These papers carry a general and press embargo until after the Board of Directors meeting has been held and no discussion concerning them will be entered into until that time.

University Hospitals Bristol and Weston NHS Foundation Trust

BOARD OF DIRECTORS (IN PUBLIC)

Meeting to be held on Tuesday, 12 March 2024 at 13.45 – 16.45 at Elim Bristol City Church, 3-15 Jamaica Street, Bristol, BS2 8JP

AGENDA

NO	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS
Preliminary Business				
1.	Welcome and Apologies for Absence	Information	Chair	13.45 25 mins
2.	Declarations of Interest	Information	Chair	
3.	Patient Story	Information	Patient and Public Involvement Lead	
4.	Minutes of the Last Meeting – 9th January 2024	Approval	Chair	
5.	Matters Arising and Action Log	Approval	Chair	
Strategic				
6.	Chief Executive's Report	Information	Interim Chief Executive	14.10 15 mins
7.	Joint Clinical Strategy	Approval	Interim Chief Executive	14.25 5 mins
8.	Digital Strategy	Approval	Joint Chief Digital Information Officer	14.30 20 mins
9.	Well Led Review	Information	Interim Chief Executive / Director of Corporate Governance	14.50 10 mins
Quality and Performance				
10.	Quality and Outcomes Committee Chair's Report	Information	Chair of the Quality and Outcomes Committee	15.00 10 mins
11.	Integrated Quality Performance Report	Information	Chief Operating Officer; Chief Nurse and Midwife; Chief People Officer; Interim Chief Medical Officer	15.10 15 mins
12.	Maternity Assurance Report	Information	Chief Nurse and Midwife	15.25 5 mins
BREAK – 15.30 – 15.40				

Financial Performance				
13.	Finance, Digital & Estates Committee Chair's Report	Information	Chair of the Finance and Digital Committee	15.40 10 mins
14.	Trust Finance Report	Information	Chief Financial Officer	15.50 10 mins
People Management				
15.	People Committee Chair's Report	Information	Chair of the People Committee	16.00 10 mins
16.	Guardians of Safe Working Hours Annual Report	Information	Chief Medical Officer	16.10 10 mins
17.	Under 16 Cancer Patient Experience Survey	Information	Chief Nurse and Midwife	16.20 10 mins
Governance				
18.	Audit Committee Chair's Report	Information	Chair of the Audit Committee	16.30 10 mins
19.	Modern Slavery and Human Trafficking Statement 2023/4	Approval	Director of Corporate Governance	16.40 2 mins
20.	Register of Seals	Information	Director of Corporate Governance	16.42 1 min
21.	Governor's Log of Communications	Information	Director of Corporate Governance	16.43 1 min
Concluding Business				
22.	Any Other Urgent Business • Questions from Members of the Public	Information	Chair	16.44
23.	Date of Next Meeting: **Tuesday, 14 May 2024**	Information	Chair	

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 12th March 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)*

This is a story set in the context of our emerging new Experience of Care strategy 2024-2029, that will be presented to Board for approval in May 2024.

The story is about the experiences of care of our patients on the Bristol Royal Infirmary Trauma and Orthopaedic wards A602 and A604, part of the Division of Surgery. It is shared through the lens of the Trust's Poet in Residence, Beth Calverley. It is also a story about how we create environments that support person-centred, compassionate, and inclusive care and the role of the Trust's Arts and Culture Programme in that.

During February 2024, Beth worked collaboratively with patients and carers on the ward enabling them to express their stories, emotions, and personal experiences of care in the form of poetry. Beth will bring their voices to the Board meeting by way of three short and unique poems which together offer a unified voice and insight into what matters to patients receiving care.

The use of poetry and creative writing to enhance the experience of care of the people we support is a key aspect of the Trust's Arts and Culture Programme. Like music, poetry has a unique ability to unlock images and feelings. As a communication tool, poetry stretches language and expression, allowing the patient and poet to communicate in a way that other forms of written communication don't offer. It allows

participants to open-up about what really matters to them and share experiences that they might not ordinarily do.

As part of this patient story, Board members will be invited to reflect on what the poems tell us about the experience of care and consider what words would find a place in their own poem.

By way of further context, the Arts and Culture Programme is part of the Trust's Estates & Facilities Department. The Programme improves the aesthetic environment of the hospital and supports the wellbeing of patients, staff, carers, students and volunteers through arts and culture. This includes visual arts and photography, poetry and creative writing, music and movement, horticulture, and digital media. The team also advises on design and events and meets regularly with the Experience of Care and Inclusion team to share ideas, feedback, and develop collaborations.

The UHBW Poet in Residence is part funded by Bristol and Weston Hospitals Charity.

3. Strategic Alignment

This work aligns to the Patient First True North Experience of Care strategic priority.

4. Risks and Opportunities

This story explores how the art and culture programme contributes to creating an environment and atmosphere where patients can feel safe, socialise, maintain a connection to the world outside the hospital and support their identity. The collaboration between the Arts and Culture Team and the Experience of Care and Inclusion team affords further opportunity to understand and enhance the experience of care.

5. Recommendation

This report is for Information

- 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	N/A

University Hospitals Bristol and Weston NHS Foundation Trust

BOARD OF DIRECTORS (IN PUBLIC)

Minutes of the meeting held on Tuesday, 9 January 2023 at 13.45 – 16.45 in Lecture Theatre 2 and 3, The Education Centre, Bristol

Present

Board Members

Name	Job Title/Position
Jayne Mee	Chair
Stuart Walker	Interim Chief Executive
Arabel Bailey	Non-Executive Director
Rosie Benneyworth	Non-Executive Director
Paula Clarke	Executive Managing Director, Weston General Hospital
Neil Darvill	Chief Digital Information 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
Becky Maxwell	Interim Chief Medical Officer
Jane Norman	Non-Executive Director
Martin Sykes	Non-Executive Director
Roy Shubhabrata	Non-Executive Director
Emma Wood	Chief People Officer & Deputy Chief Executive

In Attendance

Eric Sanders	Director of Corporate Governance
Emily Judd	Corporate Governance Manager (minutes)
David Markwick	Director of Performance
Lindsey Harryman	Consultant in Genitourinary Medicine, UHBW (for Item 3: Patient Story)
Marsha Doran	Common Ambition Community Researcher (for Item 3: Patient Story)
Tony Watkin	Patient and Public Involvement Lead (for Item 3: Patient Story)
Sarah Windfeld	Director of Midwifery and Nursing (for Item 9: Maternity Updates)

The Chair opened the Meeting at 13.45

Minute Ref.	*Item*	*Actions*
01/01/24	**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. There had been apologies of absence received from: - Sue Balcombe, Non-Executive Director - Jane Farrell, Chief Operating Officer. David Markwick, Director of Performance, would be joining the meeting to deputise.	

Minute Ref.	*Item*	*Actions*
02/11/24	**Declarations of Interest**	
	There were no new declarations of interest relevant to the meeting to note.	
03/01/24	**Patient Story**	
	Lindsey Harryman, Consultant in Genitourinary Medicine, provided a summary to the Board on the Common Ambition Project which was set up in 2021 to work with African and Caribbean heritage communities in Bristol to reduce HIV diagnosis, stigma and generally improve sexual health due to the higher than average HIV prevalence rate in those communities. It was noted that the project was funded by the Health Foundation over a three-year period. Marsha Doran, Common Ambition Community Researcher, reflected on the patient experiences of local people of African and Caribbean heritage and the challenges they faced in accessing sexual health services due to a lack of testing. Marsha explained how Common Ambition Bristol had built a climate of trust to advance health equity and how, by raising the profile around HIV, had challenged myths and demonstrated the power of co-production as part of an initiative to improve health outcomes for the community. The key project achievements to date included new branding, Common Ambition HIV testing kits, cinema takeovers, attending events to raise awareness, and setting-up walk-in sexual health testing clinics in the BS2 and BS5-6 postcode areas. Marsha explained that through a specific outreach project, local businesses had been trained on how to use the HIV testing kits so the information could be passed onto the community. Marsha shared positive feedback with the Board from patients and local businesses, however a recurrent concern raised was that funding would not be continued beyond the initial three year period. Lindsey noted the key steps going forward, which included supporting the positive news that emergency departments would soon offer opt-out HIV testing to further support diagnosis rates, and informed the Board that the Health Foundation had invited the project to apply for funding for a post in UHBW to build on the learning from Common Ambition to address other healthcare inequalities in Bristol, and asked the Board for ideas in supporting any new role and for keeping the Common Ambition co-production project alive for the community. Jayne Mee, Chair, thanked Lindsey and Marsha for the informative story and opened the discussion up to questions from the Board. During the ensuing discussion the following questions were asked: • Stuart Walker, Interim Chief Executive Officer thanked the team for the inspiring update and said he would be keen to join a community session to fully learn about the set-up and to provide support to the project. • Susan Hamilton, Non-Executive Director asked whether the Common Ambition project team had reached out to other areas of the Trust to link into the Experience of Care Strategy, or to raise awareness with clinical teams. Lindsey said that the co-production had demonstrated how representation mattered which had changed the profile of the staff within the clinics. Lindsey said the longer-term aim would be to encourage minority groups to engage with existing hospital clinics, rather than holding separate clinics, however noted the stigma around this and how it would take time to build trust within these communities, like Common Ambition had achieved.	

Minute Ref.	*Item*	*Actions*
	• Deirdre Fowler, Chief Nurse and Midwife added how the Patient Experience team would aim to teach the Trust about the true meaning of co-production by learning from the Common Ambition project and noted that this would link to the Patient Experience Strategy. • Neil Kemsley, Chief Finance Officer offered support from the finance team for the funding bid from the Health Foundation. • In response to a query from Marc Griffiths, Non-Executive Director, Lindsey explained that Bristol Health Partners (BHP) were part of the Common Ambition project and assured the Board that it was well communicated with system partners. Lindsey reported that the sexual health services for Bristol were being retendered and she expected a new service to be running from 2025 with elements of Common Ambition being embedded within the service. In terms of the new role that had been discussed, Lindsey said this would be for the Trust to look at improving other health inequalities. • Jane Norman, Non-Executive Director, asked whether the project had links to primary care, such as GP surgeries. Lindsey said the project was not directly involved but did know the surgeries signposted patients to the clinics, and she noted separate projects around HIV testing that were ongoing with the University of Bristol. Marc Griffiths responded by offering support and expertise from the University of the West of England (UWE) and it was agreed to put Marc in touch with the team. connected. **Action – Trust Secretariat to link Marc Griffiths, Non-Executive Director to Common Ambition project.** Jayne thanked Lindsey and Marsha for the inspiring story and urged them to continue their project priorities with support from UHBW's finance team. It was agreed for Stuart Walker to be invited to a community clinic. **RESOLVED that the Patient Story be received and noted for information**.	**Trust Secretariat**
04/01/24	**Minutes of the Last Meeting – 14th November 2023**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 14th November 2023. **RESOLVED that the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 14th November 2023 be approved as a true and accurate record.**	
05/11/23	**Matters Arising and Action Log**	
	16/11/23 - Emma Wood agreed to present the triangulated Freedom to Speak Up and staff concerns data into the People Committee for Board oversight. The triangulated data was shared at November's People Committee meeting and remained a standing item on the work plan on a 6 monthly basis. It was agreed to **close this action**. 17/11/23 - Trust Secretariat to add a discussion around risks to the Board Day agenda in December. An item had been added to the Board Day agenda in December 2023 and it was agreed to **close this action**. 17/11/23 - Stuart Walker to review the de-escalation of "risk 2741, that research was not adequately supported."	

Minute Ref.	*Item*	*Actions*
	The de-escalation had been confirmed as appropriate by the Research and Development leadership team and it was agreed to **close this action**. 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 advised that 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.** 17/11/23 - Neil Kemsley to review the risk score for "risk 3472, relating to sustainability", and report back to the Finance, Digital and Estates Committee. A review was being undertaken as part of the quarter 3 risk update to the Finance, Digital and Estates Committee and it was agreed to **close this action.** 14/06/23 - Due diligence to return to the Board in September to support the proposal from the Safer Nursing Care Tool (SNCT) assessment. Paediatric Intensive Care Unit (PICU) was included as a high priority item for growth funding in 24/25 and it was under discussion with specialised commissioners and regional ICB commissioning leads. The Board agreed to **close the action** as it would be monitored within the usual safe staffing reporting that was sent to the Quality and Outcomes Committee. **RESOLVED that the updates against the action log be noted.**	
06/01/24	**Chief Executive's Report**	
	Stuart Walker, Interim Chief Executive, provided a verbal update on the following key issues: • **Industrial action**: The latest round of industrial action had concluded on the morning of 9th January 2024 and had lasted for 6 days. Stuart recognised the added stress to the Trust's patients and their families this had caused and reported that the Trust had delivered a safe service during this period. Stuart supported people's rights to take strike action and noted that staff were feeling increasingly tired, covering gaps and catching up with cancelled services. The added cost to the organisation was also noted and it was confirmed that the Trust would continue to work with NHS England, NHS Providers and NHS Employers to encourage a national solution to the remaining disputes. • **Elective care delivery:** The Trust remained on target to deliver the faster diagnosis for cancer and elimination of long waits. • **Planning for 24/25:** Work continued to develop the right plan with clinical services and financial plans for 2024/25, and it was noted that the NHS England national guidance was not yet available, however it was expected for the core principles to remain unchanged. • **Thirlwall Inquiry – Trust Response for Statements:** The Trust had submitted the responses to the Inquiry and awaited any follow up queries. During the ensuing discussion the following questions were asked: • In response to a query from Rosie Benneyworth, Non-Executive Director, Stuart responded that Datix, the Trust's incident reporting system, monitored all incidents relating to industrial action within the Trust and he	

Minute Ref.	Item	Actions
	confirmed that there were no serious incidents reported during the latest round of strike action. • Roy Shubhabrata, Non-Executive Director, asked for an update on winter pressures and Stuart reported that the significant prediction of covid and influenza cases had not yet materialised, and services were being safely maintained, however noted an upsurge in Children's was expected to hit in mid-January following the commencement of the new school term. • Marc Griffiths, Non-Executive Director, asked about the staffing plan at Weston General Hospital for the new Community Diagnostic Centre (CDC), due to open in April 2024. Paula Clarke, Executive Managing Director, WGH, responded that a partnership model with "In-Health" had been formed and the initial plans would be for them to bring new staff into the area with a longer-term approach to build an NHS and In-Health delivery model. **RESOLVED that the Chief Executive's report be received and noted for information**.	
07/01/24	**Quality and Outcomes Chair's Report**	
	Jayne Mee, Chair asked the Board to take the report as read and flagged important points from the Quality and Outcomes Committee Chair's Report from November 2023 in the absence of the Committee Chair. Key highlights from the report included: • The Committee had asked for an End-of-Life Care review on how to mitigate risk in this area at a future meeting. • The Committee had asked for an update on the infection control prevention standards in Theatres. • The Clinical Quality Group were undertaking a piece of work to review Induction of Labour and would report back to the Committee. • The Committee sought assurance that the appropriate level of training and support was in place for our staff relating to nasogastric (NG) feeding following a Never Event in Children's. There were no questions from the Board. **RESOLVED that the Quality and Outcomes Chair's Report be received and noted for assurance.**	
08/01/24	**Integrated Quality & Performance Report**	
	David Marwick, Director of Performance 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: • It was reported that overall, the hospital was performing well, despite the impact of industrial action and increased non-elective demand, and compared to previous years, improvements had been made. • Progress had been made in reducing the number of patients waiting over 78 weeks and the target to eliminate the list by the end of the financial year was on track, with the exception of nationally recognised challenged areas in paediatric dentistry and corneal graft.	

Minute Ref.	Item	Actions
	• In response to a request from NHS England (NHSE), the Referral To Treatment (RTT) 65 week and 78 week wait trajectories had been revised, due to the loss of capacity experienced because of industrial action. The forecast shared with NHSE confirmed that the total number of patients waiting 65 weeks or longer by the end of March would reduce to 392. • At the end of November 2023, no patients were waiting over 104 weeks. • The number of patients on a cancer pathway waiting over 62 days was 204 at the end of November 2023. Efforts would continue to work towards the target of no more than 160 patients by the end of March 2024. • The performance for the "Faster Diagnosis Standard" (FDS) had been impacted by industrial action but compliance with the 75% standard by the end of the financial year was anticipated. • Across the key Emergency Department (ED) and flow measures, a deterioration in performance had continued into November 2023 and the number of patients spending 12 hours or more in ED during November was reported as 4.7%, against the target of 2%. It was expected that this would recover by the end of the financial year and compared to the previous year, this was an improved picture. • The proportion of ambulance handovers within 15 minutes had deteriorated in November 2023 due to the winter period, increased bed occupancy, and constrained flow. In response to a query from Arabel Bailey, Non-Executive Director, David assured the Board that the overall performance for timely care would improve by the end of the financial year. Arabel asked what was driving the increased demand and Deirdre Fowler, Chief Nurse and Midwife explained that the winter period combined with industrial action were the main drivers. Neil Kemsley, Chief Finance Officer added that a more complex assessment could be pulled from the business planning assessment that was currently underway. Martin Sykes, Non-Executive Director considered the new Faster Diagnosis Standard and whether the Trust could change the service currently being provided, however David noted that the Trust had well prepared for the changes and explored any potential areas to change. Becky Maxwell, Interim Chief Medical Officer, highlighted key points around quality and safety which included: • In terms of the Best Practice Tariff in place for fracture neck of femur, and for the 36hr time to surgery standard, 15 out of 45 patients (33%) achieved the standard. The challenges related to capacity issues in Theatres and mitigations were being explored via the Surgery Strategy to include surgical mapping to be utilised across all sites. • The Summary Hospital Mortality Indicator (SHMI) between August 2022 to July 2023 was 95.9 and within the "as expected" category, however this was below the overall national peer group of English NHS trusts of 100. Rosie Benneyworth, Non-Executive Director noted the increasing number of deaths within the Trust since 2021 and asked for the reasons behind this. Becky explained that the Trust had robust procedures in place to monitor the quality indicators, such as the Medical Examiner who had not flagged any themes. The Board agreed that it would be helpful for Becky to ask the	

Minute Ref.	*Item*	*Actions*
	Quality Intelligence Group to investigate the Hospital Standardised Mortality Ratio (HSMR) data to bring back any key themes to the Quality and Outcomes Committee. **Action – 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.** In response to a query from Susan Hamilton, Associate Non-Executive Director, Becky confirmed that the strategy work to plan out the surgery services would be developed over the next few months and discussed in detail at a Board Development session. Emma Wood, Chief People Officer, highlighted key points around people which included: • The overall performance for the people domain had been good. • The proportion of the workforce that left the Trust within their first year of service was 1 in 5, and work to explore ways to retaining these staff members was underway. • The overall appraisal compliance increased to 77.8% compared to 77.4% in the previous month, against a target of 81%. • The target to employ 380 international nurses had been achieved which had made the Trust the largest recruiter in the South West. Through outstanding teamwork within the Trust, plans to bring in an additional 36 international nurses into the Children's division was now underway. In response to a query relating to the recent changes to the immigration system from Emma Glynn, Associate Non-Executive Director, Emma Wood explained that the NHS was exempt from this policy and healthcare workers would be able to bring dependents when they migrate to the UK. However, it was noted that social care partners would be impacted by the new laws as they were not exempt from them. **RESOLVED that the Integrated Quality & Performance Report be received and noted for assurance.**	**Interim Chief Medical Officer**
09/01/24	**Patient First Strategic Priority Projects Update**	
	Paula Clarke, Executive Managing Director WGH, introduced the Patient First Strategic Priority Projects Update report to the Board and explained that this was the first report to provide a quarterly update on the delivery of the Patient First strategic priority projects for 2023/24, which had been approved by the Board in June 2023. Paula noted that of the 24 priorities, 4 project target metrics were assessed as red at end of quarter 3. During the ensuing discussion the following points were made: • Rosie Benneyworth, Non-Executive Director, asked for assurance that the data would be used to drive forward improvement as opposed to performance management. Paula responded that the Patient First approach provided an opportunity to prioritise improvement work across the Trust collectively to deliver a more focused, transparent and effective way of performing. Deirdre Fowler, Chief Nurse and Midwife added an example where the Patient First Deteriorating Patient corporate project data (included within the Integrated Performance Report) had validated	

Minute Ref.	*Item*	*Actions*
	the work that was being done to drive forward improvements rather than performance management. • In response to a query relating to medical workforce costs from Marc Griffiths, Non-Executive Director, Neil Kemsley, Chief Finance Officer, responded that some of the challenges around premium medical workforce would continue into the new financial year. Emma Wood explained that initiatives were being implemented to forecast the spend in this area, such as improved bank rates, job planning and a five-year plan to map out medic vacancy rates. • Bernard Galton, Non-Executive Director, asked whether the Patient First strategic priority projects would align to Board sub-Committee meetings and whether priorities could shift between committees. The Board considered the continuous change that would need to be recognised as the Strategic Priority Projects progressed, noting that a flexible system would be adopted, particularly when considering the cross-over between committees and triangulating the work. Paula explained that the overall approach and operating system would be aligned to the Trust's Leadership training to ensure the culture for improvement was embedded effectively with all divisions. • The Board agreed that seeing timelines for when metrics under development are projected to be available within the report would be beneficial. Neil Darvill, Chief Digital Information Officer, considered the emerging digital strategy which would hold the solutions to these specific project timelines, as well as creating new projects to consider under the Patient First framework. • Susan Hamilton, Associate Non-Executive Director queried whether the team would capture staff experiences in understanding how they would use the new framework to support the continuous improvement approach. Paula responded that Divisions would undertake a readiness assessment to explore any areas in need of support. Furthermore, the feedback from those staff participating in the training would be captured, along with the effectiveness of whether the new framework was being used in the workplace. The Board agreed that it would be useful for some of this data to be reported to remain sighted on the embedding with staff. • Martin Sykes, Non-Executive Director queried the "use of resources" priority and whether this was expected to change due to the current financial position. Neil Kemsley responded that the Finance, Digital and Estates Committee talked about the need for a revitalised approach to financial improvement and productivity, and the Board was assured that this would develop a new strategic priority for the organisation. **The Committee resolved the Patient First Strategic Priority Projects Update be received and noted for assurance.**	
10/01/22	**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. • Compliance for obstetric and anaesthetic emergency training, as well as medical safeguarding training, remained below target. It was noted that recovery plans were in progress. • Opportunities were being explored for an enhanced trend analysis via the "BadgerNet" system.	

Minute Ref.	*Item*	*Actions*
	• Over 70% of women that had booked for an induction of labour experienced a delay to the start of their induction of at least 24 hours in November 2023 and Deidre Fowler, Chief Nurse and Midwife assured the Board that a deep dive would be provided to the Quality and Outcomes Committee. • Initial feedback from the Care Quality Commission's (CQC) maternity inspection undertaken in December 2023 was positive and focused on strong multidisciplinary working and maternity triage. During the ensuing discussion the following points were made: • Bernard Galton, Non-Executive Director queried whether data was captured for women that present for birth that do not know they are pregnant. Sarah explained that "free birthing" (women with no antenatal care) was not recorded. Deirdre Fowler, Chief Nurse and Midwife speculated that more work could be done around concealed pregnancies which were recorded retrospectively, however did not believe that this would add value to the analysis of the performance data. Sarah noted that maternity support workers were being funded to improve the engagement within communities. • In response to a query from Roy Shubhabrata, Non-Executive Director, Sarah said the "BadgerNet" system was still embedding, and the team was learning about the system's capabilities. Sarah went on to provide an update on the national position of the maternity incentive scheme (MIS) for the Trust's progress against the maternity incentive scheme which supported the delivery of safer maternity care through an incentive element to Trusts contributions to the Clinical Negligence Scheme for Trusts (CNST). Sarah updated the Board that since the report had been written, all standards had been met and the Board agreed that the declaration for the Trust could be signed-off. **RESOLVED that the Maternity Assurance Report be received and noted for assurance and APPROVE the Board Declaration for Clinical Negligence Scheme for Trusts (CNST).**	
11/01/24	**Annual review of Safe Staffing**	
	Deirdre Fowler, Chief Nurse and Midwife presented the Annual Review of Safe Staffing to provide assurance to the Board that wards and departments have been safely staffed in line with the National Quality Board guidance and Developing Workforce standards. The key points highlighted included: • The Trust had now completed 4 cycles of the Safer Nursing Care Tool (SNCT) assessments, which were utilised to support the Nursing Establishment Annual reviews in September 2023. Overall, a reliable picture of nursing staff within the Trust was being achieved. • The adult nursing fill rates had returned to the pre-covid levels of above 95% which was a huge achievement and Deirdre thanked colleagues in making this a reality. • A robust strategy had been developed to grow an internal pipeline to develop nursing associates and registered nursing apprentices. • Fill rates for both registered nursing and health care support workers in the Children's division remained lower than the Trust average due to the increased vacancy levels. The areas most fragile were Paediatrics Intensive Care Unit, Theatres, Starlight and Children's Emergency Department (ED).	

Minute Ref.	*Item*	*Actions*
	• To mitigate against these risks an uplift in staffing had been progressed for Children's ED for this financial year, and planning was underway to sustain the nursing establishment longer-term. • The Board were asked to support the approach outlined using the SNCT assessments to underpin nursing establishment on all in-patient wards, both adults and children and ED's and a breakdown of the proposals had been outlined within the report. • It was noted that additional resources were not always the outcome of SNCT assessments, and following a recent review, it was determined that the medical division had enough resources and had successfully redistributed staffing on their wards. • In collaboration with the Learning and Development team, training requirements were being reviewed to ensure key targets could be met. During the ensuing discussion the following points were made: • Jane Norman, Non-Executive Director queried the fill rates for the Midwifery In-Patient continuity of care team. Deirdre explained that the continuity of care teams had been reinstated following a dip in fill rates, and described how staff supported the obstetric units and vulnerable mothers. It was noted that the Band5 nursing establishment had improved with not one leaver during the previous 6 months. • Rosie Benneyworth, Non-Executive Director, noted there could be more data on Allied Health Professionals and it was agreed this would be included in future reporting. • In response to a query from Martin Sykes, Non-Executive Director, Deirdre agreed to provide more information around registered nurses and out of hours working to Martin offline. Jayne Mee, Chair asked the Board for their support in the recommendations outlined within the report for the additional resources and funding required to bring staffing levels up. Deirdre added that the proposals would support the Trust's operational planning round and advised that it would return to the Board in this format or if funding could not be met via an external revenue. There were no dissenting voices, and the Board supported the next steps to the proposals. **RESOLVED that the Six- Monthly Nurse Staffing Report be received and noted for assurance.**	
12/01/24	**Quarter 1 and Quarter 2 Learning from Deaths Report**	
	Becky Maxwell, Interim Chief Medical Officer, introduced the Learning from Deaths Quarterly Reports for quarters 1 and 2 and highlighted the following key updates: • The amount of outstanding Structured Judgement Reviews had decreased compared to the previous year. Work continued to embed the learning from the reviews into the divisional management teams. • It was noted that in terms of avoidability of death, no deaths for this quarter had been rated below 4. • Ongoing risks around access to theatres out of hours at Weston continued. • The need for a full seven-day palliative care service was apparent in the reported delays to medication and care over weekends for patients at the end of life.	

Minute Ref.	*Item*	*Actions*
	Rosie Benneyworth, Non-Executive Director queried how the learning was being shared with the wider system. Becky explained that the system was notified if an investigation should take place and as the learning from deaths process was rolled out into the community this would only strengthen the learning shared. **RESOLVED that the Quarter 1 and Quarter 2 Learning from Deaths Report be received and noted for assurance.**	
13/01/24	**Six-Monthly Research and Development Report**	
	Becky Maxwell, Interim Chief Medical Officer introduced the Six-Monthly Research and Development Report on behalf of David Wynick, Director of Research and noted thanks to David ahead of his retirement. Becky noted that a new Joint Director of Research, Professor Fergus Caskey, for UHBW and North Bristol NHS Trust (NBT) would take up position on 1st March 2024, reporting to the two Chief Medical Officers for the organisations. In terms of the report, Becky highlighted that since the covid pandemic, many projects remained on hold and a key focus was to reinstate them or else stop them. Becky explained how the department reviewed the measures which it used for oversight of research performance and the key performance indicators (KPIs) were refreshed in 2023. It was noted that over the last 7 months nearly 50% of all non-commercial studies and 67% of commercial studies had been set up within the timeframe agreed with the sponsor. Becky explained that the infrastructure for health and care research had regionally changed, by launching an NIHR (National Institute for Health and Care Research) Research Support Service, and it was noted that the Trust would be the host for the South West Central Regional Research Delivery Network from October 2024 transition work was underway. Becky finally noted how the research work and strategy would align to the new Patient First approach and described one project with the Bristol Haematology and Oncology Centre team to support improved set-up times and deliverability of the adult cancer portfolio. Jayne Mee, Chair, noted the Board's thanks to David Wynick for the research work achieved during his time with the Trust. During the ensuing discussion the following points were made: • In response to a query from Jane Norman, Non-Executive Director relating to the financial KPIs, it was explained that other activity analysis would be considered within the strategy that Fergus Caskey would be undertaking. • The Board considered the research strategy and where innovation would be covered. Stuart Walker, Interim Chief Executive Officer noted that the strategic aspiration for research would be aligned with NBT due to the joint position, as well as the vision of the academic partners within the region, considering innovation in conjunction with this. • Marc Griffiths, Non-Executive Director supported the broader approach to research which looked to utilise the system partners, however felt innovation should be pulled back into the same space as research to align to the Trust's services and business as usual, and further away from the remit of the NIHR. • Paula Clarke, Executive Managing Director WGH added that through working with Bristol Health Partners (BHP) there had been pioneering work to understand protected characteristics of those engaging with research projects through pilot reviews, and it was noted that an internal	

Minute Ref.	Item	Actions
	baseline survey had also tested the diversity of those staff engaged with research activities. Jayne summarised the discussions and concluded that the Trust was intent on exploring our research options with NBT and our system partners. **RESOLVED that the Six-Monthly Research and Development Report be received and noted for assurance.**	
14/01/24	**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 meeting held in November. Key points included: • The Committee received the Bristol, North Somerset and South Gloucestershire (BNSSG) medium term financial plan, noting that the Trust would only be funded 'non-recurrently' for a significant proportion of its income over the coming years, with relatively high-cost reductions proposed to eventually offset this deficit. • The Committee received the Treasury policy and Standing Financial Instructions and recommended for approval to the Board. • The Committee received an update on the electronic prescribing project which was making progress. • The Committee received an update on strategic capital and reviewed the Estates risks. There were no questions from the Board. **RESOLVED that the Finance, Digital & Estates Committee Chair's Report be received and noted for assurance**.	
15/01/24	**Trust Finance Report**	
	Neil Kemsley, Chief Financial Officer, informed the Board of the Trust's overall financial performance from 1st April 2023 to 30th November 2023 (month 8). Key points included: • The Trust's net income and expenditure position was a net deficit of £9.3m against a planned deficit of £8.9m. The improved adverse position against plan from £6.1m adverse in the previous month to £0.4m adverse in December was mainly due to additional funding received from NHS England in supporting hospitals for the industrial action. • It was noted that the financial performance throughout November and December 2023 had improved for all the Divisions. • In terms of savings delivery, the internal savings forecast was £19.7m against a £19.2m target, and the overall shortfall was related to not being able to achieve bed savings associated with emergency and urgent care. • A peer review with North Bristol NHS Trust was underway and the mutual results would be reported to the Finance, Digital and Estates Committee in February 2024. • In terms of month 9, the cost and loss activity associated with December's industrial action was likely to deteriorate the net income and expenditure position by a deficit of £1m. Further updates would be reported to the Board once a clearer picture had been determined. Arabel Bailey, Non-Executive Director queried the capital spend and the level of planning in place to mitigate the risk around any underspend. Neil responded that the prediction was currently a capital overspend by the end of	

Minute Ref.	*Item*	*Actions*
	the financial year and confirmed that he would bring an update on this to the Finance, Digital and Estates Committee. **RESOLVED that the Trust Finance Report be received and noted for assurance**.	
16/01/24	**Standing Financial Instructions**	
	Neil Kemsley, Chief Financial Officer, introduced the Standing Financial Instructions (SFIs) papers and highlighted that following a thorough review by the Finance, Digital & Estates Committee, the changes to the SFIs were relatively minor and reflected revised operational practice and other minor amendments, including updated job titles. **The Board resolved to APPROVE the changes made the Standing Financial Instructions.**	
17/01/24	**Treasury Management Policy**	
	Neil Kemsley, Chief Financial Officer, presented the changes made to the Treasury Management Policy which included changes to job titles, committee, organisational and terminology updates. **The Board resolved to APPROVE the changes made to the Treasury Management Policy.**	
18/01/24	**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 November. Key points included: • The Committee discussed the Shared Service project which formed part of the wider Acute Provider Collaborative work. • The Committee received an update on the implementation of Locums Nest across the Trust which would be important to help with demand and capacity issues. There were no questions from the Board. **RESOLVED that the People Committee Chair's Report be received and noted for assurance**.	
19/01/24	**Register of Seals**	
	Mark Pender, Head of Corporate Governance introduced the Register of Seals report and reported that three 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**.	
20/01/24	**Governor's log of communications**	
	Mark Pender, Head of Corporate Governance, presented the Governors' log of communications for the information of the Board and highlighted three 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**.	

Minute Ref.	*Item*	*Actions*
21/01/24	**Any Other Urgent Business**	
	Stuart Walker, Interim Chief Executive Officer, noted that three questions had been raised by a member of the public regarding the effective functionality of Boots Pharmacy located within the Bristol Royal Infirmary, and noted that the full answers had been circulated to the Board. Stuart said that the organisation recognised the difficulties that some of our patients had been exposed to and assured the Board that the performance had greatly improved since October 2023. Following a retendering exercise, the contract to provide the outpatient dispensary service had been awarded to Lloyds Pharmacy Healthcare Services Ltd., who would be taking on the service from 1st April 2024. Jayne Mee, Chair, asked whether the pharmacy teams anticipated any disruption at the time of transfer to the new service, and Stuart confirmed that the Director of Pharmacy had been working with both companies and had not escalated any concerns, but agreed to review the situation with an update returning to the Board. **Action – Chief Finance Officer and Chief Operating Officer to update the Board on the potential impact of the transfer to a new outpatient dispensary service.** There were no further questions from the Board.	**Chief Finance Officer / Chief Operating Officer**
22/01/24	Date of Next Meeting: Tuesday, 12 March 2024, Elim Church, Bristol	

University Hospitals Bristol and Weston NHS Foundation Trust

Public Trust Board of Directors Meeting on Tuesday, 12 March 2024
Action Log

Outstanding actions from the meeting held in January 2024					
No.	**Minute reference**	**Detail of action required**	**Executive Lead**	**Due Date**	**Action Update**
1.	**03/01/24**	Trust Secretariat to link Marc Griffiths, Non-Executive Director to Common Ambition project.	Director of Corporate Governance	March 2024	**Suggest 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	**Suggest Action Closed** March Update The Quality and Outcomes Committee (QOC) received a deep dive presentation on HSMR at a meeting in 2023. The Patient Safety Team continue to monitor trends and the metric is also monitored through the performance report which is 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	**Suggest Action Closed** March Update The Trust does not anticipate any disruption. Considerable work has been undertaken and is ongoing between UHBW, Boots and Lloyds to ensure a smooth transfer of the service to the new provider. This comprises of elements such as embedding appropriate operational changes and production of communication packages for patients and staff. For example, patients who make frequent use of the store collection service will be both written to and contacted by phone to talk through the changes to the service, to ensure that they are aware of how to access their prescriptions from 1st April.

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 Ongoing** March update Due dates are kept under constant review and should be updated by owners every quarter. This will be undertaken again at the end of quarter 4. 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.
Closed actions from the meeting held in January 2024					
1.	**16/11/23**	Emma Wood agreed to present the triangulated Freedom to Speak Up and staff concerns data into the People Committee for Board oversight.	Chief People Officer	January 2024	**Action Closed** January Update The triangulated data was shared in Novembers People committee and remains a standing item on the work plan on a 6 monthly basis.
2.	**17/11/23**	Trust Secretariat to add a discussion around risks to the Board Day agenda in December.	Trust Secretariat	January 2024	**Action Closed** January Update An item had been added to the Board Day agenda in December 2023.
3.	**17/11/23**	Stuart Walker to review the de-escalation of “risk 2741, that research was not adequately supported.”	Chief Medical Officer & Deputy Chief Executive	January 2024	**Action Closed** January Update The de-escalation has been confirmed as appropriate by the Research and Development leadership team.
4.	**17/11/23**	Neil Kemsley to review the risk score for “risk 3472, relating to sustainability”, and report back to the Finance, Digital and Estates Committee.	Chief Financial Officer	January 2024	**Action Closed** January Update A review was being undertaken as part of the quarter 3 risk update to the Finance, Digital and Estates Committee and it was agreed to close this action.
5.	**14/06/23**	Due diligence to return to the Board in September to support the proposal from the Safer Nursing Care Tool (SNCT) assessment.	Chief Nurse and Midwife / Chief Financial Officer	September 2023	**Action Closed** January Update Paediatric Intensive Care Unit (PICU) was included as a high priority item for growth funding in 24/25 and it is under discussion with specialised commissioners and regional ICB commissioning leads. The Board agreed to close the action as it would be monitored within the usual safe staffing reporting that was sent to the Quality and Outcomes Committee. November Update

					The case for investment in PICU is being considered as part of a wider on-going assessment of key risks. If prioritised internally, the potential for recurring investment will need to be addressed as part of the system planning process for 2024/25. If there was a case for investment it would involve discussion with specialist commissioners. Further update would be provided at the next meeting. <u>September Update:</u> A solution has been achieved for CED winter 2023 and conversations are ongoing regarding the recurrent solution for PICU.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 12 March 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
- 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

Industrial action

The contractual dispute between the government and junior doctors continued into February with members of both the BMA and HCSA taking strike action from 7am on Saturday 24 February until 23:59 on Wednesday 28 February, with the HCSA concluding their walkout at 06:59 on Thursday 29 February. The mandate for strike action expired in line with the latest walk out, subsequently the BMA are re-balloting their members until 20th March and if a yes vote is returned their renewed strike mandate will extend into September.

The Consultant body narrowly rejected the government's pay offer, NHS Employers and the Department of Health are working with the relevant unions to ascertain if an alternative deal can be reached. Their mandate for industrial action expires on 18th June 2024 so should a deal not be reached there may be further industrial action.
SAS Doctors have been voting on their pay offer and the ballot closes on 28th February with a result expected at the beginning of March.

Fuller Inquiry: Phase 2

The Independent Inquiry was established in November 2021 at the request of the Secretary of State for Health and Social Care to investigate how David Fuller was able to carry out inappropriate and unlawful actions in the mortuaries at Maidstone and Tunbridge Wells NHS Trust and why they went apparently unnoticed.

The first phase of the Inquiry, on matters relating to Maidstone and Tunbridge Wells NHS Trust, concluded in November 2023 with the publication of the Phase 1 Report.

Phase 2 of the Inquiry will look at the broader national picture and consider if procedures and practices in other hospital and non-hospital settings, where deceased people are kept, safeguard the security and dignity of the deceased. The Trust is expected to be contacted as part of this Inquiry and will ensure it fully engages in any requests for information.

Strategy and Culture

Planning update
Planning for 2024/25 continues, despite the absence of national planning guidance. This year collaboration with North Bristol NHS Trust through the planning process has increased and we have aligned our approaches throughout the process and are jointly feeding into the system via the system planning days.

A ‘Flash submission’ was submitted to NHSE on 29 February 2024, at this stage in the planning process, this included a financial gap to be resolved. Further work is ongoing to understand the cost pressures driving the financial position for the Acute providers, within the Trust we are undertaking a prioritisation process of unfunded cost pressures and developments, underpinned by a risk approach, which will be supported by a QEIA process. Divisions have also been developing Cost improvement plans to deliver the savings target, and activity delivery plans to set activity plans for next year, this work is currently on going, but will inform the risks associated with the Trust Annual Plan.

A full submission of the Trust Annual plans is due on the 21 March, and approval of the plan has been delegated to FDEC on the 19 March, however the plan will be taken to Trust Board in April. Draft national guidance has indicated we may have to submit a further iteration of the Trust plans in May.

Operational Delivery

Weston General Hospital - Same Day Emergency Care (SDEC)

The Trust were awarded almost £5 million from NHS England to expand urgent and emergency care services at Weston General Hospital. The investment will allow the transformation of non-clinical space next to the emergency department into a larger SDEC unit and will mean more patients in North Somerset can receive treatment for conditions that can be rapidly diagnosed and treated and can go home without being admitted to a ward.

The Weston General Hospital SDEC opened in 2023 and has cared for over 7,000 patients so far. Of all these patients, 95% were able to go home on the same day they received treatment. It will also bring benefits to Weston General Hospital by increasing capacity in the Emergency Department, on wards, and will also have a positive impact on ambulance turnaround times. Work will begin as soon as possible, with the plan being to complete in autumn 2024.

The Building Safety Act

The Building Safety Act 2022 came into force in 2023 to implement recommendations from the Hackitt Review, following the Grenfell disaster. It is one of the most significant and wide-ranging changes to regulation of the built environment in 40 years. The main implications for the Trust are in obtaining statutory approvals for works to its Higher-Risk Buildings (HRBs), and in maintaining a ‘Digital Golden Thread of Information’ on its estate.

The legislation and guidance are highly complex, technical and evolving. Our current understanding is that much of the main BRI site (and potentially St Michael’s) meets the definition of an HRB, broadly as a hospital over 18m or 7 stories high. Building Regulation applications for HRBs must follow a new process to demonstrate compliance of designs and completed works through the new Building Safety Regulator.

The introduction of new requirements, establishing the Regulator, creation of new designer and contractor roles, and regulation of the building control profession is causing significant delays to many of the Trust’s capital projects. These initial issues are likely to

bed down over 2024. However, we anticipate that any future adaptations and extension works to much of the BRI site may now take 4+ months longer to deliver, with increased costs, complexity, and delivery risk. We will continue to review the interpretation and implications of the new Act, manage our projects accordingly and develop our approach to the ‘Digital Golden Thread of Information’.

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 on Tuesday 12 March 2024

Report Title	Joint Clinical Strategy Publication
Report Author	Valerie Clarke, APC Programme Director
Executive Lead	Professor Stuart Walker, Interim Chief Executive Officer

1. Purpose

The purpose of this paper is to share and publish the Joint Clinical Strategy developed with NBT. The final draft was approved by the Board at the Board Development Day on 20 February 2024.

2. Key points to note

On behalf of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) we are proud to present the Joint Clinical Strategy for NBT and UHBW to our Boards. Once the approval is ratified by the Board, we will publish the document.

A draft Joint Clinical Strategy was developed during February-May 2023, overseen by the Joint Clinical Sponsorship Board, co-chaired by both Chief Medical Officers. This draft was shared widely in June 2023, requesting feedback, internally (mainly SLT/SLG membership) and externally with system colleagues (ICB Professional Healthcare Executive, ICB Executive Team, and BNSSG Strategy Network). The draft was amended to incorporate their feedback and then shared with and supported by the APC Board and both Trust Boards in July 2023. The development of this document has therefore been taking place for over a year with the support of the Joint Clinical Sponsorship Board.

This strategy represents a step-change in our ambition to work closer together for our patients and populations. Building on what we have already achieved, it seizes the opportunities of our stated strategic intent to form a Hospital Group. We have deliberately chosen to be ambitious and set our aspirations high. It builds on the work we are doing with front-line clinical teams and the previous iteration, which helped to shape much of our recent activity.

This document outlines the approach our organisations will take to work together to pursue our shared vision of ‘seamless, high quality, equitable and sustainable care’. This will also give all our teams, including ‘enabling’ services like digital, workforce, finance and estates, clarity about our joint clinical ambition.

Following approval, detailed service by service plans will be developed. However, we are clear that there will need to be a commitment to our Joint Clinical Strategy at every level before this can occur and we will need resource its delivery.

Also, we want this strategy to inspire our people and teams to work in a different way. Changing emphasis and language in a single document is relatively straightforward but supporting and enabling clinical teams to work in a more

collaborative way while still ensuring they can deliver current activity is key to our success.

The Joint Clinical Strategy includes:

- Our vision of 'seamless, high quality, equitable and sustainable care'.
- An introduction from the Chief Medical Officers builds on this vision.
- Putting patients at the heart describes how patients' experiences will shape our future services.
- A Joint Clinical Strategy summary on a page our vision, why we must change, our principles, our commitments and the phases of delivery.
- In 'why this is essential' we set out our high-level case for change and detail the main challenges facing us including rising demand, limited resource and persistent healthcare inequalities.
- How we will deliver our Joint Clinical Strategy sets out three phases:
    - Phase one will outline collaboration for all duplicated services as 'single managed services' (and further defines this because 'single managed service' doesn't mean mandating a particular form on our clinical teams).
    - Phase two will ask every clinical service to consider how the Hospital Group model and closer collaboration can drive improved care.
    - Phase three will be an opportunity, working with patients and partners, to consider how we organise (or 'cluster') clinical specialities on each of our sites to bring the maximum benefit to the acute care we provide.
- How our collaboration is not only important but also already working for patients and populations through some practical examples of success such as Healthy Weston 2, the new diagnostic and elective centres as well as a joint improvement methodology in Patient First.
- Our 'pathfinder' services, why they are important and how they are leading the way.
- Finally, how we will implement the Joint Clinical Strategy.

3. Strategic Alignment

This Joint Clinical Strategy is a key deliverable of the Acute Provider Collaborative and aligns with the development of the Trust's Clinical Strategy and Healthy Weston, as Patient First Strategic Initiatives.

4. Risks and Opportunities

The risks to delivery include;

- Ensuring leadership capacity to deliver alongside existing priorities.
- Ability of enabler services such as finance, HR, digital and estates to respond to the strategy requirements.
- Engagement and capacity of the wider clinical teams to participate in the work programme.

- Constraints around financial consequences, both revenue and capital that have not been quantified.

Opportunities exist to build on previous partnership work with NBT and to contribute to the ICB over-arching aims:

- Reducing unwarranted variation and tackling unequal access, experience, and health outcomes.
- Improving resilience by mutual aid.
- Ensuring specialisation and consolidation occur where this will provide better outcomes, productivity, and value for money.
- Supporting broader social and economic development.

The decision to move to a Hospital Group will help accelerate implementation of this strategy.

5. Recommendation

This report is for Approval

The Board is asked to:

1. Ratify the decision made at the Board Development Day on 20 February 2024 where a draft version of the Joint Clinical Strategy was approved.

6. History of the paper

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

Earlier version presented on 20 February 2024 Board Development Day	20 February 2024

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Our Joint Clinical Strategy

Seamless, high quality, equitable and sustainable care

2024 – 2027

Delivering seamless, high quality, equitable and sustainable care

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 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 region and beyond.

CONTENTS

1. INTRODUCTION

Patients rightly expect healthcare to be organised around them and not NHS structures, and this strategy takes a significant step forward in putting their expectations first. Building on what our teams have achieved to date, it outlines our aspiration for seamless, high quality, equitable and sustainable care. This is an aspiration which can only be achieved by working together and combining our knowledge, skills and experience.

The strategic intent of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) to form a Hospital Group provides a unique opportunity. As such, we are asking every service, large or small, to re-imagine its future around the needs of patients, populations and place, and not the limitations of serving separate NHS organisations.

Thankfully this is not the start. There is a long and successful history of collaboration between our organisations to build on. Recent examples include, but are not limited to NHS at Home, a new pathway for Stroke patients, and the advanced heart and lung therapy Extracorporeal Membrane Oxygenation (ECMO). Our Acute Provider Collaborative (APC), formed in September 2021, was yet another step on our collaborative journey.

It is the springboard for this strategy and for forming a Hospital Group model which will enable our closer collaboration to flourish.

Transforming care will require more than just our clinical services working together. The Hospital Group model will help us to go much further with important enabling services in digital, people, finance and estates, improving services and driving a relentless focus on the needs of patients and populations, while removing the organisational and administrative constraints that have previously separated clinical teams.

This strategy treats assets and resources as serving patients and not organisations. We will remove the obstacles that can sometimes make things confusing for patients, carers and even ourselves. In this way we will ensure that we deliver the best outcome for everyone irrespective of the team, site or organisation that treats them.

This Joint Clinical Strategy sets out our high-level case for change and the principles we have adopted to deliver it. In a world of increasing demand, rising complexity and limited resource, there are clear benefits to be gained by working together. Benefits which will ensure we can provide our patients and populations seamless and comprehensive acute care now and into the future. Where services are duplicated, we'll support teams to work together. Of course, none of this is possible without the talented people who work with us and for patients. So, we will make our hospitals great places to study, learn and work.

For all our services, even if they are specialised or provided out of a single site, we'll support them to consider the opportunities that come from harnessing the combined assets of the Hospital Group. As new models of care emerge, we will consider how services can work collaboratively to respond to these changes, respecting the unique needs that exist across Bristol, North Somerset and South Gloucestershire (BNSSG) and the wider populations we serve. We'll need clinical leadership, the experiences of our patients and the expertise of our partners to design the new landscape for acute services.

We would like to acknowledge our two pathfinder clinical services: Cardiology and Perinatal Medicine. These services, chosen with, and by, our clinical leaders, are designing their services for the whole population and our Trusts together. We'll learn from and share their experience as we think about the successes, the challenges and the resources required to do this with others.

We don't have all the answers at this stage and very much look forward to your help in shaping them. However, we do know that everything we do will be shaped by our vision and shared values. Our commitment is to put patients at the centre of everything we do, including involving them on our journey.

We hope you will join us in making this transformation happen and turn this vision into reality.

Stuart Walker
Chief Medical Officer UHBW

Tim Whittlestone
Chief Medical Officer NBT

2. PUTTING PATIENTS AT THE HEART

Healthcare is no longer solely measured by its outcomes. This strategy sets out an ambition for high quality care measured by outcomes, experience and safety. It will adopt the principles and commitments outlined in our patient and carer experience strategies, themselves created in collaboration with patients, caregivers, the community and colleagues. It articulates how we will collaborate with patients and the public, understanding their lived experience of our services to provide the highest level of care possible. In this context, we understand that patients' family members, significant others and caregivers also have a role to play.

As we implement our Joint Clinical Strategy, we intend to fully reflect the NHS Constitution (2012) which values working together for patients, respect and dignity, commitment to quality of care, compassion and improving lives. These wider NHS values underpin what we do and will shape our Joint Clinical Strategy through four core commitments we have identified.

Our four core commitments

- Listening to what patients tell us
- Working together to support and value the individual and promote inclusion
- Being responsive and striving for better
- Putting the spotlight on patients and carer experience

We know that every successful healthcare organisation takes the experience of their patients and the public seriously. It is undeniable that positive patient experience leads to positive clinical outcomes including improved patient safety. This Joint Clinical Strategy sets out our goals as we reshape clinical services to reflect the needs of our population within an integrated health and social care system.

We know that patient experience and colleague experience are inextricably linked. Caring for our colleagues, ensuring they are happy, safe and supported in their roles is a priority, as set out in our People Strategies. We value the approach of 'no decision about me, without me' and we will strive to involve our patients in all aspects of their care and through every phase of delivering this strategy. We will build on involving and valuing the individual, promoting inclusion, communicating through listening and responding to feedback.

Over the years, we have engaged and listened using the feedback received to identify learning and make service improvements. We want to scale this up, increasing our ambition to improve our services, through co-production, collaboration and participation.

3. OUR JOINT CLINICAL STRATEGY SUMMARY

Our vision

Seamless, high quality, equitable and sustainable care

Why we must change

- High and increasing demand for care: we must improve access to services, reduce waiting times and enhance patient experience.
- Limited resources: we must create more sustainable services – clinical and corporate – and seamless patient care.
- Healthcare inequalities: we must support population health management, moving to more proactive models of care and address inequalities.
- When patient pathways span our organisations there can be delay, confusion and risk.
- Some of our services are fragile and new technologies are rapidly advancing: we must take advantage of economies of scale to ensure sustainable use of resources.
- We are good at teaching and at conducting research with some exceptional successes, but we could be consistently world class: we want to become national and international leaders in the delivery of research and early adopters of innovation.
- We want to place ourselves at the heart of communities – investing in places and people to benefit the local economy and community.

Our Joint Clinical Strategy principles

- To create services that eliminate barriers, gaps and delays in patient care.
- To focus on making our services the highest quality with the best outcomes for everyone.
- To remove ambiguity for patients – one service, one team.
- To listen to, learn from and involve patients in how we shape future services.
- To acknowledge that demand is rising, the population is growing, technology is advancing and resources are limited.
- To respect our people: harness their expertise, experience and leadership when designing services.
- To use all our collective assets.
- To ensure that our combined teaching and research potential is harnessed.

Our Joint Clinical Strategy commitments

- We will organise clinical services around our collective local and regional populations.
- We will respect our teams as experts in the design of high quality clinical services.
- We will ensure patient experience and patient voice is central, collaborating and co-designing clinical pathways and services.
- We will re-design services that make the best use of our collective resources, be they buildings, equipment, knowledge or people.
- We will eliminate inequalities in access to services and ensure outcomes are equitable.
- We will make our services sustainable and fit to face increasing demand and complexity.
- We will ensure that our resources are used wisely and eliminate waste.
- We will make Bristol and Weston great places to train clinicians, explore new healthcare horizons and trial innovation.

We will deliver this through

1. Supporting all duplicated services to work together as single managed services (SMSs). The form these might take are described in more detail in section 5.
2. Supporting all other services, including specialised and single site services, to consider the opportunities that come from the combined assets of a Hospital Group.
3. Supporting all services to consider how we organise (or cluster) specialties on each of our sites to bring the maximum benefit to the acute care we provide and respecting the unique needs that exist across BNSSG.

4. WHY THIS IS ESSENTIAL: OUR SUMMARY CASE FOR CHANGE

Both NBT and UHBW face the same challenges. These challenges are not unique to our area, and they are certainly not new. They have been made worse by the impact of COVID-19 and economic challenges. Clinical services are better equipped to respond by working together for the whole population, where it makes sense to do so, and we demonstrated our ability to do this at the height of the global pandemic. Together, we have an opportunity to optimise our existing resources to provide seamless, high quality, equitable and sustainable care for everyone.

The challenges

High and increasing demand for care: Planned and emergency services are increasingly busy. The complexities of disease and treatments are also rising. The population of BNSSG is increasing.

Limited resources: Despite increasing demand, we know that our most valued resources – staff, space and equipment – are limited and opportunities to invest are becoming more challenging.

Health inequalities: Some people get better access to healthcare than others. This is not only dependent on where people live but also because we have huge variations in access across services, sites and organisations. Inequality is also intrinsically linked to deprivation, ethnicity and education as well as other important factors.

Technology is advancing rapidly: Healthcare technology is growing at an exponential rate. Harnessing these benefits requires organisations to work together to deploy them efficiently and at scale.

When patient pathways span our organisations there can be delay, confusion and risk: We see this not only within but also across clinical services. This proves that healthcare can't always be neatly confined to individual hospitals, sites or even services. This is a factor of how health services have been organised rather than the people trying hard to make them work. Examples of this are the potential for changes as children transition to adult services, as well as complex cancer care clinical pathways which require strong multi-disciplinary involvement beyond single clinicians, teams and even organisations.

Some of our services are fragile: One example of this is that, in recent years, we have faced the reality that clinical services can't easily recruit all the people we need or we are not able to provide all the necessary supporting services. We must take advantage of economies of scale to ensure the sustainable use of resources.

We are good at teaching and at conducting research, with some exceptional successes, but we could be consistently world class: Whilst NBT and UHBW are proud of their teaching and research, there are advantages in combining our resources to include attracting more talent, funding and improving patient care.

5. HOW WE WILL DELIVER OUR JOINT CLINICAL STRATEGY

Our vision
Seamless, high quality, equitable and sustainable care.

The strategy sets out three phases of transformation and our approach to service design. Phases one and two will commence in March 2024 and run in parallel. Phase three will begin once the previous phases have been completed and will be informed by learning from our earlier work. More detail on each of these phases is on the following pages.

Phase one
Our duplicated services work together forming a single managed service for Bristol and Weston.

Phase two
Every clinical service, including specialised and single site services, will consider the way it delivers care to patients reflecting the combined assets of both NBT and UHBW – a Joint Asset Framework.

Phase three
We will progress through a clinically led process to organise, cluster or reconfigure at each of our sites to recognise interdependency, patient access, staff requirements and opportunities for excellence, and bring the maximum benefit to the acute care we provide, respecting the unique needs that exist across BNSSG.

Phase one | Supporting duplicated services to work together as SMSs

SMSs bring together the clinical and operational teams that deliver the same or similar disease-specific services. One size does not fit all, so these services, considering patient and population need, will determine the appropriate form for their service. This may be a single team operating across multiple sites, networked services adopting a single way of working, single teams operating predominantly from one site or a fully bespoke model. This work will be clinically led.

Single Managed Services

There are different models of collaboration:

Single team service
A single team operating across multiple sites

Networked service
Services on multiple sites adopting a single way of working and model of care

Single site services
A single team operating predominantly from one site

The time it takes to deliver the change will be dependent on the model of collaboration the clinical teams pursue as well as the resources, especially clinical leadership and engagement, dedicated to the strategy.

We are supporting our pathfinder specialities of Cardiology and Perinatal Medicine to move towards SMSs in 2024 and we are working with our clinical teams to identify the next services that could begin that journey.

At its core, each SMS will have and ensure:

- We listen to patients and engage colleagues.
- One set of policies and procedures.
- A single governance structure.
- A single point of entry even if there is more than one geographical location and irrespective of how and where patients are referred.
- It strives for high quality and equitable outcomes for the entire population of BNSSG.
- It does not experience internal organisational or administrative boundaries.
- It delivers its service based on clinical need, not traditional site-based models.

How will we develop SMSs?

- Our pathfinder specialities of Cardiology and Perinatal Medicine are leading the way and will share their successes, challenges and learning.
- We will invest in meaningful cultural and organisational development to ensure that teams can work together respectfully and based on trust.
- We will support patient participation, collaboration and co-design in clinical pathway and service change.
- We will provide high quality data, communications and engagement support, wider support teams and additional project management to help identify how pathways of care align.
- We will ensure that SMSs are supported, governed and assured by teams – and particularly Hospital Group leadership – that speak with a single voice.

Which services have we identified?

Cardiology and Perinatal Medicine are our pathfinder services, and we will work with our clinical leaders and use an evidence-based approach to identify and support the next specialty teams to commence their SMS journey.

Phase two | Supporting all services, including specialised and single site services, to consider the opportunities that come from the combined assets of a Hospital Group. This phase will also be an opportunity for enabling service strategies – digital, people, finance and estates – to support the clinical change we want to see. Realising the benefits of these strategies will increasingly help us share assets and enable us to further reimagine how we deliver care.

Every clinical service hosted by NBT and UHBW considers the benefits of our Hospital Group model for patients and staff.

- Joint leadership and working as a Hospital Group will enable shared governance arrangements and support services to review how they deliver care without the constraints of organisational boundaries.
- Based on what is possible rather than what's happened in the past with clinical services able to access any of the Group's sites, equipment and infrastructure.
- A single transformation and improvement methodology in Patient First.
- Teaching and research infrastructure to consider the benefits of collaboration to offer better clinical access, advice and resources.
- The group will unlock potential in our enabling support services including digital compatibility, recruitment and training, investment in our buildings, working across sites, transport and the transfer of patients between our facilities.
- We move increasingly towards patients being everyone's responsibility irrespective of service, site or organisation.
- We have one voice when working with others.

How will we develop the Joint Asset Framework?

- Our work to date has identified our joint assets and the barriers that prevent us from using them collectively.
- We will look to review and standardise joint enabling strategies in:
  - Digital
  - People
  - Finance
  - Estates
- We will provide project and management support that allows clinical teams to realise the full potential of our joint assets.
- We will use the learning from our pathfinder specialities to help shape the work of the enabling strategies.
- We will engage with patients to ensure that the Group's assets are being used to improve care and experience for the whole population.
- We will provide high quality demographic data to allow services to plan effectively and efficiently.

Which clinical services have we identified?

All services, including specialised and single site services, will have an opportunity to reimagine their service provision.

"With this joint clinical strategy, we are making a clear commitment to use our resources wisely, to meet the needs of our population and to provide outstanding care across all our communities."

Maria Kane,
Chief Executive, NBT.

"By aligning our policies, practices and processes across clinical and support services we will be able to improve the efficiency and quality of care we provide to our patients."

Emma Wood,
Chief People Officer and Deputy Chief Executive, UHBW.

Phase three | Supporting all services to consider how we organise (or cluster and reconfigure) clinical specialties on each of our sites to bring the maximum benefit to the acute care we provide and respecting the unique needs that exist across BNSSG. This phase will inevitably require careful thought, including with other provider partners. Following phases one and two, and when we have achieved some of the benefits of SMSs, we will review if clinical services are appropriately clustered together on our sites.

- This work will be led by clinical teams and will bring all relevant internal and external expertise and experience to inform our decisions about clustering services, taking into account important co-dependencies between specialties.
- We will involve patients in meaningful engagement and co-production.
- We will continue to involve system partners in our work especially where there are implications for pathways of care which start or end outside our hospitals. As we cluster or reconfigure services, the role of other clinical leaders in other care settings including primary care, community care and social care will be key and we will shape new pathways of care together.
- We know that some of these changes might need significant investment.

How will we undertake clustering and reconfiguration?

- We'll do this only when we have progressed sufficiently through phases one and two.
- We'll do this respecting the interconnectivity and co-dependencies of many of our services.
- We will work hard to do this with the support of patients, populations and our partners.
- We will work up detailed resource plans when we have a better idea of how our services could cluster in the future.

Which clinical services will be affected?

Every clinical service provided at UHBW and NBT will contribute, building on previous phases.

"It's our ambition to better coordinate clinical activity at a larger scale, building on formal and informal collaboration already taking place between our services, enabling both Trusts to build on each other's strengths."

Rebecca Maxwell,
Interim Chief Medical Officer, UBHW.

6. COLLABORATION BENEFITING PATIENTS AND POPULATIONS

Collaboration isn't just a buzzword. It is the key to our future success.

We have a history of working together including recently on the redesigned Stroke Pathway.

We also brought significant benefits through centralising Pathology services.

We didn't just help each other during COVID-19 but came together as one to rise to the unprecedented challenge of a global pandemic.

Expanding on this, in the last 24 months we have made even more progress, including:

Healthy Weston

The Healthy Weston programme is making great progress in achieving the vision of Weston General Hospital as a strong and dynamic hospital at the heart of the community. We're working together with other healthcare providers to further improve urgent care services at the hospital. We are strengthening our inpatient pathways to ensure equitable access to specialist care is available across UHBW. This means more people will get the treatment they need quickly, spend less time in the hospital, and receive better overall care thanks to closer collaboration between hospital and community teams.

New diagnostic centres for Bristol and Weston

We have collaborated to create two new facilities called Community Diagnostic Centres (CDCs). These centres, one located at Cribbs Causeway and another in Weston-super-Mare, will focus on speeding up diagnoses and treatments, ultimately reducing wait times for patients. By bringing these services closer to where people live, the CDCs will make it easier to access the care people need without having to travel to a hospital.

A new elective centre for Bristol

A new shared surgery centre at Southmead Hospital will allow for 6,500 more operations each year. This helps both NBT and UHBW catch up on planned operations and provide sustainable solutions for elective care.

A joint improvement methodology: Patient First

Both NBT and UHBW have adopted the same transformation and improvement methodology – Patient First. Many of our clinical leaders and teams have started to benefit from this approach to drive improvement, and to focus on the things that really matter. We have seen teams from both Trusts working together on Patient First projects.

We have also been working together as an Acute Provider Collaborative and this will continue to be the way we develop and deliver this Joint Clinical Strategy. Our strategic intent to move to a Hospital Group will build on this work and enable us to realise our clinical vision of seamless, high quality, equitable and sustainable care.

Acute Provider Collaborative

This Joint Clinical Strategy is a result of the work of the Joint Clinical Sponsorship Board, overseen by the Acute Provider Collaborative (APC) Board, a formal Committee in Common reporting to both Trust Boards. Established in September 2021, we are already supporting the integration of clinical services for our population through three priority workstreams: clinical services, corporate services and digital integration.

Developing a Hospital Group model

Our strategic intent to form a Hospital Group will help NBT and UHBW realise the clinical opportunities we've described. In a Group model, the Trusts have shared strategic goals delivered through an aligned leadership team, to unlock significant opportunities to deliver benefits to both our organisations, our staff and the populations we serve.

7. SUPPORTING PATHFINDER SPECIALITIES

Previous sections describe how SMSs offer an effective way for both organisations to deliver outstanding care and sustainable services. The exact form our services take will not be one size fits all and can vary according to clinical need and local conditions. The case for collaboration between services starts from the premise that any new arrangements would be an extension of good practice, help formalise shared Patient First approaches and enable both providers to respond flexibly and future-proof services.

We will approach this through reviewing qualitative and quantitative information to help us focus on having the greatest impact for patients and populations. We have started this work through structured workshops, interviews and data analysis.

"We need to focus on areas where there is a disparity between what is offered at NBT and what can be accessed at UHBW. Patients should receive the same service provision regardless of where they access our services."

Steve Curry,
Chief Operating Officer, NBT.

"Reducing variation in delivery of care through the sharing of best practice is a critical tool in improving patient safety."

Ann Reader
Head of Quality (Patient Safety), UBHW.

"Services should be and feel seamless to patients and staff alike."

Jacqui Marshall,
Chief People Officer, NBT.

Why Cardiology and Perinatal Medicine?

Our Joint Clinical Sponsorship Board, representing clinical leaders across all services and both organisations, reviewed all duplicate services – we have around 60 such services – comparing key clinical indicators such as:

- Outcomes for patients.
- National audits and reviews such as Getting It Right First Time (GIRFT), the national programme helping to improve the quality of care by bringing improvements.
- Demand and capacity for services.
- Strengths and weaknesses of services.
- Capacity of services to grow.
- The potential of services to become world-class.
- Waiting times for appointments and treatments.
- Travel time for patients accessing services.

Duplicated services broadly fall into one of two groups – ones which are balanced between sites and others that are predominantly based at single sites. Cardiology is an example of a service where the biggest volume of activity is at UHBW. Perinatal Medicine is balanced with both NBT and UHBW services supporting a similar number of births each year.

We also supported both Cardiology and Perinatal Medicine teams through workshops allowing them time together to get to know each other's services and share strengths and weaknesses.

Cardiology services

UHBW and NBT serve a combined population of over 950,000 people in BNSSG and beyond, with a high demand for cardiology services. UHBW hosts the Bristol Heart Institute (BHI), a renowned cardiovascular research centre. NBT operates one of two Major Trauma Centres in the South West, emphasising the region's cardiological need. For the catchment population of both Trusts, Cardiovascular Disease (CVD) is a significant health challenge, with UHBW and NBT playing essential roles in treating CVD patients. The case for change for a SMS hinges on equitable access to high-quality Cardiology care in BNSSG, regardless of the treatment location:

- There is a need to balance the provision of specialised and more generalist services to meet rising demand.
- There is an opportunity to improve the access to high quality Cardiology services by drawing on existing best practice in each Trust.
- The services can work more closely with community and wider system partners to manage demand more effectively and address inequalities.
- The workforce would benefit from shared training and progression opportunities to attract more talent, whilst developing a more flexible, resilient workforce.
- There is the potential for Cardiology in Bristol and Weston to become a world class service with an expanded research, innovation and teaching portfolio.
- Both services at UHBW and NBT are likely to need expansion and investment.

"By breaking down organisational barriers we will realise significant benefits for our patients, our people and our communities."

Deirdre Fowler,
Chief Nurse and Midwife, UBHW.

"We need to avoid duplication of services where patients would be better served by closer collaboration. Even where two of the same service are required, they will achieve more by working together than they can apart."

Steve Hams,
Chief Nursing Officer, NBT.

"Working together we can unlock many opportunities to reduce health inequalities and serve population needs, improve access to services, reduce waiting times and improve the experience of those we care for and our colleagues."

Stuart Walker,
Interim Chief Executive, UHBW.

Our vision for Cardiology services is to create one service for BNSSG. That service will need to provide Cardiology care in the Bristol Royal Infirmary, Southmead Hospital and Weston General Hospital. The service will need to accommodate rising demand and increasingly advanced technological intervention to provide the best treatments and outcomes for our population. The service will have a single management team responsible for ensuring that:

- There is a common access policy and procedure for patients.
- Accessing diagnostics and treatment is fair and equitable regardless of a patient's postcode, ethnicity, economic status or ability.

- Emergency access to Cardiology opinions and treatments are equally timely and efficient irrespective of the hospital that the patient attends.
- Staff can move freely and unhindered between facilities.
- Access to patient records is simple for all staff regardless of where they work or wherever the patient is admitted.
- Investments in new facilities and equipment are considered on behalf of the whole service.
- Joint staff appointments become routine.
- All clinical governance policies and procedures are shared.
- Clinical teams are integrated, working together with trust and respect.
- There are no gaps in the service.
- A single Cardiology service is represented at interactions with our partners.
- There is no ambiguity for GPs when referring to and consulting with Cardiology.
- Research and teaching grow.

Perinatal Medicine

Perinatal Medicine is a complex service that includes antenatal and postnatal care for women and babies as well as neonatal high dependency and intensive care. A huge number of interactions with pregnant women happen in our community midwifery service and both our Trusts care for complex pregnancies from across the South West.

Within BNSSG, Perinatal services are split across the two providers who cover overlapping catchment areas. Recent Care Quality Commission (CQC) inspections demonstrate many areas of existing collaboration, from mothers receiving care from both Trusts to shared staff arrangements. Approximately 4,500 babies are delivered each year at UHBW and 5,300 at NBT. The landscape of Perinatal care is evolving, and it is imperative that healthcare providers adapt to meet the changing needs of the population. The case for change for a single managed Perinatal service is built on important themes:

- The population needs regarding Perinatal care are changing, with numbers of births remaining relatively static, but the proportion of complex births is increasing.
- There are inequalities in outcomes across different sectors of the population and different ethnicities.
- There is unwarranted variation in guidelines and policies between the two services which risks propagating inequalities.
- We need a sustainable neonatal service with more capacity.
- A shared workforce model across the area would help mitigate recruitment and retention challenges and improve staff satisfaction.
- Addressing the Perinatal estate challenges in both Trusts is vital if they are to be fit for the future.
- Combining the research expertise of both units would make them world class and attract important research funding and trials to Bristol and Weston.

Our vision for Perinatal Medicine is to create a SMS that delivers antenatal, postnatal and neonatal care at Southmead Hospital, St Michael's Hospital and Weston General Hospital. The service will need to accommodate rising complexity, patient expectations, workforce challenges and regulatory scrutiny. The single Perinatal Medicine management team will ensure that:

- Pre-pregnancy, antenatal and postnatal care is equitable and accessible for every woman and baby irrespective of where they live, their background and their belief.
- There is a comprehensive plan for the expansion of our neonatal intensive care services in Bristol.
- Staff can work across the entirety of the service.
- Mothers with complex specific medical needs are cared for in the most appropriate hospital.
- Perinatal services have joint clinical governance policies and procedures.
- Research in Perinatal Medicine is promoted.
- We train more midwives and retain their expertise.
- Our community services operate as a single team supporting our whole community.
- The transfer of mothers and babies across our Hospital Group is seamless.
- We work with our partners together.

"We need to make sure that everyone has the best possible access to care and that they share an equal experience of receiving it."

Dominique Duma,
Deputy Chief Nursing Officer, NBT.

8. HOW WE WILL IMPLEMENT THE JOINT CLINICAL STRATEGY

We are ambitious about shaping and improving clinical services and pathways around patients, our populations and our communities. We encourage everyone – clinical and non-clinical – to think about how we make seamless, high quality, equitable and sustainable care a reality.

This section outlines some of the steps we will take to do this without duplicating how we work. Recognising the challenges that come from both delivering services today and re-designing them for tomorrow, we will do everything we can to support, empower and resource clinical leaders and their teams to make this happen.

Transforming services takes time, energy, resource and commitment. We know that running services and meeting the demands of busy hospitals will always take priority. We acknowledge that there are commitments that NBT and UHBW will need to make to provide our teams with the tools and support they need and enable a culture which makes change possible.

"Services should be seamless and feel seamless and consistent for patients. People should only have to tell us their story once – it's confusing and frustrating to have to keep repeating yourself."

Vimal Sriram,
Director of Allied Health Professionals, UHBW.

An organisational model that delivers collaboration

Group Hospital Model
Ensure decisions benefit the entire patient population.

Aligned Executive Teams
Support seamless, high quality, equitable and sustainable services.

Single Managed Services
Review duplication of services and oversee enabling strategies.

Joint Approach to Specialist Commissioned Services
Provide tertiary-level complex services for the region.

Enabling strategies that remove barriers to seamless services

Digital
Create single digital platforms for staff across hospitals and community.

Estates
Adopt a joint approach for efficient infrastructure use.

People
Implement unified policies, procedures and standards.

Research
Combine research, innovation and teaching.

Improvement
A single improvement strategy that uses our Patient First principles.

Communications and Engagement
Develop a joint communications and engagement plan.

Practical resources that give teams the capacity to transform

Dedicated Team
Support clinical strategy delivery.

High Quality Accessible Data
Inform decision-making.

Organisational Development Plan
Address cultural differences over time.

Additional Resources
Free up clinical time for service redesign.

Listening Sessions
Provide opportunities for colleagues, patients and partners to share their ideas, concerns or issues.

Evaluation
Support to monitor the benefits and emerging risks of service transformation.

We want to hear from you

We hope you agree with us that this Joint Clinical Strategy represents a step-change in our clinical ambitions. Building on what we have already achieved, it seizes the opportunities of our strategic intent to form a Hospital Group and to work collaboratively for patients and populations. We want everyone to share our high ambitions and aspirations for BNSSG, its patients and populations.

We know this document alone won't deliver the change we want to see. You will hear from us regularly as we begin implementing a phased approach. Any steps we take will be tailored to the needs of patients and the clinical teams that provide them. However, we do want our Joint Clinical Strategy to inspire people and services, to enable and to empower actions that support our vision.

We don't want this work to be confined to a single team or small number of staff; the implementation team comprises 25,000 people – everyone in our combined workforce. We will continue conversations and can only deliver our Joint Clinical Strategy through engaging, involving, listening and working with patients and staff. Practical support will be available to make it happen.

Our vision is seamless, high quality, equitable and sustainable care and we hope you will join us in making this happen through every patient contact, in every clinical service and through consistent pathways of care for our populations.

Please contact us with your ideas, requests or questions to help make it a reality. You can email us at:

acuteprovidercollaborative@uhbw.nhs.uk

"Management of a condition should be the same wherever you are – geography shouldn't matter."

Jon Lee,
Chief Allied Health Professional, NBT.

NHS
North Bristol
NHS Trust

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on 12 March 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:

- seek approval of the proposed Digital Strategy; and
- secure a mandate to develop the strategic outline business case and identify a source of funding for the Digital Strategy's first priority: a scalable and future proofed network.

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

The Digital Strategy text (Appendix 1) has been submitted to Trust Board for approval. Following approval of the text a designer will create an edition for publication.

Achievement of the whole digital strategy will be dependent on a number of new investments. The first of which is a significant and essential investment to implement a scalable and future proofed network. The size of investment required is forecast to be circa. £70 million (inc. VAT) over five years. It is a foundational step to implement key parts of the strategy, which are required to support the planned Joint Clinical Strategy's aims for close collaboration within the Hospital Group. A source of funding will be identified as part of the strategic outline business case development.

The Strategy has been supported by Digital Hospital Programme Board, Executive Committee, and Finance Digital and Estates Committee. The edition attached at appendix 1 (v0.10) has been amended to account for the feedback received from these groups.

3. Strategic Alignment

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

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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 Approval

Trust Board is recommended to:

- Approve the Digital Strategy
- Give the mandate to develop the strategic outline business case for a scalable, future proofed network; and to identify a source of funding.

6. History of the paper

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

Executive Committee (Strategy v0.9)	28 February 2024
Finance Digital and Estates Committee (Strategy v0.9)	27 February 2024

University Hospitals Bristol and Weston NHS Foundation Trust

Digital Hospital Programme Board (Strategy v0.7)	19 February 2024

Digital Strategy

1. Purpose

1.1. The purpose of this report is to:

1.1.1. seek approval of the proposed Digital Strategy; and

1.1.2. secure a mandate to develop the strategic outline business case and identify a source of funding for the first priority within the Digital Strategy: a scalable and future proofed network.

2. Digital Strategy

2.1. The Draft Digital Strategy has been developed in light of the development 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. The aims of the strategy have been discussed widely across the Trust throughout its creation.

2.2. The Strategy's Digital Vision is:

> *To become a hospital that delivers digitally enabled, outstanding care, where 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.*

2.3. The Strategy sets out six enabling objectives necessary to enable digital transformation of the Trust's services.

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.*

2.4. The Strategy aims to deliver the following four 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 (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 their duties, irrespective of location, ensuring a uniform provision of care across UHBW and NBT.

2.5. Achievement of the whole digital strategy is dependent on several new investments (see chapter 11 of the strategy). The first of which is a significant and essential investment to implement a scalable and future proofed network. A strategic outline business case needs to be prepared and sources of funding identified. We must establish resilient and robust foundations so that our digital environment is defined by efficiency, reliability, security, flexibility, and safety. If the Trust is not able to make this necessary investment to bring the strategy to life it will have to accept and manage the risks associated with an aging digital infrastructure. Our focus would be on optimising our existing systems, because implementing new digital systems would further stress our aging infrastructure. We would be unable to link our network with North Bristol Trust and align our digital solutions. We would continue to operate with risks caused by having incomplete views of information.

2.6. Ahead of securing the investment in our infrastructure the Trust can push forward with our strategic plans to change our governance, operating model and optimise our existing systems.

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2.7. Version 0.10 of the Strategy has been amended to account for feedback received on version 0.7, 0.8 and 0.9. There were minimal requests for changes to the Strategy, and we have had predominantly positive feedback on its principles. Main amendments were to make it clearer how the strategy supported innovation, greener NHS goals, equality of access to care and patient experience.

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3. Requirement for a Scalable and Future Proofed Network

3.1. The Trust's Network is made up of a variety of solutions of different ages. The is due to an investment approach whereby network spend has been spread across many years. The Trust has sweated assets and improved it in a piecemeal fashion. A lot of the network is at, or near end of life. The variety in the network causes challenges with maintenance, future proofing, performance management, and keeping pace with new cyber security standards. The latest advanced technologies that are required to meet future demands will not work with such a varied landscape. Without these modern technologies and a uniform, up to date network, it would be unsafe to build the shared networks needed with our partners to aid the cross organisation collaboration required by 'What Good Looks Like', Our Integrated Care System's Digital Strategy and our Joint Clinical Strategy

3.2. The Trust has attained stage four of the seven HIMSS Infrastructure Adoption Model Assessment stages (INFRAM). Elements of the network are at stage two; and the Trust's current investment model puts it at risk of falling to stage three overall as industry standards continue to develop. Achieving INFRAM stage seven would ensure that the Trust's digital infrastructure is stable, manageable, and extendible enough to support the use of advanced business and clinical applications. A high INFRAM score would give confidence that services will not be disrupted by problems connecting, the IT running slowly or going down unexpectedly. The increased vigilance that comes from achieving the top INFRAM stage and exceeding minimum security standards will mean the Trust can also remain in-step with the ever-increasing threat of cyber-attack.

3.3. 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 across the hospital group and link networks UHBW needs to invest in reaching INFRAM stage 7. If it does not do so, linking with NBT would undermine the INFRAM stage they have achieved.

3.4. The estimated cost of the network refresh is significant and reflects the need to modernise at every level and across all 30 locations to support the 16500 users as they access care critical systems. Indicative pricing at this stage puts the cost at circa £70 million (inc. VAT) over 5 years. If its necessary to manage this as a single business case, the size of investment would require the Trust to follow a specific multistage approval approach whereby approval is sought 3 times from the regional and national tiers of the NHS, and the treasury. A source of funding also needs to be identified with additional Capital Departmental Resource Limit

(CDEL) to allow the expenditure. It may be necessary to negotiate additional CDEL limit from within the region.

University Hospitals Bristol and Weston NHS Foundation Trust

4. Recommendations

4.1. This Trust Board is recommended to:

4.1.1. Approve the Digital Strategy

4.1.2. Give the mandate to develop the strategic outline business case for a scalable, future proofed network; and identify a source of funding.

Front Cover

University Hospitals Bristol and Weston NHS Foundation Trust Digital Strategy

Delivering the change that ensures the provision of joined up, digitally enabled, outstanding care.

Version 0-10

Foreword – Board Chair

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 and 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.

Draft suggested Copy for Jayne Mee, Trust Chair

Foreword –Interim Chief Executive

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 will launch 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.

Draft suggested Copy for Stuart Walker, Interim Chief Executive

Table of Contents

1 Introduction – 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.

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.

Our Strategy also shows that we must centralise management of digital and consolidate our core digital systems and our data ensuring our teams have rich information available to them 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. Together we will deliver consistently high-quality care to the communities we serve.

Our aim is to deliver:

- A **Resilient and Reliable Foundation** upon which we provide exceptional care.

- **Accessible Clinical Information** with more of our patient's information in one place (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 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.

Draft suggested Copy for Neil Darvill, Joint Chief Digital Information Officer

2 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 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.

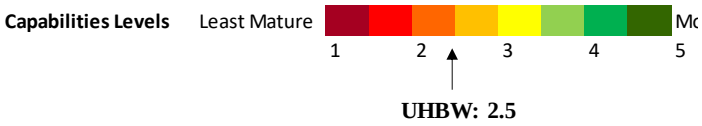
We have overloaded our digital programme. We've tried to deliver on all requests for support and made too many changes at once; without a clear view of our capacity for change, or what our strategic priorities are. Competing priorities can make it difficult to get the right digital support to fix problems, 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 aims 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. The WGLL digital maturity process has assessed our capabilities as low. There are several improvements required to our digital maturity and fundamentally we need to get the basics right.



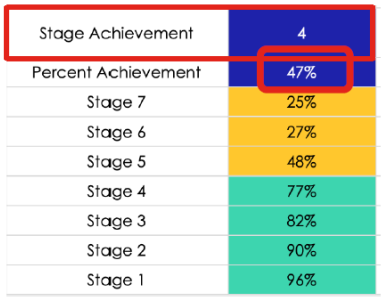
Our data is siloed, creating risk, because not everyone will have access to the information they need. We are a complex Trust providing 145 specialty services. Our clinical and business information is spread over more than 244 known information assets. Management of our information assets is spread across 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 its well managed and secure.

Our business intelligence capability is hindered by data silos and a continued reliance on paper. 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 over 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 UPS's, fire suppressant systems and technically advanced cooling solutions. The 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



Stage Achievement	4
Percent Achievement	47%
Stage 7	25%
Stage 6	27%
Stage 5	48%
Stage 4	77%
Stage 3	82%
Stage 2	90%
Stage 1	96%

Our HIMSS[1] 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, 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's 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 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 that 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.

[1] Healthcare Information and Management Systems Society

3 Our Digital Vision

To become a hospital that delivers digitally enabled, outstanding care, where 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.

4 The Difference Our Five-Year Strategy will Make to our Service Users in the Future

Patient voices:

"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."

"When I am in hospital, I can get on the Wi-Fi easily. It means I can watch TV and keep in touch with my family and friends."

Clinician voices:

"I have one log in and one password to remember, and the time it takes to log in is pretty quick, the spinning curser of doom is no more!"

"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."

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

Digital workforce voices:

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

"I understand how our work is supporting improving care and delivering our Trust's strategic priorities."

Trust Leadership voices:

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

"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."

Operational staff voices:

"The business systems, devices and information available support me to work more efficiently and safely. These improvements have had a huge impact on my quality of life whilst working."

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."

5 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

The outcomes will be:

- A **Resilient and Reliable Foundation** upon which we provide exceptional care.

- **Accessible Clinical Information** with more of our patient's information in one place (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 their duties, irrespective of location, ensuring a uniform provision of care across UHBW and NBT.

6 Transforming Our Infrastructure

6.1 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:

6.1.1 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 WiFi 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 North Bristol Trust 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 patient's 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 that 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.

6.1.2 Keep our Data Secure

- Ensure our patients, visitors and colleagues' 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.

6.1.3 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.

7 Transforming How We Manage Information

7.1 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:

7.1.1 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.

E. g. We will develop our core clinical system, Careflow, to provide electronic medicines management and new clinical noting tools that let us replace smaller isolated digital clinical software as well as paper forms.

- 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 *a*void 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 NHS accessible information standards.

7.1.2 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 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

7.2 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 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.

7.3 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:

7.3.1 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 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 that our people can explore the data more fully without have to move from place to place.

- Suites of reports will be signposted for key groups so that 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-serivce 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.

7.3.2 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.

7.3.3 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 such 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 up 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.

- Data Quality Improvement Group will create a data quality strategy and deliver its aims through its data quality action plan. Our approach will be regularly reviewed in response to evolving healthcare standards, technologies, and regulations. We will foster a culture of continuous improvement, encouraging feedback and innovation in data quality management processes.

- Standardise data formats and coding systems to enhance interoperability. The new Data Quality and Assurance Team will be on the Hospital Group's design authority to help ensure our systems are configured in a way that ensures data is captured consistently and accurately.

- Drive the creation of ongoing training programs for staff to enhance data literacy and promote adherence to data quality standards. Foster awareness of the impact of poor data quality on patient care, operational efficiency, and regulatory compliance through a robust communications plan.

DIAGRAM TBC – [Growing BI Maturity Timetable]

7.3.4 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 AI models, and greater confidence in our information-based decisions. We will be more able to collaborate with our integrated care system 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 vein of information viewable by our ICS partners.

8 Transforming How We Do IT

8.1 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 on 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:

8.1.1 Agree the Digital Priorities for our Trust, Hospital Group and Care System

- DHPB will function at an executive level and make investment decisions based on the strategy, risks, benefits, and opportunities ensuring that we are prioritising work of most benefit to the entire organisation.

- Align governance and decision making with NBT to ensure that 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 and Region to exploit 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.

8.1.2 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 and mature the Chief Clinical Information Officer (CCIO) role to increase its importance and influence. We will appoint additional CCIOs, medical information officers (MIOs) and Digital Clinical Specialists

- 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 comms 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.

8.1.3 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 that 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. DHPB 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.

8.2 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 Department and our Trust. We will have a single digital services team to support UHBW and NBT Hospital Group.

To do this we will:

8.2.1 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 department's teams have clear roles and responsibilities supported by policies and processes, allowing them to perform at their best.

- Support the Hospital Group Framework as one UHBW and NBT digital leadership team to design and implement a single digital services department 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 Information Governance into Digital Services, under the SIRO, will best help us achieve our goals.

8.2.2 Develop our Digital Team

- Develop our team members to ensure that 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.

TBC –Organisation chart showing how a single department accounts to the hospital group

8.2.3 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

- Ensure information is available and communicated readily so that all colleagues remain informed about 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.

9 The Journey to a single Acute Digital Service for the Communities we serve

TBC - Journey Map to Be Created

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

There is a proven track record of delivering digital innovations within UHBW and as an enabler to the clinical strategy. We will continue to work 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.

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

- Our front door process will be a clear route into Digital services so our people can get support to explore and escalate their great ideas.
- Trust wide representation on Digital Hospital Programme Board (DHPB) will ensure all departments ideas have a senior advocate at the decision-making table.
- Necessary changes in practice will be championed by our Trust's leadership and DHPB will be a clear escalation route to address barriers.
- Divisions will be able to prioritise the development of new reporting to support innovations through their assigned Divisional Analyst.
- Finally, our project control and handover procedures will ensure innovations are embedded before project teams move on.

Some of the future opportunities available to us are below:

- By capturing our data digitally in a structured format, we could take advantage of developments in AI and Clinical Decision Support 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, but could also take advantage of the tools to support patients and visitors to find their way across our site.
- Artificial Intelligence 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 teams will be able to use our data and analytics to trial new approaches and refine their care.

11 Financial Considerations

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 DHPB 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 Department 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. DHPB 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 Licencing
- 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 Team will be managed within our current revenue envelope. We anticipate that our digital team will necessarily grow along with our digital maturity. It will be necessary to invest more in the care of new digital solutions that we choose to implement. This will be considered in the full lifecycle cost estimates set out in our business cases. The business cases will set out a clear case for change and demonstrate the benefit opportunities they will create for the Trust. The business cases will also 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.

12 Embedding the Strategy

12.1 Quality Agenda- Digital = Safety & Quality

12.1.1 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.

12.1.2 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 factor's faculty presents a significant opportunity to implement a robust digital skills training approach, ensuring all colleagues are equipped to perform their roles effectively.

12.1.3 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 that all business cases include adequate clinical resourcing from both digital services and the organisation.

12.1.4 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.

12.2 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; and
- supporting the Trust to be recognised as a digital exemplar for people systems.

13 Supporting Our Integrated Care System's Digital Strategy

We participated in the development of the 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 strategy closely supports the six aspects of our ICS's digital vision:

1. The benefits and opportunities of digital and data are embedded in our integrated design process.
2. We have a robust collaborative digital infrastructure that allows frictionless working for our staff across the full range of care settings.
3. We avoid duplication by integrating and reusing systems, architecture, shared services, support, and expertise.
4. The experience of integrated seamless care for the person is underpinned and enabled by digital functionality and infrastructure that supports staff working.
5. Digital first channels are available for our citizens, empowering them to self-serve and make choices about their care journey.
6. Our integrated data-sharing and planning platform helps us to make the right decisions for people and our system.

Our strategic approach is scalable and has the potential to grow beyond our hospital group. Our strategy will create a 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.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board on Tuesday 12 March 2024

Report Title	**Well-Led Review**
Report Author	**Mark Pender, Head of Corporate Governance**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Purpose

To present the Well Led Review recently undertaken by DCO Partners and the associated action plan to address the identified recommendations.

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

The organisation is 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 were engaged to undertake this review.

DCO Partners undertook their review between September and December 2023, which included a comprehensive document review, observation of several Board and Committee meetings, interviews with Board members and senior managers, and engagement with key clinical and non-clinical staff within the Trust.

The draft review report was received in December 2023 and was considered by the Chair, CEO, incoming Interim CEO and Director of Corporate Governance before being finalised. The Final Well Led review report is attached as Appendix 1 for consideration by the Board. The key recommendations are set out on pages 9 and 10 of the report.

The Board, in considering the report on 9 January 2024 with Giles Peel from DCO Partners, agreed to focus on a small number of priority areas which are highlighted in the action plan. The action plan, attached in Appendix 2, includes a response to all of the recommendations.

3. Strategic Alignment

The review is a key tool in assessing how well governed the Trust is, which supports delivery of the Trust strategy.

4. Risks and Opportunities

There is a risk that the Trust has “blind spots” and therefore does not identify and recognise merging risks or issues which could impact on the delivery of its objectives. This review will help assess how self-aware the Board and organisation is.

The review also presents an opportunity to identify any areas for improvement or development which will support the journey of continuous improvement by the Trust.

5. Recommendation

This report is for **Information**.

The Board is asked to consider and discuss the recommendations of the Well Led review report and note progress against the action plan.
6. History of the paper **Please include details of where paper has <u>previously</u> been received.**

N/A	N

A developmental Well-Led review of University Hospitals Bristol and Weston NHS FT

December 2023

This report is intended to provide an independent review of the Trust's governance against NHS Improvement's (NHSI) Well-Led Framework Key Lines of Enquiry (KLOE). The review was conducted between September 2023 and December 2023. Issues raised in this report were identified in course of our review, but they may not represent the totality of the position currently faced by the Trust. This report is addressed to the Trust's Board; the contents may not be shared with any third party without the express permission of DCO Partners Ltd.

Contents

INTRODUCTION

1. DCO Partners were commissioned to undertake an independent developmental Well-Led Review of University Hospitals Bristol and Weston NHS FT ("UHBW", "The Trust") between September and December 2023. The team was led by Giles Peel FCG and included Professor Mike Bewick, Dr Rebecca Mann and Graham Lawrence FCG.
2. DCO Partners are experienced advisers in healthcare and have conducted seven Well-Led Reviews in the past four years, as well as investigations into clinical safety and mortality, and advised on NHS re-organisations, including development of acute provider collaboratives.
3. UHBW is a large multisite teaching hospital which, since 2020, includes the Weston hospital site. The Trust is currently undergoing major strategic deliberations, both as part of the Acute Provider Collaborative with North Bristol NHS Trust ("NBT") and in the broader context of the local Bristol, North Somerset and South Gloucestershire Integrated Care Board ("BNSSG"). These formed the backdrop during our review, which has enabled us to observe the Board and management team at a time of significant pressure and change. The Trust is in the early stages of implementing "Patient First", a continuous improvement programme for clinical services.

SCOPE AND APPROACH

4. The Trust carried out its own self-assessment in 2022, which we were able to examine. Our review consisted of several stages: a documentary review, an interview phase, observations of key meetings and the production of a final report. Throughout the work, we used NHS England's Key Lines of Enquiry (KLOEs). We were asked by the Chair to focus in particular on KLOEs 1,3,6 and 7 but all areas were reviewed. All references to the 'Board' refer to the whole Board of Directors.
5. The documentary review explored all aspects of the Trust's policies and procedures, comparing this against the KLOEs. It also examined the quality of management information supplied to the Board and the overall picture of Trust performance that this presents. All the interviews were conducted on a one-to-one basis in confidence, apart from a group discussion with senior managers below Executive Director level. Our findings are derived at a point in time, and many areas that we comment on continue to be progressed by the Trust.

DOCUMENTARY REVIEW

6. A summary of the Documentary review with its own separate recommendations is enclosed as Appendix A. These have been kept separate due to their more detailed operational nature but are crossed referred with the main report's recommendations.
7. There is a density to the paperwork at UHBW which reflects a detailed policy approach over many years. This approach was variously described by staff as "complex" and "process intensive" and our review of this area took an unusually long time. Our overall comment is that the Trust will need to compare and contrast this approach with the resultant impact that it has on staff and those who use Trust services. We sensed that the overall effect was one of a blurring of key information and data – it was hard to extract a detailed impression of how the Trust is run and what really is important. The self-assessment confirmed this – a lengthy and highly detailed set of responses that was hard to digest and extract clear meaning from. In many cases, less can really be more and the Trust would benefit from a debate about its approach to paperwork.
8. Appendix A also summarises our perception of the Trust's approach in some key areas of administration, such as appraisals or the Board Assurance Framework (BAF), as well as in critical areas for improvement, for example EDI and progress with support of non-white staff in terms of promotion.

INTERVIEWS

9. A large number of interviews were conducted, and these are summarised at Appendix B. Those interviewed were candid and very willing to discuss all aspects of the Board's work. We found that there was a broad consensus across the EDs and NEDs about the progress that the Trust was making, and there was a clear sense of purpose evident.
10. The NEDs expressed clear views on several subjects. Their collective view of risk tended to be generalised to the broader NHS (lack of investment, union issues, workforce shortages, recruitment problems, waiting list increases), but when prompted all were able to articulate the relevance of these problems (for example the impact of strikes) to UHBW. The one risk area all mentioned was Estate condition, and this was

evident in the Board meetings that we observed. All NEDs expressed frustration with the amount of detail enclosed in Board packs and the complexity of the briefing papers – the process of Board support from all quarters was frequently summarised as overly bureaucratic or "data rich and information poor". It was no surprise therefore that there were some comments about an inability to interpret performance properly, for example in building an accurate overall picture of the Weston site.

11. The Weston integration was felt to be "under control" but there was concern about visibility of the issues here. Strategy was clearly focused on acute care with other areas of collaboration placed "on the back burner for now". Patient First was referred to frequently but it was less clear what impact it would have and over what areas (has NBT got a view on this for example?).

12. The Executive team were complimentary about each other and gave a good impression of working as a team. They acknowledged that their strategic focus was primarily on acute collaboration and that other areas of focus were downstream. There was clear pride about UHBW's financial reputation and yet some NEDs agreed that investment over prolonged periods had often not been realised – "year 1 funding is always there but tends to fall away thereafter" was a common remark.

13. We interviewed a representative sample of management below Executive level. It was apparent that there was huge loyalty to the Trust, for which several interviewees had worked for many years. Again, the group were very candid and focused heavily on the day-to-day challenges. This group were far less sighted on strategic change, other than expressing some concerns about their own employment prospects in future re-organisations and were not able to describe the impact of Patient First in their areas. They were all positive about the Weston integration and felt that it was progressing satisfactorily.

14. We also interviewed some external stakeholders, representing the ICB and NBT. All reported very positive messages about UHBW, and the huge strides made in recent years in the name of collaboration. Trust is clearly building, but it was noticeable that most quoted the clinical community as leading the way here, with the executive management team coming onboard relatively recently. This is no surprise, as many clinicians share patients across Trusts, have commonality of interests and are seeking to develop services together. There was agreement, or at least acceptance that UHBW was behind on collaborative initiatives involving Primary Care, Mental Health and Community medicine. The various Boards came across as communicating frequently with each other on key topics - we were impressed by the co-ordination of decisions, and the subsequent messaging around strategic changes that took place during our review.

15. We attended a meeting of the Medical Staff Committee. This was sparsely attended (12 doctors), but we received a distinct impression of support for the Board and Trust Senior Management Team. The Consultants felt that the Trust struggled with major strategic decisions, and their main concern was that there was poor feedback. This lack of feedback tended to manifest itself in areas such as risk, (where it was felt that some risks get "parked" for long periods) and strategy, where some bemoaned poor visibility of progress on estate and capacity, and not all understood what was happening with NBT. The most telling remark we heard was that it would be an improvement for staff just to hear that a project had been denied funding, rather than being unsighted.

MEETING OBSERVATIONS AND VISITS

16. We conducted several observations of meetings, a list of which is shown at Appendix C.

17. The Quality and Outcomes Committee (QOC) was well run, and participation was strong. There was plenty of evidence of challenge and levels of scrutiny were good. We were impressed by the quality of papers received by the Committee, and there were clear areas of proactive change.

18. The Board meetings that we observed were well organised and ran smoothly. The Chair is clearly in control and marshalled the various debates well, encouraging contributions from all. It was good to see the Associate NEDs fully engaged and taking part in the meetings. There was plenty of challenge between NEDs and EDs and also across the Board. The meetings held in Public were open and transparent, and the questions from the floor well answered. The NEDs shared their experiences of site visits and walkrounds and the EDs responded positively to some searching questions on performance. There was good usage of staff coming in to the meeting to present on their services, which gave a good impression of coherence. The only area of concern was in the challenge of risk. Where problems were identified, and NEDs challenged, many of the debates seems to peter out with no real conclusions being reached. The FTSU update on14 November was a good example of this failure to bottom out the problem in the meeting and to state what the Board then wanted in terms of outcome.

19. The private meetings were harder to assess because we were excluded from some conversations. Our remarks are therefore caveated in the sense that much more detailed discussions have presumably taken

place on the subject of strategy for example. What debate we did see was highly detailed and at some points forthright, and the Board team are clearly comfortable with each other. Risk conversations were complex and often ranged over wide areas, with layers of risk being presented, often with no conclusions reached. This was frustrating to watch as this is a group of directors with very varied experience. In the end we concluded that risk debates need to be more focused, and the Board needs to offer clear direction on what it wants from the Executive team. As backed up by the interview process, the risk picture is not well presented, and different directors have different ideas about priorities and risk appetite. The is also shown in the Board Assurance Framework (BAF), which does not describe clearly the strategic risks facing the Trust (and see below under Risk). This is not sustainable as the Trust moves towards a new and challenging phase of collaboration and co-operation with other providers.

20. We visited the Weston site and saw most of the acute areas (ED, Older People, MAU, Outpatients, and the medical wards), following the admissions pathway. Every member of staff that we met was incredibly positive and talked enthusiastically about their roles and their training regimes. They were clear on operational risks and also about methods of mitigation. Finally, they gave a positive impression about the progress on integration with the rest of the Trust. They also recognised that some aspects of operational reporting were complex, not being a Division, and having their own Managing Director. The message was that the merger had succeeded, and they were now on the longer and tougher journey of integration.

EMERGING THEMES

The Board dynamic

21. Not many decisions were evident from Board meetings, nor oversight of executive ones. This means that it was hard to see where the decisions are being made and in what way. Very unfortunately, we were excluded from at least two meetings of the Board where strategy was considered. We were told that plenty of NED challenge took place there, but this is impossible to verify at first hand.

22. There were good CEO interventions observed, often when the conversations had slightly gone off track, and whilst these were not frequent, they were nonetheless powerful and thoughtful.

23. One major area of concern was over principal risk. We heard several stark messages over risk briefed to the Board, especially in terms of fire safety. Instead of this provoking a debate about safety of patients and staff, the Board veered off into a discussion about legal liability and reputational risk. This was disappointing, and did not reflect well, particularly as the Board is in the process of transferring oversight from the clinical to the financial committee. The Board needs to be far more curious about risk and prepared to intervene to provide support and backing for the Executive.

24. Overall, we observed a Board with plenty of talented members but where in terms of debate and oversight, the whole appeared to be less than the sum of the parts! This is a skilled team which is somehow bound up with an over-processed approach to both decision-making and, specifically for the NEDs, the supervision of executives.

Equality, Diversity and Inclusion

25. This area came up in a number of interviews and discussions. There was clear acknowledgement of the challenges here, and we heard detailed statistics about lack of career progression of non-white staff, especially in Bands 2-5, as well as perceptions of discrimination for these groups in the staff survey. We were told firmly that the Board are well aware of this risk and that it is being carefully monitored, with improvement plans being implemented. On a positive note, we heard an international nurse give an extraordinarily moving account of his arrival from Ghana in 2021 and his delight at working for UHBW. Especially good was the pastoral care he had received to help him settle in a new country.

Strategy

26. This was the dominant topic throughout the course of our review. There are several strands to this, beginning with a joint clinical strategy, and then the appointment of joint Chair and CEO with NBT. There is also a wider discussion involving the ICB and the approach to everything from specialised commissioning to that of the local area. The Board is currently updating its overall strategy, which remains a work in progress. Some areas, such as Estates and Finance come across as subordinate to the work on collaboration.

27. We were not allowed to observe all the Board's deliberations here, a first for us as we are normally granted full access with our clients. Does this reflect a lack of confidence on the part of the Board? We also observed that the more junior management below Executive Director level is also struggling to understand the stands or to make sense of the direction of travel. This, we observe, will only create uncertainty for staff and will make it hard for the Board to bring the wider organisation with it on its journey. We also understand that little external legal advice in support of Trust strategy (especially public consultation) has been sought, which we feel should be rectified quickly.

28. In terms of clinical strategy, two major areas, those of Cardiology and Maternity are now going to be run jointly with NBT. This is a major change and potentially a precursor to further clinical amalgamations in future. The logic of sharing responsibility for clinical services across Bristol is sound and is owned and supported by clinicians across all sites. However, it was surprising not to see the Board being presented with a much more detailed clinical rationale and descriptions of future service configurations to inform its decisions. Again, this is likely to provoke significant public interest and the Board will need to able to respond to this rapidly.

29. Modern Boards in all sectors are now expected to understand their stakeholder base intimately. For any acute trust this will include other service providers and must consider primary care, mental and community provision. This is clearly underdeveloped at UHBW, with the Board deciding to focus first on acute (secondary and tertiary) care, with the NBT relationship at the forefront of this. We believe that there cannot be further delay in drawing in these other stands to form a coherent vision for care across the whole health population, and the Board needs to lead this.

Assurance/Performance Reporting

30. We observed a tendency for the Board to state conclusions, via the Chair about its level of assurance for each agenda item. This was unusual to see in either a public or private meeting of the Board, and where only "partial" or 'limited" assurance was received, it gave the impression that the Board was not going to progress matters further. This impression needs to be corrected – the Board has far more views collectively and needs to express them.

31. Performance Reporting was described as a "beast that needs to be fed", and we discuss the limitations of highly detailed reporting elsewhere in this report. The documentary review revealed a Trust that has a strong focus on process. There is a policy for almost everything, and this leads to a sense that an accurate picture of the Trust is hard to obtain. The clinical divisions are a good example of where there is plenty of performance data, but it was harder to see evidence of paperwork providing guidance on how a division should be run and responsibilities between general management, medical and nursing heads being co-ordinated to best effect.

32. We noted with some concern a significant complaints backlog (3 months' worth). This is a potential area of risk until the Trust understands where its processes are failing and what lessons can be understood from these complaints. We also noted that the backlog is not reported currently to Board.

33. There are also breaches of the Trust's own KPI for dissatisfaction with complaints handling (12% as opposed to a target of 8%) – we felt that the reasons for this need to be analysed and acted upon.

Risk

34. We studied the BAF and Corporate Risk Register closely and compared the content with our interview discussions on risk. There is a mismatch here in terms of risk comprehension, which the Board needs to debate. Some Board members were good at articulating the generic principal risks facing all Trust but were on less sure ground when it came to converting this to the UHBW experience.

35. The BAF is a complex document, and it is hard to get a strong feel for the key issues facing the Trust. As an example, it contains no risk on the topic of strategic clarity (apart from a brief reference in one risk to the ICB). We would also question its accuracy – the most recent risk was added in 6/21 and the oldest one was added some 12 years ago. Many of the items on the Corporate Risk Register are also operational risks. There is therefore a rather confused picture of risk, and this was reinforced by the debate held in the private Board meetings that we observed.

36. The Risk appetite was described as a weakness by the Board itself, and some members clearly feel that this work is incomplete. It matters because it can give a strong pointer to the investment priorities for risk mitigation, as well as provide the Board with clear messages that can be shared with staff. This needs to be conducted again, after the relevant risk documentation has been refreshed.

Externally commissioned advice

37. We were keen to explore how the Board dealt with external advice, and whether a range of properly risk assessed options were presented to it for decision. We are not commenting on the quality of other external advisers here, but in terms of process it would seem sensible for the Board to demand that options are presented to it in terms of strategic advice. The deliberations we observed did not include anything resembling a "status quo plus" option, which given the nature of the likely future debate, may well come back to haunt the Trust. Interestingly, this view about the need for options appraisal came up in interviews with NEDs and with the Lead Governor.

Executive roles

38. There is one site Managing Director (MD) role at Weston, and we were keen to understand the dynamic between this role and the Chief Operating Officer. Both individuals were confident that the system works well, and that the demarcation is understood. To us, nevertheless this seemed something of an anomaly – in our experience other large Trusts make use of site MDs but where this happens there is usually one per site, with no separate COO role. The Trust will need to continue to monitor this as the clinical collaboration strategy develops, as it may well be that a case for more such appointments emerges across NBT and UHBW sites.

Progress with Weston's integration

39. This was reported positively by all those that we interviewed. There is a longstanding history of links between UHB (as was) and Weston, and so the eventual merger came as no surprise. There is evidence of increasing clinical and management linkages and the only area that we found hard to analyse is the performance reporting structure, where some clinical services at Weston are reported separately (namely Elderly Care, ED and Urgent Care), and the remainder are included in overall Divisional reporting. We were concerned therefore that this mismatch might shield visibility of some problems from the Board. Any future evolution in terms of collaboration must also factor in the need to maintain an accurate picture of Weston's particular challenges. The major concern amongst the Executive team is that Weston has less resilience that the rest of the Trust in its clinical delivery, mainly because of staff shortages and recruitment issues.

Involving the public and staff

40. We were asked to comment on the depth of penetration of key messages across UHBW staff. The same issue also applies to the public, although we were reassured by our discussions with the Lead Governor. The strategic position is unclear, and it therefore unrealistic to expect that coherent messages are being taken on by staff. The pace of change is increasing however, and some form of communications plan is urgently needed if staff are not to become anxious about their own futures.

41. Equally, there is much to do around preparing for public consultation on strategic change. The Trust has yet to seek legal advice in this area, and argued forcefully that the time for this has not yet come. Our view is that preparation in this area is rarely wasted, and that some issue may surface unexpectedly in the course of the next few months which will accelerate this need. With a General Election in prospect next year, any NHS change will be a topic for debate and the Trust(s) will not be able to escape the scrutiny that this will bring, both locally and nationally. A public consultation plan is needed now.

The Governors

42. The Council of Governors will play a key role in the future, especially as NBT is not a Foundation Trust, and especially in the recruitment process for the proposed Joint Chair. We interviewed the Lead Governor who was well informed and thoroughly supportive of the Board and Executive team. We heard clear evidence of regular, detailed communication with the Council of Governors, and between Governors and NEDs, whom the Lead Governor felt were being held properly to account. It was clear that the Governors view the outline strategic changes as an important step in the evolution of healthcare for the wider Bristol population. The Chair is popular with the Council and very well thought of, and whilst the various performance challenges for both UHBW and NBT are understood, the overwhelming mood of the Governors seemed to be one of prioritising access to secondary and tertiary services in Bristol, regardless of where these are delivered. The Governors were not however sighted on any detailed proposals for collaboration with Primary Care, Mental health Care or wider Community services, all of which were acknowledged as important.

Innovation

43. We found some notable examples of innovation during the documentary review and in interviews but the overall Board level acknowledgement (and comprehension) of it is low. Examples included the paediatric Research beds and the novel family diarised information system for patients. This lack of profile for innovation is a shame for a teaching hospital and the Board should now consider an active programme of promotion and sponsorship.

Digital/Information Technology

44. This was an area described universally as a weakness for the Trust and will almost certainly become more of an issue as the pace of collaboration increases. We were told by NBT that their IT was much more advanced, and it may well be that more detailed agreement on a division of labour in this area is a priority. We observed a board presentation which covered the outlines of a proposed digital strategy for UHBW which is due for strategy sign off in February /March 2024. It is understood that this is not yet funded, and therefore remains a weakness for the Trust, which we were told is still playing "catch up"

compared to other organisations. In light of the increased cross city collaboration, the Board may wish to consider a strategic objective that all IT systems will be fully integrated or at least made compatible with equivalent NBT systems (quite apart from a need for connectivity with primary care and or cyber security considerations). This will add an extra challenge which was not mentioned in the current strategy.

CONCLUSIONS

Management structure and reporting

45. The executive leadership structure is unusual, with only one site MD (at Weston) and a COO. This will need to be carefully monitored to ensure even distribution of responsibility and authority in the months to come, to avoid inconsistency of approach and direction.

46. We heard mixed opinions on the progress of integrating Weston. The question that should be posed regularly by the Board is does Weston enjoy parity of esteem? Data on Weston is unhelpfully divided, with some clinical areas coming under the Weston Site MD's scrutiny and some featuring in other clinical divisional reporting.

47. The documentary review revealed a Trust that has a strong focus on process. There is a policy for almost everything, and this leads to a sense that an accurate picture of the Trust is hard to obtain. The clinical divisions are a good example of where there is plenty of performance data, but it was harder to see evidence of paperwork showing how a division should be run and responsibilities between general management, medical and nursing heads being co-ordinated to best effect.

Collaborative working

48. The massive re-organisation of clinical services could well run away with the Trust. Nationally there are many examples of large urban Trusts coming together and inadvertently causing disruption, resistance to change and acrimony, with a resultant detriment to patients. What can UHBW and NBT learn from others here?

49. There are myriad initiatives underway in terms of collaboration and organisation – this position risks causing uncertainty for staff at different levels, and they are placing an increasing burden on management.

50. In terms of the Acute Provider Collaborative and joint working across NBT and the ICB's committees, the various executive teams are at different stages of development, which requires careful monitoring.

51. It is possible to conclude that the Joint Strategy with NBT only reflects those activities that they work together on at present. This area has the potential for much more expansion and innovative thinking. From our interviews we gained the distinct impression that NBT have a far greater appetite for change than UHBW at senior level.

52. Furthermore, we were not persuaded that the UHBW NEDs are wholly in step with the EDs on this change.

53. There is plenty of evidence of good collaborative planning in the tertiary and secondary clinical areas, especially for maternity (nationally driven) and cardiology. There is much less evidence of progress in areas of primary care and community and mental health. We were however presented with a positive picture of collaboration with Local Authorities by the ICB.

Risk

54. In terms of principal risks, the condition of the Estate remains a serious issue which needs a constant focus.

55. It was good to see and hear that the NEDs are active at a system level.

56. The IT programme is not well advanced, and the Trust has not invested in strategy in this area. We observed a pattern of Year 1 funding which then drops off due to financial constraints.

57. We heard mixed opinions on the progress of integrating Weston. The question that should be posed regularly by the Board is does Weston enjoy parity of esteem? Data on Weston is unhelpfully divided, with some clinical areas coming under the site MD's scrutiny and some featuring in other clinical divisional reporting.

58. Staff survey response patterns are deteriorating.

59. We have been told repeatedly that the Trust has had a number of blind spots historically (Estates and IT being two examples). There may be other areas which have not received full scrutiny from the Board to inform the BAF. Does the Board need to debate this again soon?

60. We did not receive a single example of innovation from the interview process – this is highly unusual and points to a Trust that needs to consider this area far more.

61. Our review has been hampered by a degree of reluctance on the part of the Board to be open and allow us to observe the Board's private deliberations on strategy. This was disappointing and contrasted strongly with the candid nature of our individual interviews, where we learned a great deal. Is the attitude that we encountered symptomatic of a Trust Board that is reluctant to receive external opinions, or one that is lacking in confidence?

RECOMMENDATIONS

(References to Appendix A Documentary Review Recommendations are shown in italics)

KLOE 1

A. The Board should reflect on the nature of when and where it deliberates on its future – a regulatory inspection will insist on full access and the Board needs to become comfortable with debating issues in front of others.

B. The impact of the uncertainty over strategy is having an impact on the "day job". The Board must ensure that sufficient leadership resources are maintained to run day to day activity, ensuring that not everyone focuses on the future.

See also Recommendations 1-9 in Appendix A

KLOE 2

C. The Board needs to redouble its efforts on strategy and tie together all the various strands to form a coherent picture. This picture then needs to be communicated to staff at all levels – cultural improvements will be hampered without this leadership.

D. The Board needs to decide its approach to public consultation over strategy, developing themes now and not waiting for challenges to arise. This will require investment in time and resources and is extremely complex.

E. The Trust should reassess its stakeholder maps as a matter of urgency and seek appropriate legal advice early.

KLOE 3

F. The Board needs to develop a parallel focus on developing those areas of clinical activity which impact on population health, namely primary care and mental health. The reasons why these areas lag behind have been well explained but their importance is in danger of being underestimated by the Trust, and collaborative work needs to commence soon.

G. Learning from Serious Incidents needs to be more specific. Divisional leadership needs to provide assurance that it has a grip on this important area and use IQPR data to develop conclusions that can be shared more widely across the Trust. The Quality Committee should then use these conclusions to inform its own deep dives.

H. The Complaints process will need an overhaul soon, with emphasis on speed and quality of response, and the backlog should be reported regularly to the Board.

See also Recommendation 10 in Appendix A

KLOE 4

I. Once the Weston integration is considered complete, the issue of the site Managing Director role will need to be debated and place in the context of either further site Managing Director appointments across the rest of the Trust or a reversion to the full COO role fully covering all sites.

See also Recommendations 11-13 in Appendix A

KLOE 5

J. There are some significant risks facing the Trust which the Board urgently needs to identify and then classify. We felt that these included Estate Condition (particularly Fire Safety and IT development). This in turn should generate an investment programme to mitigate risks effectively. The risk profile should be prioritised on the basis of patient and staff safety and not Trust reputation or threat of legal challenge.

K. The Board should review both its BAF and Corporate risk register to ensure greater coherence

L. The Board should conduct another Risk Appetite exercise and ensure that this matches its revised risk picture

See also Recommendations 14-16 in Appendix A

KLOE 6

M. The performance picture given to the Board is overly complex and needs simplification in terms of volume of data and relevance.

N. The Board should ask for urgent progression of the complaints backlog.

O. The risks inherent with the Trust's own IT/Digital capability, and its ability to integrate services with other providers need further attention from the Board.

See also Recommendation 17 in Appendix A

KLOE 7

P. The Board needs to develop a communications strategy to engage all stakeholders effectively and early on the significant changes that are proposed for the future.

Q. The Board needs to consider the wider clinical partnerships in Primary and Mental Health and Community services as part of its current strategic planning (see also KLOE 3 above).

R. The Trust needs to redouble its efforts in communicating progress, or lack of it, to staff in terms of investment in facilities and equipment.

See also Recommendations 18-19 in Appendix A

KLOE 8

S. Innovation is happening in some notable pockets but its profile across the Trust is far too low. The Board needs to be an active sponsor of innovation, understanding the Trust's position and promoting learning across the Trust, and most importantly, it needs a narrative.

Appendix A

Documentary Review

Introduction

As an important part of our review methodology, we reviewed a substantial number of documents relevant to the governance and leadership of the Trust; we were asked by the Trust to focus in particular on KLOEs 1, 3, 6 and 7. Our findings from the documentary review informed the interviews we conducted and our observation of meetings, and in some cases contributed to the recommendations arising from them.

We have a number of findings and 19 recommendations from the documentary review which are more technical in nature or are concerned generally with governance processes, not matters of strategy or policy, so we have set them out in this appendix to our report. This work was conducted in the early stages of our review, and represents a stand-alone assessment of paperwork as presented to us in September 2023.

KLOE 1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?

The Trust's Board includes the Executive Director (ED) roles which would be expected of an organisation of such size and complexity, and it includes an appropriate number of Non-executive Directors (NEDs). The NEDs' skills and experience have been assessed and recorded in a matrix, which has been considered by the Governors. The NEDs' primary skills are described partly by reference to senior roles which they have held, and other skills are denoted by a simple 'tick' symbol. The matrix would be more informative if these other skills were rated, allowing the board to identify areas of development in its make-up (as well as noting strengths).

We were asked to focus our review on a number of issues, including the performance of the divisional management teams. We note that this is monitored through monthly performance reviews, but we saw no evidence of a formal assessment of the capacity and capability of the divisional teams, which this KLOE recommends. Such an assessment would assist the Board to enhance the role and performance of the divisional teams, which it aims to do.

Also, in respect of the divisions, we reviewed several Divisional Annual Plan Summary documents which contain a variety of objectives for the year but we could not readily connect these with the strategic objectives which the Board has set for the Trust. The connections may be known to the board and divisional teams, but they should be made more explicit for the benefit of others.

The Board Development Programme focuses on self-review and reflection with expert external inputs. We recommend that topics and issues within the Programme should be considered and agreed by the whole Board, after recommendation from the Chair, Chief Executive and Chief People Officer (as is the case at present).

Each Director's performance is assessed through an appraisal each year; this includes the Chair and all NEDs. The Chair appraises the Chief Executive (with input from NEDs) and all NEDs; the Senior Independent Director appraises the Chair. These arrangements align to good practice for NHS Foundation Trusts. We reviewed reports from the appraisals of the Chief Executive, Chair and NEDs; we noted that the Chair's appraisal included (along with comments about good performance) some areas for development but these were largely absent from the reports about NEDs' appraisals and that for the Chief Executive. It is usual for appraisal reports to include such points or objectives, so we recommend that this is considered for future years. We did not review the process for EDs.

We saw a succession plan for NED roles, but we understand that no such plan is in place for ED roles, and we have seen no evidence of similar for the divisions' senior managers. It is good practice to have succession plans in place for all senior management roles, often with divisional managers being potential successors for executives (after benefiting from leadership development). This may form part of a plan to develop further the capability of divisional senior management.

The Trust has role descriptions in place for EDs and NEDs (and Associate NEDs). The NED role description states that "where appropriate" NEDs will "mentor senior Executives". Whilst this part of the NED role is qualified in the document, we advise caution in this respect. Any such mentoring of EDs may impact or undermine the ability of the NEDs (acting collectively) to hold the EDs to account. Where any ED requires such support, this could be provided by other EDs – for example, when an ED is new in post – or by a mentor appointed externally.

KLOE 1 Recommendations

1. To further enhance the Board Skills Matrix the directors, particularly the NEDs, should be asked to rank or rate their skills (other than those which are directly relevant to their particular areas of expertise). These ratings should replace the simple tick symbol used in the Board Skills Matrix. This will allow the Board and the Governors to assess areas of strength and development.
2. The Board Development Programme should be shared with the Board, so that EDs and NEDs can consider the proposed topics and make suggestions where necessary.
3. The role description for the NEDs should not state that any NED may act as a mentor to an ED. Alternative arrangements should be made for any ED who requires mentoring support.
4. The Trust has adopted good practice in holding appraisals for all board members, but we noted relatively few, if any, areas for development noted in the reports for the Chief Executive and NEDs. We recommend that this is considered for future years, alongside notes of good performance.

Recommendations in respect of divisional management teams (addressing KLOEs 1 and 4)

5. As part of the development of the Trust's new strategy to replace "Embracing change, proud to care" each division's strategy and objectives should be more clearly linked to, and derived from, the organisational strategy. The divisions' strategies should translate explicitly to their annual plans, which should be the basis upon which the divisional management teams are held to account (along with short-term priorities).
6. Whilst there are job descriptions for the three members of each divisional management team, it would be an advantage for each such team to have terms of reference to emphasise its duties as a collective, including responsibilities and authority for decision making.
7. To support the divisional management teams to fulfil their responsibilities, including the executive's expectations, there should be an assessment of each team's capacity and capability, including all the skills required derived from the team's responsibilities.
8. That assessment should inform leadership development activity for the divisional management teams, which may be required in addition to the leadership support which is already offered to all leaders and managers.
9. There should be a succession plan for divisional leaders, forming part of leadership development for the senior managers within each division (who are accountable to the divisional management teams).

KLOE 2: Is there a clear vision and a credible strategy to deliver high-quality, sustainable care to people, and robust plans to deliver?

Our findings and recommendations in respect of the Trust's current and future strategy are set out in our main report so they are not addressed here.

KLOE 3: Is there a culture of high-quality, sustainable care?

Values and behaviours

The appraisal policy outlines the Trust' expected leadership behaviours and these are helpfully mapped against the Trust values. These statements are leadership oriented and can be applied to all different managers across the Trust (clinical and non-clinical).

The Trust has set a separate long list of expected staff behaviours that is says supports the Trust values (but are not mapped to the values). These include expected behaviours such as high standards of care, seek out ways to learn and develop, communicate openly, honestly and listens to others. These are mixed in with other behaviours around statutory requirements; policy requirements; and daily working behaviours.

The Trust is seeking to establish and cascade a collaborative approach to service delivery and continuous improvement, using the Transformation team to support and highlight collaborative working.

Safety culture

At a strategic level, the Patient First framework includes a patient safety objective to keep patients safe, reduce avoidable harm events and further develop a no blame/ just culture.

The Trust has a new Patient Safety Incident Response policy that supports the requirements of the Patient Safety Incident Response Framework (PSIRF) (1 July 2023) and states that it is reflective of the guidance from NHSE. UHBW staff are expected to undertake national patient safety training.

The Trust has a Patient Safety Improvement Programme that is chaired by the Medical Director and progress reported to the Clinical Quality Group meeting. The report covers incident reporting, management of risks, serious incident reporting, updates on implementation of PSIRF and improvement updates.

The 2022 staff survey results show that when reporting an incident or near miss the treatment of staff and management of staff is above average.

The Chief People Officer is the executive lead for speaking up at the Trust. There is a variable picture of staff feeling supported to speak up at the Trust:

- The 2022 staff survey shows a reduction (against 2021 data) in the number of staff feeling safe to speak up and having confidence the organisation would address their concerns. However, the 2022 staff data figures are within the national average.
- In October 2022, an internal audit into the Freedom to Speak Up process (352 staff responses) highlighted concerns about confidentiality, confrontation and challenging difficult personalities.
- FTSU data in annual report (public Board June 2023) shows that in terms of themes of concerns raised, the majority (36%) relate to policies and processes (we are not sure what this means), followed by 34% relating to inappropriate attitudes and behaviours, including bullying and harassment. Most concerns per FTE were raised by staff at the Weston hospital (26.2) followed by specialised services (15.9) and most concerns were raised by administrative and clerical staff groups (33) and then registered nurses/ midwives (27).

From the documentation, it appears that the Trust has responded positively to findings around speaking up and culture. The Trust highlights various work streams to enhance the availability and approachability of the FTSU service. The Trust states it is developing a SOP to ensure appropriate escalation and resolution of concerns and is seeking to triangulate data via the Performance Directorate to help pinpoint and target support for services to ensure cultural change. Some evidence was provided of speaking up presentations to staff (reiterating the culture expected at the Trust) but we could see no evidence of a comprehensive communications strategy of speak up, embedding messaging through the Trust's quality, safety and people frameworks. It is also unclear from the documentation provided how all of these different actions/ processes/ training programmes are having an impact on improving the speak up culture at the Trust.

Appraisal

The appraisal process and documentation were updated in 2022 following consultation with staff and changes brought into improve the quality of conversations where wellbeing performance and personal development are at the heart of the discussion. Appraisal is called the 'check-in conversation' at the Trust. The appraisal policy and training slides for staff and managers support this overall move towards a more positive approach to appraisal. The appraisal rating system is based upon an individual's delivery of their objectives in the year. From the documents provided, it is unclear how the check in conversation and appraisal rating system assesses whether a staff member adopts the behaviours and values at the Trust and where this is documented. The Pulse survey conducted in Q1 shows that whilst staff like the process, they find it time consuming, tick boxy, need more guidance for managers and experienced repetitive questioning.

Staff safety and wellbeing

There are various strategic documents outlining the Trust's commitment and plans for supporting and developing its staff (People Strategy, Patient First documentation, Workplace Wellbeing Strategic Framework). It is evident that these have been developed at different times and it may be helpful to review and align the documents to ensure a focus on aspirations, goals, risks and challenges and clarity in reporting progress.

A workplace well-being menu of the different in house and external resources available to staff was provided highlighting support on staying well, when staff experience challenges and how to support others. Following an increase in violence and aggression towards staff, two Victim Support Officers were employed by the Trust in September 2022.

Equitable treatment of staff

The Trust launched a five-year workforce Equality, Diversity and Inclusion (EDI) Strategy 2020-2025 in partnership with the national WRES team. It has an annual strategic plan. The strategy was developed following a multi-professional workshop with over 70 stakeholders. It is built around four strategic priorities – leadership, accountability, practical support and monitoring.

The People and Learning Development Group received a report in June 2023 comparing the data set baseline position for all Equality Diversity & Inclusion (EDI) Key Performance Indicators (KPIs). It appears there has been improvements in how staff are managed and supported in the workplace. Based on the data, the Trust has agreed areas to specific areas of focus in 2023. It is unclear how these areas of focus align with the EDI Strategic Plan 2023/24.

The FTSU Board report 2023 highlighted issues of racism, discrimination and microaggressions experienced and raised by staff in August 2022 and identified by the CQC in their inspection of Weston General Hospital. The Trust states that a listening action group started in January 2023 and meets monthly and listening events have taken place regularly at WGH. A video from the Weston leadership team was produced in October 2022 to remind staff about the Trust values and expected behaviours.

The Trust has established five staff networks: ABLE+; Race Equality and Inclusion; LGBTQIA+; Women's Network; Men's Network. The Trust speaks about how the networks contribute to and play an active part in celebrating the contribution of their diverse staff.

EDI data shows areas of improvements in relation to BAME staff with increases in the number of BAME staff recruited; increases in the number of BAME staff in band 8a+ roles and a reduction in the likelihood of BAME staff entering disciplinary investigations. There have also been improvements in how staff perceive the Trust provides equal opportunities and career progression. Despite these positive results, in the 2022 staff survey results the Trust scored lower than the national average for staff, stating that they had experienced discrimination in relation to gender, sexual orientation, disability and age. These are important areas for the Trust to focus on going forward.

Recognising and rewarding staff

The Trust has a Recognition Framework, celebrating teams, staff and services. The framework seeks to reach all areas of the Trust and does this by holding an annual staff event, awarding long service awards and allowing divisions to award local awards. The document states that delivery of the divisional awards is audited by the OD team, but documents were not supplied to evidence this. This audit is important to ensure equitable access to the awards across all staff groups.

The Trust saw an improvement in the 2022 staff survey around engagement. This included an increase in staff appreciation of one another and a similar increase was also seen around my immediate manager values my work. However, the staff survey showed a variable picture around workload, time pressures of work and general morale, with lower scores than the national average. It was unclear from the documents provided of the actions taken to respond to these specific survey results.

KLOE 3 Recommendation

10. It is proposed that the Trust revisit the list of staff expected behaviours and for clarity for staff and management, consider the key behaviours for staff to focus on that will support delivery of the Trust values.

KLOE 4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?

The Trust's governance framework includes terms of reference, a scheme of delegation, standing orders and role descriptions for board members, which conforms in the main to good practice. The committees' terms of reference define clearly their duties and responsibilities and they give good coverage of key issues; in particular it is good practice to have a committee focused on the Trust's staff. We were told that no terms of reference exist for the board, other than broad references to its remit as set out in the constitution. We recommend that terms of reference are put into place for the board.

Terms of reference are in place for the monthly divisional performance review meetings and role descriptions exist for divisional managers but there is no document to define the role and expectations for each divisional management team as a collective (as would be the case for the Trust's executive team, for example). We recommend that terms of reference are put into place. This would assist in enhancing the performance of the divisional management teams and the ability of the executive to hold them to account.

The Trust's partnership with North Bristol NHS Trust (NBT) is governed by the Acute Provider Collaborative Board whose role and authority are defined in terms of reference. The authority reserved to the two Trusts' boards is also clear. Since the ACPB is developing strategies and plans on behalf of the two Trusts, it is necessary for the Trusts' boards to consider proposals before they are submitted to the ACPB. This should

ensure that proposals before the APCB conform to the Boards' agreed strategies and intentions. We have seen reports to the Trust's Board which confirm that it is briefed retrospectively on discussions and decisions taken at the APCB but we cannot readily identify preparatory discussions and decisions at the Trust's board meetings. This should be addressed through agenda planning.

KLOE 4 Recommendations

11. The Board and its committees should undertake self-reviews on a regular basis, using the board development programme or similar sessions to do so. The outcomes from such reviews should be recorded in a plan for action, to be led by the NED chair with support from the Director of Governance.
12. Terms of reference should be put into place for the Board to ensure that its role and duties are clear to all concerned and to inform business planning for its agenda.
13. The Board should ensure that before discussions are held and decisions are made at APCB meetings, the Board has the opportunity to consider the relevant issues and satisfy itself that proposed decisions are consistent with the Trust's strategy and plans.

KLOE 5: Are there clear and effective processes for managing risks, issues and performance?

The Trust presented a Risk Management Policy. The Trust's strategic and corporate risks are reported to the Board under the IQPR. The IQPR risk report provides an overview of the risks being managed by the Trust.

- Upon review of progress with management of the corporate risks, it is apparent that the net risk scores have remained the same between Q4 2021/22 and March 2023 despite having much lower risk targets (and some having a high net score).

Board Assurance Framework

- The Board Committees review and discuss the strategic risks relevant to their remit.
- The Audit Committee receives an update on progress with management of the strategic risks (BAF risks). A review of the BAF risks highlighted:
  - There are target risk scores provided for each BAF risk. A risk appetite statement for the Trust was not provided and it was unclear how these risk target scores had been determined.
  - There are two risks on workforce, one about failure to recruit a substantive workforce and one about having a fully diverse workforce. These risks are mutually linked, and the risk statement could be merged and redefined.
  - There is a risk that the Trust fails to meet its commitments under the Sustainable Development Strategy (3472). It is stated that this BAF risk is partially mitigated at a net score of 10. It is unclear what this net score is based upon, noting the Trust admits it has not met some of its carbon targets.
  - Risk 3115 is about the risk of records not being available to support clinical decision making. The risk highlights the delays in scanning of notes. There is no reference to whether the stated delay in scanning is having patient safety implications – this would be evident from Datix reports and should be monitored to understand the impact on patient care. There is a lot of work under way to transform the Trust's digital records However, these programmes are either in the planning stages or being rolled out at the time of the BAF report. The risk is scored at 12 and many of the mitigations are large digital projects that will take some time to implement raising a query as to whether other mitigations should be considered to manage the risk in the medium-term?

Internal audit, equality impact assessments and clinical audit

The role of internal audit is to provide assurance that the Trust's risk management, governance and internal control are operating effectively. An important aspect of this function is for the Board to be engaged with development of the annual internal audit plan so that appropriate risks are focused on each year. From the documentation provided, the internal auditors appear to only consult with the executives about the internal audit plan and ask the Audit Committee to approve the plan.

It is essential that the Trust ensure that any recommendations presented by the internal auditors are acted upon in a timely way. In a report to the Audit Committee, 19 internal audit recommendations were overdue (13 April 2023). Of these, 8 of the 19 recommendations became overdue on 31st March 2023;

8 recommendations had passed their original due date for completion; 11 recommendations had the completion date extended, which had passed; and 1 recommendation was more than 12 months old. Some of these overdue actions related to risks reported as high by the internal auditors.

The QOC monitors progress with CQC actions and also patient safety incidents, and evidence was submitted of this (June 2023).

The Trust self-assessment refers to the Trust conducting EQIAs for efficiency savings programmes, either signed off by divisional boards or if over £100k, considered and approved by the Medial Director and Chief Nurse. At the time of the documentary review, examples of the EQIAs were not provided.

Clinical audit is an important tool for providing assurance that delivery of healthcare practice is in line with good practice guidelines and is information that the non-executive directors will rely upon when considering risks to inconsistent delivery of safe care. The documents provided by the Trust highlighted some monitoring and reporting issues related to clinical audit. The Trust has a Clinical Audit Policy and provided a clinical audit plan. At the time of the review, it was stated that the Clinical Audit Group had not met since March 2023 due to being unable to identify a chair. In addition, issues had arisen with reporting of audits via the new audit management system (the documents stated it was hoped this would be rectified by July 2023 although it was unclear if this happened). The QOC received a report on clinical audits in 2021/22 but was presented with this report in November 2022.

KLOE 5 Recommendations

14. The Trust consider how the other chairs/ members of the assurance committees on quality, people and finance provide their views on the Trust annual audit plan.
15. Internal audits that are people/ quality focused are shared with the relevant assurance committees to inform committee discussions.
16. Internal audit actions are tracked by the management team and reported to the relevant assurance committees to ensure that they are closed down in sufficient time and deadlines are not continually extended.

KLOE 6: Is appropriate and accurate information being effectively processed, challenged and acted upon?

There are documents outlining the Trust approach to data quality. The Trust presented a Data Quality Policy. The status is draft, and it states it is effective from October 2022 through to September 2024. The policy covers patient demographic, clinical and care management data and staff data. Papers from the March and May 2023 Data Quality Improvement Group were provided. Minutes and papers referred to a data quality maturity matrix, a review of the quality of clinical coding at WGH and a risk register. The risk register has 3 risks documented. It is expected that with the further enhancements to the electronic patient record, data quality risk assessment and management will be key.

The quality of performance reporting is variable: Some trust data points are reported and others not (see below); Data on directorate performance is limited at Board level; there are examples of data management reports being presented to Board members as opposed to assurance reports and some reports have limited information provided on coversheets and the titles of performance reports differ between meetings:

- The public Trust Board receives a performance report (Performance Report and extended IQPR) each month which provides data on quality, operations, and people. There are various titles for this report.
- The above performance report presented in the public Board pack provides a monthly update of the key performance metrics within the NHS Oversight Framework for 2022/23 and the Trust Leadership priorities. The report is laid out against the Trust priorities: Q and S; Our People; Timely care; Weston Renewal and Financial Performance. Explanations of data points are provided in the report. Further information within the full IQPR is made available in the private Board member reading room to provide additional background detail if required. Limited data is supplied on the performance of directorates in the report. The Board cannot (via this report) see through a lens of directorates' performance and operational delivery/ quality across the hospital.
- There is a separate finance report later in the Board pack (February and April 2023). It repeats what has been presented in the Leadership Priorities and Oversight Framework and then adds more detail on CIPs.

- The self-assessment states that All staff can access performance information via the Performance Workspace on the Trust's intranet. This was unable to be tested during the documentary review.
- The May 2023 QOC pack has a report about safe staffing. The coversheet for this report had not been completed and as a result, issues for escalation and summary were not provided to the QOC members. The report presented management data and not assurance. Following a review of the June 2023 Trust Board pack, a safe staffing report could not be found, and it is assumed the QOC receives the staff staffing report on behalf of the Board. If this is the case, the QOC does not refer to the findings of the safe staffing report in its summary report to June 2023 Board (from the May 2023 QOC meeting), and as such the Board is potentially not receiving the required assurance around safe staffing.
- The Trust produces different updates on Experience of Care. One report was a set of slides. It was unclear where these slides were presented (Jan – March 2023). The report covers matters related to patient experience including communication, needs, involvement in decisions etc. It includes examples of comments around experience and the actions taken. We could not identify an integrated full analysis of themes. There is an Experience of Care strategy, and a progress update was provided to the Experience of Care Group in August 2023. This report included an action log and a coversheet that lists actions achieved in the last quarter and the focus for the next quarter. There was no analysis of the work, challenges, risks and it as such it is unclear how effective the actions taken are in delivering against the strategy.
- During the document review, we have been unable to find where Duty of Candour is monitored and how NEDs get assurance that patients are informed when things go wrong and receive an apology.

Good progress has been made on patients waiting over 104 weeks and over 78 weeks (data between December 2022 data and February 2023).

Trust documents refer to the five-year Digital Systems Convergence programme replacing legacy IT systems at WGH, creating modern cross-site solutions that enable better management of patient care. Work is underway to document a digital maturity assessment shared with the ICS and North Bristol NHS Trust. A full progress report on delivery of all aspects of the Trust digital programme is regularly presented at the Finance and Digital Committee with minuted robust scrutiny from the non-executive committee members.

The ToR for the Digital Hospital Programme Board was provided. This is a cross Trust membership board established to provide assurance to the Trust Board on matters relating to the Digital Hospital Programme including developing a medium-term digital strategy and monitoring implementation of the plan. There is no mention in the ToR of monitoring of the clinical safety of the relevant digital systems, monitoring of the data security of the systems or business continuity or cost improvement matters arising from the implementation of these digital systems.

The Trust submitted self-assessment evidence of it achieving standards met for the Data Security Protection Toolkit (in June 2023 until June 2024). The quality of reporting on data quality and information governance was variable at the Audit Committee and IRMG:

- A report to the Audit Committee from the IRMG in April 2023 is very limited in content (half a page). It covers the DSPT compliance; any serious incidents (none) and highlights one case of a GP in the region receiving a warning for inappropriate access to patient records. There is no explanation as to how this case relates to the Trust. There is no assurance in this report provided around cyber security at the Trust (noting the DSPT is predominantly focused on cyber security), nor the principles under the Data Protection Act 2018 including, for example, responses to Subject Access Requests (SARs) etc.
- The Trust states that it conducts regular system audits and monitoring to assess the effectiveness of data management systems and controls. This includes periodic assessments of data access logs, system logs, and user activities to detect any unauthorized access or suspicious activities. The Trust presented a report to the Information Risk Management Group on the access to patient or staff records by staff, highlighting the number of staff who have been found to have inappropriately accessed patient/ staff records. The paper is limited on assurance. There is no review of what the reasons for the access were given, whether there was a problem with role-based access, if patient/ staff data was compromised, and patients/ staff put at risk etc. The Trust recognises in its well-led self-assessment that it needs to enhance capacity for dealing with inappropriate access.
- A slightly more fulsome report was presented at the IRMG as a year-end report on IG 2022/23. This covered the digital landscape (Data protection and Digital Information Bill) and IG training and incidents across the year. With a new EPR comes many data protection challenges and it is essential these matters are reported and discussed by the Audit Committee.

The Trust has provided an information standard notice register. It is not clear how this register is used but it appears to provide a summary and link to the information standards the Trust is subject to/ needs to respond to. The Trust states it submits national datasets as necessary, and the Emergency Care data Set (ECDS) Data Quality Dashboard is provided although this could not be tested as part of this review. The Trust is aware of a governance risk around external data submissions – the Trust self-assessment highlights a gap, stating there is currently no process for ensuring approval of data sets before they are submitted externally.

KLOE 6 Recommendation

17. The Trust review the governance framework for management and assurance of the Digital Hospital Programme with a focus on mitigating operational, clinical, data protection and cyber security risks.

KLOE 7: Are people who use services, the public, staff and external partners engaged and involved to support high-quality, sustainable care?

We have seen reports which provide clear and comprehensive analysis of complaints received by the Trust, including themes and information about the Trust's responses to complainants.

Our documentary review and interviews confirm that there is a significant backlog of complaints awaiting triage, the stage which follows acknowledgement of receipt of complaints. We were told that the backlog in September was approximately 350 complaints, which, at the present rate of triage, represents two to three months' work to clear. Since no investigation can take place until triage is completed, there is a substantial delay in responding to complainants and those individuals cannot be told at the point of acknowledgment when they will receive a response. The Trust is at present considering options to address the backlog, which must be a priority. The backlog is not currently included in the quarterly report about complaints which is submitted to the Quality and Outcomes Committee; the backlog should be reported to that committee and to the board so that work to address it can be monitored and directed.

We also found that approximately 12% of complainants are dissatisfied with the responses they receive from the Trust, which exceeds the target of 8%. The Trust has arrangements in place to review draft response letters before they are sent and it has processes to support learning in investigations and drafting responses. There are also plans to introduce additional training, but we recommend that the Quality & Outcomes Committee, to whom complainants' dissatisfaction in reported quarterly, should agree and monitor specific action to address this issue.

KLOE 7 Recommendations

18. The quarterly complaints report submitted to the Quality & Outcomes Committee (and reports about complaints which are presented to the Board) should include data about the backlog of complaints awaiting triage and therefore responses.

19. The Trust should consider the further action which could be taken to improve complainants' satisfaction with responses, such that the Trust achieves its 8% target in this respect.

KLOE 8: Are there robust systems and processes for learning, continuous improvement and innovation?

It is evident that work has been conducted to align the various strategic and operational strands of work behind a programme of transformation and innovation. The Trust provided a Transformation, Improvement and Innovation Strategy 2020-2025. The strategy seeks to align and integrate delivery and reporting against other existing enabling strategies (Quality Strategy, People Strategy, Communications Strategy, Digital Strategy).

In November 2021 the Trust embarked on a Lean-based continuous improvement approach called 'Patient First' with one of its aims of placing the patient at the heart of every element of change. During 2022, the Executive Team was required to develop the Trust's strategic priorities. These priorities are driven by the data and inform the annual corporate improvement priorities for the Trust. The approach taken was to concentrate on a smaller number of priorities to focus on and complete projects across teams. Evidence

of training for staff and senior leaders was presented with the aim of building knowledge, expertise and a culture of transformation across and through the organisation. The model for transformation and innovation is applied using a bronze, silver and gold programme related to the capacity and capability of the Trust and the extent to which a programme is local, divisional or Trust wide. It was unclear from the documentation how the Transformation Team track and monitor programmes (including impact/ risk etc.); prioritise those programmes that can be expanded across the Trust and, prevent duplication of projects across teams (to ensure the approach taken is as efficient as possible).

The Trust has an external visit policy (provided) and states it has a register of external agency visits, inspections and accreditations (not provided). Nominated leads are identified for each visit/ inspection and accreditation and are expected to manage/ document and escalate. The QOC monitors progress with CQC actions and also patient safety incidents. SLT monitors results from other inspections/ external visits. It was not clear how relevant information from these other inspections was presented to the Board committees for assurance.

From the documentation provided it was not clear whether the Trust has a rolling programme of internal review of its services and if so, where these are reported.

Appendix B
List of interviewees

Non-executive Directors

Jayne Mee, Chair

Sue Balcombe

Rosie Benneyworth

Bernard Galton

Professor Jane Norman

Martin Sykes

Arabel Bailey

Roy Shubhabrata

Marc Griffiths

Executive Directors

Eugine Yafele, Chief Executive

Paula Clarke, Executive Managing Director, Weston General Hospital

Neil Darvill, Joint Chief Digital Information Officer

Jane Farrell, Chief Operating Officer

Deirdre Fowler, Chief Nurse and Midwife

Neil Kemsley, Chief Financial Officer

Dr Stuart Walker, Chief Medical Officer and Deputy Chief Executive

Emma Wood, Chief People Officer and Deputy Chief Executive

Others

Mo Phillips, Lead Governor

Eric Sanders, Director of Corporate Governance

Anne Reader, Associate Director of Quality and Patient Safety

Chris Swonnell, Associate Director of Quality and Compliance

David Markwick, Director of Performance

Sam Chapman, Associate Director of Organisational Development and Wellbeing

Cathy Caple, Associate Director of Improvement and Innovation

Rebecca Dunn, Director of Business Development and Improvement

External

Jeff Farrar, Chair of the BNSSG ICB

Shane Devlin, Chief Executive of the BNSSG ICB

Michelle Romaine, Chair of North Bristol NHS Trust

Maria Kane, CEO of North Bristol NHS Trust

Appendix C
List of meetings observed and visits

Board Public and Private meetings on 12 September and 14 November

Board Days on 10 October and 12 December

Quality and Outcomes Committee on 26 September

Visit to the Weston site on 12 December

Meeting with the Medical Staff Committee on 13 December

University Hospitals Bristol and Weston NHS Foundation Trust

Well-led Review – Draft Action Plan

Please note: Priority areas as agreed by the Bord are highlighted in Bold.

Recommendation	Accept?	Response	Lead	Due Date
KLOE 1				
A. The Board should reflect on the nature of when and where it deliberates on its future – a regulatory inspection will insist on full access and the Board needs to become comfortable with debating issues in front of others.	Yes (Already in place)	The Chair will continue to consider the appropriateness of observers depending upon the agenda and the business the Board needs to undertake.	Chair	N/A
B. The impact of the uncertainty over strategy is having an impact on the "day job". The Board must ensure that sufficient leadership resources are maintained to run day to day activity, ensuring that not everyone focuses on the future. See also Recommendations 1-9 in Appendix A	Yes	This forms part of our planning for the resourcing of the development of the group model plus in setting our leadership team's annual objectives and priorities	Interim CEO	TBC as part of the APC work
KLOE 2				
C. The Board needs to redouble its efforts on strategy and tie together all the various strands to form a coherent picture. This picture then needs to be communicated to staff at all levels – cultural improvements will be hampered without this leadership.	**Yes**	**Strategic narrative to be developed and shared with the Board.** **Revised strategic narrative to be communicated to staff**	**Director of Business Development and Improvement and Director of Communications**	**31 March 2024**
D. The Board needs to decide its approach to public consultation over strategy, developing themes now and not waiting for challenges to	**Yes**	**Reminder of the legal requirement for public consultation to be shared with the Board.**	**Director of Corporate Governance**	**Completed**

University Hospitals Bristol and Weston NHS Foundation Trust

Recommendation	Accept?	Response	Lead	Due Date
arise. This will require investment in time and resources and is extremely complex.				
E. The Trust should reassess its stakeholder maps as a matter of urgency and seek appropriate legal advice early.	Yes (Already in place)	Stakeholder management included in our Communications Strategy and due for renewed focus in 2025. Currently managed on a programme-by-programme basis.	Director of Communications	N/A
KLOE 3				
F. The Board needs to develop a parallel focus on developing those areas of clinical activity which impact on population health, namely primary care and mental health. The reasons why these areas lag behind have been well explained but their importance is in danger of being underestimated by the Trust, and collaborative work needs to commence soon.	Yes (Already in place)	This is in place as follows and no further action planned: • Active roles in the health and care improvement groups for mental health and improving the lives of people in our communities. • Participation and board membership in locality partnerships across Bristol, South Gloucester and North Somerset • Health and Wellbeing Board members in North Somerset and Bristol (North Bristol Trust is member in S Glos) • Workstreams actively developing improvements in mental health provision/liaison across the acute sector • Development work underway with primary care • Health inequality leadership through CNO and well established health equity and inclusion group	Director of Business Development and Improvement	N/A

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Recommendation	Accept?	Response	Lead	Due Date
		• Development work underway with Sirona Care and Health (local provider of community services) and Social Services – relationship building within senior leadership teams (exec to exec and with divisional leadership teams) plus operational delivery work through transfer of care hubs, Healthy Weston and urgent and emergency care schemes (e.g. NHS@Home)		
G. Learning from Serious Incidents needs to be more specific. Divisional leadership needs to provide assurance that it has a grip on this important area and use IQPR data to develop conclusions that can be shared more widely across the Trust. The Quality Committee should then use these conclusions to inform its own deep dives.	Yes (Already in place)	The sharing of learning between divisions and corporate teams occurs at Clinical Quality Group which was not observed by DCO. Deep Dives at QOC are risk based not speciality based and are now aligned with the new PSIRF framework.	Chief Nurse and Midwife	N/A
H. The Complaints process will need an overhaul soon, with emphasis on speed and quality of response, and the backlog should be reported regularly to the Board. See also Recommendation 10 in Appendix A	Yes	Complaint process currently being reviewed with material changes to process and personnel underway. Initial efficiencies made to complaints process have been further supplemented with process mapping support from the Continuous Improvement Team which will be concluded in March. New format for response letters and investigation reports will be implemented for 1st April. Web portal will replace	Chief Nurse and Midwife	April 2024

University Hospitals Bristol and Weston NHS Foundation Trust

Recommendation	Accept?	Response	Lead	Due Date
		external email address to focus information received in enquiries – implementation also to be completed by 1st April. Administration backlog has been removed. Caseworker backlog currently holding steady at around 310 cases whilst process improvements are implemented.		
KLOE 4				
I. Once the Weston integration is considered complete, the issue of the site Managing Director role will need to be debated and place in the context of either further site Managing Director appointments across the rest of the Trust or a reversion to the full COO role fully covering all sites. See also Recommendations 11-13 in Appendix A	Yes	To be considered as part of the developing Group model which will need to consider site leadership.	Interim Chief Executive	TBC as part of the APC work
KLOE 5				
J. There are some significant risks facing the Trust which the Board urgently needs to identify and then classify. We felt that these included Estate Condition (particularly Fire Safety and IT development). This in turn should generate an investment programme to mitigate risks effectively. The risk profile should be prioritised on the basis of patient and staff safety and not Trust reputation or threat of legal challenge.	**Yes**	**Risk management refresh to be undertaken which will consider the process of identification, evaluation, escalation, and de-escalation of risk. A revised set of principal risks has been developed following a Board workshop held on 31 January 2024 and subsequently refined through a Board level Task & Finish Group.** **This revised picture of risk to then inform business planning and investment for 2024/25.**	**Director of Corporate Governance** **Director of Business Development and Improvement**	**April 2024** **April 2024**

Recommendation	Accept?	Response	Lead	Due Date
K. The Board should review both its BAF and Corporate risk register to ensure greater coherence	**Yes**	**As above for recommendation J**		
L. The Board should conduct another Risk Appetite exercise and ensure that this matches its revised risk picture See also Recommendations 14-16 in Appendix A	**Yes**	**The Board will consider if its Risk appetite statements need to be refreshed and will consider how to use the statements more effectively to drive action decision making. This is being led by a Board level Task & Finish Group.**	**Director of Corporate Governance**	**April 2024**
KLOE 6				
M. The performance picture given to the Board is overly complex and needs simplification in terms of volume of data and relevance.	**Yes**	**Review of performance reporting alongside Patient First reporting to be presented to the Board for consideration.**	**Chief Operating Officer**	**April 2024**
N. The Board should ask for urgent progression of the complaints backlog.	Yes	See response to Recommendation H		
O. The risks inherent with the Trust's own IT/Digital capability, and its ability to integrate services with other providers need further attention from the Board. See also Recommendation 17 in Appendix A	Yes	To be included in the Digital Strategy.	Joint Chief Digital Information Officer	March 2024
KLOE 7				
P. The Board needs to develop a communications strategy to engage all stakeholders effectively and early on the	Yes (Already in place)	Communications Strategy in place alongside a communications plan for APC work. The plans will evolve as the programme evolves.	Director of Communications	N/A

University Hospitals Bristol and Weston NHS Foundation Trust

Recommendation	Accept?	Response	Lead	Due Date
significant changes that are proposed for the future.				
Q. The Board needs to consider the wider clinical partnerships in Primary and Mental Health and Community services as part of its current strategic planning (see also KLOE 3 above).	Yes	See response to Recommendation F		
R. The Trust needs to redouble its efforts in communicating progress, or lack of it, to staff in terms of investment in facilities and equipment. See also Recommendations 18-19 in Appendix A	Yes	Communications need to distinguish between action to address issues with existing estate versus developments of a more strategic nature. Also requires building awareness of changes in regime that require ICB level decisions around allocations and priorities. Communications, through appropriate channels, to be issued by March 2024 with quarterly updates for existing estate and bi-annual for strategic thereafter.	Chief Financial Officer	31 March 2024
KLOE 8				
S. Innovation is happening in some notable pockets but its profile across the Trust is far too low. The Board needs to be an active sponsor of innovation, understanding the Trust's position and promoting learning across the Trust, and most importantly, it needs a narrative.	**Yes**	**This is in place as follows and no further action planned:** • **Clinical Lead for Continuous Improvement is beginning to scope out an innovation strategy framework engaging with NBT and wider system partners and stakeholders eg Health Innovation WoE**	**Chief Medical Officer**	**N/A**

University Hospitals Bristol and Weston NHS Foundation Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 12 March 2024

Reporting Committee	**Quality and Outcomes Committee – January meeting**
Chaired By	**Sue Balcombe, Non-Executive Director**
Executive Lead	**Deirdre Fowler**

For Information

The committee received the deep dive into the mental health and social care challenges being faced by the Trusts children's hospital. The rise in admissions for children with complex mental health needs was discussed. It was noted that there was also a significant increase in the number of Place of Safety Admissions. Many of these patients had an extended length of stay and required complex mental health support and these cases all had a significant financial impact on the Trust, and directly led to reduced capacity for core health services. Confirmation of long-term funding by the ICS for a number of commissioned services was still outstanding. It was noted that system level collaboration was needed to address this issue, and the committee requested that an update was provided in 3 months' time.

The committee was briefed on progress with implementing the new BNSSG stroke pathway and members were advised that more patients than had been expected were attending ED departments at the BRI and Weston hospital rather than being directed to the NBT specialist stroke unit as per the commissioned pathway. Work to understand and address this was starting at system level and the committee asked to be updated at a future meeting.

The Quarterly Patient Safety report detailed the improvement work underway to support the Patient Safety work programme. Training had been received positively by the staff and the NHS Staff Survey results indicated an increase in staff feeling that they were treated fairly if they were involved in an incident. Work to move over to the new reporting system within Datix was on track to support the launch in April.

The committee was briefed on the new Safeguarding Leadership model being implemented in partnership with NBT who will host a single Director of Safeguarding on behalf of both Trusts. A new team development programme is being implemented.

The Quarter 2 complaints report identified a significant increase in complaints driven in many cases by the impact of industrial action. Actions to address the triage of complaints and allocation of caseworkers was now actively being addressed with the administration backlog now cleared.

As part of the Maternity Assurance Report – staffing levels, recruitment and safeguarding training were discussed and actions to address shortfalls were noted. The committee noted that an Insight Visit had just been completed and focussed on the culture of the team. They reported that staff were proud of the service, safety remained a focus for all staff and that staff members felt able to raise any concerns.

University Hospitals Bristol and Weston NHS Foundation Trust

The Safer Staffing fill rate this month was 102% with a further reduction in band 5 vacancies. Children's services fill rate and vacancies remain a concern and is being monitored. The use of off framework agency staff continues to reduce in adult services.

Operational performance is still being hampered by increased bed occupancy and non-elective admissions. A Winter Stretch Plan was being implemented to ease pressure. A new ED observation unit and an Older Persons Assessment Unit had both now opened at Weston hospital.

For Board Awareness, Action or Response

Long term funding of the Critical Care Phase 2 beds from the end of March 2024 was still outstanding.

Funding for the eating disorders specialist team in the Childrens Hospital has not been confirmed from 1st April 2024.

Key Decisions and Actions

The committee noted the progress in completing the required actions within the CQC Action Plan and agreed that 5 actions could now be closed leaving 7 actions requiring further evidence of completion.

Additional Chair Comments

None

Date of next meeting:	**27 February 2024**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 12 March 2024

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

For Information

The committee was briefed on the significant operational pressures being experienced. It was noted that bed occupancy remains high, and length of stay has plateaued partly due to the increased use of Same Day Emergency Care which has left those patients with more complex needs as inpatients. Despite this it was noted that access metrics continue to improve in many areas with performance against 65 weeks, faster diagnosis and cancer on target, or exceeding the plan. Lack of inpatient beds is impacting on the Emergency Department performance.

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. It was noted that the Trust has embedded a safe pathway in practice using a prioritisation tool and had agreed a series of actions to further improve the quality of care provided. The new triage area will positively contribute to this.

The committee received the Quarter Three progress against the Quality Objectives and noted the significant work that has been completed in all areas including the patient safety and deteriorating patient objectives. It was noted that these will be incorporated within Patient First moving forwards.

The Quarter 3 Infection, Prevention and Control report showed an increase in MRSA and C. Diff rates which is in line with the majority of other Trusts. Detailed work is underway to identify further opportunities for improvement. The improvement in surgical site infections where targeted actions had been implemented was good to see and it was noted that the learning is being shared. The committee received improved levels of assurance regarding the capital works in theatres and the verification of the ventilation audit actions.

The Safer Staffing report demonstrated a continued improvement in fill rates, and it was noted that Band 5 turnover has continued to reduce along with an associated reduction in agency spend.

The Quarter 3 Legal Report highlighted the significant increase in complex discharges requiring legal advice and, in some cases, legal action.

For Board Awareness, Action or Response

The Trusts response to the emerging threat of a measles outbreak was discussed. The committee was assured that a coordinated response was in place to include staff vaccination, staff and patient communication, and the co-ordination of immunoglobulin for at risk patients.

University Hospitals Bristol and Weston NHS Foundation Trust

The committee was briefed on the potential impact of Marthas Rule once it becomes law. Detailed work is now underway to ensure that the Trust is prepared, to include working proactively and in partnership with families whilst also being able to respond appropriately should the need arise. The full implementation plan and a progress report will be shared at a future meeting.

The Trust VTE lead presented a detailed review of the current process for risk assessment, recording and treatment and the challenges that COVID, merger and data collection processes were having. It was noted that there was a robust VTE Improvement Plan now in place to include increased capacity, a unified assessment process and electronic reporting. Progress will be monitored on a quarterly basis via QWOC.

The committee received an escalated risk from the Clinical Quality Group regarding the requirement to now replace ageing radiology equipment including a number of X-ray machines and MRI scanning equipment. The significant clinical impact on service provision should these fail is noted, and the requirement for capital investment is being escalated for consideration at the Finance Committee.

Key Decisions and Actions
Marthas Rule VTE Improvement Plan
Additional Chair Comments
None

Date of next meeting:	**Tuesday 19th March 2024**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board of Directors in Public on Tuesday 12 March 2024

Report Title	**Integrated Quality and Performance Report**
Report Author	**David Markwick, Director of Performance** **James Rabbitts, Head of Performance Reporting** **Anne Reader/Julie Crawford, Head/Deputy Head of Quality (Patient Safety)** **Alex Nestor, Deputy Director of Workforce Development** **Laura Brown, Head of HR Information Services (HRIS)** **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.**	
Quality and Outcomes Committee	27 February 2024

We are supportive respectful innovative collaborative. We are UHBW.

University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality & Performance Report

Month of Publication: February 2024
Data up to: January 2023

Integrated Quality & Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 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 & 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: January 2024

EXECUTIVE SUMMARY

Quality and Safety

The Summary Hospital Mortality Indicator for UHBW for the 12 months October 2022 to September 2023 was 94.0 and in NHS Digital's "as expected" category. This is below the overall national peer group of English NHS trusts of 100.

The HSMR for the 12 months to October 2023 for UHBW was 95.2, below the National Peer figure of 96.3.
The Trust saw seven cases of Clostridium Difficile in January the breakdown for these is: four Hospital Onset Healthcare Associated (HOHA) and three Community Onset Healthcare Associated (COHA). This now brings the Trusts year to date apportioned number to 86. The Infection Prevention and Control Team and a Divisional Director of Nursing have created a short tasked finish focus C-Diff group to establish causes and the reduction of cases within UHBW.

One MRSA case was reported in January 2024 .This Trust has had eight cases for 2023/24, the same period last year the trust was at five cases. The Infection Prevention and Control team and a Divisional Director of Nursing have created an MRSA task and finish focus group to understand the contributory factors relating to MRSA bacteraemias.

VTE risk assessment across the Trust in January 2024 is reported as 78%. Since the previous report the reporting of VTE risk assessment, compliance has been reviewed and consolidated across the Bristol and Weston sites providing a consistent measure for the first time since merger. Overall performance is lower than previously reported but this is likely due to the change in reporting rather than a significant deterioration. A deep dive into VTE has been undertaken and a paper is being presented at the Clinical Quality Group and Quality and Outcomes Committee.

For fractured neck of femur, Bristol site - In January 2024, 28 patients were eligible for Best Practice Tariff (BPT). Of these, 43% (12/28) had surgery within 36 hours and 89% (25/28) had an orthogeriatric review within 72 hours of admission. Overall, care meeting BPT compliance was provided for 43% (12/28) patients. Weston site: In January 2024, 17 patients were eligible for BPT. Of these, of these 76% (13/17) had surgery within 36 hours and 76% (13/17) had an Ortho-geriatrician assessment within 72hrs of admission. Overall, care meeting BPT compliance was provided for 53% (9/17) patients. Actions being take to improve patient pathways are outlined in the relevant section of this report.

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

EXECUTIVE SUMMARY

Our People

In summary, the Performance data for January shows the following:

- Overall vacancies reduced to 2.4% in January (291.3 FTE) compared to 2.7% (336.5 FTE) in December.
- In the month of January, the Trust received another two cohorts of Internationally Educated Nurses (IENs) and Midwives with a total of 40 arrivals, of which 13 were adult nurses, 26 were paediatric nurses and one was a midwife. These were the two last cohorts planned for this financial year, with only one additional arrival planned in February. A total of 975 IENs have arrived at the Trust since the beginning of the programme.
- 35 substantive Healthcare Support Workers (HCSW) started in the Trust during the month of January and another 42 were offered.
- As part of the Healthy Weston recruitment, the Weston Radiology department has filled 81% of their vacancies, with ongoing recruitment for roles such as Band 6 MRI/CT Radiographer and Consultant Radiologist
- The stability index improved to 82.9% compared to 82.7% the previous month based on a Trust total Permanent FTE of 10224.8 of which 8472.2 FTE have been part of the Trust for one year or more.
- Turnover for the 12-month period reduced to 11.7% compared to 11.9% (updated figures) for the previous month.
- Sickness absence reduced to 4.9% compared with 5.0% the previous month, based on updated figures for both months. A Measles Outbreak Planning Group convened in January in response to NHS England Guidance for risk assessment and infection prevention and control measures. A local programme of work has commenced to support preparedness for and management of suspected or confirmed measles cases within the Trust.
- Overall appraisal compliance remained static at 78.6%, compared with the previous month. In response to the Staff Survey 2023 outcomes, the development of a programme of work is underway, to inspire colleagues to engage with their appraisals, which should have a positive impact on compliance.
- January's Essential Training report shows overall compliance for the eleven Core Skills remained the same as previous month, at 89.8%.
- Agency usage reduced by 5.7 FTE and remains on target at 1.0%. System work continues at ICB level to drive the supply of lower cost framework nursing agency supply with a renewed focus on developing a plan to deliver cap compliant agency supply. Work also continues with the Bank working closely with the Acute Provider Collaborative to consider a Collaborative Bank.
- Bank usage increased to 6.9% against a minimum usage target level of 7%. This equates to an increase of 44.9 FTE and there were 105 new starters across the Bank in December, including 41 re-appointments.

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

EXECUTIVE SUMMARY

Timely Care

Despite the impact of a prolonged period of Industrial Action during January, improvement has been noted across a range of measures during the month and, whilst a high rate of bed occupancy (BRI: 102.5% and Weston 97.5%) coupled with an increase in non-elective demand has continued to impact non-elective services in particular, some progress has been noted against those associated non-elective performance measures.

Planned Care

At the end of January 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 120 at end of January 2024 (down from 287 at end of September and 185 at end of December). The improvement noted during January reflects the continued impact of Divisional recovery plans which forecast a continued reduction through the remaining two months of the year. The number of patients waiting 78+ weeks is expected to be eliminated by end of Q4 for all specialties except for paediatric dental and every effort is being made to treat these remaining long waiting patients as soon as possible in line with the NHS England ambition of no patient waiting longer than 78 weeks by the end of March 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 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 January, the number of patients waiting in excess of 65 weeks has reduced to 706 against a revised trajectory of 911. The Trust expects to meet the NHS England trajectory for2023/24 of no more than 392 patients waiting 65 weeks or longer by the end of March 2024, although this is likely to be impacted by continued Industrial Action.

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 since.

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Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

EXECUTIVE SUMMARY

Timely Care (continued)

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 three months has resulted in the number of patients waiting over 62 days reducing to 192 at the end of January. Efforts will continue to mitigate against any impact and the Trust continue to work towards the target of 160 by March 2024

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 during Q3 despite continued industrial action and performance during December improved to 75.5%, which is ahead of both the in-month trajectory of 72.5% 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 81.04% of patients waiting six weeks or less at the end of January, against a trajectory of 81.2% and the Trust anticipate delivering the ambition that 83.3% of patients will be waiting six weeks or less for their diagnostic test by March 2024.

<u>Urgent Emergency Care</u>

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 January improvements have been noted across a number of the Urgent Emergency Care measures and work continues to meet the national targets by end of March 2024.

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Integrated Quality & Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

EXECUTIVE SUMMARY

Timely Care (continued)

There continues to be increased demand for cubicle capacity, due to patients presenting with respiratory illness, resulting in extended waits within the Emergency Department. In addition, there has been an increase in beds lost due to outbreaks, Covid19 and Norovirus, resulting in lost adult bed capacity across hospital sites.

The Length of Stay (LoS) benefits (15.7% reduction in LoS) derived from initiatives such as Every Minute Matters, Same Day Emergency Care (SDEC) development and the Transfer of Care Hubs mobilisation, have largely been subsumed by a 15% increase in Non-elective admissions.

During January, 64.7% of attendances spent less than 4 hours in an emergency department (ED), from arrival to discharge or admission, compared to 75.3% in July (64.7% in October, 63.4% in November, 63% in December). This improvement was largely driven through increased SDEC utilisation across both sites; BRI Medical SDEC saw 896 in January, and Weston 860 (BRI medical 745 Dec, Weston 670), and increased ED Observation Unit usage on the Weston site. A new Frailty SDEC was mobilised mid-January to further decompress the Emergency Department and improve the number of patients we are able to ambulate same day.

The number of patients spending 12 hours or more in ED during January was reported as 4.3%, 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 (10.6% January 2023) and the Trust continues to progress actions to deliver and sustain the NHSE year-end target (2%). The increased bed occupancy is directly responsible for the deterioration in 12 hour waits due to the impacts on flow out of the emergency departments into assessment units.

The proportion of ambulance handovers within 15 minutes has improved again during January (27.8%) when compared to the previous three months (October 20.6%, November 21.5%, December 26.3%). The improvement noted over the last three months follows the predictable deterioration between July (51.4%) and October 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. A similar, improved performance was noted for ambulance handovers within 30 minutes, with January reporting 62.3%, compared with October (56.9%), November (55.6%) and December (62.1%). Whilst at Trust level ED attendances are currently tracking above 2019/20 levels, 'Ambulance conveyed' arrivals as a sub-set of attendances are up c17% compared to the same period last year.

During January, the average daily number of patients in hospital with no criteria to reside (NCTR) was 160, an increase from the last three months (December, 159,November, 154 and October, 155), at times reaching peaks of >180. Patients on discharge pathway 2 have seen the greatest increase due to high NCTR numbers within Sirona's community bedded provision. Year on year improvement in total NCTR numbers is significant (January 2023 NCTR @ 175) however numbers have now plateaued. Work is underway to review the focus of the Discharge to Assess Transformation Programme to identify key schemes for 2024/25.

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

EXECUTIVE SUMMARY (continued)

Financial Position

At the end of January there is a net I&E deficit of £13,790k against a deficit plan(excluding technical items) of £9,435k. Total operating income is £48,025k favourable to plan due to higher than planned income from activities of £35,046k and higher than planned other operating income of £12,980k. Operating expenses are £63,087k adverse to plan due to higher pay expenditure (£28,495k) and non-pay expenditure (£34,554k). Depreciation is in line with plan. The estimated unfunded impact of industrial action in December and January is £4,318k. Financing items are £2,231k favourable to plan mainly due to interest receivable.

The key issues underlying the financial position are recurrent savings delivery below plan – Internal CIP delivery is £16,776k or 105% of plan of which recurrent savings are £6,885k, 43% of plan. Delivery of elective activity recovery below plan – elective activity must be delivered in line with plan. At M10, the cumulative YTD value of elective activity is £10.9m behind plan, a deterioration of £2.9m in January. Of the £10.9m, c£8.2m relates to the estimated impact of industrial action. A continuation of January's performance could result in a loss of income of up to £16m and may result in the Trust failing to deliver the financial plan. Corporate mitigations not delivered in full – non-recurrent mitigations of c£25m are required to support delivery of the plan At M10, the corporate mitigations are on track. Failure to deliver the financial plan – failure to deliver the actions and therefore the financial plan of break-even will constitute a breach of statutory duty and will result in regulatory intervention.

Integrated Quality & Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 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	-	-
		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	-	-
		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%	42.9%	-	-
		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%	89.3%	-	-
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
VTE Risk Assessment	Risk: 720	Actual	82.0%	82.8%	82.6%	84.0%	84.7%	82.5%	82.7%	84.9%	83.0%	83.6%	-	-
		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%	-	-
		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%	11.7%	-	-
		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%	-	-
		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%	-	-
		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	-	-
		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

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 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	-	-
		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	-	-
		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	-	-
		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%	-	-	-
		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%	-	-
		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	-	-
		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%	-	-
		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%	-	-
		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%	-	-
		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%	-	-
		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%	-	-
		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%	-	-
		Trajectory												
Every Minute Matters: No Criteria To Reside Average Beds Occupied	Risk: 423	Actual	159	143	139	135	130	142	155	154	159	160	-	-
		Trajectory												

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Position as at February 2024

CORPORATE RISKS

ID	Corporate Risks, Projected Mitigation	2024/25 Q2	2024/25 Q3		2024/25 Feb	2024/25 Q4	2025/26 Q1	2025/26 Q2	2025/26 Q3	2025/26 Q4	2026/27 Q1	2026/27 Q2	2026/27 Q3	2026/27 Q4	2027/28 Q1	2027/28 Q2
2244	Long waits for Outpatient follow-up appointments	20	20	↔	20	4										
910	Patients in ED do not receive timely and effective care	16	16	↑	20	→		6								
972	Fire Safety Regulations	16	16	↔	16	→	→	→	→	→	→	→	→	→	→	4
2264	Delays in commencing induction of labour	16	16	↔	16	16	16	4								
1035	Cancelled operations, breached performance targets	16	16	↔	16	16	16	4								
588	Patient deterioration is not identified and responded to	15	15	↔	15	→	→	→	5							
856	Emotional and mental health needs of children and YP	15	15	↔	15	15	15	8!								
292	Trust is impacted by a cyber incident	15	15	↔	15	15	15	→	→	→	→	→	→	→	→	TBC
6691	Medicines are not stored securely	15	15	↔	15	12	9	6								
5477	Nurse staffing levels	15	12	↔	12	6	6									
1595	Mental health patients in Adult ED for prolonged periods	12	12	↔	12	→		8!								
422	Patients and staff experience V&A	12	12	↔	12	→		6								
674	Agency use - national pricing caps	12	12	↔	12	→	4									
1598	Patients suffer harm or injury from preventable falls	12	12	↔	12	12	12	9!								
2639	Staff compliance with appraisal requirements	12	12	↔	12	6										
2695	Robust governance processes	12	12	↔	12	12	8									
5520	Health inequalities exacerbated for patients on waiting list	12	12	↔	12	→	→	→	→	6						
793	Staff experience work-related stress	12	12	↓	9	→	9!									
6502	Industrial action impacts on patient safety	9	9	↔	9	5										
921	Staff compliance with their Essential Training	9	9	↔	9	6										
2614	Patients being cared for in extra capacity locations	8	8	↔	8	8	6	4								
720	VTE prevention and management	8	8	↔	8	→	4									

! denotes that the target assessment is above tolerance

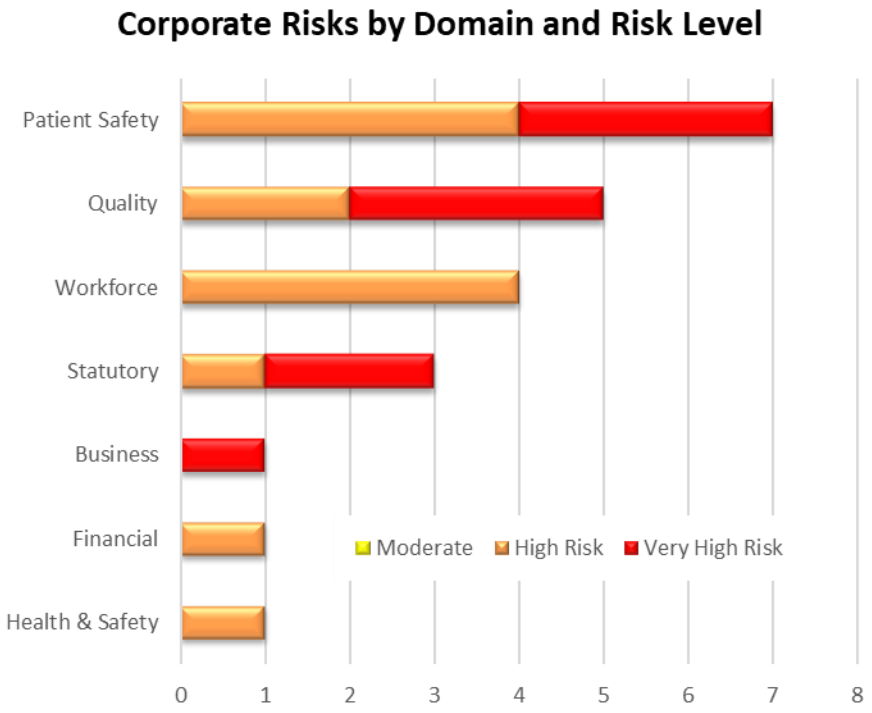
red font denotes that the target date has elapsed

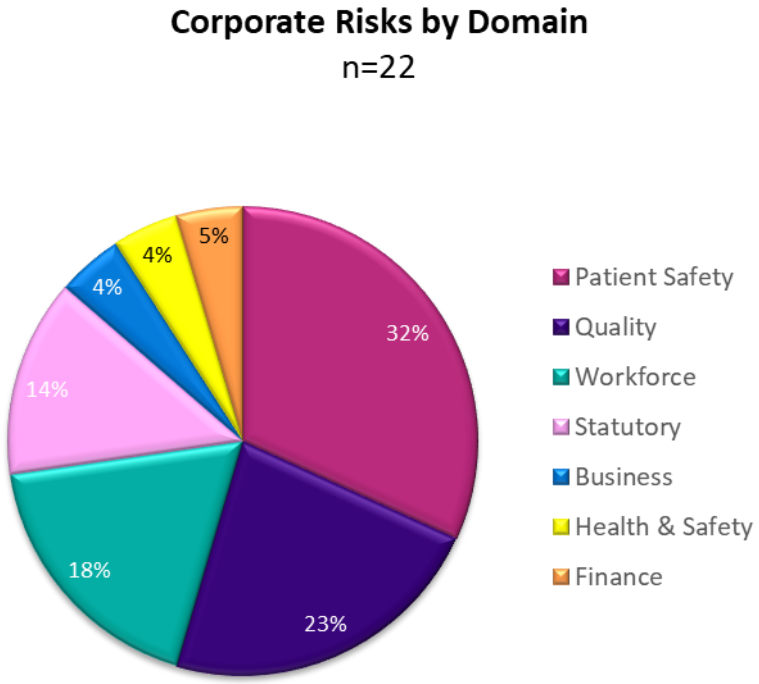
Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Position as at February 2024

CORPORATE RISKS





Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: September 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 October 2022 to September 2023 was 94.0 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.

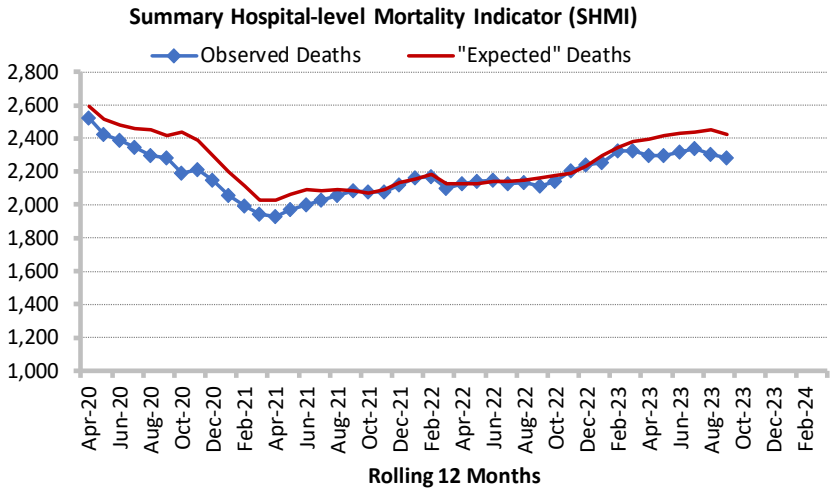
Rolling 12 Months To:	Observed Deaths	"Expected" Deaths	SHMI
Oct-22	2,140	2,175	98.4
Nov-22	2,205	2,190	100.7
Dec-22	2,240	2,230	100.4
Jan-23	2,255	2,300	98.0
Feb-23	2,325	2,350	98.9
Mar-23	2,325	2,385	97.5
Apr-23	2,295	2,395	95.8
May-23	2,300	2,420	95.0
Jun-23	2,320	2,435	95.3
Jul-23	2,340	2,440	95.9
Aug-23	2,305	2,455	93.9
Sep-23	2,280	2,425	94.0

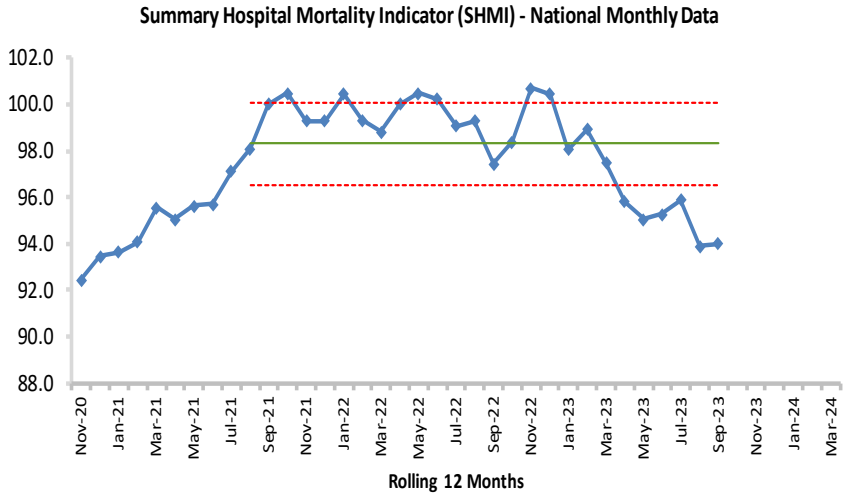
Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: September 2023

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





Integrated Quality & Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: October 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 October 2023 was 89.1, meaning there were 13 fewer deaths (106) than the statistically calculated expected number of deaths (119). 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 October 2023 for UHBW was 95.2, below the national peer figure of 96.3.
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.

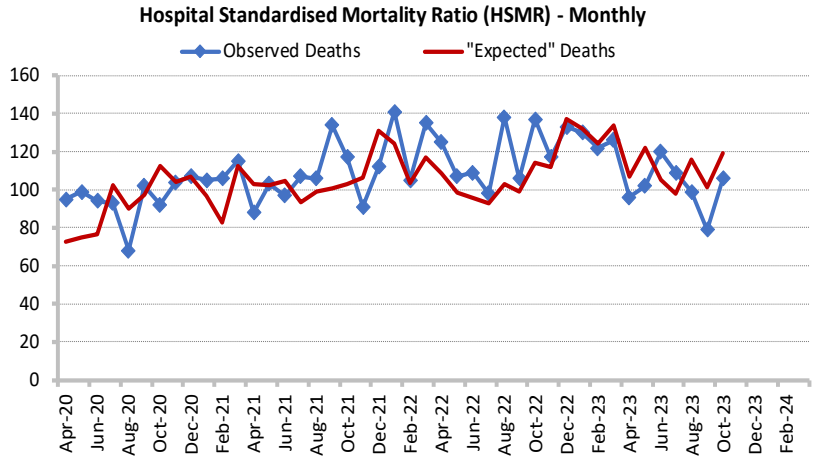
Month	Observed Deaths	"Expected" Deaths	HSMR
Nov-22	117	112.0	104.5
Dec-22	133	137.0	97.1
Jan-23	130	132.0	98.5
Feb-23	122	124.0	98.4
Mar-23	126	134.0	94.0
Apr-23	96	107.0	89.7
May-23	102	122.0	83.6
Jun-23	120	105.0	114.3
Jul-23	109	98.0	111.2
Aug-23	99	116.0	85.3
Sep-23	79	101.0	78.2
Oct-23	106	119.0	89.1

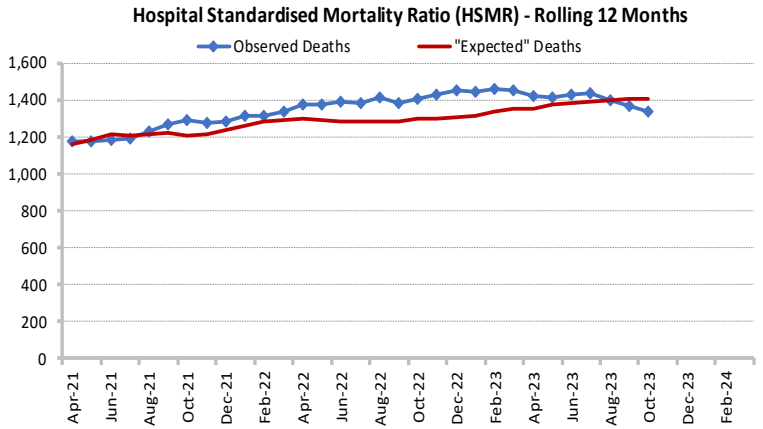
Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: October 2023

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





Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 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 seven cases of C.Difficile in January the breakdown for these are four HOHA and three COHA. This now brings the Trusts year to date apportioned number to 86. 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:** January had one MRSA case reported. There have now been eight cases for 2023/24 ,the same period last year the trust was at five cases. Progress with vascular access improvement work continues with the focused work around education. Noticeably the MSSA numbers have reduced, and whilst preventative actions are the same for MRSA this has not yet extrapolated into a reduction in the number of MRSA bacteraemias.
National Data:	See next page.
Actions:	**C.Difficile** • Infection Prevention and Control and a Divisional Director of nursing have created a short tasked finish focus C.Diff group to establish causes and the reduction of cases within UHBW. • 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. • The Operational Infection Control Group is actively scrutinising the cleaning standards data with Divisions and is also reviewing the audit data for monthly commode cleaning, triangulated against the Trust wide cleaning audits. • The use of the green tape to designate items as having been cleaned has been identified as an area for improvement through internal audit of cleaning standards and will be addressed with individual Divisions seeking improvement. • The cleaning risk categories for audit and cleaning standards are being reviewed to assure that all clinical areas are audited with correct frequency but also receive the correct level of clinical cleaning. *....continued over page*

Integrated Quality & Performance Report

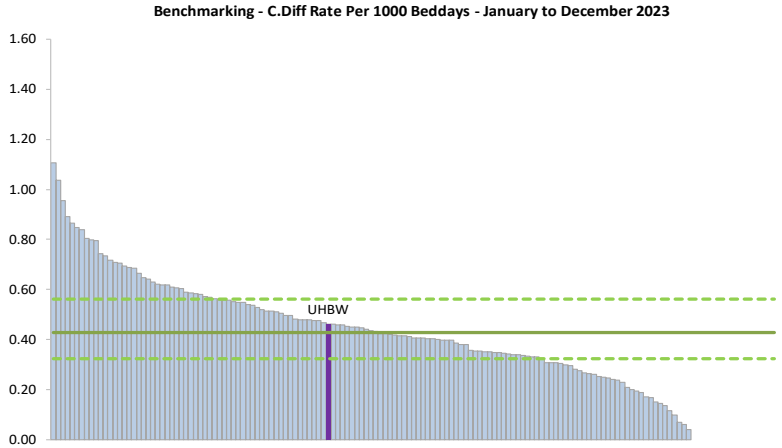
University Hospitals Bristol and Weston NHS Foundation Trust

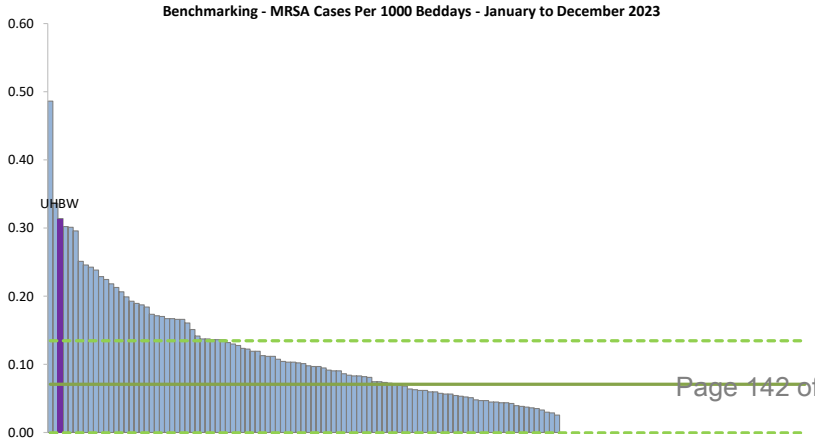
Reporting Month: January 2024

STANDARD	QUALITY AND SAFETY: INFECTION CONTROL– C.DIFFICILE AND MRSA
Actions (continued):	**MRSA** • The Infection Control Team and a Divisional Director of Nursing have created an MRSA a task and finish focus group to understand the contributory factors relating to MRSA bacteraemias. • One factor for increased risk of MRSA bacteraemia are invasive devices, particularly vascular lines such as cannulae or central lines. Cannulae are now audited monthly using AMaT with the data generated being reviewed through the Operational IPC group with divisional colleagues to identify areas for improvement. The way AMaT data is being shared with clinical teams is being worked through so that it can be meaningful.
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	Jan-24		2023/2024		2022/2023	
	HOHA	COHA	HOHA	COHA	HOHA	COHA
Medicine	0	1	17	6	23	4
Specialised Services	0	0	10	6	8	3
Surgery	1	0	4	1	11	1
Weston	2	1	20	7	27	7
Women's and Children's	1	0	10	2	8	3
Other	0	1	0	3	1	4
UHBW TOTAL	**4**	**3**	**61**	**25**	**78**	**22**

MRSA	Jan-24	2023/2024	2022/2023
Medicine	1	2	1
Specialised Services	0	0	1
Surgery	0	3	2
Weston	0	2	1
Women's and Children's	0	1	2
Other	0	0	0
UHBW TOTAL	**1**	**8**	**7**



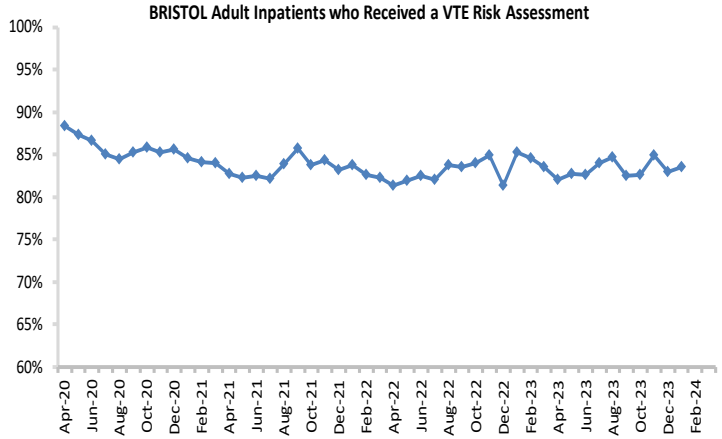


Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 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:	VTE risk assessment across the Trust in January 2024 is reported as 83.6%. This is Bristol data only. Since the previous report, the reporting of VTE compliance has been reviewed and consolidated across the Bristol and Weston sites providing a consistent measure for the first time since merger. Overall performance for January, in this new approach, was 78%. This is lower than the value using the current methodology. This is likely due to the change in report definitions, rather than a significant deterioration. A deep dive into VTE has been undertaken and a paper is being presented at the Clinical Quality Group and Quality and Outcomes Committee.
Actions:	A full action plan has been written to support improvement in performance and is available on request. It is likely that additional capacity within the team supporting VTE improvement will be required to see the changes needed at pace.
Risks:	Corporate Risk 720: Risk that VTE risk assessments are not completed



Division	SubDivision	Number Risk Assessed	Total Patients	Percentage Risk Assessed
Diagnostics and Therapies	Radiology	37	37	100.0%
Diagnostics and Therapies Total		**37**	**37**	**100.0%**
Medicine	Medicine	2,388	3,175	75.2%
Medicine Total		**2,388**	**3,175**	**75.2%**
Specialised Services	BHOC	2,343	2,438	96.1%
	Cardiac	348	495	70.3%
Specialised Services Total		**2,691**	**2,933**	**91.7%**
Surgery	Anaesthetics	27	29	93.1%
	Dental Services	143	170	84.1%
	ENT & Thoracics	257	361	71.2%
	GI Surgery	1,084	1,336	81.1%
	Ophthalmology	433	440	98.4%
	Trauma & Orthopaedics	111	188	59.0%
Surgery Total		**2,055**	**2,524**	**81.4%**
Women's and Children's	Children's Services	41	58	70.7%
	Women's Services	1,528	1,732	88.2%
Women's and Children's Total		**1,569**	**1,790**	**87.7%**
Grand Total		**8,740**	**10,459**	**83.6%**

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 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 January, there were 45 patients eligible for the Best Practice Tariff (BPT): 28 in Bristol and 17 in Weston. For the 36hr time to surgery standard, 25/45 patients (56%) achieved the standard. For the 72-hour time to Ortho-geriatric assessment, 38/45 patients (84%) achieved the standard. 21/45 (47%) achieved BPT. At Bristol sites 28 patients were eligible for Best Practice Tariff in January 2024: • Number of patients having surgery within 36 hours = 12/28 43% • Number of patients having an orthogeriatric review within 72 hours = 25/28 89% • Number of patients having physio on the day or the day after surgery = 28/28 100% • Overall BPT compliance for Bristol sites is 12 out of 28, 43% At Weston General Hospital 17 patients were eligible for Best Practice Tariff in January 2024. • 13/17 (76%) had surgery within 36hrs of admission • 13/17 (76%) had an Ortho-geriatrician assessment within 72hrs of admission • 17/17 (100%) had a Physiotherapy assessment within 24hrs of surgery • 9/17 (53%) achieved overall BPT One patient was not seen, and three additional patients breached the 72hrs ortho-geriatrician review target. This service is limited to Mon-Fri 8-5 and no cover is available at weekends/sickness/annual leave. Four patients missed time to surgery due to unavoidable medical or diagnostic reasons. In addition, which affects BPT, one patient did not receive a malnutrition screening assessment (MUST score, reasons unknown).
Actions:	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 Actions (Weston): as previous months and unchanged
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

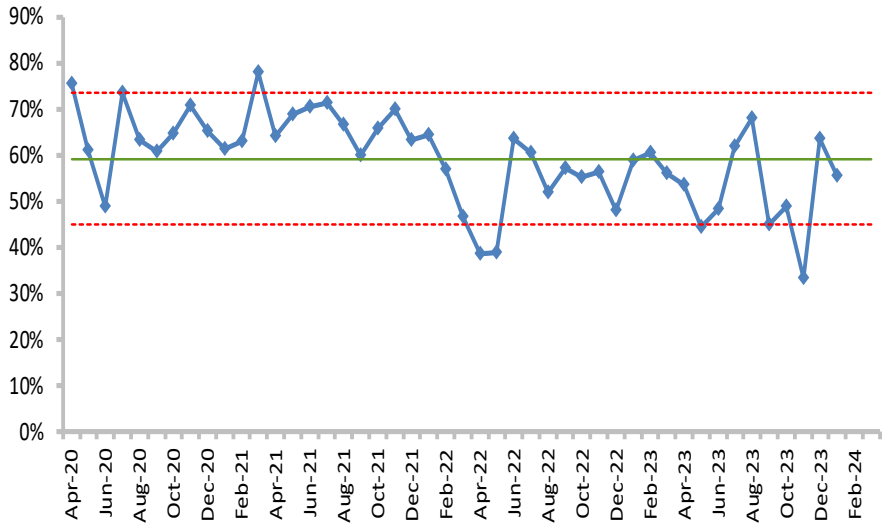
Reporting Month: January 2024

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

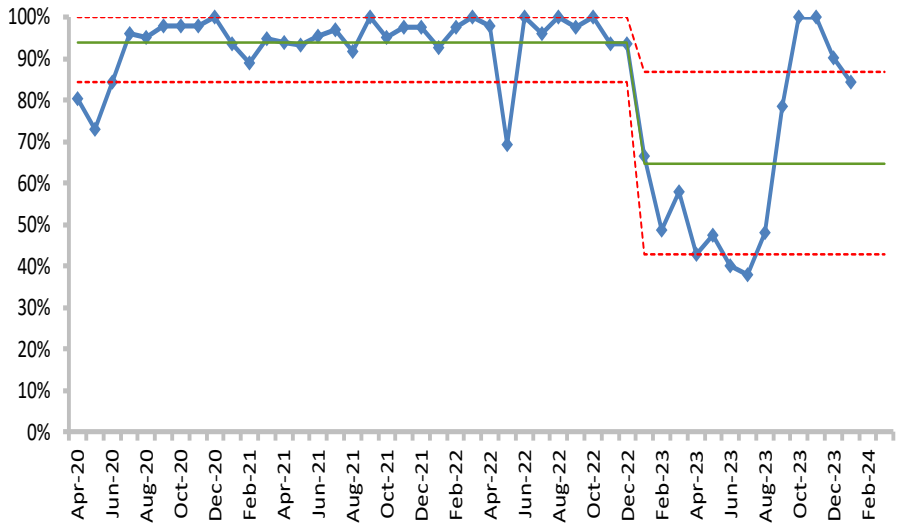
Jan-24

		36 Hours		72 Hours	
	Total Patients	Seen In Target	Percentage	Seen In Target	Percentage
Bristol	28	12	43%	25	89%
Weston	17	13	76%	13	76%
TOTAL	**45**	**25**	**55.6%**	**38**	**84.4%**

Fracture Neck of Femur Patients Treated Within 36 Hours



Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours



Integrated Quality & Performance Report

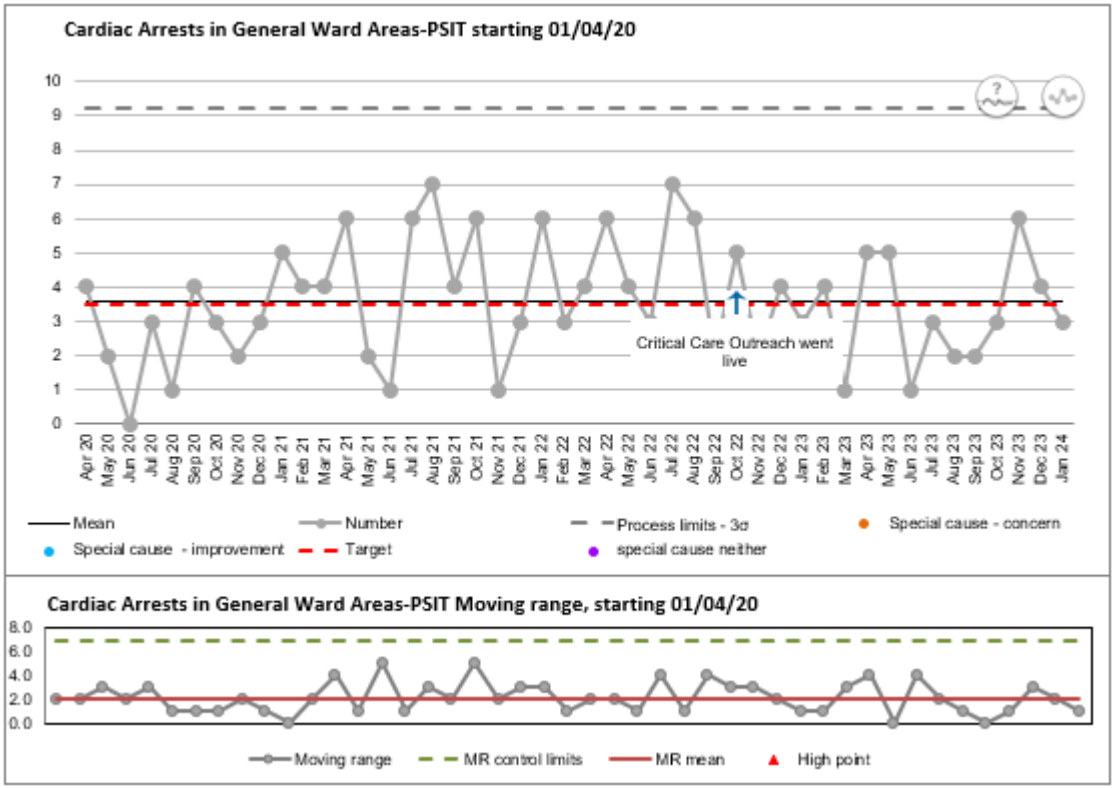
Reporting Month: Nov 2023 to Jan 2024

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:	1.The number of cardiac arrests in general ward areas is one of the proxy outcomes measures for the deteriorating patient programme. This relates to adult in-patients in general wards. In January 2024 there were three cardiac arrests in general ward areas. 2.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 14.1 unplanned ITU admissions per month, figures for November and December 2023, are 16 and 19 respectively. 3.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 admissions had documented escalation and response within a certain time. Q3 data is not yet available.
National Data:	N/A
Actions:	Actions described below are being taken as part of our Deteriorating Patient Improvement Programme. • Evaluate the impact of MOEWS in non-obstetric settings. • Evaluate the Recognising, Escalating and Responding to the Deteriorating Patient (Adult) eLearning. Staff survey designed. • Peer review of ReSPECT eLearning. • Peer review of End-of-Life eLearning. • Martha's Law/Call4Concern - scope national approach and define options for delivery. • Review request for addition of Sepsis NICE module on CareFlow Vitals (Adult Services), as NICE have published their updated Sepsis Clinical Guidance.

Integrated Quality & Performance Report

Reporting Month: Nov 2023 to Jan 2024

STANDARD	QUALITY AND SAFETY: DETERIORATING PATIENT (continued)

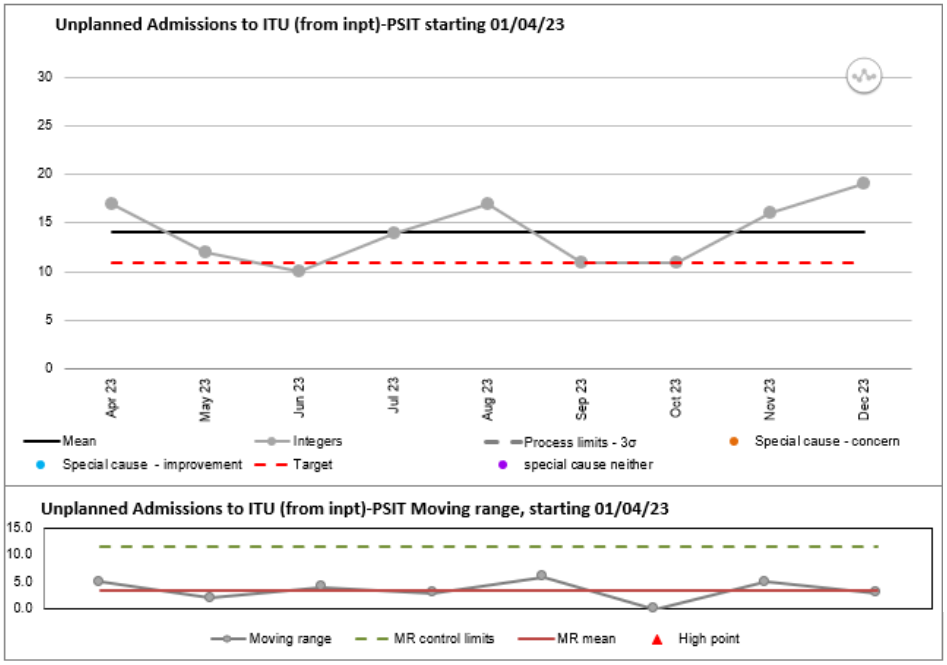


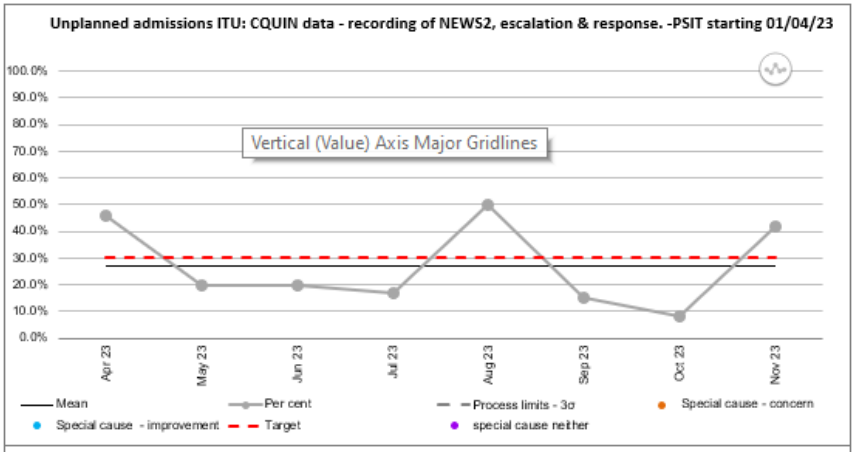
Integrated Quality & Performance Report

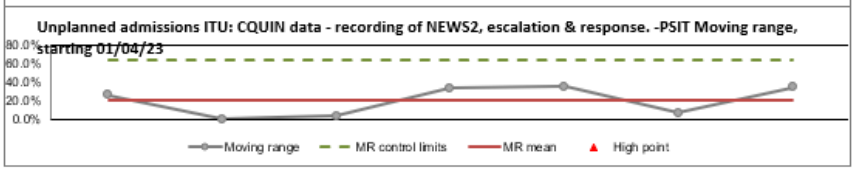
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: Nov 2023 to Jan 2024

STANDARD **QUALITY AND SAFETY: DETERIORATING PATIENT**





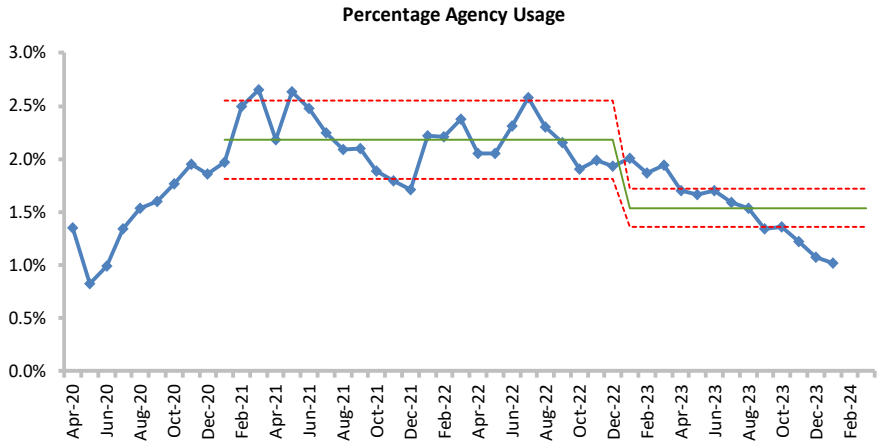


Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

STANDARD	OUR PEOPLE: WORKFORCE AGENCY USAGE
Performance:	Agency usage reduced by 5.7 full time equivalents (fte) to 1.0% There were increases within three divisions. The largest divisional increase was seen in Weston General Hospital, where usage increased to 21.2 FTE from 14.1 FTE in the previous month. There were reductions within three divisions. The largest divisional reduction was seen within Women's and Children's, where usage reduced to 37.8 FTE from 46.2 FTE in the previous month.
Actions:	• There were 105 new starters across the Bank in December, including 41 re-appointments. • The Bank continues to work closely with the Acute Provider Collaborative to consider a Collaborative Bank. • System work continues at ICB level to drive the supply of lower cost framework nursing agency supply with a renewed focus on developing a plan to deliver cap compliant agency supply. • The Trust Bank has launched the Allocate Loop app, which will enable staff to see availability of shifts and book onto them in a more accessible way increasing Bank fill and reducing agency reliance. • Agency workers continued to transfer onto Bank following the bank rates increase with a total of 20 agency RN's migrated so far. • Work continues across the region on the phased introduction of standard nursing agency rates: implementation due to commence in April 2024. • Ongoing work continues to encourage the UHBW Bank as the employer of choice for temporary workers with an increased Band 5 Bank RN rate and an improved bank experience in clinical areas. • 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

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

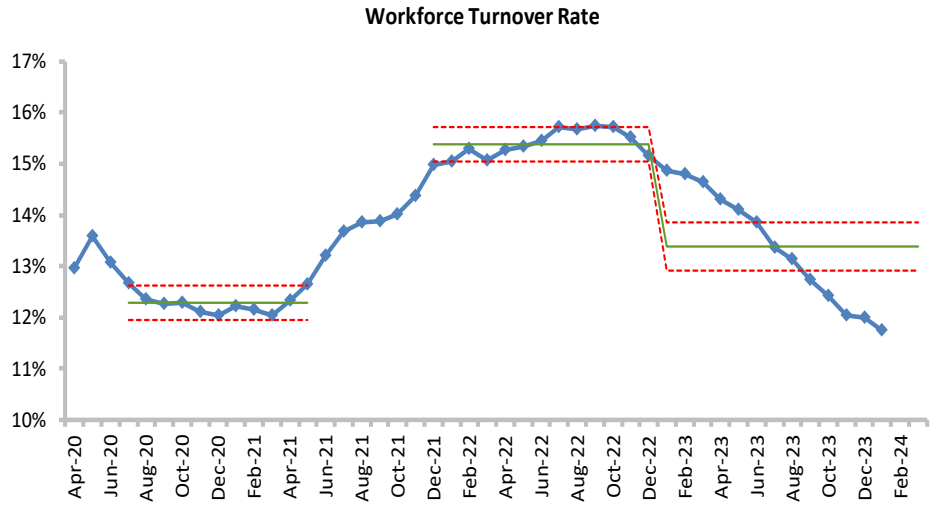
STANDARD	OUR PEOPLE: WORKFORCE STAFF TURNOVER
Performance:	Turnover for the 12-month period reduced to 11.7% compared to 12.0% (updated figures) for the previous month. Four divisions saw a reduction whilst three divisions saw an increase in turnover, and one remained static in comparison to the previous month. The largest divisional reduction was seen within Diagnostic and Therapies, where turnover reduced by 1.1 percentage points to 12.5% compared with 13.6% the previous month. The largest divisional increase was seen in Surgery, where turnover increased by 0.3 percentage points to 12.5% compared with 12.2% the previous month. Eight staff groups saw a reduction and one staff groups remained unchanged in comparison to the previous month. There were no staff group increases. The largest staff group reduction was seen within Additional Clinical Services, where turnover reduced by 1.0 percentage points to 16.3% compared with 17.3% the previous month. Turnover rate for Band 5 nurses in January is 11.8% (compared with 12.1% for December).
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 VISA's. HR Services are working closely with the IEN pastoral care team and the Resourcing Team to ensure that the VISA renewal process runs smoothly, and that information is provided ahead of the usual deadlines to reassure and retain this staff group. Staff Survey 2023: • The preliminary Staff Survey 2023 results were presented in a paper to People Committee in January 2024, with the full results made available following the release of the embargo in March 2024. • Divisional heatmap results have been shared with divisional tri's and HRBP's to enable the distribution of results to teams and services to support local action planning. Quarter 4 Pulse Survey: • The Q4 Pulse Survey was live from 8 – 31 January 2024 with a response rate of 7.2%, the overall trust engagement score was 6.9, in line with previous Pulse Surveys. The additional questions in the survey evaluated the Trust's revised recognition offer, introduced in 2023, and a measure of the awareness the Respecting Everyone programme, 77% of respondents were aware. Recognition: • Launch was agreed for the Annual Recognition Programme 2024; nominations live from 7th February – 10th March 2024. Annual event will be taking place on 17th May 2024.
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: January 2024

STANDARD **OUR PEOPLE: WORKFORCE STAFF TURNOVER**

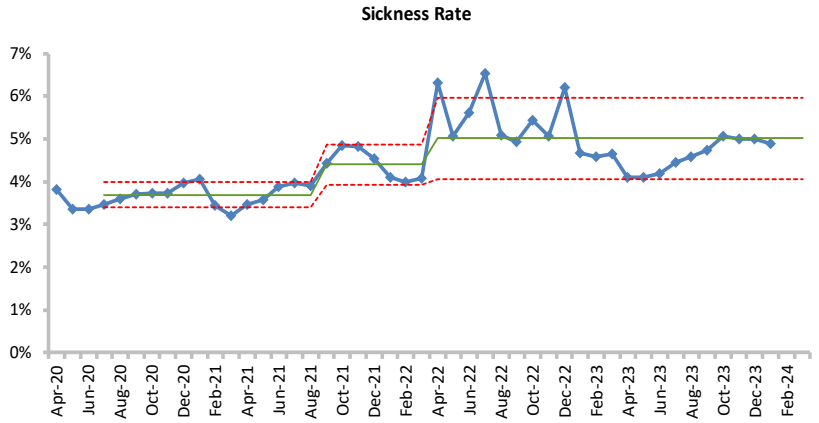


Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

STANDARD	OUR PEOPLE: WORKFORCE STAFF SICKNESS
Performance:	Sickness absence reduced to 4.9% compared with 5.0% the previous month, based on updated figures for both months. This figure is now combined with Covid Related absence. There were reductions within four divisions. The largest divisional reduction was seen in Facilities and Estates, where sickness reduced by 1.5 percentage points to 6.8%, compared to 8.3% in the previous month. There were increases within four divisions. The largest divisional increase was seen within Trust Services, where sickness increased by 0.7 percentage points to 4.44%, compared with 3.77% in the previous month. There were reductions within five staff groups. The largest staff group reduction was seen within Estates and Ancillary, reducing to 7.7% from 8.7% in the previous month. There were increases within three staff groups. The largest staff group increase was seen within Administrative and Clerical, increasing by 0.6 percentage points to 5.1% from 4.5% in the previous month.
Actions:	• A Measles Outbreak Planning Group convened in January in response to NHS England Guidance for risk assessment and infection prevention and control measures. A local programme of work has commenced to support preparedness for and management of suspected or confirmed measles cases within UHBW. • A workshop attended by 40 multidisciplinary colleagues to consider how fatigue manifests in the workplace, its consequences and impact to individual health was organised by Human Factors on 19/01/24. Next steps are to explore the feasibility of introducing a fatigue risk management system. • The Trust Colposcopy team delivered the first bi-annual workplace cervical smear clinic on 24/01/24 for 27 colleagues across Bristol and Weston sites. 69 additional requests/enquiries were received suggesting exceptional demand for this provision. • Corporate risk 793: 'Risk that colleagues experience workplace stress' reduced in score from 12 to 9 on 25/01/24 as a result of proactive management and mitigation including a pending relaunch of HSE stress risk audit tools.



Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

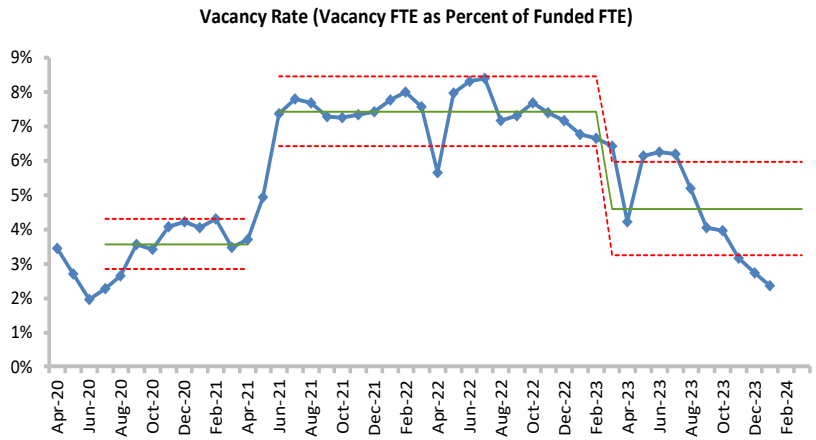
STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
Performance:	Overall vacancies reduced to 2.4% (291.3 FTE) compared to 2.7% (336.5FTE) in the previous month. The largest divisional increase was seen in Women's and Children's where vacancies increased to 38.3 FTE from 18.7 FTE in the previous month. The largest divisional reduction was seen in Surgery, where vacancies reduced to 114.8 FTE from 168.5 FTE the previous month. The largest staff group increase was seen in Ancillary, where vacancies increased to 111.5 FTE from 108.8 FTE the previous month. The largest staff group reduction was seen in Allied Health / Scientific Professions, where vacancies reduced to 43.4 FTE from 62.4 FTE the previous month. Medical staff group has returned to an over-established position (-7.6 FTE, -0.4%), having been in a position of having a vacancy of 9.1 FTE (0.5%) the previous month. Consultant vacancy has increased to 45.7 FTE (5.7%) from 42.0 FTE (5.2%) in the previous month. Unregistered nursing vacancies can be broken down as follows: Band / Vacancy AfC Band 2 / 4.0 FTE AfC Band 3 / 95.5 FTE AfC Band 4 / -253.7 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:	• In the month of January, the Trust received another two cohorts of Internationally Educated Nurses (IENs) and Midwives with a total of 40 arrivals, of which 13 were adult nurses, 26 were paediatric nurses and one was a midwife. These were the two last cohorts planned for this financial year, with only one additional arrival planned in February. A total of 975 IENs have arrived at the Trust since the beginning of the programme. • In January, the Trust successfully conducted two further scheduled recruitment events for paediatric newly qualified nurses. Out of the 58 booked candidates, 56 interviews were conducted with corresponding offers. The remaining candidates will be interviewed on the upcoming recruitment event scheduled for the 17th February 2024. • The Children's Emergency Department held a nursing recruitment event in January which resulted in two registered nurses and five Healthcare Support Workers (HCSW) being offered. • Work has continued to organise and promote the Newly Qualified Adult Nurse Expo planned for February in Bristol. Results to follow. • Planning has commenced for the Women's and Children's division recruitment events focusing on nursing associates and midwifery roles, with the events scheduled for March and April 2024. • 35 substantive Healthcare Support Workers (HCSW) started in the Trust during the month of January and another 42 were offered. *…continued over page*

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

STANDARD	OUR PEOPLE: WORKFORCE STAFF VACANCY
Actions (continued):	• The first round the of new HCSW assessment centre model took place in January. The two events, one in Weston and one in Bristol, were very successful but work continues to introduce improvements with the aim of promoting a good candidate experience and recruiting the best talent. • 28 Trainee Nursing Associates are currently undergoing pre-employment checks in preparation to start in the March 2024 cohort. • 36 substantive Allied Health Professionals (AHPs) and nine substantive Healthcare Scientists joined the Diagnostics and Therapies division in the month of January. • The Trust welcomed one final Internationally Educated Occupational Therapist in January. With this arrival, the Trust has secured a total of 19 Internationally Educated Allied Health Professional (AHPs) as part of the continued collaborative AHP international recruitment with the ICB system partners. • One substantive consultant grade doctor started in the Weston site in the month of January. One consultant and three clinical fellows have been cleared for a start date in February. • Two non-consultant grade doctors in Medicine were offered in Weston in January. • Work continued to facilitate the implementation of Healthy Weston 2. The dedicated webpage for Healthy Weston went live in January which has been developed to promote the vacancies and show Weston as an attractive proposition for prospect applicants. • As part of the Healthy Weston recruitment, the Weston Radiology department has filled 81% of their vacancies, with ongoing recruitment for roles such as Band 6 MRI/CT Radiographer and Consultant Radiologist.
Risks:	Strategic Risk 737: Risk that the Trust is unable to recruit sufficient numbers of substantive staff



Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
Performance:	At the end of January: • 2,613 patients were waiting 52+ weeks against the Operating Plan trajectory of 4,923. • 706 patients were waiting 65+ weeks against the Operating Plan trajectory of 420. • Note the trajectory was revised towards the end of Quarter 3 to give an end of January target of 911. • 120 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 is 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 65ww cohort at the end of March 2024. Those breaches are 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 December 2023, across all of England, 4.6% of the waiting list was waiting over 52 weeks. UHBW's performance was 5.3% (3,630 patients) which places UHBW as the 43rd highest Trust out of 169 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 presentation of accident and emergency attendances continue to make this challenging. Despite these challenges, at the end of January, the number of patients waiting more than 78 weeks had reduced to 120 from 185 in December. The Trust continues to work towards reducing long waits through specific initiatives including the expansion of insourcing within clinical genetics, dermatology, respiratory, sleep, gynaecology and dental specialties where there are recognised national challenges. • Of the 120 patients waiting 78 weeks or longer at the end of January, 19 related to cornea grafts, where there is currently a national shortage of cornea graft material which is contributing to delays in treating these patients. There is a nationally led process to allocate graft material to Trusts based on the clinical priority and length of waiting time. • As part of the 2023/24 Annual Planning Process (APP), clinical divisions 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 January was 706 against the revised trajectory of 911 which is an improvement on the December position when 1,048 patients were waiting 65 weeks or longer. *…continued over page*

Integrated Quality & Performance Report

Reporting Month: January 2024

STANDARD	REFERRAL TO TREATMENT (RTT) LONG WAITS
Actions (continued):	• Within general surgical specialties, the service has been working with Somerset Surgical Services (SSS) to support provision of additional treatment to be undertaken on the Weston site. • 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 to re-advertise for a paediatric dentistry consultant. • 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 have been 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. • 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, rest restraints (including High Dependency) 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. 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

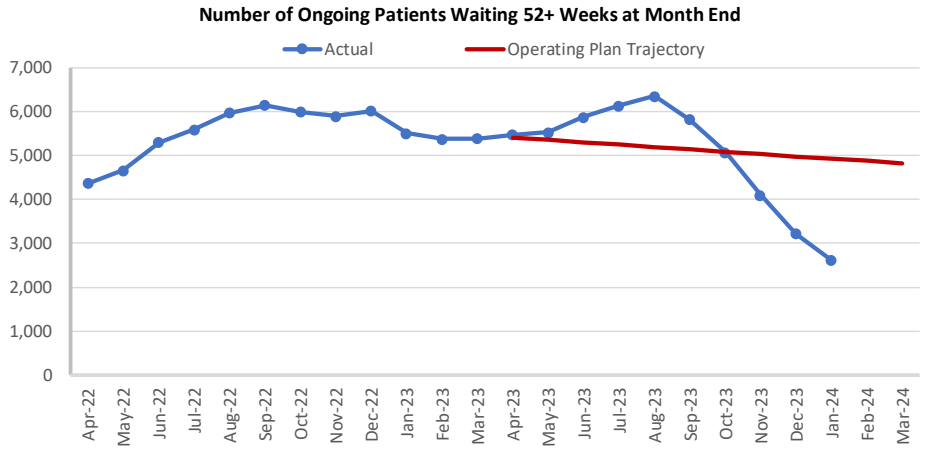
Integrated Quality & Performance Report

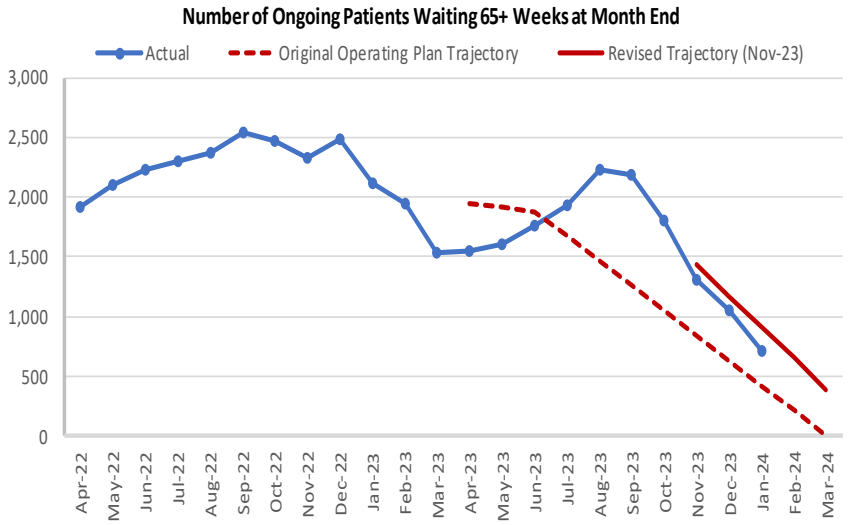
University Hospitals Bristol and Weston NHS Foundation Trust

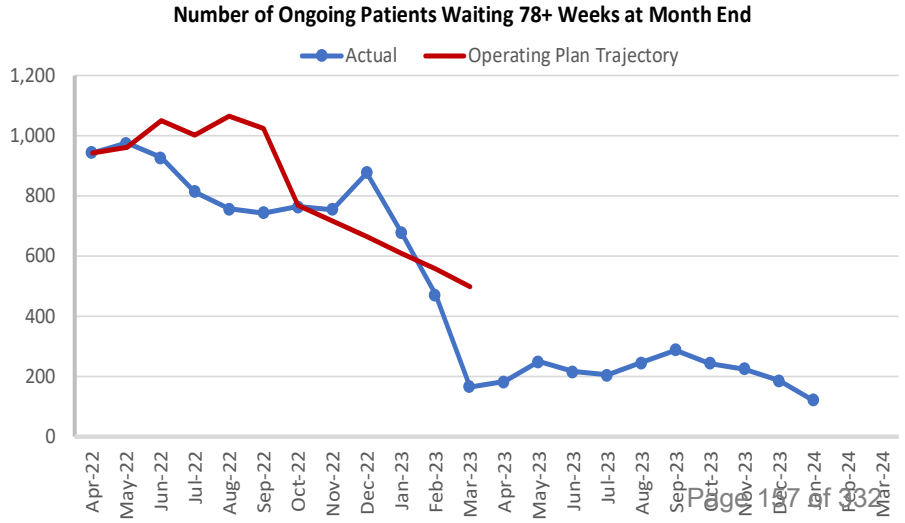
Reporting Month: January 2024

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

	Jan-24		
	52+ Weeks	65+ Weeks	78+ Weeks
Diagnostics and Therapies	0	0	0
Medicine	143	22	0
Specialised Services	83	8	0
Surgery	1,800	538	109
Women's and Children's	587	138	11
Other	0	0	0
UHBW TOTAL	**2,613**	**706**	**120**







Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: December 2023/January 2024

STANDARD	CANCER WAITING TIMES
Performance:	As at the end of January, the Trust had 192 patients waiting >62 days on a GP suspected cancer pathway. The Trust has an operating planning trajectory of not exceeding 166 patients at the end of December 2023, reducing to 160 by March 2024. 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. The Trust's improvement trajectory returns to 75% by March 2024. Performance in December was 75.5% against a revised improvement trajectory of 55%. **Standards reported from December 2023** The performance for patients treated within 62 days of starting a suspected cancer pathway is reported a month in arrears. For December, 75.2% 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 December, 92.8% 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 was compliant with the trajectory for patients waiting 62+ days on a GP suspected cancer pathway at the start of July, but that deteriorated with the impact of industrial action, noting that when industrial action paused in the autumn, performance improved significantly. The combined impact of recent industrial action along with the festive period predictably contributed to a deteriorating performance, although the Trust has started to recover more quickly than expected from this and the impact at UHBW has been less significant than in some other providers. The Trust continues to work towards the operational planning target and actions focus on replacing activity lost to industrial action and are concentrating on reducing waits in gynaecology , lower GI and skin through use of locums, outsourcing and additional permanent capacity where required. Further industrial action poses a risk to attaining the target in the required timescale. Performance against the Faster Diagnosis Standard was met during March 2023, deteriorated until September, and has started to rapidly improve with October reporting 52.0%, November 59.1% and December 75.5%. The deterioration was due to a combination of industrial action and the impact of the Trust having been unable to cease the mutual aid support being provided to Somerset NHS FT for dermatology until November. Recovery to compliance with the 75% standard by the end of the financial year is attainable, but dependent on impact of future industrial action. Actions to improve the position include ensuring prompt first appointments in high volume specialities and reducing waiting times for key diagnostic tests such as hysteroscopy, CT, ultrasound and endoscopy. New mutual aid referrals to dermatology ceased from November.

Integrated Quality & Performance Report

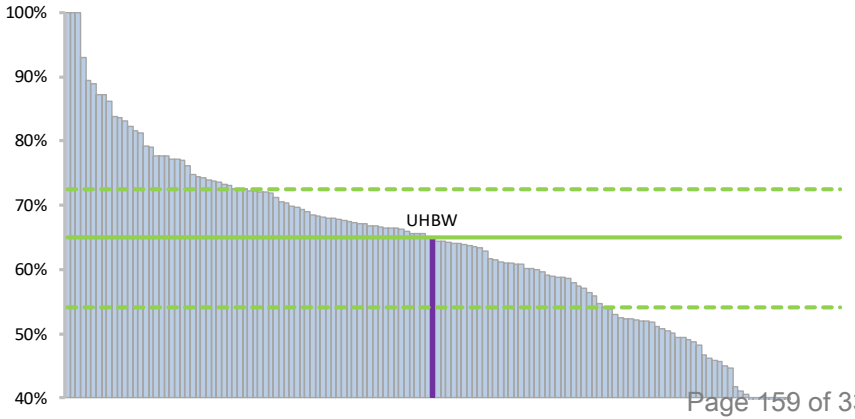
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: December 2023/January 2024

STANDARD	CANCER WAITING TIMES
Actions (continued):	Two new cancer measures came into place in October 2023 and, alongside the Faster Diagnosis Standard, the Trust is currently non-compliant against these standards. The 'ongoing' standard for numbers of patients over 62 days on a GP suspected cancer pathway is also still in use until March 24. The Trust continues to work towards delivering its improvement action plan, which is equally applicable to the new standards, and significant progress was made during the pause in industrial action, including clearing the backlogs in dermatology and ENT a month ahead of plan. Actions focus on clearing backlogs and ensuring sufficient capacity in the five main challenged areas: dermatology, gynaecology, colorectal, thoracic surgery and head and neck. There is also work to expand the scope of gynaecology one stop clinics to make more patients eligible, with the new clinics starting on 19th February. The Trust is on track (indeed, well ahead of trajectory at present), to deliver the level of improvement required by NHS England by the end of March, however industrial action is a significant risk to that. Patient safety is at the heart of all performance management in cancer.
Risk:	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

	Dec-23		
	Within Target	**Total Patients**	**% Achievement**
28 Day Faster Diagnosis	1,218	1,614	75.5%
31 Day Standard	580	625	92.8%
62 Day Standard	155	206	75.2%

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

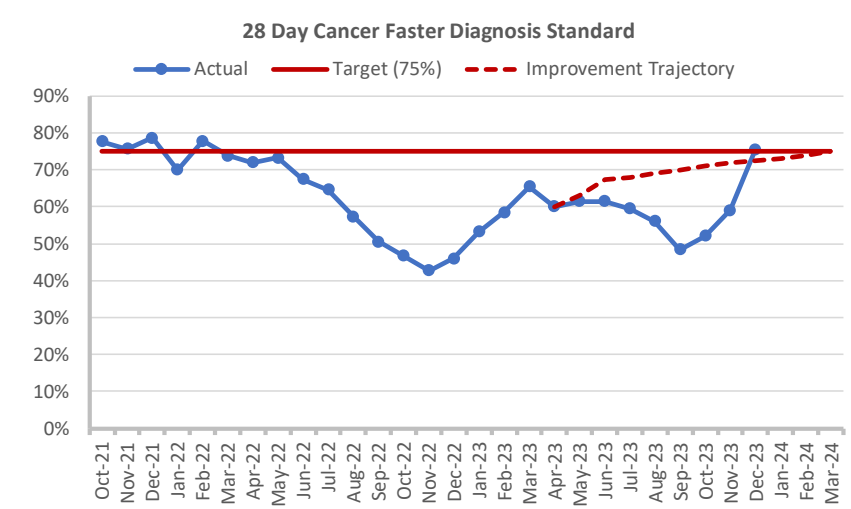


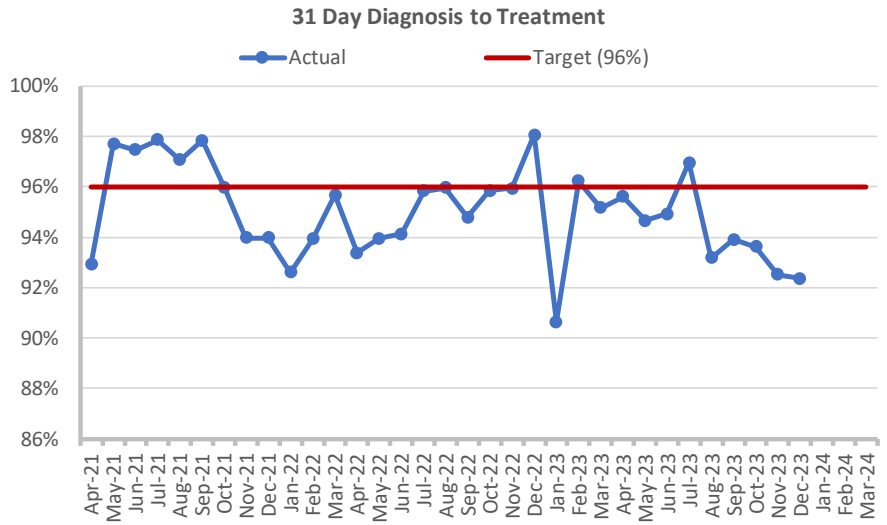
Integrated Quality & Performance Report

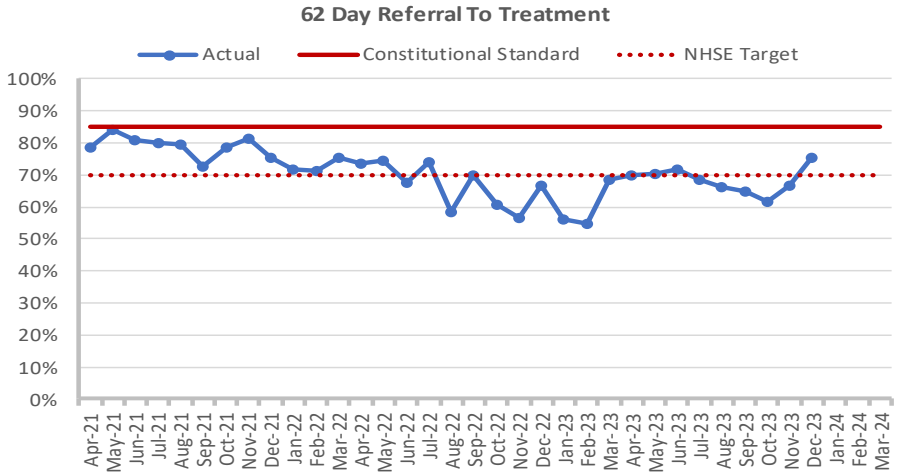
University Hospitals Bristol and Weston NHS Foundation Trust

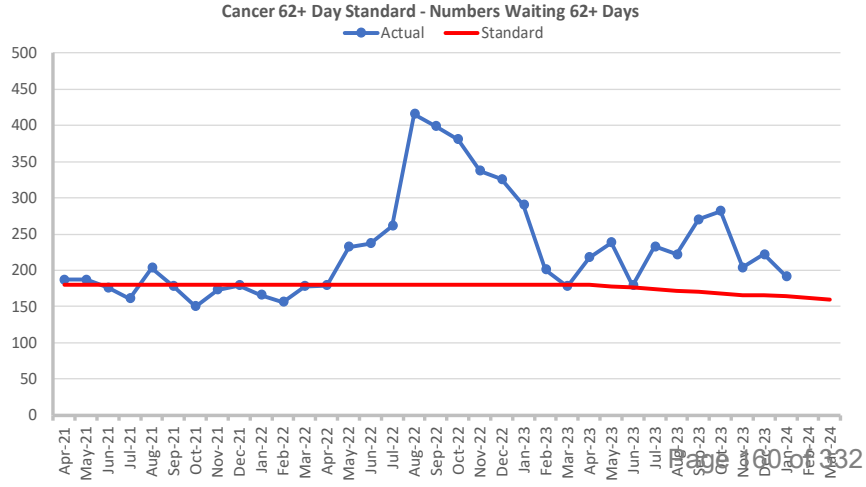
Reporting Month: December 2023/January 2024

STANDARD	CANCER WAITING TIMES









Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 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. As at the end of January 2024, 81.0% of patients had been waiting under six weeks, against a performance trajectory of 81.2%. At the end of January 2024, there were a total of 199 patients waiting 26+ weeks which is 1.5% of the waiting list. The target was to have zero patients waiting 26+ weeks by October 2023. At the end of January 2024, there were a total of 658 patients waiting 13+ weeks which is 4.9% of the waiting list. The target for end of January 2024 was 203 and an expectation to have zero patients waiting 13+ weeks by March 2024.
National Data:	For December 2023, the England total was 72.7% of the waiting list under six weeks. UHBW's performance was 80.0% which places UHBW 76th of 155 Trusts that reported diagnostic wait times.
Action/Plan:	• At the end of January, diagnostic performance against the six week wait standard was reported as 81.04% against the operational planning trajectory of 81.2%. Positively, the improvement made in November and December was sustained in January with 21 modalities/ sub-modalities improving overall and 16 modalities/ sub-modalities achieving more than 85% under 6 weeks (6 of which achieved more than 99% under 6 weeks). • The trajectories for reducing diagnostic long waiters over 13 and 26 weeks was not achieved, however January saw a further sustained improvement from performance in November and December. 27 modalities/sub-modalities reported either zero patients waiting more than 13 weeks, or an improvement from the previous month. • The number of patients waiting beyond 26 weeks improved to 199 from 288 in December, noting that Sleep Studies has the largest number of patients waiting over 26 weeks. 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. Improvements are being made but challenges also remain in Paediatrics MRI, Endoscopy and Ultrasound as these modalities are niche and cannot be outsourced. Furthermore, the capacity has been challenged by sickness in the workforce, further cancellations caused by industrial action (IA) and prioritisation of more clinically urgent patients. • Non-obstetric ultrasound previously has been experiencing workforce challenges, but ongoing actions and additional capacity is yielding the positive results that were anticipated and the modality overall improved for six week waits and reduction in long waiters over 13 weeks and 26 weeks. Whilst the risks are still present, especially for the paediatric service, this improvement evidences that the mitigations and actions in place are being managed closely to reduce waits for these diagnostic patients. • Endoscopy (adults) performance against the six-week standard continues to improve well ahead of the modality-specific trajectory to 65.1% and, although the elimination of patients waiting over 13 weeks and 26 weeks is challenging, the long waiters in Endoscopy adults did improve significantly in January. The risks remain and these 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. *...continued over page*

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 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 UHBW. The service is using significant additional capacity to improve waiting times for patients and mutual aid from other providers has been explored. Improvements are materialising but the issues in this service are considerably complex and will require extensive and sustained actions across key areas. The recovery is expected to take 4-6 months but is progressing well so far and is being monitored closely. Service-wide demand and capacity modelling is being undertaken to support the development of recovery trajectories for 24/25. • Overall, the continued impact of industrial action is a significant risk to diagnostic performance, as is the sickness in niche 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 23/24 are in place across the organisation and the Trust continues to utilise transferred capacity and outsourcing to the independent sector which are integral to the diagnostic recovery plans for 23/24.
Risk:	Corporate Risk 801: Risk that the six oversight themes within the NHS Oversight Framework for 2023/24 are not met

End of January 2024

Modality	Total On List	Under 6 Weeks			13+ Weeks		26+ Weeks	
		Number	Percentage	Mar24 Target	Number	Percentage	Number	Percentage
Audiology Assessments	730	17	98%	97%	2	0%	0	0%
Colonoscopy	398	145	64%	53%	79	20%	16	4%
Computed Tomography (CT)	2,328	134	94%	81%	29	1%	2	0%
DEXA Scan	394	100	75%	68%	4	1%	1	0%
Echocardiography	1,948	590	70%	85%	18	1%	0	0%
Flexi Sigmoidoscopy	118	50	58%	53%	22	19%	4	3%
Gastroscopy	431	169	61%	55%	81	19%	17	4%
Magnetic Resonance Imaging (MRI)	2,578	348	87%	95%	123	5%	29	1%
Neurophysiology	236	10	96%	99%	0	0%	0	0%
Non-obstetric Ultrasound	3,924	822	79%	83%	167	4%	4	0%
Sleep Studies	226	139	38%	51%	133	59%	126	56%
Other	0	0			0		0	
UHBW TOTAL	**13,311**	**2,524**	**81.0%**	**83.3%**	**658**	**4.9%**	**199**	**1.5%**

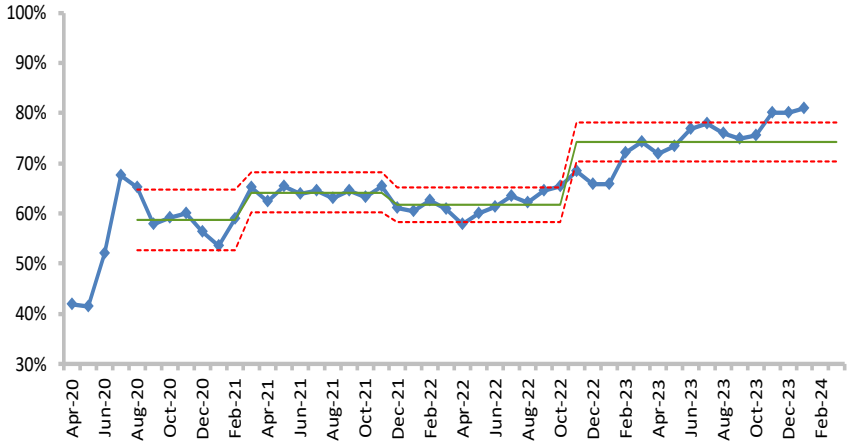
Integrated Quality & Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

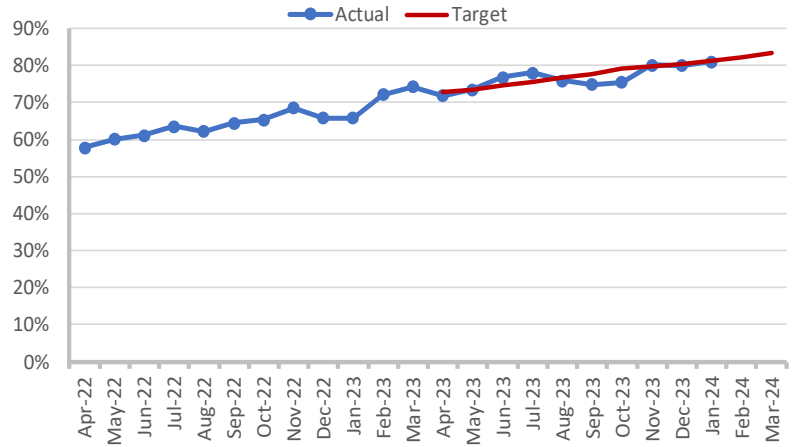
Reporting Month: January 2024

STANDARD **DIAGNOSTIC WAITING TIMES**

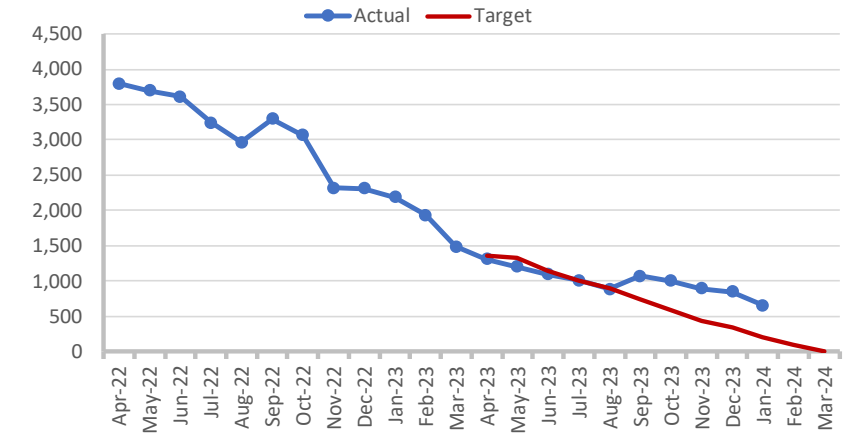
Diagnostics Under 6 Week Wait (15 Key Tests)



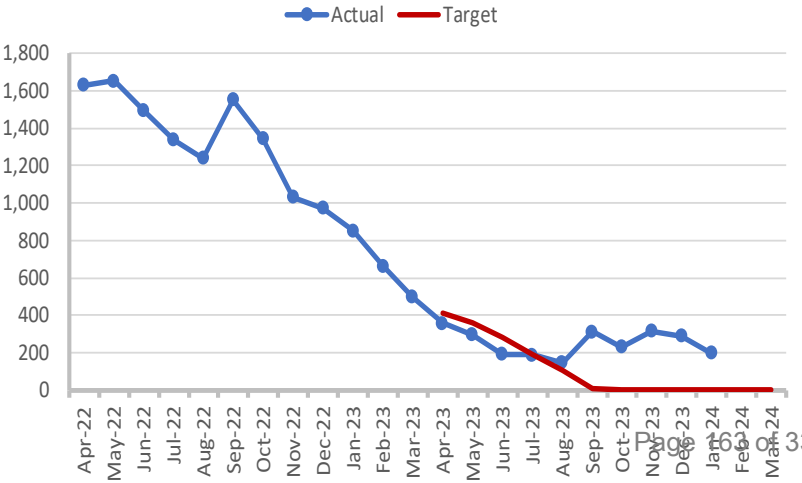
Diagnostics Percentage Waiting Under 6 Weeks



Diagnostics Numbers Waiting 13+ Weeks



Diagnostics Numbers Waiting 26+ Weeks

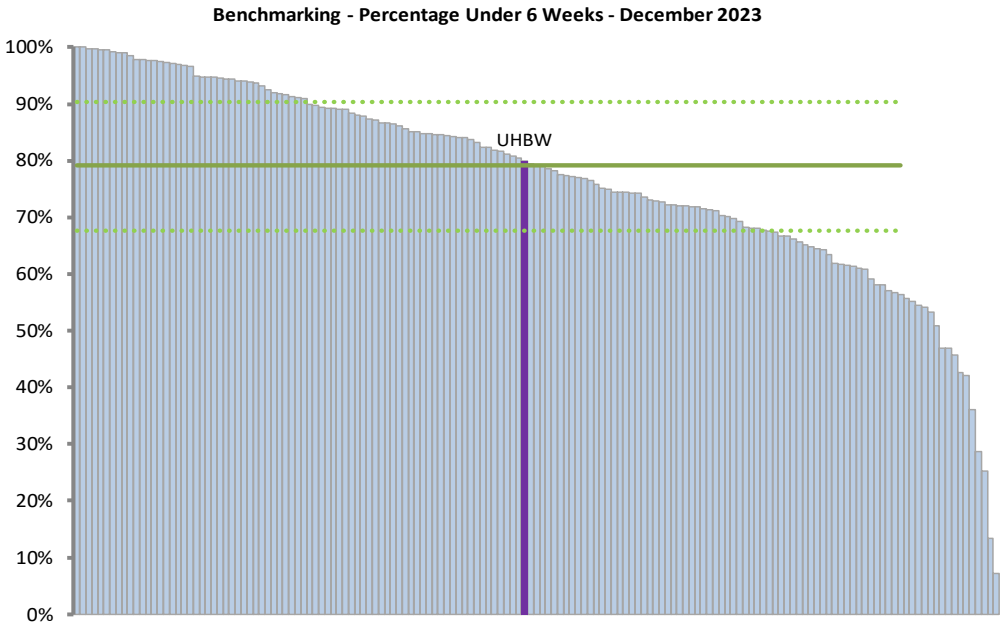


Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

STANDARD	DIAGNOSTIC WAITING TIMES



Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 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: 1. The "4 Hour Standard". This is the standard that has been reported in previous years and had a constitutional standard of 95%. For 2023/24, Trusts are required to return performance to 76% by March 2024, i.e. 76% of ED attendances should spend less than 4 hours in ED. 2. The "12 Hour Standard". This 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 January, 64.7% 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 71.7% for January. The January performance for the "12 Hour Standard" shows an improvement to 4.3%, compared to 5.0% in December. Both metrics had been impacted by increased bed occupancy during previous months and it should be noted that performance against both the 4-hour and the 12-hour standard has significantly improved when compared to the same period last year. • Weston ED attendances increased in January by 6.5% (4,354 compared to 4,088 in December), with December's admissions from ED also increasing to 1,736. This is compared to 1,519 in December and a monthly average of 1,246 for April to October. • BRI ED attendances increased from 6,364 in December to 6,797 in January, with 2,555 admitted. • Children's Hospital attendances increased from 4,110 in December to 4,408 in January; this remains down from November's high-point of 4,689 but is above the monthly average of 3,540 for April to September. **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 January, there were 327 12 Hour Trolley Waits: 125 in Bristol and 202 at Weston; this is an improvement overall for UHBW on the 376 reported in December, though an increase of 21 for Weston. **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 3,905 ambulance handovers in January: • 1,086 ambulance handovers were within 15 minutes which was 27.8% of all handovers. • 2,431 ambulance handovers were within 30 minutes which was 62.3% of all handovers.

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
National Data	There are 19 hospitals in the South-West that the Ambulance Service reported data for January 2024, overall percentage of handovers under 15 minutes was 23.8% across these hospitals. The chart on page 20 shows the distribution: BRHC ranked highest with 70.1% of handovers under 15 minutes, BRI was 6th highest at 31.2% and Weston was 6th lowest at 14.2%. ED 4-hour national performance is shown on page 18.
Actions:	ED 12-hour performance at Weston and BRI has shown a monthly deterioration since July, however, when comparing performance to January 22/23, these departments are demonstrating a 12.7% and 8.3% year-on-year improvement, respectively. No Criteria to Reside (NCTR) bed days decreased during January compared with December, which will be supporting flow. Community delays leading to No Criteria Reside bed days were lower in January 2024 than any month since August 2023. Total discharges increased in January (91 more discharges in total than in December). Discharges increased across all pathways except Pathway 3; with the highest number of Pathway 1 discharges since March 2023 and the highest number of Pathway 0 Discharges for the last 12 months (86 more than December). Pathway 2 extra capacity has been funded until end of March 2024 in addition to the "bridging capacity" in home care to support patients moving from Sirona's Pathway 1 caseload whilst ongoing arrangements for their care are put in place by social care colleagues. A range of initiatives are being progressed across adult services to reduce overcrowding, ambulance queueing and long waits including: • A new set of Internal Professional Standards has been drafted, and UHBW are replicating a regional approach to achieving a consensus agreement from staff. Achievement of these standards will be supported by ongoing Continuous Improvement approach. • In January 2024 , 6.72% of all ED attendees went through Weston's Emergency Department Observation Unit (EDOU), which is a 1.4% increase compared to December 2024. This may be as a result an additional 245 patients coming through ED in January compared to December, (a 6% increase). EDOU task and finish group is now up and running with work ongoing to substantiate nursing funding and the Standard Operating Procedure has been updated, improving clarity of patient pathways and overnight management. Work is ongoing to ensure that EDOU is best used to support 12-hour performance. • Work is ongoing within Weston Older Persons Assessment Unit (OPAU) to increase frailty score capture and identification of appropriate patients. Length of stay in OPAU was 1.6 days, an improvement compared to December where LoS was 1.9 days. OPAU has also demonstrated low re-admission rates compared to national average and two consultants have now been recruited to start in Q1 of 2024/25. • The BRI has expanded its front door escalation capacity to mitigate the risk of Ambulance Handover delays in January. • Pre-emptive boarding was started on the Acute Medical Unit (AMU) in January, enabling patients to be transferred to AMU earlier in their pathway thus reducing time in ED. *...continued over page*

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
Actions (continued):	Within BRI, work has commenced on a review of pathways requiring portering from front door departments (ED and SDEC) to radiology and labs. The aims are to maximise efficiencies of these pathways and reduce delays to support flow. Upgrades to the pneumatic tube system used to transport lab samples in BRI will start in February 2024. Once the work is complete, this will reduce delays associated with obtaining test results. **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:** January data shows 380 monthly admissions to Surgical SDEC, an increase from December (365) and November (375). The number of ED attendances that went on to Surgical SDEC decreased in January to 131 (1.9%) compared to 146 (2.3%) in December and 145 (2.2%) in November. Admission rates from surgical SDEC have increased in January to 21.3% compared to 19.7% in December and 22.7% in November. A space review is ongoing to look for future opportunities for maximising use of existing estate and service expansion, whilst retaining options for escalation capacity. A new acute surgical navigator is now in post and the post holder is working with NHS@Home teams to review and increase referrals via appropriate pathways. Work has also commenced to set up new NHS@Home pathways for patients with stomas and drains in situ, aiming to support a reduction in reattendances and dedicated resource has been identified to design streamlined SDEC discharge summaries, supporting timely discharges. **Medical SDEC - BRI:** Work is ongoing to remove semi-elective activity (e.g. infusions) from being delivered during the week and into weekends, improving the balance of demand and capacity. A new frailty SDEC pathway was launched on 15th January, supporting specialist assessment and treatment of patients with frailty and the pilot will continue until end of financial year with potential to extend pending evaluation. In total, 39 patients were seen in Frailty SDEC of which 87% (34) were referred from ED and 17 patients were admitted to BRI. 54% (21) of patients were discharged from Frailty SDEC and 31% (12) went to the discharge lounge. In January there were 896 patients seen within BRI Medical SDEC, which is a similar number seen in November (903), following a reduction in December (745) as a result of staffing constraints due to Industrial Action. Inpatient admission rates for January were 19.5% (compared to 18% in December and 17.4% in November). This is marginally short of the national guide target of 20% which indicates an appropriate case mix and level of acuity. Wait times in ED prior to medical SDEC were reduced in January at 2hrs 27 mins, compared to December (2hours 54 mins), but still longer than November (1hr59min). Page 167 of 332 *...continued over page*

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University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E
Actions (continued):	**Weston SDEC**: Weston has recently been successful in a bid for £5million in funds to relocate and refurbish the SDEC unit. January data shows the highest number of SDEC admissions since launch at 860, a significant increase compared to December at 670 and 569 in November. However, admission rates from SDEC further decreased (5.3% in January, compared to 6.0% in December and 10.4% in November), suggesting a lower acuity cohort of patients seen through SDEC which will be a priority focus for the working group. The average wait in Weston ED prior to SDEC visit in January was 1 hr and 9mins, a reduction from 1 hr and 17mins in December and 1 hr 21 mins in November, suggesting more efficient streaming and triage. Length of Stay within the SDEC department was also reduced in January to 2hrs 24 mins compared to December (2hrs 59min) and November (3hrs 24min). New surgical pathways for Weston SDEC are progressing well, with 228 surgical patients attending SDEC in January compared to 171 in December and 167 in November.
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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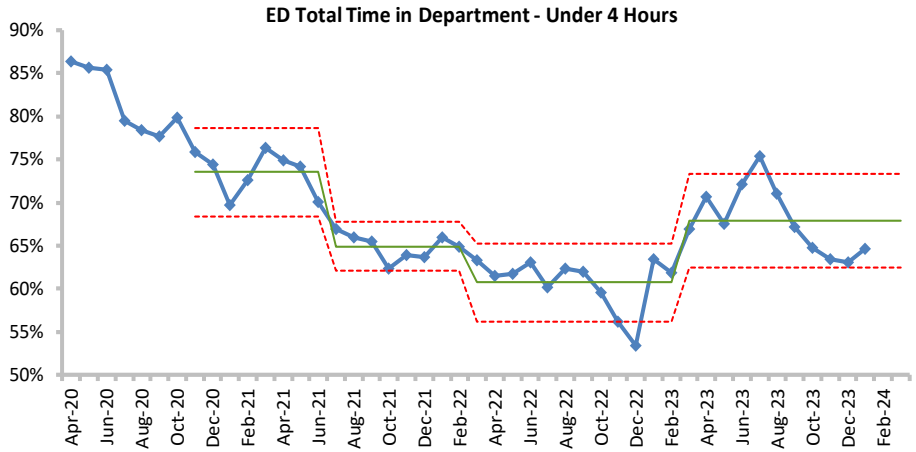
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

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

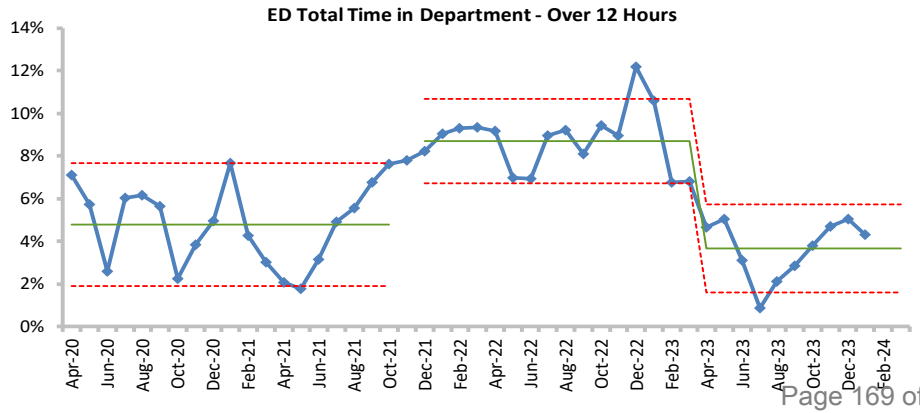
Patients Who Spend Under 4 Hours In ED (Arrival to Discharge/Admission)

4 Hour Performance	Jan-24	2023/24	2022/23
Bristol Royal Infirmary	50.36%	55.62%	46.14%
Bristol Children's Hospital	71.35%	75.63%	71.14%
Bristol Eye Hospital	96.57%	95.79%	95.97%
Weston General Hospital	63.73%	64.77%	55.05%
UHBW TOTAL	**64.65%**	**67.84%**	**60.94%**



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

12 Hour Performance	Jan-24	2023/24	2022/23
Bristol Royal Infirmary	4.8%	4.5%	12%
Bristol Children's Hospital	1.7%	1.6%	2%
Bristol Eye Hospital	0%	0%	0%
Weston General Hospital	8.5%	6.2%	15%
UHBW TOTAL	**4.3%**	**3.7%**	**8.7%**



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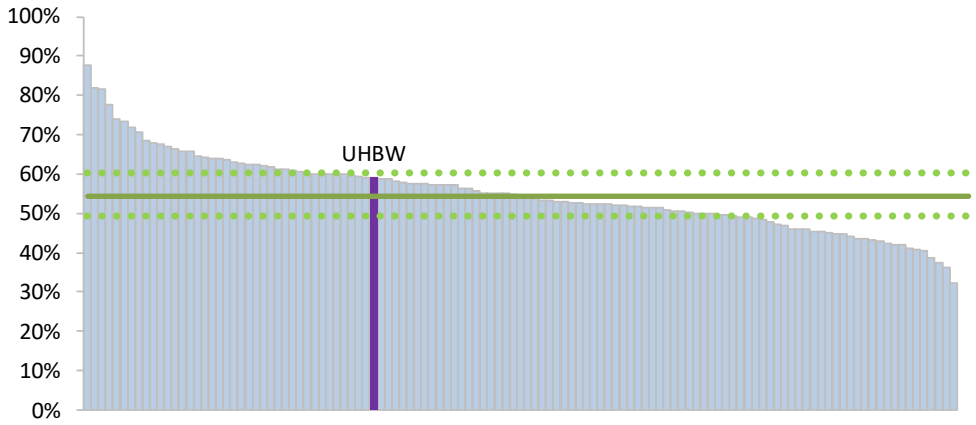
University Hospitals Bristol and Weston NHS Foundation Trust

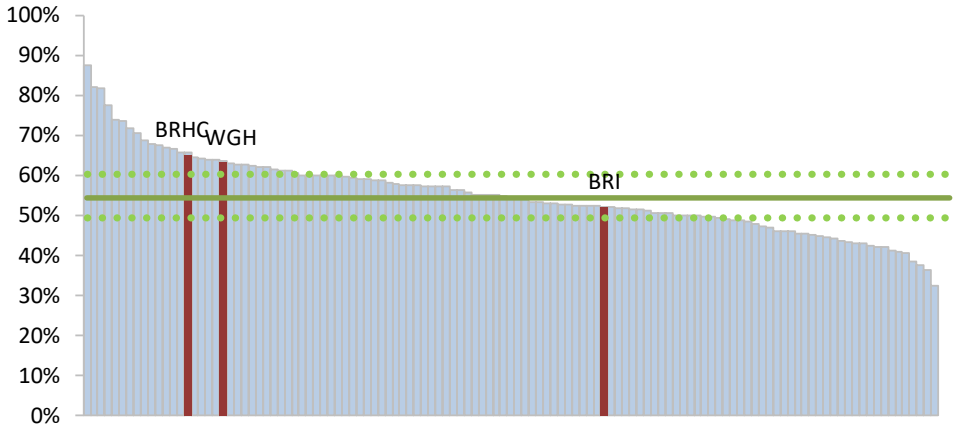
Reporting Month: Quarter 3

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

Benchmarking - Type 1 ED 4 Hour Performance 2023/24 Quarter 3



Benchmarking - Type 1 ED 4 Hour Performance 2023/24 Quarter 3



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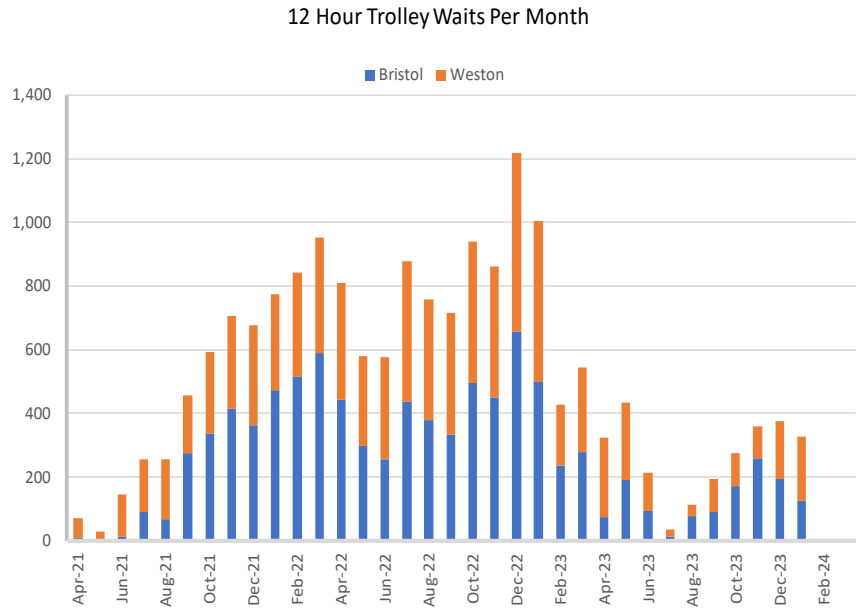
University Hospitals Bristol and Weston NHS Foundation Trust

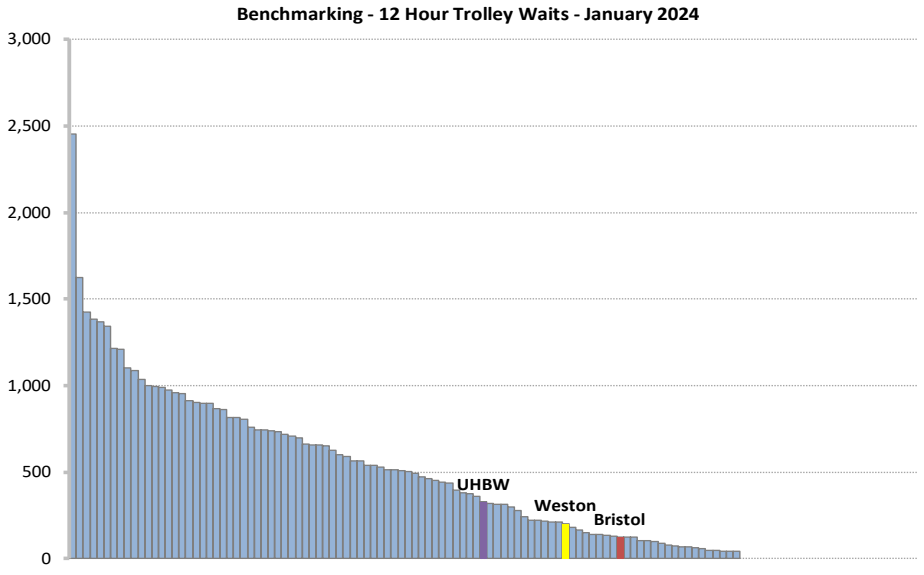
Reporting Month: January 2024

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		
Weston	366	282	319	441	379	383	445	413	558	506	192	267	250	243	119	23	33	104	104	102	181	202		
UHBW	**809**	**579**	**576**	**878**	**758**	**717**	**941**	**862**	**1217**	**1006**	**427**	**545**	**324**	**435**	**214**	**34**	**112**	**193**	**276**	**361**	**376**	**327**		





Integrated Quality & Performance Report

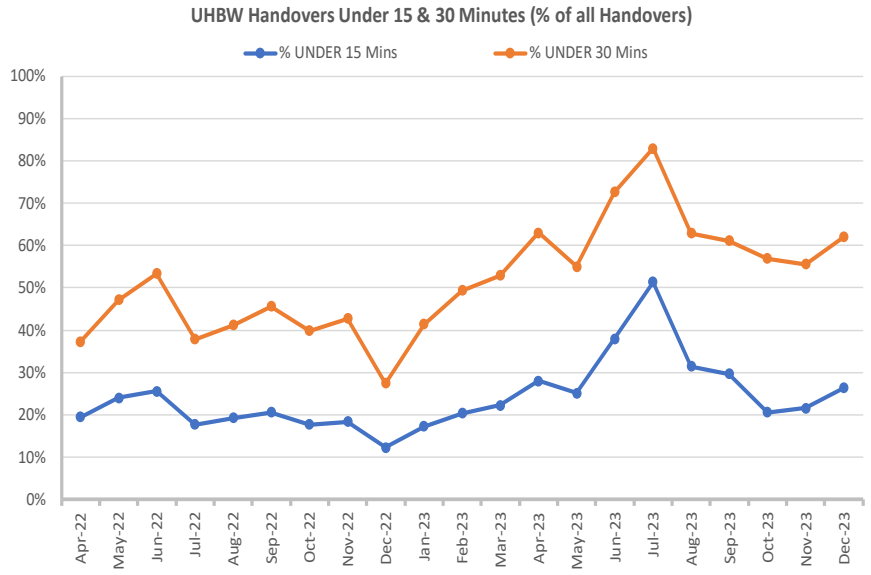
University Hospitals Bristol and Weston NHS Foundation Trust

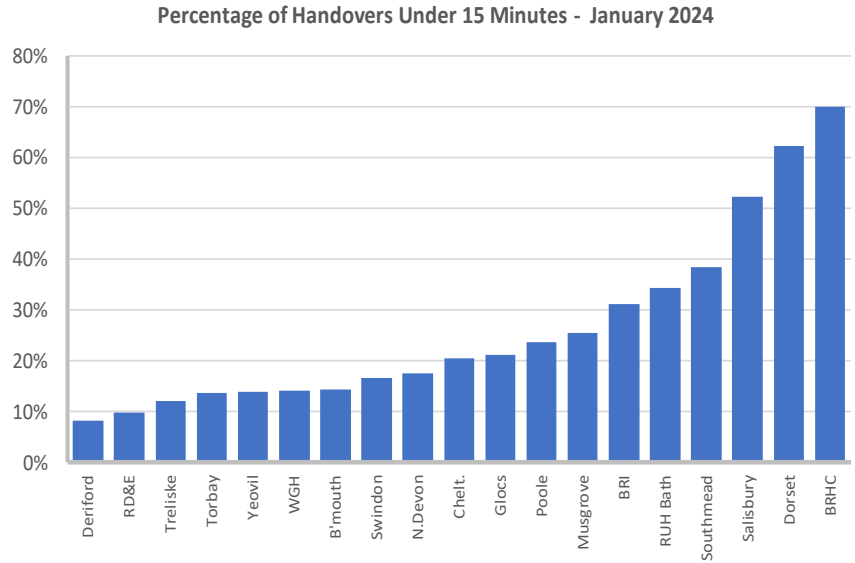
Reporting Month: January 2024

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

Ambulance Handovers

Jan-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	2,460	652	26.5%	1,466	59.6%	44.0	1,230
Bristol Children's Hospital	492	317	64.4%	451	91.7%	16.1	32
Weston General Hospital	953	117	12.3%	514	53.9%	44.1	468
UHBW Total	**3,905**	**1,086**	**27.8%**	**2,431**	**62.3%**	**40.5**	**1,730**





Integrated Quality & Performance Report

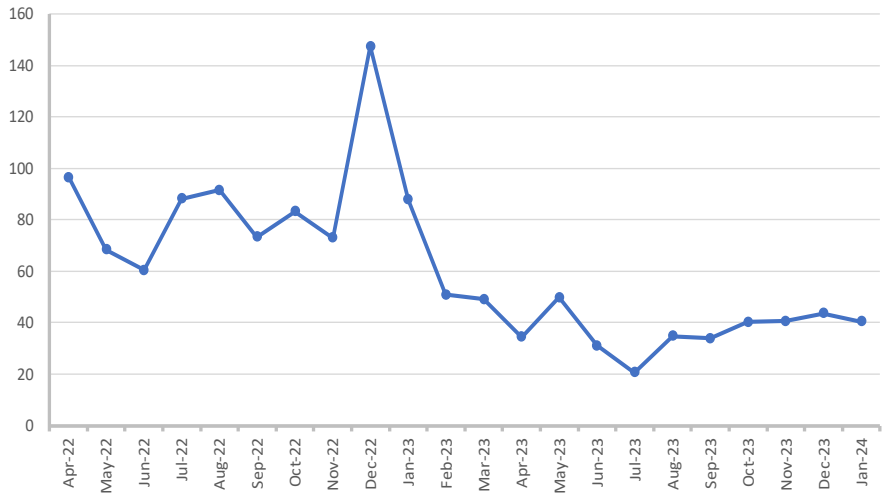
University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

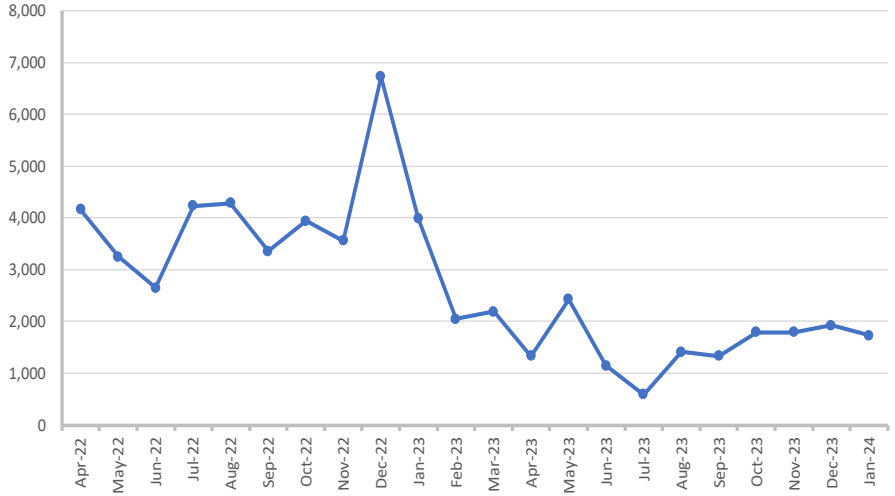
STANDARD	EMERGENCY DEPARTMENT – AMBULANCE HANDOVERS AND WAITS IN A&E

Ambulance Handovers (continued)

Average Handover Time (Minutes)



Hours Lost: Handovers over 15 Minutes



Integrated Quality & Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 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:	Three metrics are reported as the high-level priorities: 1. Percentage of patients with a “timely discharge” (before 12 noon). January had 17.1% discharged before 12 noon (17.4% in December). The SAFER bundle standard is to achieve 33%, though we 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 January 25.83% of eligible discharges went through the Weston or BRI Discharge Lounges, compared to 25.80% in December. This was 761 patients, averaging 34.6 patients per working day. a. BRI achieved 26.7%, with 570 patients. This averages to 25.9 patients per working day. b. Weston achieved 23.6% with 191 patients. This averages to 8.7 patients per working day. 3. At the end of January there were 167 No Criteria To Reside (NCTR) patients in hospital: 90 in Bristol and 77 in Weston. 4. During January, the daily average number of patients with no criteria reside was 160 (67 at Weston and 93 at Bristol). This is equivalent to saying 160 beds, on average, were occupied each day by NCTR patients. For January, the NCTR bed days occupied 18.5% of the total occupied bed days.

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

STANDARD	EVERY MINUTE MATTERS
Actions:	**Timely Discharge** Key priorities for Every Minute Matters (EMM) programme include: • Evolution of the Proactive Board Round (PBR) process has paused on Waterside ward pending new Ward Manager in post. A roaming version of the PBR process is being trialled on Steepholm to understand how medics from multiple specialities could be included in the board round process even when they cannot routinely join a morning board round. • A new board round clinical note is due to launch in February with the aim of improving the outcomes and actions from the board round • Increased medical engagement: Expressions of Interest for an EMM Medical Lead role has been updated and due to be circulated in February • Regular meetings with the Children's hospital continue to review which aspects of EMM they can adopt and adapt; BRHC may adopt an amended version of the board round clinical note • Active Hospitals is now underway, with focus on six wards. The main principles are getting patients up and dressed in the morning and where possible, facilitating meals at a table and chair. A second audit has been completed with results showing an average 12% increase in the number of patients sat out of bed at mealtimes across the 6 pilot wards. The reasons for the remaining patients to not be sat out was also compiled and the information will be used to drive interventions and countermeasures for next steps. • Work continues on the weekend discharge baseline review looking at differences in staffing and processes at the weekend. Following an update on the current findings to the Flow & Discharge steering group in January, additional information around 'rhythm of the day', operational management comparisons between weekday and weekend, is now being compile alongside a review of 'discharge reg' shift roles at weekends. • Working groups for Bristol and Weston have now been merged into a Discharge Lounge improvement group. Current areas for focus include: Evaluation of new 24/7 operating model in Bristol; developing new performance scorecards to inform on future improvement projects; electronic referrals; building on relationships; discharge lounge profiles with the aim to increase usage • Tap to Transfer (digital bed management): rollout work has been paused to allow resource to focus on embedding the areas currently live. Next steps to be reviewed in context of Careflow flow module rollout due in 24/25. • Ward Standard Operating Procedures collated and streamlined for all Weston wards. This was presented at the EMM programme group in January; it was agreed that other Divisions will now adopt this approach with the support of the Proactive Hospital team to support site teams to identify the most appropriate locations for all patient moves.

Integrated Quality & Performance Report

Reporting Month: January 2024

STANDARD	EVERY MINUTE MATTERS

Actions (continued):	**No Criteria To Reside (NCTR) and Transfer of Care Hub (ToCH)**
	A programme of continuous improvement is in place, managed through the Trust's Integrated Discharge Group, which mirrors the Every Minute Matters core 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;
	  • Recruitment of acute staff continues with a number of gaps
	  • Bristol City Council fully recruited
	  • Sirona recruitment completed with staff not yet in-post
	  • North Somerset Council have gaps but recruitment is underway
	  • Voluntary Sector supporting at both Transfer of Care Hubs
	
	• A significant focus on the Transfer of Care Hubs is on transformation and improvement, with the following initiatives underway:
	  ○ Establishment of an Education Facilitator to support training and development of the team, with a specific focus on board rounds to support information sharing and safe timely discharges.
	  ○ Aligning Transfer of Care Hub governance across BNSSG (bringing together UHBW, NBT and all system partners) to standardise approaches and share best practice.
	  ○ 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, multi-disciplinary discharges and timeliness of submission of referrals (Transfer of Care forms)
	  ○ Implementation of the D2A winter plan, including 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.

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.

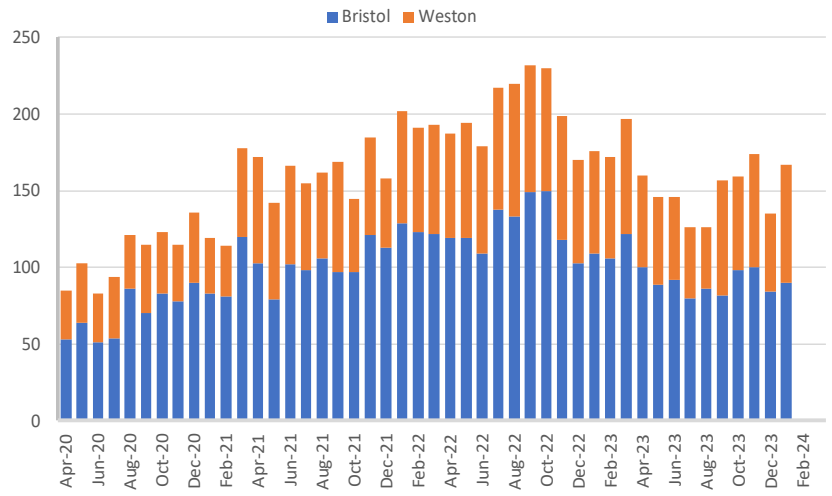
Integrated Quality & Performance Report

NHS University Hospitals Bristol and Weston NHS Foundation Trust

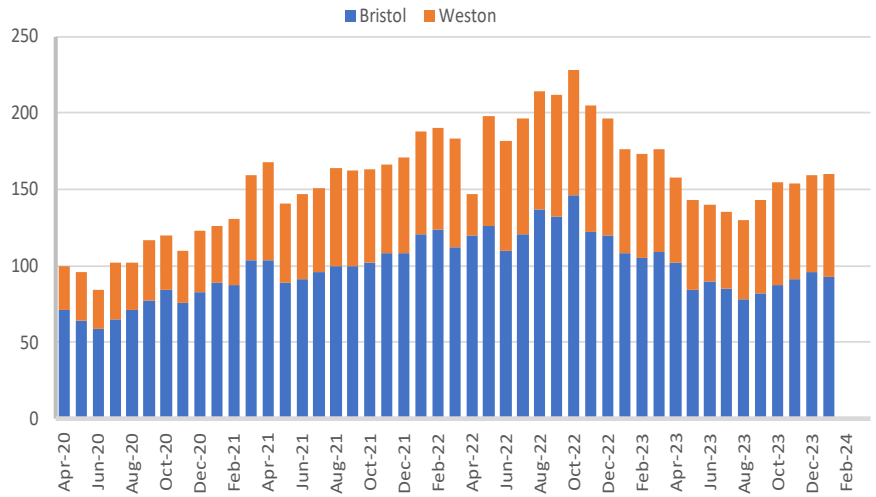
Reporting Month: January 2024

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

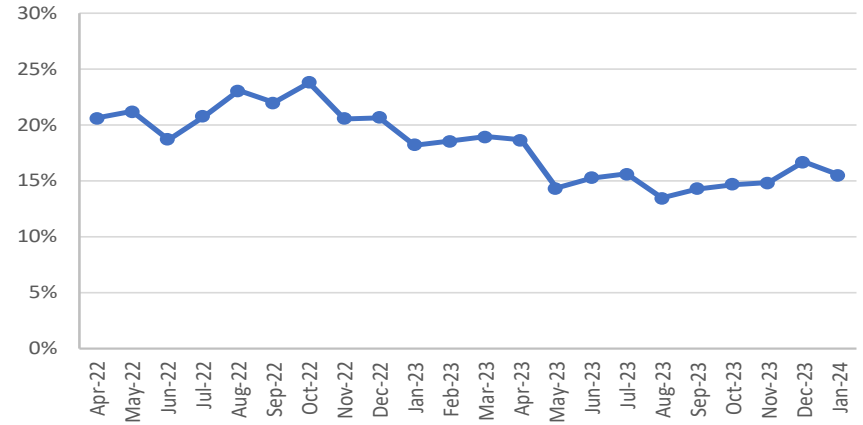
Number of Patients - Last Thursday in the Month



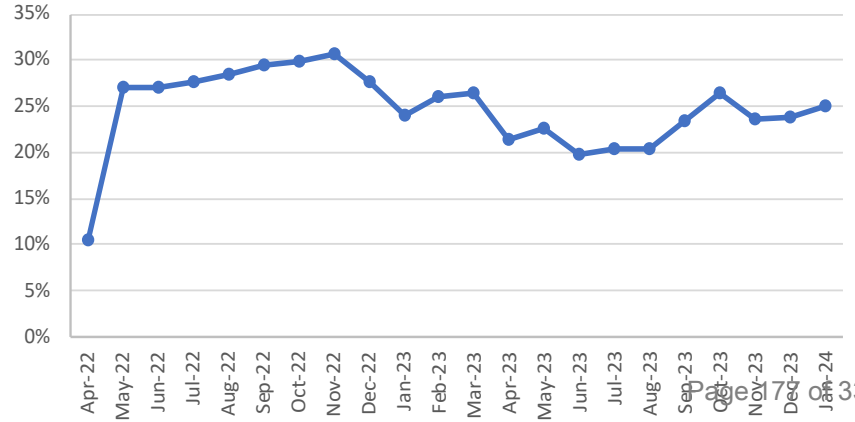
Average Number of Beds Occupied by NCTR Patients



NCTR Beddays as Percentage of All Beddays - Bristol



NCTR Beddays as Percentage of All Beddays - Weston



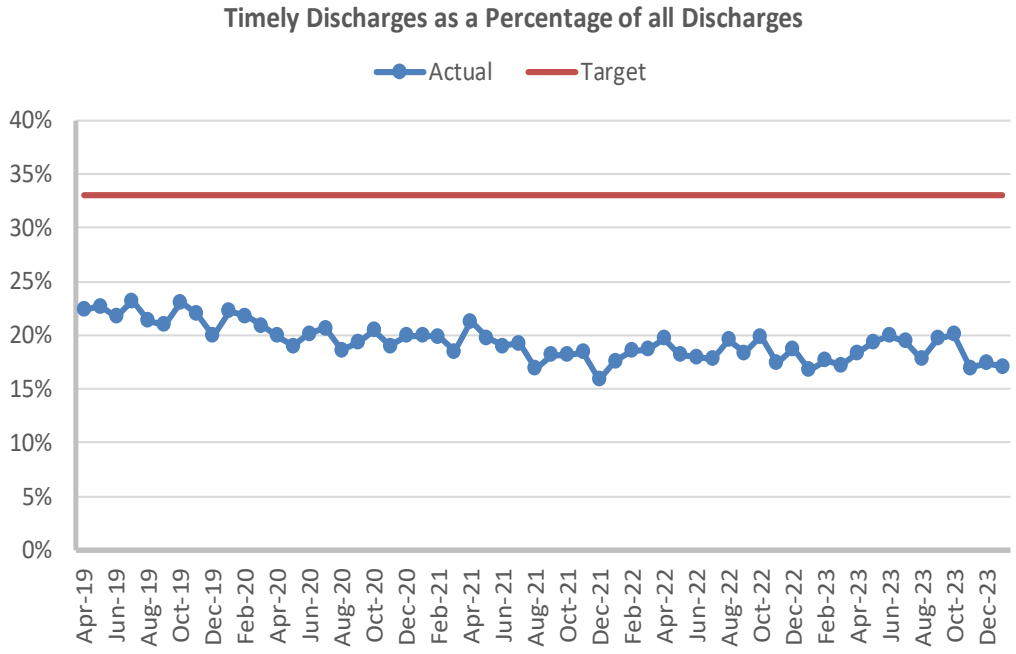
Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

STANDARD **EVERY MINUTE MATTERS - TIMELY DISCHARGE**

Timely Discharge (Before 12 Noon)



Summary of High Volume Specialties - January 2024

	Total Discharges	% Before Noon
Cardiac Surgery	109	11.9%
Cardiology	298	9.4%
Clinical Oncology	88	5.7%
Colorectal Surgery	86	18.6%
ENT	109	18.3%
Gastroenterology	97	14.4%
General Medicine	707	19.4%
General Surgery	180	15.0%
Geriatric Medicine	287	35.2%
Gynaecology	154	13.0%
Ophthalmology	66	25.8%
Paediatric Surgery	70	21.4%
Paediatrics	228	16.2%
Thoracic Medicine	189	13.8%
Trauma & Orthopaedics	205	22.9%
Upper GI Surgery	54	18.5%
UHBW TOTAL	**4,027**	**17.1%**

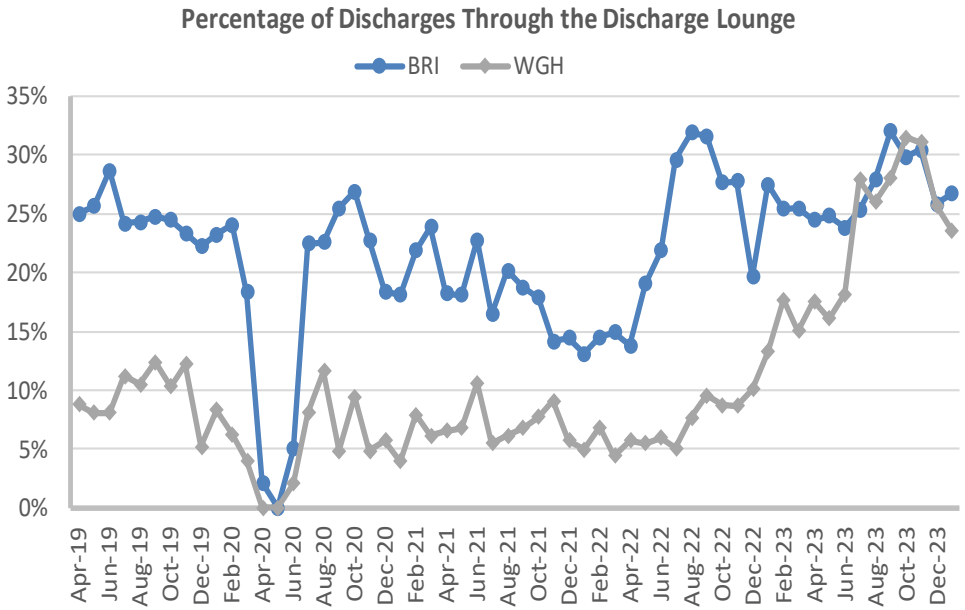
Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

STANDARD **EVERY MINUTE MATTERS - TIMELY DISCHARGE**

Discharge Lounge Use Summary



Summary of High Volume Specialties - January 2024

	BRI	WGH	TOTAL
Accident & Emergency	11.3%	11.8%	11.3%
Cardiac Surgery	76.0%	-	76.0%
Cardiology	39.9%	38.5%	39.9%
Colorectal Surgery	40.3%	37.5%	40.0%
ENT	10.4%	-	10.4%
Gastroenterology	9.5%	24.5%	17.6%
General Medicine	26.9%	24.4%	25.5%
General Surgery	9.5%	14.8%	11.4%
Geriatric Medicine	36.6%	37.2%	36.7%
Hepatobiliary and Pancreatic Surgery	34.1%	-	34.1%
Maxillo Facial Surgery	8.0%	-	8.0%
Thoracic Medicine	24.4%	10.2%	19.9%
Thoracic Surgery	20.3%	-	20.3%
Trauma & Orthopaedics	23.3%	33.3%	27.3%
Upper GI Surgery	35.7%	10.0%	30.8%
UHBW TOTAL	**26.7%**	**23.6%**	**25.8%**

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

FINANCIAL SUMMARY

YTD Income & Expenditure Position	• Net I&E deficit of £13,790k against a deficit plan of £9,435k (excluding technical items). • Total operating income is £48,025k favourable to plan due to higher than planned income from activities of £35,046k and higher than planned other operating income of £12,980k. • Operating expenses are £63,087k adverse to plan due to higher pay expenditure (£28,495k) and non-pay expenditure (£34,554k). Depreciation is in line with plan. • The estimated unfunded impact of industrial action in December and January is £4,318k. • Financing items are £2,231k favourable to plan mainly due to interest receivable.
Key Financial Issues	• *Recurrent savings delivery below plan* – Internal CIP delivery is £16,776k or 105% of plan, of which recurrent savings are £6,885k, 43% of plan. • *Delivery of elective activity recovery below plan* – elective activity must be delivered in line with plan. At M10, the cumulative YTD value of elective activity is £10.9m behind plan, a deterioration of £2.9m in January. Of the £10.9m, c£8.2m relates to the estimated impact of industrial action. A continuation of January's performance could result in a loss of income of up to £16m and may result in the Trust failing to deliver meet the financial plan. • *Corporate mitigations not delivered in full* – non-recurrent mitigations of c£25m are required to support delivery of the plan. At M10, the corporate mitigations are on track. • *Failure to deliver the financial plan* – failure to deliver the actions and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention.
Strategic Risks	• Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the business case during quarter 4; • 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 draft medium term capital plan in quarter 4; • Understanding the implications of the Trust's recurrent revenue deficit. An assessment of the Trust's forecast outturn using M9 actuals has been completed. The forecast outturn remains break-even. The recurring revenue deficit is c£75m at 31st March 2024.

Integrated Quality & Performance Report

Reporting Month: January 2024

TRUST YEAR TO DATE FINANCIAL POSITION

Trust Year to Date Financial Position

	Month 10			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	88,448	94,690	6,242	853,476	888,522	35,046
Other Operating Income	8,416	11,158	2,742	88,445	101,425	12,980
Total Operating Income	**96,864**	**105,848**	**8,984**	**941,921**	**989,946**	**48,025**
Employee Expenses	(56,509)	(63,004)	(6,495)	(567,707)	(596,202)	(28,495)
Other Operating Expenses	(32,767)	(37,864)	(5,097)	(341,002)	(375,556)	(34,554)
Depreciation (owned & leased)	(8,237)	(8,496)	(259)	(34,951)	(34,989)	(38)
Total Operating Expenditure	**(97,513)**	**(109,365)**	**(11,852)**	**(943,660)**	**(1,006,747)**	**(63,087)**
PDC	(1,037)	(1,125)	(88)	(10,370)	(11,250)	(880)
Interest Payable	(221)	(237)	(16)	(2,210)	(2,316)	(106)
Interest Receivable	250	511	261	2,500	5,882	3,382
Other Gains/(Losses)	0	0	0	0	(165)	(165)
Net Surplus/(Deficit) inc technicals	**(1,657)**	**(4,367)**	**(2,710)**	**(11,819)**	**(24,650)**	**(12,831)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	239	183	(56)	2,384	10,860	8,476
Net Surplus/(Deficit) exc technicals	**(1,418)**	**(4,184)**	**(2,766)**	**(9,435)**	**(13,790)**	**(4,355)**

Key Facts

- The position at the end of January is a net deficit of £13,790k against a deficit plan of £9,435k. The adverse position of £4,355k is a deterioration of £2,766k from last month due to the estimated impact of industrial action during January.
- The year-to-date position of £4,355k adverse to plan is primarily due to: the value of elective income being behind plan by £10,900k (of which £8,194k relates to the impact of industrial action); the £4,559k shortfall on savings delivery; £1,809k cost impact of industrial action; better than planned interest receivable income of £3,382k; and additional operating income of £9,400k.
- YTD, the Trust has spent £6,679k on costs associated with Internationally Educated Nurses (IENs).
- Pay expenditure in January is £2,445k higher than December at £63,004k. £1,405k is associated with industrial action.
- Agency expenditure in month is £1,819k, compared with £1,846k in December. Bank expenditure in month is £4,214k, compared with £3,724k in December.
- YTD, pay expenditure is £28,495k 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 costs associated with industrial action.
- Total operating income is £48,025k 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) and services provided to other organisations.
- The financial position of the divisions shows a deterioration of £1,357k in January excluding industrial action costs, to a YTD overspend against budget of £10,884k or 1.3% (excluding industrial action).
- The most significant variances to budget are in Surgery (£3,669k), Women's & Children's (£3,547k) and Diagnostics & Therapies (£1,570k).

Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: December 2023

STANDARD	HEALTH INEQUALITIES (Referral To Treatment and Outpatient Did Not Attends)
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 includes a view of average RTT wait and DNA rates 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 been shared with the HEDG and will be further iterated following feedback from the group. We will be looking to incorporate the patient surveys and deprivation analysis for next month.
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 7.7% compared to 6.5% with no alert. • Those with at least one Mental Health alert had a DNA rate nearly double those with no Mental Health alert (12.2% compared to 6.5%). • Those with at least one Learning Disability and Autism alert had an average wait of 22.69 weeks, compared to those with no alert at 20.57 and Trust average at 20.54. • The White ethnic group has the lowest DNA rate, which at 6.1%, is nearly half the rate for the Black ethnic group (11.5%). • The Mixed ethnic group has the highest percentage of 52+ week pathways (7.1%) as well as the highest average wait (21.65 week compared to trust average of 20.54).
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'. • 73.2% of total pathways in this period have ethnicity recorded. • 'Not Stated' in this data includes National code Z, used where the person has 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 been recorded, as well as 'not collected at this time'. • 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 & Performance Report

Reporting Month: December 2023

STANDARD	HEALTH INEQUALITIES (Referral To Treatment and Outpatient Did Not Attends)
Data Quality (continued):	• There were 2,082 DNAs with one or more alert, but 2,390 DNAs across the alert groups, as 308 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 2916.

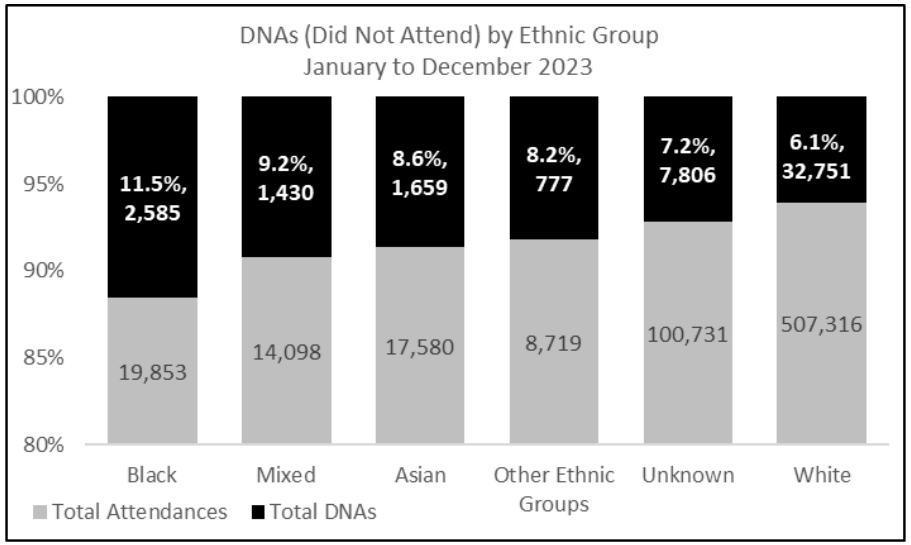
Actions:	There is a significant and broad programme of work underway at UHBW and with the system, including:
	• Joint project with NBT to reduce DNA rates in the Black, Asian and Minority Ethnic communities in Cardiology services (as a proof of concept to apply to other specialities)
	• A new A3 thinking 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.

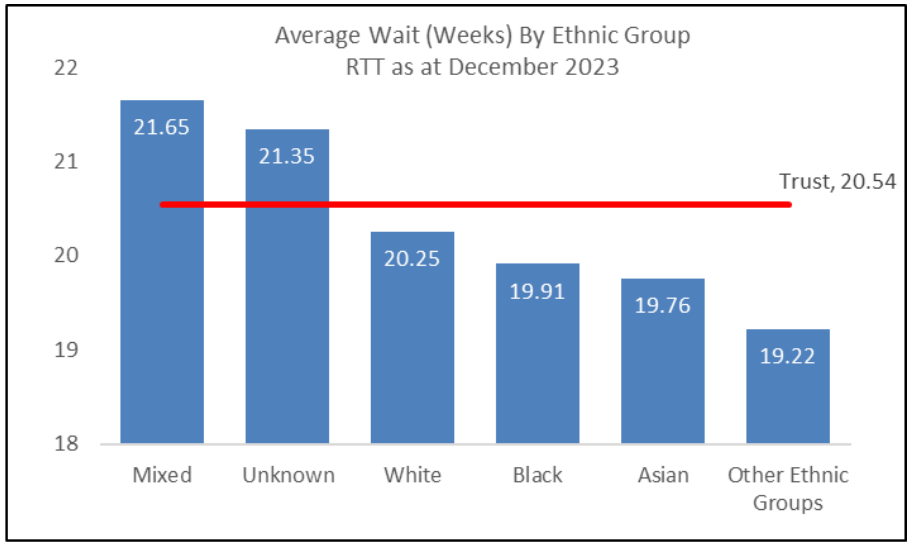
Integrated Quality & Performance Report

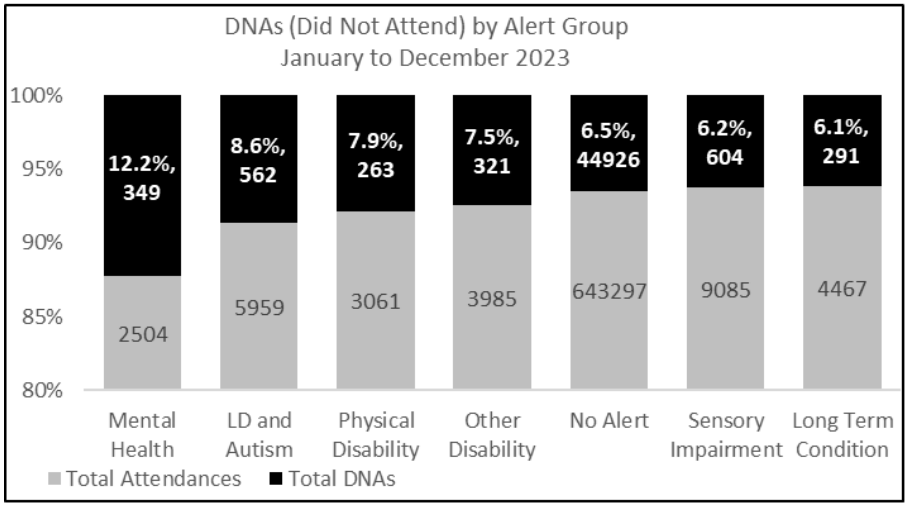
University Hospitals Bristol and Weston NHS Foundation Trust

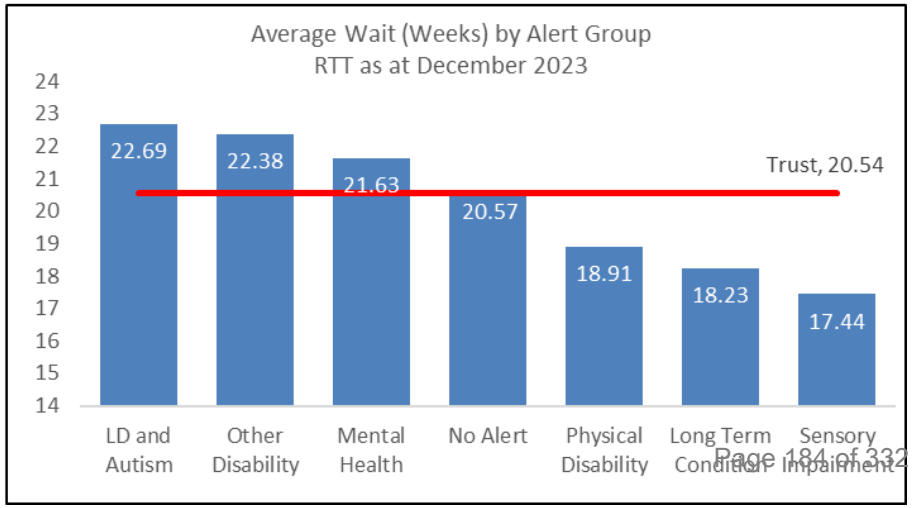
Reporting Month: December 2023

STANDARD HEALTH INEQUALITIES (Referral To Treatment and Outpatient Did Not Attends)









Integrated Quality & Performance Report

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: December 2023

STANDARD HEALTH INEQUALITIES (Referral To Treatment and Outpatient Did Not Attends)

DNA

Ethnic Group	DNAs	Attendances	Total Scheduled	DNA Rate
Black	2,585	19,853	22,438	11.5%
Mixed	1,430	14,098	15,528	9.2%
Asian	1,659	17,580	19,239	8.6%
Other Ethnic Groups	777	8,719	9,496	8.2%
Unknown	7,806	100,731	108,537	7.2%
White	32,751	507,316	540,067	6.1%
Total	**47,008**	**668,297**	**715,305**	**6.6%**

Alert	DNAs	Attendances	Total Scheduled	DNA Rate
Mental Health	349	2,504	2,853	12.2%
LD and Autism	562	5,959	6,521	8.6%
Physical Disability	263	3,061	3,324	7.9%
Other Disability	321	3,985	4,306	7.5%
No Alert	44926	643,297	688,223	6.5%
Sensory Impairment	604	9,085	9,689	6.2%
Long Term Condition	291	4,467	4,758	6.1%
One or more alert	2,082	25,000	27,082	7.7%
Total	**47,008**	**668,297**	**715,305**	**6.6%**

RTT

Ethnic Group	Average Wait (Weeks)	Total 52+ Week Pathways	Total Pathways	% of 52+ Week Pathways
Mixed	21.65	84	1,178	7.1%
Unknown	21.35	997	16,238	6.1%
White	20.25	1,953	39,339	5.0%
Black	19.91	90	1,597	5.6%
Asian	19.76	57	1,427	4.0%
Other Ethnic Groups	19.22	34	781	4.4%
Trust Total	**20.54**	**3,215**	**60,560**	**5.3%**

Alert	Average Wait (Weeks)	Total 52+ Week Pathways	Total Pathways	% of 52+ Week Pathways
LD and Autism	22.69	35	430	8.1%
Other Disability	22.38	24	256	9.4%
Mental Health	21.63	12	227	5.3%
No Alert	20.57	3,131	58,969	5.3%
Physical Disability	18.91	7	191	3.7%
Long Term Condition	18.23	7	293	2.4%
Sensory Impairment	17.44	20	482	4.1%
One or more alert	19.62	84	1,591	5.3%
Trust Total	**20.54**	**3,215**	**60,560**	**5.3%**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Trust Board in Public on Tuesday 12th March 2024

Report Title	**Maternity Assurance Report**
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 trust board with monthly oversight regarding the safety metrics of the maternity and neonatal services for the month of January 2024.

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

This report is a standing agenda item as per the recommendations set out in the Maternity Incentive Scheme (MIS) Year 5 and the NHS England report, *Implementing a revised perinatal quality surveillance model.*

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

7247 – Risk that BAPM standards will not be met if there are not enough Qualified in Speciality (QIS) nurses (score 20)

7283 – Risk that patient safety investigations may be hindered by the quality of data and documentation recorded within BadgerNet (score 16)

1048 – Risk that level 3 safeguarding training targets are not met (score 12)

6525 – Risk that patient care could be compromised due to a lack of centralised CTG monitoring

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 previously been received.

N/A	N/A

We are supportive respectful innovative collaborative. We are UHBW.

University Hospitals Bristol and Weston NHS Foundation Trust

Maternity Assurance Report

1. Purpose

This report provides the trust board with monthly oversight regarding the safety metrics of the maternity and neonatal services for the month of January 2024 and is a standing agenda item as per the recommendations set out in the Maternity Incentive Scheme (MIS) Year 5 and the NHS England report, *Implementing a revised perinatal quality surveillance model.*

This report includes an update to the Trust Board on the following maternity related activities:

- Perinatal SWOT analysis
- Perinatal critical incidents trends and exceptions
- Perinatal Quality Surveillance Model
- Three year single delivery plan for maternity and neonatal services
- Ockenden Immediate and Essential Actions (IEA's)
- CNST Maternity Incentive Scheme (MIS) Year 5 (including implementation of Saving Babies Lives Version 3)
- CQC Update

2. Perinatal SWOT Analysis

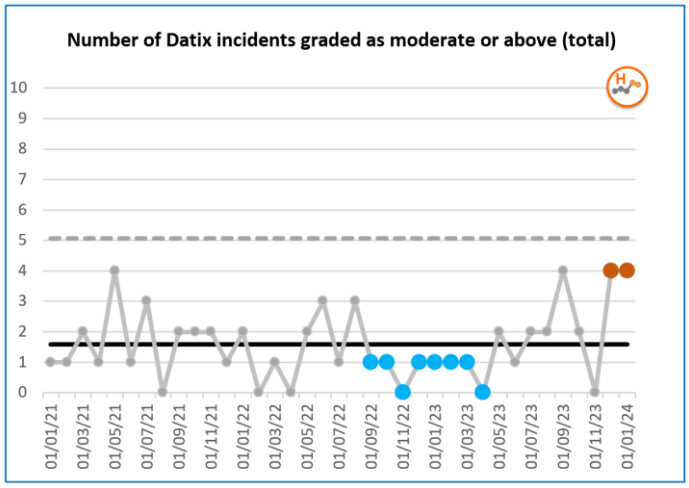
Strengths	➢ Overall positive CQC reports for both St Michaels and Ashcombe sites. ➢ Positive Insights visit by the LMNS and NHSEI took place on the 17th of January 2024.
Weaknesses	➢ Compliance with medical safeguarding training also below target – Clinical Lead working with Safeguarding team to improve. ➢ Compliance with BAPM nursing standard (70% BAPM/QIS trained) remains challenging.
Opportunities	➢ Joint work streams with NBT to aid completion of the Three year delivery plan for maternity and neonatal services ➢ Reinstatement of the PPH Forum
Threats	➢ Ongoing concerns relating to the quality of data captured within BadgerNet and the quality of information available to

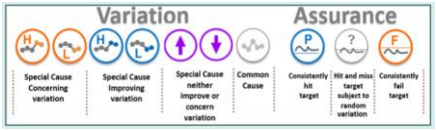
University Hospitals Bristol and Weston NHS Foundation Trust

	Women regarding their pregnancy within the App.

3. Perinatal critical incidents trends and exceptions

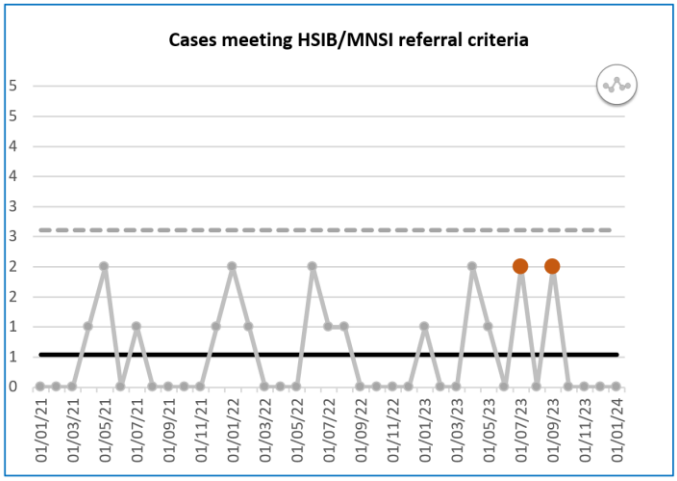
3.1 <u>All moderate harm or above incidents</u>

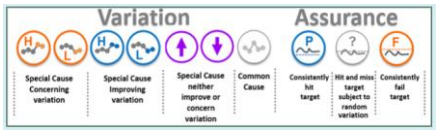




We have seen an increase in the volume of incidents meeting the criteria of moderate harm (or above) during December and January. Reviews into these incidents are ongoing, further details are provided in the 'Maternity Serious Incidents Report' for Private Board.

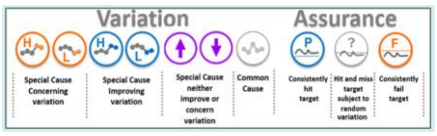
3.2 <u>Incidents which meet the referral criteria for the Maternity and Newborn Safety Investigations programme (MNSI – previously known as HSIB)</u>



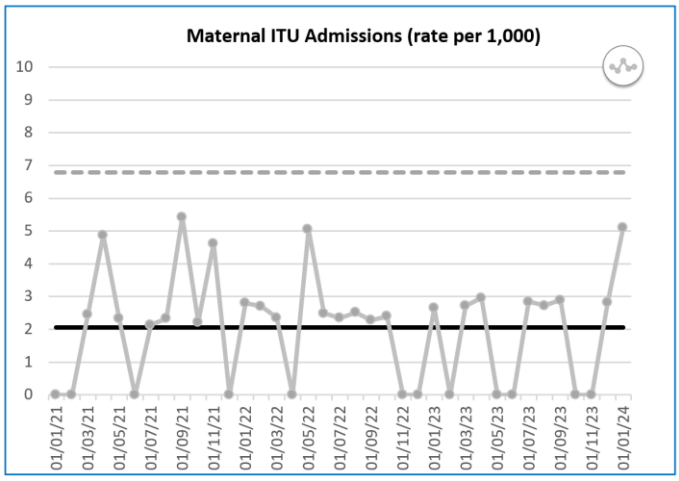


Since September 2023 we have had no cases which meet the referral criteria for an MNSI investigation.

A referral was submitted in January 2024 relating to a suspected hypoxic-ischaemic encephalopathy (HIE) case of a newborn baby who collapsed at home – following an initial review this has been rejected by MNSI as not meeting their referral criteria due to the suspicion of an underlying metabolic condition. The Baby's MRI showed no evidence of an HIE injury – although evidence of a hypoglycaemic injury could be seen.

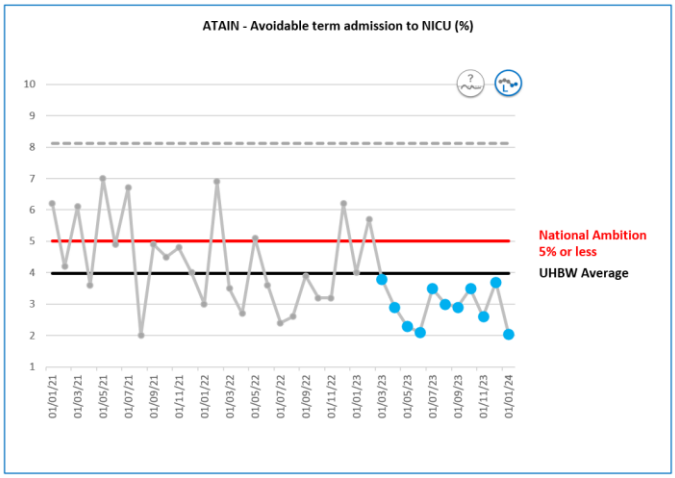


3.3 Maternal ITU Admission



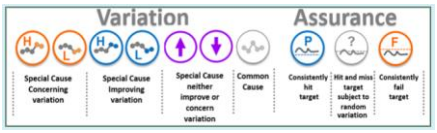
There were two maternal transfers to ITU (A600) during January. Further details are provided in the 'Maternity Serious Incidents Report' for Private Board.

3.4 ATAIN - Avoidable term neonatal admissions to NICU (>37 weeks gestation) neonatal admissions to NICU

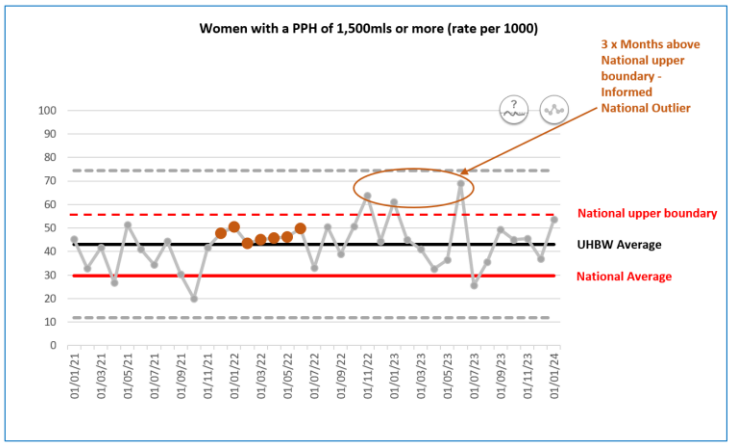


Our Avoidable term admissions to NICU continue to follow a positive downward trend. A review of our ATAIN review process was undertaken in December and a revised schedule of monthly multidisciplinary review meetings commenced in January.

The quarterly ATAIN report for quarter 3 (October to December 2023) and updated action plan is currently being prepared and will be available for sharing next Month.

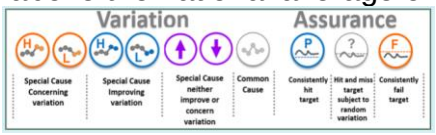


3.5 <u>Postpartum haemorrhage greater than 1.5 litres</u>



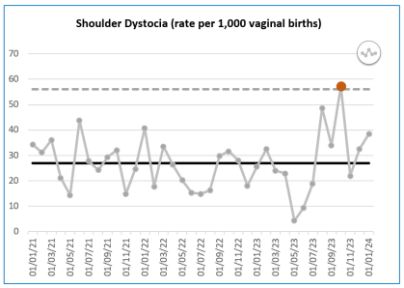
Our postpartum haemorrhage (PPH) rates, where a loss greater than 1.5 litres has been reported, identifies UHBW as an outlier, due to three months where our rates were above the national upper boundary (56.5 per 1000 births).

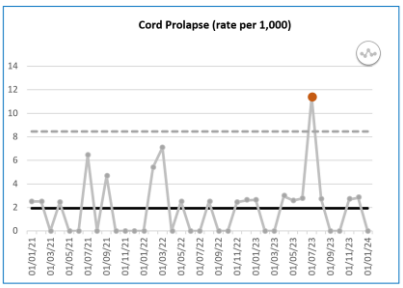
Our average rate of 43.1 per 1000 births is consistently above the national average of 31.0 per 1000 births.

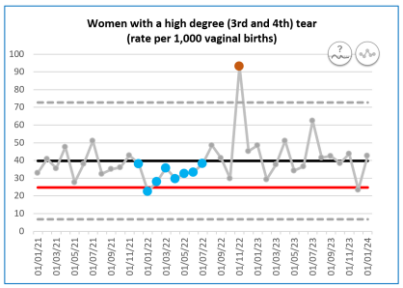


In view of this the QPS obstetric lead has reinstated the monthly PPH forum to review individual cases of interest, identify themes, and look at designing a PPH quality improvement project.

3.6 Additional metrics monitored (no specific points to note)







4. Perinatal Quality Surveillance Matrix (PQSM)

See attached.

Following the launch of BadgerNet an enhanced version of the PQSM is now available (see separate tab in attached PQSM excel document), with the aim to provide further oversight of maternity/neonatal data.

5. Three year single delivery plan for maternity and neonatal services

The Three year delivery plan for maternity and neonatal services was published on the 30th March 2023 and includes objectives for completion under the following four themes:

- Listening to and working with women and families with compassion
- Growing, retaining, and supporting our workforce
- Developing and sustaining a culture of safety, learning and support
- Standards and structures that underpin safer, more personalised, and more equitable care

An LMNS review of the Three year delivery plan is scheduled for the 4th of March, during which shared work streams with NBT will be discussed and agreed.

A monthly UHBW meeting to review progress with the Three year delivery plan will be organised which will be chaired by Nicola Nelson, Deputy Director of Midwifery & Nursing.

6. Ockenden Immediate and Essential Actions (IEA's)

Link to: Ockenden Report

IEA	Completed and evidenced	Blue (Completed, awaiting evidence submission)	Green	Amber	Red	N/A for UHBW or National Actions	Total actions
1	9	1	0	0	0	1	11
2	6	2	0	0	0	2	10
3	4	1	0	0	0	0	5
4	5	1	0	0	0	1	7
5	4	1	2	0	0	0	7
6	0	2	0	0	0	1	3
7	8	0	1	0	0	0	9
8	1	3	1	0	0	0	5
9	1	1	1	0	0	1	4
10	4	0	1	1	0	0	6
11	2	1	1	0	0	1	5
12	0	4	0	0	0	0	4
13	2	0	2	0	0	0	4
14	4	0	2	1	0	1	8
15	0	2	1	0	0	0	3
TOTAL	49	19	12	2	0	8	91

We currently have no IEA's that require immediate remedial action (Red).

68 IEAs have been completed (34 of which are pending evidence submission and sign off)

12 IEAs are on target (Green) with an anticipated completion date by the end of March 2024.

There are currently 2 Amber IEAs which means that some action is still required, a breakdown of the outstanding Amber actions is provided below:

IEA 10-6 - Centralised CTG monitoring system must be made mandatory in obstetric units across England to ensure regular multi-professional review of CTGs

IEA 14-8 - Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs) and nurses are available in every type of unit to deliver safe care 24/7 in line with national service specifications

7. CNST Maternity Incentive Scheme (MIS) Year 5

The declaration form confirming that the Trust CEO and ICB Accountable Officer are satisfied that the evidence provided to declare compliance with/achievement of the ten maternity safety actions (as set out in the safety actions and technical guidance document) has been submitted to NHS Resolution. We anticipation confirmation will be received from NHS Resolution early in the next financial year.

8. CQC Update

A CQC maternity inspection was undertaken on the 5th and 6th of December 2023 and a the final maternity reports for St Michaels (Bristol) and Ashcombe (Weston) were received from the CQC on the 22nd of February 2024.

The CQC maternity ratings for each service are as follows:

	Overall	Safe	Well-Led
St Michaels (UHBW)	**Good**	**Requires Improvement**	**Good**
Ashcombe (Weston)	**Good**	**Good**	**Good**

A formal action plan to address each of the issues identified will now be prioritised; this will be co-ordinated by Stuart Metcalfe, Head of clinical audit and effectiveness.

9. Recommendations

This report is for Information.

NHS University Hospitals Bristol and Weston NHS Foundation Trust

UHBW perinatal quality surveillance matrix

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Year to date average	Trend
Activity														
NICU admission rate at term (excluding surgery and cardiac) % target 5%	4%	5.7%	3.8%	2.9%	2.3%	2.1%	3.5%	3.0%	2.9%	3.5%	2.6%	3.7%		
Number of babies born alive at >=22 to 26+6 weeks gestation (for regional team LMNS)	2	1	2	0	2	2	2	1	5	0	1	2	2	
Number of babies born alive at >=24 to 36+6 weeks gestation (MBRRACE)	30	20	25	29	26	32	38	25	34	17	26	32	28	
Number of women who gave birth all gestations from 22+0 weeks	377	333	367	337	385	362	351	365	345	355	373	353	359	
total number of registerable births from 22/40	386	337	371	341	389	371	359	368	356	360	376	351	364	
Induction of Labour rate %	40.2%	36.2%	33.4%	37.0%	32.6%	37.2%	40.1%	32.1%	30.7%	35.7%	36.2%	37.4%	35.7%	
Unassisted Birth rate %	45.3%	47.2%	41.2%	51.3%	44.7%	43.9%	46.8%	40.2%	46.0%	47.2%	44.7%	47.3%	45.5%	
Assisted Birth rate %	17.1%	17.8%	15.4%	13.5%	15.9%	15.4%	13.6%	16.0%	13.6%	11.0%	15.9%	13.6%	14.9%	
Caesarean Section rate (overall) %	37.6%	35.0%	43.4%	33.4%	39.3%	40.7%	39.6%	43.8%	40.2%	41.7%	39.4%	38.8%	39.4%	
Elective Caesarean Section rate %	17.4%	15.7%	18.9%	12.6%	18.0%	18.3%	15.3%	20.9%	18.8%	17.4%	17.3%	14.4%	17.1%	
Emergency Caesarean Section rate %	20.2%	19.3%	24.5%	20.8%	21.3%	22.4%	24.2%	22.8%	21.4%	24.3%	22.1%	24.1%	22.3%	
Perinatal Morbidity and Mortality inborn														
Total number of perinatal deaths (excluding late fetal losses)	4	3	1	1	4	1	1	0	3	2	3	4		
Number of late fetal losses 16+0 to 23+6 weeks excl TOP	5	0	5	6	7	3	2	3	0	2	2	1		
Number of stillbirths (>=24 weeks excl TOP)	1	0	0	0	2	1	0	0	1	1	0	3		
Number of neonatal deaths : 0-6 Days	1	3	1	1	0	0	0	0	1	0	0	1		
Number of neonatal deaths : 7-28 Days	1	0	0	0	2	0	1	0	1	2	3	0		
PMRT grading C or D themes in report	0	0	0	2	0	2	0	1	1	2	0	0		
Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (HSIB referral)	1	0	0	1	0	0	2	1	1	0	0	0		
Maternal Morbidity and Mortality														
Number of maternal deaths (MBRRACE)	1	0	0	1	0	0	0	0	0	0	0	0		
Direct causes	0	0	0	1	0	0	0	0	0	0	0	0		
Indirect causes	1	0	0	0	0	0	0	0	0	0	0	0		
number of women who received enhanced maternal care on CDS	22	28		27	27	27	Data pending	Data pending	Data pending	Data pending	Data pending	Data pending		
Number of women who received level 3 care (ITU or CCU)	1	0	1	1	0	0	1	1	1	0	0	1		
Insight														

Number of datix incidents graded as moderate or above (total)	1	1	1	0	2	1	2	2	4	2	0	4		
Datix incident moderate harm (not PSII, excludes HSIB)	0	0	0	0	0	1	2	1	2	2	0	0		
Datix incident PSII (excludes HSIB)	0	1	0	0	0	0	0	1	0	0	0	4 x awaiting RIR meeting		
New HSIB referrals accepted	1	0	0	0	1	0	3	0	2	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		
Workforce														
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) BAPM standard is 70%	65%	57%	54%	55%	52.2 %	52.8%	57.0%					60.7%		
Datix related to workforce (service provision/staffing)	13	3	8	10	6	6	5	10	23	21	14	11		
Consultant Led MDT ward rounds on CDS (minimum 2 per 24 hours) day staff	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Consultant Led MDT ward rounds on CDS with day to night staff handover	0%	86%	87%	83%	87%	87%	81%	87%	85%	85%	87%	83%		
One to one care in labour (as a percentage)* excludes BBAs	100%	100%	100%	100%	100%	99.7%	99.7%	100%	98.5%	99%	99%	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	1	0	1	0	2	0	0	0	1	1	0	0		
in-utero transfers														
in-utero transfers accepted										8	8	11		
in-utero transfers declined	3	1	1*						5	Data pending	Data pending	Data pending		
ex-utero transfers														
ex-utero transfers accepted	1	0	1	0	16	14	Data pending	Data pending	Data pending	10	17	10		
ex-utero transfers declined	1	0	3	0	0	0	Data pending	Data pending	Data pending	Data pending	Data pending	Data pending		
NICU babies transferred to another unit due to capacity/staffing	2	0	1	1	0	0	Data pending	Data pending	0	5	4	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%	100%	100%	100%	No Responses Recorded	100%	100%	100%	Data pending		
Friends and family Test score (response rate % who rated 'very good' or 'good') maternity	98.3%	98.6%	100%	97.7%	98.9%	98.5%	97.6%	100%	95%	97.2%	99.6%	Data pending		
Service User feedback: Number of Compliments (formal)	25	15	15	9	36	25	13	26	14	25	28	Data pending		
Service User feedback: Number of Complaints (formal)	5	4	5	3	3	3	1	1	3	1	2	Data pending		

		Staff feedback from frontline champions and walk-abouts (number of themes)				3	4	4	0	0	3	0	1	1		
		Improvement														
		Progress in achievement of CNST /10	10	10	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 standards in	1 completed Work towards remaining 9 standards in	10		
		Training compliance in maternity emergencies and multi-professional training (PROMPT) midwives* includes NBLS	95%	94%	93%	95%	94%	89%	88%	91%	93%	93%	94%	95%		
		Training compliance in maternity emergencies and multi-professional training (PROMPT) obstetricians* includes NBLS	77%	70%	77%	82%	76%	49%	49%	48%	65%	76%	88%	94%		
		Training compliance in maternity emergencies and multi-professional training (PROMPT) anaesthetists	91%	89%	78%	88%	81%	72%	70%	74%	47%	60%	74%	82%		
		Training compliance in maternity emergencies and multi-professional training (PROMPT)maternity care assistants* includes BNLS	85%	85%	78%	76%	77%	58%	61%	62%	74%	79%	79%	94%		
		Training compliance annual local NBLS (NICU) nurses	57%				82%	80%	85%	Data pending	Data pending	Data pending	Data pending	91.4%		
		Training compliance annual local NBLS (NICU) doctors	91%					91%	97%			97%	97%	100%		
		Training compliance fetal wellbeing day midwives	89%	89%	88%	89%	79%	58%	58%	61%	61%	72%	74%	95%		
		Training compliance fetal wellbeing day doctors	79%	79%	79%	83%	75%	40%	40%	33%	32%	54%	61%	90%		
		Training compliance core competency 4. personalised care			85%		89%	90.4%	90.3%	90.3%	90.4%	88.7%	90%	90.1%		
		Continuity of Carer (overall percentage)	37%	40%	39%	35%	36%	42%	36.5%	39.8%	41.5%	Data pending	Data pending	Data pending		
		Trust Level Risks (number shared with LMNS)* score 12 or >	9	9	9		14	15		12	17	17	19	19		

UHBW perinatal quality surveillance matrix

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Year to date average	Trend
Activity														
NICU admission rate at term (excluding surgery and cardiac) % target 5%	2.04%													
Number of babies born alive at >=22 to 26+6 weeks gestation (for regional team LMNS)	2													
Number of babies born alive at >=24 to 36+6 weeks gestation (MBRRACE)	28													
Number of women who gave birth all gestations from 22+0 weeks	392													
total number of registerable births from 22/40	394													
Induction of Labour rate %	34.5%													
Unassisted Birth rate %	42.2%													
Assisted Birth rate %	17.3%													
Caesarean Section rate (overall) %	40.5%													
Elective Caesarean Section rate %	20.5%													
Emergency Caesarean Section rate %	19.5%													
Perinatal Morbidity and Mortality inborn														
Total number of perinatal deaths (excluding late fetal losses)	3													
Number of late fetal losses 16+0 to 23+6 weeks excl TOP	1													
Number of stillbirths (>=24 weeks excl TOP)	2													
Number of neonatal deaths : 0-6 Days	0													
Number of neonatal deaths : 7-28 Days	0													
PMRT grading C or D themes in report	1													
Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (HSIB referral)	1													
Maternal Morbidity and Mortality														
Number of maternal deaths (MBRRACE)	0													
Direct causes	0													
Indirect causes	0													
number of women who received enhanced maternal care on CDS	0													
Number of women who received level 3 care (ITU or CCU)	2													
Insight														

	Number of datix incidents graded as moderate or above (total)	4														
	Datix incident moderate harm (not PSII, excludes HSIB)	2														
	Datix incident PSII (excludes HSIB)	2 x Awaiting RIR Review														
	New HSIB referrals accepted	0														
	Outlier reports (eg. HSIB/NHSR/CQC) or other organisation with a concern or request for action made directly with Trust	0														
	Coroner Reg 28 made directly to Trust	0														
	Workforce															
	Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) BAPM standard is 70%	61%														
	Datix related to workforce (service provision/staffing)	8														
	Consultant Led MDT ward rounds on CDS (minimum 2 per 24 hours) day staff	100%														
	Consultant Led MDT ward rounds on CDS with day to night staff handover	74.2%														
	One to one care in labour (as a percentage)* excludes BBAs	100%														
	Compliance with supernumerary status for labour ward coordinator	100%														
	Number of times maternity unit attempted to divert or on divert	1														
	in-utero transfers															
	in-utero transfers accepted	7														
	in-utero transfers declined	Data pending														
	ex-utero transfers															
	ex-utero transfers accepted	7														
	ex-utero transfers declined	Data pending														
	NICU babies transferred to another unit due to capacity/staffing	1														
	attempted baby abduction	0														
	Number of consultant non-attendance to 'must attend' clinical situations	0														
	Involvement															
	Friends and family Test score (response rate % who rated 'very good' or 'good') NICU	Data pending														
	Friends and family Test score (response rate % who rated 'very good' or 'good') maternity	Data pending														
	Service User feedback: Number of Compliments (formal)	7														
	Service User feedback: Number of Complaints (formal)	0														

		Staff feedback from frontline champions and walk-abouts (number of themes)	3													
		Improvement														
		Progress in achievement of CNST /10	10 (Year 5)													
		Training compliance in maternity emergencies and multi-professional training (PROMPT) midwives* includes NBLS	91%													
		Training compliance in maternity emergencies and multi-professional training (PROMPT) obstetricians* includes NBLS	78%													
		Training compliance in maternity emergencies and multi-professional training (PROMPT) anaesthetists	92%													
		Training compliance in maternity emergencies and multi-professional training (PROMPT)maternity care assistants* includes BNLS	89%													
		Training compliance annual local NBLS (NICU) nurses	73.9%													
		Training compliance annual local NBLS (NICU) doctors	100%													
		Training compliance fetal wellbeing day midwives	90%													
		Training compliance fetal wellbeing day doctors	69%													
		Training compliance core competency 4. personalised care	90.7%													
		Continuity of Carer (overall percentage)	Data Pending													
		Trust Level Risks (number shared with LMNS)* score 12 or >	21													

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

UHBW perinatal quality surveillance matrix

	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Year to date average	Trend
Antenatal Activity															
Number of women booked for maternity care											423	444	368		
% of women booked before 13 weeks gestation											82.3%	82.9%	83.9%		
% of women with an antenatal care pathway (consultant/midwife/shared) identifed at booking											80.4%	73.2%	64.4%		
% of pregnancies where a risk status for FGR is identified and recorded at booking											96.5%	97.3%	98.4%		
% of women with a smoking status recorded at booking											99.1%	99.5%	99.7%		
% of women with a CO level recored at booking											90.5%	85.4%	90.5%		
% of women recorded as a 'smoker' at booking											4.5%	8.7%	5.40%		
of which a smoking referral was completed											84.2%	66.7%	75.0%		
Number of women reaching 37 weeks gestation											338	348	381		
of which attended an antenatal /care contact between 35+0 and 36+6 weeks											310	307	233		
of which % of women with a smoking status recorded											48.5%	64.5%	70.6%		
of which % of women with a CO level recorded											71.9%	78.8%	73.4%		
Number of Triage Attendances											542	488	471		
of which % initial assessment completed within 15 mins											62.7%	65.0%	60.3%		
Birth Activity															
Number of women who gave birth all gestations from 22+0 weeks		377	333	367	337	385	362	351	365	345	355	373	353	359	
total number of registerable births from 22/40		386	337	371	341	389	371	359	368	356	360	376	351	364	
Sets of Twins											5	3	3		
Sets of Triplets											0	0	0		
% of registerable births (babies) born in hospital											98.1%	97.3%	97.4%		
% of registerable births (babies) born at home											1.4%	1.6%	1.7%		
% of registerable births (babies) unintentionally born before arrival (BBA) at hospital											0.6%	1.1%	0.9%		
Number of babies born alive at >=22 to 26+6 weeks gestation (for regional team LMNS)		2	1	2	0	2	2	2	1	5	0	1	2	2	
Number of babies born alive at >=24 to 36+6 weeks gestation (MBRRACE)		30	20	25	29	26	32	38	25	34	17	26	32	28	

Sepsis 6 Pathway - number of notes with amber trigger											4	3	7		
Sepsis 6 Pathway - number of notes with red trigger											14	14	8		
of which action achieved within 1 hour											4	2	0		
Unassisted Birth rate %		45.3%	47.2%	41.2%	51.3%	44.7%	43.9%	46.8%	40.2%	46.0%	47.2%	44.7%	47.3%	45.5%	
Assisted (Forceps/Ventouse) Birth rate %		17.1%	17.8%	15.4%	13.5%	15.9%	15.4%	13.6%	16.0%	13.6%	11.0%	15.9%	13.6%	14.9%	
Caesarean Section rate (overall) %		37.6%	35.0%	43.4%	33.4%	39.3%	40.7%	39.6%	43.8%	40.2%	41.7%	39.4%	38.8%	39.4%	
Elective Caesarean Section rate %		17.4%	15.7%	18.9%	12.6%	18.0%	18.3%	15.3%	20.9%	18.8%	17.4%	17.3%	14.4%	17.1%	
Emergency Caesarean Section rate %		20.2%	19.3%	24.5%	20.8%	21.3%	22.4%	24.2%	22.8%	21.4%	24.3%	22.1%	24.1%	22.3%	
of which % completed following failed instrumental delivery											6.8%	4.1%	3.7%		
number of Grade 1 EMCS delivered outside of 30 minutes	Target = 0										6	2	2		
number of Grade 2 EMCS delivered outside of 75 minutes	Target = 0										12	10	16		
Number of shoulder dystocias recorded (vaginal births)											12	5	7		
% of women with a high degree (3rd and 4th) tear recorded											2.2%	2.7%	1.4%		
% of women with a retained placenta following birth requiring MROP											3.7%	1.6%	1.1%		
% of women with a PPH 500-999mls											27.0%	24.9%	24.7%		
% of women with a PPH 1000-1499mls											7.0%	7.5%	6.3%		
% of women with a PPH 1500-1999mls											2.0%	2.9%	2.9%		
% of women with a PPH 2000mls +											2.5%	1.6%	0.9%		
Induction of Labour rate %		40.2%	36.2%	33.4%	37.0%	32.6%	37.2%	40.1%	32.1%	30.7%	35.7%	36.2%	37.4%	35.7%	
Number of Inductions											134	141	136		
of which were commenced on the planned (lower) IOL date or earlier											14.2%	20.6%	19.1%		
of which did not have a booking form completed (unable to calculate delay)											15.7%	7.8%	8.1%		
of which had a recorded delay - IOL commenced more than 24hours after the planned (lower) IOL date											70.1%	71.6%	72.8%		
of which the mean (average) delay experience was											57.14 hours	43.97 hours	44.36 hours		
of which experienced a delay of up to 24 hours											26.1%	22.7%	33.1%		
of which expereienced a delay between 25 and 48 hours											14.9%	24.8%	13.2%		
of which experienced a delay between 49 and 72 hours											6.7%	16.3%	8.1%		
of which experenced a delay between 73 and 96 hours											7.5%	0.7%	10.3%		
of which experencied a delay > 97 hours											14.9%	7.1%	8.1%		

of which breached (upper) prioritisation IOL date											39.5%	19.9%	33.1%		
% of babies with an Apgrar Score <7 at 5 mins											0.8%	1.3%	1.9%		
Infant Feeding & Skin to Skin established															
% of babies where breastfeeding initiated within 48 hours											82.7%	80.1%	81.3%		
% of babies breastfeeding on Day 10											79.5%	71.5%	73.2%		
% of babies breastfeeding at transfer to community											66.2%	65.0%	65.6%		
% of babies where skin to skin recorded within 1st hour of birth											69.1%	66.4%	75.0%		
Perinatal Morbidity and Mortality inborn															
Total number of perinatal deaths (excluding late fetal losses)		4	3	1	1	4	1	1	0	3	3	3	4		
Number of late fetal losses 16+0 to 23+6 weeks excl TOP		5	0	5	6	7	3	2	3	0	2	2	1		
Number of stillbirths (>=24 weeks excl TOP)		1	0	0	0	2	1	0	0	1	1	0	3		
Stillbirths per 1000 live births		2.6	0.0	0.0	0.0	5.1	2.7	0.0	0.0	2.8	2.8	0.0	8.5	2.0	
Number of neonatal deaths : 0-6 Days		1	3	1	1	0	0	0	0	1	0	0	1		
Number of neonatal deaths : 7-28 Days		1	0	0	0	2	0	1	0	1	2	3	0		
Neonatal Deaths before 28 days per 1000 live births (ALL)		5.2	8.9	2.7	2.9	5.1	0.0	2.8	0.0	5.6	5.6	7.9	2.9	4.1	
* NND before 28 days per 1000 live births (Inborn babies only)		5.2	3.0	0.0	2.9	5.1	0.0	2.8	0.0	2.8	0.0	0.0	2.9	2.1	
PMRT grading C or D themes in report		0	0	0	2	0	3	0	1	1	2	0	0		
Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (MNSI/HSIB referral)		1	0	0	1	0	0	2	1	1	0	0	0		
Maternal Morbidity and Mortality															
Number of maternal deaths (MBRRACE)		1	0	0	1	0	0	0	0	0	0	0	0		
Direct causes		0	0	0	1	0	0	0	0	0	0	0	0		
Indirect causes		1	0	0	0	0	0	0	0	0	0	0	0		
Number of women who received level 3 care (ITU or CCU)		1	0	1	1	0	0	1	1	1	0	0	1		
Insight															
Number of datix incident reported											208	166	160		
Number of datix incidents graded as moderate or above (total)		1	1	1	0	2	1	2	2	4	2	0	4		
Datix incident moderate harm (not PSII, excludes HSIB)		0	0	0	0	0	1	2	1	2	2	0	0		
Datix incident PSII (excludes HSIB)		0	1	0	0	0	0	0	1	0	0	0	4 x awaiting RIR meeting		
New HSIB referrals accepted		1	0	0	0	1	0	3	0	2	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 >		9	9	9		14	15		12	17	17	19	19		
Workforce															
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) BAPM standard is 70%	70%	65%	57%	54%	55%	52.2 %	52.8%	57.0%					60.7%		
Datix related to workforce (service provision/staffing)		13	3	8	10	6	6	5	10	23	21	14	11		
Consultant Led MDT ward rounds on CDS (minimum 2 per 24 hours) day staff		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Consultant Led MDT ward rounds on CDS with day to night staff handover		0%	86%	87%	83%	87%	87%	81%	87%	85%	85%	87%	83%		
One to one care in labour (as a percentage)* excludes BBAs		100%	100%	100%	100%	100%	99.7%	99.7%	100%	98.5%	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		1	0	1	0	2	0	0	0	1	1	0	0		
NICU Data															
Neonatal Admission to NICU											40	45	43		
of which Inborn Babies booked with UHBW											20	18	16		
of which Inborn Babies -booked elsewhere											8	8	11		
of which readmission											1	2	3		
of which ex-utero admission											10	17	10		
of which source of admision cannot be derived											1	0	3		
Neonatal Admission to Transitional Care											25	25	31		
Admission rate at term (excluding surgery and cardiac) % target 5%		4%	5.7%	3.8%	2.9%	2.3%	2.1%	3.5%	3.0%	2.9%	3.5%	2.6%	3.7%	3.3%	
NICU babies transferred to another unit for higher/specialist care		0	0	0	2	1	2	0	2	0	2	1	4		
NICU babies transferred to another unit due to a lack of available resources		4	0	4	1	2	1	1	5	3	2	4	0		
NICU babies transferred to another unit due to insufficient staffing		1	2	0	0	0	1	0	0	0	3	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%	80%	100%	100%	100%	100%	No Responses Recorded	100%	100%	100%	100%		
Friends and family Test score (response rate % who rated 'very good' or 'good') maternity		98.3%	98.6%	100%	97.7%	98.9%	98.5%	97.6%	100%	95%	97.2%	99.6%	99.3%		
Service User feedback: Number of Compliments (formal)		25	15	15	9	36	25	13	26	14	25	28	None Recorded		

Service User feedback: Number of Complaints (formal)		5	4	5	3	3	3	1	1	3	1	2	6		
Staff feedback from frontline champions and walk-abouts (number of themes)					3	4	4	0	0	3	0	1	1		
Improvement															
Progress in achievement of CNST /10		10	10	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 standards in progress	1 completed Work towards remaining 9 standards in progress	10		
Training compliance in maternity emergencies and multi-professional training (PROMPT) midwives* includes NBLS		95%	94%	93%	95%	94%	89%	88%	91%	93%	93%	94%	95%		
Training compliance in maternity emergencies and multi-professional training (PROMPT) obstetricians* includes NBLS		77%	70%	77%	82%	76%	49%	49%	48%	65%	76%	88%	94%		
Training compliance in maternity emergencies and multi-professional training (PROMPT) anaesthetists		91%	89%	78%	88%	81%	72%	70%	74%	47%	60%	74%	82%		
Training compliance in maternity emergencies and multi-professional training (PROMPT)maternity care assistants* includes BNLS		85%	85%	78%	76%	77%	58%	61%	62%	74%	79%	79%	94%		
Training compliance annual local NBLS (NICU) nurses		57%				82%	80%	85%					91.4%		
Training compliance annual local NBLS (NICU) doctors		91%					91%	97%			97%	97%	100%		
Training compliance fetal wellbeing day midwives		89%	89%	88%	89%	79%	58%	58%	61%	61%	72%	74%	95%		
Training compliance fetal wellbeing day doctors		79%	79%	79%	83%	75%	40%	40%	33%	32%	54%	61%	90%		
Training compliance core competency 4. personalised care				85%		89%	90.4%	90.3%	90.3%	90.4%	88.7%	90%	90.1%		
Continuity of Carer (overall percentage)		37%	40%	39%	35%	36%	42%	36.5%	39.8%	41.5%	Data pending	Data pending	Data pending		

University Hospitals Bristol and Weston NHS Foundation Trust

UHBW perinatal quality surveillance matrix

	Antenatal Activity	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Year to date average	Trend
	Number of women booked for maternity care		473													
	% of women booked before 13 weeks gestation		83%													
	% of women with an antenatal care pathway (consultant/midwife/shared) identifed at booking		48.7%													
	% of pregnancies where a risk status for FGR is identified and recorded at booking		97.5%													
	% of women with a smoking status recorded at booking		99.2%													
	% of women with a CO level recored at booking		86%													
	% of women recorded as a 'smoker' at booking		7%													
	of which a smoking referral was completed		64.9%													
	Number of women reaching 37 weeks gestation		366													
	of which attended an antenatal /care contact between 35+0 and 36+6 weeks		344													
	of which % of women with a smoking status recorded		71.2%													
	of which % of women with a CO level recorded		70.9%													
	Number of Triage Attendances		499													
	of which % initial assessment completed within 15 mins		68.1%													
	Birth Activity															
	Number of women who gave birth all gestations from 22+0 weeks		392													
	total number of registerable births from 22/40		394													
	Sets of Twins		3													
	Sets of Triplets		0													
	% of registerable births (babies) born in hospital		97%													
	% of registerable births (babies) born at home		3%													
	% of registerable births (babies) unintentionally born before arrival (BBA) at hospital		0%													
	Number of babies born alive at >=22 to 26+6 weeks gestation (for regional team LMNS)		2													
	Number of babies born alive at >=24 to 36+6 weeks gestation (MBRRACE)		28													
	Sepsis 6 Pathway - number of notes with amber trigger		4													

Sepsis 6 Pathway - number of notes with red trigger		2													
of which action achieved within 1 hour		0													
Unassisted Birth rate %		42.2%													
Assisted (Forceps/Ventouse) Birth rate %		17.3%													
Caesarean Section rate (overall) %		40.5%													
Elective Caesarean Section rate %		20.5%													
Emergency Caesarean Section rate %		19.5%													
of which % completed following failed instrumental delivery		1.9%													
number of Grade 1 EMCS delivered outside of 30 minutes	Target = 0	3													
number of Grade 2 EMCS delivered outside of 75 minutes	Target = 0	16													
Number of shoulder dystocias recorded (vaginal births)		9													
% of women with a high degree (3rd and 4th) tear recorded		3.6%													
% of women with a retained placenta following birth requiring MROP		1.3%													
% of women with a PPH 500-999mls		20.0%													
% of women with a PPH 1000-1499mls		8.5%													
% of women with a PPH 1500-1999mls		4.1%													
% of women with a PPH 2000mls +		0.3%													
Induction of Labour rate %		34.5%													
Number of Inductions		130													
of which were commenced on the planned (lower) IOL date or earlier		10.8%													
of which did not have a booking form completed (unable to calculate delay)		8.5%													
of which had a recorded delay - IOL commenced more than 24hours after the planned (lower) IOL date		80.8%													
of which the mean (average) delay experience was		45.07 hours													
of which experienced a delay of up to 24 hours		25.4%													
of which expereienced a delay between 25 and 48 hours		25.4%													
of which experienced a delay between 49 and 72 hours		16.2%													
of which experenced a delay between 73 and 96 hours		6.2%													
of which experencied a delay > 97 hours		7.7%													
of which breached (upper) prioritisation IOL date		38.4%													
% of babies with an Apgrar Score <7 at 5 mins		3.1%													

Infant Feeding & Skin to Skin established															
% of babies where breastfeeding initiated within 48 hours		78.8%													
% of babies breastfeeding on Day 10		79.0%													
% of babies breastfeeding at transfer to community		63.3%													
% of babies where skin to skin recorded within 1st hour of birth		74.9%													
Perinatal Morbidity and Mortality inborn															
Total number of perinatal deaths (excluding late fetal losses)		3													
Number of late fetal losses 16+0 to 23+6 weeks excl TOP		1													
Number of stillbirths (>=24 weeks excl TOP)		2													
Rolling 12 mths Stillbirths per 1000 live births		2.3													
Number of neonatal deaths : 0-6 Days		0													
Number of neonatal deaths : 7-28 Days		0													
Rolling 12 mths Neonatal Deaths before 28 days per 1000 live births (ALL		3.7													
* Rolling 12 mths NND before 28 days per 1000 live births (Inborn babies only)		1.6													
PMRT grading C or D themes in report		1													
Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (MNSI/HSIB referral)		1													
Maternal Morbidity and Mortality															
Number of maternal deaths (MBRRACE)		0													
Direct causes		0													
Indirect causes		0													
Number of women who received level 3 care (ITU or CCU)		2													
Insight															
Number of datix incident reported		173													
Number of datix incidents graded as moderate or above (total)		4													
Datix incident moderate harm (not PSII, excludes HSIB)		2													
Datix incident PSII (excludes HSIB)		2 x awaiting RIR Review													
New HSIB referrals accepted		0													
Outlier reports (eg. HSIB/NHSR/CQC) or other organisation with a concern or request for action made directly with Trust		0													
Coroner Reg 28 made directly to Trust		0													
Trust Level Risks (number shared with LMNS)* score 12 or >		21													

Workforce															
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained) BAPM standard is 70%	70%	60.7%													
Datix related to workforce (service provision/staffing)		8													
Consultant Led MDT ward rounds on CDS day staff		100%													
Consultant Led MDT ward rounds on CDS with night staff		74.2%													
One to one care in labour (as a percentage)* excludes BBAs		100%													
Compliance with supernumerary status for labour ward coordinator		100%													
Number of times maternity unit attempted to divert or on divert		1													
NICU Data															
Neonatal Admission to NICU		37													
of which Inborn Babies booked with UHBW		21													
of which Inborn Babies -booked elsewhere		7													
of which readmission		1													
of which ex-utero admission		7													
of which source of admision cannot be derived		1													
Neonatal Admission to Transitional Care		30													
Admission rate at term (excluding surgery and cardiac) % target 5%		2.04%													
NICU babies transferred to another unit for higher/specialist care		2													
NICU babies transferred to another unit due to a lack of available resources		0													
NICU babies transferred to another unit due to insufficient staffing		1													
attempted baby abduction		0													
Number of consultant non-attendance to 'must attend' clinical situations		0													
Involvement															
Friends and family Test score (response rate % who rated 'very good' or 'good') NICU		Data pending													
Friends and family Test score (response rate % who rated 'very good' or 'good') maternity		Data pending													
Service User feedback: Number of Compliments (formal)		7													
Service User feedback: Number of Complaints (formal)		0													
Staff feedback from frontline champions and walk-abouts (number of themes)		3													
Improvement															
Progress in achievement of CNST /10		10 (Year 5)													

	Training compliance in maternity emergencies and multi-professional training (PROMPT) midwives* includes NBLS		91%													
	Training compliance in maternity emergencies and multi-professional training (PROMPT) obstetricians* includes NBLS		78%													
	Training compliance in maternity emergencies and multi-professional training (PROMPT) anaesthetists		92%													
	Training compliance in maternity emergencies and multi-professional training (PROMPT)maternity care assistants* includes BNLS		89%													
	Training compliance annual local NBLS (NICU) nurses		73.9%													
	Training compliance annual local NBLS (NICU) doctors		100%													
	Training compliance fetal wellbeing day midwives		90%													
	Training compliance fetal wellbeing day doctors		69%													
	Training compliance core competency 4. personalised care		90.7%													
	Continuity of Carer (overall percentage)		Data Pending													

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on 12 March 2024

Reporting Committee	**Finance Digital and Estates Committee**
Chaired By	**Martin Sykes, Non-Executive Director**
Executive Lead	**Neil Kemsley, Chief Financial Officer**

For Information

This report covers the meetings of the Finance Digital and Estates Committee held on 30 January 2024 and 27th February 2024.

30 January 2024

The committee reviewed the month 9 financial and activity information, noting a small deterioration in both resulting mainly from the impact of strike action.

Financial planning for 24/25 was discussed at length, with both the Trust and system showing significant challenges yet to be resolved. A paper detailing a new approach to productivity and savings delivery was also presented and discussed and the committee welcomed the approach that was outlined.

The committee received an update on progress against fire risks and an update on Heygrove theatres.

Progress against the digital delivery plan was noted. Maternity (Badgernet) was now live with majority positive user experience with some exceptions.

All risks allocated to the committee were discussed and reviewed.

27th February

A significant proportion of the meeting was devoted to presentation and discussion around the updated digital strategy. The document was well received and supported. The committee noted the scale of infrastructure improvement required which would be difficult to progress quickly given current financial constraints. Broad clinical engagement was noted as were the links to the draft clinical strategy and our strategic aims to work more closely with NBT and across the ICB footprint.

An external review of estates preventative maintenance and compliance was received which detailed a number of areas for improvement. An action plan would be developed and brought to the next meeting.

The month 10 financial and activity performance was reviewed – industrial action had again slightly worsened the position but the majority of other budgets were operating as expected. The committee noted the continuing increase in staff employed and the potential difficulty in continuing this trend into 24/25.

University Hospitals Bristol and Weston NHS Foundation Trust

For Board Awareness, Action or Response
Fire risk was felt to be better understood and the committee resolved to take the detailed fire progress report bimonthly. Estates compliance is an expanding area of risk with some newly identified issues needing to be placed under the 'umbrella' estates risk. The digital strategy will be received by the board, but it will be important to note the scale of infrastructure challenge that currently exists. The underlying system and Trust financial risk remains a key issue moving into 24/25. Recent years of increases in staff are unlikely to be affordable in the near future. This item is for **Information.**
Key Decisions and Actions
• Approved an updated credit card policy for the Trust • Digital strategy supported for onward submission to the Board • South-West Imaging Outline Business case approved to move to Full Business Case
Additional Chair Comments

Date of next meeting:	19th March 2024

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on 12 March 2024

Report Title	**Month 10 Trust Finance Performance Report**
Report Author	**Jeremy Spearing, Director of Operational Finance**
Executive Lead	**Neil Kemsley, Chief Financial Officer**

1. Purpose

To inform the Trust Board of the Trust's overall financial performance from 1st April 2023 to 31st January 2024 (month 10).

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

The Trust's M10 year to date net income and expenditure position is a net deficit of £13.8m against a planned deficit of £9.4m. The £4.4m adverse position against plan is primarily due to the unfunded estimated impact of industrial action in December and January of £4.3m.

The Trust delivered savings of £16.8m, £4.6m behind plan. The forecast for recurrent savings delivery is £9.1m, a shortfall of £18.0m. All Divisions were tasked with identifying 100% of their recurrent savings target by the end of September.

The value of elective activity for outpatient, day case and inpatient delivery points fell further behind plan this month by £2.9m to £10.9m behind plan year to date. Of the £10.9m, it is estimated that £8.2m is due to the impact of industrial action.

The Trust delivered capital investment of £29.9m year to date, £2.8m behind plan.

The Trust's cash position was £100.2m as at the end of January, slightly behind 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 **Assurance.**

The Board is asked to note the Trust's financial performance for the period.

6. History of the paper

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

Finance, Digital & Estates Committee	27 February 2024

We are supportive respectful innovative collaborative. We are UHBW.

University Hospitals Bristol and Weston NHS Foundation Trust

Trust Finance Performance Report

Reporting Month: January 2024

Executive Summary

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

YTD Income & Expenditure Position	• Net I&E deficit of £13,790k against a deficit plan of £9,435k (excluding technical items). • Total operating income is £48,025k favourable to plan due to higher than planned income from activities of £35,046k and higher than planned other operating income of £12,980k. • Operating expenses are £63,087k adverse to plan due to higher pay expenditure (£28,495k) and non-pay expenditure (£34,554k). Depreciation is in line with plan. • The estimated unfunded impact of industrial action in December and January is £4,318k. • Financing items are £2,231k favourable to plan mainly due to interest receivable.
Key Financial Issues	• *Recurrent savings delivery below plan* – Internal CIP delivery is £16,776k or 105% of plan, of which recurrent savings are £6,885k, 43% of plan. • *Delivery of elective activity recovery below plan* – elective activity must be delivered in line with plan. At M10, the cumulative YTD value of elective activity is £10.9m behind plan, a deterioration of £2.9m in January. Of the £10.9m, c£8.2m relates to the estimated impact of industrial action. A continuation of January's performance could result in a loss of income of up to £16m and may result in the Trust failing to deliver meet the financial plan. • *Corporate mitigations not delivered in full* – non-recurrent mitigations of c£25m are required to support delivery of the plan. At M10, the corporate mitigations are on track. • *Failure to deliver the financial plan* – failure to deliver the actions and therefore the financial plan of break-even will constitute a breach of this statutory duty and will result in regulatory intervention.
Strategic Risks	• Assessment and implications of the financial arrangements relating to Healthy Weston 2 Phase 2 – pending completion of the business case during quarter 4; • 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 draft medium term capital plan in quarter 4; • Understanding the implications of the Trust's recurrent revenue deficit. An assessment of the Trust's forecast outturn using M9 actuals has been completed. The forecast outturn remains break-even. The recurring revenue deficit is c£75m at 31st March 2024.

SPORT

University Hospitals Bristol and Weston NHS Foundation Trust

Reporting Month: January 2024

Successes	Priorities
• Delivery of capital investment of £29.9m at the end of January. • The Trust is currently forecasting capital investment of £44.6m in line with its CDEL. • The Trust's cash position remains strong at £100.2m, in line with plan. • BPPC continues to be maintained at 90% for invoices paid within 30 days. • Additional £4.9m of capital funding secured to develop urgent and emergency care facilities at Weston General Hospital.	• Divisions and Corporate Services to ensure recurrent CIP schemes are fully identified to deliver the 2022/23 recurrent CIP shortfall and the 2023/24 recurrent target. • Complete the Trust's outline 2024/25 operational plan for the initial system "flash" submission to NHSE on 29th February 2024. Complete the Trust's full submission for FDEC approval on the 19th March 2024 ahead of submission to NHSE on 21st March 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 for further revenue income to cover the estimate YTD ERF loss of c£8.2m as a result of industrial action. • NHS England have confirmed it is reducing the threshold to earn additional Elective Recovery Funding (ERF) for all systems by a further 2% and will pay 86% of systems planned ERF in recognition of the financial impact of industrial action in April.	• The financial positions of the Trust's Divisions deteriorate further and potentially undermine the delivery of the Trust's FOT. • Workforce supply challenges in hard to fill vacant posts and staff absences continues to impact on the Trust's ability to meet emergency and elective demand. • 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 and the recurring revenue deficit of the Trust is likely to constrain the Trust's strategic capital plans over the next three to five financial years.

Income & Expenditure Summary

January 2024

Trust Year to Date Financial Position

	Month 10			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	88,448	94,690	6,242	853,476	888,522	35,046
Other Operating Income	8,416	11,158	2,742	88,445	101,425	12,980
Total Operating Income	**96,864**	**105,848**	**8,984**	**941,921**	**989,946**	**48,025**
Employee Expenses	(56,509)	(63,004)	(6,495)	(567,707)	(596,202)	(28,495)
Other Operating Expenses	(32,767)	(37,864)	(5,097)	(341,002)	(375,556)	(34,554)
Depreciation (owned & leased)	(8,237)	(8,496)	(259)	(34,951)	(34,989)	(38)
Total Operating Expenditure	**(97,513)**	**(109,365)**	**(11,852)**	**(943,660)**	**(1,006,747)**	**(63,087)**
PDC	(1,037)	(1,125)	(88)	(10,370)	(11,250)	(880)
Interest Payable	(221)	(237)	(16)	(2,210)	(2,316)	(106)
Interest Receivable	250	511	261	2,500	5,882	3,382
Other Gains/(Losses)	0	0	0	0	(165)	(165)
Net Surplus/(Deficit) inc technicals	**(1,657)**	**(4,367)**	**(2,710)**	**(11,819)**	**(24,650)**	**(12,831)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	239	183	(56)	2,384	10,860	8,476
Net Surplus/(Deficit) exc technicals	**(1,418)**	**(4,184)**	**(2,766)**	**(9,435)**	**(13,790)**	**(4,355)**

Clinical Divisions YTD Financial Position – Variance to Budget

Division	M10 YTD Variance Favourable/(Adverse) £000's	M9 YTD Variance Favourable/(Adverse) £000's	M10 YTD Variance exc. Industrial Action Favourable/(Adverse) £000's	M10 YTD Variance exc. Industrial Action as % of Budget
Diagnostics & Therapies	(1,570)	(1,162)	(1,570)	-1.9%
Medicine	(1,283)	(826)	(926)	-0.7%
Specialised Services	27	184	262	0.2%
Surgery	(3,963)	(2,785)	(3,669)	-2.3%
Weston	(941)	(486)	(593)	-1.3%
Women's & Children's	(4,118)	(3,740)	(3,547)	-1.9%
Clinical Divisions Total	**(11,848)**	**(8,815)**	**(10,043)**	**-1.3%**
Estates & Facilities	(894)	(712)	(841)	-1.6%
Total	**(12,742)**	**(9,527)**	**(10,884)**	**-1.3%**

Key Facts:

- The position at the end of January is a net deficit of £13,790k against a deficit plan of £9,435k. The adverse position of £4,355k is a deterioration of £2,766k from last month due to the estimated impact of industrial action during January.
- The year-to-date position of £4,355k adverse to plan is primarily due to: the value of elective income being behind plan by £10,900k (of which £8,194k relates to the impact of industrial action); the £4,559k shortfall on savings delivery; £1,809k cost impact of industrial action; better than planned interest receivable income of £3,382k; and additional operating income of £9,400k.
- YTD, the Trust has spent £6,679k on costs associated with Internationally Educated Nurses (IENs).
- Pay expenditure in January is £2,445k higher than December at £63,004k. £1,405k is associated with industrial action.
- Agency expenditure in month is £1,819k, compared with £1,846k in December. Bank expenditure in month is £4,214k, compared with £3,724k in December.
- YTD, pay expenditure is £28,495k 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 costs associated with industrial action.
- Total operating income is £48,025k 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) and services provided to other organisations.
- The financial position of the divisions shows a deterioration of £1,357k in January excluding industrial action costs, to a YTD overspend against budget of £10,884k or 1.3% (excluding industrial action).
- The most significant variances to budget are in Surgery (£3,669k), Women's & Children's (£3,547k) and Diagnostics & Therapies (£1,570k).

Savings – Cost Improvement Programme

January 2024

Division	YTD					Forecast Outturn				
	Plan £'000	Recurring £'000	Non-Recurring £'000	Total £'000	Variance (Fav/(Adv)) £'000	Plan £'000	Recurring £'000	Non-Recurring £'000	Total £'000	Variance (Fav/(Adv)) £'000
Diagnostics & Therapies	2,001	582	2,137	2,719	719	2,383	731	2,512	3,243	860
Medicine	1,713	822	981	1,803	90	2,112	956	1,180	2,136	24
Specialised Services	1,363	971	814	1,785	422	1,658	1,148	972	2,120	463
Surgery	2,434	609	1,743	2,352	(83)	2,932	791	2,234	3,025	93
Weston	424	554	133	687	263	510	623	158	781	271
Women's & Children's	3,149	1,742	2,014	3,756	606	3,787	2,107	2,402	4,509	722
Estates & Facilities	853	322	541	863	10	1,028	405	613	1,018	(10)
Finance	204	204	0	204	0	245	245	0	245	0
HR	112	113	56	168	56	135	135	67	202	67
Digital Services	485	7	459	465	(20)	574	8	585	593	19
Trust HQ	474	126	181	307	(168)	569	151	217	368	(201)
Corporate	1,159	833	833	1,667	508	1,391	1,000	1,000	2,000	609
OP Transformation & Demand Management	1,563	0	0	0	(1,563)	1,875	0	0	0	(1,875)
Divisional Sub Totals	**15,936**	**6,885**	**9,892**	**16,776**	**841**	**19,200**	**8,301**	**11,941**	**20,242**	**1,042**
Urgent & Emergency Care Transformation Plans	**6,106**	**706**	**0**	**706**	**(5,400)**	**7,850**	**766**	**0**	**766**	**(7,084)**
Grand Totals	**22,041**	**7,590**	**9,892**	**17,482**	**(4,559)**	**27,050**	**9,067**	**11,941**	**21,008**	**(6,042)**

Key Points:

- The Trust's 2023/24 savings target is £27,050k. This includes £7,850k attributable to Urgent & Emergency Care 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 January, the Trust had achieved savings of £17,482k, or 79% against a plan of £22,041k, resulting in a shortfall of £4,559k.
- The current year forecast outturn for 2023/24 is £21,008k against a plan of £27,050. £7,084k of the shortfall currently assumes under delivery of Urgent & Emergency Care Transformation savings.
- The recurring forecast outturn for 2023/24 is £9,067k resulting in a recurring savings shortfall of £17,983k (excluding full year effect impact).
- At month 10, all areas apart from Finance, HR & Weston, had a shortfall against their recurring plans. Currently, 57% of the forecast 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

Meeting of the Board of Directors in Public on Tuesday, 12 March 2024

Reporting Committee	**People Committee – 25 January 2024**
Chaired By	**Bernard Galton**
Executive Lead	**Emma Wood - CPO and Deputy Chief Executive.**

For Information

The meeting covered items relating to the People Strategy pillars: New Ways of Working, looking after our People and Inclusion and Belonging:

- Internal Communications, channel review and roll out
- Violence and Aggression update
- Staff Survey raw data results

For Board Awareness, Action, or Response

There was a lengthy discussion on retention and the sustainability of reliance on Internationally trained nurses. A key element of the retention strategy is the ability to grow and develop our own staff. This relies on annual funding of the various programmes that have been introduced. The Board should be aware that funding streams for some of these programmes have not yet been secured for the next financial year. The Committee is fully aware of the significant financial constraints facing the organisation but investing in our people is crucial if we are to maintain safe staffing levels and reduce turnover. This matter should be considered further by Executive leaders.

The funding for the Acute Provider collaborative recruitment project has been approved and this was welcomed by the Committee.

The outcome of the recent British Safety Council Audit was overall satisfactory but highlighted the following:

- Many policies outdated and overdue for review
- Refresher training not undertaken for risk assessors
- Processes for managing contractors were not robust
- Consideration to be given to centrally auditing risk assessments
- Continue with the improvements relating to fire safety.

The Board should note these findings and ensure other audits do not uncover similar thematic problems which should and could be addressed prior to any audits.

The Staff Survey raw data details were a breath of fresh air with across-the-board positive results. Weston and Facilities and Estates Divisions showed the biggest improvements but results from all divisions were good. The results are not due to be published until March, and whilst improvements still need to be made, the Board should be looking for opportunities to celebrate these improvements with leaders and staff.

University Hospitals Bristol and Weston NHS Foundation Trust

Key Decisions and Actions
An excellent paper on Patient First and developing metrics was presented to the Committee. It was felt that whilst the metrics were simple to understand and impactful, they focus on in year progress and it was suggested that other metrics should be developed to look at progress/risk/impact of current activity and funding on the delivery of longer-term strategic objectives. The ongoing risk assessment for Agency Staff should be looked at the next review as key metrics are on target and yet the risk of non-compliance has not been reduced. Clear progress has been made on leadership and development training, but it was requested that an update be given at the next meeting on leadership training, especially for current leaders, together with the leadership work being undertaken across BNSSG. It was agreed that the CPO should review the Sexual Safety Charter again and provide an update at the next meeting It was agreed that the current KPIs could be closed at the end of February to allow discussion on 2024/2025 metrics to take place at the next Committee meeting in March.
Additional Chair Comments
A set of excellent papers. Presentations were succinct and relevant which allowed for more discussion and less listening!
Update from ICB Committee
I was not available to attend the last meeting as I was at the ACP Board.

Date of next meeting:	**21 March 2024**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday, 12 March 2024

Report Title	**Annual Report on Safe Working Hours: Junior Doctors and Dentists University Hospitals Bristol and Weston Foundation Trust, Bristol.**
Report Author	**Dr James McDonald, Guardian of Safe Working Hours, BRI.**
Executive Lead	**Dr Rebecca Maxwell, Interim Chief Medical Officer.**

1. Purpose

This paper summarises the mechanisms in place to ensure that safe working practices, for all junior medical and dental staff, are being adhered to at the Bristol sites of the Trust. Further information is provided on staffing, exception reporting activity and locum requirement.

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

Assurance can be given that the required systems, to ensure compliance with safe working practices, were in place across the Bristol sites of UHBW for the year August 2022 to end July 2023.

Data suggests a deficit between planned workforce and demand.

Less than full time working is becoming dominant.

The increasing complexity of rota management and design make simple repeating patterns unfit for purpose. This means that significant input, requiring senior leadership, is necessary to produce individual rotas which are work schedule compliant and can accommodate leave requests.

Consultant rota leadership is not job planned.

3. Strategic Alignment

Supporting and respecting our staff

4. Risks and Opportunities

- Junior doctor and dentist workforce capacity does not match demand. Opportunity for targeted workforce review through enhanced Guardian of Safe Working Hours reporting and MWAG.
- High locum spend. Opportunity for re-allocation to workforce expansion.
- Rota design and management compromises compliance with work schedules and ability for junior doctors and dentists to take their full entitlement to study and annual leave. Opportunity for review and implementation of senior (consultant) leadership.
- Consultant rota leads do not have job planned SPA for this activity. Opportunity to review job plans.

University Hospitals Bristol and Weston NHS Foundation Trust

5. Recommendation
This report is for Information
6. History of the paper **Please include details of where paper has <u>previously</u> been received.**

Quarterly reports, on which this annual summary is based, have been presented and discussed at MWAG meetings.	

Annual report on safe working hours: Junior doctors and dentists University Hospitals Bristol and Weston Foundation Trust (UHBWFT), Bristol.

01st August 2022 to 31st July 2023

Introduction

This paper reviews the mechanisms in place to ensure that safe working practices, for all junior medical and dental staff, are being adhered to across the Bristol sites of the Trust. A separate report is submitted for Weston sites which have their own Guardian of Safe Working Hours (GOSWH). Information is sourced from the Allocate exception reporting system, HR staffing reports, locum internal bank and locum agency reports, and direct communication received by me. Where possible this information is presented and discussed and provides the basis upon which I can give assurance of compliance with safe working practices.

Quarterly reports have been submitted to the People Committee and the Medical and Dental Workforce Advisory Group (MWAG) throughout the year, and this paper provides an overview the summarised data, with analysis where appropriate.

The report is scheduled to be presented at the Public Board meeting on 12th March 2024 and will be published on the Trusts external website. It may also form part of future CQC inspections.

Background

The 2016 contract (amended in July 2019 following negotiations between NHS employers), and a locally adapted version of it, is now used for all training grade doctors, dentists and locally employed equivalents working in the Trust from August 2019. The contract mandates regular reports to the Trust Board are made describing the way which the Trust is ensuring that all junior doctors are working in line with the safe working regulations.

University Hospitals Bristol and Weston Foundation Trust operates over two geographically remote sites with replication of departments over the two locations. Each site presents many different challenges, specific to location, with local knowledge being of paramount importance in understanding and addressing these often-complex issues. For this reason, separate guardians are appointed for each location. Currently Dr James McDonald (BRI ED Consultant) covers the Bristol sites and Dr William Hicks (WGH Radiology Consultant) covers Weston General Hospital. There has been significant progress made towards collaborative working between both guardians and work is ongoing to try and align as many of the common processes as possible across both sites. At present, the differences between the two sites makes writing a single report for UHBW impractical. This report is from the Bristol based GOSWH, James McDonald, and refers to the Bristol hospitals of UHBWFT.

High level data for Bristol sites of UHBW (Average mean across all quarters)

Funded whole time equivalent posts: **760**

Total number of junior doctors / dentists in post: **875** (headcount)

Whole time equivalent (WTE) in post: **794**

Amount of time available in job plan for guardian: **2** PAs.

Amount of job-planned time for educational supervisors: **0.125** PAs per trainee. (Also recommended for locally employed doctors and dentists but not universally implemented with some clinical fellows having no allocated educational or clinical supervisor)

Rotas

Responsibility for rota design rests with individual departments. All rota patterns are submitted to HR for compliance checking which ensures that the Trust only authorises rotas which are compliant with the nationally agreed rota rules for safe working patterns. Agreed rota patterns are used as the template to create individual work schedules which are then used to calculate renumeration.

There is variability in who has responsibility for rota design with some departments delegating responsibility to junior doctors and dentists, some relying on administration staff (rota coordinators) and others having consultant rota leads (universally not within job planned time). This impacts on the amount of time and expertise available for optimising individual junior doctor's working patterns and can lead to issues around noncompliance with work schedules and accessibility of study and annual leave.

The implementation of the 2016 (2019) contract and the associated rota rules, along with an increasing trend towards less than full time working (LTFTW), has introduced a high degree of complexity in designing and managing rotas. Simple repeating patterns are no longer fit for purpose. This is a particular problem when a repeating pattern has fewer lines (each line representing a junior doctor or dentist) than the number of weeks in the actual rotation creating a situation where, for example, an individual may end up working two sets of night shifts compared to their colleagues who only work a single set. This results in a difference of unsocial hours worked, between individuals, and non-compliance with the generic work schedule. Furthermore, accommodating leave can become highly challenging due to inflexibility in the set pattern, with some departments insisting that leave can only be authorised if doctors, and dentists, organize their own swaps with colleagues.

An example of how this can be addressed is shown in Adult Emergency Medicine. Asking for leave requests to be submitted before the clinical rota is written allows each individual doctor's clinical rota to be organised around their leave requests, by the rota manager swapping shifts between participants, before the rota is published. Overall equity between individual's unsocial hours is checked and balanced resulting in compliance with work schedules. This clearly requires a significant amount of work by whoever has overall responsibility for rota design and implementation.

Staffing

A detailed breakdown of staffing, based on the data provided to GOSWH, is given in **appendix 1.** Staffing levels change on an almost weekly basis and the annualised figures should be taken to represent the best estimate of the picture over the reporting period.

Staffing data is provided, on a quarterly basis, to the GOSWH by an HR colleague who compiles data from finance records, electronic staff records (ESR), and individual requests for information from departments. Significant effort has been made to supply increasingly detailed and accurate figures over the course of the year. Whilst progress has been made challenges remain, notably in trying to break down the available data from broad categories into individual departments. This is a particular problem in the Divisions of Medicine and Surgery with large numbers of junior doctors falling into the undifferentiated categories of 'General Medicine' and 'General Surgery'. Whilst overall figures are likely to be valid, and detail and accuracy has increased quarter by quarter, caution should be employed in reviewing staffing figures for individual departments. This compromises the ability to directly triangulate staffing data with exception reporting and locum hours for individual departments for this year.

Of note is the large difference between headcount and WTE. This reflects the increasing popularity and availability of LTFTW. Whilst this undoubtedly leads to improved work life balance it inevitably creates challenges with achieving full recruitment and rota design.

Apparent over establishment, against WTE funding, is reported across all divisions except for Specialised Services. This is at odds with the overall reported locum requirement of 35.5 WTE (see later) and potentially reveals a Trust wide WTE equivalent funded workforce deficit between capacity and demand.

Exception reports

Summarised data, manually extracted from the Allocate exception reporting system, is provided in **appendix 2** for reference.

Changes to the Allocate platform, mandating alignment of reports against individual specialties and activity, have now been fully implemented. This results in a high level of confidence that the available data is now reliable on a departmental basis. Comparison with the previous year is, however, only possible by Division due to less detailed reporting in the previous year:

Exception reporting frequency, by division, comparison 2021/22 vs 2022/23.

Division	**21/22 (ISC)**	**22/23 (ISC)**
Medicine	264 (12)	234 (4)
Surgery	173 (11)	118 (8)
Specialised services	219 (4)	172 (2)
Women and Children's	89	135
D&T		
Trust		
Totals	**745 (27)**	**659 (14)**

ISC – Immediate Safety Concern

As shown, overall exception reporting, across the Bristol sites of UHBWFT, is significantly decreased compared to the previous year. This is seen across all Divisions except for Women and Children's. I have, with full support of the Trust, acted to encourage exception reporting through communication with both junior doctors and departmental management. Of further note is the reduction in reports flagged as ISCs.

The overwhelming majority of exception reports, and ISCs, refer to additional hours worked to meet workload or perceived inadequate staffing to achieve safe working. Taken with the apparent over establishment against WTE, and high locum hours, this again suggests a potential issue between capacity and demand. The reasons behind this will be multi factorial but likely include increasing levels of burnout, stress, and sickness along with ever increasing demand due to the progressively higher complexity and expectations of our patients. As more detailed, and accurate, data becomes available across staffing, exception reporting, and locum hours the I hope to be able to triangulate this data to identify specific specialties where further 'drilling down' is recommended. This will be highlighted in future quarterly reports and presented at MWAG for escalation.

Flagged as Immediate Safety Concern

I review all exception reports flagged as raising an Immediate Safety Concern individually and escalates them promptly to the relevant supervisor for discussion. These were all discussed, and closed, without the need for direct input from me. The comments from the 14 ISCs flagged over the year are shown below:

August, September, October 2022

- FY1 in cardiology. It was agreed, between supervisor and junior, that there was no actual safety concern at meeting but paid for one additional hour.
- FY1 in 'general medicine'. *'Under minimum staffing levels, unsafe junior staffing'.*
- FY2 in 'general medicine'. Re-allocated to cover outlying patients. Felt that staffing was unsafe and had to stay three hours late to complete work. Supervisor meeting noted that this was necessary because there was 'nobody to hand over to'.

November, December, January 2022/23

- FY2: *'Rotated to be the only one covering 602 ward, 'minimally staffed' for young healthy ortho but many over 80 with a few over 90 so great burden of multimorbidity and medical care needs, shortages in care identified and had to be amended following nursing strikes, short staffing of the ward during the week, following the long Christmas bank holiday and needing to prepare for the New Year bank holiday, crash bell also went off twice in quick succession for patients on opposite ends of the ward.'*
- FY1 *'not enough staff, one F1 for ward 602 which is specialist t&o ward, no senior support.'*
- FY1 *'not enough staffing on wards. Only one f1 on 604 so could not get to teaching.'*
- FY1 *'no support on wards, not allowed to take leave where required, not able to go to surgical teaching.'*

February, March, April 2023

- FY2 Surgery Out of hours and take. *'No FY1 on night shift, resulting in me carrying and covering FY1 bleeps (X2) and SHO bleep.'*
- FY1 T&O. *'Left on ward between 5pm and 7pm with unwell patient newsing 12. Type 2 respiratory acidosis and flash pulmonary oedema, as well as cardiac event due to hyperkalaemia. Because of pressures and staffing the on call sho was not able to come up to ward to take over with care, The nurses on 604 not able to do gases, take bloods from picc etc leaving me unable to delegate tasks. Med reg came after an hour and helped.'*

May, June, July 2023

- FY1 Acute Medicine: *'On nights, we had no SHO support. This meant that the ward reg took the SHO BRI bleep, but myself and the other f1 were expected to cover BHI and the wards and do clerking. This created a very busy shift, which resulted in no breaks being taken til 5am. The breaks were interrupted by bleeps from both ED medical clerking and the wards. We were also expected to clerk in BHI. While the shift was managed well by the registrars on, who were very supportive, it was not safe for f1s to be expected to be in 3 places at once. It would also not be safe for even an SHO to be on the BRI wards, BHI wards, and clerking in ED all at once, but for an F1 it required to act outwith our pay grade and competency.'*

- FY1 Cardiology: *'C805 staffing 2 F1s only. 34 patients on the ward, of which 9 potential discharges. Rota issue was highlighted to Managers, Rota coordinator and Clinical Director two days earlier. Heart failure team kindly stepped up by seeing patients independently, however ward round jobs, discharge summaries (X9) and weekend plans as well as clinical reviews of PCI and EP patients remained. Greatix received on the ward for early reviews and quick discharge summary writing allowing early discharge of patients. But no time for allocated breaks and required to stay late.'*

- CT1 Medicine out of Hours and Take: *'Insufficient staff covering night shift. 1 SpR for whole hospital. 1 X SHO covering medical take from midnight to 8am. Will result in significant delays in assessing and treating patients.'*

- FY1 General Surgery out of Hours and Take: *'Understaffing. Float F1 did not turn up to work. This meant that between myself, the ward cover F1, and the clerking F1, we had to do 3 people's work between 2.'*

- FY1 General Surgery out of Hours and Take: *'Understaffing. Float F1 did not turn up to work, leaving two F1s on call to do 3 people's work.'*

Monthly exception report summaries

The data required to write quarterly GOSWH reports does not become available until approximately a month after the end of the period. Allowing for compilation, analysis and writing time this means that quarterly reports are not presented at MWAG until early in the third month after the end of the relevant quarter. This compromises the ability for action to be taken contemporaneously where issues are flagged relating to exception reports received.
To overcome this deficit I plan to implement a process of compiling and distributing monthly exception report summaries to Divisional and Departmental leads. The aim will be to send these out approximately one week after each month end. Provision of this contemporaneous information will hopefully enable departments to address issues in real time allowing early resolution.

Other

Direct correspondence was received raising concern about under recruitment to the Paediatric Neurosurgical rota. This rota is designed at the minimum staffing level required to provide 24/7 on call cover. This was escalated to the department and, after meetings with the responsible consultants, GOSWH and HR the departmental lead gave assurance that shortfalls would be addressed by sourcing external and internal locum cover. Further assurance was given that all rota rules would be adhered to. No exception reports, relating to rota rule breaches, were received.

Work Schedule Reviews

There were no work schedule reviews requested in this period.

Fines

Fines were levied against Surgery -Out of hours and take (£72.97), Ophthalmology (£474.43) and Medicine – Out of hours and take (£59.60). All fines were due to breaches of the 48-hour maximum average working week rule. This is usually due to rota design being at the maximum 48-hour average thus providing no contingency for additional hours worked.

Locum bookings

Summarised data, provided by the UHBWFT Locum bank and Agency locum administrators is provided below. In the later part of the year data became available broken down by department and grade. Due to the variation in detail of data provided, as the year progressed, annualised hours can only be summarised by Division.

Locum hours year August 2022 to end July 2023

Division	Total locum hours	Whole time equivalent
Medicine	30270	**14.6**
Surgery	19391	**9.3**
Specialised	6890	**3.3**
W&C	17137	**8.2**
D&T	254	**0.1**
Trust services		
TOTAL	**73942**	**35.5**

As previously highlighted the 35.5 WTE locum hour requirement, along with an apparent over establishment of 34 WTE (69.5 WTE) suggests a potential workforce (capacity) deficit of approximately 9% across the Bristol sites of UHBW.

Triangulated data for staffing, exception reporting and locum

August 2022 to end July 2023

Division	WTE in post vs funded	Exception reports total	Locum WTE spend (hours)
Medicine	+15.00	234	14.6
Surgery	-0.66	118	9.3
Specialised services	-3.10	172	3.3
Women and Children's	+20.44	135	8.2
D&T	+2.53	-	0.1
Trust	+0.75	-	-
Totals	**+34.96**	**659**	**35.5**

Due to variation in detail of data available, across the year, triangulation is only possible on a Divisional breakdown. This makes comment impossible other than on a global basis. As the detail of data available increases GOSWH aims to provide triangulated data by specialty and grade. The aim will be to identify individual specialties raising potential concerns around capacity and demand. This information will be escalated through MWAG for action as deemed appropriate.

Junior Doctor's Forum

Virtual meetings were held on 14th September 2022, 11th November 2022, 22nd March 2023 and 19th July 2023.

Summary

- As Guardian of Safe Working Hours, for the Bristol sites of UHBW, I can give assurance that the required systems to ensure compliance with safe working practices, were operational for the year August 2022 to end July 2023. These include:

  Software analysis, by HR, of all rotas to ensure compliance with the rota rules in place at that time.

  A functional and accessible exception reporting platform which junior doctors are actively encouraged to use by both GOSWH and the Trust.

  Direct access to email communication with GOSWH. Regular submission of reports (quarterly) to both MWAG and People Committee.

  Regular Junior Doctor Forum meetings.

- Staffing data continues to be refined but suggests that the Bristol sites of UHBW are over established against funded (planned) recruitment. However reliable data by department was not available for this year.
- Exception reporting is lower than in the previous year but overwhelmingly cites issues around meeting workload within rostered time and staffing levels perceived as lower than required to meet demand.
- Locum hours equate to 35.5 whole time equivalent junior doctors.
- The above potentially suggests a deficit between planned workforce and demand. This is likely to include contributing factors due to sickness, stress, burnout and the increasing complexity and expectations of our patients.
- The increasing complexity of rota management and design make simple repeating patterns unfit for purpose. This means that significant input is necessary to produce individual rotas which are genuinely work schedule compatible and can accommodate leave requests.
- Consultant grade rota leadership is not job planned.

Recommendations

- Continuing encouragement to junior doctors and dentists to engage with the exception reporting system, junior doctor's forum, and direct communication with me.
- As increasingly detailed data becomes available, I will aim to produce triangulated reports between staffing, exception reports and locum data, by department and grade, with the aim of identifying targeted specialties potentially requiring support and capacity vs demand review. These will be highlighted in quarterly reports and escalated through MWAG. (This has been implemented from August 2023).
- To encourage departments to move away from the use of simple repeating rota patterns towards individually tailored rotas which are compliant with work schedules and allow for timely requests for annual and study leave requests to be accommodated.

- Provision of job planned SPA time for consultant leadership in rota design and management.
- GOSWH to provide monthly exception report summaries to departmental and divisional leads (This has been implemented from August 2023).

James McDonald. Guardian of Safe Working Hours (Bristol). 28th February 2024.

Appendix 1. (blank cells either zero or data not available)

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Medicine

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
A&E Bristol	FY1				
	FY2				
	ST1-2	24	25.09	1.09	26
	ST3+	19	14.82	(4.18)	18
Acute Medicine	FY1				
	FY2				
	ST1-2				
	ST3+				
Care of the Elderly and Stroke	FY1				
	FY2				
	ST1-2				
	ST3+	?	2.00	2.00	3
Dermatology	FY1				
	FY2				
	ST1-2	3	0.90	(2.10)	1
	ST3+	5	4.60	(0.40)	5
Diabetes and Endocrinology	FY1				
	FY2				
	ST1-2				
	ST3+	3	3.00		3
Gastroenterology	FY1				
	FY2				
	ST1-2	2	2.00		2
	ST3+	4	3.80	(0.20)	4
Hepatology	FY1	2	2.00		2
	FY2	1	1.00		1
	ST1-2	3	3.00		3
	ST3+	6	5.00	(1.00)	5
Liaison Psychiatry	FY1				
	FY2				
	ST1-2				
	ST3+				

Division of Medicine continued

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Respiratory Medicine	FY1	4	6.00	2.00	6
	FY2				
	ST1-2	8	8.00		8
	ST3+	5	5.00		5
Rheumatology	FY1				
	FY2				
	ST1-2	1	0.80	(0.20)	1
	ST3+	2	0.95	(1.05)	1
SARC (Sexual assault referral centre)	FY1				
	FY2				
	ST1-2				
	ST3+	1	0.63	(0.37)	1
Unity Sexual Health	FY1				
	FY2				
	ST1-2	1	4.00	3.00	5
	ST3+	5	4.11	(0.89)	5
Sleep / NIV	FY1				
	FY2				
	ST1-2				
	ST3+	1	1.00		1
General Medicine (unspecified)	FY1	25	32.00	7.00	32
	FY2	15	15.00		15
	ST1-2	19	27.00	8.00	27
	ST3+	6	8.00	2.00	15
		Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
TOTALS		165	180	15	195

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Surgery

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Anaesthetics	FY1				
	FY2				
	ST1-2	6	6.00		6
	ST3+	41	42.33	1.33	50
Cardiac Anaesthetics	FY1				
	FY2				
	ST1-2				
	ST3+	9	11.44	2.44	12
Dental	FY1				
	FY2				
	ST1-2	16	20.29	4.29	21
	ST3+	20	9.86	(10.14)	12
Endoscopy	FY1				
	FY2				
	ST1-2				
	ST3+	1	1.00		1
ENT	FY1				
	FY2				
	ST1-2	10	10.80	0.80	11
	ST3+	7	7.70	0.70	9
Intensive Care	FY1	1	1.00		1
	FY2	5	4.41	(0.59)	5
	ST1-2	8.5	14.00	5.50	14
	ST3+	22	15.14	(6.86)	16

Division of Surgery continued

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Ophthalmology	FY1				
	FY2				
	ST1-2	2	2.00		2
	ST3+	23	25.32	2.32	28
Oral Maxillofacial Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	6	5.18	(0.82)	6
Thoracic Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	2	1.33	(0.67)	2
Trauma and Orthopaedics	FY1	3	3.00		3
	FY2	3	3.33	0.33	4
	ST1-2	9	10.66	1.66	11
	ST3+	9	8.32	(0.68)	9
General Surgery combined - Colorectal Oesophagogastric Hepatobiliary	FY1	11	11.00		11
	FY2	3	3.00		3
	ST1-2	5	6.33	1.33	7
	ST3+	13	10.90	(2.10)	12
		Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
TOTALS		235.5	234.34	(0.66)	256

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Specialised Services

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Cardiac Surgery	FY1				
	FY2				
	ST1-2	1		(1.00)	
	ST3+	14	13.00	(1.00)	13
Cardiac MRI	FY1				
	FY2				
	ST1-2				
	ST3+	4.5	2.30	(2.20)	3
Cardiology	FY1				
	FY2				
	ST1-2	11	9.70	(1.30)	10
	ST3+	18	16.70	(1.30)	17
Clinical Genetics	FY1				
	FY2				
	ST1-2				
	ST3+	2	0.54	(1.46)	2
Haematology	FY1	1	1.00		1
	FY2	1	1.00		1
	ST1-2	4	4.67	0.67	5
	ST3+	14	15.70	1.70	19
Oncology	FY1				
	FY2	1	1.20	0.20	2
	ST1-2	9	9.87	0.87	10
	ST3+	17.75	18.82	1.07	22
Palliative Care	FY1				
	FY2				
	ST1-2		1.30	1.30	2
	ST3+	2	1.35	(0.65)	2
		Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
TOTALS		**100.25**	**97.15**	**(3.10)**	**109**

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Women and Children's

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Community Paediatrics	FY1				
	FY2				
	ST1-2	4	4.63	0.63	6
	ST3+	4	4.00		5
General Paediatrics	FY1				
	FY2				
	ST1-2				
	ST3+	?	1.65	?	4
NEST (Transport)	FY1				
	FY2				
	ST1-2				
	ST3+				
Neonatal Intensive Care (NICU)	FY1				
	FY2				
	ST1-2	10	9.19	(0.81)	10
	ST3+	11	16.00	5	19
O&G	FY1	2	1.33	(0.67)	2
	FY2	3	2.97	(0.03)	3
	ST1-2	8	9.44	1.44	11
	ST3+	19	21.63	2.63	24
Paediatric A&E	FY1				
	FY2				
	ST1-2	9	6.50	(2.50)	7
	ST3+	15	17.11	2.11	19
Paediatric Anaesthetics	FY1				
	FY2				
	ST1-2	1	0	(1.0)	0
	ST3+	10	9.01	(0.99)	10
Paediatric Cardiac Surgery	FY1				
	FY2				
	ST1-2				
	ST3+	3	3.84	0.84	4

Division of Women and Children's continued

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Paediatric Cardiology	FY1				
	FY2				
	ST1-2	1	1.00		1
	ST3+	8	8.62	0.62	10
Paediatric General Surgery	FY1				
	FY2	1	1.00		1
	ST1-2	6	5.95	(0.05)	6
	ST3+	9	8.80	(0.20)	9
Paediatric Intensive Care (PICU)	FY1				
	FY2				
	ST1-2	3	3.00		3
	ST3+	16	17.74	1.74	22
Paediatric Neurosurgery	FY1				
	FY2				
	ST1-2				
	ST3+	6	2.66	(3.34)	4
Paediatric Oncology and Haematology	FY1				
	FY2	6	6.35	0.35	7
	ST1-2	13	13.04	0.04	14
	ST3+	34	46.65	12.65	56
Paediatric Plastic Surgery / Burns	FY1				
	FY2				
	ST1-2				
	ST3+	5	5.00		5
Paediatric Trauma and Orthopaedic Surgery	FY1				
	FY2				
	ST1-2	3	4.00	1.00	4
	ST3+	7	6.33	(0.67)	7
Paediatric obesity	FY1				
	FY2				
	ST1-2				
	ST3+	0.8	0.80		1
Paediatric palliative care	FY1				
	FY2				
	ST1-2				
	ST3+	0.6	0.60		1
		Funded WTE	WTE in post	Over / (Under) establishment	Headcount
TOTALS		**218.40**	**238.84**	**20.44**	**275**

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Diagnostics and Therapies

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
Radiology***	FY1	1	0.00	(1.00)	
	FY2				
	ST1-2	9	7.66	(1.34)	8
	ST3+	6.20	12.07	5.87	13
Pathology	FY1				
	FY2				
	ST1-2	2	1.00	(1.00)	1
	ST3+				
Laboratory Medicine	FY1				
	FY2				
	ST1-2	1	1.00		1
	ST3+				
		Funded WTE	WTE in Post	Over / (Under) establishment	Headcount
TOTALS		19.2	21.73	2.53	24

UHBW Junior Staffing Report annual summary August 2022 to end July 2023

Division of Trust / Other

Speciality	Grade	Funded WTE	WTE in Post	Over / (Under) establishment	Headcount -
Clinical Teaching Fellow	FY1				
	FY2				
	ST1-2	12	11	(1.00)	11
	ST3+	?	2.25	?	4
Occupational Health	FY1				
	FY2				
	ST1-2				
	ST3+	1	0.50	(0.50)	1
Other	FY1				
	FY2				
	ST1-2				
	ST3+				
TOTALS		13	13.75	0.75	16

Appendix 2.

Annual summary of exception reports by specialty, grade, and reason 1st August 2022 to 31st July 2023

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Acute Medicine	FY1	3	1				1	**4 (1)**
	FY2		2					**2**
	ST1-2	20						**20**
	ST3+	1						**1**
		24	**3**				**1**	**27 (1)**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Care of the Elderly	FY1	6		1	1			**8**
	FY2	4	2		1	1		**8**
	ST1-2	10						**10**
	ST3+							
		20	**2**	**1**	**2**	**1**		**26**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Dermatology	FY1							
	FY2							
	ST1-2							
	ST3+	1						**1**
		1						**1**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Gastro enterology	FY1	13				1		**14**
	FY2		1		1			**2**
	ST1-2	22				1		**23**
	ST3+							
		35	**1**		**1**	**2**		**39**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Respiratory medicine	FY1	4						**4**
	FY2	2						**2**
	ST1-2	2						**2**
	ST3+							
		8						**8**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Medicine OOH and Take	FY1	96	4	6	1	1	2	108 (2)
	FY2	4						4
	ST1-2	15	1		2	1	1	19 (1)
	ST3+	2						2
		117	**5**	**6**	**3**	**2**	**3**	**133 (3)**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Colorectal Surgery	FY1	1						**1**
	FY2	1						**1**
	ST1-2							
	ST3+							
		2						**2**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
HPB Surgery	FY1	1						**1**
	FY2	2						**2**
	ST1-2							
	ST3+							
		3						**3**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
ENT	FY1							
	FY2							
	ST1-2	12						**12**
	ST3+							
		12						**12**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Ophthalmology	FY1							
	FY2							
	ST1-2	9						**9**
	ST3+	1						**1**
		10						**10**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
T&O	FY1	30					5	**30 (5)**
	FY2	4						**4**
	ST1-2	1						**1**
	ST3+							
		35					**5**	**35 (5)**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
General Surgery and OOH Take	FY1	31	2	3			2	**36 (2)**
	FY2	18			1		1	**19 (1)**
	ST1-2					1		**1**
	ST3+							
		49	**2**	**3**	**1**	**1**	**3**	**56 (3)**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Cardiology	FY1	43		1		1	2	45 (2)
	FY2							
	ST1-2	13						13
	ST3+					5		5
		56		**1**		**6**	**2**	**63 (2)**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Haematology	FY1	6				2		**8**
	FY2	4						**4**
	ST1-2	3						**3**
	ST3+	88	3			2		**93**
		101	**3**			**4**		**108**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Oncology	FY1							
	FY2							
	ST1-2							
	ST3+	1						**1**
		1						**1**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
General Paediatrics	FY1							
	FY2							
	ST1-2	4						**4**
	ST3+	16				2		**18**
		20				**2**		**22**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Paediatric Respiratory	FY1							
	FY2							
	ST1-2							
	ST3+	1						**1**
		1						**1**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
NICU	FY1							
	FY2							
	ST1-2	11				4		**15**
	ST3+	14				2		**16**
		25				**6**		**31**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
O&G	FY1							
	FY2	44				4		**48**
	ST1-2	4						**4**
	ST3+							
		48				**4**		**52**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Paediatric anaesthetics	FY1							
	FY2							
	ST1-2							
	ST3+	1						**1**
		1						**1**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Paediatric cardiology	FY1							
	FY2	1						**1**
	ST1-2							
	ST3+							
		1						**1**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
PICU	FY1							
	FY2							
	ST1-2							
	ST3+	14			1			**15**
		14			**1**			**15**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Paediatric neurosurgery	FY1							
	FY2							
	ST1-2							
	ST3+	1						**1**
		1						**1**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Paediatric haematology oncology	FY1							
	FY2							
	ST1-2							
	ST3+	6						**6**
		6						**6**

	Grade	Hours	Service Support	Breaks	Pattern	Education	ISC	**Total (ISC)**
Paediatric T&O	FY1							
	FY2							
	ST1-2							
	ST3+	5						**5**
		5						**5**

Annual Guardian of Safe Working Report

August 2022 to July 2023

Dr William Hicks Guardian for Safe Working Hours at Weston General Hospital

Executive summary

The New Junior Doctors' Contract was introduced with effect from October 2016, subject to a phased implementation between October 2016 and August 2017. In 2019 there was a further contract refresh agreed covering April 2019 - March 2023.

Junior Doctor Contract Refresh - 2019
The BMA's Junior Doctors Committee endorsed an offer negotiated with NHS Employers which would see changes being made to, and additional investment in, the 2016 Junior Doctors contract alongside a multi-year pay deal. Changes included:

- Leave for life changing events – employers must allow leave for life changing events (it is for the doctor to decide what is a deemed life a changing event)
- Breaks for nights shifts – a nights shift of 12 hours or more will require a 3rd 30 minute break.
- Facilities – where a non-resident on-call rota requires the trainee to be on site within a specified time or where the department specify the distance from the Trust when NROC then the department will meet the cost of overnight accommodation.
- Facilities – where a trainee has worked a night and is too tired to drive home the Trust must provide rest facilities (which we do anyway) or the department must meet the cost of travel home and reasonable expenses on the return to work.
- Exception reporting – extension of what can be exception reported i.e., missed supervisor meetings or no time provided for coming audits / e-portfolio.

August 2021: BMA statement on the TCS (2016 Terms and conditions of service for NHS doctors and dentists in training in England) and junior doctor rostering during the response to the COVID-19 pandemic

https://www.bma.org.uk/news-and-opinion/statement-on-junior-doctor-rostering-and-workforce-management-during-the-covid-19-pandemic

The Weston Guardian for Safe Junior Doctor Working will:

1. Interact with the Trust Board in a structured report and work collaboratively with the Guardian for safe working hours for BRI.

2. Ensure Exception Reporting by junior doctors for breaches of contract are acted upon. These comprise exceptions for:
   - Safety reasons

- Excess hours – Leading to TOIL (the preference) or Payment where TOIL is not possible
- Excess hours leading to work pattern reviews
- Missed education sessions

3. Set up and attend a JDF – Junior Doctors Forum - these forums harness the junior doctor's ideas and energy on better ways of working as well as offering a channel to discuss contract, education and rota issues. The DME, HR and exec attendance is desirable.

4. The Guardian may levy a fine if a breach of the following occurs:

- The 48-hour average weekly working limit
- Contractual limit on maximum of 72 hours worked within any consecutive 7-day period
- Minimum 11-hour rest has been reduced to less than 8 hours
- Where meal breaks are missed on more than 25 per cent of occasions over a 4-week period.
- The minimum 8 hours total rest per 24-hour non-resident on-call (NROC) shift
- The minimum NROC overnight continuous rest of five hours between 22:00 & 07:00
- The maximum 13-hour shift length
- The minimum 11 hours rest between resident shifts

Penalties will be levied against the department where the doctor works; the fine will be set at four times the basic or enhanced rate of pay applicable at the time of the breach. The doctor will receive 1.5 times the applicable locum rate, and the JDF will retain the remainder of the penalty amount.

Amount of time available to Guardian for role: 2 PA

Administration support provided to Guardian: Zero

Amount of job-planned time for education supervisors: 0.25 per trainee to maximum of 0.5PA.

Introduction

Following a visit by the GMC / HEE on 7.4.21, 10 F1s attached to medicine were redeployed to the BRI. Most of the vacant positions have been filled by locally employed doctors, bank locums and agency locums. HEE has informed the Trust that, as of 4.08.21 those 10 posts will remain at Bristol, two further training posts (IMTs) are being moved to Bristol and 4 are being deployed to different specialties on the Weston site. Obviously this may have huge implications for rotas. Posts are being filled by locally employed doctors, bank doctors and agency locums. These post have returned to Weston from August 23 following a re inspection and assessment of the support in place at WGH for these Trainees.

Doctors in Training are on a range of range of different contracts some are HEE posts, many are locally employed doctors on trust contracts or bank doctors on ad hoc contracts and some are agency locums. I have received assurance from the HR Business partner for Weston Division that wherever and whenever possible all contracts are compliant with the BMA 2016 terms and conditions.

High level data:

Number of Doctors/dentists in training 113 (31 HEE training posts) july 23

Staffing July 23 data

Medicine		Grade	Comment
HEE Post/ Rotation		2 x F1 3 x F2 1 XST3+ 2 x GPVTS	
Locally Employed Doctor Contracts	Clinical Fellow	ST1 /SHO	14
	IMT		2
		ST3+	14
	Specialty Doctor		2
Bank Doctor		ST1 /SHO	12
		ST3+	1
Locum Agency Doctor		ST1 /SHO	4
		ST3+	1
Vacancy		ST1 / SHO	3 – 2 appointed awaiting start date
		ST3+	1 – appointed awaiting start date

Surgery

Surgery Ortho + Gen Surg			
HEE post / Rotation		8 x F1 6 x F2 4 x ST3+	
Locally employed Doctor Contracts		SHO	4
		Registrar	9
Bank Doctor		SHO	5
		Registrar	1
Locum Agency Doctor		SHO	2
		Registrar	3
Vacancy		Registrar	2

Emergency Dept

HEE Post/Rotation		5 x F2 – 4.6WTE	0.4 LTFT vacancy
		GPVTS x 4	0.2 LTFT vacancy
	Clinical Fellow	SHO	3
		Bank SHO - 15	
	STR 5+/ Senior Reg/ Middle grade	Locally employed - 4 Agency Locum – 2 Bank Doctor 8	

Over the course of the year information has become available to the Guardian about the use of bank doctors and agency locum doctors in junior doctor roles at WGH. Whilst I do not have data for the entire 12 month period the information for the last quarter is representative of the pattern or locum and bank doctor use at WGH.

Agency Locum

Department	Grade	Hours (May + June +July)
Medicine	ST1-2	89.3 (0 + 0 + 89.3)
	ST3-8	970.6 (379.7 + 291.8 + 299.1)
Surgery	ST1-2	296.8 (59.1 + 175 +62.7)
	ST3-8	628.4 (145.8 + 220.6 +262)
ED	ST1-2	390.1 (95.2 + 144.5 + 150.4)
	ST3-8	2192.9 (796 +739.2 +657.7)
Total		4568.1 (1475.8 + 1571.1 +1521.2)

Bank Locum

Department	Hours (May + June + July)
Medicine	9713.9 (3306 +3022 + 3385.9)
Surgery/Ortho	768.5 (255.5 + 264.5 + 248.5)
ED	3884.1 (1269.2 + 1183.4 + 1431.5)
Total	14366.5 (4830.7 + 4469.9 + 5065.9)

What this data highlights is the use of agency and bank locum shifts in Medicine and ED which account for 91% of the extra hours paid for which are equivalent (based on a 40 hr working week) to an additional 33 staff.

Exception reports

Exception reporting is the mechanism used by doctors to inform the employer when their day-to-day work varies significantly and / or regularly from the agreed work schedule. Exceptions reports are described in four categories:

1 Differences in the total hours of work (including opportunities for rest breaks).n=122
2 Differences in the pattern of hours worked. 0

3 Differences in the educational opportunities and support available to the doctor. n=7
4 Differences in the service support available to the doctor during service commitments. n=3

Division	Speciality	FY1	FY2/ST1-2	ST3+	Total (ISC)
Medicine	General Medicine	11	38		49
	Gastroenterology				
	Cardiology	6			6
	Psychiatry	23			23
	Oncology				
					78

Surgery	General surgery	8	17		25
	T&O	23	6		29
					54

Levels of exception reporting have declined over the year with only 14 made in the last quarter (may-july23 with 132 exceptions reported over the 4 quarters). This is a positive pattern.

Junior Doctors Forum (JDF)

The Junior doctors forum has been held monthly with the exception of breaks for Christmas and Summer holidays.

The Guardian works alongside the Mess president(s) and Lead Registrar(s) for WGH to promote attendance at the JDF.

Reflecting the preferences of the attendees the meeting has become a face to face only meeting held in the Doctors Mess at WGH.

The JDF has supported the Mess team to co-ordinate the refurbishment of the Mess at Weston.

Networking

- The Guardian is in contact by Teams with regional groups and works collaboratively with the Guardian for BRI.

- NHS-Employers remote meetings to network with them and other Guardians

Other

The trust is introducing a new app (Locum's Nest) for locum/bank working and the Guardian is working with the trust to try to ensure that they can continue to provide accurate information about hours worked outside of regular contracts (bank agency etc)

Summary

- **WGH is compliant with NHS employers contract rules**
- **Electronic reporting system in place (eAllocate)**
- **Junior Doctor Forum – meetings being held as required by New Contract**
- **There are opportunities to recruit to posts in Medicine and ED at Weston General Hospital that would reduce the use of Bank and Agency locum hours.**

Dr William Hicks, Guardian for Safe Working hours, Weston General Hospital, UHBW.

28/11/23

Meeting of the Trust Board of Directors in Public on Tuesday 12 March 2024

Report Title	**National Under 16 Cancer Experience Survey Results**
Report Author	**Anna Horton, Experience of Care Coordinator** **Fern Jameson, Matron for Haematology, Oncology & BMT (HOB) and Adolescents**
Executive Lead	**Professor Deirdre Fowler, Chief Nurse & Midwife**

1. Purpose

To summarise the findings of the latest National Under 16 Cancer Experience Survey results for UHBW and related service improvement activity.

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

The Under 16 Cancer Patient Experience Survey 2022 is the third iteration of a national survey that aims to understand the experience of tumour and cancer care for children and young people. The survey captures the experiences of children who were aged 8 and above at the start of the fieldwork period, but under 16 at the time of their care, and the parents and carers of children who were aged under 16 at the time of their care.

The 2022 survey involved 13 Principal Treatment Centres (PTCs), composed of 16 NHS Trusts. 885 people responded out of a total of 3,569 eligible cases, resulting in a response rate of 25%. For University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), there were 48 respondents to the survey out of a total of 190 eligible patients which equates to a 25% response rate, the same as the national average.

UHBW scored above the national average on ten questions, below the national average on 28 questions and the same as the national average on one question. The Picker Institute (who coordinated the survey) recommends that PTCs apply a cautious approach when benchmarking their results against those of other PTC due to the lack of comparability in PTC structures nationally.

In the overall care section of the survey, parents/carers of all age groups were asked ‘Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)’. UHBW had an overall score of 86% compared to the national average (89%) and ranked 12th out of the 13 PTCs. This compares to an overall score of 82% and ranking of 11th out of the 13 PTCs in the 2021 survey. Another question which forms part of the overall care section of the survey asks all children aged 8-15 ‘Overall, how well are you looked after for your cancer or tumour by the healthcare staff?’ and 68% answered ‘very well’ which is below the national score of 75% and a decrease from the 2021 survey result for UHBW of 86%.

The survey results show that the level of support provided to children, young people and families following the end of treatment scored comparatively low in the survey. Therefore the Operational Delivery Network and the Nursing Leadership Team in the PTC are planning focus groups in order that that they can better understand what the right type and level of support would look like. The Operational Delivery Network have also completed their own survey and together with UHBW are comparing results to pick out which themes are more pertinent at PTC level. Alongside this, a number of improvement projects are

underway in BRHC and actions have been developed from the results of the survey (included in the report) which will be taken forward via an action plan held and monitored by the local quality governance group (Paediatric haematology/oncology/Bone Marrow Transplant Quality Assurance Forum).

3. Strategic Alignment

This work aligns to the True North Experience of Care strategic priority.

4. Risks and Opportunities

Whilst the Under 16 Cancer Patient Experience Survey is useful as a way of comparing patient experience between PTCs, the small sample sizes and delay in publishing the results mean that it has limited use as a service improvement tool. However, the Trust has an ongoing patient experience programme that supports ongoing monitoring of patient-reported experience at ward and department level and which is the main data source for the Trust's improvement work in response to patient feedback.

5. Recommendation

This report is for **Assurance.**
The Board is asked to note the findings of the National Survey report and associated action plan (the corporate monitoring of which takes place via Experience of Care Group).

6. History of the paper

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

Experience of Care Group	18/01/2024
Clinical Quality Group	06/03/2024

Briefing report: 2022 Under 16 Cancer Patient Experience Survey Results

1. Purpose of this report

This report provides a summary of how well the Trust performed in the Under 16 Cancer Patient Experience Survey 2022. The full benchmarking report prepared by Picker is attached as Appendix A to this report.

2. Background

The Under 16 Cancer Patient Experience Survey 2022 is the third iteration of a national survey that aims to understand the experience of tumour and cancer care for children and young people. The survey captures the experiences of children who were aged 8 and above at the start of the fieldwork period, but under 16 at the time of their care, and the parents and carers of children who were aged under 16 at the time of their care. The survey is managed by NHS England and NHS Improvement, who commission Picker to oversee survey development, technical design, implementation and analysis of the survey.

Children's cancer care[1] in the South West of England is led by three Multi-Disciplinary Teams (MDTs) - solid tumour, neuro-oncology and leukaemia from within UHBW, designated as the Children's Cancer Principal Treatment Centre (PTC). All children under 16 within the South West (a patch covering the hospital catchments of Gloucester Royal, Bath, Yeovil, Musgrove Park Taunton, Royal Devon and Exeter, North Devon, Plymouth and Truro) come to UHBW for diagnosis of their cancer. Treatment plans are agreed in the relevant MDT and treatment is led from the PTC, via a named consultant lead. In addition, UHBW is a supra-regional referral centre for BMT, undertaking one third of the malignant transplants (for leukaemia) in the UK. These patients are drawn from our South West catchment as well as the catchments of Cambridge, Oxford, Cardiff and Belfast.

Delivery of cancer treatment may be devolved to in one of seven Paediatric Oncology Shared Care Units (POSCU) to be delivered (under the guidance of the PTC). North Devon is not a POSCU; children are supported by Royal Devon and Exeter. **This Hub and spoke model of children's cancer care is most highly devolved in the South West** which is also one of the longest running networks in the UK.

The current format of the Picker Under 16 Cancer Patient Experience Survey identifies patients via their diagnostic or other inpatient episode in UHBW. However, for many patients with acute lymphoblastic leukaemia (approximately one third of cases), low grade brain tumours, and some other solid tumours (approximately one quarter of cases) subsequent treatment and follow up may be wholly delivered in the POSCU. In addition, specialised treatment i.e. access to early phase trials or to proton beam radiotherapy, may also have been delivered outside UHBW.

[1] Cancer care has a wide definition in Paediatrics and also covers benign conditions such as low-grade glioma, where rehabilitation and long term needs may be significant and related conditions such as histiocytoses, where protracted chemotherapy schedules may be required.

The data from the survey ('your child has been treated for cancer in the last year') cannot be analysed to extract the data in accordance with place of care. Therefore, for each of the questions, the parental and child answer could relate to at least one of eight organisations.

The Under 16 Cancer Patient Experience Survey 2022 is comprised of three different questionnaires, each one appropriate for a different age group of patients sampled:

- The 0-7 questionnaire; sent to parents/carers of patients aged between 0 and 7 years old
- The 8-11 questionnaire, sent to parents/carers of patients aged between 8 and 11 years old
- The 12-15 questionnaire; sent to parents/carers of patients aged between 12 and 15 years old

Questionnaires sent to those aged 8-11 and 12-15 contained a section for the child to complete, followed by a separate section for their parent or carer to complete. Where a child was aged 0-7, the questionnaire was completed entirely by their parent or carer. The survey used a mixed mode methodology consisting of post with the option to complete online or over the phone.

The sample for the survey included all patients with a confirmed tumour or cancer diagnosis who received inpatient or day case care from NHS Principal Treatment Centres (PTCs) between January 1, 2022 and December 31, 2022, and were aged under 16 at the time of their discharge. The 2022 survey involved 13 Principal Treatment Centres (PTCs), composed of 16 NHS Trusts. 885[2] responded out of a total of 3,569 eligible cases, resulting in a response rate of 25%. For University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), there were 48 respondents to the survey out of a total of 190 eligible patients which equates to a 25% response rate, the same as the national average.

3. Summary of results

In its capacity as PTC for the South West, UHBW scored above the national average on ten questions, below the national average on 28 questions and the same as the national average on one question. Picker has recommended that PTCs exercise caution when benchmarking their results against those of other PTCs' results at a national level; reasons include small response numbers and results not being adjusted for patient profile differences across PTCs as outlined on page 7 of the main report.

This is the first set of results (2022) where year on year comparisons can be made. The table overleaf highlights the biggest differences between the 2021 and 2022 survey.

[2] A response consists of one survey completion for a single patient, which could consist of both parent/carer and child responses.

Table 1: Year on year comparisons

Question	2021 score	2022 score	Difference
Parents/carers felt that the hospital Wi-Fi always met the needs of them and their child	28.3%	59.5%	+31.3%
Parents/carers reported that facilities for them to stay overnight were very good	7%	25.6%	+18.7%
Parents/carers reported they were definitely able to prepare food in the hospital if they wanted to	23.4%	38.5%	+15.1%
Parents/carers felt they definitely received enough ongoing support from the hospital after their child's treatment ended	52.6%	23.5%	-29.1%
Children felt that staff were always friendly	90.5%	68.2%	-22.3%
Parents/carers reported that they were definitely told about their child's cancer or tumour diagnosis in a sensitive way	82.4%	63.2%	-19.2%

4. Overall experience analysis

In the overall care section of the survey, parents/carers of all age groups were asked 'Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)'. Chart 1 (below) shows that UHBW PTC had an overall score of 86% compared to the average of all PTCs which had a score of 89% and ranked 12th out of the 13 PTCs involved in the survey. This compares to an overall score of 82% and a ranking of 11th out of the 13 PTCs in the 2021 survey.

Another question which forms part of the overall care section of the survey asks all children aged 8-15 'Overall, how well are you looked after for your cancer or tumour by the healthcare staff?' and 68.2% answered 'very well' which is below the national score of 75.4% (Chart 2 overleaf) and a decrease from the 2021 survey where this scored 86%.

Chart 1: Overall parent/carer rating of child's cancer or tumour care from 0 (very poor) to 10 (very good) – all PTC's

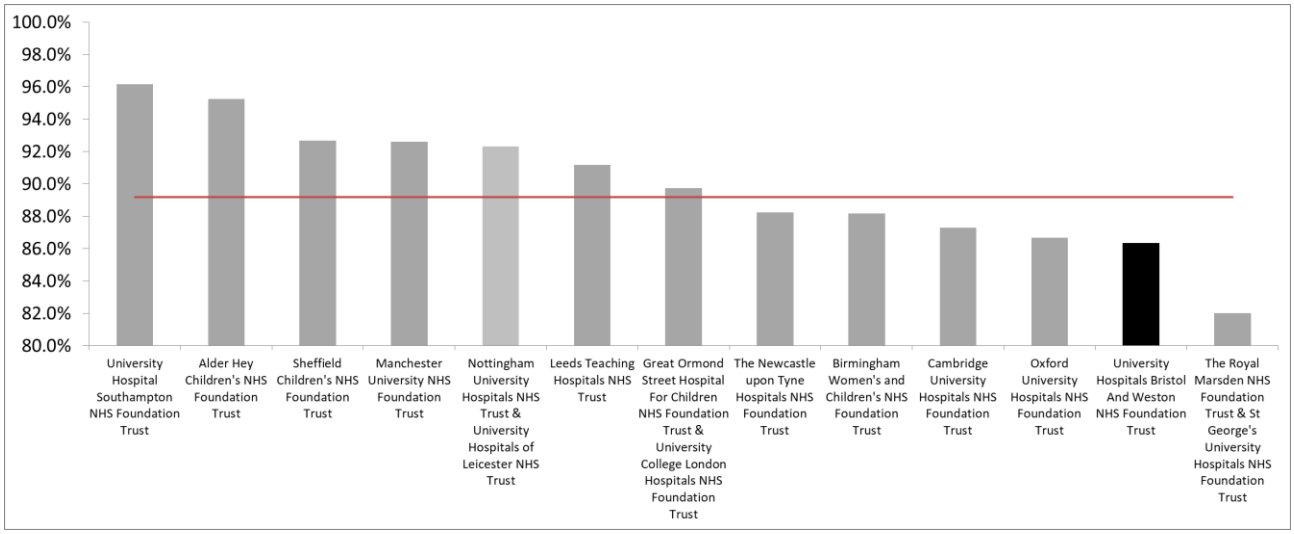


Chart 2: Percentage of patients who rated being looked after 'very well' for their cancer or tumour by the healthcare staff

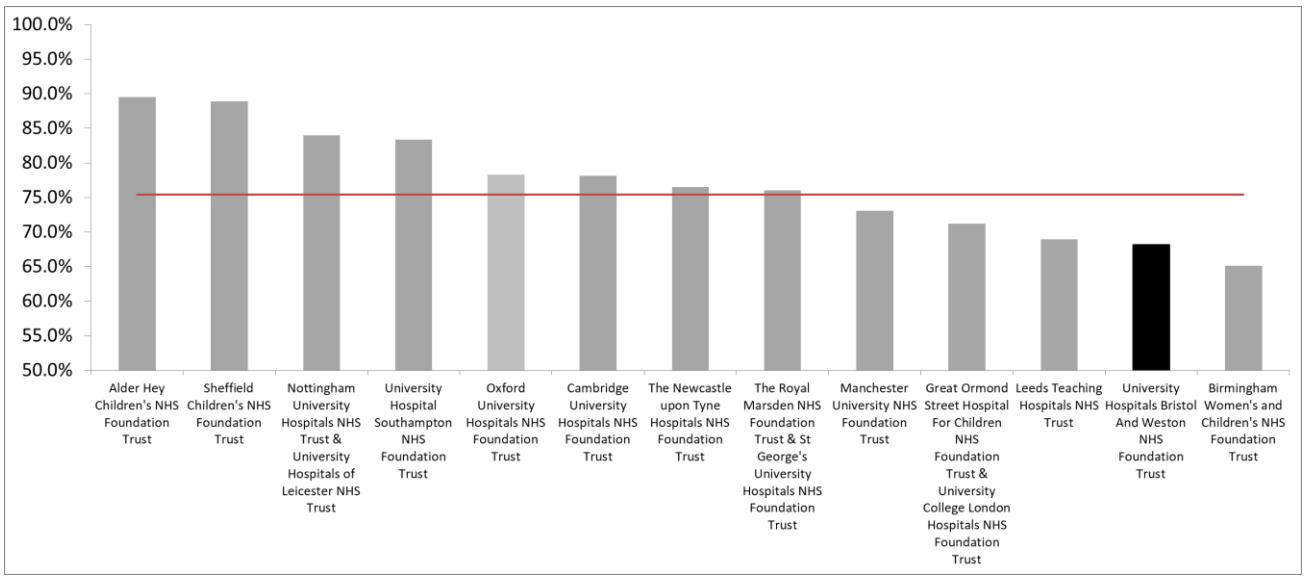
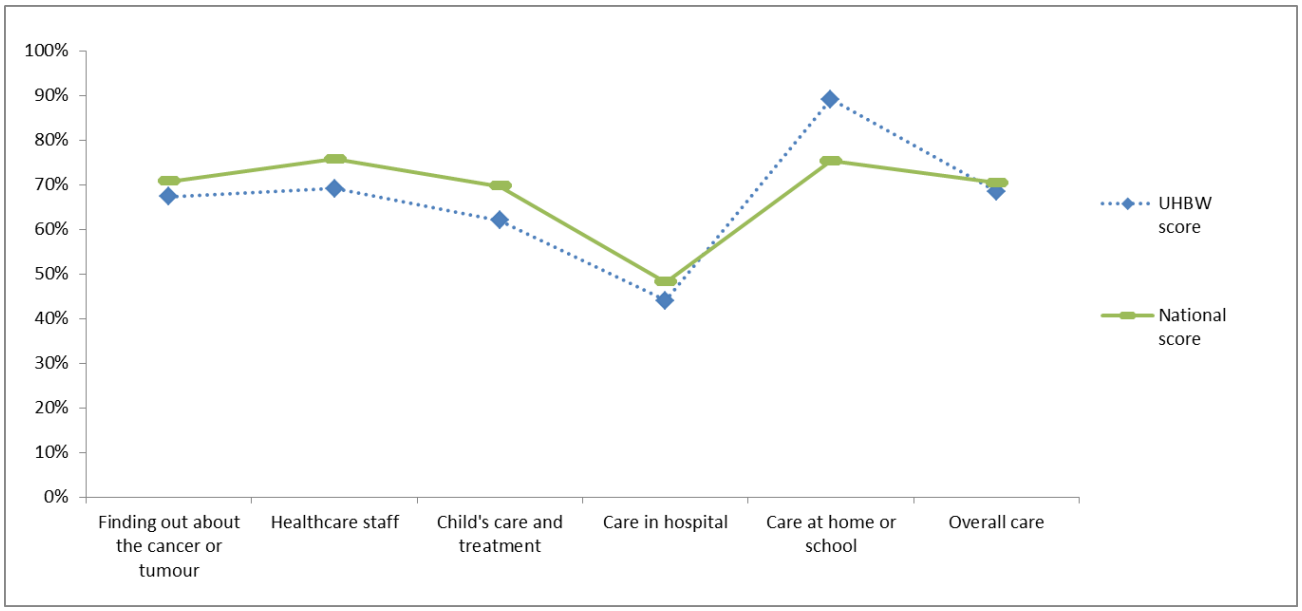


Chart 3 below shows the key touchpoints of an "average" patient experience journey whilst visiting our hospital. These touchpoints are calculated in sections based on the average of a cohort of related question scores in the survey. UHBW PTC scored above the national score in the combined 'Care at home or school' section and below the national score in the remaining sections of the survey.

Chart 3: Key touchpoints in the patient journey



5. Sentiment analysis for patient comments

An analysis of each free-text comment received as part of the Under 16 Cancer Patient Experience Survey was prepared by Picker and split into negative and positive themes. This analysis is shown overleaf.

Table 2: Sentiment analysis of free text comments

Theme	Mixed	Negative	Neutral	Positive	% Negative of total	% Positive of total	Total
Who	15	27		35	35%	45%	77
Staff	13	20		30	32%	48%	63
Place of Care	12	22		17	43%	33%	51
Communication and Information	11	13		15	33%	38%	39
Treatments	6	17	1	13	46%	35%	37
Care Quality	7	11	1	15	32%	44%	34
Stage of Care	4	13		5	59%	23%	22
Access To Care and Waiting Times	4	10		3	59%	18%	17
Mental Health and Wellbeing	2	11		4	65%	24%	17
Activities and entertainment	2	10		5	59%	29%	17
Facilities	1	12		2	80%	13%	15
Scans and Tests	2	6		4	50%	33%	12
Appointments	2	5		1	63%	13%	8
Medication	1	5		1	71%	14%	7
Respect, Dignity and Privacy	1	2		1	50%	25%	4
Impacts of Cancer	1	3			75%	0%	4
Complaints and Concerns		2		2	50%	50%	4
Visitors		2		1	67%	33%	3
Food and Drink	2	1			33%	0%	3
Covid-19	1	2			67%	0%	3
Transport and Travel		2			100%	0%	2
Funding and finance		1			100%	0%	1
Grand total	**87**	**197**	**2**	**154**	**45%**	**35%**	**440**

The majority of comments which were tagged as 'negative' were around 'Who' and 'Place of care', such comments include:

- *"I did not like (name) ward. The nurses told me fibs about when my medicine would be ready & some were rushing + not friendly. The play workers did not play they just delivered toys so I call them postmen not play workers. My treatment was on weekends so it was rubbish with no play or teachers."*
- *"Parent facilities could be improved. Rooms were very small - no bathroom facilities."*

- *"Sometimes missed giving anti-sickness drugs. Long waits (20-30 mins) from pressing buzzer to someone coming, particularly on (name). Leaving machines beeping for 30 mins+, very disruptive to sleep & mental health."*

In contrast, the topic of 'Who' also had the most positive sentiment analysis tagged to the comments along with 'Staff'. These comments include the following:

- *"Nurse specialist/point of contact (name) is excellent. Responsive and helpful. Always friendly. When decisions are made, the speed of arranging treatment is very good."*
- *"My consultant and nurses allowed me to access my own port and suggested I had my lumbar punctures under local anaesthetic as I hate being put to sleep. They let me make decisions about my treatment, so I didn't feel completely out of control."*
- *"The people. Mr (name), Dr (name) and the team were exceptionally caring. The physio, OT and S&L team so kind. (name) the play therapist made life so much easier for the whole family and the nurses were wonderful. Also the Oncology team were so helpful."*

6. Improvement opportunities

In response to the improvement opportunities identified in the results and difficulties in analysing the data as outlined in section 2 (Background), the Operational Delivery Network (ODN) and the Nursing Leadership Team in the PTC are planning on working with the Psychology team to hold focus groups so that they can further understand the term 'support' in response to the findings that support post end of treatment that didn't score well. Another area which saw one of the biggest decreases in score compared to 2021 was around 'Children felt that staff were always friendly' and there is a large focus on staff wellbeing and recruitment which should help to start address this.

The ODN have also completed their own survey and together with UHBW are comparing results to pick out which themes relate more to the PTC. Alongside this, the following actions have been developed from the results of the survey and will be taken forward by an action plan held and monitored by QUAF local governance group (Paediatric haematology/oncology/Bone Marrow Transplant Quality Assurance Forum).

Issue	Actions	Due date	Owner	Status
21% of Parents/carers and children reported that it was always quiet enough for them to sleep in the hospital	New Ward Sister of Starlight to focus on a Noise at Night Project	Ongoing	Vee Bisp, Ward Sister	Commenced
24% of Parents/carers felt they definitely received enough ongoing support from the hospital after their child's	Shared action with Operational Delivery Network – focus group with parents to find out what support would be useful	April 2024	Fern Jameson, Matron for Haematology, Oncology & BMT (HOB) and Adolescents. and Helen Morris,	Ongoing

treatment ended	Aftercare/Late Effects Clinical Nurse Specialist (CNS) and Support Worker have started support group with Psychology to increase support offered post treatment	Twice a year	Children's Cancer Network Lead Nurse.	Commenced
24% of Parents/carers reported that the hospital always offered play specialist support when they needed it	Funding secured through Charity Provision to increase Play Specialist position on Starlight Ward – awaiting approval from Division for charity funded position.	May 2024	Fern Jameson, Matron for Haematology, Oncology & BMT (HOB) and Adolescents	Ongoing
27.5% of parents/carers felt that there were definitely enough things to do for their child to do in the hospital	Proposal to division to lead in BRHC as part of the Active Hospitals programme – bid submitted to Macmillan for financial support for an Occupational Therapist	August 2024	Rachel Cox, Clinical Director Paediatric Haematology, Oncology and BMT Services (HOB). and Fern Jameson, Matron for Haematology, Oncology & BMT (HOB) and Adolescents.	Ongoing

In addition to the above action plan, the following improvement projects are underway in BRHC:

1. Creation of new Chemotherapy CNS Role – this is to allow for a role to have complete oversight of all infusional chemotherapy known as SACT and to plan for, prepare for and allow smoother more time efficient delivery of all inpatient chemotherapy. This role floats across both inpatient ward areas and also supports outpatient chemotherapy delivery. We have seen an improvement in 'on the day' waiting times for the commencement of infusion chemotherapy.
2. Significant nursing recruitment and retention programme – this is both Haematology, Oncology and BMT (HOB) specific as well as BRHC wide, in order to address the nursing vacancies.
3. Creation of additional CNS/Practice Education Facilitator (PEF) hours across all three wards – saturating the clinical environment with clinical support for new and existing staff to increase skill, knowledge and confidence.
4. Additional Lecturer Practitioner Hours – support the ongoing education of HOB nursing staff.
5. Creation of Newly Qualified Nurse Induction Programme – new programme to focus specifically on on-boarding and creating a positive start to our new nurses' careers, in order to improve nursing retention and wellbeing.
6. Successful Internationally Educated Nurses (IEN) recruitment and Education package, which has proved fruitful in addressing some of the nursing vacancies on Starlight Ward and Apollo Ward.

7. Additional Support Workers Recruited in Haematology and Aftercare/Late Effects, contributing to a fully recruited support staff team improving the ability to provide support to families in our care and after treatment.
8. QI project focusing on IV medication safety, providing a reduction in patient safety incidents and therefore improving quality of care provided.

These results have been shared with the Divisional Triumvirate for Children's Services and Executive Directors and discussed at Experience of Care Group and Clinical Quality Group. The results have also been shared the results at local governance meetings and will be discussed at Children's Leadership Team and Cancer Steering Group divisional management meetings and the UHBW Trust Cancer Board meeting.

Whilst The Under 16 Cancer Patient Experience Survey is useful as a way of comparing patient experience between PTCs, the small sample sizes and delay in publishing the results mean that it has limited use as a service improvement tool, however, the Trust has an ongoing patient experience programme that supports ongoing monitoring of patient-reported experience at ward and department level and which is the main focus of the Trust's improvement work in response to patient feedback.

Report authors:

Anna Horton, Experience of Care Coordinator

Fern Jameson, Matron for Haematology, Oncology & BMT (HOB) and Adolescents

Date: 26th February 2024

Under 16 Cancer Patient Experience Survey 2022

Quantitative Results

University Hospitals Bristol And Weston NHS Foundation Trust

Contents

The information in this report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact under16cancersurvey@pickereurope.ac.uk

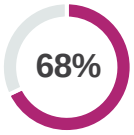
Executive summary

Overall PTC response rate

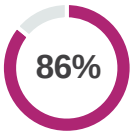
Nationally, 885 responded out of a total of 3,569 eligible parents/carers and children who were sent a survey, resulting in a response rate of 25%. A response consists of one survey completion for a single patient, which could consist of both parent/carer and child responses. The response rate for your PTC is displayed in the table below.

PTC	Original sample size	Adjusted sample size†	Completed	Response rate
University Hospitals Bristol And Weston NHS Foundation Trust	190	190	48	25%

Overall PTC care rating



Children reported that they were very well looked after by staff for their cancer or tumour (Question X60)



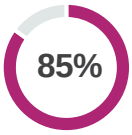
Parents/carers rated the overall experience of their child's care as 8 or more out of 10 (Question X59)

†The adjusted sample excludes patients who were discovered to be ineligible during fieldwork.

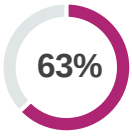
PTC key question scoring

The key questions presented on this page have been selected by healthcare professionals as some of the most important questions in the Under 16 Cancer Patient Experience Survey for children's cancer care. Scores for all questions can be found in the PTC data tables on the survey website.

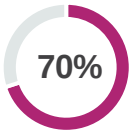
Data for questions in which the base size per question was <10 have been suppressed have been replaced with an asterisk (*). Please refer to the 'Suppression' section of this report for further details.



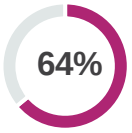
Parents/carers reported that they were offered clear information about their child's treatment
(Question X36)



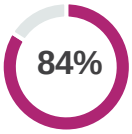
Parents/carers reported that they were definitely told about their child's cancer or tumour diagnosis in a sensitive way
(Question X07)



Parents/carers felt they always had confidence and trust in staff caring for their child
(Question X18)



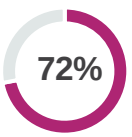
Children reported that they could always understand what staff were saying
(Question X13)



Parents/carers felt that staff definitely offered them enough time to make decisions about their child's treatment
(Question X37)

Parents/carers felt that different hospital staff were definitely aware of their child's medical history
(Question X27)

Parents/carers reported that they definitely had access to reliable help and support 7 days a week from the hospital
(Question X33)



Parents/carers and children reported that information at diagnosis was definitely given in a way they could understand
(Question X08)

Introduction

- The Under 16 Cancer Patient Experience Survey (U16 CPES) measures experiences of tumour and cancer care for children across England. It is an annual survey. This report presents the U16 CPES 2022 findings for University Hospitals Bristol And Weston NHS Foundation Trust. The survey captures the experiences of children who were aged 8 to 15 at the time of their care and discharge, and parents/carers of children who were aged under 16 at the time of their care and discharge.
- The survey has been designed to understand patient experiences of tumour and cancer care – both across England and at individual NHS organisations. It also allows care experiences to be monitored over time.
- The survey is overseen by the Under 16 Cancer Patient Experience Survey Advisory Group made up of professionals involved in the provision of children's cancer care, charity representatives, cancer patients and parents/carers of children with cancer. This group advises on questionnaire development, methodology and reporting outputs. The survey is managed by NHS England, who commission Picker to oversee survey development, technical design, implementation and analysis of the survey.

Methodology

Eligibility, fieldwork and survey methods

The sample for the survey included all patients with a confirmed tumour or cancer diagnosis who received inpatient or day case care from NHS Principal Treatment Centres (PTCs) in England between 1 January 2022 and 31 December 2022, and were aged under 16 at the time of their discharge[†].

The fieldwork for the survey was undertaken between April and June 2023. One of three versions of the survey were distributed:

- The 0-7 questionnaire; sent to parents/carers of patients aged between 0 and 7 years old immediately prior to survey fieldwork
- The 8-11 questionnaire, sent to parents/carers of patients aged between 8 and 11 years old immediately prior to survey fieldwork
- The 12-15 questionnaire; sent to parents/carers of patients aged between 12 and 17 years old immediately prior to survey fieldwork

Survey version was assigned based on the patient's age at the beginning of survey fieldwork (30th March 2023) as opposed to their age at the time they received care, to ensure the most age-appropriate version was sent. For instance, there were small differences in survey design, wording and the way that answer options were presented in the 8-11 and 12-15 questionnaire versions.

Questionnaires sent to those aged 8-11 and 12-15 contained a section for the child to complete, followed by a separate section for their parent or carer to complete. Where a child was aged 0-7, the questionnaire was completed entirely by their parent or carer.

The survey used a mixed mode methodology. Questionnaires were sent by post and addressed to the parent or carer of the child, with two reminders sent to non-responders, and also included an option to complete the questionnaire online or over the phone. A Freephone helpline and email address were available for respondents to opt-out, ask questions about the survey, enable respondents to complete their questionnaire over the phone and provide access to a translation and interpretation services for those whose first language was not English.

[†]The survey asked recipients to answer about their (or their child's) cancer care during 2022. Some patients may have been 16 or 17 years old at the time they received the questionnaire if they were 15 years old at the time of their discharge but then had a birthday or two prior to the survey being sent out.

Understanding the results

The 'PTC results' section of this report presents data from some of the survey questions and shows the percentage of respondents that selected each response option. There is at least one question from each section of the questionnaire presented in a bar chart.

The 'Year on year comparisons' section of this report presents charts showing the scores for your PTC between 2021 and 2022 for comparable questions. This allows you to monitor changes in patient experiences over time. The score shows the percentage of respondents who gave the most favourable response to a question. Any response options that are not applicable are removed before the score is calculated. Please note that the 2022 scores that are not comparable to 2021 are not presented in this section and can be found in the data tables on the survey website.

From the example table below, the question would be scored as follows:

EXAMPLE DATA ONLY

Please take care in interpreting comparisons both against your 2021 data and the national average, due to numbers of respondents and in the absence of statistical significance testing. Confidence interval bars are included on your PTC scores throughout the report.

Staff definitely offered parents/carers enough time to make decisions about their child's treatment: 60%

Question text	Answer options	No. of responses	% responses
Did staff offer you enough time to make decisions about your child's treatment?	Yes, definitely	120	60%
	Yes, to some extent	74	37%
	No, but I would have liked this	6	3%
	No, but this was not needed or possible	8	-

Full responses and scores to all questions can be found in the PTC Excel Data Tables on the survey website and on the interactive dashboard. Meanwhile, more details on scoring can be found in the Technical Appendix on the survey website.

The percentages in this report have been rounded to the nearest whole percent. Therefore, in some cases the figures may not add up to 100%.

Question numbers relate to the numbering on the data tables, not the question numbers used on the surveys themselves.

How to use this data

We recommend that PTCs take caution when benchmarking their results against those of other PTCs, or against results at national level. This is because:

1) The results are not adjusted for differences in patient profiles across PTCs

- In larger samples, scores are ordinarily adjusted to account for the fact that different demographic groups tend to report their experience of care differently.
- However, scores have not been adjusted for the 2022 survey due to small sample size restrictions. This means that PTCs with differing populations could potentially lead to results appearing better or worse than they would if they had a slightly different profile of patients. Furthermore, survey responses might be influenced by the type of care provided by PTCs, for example some provide specialised care and treatment.

2) PTC scores are often based on small numbers of responses, reducing statistical confidence in the results

- **Confidence intervals** are displayed for your PTC data throughout this report. They are shown as black bars on charts. Assuming the sample is representative of your organisation, confidence intervals are a method of describing the uncertainty around results. The most common methodology, which was used here, is to produce and report 95 percent confidence intervals around the results. At the 95 percent confidence level, the confidence intervals are expected to contain the "true" population value 95 percent of the time (i.e. out of 100 such intervals, 95 will include the true figure), based on the sample of information we have.
- PTC scores are often based on a very small number of responses, meaning that the confidence intervals around one score can be wide and overlap with another. This indicates, when the comparison is valid, that there is not enough statistical evidence to conclude whether or not there is a "true" difference between the two results.

We recommend that PTCs review their results for the 2022 survey and triangulate these with local intelligence and other data sources to identify areas for further local investigation. We recommend that this is done whilst also reviewing the information about who responded to the survey in the PTC (available in the 'About the respondents' section), to understand the patient groups that make up (and do not make up) the results.

Suppression

The Under 16 Cancer Patient Experience Survey uses two types of suppression: suppression for anonymity and suppression for reliability. These suppression methods are used to prevent individuals and their responses being identifiable in the data, and to ensure unreliable results based on very small numbers of respondents are not released.

Suppression for anonymity

The purpose of this type of suppression is to protect people's identity and their data.

Where the data is semi-identifiable (e.g. a demographic), the eligible population at risk is 1,000 or fewer, and there are 5 or fewer respondents in a particular category, then the data has been suppressed and replaced with an asterisk (*).

Double suppression for anonymity

In instances where only data from one group has been suppressed, the data from the next lowest group has also been suppressed. This is to prevent back calculation from the total number of responses.

For example, if only one PTC has a score suppressed for a question, then the PTC with the next lowest number of respondents for that question will also be suppressed.

The same rule applies to groups in each subgroup breakdown. For example, if only one PTC has the 0-7 age group data suppressed for question X19, we suppress the score of the PTC with the second lowest data for the 0-7 age group data for this question.

Suppression for reliability

The purpose of this type of suppression is to prevent unreliable results from being released, due to small numbers.
In cases where a result is based on less than 10 responses, the result has been suppressed replaced with an asterisk (*).
For example, if only 8 people answered a question from a particular PTC, the results are not shown for that question for that PTC. Double suppression is not required here.

Survey type subgroup and n.a. values

A special case for suppression is represented by the Survey Type breakdown. Where a question is not asked in a particular survey type, for example question X02 is not asked in the 0-7 version, the values will be represented by n.a. (not asked) and highlighted in grey. In this scenario, only the other Survey Type subgroups (8-11 survey and 12-15 survey) would count towards the double suppression criteria.

Further information

This research was carried out in accordance with the internal standard for organisations conducting social research (accreditation to ISO27001:2013; certificate number GB10/80275). The 2022 survey data has been produced and published in line with the Code of Practice for Official Statistics.

For more information on development and methodology, please see the Survey Development Report available on the survey materials page of the website. For all other outputs including the Technical Appendix, please visit the results section of the website.

About the respondents[†]

Table 1. Response rate

Please note that a response means one survey completion, which could be completed by a parent/carer, a child or both.

	Original sample size	Adjusted sample size[††]	Completed	Response rate
PTC	190	190	48	25%

Table 2: Percent of responses by survey mode

	PTC		National	
Survey mode	n	%	n	%
Paper	32	67%	617	70%
Online	16	33%	266	30%
Mixed (combination of paper and online)[‡]	0	0%	0	0%
Phone – English	0	0%	2	0%
Phone – Translation service	0	0%	0	0%

Table 3: Percent of responses by survey type

	PTC		National	
Survey	n	%	n	%
0-7	24	50%	450	51%
8-11	*	*	185	21%
12-15	*	*	250	28%

Table 4: Percent of responses by ethnic group of child (Question X64)

	PTC		National	
Ethnic group	n	%	n	%
White	39	85%	658	74%
Mixed	*	*	65	7%
Asian	*	*	98	11%
Black	0	0%	27	3%
Other ethnic groups	0	0%	15	2%

[†]Demographic breakdowns may not equal the total number of respondents as certain response options have been aggregated, or excluded, due to small numbers at PTC level. A full demographic breakdown can be found in the national report.

[††]The adjusted sample excludes patients who were discovered to be ineligible during fieldwork.

[‡]Indicates cases in which the entire parent/carer section was completed in one mode and the entire child section was completed in another mode.

Table 5: Percent of responses for 'Which of the following best describes you?' (Question X62)

	PTC		National	
Which of the following best describes you? (asked to children aged 8-15)	**n**	**%**	**n**	**%**
Boy/Male	7	32%	235	54%
Girl/Female	15	68%	171	39%

Table 6: Percent of responses by sex of child registered at birth (Question X63)

	PTC		National	
What sex was your child registered at birth?	**n**	**%**	**n**	**%**
Male	24	51%	490	55%
Female	23	49%	371	42%

Table 7: Percent of responses by current care or treatment stage[†] (Question X66)

	PTC		National	
Stage of care	**n**	**%**	**n**	**%**
Recently diagnosed	0	0%	12	1%
Watch and wait	*	*	84	10%
Currently receiving treatment	25	54%	401	46%
Finished treatment within the last one month	0	0%	66	8%
In remission / long term follow-up	16	35%	327	37%
Receiving palliative or end of life care	0	0%	7	1%
Other	6	13%	49	6%

[†]Based on a select all that apply question and therefore the total number of responses may be more than the total number of respondents.

Table 8: Percent of responses by diagnostic group[†] (from ICD-10 code in patient sample)

	PTC		National	
Diagnostic group	**n**	**%**	**n**	**%**
Leukaemias, myeloproliferative diseases, and myelodysplastic diseases	21	44%	355	40%
Lymphomas and reticuloendothelial neoplasms	*	*	105	12%
CNS and miscellaneous intracranial and intraspinal neoplasms	12	25%	178	20%
All other	*	*	247	28%

Table 9: Responses by long term condition (Question X65)

	PTC		National	
Long term condition	**n**	**%**	**n**	**%**
Another long term condition	8	17%	188	21%
No other long term condition	39	81%	679	77%
Not given	1	2%	18	2%

Table 10: Responses by main person who answered questions in the children's section (Question X61)

	PTC		National	
Respondent	**n**	**%**	**n**	**%**
The child / young patient	12	25%	178	20%
The parent or carer	4	8%	95	11%
Both the child / young patient and the parent or carer together	5	10%	126	14%
Not given	27	56%	486	55%

Table 11: Responses by IMD quintile[††] (based on Index of Multiple Deprivation (IMD) from postcode in patient sample)

	PTC		National	
IMD quintile	**n**	**%**	**n**	**%**
1 (most deprived)	*	*	160	18%
2	10	21%	160	18%
3	13	27%	150	17%
4	*	*	197	22%
5 (least deprived)	14	29%	201	23%
Non-England	0	0%	17	2%

[†]Details of how diagnostic groups were formed can be found in the Technical Appendix, available on the survey website.
[††] Indices of Multiple Deprivation (IMD) classifies geographic areas into five quintiles based on relative disadvantage

Overall care: sub-group comparisons

This section summarises the responses of various sub-groups to questions asking about overall care. Further information about how these sub-groups were determined can be found in the accompanying Technical Appendix, available on the survey website.

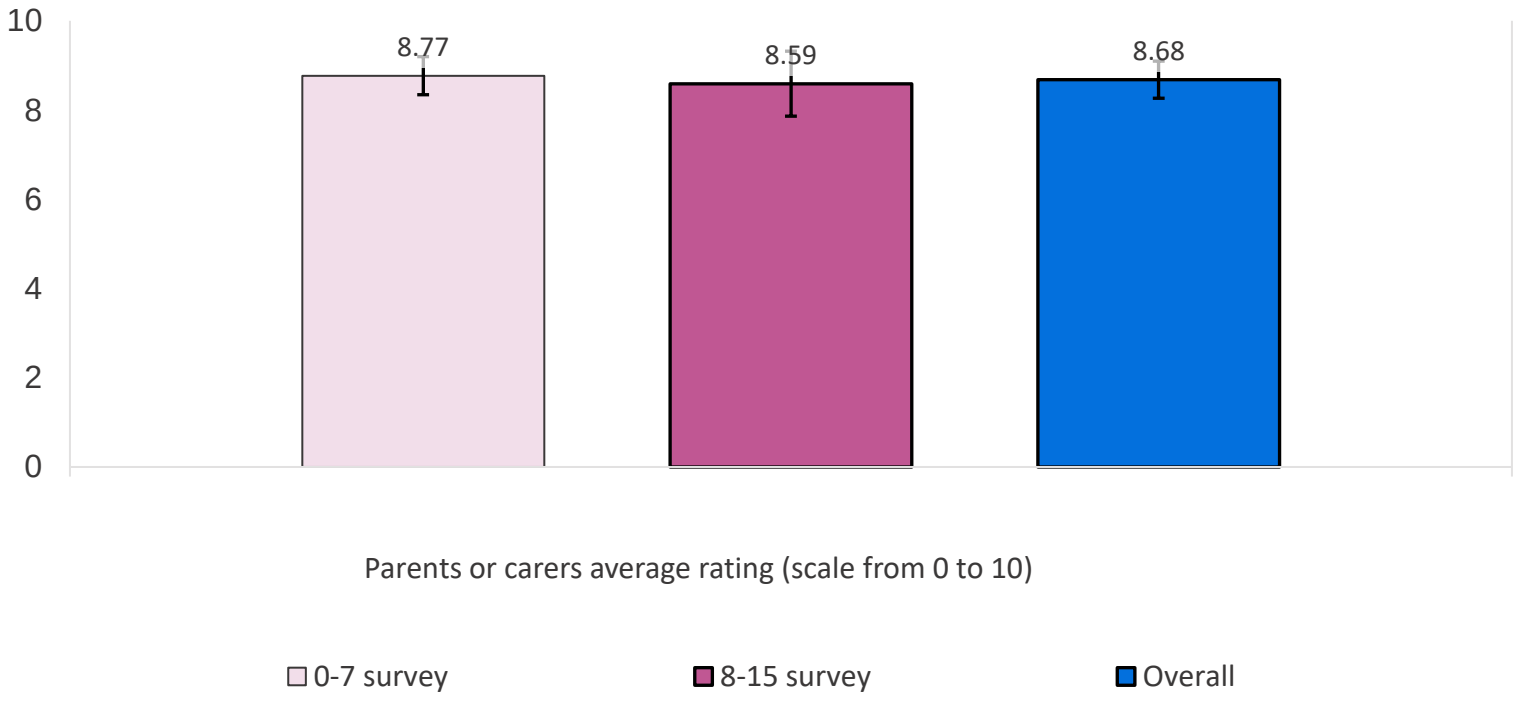
Questions asking about overall care were structured differently for children and parents/carers, therefore they cannot be directly compared. Children aged 8 and over were asked how well they were looked after for their cancer or tumour by healthcare staff and were given the options "Very well," "Quite well," "OK," "Not very well" and "Not at all well." Meanwhile, parents and carers of all age groups were asked to rank their child's overall care on a scale of 0-10, with 0 indicating that the care was very poor and 10 indicating that the care was very good. In the results below, these parent/carer rankings have either been presented as scores of 8-10 (good), 4-7, and 0-3 (poor), or as an average rating.

A breakdown of all survey questions by each sub-group can be found in the PTC Excel data tables available on the survey website.

Parents/carers overall rating of care by survey type

The average parent/carer rating of the overall experience of their child's care was 8.68 (scale from 0 to 10).

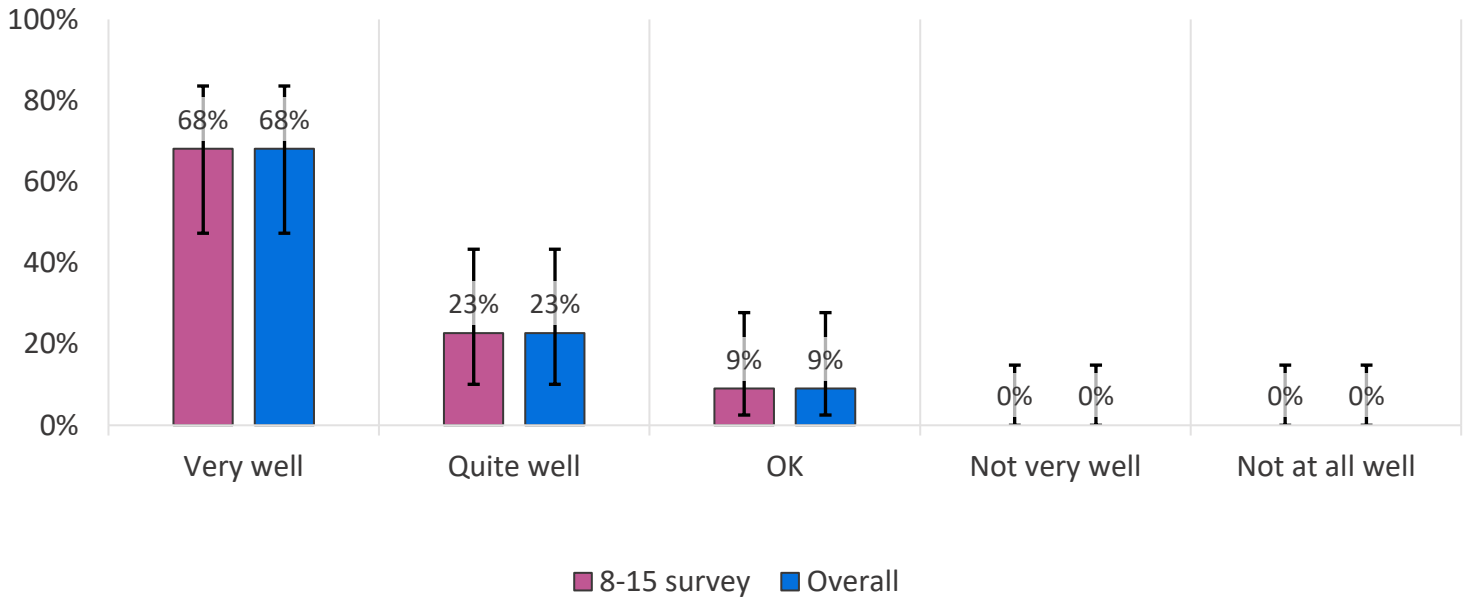
Figure 1. Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)



Question X59_Average: Asked to parents/carers of all age groups. Total responses = 44.

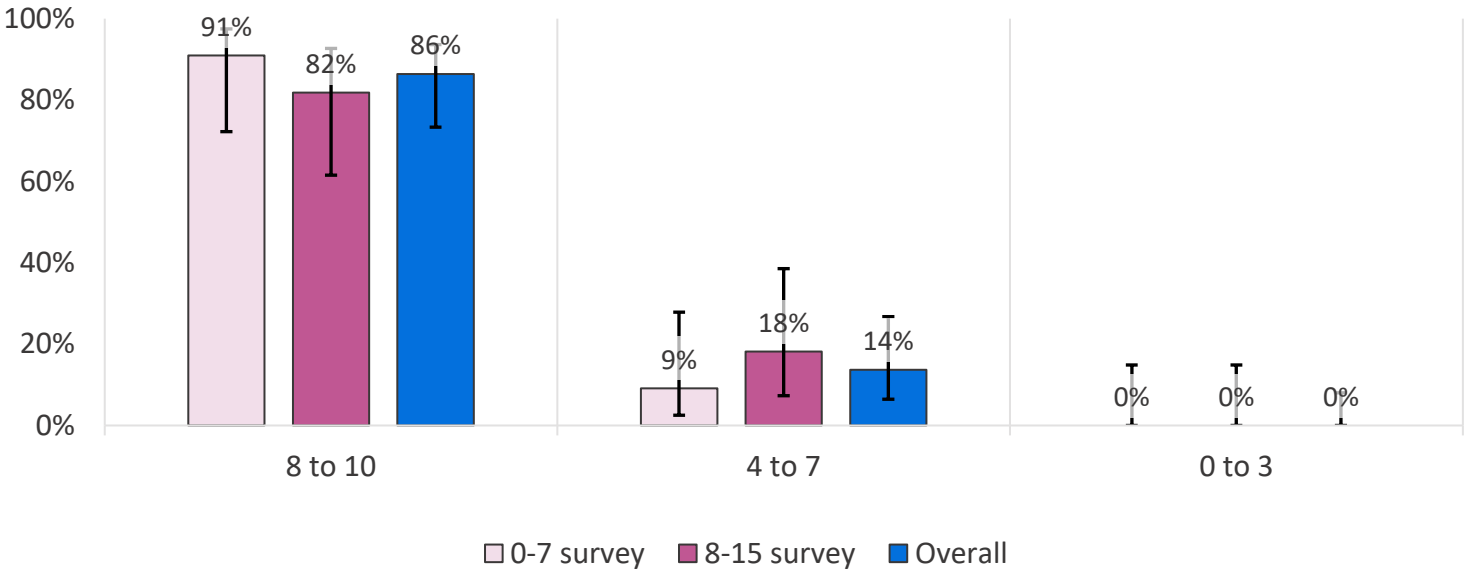
Survey type

Figure 2. Overall, how well are you looked after for your cancer or tumour by the healthcare staff?



Question X60: Asked to all children aged 8-15. Total responses = 22.

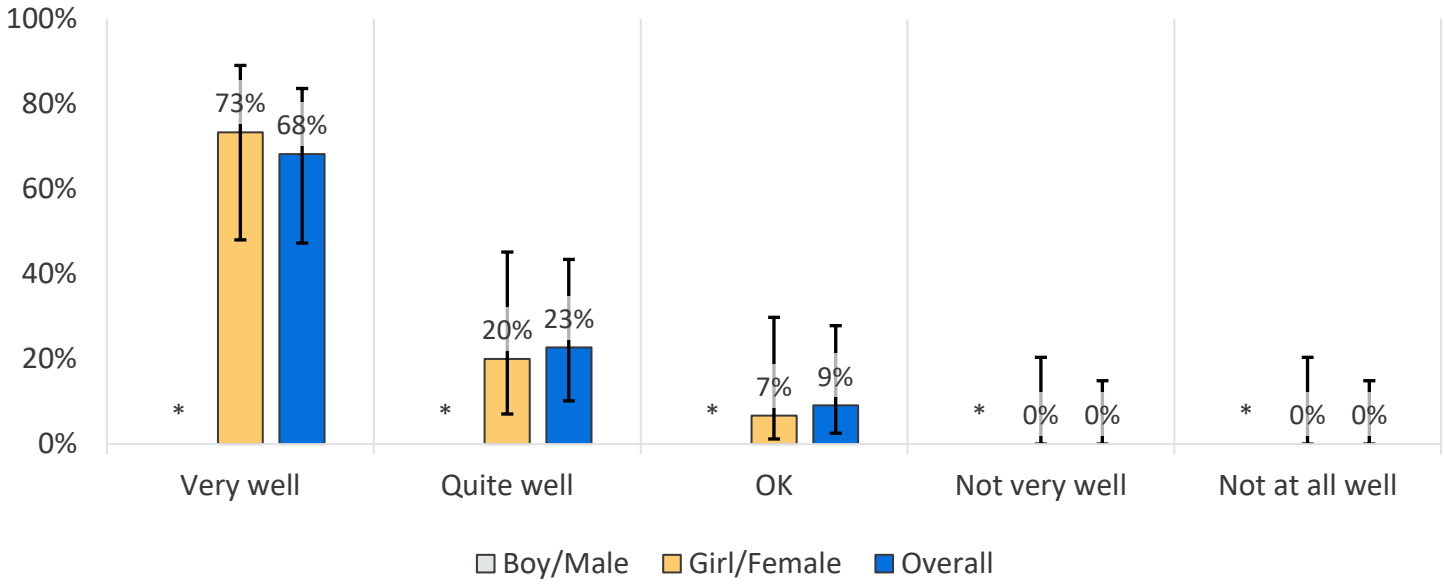
Figure 3. Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)



Question X59: Asked to parents/carers of all age groups. Total responses = 44.

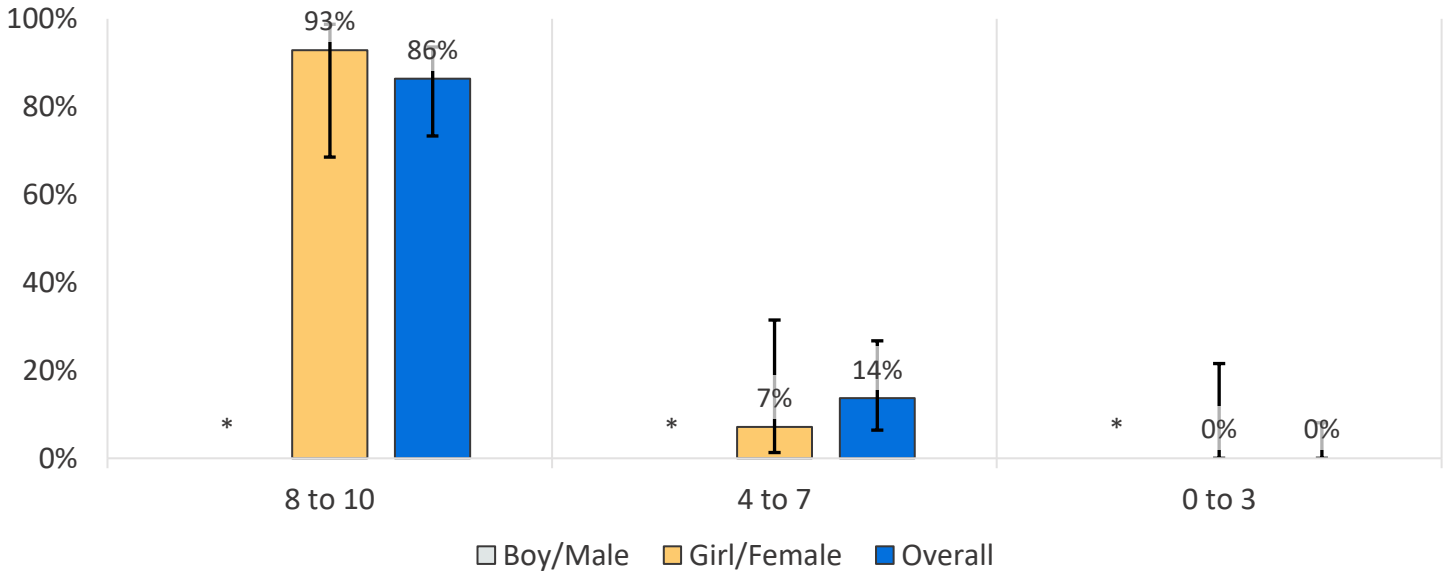
Which of the following best describes you?†

Figure 4. Overall, how well are you looked after for your cancer or tumour by the healthcare staff?



Question X60: Asked to all children aged 8-15. Total responses = 22.

Figure 5. Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)

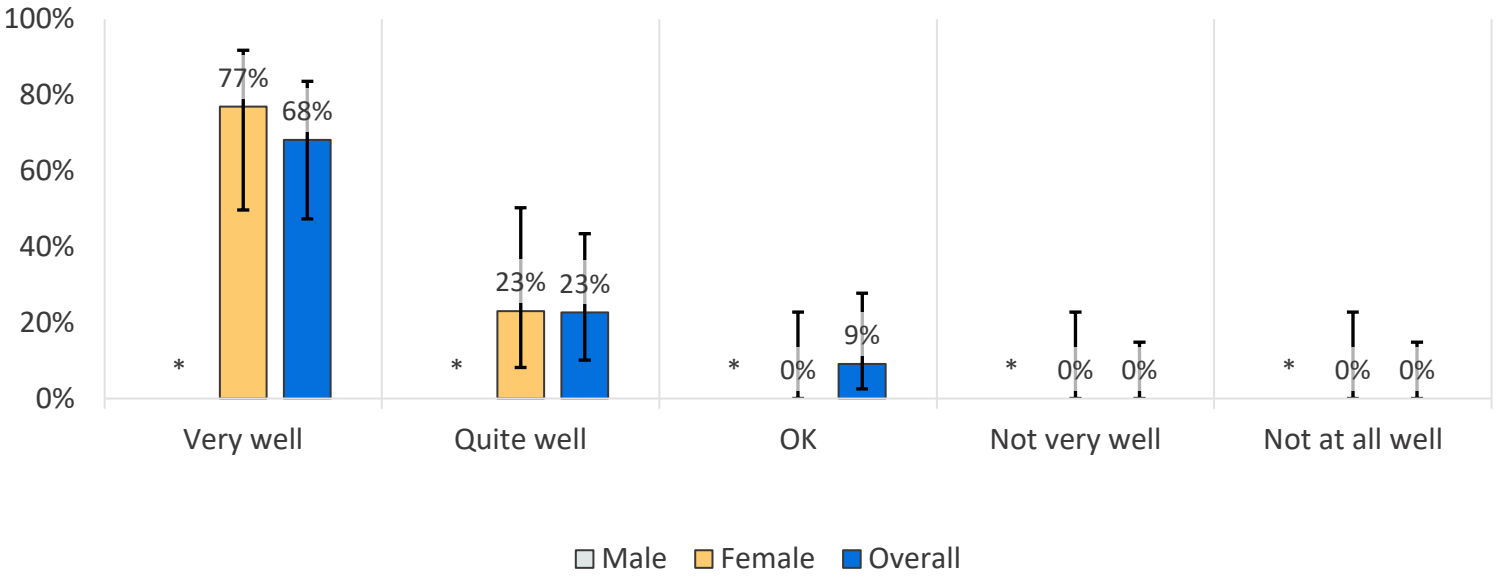


Question X59: Asked to parents/carers of all age groups. Total responses = 44.

†Only data for boy/male and girl/female is shown, as the number of respondents answering 'I describe myself in another way' or 'prefer not to say' to this question was suppressed.

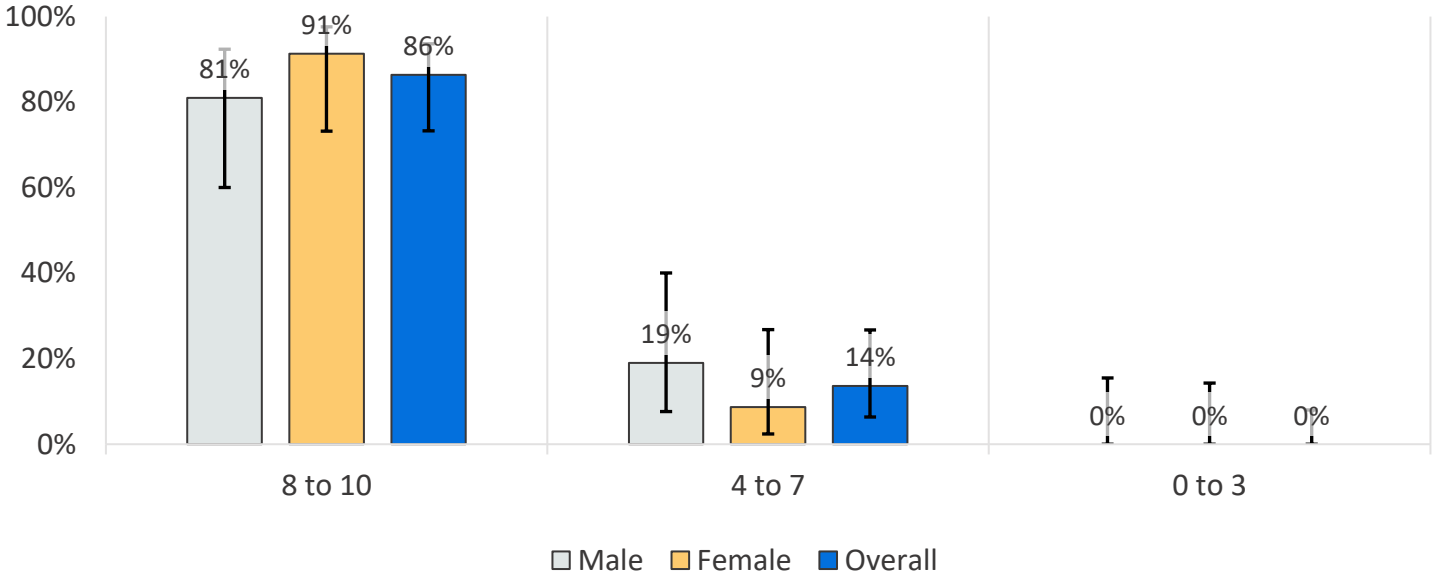
Sex registered at birth†

Figure 6. Overall, how well are you looked after for your cancer or tumour by the healthcare staff?



Question X60: Asked to all children aged 8-15. Total responses = 22.

Figure 7. Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)

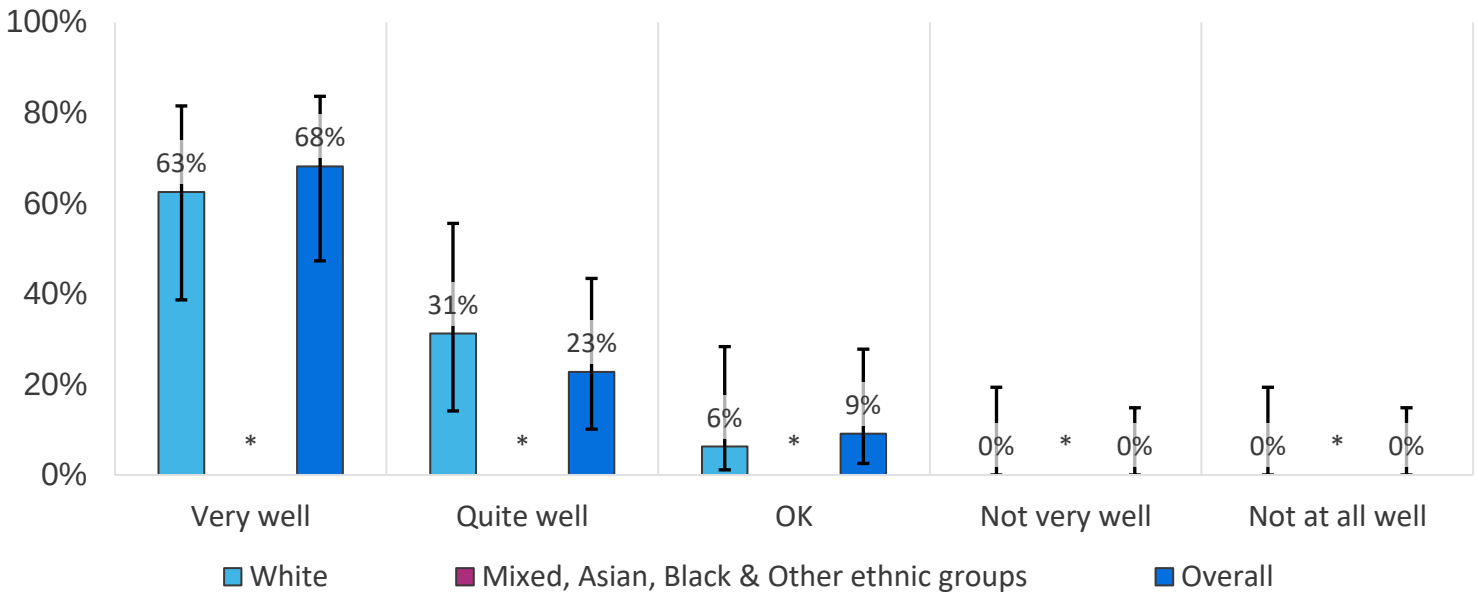


Question X59: Asked to parents/carers of all age groups. Total responses = 44.

†Only data for male and female is shown, as the number of respondents answering 'prefer not to say' to the sex registered at birth question was suppressed.

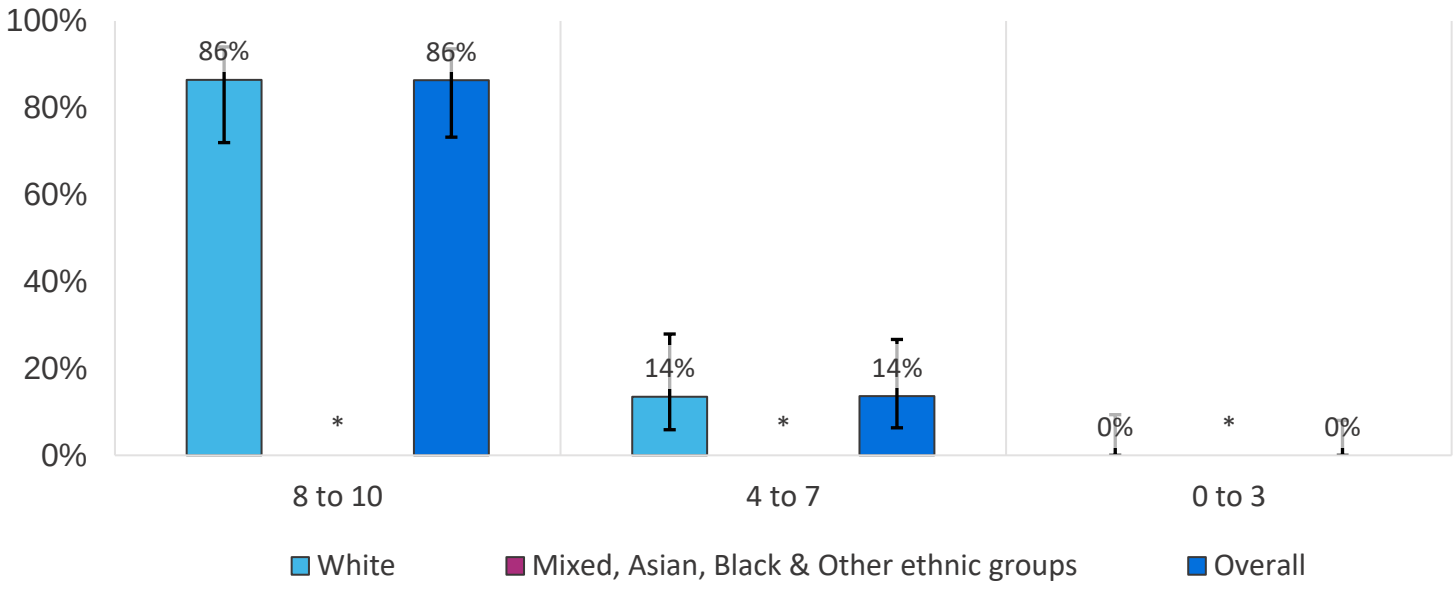
Ethnic group†

Figure 8. Overall, how well are you looked after for your cancer or tumour by the healthcare staff?



Question X60: Asked to all children aged 8-15. Total responses = 22.

Figure 9. Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)

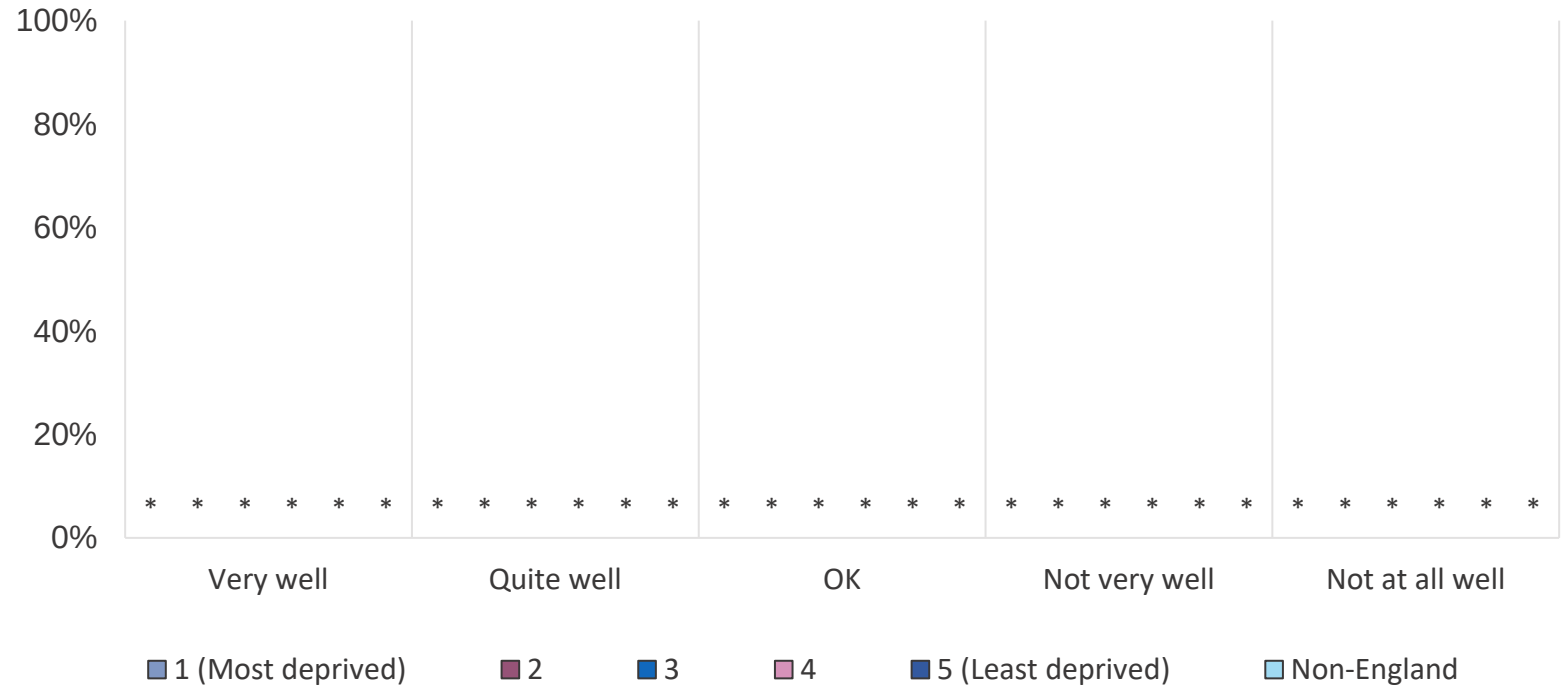


Question X59: Asked to parents/carers of all age groups. Total responses = 44.

† Due to small numbers at PTC level, ethnic group data has been aggregated for the ethnic minority groups. It is important to note that there are often significant disparities in health outcomes between ethnic groups and caution is recommended when analysing this aggregated group i.e. poorer experience may become less obvious.

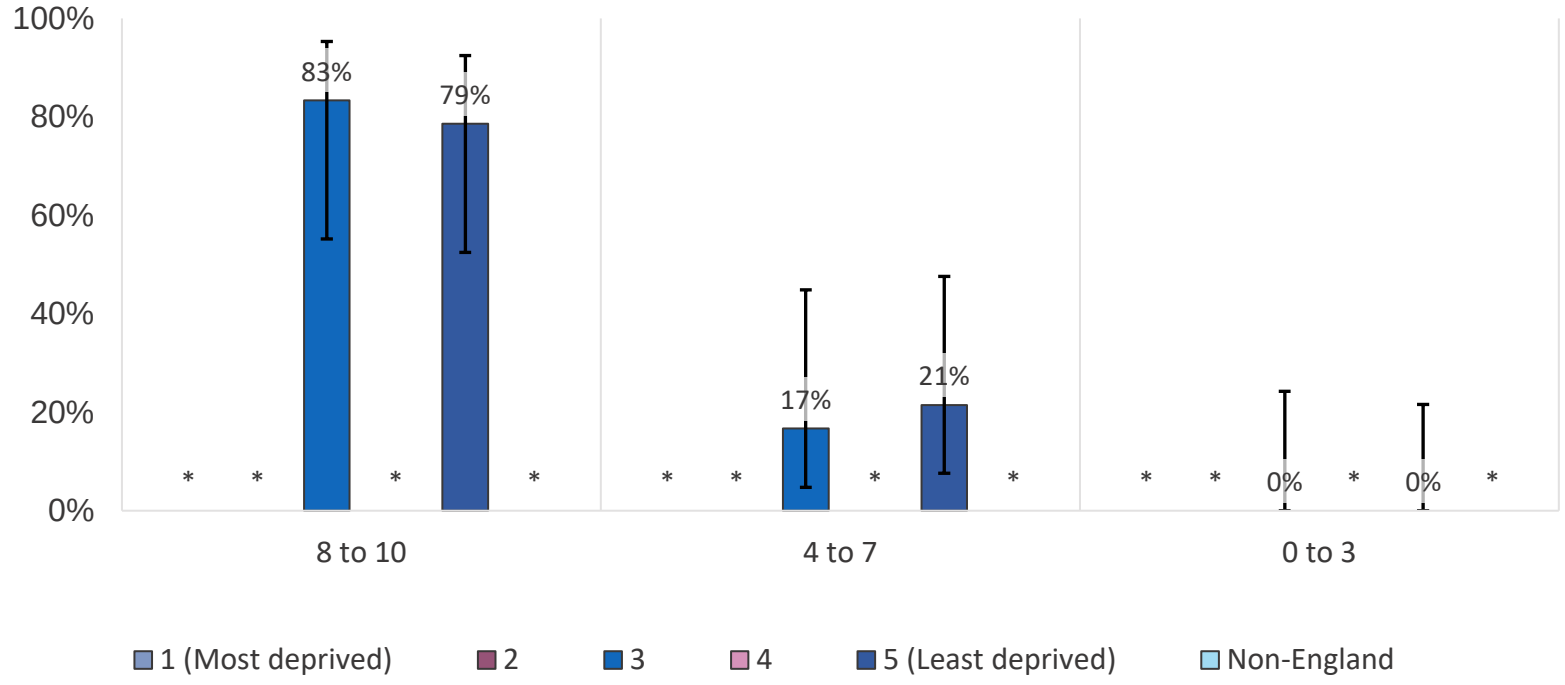
IMD quintile

Figure 10. Overall, how well are you looked after for your cancer or tumour by the healthcare staff?



Question X60: Asked to all children aged 8-15. Total responses = 22.

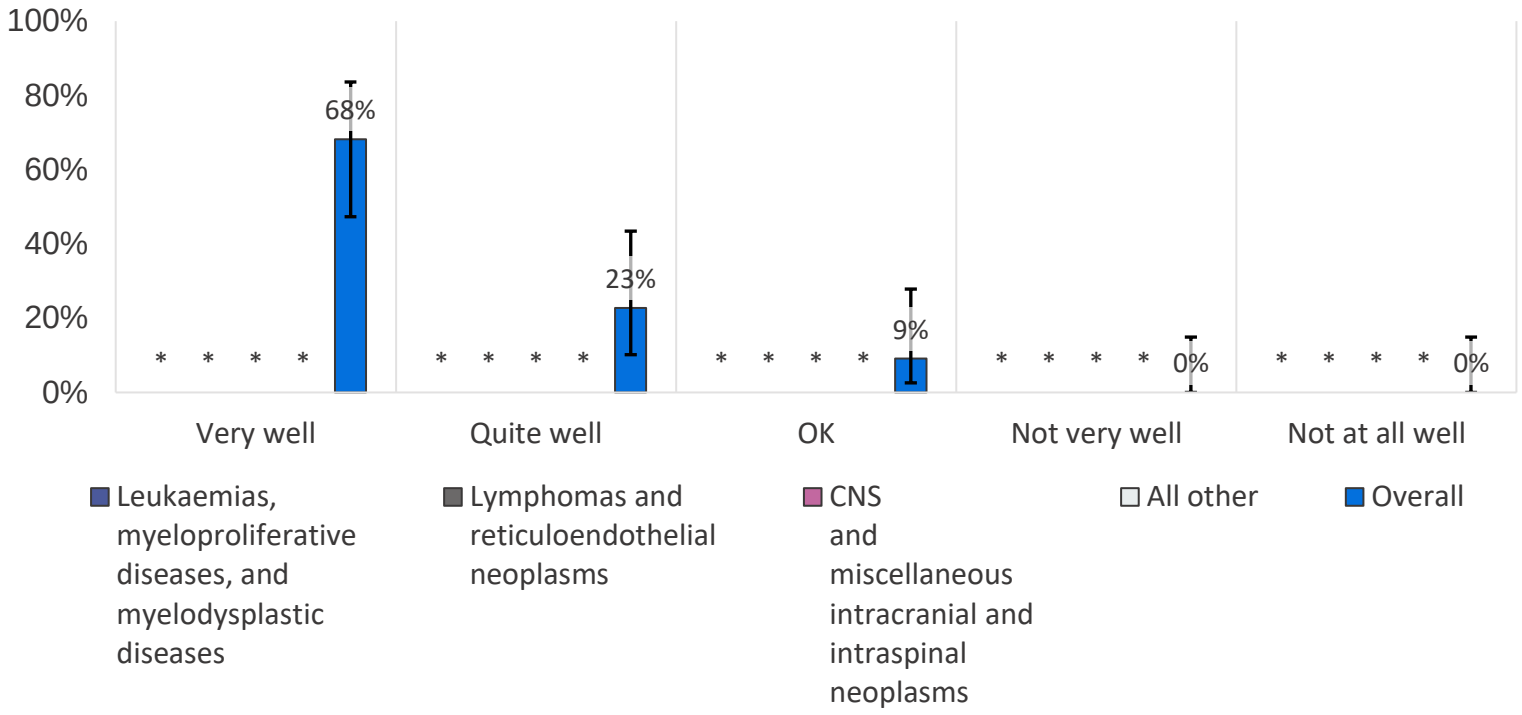
Figure 11. Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)



Question X59: Asked to parents/carers of all age groups. Total responses = 44.

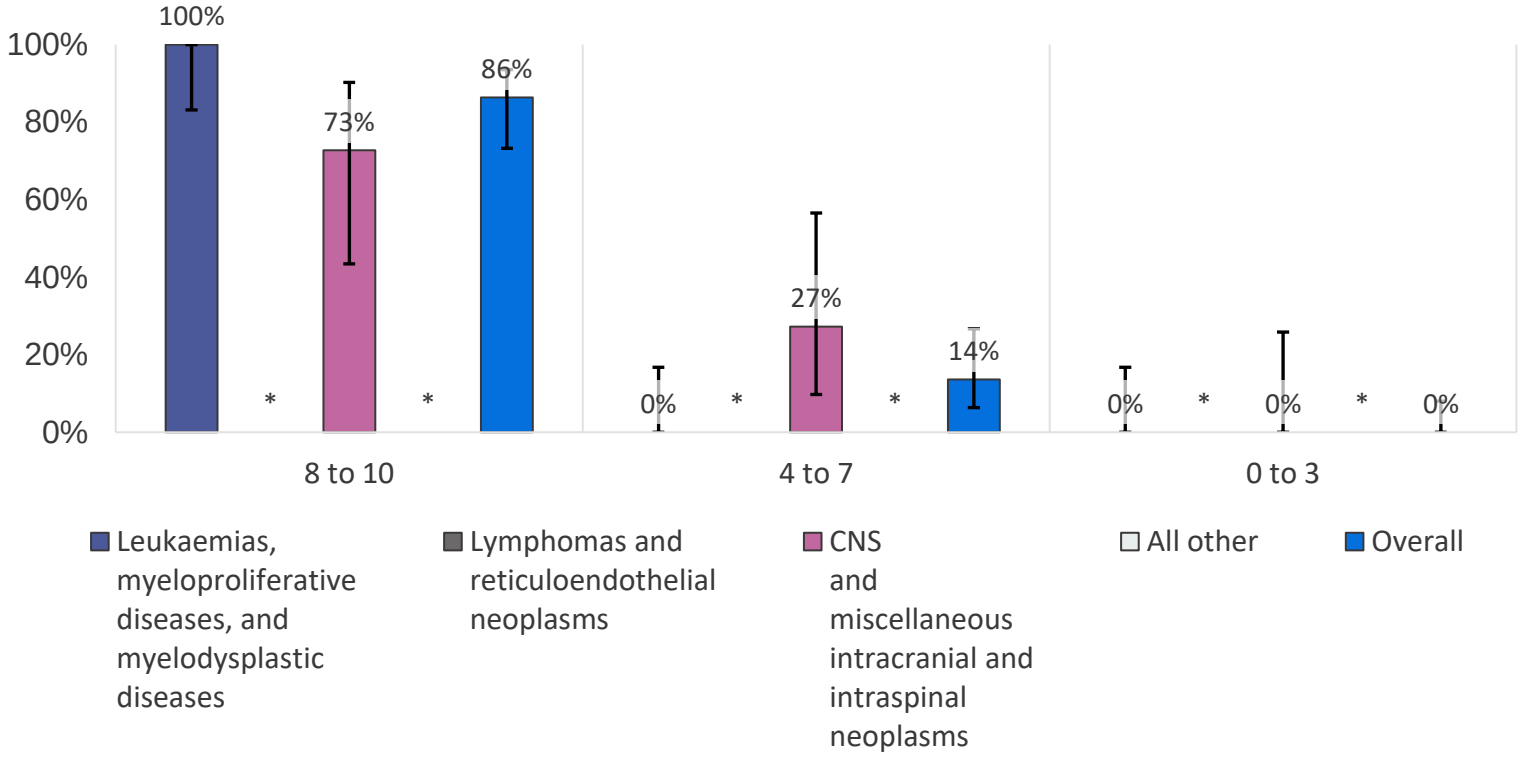
Diagnostic Group†

Figure 12. Overall, how well are you looked after for your cancer or tumour by the healthcare staff?



Question X60: Asked to all children aged 8-15. Total responses = 22.

Figure 13. Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)

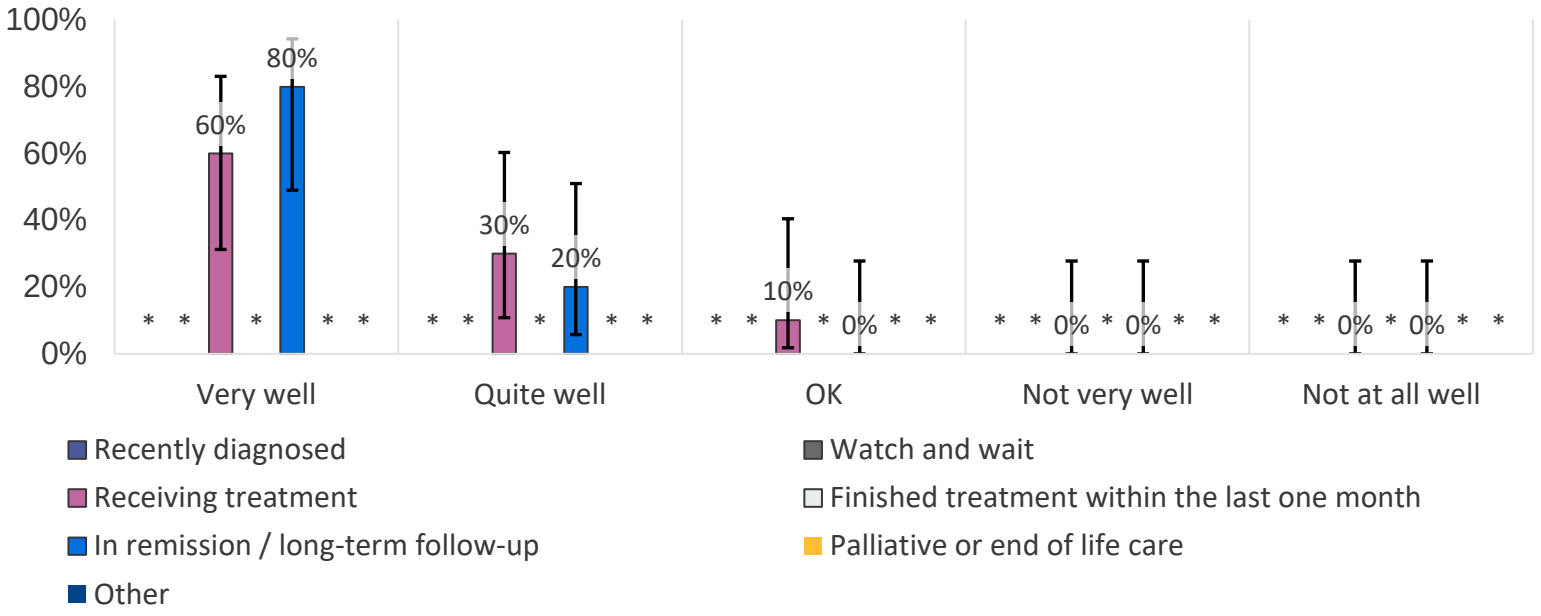


Question X59: Asked to parents/carers of all age groups. Total responses = 44.

† Due to small numbers at PTC level, diagnostic group data has been aggregated to allow for some analysis by diagnostic group. It is, however, important to exercise caution when analysing aggregated groups i.e. poorer experience for some diagnostic groups is undetectable when aggregated.

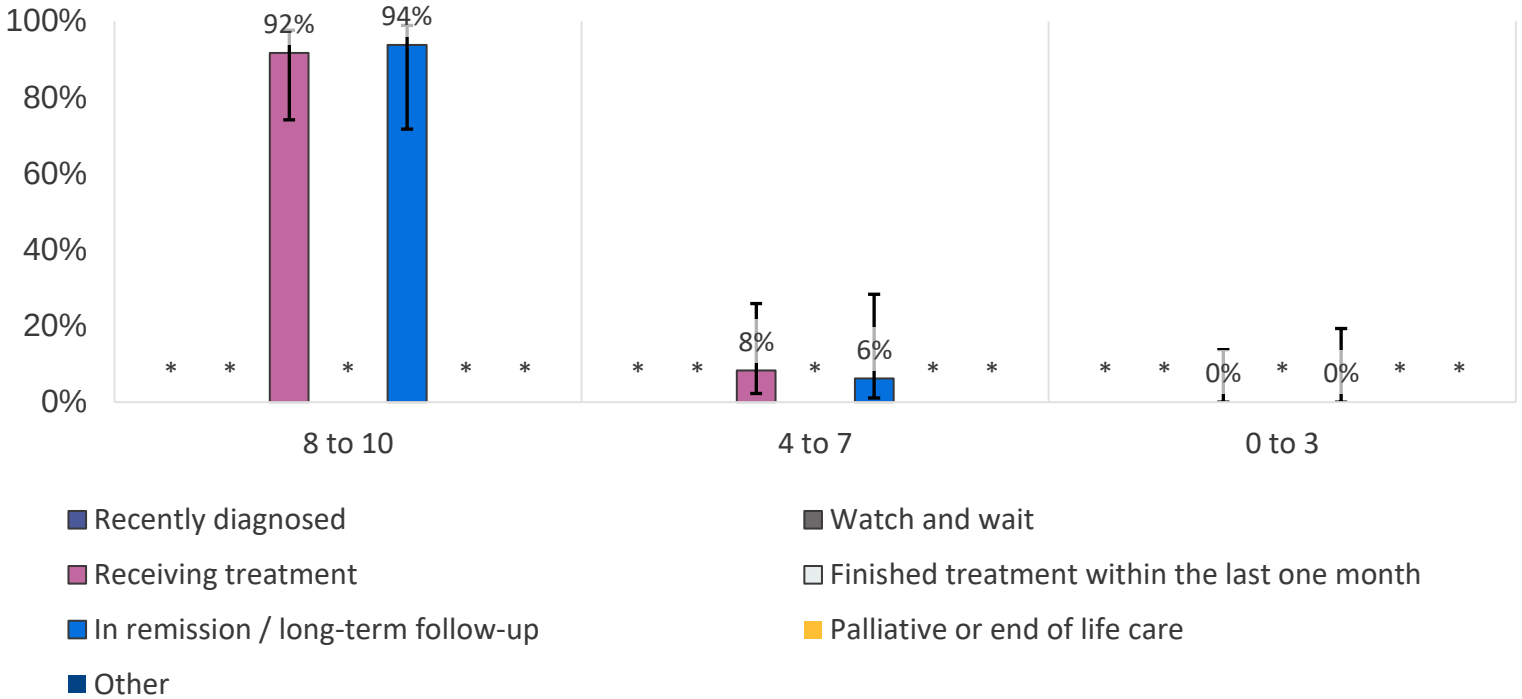
Stage of current care or treatment

Figure 14. Overall, how well are you looked after for your cancer or tumour by the healthcare staff?



Question X60: Asked to all children aged 8-15. Total responses = 22.

Figure 15. Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)



Question X59: Asked to parents/carers of all age groups. Total responses = 44.

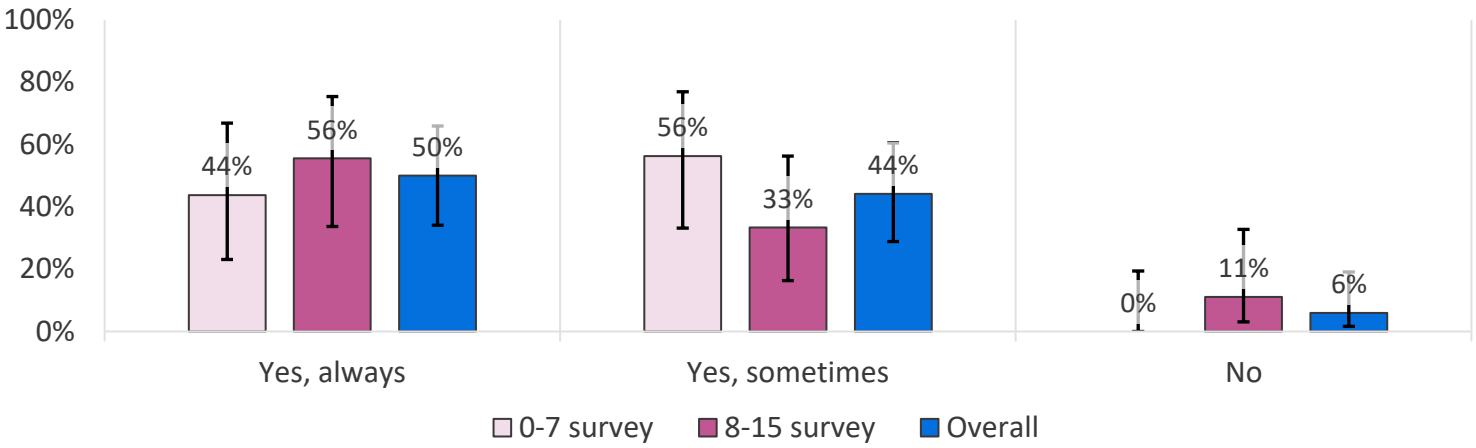
PTC results

Key findings from each section of the questionnaire can be found below. Please note that full results can be found within the PTC Excel Data Tables (see 'Further information' section for more details).

Overall care

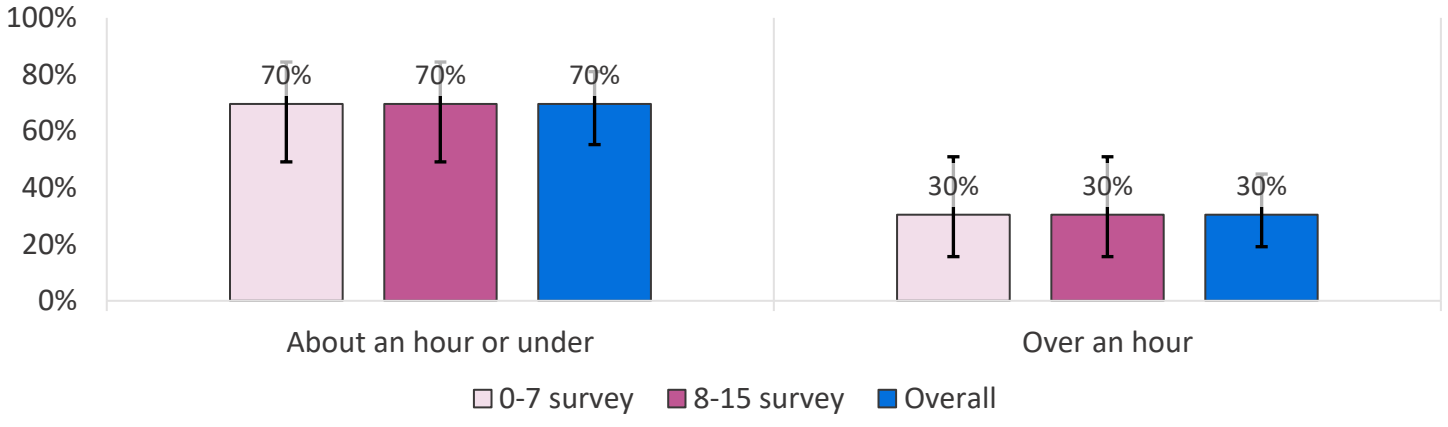
All respondents were asked how they felt about their overall care. Further results for these questions (showing breakdowns by different groups) can be found in the 'Sub-group comparisons' section of this report. Two questions were asked about how well different hospitals providing cancer or tumour care worked together and how long it takes to get to the hospital where the child received most of their cancer or tumour care. Results can be found in Figures 16 and 17 below.

Figure 16. Do different hospitals providing your child's cancer or tumour care work well together?/ Do different hospitals providing your cancer or tumour care work well together?



Question X57: Asked to parents/carers of children aged 0-11, and children aged 12-15. Total responses = 34 (excluding 13 response(s) of "My child does not/ I don't receive care at different hospitals").

Figure 17. How long does it take to get to the hospital where your child receives most of their cancer or tumour care?

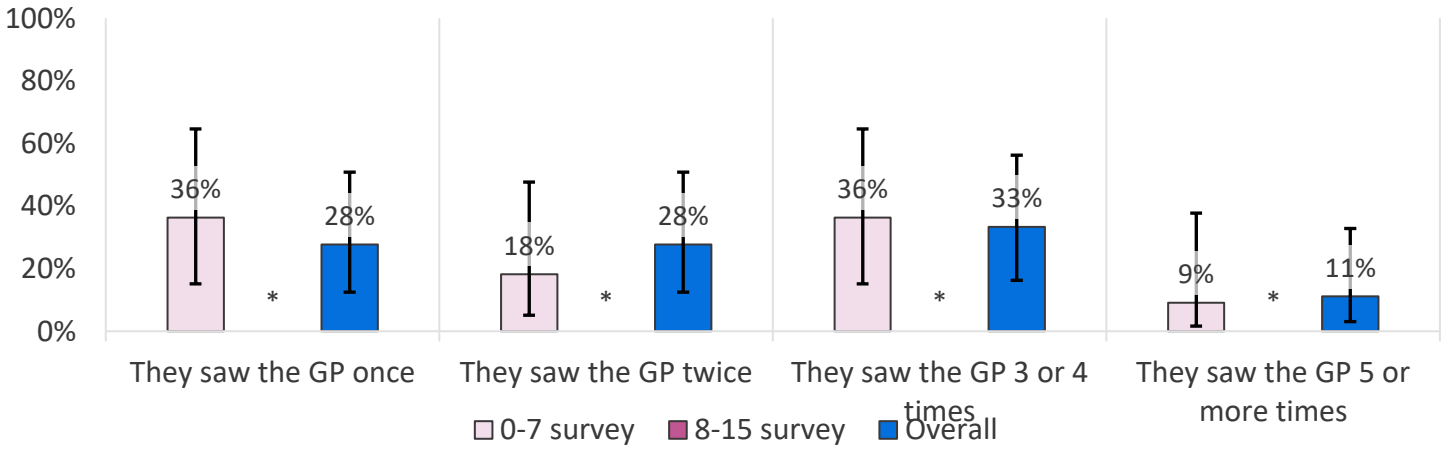


Question X58: Asked to parents/carers of all age groups. Total responses = 46.

Finding out about the cancer or tumour

63% (n=30) of all parents/carers reported that their children were told they had cancer or a tumour during 2022 (Question X01). This group of respondents were then asked how many times they had seen their GP prior to receiving a formal diagnosis for their child's cancer or tumour (Question X03) – results are displayed in the chart below.

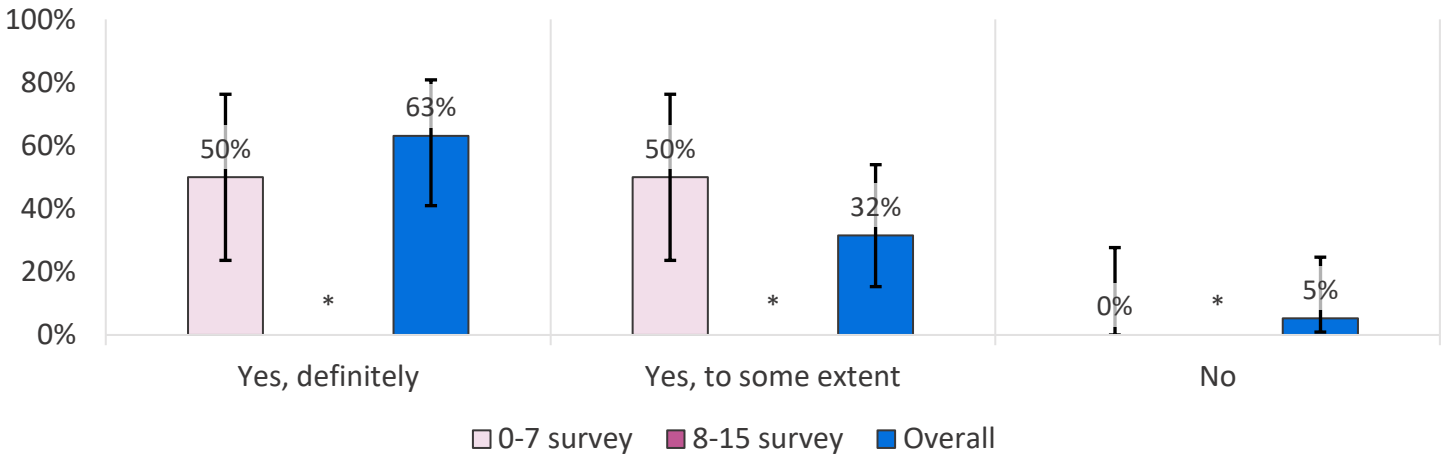
Figure 18. Before you were told your child needed to go to hospital about their cancer or tumour, how many times did they see a GP (family doctor) about the health problem(s) caused by the cancer or tumour?



Question X03: Asked to parents/carers of all age groups whose children were told they had cancer or a tumour during 2022. Total responses = 18 (excluding 11 response(s) of "None- they went straight to hospital" and excluding 1 response(s) of "Don't know / can't remember").

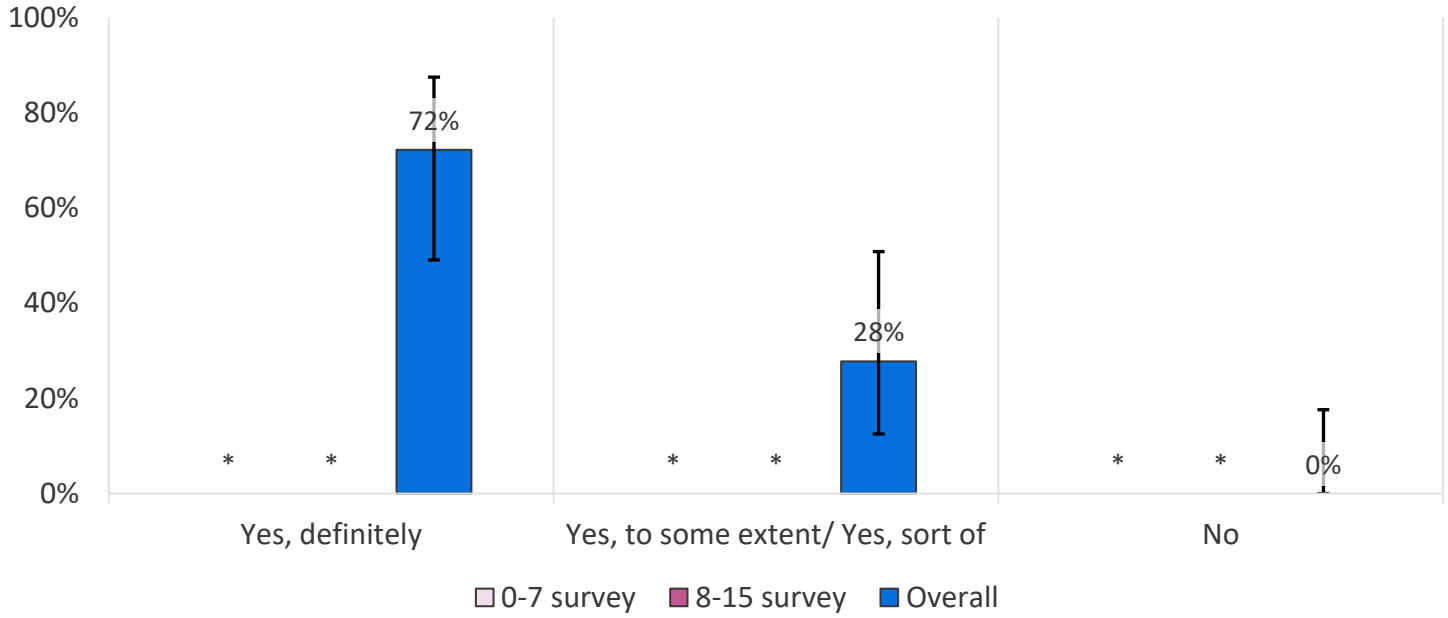
Further questions were asked to all parents/carers of children who had received diagnoses during 2022 by the hospital named in the covering letter.

Figure 19. Were you told about your child's cancer or tumour in a sensitive way?



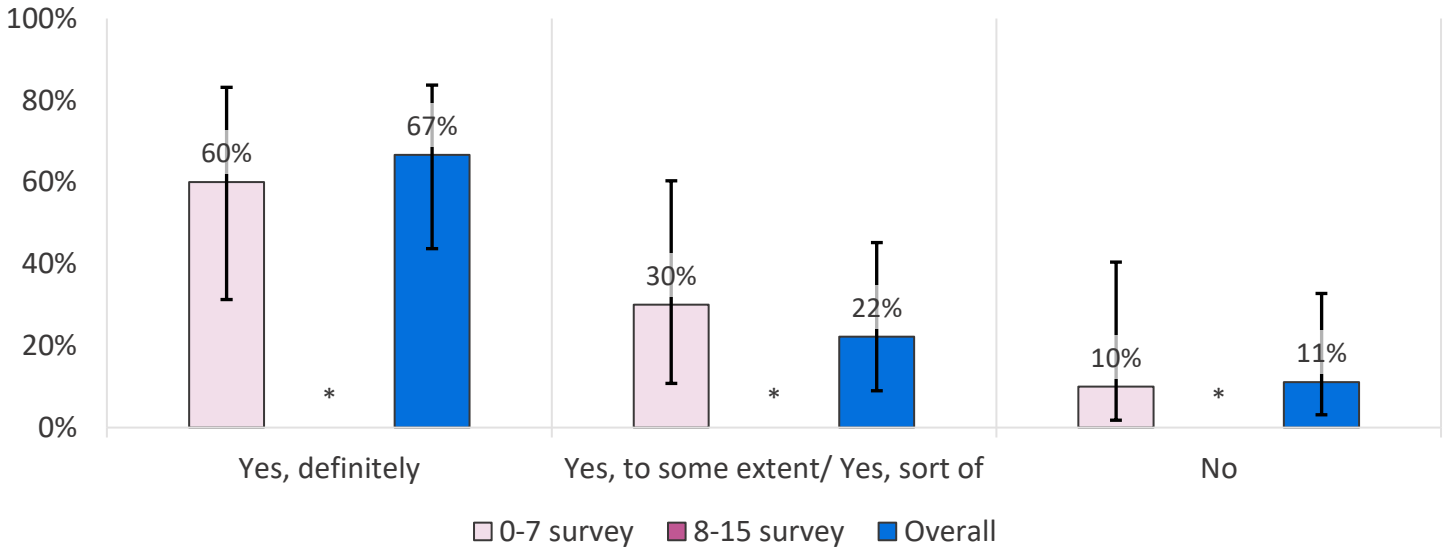
Question X07: Asked to parents/carers of all age groups who were told about their child's cancer or a tumour during 2022. Total responses = 19 (excluding 0 response(s) of "Don't know / can't remember").

Figure 20. When you were told about your child's cancer or tumour, was information given in a way that you could understand? / When you were told about your cancer or tumour, was information given in a way that you could understand?



Question X08: Asked to parents/carers of 0-7s who were told about their child's cancer or a tumour during 2022, and children aged 8-15 who were told they had cancer or a tumour during 2022. Total responses = 18 (excluding 0 response(s) of "Don't know / can't remember").

Figure 21. Were you able to have any questions answered by healthcare staff after you were told about your child's cancer or tumour? / Were you able to have any questions answered by healthcare staff after you were told about your cancer or tumour?

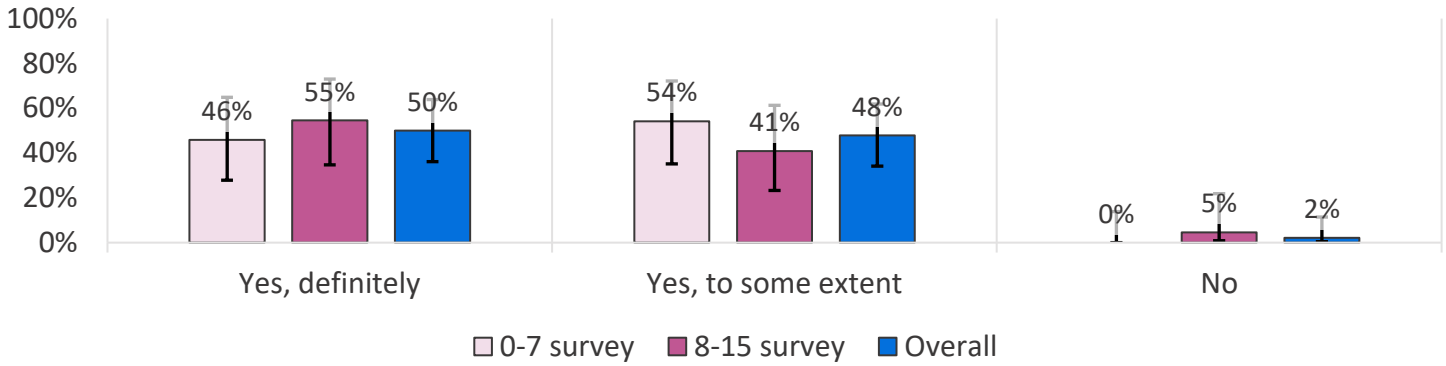


Question X09: Asked to parents/carers of 0-7s who were told about their child's cancer or a tumour during 2022, and children aged 8-15 who were told they had cancer or a tumour during 2022. Total responses = 18 (excluding 1 response(s) of "I did not have any questions" and excluding 0 response(s) of "Don't know / can't remember").

Child's care and treatment

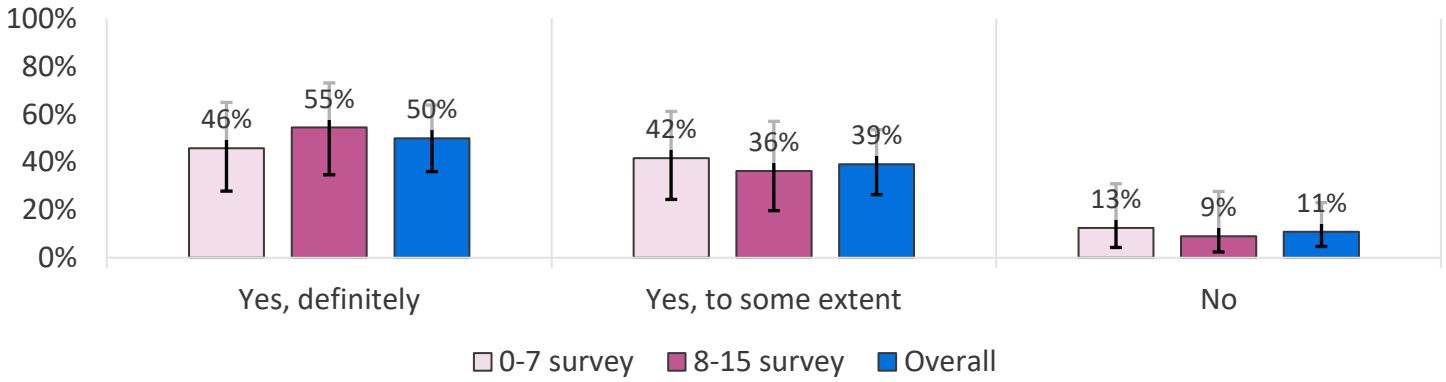
All parents and carers were asked questions about staff involved in their child's care at the hospital named in the letter that came with their survey, including questions about awareness of the child's medical history and whether they had access to help and support.

Figure 22. Are different hospital staff caring for your child aware of your child's medical history?



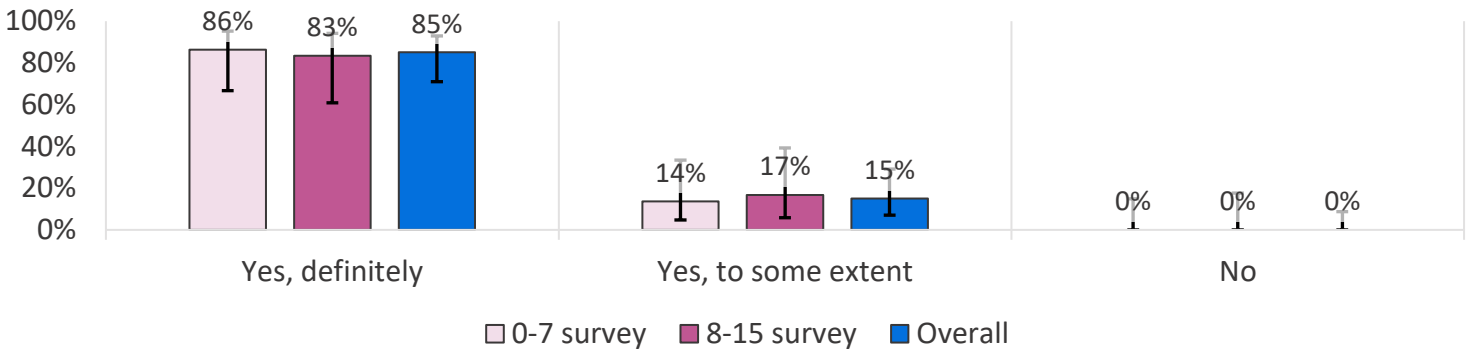
Question X27: Asked to parents/carers of all age groups. Total responses = 46 (excluding 1 response(s) of "Don't know / not applicable").

Figure 23. Do you have access to reliable help and support 7 days a week from the hospital?



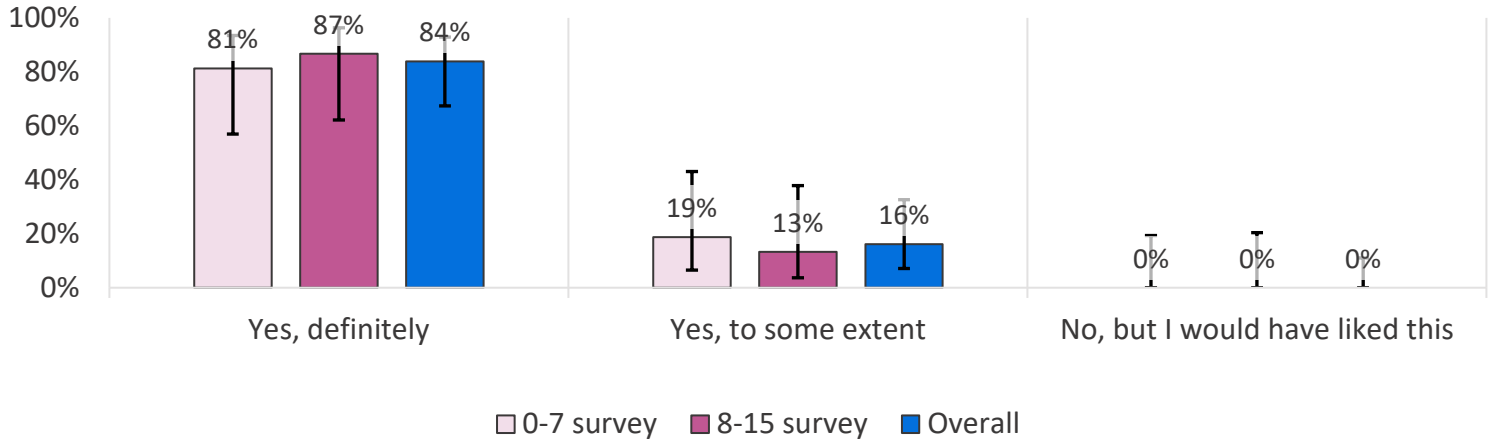
Question X33: Asked to parents/carers of all age groups. Total responses = 46 (excluding 1 response(s) of "This is not needed").

Figure 24. Were you offered clear information about your child's treatment?



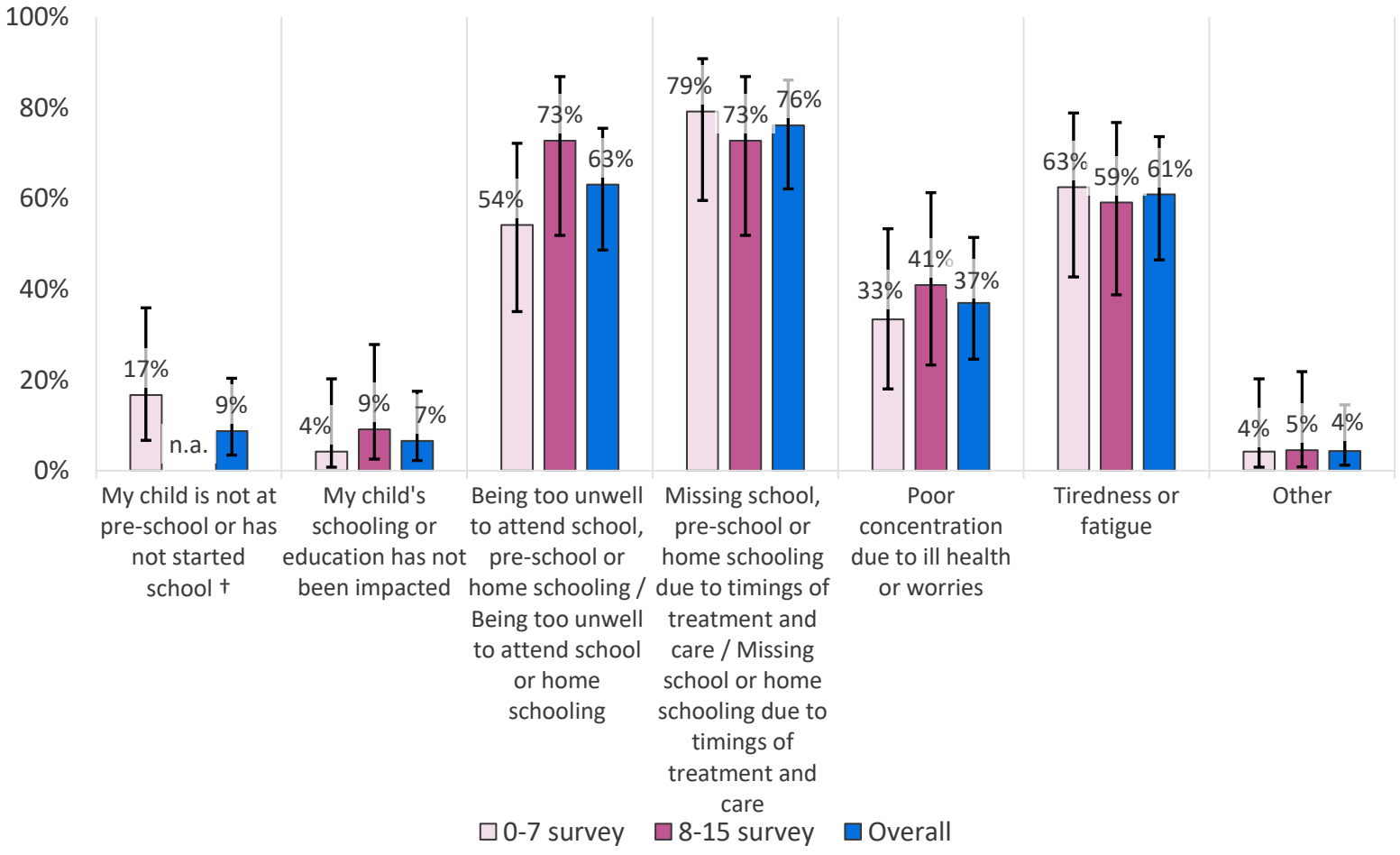
Question X36: Asked to parents/carers of all age groups whose children received treatment for their cancer or tumour during 2022. Total responses = 40 (excluding 1 response(s) of "This was not needed").

Figure 25. Did staff offer you enough time to make decisions about your child's treatment?



Question X37: Asked to parents/carers of all age groups whose children received treatment for their cancer or tumour during 2022. Total responses = 31 (excluding 10 response(s) of "No, but this was not needed or possible").

Figure 26. Has your child's schooling and education (including pre-school) been impacted in any of the following ways by their treatment and care? Please select all that apply.



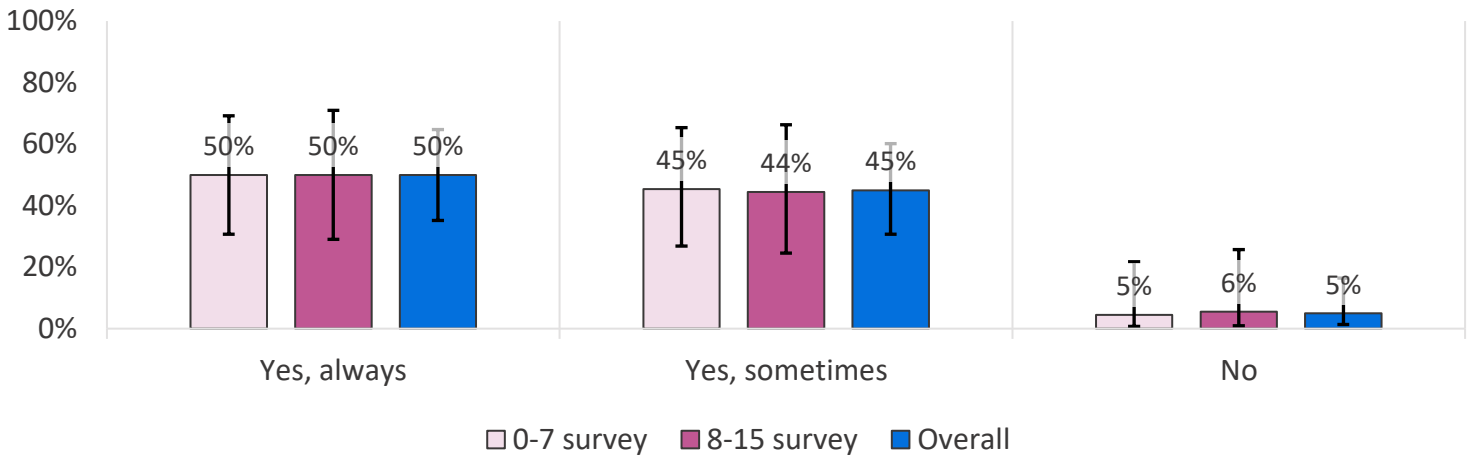
Question X30: Asked to parents/carers of all age groups. Total responses = 46.

† Response option was only asked to parents/carers of 0-7 years olds

Care in hospital

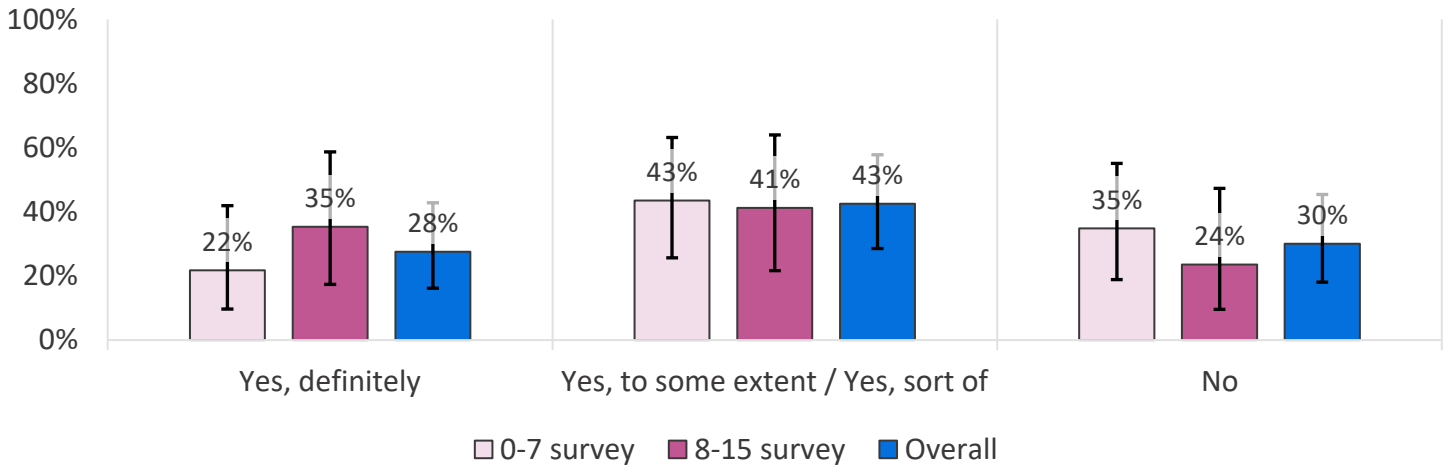
Respondents who had stayed in the hospital named in the letter that came with their survey during 2022 (receiving treatment or care in the daytime, or for an overnight stay) were asked questions about hospital staff, services and facilities. Out of all parents/carers, 89% (n=42) answered that their child had stayed in hospital during 2022 (Question X40).

Figure 27. When your child was in hospital, were they able to get help from staff on the ward when they needed it? / Could you get help from staff on the ward when you needed it?



Question X42: Asked to parents/carers of children aged 0-7 whose children stayed in hospital during 2022, and children aged 8-15 who have stayed in hospital during 2022 (receiving treatment or care in the daytime or for an overnight stay). Total responses = 40 (excluding 1 response(s) of "They/ I did not need any help" and excluding 0 response(s) of "Don't know/ can't remember").

Figure 28. Were there enough things for your child to do in the hospital? / Were there enough things for you to do in the hospital?

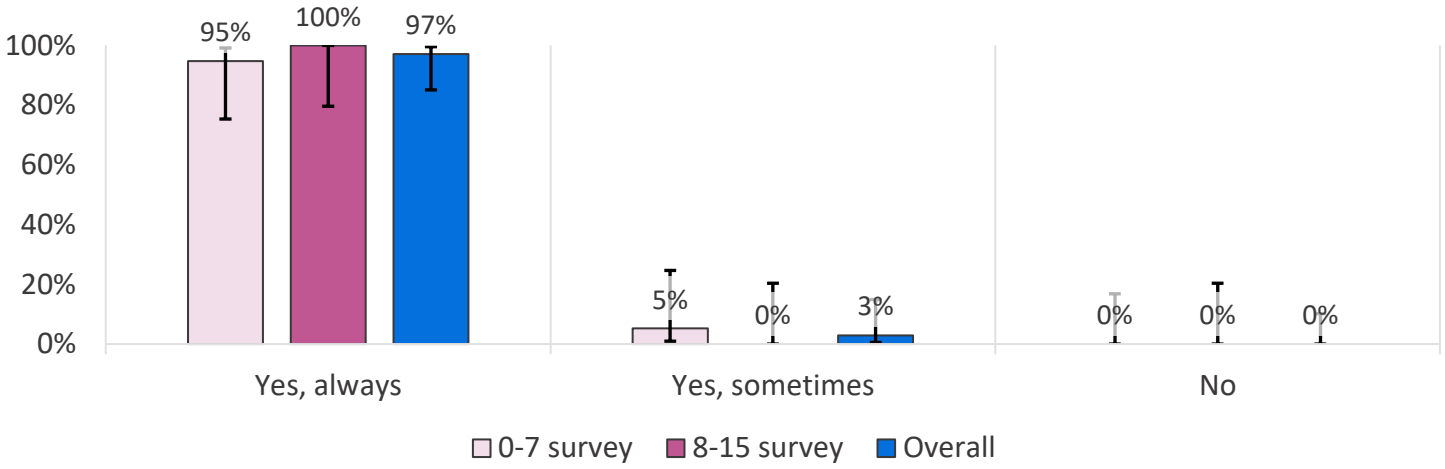


Question X43: Asked to parents/carers of children aged 0-7 whose children stayed in hospital during 2022, and children aged 8-15 who stayed in hospital during 2022 (receiving treatment or care in the daytime, or for an overnight stay). Total responses = 40 (excluding 1 response(s) of "This was not needed").

Care at home or school

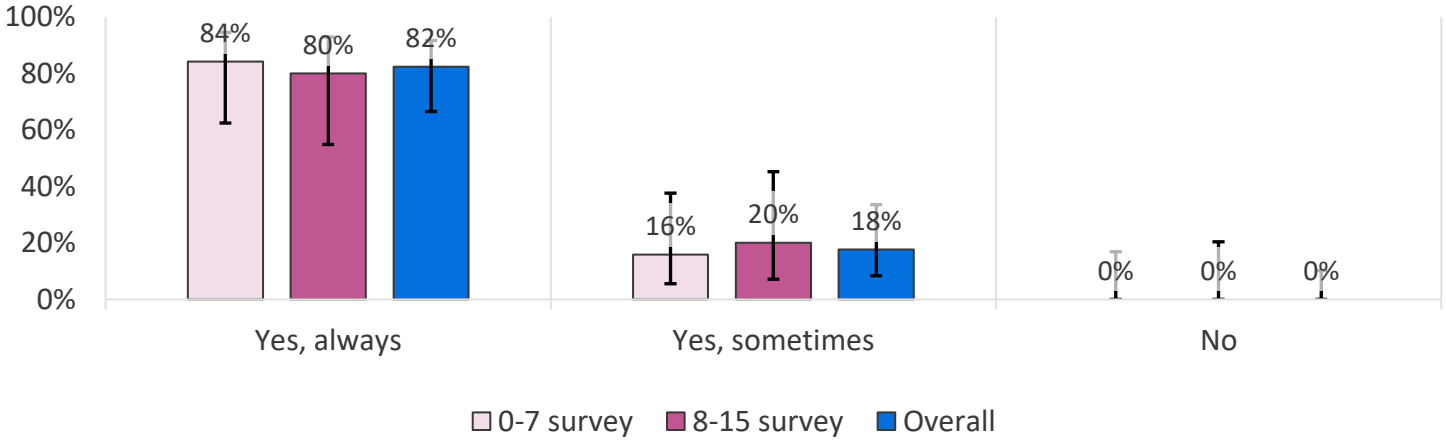
Children aged 8 and above and parents/carers of children under the age of 8 who had been visited at home or school by a nurse during 2022 (76% (n=34) of respondents) (Question X53), for care relating to the child's cancer or tumour, were asked a short series of questions about this care. Some results from this section can be found below.

Figure 29. Were the nurses that came to your home or your child's school friendly? / Were the nurses that came to your home or school friendly?



Question X54: Asked to parents/carers of children aged 0-7 whose children have been visited at home or school by a nurse during 2022, and children aged 8-15 who were visited at home or school by a nurse during 2022. Total responses = 34 (excluding 0 response(s) of "Don't know / can't remember").

Figure 30. When nurses speak to you, do you understand what they are saying?



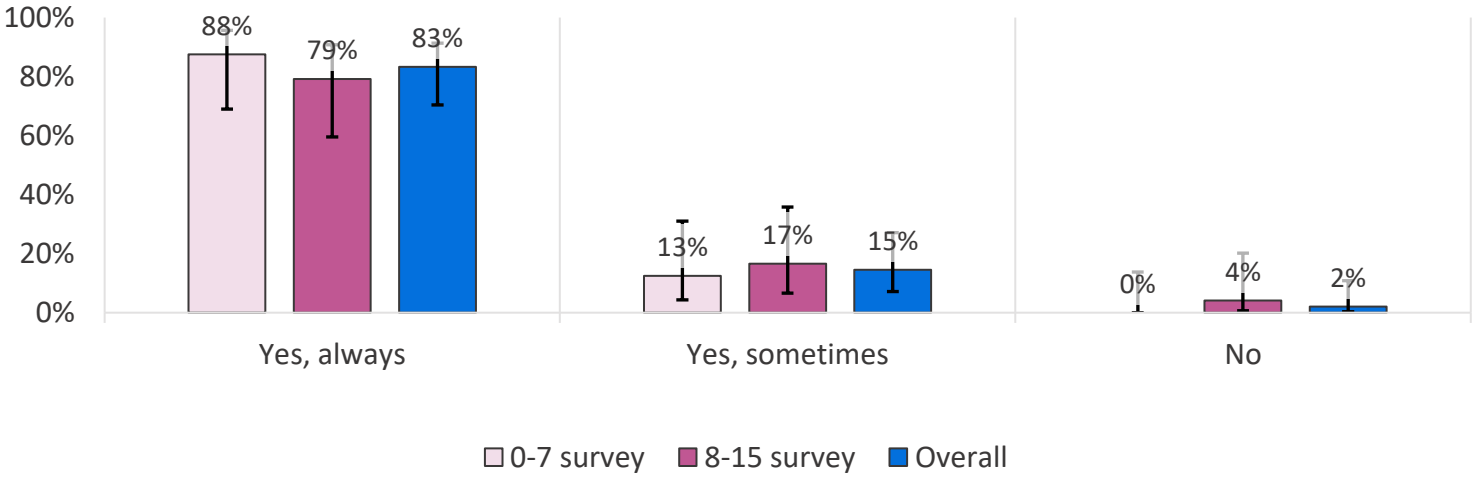
Question X55: Asked to parents/ carers of children aged 0-7 whose child was visited at home or school by a nurse during 2022, and children aged 8-15 who were visited at home or school by a nurse during 2022. Total responses = 34 (excluding 0 response(s) of "Don't know / can't remember").

Healthcare staff

All parents/carers of children aged under 16 at the time of their care and children aged 8 and above at the time of their care were asked questions about their interactions with healthcare staff at the hospital named in the letter that came with their questionnaire. The results for this section have been broken down into three main themes below: bedside manner and trust, clear communication and support.

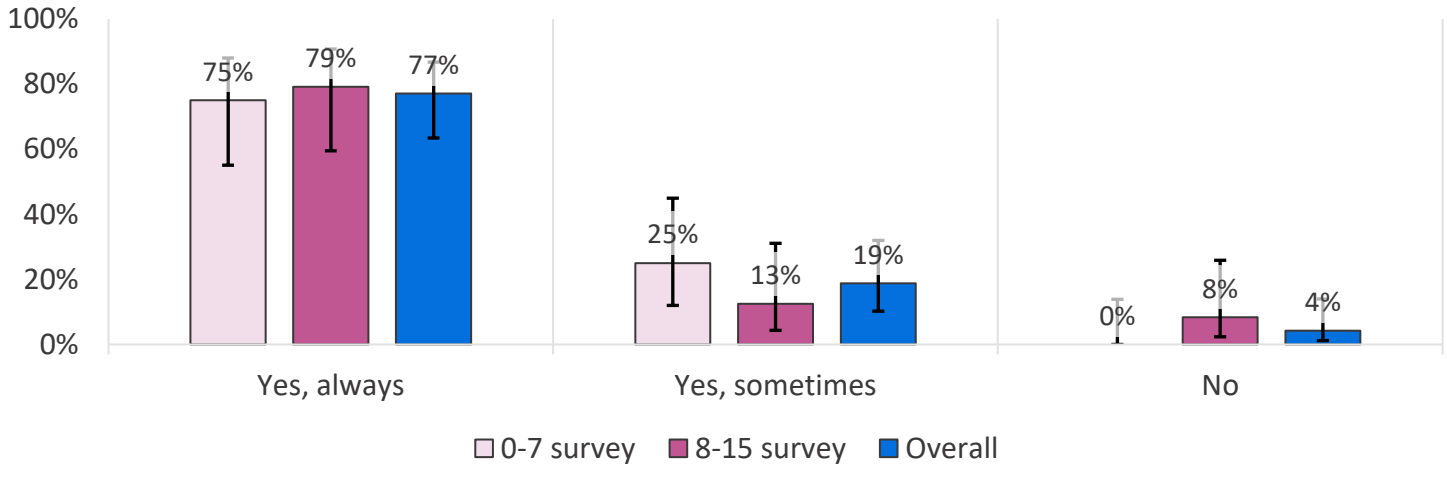
Bedside manner and trust

Figure 31. Are you and your child treated with respect and dignity by staff?



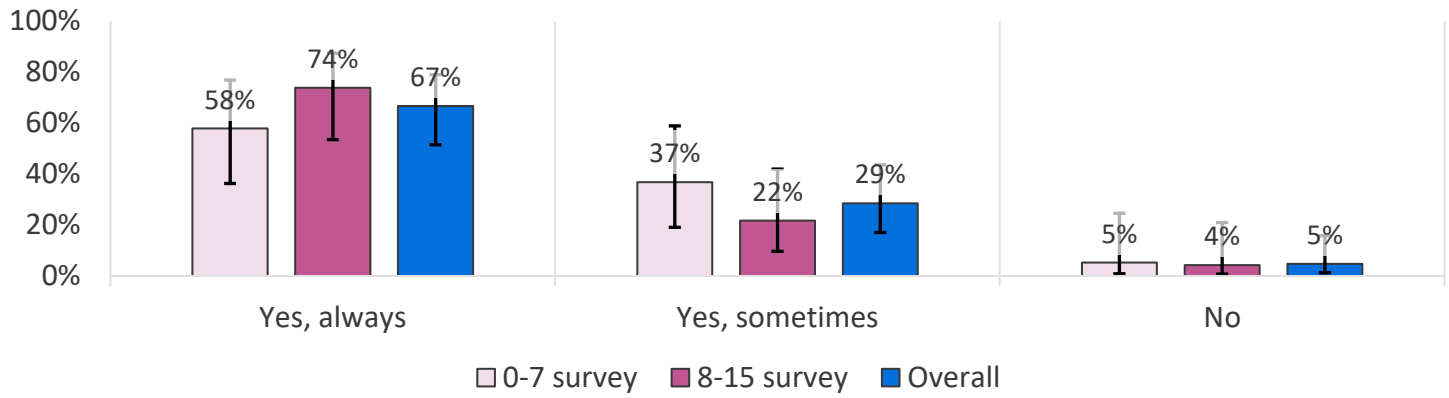
Question X17: Asked to parents/carers of all age groups. Total responses = 48.

Figure 32. Do members of staff caring for your child treat you with empathy and understanding?



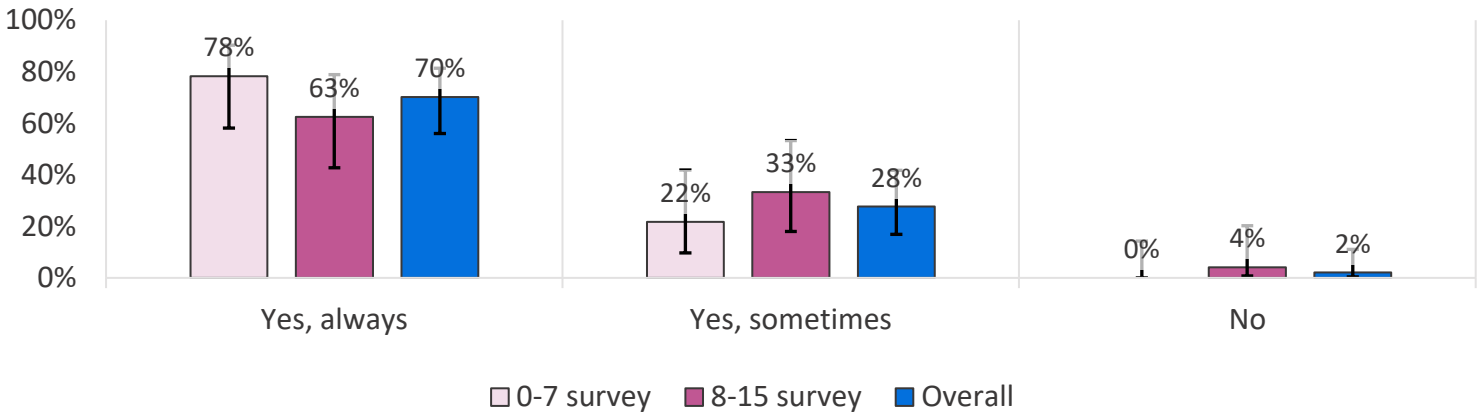
Question X19: Asked to parents/carers of all age groups. Total responses = 48.

Figure 33. Are staff sensitive to the information they share with you when your child is in the room?



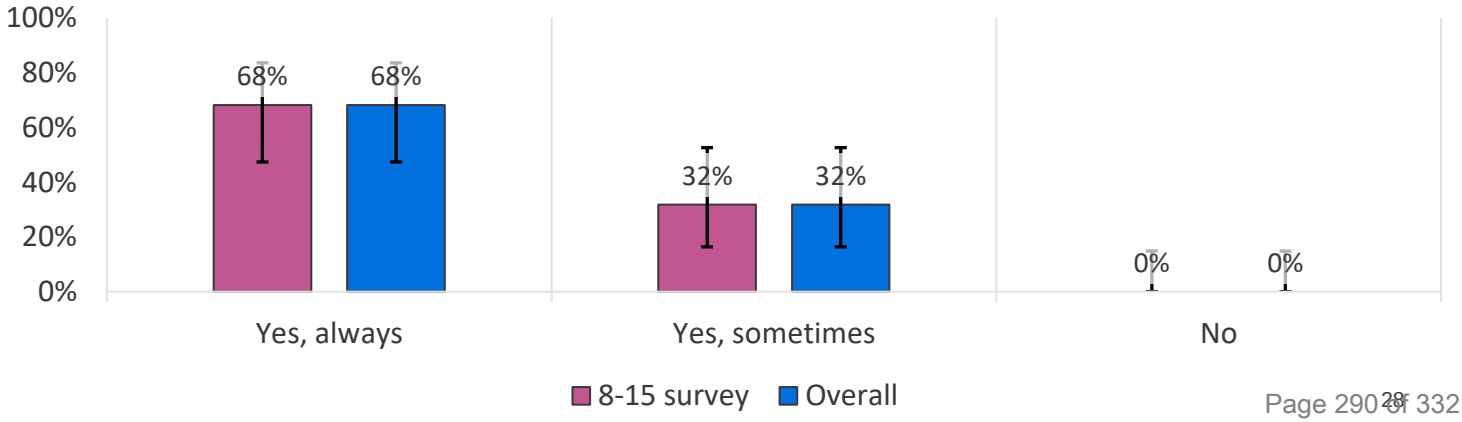
Question X21: Asked to parents/carers of all age groups. Total responses = 42 (excluding 6 response(s) of "This is not needed").

Figure 34. Do you have confidence and trust in the members of staff caring for your child?



Question X18: Asked to parents/carers of all age groups. Total responses = 47.

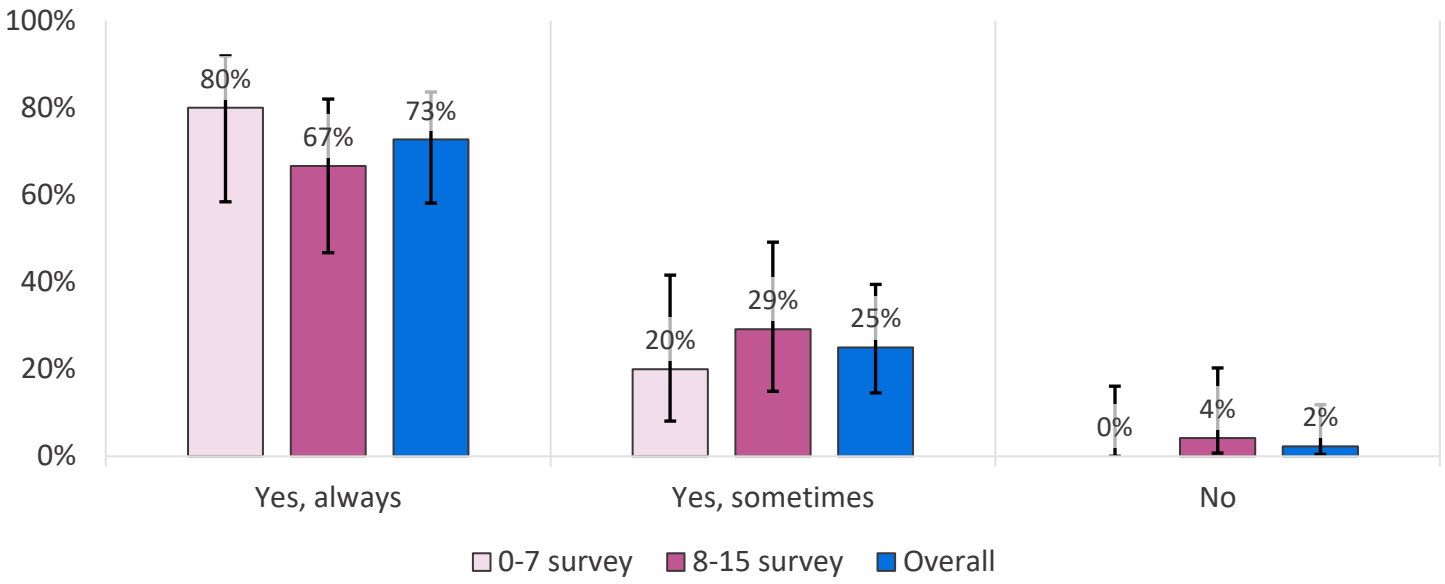
Figure 35. Do you feel that staff are friendly?



Question X12: Asked to all children aged 8-15. Total responses = 22.

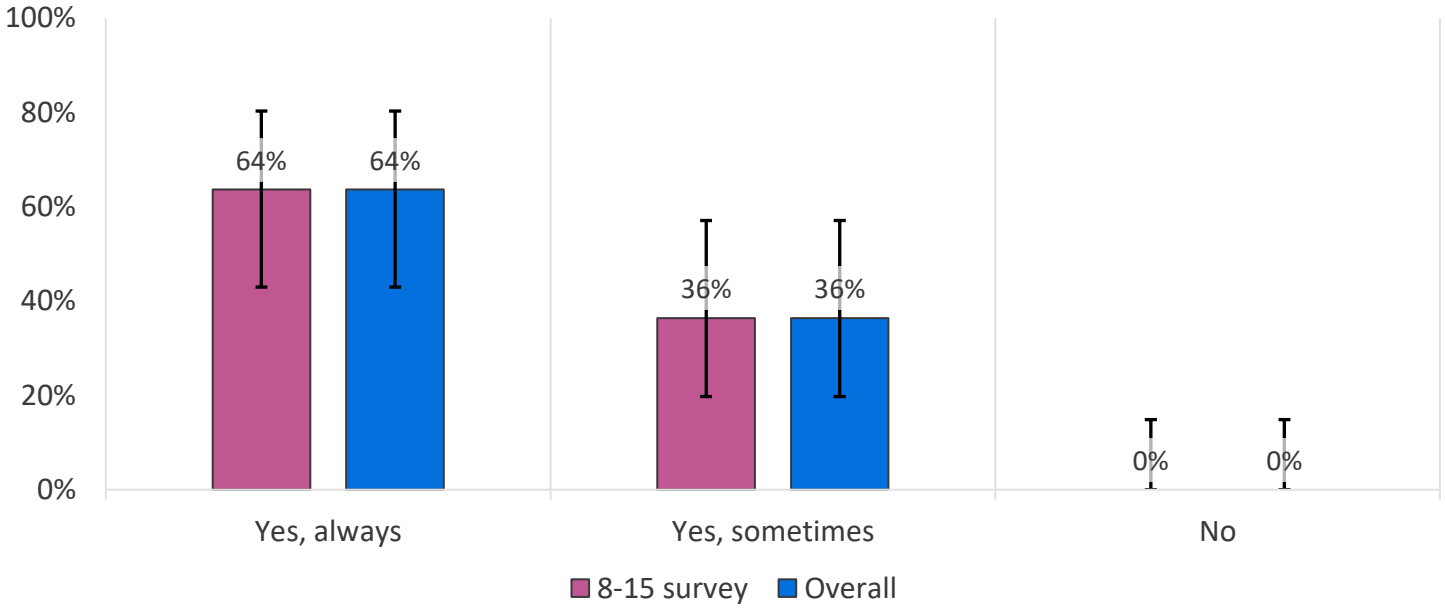
Clear communication

Figure 36. Do healthcare staff share information with your child in a way that is appropriate for them?



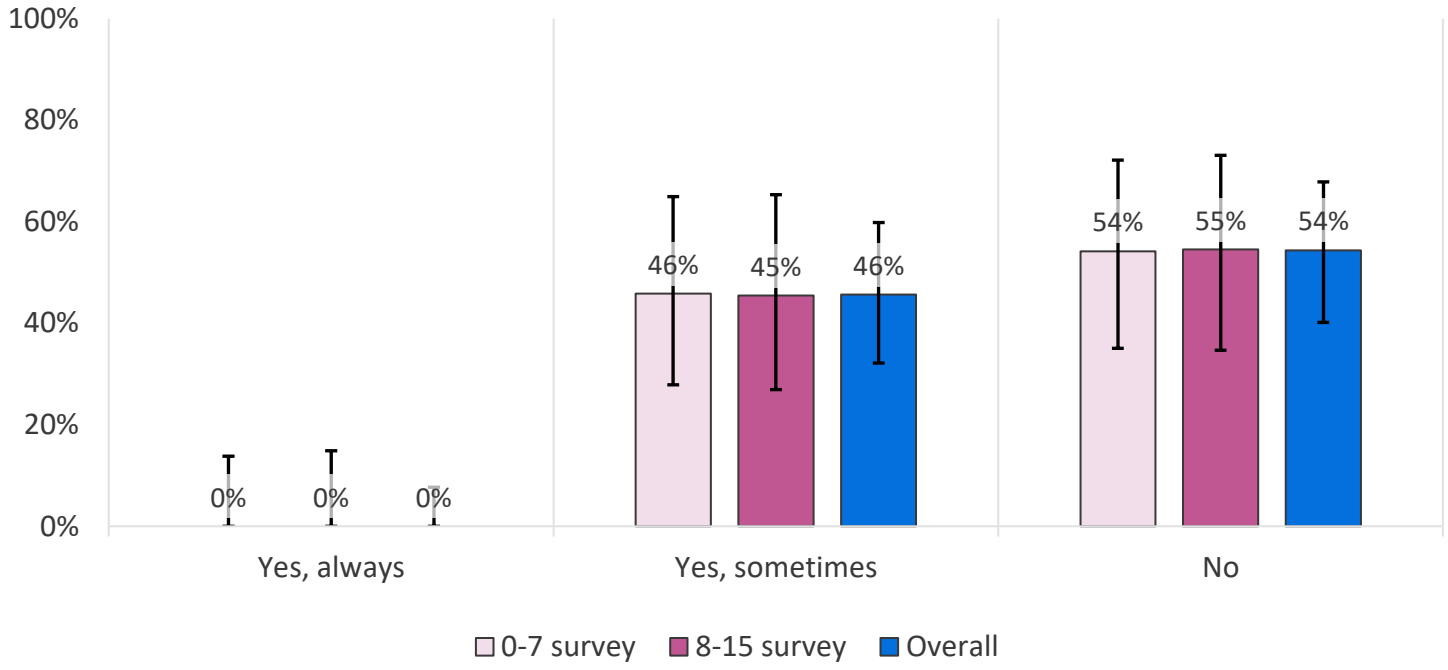
Question X22: Asked to parents/carers of all age groups. Total responses = 44 (excluding 4 response(s) of "This is not needed").

Figure 37. When staff speak to you, do you understand what they are saying? / Do staff speak to you in a way that you can understand?



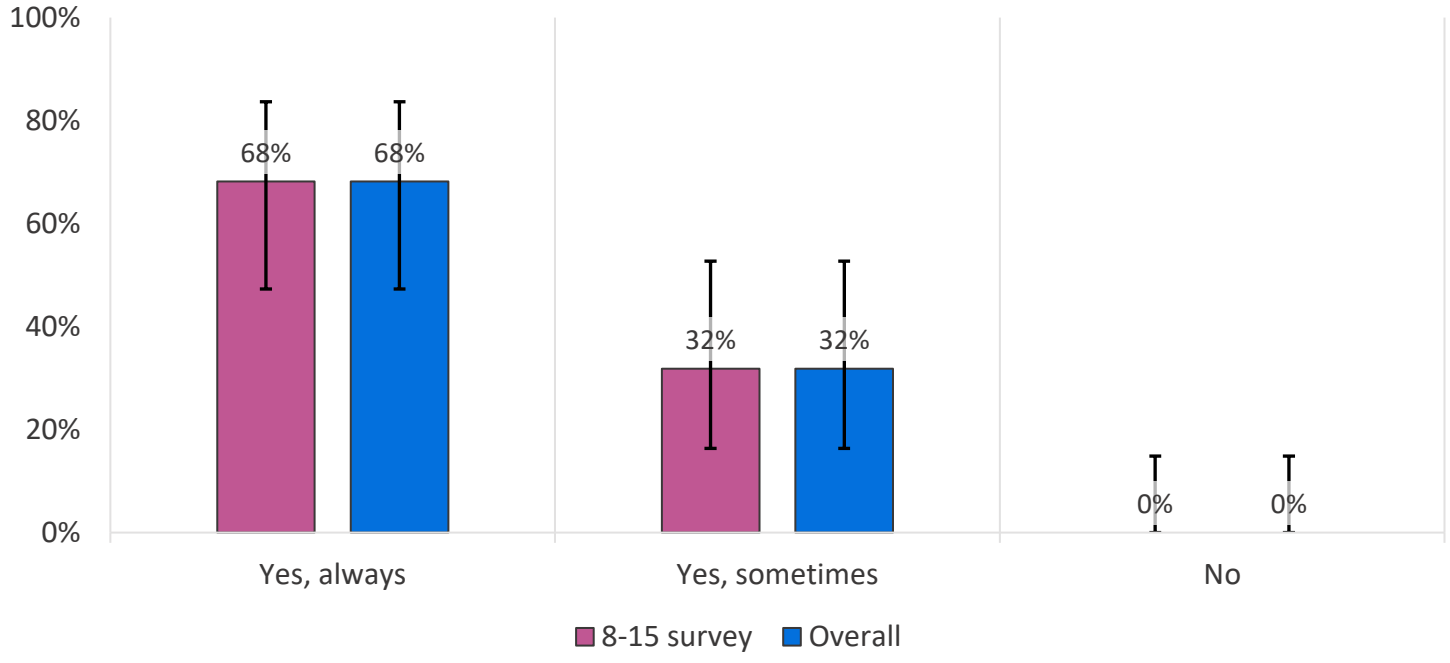
Question X13: Asked to all children aged 8-15. Total responses = 22 (excluding 0 response(s) of "Don't know / can't remember").

Figure 38. Are you ever told different things by different members of staff, which leaves you feeling confused?



Question X20: Asked to parents/carers of 0-7s and children aged 8-15. Total responses = 46.

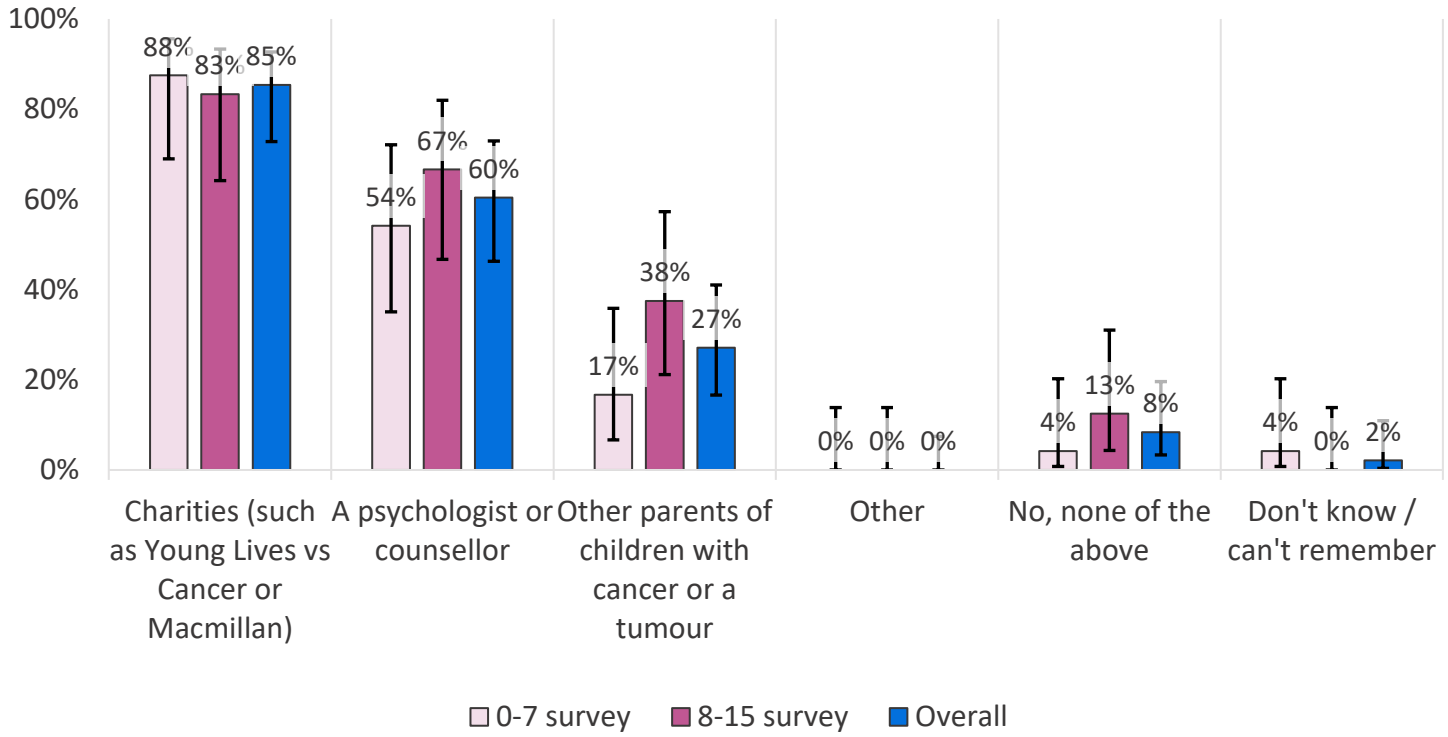
Figure 39. Do staff talk to you, not just to your parent or carer?



Question X14: Asked to all children aged 8-15. Total responses = 22.

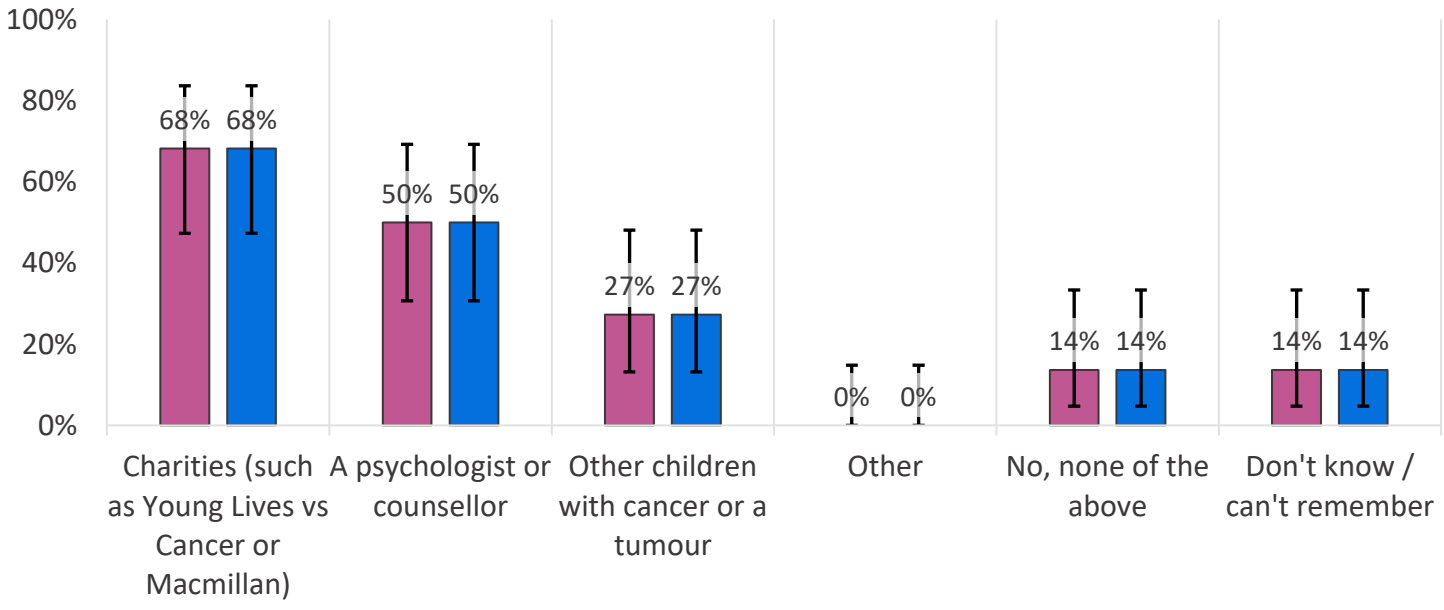
Support

Figure 40. Have hospital staff given you information about any of the following people you can chat to about your child's cancer or tumour?



Question X24: Asked to parents/carers of all age groups. Total responses = 48.

Figure 41. Have hospital staff given you information about any of the following people you can chat to about your cancer or tumour?



Question X23: Asked to all children aged 8-15. Total responses = 22.

Year on year comparisons

The line charts in this section show the national score and the score for your PTC for 2021 and 2022 for all comparable questions.

We recommend that PTCs take caution when benchmarking their results against last year, or against results at national level, due to numbers of responses. Please refer to the 'How to use this data' section for more information.

Please note that the 2022 scores that are not comparable to 2021 are not presented in this section and can be found in the data tables on the survey website.

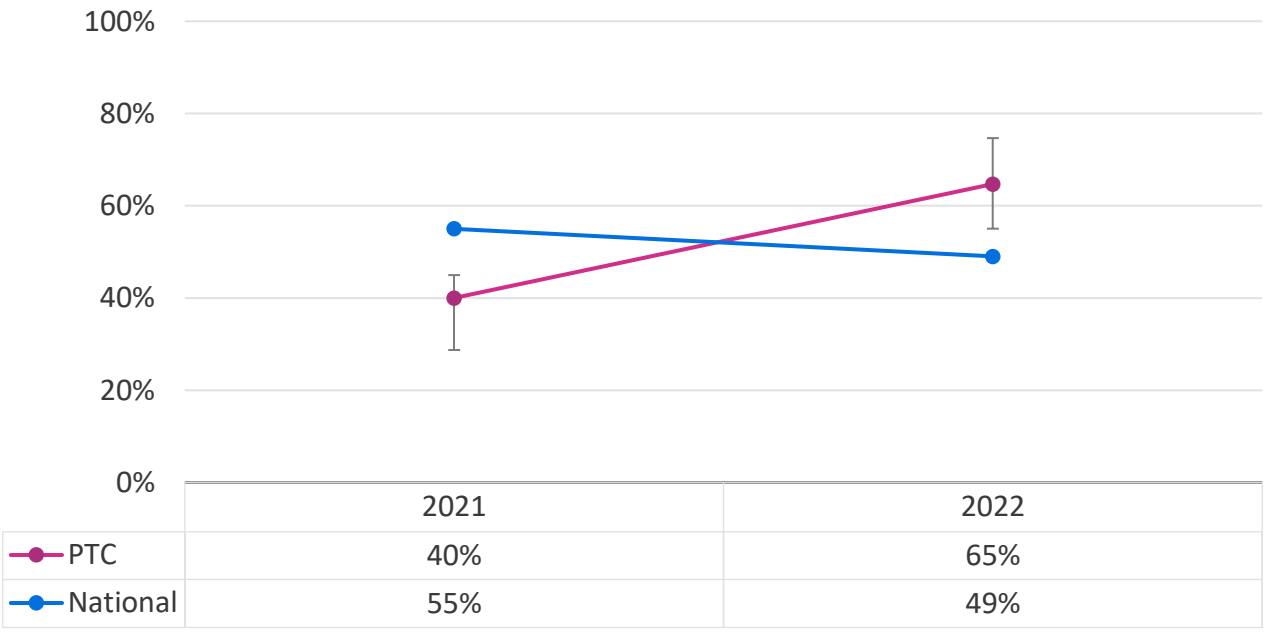
How to interpret these results

In this section, the confidence intervals surround the PTC data only and not the national data.

Assuming the sample is representative of your organisation, confidence intervals are a method of describing the uncertainty around these estimates. The most common methodology, which was used here, is to produce and report 95 percent confidence intervals around the results. At the 95 percent confidence level, the confidence intervals are expected to contain the true population value 95 percent of the time (i.e. out of 100 such intervals, 95 will include the true figure).

In this example below, the PTC scored 40% in 2021, and 65% in 2022. As the confidence intervals do not overlap, you could be statistically confident that there is "true" difference between the two.

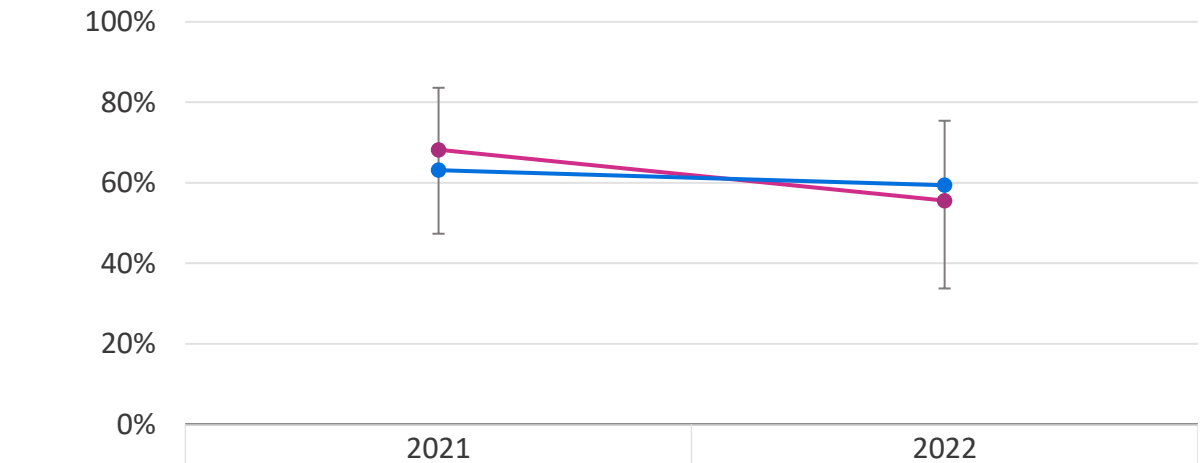
EXAMPLE DATA ONLY



	2021	2022
PTC	40%	65%
National	55%	49%

Finding out about the cancer or tumour

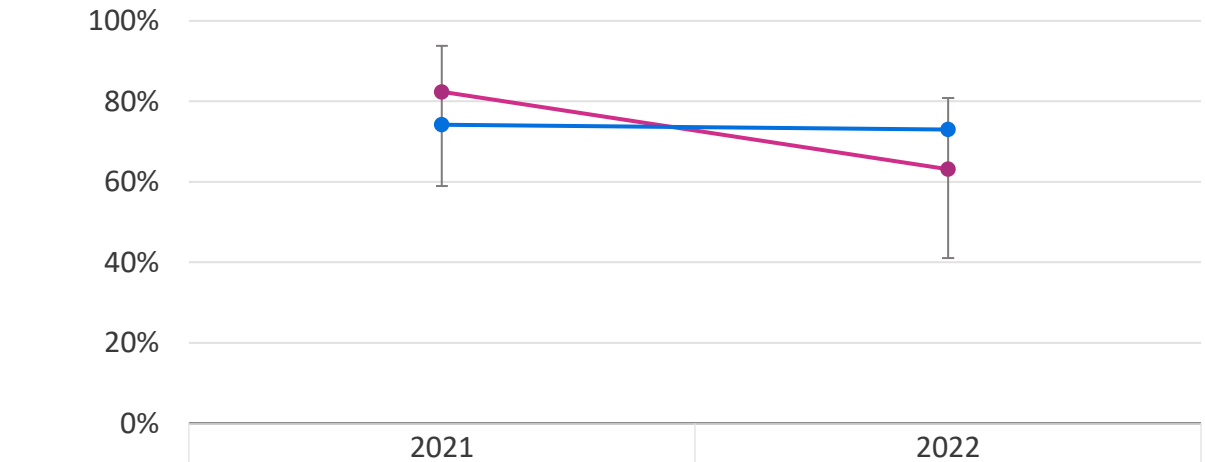
Figure 42. Parents/carers reported that their child saw a GP once or twice before they were referred to hospital



	2021	2022
PTC	68%	56%
National	63%	59%

Question X03: Asked to parents/carers of all age groups whose children were told they had cancer or a tumour. Total PTC responses for 2021 = 22, for 2022 = 18.

Figure 43. Parents/carers reported that they were definitely told about their child's cancer or tumour diagnosis in a sensitive way

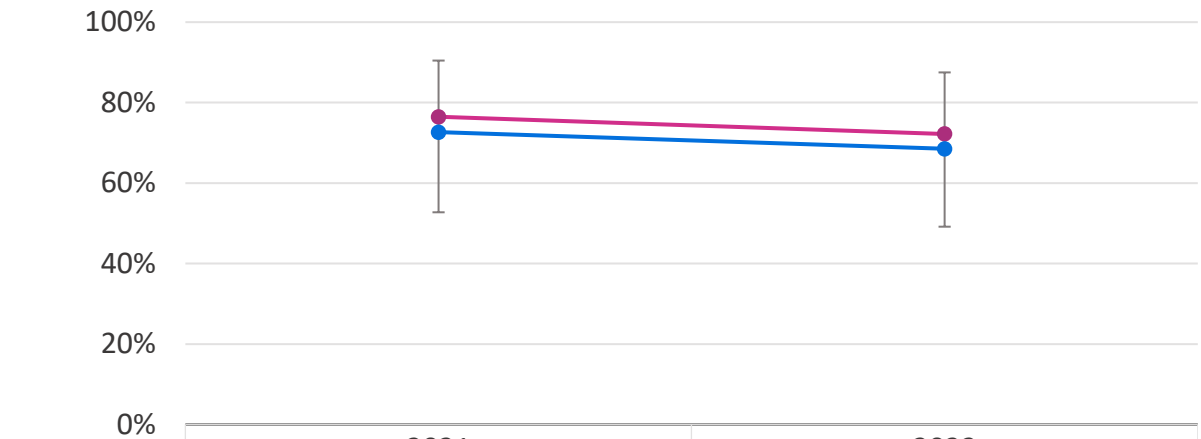


	2021	2022
PTC	82%	63%
National	74%	73%

Question X07: Asked to parents/carers of all age groups who were told about their child's cancer or a tumour. Total PTC responses for 2021 = 17, for 2022 = 19.

Finding out about the cancer or tumour

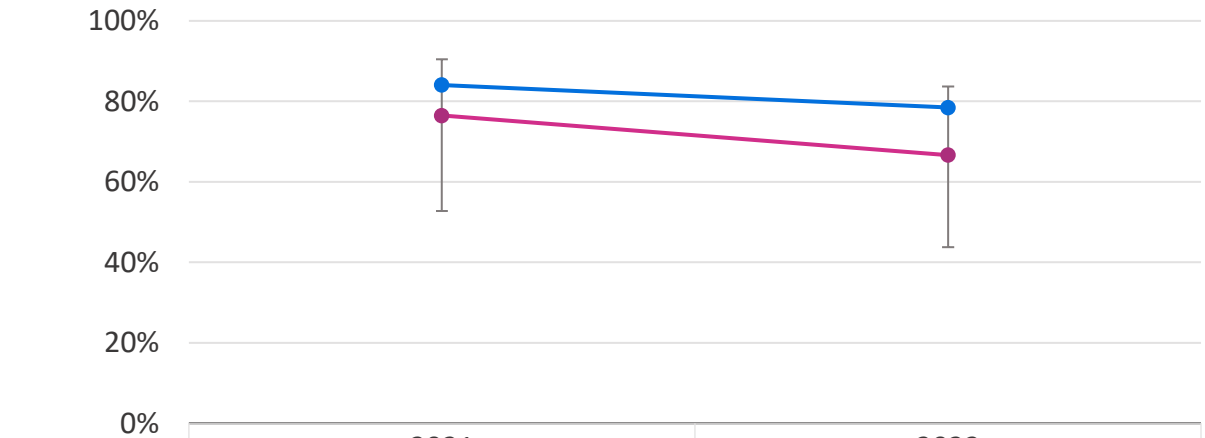
Figure 44. Parents/carers and children reported that information at diagnosis was definitely given in a way they could understand



	2021	2022
PTC	76%	72%
National	73%	69%

Question X08: Asked to parents/carers of 0-7s who were told about their child's cancer or a tumour, and children aged 8-15 who were told they had cancer or a tumour. Total PTC responses for 2021 = 17, for 2022 = 18.

Figure 45. Parents/carers and children reported that they were definitely able to have questions answered after being told about the cancer or tumour

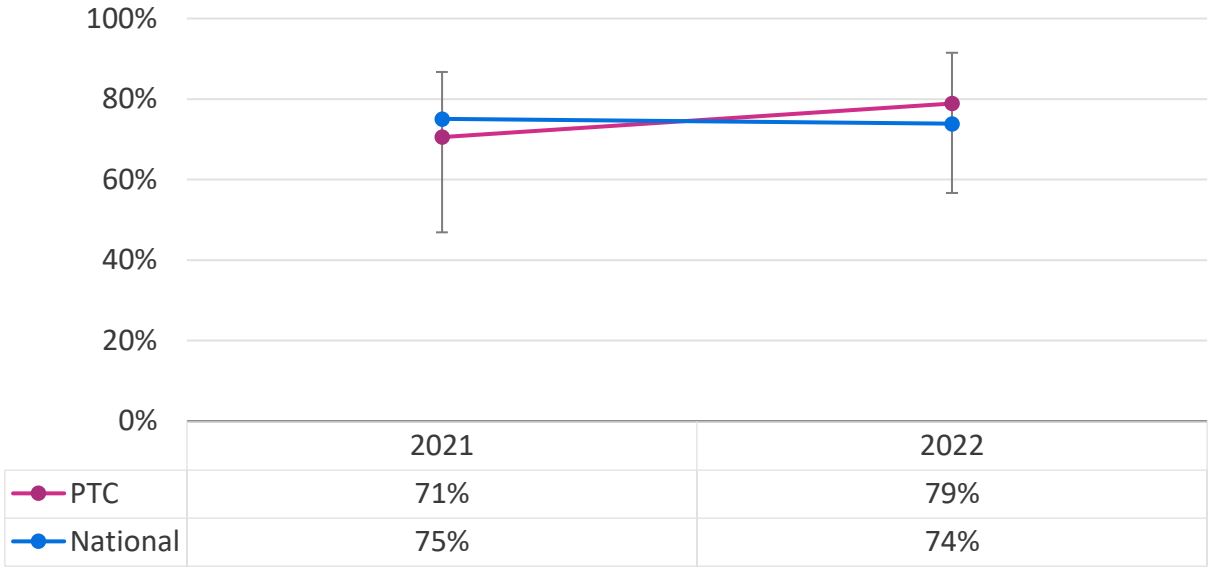


	2021	2022
PTC	76%	67%
National	84%	78%

Question X09: Asked to parents/carers of 0-7s who were told about their child's cancer or a tumour, and children aged 8-15 who were told they had cancer or a tumour. Total PTC responses for 2021 = 17, for 2022 = 18.

Finding out about the cancer or tumour

Figure 46. Parents/carers reported that they were definitely able to find information about their child's diagnosis

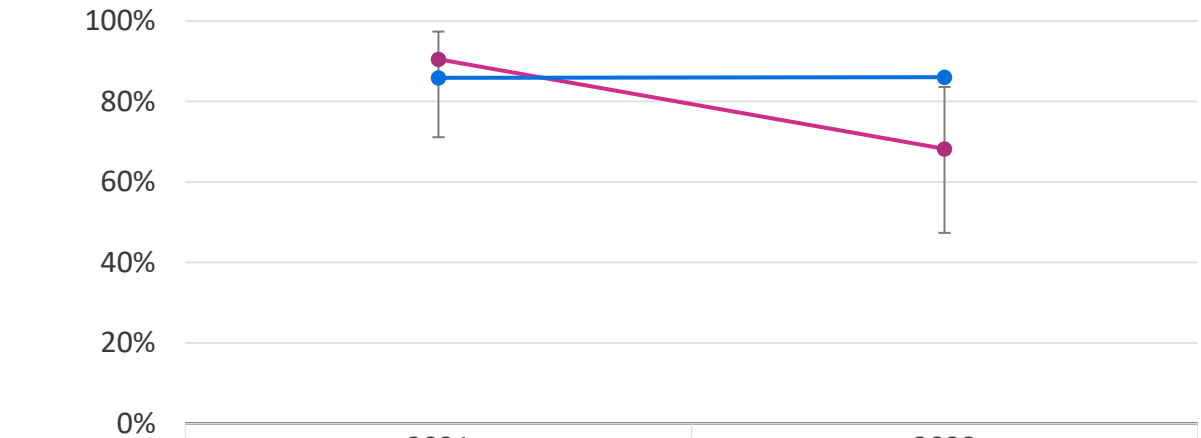


	2021	2022
PTC	71%	79%
National	75%	74%

Question X10: Asked to parents/carers of all age groups who were told about their child's cancer or a tumour. Total PTC responses for 2021 = 17, for 2022 = 19.

Healthcare staff

Figure 47. Children felt that staff were always friendly

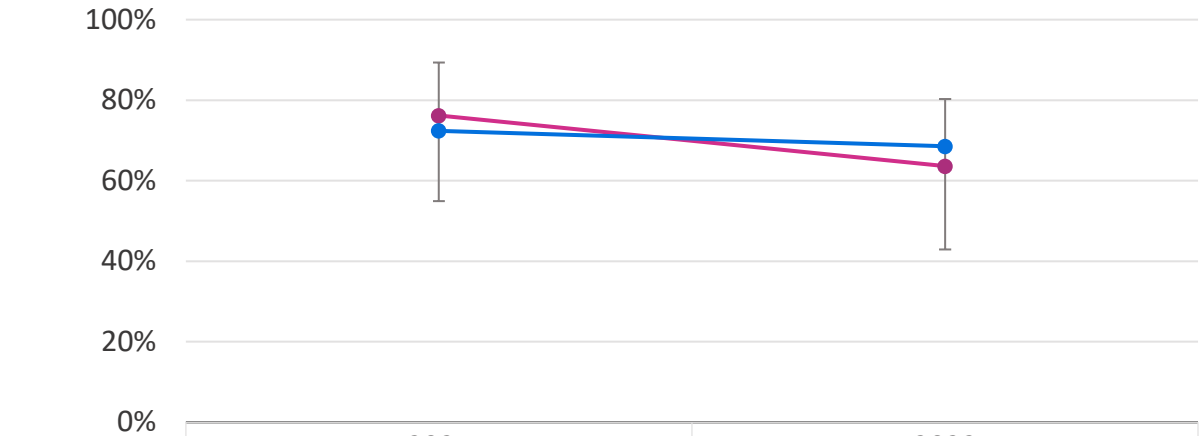


	2021	2022
PTC	90%	68%
National	86%	86%

Question X12: Asked to all children aged 8-15. Total PTC responses for 2021 = 21, for 2022 = 22.

Healthcare staff

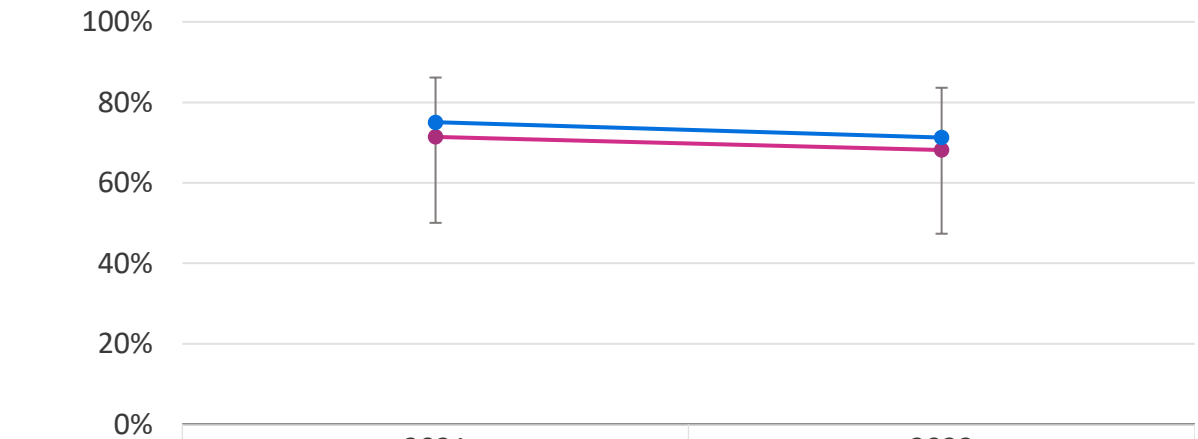
Figure 48. Children reported that they could always understand what staff were saying



	2021	2022
PTC	76%	64%
National	72%	69%

Question X13: Asked to all children aged 8-15. Total PTC responses for 2021 = 21, for 2022 = 22.

Figure 49. Children felt that staff always talked to them, not just their parent or carer

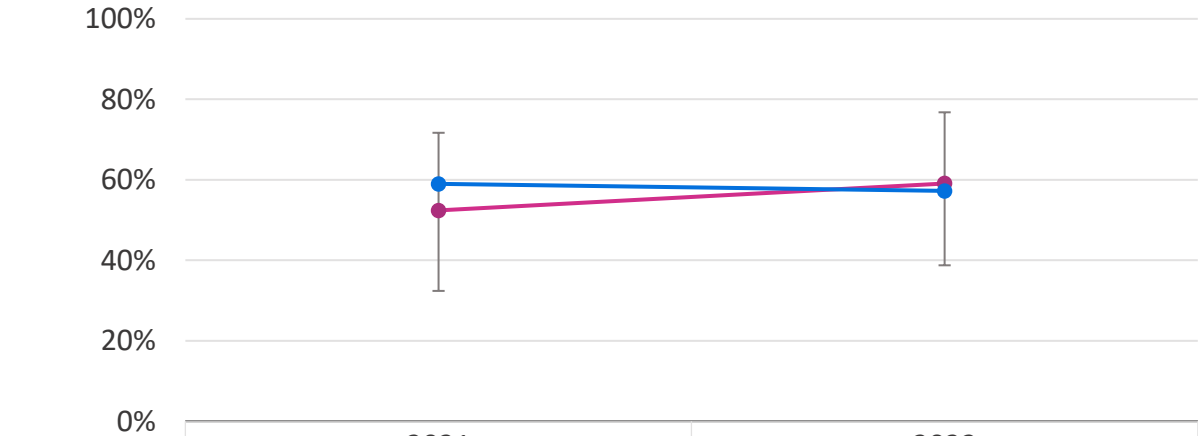


	2021	2022
PTC	71%	68%
National	75%	71%

Question X14: Asked to all children aged 8-15. Total PTC responses for 2021 = 21, for 2022 = 22.

Healthcare staff

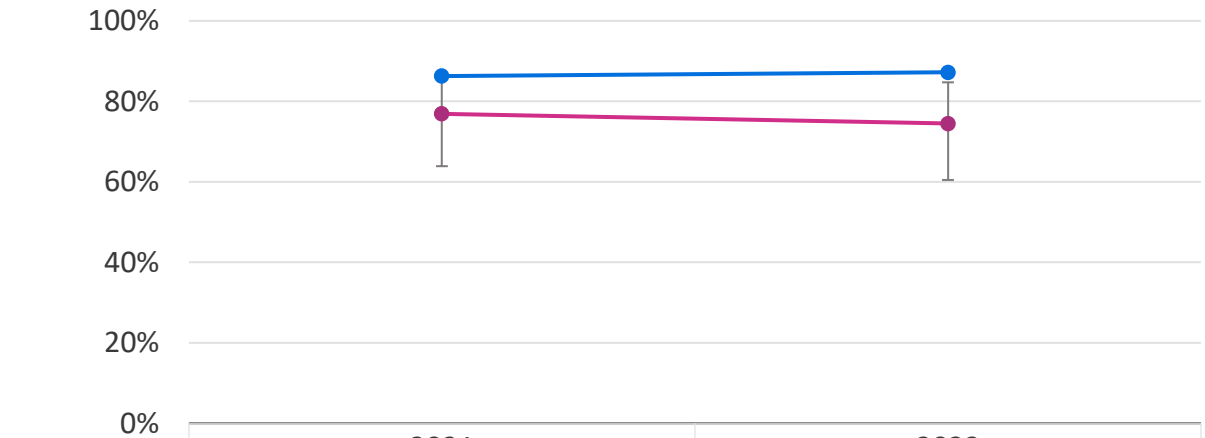
Figure 50. Children reported always or mostly seeing the same members of staff for their treatment and care



	2021	2022
PTC	52%	59%
National	59%	57%

Question X15: Asked to all children aged 8-15. Total PTC responses for 2021 = 21, for 2022 = 22.

Figure 51. Parents/carers reported that they definitely had the chance to ask staff questions about their child's care and treatment

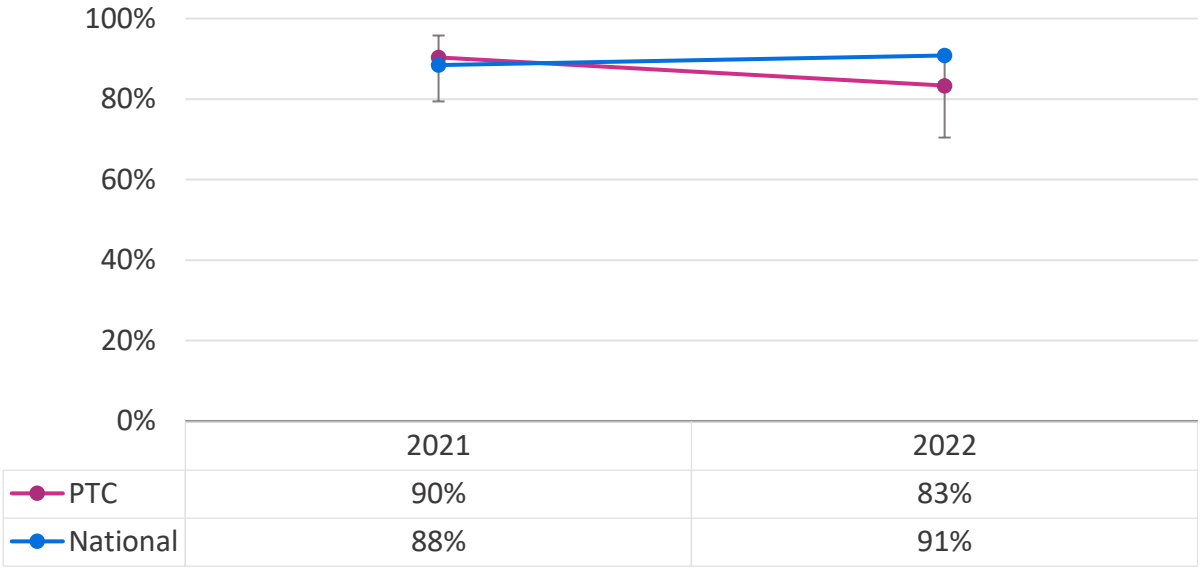


	2021	2022
PTC	77%	74%
National	86%	87%

Question X16: Asked to parents/carers of all age groups. Total PTC responses for 2021 = 52, for 2022 = 47.

Healthcare staff

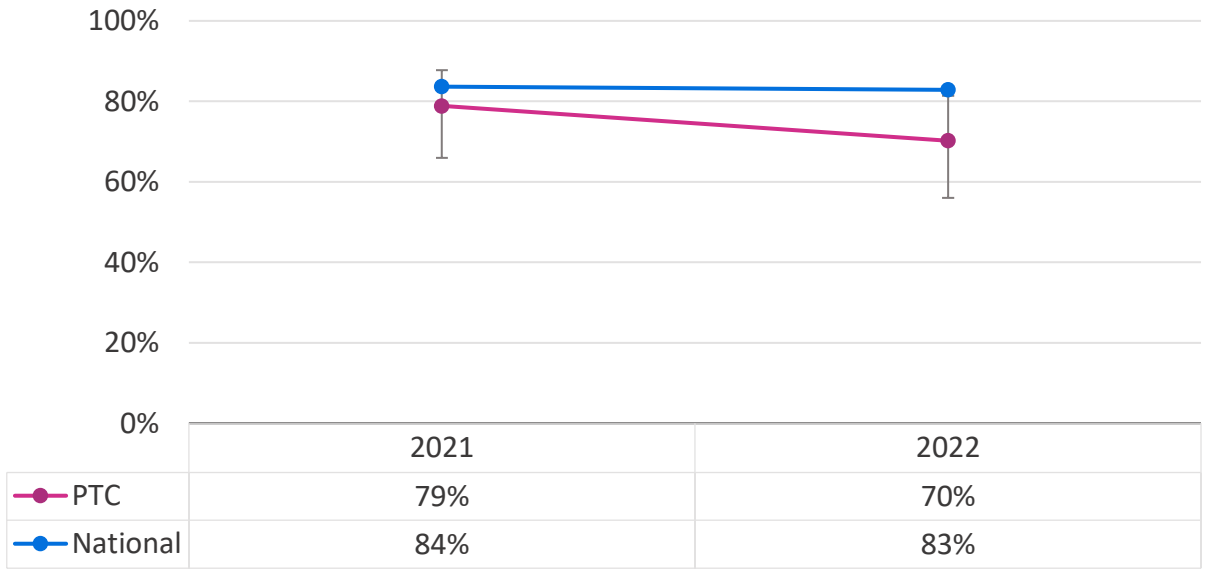
Figure 52. Parents/carers felt that they and their child were always treated with respect and dignity by staff



	2021	2022
PTC	90%	83%
National	88%	91%

Question X17: Asked to parents/carers of all age groups. Total PTC responses for 2021 = 52, for 2022 = 48.

Figure 53. Parents/carers felt they always had confidence and trust in staff caring for their child

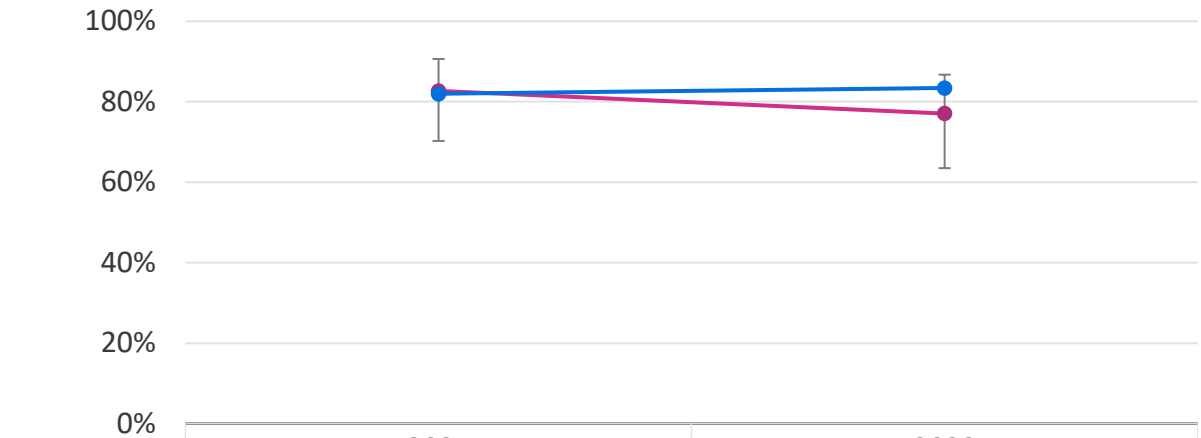


	2021	2022
PTC	79%	70%
National	84%	83%

Question X18: Asked to parents/carers of all age groups. Total PTC responses for 2021 = 52, for 2022 = 47.

Healthcare staff

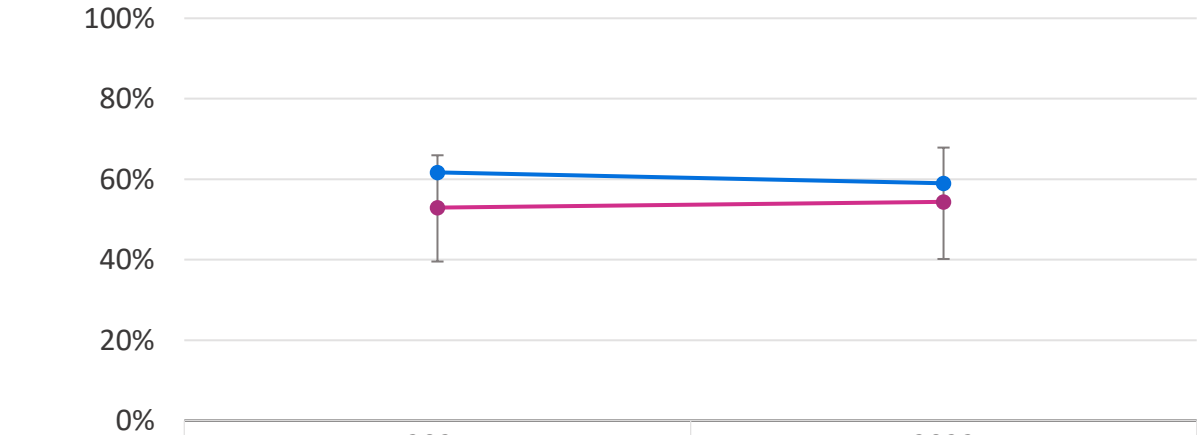
Figure 54. Parents/carers felt that they were always treated with empathy and understanding by staff caring for their child



	2021	2022
PTC	83%	77%
National	82%	83%

Question X19: Asked to parents/carers of all age groups. Total PTC responses for 2021 = 52, for 2022 = 48.

Figure 55. Parents/carers and children reported not being told different things by different members of staff that left them feeling confused

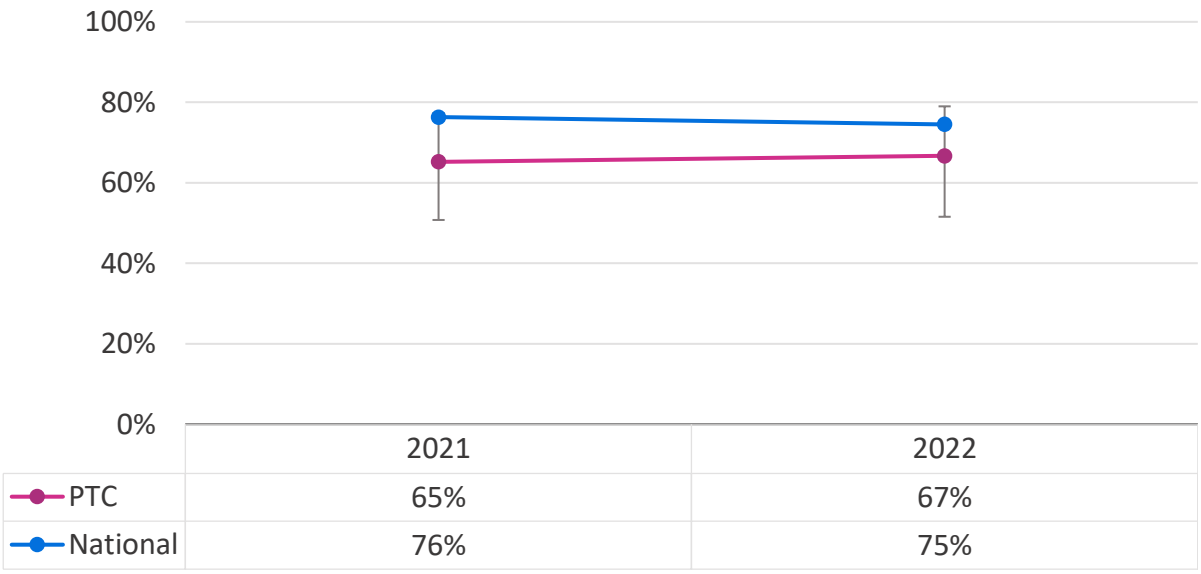


	2021	2022
PTC	53%	54%
National	62%	59%

Question X20: Asked to parents/carers of 0-7s and children aged 8-15. Total PTC responses for 2021 = 51, for 2022 = 46.

Healthcare staff

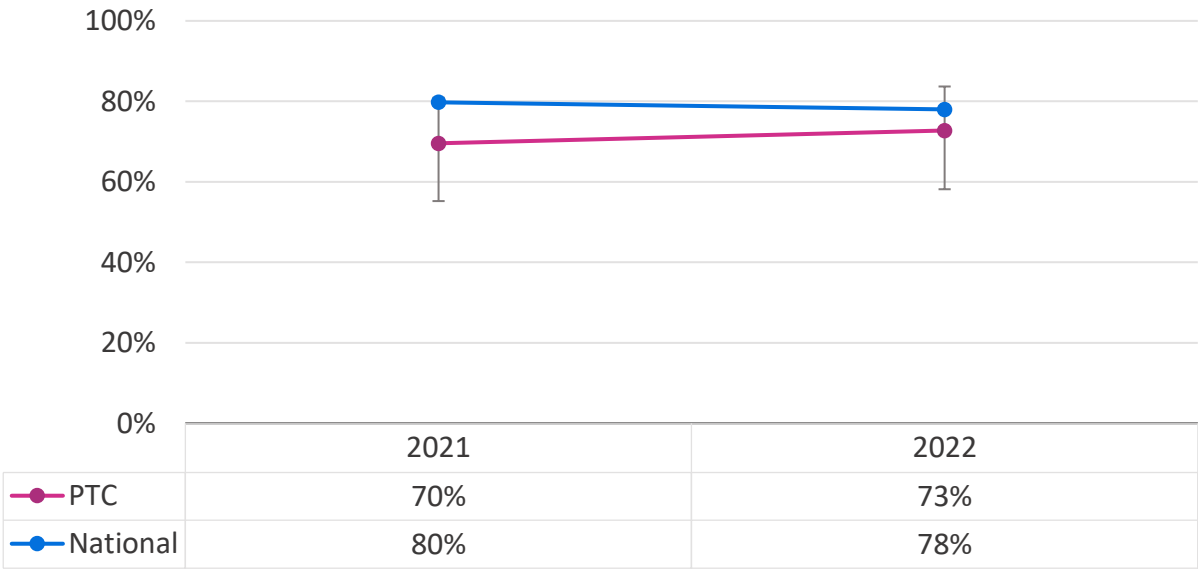
Figure 56. Parents/carers felt that staff were always sensitive to information shared with them when their child was in the room



	2021	2022
PTC	65%	67%
National	76%	75%

Question X21: Asked to parents/carers of all age groups. Total PTC responses for 2021 = 46, for 2022 = 42.

Figure 57. Parents/carers felt that healthcare staff always shared information with children in a way that was appropriate

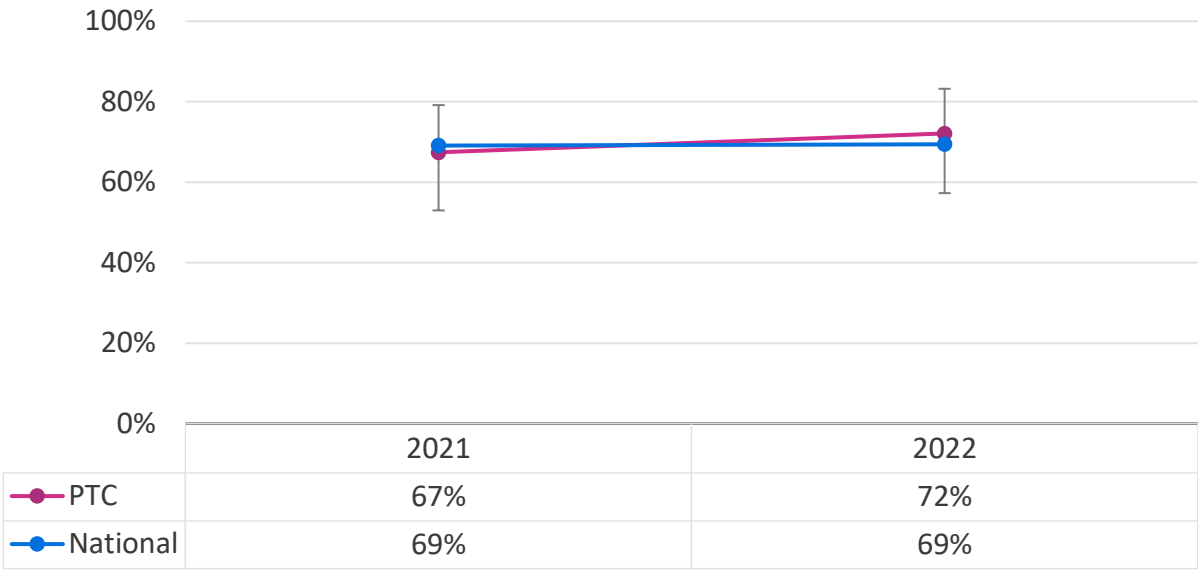


	2021	2022
PTC	70%	73%
National	80%	78%

Question X22: Asked to parents/carers of all age groups. Total PTC responses for 2021 = 46, for 2022 = 44.

Healthcare staff

Figure 58. Parents/carers felt they had enough information about financial help or benefits

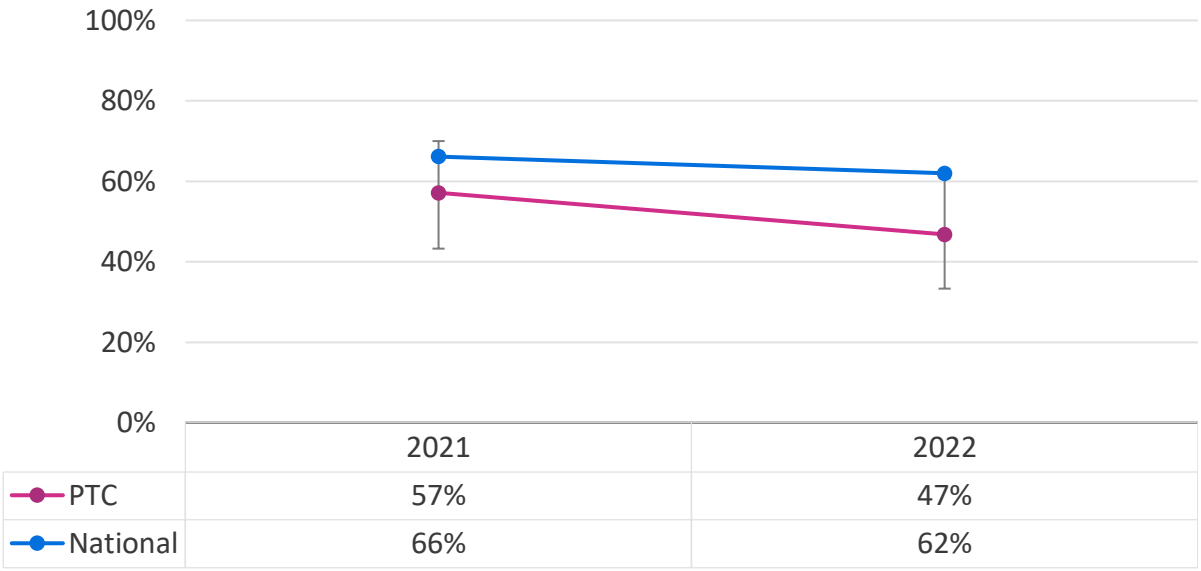


	2021	2022
PTC	67%	72%
National	69%	69%

Question X25: Asked to parents/carers of all age groups. Total PTC responses for 2021 = 46, for 2022 = 43.

Child's care and treatment

Figure 59. Parents/carers felt that different hospital staff always worked well together

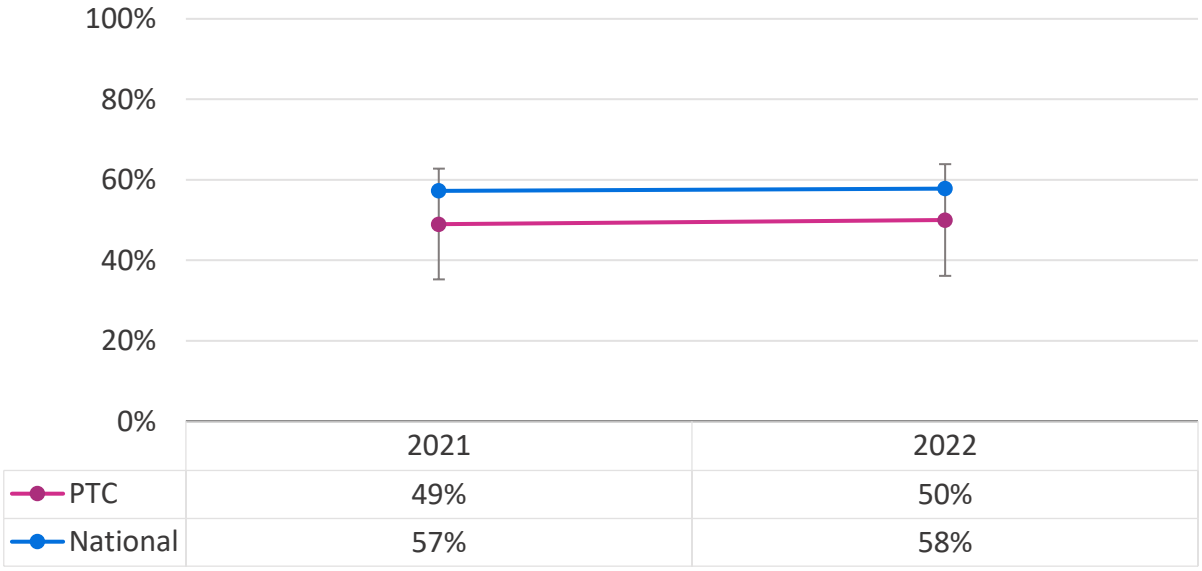


	2021	2022
PTC	57%	47%
National	66%	62%

Question X26: Asked to parents/carers of all age groups. Total PTC responses for 2021 = 49, for 2022 = 47.

Child's care and treatment

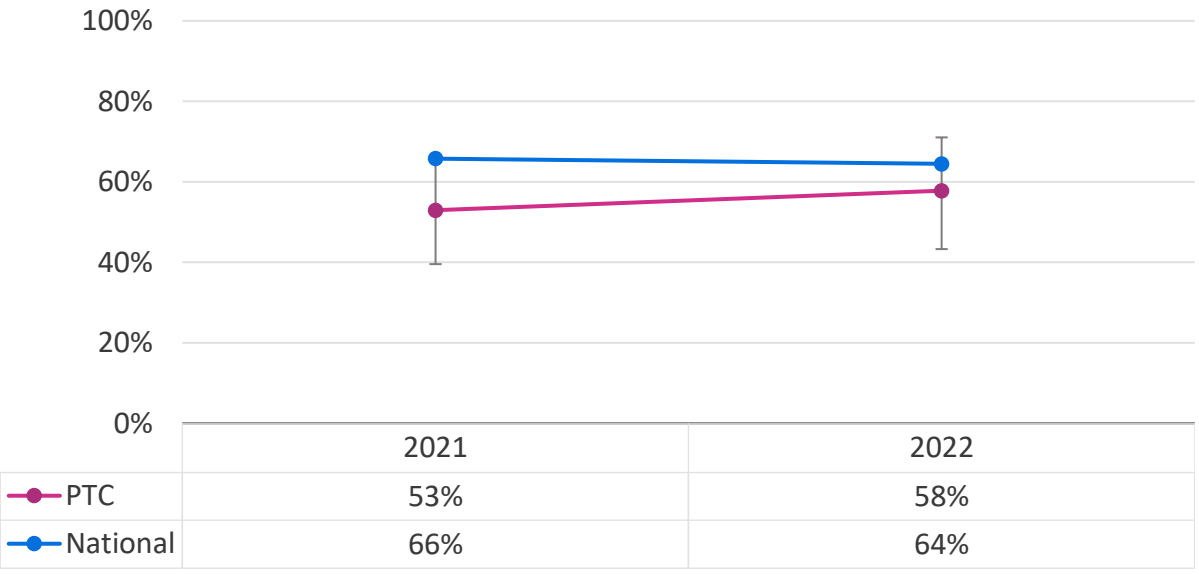
Figure 60. Parents/carers felt that different hospital staff were definitely aware of their child's medical history



	2021	2022
PTC	49%	50%
National	57%	58%

Question X27: Asked to parents/carers of all age groups. Total PTC responses for 2021 = 47, for 2022 = 46.

Figure 61. Parents/carers and children felt they always knew what was happening with their child's/ their care

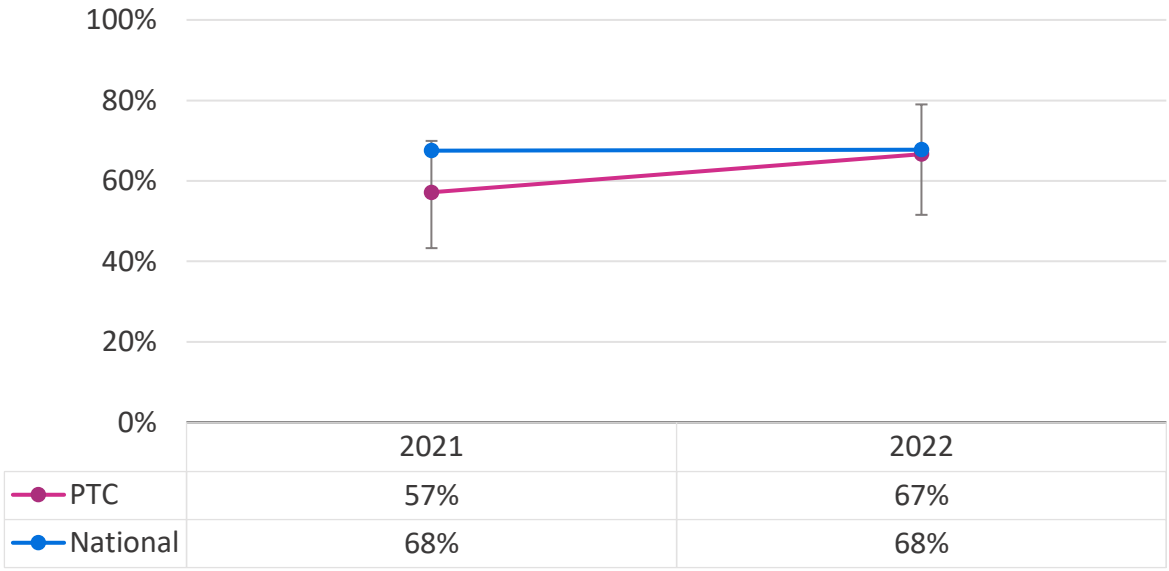


	2021	2022
PTC	53%	58%
National	66%	64%

Question X28: Asked to parents/carers of 0-7s and all children aged 8-15. Total PTC responses for 2021 = 51, for 2022 = 45.

Child's care and treatment

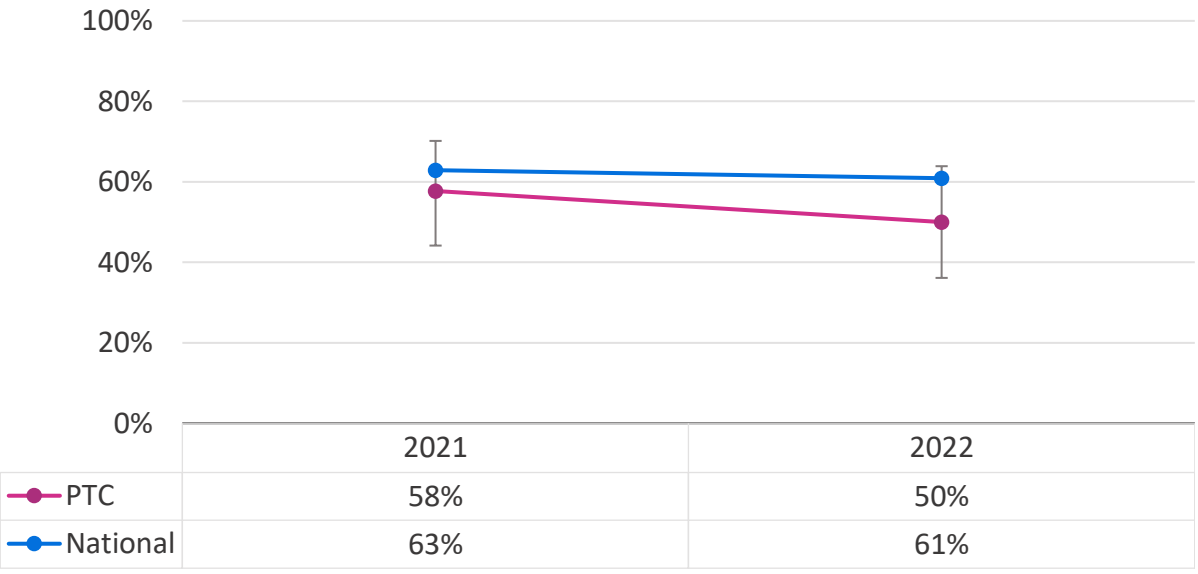
Figure 62. Parents/carers and children felt they were definitely involved in their child's/ their care and treatment



	2021	2022
PTC	57%	67%
National	68%	68%

Question X29: Asked to parents/carers of 0-7s and all children aged 8-15 . Total PTC responses for 2021 = 49, for 2022 = 42.

Figure 63. Parents/carers reported that they definitely had access to reliable help and support 7 days a week from the hospital

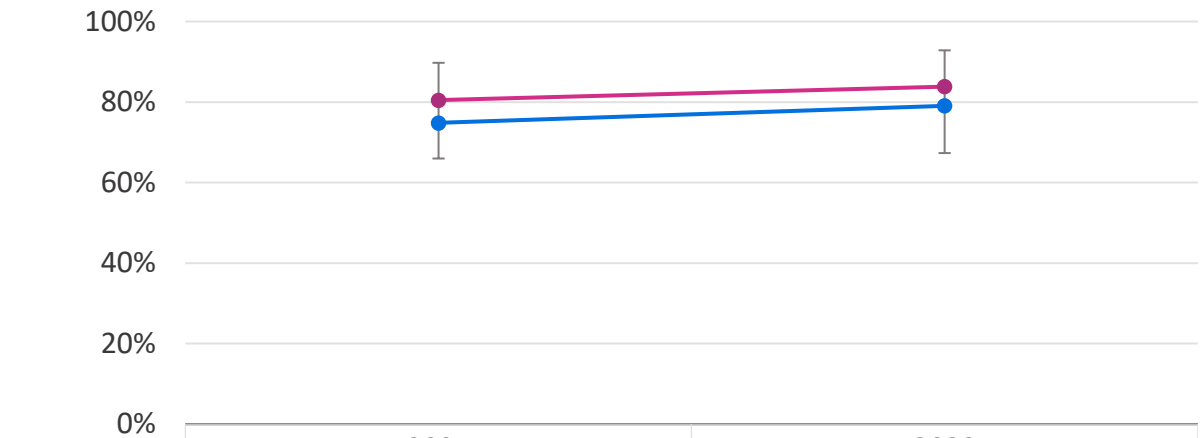


	2021	2022
PTC	58%	50%
National	63%	61%

Question X33: Asked to parents/carers of all age groups. Total PTC responses for 2021 = 52, for 2022 = 46.

Child's care and treatment

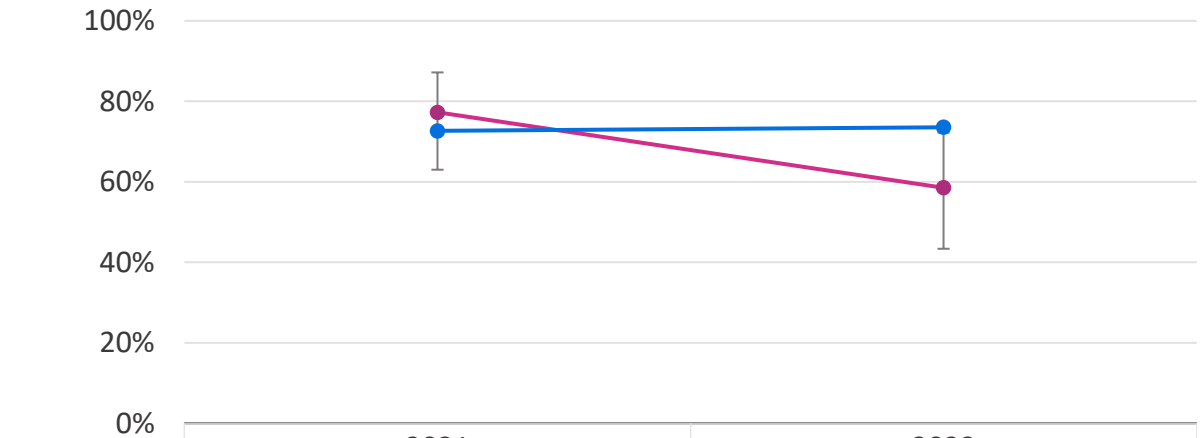
Figure 64. Parents/carers felt that staff definitely offered them enough time to make decisions about their child's treatment



	2021	2022
PTC	80%	84%
National	75%	79%

Question X37: Asked to parents/carers of all age groups whose children received treatment for their cancer or tumour. Total PTC responses for 2021 = 41, for 2022 = 31.

Figure 65. Parents/carers reported that staff definitely offered them support to help manage their child's treatment side effects

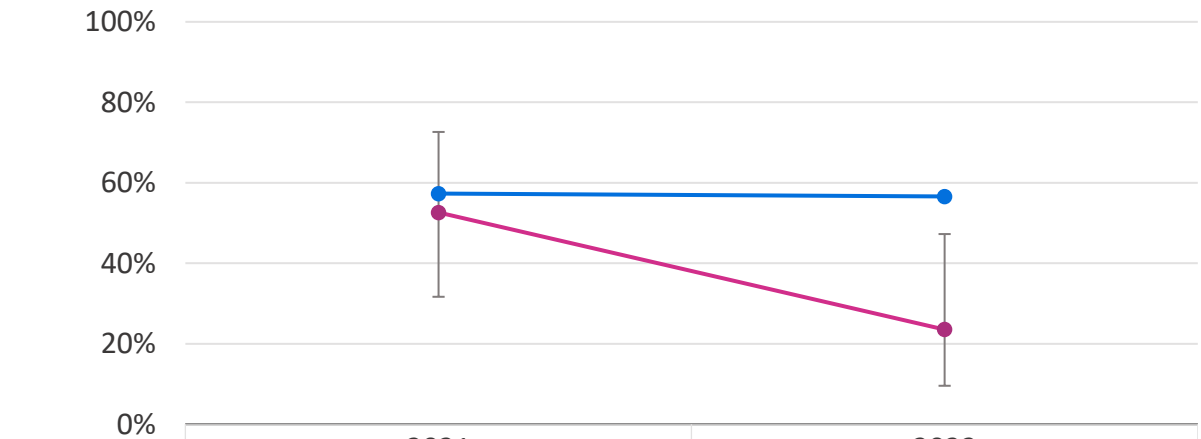


	2021	2022
PTC	77%	59%
National	73%	74%

Question X38: Asked to parents/carers of all age groups whose children received treatment for their cancer or tumour. Total PTC responses for 2021 = 44, for 2022 = 41.

Child's care and treatment

Figure 66. Parents/carers felt they definitely received enough ongoing support from the hospital after their child's treatment ended

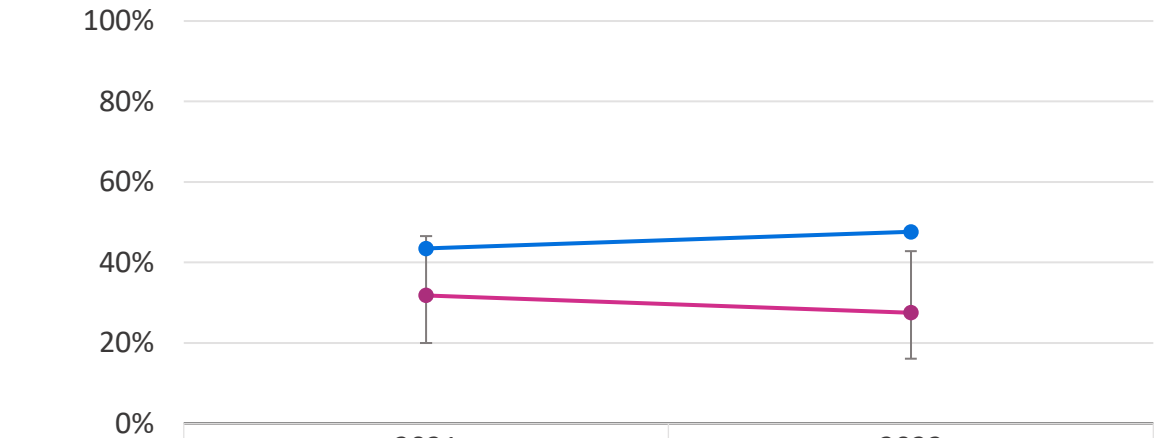


	2021	2022
PTC	53%	24%
National	57%	57%

Question X39: Asked to parents/carers of all age groups whose children received treatment for their cancer or tumour. Total PTC responses for 2021 = 19, for 2022 = 17.

Care in hospital

Figure 67. Parents/carers and children felt that there were definitely enough things for their child to do in the hospital

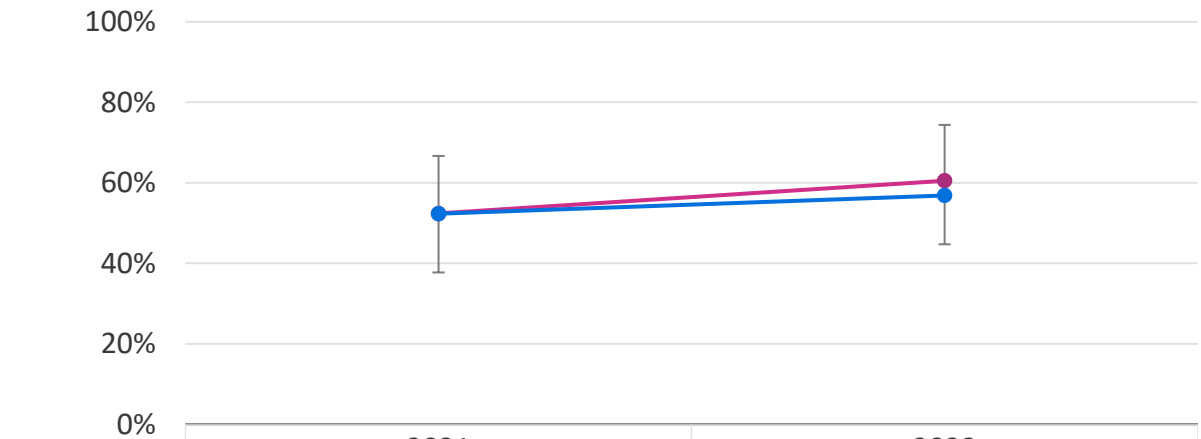


	2021	2022
PTC	32%	28%
National	43%	48%

Question X43: Asked to parents/carers of children aged 0-7 whose children stayed in hospital, and children aged 8-15 who stayed in hospital (receiving treatment or care in the daytime, or for an overnight stay). Total PTC responses for 2021 = 44, for 2022 = 40.

Care in hospital

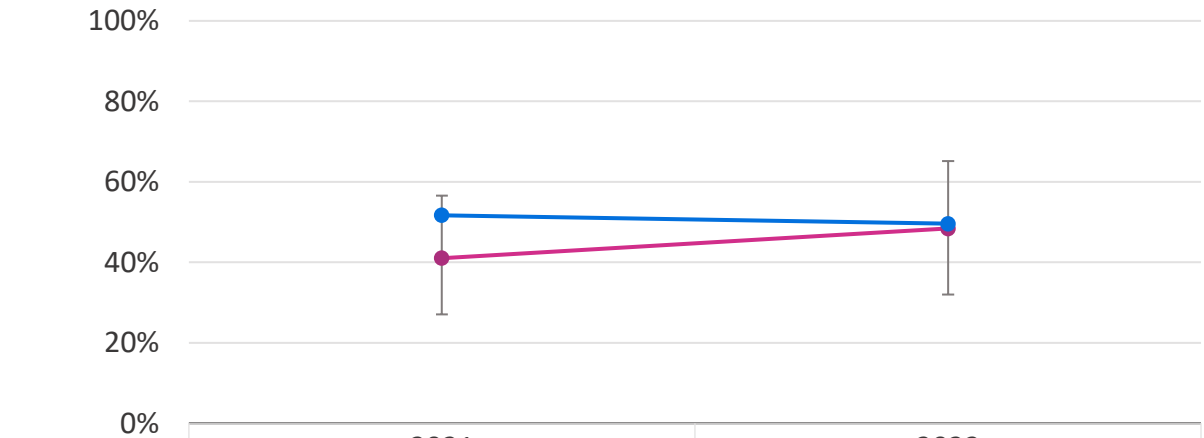
Figure 68. Parents/carers and children felt that there was definitely a choice of hospital food



	2021	2022
PTC	52%	61%
National	52%	57%

Question X44: Asked to parents/carers of children aged 0-7 whose children stayed in hospital, and children aged 8-15 who stayed in hospital (receiving treatment or care in the daytime, or for an overnight stay). Total PTC responses for 2021 = 42, for 2022 = 38.

Figure 69. Parents/carers and children reported always being given somewhere private to talk to staff when their child was in hospital

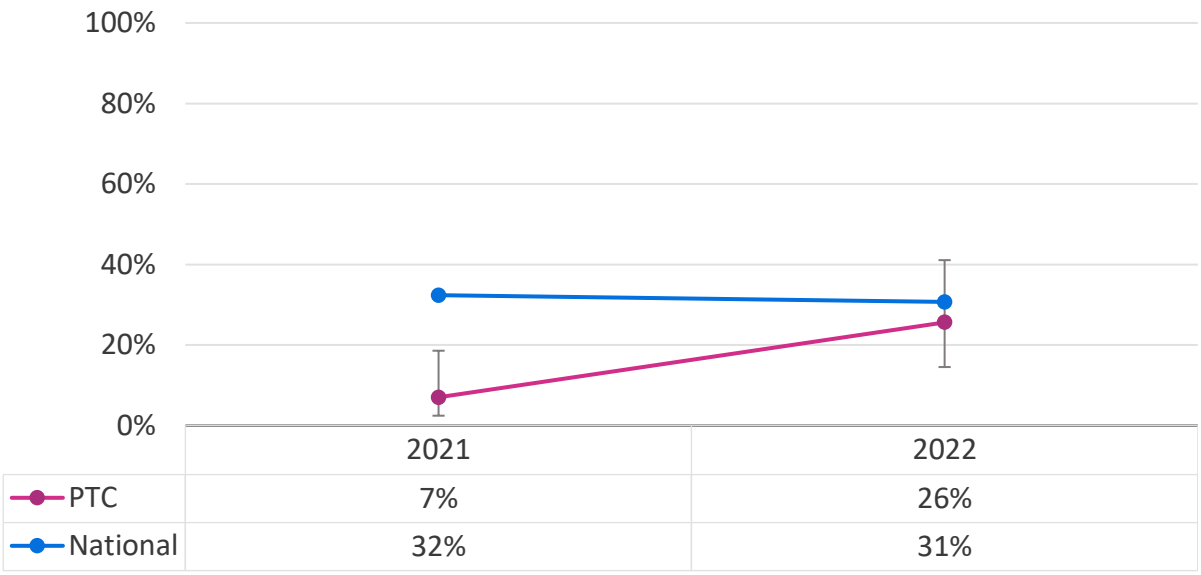


	2021	2022
PTC	41%	48%
National	52%	50%

Question X45: Asked to parents/carers of children aged 0-7 whose children stayed in hospital, and children aged 8-15 who stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total PTC responses for 2021 = 39, for 2022 = 31.

Care in hospital

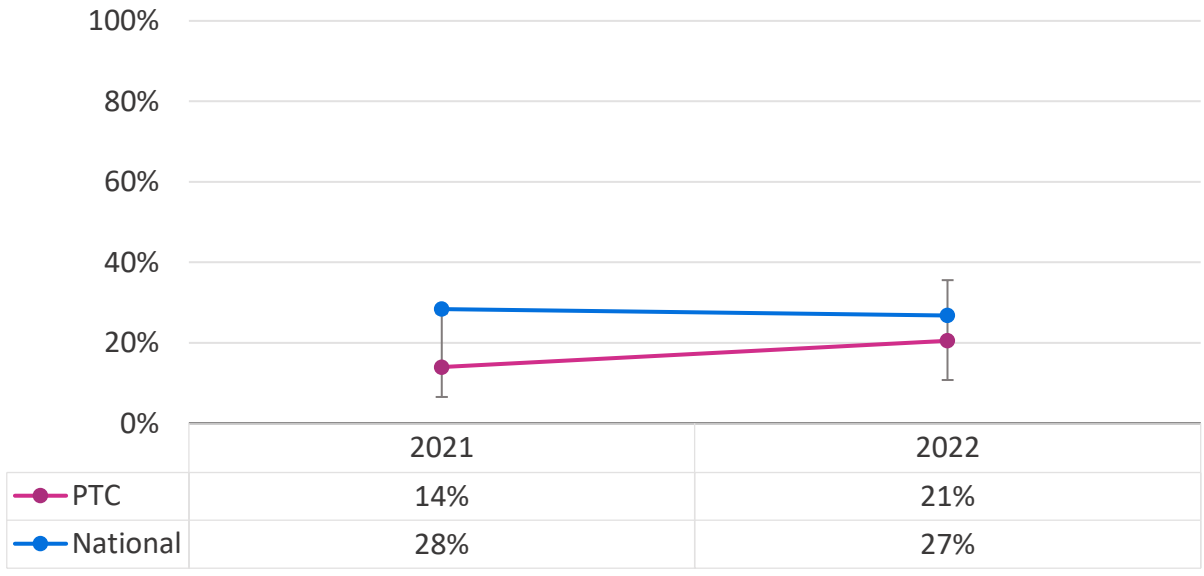
Figure 70. Parents/carers reported that facilities for them to stay overnight were very good



	2021	2022
PTC	7%	26%
National	32%	31%

Question X48: Asked to parents/carers of all age groups whose children stayed in hospital and who stayed overnight with them (receiving treatment or care in the daytime, or for an overnight stay). Total PTC responses for 2021 = 43, for 2022 = 39.

Figure 71. Parents/carers and children reported that it was always quiet enough for them to sleep in the hospital

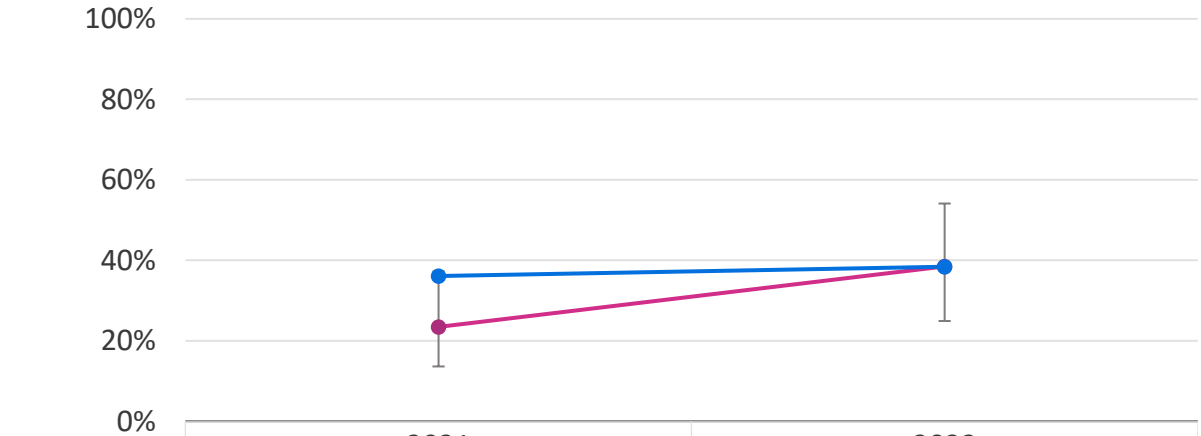


	2021	2022
PTC	14%	21%
National	28%	27%

Question X49: Asked to parents/carers of children aged 0-7 whose children stayed in hospital and who stayed overnight with them, and children aged 8-15 who stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total PTC responses for 2021 = 43, for 2022 = 39.

Care in hospital

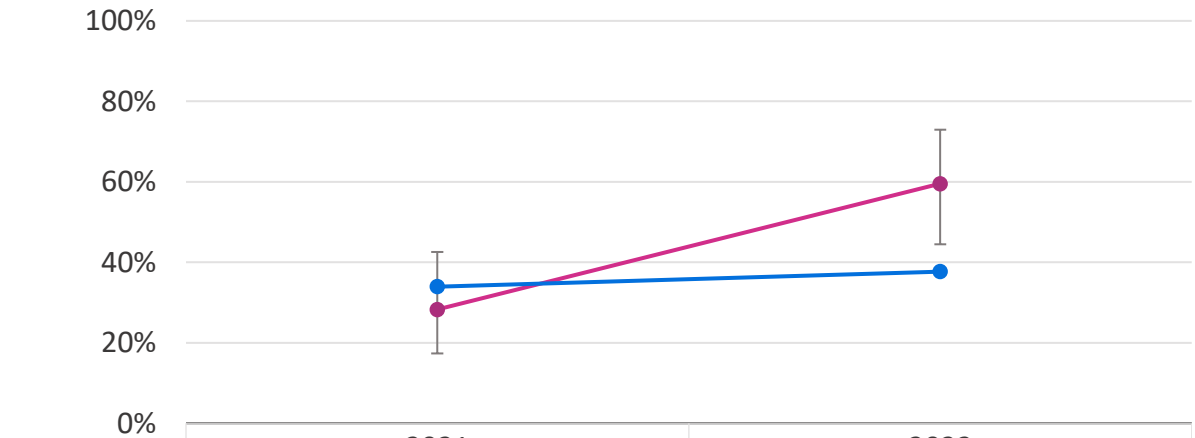
Figure 72. Parents/carers reported they were definitely able to prepare food in the hospital if they wanted to



	2021	2022
PTC	23%	38%
National	36%	38%

Question X50: Asked to parents/carers of all age groups whose children stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total PTC responses for 2021 = 47, for 2022 = 39.

Figure 73. Parents/carers felt that the hospital Wi-Fi always met the needs of them and their child

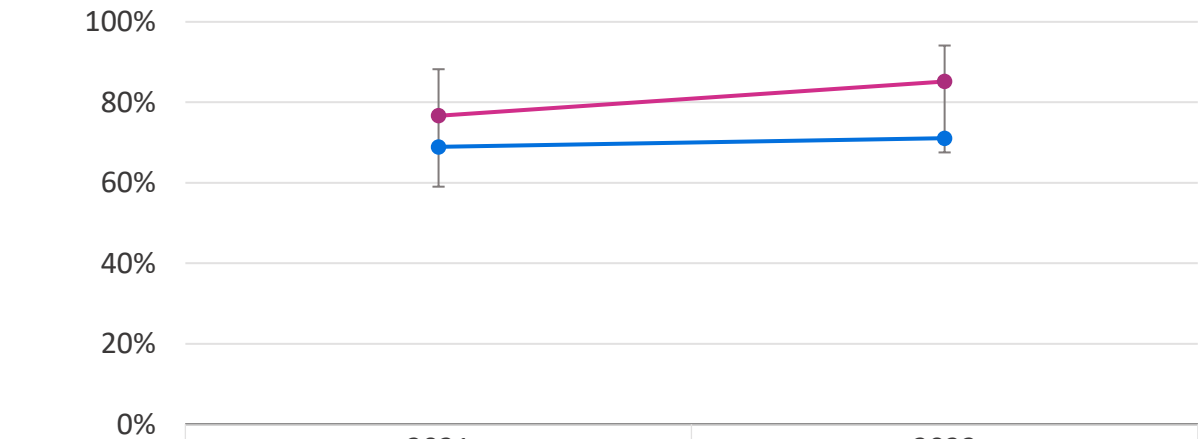


	2021	2022
PTC	28%	60%
National	34%	38%

Question X51: Asked to parents/carers of all age groups whose children stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total PTC responses for 2021 = 46, for 2022 = 42.

Care in hospital

Figure 74. Parents/carers reported that their child had access to hospital school services during their stay in hospital

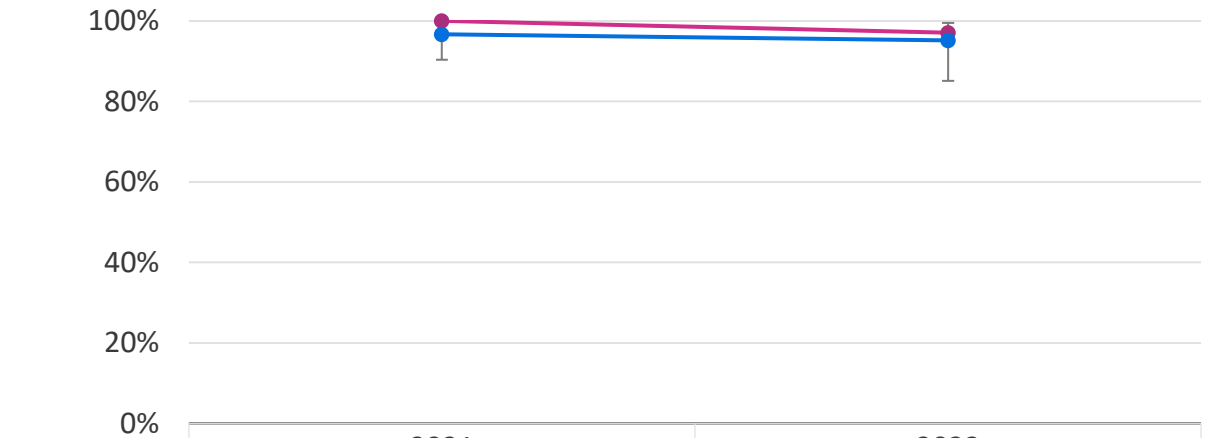


	2021	2022
PTC	77%	85%
National	69%	71%

Question X52: Asked to parents/carers of all age groups whose children stayed in hospital (receiving treatment or care in the daytime or for an overnight stay). Total PTC responses for 2021 = 30, for 2022 = 27.

Care at home or at school

Figure 75. Parents/carers and children felt that the nurses who came to their home or school were always friendly

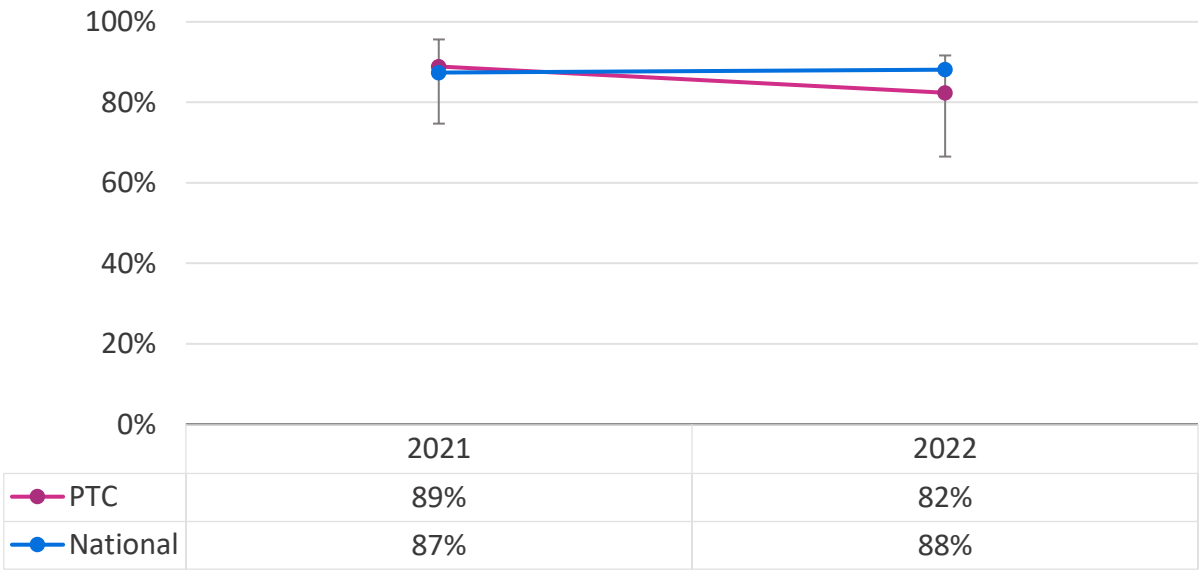


	2021	2022
PTC	100%	97%
National	97%	95%

Question X54: Asked to parents/carers of children aged 0-7 whose children have been visited at home or school by a nurse, and children aged 8-15 who were visited at home or school by a nurse. Total PTC responses for 2021 = 36, for 2022 = 34.

Care at home or at school

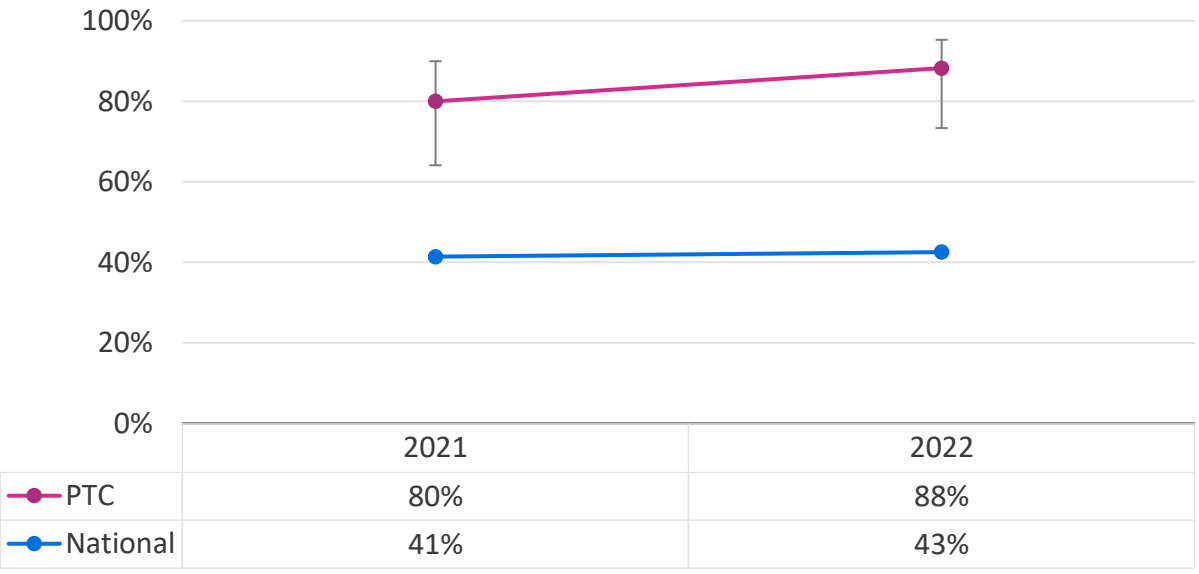
Figure 76. Parents/carers and children reported that they always understood what nurses visiting their home or school were saying



	2021	2022
PTC	89%	82%
National	87%	88%

Question X55: Asked to parents/ carers of children aged 0-7 whose child was visited at home or school by a nurse , and children aged 8-15 who were visited at home or school by a nurse. Total PTC responses for 2021 = 36, for 2022 = 34.

Figure 77. Parents/carers and children reported that the same nurses always came to their home or school

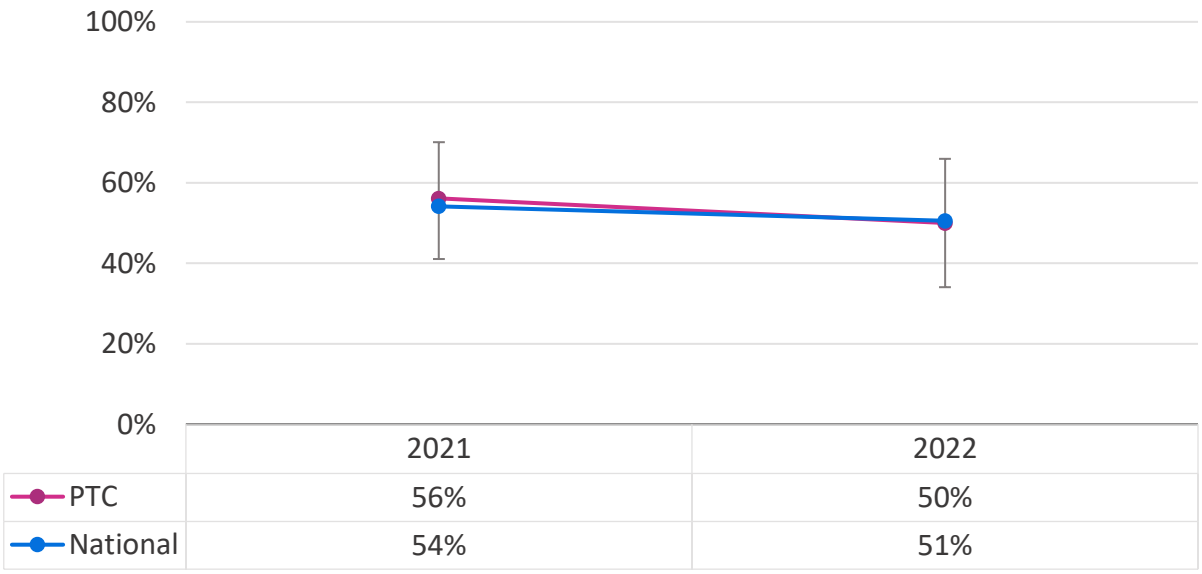


	2021	2022
PTC	80%	88%
National	41%	43%

Question X56: Asked to parents/carers of children aged 0-7 whose child was visited at home or school by a nurse, and children aged 8-15 who were visited at home or school by a nurse. Total PTC responses for 2021 = 35, for 2022 = 34.

Overall care

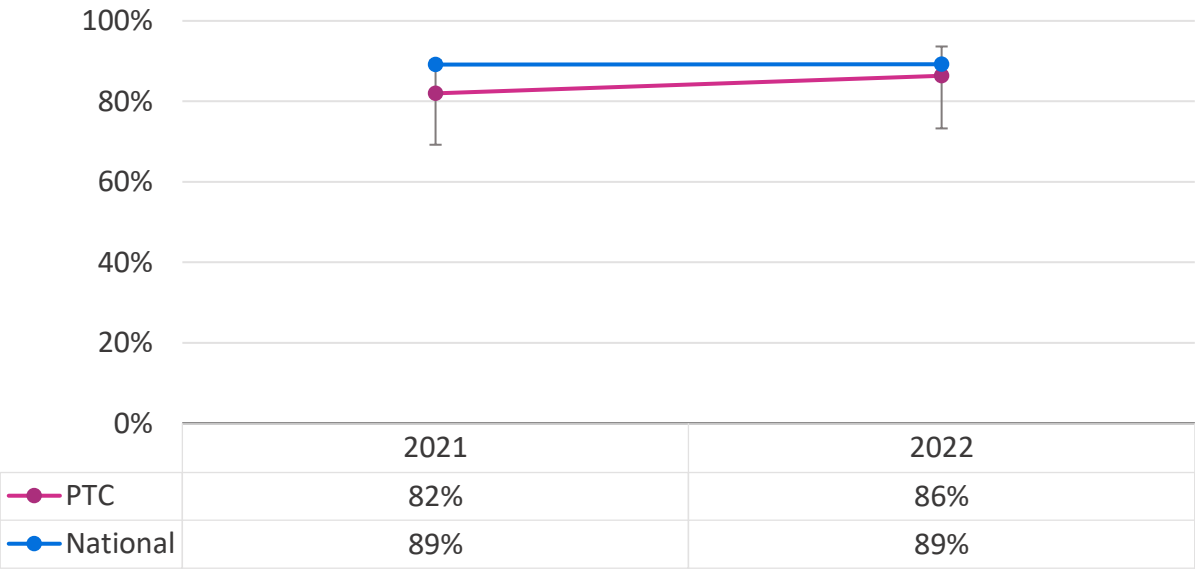
Figure 78. Parents/carers and children reported that different hospitals providing cancer or tumour care always worked well together



	2021	2022
PTC	56%	50%
National	54%	51%

Question X57: Asked to parents/carers of children aged 0-11, and children aged 12-15. Total PTC responses for 2021 = 41, for 2022 = 34.

Figure 79. Parents/carers rated the overall experience of their child's care as 8 or more out of 10

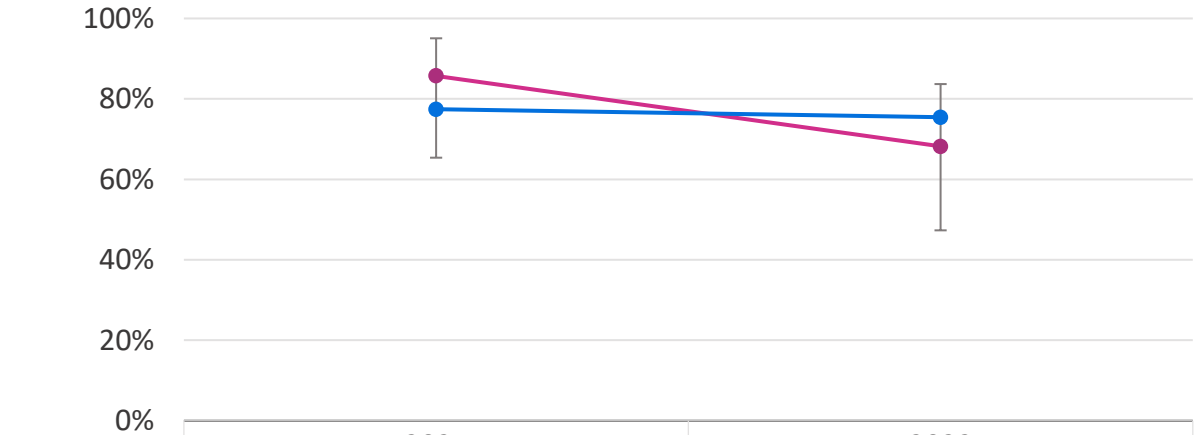


	2021	2022
PTC	82%	86%
National	89%	89%

Question X59: Asked to parents/carers of all age groups. Total PTC responses for 2021 = 50, for 2022 = 44.

Overall care

Figure 80. Children reported that they were very well looked after by staff for their cancer or tumour



	2021	2022
PTC	86%	68%
National	77%	75%

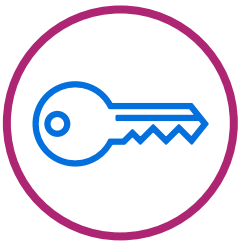
Question X60: Asked to all children aged 8-15. Total PTC responses for 2021 = 21, for 2022 = 22.

Further information

For more information on the Under 16 Cancer Patient Experience Survey visit the survey website.

If you have any questions about the survey, please do not hesitate to get in touch via email.

For full data tables showing results to all survey questions, please see the survey website.



The information in this report can be made available in alternative formats, such as easy read, or large print, and may be available in alternative languages, upon request. Please contact under16cancersurvey@pickereurope.ac.uk

This research was carried out in accordance with the internal standard for organisations conducting social research (accreditation to ISO27001:2013; certificate number GB10/80275). The 2022 survey data has been produced and published in line with the Code of Practice for Official Statistics.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 12 March 2024

Reporting Committee	**Audit Committee – January 2024 meeting**
Chaired By	**Jane Norman, Non-Executive Director**
Executive Lead	**Neil Kemsley, Chief Financial Officer**

For Information

1. The committee reviewed the Quarter 3 Strategic and Corporate Risk Registers. The following were discussed in detail:

   - Risk 2695 'Trust fails to establish and maintain robust governance processes' -it was noted that an externally led well-led review had recently been undertaken and the Board had received the final version of the review report and a briefing from the reviewers. A draft action plan would be presented at the upcoming Board Day, with the intention of taking most actions forward in the next few months. Once implemented, the Board hoped to see a reduction in risk scores concerning the issues which had been raised.

   - Risk 972 'Trust is non-compliant with The Fire Safety Regulatory Reform (Fire Safety) Order 2005' - The Well-Led Review and Value Circle action plans would be combined to determine the risk's assurance levels and recommended actions. This risk would also be progressed through the Finance, Digital and Estates Committee, to ensure that the correct actions were taken.

   - The risks relating to appraisal compliance, industrial action and essential training were discussed, each of which had predicted target score to be achieved in Q4. It was requested that in future reports more information be provided where there had been slippage in timescales and actions taken to mitigate this.

   - Risks 291 'IT infrastructure' and 801 'NHS System Oversight Framework' were recommended for transfer from the Corporate Risk Register to the Strategic Risk Register, and this was agreed.

   - The Chair addressed risk 2264 'Delays in commencing induction of labour increases perinatal morbidity and mortality', and questioned whether the predicted risk score of 4 by Quarter 2 2024/25 was realistic given the required building work had not yet commenced. It was recommended that the planned score should reflect the challenges associated with this update.

   - The committee asked that risk owners be careful to update the text around the before each meeting, so that the current level of risk and mitigations could be understood. In addition, the committee asked that more information to be provided in future risk reports where there has been slippage in timescales, and actions taken to mitigate this.

2. Internal Audit's draft Strategy and Assurance Plan for 2024/25 to 026/27 was presented to the committee. This was a high-level outline audit plan based on the three year internal audit strategy previously approved by the committee. The plan was approved by the Audit Committee.

3. The Committee agreed the fees and plan set by the External Auditors.

4. The committee received the internal audit interim report, and the following four internal audit reports were considered:

University Hospitals Bristol and Weston NHS Foundation Trust

- Financial Systems: significant assurance rating
- Payroll: significant assurance rating
- Infection Control: satisfactory assurance rating
- Clinical Audit: Satisfactory

5. It was noted that respect of the ongoing Nutrition Audit, It was advised that the audit report should re-enforce the reformatting of food charts, which was recommended be incorporated into a digital system. This recommendation would be acknowledged when finalising the appropriate report.

6. In light of the number of overdue recommendations from previous audits it was agreed that the Executive Committee would review these prior to submission the Audit Committee.

7. The review of Information Governance arrangements was considered by the committee which identified key factors in the Trust's Information Governance and Data Protection arrangements. These areas included Government Data Protection, the Digital Information Bill, ICO and the increased usage of Artificial Intelligence systems throughout the organization.

8. The Counter Fraud progress report was received and the Counter Fraud Plan for 2024/25 was approved by the committee.

9. The following reports were received and reviewed by the Committee:
   - Review of Losses and Special Payments
   - Review of Single Tender Actions

Date of next meeting:	**24 April 2024**

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on 12 March 2024

Report Title	**Modern Slavery and Human Trafficking Statement 2023/24**
Report Author	**Eric Sanders, Director of Corporate Governance**
Executive Lead	**Neil Kemsley, Chief Financial Officer**

1. Purpose

To present a statement on modern slavery and human trafficking pursuant to section 54(1) of the Modern Slavery Act 2015.

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

Following changes to guidance introduced in 2023/24 the Trust is now required to consider and publish a statement which sets out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

This statement has been prepared jointly with the Bristol and Weston NHS Purchasing Consortium (B&WPC) and North Bristol NHS Trust (NBT).

The sections relating to procurement have been approved by the NBT Trust Board, and the statement reflects the Trusts' joint position on procurement and supply chains. The Trust has large, complex supply chains and procures goods, some of which are medium/high risk for modern slavery.

The Trust also has a large workforce and uses external agencies to recruit some staff.

The statement sets out the Trust's firm commitment to ethical practice, including the eradication of modern slavery in its supply chain and fair, non-exploitative recruitment and people practices. The statement details the measures the Trust already employs to ensure ethical practice and highlights areas which can be further strengthened in the future.

If approved by the Board, the Chair will be asked to sign, and the document will be published on the Trust website.

3. Strategic Alignment

This statement aligns with the Trust's strategic direction to improve the employment experience of all our colleagues and to make the most of all our resources. It also aligns with the Trust values of being supportive and respectful.

4. Risks and Opportunities

The statement recognises that, while the Trust has robust internal practices and procedures, there is a risk of exploitative practices, including modern slavery, in the supply chain for some goods procured by the Trust and in contracted-out recruitment practices such as use of employment agencies and provision of ancillary services.

University Hospitals Bristol and Weston NHS Foundation Trust

5. Recommendation	
This report is for **Approval** The Board is asked to approve the statement for the financial year 2023/24.	
6. History of the paper **Please include details of where paper has <u>previously</u> been received.**	
N/A	N/A

Modern Slavery and Human Trafficking Statement 2023/24

Overview

Modern slavery is the removal of personal freedoms in order to exploit human beings for financial or personal gain. It can take many forms including forced labour, human trafficking and sexual exploitation. It is a complex issue with a global reach. There were an estimated 50 million people in modern slavery in 2021[1] and these numbers are increasing. We recognise that modern slavery will exist in our supply chain, and we are committed to do all we can to identify and mitigate the risks within our business, recruitment, and purchasing activities.

The Modern Slavery Act 2015 introduced changes into UK law to increase transparency in supply chains, including the requirement for large commercial organisations to prepare an annual slavery and human trafficking statement. To fulfil this requirement and to ensure that our supply chain, recruitment and people practices are free from exploitation, we have prepared and published this statement. We aim to be open and transparent about the work we are doing but also about the areas where we can do more. This statement provides a foundation upon which we can continually improve.

Our Statement

This Modern Slavery and Human Trafficking Statement is for the financial year ending 31 March 2024. It outlines the shared commitment and actions that have been carried out by Bristol and Weston NHS Purchasing Consortium (B&WPC), North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) over this time period. In the statement, terms such as ‘our’ and ‘we’ refer to all three organisations.

This is the first modern slavery statement that we have produced. It covers the following areas of our business activities:

1. The procurement of goods and services
2. The recruitment of both temporary and permanent employees
3. The working conditions and practices for our employees.

Organisation Structure and Supply Chains

Bristol and Weston Purchasing Consortium

B&WPC provides a comprehensive range of purchasing services to support local Trust and Healthcare providers.

B&WPC staff are NHS employees hosted by North Bristol NHS Trust and the services provided include all aspects of clinical and non-clinical purchasing and supply chain management. B&WPC’s

main clients include both NBT and UHBW and account for an annual spend of approximately £750m. B&WPC's annual commercial turnover is [amount]. B&WPC works closely with both Trusts to support compliance with all purchase-to-pay procedures and deliver improved efficiencies.

North Bristol NHS Trust

NBT has over 12,000 staff delivering healthcare across main sites at Southmead Hospital Bristol, Cossham Hospital and Bristol Centre for Enablement and within the local community of Bristol, North Somerset and South Gloucestershire. NBT is a regional centre for neurosciences, plastics, burns, orthopaedics and renal services. NBT's aim is to deliver an outstanding patient experience and its values of caring, ambitious, respectful and supportive underpin everything that it does. NBT's annual commercial turnover is [amount].

University Hospitals Bristol and Weston NHS Foundation Trust

UHBW has a workforce of over 13,000 staff, delivering over 100 different clinical services across 10 sites in Bristol and Weston-super-Mare and serving a core population of more than 500,000 people locally and from across the southwest. UHBW provides specialist regional maternity, neonatal, children's, cardiac and cancer services, among others. UHBW's values (supportive, respectful, innovative and collaborative) have been developed with staff; they drive its behaviour and shape its identity and culture as a Trust to provide the best possible environment for patients and staff. UHBW's annual commercial turnover is [amount].

Supply Chains

Our supply chains are large, multi-tiered, global and complex. We procure a wide range of clinical and non-clinical goods, services and works. These include medical equipment, personal protective equipment and uniforms, dressings, mattresses and bed linen, laptops, software, furniture and mechanical and electrical services to name but a few.

Many of our purchases are from sectors that are known to be high risk for modern slavery. Our approach to identifying and managing modern slavery risks must be embedded into any new procurement activity and within our existing contracts to be effective.

Our contractual relationships vary from medium-to-long-term arrangements to one-off purchases. As part of our procurement policy, we actively seek to utilise frameworks provided by public sector organisations such as NHS Supply Chain and Crown Commercial Services. We have over 2,500 tier 1 suppliers and over 1,000 active contracts in place.

Recruitment and People

NBT and UHBW recruit nursing and clinical staff from overseas. Although all applicants can apply for posts via the Trusts' websites, where particular staff shortages have been identified the Trusts also undertake international recruitment campaigns using overseas recruitment agencies to identify suitable candidates for interview.

Policies in relation to slavery and human trafficking

We are committed to eradicating modern slavery and human trafficking within our supply chain and our recruitment and people practices.

Procurement and Supply Chains

We include net zero and social value criteria in the evaluation of all tenders, in accordance with PPN 06/20 ("Taking account of social value in the award of central government contracts")[2]. We follow the recommendations in PPN 02/23 ("Tackling Modern Slavery in Government Supply Chains")[3] and have created two policies that build on the national-level focus to address modern slavery and human trafficking. The B&WPC Procurement Strategy 2022-25 is published online and is publicly available, having been signed off and approved by the Trust Boards of both NBT and UHBW.

1. B&WPC Procurement Strategy 2022-25

   This document sets out our values and outlines the areas of focus for B&WPC to ensure that we are maximising the value obtained from our external spend. There are 4 objectives within the strategy. The Anchor in the Community objective includes a clear commitment to remove modern slavery from our supply chain and to use our market leverage to drive an ethical supply chain. The aim is to ensure that our supply chains and procurement processes are ethical, free from worker abuse and exploitation, and provide safe working conditions. An away day was held with all B&WPC staff to engage with and explore the strategy and what its aims mean to the team in the short, medium and long terms.

2. Joint Ethical Procurement Strategy

   This document will reflect our joint vision and aims to support the delivery of exceptional healthcare services in a sustainable manner. Included within the definition of 'sustainable' is ethical conduct and social value. We will document a specific commitment to ensure that our supply chain and procurement processes are ethical, free from worker abuse and exploitation, and provide safe working conditions. This policy will be approved and be available publicly before the end of this financial year.

Recruitment and People

Our existing recruitment policies comprise [NBT and BWPC recruitment/HR policy]. All UHBW recruitment and people policies are now included in the Respecting Everyone Policy, which came into force on 13 November 2023. These policies include recruitment processes for temporary and permanent employees, and our duties to staff once employed. Policies last for three years before major review, although we may review them on an ad hoc basis in response to changes in good employment practice or legislation. The overall approach is governed by compliance with legislative and regulatory requirements, maintaining and developing good employment practice including fair treatment, and promoting a caring, patient- and people-centred environment.

Our recruitment processes are robust and adhere to safe recruitment principles. We have a range of policies and procedures to protect staff from poor treatment and/or exploitation which comply with all legislative and regulatory requirements. This includes policies on recruitment, pay, and equality, diversity and inclusion.

In addition to this, we have clear systems and polices in place to encourage reporting of concerns about poor and inappropriate practices, speaking up and protection of whistleblowers. At NBT, these include the Safeguarding Adults and Children, Dignity at Work, and Freedom to Speak Up Policies and the Grievance Procedure; at UHBW, they include the Safeguarding Adults, Children, Young People and the Unborn Baby Policy, the Freedom to Speak Up Policy and Procedure, and the Respecting Everyone Policy. We have dedicated Freedom to Speak Up Guardians and executive and non-executive director leads for Freedom to Speak Up through whom concerns about modern slavery and human trafficking can be raised.

Risk Assessment and Management

A category-level environmental, social and governance risk assessment has been carried out for our spend profile. This assessment identified modern slavery risks including the risks of forced labour, child labour, poor working conditions and discrimination within the supply chain.

The following purchasing categories were identified as high risk:

- Construction
- Information Technology (IT)
- Food and Catering
- Medical Equipment
- Textiles (clothing, bed linen etc)
- Waste Management
- Temporary Staff and Recruitment Services.

We are aware of the high risk attaching to cotton-containing products, surgical instruments and surgical gloves procured via the NHS supply chain, as set out in the DHSC policy paper "Review of risk of modern slavery and human trafficking in the NHS supply chain"[4] and will review our procurement policies and procedures in the light of any legislative changes implemented as a result of this paper. In the meantime, the B&WPC Procurement Strategy 2022-25 and Joint Ethical Procurement Strategy contain measures to identify and mitigate the risk of modern slavery in our supply chain, as explained above.

Due Diligence Processes

Procurement and supply chains

Our standard checks within our procurement process, include checking bidders (where relevant) for their compliance with the Modern Slavery Act (2015).

We have been engaging with our category leads and main suppliers within our IT category to raise awareness and understand the maturity levels of work across the sector in this area. We aim to replicate this approach for other high-risk categories. We will use this to inform the due diligence processes we need to implement.

We recognise that our current due diligence processes are not adjusted to reflect the risk associated with the purchase involved. We will develop our process over the coming year to ensure that our due diligence processes are proportionate to the risk posed by the purchase in question.

Recruitment and People

Our robust recruitment processes are in line with relevant employment legislation and adhere to safe recruitment principles. We follow strict pre-employment checks on all directly employed staff, bank workers and others undertaking work within our organisation. These include identification, right to work, qualification, registration and reference checks. Our pre-employment checks are in line with the NHS employment check standards and our resourcing functions oversee fair and equitable recruitment and selection practices.

We align to nationally negotiated NHS pay rates and terms and conditions of employment. We consult and negotiate with recognised Trade Unions on proposed changes to working arrangements, policies and contractual terms and conditions.

Only approved frameworks are used for the recruitment of temporary agency staff. All providers are audited to provide assurance that pre-employment clearance has been obtained in line with the NHS Employment Check Standards.

We also provide access to learning and development opportunities and provide a comprehensive staff benefits and health and wellbeing offer.

Key Performance Indicators to Measure Effectiveness

We have a robust governance mechanism for monitoring the delivery of the commitments set out in our policies. The Sustainable Procurement Workstream, which is part of the ICS Green Plan Implementation Group, is made up of representatives from all three organisations. It is responsible for driving the delivery of the commitments and reporting on their progress to the Green Plan Steering Group that sits above this and feeds into Executive and Board-level activities at each organisation.

Training on Modern Slavery and Human Trafficking

We provide advice, training and support about modern slavery and human trafficking to all staff through our safeguarding children and adults mandatory training, our safeguarding policies and procedures and our safeguarding teams.

We also ensure that all staff working in B&WPC and staff from NBT and UHBW who procure goods and services directly from suppliers receive a comprehensive induction programme which includes information and guidance on modern slavery and human trafficking. B&WPC has developed a capability framework for all procurement job roles, which includes modern slavery and social value. A list of available training resources, including those on modern slavery, has been complied and is available for B&WPC staff to access.

UHBW and NBT plan to develop education resources and make them available to their staff and, over the coming year, identify key stakeholders who are involved in the procurement and contract management process to focus engagement efforts and further drive our shared commitment to eradicate modern slavery and human trafficking from our supply chains.

Signed by

Jayne Mee

Chair

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3. Government Commercial Function and Civil Service. Procurement Policy Note 02/23. “Tackling Modern Slavery in Government Supply Chains. A guide for Commercial & Procurement Professionals”. https://assets.publishing.service.gov.uk/media/6437b993877741001368d8ec/PPN_02_23_-_Reissue__Tackling_Modern_Slavery_in_Government_Supply_Chains_2023_-_Guidance.pdf.

4. Department of Health & Social Care. Policy Paper. “Review of risk of modern slavery and human trafficking in the NHS supply chain”. December 2023. ISBN: 978-1-5286-4622-2. https://www.gov.uk/government/publications/review-of-risk-of-modern-slavery-and-human-trafficking-in-the-nhs-supply-chain/review-of-risk-of-modern-slavery-and-human-trafficking-in-the-nhs-supply-chain.

University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Board of Directors in Public on Tuesday 12 March 2024

Report Title	**Register of Seals Report**
Report Author	**Mark Pender, Head of Corporate Governance**
Executive Lead	**Eric Sanders, Director of Corporate Governance**

1. Purpose
This report provides a summary of the applications of the Trust Seal made since the previous report in December 2023**.**
***2.* Key points to note** *(Including any previous decisions taken)*
Standing Orders for the Trust Board of Directors stipulate that an entry of every 'sealing' shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the person who shall have approved and authorised the document and those who attested the seal. A report of all applications of the Trust Seal shall be made to the Board containing details of the seal number, a description of the document and the date of sealing. Two sealings have taken place since the last report, as per the attached list.
3. Strategic Alignment
N/A
4. Risks and Opportunities
N/A
5. Recommendation
This report is for **Information** The Board is asked to note the Register of Seals 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

Register of Seals

December 2023 – February 2024

Reference Number	Document	Date Signed	Authorised Signatory 1	Authorised Signatory 2	Witness
892	Supplemental lease, Unit 2A, Level 2 BRI Welcome Centre between UHBW, Compass Contract Services (UK) Ltd and Compass Group UK & Ireland Ltd (Costa)	31/01/24	Stuart Walker	Neil Kemsley	Mark Pender
893	Supplemental Lease, Retail Unit, Weston General Hospital between UHBW, Compass Contract Services (UK) Ltd and Compass Group UK & Ireland Ltd (Costa)	31/01/24	Stuart Walker	Neil Kemsley	Mark Pender

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 9 January 2024: • Four questions have been added to the log relating to themes of access to dentistry services; the answering of telephones within the Trust; access arrangements for disabled patients; and privacy in outpatient areas. • No questions are 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 questions reference number	Coverage start date	Governor Name	Description	Executive Lead	Coverage end date	Response	Status
286	19/12/2023	John Rose	What training is provided for staff who write documentation for meetings and procedural documentation to ensure they are concise yet effective? How is this training rolled out to staff?	Chief Executive Officer	16/01/2024	Report Writing Report writing training is offered to all authors of papers who regularly write reports for the Board and Committees. This is run by the Director of Corporate Governance on an ad hoc basis. An e-learning version of the training is in development to widen the accessibility of the training. Procedural Documents Templates are provided for the various types of procedural documents, which includes guidance for staff on how they should be populated. All procedural documents are subject to approval before being published they ensure meet the required standard. Advice is also available from the Trust Secretariat if required. Business Cases We have standard business planning processes, which include capital planning and we have a clear annual process rolled out every year with Divisions through Trust Capital Group and Business Development Group. We have standard templates for Capital Business Cases using the 5-case business case model, which is a national standard. Staff who are required to use these templates are supported to attend the NHSE training to gain the accreditation to complete these types of cases.	Awaiting Governor reponse
287	19/12/2023	John Rose	Although the Governors are aware this is a rare occurrence, have there been any instances where due to the absence of a PoA Health and Welfare that a "best interest" decision had been made, over-ruling the views of the patient's long term carer/relative/partner. Governors would like to ensure that those who care, love and know a patient, particularly when the patient is deemed as lacking capacity, are listened to when they are not in possession of a PoA Health and Welfare.	Chief Nurse & Midwife	16/01/2024	Response received on 9 January on Word document with more info than can be made available in this system. The response will instead be attached to the log on Convene for Governors to read in full.	Closed
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		Assigned to Executive Lead
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		Assigned to Executive Lead
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		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
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		Assigned to Executive Lead

Dear Governor John Rose and fellow Governors

Thank you for presenting your question which relates to UHBW's compliance with the Mental Capacity Act (2005) and specifically in ensuring patients best interests' decisions involve carers/relatives or partners. Your question is detailed below.

Although the Governors are aware this a rare occurrence, have there been any instances where due to the absence of a POA Health and Welfare that a "best interests' decision had been made, overruling the views of the patient's long-term carer/relative/partner. Governors would like to ensure that those who care, love and know a patient, particularly when the patient is deemed as lacking capacity, are listened to when they are not in possession of a POA Health and Welfare.

This question was reviewed by the Deputy Head of Safeguarding who liaised with the Operational Adult Safeguarding lead, Head of Legal Services and the Senior Learning Disability and Autism Liaison Nurse in aiming to provide you with a comprehensive response.

Mental Capacity Act (2005) and Best Interest Decisions

The underlying philosophy of the Mental Capacity Act (2005) is to ensure that those patients who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests.

Best Interests is a statutory principle set out in section 4 of the Mental Capacity Act. It states that ' Any act done, or a decision made, under this Act or on behalf of a person who lacks capacity must be done, or made, in their best interests'.

Assurance that UHBW staff adhere to Mental Care Act policy.

The review identified that in UHBW there is a robust Mental Capacity assessment process embedded and staff adhere to the Mental Capacity Act (2005) code of practice detailed in the UHBW Mental Capacity Act policy.

The review also identified that within UHBW it is standard practice that in all circumstances, in relation to the care of a patient, the voices of their carers/relatives and partners are listened to. The UHBW MCA policy directs staff that significant decisions regarding a patient who lacks capacity will be made in the context of a multi-disciplinary best interest's discussion, which includes patient's carers/relatives or partners.

In UHBW the identified 'decision maker' in best interest meetings has the overall responsibility to ensure best interest decisions are made in adherence to the MCA code of practice and that the patient is safeguarded. The 'decision maker' is the person who is likely to be proposing to take action and make final decisions, and is likely to be a nurse, social worker/care manager or doctor.
In UHBW carers/relatives and partners are included as standard in the multiagency best interest discussion. If there are safeguarding concerns relating to a

carer/relative or partner this is considered within the best practice decision making but their voice and opinion remains heard in the final decision.
The decision maker has a duty to instruct an Independent Mental Capacity Advocate (IMCA) where there is no family or Power of Attorney to consult, and a major decision needs to be made in the person's best interest.
In situations where there's serious doubt or dispute about what's in an incapacitated patients' best interests, UHBW staff refer the case to the Court of Protection for a ruling. This is the legal body that oversees the operation of the Mental Capacity Act (2005).

To inform this review assurance, relating to evidencing that in UHBW patients' carers, relatives and partners are included in best interest decisions, was gained from the Head of Legal Services who reported that they are not aware of any complaints relating to any carers/relatives or partners expressing concern that they have not had their voices heard in best interest decisions made for their loved ones. In addition, the Head of Legal Services reports that they are assured UHBW staff adhere to the MCA policy. This is evidenced by their observation that in daily practice legal advice is sought regularly and appropriately by all UHBW staff managing mental capacity assessments and best interest decisions.

Further assurance regarding how UHBW staff adhere to MCA policy and involve carers/relatives and partners in best interest decisions is detailed in the Q3 2023/24 data and the case examples below.

The Quarter 3 2023/24, data in Table 1 below provides evidence of how UHBW staff adhere to the MCA code of practice including involvement of families/carers in best interest decision making. The data was collated by the Learning Disability and Autism team.

Table 1: The learning disability and autism service mental capacity assessments completed for 65 patients seen during Q3 2023/24.

Description	Number of patients
Patients assessed as having capacity (without the requirement to make adaptations to the information provided to them).	13
Patients who received support from the learning disability and autism team to maximise their capacity leading to them consenting for procedures/treatment independently.	14
Patients who were assessed as lacking capacity	38
Patients assessed as lacking capacity who had a family member or friend the team liaised/involved to support a best interests meeting	30
Patients who required support through	8

Independent IMCA services	

Case Examples:
The Q3 2023/24 case examples below have been anonymised to protect identity but indicate how best interest decisions were completed by the Learning Disability and Autism team involving family/carers.

Case 1: Sue came to hospital with a fractured arm. Sue has a mild learning disability and lives alone. She regularly accesses the community meeting friends and likes going to music events. During the admission she developed sepsis with delirium and could not make decisions for herself regarding medical treatment. Sue has two siblings; one has Legal Power of Attorney (LPA) for finance but was also part of ongoing safeguarding concerns. The other sibling was aware of her needs and wants. It was decided that all best interests' discussions would be held with the two siblings to ensure Sue was well represented. An IMCA referral was also made pre-emptively in case of a need for mediation. This turned out to not be needed and the best interest's decisions were made unanimously in each instance. Sue received surgery for her fractured arm and antibiotics for sepsis. Enteral feeding was also discussed due to the delirium and trialled. This was later decided to not be in her best interests so was stopped when Sue removed her naso-gastric tube.

Case 2: Mr B had Dementia. He came into hospital with constipation and a bowel perforation. He understood he had pain in his tummy and would point to the pain but could not understand much more than this medically. He did not have an LPA but had four siblings. His siblings were consulted and invited to a best interest meeting to discuss care and treatment options. Due to the progression of dementia and other health conditions, it was agreed that Mr. B would receive palliative care surrounded by his loved ones in hospital. He passed away days later comfortably.

In this review it has been identified that there are no known instances where in the absence of a Power of Attorney that a best interest decision has been made without the inclusion of the views of the patient's long-term carer/relative/partner. The review indicates that UHBW staff are adhering to the UHBW MCA policy which includes a clear best interest process and flow chart which endorses involvement of carers, relatives and partners views in best interest decision discussions. This can be clearly seen in the data and case examples provided. Final best interest decisions are made by the identified 'decision maker' and rather than 'overruling' patients' carers, relatives and partners where there is any serious doubt or dispute about what's in an incapacitated patients' best interests, UHBW staff actively refer to the UHBW Legal team for advice on referring the case to the Court of Protection for a ruling. This is the legal body that oversees the operation of the Mental Capacity Act (2005).

Jenny Thompson Deputy Head of Safeguarding