24	**Digital Strategy**	

Minute Ref.	*Item*	*Actions*
	Neil Darvill, Chief Digital Information Officer, introduced the Digital Strategy to the Board and noted that should approval be granted, a designer would create a final polished edition for publication. Neil explained that the journey had taken 6 months to obtain the key set of principles for the strategy. Neil noted that in terms of the governance process, the Strategy has been supported by the Digital Hospital Programme Board, the Executive Committee, and the Finance Digital and Estates Committee. Neil thanked Matthew Steel, Digital Services Governance Manager for managing the process of the strategy. It was explained that achievement of the whole digital strategy would be dependent on several new investments. The first of which would be a significant and essential investment to implement a scalable and future-proofed network. The size of investment required was forecast to be around £70million over a five-year period. Neil explained that this was a foundational step to implement key parts of the strategy, which were required to support the planned Joint Clinical Strategy's aims for closer collaboration within the Joint Hospital Group. A source of funding would be identified as part of the strategic Outline Business Case being developed, which would reflect how the Trust intended to level-up its technology to provide digital technicians the tools needed to carry out their jobs. It was noted that there would be a need for regional and national support of the strategy and a task and finish group had been established to carry through the next steps. During the ensuing discussion the following points were made: • Arabel Bailey, Non-Executive Director, fully supported the strategy and the Outline Business Case and noted how she was looking forward to the future of the Trust's digital position. • Emma Wood, Chief People Officer, supported the patient focused strategy and the idea of having joined-up digital systems within the system, which would be welcomed. Neil clarified that unless the infrastructure was dealt with, the Trust would find it challenging to drive forward digital systems. • Sue Balcombe, Non-Executive Director, thanked Neil for the honest digital assessment that had been made, and it was clarified that the future aim was for the digital system to talk to and work with the wider system. • Neil Kemsley, Chief Financial Officer, highlighted that an options appraisal would be carried out for the various business cases that would need to go through the procurement system and NHS England. He noted that the Board needed to be realistic about the time constraints of this governance process. Neil added that the process would be broken into stages of differing pillars and noted that NBT would be supporting the joined-up digital infrastructure. • Emma Glynn, Associate Non-Executive Director, asked about the digital initiatives that would support the vision for net zero ambitions and thought this could be made clearer. Neil assured the Board that this vision would be made explicit within the strategy. • Marc Griffiths, Non-Executive Director, enquired about the plans to support digital literacy for users of new and advanced digital systems. Neil explained the vision would be for Divisions to consider training commitments to ensure that staff could learn the new technology and systems. Neil hoped that this would form a more significant part of the Trust induction programme.	

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	• Martin Sykes as Chair of the Finance, Digital and Estates Committee, assured the Board that the Committee had discussed the Digital Strategy at length during its previous meetings. Martin said that due to the loss of efficiency and effectiveness of the Trust's current digital systems, as well as the risk it presented to patient safety, the Committee had concluded that it would recommend the strategy for approval to the Board. Jayne Mee, Chair, asked the Board to approve the Digital Strategy and to give the mandate for Neil to develop the strategic outline business case for a scalable, future proofed network; and to identify a source of funding. There were no dissenting voices, and the Board approved the Digital Strategy and the next steps in reaching an outline business case. It was noted that the strategy would need to make clearer the ambition to reach net zero. **The Board APPROVED the Digital Strategy to develop the strategic Outline Business Case for a scalable, future proofed network; and to identify a source of funding.**	
09/03/24	**Well-Led Review**	
	Eric Sanders, Director of Corporate Governance, introduced the Well-Led Review to the Board. Eric explained that the organisation was required to undertake an externally facilitated review against the Well-led Framework every 3-5 years. The last review was undertaken in 2018/19 and therefore a review was commissioned for 2023/24. Following a competitive tendering process, DCO Partners had been engaged to undertake this review. Three key recommendations from the report were consideration of the Trust's overall strategy, clarifying the organisation's key risks, and reviewing the performance reporting process. It was noted that the Board had received the full report at its meeting in January 2024 where it was agreed it had been a positive review. In response to a query from Emma Wood, Chief People Officer & Deputy Chief Executive, Eric confirmed that the key recommendations and actions would be tracked by the Board. Deirdre Fowler, Chief Nurse and Midwife, said the review had been a useful reflection on how the Board led the organisation. Deirdre highlighted the need for good leadership to be filtered down through the organisation in order for it to hit at patient level and suggested an internal review could be conducted at senior management level. Martin Sykes, Non-Executive Director, observed how this could be aligned to Patient First priorities. Sue Balcombe, Non-Executive Director, noted the recommendation in relation to innovation and the creation of a strategy framework, but challenged what would be done to boost and promote innovation in the interim. Paula Clarke, Executive Managing Director, Weston General Hospital, responded that the Board needed to recognise the stage at which innovation currently was within the organisation, and said there would be a need to explore the tools that other organisations were using to support such a framework. Sue clarified that the Board recognised that it was being innovative, but noted the recommendation suggested that it needed to be better communicated around the Trust. Stuart Walker, Interim Chief Executive agreed that the communication could be improved, however said that it needed to sit within the framework as it was broader than just the communication.	

Minute Ref.	*Item*	*Actions*
	In response to a query from Jane Norman, Non-Executive Director, Stuart said the Research, Development and Innovation models would be reviewed. Eric thanked those staff that had contributed to the Well-Led review. **RESOLVED that the Well-Led Review be received and noted for information**.	
10/03/24	**Quality and Outcomes Chair's Report**	
	Sue Balcombe, Chair of the Quality and Outcomes Committee presented the her Chair's Report from January 2024 and February 2024 meetings of the committee. Key highlights from January's report included: • The Committee had raised concerns around the long-term funding for Critical Care Phase 2 beds from the end of March 2024, and the eating disorders specialist team in the Childrens Hospital which had not been confirmed from 1st April 2024. • The Committee noted the progress in completing the required actions within the Care Quality Commission (CQG) Action Plan and agreed that 5 actions could be closed, leaving 7 actions requiring further evidence of completion. The Committee was assured that good progress was being made against these 7 actions. In response to the long-term funding concerns, Neil Kemsley, Chief Financial Officer, explained that both issues were in the planning process, but thought a route had partially been agreed for the Critical Care beds. Deirdre Fowler, Chief Nurse and Midwife, reported that the eating disorders pathway had been partially funded and was under discussion by the system. Key highlights from February's report included: • The Committee received the outcome of a deep dive into Induction of Labour and noted the significant increase in demand following the national change in criteria. • The Trust's response to the emerging threat of a measles outbreak was discussed. • The Committee heard about the potential impact of Martha's Rule once it became law. • The Committee noted that there was a robust VTE Improvement Plan now in place to include increased capacity, a unified assessment process and electronic reporting. Progress would be monitored on a quarterly basis by the Committee. • The Committee received an escalated risk from the Clinical Quality Group regarding the requirement to replace ageing radiology equipment. The Board agreed that the replacement of ageing radiology equipment should be discussed by the Finance, Digital and Estates Committee. **Action: Trust Secretariat to add an item to the next Finance, Digital and Estates Committee agenda to discuss ageing radiology equipment.** **RESOLVED that the Quality and Outcomes Chair's Report be received and noted for information.**	Trust Secretariat

Minute Ref.	*Item*	*Actions*
11/03/24	**Integrated Quality & Performance Report**	
	Jane Farrell, Chief Operating Officer, introduced the Performance Report of the key performance metrics within the NHS Oversight Framework for 2023/24 and the Trust Leadership priorities. It was noted that the full Integrated Quality and Performance Report (IQPR) had been included within the Document Library for Board members' reference. The key points around timely care included: • Despite the impact of industrial action during January, improvement had been noted across a range of measures during the month. • At the end of January 2024, no patients were waiting over 104 weeks, and the Trust continued to maintain zero 104-week Referral To Treatment (RTT) breaches, with no patient waiting longer than 104 weeks since February 2023. • The number of patients waiting 78+ weeks was expected to be eliminated by end of Q4 for all specialties except for pediatric dental. • NHS England recognised the impact of industrial action and had moved the trajectory of no more than 392 patients waiting 65 weeks or longer to the end of September. • In terms of cancer, significant improvement had been seen through the last three months, which resulted in the number of patients waiting over 62 days reducing to 192 at the end of January. Efforts would continue to mitigate against any impact, and the Trust continued to work towards the target of 160 by March 2024. • The Bristol Royal Infirmary (BRI) had reported a 107% bed occupancy rate which reflected the use of escalation areas that had been opened. In response to a query from Jane Norman, Non-Executive Director, in relation to methicillin-resistant Staphylococcus aureus (MRSA), Deirdre Fowler, Chief Nurse and Midwife, explained that the trajectory and expectation was to have zero cases. Deirdre noted that the Task and Finish Group had explored this issue and some of the key themes highlighted improvement areas such as line management and intensive training. It was noted that since these had been addresses, there had not been a further outbreak of MRSA. Rosie Benneyworth, Non-Executive Director, asked about Emergency Department performance and whether system and risk learning around timely discharge could be shared due to the variation of performance between the Divisions. Jane explained that the Patient First project had explored the Trust's timely care trajectory and learned that the target was not universal, particularly for the Specialised Services Division. Deirdre added that focus needed to remain on a patient's length of stay, which had improved and had supported hospital flow. Susan Hamilton, Associate Non-Executive Director, positively noted the first iteration of reporting on average Referral To Treatment and Outpatient Did Not Attends rates by disability status and ethnicity group as part of the UHBW Health Equity Delivery Plan 2023/24 to 2024/25. Rebecca Maxwell, Interim Chief Medical Officer, highlighted key points around quality and safety which included: • The reporting of Venous Thromboembolism (VTE) Risk Assessment compliance had been reviewed and consolidated across the Bristol and Weston sites providing a consistent measure. It was noted that overall performance was lower than previously reported which was	

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	likely due to a change in reporting rather than a significant deterioration. A deep dive into VTE would be presented to the Quality and Outcomes Committee and it was expected that NHS England would request performance data in this area. There were no questions from the Board. Emma Wood, Chief People Officer & Deputy Chief Executive, highlighted key points around people which included: • The People metrics had mostly been achieved which was a great achievement due to the demanding targets that were set. • It was noted that appraisal compliance and the stability index required improvement which the People Committee would monitor. There were no questions from the Board. **RESOLVED that the Integrated Quality & Performance Report be received and noted for information.**	
12/03/22	**Maternity Assurance Report**	
	Sarah Windfield, Director of Midwifery and Nursing introduced the Maternity Assurance Report and highlighted the following key points to members of the Board. • The results overall were positive for the recent Care Quality Commission (CQC) inspection for both St Michaels and Ashcombe sites. An action plan would be developed to address key areas such as medical safeguarding training compliance. • The maternity unit hosted an Insights Visit from the local maternity network and NHS England in January 2024 which highlighted a positive culture within the unit. • The postpartum haemorrhage (PPH) rates had identified the Trust as an outlier, due to three months where its rates were above the national upper boundary. It was noted that a forum to monitor this had been reinstated and work would continue with North Bristol NHS Trust to share learning. • Work was underway to support joint work streams with North Bristol NHS Trust to aid completion of the three-year delivery plan for maternity and neonatal services. Rosie Benneyworth, Non-Executive Director congratulated the team for the CQC outcome and the positive feedback received on culture and multidisciplinary team working. Deirdre Fowler, Chief Nurse and Midwife noted that positive results were also being seen by the service users via the Annual Maternity Survey. **RESOLVED that the Maternity Assurance Report be received and noted for information.**	
13/03/24	**Finance, Digital & Estates Committee Chair's Report**	
	Martin Sykes, Non-Executive Director and Chair of the Finance, Digital & Estates Committee updated the Board on the last meetings held in January 2024 and February 2024. Key points included: • In January the Committee received an update on the new maternity "Badgernet" system. Most of the feedback was positive, however it was noted that further training would be required.	

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	• In February, the Committee received an estates report which covered fire risks and broader issues around estates compliance. It was clear that the Trust had much work to do. The Committee noted that it would take several years to complete the suggested work, but the Committee were assured that mitigations had been planned and were in place. • The Committee had received an update that related to the need for larger savings requirements, and cost improvement programmes would start in the new financial year. There were no questions from the Board. **RESOLVED that the Finance, Digital & Estates Committee Chair's Report be received and noted for information**.	
14/03/24	**Trust Finance Report**	
	Neil Kemsley, Chief Financial Officer, informed the Board of the Trust's overall financial performance from 1st April 2023 to 31st January 2024 (month 10). Key points included: • The Trust's month 10 year to date net income and expenditure position was a net deficit of £13.8m against a planned deficit of £9.4m. • In month 11, the Trust had received further allocation for industrial action from NHS England and the deficit position was now below £10.8m which had restored confidence in the Trust's ability to break even at the end of the financial year. • All Divisions were tasked with identifying 100% of their recurrent savings target by the end of September 2024. • The Trust remained on plan with over £100m in the bank. Ot was noted that the biggest challenge would be around capital and using limits to the maximum. Work was underway to ensure capital expenditure to that level. • The position of break-even expectations for the new financial year would be reported to the Board at its next meeting. Jayne Mee, Chair, thanked the finance teams for the work they had done around the savings plans and noted how this would be continued into the new financial year. **RESOLVED that the Trust Finance Report be received and noted for assurance**.	
15/03/24	**People Committee Chair's Report**	
	Bernard Galton, Non-Executive Director and Chair of the People Committee updated the Board on the last meeting held in January. Key points included: • The Committee discussed a key element of the retention strategy which was the ability to grow and develop staff, however noting that funding streams for some of these programmes had not been secured for the next financial year. • The most recent Staff Survey data had been published which reflected positive themes throughout with no questions deteriorating between years. • The Committee had requested an update for the leadership training currently being rolled out to existing managers. Arabel Bailey, Non-Executive Director, asked about the leadership development programme and how the effectiveness of that training would be	

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	measured. Bernard confirmed that this would be raised at the People Committee during the leadership update. **RESOLVED that the People Committee Chair's Report be received and noted for information**.	
16/03/24	**Guardians of Safe Working Hours Annual Report**	
	Rebecca Maxwell, Interim Chief Medical Officer introduced the Guardians of Safe Working Hours Annual Reports for Bristol and Weston General Hospital between August 2022 to end July 2023. Key points included: • A system was in place for rota management. • The Junior Doctor Forums continued which were well attended and provided a place for exception reporting. However, the complexities of the rota management was noted and it was clear that more resource was needed to support these systems as currently consultants were completing them. • For both hospitals, there appeared to be a deficit in terms of capacity and demand and the challenge related to unexpected leave. • A new process of compiling monthly exception report summaries to Divisional and Departmental leads would be explored due to reporting frequencies going to the Medical and Dental Workforce Advisory Group (MWAG) which compromised the ability for action to be taken when issues were flagged relating to exception reporting. In response to a query from Rosie Benneyworth, Non-Executive Director, relating to the rota management issues, Rebecca said there was a need to circulate the rotas in good time at around 6 weeks before a shift. There had been no examples of staff not being granted leave within the report or flagged as an issue to report. Martin Sykes, Non-Executive Director, followed this theme by challenging the need for consultants to set the rotas. Rebecca responded that consultants needed to oversee rotas as they understood the current workloads and challenges. Emma Wood, Chief People Officer Chief People Officer & Deputy Chief Executive reflected on the previous year where the annual reports summarised issues within this area, and she thanked the teams that had worked hard to improve the position, which demonstrated the Trust had control and understood the gaps. Rebecca commended the teams involved for these tremendous efforts. Deirdre Fowler, Chief Nurse and Midwife, noted that exception reporting had decreased for most Divisions, apart from Women's and Children's, and asked for the reasons behind this. Rebecca assured Deirdre that after a discussion with the Division to explore this data, there had not been any obvious reasons and that it could be due to reporting tendencies which would be developed in conjunction with the Guardians of Safe Working. Stuart Walker, Interim Chief Executive, mentioned electronic job planning and suggested that deep dives could be carried out to reflect whether the Trust was supporting appraisals and rota managing in the right way.	

Minute Ref.	*Item*	*Actions*
	Jayne Mee, Chair, requested thanks was passed onto James McDonald and William Hicks for the improved position and for developing the reporting to reflect quality data. **RESOLVED that the Guardians of Safe Working Hours Annual Reports for Bristol and Weston General Hospital be received and noted for information**.	
17/03/24	**Under 16 Cancer Patient Experience Survey**	
	Matthew Areskog, Head of Experience of Care and Inclusion and Rachel Hughes, Divisional Director of Nursing introduced the Under 16 Cancer Patient Experience Survey to the Board. Key points included: • The survey was the third iteration of a national survey that aimed to understand the experience of tumour and cancer care for children and young people between the ages of 8 to 15 with care being delivered across many different sites within the region. • The survey involved 13 Principal Treatment Centres with 7 units feeding into the Trust. • There was a 25% response rate for the Trust, which was the same as the national average. • In the overall care section of the survey, the Trust had an overall score of 86% compared to the national average (89%) and ranked 12th out of the 13 Principal Treatment Centres. It was noted that there was no clarity within the report about which unit feedback was aimed at. • An Operational Delivery Network and Nursing Leadership Team for the Principal Treatment Centres are planning focus groups to better understand what the best level of support to families would be. In response to a query from Jayne Mee, Chair, Matthew confirmed that the next results would be available to publish in around 10 months. Deirdre Fowler, Chief Nurse and Midwife highlighted how this was one method for patient feedback and reminded the Board of the new Experience of Care Strategy that would be presented to the Board in May, where actions and improvements could be addressed. **RESOLVED that the Under 16 Cancer Patient Experience Survey be received and noted for information**.	
18/03/24	**Audit Committee Chair's Report**	
	Jane Norman, Non-Executive Director and Chair of the Audit Committee updated the Board on the last meeting held in January. Key points included undertaking a process to optimise the regular risk reports to ensure risks were up to date and provided clear timescales. **RESOLVED that the Audit Committee Chair's Report be received and noted for information**.	
19/03/24	**Modern Slavery and Human Trafficking Statement 2023/24**	
	Eric Sanders, Director of Corporate Governance, introduced the Modern Slavery and Human Trafficking Statement and reported that following changes to guidance introduced in 2023/24, the Trust was required to publish a statement to set out the steps the organisation had taken during the	

Minute Ref.	Item	Actions
	financial year to ensure that slavery and human trafficking was not taking place in any of its supply chains, and in any part of its own business. The statement had been prepared jointly with the Bristol and Weston NHS Purchasing Consortium (B&WPC) and North Bristol NHS Trust (NBT) Rosie Benneyworth, Non-Executive Director, supported the statement, but asked whether social care should be included. **Action: Director of Corporate Governance to amend the Modern Slavery and Human Trafficking Statement 2023/24 to include social care.** Arabel Bailey, Non-Executive Director, asked whether there was anything new within the latest statement. Eric clarified the statement was based on what the Trust was currently doing, and that going forward, further work would be carried out to instruct people of the procurement and supply chain routes. **The Board approved the Modern Slavery and Human Trafficking Statement 2023/24 statement, with the addition of mentioning social care.**	Director of Corporate Governance
20/03/24	**Register of Seals**	
	Eric Sanders, Director of Corporate Governance introduced the Register of Seals report and reported that two sealings had taken place since the last report. There were no questions from the Board. **RESOLVED that the Register of Seals be received and noted for information**.	
21/03/24	**Governor's log of communications**	
	Eric Sanders, Director of Corporate Governance, presented the Governors' log of communications for the information of the Board and highlighted four new questions had been added to the governor's log since the last meeting. There were no questions from the Board. **RESOLVED that the Governors' Log of Communications be received and noted for information**.	
22/03/24	**Any Other Urgent Business**	
	Jayne Mee, Chair, informed the Board that a question had been received from a member of the public relating to Martha's Rule. **Question**: 1. Has the Trust obtained or applied to NHS England for funding to implement Martha's Rule enabling patients, families carers and advocates to access a 24/7 rapid review response from a critical care outreach team when they have concerns about a patient's medical condition deteriorating? 2. If the Trust has not obtained or applied for funding to implement Martha's Rule, does it intend to do so? **Response**: Rebecca Maxwell, Interim Chief Medical Officer responded to the question:	

Minute Ref.	*Item*	*Actions*
	"The first phase of the introduction of "Martha's Rule" will be implemented in the NHS from April 2024. UHBW is waiting for NHS England to invite expressions of interest from Trusts with existing provisions for adult and paediatric 24/7 critical care outreach capability to be part of the first phase of the programme. UHBW has good clinical engagement and work is underway in preparation to apply to be a pilot site and fulfil the requirements of Martha's rule. It is currently unclear what funding will be attached to this. Once fully implemented, it is anticipated that patients, families, carers and staff will have round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition." It was noted that this response would be sent to the member of public. Stuart Walker, Interim Chief Executive, thanked Jayne Mee on behalf of the Board for her last Public Board Meeting with the Trust and commended her work over the last five years.	
23/03/24	Date of Next Meeting: Tuesday 14th May 2024	

University Hospitals Bristol and Weston NHS Foundation Trust

Public Trust Board of Directors Meeting on Tuesday, 14 May 2024
Action Log

Outstanding actions from the meeting held in March 2024					
No.	**Minute reference**	**Detail of action required**	**Executive Lead**	**Due Date**	**Action Update**
1.	**10/03/24**	Trust Secretariat to add an item to the next Finance, Digital and Estates Committee agenda to discuss ageing radiology equipment.	Trust Secretariat	May 2024	**Suggest Action Closed** May Update The Trust Secretariat had added an additional item to the March meeting of the Finance, Digital and Estates Committee agenda to discuss the ageing equipment.
2.	**19/03/24**	Director of Corporate Governance to amend the Modern Slavery and Human Trafficking Statement 2023/24 to include social care.	Director of Corporate Governance	July 2024	**Action Ongoing** May Update Director of Corporate Governance to provide an update at July's meeting.
Closed actions from the meeting held in March 2024					
1.	**03/01/24**	Trust Secretariat to link Marc Griffiths, Non-Executive Director to Common Ambition project.	Director of Corporate Governance	March 2024	**Action Closed** March Update The Trust Secretariat has linked Marc Griffiths with the Common Ambition Bristol.
2.	**08/01/24**	Interim Chief Medical Officer to investigate the upward trend for the Hospital Standardised Mortality Ratio (HSMR) with the Quality Intelligence Group and report back to the Quality and Outcomes Committee.	Interim Chief Medical Officer	March 2024	**Action Closed** March Update Rebecca Maxwell, Interim Chief Medical Officer reported that the Quality and Outcomes Committee (QOC) received a deep dive presentation on HSMR at a meeting in 2023. It was noted that the Patient Safety Team would continue to monitor trends and the metric was also monitored through the performance report which was received regularly by QOC, and the mortality surveillance processes, with any issues being escalated.

3.	**21/01/24**	Chief Finance Officer and Chief Operating Officer to update the Board on the potential impact of the transfer to a new outpatient dispensary service.	Chief Finance Officer and Chief Operating Officer	March 2024	**Action Closed** March Update It was reported that the Trust did not anticipate any disruption during the transition period and considerable work has been undertaken and was ongoing between UHBW, Boots and Lloyds to ensure a smooth transfer of the service to the new provider.
4.	**17/11/23**	Risk team/Director of Corporate Governance to review the strategic risk register due dates to provide full assurance to the Board.	Director of Corporate Governance	January 2024	**Action Closed** March update Eric Sanders, Director of Corporate Governance, reported that the due dates were under constant review and should be updated by owners quarterly. The work would be undertaken again at the end of quarter 4 and Eric noted that the principal risks were being updated, which would be presented to the Board in new financial year. January Update The regular Quarter 3 report was being worked on and a review of the Strategic Risk Register was under review. It was agreed to keep this action ongoing.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 14 May 2024

Report Title	**Chief Executive Report**
Report Author	**Executive Directors**
Executive Lead	**Stuart Walker, Interim Chief Executive**

1. Purpose
To provide an update on key strategic and operational issues affecting the Trust, system and the wider NHS.
2. Key points to note *(Including any previous decisions taken)*
The report seeks to highlight key issues not covered in other reports in the Board pack and which the Board should be aware of. These are structured into four sections: • National Topics of Interest • Integrated Care System Update • Strategy and Culture • Operational Delivery
3. Strategic Alignment
This report highlights work that aligns with the Trust's strategic priorities.
4. Risks and Opportunities
The risks associated with this report include: • The potential impact of strikes on the availability of services and quality of care delivery.
5. Recommendation
This report is for **Information** The Board is asked to note the report.
6. History of the paper **Please include details of where paper has <u>previously</u> been received.**
N/A

Chief Executive's Report

Background

This report sets out briefing information for Board members on national and local topics of interest.

National Topics of Interest

Improving the working lives of doctors in training

On 25th April 2024 Trusts received a letter from NHSE asking for all organisations to work towards improving the working lives of doctors in training.

The Chief Medical Officer and Chief People Officer are undertaking an assessment against the improvements suggested to report progress into the Executive Committee and Medical Workforce Advisory Group. Improvements suggested include better rota management and deployment, reducing payroll errors and reviewing the content and frequency of statutory and mandatory training.

Priorities and Operational Planning Guidance 2024/25

On 27 March 2024, NHS England published the Priorities and Operational Planning Guidance 2024/25. This guidance was initially expected before the end of the 2023 calendar year. However, work continued between the Government and NHS England to agree expectations and priorities for 2024/25 into the new year. In anticipation of this delay, on 22 December 2023, NHS England had written to ICBs to ask them to start planning in advance of the publication of the formal guidance. It was noted at the time that the overall financial framework, and the priorities and objectives set out in the 2023/24 planning guidance, and the recovery plans on urgent and emergency care, and elective and cancer care would not fundamentally change. This is reflected in the published guidance, with the most immediate priority continuing to be the recovery of core services and productivity following the pandemic. The BNSSG ICB has developed its annual plan in line with these expectations in preparation for the final submission on the 2 May 2024.

Support for the training of new F1 doctors

NHSE have all written to all chief executives, medical directors and finance directors to describe the position that we are in as a region to support the training of new F1 doctors. Currently there are 25 new F1 doctors allocated to the Severn Foundation School who do not currently have allocated training programmes commencing in August. NHSE have requested that Trusts in the region provide additional training programmes to accommodate these doctors. UHBW has automatically been allocated 3 additional F1 doctors to commence in August 24 for a 2 year programme, with a request we agree to take some more in additional. These additional posts attract tariff funding, which is the maximum funding that can be offered.

Integrated Care System Update

UHBW is engaging in system strategy development that will take the BNSSG Integrated Care System beyond its current strategy (published last year) and up to 2040. The work is entitled “Delivering Healthier Together” and will assimilate and analyse what health, care and the system might look like in 2040, describe how the current strategy can be delivered, prioritise the key population health challenges for the future that require action now, and provide a description of the future state. The work will use a methodology rooted in Population Health Management and focus on changing how our system operates to deliver the ICS Vision: ‘Healthier together by working together’.

Linked to the above, the system is developing a Shared Data and Planning Platform (SDPP), as part of BNSSG’s response to the NHS requirement for every ICS to create an integrated intelligence function. This is part of a portfolio of projects that support the ICB’s aim to use data better in order to achieve its four overarching aims (improving outcomes, tackling inequalities, enhancing productivity and supporting broader social and economic development). The SDPP will enable UHBW, as a system partner, to access a single, consolidated data set, and use that data to make better decisions that will drive improved health outcomes for BNSSG’s population.

Strategy and Culture

Group Model Update

To support our journey towards UHBW and NBT becoming a single Hospital Group, we have stablished joint leadership forums. This includes a quarterly Joint Committee (the Acute Provider Collaborative Board) led by the Trust Chairs/Joint Chair; a weekly Strategic Oversight Group, led by the CEOs; and a monthly Joint Executive Group. These Groups support and direct the programme of work for designing our Group model.

Joint Clinical Strategy

The Implementation of Phase 1 of the Joint Clinical Strategy is underway through the roll-out of the single managed services work programme. Divisions in UHBW and NBT are assessing duplicated services using a readiness assessment tool in order to select the services which will enter the programme of work over the next year. CMO/CNO will to hold an update briefing with the Joint Clinical Sponsorship Board (JCSB) by the end of May and a JCSB Launch event in June with the invited extended to the prioritised speciality leadership triumvirates. Our pathfinder specialities (Cardiology plus maternity, gynaecology and neonatal) continue to build momentum through leadership forums and progress will be reported through the Joint Clinical Strategy Steering Group and onwards to the Joint Executive Group and Acute Provider Collaborative Board.

Operational Delivery

Waiting Time Standards Performance

The Trust has taken some significant steps over the last year to reduce the size of the care backlog resulting from the pandemic response. For patients on a referral to treatment pathway, the number of patients waiting times over 78 weeks wait were reduced from 182 at the beginning of the year to 21 in March 2024. The number of

patients waiting times over 65 weeks wait were reduced from 1,549 to 257 over the same period. The number of patients waiting over 52 weeks wait were halved from 5,472 to 2,521. There are also improvements across our cancer services, with the Trust achieving the Faster Diagnosis Standard with 82.7% of patients in February 2024 receiving a diagnosis within 28 days.

These achievements are notable given the number of cancellations related to industrial action. Over the twelve-month period from February 2023, the Trust cancelled more than 9,000 outpatient attendances, and nearly 1,500 admissions. These cancellations do not reflect the full impact on our elective services as theatre lists and outpatient clinics were not booked if there was a likelihood that they would be subsequently cancelled. In this context, our clinical and non-clinical staff have made remarkable efforts to improve waiting times standards performance.

Power outage

Following a power outage at our Bristol city centre sites on Friday 7 May, a Major Incident was declared at UHBW.

Thanks to the efforts of our colleagues, local emergency services and system partners, we were able to step down from Major Incident to Internal Critical Incident and return to business as usual within 48hrs. The safety of our patients, visitors and staff was maintained throughout.

We are currently capturing immediate lessons learned from all those directly involved in managing the response to the incident in line with our protocols. We would like to thank the emergency services and our system partners for their assistance throughout this period.

Recommendation
The Board is asked to note the report.

Stuart Walker
Interim Chief Executive

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board in Public on Tuesday 14th May 2024

Report Title	**2024-25 Operating Plan Summary**
Report Author	**Evelyn Elliott, Head of Commissioning and Planning** **Jeremy Spearing, Director of Operational Finance** **David Markwick, Director of Performance** **Emma Harley, Head of Strategy Workforce Planning and Intelligence**
Executive Lead	**Neil Kemsley, Chief Financial Officer**

1. Purpose

The purpose of the paper is to provide an update on the Trust Operating plan for 2024/25, both internally and externally as a system and an overview of the Trust workforce, finance, activity and performance plans. The paper also identifies the key risks associated with delivery of the Trust plan.

2. Key points to note *(Including any previous decisions taken)*

Under delegated authority from the Trust Board, the Finance, Digital and Estates Committee approved the Trust's 2024/25 Operating Plan ahead of the submission to NHSE on 2nd May 2024.

This paper summarises the outputs of the Trust annual planning process, and provides overview of the Trust workforce, finance, activity and performance plans.

The paper also outlines the key risks associated with delivery of the Trust plans and recommendations of next steps for outstanding issues.

The National planning guidance was issued on the 27th March 2024, and the Trust plan includes stretching financial, activity and performance targets, in response to expectations indicated by the regulator, NHSE. The Trust has aligned its approach to both planning and the system submission with North Bristol NHS Trust (NBT).

Key points to note include:

- A planned revenue net income and expenditure position of break-even. The key delivery requirements of the plan are:
  - £33.7m Elective recovery funding (ERF) at 107.3% of the 2019/20 baseline;
  - £41.2m Savings delivery; and
  - £14.0m Full delivery of corporate mitigations of as additional income and/or technical financial opportunities.
- A 2024/25 capital plan that is compliant with the NHSE CDEL at £28.5m with over-programming at c25%.
- The Trust will work towards delivering national performance standards. The delivery of the target to eliminate 65ww backlogs by the end of September 2024.

- Trust activity plans include assumptions around productivity opportunities which have been identified by divisions.

- The operationalisation of both the Weston and NBT Community diagnostics centres from the 1st April 2024, will provide additional capacity which will support delivery of performance standards.

- The Trust workforce plan includes a minimal increase of 0.4% (56.3 FTE) to reflect approved investments, and any international recruitment will be focused on hard to recruit areas.

The Trust Board is asked to note some of the challenges in producing this Operating Plan:

- The late publication of the 2024/25 priorities and planning guidance by NHS England on 27th March 2024;
- Confirmation of Financial envelopes have not been received from NHS England Specialised Commissioning, Welsh Commissioners nor associate Commissioners such as Somerset and Bath & North East Somerset, Swindon & Wiltshire (BSW). However, informal discussions have, taken place with NHS England Specialised Commissioning as the Trust's second largest Commissioner; and
- The significant implications of the most recent waves of industrial action and the associated impact on waiting times and volumes entering the new financial year.

3. Strategic Alignment

This report is directly linked to the following Patient First objectives:

- 'Making the most of our resources'. Achieving break-even ensures our cash balances are maintained and therefore we can continue to support the Trust's strategic ambitions subject to securing CDEL cover
- 'Timely care', together, we will provide timely access to care for all patients, meeting their individual needs.
- 'Experience of care', together, we will deliver person-centred, compassionate and inclusive care every time, for everyone

4. Risks and Opportunities

The Trust plan includes stretching financial, activity and performance targets, in response to expectations indicated by the regulator, NHSE. The key risks to the Trust's' delivery of these plans include:

- High volumes of patients with no criteria to reside (with associated length of stay increases) impacting core acute bed capacity;
- Risk of a failure to achieve ERF due to non-delivery of planned activity;
- Delivery of the key financial requirements including the cost savings targets;
- Impact of highly restricted capital plan on operational performance;
- Workforce risks include bank and agency usage, recruitment and retention, particularly in 'hard to recruit posts';
- Areas for clinical / quality/ safety risks.

5. Recommendation

This report is for Information.

Board is asked to note the Trust 2024/25 operating plan summary.

6. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
Finance, Digital and Estates Committee	Tuesday 30 April 2024

University Hospitals Bristol and Weston NHS Foundation Trust

2024-25 Operating Plan Summary

1. Purpose

1.1 The purpose of the paper is to:

- Provide an update on the Trust Operating plan for 2024/25, both internally and externally as a system;
- Provide an overview of the Trust workforce, finance, activity and performance plans;
- Identify the key risks associated with delivery of the plans and ensure we have processes to monitor and mitigate;

2. Context

2.1 Approach taken to developing the operating plan

2.1.1 In response to the current environment the Trust is operating in, the Trust has made considerable changes to internal business planning processes. 2024/25 continues to be a transition year both as the Trust moves towards 'Our Patient First Operating Model, and also as the Integrated Care Boards (ICBs) embed their new structures.

2.1.2 The Trust has taken a risk-based approach to planning and had moved away from a culture of investment and recruitment to address risk, towards ownership and mitigation of risk through alternative controls.

2.1.3 A key part of our approach has been working collaboratively with system colleagues and ensuring alignment in approach with North Bristol NHS Trust.

2.2 Key risks to delivery of the plan

2.2.1 The Trust plan includes stretching financial, activity and performance targets, in response to expectations indicated by the regulator, NHSE.

2.2.2 The key risks to the Trust's' delivery of these plans include:

- High volumes of patients with no criteria to reside (with associated length of stay increases) impacting core acute bed capacity;
- Risk of a failure to achieve Elective Recovery Funding due to non-delivery of planned activity;
- Delivery of the key financial requirements including the cost savings targets;
- Impact of highly restricted capital plan on operational performance;
- Workforce risks include bank and agency usage, recruitment and retention, particularly in 'hard to recruit posts';
- Areas for clinical / quality/ safety risks;

2.2.3 Further details on the risks to delivery of the plans are included in section 8.

3. Financial Plan

3.1 Introduction

3.1.1 The 2024/25 Financial Plan has been constructed following the publication of the 2024/25 priorities and planning guidance by NHS England (NHSE) on 27th March 2024. The Trust's Financial Plan has been constructed alongside the Bristol, North Somerset & South Gloucestershire (BNSSG) System. This narrative describes the System's and the Trust's Financial Plans that will be submitted to NHSE on 2nd May 2024.

3.1.2 The 2023/24 financial framework incorporated a two-year System revenue funding envelope, and the second year of this financial framework has informed the Financial Plan. A System "convergence adjustment" of 0.1% reduces the funding available to the System by NHSE to move the System funding envelopes towards a population fair share basis. The framework also expects providers to move away from the block payment arrangements introduced in April 2020 for elective activity with the operation of the Aligned Payment & Incentive (API) approach. In effect, the API approach for elective activity determines a discrete quantum of elective activity and income that is subject to variable payments depending on activity delivery. Therefore, technically, should the Trust under-perform on the quantum, income will be removed from the Trust. If, however, the Trust over-performs beyond c103% of 2019/20 activity levels in value terms, the Trust will earn additional variable income via Elective Recovery Funding (ERF) paid by central NHSE.

3.1.3 Two-year System capital allocations notified by NHSE last year form the Capital Department Expenditure Limit (CDEL). As part of the 2024/25 Financial Plan submission, providers and Systems have been asked to submit a detailed one-year plan and a high-level four-year capital plan that is CDEL compliant on an annual basis.

3.1.4 The development of the 2024/25 Financial Plan requires a sharp focus on elective performance recovery, productivity improvement and recurrent savings delivery. It must also be seen in the context of the Trust's significantly rising headcount of 20% since March 2020, and it is important to acknowledge the national NHSE expectation of zero headcount growth in 2024/25 and delivery of a break-even position at an organisation and System level. A break-even plan is set in this Financial Plan.

3.2 2024/25 BNSSG System financial plan – revenue

3.2.1 The Trust's Financial Plan should be seen in the context of the financial position of the BNSSG System. The key headlines of the BNSSG draft System plan are as follows:

- Total planned funding of £2.199bn including:

	£m	
o	1,769	BNSSG ICB Programme allocation
o	31	Ambulance, physical and virtual bed capacity allocation
o	9	Additional discharge allocation
o	16	ICB Running costs
o	183	Primary care medical services
o	86	ICB delegated primary care allocation
o	**2,093**	**Subtotal – recurrent BNSSG ICB financial envelope**
o	46	Non-recurrent ERF allocation (ICB only component)
o	35	Non-recurrent Service Development Funding (SDF)
o	18	Non-recurrent Mental Health SDF
o	7	Non-recurrent other funding
	2,199	**Total – BNSSG ICB financial envelope**

- Within the recurrent ICB financial envelope of £2,093m is recurrent growth funding of £73m as follows:

	£m	
o	58	Demographic growth at 3.2%;
o	36	Gross inflation funding at 1.9%;
o	(19)	National saving or core efficiency requirement from providers of 1.1%; and
o	(2)	0.1% convergence adjustment.
	73	Total – recurrent growth funding

- A planned break-even net income and expenditure position;

- Full delivery of the 2024/25 System savings of £101.4m or c3.5% as follows:

	£m		
o	9.7	2.9%	Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)
o	28.7	3.8%	North Bristol NHS Trust (NBT)
o	41.2	4.4%	University Hospitals Bristol & Weston NHS Foundation Trust (UHBW)
o	21.8	2.4%	BNSSG ICB
	101.4	3.5%	Total System savings

3.2.2 The System Financial Plan incorporated the agreement amongst the BNSSG System's Chief Financial Officers (CFOs) on:

- All organisations planning a break-even position;
- The allocation of System non-recurrent deficit support funding; and
- The assessment of the aggregate System and organisational positions of ERF over-performance pending NHSE confirming the System and provider ERF targets.

3.2.3 The key financial risks at System level are:

- Full delivery of the total System savings at c£100m including joint provider and System transformation savings of c£40m;
- Retention of the £46m ERF allocation should System elective activity recovery fail to achieve the ERF target assumed at c103% of 2019/20 activity levels in value terms; and
- Further cost pressures of c£21m relating to ICB funded care packages, Urgent & Emergency Care (UEC) costs, and local authority cross charges.

3.3 2024/25 BNSSG System financial plan – capital

3.3.1 The 2024/25 BNSSG System capital CDEL as advised by NHSE is £70.5m. Additional funding to support the Weston General Hospital backlog maintenance programme, as agreed as part of the merger Transaction Business Case, is subject to further agreement with NHSE.

3.3.2 The Trust worked with the System to agree the split of the CDEL across the System partner organisations in establishing the capital plan. The split of the System capital envelope has been agreed based on providers receiving 80% of their depreciation and a further allocation based on the value of providers gross assets and backlog maintenance.

3.3.3 The allocation of the System CDEL and the System 2024/25 capital plan was agreed following two capital prioritisation meetings in late February and early March involving the Trust's CFO, Trust Chief Operating Officer (COO), Business Planning and Estates colleagues. During January and February, the System capital prioritisation undertook a moderation check using provider risk assessments and this was presented to all partner organisations to ensure all partner organisations are aware of the level of estates and operational risks being carried by sovereign Boards. The ICB agreed that operational and estates risks held by sovereign organisations would also be held by the ICB Board in managing the capital CDEL constraint.

3.3.4 The Systems capital plan excludes the System's Elective Centre at Southmead. It also excludes any potential further national allocations, for example, the 6th March 2024 budget announcement of £6bn available for NHS digital investment. The System capital plan by organisation is set out below:

2024/25 Capital Plan £m	2024/25 Share	
7.2	10%	AWP
23.2	33%	NBT
28.5	40%	UHBW
3.0	4%	System wide Net Zero
1.0	1%	Sirona Health & Care (SHC)
7.5	11%	ICB primary care
70.5	100%	Total – capital plan

3.3.5 Indicative System CDEL allocations for the five-year period from 2023/24 were published by NHSE last year in advance of the 2023/24 planning round. The indicative allocation for the System over the final three financial years is £75.2m per year and draft allocations have been provided by the System to assist with medium term capital planning. These are subject further discussion and therefore change but do provide partner organisations with a reasonable basis to move away from the recent post-covid annual planning approach to capital investment. These are set out below for information:

	2025/26 Draft Capital Plan £m	Share	2026/27 Draft Capital Plan £m	Share	2027/28 Draft Capital Plan £m	Share	
•	6.4	8%	7.2	10%	7.2	10%	AWP
•	19.4	26%	20.8	28%	20.8	28%	NBT
•	41.4	55%	45.6	60%	45.6	60%	UHBW
•	3.0	4%	0.0	0%	0.0	0%	Net Zero emissions
•	0.0	0%	0.0	0%	0.0	0%	SHC
•	5.0	7%	1.7	2%	1.7	2%	ICB
	75.2	100%	75.2	100%	75.2	100%	Total capital plan

3.4 2024/25 Trust financial plan – revenue

3.4.1 The Trust has constructed the 2024/25 Financial Plan in accordance with NHSE's timetable and aligns with the BNSSG System funding allocation, the only Commissioner to provide a formal funding envelope. The key income aspects are as follows:

- Total planned full year income of £1,206.7m includes:

	2024/25 Plan £m	
o	498.8	BNSSG ICB income per formal envelope;
o	61.2	Assumed out of ICB income (BSW, Somerset, Cornwall, Glos, Devon);
o	472.0	NHSE income (based on informal discussions);
o	56.0	Assumed patient care income from LAs and other Commissioners;
o	1,088.0	Subtotal income from patient care; and
o	118.7	Other operating income.
	1,206.7	Total

- The full year NHS England Specialised Commissioner income of £472.0m is aligned with the Specialised Commissioners position following informal discussions.

3.4.2 The Trust's 2024/25 key operating expenditure drivers are:

- A starting point of 2023/24 forecast outturn adjusted for specific non-recurring items, for example, non-recurring savings, service transfers and investments. In 2024/25, the continuation of 2023/24 investments including the full year effect and new 2024/25 investment decisions in the Trust's clinical services total £46.9m;

- The full year effect of 2023/24 investment decisions made by the Trust and further changes are:

	£m	
o	1.4	UEC;
o	1.4	Adult retrieve service;
o	0.9	Paediatric critical care;
o	0.9	Surgical robot;
o	1.5	Bowel cancer screening;
o	1.5	Workforce strategy; and
o	1.2	Other e.g. NICE guidelines, Pharmacy outpatient tender.
	8.8	Total – full year effect of 2023/24 Trust investment decisions

- The inclusion of eight elevenths of the approved GICU Business Case which the Division can flex up to eleven beds at an estimated cost of £3.6m (full year effect) and funded as a first call on assumed ERF overperformance of £8.0m against an assumed ERF target of 102.9%;
- The full retention and utilisation of the Trust's non-recurrent ERF of £25.7m (ICB £13.9m plus Specialised Commissioners £11.8m) as follows:

£m	
10.5	Continuation of £9.4m Trust Accelerator projects plus a further £1.1m;
7.5	Continuation of Trust Demand and Capacity schemes;
4.2	Continuation of Trust escalation capacity; and
3.5	Stroke stranded costs pending System review.
25.7	

- The continuation and additional System investment of £1.7m as per the Healthy Weston 2 Phase 1 Full Business Case (FBC) bringing the total investment up to a net cost of £4.2m for 2024/25 after agency savings delivery of £2.1m in 2024/25 as a result of substantive recruitment to c76wte posts;
- For a second year, the continuation of the Trust operating the Sub-Acute stroke Rehabilitation Unit (SARU) beds in Weston General Hospital whilst SHC identify a workable alternative location for the SARU;
- New for 2024/25, the inclusion of the Targeted Lung Health Check/Thoracic Surgery business case at c£4.1m (full year effect) funded as a second call on assumed ERF over-performance of £8.0m;
- New for 2024/25, £0.7m investment towards the Group hospital model work;
- New for 2024/25, Trust investment decisions to mitigate critical safety concerns and risks as agreed by the Trust's Executive Committee and funded by the ICB are as follows:

£m	
0.37	Adult palliative care;
0.30	Critical service gaps at Weston General Hospital;
0.45	Paediatric accelerator;
0.17	Paediatric palliative care;
0.16	Paediatric ICU nurse safer staffing establishment increase;
0.57	Paediatric ED nurse safer staffing establishment increase;
0.06	Paediatric Metabolic;
0.32	Paediatric Theatres; and
0.60	Grow your own staffing.
3.00	Total – 2024/25 Trust investment decisions

- The balance to full-year effect adverse I&E impact of the University of Bristol's decision to transfer dental undergraduate teaching from the Bristol Dental Hospital with effect from 1st September 2023 at a net cost of £3.5m (to £8.5m full year effect);
- Additional net financing costs of £4.3m. Of this, c£1.6m relates to additional depreciation costs and £2.7m relates to a planned reduction in interest receivable on cash balances based on the likelihood of falling Bank of England interest rates;
- The application of the net inflation uplift of 0.6% (1.7% gross inflation uplift less the national core efficiency requirement of 1.1%) with the ICB funding excess inflation of £4.0m above the national inflation uplift. This is primarily due to higher than funded energy inflation and supplier contracts which apply inflation using the Consumer or Retail Prices Index;
- The Trust's total savings requirement set by the System is £39.4m or c4.4% of operating expenditure (excluding high-cost pass-through drugs and devices) as follows:

£m	
8.4	National requirement of c1.1%;
9.0	Recovery of the 2023/24 recurrent savings delivery shortfall;
9.4	System transformation; and
12.6	Provider transformation, inc. outpatients, acute services review, MH.
39.4	Total – Trust's 2024/25 savings requirement

- The Trust's financial plan assumes savings delivery of £41.2m.

3.5 2024/25 Trust savings programme

3.5.1 The savings targets for each Division and corporate services for 2024/25 has been set based on 2.0% of 2023/24 recurrent budget (excluding pass through costs) plus the residual recurrent unidentified savings carried forward from 2023/24 at £19.6m. The additional corporate requirement is £10.4m. The target as well as currently identified savings for each Division and the corporate services are summarised in table 1 below.

3.5.2 In addition, the Trust is required to work with and support the delivery of System-initiated transformation savings of £9.4m referred to earlier. Currently, against the savings target of £39.4m we have identified total savings of £41.2m of which £31.6m are recurrent and £9.6m are non-recurrent.

3.5.3 Table 1 – 2024/25 Division and corporate services savings targets

Division	2024/25 Total Savings Target £M	2024/25 Total Recurrent Savings Identified £M	2024/25 Total Non-Recurrent Savings Identified £M	2024/25 Total Savings Identified £M
Diagnostics & Therapies	2.3	0.9	0.4	1.3
Medicine	2.6	4.0	0.1	4.0
Specialised Services	1.7	1.0	0.4	1.4
Surgery	4.7	2.4	0.1	2.5
Weston	0.9	0.7	-	0.7
Women's & Children's	3.7	4.3	-	4.3
Estates & Facilities	1.3	0.4	0.0	0.4
Finance	0.2	0.4	-	0.4
HR	0.3	0.2	0.0	0.2
Trust Headquarters	0.9	-	-	-
Digital Services	1.0	0.0	0.7	0.7
Corporate requirement	10.4	9.5	8.0	17.4
Sub-Total	**30.0**	**23.6**	**9.6**	**33.2**
System Transformation	9.4	8.0	-	8.0
Grand Total	**39.4**	**31.6**	**9.6**	**41.2**

3.5.4 In addition to the £41.2m of savings identified, the Trust is also required to delivery additional corporate mitigations of £14.0m through a combination of additional income recovery and technical financial opportunities.

3.5.5 Based on recent track record, there is a reasonable level of confidence that the Trust will deliver the savings identified, either by recurring or non-recurring means. However, there is further work to be completed to ensure that the intention of delivering the target on a recurrent basis is achieved. The intention is to identify 100% on a recurring basis by the end of quarter 1.

3.5.6 The Trust has recently revised and strengthened the approach to productivity and efficiency to better address the ongoing savings requirement and deliver the targets above. The new Productivity and Financial Improvement Group (PFIG) has been established along with a number of corporate workstreams focusing on specific areas to drive better savings delivery and productivity. The Trust also retains the existing and well-established System of process and governance.

3.5.7 The Trust continues to use all available benchmarking sources to identify areas for improvement and develop actions plans to ensure delivery. The Trust is using the "Model System" as the key tool to identify efficiency opportunities and a more formal process is being rolled out across the Trust to follow up all

opportunities from this source. The Trust is also working with regional groups to identify further opportunities.

3.5.8 The Trust also has a series of programmes focussing on increased and robust expenditure controls including in the areas of non-pay, drugs and pay areas particularly medical staffing and nursing. Further work streams dedicated to delivering transactional savings have also been established.

3.5.9 In the event that we do not make the required progress in delivering the savings, or in balancing divisional budgets, then we will need to implement a range of more stringent workforce cost controls.

3.5.10 Savings schemes are assessed for impact on quality and patient safety through the completion of Quality and Equality Impact Assessments (QEIA) where required based on a clear set of criteria. For schemes meeting the criteria, the QEIA templates are subject to review and sign-off by the Trust's Chief Nurse & Midwife (CNM) and Chief Medical Officer (CMO).

3.5.11 Performance against savings targets is reported monthly and reviewed at regular divisional accountability reviews. Oversight of delivery is provided through the monthly PFIG meeting. Progress regarding savings delivery is also reviewed monthly at Executive led divisional reviews.

3.6 2024/25 Trust financial plan – capital

3.6.1 The Trust's capital plan for 2024/25 is £28.5m. This includes the Trust's share of the System's financial performance incentive of £2.5m (of a possible £5.0m) and a Trust contribution from the Trust's CDEL towards the System's Elective Centre of £3.75m. The plan excludes the outcome of ongoing discussions with NHSE in relation to the backlog maintenance due to the Trust following the merger with Weston and a recognition that as a System with significant tertiary providers, both the Trust's and NBT's CDEL should be uplifted accordingly for regional services. The plan also excludes further CDEL in relation to the Trust's Digital Strategy which is now subject to the Trust constructing and submitting various business cases to NHSE for approval. The Trust's capital plan is compliant with the System CFO agreement on the allocation of the System CDEL.

3.6.2 In summary, the sources of capital funds to meet the planned expenditure of £28.5m are as follows:

£m	
1.2	Use of the Trust's accumulated cash balance;
33.3	Depreciation in respect of the Trust's existing owned assets;
(3.8)	Trust contribution towards the System Elective Centre at Southmead;
(2.2)	Public Dividend Capital received/(repaid) from/(to) NHSE.
28.5	Total planned sources of capital funding.

3.6.3 The CDEL and sources of funds will be applied against the following key schemes including planned slippage or over-programming at c25%. Alongside the partner organisations and the ICB, the Trust has completed its estate and operational risk assessment as a result of maintaining capital expenditure within the CDEL. Detailed discussions, reviews and prioritisation of all schemes have taken taking place at System level with an acceptance that the risks need to be jointly held with the ICB. This process involved divisional operational teams and Finance, Business Planning, Estates, Medical Equipment Management Organisation (MEMO) and Procurement colleagues. The Financial Plan is set out below:

£m	
15.1	Slippage and pre-commitments from 2023/24;
5.1	2024/25 critical and high risk operational capital and medical equipment replacement;
5.0	Digital;
2.5	Fire improvement;
2.3	Emergency estates schemes including Heygroves Theatres;
2.0	Emergency major medical equipment and operational capital;
1.6	Feasibility fees for strategic schemes; and
2.1	MEMO equipment rolling replacement program and other projects.
35.7	Subtotal – Gross capital plan
(7.2)	Less assumed over-programming at c25%.
28.5	Total – 2024/25 planned net capital expenditure

3.7 2024/25 Trust financial plan – summary

3.7.1 The key headlines for the Trust's Financial Plan are:

- A planned net income and expenditure position of break-even. The break-even plan requires:
  - Delivery of ERF at 107.3% or £33.7m against an assumed ERF target of 102.9%. This means variable ERF at £25.7m is retained and the performance above 102.9% to 107.3% earns the Trust additional ERF of £8.0m giving a total planned ERF income of £33.7m;
  - Delivery of the Trust's identified savings of £41.2m; and
  - Further non-recurrent corporate mitigation of £14.0m as additional income and/or technical financial opportunities.
- A 2024/25 net capital plan that is compliant with the Trust's CDEL at £28.5m with over-programming or slippage assumed at c25%.

3.8 2024/25 Trust budget setting

3.8.1 2024/25 budgets will be set and aligned to divisional operating plans as part of the Trust's annual planning approach that has been operating during quarter 4. This means budgets are based on:

- 2023/24 full year effect recurrent budget as a starting point that funds all clinical Divisions to deliver 2019/20 activity volumes.

3.8.2 Plus, adjustments agreed during the 2024/25 planning process including:

- The removal of budget in line with Division's savings targets;
- the addition or removal of 2024/25 non-recurrent issues, for example, the IEN investments;
- correction of historic budget setting issues and agreed historical, uncontrollable cost pressures, for example Patient Transport Service and a proportion of the write-off of 2023/24 carried forward savings targets; and
- any agreed 2024/25 recurrent cost pressures and investments, for example, the termination of pregnancy service and safer nurse staffing in Childrens' Services.

3.8.3 The approach taken is consistent with the budget setting approach in 2023/24. Division's now have their budgets, with the exception of those items pending further discussion and decision in relation to the timing of investments which, if agreed, will be allocated in the month the investment or cost commences.

3.8.4 The Trust continues to apply and monitor the key financial controls. Financial controls refer to financial procedures, processes, and governance as well as the operational management and decision-making regarding use of resources. The financial controls in place to support the Trust to deliver its responsibilities to cover: financial reporting and review; financial oversight; and financial controls and processes.

3.9 Risk assessment

3.9.1 The key financial risks are presented here:

3.9.2 **Risk of not delivering the Trust's identified savings of £41.2m (in conjunction with 3.9.3 below)**

Of the £41.2m identified, £17.4m is expected to be achieved via corporately lead workstreams, £7.0m is expected to be achieved through managing down and thereby releasing the annual leave accrual and £1.0m through other balance sheet opportunities. With regard to the remaining £15.8m, the reasonableness of this requirement can be compared with the £18.3m savings achieved by Divisions and corporate services in 2023/24. However, in 2024/25 we need to ensure we deliver the identified savings on a recurring basis. This will be the principle focus of the newly established PFIG. At this early stage in the financial year, the delivery risk is assessed as **high.**

3.9.3 **Risk of not delivering the Trust and System partner transformation savings of £8.0m**

The expectation of the Trust delivering £8.0m requires full System involvement from all System partners to assist the Trust with the delivery of this saving. The primary route to achieve this saving is reducing the c150-c200 "No Criteria To Reside" patients in the Trust's acute bed base who no longer require acute care and therefore supporting elective recovery. The solution to this issue will require full establishment and optimal operation of the "Transfer of Care Hub" for example. Given the early implementation of the ToCH and the long-standing issue of "No Criteria To Reside" patients, this risk is assessed as **very high.**

3.9.4 **Risk that the planned ERF performance of £33.7m is not delivered.**

This risk has two components: delivery of the planned elective activity volume and valuation.

In relation to volume, the draft Financial Plan includes an elective activity plan agreed with the Trust's COO that delivers the ERF target at £25.7m and over-performance/additional income of £8.0m. This ERF receipt requires an elective activity volume increase above 2023/24 levels (adjusted for the impact of industrial action) of c2% for day case activity, c8% for elective inpatient activity and c3% for first outpatient attendance activity. The potentially significant challenge with the growth in emergency and non-elective admissions beyond the c3% assumed by the COO's Team threatens to displace the required step up in elective inpatient activity volumes at c8%.
In relation to value, the draft Financial Plan assumes an ERF target for the Trust of 102.9% of 2019/20 activity in value terms. Currently, based on the agreed elective activity plan, the Trust's planned ERF delivery is c107.3%. The target has not yet been formally communicated by NHSE so should the formally notified ERF target increase beyond 102.9%, the level of planned elective activity over-performance would reduce. Overall, given the twin risk of elective activity volume delivery and valuation linked to the ERF target, this risk is assessed as **very high**.

3.9.5 **Risk that developments linked to the ERF delivery do not deliver the elective activity required**

Key elective recovery initiatives and service developments are contingent upon key operational constraints such as workforce supply, theatre access and bed access being resolved. For example, the new Targeted Lung Health Check / Thoracic Surgery development assumes a step up in staffing that delivers additional elective activity and therefore earns new income of c£4.1m (full year effect) on a variable Payment by Results basis to cover the full year effect operating costs of delivery at c£4.1m. Should the key operational constrains such as bed and theatre access not be resolved, the Trust faces the risk of incurring the cost of employing additional staff but without the ability to deliver the required increase in elective activity volumes. This could mean a loss of planned income below the additional staffing costs and ultimately result in an unplanned deficit position for the development. This risk is assessed as **high.**

3.9.6 **Risk that corporate income/mitigations of £14m cannot be delivered in 2024/25**

The planned break-even position includes further income and/or expenditure mitigations of £14.0m in addition to the £17.4m included as corporately lead Trust savings. For context, the 2023/24 plan assumed non-recurrent corporate mitigations of £25.0m. Therefore, risk remains in relation to the delivery through a mixture of additional income and/or technical financial opportunities. This risk is assessed as **medium.**

3.9.7 **Risk that the Trust exceeds its £28.5m CDEL**

The Trust's gross capital plan is £35.7m and assumes, in effect, that schemes will not be delivered in 2024/25 and therefore capital expenditure of £7.2m is not incurred in 2024/25 and slips into 2025/26. This may be due to constraints relating to operational access (disruption to services and decant challenges), supplier constraints and regulatory compliance (2024 Building Safety Act). In addition, the Trust's Same Day Emergency Care (SDEC) scheme at Weston General Hospital requires NHSE to provide the agreed CDEL uplift following the merger with Weston. This risk is assessed as **medium.**

3.9.8 **Risk that the assumed funding from all Commissioners except the BNSSG ICB are materially incorrect**

Against the Trust planned patient care income of £1,088.0m, the Trust has received only one formal funding envelope i.e. from the BNSSG ICB at £498.9m. Informal discussions with NHS England Specialised Commissioner has agreed the funding envelope at £472.0m. However, £117.1m or c10% of the Trust's planned income is based on the 2023/24 methodology agreed by the South West Region CFOs earlier in the 2023/24 financial year but with limited or no discussion with the Commissioner. This risk is assessed as **medium.**

3.9.9 **Strategic Financial Risks**

The scale of the Trust's recurrent deficit and CDEL constraints 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 will now need to take forward the Joint Clinical Strategy. This risk is assessed as **high.**

4. Commissioning

4.1 Summary of approach

4.1.1 Commissioning has been challenging in the current financial context. Commissioners are continuing to work towards delegation of specialised services to the ICB. During the 2024/25 planning round, commissioning discussions with the ICB have been routed through the ICB Health Care Improvement Groups and its sub-groups.

4.1.2 Discussions with NHSE Specialised Commissioning have been progressed through a series of joint ICB, NHSE Specialised commissioning and Acute Providers meetings. These meetings have reviewed and discussed the key risks and issues for services currently commissioned by Specialised commissioning, however not all issues have been resolved, although there is a joint understanding of the key issues held by the Acute providers.

4.1.3 The Trust is currently working with Commissioners to develop the following South West service models:

- Severe Intestinal failure
- Clinical genetics
- Gender dysphoria (nationally commissioned)

5. Workforce plan

5.1 System approach

5.1.1 The BNSSG workforce planners' network has provided oversight in the construction of each organisation's workforce plan ensuring that they are developed consistently and in line with NHSE guidance.

5.2 Summary of Trust plan

5.2.1 Funded establishment (demand) is planned to increase by 0.4% (56.3 FTE) in 2024/25. This increase is due to agreed investments and cost pressures. The planned decrease in workforce numbers (supply) is -0.1% (-17.7 FTE) by March 2025. This takes account of vacancies that might be filled, as well as temporary staffing requirements and overtime.

5.2.2 Table 2: Trust 2024/25 funded establishment plan

	Funded Establishment		
	Year End (31-Mar-24)	Year End (31-Mar-25)	Change
	FTE	FTE	FTE
Total Workforce (WTE)	12516.8	12573.1	56.3

Table 3: Trust 2024/25 staff in post plan

	Staff-in- Post		
	Year End (31-Mar-24)	Year End (31-Mar-25)	Change
	FTE	FTE	FTE
Total Workforce (WTE)	13274.9	13257.2	-17.7
Total Substantive	12097.3	12123.4	26.1
Total Bank	1014.2	1053.5	39.3
Total Agency	163.4	80.4	-83.0

5.2.3 The workforce plan is predicated on the careful control of workforce numbers, limited growth necessary to achieve safe staffing levels and to support increased activity, the careful management of vacancy, identified cost savings, reductions in high-cost agency and premium workforce costs and improvements in productivity.

5.3 International recruitment (IR)

5.3.1 In 2023/24, 417 Internationally Educated Nurses (IENs) have joined the Trust, which gives a total of 977 IENs, five IEMs and nine refugee nurses that will have joined the Trust since the beginning of the programme. Of the total of 977 IENs, 875 are adult nurses and 102 are paediatric nurses. In 2024/25 international recruitment will be targeted on hard to recruit and specialist roles where a reduction in premium workforce costs and high-cost agency can be achieved.

6. Activity Plan

6.1 Summary of system and Trust approach

6.1.1 The Trust has worked collaboratively with system partners to agree consistent planning assumptions for the 2024/25 annual plan. The Trust approach was initiated with a demand-based modelling exercise to inform activity requirements. This model was based on achieving the national ambition of no patients waiting more than 52 weeks by 31st March 2025. The modelling also focussed on ensuring that both cancer and diagnostic waiting times could achieve the national and local ambitions.

6.1.2 Demand modelling was shared with divisions who subsequently developed a series of delivery plans describing schemes that will be introduced or continued that will support the levels of activity required to meet the ambitions referenced above. Divisional delivery plans have primarily been focused on productivity benefits and are being reviewed and stress-tested by corporate colleagues, ensuring that the plans are well defined, feasible and affordable.

6.2 Independent sector utilisation

6.2.1 The Trust's review of current independent sector utilisation continues to contribute towards a system wide evaluation of contracted and subcontracted services. Whilst a number of existing contracts will be extended into 2024/25, the delivery planning process is exploring opportunities to repatriate activity from the independent sector to be delivered by the Trust.

6.3 Approach to productivity

6.3.1 The delivery planning process has encouraged divisions to consider how productivity improvements could address any modelled gap between capacity and demand. The Trust undertook demand and capacity analysis using Gooroo Planner. The future requirement to achieve a sustainable waiting list size was compared with both the current 2023/24 baseline, but also the activity delivered in the same period in 2019/20. This has enabled the corporate team to explore with divisions how productivity levels could be restored to 2019/20 levels through check and challenge sessions.

6.3.2 **Theatre improvement**

The Trust has an established theatre improvement programme. The focus of this programme is threefold: firstly, to improve scheduling processes by establishing 6-4-2, scheduling and utilisation meetings for adults and paediatrics. This will deliver improvements to in-session utilisation and increase the number of scheduled cases; secondly, the improve pre-operative pathways to meet new national guidelines about pre-operative management and optimisation in advance of surgery. This will reduce the number of patients cancelled on the day of admission and reduce length of stay and outcomes for patients admitted for surgery; thirdly, to improve data quality to ensure that theatre teams have confidence in reports and that they can be used as the basis for measuring and monitoring improvement. This will ensure that there is a consistent way of measuring improvement, provide an effective way of engaging with clinical teams, and ensure that benchmark data produced by GIRFT and Model Hospital is reflective of the performance of our services.

6.3.3 **Outpatient programme**

The Trust has an established outpatient improvement programme. The focus of this programme is on realising the benefits of deploying the DrDoctor patient engagement portal. The Trust has already introduced Video Consultation, Appointment Reminders, Digital Letters (for adults in Bristol) and patient two-way communication via Quick Question and Assessments. The next stage of the roll out will be on Digital Letters for Weston and Paediatrics, Rescheduling and Patient Led Booking. The Trust is also participating in the national pilots for the Wayfinder project and e-Meet and Greet. These pilots are focussed on encouraging patients to utilise the NHS App. The Trust has also established a task and finish group to develop a business case for Outpatients 2025.

6.4 Summary of Trust plan

6.4.1 The Trust activity plan steps up significantly from the previous rolling 12 months, including an increase against elective inpatient activity levels delivered in 2019/20. The ambition to prevent any patients waiting 65 weeks or longer necessitates this increase and is supported by the operational division's productivity-driven delivery plans. The principal risks to delivery are due to limited beds, high volumes of patients with no criteria to reside (with associated length of stay increases) and workforce challenges.

6.4.2 An overview of the Indicative Activity Plan (with Trust adjustments to the 19/20 baseline) is shown below:

Table 4: Trust 2024/25 indicative activity plan

				Plan vs 23/24		Plan vs 19/20	
Point of Delivery	**19/20 Outturn**	**2023/24 Outturn**	**2024/25 Plan**	**Difference**	**% Difference**	**Difference**	**% Difference**
Elective Day Cases	74,488	74,845	79,466	4,621	106.2%	4,978	106.7%
Elective Inpatients	13,965	12,725	14,286	1,561	112.3%	321	102.3%
TOTAL Electives	**88,453**	**87,570**	**93,752**	**6,182**	**107.1%**	**5,299**	**106.0%**
New Outpatients	276,391	259,233	274,296	15,063	105.8%	-2,095	99.2%
Follow Up Outpatients	598,060	618,128	557,092	-61,036	90.1%	-40,968	93.1%
TOTAL Outpatients	**874,451**	**877,361**	**831,388**	**-45,973**	**94.8%**	**-43,063**	**95.1%**
Emergency Zero LOS	21,208	34,465	35,308	843	102.4%	14,100	166.5%
Non Elective Zero LOS	526	158	178	20	112.7%	-348	33.8%
TOTAL Non Elective Zero *	**21,734**	**34,623**	**35,486**	**863**	**102.5%**	**13,752**	**163.3%**
Emergency 1+ Day LOS	42,149	41,584	42,965	1,381	103.3%	816	101.9%
Non Elective 1+ Day LOS	2,963	2,102	2,249	147	107.0%	-714	75.9%
TOTAL Non Elective 1+ Day *	**45,112**	**43,686**	**45,214**	**1,528**	**103.5%**	**102**	**100.2%**
ED Attendances	**192,276**	**204,424**	**210,555**	**6,131**	**103.0%**	**18,279**	**109.5%**

* Acute specialties only excludes Well Babies, Maternity

6.4.3 Plans will continue to be stress tested and monitored with divisions to support the delivery of the activity levels and the related performance standards. Associated risks are included below in section 8.

7. Performance

7.1 Summary of performance targets and objectives

7.1.1 The Trust is working towards delivering the performance standards and targets as set out in the Operational Planning Guidance. The table below shows the core national standards confirmed by the Operational Planning Guidance for 2024/25 and the UHBW performance ambition as stated in the Trust's operational planning submission:

Table 5: Trust summary of performance targets and objectives

	Current UHBW performance	2024/25 NHSE target	2024/25 UHBW ambition as stated in operational planning submission
The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 65 weeks or more[1]	Expected to reduce 65 week waits to less than 392 by end of March 2024	Zero by 30 September 2024	Zero by 30 September 2024 with exception of cornea graft patients
Percentage of attendances at Type 1, 2, 3 A&E departments, departing in less than 4 hours	76.5% (March)[3]	78% by March 2025	78%[3]
Cancer: Percentage of patients seen within 62 days	70% (February)	70% by March 2025	70%
Cancer: Faster Diagnosis Standard	82.7% (February)	77% by March 2025	77%
Diagnostics: six-week wait standard[2]	81.9% (March)	95% by March 2025	95%

Notes:
[1] The Trust will eliminate 65ww backlogs by end of September. The treatment of patients who require corneal graft surgery is dependent graft material being available.
[2] The operational guidance asks for continued word towards the NHSE long term ambition of 95% performance by March 2025.
[3]76.5% includes a 6.2% performance uplift applied by NHSE which takes into account the Sirona type 3 performance

7.2 System transformation schemes

7.2.1 The system has focused funding on transformational schemes as an enabler to deliver the performance requirements and to meet the requirements of the NHS Long Term Plan. One of the key challenges has been the system prioritisation of the schemes against limited financial sources, and the work to understand the expected impact/ benefits, and deliverability, in addition to the interdependencies of the various schemes led by different providers and system groups. Various system transformation schemes have been developed over the last few years to support Home First, urgent and emergency care, and elective work.

7.2.2 The Trust has worked with both system colleagues and NBT to agree the impact of schemes and ensure these are consistently reflected in the plans. Ongoing work is being undertaken in partnership with the community part of the system, will support the understanding of the interdependencies between the various improvement programmes.

7.3 Community Diagnostic Centre (CDC)

7.3.1 NBT are working with Inhealth to set up a Bristol Community Diagnostic Centre (CDC). From 1st April 2024, some endoscopy activity will be delivered by Inhealth at the under contract with NBT on behalf of NBT, the ICB and UHBW. The Trust is currently working with NBT and Inhealth to ensure appropriate pathways are in place to manage the referrals and activity, and ensure the appropriate process and agreements are in place.

7.3.2 The Weston CDC has also gone live in April 2024, and the activity will support delivery of the performance targets.

8. Summary of key risks and challenges to delivery of the Trust plans

We have summarised some of the key risks and challenges for the Trust in 2024/25 below:

8.1 Financial risks and challenges

8.1.1 The key financial risks and challenges for the Trust in 2024/25 are as follows:

- Risk of not delivering the Trust's identified savings of £41.2m
- Risk of not delivering the Trust and System partner transformation savings of £8.0m
- Risk that the planned ERF performance of £33.7m is not delivered.
- Risk that developments linked to the ERF delivery do not deliver the elective activity required
- Risk that corporate income/mitigations of £14m cannot be delivered in 2024/25
- Risk that the Trust exceeds its £28.5m CDEL
- Risk that the assumed funding from all Commissioners except the BNSSG ICB are materially incorrect
- Strategic financial risk due to the scale of reduction in the Trust's CDEL in 2024/25, means that significant risks to the Trust's strategic ambitions are now present.

8.2 Operational risks and challenges

8.2.1 The key operational risks and challenges include:

- Insufficient beds for elective inpatients;
- Referral / non-admitted backlogs;
- 52ww patients who are low clinical priority but high complexity;
- Delivery of system schemes relating to Home First and Urgent and Emergency Care;
- National supply of cornea graft material impacting the ability to eliminate 65 week waits by end of September
- Operationalisation of CDC at Weston and NBT
- Future Industrial Action;
- Workforce challenges.

8.3 Workforce risks and challenges

8.3.1 The key workforce risks and challenges for the Trust in 2024/25 include:

- Retention of substantive workforce
- Being unable to recruit sufficient numbers of substantive staff, particularly in hard to recruit areas
- Ensuring nurse staffing levels are met
- Delivering the reduction in agency spend.

9. Operating plan next steps and recommendations

9.1 Next steps

9.1.1 The Trust, together with System partners, will continue to work through a number of significant remaining next steps in order to progress delivery of the break-even position. Key next steps include:

- Progressing delivery of savings against the £41.2m identified in the Financial Plan including identification and delivery of the recurrent savings such as additional workforce controls;
- Ensuring the Trust and all System partners work collectively to deliver the expected bed benefits as a result of System UEC investments through a material reduction in "No Criteria To Reside" patients in order contribute to the transformation savings requirement of £9.4m;
- Confirming commissioner funding envelopes and the NHSE ERF target; and
- Establish a shared understanding of the Trust's and System's productivity, as measured by NHSE and set out a productivity improvement plan at divisional and Trust level for the coming financial year from the 2023/24 outturn NHSE Trust measure of minus 5%.

9.1.2 Further internal next steps will include:

- Agreeing monthly capital expenditure delivery plans necessary to ensure the delivery of the Trust's CDEL.
- Review of mitigations in place to manage any residual risk as a result of unfunded developments though QEIAs, and the Trust QEIA panel.
- Agreeing the internal frameworks to support divisions and monitor delivery of the operational plans.

9.2 Recommendations

9.2.1 Board is asked to **note** the Trust 2024/25 operating plan summary for information.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 14th May 2024

Report Title	**Annual Sustainability Report**
Report Author	**Andy Jeanes, Director of Estates & Facilities**
Executive Lead	**Neil Kemsley, Chief Finance Officer**

1. Purpose

The purpose of this paper is to provide the Board with an Annual Report for 2023/24 on the progress made within the sustainability function and our progress made towards a Net Carbon position by 2030.

2. Key points to note *(Including any previous decisions taken)*

1. The Trust has published its first Green Plan along with the rest of the Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care System (ICS) that outlines its ambitious sustainability outcomes.
2. The Trust has been working more collaboratively with North Bristol NHS Trust and the wider ICS partners to combine resources and achieve greater action on sustainability.
3. Air quality breaches World Health Organization limits in certain areas of the Bristol City Centre.
4. The Trust has successfully completed several projects with the aim of lowering the carbon impact of its activities and improving the air quality in and around the hospital site.
5. Our carbon emissions are as a result of, amongst others, our supply chain which is beyond our direct control, our supply chain is large and complex making it difficult to achieve large scale carbon change.
6. No significant current funding source is in place for heat decarbonising projects (energy) and therefore will need to bid for monies alongside other system priorities for funding.
7.

Please note: The attached report is effectively the previous years, as it provides data for 2021/22 but contents relating to 2022/23, this is due to the reporting of the annual report not being reported in a timely way in previous years. Therefore, the proposal would be to bring a further annual report for 22/23 in July and reset the date for future reports.

3. Strategic Alignment

There is national legislation on greenhouse gas emissions which commits the public sector to achieve net zero by 2050. NHS England has also committed to achieve net zero by 2040. The joint ICS Green Plan covers a broad range of areas but is most associated to the Ture North Strategic Priority of "Making the Most of Our Resources".

4. Risks and Opportunities
5539 – Risk that the Trust will not achieve its stated 2030 Carbon Neutral target.
5. Recommendation
This report is for **Information.**
6. History of the paper **Please include details of where paper has <u>previously</u> been received.**
N/A

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Annual Sustainability Report – 2022-23

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Introduction

The Trust is working to be a leader in sustainable healthcare, delivering improved patient outcomes that decouple the impact that healthcare has on the environment. We recognise the threat that climate change poses to our health, wellbeing and livelihoods and the urgency with which we need to act. We are committed to ending our contribution to the global climate and biodiversity emergencies, delivering our ambitious green plan to not just minimise the negative impact of our activities but work to make a significant positive contribution to the environment, society and economy.

This report details the action we have taken in our key impact areas for the 2022-23 financial year.

Key Messages

1. The Trust has published its first Green Plan along with the rest of the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System (ICS) that outlines its ambitious sustainability outcomes.
2. The Trust has been working more collaboratively with North Bristol NHS Trust and the wider ICS partners to combine resources and achieve greater action on sustainability.
3. Air quality breaches World Health Organisation limits in certain areas of the Bristol hospital site.
4. The Trust has successfully completed several projects with the aim of lowering the carbon impact of its activities and improving the air quality in and around the hospital site including;
    - Social value in the award criteria for all its procurements.
    - A salary sacrifice scheme for staff to purchase electric vehicles.
    - Upgrades to the shower facilities on site.
    - The introduction of a separate food waste collection service.
    - Our re-use system Warp-it which has saved the Trust approximately 19,000 tonnes of waste.
5. Despite these actions, our carbon emissions have remained stable and have not significantly decreased. This does pose a risk to meeting our net zero carbon target given the short timescale (7 years) that we have in which to meet it.
6. This stability in our carbon emissions is as a result of, amongst others;
    - The majority of emissions sitting within our supply chain which is beyond our direct operation and control.
    - Our supply chain is large and complex making it difficult to achieve large scale carbon reductions.
    - Our reporting methodology for our scope 3 emissions is not accurate or sensitive enough to measure and monitor changes in carbon emissions.
    - No current funding source is in place for heat decarbonisation projects. It needs to bid alongside other system priorities for funding.

Our Sustainability Outcomes:

1. **Net zero carbon by 2030 across scope 1, 2 and 3 emissions sources.**
2. **Improve the environment by reducing waste, improving air quality and restoring biodiversity.**
3. **Create a BNSSG wide movement to support a culture change amongst, staff, citizens, and businesses.**

BNSSG Green Plan

This year, the Trust along with North Bristol NHS Trust and the wider ICS partners published its first Board approved Green Plan. Our Green Plan sets out the ambitious goals that the Trust is working to achieve. For the first time both Trusts are aligned in their sustainability outcomes, aiding partnership working to deliver our joint vision.

Both Trusts have been working more collaboratively this year, combining our knowledge and resources to achieve our joint outcomes.

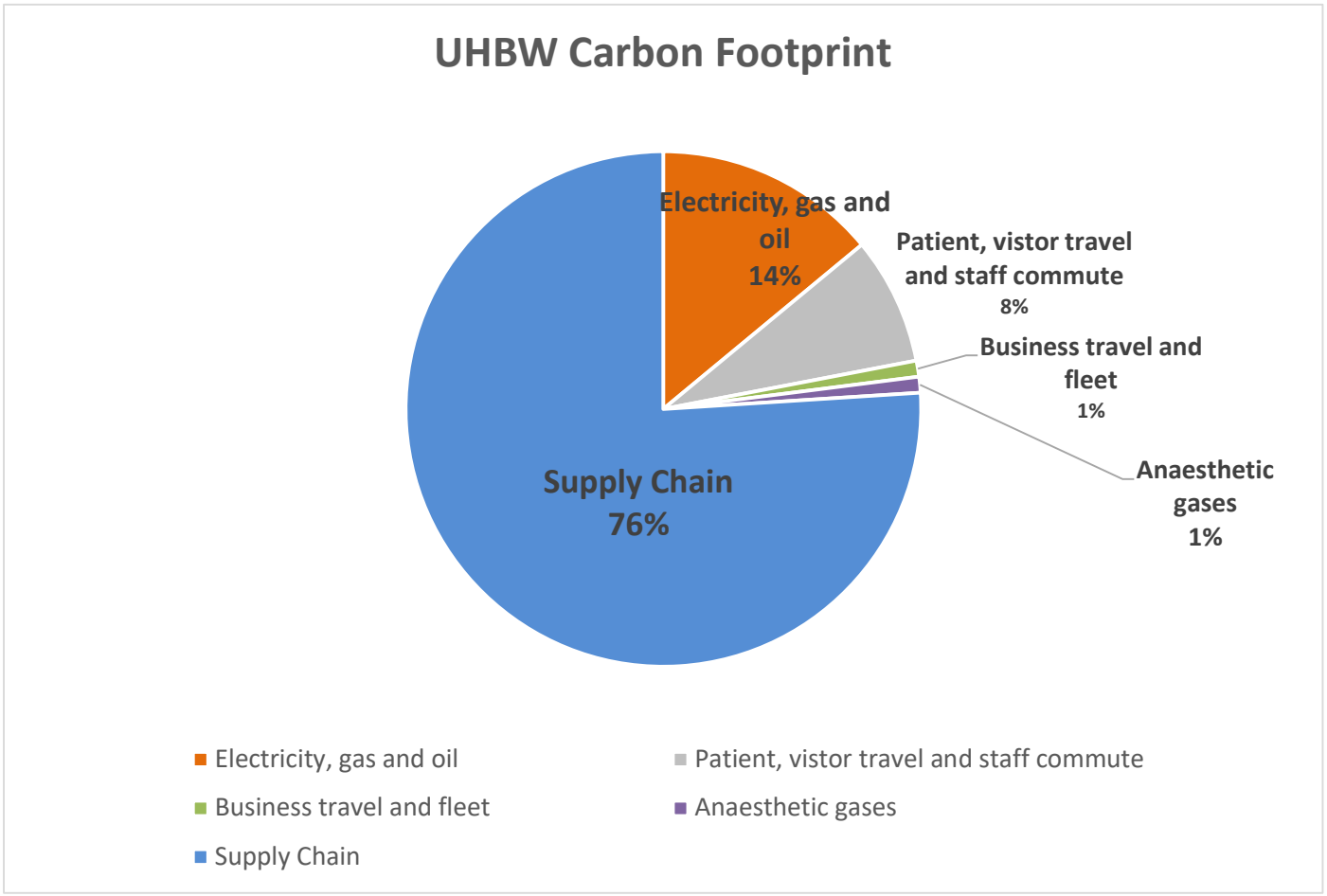
This year we;

- Held a joint planning session to discuss and establish our priorities for the year and establish how we can work together.
- Launched a joint staff engagement app and programme to encourage staff to make more sustainable choices in their work and home lives.
- Launched a series of joint 'Lunch and Learn' webinars. This is a short webinar held once a month on different sustainability related topics open to all colleagues.
- Created joint working groups for our workstream areas. These workstream groups provide assurance to the Green Plan Implementation Group that the outcomes set out within the green plan are on target. These joint workstream areas are;
    - Net zero carbon,
    - Sustainable procurement,
    - Sustainable waste management,

- Travel, Transport and clean air,
- Communications and engagement,
- Biodiversity.

GHG emissions

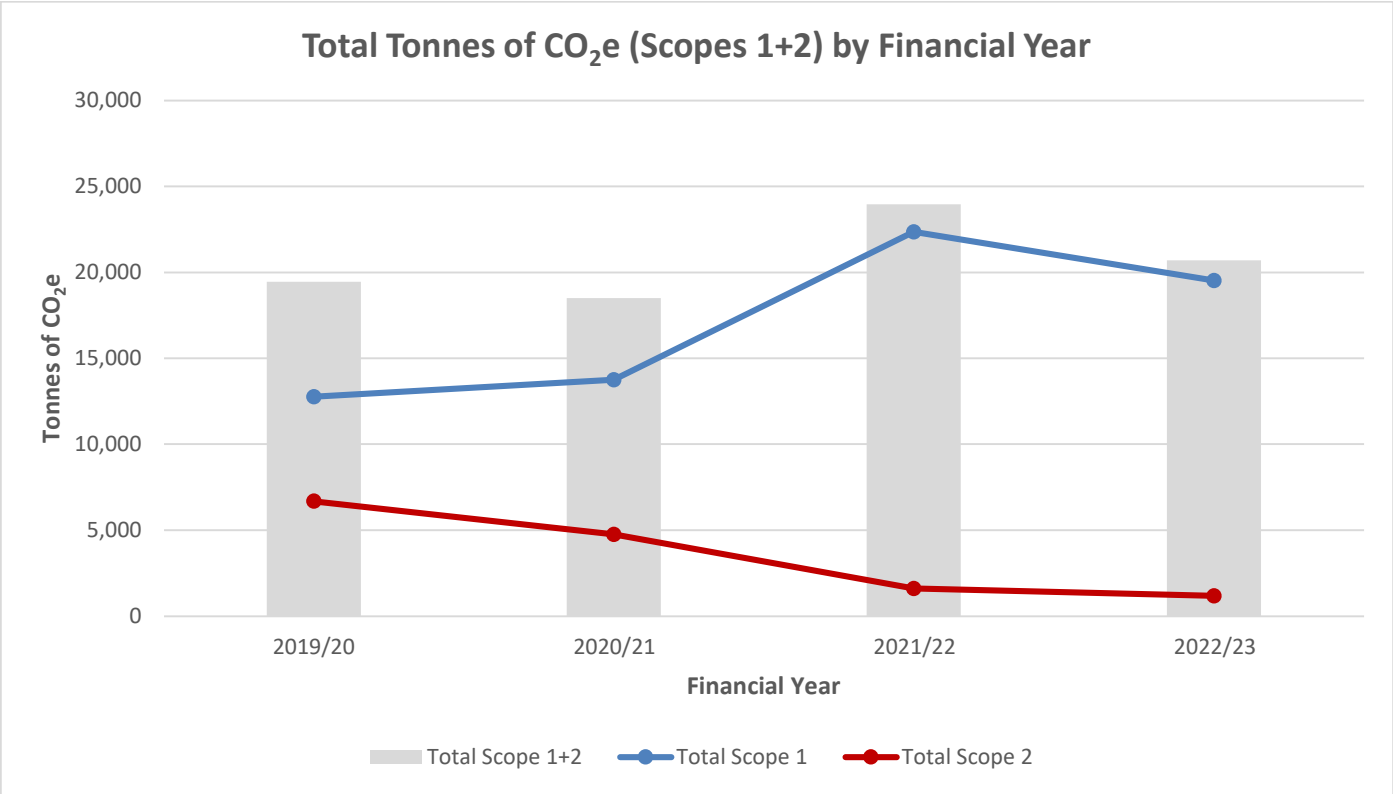
The chart below shows a breakdown of our carbon footprint. It shows that the carbon emissions in our supply chain are the single largest contributor, followed by our energy use and patient and visitor travel and staff commute. Whilst our supply chain emissions are the largest source, they are not under our direct operation and control. Its size and complexity make its emissions difficult to monitor, control and reduce when compared with those sources such as energy use that are under our direct control.



Performance

Our total greenhouse gas emissions have remained stable at around 160, 000 tCO_2e annually. With an ambitious net zero target to meet within 7 years, we need to ensure that our emissions reduce at pace. It should be noted that we have not profiled an even annual reduction in emissions rather a jump as and when major decarbonisation projects are completed but we do need to see a reduction trend to be confident that we will meet our target.

The graph below shows the emissions from our scope 1 and 2 sources by financial year. These are the sources of emissions we can control. It shows that electricity in red, has remained low for 2022/23 as we continue to utilise generation from our combined heat and power unit. We have also seen a reduction in our scope 1 emissions, specifically from our gas use represented by the blue line. This is a result of a more efficient district heating system being installed on the Bristol site.

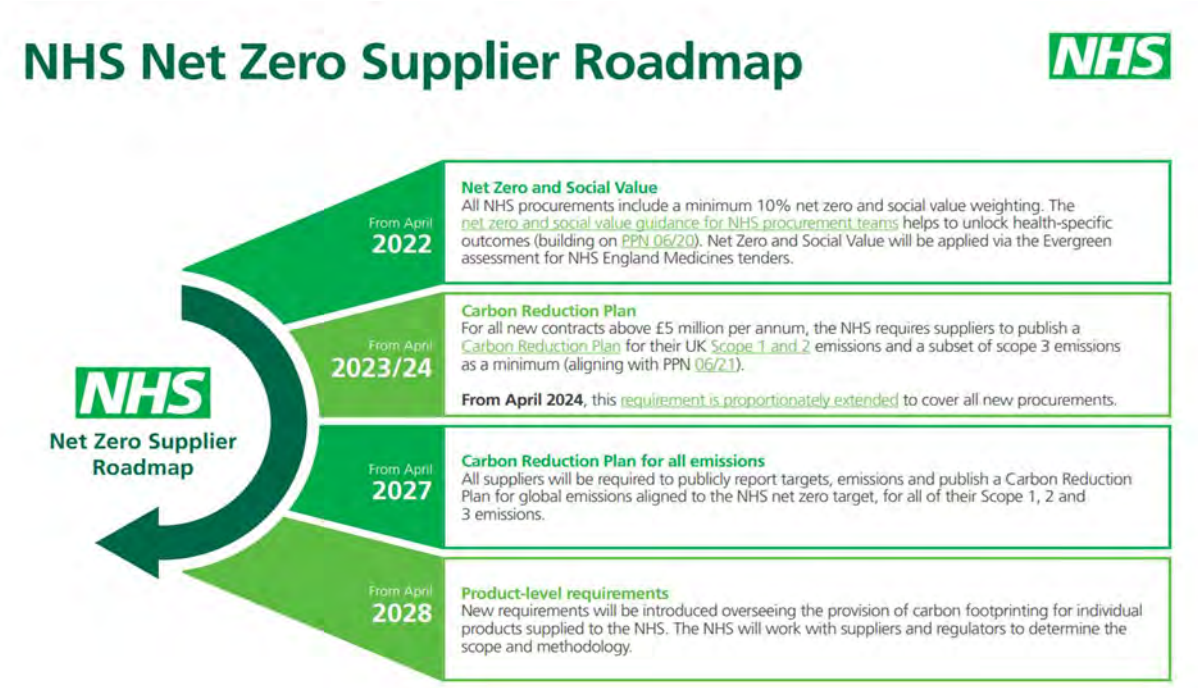


If we are to see meaningful reductions in emissions from our direct operations by 2030, we will need significant investment in zero carbon heating for our estate over the next few years.

Net Zero and Social Value

NHS England have published a net zero supplier roadmap that sets out the steps it will introduce to help achieve its net zero emissions target in its carbon footprint plus (the emissions in its supply chain) by 2045.

The roadmap introduced new net zero and social value requirements for all NHS procurements in April 2022. The requirements introduce a mandatory minimum weighting of 10% to be given to social value in the award criteria for all contracts. Social value is the additional social, environmental or economic benefit that can be delivered through the letting of public contracts. Examples include providing apprenticeships, reducing plastic packaging and activities that support physical and mental health. The requirements also state that 'Fighting Climate Change' must be addressed in all procurements.



To help embed this new process within our procurements, the sustainability team and its procurement partners, Bristol and Weston Purchasing Consortium have been working to raise awareness and understanding of the new requirements with each category team. The team have attended training on the new requirements provided by NHS England and the Cabinet Office. The sustainability team have also been helping to create social value requirements for the contracts we have let, establishing our approach to this requirement.

As our approach to social value matures, we hope to achieve more and use our buying power to deliver more for the environment and for our local communities.

The current method of calculating our supply chain carbon emissions is not accurate or sensitive enough to pick up the carbon reduction that we can expect to see through the implementation of this new requirement. This is also true for our other scope 3 emissions sources such as staff commuting, business travel and patient and visitor travel.

Waste Management

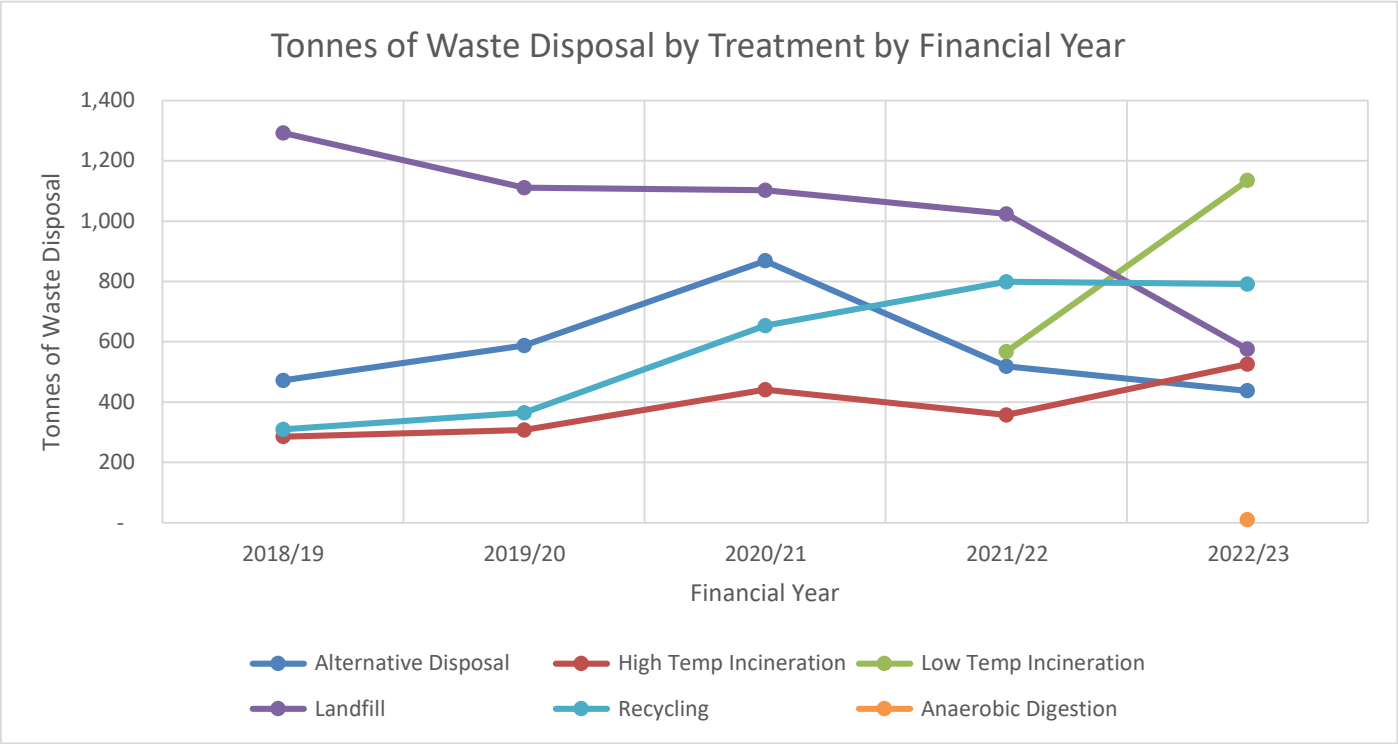
Healthcare waste management is an operationally vital service that is environmentally costly. It is also complex - from the number of different waste streams produced in hospitals to logistical issues such as storage and collection as well as being subject to a robust legislative framework.

Performance

The graph below shows the amount of waste the Trust has disposed of in tonnes for each waste stream it produces. In 2022/23 landfill use has significantly dropped as more waste is sent to low temperature incineration. Landfill is a carbon intense method of disposal and this signifies great progress towards our zero waste to landfill by 2025 target.

Recycling rates have plateaued so this will be an area of focus going forward.

2022/23 is also the first year that the Trust has introduced a separate waste collection for its food waste that is treated via anaerobic digestion, a process that produces energy and fertiliser. This change allows us to be compliant with upcoming changes to legislation as well as reducing the carbon impact of the disposal of this waste stream.



To help move waste up the hierarchy from disposal to re-use, the Trust have an online platform, Warp-it, that allows staff from across the Trust to advertise surplus equipment to be re-housed and re-used rather than disposed of. Since its implementation in 2022, the Trust has saved;

- 57, 072 tonnes of CO_2
- Avoided 19,887 tonnes of waste
- Avoided £132k of costs through procuring new furniture.

Work has also been undertaken to establish the content of plastic waste that the Trust dispose of. With the support of Healthcare Without Harm, a plastics audit was carried out within the catheterization laboratory and the ICU. The waste audited included dry mix recycling, the general waste stream and offensive waste stream. During the audit, the waste underwent a series of sorting/separation. The image below shows an example of the plastic waste found during the audit.

It established that 48% of the waste audited was plastic; of this 53% were items that served a medical function and 40% was packaging. The audit was not able to classify the type of plastic of all the packaging, but packaging is often made from mixed materials and are often challenging to recycle.

The audits established the importance of placing a focus on understanding plastic waste generation and how it can be reduced.

Policy

This year has seen the publication of two new NHS England policy documents.

1. Clinical waste management strategy
2. Health Technical Memorandum 07-01: Safe and sustainable management of health waste 2023.

Both documents provide the framework to transform the way that healthcare waste is segregated, managed and disposed of with a focus on the environmental benefits of safe management and disposal.

The clinical waste strategy provides a target for the segregation of clinical waste aiming for a 20% incineration waste – 20% infectious waste – 60% offensive waste split with the aim of reducing carbon emissions by 30% when fully implemented by reducing the overtreatment of waste.

Joe Duarte the Trust Senior Sustainable Waste Manager, was part of the national level working group, working with NHS England to produce these two key documents that transition us towards more sustainable management of healthcare waste.

The clinical waste strategy and HTM requirements will be included in our new waste management contract and we will implement its best practice recommendations and targets, reporting against these in coming years.

Procurement

In a joint project between UHBW and NBT, the Trusts are undertaking an innovation procurement exercise to let a Towards zero waste – sustainable waste management solution contract. The project has adopted the EcoQUIP Plus innovation procurement methodology, taking the project team through the process of needs identification and definition, through a market engagement and consultation process and eventually on to the adoption of pro-innovation tendering and contracting approaches. Work this year has focused on engaging the market to seek solutions from across the supply chain that will deliver environmentally sustainable waste management solutions that address both the urgent need to minimise waste and enable a transition to circular management.

The market engagement opportunities were well attended and included;

- A market sounding form
- A supplier day
- Bilateral interviews

The project team found the market engagement phase of the project extremely useful. It gave us the opportunity to share with the market our aims and outcomes for the contract and helped us to establish how innovation and net zero can be supported through the procurement and contract management processes.

The feedback from these events will now be used to inform the Trusts tender strategy for our new waste management arrangements which will be tendered next year.

Further information on the EcoQuip Plus innovation procurement methodology and the project, can be found using this link;

Home - EcoQuip Plus

"The supply chain response was overwhelmingly positive to our call for information. Having an open dialogue with the supply chain has been key to really understanding the different ways we can achieve our outcomes." ***Sam Willitts, Head of Sustainability, BNSSG ICS.***

Travel, transport and clean air

The roads in and around our Bristol hospital sites are frequently in breach of the World Health Organisation (WHO) limits on air pollution. Indeed, levels of nitrous oxide on site have been found to be double the WHO limit and higher than the general Bristol ambient pollution levels.

On site, our ambulance bays are areas of concern for air quality. To address this hotspot area, electrical shorelines have been installed in the ambulance parking bays to allow ambulances to turn their engines off whilst waiting to unload, ensuring power is still available for all the vital equipment used on board.

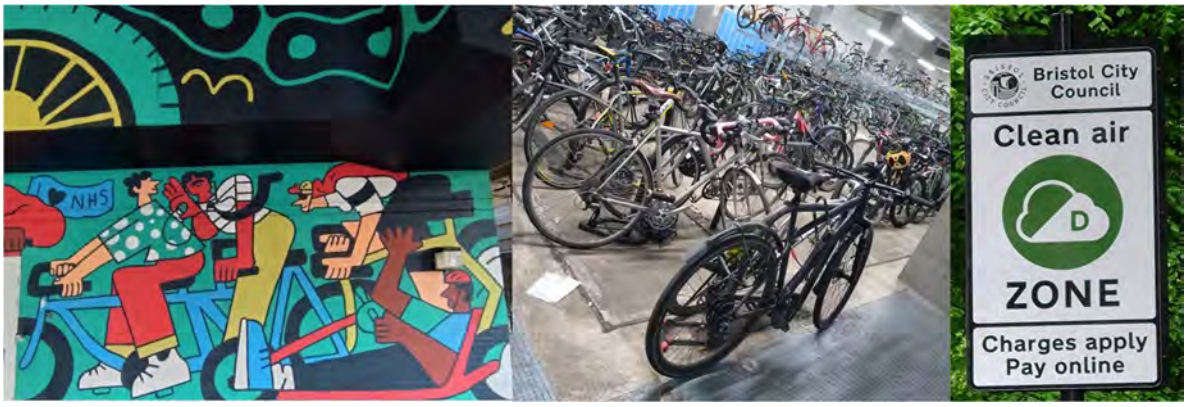
In November 2022, the Bristol Clean Air Zone was introduced in Bristol City Centre to address the poor air quality in the area. The Zone encompasses Upper Maudlin Street and Marlborough Street, the roads directly outside the Bristol Royal Infirmary. Our Sustainable Travel and Transport team have been working very closely with Bristol City Council to manage the impact the zone will have on our staff, patients, visitors and suppliers and raising awareness of its implementation.

From a Trust fleet perspective, all our owned vehicles are clean air zone compliant and this year we have added three more fully electric vehicles to the fleet.

This year has also seen the expansion of incentives available to staff to encourage more low carbon and active travel commuting options. Specifically, this year we have;

- Upgraded the showering facilities on site for those who use active travel.
- Installed new cycle storage across the hospital campus, increasing capacity on site.
- Introduced a salary sacrifice scheme for the purchase of electric vehicles.
- Introduced an e-bike hire scheme to allow staff to try an e-bike before purchasing one.

This is in addition to our already established programmes and incentives which include access to the Cycle to Work scheme, discounted bus, e-scooter and e-bike tickets and subscriptions and special events offering free breakfasts and bike maintenance for those who travel by active modes.



Communication and Engagement

Communication and engagement with our stakeholders is key to driving sustainable behaviours and achieving our outcomes.

This year, we launched our new staff engagement programme, Greener Together, a digital platform that encourages, educates and rewards staff for taking sustainable action at work and home. Topics covered include travel, energy, waste and nature. Points are awarded for sustainable actions completed with the chance to win vouchers for the individual and team with the most points. Within the first year of the platform launch, we have had over 250 staff sign up.

We also provided a walking tour of our sites that the included a trip to the boiler house to see our combined heat and power system, the rooftop of St Michael's hospital to see our solar PV array and our waste management compound. These tours provided a chance for staff to see parts of the hospital estate that they are not familiar with, to ask questions about our energy use and waste management activities and for us to share the progress we are making in decarbonising the operation of our estate.

In July, the sustainability team held a Health Matters event to share our sustainability story. Health Matters is the Trust's programme of public information and engagement events for Foundation Trust members, staff and members of the public. The aim of the events is to raise awareness of the projects and teams within the Trust and gain feedback. During the event, we shared our aims and outcomes, our progress made towards them and discussed the challenges we face to meet them.

Looking ahead

The work achieved in 2022/23 will be built upon to further advance our progress towards our green plan outcomes.

- We will continue to progress working collaboratively on sustainability across the ICS and create a delivery plan against which we can monitor our progress towards our targets.
- We will test and refine our approach to social value in our contracts to deliver more for the environment, society and economy and work to prepare for the next steps of the NHS net zero supplier roadmap.
- We will tender for our new waste management contract embedding decarbonisation as a key requirement.
- We will work to improve the air quality in and around our hospital sites, working with our suppliers to address their impact on this. We will also improve and implement more schemes to encourage our staff to commute using low carbon and active travel modes.
- We will continue to engage with our staff on sustainability to increase awareness and action.
- We will work with our colleagues on projects that help reduce the sustainability impact of our activities.

Whilst we have achieved some great successes, our 2030 target is getting ever closer and we will need to act if we are to ensure we will meet this.

For further information please contact the sustainability team

Email: mailto:sustainability@uhbw.nhs.uk

University Hospitals Bristol and Weston NHS Foundation Trust

A Meeting of the Board of Directors in Public on Tuesday 14 May 2024

Report Title	**Patient First Strategic Priority Projects Report**
Report Author	**Cathy Caple, Deputy Director of Improvement & Innovation**
Executive Lead	**Paula Clarke, Executive Managing Director (WGH)**

1. Purpose

This report provides the quarterly update on delivery of the Patient First strategic priority projects for 2023/24.

2. Key points to note *(Including any previous decisions taken)*

In January 2024, Trust Board reviewed the proposed new Patient First Strategic Priority Projects reports which are aimed at taking us towards a Patient First Board governance model. The purpose of the new reports is to provide assurance to the Board, and its committees, that strategic priority projects are delivering improvements to "turn the dial" on our True North goals and targets (delivered over 3-5 years).

Appendix 1 summarises the progress in delivery of the Patient First strategic priority projects for 2023/24. In line with the data driven approach of Patient First, the metrics enable us to assess progress with project timelines and milestones being on or off track and assess delivery of project targets against trajectory (either process or outcome metrics). Of the 24 priorities, 2 project timeline metrics and 5 project target metrics are assessed as red as at April 2024. It is noted which projects align to the IQPR and all projects are tracked through the monthly Senior Leadership Team Strategy Deployment Review.

The Executive Team has reviewed strategic priority projects for 2024/25. Current projects that have reached their target, and are identified as complete, are included in Appendix 2. For these completed projects, key metrics will remain as "watch" measures to ensure the improvement is sustained and improvement stories will be added to the Patient First hub.

Projects to continue into 2024/25, plus new projects, are summarised in Appendix 3. Key points to note are:

- Using the Patient First strategic project filter process, new strategic priority projects have been prioritised to commence. A holding list has also been created which will become the pipeline of improvement projects.
- A check is being made against the draft updated Board Assurance Framework to ensure that the priority projects address the key risks for the Trust.
- The strategic project filter will be used dynamically going forwards, with possible new priorities considered by the Executive Patient First Steering Group as they

arise. This supports the "inch-wide, mile-deep" focus we are committed to, with overt choices being made to re-prioritise if required in-year.

Deployment of the Patient First management operating system is progressing well:

- Catchball (agreement of divisional priorities) has been completed for six of the seven divisions, and they will progress to monthly strategy deployment reviews with the Executive Team in June 2024.
- The Division of Medine has commenced deploying Patient First throughout the division. This will put into place tools and leadership mindset and behaviours to streamline the governance of the division to release time, and to empower and support staff to continuously improve their services.
- Patient first for Teams training - cohort 1 (Estates and Facilities teams) commenced in January 2024 and the teams have completed all teaching modules and continue to receive coaching support from the Continuous Improvement Team. They are already progressing implementation of the Patient First tools such as improvement huddles, 5S methodology for a productive work environment, A3 thinking structured problem solving and are putting into practice the Patient First behaviours and mindset. Cohort 2 teams (Medicine Division) commenced in April 2024. The teams undergoing the training are included in Appendix 4.

3. Strategic Alignment

This report gives assurance regarding the organisational steps being taken via the Patient First approach to deliver the Trust's strategic direction and progress in delivery of the Trust strategic priorities for 2023/24.

4. Risks and Opportunities

- The strategic priority projects contribute to addressing all key areas of strategic and corporate risk across the Trust.
- The Patient First approach provides an opportunity to prioritise our improvement work across the Trust to deliver in a more focused, transparent and effective way.

5. Recommendation

This report is for **Information.**

6. History of the paper

Please include details of where paper has <u>previously</u> been received.

Senior Leadership Team Strategy Deployment Review	17th April 2024

Appendix 1: Strategic Priority Projects 2023/24: Progress report for Public Board May 2024

University Hospitals Bristol and Weston NHS Foundation Trust

Introduction

- This report presents the latest performance of the Trust's Strategic Priority projects
- The summary report for each Strategic Priority project is derived from the update report presented to the Senior Leadership Team Strategy Deployment Review by the Senior Responsible Officer (SRO), and latest updates from the SRO.
- It should be noted that some metrics are still under development, being led by the SRO.
- Where there is overlap with the IPQR, the detailed performance update is contained in the IPQR narrative to avoid duplication.
- The report includes a status for whether the project timeline is on or off track, and a 'turning the dial' status to show how much improvement has been made since the project baseline

Summary of Strategic Priorities

Strategic Priority	Project Type	Strategic Priority Project Title	Assurance	
Experience of Care *Exceptional patient experience*	Strategic Initiative	Developing & implementing the Experience of Care strategy	Quality Outcomes Committee	QOC
	Breakthrough objective	Experience of care through better communication	Quality Outcomes Committee	QOC
Patient Safety *Excellent care, every time*	Strategic Initiative	Clinical Strategy Year 1	Quality Outcomes Committee	QOC
	Corporate Project	Implementing Careflow Medicines Management	Finance, Digital and Estates Committee	FDEC
	Corporate Project	Delivering the NHS Patient Safety Strategy	Quality Outcomes Committee	QOC
	Corporate Project	Delivering our Deteriorating Patient Programme	Quality Outcomes Committee	QOC
Our People *Proud to be #team UHBW*	Strategic Initiative	Our People Strategy Year 2	People Committee	PC
	Corporate Project	Funded Retention Strategy (Registered Nurses)	People Committee	PC
	Corporate Project	Optimising Medical Workforce	People Committee	PC
	Breakthrough objective	Reducing Turnover	People Committee	PC
Timely Care *Timely access to care for all*	Strategic Initiative	Communication Strategy Year 1	Executive Committee	EC
	Corporate Project	Proactive Hospital	Quality Outcomes Committee	QOC
	Corporate Project	Improving Theatres Efficiency and Productivity	Quality Outcomes Committee	QOC
	Corporate Project	Improving Outpatients Efficiency and Productivity	Quality Outcomes Committee	QOC
	Breakthrough objective	Ready for Discharge	Quality Outcomes Committee	QOC
Innovate and Improve *Unlocking our potential*	Strategic Initiative	Patient First Deployment Year 2	People Committee	PC
	Strategic Initiative	Development of a Joint Digital Strategy with North Bristol NHS Trust (in development)	Finance, Digital and Estates Committee	FDEC
	Corporate Project	Fire Safety Programme	Finance, Digital and Estates Committee	FDEC
	Corporate Project	Scoping and developing our Business Intelligence function (not commenced)	Finance, Digital and Estates Committee	FDEC
	Breakthrough objective	Consistency in undertaking weekly fire evacuation checks in every division and department	Finance, Digital and Estates Committee	FDEC
Our Resources *Using our resources wisely*	Strategic Initiative	Develop the Marlborough Hill Business Cases (paused)	Finance, Digital and Estates Committee	FDEC
	Corporate Project	Reduce Premium Workforce Costs	Finance, Digital and Estates Committee	FDEC
	Corporate Project	Digital procurement, stores and materials management	Finance, Digital and Estates Committee	FDEC

Status Key	Project Status				Turning the dial: how much improvement is being made since the project baseline						Other	
	✓	Project timeline on track	✗	Project timeline off track	Green text	Metric is on target or moving positively towards trajectory	Red text	Metric is off target or moving negatively from trajectory	Black text	Project not in measurement phase	IQPR	Detailed information included in UHBW Integrated Performance and Quality Report

Author: Melanie Jeffries, Continuous Improvement Programme Manager. Date report finalised: 29/04/24

Experience of Care - *Exceptional patient experience*

Our Vision	Together, we will deliver person-centred, compassionate and inclusive care every time, for everyone.			
Our Goal	We will be in the top 10% of NHS organisations for providing a consistently outstanding experience for ALL our patients as reported by them and as recognised by our staff			
Vision Metrics		**Starting position**	**Latest position**	**Turning the dial** (Baseline to latest position)
	≥98% of inpatients and maternity will rate their care as good or above	**91.5%** of inpatient and maternity stays rate their care as good or above in 2022/23	**91.8%** of inpatient and maternity stays rate their care as good or above in 2023/24 (February 2024) Note: Not final year end position, as postal surveys still to arrive	**0.3% increase**
	Feedback is representative of the patients we care for	We do not fully understand the experience of communities who are underrepresented in our patient survey feedback	Project planned as part of Year 1 Experience of care strategy delivery	**Metric to be defined once project commences**
	Top 10% of non-specialist acute trusts: Staff would recommend this organisation for treatment of a friend or relative'	• **70.8%** in 2022 staff survey compared to average of 61% for similar organisations • In top **26%** of Acute and Community Trusts on Model Health System in 2022	• **73.9%** in 2023 staff survey compared to average of 62.6% for similar organisations • In top **24%** of Acute and Community Trusts on Model Health System in 2023	• **3.1% increase** in UHBW staff survey • **2 percentage point improvement** in model health system benchmarking

Strategic Priority Projects		Goal	Starting Position	Latest Position	Turning the dial (Baseline to latest position)	Key Progress	Project Status	Next Actions
Strategic Initiative	**Developing & implementing the Experience of Care strategy** Assurance: QOC	To co-design and agree a new vision and strategy for experience of care at UHBW.	No Experience of Care strategy	Experience of Care strategy scheduled for approval at Trust Board in May 2024	**Metrics to be agreed for year one delivery of strategy once approved**	• Life Course (birth to end of life) lead workshop held • Strategy developed, testing vision and goals with stakeholders • Year one to three detailed milestones developed • Final strategy document collated	✓	• Trust Board approval • Mobilise communication and engagement plan to launch strategy • Identify year one deliverables for 2024/25
Breakthrough objective	**Experience of care through better communication** Assurance: QOC	By March 2025 we will have increased the proportion of inpatients who rate their overall experience of care as good or better by focusing on improving communication with patients and between staff.	New metric: Composite Communication score out of 100 developed in 2023. 2022/23 comparison not available	Composite Communication score out of 100 - rolling 3 month average Target - 88 Inpatient – **84** Maternity – **89.2** (Year to date in February 2024)	**Inpatient** **Below target for 11 months** **Maternity** **Above target for 11 months**	• Metric amended to a three month rolling average, and target agreed in February 2024 - 88 based on upper quartile performance in 2023/24 year to date • Analysis completed of communication related complaints received in 2023/24 • Weston Inpatient areas using What Matters to You too have seen a 5% improvement in patient responses to the monthly inpatient survey question 'To what extent did staff looking after you involve you in decisions about your care and treatment'	✓	• Re-introduce ward-level analysis of patient experience to support Divisions to monitor performance and focus where improvements are required • Divisions of Medicine, Specialised Services and Weston to finalise the best local approach for wards completing as a breakthrough objective • Bespoke Patient Feedback Hub training sessions with Division to identity top contributing questions that form the Communication Experience metric • Detailed planning for Trust wide 'What Matters To You day' on to coincide with National 'What Matters To You day' on 6th June 2024

Patient Safety - *Excellent care, every time*

Our Vision	Together, we will consistently deliver the highest quality, safe and effective care to all our patients.
Our Goal	Building on the many things we do well to keep our patients safe, we will reduce avoidable patient harm events and further develop a "no blame" and "just culture."

Vision Metric	**Starting position**	**Latest position**	**Turning the dial** (Baseline to latest position)
1% year on year increase in staff survey scores for patient safety culture questions. Note: Vision metric has been amended to enable effective monitoring of the improvements	For the **five** patient safety culture questions in the staff survey, 2022 responses were: • **61.2%** 'not seen any errors/near misses/incidents that could have hurt staff/patients/service users' • **61.8%** for 'staff involved in error/near miss/incident treated fairly' • **89.4%**organisation encourages us to report errors, near misses or incidents' • **68.2%** organisation ensure errors/near misses/incidents do not repeat' • **60.8% '**feedback given on changes made following errors/near misses/incidents'	For the **five** patient safety culture questions in the staff survey, 2022 responses were: • **64.4%** 'not seen any errors/near misses/incidents that could have hurt staff/patients/service users' • **65.4%** for 'staff involved in error/near miss/incident treated fairly' • **89.7%** organisation encourages us to report errors, near misses or incidents' • **70.1%** organisation ensure errors/near misses/incidents do not repeat' • **63.7%** 'feedback given on changes made following errors/near misses/incidents'	**Improvement** in all five question responses, **range 0.3% to 3.6% improvement**

	Strategic Priority Projects	**Goal**	**Starting Position**	**Latest Position**	**Turning the dial** (Baseline to latest position)	**Key Progress**	**Project Status**	**Next Actions**
Strategic Initiative	**Clinical Strategy Year 1** Assurance: QOC	To produce a single document that describes the clinical strategy for UHBW, recognisable to clinical teams and aligned with other strategic development work	No single clinical strategy for UHBW	Development of draft priorities	**Measurement will commence in year 1 one delivery of strategy**	• Divisional engagement phase complete • Alignment with Experience of care strategy • Draft priorities shared with key stakeholders	✓	• Alignment with Joint clinical Strategy • Engagement with external stakeholders • Publish UHBW Clinical Strategy in Quarter 2 of 2024/25.
		To produce a Joint Clinical Services strategy with North Bristol Trust and have scoped the first phase of integration work surrounding culture and shared managed services	No joint clinical services strategy with North Bristol Trust (NBT)	Joint clinical strategy (2024-2027) published in March 2024	**Strategy in place**	• Development of Joint Clinical Strategy document for publication • Development of single managed services models of delivery underway in two Pathfinder services • Work to develop a Hopistal Group Operating model commenced	✓	• Development of high level implementation plan for phases one to three of joint clinical strategy
		To have produced a Full Business Case to complete the Healthy Weston Phase 2 and 3 developments	Outline Business Case for full model of care originally approved ICB Board May 2022	Draft business case developed for Phase 2	**Phase 2 and 3 metrics to be developed within the business cases**	• Draft business case developed for Phase 2 with proposed phased approach to recruitment and specialty patient transfers • Workforce modelling including Hospital at night completed	✓	• Secure support for the Phase 2 clinical model and phased delivery internally and in system governance • Develop Phase 3 surgical centre plans within UHBW surgical
Corporate Project	**Implementing Careflow Medicines Management** Assurance: FDEC	Improve patient care and reduce the risk to patients relating to the prescription of medicines through implementation of an electronic prescribing module within the Careflow PAS for use within the inpatient hospital bed base	Paper based prescriptions, with the exception of chemotherapy	Go live scheduled for July 2024	**Monitor % of areas live once deployment commences**	• Scope amended to include Maternity • Project team commenced functional and user acceptance testing • Clinical safety hazard workshops commenced	✓	• Finalise roll out approach • Launch formal communication across the organisation • Continue discussions with other Trusts to understand lessons learned.
	Delivering the NHS Patient Safety Strategy Assurance: QOC	Full deployment of the Patient Safety Strategy: Insight, Involvement and Improvement. An embedded system to gain new patient safety insights and deliver patient safety improvements as a result. Development of our patient safety culture	**28** key milestones to be implemented in 2023/2024	**93%** of the 28 key milestones deployed in 2023/24	**93% increase**	• Patient Safety Engagement and Involvement framework for how the national framework will work in UHBW completed • Development and launch of a Human Factors strategy and hub • User testing for Learning from Patient Safety Events system completed	✓	• Transfer to the new national learning from patient safety events system (LFPSE) in April 2024 • Implement feedback mechanism for patients, families and staff involved in Patient Safety Incident Investigations.
	Delivering our Deteriorating Patient Programme IQPR Assurance: QOC	Effective and timely recognition, escalation and response to improve the care, outcomes and experience of patients whose condition is at risk of deteriorating by March 2025.	**147** unplanned adult admissions to Intensive Care Units in 2022/23	**164** unplanned adult admissions to Intensive Care Units in 2023/24 (Feb 2024)	**17 patients increase** (Does not exclude clinically unavoidable admissions) **Note:** metric is being reviewed, as not specific enough to demonstrate improvements.	• Approach for implementation of Call for Concern (Martha's Rule) across the Trust in development • Approval of new streamlined clinical guidance for Recommended Summary plan for Emergency Care and Treatment (ReSPECT), and development of eLearning package	✓	• Plan UHBW approach to achieve compliance with updated NICE sepsis guidance and processes • Plan 2024/25 priorities for the programme, based on data, and update metrics

Our People - *Proud to be #team UHBW*

Our Vision	Together, we will make UHBW the best place to work.
Our Goal	We will improve the employment experience of all our colleagues to retain our valuable people.

Vision Metric	**Starting position**	**Latest position**	**Turning the dial** (Baseline to latest position)
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.	• **59.9%** in 2022 staff survey compared to average of **57%** for similar organisations • In top **46%** of Acute and Community Trusts on Model Health System in 2023	• **67.2%** in 2023 staff survey compared to average of **60.4%** for similar organisations • In top **30%** of Acute and Community Trusts on Model Health System in 2023	• **7.3% increase** in UHBW staff survey score • **16 percentage point improvement** in model health system benchmarking

Strategic Priority Projects		Goal	Starting Position	Latest Position	Turning the dial (Baseline to latest position)	Key Progress	Project Status	Next Actions
Strategic Initiative	**Our People Strategy Year 2** Assurance: PC	Sustained reduced vacancy rate for 6 months to meet peer benchmarks	**4.2%** All staff vacancy rate (April 2023)	**2.2%** All staff vacancy rate (February 2024)	**2% reduction** Below 6% target for 7 months	• Continued achievement of target	✓	• Monitoring of all staff vacancy rate will continue to ensure the improvement is sustained. (Watch Metric)
		Develop new career pathways	**0** career pathways	**2** career pathways	**2 live**	• Commenced development of Admin and Clerical, and Healthcare Scientist career pathways	✓	• Ongoing Career pathway development to become business as usual instead of Strategic priority as model for career pathways developed
		75% of staff have attended Leading Together training	**0%** as new course (April 2023)	**40%** of leaders have completed (March 2024)	**40% increase**	• Increased completion since sharing detailed attendance data with divisions • 3573 attendances since the start of the programme	✓	• Focus needs to continue with colleagues who have now started their training now need to follow it through to completion
		Year on year reduction of formal Employee Relation (ER) Cases relating to Disciplinary, Grievance and Bullying and Harassment	Jul-Sep 2023: • **64%** of cases entering formal process, and **36%** resolved informally • Total number of cases **71** in this period	Oct-Dec 2023: • **52%** of cases entering formal process and **48%** resolved informally • Total number of cases **55** in this period.	• **12% reduction** in formal cases and **12% increase** in informal resolution • Total cases reduced by **16**	• New case management system launched • 455 leaders attended Respecting Everyone roadshows to learn the new framework	✓	• Review of Respecting Everyone impact • HR services A3 thinking workstreams continue delivery of improvements • Embed new case management system to ensure all cases are captured, updated and managed appropriately
		Year on year improvement of the staff survey outcomes relating to health & wellbeing	**57.4%** agreed that 'my organisation takes action on health & wellbeing. (2022 staff survey)	**61.6%** agreed that 'my organisation takes positive action on health & wellbeing. (2023 staff survey)	**4.2% increase**	• 2024/25 Wellbeing Strategic plan signed off • In March 2024, the Trust workplace wellbeing programme achieved the North Somerset 'Healthy Workplaces Award' • 19 percentage point in improvement Model health system position (2023 compared to 2022)	✓	• Wellbeing Strategic plan to be presented at People Committee for assurance in May 2024. • Ongoing health and wellbeing divisional plans to become business as usual instead of Strategic priority as model established
Corporate Projects	**Funded Retention Strategy** Assurance: PC	To deliver specific actions in line with the People Strategy to ensure we improve the recruitment and retention of staff groups where turnover is high; deliver high quality care and patient safety; sustain high staff engagement; reduce agency expenditure; ensure turnover doesn't increase; and improve the stability index and retain staff.	**11.5%** registered nursing and midwifery vacancy rate (September 2022)	**4.5 %** registered nursing and midwifery vacancy rate vs 9% target (February 2024)	**6% reduction** Below 9% target for 6 months	• Funding approved for Year two of the funded retention strategy. • Registered Nursing and Midwifery vacancy rate below 9% targets for six months	✓	• Strategic priority project completed • Monitoring of Registered Nursing and Midwifery vacancy rate will continue to ensure the improvement is sustained. (Watch Metric)
	Optimising Medical Workforce Assurance: PC	All medical staff rotas, job plans, annual leave, absence and locum payments are managed by standardised processes and single systems by March 2025.	**50%** of consultants have current job plan on digital system (March 2023) Paper Locum payment process	**98%** of consultants have current job plan on digital system **54%** departments using Locum's Nest (digital payment system) (March 2024)	**48% increase** **Job Plans** **54% increase** **Locums Nest**	• Executive approval for direct links from the system to payroll, to ensure accurate payments • Sign off of 2024/25 job plans on the system within Divisions underway • Two thirds of medical departments have transferred to using the Healthroster system to manage absence and leave	✓	• Deployment of Loop for consultant additional hour claims • Monitor % job plans signed off on system • Continue deployment of Locums Nest • Continue transferring medical department to Healthroster system to manage absence and leave
Breakthrough objective	**Reducing Turnover** IQPR Assurance: PC	Staff turnover is no more than 14% in 2023/24 and our Divisions meet the staff group targets set.	**14.3%**turnover all staff groups -permanent posts only (April 2023)	**11.6%** turnover all staff groups -permanent posts only (February 2024)	**2.7% reduction** Below 14% target for 8 months	• Divisions continue structure problem solving improvement projects to understand and address local issues	✓	The project is closing as the target has been achieved and it is moving to a watch metric to ensure the improvement is sustained.

Timely Care - *Timely access to care for all*

Our Vision	Together, we will provide timely access to care for all patients, meeting their individual needs.
Our Goal	By streamlining flow & reducing variation we will eliminate avoidable delays across access pathways.

		Starting position	Latest position	Turning the dial (Baseline to latest position)
Vision Metric IQPR	A 10% year on year improvement in ambulance handover times as a measure of improved patient flow through our hospital	**April 2022 – March 23 cumulative position:** • **19.7%** of ambulance handovers within15 minutes • **43.3%** of ambulance handovers within 30 minutes	**April 2023 – March 24 cumulative position:** • **30.1%** of ambulance handovers within15 minutes • **63.4%** of ambulance handovers within 30 minutes	**Handovers within 15 minutes:** • **Achieved 10% improvement** compared to same year to date position in 2022/24 for 9 months **Handovers within 30 minutes:** • **Achieved 20% improvement** compared to same year to date position in 2022/24 for 9 months

	Strategic Priority Projects	Goal	Starting Position	Latest Position	Turning the dial (Baseline to latest position)	Key Progress	Project Status	Next Actions
Strategic Initiative	**Communication Strategy Year 1** Assurance: EC	UHBW will have a high performing communication function. There will be a clear UHBW brand, channels and platforms in place which are fit for purpose, measurable and support opportunity for two-way engagement	Refreshed Communication strategy approved in October 2022.	22/ 30 key milestones to deliver Branding, Intranet, Website, Channels and functions complete	**73% of key milestones complete**	• Brand concept approved at Board, implementation plan agreed with supplier, brand assets developed and roll out plan in place for 13th May 2024. • Intranet supplier appointed, contract signed, project started.	✓	• Viva Engage (internal social media platform), new Trust newsletter and new-look Operational Update launch in May 2024
Corporate Projects	**Proactive Hospital** IQPR Assurance: QOC	Demonstrable reduction in delays to timely patient care by March 2025	**8.7%** patients spent over 12 hours in an Emergency Department 2022/23	**3.7%** patients spent over 12 hours in an Emergency Department vs 2% target 2023/24	**5% reduction**	• Community Emergency Medicine Service (CEMS) running 3 days a week • POD system upgraded, reducing associated delays to obtaining test results • Coaching style patient review of all patients >7 day No Criteria to Reside length of stay, supporting staff with senior clinical input to minimise delays and escalate where appropriate	✓	• Launch Interprofessional standards • Identify priority projects for 2024/25 using data to inform opportunities
Corporate Projects	**Improving Theatres Efficiency and Productivity** Assurance: QOC	To optimise theatre capped touchtime utilisation to 85%. To improve scheduling processes to reduce early finishes and pre-assessment to provide sufficient numbers of patients available to list.	**71.2%** capped touch time utilisation (April 2023)	**77%** capped touch time utilisation (March 2024) Target -85%	**5.8% increase**	• Improvement work with Bristol Dental Hospital resulted in an 8% utilisation increase since Feb 24 • Utilisation for Bristol Royal Hospital for Children has increased by 5% since Jan 2024 to 75%, and a workstream has started to focus on paediatric ENT utilisation and productivity.	✓	• Agree & pilot new pre-assessment screening tool. • Pilot 'Golden patient' and 'standby' patients for appropriate speciality lists • Complete full review of Bristol Dental Hospital and dental admitted service • Specific focus on opportunities relating to utilisation of Dermatology sessions
Corporate Projects	**Improving Outpatients Efficiency and Productivity** Assurance: QOC	To optimise outpatients utilisation focussing on reducing Did Not Attends and cancellations in key specialities. Contribute to a reduction in outpatient backlogs enabling patients to receive more timely care by March 2024.	• **7.1%** Did Not Attend rate in 2022/23 • **11.5%** patient cancellation rate in 2022/23	• **6.7%** Did Not Attend (5% stretch target) in 2023/24 • **11.6%** patient cancellation rate (10% target) in 2023/24	**Did Not Attend rate:** **0.4% reduction** **Patient Cancellation rate:** **0.1% increase**	• Roll out of DrDoctor digital letters to all Bristol adult Specialties circa 176,000 letters. 54% of patients accessed the digital letters • DrDoctor rescheduling successfully piloted	✓	• DrDoctor rescheduling roll out plan defined with anticipated full roll out by July 2024 • Develop delivery plan for DrDoctor Patient led booking.
Breakthrough objective	**Ready for Discharge** IQPR Assurance: QOC	To increase inpatient discharges by midday (07:00 – 12:00) to 33% by September 2024	**18.2%** of inpatient discharges by midday (07:00 – 12:00) in 2022/23	**18.3%** of inpatient discharges by midday (07:00 – 12:00) in 2023/24	**0.1% increase**	• Increased use of discharge lounges compared to 2022/23- Weston 66% increase and Bristol 31% increase, with 16% at Bristol achieved since the launch of the 24/7 model • Digital Discharge checklist launched on Adult wards	✓	• Home First team focus on discharge before noon with pilot of "Golden Patient" process by Flow and Discharge coordinators • Continue rollout of revised Proactive Board Round process

Innovate and Improve – *Unlocking our potential*

Our Vision	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	We will be in the top 10% of NHS organisations for our staff stating they can easily make improvements in their area of work.

Vision Metric	**Starting position**	**Latest position**	**Turning the dial** (Baseline to latest position
A 2% improvement year on year in staff reporting they are able to make improvements	• **54.8%** in 2022 staff survey compared to average of 54.3**%** for similar organisations • In top **62%** of Acute and Community Trusts on Model Health System in 2022	• **59%** in 2023 staff survey compared to average of **56.1%** for similar organisations • In top **38%** of Acute and Community Trusts on Model Health System in 2023	• **4.2% improvement** in UHBW staff survey • **24 percentage point improvement** in Model Health System benchmarking

	Strategic Priority Projects	**Goal**	**Starting Position**	**Latest Position**	**Turning the dial** (Baseline to latest position)	**Key Progress**	**Project Status**	**Next Actions**
Strategic Initiative	**Patient First Deployment Year 2** Assurance: PC	Develop and deploy the Patient First tools, processes, routines, behaviours and support in order to: • complete the strategy development phase • deploy the strategy deployment phase at Trust and divisional level (catchball and SDR) • deploy the management operating system in one division	**0** leaders trained in Patient First for Leaders or A3 thinking **0** teams trained on A3 thinking (November 2022)	• Patient First for Leaders – **383 trained** • A3 Thinking for Leaders – **442 trained** **27** A3 thinking projects in progress and **1** completed (March 2023)	**Leaders training 80% target exceeded** **Metrics for year 3 deployment to be defined**	• Catchball completed for Medicine and Specialised Services. • Medicine now undertaking monthly Strategy Deployment Review meetings • Patient First for Teams commenced for 3 teams in E&F, completed 3 modules. Target was to train 18 teams in 2023/24.	✕	• Specialised Services to commence monthly strategy deployment review meetings • Complete catchball with Weston, Diagnostics and Therapies, Estates and Facilities and Women and Children Divisions • Commence Patient First for Teams cohort 2 • Plan and commence deployment of full management operating system in Medicine Division
Strategic Initiative	**Development of a Joint Digital Strategy with North Bristol NHS Trust** Assurance: FDEC	To have a digital strategy to underpin the Joint Clinical Strategy, which identified greater digital capability as a key enabler for improving outcomes, enhancing efficiency, and delivering high-quality results for our patients.	No Digital Strategy	UHBW Digital strategy approved by Trust Board	**UHBW Strategy completed**	• UHBW Board approval of Digital Strategy in March 2024	✓	• Publish Digital Strategy in May 2024 • Decide priorities for year one delivery of the strategy
Corporate Projects	**Fire Safety Programme** Assurance: FDEC	To have sufficient understanding and confidence in ongoing fire safety across the UHBW Estate that fire safety compliance and improvement can return to Business as Usual	**0%** clinical building fire strategies and risk assessment	**67%** clinical building fire strategies and risk assessment vs target 100% by end of April 2024	**67% done**	• Commenced procurement strategy for capital remediation works • Completed first iteration (algorithmic) prioritisation matrix for capital remediation works – Hazard vs Consequence.	✓	• Completion of remaining fire strategies: outstanding Bristol Eye Hospital, Central Health Clinic, Dermatology, Digital Services & radiopharmacy
Corporate Projects	**Scoping and developing our Business Intelligence function**	Project not yet commenced						
Breakthrough objective	**Consistency in undertaking weekly fire evacuation checks in every division and department** Assurance: FDEC	Weekly fire evacuation checks are undertaken for every clinic, department and ward across our Trust.	**Under 10%** evacuation reporting (October 2023)	**42%** of expected evacuation reports completed (March 2024)	**42% improvement**	• Refreshed Fire Warden reporting proforma has resulted in significant increase in the number of areas (118/287) submitting a weekly fire warden report • Evacuation database phase 1 completed and prioritisation of Very High Dependency (VHD) units has commenced with initial training and review of plans	✓	• Develop communication plan for fire wardens to engage and increase reporting – target areas identified Divisional reporting to be trialled

Our Resources – *Using our resources wisely*

Our Vision	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	To eliminate the underlying deficit within the timeline set out within the System Medium Term Financial Plan. And to then move towards achieving a 1% income and expenditure surplus, creating a recurrent source of funding for strategic investment.

Vision Metric	**Starting position**	**Latest position**	**Turning the dial** (Baseline to latest position)
To eliminate the underlying deficit within the timeline set out within the System Medium Term Financial Plan. IQPR	Underlying deficit estimated at £60m at beginning of 2023/24	Trust has reported financial break-even on revenue and full utilisation of capital budget at end 2023/24	**Achieved financial break even**
We will treat more patients with elective care needs, exceeding 2019/20 activity levels. IQPR	2023/24 Activity % of 2019/20: • **101%** Elective Daycase • **96%** Elective Inpatient • **101%** Outpatient (April 2023)	2023/24 Activity % of 2019/20: • **102.4%** Elective Daycase • **97.7%** Elective Inpatient • **103.8%** Outpatient (March 2024)	**Number of patients treated within an elective day case and elective inpatient setting returned to similar levels delivered in 2019/20**

Strategic Priority Projects	**Goal**	**Starting Position**	**Latest Position**	**Turning the dial** (Baseline to latest position)	**Key Progress**	**Project Status**	**Next Actions**
Corporate Projects **Reduce Premium Workforce Costs** IQPR Assurance: FDEC	Reduce use of premium cost workforce by reducing/eliminating medical and nursing staff agency % to ensure patients always receive a high-quality continuity of care by UHBW staff.	**£22,917,000** Registered Nurse Agency spend in 2022/23	**£14,467,000** Registered Nurse Agency spend 2023/24 Target 30% reduction of 2022/23 spend (March 2024)	**37% reduction compared to 2022/23 spend**	• 19 out of 21 Mental Health Care support workers recruited. • Extensive planning and preparation for agency pay cap reduction implementation 8th April. • Exit plan for incentive bank rates in place dependent on recruitment, retention and agency fill following agency pay cap implementation.	✓	• Expediating and improving the recruitment process and experience for agency nurses joining the bank • Mental health support training days planned for Bank Health care support workers to increase skills and knowledge and provide cover in line with guidelines
		Circa £6,000,000 External Medical Agency spend in 2022/23	**£6,853,087** External Medical Agency spend 2023/24 (March 2024)	**£853,087 increase**	• Southwest regional rate card agreed in principle pending sign off via Chief Medical Officers • Confirmation that all off framework agencies cease to be used from July and affected departments with long term bookings identified and currently being supported to locate alternatives or manage the booking differently	✗	• Continue to work with departments that rely on long term agency locums to explore medium and long term workforce plans, exploring financial incentives and alternative roles • Finalise implementation date for agency rate card and notify agencies • Map medical career pathway to support workforce planning
Digital procurement, Stores and materials management Assurance: FDEC	Transform the digital capability of the trust to provide better procurement controls, visibility of stock and to deliver value from all of our spend	Existing Procurement System has to be replaced, impacting ability to use current Managed Inventory System (MIS)	Digital Procurement System: • Phase 1 strategic sourcing live • Phase 2 guide buying sourcing in progress • MIS build and integration plans underway	**Metrics to be monitor impact of new system in development and to be monitored once system is live**	• Bristol and Weston NHS Purchasing consortium (BWPC) team training for new system • Communication sent to current EROS users to socialise the change.	✓	• Robust communication plan in place across NBT & UHBW of key changes to expect to drive engagement • Build work and interface for guide buying

University Hospitals Bristol and Weston NHS Foundation Trust

Appendix 2: Strategic Priorities 2023/24: Completed or moved to business as usual (BAU)

	Experience of Care	Patient Safety	Our People	Timely Care	Innovate & Improve	Our Resources
Strategic Initiative	Experience of Care strategy - **developed**	Joint Clinical Strategy - **developed**	People Strategy year 2 delivery plan: • Sustain reduced vacancy rate for 6 months – **watch** • New career pathways – **BAU** • Reduction of Employee Relation Cases – **BAU** • Year on year improvement of the staff survey outcomes relating to health & wellbeing - **BAU**	Communications Strategy year 1 delivery plan – **delivery progressed**	Patient First year 2 deployment plan – **delivery progressed** UHBW Digital Strategy - **developed**	
Mission Critical			Funded retention strategy – **watch**			Reduce premium workforce costs: nursing – **watch**
Important Corporate Project						
Breakthrough Objective			Reducing turnover – **watch**			

Appendix 3: Strategic Priorities 2024/25 (working project titles)

Key:
Projects in black: carried over from 2023/24
Projects in blue: new projects

	Experience of Care	Patient Safety	Our People	Timely Care	Innovate & Improve	Our Resources
SI and annual delivery priority	*Clinical Strategy*	*Clinical Strategy*	*People Strategy*	*Communications Strategy*	*Patient First Digital Strategy*	*Estates Strategy*
	Experience of Care strategy year 1 delivery plan including: • Ensure representative patient feedback • access to interpreting services	UHBW clinical strategy and Joint clinical strategy year 1 delivery plan and Healthy Weston 2 phase 2	People Strategy year 3 delivery plan	Communications Strategy year 2 delivery plan	Patient First year 3 deployment plan UHBW Digital Strategy year 1 delivery plan (Joint Digital Strategy to be developed)	**Joint Estates Strategy – develop interim plan**
Mission Critical		Implement Careflow Medicines Management		Proactive Hospital (patient flow)	Fire Safety Programme	**Driving Productivity and Financial Improvement**
Important Corporate Project		Delivering our Deteriorating Patient Programme **Develop the UHBW Elective Care Strategy**	Optimising medical workforce **Develop the medical workforce strategy and reduce medical agency spend**	Theatres productivity and efficiency Outpatients productivity and efficiency		Centralised stores and materials management
Breakthrough Objective	Improve experience of care through better communication		**Reduce disparities across minoritised groups**	Ready for discharge (metric to be re-considered)	Consistency in undertaking weekly fire evacuation checks	**Savings identified on a recurring basis**

Glossary:

Strategic Initiative	Strategic programmes (our enabling strategies) with annual delivery plan, delivered by corporate services as BAU. May generate a future breakthrough objective or corporate project
Mission Critical project	Start and Finish Trust wide/complex project, must do can't fail. Temporary injection of resource, delivered by corporate teams and divisions.
Important Corporate Project	Start and Finish Trust wide/complex project. Temporary injection of resource, delivered by corporate teams and divisions.
Breakthrough Objective	12 month improvement priorities that focus improvement energy from floor to board, delivered by front line staff.

Appendix 4: Patient first for Teams training

Cohort 1:
Estates & Facilities Division

- Portering Bristol site
- Portering Weston site
- Capital and Space team
- Estates Officers
- Estates Operations

Cohort 2:
Medicine Division

- BRI Emergency Department
- Liaison Psychiatry
- A900 ward (gastroenterology/hepatobiliary)

Estates & Facilities Division

- Catering

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on 14th May 2024

Report Title	**Digital Strategy**
Report Author	**Matthew Steel, Digital Services Governance Manager**
Executive Lead	**Neil Darvill, Chief Digital Information Officer**

1. Purpose

The purpose of this report is to share the final version of the Digital Strategy with the Board.

2. Key points to note *(Including any previous decisions taken)*

Following approval of the text for the Digital Strategy in March the final version of the Digital Strategy has been created and is attached at Appendix 1 for information. The Strategy will also be shared with Digital Hospital Programme Board on the 13th of May, after which it will be published.

Refinements were made to the text to emphasise points about sustainability and equality of access within the strategy as requested by the Board. A key way this was done, was to further emphasise the link between the Digital Strategy and the Joint Clinical Strategy.

Full achievement of the Digital Strategy is dependent on securing investment in the Trust's network to level it up and link it with North Bristol Trust. This is necessary to support plans for delivering joined up services. Digital Services are working closely with the Business Planning Team, Finance and Estates to develop the business case. The Team is aiming to have progressed the business case through internal governance in time for it to be submitted to Trust Board in July.

3. Strategic Alignment

The Digital Strategy is a critical enabling strategy for the Joint Clinical Strategy. It will support our Patient First approach and underpin all our Strategic Priorities.

4. Risks and Opportunities

The Strategy sets out the digital challenges currently faced by the Trust. It commits the Trust to changing its operating model, decision-making, planning, investment, and implementation approach to deliver innovation and transformation to a high standard.

If the Trust is not able to make the necessary investments to bring the strategy to life it will have to accept and manage the risks associated with an aging digital infrastructure and inability to fully digitise its information and processes.

The Trust currently holds the following Corporate and Strategic risks that the Digital Strategy aims to address:

- Risk that clinical decision making may be based upon incomplete information – High 12
- Risk that adult patient deterioration is not recognised and responded to – Very High 15
- Risk that the Trust IT infrastructure is not resilient to meet the needs of a fully digital hospital – Very High 15
- Risk that the Trust is impacted by a cyber incident – Very High 15

The strategic approach proposed is scalable and has the potential to grow beyond our hospital group. Our strategy will create an environment that allows our ICS partners to join us in creating a patient centric digital offering based on the patient. We could create one view of the patient to provide joined up care across the communities we serve. This will also bring economies of scale into our future digital investments.

5. Recommendation

This report is for **Information**

Trust Board is recommended to:

- Note the final version of the Digital Strategy

6. History of the paper

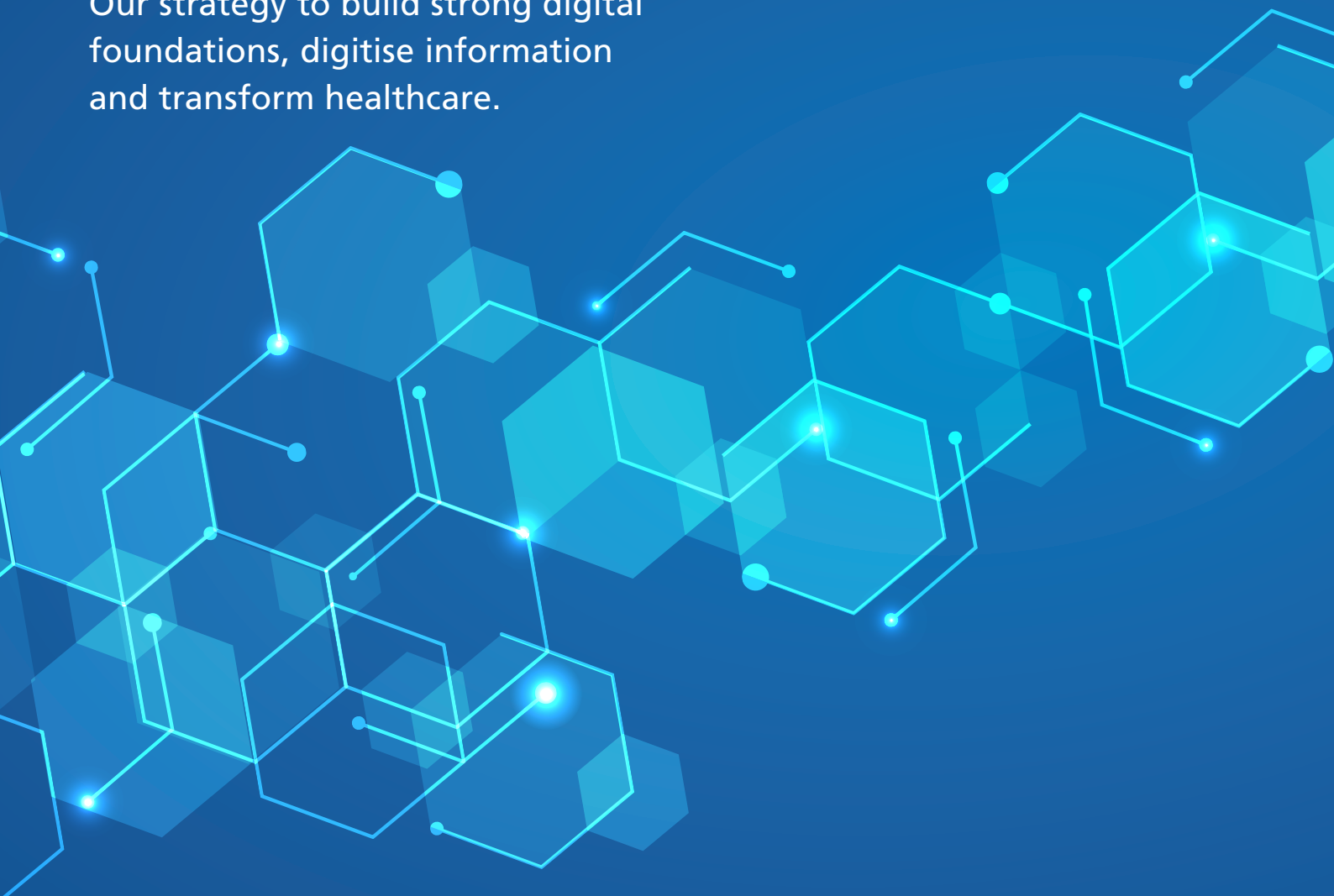
Please include details of where paper has <u>previously</u> been received.

Finance Digital and Estates Committee (Strategy v0.9)	30 April 2024

University Hospitals Bristol and Weston
NHS Foundation Trust

Digital Strategy
2024-2029

Our strategy to build strong digital foundations, digitise information and transform healthcare.



University Hospitals Bristol and Weston NHS Foundation Trust

Digital Strategy
2024-2029

Foreword

From the Board Chair

"Delivering the Digital Strategy will support and improve the way our staff work and collaborate by giving them the systems and digital tools they need."

Now, more than ever, there are extraordinary pressures on the Trust and the services we deliver. Pressures that include, decreasing our waiting lists, delivering more specialist services, protecting the Trust from cyber threats, maintaining patient safety, and attracting talented people to join our workforce.

When faced with multiple pressures, it is the Board's role to take a strategic view and identify areas where significant improvement can be made across the Trust to support it with the demands it faces.

A key improvement the Board has identified, that will benefit all our staff, the services we provide and the people we care for, is the rethinking and re-establishing of our digital approach.

We will do this by cementing a new Digital Strategy that will underpin the Joint Clinical Strategy between University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT). Delivering the Digital Strategy will support and improve the way our staff work and collaborate by giving them the systems and digital tools they need. It will keep our Trust secure from cyber threat, enable safe ways of storing and accessing patient information, and build our profile as a desirable place to work.

The communities we serve stand to benefit from the strategy by providing accessible digital channels for viewing personal health information. From booking or altering appointments, to reviewing care journeys and providing invaluable feedback, our commitment to a digital future will enhance the hospital experience for everyone.

This strategy will help us deliver our strategic improvement priorities. To realise the potential of the strategy, we must support a collective effort to actively contribute to the successful delivery of digital transformation across UHBW.

JAYNE MEE
Board Chair

From the Interim Chief Executive

"This strategy sets out the cultural change required in how we approach healthcare, ensuring digital is an integral enabler to the Joint Clinical Strategy. It will be everyone's responsibility to make it happen."

In December 2023, the Trust announced exciting plans to embark on the first steps to form a Hospital Group between UHBW and NBT. By formally creating an environment which strengthens collaboration, we'll enable the two Trusts to join forces to address shared challenges, while still retaining the flexibility to serve our unique communities.

The Trusts launched their Joint Clinical Strategy in 2024.

Underpinning the success of this strategy will be the way we plan digital transformation to effectively organise our patient information and build robust digital systems for the future. I know first-hand, from my medical career of more than 30 years, it is imperative the digital tools we use daily are fit for purpose and integrated into our approach to care, so we can deliver the best outcomes for staff and patients. Currently, ineffective and disjointed digital systems are causing clinical staff huge amounts of frustration and are taking precious time away from treating patients.

Ultimately, we want to elevate the value of the services we provide through seamless integration of digital tools, creating a user-friendly experience for our dedicated staff and people who need our services.

This strategy sets out the cultural change required in how we approach healthcare, ensuring digital is an integral enabler to the Joint Clinical Strategy. It will be everyone's responsibility to make it happen. Despite the challenges ahead, I am passionate about the positive changes this strategy will bring, and I have full confidence in our talented staff, who I believe will make it happen.

STUART WALKER
Interim Chief Executive

Digital Strategy
2024-2029

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Introduction

From the Joint Chief Digital Information Officer

"We are committing to changing our, operating model, decision-making, planning, investment, and implementation approach to deliver digital innovation and transformation to the highest standard."

NEIL DARVILL
Joint Chief Digital Information Officer

By listening to our colleagues, we have gained valuable insight into the current experience of using our digital tools and systems across UHBW.

Fundamentally, our findings reveal we are not meeting their needs to help them perform their duties effectively. This situation, understandably, gives rise to frustrations and prompts staff to resort to workarounds to achieve the desired outcomes. Recognising this, we commit to delivering meaningful change.

The goal of our five-year strategy is a straightforward one, to deliver digitally enabled, exceptional care. Our digital transformations will be guided by clinical teams, executed in partnership with a redesigned highly supportive and consistent digital service. We will ensure that the entire process results in tangible benefits for both staff and patients. Paper will become a thing of the past. Digitising and consolidating our information will unlock its power for optimising and transforming our service.

Our strategy supports our ambitions for achieving greater sustainability of care by creating a digital environment necessary for working at scale with our partners to provide comprehensive healthcare. It will aid our carbon reduction plans by reducing the need to travel and influencing change in the digital marketplace to support our net zero ambitions.

We are committing to changing our operating model, decision-making, planning, investment, and implementation approach to deliver digital innovation and transformation to the highest standard. This strategy sets out our new organisational approach and the priority programmes of work we must deliver if we want to achieve our new Joint Clinical Strategy's aims.

Our first priority is to level up and fix our digital infrastructure. It is crucial that we do this. We must establish resilient and robust foundations so that our digital environment is defined by efficiency, reliability, security, flexibility, and safety. Our strategy will be supported by key business cases to secure the funding we need to deliver the infrastructure necessary to bring the strategy to life. Without this investment we cannot safely proceed further on our journey to become a truly digital hospital. We will not attain the core capabilities of *'What Good Looks Like' needed to seize the opportunities that digital technology offers us.

Building on the foundations of a modern digital infrastructure, our five-year strategy shows that we must centralise the management of digital and proceed to consolidate our core digital systems and data. This will enable us to ensure our teams have access to rich information when they need it.

To achieve our joint aims with NBT we will go even further and commit ourselves to sharing the best core systems. We will ready ourselves to take collective decisions through our new Hospital Group on the best systems available and how to use them. Our new digital capability will support the delivery of seamless care for everyone, helping eliminate inequality in access to services and ensuring outcomes are equitable. Together we will deliver consistently high-quality care to the communities we serve.

* The 'What Good Looks Like' programme is clear guidance for health and care leaders to digitise, connect and transform services safely and securely. Further information can be found on the NHS England website. https://transform.england.nhs.uk/digitise-connect-transform/what-good-looks-like

Our aim is to deliver these outcomes:

- ✓ A **Resilient and Reliable Foundation** upon which we provide exceptional care.
- ✓ **Accessible Clinical Information** with more of our patient's information in one place, Electronic Patient Record (EPR), making it easier to make the right decisions for our patients.
- ✓ A **Digital First Approach** where digital solutions and information are a key driver for clinically led transformation of care.
- ✓ **One Digital Identity:** Seamless access, log in effortlessly, utilising reliable equipment, and use of essential tools for staff to carry out their duties, irrespective of location, ensuring a uniform provision of care across UHBW and NBT.

As an ambitious Trust driven by the exceptional expertise of our staff, we will bring our strategy to life through collaboration and innovation. I look forward to witnessing the collective achievements that we will accomplish together.

Supporting the Joint Clinical Strategy

The Joint Clinical Strategy between UHBW and NBT sets out the trusts ambition for seamless, high quality, equitable and sustainable care. Our Digital Strategy will be a key enabler in the successful delivery of our joint clinical goals.

By using the Joint Clinical Strategy as our as our guiding principle, we will remove existing digital barriers and unnecessary steps, so that staff can access the information they need, wherever they are, and we will make our services easier to access by the people who need our care.

There's a lot of work to do, and we're fully committed to embracing the transformation and improvement methodology called Patient First to ensure we reach our goals quickly and effectively. Many of our clinical leaders and teams have already started to benefit from this approach by driving collaborative improvement and focussing on the things that really matter.

To support our journey, we will live by our organisation values, Supportive, Innovative, Respectful and Collaborative to guide and underpin everything that we do.

The Digital Strategy prepares us to collaborate digitally with our partners to deliver our key joint clinical strategic outcomes

SEAMLESS

Care is consistent and seamless.

No gaps, no barriers, no boundaries.

HIGH QUALITY

High quality care means the best outcomes, experience and safety for every patient.

Our combined knowledge, skills and experience realises our potential to be world-class for innovative and modern healthcare.

EQUITABLE

Care is based on the needs of our patients and populations.

We strive to eliminate inequalities in access to services, options for treatment, opportunities to participate in research and outcomes.

SUSTAINABLE

Care is sustainable now and for the future generations.

Building on the strengths of each Trust, we achieve greater sustainability working together and at scale to provide comprehensive healthcare in Bristol and Weston, the wider South West regional and beyond.

Background

During the planning of the Joint Clinical Strategy, greater digital capability was identified as the key enabler for improving outcomes, enhancing efficiency, and delivering high-quality results for our patients. However, at present, it can feel like an obstacle.

We silo our information across too many different systems, making it difficult to have a clear picture to serve our patients' needs. Not everyone has easy access to the digital tools needed where they are working and can be frustrated by the IT.

We have overloaded our digital programme. We've tried to deliver on all requests for support and made too many changes at once; without a clear view of our capacity for change, or what our strategic priorities are. Competing priorities can make it difficult to get the right digital support to fix problems, embed systems and take forward innovative ideas to drive improvement. As a result, implementations of new systems have felt rushed, with digital teams needing moving on too soon.

Digital projects are often seen as an extra task rather than a centrally mandated enabler and priority for our strategic goals. We need to change our leadership approach, bring digital more fully into our strategic planning and take clinically led decisions on what the priorities are. In line with our Patient First agenda, we need to focus on fewer goals and concentrate on delivering them well to deliver benefits to the most people in the quickest fashion.

Our digital plans must support the delivery of the Hospital Group's strategic plans, ensuring both Trusts can provide excellent care consistently for the communities we serve. Towards that aim our Acute Provider Collaborative (APC) appointed a joint board level Chief Digital Information Officer (CDIO). Our CDIO was tasked to create this Digital Strategy to deliver a single consistent, high quality digital service. In addition to meeting the need of the Joint Clinical Strategy it also supports our Integrated Care System's aim to:

- Provide an experience of seamless care for the patient at whichever hospital they visit.
- Improve the patient and clinician's experience by reducing duplication of data entry across the system.
- Have a robust digital infrastructure that allows frictionless working across care settings.

Our strategy addresses the requirements placed on us by the Health and Care Act 2022 to collaborate with our partners to achieve the 'What Good Looks Like' (WGLL) digital agenda. Its aim is to have a health and social care system that will be much faster, more effective, and delivering more personalised care. We must attain the core digital capabilities needed to deliver WGLL. There are several improvements required to our digital maturity and fundamentally we need to get the basics right.

Our data is siloed, creating risk, because not everyone will have access to the information they need. We are a complex Trust providing 145 specialty services. Our clinical and business information is spread over more than 244 known information assets. Management of our information assets is spread across the Trust and responsibilities for assuring their compliance with information and security standards is also split across different teams. This makes it difficult to build a complete picture of our digital estate and assure ourselves it's well managed and secure.

Our business intelligence capability is hindered by data silos and a continued reliance on paper.

NHS England – The 7 success measures of 'What Good Looks Like'

Difficulty with accessing clear comprehensive business intelligence reports means that data is not always at the centre of the decisions we take. We need to bring together and harmonise our data to create a coherent and valuable view of our services and patients. Useful digital information, at the heart of our decision making will help us create a virtuous circle where data quality improves as the value of good data becomes more appreciated. This strategy sets out how we can organise ourselves so that we can digitise and unleash the power of our data.

We have grown our digital network over 30 years to span ten hospitals and 27 community locations. Our network has wired connections to more than 11,000 pieces of equipment and uses 1500 Wi-Fi points. On a daily basis we transmit four terabytes of data across our Wi-Fi network alone, we process 110,000 emails and block 20,000 cyber threats and attacks. Our network is made up of a variety of solutions of different ages ranging from a data cabinet in a corridor operating from a standard 13-amp socket, right through to purpose-built spaces that are protected by diverse power supplies, state-of-the-art modular Uninterruptible Power Supply (UPS), fire suppressant systems and technically advanced cooling solutions. This is due to our investment approach. Our network investment has been spread across many years. We have sweated assets and improved it in a piecemeal fashion. A lot of the network is at, or near, end of life.

The variety in our network causes us challenges with maintenance, future proofing, performance management, and keeping pace with new cyber security standards. The latest advanced technologies that we require to meet future demands will not work with such a varied landscape. Without these modern technologies and a uniform, up to date network, we would not be able to safely build the shared networks we need with our partners to aid cross organisation collaboration.

HIMSS INFRAM and EMRAM

HIMSS (Healthcare Information and Management Systems Society) is a global healthcare body guiding healthcare organisations on adopting technology. They assess on the Trusts digital capabilities and advise on how to grow on digital maturity.

The Healthcare Information and Management Systems Society (HIMSS) Infrastructure Adoption Model Assessment (INFRAM) has scored our digital infrastructure capability as four out of seven. We have been advised that elements of our network are stage two; and that our old investment model puts us at risk of falling to stage three overall.

This assessment is based on globally recognised healthcare industry standards. It has given us clear recommendations on how to improve our network. Achieving INFRAM stage seven will ensure that our digital infrastructure is stable, manageable, and extendible enough to support the use of advanced business and clinical applications. A high INFRAM score would give us confidence that services will not be disrupted by problems connecting, the IT running slowly, or going down unexpectedly. The increased vigilance that comes from increasing our INFRAM stage and exceeding minimum security standards will mean we also remain in-step with the ever-increasing threat of cyber-attack.

Our Hospital Group partner, North Bristol NHS Trust (NBT), has achieved INFRAM stage five and has made the investment necessary to achieve stage six within the next twelve months. They plan to achieve stage seven by the end of 2025. With a look to being able to work in close collaboration with NBT we need to keep our networks in-step with each other. If we do not invest the gap between our networks will widen. If we linked our network with NBT we would undermine the INFRAM stage they have achieved.

HIMSS also provide a seven-stage roadmap on how to develop a complete Electronic Medical Record (EMR) or Electronic Patient Record (EPR). It is called the Electronic Medical Record Adoption Model (EMRAM). The What Good Looks Like (WGLL) core digital capabilities are equivalent to EMRAM stage five. Acute healthcare providers with EMRAM stage five status and above, consistently demonstrate that they deliver safer more reliable care, more efficiently, and to a higher quality standard. Studies have shown the seamless flow of information in a digital environment (a hallmark of stage five) has been associated with informed decision making to improve patient outcomes, as well as a reduction in manual errors in care.

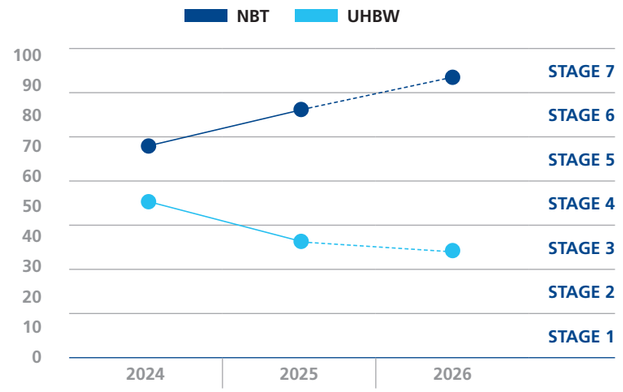
We currently forecast ourselves at EMRAM stage two (NBT expect to attain EMRAM stage six by March 2025). If we narrow our focus onto ensuring we meet the priorities set out in this strategy, we will accelerate to stage five and ultimately reach our aim of stage seven.

INFRAM stages and achievement heat map

INFRAM (Infrastructure Adoption Model) is an assessment that measures our infrastructure's digital maturity. It helps us invest and build the right long-term secure digital systems.

UHBW scoring

	Network Transport	Wireless and Mobility	Communication and Collaboration	Security	Data Centre
STAGE 7	26	0	31	42	29
STAGE 6	4	20	35	63	16
STAGE 5	0	44	68	72	0
STAGE 4	45	80	77	100	85
STAGE 3	53	75	86	96	100
STAGE 2	100	83	84	100	79
STAGE 1	100	100	82	100	100

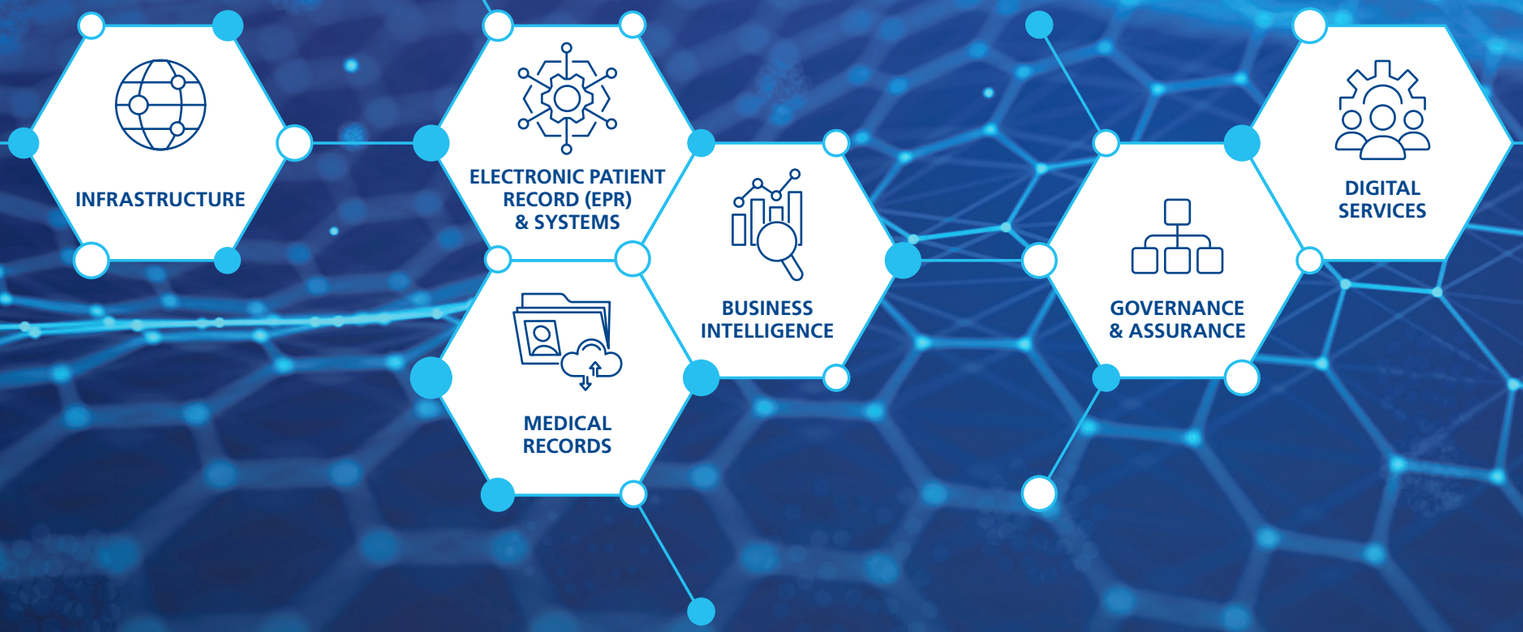


73%
NBT OVERALL SCORE
with a predicted trajectory of reaching Stage 7 in 2026.

47%
UHBW OVERALL SCORE
with an expectation to drift downwards as requirements advance.

Our Digital Vision

To become a hospital that delivers digitally enabled, outstanding care, where technology is integral to how we operate. Our people will take pride in working at a truly digital hospital where we maximise the benefits of technology to enhance all aspects of patient care.



University Hospitals Bristol and Weston NHS Foundation Trust

The difference our five-year strategy will make to our service users in the future

Digital Strategy
2024-2029

The difference our five-year strategy will make to our service users in the future

"I am allergic to a drug, so the doctor has made a note on my online record. Now everyone I speak to about my care knows about the allergy before I have to tell them."

Patient

"I do clinics at UHBW and NBT and I use the same log ins and the same systems – it saves me time."

Clinician

"The systems that I use are always available, I don't have to worry about things freezing or dropping out – I can find the information I need."

Clinician

"I can see how the digital transformation is helping deliver the Trust's strategic priorities."

Trust leadership

"I no longer have to wait for the computer or system to respond, now the systems are fast and reliable, and I can access all of the information I need to do my job quickly, whenever and wherever I need to."

Operational staff

"I have oversight of the progress of all programmes of work, and I have clear assurance that clinicians are driving change that will really make a difference."

Trust leadership

"We have processes and policies to follow, and we all follow them."

Digital workforce

Our strategy objectives and outcomes

To achieve our strategy, we will focus on six objectives that enable digital transformation:

Transforming our infrastructure

Infrastructure
Solid, future-proofed, secure foundations

Transforming how we manage information

Digital Systems
Informed decisions and realising the benefits

Health Records
Removing reliance on paper

Business Intelligence
High quality, accessible data

Transforming how we do it

Governance and Assurance
Ensure we are doing the right things well for our communities

Digital Services
A redesigned digital service: forging a strong partnership between the new team and the Trust

Our aim is to deliver these outcomes:

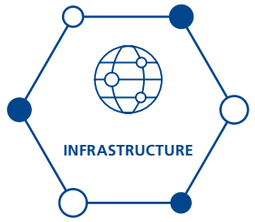
- ✓ A **Resilient and Reliable Foundation** upon which we provide exceptional care.
- ✓ **Accessible Clinical Information** with more of our patient's information in one place, Electronic Patient Record (EPR), making it easier to make the right decisions for our patients.
- ✓ A **Digital First Approach** where digital solutions and information are a key driver for clinically led transformation of care.
- ✓ **One Digital Identity:** Seamless access, to log in effortlessly, utilising reliable equipment, and use of essential tools for staff to carry out their duties, irrespective of location,ensuring a uniform provision of care across UHBW and NBT.

Transforming our infrastructure

Infrastructure – solid, future-proofed, secure foundations

Outcome

Our entire digital infrastructure will be transformed to provide the stable foundations on which our future aspirations can be built. With a high-speed secure network delivering data throughout all trust locations, our staff will be able to access the information they need reliably, consistently, and rapidly on whatever device is appropriate for their situation.



To do this we will...

Transform our infrastructure

- Replace our existing aging network with a scalable and future proof design that can service the 18,000 desktop and mobile devices that connect daily. This will ensure that staff are able to use digital services with minimal friction and with whatever device best suits their needs.
- Provide a pervasive and ever-present Wi-Fi network across all Trust locations. In addition to being used by our people it will also enable our patients to see their appointment information, self-check-in, access entertainment and remain in contact with loved ones whilst they are under our care through video calls. We will continue to ensure all our inpatients can access our network by lending them the tools to do so where they don't have their own.
- Build the foundations of a scalable network that is ready to join with the NBT infrastructure so staff can work across both organisations' various locations as the Hospital Group forms and expands.
- Continue to provide fit for purpose hosting of digital systems by expanding into a hybrid on-premise and cloud-based infrastructure that will ensure reliable and consistent system performance.
- Continue to provide an environment that minimises the need for unnecessary travel and supports virtual appointments and collaboration. This will both help our patients less able to visit our sites and reduce our carbon footprint.
- We will provide appropriate devices for our staff members:
  - > portable devices for mobile workers;
  - > enough devices on wards for in-the-moment notation and observations; and
  - > offices equipped for modern day working with dual screens and docking stations (and the option for secure bring-your-own-device to access office productivity applications).
- Develop our infrastructure to reach HIMSS INFRAM level seven so we meet all the infrastructure requirements of a modern hospital.
- Incorporate improvements on energy usage in our design of the new IT network as part of our work towards a net zero position. The equipment we will use to provide the digital infrastructure will run more efficiently, demanding less electricity, and will generate less heat, in turn reducing the burden on our environmental control systems in our data centres.

Keep our data secure

- Ensure our patient, visitor and colleague information stays safe by following best practice and national strategies for cyber security. We will eradicate unsupported hardware & software, and identify the investment required for further protective tools to stay ahead of the growing cyber threat.
- Deploy the latest software defined networking technology and advanced tools (such as micro-segmentation) to continue to protect our citizens' information and the Trusts digital assets from cyber-attack.

Realise the potential of a modern secure network

- With a fit-for-purpose network, the Trust will be able to take advantage of technologies such as real-time location tracking. This would allow medical devices, physical equipment and even patients to be tracked throughout the Trust's locations.
- By embracing Microsoft office 365 we will have access to an ever-improving suite of productivity tools that can assist with the day-to-day operations of the Trust. Eradicating the decades old file sharing technology and shifting to modern cloud-based storage will enable real-time multi-person simultaneous document collaboration and artificial intelligence tools that can be deployed to assist with minute taking, action tracking and other routine tasks.

Transforming how we manage information

Digital systems – Informed decisions and realising the benefits

Outcome

Our corporate and clinical information will be consolidated into core digital systems. Allowing easy, reliable, and immediate access to information whilst improving efficiency, safety and quality. Bringing more high-quality data into our core systems will enable real-time decision support and many other future opportunities for data-enabled innovation.

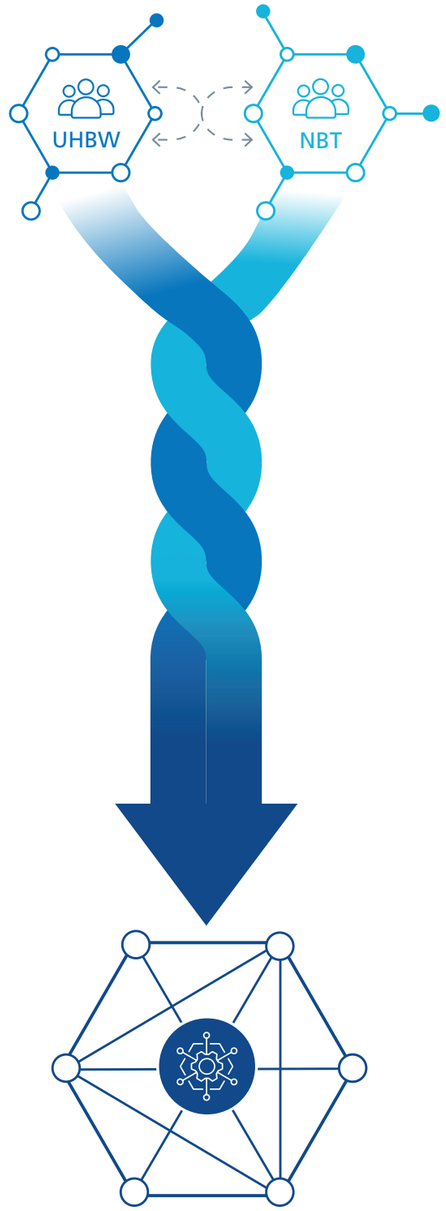
To do this we will...

Bring our information together

- Maximise the use of our core digital systems to consolidate and optimise the information we hold within them. We will apply this principle to both our clinical and business systems.
- Make it easier for all staff to access information quickly and safely by reducing the overall number of disparate digital systems.
- Standardise digital practices and processes across UHBW and NBT so they are in-step with workflow and capture data consistently, accurately, and only once (overseen by a shared design authority).
- Improve the experience of care for both our patients and our people, by removing duplication of data capture. This will also ensure we have a single source of truth and better data quality.
- Use requirements focussed business cases to ensure service needs are best met within our strategic approach. We will avoid introducing more systems (unless absolutely necessary). The core digital systems will be developed to meet most requirements.
- Prioritise making as much of our digital information as possible available in our core systems so all colleagues that need access to it, have it. Rely on industry standard, tried and tested tools in favour of in-house development. This will help bring our processes in line with industry standards, give us greater support capacity, accelerate benefits realisation, and enhance system resilience.
- Increase our support for and use of office productivity software and tools.
- Give guidance on how each system should be used, ensuring clinical and business information is managed on secure systems fit for the task.
- Ensure digital design is delivered in partnership between clinical and digital specialists to optimise functionality whilst keeping user experience and clinical safety at the forefront of what we do.
- We will review the accessibility of our digital platforms for our patients and staff and work with our suppliers to make the improvements necessary to ensure the information we share is made available in line with our patient's preference and patient's preference and the Accessible Information Standard (AIS).

Share our digital systems across the Hospital Group

- To collaborate with NBT on providing consistently excellent care we will commit to handing sovereignty of our digital systems to the joint Hospital Group where required. We will collectively agree any changes to how software is set-up and used, to provide a joined-up service.
- In line with our aspiration to build on each of our Trust's strengths and operate single managed services; we will commit to using the digital solution within the Hospital Group best suited to delivering each of our shared functions.
- We will also continue to work with all our system partners to share key clinical documentation digitally, including through the connecting care solution. We will create a seamless experience of care for our patients at whichever hospital they visit.



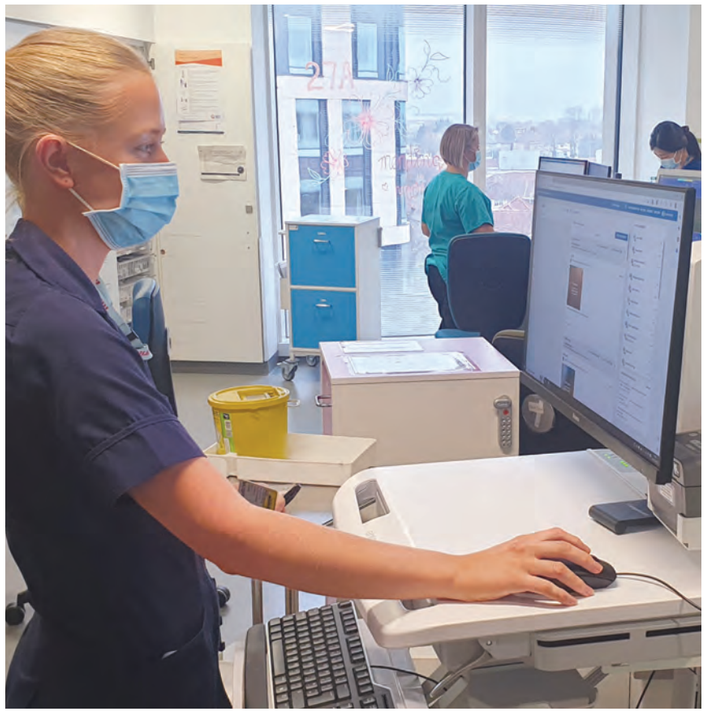
Health Records – Removing reliance on paper

Outcome

A comprehensive, immediate, and shareable digital view of the patient record will support a valuable experience of care. Physical space will be released, colleagues will spend less time managing paper and we will make savings on stationery and storage costs. All our information will be held as structured data that is easily searched and analysed.

To do this we will...

- Substitute paper forms with searchable Electronic Patient Record (EPR) clinical notes for enhanced decision support and the development of a digital end to end record.
- Remove the need for medical record libraries by ensuing all remaining documents are scanned rapidly and reliably and available at the point of care.
- Align our record retention processes with industry standard and legal requirements to release hospital space for the provision of patient care.



Business Intelligence – High quality, accessible data

Outcome

Digitising and consolidating our information will unlock its power for optimising and transforming our services. We will put this power in the hands of all our people through easy to access, intuitive, trusted reporting. We will be a data driven organisation throughout. Everyone will understand the importance of good quality data captured at the point of care. We will use our information to conduct research, predict demand, plan, and drive performance improvements.

To do this we will...

Transform our self-service offer

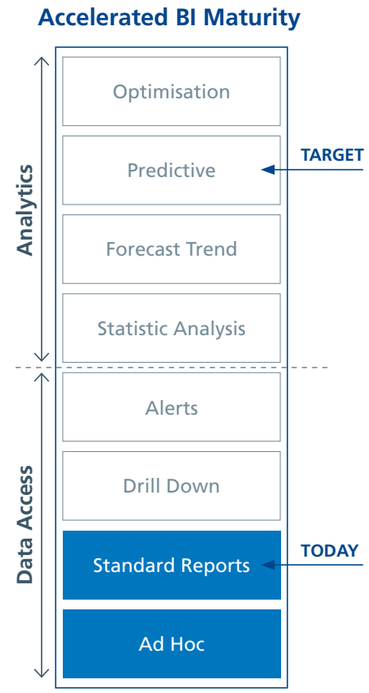
- Deliver high-quality, uniform reports that have been verified and assured by the Business Intelligence team across UHBW and NBT.
- Enable our people to become more self-sufficient at using our self-service business intelligence tools. We will advertise it more clearly and refresh it so that the menu of reports is easier to navigate. It will be clearer what information is included in each report and how to drill down to specific data. Reports will be branded with the Business Intelligence (BI) seal of quality so that the reader knows the data can be trusted.
- Consolidate our self-service reports to meet broader use cases so our people can explore the data more fully without having to move from place to place.
- Suites of reports will be signposted for key groups so our people can find the information they need straight away.
- Reports will be easy to understand because they will have been designed in partnership with their target audience.
- Use the improved self-service offer to release our Business Intelligence team and divisional analysts' capacity. They will be freed up to ensure that data is engineered according to the most rigorous professional standards, with the latest thinking influencing the creation of increasingly sophisticated and user-friendly insight models.
- Build our self-service offer on a new enterprise-wide data infrastructure with master data management that supports ad hoc queries and descriptive reporting.

Create a new operating model

- Make quality and availability of data the core aim of our operating model. Digital Services will lead on ensuring data is reliable when sliced and interrogated through different perspectives or organisational levels.
- Empower our divisions to make the most of the data available to them by assigning them each a divisional analyst.
- Through a Digital Services led team of analysts we will increase our Business Intelligence data analysis capability and ensure a consistent high-quality standard of reporting. This will also ensure the resilience of our divisional analyst offer.
- Facilitate a much closer relationship between Digital Services and the divisions through our team of assigned divisional analysts. This will cultivate the greater use of BI for service planning, and the development of more effective reports.
- Provide a shared view of overall performance for services collaborating across UHBW and NBT; from uniform cross-organisational reports created by a new Hospital Group analysts network.
- Redevelop our data infrastructure, to make it easier to bring information together from different systems and simplify the creation of more powerful reports. It will be aligned with NBT, making it easier for one team to support the whole Hospital Group.
- Continue to collaborate with integrated care system partners (and continuing to meet a high standard of clinical coding) to build a shared view of our population's health data so we can plan care.
- We will ready ourselves to provide a cross organisation view of business information for our Hospital Group. Our digital systems will be designed and set up with their reporting potential in mind. We will commit to sharing design decisions so that we have comparable data and a shared view of performance.

Engender a data quality culture

- Adopt a data quality approach designed to ensure the accuracy, reliability, and completeness of our data to support informed decision-making, regulatory compliance, and optimal patient care.
- Aim for our BI reports to be highly valued tools for research, quality management and service development. A virtuous circle will be formed with divisional teams taking responsibility for the quality of their data, captured at the point of care. The benefits of their engagement in improving data quality will be reflected back to them in complete, accurate and trusted reporting.
- Data quality and correcting data will be the responsibility of the teams that input the data. We will create a new Data Quality and Assurance team to identify, triage, investigate, analyse, and recommend solutions on how to make data quality improvements. This team will provide the tools and training that divisions will need to care for and correct their data.
- Create structured incident response and escalation procedures, and communication protocols for reporting and resolving critical data quality incidents.
- Our Data Quality Improvement Group will provide assurance to the Trust that key data quality issues are being scrutinised and that divisions are engaged in increasing standards of quality. Data quality issues, and risks will be reported to Digital Hospital Programme Board. It will continue to assure that we maintain a high score against the Data Quality Maturity Index.
- Implement regular data quality assessments using predefined metrics and Key Performance Indicators (KPIs). Deploy monitoring tools to identify and address data quality issues in real-time. Encourage audits to validate the accuracy and completeness of critical healthcare data.



University Hospitals Bristol and Weston NHS Foundation Trust

Transforming how we manage information
Business Intelligence – High quality, accessible data

Digital Strategy
2024-2029

Transforming how we do it

Release the power of our information

- Commit to leveraging high-quality data as a foundation for delivering superior healthcare in our community. Through our strategy we will transform our analytical maturity, taking the opportunities that come from a broader usage of data. We will provide better predictions, safety improvements, pre-emptive controls, usage of Artificial Intelligence (AI) models, and greater confidence in our information-based decisions.
  We will be more able to collaborate with our Integrated Care System (ICS) partners to build a shared view of our population's health data so we can plan care.
- Make data available to support research, real-world evidencing, and AI tool development.
- Enable our teams to use our data and analytics to review compliance with good practice, redesign care pathways and promote wellbeing, prevention, and independence for our patients.
- Give our people access to real time data on whatever device they use to support timely decision making.
- Support collective population health care planning by making our richer information viewable by our ICS partners.

High-quality data as a foundation for delivering superior healthcare in our community.

Governance and assurance – Ensure we are doing the right things well for our communities

Outcome

Our digital clinical leadership will play a vital frontline role in shaping digital transformation. The Digital Strategy will be led by Digital Hospital Programme Board (DHPB) on behalf of the Trust Board and Executive Committee. DHPB will set the priorities, oversee Digital Services and digital transformation programmes to ensure maximum benefits for our whole system.

To do this we will...

Agree the digital priorities for our Trust, Hospital Group and Integrated Care System

- Digital Hospital Programme Board will function at an executive level and make investment decisions based on the strategy, risks, benefits, and opportunities. Ensuring we are prioritising work of most benefit to the entire organisation.
- Align governance and decision making with NBT to ensure strategic priorities enable levelling-up and convergence, culminating in a joint digital decision-making Board.
- Ensure all requests for change stick to our strategic principles, core systems first, no siloed information, one system for one function across UHBW and NBT, no in-house development.
- Promote a system wide approach to delivery of our digital aims. We will continue to build strong relationships within the Integrated Care Board (ICB) and region to leverage opportunities to lead, influence and learn from each other.
- Cultivate digital innovation by providing an environment where great ideas can be explored, tested, and embedded into our practice.

University Hospitals Bristol and Weston NHS Foundation Trust

Transforming how we do it
Governance and assurance – Ensure we are doing the right things well for our communities

Digital Strategy
2024-2029

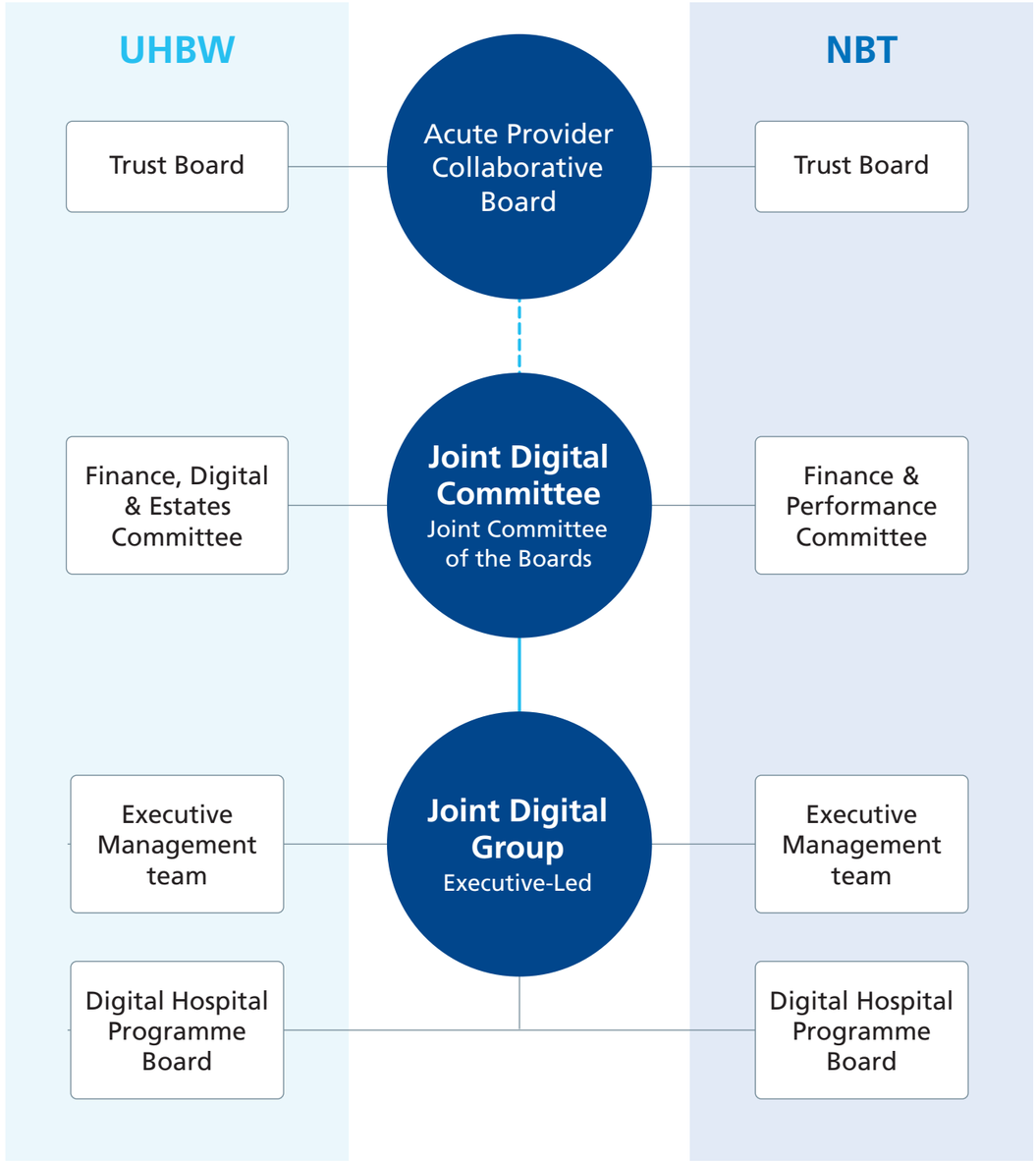
Grow our digital clinical leadership and ensure digital transformation is part of our core business culture

- We will change our culture and treat digital transformation as part of our core business. All project and programme boards will be chaired by senior colleagues from the lead service that will use the solution being delivered (e.g. clinical system implementations project boards will be chaired by lead clinicians).
- We will further invest in our digital clinical leadership, so we have a larger strategic network of trusted advocates for digital transformation. We will extend the Chief Clinical Information Officer (CCIO) and Chief Nursing, AHP, Midwifery Officer (CXIO) roles to increase their importance and influence. We will appoint additional clinical leaders with digital responsibility within our divisions and grow our digital clinical specialist team.
- We will continue to develop our digital clinical specialists in line with national best practice. They will be a bridge between clinical and technical colleagues ensuring all transformation is clinically led, safe and benefits clinical practice.
- Engagement will be key to ensuring the digital transformation message is embedded into the organisation to help all stakeholders. We will implement a digital communications and engagement strategy to underpin and support the delivery of the strategy with clear and transparent communication.
- We will engage with our patients and the wider community to involve them in the design and roll-out processes of new systems.

Ensure a high standard of programme and project oversight

- Delivery of digital transformation will be led by programme teams and will be operationally and clinically driven. We will deliver through widely recognised standards-based methodologies. All projects will have separate Boards with robust terms of reference and membership.
- Ensure all projects are business case driven, understanding the costs, resource and regulatory requirements for end-to-end digital transformation and benefit realisation (including the requirement for sufficient clinical resource).
- Have robust and consistent control and governance procedures throughout each project lifecycle. We will ensure new solutions are handed over to services comprehensively with system training, coaching, and business continuity plans in place.
- Oversee the performance, resilience, and security of all our digital estate and digital information assets.
- Uphold data quality and security standards across all digital systems. Digital Hospital Programme Board and its sub-groups will oversee all our digital information assets: assuring that they are operating as they should, are fully supported, secure and that personal information is handled correctly.

An example of how our collaborative governing model might work



Digital Services – A redesigned digital service: forging a strong partnership between the new team and the Trust

Outcome

Digital Services will provide a consistent, high-quality experience for all by ensuring a responsive, transparent, and accountable service. This will create a strong partnership between the Digital Services team and the Trusts. We will have one collaborative team to support UHBW and NBT Hospital Group.

To do this we will...

Create one digital team

- Have a single model for delivery of all Digital Services provision: ensuring consistent approaches to system maintenance, support, governance, and delivery through a single digital team.
- Ensure our Digital Services colleagues have clear roles and responsibilities supported by policies and processes, allowing them to perform at their best.
- Support the Hospital Group as one UHBW and NBT digital leadership team to design and implement a single Digital Services team to support digital solutions for the Hospital Group.
- Improve coordination on our adherence to information and security standards by strengthening the collaboration of Information Governance (IG) and Digital Services. To deliver the whole of this strategy our Senior Information Risk Owner (SIRO) must have clear accountability and control over maintaining these standards. We will consider whether moving IG into Digital Services, under the SIRO, will best help us achieve our goals.

Develop our digital team

- Develop our team members to ensure they are qualified, continually professionally developed and supported on their career pathways, meeting our future digital hospital needs and making us a more attractive place to work.

Improve the experience of Digital Services for all our people

- Deliver a consistent experience for all colleagues requesting the support of Digital Services by having one front door for all digital support, via the IT service desk. Our front door process will give a clear route for our people to bring their innovative ideas forward and explore them together.
- Ensure information is available and communicated readily so that all colleagues remain informed about the Digital Services offer, the latest developments, and understand our digital vision, goals and benefits.
- Have a transparent approach to reporting of digital risks and key performance indicators (KPIs) within Digital Services via Digital Hospital Programme Board.

University Hospitals Bristol and Weston NHS Foundation Trust

How we will achieve a single acute digital service for the communities we serve

Digital Strategy
2024-2029

How we will achieve a single acute digital service for the communities we serve

Solid Foundations: Infrastructure

Modern, reliable IT network, linked with North Bristol NHS Trust.

Organisational Governance

Established shared governance of digital with the Hospital Group.

Shared Systems

Consolidate our information onto our core digital systems.

One Team

Create a single digital team for our Hospital Group.

End Reliance on Paper

A complete, immediate, shareable and analysable digital record.

Data to Drive Care

Create a rich business intelligence resource and build a data quality culture.

Outstanding Digitally Enabled Care

Our digital technology is integral to how we operate. Our people will take pride in working at a truly digital hospital where we maximise the benefits of technology to enhance all aspects of patient care.

Innovation

Having the core digital capabilities in place we can use our technology innovatively to enhance patient safety, efficiency, and the quality of our care.

Our future state will provide rich information about our patients and our care to support research and evaluate the impact of innovations and make refinements. We will have a platform on which we can work jointly with NBT and closely with our Integrated Care System (ICS) partners.

There is a proven track record of delivering digital innovations within UHBW as an enabler to the clinical strategy. We also have a long history of working with our ICS partners and research and academic institutions to encourage and support innovation. We will leverage the experience of the clinical digital leadership to aid innovation across the hospitals with emphasis on patient care.

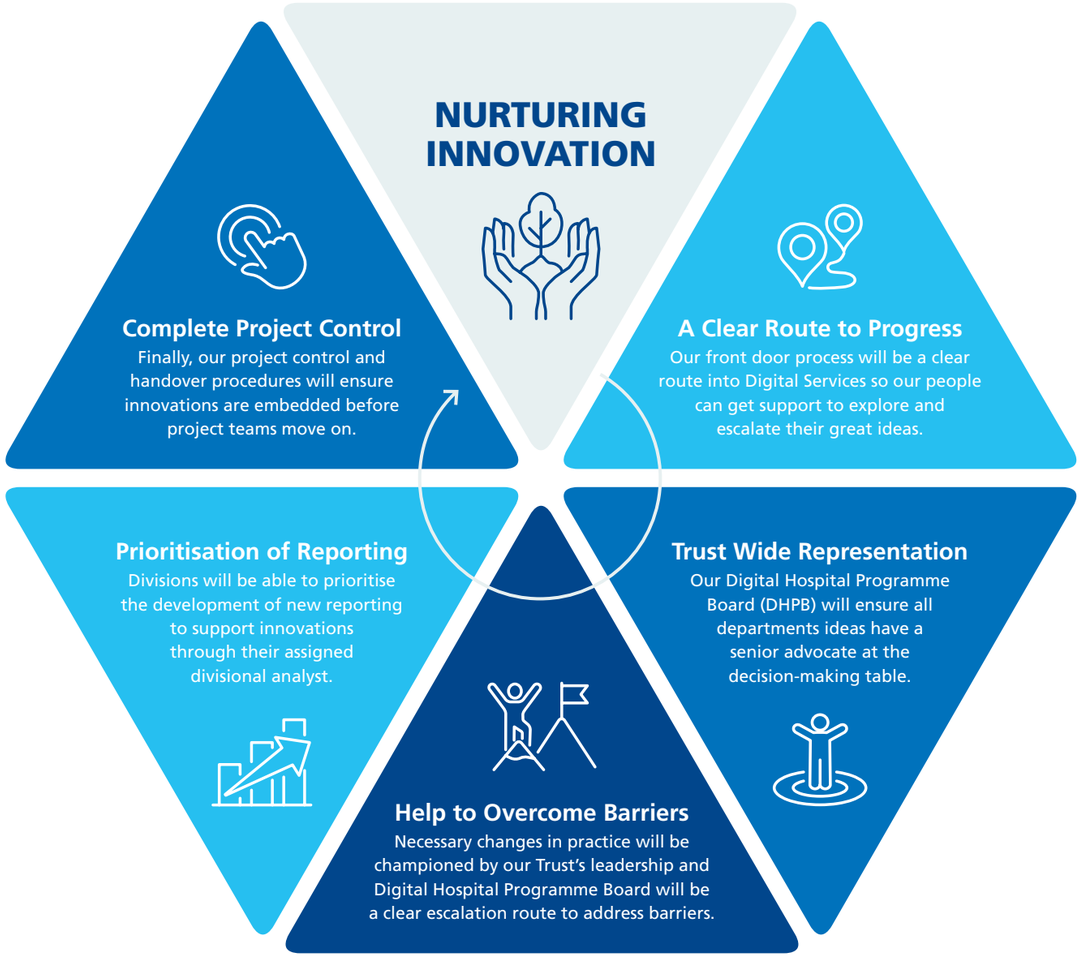
We will explore new opportunities for digital innovation with our partners (including our local universities and Health Innovation West of England). These opportunities include creating a digital accelerator and innovation hub to test new technology and models of care. We will help to create a pipeline of digital innovation that ensures we are able to use new developments in technology to deliver better care and outcomes for the people of Bristol.

At the outset of our journey, we need to concentrate most of our resources on delivering the key building blocks and essential digital functionalities.

Some of the future opportunities available to us are:

- By capturing our data digitally in a structured format, we could take advantage of developments in AI and Clinical Decision Support (CDS) to streamline and enhance our care.
- Our modern network will be able to take advantage of technologies such as real-time location tracking. We will make strides in asset management, and could also take advantage of the tools to support patients and visitors to find their way across our site.
- AI tools could be deployed to assist with routine tasks, including minute taking and action tracking.
- We will be able to predict demand, plan and drive performance improvements. Our clinical teams will be able to use our data and analytics to trial new approaches and refine their care.

Our new governance arrangements will ensure we do not miss opportunities to innovate as we deliver our core capabilities



Financial considerations

Our long-term sustainability is dependent on having the right digital foundations in place.

Digital technology not only has the power to transform patient care, but it can also drive enormous productivity and efficiency gains. Investment in digital transformation will unlock financial sustainability by automating tasks and streamlining operations, reducing administrative loads, and saving resources.

We recognise the need to increase our digital spend if we want to realise the potential of joined up digitally enabled outstanding care.

We will change our investment model, centralising our digital investments to ensure our resources are allocated to our highest priorities. We will explore national funding opportunities to support our strategic priorities.

Through Digital Hospital Programme Board we will conduct a robust annual digital capital planning process and agree a digital work plan. The work plan will be created collaboratively by the divisions, Finance team and Digital Services to ensure all requirements are understood and prioritised. The items on the work plan will be supported by clear business cases and sponsored by members of the board. Digital Hospital Programme Board will seek Capital Planning Group approval for the plan. Projects will only proceed when the resources and funding is in place to fully implement and support the solutions for their full lifecycle.

We need to make substantially greater capital investment in our infrastructure and core solutions to ensure the fundamentals are in place and working well throughout this 5-year strategy. Our first priority is to invest significantly in the essential network modernisation and infrastructure improvement work necessary to bring this strategy to life. A strategic outline business case on modernising our network will be developed and sources of funding will be identified so that we can progress our strategy.

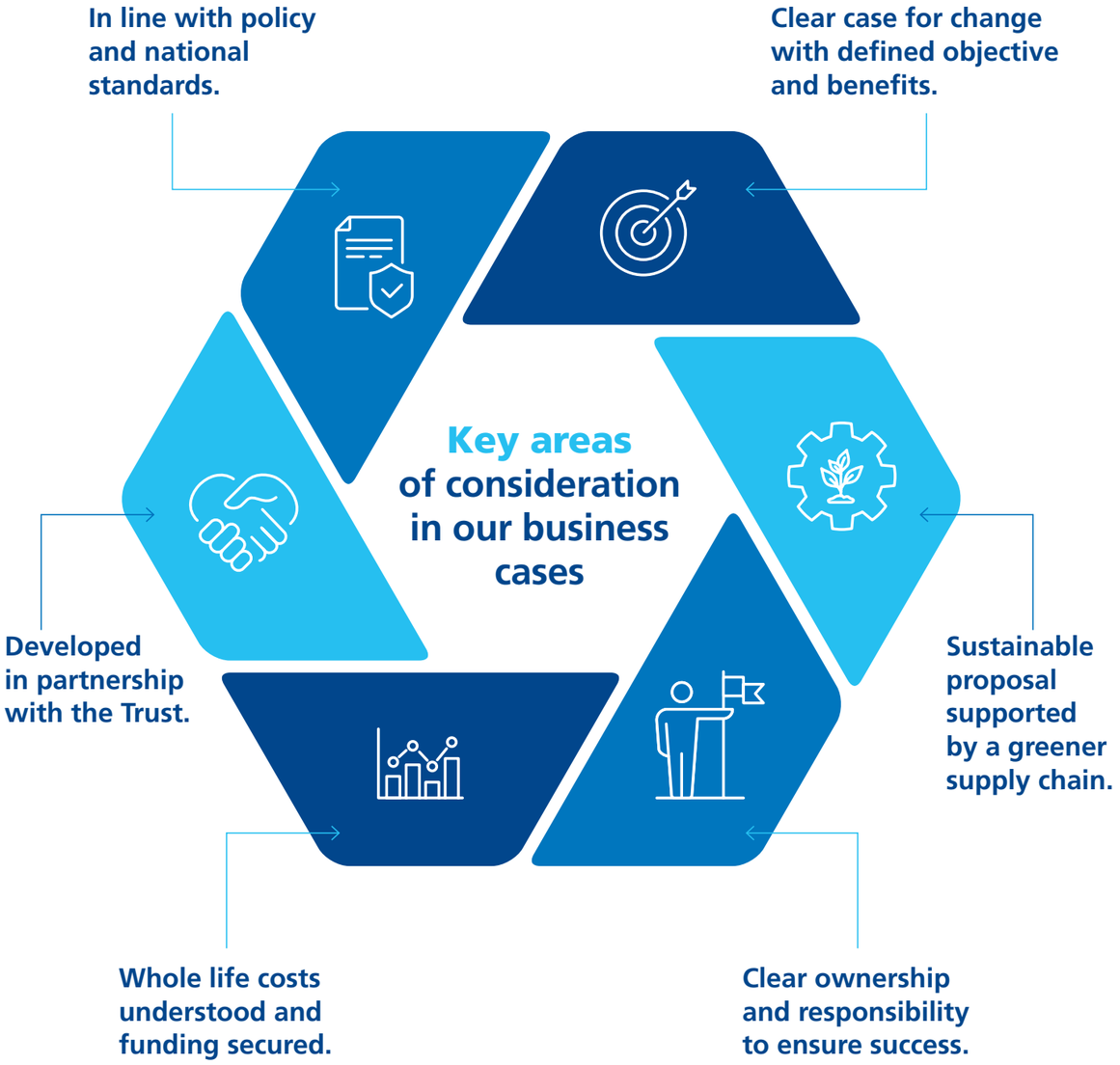
This business case will be swiftly followed by business cases for other key areas:

- Replacement industry standard integration engine
- Data infrastructure for reporting
- Health records scanning
- Microsoft 365 licensing
- Endpoint hardware refresh (PCs, and other devices)
- EPR development

Whilst business cases are being prepared and funding is identified, we will push on with our strategic plans to change our governance, operating model and optimisation of our existing systems.

The redesign and consolidation of our Digital Services team will be managed within our current revenue envelope. We anticipate our team will grow, as we build our digital maturity. This will be considered in the full lifecycle cost estimates set out in our business cases for new digital systems.

Our business cases will set out a clear case for change and demonstrate the benefit opportunities they create for the Trust. For example, they will show how our digital initiatives can support our net zero ambitions. We will use our buying power to influence change in our marketplace by progressively introducing requirements for the organisations we contract with to have carbon reduction plans and net zero commitments in place.



Embedding the strategy

Quality agenda – Digital = safety and quality

Leadership

Digital Transformation is a priority for us. We have changed our governance to ensure leadership from across our Trust is driving this strategy. We will grow our digital clinical leadership and ensure digital transformation is part of our core business culture.

Digital confidence and competence

Across UHBW, digital skills have become a prerequisite for all roles, whether that is specific systems or more general software (ESR, Office 365 etc). As an organisation we will prioritise digital learning in all induction processes.

We will:

- Offer training services tailored to key groups, in person and online.
- Enable and support colleagues to become digital champions to help progress the digital agenda.
- Support all our people to become digitally literate.

Digital evolution of learning & development

Education delivery within the Trust will evolve to meet digital requirements. Mandatory training will encompass clinical systems refreshers and business continuity training. Additionally, training methods and facilitators will incorporate digital capabilities, with digital tools being integrated into annual check-in conversations and practice education facilitators equipped to teach digital contexts. Collaboration with the Human Factors Faculty presents a significant opportunity to implement a robust digital skills training approach, ensuring all colleagues are equipped to perform their roles effectively.

Clinical risk assessment

In accordance with the Health and Social Care Act 2012, our organisation has created a digital clinical risk management system to conduct thorough risk assessments for any digital tools introduced to facilitate care delivery, ensuring their safety and compliance. This process ensures clinical oversight of; requirements, process mapping, testing, training and embedding digital technology. The Digital Strategy's governance approach will facilitate adherence to this process, ensuring all business cases include adequate clinical resourcing from both Digital Services and the organisation.

Data quality

Digital delivery and technology utilisation can no longer be relegated to a small team of enthusiasts. Adherence to standards, data quality, and system compliance must be the responsibility of the entire organisation. While Digital Services and clinical specialists provide guidance, service leaders must take ownership of how digital tools are utilised in their areas. Divisional accountability and ownership of data quality is crucial for maintaining the integrity of health records. Furthermore, the digital transformation of care presents an opportunity to leverage data for service review and evaluation, enabling proactive improvements. The organisation must harness this wealth of data to enhance services and drive continuous improvement.

Our people

The Digital Strategy will make our organisation a more attractive place to work. It supports our People Strategy (2022 to 2025) by;

- Ensuring digital solutions drive improvements in people practice.
- Making better use of digital solutions to manage data and information so we can, deliver great people services.
- Ensuring that digital skills are seen as an essential requirement for working across UHBW & NBT.
- Improving engagement and feedback loops for colleagues and utilise new digital means of communication.
- Supporting the Trust to be recognised as a digital exemplar for people systems.

Supporting our Integrated Care System's Digital Strategy

"To become an exemplar of a digitally advanced ICS."

We participated in the development of the Integrated Care System (ICS) Digital Strategy and our Digital Strategy greatly supports the six aspects of the ICS's digital vision.

Digitising and consolidating our information and creating rich business intelligence capability greatly supports our ICS's vision: "To become an exemplar of a digitally advanced ICS. Working collaboratively and optimising design, data, and modern technology to make groundbreaking improvements for the health and wellbeing of our population."

Our strategic approach is scalable and has the potential to grow beyond our Hospital Group. Our strategy will create an environment that allows our ICS partners to join us in creating a patient centric digital offering based on the patient. We could create one view of the patient to provide joined up care across the communities we serve.

Our strategy closely supports the ICS's digital vision:

- ✓ We will have a **robust collaborative digital infrastructure** that allows frictionless working for our staff across the full range of care settings.
- ✓ Our **integrated data-sharing and planning platform** will help us to make the right decisions for people and our system.
- ✓ **Digital first channels** are available for our citizens, empowering them to self-serve and make choices about their care journey.
- ✓ The experience of **integrated seamless care** for the person will be underpinned and enabled by digital functionality and infrastructure that supports staff working.
- ✓ Digital first channels are available for our citizens, **empowering them to self-serve** and make choices about their care journey.
- ✓ We will **avoid duplication by integrating and reusing systems**, architecture, shared services, support, and expertise.

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Our Digital Vision

To become a hospital that delivers digitally enabled, outstanding care, where technology is integral to how we operate. Our people will take pride in working at a truly digital hospital where we maximise the benefits of technology to enhance all aspects of patient care.

Digital Strategy
Published May 2024

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Quality and Outcomes Committee on 19 March 2024

Reporting Committee	**Quality and Outcomes Committee**
Chaired By	**Sue Balcombe – Non-Executive Director**
Executive Lead	**Deirdre Fowler – Chief Nurse**

For Information

The Bristol Emergency Department (ED) continued to experience sustained high levels of activity resulting in escalation to "Opel 4" for a period of time. Bed occupancy increased to 108% with "No Criteria to Reside" levels plateauing. A system level response helped to improve this position. In spite of this, work continued to meet and exceed the end of year elective targets agreed by the Trust.

The Safer Staffing report demonstrated a fill rate of 102% with turnover and vacancies continuing to decline overall. Theatres continued to rely heavily on temporary staffing and Bristol Children's Hospital continued to experience high level of vacancies but with a strong pipeline of staff available to mitigate the long-term risk.

The Committee were briefed on the NHS England decision to impose a cap on agency spend, the impact this may have on clinical areas requiring specialist skilled staff, and the plans in place to mitigate the risks.

The Quarter 3 Complaints and Patient Experience Reports were considered. It was noted that the admin backlog for complaints was now clear, and the teams were working more effectively with improved morale. The number of complaints had reduced with a corresponding reduction in the number of complaints relating to staff attitude and communication. Response times however were not improving and would require more focus in Q4. It was reported that large numbers of wards were focussing on improved communication with patients as their Patient First priority to include involvement in decision making, supporting self-care and continuity of care.

The 2023 National Maternity Survey showed much improved results for the Trust which was in the top 25% of all Trusts in terms of patient feedback. The development of a new 3 Year Maternity Deliver Plan with UHBW was progressing well.

For Board Awareness, Action or Response

The Committee received the Deep Dive into End-of-Life Care (EOL) and the Trusts Palliative Care Service. This included the results of the national audit into EOL care, the new legal requirement for Integrated Care Boards to commission health care based on population needs, the current demand for Trust services and patient/carer feedback. It was clear that the current Trust service was not able to meet the demands in terms of access, timeliness and quality of care. The Committee were briefed on the work of the BNSSG EOL Collaborative and actions underway to ensure the pathway from primary care to EOL was strengthened. This included the use of a single "Respect" document and the need to improve system level uptake of

University Hospitals Bristol and Weston NHS Foundation Trust

palliative care registers. Trust actions included additional funding to provide an effective 5-day service in addition to Practice Education Facilitators. More work was required at system level to ensure equitable access to care was provided, based on need.

Key Decisions and Actions

The Committee received an update position on the Trust's Composite CQC Action Plan. It was agreed to close 6 further actions leaving one residual action pertaining to VTE. Actions relating to the CQC monitoring visit to Weston General Hospital and the Maternity Inspection would be added.

The Committee considered the Trust's progress against the Niche report response with a focus on a review of the learning and actions. It was noted that the Clinical Quality Group closely monitored progress, and the Committee supported the recommendation to close 15 out of the 16 residual actions. The one remaining action related to aligning procedural documents and it was noted that this action should be completed by October 2024.

Additional Chair Comments

None

Date of next meeting:	**Tuesday 30 April 2024**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board in Public on Tuesday 14th May 2024

Report Title	**Experience of Care Strategy 2024-2029**
Report Author	**Matthew Areskog – Head of Experience of Care & Inclusion**
Executive Lead	**Professor Deirdre Fowler – Chief Nurse & Midwife**

1. Purpose

To seek approval of the Trust's new Experience of Care Strategy 2024-2029.

2. Key points to note *(Including any previous decisions taken)*

'My Hospitals Know and Understand Me' is the title for the Trust's new Experience of Care Strategy 2024-2029. Development of the strategy was informed by an extensive discovery phase that ran from September 2023 to January 2024, including a best-practice review, stakeholder survey, workshops, a desktop analysis and extensive engagement with stakeholders.

During the discovery phase, patients, carers and communities told us they had a feeling of confidence and safety in our care when they were assured we had asked them what matters most to them, we listened well and had all of information about their needs in order to provide person-centred care. This insight has shaped the goals and objectives within the strategy.

The strategy follows two themes. Firstly, a life-course approach, from birth through to end of life, recognising UHBW is a Trust that provides services for all of our communities. Secondly, the strategy follows the patient journey from the very first contact with us through to the transfer of care back home and/or to other health and care providers. To this end, more than 20 senior leaders across UHBW have contributed to the development of the strategy's themes and will play a pivotal role in the delivery phase.

A detailed three-year delivery plan has been developed for 2024-2027 which will be refreshed at the end of year three to establish our priorities for the final two years taking account of our progress, our evolving Patient Trust priorities and the direction of the Group hospital model with NBT.

3. Strategic Alignment

The Experience of Care Strategy is the strategic initiative for the Patient First Experience of Care priority.

4. Risks and Opportunities

Opportunity to create fresh vision, energy and direction to support delivery of our Patient First priorities.

5. Recommendation
This report is for approval. The Board is asked to approve the strategy and support the transition to the delivery phase of the strategy and associated priorities set out for 2024/25. Subject to Board approval, a Communications and Engagement plan will be developed with a view to launch the strategy (including an easy-read version) to internal and external stakeholders by the end of May 2024.

6. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
Experience of Care Group	18th January 2024 (in earlier draft form)
Clinical Quality Group	6th March 2024 (in earlier draft form)

‘My Hospitals Know and Understand Me’

UHBW Experience of Care Strategy 2024-2029

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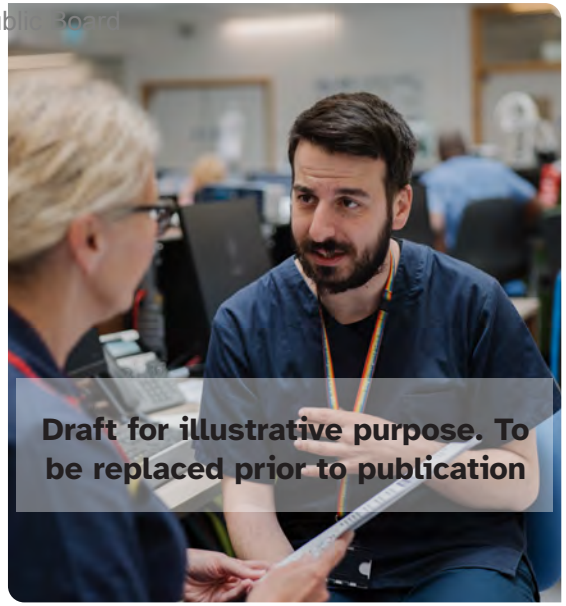


Our Vision

Together, we will provide person-centred, compassionate and inclusive care every time, for everyone, from birth through to end of life.

Strategy

Foreword

Being unwell and coming to hospital can be an anxious time for anybody and we know some of the people and communities we support face unfair barriers in accessing health services. Every person we care for has a personal story that defines them. Our Experience of Care Strategy "My Hospitals Know and Understand Me" is our commitment to understanding that and delivering person-centred care that reflects the unique needs of the people and communities we support so that everyone, no matter who they are or at what stage of life they are at, experiences outstanding care in our Trust.

Experience of Care is at the heart of everything we do. "My Hospitals Know and Understand Me" re-invigorates our commitment to putting our patients first and makes clear that everything we do, no matter how large or small, contributes to the experiences, safety and outcomes of the people we support in our hospitals.

We have worked with our people and communities to develop this strategy, the delivery of which will ensure that patients and their loved ones are heard, connected and have a sense of belonging when they receive care.

By asking what matters to people and being open to continuous learning we can work together to grow and deliver truly person-centred care. I hope you will join us on that journey.

Professor Deirdre Fowler,
Chief Nurse and Midwife.

The key to our success

The strategy is underpinned by three enablers which together are the foundation for the successful delivery of our vision and goals.

A full-hearted experience of care culture
• so that our values, behaviours and language support and inspire our people to embed person-centred care in practice using the Picker Principles of Person-Centred Care.

Inspiring leadership in experience of care
• so that our leaders are confident, skilled and resourced to pro-actively drive a positive experience of care.

Experience of care in partnership
• to harness the collective power of working together with health and care partners, the Voluntary, Community and Social Enterprise sector (VCSE) and the people and communities we support to design and deliver accessible, inclusive and sustainable services to meet the needs of our diverse population.

Our Goals

There are five over-arching goals in the strategy:

1. **Asking 'what matters to you?'**
2. **Listening and responding well**
3. **Learning, embedding and spreading**
4. **Designing and delivering together**
5. **Continuously improving across the life course and journey of care**


Fast access to reliable health advice


Effective treament delivered by trusted professionals


Continuity of care and smooth transitions


Involvement and support for family and carers


Clear information, communication, and support for self care


Involvement in decisions and respect for preferences


Emotional support, empathy and respect

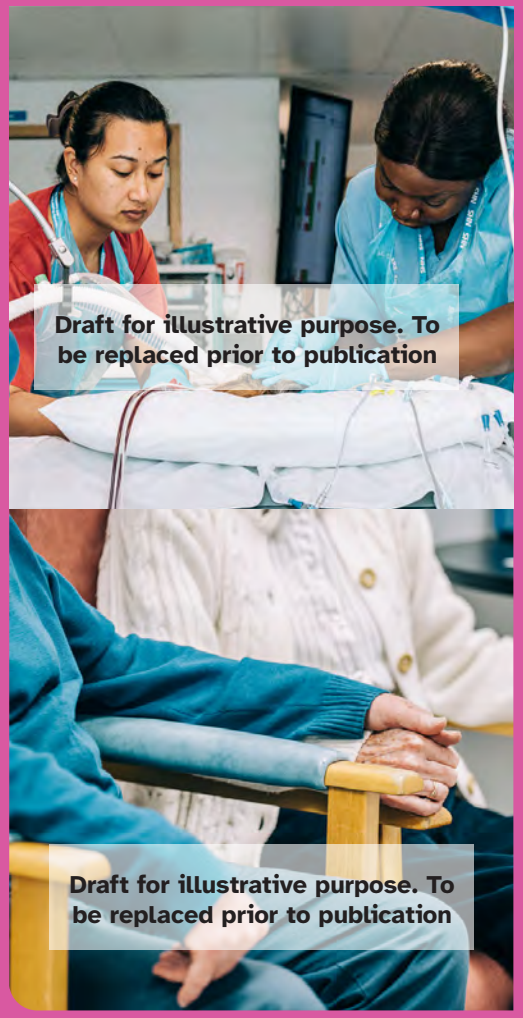

Attention to physical and environmental needs

A life course and journey of care approach

The key stages of people's lives from birth through to end of life have particular relevance for their health. This strategy adopts a life course approach which recognises the importance of these stages; it provides a focus on the impact of wider health determinants, the economic, environmental and social conditions, on health and well-being at different stages of life.

The strategy also recognises that experience of care starts from the very first contact with us - whether as planned care or an emergency - right through to the transfer of care back home and/or to other health and care providers. Many of the people we support have long-term and ongoing interactions with UHBW health services. This strategy has a focus on making a difference across all aspects of each person's journey of care.

The strategy does not include all patient groups, health conditions and pathway areas as some of this work will be delivered through our related Health Equity Delivery Plan and Clinical Strategy. In addition, the current list of priorities contained in the strategy will develop and change year on year by way of an annual strategy review process.



Related Strategies

'Patient First' is the Trust's approach to improvement. It supports us to deliver our Trust strategy and achieve our mission to improve the health of the people we serve by delivering exceptional care, teaching and research, every day. Experience of Care is a key priority in Patient First.

The Experience of Care Strategy is aligned to the strategies below demonstrating how we are working together across our organisation and with our neighbours North Bristol NHS Trust (NBT) to deliver better outcomes for the people who need our support:

- UHBW People Strategy 2022 – 2025 which places colleagues experience at the heart of our programmes of work to ensure UHBW remains a great place to work.
- UHBW Volunteer Strategy 2023-2026, offering a thriving volunteer programme for our diverse communities and our hospitals, providing meaningful, rewarding and creative opportunities for volunteers to enrich the experience of the people we support.
- UHBW Health Equity Delivery Plan 2023-2025, our plan for tackling health inequalities by prioritising the work required to deliver equitable access, excellent experience, and optimal outcomes.
- UHBW Clinical Strategy 2024-2027 which has a focus on the quality and sustainability of our health services for our local population and developing innovative and pioneering specialist services for the regional population.
- UHBW and NBT Joint Clinical Strategy 2024-2027, with a shared vision for seamless, high quality, equitable and sustainable care.
- UHBW Digital Strategy 2024-2029, which will improve digital services and infrastructure at the Trust and align with NBT as part of our shared Group model.
- UHBW Outpatient Strategy 'Fit for the Future' 2022-2025, f ocussing on delivering person-centred outpatient services, integrated care and an enhanced digital outpatient healthcare offer to improve patient experience.

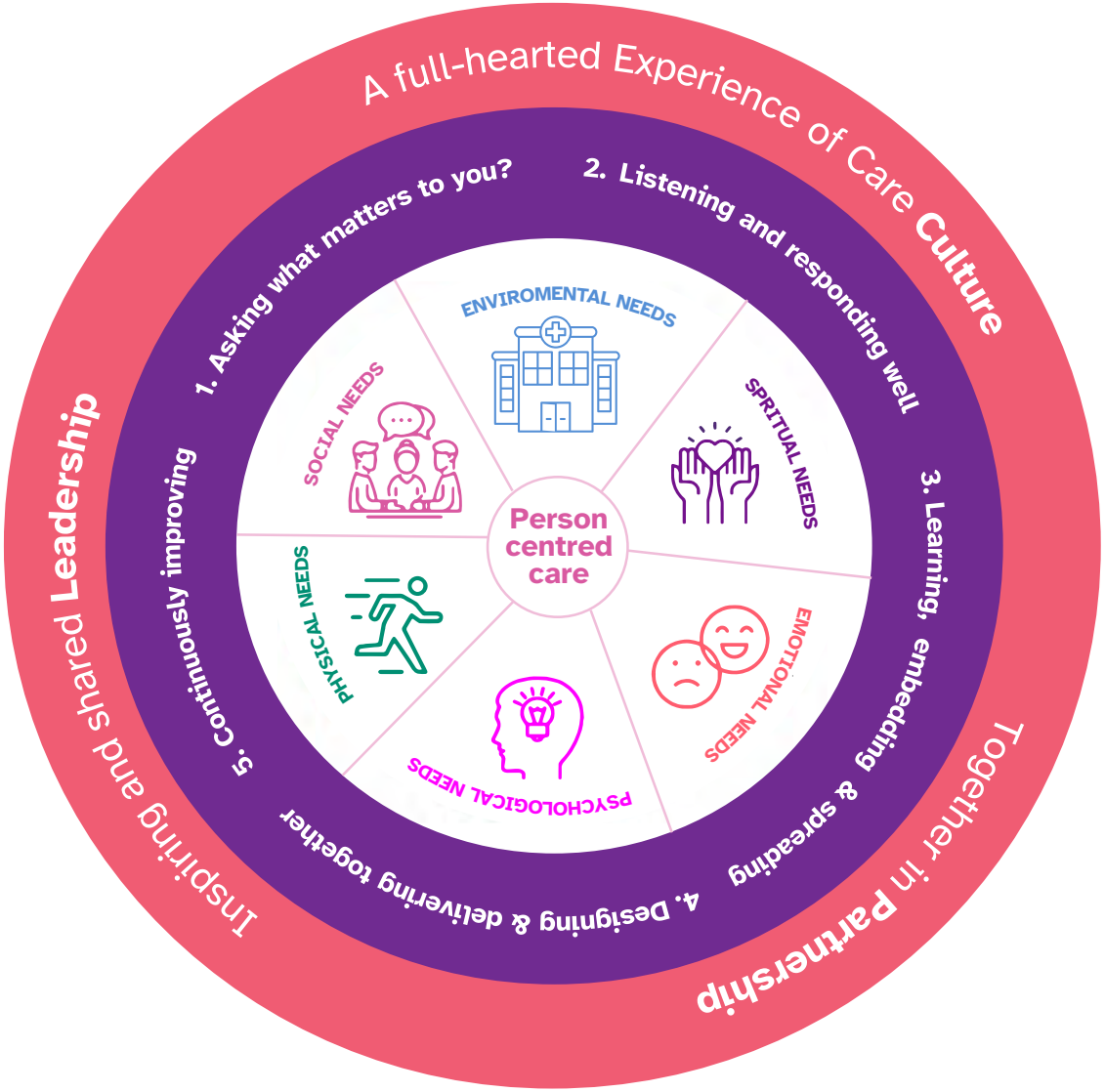
People and Communities

Throughout this strategy, you will find the phrase 'people and communities we support'. By this, we mean everyone who comes in to contact with our health services and who lives within our communities. This includes:

- Patients and service users – adults, children and young people.
- Parents.
- Carers.
- Families, friends and other loved ones.
- Advocates.
- Volunteers.
- The Voluntary, Community and Social Enterprise sector (VCSE) which we sometimes refer to as 'Community Partners'.
- 'Experts by Experience' – some times referred to as lived experience partners, lay rep resentatives, public contributors, patient and public voice partners.

‘My hospitals know and understand me’
Experience of Care strategy 2024 -2029

Birth — **Life course** — End of life



Our Vision

We will provide person-centred, compassionate and inclusive care every time, for everyone from birth through to the end of life.

Goals

Enablers

Arriving in our care — **Patient journey** — Transfer of care

Goal 1 Asking what matters to you?

This goal is about understanding what matters most to the people and communities we support throughout their journey of care, so we are better able to provide care that meets their needs. This is sometimes referred to as person-centred care. It is about having honest conversations, involving people in decisions about their care and treatment, empowering people with greater confidence about their health and providing holistic and compassionate support to meet emotional and social needs.

Where are we now?

- Patients are not routinely asked what matters to them in the interactions with our health staff and services.
- Care and treatment are sometimes task focussed rather than person-centred.
- Feedback tells us that patients are not always involved in decisions about their care and treatment.
- Patients are not routinely asked about their communication needs, and we do not always meet them.
- Our chaplaincy service has limited capacity to meet the spiritual and pastoral needs of the diverse population we serve.

Where do we want to be?

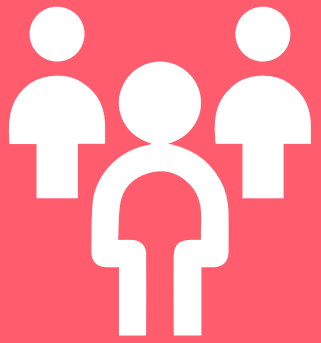
- People that use our services are actively engaged in conversations about what matters to them.
- Patients are asked to tell us about their communication needs and will have these needs met every time."
- Health consultations will bring together "the meeting of two experts" where the patient (who is the expert in their life) makes choices that are valued equally to the expertise of our health professionals
- The spiritual, faith and religious needs of the people we care for are met.

We will deliver this by

- Embedding the 'what matters to you?' conversation approach in all our services so that it becomes the way we open conversations with the people we support.
- Asking every person we support about their communication support needs, including spoken and non-spoken language needs, clearly recording and highlighting these on their electronic patient record, and ensuring that their needs are met.
- Empowering the people we support to ask questions and make choices about their care and treatment options, using decision support tools to help with this.
- Providing a visible and compassionate chaplaincy service that offers spiritual and pastoral support from birth to end-of-life, embodying the practice of loving kindness, empathy and tolerance that is recognised and trusted by our local communities.

Goal 2 Listening and responding well

This goal is about how we better understand people's experiences of our care. When the people we support tell us about their experience, we want them to feel heard and respected.



Where are we now?

- We have a well-established PALS and Complaints service, an equivalent 'LIAISE' service in our children's hospital, a comprehensive survey programme, and numerous other ways by which people can share their feedback about their experience of care; however, these services are not always accessible to everyone.
- We do not fully understand the experience of our services for all the people we support, especially those from marginalised communities who already face barriers in accessing health services.
- Enquiries and concerns about care received by the Trust are increasing in numbers and complexity; new complaints are not always being processed as quickly as we would like, and investigations are not always completed within agreed timescales.
- Parents/carers can ask questions and speak out when they have concerns about their child's care; however, not everyone feels confident to do this, and they may struggle to find support and advocacy that feels right for them.

Where do we want to be?

- Everyone can share their experiences of care; and the Trust is able to show that we ask, listen with humility, and take appropriate action.

We will deliver this by

- Actively encouraging the people we support to provide feedback, particularly those we hear from less.
- Making it easier for the people we support to share their views and ideas about their care and show that we ask, listen and do.
- Developing our PALS and Complaints service in a way which is inclusive, accessible and trusted by all.
- Creating new ways for marginalised communities to share their experiences of care, and demonstrating that we use this information to advance equity.
- Better understanding experiences of care across the patient journey by creating a simple and joined up approach with our health and care partners, irrespective of who provides the care.
- Ensuring all parents/carers are aware of the mechanisms open to them to ask questions and raise concerns about their child's care so they are supported and feel confident that concerns will be addressed.
- Creating a new young person's feedback programme that is inclusive, inviting and demonstrating improvements.

Goal 3 Learning, embedding and spreading

This goal is about bringing a step change in the way that we understand what patients and carers have told us about their experience, sharing this widely within the organisation and having greater clarity about what we have learned, spreading good practice and embedding and sustaining improvements.

Where are we now?

- We are data rich yet sometimes intelligence poor in terms of helping us to know what we need to do to improve.
- There are pockets of inspiring improvement work based on listening to the patient voice, but improvements are not always shared.
- We struggle to spread best practice in a sustainable way to other relevant services.

Where do we want to be?

- There is coherent theming of patient feedback and complaints aligned with the Picker Institute's Principles of Person Centred Care.
- Improved and innovative communication means more effective sharing of best practice work across our hospitals related to experience of care.
- Rigorous follow-up of relevant learning from one part of the Trust to another reduces the risk of repeating the same mistakes.
- We engage, involve and share decisions with the people we support and our communities in every significant change project.

We will deliver this by

- Embedding the Picker Principles of Person-Centred Care as the foundation of our work to understand and improve experience of care.
- Making better use of the feedback that has been shared with us through improved thematic analysis and bringing this together with other quality indicators to alert our people to the wards and departments that need focus.
- Improving staff confidence and skills to understand and improve experience of care through a training programme and developing a new experience of are champion role.
- Adopting a rigorous approach to follow up on planned improvements to experience of care to make sure we embed learning.
- Demonstrating what we have learned from feedback and what actions we have taken to improve our health services.

Goal 4 Designing and delivering together

This goal is about how we develop new relationships with the people we support, working together to design, deliver and evaluate services that meet the needs of the diverse communities we serve.

Where are we now?

- Although we can point to pockets of excellence in how we engage people who use our services, they are not routinely involved in the design and delivery of those services.
- Our staff do not always have access to the resources to involve people effectively.
- Our partnerships with key Voluntary, Community and Social Enterprise groups are not fully representative of the people we support.

Where do we want to be?

- Working with the people and communities we support is embedded in our service development and improvement work.
- The people and communities we support recognise the value we place on their lived experience.
- Our colleagues feel supported and confident to work effectively with the people and communities we support.

We will deliver this by

- Developing a new approach to working with the people and communities we support so that our services are designed to meet their needs.
- Ensuring that the people and communities we support are involved in developing our policies, plans and quality improvement approaches, supported by a mandatory 'engagement and involvement gateway' check at the start of any new project.
- Growing and developing a participation community of patients, young people, carers and the VCSE sector.
- Inspiring our staff to work effectively with the people and communities we support to plan, design and deliver better services including developing new relationships with the Trust's Arts and Culture Programme.
- Creating vibrant and diverse 'Expert by Experience' roles which unlock the value of lived experiences and bring fresh perspectives to our work including supporting our PLACE programme (Patient-Led Assessment of the Care Environment).
- Exploring the value and role of independent user-centred design expertise to work with us to design and deliver services together with our communities.
- Introducing a new equitable Reward and Recognition policy to further support people who take part in our involvement work.

Goal 5 Continuously improving

This goal is about recognising the importance of providing care that is appropriate to the stage of life: a healthy start to life, childhood and adolescence, transitions through to working age, older people and end of life. It is also about improving experience of care throughout each journey of care, from first contact with us through to the transfer of care back home and/or to other health and care providers.

Where are we now?

- Some people in our communities experience access barriers to services and have a poorer experience and outcomes of care; this is avoidable and unfair.
- Our health services are not always delivered in a person-centred way to meet the physical and emotional needs of the people we support.
- Transitions between services and providers can be fragmented and confusing for the people we support.
- Patients waiting for care and treatment receive limited information about how long they will be waiting for and what support they can access whilst they are waiting.
- Patients are not always kept informed about and involved in discharge planning; national benchmarking data suggests we have more to do to work with health and care partners to improve experience of discharge and support at home.

Where do we want to be?

- An accessible, equitable and inclusive experience of care from birth through to end of life.
- People have a better experience of waiting for care, arriving in our care, and transfer of care (discharge).
- Seamless, holistic, person-centred care is delivered by working in partnership across the local health and care system.
- Digital health technology is providing people with greater choice and control, a better understanding of their health needs and increased confidence to self-care.
- Our hospital environments consistently promote recovery and well-being.

Goal 5 Continuously improving

We will deliver this by

• Providing compassionate and culturally competent **birth and maternity** services that are rated by patients in the top 10% in the country for overall experience, delivered through a focus on:

o Embedding the use of personalised care and support plans.

o Improving outcomes for people from marginalised communities by developing inclusive services.

o Engaging the Maternity and Neonatal Voices Partnership and making the best use of feedback to learn and continuously improve.

• Providing holistic care and support for **children, young people and families** that better meets their needs through:

o Improving communication between medical and support services around the needs of the individual to ensure that people are offered the right support at the right time.

o Working in new ways across the Disability team and Complex Care team to improve outcomes for children and young people with additional communication needs.

• Ensuring safe and seamless **transitions** from paediatric services to adult services for young people via:

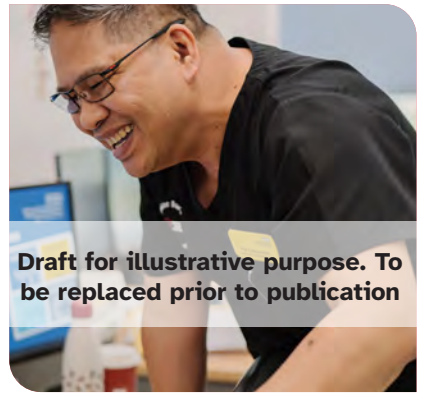
o A coordinated approach to transitions across all teams in UHBW supported by a new Trust-wide Nurse Specialist role.

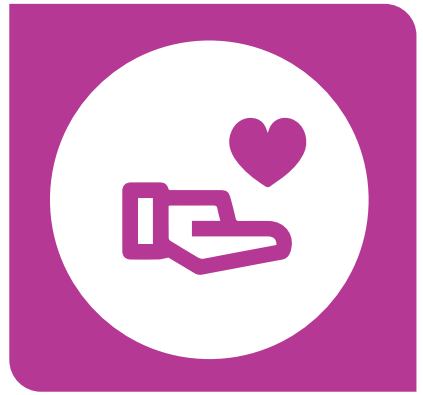
o A flexible, responsive, and individualised planning process for each young person with their voice and choices always central.

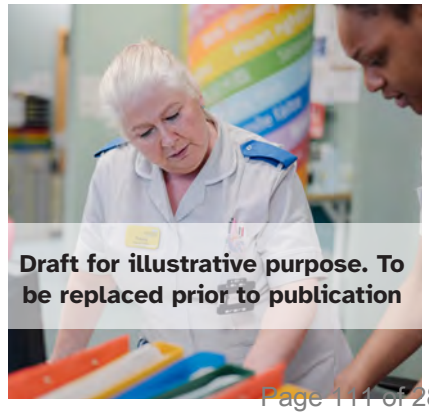
• Developing equitable and inclusive **sexual and reproductive health** services together with partner providers that are responsive to and meet the needs of all our communities through:

o Developing tailored support for groups most at risk of poor sexual and reproductive health outcomes.

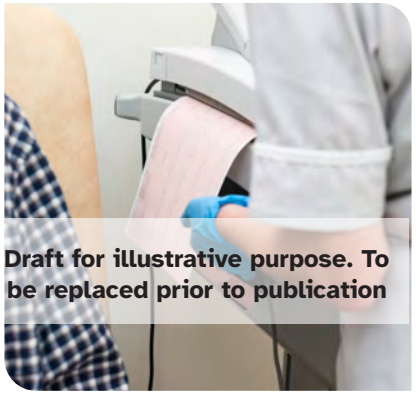
o Developing a flexible and responsive approach to working with the people we support and the VCSE to evaluate and im prove services.







Goal 5 Continuously improving



o Raising the profile of HIV and STI testing across other Trust specialities.

- Developing equitable access to **cancer services** and improved support through:
  - o Guaranteeing access to a Clinical Nurse Specialist and a Cancer Support Worker for everyone living with cancer.
  - o Improving access to services for people with neuro-diverse conditions and those with a sensory impairment.
  - o Developing partnerships with the VCSE to ensure cancer patients are able to access support in the community.

- Ensuring unpaid **carers** of all ages are recognised and supported to be visible and valued partners in care through:
  - o Improving how we identify carers as early on as possible in the interactions between the hospital and the people we support and sharing information about their needs across specialities.
  - o Improving the influence that carers (including young carers) have in service and improvement.
  - o Developing our partnerships with the VCSE sector including the local specialist carers charities to further advance the inclusive support we offer carers.

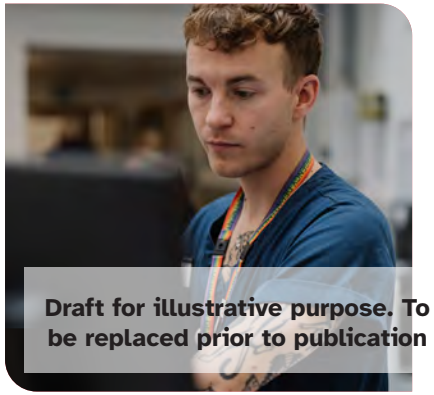
- Ensuring **mental health** care is person-centred, strength's based and provided in safer spaces & environments
  - o Improving equity of access to Mental Health services.
  - o Improving the Mental Health training available for all members of staff,
  - o Creating care environments that promote psychological wellbeing.

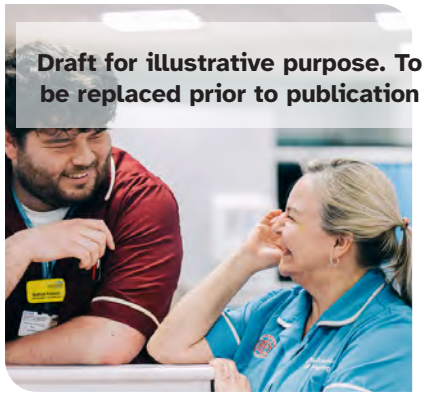
- Providing services that create accessible and inclusive health services for our **learning disability and autistic population** by:
  - o Offering reasonable adjustments to care by better equipping staff with knowledge, skills and digital systems to do so.
  - o Improving the hospital environment to better meet their needs.
  - o Supporting people with lived experience to participate in the recruitment panel for key staff roles to bring the patient voice to the process.

Goal 5 Continuously improving

- Improving the experience for our **older population and those living with frailty** through age-friendly and age-appropriate provision by focusing on:
  - o Enabling Weston General Hospital to be a centre of excellence for the care of older people (as part of the Healthy Weston programme).
  - o A clear process for identifying frailty when people are admitted to hospital and a workforce that is trained to understand their needs and provide appropriate support.
  - o Improving ward environments that sup port the older population with clearer signage and promotion of activities to reduce deconditioning.
  - o Improving access to assistive technology for those with hearing and visual impairments to support full participation in their care.
- Providing person-centred, equitable and ho-listic care for all **people living with dementia** with a focus on:
  - o Embedding personalised care planning and improved multi-disciplinary team working.
  - o Increasing the skills and confidence of our staff to support better dementia care and increase the number of volunteers sup port patients.
  - o Developing a dementia-friendly envi ronment including increasing the use of the dementia-friendly cafe and sensory garden activities.
- Improving provision for people as they near the **end of their lives** and support for their loved ones by:
  - o Focussing on providing individualised end of life care which is delivered by a confident, skilled, and well supported workforce.
  - o Creating a specialist volunteer role to provide sensitive and compassionate support for patients and their loved ones at end of life.
  - o Working towards a specialist palliative care service offer 7 days a week across our hospital.

Goal 5 Continuously improving





- Making sure more **patients can go home from hospital without delay and with the right support** by working together with our health, care and VCSE partners to support people to continue their recovery out of hospital, in our communities by:
  - o Supporting more patients to be able to return home from hospital to live independently for longer with wrap around support from health, care and the VCSE.
  - o Keeping patients and families well-informed about the discharge process with clear communication about the pathway they will be discharged on.
  - o Ensure all patients to be able to access acute services when needed by ensuring those patients who no longer required an acute hospital bed are discharged in a timely manner.

- Providing excellent communication and timely, person-centred support to people whilst they are **waiting for care and treatment**:
  - o Providing acknowledgement that we have received a referral (i.e. from the patient's GP) and updating the patient on the time they can expect to wait for their first appointment.
  - o Improving communication through the development of the digital patient portal allowing two-way communication between the patient and the hospital.
  - o Signposting patients to a range of sources of information and support from UHBW and community partners.
  - o Supporting people to get as fit as they can prior to having a procedure (physically and mentally) to improve their recovery time and as soon as possible.

- Continuing to **improve hospital environments** through the availability of access guides and art and design projects with a key focus on hospital entrances, reception areas and public thorough fares, to aid wayfinding, ease anxiety and create a calming and re-assuring first impression

Voices of the future

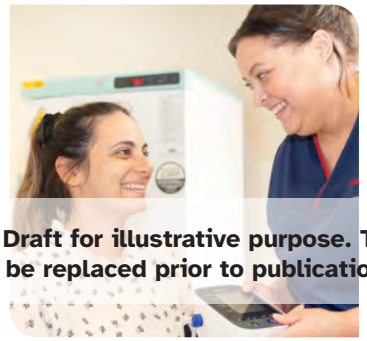
"When I felt I had to raise a complaint, I was felt listened to and I've been updated on what improvements have been made for others as a result which was reassuring".

"I am really encouraged to be involved in decisions that affect me".

"As a carer, I am respected and engaged to help provide the best possible care for my loved one and I now have access to such fantastic support to help me in my caring role".

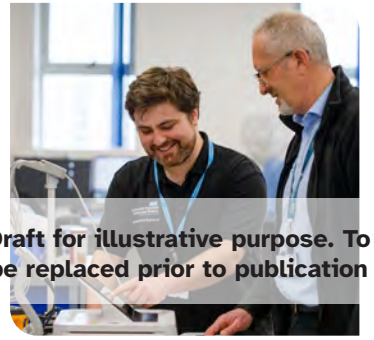
"I am proud that I helped design this new hospital clinic based on my own experiences"

"Staff got to know me as an individual and really wanted to know what matters most to me during my inpatient stay".



"I can really quickly understand key themes from patient feedback and complaints which allows me to prioritise work in my department to improve experience of care".

"Being part of the Youth Involvement Group makes me feel part of a community that is making a difference".



The support I received from the Chaplain was so compassionate and caring and it helped me find the strength at a time when I needed it the most".

"I have total confidence my communication needs will be met".

Measures of success

Goal 1 Asking 'what matters to you?'	Goal 2 Listening & responding well metrics	Goal 3 Learning, embedding & spreading metrics	Goal 4 Designing & delivering together metrics
1. Increase in % of patients who say they felt listened to from baseline (monthly patient survey). 2. Increase in % of patients who say they are involved in decisions about their care from baseline (monthly patient survey). 3. Increase in % of patients asked about their communication needs at first point of contact from baseline (monthly patient survey). 4. Increase in the number of recorded chaplaincy contacts from baseline.	1. Feedback is representative of the patients we care for. 2. 90% of complaint responses sent out within deadline agreed with complaint. 3. No more than 8% of complainants tell us they were unhappy with our first response to their complaint. 4. % increase in staff logging into the Patient Feedback Hub each month from baseline (Patient Feedback Hub log-in activity).	1. % of relevant staff completing Experience of Care training (measured via e-learning system). 2. Increase in Divisional Experience of Care Champions year on year over life of strategy (local audit). 3. Increase in % of Divisional experience of care improvement actions completed (6-monthly audit). 4. You Said, We Did posters updated routinely and displayed in wards and departments (Clinical Accreditation visits).	1. % of Trust-wide improvement projects that embed involvement from the start (Continuous Improvement Team documentation). 2. % growth in numbers of Expert by Experience participants (Participation Community activity log). 3. % respondents that report a positive experience of their involvement in improvement projects (annual internal and external perception survey).

Measures of success

Goal 5 Continually improving metrics	Enabler metrics
1. % of patients rating their care as positive (monthly patient surveys) 2. % of staff who say they would be happy with the standard of care for a relative or friend (NHS Staff Survey).	1. Increase in % of staff who say care of patients is organisation's top priority from baseline (NHS Staff Survey). 2. Increase in % of staff who say the Trust acts on concerns raised by patients/service users from baseline (NHS Staff Survey) 3. Increase in % of leaders who report they feel confident to lead Experience of Care agenda (via bespoke survey or Pulse – base-line to be confirmed). 4. Increase in % of stakeholders who report positive impacts of working in partnership with UHBW in delivering the Experience of Care strategy (annual external perception survey – baseline to be confirmed).

Experience of Care Strategy

Delivery Plan 2024 to 2027

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Goals

1. Asking What Matters To You?
- **a.** What Matters To You?
- **b.** Shared Decision Making
- **c.** Accessible Communication
- **d.** Spiritual and Pastoral Care

2. Listening and responding Well

3. Learning, embedding and spreading

4. Designing and delivering together

5. Continually improving
- **a.** Birth
- **b.** Children and Young People
- **c.** Transitions
- **d.** Sexual and reproductive health
- **e.** Cancer care and support
- **f.** Carers
- **g.** Learning Disabilities and Autism
- **h.** Mental Health
- **i.** Older People and Frailty
- **j.** People with a Dementia
- **k.** End of Life Care
- **l.** Waiting Well
- **m.** Transfer of Care (Discharge)

Strategy Goal 1a

Asking What Matters To You?

The strategy period covers a five year duration. This delivery plan sets out our ambitions and milestones for years one, two and three. The objectives and milestones for years four and five will be set at the end of year three, based on the current situation, progress made and remaining gaps.

Aim: We will ask what matters most to patients during their care pathway so that we can provide care that meets their needs and wishes.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will ask 'What matters to you?' to all the people we support.	• Roll-out the 'What matters to you?' conversation tool and approach to all inpatient areas • Discuss and collate the successes and challenges of rolling out 'What matters to you?' across Divisions and agree the dissemination of key learning to staff. • Agree monitoring plan and indicators to provide assurance that 'What matters to you?' is embedded. Utilise patient surveys and embed as standard in the Clinical Accreditation Programme. • Ensure all patients are asked their preferred names and that these are visible in their Electronic Patient Record and in key relevant patient information (for example on bed boards)	• Roll-out the 'What matters to you?' conversation tool and approach to all pre-operative and outpatient areas. • Extend training on 'What matters to you?' to therapy teams, medical teams and volunteers to enable the approach to be used by all multidisciplinary teams. • Evaluate findings of year one delivery and produce recommendations for embedding and improving approach. • Embed phonetic spelling of patient's names to ensure staff pronounce names accurately and respectfully.	• Continue to embed 'What matters to you?' in the culture of the organisation and work towards the 'What matters to you?' approach becoming the norm. • Offer 'What matters to you?' as part of non-mandatory training for key clinical groups to equip staff with the skills required to embed the approach. • Evaluate findings of year two delivery and produce recommendations for embedding and improving approach. • Audit a sample of patient notes to ensure preferred names are being recorded and phonetic spelling of patient's names is in place.

Strategy Goal 1a

Asking What Matters To You?

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
2. We will make best use of the 'What matters to you?' conversations to involve patients and carers in decisions about their care and treatment.	• Embed the 'What matters to you?' approach in best interest decision meetings and groups involving patients. • Display what is important to patients clearly to all professionals involved in their care, for example through shared communication and 'patient at a glance' boards • Explore becoming early adopters of the NHS England National Care Partner work, by adopting the 'What matters to you?' approach with carers.	• Embed the 'What matters to you?' approach as part of the pre-operative assessment of patients waiting for planned care and treatment and form part of therapy assessments and goal planning for discharge from hospital • Share learning from the 'What matters to you?' approach more broadly in the Trust to proactively link with other relevant strategic projects and working groups • Year 2 milestones to be confirmed subject to agreement to become early adopters for the National Care Partner work.	• Undertake an audit to identify how successfully the 'What matters to you?' approach has been embedded in peri-operative assessment and goal planning conversations for discharge from hospital and agree improvements as required.

Strategy Goal 1b

Shared Decision Making (SDM)

Aim: All patients / clinical teams involved in a collaborative partnership, learning together and developing pathways of care to support patients to make their own choices through SDM.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
• We will work collaboratively with system partners to ensure processes are in place to support SDM both within UHBW and the wider community.	• Identify a lead and Executive sponsor for SDM across UHBW and North Bristol Trust (NBT) Hospital Group • Undertake self-assessment on National Institute for Clinical Excellent (NICE) Guidance on SDM and produce recommendations report to reach compliance with guidance over a 3-year period. • Be a proactive and engaged partner in the new Integrated Care System Personalised Care Steering Group.	• Align approaches for SDM across the Hospital Group by learning from early roll-out by NBT. • Implement recommendations for year one.	• Integrate approaches for SDM and the tools and resources that support it across the Hospital Group. • Implement recommendations for year two and begin to evaluate impact.
2. We will enable and support all clinical teams to receive training in SDM and have the necessary tool kit to carry this out routinely in their everyday practice.	• Undertake staff engagement to better understand existing experience and application of SDM in practice to inform priorities.	• Work with NBT to bring together resources for staff to access information on SDM tools.	
3. We will enable and support patients with long-term health conditions to build the knowledge, skills and confidence to self-care and proactively manage their own conditions.	• Carry out focus groups with patients on their experience of SDM to inform priorities.	• Work with NBT to bring together resources for staff to access information on SDM tools.	

Strategy Goal 1c

Accessible Communication

Aim: To be able to effectively communicate with all patients and communities in a way that is accessible to them.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will improve our current translating and interpreting services to ensure that all patients receive accessible communication that supports their care, treatment and choices.	• Raise awareness of the Trust's spoken and non-spoken translating and interpreting services for our staff and communities. • Work with our external translating and interpreting suppliers to ensure that regular training is available to all staff to book and work with interpreters. • Embed the new translating and interpreting contract across the Trust, working closely with external suppliers to ensure our services work effectively for our communities. • Explore how we can ensure patient information leaflets are translated into a variety of formats to meet the needs of our diverse communities.	• Utilise available technology (for example video relay) to help remove the barriers people face in accessing our services. • Understand the experience of people who use our translating and interpreting services through feedback methods and continue to evaluate the service as part of quality assurance meetings with suppliers. • Ensure that information and updates about our Trust and services are available in a wide range of languages and formats to meet the needs of the people and communities we serve. To include improvements in communication methods for patient information and appointments for example, translating outpatient information such as SMS appointment reminders into different languages. • Prioritise the delivery of translated patient information leaflets and which formats and leaflets will be included as a starting point.	• Hold engagement events with the people and communities we support to ensure any concerns or suggestions about translating and interpreting services are heard and acted upon. • Work with our external translating and interpreting suppliers to share resources so the people and communities we support feel reassured that their communication needs can be met by our Trust. • Ensure there are effective mechanisms for patients who require interpreting services to be confident that an interpreter has been booked for their appointment. • Continue to progress with the roll out of translated patient information leaflets across the Trust.

Strategy Goal 1c

Accessible Communication

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
2. We will reach full compliance with the NHS Accessible Information Standard (AIS), ensuring we communicate effectively with patients, carers and communities with additional information and communication needs.	• Regularly update communities about improvements to the ways in which we are improving accessibility via the Trust website, the digital patient portal and community events. • Rollout of AIS e-learning training which has been developed with and includes experts by experience and introduce a guidance document to support staff to confidently and accurately add and use communication alerts on the Electronic Patient Record system. • Work with Digital systems staff to develop an AIS dashboard to identify a baseline measure of AIS to track progress.	• Ensure that patients, carers and visitors are aware of the AIS, how they can inform the Trust about their communication needs and to let us know how we can best meet their needs. • Ensure informal learning and training opportunities are widely available to support staff in understanding the importance of meeting communication needs and ensuring they have the resources to do so. • Monitor and improve compliance with AIS by introducing a new measurement system (a data dashboard) to track and support how well AIS is embedded across the services provided by UHBW.	• Continued use of the AIS dashboard to ensure we are fully compliant with the standard and can evidence our progress.

Strategy Goal 1c

Accessible Communication

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will improve our systems to ensure we have the capability to meet the information and communication needs of patients, carers and communities.	• Work with Digital Systems and Human Factors teams to review and refresh the AIS alerts options on the Electronic Patient Record system and how they are used to ensure communication needs are recorded and shared effectively. • Work with the Trust's Outpatients Team to ensure that the digital patient portal is accessible by implementing the actions arising from the Equality Impact Assessment. • Work with the Communications Team on a series of resources to promote and raise awareness of the AIS across our Trust and ensure that accessibility requirements are embedded in the design work for the new UHBW website.	• Evaluate the effectiveness of the new AIS alerts options and refine process based on staff feedback. • Explore how two-way communication can be used within the digital patient portal so that patients can ensure they can tell us about their communication needs and these can be recorded, shared and met. • The Communications Team will work collaboratively with the new website design team and community partners to ensure greater accessibility options are available on the new Trust website.	• To work with our main digital patient portal to ensure it is fully accessible and patients and communities are able to feed back about their experience using the system. • Share case studies and good news stories about the importance and progress of accessible information across our Trust with colleagues and community partners.

Strategy Goal 1d

Chaplaincy

Aim: We will provide a skilled chaplaincy service that is increasingly inclusive to all, enriching the experience of our patients and staff by providing a visible compassionate presence within our organisation

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will work in partnership with our local communities to develop inclusive spiritual and pastoral care for patients, carers, families and staff.	• Use data to identify what percentage of people within a faith group were offered access to appropriate chaplaincy support whilst they were an inpatient. • Work with our Divisions to modify the current nursing admission forms , specifically in the area of religious needs and requirements, to make it easier and more meaningful to use. • We will then train ward staff how to ask these questions so that people of faith are not excluded from accessing the spiritual, pastoral and religious help that they need. • Review census demographics and identify any gaps in our current provision to faith groups in the city. We will then reach out to establish new links with these faith groups. • Contact leaders of all faiths and ask if we can arrange meetings or focus groups with them to identify areas where we can work together.	• Run regular refresher sessions for our ward teams concerning the assessment of pastoral and spiritual needs of different religions. • We will obtain staff feedback to see how the assessment tool is working and can be improved upon. • We will analyse the data to evaluate if chaplaincy support is becoming more inclusive. • Offer training and support for faith groups to be able to support their community when they come into UHBW. • Work with faith leaders to address any gaps in our service through specific education and training programmes.	• Ask faith groups (identified through Bristol census 2023 and Weston census 2021) to provide teaching sessions for our acute nursing teams, so that they are better equipped to help patients and their families at end of life. • Seek to learn from these faith groups by asking them to participate in Chaplaincy and Chaplaincy volunteer training. • Hold review meetings with faith leaders to evaluate if our service has become more effective and inclusive through the initiatives we have put in place.

Strategy Goal 1d

Chaplaincy

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
2. We will provide emotional support from birth to end-of-life: the practice of loving kindness, empathy and tolerance, listening to 'what matters to you'.	• Train our team, both chaplains and volunteers, to understand the purpose and value of the 'What matters to you' conversation approach and to incorporate this approach as part of our assessment and ongoing provision of pastoral, religious and spiritual care to patients. • Incorporate ring fenced time in team meetings for our chaplains to further develop their emotional support skills through the discipline of reflective practice. • Explore the introduction of an 'I pray' badge for staff of faith who wish to support patients in this way.	• Introduce an annual training event for our chaplaincy volunteers and honorary chaplains that develops their pastoral and listening skills, enhancing the emotional support they give to patients. • Provide all newly recruited chaplaincy volunteers and honorary chaplains with supervision, so that they can grow their emotional support skills through reflection of practice. • Evaluate the effectiveness of supervision of all chaplaincy volunteers and honorary chaplains, to ensure that any gaps in emotional literacy are met and the practice of the wider chaplaincy team is improved.	• Evaluate the impact of the 'What matters to you' approach on chaplaincy provision. • Develop a training programme for chaplaincy volunteers and honorary chaplains that helps them develop their reflection of practice and that also equips them to provide peer support for each other.

Strategy Goal 1d

Chaplaincy

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will increase our chaplaincy capacity and reach by expanding our team of honorary chaplains and chaplaincy volunteers.	• Work collaboratively with faith communities/ leaders (including Humanist) not currently represented on the Trust's chaplaincy team, sharing what chaplaincy involves, and listening to their feedback and impressions of what they think their faith communities could contribute to our chaplaincy service. • Speak to leaders of faiths not currently represented on our chaplaincy team, to explain the role of honorary chaplains and explore any opportunities which might arise. • Outreach to our existing links in the Christian and Muslim communities to grow our current pool of chaplaincy volunteers and honorary chaplains.	• Offer training, supervision and ongoing support to members of faith communities who join our chaplaincy team. • Offer training, supervision and ongoing support to faith leaders who decide to become honorary chaplains. • Provide chaplaincy volunteer and honorary chaplain training, supervision and ongoing support for appropriate candidates for these roles.	• Run yearly cycles of recruitment and training of chaplaincy volunteers for minority faith groups. • Run yearly cycles of recruitment and training of Honorary chaplains for minority faith groups. • Run yearly cycles of recruitment and training of chaplaincy volunteers and honorary chaplains for Christian and Muslim faith groups.
4. We will contribute to education, training and research in spiritual and pastoral care within UHBW.	• Design ward posters explaining the role of chaplaincy and how to access it. • Develop a training programme on the religious/spiritual needs at end-of-life care for different faith groups. • Develop a patient/carer survey to gather feedback about the effectiveness of the UHBW chaplaincy service.	• Seek opportunities to educate clinical staff on the role of chaplaincy by having regular teaching sessions in preceptorship, induction, oversea nurse and new health care assistant training. • Deliver end-of-life spiritual care training programme to palliative teams/areas in UHBW. • Explore the possibility of setting up patient focus groups exploring key themes from the results of our feedback survey, which will further in-form the development of our service .	• Offer divisions the opportunity to have yearly updates, as part of their teaching programmes, where we inform ward staff on the role of chaplaincy in providing pastoral care and spiritual support. • Widen end-of-life spiritual care training to Care of the Elderly and acute wards in UHBW. • Review our feedback survey with patients and carers to see how effective the changes we have implemented from the first survey and focus groups have been.

Strategy Goal 2

Listening and responding well

Aim: People who use our services will be able to give feedback in clear and accessible ways and our people and teams will have timely access to meaningful feedback to enable them to learn, improve and celebrate successes. We will listen respectfully, resolving concerns wherever possible, and identifying and embedding learning.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will increase the variety of ways in which we understand the experience people have of our care, in a way that shapes improvement work to ensure our services are inclusive and accessible for everyone.	• Raise awareness of national patient surveys and promote the surveys specifically to under-represented groups to understand their experience of care. • Create new opportunities to hear from a broader range of patients, with a focus on those from marginalised and under-represented communities and ensure inclusive and accessible feedback, PALS and complaints routes. • Implement 'Ask, Listen, Do' (ALD) to improve experiences and outcomes for children and adults who are autistic or who have a learning disability, their families and carers, when they need to make a complaint or want to give feedback • Develop and launch a young person friendly feedback programme.	• Carry out touchpoint mapping to understand how patients feel at different points of their pathway, including waiting for treatment and care, transfer to a different ward and discharge from hospital. • Measure feedback and experience of people who require translating and interpreting services and continue to evaluate the service as part of quality assurance meetings with providers. • Undertake outreach engagement, including focus groups with marginalised and underrepresented communities to understand their experiences of making a complaint and giving feedback and to develop a more inclusive process. • Evaluate benefits of the young-person's feedback programme and explore opportunities for further development with the Youth Involvement Group (YIG).	• Shadow patients to understand their journey through our services. • Include a feedback link on all patient letters in order to increase survey response rates. • Demonstrate measurable, sustained improvement in the experience of underrepresented communities when they provide feedback. • Establish an annual evaluation programme of Young Person impact, based around Young Ambassadors in order to set an annual action plan.

Strategy Goal 2

Listening and responding well

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
2. We will empower and support individuals and teams to act on and use feedback to improve services for our patients and communities.	• Ensure the Trust's Clinical Accreditation Programme includes standards describing how clinical services should collect, analyse and use feedback • Ensure that all PALS and complaints staff complete NHS England 'Handling Difficult Situations' training and PHSO online complaints standards e-learning 'How to identify and resolve complaints early.'	• Utilise data from Clinical Accreditation process to identify wards and departments where further support is required in collecting, analysing and using feedback. • Ask all Trust staff who have responsibilities for investigating complaints to complete PHSO online complaints standards e-learning 'How to identify and resolve complaints early' and, where appropriate, attend PHSO training 'A Closer Look – how to carry out an investigation'.	• Demonstrate that all Trust staff with responsibilities for complaints are fully conversant with PHSO Complaints Standards, including processes and staff training.

Strategy Goal 2

Listening and responding well

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will encourage parents and carers to ask questions and raise concerns immediately and ensure that they receive an effective and timely response.	• Redesign and relaunch 'Listening To You' (a process which allows parents to seek a clinical review of their child if they are concerned) to include requirements of Martha's Rule that parents may request an objective second opinion in relation to their child's care which should be provided in a timely manner. • Re-establish parental escalation policy to include impact of new support programmes • Establish a 'Family Forum' to create reference group for reciprocal communication, exploring patient experiences and developing and communicating service developments .	• Audit effectiveness of 'Listening To You' process and supporting poster campaign. • Audit effectiveness of new parental escalation policy. • Review 'You said, We did' to ensure outcomes are visible to a wide range of families and service users.	• Evaluate awareness and impact of 'Listening To You' process, and supporting poster campaign using opportunities created through the hospital's 'Conversations' programme which encourages collaborative working across the hospital community (patients/parents/ staff) on topics of shared interest. • Evaluate awareness and impact of revised policies using 'conversations' ward-based activities • Gap analysis of 'Family Forum' to actively reach communities not yet engaged with the programme and explore alternative approaches to ensure the model is accessible.
4. We will actively listen to the voices of patients with a Learning Disability and / or autism.	• We will implement 'Ask, Listen, Do' and review the data in real time.	• Describe, through case studies, the changes made to our services based on the feedback we have received.	• We will extend the opportunities for hearing the voices of those with a learning disability and/or autistic people by working with community partners.

Strategy Goal 3

Learning, Embedding and Spreading

Aim: We will deliver a step change in the way that we understand what matters most to the people we support, sharing this widely within the organisation and system and seeking greater clarity on what we have learned, spreading good practice and embedding and sustaining improvements.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will make better use of the feedback that has been shared with us by patients and carers.	• Establish process to theme survey feedback, complaints and compliments and qualitative data aligned to the Picker Principles of Person-Centred Care and develop new ways of sharing key themes from surveys, concerns, complaints and compliments with divisional staff. • Improve data sharing between the Trust and Healthwatch to bring together the themes of survey feedback and complaints with the feedback that Healthwatch has gathered from people and communities. • Embed and maximise the value of the Patient Feedback Hub (our first stop shop for experience of care data) along with data gathered from complaints. • Develop a solution to move from a reactive use of our quality and workforce datasets to a proactive 'smoke detector' approach whereby wards and departments are rapidly alerted to deteriorating trends in experience of care and quality.	• Use insight gathered from year one and work with improvement tools available from NHS and oth-er partners to improve our ability to identify key themes from our qualitative data. • Scope procurement exercise with NBT for an integrated feedback survey system supplier. • Review effectiveness of 'smoke detector' solution and improve based on feedback from wards and outpatient departments.	• Share thematic analysis routinely and in real-time with service leads via the Patient Feedback Hub. • Implement and embed new survey system and roll out training to teams. Scope options for a single system solution for survey data and complaint recording.

Strategy Goal 3

Learning, Embedding and Spreading

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
2. We will improve the confidence and skills of our staff in understanding and improving experience of care.	• Design staff training on Experience of Care including a focus on Person-Centred Care through collaboration with Picker Institute, patients, carers and community groups. • Design and implement an Experience of Care Champion role together with front-line staff to be based operationally within Divisions. • Develop an Experience of Care 'lunch and learn' roadshow for teams involving the voice of the patient to raise awareness and provide practical tools and resources. • Develop content for a single point of access for staff (on the intranet) for Experience of Care resources in readiness for the new UHBW intranet.	• Roll out Experience of Care staff training to key staff groups. • Bring together Experience of Care Champions into a Community of Practice to share ideas, learning and resources. • Deliver first year of a 2-year rolling programme of 'lunch and learn' Experience of Care roadshow to teams. • Implement new Experience of Care resources page on the UHBW intranet pages for staff.	• Continue roll out of staff training, seeking feedback on content and improving where required. • Evaluate Experience of Care champion role and improve and refine based on feedback. • Deliver second year of a 2-year rolling programme of 'lunch and learn' Experience of Care roadshow to teams and evaluate impact.

Strategy Goal 3

Learning, Embedding and Spreading

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will adopt a rigorous approach to following up on planned improvements to experience of care to make sure we embed learning.	• Work with Divisional Experience of Care Coordinators to create single improvement plans at a local level that collate and follow-up on all actions arising from complaints, surveys, Healthwatch feedback, Quality and Equality Impact Assessments (QEIAs) and qualitative engagement work. • Introduce a 'learning log' to Experience of Care Group (the main Trust-wide meeting for matters relating to Experience of Care) to record relevant Trust-wide learning and follow-up to check relevant Divisions have implemented in their local services. • Develop and hold first annual deliberative process event involving the people and communities we support and Healthwatch to prioritise improvement projects using Patient First methodology and seek feedback on approach.	• Introduce 6-monthly audit via a random sample of planned actions arising from complaints, surveys, QEIAs, Healthwatch feedback and qualitative engagement work to check these have been implemented. • Explore the feasibility of an automated follow-up system to remind and measure Divisions to embed relevant learning in practice. • Hold second annual deliberative process event (shaped by year one feedback).	

Strategy Goal 3

Learning, Embedding and Spreading

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
4. We will demonstrate the impact of what we have learned from feedback and what actions we have taken to improve our health services.	• Embed 'You said, We Did' process and posters to demonstrate learning and action and integrate complaints learning into the process, displaying feedback in wards and departments. • Produce an 'Experience of Care spotlight' case study template which provides the format for our teams to record, demonstrate and share improvement work and communicate internally and externally. • Develop concept for an annual showcase event to share best practice, impact and improvement work and progress in delivering the strategy. • Work with external feedback solution supplier to develop a live view of real-time patient feedback using our Patient Feedback Hub to be available on the Trust website to demonstrate an open and transparent organisational culture.	• Utilise data from Clinical Accreditation process to identify wards and departments where posters are yet to be created/ displayed and focus resources to ensure they are created/displayed. • Develop initiatives such as 'Feedback Friday' to spotlight service improvements that we make using experience of care feedback. • Hold inaugural Experience of Care showcase event and evaluate impact. • Publish live view of real-time patient feedback on the Trust website and seek views on impact.	• Work with Experience of Care Champions to ensure that projects and improvements are shared internally and externally and embedded in the Trust's Recognising Success Awards to share best-practice. • Refine live view of real-time patient feedback based on impact review.

Strategy Goal 4

Designing and Delivering Together

Aim: We will lead a dynamic and inquisitive culture of collaboration with the people and communities who use our services so that we design and deliver our services to meet the needs of our diverse population. We will listen to and work with people to design and deliver inclusive services.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will make it easier for people and communities to get involved in designing and delivering our services in ways that have a positive impact in the work of UHBW.	• Review and streamline our approach to recruiting and working with Experts by Experience (sometimes referred to as Lay Representatives). • Launch a "Participation Community" as a new model of working with people and community partners (including Carers) which will include specific consideration to the interests of Weston General Hospital and the community it serves. • Collaborate with system partners, the voluntary community and social enterprise (VCSE) sector and Health-watch to engage and collaborate with people and the communities we support more effectively so their voices are heard and have influence. • Develop and implement a new policy to recognise and reward the involvement of people and community partners.	• Grow the Participation Community by promoting widely across our diverse communities. • Launch a new collaborative model of outreach work across the health and care system reaching the people and communities we support with a focus on our work to tackle health inequalities • Design and launch a mentoring programme for our Experts by Experience and community partners.	• Review the impact of the Participation Community model to date and develop recommendations for continuing to maximise its impact.

Strategy Goal 4

Designing and Delivering Together

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
2. We will create more opportunities for people and the communities we support to have influence and inspire our work.	• Co-create new Expert by Experience roles with an aim of six in the first year and use this as a model to bring the patient voice to other areas of work. • Scope options for a new on-line engagement portal to increase opportunities for involvement. • Develop our patient story to Trust Board process to reflect the life course model from birth to end of life and, develop a proposal for a patient story programme that is linked to training and development. • Increase awareness of the Youth Involvement Group through Trust membership newsletters, Newsbeat, GP communications and any other appropriate communication resources, developing closer links with work experience and wider engagement with the Integrated Care Board to offer support to system wide discussions which impact on young people. • Identify means of engaging with younger children (10 to 14 years) and seeking their feedback on a regular basis.	• Develop an approach to involving the people and communities, including Foundation Trust members, in our recruitment processes. • Implement a new on-line engagement portal to increase opportunities for involvement. • Implement a patient story programme for training and development. Evaluate (at end of year two) the impact of the patient story at Board approach and produce recommendations for year three delivery. • Seek out young people who are under-represented in the Youth Involvement Group and design programmes which will allow them to engage more effectively. • Evaluate impact of engagement for younger children and redesign 'You said, We did', to ensure outcomes are visible and patient friendly.	• Carry out gap analysis for groups which are under-represented and initiate targeted action to improve this. • Consider the engagement needs of younger children (6 to 10 years) and scope options for involving them more effectively in their health experience.

Strategy Goal 4

Designing and Delivering Together

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will support our staff and leaders to work effectively with people and communities so that they are involved in the design and delivery of services and service improvements.	• Adopt and apply the principles and learning from 'Common Ambition Bristol' and the NHS England 'Start with People' model of working differently with people and communities in our service improvement work. • Explore the value of independent user-centred design expertise to work with us to design and deliver services together with our communities. • Grow our "Community of Practice for Better Involvement" including access to online and in-person workshops, webinars and open discussion sessions, self-service resources, toolkits and examples of good practice. • Raise the profile of our involvement work both within and outside of the organisation including publication of case studies. • Improve the support that is available to the Continuous Improvement Team and colleagues leading service improvements so that the patient and community voice is central and influential to their work and in doing so, introduce a mandatory 'engagement and involvement gateway' check at the start of any new project.	• Develop an evaluation tool to understand the impact the patient voice has on service improvement projects. • Subject to year one milestone, develop a specification and partnership with an external provider to support with coproduction work with communities. • Develop an accredited facilitator network of internal and external participants expanding our ability to deliver, for example, effective patient focus groups. • Launch a support programme for senior leaders to be active in our community outreach work.	• Undertake evaluation and publish the impact of involvement activities on service improvement work.

Strategy Goal 5A

Birth and Maternity

Aim: Maternity patients and their families rating their care as good. Patients reporting that they have been treated with kindness and compassion and involved in decisions about their care.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will continue to improve the way in which we act on the feedback from patients and their partners about their experience of maternity care.	• Routinely share the results of the annual National Maternity Survey and local monthly maternity survey with staff and Maternity and Neonatal Voices Partnership (MNVP). • Develop an action plan in partnership with the MNVP and staff, ensuring there is adequate time and formal structures to review and share learning, and ensure actions are implemented within an agreed timescale (Refers to 3.11 of the Three-year delivery Plan, 2023). • Agree how we will measure improvements and monitor the progress of the action plan through the Women's Experience Group.	• Ensure the results of the maternity surveys and progress made in delivering the improvement plan are adequately and meaningfully reported to Trust Board and shared with the public. • Triangulate the results of the surveys with other sources of feedback and clinical outcomes data to understand 'what good looks like' to best meet the needs of our local population and to learn from when things go well and when they do not. • Monitor the progress of the action plan and review performance against the outcome measures through the Women's Experience Group.	• Ensure positive and proactive engagement where responses to the results of the maternity surveys are more appropriately led at a Local Maternity and Neonatal System (LMNS) level across the whole of Bristol, North Somerset and South Gloucestershire (BNSSG). • Share maternity feedback and survey results routinely with health partners to support the Integrated Care Board (ICB) in their ambitions to ensure more personalised and safer care, to improve continuity of carer and provide information to help pregnant people make choices about their care. • Work in partnership with the MNVP and respond to service user feedback in a way which reflects our healthy and compassionate organisational culture.

Strategy Goal 5A

Birth and Maternity

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
2. We will embed the use of personalised care and support plans (PCSPs) to ensure the service user remains an active partner in planning their care and to ensure that safe and high-quality care is delivered in alignment with their needs and wishes.	• Audit to understand who does and who doesn't use maternity Personalised Care and Support Plans (PCSPs) by conducting an audit. • Review the design and accessibility of PCSPs jointly across the LMNS in partnership with the MNVP. • Actively participate in the South-West Regional Enhancing Personalised Care Collaborative to share best-practice, learning and resources.	• Increase the numbers of service users who chose to use a PCSPs (aiming to achieve the minimum standard of 90% as set out in module 4 of the Core competency framework Version 2 (2023). • Promote the uptake of PCSPs using the support package provided by the South-West Regional Enhancing Personalised Care Collaborative. • Gather targeted feedback regarding people's experiences of personalised care and the use of PCSPs, using an equitable approach to access the voices of a diverse cross section of the maternity population.	• Continue to increase the numbers of service users who chose to use a PCSPS (aiming to achieve over 95% as set out in module 4 of the Core competency framework Version 2 (2023). • Act on the feedback and audit results to further improve the experience of personalised care and the uptake of PCSPs (Refers to 1.5 of the Three-year delivery Plan, 2023). • Evaluate the impact of our improvement work through a further audit of the uptake of the PCSPs.

Strategy Goal 5A

Birth and Maternity

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
2. We will embed the use of personalised care and support plans (PCSPs) to ensure the service user remains an active partner in planning their care and to ensure that safe and high-quality care is delivered in alignment with their needs and wishes.	• Continue to grow the pool of Maternity staff who undertake the Black Maternity Matters programme. • Develop the leadership role and resource for the dedicated 'Inclusion and Diversity' Practice Education Facilitator. • Continue to support families to access our maternity services through the delivery of enhanced maternity support. This support focuses on families racialised as black or families who reside within a geographical area which may put them at higher risk of health inequalities.	• Provide services that facilitate informed decision-making by our local populations. This will include, for example, choice of pain relief in labour where we know there are inequalities. (Refers to 1.10 of the three-year delivery plan, 2023). • Ensure improved access to interpreting services and compliance with the Accessible Information Standard in maternity and neonatal settings. (Refers to 1.10 of the three-year delivery plan, 2023). • Work with the MNVP to collect and disaggregate local birth outcomes data and feedback by population groups to understand differences in access, experience and outcomes for women and babies from different backgrounds (including the social determinants of health). (Refers to 1.10 of the three-year delivery plan, 2023).	• Utilise our local feedback to address any inequity or inequalities identified across services or pathways, to improve care (continuous improvement). (Refers to 1.10 of the three-year delivery plan, 2023). • Work positively and proactively to support the LMNS in achieving their ambitions to improve equity and equality in maternity services across the local footprint (NHSE, Equity and equality guidance for Local maternity systems, 2021). • Mitigate against digital exclusion, e.g., by ensuring PCSPs (see objective 2) are available in hard copy for those that need it. (NHSE, 2021, Equity and equality guidance for Local maternity systems).

Strategy Goal 5A

Birth and Maternity

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
4. We will continue to promote inclusion and equity to reduce inequalities in access, experience and outcomes.	• Continue to grow the pool of Maternity staff who undertake the Black Maternity Matters programme. • Develop the leadership role and resource for the dedicated 'Inclusion and Diversity' Practice Education Facilitator. • Continue to support families to access our maternity services through the delivery of enhanced maternity support. This support focuses on families racialised as black or families who reside within a geographical area which may put them at higher risk of health inequalities.	• Provide services that facilitate informed decision-making by our local populations. This will include, for example, choice of pain relief in labour where we know there are inequalities. (Refers to 1.10 of the three-year delivery plan, 2023). • Ensure improved access to interpreting services and compliance with the Accessible Information Standard in maternity and neonatal settings. (Refers to 1.10 of the three-year delivery plan, 2023). • Work with the MNVP to collect and disaggregate local birth outcomes data and feed-back by population groups to understand differences in access, experience and outcomes for women and babies from different backgrounds (including the social determinants of health). (Refers to 1.10 of the three-year delivery plan, 2023).	• Utilise our local feedback to address any inequity or inequalities identified across services or pathways, to improve care (continuous improvement). (Refers to 1.10 of the three-year delivery plan, 2023). • Work positively and proactively to support the LMNS in achieving their ambitions to improve equity and equality in maternity services across the local footprint (NHSE, Equity and equality guidance for Local maternity systems, 2021). • Mitigate against digital exclusion, e.g., by ensuring PCSPs (see objective 2) are available in hard copy for those that need it. (NHSE, 2021, Equity and equality guidance for Local maternity systems).

Strategy Goal 5B

Children and Young People

Aim: Child and family support services will be a core part of multi-disciplinary conversations and introduced to patients and families at the start of their journey and children and young people with complex needs will have improved and coordinated care that meets their needs.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will increase the cohesion of medical and support services to ensure that families are offered the support they need at the earliest opportunity.	• Distribute Child and Family Support Services (CCFS) posters to increase family awareness of support available . • Establish an action plan to ensure effective ongoing recruitment for CCFS roles. • Increase the number of friends for parent volunteers to improve signposting to support services.	• Deliver CFSS awareness days for hospital staff. • Deliver family awareness sessions, a 'meet the team' event and a social media promotion programme. • Establish a sustainable family support package to incorporate consideration of practical, financial and psychosocial needs for both inpatient and outpatient families.	• Map any remaining gaps in service or communication and establish how they can be filled. • Evaluate the impact of CFSS involvement in core Multi-Disciplinary Team settings. • Evaluate the impact of the established support package and explore opportunities for development.
2. We will ensure that our services are able to meet the needs of children and young people with complex needs and ensure the communication pro-cesses that support this are appropriate.	• Identify ways of increasing training uptake for staff regarding disability, autism and learning disability and complex needs and offer support where needed. • Identify support groups in the community with an interest in working with healthcare professionals. • Review hospital passport process to identify opportunities for improvement.	• Re-establish a disability reference group to encourage reciprocal communication, exploring patient experiences and agreeing and communicating service development. • Review the use of 'You said, We did' information to ensure outcomes are visible and shared more widely. • Increase universally available tools to support admission planning which are co-designed with families including social stories, videos etc.	• Seek out those who are under-represented and redesign or create new programmes to allow them to engage. • Review complex care provision, ensuring user involvement, to establish how well it meets the needs of the people we support. • Review impact of reasonable adjustments for children and young people with complex needs to identify any actions required to improve their experience.

Strategy Goal 5C

Transitions

Aim: Transition planning to start at an appropriate time with all relevant young people in UHBW to ensure safe and supported movement to Adult services in UHBW and the South West. The focus will be on early engagement with responsibility and decision making moving to the young person. Their voice and opinion will be central and integral to the Transition trajectory and process.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will appoint a Trust-wide Nurse Specialist for Transition and embed the role into the coordination and practice for clinical teams over the next three years.	• Recruit to a new Clinical Nurse Specialist role for Transition. • Develop a governance model to support Transition pathways between UHBW services and with other health and care providers. • Benchmark and derive best practice across all teams currently working with young people and families.	• Develop clear cross Divisional processes and embed into practice. • Develop key consistent roles and responsibilities which follow the young person on their Transition pathway, developing documentation. •Continuation of benchmarking against national Transition standards and best practice and embed learning in the UHBW process.	• Support quarterly Transition meetings within specialities with the young person's voice central to all the decision making. • Full transparency of needs for the young person and the clinical teams of where the young person is on the Transition pathway. What is working well and what needs improving. • All best practice identified and embedded and continuous learning takes place. Sharing good practice locally and nationally.
2. We will develop and implement an inclusive and clear process for the supportive transition of young patients to Adult Services that places the patient at the centre of the planning and decision-making process.	• Clarify and further develop a clear process to enable a smooth transition into adult care. • Clarification and development of what is expected of each member of the Multi-Disciplinary Team role to support the process. • Ensure internal and external stakeholders are aware of transition and expectations that this pathway is seamless for the young person.	• Benchmark nationally and embed local best practice into the current process – refining documents and ensure a consistent approach by the clinical teams involved in the young person's care. • Identification of who has the current level of skill, do they have capacity and the skill set to support. • Develop and agree the process amongst all stakeholders including the regional (tertiary) remit.	• Organisational change needs to happen to embed national best practice Standardise documentation and process. • Fully enabled process that delivers clear and measurable results against the objective that each young person will transition into adult care in a safe patient centred way. • Dynamic transitioning of roles and responsibilities which are responsive to where the young person is in real-time on the pathway and exists across organisation boundaries.

Strategy Goal 5C

Transitions

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will develop ourselves as a regional leader in delivering a responsive and individualised transition pathway for all our patients.	• Scope the regional current situation in transition and develop a communication plan for the patient, their family and the team involved in their care. • Benchmark best-practice within UHBW within our regional (tertiary remit) and nationally. • Explore technology available to support the Transition process.	• Develop processes and approval from all stakeholders on how we will communicate with the patient and the multi-disciplinary teams that are involved in the patients care. • Undertake training needs analysis across all teams and develop an appropriate training plan. • Extend technology to tertiary centres to improve efficiency and transparency.	• Fully developed and approved processes for transition into Adult Services. • Fully enabled and upskilled staff within UHBW to provide a seamless transition into adult care for the patient. • If “off the shelf“ software not available, investigate the feasibility of developing a bespoke system to share care required for the patient and provide a platform for virtual transition clinics.

Strategy Goal 5D

Sexual and Reproductive Health

Aim: Develop an equitable service that meets the needs of the patient population

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will develop tailored support for groups most at risk of poor sexual and reproductive health outcomes.	• Develop a list of potential partnership organisations working in the community with groups identified by a local needs assessment as most at risk of poor sexual and reproductive health. • Continue to work with Common Ambition Bristol multi-partnership team to evolve specialist clinics at Charlotte Keel Health Centre and Montpelier Health Centre. • Establish baseline data for attendances by people from under-represented groups, ensuring data gaps are filled in a new Electronic Patient Record system and facilitate continuous and inclusive data collection.	• Develop an action plan to engage effectively with other under-represented groups (including work with voluntary and community sector organisations). • Identify champions for each under-represented group to lead an improvement project. • Identify one priority group to start co-production process to develop services which better meet their needs drawing on the learning from Common Ambition Bristol.	• Support quarterly Transition meetings within specialities with the young person's voice central to all the decision making. • Full transparency of needs for the young person and the clinical teams of where the young person is on the Transition pathway. What is working well and what needs improving. • All best practice identified and embedded and continuous learning takes place. Sharing good practice locally and nationally.
2. We will develop and implement an inclusive and clear process for the supportive transition of young patients to Adult Services that places the patient at the centre of the planning and decision-making process.	• Review and improve our rolling patient feedback survey to better understand experience of care. • Implement new inclusive ways of collecting feedback from service users from marginalised communities. • Re-establish a focus on service user engagement with support of UHBW Experience of Care and Inclusion team.	• Survey community partners to obtain feedback about services and suggestions for improvement. Agree methods for engaging them in an iterative feedback process. • Ensure service and community partner feedback is used to drive service development programmes •Ensure all new pathways are reviewed and critiqued by service users before and during implementation.	• Develop a real-time feedback response by service system. For example, instant online web-based chat.

Strategy Goal 5D

Sexual and Reproductive Health

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will ensure that access to innovative and novel pathways is equitable.	• Ensure all access options and triage pathways are reviewed by the UHBW Learning Disability and Autism team. • Ensure there are walk-in face to face alternatives to any innovative digital access options. • Implement existing learning from community organisations or from people who struggle to access services.	• Ensure service users and/or their advocates, particularly from under-represented groups, are involved in the design, development, and delivery of new pathways from the outset. • Work with Health Promotion team to disseminate all service access options to primary care and secondary care partners. • Liaise with other Trust departments who are doing similar work to share learning.	• Develop new volunteer roles to facilitate access to clinics making all service users feel welcome. • Develop videos to illustrate patient journeys for different groups who experience health inequity.
4. We will raise the profile of HIV and STI (sexually transmitted infections) testing across other Trust specialities.	• Work with the Emergency Departments across the Trust on implementation of opt-out HIV testing. • Implement training for all grades of junior doctors highlighting the importance of increasing testing. • Promote the 'Hearts and Minds' HIV awareness training programme more widely for staff at UHBW and North Bristol NHS Trust (NBT).	• Offer training sessions for other specialities on presentations of Sexually Transmitted Infections (STI) and HIV in their departments . • Develop rapid access pathways for other specialities to refer into sexual health services. • Develop rapid access advice access for other specialities.	• Implement National Institute of Clinical Excellence HIV testing guidance in full.

Strategy Goal 5E

Cancer

Aim: Develop equitable access to inclusive cancer services at UHBW.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will ensure all UHBW patients living with cancer have access to a cancer clinical nurse specialist (CNS) and a cancer support worker (CSW).	• Review all cancer teams and identify any gaps in provision and access to CNSs and CSWs. • Develop a process to raise patient awareness of the information and support resources available to them (including being able to access CNSs and CSWs).	• Progress local area plans to secure sustainable funding and recruit into the remaining gaps in CNS / CSW provision. • Check that the revised 'awareness raising' process is working and patients have greater awareness of information and support resources available to them.	• Repeat review of all cancer teams and identify any new or unresolved gaps in provision and access to CNSs and CSWs. • Analyse patient feedback to evidence any improvements made in access and experience.
2. We will ensure equitable access to cancer services, for people with pre-existing neuro-diverse conditions and sensory impairment.	• Engage with local neuro-diverse and sensory impaired communities to better understand their experience of cancer care and support at UHBW and what could be done to make their experiences better in the future. • Gather staff feedback of their awareness and experience of offering 'reasonable adjustments' to cancer patients with neuro-diverse conditions.	• Together, patients and staff will co-design a toolkit of 'reasonable adjustments' that can be offered to support cancer patients with neuro-diverse conditions. • Focus on staff awareness raising and training on using the 'reasonable adjustments' toolkit in cancer services and link to the mandatory Accessible Information Standard training programme.	• Collect feedback from patients and staff using the toolkit, to see if the toolkit is useful and if any further developments are needed. • Year 3 milestone to be developed following evaluation of feedback from patients and staff.

Strategy Goal 5E

Cancer

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will engage with community partners to ensure people living with cancer are able to access support in the community.	• Engage with community partners including those in the Integrated Care System, GP and practice nurse forum and Voluntary and Community Sector (VCSE) Alliance. • Gather additional patient feedback to identify priorities, for example via local surveys relating to the cancer Clinical Nurse Specialist and Allied Health Professional teams. • Improve joint working between hospital cancer staff and GP and Health Centre staff in the community.	• Review annual National Cancer Patient Experience (NCPES) results to identify improvements and prioritise actions to take forward. • Explore the feasibility and funding options for Bristol, North Somerset and South Gloucestershire Cancer Community Navigator roles. • Develop an approach to raise patient awareness on how to access available support in the community.	• Review annual NCPES results to identify improvements and prioritise actions to take forward. • Explore opportunities for local cancer information outreach in community hubs and other local venues. • Year 3 milestone to be developed following evaluation of feedback from patients and staff.

Strategy Goal 5F

Carers

Aim: Create an environment where carers are identified proactively, as soon as possible in the patient journey to optimise opportunities for improved support, embedding a culture or carers being visible and valued partners in care and creating innovative ways for carers to be involved in service planning and development.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will improve communication with carers of all ages, colleagues and the Carers Liaison Team to create an increasingly carer-friendly environment.	• Increase staff awareness of the support available from the Carer Liaison Team. • Improve the visibility and understanding of the role carers have in the hospital environment including scoping a Carer Passport scheme so that carers are recognised and receive support to be involved more in a patient's care. • Map how we currently identify carers, at what stage in the care pathway and how their information is stored and shared across specialities and hospitals. • Map the concessions carers may benefit from and work to align those with North Bristol Trust.	• Establish a dedicated resource area for carers and the Carers Liaison Team. • Review the information that carers receive and develop new information to help carers navigate our hospitals. • Launch the Carers Trust toolkit to improve the hospital discharge experience for patients and their carers. • Co-create a solution with carers and staff across UHBW and North Bristol Trust to improve how we identify carers and share information across specialities and healthcare providers.	• Use the Pulse survey to understand staff confidence, their development needs and to identify further improvement priorities. • Explore how technology can be better used to improve communication with carers around issues such as patient bed moves.
2. We will develop new training and support to ensure our staff are skilled in identifying and supporting carers of all ages to be partners in care.	• Undertake a training needs assessment and scope the current training offer to staff in UHBW with respect to carers. • Work with Bristol and Weston Hospital Charities to develop a video to raise awareness of the role carers have as partners in care.	• Deliver a shared training offer for staff working in UHBW and North Bristol Trust. • Develop the role of a 'Carers Champion' network so that frontline staff are empowered to be able to support and signpost carers to the correct and timely help that they need.	• Evaluate training provision and the impact of this training both on staff and carers. • Aligned with the Trusts Volunteer Strategy, review and make recommendations to develop the role of Volunteers in supporting carers in the hospital environment.

Strategy Goal 5F

Carers

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will improve the ways in which we understand and act on the experience of carers of all ages in-cluding improving the carers voice in service improvement.	• Embed the carers' voice in our Carers Steering Group by recruiting and supporting Experts by Experience. • Design and implement a new way of collecting feedback to capture the experience of carers in the Trust and use this to prioritise areas for improvements in years two and three of strategy delivery. • Explore setting up a "Young Carer Voice" group together with the Bristol Royal Hospital for Children's family support service (LIAISE) and the hospitals Youth Involvement Network.	• Scope and establish a single Carers Steering Group across UHBW and North Bristol Trust including community partner representation. • Develop a shared carer experience feedback process with North Bristol Trust. • Create an annual carers workshop, co-delivered with carers, to understand the needs of carers and use that information for continuous improvement.	• Publish an impact report on the influence of the carers' voice in the Trust including a "perception survey" to understand how our community partners view the carers support at UHBW.

Strategy Goal 5G

Learning Disability and Autism

Aim: Provide an environment that enables engagement and inclusivity within our learning disabled and autistic population, providing reasonable adjustments to improve access to UHBW services.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will offer reasonable adjustments to our learning disabled (LD) or autistic population.	• Accessible Information Standard Steering Group and Outpatient Services to review current outpatient letters and agree a way forward to introduce easy read letters. • Work with Voluntary Services to determine the training needs and feasibility of providing volunteers to support autistic people or those with a learning disability in clinical areas. • Develop an online training module for staff explaining how to deploy reasonable adjustments. • Work with Legal Services to develop training materials for Mental Capacity Act, Best Interests and Power of Attorney. • Work with Mental Health services to identify where they can support clinical areas with reasonable adjustments for autistic patients or those with a learning disability.	• Develop and pilot easy read Outpatient appointment letters with target group. • Develop a training programme for volunteers supporting patients with a LD and autistic people. • Identify key clinical staff and add training module to online training platform and launch to staff. • Identify key clinical staff and add training module to online training platform and launch to staff. • Ensure staff and patients have access to Mental Health Support Workers in ward areas where needed.	• Roll out easy read letters approach to ensure patients receive information in an accessible way, in either electronic or printed formats according to their needs. • Introduce volunteers who have a special interest in supporting autistic people or those with a learning disability with reasonable adjustments. • Audit reasonable adjustments and staff undertaking training module. • Audit to ensure staff have completed training to equip with Mental Capacity Act knowledge and skills and can demonstrate safe care.

Strategy Goal 5G

Learning Disability and Autism

Aim: Provide an environment that enables engagement and inclusivity within our learning disabled and autistic population, providing reasonable adjustments to improve access to UHBW services.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
2. We will ensure our environment meets the needs of people with a learning disability, autistic people, those with a physical disability and those with complex needs.	• Planning in new or existing buildings will include Changing Places as detailed in the Equality Act (2010). • Conduct scoping of outpatient areas to determine where bleepers or a similar system could be utilised. • Develop a signage improvement programme based on recommendations taken from the autism audits led by experts with lived experience.	• A review of current Changing Places and gaps will be undertaken by our Estates Department and areas identified for inclusion of Changing Places. • Implement communication systems in pilot areas which will include feedback from the people we support. • Continue programme of signage improvement.	• Changing Places will increasingly be provided in areas across our hospitals based on priorities sites identified. • Rollout communication system to other areas. • Repeat of autism audit to determine progress and identify any outstanding areas.
3. We will offer an inclusive approach to recruitment.	• Engage with local service users and self-advocacy partners to determine the feasibility of embedding experts with lived experience in the UHBW recruitment process.	• Identify roles which would be most positively impacted by the inclusive approach. • Autistic people or those with a learning disability will be recruited to support the interview process.	• Interview panels for key staff roles will routinely have access to autistic people or those with a learning disability to enhance the interview experience.

Strategy Goal 5H

Mental Health

Aim: People from our local, regional or national patient groups attending UHBW and who may need support with their Mental Health care needs, will receive high quality psychological or psychiatric care, in line with National Guidance.
As unique as the individuals in our communities, care will be person or family centred, strength's based and provided in Mental Health safer spaces and environments. Care provision will be seamless as patients' transition from child-to-adolescent-to-adult services.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will provide training and development of staff skills to support better Mental Health care.	• Deliver specialist Mental Health training for Staff working with patients with Mental Health care needs of all ages. • Ensure that principles of 'Trauma Informed' care is included in relevant training. • Ensure that 'Mental Health Champions' are in every area; ensuring they contribute and learn from shared education events.	• Evaluate ongoing staff Mental Health training needs and to deliver specific condition related training for key areas. • Link with Integrated Care Board (ICB), National Health Service England (NHSE) and local education institutions to offer accredited courses for eligible staff working in Mental Health areas. • Work with the Mental Health Champions to foster a culture of empathy and understanding with Staff through regular training and education events.	• Promote a culture of continuous learning and shared professional development within the Trust and with system partners, offering ongoing training opportunities, seminars and education days, research conferences, and online resources on Mental Health care topics. • Review and evaluate Mental Health training needs in-line with the Integrated Care Board and system partners education and training provision.
2. We will develop a workforce that provides the right care in the right way and at the right time to patients of any age.	• Engage with local service users and self-advocacy partners to determine the feasibility of embedding experts with lived experience in the UHBW recruitment pro-cess.	• Agree and establish a model for Mental Health care delivery for all-ages across UHBW sites. • Develop Band 4 Senior Mental Health Support Worker posts to improve the quality of care available to patients and to identify a career pathway for Mental Health Support workers. • Link with Integrated Care Board (ICB) and system partners to establish a Mental Health nurse apprenticeship pathway.	• Embed an all-care model for Mental Health care across all UHBW sites. • Link with North Bristol Trust (NBT) and Integrated Care Board (ICB) to ensure alignment of model of Mental Health care in Acute Hospitals. • Promote a positive culture of parity of esteem for patients with Mental Health care needs within the ethos of delivering the 'right care, in the right way and at the right time'.

Strategy Goal 5H

Mental Health

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will ensure that our care environments can support the delivery of safer Mental Health care for patients of any age.	• Review and audit all care environments from a Mental Health perspective including inpatient, outpatient and assessment areas. • Promote a Mental Health 'safer' ethos for staff via education and training including Ligature Awareness and Suicide Prevention. • Identify unsafe areas that should not be used for Mental Health care. • Scope the role of a Trust wide Mental Health Harm Reduction Steering Group to oversee the review and improvements to care environments..	• Work with clinical leads and Estates to identify which care environments can be adapted to ensure safer Mental Health care. • Identify how assessment areas can be adapted to ensure safer Mental Health care. • Ensure a process for an annual environmental Mental Health risk assessment is embedded.	• Ensure that projects to adapt and improve care environments areas are prioritised in Divisional financial planning. • Ensure that new wards and services are designed with a focus on a 'Mental Health Safer' ethos. • Link with North Bristol Trust (NBT) and Integrated Care Board (ICB) to ensure alignment of environmental harm reduction strategies including preparing an annual report of activity.

Strategy Goal 5J

People living with a Dementia

Aim: Provide high quality, person centred, equitable and holistic care for all persons living with dementia.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will improve communication with our patients, carers and colleagues to enhance dementia care.	• Ensure involvement of people with dementia, family and carers in personalised care planning and completion of the “All About Me” document. • Encourage and improve interdisciplinary collaboration and communication among professionals and care teams involved in the care of people with dementia. • Collect patient and carer feedback on their experience (specific to people with a dementia) and use feedback to make continuous improvements.	• Set-up a system wide working group to look into working towards shared documentation and core information standards for patients with dementia. • Increase staff awareness of support available in the community to allow for improved signposting for patients and carers to the correct services to meet their needs. • Offer advanced communication workshops to carers, volunteers and staff focusing on difficult conversations, grief support, and maintaining connections as dementia progresses.	• Create an ability to share appropriate care plans with colleagues across the Bristol, North Somerset and South Gloucestershire (BNSSG) system. • Establish a peer support network for staff across Bristol, North Somerset and South Gloucestershire (BNSSG) who support people with dementia, providing opportunities for sharing experiences, top tips, and emotional support. • Expand the number of volunteers to include caregivers of people with dementia for peer mentoring programmes, where experienced caregivers provide guidance and support to other volunteers and staff who are new to working with people with dementia.

Strategy Goal 5J

People living with a Dementia

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
2. We will provide training and development of staff skills to support better dementia care.	• Provide training and education to staff working with people with dementia on reducing distress, agitation, and behaviours that challenge. • Provide training and development opportunities (including volunteers) to support and enhance the experience of care for persons with dementia. • Improve the dementia care training offer to staff providing Enhanced Care Observation.	• Organise skills development workshops focusing on practical caregiving skills, including activities of daily living assistance, safe transfer techniques and reducing deconditioning tailored to persons with dementia. • Ensure all eligible staff complete Dementia tier 2 training. • Implement a comprehensive 'effective communication strategies' training programme for staff working with persons with dementia.	• Explore partnerships with local universities and other institutions to offer accredited courses or degrees in dementia care for healthcare professionals seeking specialised training. • Foster a culture of empathy and understanding among healthcare staff and volunteers through regular communication training sessions and role-playing exercises. • Promote a culture of continuous learning and shared professional development within the Trust and with system partners, offering ongoing training opportunities, seminars and education days, research conferences, and online resources on dementia care topics.
3. We will provide care in an increasingly dementia-friendly environment.	• Roll-out and increase the use of dementia friendly café and outdoor sensory gardening ctiv-ities across Bristol and Weston sites. • Work with Bristol and Weston Hospitals Charity and volunteers to provide activity boxes on care of the elderly wards. • Complete audits in inpatient and outpatient areas to identify areas for improvement in creating dementia friendly environments.	• Ensure there are 'Dementia Champions' in every area and ensure they contribute and learn from one another in annual education days. • Make activity boxes available on all wards that potentially admit persons with dementia. • Work with Estates and Facilities and charity partners and volunteers to make dementia-friendly modifications to enhance the environment such as clear signage, non-glare lighting, calming colours.	• Explore innovative technologies and design solutions to further enhance the dementia-friendly features of care environments, such as activities, virtual reality simulations, and assistive devices for navigation and communication. • Identify ways to reduce bed moves for people with dementia to avoid disorientation and constant adjustments to a new environment. •Create spaces for safe walking areas for people with dementia to reduce deconditioning and encourage activities.

Strategy Goal 5K

End of Life Care

Aim: All patients will receive high quality, compassionate end of life care that is individualised to their specific needs (and the needs of those closest to them) and is provided by the right staff with the right skills at the right time.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will ensure that end of life care is valued and underpinned by strong leadership.	• Review the membership of the End of Life Steering Group to ensure that all teams throughout the hospital can have their feedback heard and acted upon. Use communications channels to continue to promote and champion the importance of high-quality end of life care. • Develop an accessible and sensitive method of seeking feedback from the bereaved and use this to guide improvement to care.	• Identify a non-executive lead who will promote end of life care at Board level as per guidance from national regulatory bodies (Care Quality Commission). • Implement a new method for seeking feedback from families and bereaved relatives across the Trust and begin to prioritise areas for improvement.	• Co-design an end of life care strategy to provide clear direction for end of life care in the Trust and ensure improvements are maintained. • Deliver on improvements based on feedback and monitor whether these have improved experience of end of life care.
2. We will ensure we have a workforce that is confident and able to provide individualised end of life care.	• Develop and recruit to adult end of life educator roles who will work with staff across the Trust to upskill them in best end of life care practices. • Roll out end of life care e-learning training (initially for registered staff) to ensure staff are up to date with training needs specific for their role. • Recognise the need for staff to have emotional and psychological support in order to provide the best care for patients and those closest to them at end of life by evaluating and improving the current resource available to staff in adults and children's services.	• Continue to develop the educator role to provide training, with a focus on groups where this will have high impact such as newly qualified staff and international graduates. • Develop e-learning training packages for other staff groups, such as healthcare support workers. • Highlight current provision of support and resources for staff and make plans to develop support in areas where there are gaps.	• Utilise feedback from patients and those closest to them to ensure their experience is a key driver of education provided at all times. • Review staff uptake of training and based on feedback, continuously keep training materials up to date. • Raise awareness with teams to ensure all staff have knowledge on how to access appropriate wellbeing support.

Strategy Goal 5K

End of Life Care

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will ensure equitable access to specialist palliative care services 7 days a week.	• Ensure a focus on teamwork so that specialist palliative care services across Bristol and Weston Hospitals is equitable and accessible.	• Work towards ensuring staff cover to provide specialist palliative care services 5 days a week.	• Develop a plan to achieve 7-day face to face service for patients across all hospitals to improve end of life care across the week.
4. We will introduce a new volunteer role to provide compassionate support to people and those closest to them at end of life.	• Review national and local best practice and use this to develop volunteer role profile and see funding from charity partners to implement. Recruit to volunteer coordinator role.	• Recruit first cohort of volunteers, deliver training and operationalise volunteer role across wards, supported by End of Life Care Leads.	• Evaluate the impact of the volunteer role for patients, those closest to them and staff and seek funding for sustainable delivery model.

Strategy Goal 5i

Older People including those living with frailty

Aim: An improved experience for our older population and those living with frailty through age-friendly and age-appropriate provision.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will screen all patients over 65 for frailty on admission to our hospitals ensuring that all patients aged over 65 with a clinically frail score 6 or more will receive a prompt comprehensive geriatric assessment by a specialist team.	• Assess all patients over 65 for frailty on admission using the clinical frailty score. • Review our 'front-door' frailty service and establish the workforce and investment required to deliver this service into the emergency department 70 hours a week to reach the national standard. • Develop a Same Day Emergency Care service for frail older patients who present acutely to urgent and emergency care. • Develop pathways for direct admission to the Older Persons Assessment Unit (OPAU) treating and caring for the complex and holistic needs of patients.	• Develop a method of electronically capturing the frailty score on the Electronic Patient Record. • Develop surgical liaison services to ensure frail older patients who need an operation have access to a specialist Frailty Advanced Practitioner.	• Work with our partner organisations to develop shared documentation and core information standards for older patients living with frailty.
2. We will develop a workforce that understands the needs of frail older people.	• Work with our Practice Education Facilitators to agree a set of core competencies for staff working on our care of the elderly wards, deliver training and development sessions in line with these and monitor uptake. • Provide training and development opportunities (including to volunteers) to support and enhance the experience of care for older people living with frailty.	• Embed this training across our ward areas. • Develop links with clinical teams who are working with frail older patients in the community so that we can better align clinical pathways including strengthening our work with community partners to support patients to stay at home, where possible, by providing specialist advice and support as part of NHS@Home.	• Ensure all eligible staff complete training in frailty. • Promote a culture of continuous learning and shared professional development within the Trust and with system partners, offering ongoing training opportunities, seminars, and education days.

Strategy Goal 5i

Older People including those living with frailty

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will ensure our ward environments support the needs of frail older people.	• Work with Estates and Facilities to audit all care of the elderly wards with respect to clear signage and non-glare lighting and develop a two-year improvement plan. • Work with teams for the eye hospital and audiology department to review our existing equipment and identify areas for improvement. • Work with 'experts by experience' and community partners to understand how we can better support those with sensory impairment whilst in hospital, prioritising areas for improvement.	• Increase the availability of meaningful activities for patients on care of the elderly wards to reduce boredom whilst in hospital by working with the Voluntary Services and Arts and Culture teams. • Work with the eye hospital and the audiology department to offer support to patients who have hearing loss and/or a visual impairment so that their needs are met to enable them to participate fully in their care. • Begin to deliver an improvement plan based on the priorities for improvement agreed in 2024/25.	• Improve access to communal spaces where patients can socialise and eat meals together.

Strategy Goal 5L

Waiting Well

Aim: Patients will experience seamless care between their GP and the hospital, with excellent communication, reduced waiting and feel more empowered in their care.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will provide our patients acknowledgment that their referral has been received and is being appropriately managed. The aim of this is to provide reassurance that they, their families, and carers are in safe hands and that they have not been overlooked.	• Improve what patients can see regarding their appointments on the NHS App. • Implementation of digital solution to provide patients with confirmation that their referral has been received. • Full roll out of digital letters to ensure timely communication with patients about appointments, addressing any language needs and accessible requirements.	• Stop using administrative systems that mean that patients can see appointments in the NHS App that are not real ones, which may cause unnecessary confusion or anxiety. • Confirm with patients, via a digital system, where they are on a waiting list, and that their preferences have been acknowledged. • Extend the use of the system that allows patients to initiate follow-up whilst making sure patients understand where they are in the system and know how to seek help (if required).	• Patients can see accurate information about all their hospital appointments on the NHS app. • Ensure that when we collect information from patients via our digital systems, we only ask patients to give answers to questions once, when they have multiple appointments.
2. We will improve communication with our patients to ensure that they have a positive experience of interacting with our services.	• Implementation of digital solution to allow patients to have two-way messaging admin teams or clinicians. • Review the use of appointment reminders for outpatients and admissions to ensure that they are being used where appropriate. • Implementation of digital solution to allow patients to request the rescheduling of their appointment.	• Consider the benefit of centralising and standardising our approach to outpatient administration through the 'Outpatients 2025' programme. • Consider improvements to our call handling function and the introduction of a modern, comprehensive call handling system across all services. • Introduction of digital solution to allow patients to directly rebook appointments.	• Implementation of digital solution to make it easier for patients to initiate follow-up, and to access care and advice.

Strategy Goal 5L

Waiting Well

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will point patients in the right direction so that they can find information about how to best manage their care.	• Continue to improve and develop the content on our Waiting Well webpages, including the introduction of specific Children and Young People's content. • Revise the content on the national NHS website called 'My Planned Care' to provide a comprehensive list of specialties and redirect patients to the Trust's Waiting. • Ensure that, where appropriate, patients can access physical and mental wellbeing services before their treatment to improve their physical and mental health before their planned procedure and supporting them to return to health after their procedure. This is called Prehabilitation or Prehab Well webpages.	• Consider using the NHS App to offer patients waiting for common procedures or treatments with specific information about preparing for their procedure. • Work with our community partners to identify how we can deliver prehabilitation services closer to the homes of our patients so that they do not need to come to hospital to access these services.	• Waiting W ell support information and contact details integrated into digital communication. • Deliver prehabilitation services jointly with our community partners so patients are able to choose the location of the services they access.

Strategy Goal 5M

Transfer of Care (Hospital flow and discharge)

Aim: Enable people to access hospital services when they need it by making sure more patients can go home from hospital without delay. We will work together with our health, social care and Voluntary, Community and Social Enterprise (VCSE) partners to support patients to continue their recovery out of hospital, improving wellbeing in our communities.

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
1. We will ensure more patients are able to return home from hospital to live independently for longer with wrap around support from Health and Social Care.	• Ensure that as a multidisciplinary team, we are assigning or allocating a patient to the correct discharge pathway getting it right first time. • Explore opportunities with the Voluntary, Community and Social Enterprise (VCSE) sector to support patients to live independently for longer at home and reduces the risk of readmission. • Expand the trial of technology - enabled care in Bristol to support patients to return home with reduced care needs or no care needs while reducing risks. Explore opportunities with North Somerset Council and Weston General Hospital to extend.	• Undertake system demand and capacity modelling to support commissioning decisions on patient population needs. • Contributing to the 'Active Hospital Programme' to reduce patients losing muscle strength through lack of exercise whilst in hospital. • Strengthening relationships with care homes and other support providers to smooth the transition from hospital.	• Establish an integrated care record for patients with complex needs between health and social care. • Operate within the commissioned bed base for those requiring community-based rehab beds or a residential care or nursing care placement, as an increasing pro-portion of people can return home. • Establish a single referral process for technology enabled care across all three Local Authorities areas in Bristol, North Somerset and South Gloucestershire.
2. We will ensure all patients are able to access acute services when needed by ensuring those patients who no longer require an acute bed are discharged in a timely manner.	• Embed a team structure which specialises on Acute, Complex and Delayed wards to provide expertise and consistency to patients and their discharge plans. • Ensure there is a robust case management and escalation process to reduce patients waiting in hospital. • Reduce longest and complex waiting patients via a senior executive escalation process with partners.	• Develop a communication plan to keep care homes updated on resident's progress while in hospital to avoid delay on discharge. • Embed a platform and process for lessons learned approach with case studies and system action plans relating to discharge of patients. • Strengthen and establish robust links with NHS@Home and Sirona Community partners to facilitate more timely discharge.	• Create a system approach to discharge which is flexible and responsive to the increasing acuity and complexity of need of the local population. • Using artificial intelligence and predictive analytics to establish more accurate estimate dates of discharges to provide a greater patient experience and the proactive management of hospital flow.

Strategy Goal 5M

Transfer of Care (Hospital flow and discharge)

Objectives	Milestones for 2024/2025	Milestones for 2025/2026	Milestones for 2026/2027
3. We will ensure all patients and families are well-informed about the discharge pathways and clear communication is provided regarding the pathway they will be discharged on.	• Fully embed the role of 'Discharge and flow' coordinators on allocated wards. • Develop, embed and monitor a patient and families discharge communication plan which will follow the patient through their journey in hospital, providing consistent communication regarding next steps in leaving hospital. • Embed Educator role, linking with the existing Therapy service training and extending education to ward teams such as junior doctors, nursing staff etc.	• Focus resources to improve discharge related questions on the UHBW monthly inpatient Survey by 10% based on 2022 scores. • Embed the use of technology to increase accessibility and facilitate earlier conversations with patients and families about discharge plans, reducing delays due to availability or travel. • Develop a discharged-focussed centralised resource for all staff to learn and develop their discharge knowledge and find out where to get support.	• Develop a page on the UHBW external website which provides information for patients and families around discharge.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board in Public on Tuesday 14th May 2024

Report Title	**Integrated Quality Performance Report**
Report Author	**David Markwick, Director of Performance** **Philip Kiely/Emilie Perry, Deputy Chief Operating Officers** **James Rabbitts, Head of Performance Reporting** **Anne Reader/Julie Crawford, Head/Deputy Head of Quality (Patient Safety)** **Alex Nestor, Deputy Director of Workforce Development** **Kate Herrick, Head of Finance**
Executive Lead	**Overview and Access – Jane Farrell, Chief Operating Officer** **Quality – Deirdre Fowler, Chief Nurse/Stuart Walker, Medical Director** **Workforce – Emma Wood, Director of People** **Finance – Neil Kemsley, Director of Finance**

1. Purpose
To provide an overview of the Trust's performance on quality, access and workforce standards.
2. Key points to note *(Including any previous decisions taken)*
Please refer to Executive Summary
3. Strategic Alignment
This report aligns to the objectives in the domains of "Quality and Safety", "Our People", "Timely Care" and "Financial Performance".
4. Risks and Opportunities
Risks are listed in the report against each performance area and in a summary.
5. Recommendation
This report is for **Information**
6. History of the paper **Please include details of where paper has <u>previously</u> been received.**
N/A

University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality and Performance Report

Month of Publication: April 2024
Data up to: March 2024

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

INTRODUCTION

This report provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2023/24 and the Trust Leadership priorities. Further information within the full Integrated Quality and Performance Report (IQPR) is available in the reading room to provide additional background detail if required.

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

EXECUTIVE SUMMARY

Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months December 2022 to November 2023 was 92.5 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 December 2023 was 75.9, meaning there were 35 fewer observed deaths (110) than the statistically calculated expected number of deaths (145). 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 December 2023 for UHBW was 91.1, below the National Peer figure of 93.4.

The Trust saw twelve cases of C.Difficile in March the breakdown for these are ten HOHA and two COHA. This now brings the Trusts year to date apportioned number to 111.

March has seen one additional MRSA case reported. There have now been nine cases YTD for 2023/24.

Following the updated reporting parameters last month overall performance is relatively unchanged although good practice has been recognised notably in Oncology and St Michaels. A new Weston lead for VTE has been appointed. A pharmacy lead and a nursing lead will additionally commence in post in April 2024.

Weston - For March, 28 patients eligible for Best Practice Tariff (BPT), 24/28 (86%) patients had surgery within 36hrs of admission, 25/28 (89%) patients had an Ortho-geriatrician assessment within 72hrs of admission, 22/28 (79%) patients met all the criteria for BPT.

Bristol Royal Infirmary - 25 Patients were eligible for the BPT in March 2024, 16/25, 64% of patients had surgery with 36 hours of admission. 25/25, 100% of patients had an ortho-geriatrician review within 72 hours of admission, 25/25, 100% of patients had a physiotherapy assessment on the day of surgery. 16/25, 64% met all the BPT criteria.

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

EXECUTIVE SUMMARY

Our People

Overall vacancies increased to 2.7% (333.6 FTE) in March compared to 2.2% (270.2 FTE) in February. The largest divisional increase was seen in Trust Services where vacancies increased to 47.5 FTE from 18.2 FTE in the previous month. Planning continues for a joint BNSSG nursing recruitment event that will be held in April in collaboration with system partners to attract newly qualified and experienced registered nurses to the organisations. Planning also commenced for two further nursing and midwifery recruitment events planned for the start of Q1. These will have a focus in the divisions of Women's and Children's and Specialised Services. 18 Registered Nurse Degree Apprentices and 20 Trainee Nursing Associates started in the month of March joining the Trust on a newly designed induction to provide better support to those who are joining a clinical nursing apprenticeship.

Turnover has remained static at 11.6% compared to (updated figures) for the previous month. The national embargo was lifted at the beginning of March, resulting in publication of the national results through a comprehensive trust-wide 'you said, we did' style communication campaign. Nominations for the Recognising Success Awards closed in March receiving 1428 nominations, over 300 more nominations than 2023. A rigorous longlisting and shortlisting process, via a multidisciplinary representative panel, took place over 3 days, the annual event will be taking place on 17th May 2024. The stability index increased to 83.9% compared to 83.1% the previous month based on a Trust total Permanent FTE of 10,271.6 of which 8,616.9 FTE have been part of the Trust for one year or more. It is important to interpret the reduction in the stability score, i.e. the increased numbers of workers with less than one years' service, within the context of the growth of the total workforce, the improved vacancy position and a period of reduced turnover.

Sickness absence reduced to 4.4% compared with 4.8% the previous month, based on updated figures for both months. The Trust was awarded bronze status of the North Somerset Healthy Workplaces Award with some parts of the holistic workplace wellbeing programme regarded as meeting silver and gold criteria including initiatives aimed at preventing or reducing sickness and absence. The Workplace Wellbeing Steering Group approved the proposed strategic objectives and key milestones that form the 2024-2025 plan owned by multidisciplinary professionals including Occupational Health, Safety, Education and Psychology.

Agency usage increased by 7.1 FTE and Bank usage increased by 72.3 FTE. Work continues within the BNSSG partners to drive the supply of agency nurses towards cap compliant rates. The first price reduction for general nursing will take place on 8th April 2024 for general nurses with a further reduction in July. Specialist nurses will have a staggered approach and will be at cap rate by October 2024.

Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

EXECUTIVE SUMMARY

Timely Care
Improvement has been noted across a range of measures during March and, whilst a high rate of bed occupancy (BRI: 105.7% and Weston 92.6%) coupled with an increase in non-elective demand has continued to impact non-elective services in particular, progress has been noted against those associated performance measures.

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

Significant progress was made in reducing the number of patients waiting over 78 weeks in the last six months of 2022/23, the number decreasing from 877 in December 2022 to 166 in March 2023, now 21 at end of March 2024. The further improvement noted during March reflects the continued impact of Divisional recovery plans and the number of patients waiting 78+ weeks at the end of 2023/24 is limited to a small number of specialties (Paediatric Dental, 18; GI Surgery, 1; Paediatric Urology, 1; Gastroenterology, 1). Each of these 21 patients are planned to be treated during April 2024.

Up until June 2023, the Trust was on track to achieve the national expectation that no patient should be waiting longer than 65 weeks by end of March 2024. The cumulative impact of Industrial Action has predictably contributed towards a deterioration and, at the end of September 2023, the number of patients waiting longer than 65 weeks increased to 2,183 against an operating plan trajectory of no more than 1,260. Improvements have been made since the end of Q2 and, at the end of the March, the number of patients waiting in excess of 65 weeks has reduced to 257, meeting the NHS England trajectory for 2023/24 of no more than 392 patients waiting 65 weeks or longer by the end of March 2024.

Through 2022/23, the Trust made sustained progress in reducing the number of patients on a cancer pathway waiting over 62 days. The number of patients waiting over 62 days was reduced from a peak of 416 patients in August 2022 to 178 patients in March 2023. This reflected achievement of the 62-day baseline set for the Trust by NHS England. During 2023/24, alongside other planned care pathways and targets, Industrial Action has had an impact on Cancer and the number of patients waiting over 62 days. At the end of May, the number of patients waiting 62 days or longer had increased to 238 and volumes have fluctuated in the months following. Due to the continued impact of Industrial Action, at the end of October the position had deteriorated to 282 patients, but significant improvement through the last five months has resulted in the number reducing to 155 at the end of March, achieving the target of 160 by March 2024.

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Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

EXECUTIVE SUMMARY

Timely Care (continued)

The Faster Diagnosis Standard measures from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, told that cancer is excluded, or has a decision to treat for a possible cancer. Performance against the trajectory was met during March 2023 and then deteriorated in the following six months (June 61.6%, July 59.5%, August 56%, September 48.4%). Significant improvement has been noted against this measure since September despite continued industrial action and performance during February was reported as 82.7%, which is ahead of both the in-month trajectory of 74% and 2023/24 year-end target of 75%. The successful implementation of a cancer services recovery plan and the cessation of mutual aid arrangements with Somerset have been key to the improvement noted and the Trust is in a good position to maintain this performance and achieve the national target of 75% by end of March 2024.

At the end of April 2023, the Trust reported that 71.8% of patients were waiting less than six weeks for a diagnostic test. Improvement had been made each month since and, at the end of July, the position had improved to 78%, but during the subsequent two months, the Trust's focus on the recovery of other areas predictably impacted the diagnostic six-week wait standard and performance at the end of September deteriorated to 74.9%, against the operating planning trajectory of 77.8%. Since September, an improvement has been seen against this standard, with 81.9% of patients waiting six weeks or less at the end of March, against a trajectory of 83.3%. This represents a deterioration from the reported performance in February 2024 with 85.7% of patients waiting six weeks or less, which exceeded the year-end target. The deterioration was largely driven by growth in demand for one modality, echocardiography.

Urgent Emergency Care - Across the key emergency department and flow measures, a deterioration in performance has been noted between August and December following an improvement leading up to July which, when compared to previous months, was an exceptionally improved position. This is broadly due to slower flow through the hospitals driven largely by the increased bed occupancy rate, through increased NEL admissions. During Q4 improvements have been noted across some of the Urgent Emergency Care measures and work continues to meet the national targets by end of March 2024.

The Length of Stay (LoS) benefits (14.8% reduction in LoS) derived from initiatives such as Every Minute Matters, Same Day Emergency Care (SDEC) development and the Transfer of Care Hubs mobilisation, have largely been subsumed by a 15% increase in Non-elective admissions.

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Integrated Quality and Performance Report

Reporting Month: March 2024

EXECUTIVE SUMMARY

Timely Care (continued)

During March, 69.1% of attendances spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission, compared to 63.4% in February, 64.7% in January (63.4% in November, 63% in December). During March there was an increased focus on delivery of the four standard of care, following a national ask to achieve 76.% as a March exit position. A 'command and control light' structure was mobilised with actions taken across all Divisions to support delivery. The Trust achieved 76.5% performance against the ask, this includes an uplift of 7.4% as our proportionate allocation from type 3 performance (system UTC and MIU activity). There continues to be focus on SDEC utilisation across both sites, with a further increase in activity; BRI Medical SDEC saw 914 in March, and Weston 848 (BRI medical 840 Feb, Weston 675 Feb).

The number of patients spending 12 hours or more in ED during March February was reported as 3.6% (4% in February, 4.3% in January), following a period of deterioration during Q3 (October, 3.8%; November, 4.7%; December 5.0%). It should be noted that performance against this measure has improved from the same period last year (6.8% March 2023) and the Trust continues to progress actions to deliver and sustain the NHSE year-end target (2%). High bed occupancy levels continue to impact timely flow across all sites; BRI 108-110% and WGH 98%.

The proportion of ambulance handovers within 15 minutes has continued to improve during March (34.4%) (February ,27.4%; January, 27.8%; December, 26.3%). The improvement noted since December follows the predictable deterioration between July (51.4%) and October (20.6%) due to the impacts of the constrained flow (i.e. more NEL admissions coming in and increased bed occupancy), particularly noticeable on the BRI site. An improved performance has been seen for ambulance handovers within 30 minutes, with March reporting 64.7%, compared with November (55.6%), December (62.1%), January (62.3%) and February (63.2%). Whilst at Trust level ED attendances are currently tracking above 2019/20 levels, ‘Ambulance conveyed’ arrivals as a sub-set of attendances are up c16% compared to the same period last year.

During March, the average daily number of patients in hospital with no criteria to reside (NCTR) was 157, a reduction from February (162) and similar to the volumes reported in the three previous months (January 160, December, 159,November, 154). Work is underway to review the focus of the Discharge to Assess Transformation Programme to identify key schemes for 2024/25. NHS@Home are planning MADE events on both the BRI and Weston Hospital sites, with MDT attendance at Board rounds and holding on site workshops, to promote the service.

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

EXECUTIVE SUMMARY

Financial Position

The position at the end of March is a net surplus of £41k against a breakeven plan. The favourable position is an improvement of £10,845k from last month due to additional funding in March. Significant variances in the year-to-date position include: the value of elective income behind plan by £17,100k (of which £5,684k relates to the impact of industrial action); £5,975k shortfall on savings delivery; better than planned interest receivable income of £3,839k; and additional operating income of £19,876k.

In 2023/24 the Trust has spent £7,232k on costs associated with Internationally Educated Nurses (IENs).

Pay expenditure in March is £774k lower than February at £61,112k. Agency expenditure in month is £1,946k, compared with £1,835k in February. Bank expenditure in month is £4,863k, compared with £4,292k in February. YTD, pay expenditure is £48,512k above plan, mainly due to a significantly higher than planned number of substantive staff in post, higher than planned bank and agency spend combined and impact of industrial action.

Total operating income is £76,962k higher than plan YTD as result of an increase to the block element of Aligned Payment Incentive (API) contract income and additional income from commissioners including income received from Health Education England (HEE), income to cover the costs of industrial action and services provided to other organisations.

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

SUMMARY SCORECARD – FINANCIAL YEAR 2023/24

DOMAINS: "Quality and Safety" and "Our People"

			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Infection Control: C.Diff Cases (Hospital Attributable)	Risks: 800 and 4651	Actual	12	8	13	8	10	9	9	6	4	7	13	12
		Trajectory	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3
Infection Control: MRSA Cases (Hospital Onset)	Risks: 800 and 4651	Actual	1	0	2	2	0	1	0	0	1	1	0	1
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Fracture NOF: Theatre Within 36 Hours		Actual	53.6%	44.4%	48.3%	61.9%	68.0%	45.1%	49.0%	33.3%	63.5%	55.6%	59.0%	75.5%
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Fracture NOF: Geriatrician Review Within 72 Hours		Actual	42.9%	47.6%	40.0%	38.1%	48.0%	78.4%	100.0%	100.0%	90.4%	84.4%	97.4%	94.3%
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
VTE Risk Assessment	Risk: 720	Actual	81.9%	82.8%	82.6%	84.0%	84.7%	82.5%	82.7%	84.9%	83.0%	79.0%	77.5%	73.5%
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Workforce: Agency Usage	Risk: 674	Actual	1.7%	1.7%	1.7%	1.6%	1.5%	1.3%	1.4%	1.2%	1.1%	1.0%	1.0%	1.1%
		Trajectory	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%
Workforce: Turnover	Risk: 2694	Actual	14.3%	14.1%	13.8%	13.4%	13.1%	12.7%	12.4%	12.0%	12.0%	11.8%	11.6%	11.6%
		Trajectory	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
Workforce: Staff Sickness		Actual	4.1%	4.1%	4.2%	4.4%	4.6%	4.7%	5.1%	5.0%	5.0%	4.9%	4.8%	4.4%
		Trajectory	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Workforce: Staff Vacancy	Risk: 737	Actual	4.2%	6.1%	6.3%	6.2%	5.2%	4.1%	4.0%	3.2%	2.7%	2.4%	2.2%	2.7%
		Trajectory	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

			Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Summary Hospital Level Mortality Indicator (SHMI)		Actual	100.4	98.0	98.9	97.5	95.8	95.0	95.3	95.9	93.9	94.0	93.0	92.5
		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

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

SUMMARY SCORECARD – FINANCIAL YEAR 2023/24

DOMAIN: "Timely Care"

			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Referral To Treatment 78+ Weeks	Risk: 801	Actual	182	248	215	203	245	287	242	223	185	120	67	21
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
Referral To Treatment 65+ Weeks	Risk: 801	Actual	1,549	1,599	1,765	1,933	2,222	2,183	1,806	1,304	1,048	706	475	257
		Original *	1,950	1,910	1,870	1,670	1,470	1,260	1,050	840	630	420	210	0
		Revised *								1,430	1,171	911	652	392
Cancer 62+ Days	Risk: 801	Actual	218	238	179	233	222	270	282	204	222	192	156	155
		Trajectory	180	178	176	174	172	170	168	166	166	164	162	160
Cancer Treated Within 62 Days	Risk: 801	Actual	68.2%	66.7%	66.0%	69.0%	64.8%	59.1%	61.8%	66.5%	75.2%	71.3%	70.0%	-
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Diagnostics: Percentage Waiting Under 6 Weeks	Risk: 801	Actual	71.8%	73.5%	76.8%	78.0%	75.9%	74.9%	75.5%	80.2%	80.0%	81.0%	85.7%	81.9%
		Trajectory	72.9%	73.4%	74.7%	75.6%	76.8%	77.8%	79.1%	79.9%	80.4%	81.2%	82.3%	83.3%
Diagnostics: Number Waiting 26+ Weeks	Risk: 801	Actual	358	294	191	188	146	311	232	315	288	199	66	206
		Trajectory	411	357	281	188	102	9	0	0	0	0	0	0
Emergency Department: Percentage Spending Under 4 Hours	Risks: 910 and 4700	Actual	70.7%	67.5%	72.1%	75.3%	71.0%	67.2%	64.7%	63.4%	63.0%	64.7%	63.4%	69.1%
		Trajectory	60.5%	61.4%	62.2%	63.1%	64.0%	64.8%	66.6%	68.3%	70.0%	71.7%	73.5%	76.0%
Emergency Department: Percentage Spending Over 12 Hours	Risks: 910 and 4700	Actual	4.7%	5.0%	3.1%	0.9%	2.1%	2.8%	3.8%	4.7%	5.0%	4.3%	4.0%	3.6%
		Trajectory	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
Emergency Department: Handovers Under 15 Minutes	Risks: 910 and 4700	Actual	28.0%	25.1%	38.0%	51.4%	31.5%	29.7%	20.6%	21.5%	26.3%	27.8%	27.4%	34.4%
		Trajectory	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
Emergency Department: Handovers Under 30 Minutes	Risks: 910 and 4700	Actual	63.0%	55.0%	72.7%	82.9%	62.9%	61.2%	56.9%	55.6%	62.1%	62.3%	63.2%	64.7%
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Every Minute Matters: Timely Discharges (12 Noon)	Risk: 423	Actual	18.3%	19.4%	19.9%	19.4%	17.8%	19.7%	20.1%	17.0%	17.4%	17.1%	17.4%	16.6%
		Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Every Minute Matters: Discharge Lounge Use (BRI and Weston)	Risk: 423	Actual	22.3%	22.1%	21.9%	26.2%	27.3%	30.7%	30.4%	30.6%	25.8%	25.8%	27.5%	27.2%
		Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	159	143	139	135	130	142	155	154	159	160	162	157
		Trajectory												

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Draft Quarter 4 Position

CORPORATE RISKS

ID	Corporate Risks, Projected Mitigation	2023/24 Q2	2023/24 Q3		2023/24 Q4	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	2025/26 Q1	2025/26 Q2	2025/26 Q3	2025/26 Q4	2026/27	2027/28
2244	Long waits for Outpatient follow-up appointments	20	20	↔	20			4							
910	Patients in ED do not receive timely and effective	16	16	↑	20		6								
6744	Patients attending with Stroke will not receive			↔	20		3								
972	Compliance with Regulatory Reform (Fire Safety)	16	16	↔	16										4
2264	Delays in commencing induction of labour	16	16	↔	16			4							
1035	Insufficient access to critical care beds	16	16	↔	16			4							
588	Patient deterioration is not identified and responded	15	15	↔	15			5							
856	Emotional and mental health needs of children and	15	15	↔	15			8							
292	Trust is impacted by a cyber incident	15	15	↔	15										
6691	Medicines are not stored securely	15	15	↔	15			6							
1595	Mental health patients in Adult ED for prolonged	12	12	↔	12		8!								
422	Patients and staff experience violence and	12	12	↔	12		6								
674	Use of agencies not complaint with national pricing	12	12	↔	12							4			
1598	Patients suffer harm or injury from preventable falls	12	12	↔	12			9!							
2639	Staff compliance with annual appraisals	12	12	↔	12	6									
2695	Establish and maintain robust governance	12	12	↔	12			8							
5520	Health inequalities exacerbated for patients on	12	12	↔	12				6						
2614	Patients being cared for in extra capacity locations	8	8	↑	10		6								
5477	Nurse staffing levels will not be met	15	12	↓	9	6									
793	Colleagues experience work-related stress	12	12	↓	9!*										
6502	Industrial action impact's ability to maintain patient	9	9	↔	9			5							
921	Staff compliance with Essential Training	9	9	↔	9			6							
720	VTE prevention and management	8	8	↔	8			4							

KEY

* Risk has met the target score

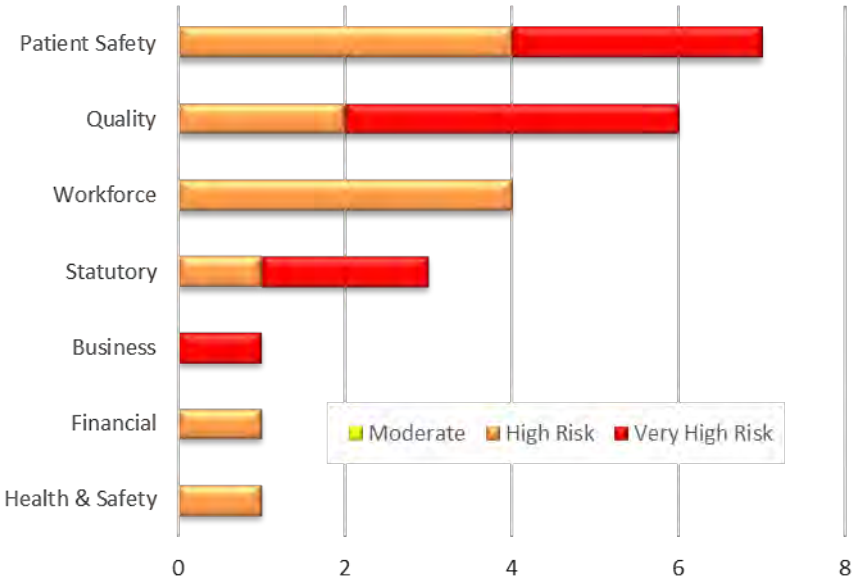
! Target score is above tolerance

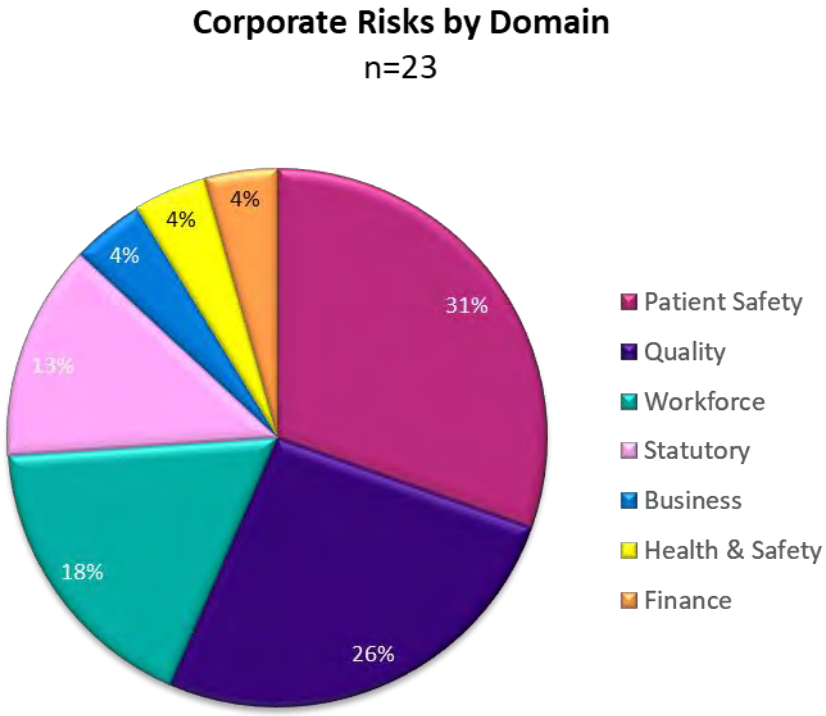
☐ Target scores are outlined in black

Integrated Quality & Performance Report

Draft Quarter 4 Position

CORPORATE RISKS





Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD	QUALITY AND SAFETY: MORTALITY - SHMI (Summary Hospital-level Mortality Indicator)
Background:	Mortality indicators are used as alerts to identify something that needs closer investigation. This indicator is published nationally by NHS Digital and is six months in arrears. This data is now provided by NHS Digital as a single figure from UHBW. SHMI is derived from statistical calculations of the number of patients expected to die based on their clinical risk factors compared with the number of patients who actually died. There is no target. A SHMI of 100 indicates these two numbers are equal, but there is a national statistically acceptable range calculated by NHS Digital and a SHMI that falls within this range is "as expected".
Performance:	The Summary Hospital Mortality Indicator for UHBW for the 12 months December 2022 to November 2023 was 92.5 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100.
National Data:	UHBW's total is below the overall national peer group of English NHS trusts of 100.
Actions:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to diagnosis group level if required and investigating any identified alerts.

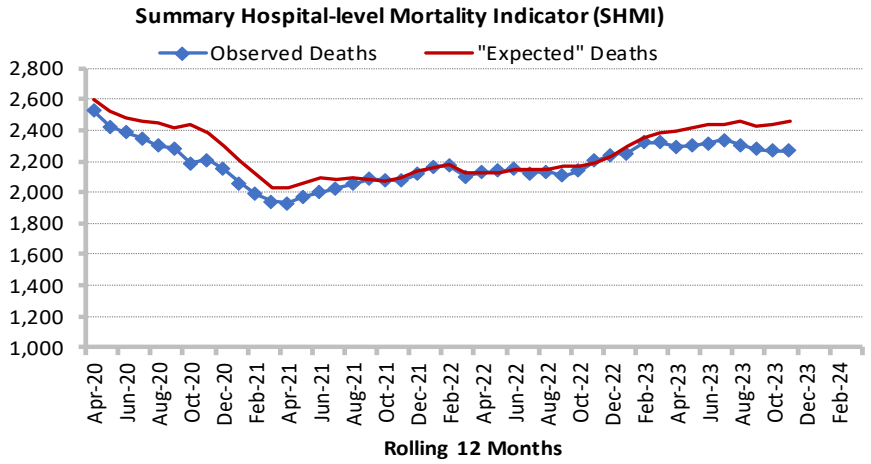
Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Dec-22	2,240	2,230	100.4
Jan-23	2,255	2,300	98.0
Feb-23	2,325	2,350	98.9
Mar-23	2,325	2,385	97.5
Apr-23	2,295	2,395	95.8
May-23	2,300	2,420	95.0
Jun-23	2,320	2,435	95.3
Jul-23	2,340	2,440	95.9
Aug-23	2,305	2,455	93.9
Sep-23	2,280	2,425	94.0
Oct-23	2,270	2,440	93.0
Nov-23	2,270	2,455	92.5

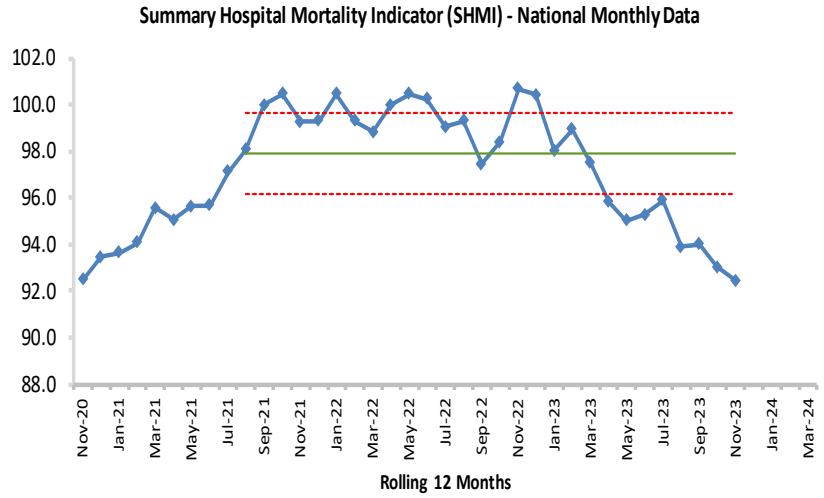
Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: November 2023

STANDARD	QUALITY AND SAFETY: MORTALITY - SHMI (Summary Hospital-level Mortality Indicator)





Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: December 2023

STANDARD	QUALITY AND SAFETY: MORTALITY - HSMR (Hospital Standardised Mortality Ratio)
Background:	Reported HSMR is from CHKS (Capita Health Knowledge System) and is subject to annual rebasing. HSMR data published by the Dr Foster unit is rebased more frequently so figures will be different, although our position relative to other Trusts will be the same. Single monthly figures for HSMR are monitored in UHBW as an "early warning system" and are not valid for wider interpretation in isolation.
Performance:	HSMR within CHKS for UHBW solely for the month of December 2023 was 75.9, meaning there were 35 fewer observed deaths (110) than the statistically calculated expected number of deaths (145). 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 December 2023 for UHBW was 91.1, below the National Peer figure of 93.4.
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.

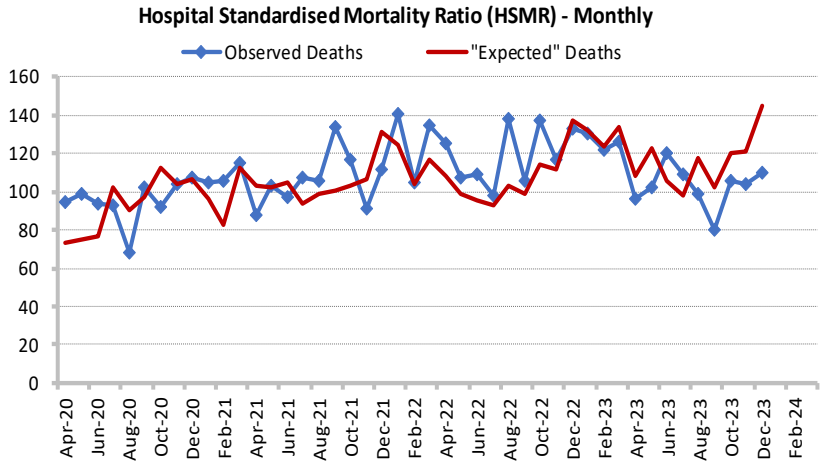
Month	Observed Deaths	"Expected" Deaths	HSMR
Jan-23	130	132.0	98.5
Feb-23	122	124.0	98.4
Mar-23	126	134.0	94.0
Apr-23	96	108.0	88.9
May-23	102	123.0	82.9
Jun-23	120	106.0	113.2
Jul-23	109	98.0	111.2
Aug-23	99	118.0	83.9
Sep-23	80	102.0	78.4
Oct-23	106	120.0	88.3
Nov-23	104	121.0	86.0
Dec-23	110	145.0	75.9

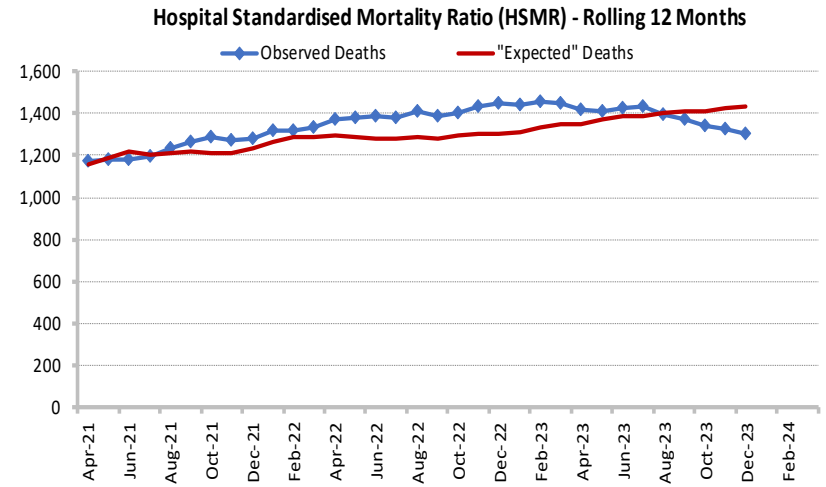
Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: December 2023

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





Integrated Quality & Performance Report

Reporting Month: March 2024

STANDARD	QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Background:	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: 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. For C.difficile, two measures are reported: HOHA and COHA. For MRSA it is the HOHA cases only. The limit of C.difficile cases for 2023/24 as set by NHS England is 88. This limit will give a maximum monthly number of approximately 7.3 cases. For MRSA the expectation is to have zero cases.
Performance:	**C.Difficile:** The Trust saw twelve cases of C.Difficile in March the breakdown for these are ten HOHA and two COHA. This now brings the Trusts year to date apportioned number to 111. There are several potential contributory factors for increased risk of Clostridioides Difficile infection, the most important ones being antibiotic prescribing and appropriate standards of cleanliness including commodes and toilet areas. **MRSA:** March has seen one additional MRSA case reported. There have now been nine cases YTD for 2023/24. Progress with vascular access improvement work continues with the focused work around education.
National Data:	See next page.
Actions:	**C.Difficile** • The short life task finish focusing on C.Diff is underway and already identifying areas for improvement in the patients care pathways. The lead for this work is a DDoN. • C. Diff reviews have been streamlined in line with patient safety response principles to maximise timely learning and importantly key actions for improvement within a shortened timescale this remain under review. • The Operational Infection Control Group continues to scrutinise the cleaning standards audited with Divisions with a revised template being developed for the Division Matron's to report to 'track progress' when cleaning standards are not delivered collaboratively with the Facilities management team. • The implementation of electronic additional cleaning requests is rolling out and allowing for embedding of the cleaning risk categories are being delivered following the discharge of a patient with a known infection. *....continued over page*

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

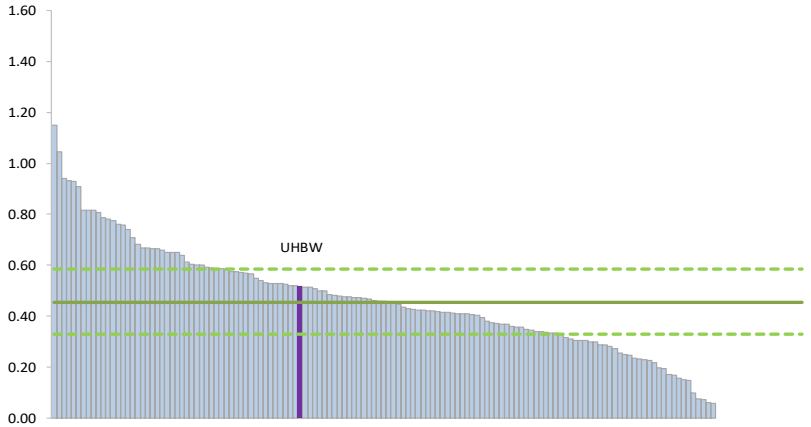
Reporting Month: March 2024

STANDARD	QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Actions (continued):	**MRSA** • The ongoing QI project for cannulation in BRI / WGH ED continues. • The MRSA short life working group is underway. Various opportunities for improvement have been identified based on the data set from the post infection reviews of cases. This group is chaired by a Divisional Director of Nursing (DDoN) with cross divisional support, Infection Prevention and Control and Microbiology.
Risks:	800: Risk that Trust operations are negatively impacted by (COVID-19) pandemic 4651: Risk that Covid -19 is transmitted between patients and staff within the Trust

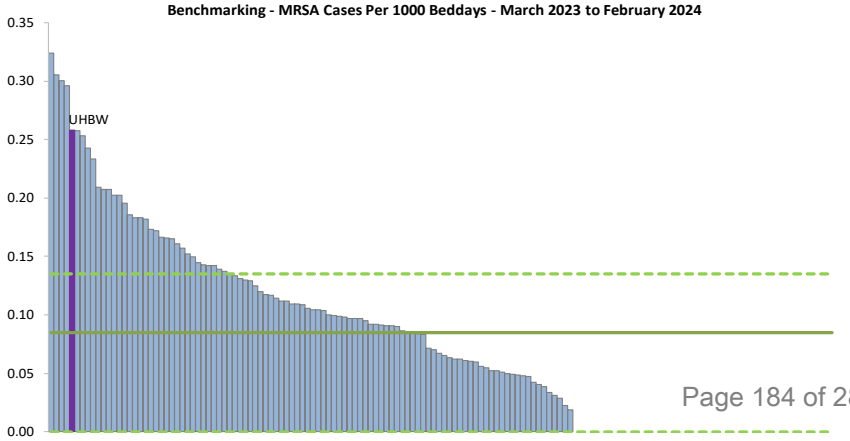
C.Difficile	Mar-24		2023/2024		2022/2023	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	6	0	25	7	23	4
Specialised Services	0	0	12	8	8	3
Surgery	0	0	4	1	11	1
Weston	3	2	27	9	27	7
Women's and Children's	1	0	12	2	8	3
Other	0	0	0	3	1	4
UHBW TOTAL	**10**	**2**	**80**	**31**	**78**	**22**

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

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



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

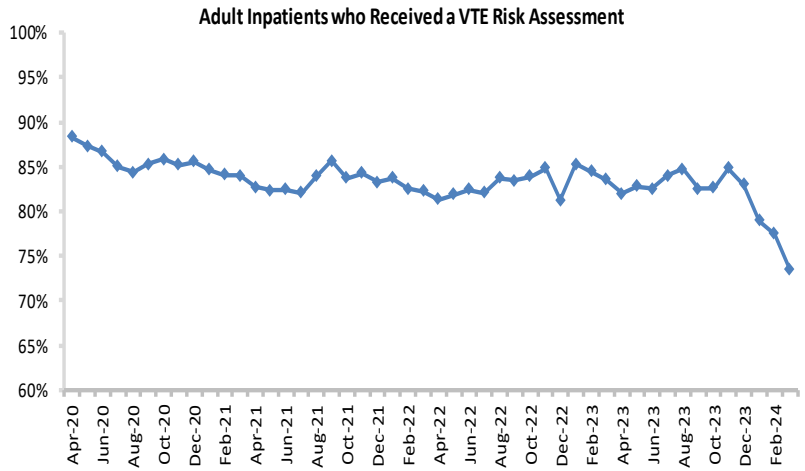


Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 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:	Following the updated reporting parameters last month overall performance is relatively unchanged. Pockets of good practice remain notably Oncology and St Michaels.
Actions:	A number of actions are in progress in line with the improvement plan: • A new VTE lead in Weston has been appointed to support the improvement programme there. • We have also appointed a pharmacy lead who commenced on 15th April and a nursing lead who also commenced in April. • Weekly team meetings identify specific actions which are in progress. • We continue to work with the CMM (digital medication administration system) team to ensure that VTE is included in the CMM roll out.
Risks:	Corporate Risk 720: Risk that VTE risk assessments are not completed



	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Radiology	25	25	100.0%
Diagnostics and Therapies Total		**25**	**25**	**100.0%**
Medicine	Medicine	3,530	5,248	67.3%
Medicine Total		**3,530**	**5,248**	**67.3%**
Specialised Services	BHOC	2,437	2,613	93.3%
	Cardiac	319	531	60.1%
Specialised Services Total		**2,756**	**3,144**	**87.7%**
Surgery	Anaesthetics	22	26	84.6%
	Dental Services	114	183	62.3%
	ENT & Thoracics	201	442	45.5%
	GI Surgery	1,111	1,700	65.4%
	Ophthalmology	292	311	93.9%
	Trauma & Orthopaedics	118	345	34.2%
Surgery Total		**1,858**	**3,007**	**61.8%**
Women's and Children's	Children's Services	1	3	33.3%
	Women's Services	1,424	1,632	87.3%
Women's and Children's Total		**1,425**	**1,635**	**87.2%**
Grand Total		**9,594**	**13,059**	**73.5%**

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 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:	In March, there were 53 patients eligible for the Best Practice Tariff (BPT): 25 in Bristol and 28 in Weston. For the 36 hour time to surgery standard, 40/53 patients (75%) achieved the standard. For the 72-hour time to Ortho-geriatric assessment, 50/53 patients (94%) achieved the standard. 38/53 (72%) achieved BPT. At Bristol sites 25 patients were eligible for Best Practice Tariff in March 2024: • 16/25, 64% of patients had surgery with 36 hours of admission. • 25/25, 100% of patients had an ortho-geriatrician review within 72 hours of admission • 25/25, 100% of patients had a physiotherapy assessment on the day of surgery. • 16/25, 64% met all the BPT criteria. At Weston General Hospital 28 patients were eligible for Best Practice Tariff in March 2024. • 24/28 (86%) patients had surgery within 36hrs of admission. • 25/28 (89%) patients had an Ortho-geri assessment within 72hrs of admission. • 22/28 (79%) patients met all the criteria for BPT.
Actions:	Bristol: • Theatre capacity being actively monitored and prioritised on a weekly basis across all specialties • Poor results discussed in T&O Governance & 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. • Trauma Escalation SOP to be reviewed to specifically outline escalation process. Weston: • Surgery breaches are minimised by utilising elective and emergency (CEPOD) lists where possible.
Risks:	924: Risk that there is a delay in hip fracture patients accessing surgery within 36 hours of admission. 1834: Risk of failure to achieve best practice tariff and good quality care for patients with #NOF

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

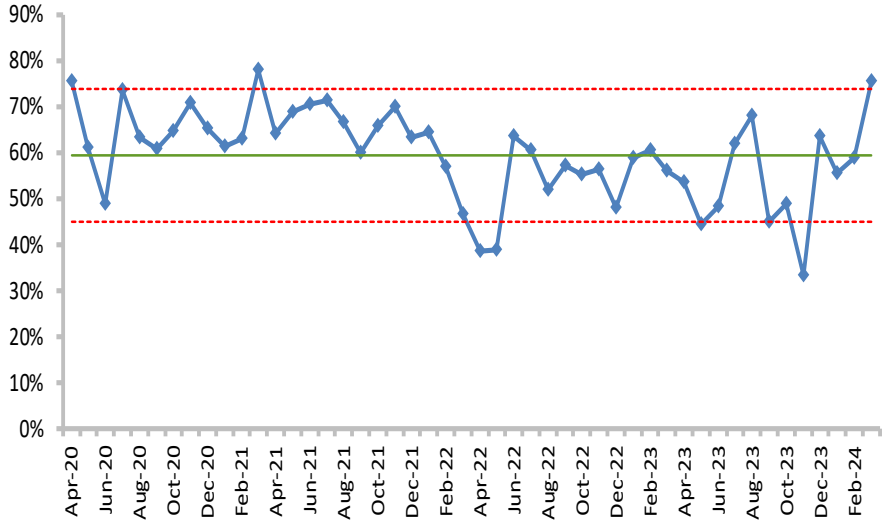
Reporting Month: March 2024

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

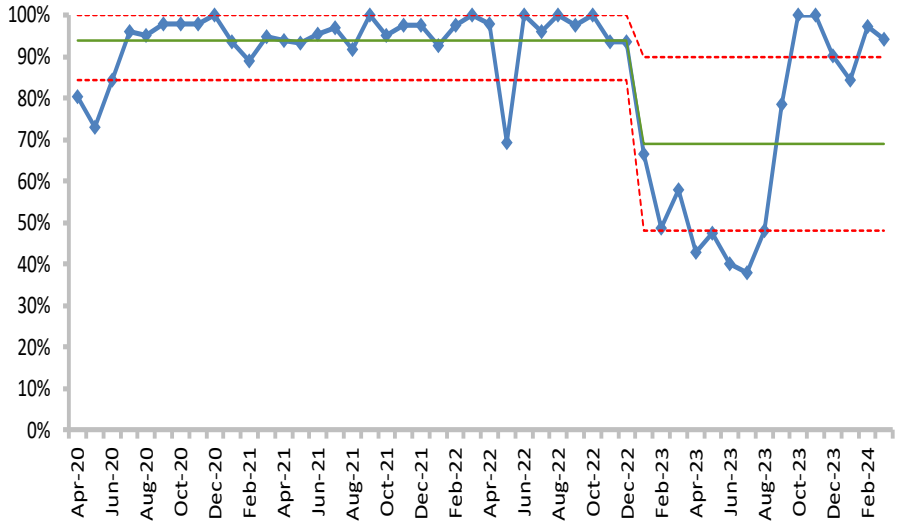
Mar-24

		36 Hours		72 Hours	
	Total Patients	Seen In Target	Percentage	Seen In Target	Percentage
Bristol	25	16	64%	25	100%
Weston	28	24	86%	25	89%
TOTAL	**53**	**40**	**75.5%**	**50**	**94.3%**

Fracture Neck of Femur Patients Treated Within 36 Hours



Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours



Integrated Quality & Performance Report

Reporting Month: January / February 2024

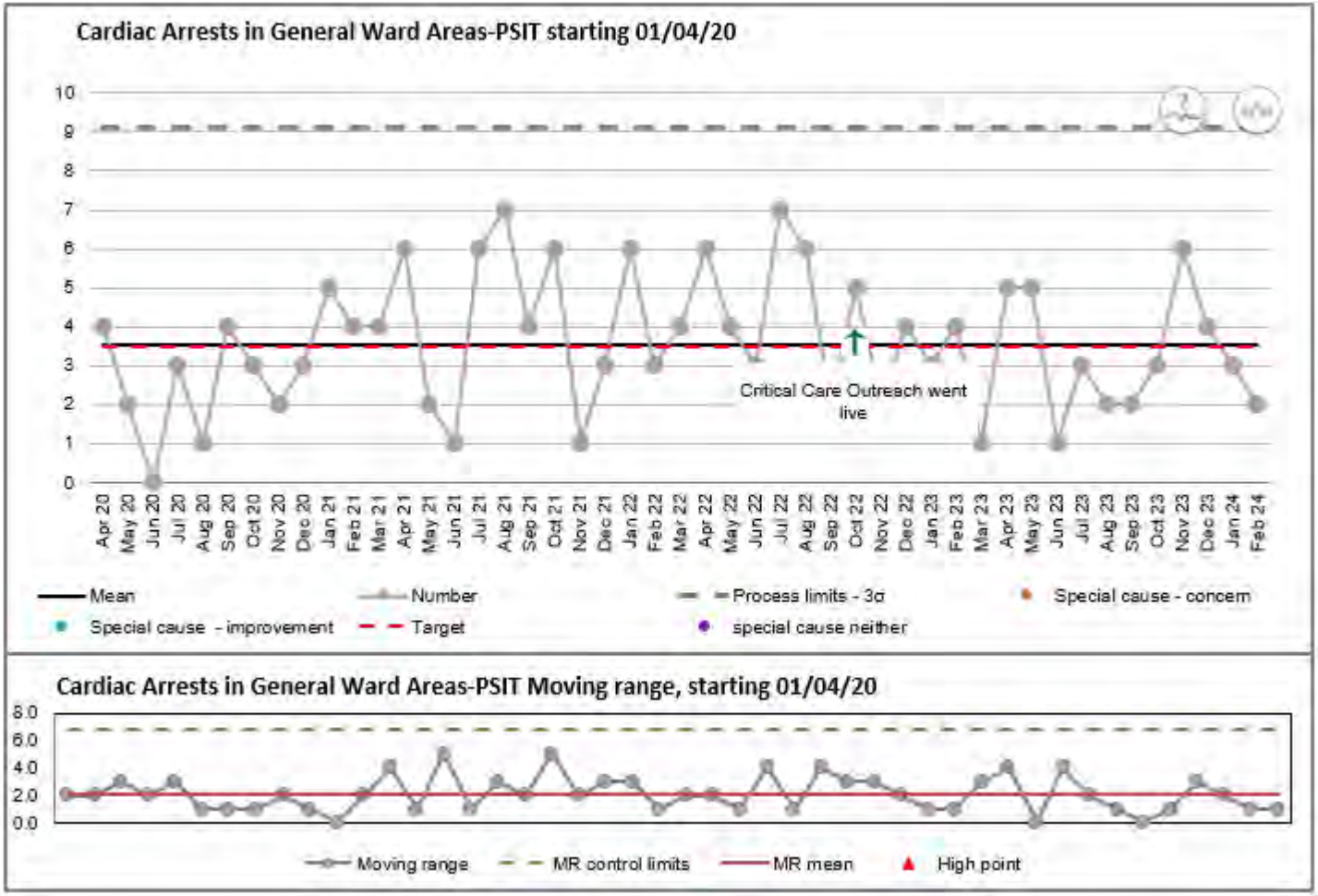
STANDARD	QUALITY AND SAFETY: DETERIORATING PATIENT
Background:	Delayed recognition and response to patient deterioration is nationally recognised as one of the significant causes of avoidable harm. This is a long-term improvement programme (to March 2025) with several workstreams reported in more detail as part of the Patient First Deteriorating Patient corporate project. The programme includes: implementation of an adult critical care outreach team across the BRI main site (already in place in Weston General Hospital), a refresh of e-observations monitoring of patients' vital signs and supporting resources, use of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and monitoring pregnant patients in non-maternity settings. The number of cardiac arrests in general adult wards and unplanned adult ITU admissions are the proxy outcome indicators for prompt recognition and response to patient deterioration.
Performance:	The number of cardiac arrests in general ward areas is one of the proxy outcomes measures for the deteriorating patient programme. This relates to adult in-patients in general wards. Data is currently only available until February 2024 which was reported last month. March data is still awaiting validation. Unplanned ITU admissions (of adult inpatients) is the second of the proxy outcome measures for the deteriorating patient programme and shows only patients with a NEWS2 score of ≥5; these patients are sampled because this audit aims to measure and identify improvements in the clinical outcomes for patients who deteriorated prior to being admitted to ITU. The mean for the year to date is 14.7 unplanned ITU admissions per month; figure for February 2024 is 15. The graph for unplanned ITU admissions CQUIN data (Commissioning for Quality and Innovation data) measures the percentage of adult patients who had an unplanned ITU admission had documented escalation and response within a certain time. Data is still being obtained for February 2024.
National Data:	N/A
Actions:	Actions described below are being taken as part of our Deteriorating Patient Improvement Programme: • Martha's Rule – continue to scope national approach and define options for delivery for UHBW. • Sepsis NICE clinical guideline updated January 2024; plan and agreement required in relation to compliance (options appraisal completed, awaiting decision on next steps). • Review of data to inform 24/25 priorities relating to the Deteriorating Patient Programme under Patient First.

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January / February 2024

STANDARD	QUALITY AND SAFETY: DETERIORATING PATIENT

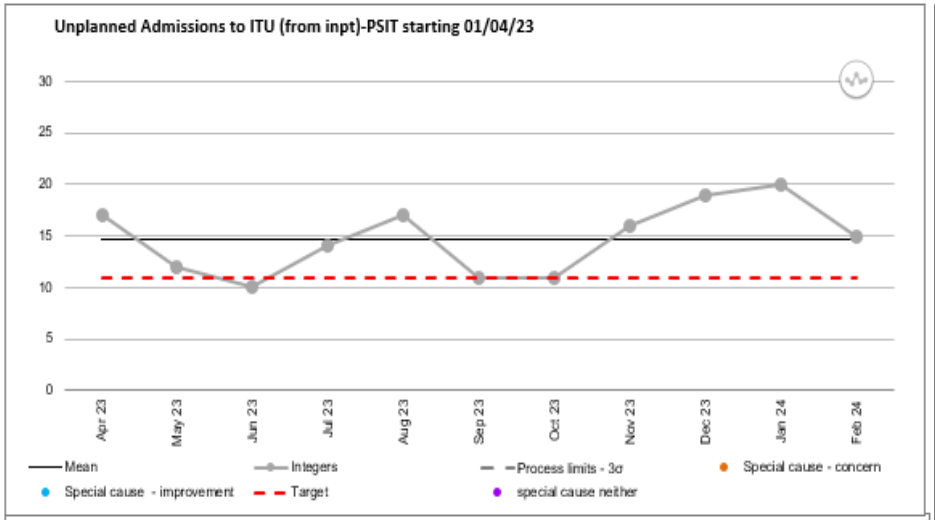


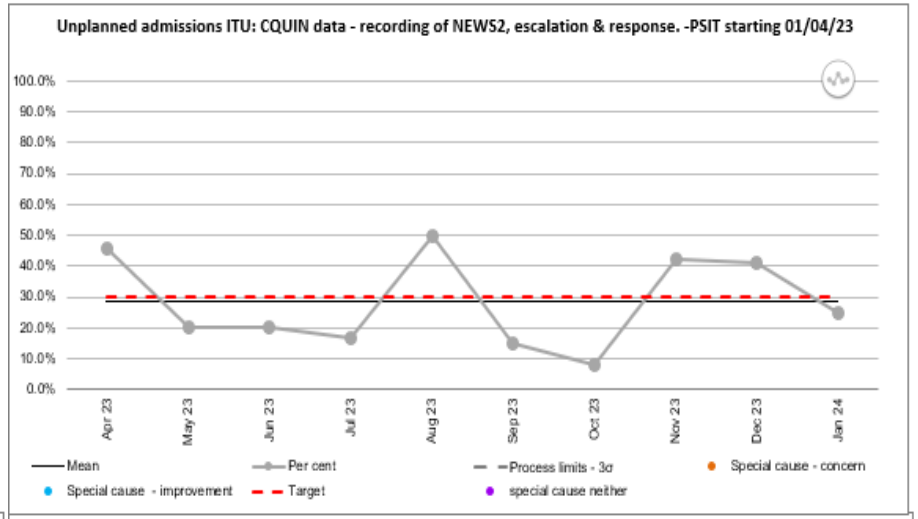
Integrated Quality & Performance Report

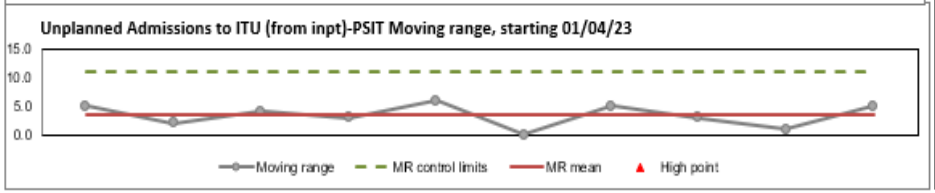
University Hospitals Bristol and Weston NHS Foundation Trust

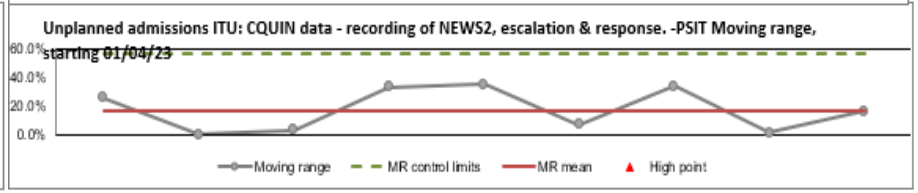
Reporting Month: January / February 2024

STANDARD	QUALITY AND SAFETY: DETERIORATING PATIENT









Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

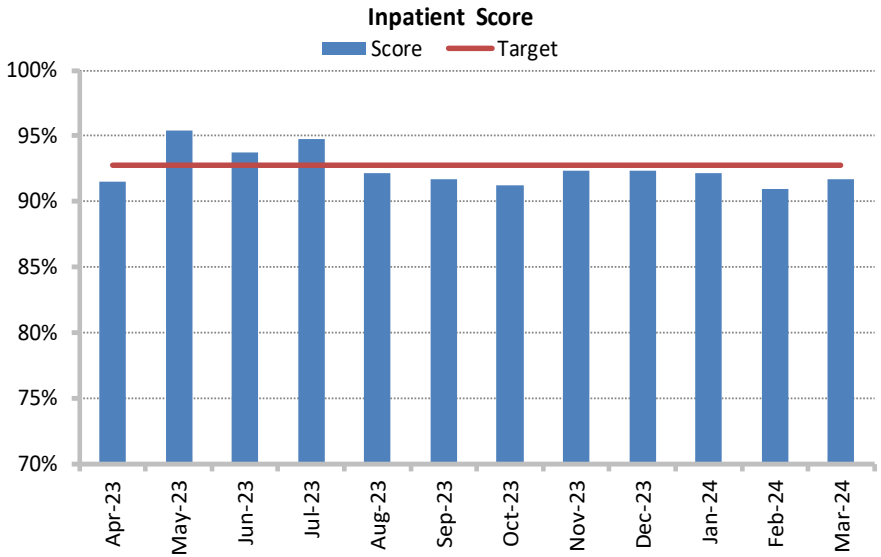
STANDARD	QUALITY AND SAFETY: PATIENT EXPERIENCE
Background:	Divisional level metrics are reported quarterly through the Experience of Care Group (EoCG) and Quality and Outcomes Committee (QOC). A new metric for inpatients and outpatients from the monthly patient survey programme is being reported for the second time in IQPR. This is the same metric as reported for the Patient First True North priority for Experience of Care. It replaces the 'Inpatient experience tracker' and 'Outpatient experience tracker'. The 'Kindness and Understanding' metric has also been removed. The new metric is based on the survey question 'Overall, how was your experience of our service?'. The score is based on the % 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 year one target (2023/24) for inpatients and maternity services is 92.8% or higher. For outpatient services the target is 97.4% or higher. This change represents a shift, whereby the focus is now on continuous improvement towards a target. Patient First methodology will drive the programme of work required to turn the dial to reach the target and therefore at this relatively early stage in the roll-out, the Trust may expect to see initial under-performance.
Performance:	Inpatient experience 2023/24 (April to March) score is 92.0% (March score was 91.7%). Metric is just below target for 2023/2024. Outpatient experience 2023/24 (April to March) score is 96.9% (March score was 96.9%). Metric is just below target for 2023/2024.
Actions:	Improving inpatient experience is a Patient First priority. The breakthrough objective focuses on improving communication between patients and staff because we know this is the biggest driver of overall experience. A new communication experience metric has been produced and ward-level analysis was shared with Divisions in January 2024 to support conversations on where to focus improvement efforts. To date, Medicine and Specialised Services have selected this as a priority area via Catch-ball. The communication experience metric will be reported via the IQPR from May 2024.

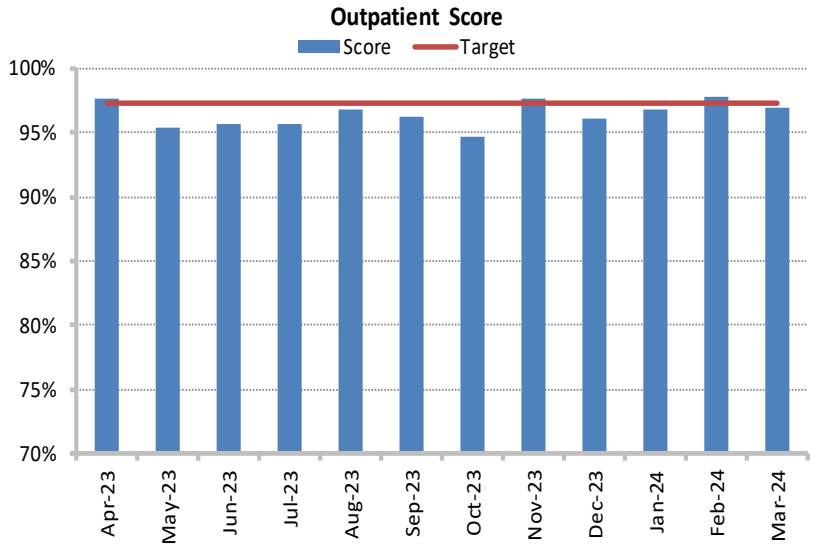
Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

STANDARD **QUALITY AND SAFETY: PATIENT EXPERIENCE**

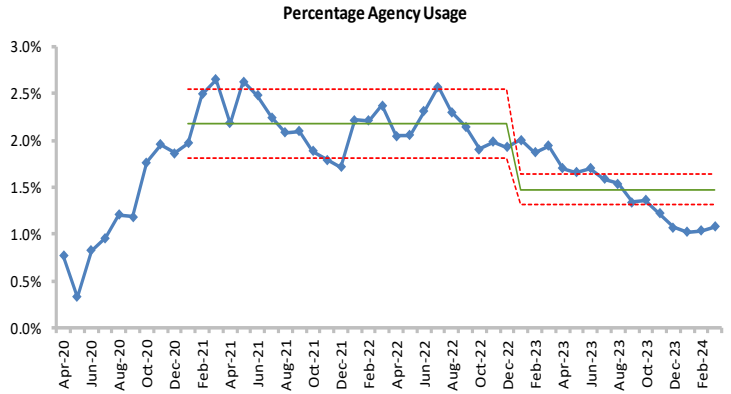




Integrated Quality & Performance Report

Reporting Month: March 2024

STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
Performance:	Agency usage increased by 7.1 FTE to 143.1 FTE (1.1%). There were increases within five divisions. The largest divisional increase was seen in Weston General Hospital, where usage increased to 24.0 FTE from 15.3 FTE in the previous month. There were reductions within two divisions. The largest divisional reduction was seen within Medicine, where usage reduced to 30.3 FTE from 37.1 FTE in the previous month.
Actions:	• There were 65 new starters across the Bank in March, including 17 re-appointments. • The UHBW Bank team continues to work closely with the Acute Provider Collaborative to progress the concept of a Collaborative Bank across UHBW and NBT. • To reduce our mental health nursing agency costs the UHBW Bank have been onboarding mental health support workers. The team are working closely with the medicine division to hold training sessions for bank only HCSW's to convert them across to MHSW roles. • Ongoing work continues to encourage the UHBW Bank as the employer of choice for temporary workers with an increased Band 5 Bank registered nurse rate and an improved bank experience in clinical areas. To date 22 agency workers have joined UHBW Bank. • Work continues within the BNSSG partners to drive the supply of agency nurses towards cap compliant rates. The first price reduction for general nursing will take place on 8th April 2024 for general nurses with a further reduction in July. Specialist nurses will have a staggered approach and will be at cap rate by October 2024. • The Trust continues to encourage block bookings to reduce the use of last minute, non-framework reliance. • Active recruitment continues to substantive medical roles in the Weston Division to drive down the demand for high-cost agency usage.
Risks:	Corporate Risk 674: Risk that use of agencies who are non-compliant with national pricing caps does not reduce



Integrated Quality & Performance Report

Reporting Month: March 2024

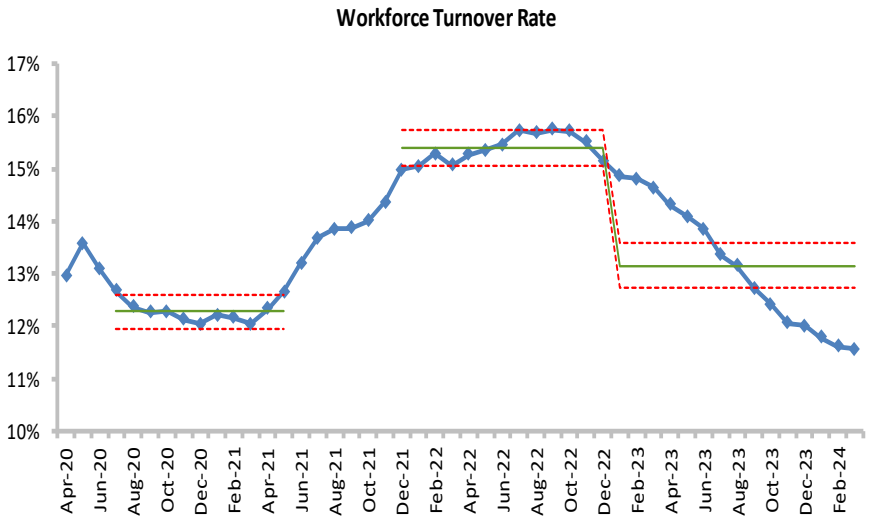
STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
Performance:	Turnover for the 12-month period remained static at 11.6% compared to 11.6% for the previous month. • Three divisions saw reductions whilst three divisions saw increases and one division, Women's and Children's, remained static in comparison to the previous month. • The largest divisional reduction was seen within Trust Services, where turnover reduced by 0.35 percentage points to 10.38% compared with 10.73% the previous month. • The largest divisional increase was seen within Diagnostics and Therapies, where turnover increased by 0.3 percentage points to 12.5% compared with 12.2% the previous month. • Three staff groups saw a reduction, two staff groups saw an increase, and three staff groups remained unchanged in comparison to the previous month. • The largest staff group reduction was seen within Additional Professional, Scientific and Technical, where turnover reduced by 0.66 percentage points to 13.48% compared with 14.14% the previous month. • The largest staff group increase was seen within Healthcare Scientists, where turnover increased by 0.3 percentage points to 7.1% compared with 6.8% the previous month. • Turnover rate for Band 5 nurses in March is 11.2% (compared with 11.5% for February).
Actions:	• IEN Nurse Retention: From January 2024, the first UHBW cohorts of Internationally Educated Nursing Recruits will reach three years service with UHBW. This will mean that they reach the end of their repayment clause in their contracts and will need to renew their Visas. The processing of Certificate of Sponsorship renewals in such large quantities has proved challenging and therefore work is underway to modify the process and communications to reduce waiting times. • Leavers Feedback Surveys: Work is now complete ahead of launching the Leavers Feedback via Microsoft Teams. This will make accessing the feedback questionnaire easier and data analysis more comprehensive. The move to Microsoft forms is also more cost effective for the Trust and has meant a cost saving has been achieved. • Staff Survey 2023: The national embargo was lifted on 7th March, resulting in publication of the national results through a comprehensive trust-wide 'you said, we did' style communication campaign via a Staff Survey SharePoint site, videos, posters, Newsbeats, and trust-wide emails. • Quarter 1 Pulse Survey: Communications plan in place to launch the Q1 Pulse Survey, live from 1 – 30 April 2024, to measure the organisational engagement score, whilst also measuring patient safety and evaluating the annual check-in appraisal process. • Recognition: Nominations for the Recognising Success Awards closed on 10th March 2024 receiving 1428 nominations, over 300 more nominations than 2023. A rigorous longlisting and shortlisting process, via a multidisciplinary representative panel, took place over 3 days, to determine the winner and shortlisted colleagues for the 10 award categories. Annual event will be taking place on 17th May 2024. • People Strategy milestones: 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 are monitored in People Committee.
Risk:	Strategic Risk 2694: Risk that Trust is unable to retain members of the substantive workforce

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

STANDARD **OUR PEOPLE: WORKFORCE STAFF TURNOVER**



Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
Performance:	Sickness absence reduced to 4.4% compared with 4.8% the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence. • There were reductions within all divisions; there were no divisional increases. • The largest divisional reduction was seen in Trust Services, where sickness reduced by 1.0 percentage points to 3.6%, compared to 4.6% in the previous month. • There were reductions within seven staff groups, an increase in one staff group, and one staff group remained static compared with the previous month. • The largest staff group reduction was seen within Additional Professional Scientific and Technical, reducing by 1.48 percentage points to 3.15% from 4.64% in the previous month. • The only staff group increase was seen within Additional Clinical Services, increasing by 0.2 percentage points to 5.7% from 5.9% in the previous month.
Actions:	• The Psychological Health Service facilitated a session on 'Professional Boundaries and their role in Self-Care at Work' on 7th March to colleagues undertaking a peer-support role e.g. Advocate. • The Trust was awarded bronze status of the North Somerset Healthy Workplaces Award with some parts of the holistic workplace wellbeing programme regarded as meeting silver and gold criteria including initiatives aimed at preventing or reducing sickness and absence. • National No Smoking Day on 13th April provided opportunity for colleagues visiting the BHI Atrium to access very brief advice, guidance, tools and signposts to smoking cessation services. • World Sleep Day on 15th March was marked by the Workplace Wellbeing team working in partnership with the Human Factors team to promote internal guidance and resources and highlight work underway to explore the provision of a risk management system. • 98 workplace yoga places were utilised by colleagues, promoting physical and mental health. • The Workplace Wellbeing Steering Group signed-off the 2023-2024 annual action plan and approved proposed strategic objectives and key milestones that form the 2024-2025 plan owned by multidisciplinary professionals including Occupational Health, Safety, Education and Psychology. • Health and Wellness Policy - The UHBW Health and Wellness Policy launched as planned in February 2024. Training managers in the use of this policy remains a key priority for HR Services, alongside working with the AblePlus staff network to improve the experiences of our colleagues with long term health conditions requiring workplace adjustments.

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

STANDARD **OUR PEOPLE: WORKFORCE STAFF SICKNESS**

Integrated Quality & Performance Report

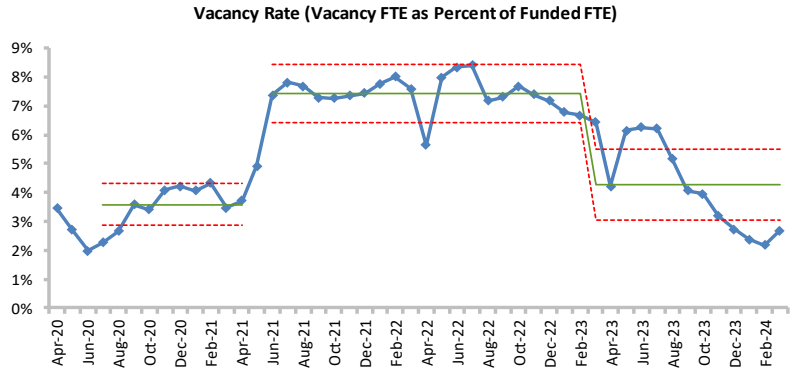
Reporting Month: March 2024

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
Performance:	Overall vacancies increased to 2.7% (333.6 FTE) compared to 2.2% (270.2 FTE) in the previous month. • The largest divisional increase was seen in Trust Services where vacancies increased to 47.5 FTE from 18.2 FTE in the previous month. • The largest divisional reduction was seen in Facilities and Estates, where vacancies reduced to 71.6 FTE from 81.7 FTE the previous month. • The largest staff group increase was seen in Nursing, where vacancies increased to 45.9 FTE from 17.3 FTE in the previous month. • The largest staff group reduction was seen in Ancillary staff, where vacancies reduced to 96.9 FTE from 106.8 FTE the previous month. • Consultant vacancy has increased to 52.4 FTE (6.4%) from 50.8 FTE (6.3%) in the previous month. Unregistered nursing vacancies can be broken down as follows: Band / Vacancy AfC Band 2 / 16.6 FTE AfC Band 3 / 72.1 FTE AfC Band 4 / -200.8 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:	• The Trust received two Internationally Educated Nurses (IENs), who joined the Children's Services. There is a final arrival of an Internationally Educated midwife planned for April which will conclude the IEN recruitment programme. A total of 977 IENs have arrived at the Trust since the beginning of the programme. • The Trust successfully conducted the first recruitment event for Nursing Associates within the Women's and Children's division. Three candidates attended and were interviewed and offered on the day. A further three candidates booked alternative interview dates. Results to follow. • Planning continued for a joint BNSSG nursing recruitment event that is due to be held on the 13th April in collaboration with system partners to attract newly qualified and experienced registered nurses to the organisations. • Planning also commenced for two further nursing and midwifery recruitment events planned for the start of Q1. These will have a focus in the divisions of Women's and Children's and Specialised Services. • 22 substantive Healthcare Support Workers (HCSW) started in the Trust and another 14 were offered. • 9 Mental Health Support Workers (MHSW) were offered in March from a bespoke assessment centre that has been created to support the recruitment into the newly developed team within psychiatric liaison. *…continued over page*

Integrated Quality & Performance Report

Reporting Month: March 2024

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
Actions (continued):	• 18 Registered Nurse Degree Apprentices and 20 Trainee Nursing Associates started in the month of March joining the Trust on a newly designed induction to provide better support to those who are joining a clinical nursing apprenticeship. Planning has commenced for the next recruitment campaign for the October 2024 cohorts. • 14 substantive Allied Health Professionals (AHPs) and 14 substantive Healthcare Scientists joined the Diagnostics and Therapies division. • In the last month, a new project was launched to support the attraction of AHP's. In March the Trust sent out a survey to AHP's who are new to the Trust to gain insight and feedback to help shape the recruitment process. Results to follow. • Following the newly qualified rotational Pharmacist social media campaign the Trust made 14 offers in March. • The Trust successfully delivered the Admin and Support services recruitment event. A total of 198 attended and the Trust made 14 offers and eight candidates were added to the talent pool. • One consultant and three non-consultant grade doctors started on the Weston site and another consultant and two clinical fellows have been cleared for a start date in April. • Two non-consultant grade doctors in Surgery and five in Medicine were offered in Weston. • Work continued to support the implementation of Healthy Weston 2. Following a benchmarking exercise, efforts are being made to introduce a recruitment bonus to make consultant vacancies in Weston more attractive. • Planning commenced to host a medical recruitment evening in April aimed at showcasing the benefits of working within UHBW and attracting prospective applicants for the August rotation. Results to follow. • A social media campaign was launched through March for 'Military March' to promote the NHS "Step Into Health" scheme and to promote the Trust as Silver award holders under the Defence Employer Recognition Scheme. The aim is to increase visibility and attract interest from the forces community.
Risks:	Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff



Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
Performance:	At the end of March: • 2,521 patients were waiting 52+ weeks against the Operating Plan trajectory of 4,817. • 257 patients were waiting 65+ weeks against the Operating Plan trajectory of 0. • Note the trajectory was revised towards the end of Quarter 3 to give an end of March target of 392. • 21 patients were waiting 78+ weeks. • 0 patients were waiting 104+ weeks. For 2023/24, the Operating Plan assumes that no patients will be waiting over 78 weeks. The next national ambition was to have no patients waiting 65+ weeks by the end of March 2024. In November, the Trust declared to NHS England that we are likely to have 392 breaches within the 65+ week cohort at the end of March 2024. Those breaches were attributed as 120 in Paediatric dentistry, 35 in GI surgery, 144 in Paediatric ENT, Paediatric urology and Paediatric plastics and 93 Cornea graft patients (relating to national supply shortage). NB: dispensation for industrial action continues to inform the revision of in-year trajectories.
National Data:	For February 2024, across all of England, 4.2% of the waiting list was waiting over 52 weeks. UHBW's performance was 3.9% (2,358 patients) which places UHBW as the 65th highest Trust out of 162 Trusts that reported RTT wait times.
Actions:	• At the end of January 2024, there were no patients waiting over 104+ weeks. This is a sustained position, with February 2023 being the last time a patient was reported waiting 104 weeks or longer. • The Trust continues to work towards the elimination of any patient waiting longer than 78 weeks and plans developed with clinical divisions are being enacted to achieve this ambition, although a combination of industrial action along with a higher rate of non-elective admissions continue to make this challenging. Despite these challenges, at the end of March, the number of patients waiting more than 78 weeks had reduced to 21 from 67 in February. The Trust continues to work towards reducing long waits through specific initiatives including the expansion of insourcing within clinical genetics, sleep, and dental specialties where there are recognised national challenges. • Of the 21 patients waiting 78 weeks or longer at the end of March, none related to cornea grafts.. Whilst there is still an issue with the national supply, there is a nationally led process to allocate graft material to Trusts based on the clinical priority and length of waiting time. The trust were allocated enough material to treat any patients waiting longer than 78 weeks in March and are waiting for further material to support 78 week waits in April and May. • As part of the 2023/24 Annual Planning Process (APP), clinical divisions have developed plans to move towards the national ambition of no patient waiting longer than 65 weeks by end of March 2024. The number of patients waiting in excess of 65 weeks at the end of March was 257 against the revised year end trajectory of 392 which is an improvement on the February position when 475 patients were waiting 65 weeks or longer. *...continued over page*

Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
Actions (continued):	• Dental services have additional Independent Sector capacity under contractual agreements with both Nuffield and Spire to support their recovery in cleft services and the service are using KPI Health as an insourcing provider for paediatric dental clinics and extractions which commenced January 2023, with schedules being provided each month. • The Trust has established insourcing arrangements for outpatient services in oral surgery, oral medicine, gynaecology, sleep, respiratory medicine and dermatology and the dental service have recruited an additional orthodontics consultant and a paediatric cleft locum to increase the capacity within these services. Within dental services there continues to be a gap in the number of paediatric dentistry consultants, equating to 1.1 WTE. The dental management team are continuing to work with the UHBW Talent Team and have re-advertised for a paediatric dentistry consultant with a closing date of 15th April 2024. • Patients currently waiting for treatment dates are being contacted to ask if they would accept treatment at an alternative provider. Should patients consent, each patient is added to the NHS England Digital Mutual Aid system (DMAS). • All patients who were waiting for 40 weeks or longer were invited to register on the NHS England Patient Initiated Digital Mutual Aid System (PIDMAS) to be considered for treatment at an alternative provider, including independent sector providers. To date, 199 patients have requested to be considered but no alternative providers have been identified at this stage. At present, NHS England has not announced further cohorts of patients to be invited to register on the PIDMAS. • The Trust continues to bolster additional capacity through other insourcing providers and waiting list initiatives. • Where patients are too complex for transferring outside of the organisation for treatment under mutual aid arrangements, theatre schedules are under review via a theatre improvement programme to ensure that suitable capacity is available for the longest waiting patients. This continues to be a challenge due to the high volume of cancer cases, inpatient capacity, critical care capacity and staff shortages. • The Trust's Paediatric services are working with University Hospitals Plymouth (UHP) to repatriate paediatric patients who live within the UHP catchment area to Plymouth for treatment assuming that they are clinically appropriate and choose to transfer their care. UHP's paediatric theatre fully opened in January 2024 and a plan is pending approval with the relevant Integrated Care Board to re-open the Directory of Service (DoS) on the e-referral system to ensure that paediatric patients are referred to UHP in the first instance from the end of March 2024. Monthly meetings are underway with UHP to agree suitable patients to transfer. Patients who are too complex and/or are currently under follow-up care at the Bristol Children's Hospital will be transferred to UHBW following initial triage at UHP.
Risk:	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

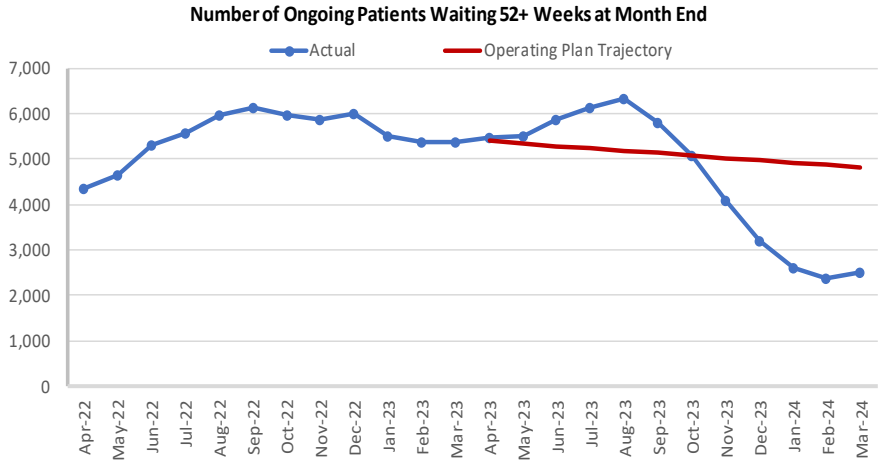
Integrated Quality and Performance Report

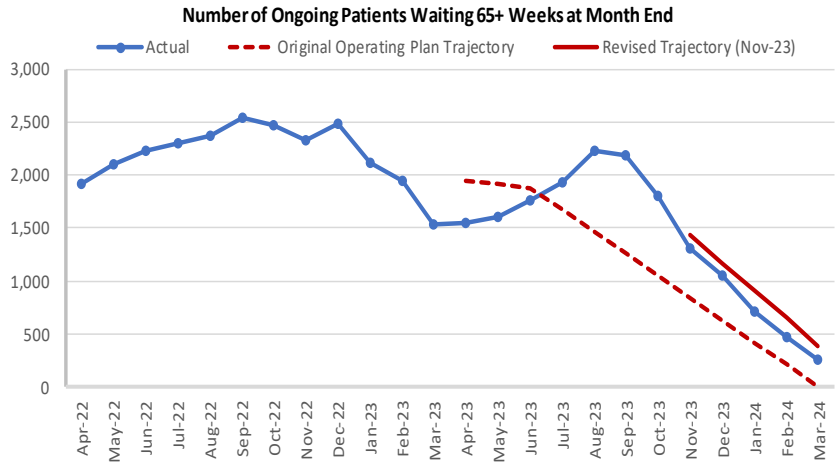
University Hospitals Bristol and Weston NHS Foundation Trust

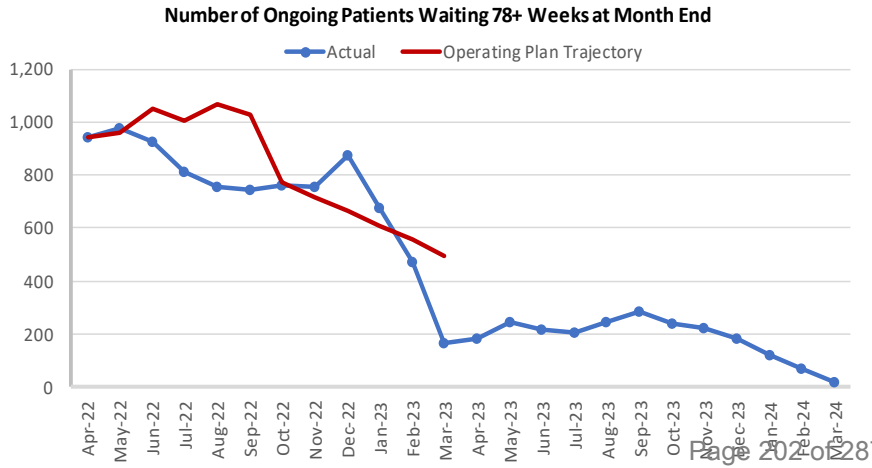
Reporting Month: March 2024

STANDARD **REFERRAL TO TREATMENT (RTT) LONG WAITS**

	Mar-24		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	13	0	0
Medicine	179	1	1
Specialised Services	120	1	0
Surgery	1,653	174	19
Women's and Children's	556	81	1
Other	0	0	0
UHBW TOTAL	**2,521**	**257**	**21**







Integrated Quality and Performance Report

Reporting Month: February / March 2024

STANDARD	CANCER WAITING TIMES
Performance:	As at the end of March, there were 155 patients waiting 62+ days on a GP suspected cancer pathway, meeting the target of no more than 160 such waiters at this point. The "Faster Diagnosis Standard" (FDS) is reported a month in arrears, and this measures time from receipt of a suspected cancer referral from a GP or screening programme to the date the patient is given a cancer diagnosis, or told cancer is excluded, or has a decision to treat for a possible cancer. This time should not exceed 28 days for a minimum of 75% patients. Performance in February was compliant at 82.7% The performance for patients treated within 62 days of starting a suspected cancer pathway is reported a month in arrears. For February, 70.4% of patients were treated within 62 days, against the NHSE ambition of 70% by March 2024. The national constitutional standard is 85%. The performance for patients treated within 31 days of the decision to treat is reported a month in arrears. For February, 95.1% of patients were treated within 31 days. The national constitutional standard is 96%.
National Data:	National data for patients treated within 62 days of starting a suspected cancer pathway is shown on the next page.
Actions:	The Trust achieved its year-end target for number of patients waiting greater than 62 days on a GP suspected cancer pathway as well as reporting a third consecutive month's compliance with the Faster Diagnosis Standard. The 62-day referral to treatment standard performed above NHSE's interim target for a third consecutive month, and performance against the 31-day decision to treat to treatment standard remained greater than 90% although below the compliance threshold of 96% due to the impact of industrial action. The actions to sustain and further improve this performance includes the delivery of additional activity to clear the remaining backlogs caused by Covid and industrial action, a change to the early pathway for gynaecological cancer enabling a greater proportion of patients to be seen in a single 'one-stop' clinic and continued rigorous waiting list management.
Risk	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

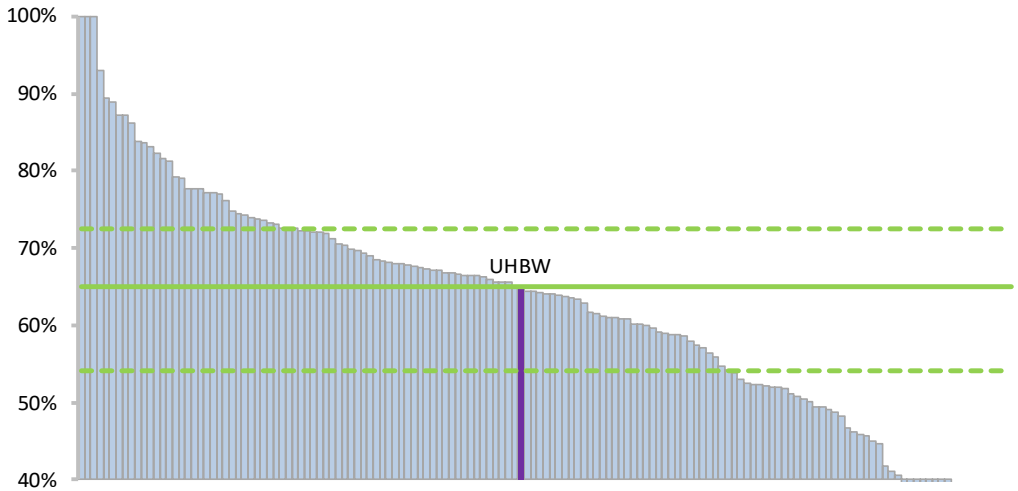
Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: February / March 2024

	Feb-24		
	Within Target	Total Patients	% Achievement
28 Day Faster Diagnosis	1,306	1,580	82.7%
31 Day Standard	784	824	95.1%
62 Day Standard	171.5	243.5	70.4%

Benchmarking: Percentage Treated Within 62 Days of GP Referral - 2023/24 Quarter 2



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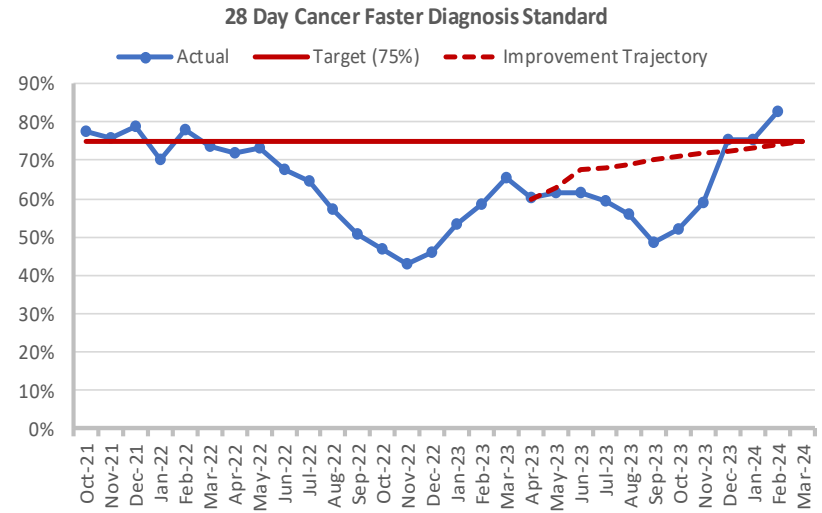
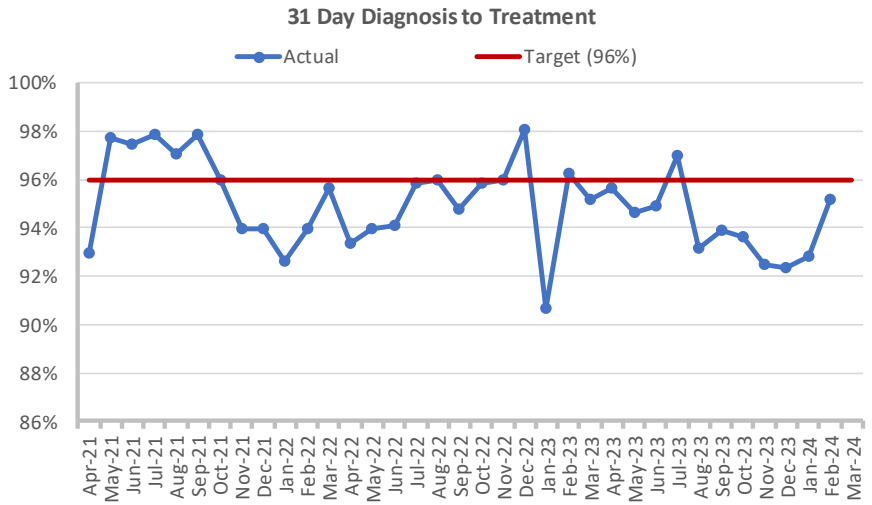
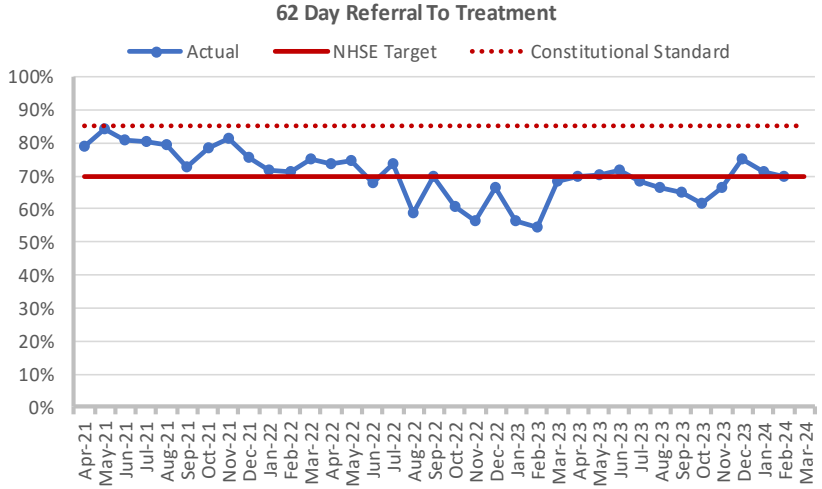
University Hospitals Bristol and Weston NHS Foundation Trust

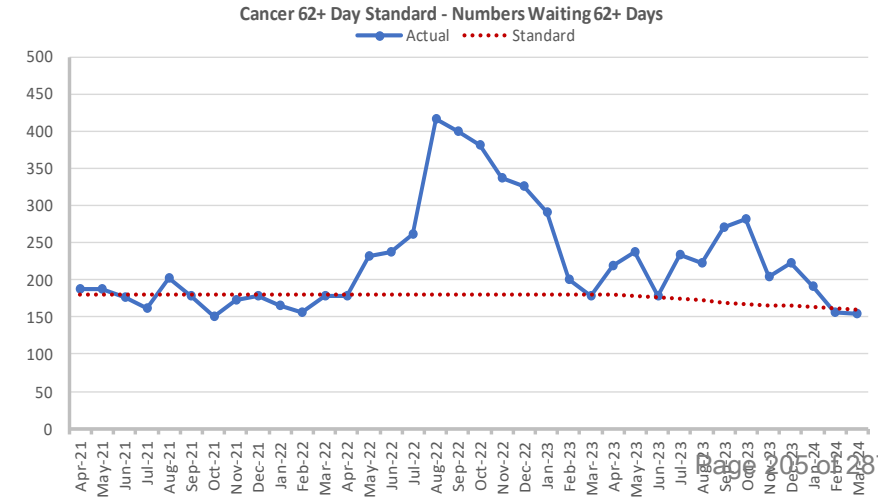
Reporting Month: February / March 2024

STANDARD	CANCER WAITING TIMES









Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

STANDARD	DIAGNOSTIC WAITING TIMES
Performance:	The ambition set as part of the Trust's operational planning submission is that 83.3% of patients will be waiting under six weeks by end of March 2024. The Trust achieved 81.9%, against a performance trajectory of 83.3% at the end of March. At the end of March 2024, there were a total of 206 patients waiting 26+ weeks which is 1.3% of the waiting list. The target was to have zero patients waiting 26+ weeks by October 2023. At the end of March 2024, there were a total of 694 patients waiting 13+ weeks which is 4.4% of the waiting list. The target for end of March 2024 was to have zero patients waiting 13+ weeks.
National Data:	For February 2024, the England total was 78.3% of the waiting list under six weeks. UHBW's performance was 85.8% which places UHBW 74th of 156 Trusts that reported diagnostic wait times.
Action/Plan:	• At the end of March, diagnostic performance against the six week wait standard was reported as 81.9% against the operational planning trajectory of 83.3%. Despite the considerable improvements made in February and year to date, the year-end ambitions for diagnostic performance were not achieved in March 2024. • Despite the challenges, 10 sub-modalities achieved at least 83.3% under 6 weeks and a further 7 sub-modalities achieved more than 99% under 6 weeks • The trajectories for reducing diagnostic long waiters over 13 and 26 weeks was not achieved, however most modalities did reduce the numbers of long waiting patients. The Trust had planned to clear all patients waiting over 26 weeks by October 2023 and ongoing efforts continue to eliminate any of these long waits before the end of 23/24, with the majority of the long waiters within Sleep Studies. Improvements are being made but challenges also remain in Paediatrics MRI, Endoscopy and Ultrasound as these modalities are highly specialist and cannot be outsourced. Capacity throughout the year has been challenged by sickness in the workforce, further cancellations caused by industrial action (IA) and prioritisation of more clinically urgent patients. • Ultrasound performance did not improve in March 2024. Challenges remain, particularly within the paediatric service, and some capacity was unexpectedly lost due to staff sickness. • Echocardiography performance also deteriorated, with the service experiencing increased urgent and inpatient demand for a prolonged period which is affecting elective capacity and recovery. The service is utilising core capacity across all sites to reduce waits and further additional capacity has also been used. Long waiters over 13 weeks increased slightly in March 2024, but patients waiting over 26 weeks remained at zero. • Endoscopy (adults) performance against the six-week standard continues to improve well ahead of the modality-specific trajectory to 66.6% and, although the elimination of patients waiting over 13 weeks and 26 weeks is challenging, the long waiters in Endoscopy adults did improve again in March. The risks associated with performance include the impact of IA, ongoing complex patients queries and complex patients requiring their procedures under general anaesthetic (GA), where capacity is limited and prioritised for the most clinically urgent patients. Actions are in place to mitigate risk wherever possible, and it is positive that these modalities are sustainably improving waits for patients. Page 206 of 287 *...continued over page*

Integrated Quality and Performance Report

Reporting Month: March 2024

STANDARD	DIAGNOSTIC WAITING TIMES
Action/Plan (continued):	• Performance and long waiters in Sleep Studies continues to be the most significant risk and challenge to diagnostic performance within the Trust. The service is using significant additional capacity to improve waiting times for patients and improvements are materialising but the issues in this service are complex and will require extensive and sustained actions across key areas. The position is expected to recover by Q3 2024/25 and is being monitored closely. Recovery has been impacted by unexpected challenges such as the industrial action in February and short-term and long-term sickness, however improvements continue to be made. • The continued impact of industrial action is a significant risk to diagnostic performance, as is the sickness in highly specialist sub-modalities and capacity constraints, particularly for patients requiring their procedures under GA. These risks are being managed closely and mitigations are in place wherever possible. Modality-level diagnostic trajectories and plans for 24/25 are being finalised across the organisation and the Trust continues to utilise transferred capacity and outsourcing to the independent sector which are also integral to the 24/25 diagnostic recovery plans.
Risk:	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

End of March 2024

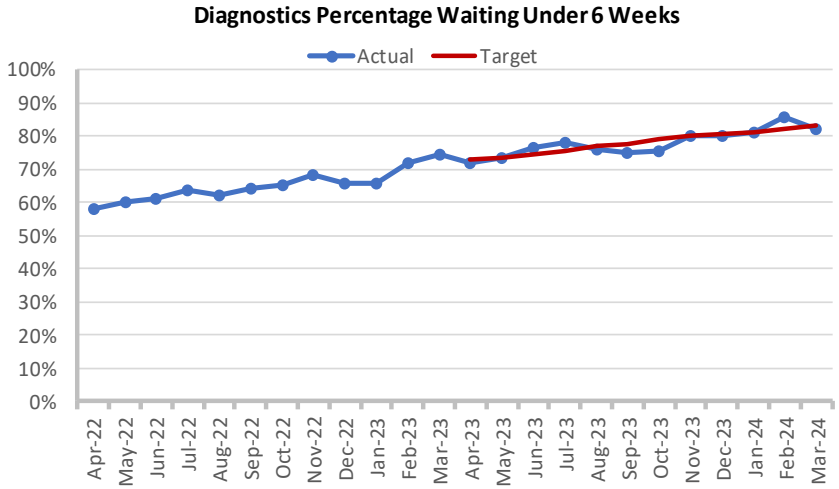
Modality	Total On List	Under 6 Weeks			13+ Weeks		26+ Weeks	
		Number	Percentage	Mar24 Target	Number	Percentage	Number	Percentage
Audiology Assessments	1,323	158	88%	97%	4	0%	1	0%
Colonoscopy	410	149	64%	53%	64	16%	10	2%
Computed Tomography (CT)	2,650	237	91%	81%	28	1%	0	0%
DEXA Scan	443	26	94%	68%	0	0%	0	0%
Echocardiography	2,122	611	71%	85%	22	1%	0	0%
Flexi Sigmoidoscopy	120	44	63%	53%	19	16%	0	0%
Gastroscopy	426	145	66%	55%	55	13%	9	2%
Magnetic Resonance Imaging (MRI)	2,924	395	86%	95%	93	3%	20	1%
Neurophysiology	260	12	95%	99%	0	0%	0	0%
Non-obstetric Ultrasound	4,982	933	81%	83%	248	5%	8	0%
Sleep Studies	245	163	33%	51%	161	66%	158	64%
Other	0	0			0		0	
UHBW TOTAL	**15,905**	**2,873**	**81.9%**	**83.3%**	**694**	**4.4%**	**206**	**1.3%**

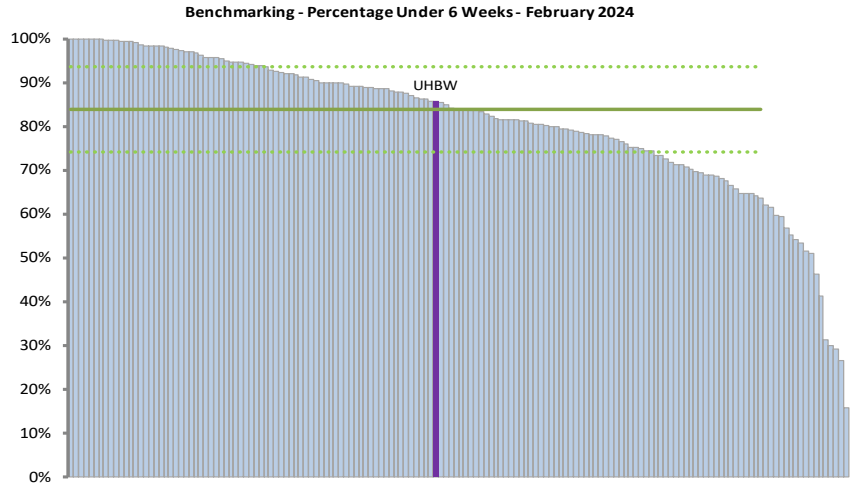
Integrated Quality and Performance Report

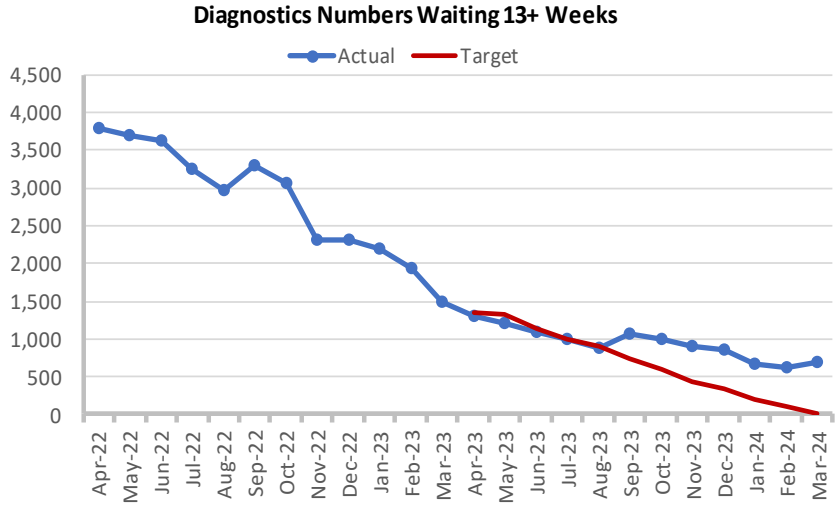
University Hospitals Bristol and Weston NHS Foundation Trust

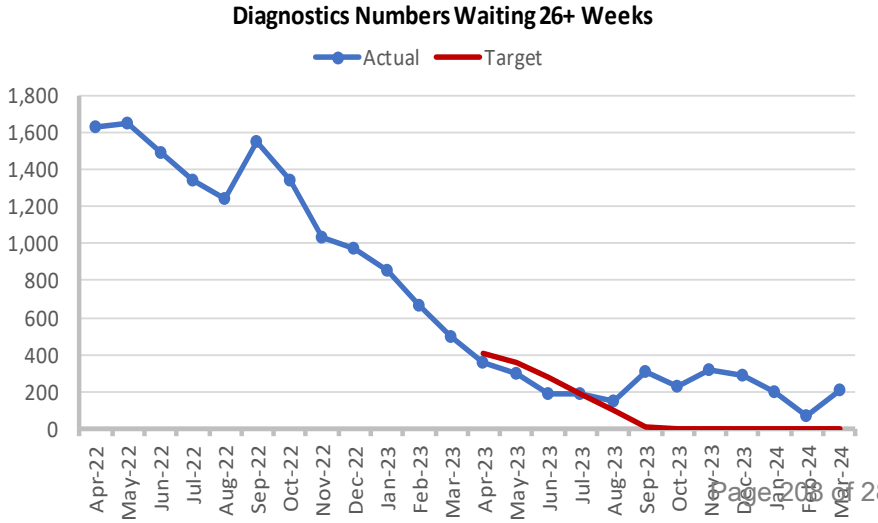
Reporting Month: March 2024

STANDARD **DIAGNOSTIC WAITING TIMES**









Integrated Quality and Performance Report

Reporting Month: March 2024

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 2023/24, Trusts are required to return performance to 76% by March 2024, i.e. 76% of ED attendances should spend less than 4 hours in ED. • The "12 Hour Standard". This standard has a new definition from April 2023 related to the proportion of patients attending ED who wait more than 12 hours from arrival to discharge, admission or transfer, with an operational standard of no more than 2%. Note: both these standards apply to all four emergency departments in the Trust. During March, 69.07% of patients attending ED spent less than 4 hours in an emergency department from arrival to discharge or admission. This is below the operational planning trajectory of 76.0% for March. The March performance for the "12 Hour Standard" shows a slight improvement to 3.65%, compared to 4.0% in February. **Attendances** • BRI attendances were 7,060 in March which is 227.7 per day. This is a 1.7% increase from the 224 attendances per day in February. • Children's Hospital attendances were 4,906 in March which is 158.3 per day. This is a 9.8% increase from the 144.2 attendances per day in February. • Weston Hospital attendances were 4,680 in March which is 151.0 per day. This is a 4.7% increase from the 144.2 attendances per day in February. • Eye Hospital attendances were 2,309 in March which is 74.5 per day. This is a 4.1% reduction from the 77.7 attendances per day in February. **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. This is a standard that has been reported in previous months and will continue to be reported in 2023/24. During March, there were 249 12 Hour Trolley Waits, compared to 255 in February. **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 3,978 ambulance handovers in March: • 1,367 ambulance handovers were within 15 minutes which was 34.4% of all handovers. • 2,573 ambulance handovers were within 30 minutes which was 64.7% of all handovers.

Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 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 March 2024, overall percentage of handovers under 15 minutes was 21.5% across these hospitals. The Children's Hospital ranked first (best performing) with 66% of handovers under 15 minutes, Weston was second highest at 47% and BRI was 6th lowest at 12%. ED 4 Hours: For Quarter 3 across all Type 1 Emergency Departments in England, 55.3% of patients were seen within 4 hours. UHBW was at 59%. The upper quartile was 60.1% (i.e. 25% of Emergency Departments achieved 60.1% or above in Quarter 3).
Actions:	No Criteria to Reside (NCTR) bed days increased during March compared with February, which will be impacting flow. Community delays leading to No Criteria Reside bed days were higher in March than February. Total discharges increased in March (321 more discharges in total than in February). Discharges increased across all pathways. **Bristol Royal Infirmary (BRI)** • BRI ED attendances increased in March: 227.7 per day. This was the highest average number of daily attendances in 2023/24. • Overall ED 12 hour performance has deteriorated for last three quarters: 2.6% Quarter 2, 6.0% Quarter 3 and 6.3% Quarter 4. • There was increase in the number of 12 hour trolley waits to 176 in March from 149 in February. • Ambulance handover delays at BRI ED also increased in March to 1,487 hours from 1,299 hours in February. • An overnight redirection to eight UTC landing slots was piloted in March, with an aim to reduce length of time in the department for other ED patients. A total of 30 patients were redirected overnight in March, an average of 2 per night for the pilot period. • Transfer team has been implemented in March to support UEC performance and flow across the BRI and WGH sites. **Weston General Hospital (WGH)** • Ambulance handovers at the WGH site further improved in March with 49% of all handovers taking place in less than 15 minutes following redesign of the process in late January 2024. • Clinical frailty scoring as introduced at Weston General Hospital on 11th March 2024 to enable improved data collection regarding frail patients, supporting better decision making as to where patients are admitted to. • A Clinical Decision Unit was piloted at WGH during March to support swifter decision making for ED patients, seeing 217 patients in March. • Length of stay on Acute Medical Unit at WGH was 1.3 days, a decrease in comparison with January (1.6 days) and February (1.7 days). The proportion of patients who were discharged home increased in March to 30.9% (compared with 25% in February)The establishment of an acute medicine clinic in early March has supported reduction in length of stay and improved the percentage of patients being discharged home from the unit. • Transfer team has been implemented in March to support UEC performance and flow across the BRI and WGH sites. *…continued over page*

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Reporting Month: March 2024

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
Actions (continued):	**Bristol Royal Hospital for Children (BRHC):** BRHC saw the highest attendance in March 2024 compared to 2023 and 2022 with an extra 900 attendances in March 2024 compared to March 2023. March performance was 78.5% which was improved performance compared to February 2024 73.1% and January 2024 72.8%. There were 45 12-hour breaches in March, again an improvement in comparison to the last 2 months. A range of initiatives were in place for March to support an increase in 4-hour performance: • Allocated ED Porter • Additional cleaners for the ward • Additional consultant and junior shifts within the Department • Additional General Paediatric Consultant on the weekend to improve Flow • Discharge junior doctor on the wards to improve Flow Whilst March has seen an increase in attendances, the initiatives in place across the month have had a positive impact on performance, including an improved 4-hour position. The GP minor stream continues in the Outpatients Department and is a funded workforce to continue improvement within the department. Further actions: 1. A bid for national money for the SDEC area 2. Successful recurrent funding for uplift for nursing staff 3. Review of successful March scheme showing high impact *...continued over page*

Integrated Quality and Performance Report

Reporting Month: March 2024

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
Actions (continued):	**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:** March saw the highest number of attendances across the year at 377. The percentage of patients discharged home across the year remains steady although March data sits at the lower end of the range at 76.4%. Length of stay data has shown an increase (6 hrs 4 mins for March). This increase is more so for those admitted rather than discharged home. The number of reattendances in ED following an SDEC visit dropped to their lowest point in Quarter 4 and the average wait in ED before a Surgical SDEC visit averaged at 2h 39m sitting well below the 4hour target . Key aims: • Review of space within the Trust to support expansion is ongoing and this includes an options appraisal of potential sites for the Surgical SDEC • Opportunities to further enhance orientation of Advanced Practitioners continue to be explored with the newly appointed Clinical Leads • Review of expected patients and notes audits findings, the results of which will guide next actions • Progress review with the improvement team who are supporting the creation of a Surgical SDEC discharge summary to be undertaken and next steps to be agreed **Medical SDEC - BRI:** Medical SDEC continues to deliver a 70-hour weekday and 24-hour weekend service, compliant with standard. Medical SDEC saw 865 patients in March 2024, a 7% increase compared to February (805). March saw 11% of front door attendances and 24% of the medical take, which is consistent with the previous month. The percentage of front door attendances met the 10% target once again this month, however the percentage of the medical take fell just short of the 25% target (24%). The admission rate decreased in March to 18% from 24% in February and the average length of stay in SDEC in March was 4hrs 50min compared to 4hrs 38min in February. Management of infusion demand has changed in March with infusions now being scheduled predominantly on weekends to release weekday SDEC capacity. The pilot of Frailty SDEC pathway has been extended to July with the aim to provide 70 hours of a defined acute frailty service per week. **Weston SDEC**: In March there were 847 attendances, which was an increase of 156 patients from February and this is in line with increased ED attendances. 95% of these attendances were discharged home with 5% being transferred into the Weston bedbase. 525 of the attendances were from ED, which was 11% of March's ED attendances and was an increase from the 403 (10%) in February. The average length of stay for non-admitted patients was 2 hrs 35 minutes, a reduction of 18 minutes from February. Weston has been successful in a bid for £5 million in funds to relocate and refurbish the SDEC unit. March data shows an increase in admissions to SDEC in comparison to February (847 compared to 691). March saw 12% of total ED attendances attending SDEC. New surgical pathways for Weston SDEC are progressing well, with 198 surgical patients attending SDEC in March.
Risks:	Corporate Risk 910: Risk that patients in ED do not receive timely and effective care 4700: Risk that a patient may deteriorate whilst being held in the ambulance bay

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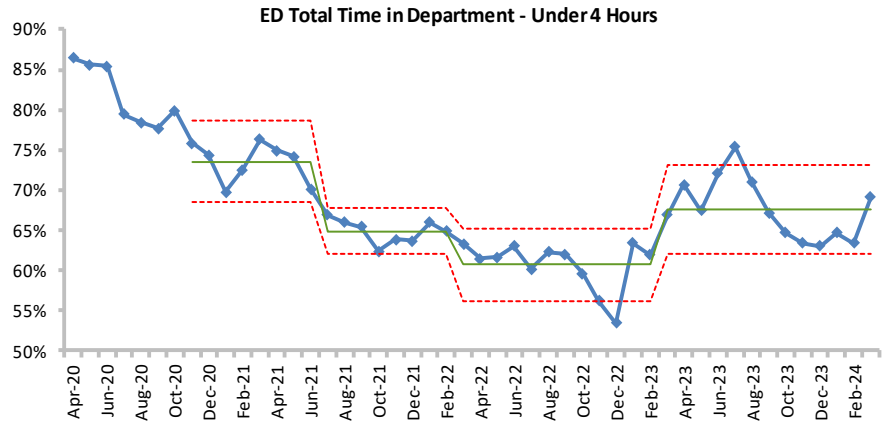
Reporting Month: March 2024

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

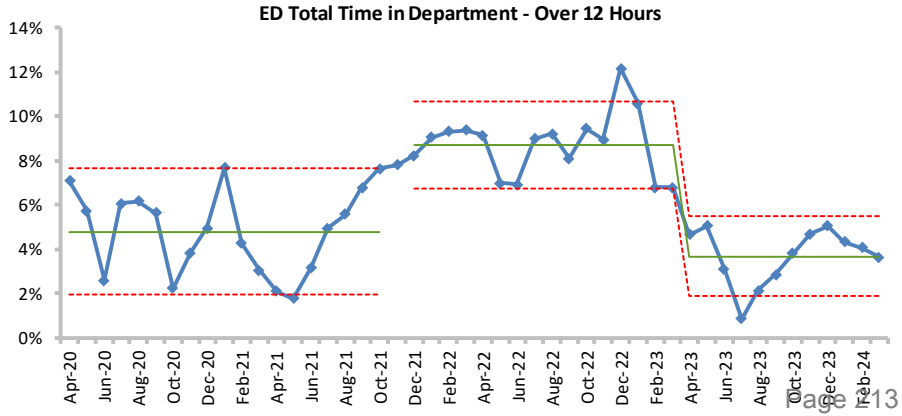
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	Mar-24	2023/24	2022/23
Bristol Royal Infirmary	47.55%	54.19%	46.14%
Bristol Children's Hospital	78.5%	75.64%	71.14%
Bristol Eye Hospital	96.71%	95.74%	95.97%
Weston General Hospital	78.03%	65.86%	55.05%
UHBW TOTAL	**69.07%**	**67.58%**	**60.94%**



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

12 Hour Performance	Mar-24	2023/24	2022/23
Bristol Royal Infirmary	7.7%	5%	12%
Bristol Children's Hospital	0.9%	1.5%	2%
Bristol Eye Hospital	0%	0%	0%
Weston General Hospital	2.2%	5.7%	15%
UHBW TOTAL	**3.6%**	**3.7%**	**8.7%**



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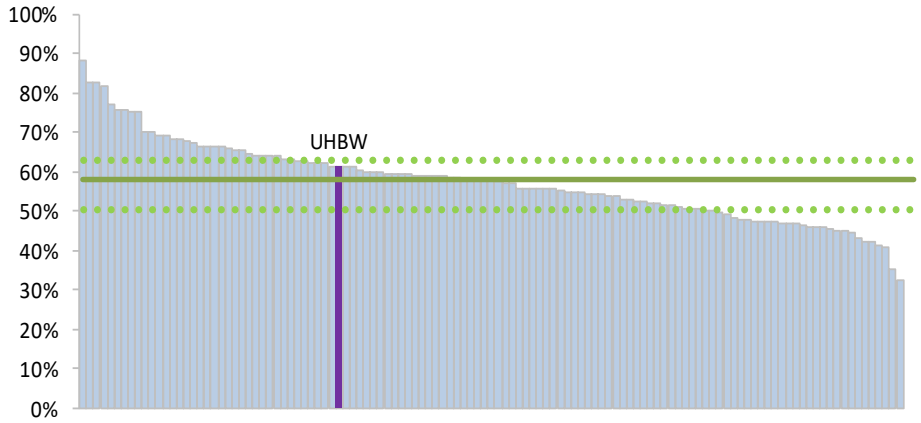
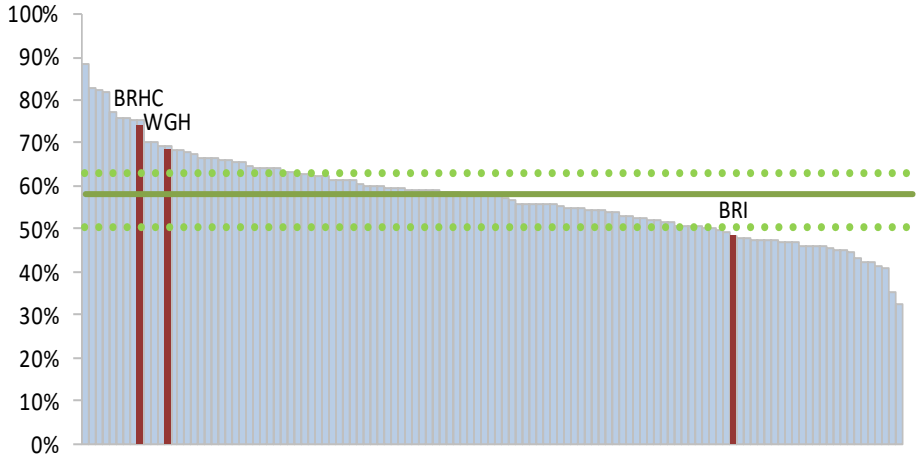
Reporting Month: Quarter 4

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

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



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



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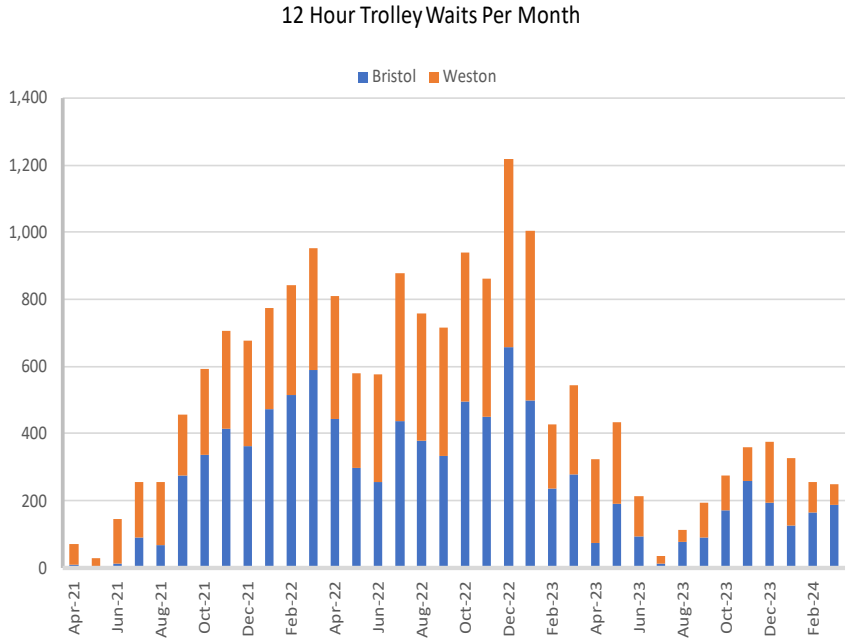
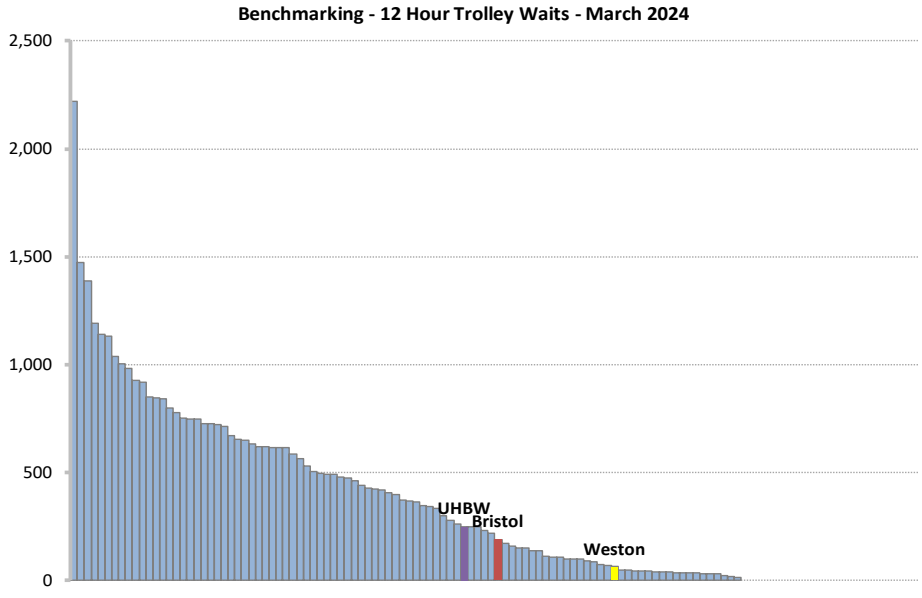
Reporting Month: March 2024

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											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bristol	443	297	257	437	379	334	496	449	659	500	235	278	74	192	95	11	79	89	172	259	195	125	164	189
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
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**





Integrated Quality and Performance Report

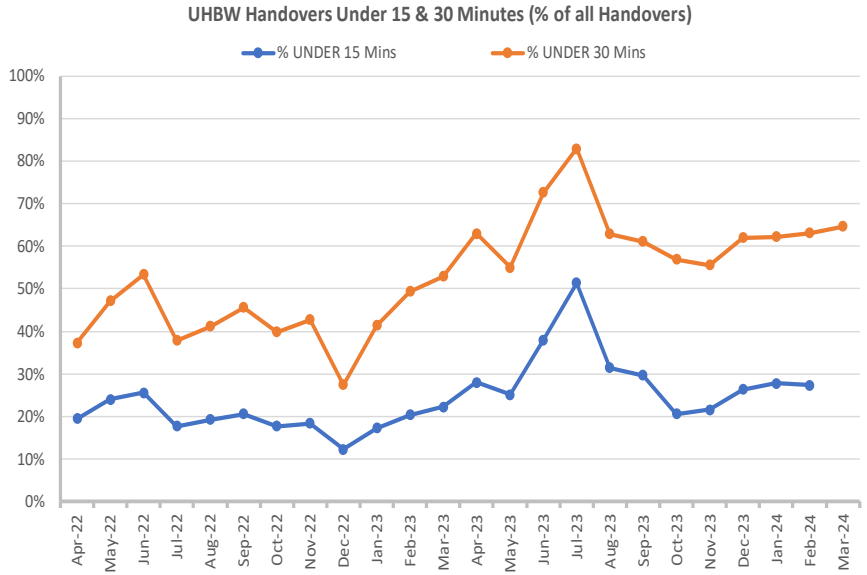
University Hospitals Bristol and Weston NHS Foundation Trust

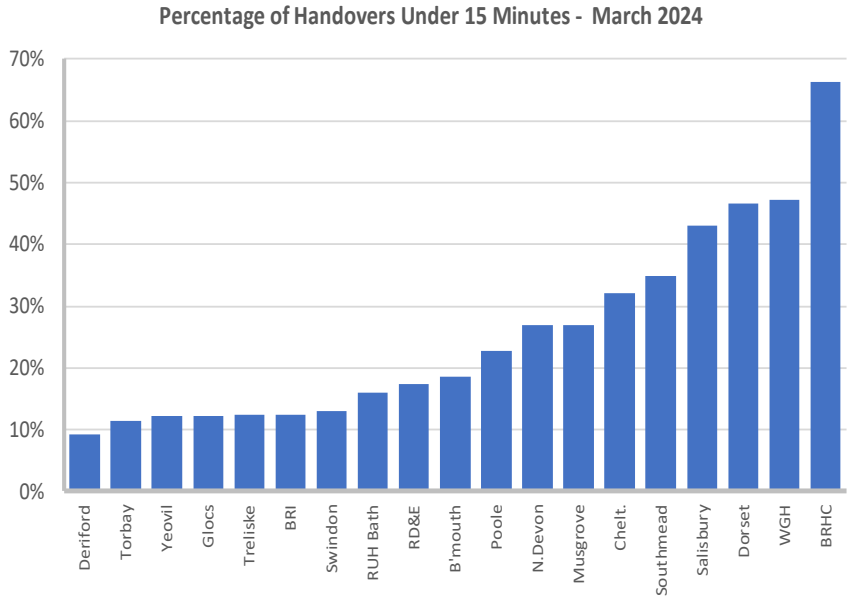
Reporting Month: March 2024

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

Ambulance Handovers

Mar-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	2,466	533	21.6%	1,248	50.6%	50.1	1,480
Bristol Children's Hospital	572	367	64.2%	511	89.3%	17.3	49
Weston General Hospital	940	467	49.7%	814	86.6%	20.3	115
UHBW Total	**3,978**	**1,367**	**34.4%**	**2,573**	**64.7%**	**38.3**	**1,644**





Integrated Quality and Performance Report

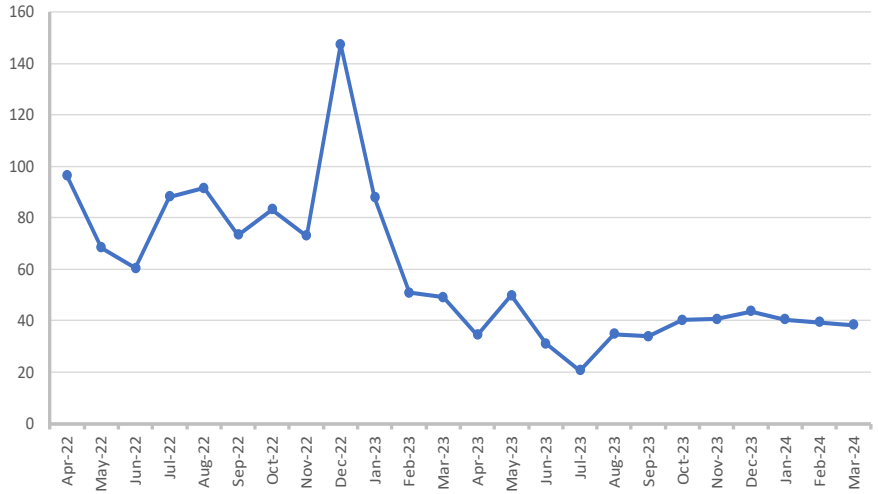
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

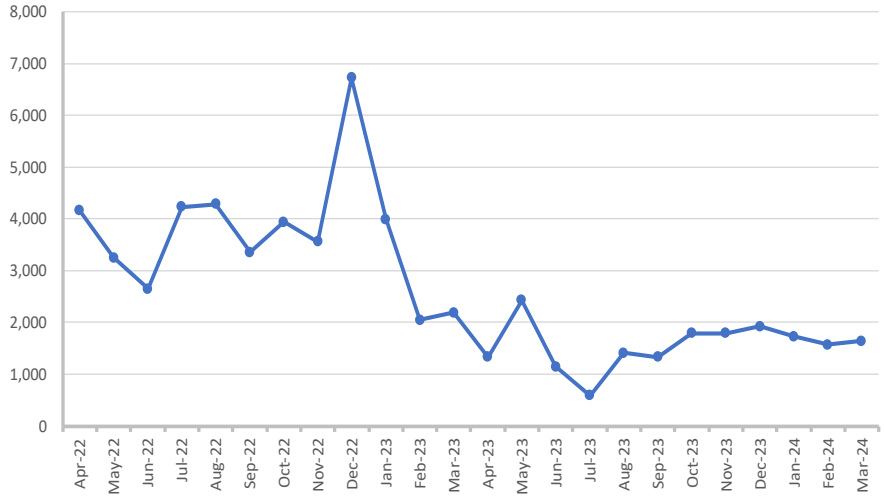
STANDARD **EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E**

Ambulance Handovers (continued)

Average Handover Time (Minutes)



Hours Lost: Handovers over 15 Minutes



Integrated Quality and Performance Report

Reporting Month: March 2024

STANDARD	EVERY MINUTE MATTERS
Background:	The Every Minute Matters (EMM) programme has four work streams. **1. Implementation of the SAFER bundle – including Estimated Date of Discharge EDD:** A bundle of principles that advocates best practice in optimising flow. It includes early senior review, flow of patients from admission units to downstream wards before 10am, timely discharges and daily review of all patients with a length of stay greater than seven days. **2. Proactive Board Rounds:** Focuses on implementing daily board rounds with a consistent structure that proactively progresses adult patients towards safe, timely discharge through effective multidisciplinary collaboration. **3. Criteria to Reside - Using the MCAP tool:** Comprises 11 nationally defined criteria to ensure patients who require acute care are in the most appropriate bed. The criteria identify where patients no longer require acute care and can be discharged safely to their home or within the community. MCAP is the digital system that determines whether a patient is in the right bed for their care, whether there is a delay in their pathway, and what their next care location should be. **4. Optimising use of the Discharge / Transition Lounge:** Optimising the use of the discharge lounge so that it is embedded as a routine part of the inpatient pathway - freeing acute beds early for new unplanned admissions and elective activity.
Performance:	1. Percentage of patients with a “timely discharge” (before 12 noon). March had 16.6% discharged before 12 noon (17.4% in February). 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. 2. Percentage of patients discharged via the BRI or Weston Discharge Lounges. In March 27.2% of eligible discharges went through the Weston or BRI Discharge Lounges, compared to 27.5% in February. This was 825 patients, averaging 41.3 patients per working day. a. BRI achieved 26.9%, with 602 patients. This averages to 30.1 patients per working day. b. Weston achieved 28.2% with 223 patients. This averages to 11.2 patients per working day. 3. At the end of March there were 144 No Criteria To Reside (NCTR) patients in hospital: 94 in Bristol and 63 in Weston. 4. During March, the daily average number of patients with no criteria reside was 157 (64 at Weston and 98 at Bristol). This is equivalent to saying 157 beds, on average, were occupied each day by NCTR patients. For March, the NCTR bed days occupied 17.6% of the total occupied bed days.

Integrated Quality and Performance Report

Reporting Month: March 2024

STANDARD	EVERY MINUTE MATTERS
Actions:	**Timely Discharge** **Key priorities for Every Minute Matters (EMM) programme include:** • Proactive Board Round (PBR) focus continues with PDSA (Plan-Do-Study-Act) cycles on Steepholm. As a Surgical ward with input from different speciality doctors, it is challenging to hold a daily board round so these PDSAs are exploring how the outcomes can be achieved by working with the speciality teams during their ward rounds. Waterside (General Medicine) continues to use the revised standard process with drop-in observation visits validating the ongoing work. • The revised standard PBR process has now been rolled out on C808 (Respiratory ward) as the Medicine pilot. Ward teams are finding the focus on allocated next actions useful for progressing patient care and discharge. • PDSA of the new board round clinical note has been included in the work on Steepholm and C808. • Criteria to Reside reporting: review of current process and alternatives underway with the aim of simplifying the reporting process where possible. • Increased medical engagement: EMM Consultant Clinical Lead joined the team with effect from April 1st. They will focus on supporting the work to improve board round outcomes. **Proactive Hospital Improvement Coach supported work:** • Active Hospitals: 'I CAN' posters rolled out on wards. Next steps for this programme are under review. • Weekend Baseline review: requests to include additional areas and teams are currently underway. This work will inform decisions about where improvement work should be focused to increase weekend discharges. • Discharge Lounge improvement group: current areas of focus include evaluation of new 24/7 operating model in Bristol; building on relationships; discharge lounge profiles with the aim to increase usage. Development of Discharge Lounge scorecard is now set up and in use • Ward Standard Operating Procedures collated and streamlined for all Weston wards. BRI wards are all now under-way • Criteria Led Discharge (CLD): support continues to be in place for Divisional rollout. Take-up of CLD is currently slow and will need time to embed • Discharge checklist: note went live from April 3rd with communication and education support from the Practice Education Facilitator team

Integrated Quality and Performance Report

Reporting Month: March 2024

STANDARD	EVERY MINUTE MATTERS

Actions (continued):	**No Criteria To Reside (NCTR) and Transfer of Care Hub (ToCH)**
	Applying the methodology of continuous improvement, the Transfer of Care Hubs are working on a number of core principles which align with the Every Minute Matters principle of respecting patients' time. This includes actions to reduce the number of people waiting in hospital for onward care, and the number of days they are delayed for:
	• Reduction in NCTR length of stay (particularly for the longest waiting patients), through weekly multi-disciplinary team (MDT) escalation reviews.
	• Establishing two Transfer of Care Hubs with system partners at BRI and Weston;
	  • WGH Transfer of Care Hub location still to be established, provisional date May 2024
	  • Recruitment of acute staff continues with a number of vacancies at BRI Transfer of Care Hub
	  • Bristol City Council fully recruited
	  • Sirona recruitment ongoing at WGH, with Sirona still to establish a 7-day working model
	  • North Somerset Council have gaps but recruitment is underway
	  • Voluntary Sector supporting at both Transfer of Care Hub
	• A significant focus on the Transfer of Care Hubs is on transformation and improvement, with the following initiatives underway:
	  • Delivering board round quality assurance and coaching and support to Home First Team. Education Facilitator to support training and development of the team, with a specific focus on ward-based staff to ensure discharges are being progressed in a timely manner; escalating where appropriate
	  • Developing and implementing an action plan to support the 25% reduction in LOS and 40% shift in non-ideal discharge pathways. This will include a focus on earlier in the day discharges, targeting 33% before 12:00PM and timeliness of submission of referrals (Transfer of Care forms) - Target for 70% of Transfer of Care forms to be completed and submitted same day by 13:00pm.
	  • Continuing to support acute flow by commissioning additional bridging capacity in Pathway 1 and block spot purchased beds on Pathways 2 and 3. Additionally, night sitting is in place to support more patients being able to return home.
	  • Further PDSA cycles of the navigation process, taking learning from the recent UHBW event at Weston and NBT event at Southmead – the aim is to engender a "home first" approach across all teams and reduce reliance on bed-based acre on discharge.
	  • Embedding a process to use case studies with partners to learn and to develop new ways of working to improve our processes. For example, developing a Standard Operating Procedure for self-funding patients.
	  • Developing locally agreed discharge codes with NBT which map to national codes to provide more granularity for reporting processes and to support ongoing commissioning.

Risks:	Strategic Risk 423: Risk that demand for inpatient admission exceeds available bed capacity. 6789 and 6788: Risk that the Weston Transfer of Care Hub team will not be able to be co-located in a shared space, sufficient to meet the needs. 6874: Risk that ways of working are not changed ToCH partners will operate in silo impeding the team's ability to discharge patients.

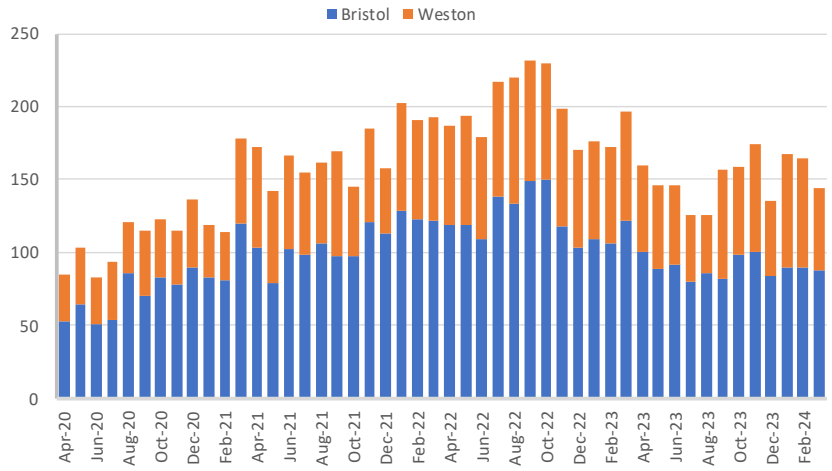
Integrated Quality and Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

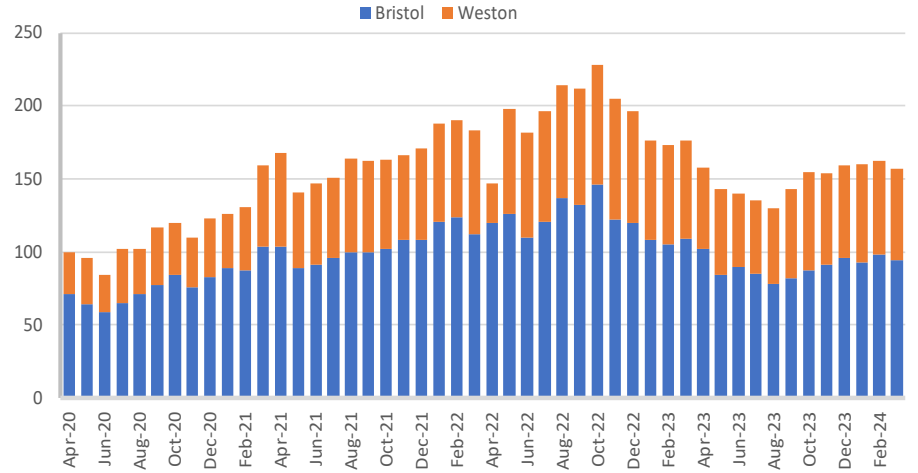
Reporting Month: March 2024

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

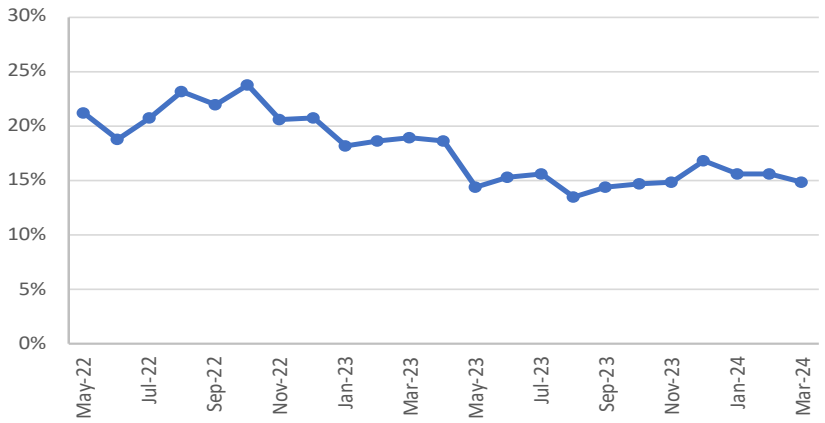
Number of Patients - Last Thursday in the Month



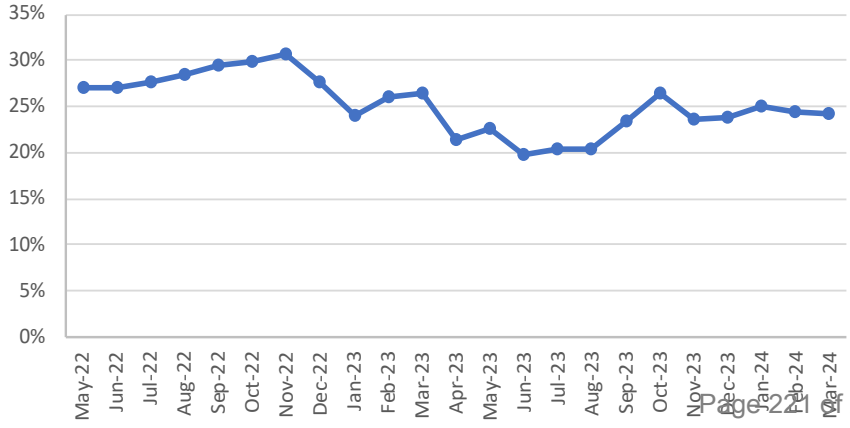
Average Number of Beds Occupied by NCTR Patients



NCTR Beddays as Percentage of All Beddays - Bristol



NCTR Beddays as Percentage of All Beddays - Weston



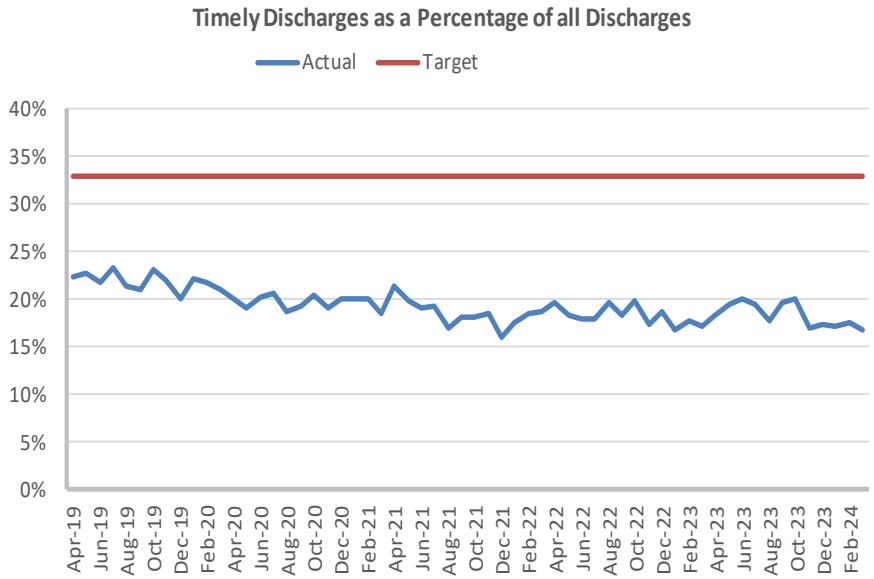
Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

STANDARD **EVERY MINUTE MATTERS - TIMELY DISCHARGE**

Timely Discharge (Before 12 Noon)



Summary of High Volume Specialties - March 2024

	Total Discharges	% Before Noon
Cardiac Surgery	106	11.3%
Cardiology	337	15.1%
Clinical Oncology	82	14.6%
Colorectal Surgery	99	10.1%
ENT	128	10.9%
Gastroenterology	91	24.2%
General Medicine	622	21.7%
General Surgery	226	9.3%
Geriatric Medicine	293	30.4%
Gynaecology	158	10.8%
Ophthalmology	81	42.0%
Paediatric Surgery	87	20.7%
Paediatrics	247	10.9%
Thoracic Medicine	177	10.7%
Trauma & Orthopaedics	213	28.6%
Upper GI Surgery	48	16.7%
UHBW TOTAL	**4,230**	**16.6%**

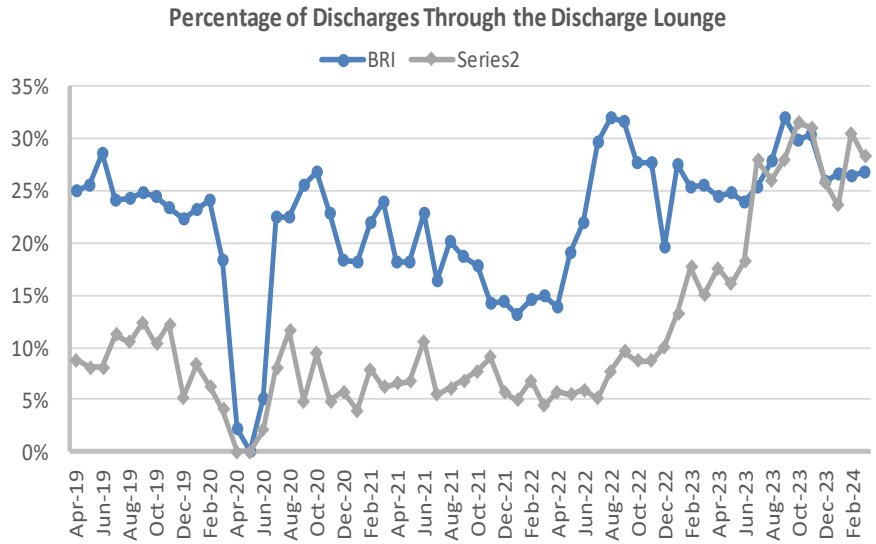
Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

STANDARD **EVERY MINUTE MATTERS - TIMELY DISCHARGE**

Discharge Lounge Use Summary



Summary of High Volume Specialties - March 2024

	BRI	WGH	TOTAL
Accident & Emergency	5.5%	0.0%	4.4%
Cardiac Surgery	75.7%	-	75.7%
Cardiology	44.0%	41.7%	44.0%
Colorectal Surgery	23.1%	37.5%	24.2%
ENT	4.8%	-	4.8%
Gastroenterology	15.1%	32.4%	21.8%
General Medicine	24.5%	29.1%	27.1%
General Surgery	11.9%	35.0%	18.7%
Geriatric Medicine	49.3%	31.2%	44.6%
Hepatobiliary and Pancreatic Surgery	33.3%	-	33.3%
Maxillo Facial Surgery	5.7%	-	5.7%
Thoracic Medicine	24.6%	24.0%	24.4%
Thoracic Surgery	9.9%	-	9.9%
Trauma & Orthopaedics	21.7%	42.0%	30.9%
Upper GI Surgery	38.9%	11.1%	33.3%
UHBW TOTAL	**26.9%**	**28.2%**	**27.2%**

Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

2023/24 Full Year Income & Expenditure Position	• Net I&E surplus of £41k against a breakeven plan (excluding technical items). • Total operating income is £76,962k favourable to plan due to higher than planned income from activities of £57,086k and higher than planned other operating income of £19,876k. • Operating expenses are £108,220k adverse to plan due to higher pay expenditure (£48,512k) and non-pay expenditure (£59,708k). Depreciation is in line with plan. • Financing items are £2,382k favourable to plan mainly due to interest receivable. • The impact of industrial action has been funded by NHSE.
Key Financial Issues	• *Recurrent savings delivery below plan* – Internal YTD CIP delivery is £20,309k or 106% of plan, of which recurrent savings are £8,347k, 43% of plan. • *Delivery of elective activity recovery below plan* – Value of elective activity is £17.1m behind plan at the end of 2023/24, deteriorating a further £3.2m in March. Of the £17.1m, c£5.7m relates to the estimated impact of industrial action. • *Corporate mitigations not delivered in full* – non-recurrent mitigations were delivered as planned to support the £41k surplus and achieve the financial plan.
Strategic Risks	• Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the Full Business Case (FBC) during quarter 1 2024/25; • Understanding the operational risks and mitigations associated with the Trust's legacy estate and how the CDEL limit and system prioritisation restricts future strategic capital investment – pending completion of the ICB and Trust 2024/25 capital plan in April 2024; • Understanding the implications of the Trust's recurrent revenue deficit. The recurring revenue deficit is c£75m at 31st March 2024.

Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

Trust Year to Date Financial Position

	Month 12			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	88,233	101,323	13,090	1,029,177	1,086,263	57,086
Other Operating Income	8,418	13,672	5,254	105,279	125,155	19,876
Total Operating Income	**96,651**	**114,995**	**18,344**	**1,134,456**	**1,211,418**	**76,962**
Employee Expenses	(46,472)	(61,112)	(14,640)	(670,688)	(719,200)	(48,512)
Other Operating Expenses	(35,159)	(59,355)	(24,196)	(414,953)	(474,841)	(59,888)
Depreciation (owned & leased)	(3,391)	(3,334)	57	(39,578)	(39,398)	180
Total Operating Expenditure	**(85,022)**	**(123,801)**	**(38,779)**	**(1,125,219)**	**(1,233,439)**	**(108,220)**
PDC	(1,040)	(1,320)	(280)	(12,447)	(13,695)	(1,248)
Interest Payable	(221)	(202)	19	(2,652)	(2,748)	(96)
Interest Receivable	250	501	251	3,000	6,839	3,839
Other Gains/(Losses)	0	(30)	(30)	0	(113)	(113)
Net Surplus/(Deficit) inc technicals	**10,618**	**(9,857)**	**(20,475)**	**(2,862)**	**(31,737)**	**(28,875)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	239	20,672	20,433	2,862	31,778	28,916
Net Surplus/(Deficit) exc technicals	**10,857**	**10,815**	**(42)**	**0**	**41**	**41**

Key Facts:

- The position at the end of March is a net surplus of £41k against a breakeven plan. The favourable position is an improvement of £10,845k from last month due to additional funding in March.
- Significant variances in the year-to-date position include: the value of elective income behind plan by £17,100k (of which £5,684k relates to the impact of industrial action); £5,975k shortfall on savings delivery; better than planned interest receivable income of £3,839k; and additional operating income of £19,876k.
- In 2023/24 the Trust has spent £7,232k on costs associated with Internationally Educated Nurses (IENs).
- Pay expenditure in March is £774k lower than February at £61,112k.
- Agency expenditure in month is £1,946k, compared with £1,835k in February. Bank expenditure in month is £4,863k, compared with £4,292k in February.
- YTD, pay expenditure is £48,512k above plan, mainly due to a significantly higher than planned number of substantive staff in post, higher than planned bank and agency spend combined and impact of industrial action.
- Total operating income is £76,962k higher than plan YTD as result of an increase to the block element of Aligned Payment Incentive (API) contract income and additional income from commissioners including income received from Health Education England (HEE), income to cover the costs of industrial action and services provided to other organisations.
- The financial position of the divisions shows a deterioration of £623k in March, to a YTD overspend against budget of £12,860k or 1.3%. All industrial actions costs are now funded in Divisions.
- The most significant variances to budget are in Surgery (£4,171k), Women's & Children's (£4,343k) and Diagnostics & Therapies (£2,264k).

Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: February 2024

STANDARD	HEALTH INEQUALITIES (RTT/DNA/Patient Experience)
Background:	In 2021, the Trust commissioned an independent baseline review of its approach to tacking health inequalities for patients and communities from a leading public health consultancy. The report and recommendations that followed were approved by Trust Board in 2022. These recommendations included establishing a clear Health Equity governance structure, developing a Health Equity strategic plan and to improve the recording and analysis of patient data to drive decision making. In March 2023, the QOC approved the UHBW Health Equity Delivery Plan 2023/24 to 2024/25, the implementation of which is overseen by Health Equity Delivery Group (HEDG), chaired by the Trust's Deputy Medical Director. Integration and visibility of health inequalities data into IQPR is a key objective in the plan. This first iteration of reporting to IQPR included a view of average RTT wait, DNA rates and patient experience by disability status and ethnicity group. Disability and ethnicity were chosen because of the well evidenced health inequalities experienced in these communities as well as key areas of focus at a national, regional and local ICS level. The report has updated to incorporate a deprivation analysis and patient survey data and has been shared with the HEDG. .
Performance:	• The recording of disability within the electronic patient record (Careflow) is captured through 'alerts' on the system. • Those with one or more alert of any type recorded on Careflow had a DNA rate of 7.9% compared to 6.5% with no alert. • Those with at least one Mental Health alert had a DNA rate double those with no alert (13.0% compared to 6.5%). • Those with at least one Learning Disability and Autism alert had an average wait of 20.15 weeks, compared to those with no alert at 18.81 and Trust average at 18.79. • The White ethnic group has the lowest DNA rate, which at 6.1%, is nearly half the rate for the Black ethnic group (11.7%). • The Mixed ethnic group has the highest percentage of 52+ week pathways (4.6%) as well as the highest average wait (19.46 week compared to trust average of 18.79).
Data Quality:	• All graphs depict pathways/attendances; some patients will have more than one pathway/attendance. • Patients grouped according to the first term in their ethnic group classification e.g. 'Black or Black British - African' grouped as 'Black' for these purposes, whilst 'Mixed - White and Black African' grouped as 'Mixed'. • 73.7% of total pathways in this period have ethnicity recorded. • 'Not Stated' in this data includes National code Z, used where the person should have been given the opportunity to state their Ethnic Category but chosen not to, as well as default code 99, used where the person's Ethnic Category has not been recorded, as well as code X, 'No Data'. • Alerts are not compulsory fields; absence of an alert does not mean absence of a disability. Based on the prevalence of particular disabilities in society, we know that these are under-represented in the Careflow data. *....continued over page*

Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

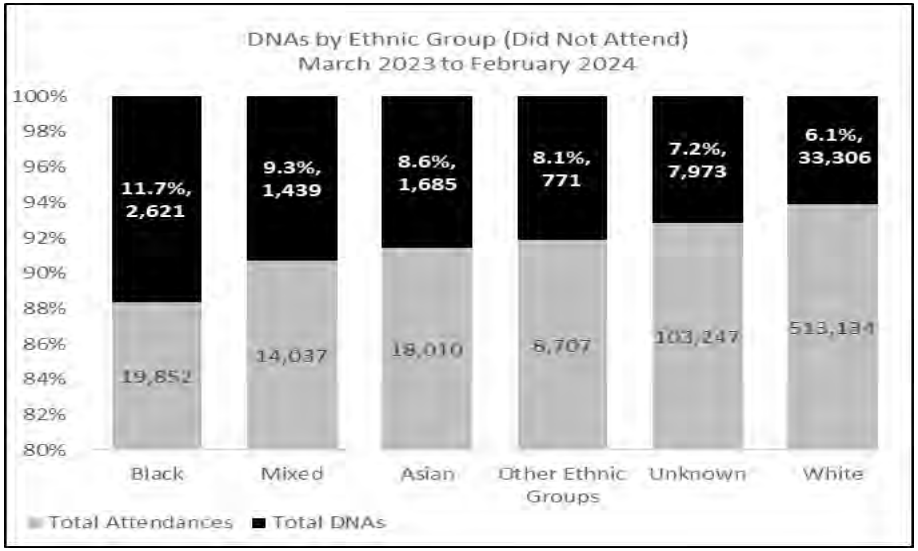
Reporting Month: February 2024

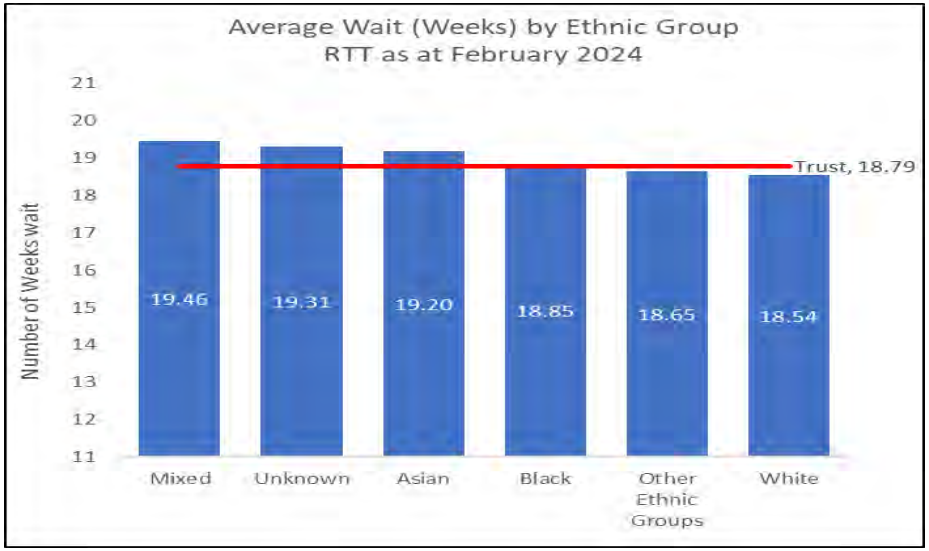
STANDARD	HEALTH INEQUALITIES (RTT/DNA/Patient Experience)
Data Quality (continued):	• There were 2,125 DNAs with one or more alert, but 2429 DNAs across the alert groups, as 304 patients had an alert in more than one group. This is not the same figure as the total DNAs with alerts, which includes more than one alert in each category and sums to 2998.

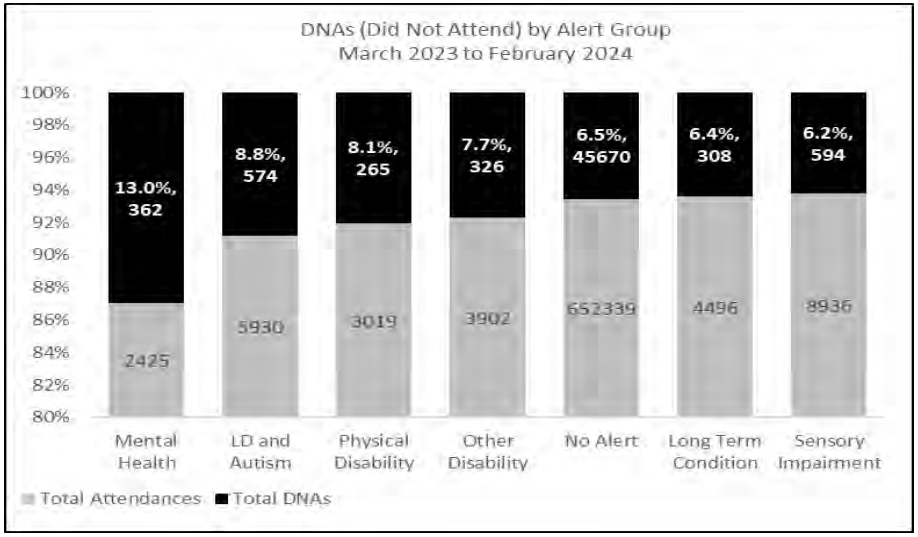
Actions:	There is a significant and broad programme of work underway at UHBW and with the system, including:
	• Joint project with NBT to reduce DNA rates in the Black, Asian and Minority Ethnic communities in Cardiology services (as a proof of concept to apply to other specialities)
	• A new A3 thinking project has been established to improve access to translation and interpreting services supported the Continuous Improvement team which will improve our internal booking processes. In tandem, the procurement for external interpreting suppliers is underway with new contacts in place by end of Q1 2024/25.
	• Ongoing delivery of the Accessible Information Standard implementation plan (overseen by HEDG), thereby improving access and outcomes for patients with a disability and/or sensory loss
	• UHBW is an active partner in the BNSSG Health Inequalities Elective Recovery Working Group which has a current focus on narrowing inequalities for people with Learning Disability, Autistic people and people experiencing homelessness.
	• Established 'Waiting Well' programme to improve the experience for patients waiting for care and treatment which has been a Trust corporate Quality priority since April 2022
	• Power BI Waiting List Dashboard development that segments by protected characteristics and Indices of Multiple Deprivation (IMD) and is filterable by Division and Specialty
	• UHBW has four projects in development aligned to the NHSE Core20Plus5 framework as well as the Patient First priority to understand and improve the experience for marginalised communities
	  • Improving access, experience and outcomes in Maternity services with a focus on ethnicity
	  • Improving oral health with children and young people
	  • Early cancer screening and access to information for seldom heard communities
	  • Improving awareness and support in asthma care for children and young people
	• Reviewing how the Trust can improve completeness of patient data with an initial focus on ethnicity recording together with system partners.
	• IMD segmentation will be included in the February update to IQPR.

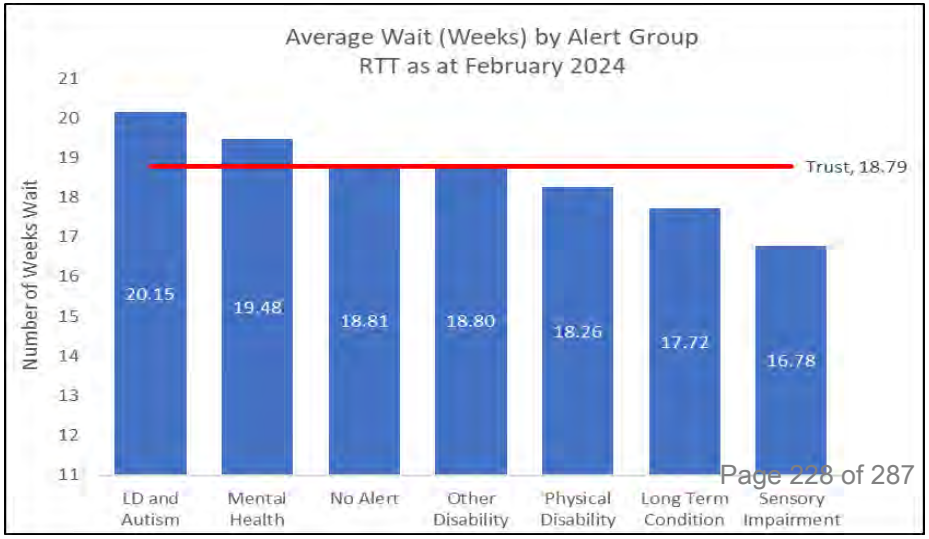
Reporting Month: February 2024

STANDARD **HEALTH INEQUALITIES (RTT/DNA) – Ethnicity and Disability**









Integrated Quality and Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: February 2024

STANDARD HEALTH INEQUALITIES (RTT/DNA) – Ethnicity and Disability

DNA

Ethnic Group	DNAs	Attendances	Total Scheduled	DNA Rate
Black	2,621	19,852	22,473	11.7%
Mixed	1,439	14,037	15,476	9.3%
Asian	1,685	18,010	19,695	8.6%
Other Ethnic Groups	771	8,707	9,478	8.1%
Unknown	7,973	103,247	111,220	7.2%
White	33,306	513,134	546,440	6.1%
Total	**47,795**	**676,987**	**724,782**	**6.6%**

Alert	DNAs	Attendances	Total Scheduled	DNA Rate
Mental Health	362	2,425	2,787	13.0%
LD and Autism	574	5,930	6,504	8.8%
Physical Disability	265	3,019	3,284	8.1%
Other Disability	326	3,902	4,228	7.7%
No Alert	45,670	652,339	698,009	6.5%
Sensory Impairment	594	8,936	9,530	6.2%
Long Term Condition	308	4,496	4,804	6.4%
One or more alert	2,125	24,648	26,773	7.9%
Total	**47,795**	**676,987**	**724,782**	**6.6%**

RTT

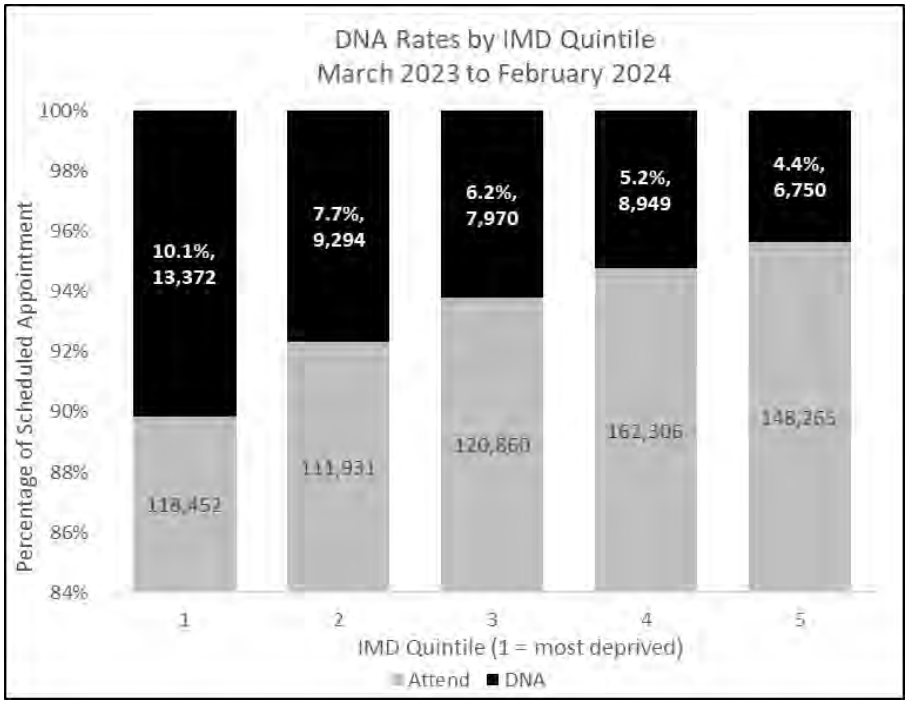
Ethnic Group	Average Wait (Weeks)	Total 52+ Week Pathways	Total Pathways	% of 52+ Week Pathways
Mixed	19.46	55	1,200	4.6%
Unknown	19.31	657	15,816	4.2%
Asian	19.20	66	1,457	4.5%
Black	18.85	54	1,552	3.5%
Other Ethnic Groups	18.65	27	810	3.3%
White	18.54	1,499	39,298	3.8%
Trust Total	**18.79**	**2,358**	**60,133**	**3.9%**

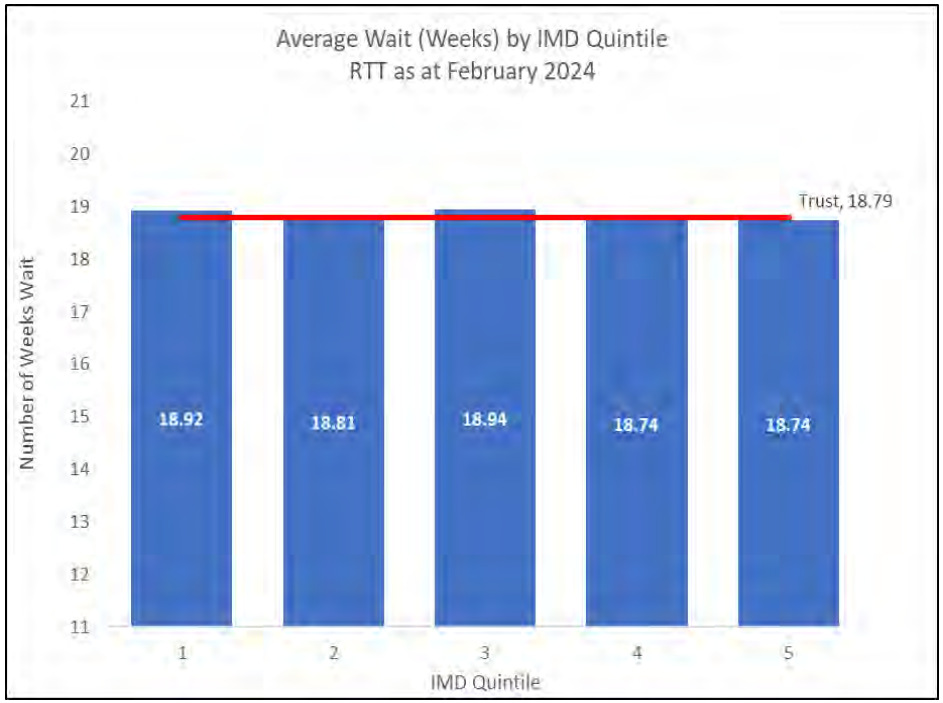
Alert	Average Wait (Weeks)	Total 52+ Week Pathways	Total Pathways	% of 52+ Week Pathways
LD and Autism	20.15	26	421	6.2%
Mental Health	19.48	11	188	5.9%
No Alert	18.81	2,292	58,651	3.9%
Other Disability	18.80	11	234	4.7%
Physical Disability	18.26	4	174	2.3%
Long Term Condition	17.72	10	284	3.5%
Sensory Impairment	16.78	18	445	4.0%
One or more alert	18.12	66	1,482	4.5%
Trust Total	**18.79**	**2,358**	**60,133**	**3.9%**

Integrated Quality and Performance Report

Reporting Month: February 2024

STANDARD **HEALTH INEQUALITIES (RTT/DNA) – Deprivation**





12-month data set made up of 724,782 records; of these:

- 97.71% have been allocated to quintiles (as depicted in graph).
- 2.25% of postcodes are unmatched (not found in dataset). These are not included in the graph.
- 0.05% are allocated to Z codes (e.g. other countries/no fixed address. These are not included in the graph.

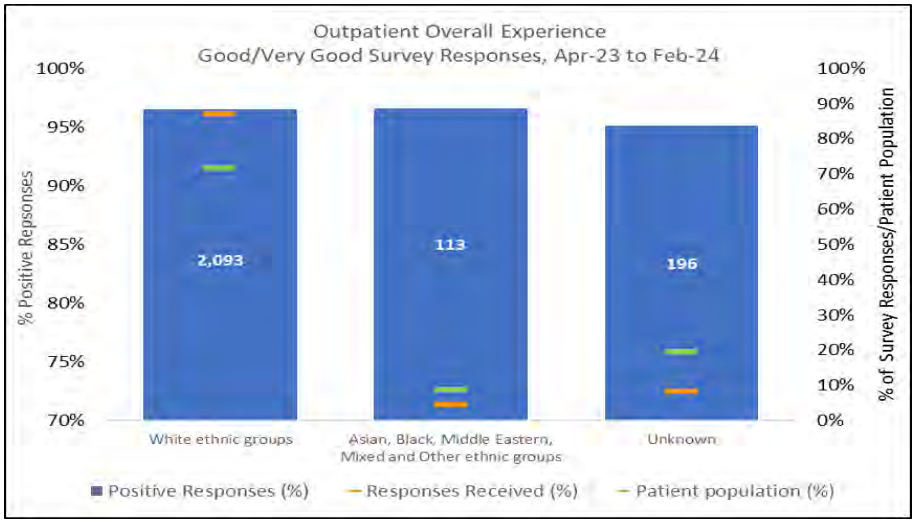
Indices of multiple deprivation (IMD) is a measure of relative deprivation for small, fixed geographic areas of the UK. These areas have been classified into deciles and quintiles based on relative disadvantage, with decile/quintile 1 being the most deprived and decile 10/quintile 5 being the least deprived.

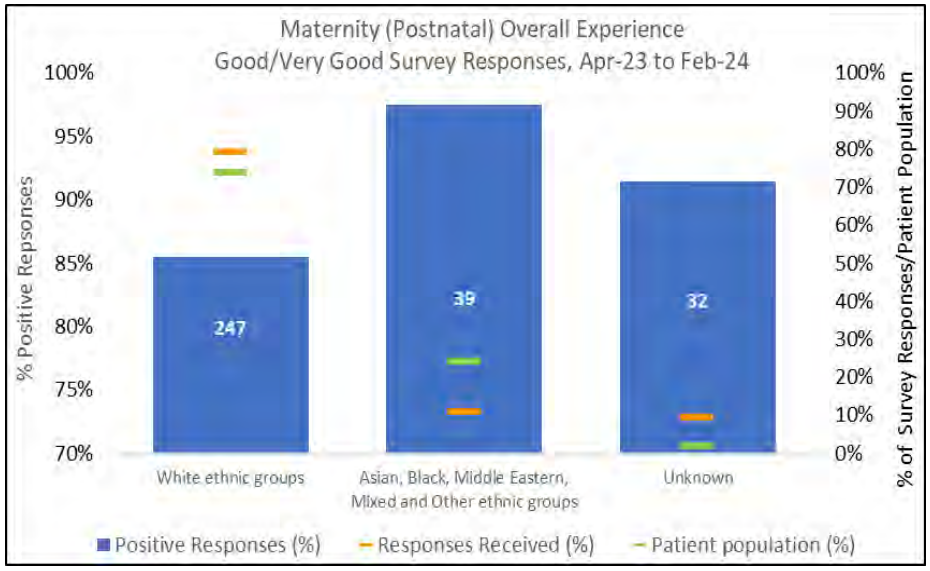
Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: February 2024

STANDARD HEALTH INEQUALITIES (PATIENT MONTHLY SURVEYS) – Ethnicity





	Survey Response % Apr-23 to Feb-24			Patient Population 2023/24 YTD		
Ethnic Group	Inpatient	Outpatient	Maternity	Inpatient	Outpatient	Maternity
White	86.8%	87.0%	79.4%	76.1%	71.6%	73.8%
Black	0.4%	0.3%	0.8%	3.0%	2.8%	7.8%
Asian	1.2%	0.9%	3.6%	2.9%	2.6%	7.5%
Mixed	3.2%	3.2%	5.2%	2.1%	2.1%	5.9%
Other ethnic groups	0.1%	0.3%	1.4%	1.5%	1.3%	2.9%
Unknown	8.3%	8.3%	9.6%	14.4%	19.5%	2.1%

Red cells do not have a survey response percentage that is representative of the patient population noted.

a) **Positive Responses (%)** are the percentage of responses for each group that were positive (Good or Very Good responses per group / all responses per group).

b) **Responses Received (%)** are the percentage of responses received from each group (number of responses per group / all responses received).

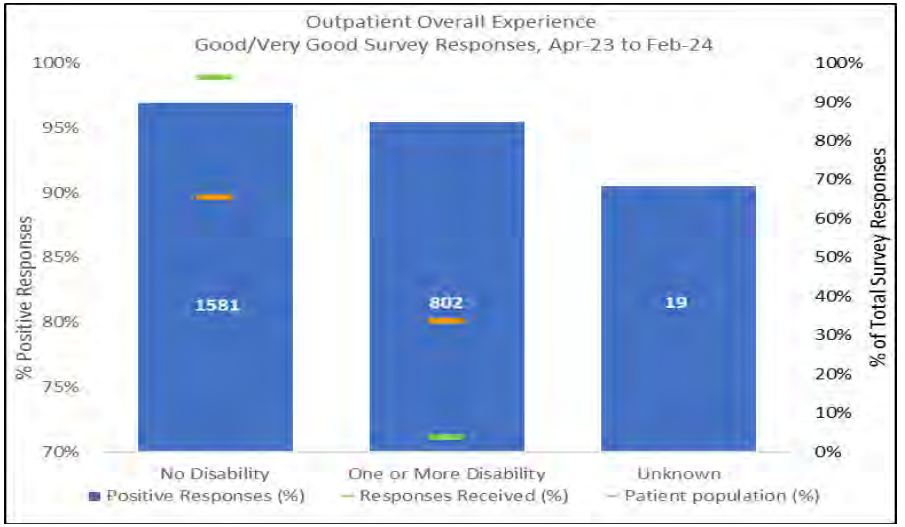
c) **Patient Population (%)** are the percentage of patients from each group attending UHBW i.e. the approximate percentage needed for (b) to be representative.

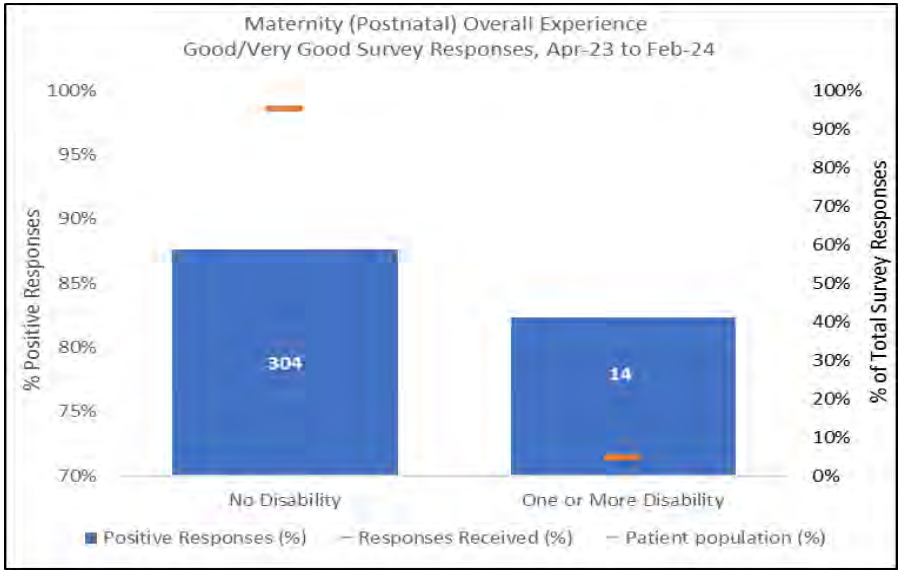
Integrated Quality and Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: February 2024

STANDARD **HEALTH INEQUALITIES (PATIENT MONTHLY SURVEYS) – Disability**





	Survey Response % Apr-23 to Feb-24		
	Inpatient	Outpatient	Maternity
No disability	63.0%	65.4%	95.3%
One or more disability	34.7%	33.7%	4.7%
Unknown	2.3%	0.8%	0.0%

Red cells do not have a survey response percentage that is representative of the patient population noted.

	Patient Population 2023/24 YTD		
	Inpatient	Outpatient	Maternity
No disability	TBC	96.3%	TBC
One or more disability	TBC	3.7%	TBC
Unknown	TBC	n/a	TBC

a) **Positive Responses (%)** are the percentage of responses for each group that were positive (Good or Very Good responses per group / all responses per group).

b) **Responses Received (%)** are the percentage of responses received from each group (number of responses per group / all responses received).

c) **Patient Population (%)** are the percentage of patients from each group attending UHBW i.e. the approximate percentage needed for (b) to be representative.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board in Public on Tuesday 14th May 2024

Report Title	**Maternity Serious Incidents (by Exception), March 2024**
Report Author	**Sarah Windfeld, Director of Midwifery and Nursing** **Jo Mockler, Quality and Patient Safety Manager**
Executive Lead	**Deirdre Fowler Chief Nurse and Midwife**

1. Purpose

This report provides the board monthly

oversight with regards to all moderate harm or above incidents, and any incidents which meet the criteria to be referred to the Maternity and Newborn Safety Investigations programme (MNSI – previously HSIB) and/or NHSR Early Notification Scheme.

2. Key points to note *(Including any previous decisions taken)*

With effect from the 1st of October 2023, HSIB have transformed to become the Health Services Safety Investigations Body (HSSIB). As part of this transformation, the maternity investigations programme has moved to be hosted by the Care Quality Commission (CQC). Moving forward this programme will be known as the Maternity and Newborn Safety Investigations (MNSI) programme.

MNSI(HSIB) cases:

3 x finalised MNSI investigation reports received during March 2024

No new MNSI referral during March 2024

No ongoing MNSI investigations

3. Strategic Alignment

This report forms part of the divisional reporting requirement which supports the delivery of safer maternity care. This reflects the Trusts priority of Patient Safety within the Patient First True North Strategy.

4. Risks and Opportunities

Oversight of maternity serious incidents allows the opportunity to identify recurrent trends/themes, which in turn provides an opportunity to implement system changes and reduce patient harm.

5. Recommendation
This report is for **Information** Board is asked to note this report for information.
6. History of the paper **Please include details of where paper has <u>previously</u> been received.**
N/A

Maternity Serious Incidents (by Exception) March 2024

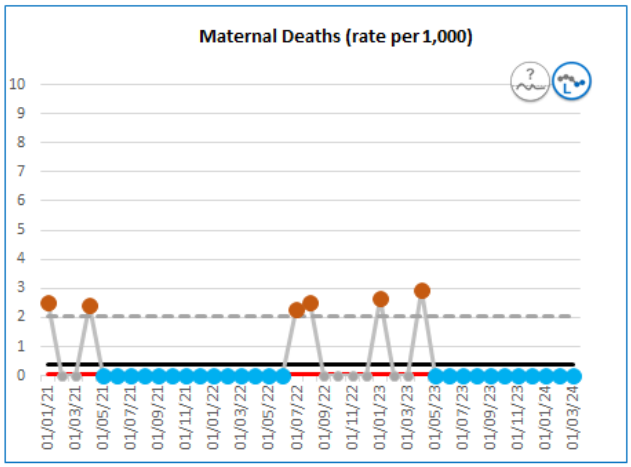
1. Purpose

This report provides the board monthly oversight with regards to all moderate harm or above incidents, and any incidents which meet the criteria to be referred to MNSI (previously HSIB) and/or NHSR Early Notification Scheme.

This report is a standing agenda item and forms part of the divisional reporting requirement which supports the delivery of safer maternity care. This reflects the Trusts priority of Patient Safety within the Patient First True North Strategy.

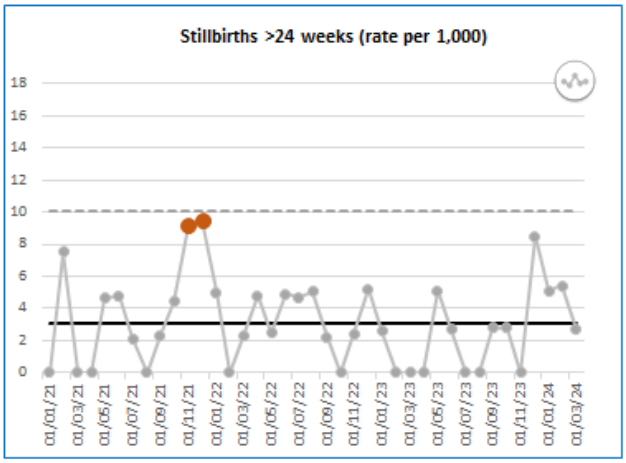
2. Mortality Oversight

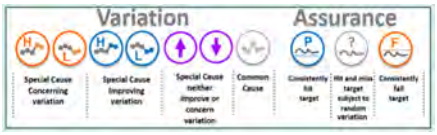
2.1 Maternal Deaths



There were no maternal deaths during March 2024.

2.2 Stillbirths





There was 1 stillbirth reported in March, this involved:

D-249917 - Antenatal stillbirth at 35+1 weeks. Presented with a history of reduced fetal movements (RFM) but had not accessed any leaflets on BadgerNet. Mother of South East Asian origin, first language not documented. Interpretation services not utilised during pregnancy, no documentation regarding communication needs (if any).

QPST Initial response:
The QPS team have commenced undertaking two baseline audits to evaluate whether women are accessing the patient information leaflets within BadgerNet, and in particular the 'Feeling your Baby Move' leaflet.
Audit A - the first cohort (A) will review all the women who delivered their baby in the week commencing 12/02/2024 (Mixed Handheld records and BadgerNet)
Audit B - the second cohort (B) will review all women who booked in the week commencing 01/10/2023 (BadgerNet notes only).

Audit A completed, 84 pregnancies reviewed:
81% of women completed the registration for Badger Notes
38.1% of women have accessed one of more patient leaflet via Badger Notes
4.8% of women have accessed the 'Feeling your Baby Move' leaflet via the app

Of note: English was not the first language for 9 of these women, and of these 6 had not registered for Badger Notes.

Audit B completed, 78 pregnancies reviewed:
89.7% of women completed the registration for Badger Notes
43.6% of women have accessed one or more patient leaflet via Badger Notes
5.1% of women have accessed the 'Feeling your Baby Move' leaflet via the app

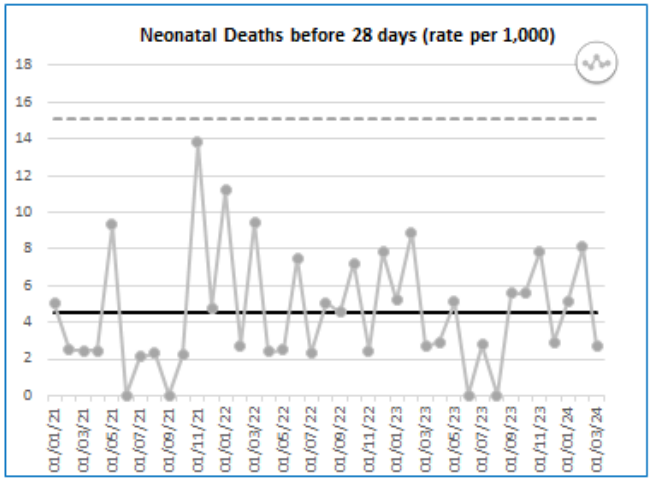
Of note: English was not the first language for 9 of these women, and of these 3 had not registered for Badger Notes.

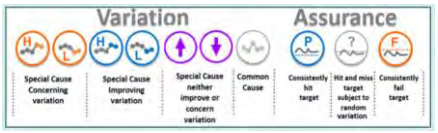
Saving Babies Lives version 3 (SBLV3) requires that a discussion regarding RFM is conducted and clearly documented for all expectant mothers, in addition this discussion should be accompanied by an advice leaflet on RFM. This should be completed by the 28th week of pregnancy.

Concerns that we are currently unable to assure that all women have accessed this information during pregnancy was raised for discussion during Women's Governance Meeting (April 2024), this topic has also been discussed during April's Women's Patient Experience Group. Suggestion as to whether funding for MAMA Wellbeing Wallets could be sourced (subject to funding) to ensure all Women are provided with printed advice on situations where they should seek urgent advice (such as RFM). Providing a wellbeing wallet such as this would also ensure that all patient printed material, such as CTG and ultrasound reports could be carried safely.

A detailed case review of this mother's clinical care will be completed as part of the PMRT process.

2.3 Neonatal Deaths (occurring before 28 completed days)



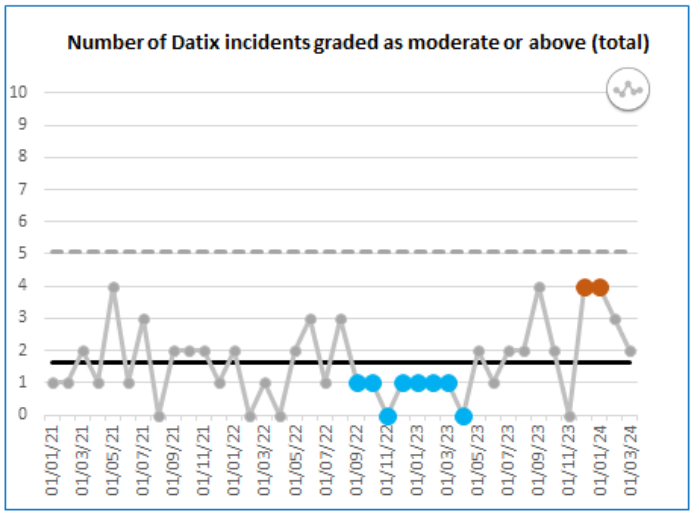


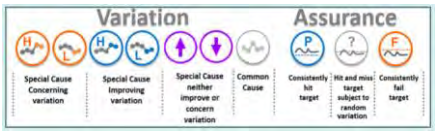
There was 1 neonatal death reported in March, this involved:

T-8863817 – Baby born at 38+4 weeks gestation (outborn). Baby readmitted to delivering unit at 14 days of age with a history of cough and coryza. The Baby initially responded well to treatment prior to their condition deteriorating, with increased work of breathing and recurrent episodes of apnoea noted. WATCH transfer from YDH to PICU (BCH) at 18 days of age with bronchiolitis. PCR result identified as positive for Bordetella pertussis, further deterioration of baby – ECMO considered but ultimately considered not appropriate. Following discussions with the family decision made to move to palliative extubate. RIP at 20 days of age.

QPST Initial response:
MDT case review via PMRT review planned.

3. All moderate harm or above incidents





There were 2 incidents meeting the criteria of moderate harm (or above).

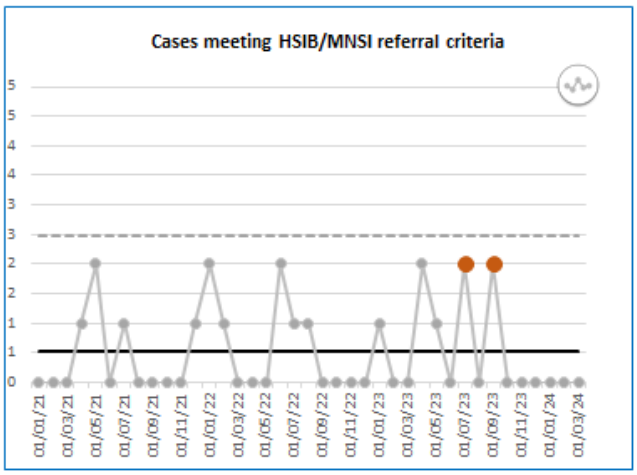
a.) **D-251763** – Maternal collapse at 35+2 weeks gestation & subsequent neonatal death (8 days of age (neonatal death occurred in April). Patient admitted at 35+1 weeks feeling generally unwell, reporting episodes of palpitations / SOB, poor obstetric history. Patient transferred to delivery suite at 03:30 hours as sudden deterioration in wellbeing, spontaneous rupture of membranes and fresh PV bleed. Decision for a category 1 caesarean section made at 03:34 hours.

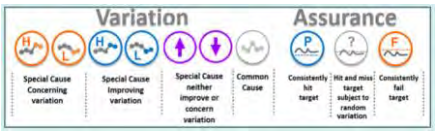
Suspected amniotic fluid embolism (AFE), Major haemorrhage (6,059ml), disseminated intravascular coagulation (DIC) and severe maternal acidosis. Following stabilisation the mother was transferred to ICU for post-operative care and baby transferred to NICU.

QPST Initial response**:**
Duty of candour completed, and MDT case review via PMRT planned.

b.) **D-249917** – see section 2.2 above.

4. Maternity & Newborn Safety Investigations (MNSI) Programme (previously the Healthcare Safety Investigation Branch (HSIB))





4.1 New MNSI referrals

Since September 2023 we have had no cases which have met the referral criteria for an MNSI investigation.

4.2 Ongoing MNSI investigations

There are no active MNSI investigations ongoing.

4.3 Finalised MNSI reports

a.) Final report for **MI-030250** Datix 213315 – Maternal Death

3 x Recommendations

- Trust B to ensure that any clinical observations shared as part of a telephone triage referral are captured contemporaneously and used to inform a mother's plan of care.

- To support holistic clinical assessments, Trust B to ensure clinical staff consider all symptoms that a mother presents with, ensures that reviews are not limited to one symptom specific triage card and undertake additional investigations as indicated.
- Trust B to ensure local systems and guidance support clinicians in recognising the significance of mothers experiencing new onset vomiting and nausea in the third trimester.

QPS Response:

Action planning meeting arranged and completed.

Actions identified and allocated.

Family tripartite meeting offered – not taken up by family at this time.

Case awaiting Coroner's Enquiry

b.) **Final report for MI-033191** Datix 229576 / Datix 229491 – HIE / Therapeutic Cooling

3 x Recommendations

- The Trust to ensure that telephone triage service is provided and staffed in a way to support independent, robust and consistent review, documentation, advice and care planning.
- The trust to ensure staff providing telephone triage advice are supported to engage with mothers, to fully understand and take account of their wishes as part of their individual care planning.
- The Trust to ensure that clinicians are supported to use CTG categorisation as part of the escalation, care planning and decision making when there are concerns regarding baby's heart rate monitoring.

QPS Response:

Action planning meeting arranged and completed.

Actions identified and allocated.

Family tripartite meeting offered – due to be completed in early May.

c.) **Final report for MI-033913** Datix 230673 Intrapartum Stillbirth

1 x Recommendation

- The Trust to ensure that when a mother has repeated contacts and admissions in the latent phase of labour, there is a holistic and individualised plan for her ongoing care.

QPS Response:

- Action planning meeting arranged and completed.
- Actions identified and allocated.
- Family tripartite meeting offered and completed in April.

5. Other incidents of interest

a.) **D-249273** pre-term birth of a 26 week infant on the antenatal ward

Initial learning around performing neonatal life support on the ward and location of resuscitaires and medical gas supply identified.

Plan: for AAR review– arranged for early May.

b.) **D-249746** –Significant postnatal haemorrhage
Significant PPH (6950ml) following forceps delivery and placental abruption.
Plan: No immediate care concerns identified, for MDT review within PPH Forum.

6. Recommendations

This report is for information.

University Hospitals Bristol and Weston NHS Foundation Trust

UHBW perinatal quality surveillance matrix

	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Year to date average	Trend
Antenatal Activity															
Number of women booked for maternity care		Data not routinely reported pre BadgerNet						423	444	368	473	411	383		
% of women booked before 13 weeks gestation								82.3%	82.9%	83.9%	83%	84.7%	84.3%		
% of women with an antenatal care pathway (consultant/midwife/shared) identifed at booking								80.4%	73.2%	64.4%	48.7%	50.6%	47.8%		
% of pregnancies where a risk status for FGR is identified and recorded at booking								96.5%	97.3%	98.4%	97.5%	96.8%	96.1%		
% of women with a smoking status recorded at booking								99.1%	99.5%	99.7%	99.2%	99.3%	99.5%		
% of women with a CO level recored at booking								90.5%	85.4%	90.5%	86%	91.7%	91.9%		
% of women recorded as a 'smoker' at booking								4.5%	8.7%	5.40%	7%	9.2%	5.5%		
of which a smoking referral was completed								84.2%	66.7%	75.0%	64.9%	57.9%	52.4%		
Number of women reaching 37 weeks gestation								338	348	381	366	340	328		
of which attended an antenatal /care contact between 35+0 and 36+6 weeks								310	307	233	344	312	307		
of which % of women with a smoking status recorded								48.5%	64.5%	70.6%	71.2%	84.8%	84.9%		
of which % of women with a CO level recorded								71.9%	78.8%	73.4%	70.9%	75.6%	79.5%		
Number of Triage Attendances								542	488	471	499	462	462		
of which % initial assessment completed within 15 mins								62.7%	65.0%	60.3%	68.1%	63.2%	66.9%		
Birth Activity															
Number of women who gave birth all gestations		337	385	362	351	365	345	355	373	353	391	367	376		
total number of registerable births (babies)		341	389	371	359	368	356	360	376	351	393	372	373		
total number of non-registerable births (babies)		Data not routinely reported pre BadgerNet						2	2	2	1	1	7		
Sets of Twins								5	3	3	3	6	4		
Sets of Triplets								0	0	0	0	0	0		
% of registerable births (babies) born in hospital								98.1%	97.3%	97.4%	97%	97.6%	97.6%		
% of registerable births (babies) born at home								1.4%	1.6%	1.7%	3%	1.1%	0.8%		
% of registerable births (babies) unintentionally born before arrival (BBA) at hospital								0.6%	1.1%	0.9%	0%	1.1%	1.6%		
Number of babies born alive at >=22 to 26+6 weeks gestation (for regional team LMNS)		0	2	2	2	1	5	0	1	2	2	2	2		
Number of babies born alive at >=24 to 36+6 weeks gestation (MBRRACE)		29	26	32	38	25	34	17	26	32	28	28	27		

Sepsis 6 Pathway - number of notes with amber trigger		Data not routinely reported pre BadgerNet						4	3	7	4	1	2		
Sepsis 6 Pathway - number of notes with red trigger								14	14	8	2	12	8		
of which action achieved within 1 hour								4	2	0	0	1	1		
Unassisted Birth rate %		51.3%	44.7%	43.9%	46.8%	40.2%	46.0%	47.2%	44.7%	47.3%	42.2%	45.4%	41.8%		
Assisted (Forceps/Ventouse) Birth rate %		13.5%	15.9%	15.4%	13.6%	16.0%	13.6%	11.0%	15.9%	13.6%	17.3%	11.0%	17.4%		
Caesarean Section rate (overall) %		33.4%	39.3%	40.7%	39.6%	43.8%	40.2%	41.7%	39.4%	38.8%	40.5%	43.5%	40.8%		
Elective Caesarean Section rate %		12.6%	18.0%	18.3%	15.3%	20.9%	18.8%	17.4%	17.3%	14.4%	20.9%	18.5%	19.6%		
Emergency Caesarean Section rate %		20.8%	21.3%	22.4%	24.2%	22.8%	21.4%	24.3%	22.1%	24.1%	19.6%	25.0%	21.2%		
of which % completed following failed instrumental delivery		Data not routinely reported pre BadgerNet						6.8%	4.1%	3.7%	1.9%	0.6%	2.0%		
number of Grade 1 EMCS delivered outside of 30 minutes	Target = 0							6	2	2	3	3	2		
number of Grade 2 EMCS delivered outside of 75 minutes	Target = 0							12	10	16	16	17	9		
Number of shoulder dystocias recorded (vaginal births)								12	5	7	9	4	7		
% of women with a high degree (3rd and 4th) tear recorded								2.2%	2.7%	1.4%	3.6%	2.5%	4.2%		
% of women with a retained placenta following birth requiring MROP								3.7%	1.6%	1.1%	1.3%	1.4%	1.3%		
% of women with a PPH 500-999mls								27.0%	24.9%	24.7%	20.0%	26.5%	28.1%		
% of women with a PPH 1000-1499mls								7.0%	7.5%	6.3%	8.5%	5.2%	5.7%		
% of women with a PPH 1500-1999mls								2.0%	2.9%	2.9%	4.1%	1.4%	2.2%		
% of women with a PPH 2000mls +								2.5%	1.6%	0.9%	0.3%	2.5%	1.1%		
Induction of Labour rate %		37.0%	32.6%	37.2%	40.1%	32.1%	30.7%	35.7%	36.2%	37.4%	34.5%	34.7%	31.6%		
Number of Inductions		Data not routinely reported pre BadgerNet						134	141	136	130	132	119		
of which were commenced on the planned (lower) IOL date or earlier								14.2%	20.6%	19.1%	10.8%	14.4%	19.3%		
of which did not have a booking form completed (unable to calculate delay)								15.7%	7.8%	8.1%	8.5%	5.3%	8.4%		
of which had a recorded delay - IOL commenced more than 24hours after the planned (lower) IOL date								70.1%	71.6%	72.8%	80.8%	80.3%	75.6%		
of which the mean (average) delay experience was								57.14 hours	43.97 hours	44.36 hours	45.07 hours	66.51 hours	50.71 hours		
of which experienced a delay of up to 24 hours								26.1%	22.7%	33.1%	25.4%	21.9%	27.7%		
of which expereienced a delay between 25 and 48 hours								14.9%	24.8%	13.2%	25.4%	15.9%	13.4%		
of which experienced a delay between 49 and 72 hours								6.7%	16.3%	8.1%	16.2%	12.1%	10.1%		
of which experenced a delay between 73 and 96 hours								7.5%	0.7%	10.3%	6.2%	7.5%	13.4%		
of which experencied a delay > 97 hours								14.9%	7.1%	8.1%	7.7%	22.7%	10.9%		

of which breached (upper) prioritisation IOL date		Data not routinely reported pre BadgerNet						39.5%	19.9%	33.1%	38.4%	44.7%	35.3%	
% of babies with an Apgar Score <7 at 5 mins								0.8%	1.3%	1.9%	3.1%	2.7%	2.7%	
Infant Feeding & Skin to Skin established														
% of babies where breastfeeding initiated within 48 hours		Data not routinely reported pre BadgerNet						82.7%	80.1%	81.3%	78.8%	78.1%	79.0%	
% of babies breastfeeding on Day 10								79.5%	71.5%	73.2%	79.0%	75.1%	73.8%	
% of babies breastfeeding at transfer to community								66.2%	65.0%	65.6%	63.3%	65.4%	66.1%	
% of babies where skin to skin recorded within 1st hour of birth								69.1%	66.4%	75.0%	74.9%	77.3%	76.1%	
Perinatal Morbidity and Mortality inborn														
Total number of perinatal deaths (excluding late fetal losses)		1	4	1	1	0	3	3	3	4	4	5	2	
Number of late fetal losses 16+0 to 23+6 weeks excl TOP		6	7	3	2	3	0	2	2	1	1	1	7	
Number of stillbirths (>=24 weeks excl TOP)		0	2	1	0	0	1	1	0	3	2	2	1	
Stillbirths per 1000 live births		0.0	5.1	2.7	0.0	0.0	2.8	2.8	0.0	8.6	5.1	5.4	2.7	2.9
Number of neonatal deaths : 0-6 Days		1	0	0	0	0	1	0	0	1	0	0	0	
Number of neonatal deaths : 7-28 Days		0	2	0	1	0	1	3	3	0	2	3	1	
Neonatal Deaths before 28 days per 1000 live births (ALL)		2.9	5.1	0.0	2.8	0.0	5.6	8.3	7.9	2.9	5.1	8.1	2.7	4.3
* NND before 28 days per 1000 live births (Inborn babies only)		2.9	5.1	0.0	2.8	0.0	2.8	2.8	0.0	2.9	0.0	5.4	2.7	2.3
PMRT grading C or D themes in report		2	0	3	0	1	1	2	0	0	1	1	1	
Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (MNSI/HSIB referral)		1	0	0	2	1	1	0	0	0	1	0	0	
Maternal Morbidity and Mortality														
Number of maternal deaths (MBRRACE)		1	0	0	0	0	0	0	0	0	0	0	0	
Direct causes		1	0	0	0	0	0	0	0	0	0	0	0	
Indirect causes		0	0	0	0	0	0	0	0	0	0	0	0	
Number of women who received level 3 care (ITU or CCU)		1	0	0	1	1	1	0	0	1	2	0	1	
Insight														
Number of datix incident reported		Data not routinely reported pre BadgerNet						208	166	160	173	184	207	
Number of datix incidents graded as moderate or above (total)		0	2	1	2	2	4	2	0	4	4	3	2	
Datix incident moderate harm (not PSII, excludes HSIB)		0	0	1	2	1	2	2	0	3	3	3	2	
Datix incident PSII (excludes HSIB)		0	0	0	0	1	0	0	0	0	1 x potential PSII or Thematic Review	0	0	
New HSIB referrals accepted		0	1	0	3	0	2	0	0	0	0	0	0	

Outlier reports (eg. HSIB/NHSR/CQC) or other organisation with a concern or request for action made directly with Trust		0	0	0	0	0	0	0	0	0	0	0	0		
Coroner Reg 28 made directly to Trust		0	0	0	0	0	0	0	0	0	0	0	0		
Trust Level Risks (number shared with LMNS)* score 12 or >			14	15		12	17	17	19	19	21	23	16		
Workforce															
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) BAPM standard is 70%	70%	55%	52.2 %	52.8 %	57.0%	*	*	*	*	60.7%	60.7%	*	52%		
Datix related to workforce (service provision/staffing)		10	6	6	5	10	23	21	14	11	8	16	34		
Consultant Led MDT ward rounds on CDS day		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Consultant Led MDT ward rounds on CDS evening		83%	87%	87%	81%	87%	85%	85%	87%	83%	74.2%	86.2%	100%		
One to one care in labour (as a percentage)* excludes BBAs		100%	100%	99.7%	99.7%	100%	98.5%	100%	100%	100%	100%	100%	100%		
Compliance with supernumerary status for labour ward coordinator		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Number of times maternity unit attempted to divert or on divert		0	2	0	0	0	1	1	0	0	1	1	0		
NICU Data															
Neonatal Admission to NICU		Data not routinely reported pre BadgerNet						40	45	43	37	46	55		
of which Inborn Babies booked with UHBW								20	18	16	21	23	29		
of which Inborn Babies -booked elsewhere								8	8	11	7	11	10		
of which readmission								1	2	3	1	0	2		
of which ex-utero admission								10	17	10	7	11	12		
of which source of admision cannot be derived								1	0	3	1	1	2		
Neonatal Admission to Transitional Care								25	25	31	30	33	28		
Admission rate at term (excluding surgery and cardiac) % target 5%		2.9%	2.3%	2.1%	3.5%	3.0%	2.9%	3.5%	2.6%	3.7%	2.04%	2.7%	3.2%		
NICU babies transferred to another unit for higher/specialist care		2	1	2	0	2	0	2	1	4	2	2	0		
NICU babies transferred to another unit due to a lack of available resources		1	2	1	1	5	3	2	4	0	0	1	3		
NICU babies transferred to another unit due to insufficient staffing		0	0	1	0	0	0	3	0	0	1	0	0		
attempted baby abduction		0	0	0	0	0	0	0	0	0	0	0	0		
Number of consultant non-attendance to 'must attend' clinical situations		0	0	0	0	0	0	0	0	0	0	0	0		
Involvement															
Friends and family Test score (response rate % who rated 'very good' or 'good') NICU		100%	100%	100%	100%	No Responses Recorded	100%	100%	100%	100%	100%	93.75%	Data pending		
Friends and family Test score (response rate % who rated 'very good' or 'good') maternity		97.7%	98.9%	98.5%	97.6%	100%	95%	97.2%	99.6%	99.3%	100%	94.47%	Data pending		
Service User feedback: Number of Compliments (formal)		9	36	25	13	26	14	25	28	No Recorded	7	17	Data pending		

Service User feedback: Number of Complaints (formal)		3	3	3	1	1	3	1	2	6	0	10	Data pending		
Staff feedback from frontline champions and walk-abouts (number of themes)		3	4	4	0	0	3	0	1	1	3	7	6		
Improvement															
Progress in achievement of CNST /10		10	10	Analysis of new standards in progress	Analysis of new standards in progress	Work towards new standards in progress	Work towards new standards in progress	1 completed Work towards remaining 9	1 completed Work towards remaining 9	10	10	10	10		
Training compliance in maternity emergencies and multi-professional training (PROMPT) midwives* includes NBLS		95%	94%	89%	88%	91%	93%	93%	94%	95%	91%	79%	85%		
Training compliance in maternity emergencies and multi-professional training (PROMPT) obstetricians* includes NBLS		82%	76%	49%	49%	48%	65%	76%	88%	94%	78%	75%	80%		
Training compliance in maternity emergencies and multi-professional training (PROMPT) anaesthetists		88%	81%	72%	70%	74%	47%	60%	74%	82%	92%	92%	92%		
Training compliance in maternity emergencies and multi-professional training (PROMPT)maternity care assistants* includes BNLS		76%	77%	58%	61%	62%	74%	79%	79%	94%	89%	91%	91%		
Training compliance annual local NBLS (NICU) nurses		*	*	80%	85%	*	*	*	*	91.4%	73.9%	*	Data pending		
Training compliance annual local NBLS (NICU) doctors		*	*	91%	97%	*	*	*	*	100%	100%	*	Data pending		
Training compliance fetal wellbeing day midwives		89%	79%	58%	58%	61%	61%	72%	74%	95%	90%	89%	93%		
Training compliance fetal wellbeing day doctors		83%	75%	40%	40%	33%	32%	54%	61%	90%	69%	70%	70%		
Training compliance core competency 4. personalised care		*	89%	90.4%	90.3%	90.3%	90.4%	88.7%	90%	90.1%	90.7%	89.9%	89.2%		
Continuity of Carer (overall percentage) - booking care plan data		35%	36%	42%	36.5%	39.8%	41.5%	*	*	*	29.2%	30.2%	33.4%		

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Public Board on Tuesday 14th May 2024

Report Title	**CQC Inspection of Maternity Services Action Plan**
Report Author	**Sarah Windfeld, Director of Midwifery and Nursing** **Jess Whitton, Deputy Divisional Director** **Rachel Liebling, Clinical Lead**
Executive Lead	**Professor Deirdre Fowler, Chief Nurse and Midwife**

1. Purpose

To inform the group of the outcome of the inspection of the maternity services in December 2023 and the actions that have been taken and will be taken as a result of the CQC findings.

2. Key points to note *(Including any previous decisions taken)*

The CQC inspected maternity services at St Michael's Hospital in Bristol and the Ashcombe Birth Centre in Weston as part of the national maternity inspection programme on the 5th and 6th December 2023 respectively. The inspection focused on the safe and well led key questions.

The CQC team visited the central delivery suite, maternity triage, day assessment, antenatal and postnatal wards in Bristol, and the Ashcombe Birth Centre. They spoke to staff and users of the service. Interviews were also held with key clinical, nursing and management staff.

Draft reports for each site were issued on 31st January 2024 for factual accuracy checks and challenge, with final reports received on 22nd February 2024. The CQC gave maternity services the following ratings:

Bristol

- Overall: **Good** (previous rating Good)
  - Safe: **Requires improvement** (previous rating Requires improvement)
  - Well led: **Good** (previous rating Good)

Weston

- Overall: **Good** (not previously rated)
  - Safe: **Good** (not previously rated)
  - Well led: **Good** (not previously rated)

The final reports outlined four must do requirements and seven should do recommendations for Bristol, and three should do recommendations for Weston.

Action the trust MUST take to improve:

Bristol

- The service must ensure staff complete daily checks of emergency equipment - Regulation 12 (1) (2) (a) (d)
- The service must ensure medical staff have completed an appropriate level of safeguarding training to carry out their duties - Regulation 18 (2) (a)

- The service must ensure that 'red flag' midwifery staffing incidents are monitored effectively, including delays to induction of labour, in line with national guidance - Regulation 18 (1)
- The service must ensure incidents are reviewed in a timely manner - Regulation 17 (2) (b)

Actions the trust SHOULD take to improve:

Bristol

- The service should ensure that 'red flag' midwifery staffing incidents are monitored in line with national guidance.
- The service should ensure that hand hygiene audits are completed every month.
- The service should ensure timeliness of doctor review in maternity triage.
- The service should ensure there is a dedicated maternity triage phone line.
- The service should complete record audits to ensure the quality of recordkeeping in maternity services.
- The service should ensure staff are aware of the location of ligature cutters.
- The service should ensure there are enough midwifery staff to provide a full range of maternity choices including use of the midwifery-led unit.
- The service should ensure emergency grab boxes are checked and ready for use.

Weston

- The service should ensure all staff are aware of the birth pool cleaning process.
- The service should ensure staff are aware of the correct air/oxygen mix to use for neonatal resuscitation.
- The service should ensure transfers from the freestanding midwifery led unit to the main hospital are audited.

In response to the requirements and recommendations made by the CQC, the maternity services leadership team have produced an improvement plan. The action plan is presented here for information.

Note: the Trust has not been informed of any formal requirement to submit an action plan to the CQC

3. Strategic Alignment

Aligns with Trust Quality Strategy and Patient First strategic priorities, including eliminating poor experience of care and reducing harm to patients.

4. Risks and Opportunities

Risk 3763 – risk of non-compliance with CQC standards

5. Recommendation

This report is for Information

The Group is asked to note the action plan which will be monitored by the Women's Governance Group and Divisional Quality Assurance Group. Actions will be added to the CQC composite plan and progress reported as part of the wider monitoring of CQC-related actions.

6. History of the paper

Please include details of where paper has <u>previously</u> been received.

Clinical Quality Group April 24	

Maternity inspection CQC action plan

ID	Source/Event (e.g. name of inspection/monitoring visit)	CQC requirement or recommendation?	Details of requirement or recommendation or summary of theme/issue	Current mitigation or description of actions already in place to address issues	Actions to address gaps	What evidence will demonstrate that issues have been addressed/actions completed	Target date for completion	Lead
10-23/MATB/1	Maternity Services Bristol (Oct 2023)	Requirement	The service must ensure staff complete daily checks of emergency equipment. Regulation 12 (1) (2) (a) (d). CQC noted that "Records showed neonatal resuscitaires on central delivery suite were not always checked daily in November 2023. We raised this with the service following inspection and the service told us there was a plan to move paper checklists to an electronic system that would automatically alert midwives in charge to the possibility of missed checks."	All recussitaires are checked before being taken into the room by a midwife; checks take place as part of CDS daily routine.	Add resuscitaires to the 'My Kit Check' system (electronic solution mentioned in the CQC report). Compliance will be monitored once the system has been implemented (April 2024).	Evidence of reporting/monitoring from April 2024	30th April 2024	Sophie Mann (Matron Central Delivery Suite)
10-23/MATB/2	Maternity Services Bristol (Oct 2023)	Requirement	The service must ensure medical staff have completed an appropriate level of safeguarding training to carry out their duties. Regulation 18 (2) (a) CQC noted that "Staff had not always completed updates to safeguarding level 3 training... 69% of midwives had completed both Level 3 safeguarding adults and safeguarding children training... As of 15 December 2023, 84% of obstetric consultants and 9% of obstetrics and gynaecology junior doctors had completed safeguarding children level 3 training updates."	Trust wide working group set up (Safeguarding team, Training department, Human Resources, Named Doctor for Safeguarding and Clinical Lead) to monitor and improve compliance. Medical staff have been reminded and clarification given as to what the training requirements are. Training platform on Kallidus set up with guidance documents, level 3 self-declaration of compliance form (individual examples of practice demonstrating compliance), on-line practice log and training matrix all in place by end of February 2024.	Specific junior doctors compliance report to be created and reminders to sent out to relevant staff. HR session on training requirement and 'passporting' training from previous Trusts to be arranging as part of Junior doctor rotation. Monthly safeguarding drop in sessions for junior doctors to be arranged.	Monthly training compliance report demonstrating improvement in compliance Evidence of HR sessions Evidence of drop in sessions	30th March 2024 (Compliance by December 2024) 30th April 2024 30th April 2024	Rachel Liebling (Clinical Lead) / Alistair Hardy (training department) Darren Lewis (HR) Jenny Thompson (Safeguarding) /
10-23/MATB/3	Maternity Services Bristol (Oct 2023)	Requirement	The service must ensure that 'red flag' midwifery staffing incidents are monitored effectively, including delays to induction of labour, in line with national guidance. Regulation 18 (1) CQC noted that "The service did not effectively monitor maternity 'red flag' staffing incidents in line with NICE guideline 4 'Safe midwifery staffing for maternity settings'... Managers did not monitor and compare maternity red flag incidents in the 6 nursing and midwifery staffing reports to trust board in line with national guidelines."	Red flags including delayed inductions are monitored through the PQSM (Perinatal Quality and Safety Maternity Matrix) and daily flow meetings. Red flags as per NICE guidelines are included on the Datix system but these are not always used by staff when reporting. Red flags and themes of staffing issues are monitored monthly through the individual area governance groups and at the hospital Women's Governance Group, and escalated as necessary to the Divisional Quality Assurance Committee. Staffing is monitored daily at flow meetings and staff are moved to manage any risks, including use of the on call midwife.	Remind staff about the use of NICE red flags when reporting unsafe staffing incidents on Datix. Work with corporate risk team to make red flag fields mandatory on Datix. Board staffing report to be more specific in terms of red flag incident/data (including links to NICE 'Red Flags')	Evidence of communication . Confirmation that fields are mandatory Updated Board staffing report supported by PQSM report to Women's Governance Group, Divisional Quality Assurance Committee Quality and Outcomes Committee and Board. Updated Board staffing report	30th April 2024 30th June 2024 30th June 2024	Director of Midwifery / Patient Safety Manager Patient Safety Manager Director of Midwifery

10-23/MATB/4	Maternity Services Bristol (Oct 2023)	Requirement	The service must ensure incidents are reviewed in a timely manner. Regulation 17 (2) (b) CQC noted that "The service did not always review incidents in a timely way… We reviewed three maternity rapid incident review meeting records and found that there was 11, 31 and 54 working days between the incidents and the review meetings. This was not in line with the trust standard operating procedure for the patient safety rapid incident review meetings, which stated the meeting should occur within 1 week (5 working days) following identification of the incident... There were delays to closing incidents. At the time of the inspection, there were 198 maternity, obstetric or neonatal incidents that had been open for more than 60 working days. The oldest unclosed maternity incident was from September 2022"	Quality and patient safety team is monitoring unclosed incidents and working with Matrons and Clinicians to take appropriate action in a timely fashion. As of February 2024, there are 410 unclosed incidents that are more than 30 days old. Away day held for quality and patient safety team to review processes and ensure RIRs happen in a more timely way.	Individual area trajectories to be agreed with Matrons and Consultant Leads, monthly, with the overall aim being to reduce to no more that 100 open incidents and none older than 6 months by October 2024 Note: Patient Safety Team working with individual areas to allocate incidents and to be more efficient, with better cover for incident management.	Reduction in open incidents evidenced by ongoing monitoring via report to Womens Governace Group and Divisional Assurance Group	30th September 2024	Patient Safety Team
10-23/MATB/6	Maternity Services Bristol (Oct 2023)	Recommendation	The service should ensure that hand hygiene audits are completed every month. CQC noted that "Data showed hand hygiene audits were not always completed every month in all maternity areas. For example, on central delivery suite hand hygiene audits were not completed in June, July, September or October 2023."	From December 2023 Monthly AMaT Audits are now in place in ward areas on hand hygiene, with results reported to Trust Infection Control Group monthly. The Trust is now looking at introducing AMaT audits for outpatient areas, and St Michael's services will adhere to the agreed implementation plans and timescales when available.	Establish local monitoring through review of data at Matrons meeting (as standing item under infection control).	Evidence of ongoing monthly submissions via local review and reporting to Trust Infection Control Group.	30th April 2024	Sara Arnold (Band 7 lead for infection control)
10-23/MATB/7	Maternity Services Bristol (Oct 2023)	Recommendation	The service should ensure timeliness of doctor review in maternity triage. CQC noted that "...timeliness of doctor review needed to improve as where doctor review was needed in 76% of cases, 38% were not seen within an appropriate timeframe. Following the audit, the service had an action plan to improve doctor's awareness of the triage tool and improve documentation of times of reviews."	Monitoring of triage review timing occurs 3 monthly. Timely medical assessment continues to be an issue. Latest data does not show an improvement from the CQC visit. Badger Net should improve documentation of time of review as data captured at point of care rather than retrospectively.	Funding for increased medical presence to support triage has been requested as part of the revenue funding for the AOT. Unfortunately, the capital for the AOT has been deferred until 2025/26, and therefore the increase in revenue for staffing, including additional medical support, has also been deferred.	Acute obstetric triage unit up and running (now aiming for April/May 2025), with available medical cover.	1st September 2025	Rachel Liebling (Lead Obstetrician) / Jessica Whitton (Deputy Divisional Director)
10-23/MATB/8	Maternity Services Bristol (Oct 2023)	Recommendation	The service should ensure there is a dedicated maternity triage phone line.	Phone line in place from February 2024, ensuring more robust process.	No further action required			
10-23/MATB/9	Maternity Services Bristol (Oct 2023)	Recommendation	The service should complete record audits to ensure the quality of recordkeeping in maternity services.	New digital medical record implemented in Maternity (BadgerNet). Issues with documentation within the system being worked through with the supplier. In time Will be able to use BadgerNet to ensure correct fields are complete and staff completing all relevant data fields	Monitoring of the completion of key fields within the system will commence from June 2024	Monitoring/audit results	1st June 2024	Matrons / Director of Midwifery
10-23/MATB/10	Maternity Services Bristol (Oct 2023)	Recommendation	The service should ensure staff are aware of the location of ligature cutters. CQC noted that "Staff had access to ligature cutters on all emergency trolleys but not all midwives we spoke with were aware of this"	Ligature cutters in place on all emergency trollies. Reminder to all midwifery staff (across all areas) sent to ensure staff know where and what they are and how to use them by Matron Sam Haines in December 2023. Ligature current assessment is also on the safety walkabout checklist, and staff will be asked about this when their area is assessed.	Ligature cutter reminder to be highlighted in Close Encounters monthly newsletter distributed by the Patient Safety Team in April 2024.	Staff to be asked via regular monthly patient safety walkabouts	30th April 2024	Patient Safety Team / Director of Midwifery

10-23/MATB/11	Maternity Services Bristol (Oct 2023)	Recommendation	The service should ensure there are enough midwifery staff to provide a full range of maternity choices including use of the midwifery-led unit. The CQC noted that "Midwifery staffing levels impacted on the availability of the alongside midwifery led unit. The midwifery led unit was staffed from the 11 midwives assigned to central delivery suite. Two midwives would go up to the midwifery led unit if there was a birthing person wanting to use the facility. Staff discussed the use of the facility in the November 2023 central delivery suite working party meeting exploring the possibility of having a core team of midwives managed by a band 7 midwife to more sustainably staff the midwifery led unit and support junior staff to maintain their skills in vaginal deliveries".	The midwifery led unit is staffed from the Central Delivery Suite staff pool, and due to staffing shortages due to sickness and vacancy, it has at times been difficult to support women to give birth on the MLU within a specific shift. However, this has been supported whenever possible without compromising overall safety. This has been supported by moving staff from other areas (to manage risk and access), and by using the on call midwife overnight or at weekends. Ongoing recruitment to ensure that numbers are sufficient to consistently support women in MLU remains ongoing.	Midwifery CDS Matron to allocate and name two midwifery staff members per shift to go with any woman fitting criteria for MLU if that is the woman's choice.	Midwifery actual establishment versus funded establishment, and sickness rates.	1st June 2024	Sophie Mann (Matron Central Delivery Suite)
10-23/MATB/12	Maternity Services Bristol (Oct 2023)	Recommendation	The service should ensure emergency grab boxes are checked and ready for use. CQC noted that "... we found on the midwifery led unit staff did not always check emergency 'grab boxes' to respond to conditions such as pre-eclampsia, post-partum haemorrhage (PPH) and cord prolapse were checked and ready for use. For example, there were 6 daily checks missing in October and 5 daily checks missing for the PPH box on the midwifery-led unit in November 2023"	Band 7 now allocated responsibility of checking equipment every shift. Checking list of all grab boxes and emergency equipment present on CDS for oversight. Two band 7 midwives in charge of ensuring all checking complete and investigating missed checks.	Monthly monitoring to commence from March 2024 as part of safety walkabouts Determine whether grab boxes can be added to the My Kit Check system and implement if so.	Monitoring/audit results Implementation of grab boxes within My Kit Check	31st March 2024 30th May 2024	Sophie Mann (Matron Central Delivery Suite) Sophie Mann (Matron Central Delivery Suite)
10-23/MATW/1	Maternity Services Weston (Oct 2023)	Recommendation	The service should ensure all staff are aware of the birth pool cleaning process.	SOP updated in December 2023 and staff made aware via email and safety brief.	Check of staff knowledge to be undertaken as part of safety walkwabouts	Recording of staff knowledge of SOP.	30th April 2024	Rebecca Morgan (Community Matron) / Lisa Acton (Band 7 Ashcombe)
10-23/MATW/2	Maternity Services Weston (Oct 2023)	Recommendation	The service should ensure staff are aware of the correct air/oxygen mix to use for neonatal resuscitation. CQC noted that "The wall-mounted resuscitaires did not have clear guidance for staff on the correct air/oxygen mix to use in an emergency"	The Practice Education Facilitators team have made a video of the resuscitaire on Ashcombe and how to use it safely. This video is available, with all the orientation information on the community midwives teams platform and the Community Matron has shared this with all the teams.	All midwives rotating to the community will complete a training package that orientates them to equipment and policies relating to Ashcombe. Staff survey of knowledge of resuscitation practice	Completion of orientation package, evidenced by training records. Survey results	30th April 2024 30th June 2024	Rebecca Morgan (Community Matron) Rebecca Morgan (Community Matron)
10-23/MATW/3	Maternity Services Weston (Oct 2023)	Recommendation	The service should ensure transfers from the freestanding midwifery led unit to the main hospital are audited.	Community Matron reviews all transfers but numbers too small to audit (approximately one patient per month) and not currently formally reported.	Information to be presented to Women's Governance Group every 6 months.	Evidence of reporting	30-Apr-24	Rebecca Morgan (Community Matron)

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board in Public on Tuesday 14th May 2024

Report Title	**Maternity Serious Incidents (by Exception), March 2024**
Report Author	**Sarah Windfeld, Director of Midwifery and Nursing** **Jo Mockler, Quality and Patient Safety Manager**
Executive Lead	**Deirdre Fowler Chief Nurse and Midwife**

1. Purpose

This report provides the board monthly oversight with regards to all moderate harm or above incidents, and any incidents which meet the criteria to be referred to the Maternity and Newborn Safety Investigations programme (MNSI – previously HSIB) and/or NHSR Early Notification Scheme.

2. Key points to note *(Including any previous decisions taken)*

With effect from the 1st of October 2023, HSIB have transformed to become the Health Services Safety Investigations Body (HSSIB). As part of this transformation, the maternity investigations programme has moved to be hosted by the Care Quality Commission (CQC). Moving forward this programme will be known as the Maternity and Newborn Safety Investigations (MNSI) programme.

MNSI(HSIB) cases:

3 x finalised MNSI investigation reports received during March 2024

No new MNSI referral during March 2024

No ongoing MNSI investigations

3. Strategic Alignment

This report forms part of the divisional reporting requirement which supports the delivery of safer maternity care. This reflects the Trusts priority of Patient Safety within the Patient First True North Strategy.

4. Risks and Opportunities

Oversight of maternity serious incidents allows the opportunity to identify recurrent trends/themes, which in turn provides an opportunity to implement system changes and reduce patient harm.

5. Recommendation

This report is for Information

6. History of the paper

Please include details of where paper has previously been received.

N/A

Maternity Serious Incidents (by Exception) March 2024

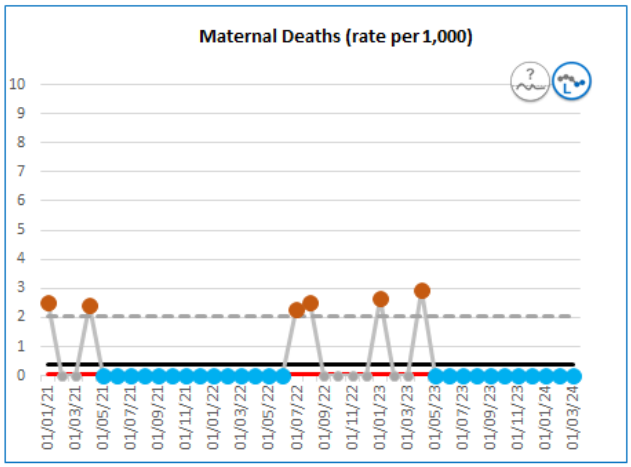
1. Purpose

This report provides the board monthly oversight with regards to all moderate harm or above incidents, and any incidents which meet the criteria to be referred to MNSI (previously HSIB) and/or NHSR Early Notification Scheme.

This report is a standing agenda item and forms part of the divisional reporting requirement which supports the delivery of safer maternity care. This reflects the Trusts priority of Patient Safety within the Patient First True North Strategy.

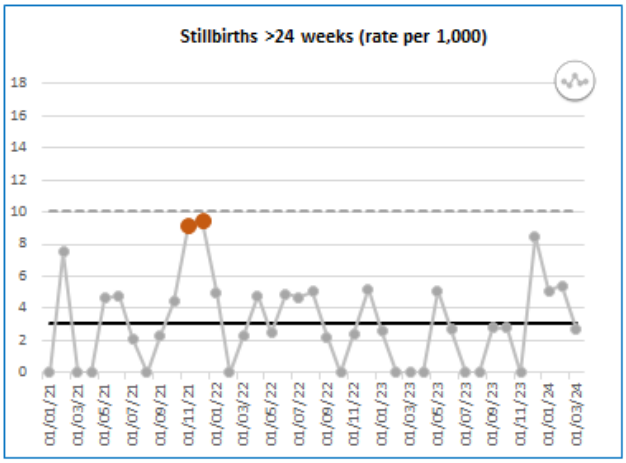
2. Mortality Oversight

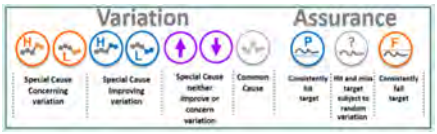
2.1 Maternal Deaths



There were no maternal deaths during March 2024.

2.2 Stillbirths





There was 1 stillbirth reported in March, this involved:

- Antenatal stillbirth at 35+1 weeks.

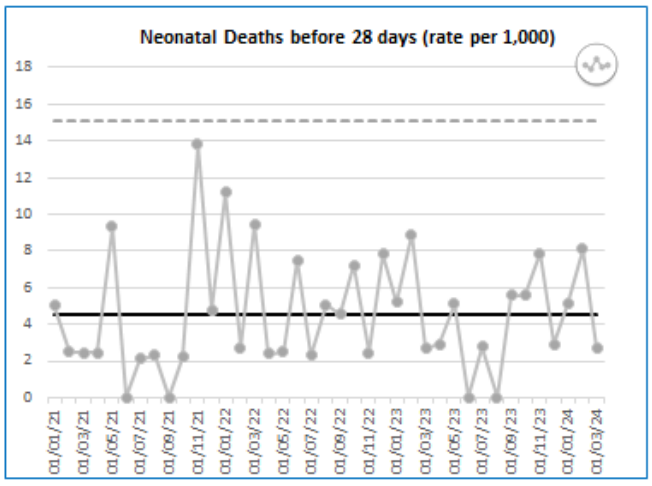
QPST Initial response:
The QPS team have completed two audits to evaluate whether women are accessing the patient information leaflets within BadgerNet, and in particular the 'Feeling your Baby Move' leaflet.

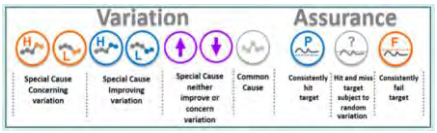
Audit A - (84 pregnancies)
81% of women completed the registration for Badger Notes
38.1% of women have accessed one of more patient leaflet via Badger Notes
4.8% of women have accessed the 'Feeling your Baby Move' leaflet via the app

Audit B - (78 pregnancies reviewed)
89.7% of women completed the registration for Badger Notes
43.6% of women have accessed one or more patient leaflet via Badger Notes
5.1% of women have accessed the 'Feeling your Baby Move' leaflet via the app

Exploration as to whether funding for MAMA Wellbeing Wallets could be sourced (subject to funding) to ensure all Women are provided with printed advice on situations where they should seek urgent advice (such as RFM).
A detailed case review of this mother's clinical care will be completed as part of the PMRT process.

2.3 Neonatal Deaths (occurring before 28 completed days)



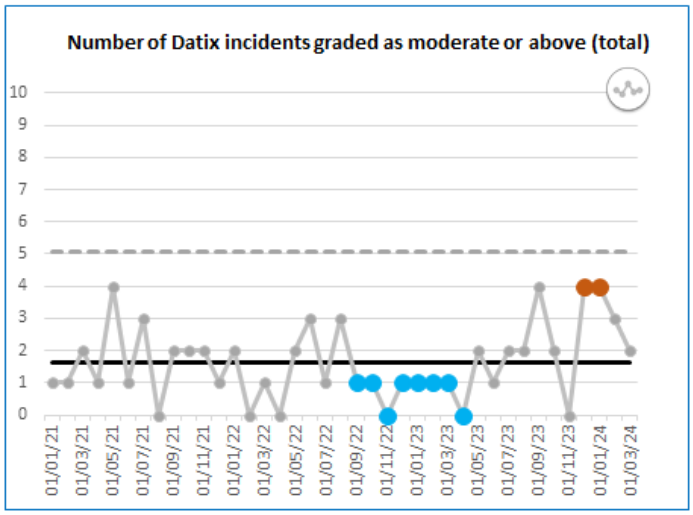


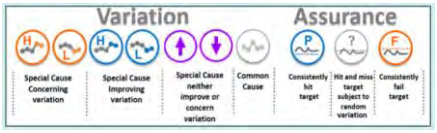
There was 1 neonatal death reported in March, this involved:

Baby born at a nearby trust at 38+4 weeks gestation. Baby readmitted to delivering unit at 14 days of age with a history of cough and coryza. Transferred to UHBW at 18 days of age requiring additional neonatal support. RIP at 20 days of age.

QPST Initial response:
MDT case review via PMRT review planned.

3. All moderate harm or above incidents





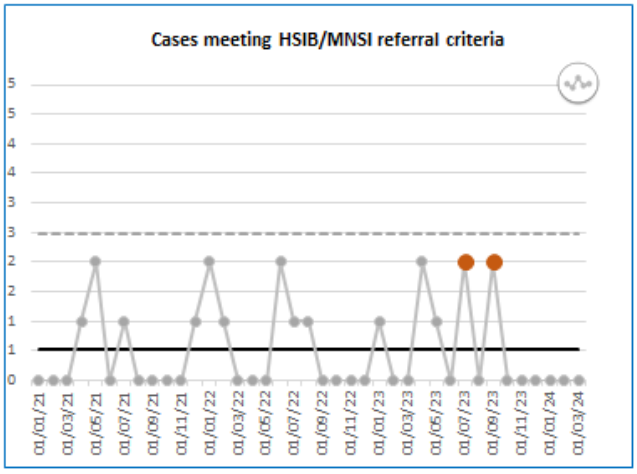
There were 2 incidents meeting the criteria of moderate harm (or above).

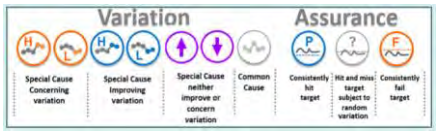
a.) Maternal collapse at 35+2 weeks gestation & subsequent neonatal death (8 days of age (neonatal death occurred in April. Suspected amniotic fluid embolism (AFE), Major haemorrhage (6,059ml), disseminated intravascular coagulation (DIC) and severe maternal acidosis. Following stabilisation the mother was transferred to ICU for post-operative care and baby transferred to NICU.

QPST Initial response:
Duty of candour completed, and MDT case review via PMRT planned.

b.) See section 2.2 above.

4. Maternity & Newborn Safety Investigations (MNSI) Programme (previously the Healthcare Safety Investigation Branch (HSIB))





4.1 New MNSI referrals

Since September 2023 we have had no cases which have met the referral criteria for an MNSI investigation.

4.2 Ongoing MNSI investigations

There are no active MNSI investigations ongoing.

4.3 Finalised MNSI reports

a.) Final report for **MI-030250**– Maternal Death

3 x Recommendations

- Trust B to ensure that any clinical observations shared as part of a telephone triage referral are captured contemporaneously and used to inform a mother's plan of care.
- To support holistic clinical assessments, Trust B to ensure clinical staff consider all symptoms that a mother presents with, ensures that reviews are not limited to one symptom specific triage card and undertake additional investigations as indicated.
- Trust B to ensure local systems and guidance support clinicians in recognising the significance of mothers experiencing new onset vomiting and nausea in the third trimester.

QPS Response:

Action planning meeting arranged and completed.

Actions identified and allocated.

Family tripartite meeting offered – not taken up by family at this time.

Case awaiting Coroner's Enquiry

b.) **Final report for MI-033191** /– HIE / Therapeutic Cooling

3 x Recommendations

- The Trust to ensure that telephone triage service is provided and staffed in a way to support independent, robust and consistent review, documentation, advice and care planning.
- The trust to ensure staff providing telephone triage advice are supported to engage with mothers, to fully understand and take account of their wishes as part of their individual care planning.
- The Trust to ensure that clinicians are supported to use CTG categorisation as part of the escalation, care planning and decision making when there are concerns regarding baby's heart rate monitoring.

QPS Response:

Action planning meeting arranged and completed.

Actions identified and allocated.

Family tripartite meeting offered – due to be completed in early May.

Telephone Triage service now partially in situ.

c.) **Final report for MI-033913** Intrapartum Stillbirth

1 x Recommendation

- The Trust to ensure that when a mother has repeated contacts and admissions in the latent phase of labour, there is a holistic and individualised plan for her ongoing care.

QPS Response:

- Action planning meeting arranged and completed.
- Actions identified and allocated.
- Family tripartite meeting offered and completed in April.

5. Other incidents of interest

a.) Pre-term birth of a 26 week infant on the antenatal ward

Initial learning around performing neonatal life support on the ward and location of resuscitaires and medical gas supply identified.

Plan: for AAR review– arranged for early May.

b.) Significant postnatal haemorrhage

Significant PPH (6950ml) following forceps delivery and placental abruption.

Plan: No immediate care concerns identified, for MDT review within PPH Forum.

6. Recommendations

This report is for information.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 14 May 2024

Report Title	**Learning from Deaths Quarterly Report**
Report Author	**Rebecca Thorpe, Deputy Medical Director**
Executive Lead	**Rebecca Maxwell, Interim Chief Medical Officer**

1. Report Summary

This report summarises the learning from deaths process for Quarter Three 2023/24.

2. Key points to note
(Including decisions taken)

The report describes the structures of the learning from deaths programme across the Trust and progress made by the workstream in quarter three of 2023/2024, 1st October – 31st December 2023.

The number of ME referrals and SRJs requested are included in section 3.0.

Key points

- A thematic review is underway regarding 3 aortic dissection deaths occurring over a 3 days period. *Post CQG Note – this has now been received and no concerns raised. This is attached as an appendix*.
- Escalation to palliative care remains an issue, out of hours cover continues to be reported as a concern by families especially around delays to accessing pain relief.
- The new MSG approval process for SJRs is in place. Drs are more inclined to draft reviews with greater detail around care as the RIR replaces the RCA and so greater scrutiny may be given to SJRs by coroners etc..

The Board is asked to note the report.

3. Risks
If this risk is on a formal risk register, please provide the risk ID/number.

The risks associated with this report include:
No new risks to report.

4. Advice and Recommendations
(Support and Board/Committee decisions requested):

- This report is for **Information.**

1.0 Introduction

This paper will set out the progress and report on the results of the Trust's "learning from deaths" programme in the third quarter of 2023/24.

This report has been prepared for information.

2.0 Progress this Quarter

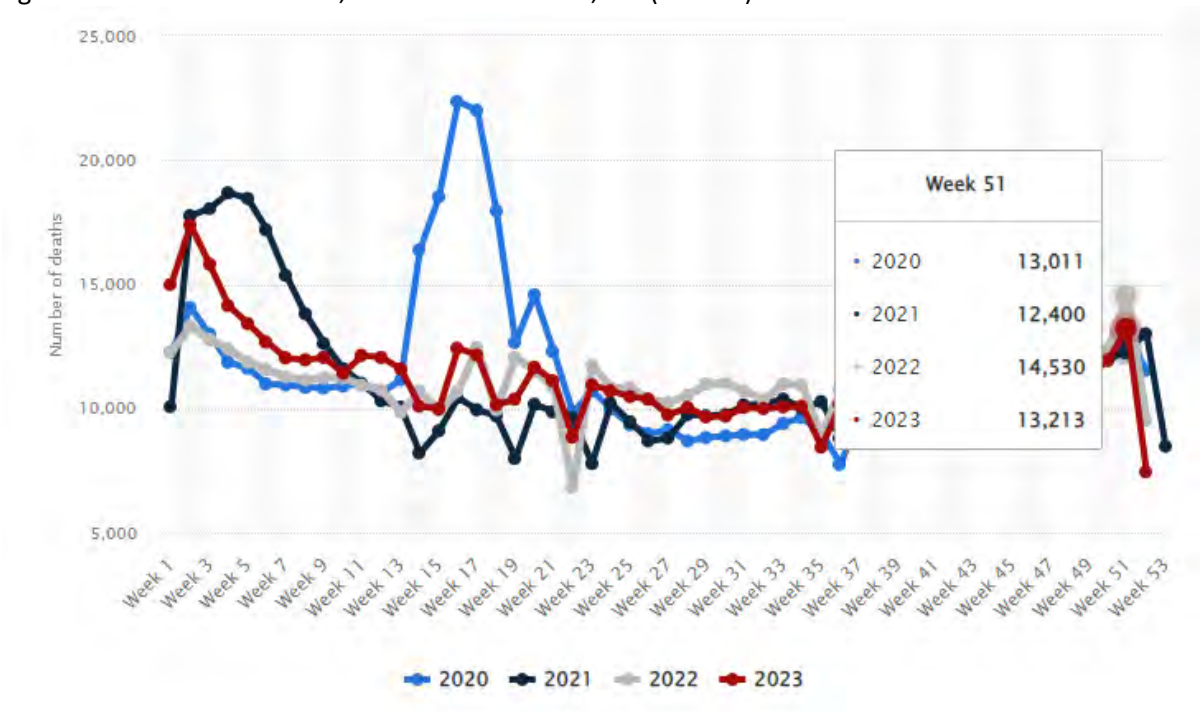
The process of reviewing and signing off SJRs as a group has commenced. Some of the more recent SJRs have been highly detailed, particularly as involving complex patients with multiple co-morbidities. Clinicians are aware of the greater scrutiny that may be given to SJRs as PSIRF replaces the RCA with the RIR. Greater involvement has also been welcomed from the patient safety team in MSG meeti8ngs.

The SOP for chest drain insertion at Weston has been approved through local governance and is now in place. No further incidents involving chest drains have been reported since the work around this revised processes.

An alert has been raised around three aortic dissection deaths within 3 days of each other in CICU. A thematic review has been commissioned from the division.

3.0 Figures for total deaths, medical examiner referrals, and mortality reviews for all UHBW sites

Trust figures and UK trends:
Quarter three has seen a considerable drop in the number of in-hospital trust deaths from last year of 19%. Nationally there has been a slight drop in the number of deaths from last year, see above, monthly figures for November 22- 50,723 and Nov 23 – 49,901 (– 1.5%).



Divisional in-hospital death figures:

There has been a reduced number of Medicine and surgery deaths remaining fairly steady around 70% and 13% respectively, but the number of deaths in specialised services is the same as 22/23 and represents a slightly higher proportion of deaths (3% increase – from 13% to 16%).

Quarter 3 2022/23	
Total Deaths	570
Medicine	421
Specialised Services	75
Surgery	73
other	1
Referrals from ME Office	61
Referral's meeting SJR criteria	14

Quarter 3 2023/24	
Total deaths	**460**
Medicine	326
Specialised	75
Surgery	58
other	1
Referrals from ME Office	**62**
Referrals meeting SJR criteria	**16**

Note: the above totals for deaths by trust and division are taken from a BI report on Careflow and hospital sites are not differentiated.

The number of referrals are taken from a separate report generated manually from referrals emailed from the Medical Examiners Office – this report does contain data differentiating between sites and a breakdown is provided in section 3.1.

3.1 Medical Examiner Referrals and SJR themes

The number of referrals has increased, this be ascribed in part to the proactive approach of the Medical Examiner Officers whereby feedback is actively encouraged, positive as well as negative.

The 56 referrals of 460 deaths (minus positive and mandatory category referrals) is 12% of all deaths.

The majority of referrals were quality focussed, feeding back issues in care and accommodation on the ward, and did not meet the threshold for a structured judgement review. Families were distressed that dying patients were placed in busy ward areas, and encountering communication issues, problems obtaining information (difficulties getting through on the telephone or arranging to speak with a doctor or senior nurse) and delayed responses to call bell responses. These themes tend to be evident during peak winter pressures. It was noted that these referrals were mainly coincident with wards experiencing short staffing and norovirus outbreaks.

Access to Palliative Care out of hours and weekend continues to be an issue for wards when only a telephone on-call service is available.

"Family distressed to see mum struggling to breathe for 5 days - no medication was given to help it seemed but once Doctors realised couldn't fix problems and was put on palliative care - much calmer with breathing as given morphine "

Several positive feedback referrals were received praising care given at Weston General Hospital:

Care - absolutely superb - palliative care especially, mum kept comfortable, kept informed all the time
Care- *Absolutely top notch - was overjoyed with the care and communication he received from Hutton ward -couldn't have asked for more.*
Care - fantastic - the way xxx was treated and the communication from the Consultants and Nurses on ITU, excellent
Care was exemplarily from all staff on all wards, they were kind, courteous, respectful and professional. Jane was a nurse at Weston years ago. She felt the care couldn't have been better.

Total referrals - 66		LD/A, MH or positive feedback	Care or treatment concerns
BRI	32	-5	27
GICU BRI	1		1
BHI	2		2
WGH	28	-5	23

Process	**#**
Feedback to ward /specialty/ clinical area (inc. EOL)	**44**
Structured Judgement Review	**16**
Patient Support and Complaints Team	**1**
Thematic review: documentation	**3**
Datix	**1**

ME Referral Themes	
Treatment/care issue	16
Communication	14
Nursing issue	9
EOL care issue	9
Positive feedback	5
Learning Disability	5
Documentation	3
Medication Issue	1
Failed discharge	2
Other provider issue	1
Mental Health	1

3.2 Structured Judgement Reviews (SJRs)

Note: Not all SJRs are triggered by Medical Examiner referrals. Clinicians and the Learning Disability Team initiate SJRs for the BNSSG LEDER as standard for all patient deaths they are aware of that meet the criteria.

A total of 16 SJRs were requested representing 3.4% of all deaths for this quarter, minus 6 mandatory category deaths for review represents 2.1% of all Q3 deaths.

- 11 treatment / care issues or concerns
- 6 Mandatory category reviews (Learning Disability & Autism - 5, Mental Health – 1)

Note - 1 patient was indicated as a Mandatory Category and treatment concerns.)

Div	SJRs	Site	-Mand. category	Treatment issue
Specialised Services	**5**	**2 BHI, 2 BRI, 1 NBT**	**1 LD**	**5**
Surgery	**6**	**6 BRI**	**1 LD**	**5**
Medicine	**5**	**3 BRI, 2 Weston (both LD)**	**3 LD 1MH**	**1**

4.0 SJR Scores

Avoidability of death scores

All deaths for this quarter were rated **4** or above for avoidability -

Definitions - avoidability of death

1 *Definitely avoidable*
2 Strong evidence of avoidability
3 Probably avoidable, more than 50:50
4 Possibly avoidable but unlikely, less than 50:50
5 Slight evidence of avoidability
6 Definitely unavoidable

Phase of care scores

The majority of SJR cores were rated 4 and above, but three instances of poor care (2) were noted

Key to Care scores: 1=Very Poor, 2=Poor Care, 3=Adequate, 4=Good Care, 5=Excellent

Rated '2' poor care –:

- SpSv - SJR gave a score of 2 for the admission phase of care – this case is also subject to an RIR for admission pending learning. This case involved a patient where the troponin level was obscured in the documentation on a previous admission and the patient was discharged, but retrieved the next day when the error was discovered. A cannula had also been left in the patients arm. The subsequent phases of care for this patient were rated good or excellent.

- SpSv – Care in preadmission phase sub-optimal – cardiac surgery postponed repeatedly over 8 month period until eventually admitted as an emergency from another Trust with severe

Thematic Review of Aortic Dissections Treated at the Bristol Heart Institute

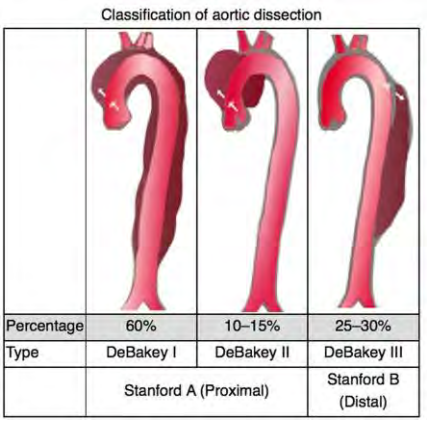
Situation

A cluster of 3 deaths in unoperated aortic dissections in late 2023/early 2024 has prompted the request for a thematic review with the following remit:

1. To identify whether there is any retrospective learning from the management of individual cases
2. To understand whether there is a systemic problem that needs to be addressed
3. To provide a recommendation to the Mortality Surveillance Group for reassurance or concern
4. To support your case for reassurance or concern with other sources of evidence wherever possible

Background

Aortic dissection describes a tear in the intimal layer of the aortic wall, allowing blood to flow between the intima and media, creating a false lumen. When this involves the ascending aorta or aortic arch this is classified as a Type A dissection (see diagram) and is a life-threatening condition associated with high morbidity and mortality rates.



Unoperated Type A aortic dissection has an approximate mortality of 50% at 72 hours, but surgical mortality and morbidity is significant, with surgical mortality in the range of 10-20%. Independent predictors of surgical mortality include[1]:

Age >70yrs
Previous cardiac surgery
Hypotension/shock at presentation
Migrating pain
Cardiac tamponade
Any pulse deficit
ECG ischaemia/infarct

The Bristol Heart Institute is the 5th largest aortic dissection centre in the UK by volume of cases, and its surgical outcomes place it in the top third of UK centres. For the period 2013 -2021 BHI hospital mortality for acute aortic dissections was 19%, with the best unit in the UK have a hospital mortality of 16%.[2]

In the year April 2022 to April 2023 twenty nine acute aortic dissections were operated on in the BHI, with a hospital mortality of 14% (4 deaths). The mean logistic Euroscore for these cases was 25.78%, and whilst it is recognised that the logistic Euroscore over-estimates mortality, this would still be considered a very high risk group of patients.

As the BHI is the regional adult cardiac surgical centre it receives emergency referrals for aortic dissections from across the south-west, and whilst some referrals will be turned down on the basis of futility, most cases will be transferred into the BHI for expert assessment and emergency surgery if this is judged to be appropriate.

Assessment

Summary of the 3 cases (from review of the medical notes):

1. RM

RM was an 85yr old man who presented to Great Western Hospital (Swindon) with sudden onset chest pain radiating to his legs, and a decreased level of consciousness (nadir GCS 11) on 27/12/23. A CT confirmed the diagnosis of a type A aortic dissection with reduced or absent flow in multiple branches.

He was transferred to the BHI and arrived at ~0200, with a repeat CT carried out at ~0300. It was clear that he was developing worsening lower limb ischaemia, and therefore the plan (from consultant surgeon and agreed with cardiac ICU consultant) was for conservative management overnight.

The following morning he was increasingly confused, and a discussion was undertaken with the family to inform them of the risks/consequences of surgery and to ascertain the patient's views/wishes. An MDT discussion involving consultant cardiac surgeon, consultant cardiac anaesthetist and CICU (cardiac intensive care unit) consultant was undertaken. All were in agreement that in view of the complexity of surgery, high risk of morbidity and mortality and family's views palliative care rather than surgery was the most appropriate course.

The Adult Palliative Care team were involved, and reviewed the patient that afternoon and later that evening, and the patient died early the following morning with family in attendance.

2. JH

JH was a 65 year old lady, who presented as an emergency to Musgrove Park Hospital on 29/12/23 with a decreased level of consciousness, and clinical signs of a stroke (left hemiparesis). A CT was undertaken which confirmed the diagnosis of a type A aortic dissection. Of note she had a history of previous cardiac surgery.

She was transferred to the BHI and admitted to CICU at approximately 1145 on 29/12 and assessed by a consultant cardiac surgeon by 1310. In view of her history of cardiac surgery, evidence of

stroke, decreased level of consciousness, and rising lactate (evidence of organ malperfusion) it was felt that surgery was not appropriate, and she was seen by the adult palliative care team and end of life care was initiated. She died later that evening.

3. MB

MB was an 82 year old man who presented to Musgrove Park Hospital at 0030 on 3/1/23 with sudden onset chest pain. Of note he had a history of previous cardiac surgery.

He was transferred to the BHI (arrived 0800). On arrival he was reviewed by 2 consultant cardiac surgeons (one an aortic specialist), and a cardiac anaesthetist. Their conclusion was:

"even if he were to survive high risk surgical intervention that his post-operative course would be significantly prolonged with a low chance of recovery back to functional baseline and high chance of morbidity"

On this basis it was felt that surgery was not appropriate. He was referred to the Adult Palliative Care Team, and seen at 1220, end of life care was initiated. He died later that day with family in attendance.

All three of these cases were extremely high risk; each had at least two predictors of high surgical mortality (RM age, pulse deficit; JH previous cardiac surgery, stroke; MB age, previous cardiac surgery). They were transferred to the BHI for assessment, and in each case an assessment was made promptly by senior medical staff, and an informed decision was taken that surgery was not appropriate. From the medical notes it appears that appropriate discussions were undertaken with the patients' families. All three patients were promptly referred to palliative care to ensure that their end of life care was of high quality.

In my opinion the decision not to operate on these cases was appropriate, and in line with past and current practice in the BHI. The aortic dissection service in the BHI compares well to other UK centres, both in terms of volume of cases and outcomes.

<u>Recommendations:</u>

I do not believe that there is any evidence that suggests these cases represent a systemic problem: timely, senior review was undertaken, and an appropriate decision not to operate was made (and documented) in all three cases. Excellent multidisciplinary working was demonstrated, and it appears that every effort was taken to maintain patients' dignity, and good communication to those close to the patients was undertaken. On this basis I am happy to reassure the Mortality Surveillance Group that there is no cause for concern, on the basis of the evidence discussed above.

Learning Points:

Thought should be given as to whether it is possible to avoid transferring patients for whom surgery is not appropriate. An inter-hospital transfer is a significant disruption for someone, particularly if they are approaching the end of their life. It is also an additional stress for those close to them. This has to be balanced against the benefit of face-to-face senior review, and communication to the patient and those close to them from acknowledged experts.

Declaration of interest:

I was the consultant on call for CICU on 27/2/23 when RM was a patient. The decision for Palliative Care had already been taken and enacted when I took over charge of the CICU. I had no direct involvement in his care overnight.

References:

1. Evangelista A, Isselbacher EM, Bossone E, Gleason TG, Eusanio MD, Sechtem U, Ehrlich MP, Trimarchi S, Braverman AC, Myrmel T, Harris KM, Hutchinson S, O'Gara P, Suzuki T, Nienaber CA, Eagle KA; IRAD Investigators. Insights From the International Registry of Acute Aortic Dissection: A 20-Year Experience of Collaborative Clinical Research. Circulation. 2018 Apr 24;137(17):1846-1860. doi: 10.1161/CIRCULATIONAHA.117.031264. PMID: 29685932.

2. National Adult Cardiac Surgery Audit

decompensated HF, ward care poor as patient encouraged to drink plenty, increasing weight and contributing to worsening HF. Key learning point: *In severe LVSD acute HF, fluids should not be encouraged.*

- Medicine – SJR rated the discharge / EOL phase at 2. Key learning points:
  Need for scale 2 oxygen should be stated clearly and recorded on drug chart daily. Vitals should be adjusted to reflect scale 2. Rising NEWS to 4 predischarge should prompt escalation

In addition, one SJR completed for Specialised Services noted poor records and scored 2 for clarity of documentation.

All other SJR ratings for phases of care and for overall care were scored at 3 and above.

5.0 Thematic Reviews

End of Life review –this is still ongoing.

Progress on Transport review recommendations – awaiting update.

Aortic Dissections not operated (2 cases on 29th Dec, one on 1st Jan) this review has been commissioned from the specialised services division and a report is to be submitted before the end of March 2024.

6.0 Risks

Ongoing risks around access to theatres out of hours at Weston continue to be of concern as doctors are faced with difficult decisions around delaying treatment or transporting frail and acutely ill patients.

The need for a full seven-day palliative care service is apparent in the reported delays to medication and care over weekends for patients at the end of life. An on-call telephone service is currently available.

7.0 Conclusions and Future work

CQG is asked to approve this report.

University Hospitals Bristol and Weston NHS Foundation Trust

Meetings of the Finance Digital and Estates Committee on 19th March 2024 and 30th April 2024

Reporting Committee	**Finance, Digital and Estates Committee**
Chaired By	**Martin Sykes**
Executive Lead	**Neil Kemsley / Neil Darvill**

For Information

19th March

The Committee reviewed the month 11 financial and activity information, noting an increased level of confidence in achieving breakeven at year-end.

The main part of the meeting was spent reviewing the draft financial plan for 2024/25. The draft plan was reviewed in detail and approved prior to a preliminary 21st March submission to NHSE. At that point in time the BNSSG system was reporting a deficit of £24m with £11.2m allocated to UHBW. Work was continuing to close these gaps. The Committee approved on behalf of the Board that the draft plan be submitted.

The Committee reviewed the draft capital expenditure plan for 2024/25 noting the constrained funding allocation.

An update on the Trust Sustainability Programme was provided and reviewed. Having declared a climate and ecological emergency in collaboration with Bristol City partners in 2018, the Trust had been working to reduce emissions for example through the combined heat and power plant. Whilst successful to date, the committee noted that ultimately the complete removal of gas might be needed, and that the majority of the Trust emissions were 'supply chain' and transport related and more difficult to control.

Neil Darvill, Chief Digital Information Officer, reported that the Trust's Digital Strategy had been approved by the Board and provided an update on digital projects and the latest opportunities and risks.

All risks allocated to the Committee were discussed and reviewed.

30th February

The year-end M12 finance report was presented to the Committee that showed and unaudited surplus of £41k against the plan of breakeven. This was a good outcome both for the Trust and the system following a difficult year. The Trust 'internal' savings programme had delivered £20.3m against a target of £19.2m. The system demand management target of £7.8m was unfortunately unmet with £0.7m being delivered.

Of particular note, in light of the potential for very limited staff growth in 2024/25, were the significant increases in staff numbers during 2023/24 (Nursing +446 establishment increase +626 staff in post; Other clinical +136 establishment +142 staff in post; non-clinical +162 establishment +181 staff in post).

The Committee reviewed the final version of the 2024/25 operating plan, prior to submission to NHS England on 2nd May. The plan provided a satisfactory level of delivery against key national targets balancing this with a plan to break-even financially. The Committee reviewed the risks to delivery, both operational and financial (the savings programme for example) and approved the plan on behalf of the Board.

On estates, the Committee received a presentation of the Building Safety Act 2022 and considered potential impacts on the Trust capital projects. A verbal update on the Trust Fire Compliance project was provided, with the full report to be discussed at an upcoming Board meeting.

The Committee received an update on the Trust digital programme and reviewed all of the opportunities and risks therein. A particular issue around legacy Microsoft licences was discussed at length. The costs and benefits of upgrading these products was noted and the committee supported a costed plan being brought to the Executive team for further discussion.

All risks allocated to the committee were reviewed.

For Board Awareness, Action or Response

Progress against the fire improvement plan and updated risk assessments and mitigations will be presented to the next Board.

Digital risks including legacy software upgrades may hinder our progress but will be costly to resolve in the short-term

Key Decisions and Actions

The 2024/25 operating plan was approved for submission on behalf of the Board.

Additional Chair Comments

Date of next meeting:	21st May 2024

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board in Public on Tuesday 14th May 2024

Report Title	**Month 12 Trust Finance Performance Report**
Report Author	**Jeremy Spearing, Director of Operational Finance**
Executive Lead	**Neil Kemsley, Chief Financial Officer**

1. Purpose

To inform the Board of the Trust's pre-audit financial outturn for 2023/24.

2. Key points to note *(Including any previous decisions taken)*

The Trust's outturn net income and expenditure position is a surplus of £41k against the plan of break-even for the year. The reported position is subject to external audit. The final audited position will be reported to the Audit Committee on 5th June 2024. This will be the twenty first year of break-even or better achieved by the Trust.

The Trust delivered savings of £21.1m for the year, £6.0m behind plan. The outturn for recurrent savings delivery is £9.1m, a shortfall of £17.9m of which £7.1m relates to Urgent & Emergency Care (UEC) transformation savings.

The value of elective activity for outpatient, day case and inpatient delivery points fell further behind plan in March by £3.2m to £17.1m behind for the year. Of the £17.1m, it is estimated that c£5.7m is due to the impact of industrial action during the year.

The improvement of £10.8m from last month is due to additional funding received in March.

The Trust delivered capital investment of £50.0m in the year, in line with outturn funding.

The Trust's cash position was £96.7m as at the 31st March 2024, £1.2m below plan.

3. Strategic Alignment

This report is directly linked to the Patient First objective of 'Making the most of our resources'. Achieving break-even ensures our cash balances are maintained and therefore we can continue to support the Trust's strategic ambitions subject to securing CDEL cover.

4. Risks and Opportunities

416 – Risk that the Trust fails to fund the strategic capital programme. Unchanged risk score of 20 (very high).

5. Recommendation

This report is for **Information**. The Committee is asked to note the Trust's pre-audit financial performance for the year.

6. History of the paper

Please include details of where paper has <u>previously</u> been received.

Finance, Digital & Estates Committee	30th April 2024

University Hospitals Bristol and Weston NHS Foundation Trust

Trust Finance Performance Report

Reporting Month: March 2024

Executive Summary

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: March 2024

2023/24 Full Year Income & Expenditure Position	• Net I&E surplus of £41k against a breakeven plan (excluding technical items). • Total operating income is £76,962k favourable to plan due to higher than planned income from activities of £57,086k and higher than planned other operating income of £19,876k. • Operating expenses are £108,220k adverse to plan due to higher pay expenditure (£48,512k) and non-pay expenditure (£59,708k). Depreciation is in line with plan. • Financing items are £2,382k favourable to plan mainly due to interest receivable. • The impact of industrial action has been funded by NHSE.
Key Financial Issues	• *Recurrent savings delivery below plan* – Internal YTD CIP delivery is £20,309k or 106% of plan, of which recurrent savings are £8,347k, 43% of plan. • *Delivery of elective activity recovery below plan* – Value of elective activity is £17.1m behind plan at the end of 2023/24, deteriorating a further £3.2m in March. Of the £17.1m, c£5.7m relates to the estimated impact of industrial action. • *Corporate mitigations not delivered in full* – non-recurrent mitigations were delivered as planned to support the £41k surplus and achieve the financial plan.
Strategic Risks	• Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the Full Business Case (FBC) during quarter 1 2024/25; • Understanding the operational risks and mitigations associated with the Trust's legacy estate and how the CDEL limit and system prioritisation restricts future strategic capital investment – pending completion of the ICB and Trust 2024/25 capital plan in April 2024; • Understanding the implications of the Trust's recurrent revenue deficit.

Reporting Month: March 2024

Successes	Priorities
• 21st year of delivering a breakeven of better financial position with a surplus of £41k. • Delivery of capital investment of £50.0m in 2023/24, in line with the Trust's capital envelope. • The Trust's cash position remains strong at £96.7m, broadly in line with plan. • BPPC continues to be maintained at 92% for invoices paid by value and 94% paid by volume within 30 days. • Submission of the Trust's 2024/25 draft financial plan to NHSE on 21st March.	• Divisions and Corporate Services to ensure recurrent CIP schemes are fully identified to deliver the 2024/25 efficiency challenge of £41.2m. • Delivery of the elective activity in the Trust's 2024/25 annual plan to secure maximum ERF and support the delivery of the Trust's financial plan. • Complete the Trust's final Financial Plan for FDEC approval on the 30th April 2024 ahead of submission to NHSE on 2nd May 2024. • Development of the Trust's revenue Medium-Term Financial Plan and Medium-Term Capital Plan. • Securing national capital funding to support Trust's capital plan looking forward into 2024/25.
Opportunities	**Risks & Threats**
• Potential of additional system CDEL in 2024/25 if the 76% 4 hour ED target was met in March. UHBW successfully met the target with 76.5% performance during the month.	• Workforce supply challenges in hard to fill vacant posts such as theatre nursing, staff absences and bed constraints continues to impact on the Trust's ability to meet emergency demand and deliver the planned elective activity. • Recurrent under-delivery on the Trust's savings program will result in a significant deterioration in the Trust's underlying deficit. • The significantly reduced CDEL for 2024/25 is likely to constrain the Trust's strategic capital plans over the next three to five financial years.

Income & Expenditure Summary

March 2024

Trust Year to Date Financial Position

	Month 12			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	88,233	101,323	13,090	1,029,177	1,086,263	57,086
Other Operating Income	8,418	13,672	5,254	105,279	125,155	19,876
Total Operating Income	**96,651**	**114,995**	**18,344**	**1,134,456**	**1,211,418**	**76,962**
Employee Expenses	(46,472)	(61,112)	(14,640)	(670,688)	(719,200)	(48,512)
Other Operating Expenses	(35,159)	(59,355)	(24,196)	(414,953)	(474,841)	(59,888)
Depreciation (owned & leased)	(3,391)	(3,334)	57	(39,578)	(39,398)	180
Total Operating Expenditure	**(85,022)**	**(123,801)**	**(38,779)**	**(1,125,219)**	**(1,233,439)**	**(108,220)**
PDC	(1,040)	(1,320)	(280)	(12,447)	(13,695)	(1,248)
Interest Payable	(221)	(202)	19	(2,652)	(2,748)	(96)
Interest Receivable	250	501	251	3,000	6,839	3,839
Other Gains/(Losses)	0	(30)	(30)	0	(113)	(113)
Net Surplus/(Deficit) inc technicals	**10,618**	**(9,857)**	**(20,475)**	**(2,862)**	**(31,737)**	**(28,875)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	239	20,672	20,433	2,862	31,778	28,916
Net Surplus/(Deficit) exc technicals	**10,857**	**10,815**	**(42)**	**0**	**41**	**41**

Clinical Divisions YTD Financial Position – Variance to Budget

Division	M12 YTD Variance Favourable/(Adverse) £000's	M11 YTD Variance Favourable/(Adverse) £000's	Increase/ (Decrease) in Variance £000's	M12 YTD Variance as % of Budget
Diagnostics & Therapies	(2,264)	(1,961)	(303)	-2.3%
Medicine	(722)	(901)	179	-0.5%
Specialised Services	287	184	103	0.2%
Surgery	(4,171)	(3,905)	(266)	-2.1%
Weston	(529)	(531)	2	-0.9%
Women's & Children's	(4,343)	(4,226)	(117)	-2.0%
Clinical Divisions Total	**(11,742)**	**(11,340)**	**(402)**	**-1.3%**
Estates & Facilities	(1,118)	(897)	(221)	-1.7%
Total	**(12,860)**	**(12,237)**	**(623)**	**-1.3%**

Key Facts:

- The position at the end of March is a net surplus of £41k against a breakeven plan. The favourable position is an improvement of £10,845k from last month due to additional funding in March.
- Significant variances in the year-to-date position include: the value of elective income behind plan by £17,100k (of which £5,684k relates to the impact of industrial action); £5,975k shortfall on savings delivery; better than planned interest receivable income of £3,839k; and additional operating income of £19,876k.
- In 2023/24 the Trust has spent £7,232k on costs associated with Internationally Educated Nurses (IENs).
- Pay expenditure in March is £774k lower than February at £61,112k.
- Agency expenditure in month is £1,946k, compared with £1,835k in February. Bank expenditure in month is £4,863k, compared with £4,292k in February.
- YTD, pay expenditure is £48,512k above plan, mainly due to a significantly higher than planned number of substantive staff in post, higher than planned bank and agency spend combined and impact of industrial action.
- Total operating income is £76,962k higher than plan YTD as result of an increase to the block element of Aligned Payment Incentive (API) contract income and additional income from commissioners including income received from Health Education England (HEE), income to cover the costs of industrial action and services provided to other organisations.
- The financial position of the divisions shows a deterioration of £623k in March, to a YTD overspend against budget of £12,860k or 1.3%. All industrial actions costs are now funded in Divisions.
- The most significant variances to budget are in Surgery (£4,171k), Women's & Children's (£4,343k) and Diagnostics & Therapies (£2,264k).

Savings – Cost Improvement Programme

March 2024

Division	YTD				
	Plan £'000	Recurring £'000	Non-Recurring £'000	Total £'000	Variance (Fav/(Adv)) £'000
Diagnostics & Therapies	2,383	715	2,508	3,227	839
Medicine	2,112	991	1,178	2,169	57
Specialised Services	1,658	1,160	1,012	2,173	515
Surgery	2,932	805	2,222	3,027	95
Weston	510	622	158	780	270
Women's & Children's	3,787	2,109	2,402	4,511	724
Estates & Facilities	1,028	406	613	1,018	(10)
Finance	245	245	0	245	0
HR	135	135	67	202	67
Digital Services	574	6	585	593	19
Trust HQ	569	152	217	369	(201)
Corporate	1,391	1,000	1,000	2,000	609
CIP Transformation & Demand Management	1,875	0	0	0	(1,875)
Divisional Sub Totals	19,200	8,347	11,962	20,309	1,108
Urgent & Emergency Care Transformation Plans	7,850	766	0	766	(7,084)
Grand Totals	27,050	9,113	11,962	21,075	(5,975)

Key Points:

- The Trust's 2023/24 savings target is £27,050k. This includes £7,850k attributable to Urgent & Emergency Care System Transformation Plans.
- Urgent & Emergency Care Transformation savings were planned to begin delivery from July 2023. However, it has proved problematic to identify financial savings as a direct result of these initiatives largely due to emergency admission growth offsetting the length of stay benefits.
- At the end of March, the Trust had achieved savings of £21,075k, or 78% against a plan of £27,050k, resulting in a shortfall of £5,975k. There was a £7,084k shortfall, which comes under delivery of Urgent & Emergency Care Transformation savings.
- The recurring outturn for 2023/24 is £9,113k resulting in a recurring savings shortfall of £17,937k (excluding full year effect impact).
- At month 12, all areas apart from Finance, HR & Weston, had a shortfall against their recurring plans. 57% of the identified savings are non-recurrent, so a significant step change in the identification and delivery of savings is paramount to securing the full delivery of CIP on a recurring basis to avoid increasing the Trust's recurring revenue deficit.

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Committee	**People Committee – 21 March 2024**
Chaired By	**Bernard Galton, Non-Executive Director**
Executive Lead	**Emma Wood, Chief People Officer and Deputy Chief Executive**

For Information
The meeting covered items relating to the People Strategy pillar New Ways of Working together with an important review of 2023/2024 performance against the people KPIs and an opportunity to approve the metrics for 2024/25.
For Board Awareness, Action, or Response
It was explained that NHSE will be taking a strong line with organisations unable to forecast a break-even budget which will result in demands to reduce headcount. Some hospitals in England are already looking to reduce staff numbers to meet their budget commitments. This will require a coordinated System wide approach. NHSE is also looking at changing nursing roles which may improve flexibility, but changes of this nature are invariable expensive in the short term. No central funding will be available for IEN recruitment which makes the internal funding education programmes extremely important.
Key Decisions and Actions
There was an excellent presentation from Emma Mooney outlining the progress that has been made on implementing the new Communications Strategy and a further update will be made at the next meeting The update on People systems was welcomed although the CPO was asked to provide further information and assurance at the next meeting on the red RAG rating for ESR. The Committee noted the excellent achievements in the current year in meeting nearly all the People KPIs. The continuing under performance of Appraisal completion was highlighted and further steps need to be taken to bring this up to target. The Committee approved the KPIs for 2024/25 but asked the CPO to reflect again on whether they were sufficiently stretching and amend if necessary. Diagnostics and Therapies (D&T) Deep Dive – the committee discussed the general shortage of staff with D&T and how the Trust was maximising the resources across sites, specifically in terms of the current difficulty in sharing radiology results and reports between the Bristol and Weston site, which was resulting in radiology follow up in Weston. It was agreed that further work on a technological solution for cross site working to reduce radiology follow ups in Weston be undertaken. It was agreed that the item referred to the Committee from QOC on food hygiene training was an operational issue and would be forwarded to PLDG for monitoring.
Update from ICB Committee
The next ICB People Committee is on Wednesday 27th March

Date of next meeting:	**23 May 2024**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 14 May 2024

Reporting Committee	**Audit Committee**
Chaired By	**Jane Norman, Non-executive Director**
Executive Lead	**Stuart Walker, Interim Chief Executive**

For Information
This was the last Audit Committee meeting for Jane Norman, who stood down from her Non-executive Director role on 30 April 2024. Anne Tutt, Non-executive Director Elect was introduced to the meeting attendees. Discussions were held around Risk Registers, the Annual Governance Statement, the Procedural Document Management System, Internal Audit, External Audit, Counter Fraud, Accounting Policies, Special Payments, Single Tender actions and Board Register of Interests.
For Board Awareness, Action or Response
The Committee spent some time discussing the Board assurance framework and ensuring there was clarity over some risks. Concern was raised over the new risk around stroke services and it was confirmed this was being monitored within the Quality and Outcomes Committee. Discussion was held around the Annual Governance Statement and what would be considered under the heading 'Significant Internal Controls Issue'. The Head of Internal Audit Opinion was expected to be another positive response and it was highlighted that many other Trusts were not able to maintain the significant assurance that the Trust had, which was to be commended.
Key Decisions and Actions
Further information on the number of obsolete and under review documentation as well the Trust's plan to decrease this was requested for the next meeting.
Additional Chair Comments

Date of next meeting:	**5 June 2024**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Director in Public on Tuesday 14 May 2024

Report Title	**Annual Review of Board Register of Interests**
Report Author	**Mark Pender, Head of Corporate Governance**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Report Summary

The purpose of this report is to present the Board Register of Interests for consideration by the Board, and to provide assurance that the Trust is compliant with regulatory requirements to maintain an up-to-date register of all interests for the Board of Directors.

2. Key points to note
(Including decisions taken)

N/A

3. Risks
If this risk is on a formal risk register, please provide the risk ID/number.

The risks associated with this report include:
The Trust has a regulatory requirement to maintain robust up to date records of any key interests including potential conflicts of interests of all senior decision makers in the Trust, and particularly the Board of Directors.

4. Advice and Recommendations
(Support and Board/Committee decisions requested):

- This report is for **information.**

5. History of the paper
Please include details of where paper has previously been received.

Audit Committee – 24 April 2024

Register of Interests for the Board of Directors – April 2024/25

First Name	Surname	Trust Position	Description of Interest	Remunerated
Arabel	Bailey	Non-Executive Director	Significant Shareholding in Accenture built up during employment there. Non-Executive position at the Department of Work and Pensions advising on modernisation.	N/A Yes
Sue	Balcombe	Non-Executive Director	Nil Return	N/A
Rosie	Benneyworth	Non-Executive Director	Interim Chief Executive Officer of the Health Services Safety Investigations Body (HSSIB) Trustee of the National Children's Orchestras of Great Britain.	Yes No
Bernard	Galton	Non-Executive Director	Director, Bernard Galton Ltd Management Consultancy Associate, Ekim Consultancy	Yes Yes
Emma	Glynn	Associate Non-Executive Director	Senior Director and Head of Healthcare Advisory at JLL UK Non-Executive Director at not-for-profit care provider Somerset Care.	Yes No
Marc	Griffiths	Non-Executive Director	Pro-Vice Chancellor & Executive Dean, University of the West of England, Bristol Director of the Council of Deans Governor, City of Bristol College Ad-hoc Fitness to Practice support for the Health & Care Professions Council	Yes No No Yes

Susan	Hamilton	Associate Non-Executive Director	Vice Chair of Taff Housing (social housing and support provider) CEO of St Peter's Hospice	Yes Yes
Jayne	Mee	Chair	Director – NHS Charities Together	No
Jane	Norman	Non-Executive Director	Deputy Vice Chancellor and Provost, University of Nottingham (from 1 December 2022) Dean of the Faculty of Health Sciences, University of Bristol (ended 30 November 2022) Fellow of the Royal College of Obstetricians and Gynaecologists Fellow Royal Society of Biology Fellow of the Academy of Medical Sciences Fellowship of the Royal College of Physicians of Edinburgh Fellowship of the Royal Society of Edinburgh	Yes Yes No No No No No
Roy	Shubhabrata	Non-Executive Director	Director, HelpAge International UK Director, Age UK Bath and North East Somerset Limited Director, Age UK Chief Executive, Healthinnova Limited Member of National Institute of Health and care Research (NIHR) Public Health Research funding committee	No No No Yes No

Martin	Sykes	Non-Executive Director	Non-Executive Member and Senior Independent Director, Cornwall & Isles of Scilly Integrated Care Board	Yes
Paula	Clarke	Executive Managing Director, Weston General Hospital	Associate Consultant for the Leadership Centre (NI)	Yes
Neil	Darvill	Joint Chief Digital Information Officer	Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust. Stepbrother is an employee of North Bristol NHS Trust, working in the Cancer Services Team	Yes
Jane	Farrell	Chief Operating Officer	Nil Return	N/A
Deirdre	Fowler	Chief Nurse and Midwife	Trustee, Bristol & Weston Hospital Charity Son works as a ward clerk in BRHC during his university holidays Daughter works as bank Physiotherapy technician during holidays	No N/A N/A
Neil	Kemsley	Chief Financial Officer	Chair of Audit South-West Consortium Board Through NBD Kemsley Ltd, his own personal services company, appointed to support the Independent Review into Maternity Services at Nottingham University Hospitals Trust, being led by Donna Ockenden.	No Yes
Rebecca	Maxwell	Interim Chief Medical Officer	Nil Return	N/A
Stuart	Walker	Interim Chief Executive	Nil Return	No
Emma	Wood	Chief People Officer	Chartered Fellow of the Chartered Institute of Personnel	N/A

			and Development Co-Chair of the South-West HR Directors Network for NHS Employers Husband has a bank contract with UHBW as a case investigator	No N/A

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 12 March 2024

Report Title	**Governors' Log of Communications**
Report Author	**Mark Pender, Head of Corporate Governance**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Purpose
The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications is a means of channelling communications between the governors and the officers of the Trust.
2. Key points to note *(Including any previous decisions taken)*
Since the previous Board of Directors meeting held in public on 12 March 2024: • One question has been added to the log around digitisation. • Four questions have been answered on the log. • There is one question overdue a response.
3. Strategic Alignment
N/A
4. Risks and Opportunities
None
5. Recommendation
This report is for Information
6. History of the paper **Please include details of where paper has <u>previously</u> been received.**
N/A

Governors Log April 2024

Governors questions reference number	Coverage start date	Governor Name	Governor Constituency	Description	Executive Lead	Coverage end date	Response	Status
288	22/12/2023	Martin Rose		It has been noticed that some patient letters are still coming through with the original UHBristol or Weston Area logo on them, instead of the correct UHBW logo. Can you confirm that all departments have removed the old letterheads and are now using the correct logo?	Chief Operating Officer	14/03/2024	Response to question, along with responses to questions 266 and 268 are attached to this record.	Closed
289	09/01/2024	Martin Rose		I am watching The House of Commons and they are debating the issues relating to inaccessible dentistry from our NHS. I am wondering if this is something that the board has considered because, if we were to provide NHS dentistry services, this would solve increasing attendance's at A & E or other departments due to the secondary effects of the lack of access for teeth. 1 in 10 people have performed their own dentist work, pulling their own teeth out, due the dentists being inaccessible. Has the Trust Board consider offering this service within our NHS hospital provision.	Chief Operating Officer	04/03/2024	The BDH historically offered a level of routine NHS dentistry, provided by trainee dentists at the University of Bristol Dental School, which until last year was hosted in the BDH. The Dental School moved to new University Premises in Temple Quarter in 2023, and they continue to offer this service. As a specialist centre, the focus of the clinical teams at the BDH is providing more complex treatments that are not suitable for a community setting, hence we do not offer routine primary care dentistry. The problem you describe is however very real, and the paucity of primary care provision in some areas does impact on our services, for example the Cleft service. There is a national Dental recovery plan in place to help to respond to this, and locally we are approaching Commissioners regarding the provision of Child Friendly Dental Practice based at South Bristol Hospital, that would offer more of a community-based service to paediatric patients.	Closed
290	05/02/2024	Libby Thompson		We have had feedback that telephone numbers on patient letters are either not active, incorrect, or not answered. We have also had feedback that messages left on trust numbers/answer phones (even when asked to leave a message) are not responded to. What principles and requirements does the Trust have in place to guide staff and teams about (and how are the NEDs assured that this type of requirement is in place and being adhered to?): Ensuring that there are/ and maintaining accurate contact telephone numbers on patient letters and webpages Ensuring answer phone messages are listened to and responded to, even when the person is on leave (if it is a named phone number/ message box). Ensuring answer phone and telephone messages are responded to within a suitable timeframe.	Chief Operating Officer	04/03/2024	Response to question, along with responses to questions 264 and 268 are attached to this record.	Assigned to Executive Lead
291	05/02/2024	John Rose		Could the Trust provide assurance that the logistical access to the hospitals for bringing in a patient with a mobility or dementia disability is being improved. This includes finding disabled parking, getting the patient to the hospital and finding access to a wheelchair, that the instructions for these patients and carers is disseminated on appointment booking, and that the process around paying for tickets at Trust parking pay machines is made easier. This would eliminate the stresses for patients and carers in arriving at their hospital appointment.	Chief Financial Officer	04/03/2024		Assigned to Executive Lead

Governors Log April 2024

292	06/02/2024	Libby Thompson		What facilities are available in outpatient areas at the Trust, and what guidance and training is given to staff, to ensure that patient confidentiality is respected? To contextualise: There are numerous busy outpatient areas across the trust- and we are asking the question about all areas, not just one. This question is being asked after a patient was observed being asked clearly personal questions in the centre of a busy outpatient waiting area, due to their inability to fill in a questionnaire by themselves, where choice was not given and patient discomfort was clearly observed.	Chief Operating Officer	05/03/2024	Response to question, along with responses to questions 264 and 266 are attached to this record.	Assigned to Executive Lead
293	19/03/2024	Richard Posner		The latest Budget delivered by the Government (2024/25) allocated ring-fenced money for NHS digitisation. When does the Board envisage allocation of funds and to the extent it addresses expenditure issues (i.e. where the money comes from) identified in the joint digital strategy to bring UHBW up to the right base level?	Chief Financial Officer	03/05/2024		Assigned to Executive Lead

Outpatient Services - Response to Questions raised by Trust Governors 14/02/2024

Summary

This paper provides a response to the Trust Governor's questions asked in February 2024 about the experience of patients using UHBW outpatient services. Where possible, the specific responses have been linked to initiatives and developments at a Trust wide level.

There are three programmes of work being progressed by the Trust outlined in the Outpatient Strategy that will support improvements in patient communications. The 'Outpatients 2025' programme will consider where there could be a benefit in centralising some of our admin functions and moving towards greater standardisation in processes and documentation being used across our outpatient services.

The Trust is also undertaking a review of appointment letters which will review and update the content of Trust communications.

Finally, DrDoctor is the Trusts patient engagement portal which aims to digitise communications and create efficiencies to support administration teams make better use of their resources.

Governors' questions and responses

1. **We have had feedback that telephone numbers on patient letters are either not active, incorrect, or not answered. We have also had feedback that messages left on trust numbers/answer phones (even when asked to leave a message) are not responded to. What principles and requirements does the Trust have in place to guide staff and teams about (and how are the NEDs assured that this type of requirement is in place and being adhered to?):**

- **Ensuring that there are/ and maintaining accurate contact telephone numbers on patient letters and webpages.**
- **Ensuring answer phone messages are listened to and responded to, even when the person is on leave (if it is a named phone number/ message box).**
- **Ensuring answer phone and telephone messages are responded to within a suitable timeframe.**

The Trust has a distributed model of delivery. The Trust operates 66 outpatient departments across the 10 main hospital sites. Trust outpatient administration services operates a hub and spoke model. 20% of the Trust functions are centralised in call centres under the management of the COO team. The other 80% is delivered by divisions at speciality level.

The turnover rate for the centralised functions is 8% and below, with only 2% of people leaving the Trust. Turnover rates for division administrative roles is 14%. This often leaves the divisions under resourced to deliver administrative functions. Resulting in longer waits to answer phone calls and respond to phone messages.

The Trust has set call centre standards through the 2018-20 'Take Phonership' programme, and these now need to be reviewed. The standards set by this programme include responding to phone and answer phone messages. It was also clarified that each divisional team had a responsibility to keep published contact details up to date and planning resources to meet demand. The Trust central functions currently deliver a 94% call answer rate, with 6% of calls being abandoned; this falls within the standards outlined. Providing a similar level of assurance from divisional teams is challenging because it is currently not possible to create reliable reports from the Mitel Cisco telephone system that divisional teams work from.

In August 2023 the letters review group identified 6,878 appointment letter templates for audit. This review demonstrated some of these letter templates date before the merging of Bristol and Weston Hospitals, of these more than 50% can be closed because they have not been used in over a year. Further work is being undertaken to improve letter, leaflet content and provide easy read letter standard formats. This work is being done with the Trusts Accessible Information and Learning Disability Steering Groups and supported by patient representatives.

In December 2023, Appointment Letters went live in DrDoctor and over 100,000 appointment letters have now been sent digitally. 62% of patients are accessing these communications digitally via the Patient Portal. DrDoctor allows for a greater degree of accuracy in the communications being sent. The system provides automated features that ensure patients receive letters in the right accessible format and creates a more auditable trail for patient communications.

In Q4, the Trust is piloting two new DrDoctor functions. Basic rescheduling where patients will be able to ask to rearrange appointments via the DrDoctor portal, and two-way messaging that will allow patients and administrative teams to have a text message conversation. It is anticipated that these developments will support reduction in Trust call volume allowing teams to concentrate on patients who are not able to access these channels of communication.

At a Trustwide level, the Outpatient Steering Group have developed some high-level options for expanding the capacity of our outpatient facilities and to make sure that the available capacity is better utilised. The Outpatients 2025 programme will review the current delivery and utilisation of our estates and administration functions. With the aim of developing an Outline Business Case to improve the Trusts administrative capabilities, operational capacity, and productivity. This will include a consideration of the benefits of centralising administrative functions and changes to telephone infrastructure and a review of operational practice and introduction of service standards.

2. **What facilities are available in outpatient areas at the Trust, and what guidance and training is given to staff, to ensure that patient confidentiality is respected? To contextualise: There are numerous busy outpatient areas across the trust- and we are asking the question about all areas, not just one. This question is being asked after a patient was observed being asked clearly personal questions in the centre of a busy outpatient waiting area, due to their inability to fill in a questionnaire by themselves, where choice was not given and patient discomfort was clearly observed.**

UHBW staff are required to complete training covering data protection, confidentiality, and privacy when they join the Trust, with refresher training required annually. This content is set by NHS England and made available through UHBW's Learning Management System. There are also guidance, policies, and procedures available to all staff to support a range of topics and common tasks.

The Information Governance team are restarting Record Security Walkabout Audits, where the team visit departments as "secret shoppers" to review common security mistakes like allowing tailgating into clinical areas, leaving paperwork unattended or leaving PCs logged in and unlocked.

In 2022, a review of outpatient departments was undertaken. Most outpatient departments do not have confidential spaces outside of clinic rooms to conduct personal conversations with patients. These conversations should have been held in a vacant room or between the room being occupied by patients. Space is very limited across the Trust creation of confidential spaces will reduce overall clinic space and could result in a loss of clinical capacity.

3. **It has been noticed that some patient letters are still coming through with the original UHBristol or Weston Area logo on them, instead of the correct UHBW logo. Can you confirm that all departments have removed the old letterheads and are now using the correct logo?**

Updated letter templates have been provided to all Trust specialities following the merger of Bristol and Weston Hospitals. In August 2023, the letters review group identified 6,878 appointment letter templates for audit. This review demonstrated some of these letter templates date before the merging of Bristol and Weston Hospitals, of these more than 50% can be closed because they have not been used in over a year. This can be done centrally and will reduce the possibility of an out-of-date letter template with the wrong letter logo being sent out.